Received 30 April 2003

Accepted 24 July 2003

Acta Crystallographica Section D Biological Crystallography

ISSN 0907-4449

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Correspondence e-mail: sonderma@biochem.mpg.de Purification, crystallization and X-ray diffraction analysis of the extracellular part of the human Fc receptor for IgA, FcaRI (CD89)

FcαRI is the predominant receptor for IgA in the serum. Nevertheless, the interaction between the molecules that finally leads to an immune response is poorly understood. To investigate the structural requirements for IgA binding, the extracellular region of FcαRI was cloned and overexpressed in *Escherichia coli*. The resulting inclusionbody protein was refolded and purified. Despite its deglycosylated state, this recombinant FcαRI retained its ability to bind human IgA. The protein crystallized spontaneously as microcrystalline needles. Recrystallization yielded crystals belonging to a primitive monoclinic space group. A complete 2.8 Å resolution X-ray diffraction data set was collected using synchrotron radiation.

1. Introduction

Antibodies are important mediators of the humoral immune response. These highly specific Y-shaped proteins recognize antigenic structures present in pathogens with their variable domains, which are located at the tip of the Fab fragments. The Fc region linked to these Fab fragments via the flexible hinge peptides is responsible for eliciting various effector functions. Interaction of the Fc portion with complement proteins mediates the humoral immune response, whereas a wide range of cellular effector functions is triggered via the binding to Fc receptors present on all immunologically active cells. Important cellular effects include the activation of B cells, endocytosis and phagocytosis of immune complexes and antibody-dependent cellular cytotoxicity (ADCC).

Of the five different immunoglobulin classes in man, IgA represents the main antibody in mucosal tissues. In fact, more IgA is produced per day than all other immunoglobulin isotypes combined (>60 mg kg⁻¹ per day; Mestecky & McGhee, 1987). Nevertheless, relatively little is known about the nature and function of IgA, while the roles of IgG and IgE including their receptors are well characterized and are also understood from structural studies (Sondermann *et al.*, 2000; Garman *et al.*, 2000)

In human serum, IgA circulates predominantly in the monomeric form, whereas in mucosal sites it occurs almost exclusively as a dimer (sIgA) in complex with two additional peptides, termed J-chain and secretory component, the latter being the extracellular ligand-binding fragment of the polyimmunoglobulin receptor (pIgR; Mostov, 1994). Interestingly, three structurally unrelated IgA-binding Fc receptors exist in humans, the aforementioned pIgR (Eiffert *et al.*, 1991), the recently identified $Fc\alpha/\mu R$ (Shibuya *et al.*, 2000) and the myeloid-specific Fc α RI (CD89) (Maliszewski *et al.*, 1990).

Many different human cell types express $Fc\alpha RI$, especially macrophages and myeloid cells, *e.g.* neutrophils, eosinophils and monocytes (Fanger *et al.*, 1980). The aggregation of $Fc\alpha RI$ by serum IgA containing immune complexes results in phagocytosis and the release of inflammatory mediators and cyto-kines. $Fc\alpha RI$ is a type I transmembrane protein, which comprises two extracellular Ig-like domains responsible for ligand binding, a transmembrane region and a short cyto-plasmic tail (van Egmond *et al.*, 2001).

While pIgR mediates the transcytosis of IgA into mucosal secretions and the function of $Fc\alpha/\mu R$ is not yet clearly understood, $Fc\alpha RI$ seems to be mainly responsible for the IgA-mediated immune response in the serum.

 $Fc\alpha RI$ has a low affinity towards its ligands IgA1 and IgA2 ($K_a \simeq 10^6 M^{-1}$) and towards both monomeric and polymeric IgA. With regard to its function FcaRI can be described as a classical Fc receptor, but its sequence similarity to killer-cell inhibitory receptors (KIR; ~32% identity) and leukocyte-inhibitory receptors (LIR; ~35% identity) and the location of the FcaRI gene at chromosome 19q13.4 in humans points to a more KIR/LIRrelated immune receptor. Another difference is that the ligand-binding site of FcaRI has been mapped to the N-terminal Ig domain by mutagenesis studies (Wines et al., 1999), while the $Fc\gamma Rs$ mainly use the second Ig domain for ligand binding (Sondermann et al., 2000). The binding site for FcaRI on IgA seems to overlap with that of bacterial IgA-binding proteins, pointing to the $C\alpha 2/C\alpha 3$ interdomain region (Pleass et al., 2001). Such a model is consistent

Acta Cryst. (2003). D59, 2247-2250

with a study that revealed a 2:1 stoichiometry for the Fc α RI–IgA-Fc interaction (Herr, White *et al.*, 2003).

The scientific interest in IgA and its receptors has increased recently owing to the fact that human cancers can be very effectively treated with therapeutic IgA antibodies (Dechant & Valerius, 2001), which mediate the lysis of tumour cells by binding to $Fc\alpha RI$ present on polymorphonuclear neutrophils.

Because of these findings, the threedimensional structure of this protein is of great interest and awaits solution. Here, we report the refolding, purification, crystallization and preliminary X-ray data collection of the extracellular IgA-binding region of human $Fc\alpha RI$.

2. Protein expression and purification

The DNA fragment coding for the extracellular domain of FcaRI was cloned by polymerase chain reaction (PCR) using the 5'-primer 5'-AAAAAAAAACATATGCAGG-CACAGGAAGG-3' and the 3'-primer 5'-AAAAGGATCCTAGTTCTGCGTCGTG-TAATC-3' (restriction sites are in bold) from a λ -phage cDNA bank prepared from buffy coat (kindly provided by T. Matthias). The derived gene was cloned as an NdeI-BamHI fragment into the pET22b+ vector (Novagen, Darmstadt, Germany) and sequenced for verification. For overexpression in Escherichia coli, the recombinant plasmid was transformed into the bacterial strain Rosetta (DE3) (Novagen, Darmstadt, Germany).

Expression, inclusion-body preparation and refolding were performed as described

previously (Sondermann & Jacob, 1999). Briefly, E. coli cells harbouring the plasmid were grown in Luria-Bertani medium containing the respective antibiotics at 310 K and were induced with 1 mMisopropyl- β -D-thiogalactopyranoside at an OD_{600nm} of 0.8. After further growth for 4 h, the bacteria were pelleted, resuspended in 100 mM Tris-HCl pH 7.5, 150 mM sodium chloride and 0.02% sodium azide and treated with lysozyme for 30 min at room temperature. Subsequently, 0.5 volumes of the wash buffer containing 0.5% N,Ndimethyldodecylamine N-oxide (LDAO), 100 mM Tris-HCl pH 7.5 were added and the cells were sonicated intensely.

Under these conditions, the expressed receptor fragment was deposited in inclusion bodies, which were isolated by centrifugation at 32 000g and 277 K for 20 min. Subsequently, inclusion bodies were resuspended repeatedly in wash buffer (see above) with an Ultra-Turrax-T25 Basic (IKA, Staufen, Germany) and centrifuged. Finally, the LDAO was removed completely by a further wash with a buffer containing 100 mM Tris-HCl, 1 mM EDTA pH 7.5 and the inclusion bodies (Fig. 1a) were solubilized in 6 M guanidinium hydrochloride, 100 mM DTT, 100 mM Tris-HCl pH 8.0 to a protein concentration of 35 mg ml^{-1} and separated from the insoluble matter by centrifugation. Refolding was achieved by the rapid dilution method. 10 ml of protein solution was added dropwise in five pulses (2 ml each) to 11 of refolding buffer (1.0 M arginine, 100 mM Tris-HCl, 5 mM reduced glutathione, 0.02% sodium azide pH 8.5 at 283 K), which was stirred continuously. The mixture was then stirred for 4-5 d until the



Figure 1

(a) Expression and purification of $Fc\alpha RI$: molecular-weight markers (lane 1), uninduced (lane 2) and induced (lane 3) cell lysate, purified inclusion bodies (lane 4), purified refolded $Fc\alpha RI$ (lane 5). (b) A solution of $Fc\alpha RI$ was incubated with either IgA or IgG Sepharose: molecular-weight markers (lane 1), IgA Sepharose flowthrough (lane 2), IgA Sepharose elution (lane 3), IgG Sepharose flowthrough (lane 4), IgG Sepharose elution (lane 5). LC, light chain; HC, heavy chain.

concentration of free thiol groups was reduced to 1 mM by air oxidation, which was measured by Ellman's method (Ellman, 1959).

Precipitate formed during the refolding procedure was removed by centrifugation for 20 min at 277 K and 32 000g. The protein solution was concentrated 20-fold in a stirred-cell concentrator (Millipore, Schwalbach, Germany) using a 5 kDa molecular-weight cutoff (MWCO) membrane and rebuffered to 2 mM Tris-HCl pH 8.0. In the final purification step, the sample was loaded onto a Superdex-75 gel-filtration column (Amersham Biosciences, Uppsala, Sweden) equilibrated with 2 mM Tris-HCl, 20 mM NaCl pH 8.0. Fractions containing Fc α RI were pooled, rebuffered to 2 mM Tris-HCl pH 8.0, concentrated to 5 mg ml⁻¹ by ultrafiltration (MWCO 5 kDa, Millipore, Schwalbach, Germany) and stored at 277 K for crystallization trials. The homogeneity of the protein was assessed by SDS-PAGE and Coomassie Blue staining (Fig. 1a).

The activity of the refolded material was tested by affinity chromatography with IgA Sepharose, while IgG Sepharose served as a negative control. After binding in phosphate-buffered saline (PBS) and two washing steps under the same conditions, the bound material was eluted with 100 mM glycine at pH 3.0 (Fig. 1b). Interestingly, under these conditions the unglycosylated Fc α RI shows specific and quantitative binding to IgA, indicating a homogeneous and active material.

3. Crystallization

The storage of the protein solution at 277 K for 2 d resulted in the formation of crystalline needles (Fig. 2*a*). Unfortunately, these crystals were too small for X-ray diffraction studies (maximum dimension of $10 \,\mu$ m). However, we used this crystallization as a further purification procedure, which included several washing steps of these needles with water.

The protein crystals could be dissolved up to a protein concentration of 5 mg ml⁻¹ in 100 m*M* citrate pH 6.0 but not in other buffers. For recrystallization, various precipitants were tested, keeping citrate as the buffer system. This was performed by mixing 1.5 µl of protein solution in Cryschem trays (Charles Supper Co., Natick, MA, USA) with an equal volume of the reservoir solution using the sitting-drop vapour-diffusion technique. Optimization of the crystallization condition yielded the best crystals in 100 m*M* citrate pH 6.0, $4\%(\nu/\nu)$ ethylene glycol at a temperature of 293 K with a protein concentration of 5 mg ml⁻¹. The rhomboid-shaped crystals (Fig. 2*b*) were visible after 1–2 d and reached maximum dimensions of approximately $0.2 \times 0.1 \times 0.04$ mm after 1–2 weeks.

4. Data collection

Prior to cryocooling, the crystals were carefully transferred into $2 \mu l$ cryoprotectant [reservoir solution containing 12% D(-)-2,3-butanediol] for 5–10 s.

All data sets were collected at a temperature of 100 K on the wiggler beamline BW6 at the Deutsches Elektronen Synchrotron (DESY Hamburg, Germany) using a MAR 165 mm CCD detector (MAR Norderstedt, Germany). Fc α RI crystals diffracted to a limiting resolution of about 2.5 Å. Some of the measured crystals were



(a)



Figure 2

Crystals of Fc α RI. (a) Needles obtained after 2 d storage in 2 mM Tris-HCl pH 8.0. (b) Rhomboid-shaped crystals recrystallized in 100 mM citrate pH 6.0, 4% ethylene glycol.

indexed with DENZO (Otwinowski & Minor, 1997) in a C-centred orthorhombic lattice, with unit-cell parameters a =53.1, b = 144.9, c = 140.7 Å (Table 1). The merging of the data with SCALEPACK led to a reasonable $R_{\rm sym}$ of 6.1%. However, a plot of the cumulative intensity distribution of the acentric data (Fig. 3a) showed a sigmoid progression, which is characteristic of twinned crystals. The presence of twinning can also be detected by analysis of the second moment of intensities, where values of 2.0 and 1.5 are expected for untwinned data and perfectly twinned crystals, respectively (Declercq & Evrard, 2001). Fig. 3(b) shows the second moment of intensities as a function of resolution. Its average value of 1.67 suggests partial twinning.

The X-ray data collected from the second set of crystals (obtained from identical crystallization conditions) could not be processed in a C-centred orthorhombic lattice. Instead, the pattern indicated a primitive monoclinic crystal system, with unit-cell parameters a = 53.1, $b = 140.6, c = 77.2 \text{ Å}, \beta = 110^{\circ}.$ Assuming four molecules of FcaRI (22.8 kDa) per asymmetric unit, the Matthews coefficient $(V_{\rm M})$ was calculated to be 2.96 Å³ Da⁻¹, corresponding to a solvent content of 58% (Matthews, 1968). The second moment of intensities (1.99; Fig. 3b) and the cumulative intensity distribution plot (Fig. 3a) of this data set indicated untwinned data. Interestingly, the unit-cell parameters of this crystal fulfil the geometrical relationship $(c \cos \beta = -a/2)$ required for simulating the orthorhombic Laue group mmm in the case of perfect twinning (see, for example, Fig. 1a in

Declercq & Evrard, 2001). Additionally, it has been pointed out that non-crystallographic symmetry (NCS) may promote twinning (Larsen *et al.*, 2002; Royant *et al.*, 2002). Accordingly, self-rotation Patterson searches revealed two non-crystallographic twofold axes orthogonal to each other and to the crystallographic twofold axis of the

Table 1

Summary of crystallographic data collection and processing.

Values in parentheses refer to the highest resolution shell (2.96–2.8 Å for $P2_1$ and 2.59–2.5 Å for $C222_1$).

Crystal	Monoclinic, untwinned	Pseudo-orthorhombic, twinned
Space group	P2 ₁	C222 ₁ (for processing)
Unit-cell parameters (Å, °)	a = 53.1, b = 140.6, c = 77.2, $\alpha = \gamma = 90,$ $\beta = 110$	(10) processing) a = 53.1, b = 144.9, c = 140.2, $\alpha = \gamma = \beta = 90$
Mosaicity (°)	2.1	1.1
Wavelength (Å)	1.05	1.05
Resolution range (Å)	20.0-2.8	20.0-2.5
Observations	41514	44080
Unique reflections	22945	17600
Completeness (%)	88.4 (83)	91.5 (76.3)
Average $I/\sigma(I)$	11.6 (5.01)	19.6 (5.6)
$R_{\rm sym}$ (%)	5.1 (11.0)	6.0 (19.8)
Second moment of intensities	1.99	1.67



Figure 3

(a) Cumulative intensity distribution of acentric data: N(z) is the percentage of reflections with $I/\langle I \rangle \leq z$. Theoretical values for untwinned data are depicted with squares and values for observed data with triangles for the twinned crystal and dots for the untwinned crystal. (b) Second moment of the intensities $(\langle I^2 \rangle/\langle I \rangle^2)$ as a function of resolution of the twinned data set (dashed line) and the untwinned data set (solid line).

monoclinic crystal using *POLARRFN* (Collaborative Computational Project, Number 4, 1994). Considering the transformation between the two apparent lattice types, these twofold NCS axes are parallel to the crystallographic axes observed in the *C*-centred orthorhombic lattice. With regard to these findings, we conclude that the

initially assumed orthorhombic symmetry is only a pseudosymmetry caused by twinning and that the true space group is monoclinic. Detailed crystal parameters and datacollection statistics of both data sets are summarized in Table 1. Owing to the large mosaicity, the data were cut off at 2.8 Å resolution in the monoclinic and 2.5 Å resolution in the orthorhombic form to avoid spot overlap. The second untwinned $P2_1$ crystal form was used for further X-ray analysis. Despite the homology between Fc α RI and KIR/LIR, the molecularreplacement approach with the use of several programs was unsuccessful.

Note added in proof: The structure of $Fc\alpha RI$ has recently been described (Herr, Ballister *et al.*, 2003). Although a glycosylated form of the receptor has been used in this study, molecular replacement using these coordinates should facilitate the solution of our crystal structure.

The authors are indebted to Robert Huber for his generous support of this work and to Manuel Than for helpful discussion.

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