

R-Type Ca^{2+} -channel Activity Is Associated with Chromogranin A Secretion in Human Neuroendocrine Tumor BON Cells

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Received: 29 January 2003

Abstract. This electrophysiological study was undertaken to investigate the role of voltage-operated Ca^{2+} channels (VOCCs) in cultivated human neuroendocrine tumor (NET) cells. Patch-clamp techniques, measurements of intracellular Ca^{2+} ($[\text{Ca}^{2+}]_i$), and secretion analysis were performed using cultured human NET BON cells. Ba^{2+} inward currents through R-type channels ($\text{Ca}_v2.3$) were measured and identified by SNX-482 (10 nM), a novel voltage-sensitive R-type Ca^{2+} channel antagonist. In the presence of nifedipine (5 μM), ω -Conotoxin GVIA (100 nM) and ω -Agatoxin IVA (20 nM), R-type channel currents were also detectable. Release of Ca^{2+} from intracellular Ca^{2+} stores by intracellular application of inositol-1,4,5-trisphosphate (InsP_3 ; 10 μM) via the patch pipette during whole-cell configuration as well as induction of capacitative Ca^{2+} entry (CCE), a passive maneuver to release Ca^{2+} from intracellular Ca^{2+} stores, led to an increase in $[\text{Ca}^{2+}]_i$. This effect could be reduced by SNX-482 (20 nM). In addition, SNX-482 (25 nM) also decreased chromogranin A (CgA) secretion, whereas ω -Conotoxin GVIA (500 nM) and nifedipine (5 μM) failed to reduce CgA secretion. We conclude that these data reveal neuronal R-type channel activity ($\text{Ca}_v2.3$), for the first time associated with CgA secretion in BON cells. Influx of Ca^{2+} by activation of R-type channels may lead to an increase of intracellular Ca^{2+} , which stimulates CgA secretion. Thus, R-type channels could play an important role in certain clinical characteristics of NETs, such as the hypersecretion syndrome.

Key words: Neuroendocrine tumor — BON — R-type Ca^{2+} channels — Chromogranin A — Intracellular Ca^{2+} — Hypersecretion syndrome

Introduction

Depending on the primary location, neuroendocrine tumor (NET¹) cells release hormones and biogenic amines in distinct patterns leading to typical hypersecretion syndromes. For example, the release of serotonin is almost exclusively observed in midgut location, whereas the release of gastrointestinal hormones (e.g., gastrin, insulin) is primarily found in foregut location (Wiedenmann et al., 1998). The release of these peptide hormones, biogenic amines or growth factors is caused by Ca^{2+} entry. Therefore, Ca^{2+} channels could play an important role for secretion of these substances in NET cells. Since electrical properties of cell membranes are involved in these functions of NET, considerable attention has been directed to patch-clamp studies of NET cells. Therefore, voltage-operated Ca^{2+} channels (VOCCs) of the L-, N-, and P/Q-type have been investigated (Scherubl & Hescheler, 1991; Mangel et al., 1993; Snow et al., 1993; Glassmeier et al., 1997). These electrophysiological characteristics apply to both permanent as well as human primary NET cell cultures (Glassmeier et al., 1997). However, the role of each Ca^{2+} subtype channel remained unclear. Investigation of secretion in β -cells of the pancreas revealed that VOCCs of the R-type have an important trigger function for insulin release (Maechler & Wollheim, 1999; Vajna et al., 2001). Thus, the R-type Ca^{2+} channel has functional relevance in the neuroendocrine system (Pereverzev et al., 2002). So far, it is not clear whether R-type Ca^{2+} channels are also

¹*Abbreviations:* Neuroendocrine tumor (NET); voltage operated calcium channels (VOCCs); capacitative Ca^{2+} entry (CCE), chromogranin A (CgA), ethylene glycol-bis-(β -aminoethyl ether) N, N', N', N'-tetraacetic acid (EGTA); N-[hydroxyethyl] piperazine-N'-[2 ethansulfonic acid] (HEPES); tetraethylammonium chloride (TEACl), tris(hydroxymethyl)-amino methane (Tris).

expressed in cultivated NET BON cells and whether these channels are participating in the secretion of certain tumor markers, such as CgA. The aim of this study was to investigate the relationship between distinct Ca^{2+} -channel activities and CgA secretion in human NET BON cells. We therefore analyzed the electrophysiological properties by using patch-clamp techniques (Hamill et al., 1981; Horn & Marty, 1988), fluorometric measurements (Grynkiewicz, Poenie & Tsien, 1985) and secretion analysis.

Materials and Methods

CELL CULTURE

NET BON cells were used as a representative model of NET disease. This cell line was derived from a human pancreatic NET and was systematically cultured using routine culture conditions and media as previously described (Evers et al., 1994; Ahnert-Hilger et al., 1996). Cultures aged 3–7 days were used for patch-clamp recordings and secretion analysis.

PATCH-CLAMP RECORDINGS

Coverslips with human NET BON cells were mounted on the stage of a microscope (Olympus, BX50WI) and superfused with an extracellular sodium- and potassium-free bath solution containing (in mmol/L): N-methyl-D-glucamine, 120; CsCl, 5.4; MgCl_2 , 1.0; glucose, 10; and HEPES acid, 10 (pH adjusted to 7.3). To isolate inward currents through voltage-gated Ca^{2+} channels, Ba^{2+} (10 mM) was used as the charge carrier. Pipettes of soft glass with a resistance of 2–5 M Ω were pulled using a Universal-Puller (Sutter, USA). Pipettes for whole-cell recordings were filled with a pipette solution containing (in mmol/L): CsCl, 130; MgCl_2 , 4.0; EGTA 10; and HEPES salt, 10 (pH adjusted to 7.3). For perforated patch recordings, the pipette solution contained additionally 20–60 $\mu\text{g}/\text{ml}$ nystatin (back-filled). Membrane currents were recorded using an EPC 8 (HEKA, Lamprecht, Germany). Electrical stimulation, data storage, and data processing were performed using TIDA 5.0 software (HEKA, Lamprecht, Germany) in conjunction with a conventional computer (PC). All electrophysiological experiments were performed at room temperature. Membrane capacitance and access resistance were calculated from the capacitance current transient induced by hyperpolarization voltage steps of 50 ms duration and 90 mV amplitude from the holding potential (–70 mV). In the whole-cell configuration, BON cells showed an access resistance of $45 \pm 3 \text{ M}\Omega$ ($n = 12$) and a mean membrane capacitance of $64 \pm 13 \text{ pF}$ ($n = 12$). Pipette capacitance, membrane capacitance and access resistance were compensated by the patch-clamp amplifier. Voltage-dependent Ba^{2+} currents were induced by nine depolarizing voltage steps of 50 ms and 10 mV increasing amplitude at a frequency of 1 Hz from a holding potential of –70 mV. Data are regularly presented as mean \pm SEM. Statistical analysis was performed using Student's *t*-test; *p* values lower than 0.05 were considered significant.

MEASUREMENTS OF INTRACELLULAR FREE Ca^{2+}

Human NET BON cells were preincubated with culture medium containing the fluorescent dye fura-2 AM (1 μM) for 45 min. Subsequently, the cells were washed with the extracellular bath solution described above. Changes in intracellular Ca^{2+} ($[\text{Ca}^{2+}]_i$)

were measured by fura-2 fluorescence at room temperature with a digital imaging system (T.I.L.L. Photonics, Munich, Germany). Fura-2 fluorescence was excited alternatively at 340 nm and 380 nm wavelength and changes in $[\text{Ca}^{2+}]_i$ were observed based on the ratio of the fluorescence obtained. The concentration of cytosolic free Ca^{2+} ($[\text{Ca}^{2+}]_i$) (nM) was calculated according to Grynkiewicz et al. (1985). For calibration of $[\text{Ca}^{2+}]_i$, fluorescence in the presence of EGTA (1 mM) or ionomycin (1 μM) was obtained.

CHROMOGRANIN A (CgA) SECRETION ANALYSIS

For secretion experiments, human NET BON cells were cultured at a density of 5×10^5 cells/well for 2 days. Cells were preloaded for 2 h at 37°C in Krebs-Ringer-HEPES (KRH) buffer, washed three times with KRH buffer and then treated with the secretagogues or vehicle for 25 min at 37°C. CgA concentrations were then determined using a CgA-specific enzyme-linked immunosorbent assay (Dako, Hamburg, Germany) in supernatants and cell lysates in L-buffer (containing (in mmol/L) Tris-HCl, 130; CaCl_2 , 10; and NaCl, 75 (pH adjusted to 8.0), and 0.4% Triton X-100). CgA secretion values were determined as percent of secretion related to the total amount of detected CgA. Experiments were routinely conducted at least in triplicates.

CHEMICALS

Media and supplements for cell culture were purchased from GIBCO-Life Technologies (Eggenstein, Germany) and/or BIOCHROM (Berlin, Germany). ω -Conotoxin GVIA, ω -Agatoxin VIA and SNX-482 were obtained from Alomone labs (Jerusalem, Israel). All other chemicals were obtained from Sigma (Deisenhofen, Germany), Serva (Heidelberg, Germany), and from RBI Research Biochemicals (Köln, Germany).

Results

IDENTIFICATION OF Ca^{2+} SUBTYPE CHANNELS IN HUMAN NET BON CELLS

Under potassium- and sodium-free bath and pipette solutions, voltage-dependent Ca^{2+} channel inward currents were activated when 10 mM Ba^{2+} was used as charge carrier. These currents activated at potentials more positive than –45 mV (Fig. 1) and showed an inactivation time usually slower than 100 ms (estimated by single-exponential fit). The normalized maximal current amplitude was $3.54 \pm 0.83 \text{ pApF}^{-1}$ ($n = 4$) and was reduced by the R-type channel antagonist SNX-482 (10 nM) to $80 \pm 8\%$ of control (set to 100%), indicative of R-type channel activity (Fig. 1C). Recovery occurred to $103 \pm 6\%$ of control (all $n = 4$). In addition, extracellular application of SNX-482 led to a reduction of intracellular free Ca^{2+} under resting membrane potential conditions from $116 \pm 8 \text{ nM}$ to $70 \pm 4 \text{ nM}$ (Fig. 2). Recovery occurred to $103 \pm 9 \text{ nM}$ ($n = 4$). Incidentally, L-, N-, and P/Q-type channel activity could also be demonstrated. Initially, L-type channels were measured and identified by the L-type channel opener Bay K 8644 (5 μM). Whereas Bay K 8644 increased the currents to $136 \pm$

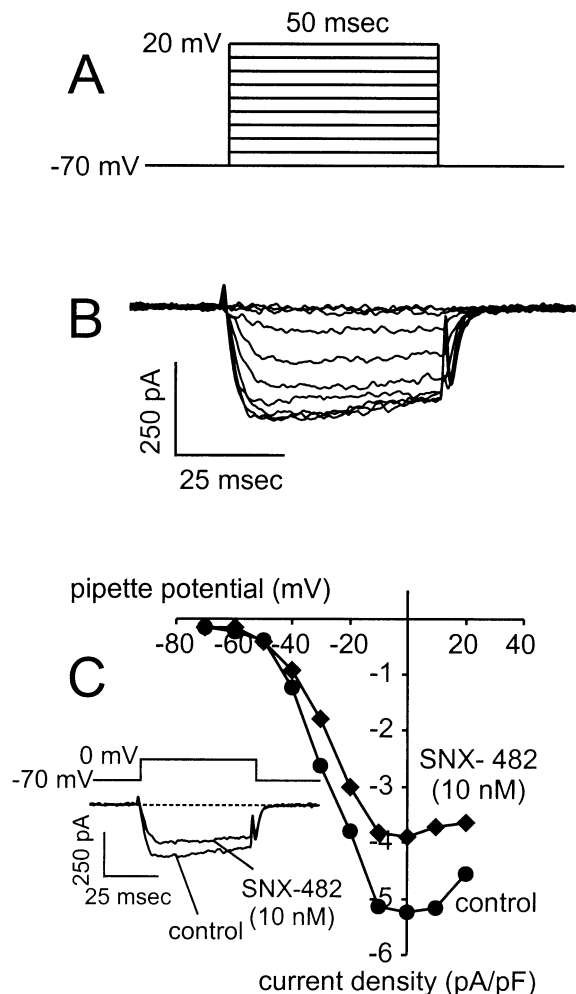


Fig. 1. Identification of Ba^{2+} currents through R-type Ca^{2+} channels ($\text{Ca}_v2.3$) in human NET BON cells. (A) Pattern of electrical stimulation to induce voltage-dependent inward currents. The membrane potential was clamped to -70 mV. The cell was stimulated by nine voltage steps of 50 ms duration and 10 mV increasing amplitudes. (B) Inward currents induced by the electrical stimulation with Ba^{2+} (10 mM) as the charge carrier under extra- and intracellular K^+ , and Na^+ -free conditions. (C) Effect of extracellular application of SNX-482 (10 nM) summarized in a current/voltage plot and as current traces (*insert*). For the current/voltage relation, maximal peak current amplitudes (pA) were normalized to each cell membrane capacity (pF) (current density; pA/pF) and plotted against the pipette potential (mV) of the electrical stimulation.

9% ($n = 3$) of control (Fig. 3), the N-type blocker ω -Conotoxin GVIA (100 nM) (Olivera et al., 1985) decreased the currents only to $78 \pm 4\%$ ($n = 3$) of control (Fig. 4A, 4B), indicating L-type channel activity at higher levels than N-type channel activity. This also applied to R-type channels. R-type channel activity was at lower levels than L-type channel activity (Fig. 3). In addition, P/Q-type channels could be barely detected by the P/Q-type channel blocker ω -Agatoxin IVA (20 nM) (Fig. 4C). After blockage of L-, N-, and P/Q-type channels, residual Ca^{2+} channel

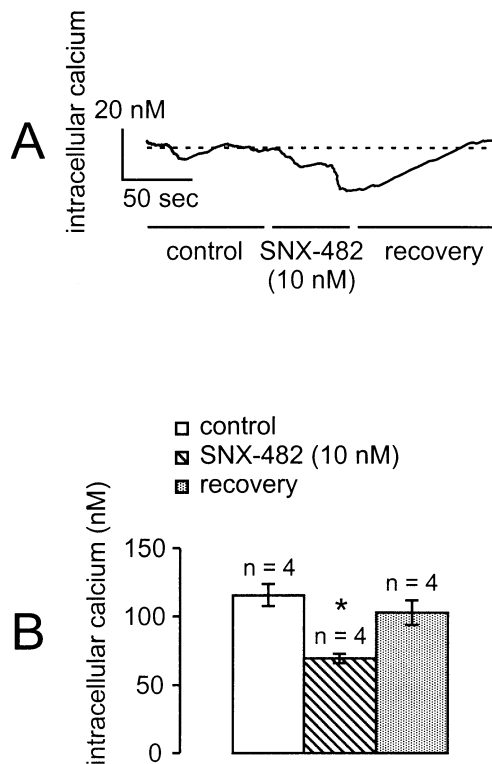


Fig. 2. R-type channel activity in non-stimulated human NET BON cells. (A) Effect of extracellular application of SNX-482 (10 nM) on cytosolic free Ca^{2+} . Changes in cytosolic free Ca^{2+} are depicted as the ratio of the fluorescence values induced by excitation wavelengths 340 and 380 nm. Intracellular Ca^{2+} concentration was calculated by the equation from Grynkiewicz et al. (1985). (B) Summary of the experiments with SNX-482.

currents were detectable ($58 \pm 7\%$ of control; recovery occurred to $86 \pm 11\%$ of control; all $n = 4$) (Fig. 4C). Thus, R-type channel currents could be detected independently from SNX-482. In conclusion, human NET BON cells express R-type channels as well as L-, N-, and P/Q-type channels. These experiments revealed that L-type channel activity is at higher levels than any other subtype channel activity.

ACTIVE DEPLETION OF INTRACELLULAR Ca^{2+} STORES

To obtain more information about the mechanism of R-type channel activation, release of Ca^{2+} from intracellular Ca^{2+} stores by intracellular application of inositol-1,4,5-trisphosphate (InsP_3 ; 10 μM) via the patch pipette during whole-cell configuration was performed. This led to an activation of Ca^{2+} channels as shown in Fig. 5. One min after establishing the whole-cell configuration, the relative current (measured from a voltage step to 0 mV from a holding potential of -70 mV) was $130 \pm 15\%$ ($n = 3$) of the control, measured after establishing the whole-cell configuration with InsP_3 in the patch pipette. Later, at the maximum InsP_3 -induced increase of Ca^{2+}

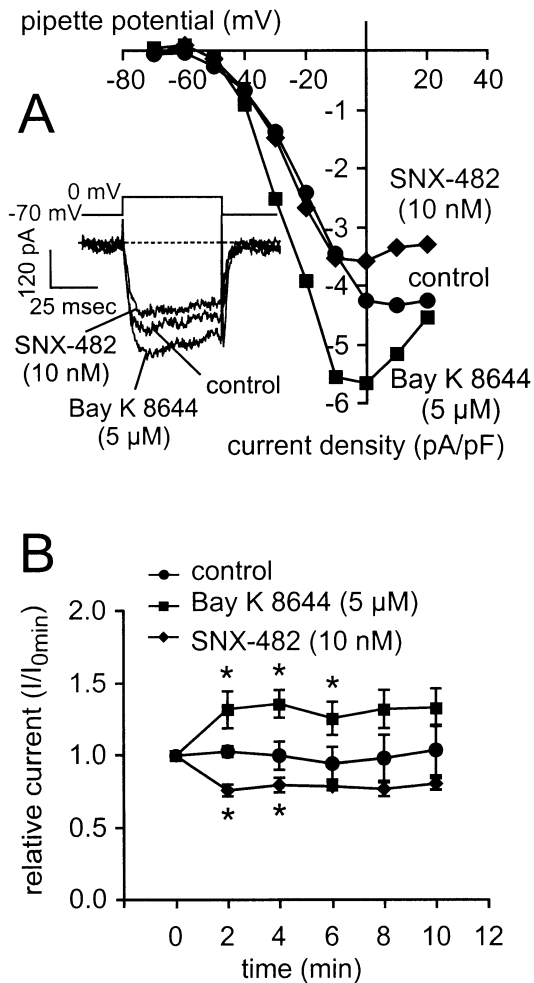
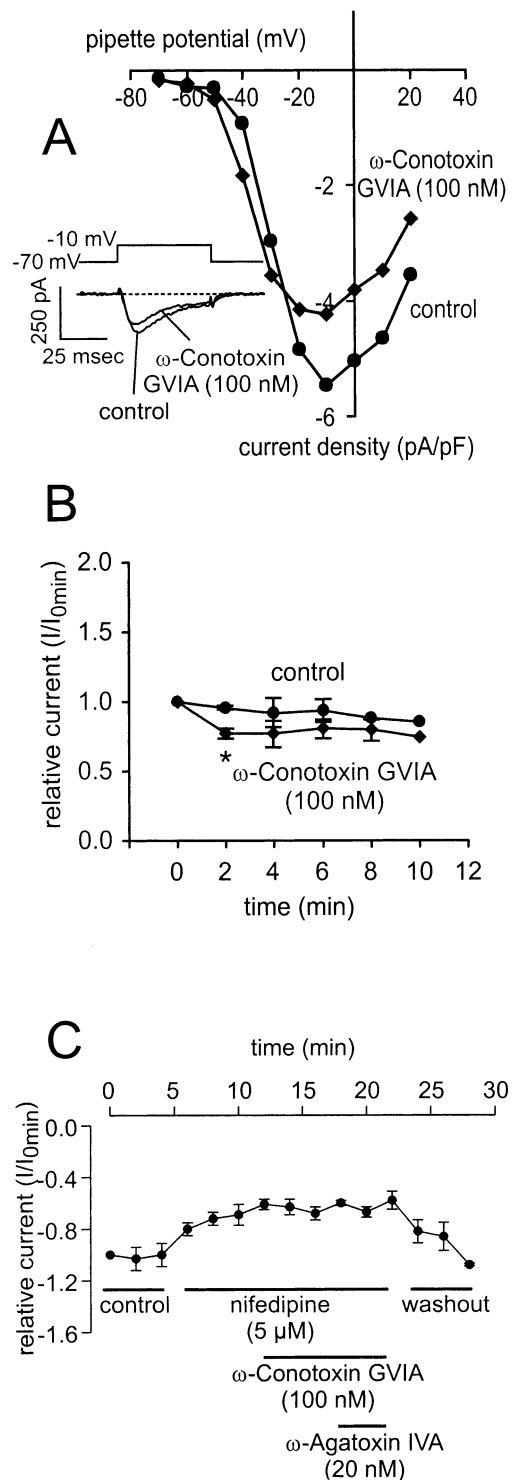


Fig. 3. Proportion of L- and R-type channel activity ($Ca_v1.3$ and $Ca_v2.3$) in human NET BON cells. (A) Effect of extracellular application of Bay K 8644 (5 μ M) and SNX-482 (10 nM) summarized in a current/voltage plot and as current traces (insert panel). The cells were depolarized from -70 mV to $+20$ mV in 10-mV steps for the duration of 50 ms. For the current/voltage relation, maximal peak current amplitudes (pA) were normalized to each cell membrane capacity (pF) (current density; pA/pF) and plotted against the pipette potential (mV) of the electrical stimulation. (B) Time course (min) of changes in the relative current amplitudes (I/I_{0min}) of Ca^{2+} -channel currents during perforated-patch configuration. Maximal peak currents induced by depolarization from -70 mV to 0 mV were measured every 2 min and plotted against time. Currents were normalized to the control amplitude (I/I_{0min}) measured directly before application of the Ca^{2+} -channel modulator. The upper trace (quadrangles) was determined in the presence of the L-type channel opener Bay K 8644 (5 μ M) ($n = 3 - 5$) and the middle trace (circles), in the absence of Ca^{2+} -channel modulators (control) ($n = 3 - 6$). The lower trace (rhombs) was determined in the presence of the R-type channel blocker SNX-482 (10 nM) ($n = 3 - 4$). The asterisks (*) indicate statistically significant differences ($p < 0.05$) compared with controls, using Student's t -test.

currents (at 4 min), it was $140 \pm 10\%$ ($n = 3$) (Fig. 5C). Interestingly, the currents were subsequently diminished. Establishing the whole-cell configuration without $InsP_3$ in the patch-pipette solution did not



change Ca^{2+} -channel current amplitude (after 6 min $94 \pm 11\%$ and after 10 min $89 \pm 4\%$ of the current amplitude, measured directly after break into whole-cell configuration; $n = 3-5$) (Fig. 5C). Measurements of intracellular free Ca^{2+} supported these findings. When the membrane potential was clamped to the mean resting potential of BON cells (about -50 mV), intracellular application of $InsP_3$ (10 μ M) increased

Fig. 4. Identification of Ba²⁺ currents through different Ca²⁺ subtype channels in human NET BON cells. (A) Effect of extracellular application of ω -Conotoxin GVIA (100 nM) summarized in a current/voltage plot and as current traces (*insert panel*), indicating N-type channel activity. The cells were depolarized from -70 mV to +20 mV in 10-mV steps for the duration of 50 ms. For the current/voltage relation, maximal peak current amplitudes (pA) were normalized to each cell membrane capacity (pF) (current density; pA/pF) and plotted against the pipette potential (mV) of the electrical stimulation. (B) Time course (min) of changes in the relative current amplitudes ($I/I_{0\text{ min}}$) of Ca²⁺-channel currents during perforated-patch configuration. Maximal peak currents induced by depolarization from -70 mV to -10 mV were measured every 2 min and plotted against time. Currents were normalized to the control amplitude ($I/I_{0\text{ min}}$) measured directly before application of the Ca²⁺-channel modulator. The upper trace (*circles*) was determined in the absence of the N-type channel blocker (*control*) ($n = 3$). The lower trace (*rhombs*) was determined in the presence of the N-type channel blocker ω -Conotoxin GVIA (100 nM) ($n = 3$). The asterisk (*) indicates a statistically significant difference ($p < 0.05$) compared with controls, using Student's *t*-test. (C) Identification of residual (R-type) Ca²⁺ channel currents (Ca_v2.3) in human NET BON cells in the presence of the L-type channel blocker nifedipine (5 μ M), the N-type channel blocker ω -Conotoxin GVIA (100 nM), and the P/Q-type channel blocker ω -Agatoxin IVA (20 nM) ($n = 3 - 8$). Voltage-dependent Ba²⁺ inward currents were measured every two minutes in the perforated patch configuration by depolarization the cells from -70 to 0 mV for 50 msec. Currents were normalized to -1 (control amplitude).

[Ca²⁺]_i, beginning 2 min after establishing the whole-cell configuration (203 \pm 21% of the control value directly after establishing the whole-cell configuration; $n = 3$) (Fig. 6A). This response was influenced by the R-type channel antagonist SNX-482 (10 nM). Several minutes after breaking into whole-cell configuration, SNX-482 decreased the slope of the InsP₃-induced rise in [Ca²⁺]_i, indicating partial involvement of R-type channels. (Fig. 6B). Unfortunately, this effect was barely detectable because the whole-cell configuration was not stable after a certain time.

PASSIVE DEPLETION OF INTRACELLULAR Ca²⁺ STORES

To definitely demonstrate that R-type channels could be activated by release of Ca²⁺ from intracellular Ca²⁺ stores, we used an additional method for depletion of cytosolic Ca²⁺ stores. In this set of experiments, the so-called capacitative Ca²⁺ entry (CCE) was induced in human NET BON cells. Changes in [Ca²⁺]_i were monitored by fura-2 measurements. Fig. 7 summarizes the elevation of [Ca²⁺]_i and R-type channel activity achieved by passive depletion of intracellular Ca²⁺ stores by induction of CCE. CCE was stimulated at a holding potential of -50 mV as follows: cytosolic Ca²⁺ stores were depleted by cellular incubation in a Ca²⁺-free bath solution containing the Ca²⁺ ionophore ionomycin (1 μ M). This led to a significant increase in [Ca²⁺]_i. After washout of ionomycin, cytosolic free Ca²⁺

decreased. Restoration of extracellular Ca²⁺ led to an influx of Ca²⁺, resulting in an increase of [Ca²⁺]_i over the base value from 100 \pm 4 nM; $n = 3$ to 285 \pm 18 nM ($n = 3$) (Fig. 7A). This influx was significantly reduced by the R-type channel blocker SNX-482 (20 nM) to 192 \pm 6 nM ($n = 3$) (Fig. 7B). Thus, passive depletion of cytosolic Ca²⁺ stores by inducing CCE led to an increase in [Ca²⁺]_i and R-type channel activity.

ASSOCIATION WITH REGULATED CgA SECRETION

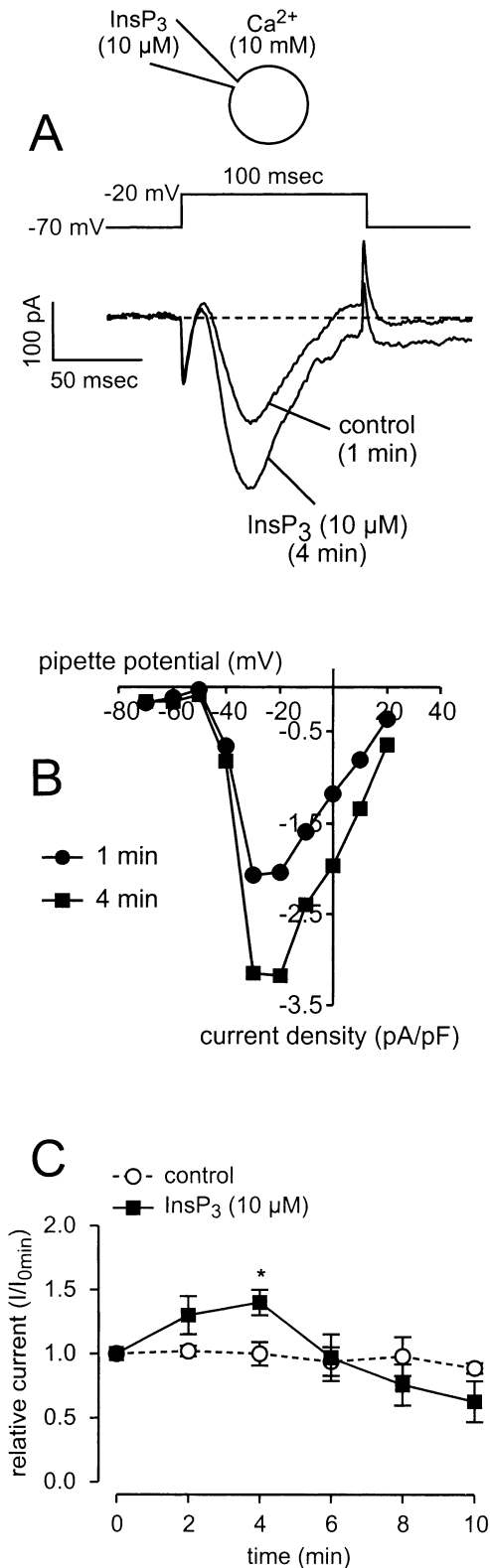
To identify the participation of Ca²⁺ channel subtypes in the regulation of CgA secretion of human NET BON cells, Ca²⁺ channels were separately inhibited by the R-type channel blocker SNX-482 (25 nM), the L-type channel blocker nifedipine (5 μ M), the N-type blocker ω -Conotoxin GVIA (500 nM) and the T/R-type channel inhibitor nickel chloride (NiCl₂; 100 μ M) (Lee et al., 1999). Whereas ω -Conotoxin GVIA failed to modify CgA secretion, SNX-482 and NiCl₂ were able to significantly reduce CgA secretion from 46 \pm 1% (with 30 mM KCl) to 34 \pm 3% and from 26 \pm 1% (even in the absence of 30 mM KCl) to 18 \pm 1%, respectively, in the assay conditions used (all $n = 3$) (Fig. 8). In addition, nifedipine (5 μ M) was not able to reduce CgA secretion (*not shown*). Taken together, regulated CgA secretion is more likely associated with R-type channel activity than with N- or L-type channel activity in human NET BON cells.

Discussion

In this study, we were able to demonstrate R-type channel activity corresponding to the class E Ca²⁺ channel (Ca_v2.3) in cultivated human NET BON cells for the first time. While the presence of L-, N-, and P/Q-type Ca²⁺ channels in human NE cells and NET cells of the gut has already been demonstrated (Glassmeier et al., 1997; Ahnert-Hilger et al., 1996; Magnelli et al., 1995, 1996; Bufler et al., 1998; Himmel et al., 1998; Basavappa et al., 1999), the expression of R-type channels in human NET BON cells has not been described to date. Recently, Vajna and coworkers characterized in the rat insulinoma cell line, INS-1, a tissue-specific splice variant of α_{1E} (α_{1E}) at the mRNA and protein levels, indicating Ca_v2.3 Ca²⁺ channel proteins in the endocrine system (Vajna et al., 2001, Pereverzev et al., 2002).

R-TYPE CHANNEL ACTIVITY

In our study, we found that Ca²⁺ channel currents in human NET BON cells were sensitive to the novel synthetic toxin peptide SNX-482, originated from *Hysteroocrates gigas*, which has been described as a Ca²⁺ channel blocker with high specificity for



R-type channel subtypes (Newcomb et al., 1998; Wang et al., 1999). In BON cells, however, the currents activate at potentials more positive than -45 mV, which is not typical for R-type channels

Fig. 5. Effect of intracellular application of InsP₃ on maximal Ca²⁺ channel amplitude in human NET BON cells. (A) Ca²⁺ currents through voltage-dependent Ca²⁺ channels during intracellular application of InsP₃ (10 μM). Currents were stimulated by a test potential from -70 mV to -20 mV of 100 msec duration. The upper Ca²⁺-current trace was detected 1 min after breaking into whole-cell configuration. The lower Ca²⁺-current trace was detected at the maximum of the InsP₃-induced rise in [Ca²⁺]_i (4 min after breaking into the whole-cell configuration). (B) Current/voltage relation of the currents in the same experiment shown in (A). Currents activated at potentials more positive than -50 mV. Circles signify currents measured 1 min after breaking with InsP₃ (10 μM) into whole-cell configuration. Squares signify currents corresponding to the maximum effect of InsP₃-induced rise in [Ca²⁺]_i (4 min after breaking into the whole-cell configuration). (C) Time course (min) of changes in the relative current amplitudes (I/I_{0min}) of Ca²⁺-channel currents after establishing the whole-cell configuration. Maximal peak currents induced by depolarization from -70 mV to -20 mV were measured every 2 min and plotted against time. Currents were normalized to the control amplitude (I/I_{0min}) measured directly after breaking into the whole-cell configuration. The line marked with squares was determined in the presence of InsP₃ (10 μM) in the pipette solution ($n = 3$). The line marked with circles was determined in the absence of InsP₃ in the pipette solution (control) ($n = 3 - 5$). The asterisk (*) indicates a statistically significant difference ($p < 0.05$) compared with controls, using Student's *t*-test.

usually classified as high-voltage activated (HVA) channels (Catterall, 2000). Interestingly, Kwiecien et al. (1998) observed nickel-sensitive Ca²⁺ channels in cells derived from a rat pituitary tumor (GC cell line) with similar activation threshold potentials. They described these channels as T/R-type channels because parallel experiments revealed the expression of the class E Ca²⁺ channel $\alpha 1$ -subunit mRNA (for comparison of T-, and R-type channels, see Randall & Tsien, 1997). In our investigation, the currents were also nickel-sensitive (*data not shown*). However, nickel does not exhibit unequivocal specificity for R-type channels. Therefore, we used the voltage-sensitive R-type Ca²⁺ channel antagonist SNX-482. It is true that this compound does not exhibit unequivocal specificity for R-type channels, but SNX-482 very effectively antagonizes their activation (Bourinet et al., 2001). In addition, Newcomb et al. (1998) described this compound as a potent and selective blocker of the class E Ca²⁺ channel, corresponding electrophysiologically to R-type channels (Perez-Reyes & Schneider, 1995; Catterall, 2000). On the other hand, we were able to detect residual Ca²⁺ channel activity independently of SNX-482 by sequential blockage of L-, N-, and P/Q-type channel activity with specific Ca²⁺ channel blockers. This sequential blockage not only demonstrated L-, N-, and P/Q-type channel activity, but also R-type channel activity. Thus, R-type channels are expressed in human NET BON cells, and were registered electrophysiologically in two manners.

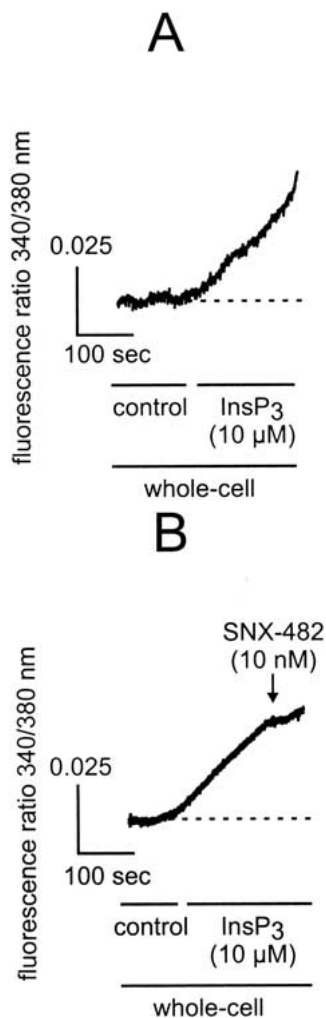


Fig. 6. Effect of intracellular application of InsP_3 on cytosolic free Ca^{2+} concentration in human NET BON cells. (A) Change in $[\text{Ca}^{2+}]_i$ (shown as fluorescence ratio) during intracellular application of InsP_3 ($10 \mu\text{M}$) via the patch pipette during whole-cell configuration. About 100 s after establishing the whole-cell configuration, an InsP_3 -induced rise in $[\text{Ca}^{2+}]_i$ was detectable. (B) Several minutes after breaking into whole-cell configuration, extracellular application of the R-type channel antagonist SNX-482 (10 nM) slightly decreased the slope of the InsP_3 -induced rise in $[\text{Ca}^{2+}]_i$, indicating putative involvement of voltage-dependent R-type channels.

MECHANISM OF Ca^{2+} CHANNEL ACTIVATION

In different cell types, intracellular application of InsP_3 via the patch pipette during whole-cell configuration led to depletion of cytosolic Ca^{2+} stores (Jayaraman et al., 1996), an increase in $[\text{Ca}^{2+}]_i$ (Sneyd et al., 1995; Strauss, Wiederholt & Wienrich, 1996; Strauss et al., 1999), and activation of voltage-dependent Ca^{2+} channels (Mergler & Strauss, 2002). We could also demonstrate this in NET cells such as the BON cell line. In contrast to non-NET cells, however, the Ca^{2+} -channel activation during whole-cell configuration was only temporary, which could

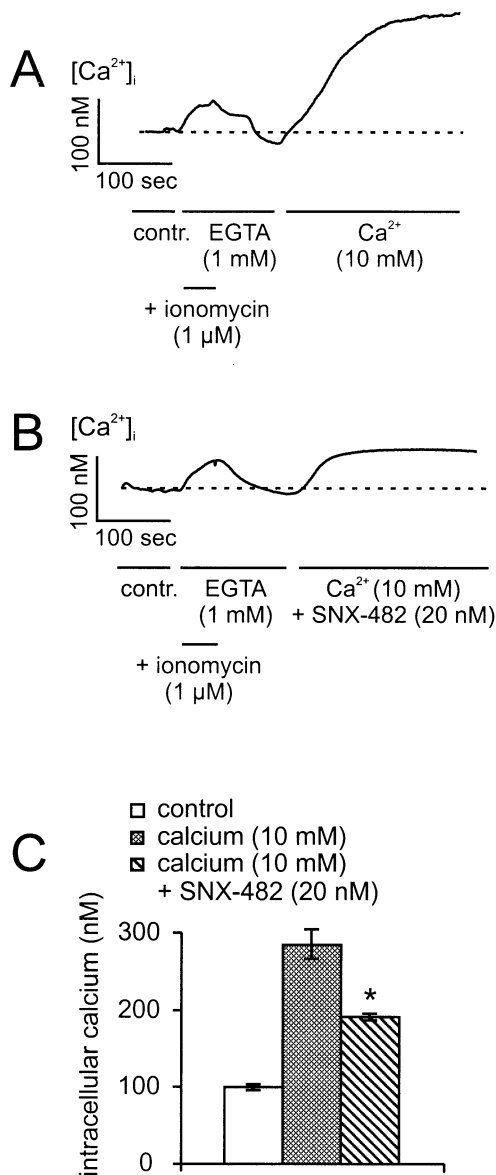


Fig. 7. Voltage-dependent R-type channels activated by depletion of cytosolic Ca^{2+} stores in human NET BON cells, demonstrated by induction of capacitative Ca^{2+} entry (CCE). (A) The control solution contains 10 mM Ca^{2+} . Subsequently, the cells were superfused with a Ca^{2+} -free bath solution (bath solution without Ca^{2+} , supplemented with 1 mM EGTA) and ionomycin ($1 \mu\text{M}$) to deplete intracellular Ca^{2+} stores. Following the wash-out of ionomycin, extracellular Ca^{2+} (10 mM) was added back (standard bath solution), inducing CCE. Changes in $[\text{Ca}^{2+}]_i$ were monitored on the basis of fura-2 fluorescence. Changes in $[\text{Ca}^{2+}]_i$ levels following the restitution of extracellular Ca^{2+} are indicative of the activity of membrane Ca^{2+} channels. (B) Reduction of the magnitude of CCE by the R-type channel antagonist SNX-482 (20 nM), indicating involvement of voltage-dependent R-type channels. (C) Comparison of $[\text{Ca}^{2+}]_i$ levels under control conditions, after induction of CCE (10 mM Ca^{2+}), and after induction of CCE in the presence of SNX-482 (10 nM) (all $n = 3$). The asterisk (*) indicates a statistically significant difference ($p < 0.05$) compared with controls, using Student's *t*-test.

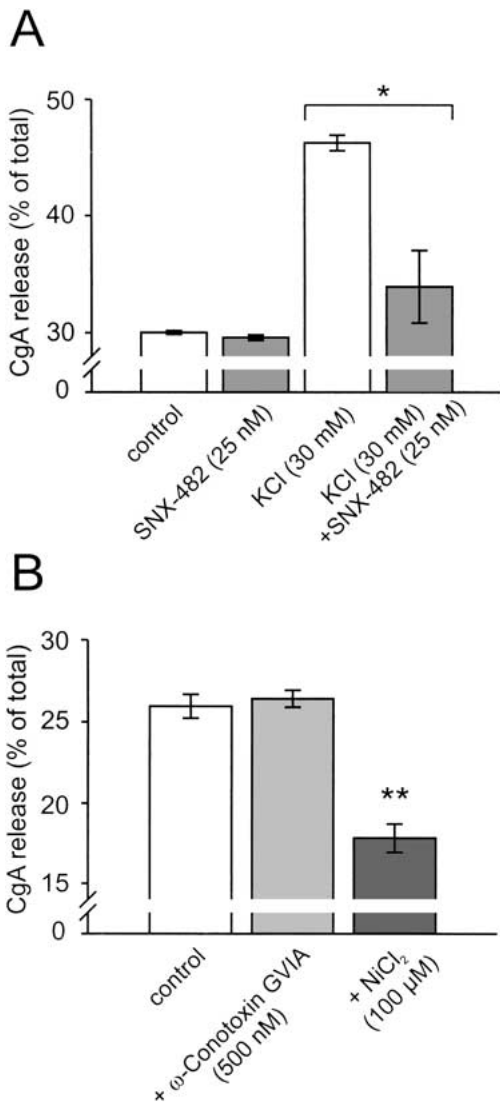


Fig. 8. Regulated CgA secretion in human NET BON cells. (A) Effect of the R-type channel antagonist SNX-482 (25 nM) in the presence of KCl (30 mM). (B) Effect of the N-type channel blocker ω -Conotoxin GVIA (500 nM) and the T- and R-type channel blocker nickel (NiCl₂) (100 μ M). The asterisks (* and **) indicate statistically significant differences ($p < 0.05$ and $p < 0.01$, respectively) compared with controls, using Student's *t*-test.

be a characteristic property of NET BON cells. The mechanism of Ca²⁺ channel activation by the Ca²⁺/inositolphosphate second messenger system in non-NET cells is still under discussion. Some studies revealed that InsP₃ could directly activate Ca²⁺ channels (Kuno & Gardner, 1987). On the other hand, the release of Ca²⁺ from intracellular Ca²⁺ stores could induce a signal to the cell membrane leading to stimulation of L-type channels as discussed by Strauss and Mergler (Strauss et al., 1999; Mergler & Strauss, 2002). In our study, we presume an involvement of R-type channels activated by cytosolic Ca²⁺-store depletion because the effect of

intracellular application of InsP₃ via the patch pipette could be influenced by the R-type channel antagonist SNX-482. However, this effect was barely detectable. We presume that the moment of R-type channel activation is only temporary and difficult to detect. On the other hand, we are able to demonstrate R-type channel activation by cytosolic Ca²⁺-store depletion independently from InsP₃. This supports our supposition of Ca²⁺ channel activation by an unknown Ca²⁺ influx signal from the cytosolic Ca²⁺ stores to the cell membrane, as discussed in non-NET cells (Putney, Jr. & Bird, 1993; Randriamampita & Tsien, 1995; Mergler & Strauss, 2002). In our study, we investigated Ca²⁺-channel activation in NET BON cells by Ca²⁺-store depletion via induction of the so-called capacitative Ca²⁺ entry (CCE) (Putney, Jr. & Bird, 1993; Putney, Jr., 1997; Putney, Jr. & McKay, 1999; Putney, Jr. et al., 2001) and checked the involvement of definite voltage-dependent Ca²⁺ channels by specific Ca²⁺-subtype channel modulators. Indeed, Ca²⁺-subtype channel blockers for L- or N-type channels decreased the magnitude of CCE (*data not shown*). We additionally tested SNX-482, which significantly decreased the magnitude of CCE as well as confirmed that voltage-dependent R-type channels are also activated by depletion of cytosolic Ca²⁺ stores.

PUTATIVE ROLE OF R-TYPE Ca²⁺ CHANNELS

The function of voltage-dependent Ca²⁺ channels in human NET cells is not completely clear. We suggest that definite Ca²⁺-channel subtypes could be linked to secretion of definite peptides or hormones, as described in the literature. For example, Pereverzev et al. found that alpha1E (electrophysiologically linked to R-type channels [Catterall, 2000]) is involved in glucose-induced insulin secretion probably by influencing the excitability of INS-1 cells (Vajna et al., 2001; Pereverzev et al., 2002). Furthermore, Wang et al. (1999) found that R-type Ca²⁺ currents in neurohypophysial terminals preferentially regulate oxytocin secretion (Wang et al., 1999). In our study, we therefore postulate that R-type channel activity is associated with CgA secretion in human NET BON cells because inhibitors/blockers for other Ca²⁺-channel subtype activity, such as those for N- or L-type channel activity, did not induce reduction of CgA secretion. Incidentally, we could not definitely exclude that CgA secretion is associated with P/Q-type channel activity. However, we suppose that this doesn't have to be taken into consideration because P/Q-type channel conductance was only barely detectable. Predominantly, influx of Ca²⁺, by activation of R-type channels may lead to an increase in intracellular Ca²⁺, which likely stimulates CgA secretion. We conclude that in contrast to other

Ca²⁺-channel subtypes, specific inhibition of R-type channel activity could be of clinical relevance for the control of hypersecretion in functional NET diseases.

The authors thank Drs. M. Höcker and K. Detjen for criticism and helpful discussions. In addition, Dr. O. Strauß (Clinic and Polyclinic for ophthalmology of the university hospital Hamburg-Eppendorf, section experimental ophthalmology, Hamburg, Germany) is gratefully acknowledged for improvement in experimental designs. Thanks to I. Eichorn and Y. Giesecke for technical assistance. Supported by a grant from the Wilhelm Sander Foundation and the Deutsche Forschungsgemeinschaft.

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