Cation-dependent uptake of zinc in human fibroblasts

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The influence of K⁺ and Ca²⁺ on Zn²⁺ transport into cultured human fibroblasts was investigated. Zn²⁺ uptake was markedly reduced in the presence of both valinomycin and nigericin (electrogenic and electroneutral K+ ionophores, respectively), and by reduction in the transmembrane K+ gradient produced by replacement of extracellular K⁺ with Na⁺, suggesting that Zn²⁺ may be driven by a Zn²⁺/K⁺ counter-transport system. To test the counter-transport hypothesis, we used ⁸⁶Rb as an analog of K⁺ for efflux studies. The rate of Rb⁺ efflux was 3760 times that of Zn2+ uptake, thus the component of K+ involved in the Zn2+ counter-transport system was only a small proportion of the total K + efflux. In investigating the effect of Ca2+ on Zn2+ uptake, we identified two components: (1) a basal Zn2+ uptake pathway, independent of hormonal or growth factors which does not require extracellular Ca2+ and (2) a Ca2+-dependent mechanism. The absence of Ca2+ decreased Zn2+ uptake, while increasing extracellular Ca2+ stimulated Zn2+ uptake. The effect was mediated by Ca2+ influx as the ionophores A23187 and ionomycin also stimulated Zn²⁺ uptake. We could not ascribe the Ca²⁺ effect to known Ca²⁺ influx pathways. We conclude that Zn²⁺ uptake occurs by a K⁺-dependent process, possibly by Zn²⁺/K⁺ counter-transport and that a component of this is also Ca²⁺-dependent.

Keywords: calcium, fibroblasts, potassium, transport, zinc

Introduction

The mechanism of Zn²⁺ accumulation by cells has not been clearly elucidated. Physiologically, Zn2+ occurs largely bound to various ligands, including serum proteins and amino acids. Although there have been many Zn2+ uptake studies on a variety of cells, the identification of the form in which Zn2+ is taken up has only been made in red blood cells and human skin fibroblasts.

In red blood cells, the uptake was via an anion transport system (Kalfakakou & Simons 1986). Zn²⁺ uptake was stimulated by bicarbonate ions and was by reduced by DIDS and furosemide, agents known to inhibit anion transport. Later it was shown that a major transport route for Zn²⁺ across the red blood cell membrane was via the bicarbonate/chloride anion exchanger, as a [Zn(HCO₃)₂Cl] complex (Torrubia & Garay 1989). Another ionic Zn² transporting mechanism which requires thiocyanate or

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salicylate ions has been described in red blood cells (Kalfakakou & Simons 1990). In the latter study, it was observed that replacement of extracellular Na by K + inhibited Zn2+ uptake. This phenomenom, however, could not be explained in terms of the known properties of the anion exchanger.

In the fibroblasts, none of the serum Zn²⁺-binding ligands were found to provide the substrate for Zn2+ uptake. Rather, the uptake has been correlated with the 'free' Zn2+ concentration, suggesting that Zn2+ is taken up by cells as an ion rather than as a Zn2+-ligand complex (Ackland et al. 1988).

Zn²⁺ uptake by the body is homeostatically regulated. The amount of Zn2 absorbed by the gut depends on the body Zn²⁺ requirement (Cotzias & Papavasiliou 1964). In the gut, which has been the major focus of studies investigating the factors which regulate Zn²⁺ uptake, dietary proteins, amino acids and minerals, and various forms of stress such as infection and fasting, have been found to influence Zn²⁺ uptake (Evans & Johnson 1980, Solomons et al. 1983). The intracellular protein metallothionein is thought to be significant in the regulation of Zn²⁺ uptake

in the gut. Low metallothionein levels are found in the intestines of Zn^{2+} -depleted rats (Richards & Cousins 1976) and metallothionein gene expression is increased in response to Zn^{2+} (Menard *et al.* 1981). There is evidence that the liver also is important for Zn^{2+} homeostasis. Studies of cultured rat hepatocytes show that Zn^{2+} accumulation is stimulated by hormones such as glucocorticoids and that this effect is accompanied by an increase in metallothionein mRNA levels (Hager & Palmiter 1981).

Apart from the role of metallothionein, little is known about the cellular mechanisms which may be involved in regulating cellular Zn^{2+} uptake. Many functions of a cell in response to stimulation are immediate and rapid and therefore do not involve protein synthesis. Given the importance of Zn^{2+} in cellular metabolism, it is likely that there are such regulatory mechanisms for Zn^{2-} uptake.

In this study with cultured human fibroblasts, we investigate the possibility of Zn^{2+} transport via the bicarbonate/chloride anion exchange mechanism. We also investigate the possibility that other ions, including K^+ , Na^+ and Ca^{2+} , are involved in the transport of Zn^{2+} into cells. We also consider whether second messenger events have any direct effect on the regulation of Zn^{2+} uptake. The short time intervals used for our uptake experiments (30 min or less) precludes transcriptional events. In this study we use human fibroblasts, as they have been shown to be actively growing with requirements for Zn^{2+} which have been previously determined (Ackland *et al.* 1988).

Materials and methods

Materials

BaCl₂, CsCl₂, TEAC (tetraethylammoniumchloride), tolbutamide, ionomycin, verapamil, nifidipine, diltiazem, dynorphin A, phe-met-arg-phe amide, phorbol 12-myristate 13-acetate (TPA), 4a-phorbol (4aP), W13, protein kinase inhibitor, staurosporine and calmodulin were obtained from Sigma (Castle Hill, NSW, Australia). BRL 38227 was generously donated by Beecham Research Laboratories (Dandenong, Victoria, Australia) and glibenclamide was kindly donated by Hoechst (St Kilda, Victoria, Australia). A23187 was obtained from Boehringer Mannheim (Castle Hill, NSW, Australia). These compounds were dissolved to form a stock solution in either water, ethanol or dimethylsulfoxide (DMSO) depending on their aqueous solubility. Ethanol and DMSO controls were included in the experiments.

Cells

Normal human fibroblasts were used. They were initially established from human forearm skin by the scratch technique (Fowler 1984) and were cultured in Eagle's Basal Medium (BME; Flow, Sydney, Australia), with 10% fetal bovine serum (FBS, CSL, Parkville, Victoria, Australia), (growth medium). Cells were grown in 3.5 cm diameter culture dishes for 4 days to near confluence.

Incubation media

BME/10% FBS was used for uptake experiments where the ionic composition of the media was not being studied. To test the effect of extracellular Ca^{2+} on Zn^{2+} uptake, Hank's balanced salt solution (HBSS) with 100 μ m albumin and 5 μ m $ZnCl_2$ was used, either containing 1.3 mm $CaCl_2$ or Ca^{2+} -free. For the Mg^{2+} concentration curve, HBSS with 100 μ m albumin and 5 μ m Zn containing $MgCl_2$ up to 8 mm was prepared. BME/10% FBS was also used as incubation medium to test Ca^{2+} channel blockers and agents which affected protein kinases. This medium could not be rendered Ca^{2+} -free without substantially altering other components. Therefore in this medium, agents could not demonstrated unequivocably to be acting through Ca^{2+} pathways.

For experiments where the extracellular K $^+$ concentration was increased, the incubation medium used was HBSS with $10~\mu \text{M}$ albumin, containing $1~\mu \text{M}$ ZnCl $_2$ and $2~\mu \text{Ci}$ ml $^{-1}$ 65 Zn. The ionic strength of the medium was maintained by substituting KCl for NaCl.

Zinc uptake

⁶⁵Zn was obtained from New England Nuclear (Broadbeach, QLD, Australia). BME/10% FBS or HBSS, prepared as described above, was equilibrated with 65 Zn (2.5 μ Ci ml⁻¹) for 3 h. For uptake experiments, the cells were washed three times in 1 ml PBS. For the EGTA wash, cells were first rinsed in 1 ml of 1 mm EGTA followed by two PBS washes. Cells were then incubated in culture medium with 65Zn, containing inhibitors or ionophores. Following incubation, they were washed three times in phosphate buffered saline (PBS) then incubated with 1 mg ml⁻¹. Pronase at 4°C for 20 min. The cells were transferred to centrifuge tubes and spun in a Beckman microfuge for 15 s. The supernatant was retained as the fraction containing membrane-bound Zn2+. The pellet, containing the Pronase resistant component of Zn²⁺ uptake, was resuspended in 500 μl of 2 M NaCl and DNA determined fluorimetrically as outlined below. The 65Zn in the Pronase-sensitive and the Pronase-resistant fractions was determined with a LKB γ -counter. The Zn²⁺ uptake was calculated from the specific activity of the 65Zn and the Zn2 concentration measured by flame atomic absorption spectrophotometry.

Rubidium efflux

⁸⁶Rb was used as an analog of K⁺ for measuring K⁻ efflux from fibroblasts. ⁸⁶Rb was obtained from Du Pont (Australia). The labeled medium containing 5 μ Ci ml⁻¹ ⁸⁶Rb was prepared as for the ⁶⁵Zn. For efflux experiments the cells were labeled with ⁸⁶Rb in BME/10% FBS overnight. After the experiment the culture medium was removed and the cells were washed as described above for the ⁶⁵Zn protocol. The culture medium was then counted in a γ -counter and the cells were assayed for DNA.

The K⁺ efflux rate from the cells was calculated from the specific activity of the Rb⁺. To determine specific activity of the Rb⁺, the intracellular K⁺ concentration of

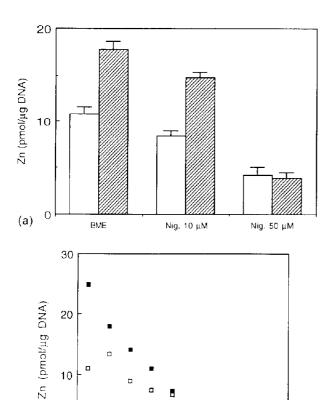


Figure 1. (a) Uptake of Zn2+ by fibroblasts incubated in 65Zn-labeled BME/10% FBS with 10 and 50 μM nigericin for 30 min (□) and 60 min (☑). Results are mean (+SEM) from one of three similar experiments. (b) Uptake of Zn²⁺ at different temperatures, by fibroblasts incubated in 65Zn-labeled BME/10% FBS (control, \blacksquare) and with 50 μ M nigericin (\square). Each point is the mean of three determinations.

Temperature (C)

16 12 8

37 34 30 27 24 20

(b)

the fibroblasts and the cell volume were determined. To measure the cellular K + concentration, the cells from 3.5 cm diameter culture dishes were rinsed, Pronase-treated as above, then spun down in a microfuge. The supernatant was removed and the cells rinsed in suprapur NaCl 0.9%, spun down and resuspended in 200 µl of deionized water. They were sonicated 20 times and spun for 20 min in a Beckman airfuge at 100 000 g. The supernatant was removed, made up to 2 ml with deionized water and the K + concentration was measured by flame photometry.

The cell volume was estimated from the amount of tritiated water incorporated into the fibroblasts. Cells were incubated at 37 C with BME/10% FBS containing 0.05 μCi ml⁻¹ tritiated water. After 2, 5, 10 and 30 min (similar uptakes were recorded for all these equilibration times), the supernatants were removed, the cells rinsed in PBS at 4°C and 1 mg ml⁻¹ Pronase added for 20 min. The cells plus supernatants were counted in a Beckman β -counter LS 3801.

The volume of the cells was calculated from the specific activity of the tritiated water in the incubation medium and d.p.m. of the cell pellets.

DNA estimation

DNA was measured by the method of Labarca & Paigen (1980). An aliquot of 500 µl was sonicated and then made up to 1 ml in 2 M NaCl to a final concentration of 1 μ g ml⁻¹ Hoechst 33258. Fluorescence was measured at an excitation wavelength of 356 nm and an emission wavelength of 458 nm.

Results

Effect of K^{+}

The effect of a range of inhibitors and ionophores on transport of Zn2+ into fibroblasts was investigated. Zn2+ uptake was not affected by ouabain or amiloride (at concentrations up to 10^{-3} M), nor by the anion transport inhibitors, furosemide or DIDS (data not shown). Monensin was previously shown to have no effect on Zn2+ uptake (Ackland et al. 1988).

Zn²⁺ uptake was, however, inhibited by K⁺ ionophores. Nigericin reduced Zn² ' uptake in a dose-dependent manner (Figure 1a), with the effect increasing with increasing incubation time. At temperatures less than 24°C, this effect was abolished (Figure 1b). Valinomycin had a similar, although less marked effect (Figure 2).

When cells were incubated with nigericin in the presence of 150 mm extracellular K+, the Zn2+ uptake was reduced relative to that in K⁺-free medium (Figure 3). A similar effect was observed in cells incubated with valinomycin in the presence and absence of 150 mm K⁺ (Figure 4).

The data indicates a role for K^+ ions in transport of Zn^{2+} across the fibroblast membrane and suggests that the K⁺ gradient may be important. We tested this directly by

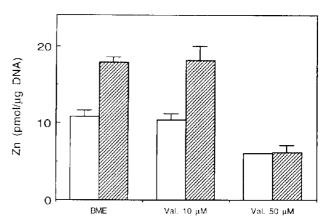


Figure 2. Uptake of Zn²⁺ by fibroblasts incubated in ⁶⁵Zn-labeled BME/10% FBS with 10 and 50 μM valinomycin for 30 min (clear bars) and 60 min (\boxtimes). Results are mean (\pm SEM) of three similar determinations

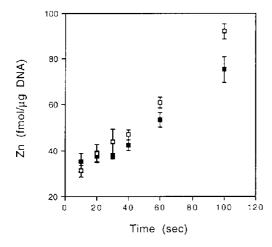


Figure 3. Knitial Zn^{2+} uptake by fibroblasts incubated with ⁶⁵Zn-labeled HBSS, $100 \, \mu \text{M}$ albumin and $50 \, \mu \text{M}$ nigericin with either $150 \, \text{mM}$ K $^+$ (\blacksquare) or no K $^+$ (\square). Each point represents the mean (\pm SEM) of three determinations.

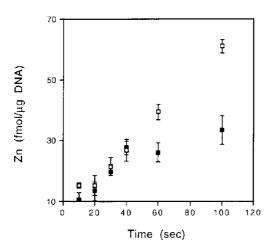


Figure 4. Initial Zn^{2+} uptake by fibroblasts incubated with 65 Zn-labeled HBSS, $100 \, \mu \text{M}$ albumin and $50 \, \mu \text{M}$ valinomycin with either $150 \, \text{mM} \, \text{K}^+$ (\blacksquare) or no K^+ (\square). Each point represents the mean (\pm SEM) of three determinations.

incubating the cells in the presence of increasing extracellular K^+ concentrations for 15 min. As shown in Figure 5, Zn^{2+} uptake decreased as the extracellular K^+ concentration was increased.

The dependence of Zn^{2+} uptake on the K⁺ gradient was also seen when cells were incubated with and without extracellular K⁺. After 15 min, cells incubated in the absence of extracellular K⁺ had taken up 9.1 pmol Zn^{2+} μ g DNA⁻¹, whereas cells in 150 mm K⁺ had accumulated only 5.5 pmol Zn^{2+} μ g DNA⁻¹ (Figure 6), significantly less (Student's *t*-test P=0.02).

A counter-transport system in which Zn^{2+} ions move into the cell in exchange for K^+ ions moving out could account for our observations. We next tested for such a K^+/Zn^{2+}

counter-transport system. Cells were loaded with rubidium, as a substitute for K^+ ions, and the efflux rate of Rb^+ was measured. The initial efflux rate from the cells was $1128 \, \mathrm{pmol} \, \mu \mathrm{g} \, \mathrm{DNA}^{-1} \, \mathrm{min}^{-1}$ (Figure 7a). This is approximately 3760 times greater than the measured Zn^{2+} uptake rate (0.3 pmol mg DNA $^{-1} \, \mathrm{min}^{-1}$) (Figure 7b). Assuming that the transport is electroneutral, the amount of K^+ ions being transported through this carrier is only 0.05% of the total efflux. This is too small to be measured against such a large background. Indeed we could measure no Zn^{2+} -dependent change in Rb^+ efflux from the cells either with increasing or decreasing extracellular Zn^{2+} (data not shown).

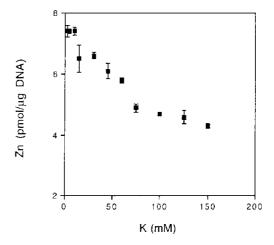


Figure 5. Zn^{2+} uptake over 15 min by fibroblasts incubated with ⁶⁵Zn-labeled HBSS containing 100 μ M albumin in which KCl was substituted for NaCl. Each point represents the mean (\pm SEM) of three replicate observations.

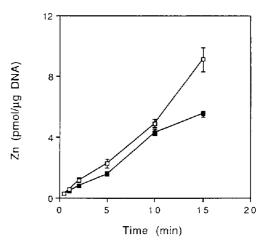


Figure 6. Zn^{2+} uptake over 15 min by fibroblasts incubated with ⁶⁵Zn-labeled HBSS containing 100 μ M albumin in the presence of 150 mM K⁺ (\blacksquare) and without K⁺ (\square). Each point represents the mean (\pm SEM) of three replicate observations.

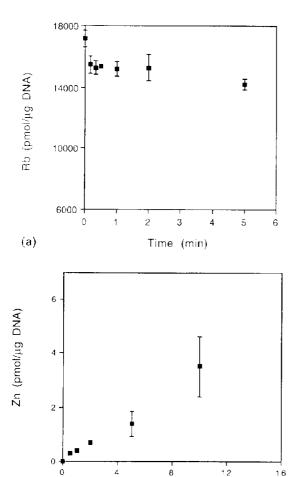


Figure 7. (a) Initial 86Rb efflux from fibroblasts after overnight labeling with BME/10% FBS containing 86Rb. Each point represents the mean (\pm SEM) of triplicate observations. (b) Initial uptake of Zn²⁺ from ⁶⁵Zn-labeled BME/10% FBS. Each point represents the mean (\pm SEM) of triplicate observations.

Time (min)

To decrease the background release of Rb⁺, a number of K⁺ channel blocking agents were used. Although Ba²⁺ (Quayle et al. 1988), TEAC (Standen et al. 1989), Cs²⁺ (Hu et al. 1989), tolbutamide (Amoroso et al. 1990), 4aminopyridine (Gandolfo et al. 1989) and glibenclamide (Daut et al. 1990) are known to block K + channels in several systems, they had no effect on Rb+ efflux from fibroblasts (data not show). Both nigericin and valinomycin, however, markedly decreased intracellular Rb+ (Figure 8).

Most counter-transport systems are reversible. We therefore preloaded the cells with 65Zn and measured the initial rate of efflux of 65Zn in the presence of increasing extracellular K +. No change in the rate of 65Zn efflux was detectable.

Effect of Ca2+

(b)

Pronase-resistant Zn2+ uptake (intracellular zinc) was reduced by 50% in the absence of Ca2+ after 15 min

incubation (Figure 9). This effect was more marked when an EGTA wash preceded the addition of the Ca²⁺-free medium. The control, consisting of an EGTA wash followed by incubation with medium containing Ca2+ showed a reduction in Zn2+ uptake of 15%. Pronase-sensitive Zn2+ binding was not affected by the presence or absence of Ca²⁺

A concentration curve for extracellular Ca2+ after 15 min incubation showed a pronounced increase in Pronasesensitive Zn2+ binding at Ca2+ concentrations above 6 mm. At 9 mm there was a 2-fold increase in Zn2+ uptake and at 13 mm a 4-fold increase, relative to the uptake at 1.3 mm, the normal physiological Ca²⁺ concentration (Figure 10a). The Pronase-resistant zinc uptake increased gradually

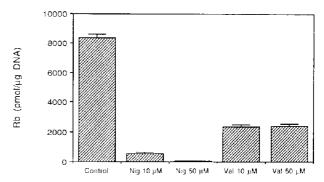


Figure 8. 86Rb efflux from fibroblasts after overnight labeling with BME/10% FBS containing 86Rb. Efflux of 86Rb was measured after 30 min in the presence of 10 and 50 µm nigericin and with 10 and $50 \,\mu\text{M}$ valinomycin. Each point represents the mean ($\pm \text{SEM}$) of three observations.

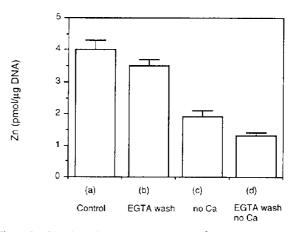


Figure 9. Uptake of Pronase-resistant Zn2+ after 15 min by fibroblasts incubated in 65Zn-labeled HBSS with 100 µM albumin and 5 μ M ZnCl₂. (a) Control. Cells had PBS washes and 1.3 mM Ca2+ in incubation medium. (b) EGTA wash. Cells were washed in 1 mm EGTA then PBS and incubated with 1.3 mm Ca²⁺. (c) No Ca2+. Cells had PBS washes and were incubated in Ca2+-free medium. (d) EGTA wash, no Ca2+. Cells were washed in 1 mm EGTA, then PBS and incubated in Ca2+-free medium. Results are mean (\pm SEM) of three determinations.

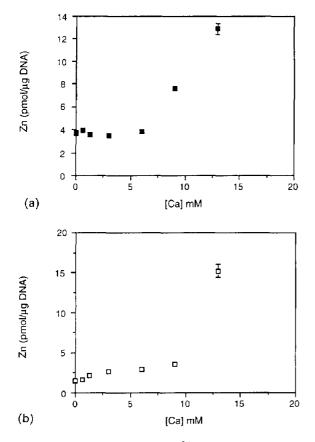


Figure 10. (a) Pronase-sensitive Zn^{2+} uptake after 15 min by fibroblasts incubated in ^{65}Zn -labeled HBSS with $100~\mu M$ albumin and $5~\mu M$ $ZnCl_2$ with increasing concentrations of Ca^{2+} . Results are mean $(\pm SEM)$ of three determinations. (b) Pronase-resistant Zn^{2+} uptake after 15 min by fibroblasts incubated in ^{65}Zn -labeled HBSS with $100~\mu M$ albumin and $5~\mu M$ $ZnCl_2$ with increasing concentrations of Ca^{2+} . Results are mean $(\pm SEM)$ of three determinations.

over the Ca²⁺ concentration range from 0 Ca²⁺ (1.8 pmol μ g DNA⁻¹) to 9 mm Ca²⁺ (3.6 pmol μ g DNA⁻¹) and then increased rapidly to 15.2 pmol μ g DNA⁻¹ at 13 mm Ca²⁺ (Figure 10b).

To test if the effect was specific for calcium, rather than a divalent cation effect, we examined uptake of Zn^{2+} in the presence of varying Mg^{2+} concentrations. Over a range of Mg^{2+} concentrations which extended to 10 times the normal physiological concentration of 0.8 mm, there was no change in either Pronase-sensitive binding or Pronase-resistant Zn^{2+} uptake (data not shown).

We determined whether Ca^{2+} influx could stimulate Zn^{2+} uptake by adding different Ca^{2+} ionophores. A23187 at $10~\mu M$ significantly increased Pronase-resistant Zn^{2+} uptake from 6.5 pmol μg DNA⁻¹ in the control to 16.5 pmol μg DNA⁻¹ in the presence of Ca^{2+} and to 12 pmol μg DNA⁻¹ in the absence of Ca^{2-} (Figure 11a). The Ca^{2+} ionophore ionomycin, at $20~\mu M$, produced a small but significant increase in Pronase-resistant Zn^{2+} uptake

from 4.9 pmol μ g DNA⁻¹ in the absence of Ca²⁺ to 6.4 pmol μ g DNA⁻¹ in the presence of Ca²⁺ (Figure 11b).

We next investigated whether this Ca^{2+} -dependent Zn^{2+} uptake was mediated directly through known Ca^{2+} influx pathways or alternatively through pathways which are known to be regulated by Ca^{2+} . Specific inhibitors for the three classes of L-channels (verapamil, nifidipine and diltiazem) had no effect on Pronase-resistant Zn^{2+} uptake when used at 5 or 20 μ m in HBSS (data not shown).

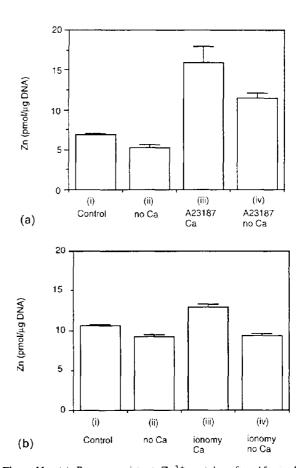


Figure 11. (a) Pronase-resistant Zn2+ uptake after 15 min by fibroblasts incubated in 65Zn-labeled HBSS with 100 μM albumin and 5 μ M ZnCl₂. (i) Control. Cells had 1.3 mm Ca²⁺ in incubation medium. (ii) No Ca2+. Cells had no Ca2+ in the incubation medium. (iii) A23187 Ca²⁺. Cells had 10 μ M A23187 and 1.3 mM Ca²⁺ in the incubation medium. (iv) A23187 no Ca2+. Cells had 10 μM A23187 and no Ca²⁺ in the incubation medium. Results are mean (\pm SEM) of three determinations. Zn2+ uptake was significantly higher in cells treated with A23187 in the presence of Ca2+ relative to the control (A23187 and no Ca²⁺). P = 0.05. (b) Pronase-resistant Zn²⁺ uptake after 15 min by fibroblasts incubated in 65Zn-labeled HBSS with 100 μM albumin and 5 μM ZnCl₂. (i) Control. Cells had 1.3 mM Ca2+ in incubation medium. (ii) No Ca2+. Cells had no Ca2+ in the incubation medium. (iii) Ionomy Ca2+. Cells had 20 μM ionomycin and 1.3 mm Ca²⁺ in the incubation medium. (iv) Ionomy no Ca²⁺. Cells had 20 μM ionomycin and no Ca²⁺ in the incubation medium. Results are mean $(\pm SEM)$ of three determinations. Zn^{2+} uptake was significantly higher in cells treated with ionomycin in the presence of Ca2+ relative to the control (ionomycin and no Ca^{2+}). P = 0.002.

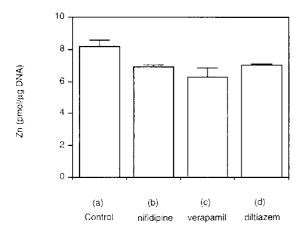


Figure 12. Pronase-resistant Zn²⁺ uptake after 15 min by fibroblasts incubated with 65Zn-labeled BME/10% FBS alone (control) and containing 20 µm nifidipine, 20 µm verapamil and $20 \,\mu\text{M}$ diltiazem. Each point represents the mean (\pm SEM) of three replicate observations. Zn²⁺ uptake was significantly lower in cells treated with the L-channel blockers relative to the control. $^{a}P = 0.03$. $^{\rm b}P = 0.04$. $^{\rm c}P = 0.03$,

However, when the L-channel inhibitors were used in the presence of BME/10% FBS, which contains hormones and growth factors, there was a significant reduction in Pronaseresistant Zn²⁺ uptake (Figure 12). N-channel blockers dynorphin A (5 and 20 μm) and phe-met-arg-phe amide (40 and 80 μ m) had no obvious effect on Pronase-resistant Zn²⁺ uptake when presented to the cells either in HBSS or in BME/10% FBS.

Zn2+ uptake could also be regulated by a number of Ca2+-dependent processes. To see if protein kinase C was involved, we used TPA 0.1 and $1 \mu M$, with 4aP as a control. There was no effect on Pronase resistant Zn2+ uptake over 30 min. Protein kinase C could still be important in Zn21 uptake, but if it was maximally stimulated in this system we would not see any change in Zn2+ uptake when TPA was added. We tested whether protein kinase C was involved by incubating the cells in TPA overnight, removing the TPA and incubating with 65Zn. The removal of TPA would cause a down-regulation of protein kinase C. We did not, however, see any changes in the Zn2+ uptake from serum-free or serum-containing medium. Several other inhibitors of protein kinase C, staurosporine (50 nm) and lithium (5 and 20 μm) also had no effect on Zn²⁺ uptake. The calmodulin inhibitor W13 at 50 μ m had no effect.

Protein kinase A appeared not to be involved in regulating Zn²⁺ uptake in this system as protein kinase A inhibitor (10 μ m) and dibutyryl cyclic AMP (up to 100 μ m), a stimulator of protein kinase A, did not affect Zn²⁺ uptake over a period of 30 min. Dynorphin A, an inhibitor of adenylate cyclase activity, was without effect.

Similarly, neither adrenaline nor dexamethasone, a glucocorticoid, changed Zn² uptake over 30 min.

Discussion

The data presented in this study shows clearly that, in fibroblasts, Zn²⁺ uptake is not dependent upon Na⁺ ions, nor is there, as has been shown for red blood cells, a Cl⁻/HCO₃-dependent mechanism. In contrast, transport into fibroblasts appears to operate through a K⁺-dependent process.

Zinc uptake was reduced in the presence of the K + ionophores nigericin and valinomycin. This effect is likely to be through their capacity to change the K gradient across the cell since it was observed only at temperatures greater than 24°C, approximately that of the membrane phase transition temperature. The inhibitory effects of nigericin and valinomycin on Zn2+ uptake were also considerably reduced when the K' gradient was abolished by incubating the cells in 150 mm K ', compared with no extracellular K +. This is further evidence that Zn2 + uptake is dependent on the K+ gradient.

The data could be explained by postulating the presence of a Zn^{2+}/K counter-transport system in which Zn^{2+} moves into the cell in exchange for K + efflux. If this was the case, we would expect that cellular Zn2+ uptake was dependent on the extracellular K+ concentration. We indeed found that over a period of 15 min, Zn²⁺ uptake was progressively reduced in the presence of high extracellular K⁺ relative to the rate in K+-free medium. Furthermore, when cells were incubated with increasing concentrations of K+, there was an inverse relationship between Zn2+ uptake and the extracellular K + concentration.

We considered the possibility that changes in K[±] fluxes produced by the ionophores altered the transmembrane potential and that Zn2+ uptake was actually voltage dependent. However, several pieces of evidence suggest that this is not the case. Firstly, nigericin, a charged carboxylic ionophore, forms a neutral complex with cations and effects a cation for proton exchange — an electroneutral process. Valinomycin, on the other hand, is electrogenic, as it forms a charged cation complex which is transported across the membrane (Pressman 1976). Despite these differences, both these ionophores had an inhibitory effect on Zn²⁺ transport. Secondly, changing the membrane potential by different methods, using Na + ionophores, for example, or changing the trans-membrane Na gradient by substituting choline for Na⁺ (data not shown), did not have any effect on Zn²⁺ transport.

To further investigate the possibility of a Zn²⁺/K⁺ counter-transport system operating in fibroblasts, we used Rb^+ as a tracer for measuring K^+ fluxes. The rate of K^+ efflux from the cell was found to be 3760 times greater than the Zn²⁺ uptake rate, which suggested that the amount of K⁺ involved with Zn²⁺ influx was only a small proportion (less than 0.05%) of the total K⁺ efflux. It is not surprising, therefore, that changes in the extracellular Zn²⁺ concentration did not significantly alter Rb+ efflux. Given that most of the intracellular Zn2+ is protein bound, and that the free Zn2+ is only a very small proportion of the total intracellular metal, it is also not surprising that alterations in extracellular K + did not change Zn²⁺ efflux.

To reduce the Rb⁺ efflux, we added a variety of K⁺channel blockers, which have been shown to be effective in smooth (Daut et al. 1990) and skeletal (Quayle et al. 1988) muscle cells, renal tubules (Kone et al. 1989), lymphocytes (Price et al. 1989) and in the brain (Gandolfo et al. 1989). None of these made any significant difference to Rb+ efflux or indeed to Zn²⁺ uptake. It is possible, however, that K⁺ channels sensitive to these inhibitors may not be present in skin fibroblasts. A metal-dependent K + efflux pathway which is insensitive to several K+ inhibitors has been identified in kidney cells (Kone et al. 1990).

We investigated whether there were similarities in the mechanism of Zn2+ uptake between fibroblasts and red blood cells. In red blood cells, two Zn²⁻ uptake mechanisms have been identified, one in which Zn2+ is taken up via the [Cl-/HCO3-] anion exchanger as a complex [Zn(HCO₃)₂Cl] (Torrubia & Garay 1989), the other where Zn2+ is taken up possibly as a neutral complex in the presence of thiocyanate or salicylate ions (Kalfakakou & Simons 1990). Neither of these pathways would appear to be operating in human fibroblasts, since we found that inhibitors of the [Cl-/HCO3-] anion exchange did not affect Zn2+ uptake.

Evidence for the existence of a Zn2+/K+ countertransport system has been found in a study on microvilli membrane vesicles prepared from human placenta, where Zn2+ uptake was inhibited with increasing extravesicular K + concentrations (Aslam & McArdle, 1992). In the presence of both valinomycin and nigericin, an outwardly directed K⁺ gradient stimulated Zn²⁻ uptake. The transporter was also shown to work in the opposite direction. Preloading the vesicles with Zn2+ and imposing an inwardly directed K⁺ gradient resulted in Zn²⁺ efflux, the rate of which was proportional to the K + gradient. The data suggest that there is a K⁺-dependent Zn²⁺ transporter in vesicle membranes rather than a voltage-dependent uptake system for Zn²⁺.

Our results show that a component of Zn²⁺ uptake, up to 50%, is dependent on extracellular Ca2+, in serum-free incubation medium. Increasing extracellular Ca2+ up to 6 mm gave a linear increase in the amount of Zn2+ taken up, above 6 mm Ca2+, the rate of increase accelerated markedly. The effect at lower more physiological, concentrations does suggest, however, that Ca2+ plays a modulating role in Zn2+ uptake. The stimulation appears to occur as a result of increased Ca2+ influx. This is supported by the positive effect of the Ca²⁺ ionophores A23187 and ionomycin on Zn2+ uptake. Although A23187 binds a range of metal ions, and has an affinity for Zn²⁺ which is 100 times greater than that for Ca2+ (Chapman et al. 1987), the importance of the Ca2+ effect is demonstrated by the reduction in Zn²⁺ uptake when A23187 is added without Ca²⁺ and by the fact that ionomycin also has an effect. The results can be explained either by a direct effect of Ca2+ influx on Zn2+ uptake, or through Ca2+-regulated intracellular mechanisms.

We used blockers of different Ca2+ channels to determine which of these, if any, were involved in Ca²⁺-dependent Zn²⁺ uptake. None of them had any effect on Zn²⁺ uptake.

Ca²⁺ may be exerting its effect on Zn²⁺ uptake by acting on intracellular pathways. However, the calmodulin inhibitor W13 and protein kinase C inhibitors and stimulators all had no effect on Zn²⁺ uptake. Similarly, dibutyryl cyclic AMP and protein kinase inhibitor, adrenaline and dexamethasone all had no effect. It has been shown that dexamethasone, adrenaline and glucagon can stimulate Zn2+ uptake in cultured liver cells (Weiner & Cousins 1983, Cousins 1985), but the effect is almost certainly a consequence of increased metallothionein synthesis rather than a direct effect (Failla & Cousins 1978).

In conclusion, Zn2+ uptake occurs by a K+-dependent process, the most likely system we would suggest being a Zn²⁺/K + counter-transport system. There are at least two components of Zn2+ uptake in fibroblasts, a Ca2+independent component which would seem to be a basal rate, independent of extracellular Ca²⁺ and not regulated by second messenger pathways, and a Ca²⁺-dependent component which is stimulated by extracellular Ca2+ and inhibited in the absence of Ca2+. This Ca2+-dependent component is not mediated by known voltage-dependent Ca²⁺ channels or by second messenger pathways. Its mechanism is unknown. There may also be a third component to Zn2+ uptake which is hormone or growth factor-regulated and mediated through Ca2 L-channels.

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