

# Dual mode of action of IP<sub>3</sub>-dependent SR-Ca<sup>2+</sup> release on local and global SR-Ca<sup>2+</sup> release in ventricular cardiomyocytes<sup>☆</sup>

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## ABSTRACT

In heart muscle, the physiological function of IP<sub>3</sub>-induced Ca<sup>2+</sup> release (IP<sub>3</sub>ICR) from the sarcoplasmic reticulum (SR) is still the subject of intense study. A role of IP<sub>3</sub>ICR may reside in modulating Ca<sup>2+</sup>-dependent cardiac arrhythmogenicity. Here we observe the propensity of spontaneous intracellular Ca<sup>2+</sup> waves (SCaW) driven by Ca<sup>2+</sup>-induced Ca<sup>2+</sup> release (CICR) in ventricular myocytes as a correlate of arrhythmogenicity on the organ level. We observe a dual mode of action of IP<sub>3</sub>ICR on SCaW generation in an IP<sub>3</sub>R overexpression model. This model shows a mild cardiac phenotype and mimics pathophysiological conditions of increased IP<sub>3</sub>R activity. In this model, IP<sub>3</sub>ICR was able to increase or decrease the occurrence of SCaW depending on global Ca<sup>2+</sup> activity. This IP<sub>3</sub>ICR-based regulatory mechanism can operate in two “modes” depending on the intracellular CICR activity and efficiency (e.g. SCaW and/or local Ryanodine Receptor (RyR) Ca<sup>2+</sup> release events, respectively): a) in a mode that augments the CICR mechanism at the cellular level, resulting in improved excitation-contraction coupling (ECC) and ultimately better contraction of the myocardium, and b) in a protective mode in which the CICR activity is curtailed to prevent the occurrence of Ca<sup>2+</sup> waves at the cellular level and thus reduce the probability of arrhythmogenicity at the organ level.

## 1. Introduction

The presence of 1,4,5-trisphosphate-induced intracellular Ca<sup>2+</sup> release (IP<sub>3</sub>ICR) has been established in cardiomyocytes for some time [1] however its regulatory function in cardiac excitation-contraction coupling is still subject of ongoing debate.

In contrast to Ca<sup>2+</sup>-induced Ca<sup>2+</sup> release, IP<sub>3</sub>ICR requires the intracellular synthesis of IP<sub>3</sub> triggered by G-protein-coupled receptor (GPCR) activation which is in turn induced by hormone binding. Although IP<sub>3</sub>ICR may not strongly contribute to the global Ca<sup>2+</sup> transient amplitude in ventricular myocytes, a more complex role of modulating CICR under conditions of cardiac pathophysiological remodeling has been suggested. Several cardiac pathologies, in particular Ca<sup>2+</sup>-dependent pro-arrhythmogenicity (e.g. delayed after depolarizations) [1–3] have been associated with a functional up-regulation of IP<sub>3</sub> receptors (IP<sub>3</sub>Rs). Moreover, evidence indicates that G protein-coupled receptor (GPCR)

activation is time dependent and that IP<sub>3</sub>ICR may have a different impact in the short versus the long term. In the short term, binding of Ca<sup>2+</sup> to RyR could lead to increased open probability of the receptor (Ca<sup>2+</sup>-dependent sensitization) in the presence of trigger Ca<sup>2+</sup> provided by the opening of the L-type Ca<sup>2+</sup> channel, thus facilitating SR-Ca<sup>2+</sup> release; in the long term, depleted SR-Ca<sup>2+</sup> stores could lead to an opposite, a Ca<sup>2+</sup>-dependent desensitization of the RyR and thus to reduced RyR2 open probabilities. Consequently, in the latter respect, the CICR chain reaction would be impaired [4].

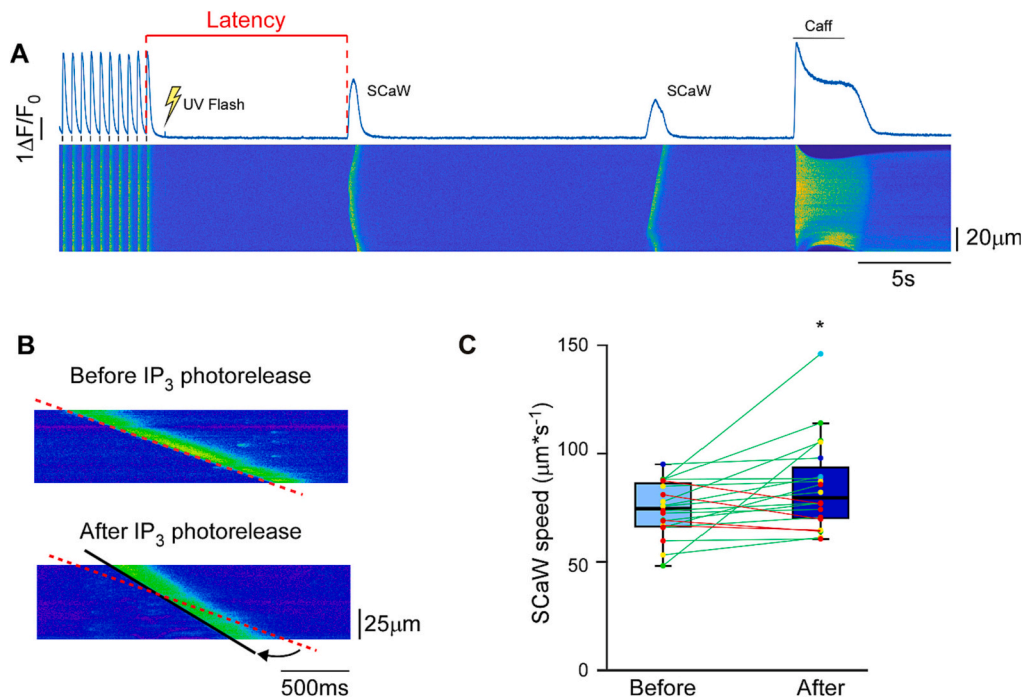
In this study we were able to provide evidence supporting this dual-action hypothesis by using an IP<sub>3</sub>R overexpressing mouse model. The timing / duration of IP<sub>3</sub>ICR interaction with the CICR machinery plays fundamentally a modulatory role for global SR-Ca<sup>2+</sup> release events, e.g. Ca<sup>2+</sup> wave appearance and/or Ca<sup>2+</sup> wave speed. The dual regulatory mechanism presented in this study is a new facet of intracellular Ca<sup>2+</sup> homeostasis that has not been described before, but which has a

<sup>☆</sup> A brief statement explaining the importance of the results and why rapid publication is justified is given in the accompanying cover letter.

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**Fig. 1.** Spontaneous intracellular  $\text{Ca}^{2+}$  waves after UV-flash photolysis of caged  $\text{IP}_3$  in TG intact ventricular myocytes. (A) Protocol applied to intact cardiomyocytes to examine SCaW parameters. After 30 s of 2 Hz external field stimulation SCaWs were detected for 30 s in control conditions or with UV flash applied 1 s after last triggered  $\text{Ca}^{2+}$  transient. SR- $\text{Ca}^{2+}$  load was assessed by 10 mmol/l caffeine. (B) Line scans showing SCaW before and after photolytic  $\text{IP}_3$  release. (C) The  $\text{Ca}^{2+}$  wave speed significantly increases after  $\text{IP}_3$  liberation by UV-flash.  $N = 6$ ,  $N_c = 20$ ,  $p$ -values of  $<0.05$  are indicated by \*.

significant impact on the direction of the remodeling process and should be considered. In this manner the present study makes a contribution in the field for the understanding of global ECC remodeling in which  $\text{IP}_3$ - $\text{Ca}^{2+}$  release plays a significant role.

## 2. Material and methods

All experiments were approved by the State Veterinary Office of Bern, Switzerland, according to Swiss Federal Animal Protection Law and performed at room temperature (22 °C). Ventricular myocytes were isolated from mice specifically overexpressing  $\text{IP}_3\text{R}$  type 2 in cardiac tissue [5]. More details about UV flash photolysis of caged  $\text{IP}_3$  in saponin-permeabilized and intact ventricular myocytes are given in the supplementary material.

Each dot in a figure represents a measurement from an individual cell. The number of animals ( $N$ ) and cells ( $n_c$ ) are given in the figure legends. Statistical analysis was performed by fitting a linear mixed-effects model with 1 level (isolation) to data and pairwise comparison with Benjamini–Hochberg correction was used to test significant differences among individual groups.

## 3. Results and discussion

We conducted experiments with permeabilized cardiomyocytes isolated from transgenic (TG) mice overexpressing (functional)  $\text{IP}_3\text{R}$ . This TG model was originally introduced by Nakayama et al. in 2010<sup>5</sup> and is one of the few available models to study the role of  $\text{IP}_3\text{ICR}$  in  $\text{Ca}^{2+}$  signaling in cardiomyocytes in which the relative ratio of  $\text{IP}_3\text{R}$  and  $\text{RyRs}$  is significantly increased, mimicking some of the remodeling observed in several cardiac pathologies. It is characterized by a mild phenotype with an upregulation of functionally expressed  $\text{IP}_3\text{R}$  by about 13 times in ventricles [6] and was successfully used in recent studies [6,7].

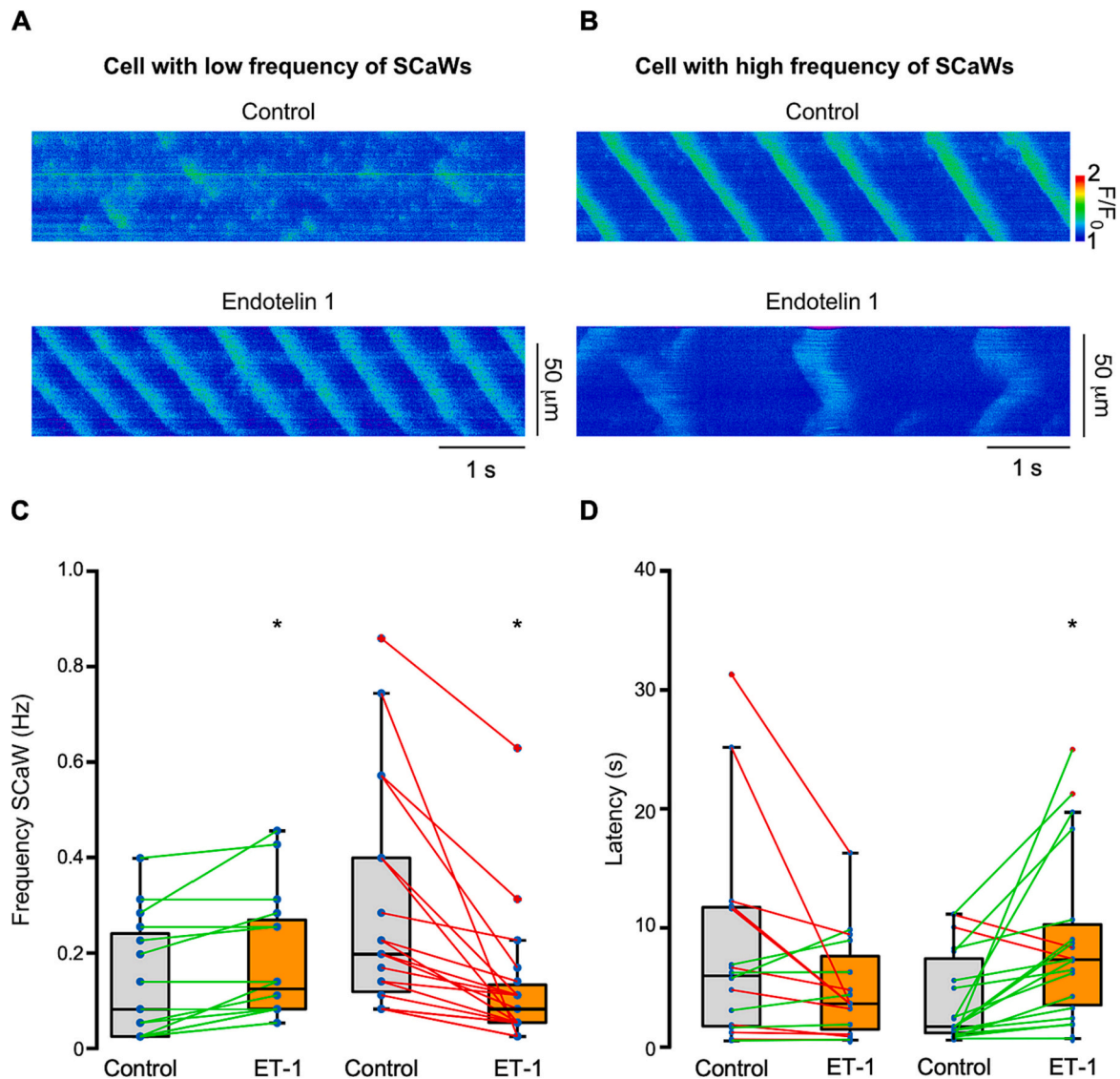
The appearance of local SR  $\text{Ca}^{2+}$  release events and  $\text{Ca}^{2+}$  waves in response to acute global intracellular  $\text{IP}_3$  concentration jumps were studied by UV-flash photolysis of caged  $\text{IP}_3$ . Uncaging of caged  $\text{IP}_3$  will

increase the global intracellular  $\text{IP}_3$  concentration in the entire cell in a rapid (“acute”) and homogeneous fashion within  $\sim 2$  ms. To mimic a more “chronic”  $\text{IP}_3$  response we alternatively used ET-1 to activate GPCR-induced intracellular  $\text{IP}_3$  synthesis, which increases intracellular  $\text{IP}_3$  levels orders of magnitude more slowly than UV photorelease. However, also protein kinase C (PKC) activation may be part of ET-1-GPCR pathway stimulation. Although PKC affects various intracellular targets, we demonstrated that ET-1-triggered arrhythmic responses could be suppressed by blocking  $\text{IP}_3\text{R}2$ . This indicates that  $\text{IP}_3\text{ICR}$  is the main mechanism for arrhythmic responses and that other PKC phosphorylation effects are minor in this setting.

In a series of control experiments,  $\text{IP}_3$  photorelease triggered an increase in appearance of local  $\text{Ca}^{2+}$  release events ( $p = 0.0010$ ) (Supplemental Fig. 1). This acute response supports the idea of a boosting effect of  $\text{IP}_3\text{ICR}$  in triggering and shaping local  $\text{Ca}^{2+}$  events. A more detailed description is given in the supplements. The set of control experiments also indicates that the majority and surplus  $\text{IP}_3$  triggered  $\text{Ca}^{2+}$  events have the spatio-temporal characteristics of  $\text{Ca}^{2+}$  sparks. In addition to the observable  $\text{Ca}^{2+}$  events (e.g.  $\text{Ca}^{2+}$  sparks,  $\text{Ca}^{2+}$  puffs) based on synchronized openings of clustered  $\text{Ca}^{2+}$  release channels, eventless SR- $\text{Ca}^{2+}$  release may occur. This behavior is possible due to individual or non-functional clustered  $\text{IP}_3\text{Rs}$  openings [8].

Next, we focused on  $\text{Ca}^{2+}$  waves affected by  $\text{IP}_3\text{ICR}$  in ventricular myocytes. The underlying mechanisms of spontaneous  $\text{Ca}^{2+}$  waves are CICR and their occurrence under physiological conditions (1.8 mmol/l  $[\text{Ca}^{2+}]_0$ ) is rather low. Pro-arrhythmogenicity on the organ level is connected with the occurrence of  $\text{Ca}^{2+}$  waves on the cellular level.

To investigate a potential modulatory role of  $\text{IP}_3\text{ICR}$  on  $\text{Ca}^{2+}$  waves the protocol shown in Fig. 1A was applied to resting myocytes (Fig. 1B, C). Since the SR- $\text{Ca}^{2+}$  content represents a regulatory mechanism for CICR [9,10] intact ventricular cardiomyocytes were externally paced to keep the SR- $\text{Ca}^{2+}$  content at comparable levels (Fig. 1A) and loaded with an AM form of caged  $\text{IP}_3$ . Fig. 1B shows examples of spontaneous  $\text{Ca}^{2+}$  waves before and after photorelease of  $\text{IP}_3$ . After  $\text{IP}_3$  photorelease  $\text{Ca}^{2+}$  wave speed was promptly accelerated from 74.20 [68.39, 80.02] to



**Fig. 2.** SCaW occurrence during ET-1 (100 nmol/l) stimulation depends on initial spontaneous  $\text{Ca}^{2+}$  wave activity. After identical SR-loading protocol cardiomyocytes show different SCaW activities. Subsequent ET-1 stimulation (5 min) lead to dual effect of  $\text{Ca}^{2+}$  wave activity. Cardiomyocytes were divided into two groups based on the change of SCaW activity after application of ET-1. In cell with a low SCaW frequency (A) the application of ET-1 induces an increase in the SCaW frequency (C) and decrease of latency (D). However, cardiomyocytes with a high SCaW frequency (B) in control conditions, experience a decrease of SCaW frequency after ET-1 application (C) and increase of latency (D).  $N = 9$ ,  $N_c = 16$ ,  $p$ -values of  $<0.05$  vs. control are indicated by \*.

84.81 [74.99, 94.64]  $\mu\text{m/s}$  (mean [95% CI],  $p = 0.0150$ , Fig. 1C) supporting the hypothesis of a boosting function of  $\text{IP}_3\text{ICR}$  for CICR in intact cardiomyocytes. In addition, no significant changes of  $\text{Ca}^{2+}$  wave amplitude, latency or frequency were detected (Supplemental Fig. 2).

In Fig. 2 an essentially identical experimental protocol was applied, now based on direct GPCR activation with the vasoconstrictor peptide endothelin-1 (ET-1) in order to generate  $\text{IP}_3$  intracellularly in intact cardiomyocytes. This also mimics a more “chronic”  $\text{IP}_3$  effect established in a time range of seconds to minutes.

In contrast to the acute  $\text{IP}_3$  photorelease response, here the  $\text{Ca}^{2+}$  wave speed was unchanged. In addition to  $\text{Ca}^{2+}$  wave frequency, we also analyzed the latency to the appearance of the first  $\text{Ca}^{2+}$  waves after application of the SR- $\text{Ca}^{2+}$  loading protocol. Unexpectedly, in the presence of ET-1, the cells appeared to respond differently, with some cells responding with a spontaneous  $\text{Ca}^{2+}$  wave frequency increase, while others appeared to show lower wave activity. Analysis of the control situation without ET-1 showed the following correlation with the ET-1 response: (1) responders with an initial low spontaneous  $\text{Ca}^{2+}$  wave activity showed a tendency to increase the frequency of  $\text{Ca}^{2+}$

waves in the presence of ET-1 stimulation and (2) responders with an initial high spontaneous  $\text{Ca}^{2+}$  wave activity showed the opposite behavior, a tendency to decrease the occurrence of  $\text{Ca}^{2+}$  waves and a longer latency period in the presence of ET-1 stimulation. We separated these two groups based on the change of spontaneous  $\text{Ca}^{2+}$  waves activity (SCaW) after application of ET-1 (Fig. 2C,D), namely, on the observation that the mean SCaW activity of cells in the increasing group, is only half the mean SCaW activity of the decreasing group. ET-1 affects, in a dual manner, the SCaW frequency and latency depending on the initial SCaW activity. Low SCaW activity in control conditions leads to an increase of SCaW frequency ( $p = 0.0009$ ) and a decrease of SCaW latency ( $p = 0.0545$ ) in presence of ET-1. Opposite effects are induced when cells depart from a high frequency of SCaW. ET-1 decreases SCaW ( $p = 0.0002$ ) and increases SCaW latency ( $p = 0.0024$ ). These changes were prevented by 2-APB (Supplemental fig. 3).

We have hypothesized that  $\text{IP}_3\text{ICR}$  in combination with additional regulatory factors may affect the  $\text{Ca}^{2+}$  dependent open probability of RyRs. In other words, shifting the  $\text{Ca}^{2+}$ -open probability curve of the RyRs to lower intracellular  $\text{Ca}^{2+}$  concentrations.  $\text{IP}_3\text{R}2\text{s}$  and  $\text{RyR}2\text{s}$  are

most likely co-expressed in cardiomyocytes and may form microclusters. However, RyR2s normally have a very low open probability ( $P_o$ ) at resting cytosolic  $Ca^{2+}$  concentrations (i.e. at the time of the diastole). During each action potential the  $P_o$  of the RyR2 is substantially increased by  $Ca^{2+}$  entering via L-type  $Ca^{2+}$  channels. Now, long lasting  $Ca^{2+}$  release by IP3R2s in the close micro-environment of RyR2s (or dyad) which is not synchronized by AP's, effectively increase the local  $[Ca^{2+}]$  above and beyond what it would be otherwise. This will result in a gain-of-function on the level of RyR2s. In other words, the RyR2  $P_o$  curve is left-shifted due to additional  $Ca^{2+}$  priming the local  $Ca^{2+}$  concentration. IP3Rs are not really more  $Ca^{2+}$  sensitive but they appear to be more sensitive. In addition, the timing and duration of IP<sub>3</sub>ICR interference in regulating the  $Ca^{2+}$  sensitivity of RyR2s openings appears to be of crucial importance for the modulatory effect on CICR and the global  $Ca^{2+}$  homeostasis in cardiomyocytes. In other words, the initial remodeling situation at the cellular level and time frame when IP<sub>3</sub>ICR interacts/interferes with the CICR machinery is critical for the resulting modulatory effect of IP<sub>3</sub> on the global (cell-wide)  $Ca^{2+}$  signaling. On the one hand, the effect can be supportive for the overall CICR global transient formation in case of an insufficiently working CICR machinery, on the other hand it could work in a protective way (anti-arrhythmogenic) by increasing the SR- $Ca^{2+}$  leak to keep the cardiomyocytes functioning as long as possible, even at the cost of reduced CICR efficiency. However, we have already shown that in WT animals the functional impact of IP<sub>3</sub>ICR on ECC is small, if not negligible. This situation changes under conditions of increased functional IP3R2 expression under pathophysiological conditions as seen in the used IP3R over-expression model used here. Taken together, our results suggest that increased expression of IP3R in cardiomyocytes and the corresponding increased IP<sub>3</sub>ICR in the context of ECC remodeling under pathophysiological conditions could have a dual action in the functional modulation of CICR. Based on their individual S<sub>CaW</sub> appearance and activity/history, respectively, cardiomyocytes can respond in essentially opposing ways: pro- or anti- arrhythmogenic with the consequence of boosting or curtailing CICR chain reactions. Depending on the stage and progression of the cardiac phenotype IP<sub>3</sub>ICR could be a regulatory cellular mechanism switching between a supportive or protective “mode”.

In conclusion, our findings support the hypothesis that IP<sub>3</sub>- $Ca^{2+}$  release can both support and inhibit the CICR mechanism. The latter mechanism helps protecting the myocardium from arrhythmogenic episodes or assists in triggering CICR to increase myocardial contraction. The direction of this regulation is largely determined by the initial  $Ca^{2+}$  level during the progression of cardiac disease and the corresponding myocyte remodeling [7].

#### Declaration of Generative AI and AI-assisted technologies in the writing process

The authors did not use generative AI or AI-assisted technologies in the development of this manuscript.

#### Declaration of Competing Interest

None.

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#### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.yjmcc.2023.11.009>.

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