

Supplementary data

Figure 1. Cellular accumulation of ICG and Bodipy-verapamil in MDCK-MDR1 (MDR1) and MDCK-CT (CT) cells. Shown is the cell protein concentration-normalized NIR fluorescence of 1 μ M ICG (A) or 1 μ M Bodipy-verapamil (B) in the presence and the absence of the MRPs and MDR1 inhibitors MK-571 (50 μ M) and cyclosporine A (CsA; 10 μ M), respectively, following 1 h incubation. Results in A and B are presented as means \pm SD. au, arbitrary units. A. ^a Significantly different from DMSO-treated cells, $P < 0.01$; ^b significantly different from DMSO-treated cells, $P < 0.05$. B. ^a Significantly different from DMSO-treated and from MK-571-treated cells, $P < 0.01$.

Fig. 2. Scatter chart of bidirectional ICG transfer (present as percent of initial ICG concentration in the donor side) in DMSO-treated MDCK-MDR1 cells (A), verapamil-treated MDCK-MDR1 cells (B), and MDCK-CT cells (C). Results are presented as means \pm SEM.

Figure 3. Membrane ATPase studies with ICG. ATPase activity was evaluated in P-gp, BCRP and MRP2 membranes. Values represent the mean \pm SD of individual experiments, in duplicates, as suggested by the ATPase activity kit manufacturer.

Figure 4. Cellular accumulation of ICG and Bodipy-prazosin in MDCK-BCRP (BCRP) and MDCK control cells (CT). A. Cell protein concentration-normalized NIR fluorescence of 1 μ M ICG in MDCK-BCRP and MDCK-CT cells in the presence and the absence of the BCRP inhibitor fumitremorgin C (FTC; 10 μ M) following 1 h incubation. B. Bodipy-prazosin accumulation under the conditions described for ICG. C. BCRP protein concentrations in MDCK-BCRP cells and in MDCK control cells. Also shown is the concentration of the reference protein β -actin. Results in A and B are presented as means \pm SD. au, arbitrary units. ^a

Significantly different from MDCK control cells, $P < 0.01$; ^b Significantly different from DMSO-treated cells, $P < 0.01$.

Fig. 1

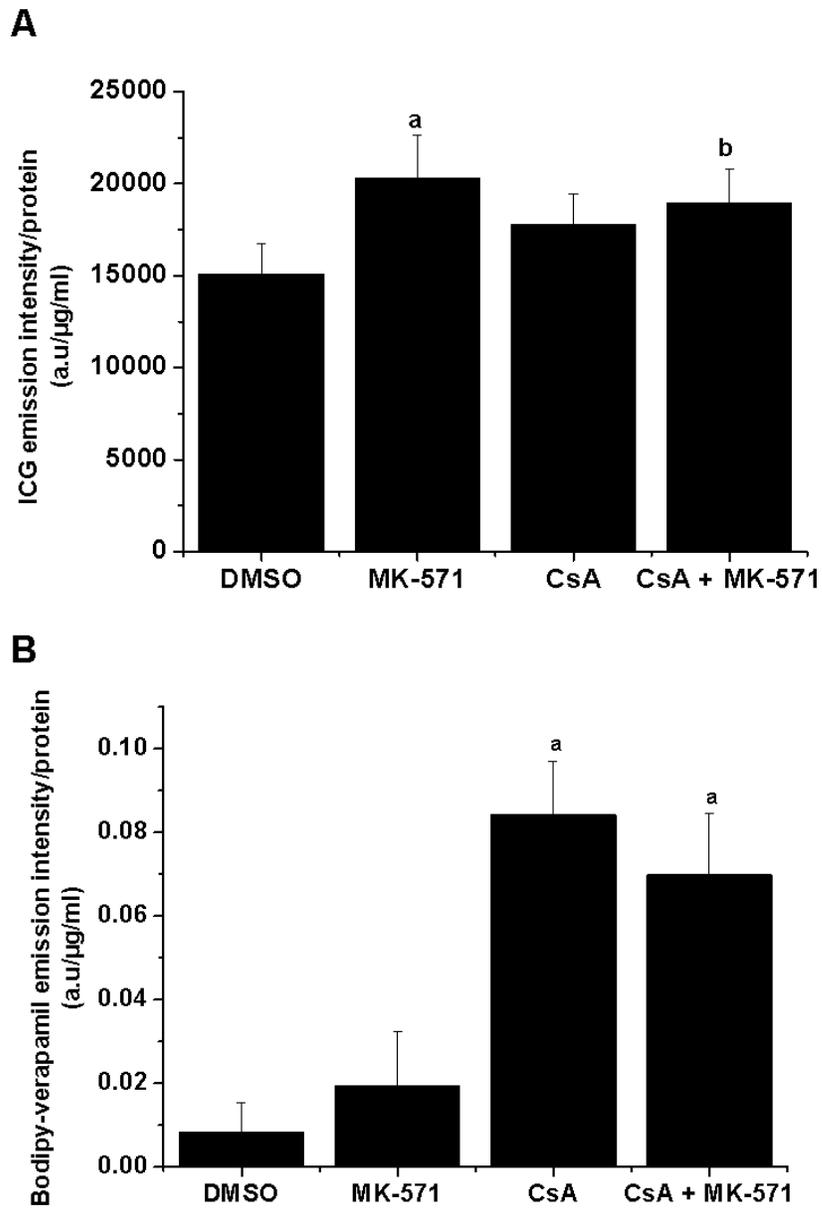


Fig. 2

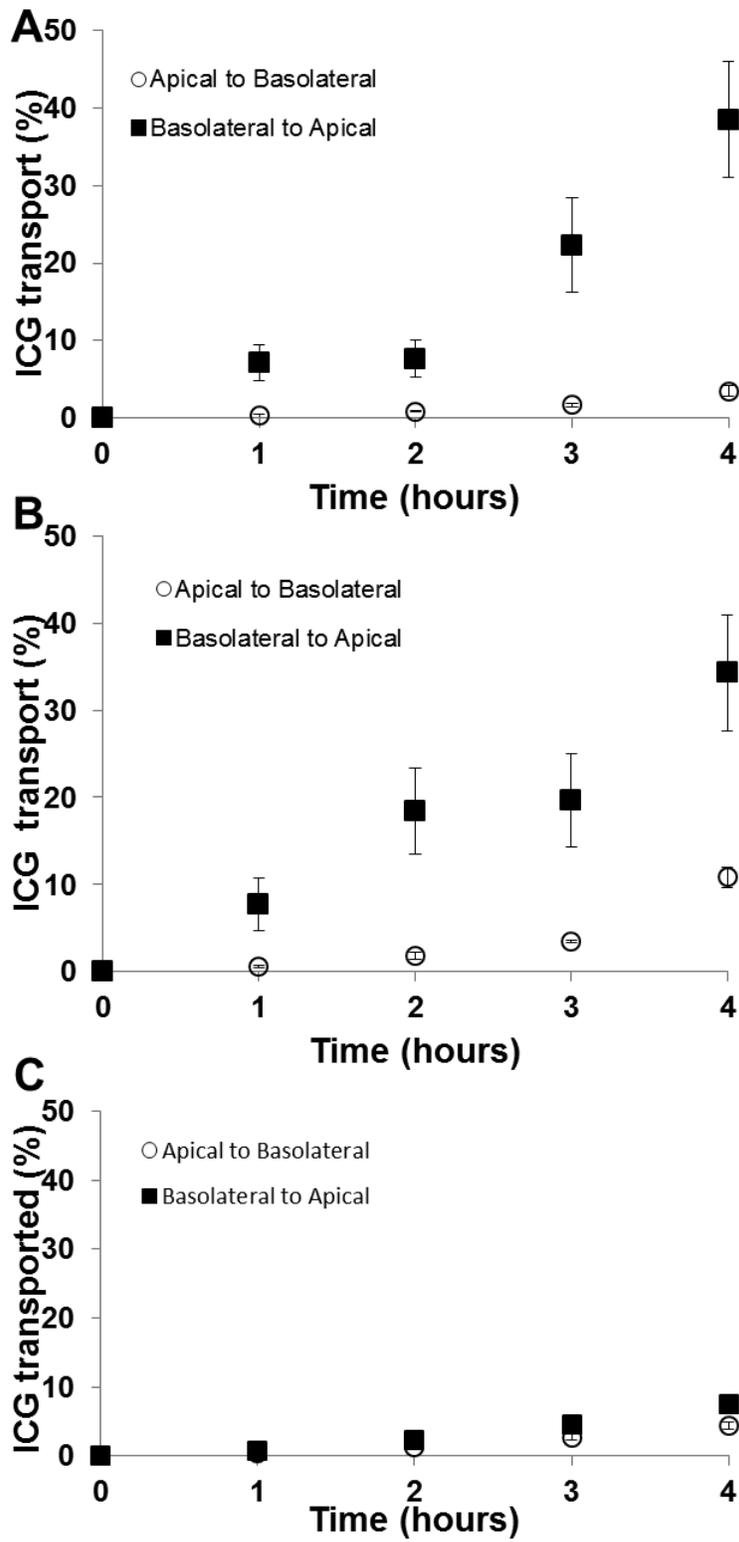


Fig. 3

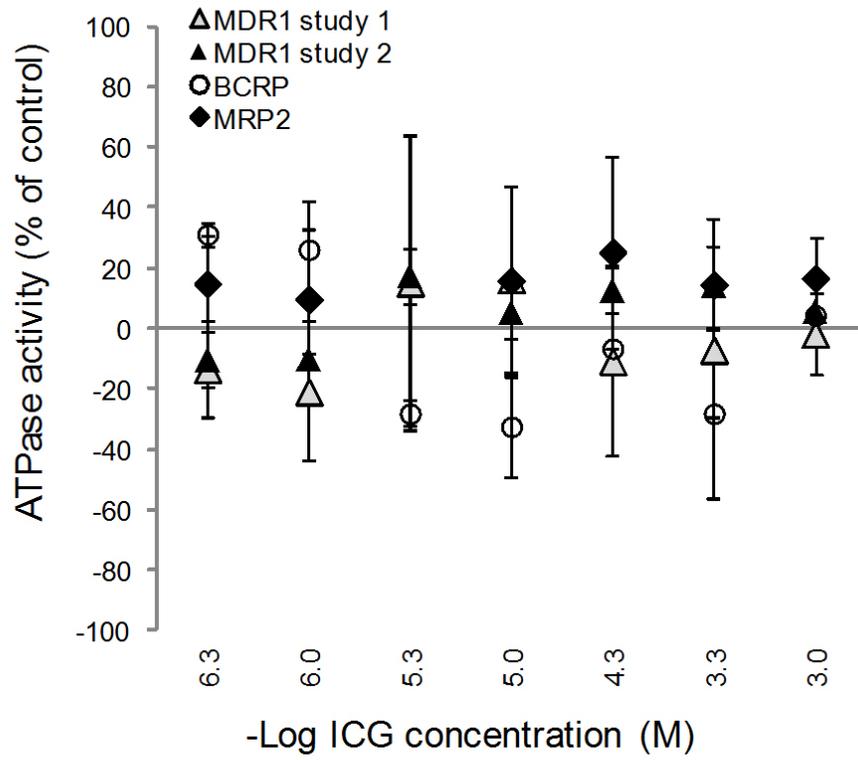


Fig. 4

