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Phorbol Ester-Stimulated Bidirectional Transmembrane Calcium Flux in A₇r₅ Vascular Smooth Muscle Cells

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SUMMARY

In A_7r_5 vascular smooth muscle cells, the phorbol ester 12-O-tetradecanoyl phorbol-13-acetate (TPA) caused a marked increase in the rate of unidirectional Ca^{2+} influx and a 63 \pm 9% increase in net 30-min $^{45}Ca^{2+}$ uptake. Maximal TPA-stimulated $^{45}Ca^{2+}$ uptake occurred at concentrations \leq 3 nm and was equivalent to the maximal uptake stimulated by 55 mm KCl or 1 μ M Bay k 8644. TPA-stimulated Ca^{2+} uptake was not additive to KCl- or Bay k 8644-stimulated uptake, and was inhibited by verapamil (100 μ M), nitrendipine (1 μ M), or high concentrations of Bay k 8644 (\geq 10 μ M). The biologically inactive phorbol ester 12-O-tetradecanoyl phorbol-13-acetate methyl ether (10 nM) had no effect on $^{45}Ca^{2+}$ uptake. TPA caused a 43 \pm 12% increase in

Ca²⁺ efflux in 30 min, and exposure to TPA (10 nm) for 5 and 30 min caused no significant change in net cellular Ca²⁺ content as determined by radioisotopic equilibration or atomic absorption spectroscopy. TPA caused no apparent change in intracellular free Ca²⁺ concentration as determined with quin 2. Thus, in A₇r₅ cells, TPA causes a marked increase in Ca²⁺ influx through channels with the pharmacological characteristics of dihydropyridine-sensitive, voltage-dependent channels. This TPA-stimulated Ca²⁺ uptake is associated with increased Ca²⁺ efflux and no significant change in net cellular Ca²⁺ content or intracellular free Ca²⁺ concentration.

Stimulation of several Ca²⁺-mobilizing receptors results in an increase in phosphoinositide turnover and the generation of two putative second messengers, inositol trisphosphate and DAG (1-5). Considerable evidence indicates that inositol trisphosphate causes the mobilization of intracellular Ca²⁺ stores and is a likely mediator of the initial rapid rise in intracellular Ca²⁺ concentration. DAG is a neutral lipid that, in the presence of Ca²⁺, greatly increases the activity of Ca²⁺/phospholipid-dependent PK-C (2-5). PK-C can also be stimulated directly by the tumor-promoting phorbol esters (2-6). It has been proposed that DAG, through activation of PK-C, may mediate the sustained phase of the cellular response in a variety of tissues, including vascular smooth muscle (7, 8).

Phorbol esters cause a slowly developing contraction of vascular smooth muscle, presumably due to activation of PK-C (9-11). This phorbol ester-stimulated contraction is inhibited by Ca²⁺ channel antagonists and facilitated by the Ca²⁺ channel agonist Bay k 8644 (11). Likewise, PK-C activation by phorbol ester, or the direct intracellular injection of activated PK-C, results in an increase in inward Ca²⁺ conductance in neurons (12) and photoreceptor cells (13), respectively. Based on these

observations, we performed experiments in A_7r_5 cells, a clonal cell line originally derived from fetal rat thoracic aorta vascular smooth muscle (14–16), to determine whether phorbol esters cause an increase in Ca^{2+} influx; and, if so, (a) to characterize the nature of the influx channel, and (b) to determine the effect of phorbol ester-stimulated Ca^{2+} influx on net cellular Ca^{2+} balance. In A_7r_5 cells, we evaluated the effects of TPA on Ca^{2+} influx and efflux, net cellular Ca^{2+} content, and intracellular free Ca^{2+} concentration.

TPA increased both the rate of unidirectional Ca²⁺ influx and the net ⁴⁵Ca²⁺ uptake at 30 min (maximal effect, ≤ 3 nM). The increase in net ⁴⁵Ca²⁺ uptake at 30 min was equivalent to that caused by 55 mM KCl or the Ca²⁺ channel agonist Bay k 8644 (1 μ M), and was fully inhibited by verapamil (100 μ M), nitrendipine (1 μ M), or high concentrations by Bay k 8644 (\geq 10 μ M). TPA-stimulated ⁴⁵Ca²⁺ influx was associated with a increase in ⁴⁵Ca²⁺ efflux, but no change in net cellular Ca²⁺ content determined by ⁴⁵Ca²⁺ isotopic equilibrium or atomic absorption spectroscopy. TPA (10 nM) had no effect on intracellular free Ca²⁺ concentration determined with quin 2. Thus, these data show that, in A₇r₅ cells, the phorbol ester TPA causes Ca²⁺ influx through channels with the pharmacologic characteristics of dihydropyridine-sensitive, voltage-dependent Ca²⁺ influx channels, and suggest that phorbol esters induce a

ABBREVIATIONS: DAG, diacylglycerol; PK-C, protein kinase C; TPA, 12-O-tetradecanoyl phorbol-13-acetate; quin 2, 2-[[2-bis-(carboxymethyl)-amino-5-methylphenoxy]-methyl]-6-methoxy-8-bis-(carboxymethyl)-aminoquinoline; BSS, balanced salt solution; HEPES, 4-(2-hydroxyethyl ether)-1-piperazineethanesulfonic acid.

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sustained bidirectional transmembrane Ca²⁺ flux that is associated with little or no net change in total cellular Ca²⁺ content.

Materials and Methods

Cell culture. The A₇r₅ rat aortic smooth muscle cell line, as originally established and characterized by Kimes and Brandt (14), was obtained from the American Type Culture Collection, Bethesda, MD. Cells were plated in plastic culture dishes (Nunc), at an initial density of 5000–9000 cells/cm², and grown in Dulbecco's modified Eagle's medium (Gibco) containing antibiotics and 10% fetal calf serum (Gibco) in a humidified atmosphere (37°) under 5% CO₂/95% air. Cells reached confluence at approximately 4 days and were used for studies between 5 and 8 days, at which time there were approximately 35,000 cells/cm². Cells used for experiments were from passages 6 through 30, during which time they exhibited stable morphologic characteristics by light microscopy and a consistent degree of ⁴⁵Ca²+ uptake in response to 55 mM KCl.

Ca²⁺ uptake. ⁴⁵Ca²⁺ uptake was measured in BSS consisting of: 145 mm NaCl, 5 mm KCl, 1 mm MgCl₂, 1 mm CaCl₂, 10 mm glucose, and 5 mm HEPES at pH 7.40. The depolarizing solution differed only in that NaCl was 95 mm and KCl was 55 mm. Confluent cells on 35-mm plastic dishes were washed three times with BSS at 37°, and the uptake period was initiated by addition of 1 ml of BSS or depolarizing solution containing approximately 1.5 μ Ci of ⁴⁵Ca²⁺ and the agent(s) under study. Uptake was terminated at various time intervals by rapidly washing each plate five times with 2 ml of ice-cold modified BSS which contained 10 mm LaCl₃ and no CaCl₂. Cells were allowed to stand for 10 min at 4° in the last wash aliquot, after which the solution was aspirated and the cells were dried at room temperature for 20 min. Cells were then dissolved in 0.1 N HNO₃ (20 min, 4°) and transferred to scintillation vials to which 13 ml of scintillation cocktail were added (Liquiscint, National Diagnostics).

 ${\rm Ca^{2+}}$ efflux. Confluent cells on 35-mm plastic dishes were equilibrated for 18-24 hr with 2 ml of fresh culture medium containing 2 $\mu{\rm Ci/ml}$ of ${\rm ^{45}Ca^{2+}}$. ${\rm ^{45}Ca^{2+}}$ efflux was initiated by washing the cells three times with BSS at 37°. The assay was terminated at various time intervals by washing the cells four times with ice-cold modified BSS containing 10 mm LaCl₃ and no CaCl₂, followed by an additional 10-min incubation in 2 ml of the same solution. Cell-associated ${\rm ^{45}Ca^{2+}}$ was then determined as described for the ${\rm Ca^{2+}}$ uptake assay above.

Cellular Ca²⁺ content at isotopic equilibrium. Confluent cells on 35-mm dishes were equilibrated for 18–24 hr with 2 ml of fresh culture medium containing 2 μ Ci/ml ⁴⁶Ca²⁺. The assay was initiated by applying 200 μ l of fresh culture medium containing ⁴⁶Ca²⁺ (2 μ Ci/ml) plus appropriate agents. At various time intervals, the assay was terminated by washing each dish five times with BSS containing 10 mM LaCl₃ and no CaCl₂; cell-associated ⁴⁵Ca²⁺ was determined as described above.

Quin 2. Intracellular free Ca2+ concentration was measured with quin 2 using methods similar to those described by Ambler and Taylor (17). Confluent cells attached to 13.5×27 mm glass coverslips were loaded with quin 2 by placing the coverslips in 35-mm dishes containing 2 ml of BSS plus 50 µM quin 2/AM for 30 min at 37°. Free quin 2 was removed by washing the cells twice with 2 ml of culture medium containing 10% fetal calf serum at 37°. Immediately prior to starting the assay, coverslips were washed once with BSS at 37° and placed in a specially adapted 3-ml quartz curvette (Fischer Scientific) equipped with a stirring apparatus. The coverslip was oriented so that cells faced the excitation beam. Quin 2 fluorescence was determined in a SPEX model CM-1 Fluorolog-2 spectrofluorimeter with thermostatic control, and fluorescence (excitation, 339 nm; emission, 492 nm) was calibrated using MnCl₂ (0.5 mm) and digitonin (10 µg/ml). Cells remained attached to the coverslip during digitonin exposure, as assessed by microscopic examination before and after the experiment, and the fluorescence signal caused by digitonin was stable over several minutes.

Cellular Ca²⁺ content by atomic absorption spectroscopy. Confluent cells on 35-mm dishes were washed three times with BSS at 37°. BSS or depolarizing solution was then added and the dishes were incubated at 37° in a water bath. At various time intervals, the assay was terminated by rapidly washing each dish five times with 2 ml of ice-cold modified BSS containing 10 mm LaCl₃ and no CaCl₂. Cells from three plates were dissolved in 0.1 N HNO₃ (20 min, 4°) and pooled in a total volume of 0.6 ml. Atomic absorption spectroscopy was performed on a 0.5-ml aliquot in a Perkin-Elmer model 5000 spectrometer with absorbance at 212.8 nm, and compared to a Ca²⁺ standard dilution curve freshly prepared to 0.1 N HNO₃. Cellular Ca²⁺ content was expressed as nmol of Ca²⁺/cm² of culture dish surface area.

Drugs. ⁴⁵Ca²⁺ was obtained from ICN, Irvine, CA. Quin 2/AM was obtained from Calbiochem, San Diego, CA. Nitrendipine, Bay k 8644, and verapamil were generously supplied by Miles Pharamceuticals (West Haven, CT), Bayer AG (Wuppental, FRG), and Searle Pharmaceuticals (Chicago, IL), respectively. TPA, TPA-methyl ether, dimethyl sulfoxide, and digitonin were obtained from Sigma. TPA and TPA-methyl ether were dissolved in dimethyl sulfoxide to a final concentration of 1:10,000 at a TPA or TPA-methyl ether final concentration of 10 nm. Accordingly, in all experiments involving phorbol esters, control cells were incubated with dimethyl sulfoxide at a final concentration of 1:10,000.

Results

Effects of KCl and TPA on ⁴⁵Ca²⁺ uptake. Compared to basal conditions, KCl (55 mM) and TPA (10 nM) each caused a marked increase in net ⁴⁵Ca²⁺ uptake (Fig. 1A). At 30 min, KCl (55 mM) and TPA (10 nM) increased net ⁴⁵Ca²⁺ uptake by $64 \pm 8\%$ (p < 0.01 versus basal; n = 3) and $63 \pm 9\%$ (p < 0.01 versus basal; n = 12), respectively. At the end of 24 hr, the ⁴⁵Ca²⁺ content of TPA-stimulated (10 nM) cells was $101 \pm 4\%$ of that in control cells (p = 100 not significant versus control; n = 100).

The TPA-stimulated increase in net 30-min $^{45}\text{Ca}^{2+}$ uptake was concentration related, with maximal uptake occurring at ≤ 3 nM (Fig. 2A). The effect of TPA on net 30-min $^{45}\text{Ca}^{2+}$ uptake was inhibited by both nitrendipine and verapamil, with complete inhibition at concentrations of 1 μ M and 100 μ M, respectively (Fig. 2B). KCl-stimulated net 30-min $^{45}\text{Ca}^{2+}$ uptake was fully inhibited by 1 μ M nitrendipine with an IC₅₀ of 3 nM (n=3), in good agreement with the reported IC₅₀ for inhibition of KCl-stimulated $^{45}\text{Ca}^{2+}$ influx and contraction in rabbit aortic rings (18).

The maximal increases in net 30-min $^{45}\text{Ca}^{2+}$ uptake caused by 55 mM KCl and 10 nM TPA were similar, and net $^{45}\text{Ca}^{2+}$ uptake caused by KCl and TPA together was no greater than that caused by either alone (Fig. 3). Likewise, net 30-min $^{45}\text{Ca}^{2+}$ uptake caused by KCl and TPA, alone and together, was totally inhibited by nitrendipine (1 μ M) or verapamil (100 μ M) (Fig. 3). The biologically inactive phorbol ester, TPA-methyl ether (10 nM), had no effect on $^{45}\text{Ca}^{2+}$ uptake (Fig. 3). Nitrendipine (1 μ M) caused a small decrease in basal $^{45}\text{Ca}^{2+}$ uptake (CON+NIT, Fig. 3), suggesting that under the basal conditions of this study there is a small degree of dihydropyridine-sensitive $^{45}\text{Ca}^{2+}$ uptake.

To evaluate unidirectional Ca²⁺ influx, the initial 5-min 45 Ca²⁺ uptake rate was determined following a 30-min preincubation with TPA (Fig. 1B). Over this time period, TPA-stimulated 45 Ca²⁺ uptake was linear (r=0.98). Basal 45 Ca²⁺ influx was 0.006 ± 0.037 nmol/ 10^6 cells/min and increased to 0.335 ± 0.010 nmol/ 10^6 cells/min (p<0.025 versus basal; n=3) following a 30-minute preincubation with 10 nm TPA. In the absence of preincubation with TPA, the increase in 45 Ca²⁺

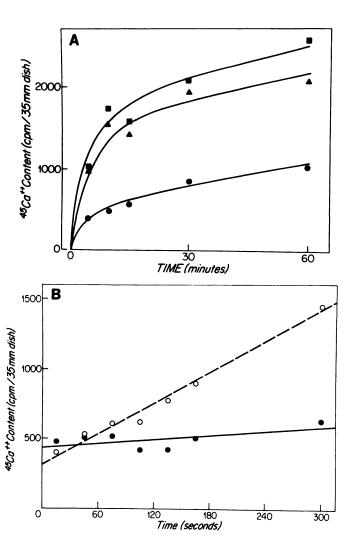


Fig. 1. Effects of TPA and KCI on Net 45Ca2+ uptake (A) and the effect of TPA on unidirectional 45Ca2+ uptake (B). A. Net 45Ca2+ uptake was determined under basal conditions (*) and in response to 10 nm TPA (*) and 55 mm KCI (A). The experiment shown is typical of three such experiments, each performed in triplicate. B. Unidirectional Ca2+ influx rate determined during the first 5 min of ⁴⁵Ca²⁺ uptake. In the experiment depicted, the basal (a) Ca2+ influx rate was 0.031 nmol/106 cells/min, and increased to 0.240 nmol/106 cells/min following a 30-min preincubation with 10 nm TPA (O). The experiment shown is typical of three such experiments, each performed in triplicate.

uptake rate lagged approximately 3 min after addition of TPA (data not shown).

Effect of Bay k 8644 on ⁴⁵Ca²⁺ uptake. The Ca²⁺ channel agonist Bay k 8644 caused a concentration-related increase in net ⁴⁵Ca²⁺ uptake, with the maximal effect occurring at 1 μM (Fig. 4). Maximal TPA (10 nm)- and Bay k 8644 (1 μ M)stimulated Ca²⁺ uptakes were similar in magnitude, and the two agents together caused no greater uptake than either alone. At Bay k 8644 concentrations of ≥10 µM, there was marked inhibition of maximal TPA-stimulated ⁴⁵Ca²⁺ uptake (-76 ± 2%, p < 0.05 versus TPA alone; n = 4) (Fig. 4).

Effect of TPA on 45Ca2+ efflux, net cellular Ca2+ content, and [Ca²⁺]_i. In cells equilibrated with ⁴⁵Ca²⁺ for 18-24 hr, TPA (10 nm) caused an approximately $34 \pm 12\%$ decrease (p < 0.025; n = 3) in ${}^{45}Ca^{2+}$ content at 30 min (Fig. 5). The magnitude of TPA-stimulated 30-min ⁴⁵Ca²⁺ efflux was similar to that caused by 55 mm KCl ($\geq 29 \pm 1\%$; n = 3) (Fig. 5, inset).

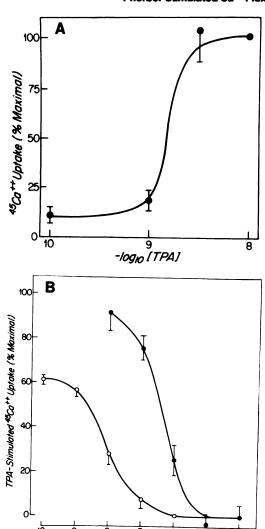


Fig. 2. Concentration dependence of the effect of TPA on net 45Ca2+ uptake (A), and inhibition of maximal TPA-stimulated (10 nм) net 30-min ⁵Ca²⁺ uptake by nitrendipine (○) or verapamil (●) (B). The data depicted are the mean ± standard error of three to six experiments, each performed in triplicate.

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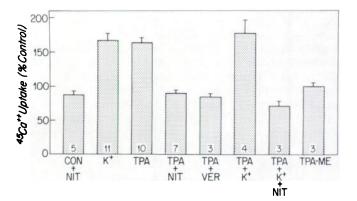


Fig. 3. Effects of various stimulators and inhibitors of Ca2+ flux on net 30-min 45Ca2+ uptake. Data are expressed as percentage of basal 45Ca2+ uptake, and represent the mean ± standard error of the indicated number of experiments, each performed in triplicate. CON, control; NIT, 1 µM nitrendipine; K⁺, 55 mm KCl; TPA, 10 nm; VER, 100 μm verapamil; TPA-ME, 10 nm TPA methyl ether.

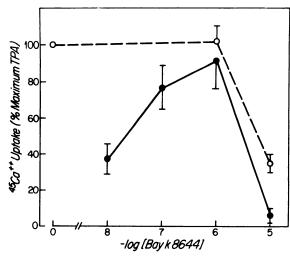


Fig. 4. Concentration dependence of the effects of Bay k 8644 on basal (•) and maximal (O) TPA-stimulated (10 nm) net 30-min ⁴⁵Ca²⁺ uptake. Data are presented as a percentage of maximal TPA-stimulated uptake and represent three to six experiments performed in triplicate.

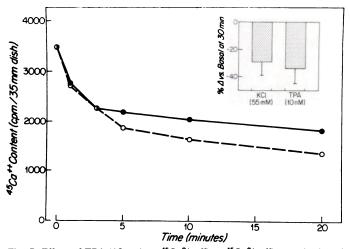


Fig. 5. Effect of TPA (10 nm) on 45 Ca²⁺ efflux. 45 Ca²⁺ efflux under basal conditions (●) and in response to 10 nm TPA (○). TPA-stimulated 45 Ca²⁺ efflux at 30 min was similar in magnitude to that caused by 55 mm KCl (n=3, p= not significant; *inset*). The efflux time course depicted is typical of three such experiments, each performed in triplicate.

After the addition of TPA, there was an approximately 3-min delay before there was an increase in ⁴⁵Ca²⁺ efflux.

To determine changes in net cellular Ca2+ content, cells equilibrated for 18-24 hr in medium containing 45Ca2+ were exposed to TPA in the continued presence of ⁴⁵Ca²⁺ at isotopic equilibrium. At isotopic equilibrium, total cellular Ca²⁺ content was 9.13 ± 1.12 nmol/mg (n = 5). There was no significant change in net ⁴⁵Ca²⁺ content following a 5- or 30-min exposure to 10 nm TPA, with net 45Ca2+ content of TPA-stimulated cells equal to 102.3 ± 2.4 and $101.6 \pm 7.3\%$ of that in control cells at 5 and 30 min, respectively (n = 5; p = not significant for p = 1)both). Likewise, total cellular Ca2+ content determined by atomic absorption spectroscopy was unchanged following exposure to TPA (10 nm) for 5 or 30 min (control) cells = 0.165 \pm 0.15 nmol of Ca²⁺/cm²; TPA, 5 min = 0.161 \pm 0.009 nmol of Ca^{2+}/cm^2 ; TPA, 30 min, 0.171 ± 0.051 nmol of Ca^{2+}/cm^2 ; n =3, p = not significant). Basal $[Ca^{2+}]_i$ in cells loaded with quin 2 was 107 ± 17 nm (n = 5). TPA (10 nm) caused no significant increase in [Ca²⁺], during experiments monitored for up to 12 min (peak [Ca²⁺], after TPA = 141 ± 44 nM; p = not significant versus basal; n = 5), whereas ionomycin (20 μ M) caused an increase in fluorescence similar to that caused by digitonin (n = 3).

Discussion

These data show that in A₇r₅ cells the phorbol ester TPA stimulates Ca2+ influx through channels that have the pharmacologic characteristics of voltage-dependent channels. This conclusion is based on the following observations. First, TPAstimulated Ca2+ influx is fully inhibited by appropriate concentrations of two classes of inhibitors of voltage-dependent Ca2+ channels. Second, maximal KCl and TPA-stimulated Ca2+ influx are of similar magnitude, are not additive, and, together, are fully blocked by nitrendipine. Third, maximal TPA-stimulated Ca²⁺ influx is similar to that caused by the Ca²⁺ channel agonist Bay k 8644, the effects of TPA and Bay k 8644 together are not additive, and at high concentrations Bay k 8644 causes inhibition of TPA-stimulated Ca2+ influx. These pharmacologic observations strongly suggest that TPA-induced calcium influx is via dihydropyridine-sensitive, voltage-dependent Ca²⁺ channels. Both rapidly inactivating, dihydropyridine-insensitive (Ttype) and slowly inactivating, dihydropyridine-sensitive (Ltype) Ca²⁺ channels have been identified in rat mesenteric artery vascular smooth muscle cells (19) and A-10 cells (20), the latter closely related to the A₇r₅ cells described in this report (14). Although the effects of nitrendipine and Bay k 8644 suggest that TPA-stimulated Ca²⁺ influx is primarily by way of L-type channels (21), precise characterization of the channel type will require electrophysiologic study.

Rasmussen et al. (9), Danthuluri and Deth (10), and others (22-25) have observed that phorbol esters cause a lowly developing contraction in vascular smooth muscle. Most (9-11, 22), but not all (23) studies have suggested that TPA-induced vascular contraction is dependent on external Ca²⁺, since it is abolished or attenuated by removal of extracellular Ca2+. An important role for extracellular Ca2+ is further suggested by the finding that the time to onset and amplitude of TPA-induced contraction is markedly influenced by agents that alter transmembrane Ca²⁺ flux: increased extracellular Ca²⁺ and the Ca²⁺ channel agonist Bay k 8644 cause a shortening of the time to onset of TPA-induced contraction, whereas the Ca²⁺ channel inhibitor nitrendipine causes a substantial reduction in the amplitude of TPA-induced contraction (11). Thus, the observation in this study that TPA causes an increase in Ca2+ influx through voltage-dependent channels is consistent with prior studies that indicated a strong relationship between TPAinduced contraction and Ca2+ influx and supports the suggestion that Ca²⁺ influx may play a role in mediating TPA-induced contraction.

The mechanism by which TPA causes increased Ca²⁺ influx remains to be determined. It is highly likely that the effects of TPA in this study are due to activation of PK-C, since these effects occurred at low concentrations consistent with the affinity of this phorbol ester for PK-C (6) and were not caused by a biologically inactive phorbol ester. PK-C activation is well known to cause phosphorylation of several membrane components (26–29) and, therefore, may act directly or indirectly on the voltage-dependent channel to cause an increase in Ca²⁺ conductance independent of a change in membrane potential. Consistent with this suggestion, recent patch-clamp studies indicate that TPA or intracellular injection of activated PK-C

causes an increase in inward Ca²⁺ conductance in neurons (12) and photoreceptor cells (13). However, in embryonic chicken dorsal root ganglion neurons, phorbol esters cause a decrease in inward Ca²⁺ conductance (30), indicating that there may be important species- and/or tissue-specific differences in the actions of phorbol esters on Ca²⁺ flux. Alternatively, phorbol esters might alter Ca²⁺ flux due to an effect on Na⁺/H⁺ exchange, secondarily affecting Na⁺/Ca²⁺ exchange. However, this seems unlikely since phorbol ester-induced Ca2+ influx in A₇r₅ cells appears to be through voltage-dependent channels which are not known to be involved in the process of Na⁺/Ca²⁺ exchange. It is also possible that phorbol esters stimulate Ca2+ influx by causing cellular depolarization. In support of this possibility, phorbol esters have been shown to inhibit a voltagedependent K⁺ current, the M-current, in a neuronal cell (31). It car ot be assumed that these observations in A_7r_5 cells accurately reflect events in vascular smooth muscle. Nevertheless, this convenient cell line should prove useful for further assessment of the ionic events associated with activation of PK-C.

Despite causing a substantial increase in unidirectional Ca²⁺ influx, there is no apparent change in net cellular Ca²⁺ content at 5 or 30 min as detected by the radioisotopic equilibrium method or atomic absorption spectroscopy. This suggests that, at the relatively late times evaluated in this study, phorbol ester-stimulated Ca2+ influx and efflux are balanced. Consistent with this suggestion, TPA caused a substantial increase in ⁴⁵Ca²⁺ efflux and, likewise, TPA-stimulated Ca²⁺ influx was not associated with a significant increase in free intracellular Ca2+ concentration as detected by quin 2. Other possible reasons for the failure to observe an increase in quin 2 fluorescence include Ca²⁺ buffering by quin 2 and the localized sequestration of Ca²⁺ in pools not freely accessible to the cytoplasm. However, the quin 2 data, taken together with the lack of an increase in net cellular Ca2+ content and evidence of increased Ca2+ efflux, suggest that TPA-stimulated Ca2+ influx is largely balanced by efflux. The mechanism responsible for TPA-induced Ca2+ efflux cannot be determined from these data. However, the finding of increased Ca2+ efflux in the absence of an increase in intracellular free Ca2+ concentration raises the possibility that TPA acts directly to stimulate Ca2+/Mg2+ ATPase, a mechanism previously observed in rabbit neutrophils (32).

There is substantial evidence that the inositol trisphosphate and DAG arms of hormone-stimulated phosphoinositide turnover may act synergistically (2-5). In addition, Rasmussen and colleagues have further hypothesized, based in part on studies of the angiotensin II-stimulated secretion of aldosterone by adrenal glomerulosa cells, that DAG is responsible for the sustained phase of the cellular response (7, 8, 33). According to this thesis, the initial hormone-stimulated increases in intracellular Ca²⁺ concentration and DAG promote the conversion of inactive, Ca2+-insensitive PK-C to an active plasma membrane-associated, Ca2+-sensitive form of the enzyme, the activity of which is regulated by the rate of Ca2+ influx across the plasma membrane. In adrenal glomerulosa cells, it was also observed that, although Ca²⁺ influx is essential for maintenance of tonic angiotensin II-stimulated aldosterone secretion, there was no increase in total cellular Ca2+ content, leading to the further suggestion that the increased Ca2+ influx during tonic aldosterone secretion was associated with increased bidirectional transmembrane Ca2+ cycling, most likely from a submembrane domain. Our data provide support for this general thesis and further suggest that activation of PK-C can cause a marked increase in bidirectional Ca²⁺ flux. One implication of these findings is that PK-C, once activated, might then act to perpetuate its sustained activation by causing an increase in bidirectional transmembrane Ca²⁺ flux. According to this model, the sustained activation of PK-C would depend importantly on the continued hormone-stimulated production of DAG (33, 34).

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