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# **Inhibition of human drug transporter activities by succinate dehydrogenase inhibitors**

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### **Abstract**

 Succinate dehydrogenase inhibitors (SDHIs) are widely-used fungicides, to which humans are exposed and for which putative health risks are of concern. In order to identify human molecular targets for these environmental chemicals, the interactions of 15 SDHIs with activities of main human drug transporters implicated in pharmacokinetics were investigated *in vitro*. 5/15 SDHIs, *i.e.*, benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen and sedaxane, were found to strongly reduce activity of the renal organic anion transporter (OAT) 3, in a 34 concentration-dependent manner (with  $IC_{50}$  values in the 1.0-3.9  $\mu$ M range), without however being substrates for OAT3. Moreover, these 5/15 SDHIs decreased the membrane transport of estrone-3 sulfate, an endogenous substrate for OAT3, and sedaxane was predicted to inhibit *in vivo* OAT3 activity in response to exposure to the acceptable daily intake (ADI) dose. In addition, pydiflumetofen strongly inhibited the renal organic cation transporter (OCT) 2 39 ( $IC_{50}=2.0 \mu M$ ) and benzovindiflupyr the efflux pump breast cancer resistance protein (BCRP) (IC<sub>50</sub>=3.9 µM). Other human transporters, including organic anion transporting polypeptide (OATP) 1B1 and OATP1B3 as well as multidrug and toxin extrusion protein (MATE) 1 and MATE2-K were moderately or weakly inhibited by SDHIs, whereas P-glycoprotein, multidrug resistance-associated protein (MRP), OCT1 and OAT1 activities were not or only marginally impacted. Then, some human drug transporters, especially OAT3, constitute molecular targets for SDHIs. This could have toxic consequences, notably with respect to levels of endogenous compounds and metabolites substrates for the considered transporters or to potential SDHI-drug interactions. This could therefore contribute to putative health risk of these fungicides. ly reduce activity of the renal organic anion transpor<br>pendent manner (with IC<sub>50</sub> values in the 1.0-3.9 μM range<br>for OAT3. Moreover, these 5/15 SDHIs decreased the me<br>a, an endogenous substrate for OAT3, and sedaxane wa

# **Keywords**

 Drug transporters; fungicides; health risks; organic anion transporter 3; succinate dehydrogenase inhibitors; toxicokinetics

### **1. Introduction**

 Succinate dehydrogenase inhibitors (SDHIs) constitute an important family of chemical fungicides, primarily targeting the mitochondrial complex II of the respiratory chain (RCII), also known as succinate dehydrogenase (SDH) (Li et al., 2021; Luo and Ning, 2022). SDH transfers electrons to the quinone pool directly in the mitochondrial respiratory chain (through ubiquinone reductase activity); it also catalyzes the oxidation of succinate to fumarate in the tricarboxylic acid/Krebs cycle (through SDH activity). Consequently, SDHIs affect both oxidative phosphorylation and Krebs cycle in fungi, thus inhibiting the growth of these pathogens (Li et al., 2021). These chemicals are increasingly used on cereal crops, fruits, vegetables, and seeds (Umetsu and Shirai, 2020). Humans are exposed to them *via* the respiratory and/or dermal way in the case of occupational or residential exposure, but also *via* the food chain, through the ingestion of contaminated food and drink (Béranger et al., 2020; Ottenbros et al., 2023; Polledri et al., 2019). SDHIs are regulated substances, which have not been deemed to be a health concern. Nevertheless, these fungicides can interact with SDH from various species, including mammals, worm and bee (Mowery et al., 1977, 1976). They exert toxic effects towards various non-target organisms like earthworms (Ji et al., 2023), zebrafish (Chen et al., 2022; Lin et al., 2021) and bees (Simon-Delso et al., 2018), and some interrogations towards possible deleterious effects of SDHIs towards humans have recently emerged, but remain to be clearly documented (Bénit et al., 2022; Bouillaud, 2023; Yanicostas and Soussi- Yanicostas, 2021). In this context, interactions of SDHIs with human cellular and/or molecular targets may be particularly informative through providing clues to predict toxicity according to a mechanistic/adverse outcome pathway approach. Some SDHIs have thus been recently demonstrated to inhibit *in vitro* activity of human SDH, but also that of human RCIII, also termed Q-cytochrome c oxidoreductase, with possible consequences in term of cell death for cultured cells exposed to these fungicides (Bénit et al., 2019; d'Hose et al., 2021). Mechanistic d/Krebs cycle (through SDH activity). Consequently,<br>horylation and Krebs cycle in fungi, thus inhibiting the al., 2021). These chemicals are increasingly used on of<br>seeds (Umetsu and Shirai, 2020). Humans are expose<br>or de

 studies on the molecular interactions of SDHIs with human cellular and molecular targets are however lacking, particularly at real exposure levels.

 Drug transporters are membrane proteins acting as uptake or efflux proteins across membranes, especially the plasma membrane, for drugs and other xenobiotics (Giacomini et al., 2010). These transporters belong to either the solute carrier (SLC) or the ATP-binding cassette (ABC) transporter families (Roberts, 2021). They are expressed in key cells implicated in drug disposition, including enterocytes, hepatocytes, endothelial cells of the blood-brain barrier and renal proximal tubular cells (Giacomini et al., 2010). Therefore, they play major roles in different steps of pharmacokinetics, such as intestinal absorption, drug distribution across blood-tissue barriers, and liver and kidney excretion (Liu, 2019). Importantly, inhibition of their activity by drugs acting as "perpetrators" can result in (i) drug-drug interactions, by reducing membrane passage of "victims" drugs (Müller and Fromm, 2011), or (ii) drug toxicity, by blocking the transport of endogenous substrates (Hafey et al., 2022). on, including enterocytes, hepatocytes, endothelial cells<br>proximal tubular cells (Giacomini et al., 2010). Therefor<br>t steps of pharmacokinetics, such as intestinal absorption<br>ue barriers, and liver and kidney excretion (Li

 There is growing evidence that chemical pollutants interact with drug transporters (Clerbaux et al., 2019; Michel et al., 2023; Nicklisch and Hamdoun, 2020; Tastet et al., 2023a). Environmental contaminants belonging to various chemical classes thus inhibit transporters and/or are substrates for them, as notably demonstrated by *in vitro* assays (Clerbaux et al., 2018; Guéniche et al., 2020a). Then, drug transporters can be considered as possible human molecular targets for pollutants, including pesticides, with consequences in term of pollutant toxicokinetics and toxicity (Darney et al., 2020; Fardel et al., 2012; Michel et al., 2023). The status of most of pesticides with respect to potential modulation of drug transporter activities remains however to be established, notably for SDHIs. The present study was consequently designed to determine whether SDHIs can impair human drug transporter activities, in order to get original information about (i) the human molecular targets of SDHIs and (ii) the interactions of pollutants such as SDHIs with drug transporters. Fifteen fungicides SDHIs, whose chemical

 structures are shown in Fig. S1, were investigated: ten SDHIs currently authorised in the European Union (benzovindiflupyr, bixafen, boscalid, fluopyram, flutolanil, fluxapyroxad, isofetamid, penflufen, penthiopyrad and sedaxane), two recently withdrawn from the market (carboxin and isopyrazam, withdrawn in 2020 and 2021, respectively), one pending marketing authorization (pydiflumetofen) and two not authorised at European level (furametpyr and thifluzamide). The studied human transporters were mainly those of concern for drug agencies (Lee et al., 2017): the ABC efflux pumps P-glycoprotein (P-gp/*ABCB1*), breast cancer resistance protein (BCRP/*ABCG2*) and multidrug resistance-associated proteins (MRPs/*ABCCs*), SLC transporters for organic cations (organic cation transporter (OCT) 1/*SLC22A1*, OCT2/*SLC22A2*, multidrug and toxin extrusion protein (MATE) 1/*SLC47A1* and MATE2-K/*SLC47A2*) and SLC transporters for organic anions (organic anion transporting polypeptide (OATP) 1B1/*SLCO1B1*, OATP1B3/*SLCO1B3*, organic anion transporter (OAT) 1/*SLC22A6* and OAT3/*SLC22A8*). Results showed a SDHI- and transporter-dependent regulation of drug transporter activities by these fungicides. This demonstrates that SDHIs interact with human SDH-unrelated molecular targets such as transporters, especially OAT3, and, beyond, re-enforces the conclusion that transporters represent common targets for pollutants. EVALUATE: THE CONTRESS and multidrug resistance-as<br>SLC transporters for organic cations (organic cation<br>T2/SLC22A2, multidrug and toxin extrusion protein (MAT<br>17A2) and SLC transporters for organic anions (organic<br>TP) 1B1/

# **2. Materials and Methods**

*2.1. Chemicals* 

 SDHIs fungicides were provided by LGC group (Teddington, Middlesex, UK). Amitriptyline, cyclosporin A, 2',7'-dichlorofluorescein (DCF), fumitremorgin C, glutaric acid, probenecid, rhodamine 123, rifamycin SV, sulfobromophthalein (BSP), and 6- carboxyfluorescein (6-CF) were supplied by Sigma-Aldrich (Saint-Quentin-Fallavier, France).

 Carboxy-2',7'-dichlorofluorescein (CDCF) diacetate and Hoechst 33342 were from Life Technologies (Villebon‐sur‐Yvette, France). 8- (2- [Fluoresceinyl]aminoethylthio) adenosine- 3', 5'- cyclic monophosphate (8-FcA) and 4‐(4‐(dimethylamino)styryl)‐N‐methylpyridinium 129 iodide (ASP<sup>+</sup>) were provided by Biolog Life Institute (Bremen, Germany) and Thermo Fisher Scientific (Waltham, MA, USA), respectively. Radiolabeled 130 Scientific (Waltham, MA, USA), respectively. Radiolabeled 3,4-[ring-2,5,6-3H] 131 dihydroxyphenylethylamine (Dopamine) (specific activity = 37.8 Ci/mmol),  $[6,7<sup>-3</sup>H(N)]$ -132 estrone-3-sulfate (E3S) (specific activity =  $51.8$  Ci/mmol), and N-[methyl-<sup>3</sup>H]-methyl-4- phenylpyridinium acetate (MPP) (specific activity = 82.9 Ci/mmol) were from PerkinElmer (Villepinte, France). Stock solutions of SDHIs and chemicals were prepared in dimethyl sulfoxide (DMSO), except for probenecid diluted in NaOH and rhodamine 123 prepared in ethanol. Control cells were treated with 0.1% (vol/vol) DMSO.

*2.2. Cell culture* 

 Human HEK-293 cells stably overexpressing human SLC transporters, *i.e.*, OCT1, OCT2, MATE1, MATE2-K, OATP1B1, OATP1B3, OAT1 or OAT3, as well as control HEK- MOCK cells, have been previously described and characterized (Chedik et al., 2017; Sayyed et al., 2019). They were cultured in Dulbecco's modified Eagle medium (DMEM) supplemented with 10% (vol/vol) fetal calf serum (FCS), 1% (vol/vol) MEM non-essential amino acids solution (Life Technologies), 1 μg/mL bovine insulin, 20 IU/mL penicillin, and 20 μg/mL streptomycin (Sigma Aldrich). in acetate (MPP) (specific activity = 82.9 Ci/mmol) were<br>
uce). Stock solutions of SDHIs and chemicals were pro-<br>
D), except for probenecid diluted in NaOH and rhodami<br>
cells were treated with 0.1% (vol/vol) DMSO.<br>
cultur

 Mammary MCF7R cells, overexpressing human P-gp (Jouan et al., 2016b), and hepatoma HuH-7 cells, expressing MRP2/*ABCC2* and MRP4/*ABCC4* (Jouan et al., 2016a), were cultured in DMEM containing 4.5 g/L D-glucose (Life Technologies), supplemented with 10% (vol/vol) FCS, 20 IU/mL penicillin and 20 μg/mL streptomycin, as already reported (Chedik et al., 2017). Human BCRP-transfected HEK-293 cells (HEK-BCRP cells), donated by Pr X. Decleves (Faculty of Pharmacy, Université Paris Cité, Paris, France), were cultured in

 DMEM supplemented with 10% (vol/vol) FCS, 100 μg/mL erythromycin, 100 IU/mL amoxicillin, and 2000 μg/mL G418.

# *2.3. Transporter inhibition assays*

 Fluorescent or radio-labeled reference substrates and reference inhibitors were used to evaluate the inhibitory effects of SDHIs on SLC and ABC transporter activities, through measuring cellular accumulation or retention of the reference substrates in the absence (control condition) or presence of SDHIs or reference inhibitors, in transporter-overexpressing cells, as previously described (Chedik et al., 2017; Tastet et al., 2023b). The incubation times, analytical methods, transporter-overexpressing cells and reference substrates and inhibitors used for these transport assays have been previously described and validated (Bruyère et al., 2021; Guéniche et al., 2020b) and are summarized in Table S1. These transport assays were performed in a dedicated assay medium composed of 136 mM NaCl, 1.1 mM KH2PO4, 5.3 mM KCl,, 1.8 mM CaCl2, 0.8 mM MgSO4, 10 mM HEPES, 11 mM D-glucose and adjusted to pH 7.4 (excepted for MATE transporter assays, for which pH was adjusted to 8.4) (Chedik et al., 2017). Cellular accumulation or retention of fluorescent reference substrates was determined by 166 spectrofluorimetry using an EnSpire<sup>©</sup> spectrofluorometer (PerkinElmer), whereas cellular accumulation of radiolabeled substrates was analyzed by scintillation counting using a Tri-Carb© 2910TR analyzer (PerkinElmer). The results were finally normalized to cellular protein content, determined by the Bradford method (Bradford, 1976). sence of SDHIs or reference inhibitors, in transporter-over<br>bed (Chedik et al., 2017; Tastet et al., 2023b). The incubati<br>rter-overexpressing cells and reference substrates and inhil<br>have been previously described and vali

 Data were expressed as percentages of substrate accumulation in control cells not exposed to reference inhibitors or SDHIs, arbitrarily set at 100%, or as transporter activity percentages, as described in the following equations (Tastet et al., 2023b):

For SLC transporters:

174 Transporter activity (%)

175 = 
$$
\frac{([Substrate_{SDH1}] - [Substrate_{Reference\text{ }inhibitor}]) \times 100}{[Substrate_{Control} - Substrate_{Reference\text{ }inhibitor}]} \quad (A)
$$

176 For ABC transporters:

177 Transformer activity 
$$
(\%) = \frac{([Substrate_{DHI}] - [Substrate_{Control}]) \times 100}{[Substrate_{Reference\text{ }inhibitor} - Substrate_{Control}]} (B)
$$

178

179 with  $[Substrate_{\text{c}}]$  = cellular concentration of the reference substrate incubated in the 180 presence of one SDHI,  $\left[Substrate_{Reference\;inhibitor}\right]$  = cellular concentration of the reference 181 substrate incubated with the reference inhibitor and  $[Substrate_{Control}]$  = cellular concentration 182 of the reference substrate in control cells not incubated with SDHIs or the reference inhibitor. 183 The percentage of inhibition of transporter activity by SDHI was as following: 184 Transporter activity inhibition  $(\%) = 100\%$  - transporter activity  $(\%)$  (C) 185 with transporter activity (%) determined as described in equation (A) (for SLC transporters) or 186 equation (B) (for ABC transporters). 187 The half maximal inhibitory concentration (IC<sub>50</sub>) values of SDHIs towards transporter 188 activities were determined from nonlinear regression of concentration-response data based on 189 the four-parameter logistic function. They were calculated using the Prism 8.3 software 190 (GraphPad, San Diego, CA, USA), through the following equation:  $e_{SDHI}$ ] = cellular concentration of the reference substra<br>
SDHI, [*Substrate<sub>Reference inhibitor*] = cellular concentrated with the reference inhibitor and [*Substrate<sub>Control</sub>*] = ce<br>
substrate in control cells not incu</sub>

191 
$$
A = \frac{100}{1 + 10^{([I] - \text{Log}(I \text{CS0})) \times \text{Hill slope}}} \quad (D)
$$

192 with  $A =$  percentage of transporter activity for a given concentration of SDHI, determined as 193 described in equation (A) or equation (B),  $[I] =$  the SDHI concentration in the medium, and Hill 194 slope = a coefficient describing the steepness of the curve.

195 The inhibitory constant  $(K_i)$  value for OAT3 inhibition by SDHIs was estimated using the 196 Cheng-Prusoff equation (E), as previously reported (Zou et al., 2021):

197 
$$
K_i = \frac{IC_{50}}{1 + \frac{S}{K_m}}
$$
 (E)

198 with SDHI IC<sub>50</sub> value experimentally determined as described in equation (D),  $S = 6$ -CF 199 concentration in the transport assay medium (10  $\mu$ M) and K<sub>m</sub> = Michaelis constant for transport 200 of 6-CF by OAT3 ( $K_m = 10.7 \mu M$ ) (Zou et al., 2021).

201 2.4. *Chemical combination assays*

 The fungicide SDHI bixafen and the fungicide prothioconazole (belonging to the chemical class of triazolinthiones) are frequently used together in commercial formulations, as 204 notably reported by the French Agency for Food, Environmental and Occupational Health & Safety (ANSES) (https://ephy.anses.fr/). Their combined effects towards OAT3 activity were therefore investigated through median drug effect analysis, as previously described (Chou, 2006). For this purpose, combinations of bixafen and prothioconazole were tested on OAT3- mediated transport of 6-CF, using serial dilutions with several concentration points below and 209 above the  $IC_{50}$  values of each fungicide used as a single chemical. The ratio of the two chemicals 210 in these combinations was chosen based on their respective IC<sub>50</sub> values (Chou, 2010) and was fixed at 3:1 (Bixafen:Prothioconazole). Experimental data from combined and individual chemical effects towards OAT3 activity were finally processed using the CompuSyn program (ComboSyn, Inc., Paramus, New Jersey, USA), enabling calculation of the combination index (CI) values according to the following equation (Zhao et al., 2004): mic[al](https://ephy.anses.fr/) combination assays<br>cide SDHI bixafen and the fungicide prothioconazole<br>f triazolinthiones) are frequently used together in commerc<br>by the French Agency for Food, Environmental and Occ<br>(https://ephy.anses.fr/). Their

$$
CI = \frac{C_{Bixafen/mixture}}{C_{Bixafen}} + \frac{C_{Prothioconazole/mixture}}{C_{Prothioconazole}}
$$
 (F)

216 where CBixafen/mixture and CProthioconazole/mixture are the concentrations of bixafen and 217 prothioconazole used in combination to achieve x % percentage of OAT3 activity inhibition

- 218 and C<sub>Bixafen</sub> and C<sub>Prothioconazole</sub> are the concentrations of individual substances achieving the same 219 efficacy. Combination effects were considered as synergistic when  $CI < 0.8$ , as additive when 220  $0.8 \leq C I \leq 1.2$  and as antagonistic when  $CI > 1.2$  (Bijnsdorp et al., 2011).
- 2.5. *Transporter trans-stimulation assays*

 *Trans*-stimulation assays were performed in HEK-OAT3 cells using the OAT3 substrate 6-CF as a reference tracer substrate and glutaric acid as a reference *trans*-stimulating agent (Apiwattanakul et al., 1999; Sayyed et al., 2017). For these *trans*-stimulation assays, HEK- OAT3 cells were first incubated with 1 mM glutaric acid or various concentrations of SDHIs 226 for 15 min at 37  $\degree$ C. After washing with phosphate-buffered saline (PBS), cells were next re-227 incubated with 10  $\mu$ M 6-CF for 5 min at 37 °C in the transport assay medium described above. Intracellular accumulation of the fluorescent dye was finally determined by spectrofluorimetric, using excitation and emission wavelengths shown in Table S1. Data were expressed as percentages of 6-CF accumulation found in control cells not exposed to glutaric acid or SDHIs. et al., 1999; Sayyed et al., 2017). For these *trans*-stimule first incubated with 1 mM glutaric acid or various conce  $^{\circ}$ C. After washing with phosphate-buffered saline (PBS),  $0 \mu$ M 6-CF for 5 min at 37  $^{\circ}$ C in th

## *2.6. SDHI accumulation assays*

 HEK-MOCK and HEK-OAT3 cells were incubated for 5 min at 37°C with 10 μM SDHI or the reference OAT3 substrate 6-CF, in the transporter assay medium described above, and in the absence (control) or presence of 2 mM probenecid used here as a reference OAT3 inhibitor. Cells were next washed twice with ice-cold PBS and lysed in distilled water. Cellular proteins were next precipitated using 50 % (vol/vol) acetonitrile. After 2 h centrifugation at 4500 rcf and  $4^{\circ}$ C, supernatants were collected, diluted (1:1) in an aqueous solution of the internal standard (caffeine) with 0.1% formic acid, and analysed using a liquid chromatography-tandem mass spectroscopy (LC-MS/MS) system. This system corresponds to a high-performance LC Aria 240 system (Agilent, Les Ulis, France), equipped with a Kromasyl C18 (4.6  $\times$  150 mm) column (Interchim, Montluçon, France) and coupled to a tandem mass spectrometry TSQ Quantum

 Ultra (Thermo Fisher Scientific, Villebon sur Yvette, France), fitted with an electrospray ionization source (ESI+). Monitored ion transitions for SDHIs and caffeine are indicated in Table S2. Cellular accumulation of 6-CF was investigated by spectrofluorimetry. Cellular accumulations of SDHIs and 6-CF were finally normalized to protein content.

# *2.7. Molecular descriptor generation*

247 274 molecular descriptors belonging to the blocks "constitutional indices"  $(n = 47)$ , 248 "geometrical descriptors" (n = 38), "functional group counts" (n = 154), "charge descriptors"  $(n = 15)$  and "molecular properties"  $(n = 20)$  were determined for SDHIs using the Dragon 7.0 software (Kode Chemoinformatics, Pisa, Italy) (See https://chm.kode-solutions.net/ products\_dragon\_descriptors.php for a complete list of these descriptors). SDHIs, initially expressed in SMILES format using the PubChem website (https://pubchem.ncbi.nlm.nih.gov/), were converted to 3D format using the MarvinView software (ChemAxon, Budapest, Hungary) before processing by the Dragon 7.0 software to obtain molecular descriptors. criptors" (n = 38), "functional group counts" (n = 154), "<br>
blecular properties" (n = 20) were determined for SDHIs u<br>
2. Chemoinformatics, Pisa, Italy) (See https://chm<br>
descriptors.php for a complete list of these descr

# *2.8. Prediction of in vivo modulation of transporter activity by SDHIs*

 The *in vivo* inhibition of transport activities by SDHIs was predicted from *in vitro* generated data using the criteria defined by the International Transporter Consortium (ITC) (Giacomini et al., 2010). Briefly, drug transporters present in the liver, kidney or blood-tissue barriers can be inhibited *in vivo* by plasma concentrations of xenobiotics if the ratio maximum unbound 260 plasma concentration of chemicals  $(I_{max,u})/IC_{50}$  towards activity  $> 0.1$ . Because data about 261 human pharmacokinetics of SDHIs are currently not available, I<sub>max,u</sub> values for SDHIs were evaluated through considering the acceptable daily intake (ADI) values for SDHIs provided by the European Food Safety Authority (EFSA, [https://www.efsa.europa.eu/fr\)](https://www.efsa.europa.eu/fr), as previously described (Bénit et al., 2019; d'Hose et al., 2021). Briefly, ADIs permitted to calculate the maximal theoretical doses of SDHIs ingested at once by a 70 kg-weighing subject for 24 h.

 These ingested doses were considered to be fully absorbed and distributed into the standard volume (5 L) of blood for the subjects, allowing thus to determine the maximal total blood 268 concentrations of SDHI ( $I_{max}$ ), as the ratio "ingested dose/blood volume". The  $I_{max,u}$  values are next calculated after taking into account the unbound plasma fractions of SDHIs, predicted *in silico* using the online tool Admetlab2.0 [\(https://admetmesh.scbdd.com/\)](https://admetmesh.scbdd.com/). With respect to the P-gp and BCRP expressed at the brush-border membrane of enterocytes, it can be predicted that they are inhibited *in vivo* by luminal gut concentrations of xenobiotics if the ratio luminal gut 273 concentration  $(I_{\text{gut}})/IC_{50} \ge 10$ . I<sub>gut</sub> is defined by the ratio "orally ingested dose/250 mL" according to the ITC (Giacomini et al., 2010), with the orally ingested dose calculated as described above.

2.9. *Statistical analysis*

277 Data were usually expressed as means  $\pm$  SEM from at least three independent experiments, each being performed in technical triplicate. They were statistically analyzed using Prism 8.3 software through analysis of variance (ANOVA) followed by Dunnett's or Tukey's *post-hoc* test. Correlation between molecular descriptor indexes and percentages of transporter activity inhibition by SDHIs was done through Spearman rank correlation, whereas comparison between SDHI and drug K<sup>i</sup> values was performed using the Student's *t*-test. The 283 criterion of significance for statistical tests was  $p < 0.05$ .  $J_{\text{gut}}/IC_{50} \geq 10$ . I<sub>gut</sub> is defined by the ratio "orally ingered ITC (Giacomini et al., 2010), with the orally ingested<br>al analysis<br>al analysis<br>being performed in technical triplicate. They were st<br>software through

**3. Results**

## *3.1. Effects of SDHIs towards drug transporter activities*

287 The concentration of SDHIs initially tested towards transporter activities was  $10 \mu M$ , in the range of those previously used in SDHI studies with cultured cells (Bénit et al., 2019; 289 d'Hose et al., 2021). Data related to inhibition of SLC and ABC transporters by this 10  $\mu$ M

 SDHI concentration are shown in Fig. 1, Fig. 2 and Fig. 3 and are summarized in Table S3. SDHIs were considered as inhibitors when they significantly reduced transporter activities 292 ( $p<0.05$ ); inhibitions were ranked as strong, moderate or weak when transporter inhibition 293 percentage  $\geq 66.6\%$  (red histograms on the Fig. 1, Fig. 2 and Fig. 3), 50 %  $\leq$  transporter inhibition percentage < 66.6% (orange histograms), or transporter inhibition percentage < 50% (grey histograms), respectively.

 With respect to SLCs handling organic cations (Fig. 1), OCT1 was not inhibited by any SDHI, whereas MATE1 and MATE2-K were weakly inhibited by all SDHIs (except furametpyr for MATE1 and MATE2-K and carboxin and thifluzamide for MATE2-K, without significant effects). OCT2 activity was reduced by 5/15 SDHIs: Penflufen and sedaxane behaved as weak inhibitors, whereas fluxapyroxad and flutolanil were moderate inhibitors and pydiflumetofen a 296 With respect to SLCs handling organic cations (Fig. 1), OCT1 was r<br>
3021 SDHI, whereas MATE1 and MATE2-K were weakly inhibited by all SDHIs<br>
301 for MATE1 and MATE2-K and carboxin and thifluzamide for MATE2-K,<br>
303 eff



 *Fig. 1. Effects of 10 µM SDHIs on activities of SLC transporters handling organic cations (OCTs and MATEs). Transporter substrates are ASP<sup>+</sup>(for OCTs) and [ <sup>3</sup>H]-MPP (For MATEs). Data are expressed as % of transporter activity found in control cells not exposed to SDHIs, arbitrarily set at 100 % and indicated by dashed lines on the graphs. SDHIs inhibiting*  307 *transporter activity (p < 0.05) are defined as strong inhibitors (transporter inhibition %*  $\geq$  *66.6%, represented by red histograms), moderate inhibitors (50 % ≤ transporter inhibition % < 66.6%, represented by orange histograms) or weak inhibitors (transporter inhibition % <*  310 *50%, represented by grey histograms); SDHIs not inhibiting transporter activity (* $p \ge 0.05$ *)* 

 *correspond to white histograms. Data are the means ± SEM of at least three independent experiments.*

 For SLCs handling organic anions (Fig. 2), OATP1B1 activity was inhibited by 4/15 SDHIs, *i.e.*, bixafen, isopyrazam and sedaxane, acting as weak inhibitors, and benzovindiflupyr, as a moderate inhibitor. OATP1B3 activity was reduced by 7/15 SDHIs: 5 SDHIs (benzovindiflupyr, bixafen, isofetamid, penflufen and pydiflumetofen) were weak inhibitors whereas 2 SDHIs (isopyrazam and penthiopyrad) were moderate inhibitors (Fig. 2). Only 2/15 SDHIs decreased OAT1 activity, *i.e.*, benzovindiflupyr and pydiflumetofen, behaving as weak inhibitors (Fig. 2). By contrast, OAT3 was inhibited by 12/15 SDHIs; one (fluopyram) was a weak inhibitor, six (boscalid, flutolanil, isofetamid, isopyrazam, penflufen and penthiopyrad) were moderate inhibitors and five (benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, and sedaxane) were strong inhibitors (Fig. 2). 318 whereas 2 SDHIs (isopyrazam and penthiopyrad) were moderate inhibitors<br>
319 SDHIs decreased OAT1 activity, *i.e.*, benzovindiflupyr and pydiflumetofer<br>
320 inhibitors (Fig. 2). By contrast, OAT3 was inhibited by 12/15

 For ABC transporters (Fig. 3), SDHIs inhibited neither P-gp nor MRP activity. By contrast, BCRP activity was inhibited by 5/15 SDHIs, with four (bixafen, isopyrazam, penthiopyrad and pydiflumetofen) acting as weak inhibitors and one (benzovindiflupyr) as a



*Fig. 2. Effects of 10 µM SDHIs on activities of SLC transporters handling organic anions* 

*(OATPs and OATs). Legend is the same as in Fig. 1, except for transporter substrates which* 

*are 6-CF (for OATs), DCF (for OATP1B1) and 8-FcA (for OATP1B3).* 



 *Fig. 3. Effects of 10 µM SDHIs on activities of ABC transporters (MRPs, P-gp and BCRP). Legend is the same as in Fig. 1, except for transporter substrates which are CDCF (for MRPs), rhodamine 123 (for P-gp) and Hoechst 33342 (for BCRP).* 

# *3.2. Features of SDHIs-mediated OAT3 activity inhibition*

 Because OAT3 was the transporter most impacted by SDHIs, *i.e.*, it was strongly inhibited by 5/15 SDHIs (Fig. 2), we next focussed on it. As indicated in Fig. S2, the five SDHIs behaving 341 as strong OAT3 inhibitors were found to act in a concentration-dependent manner, with IC<sub>50</sub>

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342 values ranging from 1.0  $\mu$ M (for sedaxane) to 3.9  $\mu$ M (for benzovindiflupyr) and K<sub>i</sub> values 343 from 0.5  $\mu$ M (for sedaxane) to 2.0  $\mu$ M (for benzovindiflupyr) (Table 1). These K<sub>i</sub> values for 344 SDHIs did not statistically differ from those reported for a set of 12 drugs inhibiting OAT3- 345 mediated transporter of 6-CF with high affinity (Zou et al., 2021) (Fig. S3). The OAT3 346 inhibitors pydiflumetofen and benzovindiflupyr also decreased activity of OCT2 and BCRP, 347 respectively, in a concentration-dependent manner ( $IC_{50}$  values of 2.0 and 3.9  $\mu$ M for OCT2 348 and BCRP inhibition) (Fig. S4).

349 Table 1. IC<sub>50</sub> and K<sub>i</sub> values for SDHI-mediated inhibition of OAT3-mediated 6-CF transport.

<b>SDHI</b>	$IC_{50}(\mu M)$	$K_i(\mu M)$
Benzovindiflupyr		
<b>Bixafen</b>		
Fluxapyroxad		
Pydiflumetofen		
Sedaxane		

350

 Effects of SDHIs towards transport of the endogenous OAT3 substrate E3S were next analyzed (Fig. 4). Benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, and sedaxane were found to inhibit OAT3-mediated transport of E3S, in a concentration-dependent manner. The low concentration of 1 µM fluxapyroxad, pydiflumetofen and sedaxane was notably sufficient to decrease significantly E3S uptake in HEK-OAT3 cells (Fig. 4). Pydiflumetofen additionally inhibited transport of the endogenous OCT2 substrate dopamine (Fig. S5). I K<sub>i</sub> values for SDHI-mediated inhibition of OAT3-mediate<br>
H<br>
H<br>
H<br>
diflupyr 3.9<br>
Fen 2.6<br>
Toxad 2.9<br>
Hetofen 3.5<br>
anne 1.0<br>
SDHIs towards transport of the endogenous OAT3 subst<br>
2.9<br>
SDHIs towards transport of the endog



### 

 *Fig. 4. Effects of SDHIs towards OAT3-mediated transport of the endogenous substrate E3S. HEK-OAT3 cells were incubated with 4.09 nM [ <sup>3</sup>H]-E3S for 5 min at 37°C in the absence (control) or presence of various concentrations of benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen or sedaxane or of the reference OAT3 inhibitor probenecid. Intracellular accumulation of E3S was next determined by scintillation counting. Data are expressed as % of E3S accumulation in control cells, arbitrarily set at 100%, and are the means ± SEM of at least three independent experiments. \*, p<0.05, \*\*, p<0.01 and \*\*\*, p<0.001 when compared to E3S accumulation in control cells.* 

```
367 In order to investigate the physico-chemical structural requirements for OAT3 inhibition 
368 by SDHIs, the percentages of OAT3 activity inhibition by the 15 SDHIs were next confronted
369 to the values of 274 SDHI molecular descriptors, through Spearman correlation analysis. 17 
370 /274 molecular descriptors were found to be significantly either positively (n = 13) or negatively
```
 (n = 4) correlated with OAT3 inhibition (Table S4). Among these correlated descriptors, the most significant ones, *i.e.*, those for which p < 0.005 and Spearman rank correlation coefficient  $(r_s) \geq 0.7$ , belong to the blocks "functional group counts" (number of CHRX2/nCHRX2), "geometrical descriptors" (quadrupole x-component value/weighted by Sanderson 375 electronegativity/QXXe or ionization potential/QXXi) and "constitutional indices" (sum of atomic van der Waals volumes (scaled on Carbon atom)/Sv (Table S4). Lipophilicity (Moriguchi octanol-water partition coeff. (logP)/MLOGP) is also positively correlated with OAT3 inhibition (Table S4). By contrast, the molecular weight/MW, the number of donor atoms for H-bonds (N and O)/nHDon, the number of acceptor atoms for H-bonds (N,O,F)/nHAcc, the number of rotatable bonds/RBN and the topological polar surface area using N,O,S,P polar contributions/TPSA(Tot) were not correlated to OAT3 inhibition (data not shown). The CPU wave discussed when the pre-probability and CPU and O)/nHDon, the number of acceptor as<br>the number of rotatable bonds/RBN and the topological<br>plar contributions/TPSA(Tot) were not correlated to OAT3<br>plane contribut

 We next investigated whether inhibitions of OAT3 and human SDH by SDHIs may be 384 correlated. This was performed with SDHIs for which IC<sub>50</sub> values towards human SDH are available (Bénit et al., 2019). As shown in Fig. S6, IC<sup>50</sup> values for human SDH were found to 386 be significantly negatively correlated to the percentages of OAT3 inhibition ( $r_s = -0.85$ , p=0.011). This suggests that the most active SDHIs towards human SDH, *i.e.*, those with the lower IC<sup>50</sup> values, were also those with the highest percentages of OAT3 activity inhibition, with however the limit of the relative low number of considered SDHIs (n=8).

 SDHIs are commonly used in association with fungicides belonging to other chemical class. It is notably the case for bixafen, associated with prothioconazole in commercial formulations. The effect of the mixture bixafen/prothioconazole on OAT3 activity is consequently likely important to consider, especially since prothioconazole acts by itself as an OAT3 inhibitor (Fig. S4). For this purpose, we have characterized the effects of the mixture towards OAT3 activity through calculating CI using the CompuSyn software. As indicated in

 Table S5, for most of tested concentrations, the combination bixafen/prothioconazole exerted 397 synergistic inhibition of OAT3 activity  $(CI < 0.8)$ .

*3.3. Transport of SDHIs by OAT3*

 To determine whether SDHIs that strongly interact with OAT3, *i.e.*, benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, and sedaxane, may be substrates for this SLC, *trans*- stimulation assays were first performed because substrates are presumed to *trans*-stimulate transporter activity (Lefèvre et al., 2021; Sayyed et al., 2017). The SDHIs, used at various concentrations (1-50 µM), however failed to *trans*-stimulate OAT3 activity, but rather *trans*- inhibited it, notably at the 50 µM concentration (Fig. S7). By contrast, the OAT3 substrate glutaric acid (Bakhiya et al., 2003) was able to *trans*-stimulate OAT3 activity, *i.e.*, to enhance uptake of the reference OAT3 substrate 6-CF (Fig. S7). ity (Lefèvre et al., 2021; Sayyed et al., 2017). The SDF<br>
1-50  $\mu$ M), however failed to *trans*-stimulate OAT3 activity<br>
bly at the 50  $\mu$ M concentration (Fig. S7). By contrast, t<br>
khiya et al., 2003) was able to *trans* 

 SDHI accumulation assays were next performed in HEK-OAT3 cells and control HEK- MOCK cells, in the absence or presence of the reference OAT3 inhibitor probenecid. HEK- OAT3 and HEK-MOCK cells similarly accumulated benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, and sedaxane, without any significant effect of probenecid (Fig. 5), thus ruling out the hypothesis of an OAT3 contribution to their cellular uptake. By contrast, HEK-OAT3 cells displayed accumulation of the OAT3 substrate 6-CF much higher than that found in HEK- MOCK cells; probenecid was moreover able to prevent 6-CF uptake in HEK-OAT3 cells (Fig. 5). This demonstrated that OAT3 was fully functional in HEK-OAT3 cells.

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429 *Fig. 5. Accumulation of SDHIs in HEK-OAT3 and HEK-MOCK cells. HEK-MOCK and HEK-*430 *OAT3 cells were incubated for 5 min at 37°C with 10 µM benzovindiflupyr, bixafen,*  431 *fluxapyroxad, pydiflumetofen or sedaxane or 10 µM 6-CF, in the absence (control) or presence*  432 *of 2 mM probenecid. Intracellular accumulation of SDHIs and 6-CF were next determined by*  433 *LC-MS/MS or spectrofluorimetry. Data are expressed as µmole/µg protein (SDHIs) or as*  434 *fluorescence arbitrary units (FAU)/µg protein (6-CF) and correspond to the means ± SD of*  435 *three independent experiments. n.s., not statistically significant, \*\*\*, p<0.001.*

436

# 437 *3.4. Prediction of in vivo OAT3 inhibition by SDHIs*

 *In vivo* inhibition of OAT3 activity by blood concentrations of benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, and sedaxane (at the ADI dose) was predicted from their *in vitro* IC<sup>50</sup> data reported above, using (i) the criteria defined by the ITC, (ii) the calculated blood SDHIs levels for the ADI values and (iii) the predicted unbound plasma fraction of SDHIs in humans. As shown in Table 2, only sedaxane was predicted to *in vivo* inhibit OAT3 activity at the ADI dose. Pydiflumetofen was additionally predicted to not *in vivo* inhibit OCT2 activity

- 444 (Table S6); similarly, benzovindiflupyr is presumed to not block BCRP activity at both non-
- 445 intestinal (Table S6) and intestinal (Table S7) level when applying criteria from the ITC.
- Table 2: Prediction of *in vivo* inhibition of OAT3 activity by SDHIs<sup>a</sup> 446
- 447 .



448 *a In vivo* inhibition of drug transporter activity can be predicted if the ratio  $I_{\text{max},u}/IC_{50} \geq 0.1$  (Giacomini et al., 2010).

449  $\rightarrow$  defined as the maximum plasma concentration.

<sup>c</sup> 450 defined as the unbound plasma fraction and *in silico* predicted using ADMETlab 2.0.

- 451  $d$  defined as the maximum unbound plasma concentration.
- 452

# 453 **4. Discussion**

 The data reported in the present study indicate that the fungicides SDHIs can inhibit human drug transporters, thus adding these pesticides to the growing list of environmental pollutants reducing human drug transporter activities. This fully supports the hypothesis that SDHIs can interact with human targets, apart from SDH and RCIII (Bénit et al., 2019). This should have to take into account when considering putative toxic effects of these chemicals for human health. uxapyroxad 0.02 0.73 μM 0.018 0.01 2.9 μM 0.0034 No inhibition<br>diflumetofen 0.09 2.95 μM 0.016 0.05 3.5 μM 0.014 No inhibition<br>Sedaxane 0.11 4.88 μM 0.028 0.13 1.0 μM 0.137 Inhibition<br>ord as the maximum plasma concentrat

 SDHIs were able to inhibit activities of various important drug transporters, including especially OAT3 (strongly or moderately inhibited by 11/15 SDHIs) and OCT2 (strongly or moderately inhibited by 3/15 SDHIs) (Table S3). MATE1 and MATE2-K were impacted by almost all SDHIs, although in a weak manner (inhibition of activity by less than 50% in response to 10 µM SDHIs). The ABC transporter BCRP was strongly inhibited by 1/15 SDHIs and weakly by 4/15 SDHIs. The hepatic transporters OATP1B1 and OATP1B3 displayed moderate repression of their activity in response to 1/15 and 2/15 SDHIs respectively, whereas

 3/15 and 5/15 SDHIs weakly inhibited them, respectively (Table S3). However, it is noteworthy that some transporters such as P-gp, MRPs, OCT1 were not affected at all by SDHIs, or only marginally (OAT1, weakly inhibited by 2/15 SDHIs). This indicates that drug transporters are not general targets for SDHIs, as already demonstrated for other environmental pollutants like carbamate pesticides and organophosphate flame retardants (Guéniche et al., 2020b; Tastet et al., 2023b). This rules out the hypothesis that the inhibitions of transporter activities in response to SDHIs result from unspecific toxic effects of these chemicals.

 Among SDHIs, most of them (12/15) inhibited at least 3 transporters, even weakly (Table S3). The most "active" SDHIs, *i.e.*, those inhibiting the greater number of transporters, were benzovindiflupyr and pydiflumetofen (each inhibiting 7/11 transporters) and bixafen and isopyrazam (each inhibiting 6/11 transporters). By contrast, thifluzamide and carboxin poorly interact with drug transporters, with only 1/11 transporters, *i.e.*, MATE1, impacted in a weak manner (Table S3). This indicates that interactions with transporters are not shared by all the members of a chemical or pharmacological class of xenobiotics, as already described for organophosphate flame retardants and bisphenols (Bruyere et al., 2017; Tastet et al., 2023b). HIs, most of them  $(12/15)$  inhibited at least 3 transporters,<br>active" SDHIs, *i.e.*, those inhibiting the greater number of<br>and pydiflumetofen (each inhibiting  $7/11$  transporters<br>in inhibiting  $6/11$  transporters). By c

 The potential toxic consequences of the inhibition of drug transporter activities by SDHIs remain to be identified. Alteration of the handling and pharmacokinetics of drugs substrates for the transporters targeted by SDHIs, acting here as possible "perpetrators" of pollutant-drug interactions, could be suspected. This could at first concern "victims" drugs substrates for 486 OAT3, or also for OCT2 or BCRP, which are strongly inhibited by some SDHIs, with IC<sub>50</sub> values in the 1.0-3.9 µM range. In this context, a wide range of structurally- and pharmacologically-diverse compounds may have to be considered. This includes, for OAT3, antibiotics, especially β-lactams and cephalosporins, histamine H2 receptor antagonists, diuretics, non-steroidal anti-inflammatory drugs (NSAIDs), statins, uricosurics and methotrexate (Burckhardt, 2012), for OCT2, metformin and cisplatin (Koepsell, 2021), and for

 BCRP, anticancer drugs and statins (Mao and Unadkat, 2015). Renal secretion of drugs may be particularly impacted due to the fact that some SDHIs inhibit various transporters expressed in the kidney. It is notably the case for pydiflumetofen, targeting diverse renal transporters, especially OAT3 and OCT2, but also OAT1, MATE1, MATE2-K and BCRP (Table S3). However, these putative transporter-based pollutant-drug interactions have not been clinically reported, according to the best of our knowledge. In addition to impairing transport of drugs, that of endogenous substrates could also be impacted, which could contribute to potential toxic effects of SDHIs. The fact that several SDHIs markedly reduced the uptake of the OAT3 substrate E3S, as well as the inhibition of OCT2-mediated transport of dopamine by pydiflumetofen, fully support this hypothesis. The strong inhibition of renal OAT3 activity by benzovindiflupyr, pydiflumetofen, sedaxane, fluxapyroxad and bixafen likely deserves special attention, due to the important physiological roles of this transporter in the kidney and beyond the kidney (Jamshidi and Nigam, 2022). OAT3 transports hormones, like E3S, and also many metabolites, components of distinct biochemical and signaling pathways, including those involving amino acids, lipids, bile acids, uremic toxins and gut microbiome-derived products (Nigam et al., 2020). Inhibition of OAT3 activity is therefore susceptible to have various metabolic consequences, including at systemic level and at the gut-liver-kidney axis, to which OAT3 contributes (Bush et al., 2017). Importantly, OAT3 handles some metabolites of the Krebs cycle; α-ketoglutarate is notably a high affinity substrate for OAT3, whereas succinate and fumarate exhibit much lower affinities (Kaufhold et al., 2011). Inhibition of SDH as well as that of OAT3 activity may consequently be hypothesized to both contribute to possible alterations of Krebs cycle metabolite levels in response to SDHIs. The fact that inhibition of OAT3 activity by SDHIs was correlated to their SDH inhibition potential (Fig. S6) further strengthens this hypothesis. Mammalian metabolic networks are nevertheless considered as s. The fact that several SDHIs markedly reduced the up<br>as well as the inhibition of OCT2-mediated transpor<br>fully support this hypothesis. The strong inhibition of rena-<br>r, pydiflumetofen, sedaxane, fluxapyroxad and bixafen

 robust and able to compensate different types of perturbation, including possibly those related to OAT3 or SDH inhibition (Kamp et al., 2021).

 The possible deleterious effects of SDHIs-mediated inhibitions of transporters, especially OAT3, depend however on the *in vivo* relevance of such inhibitions, experimentally described *in vitro* in the present study. For predicting such potential *in vivo* inhibitions, we have used criteria from the ITC (Giacomini et al., 2010). Because SDHI pharmacokinetics data are currently lacking in humans, we have estimated maximal blood and intestinal levels of SDHIs from their ADI values. OAT3 was predicted to be potentially *in vivo* inhibited by sedaxane in response to its ADI value. This suggests that OAT3 could represent an effective target for humans exposed to sedaxane and that special interest to this SDHI could be warranted. In this 526 context, it is noteworthy that the K<sub>i</sub> value for OAT3 inhibition by sedaxane is low  $(K_i= 1.0 \mu M)$ 527 and similar to that reported for probenecid  $(K_i = 1.25 \mu M)$  (Zou et al., 2021). This indicates that sedaxane may be as effective as probenecid for inhibiting OAT3. Because probenecid is well known to *in vivo* impair OAT3-mediated renal secretion of benzylpenicillin or furosemide (Gessner et al., 2019), sedaxane may be hypothesized to similarly cause clinical drug-pollutant interactions. Further studies, including direct measurement of *in vitro* inhibition of OAT3- mediated transport of benzylpenicillin or furosemide by sedaxane and *in vivo* assays, are however likely required to confirm this hypothesis. By contrast, sedaxane is unlikely to target the renal elimination of antivirals because these drugs are primarily transported rather by OAT1 than by OAT3 (Burckhardt and Burckhardt, 2011). Unlike sedaxane, other SDHIs behaving as strong *in vitro* inhibitors of OAT3, OCT2 or BCRP were not predicted to block *in vivo* these transporters. This conclusion may nevertheless be challenged by the fact that humans are probably not exposed to SDHIs as single agents, but rather to mixtures of SDHIs and other pollutants. The combined effects of these mixed pollutants towards transporters may be additive or synergistic, as demonstrated for marine pollutants inhibiting P-gp activity (Nicklisch et al., in humans, we have estimated maximal blood and intestivalues. OAT3 was predicted to be potentially *in vivo* inhibardly value. This suggests that OAT3 could represent an to sedaxane and that special interest to this SDHI

 2016) and for the combination bixafen/prothioconazole analyzed in the present study towards OAT3 activity (Table S5).

 Although strongly interacting with OAT3, benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, and sedaxane were not substrates for this transporter. This is demonstrated by their similar accumulation in HEK-OAT3 and HEK-MOCK cells, the absence of effect of probenecid on their cellular uptake in HEK-OAT3 cells and their lack of *trans*-stimulating effects towards OAT3 activity. Human membrane transporters that could handle SDHIs have therefore to be identified, which would likely deserve further studies. Transporters of nucleobases such as sodium-dependent nucleobase transporter (SNBT) 1 (*SLC23A4*), equilibrative nucleoside transporter (ENT) 1 (*SLC29A1*), ENT2 (*SLC29A2*) and equilibrative nucleobase transporter (ENBT) 1) (*SLC43A3*) (Inoue, 2017) may represent promising candidates, because multiple nucleobase transporters contribute to boscalid uptake and sensitivity in *Aspergillus nidulans* (Kalampokis et al., 2018). The possible contribution of passive transport of SDHIs across membranes has also to be considered, notably in relationship with the rather hydrophobic nature of SDHIs (Bouillaud, 2023). JAT3 activity. Human membrane transporters that could<br>identified, which would likely deserve further studie<br>th as sodium-dependent nucleobase transporter (SNE<br>leoside transporter (ENT) 1 (*SLC29A1*), ENT2 (*SLC29A.*<br>sporte

 The mechanism by which SDHIs block activities of transporters, notably that of OAT3, remains to be characterized. Direct physical interactions of SDHIs with transporters is likely, 558 as for drugs inhibiting transporters (Wigler and Patterson, 1993). The estimated  $K_i$  values for SDHIs-mediating inhibition of OAT3 activity are rather low and in the range of those reported for 12 drugs acting as potent inhibitors of OAT3 (Zou et al., 2021). This suggests that SDHIs also behave as high-affinity inhibitors for OAT3. Because benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, and sedaxane are not substrates for OAT3, they probably interact with the transporter outside of its drug binding site or may alternatively bind to it without being transported. In this context, it is noteworthy that these SDHIs not only *cis*-inhibited OAT3 activity (Fig. 2), but also *trans*-inhibited it (Fig. S7). This indicates that these

 agrochemicals block OAT3 activity extracellularly (*cis*-inhibition) and intracellularly (*trans*- inhibition). Similar *cis*-inhibition and *trans*-inhibition have also been reported for other SLC inhibitions, including cyclosporin A-mediated inhibition of OATP1B1 (Izumi et al., 2022) and taurolithocholic acid-mediated inhibition of the sodium-taurocholate co-transporting polypeptide (NTCP/*SLC10A1*) (Lowjaga et al., 2021). With respect to molecular characteristics supporting OAT3 inhibition by SDHIs, lipophilicity (MLOGP) as well as the volume (Sv) or the number of CHRX2 group (nCHRX2) appear to be significant ones. Lipophilicity, but not volume, has already been shown to represent a molecular descriptor allowing to discriminate between OAT3 inhibitors and non-inhibitors from a clinical drug library (Duan et al., 2012). Finally, it is noteworthy that, although OAT1 and OAT3 exhibit nearby functional properties (Burckhardt, 2012; Emami Riedmaier et al., 2012), SDHIs appear to be strong inhibitors of OAT3, but not of OAT1. Such a difference with respect to OAT1/OAT3 inhibition profiles has also been reported for drugs (Duan et al., 2012). This justifies to consider separately OAT1 and OAT3 with respect to inhibition studies. ady been shown to represent a molecular descriptor allow<br>nhibitors and non-inhibitors from a clinical drug library<br>eworthy that, although OAT1 and OAT3 exhibit nearby fi<br>2; Emami Riedmaier et al., 2012), SDHIs appear to be

# **5. Conclusions**

 The current work demonstrates that various SDHIs inhibit activities of important human drug transporters. These widely-used fungicides can therefore be added to the growing list of pollutants interacting with drug transporters. Among the human transporters targeted by SDHIs, the renal transporter OAT3 is likely a major one, strongly inhibited *in vitro* by 5/15 SDHIs, *i.e.*, benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, and sedaxane, which, however, were not substrates. Moreover, OAT3 inhibition by sedaxane was predicted to occur *in vivo*, in response to exposure to its ADI value. These inhibitions of transporter activities are susceptible to have consequences, notably with respect to SDHI-drug interactions or to levels of endogenous compounds and/or metabolites substrates for the incriminated transporters. This could contribute to putative toxic effects of these fungicides towards human health, which,

 however, remain to be firmly established or ruled out. This initial study will serve as the basis for further studies, including epidemiological, exposure and toxicokinetics analyses, in order to

fully deciphering the potential effects of SDHIs towards human health.

# **CRediT authorship contribution statement**

 Marie Kerhoas: Conceptualization, Formal analysis, Investigation, Validation, Writing - original draft. Marc Le Vée: Conceptualization, Investigation, Methodology, Supervision, Validation. Jennifer Carteret: Investigation; Elodie Jouan: Investigation, Resources; Valentin Tastet: Investigation; Arnaud Bruyère: Investigation, Methodology. Laurence Huc: Conceptualization, Funding acquisition, Supervision, Validation, Writing - review & editing; Olivier Fardel: Conceptualization, Funding acquisition, Project administration, Supervision, Validation, Writing - original draft, Writing - review & editing. ifer Carteret: Investigation; Elodie Jouan: Investigation, Increase, Internal Bruyère: Investigation, Methodology<br>
In, Funding acquisition, Supervision, Validation, Writing<br>
Conceptualization, Funding acquisition, Project

# **Declaration of Competing Interest**

 The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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# **Highlights**

- SDHIs inhibit *in vitro* activities of various drug transporters, especially of OAT3
- SDHIs reduce OAT3-mediated transport of the endogenous molecule estrone-3-sulfate
- SDHIs are not substrates for OAT3
- The SDHI sedaxane was predicted to *in vivo* inhibit human OAT3 activity
- Drug transporters, especially OAT3, appear as new molecular human targets for SDHIs

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## **Declaration of interests**

 $\boxtimes$  The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

 $\Box$  The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

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