

Chem 431A-L19-F'07

admin: Online quiz deadline

Chapt 4 Monday, Nov5

no exceptions. If your computer didn't work, tough!

Last lecture:

- 1) Saturation curves for Mb and Hb
- 2) Hill coefficient – what it means

Today: group quiz

- 1) Cooperativity and Allosterity of Hb
- 2) structure of Hb (two $\alpha\beta$ dimers)
- 2) Bohr effect. CO_2 transport. 2,3-BPG
- 3) MWC and KNF models of Hb.

<p>Hb changes from strong binding protein at high O_2 to weakly binding at low P_{O_2}. sigmoidal curve. cooperative mechanism. Archibald Hill (1910): assumed 1 step:</p> <p>$\text{Hb} + n\text{O}_2 \rightarrow \text{Hb}(\text{O}_2)_n$ (ie infinite cooperativity).</p> <p>$\Rightarrow \theta = (\text{P}_{\text{O}_2})^n / \{ (\text{P}_{50})^n + (\text{P}_{\text{O}_2})^n \}$ known as Hill eqn.</p> <p>$n = \#$ subunits. can show by rearrangement: $\theta/(1-\theta) = (\text{P}_{\text{O}_2})^n / (\text{P}_{50})^n$</p>	<p>Hill plot based on taking logs of both sides:</p> <p>$\text{Log}\{ \theta/(1-\theta) \} = n \text{logP}_{\text{O}_2} - n \text{logP}_{50}$.</p> <p>plot $y = mx + b \Rightarrow$ where slope is n (an integer representing the number of subunits).</p> <p>actual graph is diff: sometimes 1 sometimes 3. for ideally cooperative Hb, $n = 4$.</p> <p>Note that experimentally, $n \leq \#$ monomers</p>
<p>Compare Mb and Hb: Hb tetrameric: 2 α and 2 β subunits. Actually 2 dimers: $\alpha_1\beta_1$ and $\alpha_2\beta_2$.</p> <p>Interactions: Hphobic, H-bonds and ion-pairs.</p> <p>Where both α and β are struc. similar to Mb. An $\alpha\beta$ dimer is hard to separate by usual denaturation. The 2 dimers interact between them. This interaction changes upon binding of O_2.</p>	<p>T and R states: T= “tense” state, stabilized by more salt bridges. R= “relaxed” state.</p> <p>See figures 5-8 to 5-10.</p> <p>T state has lower affinity for O_2 while R has greater affinity to O_2. T state is favored when there is low pO_2 while R is favored when there is high pO_2.</p>

<p>That means that when pO_2 is high (as in the lungs), Hb likes to bind O_2. But when pO_2 is low (as in respiring tissues), Hb likes to release O_2.</p> <p>Cooperativity: Hb binds O_2 cooperatively. In absence of O_2, Hb is in the T, low affinity state. In the lungs, there is lots of O_2 and Hb-O_2 forms which shifts its equilibrium to the R state. R state is also high affinity (to O_2) state. Sigmoidal θ vs pO_2 curve shows cooperativity (see Fig5-12)</p>	<p>Allostery: The binding of a ligand to one site affects its binding at another site. Ligand can be O_2 as in Hb. Or, inhibitors or activators.</p> <p>Homotropic: modulator = normal ligand; Heterotropic: modulator \neq normal ligand</p>
<p>2 models: MWC (Monod, Wyman and Changeaux) or “concerted model” and sequential model KNF (by Koshland, Nemethy and Filmer) *fig 5-15</p> <p>MWC or concerted or symmetry model:</p> <ol style="list-style-type: none"> 1) an allosteric protein is an oligomer of symmetrically related subunits 2) Each subunit can exist in 2 conformational states designated R and T; these are in equilibrium 3) Ligand can bind to a subunit in either conformation. Only the conformational change alters the affinity for the ligand. 4) The molecular symmetry of the protein is conserved during the conformational change. 	<p>Koshland et al model, sequential model</p> <ol style="list-style-type: none"> 1) ligand-binding induces a conformational change in the subunit to which it binds. 2) cooperative interactions arise through influence of those conformational changes on neighboring subunits 3) Conformational changes occur sequentially. <p>(Reduces to the MWC model if the interactions between subunits is strong).</p> <p>Both features are observed in Hb – O_2 binding. ** look at the conformational changes.</p>
<p>Hb transports H^+ and CO_2. both pH and $[CO_2]$ affect O_2 binding by Hb <i>Carbonic anhydrase:</i> $CO_2 + H_2O \rightarrow H^+ + HCO_3^-$. Raising $[H^+]$ and lowering pH.</p> <p>Go over <i>Bohr effect</i>. (Fig. 5-16) Hb binds O_2 and H^+ <i>inversely</i> to each other like:</p> $H-Hb^+ + O_2 \rightleftharpoons Hb-O_2 + H^+$ <p>H^+ binds to the His¹⁴⁶ HC3 residue (C-terminal aa) of the β subunit.</p>	<p>CO_2 also binds as <i>carbamate</i> group to N-terminal's α amino group of all 4 subunits inversely to O_2 binding. $CO_2 + H_2N\text{-subunit} \rightarrow \text{O}_2\text{C-NH-subunit} + H^+$ (carbaminohemoglobin)</p>

Another ligand:(*heterotropic* allosteric modulation):

- 1 CO_2^-
- 2 H C-PO_4^{2-}
- 3 $\text{H}_2\text{C-PO}_4^{2-}$

2,3 bisphosphoglycerate (2,3-BPG) binds to the (+charge sidegroups of) central cavity between the β subunits of the T state. It's binding to Hb has inverse relation to O_2 binding:



BPG lowers affinity of Hb to O_2 (fig 5-17)

Absence of BPG makes it behave like Mb

Fetal Hb contains: $\gamma_2\beta_2$ not $\alpha_2\beta_2$ as in adults. $\gamma_2\beta_2$ has a lower affinity for 2,3- BPG and therefore higher affinity for O_2 . Fetus needs to extract O_2 from the mother's Hb and therefore must have a lower affinity for O_2 than the Hb of the mother.

Sickle cell anemia:

Due to single aa substitution: a Val instead of a Glu in the position #6 of the β chain. Consider the hydrophobic vs ionic R group substitution: the "sticky H ϕ patch" causes the Hb to aggregate into strands when in Hb in the deoxy form. Need to avoid vigorous exercise.