REVIEW ARTICLE

Functional roles of the factor VIII B domain

S. W. PIPE

Department of Pediatrics and Communicable Diseases, University of Michigan, Ann Arbor, MI, USA

Summary. Unravelling the structure, function and molecular interactions of factor VIII (FVIII) throughout its life cycle from biosynthesis to clearance has advanced our understanding of the molecular mechanisms of haemophilia and the development of effective treatment strategies including recombinant replacement therapy. These insights are now influencing bioengineering strategies toward novel therapeutics. Whereas available molecular models and crystal structures have helped elucidate the structure and function of the A and C domains of FVIII, these models have not included detailed structural information of the B domain. Therefore, insights into the role of the FVIII B domain have come primarily from expression studies in heterologous systems, biochem-

Introduction

Factor VIII (FVIII) is a large, complex, essential glycoprotein coagulation factor with a still incompletely understood life cycle. The primary structure of FVIII was identified only in the early 1980s, when the protein was purified to complete homogeneity, and its cDNA cloned [1,2]. While considerable and steady progress has subsequently been made on unravelling the structure, function and molecular interactions of FVIII throughout its life cycle from biosynthesis to clearance, a complete picture has still not emerged [3–5]. Activated FVIII (FVIIIa) assembles within the 'tenase' complex on a phospholipid surface, such as activated platelets, where it functions as a non-enzymatic cofactor for factor IXa (FIXa) in the activation of factor X (FX). This cofactor

Correspondence: Steven W. Pipe, MD, Department of Pediatrics and Communicable Diseases, University of Michigan, 1500 East Medical Center Drive, Ann Arbor, MI 48109, USA. Tel.: +1 734 647 2893; fax: +1 734 936 5953; e-mail: ummdswp@med.umich.edu

Accepted after revision 24 February 2009

ical studies on bioengineered FVIII variants and clinical studies with B domain-deleted FVIII. This manuscript reviews the available data on the potential functional roles of the FVIII B domain. A detailed literature search was performed, and the data extracted were qualitatively summarized. Intriguing emerging evidence suggests that the FVIII B domain is involved in intracellular interactions that regulate quality control and secretion, as well as potential regulatory roles within plasma during activation, platelet binding, inactivation and clearance.

Keywords: B domain, blood coagulation factors, factor VIII, haemophilia A, protein engineering, recombinant proteins

function is similar to that of its homologous cofactor, activated factor Va (FVa), which assembles within the 'prothrombinase' complex, exerting cofactor function for FXa for the activation of prothrombin.

The FVIII gene comprises 26 exons, which encode a polypeptide chain for a signal peptide of 19 amino acids and a mature protein of 2332 amino acids [4]. FVIII is synthesized as an inactive single chain with the discrete domain structure of A1-a1-A2-a2-B-a3-A3-C1-C2 (Fig. 1). Domains a1, a2 and a3 are acidic amino acid rich regions between the major structural domains and contain sulfated tyrosine residues. The A domains of FVIII share approx. 40% amino acid identity with each other and to the A domains of FV. The FVIII C domains in turn also exhibit approx. 40% amino acid identity to each other and to the C domains of FV and proteins that bind negatively charged phospholipids, suggesting a role in phospholipid interaction.

Encoded by exon 14, the B domain spans the sequence from amino acids 741–1648. Several characteristics distinguish the B domain. One unusual feature is the encoding of the B domain entirely by a single very large uninterrupted exon. Unlike other



Fig. 1. Domain structure and processing of FVIII. Abbreviations: aPC, activated protein C; FVIII, factor VIII; FVIIIa, activated factor VIII.

portions of the FVIII molecule, the B domain is without amino acid homology to other known proteins, including the B domain of FV. FVIII does share with FV the distinctive property of having extensive glycosylation of B domain asparagine, serine and threonine residues. The B domain contains 19 of the potential 25 asparagine (*N*)-linked glycosylation attachment sites on the entire FVIII molecule [2]. While the B domain is not directly necessary for the central procoagulant activity of FVIII [6,7], more recently it has been shown to play a major role in the intracellular processing and trafficking of FVIII. Moreover, there is emerging evidence that portions of the B domain may have functional influences throughout the life cycle of FVIII (Table 1) [8–20]. This review delineates

Process	Function	References
Intracellular		
Synthesis quality control	Enables interaction of factor VIII with chaperone pro- teins that distinguish properly folded tertiary structure of proteins; stabilizes folded domains, prevents aggre- gation	Pipe <i>et al.</i> [13]
Secretion	Interacts with cargo-specific sorting receptor complex that enables endoplasmic reticulum to Golgi transport; increases secretion efficiency	Moussalli <i>et al.</i> [14]; Cunningham <i>et al.</i> [15]; Miao <i>et al.</i> [16]; Pipe <i>et al.</i> [18]; Zhang <i>et al.</i> [19]
Plasma		0
Activation	Possibly shields thrombin activation site from pre- mature proteolysis	Eaton <i>et al.</i> [8]; Meulien <i>et al.</i> [9]; Pitt- man <i>et al.</i> [10]; Pittman <i>et al.</i> [11]
Platelet binding	Decreases the affinity of unactivated factor VIII for activated platelets, thus preserving circulating factor VIII	Li and Gabriel [12]
Inactivation	Reduces proteolysis by activated protein C and factor Xa	Khrenov <i>et al.</i> [20]
Clearance	May play a further role in factor VIII quality control through interaction with asialoglyprotein receptor	Bovenschen et al. [17]

Table 1. Functions of the B domain in the life cycle of factor VIII.

the known intracellular functions of the B domain and its potential roles following secretion into plasma.

Synthesis and intracellular processing of factor VIII

FVIII is believed to be produced primarily in hepatocytes and endothelial cells [4,21]. Thus far, no established or primary cell lines expressing FVIII have been developed, and consequently evidence on the extensive post-translational processing and secretion of FVIII has been generated from expression of the FVIII complementary DNA (cDNA) in transfected mammalian cells, such as Chinese hamster ovary (CHO), African green monkey kidney (COS-1), HeLa, and the human hepatic cell line, SK-HEP1 [13,22]. FVIII is poorly expressed and inefficiently secreted in these heterologous systems. Expression is two to three orders of magnitude lower than that observed with other cDNAs of similar-sized proteins using similar vectors and methods [23]. This has stimulated an extensive effort to delineate the trafficking of FVIII through the cellular secretory machinery and identify the structures and processes necessary for efficient secretion of functional FVIII molecules. The B domain has been found to figure prominently in these processes.

Transcription and translation Reduced FVIII mRNA accumulation has been observed in several cell lines. Deletion analysis within FVIII expression vectors demonstrated that diffuse sequences within the FVIII coding region have a deleterious effect upon RNA

accumulation [24]. The FVIII cDNA contains a 305 bp transcriptional silencer that dominantly inhibits its own expression [25]. Shortly after the cloning and subsequent expression of FVIII, it was demonstrated that the B domain was dispensable for its procoagulant activity [6,7]. Removal of the B domain, the equivalent of approx. 38% of the primary cDNA sequence, significantly improved the vield of FVIII [6]. The increased expression resulted from markedly increased levels of mRNA and increased translation [26]. However, detailed studies on the expression of recombinant B domain-deleted forms of FVIII (BDD-rFVIII) indicated that despite an increase in mRNA approaching 20-fold, the yield of secreted BDD-rFVIII was improved by no more than 2-fold [10]. This suggests a role for the B domain during other steps within the FVIII biosynthetic pathway.

Quality control system Secretory proteins follow a path through the cell that leads through the endoplasmic reticulum (ER) to an endoplasmic reticulum-Golgi intermediate compartment (ERGIC) and finally to the Golgi before release into the plasma. After synthesis the FVIII protein, directed by the signal peptide, is translocated into the lumen of the ER, which serves as the major site for the folding and assembly of secretory proteins as well as integral membrane proteins. Facilitated by enzymes and molecular chaperones, newly synthesized proteins fold and assemble into tertiary structures within the ER [13]. The molecular chaperones also serve as an essential part of the ER quality control (QC) system

1190 S. W. PIPE

ensuring export of only properly folded proteins. The QC system recognizes general structural differences between native and non-native proteins and prevents the secretion of non-native proteins that could be non-functional and antigenic.

Cleavage and glycosylation Upon entering the ER, the signal peptide is cleaved off to produce the mature 2332 amino acid FVIII protein. Important structural post-translational modifications occur cotranslationally in which a 14-sugar branched chain is added to the amide nitrogen of consensus asparagine side chains (Figs 1 and 2) [4]. The B domain is the principal region for this modification, accounting for more than three-quarters of the potential 25 *N*-linked glycosylation attachment sites in the FVIII molecule. These carbohydrate moieties not only stabilize folded domains but also provide polar surface groups that prevent aggregation of folding

intermediates and allow newly synthesized polypeptide chains to interact with ER chaperones and enzymes. The B domain carbohydrates appear to be important for FVIII secretion, since inhibition of *N*-linked glycosylation by tunicamycin treatment dramatically reduces secretion [26].

Chaperone proteins The high mannose-containing *N*-linked oligosaccharides of the B domain interact with two protein chaperones: calnexin, an integral ER membrane protein, and calreticulin, an ER luminal protein (Fig. 2). The 'calnexin/calreticulin cycle' promotes folding of glycoproteins and retains non-native glycoproteins in the ER until they are correctly folded [27]. Two of three glucose units are rapidly trimmed from the 14-subunit oligosaccharides attached to asparagine residues, allowing specific recognition and binding by calnexin and calreticulin to the cleaved carbohydrate structure.



Fig. 2. Intracellular trafficking processes involving the B domain of FVIII. Abbreviations: ERGIC, endoplasmic reticulum Golgi intermediate compartment; FVIII, factor VIII; LMAN1, mannose-binding lectin 1; MCFD2, multiple coagulation factor deficiency protein 2; QC, quality control. When the third glucose unit is enzymatically removed, FVIII is released from the two chaperone proteins. If the protein is correctly folded, it can leave the cycle and exit the ER. Otherwise, the protein re-enters the cycle or undergoes degradation.

The B domain was shown to be important for this QC function in a study of CHO cells [13]. The interaction with both calnexin and calreticulin of a FVIII fragment lacking most of the B domain (residues 759–1639 deleted) was significantly reduced. Moreover, in the presence of inhibitors of glucose trimming, the interactions of FVIII with calnexin and calreticulin were also attenuated, and the secretion of FVIII inhibited.

Cargo receptor binding After proper folding, FVIII proceeds toward the Golgi apparatus packaged in coated vesicles that uncoat and fuse with each other to form the ERGIC (Fig. 2). A cargo-specific sorting receptor complex consisting of the transmembrane protein mannose-binding lectin 1 (LMAN1, also known as ERGIC-53) and its soluble luminal interaction partner, multiple coagulation factor deficiency protein 2 (MCFD2), are required for this process. Mutations in LMAN1 or MCFD2 cause combined deficiency of FV and FVIII [28]. This disorder is associated with plasma levels of FV and FVIII ranging from 5% to 30% of normal. In an initial study of a tetracycline-inducible HeLa cell line, it was shown that when the cells overexpressed a mutant ERGIC-53 that was unable to exit the ER, the secretion of FVIII, as well as FV, was defective, and that this shuttling of the coagulation factors appeared to be dependent on post-translational modification of N-linked oligosaccharides [14]. Subsequent data from the HeLa cell line suggested that FVIII-specific protein sequences also contribute to LMAN1 interaction [15]. In both COS-1 and CHO cells, LMAN1 and MCFD2 interacted specifically with FVIII, and the B domain was the most likely site of the interaction [19]. BDD-rFVIII did not bind to the LMAN1-MCFD2 complex or displayed markedly reduced binding affinity. In contrast to earlier studies, this investigation suggested that the interaction might be independent of the FVIII glycosylation state. Calcium-dependent protein-protein interactions appeared to play a possible role. Further studies are required to pinpoint more precisely elements within the B domain that are important for cargo receptor binding.

Golgi partial proteolysis Once in the Golgi compartment, FVIII is among the many proteins to undergo intracellular proteolysis (Fig. 2). The ter-

tiary structure of FVIII confers on the B domain region a particular susceptibility to proteolysis. The heavy- and light-chain portions of FVIII form a globular domain, while the connecting B domain region forms an exposed extended rod-like structure [29]. Moreover, the middle part and the carboxyterminal region of the B domain comprise a motif (Arg-X-X-Arg) similar to that recognized by intracellular proteases of the subtilisin-like family [4]. Consequently, the FVIII polypeptide is cleaved in the B domain after residues 1313 and 1648 to generate the heavy chain of 200 kD (A1-a1-A2-a2-B) in a metal ion complex with the light chain of 80 kD (a3-A3-C1-C2). Within the Golgi apparatus, FVIII also undergoes modification of the N-linked oligosaccharides to complex-type structures, O-linked glycosylation, and sulfation of specific tyrosine residues.

Secretion efficiency In the absence of the B domain, secretion still occurs but is generally very inefficient. Several BDD-rFVIII species with variable amounts of the B domain deleted have been investigated, such as FVIIIdes-797-1652 [8], FVIIIdes-771-1666 (FVIII-II, 165 kDa) [30] and FVIIIdes-760-1639 (LA-VIII) [10]. The only commercially available BDD-rFVIII protein, moroctocog alfa (ReFacto®; Wyeth Pharmaceuticals, Collegeville, PA, USA), possesses a 14 amino acid B domain sequence linking Ser⁷⁴³ to Gln¹⁶³⁸, joining the A2 and A3 domains. In each case, the B domain has not been completely deleted, so that small portions are retained. In transfected cells, BDD-rFVIII generally exhibits high levels of mRNA yet the resultant translated proteins are not fully reflected in the amount of secreted protein observed, suggesting intracellular interactions are limiting efficient secretion [10]. The LMAN1/ MCFD2 protein complex appears to interact with its cargo primarily through interaction with mannose residues on N-linked oligosaccharides. Thus, BDDrFVIII, missing the majority of the N-linked oligosaccharides clustered within the B domain, may not be able to take full advantage of this facilitated transport pathway. The addition of even a small portion of native FVIII B domain (optimally 226 amino acids with six N-linked oligosaccharides) to BDD-rFVIII produced a 5- to 10-fold higher secretion efficiency compared to BDD-rFVIII [16]. These studies support a central role of the B domain in the efficient secretion of full-length FVIII.

The B domain is by no means the sole determinant of efficient FVIII secretion process. For example, interaction of elements within the FVIII A1 domain with the protein chaperone BiP in the ER has also been shown to limit FVIII secretion [31]. The relative contribution of various cellular processes may also depend upon the particular transfected cell line used. Further research is needed to understand more fully the interplay of intracellular chaperones and other intracellular molecules involved in cellular quality control that act in concert to ensure that only functional, properly folded FVIII molecules are secreted.

Fate of factor VIII in circulation

Although the B domain is partially cleaved prior to secretion in the Golgi, a substantial portion persists in the unactivated FVIII molecules secreted into the plasma (Fig. 1). The newly secreted FVIII is a heterodimer linked by a divalent metal ion. Its constituents are an 80 kDa light chain composed of the A3-C1-C2 domains and a heterogeneous 90-210 kDa heavy chain of the A1-A2-B domains [8,30]. Variable lengths of the partially cleaved B domain arising from limited C-terminal proteolysis account for the heterogeneity of the heavy chain [32]. An analysis of five currently commercially available FVIII replacement concentrates revealed that B domain terminating at Arg¹³¹³ was the predominant form of the heavy chain in both plasma-derived FVIII (pdFVIII) and full-length recombinant FVIII (rFVIII) from both CHO or baby hamster kidney cells [33]. Two additional major heavy chain species contained truncations of the B domain that terminated also at Ser⁸¹⁷ and Lys¹¹¹⁵.

Therefore, the predominant form of unactivated FVIII circulating in the plasma after secretion or replacement therapy with full-length FVIII still contains 572 amino acids of the B domain. Moreover, this section of the B domain also retains 15 of the 19 N-linked glycosylation sites. Since the B domain contains no site essential for coagulation once FVIII is activated, it has been commonly assumed that the substantial portion of the B domain that remains on the heavy chain of the circulating unactivated FVIII has no function. Nevertheless, some evidence suggests that the retained section of the B domain could modulate the intermolecular interactions of FVIII with various molecules and substrates during the various stages of its life span in the plasma.

Immediately after its release into the circulation, the FVIII heterodimer interacts with its carrier protein, von Willebrand factor (VWF), to form a tight non-covalent complex [21]. Unactivated FVIII is protected from premature clearance or activation by its association with VWF, and this interaction is the most important identified determinant of the survival of FVIII in the circulation. VWF does not bind to the B domain, but rather to two light-chain sites in the A3 and C2 domains [5]. The interaction of FVIII with other molecules such as FIXa and membrane phospholipids in platelets is blocked by VWF [4]. Upon proteolytic activation by thrombin, FVIII achieves a heterotrimeric structure and undergoes a conformational change rendering it capable of binding FIXa and FX on activated platelets.

Activation by thrombin FVIII becomes activated primarily by thrombin (Fig. 1) and participates as a cofactor for FIXa in the formation of the tenase complex on the surface of activated platelets. Additional components of the complex are FX and Ca^{2+} . Thrombin activates FVIII by proteolysis at three residues: Arg³⁷², Arg⁷⁴⁰ and Arg¹⁶⁸⁹. Arg³⁷² and Arg¹⁶⁸⁹ are known to be essential sites for FVIII activation (Fig. 1) [34]. Cleavage at Arg³⁷² bisects the A1 and A2 domains and at Arg¹⁶⁸⁹ the acidic a3 region from the light chain to create the FVIIIa heterodimer (A1-a1/ A2-a2/ A3-C1-C2). The ramifications of proteolysis at Arg⁷⁴⁰, the boundary between the A2 and B domains, have not been as rigorously examined. According to the findings of a recent study, however, thrombin may act in an ordered sequence to accomplish cleavage of FVIII first at Arg^{740} , which then facilitates cleavages at Arg^{372} and $\operatorname{Arg}^{1689}$ (Fig. 1) [35]. A number of studies of BDD-rFVIII have indicated altered patterns of thrombin activation, possibly caused by a modified context of the Arg⁷⁴⁰ thrombin cleavage site [8–11]. In contrast, other studies could not detect any differences in thrombin activation between BDDrFVIII and plasma-derived FVIII (pdFVIII) [36,37]. Moreover, removing approx. 50% of total pdFVIII carbohydrate did not significantly affect thrombin potentiation of clotting activity [38].

Platelet binding The formation of the tenase complex requires the delivery of FVIII to the activated lipid surface of platelets by VWF [12]. The transfer from VWF to platelets and the tenase complex is a complicated, multistep process [39]. Unactivated FVIII does not normally bind to activated platelets in the presence of VWF. However, in the absence of VWF, unactivated FVIII can bind to platelets activated by thrombin, epinephrine or thrombin receptor peptide with a dissociation constant (K_d) of 10.4 nm [12]. The binding affinity of unactivated BDD-rFVIII was found to be increased by two fold, as reflected by a decline in K_d to 5.1 nm. Once full-length FVIII is activated platelets increases even

more (K_d 1.7 nM). Thus, these findings suggest that the B domain may, like VWF, serve as a brake on binding of unactivated FVIII to activated platelets, although the magnitude of this putative modulatory effect is apparently small compared with that of VWF.

Inactivation FVIIIa cofactor activity is rapidly lost either through spontaneous dissociation of the A2 subunit from the rest of the molecule or through proteolytic degradation by a number of enzymes, such as thrombin, FIXa, FXa and activated protein C (aPC). The main physiological inactivator of FVIIIa, aPC (Fig. 1), cleaves FVIIIa in the A1 (Arg³³⁶) and A2 domains (Arg^{562}). FXa proteolytically inactivates FVIIIa by cleaving the A1 domain at Lys³⁶ and Arg³³⁶. In a comparison of full-length FVIII and BDD-rFVIII, proteolysis of A1 and A2 domains of activated BDD-rFVIII was found to proceed 11-13 times faster than that of activated pdFVIII or fulllength rFVIII [20]. Inactivation of activated BDDrFVIII was two to three times faster by aPC and five to six times by FXa. Accelerated inactivation of BDD-rFVIII, as well as accelerated activation by thrombin, would necessitate either higher doses or more frequent dosing. A 2003 meta-analysis did demonstrate increased bleeding incidence associated with the use of BDD-rFVIII compared with full-length FVIII for prophylaxis [40].

Since the last portion of the B domain is cleaved at the time FVIII is activated, it is unclear why the BDD-rFVIII should be more vulnerable to proteolysis than full-length FVIII. Even so, both rFVIII and pdFVIII displayed comparable rates of proteolysis, and the suggestion remains that the initial absence of B domain may render BDD-rFVIII more susceptible to proteolysis. The investigators ruled out the possibility that the free B domain can inhibit the action of aPC and FXa. Thus, addition of purified B domain to the BDD-rFVIII reaction mixture, even at the same molar concentration as FVIII, did not decrease the cleavage rate. Further studies are needed to confirm and clarify this paradoxical observation.

Clearance An aspect of the residence of FVIII in the plasma that is very little understood is the clearance of either the unactivated circulating FVIII molecule or its breakdown subunits resulting from activation [4]. Evidence suggests that the *N*-linked oligosaccharide structures of the B domain may play a role in the catabolism of FVIII [17]. Low-density lipoprotein receptor-related protein (LRP), an endocytic receptor, has been found to contribute to the clearance of FVIII from the circulation [41,42]. Experimental

evidence suggests that other pathways play a role as well [43]. A potential candidate is the asialoglycoprotein receptor (ASGPR), a member of the C-type family of lectins abundantly expressed in the liver and involved in the binding and endocytic uptake of glycoproteins from the circulation. The B domain has been found to bind with high affinity ($K_d \approx 2$ nM) to ASGPR, and evidence suggests that the N-linked oligosaccharides are responsible [17]. Both the intact FVIII heterodimer and the FVIII heavy chain, but not the light chain, exhibited similar high-affinity binding. Treatment with an enzyme that removed the N-linked oligosaccharide branches abolished the binding to ASGPR. Finally, BDD-rFVIII was unable to bind ASGPR. The oligosaccharides on the FVIII molecule responsible for the high-affinity interaction with ASGPR remain unknown. Moreover, the physiological significance of the binding is unknown. The investigators proposed that ASGPR may play a physiological role in the QC of FVIII biosynthesis by binding and internalizing incompletely glycosylated FVIII following secretion [17].

Circulating FVIII levels The FVIII levels in normal persons and half-lives of replacement concentrates in patients with haemophilia are both characterized by substantial intraindividual variation. While some explanatory factors, such as ABO blood group, have been identified, the reasons for this variability are still poorly understood. A metaanalysis of 27 pharmacokinetic studies suggested that BDD-rFVIII may have a shorter circulating half-life than full-length FVIII [40]. An acknowledged limitation of the meta-analysis was the scarcity of available data derived from direct comparison between FVIII types in the same study. Two subsequent controlled pharmacokinetic studies have failed to confirm a half-life difference between a reformulated BDD-rFVIII preparation and fulllength FVIII [44,45]. Pharmacodynamic differences between the two FVIII types that may affect plasma FVIII levels, as suggested by the recent reports on FVIII activation and clearance, still have not been adequately explored.

Differences in BDD-rFVIII and full-length FVIII have been observed in the results obtained from one-stage clotting assays and chromogenic assays measuring FVIII levels. This assay discrepancy between the two methods occurs *in vitro* as well as *ex vivo* after analysis of plasma from treated patients, and while still unexplained likely reflects biochemical differences, possibly at least in part reflecting conformational changes. BDD-rFVIII activity, as assessed with commercial activated partial thromboplastin time (aPTT) reagents, is consistently about 50% lower than that measured by the chromogenic assay [46,47]. BDD-rFVIII displays greater sensitivity than full-length FVIII to variations in the composition and concentration of phospholipid [48]. The discrepancy between assays can be abolished by using mixtures of source phospholipid in which the content of phosphatidylserine is maintained below 10% [46]. Interaction of FVIII with phospholipid-containing membranes is critical for the proper function of the tenase complex. The lipid binding region of FVIII resides within the C2 domain (amino acids 2303-2332) of the molecule [49], and perhaps a subtle conformational change resulting from the B domain deletion affects phospholipid binding. The potency estimation of BDD-rFVIII also appears to be sensitive to FX activation time in the chromogenic method, and there have been discrepancies even between different chromogenic assay kits [50]. The authors postulated that differences in the profile of FVIII activation by thrombin may contribute to the discrepancy between BDD-rFVIII and full-length FVIII in results from the two types of assays [50]. In 2003, the assay discrepancies encountered with BDD-rFVIII led to a reformulation of the product with 20% more drug product than the original formulation in order to achieve the stated potency [51,52].

It would also be interesting to determine if and how the B domain affects circulating FVIII levels in the normal population. Individuals with elevated FVIII levels have an increased risk for both venous and arterial thrombosis [53-55]. In a recent study investigating the influence of FVIII polymorphisms on plasma FVIII activity levels, the only singlenucleotide polymorphism (SNP) identified was located in the B domain [56]. The SNP was associated with a substantial increase in FVIII activity. Whether this polymorphism affects the intracellular trafficking of FVIII or its interactions in the plasma remains to be determined. Furthermore, while most evidence suggests that the N-linked glycosylation of the B domain accounts for much of its actions and characteristics, the role of its protein component remains unknown. However, a pilot study screening for protein interactions of the FVIII B domain with liver proteins identified several interactions with potential functional implications [57].

Conclusions

Even though it constitutes approx. 40% of the FVIII molecule, the functions of the B domain have not

been well characterized. While the strongest evidence of its role is in the intracellular trafficking of FVIII, other intriguing findings and observations also suggest that it may play a modulatory role in the plasma.

Nonetheless, consistent evidence has not emerged to date for a major influence by the B domain on the fate of FVIII in circulation. A possibly subtle modulatory role, on the other hand, is suggested by the above summarized data pertaining to interactions of FVIII with other key elements involved in the tenase complex or modulations of FVIII levels in the circulation. Just before FVIII is secreted, some of the N-linked B domain oligosaccharides undergo further modification to bi-, tri-, and tetraantennary complex-type sugar chains in the Golgi. The purpose served by these modifications is yet to be clarified and deserves investigation. It could be hypothesized that these pre-secretion oligosaccharide modifications might also affect the fate of FVIII in plasma.

Beyond its relevance to replacement therapy for haemophilia A, understanding the range of functions served by the B domain may lead to improved gene therapy constructs. Most gene therapy applications for haemophilia A have relied on BDD-rFVIII due to its advantages of reduced overall cDNA size for packaging into viral vectors and increased mRNA levels. However, *in vivo* results have remained disappointing, with plasma levels typically undetectable (<1%) or in the 1–4% range in a few patients transiently [16]. Incorporating key B domain sequences in the constructs may improve the level of secretion.

Considerable progress continues to be made in unravelling the complex interaction between cells and molecules involved in maintaining the balance needed for effective haemostasis. However, many details of how this fine balance is achieved still remain undiscovered or underappreciated. The full story of the B domain of FVIII is unlikely to have yet been told or its utility fully exploited.

Acknowledgment

The author would like to thank Roberta Navickis for editorial assistance and graphic arts preparation.

Disclosures

S. W. Pipe has acted as a paid consultant to Baxter Bioscience and Novo Nordisk and has served on a speaker's bureau for Wyeth.

References

- 1 Gitschier J, Wood WI, Goralka TM *et al.* Characterization of the human factor VIII gene. *Nature* 1984; 312: 326–30.
- 2 Vehar GA, Keyt B, Eaton D *et al.* Structure of human factor VIII. *Nature* 1984; 312: 337–42.
- 3 Kaufman RJ. Insight into the structure, function, and biosynthesis of factor VIII through recombinant DNA technology. *Ann Hematol* 1991; 63: 155–65.
- 4 Lenting PJ, van Mourik JA, Mertens K. The life cycle of coagulation factor VIII in view of its structure and function. *Blood* 1998; **92**: 3983–96.
- 5 Wang W, Wang YJ, Kelner DN. Coagulation factor VIII: structure and stability. *Int J Pharm* 2003; **259**: 1–15.
- 6 Toole JJ, Pittman DD, Orr EC, Murtha P, Wasley LC, Kaufman RJ. A large region (approx. equal to 95 kDa) of human factor VIII is dispensable for *in vitro* procoagulant activity. *Proc Natl Acad Sci USA* 1986; 83: 5939–42.
- 7 Fay PJ. Factor VIII structure and function. *Thromb Haemost* 1993; 70: 63–7.
- 8 Eaton DL, Wood WI, Eaton D *et al.* Construction and characterization of an active factor VIII variant lacking the central one-third of the molecule. *Biochemistry* 1986; **25**: 8343–7.
- 9 Meulien P, Faure T, Mischler F *et al.* A new recombinant procoagulant protein derived from the cDNA encoding human factor VIII. *Protein Eng* 1988; 2: 301–6.
- 10 Pittman DD, Alderman EM, Tomkinson KN, Wang JH, Giles AR, Kaufman RJ. Biochemical, immunological, and *in vivo* functional characterization of B-domaindeleted factor VIII. *Blood* 1993; 81: 2925–35.
- 11 Pittman DD, Marquette KA, Kaufman RJ. Role of the B domain for factor VIII and factor V expression and function. *Blood* 1994; 84: 4214–25.
- 12 Li X, Gabriel DA. The physical exchange of factor VIII (FVIII) between von Willebrand factor and activated platelets and the effect of the FVIII B-domain on platelet binding. *Biochemistry* 1997; 36: 10760–7.
- 13 Pipe SW, Morris JA, Shah J, Kaufman RJ. Differential interaction of coagulation factor VIII and factor V with protein chaperones calnexin and calreticulin. *J Biol Chem* 1998; 273: 8537–44.
- 14 Moussalli M, Pipe SW, Hauri HP, Nichols WC, Ginsburg D, Kaufman RJ. Mannose-dependent endoplasmic reticulum (ER)-Golgi intermediate compartment-53-mediated ER to Golgi trafficking of coagulation factors V and VIII. J Biol Chem 1999; 274: 32539–42.
- 15 Cunningham MA, Pipe SW, Zhang B, Hauri HP, Ginsburg D, Kaufman RJ. LMAN1 is a molecular chaperone for the secretion of coagulation factor VIII. *J Thromb Haemost* 2003; 1: 2360–7.
- 16 Miao HZ, Sirachainan N, Palmer L et al. Bioengineering of coagulation factor VIII for improved secretion. Blood 2004; 103: 3412–9.

- 17 Bovenschen N, Rijken DC, Havekes LM, van Vlijmen BJ, Mertens K. The B domain of coagulation factor VIII interacts with the asialoglycoprotein receptor. *J Thromb Haemost* 2005; 3: 1257–65.
- 18 Pipe SW, Miao HZ, Kucab P, McVey JH, Kaufman RJ. The secretion efficiency of Factor VIII can be regulated by the size and oligosaccharide content of the B domain. *Blood* 2005; **106**: Abstract 687.
- 19 Zhang B, Kaufman RJ, Ginsburg D. LMAN1 and MCFD2 form a cargo receptor complex and interact with coagulation factor VIII in the early secretory pathway. J Biol Chem 2005; 280: 25881–6.
- 20 Khrenov AV, Ananyeva NM, Saenko EL. Role of the B domain in proteolytic inactivation of activated coagulation factor VIII by activated protein C and activated factor X. *Blood Coagul Fibrinolysis* 2006; 17: 379–88.
- 21 Kaufman RJ, Pipe SW. Regulation of factor VIII expression and activity by von Willebrand factor. *Thromb Haemost* 1999; 82: 201–8.
- 22 Herlitschka SE, Schlokat U, Falkner FG, Dorner F. High expression of a B-domain deleted factor VIII gene in a human hepatic cell line. *J Biotechnol* 1998; 61: 165–73.
- 23 Kaufman RJ, Pipe SW, Tagliavacca L, Swaroop M, Moussalli M. Biosynthesis, assembly and secretion of coagulation factor VIII. Blood Coagul Fibrinolysis 1997; 8(Suppl 2): S3–14.
- 24 Lynch CM, Israel DI, Kaufman RJ, Miller AD. Sequences in the coding region of clotting factor VIII act as dominant inhibitors of RNA accumulation and protein production. *Hum Gene Ther* 1993; 4: 259– 72.
- 25 Hoeben RC, Fallaux FJ, Cramer SJ *et al.* Expression of the blood-clotting factor-VIII cDNA is repressed by a transcriptional silencer located in its coding region. *Blood* 1995; **85**: 2447–54.
- 26 Dorner AJ, Bole DG, Kaufman RJ. The relationship of N-linked glycosylation and heavy chain-binding protein association with the secretion of glycoproteins. *J Cell Biol* 1987; 105: 2665–74.
- 27 Ellgaard L, Helenius A. Quality control in the endoplasmic reticulum. Nat Rev Mol Cell Biol 2003; 4: 181–91.
- 28 Zhang B, McGee B, Yamaoka JS *et al.* Combined deficiency of factor V and factor VIII is due to mutations in either LMAN1 or MCFD2. *Blood* 2006; 107: 1903–7.
- 29 Fowler WE, Fay PJ, Arvan DS, Marder VJ. Electron microscopy of human factor V and factor VIII: correlation of morphology with domain structure and localization of factor V activation fragments. *Proc Natl Acad Sci USA* 1990; 87: 7648–52.
- 30 Bihoreau N, Paolantonacci P, Bardelle C *et al.* Structural and functional characterization of Factor VIIIdelta II, a new recombinant factor VIII lacking most of the B-domain. *Biochem J* 1991; 277: 23–31.
- 31 Marquette KA, Pittman DD, Kaufman RJ. A 110amino acid region within the A1-domain of coagula-

tion factor VIII inhibits secretion from mammalian cells. J Biol Chem 1995; 270: 10297-303.

- 32 Fay PJ, Anderson MT, Chavin SI, Marder VJ. The size of human factor VIII heterodimers and the effects produced by thrombin. *Biochim Biophys Acta* 1986; 871: 268–78.
- 33 Jankowski MA, Patel H, Rouse JC, Marzilli LA, Weston SB, Sharpe PJ. Defining 'full-length' recombinant factor VIII: a comparative structural analysis. *Haemophilia* 2007; **13**: 30–7.
- 34 Pittman DD, Kaufman RJ. Proteolytic requirements for thrombin activation of anti-hemophilic factor (factor VIII). Proc Natl Acad Sci USA 1988; 85: 2429–33.
- 35 Newell JL, Fay PJ. Proteolysis at Arg740 facilitates subsequent bond cleavages during thrombin-catalyzed activation of factor VIII. J Biol Chem 2007; 282: 25367–75.
- 36 Lind P, Larsson K, Spira J et al. Novel forms of B-domain-deleted recombinant factor VIII molecules. Construction and biochemical characterization. Eur J Biochem 1995; 232: 19–27.
- 37 Sandberg H, Almstedt A, Brandt J *et al.* Structural and functional characteristics of the B-domain-deleted recombinant factor VIII protein, r-VIII SQ. *Thromb Haemost* 2001; **85**: 93–100.
- 38 Fay PJ, Chavin SI, Malone JE, Schroeder D, Young FE, Marder VJ. The effect of carbohydrate depletion on procoagulant activity and in vivo survival of highly purified human factor VIII. *Biochim Biophys Acta* 1984; 800: 152–8.
- 39 Bardelle C, Furie B, Furie BC, Gilbert GE. Membrane binding kinetics of factor VIII indicate a complex binding process. J Biol Chem 1993; 268: 8815–24.
- 40 Gruppo RA, Brown D, Wilkes MM, Navickis RJ. Comparative effectiveness of full-length and B-domain deleted factor VIII for prophylaxis—a meta-analysis. *Haemophilia* 2003; 9: 251–60.
- 41 Bovenschen N, Boertjes RC, van Stempvoort G *et al.* Low density lipoprotein receptor-related protein and factor IXa share structural requirements for binding to the A3 domain of coagulation factor VIII. *J Biol Chem* 2003; **278**: 9370–7.
- 42 Bovenschen N, van Stempvoort G, Voorberg J, Mertens K, Meijer AB. Proteolytic cleavage of factor VIII heavy chain is required to expose the binding-site for low-density lipoprotein receptor-related protein within the A2 domain. *J Thromb Haemost* 2006; 4: 1487–93.
- 43 Bovenschen N, Herz J, Grimbergen JM *et al.* Elevated plasma factor VIII in a mouse model of low-density lipoprotein receptor-related protein deficiency. *Blood* 2003; **101**: 3933–9.
- 44 Kessler CM, Gill JC, White GC II *et al.* B-domain deleted recombinant factor VIII preparations are bioequivalent to a monoclonal antibody purified plas-

ma-derived factor VIII concentrate: a randomized, three-way crossover study. *Haemophilia* 2005; **11**: 84–91.

- 45 di Paola J, Smith MP, Klamroth R *et al.* ReFacto[®] and Advate[®]: a single-dose, randomized, two-period crossover pharmacokinetics study in subjects with haemophilia A. *Haemophilia* 2007; **13**: 124–30.
- 46 Mikaelsson M, Oswaldsson U, Sandberg H. Influence of phospholipids on the assessment of factor VIII activity. *Haemophilia* 1998; 4: 646–50.
- 47 Mikaelsson M, Oswaldsson U, Jankowski MA. Measurement of factor VIII activity of B-domain deleted recombinant factor VIII. *Semin Hematol* 2001; 38: 13– 23.
- 48 Mikaelsson M, Oswaldsson U. Assaying the circulating factor VIII activity in hemophilia A patients treated with recombinant factor VIII products. *Semin Thromb Hemost* 2002; **28**: 257–64.
- 49 Purohit VS, Ramani K, Kashi RS, Durrani MJ, Kreiger TJ, Balasubramanian SV. Topology of factor VIII bound to phosphatidylserine-containing model membranes. *Biochim Biophys Acta* 2003; 1617: 31–8.
- 50 Hubbard AR, Weller LJ, Bevan SA. Activation profiles of factor VIII in concentrates reflect one-stage/chromogenic potency discrepancies. *Br J Haematol* 2002; 117: 957–60.
- 51 Hubbard AR, Sands D, Sandberg E, Seitz R, Barrowcliffe TW. A multi-centre collaborative study on the potency estimation of ReFacto. *Thromb Haemost* 2003; **90**: 1088–93.
- 52 Smith MP, Giangrande P, Pollman H, Littlewood R, Kollmer C, Feingold J. A postmarketing surveillance study of the safety and efficacy of ReFacto (St Louisderived active substance) in patients with haemophilia A. *Haemophilia* 2005; 11: 444–51.
- 53 Koster T, Blann AD, Briet E, Vandenbroucke JP, Rosendaal FR. Role of clotting factor VIII in effect of von Willebrand factor on occurrence of deep-vein thrombosis. *Lancet* 1995; 345: 152–5.
- 54 Bank I, Libourel EJ, Middeldorp S *et al.* Elevated levels of FVIII:C within families are associated with an increased risk for venous and arterial thrombosis. *J Thromb Haemost* 2005; **3**: 79–84.
- 55 Kyrle PA, Minar E, Hirschl M *et al.* High plasma levels of factor VIII and the risk of recurrent venous thromboembolism. *N Engl J Med* 2000; 343: 457–62.
- 56 Viel KR, Machiah DK, Warren DM *et al.* A sequence variation scan of the coagulation factor VIII (FVIII) structural gene and associations with plasma FVIII activity levels. *Blood* 2007; **109**: 3713–24.
- 57 El-Maarri O, Schwalbach J, Herbiniaux U, Hanfland P, Oldenburg J. Functional analysis of the Factor VIII B domain. In: Scharrer I, Schramm W, eds. 34th Hemophilia Symposium Hamburg 2003, 2005: 334–7.