

Intracellular Ca^{2+} dependence of nitric oxide mediated enhancement of interleukin-8 secretion in human endothelial cells

Thomas Volk*, Mario Hensel, Karsten Mäding, Karl Egerer, Wolfgang J. Kox

Department of Anaesthesiology and Intensive Therapy, University Hospital Charité, Schumannstr. 20/21, 10117 Berlin, Germany

Received 18 August 1997

Abstract Nitric oxide (NO^*) can induce transient $[\text{Ca}^{2+}]_i$ changes in endothelial cells not different from receptor mediated signalling. Whether this Ca^{2+} signal may provide a link with IL-8 secretion induced by NO^* donors was investigated in human endothelial cells. Sodium nitroprusside (SNP) and *S*-nitroso-*N*-acetyl-DL-penicillamine (SNAP) dose dependently increased IL-8 production in this cell type. Additive IL-8 secretion was found with $\text{TNF}\alpha$. Buffering intracellular Ca^{2+} with MAPT/AM suppressed NO^* induced $[\text{Ca}^{2+}]_i$ changes and reduced subsequent IL-8 secretion. The additive effect of both NO^* donors on $\text{TNF}\alpha$ induced IL-8 secretion was completely blocked in the presence of MAPT/AM. SKF 96365, which has been shown to block receptor mediated Ca^{2+} entry, and TMB-8, which blocks intracellular Ca^{2+} release, both inhibited IL-8 secretion, particularly when $\text{TNF}\alpha$ was used as a costimulator, indicating that $[\text{Ca}^{2+}]_i$ changes are important components of IL-8 induction by NO^* .

© 1997 Federation of European Biochemical Societies.

Key words: Nitric oxide; Cytoplasmic Ca^{2+} signal; Interleukin-8; Endothelium

1. Introduction

Interleukin 8 (IL-8) is a neutrophil chemoattractant produced from a variety of cells including monocytes and endothelial cells [1]. Increased plasma and cell associated levels of this cytokine were found in patients suffering from sepsis, trauma and acute respiratory distress syndrome [2,3]. Moreover, the application of anti-IL-8 provided significant protection in several animal models of these diseases [4,5]. Together with IL-8 an increased production of nitric oxide has also been recognized in the same pathological states [6–8]. The potential of nitric oxide to induce IL-8 gene transcription has recently been demonstrated [9–12]. However, the mechanisms have not been addressed. Several reports led us to hypothesize that cytoplasmic $[\text{Ca}^{2+}]_i$ changes may provide a link for these observations. Ca^{2+} ionophores like A23187 and ionomycin induce or augment IL-8 secretion in different cell types [13,14]. Recently we have shown that nitric oxide is able to induce transient $[\text{Ca}^{2+}]_i$ changes in endothelial cells similar to receptor mediated changes proximal or at the IP_3 receptor [15]. We therefore investigated whether $[\text{Ca}^{2+}]_i$ changes induced by NO^* donors contribute to IL-8 production in endothelial cells.

*Corresponding author. Fax: (49) (30) 2802 5065.
E-mail: thvolk@rz.charite.hu-berlin.de

Abbreviations: IL-8, interleukin 8; $\text{TNF}\alpha$, tumor necrosis factor α ; SNAP, *S*-nitroso-*N*-acetyl-DL-penicillamine; SNP, sodium nitroprusside

2. Materials and methods

2.1. Cell culture

Human endothelial cell line ECV304 (ECACC, Cerdic, Sophia Antipolis, France) was cultured in RPMI medium (Sigma, Deisenhofen, Germany) at 37°C (21% O_2 /5% CO_2), supplemented with fetal calf serum (10%, Sigma), glutamine (2 mM, Gibco, Eggenstein, Germany), penicillin (100 U/ml, Sigma), streptomycin (100 $\mu\text{g}/\text{ml}$), and grown in culture flasks (Falcon, Heidelberg, Germany).

2.2. $[\text{Ca}^{2+}]_i$ and IL-8 measurements

$[\text{Ca}^{2+}]_i$ measurements were performed in buffer which consisted of 127 mM NaCl, 5 mM KCl, 2 mM MgCl_2 , 0.5 mM NaH_2PO_4 , 10 mM D-glucose, pH 7.3, plus 1.8 mM CaCl_2 . Subconfluent cells growing on glass coverslips were rinsed 4 times with buffer. $[\text{Ca}^{2+}]_i$ was measured in single cells loaded for 30 min with 1 μM of the calcium sensitive probe FURA-2/AM (Molecular Probes, Eugene, OR, USA) dissolved in dimethylformamide. For cell imaging a digital analysis system (T.I.L.L. photonics, Planegg, Germany) connected to an inverted microscope (DMIRB, Leica) equipped with a Zeiss Fluor 40 \times /1.30 oil objective was used. Excitation wavelengths (340 nm, 380 nm) were produced by a scanning monochromator and images of fluorescence passing a 395 nm dichroic mirror and a 520 ± 10 nm band pass filter were recorded by a cooled slow scan CCD camera at a rate of 2 Hz. Given are data for fluorescence ratio values (excitation 340 nm/380 nm) [15,16]. For the measurement of IL-8 cells were cultured for 24 h in 96 multiwell plates (Falcon). IL-8 in the supernatant was measured using a commercially available ELISA (Milenia, DPC, Bad Nauheim, Germany).

2.3. Cytotoxicity assay

S-Nitroso-*N*-acetyl-DL-penicillamine (SNAP; Calbiochem, Germany), sodium nitroprusside (SNP; Merck, Darmstadt, Germany) up to the highest concentrations used in this study (1 mM), SKF 96365 (Calbiochem-Novabiochem, Bad Soden/Ts., Germany), TMB-8 (Calbiochem-Novabiochem), MAPT/AM (Molecular Probes) did not result in increased trypan blue uptake compared to control cells to indicate viability [17].

2.4. Statistical analysis

To compare the measured results in different groups descriptive statistical parameters (mean \pm S.E.M.) were calculated and differences were tested for significance using an ANOVA. The Student-Newman-Keuls test was used to compare individual results with the control. P values < 0.05 were considered to be significant.

3. Results

3.1. Nitric oxide donors induce transient $[\text{Ca}^{2+}]_i$ changes in endothelial cells

In a previous study, we showed that NO^* donors transiently increase $[\text{Ca}^{2+}]_i$ in endothelial cells indistinguishable from receptor mediated changes [15]. This transient increase upon addition of both SNP (100 μM ; increase in fluorescence ratio units from 34.8 ± 4.2 to 163.6 ± 16.7 ; $P < 0.001$) and SNAP (100 μM ; peak fluorescence ratio units: 174.0 ± 10.7 compared to baseline levels of 35.7 ± 4.3 ; $P < 0.001$) (Fig. 1A,B) is prevented in the presence of MAPT/AM (15 μM ;

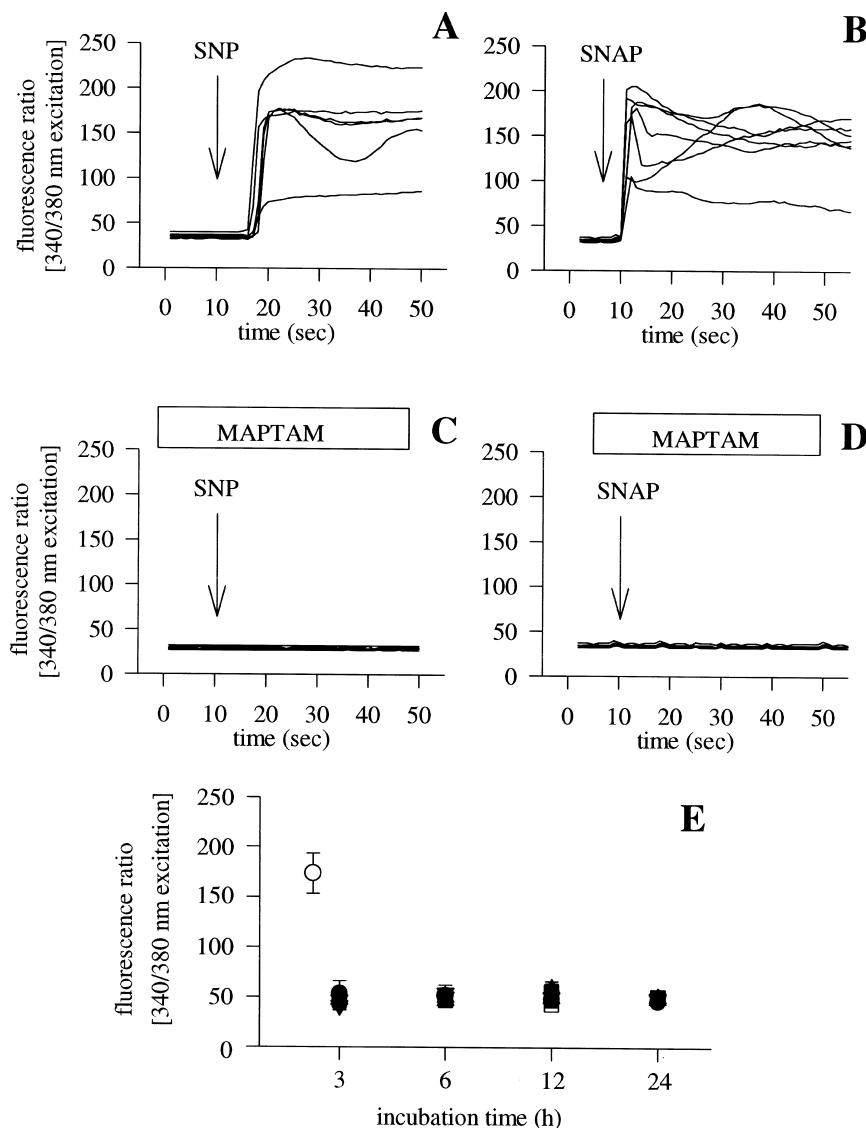


Fig. 1. $[Ca^{2+}]_i$ changes in single endothelial cells induced by nitric oxide donors and $TNF\alpha$. A,B: Cells were treated with SNP (100 μ M) or SNAP (100 μ M) as indicated by the arrow and FURA-2 signals were recorded in at least six cells simultaneously. C,D: Cells were pretreated with MAPT/AM (15 μ M) for 15 min and stimulated with SNP (100 μ M) or SNAP (100 μ M) as in A,B. Represented are typical measurements of four independent experiments in each setting. E: Influence of long term exposure of endothelial cells with SNP (100 μ M; ○), $TNF\alpha$ (10 ng/ml; △), SNP+ $TNF\alpha$ (▽), SNP+MAPT/AM (15 μ M; ■), $TNF\alpha$ +MAPT/AM (▲), $TNF\alpha$ +SNP+MAPT/AM (▼). SNP (100 μ M) short time treatment (○) is shown in comparison. Symbols represent means \pm S.E.M. of experiments performed in triplicate.

$P < 0.001$) (Fig. 1C,D). $[Ca^{2+}]_i$ levels of unpretreated cells stimulated with SNP (100 μ M) or SNAP (100 μ M) return to baseline within 5–10 min and incubations with SNP (100 μ M), SNAP (100 μ M), $TNF\alpha$ (10 ng/ml), MAPT/AM (15 μ M) and combinations thereof did not induce any increased $[Ca^{2+}]_i$ levels up to 24 h in the continuous presence of these substances (Fig. 1E).

3.2. NO^* donating drugs induce secretion of IL-8

IL-8 secretion from ECV 304 cells was measured in the supernatant after 24 h of incubation with NO^* donating agents in the presence or absence of oxyhemoglobin to scavenge nitric oxide. SNP (10 μ M–1 mM) and SNAP (10 μ M–1 mM) induced a concentration dependent secretion of IL-8 (compared to untreated controls $P < 0.001$ for 100 μ M and 1 mM for both substances; Fig. 2). Since we were able to show previously that concentrations of SNP above 5 mM

and SNAP above 1 mM cause toxic damage to our cells [17] in all further experiments we used 100 μ M of both NO^* donors. In the presence of oxyhemoglobin (50 μ M) IL-8 secretion was not different from untreated control cells for both SNP (100 μ M) and SNAP (100 μ M) indicating that NO^* was the primary mediator (Fig. 2).

3.3. Secretion induced by $TNF\alpha$ is enhanced by NO^* donating agents

$TNF\alpha$ induced IL-8 secretion in endothelial cells after 24 h (3366 ± 568 pg/ml) was found to be stronger than IL-8 secretion induced by either 100 μ M SNP (2892 ± 397 pg/ml) or 100 μ M SNAP (2156 ± 255 pg/ml). However, simultaneous administration of either SNP plus $TNF\alpha$ or SNAP plus $TNF\alpha$ increased IL-8 production by endothelial cells (4702 ± 392 pg/ml and 5439 ± 210 pg/ml, respectively) (Fig. 3).

3.4. Role of $[Ca^{2+}]_i$ in IL-8 secretion induced by NO[•] donors

Whether $[Ca^{2+}]_i$ changes induced by SNP or SNAP contribute to IL-8 secretion was tested in the presence of the Ca^{2+} buffer MAPT/AM. In this series the induction of IL-8 secretion after 24 h by 100 μ M SNP (3122 ± 465 pg/ml) was only marginally reduced in the presence of MAPT/AM (2882 ± 526 pg/ml) whereas secretion induced by 100 μ M SNAP (2156 ± 255 pg/ml) was reduced in the presence of MAPT/AM (1327 ± 194 pg/ml; $P < 0.05$). However, IL-8 production induced by combined treatment with 10 ng/ml TNF α plus 100 μ M SNP (4616 ± 470 pg/ml) or 10 ng/ml TNF α plus 100 μ M SNAP (4322 ± 503 pg/ml) was significantly reduced to baseline production in the presence of MAPT/AM (1635 ± 136 pg/ml and 1466 ± 205 pg/ml, $P < 0.01$ each, respectively) (Fig. 4A). Drugs inhibiting Ca^{2+} release from intracellular stores (TMB-8) [18] or receptor mediated capacitative Ca^{2+} entry (SKF 96365) [19] were also tested. In these series the presence of TMB-8 decreased SNP (100 μ M) induced IL-8 secretion from 3122 ± 465 pg/ml to 758 ± 44 pg/ml ($P < 0.05$) and secretion induced by 100 μ M SNP plus 10 ng/ml TNF α from 4616 ± 470 pg/ml to 956 ± 153 pg/ml ($P < 0.01$). The presence of SKF also reduced SNP (100 μ M) induced IL-8 secretion to 1704 ± 357 pg/ml ($P < 0.05$) and SNP (100 μ M) plus TNF α (10 ng/ml) induced IL-8 secretion to 1970 ± 525 pg/ml ($P < 0.05$) (Fig. 4B).

4. Discussion

Several groups demonstrated the potential of nitric oxide to regulate proinflammatory cytokine expression [20–23]. In particular, IL-8 expression may well be supported by NO[•] overproduction in vivo [6]. This cytokine has also been reported to

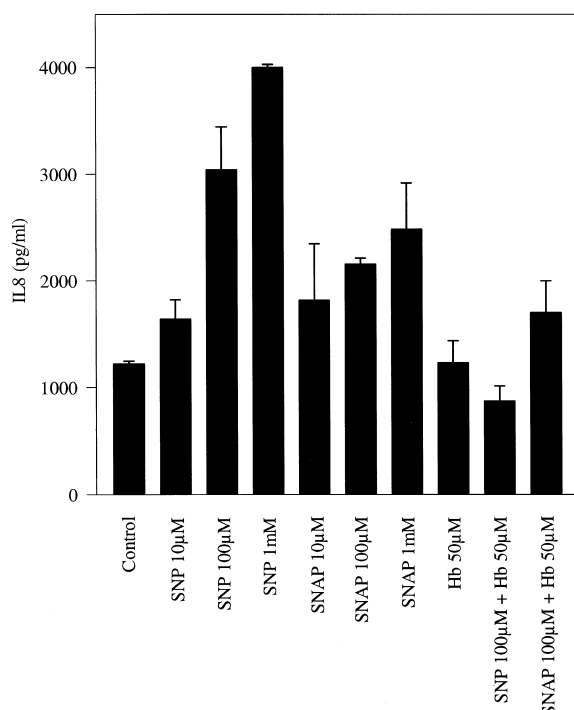


Fig. 2. IL-8 production from endothelial cells stimulated with NO[•] donors. Endothelial cells were stimulated with the indicated substances for 24 h. Shown are mean \pm S.E.M. values of supernatant IL-8 of three independent experiments performed in duplicate.

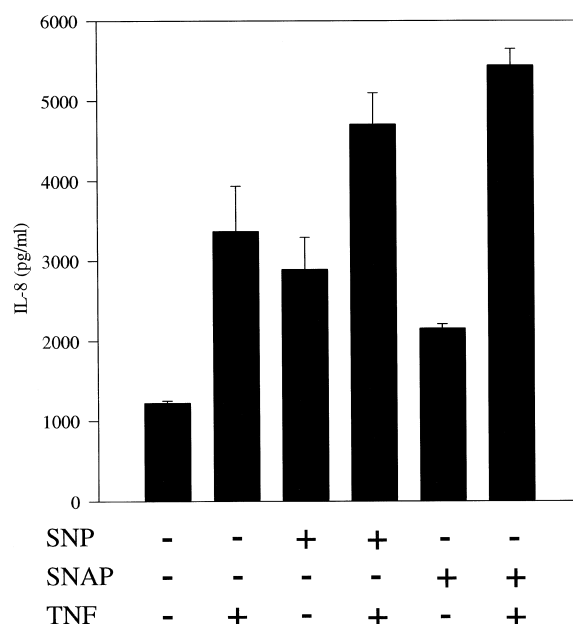


Fig. 3. NO[•] donors increase IL-8 production induced by TNF. SNP (100 μ M), SNAP (100 μ M) and TNF (10 ng/ml) were added to endothelial cell cultures as indicated. The graph represents mean \pm S.E.M. values of supernatant IL-8 of three independent experiments performed in duplicate.

be inducible by Ca^{2+} ionophores like A23187 and ionomycin [13,14]. Intracellular $[Ca^{2+}]_i$ changes have long been known to control stimulus-secretion coupling. However, participation in proinflammatory gene transcription has also been demonstrated [24]. For example, LPS induced IL-1 secretion has been shown to be Ca^{2+} dependently regulated [25]. Moreover, Ca^{2+} dependent gene transcription in neuronal cells has been reported to be enhanced by NO[•] [26]. $[Ca^{2+}]_i$ changes may therefore serve as a critical link in NO[•] mediated IL-8 secretion. In a previous study we demonstrated that nitric oxide induces transient $[Ca^{2+}]_i$ changes similar to receptor mediated changes in endothelial cells [15]. In the present study we show that transient $[Ca^{2+}]_i$ changes induced by NO[•] donors may provide at least part of the signal for IL-8 secretion. Induction of IL-8 by two different NO[•] donating agents was blocked by pre-incubation with oxyhemoglobin, the most important proteinaceous trap of NO[•] in vivo [27]. Likewise, $[Ca^{2+}]_i$ changes induced by these NO[•] donors were also blocked by oxyhemoglobin as has been demonstrated previously [15]. Experiments using MAPT/AM to buffer intracellular Ca^{2+} ions inhibited $[Ca^{2+}]_i$ changes but IL-8 secretion was only marginally reduced in the case of SNP, whereas SNAP induced IL-8 secretion was completely suppressed. However, IL-8 production induced by both NO[•] donors in TNF α treated cells was most effectively blocked in the presence of MAPT/AM. Inhibition of Ca^{2+} release from intracellular stores by TMB-8 and inhibition of Ca^{2+} entry by SKF 96365 also reduced IL-8 secretion in SNP and TNF α plus SNP treated cells. In conclusion these results indicate that NO[•] induced $[Ca^{2+}]_i$ changes may serve as a critical signal for IL-8 secretion, particularly in the presence of TNF α . Whether drugs affecting Ca^{2+} regulation are of benefit in complex situations where proinflammatory cytokines and nitric oxide are overproduced awaits further investigation [28].

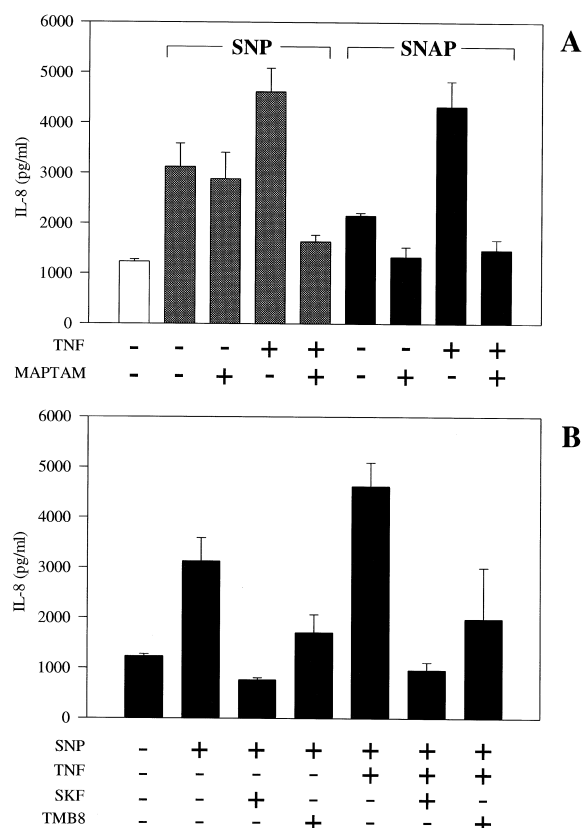


Fig. 4. Influence of drugs affecting $[Ca^{2+}]$ regulation on NO^+ donor induced IL-8 secretion from endothelial cells. A: Cells were treated for 24 h with SNP (100 μ M; crosshatched bars) or SNAP (black bars) in the presence of TNF (10 ng/ml) and/or MAPT/AM as indicated. B: Cells were treated with SNP (100 μ M), TNF (10 ng/ml), SKF 96365 (50 μ M), and TMB-8 (100 μ M) for 24 h as indicated. The graph represents mean \pm S.E.M. values of supernatant IL-8 of two independent experiments performed in duplicate.

Acknowledgements: This work has been partially funded by the University Hospital Charité, Proj. No. 96-198.

References

- [1] Baggiolini, M., Dewald, B. and Moser, B. (1994) *Adv. Immunol.* 55, 97–179.
- [2] Marie, C., Fitting, C., Cheval, C., Losser, M.R., Carlet, J., Payen, D., Foster, K. and Cavaillon, J.M. (1997) *Infect. Immun.* 65, 865–871.
- [3] Grau, G.E., Mili, N., Lou, J.N., Morel, D.R., Ricou, B., Lucas, R. and Suter, P.M. (1996) *Lab. Invest.* 74, 761–770.
- [4] Sekido, N., Mukaida, N., Harada, A., Nakanishi, I., Watanabe, Y. and Matsushima, K. (1993) *Nature* 365, 654–657.
- [5] Yokoi, K., Mukaida, N., Harada, A., Watanabe, Y. and Matsushima, K. (1997) *Lab. Invest.* 76, 375–384.
- [6] Kobayashi, A., Hashimoto, S., Kooguchi, K., Tanaka, Y., Oonodera, H., Urata, Y. and Ashihara, T. (1997) *Acta Histochem. Cytochem.* 30, 57–61.
- [7] Fink, M.P. and Payen, D. (1996) *Intens. Care Med.* 22, 158–165.
- [8] Ochoa, J.B., Udekwe, A.O., Billiar, T.R., Curran, R.D., Cerra, F.B., Simmons, R.L. and Peitzman, A.B. (1991) *Ann. Surg.* 214, 621–626.
- [9] Cuthbertson, B.H., Galley, H.F. and Webster, N.R. (1997) *Br. J. Anaesth.* 78, 714–717.
- [10] Brown, Z., Robson, R.L. and Westwick, J. (1993) *Adv. Exp. Med. Biol.* 351, 65–75.
- [11] Villarete, L.H. and Remick, D.G. (1995) *Biochem. Biophys. Res. Commun.* 211, 671–676.
- [12] Villarete, L.H. and Remick, D.G. (1997) *Shock* 7, 29–35.
- [13] Braun, R.K., Franchini, M., Erard, F., Rihs, S., De Vries, I.J., Blaser, K., Hansel, T.T. and Walker, C. (1993) *Eur. J. Immunol.* 23, 956–960.
- [14] Wilson, L., Butcher, C.J. and Kellie, S. (1993) *FEBS Lett.* 325, 295–298.
- [15] Volk, T., Mäding, K., Hensel, M. and Kox, W.J. (1997) *J. Cell. Physiol.* (in press).
- [16] Graier, W.F., Simecek, S., Kukovetz, W.R. and Kostner, G.M. (1996) *Diabetes* 45, 1386–1395.
- [17] Volk, T., Ioannidis, I., Hensel, M., deGroot, H. and Kox, W.J. (1995) *Biochem. Biophys. Res. Commun.* 213, 196–203.
- [18] Yamada, Y., Teraoka, H., Nakazato, Y. and Ohga, A. (1988) *Neurosci. Lett.* 90, 338–342.
- [19] Graier, W.F., Groschner, K., Schmidt, K. and Kukovetz, W.R. (1992) *Biochem. Biophys. Res. Commun.* 186, 1539–1545.
- [20] Eigler, A., Sinha, B. and Endres, S. (1993) *Biochem. Biophys. Res. Commun.* 196, 494–501.
- [21] Van Dervort, A.L., Yan, L., Madara, P.J., Cobb, J.P., Wesley, R.A., Corriveau, C.C., Tropea, M.M. and Danner, R.L. (1994) *J. Immunol.* 152, 4102–4109.
- [22] Lander, H.M., Sehajpal, P., Levine, D.M. and Novogrodsky, A. (1993) *J. Immunol.* 150, 1509–1516.
- [23] Marcinkiewicz, J., Grabowska, A. and Chain, B. (1995) *Eur. J. Immunol.* 25, 947–951.
- [24] Chin, K.V., Cade, C., Brostrom, C.O., Galuska, E.M. and Brostrom, M.A. (1987) *J. Biol. Chem.* 262, 16509–16514.
- [25] Ohmori, Y. and Hamilton, T.A. (1992) *J. Immunol.* 148, 538–545.
- [26] Peunova, N. and Enikolopov, G. (1993) *Nature* 364, 450–453.
- [27] Kosaka, H., Uozumi, M. and Tyuma, I. (1989) *Free Radical Biol. Med.* 7, 653–658.
- [28] Hughes, C.B., el Din, A.B., Kotb, M., Gaber, L.W. and Gaber, A.O. (1996) *Pancreas* 13, 22–28.