Cytosolic Ca^{2+} alteration mediates both ryanodine receptor and IP₃ receptor in TE671/RD cells

Shigeki EDAHIRO¹, Hiroaki YOSHIKAWA^{1, 3}, Kazuo IWASA¹, Minako HASHII² and Masahito YAMADA¹ ¹Department of Neurology and Neurobiology of Aging, Kanazawa University Graduate School of Medical Science; ²Department of Biophysical Genetics, Kanazawa University Graduate School of Medical Science; and ³Health Service Center Kanazawa University, Kanazawa, Japan

(Received 25 October 2004; and accepted 14 November 2004)

ABSTRACT

TE671/RD is a cell line obtained from the rhabdomyosarcoma cells. In the present study, we examined $[Ca^{2+}]_i$ alteration induced by acetylcholine (ACh) in TE671/RD cells with the special attention to ryanodine receptor (RyR) and inositol 1,4,5-trisphosphate receptor (IP₃R). The change of $[Ca^{2+}]_i$ was mediated by muscarinic type 3 (m3) AChR. Both phosphatidylinositol-specific phospholipase C blocker (U73122) and IP₃R blocker (2-APB) inhibited ACh-induced $[Ca^{2+}]_i$ elevation, suggesting that IP₃ pathway is involved in $[Ca^{2+}]_i$ alteration. Ryanodine and FK506 increased ACh-induced $[Ca^{2+}]_i$ elevation, which was decreased by RyR blocker (ruthenium red). These results suggest that RyR and FK506 binding protein 12 kDa (FKBP12) complex was involved in $[Ca^{2+}]_i$ change, and that TE671/RD cell line has a hybrid characteristic of smooth and skeletal muscles.

TE671/RD is a cell line obtained from the rhabdomyosarcoma cells (13). The functional studies and cDNA sequence data showed that TE671/RD cells expressed both nicotinic acetylcholine receptor (AChR) (11) and muscarinic AChR of m3 type (2).

 Ca^{2+} is an important intracellular messenger that mediates skeletal muscle contraction (9). At neuromuscular junction, acetylcholine (ACh) is released from the pre-synaptic membrane and opens the nicotinic AChR on the post-synaptic membrane (14). Opening of the receptor induces Na⁺ influx and K⁺ efflux, followed by release of Ca²⁺ from sarcoplasmic reticulum (SR) as a consequence of depolarization of the cell membrane. In this system, L-type voltage-gated calcium channel (VGCC) on transverse tubules and ryanodine receptor type 1 (RyR1) on SR play an important role. They are combined together on a foot structure, which induces voltageinduced Ca^{2+} release (VICR) (9). In smooth muscles, on the other hand, ACh binds to muscarinic AChR which makes a triplet structure with GTPbinding protein and phosphatidylinositol-specific phospholipase C (PI-PLC) on the cell membrane. PLC converts phosphatidylinositol 4,5-bisphosphate (PIP₂) to diacylglycerol and inositol 1,4,5-trisphosphate (IP₃). IP₃ receptors (IP₃R) that located on endplasmic reticulum (ER) work as a Ca^{2+} channel. This system is known as IP₃-induced Ca^{2+} release (8). These two systems usually function in skeletal muscle and smooth muscle, respectively.

In human TE671/RD cells, it is reported that muscarinic stimulation increased $[Ca^{2+}]_i$, while nicotinic stimulation did not (5). Electrophysiological experiments revealed, in addition to the nicotinic current, the activation of a K⁺-specific current in response to muscarine (4). However, there are only a few reports as to the ACh-induced $[Ca^{2+}]_i$ alteration in TE671/RD cells. In the present study, we exam-

Correspondence to: Hiroaki Yoshikawa, MD, PhD

Department of Neurology and Neurobiology of Aging Kanazawa University Graduate School of Medical Science, 13-1 Takara-machi, Kanazawa, Ishikawa 920-8640, Japan

Tel: +81-76-265-2292, Fax: +81-76-234-4253

E-mail: hiroaki@kenroku.kanazawa-u.ac.jp

ined changes of $[Ca^{2+}]_i$ in TE671/RD cells with special attention to RyR and IP₃R.

MATERIALS AND METHODS

Reagents. (±) nicotine, d-tubocurarine, (±) muscarine, atropine, U73122, ethylene glycol-bis(betaaminoethyl ether)-N,N,N',N'-tetraacetic acid (EGTA), HEPES, ruthenium red, 2-aminoethoxydiphenyl borate (2-APB), ryanodine and cyclosporine A (CyA) were purchased from SIGMA (St. Louis, MO, USA). FK506 was kindly provided by Fujisawa Pharmaceutical Co. (Tokyo, Japan). Pirenzepine, AF-DX 116, 4-DAMP and tropicamide were purchased from Tocris Cookson Inc. (Ballwin, MO, USA). Fluo-3AM and its solvent Pluronic[®] F-127 were purchased form Molecular Probes (Eugene, OR, USA). Nonidet^R P-40 (NP-40) was purchased from Nakalai Tesque (Kyoto, Japan). Dulbecco's Modified Eagle's Medium (DMEM), newborn calf bovine serum (CBS), penicillin and streptomycin were purchased from Gibco BRL, Life Technologies, Inc. (Rockville, MD, USA).

Cell culture. The TE671/RD was purchased from American Type Culture Collection (ATCC) (Rock-ville, MD, USA). The cell line was cultured in DMEM supplemented with 10% CBS, 100 U/mL penicillin and 100 µg/mL streptomycin at 37°C in an atmosphere containing 5% CO₂ (v/v). The cells were plated on 96-well plastic plates (Becton Dick-inson, Franklin Lakes, NJ, USA) at a density of 5×10^3 /mL and cultured for 7 days.

 $[Ca^{2+}]_i$ measurement. After the cells were washed 3 times with HEPES-buffered solution (HBS) (140 mM NaCl, 5 mM KCl, 0.5 mM MgCl₂, 20 mM HEPES, 10 mM glucose, 1 mM CaCl₂, pH 7.3), 50 µL of fluo-3AM diluted in HBS was added to each well (final concentration of 5μ M). Then, the plate was kept in the dark at room temperature. After 1 h, the fluo-3 solution was removed, and then 200 µL of HBS was added to each well. After incubation for 30 min in the dark at room temperature, the buffer was replaced with 50 μ L of fresh HBS. $[Ca^{2+}]_i$ in the fluo-3AM loaded cells was fluorometrically determined by Fluoroskan Ascent FL (Labsystems, Helsinki, Finland) at an excitation wave length of 485 nm and an emission wave length of 538 nm. The measuring interval was 1.35 sec. For calibration of the results, the F_{max} signal was obtained by adding 20 µL 1% NP-40 to the wells, which were then measured after a 10-min incubation. The F_{min} signal was obtained by adding 20 μ L 0.1 M EGTA to the wells and the plate was measured after 10 min. The estimated $[Ca^{2+}]_i$ was calculated by the formula below (3).

 $Ca^{2+}(nM) = (\Delta F - F_{min}/F_{max} - \Delta F) \times K_d$ $\Delta F: \text{ observed fluorescence}$ $F_{min}: \text{ fluorescence at low Ca}^{2+} (EGTA \text{ treated})$ $F_{max}: \text{ fluorescence at high Ca}^{2+} (NP-40 \text{ treated})$ $K_d: 390 \text{ nM for fluo-3}$

FK506 or other immunosuppressants was added to the cells 24 h before fluo-3AM loading. Atropine, d-tubocurarine, U73122, ryanodine, 2-APB and ruthenium red were added to the cells 10 min before the measurement of $[Ca^{2+}]_i$. Subclass specific muscarinic AChR blocker (pirenzepine, AF-DX 116, 4-DAMP, tropicamide) was also added 10 min before the addition of ACh. ACh was added at a final concentration of 1 μ M using a dispenser equipped in Fluoroskan Ascent FL.

Statistical Analysis. For statistical analysis, Student's *t*-test was performed after *F*-test. The *p*-value level of significance was p < 0.05. The results are expressed as mean \pm S.D.

RESULTS

Characterization of AChR that mediated $[Ca^{2^+}]_i$ elevation by ACh

To study $[Ca^{2+}]_i$ response induced by ACh, we measured $[Ca^{2+}]_i$ in TE671/RD cells continuously. The addition of ACh evoked a rapid $[Ca^{2+}]_i$ elevation followed by a slow decay accompanied by oscillatory $[Ca^{2+}]_i$ response, then reached a plateau (Fig. 1A, control). One hundred nM d-tubocurarine had no effect on the $[Ca^{2+}]_i$ elevation, but 100 nM atropine completely suppressed the elevation of $[Ca^{2+}]_{i}$ (Fig. 1A). Ten µM nicotine had no effect on the $[Ca_{\mu}^{2\tau}]_i$ level, while 10 μ M muscarine evoked a rapid $[Ca^{2+}]_i$ peak (Fig. 1B) without oscillatory response. To further elucidate the muscarinic receptor subtype that mediates $[Ca^{2+}]_i$ elevation, we incubated the cells with muscarinic receptor antagonists (pirenzepine [m1], AF-DX 116[m2], 4-DAMP [m3] and tropicamide [m4]) before the addition of ACh. Only 4-DAMP completely suppressed the $[Ca^{2+}]_i$ spiking evoked by ACh (Fig. 1C, D).

PI-PLC blocker and $IP_{3}R$ blocker inhibited ACh-induced $[Ca^{2+}]_i$ elevation

We studied the possibility of involvement of the



Fig. 1 A. $[Ca^{2+}]_i$ elevation in TE671/RD cells evoked by ACh. TE671/RD cells were loaded with fluo-3AM and $[Ca^{2+}]_i$ was measured at an interval of 1.35 sec. ACh (1 µM in final) was applied at the arrow. Addition of ACh evoked a rapid increase of $[Ca^{2+}]_i$, followed by gradual down and oscillation of $[Ca^{2+}]_i$. Pre-treatment of atropine (100 nM) completely suppressed the elevation of $[Ca^{2+}]_i$. Tubocurarine (100 nM) had no effect on $[Ca^{2+}]_i$ alteration. B. Muscarine (10 µM) mimicked the effect of ACh on $[Ca^{2+}]_i$ change, but oscillatory response was not observed. Nicotine (10 µM) did not raise $[Ca^{2+}]_i$. C. Pre-treatment of 4-DAMP (m3-specific blocker) completely suppressed the elevation of $[Ca^{2+}]_i$. D. Summary of $[Ca^{2+}]_i$ alterations after addition of muscarinic AChR blockers (10 nM). Pirenzepine, AF-DX 116, 4-DAMP, and tropicamide is specific for m1, m2, m3, and m4, respectively. Only 4-DAMP (m3 blocker) completely suppressed the peak of $[Ca^{2+}]_i$.

IP₃ pathway in $[Ca^{2+}]_i$ spiking. The PI-PLC blocker, U73122 (18), significantly inhibited the elevation of $[Ca^{2+}]_i$ in a dose dependent manner (Fig. 2A, B). IP₃R blocker, 2-APB, also significantly inhibited the elevation of $[Ca^{2+}]_i$ in dose dependent manner (Fig. 2C, D). These results indicate that the signal transduction system from m3 AChR, through G-protein, PLC and IP₃R is functional in TE671/RD cells.



Fig. 2 Effect of PI-PLC blocker, U73122 (A) and IP₃R blocker, 2-APB (C) on $[Ca^{2+}]_i$ alterations in TE671/RD cells. U73122 suppressed $[Ca^{2+}]_i$ elevation (B). 2-APB suppressed $[Ca^{2+}]_i$ elevation in dose dependent manner (D).

Ryanodine and FK506 increased ACh-induced $[Ca^{2+}]_i$ elevation, and ruthenium red decreased it

To determine whether RyR participated in the process of $[Ca^{2+}]_i$ alteration, we examined effects of ryanodine, FK506, CyA and ruthenium red. Pretreatment with ryanodine significantly increased $[Ca^{2+}]_i$ peak evoked by ACh in a dose-dependent manner (Fig. 3A, B). FK506 also increased $[Ca^{2+}]_i$ peak in a dose-dependent manner (Fig. 3C, D). In contrast, CyA had no effect on $[Ca^{2+}]_i$ peak evoked by ACh (Fig. 4A, B). We also tested the effect of ruthenium

red, a specific inhibitor for RyR. Ruthenium red decreased $[Ca^{2+}]_i$ peak in a dose-dependent manner (Fig. 4C, D). These results indicated that RyR took a part in ACh induced $[Ca^{2+}]_i$ elevation in TE671/RD, and FKBP12 regulated the function of RyR.

DISCUSSION

We studied the $[Ca^{2+}]_i$ alteration in TE671/RD cells evoked by addition of ACh. $[Ca^{2+}]_i$ elevation was shown to mediated by m3 AChR, PLC and



Fig. 3 Effect of ryanodine (A) and FK506 (C) on $[Ca^{2+}]_i$ elevation in TE671/RD cells. Ryanodine increased the peak of $[Ca^{2+}]_i$ in a dose dependent manner (B). FK506 increased the peak of $[Ca^{2+}]_i$ in a dose dependent manner (D).

IP₃R on ER. RyR and FKBP12 on SR were also participated in $[Ca^{2+}]_i$ elevation. As a result, TE671/ RD cells have hybrid characteristics of smooth muscle and skeletal muscle. In terms of general consideration, the skeletal muscles exclusively express nicotinic AChRs and also express RyR1 and RyR3 (17), and smooth muscles express m3 AChR, RyRs1, 2 and 3, and IP₃Rs. In TE671/RD cells, the nicotinic AChR has been identified as an embryonic muscle-type receptor, while the muscarinic AChR is pharmacologically characterized as m3 receptor which coupled with the breakdown of phosphoinositides (2). Our results showed that $[Ca^{2+}]_i$ in TE671/RD cells made a sharp peak after ACh stimulation, followed by an oscillatory response, then reached a plateau. Muscarinic stimulation also induced $[Ca^{2+}]_i$ elevation, but it did not induced oscillatory response. We showed that $[Ca^{2+}]_i$ elevation was actually brought by the activation of m3 AChR using a specific channel antagonist. As U73122 and 2-APB suppressed $[Ca^{2+}]_i$ elevation, IP₃ pathway plays a role in $[Ca^{2+}]_i$ alteration. We also showed that ACh-evoked $[Ca^{2+}]_i$ peak was increased by ryanodine and was decreased by ruthenium red, suggesting that RyR play a role in Ca^{2+} regulation in TE671/RD cells. It is well known that FK506 binds



Fig. 4 Effect of cyclosporine A (CyA) (A) and ruthenium red (C) on $[Ca^{2+}]_i$ elevation in TE671/RD cells. CyA did not change the peak of $[Ca^{2+}]_i$ (B). Ruthenium red suppressed the peak of $[Ca^{2+}]_i$ in a dose dependent manner (D).

to a family of intracellular receptors, FKBP12 (6). The binding of FK506 with FKBP12 induces potent immunosuppressive effects in T cells. FKBP12 also exists as a complex with RyR on SR, and stabilizes the closed conformation of the skeletal muscle RyR. FK506 dissociates FKBP12 from RyR (15). We showed that FK506 increased the peak of AChevoked $[Ca^{2+}]_i$ elevation, but CyA did not affect it. CyA is a potent immunosuppressant that binds to

cyclophilin, and the complex inhibits calcineurin as the same way with the complex of FK506 and FKBP12. Cyclophilin has no direct interaction with RyR. These results indicate that the complex of RyR and FKBP-12 participate in the $[Ca^{2+}]_i$ alteration.

TE671/RD cells are applied for a model of human skeletal muscle, especially in the field of diagnosis and research of myasthenia gravis (MG) and related disorders. TE671/RD based immunoprecipitation assay for detecting nicotinic AChR antibody is widely used for diagnosis of MG (12). Recently, MG was shown to have various autoimmune targets besides nicotinic AChR. For example, autoantibodies for muscle-specific receptor tyrosine kinase (MuSK) (7), RyR (10), titin (1) and neuronal nicotinic AChR (16) were detected. TE671/RD cell line was utilized for detection of these autoantibodies, but its unique characteristics were not discussed closely.

Our results will provide important insight into elucidation of characteristics of TE671/RD cells. This cell line provides us a useful model to study the dynamics of agonist-induced $[Ca^{2+}]_i$ alteration and the effects of reagents on it.

Acknowledgements

We thank Dr. Shin-ichi Harada for help in $[Ca^{2+}]_i$ study. Misses Mayumi Mansho, Akiko Ueda and Kanako Kuroda provided excellent technical assistance. This study was supported by a Research Grant for Neuroimmunological Disease from the Ministry of Health, Welfare and Labor of Japan and a Grant-in Aid for Scientific Research from the Ministry of Education, Science, and Culture of Japan.

REFERENCES

- Aarli JA, Stefansson K, Marton LS and Wollmann RL (1990) Patients with myasthenia gravis and thymoma have in their sera IgG autoantibodies against titin. *Clin Exp Immunol* 82, 284–288.
- Bencherif M and Lukas RJ (1991) Ligand binding and functional characterization of muscarinic acetylcholine receptors on the TE671/RD human cell line. *J Pharmacol Exp Ther* 257, 946–953.
- Frandsen A, Schousboe A and Griffiths R (1993) Cytotoxic actions and effects on intracellular Ca²⁺ and cGMP concentrations of sulphur-containing excitatory amino acids in cultured cerebral cortical neurons. *J Neurosci Res* 34, 331–339.
- Giovannardi S, Cesare P and Peres A (1994) Rapid synchrony of nuclear and cytosolic Ca²⁺ signals activated by muscarinic stimulation in the human tumour line TE671/RD. *Cell Calcium* 16, 491–499.

- Grassi F, Giovannelli A, Fucile S, Mattei E and Eusebi F (1993) Cholinergic responses in cloned human TE671/RD tumour cells. *Pflugers Arch* 425, 117–125.
- Harding MW, Galat A, Uehling DE and Schreiber SL (1989) A receptor for the immunosuppressant FK506 is a cis-trans peptidyl-prolyl isomerase. *Nature* 341, 758–760.
- Hoch W, McConville J, Helms S, Newsom-Davis J, Melms A and Vincent A (2001) Auto-antibodies to the receptor tyrosine kinase MuSK in patients with myasthenia gravis without acetylcholine receptor antibodies. *Nat Med* **7**, 365–368.
- Iino M (1990) Calcium release mechanisms in smooth muscle. Jpn J Pharmacol 54, 345–354.
- Lamb GD (2000) Excitation-contraction coupling in skeletal muscle: comparisons with cardiac muscle. *Clin Exp Pharmacol Physiol* 27, 216–224.
- Mygland A, Tysnes OB, Matre R, Volpe P, Aarli JA and Gilhus NE (1992) Ryanodine receptor autoantibodies in myasthenia gravis patients with a thymoma. *Ann Neurol* 32, 589– 591.
- Schoepfer R, Luther M and Lindstrom J (1988) The human medulloblastoma cell line TE671 expresses a muscle-like acetylcholine receptor. Cloning of the alpha-subunit cDNA. *FEBS Lett* 226, 235–240.
- Somnier FE (1994) Anti-acetylcholine receptor (AChR) antibodies measurement in myasthenia gravis: the use of cell line TE671 as a source of AChR antigen. *J Neuroimmunol* 51, 63–68.
- Stratton MR, Darling J, Pilkington GJ, Lantos PL, Reeves BR and Cooper CS (1989) Characterization of the human cell line TE671. *Carcinogenesis* 10, 899–905.
- Stroud RM, McCarthy MP and Shuster M (1990) Nicotinic acetylcholine receptor superfamily of ligand-gated ion channels. *Biochemistry* 29, 11009–11023.
- 15. Timerman AP, Ogunbumni E, Freund E, Wiederrecht G, Marks AR and Fleischer S (1993) The calcium release channel of sarcoplasmic reticulum is modulated by FK-506-binding protein. Dissociation and reconstitution of FKBP-12 to the calcium release channel of skeletal muscle sarcoplasmic reticulum. J Biol Chem 268, 22992–22999.
- Vernino S, Auger RG, Emslie-Smith AM, Harper CM and Lennon VA (1999) Myasthenia, thymoma, presynaptic antibodies, and a continuum of neuromuscular hyperexcitability. *Neurology* 53, 1233–1239.
- Yamazawa T, Takeshima H, Shimuta M and Iino M (1997) A region of the ryanodine receptor critical for excitation-contraction coupling in skeletal muscle. *J Biol Chem* 272, 8161– 8164.
- Yule DI and Williams JA (1992) U73122 inhibits Ca²⁺ oscillations in response to cholecystokinin and carbachol but not to JMV-180 in rat pancreatic acinar cells. *J Biol Chem* 267, 13830–13835.