

THE CYTOPLASMIC CONCENTRATION OF FREE CALCIUM IN PLATELETS IS CONTROLLED
BY STIMULATORS OF CYCLIC AMP PRODUCTION (PGD₂, PGE₁, FORSKOLIN)

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SUMMARY: Maximal stimulation of platelets with thrombin results in a rapid increase in cytoplasmic Ca²⁺ (from 0.1 μ M to 1-3 μ M), as measured with the fluorescent intracellular Ca²⁺ indicator Quin-2. Prior addition of the adenylate cyclase stimulators PGD₂, PGE₁ or forskolin inhibited the rise in cytoplasmic Ca²⁺. When added after the maximal response to thrombin was attained adenylate cyclase stimulators caused a rapid fall of cytoplasmic Ca²⁺ back to the original "resting" level. This effect coincides with the reversal of thrombin-induced, Ca²⁺-dependent protein phosphorylation, and cytoskeleton assembly. It is suggested that cAMP-dependent reactions maintain low levels of cytoplasmic Ca²⁺ by promoting transport and/or binding of Ca²⁺.

Calcium is an important second messenger involved in the stimulus-induced activation of platelets to aggregate, secrete and generate biologically potent metabolites of arachadonic acid (1,2). Cyclic AMP, on the other hand, acts to prevent nearly all manifestations of platelet activation (2). The most potent inhibitors of platelet responses are prostaglandins (i.e., PGI₂, PGD₂ and PGE₁) that act through specific receptors to stimulate adenylate cyclase (3), and forskolin which acts directly on the enzyme or through regulatory proteins (4). Other responses to stimulation that can be prevented by prostaglandins that stimulate adenylate cyclase include the assembly of Triton X-100-insoluble cytoskeletons (containing actin, actin-binding protein and myosin), and the phosphorylation of myosin light chain (Mr 20,000) and a Mr 47,000 cytosolic polypeptide (5,6). Furthermore, if cytoskeletal assembly and protein phosphorylation are first allowed to occur normally in response to thrombin they can then be rapidly reversed by the addition of PGD₂ or forskolin (6). The phosphorylation of myosin and the Mr 47,000 polypeptide is under the

control of Ca^{2+} + calmodulin-dependent myosin light chain kinase (7) and Ca^{2+} -/diglyceride-stimulated, phospholipid-dependent protein kinase C (8) respectively. It appears therefore that cyclic AMP-dependent reactions might affect protein phosphorylation by restricting the amount of cytoplasmic Ca^{2+} available to these enzyme systems. However, direct evidence in support of this mechanism of action is lacking. In addition, other explanations for some of the actions of cyclic AMP are possible; i.e. myosin light chain kinase can be phosphorylated in vitro by a cyclic AMP-dependent kinase resulting in a decrease in both V_{max} and affinity of the enzyme for calmodulin (9).

Tsien (10) has developed a fluorescent, selective, Ca^{2+} -chelator probe that permits the assessment of free cytoplasmic Ca^{2+} levels in small cells which are inaccessible by other means. Quin-2 acetyoxymethyl ester readily enters cells where it is hydrolyzed by intracellular esterases to generate the impermeant anionic Ca^{2+} chelator Quin-2 (K_d 0.1 μM). Quin-2 is trapped in the cytoplasm, and shows little or no binding to membranes or mitochondria (11). Upon chelating Ca^{2+} the fluorescence of Quin-2 is enhanced about 5-fold (10,11). Rink et al. (12) employing measurements of Quin-2 fluorescence in platelets showed that stimulation by thrombin increased free Ca^{2+} from a resting level of 10^{-7}M up to micromolar concentrations. In this paper we utilize this method and demonstrate that the increase in cytoplasmic Ca^{2+} levels normally brought about by thrombin can be prevented or reversed by the stimulation of adenylate cyclase with PGE_1 , PGD_2 or forskolin. These experiments provide the first direct demonstration in intact platelets that cytoplasmic free Ca^{2+} levels are strongly regulated by cAMP-dependent reactions.

METHODS: Platelet concentrates freshly obtained from the Connecticut Red Cross Blood Center were washed as previously described (6) and then suspended in a solution containing 25 mM Tris-HCl (pH 7.4), 135 mM NaCl, 5.4 mM KCl, 1.0 mM CaCl_2 , 0.5 mM MgCl_2 , 0.35 g/l fatty acid-free bovine serum albumin, and 1.0 g/l dextrose. The platelets were incubated at 37°C for 30-75 min with 10 μM Quin-2 acetoxyethyl ester (Lancaster Synthesis Ltd, Eastgate, England) and then either washed or diluted 30-fold into the suspending medium. Fluorescence was measured in a model 8000S SLM

photon-counting spectrofluorometer. The platelet suspensions were maintained at 37°C and were magnetically stirred. Solutions of human thrombin (2500U/mg), PGD₂, PGE₁, theophylline (Sigma Chem. Co.) and forskolin (Calbiochem) were added with microsyringes through a small hole in the cover of the cuvet chamber. Fluorescence excitation was at 339 nm and emission was measured every 2 sec at 492 nm. The digital output from the fluorometer was led into a Hewlett-Packard model 85 computer for analysis and the data was printed on a Hewlett-Packard X-Y recorder. Protein phosphorylation was measured as described previously (6).

RESULTS AND DISCUSSION: The addition of 0.5-1.0 U/ml of thrombin to platelets pre-loaded with Quin-2 caused a rapid increase in fluorescence (fig. 1). Cytoplasmic calcium was estimated to increase from about 0.1 μ M to at least 0.5-1.0 μ M (12). Pretreatment of platelets with PGD₂, PGE₁ or forskolin inhibited both the rate and magnitude of the increase in cytoplasmic Ca²⁺ (fig. 1). This effect was potentiated by the phosphodiesterase inhibitor

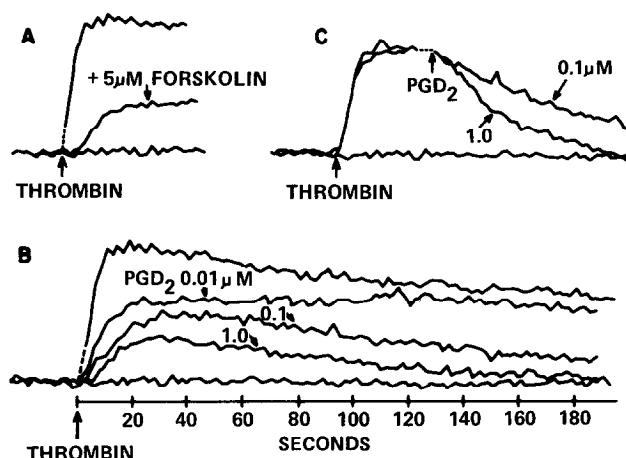


Fig. 1. Fluorescence measurements in platelets pre-loaded with Quin-2 and stimulated with thrombin (1.0 U/ml). In response to thrombin cytoplasmic peak Ca²⁺ levels (increased fluorescence) were attained within 10 sec., with no discernible initial lag phase. (A) Platelets ($\sim 0.7 \times 10^8$ /ml); upper trace, control response to thrombin; middle trace, thrombin added after 2 min. pre-treatment with 5 μ M forskolin (half-maximal stimulation of adenylate cyclase occurs at about 3 μ M forskolin, maximum effect occurs at about 100 μ M, ref. 4); lowest trace, control not stimulated by thrombin. (B) Upper trace, platelets stimulated by thrombin; lowest trace, unstimulated; other traces are from platelets pre-treated for 2 min. prior to thrombin with 0.01, 0.1 and 1.0 micromolar PGD₂. (C) Platelets were first stimulated with thrombin and then PGD₂ at 0.1 or 1.0 μ M was added 35 sec. later. 10⁻⁶M PGD₂ reduced Ca²⁺ back to control level (lowest trace) in 60 sec. PGD₂ produces half-maximal stimulation of platelet membrane adenylate cyclase at 0.4 μ M (24). Although the stimulation of cAMP production in intact platelets by PGD₂ is partially inhibited by pre-treatment with thrombin (6), 1 μ M PGD₂ completely reversed both the elevated Ca²⁺ levels and myosin phosphorylation induced by 1U/ml thrombin (fig. 3, and ref. 6).

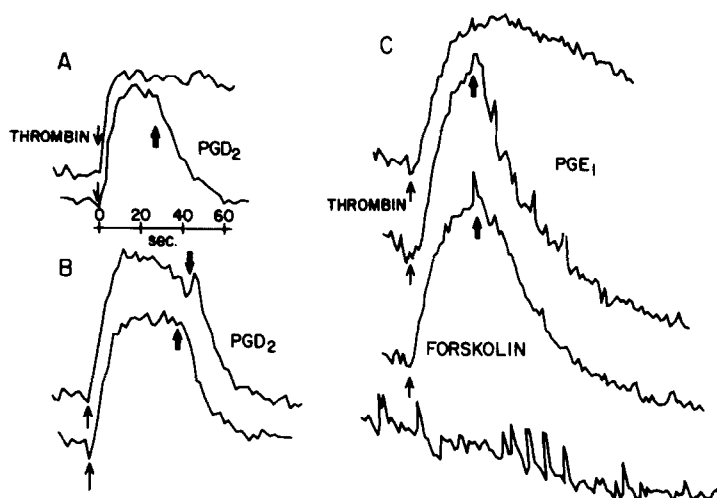


Fig. 2.

Fluorescence measurements in Quin-2 loaded platelets stimulated with 0.5 U/ml thrombin. (A) Upper trace, thrombin alone; lower trace 1.0 μ M PGD₂ + 1.0 mM theophylline was added 30 sec. after thrombin. Cytoplasmic Ca²⁺ returned to control level in 30 sec. Myosin phosphorylation was decreased by 80% in 45 sec. by the same concentrations of PGD₂ and theophylline (fig. 3). (B) Same as in (A); upper trace, PGD₂ 3 μ M; lower trace PGD₂ 0.3 μ M + 0.3 mM theophylline. (C) traces from top to bottom: thrombin alone; PGE₁ (1.0 μ M) + 1.0 mM theophylline added 30 sec. after thrombin; forskolin 75 μ M; unstimulated control. PGE₁ produces half-maximal stimulation of platelet membrane adenylate cyclase at 0.9 μ M (24).

theophylline. When PGD₂, PGE₁ or forskolin were added after the maximum response to thrombin was attained, the elevated cytoplasmic Ca²⁺ levels were rapidly reduced towards normal resting levels (fig. 1,2). Under the same conditions both thrombin-induced protein phosphorylation (fig.3), and cytoskeleton assembly (6) were reversed concurrently by PGD₂ or forskolin. These effects were also potentiated by theophylline.

These experiments provide the first direct demonstration that stimulators of adenylate cyclase activity (i.e. PGD₂, PGE₁, forskolin) can regulate the levels of cytoplasmic Ca²⁺ in intact platelets. Much evidence indicates that these agents block platelet responses by stimulating the generation of cyclic AMP (21), and the potentiation of their effects on cytoplasmic Ca²⁺ levels by theophylline is consistent with this hypothesis. The ability of prostaglandins and forskolin to suppress the rise in cytoplasmic Ca²⁺ that is normally caused by thrombin provides a logical basis for understanding

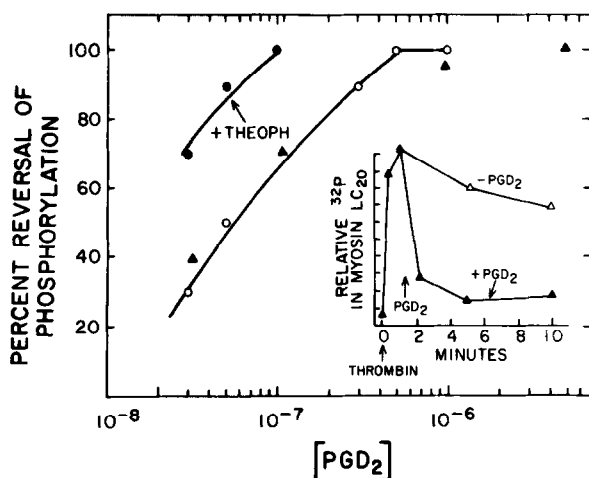


Fig. 3.

Reversal of protein phosphorylation as a function of concentration of PGD₂ (+ 1.0 mM theophylline). Platelets were stimulated with 1.0 U/ml thrombin. PGD₂ (+ theophylline) was added 75 sec. later. Protein phosphorylation was measured after 5 min. as described in reference 6: myosin Mr 20,000 light chain (LC₂₀)○, ●; Mr 47,000 polypeptide ▲. Open symbols - theophylline, closed symbols + theophylline 1.0 mM. Insert: Time course of the reversal of myosin LC₂₀ phosphorylation by PGD₂ (1.0 μM) plus theophylline. Thrombin concentration was 1.0 U/ml.

their capacity to prevent platelet activation, since many of the biochemical steps in the activation process are either stimulated by, or dependent upon, Ca²⁺ (1,2). These findings are also in agreement with previous work demonstrating that PGI₂ (prostacyclin) inhibited the fall in chlortetracycline fluorescence (13,14) that is believed to measure the release of membrane-bound Ca²⁺ by agonists. Further work is necessary to determine how the rise in cytoplasmic Ca²⁺ is inhibited by cyclic AMP. It is plausible that some crucial initial biochemical reaction necessary for the intracellular release of Ca²⁺, or its influx from the medium is inhibited. Although recent work suggests the involvement of polyphosphoinositide metabolism in the mobilization of intracellular calcium (15,16) this has not been conclusively established. The likelihood that cyclic AMP acts primarily through stimulation of Ca²⁺ transport, and/or calcium-binding (13) is suggested by the fact that the prostaglandins and forskolin can stimulate processes that rapidly remove from the cytoplasm the Ca²⁺ that previously had been released by thrombin (fig. 1,2). Furthermore, the lowering of cytoplasmic Ca²⁺ by

cyclase-stimulators closely corresponds in both time course and dose-response to their ability to reverse thrombin-induced protein phosphorylation (fig. 3, and ref.6) and cytoskeleton assembly (6). However, in the case of myosin dephosphorylation concurrent cyclic AMP-mediated inhibition of myosin light chain kinase (9) cannot be excluded as a contributory factor.

The striking fall in cytoplasmic Ca^{2+} that is brought about by prostaglandins and forskolin in thrombin-stimulated platelets may be related to the ability of cyclic AMP-dependent protein kinase to stimulate the uptake of Ca^{2+} (18-20), and the phosphorylation of certain proteins (17,19,20,21,6), by a platelet membrane fraction believed to be largely derived from the dense tubular system (DTS). The DTS, which anatomically resembles the smooth endoplasmic reticulum of embryonic muscle (1), contains crucial elements for the regulation of Ca^{2+} transport; i.e. both $\text{Ca}^{2+}/\text{Mg}^{2+}$ ATPase and prostaglandin-stimulated adenylate cyclase (22,23). Thus the DTS may function in a manner analogous to the sarcoplasmic reticulum of muscle, playing an important role in both activation by platelet aggregating agents (1), as well as in the recovery from stimulation. In addition, mitochondria and the $\text{Ca}^{2+}/\text{Mg}^{2+}$ -ATPase activity present in the membranes of the surface-connected open canalicular system (22,23), may also play a role in the regulation of cytoplasmic Ca^{2+} , that is yet to be fully defined.

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REFERENCES:

1. Gerrard, J.M., Peterson, D.A. and White, J.G. (1981) in: Platelets in Biology and Pathology-2, (ed. Gordon, J.L.) pp. 407-436, Elsevier/North-Holland Biomedical Press, Amsterdam.
2. Feinstein, G.A., Rodan, G.A. and Cutler, L.S. (1981) in: Platelets in Biology and Pathology-2, (ed. Gordon, J.L.) pp. 437-472, Elsevier/North-Holland Biomedical Press, Amsterdam.
3. MacIntyre, D.E. (1981) in: Platelets in Biology and Pathology-2, (ed. Gordon, J.L.) pp. 211-247, Elsevier/North-Holland Biomedical Press, Amsterdam.
4. Insel, P.A., Stengel, D., Ferry, N. and Hanoune, J. (1982) J. Biol. Chem. 257, 7485-7490.
5. Fox, J.E.B. and Phillips, D.R. (1982) J. Biol. Chem. 257, 4120-4126.
6. Feinstein, M.B., Egan, J.J. and Opas, E.E. (1983) J. Biol. Chem. 258, 1260-1267.

7. Hathaway, D.R. and Adelstein, R.S. (1979) *Proc. Natl. Acad. Sci. USA* 76, 1653-1657.
8. Kawahara, Y., Takai, Y., Minakuchi, R., Sano, K. and Nishizuka, Y. (1980) *Biochem. Biophys. Res. Commun.* 97, 309-317.
9. Hathaway, D.R., Eaton, C.R. and Adelstein, R.S. (1981) *Nature* 291, 252-254.
10. Tsien, R.Y. (1980) *Biochemistry* 19, 2396-2404.
11. Tsien, R.Y., Pozzan, T. and Rink, T.J. (1982) *J. Cell. Biol.* 94, 325-334.
12. Rink, T.J., Smith, S.W. and Tsien, R.Y. (1982) *FEBS Lett.* 148, 21-26.
13. LeBreton, G.C., Owen, N.E. and Feinberg, H. (1982) in *Calcium Regulation by Calcium Antagonists* (ed. by Rahwan, R.G. and Witiak, D.T.) 153-174, ACS Symposium Series, Amer. Chem. Soc.
14. Feinstein, M.B. and Walenga, R.W. (1981) in *Biochemistry of the Acute Allergic Reaction*, 279-293, Alan R. Liss, Inc., N.Y.
15. Vickers, J.D., Kinlough-Rathbone, R.L. and Mustard, J.R. (1982) *Blood* 60, 1247-1250.
16. Agranoff, B.W., Murphy, P. and Sequin, E.B. (1983) *J. Biol. Chem.* 258, 2076-2078.
17. Haslam, R.J., Lynham, J.A. and Fox, J.E.B. (1979) *Biochem. J.* 178, 397-406.
18. Kaser-Glanzmann, R., Jakabova, M., George, J.N. and Luscher, E.F. (1977) *Biochim. Biophys. Acta* 466, 429-440.
19. Kaser-Glanzmann, R., Gerber, E. and Luscher, E.F. (1979) *Biochim. Biophys. Acta* 558, 344-347.
20. Fox, J.E.B., Say, A.K. and Haslam, R.J. (1979) *Biochem. J.* 184, 651-661.
21. Haslam, R.J., Davidson, M.M.L., Fox, J.E.B., and Lynham, J.A. (1978) *Thrombos. Haemost.* 40, 232-240.
22. Cutler, L.S., Rodan, G.A. and Feinstein, M.B. (1978) *Biochim. Biophys. Acta* 542, 357-371.
23. Cutler, L.S., Feinstein, M.B., Rodan, G.A. and Christian, C.P. (1981) *Histochem. J.* 13, 547-554.
24. Schafer, A.I., Cooper, B., O'Hara, D. and Handin, R.I. (1979) *J. Biol. Chem.* 254, 2914-2919.