

Na⁺, K⁺, Cl⁻ Cotransport and its Regulation in Ehrlich Ascites Tumor Cells. Ca²⁺/Calmodulin and Protein Kinase C Dependent Pathways

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Summary. Net Cl⁻ uptake as well as unidirectional ³⁶Cl influx during regulatory volume increase (RVI) require external K⁺. Half-maximal rate of bumetanide-sensitive ³⁶Cl uptake is attained at about 3.3 mM external K⁺. The bumetanide-sensitive K⁺ influx found during RVI is strongly dependent on both Na⁺ and Cl⁻. The bumetanide-sensitive unidirectional Na⁺ influx during RVI is dependent on K⁺ as well as on Cl⁻. The cotransporter activated during RVI in Ehrlich cells, therefore, seems to transport Na⁺, K⁺ and Cl⁻. In the presence of ouabain and Ba²⁺ the stoichiometry of the bumetanide-sensitive net fluxes can be measured at 1.0 Na⁺, 0.8 K⁺, 2.0 Cl⁻ or approximately 1: Na, 1: K, 2: Cl. Under these circumstances the K⁺ and Cl⁻ flux ratios (influx/efflux) for the bumetanide-sensitive component were estimated at 1.34 ± 0.08 and 1.82 ± 0.15 which should be compared to the gradient for the Na⁺, K⁺, 2Cl⁻ cotransport system at 1.75 ± 0.24.

Addition of sucrose to hypertonicity causes the Ehrlich cells to shrink with no signs of RVI, whereas shrinkage with hypertonic standard medium (all extracellular ion concentrations increased) results in a RVI response towards the original cell volume. Under both conditions a bumetanide-sensitive unidirectional K⁺ influx is activated. During hypotonic conditions a small bumetanide-sensitive K⁺ influx is observed, indicating that the cotransport system is already activated.

The cotransport is activated 10–15 fold by bradykinin, an agonist which stimulates phospholipase C resulting in release of internal Ca²⁺ and activation of protein kinase C.

The anti-calmodulin drug pimozide inhibits most of the bumetanide-sensitive K⁺ influx during RVI. The cotransporter can be activated by the phorbol ester TPA. These results indicate that the stimulation of the Na⁺, K⁺, Cl⁻ cotransport involves both Ca²⁺/calmodulin and protein kinase C.

Key Words Na⁺, K⁺, Cl⁻ cotransport · cell volume regulation · bradykinin · Ca²⁺/calmodulin · protein kinase C · Ehrlich ascites tumor cells

Introduction

Following shrinkage in hypertonic (high NaCl) medium, a regulatory volume increase (RVI) can be observed in some tissues and cell types [e.g., *Amphiuma* red blood cells (Cala, 1980)]. Other cells, such

as Ehrlich ascites tumor cells, simply shrink as osmometers with no sign of volume recovery after addition of sucrose (*see* Hoffmann & Simonsen, 1989) or NaCl (Hempling, 1960; Levinson, 1991b). The same kind of behavior is shown by lymphocytes (Grinstein et al., 1984; *see* Rotin, Mason & Grinstein, 1991) and frog skin epithelial cells (Ussing, 1986) after addition of double-strength Ringer's solution. Nearly all cells, however, show a volume recovery when hypotonic pretreatment resulting in a net loss of KCl (the RVD response) is followed by restoration of tonicity. After the initial osmotic shrinkage the cells recover their volume with an associated KCl uptake. It is not clear why some cells show an RVI response only when the "RVD after RVI" protocol is applied. This conditioned RVI response has been called by Lewis and Donaldson (1990) "Pseudo-Regulatory Volume Increase." The main features of the RVD and the RVI response in Ehrlich ascites tumor cells have recently been reviewed (Hoffmann, Lambert & Simonsen, 1988; Hoffmann & Simonsen, 1989; Hoffmann, Simonsen & Lambert, 1992).

It was previously demonstrated that the primary process during the RVI response in Ehrlich cells is an activation of an otherwise quiescent bumetanide-sensitive Na⁺, Cl⁻ and/or Na⁺, K⁺, Cl⁻ cotransport system, with subsequent replacement of Na⁺ by K⁺ via the Na⁺/K⁺ pump, stimulated by the Na⁺ influx (Hoffmann, Sjøholm & Simonsen, 1983). The available evidence suggested involvement of Na⁺, Cl⁻ cotransport rather than Na⁺, K⁺, Cl⁻ cotransport.

In this investigation we present evidence that the Na⁺, K⁺, Cl⁻ cotransporter is involved in the RVI process in Ehrlich cells rather than Na⁺, Cl⁻ cotransport.

The actual mechanism of activation of the RVI response in osmotically shrunken cells is unknown.

In frog skin epithelial cells Ussing (1982) has proposed that reduced internal Cl⁻ may play a permissive role and modulate the response to cell shrinkage. A similar role has been suggested to be played by low internal Cl⁻ in the activation of the RVI response in lymphocytes (Grinstein, Clarke & Rothstein, 1983). In squid giant axons cell shrinkage at high external osmolarity has recently been reported to stimulate influx via the Na⁺, K⁺, Cl⁻ cotransporter by shifting the relationship between internal Cl⁻ concentration and influx via the cotransport system, and hence reduce inhibition of the cotransporter by internal Cl⁻ (Breitweiser, Altamirano & Russell, 1990).

In avian red cells cell shrinkage may influence the operation of the Na⁺, K⁺, Cl⁻ cotransport system by inducing a conformational change similar to that induced by cAMP (*see* Palfrey & Rao, 1983; Siebens, 1985), although pharmacologic evidence suggests that phosphorylation stimulated by shrinkage and by cAMP involve different protein kinases (Pewitt et al., 1990).

The cAMP level does not seem to play any role in the volume-sensitive cotransport in Ehrlich cells (Geck & Pfeiffer, 1985). Theophylline and other alkylxanthines have been reported to inhibit the furosemide-sensitive cotransport in Ehrlich cells, presumably by reducing the critical cell volume above which the cotransport system becomes quiescent. The cotransport inhibition by these drugs is not mediated by cAMP or cGMP (Geck & Pfeiffer, 1985).

The role of cAMP in the regulation of the Na⁺, K⁺, Cl⁻ cotransport system is ambiguous. Apart from avian red cells (*see above*) cAMP stimulates the cotransport system in cultured myocardial cells from chicken (Liu et al., 1989) and in epithelia such as shark rectal gland (Silva et al., 1984), canine airway epithelia (Haas, Johnson & Boucher, 1990), and intestinal epithelial cell lines (Mandel, Dharmasathaphorn & McRoberts, 1986; Kim et al., 1988), whereas cAMP inhibits the cotransport system in vascular smooth muscle cells (Smith & Smith, 1987), vascular endothelial cells (Brock et al., 1986), fibroblasts (Owen & Prastein, 1985), human erythrocytes (Garay, 1982), and ferret red cells (Mercer & Hoffman, 1985). As discussed previously, there is evidence that cAMP may convert K⁺-independent Na⁺, Cl⁻ cotransport into K⁺-dependent Na⁺, K⁺, Cl⁻ cotransport in mouse medullary thick ascending limb cells (Sun et al., 1991).

cGMP has also been implicated in the regulation of the Na⁺, K⁺, Cl⁻ cotransporter. The cotransporter is stimulated by cGMP in vascular smooth muscle cells (O'Donnell & Owen, 1986), but inhibited in endothelial cells (O'Donnell, 1989) and in HeLa cells (Kort & Koch, 1990).

Ca²⁺/calmodulin and protein kinase C have also been assigned a role in the activation of the Na⁺, K⁺, Cl⁻ cotransporter (for review, *see e.g.*, Haas, 1989). In the present investigation the involvement of these two regulatory systems in the activation of the Na⁺, K⁺, Cl⁻ cotransport will be elucidated. Whether the signal transduction pathway by which hypertonicity stimulates the Na⁺, K⁺, Cl⁻ cotransporter may occur via a Ca²⁺/calmodulin-dependent mechanism and/or via protein kinase C is also investigated. Some of the present data have been presented in abstract form (Jensen & Hoffmann, 1990; Jensen, Jessen & Hoffmann, 1992).

Materials and Methods

CELL SUSPENSION

Ehrlich ascites tumor cells (hyperdiploid strain) were maintained in white NMRI mice by weekly intraperitoneal transplantation. Each third week the cells to be transplanted were washed in standard incubation medium prior to implantation. This wash prevented transfer of an eventual infection together with the tumor cells. Cells were harvested from sacrificed mice and washed with standard medium by centrifugation as described previously (*see* Hoffmann, Lambert & Simonsen, 1986). The washed cells were suspended at 8% cytocrit in standard medium, which contained (mM): 150 Na⁺, 5 K⁺, 1 Mg²⁺, 1 Ca²⁺, 150 Cl⁻, 1 SO₄²⁻, 1 HPO₄²⁻, 3.3 MOPS (3-(N-morpholino) propane sulfonic acid), 3.3 TES (N-tris-(hydroxymethyl)methyl-2-aminoethane sulfonic acid), 5 HEPES (N-2-hydroxyethylpiperazine-N'-2-ethanesulfonic acid).

INCUBATION MEDIA

The following media were used: (A) Standard medium 300 mOsm (*see above*); (B) Hypotonic 225 mOsm and 150 mOsm saline solutions prepared by diluting the standard medium with distilled water containing MOPS, TES and HEPES in concentrations as in solution A, in order to lower both ion concentrations and total osmolarity; (C) Double-strength saline solution with double ion concentrations compared to solution A, but with the same buffer concentration; (D) Hypotonic or double-strength nitrate media were prepared by substituting the Na⁺, K⁺ and Ca²⁺ salts of NO₃⁻ for NaCl, KCl and CaCl₂, respectively; (E) Hypotonic or double-strength N-methyl-D-glucamineCl media (NMDGCl) where N-methyl-D-glucammonium was substituted for Na⁺. NMDGCl was prepared from a N-methyl-D-glucamine stock solution titrated with the equimolar amount of HCl; (F) Double-strength media, where NMDG⁺ was substituted for some or all of the K⁺, contained (mM): 219 Na⁺ 0–90 K⁺, 2 Mg²⁺, 2 Ca²⁺, 315 Cl⁻, 2 SO₄²⁻, 2 HPO₄²⁻, 11–101 NMDG⁺, 3.3 MOPS, 3.3 TES, 5 HEPES; (G) Double-strength and hypotonic media, where NaCl was substituted for KCl; (H) 600 mOsm sucrose.

REAGENTS

All reagents were analytical grade. Staurosporine, bradykinin, Fura-2-AM and 12-O-tetradecanoylphorbol 13-acetate (TPA) were obtained from Sigma, St. Louis, MO. Pimozide was a gift

from Lundbeck & Co., Copenhagen. Bumetanide was a gift from Dr. P. W. Feit. Bradykinin was added to the cell suspension from a 500 μM stock solution in ethanol, TPA from a 25 μM stock solution in ethanol, staurosporine from a 500 μM stock solution in dimethylsulfoxide (DMSO), pimozone from a 5 mM stock solution in ethanol and bumetanide from a 5 mM stock solution in ethanol. Fura-2-AM was added from a 1 mM stock solution in DMSO.

MEASUREMENTS OF ION CONTENT

Cells (1 ml cell suspension) were separated from the medium by centrifugation ($20,000 \times g$, 60 sec.) in preweighed vials. An aliquot of the supernatant was removed for determination of medium concentrations of Na⁺, K⁺, and Cl⁻. The pellet was lysed with distilled water, deproteinized with perchloric acid (PCA, final concentration 7%) and subsequently centrifuged ($20,000 \times g$, 10 min). The supernatant was used for determination of cellular Na⁺, K⁺, and Cl⁻ after correction for trapped extracellular medium, defined as ³H-inulin space as described previously (Hoffmann et al., 1983). The pellet was used for determination of cell dry weight after correction for the PCA content in the pellet. It was determined in separate experiments that the actual cell dry weight is 77% of the measured dry weight of the PCA precipitate (Lambert, Hoffmann & Jørgensen, 1989). Potassium and sodium were assessed by atomic absorption spectrophotometry (Perkin Elmer atomic absorption spectrophotometer, model 2380). Cl⁻ was determined by coulometric titration (CMT 10⁻Chloride titrator, Radiometer, Denmark).

The cellular ion concentrations are given as the concentration in cell water after correction for trapped volume (³H inulin space) in the cell pellets.

MEASUREMENTS OF CELL VOLUME

Cells were incubated in the standard incubation medium (cytocrit 8%). Samples (200 μl) of this suspension were diluted into 50 ml of standard medium, whereupon 50 ml experimental medium was added for determination of cell volume using a Coulter counter (model ZB equipped with a Coulter channelizer, model C-1000). The tube orifice was 100 μm . Calibration was carried out with latex beads (13.5 μm , Coulter Electronics, England).

POTASSIUM INFLUX MEASUREMENTS

1. Protocol

The unidirectional K⁺ influx was measured using ⁸⁶Rb (Risø, Denmark) as a tracer. Cells were preincubated 15–40 min in the actual incubation medium, except for cells that were pretreated with staurosporine (100 nM) which were preincubated for 40 min. The flux was initiated by mixing the cell suspension (cytocrit 8%) with 1/3 volume of experimental medium containing either ⁸⁶Rb (50,000 Bq/ml) or ⁸⁶Rb plus bumetanide (final concentration, 30 μM). Some aliquots received pimozone (120 μM) just prior to addition of experimental medium, whereas others received bradykinin (1 μM) or 12-O-tetradecanoylphorbol 13-acetate (TPA, 100 nM) with the experimental medium. The effect of staurosporine (100 nM) was examined after 40 min of preincubation before addition of the experimental medium. The cell suspensions were

incubated at 37°C, and samples were removed at intervals for separation of cells from the medium by ion exchange chromatography (Gasko et al., 1976, Garty, Rudy & Karlisch, 1983, Jessen et al., 1989). Briefly: cation exchange columns (Dowex 50, mesh 50–100, Fluka) were prepared in Pasteur pipettes (void volume, 700 μl). The resin was converted in bulk to the Tris form by washing the resin in distilled water followed by incubation overnight in a Tris solution near saturation. In the columns, the resin was washed with a solution containing sucrose (250 mM), MOPS (10 mM) and bovine serum albumin (BSA, fraction V; 1%, Sigma) brought to pH 7.4 with Tris. K⁺ and Rb⁺ readily exchanges with Tris, thereby enabling rapid removal of ⁸⁶Rb from the cell suspensions. BSA reduces binding of the cells to the column. Binding of cells was also prevented by preloading the columns with cells by flushing the column with a sample of the cell suspension just prior to the experiment. Samples (160 μl) of the cell suspension with tracer were applied to ice-cold columns at selected times and subsequently flushed with 1.5 ml of the sucrose/BSA solution. The cells emerged in the void volume in seconds, separated from bulk-phase ⁸⁶Rb. (When a sample containing ⁸⁶Rb without cells was applied to a column as described above, all radioactivity was retained in the column.) Unidirectional K⁺ influxes are presented as $\mu\text{mol/g}$ cell dry weight, calculated from the radioactivities of the cell lysates, the specific activities of the medium, and dry weight of the cell suspensions.

2. Protocol

The unidirectional ⁴²K (Risø, Denmark) during regulatory volume increase presented in Fig. 6 and Table 4 was measured by adding ⁴²K to the external medium and monitoring the cell ⁴²K activity with time in parallel with measurement of the ion content (*see above*).

CHLORIDE INFLUX MEASUREMENTS

1. Protocol

The unidirectional influx of Cl⁻ was assessed by ion exchange chromatography using ³⁶Cl (Amersham, England) as a tracer. The procedure was essentially as described for unidirectional K⁺ influx measurements except that the activity of ³⁶Cl was 40,000 Bq/ml and the resin was Dowex 2 (mesh 50–100, Sigma). The resin was first converted to the OH⁻ form with 1 N NaOH and then to the MOPS form by incubation overnight in a nearly saturated MOPS solution. Unidirectional Cl⁻ influxes are presented as $\mu\text{mol/g}$ protein, calculated from the radioactivities of the cell lysates, the specific activities of the medium, and cell protein content of the suspensions (Peterson, 1977).

2. Protocol

The unidirectional ³⁶Cl influx during regulatory volume increase presented in Fig. 6 and Table 4 was measured by adding ³⁶Cl to the external medium and monitoring the cell ³⁶Cl activity with time in parallel with measurement of the ion content (*see above*).

SODIUM INFLUX MEASUREMENTS

The unidirectional influx of ²²Na was assessed by ion exchange chromatography using ²²Na (Amersham, England) as a tracer. The procedure was essentially as described for unidirectional K⁺

influx measurements except that the activity of ²²Na was 40,000 Bq/ml.

FLUOROMETRIC MEASUREMENT OF INTRACELLULAR Ca²⁺

For intracellular Ca²⁺ concentrations 40 ml cell suspension (cytocrin 4%) in standard medium with 0.2% BSA was loaded with 40 μl 1 mM Fura-2-AM for 20 min at 37°C. The cells were washed once with standard medium and finally resuspended at a cytocrin of 5% in standard medium. The Fura-2 fluorescence measurements were performed on 3 ml suspension with a 0.5% cytocrin. Fluorometric measurements were performed in polystyrene cuvettes on a Perkin Elmer R 100A recorder and a Perkin Elmer CP 100 graphic printer. The temperature of the cuvette was thermostatically controlled and the cell suspension was continuously stirred by use of a Teflon-coated magnet, driven by a motor attached to the cuvette house.

The measurements were obtained by rapidly shifting the excitation monochromator between 340 nm and 380 nm, and measuring the emission constantly at 510 nm (see Grynkiewicz, Poenie & Tsien, 1985). At the end of each experiment the cell suspension is centrifuged and fluorescence of the extracellular medium is measured. This value is subtracted from all measurements. The free Ca²⁺ concentration was calculated from the measurements of the ratio of fluorescence intensities according to the equation:

$$[Ca^{2+}] = K_d \cdot ((R - R_{min}) / (R_{max} - R)) \cdot S_{380} / S_{340}$$

where K_d is the dissociation constant (0.135 μM, see Grynkiewicz et al., 1985) and R is the fluorescence ratio of 340 nm and 380 nm excitation. R_{max} and R_{min} are the equivalent fluorescence ratios of Fura-2 after addition of digitonin at saturating Ca²⁺ concentrations, and in nominally Ca²⁺-free medium (with 1 mM EGTA), respectively. S_{380} and S_{340} are proportionality coefficients, measured from the fluorescence intensity at 380 nm excitation using calibration solutions containing low concentrations of free Ca²⁺ and Ca²⁺ concentrations where the dye is saturated.

MEASUREMENTS OF RADIOACTIVITY

Radioactivity of cell lysates was determined by liquid scintillation counting (Packard TriCarb 460 C Liquid Scintillation System) using Ultima Gold™ (Packard) as scintillation fluid.

Results

REGULATORY VOLUME INCREASE

When Ehrlich ascites tumor cells are preincubated in a hypotonic medium for 15–40 min to reduce their intracellular ion content and then resuspended in an isotonic medium, the initial osmotic cell shrinkage is followed by a rapid volume increase back towards the original cell volume. This involves a net uptake of KCl followed by a concomitant water uptake

Table 1. Dependence on Na⁺, K⁺, and Cl⁻ of the "Regulatory Volume Increase" after hypertonic challenge

	Cell volume increase after hypertonic shock fl/min
Control	39 ± 2 (8)
Sodium free	-13 (2)
Potassium free	-49 (2)
Chloride free	-28 (2)

The cells were preincubated for 15–30 minutes in a hypotonic medium (150 mOsm). At time zero a sample of the cell suspension was diluted 500- to 1,500-fold in standard incubation medium and the cell volume was followed with time using a Coulter counter. Choline was substituted for Na⁺ in the Na⁺-free medium, NMDG⁺ was substituted for K⁺ in the K⁺-free medium and nitrate was substituted for Cl⁻ in the Cl⁻-free medium. The changes in cell volume are calculated from the values 0.5 and 4.5 min after the hypertonic challenge. The values are given as mean ± SEM with the number of experiments given in parentheses.

(Regulatory Volume Increase, RVI) (Hoffmann et al., 1983). Table 1 shows that the Ehrlich ascites tumor cells are unable to perform such RVI response in the absence of either Na⁺, K⁺ or Cl⁻. Table 1 shows further that Ehrlich cells, even after the initial osmotic shrinkage (time 0 to 0.5 min), continue to shrink in a Na⁺-free, K⁺-free, or Cl⁻-free medium.

The net uptake of Cl⁻ during RVI has previously been demonstrated to be strongly dependent on extracellular Na⁺, since no cellular Cl⁻ uptake could be demonstrated during RVI after substitution of extracellular Na⁺ with choline (Hoffmann et al., 1983).

The K⁺ dependence of the Cl⁻ uptake during RVI is investigated by two independent methods: (i) the K⁺ dependence of the net uptake of Cl⁻, and (ii) the K⁺ dependence of bumetanide-sensitive unidirectional Cl⁻ influx.

Figure 1 shows the net Cl⁻ uptake during RVI at different extracellular K⁺ concentrations as a function of time. It is seen that at low concentrations of extracellular K⁺ (less than 2 mM) no net Cl⁻ uptake occurs during the first 4–6 min after hypertonic shock. On the contrary, Fig. 1 also demonstrates that the cellular Cl⁻ uptake is stimulated at high extracellular K⁺ concentrations (12 mM) as compared to the cellular Cl⁻ uptake at normal extracellular K⁺ concentrations (5 mM).

Figure 2 shows the unidirectional Cl⁻ uptake during RVI at 10 mM K⁺ in the presence and absence of bumetanide as a function of time. Bumetanide is known to inhibit cotransport systems in Ehrlich ascites tumor cells (Geck et al., 1978; Geck et al., 1980; Aull, 1981; Hoffmann et al., 1983) and is used

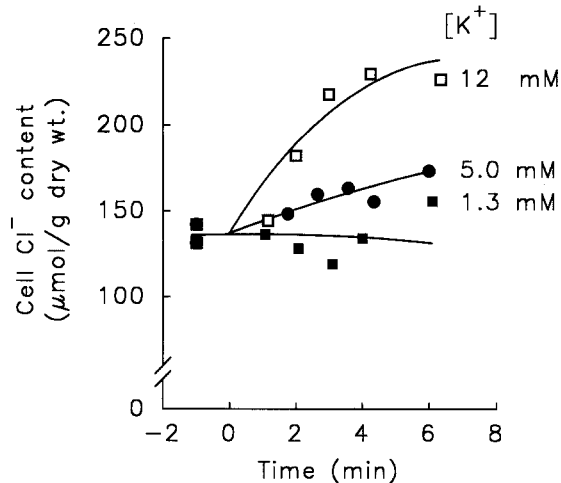


Fig. 1. Dependence on extracellular K⁺ of the net Cl⁻ influx during Regulatory Volume Increase. The cells were pretreated by exposure to low external osmolarity (225 mOsm) for 20 to 40 min (*see* Materials and Methods). At zero time a tonicity of 300 mOsm was restored by addition of 1/4 volume of a double-strength saline solution and cell Cl⁻ content was followed with time. The presumable impermeable cation N-methyl-D-glucamine was used as a substitute for K⁺ in the low external K⁺ experiments. The figure is representative of three separate experiments. The lines were fitted by eye. The large solid squares show Cl⁻ content just prior to hypertonic challenge.

at a concentration six times the K_i for inhibition of the Cl⁻-dependent cotransport system (Hoffmann, Schjødt & Dunham, 1986).

Figure 3 shows the bumetanide-sensitive unidirectional Cl⁻ influx during RVI as a function of extracellular K⁺. The unidirectional Cl⁻ influx (initial rates of Cl⁻ uptake were calculated by linear regression from the values of 0.5, 0.75, 1.00 and 1.25 min) was determined with or without bumetanide (30 μM). The maximal Cl⁻ influx under these conditions was calculated to be 51.7 μmol · g protein⁻¹ · min⁻¹ with an apparent K_m of 3.3 mM K⁺ (*see* Figure 3).

Thus, the activated bumetanide-sensitive unidirectional Cl⁻ influx as well as the net Cl⁻ uptake during RVI are K⁺ dependent. The K⁺ dependence in Fig. 3 (tracer fluxes) reflects the kinetics of K⁺ binding to the external site on the cotransporter, whereas the K⁺ dependence in Fig. 1 (net fluxes) reflects in addition an increase in the driving force with increasing external K⁺.

To investigate whether the K⁺ ion is transported together with Cl⁻ or just acts as a cofactor for the Cl⁻ uptake during RVI, the bumetanide sensitivity of the K⁺ influx during RVI was investigated. Figure 4 shows the K⁺ uptake (using ⁸⁶Rb as tracer) as a function of time after hypertonic shock, alone or in the presence of Ba²⁺ (5 mM), ouabain (1 mM) or bumetanide (30 μM). Ba²⁺ inhibited less than 5%

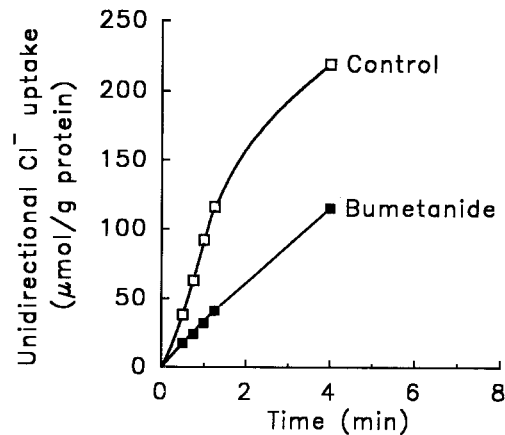


Fig. 2. Bumetanide-sensitivity of the unidirectional Cl⁻ uptake during RVI. The unidirectional Cl⁻ uptake was measured using ³⁶Cl (50,000 Bq/ml). The cells were preincubated for 20 to 40 min in a K⁺ free hypotonic medium (150 mOsm). At time zero a hypertonic challenge was administered by restoring tonicity to 300 mOsm by addition of an appropriate volume of double-strength saline solution containing K⁺ as well as the ³⁶Cl. The final [K⁺]₀ was 10 mM. Some aliquots received bumetanide at the same time (final concentration, 30 μM).

of the total unidirectional K⁺ influx during RVI, whereas ouabain inhibited the K⁺ influx 19%. Bumetanide inhibited approximately 75% of the total K⁺ influx. The K⁺ uptake during RVI is mainly via a bumetanide-sensitive transport system. As seen in Table 2, the bumetanide-sensitive unidirectional K⁺ influx during physiological steady state is negligible (1.2 μmol · g protein⁻¹ · min⁻¹), compared to the flux (50.7 μmol · g protein⁻¹ · min⁻¹) found during RVI. This demonstrates a large activation of the bumetanide-sensitive unidirectional K⁺ influx during RVI.

Table 2 demonstrates that the bumetanide-sensitive K⁺ influx is dependent on Na⁺ as well as on Cl⁻, being reduced by 85% and 99% respectively in the absence of extracellular Na⁺ or Cl⁻. The 15% bumetanide-sensitive K⁺ influx remaining in Na⁺-free medium might represent a bumetanide-sensitive KCl cotransporter or K⁺/K⁺ exchange via the Na⁺, K⁺, Cl⁻ cotransporter. This would also explain why ouabain does not inhibit 40% of the bumetanide-sensitive K⁺ influx as expected (*see* legend to Table 2).

Two proteins were purified earlier from solubilized membranes from Ehrlich ascites tumor cells by using a bumetanide-Sepharose affinity column (Feit et al., 1988). Antiserum raised against the bumetanide-binding proteins strongly inhibited the Na⁺, K⁺, Cl⁻ cotransporter measured by two independent methods (Dunham, Jessen & Hoffmann, 1990). Cotransport was induced by hypertonic challenge and was measured as the bumetanide-sensitive portion

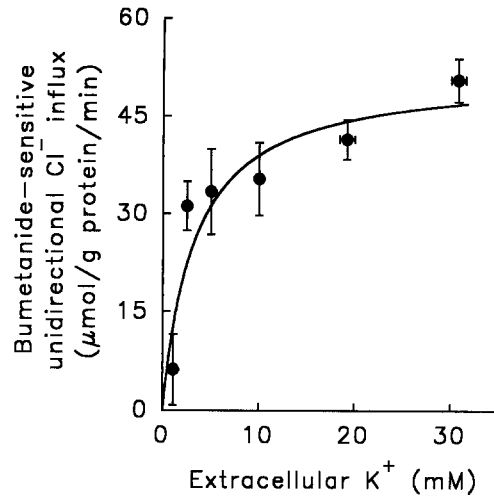


Fig. 3. Dependence on extracellular K⁺ of the activated unidirectional Cl⁻ influx after a hypertonic challenge. The unidirectional Cl⁻ influx was measured using ³⁶Cl (50,000 Bq/ml). The cells were preincubated for 20 to 40 min in a K⁺ free hypotonic medium (150 mOsm). At time zero a hypertonic challenge was administered by restoring tonicity to 300 mOsm by addition of an appropriate volume of double-strength saline solution containing the ³⁶Cl. Some aliquots received bumetanide at the same time (final concentration, 30 µM). The presumable impermeable cation N-methyl-D-glucamine was used as a substitute for K⁺. The suspensions were incubated at 37°C, and at desired intervals samples were removed for separation of cells from the medium as described in Materials and Methods. The initial rates of influx were calculated by linear regression from the values at 0.5, 0.75, 1.0 and 1.25 min. All correlation coefficients were ≥ 0.99. Finally, the fluxes from the aliquots containing bumetanide were subtracted from their controls to give the bumetanide-sensitive Cl⁻ fluxes. The values are given as mean ± SEM. (*n* = 3–6) experiments. The curve was fitted to the Michaelis-Menten equation by a fitting program using the Marquardt-Levenberg algorithm.

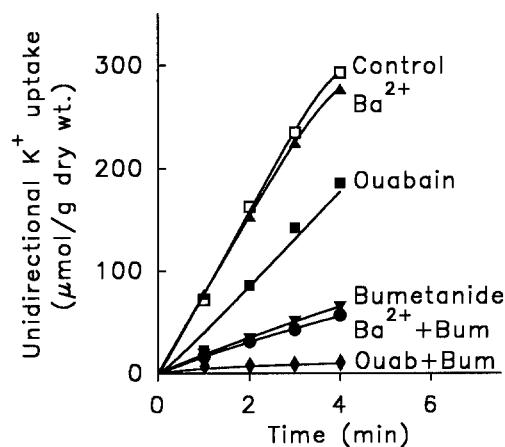


Fig. 4. Dependence on barium, ouabain and bumetanide of the K⁺ influx during Regulatory Volume Increase. Experimental protocol as in Fig. 2, except that ⁸⁶Rb was used as a tracer for K⁺. Ouabain was used at a final concentration of 1 mM, the concentration of barium was 5 mM and the bumetanide concentration was 30 µM. Two additional experiments gave similar results.

Table 2. Dependence on extracellular Na⁺ and Cl⁻ of the activated unidirectional K⁺ influx during Regulatory Volume Increase

	Bumetanide-sensitive, unidirectional K ⁺ influx	
	Physiological steady state µmol · g protein ⁻¹ · min ⁻¹	RVI
Control	1.2 ± 0.4 (5)	50.7 ± 3.1 (5) ^{a,b}
Sodium free	—	7.8 ± 2.8 (3)
Chloride free	—	-0.3 ± 1.7 (3)

Experimental protocol as in Fig. 2. ⁸⁶Rb was used as tracer for K⁺. It should be noted that the final [K⁺]_o = 10 mM. The initial rates of influx were calculated from the values at 0.5, 0.75, 1.00 and 1.25 min. All correlation coefficients were ≥ 0.99. The values are given as mean (± SEM) with the number of experiments given in parentheses.

^a The total bumetanide-sensitive K⁺ influx during RVI is a composite comprising K⁺ influx via the Na⁺, K⁺, Cl⁻ cotransport system plus some K⁺ influx via the Na⁺, K⁺-pump, in exchange for Na⁺ taken up via the cotransport system. If the Na⁺/K⁺ ATPase is a 3Na⁺/2K⁺ exchange pump and all Na⁺ is immediately exchanged for K⁺, ouabain will inhibit 40% of the bumetanide-sensitive K⁺ influx. In three experiments in the presence of ouabain the bumetanide-sensitive K⁺ influx was reduced by about 15% (see Fig. 4).

^b This value can be converted to µmol · g dry wt⁻¹ · min⁻¹ by multiplication by 0.56 giving 28.4 ± 1.7 µmol · g dry wt⁻¹ · min⁻¹.

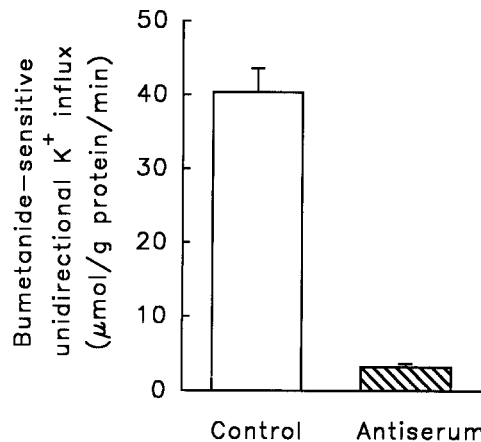


Fig. 5. Effect of antiserum to bumetanide-binding proteins on bumetanide-sensitive unidirectional K⁺ influx in Ehrlich ascites tumor cells during RVI. The antiserum and nonimmune serum (control) were at 1:6 dilutions during a 20-min preincubation in the hypotonic medium. ⁸⁶Rb was added simultaneously with the hypertonic challenge as was bumetanide (30 µM) in some samples. The values are given as mean ± SEM (*n* = 3) where *n* is the number of independent experiments.

of the unidirectional Cl⁻ influx and as regulatory cell volume increase. In both assays, cotransport was strongly inhibited by the antiserum. These antibodies inhibit the bumetanide-sensitive unidirectional K⁺ influx as well. This is seen in Fig. 5 which shows

Table 3. Dependence on extracellular Cl⁻ and K⁺ of the activated unidirectional Na⁺ influx during Regulatory Volume Increase

	Bumetanide-sensitive, unidirectional Na ⁺ influx	
	Physiological steady state	RVI
	Relative scale	
Control	0.10 ± 0.25 (3)	1.00 ± 0.03 (3)
Potassium free	—	-0.10 (2)
Chloride free	—	0.48 (2)

Experimental protocol as in Fig. 2, except that ²²Na was used as a tracer for Na⁺. The initial rates of influx were calculated from the values at 0.5, 1.0, 1.5, 2.0 and 2.5 min. All correlation coefficients were ≥ 0.97. All influx-rates are given relative to the bumetanide-sensitive Na⁺ influx during RVI in standard incubation medium (Control), which is 10.5 ± 0.3 μmol/g dry wt/min. The values are given as mean (± SEM) with the number of experiments given in parentheses.

the bumetanide-sensitive unidirectional K⁺ influx in the presence of nonimmune serum or antiserum.

Table 3 shows that the Na⁺ influx during RVI is bumetanide-sensitive and that this bumetanide-sensitive Na⁺ influx is dependent on extracellular Cl⁻ and K⁺. The bumetanide-sensitive Na⁺ influx is only partly inhibited in the absence of Cl⁻. Furthermore, Table 3 shows that the bumetanide-sensitive Na⁺ influx during physiological steady-state conditions is negligible, but is activated during RVI. No bumetanide-sensitive uptake of Na⁺, K⁺, or Cl⁻ can be demonstrated during RVI unless all three ions are present.

Conclusively, the Cl⁻-dependent cotransport system activated during RVI transports Na⁺, K⁺, and Cl⁻.

STOICHIOMETRY OF THE Na⁺, K⁺, Cl⁻ COTRANSPORT SYSTEM AND FLUX RATIO ANALYSIS

To assess the stoichiometry of transport during RVI via the cotransport system, the net ion uptake during regulatory volume increase is measured under conditions where the Na⁺/K⁺ pump is inhibited with 1 mM ouabain. From Hoffmann et al. (1983), it is known that no net K⁺ uptake is seen under these circumstances. This might be caused by a fast recycling of K⁺ through K⁺ channels. To avoid this, the present experiments are performed in the presence of 2 mM Ba²⁺ in order to block the K⁺ channels. The bumetanide-sensitive part of the fluxes are taken to represent the cotransporter.

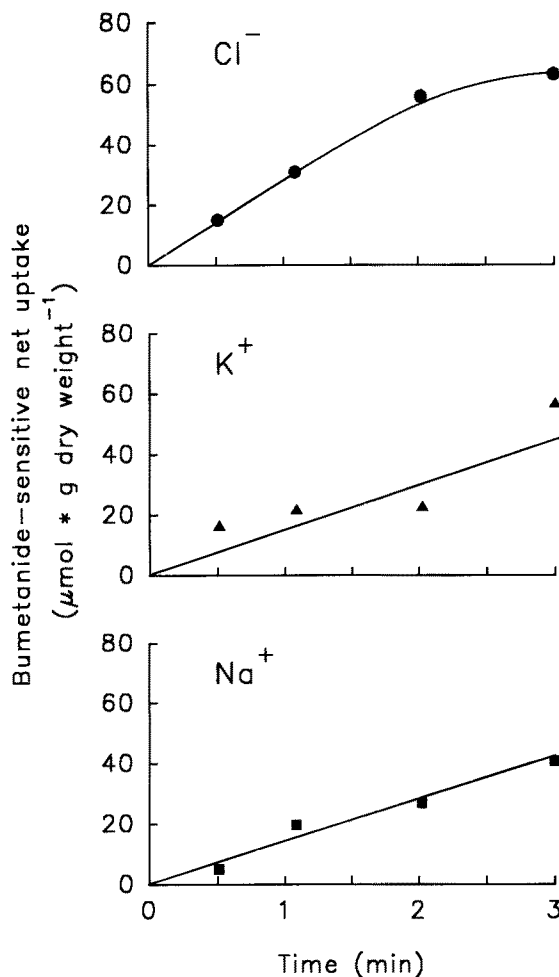


Fig. 6. Bumetanide-sensitive components of the net ion uptake in the presence of ouabain and barium during Regulatory Volume Increase in Ehrlich cells. The cells were pretreated by exposure to low external osmolarity (150 mOsm) for 20 to 40 min (see Materials and Methods). At zero time a tonicity of 300 mOsm was restored by addition of 1/3 volume of a double-strength saline solution containing 1 mM ouabain and 2 mM Ba²⁺ or 1 mM ouabain, 2 mM Ba²⁺ and 30 μM bumetanide, whereupon cell Na⁺ content, cell K⁺ content and cell Cl⁻ content were followed with time. The figure shows the bumetanide-sensitive component of the net ion uptake measured as the difference between the net uptakes in parallel groups with and without 30 μM bumetanide. Shown are the mean values from three independent experiments, except the Na⁺ uptake 2 min after hypertonic treatment, which is the mean of two independent experiments.

Figure 6 shows that a bumetanide-sensitive net uptake of Na⁺, K⁺, and Cl⁻ during regulatory volume increase could be demonstrated in ouabain-poisoned cells in the presence of barium. It should be noted that the measured net uptake of K⁺ in the absence of bumetanide is smaller than the bumetanide-sensitive net uptake shown in figure. This is caused by the fact that the cells lost some K⁺ in the presence of bumetanide even though Ba²⁺ was

Table 4. Flux ratio analysis of unidirectional chloride and potassium fluxes during Regulatory Volume Increase in Ehrlich cells

Bumetanide-sensitive component	Cl ⁻	K ⁺	Na ⁺
	$\mu\text{mol} \cdot \text{g dry wt}^{-1} \cdot \text{min}^{-1}$		
Net flux	29.0 ± 3.8	11.5 ± 2.6	14.9 ± 1.9
Unidirectional influx	65.7 ± 6.1	45.9 ± 2.7	—
Unidirectional efflux	36.7 ± 4.1	34.4 ± 1.4	—
Flux ratio, Influx/efflux ^a	1.82 ± 0.15	1.34 ± 0.08	—
Ion concentration ratio:			
$\frac{[\text{Na}]_o[\text{K}]_o[\text{Cl}]_o^2}{[\text{Na}]_i[\text{K}]_i[\text{Cl}]_i^2}$		1.75 ± 0.24	
Stoichiometry of net fluxes:			
$[\text{Cl}^-] : [\text{K}^+] : [\text{Na}^+]$	2.0	0.8	1.0

The values are given as mean ± SEM for five sets of individual experiments, with concurrent measurements of unidirectional ⁴²K and ³⁶Cl influx and net ion uptake. Experimental protocol as in Fig. 6. The mean value of the measured internal ion concentrations were (mmol/liter cell water): K⁺, 182 ± 13 (5), Na⁺, 20 ± 1 (5), Cl⁻, 67 ± 6 (5). The mean value of the measured external ion concentrations were (mM): K⁺, 5.9 ± 0.2 (5), Na⁺, 184 ± 8 (5), Cl⁻, 156 ± 6 (5).

The bumetanide-sensitive components were determined as the difference between the fluxes in parallel groups with and without 30 μM bumetanide.

^a The values are given as the mean ± SEM of the flux ratios calculated in each individual experiment.

present. Very recent results from Levinson (1991a) confirm this as he demonstrated a K⁺ loss during RVI in the presence of ouabain and bumetanide. The bumetanide-sensitive Na⁺, K⁺, and Cl⁻ net fluxes are found to have the stoichiometry 14.9 ± 1.9 μmol · g dry wt⁻¹ · min⁻¹ Na⁺, 11.5 ± 2.6 μmol · g dry wt⁻¹ · min⁻¹ K⁺ and 29.0 ± 3.8 μmol · g dry wt⁻¹ · min⁻¹ Cl⁻, or approximately 1 : Na⁺, 1 : K⁺, 2 : Cl⁻ (see Table 4). These findings provide evidence for the involvement of a Na⁺, K⁺, 2Cl⁻ cotransport system during regulatory volume increase. It is only the high K⁺ leak which prevents a net uptake of K⁺ during RVI in the presence of ouabain.

In the experiments presented in Table 4 the unidirectional ⁴²K and ³⁶Cl influxes are measured concurrently with the net K⁺ and Cl⁻ uptake during RVI in the presence or absence of 30 μM bumetanide. The bumetanide-sensitive components are determined from the differences in paired controls. The unidirectional K⁺ and Cl⁻ effluxes are calculated as the differences between the simultaneously measured unidirectional ⁴²K and ³⁶Cl influxes and the net K⁺ and Cl⁻ fluxes, and the flux ratio was calculated as the ratio between unidirectional influx and efflux. The fluxes are measured as initial rate of uptake after restoration of tonicity, and consequently the calculated flux ratio is extrapolated to zero time. The flux ratio can be analyzed also under non-steady-state conditions, and the extrapolated value

should represent the true flux ratio at that time (Sten-Knudsen & Ussing, 1981). As seen in Table 4, the bumetanide-sensitive component, which essentially accounts for the net uptake induced during regulatory volume increase has a flux ratio of 1.34 ± 0.08 for K⁺ and 1.82 ± 0.15 for Cl⁻. This means that for the transport system involved in regulatory volume increase, the minimum ratio between the driving forces for influx and efflux must be 1.82. This can be compared to the value 1.85 obtained by Hoffmann et al., 1983. The ratio between the driving forces for unidirectional influx and efflux for the above transport system is calculated from the internal and external ion concentrations measured at the first data point after restoration of tonicity (taken at 0.5 min). In these calculations the activity coefficients are assumed to be equal in cell water and in the extracellular medium. The ratio of the driving forces for a Na⁺, K⁺, 2Cl⁻ cotransport system (1.75 ± 0.24) can account for the observed flux ratio.

REGULATION OF THE Na⁺, K⁺, Cl⁻ COTRANSPORT SYSTEM

Ehrlich ascites tumor cells regulate their volume back towards their original steady-state cell volume when a hypertonic shock follows the hypotonic pre-treatment. This is the traditional RVI after RVD

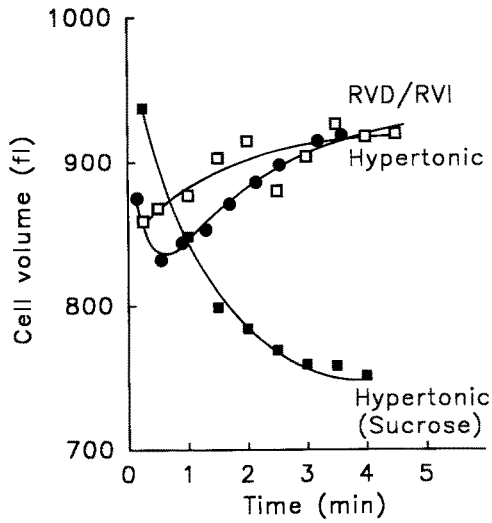


Fig. 7. Cell volume after hypertonic challenge following different preincubation procedures. *RVD/RVI* (●): The cells were preincubated for 20 min in a hypotonic medium (150 mOsm). At zero time a sample of the cell suspension was diluted 500-fold in an isotonic standard incubation medium (300 mOsm) and the cell volume was followed with time using a Coulter counter. The cell volume in the hypotonic medium was measured at 1,346 fl. *Sucrose* (■)/*Standard hypertonic medium* (□): The cells were preincubated for 20–40 min in standard incubation medium (300 mOsm). At time zero sucrose (600 mOsm) or hypertonic standard medium (600 mOsm) was added to the cell suspension to give a final osmolarity of 450 mOsm. Cell volume was followed with time using a Coulter counter. The cell volume in the isotonic medium was measured at 1,128 fl. Similar results were obtained in three other experiments of the same design.

protocol. Figure 7 shows the cell volume following three different experimental protocols. If hyperosmotic sucrose is added to the cells in isotonic steady state, the cells shrink with no signs of volume regulation. If hypertonic standard medium ($[K^+] = 10 \text{ mM}$) is added, the cells initially shrink and then they regulate their volume back towards their original volume. A hypotonic preincubation is thus not necessary for a regulatory volume increase. It should be noted that all extracellular ions are increased in the hypertonic standard medium with the final $[K^+]_o$ equal to 6.5 mM.

If this regulatory volume increase is also mediated by the Na⁺, K⁺, Cl⁻ cotransport system, then the unidirectional K⁺ influx should be bumetanide-sensitive. Figure 8 shows the K⁺ uptake after the traditional RVD/RVI protocol (Fig. 8A), after shrinkage with hypertonic standard medium (Fig. 8B) and after shrinkage with sucrose (Fig. 8C) as a function of time. The K⁺ uptake is found to be partially bumetanide-sensitive under all three conditions.

The bumetanide-sensitive K⁺ influx after cell shrinkage with sucrose is $7.6 \pm 2.1 \mu\text{mol} \cdot \text{g dry wt}^{-1} \cdot \text{min}^{-1}$

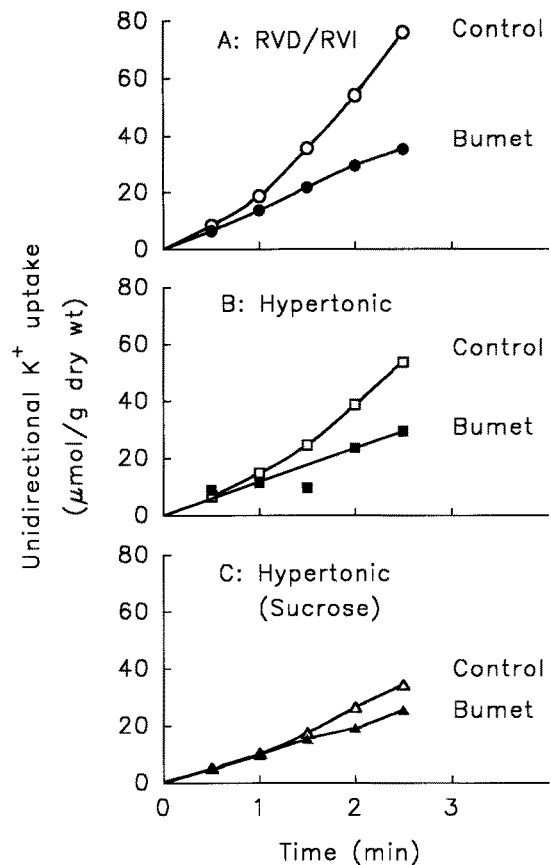


Fig. 8. Activation of bumetanide-sensitive K⁺ influx following hypertonic shock. (A) (*RVD/RVI*; ○ ●): Experimental procedures as in Fig. 4. (B) (*Hypertonic, standard medium*; □ ■): The cells were preincubated in isotonic standard medium. At time zero hypertonic standard medium was added to give a final medium osmolarity of 400 mOsm. Some aliquots received bumetanide (final concentration, 30 μM) together with the isotope. (C) (*Hypertonic, sucrose*; △ ▲): The cells were preincubated in isotonic standard medium. At time zero sucrose containing ⁸⁶Rb (50,000 Bq/ml) was added to give a final medium osmolarity of 400 mOsm. Some of the aliquots received bumetanide (final concentration, 30 μM) together with the isotope.

The bumetanide-sensitive K⁺ influx after cell shrinkage with sucrose is $7.6 \pm 2.1 \mu\text{mol} \cdot \text{g dry wt}^{-1} \cdot \text{min}^{-1}$ (calculated by linear regression from the values at 0.5, 1.0, 1.5, 2.0 and 2.5 min, $n = 4$), whereas the bumetanide-sensitive K⁺ influx after shrinkage with hypertonic standard medium is $19.2 \pm 3.0 \mu\text{mol} \cdot \text{g dry wt}^{-1} \cdot \text{min}^{-1}$ (calculated by linear regression from the values at 1.0, 1.5, 2.0 and 2.5 min, $n = 4$, in the period where the cotransporter is fully activated). Finally, the bumetanide-sensitive K⁺ influx during the RVI/RVD protocol is $24.1 \pm 1.9 \mu\text{mol} \cdot \text{g dry wt}^{-1} \cdot \text{min}^{-1}$ (calculated by linear regression from the values at 1.0, 1.5, 2.0, and 2.5 min, $n = 11$, in the period where the cotransporter is fully activated).

$\text{wt}^{-1} \cdot \text{min}^{-1}$ ($n = 4$), whereas the bumetanide-sensitive K⁺ influx after shrinkage with hypertonic standard medium is $19.2 \pm 3.0 \mu\text{mol} \cdot \text{g dry wt}^{-1} \cdot \text{min}^{-1}$ ($n = 4$). Finally, the bumetanide-sensitive K⁺ influx during the RVI/RVD protocol is $24.1 \pm 1.9 \mu\text{mol} \cdot \text{g dry wt}^{-1} \cdot \text{min}^{-1}$ ($n = 11$) (see Table 5 and Fig. 8).

Table 5. Ion concentration ratios for Na⁺, K⁺, 2Cl⁻ cotransport system after the RVD/RVI protocol, after addition of hypertonic standard medium and after addition of sucrose to hypertonicity

	RVD/RVI	Hypertonic standard medium	Hypertonic sucrose medium
$\frac{[Na]_o[K]_o[Cl]_o^2}{[Na]_i[K]_i[Cl]_i^2}$	1.5 ± 0.13 (8) ^a	1.43 ± 0.10 (3) ^b	0.13 ± 0.03 (3) ^b
Bumetanide-sensitive K ⁺ influx (μmol/g dry wt/min)	24.1 ± 1.9 (11) ^b	19.2 ± 3.0 (4) ^b	7.6 ± 2.1 (4) ^b
[K] _o	5.6 ± 0.2 (8) ^a	6.0 ± 0.2 (3)	3.7 ± 0.2 (3)
[Na] _o	150 ± 2.9 (8) ^a	173.5 ± 2.2 (3)	101.5 ± 0.8 (3)
[Cl] _o	150 ± 2.2 (8) ^a	200.0 ± 1.5 (3)	99.7 ± 1.1 (3)

The ion concentration ratios were calculated for three sets of individual experiments, where the ion concentrations are measured 0.5 min after hypertonic treatment. The mean value of the measured internal ion concentrations were (mmol/liter cell water):

RVD/RVI: K⁺, 183 ± 7 (8), Na⁺, 22 ± 2 (8), Cl⁻, 59 ± 2 (8); Hypertonic standard medium: K⁺, 208 ± 2 (3), Na⁺ 39 ± 1 (3), Cl⁻, 59 ± 2 (3); Hypertonic sucrose medium: K⁺, 206 ± 14 (3), Na⁺, 40 ± 8 (3), Cl⁻, 63 ± 2 (3).

^a The values presented here are from Hoffmann et al., 1983.

^b The values presented here have been calculated from Fig. 8. The values are given as mean (+/- SEM) with the number of independent experiments in parentheses.

Cell shrinkage activates the Cl⁻-dependent cotransport system independent of whether the shrinkage is caused by sucrose or hypertonic standard medium. Table 5 gives the gradient for a Na⁺, K⁺, 2Cl⁻ cotransport system at the time of maximal cell shrinkage (0.5 min) in the three situations. It is seen that the reason why the cells don't regulate their cell volume after shrinkage with sucrose is the absence of an inwardly directed gradient for the Cl⁻-dependent cotransport system. This is yet another argument for the transport system being a Na⁺, K⁺, Cl⁻ cotransport system rather than a Na⁺, Cl⁻ cotransport system, since the gradient for a Na⁺, Cl⁻ cotransport system would be inward after shrinkage with sucrose as well as NaCl.

The bumetanide-sensitive K⁺ influx after the traditional "RVD after RVI" protocol is of the same magnitude as that seen after cell shrinkage with hypertonic standard medium. The major difference between the two situations is that Na_o is higher in the hypertonic standard medium (*see* Table 5). To test whether the activation of the cotransporter is influenced by Na_o and/or Cl_i two sets of experiments were performed as illustrated in Table 6, i.e., extracellular Na⁺ was varied from 50–300 mM substituting Na⁺ with NMDG⁺ or all intracellular Cl⁻ was replaced by NO₃⁻. As seen from Table 6 doubling extracellular Na⁺ did not influence the activation of the cotransporter. The bumetanide-sensitive K⁺

Table 6. Dependence on intracellular Cl⁻ and extracellular Na⁺ of the activated unidirectional K⁺ influx during Regulatory Volume Increase

Bumetanide-sensitive, unidirectional K ⁺ influx	
[Na ⁺] _o , mM	μmol · g dry wt ⁻¹ · min ⁻¹
300	16.1 ± 1.1 (3)
150	16.4 ± 1.4 (3)
"Cl ⁻ free" cells ^a	7.4 ± 1.0 (3)

Experimental protocol as in Fig. 2. ⁸⁶Rb was used as tracer for K⁺. It should be noted, that the final [K⁺]_o = 10 mM. The initial rates of influx were calculated from the values at 0.5, 0.75, 1.00 and 1.25 min. All correlation coefficients were ≥ 0.97.

^a "Cl⁻ free" cells were washed twice in nitrate medium and then preincubated for 30 min in nitrate medium in order to reduce intracellular Cl⁻. At time zero the cells were retransferred to Cl⁻ medium. Note that [Na⁺]_o = 300 mM.

The values are given as mean (± SEM) with the number of experiments given in parentheses.

influx in "Cl⁻-free" cells is reduced by 54% compared to the control situation (*see* Table 6), so while intracellular Cl⁻ is not essential for activation, it may play some role. Perhaps the decrease in unidirectional K⁺ influx seen upon complete removal of intracellular Cl⁻ is due to complete inhibition of the

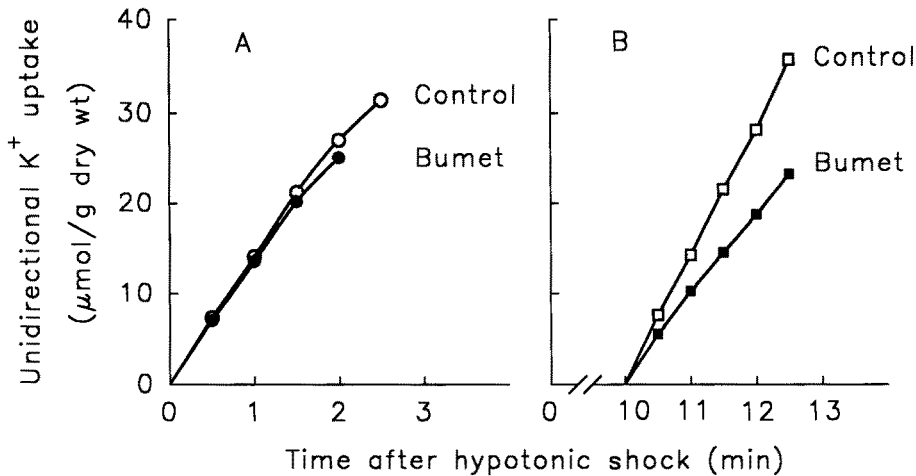


Fig. 9. Activation of a bumetanide-sensitive unidirectional K⁺ uptake during Regulatory Volume Decrease. (A) (○, ●): The cells were preincubated in standard medium for 20–40 min. At time zero H₂O (containing ⁸⁶Rb (50,000 Bq/ml)) buffered with MOPS, TES and HEPES was added to give a final medium osmolarity of 225 mOsm. The final concentration of bumetanide was 30 μM. The K⁺ uptake was followed as described in Materials and Methods. (B) (□, ■): The cells were preincubated in a hypotonic medium (225 mOsm) for 10 min. At time 10 min containing ⁸⁶Rb (50,000 Bq/ml) was added. Bumetanide was used in a final concentration of 30 μM. Two further experiments gave similar results.

K⁺/K⁺ exchange mode of the cotransporter, as the current model for K⁺/K⁺ exchange via the Na⁺, K⁺, 2Cl⁻ cotransport system suggests that this mode requires the presence of intracellular Cl⁻ (see Duhm, 1987). To test if the Na⁺, K⁺, Cl⁻ cotransport system is activated already during RVD the K⁺ influx was measured immediately after the hypotonic shock and after 10 min of hypotonic incubation. Figure 9 shows the K⁺ uptake as a function of time after hypotonic shock. No bumetanide-sensitive K⁺ influx can be demonstrated immediately after hypotonic shock (Fig. 9, panel A), whereas Fig. 9, panel B, shows that after hypotonic incubation for 10 min the cells have a significant bumetanide-sensitive K⁺ influx amounting to 5 μmol · g dry wt⁻¹ · min⁻¹ (calculated from the values after 0.5, 1.0, 1.5, 2.0 and 2.5 min, *n* = 3). It should be noted that the cells are still in hypotonic medium when the flux is measured. In the absence of extracellular Na⁺ no bumetanide-sensitive K⁺ influx can be demonstrated after 10 min of hypotonic incubation (*data not shown*). The Na⁺ dependence suggests that the flux is not KCl cotransport and that the Na⁺, K⁺, Cl⁻ cotransport system is activated during the first 10 min of hypotonic incubation. The flux obtained during RVD should be compared with the much larger flux obtained after the RVD/RVI protocol amounting to 24.1 ± 1.9 μmol · g dry wt⁻¹ · min⁻¹ (see Table 5).

The Na⁺, K⁺, Cl⁻ cotransport system is active during RVI and partly active during RVD, but inactive under physiological steady-state conditions (see Table 2). This suggests one or more regulatory mech-

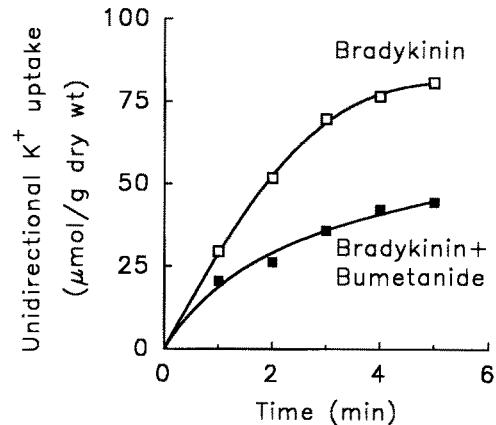


Fig. 10. K⁺ uptake after bradykinin stimulation. The cells were preincubated in standard medium for 15–30 min. At time zero ⁸⁶Rb (50,000 Bq/ml) and bradykinin (final concentration 1 μM) were added. Bumetanide was added to give a final concentration of 30 μM. The figure represents nine individual experiments.

anisms. The simplest hypothesis is that the same mechanism is involved in the regulation during RVD and during RVI.

The Ca²⁺ mobilizing agent bradykinin (a non-peptide) mimics the RVD-response in Ehrlich ascites tumor cells (Simonsen et al., 1990; see Hoffmann & Kolb, 1991). It was therefore examined whether addition of bradykinin can activate the Na⁺, K⁺, Cl⁻ cotransport system. Figure 10 shows the K⁺ uptake as a function of time after addition of bradykinin to Ehrlich ascites tumor cells in physiological steady state. As shown in Fig. 10 bradykinin activates a bumetanide-sensitive K⁺ uptake. As

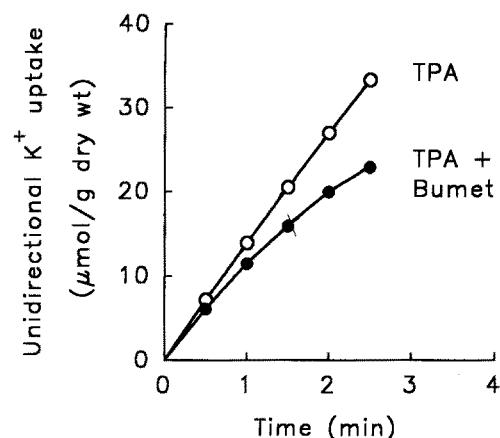


Fig. 11. Effect of phorbol ester TPA on the bumetanide-sensitive K⁺ uptake during steady state. The cells were preincubated in standard medium for 20–40 min. At time zero ⁸⁶Rb (50,000 Bq/ml) and TPA (final concentration, 100 nM) were added. The K⁺ uptake was followed as described previously. Bumetanide was used in a final concentration of 30 μM. The figure represents three experiments giving identical results.

mentioned above, bradykinin causes a release of Ca²⁺, which in turn opens K⁺ and Cl⁻ channels leading to a cell shrinkage. In six experiments Ba²⁺ (2 mM) was present (sulphate-free medium) in an attempt to block K⁺ channels. The initial bradykinin stimulation was not significantly different with and without Ba²⁺ (2 mM). It seems reasonable to conclude that bradykinin activates the Na⁺, K⁺, Cl⁻ cotransport system either via Ins (1, 4, 5) P₃ and subsequent release of Ca²⁺ or via DAG and subsequent activation of protein kinase C or both. The relation between this and the concomitant cell shrinkage in the activation of the cotransporter is under investigation.

The phorbol ester TPA is a well-known protein kinase C activator (Nishizuka, 1984). Figure 11 shows the effect of TPA on the K⁺ uptake during physiological steady-state conditions. After addition of TPA (100 nM) to the cells a small bumetanide-sensitive K⁺ influx is found. This bumetanide-sensitive K⁺ influx (4.5 ± 0.4 μmol · g dry wt⁻¹ · min⁻¹, n = 3) (see Table 7) is in the same range as the bumetanide-sensitive K⁺ influx found during hypotonic shock. Thus, stimulation of protein kinase C and hypotonic cell swelling both result in a partial activation of the Na⁺, K⁺, Cl⁻ cotransport system. It should be noted that the effects of TPA are known to be very dependent on concentration and duration of exposure. We can therefore not be certain that we actually have stimulated protein kinase C maximally in the present experiment.

To test whether Ca²⁺/calmodulin or protein kinase C or both are responsible for the activation

Table 7. Activation mechanisms for the Na⁺, K⁺, Cl⁻ cotransport system in Ehrlich ascites tumor cells^a

	Bumetanide-sensitive, unidirectional K ⁺ influx	
	Physiological steady state	RVI
	μmol · g dry wt ⁻¹ · min ⁻¹	
Control	1.2 ± 0.4 (5)	19.2 ± 3.0 (4)
Control (1% DMSO)	—	11.0 ± 0.3 (3)
Staurosporine (100 nM)	—	11.3 ± 0.6 (3)
Pimozide (120 μM)	—	5.1 ± 2.3 (3)
Bradykinin (1 μM) ^b	18.1 ± 3.0 (9)	—
TPA (100 nM)	4.5 ± 0.4 (3)	—

^a Data from Figs. 10, 11 and 12.

^b In some of the experiments with bradykinin, Ba²⁺ (2 mM) was added in an attempt to block K⁺ channels.

The values are given as mean (± SEM) with the number of independent experiments given in parentheses.

during RVI we tested inhibitors of the Ca²⁺/calmodulin complex and protein kinase C, respectively, and furthermore measured intracellular [Ca²⁺] during the RVD/RVI protocol.

Intracellular [Ca²⁺] was followed with time in two independent experiments during the hypotonic preincubation and after restoration of tonicity, i.e., RVI. During the first 10 min of hypotonic preincubation internal Ca²⁺ is increased from 60 nM to 90 nM, whereas restoration of tonicity increases internal Ca²⁺ with another 10 nM.

Figure 12 shows the K⁺ uptake after a hypertonic shock in the presence and absence of bumetanide and the anti-calmodulin drug pimozide. In the presence of pimozide (120 μM) the bumetanide-sensitive K⁺ influx is reduced to 5.1 ± 2.3 μmol · g dry wt⁻¹ · min⁻¹ (n = 3). This is a 73% reduction compared to the control situation. We have tried to add pimozide (120 μM) 1 min after addition of the hypertonic standard medium in order to determine if the effect was solely on the activation step. Under these circumstances pimozide still inhibited 44%. Thus, it is likely that Ca²⁺/calmodulin is involved in the activation of the Na⁺, K⁺, Cl⁻ cotransporter during RVI.

Staurosporine (100 nM), a potent protein kinase C inhibitor (Tamaoki et al., 1986), was examined. Staurosporine had no effect on the bumetanide-sensitive unidirectional K⁺ influx during RVI. The control flux in the presence of DMSO (1%) was 11.0 ± 0.3 μmol · g dry wt⁻¹ · min⁻¹ (n = 3) and the flux in the presence of staurosporine was 11.3 ± 0.6 μmol · g dry wt⁻¹ · min⁻¹ (n = 3). This indicates that protein kinase C does not play any major role in

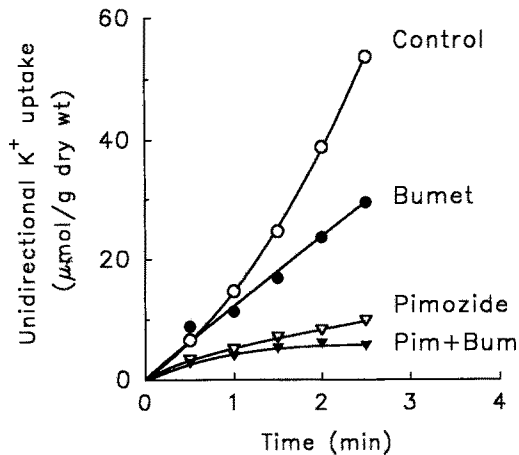


Fig. 12. Effect of pimoziide on the activated K⁺ influx after hypertonic shock. The cells were preincubated in standard medium for 20–40 min. Control (○, ●): At time zero hypertonic medium containing ⁸⁶Rb (50,000 Bq/ml) was added to give a final osmolarity of 400 mOsm. The K⁺ uptake was followed as described previously. Bumetanide was used in a final concentration of 30 µM. Pimoziide (▽, ▼): Pimoziide in a final concentration of 120 µM was added 30 sec before the hypertonic challenge. At time zero hypertonic medium containing ⁸⁶Rb (50,000 Bq/ml) was added to give a final osmolarity of 400 mOsm, and the K⁺ uptake was followed with time. Bumetanide was used in a final concentration of 30 µM. The figure represents three experiments giving identical results.

the activation of the cotransporter during regulatory volume increase after addition of hyperosmotic salt solution. It should be noted that DMSO (1%) alone inhibits the bumetanide-sensitive K⁺ influx during RVI (see Table 7).

The above results (summarized in Table 7) indicate the involvement of Ca²⁺/calmodulin as well as protein kinase C in the activation of the Na⁺, K⁺, Cl⁻ cotransport system. During RVI the activation seems predominantly to be via Ca²⁺/calmodulin-dependent processes.

Discussion

It was previously demonstrated that the primary process during RVI was an activation of a normally silent bumetanide-sensitive cation/anion cotransport driven by the Na⁺ and Cl⁻ gradients with subsequent replacement of Na⁺ by K⁺ via the Na⁺, K⁺ pump stimulated by the Na⁺ influx (Hoffmann et al., 1983).

The available evidence suggested the involvement of Na⁺, Cl⁻ cotransport in RVI rather than Na⁺, K⁺, Cl⁻ cotransport. This conclusion was based on the findings:

(i) Under conditions where the Na⁺, K⁺ pump

was inhibited with ouabain, an uptake of Na⁺ and Cl⁻ in about equimolar amounts could be demonstrated, whereas the uptake of K⁺ was negligible. The uptake of Na⁺ and Cl⁻ was inhibited by bumetanide in these experiments, though a recycling of K⁺ could conceivably have masked a K⁺ uptake via the cotransport system.

(ii) Flux ratio analysis of the bumetanide-sensitive Cl⁻ flux during RVI indicated that the ratio of the driving forces for Na⁺, K⁺, Cl⁻ cotransport was hardly sufficient to account for the observed magnitude of the ratio of influx/efflux although the significance of the difference between these values is only marginal. Moreover, a net uptake of KCl could be demonstrated even at low external K⁺ (3.5–4 mM), under conditions where the calculated driving force for a Na⁺, K⁺, 2Cl⁻ cotransport system is in the outward direction. In this calculation it was assumed that the activity coefficients for the ions in the medium and in the cytosol are equal. Whether differences in activity coefficients could be big enough to make the energy deficit vanish, as suggested by Geck (1990), is still an open question.

In the present study we demonstrate that RVI in Ehrlich cells is due to the activation of a Na⁺, K⁺, Cl⁻ cotransport system. The arguments for this can be summarized as follows:

(i) The net Cl⁻ uptake during RVI is dependent on extracellular Na⁺ and K⁺ (Fig. 1), and no net Cl⁻ uptake can be demonstrated at low concentrations of extracellular concentrations of K⁺ (less than 2 mM).

(ii) The bumetanide-sensitive unidirectional Cl⁻ influx during RVI is strongly dependent on extracellular K⁺ with half maximal rate at 3.3 mM external K⁺ (Fig. 3).

(iii) During RVI the unidirectional K⁺ influx is bumetanide-sensitive and this part of the K⁺ influx is strongly dependent on both extracellular Na⁺ and Cl⁻ (Table 2).

(iv) The unidirectional Na⁺ influx during RVI is bumetanide-sensitive. This part of the Na⁺ influx is dependent on extracellular Cl⁻ and after replacement of extracellular K⁺ with Na⁺ no bumetanide-sensitive unidirectional Na⁺ influx can be demonstrated at all (Table 3).

(v) In the presence of ouabain and Ba²⁺ a bumetanide-sensitive net uptake of Na⁺, K⁺, and Cl⁻ can be demonstrated (Table 4 and Fig. 6). The stoichiometry of the bumetanide-sensitive net fluxes is found to be 1.0 Na⁺:0.8 K⁺:2.0 Cl⁻ or approximately 1 Na⁺:1 K⁺:2 Cl⁻. Under these circumstances the K⁺ and Cl⁻ flux ratios (influx/efflux) for the bumetanide-sensitive component were estimated at 1.34 ± 0.08 and 1.82 ± 0.15 which should be compared to the gradient for the Na⁺, K⁺, 2Cl⁻

cotransport system at 1.75 ± 0.24 . Whereas the Cl⁻ flux ratio fits extremely well with the gradient, K⁺ tends to have a lower flux ratio, which might indicate a K⁺/K⁺ exchange via the cotransporter.

Levinson (1991a) has also presented evidence that the RVI response in Ehrlich cells is mediated by the Na⁺, K⁺, Cl⁻ cotransport system. Heretofore it was possible that Na⁺, Cl⁻ and Na⁺, K⁺, Cl⁻ cotransport coexisted in Ehrlich cells. The two transport systems are distinguishable, but may represent alternate modes of operation of the same cotransporter. Recently, Sun et al. (1991) reported that Na⁺, Cl⁻ cotransport systems may be converted into Na⁺, K⁺, Cl⁻ cotransport systems by hormonal control. The addition of antidiuretic hormone (ADH) to mouse medullary thick ascending limb cells converts the K⁺-independent Na⁺, Cl⁻ cotransporter to a Na⁺, K⁺, Cl⁻ cotransporter.

It is not possible to measure a stoichiometry for the Na⁺, K⁺, Cl⁻ cotransport system on the basis of the unidirectional influxes presented here. The reason for this is that all flux measurements are unidirectional influxes measured under conditions where all three ions had the opportunity to recycle and to undergo self-exchange via the cotransporter. To explain the differences in the unidirectional Na⁺ and K⁺ influxes, we have to suggest that the K⁺/K⁺ exchange through the cotransporter exceeds the Na⁺/Na⁺ exchange. This is also supported by the fact that the flux ratio for K⁺ (influx/efflux) is lower than predicted from the gradient (*see above*) during RVI. This question is currently under investigation. Bumetanide-sensitive self-exchange of both Na⁺, K⁺ and Cl⁻ via the cotransport system is a well-known phenomenon, and in some cells this one-for-one exchange is seen parallel to the net transport via the cotransporter (Duhm, 1987; Lauf et al., 1987; Flatman, 1989).

The problem of measuring the stoichiometry was solved by measuring bumetanide-sensitive net fluxes in the presence of Ba²⁺ and ouabain. The stoichiometry found on the bumetanide-sensitive net fluxes of Na⁺, K⁺, and Cl⁻ in ouabain-poisoned cells in the presence of Ba²⁺ is 1.0 Na⁺ : 0.8 K⁺ : 2.0 Cl⁻.

Geck et al. (1980) showed Na⁺, K⁺, Cl⁻ cotransport in Ehrlich cells, but the cells were not studied under physiological conditions, since they had been depleted of K⁺.

ACTIVATION OF Na⁺, K⁺, Cl⁻ COTRANSPORT AFTER CELL SWELLING AND CELL SHRINKAGE

Until now it has been assumed that the Na⁺, K⁺, Cl⁻ cotransport system in Ehrlich cells is activated only following the RVD/RVI protocol. According to

this protocol the cells are preincubated in a hypotonic medium to reduce their content of ions, whereupon the cells are exposed to isotonic medium (Hoffmann et al., 1983). A similar effect can be achieved by addition of the calcium ionophore A23187 to cells in steady state at isotonicity. The cells will shrink as a consequence of the loss of KCl and the following regulatory volume increase is mediated by the Na⁺, K⁺, Cl⁻ cotransport system (Hoffmann, Simonsen & Lambert, 1984). The role of Ca²⁺ and/or cell shrinkage in this activation is under investigation.

Hempling (1960) showed that Ehrlich cells after hypertonic treatment with NaCl are unable to perform regulatory volume increase. This has recently been confirmed by Levinson (1991b), though Levinson (1991b) demonstrated that the Na⁺, K⁺, Cl⁻ cotransport system was activated. This was explained as an inhibitory effect of the cellular Cl⁻ concentration on the net uptake of ions via the cotransporter. In the present study we demonstrated that Ehrlich cells actually are able to perform RVI after addition of hypertonic standard medium. Furthermore, reducing intracellular Cl⁻ by complete substitution with NO₃⁻ did not result in a more effective activation of the cotransporter (*see Table 6*). The difference between the experiments of Levinson (1991b) and the present experiments is that external K⁺ in the present investigation is raised together with Na⁺ and Cl⁻ resulting in an inward driving force, $[Na^+]_o[K^+]_o[Cl^-]_i^2/[Na^+]_i[K^+]_i[Cl^-]_i^2$, higher than 1 (*see Table 5*) where the driving force obtained in the experiments by Levinson (1991b) was 0.6.

MDCK cells (Roy & Sauvé, 1987), Chinese hamster ovary cells (Sarkardi et al., 1985), HeLa cells (Tivey, Simmons & Aiton, 1985) and C6 glioma cells (Chassande et al., 1988) are unable to perform RVI after shrinkage with sucrose, but they do not shrink further after the initial cell shrinkage. This is in contradiction to Ehrlich cells which initially shrink, and then continue to shrink for as long as 25 min (Hendil & Hoffmann, 1974; Levinson, 1991b). The Na⁺, K⁺, Cl⁻ cotransport system is activated after cell shrinkage following addition of sucrose, but no volume regulation is seen. The gradient for the Na⁺, K⁺, Cl⁻ cotransport system is in the outward direction after addition of sucrose (*see Table 5*), and the continued shrinkage seen after the initial cell shrinkage can be explained as a net efflux of ions mediated by the cotransporter. The gradients after the RVD/RVI protocol and after addition of hypertonic standard medium are almost identical (*see Table 5*) and the external K⁺ is higher in the hypertonic standard medium. A role for intracellular Cl⁻ in regulating net cotransport activity is of course a possibility and has been suggested in a variety of cells including Ehrlich cells (Levinson, 1990) and squid giant axons (Breit-

weiser et al., 1990). However, as seen from Table 6, a complete exchange of intracellular NO₃⁻ for Cl⁻ does not increase transport activity, making this possibility less attractive.

Thus, events occurring during RVD seem to be important. We show here that Na⁺, K⁺, Cl⁻ cotransport in Ehrlich cells is also activated after cell swelling. This is surprising since Na⁺, K⁺, Cl⁻ cotransport in duck erythrocytes (Haas & McManus, 1985) is inhibited by cell swelling. Cell swelling activated transport systems include among others K⁺ and Cl⁻ channels in Ehrlich cells (Hoffmann et al., 1984), KCl cotransport in mammalian erythrocytes (Kaji, 1989; Kracke & Dunham, 1990) and in Ehrlich cells at low pH and after Ca²⁺ depletion (Kramhøft et al., 1986), as well as coupled exchange of K⁺ for H⁺ and Cl⁻ for HCO₃⁻ in *Amphiuma* erythrocytes (Cala, 1980). In Ehrlich cells a nonselective cation channel is activated by both cell shrinkage and cell swelling (Christensen & Hoffmann, 1992). To the knowledge of the authors no other Na⁺, K⁺, Cl⁻ cotransport system has been reported to be activated by cell swelling as well as cell shrinkage. Recently, however, preliminary reports of a similar phenomenon were reported in vascular endothelial cells (Klein, Bell & O'Neill, 1990) and in shark rectal gland (Lytle, Lear & Forbush, 1990). Lytle and coworkers suggest that the activation after cell swelling is related to the decrease in internal Cl⁻. This seems not to be the case in the present experiments since internal Cl⁻ is decreased at 1 min after the hypotonic shock, whereas the activation was not apparent.

It has recently been demonstrated that there is a disassembly of F-actin during RVD in the period 1–10 min after the hypotonic shock (Cornet, Lambert & Hoffmann, 1993). Disassembly of F-actin seems to activate the Na⁺, K⁺, Cl⁻ cotransporter in Ehrlich cells (Jessen & Hoffmann, 1992). It is likely that this is the explanation of the activation of the Na⁺, K⁺, Cl⁻ cotransport system seen during RVD. Disassembly and reassembly of F-actin filaments also appear to be an important event in cAMP-stimulated net Cl⁻ secretion by T84 colonic epithelial cells, in which Na⁺, K⁺, Cl⁻ cotransport as well as Cl⁻ channels are vital participants (Sharipo et al., 1991).

REGULATION OF THE Na⁺, K⁺, Cl⁻ COTRANSPORT SYSTEM

Ca²⁺/calmodulin and protein kinase C have been assigned roles in the activation of the Na⁺, K⁺, Cl⁻ cotransporter (for review, see e.g., Haas, 1989 and Hoffmann et al., 1992). In accord with this, the cotransporter can be activated by several agonists

which stimulate phospholipase C, resulting in both a release of internal Ca²⁺ and an activation of protein kinase C. This is illustrated by the bradykinin-stimulation of the Na⁺, K⁺, Cl⁻ cotransport system in Ehrlich cells (see Fig. 10 and Table 7). Similar results have been reported in several cell types after stimulation by either bradykinin, thrombin, vasopressin or angiotensin II (see Brock et al., 1986; Paris & Pouysségur, 1986; Homma, Burns & Harris, 1990; Klein & O'Neill, 1990; Smith & Smith, 1987; O'Donnell, 1989; Owen & Ridge, 1989; O'Donnell, 1991). The stimulation by the above agonists could conceivably be mediated by an increase in cytosolic Ca²⁺ and/or activation of protein kinase C.

Paris and Pouysségur (1986) have suggested that the stimulation by α -thrombin of the Na⁺, K⁺, Cl⁻ cotransport system in hamster fibroblasts is mediated via protein kinase C, since the cotransporter can also be activated by the phorbol ester TPA. TPA also stimulates the Na⁺, K⁺, Cl⁻ cotransport system in Ehrlich cells (see Fig. 11 and Table 7). Protein kinase C is also reported to activate the Na⁺, K⁺, Cl⁻ cotransporter in human fibroblasts (Panet & Atlan, 1990), whereas the cotransporter is inhibited by TPA in vascular smooth muscle (Owen, 1985). There is some evidence that protein kinase C is also involved in a negative feedback control of the cotransporter (Paris & Pouysségur, 1986; O'Donnell, 1991).

The stimulation of the Na⁺, K⁺, Cl⁻ cotransporter by thrombin and angiotensin II in rat glomerular mesangial cells has been shown to involve both protein kinase C and Ca²⁺/calmodulin (Homma et al., 1990).

Ca²⁺ has been reported to be involved in the activation of the cotransporter in vascular smooth muscle cells (Smith & Smith, 1987), in endothelial cells (O'Donnell, 1989), and in rabbit tracheal epithelial cells (Liedtke, 1990). In vascular smooth muscle the stimulation of the Na⁺, K⁺, Cl⁻ cotransport system by angiotensin II is mediated by an increase in free cytosolic Ca²⁺ involving both Ca²⁺ entry via receptor-operated Ca²⁺ channels and Ca²⁺ release from internal stores (Owen & Ridge, 1989; O'Donnell, 1991).

The activation of the Na⁺, K⁺, Cl⁻ cotransporter, during RVI is inhibited 73% by pimozone in Ehrlich cells (see Fig. 11 and Table 7), suggesting the involvement of Ca²⁺/calmodulin in the activation of the cotransporter in these cells. It should be noted, however, that pimozone added 1 min after the hypertonic medium still inhibited about 44% indicating either that Ca²⁺/calmodulin are involved in keeping the cotransporter activated or that pimozone also directly inhibits the cotransporter. There is an increase in free Ca²⁺ in the period 1–10 min after hypotonic shock of 30 nM and a further increase of

10 nM after restoration of tonicity. Whether this increase in intracellular Ca²⁺ activity is sufficient to account for the activation of the Na⁺, K⁺, Cl⁻ cotransport system seen after the RVD/RVI protocol is uncertain. The microfilament reorganization during RVD (Cornet et al., 1993) is only seen in the presence of external Ca²⁺. Thus, the 30 nM increase in Ca²⁺ may be important for this reorganization. Since microfilament reassembly affects the cotransporter (Jessen & Hoffmann, 1992), the increase of 30 nM might be of importance. Measurements of Ca²⁺ transients at the single cell level are needed to approach this question. There are contradictory results obtained using agents which modify protein kinase C. As discussed above the stimulation of the cotransporter by TPA (see Fig. 12 and Table 7) indicates that protein kinase C may also be involved in the activation. Since staurosporine (see above) had no effect on the activation of the Na⁺, K⁺, Cl⁻ cotransport during RVI it seems, however, that protein kinase C may only play a minor role during RVI.

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