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Inhibition of human drug transporter activities by succinate dehydrogenase inhibitors

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27 Abstract

Succinate dehydrogenase inhibitors (SDHIs) are widely-used fungicides, to which humans are 28 exposed and for which putative health risks are of concern. In order to identify human molecular 29 30 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 31 SDHIs, i.e., benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen and sedaxane, were 32 found to strongly reduce activity of the renal organic anion transporter (OAT) 3, in a 33 concentration-dependent manner (with IC₅₀ values in the 1.0-3.9 µM range), without however 34 being substrates for OAT3. Moreover, these 5/15 SDHIs decreased the membrane transport of 35 estrone-3 sulfate, an endogenous substrate for OAT3, and sedaxane was predicted to inhibit in 36 vivo OAT3 activity in response to exposure to the acceptable daily intake (ADI) dose. In 37 addition, pydiflumetofen strongly inhibited the renal organic cation transporter (OCT) 2 38 $(IC_{50}=2.0 \mu M)$ and benzovindiflupyr the efflux pump breast cancer resistance protein (BCRP) 39 $(IC_{50}=3.9 \mu M)$. Other human transporters, including organic anion transporting polypeptide 40 (OATP) 1B1 and OATP1B3 as well as multidrug and toxin extrusion protein (MATE) 1 and 41 MATE2-K were moderately or weakly inhibited by SDHIs, whereas P-glycoprotein, multidrug 42 resistance-associated protein (MRP), OCT1 and OAT1 activities were not or only marginally 43 impacted. Then, some human drug transporters, especially OAT3, constitute molecular targets 44 for SDHIs. This could have toxic consequences, notably with respect to levels of endogenous 45 compounds and metabolites substrates for the considered transporters or to potential SDHI-drug 46 47 interactions. This could therefore contribute to putative health risk of these fungicides.

48

49 Keywords

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

52 **1. Introduction**

Succinate dehydrogenase inhibitors (SDHIs) constitute an important family of chemical 53 fungicides, primarily targeting the mitochondrial complex II of the respiratory chain (RCII), 54 55 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 56 ubiquinone reductase activity); it also catalyzes the oxidation of succinate to fumarate in the 57 tricarboxylic acid/Krebs cycle (through SDH activity). Consequently, SDHIs affect both 58 oxidative phosphorylation and Krebs cycle in fungi, thus inhibiting the growth of these 59 pathogens (Li et al., 2021). These chemicals are increasingly used on cereal crops, fruits, 60 vegetables, and seeds (Umetsu and Shirai, 2020). Humans are exposed to them via the 61 respiratory and/or dermal way in the case of occupational or residential exposure, but also via 62 the food chain, through the ingestion of contaminated food and drink (Béranger et al., 2020; 63 Ottenbros et al., 2023; Polledri et al., 2019). SDHIs are regulated substances, which have not 64 been deemed to be a health concern. Nevertheless, these fungicides can interact with SDH from 65 various species, including mammals, worm and bee (Mowery et al., 1977, 1976). They exert 66 toxic effects towards various non-target organisms like earthworms (Ji et al., 2023), zebrafish 67 (Chen et al., 2022; Lin et al., 2021) and bees (Simon-Delso et al., 2018), and some interrogations 68 towards possible deleterious effects of SDHIs towards humans have recently emerged, but 69 remain to be clearly documented (Bénit et al., 2022; Bouillaud, 2023; Yanicostas and Soussi-70 Yanicostas, 2021). In this context, interactions of SDHIs with human cellular and/or molecular 71 targets may be particularly informative through providing clues to predict toxicity according to 72 a mechanistic/adverse outcome pathway approach. Some SDHIs have thus been recently 73 74 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 75 cultured cells exposed to these fungicides (Bénit et al., 2019; d'Hose et al., 2021). Mechanistic 76

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

79 Drug transporters are membrane proteins acting as uptake or efflux proteins across 80 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 81 cassette (ABC) transporter families (Roberts, 2021). They are expressed in key cells implicated 82 in drug disposition, including enterocytes, hepatocytes, endothelial cells of the blood-brain 83 barrier and renal proximal tubular cells (Giacomini et al., 2010). Therefore, they play major 84 roles in different steps of pharmacokinetics, such as intestinal absorption, drug distribution 85 across blood-tissue barriers, and liver and kidney excretion (Liu, 2019). Importantly, inhibition 86 of their activity by drugs acting as "perpetrators" can result in (i) drug-drug interactions, by 87 reducing membrane passage of "victims" drugs (Müller and Fromm, 2011), or (ii) drug toxicity, 88 by blocking the transport of endogenous substrates (Hafey et al., 2022). 89

There is growing evidence that chemical pollutants interact with drug transporters 90 (Clerbaux et al., 2019; Michel et al., 2023; Nicklisch and Hamdoun, 2020; Tastet et al., 2023a). 91 Environmental contaminants belonging to various chemical classes thus inhibit transporters 92 93 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 94 targets for pollutants, including pesticides, with consequences in term of pollutant 95 96 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 97 remains however to be established, notably for SDHIs. The present study was consequently 98 designed to determine whether SDHIs can impair human drug transporter activities, in order to 99 get original information about (i) the human molecular targets of SDHIs and (ii) the interactions 100 101 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 102 European Union (benzovindiflupyr, bixafen, boscalid, fluopyram, flutolanil, fluxapyroxad, 103 isofetamid, penflufen, penthiopyrad and sedaxane), two recently withdrawn from the market 104 (carboxin and isopyrazam, withdrawn in 2020 and 2021, respectively), one pending marketing 105 106 authorization (pydiflumetofen) and two not authorised at European level (furametpyr and thifluzamide). The studied human transporters were mainly those of concern for drug agencies 107 (Lee et al., 2017): the ABC efflux pumps P-glycoprotein (P-gp/ABCB1), breast cancer 108 109 resistance protein (BCRP/ABCG2) and multidrug resistance-associated proteins (MRPs/ABCCs), SLC transporters for organic cations (organic cation transporter (OCT) 110 111 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 112 polypeptide (OATP) 1B1/SLCO1B1, OATP1B3/SLCO1B3, organic anion transporter (OAT) 113 1/SLC22A6 and OAT3/SLC22A8). Results showed a SDHI- and transporter-dependent 114 regulation of drug transporter activities by these fungicides. This demonstrates that SDHIs 115 interact with human SDH-unrelated molecular targets such as transporters, especially OAT3, 116 and, beyond, re-enforces the conclusion that transporters represent common targets for 117 pollutants. 118

119

120 2. Materials and Methods

121 *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 6carboxyfluorescein (6-CF) were supplied by Sigma-Aldrich (Saint-Quentin-Fallavier, France).

Carboxy-2',7'-dichlorofluorescein (CDCF) diacetate and Hoechst 33342 were from Life 126 Technologies (Villebon-sur-Yvette, France). 8- (2- [Fluoresceinyl]aminoethylthio) adenosine-127 3', 5'- cyclic monophosphate (8-FcA) and 4-(4-(dimethylamino)styryl)-N-methylpyridinium 128 iodide (ASP⁺) were provided by Biolog Life Institute (Bremen, Germany) and Thermo Fisher 129 Radiolabeled $3.4-[ring-2.5.6-^{3}H]$ Scientific (Waltham, MA, USA), respectively. 130 dihydroxyphenylethylamine (Dopamine) (specific activity = 37.8 Ci/mmol), $[6.7-^{3}H(N)]$ -131 estrone-3-sulfate (E3S) (specific activity = 51.8 Ci/mmol), and N-[methyl-³H]-methyl-4-132 phenylpyridinium acetate (MPP) (specific activity = 82.9 Ci/mmol) were from PerkinElmer 133 (Villepinte, France). Stock solutions of SDHIs and chemicals were prepared in dimethyl 134 sulfoxide (DMSO), except for probenecid diluted in NaOH and rhodamine 123 prepared in 135 ethanol. Control cells were treated with 0.1% (vol/vol) DMSO. 136

137

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 HEKMOCK 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).

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.

153

2.3. Transporter inhibition assays

Fluorescent or radio-labeled reference substrates and reference inhibitors were used to 154 evaluate the inhibitory effects of SDHIs on SLC and ABC transporter activities, through 155 measuring cellular accumulation or retention of the reference substrates in the absence (control 156 condition) or presence of SDHIs or reference inhibitors, in transporter-overexpressing cells, as 157 previously described (Chedik et al., 2017; Tastet et al., 2023b). The incubation times, analytical 158 159 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 160 et al., 2020b) and are summarized in Table S1. These transport assays were performed in a 161 dedicated assay medium composed of 136 mM NaCl, 1.1 mM KH₂PO₄, 5.3 mM KCl,, 1.8 mM 162 CaCl₂, 0.8 mM MgSO₄, 10 mM HEPES, 11 mM D-glucose and adjusted to pH 7.4 (excepted 163 for MATE transporter assays, for which pH was adjusted to 8.4) (Chedik et al., 2017). Cellular 164 accumulation or retention of fluorescent reference substrates was determined by 165 spectrofluorimetry using an EnSpire[®] spectrofluorometer (PerkinElmer), whereas cellular 166 accumulation of radiolabeled substrates was analyzed by scintillation counting using a Tri-167 Carb[©] 2910TR analyzer (PerkinElmer). The results were finally normalized to cellular protein 168 content, determined by the Bradford method (Bradford, 1976). 169

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):

173 For SLC transporters:

174 Transporter activity (%)

175
$$= \frac{\left(\left[Substrate_{SDHI}\right] - \left[Substrate_{Reference inhibitor}\right]\right) \times 100}{\left[Substrate_{Control} - Substrate_{Reference inhibitor}\right]}$$
(A)

176 For ABC transporters:

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

178

with $[Substrate_{SDHI}] =$ cellular concentration of the reference substrate incubated in the 179 presence of one SDHI, $[Substrate_{Reference inhibitor}] = cellular concentration of the reference$ 180 substrate incubated with the reference inhibitor and $[Substrate_{Control}] = cellular concentration$ 181 of the reference substrate in control cells not incubated with SDHIs or the reference inhibitor. 182 The percentage of inhibition of transporter activity by SDHI was as following: 183 Transporter activity inhibition (%) = 100% - transporter activity (%) (C) 184 185 with transporter activity (%) determined as described in equation (A) (for SLC transporters) or equation (B) (for ABC transporters). 186 The half maximal inhibitory concentration (IC₅₀) values of SDHIs towards transporter 187 activities were determined from nonlinear regression of concentration-response data based on 188 the four-parameter logistic function. They were calculated using the Prism 8.3 software 189 (GraphPad, San Diego, CA, USA), through the following equation: 190

191
$$A = \frac{100}{1+10^{([I] - \log(IC50))x \text{ Hill slope}}} \quad (D)$$

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

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

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

with SDHI IC₅₀ value experimentally determined as described in equation (D), S = 6-CF concentration in the transport assay medium (10 μ M) and K_m = Michaelis constant for transport of 6-CF by OAT3 (K_m = 10.7 μ M) (Zou et al., 2021).

201 2.4. *Chemical combination assays*

The fungicide SDHI bixafen and the fungicide prothioconazole (belonging to the 202 chemical class of triazolinthiones) are frequently used together in commercial formulations, as 203 notably reported by the French Agency for Food, Environmental and Occupational Health & 204 Safety (ANSES) (https://ephy.anses.fr/). Their combined effects towards OAT3 activity were 205 206 therefore investigated through median drug effect analysis, as previously described (Chou, 2006). For this purpose, combinations of bixafen and prothioconazole were tested on OAT3-207 mediated transport of 6-CF, using serial dilutions with several concentration points below and 208 above the IC₅₀ values of each fungicide used as a single chemical. The ratio of the two chemicals 209 in these combinations was chosen based on their respective IC₅₀ values (Chou, 2010) and was 210 fixed at 3:1 (Bixafen:Prothioconazole). Experimental data from combined and individual 211 chemical effects towards OAT3 activity were finally processed using the CompuSyn program 212 (ComboSyn, Inc., Paramus, New Jersey, USA), enabling calculation of the combination index 213 214 (CI) values according to the following equation (Zhao et al., 2004):

215
$$CI = \frac{C_{Bixafen/mixture}}{C_{Bixafen}} + \frac{C_{Prothioconazole/mixture}}{C_{Prothioconazole}}$$
(F)

where C_{Bixafen/mixture} and C_{Prothioconazole/mixture} are the concentrations of bixafen and
prothioconazole used in combination to achieve x % percentage of OAT3 activity inhibition

- and C_{Bixafen} and C_{Prothioconazole} are the concentrations of individual substances achieving the same efficacy. Combination effects were considered as synergistic when CI < 0.8, as additive when $0.8 \le CI \le 1.2$ and as antagonistic when CI > 1.2 (Bijnsdorp et al., 2011).
- 221 2.5. Transporter trans-stimulation assays

222 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 223 (Apiwattanakul et al., 1999; Sayyed et al., 2017). For these trans-stimulation assays, HEK-224 OAT3 cells were first incubated with 1 mM glutaric acid or various concentrations of SDHIs 225 for 15 min at 37 °C. After washing with phosphate-buffered saline (PBS), cells were next re-226 incubated with 10 µM 6-CF for 5 min at 37 °C in the transport assay medium described above. 227 Intracellular accumulation of the fluorescent dye was finally determined by spectrofluorimetric, 228 using excitation and emission wavelengths shown in Table S1. Data were expressed as 229 percentages of 6-CF accumulation found in control cells not exposed to glutaric acid or SDHIs. 230

231

2.6. SDHI accumulation assays

HEK-MOCK and HEK-OAT3 cells were incubated for 5 min at 37°C with 10 µM SDHI 232 or the reference OAT3 substrate 6-CF, in the transporter assay medium described above, and in 233 the absence (control) or presence of 2 mM probenecid used here as a reference OAT3 inhibitor. 234 Cells were next washed twice with ice-cold PBS and lysed in distilled water. Cellular proteins 235 were next precipitated using 50 % (vol/vol) acetonitrile. After 2 h centrifugation at 4500 rcf and 236 4°C, supernatants were collected, diluted (1:1) in an aqueous solution of the internal standard 237 (caffeine) with 0.1% formic acid, and analysed using a liquid chromatography-tandem mass 238 239 spectroscopy (LC-MS/MS) system. This system corresponds to a high-performance LC Aria system (Agilent, Les Ulis, France), equipped with a Kromasyl C18 (4.6×150 mm) column 240 (Interchim, Montluçon, France) and coupled to a tandem mass spectrometry TSQ Quantum 241

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.

246

2.7. Molecular descriptor generation

274 molecular descriptors belonging to the blocks "constitutional indices" (n = 47), 247 "geometrical descriptors" (n = 38), "functional group counts" (n = 154), "charge descriptors" 248 (n = 15) and "molecular properties" (n = 20) were determined for SDHIs using the Dragon 7.0 249 software (Kode Chemoinformatics, Pisa, Italy) (See https://chm.kode-solutions.net/ 250 products_dragon_descriptors.php for a complete list of these descriptors). SDHIs, initially 251 expressed in SMILES format using the PubChem website (https://pubchem.ncbi.nlm.nih.gov/), 252 were converted to 3D format using the MarvinView software (ChemAxon, Budapest, Hungary) 253 before processing by the Dragon 7.0 software to obtain molecular descriptors. 254

255 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 256 data using the criteria defined by the International Transporter Consortium (ITC) (Giacomini 257 258 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 259 plasma concentration of chemicals $(I_{max,u})/IC_{50}$ towards activity ≥ 0.1 . Because data about 260 human pharmacokinetics of SDHIs are currently not available, Imax,u values for SDHIs were 261 evaluated through considering the acceptable daily intake (ADI) values for SDHIs provided by 262 the European Food Safety Authority (EFSA, https://www.efsa.europa.eu/fr), as previously 263 described (Bénit et al., 2019; d'Hose et al., 2021). Briefly, ADIs permitted to calculate the 264 maximal theoretical doses of SDHIs ingested at once by a 70 kg-weighing subject for 24 h. 265

These ingested doses were considered to be fully absorbed and distributed into the standard 266 volume (5 L) of blood for the subjects, allowing thus to determine the maximal total blood 267 concentrations of SDHI (Imax), as the ratio "ingested dose/blood volume". The Imax, u values are 268 next calculated after taking into account the unbound plasma fractions of SDHIs, predicted in 269 silico using the online tool Admetlab2.0 (https://admetmesh.scbdd.com/). With respect to the 270 P-gp and BCRP expressed at the brush-border membrane of enterocytes, it can be predicted that 271 they are inhibited in vivo by luminal gut concentrations of xenobiotics if the ratio luminal gut 272 concentration $(I_{gut})/IC_{50} \ge 10$. I_{gut} is defined by the ratio "orally ingested dose/250 mL" 273 according to the ITC (Giacomini et al., 2010), with the orally ingested dose calculated as 274 described above. 275

276 2.9. *Statistical analysis*

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_i values was performed using the Student's *t*-test. The criterion of significance for statistical tests was p < 0.05.

- 284
- 285 **3. Results**
- 286

3.1. Effects of SDHIs towards drug transporter activities

The concentration of SDHIs initially tested towards transporter activities was 10 μ M, in the range of those previously used in SDHI studies with cultured cells (Bénit et al., 2019; d'Hose et al., 2021). Data related to inhibition of SLC and ABC transporters by this 10 μ 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 (p<0.05); inhibitions were ranked as strong, moderate or weak when transporter inhibition 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
strong inhibitor (Fig. 1).



302

Fig. 1. Effects of 10 µM SDHIs on activities of SLC transporters handling organic cations 303 (OCTs and MATEs). Transporter substrates are ASP^+ (for OCTs) and $[^3H]$ -MPP (For MATEs). 304 Data are expressed as % of transporter activity found in control cells not exposed to SDHIs, 305 arbitrarily set at 100 % and indicated by dashed lines on the graphs. SDHIs inhibiting 306 transporter activity (p < 0.05) are defined as strong inhibitors (transporter inhibition $\% \ge$ 307 66.6%, represented by red histograms), moderate inhibitors (50 $\% \leq$ transporter inhibition %308 < 66.6%, represented by orange histograms) or weak inhibitors (transporter inhibition % <309 310 50%, represented by grey histograms); SDHIs not inhibiting transporter activity ($p \ge 0.05$)

311 correspond to white histograms. Data are the means \pm SEM of at least three independent 312 experiments.

313

For SLCs handling organic anions (Fig. 2), OATP1B1 activity was inhibited by 4/15 314 315 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 316 (benzovindiflupyr, bixafen, isofetamid, penflufen and pydiflumetofen) were weak inhibitors 317 whereas 2 SDHIs (isopyrazam and penthiopyrad) were moderate inhibitors (Fig. 2). Only 2/15 318 SDHIs decreased OAT1 activity, *i.e.*, benzovindiflupyr and pydiflumetofen, behaving as weak 319 inhibitors (Fig. 2). By contrast, OAT3 was inhibited by 12/15 SDHIs; one (fluopyram) was a 320 weak inhibitor, six (boscalid, flutolanil, isofetamid, isopyrazam, penflufen and penthiopyrad) 321 were moderate inhibitors and five (benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, 322 and sedaxane) were strong inhibitors (Fig. 2). 323

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 strong inhibitor.



328

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

330 (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).

332



333

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).

337

338 *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 as strong OAT3 inhibitors were found to act in a concentration-dependent manner, with IC₅₀

values ranging from 1.0 μ M (for sedaxane) to 3.9 μ M (for benzovindiflupyr) and K_i values from 0.5 μ M (for sedaxane) to 2.0 μ M (for benzovindiflupyr) (Table 1). These K_i values for SDHIs did not statistically differ from those reported for a set of 12 drugs inhibiting OAT3mediated transporter of 6-CF with high affinity (Zou et al., 2021) (Fig. S3). The OAT3 inhibitors pydiflumetofen and benzovindiflupyr also decreased activity of OCT2 and BCRP, respectively, in a concentration-dependent manner (IC₅₀ values of 2.0 and 3.9 μ M for OCT2 and BCRP inhibition) (Fig. S4).

Table 1. IC₅₀ and K_i values for SDHI-mediated inhibition of OAT3-mediated 6-CF transport.

SDHI	IC50 (µM)	Κi (μΜ)
Benzovindiflupyr	3.9	2.0
Bixafen	2.6	1.3
Fluxapyroxad	2.9	1.5
Pydiflumetofen	3.5	1.8
Sedaxane	1.0	0.5

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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 μ M 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).



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Fig. 4. Effects of SDHIs towards OAT3-mediated transport of the endogenous substrate E3S. 358 HEK-OAT3 cells were incubated with 4.09 nM $[^{3}H]$ -E3S for 5 min at 37°C in the absence 359 (control) or presence of various concentrations of benzovindiflupyr, bixafen, fluxapyroxad, 360 pydiflumetofen or sedaxane or of the reference OAT3 inhibitor probenecid. Intracellular 361 362 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 \pm SEM of at 363 least three independent experiments. *, p<0.05, **, p<0.01 and ***, p<0.001 when compared 364 to E3S accumulation in control cells. 365

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In order to investigate the physico-chemical structural requirements for OAT3 inhibition
by SDHIs, the percentages of OAT3 activity inhibition by the 15 SDHIs were next confronted
to the values of 274 SDHI molecular descriptors, through Spearman correlation analysis. 17
/274 molecular descriptors were found to be significantly either positively (n = 13) or negatively
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(n = 4) correlated with OAT3 inhibition (Table S4). Among these correlated descriptors, the 371 most significant ones, *i.e.*, those for which p < 0.005 and Spearman rank correlation coefficient 372 $(r_s) \ge 0.7$, belong to the blocks "functional group counts" (number of CHRX2/nCHRX2), 373 "geometrical descriptors" (quadrupole x-component value/weighted by Sanderson 374 electronegativity/QXXe or ionization potential/QXXi) and "constitutional indices" (sum of 375 atomic van der Waals volumes (scaled on Carbon atom)/Sv (Table S4). Lipophilicity 376 (Moriguchi octanol-water partition coeff. (logP)/MLOGP) is also positively correlated with 377 OAT3 inhibition (Table S4). By contrast, the molecular weight/MW, the number of donor 378 atoms for H-bonds (N and O)/nHDon, the number of acceptor atoms for H-bonds 379 (N,O,F)/nHAcc, the number of rotatable bonds/RBN and the topological polar surface area 380 using N,O,S,P polar contributions/TPSA(Tot) were not correlated to OAT3 inhibition (data not 381 382 shown).

We next investigated whether inhibitions of OAT3 and human SDH by SDHIs may be correlated. This was performed with 8 SDHIs for which IC₅₀ values towards human SDH are available (Bénit et al., 2019). As shown in Fig. S6, IC₅₀ values for human SDH were found to 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 IC₅₀ 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).

390 SDHIs are commonly used in association with fungicides belonging to other chemical 391 class. It is notably the case for bixafen, associated with prothioconazole in commercial 392 formulations. The effect of the mixture bixafen/prothioconazole on OAT3 activity is 393 consequently likely important to consider, especially since prothioconazole acts by itself as an 394 OAT3 inhibitor (Fig. S4). For this purpose, we have characterized the effects of the mixture 395 towards OAT3 activity through calculating CI using the CompuSyn software. As indicated in

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

398 *3.3. Transport of SDHIs by OAT3*

To determine whether SDHIs that strongly interact with OAT3, *i.e.*, benzovindiflupyr, 399 bixafen, fluxapyroxad, pydiflumetofen, and sedaxane, may be substrates for this SLC, trans-400 stimulation assays were first performed because substrates are presumed to trans-stimulate 401 transporter activity (Lefèvre et al., 2021; Sayyed et al., 2017). The SDHIs, used at various 402 concentrations (1-50 µM), however failed to trans-stimulate OAT3 activity, but rather trans-403 404 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 405 uptake of the reference OAT3 substrate 6-CF (Fig. S7). 406

SDHI accumulation assays were next performed in HEK-OAT3 cells and control HEK-407 MOCK cells, in the absence or presence of the reference OAT3 inhibitor probenecid. HEK-408 OAT3 and HEK-MOCK cells similarly accumulated benzovindiflupyr, bixafen, fluxapyroxad, 409 pydiflumetofen, and sedaxane, without any significant effect of probenecid (Fig. 5), thus ruling 410 out the hypothesis of an OAT3 contribution to their cellular uptake. By contrast, HEK-OAT3 411 412 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. 413 5). This demonstrated that OAT3 was fully functional in HEK-OAT3 cells. 414

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

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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* IC₅₀ 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-
- intestinal (Table S6) and intestinal (Table S7) level when applying criteria from the ITC.
- 446 Table 2: Prediction of *in vivo* inhibition of OAT3 activity by SDHIs^a
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SDHI	ADI (mg/kg/day)	Approximated Imax ^b	F_u^c	I _{max. u} d	IC ₅₀ for OAT3	Ratio I _{max.u} /IC ₅₀	Predicted <i>in</i> vivo inhibition
Benzovindiflupyr	0.05	1.76 µM	0.015	0.03	3.9 µM	0.0077	No inhibition
Bixafen	0.02	0.68 µM	0.015	0.01	2.6 µM	0.0038	No inhibition
Fluxapyroxad	0.02	0.73 μM	0.018	0.01	2.9 µM	0.0034	No inhibition
Pydiflumetofen	0.09	2.95 μM	0.016	0.05	3.5 µM	0.014	No inhibition
Sedaxane	0.11	4.88 μM	0.028	0.13	1.0 µM	0.137	Inhibition

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

449 ^b defined as the maximum plasma concentration.

450 ^c 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.

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 μ M 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

467 3/15 and 5/15 SDHIs weakly inhibited them, respectively (Table S3). However, it is noteworthy 468 that some transporters such as P-gp, MRPs, OCT1 were not affected at all by SDHIs, or only 469 marginally (OAT1, weakly inhibited by 2/15 SDHIs). This indicates that drug transporters are 470 not general targets for SDHIs, as already demonstrated for other environmental pollutants like 471 carbamate pesticides and organophosphate flame retardants (Guéniche et al., 2020b; Tastet et 472 al., 2023b). This rules out the hypothesis that the inhibitions of transporter activities in response 473 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 474 S3). The most "active" SDHIs, *i.e.*, those inhibiting the greater number of transporters, were 475 benzovindiflupyr and pydiflumetofen (each inhibiting 7/11 transporters) and bixafen and 476 isopyrazam (each inhibiting 6/11 transporters). By contrast, thifluzamide and carboxin poorly 477 interact with drug transporters, with only 1/11 transporters, *i.e.*, MATE1, impacted in a weak 478 manner (Table S3). This indicates that interactions with transporters are not shared by all the 479 members of a chemical or pharmacological class of xenobiotics, as already described for 480 organophosphate flame retardants and bisphenols (Bruyere et al., 2017; Tastet et al., 2023b). 481

The potential toxic consequences of the inhibition of drug transporter activities by SDHIs 482 483 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 484 interactions, could be suspected. This could at first concern "victims" drugs substrates for 485 486 OAT3, or also for OCT2 or BCRP, which are strongly inhibited by some SDHIs, with IC50 values in the 1.0-3.9 µM range. In this context, a wide range of structurally- and 487 pharmacologically-diverse compounds may have to be considered. This includes, for OAT3, 488 antibiotics, especially β -lactams and cephalosporins, histamine H2 receptor antagonists, 489 diuretics, non-steroidal anti-inflammatory drugs (NSAIDs), statins, uricosurics and 490 methotrexate (Burckhardt, 2012), for OCT2, metformin and cisplatin (Koepsell, 2021), and for 491

BCRP, anticancer drugs and statins (Mao and Unadkat, 2015). Renal secretion of drugs may be 492 particularly impacted due to the fact that some SDHIs inhibit various transporters expressed in 493 the kidney. It is notably the case for pydiflumetofen, targeting diverse renal transporters, 494 especially OAT3 and OCT2, but also OAT1, MATE1, MATE2-K and BCRP (Table S3). 495 However, these putative transporter-based pollutant-drug interactions have not been clinically 496 reported, according to the best of our knowledge. In addition to impairing transport of drugs, 497 that of endogenous substrates could also be impacted, which could contribute to potential toxic 498 effects of SDHIs. The fact that several SDHIs markedly reduced the uptake of the OAT3 499 substrate E3S, as well as the inhibition of OCT2-mediated transport of dopamine by 500 501 pydiflumetofen, fully support this hypothesis. The strong inhibition of renal OAT3 activity by benzovindiflupyr, pydiflumetofen, sedaxane, fluxapyroxad and bixafen likely deserves special 502 attention, due to the important physiological roles of this transporter in the kidney and beyond 503 504 the kidney (Jamshidi and Nigam, 2022). OAT3 transports hormones, like E3S, and also many metabolites, components of distinct biochemical and signaling pathways, including those 505 involving amino acids, lipids, bile acids, uremic toxins and gut microbiome-derived products 506 (Nigam et al., 2020). Inhibition of OAT3 activity is therefore susceptible to have various 507 metabolic consequences, including at systemic level and at the gut-liver-kidney axis, to which 508 509 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 510 and fumarate exhibit much lower affinities (Kaufhold et al., 2011). Inhibition of SDH as well 511 512 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 513 OAT3 activity by SDHIs was correlated to their SDH inhibition potential (Fig. S6) further 514 strengthens this hypothesis. Mammalian metabolic networks are nevertheless considered as 515

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

The possible deleterious effects of SDHIs-mediated inhibitions of transporters, especially 518 519 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 520 criteria from the ITC (Giacomini et al., 2010). Because SDHI pharmacokinetics data are 521 currently lacking in humans, we have estimated maximal blood and intestinal levels of SDHIs 522 from their ADI values. OAT3 was predicted to be potentially *in vivo* inhibited by sedaxane in 523 response to its ADI value. This suggests that OAT3 could represent an effective target for 524 humans exposed to sedaxane and that special interest to this SDHI could be warranted. In this 525 context, it is noteworthy that the K_i value for OAT3 inhibition by sedaxane is low ($K_i = 1.0 \mu M$) 526 and similar to that reported for probenecid ($K_i = 1.25 \mu M$) (Zou et al., 2021). This indicates 527 that sedaxane may be as effective as probenecid for inhibiting OAT3. Because probenecid is 528 well known to *in vivo* impair OAT3-mediated renal secretion of benzylpenicillin or furosemide 529 530 (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 OAT3-531 mediated transport of benzylpenicillin or furosemide by sedaxane and in vivo assays, are 532 however likely required to confirm this hypothesis. By contrast, sedaxane is unlikely to target 533 the renal elimination of antivirals because these drugs are primarily transported rather by OAT1 534 than by OAT3 (Burckhardt and Burckhardt, 2011). Unlike sedaxane, other SDHIs behaving as 535 strong in vitro inhibitors of OAT3, OCT2 or BCRP were not predicted to block in vivo these 536 transporters. This conclusion may nevertheless be challenged by the fact that humans are 537 538 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 539 or synergistic, as demonstrated for marine pollutants inhibiting P-gp activity (Nicklisch et al., 540

541 2016) and for the combination bixafen/prothioconazole analyzed in the present study towards542 OAT3 activity (Table S5).

Although strongly interacting with OAT3, benzovindiflupyr, bixafen, fluxapyroxad, 543 544 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 545 probenecid on their cellular uptake in HEK-OAT3 cells and their lack of trans-stimulating 546 effects towards OAT3 activity. Human membrane transporters that could handle SDHIs have 547 therefore to be identified, which would likely deserve further studies. Transporters of 548 nucleobases such as sodium-dependent nucleobase transporter (SNBT) 1 (SLC23A4), 549 equilibrative nucleoside transporter (ENT) 1 (SLC29A1), ENT2 (SLC29A2) and equilibrative 550 nucleobase transporter (ENBT) 1) (SLC43A3) (Inoue, 2017) may represent promising 551 candidates, because multiple nucleobase transporters contribute to boscalid uptake and 552 sensitivity in Aspergillus nidulans (Kalampokis et al., 2018). The possible contribution of 553 passive transport of SDHIs across membranes has also to be considered, notably in relationship 554 555 with the rather hydrophobic nature of SDHIs (Bouillaud, 2023).

The mechanism by which SDHIs block activities of transporters, notably that of OAT3, 556 557 remains to be characterized. Direct physical interactions of SDHIs with transporters is likely, as for drugs inhibiting transporters (Wigler and Patterson, 1993). The estimated K_i values for 558 SDHIs-mediating inhibition of OAT3 activity are rather low and in the range of those reported 559 for 12 drugs acting as potent inhibitors of OAT3 (Zou et al., 2021). This suggests that SDHIs 560 also behave as high-affinity inhibitors for OAT3. Because benzovindiflupyr, bixafen, 561 fluxapyroxad, pydiflumetofen, and sedaxane are not substrates for OAT3, they probably 562 interact with the transporter outside of its drug binding site or may alternatively bind to it 563 without being transported. In this context, it is noteworthy that these SDHIs not only cis-564 inhibited OAT3 activity (Fig. 2), but also trans-inhibited it (Fig. S7). This indicates that these 565

agrochemicals block OAT3 activity extracellularly (cis-inhibition) and intracellularly (trans-566 inhibition). Similar *cis*-inhibition and *trans*-inhibition have also been reported for other SLC 567 inhibitions, including cyclosporin A-mediated inhibition of OATP1B1 (Izumi et al., 2022) and 568 taurolithocholic acid-mediated inhibition of the sodium-taurocholate co-transporting 569 polypeptide (NTCP/SLC10A1) (Lowjaga et al., 2021). With respect to molecular characteristics 570 supporting OAT3 inhibition by SDHIs, lipophilicity (MLOGP) as well as the volume (Sv) or 571 the number of CHRX2 group (nCHRX2) appear to be significant ones. Lipophilicity, but not 572 volume, has already been shown to represent a molecular descriptor allowing to discriminate 573 between OAT3 inhibitors and non-inhibitors from a clinical drug library (Duan et al., 2012). 574 Finally, it is noteworthy that, although OAT1 and OAT3 exhibit nearby functional properties 575 (Burckhardt, 2012; Emami Riedmaier et al., 2012), SDHIs appear to be strong inhibitors of 576 OAT3, but not of OAT1. Such a difference with respect to OAT1/OAT3 inhibition profiles has 577 also been reported for drugs (Duan et al., 2012). This justifies to consider separately OAT1 and 578 OAT3 with respect to inhibition studies. 579

580 5. Conclusions

The current work demonstrates that various SDHIs inhibit activities of important human 581 582 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, 583 the renal transporter OAT3 is likely a major one, strongly inhibited in vitro by 5/15 SDHIs, i.e., 584 benzovindiflupyr, bixafen, fluxapyroxad, pydiflumetofen, and sedaxane, which, however, were 585 not substrates. Moreover, OAT3 inhibition by sedaxane was predicted to occur in vivo, in 586 response to exposure to its ADI value. These inhibitions of transporter activities are susceptible 587 to have consequences, notably with respect to SDHI-drug interactions or to levels of 588 endogenous compounds and/or metabolites substrates for the incriminated transporters. This 589 could contribute to putative toxic effects of these fungicides towards human health, which, 590

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

593 fully deciphering the potential effects of SDHIs towards human health.

594 **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.

602 Declaration of Competing Interest

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

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Journal Prevention

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 ٠
- The SDHI sedaxane was predicted to in vivo inhibit human OAT3 activity •
- Drug transporters, especially OAT3, appear as new molecular human targets for SDHIs •

Declaration of interests

☑ 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.

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

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