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Adrenomedullin Facilitates Calcium Channel Currents in Osteoblasts

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Abstract

Osteoblasts play a major role in bone formation. Osteoblasts employ intracellular Ca²⁺ as a second messenger to modulate hormonal responses and a cofactor for bone mineralization. Adrenomedullin (ADM) promotes osteoblast growth and proliferation, inducing an increase in bone mass. Voltage-dependent Ca²⁺ channels (VDCCs) mediate the influx of Ca²⁺ in response to membrane depolarization. Voltage-dependent Ca²⁺ channels serve as crucial mediators of many Ca²⁺-dependent functions, including growth of bone and regulation of proliferation. The purpose of this study was to investigate the effects of ADM on VDCC currents in osteoblasts using a patch-clamp recording method. To our knowledge, the data presented here demonstrate for the first time that ADM facilitates VDCCs in osteoblasts.

Key words: Adrenomedullin — Osteoblast — Voltage-dependent Ca²⁺ channels — Patch clamp experiment

Introduction

In cells of osteoblastic lineage, intracellular Ca²⁺ signals coordinate cell behavior, which translates into systemic control of Ca²⁺ homeostasis and maintenance of normal bone mineral density. Adrenomedullin (ADM) is a 52-amino-acid peptide originally isolated from a human pheochromocytoma. It is structurally and functionally related to calcitonin gene-related peptide (CGRP) and belongs to the amylin peptide family. Dorit et al. demonstrated that ADM receptors are expressed in osteoblasts. Several studies have shown that ADM stimulate osteoblasts proliferation. Voltage-dependent Ca²⁺ channels (VDCCs) serve as crucial mediators of membrane excitability and many Ca²⁺-dependent functions such as growth of bone, regulation of proliferation, enzyme activity, and gene expression. Modulation of VDCCs by CGRP and ADM in various types of cells has been described previously. However, the effect of ADM on VDCCs in osteoblasts remains to
be clarified. Therefore, the purpose of this study was to investigate the effects of ADM on VDCC currents (I_{Ca}) in osteoblasts.

**Materials and Methods**

Murine osteoblastic MC3T3-E1 cells were purchased from Summit Pharmaceuticals International Corporation (Tokyo, Japan). Cells were cultured at 37°C in a 5%(v/v) CO_2 atmosphere with α-modified minimal essential medium (α-MEM; Gibco BRL, Grand Island, NY, U.S.A.). Unless otherwise specified, the medium contained 10%(v/v) heat-inactivated fetal bovine serum, 100 U/ml penicillin and 100 mg/ml streptomycin. Cell culture medium was changed every 2–3 days. For patch-clamp experiments, cells were harvested using a 0.05% trypsin/0.02% EDTA solution, when cells reached confluence. Cells were plated at very low density in 35 mm tissue culture dishes. Prior to recordings, the cells were washed at least three times with Krebs solution of the following composition (in mM): 136 NaCl; 5 KCl; 2.5 CaCl_2; 0.5 MgCl_2; 10.9 glucose; 11.9 NaHCO_3 and 1.1 NaH_2PO_4. The pH was 7.3–7.4. Cell culture reagents were purchased from Sigma (Tokyo, Japan).

Voltage-clamp recordings were obtained using whole-cell configuration patch-clamp technique. Fabricated recording pipettes (2–3 MΩ) were filled with internal solution of the following composition (in mM): 150 CsCl; 5 EGTA; 10 D-glucose and 10 HEPES. The pH was adjusted to 7.3 with CsOH. After the formation of a giga seal, in order to record I_{Ca} carried by Ba^{2+} (I_{Ba}), the extracellular solution was replaced changing Krebs solution of the following composition (in mM): 136 NaCl; 5 KCl; 2.5 CaCl_2; 0.5 MgCl_2; 10.9 glucose; 11.9 NaHCO_3 and 1.1 NaH_2PO_4. The pH was 7.3–7.4. Cell culture reagents were purchased from Sigma (Tokyo, Japan).

**Results**

The properties of VDCCs in osteoblasts using current-voltage relationships have been demonstrated previously. Osteoblasts have L-type VDCCs, which are fully activated at a test potential (V = 10 mV) from a holding potential (V = -180 mV). Therefore, in this study, full activation of I_{Ba} was obtained by applying a test pulse from a holding potential of -180 mV in depolarizing voltage steps of -10 mV evoked every 20 sec.

Representative examples of superimposed I_{Ba} traces in the absence or presence of 1 μM ADM are shown in Figs. 1A and B. As shown in Figs. 1A and B, application of 1 μM ADM rapidly and reversibly facilitated I_{Ba} from -49 pA to -127 pA (159% facilitation) in this cell. Representative examples of superimposed I_{Ba} traces in the absence or presence of 0.1 μM ADM are shown in Figs. 1C and D. As shown in Figs. 1C and D, application of 0.1 μM ADM rapidly and reversibly facilitated I_{Ba} from -78 pA to -93 pA (19% facilitation) in this cell.

**Discussion**

The results of this study showed that ADM facilitates VDCCs in osteoblasts. Cornish et al. has suggested that ADM stimulate osteoblast proliferation and increases intracellular Ca^{2+} levels ([Ca^{2+}]), which is possible that ADM-induced proliferation is due to an increase in [Ca^{2+}], by facilitation of VDCCs. There are several mechanisms of VDCCs facilitation. L-type VDCCs facilitation can result from a strong conditioning depolari-
Ca\textsuperscript{2+} Current Modulation by ADM

Zonation that recruits silent channels\textsuperscript{1}. Alternatively, L-type VDCCs can be facilitated by protein kinases\textsuperscript{14}. L-type VDCCs possess several consensus protein kinase A (PKA) and protein kinase C (PKC) phosphorylation sites and physiological studies have demonstrated channel facilitation by these enzymes\textsuperscript{14}. We previously demonstrated that ADM facilitates VDCCs mediated by PKA in submandibular ganglion\textsuperscript{8}. We have also demonstrated that ADM facilitates VDCCs involving mitogen-activated protein kinase in nucleus tractus solitarius\textsuperscript{11}. It is possible that ADM could play a role in therapy for osteoporosis. Therefore, ADM receptor’s intracellular pathways in osteoblasts should be investigated in further study.

References


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