

COMMENTARY

Agonist-Releasable Intracellular Calcium Stores and the Phenomenon of Store-Dependent Calcium Entry

A NOVEL HYPOTHESIS BASED ON CALCIUM STORES IN ORGANELLES OF THE ENDO- AND EXOCYTOTIC APPARATUS

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ABSTRACT. Store-dependent calcium entry represents a little characterized calcium permeation pathway that is present in a variety of cell types. It is activated in an unknown way by depletion of intracellular calcium stores, for example in the course of phospholipase C stimulation. Current hypotheses propose that depleted calcium stores signal their filling state to this permeation pathway either by direct, protein-mediated interaction or by release of a small, diffusible messenger. The further characterization of store-dependent calcium entry will benefit from progress in the identification of the intracellular calcium storing compartments. Recent findings reviewed here suggest that these compartments include parts of the organelle system that is involved in endo- and exocytosis. This commentary describes a novel model of store-dependent calcium entry based on calcium stores belonging to the endo- and exocytotic organelle system. Such calcium stores could establish a tubule-like connection with the extracellular space, in analogy to the cellular compartments that contain the insulinsensitive glucose transporter or the gastric proton pump. This connection will provide a pathway for store-dependent calcium entry. Under store depletion, extracellular calcium will permeate through the tubule-like connection into the store lumen and from there into the cytosol. The consequences of this model for the development of drugs modulating store-dependent calcium entry are discussed. BIOCHEM PHARMACOL 51;8:993~1001, 1996.

KEY WORDS. capacitative calcium entry; store-dependent calcium entry; calcium stores; vacuolar apparatus; inositol-1,4,5-triphosphate; calcium

Many central cellular processes, such as secretion of hormones and neurotransmitters, contraction and cell movement, and proliferation and cell division, are mediated by an elevation of the cytosolic free calcium ion concentration ([Ca²⁺]_{cvr}). Cytosolic calcium can be elevated by increased calcium influx across the plasma membrane, by calcium release from intracellular calcium stores, or by a combination of both. The well characterized calcium antagonist nifedipine and related dihydropyridines act by inhibiting calcium influx via voltage-dependent calcium channels (calcium channels that are opened by depolarization). The medical use of these agents, for example antihypertensive inhibition of smooth muscle cell contraction in arterial vessels, demonstrates that selective pharmacological modulation of calcium-dependent cellular processes in vivo is possible.

Can more drugs be developed that interact with cellular calcium transport, selectively targeting other calcium-dependent processes, in other cells? To approach this issue,

knowledge of cell type-specific calcium transport features is

desirable. Considerable information is already available

about the mechanisms of calcium influx in excitable cells,

such as neurons, muscle, and endocrine cells. Calcium in-

flux in these cells occurs mainly via VDCCs.† Several types of VDCCs are known. The VDCC types are distinguished by their different electrophysiological properties. The currently used calcium channel blockers, such as nifedipine and related dihydropyridines, verapamil, and diltiazem, act on so-called L-type VDCCs [1], the best characterized type of VDCC. Electrophysiological methods, particularly measurement of single ion channel activity with the patch-clamp technique, were applied very successfully for the characterization of calcium influx via L-type VDCCs [1]. In addition, L-type VDCCs could be purified [2], enabling biochemical characterization.

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[†] Abbreviations: CIF, calcium influx factor; CRAC, calcium release-activated current; ER, endoplasmic reticulum; IP₃, inositol, 1,4,5-triphosphate; IP₃-R, inositol 1,4,5-triphosphate receptor; LMWG, low molecular weight GTP-binding protein; PLC, phospholipase C; and VDCC, voltage-dependent calcium channel.

994 H-P. Bode and K. J. Netter

Much less is known about calcium influx in nonexcitable cells (cells that cannot generate action potentials), for example leukocytes, thrombocytes, hepatocytes, renal epithelial cells, and acinar cells of exocrine glands. Nonexcitable cells are devoid of VDCCs. In nonexcitable cells, calcium influx is induced typically by agents that activate phospholipase C, and thereby primarily release calcium from intracellular stores. It is unclear how these agents trigger calcium influx across the plasma membrane. There appears to be a mechanism by which depletion of intracellular calcium stores directly regulates calcium entry at the plasma membrane [3, 4]. This phenomenon is termed store dependent (since it is induced by calcium release from intracellular calcium stores) or capacitative calcium entry [3]. The term capacitative entry is now widely used. This term can be viewed as an analogy to the behaviour of an electrical capacitor, which can conduct a current only when it is uncharged. Charging of a capacitor by a continuous current is accompanied by increasing electrical resistance that eventually terminates the current. Like regulation of capacitor conductivity by its charging state, capacitative calcium entry in cells is thought to be determined by the filling state of calcium stores.

Capacitative calcium entry is not only present in non-excitable cells, but also in at least some types of excitable cells, in addition to depolarization-induced calcium entry via VDCCs [5–8]. In nonexcitable cells, store-dependent calcium entry may be the dominant calcium influx pathway, in spite of the possible existence of other pathways such as receptor-operated and second messenger-operated calcium channels (ROCCs and SMOCCs; addressed in a recent commentary [9] in this journal). Understanding the mechanism of capacitative calcium entry could be a key to the development of new drugs that act by modifying calcium influx in nonexcitable cells.

Store-dependent, capacitative calcium entry is the subject of an intense and rather controversial debate. Besides giving basic facts of store-dependent calcium entry and outlining the major points that are discussed, the present commentary summarizes recent developments in the characterization of intracellular calcium stores with important implications for store-dependent calcium entry. We finally propose an alternative hypothesis for the mechanism of store-dependent calcium entry, resting on the existence of calcium stores in the organelles that participate in endo-and exocytosis.

CONCEPT OF STORE-DEPENDENT CALCIUM ENTRY

Early studies that contributed to the concept of store-dependent calcium entry examined [Ca²⁺]_{cyt} during treatment of nonexcitable cells with agents that stimulate PLC. Such agents usually bind to receptors that couple to and activate PLC via G proteins. This causes generation of the intracellular messenger IP₃ that opens calcium channels in the membrane of certain intracellular calcium-storing compart-

ments, leading to calcium release from these stores. Release of intracellular calcium under these conditions was found to be typically accompanied by calcium influx across the plasma membrane into the cytosol. This calcium influx appeared to correspond closely to the filling state of the calcium stores, but less so to the presence of the agonist (reviewed in Ref. 3). This was concluded mainly from a persisting tendency to increased calcium influx after termination of agonist action by an antagonist, until the stores were filled again. Based on this rather indirect evidence, it was proposed for the first time that depletion of calcium stores could directly induce calcium influx, and that calcium influx caused by activators of PLC is mediated by this but not any other mechanism, such as opening of calcium channels by second messengers or by direct action of a G-protein. However, using agents that are agonists of receptors in the plasma membrane, involvement of such mechanisms cannot be excluded. Investigation of capacitative calcium entry was thus hindered by the lack of a substance depleting intracellular calcium stores without directly activating other intracellular processes.

The discovery of thapsigargin, a potent and specific inhibitor of intracellular calcium pumps [10, 11], made direct calcium store depletion possible, without prior activation of signal transduction pathways. Thapsigargin permeates easily into cells and mediates a complete inhibition of calcium pumps in intracellular calcium stores in nearly all cell types examined thus far. Calcium stores, in general, appear to have a permanent leak for calcium so that continuous calcium pumping is necessary to keep the stores filled. Upon pump inhibition by thapsigargin, the calcium stores are depleted rapidly via this little characterized leak.

Thapsigargin became a tool in the investigation of capacitative calcium entry. The availability of thapsigargin allowed extensive testing of earlier conclusions about storedependent calcium entry. In fact, thapsigargin-mediated store depletion was found to induce calcium influx in a variety of cell types [11] to a degree similar to that of activators of phospholipase C. With thapsigargin as a tool, the wide occurrence of capacitative calcium entry in various cell types could thus be confirmed. In a few cases, for example in experiments with a neuroblastoma cell line [12], calcium stores were depleted by thapsigargin without any detectable concomitant calcium influx. It has been inferred from this that store-dependent calcium entry might be totally absent in some cells. However, in RINm5F insulinoma cells, which also did not show calcium influx after addition of thapsigargin, such influx could be observed after activation of protein kinase C by a phorbol ester [8]. This raises the question of whether store-dependent calcium entry exists in all cell types, but is in a latent state in some.

Later, application of electrophysiological measurements of calcium influx began to contribute to the investigation of store-dependent calcium entry. An inward calcium current that was triggered by depletion of intracellular calcium stores could be observed in rat mast cells [13]. This current, named I_{CRAC} , could be induced by diverse measures that

deplete intracellular calcium stores. It could also be observed in the absence of any cytosolic calcium elevation, confirming the notion that store-dependent calcium entry is not triggered by a rise of [Ca²⁺]_{cyt} but rather by the filling state of the stores. Such CRAC currents have now been recorded in a number of cell types [4]. These results provide some information on the characteristics of the store-dependent calcium influx pathway. It appears to have an extraordinarily high selectivity for calcium. Furthermore, it is remarkable that store depletion-induced currents could not be resolved into single-channel openings. Thus, the typical electrophysiological evidence for mediation of ion permeation by an ion channel is, in fact, still lacking for storedependent calcium entry. Either the involved channels have a very low conductance, so that the amplitude of single-channel currents remains below the currently detectable levels [4], or store-dependent calcium entry may even not be mediated in the conventional way by an ion channel.

While I_{CRAC} can be found in many cell types, it may not be the only type of store depletion-activated current. Another type, which could be resolved into single channel openings, has been described in vascular endothelial cells [14]. Further investigations will have to show whether this current with a higher single channel conductance is of general importance.

PROPOSED MECHANISMS OF STORE-DEPENDENT CALCIUM ENTRY

The existence of store-dependent calcium entry is now widely accepted. Its mechanism, however, has remained unclear and is a matter of controversial and speculative discussion. The opinions on this issue follow two major lines. To give an overview, some investigators suggest that depleted calcium stores release CIF, a small, diffusible messenger of unknown structure (a molecule having, for example, the size of an amino acid) that activates remote, also yet to be identified calcium channels in the plasma membrane [15, 16]. An opposed group of hypotheses proposes transduction of a store depletion signal to a calcium influx pathway by a direct contact between calcium stores and the plasma membrane. In some of the latter hypotheses, calcium influx is viewed to occur through plasma membraneattached calcium stores into the cytosol [17, 18]. Figure 1 shows the main possibilities that are discussed.

The diffusible messenger hypothesis mainly rests on the recent observation that cytosolic extracts obtained from cells after calcium store depletion could induce calcium influx in other cells [15]. The putative CIF in these extracts was partially purified and characterized. CIF is thought to possess a phosphate group and to have a molecular mass below 500 [15]. However, testing of similar cytosolic extracts by others led to the conclusion that such extracts affect cytosolic calcium in a less specific way than any mediator of store-dependent calcium entry should do [19]. Clearly, the CIF hypothesis remains vague until the complete purification of CIF and confirmation of its action.

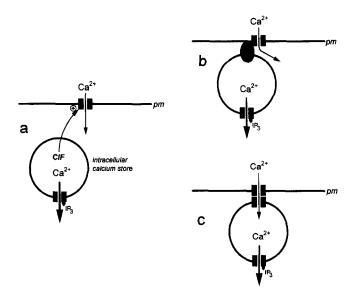


FIG. 1. Schematic reproduction of models that have been proposed for the mechanism of calcium store-dependent, capacitative calcium entry. (a) Diffusible messenger hypothesis [15]. Upon calcium store depletion by binding of IP₃ to the IP₃-R and subsequent opening of this channel, the stores release a small molecule called CIF. CIF diffuses to the plasma membrane (pm) and induces opening of specific channels. (b) Conformational cross-coupling hypothesis [17]. A transmembrane protein in calcium stores couples to a calcium channel in the plasma membrane. Store depletion changes the conformation of this protein. This conformational change induces opening of the calcium channel in the plasma membrane. (c) Gap junction-like coupling between calcium store and extracellular space [18]. Extracellular calcium permeates directly into the stores, via two coupled channels of unknown nature.

The alternative group of hypotheses, proposals of a direct interaction between calcium stores and the plasma membrane, is based on an analogy with skeletal muscle. There, plasma membrane calcium channels in the T-tubules are closely apposed to calcium release channels of the sarcoplasmic reticulum, resulting in functional coupling between these structures. In nonmuscle cells, special parts of the endoplasmic reticulum with potential function as calcium stores can also have close contact with the plasma membrane [20]. Store depletion could be signalled to the plasma membrane by a conformational change of certain transmembrane calcium store proteins that are in contact with plasma membrane calcium channels [17]. It has also been proposed that plasma membrane and calcium stores are connected by gap junction-like channels, which would allow direct permeation of extracellular calcium into the store lumen [18]. Like mediation of store-dependent calcium entry by CIF, all these interpretations are hypothetical. Evidence for the existence of any of the postulated store depletion signalling proteins, or for known proteins additionally having such a function, has yet to be presented.

Progress may come from the recent finding that store-dependent calcium entry appears to be activated by LM-WGs [21, 22]. LMWGs comprise members of the subgroups

996 H-P. Bode and K. J. Netter

Ras, Rab, Rho, Arf and others. Many of these proteins function in the dynamic determination of subcellular structure. Rab and Arf are involved in intracellular vesicular trafficking, that is in the transport of contents from certain organelles to others via vesicles that bud from one compartment and finally fuse with the membrane of a different compartment, after transport across the cytosol [23]. Rho influences cytoskeletal architecture [23]. A role of an LMWG in store-dependent calcium entry could mean that a distinct change in subcellular structure is involved in activation of this calcium influx pathway. Knowledge about function and selective experimental manipulation of LM-WGs is expanding rapidly. Therefore, it may soon be possible to identify and characterize an LMWG-dependent step in the induction of store-dependent calcium entry. This step may even be the central mechanism of storedependent calcium entry itself.

Of interest is also the apparent regulation of store-dependent calcium entry by kinases. The influence of kinases on store-dependent calcium influx is, however, so diverse and cell type dependent that its investigation is less likely suited to reveal basic features of this process. Protein kinase C inhibits store-dependent calcium entry in neutrophil granulocytes [24] and in rat basophilic leukemia cells [25], whereas a stimulation is found in insulin-secreting cells [8, 26]. Cyclic AMP, presumably acting via protein kinase A, inhibits store-dependent entry in platelets [27], but it seems to amplify this pathway in hepatocytes [28]. Cyclic GMP, also known to act via a kinase, was suggested to induce store-dependent calcium influx in pancreatic acinar cells [29], but was also found to inhibit it in platelets [27]. Tyrosine kinases may be involved in maintaining store-dependent calcium entry in fibroblasts [30].

Hence, it appears that it will be difficult to identify the mechanisms of calcium store depletion-induced calcium entry solely by direct investigation of this phenomenon. In contrast, it is evident that research in this field will benefit from insights into structure and function of intracellular calcium stores.

WHAT IS KNOWN ABOUT THE NATURE OF AGONIST-RELEASABLE INTRACELLULAR CALCIUM STORES?

Store-dependent calcium entry is induced by depletion of such intracellular calcium stores that are released by the second messenger IP₃, generated by activation of PLC by agonists of receptors that can couple to PLC via G-proteins. Such stores are also designated as agonist-releasable stores. IP₃ opens a calcium-permeable channel in the membrane of these stores by binding to the channel protein (reviewed in Ref. 31). Thus, this channel is referred to as IP₃-R. At least four subtypes of IP₃-Rs exist [32]. The subcellular distribution of IP₃-Rs, revealed by immunocytochemical detection of these proteins with electron microscopy, should tell which organelles function as agonist-releasable calcium stores. This straightforward approach, however, is hindered

by the very low expression of IP₃-Rs in most cell types and by other technical problems. Therefore, the characterization of agonist-releasable calcium stores requires an integration of results obtained with all methods that can provide information about these structures, including also subcellular fractionation and transport measurements with permeabilized cells. Summarizing knowledge derived from diverse approaches, it is now possible to tentatively outline a general scheme of intracellular IP₃-sensitive calcium storage. Namely, IP₃-Rs apparently can be present at two basically different intracellular locations.

One of the two locations of IP₃-Rs is the ER, including specialized subcompartments of this organelle. This has been demonstrated most convincingly by immunocytochemistry in cerebellar Purkinje neurons, which express a much higher quantity of IP₃-Rs than any other cell type [33]. IP₃-Rs were found in different parts of the ER, for example in rough ER, in smooth ER tubules, in smoothsurfaced cisternae located subplasmalemmal or perinuclear, and especially concentrated in certain stacked cisternae. The IP₃-R subtype expressed in Purkinje cells in such high amounts is IP₃-R [34]. This subtype, but as slightly different variants generated by alternative splicing, is also found in most cells of peripheral, nonneuronal tissues [34, 35]. Presumably, it is also localized in the ER in these cells, although low receptor density prevents confirmation of this by high resolution immunocytochemistry. However, results obtained with subcellular fractionation [36] or immunofluorescence [37] are at least compatible with such a localization.

The other location of IP3-Rs is different from endoplasmic reticulum. Multiple evidence for such a non-ER localization is found, for example, in lymphocytes (Jurkat T-cell line). IP₃-Rs in lymphocytes were shown to contain sialic acid [38], which is atypical for ER proteins but suggests that these IP₃-Rs have passed the trans-Golgi network, where sialylation usually occurs [39]. Immunofluorescent labeling of IP₃-Rs in lymphocytes showed reactivity at or near the plasma membrane [40]. Localization of the majority of lymphocyte IP₃-Rs to the plasma membrane, however, is unlikely. Iodination of lymphocyte plasma membrane proteins was accompanied by only faint labeling of IP₃-Rs [40]. Patch-clamp measurements demonstrated an IP3-activated calcium channel in excised patches from lymphocyte surfaces [41], whereas no IP3-dependent single channel activity could be found in whole lymphocytes [42]. These results would be compatible with localization of lymphocyte IP₃-Rs in compartments beneath the plasma membrane that have a limited exchange or contact with the cellular sur-

A precedent for such a situation has been described in endothelial cells, where, using immunocytochemistry in combination with electron microscopy, IP₃-Rs were detected in caveolae [43]. Caveolae are small invaginations of the plasma membrane that occur in several cell types [44]. Caveolae have dynamic aspects, which are currently being investigated. It is thought that the connection of the ca-

veolar lumen with the extracellular space can close temporarily [45]. In other cells, caveolae may completely detach from the plasma membrane, forming separate vesicles that could function in endo- or transcytosis [46]. This would relate caveolae to other organelles involved in endo- and exocytosis.

There is also evidence for IP₃-Rs in other such organelles. IP3-Rs have been detected in secretory granules of endocrine pancreatic cells [47], and isolated chromaffin granules show IP3-dependent calcium release [48]. Figure 2 summarizes the different subcellular locations of IP3-receptors that have been revealed by immunocytochemistry. Based on transport measurements with permeabilized cells and subcellular fractions, it has been suggested that the IP₃-sensitive calcium store of exocrine acinar cells is a compartment with vacuolar-type proton pumps, and thus also part of the organelles that perform endo- and exocytosis [49, 50]. A study using ion microscopy provided evidence for an agonist-releasable calcium store in the Golgi apparatus of a kidney cell line [51]. The acrosome, a specialized exocytotic organelle of sperm cells, was shown to represent a calcium store with IP₃-Rs [52].

In most cells that have been examined in this respect thus far, two or three of the IP₃-R subtypes are expressed in parallel [53, 54]. Like subtype I, the other subtypes will also have a specific subcellular localization. For subtype III, this has already been demonstrated [47, 55, 56]. The parallel presence of diverse IP₃-R subtypes in cells suggests that

potential localization of InsP3-sensitive calcium stores

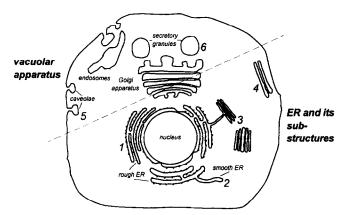


FIG. 2. Different intracellular locations of IP₃-sensitive calcium release channels that have been suggested thus far by immunocytochemical studies with various cell types. Locations 1–4 belong to the endoplasmic reticulum or its specialized substructures. (1) Rough ER; (2) smooth ER tubules in connection with rough ER; (3) membrane stacks in connection with rough ER; and (4) subplasmalemmal stacks derived from but not connected to ER. Locations 1–4 have been found in cerebellar Purkinje neurons and smooth muscle cells [33]. (5) Caveolae, small invaginations of the plasma membrane found in many cells. IP₃-Rs in caveolae have been found in smooth muscle and endothelial cells and in keratinocytes [43]. (6) Secretory granules of B- and D-cells in endocrine pancreas [47].

endoplasmic reticulum-localized and non-ER-associated IP₃-Rs may generally occur together in a cell. IP₃-R subtype III probably is the most likely candidate for the putative IP₃-receptor in a non-ER localization, since it is the IP₃-R that was detected on secretory granules. In some other epithelial cells, it is concentrated in the apical pole [56], close to sites of exocytosis.

ORGANELLES OF THE VACUOLAR APPARATUS AS IP₃-SENSITIVE CALCIUM STORES

Summarized, the findings concerning a non-ER localization of IP₃-Rs point to the general presence of IP₃-Rs in the so-called vacuolar apparatus. This term comprises all the compartments that participate in membrane traffic to and from the plasma membrane, namely endosomes, the trans-Golgi network and related structures, and secretory vesicles. The dynamic nature of these compartments and the behaviour of other transport proteins located therein provide clues for properties of IP3-sensitive calcium stores in the vacuolar apparatus. Of particular interest is a number of well characterized transport proteins, including ion channels, that reside in specialized compartments, which, however, are also thought to belong to the vacuolar apparatus. These transport proteins include the water channel of the kidney collecting duct [57], the proton pump of gastric parietal cells [58], apical chloride channels in some epithelia [59], and the GLUT4 glucose transporter of adipocytes [60]. Induced by specific stimuli, the compartments containing these proteins all can display rapid establishment of continuous connections with the extracellular space or even exocytotic insertion into the plasma membrane.

It is attractive to speculate that IP₃-Rs may be concentrated in a similar compartment, especially regarding the resemblance with the IP₃-R bearing caveolae. A continuous connection between lumen of such a compartment and extracellular space, analogous to the neck of caveolae, would constitute a pathway for store-dependent calcium entry. In contrast to caveolae, however, such a compartment would not be a mere substructure of the plasma membrane but rather a separate intracellular organelle, being larger and possibly more remote from the cell surface.

The function of such a compartment as a calcium store would naturally also require the presence of a calcium pump. The intracellular calcium pumps that are characterized the best, thus far, are the members of the sarcoplasmic or endoplasmic reticulum calcium ATPase family (SERCA pumps). As indicated by the designation, they are thought to reside in the ER or its specialized subcompartments [1]. There is, however, also evidence, albeit less comprehensive, for calcium pumps in organelles of the vacuolar apparatus. High calcium concentrations are present in secretory granules [61] and probably also in the *trans-*Golgi network [62] from which the granules originate. With cytochemical methods, calcium-dependent ATPase activity has been detected on the membrane of these compartments [63, 64].

A POTENTIAL MECHANISM OF STORE-DEPENDENT CALCIUM ENTRY, MEDIATED BY CALCIUM STORES IN THE VACUOLAR APPARATUS

Based on the probable occurrence of calcium stores in organelles of the vacuolar apparatus, we propose the following novel model for the mechanism of store-dependent, capacitative calcium entry. Store-dependent calcium entry mediated by specialized subcompartments of the vacuolar apparatus serving as calcium stores could function as shown in Fig. 3. The lumen of such compartments could be connected with the extracellular space by a tubule-like structure, similar to the connections of gastric proton pump-carrying vesicles [58] or caveolae [44] with the cell surface. This tubule-like connection would represent a continuity of the store-delimiting membrane with the plasma membrane. It could be permanent or of temporary character, generated, for example, by store depletion. The connection could be stabilized by interaction with the cytoskeleton.

Upon depletion of the stores by IP₃, extracellular calcium could enter the store lumen via such a continuity with the extracellular space. Extracellular calcium would enter the

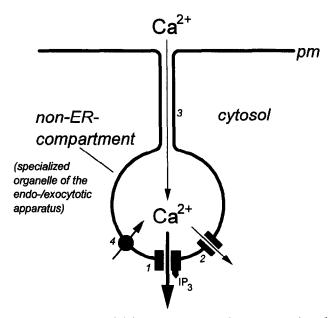


FIG. 3. A novel model for capacitative calcium entry, based on calcium stores in specialized substructures of the vacuolar apparatus, here tentatively designated as the non-ERcompartment. Extracellular calcium enters the calcium store via a tubule-like continuity (3) of the store-delimiting membrane with the plasma membrane (pm). Upon store depletion by opening of IP3-sensitive calcium release channels (1), extracellular calcium can permeate through the tubule-like connection and then through these channels into the cytosol. When the calcium uptake pumps of the stores (4) are inhibited, the stores are depleted via yet uncharacterized calcium leak channels (2) in the store membrane, and possibly also by some opening of IP3-sensitive channels by basal IP3 concentrations. Upon store depletion by calcium pump inhibition, capacitative calcium entry would thus mainly occur via the leak channels (2).

cytosol by passing through the stores first. During experiments that induce store depletion by calcium pump inhibition, without a rise of IP₃, calcium would mainly reach the cytosol via the leak conductance of the stores. At least in some cell types, some opening of IP₃-sensitive channels by basal IP₃ concentrations contributes to this leak conductance [65, 66]. However, it is likely that besides IP₃-Rs other, yet uncharacterized, channels generate the leak conductance.

Interestingly, store-dependent calcium entry via a continuity of the calcium store lumen with the extracellular space would be in accord with the postulated involvement of an LMWG, since such proteins are involved in the creation of similar structures. For example, rab 2 and rab 11 in gastric parietal cells are thought to function in the connection of proton pump-carrying intracellular vesicles with the extracellular space via tubules [67].

Any model for capacitative calcium entry should also be in accord with the reported electrophysiological properties of capacitative calcium entry, that is it should be in accord with the characteristics of I_{CRAC}, the inward calcium current that is associated with calcium store depletion. The characteristics of I_{CRAC} are a high selectivity for calcium over monovalent cations, and, in addition, a very low amplitude. In contrast, IP3-opened calcium release channels appear to have opposite characteristics, namely a low selectivity for calcium and a high conductance [31]. I_{CRAC} could not be resolved into single channel openings [4]. Thus, the channels that are responsible for I_{CRAC} may have an extraordinarily low conductance. On the other hand, it is also possible that I_{CRAC} is generated in a more complex manner than other calcium influx currents. For example, the absence of detectable single channel openings might be caused by restricted diffusion to the channel pore. In this way, our model can provide an explanation for the low apparent conductance of any channels mediating I_{CRAC}. Namely, the tubule-like connection between extracellular space and calcium stores envisaged in our model could allow only limited diffusion of extracellular calcium into the stores. The lumen of the connection might be too small, might contain diffusion-limiting proteins, or might collapse intermittently. A restricted calcium supply to the intralumenal openings of IP₃-sensitive calcium channels in the stores thus could be limiting also for permeation of calcium through these channels, into the cytosol. This would result in a low amplitude of I_{CRAC} and could prevent the stepwise current increments that typically indicate single channel openings, conforming to the described features of I_{CRAC}.

For the other particularity of I_{CRAC} , high selectivity of calcium, our model (Fig. 3) offers no straightforward explanation. However, the high calcium selectivity might originate from characteristics of the yet unidentified calcium leak channels in the store membrane, provided that they contribute to a relevant extent to calcium release from the stores. Or, less likely, it might represent a special property of the IP_3 -R subtype that is involved.

Finally, it is possible that the pathway we are proposing

and that of $I_{\rm CRAC}$ are different entities that occur together in cells.

SPECIALIZED SUBSTRUCTURES OF THE ENDOPLASMIC RETICULUM AS MEDIATORS OF STORE-DEPENDENT CALCIUM ENTRY?

Also of interest with respect to store-dependent calcium entry are subcompartments of the ER that are localized in close proximity to the plasma membrane. As stated above, in cerebellar Purkinje cells such structures contain IP₃-Rs [33]. In general, parts of the ER can be found so closely apposed to the plasmalemma [68] that this raises the question of direct interactions between these structures. Such interactions could be mediated by coupling of the cytoplasmic faces of transmembrane proteins. This is reminiscent of the hypotheses that explain store-dependent calcium entry by coupling of calcium store proteins to putative calcium channels in the plasma membrane (Fig. 1, b and c).

Complexity is added by the fact that subplasmalemmal ER has been reported to be coupled to caveolae [69]. It was concluded long before the discovery and characterization of IP3-Rs that such structures could function in cellular calcium homeostasis. Taking all observations together, it is now even conceivable that IP3-Rs in caveolae couple to calcium channels in the membrane of subplasmalemmal ER. Calcium then could enter the lumen of subplasmalemmal ER by sequential permeation through IP₃-sensitive channels in caveolae and calcium channels in the ER (similar to the model in Fig. 1c), without passing the cytosol. This may especially be the case for smooth muscle cells, with the sarcoplasmic reticulum as calcium store instead of the ER, and in the cardiac myocytes, regarding the data on IP₃-R localization in these cells [70]. For other cell types, however, such a configuration is more hypothetical, so that we favour our simpler interpretation of store-dependent calcium entry involving only IP₃-sensitive calcium stores outside the ER.

CONSEQUENCES FOR THE SEARCH FOR PHARMACOLOGICAL MODULATORS OF STORE-DEPENDENT CALCIUM ENTRY

Our model of capacitative calcium entry (Fig. 3) proposes a novel permeation pathway, namely a tubule-like connection between store lumen and extracellular space, a membrane continuity between the stores and the plasma membrane. Generation and maintenance of such a connection will most likely depend on cellular processes that generally determine the shape and interconnection of intracellular organelles. Thus, the cytoskeleton as well as the many proteins that regulate organelle structure and the so-called vesicular trafficking may be involved. This includes not only LMWGs but also the set of proteins that regulate exocytosis [71].

Our model, therefore, has two consequences for the discovery and evaluation of agents that modify capacitative

calcium entry. The first consequence is that any agents that influence capacitative entry should be tested for actions on the cytoskeleton, on exocytosis, and on other aspects of vesicular trafficking. Such agents might be found to interfere nonspecifically with any of these points. On the other hand, substances with known actions in these fields can be used to test our model.

The second consequence of our model relates to its lack of a specific plasma membrane channel for capacitative calcium entry. Instead, capacitative calcium influx into the cytosol occurs by permeation through IP3-sensitive calcium channels in the calcium store membrane. In our model, calcium release from intracellular stores and capacitative influx of extracellular calcium thus occur via the same channels. Therefore, the only agents that affect capacitative calcium entry by acting on channels might be substances that interact with IP3-sensitive intracellular calcium channels. Such agents might be of interest, since as a drug they will probably have fewer side-effects than substances that can affect the tubule-like connection envisaged in our model. Concerning development of drugs that act on capacitative calcium entry, our model thus directs the attention to agents that interfere with IP3-sensitive intracellular calcium release channels.

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