

Efflux-mediated multidrug resistance in *Bacillus subtilis*: Similarities and dissimilarities with the mammalian system

(*bmr* gene/bacterial resistance/membrane transport/gene amplification)

ALEXANDER A. NEYFAKH*†, VLADIMIR E. BIDNENKO‡, AND LAN BO CHEN§

*Belozerky Laboratory of Molecular Biology and Bioorganic Chemistry, Moscow State University, Moscow, USSR; †Institute of Genetics and Selection of Industrial Microorganisms, Moscow, USSR; and §Dana–Farber Cancer Institute, Boston, MA 02115

Communicated by E. Margoliash, March 11, 1991

ABSTRACT *Bacillus subtilis* cells selected for their resistance to rhodamine 6G demonstrated a multidrug-resistance (MDR) phenotype resembling that of mammalian MDR cells. Like MDR in mammalian cells, MDR in bacteria was mediated by the efflux of the drugs from the cells. The bacterial multidrug efflux system transported similar drugs and was sensitive to similar inhibitors as the mammalian multidrug transporter, P-glycoprotein. The gene coding for the bacterial multidrug transporter, like the P-glycoprotein gene in mammalian MDR cells, was amplified in the resistant bacteria. On the other hand, the bacterial multidrug transporter showed no sequence similarity to P-glycoprotein but exhibited an obvious homology to tetracycline efflux pumps and carbohydrate-ion symporters. These results show that the transport of structurally unrelated molecules can be mediated by members of different families of membrane transporters.

Mammalian cells selected in culture for resistance to various lipophilic cytotoxic drugs often demonstrate resistance not only to the selective agent but also to a large group of apparently unrelated toxic compounds. This phenomenon, called multidrug resistance (MDR), is based on active efflux of drugs from the cells, performed by a membrane ATPase pump, P-glycoprotein (reviews in refs. 1 and 2). In MDR cells, the *mdr1* gene coding for this protein is frequently amplified (1). Overexpression of the P-glycoprotein gene is believed to be responsible for clinical drug resistance in many tumors.

The most intriguing question in the area of MDR is the mechanism of extremely broad chemical specificity of P-glycoprotein. Its substrates have almost nothing in common, except that most of them bear positive electric charge and all of them are moderately hydrophobic. Some substances, such as reserpine and verapamil, are potent inhibitors of P-glycoprotein activity, apparently by a competition mechanism (3, 4).

P-glycoprotein belongs to a large family of membrane ATPase pumps both of eukaryotic and of prokaryotic origin (2). It is, however, the only member of this family with a proven ability to transport multiple drugs. Even close homologues of P-glycoprotein—the mammalian *mdr2* gene product (5) and the yeast STE6 protein (6)—do not share this property. Here we describe MDR in Gram-positive bacteria and characterize the gene of a bacterial multidrug transporter.¶

MATERIALS AND METHODS

Bacteria and Plasmids. *Bacillus subtilis* BD170 (*trpC2*, *thr-5*) and BD224 (*trpC2*, *thr-5*, *recE4*), *Escherichia coli* JM103, *B. subtilis* plasmids pCB20 (7) and pUB110, *E. coli*

plasmids pUC19 and pBluescript KS(+) (Stratagene), and shuttle plasmid pMK3 (8) were used in this work.

Selection of Resistant Bacteria and Sensitivity Assay. BD170 bacteria were selected with rhodamine 6G in the liquid antibiotic medium 3 (Difco) supplemented with 0.4% glucose. Bacteria were grown at 37°C with the drug at 0.5, 1, 2, 3, and 4 µg/ml, consecutively. The cultures were diluted 1:100 with fresh drug-containing medium every 1–2 days. The drug concentration was increased every 1–2 weeks.

The sensitivity of bacteria to various drugs was assessed by inoculating overnight bacterial cultures (1:100) into 96-well plates containing serial 1:1.5 dilutions of the drugs in the liquid medium described above. The minimal concentration of drug completely inhibiting bacterial growth was evaluated by observing medium turbidity after 6 hr of incubation at 37°C. In some experiments the medium was supplemented with reserpine (5 µg/ml) or verapamil (25 µg/ml), which increased drug sensitivity (see *Results*). These compounds had no effect when the test was performed not in liquid medium but on agar plates, presumably due to their binding to the agar gel matrix. All the drugs were purchased from Sigma and used as 1 mg/ml stock solutions.

Accumulation and Efflux of Ethidium Bromide. Bacteria in logarithmic growth were collected by centrifugation, resuspended in Spizizen salt medium to an OD₆₀₀ of 0.2, and placed in the fluorimeter cuvette. Ethidium bromide was added (2 µg/ml) and the change in fluorescence intensity (λ_{excite} , 530 nm; λ_{emit} , 600 nm) was recorded on a Hitachi MPF-4 spectrofluorimeter equipped with a plotter. Fluorescence intensity is proportional to the quantity of the intracellular dye, since ethidium fluorescence is dramatically enhanced by the binding to intracellular components, especially to nucleic acids. A similar assay was described previously (9). For measurement of ethidium efflux, bacteria were incubated with the dye (2 µg/ml) and reserpine (5 µg/ml) for 15 min, pelleted in a microcentrifuge, quickly resuspended in dye-free Spizizen medium, and placed in the fluorimeter cuvette. In some experiments protoplasts prepared from bacteria by lysozyme treatment (1 mg/ml, 1 hr, 37°C) were used. In these cases all measurements were performed in 0.5 M sucrose/20 mM MgCl₂/20 mM sodium maleate, pH 6.5. ATP was measured with an ATP monitoring kit (LKB).

DNA Manipulations and Cloning Experiments. Chromosomal DNA of *B. subtilis* was isolated as described (10). Plasmids were isolated from *E. coli* by the alkaline lysis procedure (11) and from *B. subtilis* by its slight modification. *E. coli* cells were transformed by the conventional CaCl₂ method. *B. subtilis* cells were transformed as described (12).

Abbreviations: MDR, multidrug resistance; ORF, open reading frame; CCCP, carbonylcyanide *m*-chlorophenylhydrazone.

†To whom reprint requests should be sent at present address: Department of Medicinal Chemistry and Pharmacognosy (M/C 781), University of Illinois at Chicago, Box 6998, Chicago, IL 60680.

¶The sequence presented in this paper has been deposited in the GenBank data base (accession no. M33768).

The publication costs of this article were defrayed in part by page charge payment. This article must therefore be hereby marked "advertisement" in accordance with 18 U.S.C. §1734 solely to indicate this fact.

Conventional DNA manipulation procedures were performed (13). Transduction mapping of the *B. subtilis* genome was performed by using a collection of Tn917-transformed bacteria (14) and the phage AR9.

To clone the *bmr* gene from the genome of wild-type *B. subtilis*, 30 ng of DNA of BD224 bacteria was used as template in the polymerase chain reaction (PCR) (GeneAmp Kit; Perkin-Elmer/Cetus). The primers are shown in Fig. 4b. A single DNA product of the reaction was cloned into the *Sma*I cloning site of pBluescript KS(+). The insert was cut out by *Bam*HI and *Hind*III enzymes and recloned in pMK3.

Sequence Analysis. Chain-termination sequencing reactions on double-stranded templates were performed using a T7 sequencing kit (Pharmacia). Standard heptadecameric primers and synthetic heptadecamers complementary to already determined sequence were used as primers.

Sequences were compared with the Protein Identification Resource (PIR) data base (release 23) by the FASTA program. Alignments were generated by the DOOLITTLE program. Kyte-Doolittle hydropathy plots were constructed by the DNA STRIDER program.

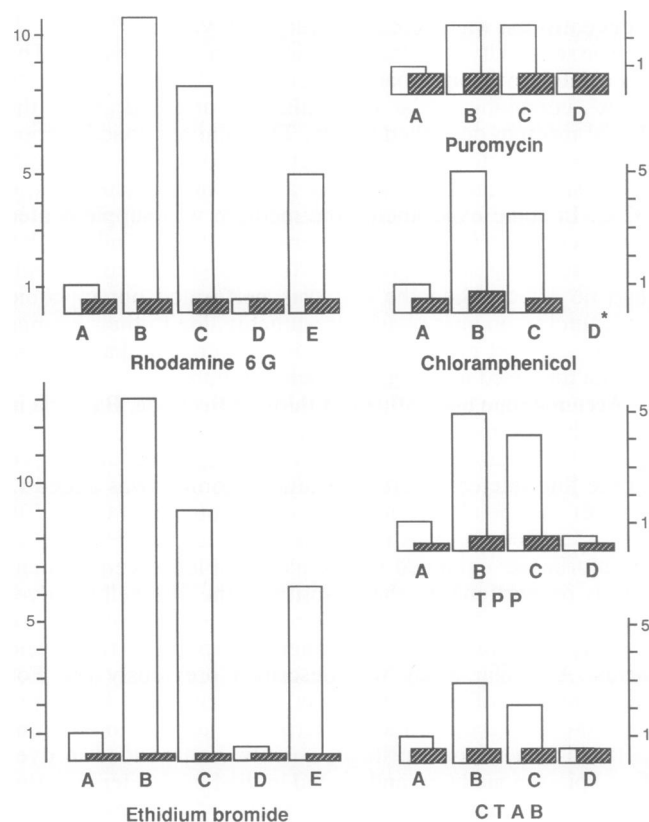


FIG. 1. Relative resistances to the drugs of the following *B. subtilis* strains: A, wild-type bacteria (BD170 or BD224); B, rhodamine-selected bacteria (1R4); C, bacteria bearing the resistance determinant in a plasmid (BD224/pEBR24); D, bacteria with the insertion-inactivated resistance determinant (BD170-1^{int}; star indicates that this strain is highly resistant to chloramphenicol due to integration of the *Cm^r* gene into the chromosome); E, bacteria bearing the isolated *bmr* gene in a plasmid (BD224/pMK3-*bmr*). Open bars, standard medium; hatched bars, medium containing reserpine (5 µg/ml). Relative resistances were determined by dividing the minimal inhibitory concentrations (MIC) by the MIC of the given drug for wild-type bacteria in standard medium. The latter had the following values (µg/ml) in this experiment: rhodamine 6G, 0.4; ethidium bromide, 2.0; cetyltrimethylammonium bromide (CTAB), 1.6; puromycin, 15; chloramphenicol, 0.6; tetraphenylphosphonium (TPP), 7.0 µg/ml. These values varied no more than 1.5-fold in different experiments. There were no detectable variations in the relative resistances of the bacterial strains.

RESULTS

We selected *B. subtilis* BD170 bacteria with stepwise increasing concentrations of one of the substrates of P-glycoprotein, rhodamine 6G. The selected cells able to grow in the presence of the drug at 4 µg/ml were subcloned and one of the clones, 1R4, was studied further.

The selected bacteria were resistant not only to rhodamine but also to some other known substrates of P-glycoprotein, such as ethidium bromide, chloramphenicol, and puromycin, as well as to tetraphenylphosphonium and cetyltrimethylammonium bromide, which to our knowledge, have not been shown to be transported by the mammalian MDR pump (Fig. 1). The sensitivity of the 1R4 bacteria to benzylpenicillin and tetracycline and their growth rate in drug-free medium did not change after the selection (data not shown).

Two inhibitors of mammalian P-glycoprotein, reserpine (Fig. 1) and verapamil (data not shown), significantly increased the sensitivity of wild-type bacteria to toxic compounds. Moreover, they completely reversed the MDR phenotype of 1R4 bacteria, just as they do with mammalian MDR cells.

The mechanism of resistance in the MDR bacteria also turned out to be the same as in MDR mammalian cells—namely, reduced accumulation of the drugs due to their accelerated efflux. Accumulation of the toxic dye ethidium bromide in 1R4 bacteria was significantly reduced in comparison with wild-type bacteria but could be restored by the addition of reserpine (Fig. 2a) or verapamil (data not shown). Both inhibitors also caused a slight increase in the accumulation of the dye in wild-type bacteria. The cells loaded with ethidium in the presence of reserpine gradually lost the dye when transferred to drug-free medium. The rate of dye efflux from 1R4 cells was 4–5 times higher than with wild-type cells (Fig. 2b). Reserpine dramatically decreased the efflux rate in both bacterial strains and abolished the difference between them.

Similar kinetics of ethidium accumulation and efflux were observed with protoplasts obtained by lysozyme treatment (data not shown), indicating that the reduced accumulation and increased efflux rate in the MDR bacteria were not caused by a modification of the bacterial cell wall. Efflux of ethidium bromide from the protoplasts of both 1R4 cells and wild-type cells completely stopped 10 sec after addition of the membrane protonophores carbonyl cyanide *m*-chlorophenylhydrazone (CCCP, 2 µM) or pentachlorophenol (5 µM) (data not shown). The ATP pool in the protoplasts was not reduced significantly in such a short period after the addition of protonophores and it decreased only 50% after 3 min of incubation. These results are consistent with the hypothesis that the bacterial multidrug transporter, in contrast to P-gly-

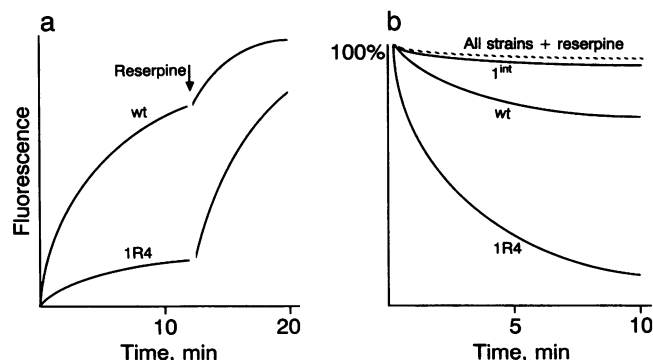


FIG. 2. Accumulation (a) and efflux (b) of ethidium bromide in *B. subtilis* strains BD170 (wild type, wt), 1R4, and BD170-1^{int} (1^{int}). Fluorescence is a measure of the quantity of cell-associated dye. Reserpine was added at 5 µg/ml.

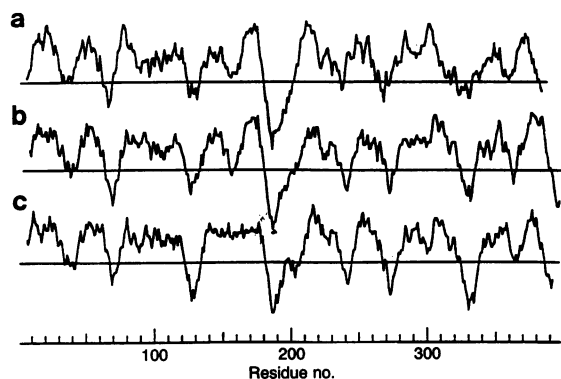


FIG. 5. Kyte-Doolittle hydropathy profiles of the ORF C-encoded protein (a) and the tetracycline efflux pumps encoded by transposon Tn10 (b) and plasmid pBR322 (c).

ogous recombination. Cells were transformed with the insert cut from the modified plasmid by *Pvu* II and then selected for resistance to chloramphenicol (resistance to this drug provided by the *Cm^r* gene is much stronger than that provided by the MDR determinant). The cells selected by this procedure (BD170-1^{int}) were more sensitive to all the drugs of the MDR group (except chloramphenicol) than were the wild-type cells (Fig. 1). Efflux of ethidium bromide from these cells was at least 10 times slower than from wild-type cells (Fig. 2b). We conclude that the MDR determinant is active in wild-type cells and provides some resistance to the drugs even at a single copy.

A transduction analysis was used to map the MDR determinant on the *B. subtilis* chromosome. A collection of *B. subtilis* strains bearing the erythromycin-resistance (*Em^r*) gene in different positions of the chromosome (14) was transformed with the DNA of AR9 phage grown on BD170-1^{int} bacteria and then was selected with chloramphenicol. The only strain in which transduction of the *Cm^r* gene from BD170-1^{int} bacteria was frequently (in 85% of clones) associated with the loss of the *Em^r* phenotype was the strain bearing the *Em^r* gene at the 216-min position of the chromosome. Conversely, transduction of the *Em^r* gene from this strain to BD170-1^{int} cells led to the loss of the *Cm^r* phenotype in 90% of the clones. These results indicate that the MDR determinant in wild-type bacteria is located very close to 216 min of the *B. subtilis* chromosome.

To sequence the MDR genetic determinant, the left *Pvu* II-*Eco*RI restriction fragment and the two central *Eco*RI-*Eco*RI fragments were subcloned separately into *E. coli* plasmid pUC19. The combined sequence of these fragments contained five ORFs (Fig. 4a). ORFs A, B, D, and E encoded hydrophilic amino acid sequences and, thus, could hardly represent the potential gene of the membrane multidrug transporter. ORF C (Fig. 4b), in contrast, encodes a predicted protein of 389 amino acid residues that appears to consist of two highly hydrophobic domains of similar size separated by a hydrophilic region; each domain contains six stretches of hydrophobic amino acids that most likely correspond to transmembrane segments (Fig. 5a). There is significant sequence homology between the two halves of the protein (data not shown).

A comparison of the sequence of the ORF C protein with the sequence of P-glycoprotein revealed no significant similarity. On the other hand, this protein was closely similar to the tetracycline-efflux proteins encoded by *E. coli* transposons Tn10 and Tn721 and plasmid pBR322 (Fig. 6). Their similarity is most evident in their hydropathy profiles, which are nearly identical (Fig. 5). Besides tetracycline-efflux proteins, the protein encoded by ORF C demonstrated highly significant similarity to some other *E. coli* membrane transporters: the arabinose and xylose transporters and enzyme II of the phosphotransferase system.

Using the PCR, we amplified the fragment of DNA shown in Fig. 4b from the genome of wild-type *B. subtilis* and cloned it into the *Sma* I site of *E. coli* plasmid pBluescript KS(+). Sequencing of the cloned PCR fragment showed that the wild-type ORF C and the upstream region of DNA did not differ from the respective sequences cloned previously from 1R4 cells. The cloned PCR fragment was recloned into shuttle vector pMK3 and then transfected into wild-type *B. subtilis* BD224. After transformation these cells exhibited resistance to ethidium bromide and rhodamine 6G that could be reversed by reserpine (Fig. 1). These cells were somewhat less resistant to the drugs than the rhodamine-selected cells. This may be either an indication of involvement of some other genes in the resistance of the rhodamine-selected cells, or, more likely, a result of lower expression of the *bmr* gene in the plasmid-transformed cells. In any case, this result indicates that the amplification of ORF C is responsible, at least partially, for the MDR phenotype of 1R4 bacteria. We

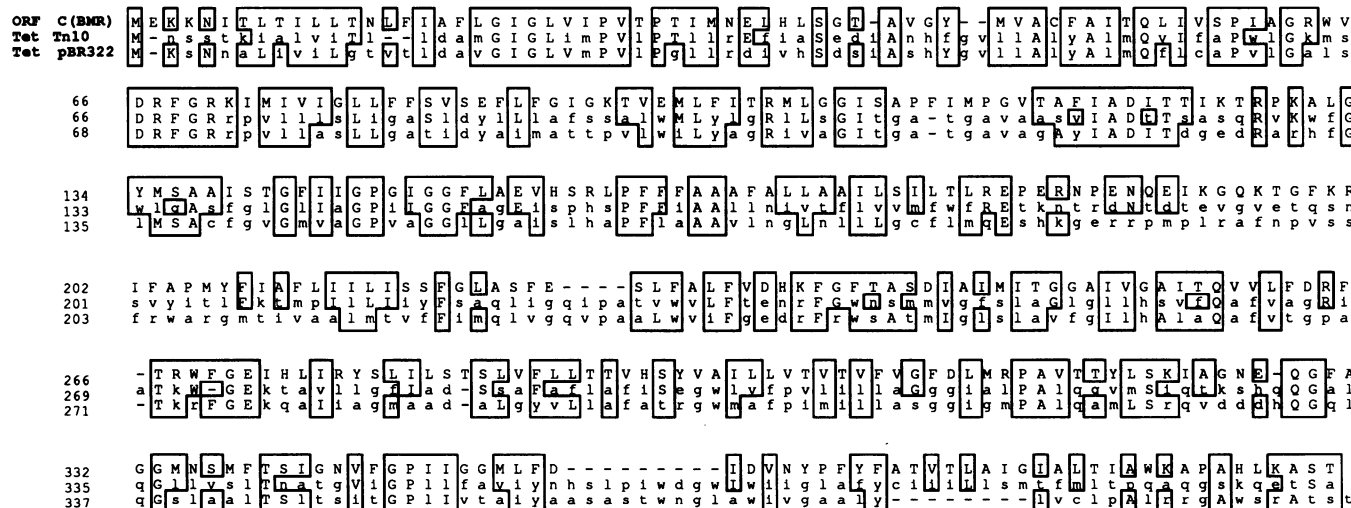


FIG. 6. Alignment of the sequences of the ORF C protein and the tetracycline efflux pumps (Tet) encoded by transposon Tn10 and plasmid pBR322. The amino acid residues of the latter two proteins identical to the corresponding residues of the ORF C protein are shown by uppercase letters. Identical residues and conservative substitutions according to the groups (I, L, M, V), (A, S, T), (F, W, Y), (D, E), (N, Q), and (K, R) are boxed.

propose therefore to name this gene *bmr*, for bacterial multidrug resistance.

DISCUSSION

Selection of *B. subtilis* cells with a cationic lipophilic drug, rhodamine 6G, led to establishment of a bacterial strain simultaneously resistant to at least six structurally unrelated toxic compounds. Our data suggest that the resistance is based on active efflux of the drugs, which was sensitive to the membrane protonophores CCCP and pentachlorophenol. An analogous phenotype has been described by Tennent *et al.* (15). Bacteria transformed with the *qacA* determinant derived from *Staphylococcus* plasmid were found to be resistant to a similar group of lipophilic toxic agents; the cells actively extruded the drugs in a CCCP-sensitive manner.

The genetic determinant that conferred MDR in the case of *B. subtilis* selected with rhodamine 6G was of chromosomal, rather than plasmid, origin. We found that these cells have acquired resistance as a result of amplification of the *bmr* gene. Examples of chromosomal DNA amplification in *B. subtilis* have been described (10, 16, 17).

The protein encoded by *bmr* displays a remarkable sequence similarity to tetracycline-efflux pumps (Tet proteins) and, to a lesser extent, to arabinose- and xylose-H⁺ symporters. Outward transport of tetracycline by the Tet proteins is apparently coupled to inward transport of H⁺ (18); the action of these proteins can be blocked by protonophores dissipating the transmembrane pH gradient (19). The high degree of sequence similarity of the predicted Bmr protein to membrane ion-dependent transport proteins, the ability of *bmr* to confer efflux-based MDR, the block of the drug efflux in the wild-type cells after the inactivation of this gene, and the strong sensitivity of the drug efflux to protonophores leave practically no doubt that *bmr* codes for a multidrug efflux transporter. It seems reasonable to suggest that the molecular mechanism of its action is similar to that of Tet proteins, namely H⁺/drug antiport, though the chemical specificities are different. Tet proteins are specific to tetracycline, while *bmr* provides resistance not to this antibiotic but to a number of other drugs.

Most intriguing is the remarkable functional similarity between the bacterial and mammalian multidrug transporters. Many drugs can be transported by both Bmr protein and P-glycoprotein. Moreover, both membrane efflux pumps can be inhibited by the same substances, reserpine and verapamil. We failed, however, to detect even slight homology between the two transporters.

There are two possible explanations of the close functional analogy between the bacterial and mammalian multidrug transporters. According to the first hypothesis, the two proteins have similar "multidrug-binding" sites; these sites cannot be detected by the direct sequence comparison because they are formed by the spatial arrangement of the amino acid residues located discontinuously in the polypeptide chains.

An alternative hypothesis, having perhaps more interesting corollaries, assumes that multidrug transporters have no binding sites in the classic sense and that they recognize their substrates by physical rather than purely structural parameters. For example, they might transport to the external medium all moderately hydrophobic substances that occur in

the highly hydrophobic membrane environment. The role of a "binding site" in such a transporter can be performed by a relatively hydrophilic part of the protein exposed into the lipid bilayer. In this case, the repertoire of substrates and competitive inhibitors should be determined mainly by the physical properties of the substances themselves and only slightly by the structure of transporter. If this hypothesis is correct, then the functional analogy between the structurally distinct bacterial and mammalian multidrug transporters is not surprising.

In conclusion, our results demonstrate that the transport of multiple drugs can be effected not only by P-glycoprotein or P-glycoprotein-related molecules but also by the bacterial Bmr protein belonging to another family of membrane transporters. Since the genetic and biochemical experiments are potentially easier to perform with bacteria than with mammalian cells, we anticipate that further study of the Bmr protein will contribute to the understanding of the mechanism of low-specificity membrane transport.

We are grateful to Drs. G. I. Burd and M. Khaikinson for helpful discussions and to Drs. E. Koonin and I. B. Roninson for critical reading of the manuscript. The work of A.A.N. in the laboratory of L.B.C. was partially financed by the Yamagiwa-Yoshida Memorial International Cancer Study Grant provided by the International Union Against Cancer.

1. Endicott, J. A. & Ling, V. (1989) *Annu. Rev. Biochem.* **58**, 137-171.
2. Juranka, P. F., Zastawny, R. L. & Ling, V. (1989) *FASEB J.* **3**, 2583-2592.
3. Beck, W. T., Cirtain, M. C., Glover, C. J., Felsted, R. L. & Safa, A. R. (1988) *Biochem. Biophys. Res. Commun.* **153**, 959-969.
4. Yusa, K. & Tsuruo, T. (1989) *Cancer Res.* **49**, 5002-5006.
5. Gros, P., Raymond, M., Bell, J. & Housman, D. (1988) *Mol. Cell. Biol.* **8**, 2770-2778.
6. McGrath, J. P. & Varshavsky, A. (1989) *Nature (London)* **340**, 400-404.
7. Sorokin, A. V. & Khazak, V. E. (1989) in *Genetic Transformation and Expression*, eds. Butler, L. O., Harwood, C. & Mosley, E. B. (Intercept, Andover, U.K.), pp. 269-281.
8. Sullivan, M. A., Yasbin, R. E. & Young, F. E. (1984) *Gene* **29**, 21-26.
9. Midgley, M. (1986) *J. Gen. Microbiol.* **132**, 3187-3193.
10. Wilson, C. R. & Morgan, A. E. (1985) *J. Bacteriol.* **163**, 445-453.
11. Birnboim, H. C. & Doly, J. (1979) *Nucleic Acids Res.* **7**, 1513-1523.
12. Anagnostopoulos, C. & Spizizen, J. (1961) *J. Bacteriol.* **81**, 741-746.
13. Maniatis, T., Fritsch, E. F. & Sambrook, J. (1982) *Molecular Cloning: A Laboratory Manual* (Cold Spring Harbor Lab., Cold Spring Harbor, NY).
14. Vandeyar, M. A. & Zachler, S. A. (1986) *J. Bacteriol.* **167**, 530-534.
15. Tennent, J. M., Lyon, B. R., Midgley, M., Jones, I. G., Purewal, A. S. & Skurray, R. A. (1989) *J. Gen. Microbiol.* **135**, 1-10.
16. Young, M. (1985) *J. Gen. Microbiol.* **130**, 1613-1621.
17. Janniere, L., Niaudet, B., Pierre, E. & Ehrlich, S. D. (1985) *Gene* **40**, 47-55.
18. Kaneko, M., Yamaguchi, A. & Sawai, T. (1985) *FEBS Lett.* **193**, 194-198.
19. Levy, S. B. (1984) in *Antimicrobial Drug Resistance*, ed. Bryan, L. (Academic, Orlando, FL), pp. 191-240.