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# Effect of hydrogen peroxide on Ca<sup>2+</sup> mobilisation in human platelets through sulphydryl oxidation dependent and independent mechanisms

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#### **Abstract**

Using Fura-2-loaded human platelets we studied the nature of the mechanisms involved in  $Ca^{2+}$  signalling mediated by  $H_2O_2$ . In a  $Ca^{2+}$ -free medium,  $H_2O_2$  (10  $\mu$ M–100 mM) induced a concentration-dependent increase in  $[Ca^{2+}]_i$ . Depletion of either agonist-sensitive or mitochondrial  $Ca^{2+}$  pools reduced this effect while depletion of both stores abolished it. Xestospongin C, an inositol 1,3,5-trisphosphate (IP<sub>3</sub>) receptor inhibitor, reduced  $Ca^{2+}$  release evoked by 1 mM  $H_2O_2$  by 45%, indicating that  $H_2O_2$ -induced  $Ca^{2+}$  release involves interaction with IP<sub>3</sub> receptors. Blockade of the IP<sub>3</sub> turnover by lithium or treatment with U-73122 did not modify  $H_2O_2$ -induced  $Ca^{2+}$  release from the agonist-sensitive pool, suggesting the involvement of a mechanism independent of IP<sub>3</sub> generation.  $H_2O_2$  inhibited  $Ca^{2+}$  reuptake into the agonist-sensitive stores mediated by the sarcoendoplasmic reticulum  $Ca^{2+}$  ATPase (SERCA). Thimerosal (5  $\mu$ M), a sulphydryl reagent, induced  $Ca^{2+}$  release from the agonist-sensitive stores. This event was impaired by treatment with 2 mM DTT, which also inhibited  $H_2O_2$ -induced  $Ca^{2+}$  release from the agonist-sensitive pool but not from mitochondria.  $H_2O_2$  reduced the ability of the plasma membrane  $Ca^{2+}$  ATPase (PMCA) to extrude  $Ca^{2+}$  by 75%, an effect that was unaffected by DTT. Consistent with this, thimerosal did not modify the PMCA activity. Finally, exposure to  $H_2O_2$  triggered platelet aggregation, which was slower than that observed after agonist stimulation. We conclude that  $H_2O_2$  induced  $Ca^{2+}$  release from agonist-sensitive stores by oxidation of sulphydryl groups in SERCA and the IP<sub>3</sub> receptors independently of IP<sub>3</sub> generation. In addition,  $H_2O_2$  induced  $Ca^{2+}$  release from mitochondria and inhibited the PMCA activity by different mechanisms in human platelets.

Keywords: H<sub>2</sub>O<sub>2</sub>; Ca<sup>2+</sup> release; Human platelets; IP<sub>3</sub> receptor; Thimerosal; SERCA

#### 1. Introduction

Cytosolic  $Ca^{2+}$  is a key factor involved in the regulation of a large number of cellular functions. Increases in  $[Ca^{2+}]_i$  can initiate and modulate many different processes, including short-term responses, such as muscle contraction or secretion and long-term events like cell growth [1]. Recently, a great deal of attention has focused on the sensitivity of the mechanisms involved in  $Ca^{2+}$  mobilisation to changes in the redox state [2–4]. Oxidative modification of  $Ca^{2+}$  channels or proteins involved in  $Ca^{2+}$ 

metabolism has been observed in several cell types suggesting that changes in the redox potential may play an important role in Ca<sup>2+</sup> homeostasis [5,6].

In human platelets, interaction with agonists initiates the activation of several intracellular signal transduction pathways, including the elevation in  $[Ca^{2+}]_i$ , which are responsible for the physiological responses, such as aggregation or synthesis and secretion of biologically active molecules, which, in turn, activate resting platelets. Among these agents are ADP, thomboxane  $A_2$  and ROS [7,8]. Several sources of ROS have been suggested in platelets and other cells, including the superoxide-dismutase, the activation of arachidonic acid metabolism, the metabolism of phosphoinositides and the activity of NADH/NADPH oxidase [8–10].

ROS have also been reported to act as second messengers involved in the activation of intracellular pathways such as arachidonic acid metabolism or phospholipase C dependent signal transduction [11,12]. Consistent with this, ROS, such as  $H_2O_2$ , mediate changes in  $[Ca^{2+}]_i$  in

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Abbreviations: [Ca<sup>2+</sup>]<sub>i</sub>, intracellular free calcium concentration; SER-CA, sarcoendoplasmic reticulum Ca<sup>2+</sup> ATPase; TG, thapsigargin; HBS, HEPES-buffered saline; DTT, dithiotreitol; FCCP, carbonyl cyanide 4-(trifluoromethoxy)phenylhydrazone; ROS, reactive oxygen species; PMCA, plasma membrane Ca<sup>2+</sup> ATPase; IP<sub>3</sub>, inositol 1,3,5-trisphosphate; PI3-K, phosphatidylinositol 3-kinase.

several cell types, which precede other morphological or functional modifications both in physiological and pathophysiological conditions [13,14]. H<sub>2</sub>O<sub>2</sub>-induced [Ca<sup>2+</sup>]<sub>i</sub> elevation has been mainly attributed to Ca<sup>2+</sup> release from agonist releasable stores or a mitochondrial Ca<sup>2+</sup> pool [13– 15]. Ca<sup>2+</sup> release from agonist-sensitive stores might be mediated by either inhibition of SERCA [16] or by activation of Ca<sup>2+</sup> release channels [13,14,17]. However, although the effect of ROS on ryanodine receptors is well established to occur through the oxidation of hyperreactive sulphydryl groups [18], the nature of the mechanism involved in H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> release by interaction with IP<sub>3</sub> receptors or SERCA remains unclear. In addition, H<sub>2</sub>O<sub>2</sub> might modify [Ca<sup>2+</sup>]<sub>i</sub> by interacting with the PMCA, the main mechanism involved in Ca<sup>2+</sup> extrusion in human platelets [19], although its effect on PMCA activity is controversial.

In the present study we sought to expand our understanding of the mechanisms underlying ROS-induced  $Ca^{2+}$  mobilisation in non-excitable cells, such as human platelets, which lack of ryanodine receptors and where the PMCA is the major pump for  $Ca^{2+}$  extrusion, and therefore is an excellent model to investigate the effect of oxidation on  $IP_3$  receptors and  $Ca^{2+}$  extrusion mediated by the PMCA.

#### 2. Materials and methods

#### 2.1. Materials

Fura-2 acetoxymethyl ester (Fura-2/AM) and BCECF/AM were from Molecular Probes. Bovine serum albumin (BSA), apyrase (grade VII), aspirin, thrombin, H<sub>2</sub>O<sub>2</sub>, lanthanum chloride, FCCP, thimerosal, lithium chloride, catalase, oligomycin, EGTA, U-73122, wortmannin, dimethyl BAPTA and TG were from Sigma. Ionomycin, rotenone and xestospongin C were from Calbiochem. DTT was purchased from Bio-Rad. Anti-phosphotyrosine monoclonal antibody (4G10) was from Upstate Biotechnology. Horseradish peroxidase-conjugated ovine antimouse IgG antibody (NA931) was from Amersham. All other reagents were purchased from Panreac.

#### 2.2. Platelet preparation

Fura-2-loaded platelets were prepared as described previously [20]. Briefly, blood was drawn by venepuncture from healthy drug-free volunteers and mixed with one-sixth volume of acid/citrate dextrose anticoagulant containing 85 mM sodium citrate, 78 mM citric acid and 111 mM p-glucose. Platelet-rich plasma was then prepared by centrifugation for 5 min at 700 g and aspirin (100  $\mu$ M) and apyrase (40  $\mu$ g/mL) added. Platelet-rich plasma was incubated at 37° with 2  $\mu$ M Fura-2/AM for 45 min. Cells were then collected by centrifugation at 350 g for 20 min

and resuspended in HBS containing 145 mM NaCl, 10 mM HEPES, 10 mM p-glucose, 5 mM KCl, 1 mM MgSO<sub>4</sub>, pH 7.45 and supplemented with 0.1% (w/v) BSA and 40  $\mu$ g/ mL apyrase.

Cell viability was assessed using tripan blue and BCECF. Cellular viability after treatment with 1 mM H<sub>2</sub>O<sub>2</sub>, monitored with the tripan blue exclusion technique, was 94%, similar to that observed in a resting platelet suspension, at least during the performance of the experiments. For BCECF loading, cells were incubated for 30 min with 5 μM BCECF-AM at 37°. Resting platelets and platelets treated with 1 mM H<sub>2</sub>O<sub>2</sub> for 12 min were centrifuged and both the pellet (resuspended in fresh HBS) and the supernatant were collected. Fluorescence was recorded from 2 mL aliquots using a Shimadzu Spectrophotometer. Samples were excited at 488 nm, and the isosbestic wavelength for pH changes, 440 nm, and the resulting fluorescence was measured at 535 nm. The results obtained with BCECF confirm those observed using tripan blue. After treatment for 12 min with 1 mM H<sub>2</sub>O<sub>2</sub> the BCECF fluorescence in the cells was 93 and 100% of control when the samples were excited with 488 and 440 nm, respectively, suggesting that under our conditions there was not severe cellular damage. The reduction in cellular BCECF fluorescence was accompanied by a proportional increase in the supernatant (data not shown).

#### 2.3. Measurement of $[Ca^{2+}]_i$

Fluorescence was recorded from 2 mL aliquots of magnetically stirred platelet suspension (10<sup>8</sup> cells/mL) at 37° using a Shimadzu Spectrophotometer. Samples were alternatively excited at 340 and 380 nm and the resulting fluorescence was measured at 505 nm. Changes in [Ca<sup>2+</sup>]<sub>i</sub> were monitored using the Fura-2 340/380 nm fluorescence ratio and calibrated according to the method of Grynkiewicz *et al.* [21].

 $Ca^{2+}$  release from internal stores after platelet stimulation in a  $Ca^{2+}$ -free medium was estimated as the integral of the rise in  $[Ca^{2+}]_i$  above basal for the time indicated after addition of the agents.

To compare the rate of decay of  $[Ca^{2+}]_i$  to basal values, after treatment of platelets with thrombin or TG plus ionomycin, in the absence or presence of different agents we used the constant of the exponential decay as previously described [19]. Traces were fitted to the equation:  $y = A(1 - e^{-K_1T}) e^{-K_2T}$ , where  $K_1$  and  $K_2$  are the constants of the exponential increase and decay, respectively, T is time and A is the span.

 $\rm H_2O_2$  did not modify the Fura-2 fluorescence as checked with Fura-2 pentapotassium salt.

#### 2.4. Protein tyrosine phosphorylation

Protein tyrosine phosphorylation was detected by gel electrophoresis and Western blotting [19]. Platelets stimu-

lation was terminated by mixing with an equal volume of two times Laemmli's buffer with 10% dithiothreitol followed by heating for 5 min at 95°. One-dimensional SDSelectrophoresis was performed with 10% polyacrylamide minigels and separated proteins were electrophoretically transferred, for 2 hr at 0.8 mA/cm<sup>2</sup>, in a semi-dry blotter (Hoefer Scientific) onto nitrocellulose for subsequent probing. Blots were incubated overnight with 10% (w/v) BSA in Tris-buffered saline with 0.1% Tween-20 (TBST) to block residual protein binding sites. Immunodetection of tyrosine phosphorylation was achieved using the antiphosphotyrosine antibody 4G10 diluted 1:1500 in TBST for 1 hr. The primary antibody was removed and blots washed six times for 5 min each with TBST. To detect the primary antibody, blots were incubated with horseradish peroxidase-conjugated ovine anti-mouse IgG antibody diluted 1:10,000 in TBST, washed six times in TBST, and exposed to enhanced chemiluminescence reagents for 5 min. Blots were then exposed to photographic films and the integrated optical density of the blots was estimated using scanning densitometry.

For loading with dimethyl BAPTA, cells were incubated for 30 min at  $37^{\circ}$  with  $10 \,\mu\text{M}$  dimethyl BAPTA/AM. Cells were then collected by centrifugation and resuspended in HBS as described above.

#### 2.5. Platelet aggregation

Platelet aggregation was performed in platelet-rich plasma, prepared as described previously. Platelet counts were normalised to  $2 \times 10^8$  cells/mL. Calcium (1 mM) was then added to the platelet suspension and aggregation was performed using a Chronolog lumiaggregometer as described elsewhere [22] and expressed as percentage [22].

#### 2.6. Statistical analysis

Analysis of statistical significance was performed using Student's t-test and only values with P < 0.05 were accepted as significant.

#### 3. Results

3.1.  $H_2O_2$  releases  $Ca^{2+}$  from agonist releasable and mitochondrial  $Ca^{2+}$  stores

In a  $\text{Ca}^{2+}$ -free medium (200  $\mu\text{M}$  EGTA was added), treatment of human platelets with  $\text{H}_2\text{O}_2$  resulted in a concentration-dependent increase in  $[\text{Ca}^{2+}]_i$  due to the release of  $\text{Ca}^{2+}$  from intracellular stores (Fig. 1A).  $\text{Ca}^{2+}$  release was detected at 10  $\mu\text{M}$  H<sub>2</sub>O<sub>2</sub> with a 13.5  $\pm$  2.6% of the maximal stimulation, and the half-maximal effect (EC<sub>50</sub>) was found at 1.63 mM, therefore 1 mM was the concentration used throughout this study. Figure 1B and D show representative experiments with 1 mM H<sub>2</sub>O<sub>2</sub>, which

induces a slow and sustained increase in [Ca<sup>2+</sup>]<sub>i</sub> that reaches a stable [Ca<sup>2+</sup>]<sub>i</sub> plateau after 2–5 min of treatment. Pretreatment of platelets with 1 mM H<sub>2</sub>O<sub>2</sub> significantly reduced the typical Ca<sup>2+</sup> release stimulated by the physiological agonist thrombin (1 U/mL, Fig. 1B compared to E; P < 0.05, N = 8) or by treatment with 1  $\mu$ M TG, a specific inhibitor of SERCA [23] plus a low concentration of ionomycin (50 nM; required for extensive depletion of the intracellular Ca<sup>2+</sup> stores in platelets where two agonistreleasable Ca<sup>2+</sup> stores with high and low Ca<sup>2+</sup> leakage rates have been reported [24]; Fig. 1D compared to F; P < 0.05, N = 8), suggesting that H<sub>2</sub>O<sub>2</sub> releases Ca<sup>2+</sup> from agonist-sensitive stores. Similar results were obtained with thimerosal, a sulphydryl reagent. Treatment of platelets with 5 µM thimerosal significantly reduced thrombininduced  $Ca^{2+}$  release (Fig. 1C; P < 0.05, N = 5). It is noteworthy that complete depletion of agonist-sensitive Ca<sup>2+</sup> stores by treatment with 1 U/mL thrombin or 1 μM TG plus 50 nM ionomycin was unable to prevent H<sub>2</sub>O<sub>2</sub>induced Ca<sup>2+</sup> release, suggesting that H<sub>2</sub>O<sub>2</sub> is also able to release Ca<sup>2+</sup> from an agonist-insensitive store (Fig. 1E and

In order to investigate the nature of the H<sub>2</sub>O<sub>2</sub> releasable agonist-insensitive Ca<sup>2+</sup> store we use FCCP, a mitochondrial uncoupler that collapses the mitochondrial membrane potential that drives Ca<sup>2+</sup> uptake [25]. As shown in Fig. 2A, treatment of human platelets with 1 µM FCCP in a Ca<sup>2+</sup>free medium resulted in a sustained increase in [Ca<sup>2+</sup>]<sub>i</sub> due to the release of Ca<sup>2+</sup> from mitochondrial stores. Subsequent addition of 1 mM H<sub>2</sub>O<sub>2</sub> to the platelet suspension was still able to release Ca2+, presumably from agonistsensitive stores. Treatment with H<sub>2</sub>O<sub>2</sub> reduced Ca<sup>2+</sup> release from mitochondria evoked by subsequent addition of FCCP (Fig. 2B), suggesting that mitochondrial stores are partially depleted by pretreatment with H<sub>2</sub>O<sub>2</sub>. Similar results were obtained when mitochondrial Ca<sup>2+</sup> uptake was prevented using 10 µM rotenone, an inhibitor of complex I of the respiratory chain that dissipates the membrane potential [26], plus 10 μM oligomycin, a specific inhibitor of the membrane-bound mitochondrial ATPsynthase (F<sub>1</sub>) [27], added to prevent ATP depletion by hydrolysis of ATP after mitochondrial membrane potential collapse (data not shown).

By contrast, simultaneous depletion of agonist-sensitive stores using thrombin or TG plus ionomycin and mitochondrial stores by FCCP or oligomycin plus rotenone clearly abolished  $H_2O_2$ -induced  $Ca^{2+}$  release (Fig. 2C–E; N=6). These findings indicate that  $H_2O_2$  releases  $Ca^{2+}$  from both agonist-sensitive and mitochondrial  $Ca^{2+}$  pools.

3.2.  $H_2O_2$ -induced release of  $Ca^{2+}$  from agonist-sensitive stores is mediated by oxidation of the  $IP_3$  receptor and SERCA

A number of studies have proposed that modulation of the redox potential might be a general mechanism to

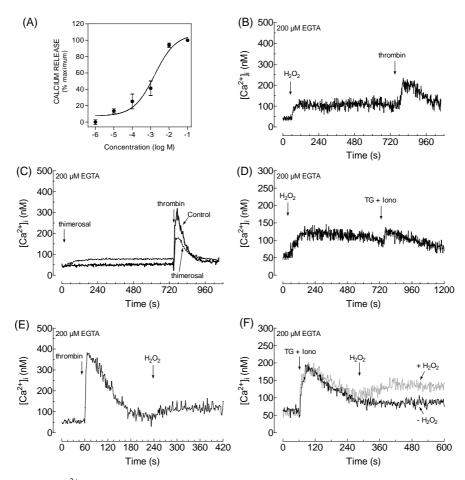


Fig. 1. Hydrogen peroxide releases  $Ca^{2+}$  from agonist-sensitive and -insensitive stores in human platelets. Human platelets were loaded with Fura-2 and resuspended in a  $Ca^{2+}$ -free medium as described in the Methods section. Elevations in  $[Ca^{2+}]_i$  were monitored using the 340/380 nm ratio and traces were calibrated in terms of  $[Ca^{2+}]_i$ . At the time of experiment 200  $\mu$ M EGTA was added. (A) Fura-2-loaded human platelets were treated with various concentrations (1  $\mu$ M-100 mM) of  $H_2O_2$  and  $Ca^{2+}$  release was calculated as the integral for 6 min of the rise in  $[Ca^{2+}]_i$ . Values are mean  $\pm$  SEM, N=4. (B–D) Cells were treated with 1 mM  $H_2O_2$  (B and D) or 5  $\mu$ M thimerosal (C) and 12 min later 1 U/mL thrombin (B and C) or 1  $\mu$ M TG plus 50 nM ionomycin (Iono; D) were added to the platelets suspension. (E) Fura-2-loaded platelets were stimulated with 1 U/mL thrombin and 3 min later 1 mM  $H_2O_2$  was added. (F) Cells were treated with 1  $\mu$ M TG plus 50 nM ionomycin and 3 min later 1 mM  $H_2O_2$  (+ $H_2O_2$ ) or the vehicle (- $H_2O_2$ ) were added. The traces shown are representative of 4–10 separate experiments.

regulate intracellular Ca<sup>2+</sup> homeostasis. Hence, we have investigated whether the effect of H2O2 on agonist-releasable stores might be mediated by interaction with the IP<sub>3</sub> receptor function. To test this possibility human platelets were preincubated with the cell permeant inhibitor of the IP<sub>3</sub> receptor function xestospongin C [28]. To avoid interference with mitochondrial Ca<sup>2+</sup> release rotenone plus oligomycin were added to the buffer to deplete the mitochondrial pool. Xestospongin C had no detectable effects either on Ca<sup>2+</sup> release or TG-induced Ca<sup>2+</sup> release (Fig. 3A, inset; N = 3). Pretreatment for 30 min with xestospongin C (20 μM) significantly reduced H<sub>2</sub>O<sub>2</sub>induced Ca<sup>2+</sup> release from agonist-sensitive stores by  $45.5 \pm 5.6\%$  as estimated by the integral of the rise in [Ca<sup>2+</sup>]<sub>i</sub> above basal for 6 min after the addition of H<sub>2</sub>O<sub>2</sub> (Fig. 3A; P < 0.05, N = 14). This effect was subsequently demonstrated by testing the amount of Ca<sup>2+</sup> remaining in the stores using TG plus ionomycin. In cells pretreated with xestospongin C, addition of 1 µM TG plus 50 nM

ionomycin after H<sub>2</sub>O<sub>2</sub> induced a significantly higher Ca<sup>2+</sup> release (145.8  $\pm$  12.6% of control as estimated by the integral of the rise in [Ca<sup>2+</sup>]<sub>i</sub> above basal for 2.5 min after the addition of TG plus ionomycin) indicating that under these conditions H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> release was partially inhibited by xestospongin C and therefore one of the mechanism for H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> release from the agonist-sensitive stores might be interaction with the IP<sub>3</sub> receptors (Fig. 3A; P < 0.05, N = 14). In addition, Ca<sup>2+</sup> release through the IP<sub>3</sub> receptors was not mediated by the stimulation of IP<sub>3</sub> synthesis induced by H<sub>2</sub>O<sub>2</sub> since treatment of platelets for 2 hr with LiCl, to block the recycling of IP<sub>3</sub> [29], at concentrations that prevent thrombin-induced  $Ca^{2+}$  release (Fig. 3B, inset; N = 3), did not affect the response to H<sub>2</sub>O<sub>2</sub>. After incubation for 2 hr with LiCl 10 or 50 mM H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> release was  $102.09 \pm 7.75$  and  $97.21 \pm 7.24\%$  of control, respectively (also see Fig. 3B; N = 5-8). These results were confirmed using the phospholipase C inhibitor U-73122. Treatment of

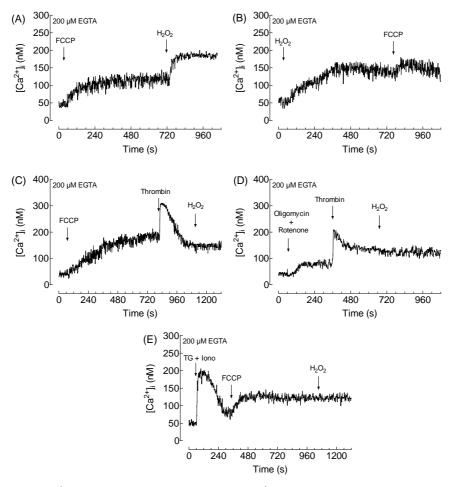


Fig. 2. Hydrogen peroxide releases  $Ca^{2+}$  from mitochondrial and agonist-sensitive  $Ca^{2+}$  stores in human platelets. (A) Fura-2-loaded human platelets were treated with 1  $\mu$ M FCCP in a  $Ca^{2+}$ -free medium and 12 min later 1 mM  $H_2O_2$  was added to the platelets suspension. (B) Cells were treated with 1 mM  $H_2O_2$  and 12 min later 1  $\mu$ M FCCP was added. (C) Human platelets were treated with 1  $\mu$ M FCCP in a  $Ca^{2+}$ -free medium, 12 min later 1 U/mL thrombin was added to the platelets suspension and 1 mM  $H_2O_2$  was added 5 min after thrombin. (D) Cells were treated with 10  $\mu$ M oligomycin plus 10  $\mu$ M rotenone, 5 min later 1 U/mL thrombin was added to the platelets suspension and 1 mM  $H_2O_2$  was added 5 min after thrombin. (E) Cells were treated with 1  $\mu$ M TG plus 50 nM ionomycin (Iono) and 5 min later 1  $\mu$ M FCCP was added.  $H_2O_2$  (1 mM) was added to the platelets suspension 12 min later. The traces shown are representative of six to seven separate experiments.

platelets for 10 min with 5  $\mu$ M U-73122 did not significantly modify  $H_2O_2$ -induced  $Ca^{2+}$  release from agonist-sensitive stores (Fig. 3C; N = 4). To assess whether  $H_2O_2$ -stimulated  $Ca^{2+}$  release is dependent on the activity of the PI3-K cells were treated for 30 min with 100 nM wortmannin. As shown in Fig. 3C,  $H_2O_2$  induced a similar  $Ca^{2+}$  release from agonist-sensitive stores in the absence or presence of wortmannin, suggesting that PI3-K activity is not require for this process.

Another possibility to explain the effect of  $H_2O_2$  on the agonist-releasable stores consist of inhibition of SERCA, the ATPase that is reintroducing  $Ca^{2+}$  continuously into the stores. Using certain experimental conditions, similar to those previously applied to investigate the ability of PMCA to extrude  $Ca^{2+}$  [19] we have ascertained the activity of SERCA in human platelets. We have performed a series of experiments where  $LaCl_3$  was present in the medium at a concentration of 1 mM, which effectively seals the cell, blocking both  $Ca^{2+}$  entry and extrusion [30]. As reported

above, the buffer was supplemented with oligomycin plus rotenone to avoid  $\operatorname{Ca}^{2+}$  release or uptake from mitochondria. Under these conditions, two mechanisms mediate  $\operatorname{Ca}^{2+}$  mobilisation:  $\operatorname{Ca}^{2+}$  release from agonist-sensitive stores, responsible for the rise in  $[\operatorname{Ca}^{2+}]_i$ , and  $\operatorname{Ca}^{2+}$  reuptake into the stores by SERCA, which returns  $[\operatorname{Ca}^{2+}]_i$  to basal levels. Therefore, the rate of decay of  $[\operatorname{Ca}^{2+}]_i$  to the basal concentration might be an indicative of SERCA activity.

Under our conditions, treatment of human platelets with thrombin (1 U/mL) induced a rapid and transient increase in  $[\text{Ca}^{2+}]_i$ , due to release of  $\text{Ca}^{2+}$  from agonist-sensitive stores, followed by reuptake into these stores by SERCA. When  $H_2O_2$  was added simultaneously, thrombin induced a similar  $\text{Ca}^{2+}$  release, but the rate of decay of  $[\text{Ca}^{2+}]_i$  to basal levels was significantly decreased (Fig. 4A). The decay constants were  $0.0058 \pm 0.0006$  in  $H_2O_2$ -treated platelets and  $0.0159 \pm 0.0019$  in paired controls ( $P < 0.01, \ N = 6$ ). The inhibitory effect of  $H_2O_2$  was confirmed by subsequent

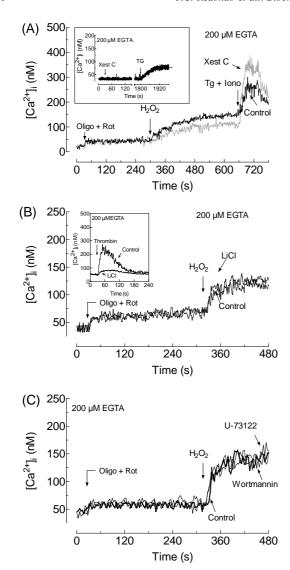


Fig. 3. Hydrogen peroxide-induced Ca<sup>2+</sup> release from agonist-sensitive stores is reduced by xestospongin C but independent of IP3 generation and phosphoinosite metabolism. (A) Fura-2-loaded human platelets were incubated in the absence or presence of  $20\,\mu M$  xestospongin C for 30 min at 37° as indicated and then treated in a Ca<sup>2+</sup>-free medium with 10 μM oligomycin plus 10 μM rotenone, 5 min later 1 mM H<sub>2</sub>O<sub>2</sub> was added to the platelets suspension and 1  $\mu M$  TG plus 50 nM ionomycin (Iono) were added 12 min later to estimate the amount of Ca<sup>2+</sup> remaining in the agonistsensitive stores. Inset: Human platelets were incubated in the absence (solid line) or presence (dashed line) of 20 µM xestospongin C and 30 min later TG (200 nM) was added. (B) Human platelets were incubated in the absence or presence of 10 mM LiCl for 2 hr as indicated and then treated in a Ca<sup>2+</sup>-free medium with 10 μM oligomycin plus 10 μM rotenone, 5 min later 1 mM H<sub>2</sub>O<sub>2</sub> was added to the platelets suspension. Inset: cells were incubated in the absence or presence of 10 mM LiCl for 2 hr as indicated and then stimulated in a Ca<sup>2+</sup>-free medium with 0.1 U/mL thrombin. (C) Cells were incubated at 37° in the presence of 5 µM U-73122 for 10 min, 100 nM wortmannin for 30 min or the vehicle (Control) as indicated and then treated in a  $Ca^{2+}$ -free medium with 10  $\mu$ M oligomycin plus 10  $\mu$ M rotenone, 5 min later 1 mM H<sub>2</sub>O<sub>2</sub> was added to the platelet suspension. The traces shown are representative of 4-14 separate experiments.

testing of the Ca<sup>2+</sup> remaining in the stores using TG plus ionomycin. In the presence of  $H_2O_2$ , Ca<sup>2+</sup> remaining in the stores was found to be reduced by  $39.3 \pm 10.7\%$  (Fig. 4; P < 0.01, N = 6).

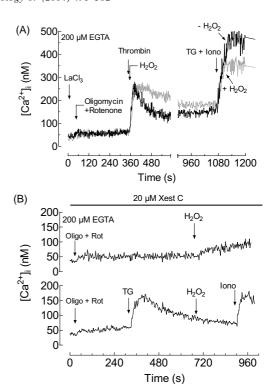


Fig. 4. Hydrogen peroxide-induced Ca<sup>2+</sup> release from agonist-sensitive stores involves inhibition of SERCA. (A) Fura-2-loaded human platelets were incubated in a Ca<sup>2+</sup>-free medium and in the presence of 1 mM LaCl<sub>3</sub> with 10 μM oligomycin plus 10 μM rotenone, 5 min later 1 U/mL thrombin and either 1 mM H<sub>2</sub>O<sub>2</sub> (+H<sub>2</sub>O<sub>2</sub>) or the vehicle (-H<sub>2</sub>O<sub>2</sub>) were added to the platelets suspension as indicated and 1 µM TG plus 50 nM ionomycin (Iono) were added 12 min later to estimate the amount of Ca<sup>2+</sup> remaining in the agonist-sensitive stores. (B) Fura-2-loaded human platelets were incubated with of 20 µM xestospongin C for 30 min at  $37^{\circ}$  as indicated and then treated in a  $\text{Ca}^{2+}\text{-free}$  medium with  $10\,\mu\text{M}$ oligomycin plus 10  $\mu M$  rotenone. Cells were then treated with 1  $\mu M$  TG (lower panel) or the vehicle (upper panel) and 6 min later 1 mM H<sub>2</sub>O<sub>2</sub> was added to the platelets suspension followed by the addition of 500 nM ionomycin to estimate the amount of Ca2+ remaining in the agonistsensitive stores. The traces shown are representative of three to six independent experiments.

Since there are still two possibilities to explain these differences: inhibition of SERCA or reduction of the IP<sub>3</sub> desensitisation after stimulation with thrombin, we further explored the involvement of SERCA in the effect of  $H_2O_2$  using the protocol shown in Fig. 3A, with the addition of TG to inhibit SERCA prior the addition of  $H_2O_2$ . As shown in Fig. 4B, in cells pretreated with Xest C, inhibition of SERCA before the addition of  $H_2O_2$  abolished  $H_2O_2$ -induced response although there still was  $Ca^{2+}$  remaining in the stores (as shown by the addition of ionomycin). These results indicate that the effect of  $H_2O_2$  on  $Ca^{2+}$  release was mediated by IP<sub>3</sub> sensitisation and reduction of the activity of SERCA (N = 3).

Subsequently we investigate the effect of  $H_2O_2$  on the ability of PMCA to extrude  $Ca^{2+}$  from the cytosol. To test this possibility we followed the protocol previously described by us [19]. As shown in Fig. 5A, cells were suspended in  $Ca^{2+}$ -free HBS supplemented with 10  $\mu M$  rotenone plus 10  $\mu M$  oligomycin to prevent  $H_2O_2$ -induced

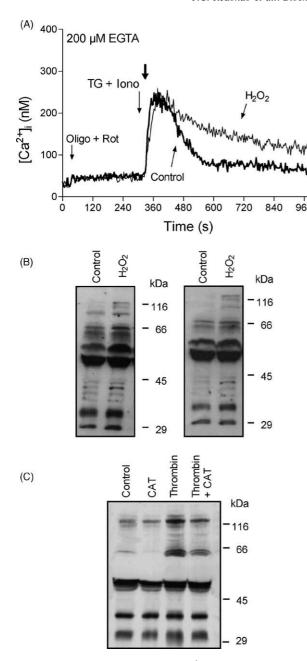


Fig. 5. Effect of H<sub>2</sub>O<sub>2</sub> on restoration of [Ca<sup>2+</sup>]<sub>i</sub> and tyrosine phosphorylation in human platelets. (A) Fura-2-loaded human platelets were resuspended in a Ca<sup>2+</sup>-free medium supplemented with 10 μM oligomycin plus 10 µM rotenone and 5 min later 1 µM TG plus 50 nM ionomycin (Iono) and either 1 mM H<sub>2</sub>O<sub>2</sub> (H<sub>2</sub>O<sub>2</sub>) or the vehicle (Control) were added to the platelets suspension as indicated by the arrow. Elevations in [Ca<sup>2+</sup>]<sub>i</sub> were monitored using the 340/380 nm ratio and traces were calibrated in terms of [Ca<sup>2+</sup>]<sub>i</sub>. Traces are representative of six independent experiments. (B) Control (left panel) and dimethyl BAPTA-loaded platelets (right panel) were treated in a Ca<sup>2+</sup>-free medium (200 µM EGTA was added) with 1 mM H<sub>2</sub>O<sub>2</sub>, as indicated, and 12 min later samples were taken from the platelet suspension and lysed. (C) Human platelets were incubated for 10 min in the absence (Control) or presence of 300 U/mL catalase (CAT). Cells were stimulated with 0.5 U/mL thrombin, as indicated, and 5 min later samples were taken from the platelet suspension and lysed. Platelet proteins were analysed by SDS/10%-PAGE and subsequent Western blotting with a specific anti-phosphotyrosine antibody as described in the Section 2. Molecular masses ("kDa") indicated on the right were determined using molecular-mass markers run in the same gel. The panels show results from one experiment representative of three to five others.

Ca<sup>2+</sup> release from mitochondria and the intracellular Ca<sup>2+</sup> stores were depleted by treatment with 1 µM TG plus 50 nM ionomycin. At the time of addition of the stimulus, 1 mM H<sub>2</sub>O<sub>2</sub> or the vehicle were added. Using this protocol, again two mechanisms mediate Ca<sup>2+</sup> mobilisation: Ca<sup>2+</sup> release from agonist-releasable stores, responsible for the increase in [Ca<sup>2+</sup>]<sub>i</sub>, and Ca<sup>2+</sup> efflux through the plasma membrane, which returns [Ca<sup>2+</sup>]<sub>i</sub> to resting levels. We have previously demonstrated [19] that under our conditions the only mechanism involved in Ca<sup>2+</sup> extrusion is the PMCA, therefore, the rate of decay of  $[Ca^{2+}]_i$  to the basal concentration is an indicative of the ability of PMCA to extrude Ca<sup>2+</sup> from the cell. As shown in Table 1, treatment of platelets with H<sub>2</sub>O<sub>2</sub> almost completely inhibited the ability of PMCA to extrude  $Ca^{2+}$  (P < 0.001, N = 6). In addition, after treatment with  $H_2O_2$ , the return of  $[Ca^{2+}]_i$  to basal was significantly reduced (5 min after treatment with TG + ionomycin the  $[Ca^{2+}]_i$  was  $153.7 \pm 15.5$  nM in  $H_2O_2$ -treated cells vs.  $75.0 \pm 15.9$  nM in control), which might reflect the reduction in PMCA activity (Fig. 5A; P < 0.01, N = 6).

The effect of  $H_2O_2$  was not prevented by previous addition of 2 mM DTT, a sulphydryl reducing agent, and thimerosal, a sulphydryl group oxidising agent, was unable to decrease the PMCA function suggesting that  $Ca^{2+}$  extrusion by the PMCA is insensitive to sulphydryl group oxidation in human platelets (Table 1; P < 0.01, N = 6).

Recently it has been shown that tyrosine phosphorylation of platelet PMCA leads to a substantial inhibition of its  $Ca^{2+}$ -ATPase activity [31]. To investigate whether tyrosine phosphorylation of PMCA might be the mechanism by which  $H_2O_2$  induced inhibition of this pump, we examined the effect of  $H_2O_2$  protein tyrosine phosphorylation in human platelets. As shown in Fig. 5B, treatment with 1 mM  $H_2O_2$  increase the phosphotyrosine level either in normal platelets or in platelets loaded with dimethyl BAPTA to avoid increases in  $[Ca^{2+}]_i$ . These findings indicate that  $H_2O_2$ -induced protein tyrosine phosphorylation is independent of rises in  $[Ca^{2+}]_i$ .

Table 1 Effect of  $H_2O_2$ , thimerosal and DTT on PMCA activity in human platelets

Stimulatory agent	Decay constant	
	In the absence of DTT	In the presence of DTT (2 mM)
Vehicle H <sub>2</sub> O <sub>2</sub> (1 mM) Thimerosal (5 μM)	$\begin{array}{c} 0.0017 \pm 0.0001 \\ 0.0004 \pm 0.0001^{***} \\ 0.0017 \pm 0.0002 \end{array}$	$0.0016 \pm 0.0002 0.0005 \pm 0.0001^{***} 0.0016 \pm 0.0003$

Human platelets, suspended in a  $Ca^{2+}$ -free medium supplemented with rotenone (10  $\mu$ M) plus oligomycin (10  $\mu$ M), were stimulated with 1  $\mu$ M TG plus 50 nM ionomycin to release  $Ca^{2+}$  from the intracellular stores. At the time of the addition of the stimulus,  $H_2O_2$ , thimerosal or the vehicle (as control) were added in the absence or presence of DTT (2 mM). The constant of the exponential decay of  $[Ca^{2+}]_i$  to resting levels after the stimulation was calculated as described in Section 2. Values of the decay constants are presented as mean  $\pm$  SEM, N=6.

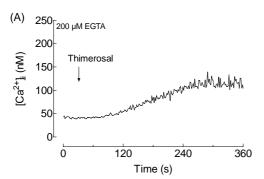
<sup>\*\*\*</sup>P < 0.001, compared to vehicle treatment.

In order to investigate whether  $\rm H_2O_2$ -induced protein tyrosine phosphorylation is an event involved in cellular physiology we examined the effect of catalase on tyrosine phosphorylation induced by the physiological agonist thrombin. As shown in Fig. 5C, treatment of human platelets for 10 min with 300 U/mL catalase reduced thrombin-induced protein tyrosine phosphorylation by 40%, without having any effect on the phosphotyrosine content in resting conditions (P < 0.05, N = 5).

## 3.3. $H_2O_2$ -induced release of $Ca^{2+}$ from agonist-sensitive $Ca^{2+}$ stores by oxidation of sulphydryl groups

It has been previously shown that the sulphydryl reagent thimerosal is able to sensitise the  $IP_3$ -induced  $Ca^{2+}$  release in platelets [15,32], an effect mediated by specific oxidation of sulphydryl groups. Consistent with this, treatment of human platelets with thimerosal (5  $\mu M$ ) in a  $Ca^{2+}$ -free medium resulted in a very slow and sustained increase in  $[Ca^{2+}]_i$  (Fig. 6A; N=10). Addition of thimerosal once the agonist-sensitive stores had been depleted by pretreatment with 1  $\mu M$  TG plus 50 nM ionomycin was without response (Fig. 6B; N=5), indicating that thimerosal released  $Ca^{2+}$  solely from the agonist-releasable pool.

As expected, the sustained increase in  $[Ca^{2+}]_i$  induced by thimerosal was abolished by previous treatment of platelets with 2 mM DTT (Fig. 7A; N = 4). The effect of DTT on  $H_2O_2$ -induced  $Ca^{2+}$  release was also assessed. Under the same experimental conditions,  $Ca^{2+}$  release



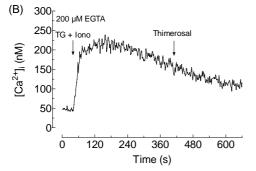


Fig. 6. Thimerosal releases  $Ca^{2+}$  from agonist-sensitive stores in human platelets. Fura-2-loaded human platelets were treated in a  $Ca^{2+}$ -free medium with 5  $\mu$ M thimerosal (A) or with 1  $\mu$ M TG plus 50 nM ionomycin (Iono) followed by the addition of 5  $\mu$ M thimerosal 6 min later (B). The traces shown are representative of 5–10 experiments.

Table 2 Effect of thrombin and H<sub>2</sub>O<sub>2</sub> on platelet aggregation

Time (min)	Aggregation (%)		
	Thrombin (0.5 U/mL)	H <sub>2</sub> O <sub>2</sub> (1 mM)	
0	$0.0 \pm 0.0$	$0.0 \pm 0.0$	
0.5	$4.8 \pm 3.1$	_	
1	$34.4 \pm 15.8$	$16.6 \pm 5.9$	
1.5	$87.1 \pm 19.0$	_	
2	$92.17 \pm 7.4$	$42.9 \pm 16.4$	
3	_	$50.0 \pm 19.7$	
4	_	$48.2 \pm 18.9$	
5	_	$51.6 \pm 19.4$	
7	_	$60.3 \pm 16.2$	
10	_	$81.6 \pm 6.8$	

Platelet-rich plasma was exposed to thrombin (0.5 U/mL) or  $H_2O_2$  (1 mM) for several times, as indicated at  $37^\circ$  under stirring conditions. Values are presented as percentage of aggregation and expressed as mean  $\pm$  SEM, N=6.

stimulated by 1 mM  $H_2O_2$  was significantly reduced in the presence of 2 mM DTT although some  $Ca^{2+}$  release still remained (Fig. 7B; N=12). To investigate the source of the DTT-independent  $H_2O_2$ -induced elevation in  $[Ca^{2+}]_i$  we repeated these experiments in the presence of oligomycin and rotenone to deplete mitochondrial  $Ca^{2+}$  pools. As shown in Fig. 7C, under these conditions DTT was able to abolish the release of  $Ca^{2+}$  induced by  $H_2O_2$  (N=8). These findings indicate that oxidation of sulphydryl groups by  $H_2O_2$  might be the mechanism involved in  $Ca^{2+}$  release from agonist-sensitive stores, while  $H_2O_2$ -induced  $Ca^{2+}$  release from mitochondrial pools seems to be mediated by a different process.

#### 3.4. Effect of 1 mM $H_2O_2$ on platelet aggregation

In order to investigate the relevance of the cellular effects of  $H_2O_2$  on platelet function we tested its effect on platelet aggregation. As shown in Table 2, addition of 1 mM  $H_2O_2$  induced aggregation of stirred human platelets, although, in contrast with thrombin and other physiological agonists [22] that induce a more rapid aggregation of platelets, a considerable delay was observed between the time of addition of  $H_2O_2$  and the initiation of aggregation (Table 2; N=6).

#### 4. Discussion

It has been shown that changes in the redox potential of sulphydryl groups plays an important role in Ca<sup>2+</sup> homeostasis. Recent studies have reported that certain conditions that induce the opening of ryanodine receptors, such as micromolar Ca<sup>2+</sup> concentrations, decrease its redox potential, which favours the oxidation of several sulphydryl groups residing on cysteine residues [18]. Alternatively, ryanodine receptors show an extraordinary sensitivity to reduction and oxidation of the hyperreactive

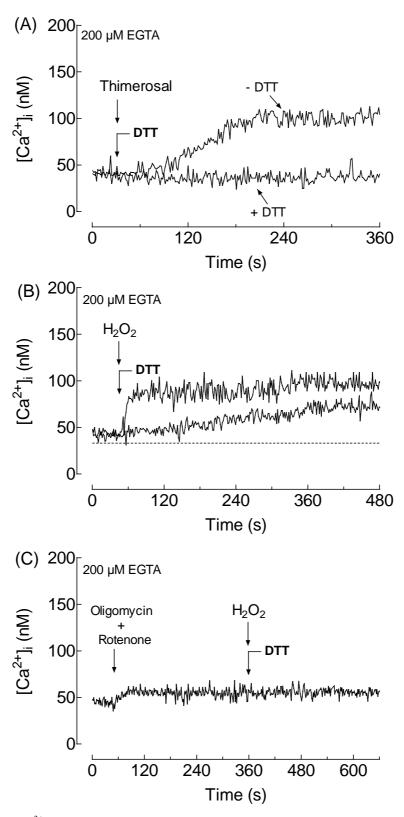


Fig. 7. Hydrogen peroxide-induced  $Ca^{2+}$  release from agonist-sensitive stores is mediated by oxidation of sulphydryl groups. Fura-2-loaded human platelets were incubated in a  $Ca^{2+}$ -free medium in the absence or presence of 2 mM DTT and then stimulated either with 5  $\mu$ M thimerosal (A) or 1 mM  $H_2O_2$  (B) or with 10  $\mu$ M oligomycin plus 10  $\mu$ M rotenone followed by the addition of 2 mM DTT and 1 mM  $H_2O_2$  5 min later as indicated (C). The traces shown are representative of 4–12 independent experiments.

sulphydryl groups mentioned above [33,34]. The redox potential of the cytoplasm is -230 mV, as estimated in pancreatic cells [35]. Under these conditions ryanodine receptors are mostly inactivated by sulphydryl group reduction [18], but small changes in the redox potential mediated by oxidative stress, which leads the redox potential to become less negative, have been suggested to have a great influence on channel gating [18]. These findings suggest that specific sulphydryl groups play a relevant role in the modulation of channel gating at physiological or pathophysiological conditions. Since ryanodine and IP<sub>3</sub> receptors shares structural characteristics it might be expected that IP<sub>3</sub> receptors respond in a similar manner under changes in the redox potential.

Human platelets are a good model to investigate this event since ryanodine receptors expression have not been described as yet. The role of ROS, such as  $H_2O_2$ , in physiological platelet activation has been recently reported [8,12]. Human platelets generate ROS after activation by agonists such as collagen or thrombin, which regulates processes like the production of  $IP_3$  or thromboxane  $B_2$  [8,12].

Our results, in agreement with others [13,14], demonstrate that treatment of platelets with  $H_2O_2$  induces  $Ca^{2+}$  release from agonist-sensitive  $Ca^{2+}$  stores. This effect might be mediated by sulphydryl group oxidation since thimerosal induced a similar response. In addition,  $H_2O_2$  releases  $Ca^{2+}$  from the mitochondrial  $Ca^{2+}$  pool.

During the performance of the experiments cellular viability was tested using the tripan blue exclusion technique and retention of BCECF into the cells, two functional tests that indicate that treatment for 12 min with 1 mM  $\rm H_2O_2$  have negligible effects in cellular viability. In addition there are other data indicative of cell function after this treatment, such as  $\rm Ca^{2+}$  mobilisation by agonists or lack of severe Fura-2 leakage monitored during the experiments.

In order to investigate the mechanism by which H<sub>2</sub>O<sub>2</sub> induced Ca<sup>2+</sup> release from agonist-sensitive stores we performed a series of experiments in the presence of rotenone, to block Ca<sup>2+</sup> storage by mitochondria, and oligomycin, to avoid ATP depletion by the mitochondrial ATP synthase after mitochondrial uncoupling. To assess the role of the IP<sub>3</sub> receptors in H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> release we used the inhibitor of the IP<sub>3</sub> receptor function, xestospongin C. Pretreatment of platelets with xestospongin C at concentrations that inhibit thrombin-induced Ca<sup>2+</sup> elevation [36] significantly reduced H<sub>2</sub>O<sub>2</sub>-induced release, suggesting that the IP3 receptors are involved in the effect of H<sub>2</sub>O<sub>2</sub>. Ca<sup>2+</sup> release induced by oxidants has been attributed to an increase in the affinity for IP<sub>3</sub> (see [37–39]); however, we have found that in the absence of IP3 generation, by treatment with U-73122 or lithium at concentrations, at least as high as that shown by Berridge et al. [29], that inhibits thrombin-induced Ca<sup>2+</sup> release, H<sub>2</sub>O<sub>2</sub> was still able to release a similar extent of Ca<sup>2+</sup> from agonist-sensitive stores. In addition, the effect of H<sub>2</sub>O<sub>2</sub>

does not depend on the PI3-K activity as demonstrated by the lack of effect of wortmannin in these cells. To our knowledge, these findings suggest for the first time that ROS releases Ca<sup>2+</sup> from agonist-sensitive stores at least by a mechanism independent of IP<sub>3</sub> synthesis. In addition, these findings suggest that H<sub>2</sub>O<sub>2</sub>-evoked Ca<sup>2+</sup> release is not mediated by IP<sub>3</sub> generation.

We have further investigated whether the SERCA might be a target of oxidative stress. To investigate this possibility we followed two different experimental procedures. One of the approaches is similar to the previously used by us to assess the ability of PMCA to extrude Ca<sup>2+</sup> [19]. In this case, using certain protocols, as described in the Results section, we limited Ca<sup>2+</sup> mobilisation to two mechanisms, Ca<sup>2+</sup> release and reuptake by SERCA into the agonistsensitive stores, responsible for the rise of [Ca<sup>2+</sup>]<sub>i</sub> and return to basal levels, respectively. According to this, the rate of decay of [Ca<sup>2+</sup>]<sub>i</sub> to basal values might be used as an indicative of the activity of SERCA. Additionally, we tested the ability of SERCA to store Ca<sup>2+</sup> in the agonist-sensitive Ca<sup>2+</sup> compartments. Our results indicate that  $H_2O_2$  reduced both the rate of decay of  $[Ca^{2+}]_i$  to basal and the amount of stored Ca<sup>2+</sup>. Since these results might also been fully explained by IP<sub>3</sub> receptor sensitisation, described above, we alternatively explored the effect of platelet treatment with Xest C and inhibition of SERCA with TG before the addition of H<sub>2</sub>O<sub>2</sub>. Our observations, indicate that treatment of platelets with Xest C, which reduced the H<sub>2</sub>O<sub>2</sub>-induced response as shown in Fig. 3A, and TG, to inhibit SERCA, abolished the effect of H<sub>2</sub>O<sub>2</sub>, suggesting that Ca<sup>2+</sup> release by H<sub>2</sub>O<sub>2</sub> is mediated by both, IP<sub>3</sub> receptor sensitisation and inactivation of SERCA in human platelets.

As mentioned above, ryanodine receptors gating is sensitive to oxidation of sulphydryl groups. Hence, we have investigated whether this mechanism can explain the effect of  $H_2O_2$  on  $Ca^{2+}$  release from intracellular stores. Consistent with previous studies using sulphydryl reagents [14,40–42], we have found that thimerosal, which at micromolar concentrations has been shown to sensitise the  $IP_3$  receptor channel in platelets [15], is able to release  $Ca^{2+}$  from internal stores in human platelets. The effect of thimerosal was prevented by previous depletion of the agonist-sensitive stores, which indicates that thimerosal is unable to release  $Ca^{2+}$  from mitochondria and therefore ROS-induced  $Ca^{2+}$  efflux from mitochondria is mediated by other means different from oxidation of sulphydryl groups.

To confirm this possibility we used DTT a sulphydryl reducing agent that completely blocked the release of  ${\rm Ca}^{2+}$  induced by thimerosal. Under our experimental conditions, DTT reduced  ${\rm H_2O_2}$ -induced  ${\rm Ca}^{2+}$  release; however, a significant amount of  ${\rm Ca}^{2+}$  was still released by  ${\rm H_2O_2}$ . To assess whether the source of the DTT-insensitive  ${\rm Ca}^{2+}$  release is the mitochondrial store we depleted the mitochondrial  ${\rm Ca}^{2+}$  pool using rotenone and oligomycin

previous treatment with DTT and  $H_2O_2$ . Mitochondrial uncoupling dissipates the membrane potential and leads to the release of accumulated  $Ca^{2+}$ ; subsequent treatment with DDT abolished  $H_2O_2$ -induced  $Ca^{2+}$  release. These findings demonstrate that  $H_2O_2$  induces  $Ca^{2+}$  release from agonist-sensitive  $Ca^{2+}$  stores by oxidation of sulphydryl groups. In contrast,  $H_2O_2$  releases  $Ca^{2+}$  from the mitochondrial stores by a different mechanism. ROS, which may be produced in mitochondria by superoxide dismutase [43], might release  $Ca^{2+}$  from this organelle by activating the permeability transition pore, although the nature of this mechanism deserves further attention.

Finally, we have investigated the effect of  $H_2O_2$  and thimerosal on the function of PMCA, the main responsible for  $Ca^{2+}$  extrusion in platelets at low  $[Ca^{2+}]_i$  [19]. Our results, in agreement with previous studies [14,44], indicates that  $H_2O_2$  strongly reduce the ability of PMCA to extrude  $Ca^{2+}$ . In addition, the  $[Ca^{2+}]_i$  remained significantly elevated after stimulus in  $H_2O_2$ -treated cells. This difference might reflect the inhibitory role of  $H_2O_2$  on the PMCA since the activity of SERCA is abolished by TG and we have previously shown that treatment with 1  $\mu$ M TG plus 50 nM ionomycin completely deplete the intracellular  $Ca^{2+}$  stores in human platelets [45], and thus IP<sub>3</sub> receptor sensitisation is not expected to play any role.

The effect of  $H_2O_2$  was unaffected by treatment with DTT. Consistent with this, thimerosal did not significantly modify the PMCA function, suggesting that sulphydryl groups oxidation is not responsible for this effect in human platelets.  $H_2O_2$  induce a large number of biochemical modifications in the cell biology, such as an increase in the tyrosine phosphorylation state, which has been reported to inhibit the PMCA activity in human platelets [31]. The increase in the phosphotyrosine level induced by  $H_2O_2$  was found to be independent on the rises in  $[Ca^{2+}]_i$  and might be a mechanism by which  $H_2O_2$  and physiological agonists modulate the PMCA activity.

Our findings in human platelets are similar to those reported in pancreatic acinar cells and pancreatic  $\beta$  cells [14,46], where  $H_2O_2$  increased  $[Ca^{2+}]_i$  by  $Ca^{2+}$  release from agonist-sensitive as well as mitochondrial stores and inhibition of the PMCA activity. In addition, the ability of  $H_2O_2$  to inhibit the activity of SERCA has also been demonstrated in muscle cells, although this effect has been shown to be independent of sulphydryl group oxidation [16]. In contrast, in other cells, the involvement of mitochondria does not seem to be relevant [13,47,48] or it has not been further explored. These differences might be attributed to the idiosyncrasy of every cell type and also the different  $H_2O_2$  concentrations used in these studies, which makes difficult to compare the results in different cellular models.

In conclusion our results provide evidence for the existence of a redox sensor in both the agonist-sensitive Ca<sup>2+</sup> stores and mitochondria in human platelets. The redox sensor in the agonist-releasable pool might consist of

hyperreactive sulphydryl groups present in the IP<sub>3</sub> receptors and SERCA. These groups are highly sensitive to oxidation by agonist-generated ROS or when platelets are exposed to oxidative stress under pathological situations. In addition, H<sub>2</sub>O<sub>2</sub> reduces the ability of PMCA to extrude Ca<sup>2+</sup> from the cytosol by a mechanism independent of sulphydryl group oxidation. All these modifications in the mechanisms involved in Ca<sup>2+</sup> homeostasis result in the sustained increase in  $[Ca^{2+}]_i$  induced by  $H_2O_2$ , which might be responsible, together with the stimulation of protein tyrosine phosphorylation, for the activation of platelet aggregation. Consistent with this, we have found a remarkable correlation between the slow pattern of Ca<sup>2+</sup> mobilisation and aggregation by H<sub>2</sub>O<sub>2</sub> compared to the rapid responses observed with agonist like thrombin. Considering the large number of cellular processes modulated by changes in [Ca<sup>2+</sup>]<sub>i</sub>, redox sensing might be of great importance in cellular physiology and may be involved in cellular alterations that occurs in ageing.

#### Acknowledgments

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