

# Extrusion mechanisms of intracellular $\text{Ca}^{2+}$ in human aortic endothelial cells

Yumiko Goto <sup>a,b</sup>, Mamoru Miura <sup>b</sup>, Toshihiko Iijima <sup>a,\*</sup>

<sup>a</sup> Department of Pharmacology, Akita University School of Medicine, Akita 010, Japan

<sup>b</sup> The 2nd Department of Internal Medicine, Akita University School of Medicine, Akita 010, Japan

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## Abstract

Although participation of the plasma membrane  $\text{Ca}^{2+}$  pump in  $\text{Ca}^{2+}$  efflux has been generally accepted, the existence of  $\text{Na}^{+}\text{-Ca}^{2+}$  exchange in endothelial cells is still controversial. In the present experiments, the role of  $\text{Na}^{+}\text{-Ca}^{2+}$  exchange and  $\text{Ca}^{2+}\text{-ATPase}$  were examined in cultured human aortic endothelial cells loaded with fura-2. In  $\text{Ca}^{2+}$ -free solution, the declining phase of  $[\text{Ca}^{2+}]_i$  in response to histamine was clearly slowed with low  $\text{Na}^{+}$  solution or  $\text{Ni}^{2+}$ . Vanadate also slightly slowed the declining phase. The declining phase was much more clearly slowed with  $\text{La}^{3+}$ . The response to thapsigargin, a specific endoplasmic reticulum  $\text{Ca}^{2+}$  ATPase inhibitor, was much more clearly prolonged by those interventions. These results strongly imply the presence of  $\text{Na}^{+}\text{-Ca}^{2+}$  exchange and  $\text{Ca}^{2+}$  ATPase in the plasma membrane, and suggest that not only  $\text{Ca}^{2+}$  uptake into the internal stores but also  $\text{Na}^{+}\text{-Ca}^{2+}$  exchange and plasma membrane  $\text{Ca}^{2+}$  ATPase have a physiological role in reducing  $[\text{Ca}^{2+}]_i$  elevated by receptor agonists and endoplasmic reticulum  $\text{Ca}^{2+}\text{-ATPase}$  inhibitors in cultured human aortic endothelial cells.

**Keywords:** Endothelial cell, aortic;  $\text{Ca}^{2+}$  concentration, intracellular, free;  $\text{Na}^{+}\text{-Ca}^{2+}$  exchange;  $\text{Ca}^{2+}\text{-ATPase}$ ; Fura-2

## 1. Introduction

The importance of changes in intracellular free  $\text{Ca}^{2+}$  concentration ( $[\text{Ca}^{2+}]_i$ ) in mediating the release of vasodilatory prostaglandins and endothelium-derived relaxation factor was reported in vascular endothelial cells (Hallam et al., 1988; Lückhoff et al., 1988), but the processes across the plasma membrane of endothelial cells remain poorly understood. It has been reported that in  $\text{Ca}^{2+}$ -free solution, not only receptor agonists (Hosoki and Iijima, 1994; Ziegelstein et al., 1994) but also specific endoplasmic reticulum  $\text{Ca}^{2+}$  ATPase inhibitors (Hosoki and Iijima, 1995; Kwan et al., 1990) elicit a transient increase in  $[\text{Ca}^{2+}]_i$ . Even in the presence of the drugs, however, the level of  $[\text{Ca}^{2+}]_i$  increased by the drugs is returned to the basal level within several minutes. The results indicate that  $\text{Ca}^{2+}$  can be taken up by the endoplasmic reticulum and/or extruded through the plasma membrane.

The first definitive evidence for the existence of  $\text{Ca}^{2+}$  pumps in a number of diverse excitable and non-excitable

plasma membranes was provided by Dipolo (1978) and Caroni and Carafoli (1980). And participation of the plasma membrane  $\text{Ca}^{2+}$  pump in  $\text{Ca}^{2+}$  efflux has been generally accepted. In endothelial cells, it was suggested that the  $\text{Na}^{+}\text{-Ca}^{2+}$  exchange does not participate in  $\text{Ca}^{2+}$  efflux (Schilling et al., 1988; Cannell and Sage, 1989; Laskey et al., 1990). Recently, however, there are observations suggesting the existence of  $\text{Na}^{+}\text{-Ca}^{2+}$  exchange in bovine aortic (Hansen et al., 1991), bovine pulmonary (Sage et al., 1991) and rabbit cardiac valve endothelial cells (Li and Van Breemen, 1995). Therefore, the present study was carried out to investigate the physiological role of the plasma membrane  $\text{Na}^{+}\text{-Ca}^{2+}$  exchange and  $\text{Ca}^{2+}\text{-ATPase}$  in resting condition and in the declining phases of  $[\text{Ca}^{2+}]_i$  elevated by histamine or thapsigargin in cultured human aortic endothelial cells.

## 2. Materials and methods

### 2.1. Endothelial cell culture

Human aortic endothelial cells at passage 4 were purchased from Clonetics (San Diego, CA, USA). Cells were

\* Corresponding author. Tel.: (81-188) 33-1166; Fax: (81-188) 36-2603.

subcultured from a single primary culture in MCDB131 solution supplemented with 2% fetal bovine serum, 10 ng/ml epidermal growth factor, 10 µg/ml heparin, 50 µg/ml gentamicin and 0.25 µg/ml amphotericin B as previously described (Hosoki and Iijima, 1994). The cells were plated out in 25 cm<sup>2</sup> tissue culture flasks and incubated at 37°C in 5% CO<sub>2</sub>. The cells were removed from the flasks with 0.025% trypsin-0.01% EDTA solution and seeded onto glass coverslips (9 × 25 mm) coated with fibronectin in 35 mm tissue culture dishes. All experiments were performed with human aortic endothelial cells in passages 5 or 6 and at 1–5 days post-confluency.

## 2.2. Fluorescence measurements of $[Ca^{2+}]_i$

$[Ca^{2+}]_i$  was measured using the fluorescent indicator fura-2 as previously described (Hosoki and Iijima, 1994). Briefly, confluent monolayers of cells on coverslips were loaded with fura-2 by incubation in Hepes-buffered saline (HBS) containing 5 µM fura-2 acetoxymethyl ester (fura-2/AM) for 30 min at 37°C. At the end of the loading period, the coverslips were washed several times with HBS. For each experiment, a coverslip was mounted in a chamber placed on the thermostated stage on an inverted microscope (TMD-1SJ, Nikon, Tokyo, Japan) equipped with a x40 fluorite objective. The cells were superfused at 1.5 ml/min with HBS. Fluorescence measurements of  $[Ca^{2+}]_i$  from single cells were performed using a spectrofluorometer (CAM-230, Japan Spectroscopic, Tokyo, Japan). Excitation wavelength alternated at 400 Hz between 340 and 380 nm during recording of emission fluorescence at 500 nm. Emitted light was directed through a rectangular iris which limited the light collected to a single cell under observation. The emission intensities at 340 and 380 nm excitation (F340 and F380) and the ratio (F340/F380) were recorded on a chart recorder (WR7700, Graphtec, Tokyo, Japan). Control experiments were performed by measuring the dye loss over a 50 min period (the longest duration of a  $Ca^{2+}$  experiment) from untreated, fura-2-loaded cells. Background fluorescence from unloaded cells was subtracted from values for the fura-2-loaded cells.  $[Ca^{2+}]_i$  can be calculated using the following relationship:  $[Ca^{2+}]_i = K_d \times [(R - R_{min}) / (R_{max} - R)] \times S_{f2}/S_{b2}$ , where  $K_d$  is the dissociation constant of fura-2- $Ca^{2+}$  complex,  $R$  is the ratio of relative fluorescence determined as described above,  $R_{min}$  and  $R_{max}$  are the ratios measured in  $Ca^{2+}$ -free solution and by the addition of 10 µM of the  $Ca^{2+}$  ionophore ionomycin to normal HBS respectively,  $S_{f2}/S_{b2}$  is the ratio of fluorescence measured at excitation wavelength 380 nm in  $Ca^{2+}$ -free and ionomycin-containing solution. We found that basal  $[Ca^{2+}]_i$  of the human aortic endothelial cells in normal HBS ranged from 50 to 100 nM with the above equation. Absolute values of  $[Ca^{2+}]_i$  could not be calculated because the dissociation constant of fura-2 for  $Ca^{2+}$  in the cytosol might be different from that measured in the absence of

protein (Konishi et al., 1988). Therefore, in the present experiments, the ratio F340/F380 was used as a relative measurement of  $[Ca^{2+}]_i$  except for the quantitative comparison of  $[Ca^{2+}]_i$  at resting condition.

The results are expressed as means ± S.E.M. Student's unpaired *t*-test was applied; differences were considered significant if  $P < 0.05$ .

## 2.3. Solutions and drugs

Normal HBS contained (in mM): NaCl 136.9, KCl 5.4, CaCl<sub>2</sub> 1.0, MgSO<sub>4</sub> 1.0, glucose 11.1, and Hepes 5.0, pH adjusted to 7.4 with NaOH. For experiments in low extracellular Na<sup>+</sup> (13.7 mM Na<sup>+</sup>), the solutions contained (in mM): NaCl 13.7, *N*-methyl-D-glucamine (NMDG) 123.2, CaCl<sub>2</sub> 1.0, MgSO<sub>4</sub> 1.0, glucose 11.1, and Hepes 5.0, pH adjusted to 7.4 with HCl. Nominally  $Ca^{2+}$ -free solution was the same as normal HBS without CaCl<sub>2</sub>. To eliminate the influence of the entry of  $Ca^{2+}$  from the extracellular space, experiments were carried out in  $Ca^{2+}$ -free solution apart from those examined under resting conditions.

The following drugs were used: thapsigargin, histamine dihydrochloride, lanthanum chloride heptahydrate and sodium orthovanadate (Wako Pure Chemical, Osaka, Japan), nickel chloride hexahydrate (Nacalai Tesque, Kyoto, Japan) NMDG (Sigma, St. Louis, MO, USA), fura-2/AM, Hepes and EGTA (Dojin Chemical, Kumamoto, Japan), ionomycin (Calbiochem, San Diego, CA, USA) and fibronectin (from human plasma, Koken, Tokyo, Japan).

## 3. Results

### 3.1. Effects of low Na<sup>+</sup>, Ni<sup>2+</sup>, vanadate and La<sup>3+</sup> on resting $[Ca^{2+}]_i$ in single human aortic endothelial cells

To examine the role of the Na<sup>+</sup>- $Ca^{2+}$  exchange mechanism for maintaining the resting level of  $[Ca^{2+}]_i$ , endothelial cells were superfused with low Na<sup>+</sup> solution. Low Na<sup>+</sup> (13.7 mM) solution was made by replacing 90% Na<sup>+</sup> with equimolar *N*-methyl-D-glucamine. This may force a Na<sup>+</sup>- $Ca^{2+}$  exchange to stop and thereby increase  $[Ca^{2+}]_i$  (Chapman, 1974; Allen et al., 1983). In  $Ca^{2+}$ -containing solution, low Na<sup>+</sup> solution caused an increase in  $[Ca^{2+}]_i$  from a basal level of  $54.5 \pm 4.6$  nM ( $n = 5$ ) to a peak value of  $206.3 \pm 42.0$  nM at  $6.48 \pm 1.46$  min, then  $[Ca^{2+}]_i$  slowly declined back to the basal level (Fig. 1A upper). In  $Ca^{2+}$ -free solution, low Na<sup>+</sup> solution did not cause a significant change in resting  $[Ca^{2+}]_i$  for period of 30 min (Fig. 1A lower).

The role of the Na<sup>+</sup>- $Ca^{2+}$  exchange mechanism was also examined with 5 mM Ni<sup>2+</sup>, which is reported to be an inhibitor of Na<sup>+</sup>- $Ca^{2+}$  exchange (Kimura et al., 1987; Kaczorowski et al., 1989). In  $Ca^{2+}$ -containing solution, Ni<sup>2+</sup> caused an increase in  $[Ca^{2+}]_i$  from a basal level of

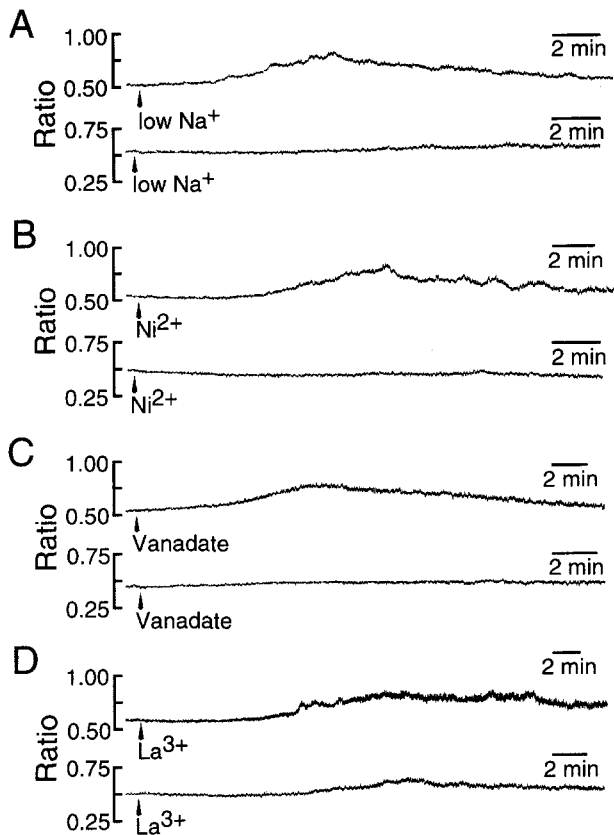


Fig. 1. Effect of low  $\text{Na}^+$ ,  $\text{Ni}^{2+}$ , vanadate, and  $\text{La}^{3+}$  on resting  $[\text{Ca}^{2+}]_i$  in single human aortic endothelial cells. Changes in  $[\text{Ca}^{2+}]_i$  were monitored by measuring fura-2 fluorescence ratio. Each trace shows the ratio of emitted fluorescence at 340 and 380 nm excitation wavelengths. Responses of resting level  $[\text{Ca}^{2+}]_i$  to low  $\text{Na}^+$  (A) in which 90% of  $\text{Na}^+$  were replaced with equimolar *N*-methyl-D-glucamine, 5 mM  $\text{Ni}^{2+}$  (B), 2  $\mu\text{M}$  vanadate (C), and 1 mM  $\text{La}^{3+}$  (D) were obtained in the presence of  $\text{Ca}^{2+}$  (upper traces) and in nominally  $\text{Ca}^{2+}$ -free solution (lower traces).

$62.6 \pm 3.5$  nM ( $n = 5$ ) to a peak value of  $210.6 \pm 48.0$  nM at  $9.0 \pm 1.56$  min, then  $[\text{Ca}^{2+}]_i$  slowly declined back to the basal level (Fig. 1B upper). In  $\text{Ca}^{2+}$ -free solution,  $\text{Ni}^{2+}$  did not cause a significant change in resting  $[\text{Ca}^{2+}]_i$  for 30 min (Fig. 1B lower).

Effects of 2  $\mu\text{M}$  vanadate, which is reported to be an inhibitor of the plasma membrane  $\text{Ca}^{2+}$  pump (Furukawa et al., 1988; Carafoli, 1991; Sugimura et al., 1992) on  $[\text{Ca}^{2+}]_i$  were examined to elucidate the role of the plasma membrane  $\text{Ca}^{2+}$ -ATPase for maintaining  $[\text{Ca}^{2+}]_i$ . In  $\text{Ca}^{2+}$ -containing solution, 2  $\mu\text{M}$  vanadate caused an increase in  $[\text{Ca}^{2+}]_i$  from a basal level of  $61.0 \pm 2.5$  nM

( $n = 5$ ) to a peak value of  $149.7 \pm 21.2$  nM at  $8.70 \pm 1.23$  min, then  $[\text{Ca}^{2+}]_i$  slowly declined back to the basal level (Fig. 1C upper). In  $\text{Ca}^{2+}$ -free solution, 2  $\mu\text{M}$  vanadate did not cause a significant change in resting  $[\text{Ca}^{2+}]_i$  for period of 30 min (Fig. 1C lower).

Effects of 1 mM  $\text{La}^{3+}$ , which is reported to be an inhibitor of  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange and  $\text{Ca}^{2+}$ -ATPase (Kaczorowski et al., 1989; Kwan et al., 1990; Carafoli, 1991; Toescu and Petersen, 1994), on  $[\text{Ca}^{2+}]_i$  were examined. In  $\text{Ca}^{2+}$ -containing solution, 1 mM  $\text{La}^{3+}$  caused an increase in  $[\text{Ca}^{2+}]_i$  from a basal level of  $62.6 \pm 3.2$  nM ( $n = 5$ ) to a peak value of  $218.0 \pm 28.7$  nM at  $20.7 \pm 1.31$  min, and the increased level of  $[\text{Ca}^{2+}]_i$  was maintained (Fig. 1D upper). In a  $\text{Ca}^{2+}$ -free solution, 1 mM  $\text{La}^{3+}$  did not cause a significant change in resting  $[\text{Ca}^{2+}]_i$  up to  $9.64 \pm 0.48$  min ( $n = 5$ ) (Fig. 1D lower). And then  $[\text{Ca}^{2+}]_i$  was slightly increased from a basal level of  $57.9 \pm 4.9$  nM ( $n = 5$ ) to a peak value of  $137.3 \pm 17.5$  nM at  $19.66 \pm 1.76$  min and the increased level of  $[\text{Ca}^{2+}]_i$  was also maintained (Fig. 1D lower).

### 3.2. Effects of low $\text{Na}^+$ , $\text{Ni}^{2+}$ , vanadate and $\text{La}^{3+}$ on histamine-induced change in $[\text{Ca}^{2+}]_i$

The roles of the plasma membrane  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange in the declining phase of  $[\text{Ca}^{2+}]_i$  elevated by histamine were examined. To eliminate the influence of the entry of  $\text{Ca}^{2+}$  from the extracellular space, experiments were carried out in  $\text{Ca}^{2+}$ -free solution. Histamine (100  $\mu\text{M}$ ) produced a transient increase in  $[\text{Ca}^{2+}]_i$  in  $\text{Ca}^{2+}$ -free solution, and the level of  $[\text{Ca}^{2+}]_i$  is returned to the basal level within a few minutes (Fig. 2A upper). In low  $\text{Na}^+$  solution, the declining phase of  $[\text{Ca}^{2+}]_i$  was slowed (Fig. 2A lower) and the time required for 50% relaxation was significantly increased by 22 s (Table 1). In the presence of 5 mM  $\text{Ni}^{2+}$ , the declining phase was also slowed (Fig. 2B lower) and the time required for 50% relaxation was significantly increased by 49 s (Table 1).

The role of the plasma membrane  $\text{Ca}^{2+}$ -ATPase in the declining phase of  $[\text{Ca}^{2+}]_i$  elevated by histamine was examined with 2  $\mu\text{M}$  vanadate. The declining phase of  $[\text{Ca}^{2+}]_i$  elevated by histamine (100  $\mu\text{M}$ ) was examined in the presence of 2  $\mu\text{M}$  vanadate (Fig. 3A lower), and the time required for 50% relaxation was slightly increased by 8 s (Table 1). The difference was statistically significant ( $P < 0.05$ ).

Table 1  
Effect of  $\text{Ni}^{2+}$ , low  $\text{Na}^+$ , vanadate and  $\text{La}^{3+}$  on 50% relaxation time

	50% relaxation time (s)				
	Control	Low $\text{Na}^+$	$\text{Ni}^{2+}$	Vanadate	$\text{La}^{3+}$
Histamine	$22.9 \pm 1.7$	$45.0 \pm 5.0^c$	$71.5 \pm 3.5^c$	$31.2 \pm 3.1^a$	$205.2 \pm 16.4^c$
Thapsigargin	$100.0 \pm 5.7$	$145.8 \pm 15.9^b$	$153.0 \pm 13.5^c$	$126.7 \pm 6.7^b$	$302.4 \pm 23.4^c$

Effects of 5 mM  $\text{Ni}^{2+}$ , low  $\text{Na}^+$  solution, 2  $\mu\text{M}$  vanadate and 1 mM  $\text{La}^{3+}$  on 50% relaxation time induced by 100  $\mu\text{M}$  histamine or 100 nM thapsigargin. The 50% relaxation time means the time of 50% decrease in peak fluorescence ratio induced by histamine and thapsigargin. Values are the means  $\pm$  S.E.M. of 5–10 experiments. <sup>a</sup>  $P < 0.05$ , <sup>b</sup>  $P < 0.01$ , <sup>c</sup>  $P < 0.001$ .

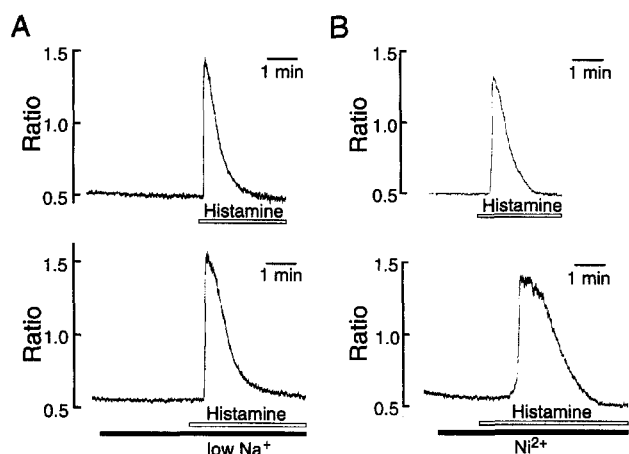


Fig. 2. Effect of low  $\text{Na}^+$  solution and  $\text{Ni}^{2+}$  on histamine-induced change in  $[\text{Ca}^{2+}]_i$  in single human aortic endothelial cells. Each trace shows the ratio of emitted fluorescence at 340 and 380 nm excitation wavelengths. Control responses (upper traces) and effects of low  $\text{Na}^{2+}$  solution (A, lower trace) and 5 mM  $\text{Ni}^{2+}$  (B, lower trace) on 100  $\mu\text{M}$  histamine-induced increase in  $[\text{Ca}^{2+}]_i$ .

Effects of 1 mM  $\text{La}^{3+}$  on the declining phase of  $[\text{Ca}^{2+}]_i$  induced by 100  $\mu\text{M}$  histamine were also examined in  $\text{Ca}^{2+}$ -free solution (Fig. 3B lower). The time required for 50% relaxation was markedly increased by 182 s (Table 1).

### 3.3. Effects of low $\text{Na}^+$ , and $\text{Ni}^{2+}$ , vanadate and $\text{La}^{3+}$ on thapsigargin-induced declining phase of $[\text{Ca}^{2+}]_i$

The physiological role of  $\text{Ca}^{2+}$  extrusion mechanisms were examined under the condition where endoplasmic

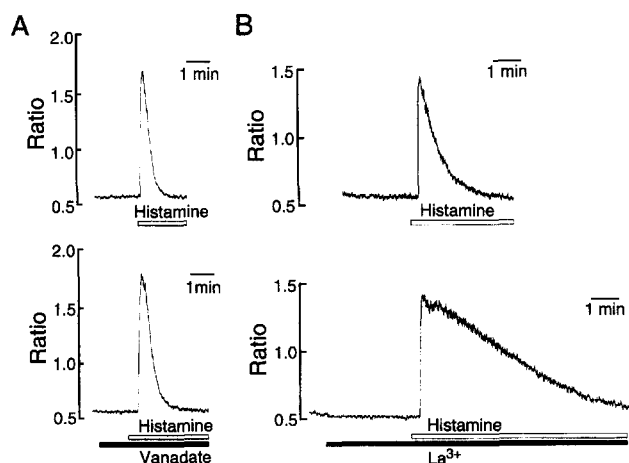


Fig. 3. Effect of 2  $\mu\text{M}$  vanadate and 1 mM  $\text{La}^{3+}$  on 100  $\mu\text{M}$  histamine-induced change in  $[\text{Ca}^{2+}]_i$  in single human aortic endothelial cells. Each trace shows the ratio of emitted fluorescence at 340 and 380 nm excitation wavelengths. (A) Typical recording of the  $[\text{Ca}^{2+}]_i$  induced by histamine in nominally  $\text{Ca}^{2+}$ -free solution in single human aortic endothelial cells (upper trace). In nominally  $\text{Ca}^{2+}$ -free solution histamine was applied in the presence of vanadate (lower trace). (B) Control response (upper trace). Histamine was applied in the presence of  $\text{La}^{3+}$  in nominally  $\text{Ca}^{2+}$ -free solution (lower trace).

$\text{Ca}^{2+}$ -ATPase was inhibited by thapsigargin. As reported previously, thapsigargin (100 nM) elicited a transient  $[\text{Ca}^{2+}]_i$  increase in  $\text{Ca}^{2+}$ -free solution (Hosoki and Iijima, 1995). Just after a peak of the thapsigargin-induced  $\text{Ca}^{2+}$  transient, the superfusion solution was changed to low  $\text{Na}^+$  solution (Fig. 4A lower). The declining phase was clearly slowed and the time required for 50% relaxation was significantly increased by 46 s (Table 1).

Effects of 5 mM  $\text{Ni}^{2+}$  were also examined immediately after a peak of the thapsigargin-induced  $\text{Ca}^{2+}$  transient (Fig. 4B lower). The declining phase was clearly slowed and the time required for 50% relaxation was increased by 53 s (Table 1,  $n = 5$ ).

Effects of 2  $\mu\text{M}$  vanadate were examined immediately after a peak of the thapsigargin-induced  $\text{Ca}^{2+}$  transient (Fig. 5A lower). The declining phase was slightly but

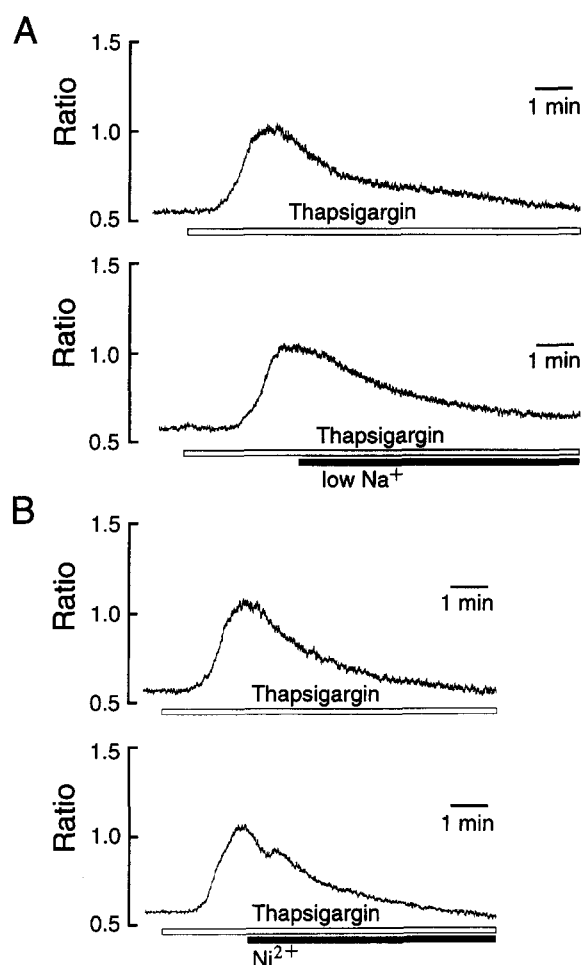


Fig. 4. Effect of low  $\text{Na}^{2+}$  solution and 5 mM  $\text{Ni}^{2+}$  on 100 nM thapsigargin-induced declining phase of  $[\text{Ca}^{2+}]_i$  in single human aortic endothelial cells. Each trace shows the ratio of emitted fluorescence at 340 and 380 nm excitation wavelengths. (A) Typical recording of the  $[\text{Ca}^{2+}]_i$  induced by thapsigargin in nominally  $\text{Ca}^{2+}$ -free solution in single human aortic endothelial cells (upper trace). Just after a peak of the thapsigargin-induced  $\text{Ca}^{2+}$  transient, the superfusion solution was changed to low  $\text{Na}^+$  solution (lower trace). (B) Control response (upper trace).  $\text{Ni}^{2+}$  was added immediately after the peak of thapsigargin-induced  $\text{Ca}^{2+}$  transient (lower trace).

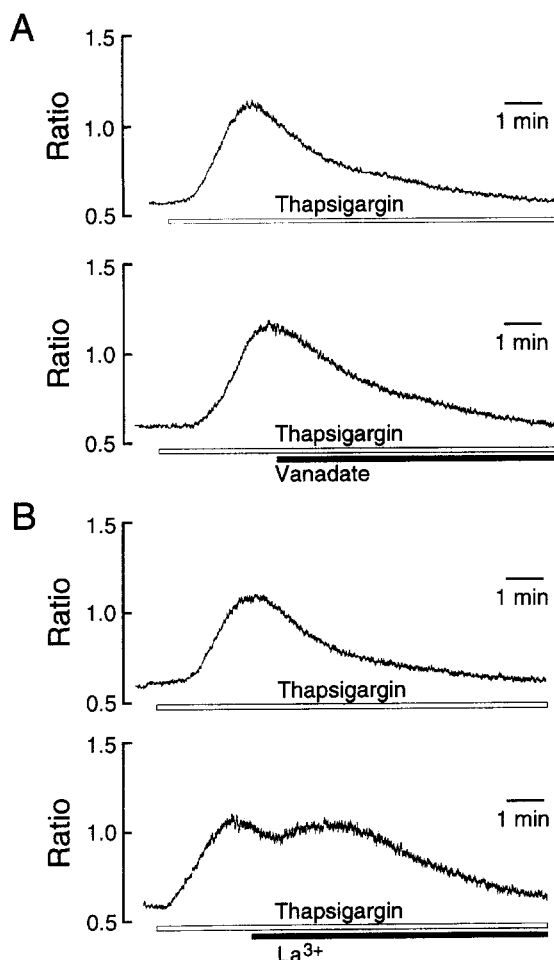


Fig. 5. Effect of 2  $\mu\text{M}$  vanadate and 1 mM  $\text{La}^{3+}$  on 100 nM thapsigargin-induced declining phase of  $[\text{Ca}^{2+}]_i$  in single human aortic endothelial cells. Each trace shows the ratio of emitted fluorescence at 340 and 380 nm excitation wavelengths. (A) Control response (upper trace). Vanadate was added immediately after the peak of thapsigargin-induced  $\text{Ca}^{2+}$  transient in nominally  $\text{Ca}^{2+}$ -free solution (lower trace). (B) Control response (upper trace).  $\text{La}^{3+}$  was added immediately after the peak of thapsigargin-induced  $\text{Ca}^{2+}$  transient in nominally  $\text{Ca}^{2+}$ -free solution (lower trace).

significantly slowed by 2  $\mu\text{M}$  vanadate. The time required for 50% relaxation by vanadate was increased by 27 s (Table 1). The difference was statistically significant ( $P < 0.01$ ).

Effects of 1 mM  $\text{La}^{3+}$  were tested immediately after a peak of the thapsigargin-induced  $\text{Ca}^{2+}$  transient (Fig. 5B lower). The declining phase was much more clearly slowed by  $\text{La}^{3+}$ , and the time required for 50% relaxation was prolonged by 202 s (Table 1).

## 4. Discussion

### 4.1. Regulation of $[\text{Ca}^{2+}]_i$ in endothelial cells

Participation of the plasma membrane  $\text{Ca}^{2+}$  pump in  $\text{Ca}^{2+}$  efflux has been generally accepted (Carafoli, 1991).

But the existence of  $\text{Na}^+-\text{Ca}^{2+}$  exchange in endothelial cells is still controversial. The voltage dependence of resting  $[\text{Ca}^{2+}]_i$ , which was consistent with a simple pump-leak model, provided no evidence for the existence of  $\text{Na}^+-\text{Ca}^{2+}$  exchange in the plasma membrane of cultured bovine pulmonary artery endothelial cells (Cannell and Sage, 1989). A similar conclusion was obtained from the observation that application of the  $\text{Na}^+-\text{K}^+$  pump inhibitor ouabain was without effect on  $[\text{Ca}^{2+}]_i$  in cultured endothelial cells from the bovine pulmonary artery (Sage et al., 1991). It was reported that isotonic  $\text{Li}^+$  substitution for  $\text{Na}^+$  in cultured endothelial cells from bovine atria had no effect on  $[\text{Ca}^{2+}]_i$  regardless of whether the cells were at rest or activated by the agonist bradykinin (Laskey et al., 1990). Similarly, bradykinin-stimulated changes in  $[\text{Ca}^{2+}]_i$  in cultured bovine aortic endothelial cells were unaffected by isosmotic substitution of external  $\text{Na}^+$  with *N*-methyl-D-glucamine (NMDG) (Schilling et al., 1988). These results suggested that the  $\text{Na}^+-\text{Ca}^{2+}$  exchange does not significantly contribute either to  $\text{Ca}^{2+}$  extrusion or entry in the cultured endothelial cells. However, it was reported that if cultured endothelial cells were first loaded with  $\text{Na}^+$  by a  $\text{Na}^+$  ionophore monensin and then exposed to physiological saline solution in which the external  $\text{Na}^+$  was substituted by  $\text{Li}^+$ , a large transient increase in  $[\text{Ca}^{2+}]_i$  ensued and combined pretreatment with ouabain and monensin doubled this  $[\text{Ca}^{2+}]_i$  transient (Sage et al., 1991). A similar conclusion was reached from the observation that the rate of  $\text{Ca}^{2+}$  influx was increased by the application of ouabain in cultured bovine aortic endothelial cells and was increased further when the ouabain-treated endothelial cells was transferred to a solution in which external  $\text{Na}^+$  was substituted by choline (Hansen et al., 1991). It was also reported that a selective inhibitor of  $\text{Na}^+-\text{Ca}^{2+}$  exchange, 3',4'-dichlorobenzamil, abolished the transient  $[\text{Ca}^{2+}]_i$  increase induced by  $\text{Na}^+$  substitution, and  $\text{Mg}^{2+}$ , an inorganic inhibitor of  $\text{Na}^+-\text{Ca}^{2+}$  exchange, markedly reduced this transient  $[\text{Ca}^{2+}]_i$  increase (Winqvist et al., 1985; Li and Van Breemen, 1995). These results imply the presence of the  $\text{Na}^+-\text{Ca}^{2+}$  exchange mechanism for increasing  $[\text{Ca}^{2+}]_i$  in intact cardiovascular endothelial cells. The physiological role of  $\text{Na}^+-\text{Ca}^{2+}$  exchange for the extrusion of  $\text{Ca}^{2+}$  is still uncertain. Moreover, the existence of  $\text{Na}^+-\text{Ca}^{2+}$  exchange in human aortic endothelial cells has not been identified yet. In the present experiments, we have examined the existence and the role of the plasma membrane  $\text{Na}^+-\text{Ca}^{2+}$  exchange and  $\text{Ca}^{2+}$ -ATPase in the regulation of  $[\text{Ca}^{2+}]_i$  at resting and agonist-stimulated conditions in human aortic endothelial cells.

### 4.2. Regulation of $[\text{Ca}^{2+}]_i$ at resting condition in human aortic endothelial cells

$\text{Na}^+$ -free solution should force a  $\text{Na}^+-\text{Ca}^{2+}$  exchange into the  $\text{Na}^+$  efflux- $\text{Ca}^{2+}$  influx mode of operation and thereby increase  $[\text{Ca}^{2+}]_i$  (Chapman, 1974; Allen et al.,

1983). At resting condition, low  $\text{Na}^+$  solution caused a significant increase in  $[\text{Ca}^{2+}]_i$  in the presence of extracellular  $\text{Ca}^{2+}$  (Fig. 1A). The decrease in  $[\text{Ca}^{2+}]_i$  during the period of exposure to low  $\text{Na}^+$  solution suggests that there must be a  $\text{Na}^+$ -independent  $\text{Ca}^{2+}$  extrusion mechanism, such as  $\text{Ca}^{2+}$  ATPase, in the plasma membrane of the endothelial cell. In addition, it might be likely that  $\text{Na}^+$  leaves the cell during exposure to low  $\text{Na}^+$  solution and this will lead to a loss of  $\text{Ca}^{2+}$  entry via the exchanger because, in the absence of extracellular  $\text{Ca}^{2+}$ , low  $\text{Na}^+$  solution failed to modify  $[\text{Ca}^{2+}]_i$ . It has also been reported that  $\text{Ni}^{2+}$  (5 mM) blocks  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange in the plasma membrane (Kimura et al., 1987; Kaczorowski et al., 1989; Levesque et al., 1994). The resting level of  $[\text{Ca}^{2+}]_i$  was increased by 5 mM  $\text{Ni}^{2+}$  in the presence but not in the absence of extracellular  $\text{Ca}^{2+}$  (Fig. 1B). These results suggest the existence of the  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange mechanism which has a physiological role in maintaining the resting level of  $[\text{Ca}^{2+}]_i$ , and the existence of  $\text{Ca}^{2+}$  influx from extracellular space and/or spontaneous  $\text{Ca}^{2+}$  release from intracellular store sites even in the resting condition.

Orthovanadate, which is present essentially at physiological pH as  $[\text{VO}_3(\text{OH})]^{2-}$ , is a pentacoordinate stereo analogue of phosphate that is now considered as the classic inhibitor of P-type ionmotive ATPases (Carafoli, 1991). Sensitivity to vanadate is different among the various ATPases, with the inhibitor constant ( $K_i$ ) values ranging from submicromolar concentrations for plasma membrane  $\text{Ca}^{2+}$  pumps of heart muscle (Caroni and Carafoli, 1981) to 1.7  $\mu\text{M}$  for skeletal muscle (Michalak et al., 1984), and to 50  $\mu\text{M}$  for the endoplasmic reticulum enzyme (Wang et al., 1979). In the present experiment 2  $\mu\text{M}$  vanadate was used to inhibit the plasma membrane  $\text{Ca}^{2+}$  pump ( $\text{Ca}^{2+}$  ATPase) in human aortic endothelial cells because, in preliminary experiments, 10  $\mu\text{M}$  vanadate caused a transient increase in  $[\text{Ca}^{2+}]_i$  in  $\text{Ca}^{2+}$ -free solution. This might indicate that 10  $\mu\text{M}$  vanadate also inhibit  $\text{Ca}^{2+}$  ATPase of endoplasmic reticulum. As shown in Fig. 1C, 2  $\mu\text{M}$  vanadate caused an increase in  $[\text{Ca}^{2+}]_i$  at the resting condition in the presence but not in the absence of extracellular  $\text{Ca}^{2+}$ . This result also suggests the existence of plasma membrane  $\text{Ca}^{2+}$  pumps in human aortic endothelial cells, and that the plasma membrane  $\text{Ca}^{2+}$  pump mechanism has a physiological role in maintaining the resting level of  $[\text{Ca}^{2+}]_i$ .

It has been reported that  $\text{La}^{3+}$  blocks the plasma membrane  $\text{Ca}^{2+}$  entry pathways at low (micromolar) concentrations and inhibits  $\text{Ca}^{2+}$  ATPase of the plasma membrane at millimolar concentrations in acinar cells (Wakasugi et al., 1981; Kwan et al., 1990; Toescu and Petersen, 1994). It is known that  $\text{La}^{3+}$  blocks  $\text{Ca}^{2+}$  influx by inhibiting  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange in a number of different vesicle systems (Gill et al., 1981; Kaczorowski et al., 1984) and also blocks  $\text{Ca}^{2+}$  efflux in cultured cardiac myocytes (Barry and Smith, 1982). As shown in Fig. 1D, the increase in

$[\text{Ca}^{2+}]_i$  produced by  $\text{La}^{3+}$  was slowly developing and sustained in the presence of extracellular  $\text{Ca}^{2+}$  but was transient in the absence of extracellular  $\text{Ca}^{2+}$ .  $\text{La}^{3+}$  blocks  $\text{Ca}^{2+}$  influx via  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange much more rapidly and with high sensitivity than it does  $\text{Ca}^{2+}$  efflux (Barry and Smith, 1982).

#### 4.3. Extrusion mechanism responsible for reducing $[\text{Ca}^{2+}]_i$ elevated by histamine or thapsigargin in human aortic endothelial cells

In  $\text{Ca}^{2+}$ -free solution, receptor agonists, such as histamine and ATP, elicit a transient increase in  $[\text{Ca}^{2+}]_i$ , but the increased level of  $[\text{Ca}^{2+}]_i$  is returned to the basal level within several minutes (Ziche et al., 1993; Hosoki and Iijima, 1994; Ziegelstein et al., 1994). The least understood phase of the transient change in  $[\text{Ca}^{2+}]_i$  is the removal of  $\text{Ca}^{2+}$  from the cytosol against its electrochemical gradient. Calcium ions can be removed from the cytosol by  $\text{Ca}^{2+}$  pump located in the plasma and the endoplasmic reticulum membrane, and by the  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange mechanism. In the present experiment, the declining phase was significantly attenuated in low  $\text{Na}^+$  solution and in the presence of 5 mM  $\text{Ni}^{2+}$  and 2 mM vanadate, and was more clearly slowed by 1 mM  $\text{La}^{3+}$  (Fig. 2 and Fig. 3). These results indicate that  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange and the plasma membrane  $\text{Ca}^{2+}$  pump mechanism have a physiological role in reducing  $[\text{Ca}^{2+}]_i$  elevated by histamine in human aortic endothelial cells. Prolongation of the 50% relaxation time by vanadate was statistically significant but less effective than other interventions (Table 1). This may indicate that the physiological role of the plasma membrane  $\text{Ca}^{2+}$  pump in lowering  $[\text{Ca}^{2+}]_i$  increased by agonist stimulation may not be a mandatory mechanism.

Thapsigargin has been shown to inhibit the endoplasmic reticulum  $\text{Ca}^{2+}$ -ATPase without affecting the formation of inositol trisphosphate (Goeger et al., 1988; Seidler et al., 1989; Takemura et al., 1989; Thastrup et al., 1990) and to elicit a transient increase in  $[\text{Ca}^{2+}]_i$  in  $\text{Ca}^{2+}$ -free solution (Ziche et al., 1993; Kwan et al., 1990; Hosoki and Iijima, 1995). It becomes possible to examine directly the role of plasma membrane  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange and  $\text{Ca}^{2+}$ -ATPase in  $\text{Ca}^{2+}$  removal from the cytosol without the influence of the uptake into the endoplasmic reticulum. As shown in Fig. 4 and Fig. 5, even in the presence of thapsigargin, the level of  $[\text{Ca}^{2+}]_i$  increased by thapsigargin was returned to the basal level within several minutes. Recovery of  $[\text{Ca}^{2+}]_i$  toward the basal level could be achieved by  $\text{Ca}^{2+}$  pump and  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange located in the plasma membrane. The declining phase was significantly slowed in low  $\text{Na}^+$  solution and by 5 mM  $\text{Ni}^{2+}$  and 2 mM vanadate, and was more clearly prolonged by 1 mM  $\text{La}^{3+}$  (Table 1). These results much more clearly showed the physiological role of the plasma membrane  $\text{Ca}^{2+}$  pump and  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange in reducing  $[\text{Ca}^{2+}]_i$  elevated by thapsigargin in human aortic endothelial cells. It is interesting to note that,

as shown in Table 1,  $\text{La}^{3+}$ -induced prolongation of the 50% relaxation time of  $[\text{Ca}^{2+}]_i$  increased by thapsigargin was more than the sum of the inhibition of  $\text{Ca}^{2+}$  pump (by vanadate) and  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange (by low  $\text{Na}^+$  solution or  $\text{Ni}^{2+}$ ). This may indicate that  $\text{La}^{3+}$  has an additional effect on  $\text{Ca}^{2+}$  efflux pathways such as non-specific cation channels.

In conclusion, our present results showed the physiological role of plasma membrane  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange and  $\text{Ca}^{2+}$  pump, and endoplasmic reticulum  $\text{Ca}^{2+}$  pump in extruding cytosolic  $\text{Ca}^{2+}$  at resting and agonist-stimulated conditions in cultured human aortic endothelial cells. In this study we report for the first time the physiological role of the plasma membrane  $\text{Na}^+$ - $\text{Ca}^{2+}$  exchange and  $\text{Ca}^{2+}$ -ATPase in the extrusion of  $\text{Ca}^{2+}$  from human aortic endothelial cells. It will be crucial to characterize the  $\text{Ca}^{2+}$  transport pathways that control  $[\text{Ca}^{2+}]_i$  to understand the physiology of the endothelium as well as its role in atherosclerotic and thrombotic vascular disease.

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