

# Cl<sup>-</sup> channels & ligan-gated channels

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Mar. 27, 2012



# The outline...

## Required Readings:

Jentsch TJ, Stein V, Weinreich F, Zdebik AA. Molecular structure and physiological function of chloride channels. *Physiol Rev.* 2002, 82(2): 503-568.

Verkman AS, Galiotta LJ. Chloride channels as drug targets. *Nat Rev Drug Discov.* 2009, 8(2): 153-171.

Benarroch EE. (2011) NMDA receptors: recent insights and clinical correlations. *Neurology.* 76(20): 1750-1757.

Luscher B, Fuchs T, Kilpatrick CL. (2011) GABAA receptor trafficking-mediated plasticity of inhibitory synapses. *Neuron.* 70(3): 385-409.

Edward O. Mann, Ole Paulsen (2007) Role of GABAergic inhibition in hippocampal network oscillations. *Trends in Neurosciences.* 30(7): 343-349.

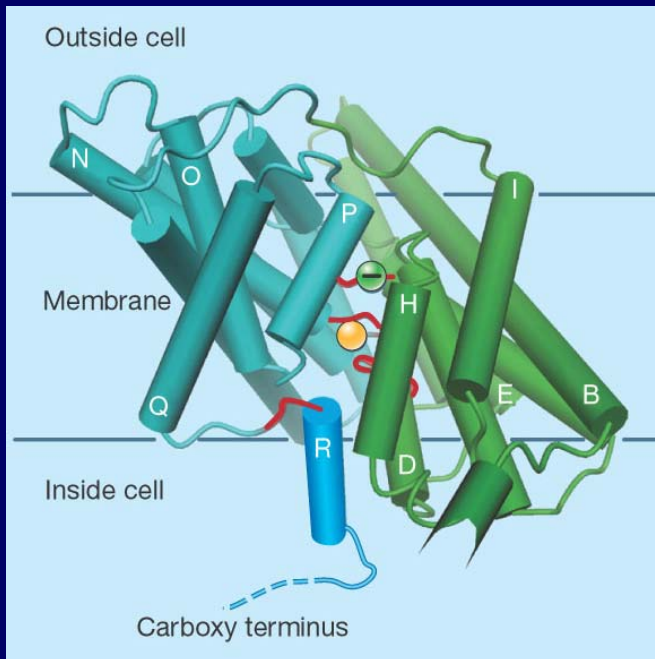
## Further Readings:

Duran C, Thompson CH, Xiao Q, Hartzell HC. (2010) Chloride channels: often enigmatic, rarely predictable. *Annu Rev Physiol.* 72: 95-121.

Lee HK, Kirkwood A. (2011) AMPA receptor regulation during synaptic plasticity in hippocampus and neocortex. *Semin Cell Dev Biol.* 22(5): 514-520.

# The outline...

This class will cover:



- Anion channels
- Types & structure of Cl<sup>-</sup> channels
- Function & classification of Cl<sup>-</sup> channels
- Regulation & disorders of Cl<sup>-</sup> channels
- NMDA
- GABA

# Introduction

- **Anion channels** are proteinaceous pores in biological membranes that allow the passive diffusion of negatively charged ions along their electrochemical gradient.
- Although these channels may conduct other anions (e.g.,  $I^-$  or  $NO_3^-$ ) better than  $Cl^-$ , they are often called  **$Cl^-$  channels** because  $Cl^-$  is the most abundant anion in organisms and hence is the predominant permeating species under most circumstances.
- $Cl^-$  channel gating may depend on the transmembrane **voltage** (in voltage-gated channels), on **cell swelling**, on the **binding of signaling molecules** (as in ligand-gated anion channels of postsynaptic membranes), on various **ions** [e.g., anions,  $H^+$  (pH), or  $Ca^{2+}$ ], on the **phosphorylation** of intracellular residues by various protein kinases, or on the **binding or hydrolysis of ATP**.

# Where are anion channels encountered?

Anion channels were detected almost **everywhere**.

- In **synaptic vesicles** from rat brain and from *Torpedo* electric organ, voltage-dependent anion channels of **intermediate conductance (10–100 pS)** were found. These channels were present in every synaptic vesicle.
- Reconstitution of **endoplasmic reticulum membranes** from rat hepatocytes yielded a **large-conductance (150–200 pS)** anion channel, which was also voltage dependent. A different type of anion channel has been found in sheep brain endoplasmic reticulum membranes, where it is colocalized with calcium release channels.
- An anion channel in the **Golgi complex** was characterized, which was present even in the absence of protein translation, indicating that these channels are not en route to the plasma membrane, but endogenous to this compartment.

# Anion exchange proteins

- **SLC4A1 (AE1): Erythrocyte band 3 protein**
  - Major integral glycoprotein in erythrocyte membrane
  - Polymorphisms determine Diego blood group
  - Diseases: Spherocytosis; Ovalocytosis; Renal tubular acidosis; Hypokalemic periodic paralysis
- **Other**
  - **SLC4A2: Anion exchanger; Choroid plexus, GI & Other**
  - **SLC4A3: Anion exchanger; Cardiac & Brain**
  - **SLC4A4: Na Bicarbonate cotransporter; Renal; Renal tubular acidosis, glaucoma, cataracts, & band keratopathy**
  - **SLC4A5: Na Bicarbonate cotransporter; Pancreas**
  - **SLC4A6: Na Bicarbonate cotransporter; Retina**

# Anion exchange proteins

- Other
  - **SLC17A5 (Sialin): Salla syndrome (Sialic acid storage)**
  - **SLC26A3: Down-regulated in adenoma (DRA)**
    - Sulfate transporter
    - Congenital chloride diarrhea
  - **SLC26A4: Transporter of Chloride & Iodide**
    - Non-syndromic deafness, congenital (DFNB4)
    - Pendred syndrome
    - Enlarged vestibular aqueduct syndrome

# Voltage dependent anion selective channel proteins (VDAC)

- **Location:** Outer mitochondrial membrane, inner mitochondrial membrane, plasma membrane
- **Functions**
  - Channels for small hydrophilic molecules
  - Translocation of adenine nucleotides through outer mitochondrial membrane
  - BCL2 proteins bind to VDAC: Regulate mitochondrial membrane potential & release of cytochrome c during apoptosis
  - Mitochondrial binding site for: Hexokinase (HK1); Glycerol kinase



# VDAC

- **VDAC1**

- Pathway for movement of adenine nucleotides through outer mitochondrial membrane
- Mitochondrial binding site for hexokinase and glycerol kinase

- **VDAC2**

- Open conformation: At low or zero membrane potential; Weak anion selectivity
- Closed conformation: At potentials above 30-40 mV; Cation-selective

- **VDAC3**

- High expression in testis
- Null mice
  - Sperm motility: Reduced
  - Muscle: Mitochondria abnormally shaped, Respiratory chain complex activity reduced

- **VDAC4**

# Anion transporter

- Organic anion transporter (OATP)
- Na<sup>+</sup>-independent transport of organic anions, e.g. bile acids
- Canalicular multispecific organic anion transporter (cMOAT)
- Dubin-Johnson Syndrome
- Sulfate anion transporter

# Chloride channels

- Considerably **less attention** has been given to chloride channels. This is partly because their identification and analysis has lagged behind those of other targets, and because of technical challenges in screening for chloride channel modulators.
- Electrophysiologists have historically considered anion channel currents as '**unimportant leaks**' associated with cation channels in excitable cells.
- Chloride channels display a variety of important physiological and cellular roles that include regulation of **pH**, **volume homeostasis**, **organic solute transport**, **cell migration**, **cell proliferation** and **differentiation**.

# Chloride channels

- A large molecular diversity of Cl<sup>-</sup> channels. Chloride channels are a superfamily of **poorly understood** ion channels consisting of approximately **13 members**.
- Cl<sup>-</sup> channels may be classified as to their **localization** (plasma membrane vs. vesicular), single-channel **conductance**, or mechanism of **regulation**. However, such classification schemes are ambiguous. The most logical classification of Cl<sup>-</sup> channels will be based on their **molecular structures**.
- Based on sequence homology the Cl<sup>-</sup> channels can be subdivided into **a number of groups**.
- The importance of one such group, the CLC family of Cl<sup>-</sup> channels, can be seen from the diseases that develop when the channel does not function normally.

# Functions of Cl<sup>-</sup> channels

- Cl<sup>-</sup> channels may perform their functions in the **plasma membrane** or in **membranes of intracellular organelles**. On the one hand, these functions are related to the transport of charge, i.e., to the electric current flowing through the channel, and on the other hand to the transport of matter.
- Allow the passive diffusion of negatively charged ions along electrochemical gradient
- Plasma membrane Cl<sup>-</sup> currents are important for the **regulation of excitability** in nerve and muscle. Currents flowing through intracellular Cl<sup>-</sup> channels are thought to **ensure the overall electroneutral transport** of the electrogenic H-ATPase that acidifies several intracellular compartments.

# Functions of Cl<sup>-</sup> channels

- Chloride channels are important for setting cell **resting membrane**.
- Bulk flow of chloride is important for cell **volume regulation**, as well as for transepithelial transport.
- These channels conduct Cl<sup>-</sup> as well as **other anions** such as HCO<sub>3</sub><sup>-</sup>, I<sup>-</sup>, SCN<sup>-</sup>, and NO<sub>3</sub><sup>-</sup>. May conduct other anions (e.g., I<sup>-</sup> or NO<sub>3</sub><sup>-</sup>) better than Cl<sup>-</sup>.
- Functions often related to transport of charge.
- The regulation of Cl<sup>-</sup> channel activity by anions implies that changes in intracellular Cl<sup>-</sup> concentration ([Cl<sup>-</sup>]<sub>i</sub>) may have a regulatory role.
- Cl<sup>-</sup> does not seem to play a role as intracellular messenger.

# Classification schemes

- **Localization: Plasma membrane vs. vesicular**
- **Single-channel conductance**
- **Mechanism of regulation**
- **Molecular structure**

# Classification of chloride channels

- **cAMP-activated chloride channel (Cystic fibrosis transmembrane conductance regulator, CFTR)**
  - **activated by cyclic AMP-dependent phosphorylation**
- **Calcium activated chloride channels (CaCCs)**
- **Voltage gated chloride channels (ClCs)**
- **Ligand-gated chloride channels (GABA ( $\gamma$ -aminobutyric acid) and glycine activated)**
- **Swelling-activated chloride channels (Volume regulated chloride channels)**
- **Putative intracellular chloride channels**



# Structural classes of Cl<sup>-</sup> channels

- Extracellular ligand-gated Cl<sup>-</sup> channels (ELG)
- Cystic fibrosis transmembrane conductance regulator (CFTR)
- Voltage-gated chloride channels (CLC)
- Nucleotide sensitive chloride channel (CLNS1A):  
Volume sensitive
- Chloride intracellular channels
- Calcium activated: Mediate a calcium-activated chloride conductance

# Extracellular ligand-gated Cl<sup>-</sup> channels (ELG)

- 4 transmembrane domains in each subunit
- Receptors function as pentamers
- Types
  - Post synaptic
  - GABA & glycine receptors

# Voltage-gated chloride channels (ClC)

- Membrane-associated part of ClC channels is composed of **17  $\alpha$ -helices**
  - Helix A is not inserted into the membrane
  - Most of the helices are not perpendicular to the membrane, but severely tilted
  - Helices may not span the width of the bilayer
- Carboxy terminus of eukaryotic ClC proteins has **two CBS domains**
  - Unspecified role in protein-protein interaction
- ClC channels are **dimers**: Each monomer has one pore (double-barreled channels)
- ClC-K proteins
  - Associate with the  $\beta$ -subunit barttin which spans the membrane twice

# CLC channel types

- **CLCN-1**
  - Skeletal muscle, Placenta
  - Voltage stabilization
  - Mutation disorders: Myotonia; Paramyotonia
- **CLCN-2**
  - Ubiquitous
  - Cell volume regulation
  - Activated by hyperpolarization, cell swelling & acidic pH
  - Mutation disorders: Idiopathic generalized epilepsies
- **CLCN-3**
  - Brain, Kidney (Type B intercalated cells), Skeletal muscle, Lung, Retina
  - Intracellular
  - Endosomes & Synaptic vesicles
  - Knockout: Degeneration of hippocampus & retina

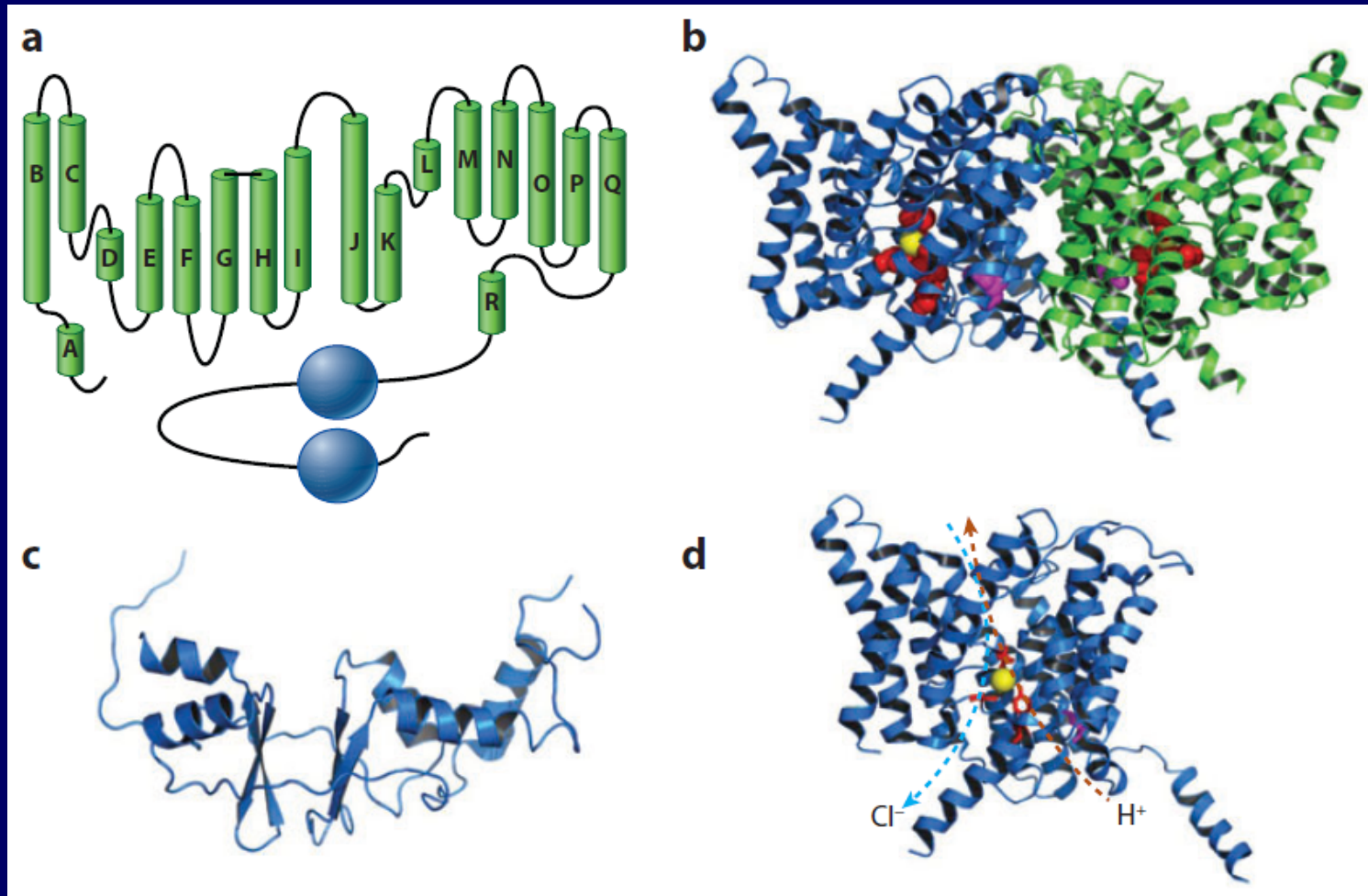
# CLC channel types

- **CLCN-4**
  - Muscle, Brain, Heart, Kidney, Retina
  - Vesicular channel
- **CLCN-5**
  - Kidney (Type A intercalated cells)
  - Endosomal channel
  - Renal endocytosis
  - ? Cl<sup>-</sup> reabsorption
- **CLCN-6**
  - Ubiquitous
  - Intracellular
  - CLCN6-null mice
    - Reduced pain sensitivity
    - Behavioral abnormalities
    - Enlarged proximal axons with autofluorescent electron-dense material, containing lysosomal proteins

# CLC channel types

- **CLCN-7**
  - Brain; Testes; Skeletal muscle; Kidney
  - Lysosomal
  - Mutations: Osteopetrosis
- **CLC-0: *Torpedo* electric organ Cl<sup>-</sup> channel**
- **CLC-K/barttin channels: Transepithelial transport in kidney & inner ear**
  - **CLC-K1 (CLCN-KA): Kidney**
    - Transepithelial Cl<sup>-</sup> transport
    - Location: Thin ascending limb of Henle loop in renal inner medulla
    - Plays role in urine concentration
  - **CLC-K2 (CLCN-KB)**
    - Kidney
    - ? Cl<sup>-</sup> reabsorption
    - Bartter syndrome types 3 & 4

# ClC protein structure



- Blue: cystathionine-β-synthase (CBS) domains
- Green: membrane segments
- Yellow: bound Cl<sup>-</sup>
- Red: the intracellular proton-binding site E203

# Chloride intracellular channels

- **General**
  - **Location: Nuclear or plasma membrane**
  - **No membrane spanning domains**
  - **Found vacuolar organelles**
  - **Function: Electrolyte composition & acidification of intravesicular spaces**
- **CLIC1: Nuclear**
- **CLIC2: Skeletal muscle; fetal liver**
- **CLIC3: Plasma membrane; interacts with Erk7**
- **CLIC4: Brain, heart, placenta, skeletal muscle**
  - **Role: Development of vascular collaterals in skeletal muscle & brain**
- **CLIC5: Heart; skeletal muscle**



# Channels of intracellular organelles

- Anion channels (or transporters) are needed for the passage of anionic substrates like **phosphate** and **sulfate** out of degradative as well as biosynthetic compartments, e.g., lysosomes and the Golgi apparatus.
- A large-conductance anion channel of cardiac sarcoplasmic reticulum is shown to conduct adenine nucleotides, but the physiological role of this conductance remains elusive.
- Anion channels are implicated in organellar volume regulation. Mitochondria are subject to volume changes, depending on the metabolic state of the cell. This is probably mediated by the flux of  $K^+$  and  $Cl^-$  across the inner mitochondrial membrane.

# Channels of intracellular organelles

- A vesicular volume increase is reported to accompany the exocytosis of secretory granules in mast cells and in pancreatic acinar cells, which was also mediated by the uptake of potassium chloride.
- Cl<sup>-</sup> channels play an important role in **maintaining electroneutrality**. Electrogenic uptake of protons or calcium ions into intracellular compartments will very soon create a charge imbalance hampering further uptake. This is true for the Ca<sup>2+</sup>-ATPase of endoplasmic and sarcoplasmic reticulum as well as for the V-type H-ATPase of the Golgi lamellae as well as endosomal and synaptic vesicles.
- To build up the necessary calcium or proton gradients, the excess positive charge in these organelles has to be neutralized. In principle, this may be achieved either by import of chloride (via anion channels) or by export of potassium (via cation channels).

# Channels of intracellular organelles

- **Acidification** is more efficient in the presence of extravesicular chloride. In situ studies with secretory and recycling endosomes of the *trans*-Golgi network indicated a dependence of the acidification rate on both potassium and chloride in the cytosol. This demonstrates the requirement for a chloride conductance in the acidification of these intracellular organelles.

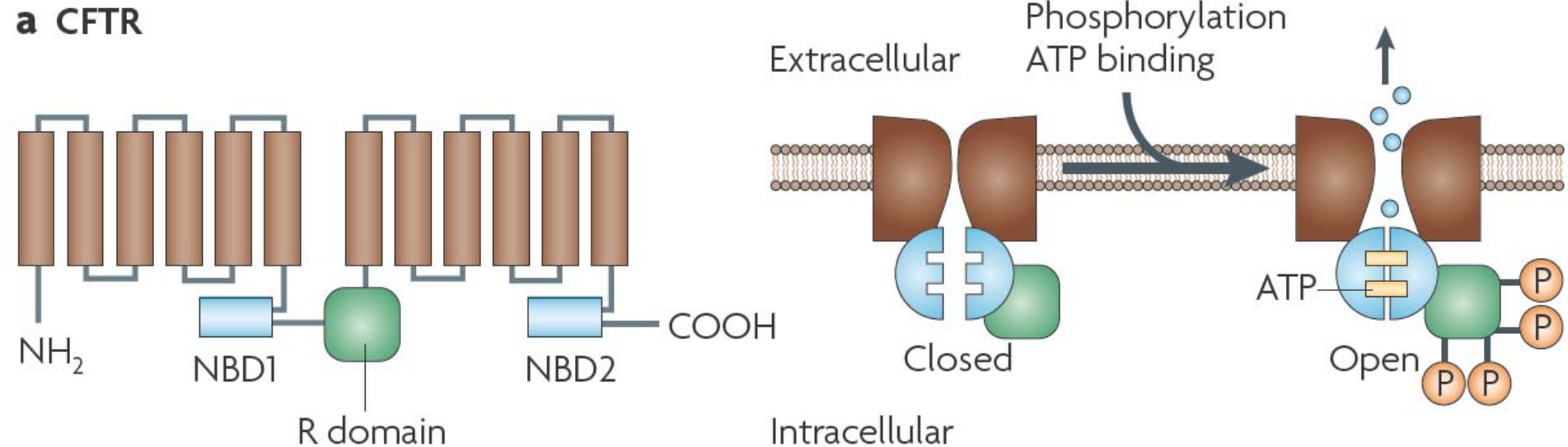
# Methods studying for intracellular channels

- The isolation of the membrane i.e. in the form of small vesicles.
  - **Tracer-flux assays**
  - **Lipid bilayer** for electrophysiological investigation
  - **Patch-clamp** techniques
- The purification of the channel protein and subsequent reconstitution is an alternative, but this entails the loss of the native environment and possibly conformational changes of the protein.
- The direct observation of intracellular ion channels in intact membranes has been reported, but this is technically very demanding.
- A much simpler way to study intracellular channels would be to redirect them to the plasma membrane. By overexpressing them, some of the intracellular CIC channels (CIC-3, -4, -5) are incorporated into the plasma membrane, but this does not work for all intracellular channels.

# Structure

- The structure of these channels are not like other known channels.
- Chloride channel subunits contain between **1 and 12 transmembrane segments**. This family of ion channels contains **10 or 12 transmembrane helices**. Each protein forms a single pore.
- Some members of this family form **homodimers**. In terms of primary structure, they are unrelated to known cation channels or other types of anion channels.
- **Three CIC subfamilies** are found in animals. CIC-1 (UniProt P35523) is involved in setting and restoring the resting membrane potential of skeletal muscle, while other channels play important parts in solute concentration mechanisms in the kidney.
- These proteins contain **two CBS domains**.
- Some members of this family are activated by **voltage**, while others are activated by **Ca<sup>2+</sup>, extracellular ligands, and pH among other modulators**.

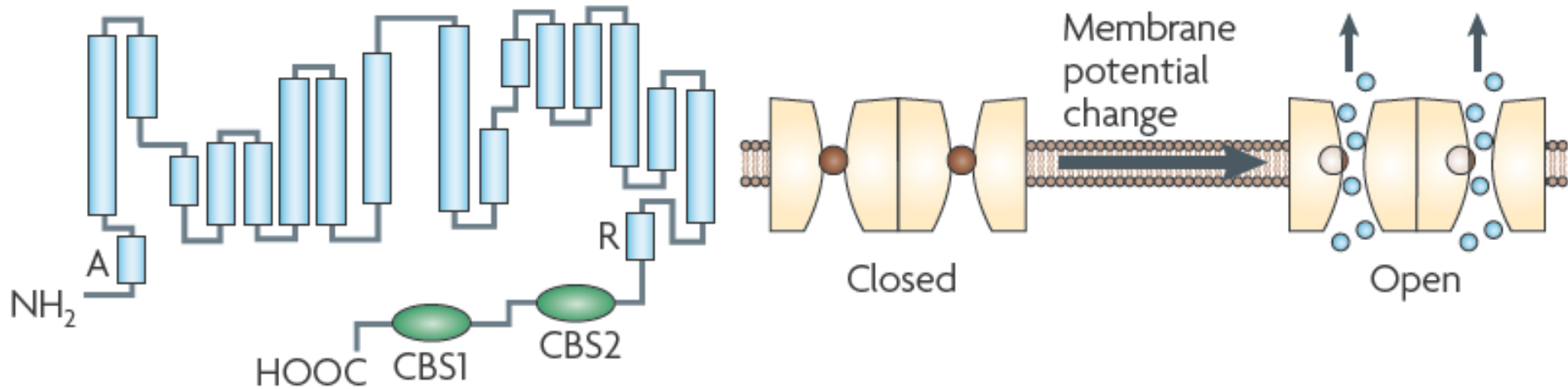
# Mechanisms of regulation of Cl<sup>-</sup> channels



- Cystic fibrosis transmembrane conductance regulator (CFTR). Shown here are **12 membrane-spanning segments** of CFTR plus two **nucleotide binding domains** (NBDs 1 and 2) and a **regulatory R domain**.
- CFTR activation involves cyclic AMP-dependent **phosphorylation** and **binding of ATP molecules** at the NBDs.

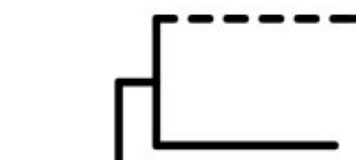
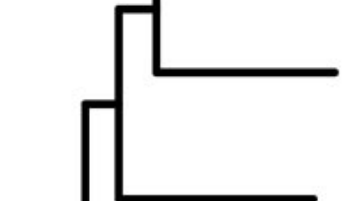
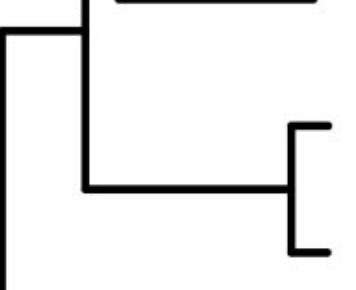

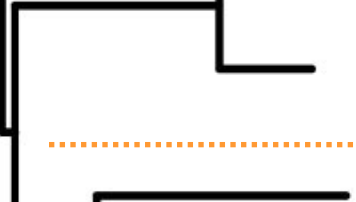

# Voltage-gated Cl<sup>-</sup> channels

## b ClC channels



- ClC channels has **18 segments** (labelled A to R), most of which span the plasma membrane partially and in a strongly tilted configuration.
- Fast gating involves flipping of a pore-lining glutamate side chain into and out of the chloride pathway. Channels are arranged as dimers with a slow gate controlling the activity of both channels simultaneously.
- **CBS**, cystathione β-synthase-related domain.

# The CIC family of Cl<sup>-</sup> channels in mammals

	expression	function	disease	KO mouse
	CIC-0			
	CIC-1 7q35	skeletal muscle	stabilization of plasma membrane V	myotonia congenita (adr mouse)
	CIC-2 3q27	broad	transepithelial transport? pH, volume regulation?	?
	CIC-Ka 1p36	kidney, inner ear*	transepithelial transport	? (BSND)*
	CIC-Kb 1p36	kidney, inner ear*	transepithelial transport	Barter's syndrome (BSND)*
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	CIC-3 4q33	broad (brain, kidney, liver ...)	acidification of endosomes, synaptic vesicles	? degeneration: hippocampus and retina
	CIC-4 Xp22.3	broad (brain, muscle...)	?	?
	CIC-5 Xp11.22	kidney (intestine, liver...)	acidification of endosomes	Dent's disease defect in renal endocytosis
	CIC-6 1p36	broad	?	?
	CIC-7 16p13	broad	acidification of lysosomes, resorption lacuna of osteoclasts	osteopetrosis osteopetrosis



# Voltage-gated chloride (ClC) channels

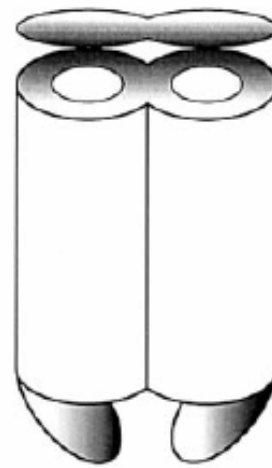
- The **ClC-1** Cl channel provides the bulk of **resting conductance** of the plasma membrane of skeletal muscle. As a consequence, its mutational inactivation leads to myotonia in humans and mice.
- The role of **ClC-2** is less clear. The testicular and retinal degeneration resulting from its disruption in mice may suggest a role in **transepithelial transport**.
- The two renal **ClC-K** channels function (in a heteromeric complex with barttin) in transepithelial transport across different nephron segments, as demonstrated by Bartter's syndrome in humans and renal diabetes insipidus in mice. In addition, both **ClC-Ka/barttin** and **ClC-Kb/barttin** are important for **inner ear K secretion**. Accordingly, human mutations in barttin lead to Bartter syndrome associated with **deafness**.

# Voltage-gated chloride (ClC) channels

- The knock-out of **ClC-3** in mice led to a severe degeneration of the hippocampus and the retina. ClC-3 is present in endosomes and synaptic vesicles, but whether the degeneration is due to the observed impairment of synaptic vesicle acidification is currently unclear.
- Mutations in **ClC-5** underlie Dent's disease, an inherited disorder characterized by kidney stones and proteinuria. Both symptoms are a consequence of a reduced proximal tubular endocytosis, as revealed by a recent ClC-5 knock-out (KO) mouse model. Probably similar to ClC-3, ClC-5 provides a shunt for the H-ATPase that is necessary for the efficient acidification of endosomes.
- Mutations in **ClC-7** lead to osteopetrosis, as first recognized in a mouse model and then confirmed for humans.

- The double-barreled structure of CIC channels
- A recording from a native CIC-0 channel incorporated into a lipid bilayer
- Excised patch containing a concatemer of a WT and a mutant (S123T) CIC-0 protein
- Registration of a CIC-0/CIC-2 concatemer

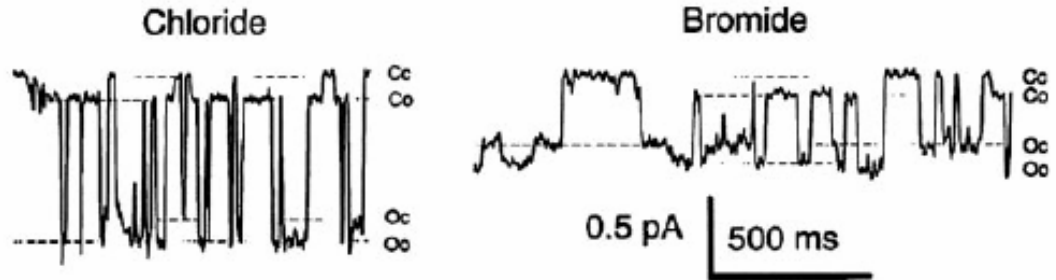
A



B



WT-S123T



# Swelling-activated Cl<sup>-</sup> channels

- Cells must change their volumes in the face of several external and internal challenges during growth and cell division. Volume regulation is an universal feature of all vertebrate cells.
- Cells are endowed with various ion and organic osmolyte transport proteins that activate upon cell swelling or cell shrinkage.
- In the presence of a significant water permeability of the plasma membrane, water follows osmotically, resulting in a regulated change of cell volume. This is called regulatory volume increase (RVI) and regulatory volume decrease (RVD). RVI most often involves the uptake of Na<sup>+</sup> and Cl<sup>-</sup>, for instance, by the concomitant activation of Na<sup>+</sup>/H<sup>+</sup> and Cl<sup>-</sup>/HCO<sub>3</sub><sup>-</sup> exchangers. Na<sup>+</sup> is replaced by K<sup>+</sup> through the Na<sup>+</sup>-K<sup>+</sup>-ATPase, resulting in a net intracellular accumulation of KCl. In RVD, intracellular KCl may be extruded by KCl cotransporters of the KCC gene family, or by the concerted activation of swelling-activated Cl<sup>-</sup> channels and K<sup>+</sup> channels.

# Swelling-activated Cl<sup>-</sup> channels

- In neurons and other cell types, [Cl]<sub>i</sub> is on the order of a few millimolar.
- An exclusive reliance on KCl extrusion would allow these cells to shrink only by a few percent. Much higher volume changes are observed experimentally in neuronal cells. This may be accomplished by the regulated release of intracellular osmolytes like taurine, glutamate, or aspartate, whose intracellular concentration is more abundant.
- A loss of organic osmolytes during RVD is by no means restricted to neurons. In kidney, taurine may be the most abundant intracellular amino acid, and other osmolytes like *myo*-inositol, sorbitol, and betaine play important roles in the hyperosmolar environment of the renal medulla.

# Biophysical characteristics of swelling-activated Cl<sup>-</sup>-currents

- Cell swelling induces a characteristic anion-selective whole cell conductance, which is commonly called  $I_{Cl,swell}$ , displays moderate outward rectification, lacks conspicuous time-dependent activation upon depolarization, and shows variable inactivation at voltages more positive than 40 mV. In some cells,  $I_{Cl,swell}$  shows less rectification and inactivation, possibly suggesting a molecular diversity of underlying channel proteins.
- It is commonly agreed that  $I_{Cl,swell}$  displays an  $I^- > Br^- > Cl^- > F^- > glutamate^-$  permeability sequence. Similarly, it also displays a preference of  $I^-$  over  $Cl^-$  when conductances are compared.
- This anion channel also mediates osmolyte flux. Single-channel recordings showed a significant conductance and permeability for aspartate, glutamate, and taurine.

# Biophysical characteristics of swelling-activated Cl<sup>-</sup>-currents

- Both Cl<sup>-</sup> conductance and osmolyte transport were activated with the same time course after hypotonic swelling,  $P_{\text{Cl}}/P_{\text{taurine}}$  remained constant during hypotonic swelling, and there was a similar or identical pharmacological profile of both permeation processes.
- Cl<sup>-</sup> and polyol osmolytes may compete for a common binding site, and both Cl<sup>-</sup> current and osmolyte efflux depend on intracellular ATP.
- Another study reports a different time course of activation of I<sup>-</sup> and taurine efflux in HeLa cells, leading to the suggestion that these are mediated by different proteins.

# Regulation of $I_{Cl,swell}$

- The activation of  $I_{Cl,swell}$  depends on the presence of intracellular ATP.
- No ATP hydrolysis is necessary, as it could be replaced by nonhydrolyzable analogs. The dependence on cytosolic ATP may serve to prevent the loss of metabolically valuable intracellular organic osmolytes during starvation. At low  $[ATP]_i$ , intracellular  $Mg^{2+}$  inhibits  $I_{Cl,swell}$ . The activation of  $I_{Cl,swell}$  is modulated by the  $[Cl^-]_i$ . High  $[Cl^-]_i$  shifted the set-point of activation to larger volumes or decreased the rate of activation.
- There is no direct mechanical gating.
- Unidentified second messengers might be involved.  $I_{Cl,swell}$  cannot be activated by raising  $[Ca^{2+}]_i$ , although a basal level of  $[Ca^{2+}]$  is probably needed.

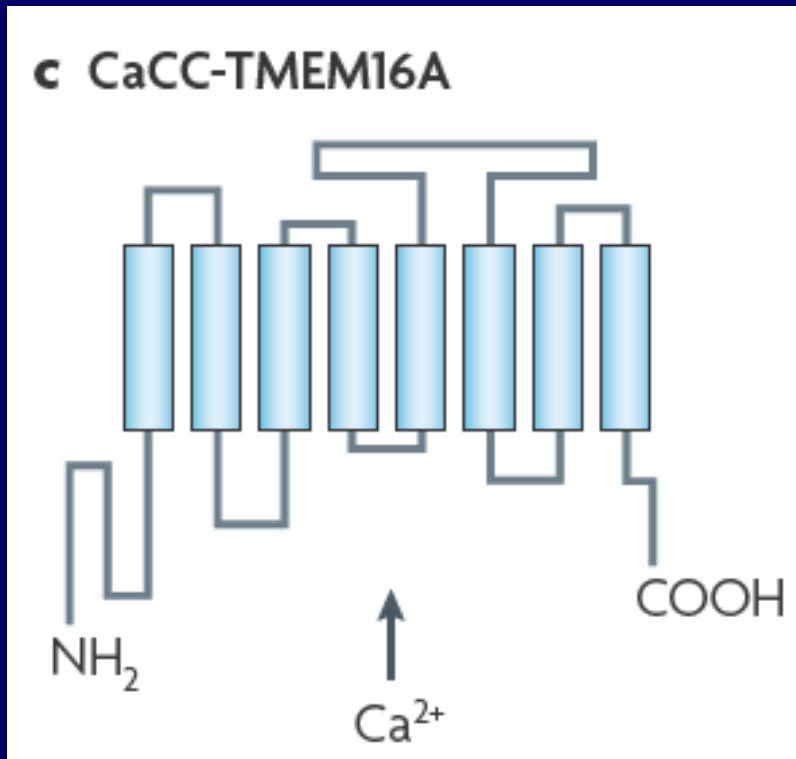


# Regulation of $I_{Cl,swell}$

- No evidences for phosphorylation in the activation of  $I_{Cl,swell}$
- A role of mitogen-activated and tyrosine kinases in activating  $I_{Cl,swell}$  in astrocytes. tyrosine phosphorylation by p56lck kinase is involved: swelling-activated currents could not be elicited in p56lck-deficient cells, but were restored upon transfection of the WT cDNA and by the addition of the kinase to the intracellular side of excised patches.
- Hyposmotic swelling increased the activity of the kinase. In contrast to these observations, a recent report stated that protein phosphotyrosine phosphatase inhibitors suppressed RVD and the volume-sensitive  $Cl^-$  conductance in mouse fibroblasts.
- Other proposed mechanisms of activation involve G proteins, lipxygenases and arachidonic acid metabolites.

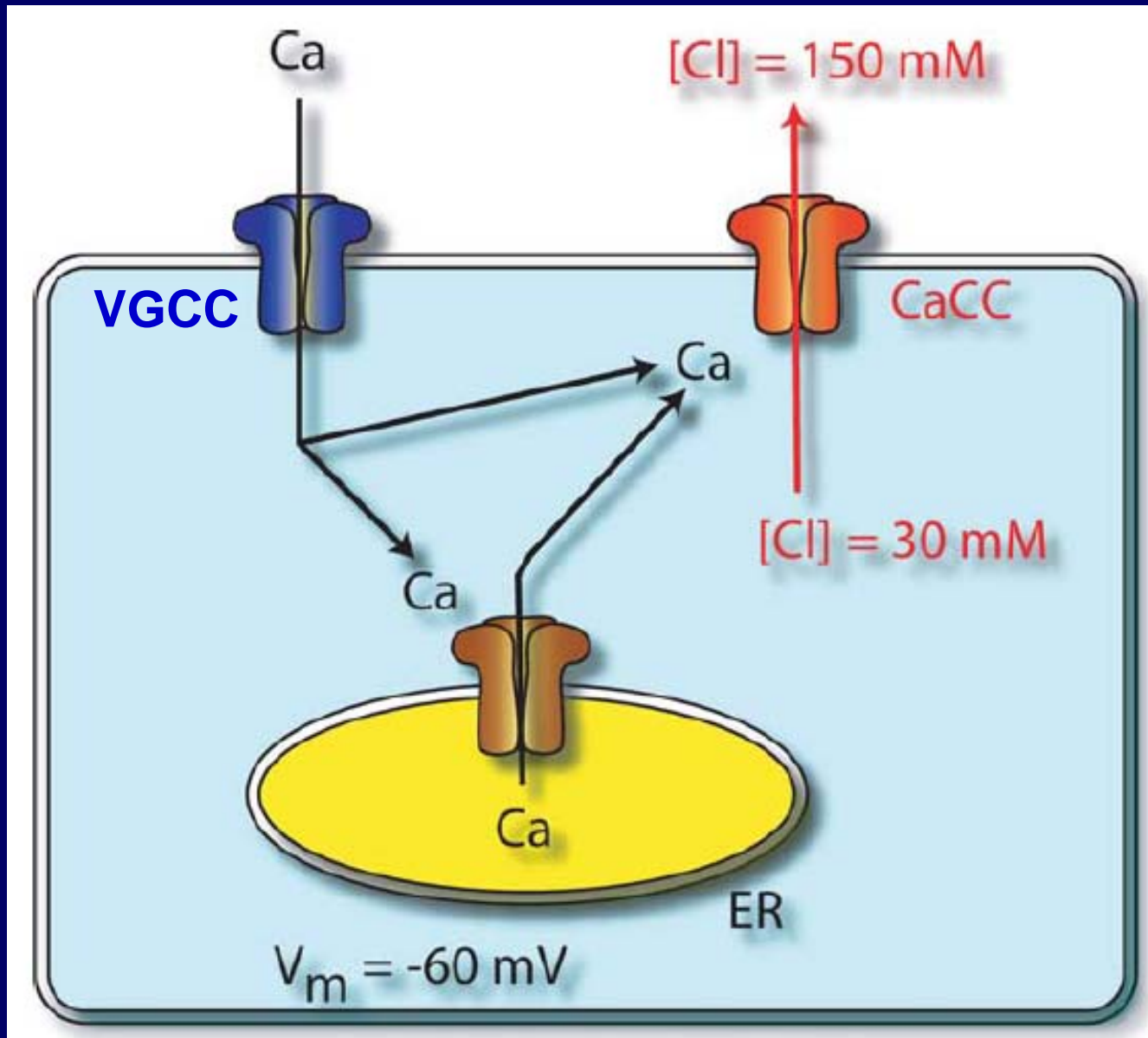
# Calcium-activated chloride channel

# Calcium-activated chloride channel

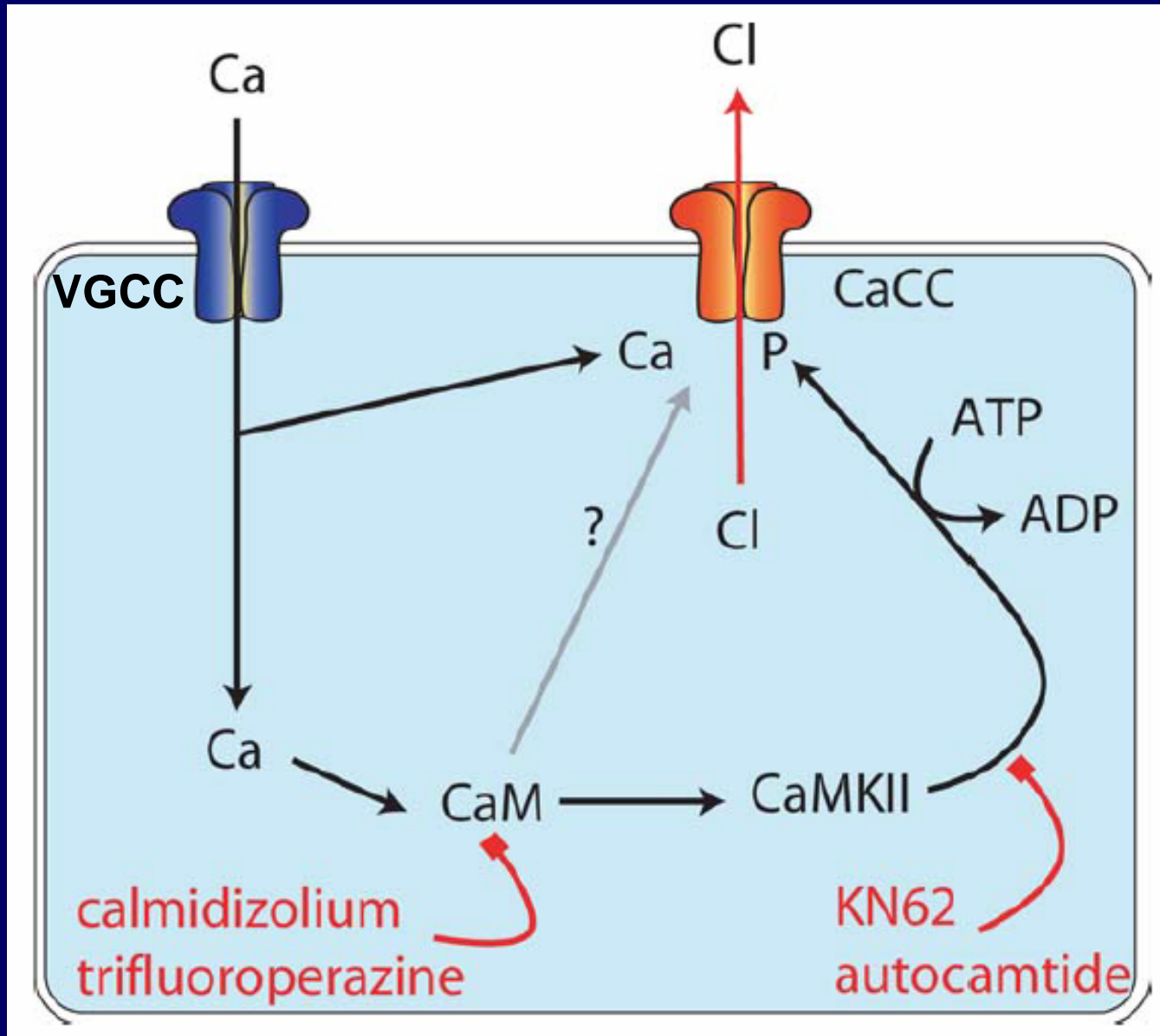


- The calcium-activated chloride channel (CaCC) TMEM16A (anoctamin-1), with predicted topology showing **eight transmembrane segments** with cytosolic amino and carboxy termini.
- The mechanism of calcium activation is unknown.

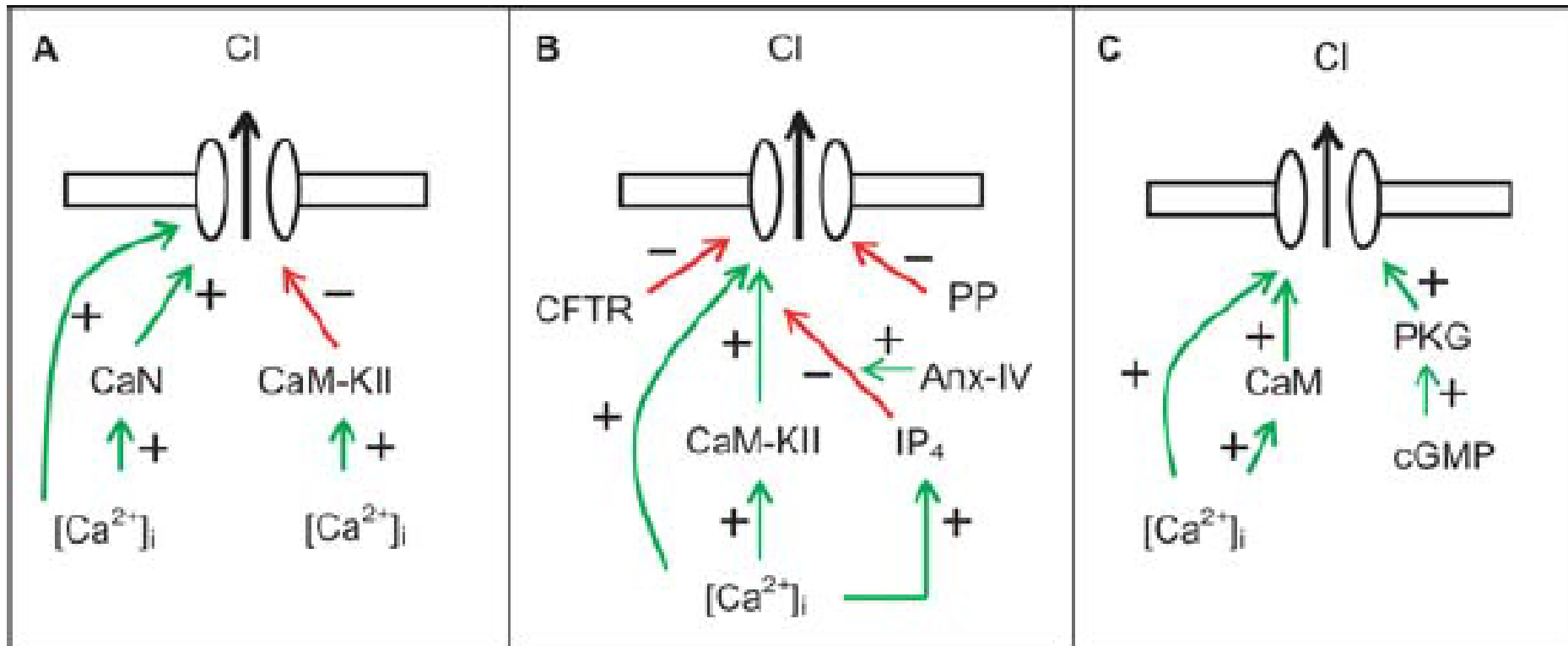
# Factors controlling Cl<sup>-</sup> flux through CaCC



# Pathways regulating CaCC



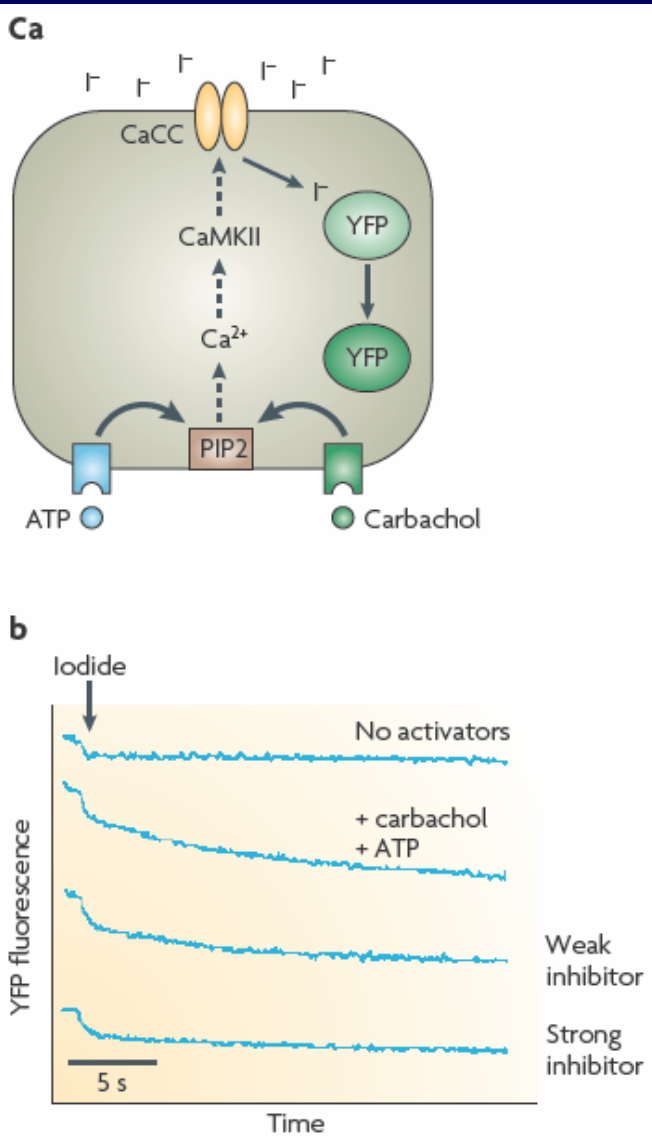
# Alternative pathways of CaCC regulation



# Calcium activated Cl<sup>-</sup> channels

- Mediate a calcium-activated chloride conductance
- CLCA1: Intestinal basal crypt epithelium & goblet cells  
Lung-endothelial cell adhesion molecule-1  
(Lu-ECAM-1)
- CLCA2: Lung & trachea
  - Inhibitors: DIDS, Dithiothreitol (DTT), Niflumic acid, Tamoxifen
- CLCA3: ? Does not function as a channel protein

# Screen for calcium-activated chloride channel (CaCC) inhibitors



- CaCC halide conduction in human colonic cells expressing native CaCC and transfected with YFP indicator is measured following stimulation by an agonist mixture (ATP, carbachol).
- Iodide influx quenches YFP fluorescence. Fluorescence data showing controls (no activators, no test compounds) and examples of inhibitors.

CaMKII, calcium/calmodulin kinase II;  
PIP2, phosphatidylinositol 4,5-  
bisphosphate.



# Native $\text{Ca}^{2+}$ -activated $\text{Cl}^-$ channels

- $\text{Cl}^-$  channels activated by **intracellular calcium** are found in many cell types: epithelial cells, neurons, cardiac and smooth muscle cells, as well as blood cells.
  - In neurons and muscle cells,  $\text{Ca}^{2+}$ -activated  $\text{Cl}^-$  channels may **modulate excitability**, e.g., by generating afterpotentials, **regulate the tonus** of smooth muscle. In olfactory receptor cells,  $\text{Ca}^{2+}$ -activated  $\text{Cl}^-$  channels play an interesting role in **signal transduction** as they are activated by  $\text{Ca}^{2+}$  entering through cGMP-activated channels. In epithelial cells, in particular in many acinar glands, they play an important role in **transepithelial transport**.
- Some  $\text{Cl}^-$  channels are also dependent on **extracellular calcium**: the cloned renal  $\text{Cl}^-$  channel  $\text{ClC-K1}$  is **activated** by extracellular  $\text{Ca}^{2+}$ ; a certain  $\text{Cl}^-$  channel of *Xenopus* oocytes is **inhibited** by extracellular calcium.

# Ca<sup>2+</sup>-activated Cl<sup>-</sup> channels

- The activation of Cl<sup>-</sup> channels by [Ca<sup>2+</sup>]<sub>i</sub> may or may not involve **phosphorylation** by Ca<sup>2+</sup>/calmodulin-dependent protein kinase II (CAMKII), suggesting an underlying molecular diversity of Ca<sup>2+</sup>-activated Cl<sup>-</sup> channels.
- Ca<sup>2+</sup>-activated Cl<sup>-</sup> channels generally display an I<sup>-</sup> > NO<sub>3</sub><sup>-</sup> > Br<sup>-</sup> > Cl<sup>-</sup> > F<sup>-</sup> > CH<sub>3</sub>SO<sub>4</sub><sup>-</sup> **permeability** sequence and are almost impermeable to glutamate. They are blocked by DIDS or niflumic acid.
- A molecular diversity of Ca<sup>2+</sup>-activated Cl<sup>-</sup> channels by the widely different single-channel conductances:
  - **small-conductance** (1–3 pS) Ca<sup>2+</sup>-activated Cl<sup>-</sup> channels were found in various cell types; The 10-pS channels were observed in hepatocytes and pulmonary artery endothelial cells. The 14 pS channels were observed in a human biliary cell line. They were inhibited by calmidazolium in the cell-attached configuration.
  - **intermediate-sized** (50–70 pS) Cl<sup>-</sup> channel, is activated by intracellular Ca<sup>2+</sup>.

# Putative $\text{Ca}^{2+}$ -activated $\text{Cl}^-$ channels

- A functional channel is a disulfide-bonded tetramer of 38-kDa subunits. When reconstituted into lipid bilayers, the protein gave rise to 25- to 30-pS anion channels with an  $\text{I}^- > \text{Cl}^-$  **selectivity**.
- Disulfide bonds,  $^{125}\text{I}^-$  uptake and single-channel activity could be inhibited by treatment with dithiothreitol (DTT). The immunoaffinity-purified protein could be **phosphorylated** by CaMKII in vitro, and channel activity could be increased by  **$\text{Ca}^{2+}$  and CaMKII**. This suggested that it may represent a  $\text{Ca}^{2+}$ -activated  $\text{Cl}^-$  channel.
- Using an antibody against this 38-kDa protein, Cunningham et al. cloned a cDNA thought to encode this putative channel protein.

# Putative $\text{Ca}^{2+}$ -activated $\text{Cl}^-$ channels

Overexpression results are quite confusing:

- Upon expression in *Xenopus* oocytes, largely **time-independent** and **outwardly rectified currents** were reported. These currents were observed even **without** raising intracellular  $\text{Ca}^{2+}$  and were partially inhibited by DIDS and DTT, but not by niflumic acid.
- Currents in transfected COS-7 cells were linear and were only observed **upon** raising  $[\text{Ca}^{2+}]_i$ .
- **Sequence and hydropathy analysis** predicted a cleavable signal peptide and four putative transmembrane domains, whereas other programs suggested only one or two transmembrane spans.
- To test the point that a **shorter protein** of 40 kDa can give rise to channel activity, both the amino and carboxy termini were truncated by mutagenesis to yield a fragment that contained the four putative transmembrane domains. Again,  $\text{Cl}^-$  currents were observed in *Xenopus* oocytes.

# The ligand-gated ion channel superfamily (LGIC)

- Nicotinic acetylcholine receptors, glycine and GABA receptors
- Members of the LGIC superfamily have a common structure:
  - Five subunits form an ion channel
  - They share both structural and primary sequence homology and are thought to have evolved from a common ancestral receptor subunit.
  - Each subunit consists of a large amino-terminal extracellular domain of 200 amino acids, 4 putative transmembrane domains (TM), and a short extracellular carboxy terminus.
  - The amino-terminal domain contains a conserved motif, the so-called Cys loop. TM3 and TM4 are linked by a sizable cytosolic loop of variable length.

# The ligand-gated ion channel superfamily (LGIC)

- There are no three-dimensional crystals available for any of these receptor channels, resulting in a lack of high-resolution structural information.
- Low-resolution three-dimensional images have been obtained from two-dimensional nAChR crystals in a closed channel conformation and in an open conformation.
- These images suggested that only TM2 is  $\alpha$ -helical, whereas the other three domains are probably  $\beta$ -sheets. The five-helical TM2 domains, one from each subunit, kink at the center of the membrane to form the ion channel gate.
- These data might be extrapolated to GABA and glycine receptors.

# GABA and glycine-gated chloride channels

- Fast inhibitory neurotransmission in the mammalian central nervous system (CNS) is mediated primarily by the neurotransmitters **GABA** and **glycine**.
- Glycine is predominantly used in the spinal cord and the brain stem, whereas GABA is more commonly used in the brain. Their binding to their receptors **opens intrinsic anion channels**. In the adult CNS, this mostly leads to a **Cl<sup>-</sup> influx**, which **hyperpolarizes** the neuron and thereby **inhibits** neuronal activity.
- **Early in development**, GABA and glycine induce a strong depolarizing response that can cause Ca<sup>2+</sup> influx via voltage-gated Ca<sup>2+</sup> channels and thus triggers neurotransmitter release. This excitatory action results from a more positive Cl<sup>-</sup> equilibrium potential in undifferentiated neurons.
- **During further development**, the intracellular Cl<sup>-</sup> concentration is decreased, in part as a consequence of the upregulation of the cation cotransporter KCC2. This inverts the GABA- and glycine-mediated current from excitatory to inhibitory.

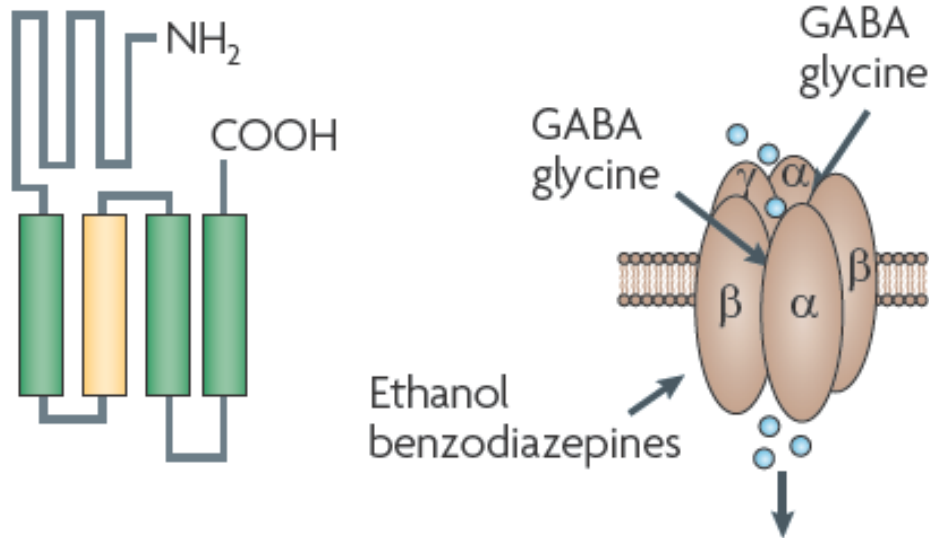
# GABA and glycine-gated chloride channels

- Although the physiological relevance of this early excitatory action of GABA and glycine remains **unclear** in detail, it is believed to be important for neuronal development because it may exert a trophic action through the rise in  $[Ca^{2+}]_i$  that is associated with its depolarizing action.
- Because glutamatergic synaptic transmission is first purely *N*-methyl-D-aspartate (NMDA) receptor-based, GABA-induced depolarization may be necessary to relieve the voltage-dependent  $Mg^{2+}$  block of NMDA receptors.
- Both GABA and glycine receptors are targets for a wide range of clinically important drugs, including antiepileptic agents, anxiolytics (antianxiety drugs), sedatives, hypnotics, muscle relaxants, and anesthetics.



# GABA and glycine-gated chloride channels

d GABA/glycine receptors



- The largest known family of Cl<sup>-</sup> channels
- **Pentameric** channels formed by  $\alpha$ ,  $\beta$  and  $\gamma$  subunits. Each subunit has four transmembrane segments, with a large extracellular N terminus.
- The second transmembrane segment of each subunit contributes to the formation of the central pore.
- The N termini of the  $\alpha$  and  $\beta$  subunits form the ligand binding site.
- They activate upon cell swelling.

# GABA receptors

- A pore diameter of GABA receptors was **5.6 Å**.
- GABA receptors can **be blocked by penicillin**. High concentrations of penicillin increased the open frequency, but open times were shortened. The single-channel conductance was not affected.
- **Three different types** of GABA receptors have been identified on the basis of their pharmacology and electrophysiology.
- The GABA<sub>A</sub> and the GABA<sub>C</sub> receptors are Cl<sup>-</sup> channels, whereas GABA<sub>B</sub> receptors are G protein-coupled receptors.
- GABA<sub>C</sub> receptors are insensitive to both **bicuculline** and **baclofen**. Early studies by Johnston et al. showed that this receptor class was selectively activated by the GABA analog *cis*-4-aminocrotonic acid (CACA).
- GABA<sub>A</sub> receptors have modulatory binding sites for benzodiazepines, barbiturates, neurosteroids, and ethanol, whereas GABA<sub>C</sub> receptors are insensitive to barbiturates and benzodiazepines.

# GABA<sub>A</sub> receptors

- 19 mammalian members of this gene family have been isolated, namely,  $\alpha 1$ – $\alpha 6$ ,  $\beta 1$ – $\beta 3$ ,  $\gamma 1$ – $\gamma 3$ ,  $\delta$ ,  $\epsilon$ ,  $\pi$ ,  $\theta$ ,  $\rho 1$ – $3$ . They contain between 450 and 637 amino acid receptors derived from the three  $\rho$ -subunits form GABA<sub>C</sub> receptors.
- GABA<sub>A</sub> receptors are multimeric protein with a total molecular mass of 230–270 kDa. GABA<sub>A</sub> receptors are probably pentamers, with  $\alpha$ -helical TM2 regions facing the channel pore.
- GABA<sub>A</sub> receptors show a permeability sequence  $\text{SCN}^- > \text{I}^- > \text{Br}^- > \text{Cl}^- > \text{F}^-$ . They are also permeable to bicarbonate ions, with a permeability amounting to ~20% of  $\text{Cl}^-$ . The permeability ratio of  $\text{K}^+$  to  $\text{Cl}^-$  ( $P_{\text{K}}/P_{\text{Cl}}$ ) was 0.05.
- GABA<sub>A</sub> receptors are antagonized by the convulsant alkaloid bicuculline and are insensitive to activation by the GABA analog baclofen.
- Benzodiazepines, barbiturates and neurosteroids have modulatory effect on a GABA<sub>A</sub> receptors.

# GABA<sub>A</sub> receptors

Family name	Ligand	Official IUPHAR receptor name	Human gene name	Rat gene name	Mouse gene name
GABA <sub>A</sub> receptors*	GABA	<u>α 1</u>	GABRA1	Gabra1	Gabra1
GABA <sub>A</sub> receptors*	GABA	<u>α 2</u>	GABRA2	Gabra2	Gabra2
GABA <sub>A</sub> receptors*	GABA	<u>α 3</u>	GABRA3	Gabra3	Gabra3
GABA <sub>A</sub> receptors*	GABA	<u>α 4</u>	GABRA4	Gabra4	Gabra4
GABA <sub>A</sub> receptors*	GABA	<u>α 5</u>	GABRA5	Gabra5	Gabra5
GABA <sub>A</sub> receptors*	GABA	<u>α 6</u>	GABRA6	Gabra6	Gabra6
GABA <sub>A</sub> receptors*	GABA	<u>β 1</u>	GABRB1	Gabrb1	Gabrb1
GABA <sub>A</sub> receptors*	GABA	<u>β 2</u>	GABRB2	Gabrb2	Gabrb2
GABA <sub>A</sub> receptors*	GABA	<u>β 3</u>	GABRB3	Gabrb3	Gabrb3
GABA <sub>A</sub> receptors*	GABA	<u>γ 1</u>	GABRG1	Gabrg1	Gabrg1
GABA <sub>A</sub> receptors*	GABA	<u>γ 2</u>	GABRG2	Gabrg2	Gabrg2
GABA <sub>A</sub> receptors*	GABA	<u>γ 3</u>	GABRG3	Gabrg3	Gabrg3
GABA <sub>A</sub> receptors*	GABA	<u>δ</u>	GABRD	Gabrd	Gabrd
GABA <sub>A</sub> receptors*	GABA	<u>ε</u>	GABRE	Gabre	Gabre
GABA <sub>A</sub> receptors*	GABA	<u>θ</u>	GABRQ	Gabrq	Gabrq
GABA <sub>A</sub> receptors*	GABA	<u>π</u>	GABRP	Gabrp	Gabrp
GABA <sub>A</sub> receptors*	GABA	<u>ρ 1</u>	GABRR1	Gabrr1	Gabrr1
GABA <sub>A</sub> receptors*	GABA	<u>ρ 2</u>	GABRR2	Gabrr2	Gabrr2
GABA <sub>A</sub> receptors*	GABA	<u>ρ 3</u>	GABRR3	Gabrr3	Gabrr3

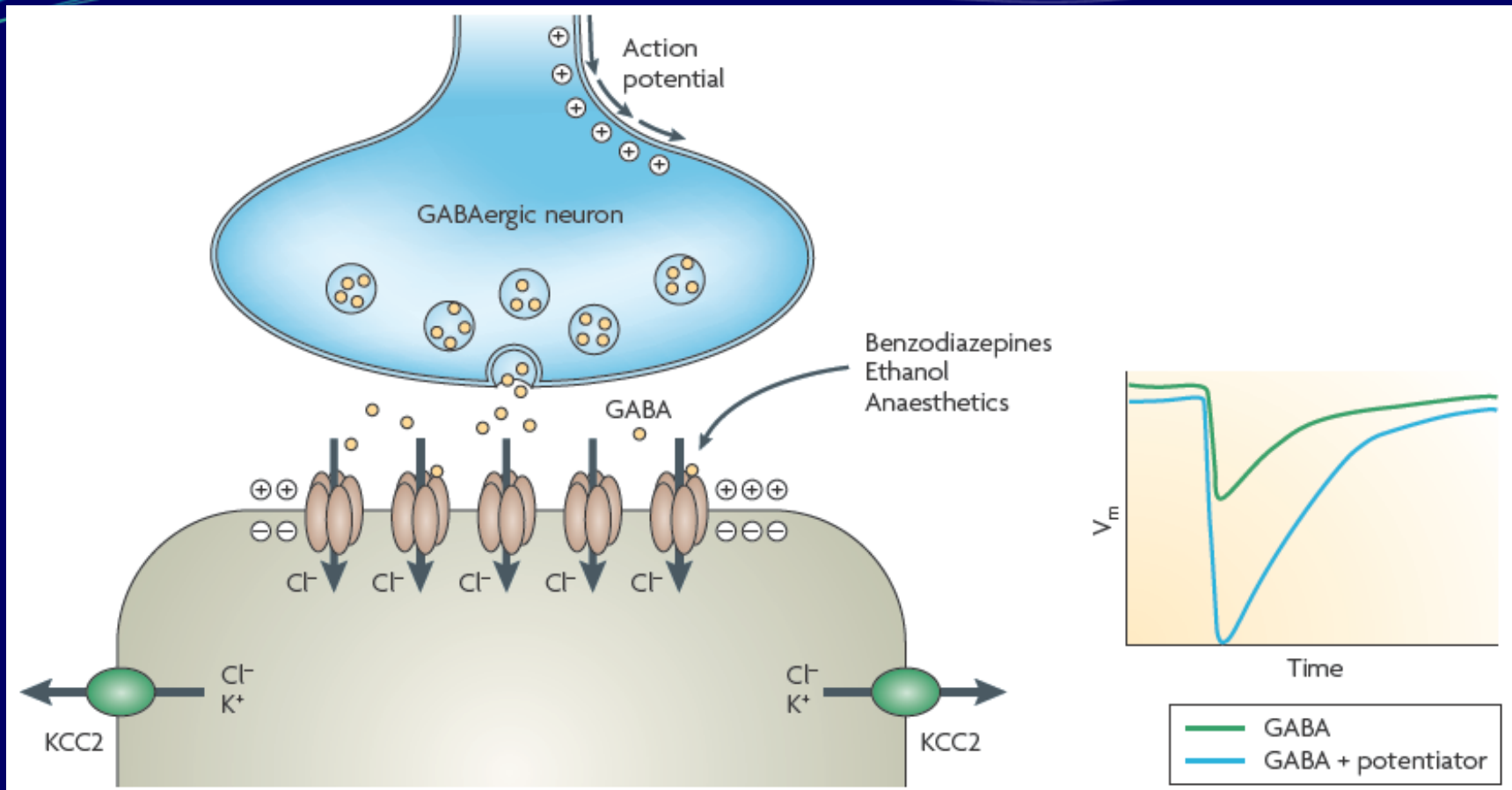
# GABA<sub>C</sub> receptors

- GABA<sub>C</sub> receptors are insensitive to either bicuculline or baclofen, but they have a **higher sensitivity to GABA** (~10 times more sensitive to GABA than GABA<sub>A</sub> receptors).
- GABA<sub>C</sub> receptors were first described in interneurons of the spinal cord. GABA<sub>C</sub> receptors are also identified in the retina, and are highly enriched in the vertebrate retina.
- Their **currents are smaller**, and they **do not desensitize**.
- GABA<sub>C</sub> receptors are homo- or hetero-oligomers of  $\rho$ -subunits. To date, three different  $\rho$ -subunits are known in mammals. They share only 30–38% amino acid sequence identity with the GABA<sub>A</sub> receptors subunits. In the rat retina, GABA<sub>C</sub> receptors are probably heteromers of  $\rho$ 1- and  $\rho$ 2-subunits.
- GABA<sub>C</sub> receptors colocalized with the microtubule-associated protein MAP-1B at postsynaptic sites on bipolar cell terminals.  $\rho$ -subunits have been localized by immunocytochemistry to axon terminals of bipolar cells.

# GABA<sub>C</sub> receptors

- The electrophysiological properties of native and recombinant GABA<sub>C</sub> receptors differ markedly from those of GABA<sub>A</sub> receptors.
  - The **time constants** for activation and inactivation are much larger than those of GABA<sub>A</sub> receptors.
  - GABA<sub>C</sub> receptors have a smaller single-channel **conductance** of 7 pS, but longer open times of 150–200 ms.
- GABA<sub>C</sub> receptors ideally suited for strong lateral inhibition.
  - The GABA analog **CACA** is a selective agonist for GABA<sub>C</sub> receptors.
  - (1,2,5,6-Tetrahydropyridine-4-yl)methylphosphinic acid (**TPMPA**) is a potent and highly selective antagonist for GABA<sub>C</sub> receptors.
  - $\rho 1$ -homomeric receptors are sensitive to **picrotoxin**,  $\rho 2$ -homooligomers and native rat GABA<sub>C</sub> receptors (that are heteromers of  $\rho 1\rho 2$ -subunits) are rather insensitive to this compound.

# Ligand-gated chloride channels



- Release of GABA from presynaptic membrane triggers the transient activation of GABA receptors.
- The low intracellular Cl<sup>-</sup> concentration in the postsynaptic neuron, generated by the action of the K<sup>+</sup>/Cl<sup>-</sup> cotransporter (KCC2), drives Cl<sup>-</sup> influx through GABA-activated chloride channels causing membrane hyperpolarization.
- Benzodiazepines, anaesthetics, ethanol and other compounds act on GABA receptors to potentiate neurotransmitter effect.

# ***Molecular structure of glycine receptors***

- The **glycine receptor** has been purified from rat, porcine, and mouse spinal cord by affinity chromatography on aminostyrychnine-agarose columns.
- Grenningloh et al. used peptide sequences derived from affinity-purified adult spinal cord glycine receptors to isolate the cDNA of the adult **48-kDa ( $\alpha$ 1) subunit** and the **58-kDa ( $\beta$ ) subunit**.
- Subsequently, cDNA clones corresponding to the embryonic  $\alpha$ 2- and the adult  $\alpha$ 3-subunit were cloned by homology screening; a fourth  $\alpha$ -subunit has been identified in mouse and chick.



# Molecular structure of glycine receptors

- When expressed in *Xenopus* oocytes, the  **$\alpha 1$ -subunit** forms homomeric channels with properties similar to those from native channels. These homomeric channels can be opened by glycine, taurine, and  $\beta$ -alanine and blocked by strychnine and picrotoxin.
- **$\alpha 2$  and  $\alpha 3$**  can also form homomeric channels, but these are not activated by taurine and  $\beta$ -alanine.
- Like  $\alpha 1$ , the mouse  **$\alpha 4$ -subunit** formed robust homomeric glycine receptors in *Xenopus* oocytes with properties reminiscent of those formed by the rat  $\alpha 1$ -subunit.
- In contrast,  **$\beta$ -subunits** are incapable of forming functional glycine receptors by themselves.

# *Expression pattern of glycine receptor*

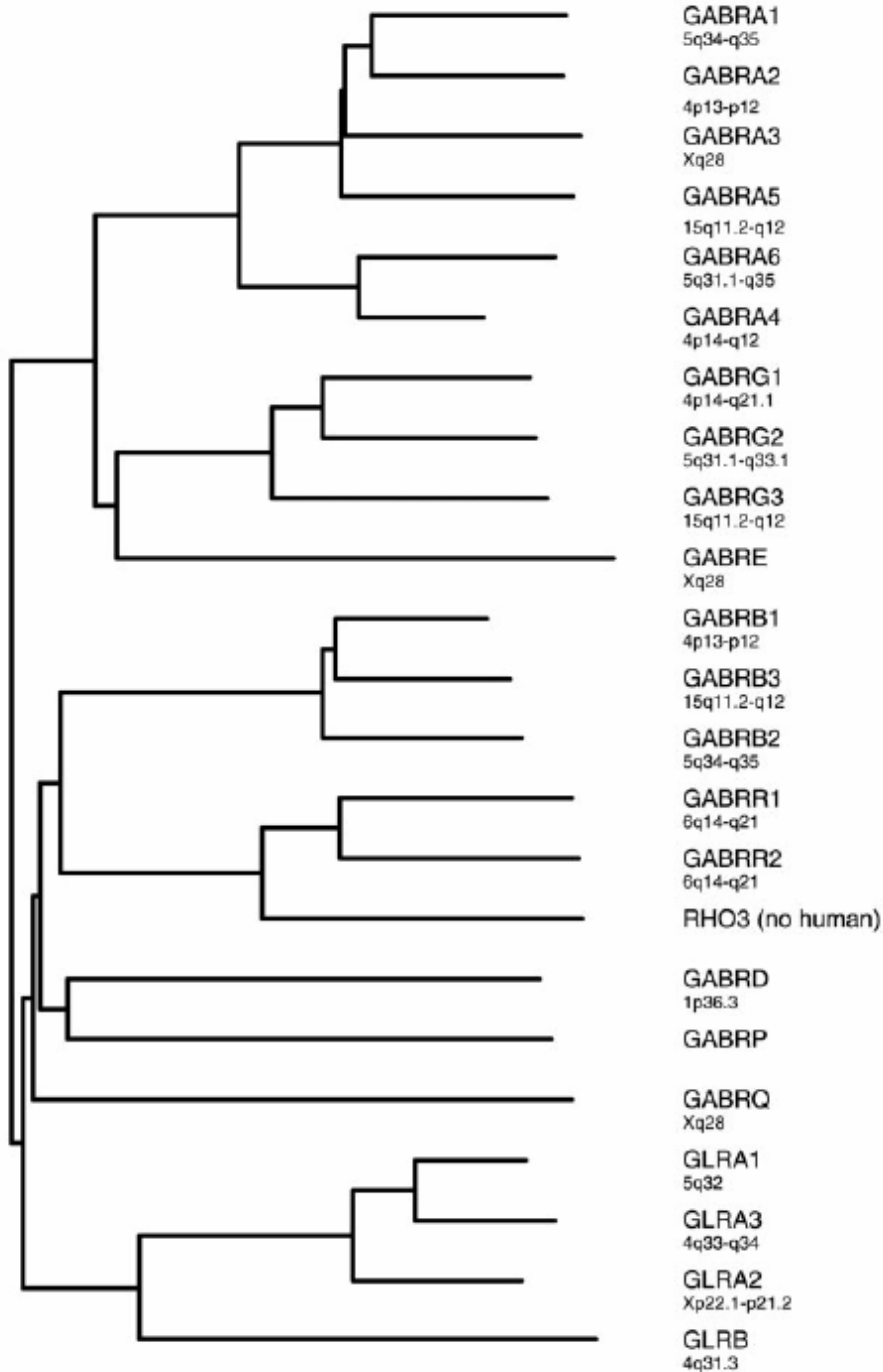
- Glycine receptor subunits have been localized in the **CNS** by autoradiography using [<sup>3</sup>H]strychnine and [<sup>3</sup>H]glycine binding, and in immunohistochemical studies using monoclonal antibodies against receptor subunits.
- They are prominently expressed in the **spinal cord** and the **medulla**. Lower levels are found in **midbrain** and **hypothalamus**, but they are virtually absent in the higher brain.
- Glycine receptors have also been found in the **retina, adrenal gland, kidney, liver and sperm**.
- Glycine and GABA receptors often **coexist** in spinal cord neurons. Jonas et al. showed that spinal interneurons release both glycine and GABA to activate functionally distinct receptors in their postsynaptic target cells.

# Functional properties of glycine receptor

- A relative **permeability** sequence:  $\text{SCN}^- > \text{NO}_3^- > \text{I}^- > \text{Br}^- > \text{Cl}^- > \text{F}^-$ , whereas the relative conductances were  $\text{Cl}^- > \text{Br}^- > \text{NO}_3^- > \text{I}^- > \text{SCN}^- > \text{F}^-$
- Glycine receptors have **multiple conductance states**:
  - The predominant conductance levels of homomeric ( $\alpha 1$ ,  $\alpha 2$ ,  $\alpha 3$ ) receptors are significantly higher than those of heteromeric ( $\alpha 1\beta$ ,  $\alpha 2\beta$ ,  $\alpha 3\beta$ ) and native glycine receptors.
  - Seven different conductance states of 12–14, 18–23, 24–36, 42–49, 59–72, 80–94, and 105–112 pS have been observed in the various subunit combinations.
- Frequency distribution histograms suggested the existence of at least **three different open states**. The mean open time of  $\alpha 1$ -homomeric channels was much shorter than those of  $\alpha 2$ -homomeric channels, consistent with a reduction in channel open times during development. Raising glycine concentrations did not affect the open time constants but increased the channel open frequency.

# ***Functional properties of glycine receptor***

- Glycine receptors were reported to strongly rectify at voltages more negative than -50 mV both in cultured neurons and upon expression in *Xenopus* oocytes.
- Rectification was absent in rat homomeric or heteromeric glycine receptors recombinantly expressed in *Xenopus* oocytes or HEK293 cells.
- Glycine receptors **desensitize with time**, resulting in a transient signal upon agonist binding. Decay time constants generally decreased with increasing agonist concentration.
- The time constant varies from 10 ms to 10 s. The shorter time constants correspond to the decay time constant of glycinergic inhibitory postsynaptic potentials.
- Receptors recovered completely from desensitization within 60 s.



# Family of ligand-gated chloride channels

- 19 members of the GABA receptor family
- 4 members of the glycine receptor family
- chromosomal localization

# Glycine receptors

Family name	Ligand	Official IUPHAR receptor name	Human gene name	Rat gene name	Mouse gene name
Glycine receptors	glycine	<u><math>\alpha 1</math></u>	GLRA1	Glr1	Glr1
Glycine receptors	glycine	<u><math>\alpha 2</math></u>	GLRA2	Glr2	Glr2
Glycine receptors	glycine	<u><math>\alpha 3</math></u>	GLRA3	Glr3	Glr3
Glycine receptors	glycine	<u><math>\alpha 4</math> (<i>pseudogene in humans</i>)</u>	GLRA4	Glr4	Glr4
Glycine receptors	glycine	<u><math>\beta</math></u>	GLRB	Glrb	Glrb
Glycine receptors	glycine	<u>Glycine Receptor (All subtypes)</u>			

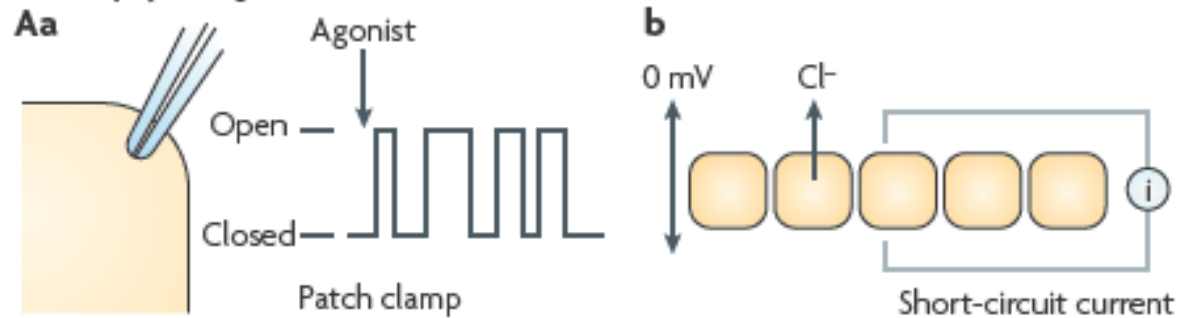
# Subtypes, functions and modulators of chloride-channel

Protein	Mechanism of regulation	Channel properties	Physiological roles	Human diseases	Pharmacological modulators
CFTR	Activated by cyclic AMP-dependent phosphorylation	Linear I-V; Cl <sup>-</sup> > I <sup>-</sup> permeability	Cl <sup>-</sup> secretion by epithelial cells in airways, submucosal glands, pancreas, intestine and testis; Cl <sup>-</sup> absorption in sweat glands	Cystic fibrosis	Multiple, nanomolar-potency activators and inhibitors
ClC-1	Activated by depolarization	Cl <sup>-</sup> > I <sup>-</sup> permeability; double-barrelled pore	Cl <sup>-</sup> conductance in skeletal muscle; repolarization after action potential	Myotonia	Weak inhibition by 9-AC, niflumic acid and DPC
ClC-2	Slowly activated by hyperpolarization and cell swelling	Inward rectification of I-V; Cl <sup>-</sup> > I <sup>-</sup> permeability	Cl <sup>-</sup> homeostasis in neurons; cell-volume regulation	Epilepsy (controversial)	Weak inhibition by classical Cl <sup>-</sup> channel blockers, inhibited by Zn <sup>2+</sup>
ClC-4 and ClC-5	None identified	Electrogenic H <sup>+</sup> /Cl <sup>-</sup> exchange; strong outward rectification	Intracellular Cl <sup>-</sup> channels facilitating endosomal and synaptic vesicle acidification	ClC-5: Dent's disease (proteinuria and kidney stones)	No known inhibitors
ClC-7	Requires OSTM1 for membrane expression	Electrogenic H <sup>+</sup> /Cl <sup>-</sup> exchanger	Acidification of resorption lacuna in osteoblasts; lysosomal acidification	Osteopetrosis; lysosomal storage disease	No known inhibitors
ClC-Ka and ClC-Kb	Weak voltage-dependence; both require barttin for membrane targeting	Moderate outward rectification of I-V; Cl <sup>-</sup> > I <sup>-</sup> permeability	Transepithelial Cl <sup>-</sup> transport in kidney tubules and inner ear	ClC-Kb: Bartter's syndrome (deafness when barttin affected)	Inhibited by phenylbenzofuran carboxylic acids
Bestrophins	Activated by elevated cytosolic Ca <sup>2+</sup>	I <sup>-</sup> > Cl <sup>-</sup> permeability	Cl <sup>-</sup> transport in retinal pigment epithelium; Ca <sup>2+</sup> -stimulated Cl <sup>-</sup> secretion in epithelia	Best vitelliform macular dystrophy	Weakly inhibited by niflumic acid and stilbenes
TMEM16A (anoctamin-1)	Activated by elevated cytosolic Ca <sup>2+</sup>	I <sup>-</sup> > Cl <sup>-</sup> permeability	Ca <sup>2+</sup> -stimulated Cl <sup>-</sup> secretion in epithelia; smooth-muscle contraction	Not known	Strongly inhibited by niflumic acid and NPPB
GABA receptor	Activated by GABA	I <sup>-</sup> > Cl <sup>-</sup> permeability	Inhibitory synaptic transmission in the brain	Epilepsy	Potentiated by benzodiazepines and barbiturates
Glycine receptor	Activated by glycine, β-alanine and taurine	I <sup>-</sup> > Cl <sup>-</sup> permeability	Inhibitory synaptic transmission in the spinal cord	Hyperekplexia	Inhibited by strychnine and picrotoxin

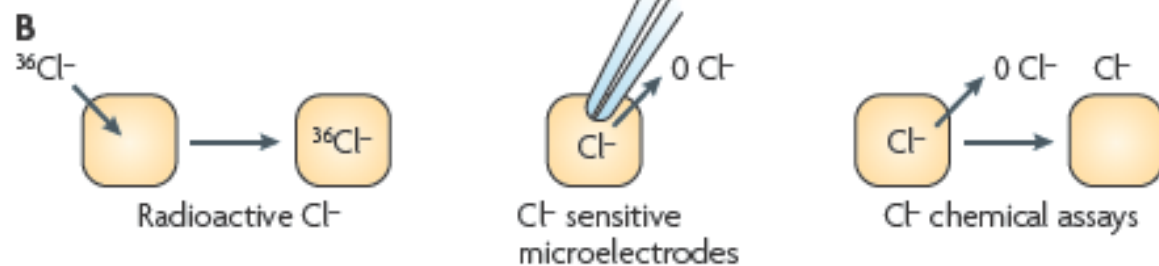
# Methods to assay chloride-channel activity

- cell-attached patch-clamp configuration
- changes in intracellular or extracellular chloride concentration in response to imposed chloride gradients
- fluorescent protein are particularly useful for chloride-channel screening assays

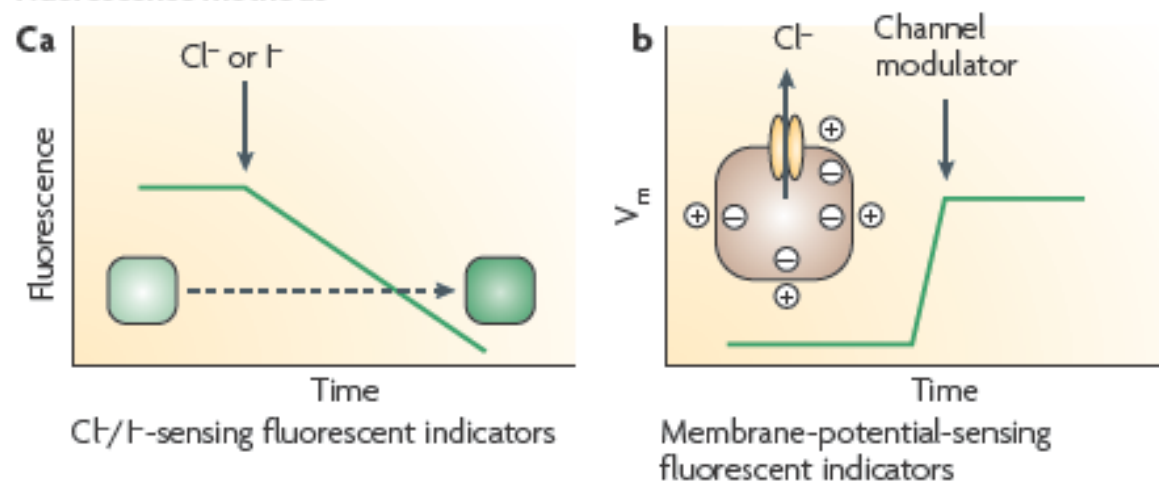
## Electrophysiological methods



## Concentration-based methods

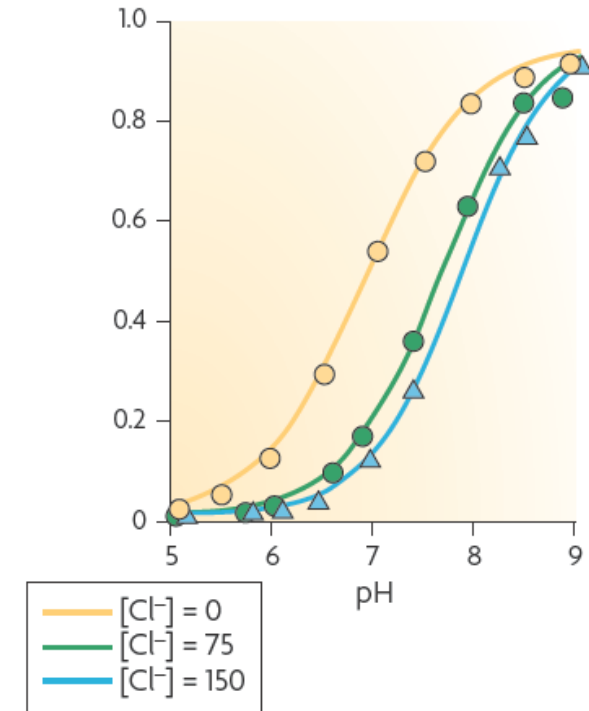
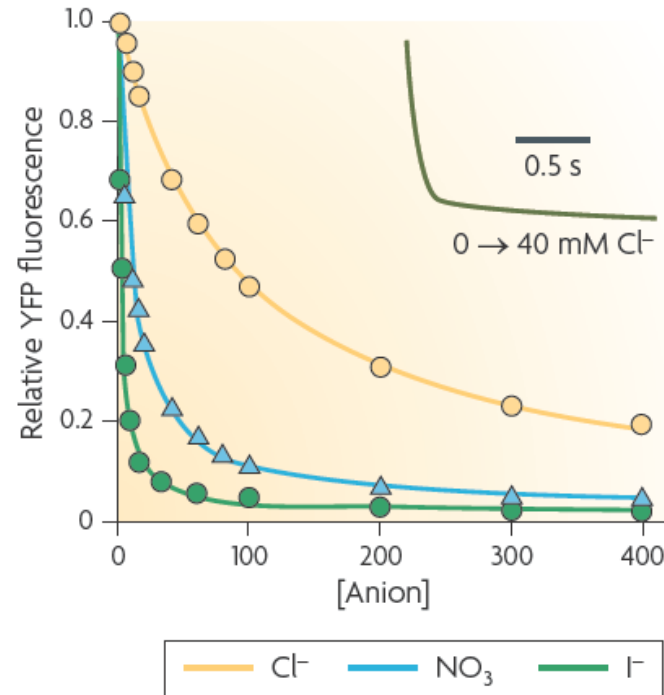
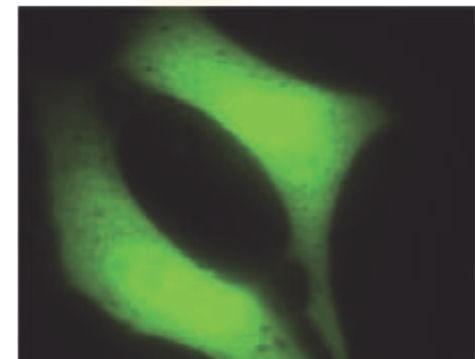
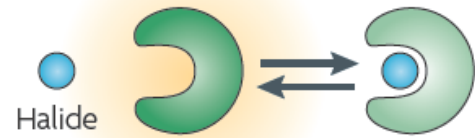


## Fluorescence methods





# Fluorescent-protein-based screening method



- reduced yellow fluorescent protein (YFP) fluorescence following halide binding
- cells expressing YFP in a cytoplasmic pattern
- titration of YFP-H148Q/I152L fluorescence with chloride, iodide and nitrate at pH 7.4
- rapid indicator response following an increase in Cl<sup>-</sup> concentration from 0 mM to 40 mM
- pH titration at Cl<sup>-</sup> concentration of 0 mM, 75 mM and 150 mM

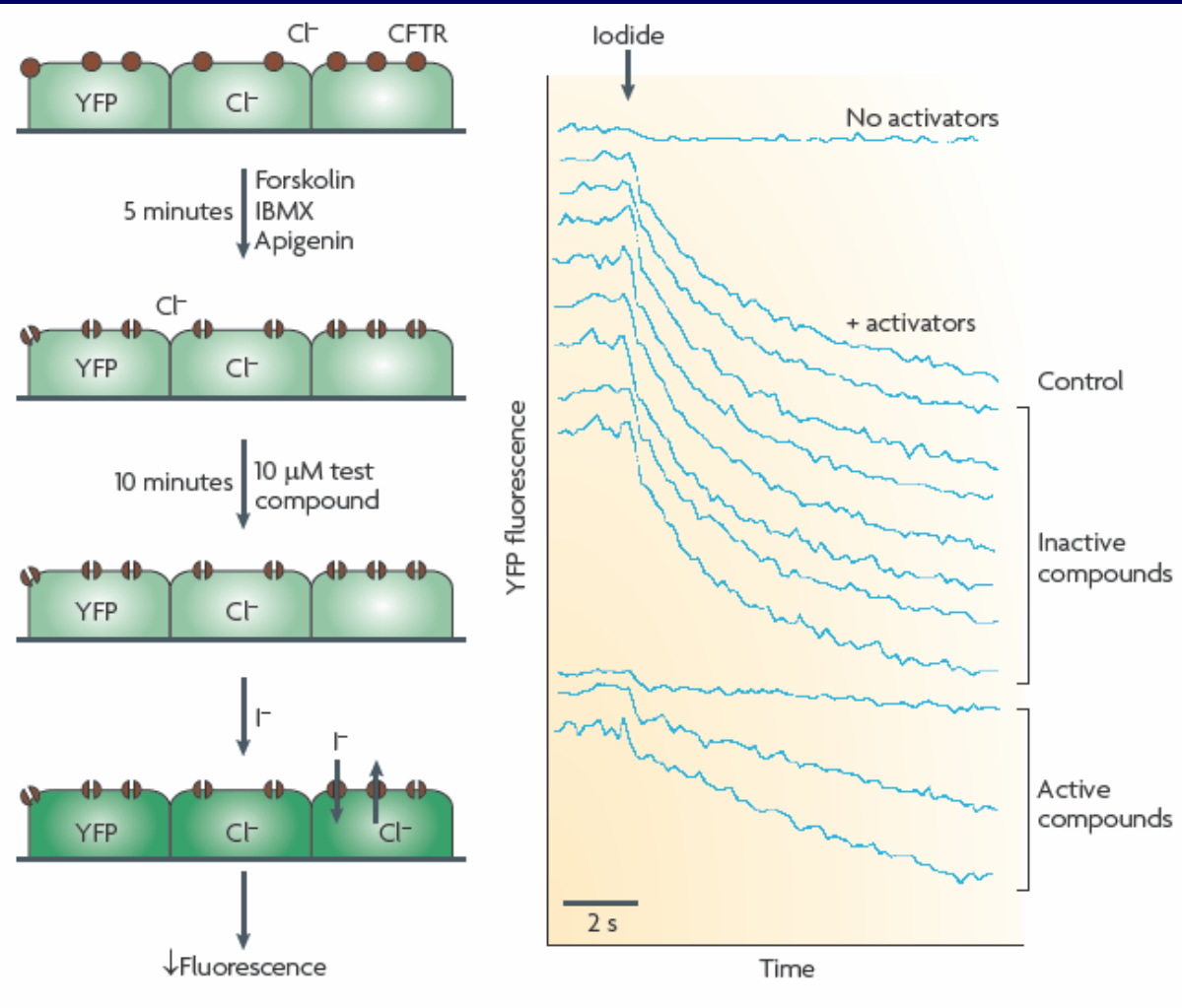
# **Cystic fibrosis transmembrane conductance regulator (CFTR)**

- **Family: ATP-binding cassette (ABC) transporters**
- **Transmembrane domains: 2 Sets of 6**
- **Sets separated by a cytoplasmic region with nucleotide binding fold (NBF1) & regulatory R domain**
- **Channel opening is controlled by**
  - **Intracellular ATP**
  - **Phosphorylation by cAMP- or cGMP-dependent kinases**

# CFTR

- CFTR is now known to be a **voltage-independent** anion channel, which requires the presence of hydrolyzable nucleoside triphosphates for efficient activity.
- In symmetrical  $\text{Cl}^-$  concentrations, CFTR has a linear current-voltage (***I-V***) **relationship**, but in asymmetrical  $\text{Cl}^-$  concentrations the *I-V* relationship is rectified.
- The single-channel conductance of CFTR is between 6 and 10 pS.
- The anion **permeability** sequence of CFTR in whole cell patch experiments is  $\text{Br}^- > \text{Cl}^- > \text{I}^- > \text{F}^-$ . In single-channel measurements, Tabacharani et al. found a higher permeability for  $\text{I}^-$  than for  $\text{Cl}^-$ , but as  $\text{I}^-$  blocks the pore,  $\text{Cl}^-$  is conducted better.
- A mechanistic link between ATP hydrolysis and a specific step in CFTR gating is still missing.

# Screening protocol for CFTR inhibitors



- CFTR halide conductance in cells co-expressing CFTR and YFP indicator
- Stimulation of an agonist mixture (forskolin, 3-isobutyl-1-methylxanthine (IBMX), apigenin)
- After addition of test compound, iodide influx is measured by YFP fluorescence
- Single-well fluorescence data showing controls and test wells

# Cellular regulation of CFTR activity

- CFTR is the substrate for protein kinases, most importantly protein kinase C. It enhances the effect of PKA-mediated phosphorylation.
- CFTR activation appears to be a multistep process that requires the activity of **protein kinase C, PKA**, and a high **ATP/ADP ratio** to achieve maximal activity.
- The main “switch” for the cell to turn CFTR on or off seems to be **phosphorylation** by PKA, which can be substantially increased by a rise in intracellular cAMP concentration and which is kept in a dynamic state by a high phosphatase activity associated with the CFTR protein.
- Up to **15 phosphorylation sites** may be involved in the PKA-dependent activation, not all of which are likely to be phosphorylated at the same time.
- CFTR regulation: the effect of the added negative charge primes the channel for gating activity.

# CIC-K in Fish

- CIC-K channels from *Xenopus laevis* and *Oeochromis mossambicus* (a fish called tilapia that can adapt to both sea and fresh water) have been cloned. One CIC-K channel has been cloned from each species.
- OmCIC-K, an *Oeochromis mossambicus* CIC-K channel, has been localized to the basolateral plasma membrane of distal tubules, and colocalization with Na/K-ATPase channels has been observed.
- The tilapia nephron lacks a loop of Henle; however, tilapia distal tubules share similar properties with the TAL in mammals, such as active Na<sup>+</sup> and Cl<sup>-</sup> transport through the apical Na/K/2Cl cotransporter, basolateral Na/K-ATPase, and a lack of water permeability, suggesting that this is a nephron segment to generate free water. Tilapia can adapt to sea water and fresh water.
- Thus if OmCIC-K has a role in generating free water, it should be active when tilapia are in freshwater because they must conserve NaCl and secrete water in fresh water conditions. Miyazaki et al. have shown that OmCIC-K is expressed only when tilapia are in freshwater, which suggests that the CIC-K channel evolved to enable tilapia to tolerate fresh water.

# CIC-K in Fish

- CIC-K2 in mammals might be akin to CIC-K in tilapia. It is possible that gene duplication resulted in CIC-K1 in mammals, thus enabling even greater urine concentrating ability.
- Intrarenal localization of *Xenopus* CIC-K has been reported by Maulet et al. following immunohistochemical staining of CIC-K at the basolateral surface of proximal tubules and the apical surface of distal nephrons. However, this observation of intrarenal and cellular localization of *Xenopus* CIC-K does not fit with the above observations regarding the role of CIC-K channels in mammals and fish.
- *Xenopus* CIC-K is present in pronephric distal tubule and duct but not in the proximal tubules. Further characterization of *Xenopus* CIC-K may be necessary.

# Pharmacology of Cl<sup>-</sup> channels

Inhibitor Type	Substance	ClC-1	ClC-2	CFTR	Cl(Ca)	Cl(Vol)	CLIC
Disulfonic stilbenes (irreversibly binding)	DIDS, SITS		o	-/+*	o	+	o
Disulfonic stilbenes (reversibly binding)	DNDS			-/o*	-	-	o
Arylamino benzoates	DPC	o	o	o		o	
	NPPB			+	+	+	
Fenamates	FFA			o	+	o	
	NFA	o		o	+	o	
Anthracene carboxylates	9-AC	+	o	o	o	o	
Indanylalkanoic acids	IAA-94			-		o	+
Clofibric acid derivatives	Clofibric acid, CPP	+		o			
Sulfonylureas	Glibenclamide, tolbutamide			+	Varies	o	
Other compounds	<i>ts-tm</i> -Calix(4)arene			-			++
	Suramin			-/+**			
	Tamoxifen					++	
Metal ions	Zn <sup>2+</sup>	o	+				
	Cd <sup>2+</sup>		o				

- ++,  $IC_{50} \leq 5 \mu M$ ; +,  $5 \mu M < IC_{50} \leq 100 \mu M$ ; o,  $100 \mu M < IC_{50} \leq 2 \text{ mM}$ ; -,  $IC_{50} > 2 \text{ mM}$ . \* Potency upon extracellular/intracellular application.
- DPC, diphenylaminocarboxylate;
- NPPB, 5-nitro-2-(3-phenylpropylamino)benzoic acid;
- FFA, flufenamic acid;
- NFA, niflumic acid;
- 9-AC, anthracene-9-carboxylate;
- IAA, indanyloxyacetic acid;
- CPP, 2-(*p*-chlorophenoxy)propionic acid.



# Pathology

- **Bartter's syndrome**, which is associated with renal salt wasting and hypokalemic alkalosis, is due to the defective transport of chloride ions and associated ions in the thick ascending loop of Henle. CLC-Kb has been implicated.
- **Dent's Disease**, an inherited disease that affects the kidney organs, is characterised by low molecular weight proteinuria and hypercalciuria where mutations in CLC-5 are implicated.
- **Thomsen disease** is associated with dominant mutations and Becker disease with recessive mutations in CLCN1.
- **Cystic fibrosis** is caused by a mutation in the DF508 region of the CFTR gene, which prevents the proper folding of the protein and subsequent degradation, resulting in decreased numbers of chloride channels in the body. This causes the build up of mucus in the body and chronic infections.

# Disorders

- **Myotonia congenita (CLC-1)**
  - **Dominant (Thompson)**
  - **Recessive (Becker)**
- **Myotonic Dystrophy (DM1; DM2): Expanded CUG or CCUG repeats**
  - **Retained in nucleus**
  - **Disrupt splicing of chloride channel (CLC-1) pre-mRNA**

# Disorders

- **Epilepsy**
  - **CLC-2**
    - **Absence epilepsy: Childhood & Juvenile**
    - **Myoclonic epilepsy: Juvenile**
    - **Epilepsy with grand mal seizures on awakening**
  - **Gamma-aminobutyric acid (GABA) receptors**
    - **$\gamma$ -2 subunit (GABRG2);**
      - **Chromosome 5q31.1-q33.1; Dominant**
      - **Generalized epilepsy with febrile seizures plus, type 3**
      - **Childhood absence epilepsy**
      - **Febrile seizures**

# Disorders

- **Renal tubular disorders (CLC-5)**
  - **Hypercalciuric nephrolithiasis**
  - **X-linked recessive Nephrolithiasis**
  - **Dent disease**
- **Nephrogenic diabetes insipidus (Mouse): (CLC-KA)**
- **Bartter's syndrome (CLC-KB)**
- **Cystic fibrosis (Epithelial chloride channel)**
- **Osteopetrosis, infantile, malignant: CLC-7**
- **Angleman or Prader-Willi: GABAAB3 receptor subunit**
- **SLC26A4: Transporter of chloride & iodide**
  - **Non-syndromic deafness, congenital**
  - **Pendred syndrome**

# Disorders

- **Alcohol non-tolerant rat: GABA $\alpha$ 6 receptor subunit**
- **Glioma**
  - **Cl $^-$  channels upregulated in glioma cells**
  - **High grade (poorly differentiated) tumors also lose Na $^+$  channels Toxin: Chlorotoxin (Scorpion)**

# Disorders of Cl<sup>-</sup> transport

Human disease	Protein/gene	Defective function
Anderman syndrome	KCC3/SLC12A6	Neural development
Bartter syndrome type I	NKCC/SLC12A1	Renal salt balance
Bartter syndrome type III	ClC-Kb/CLCNKB	Renal salt balance
Bartter syndrome type IV with deafness	Barttin/BSND	Renal salt loss, endolymph secretion
Congenital chloride diarrhea	SLC26A3	Intestinal fluid secretion
Deafness	KCC4/SLC12A7	Potassium recycling
Dent's disease	ClC-5/CLCN5	Endosomal acidification
Distal renal tubule acidosis	AE1/SLC4A1	Renal pH balance
Epilepsy	GABA <sub>A</sub> receptor $\gamma$ 2	Synaptic inhibition
Hyperekplexia	Glycine receptor/GLRA1	Synaptic inhibition
Idiopathic generalized epilepsy <sup>a</sup>	CLC-2/CLCN2	Cl <sup>-</sup> channel deactivation
Juvenile myoclonus epilepsy	GABA <sub>A</sub> receptor $\alpha$ 1	Synaptic inhibition
Myotonia congenita	ClC-1/CLCN1	Membrane potential
Neuronal ceroid lipofuscinosis	CLC-7/CLCN7	Lysosomal dysfunction
Osteopetrosis	CLC-7/CLCN7	Acid secretion by osteoclasts
	Ostm1/OSTM1	
Spherocytosis	AE1/SLC4A1	Membrane stability
Vitelliform macular dystrophy	Bestrophin 1/VMD2	Retinal pigment epithelium Cl <sup>-</sup> transport?

<sup>a</sup>Susceptibility gene.

# Clinical use

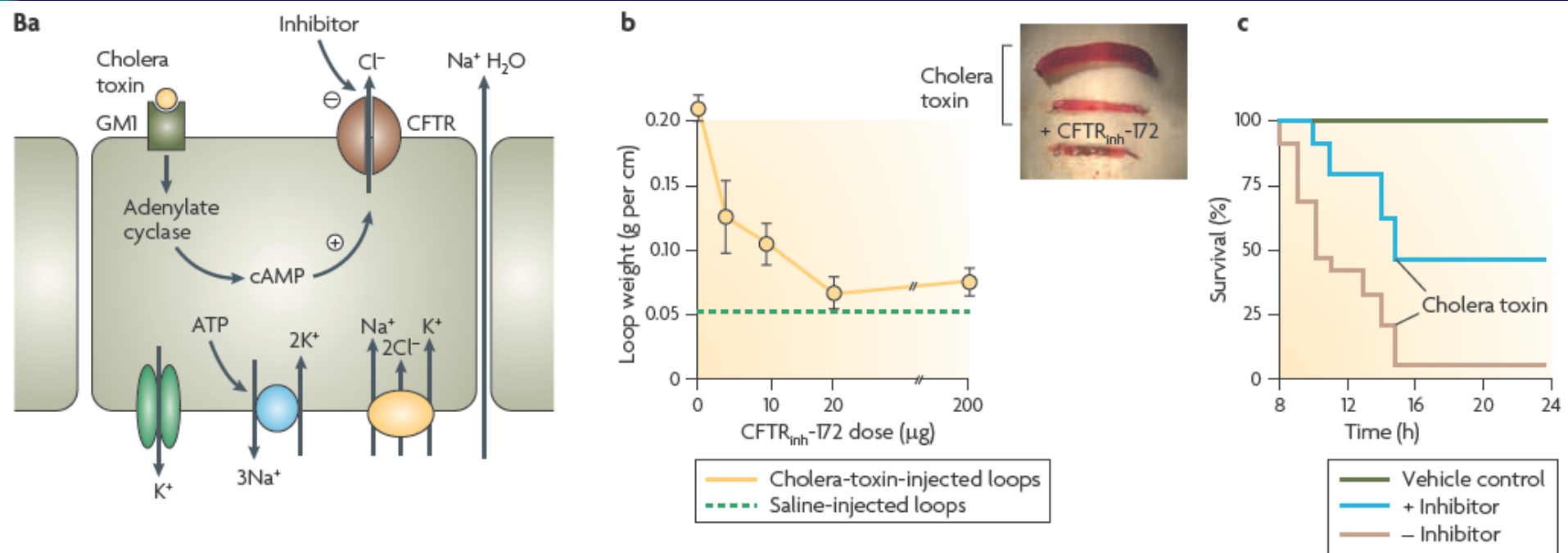
- **Modulators** of ligand gated chloride channels, such as barbiturates and benzodiazepines for GABA<sub>A</sub> gated chloride channels, are in clinical use.
- Several compounds are in Phase II clinical trials for cystic fibrosis, including **potentiators** of mutant CFTRs and activators of CaCCs, which act by elevating cytoplasmic calcium.
- Candidate **inhibitors** of CFTR, CaCCs and CICs have also been identified and are in various stages of preclinical development.

# Commercial applications

- **Some organic materials disrupt chloride channels in fleas, causing death.**
- **Selamectin is the active ingredient in Revolution, a topical insecticide and antihelminthic used on dogs and cats. Selamectin works by replacing glutamate which normally interacts with receptors that open chloride channels at muscle synapses found in parasites. Unlike glutamate, selamectin activates the chloride current without desensitization, thereby producing prolonged hyperpolarization and impaired muscle contraction.**



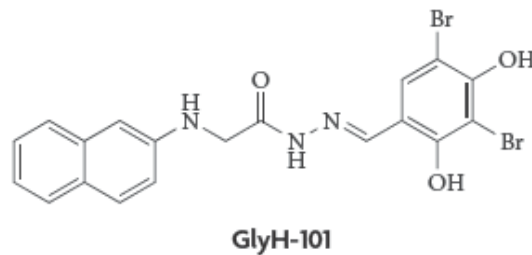
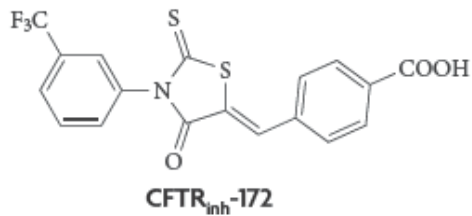
# Intestinal fluid secretion in diarrhoea



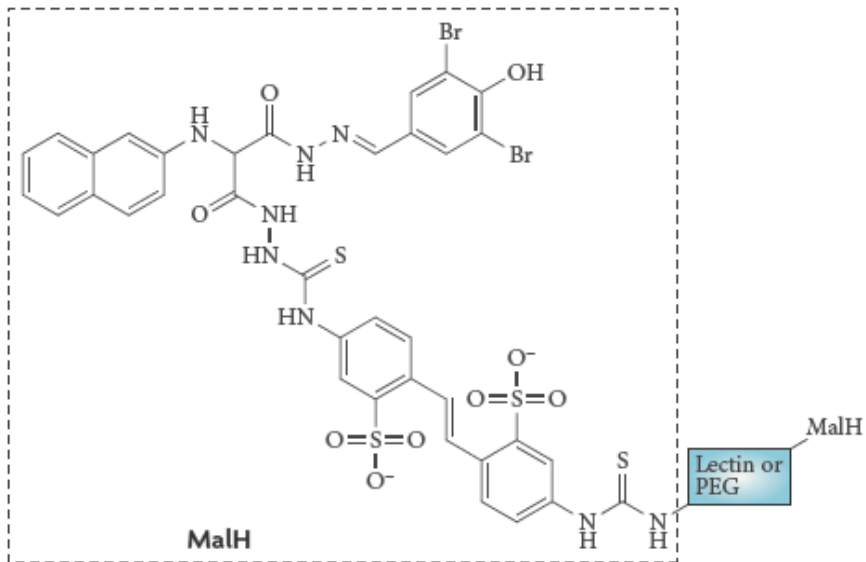
- CFTR chloride secretion following cholera toxin-induced cyclic AMP elevation. Sodium and water follow passively.
- CFTR<sub>inh</sub>-172 inhibits intestinal fluid accumulation in closed mouse ileal loops.
- Survival of suckling mice following oral administration of cholera toxin with or without CFTR inhibitor MalH-lectin

# CFTR inhibitors

Aa

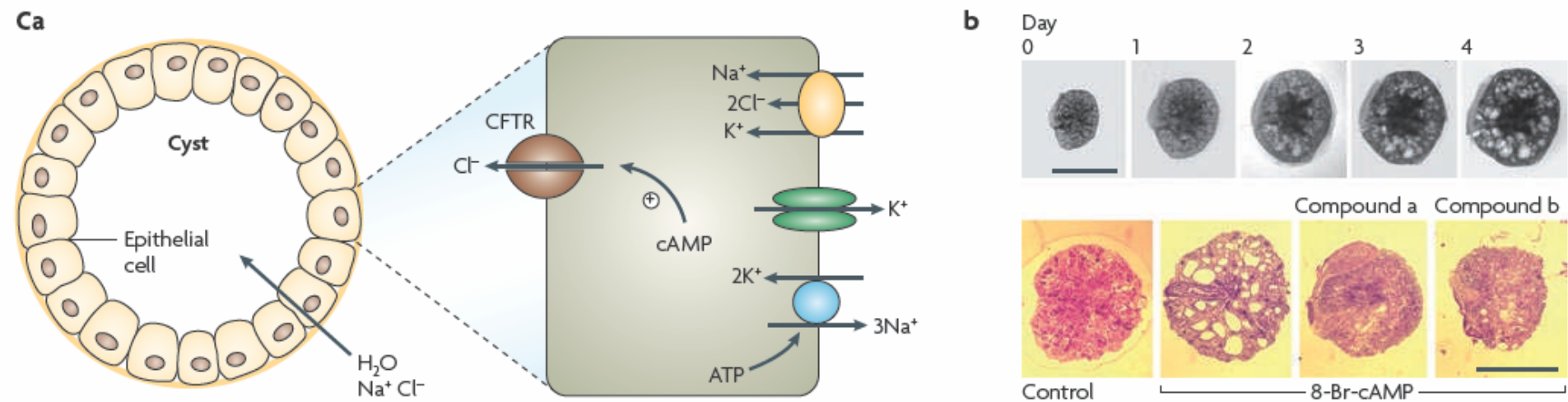


b



- Structures of thiazolidinone CFTR inhibitor CFTR<sub>inh</sub>-172 and glycine hydrazide GlyH-101
- Malonic acid hydrazide (MalH) conjugated to a macromolecular backbone (lectin or polyethylene glycol (PEG)).

# Cyst fluid secretion in polycystic kidney disease

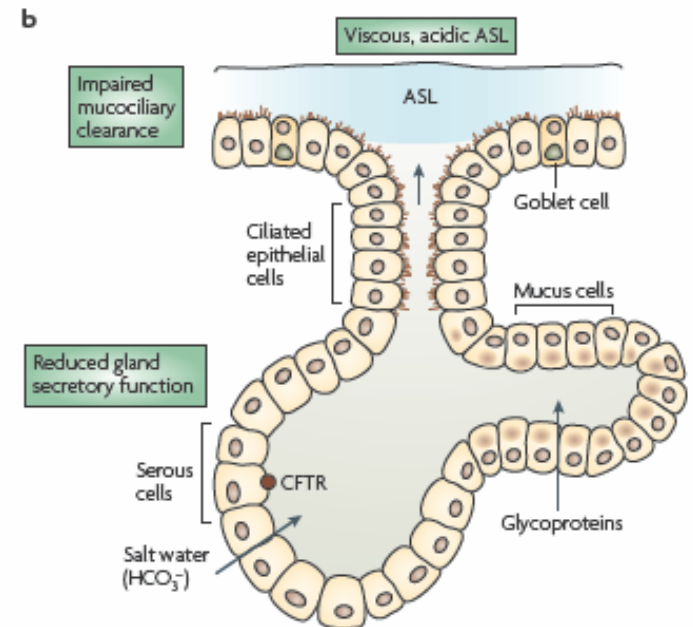
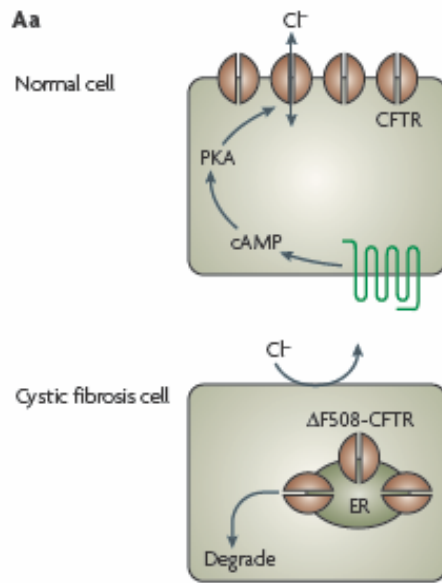


- Mechanism of fluid secretion into cysts, involving CFTR-dependent chloride secretion.
- CFTR inhibitors cause slowing of cyst expansion in embryonic kidney organ culture.

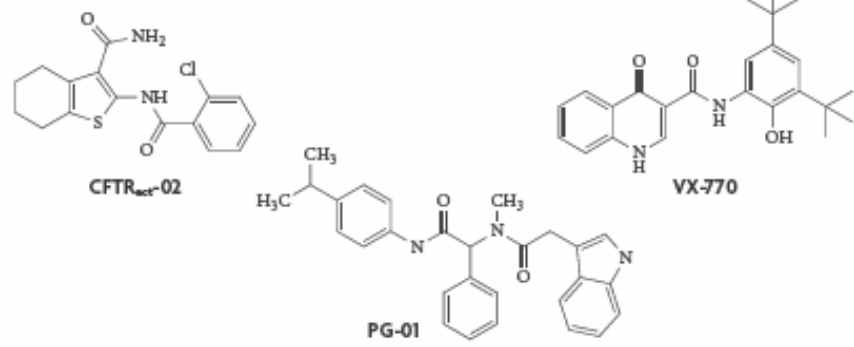
compound a: a tetrazolo-derivatized thiazolidinone analogue

compound b: an absorbable, phenyl-derivatized glycine hydrazide analogue

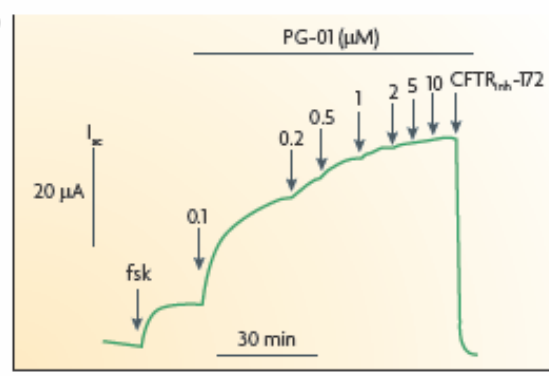
# Lung pathophysiology in cystic fibrosis (CF) and activators of $\Delta F508$ -CFTR, the most common CF-causing mutation



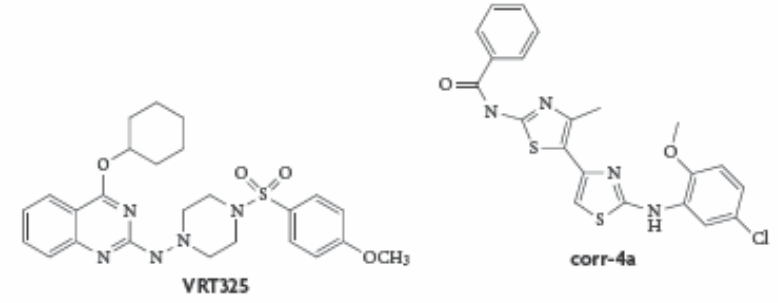
**Ba**  $\Delta F508$ -CFTR potentiators



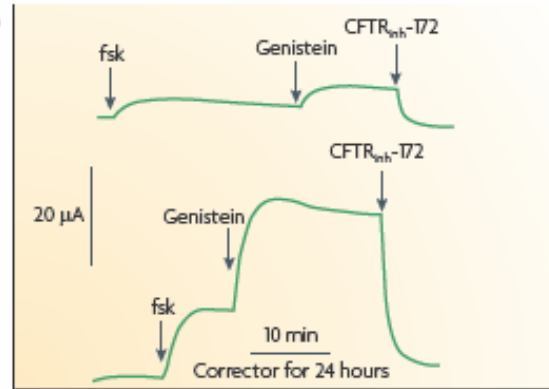
**b**



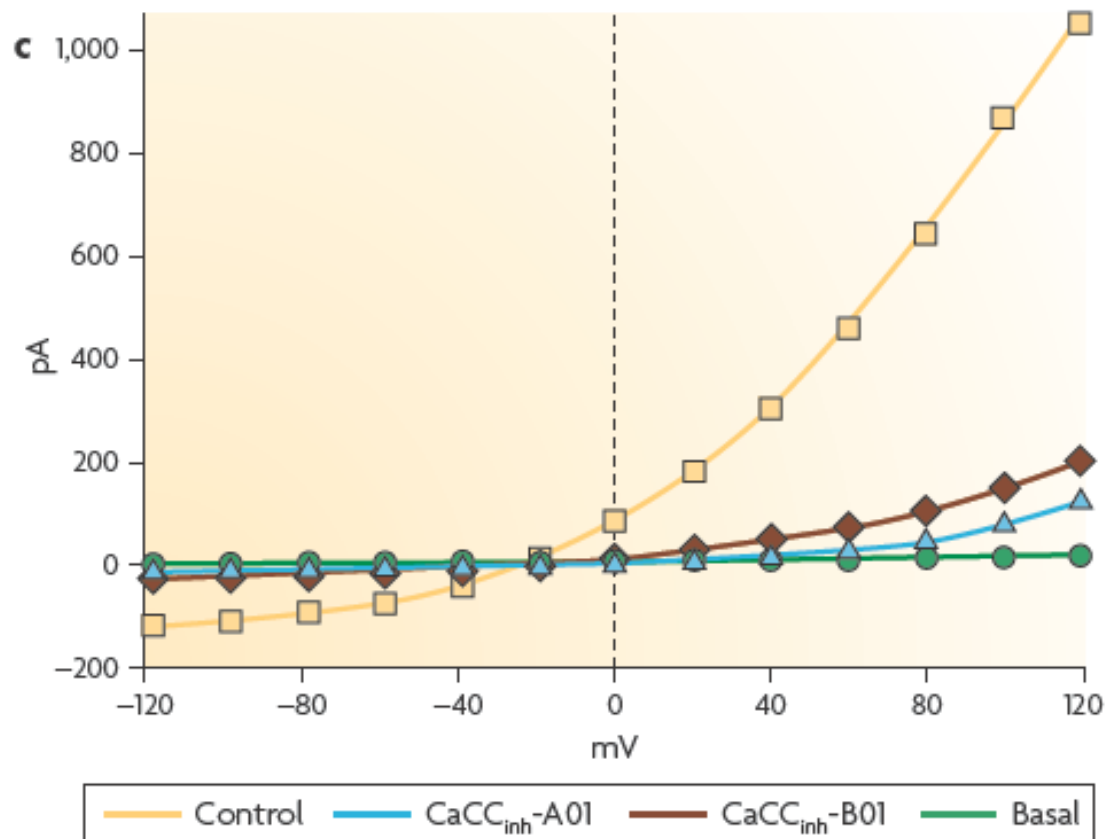
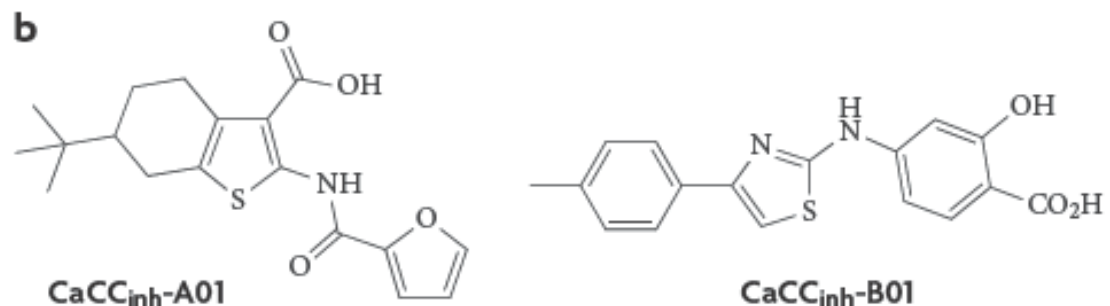
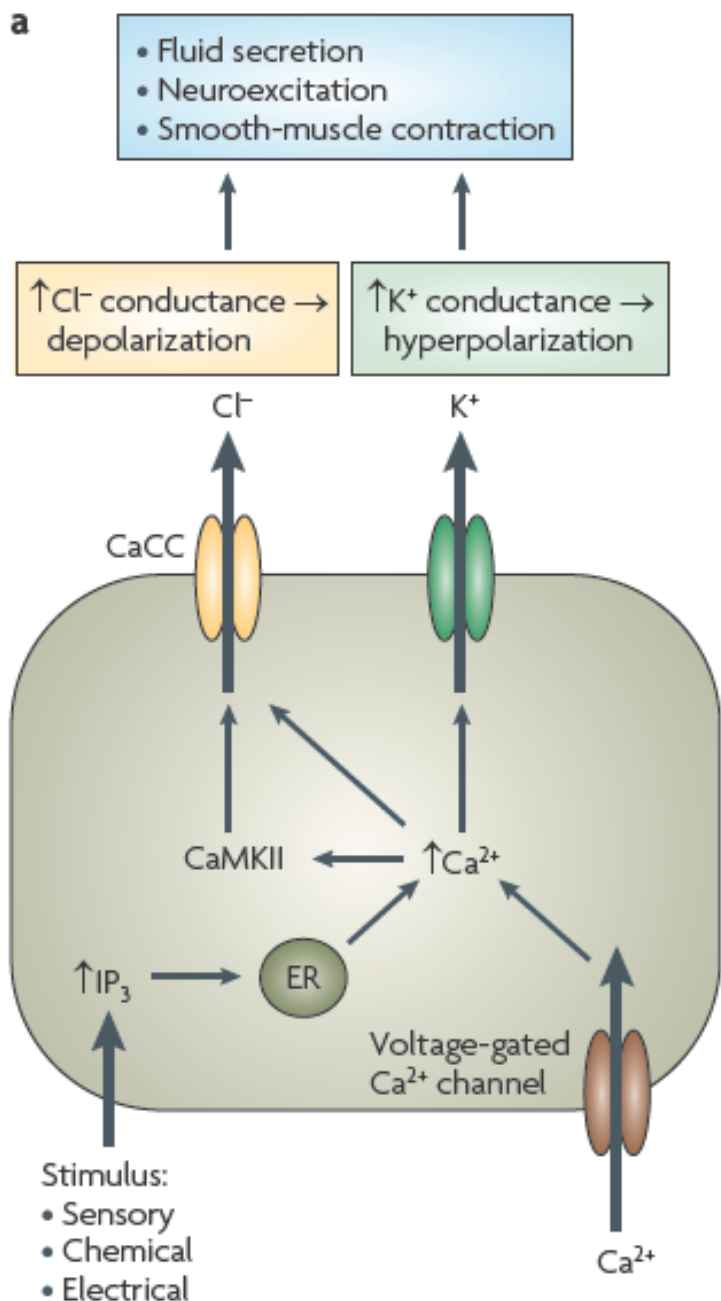
**Ca**  $\Delta F508$ -CFTR correctors

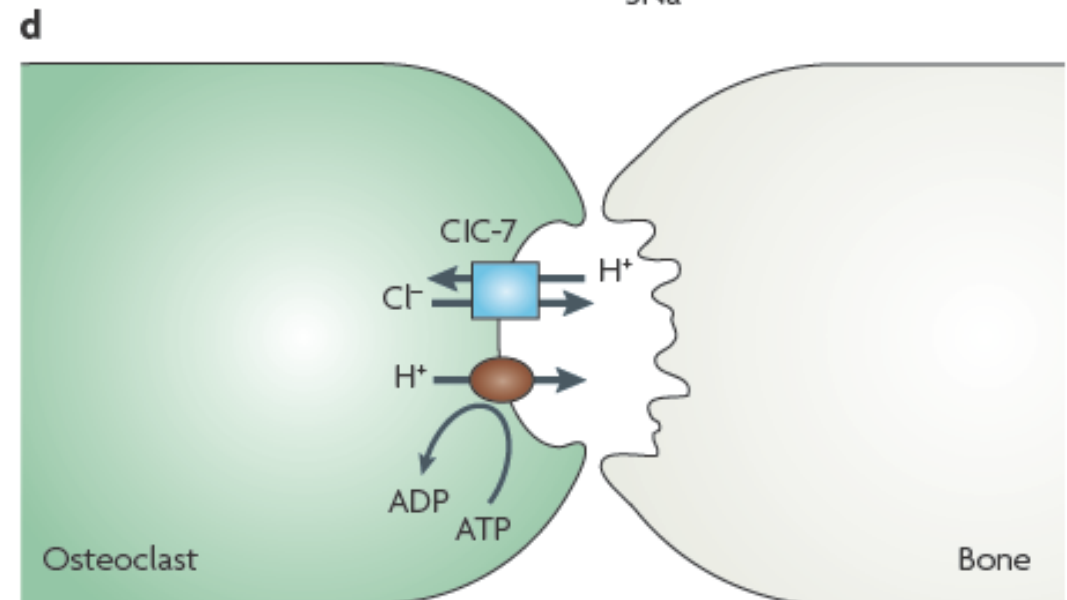
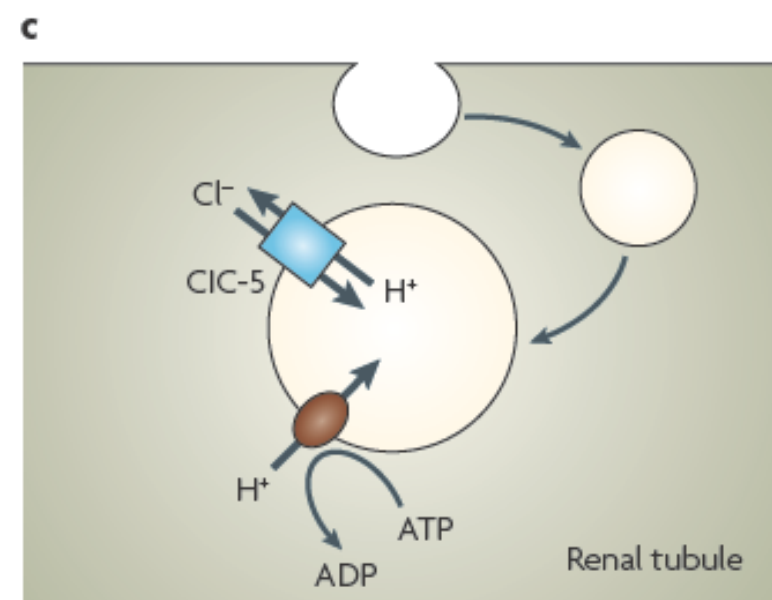
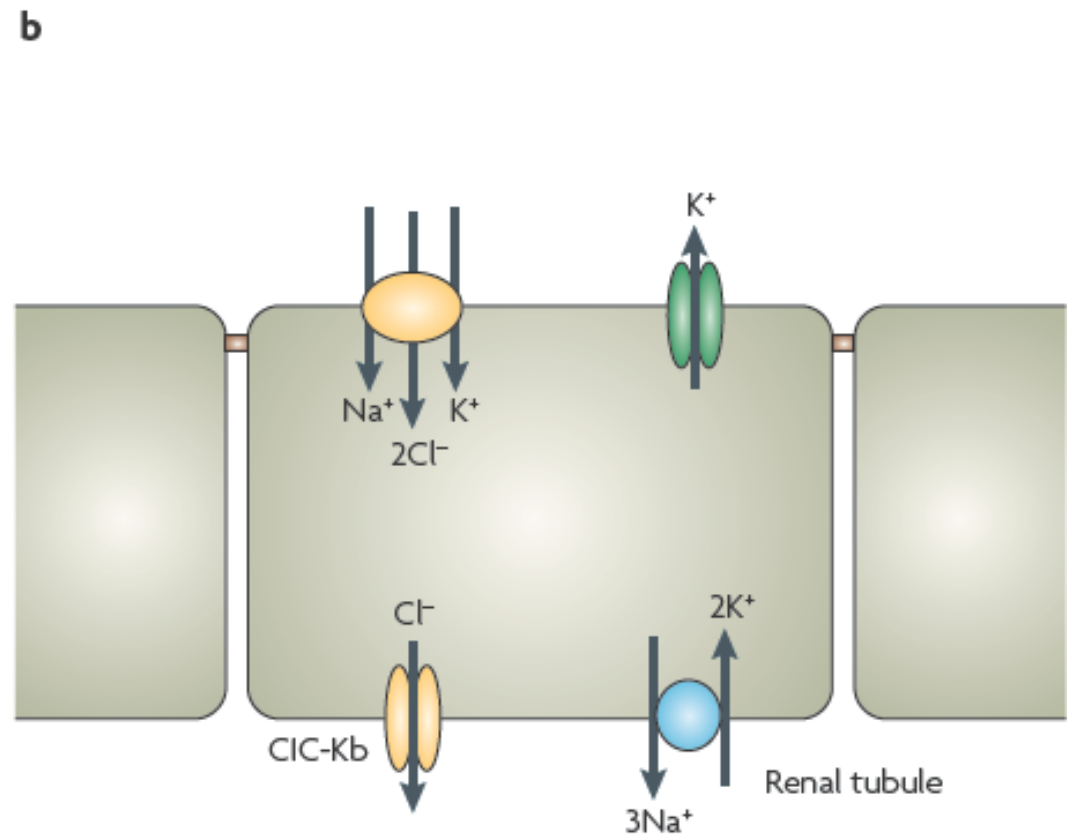
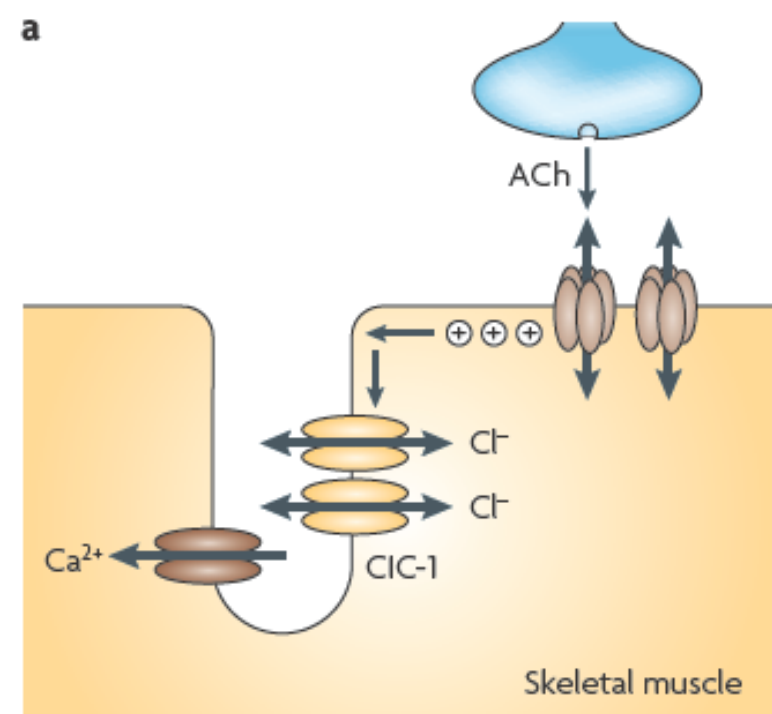


**b**



# Cellular physiology of calcium-activated Cl<sup>-</sup> channels and small-molecule inhibitors





# 5-HT<sub>3</sub> receptors

Family name	Ligand	Official IUPHAR receptor name	Human gene name	Rat gene name	Mouse gene name
5-HT <sub>3</sub> receptors	5-hydroxytryptamine	<u>5-HT3A</u>	HTR3A	Htr3a	Htr3a
5-HT <sub>3</sub> receptors	5-hydroxytryptamine	<u>5-HT3B</u>	HTR3B	Htr3b	Htr3b
5-HT <sub>3</sub> receptors	5-hydroxytryptamine	<u>5-HT3C</u>	HTR3C		
5-HT <sub>3</sub> receptors	5-hydroxytryptamine	<u>5-HT3D</u>	HTR3D		
5-HT <sub>3</sub> receptors	5-hydroxytryptamine	<u>5-HT3E</u>	HTR3E		
5-HT <sub>3</sub> receptors	5-hydroxytryptamine	<u>5-HT<sub>3</sub>AB</u>			
5-HT <sub>3</sub> receptors	5-hydroxytryptamine	<u>5-HT<sub>3</sub>A</u>			

# Nicotinic acetylcholine receptors

Family name	Ligand	Official IUPHAR receptor name	Human gene name	Rat gene name	Mouse gene name
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\alpha</math> 1</u>	CHRNA1	Chrna1	Chrna1
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\alpha</math> 2</u>	CHRNA2	Chrna2	Chrna2
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\alpha</math> 3</u>	CHRNA3	Chrna3	Chrna3
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\alpha</math> 4</u>	CHRNA4	Chrna4	Chrna4
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\alpha</math> 5</u>	CHRNA5	Chrna5	Chrna5
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\alpha</math> 6</u>	CHRNA6	Chrna6	Chrna6
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\alpha</math> 7</u>	CHRNA7	Chra7	Chrna7
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\alpha</math> 9</u>	CHRNA9	Chrna9	Chrna9
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\alpha</math> 10</u>	CHRNA10	Chrna10	Chrna10
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\beta</math> 1</u>	CHRNB1	Chrb1	Chrb1
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\beta</math> 2</u>	CHRNB2	Chrb2	Chrb2
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\beta</math> 3</u>	CHRNB3	Chrb3	Chrb3
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\beta</math> 4</u>	CHRNB4	Chrb4	Chrb4
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\gamma</math></u>	CHRNG	Chrng	Chrng
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\delta</math></u>	CHRND	Chrnd	Chrnd
Nicotinic acetylcholine receptors	acetylcholine	<u><math>\epsilon</math></u>	CHRNE	Chrne	Chrne



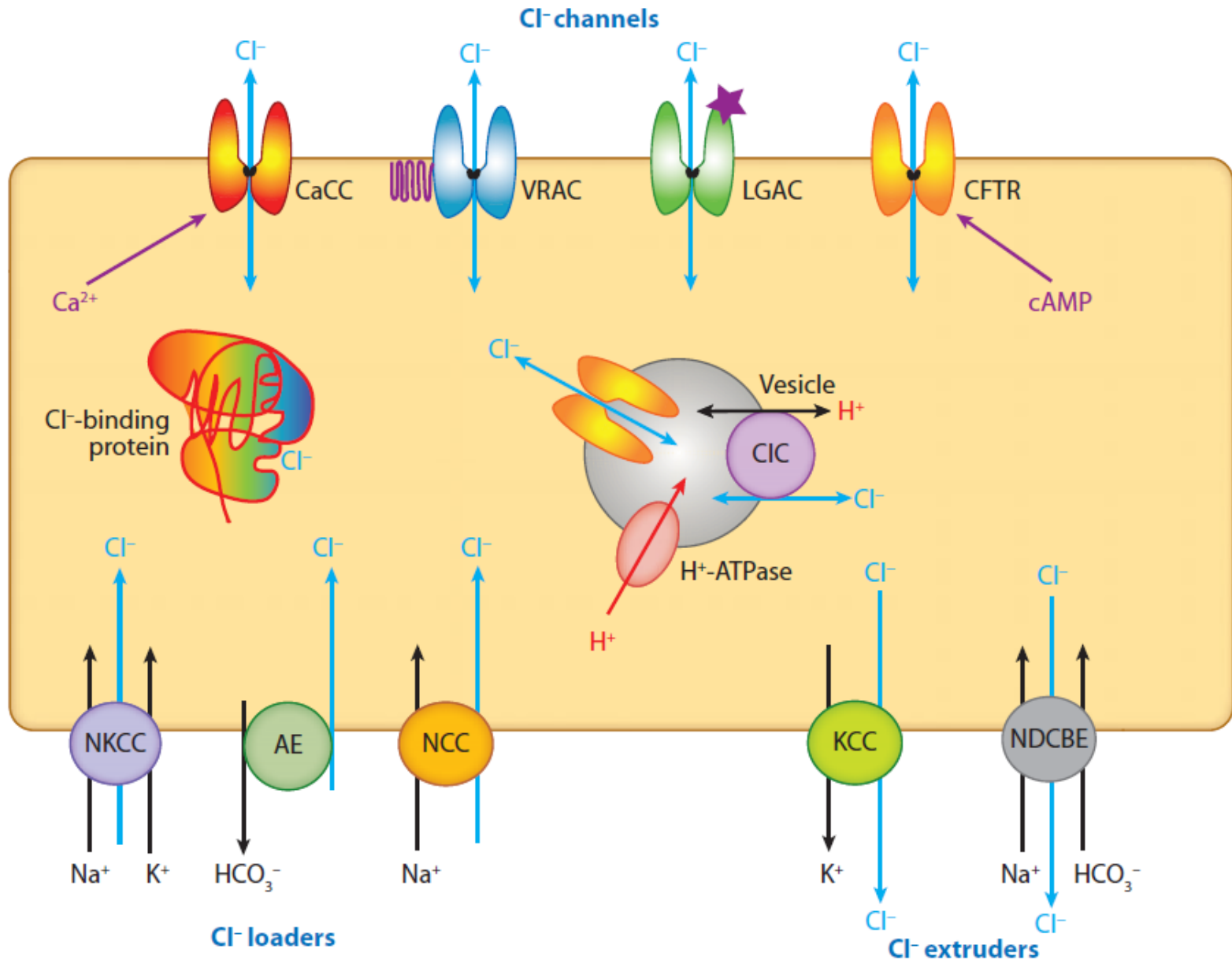
# P2X receptors

Family name	Ligand	Official IUPHAR receptor name	Human gene name	Rat gene name	Mouse gene name
P2X receptors	ATP	<u>P2X1</u>	P2RX1	P2rx1	P2rx1
P2X receptors	ATP	<u>P2X2</u>	P2RX2	P2rx2	P2rx2
P2X receptors	ATP	<u>P2X3</u>	P2RX3	P2rx3	P2rx3
P2X receptors	ATP	<u>P2X4</u>	P2RX4	P2rx4	P2rx4
P2X receptors	ATP	<u>P2X5</u>	P2RX5	P2rx5	P2rx5
P2X receptors	ATP	<u>P2X6</u>	P2RXL1	P2rxl1	P2rxl1
P2X receptors	ATP	<u>P2X7</u>	P2RX7	P2xr7	P2rx7

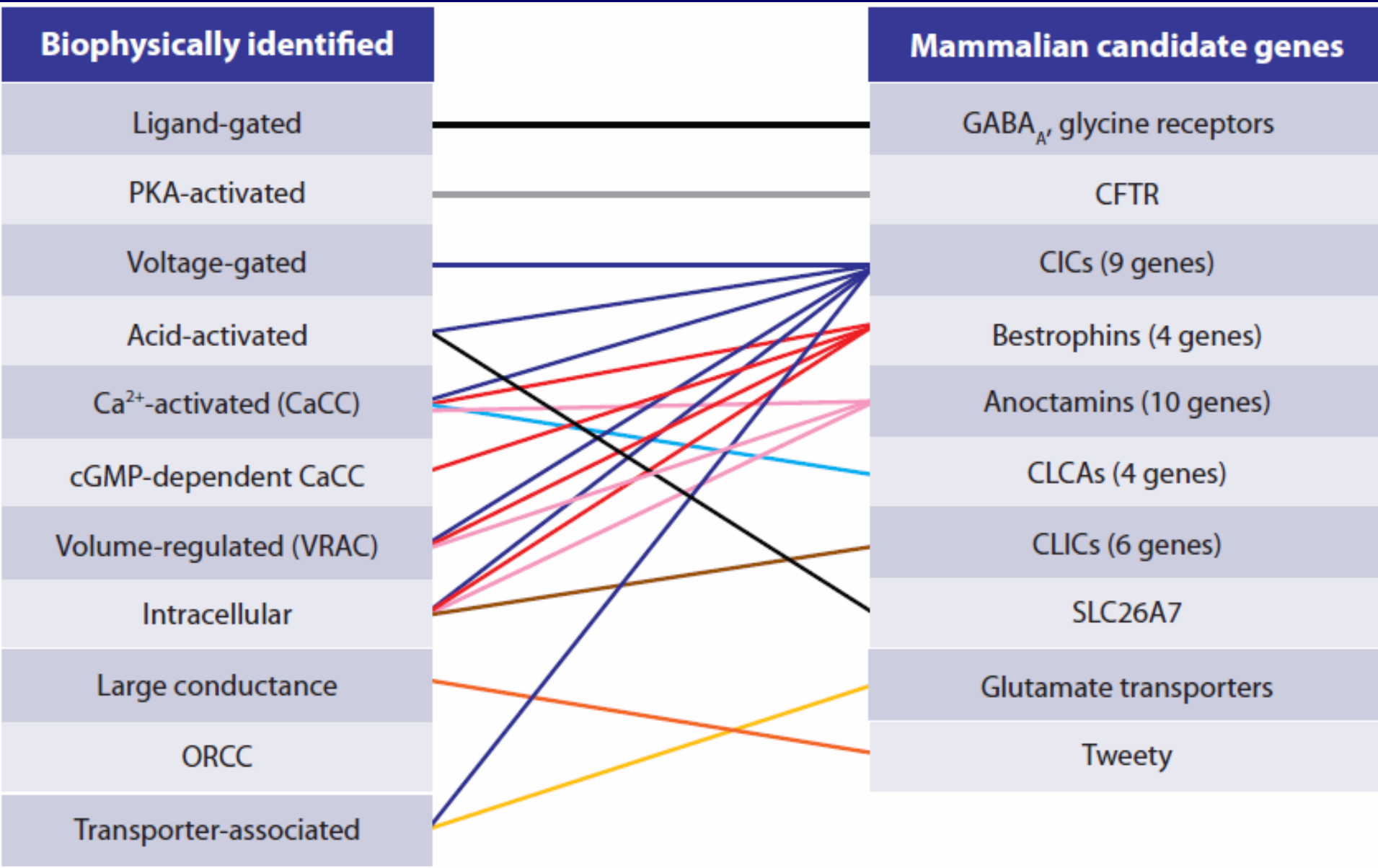
# ZAC

Family name	Ligand	Official IUPHAR receptor name	Human gene name	Rat gene name	Mouse gene name
ZAC	Zn <sup>++</sup>	<u>ZAC</u>	ZACN		

# Cellular Cl<sup>-</sup> signaling



# Relationship of biophysically identified Cl<sup>-</sup> channels to genes



See you next week!

