

REVIEW

20 Years Anniversary for SORLA/SORL1 (1996-2016)

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SORLA is a sorting receptor known to control the intracellular trafficking of the amyloid precursor protein, which impaired pathway has a central role in the development of Alzheimer's disease (AD). Recently, genetic analyses confirmed the casual role for SORLA in AD, as coding variants and single nucleotide polymorphisms of *SORL1* (gene encoding SORLA) were identified in individuals affected by early-onset AD and late-onset AD, respectively. However, many other different types of ligands were found to target the receptor, thus strongly indicating that SORLA can exert multifunctional activities. In the current review, we provide an overview of the multi-ligand properties of SORLA, showing how this complex receptor is involved in a variety of biological functions.

Keywords: SORL1; SORLA; receptor

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SORLA is a multifunctional and hybrid receptor

In 1996, Petersen and colleagues at Aarhus University, Denmark described the identification of the 250 kDa intracellular sorting-related receptor with A-type repeats (SORLA, also known as SORL1 and LR11) in quest for novel lipoprotein receptors in human brain capable of binding to the 39 kDa receptor-associated protein (RAP) ^[1]. Almost simultaneously, its expression was also described for rabbit by Saito's group ^[2] and later SORLA was identified as a novel homolog for many other species ^[3-5]. Currently, orthologs of the *SORL1* gene encoding SORLA have been identified from more than 200 species, showing strong cross-species conservation that suggests important physiological functions for this protein. However, an interesting variation in the number of domains included in

the translated polypeptide has been noticed by comparing the protein structure of different species. For instance, differences in the numeric composition of extracellular modules were found in the homologous head-activator (HA) binding protein from hydra, a receptor able to bind to the neuropeptide HA which controls hydra head regeneration by promoting cell proliferation ^[6].

Jacobsen and colleagues proposed the first structural description of this novel protein, revealing that SORLA is a unique hybrid receptor that shares structural similarity with both low-density lipoprotein receptors (LDLRs) and the vacuolar protein sorting 10 protein (VPS10p), a Golgi transmembrane receptor that acts in sorting carboxypeptidase Y in yeast ^[1]. In addition to the cluster of 11 complement-type repeats (CR) found in other LDLRs family

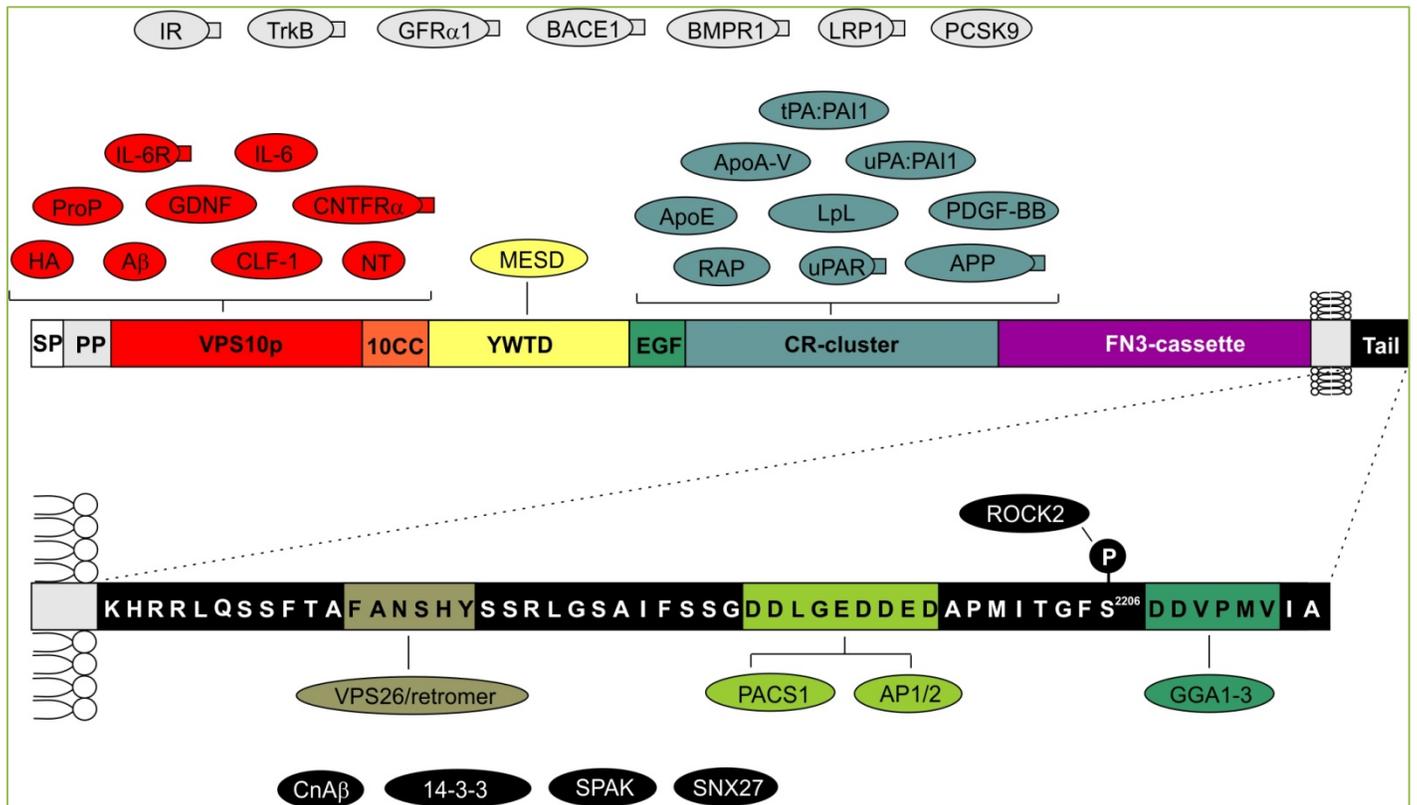


Figure 1. Schematic representation of interaction partners of SORLA. SORLA interacts with a broad panel of proteins via its extracellular (top) and its intracellular (bottom) domains. Identified binding regions in the receptor are indicated using the *same color code* as for ligands. Membrane-anchored interactors are presented in a circle with a small rectangle, whereas secreted and soluble protein ligands are only encircled. All abbreviations are explained in Table 1 that also includes a link to a reference that reported on the identified interaction.

member and the 700 amino acids VPS10p domain, SORLA also contains a YWTD β -propeller domain, six fibronectin type III repeats (FnIII) prior to the transmembrane domain and a 56-amino acids cytoplasmic tail presenting a putative internalization signal that suggested a possible function also as endocytic receptor.

Besides the binding of RAP to the luminal part of the receptor, many different ligands have been found to interact with SORLA, including proteinases, lipoproteins, co-receptors, and signaling factors. Binding studies revealed that these compounds bind to different domains on the receptor, addressing SORLA to a variety of cellular physiological roles (Figure 1). All this evidence validated SORLA as a multifunctional hybrid receptor and major efforts have been devoted to elucidate the role played by this receptor in a variety of malignancies, such as Alzheimer's Disease (AD), atherosclerosis, obesity and impaired renal ion homeostasis.

At first glance on the mapped binding pattern shown in Figure 1, it is evident that most of the identified interaction partners of SORLA are able to associate with either the VPS10p domain or the CR-cluster. On the contrary, no

specific ligands have been found to interact with the YWTD-repeated region, although this region in related receptors (LRP5, LRP6) is involved in binding of many different types of ligands (reviewed in [7]). Furthermore, no interaction partners have yet been identified for binding to the cassette with the six FnIII domains of SORLA, although FnIII domains are known to be engaged in direct ligand binding for a variety of other proteins [8]. A possible explanation for the latter could be that the function of the FnIII domains is merely linked to the regulation of the overall conformation of the SORLA ectodomain instead of ligand binding. However, the importance of this region is underscored by the identification of several mutations in the sequence of the FnIII region found to be associated with diseases [9-11], strongly suggesting an important function for this receptor fragment.

The aim of the current review is to provide a comprehensive overview of the different ligands that interact with SORLA (as presented in Table 1), showing how the challenge of elucidating the multi-ligand properties of this receptor has significantly attracted increasing interest of researchers over the last two decades.

Table 1. Reported ligand interactions of SORLA

Extracellular Interaction partner	Abbreviation	Primary citation
Amyloid precursor protein	APP	[41]
Amyloid β -peptide	A β	[47]
Apolipoprotein A-V	ApoA-V	[26]
Apolipoprotein E	ApoE	[34]
β -site APP-cleaving enzyme 1	BACE1	[46]
Bone morphogenic protein receptor, type 1	BMPR1A, BMPR1B	[28]
Ciliary neurotrophic factor receptor α	CNTFR α	[58]
Cytokine-like factor-1	CLF-1	[58]
GDNF family receptor α -1	GFR α 1	[60]
Glia-derived neurotrophic factor	GDNF	[59]
Head activator	HA	[61]
Insulin receptor	IR	[29]
Interleukin-6	IL-6	[62]
Interleukin-6 receptor	IL-6R	[62]
Lipoprotein lipase	LpL	[27]
Low-density lipoprotein receptor related protein	LRP1	[63]
Mesoderm development	MESD	[43]
Neurotensin	NT	[34]
Platelet-derived growth factor-BB	PDGF-BB	[21]
Pro-peptides	ProP	[34]
Proprotein convertase subtilisin/kexin type 9	PCSK9	[64]
Receptor-associated protein	RAP	[1]
Tissue-type plasminogen activator	tPA	[21]
Tropomyosin-related kinase receptor B	TrkB	[65]
Type-1 plasminogen activator inhibitor	PAI-1	[21]
Urokinase-type plasminogen activator	uPA	[21]
Urokinase-type plasminogen activator receptor	uPAR	[19]
Intracellular Interaction partner	Abbreviation	Primary citation
14-3-3	14-3-3	[66]
Adaptor protein-1 complex	AP1	[67]
Adaptor protein-2 complex	AP2	[68]
Calcineurin A β	CnA β	[69]
Golgi-localizing γ -adaptin ear homology ADP-ribosylation factor-binding protein	GGA	[70]
Phosphofurin acidic cluster sorting protein-1	PACS1	[71]
Rho-associated coiled-coil containing protein kinase 2	ROCK2	[72]
Sorting nexin 27	SNX27	[73]
Ste-20-related proline-alanine-rich kinase	SPAK	[74]
Vacuolar protein sorting-associated protein 26	VPS26	[75]

Examples of SORLA functions

First investigations on SORLA demonstrated that the receptor is broadly expressed in the central nervous system (CNS), with highest levels observed in neurons of the cerebellum, cortex, hippocampus and spinal cord [4, 12, 13]. The abundant distribution in the brain suggested that SORLA might play important and specific brain functions. In addition, since SORLA is also an apolipoprotein E (ApoE) receptor, this represented a yet further strengthening of its cerebral role in view of the known strong association of ApoE receptors with neurodegenerative diseases [14, 15]. Further studies showed that this receptor is also expressed in some non-neuronal tissues as ovary, prostate, testis, and pancreas with less detectable levels in kidney, placenta, lung and heart [1]. Accordingly, the wide distribution of SORLA throughout the body suggested the involvement of the receptor in different cellular events and pathways. SORLA has emerged as a receptor with important physiological functions and several significant findings have greatly

contributed to progress the research in this field, of which selected results are presented in Figure 2.

Cardiovascular disease

Smooth muscle cells migration

Besides the hypothesis about the significance of SORLA in the CNS, researchers started to focus on the role played by this receptor in different tissues, including the arterial wall. In fact, it was known that dysregulation of LDLR pathway is critical for the formation of atherosclerotic lesions [16, 17]. In 1998, a first study described a direct role for SORLA during atherogenesis using two different models for experimental atherosclerosis constituted by cholesterol-fed rabbits and balloon-injured rats [18]. Kanaki and colleagues demonstrated that the expression of SORLA is significantly induced in the atherosclerotic lesions of these two models, with a predominant localization of the receptor in intimal smooth muscle cells (SMCs). These findings suggested an

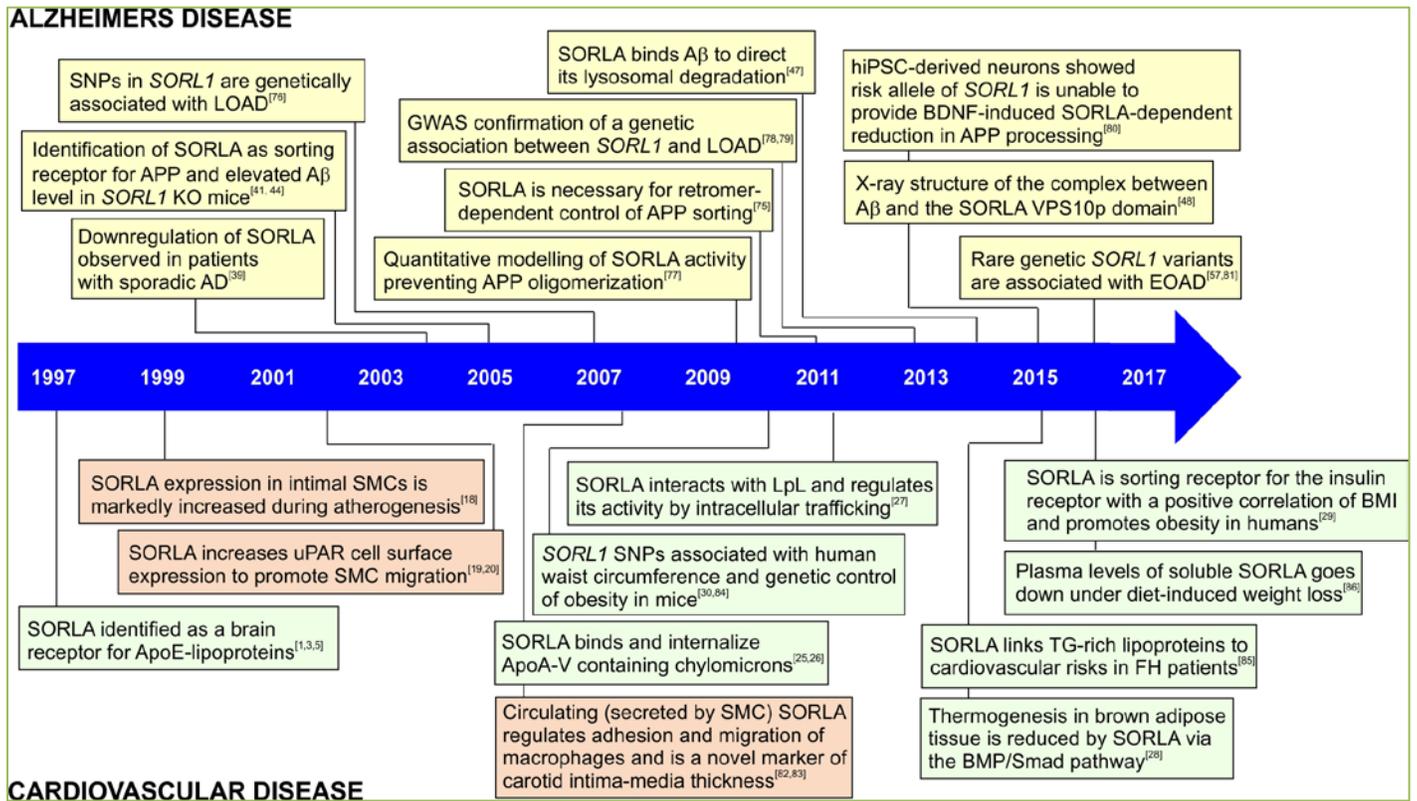


Figure 2. Timeline of key findings in *SORL1*/*SORLA* related research. The identification of key research results related to the structural and functional biology of SORLA is listed here in chronological order. The research leading to support an important function in the pathology of Alzheimer's disease are shown above the timeline in yellow boxes. The findings that related to its established role in cardiovascular diseases are indicated below the timeline, where findings associated with a role in the smooth muscle cells migration are shown in red boxes and research towards understanding the involvement of SORLA in metabolic disorders is outlined in green. Abbreviations are indicated in the text.

involvement of SORLA in the processes of proliferation and migration of SMCs into the intimal layer, paving the way to further studies about the role played by the receptor during atherosclerotic plaque formation and vascular remodeling.

In 2004, Zhu and colleagues described the urokinase-type plasminogen activator receptor (uPAR) as a novel binding partner of SORLA, which interaction represents a valid explanation for the previously observed ability of the receptor of inducing SMCs migration *in vitro*. The uPAR is a glycosyl-phosphatidyl-inositol anchored membrane protein that activates uPA-mediated cleavage of plasminogen into plasmin resulting in the degradation of the extracellular matrix and promoting the invasion of SMCs. It was found that SORLA is able to bind to and colocalize with uPAR on the cell surface increasing its expression and reducing its internalization within the cell. Accordingly, the enhanced availability of uPAR at the plasma membrane results in promoting matrix degradation^[19,20].

On the other hand, another ligand of SORLA is constituted by the complex between uPA and its type-1 inhibitor PAI-1^[21]. By interacting with the CR-cluster of SORLA, the

uPA-PAI-1 complex is less efficiently internalized into cells reducing the induced downregulation of uPAR and thus increasing the migratory potential of the cells. Taken together, these results show how the interaction of SORLA with different components of the plasminogen activating system leads to induce the migration of intimal SMCs and accelerate plaque formation.

In the same work, the authors demonstrated that also the platelet-derived growth factor-BB (PDGF-BB) directly binds to SORLA^[21]. Exposure to PDGF-BB is known to be fundamental for promoting SMC migration in the intima mediated by the specific membrane PDGF β -receptor (PDGFR- β)^[22,23]. The alternative binding between PDGF-BB and SORLA may inhibit the clearance of the growth factor and promote overexpression of its specific receptor PDGFR- β with subsequent stimulation of the migratory activity of SMCs.

Based on these crucial bindings, it was suggested that the modulation of the uPAR/PDGFR- β system has possible significance for preventing atherosclerosis. In particular, the pharmacological efficiency of statins in being protective for

plaque formation has been found to suppress the endogenous SORLA production, thus modulating the SORLA/uPAR system and reducing the migration of intimal SMCs^[24].

Metabolic disorders

Among the multiple activities of SORLA, the receptor appears to be involved in lipoprotein metabolism and metabolic disorders via binding of different components required for the maintenance of both lipid and glucose homeostasis.

Recently, binding studies have described Apolipoprotein A-V (ApoA-V) as a novel ligand for the CR-cluster of SORLA which association is implied in controlling the plasma levels of tryglicerides (TGs)^[25, 26]. ApoA-V is known to act as positive modulator of the lipoprotein lipase (LpL), a key factor for the hydrolysis of tryacylglycerols of very-low density lipoproteins and chylomicrons in the blood stream that stimulates the plasma clearance of TGs. The binding of ApoA-V to SORLA has been proposed to enhance the interaction of CMs to the receptor and to cause the internalization of ApoA-V into cells, thus resulting in reduced LpL activity and lipolysis^[25, 26].

Interestingly, another ligand of SORLA is constituted by the same LpL, which binding occurs between the C-terminal domain of LpL and the CR-cluster of the receptor under neutral and acidic conditions^[27]. This interaction promotes the direct transport of newly synthesized molecules of LpL from the trans Golgi network (TGN) to the endosomes, from which the ligand is routed to the lysosomes for degradation.

In addition to the role in controlling plasma lipid levels, very recent studies have highlighted novel functions for SORLA in brown adipose tissue (BAT)^[28, 29]. Previously, genome-wide association studies have identified *SORLI* as a gene with significant association with obesity and body mass index in humans^[30]. In 2015, Whittle and colleagues demonstrated that SORLA is able to bind to bone morphogenetic protein (BMP) receptors and to suppress thermogenic signalling in adipose tissue, confirming the involvement of the receptor in metabolic processes^[28]. The physiological activation of BMPRs leads to increased phosphorylation of intracellular Smad proteins, representing an essential signalling cascade for the regulation of BAT formation^[31, 32]. By interacting with BMPR, SORLA inhibits the BMP/Smad pathway resulting in the suppression of the transcription of key thermogenic genes. Accordingly, this finding suggests that SORLA may play an important role in mediating energy conservation in adipose tissue and that loss of the receptor can represent a protective factor against obesity.

Moreover, Schmidt and colleagues have described the insulin receptor (IR) as a novel ligand for SORLA, providing further evidence about the function of SORLA in glucose metabolism and its association with human obesity^[29]. From these studies, SORLA emerged as an intracellular sorting factor that traffics IR molecules to the plasma membrane, enhancing surface expression and thus promoting insulin-induced suppression of lipolysis in adipocytes.

Neurodegeneration – Alzheimer’s disease

The prominent expression of SORLA in the brain directed major efforts to elucidate its physiological relevance in the CNS. As other members of the LDLR family, SORLA is an ApoE-receptor able to bind and internalize ApoE-containing lipoproteins^[33, 34]. In the past years, several investigations have determined that ApoE is abundantly produced by glial cells in the brain where it is believed to have a central role in cholesterol and lipid delivery to neurons, transport required for maintenance of synaptic connections and support synaptogenesis^[35, 36]. Strong evidence has showed that ApoE genotype is firmly associated with neurodegeneration and to date the $\epsilon 4$ allele of the gene is the strongest genetic risk factor of AD^[37, 38]. Accordingly, the emergent importance of lipid biology in neurodegeneration and the direct interaction with ApoE-rich lipoproteins have led to stress the hypothesis that SORLA exerts fundamental functions in the human brain.

In 2004, Scherzer and colleagues were the first to establish the connection between SORLA and AD by demonstrating that the expression of this receptor is significantly decreased in the brain of patients with sporadic late-occurring AD (LOAD)^[39]. In addition, parallel studies revealed that mouse models deficient of SORLA show increased level of β -amyloid peptide (A β) production and deposition, suggesting that lack of receptor activity can be a primary cause of AD by modulating the amyloidogenic process^[40, 41]. The accumulation of neurotoxic A β in senile plaques is known to have a central role in the pathogenesis of AD, leading to cell death and neuronal dysfunctions^[42]. Over the past decades, the formulation of the “Amyloid hypothesis” have led to the identification of the molecules that control amyloidogenic metabolism, focusing on the mechanisms underlying the processing of the Amyloid precursor protein (APP) into A β peptides.

Interestingly, several studies revealed the ability of SORLA to bind to some of the major players involved in the amyloid cascade and formation of A β plaques, demonstrating once more the wide range of molecular partners of the receptor and its complex involvement in the onset of AD.

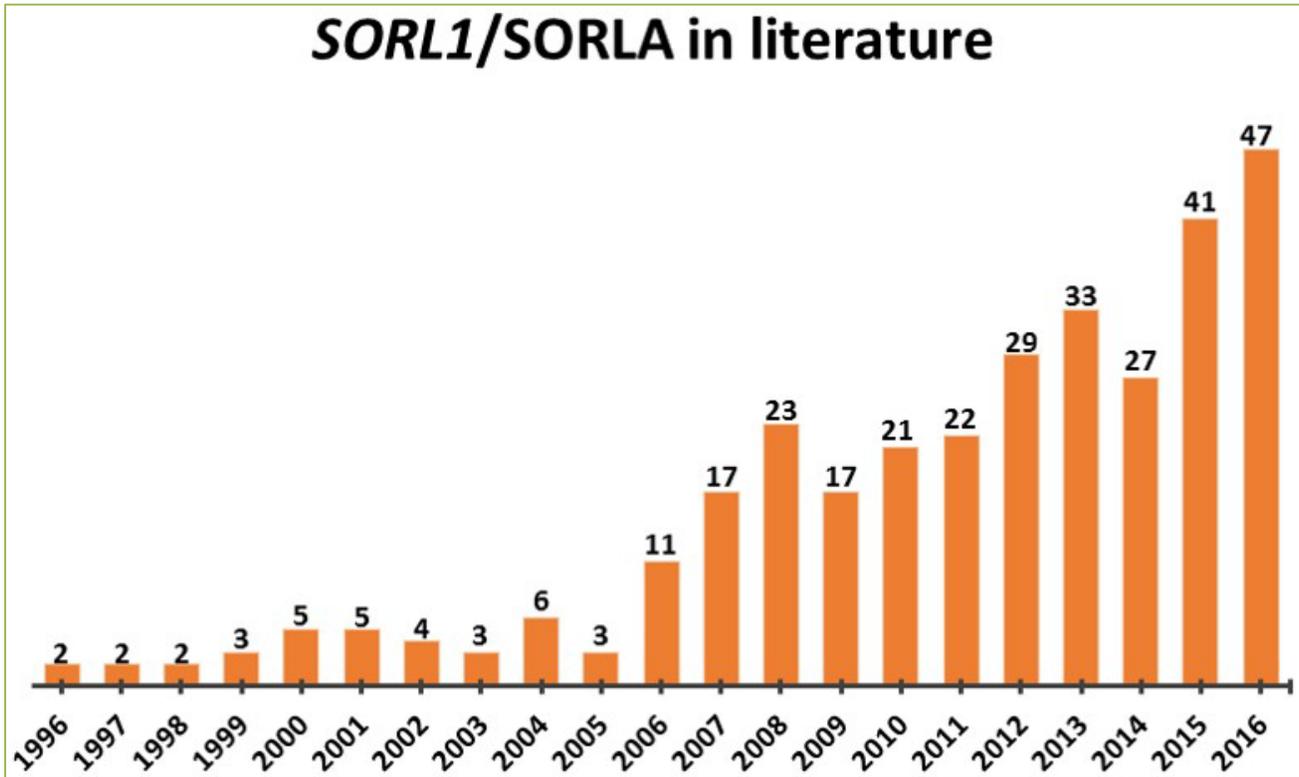


Figure 3. Bibliometric analysis of SORL1/SORLA in the published literature. A total of 323 entries in PubMed is revealed when using the search terms "SORL1", "SORLA", or "LR11". Bar graph showing the number of entries for each year from the first report describing the discovery of SORL1/SORLA in 1996 until 2016, showing a steadily increasing number of publications from 2004/2005.

To date, APP represents one of the most investigated ligands of SORLA and their interaction results in the protection from processing of the precursor into A β peptide [41, 43]. In 2005, SORLA was first described as a neuronal sorting determinant of APP trafficking between the TGN and the early endosomal compartments, significantly slowing down the export rate of APP from the TGN and thus resulting in decreased A β secretion from neurons [41, 44]. Later, binding studies revealed that APP directly interacts with the CR 5-8 cluster domain in SORLA, forming a 1:1 stoichiometric complex that is essential for the protective activity of the sorting receptor in amyloidogenesis [45].

Besides the binding of APP, co-immunoprecipitation analysis revealed direct interaction between SORLA and the β -site APP-cleaving enzyme 1 (BACE-1), an aspartic-acid proteinase involved in the amyloidogenic cleavage of APP [46]. In light of this finding, the authors hypothesized that SORLA could affect APP metabolism and A β production also by affecting BACE-APP complex formation in the Golgi apparatus and thus preventing secretase cleavage. Accordingly, reduced SORLA expression may enhance the interaction between APP and the secretase, resulting in increased A β processing.

More recently, further studies provided evidence for an additional binding of A β peptides directly to SORLA [47]. In particular, the amino-terminal VPS10p domain of the receptor is responsible for the interaction with A β and trafficking of newly produced peptides to lysosomes for final degradation [48]. This finding validated that SORLA plays several roles also in A β catabolism and clearance, showing how the versatile activity of this multi-ligand receptor can have a central function in different steps of APP proteolytic pathway.

Cancers - cell cycle

Interestingly, several studies have reported a possible involvement of SORLA in proliferation and differentiation of neuroblastoma cells, shedding new light on receptor functions in neuronal and vascular cells [49]. However, the nature of protein interactions that underlies this relation still remains mostly unidentified. Hirayama and colleagues studied the proliferation-dependent expression of SORLA using two different cell lines as models of neurodifferentiation, such as human neuroblastoma and pheochromocytoma cells. They could demonstrate that the transcription of the *SORL1* gene is regulated in different ways during proliferation and differentiation, speculating a possible contribution of SORLA in the rapid growth of

malignant cells as described for other LDLR family members [50-52].

More recently, a linear correlation between *SORL1* expression levels and the prognosis of different cancers was demonstrated, including diffuse large B-cell lymphoma, non-Hodgkin lymphoma and follicular lymphoma as well as biliary tract and pancreatic cancers [53-56]. However, to date it remains unclear how serum *SORL1* concentrations are significantly changed in oncologic patients and further investigations are necessary to elucidate the mechanisms underlying cancer pathways.

Scene is set for novel research and interest findings

Over the last two decades, much has been learnt about the *SORL1* gene and its corresponding translational product, and the progress made in this field has provided relevant information for our understanding of human physiology. Moreover, the discovery of SORLA allowed to gain new insights into sorting receptor functionality, leading to the formulation of new hypothesis about the mechanisms underlying the development of several human pathologies. Multiple methodological and theoretical approaches started to address this challenging issue by identifying new receptor molecular partners and providing more information about the complex structure of SORLA using biochemical and molecular biology techniques. Based on these findings, clinical research greatly contributed to the advancement of receptor investigation, validating the exciting data from laboratories. In addition, the decoding of the human genome sequence and the revolution in genetic research contributed to outline the significance of *SORL1* as new genetic risk factor of different common conditions in the human population [57]. Given the physiological importance, major efforts have been devoted to elucidate the role played by SORLA in human biology and an emerging interest from the scientific community has been recorded over the recent years.

To document this, we conducted a PubMed literature search using “SORL1”, “SORLA”, “LR11” as keywords and found 323 published materials from 1996 to 2016 (Figure 3). Based on this results, we noticed an exponential increasing interest and the number of publications per year reveals strong ongoing efforts to understand the biological significance of *SORL1* and its translational product. In particular, the upward trend in publications seems to spark around 2004/2005, when the scientific world learnt about the identification of a role for SORLA in AD and in cardiovascular disorders.

Accordingly, we expect that future studies will certainly help strengthening our knowledge in this field, thus leading to the development of more specific possibilities of interventions that could hopefully pave the way to medical successes.

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