# **Pattern of Ca2+ increase determines the type of secretory mechanism activated in dog pancreatic duct epithelial cells**

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Intracellular calcium concentration  $([Ca<sup>2+</sup>]$ <sup>3</sup> is a key factor controlling secretion from various cell types. We investigated how different patterns of  $[Ca^{2+}]$ **i** signals evoke salt secretion *via* **ion transport mechanisms and mucin secretion** *via* **exocytosis in dog pancreatic duct epithelial** cells (PDEC). Activation of epithelial P2Y<sub>2</sub> receptors by UTP generated two patterns of  $[Ca^{2+}]$ **i change:** 2–10 *μ***M** UTP induced  $[Ca<sup>2+</sup>]$ <sup>*i*</sup> considerations, whereas 100 *μ*M UTP induced a sustained **[Ca2+]<sup>i</sup> increase, both in the micromolar range. As monitored by carbon-fibre amperometry, the sustained**  $[Ca^{2+}]$ **<sup>i</sup> increase stimulated a larger increase in exocytosis than**  $[Ca^{2+}]$ **<b>i** oscillations, despite their similar amplitude. In contrast, patch-clamp recordings revealed that  $[Ca^{2+}]$ **i oscillations synchronously activated a K<sup>+</sup> current as efficiently as the sustained [Ca2+]<sup>i</sup> increase. This K<sup>+</sup> current was mediated by intermediate-conductance Ca2+-activated K<sup>+</sup> channels (32 pS at** *−***100 mV) which were sensitive to charybdotoxin and resistant to TEA. Activation of these**  $Ca^{2+}$ -dependent K<sup>+</sup> channels hyperpolarized the plasma membrane from a resting potential of *−***40 mV to** *−***90 mV, as monitored in perforated whole-cell configuration, in turn enhancing Na+-independent, Cl***<sup>−</sup>***-dependent and DIDS-sensitive HCO<sup>3</sup>** *<sup>−</sup>* **secretion, as monitored through changes in intracellular pH. PDEC therefore encode concentrations of purinergic agonists as different patterns of [Ca2+]<sup>i</sup> changes, which differentially stimulate K<sup>+</sup> channels, the Cl***<sup>−</sup>***–HCO<sup>3</sup>** *−* exchanger, and exocytosis. Thus, in addition to amplitude, the temporal pattern of  $[Ca^{2+}]$ **i increases is an important mechanism for transducing extracellular stimuli into different physiological effects.**

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Intracellular calcium signalling controls a broad range of biological functions, including secretion, gene expression and synaptic plasticity in both excitable and non-excitable cells (Berridge *et al.* 2003). It is well recognized that different patterns of increase in intracellular free  $Ca^{2+}$  concentration ([Ca<sup>2+</sup>]<sub>i</sub>) can be generated by changes of electrical activity or by extracellular stimuli, such as ATP or UTP, acting through P2Y receptors coupled to phospholipase C. Typically,  $[Ca^{2+}]$ <sub>i</sub> increases are maintained at a certain level when agonists are applied to a cell for a relatively short time period, but prolonged application of agonists often induces a subsequent slow decline of  $[Ca^{2+}]_i$  level attributed to several mechanisms of desensitization. Sometimes more complex behaviours such as  $[Ca^{2+}]$ <sub>i</sub> oscillations are observed with constant exposure to agonists. The frequency and amplitude of the oscillations depend on

the balance between the mechanisms that deliver and those that clear intracellular  $Ca^{2+}$  (Schuster *et al.* 2002; Larsen *et al.* 2003). Such  $Ca^{2+}$  patterns enrich the signal transduction mechanisms and modulate the activity of several enzymes including  $Ca^{2+}/cal$ calmodulin-dependent kinase II (CaMKII),  $Ca^{2+}$ -dependent intramitochondrial dehydrogenases, and protein kinase C (Hajnóczky *et al.*) 1995; Oancea & Meyer, 1998; Eshete & Fields, 2001). These  $Ca^{2+}$ -dependent enzymes are partially activated by each  $Ca^{2+}$  spike and slowly deactivated with specific kinetics. Subsequent  $Ca^{2+}$  spikes may recruit additional enzyme molecules before the original ones are deactivated. Therefore, high-frequency  $Ca^{2+}$  oscillations can elicit a cumulative increase of enzyme activity. In T lympocytes,  $[Ca^{2+}]$ <sub>i</sub> oscillations increase the efficacy and the information content of  $Ca^{2+}$  signals that modulate gene expression and cell differentiation (Dolmetsch *et al.*

1998). In the hippocampus, either long-term potentiation (LTP) or depression (LTD) can be elicited depending on the pattern of  $[Ca^{2+}]_i$  elevation elicited by inputs from other neurons (Lisman *et al.* 2002). In these examples, information (e.g. the amount of agonist) is stored in the frequency, amplitude, and shape of  $[Ca^{2+}]_i$ oscillations ('encoding'), and the  $[Ca^{2+}]$ <sub>i</sub> rise is translated by biochemical reactions in the cells ('decoding').

 $Ca^{2+}$  is also an important second messenger for many epithelial cell functions such as ion transport and mucin secretion (Ashton *et al.* 1993; Nguyen *et al*. 1998*a*,*b*; Ishiguro *et al.* 1999; Koh *et al.* 2000; Nguyen *et al.* 2001; Namkung *et al.* 2003; Jung *et al.* 2004). Pancreatic duct epithelial cells (PDEC) express  $P2Y_2$  and  $P2Y_{11}$  receptors linked to phospholipase C, which mobilize  $Ca^{2+}$  from intracellular  $Ca^{2+}$  stores through inositol 1,4,5-trisphosphate (IP<sub>3</sub>). We previously demonstrated that  $[Ca^{2+}]$ <sub>i</sub> rises induced by P2Y receptors on PDEC evoked both electrolyte (K<sup>+</sup> and Cl<sup>−</sup>) and mucin secretion (Nguyen *et al.* 1998*a*,*b*, 2001). However, the exact  $Ca^{2+}$  dynamics and their effects on different secretory mechanisms were not fully resolved. Recent single-cell studies indicate complex  $Ca^{2+}$  signalling that depends on the agonist concentration: low concentrations of ATP (2 or  $10 \mu$ M) evoke  $[Ca^{2+}]$ <sub>i</sub> oscillations whereas a high concentration of ATP (100  $\mu$ m) induces a sustained [Ca<sup>2+</sup>]<sub>i</sub> increase. As measured with carbon-fibre amperometry, only the sustained  $[Ca^{2+}]_i$  increases stimulated exocytosis, whereas  $[Ca<sup>2+</sup>]$ <sub>i</sub> oscillations mediate only minimal exocytosis, despite peak  $[Ca^{2+}]_i$  reaching 1–2  $\mu$ M in both cases (Jung *et al.* 2004). In this report, we therefore investigated the physiological role of oscillatory  $[Ca^{2+}]$ <sub>i</sub> rise using different types of single-cell study. We observed that oscillatory  $Ca^{2+}$ signals activate Ca<sup>2+</sup>-sensitive K<sup>+</sup> channels, hyperpolarize the membrane, and increase  $HCO<sub>3</sub><sup>-</sup>$  secretion.

# Methods

#### **Chemicals**

Stock solutions of 1 m tetraethylammonium (TEA) chloride,  $1 \text{ M }$  BaCl<sub>2</sub>,  $1 \text{ M }$  CsCl,  $100 \text{ mM }$  4,4'-diisothiocyanato-stilbene-2,2 -disulphonic acid disodium salt (DIDS), and  $100 \mu$ M charybdotoxin (CTX) were made in Na<sup>+</sup>-rich Hepes-buffered solution; 0.1% BSA was added to the final CTX solution to reduce non-specific binding during measurement of whole-cell currrent. Stock solution of 100 mm UTP and ATP were prepared freshly, using Na<sup>+</sup>-rich, Na<sup>+</sup>-free, Na<sup>+</sup>-free and Cl<sup>−</sup>-free, Cl<sup>−</sup>-free, or Ca<sup>2</sup><sup>+</sup>-free Hepes-buffered solutions (see below, Single-cell  $pH_i$  measurement). A stock solution of 10 mm indo-1 pentapotassium salt was prepared in the filtered internal pipette solution containing 0.1 mm 1,2-bis-(*o*-aminophenoxy)ethane-*N*,*N*,*N* ,*N* -tetraacetic acid tetrapotassium salt  $(K_4$ -BAPTA). Stock solutions

of indo-1-AM (1 mm), 2',7'-bis-(2-carboxyethyl)-5-(and-6)-carboxyfluorescein (BCECF)-AM (2 mm), BAPTA-AM (50 mm) and pluronic F-127 (10%) were dissolved in dimethyl sulfoxide. CTX was purchased from Bachem (King of Prussia, PA, USA). Indo-1 pentapotassium salt, indo-1 AM, BCECF-AM, K4-BAPTA, and Pluronic F-127 were from Molecular Probes (Eugene, OR, USA). Antibody against IK1/SK4 channels was purchased from Alomone Laboratories (Jerusalem, Israel) and FITC-conjugated goat anti-rabbit IgG  $(H + l)$ purchased from Zymed Laboratories (San Francisco, CA, USA). All other chemicals were from Sigma-Aldrich (St Louis, MO, USA).

#### **Cell culture**

The non-transformed PDEC line, originally derived from the main pancreatic duct of the dog, was propagated on Transwell inserts (Corning Costar, Acton, MA, USA) coated with Vitrogen (Collagen, Palo Alto, CA, USA), over a confluent feeder layer of human gallbladder myofibroblasts as previously described (Oda *et al.* 1996*a*,*b*; Nguyen *et al.* 1998*b*, 2001). These pancreatic and gallbladder cells were the kind gift of Dr Sum Lee (University of Washington) and the procedures including animal killing, alleviation of pain, and consent for use of human tissue were originally approved by the Animal Experiment Committee and Human Subject Review Committee at the University of Washington (Oda *et al.* 1996*a*,*b*). All experiments in this report used isolated and unpolarized single PDEC subcultured for 1–3 days on small Vitrogen-coated glass chips in medium conditioned by human gallbladder myofibroblasts (Koh*et al.* 2000; Jung *et al.* 2004).

# **Single-cell Ca2+ photometry**

 $[Ca^{2+}]$ <sub>i</sub> was measured using the  $Ca^{2+}$ -sensitive fluorescent dye indo-1 AM. Cells were preincubated for 30 min with  $2 \mu$ M of the dye and Pluronic F-127 (0.01%) in a normal Na<sup>+</sup>-rich Hepes-buffered solution (see below, Single cell  $pH_i$  measurements). The dye was excited at 365 nm and fluorescence signals were recorded every second at 405 nm and 500 nm by photon-counting photomultiplier tubes. Background fluorescence from a cell-free region was used for correction.  $[Ca^{2+}]$ <sub>i</sub> was calculated as:

$$
[Ca^{2+}]_{i} = K_{d}^{*}(R - R_{\min})/(R_{\max} - R),
$$

where  $K_d^*$  is the device-dependent effective dissociation constant of indo-1, *R* is the ratio of fluorescence at 405 nm to fluorescence at 500 nm, and *R*min and  $R_{\text{max}}$  are the ratios for Ca<sup>2+</sup>-free and Ca<sup>2+</sup>-bound dye, respectively (Grynkiewicz et al. 1985).  $R_{\text{min}}$ ,  $R_{\text{max}}$ , and  $K_d^*$  were determined to be 0.33, 3.73 and 2874 nm, respectively ( $n = 3-6$  cells for each value), using cells incubated for  $> 10$  min with Na<sup>+</sup>-rich saline solutions containing 20  $μ$ m ionomycin plus 20 mm EGTA ( $R_{min}$ ) or 15 mm Ca<sup>2+</sup> ( $R_{\text{max}}$ ), or 20 mm EGTA and 15 mm Ca<sup>2+</sup>  $(K_d^*)$ . All solutions used for the calibration contained carbonyl cyanide *m*-chloro-phenylhydrazone (10 μm), a mitochondrial  $Ca^{2+}$  uniporter blocker, and thapsigargin  $(5 \mu M)$ , a sarco(endo)plasmic reticulum Ca<sup>2+</sup>-ATPase (SERCA) pump blocker, for a fast equilibration of cytoplasmic  $Ca^{2+}$  with the external  $Ca^{2+}$  calibration buffers.

When ionic currents and  $[Ca^{2+}]$ ; were simultaneously measured, PDEC were preloaded with indo-1 AM for 30 min and then patched with a pipette containing 100  $\mu$ M indo-1 pentapotassium salt, allowing the recording to start immediately after rupture of the patched membrane. Under these conditions,  $R_{\text{min}}$ ,  $R_{\text{max}}$  and  $K_d^*$  were determined to be 0.36, 3.67 and 2591 nm, respectively ( $n = 3-5$  for each value). For calibrations, the K<sup>+</sup>-rich internal pipette solution contained 100  $μ$ <sub>M</sub> indo-1 pentapotassium salt plus 50 mm EGTA (*R*min) or 15 mm CaCl<sub>2</sub> ( $R_{\text{max}}$ ) or 20 mm EGTA plus 15 mm CaCl<sub>2</sub>  $(K_d^*).$ 

#### **Single-cell pHi measurement**

The Cl<sup>-</sup>–HCO<sub>3</sub><sup>-</sup> exchange activity was monitored by following intracellular  $pH(pH_i)$  changes. Cells were preincubated with  $2 \mu M$  BCECF-AM, the pH-sensitive fluorescent dye, for 20 min at room temperature in Na<sup>+</sup>-rich Hepes-buffered solution. BCECF was excited at 440 or 495 nm using a filter wheel (Lamda 10-2, Sutter Instrument, Navato, CA, USA), and the emissions at 535 nm were recorded at 1 s interval using a digital cooled CCD camera (Roper Scientific, Tucson, AZ, USA) equipped with the MetaFluor system (Universal Imaging, Downington, PA, USA). Background fluorescence, measured from a cell-free area, was subtracted. The ratio  $(R, F_{495}/F_{440})$  was converted into  $pH<sub>i</sub>$  values using the equation

$$
pH_i = -\log K_d^* + \log[(R - R_a)/(R_b - R)],
$$

where  $R_a$  and  $R_b$  are the ratios at pH 5.0 and 9.0, respectively, and  $K_d^*$  is the device-dependent effective dissociation constant of BCECF (Boyarsky *et al.* 1988).  $R_{\rm a}$ ,  $R_{\rm b}$  and  $K_{\rm d}^*$  were measured using 10  $\mu$ M nigericin, a  $K^+$ –H<sup>+</sup> exchanger, in solutions containing (mm): 130 KCl, 10 NaCl, 1 MgCl<sub>2</sub>, at different pH values using MES (pH 5.0), CHES (pH 9.0) and Hepes (pH 7.0) buffers.  $R_a$ ,  $R_b$  and  $K_d^*$  were 2.88, 13.75 and 87.8 nm, respectively  $(n=10-17$  cells for each value).

Na<sup>+</sup>-rich Hepes-buffered solution contained (mm): 137.5 NaCl, 2.5 KCl, 1  $MgCl_2$ , 2 CaCl<sub>2</sub>, 10 glucose, 10 Hepes (pH adjusted to 7.4 with NaOH). Na<sup>+</sup>-free Hepes-buffered solution contained (mm): 140 NMDG,  $∼125$  HCl, 2.5 KCl, 1 MgCl<sub>2</sub>, 2 CaCl<sub>2</sub>, 10 glucose, 10 Hepes (pH was 7.4 with ∼125 mm HCl). Na<sup>+</sup>-free and Cl<sup>−</sup>-free Hepes-buffered solution contained (mm): 140 NMDG, ∼130 methanesulphonic acid, 2.5 K-gluconate, 1 MgSO4, 2 CaSO4, 10 glucose, 10 Hepes (pH was 7.4 with KOH).  $Ca^{2+}$ -free ('0  $Ca^{2+}$ ) Hepes-buffered solution contained (mm): 137.5 NaCl, 2.5 KCl, 1  $MgCl<sub>2</sub>$ , 0.1 EGTA, 10 glucose, 10 Hepes (pH adjusted to 7.4 with NaOH). Cl<sup>−</sup>-free Hepes-buffered solution contained (mm): 137.5 Na-gluconate, 2.5 K-gluconate, 1 MgSO<sub>4</sub>, 2 CaSO4, 10 glucose, 10 Hepes (pH adjusted to 7.4 with NaOH).  $\text{HCO}_3$ <sup>-</sup>-buffered solution contained (mm): 120 NaCl, 2.5 KCl, 1  $MgCl<sub>2</sub>$ , 2 CaCl<sub>2</sub>, 10 glucose, 15 Hepes, 20 NaHCO<sub>3</sub> (pH adjusted to 7.4 with NaOH immediately before experiments). As pH was not constantly controlled by bubbling  $CO<sub>2</sub>$  into the solution, this solution was only used for 3–4 h after preparation. Maximal pH change during this time period was 0.2 pH unit but pH change during each experiment was negligible.

# **Loading of dopamine and amperometric measurement of exocytosis**

Carbon-fibre amperometry (Koh *et al.* 2000; Jung *et al.* 2004) was used to detect exocytosis from single cells in real time, as it provides the high resolution necessary to detect molecules released from single secretory vesicles. PDEC were incubated for 50 min at room temperature in a solution containing dopamine (70 mm) to load the exogenous monoamine into acidic secretory vesicles (Koh *et al.* 2000; Jung *et al.* 2004). After return to a dopamine-free Hepes-buffered solution, exocytosis was measured through vesicular release of the loaded dopamine. Dopamine oxidation at the tip of a carbon-fibre electrode polarized to +400 mV generated pulses of electric current recorded with an EPC9 patch-clamp amplifier (HEKA Elektronik, Lambrecht, Germany). The current signal was filtered at 0.1 kHz and sampled at 0.5 kHz.

#### **Ruptured whole-cell patch-clamp recording**

Whole-cell patch-clamp (Hamill *et al.* 1981) was performed with an EPC9 or EPC9/2 patch-clamp amplifier. Pipette resistance was  $3-5$  M $\Omega$  and whole-cell membrane capacitance, estimated from on-line compensation values, was  $41 \pm 21$  pF (mean  $\pm$  s.p.,  $n = 34$ ). The same Na<sup>+</sup>-rich Hepes-buffered external solution was used for  $Ca^{2+}$  photometry, pH measurement and amperometry. The pipette solution contained (mm): 130 KCl, 10 NaCl, 1 MgCl<sub>2</sub>, 10 Hepes, 2 Na<sub>2</sub>ATP, 0.1 K4-BAPTA (pH adjusted to 7.3 with KOH). To identify  $K^+$  current in Fig. 8, a  $K^+$ -rich bath solution was used that contained (mm): 135 KCl, 5 NaCl, 2 CaCl<sub>2</sub>, 1 MgCl<sub>2</sub>, 10 glucose, 10 Hepes (pH adjusted to 7.3 with KOH). Whole-cell current recordings were filtered at 1 kHz and acquired at 1 or 3 kHz.

#### **Perforated-patch whole-cell recording**

To avoid change of intracellular Cl<sup>−</sup> concentration or leakage into the patch pipette of factor(s) crucial to  $[Ca^{2+}]$ <sub>i</sub> increase or K<sup>+</sup> channel activation, the perforated patch technique using gramicidin D was employed. This antibiotic, permeable to  $K^+$  and Na<sup>+</sup>, but not Cl<sup>−</sup>, was prepared fresh every 1–2 h, dissolved in dimethyl sulfoxide and added to the filtered pipette solution to a final concentration of 0.2–0.4 mg ml<sup>−</sup><sup>1</sup> (Akaike, 1996). To exclude contamination with Cl<sup>−</sup> currents, cells were clamped at −40 mV, the reversal potential for Cl<sup>−</sup> current in PDEC determined by current–voltage relationships of UTP-induced  $Cl_{Ca}$  currents when  $K_{Ca}$  currents are blocked with CTX. The pipette resistance was  $2-3$  M $\Omega$  when filled with a pipette solution containing (mm): 130 KCl, 20 NaCl, 10 Hepes (pH adjusted to 7.3 with KOH). Series resistance and membrane capacitance were estimated from the peak size and the time constant of capacitance current flowing in response to small voltage steps at 0 mV.

### **Single-channel recording**

Single-channel activity was recorded in the excised inside-out patch-clamp configuration (Hamill *et al.* 1981). The bath and pipette solutions contained (mm): 115 K-gluconate, 5 KCl, 10 Hepes (pH adjusted to 7.3 with KOH). For a desired  $Ca^{2+}$  concentration, the necessary amount of  $CaCl<sub>2</sub>$  in 5 mm EGTA was calculated using the Cabuffer program (http://iubio. bio.indiana.edu/soft/molbio/ibmpc/). Pipette resistance was  $5-15 \text{ M}\Omega$ . These pipettes were coated externally with Sylgard (Dow Corning Co., Midland, MI, USA). Single-channel recordings were low-pass filtered at 0.5 or 1 kHz and sampled at 10 kHz.

All experiments in this report were performed at room temperature (22–24◦C) and test solutions were applied using a local perfusion system that allowed a complete solution exchange within 0.5 s (Koh & Hille, 1997).

## **Detection of IK1/SK4 channels by immunofluorescence**

Cells grown on Vitrogen-coated chips were fixed for 30 min with 3.7% formaldehyde in phosphate buffered saline (PBS) and permeabilized in 0.3% Triton X-100 in PBS for 10 min. These cells were next incubated in 2% bovine serum albumin (BSA) in PBS for 1 day to reduce non-specific binding and then labelled with rabbit antibodies against the IK1/SK4 channels (1 : 25 dilution in 2% BSA) for 1 h followed by FITC-conjugated goat antirabbit IgG  $(H + 1)$  1:50 dilution in 2% BSA for 30 min. Each step described above was followed by two washes with PBS. The samples mounted on slide glass were observed with a  $100 \times$  oil/N.A. 1.4 lens in a confocal fluorescence microscope (Leica SP1). The FITC dye was excited with 488 nm argon laser and the fluorescence was observed in range of 500–600 nm.

#### **Data analysis**

Amperometric records were semiautomatically analysed using software written in Igor Pro (Wave Metrics, Lake Oswego, OR, USA). To adjust for cell-to-cell variation of background and stimulated exocytosis, the rate of exocytosis for each experiment was normalized to the baseline value prior to averaging and then the values were averaged ('Normalized rate of exocytosis'). Relative exocytosis was calculated as the mean normalized rate of exocytosis during treatment.  $[Ca^{2+}]$ <sub>i</sub> and pH<sub>i</sub> data were also analysed with Igor.

Single-channel recordings of  $Ca^{2+}$ -activated  $K^+$ channels were analysed with TAC X4.1.3 (Bruxton, Seattle, WA, USA). Single-channel conductance was determined as the difference between mean amplitudes of closed and open states. The open probability  $(P_{open})$  was calculated as  $P_{open} = I_{mean}/Ni$ , where  $I_{mean}$  is the mean current, *N* is the number of channels in each excised inside-out patch and *i* is the single channel current amplitude. Normalized  $P_{open}$ was defined as  $P_{open}$  divided by the response observed in saturating 10 μm  $\text{Ca}^{2+}$  ( $P_{\text{open}} = 0.38 \pm 0.08$ , *n* = 7) in each experiment. The recording time for  $P_{open}$  measurement at different Ca<sup>2</sup><sup>+</sup> concentrations was 90 s except in Fig. 6*A*.  $Ca^{2+}$  sensitivity of K<sup>+</sup> channels was estimated using the following equation:

Normalized 
$$
P_{\text{open}} = 1/(1 + (K_{1/2}/[Ca^{2+}]_i)^r)
$$

where  $K_{1/2}$  and *r* are the half-maximal Ca<sup>2+</sup> concentration and Hill coefficient, respectively. Percentage of block in Fig. 8 is the ratio of the current size during the application of drugs to the larger control value. Control value is the difference between current level after application of high  $K^+$  solution (denoted as KCl) and current level before application of the drug. All numerical values are given as the mean  $\pm$  s.e.m. unless otherwise noted. Statistical significance was determined by Student's *t* test and  $P < 0.05$  was considered significant.

## Results

UTP was used to activate electrolyte secretion and exocytosis in most of this work because it stimulates mainly a  $[Ca^{2+}]_i$  increase *via* the P2Y<sub>2</sub> receptor on PDEC (Nguyen *et al.* 1998*b*). This contrasts with ATP, which increases both  $[Ca^{2+}]_i$  and cAMP *via* P2Y<sub>2</sub> and P2Y<sub>11</sub> receptors (Nguyen *et al.* 2001).

# **Patterns of [Ca2+]i dynamics and Ca2+-induced exocytosis**

The effect of different UTP concentrations in modulating  $[Ca^{2+}]$ <sub>i</sub> was first examined (Fig. 1). At a low concentration of 2  $\mu$ m, UTP induced [Ca<sup>2+</sup>]<sub>i</sub> oscillations in 14 out of 15 cells. Period, duration and number of peaks were  $19 \pm 0.7$  s,  $234 \pm 24$  s, and  $12 \pm 2$ , respectively ( $n = 14$ ) cells, Table 1). With  $10 \mu M$  UTP, half of the cells tested exhibited prolonged  $[Ca^{2+}]$ <sub>i</sub> oscillations, while the remaining cells exhibited a sustained  $[Ca^{2+}]$ <sub>i</sub> increase after a few oscillations. As summarized in Table 1, the characteristics of the  $[Ca^{2+}]_i$  oscillation induced by 10 and  $2 \mu M$  UTP were similar, except for a slightly shorter duration of the oscillatory phase at  $10 \mu$ M. Low concentrations of ATP also evoked similar  $[Ca^{2+}]$ <sub>i</sub> oscillations (Table 1). In contrast,  $100 \mu$ M UTP induced a brief burst of  $[Ca^{2+}]$ ; oscillations followed by a sustained, but slowly decreasing, plateau (Fig. 1*C*). Amplitudes of the first  $[Ca^{2+}]_i$  peak were  $2.0 \pm 0.18$  ( $n = 15$ ),  $2.7 \pm 0.18$  $(n=15)$  and  $2.9 \pm 0.21 \mu \text{m}$   $(n=8)$  for 2, 10 and 100  $\mu \text{m}$ UTP, respectively.

The effect of UTP on exocytosis was evaluated by carbon-fibre amperometry, using PDEC preloaded with exogenous dopamine (Koh *et al.* 2000; Jung *et al.* 2004). In this system an amperometric spike represents the oxidation current detected when dopamine is released from one secretory vesicle, i.e. a single exocytotic event (inset, Fig. 2A). When PDEC were treated with  $100 \mu$ M UTP, the amperometric spike frequency showed a marked increase (Fig. 2*A*). Exocytosis rate peaked within 2 min and then decreased over the next 4 min (Fig. 2*B*). Relative exocytosis, defined as a ratio of mean rate of exocytosis during 6 min of UTP treatment compared to the 3 min control, was 14, indicating that the rate of exocytosis increased 14-fold in this specific experiment. Figure 3 summarizes the average response of several cells. Relative exocytosis evoked by  $100 \mu$ M UTP was, on average, 5.5  $\pm$  1.1 (*n* = 22). The values (2.4  $\pm$  0.5 (*n* = 13) and  $2.8 \pm 0.8$  ( $n = 15$ ) for 2 and 10  $\mu$ m UTP, respectively) were significantly lower. As indicated in Fig. 3*D*, the increase of exocytosis with 2 and 10  $\mu$ m UTP was 31  $\pm$  11% and  $40 \pm 19\%$  of that stimulated by 100  $\mu$ m UTP. To study the contribution of  $[Ca^{2+}]_i$  to exocytosis, we preincubated cells with 20  $\mu$ M BAPTA-AM, a membrane-permeant  $Ca^{2+}$  chelator, for 1 h at 37°C. The subsequent  $[Ca^{2+}]_i$ increase induced by UTP was completely blocked ( $n = 6$ ), and relative exocytosis was reduced to  $1.4 \pm 0.2$  ( $n = 7$ ),  $1.5 \pm 0.1$  ( $n = 7$ ) and  $2.4 \pm 0.3$  ( $n = 10$ ) for 2, 10 and 100  $μ$ M UTP, respectively (Fig. 3D). When only the component of  $Ca^{2+}$ -dependent exocytosis (i.e. portion inhibited by BAPTA) was considered, 2 and 10  $\mu$ M UTP stimulated, respectively, 29% and 36% of the exocytosis induced by  $100 \mu M$  UTP (Fig. 3*D*). Combined with the data shown in Fig. 1, these results indicate that

# **K<sup>+</sup> current activated by [Ca2+]i oscillation**

We next determined whether  $[Ca^{2+}]$  oscillations can modulate other  $Ca^{2+}$ -dependent cellular functions observed in PDEC, such as  $Ca^{2+}$ -activated K<sup>+</sup> channels  $(K<sub>Ca</sub>$  channels). K<sup>+</sup> currents were measured in the perforated whole-cell configuration using gramicidin D. As illustrated in Fig. 4*A* and *B*, 2 or 10 μm UTP induced a strong oscillating outward  $K^+$  current in the majority of cells (Table 1). With 100  $\mu$ m UTP (Fig. 4*C*), the K<sup>+</sup> current exhibited an early transient rise followed by a sustained plateau, similar to the  $[Ca^{2+}]_i$  increase (Fig. 1*C*). At 2 and 10  $\mu$  M UTP, the total charge of K<sup>+</sup> current was 110  $\pm$  24%





Time course of  $[Ca^{2+}]_i$  measured photometrically as UTP is applied to a cell for 6 min, as indicated by black bars. Representative recordings at 2 (*A*), 10 (*B*), and 100 μM (*C*).

	Duration (s)	Number of peaks	Period (s)	Percentage of oscillatory cells
$Ca2+$ oscillation in intact cells				
2 $\mu$ m UTP	$234 \pm 24$	$12 \pm 2$	$19 \pm 0.7$ *	93 (14/15)
10 $\mu$ m UTP	$181 \pm 31$	$11 \pm 2$	$17 \pm 0.9$	50 (6/12)
2 $\mu$ m ATP	$196 \pm 33$	$11 \pm 2$	$17 \pm 0.7$ *	100(5/5)
10 $\mu$ m ATP	$177 \pm 29$	$12 \pm 2$	$15 \pm 0.4$	57 (4/7)
	Current oscillation in perforated whole-cell configuration			
2 $\mu$ m UTP	$413 \pm 30$	$17 \pm 4$	$28 \pm 7.5$	67 (4/6)
10 $\mu$ m UTP	$470 \pm 55$	$21 \pm 3$	$24 \pm 4.0$	100 (4/4)
	Current oscillation in ruptured whole-cell configuration			
2 $\mu$ m UTP	$209 \pm 35$	$9 \pm 2$	$23 \pm 1.0$ *	88 (14/16)
10 $\mu$ m UTP	$161 \pm 24$	$9 \pm 1$	$18 \pm 1.3$	42 (5/12)

**Table 1. Parameters of**  $[Ca^{2+}]$  **or**  $K^+$  **current oscillation in PDEC** 

Duration and number of peaks were defined as total time lapsed and the total number of peaks between the first and the final peaks. Period was calculated by dividing the duration by the number of peaks in each experiment. Only cells showing oscillations were included in the analysis. Asterisks ( <sup>∗</sup>*P* < 0.05) indicate that parameters at 2 μ<sup>M</sup> UTP or ATP in same condition are significantly different compared with the values at 10  $\mu$ m. Data are means  $\pm$  s.E.M.

 $(n=6)$  and  $107 \pm 24\%$   $(n=4)$ , respectively, compared to the value achieved with 100  $\mu$ m UTP (100  $\pm$  38%, *n* = 6, Fig. 4*D*). Thus K<sup>+</sup> channels, in contrast to exocytosis, were efficiently activated by  $[Ca^{2+}]$ ; oscillations.

Activation of the oscillatory  $K^+$  current by UTP was also observed in the ruptured whole-cell configuration,



**Figure 2. UTP-stimulated exocytosis**

Time course of release of dopamine, measured amperometrically. *A*, an amperometric recording obtained in control condition for 3 min, to measure baseline exocytosis, and with 100  $\mu$ M UTP for the next 6 min. Inset: a single exocytotic event, marked with the asterisk, is displayed on an expanded time scale. *B*, rate of exocytosis for the same recording as the number of events per 30 s time bin.

even when the cells were clamped at 0 mV to remove the driving force for Cl<sup>−</sup>. When compared to the K<sup>+</sup> current in perforated-patch configuration (Table 1), the duration of the current oscillation was reduced, possibly reflecting dialysis of some component(s) required for  $[Ca^{2+}]$  oscillations or the different holding potential. The total charge of  $K^+$  current at 2 and 10  $\mu$ m UTP was, respectively,  $114 \pm 18\%$  ( $n = 16$ ,  $P = 0.6$ ) and  $191 \pm 37\%$  $(n = 12, P = 0.04)$  of the value observed with 100  $\mu$ M UTP  $(100 \pm 12\%, n=5)$ .

# **UTP-stimulated activation of K+ channel mediated by [Ca2+]i increase**

To test whether this current was directly activated by  $Ca^{2+}$ , the K<sup>+</sup> current and  $[Ca^{2+}]$ <sub>i</sub> were monitored simultaneously in cells clamped at 0 mV in the ruptured whole-cell configuration (Fig. 5). The  $K^+$  current activated by 10  $\mu$ m UTP was synchronous with the  $\left[Ca^{2+}\right]$ oscillations, suggesting that it was mediated by  $K_{Ca}$ channels  $(n=3)$ . Similar synchronous oscillations in  $[Ca^{2+}]$ <sub>i</sub> and K<sup>+</sup> current were observed with 2  $\mu$ M UTP  $(n=4, \text{ data not shown}).$  The  $[\text{Ca}^{2+}]_i$  increase and K<sub>Ca</sub> current stimulated by 100  $\mu$  M UTP were again similar; they were not sustained but decayed slowly towards base line. From these dual recordings, the Ca<sup>2+</sup> sensitivity of the K<sub>Ca</sub>, measured as the half-maximal activation, was  $1.0 \pm 0.2 \ \mu$ M  $(n=3)$ .

## **Characterization of K<sub>Ca</sub> channels in PDEC**

Activation of  $K_{Ca}$  channels by  $Ca^{2+}$  was directly demonstrated with inside-out membrane patches (Fig. 6*A*). The channel activity was stimulated by  $[Ca^{2+}]$ <sub>i</sub>

in a dose-dependent manner, with a half-maximal activity  $(K_{1/2})$  at 0.5  $\mu$ <sub>M</sub> and a Hill coefficient of 1.8 (Fig. 6*B*).

Figure 7*A* shows single-channel currents at different membrane potentials observed with 0.4  $\mu$ M Ca<sup>2+</sup> applied to the intracellular side and symmetrical  $120 \text{ mm K}^+$ solutions. The channels opened in bursts and fluctuated among the fully open and closed states and intermediate substates. Between these bursts, the channel sometimes









# **Figure 4. UTP-induced K+ currents**

*A*–*C*, K<sup>+</sup> currents evoked by different concentrations of UTP were measured in perforated whole-cell configuration using gramicidin D and presented as current density (current/membrane capacitance of each cell). Holding potential was −40 mV. *D*, summary of total charge relative to 100  $\mu$ M UTP. Total channel activity induced by UTP was estimated by integrating whole-cell currents for 10 min ('total charge'). The dashed line in  $D$  denotes the value of the 100  $\mu$ M UTP.



**Figure 5. Synchrony of**  $[Ca^{2+}]$ **<b>i** and  $K^+$  current Simultaneous measurements of  $[Ca<sup>2+</sup>]$ <sub>i</sub> ( $\circ$ ) and whole-cell current (grey line) induced by 10  $\mu$ M UTP were obtained in a cell clamped at 0 mV in ruptured whole-cell configuration.



#### **Figure 6. Single-channel recordings of Ca2+-activated K+ channels in PDEC**

A, channel activity recorded at different intracellular (bath) Ca<sup>2+</sup> concentrations in an excised inside-out patch. Bars indicate application of  $Ca^{2+}$  in the bath solution. Between tests, the bath solution contained 5 mm EGTA without Ca<sup>2+</sup>. Patches were held at  $-100$  mV with 120 mm  $K^+$  on both sides. Bottom panels represent expanded traces of the regions marked by asterisks. Dashed line and arrowhead denote the closed state of the channels. *B*, dose–response relation. Normalized  $P_{open}$  is plotted as a function of the Ca<sup>2+</sup> concentration (2–7 patches for each point). The curve was obtained by fitting the data points with the Hill equation (see Data analysis).

entered a prolonged inactive state that lasted for up to 30 s. The single-channel current–voltage (*i–V*) relationship illustrates small inward rectification (Fig. 7*B*). Linear regression analysis of the *i–V* curve between −60 and −100 mV yielded a single-channel slope conductance of  $48 \pm 4.4$  pS ( $n = 6$ ). The chord conductance was  $32 \pm 1.9$ pS (*n* = 9) at −100 mV and 16 ± 5.8 pS (*n* = 3) at 100 mV. Both the  $Ca^{2+}$  sensitivity and single-channel conductance indicate that the  $K_{Ca}$  channel on PDEC is an intermediate-conductance  $K_{Ca}$  (IK) channel. No additional types of  $K_{Ca}$  channels, e.g. BK type, were observed in our single-channel recordings. The IK channels slowly inactivated within about 10 min during recordings, possibly reflecting the loss of necessary intracellular factors (e.g. cAMP-dependent protein kinase or CAMKII) after the membrane patch is excised from the cell (Huang *et al.* 1998; Lu *et al.* 2002).

The epithelial  $K_{Ca}$  channels were characterized pharmacologically using ruptured whole-cell recording and known inhibitors of  $K^+$  channels. As expected, the UTP-induced K<sup>+</sup> current at 0 mV was eliminated in symmetrical K<sup>+</sup> (135 mm) solutions (Fig. 8*A* and *B*).



#### **Figure 7. Single-channel current-voltage (***i-V***) relation of K<sub>Ca</sub> channel in PDEC**

*A*, single-channel current recordings at different membrane potentials in an inside-out patch. Intracellular (bath)  $Ca<sup>2+</sup>$  concentration was clamped at 0.4 μM. *B*, single-channel current-voltage relationship. Each point is the average from 2 to 9 patches.

Extracellular tetraethylammonium (TEA, 10 mm), an effective inhibitor of BK-type  $K_{Ca}$  channels, reduced this current by only  $10 \pm 1.4\%$  ( $n = 7$ , Fig. 8A and *C*). In Fig. 8*B* both UTP-stimulated K<sub>Ca</sub> and Ca<sup>2+</sup>-activated Cl<sup>−</sup>  $(Cl_{Ca})$  current were measured using an alternating voltage



#### Figure 8. Pharmacology and immunostaining of the K<sub>Ca</sub> **channel in PDEC**

Cells were clamped at 0 mV in ruptured whole-cell configuration. *A*, effect of 10 mm TEA on K<sup>+</sup> current activated by 100  $\mu$ m UTP. To avoid non-specific effects caused by different osmolarity, the same amount of NaCl (10 mm) was added in the other solutions. *B*, effect of 100 nm CTX on  $K^+$  current mediated by 100  $\mu$ M UTP. Membrane potential

protocol. K<sup>+</sup>-rich solution abolished the  $K_{Ca}$  current at 0 mV but increased the inward current at −80 mV mediated by both Cl<sup>−</sup> and K<sup>+</sup> channels. Charybdotoxin (CTX, 100 nm), a strong inhibitor of both intermediateand large-conductance  $K_{Ca}$  channels, effectively inhibited the UTP-stimulated K<sup>+</sup> current but not Cl<sup>−</sup> current. As summarized in Fig. 8*C*, the UTP-activated  $K^+$  current was resistant to 1 mm Cs<sup>+</sup> (inhibition of  $2 \pm 2\%$ ,  $n = 3$ ), minimally inhibited by 10 mm TEA (10  $\pm$  1.4%, *n* = 7), moderately inhibited by 5 mm Ba<sup>2+</sup> (23 ± 2.3%,  $n=3$ ), and very sensitive to CTX  $(81 \pm 7.6\% \text{ at } 100 \text{ nm}, n = 6$ and  $89 \pm 4.9\%$  at 1  $\mu$ m,  $n = 4$ ). With 1  $\mu$ m clotrimazole, a specific blocker of intermediate-conductance  $K_{Ca}$ channels, the K<sup>+</sup> current was reduced by  $50 \pm 1.3\%$  $(P = 0.03)$ , whereas the  $[Ca^{2+}]$ <sub>i</sub> rise decreased by only  $9 \pm 3\%$  ( $n = 4$ , data not shown) in simultaneous current and  $[Ca^{2+}]_i$  recordings. Prompted by this pharmacological profile, we further investigated whether the  $K_{Ca}$  channels expressed in PDEC are of the IK1/SK4-type. As observed through immunofluorescence, in all observed cells, the channels are expressed on the plasma membrane and seem to be localized to intracellular endoplasmic reticulum and Golgi complexes as well (Fig. 8*D*), similar to findings obtained with hIK1 expressed in HEK293 cells (Jones *et al.* 2005). In conclusion, electrophysiological, pharmacological, and immunohistochemical evidence indicates that UTP activates IK-type  $K_{Ca}$  channels in PDEC.

# **Role of IK channels and [Ca2+]i rise on secretion of HCO<sub>3</sub><sup>−</sup>**

For secretory epithelia, the dominant hypothesis for regulation of  $HCO<sub>3</sub><sup>-</sup>$  secretion is as follows. Opening of  $K^+$  channels mediates  $K^+$  efflux across the basolateral membrane and hyperpolarizes the plasma membrane thus increasing the electrical driving force for Cl<sup>−</sup> efflux (Argent & Case, 1994; Mall *et al.* 2003). The resulting depletion of intracellular Cl<sup>−</sup> enhances Cl<sup>−</sup>–HCO3 <sup>−</sup> exchange activity, augmenting  $HCO<sub>3</sub><sup>-</sup>$  secretion (Novak & Greger, 1988). We now test several predictions of this hypothesis. First we ask whether activation of IK channels by  $[Ca^{2+}]$ oscillations hyperpolarizes the membrane in perforated whole-cells (Fig. 9). Indeed, application of  $10 \mu$ M UTP evoked an immediate hyperpolarization of the membrane potential, from a resting potential of −44 ± 3 mV (*n* = 15)

was held at 0 mV for 800 ms to measure  $K_{Ca}$  current and stepped to −80 mV for 200 ms to measure Cl<sub>Ca</sub> current every 1 s. *C*, effect of K<sup>+</sup> channel blockers on PDEC  $K_{Ca}$  channels. Bar graph shows the inhibition observed with  $\text{Cs}^+$  (1 mm), TEA (10 mm), Ba<sup>2+</sup> (5 mm), and CTX (100 nM). *D*, demonstration of IK1/SK4 channels in PDEC by immunofluorescence. Confocal images of cells treated with both primary and secondary antibody (*a*) or with secondary antibody alone ( $b$ ). Scale bars indicate 10  $\mu$ m.

to about − 90 mV with some oscillatory fluctuations (Fig. 9*A*). As shown in Fig. 9*B*, both low  $(2 \mu M)$ and high (100  $\mu$ m) concentrations of UTP induced a hyperpolarization sensitive to CTX ( $n = 3$ ).

Second we determine the effect of IK channel activation on  $HCO<sub>3</sub><sup>-</sup>$  secretion through the Cl<sup>-</sup>–HCO<sub>3</sub><sup>-</sup> exchanger by monitoring rates of change in  $pH_i$  (Figs 10 and 11, Muallem & Loessberg, 1990). PDEC respond to shifts from a  $HCO<sub>3</sub>$ <sup>-</sup>-buffered to a Hepes-buffered solution with abrupt pH<sub>i</sub> increases, due to rapid efflux of  $CO<sub>2</sub>$ from the cell, followed by a slow return to the baseline, due to  $HCO_3^-$  efflux. The rate of  $HCO_3^-$  exchange will be proportional to the rate of change of  $pH_i$ . Because this rate of change of  $pH_i$  is determined by the buffer capacity of cytoplasm and the buffer capacity is quite  $pH_i$ sensitive, internal comparisons need to be made at the same pHi (Boyarsky *et al.* 1988; Muallem & Loessberg, 1990). Therefore we used two Hepes challenges, the first under a stereotyped condition and the second as a test condition, and then compared the rate of  $pH_i$  change at the same  $pH_i$ for both of them (Fig. 10*A*). The measurement  $pH_i$  was arbitrarily set at 95% of the peak  $pH_i$  change occurring in whichever record had the lower peak. The rate of  $pH_i$ recovery was taken as the slope of a fitted exponential curve at this 95% point. In control conditions with identical



**Figure 9. Hyperpolarization of membrane potential induced by KCa current in perforated whole-cell configuration**

 $A$ , hyperpolarization induced by 10  $μ$ M UTP. This trace is representative of two similar experiments. *B*, inhibition of UTP-evoked hyperpolarization by 100 nm CTX.

Hepes challenges, the rate of pH<sub>i</sub> recovery was, on average,  $1.4 \pm 0.3 \times 10^{-3}$  (pH units) s<sup>-1</sup> and  $0.84 \pm 0.14 \times 10^{-3}$ (pH units)  $s^{-1}$  for the first and second Hepes challenges, respectively ( $n = 5$ , Fig. 10*A*). We defined the relative rate of  $pH_i$  recovery as a ratio of the second to the first Hepes challenges, being  $0.7 \pm 0.2$  ( $n = 5$ , Fig. 10*C*) in these control cells. When 100  $\mu$ m UTP was used in the second challenge to activate IK channels, the relative rate of  $pH_i$ recovery was  $1.5 \pm 0.3$  ( $n = 8$ ,  $P < 0.05$ , Fig. 10*B* and *C*), indicating an increased Cl<sup>−</sup>–HCO3 <sup>−</sup> exchange activity with UTP. Lower concentrations of UTP had a similar effect and there was no statistical difference between relative rates of pH<sub>i</sub> recovery produced by 2  $\mu$ <sub>M</sub> (2.3  $\pm$  0.5,  $n=6$ ), 10  $\mu$ m (1.3 ± 0.2,  $n=13$ ), and 100  $\mu$ m UTP (Fig. 10*C*). Hence, low concentrations of UTP effectively evoke  $HCO<sub>3</sub>$ <sup>-</sup> secretion. Next we assessed whether the UTP effect on  $HCO_3^-$  secretion requires the  $[Ca^{2+}]_i$ increase and  $K_{Ca}$  channels. Cells were preincubated with the SERCA pump inhibitor thapsigargin  $(1 \mu M, 10 \text{ min})$ in a  $Ca^{2+}$ -free Hepes-buffered solution ('0  $Ca^{2+}$ ) to deplete intracellular  $Ca^{2+}$  stores. Under these conditions, 100 μm UTP no longer induced an increase in  $[Ca^{2+}]$ <sub>i</sub> (data not shown), and the relative rate of  $pH_i$  recovery was considerably smaller ('UTP + 0  $Ca^{2+}$ ',  $1.6 \pm 0.1$ ,  $n = 6$ , Fig. 10*D*) than that without Ca<sup>2+</sup> depletion ('UTP',  $3.0 \pm 0.4$ ,  $n = 5$ ). Thus, HCO<sub>3</sub><sup>-</sup> secretion during UTP treatment is primarily  $Ca^{2+}$  dependent. Nevertheless, UTP still increased the relative rate a little in  $Ca^{2+}$ -depleted cells ('UTP + 0 Ca<sup>2+</sup>' *versus* '0 Ca<sup>2+</sup>', 1.0  $\pm$  0.1, *n* = 5), suggesting that some fraction of the  $\rm{HCO_3}^-$  secretion does not require  $Ca^{2+}$  elevation but can be increased by UTP stimulation.

A need for  $K_{Ca}$  channels was shown by using the channel blocker CTX. The  $pH_i$  recovery was not influenced by the CTX alone  $(0.7 \pm 0.1, n = 10,$  Fig. 11*C*) compared to control cells  $(0.7 \pm 0.2)$ , but the enhancement by UTP (100  $\mu$ m) was lost (0.7  $\pm$  0.2, *n* = 5, Fig. 11*A* and *C*).

Finally, we asked if the rate of  $pH_i$  change had the properties expected for a Cl<sup>−</sup>–HCO<sub>3</sub><sup>–</sup> exchanger.Removal of extracellular  $Cl^-$  (0.2 ± 0.4,  $n=6$ , Fig. 11*B* and *D*, left panel) or addition of  $100 \mu M$  DIDS, a blocker of the Cl<sup>-</sup>–HCO<sub>3</sub><sup>-</sup> exchanger (0.3 ± 0.1, *n* = 4, Fig. 11*D*, left panel), inhibited UTP enhancement of pHi recovery, consistent with a Cl<sup>−</sup>-dependent and  $DIDS$ -sensitive  $HCO<sub>3</sub><sup>-</sup>$  transport mechanism. Basal secretion of  $HCO<sub>3</sub><sup>-</sup>$  (pH<sub>i</sub> recovery) was also strongly depressed in the absence of  $Cl^ (0.1 \pm 0.1, n=5,$  $P < 0.005$ , Fig. 11*D*, left panel). The  $HCO<sub>3</sub><sup>-</sup>$  transport did not seem to require a Na<sup>+</sup> gradient (Fig. 11*D*, right panel). In a  $Na^+$ -free Hepes-buffered solution, the pH<sub>i</sub> recovery induced by 100  $\mu$ m UTP (2.6  $\pm$  0.5,  $n = 16$ ) was not significantly different from that in Na<sup>+</sup>-rich solution  $(3.0 \pm 0.4, n=5, P=0.6)$ , but was considerably different from that in Cl<sup>−</sup>-free and Na<sup>+</sup>-free solution  $(0.6 \pm 0.2, n = 12)$ , suggesting that mainly



#### **Figure 10. Increase of HCO<sub>3</sub><sup>−</sup> secretion by UTP in Ca2+-dependent manner**

Intracellular pH (pH<sub>i</sub>) was measured with BCECF and  $HCO<sub>3</sub>$ <sup>-</sup> efflux was assessed by pHi recovery during Hepes challenges. *A*, two successive measurements of  $HCO_3^-$  efflux using the Na<sup>+</sup>-rich Hepes-buffered solution ('HEPES'). 'Bicarb' indicates HCO<sub>3</sub><sup>-</sup>-buffered solution. To estimate  $HCO_3^-$  efflux, we fitted a single exponential function to the time course of  $pH_i$  recovery and we measured its slope, the rate of pH<sub>i</sub> recovery (continuous line), at 95% of the peak value

Na<sup>+</sup>-independent and Cl<sup>−</sup>-dependent  $\mathrm{HCO_3}^-$  exchangers are involved. These experiments with  $Na<sup>+</sup>$ -free solutions might be complicated by reversal of transport through the Na<sup>+</sup> $-H$ <sup>+</sup> exchanger or the Na<sup>+</sup> $-HCO<sub>3</sub>$ <sup>-</sup> cotransporter in a Na<sup>+</sup>-free solution, which would also produce  $pH_i$ changes. Indeed,  $Na^+$ -free solution by itself speeded up the pH<sub>i</sub> recovery  $(1.4 \pm 0.2)$   $(n = 16)$  *versus*  $0.5 \pm 0.2$  (control,  $n = 6$ ), Fig. 11*D*, right panel), which could be produced by import of protons by the  $Na^+$ – $H^+$  exchanger and export of  $HCO<sub>3</sub>^-$  by the Na<sup>+</sup>-HCO<sub>3</sub><sup>-</sup> cotransporter. These Na<sup>+</sup>-dependent transport mechanisms still contribute to pH<sub>i</sub> recovery in Na<sup>+</sup>-free and Cl<sup>−</sup>-free solution with UTP  $(0.6 \pm 0.2)$  even when Cl<sup>−</sup>–HCO<sub>3</sub><sup>−</sup> exchange is strongly blocked without external Cl<sup>−</sup>.

Taken together, these results show that Na<sup>+</sup>-independent, Cl<sup>-</sup>-dependent and DIDS-sensitive Cl<sup>−</sup>–HCO3 <sup>−</sup> exchange activity is stimulated by both oscillatory and sustained activation of  $Ca<sup>2+</sup>$ -dependent IK channels in response to UTP.

## **Discussion**

#### **Encoding and decoding of [Ca2+]i signals in epithelia**

We find here that exocytosis is efficiently stimulated by a sustained  $[Ca^{2+}]$  increase evoked by high UTP concentrations, but only a third as well (31%) by  $[Ca^{2+}]$ <sub>i</sub> oscillations evoked by low UTP concentrations. This parallels similar findings we made with ATP (Jung *et al.* 2004); however, there, 2  $\mu$ M ATP stimulated only ∼2% of the exocytosis obtained with 100  $\mu$  M ATP. The greater potency of low UTP compared to ATP might relate to the BAPTA-resistant component of exocytosis in  $2 \mu$ M UTP (Fig. 3*D*). A BAPTA-resistant component of ATP-evoked exocytosis (*via*  $P2Y_{11}$  receptors) is evident only above 10 μm (Nguyen *et al.* 2001; Jung *et al.* 2004).

The physiological ATP profile in the lumen of the pancreatic duct is not known. It could be as high as the 9  $\mu$ M concentration observed in the vicinity of acini

(horizontal dashed line) of the Hepes-induced peak pH<sub>i</sub> change (see text). *B*, increased rate of pH<sub>i</sub> recovery by 100  $\mu$ M UTP in the second Hepes challenge ('Hepes  $+$  UTP'). *C*, summary of relative rate of pH<sub>i</sub> recovery of the second Hepes challenge compared to the first one at different concentrations (0, 2, 10, 100 μM) of UTP. *D*, summary of relative rate of pH<sub>i</sub> recovery in thapsigargin-treated ('0  $Ca<sup>2+</sup>$  Cont.' and 'UTP  $+$  0 Ca<sup>2+</sup>') or -untreated cells ('Control' and 'UTP'), where UTP is 100  $\mu$ M. In this batch of cells 100  $\mu$ M UTP evoked slightly larger increase of the recovery rate compared to the cells shown in *C*. The relative recovery rates are  $0.5 \pm 0.2$  ( $n = 6$ ) for control and  $3.0 \pm 0.4$  $(n = 5)$  for UTP. Some cells were pretreated with 1  $\mu$ M thapsigargin for 10 min in the Ca<sup>2+</sup>-free ('0 Ca<sup>2+</sup>') solution to eliminate any Ca<sup>2+</sup> rise induced by 100  $\mu$ M UTP. Bath solutions for the measurements did not containing thapsigargin. The recovery rates in *C* and *D* were statistically compared to either control (∗*P* < 0.05; ∗∗*P* < 0.005) or UTP-treated cells (#*P* < 0.05). The dashed lines in *C* and *D* denote the value of the control.

during secretion of pancreatic enzymes (Sørensen & Novak, 2001), or lower on account of dilution and degradation by extracellular ectoenzymes (Lazarowski *et al.* 1997; Schwiebert, 2001), and probably much lower during inactive periods of food intake. Therefore, the low concentrations of ATP or UTP that induce



 $[Ca^{2+}]$ <sub>i</sub> oscillations in PDEC would be the most physiologically relevant. We have demonstrated that these oscillations induce activation of  $K_{Ca}$  channels,<br>hyperpolarize the membrane, and enhance hyperpolarize the membrane, and enhance Na<sup>+</sup>-independent, Cl<sup>−</sup>-dependent and DIDS-sensitive  $HCO<sub>3</sub>$ <sup>-</sup> transport. Therefore, electrolyte (e.g. K<sup>+</sup> and

**Figure 11. Involvement of IK channels and Cl***<sup>−</sup>***/HCO3** *<sup>−</sup>* **exchangers in HCO3** *−* **secretion**

 $A$  and  $B$ , effect of 200 nm CTX ('Hepes  $+$ UTP + CTX', *A*) or the removal of extracellular Cl<sup>−</sup> ('Hepes + UTP + Cl−-free', *B*) on the time course of pH<sub>i</sub> recovery. *C*, summary of relative rates of pHi recovery in the presence or absence of CTX. The values for control and 100  $\mu$ M UTP alone are the same as those in Fig. 10*C*. *D*, summary of relative rate of pH<sub>i</sub> recovery in Cl<sup>−</sup>-free, 100  $\mu$ M DIDS, and Na<sup>+</sup>-free conditions. Left panel, in the DIDS experiments, the drug was applied to the bath 1 min after treatment with 100  $\mu$ M UTP to reduce the effect of inhibition of DIDS-sensitive  $Cl_{Ca}$ channels and  $Na^+$ -HCO<sub>3</sub><sup>-</sup> cotransporters. The values for control and UTP were obtained from Fig. 10*C*. Right panel, the values for control and UTP are same as those in Fig. 10*D*. The values were significantly different when compared to control ( $*P < 0.05$ ;  $**P < 0.005$ ) or 100  $\mu$ M UTP (#*P* < 0.05; ##*P* < 0.005). In all figures, UTP concentration was 100  $\mu$ M. Dashed lines in *C* and *D* denote relative rates of pH<sub>i</sub> recovery of the control cells.

 $HCO<sub>3</sub><sup>-</sup>$ ) secretion, a major function for PDEC, can be modulated by such mild purinergic input, whereas the exocytotic machinery responds only slowly and weakly to  $[Ca^{2+}]$ <sub>i</sub> oscillations (Fig. 3). The slowness of the exocytotic response may reflect the absence of a pool of docked or primed vesicles near the plasma membrane in PDEC (Oda *et al.* 1996*b*). Indeed, following a sharp  $[Ca^{2+}]$ <sub>i</sub> increase, exocytosis still occurs only after a ∼30 s delay (Figs 1 and 3). As the individual  $Ca^{2+}$  spikes within  $[Ca^{2+}]$ <sub>i</sub> oscillations last only for < 10 s, they are too short to activate complete vesicle translocation and fusion with the plasma membrane (Kasai, 1999).

As summarized in Fig. 12, we have established in PDEC that different concentrations of ATP or UTP induce distinct patterns of  $[Ca^{2+}]$ <sub>i</sub> responses ('encoding'); these patterns, in turn, differentially modulate several cellular functions such as IK conduction,  $HCO<sub>3</sub><sup>-</sup>$  secretion, and exocytosis ('decoding'). These differential responses will be particularly relevant to the emerging autocrine and paracrine function of ATP (Schwiebert, 2001), as the concentration of ATP will be highly variable, due to release, diffusion, dilution and local metabolism. Whether other receptors coupled to  $G_q$  and phospholipase C (e.g. histamine H1, proteinase activated (PAR-2), muscarinic, and cholecystokinin receptors) alone or in combination in PDEC elicit similar responses should be paramount areas for further investigation (Nguyen *et al.* 1998*a*,*b*, 2001).

## **The K<sup>+</sup> channel activated by oscillatory [Ca2+]i rise in PDEC**

In non-excitable cells,  $K_{Ca}$  channels of the IK type are involved in different functions, including ion transport (Devor *et al.* 1996; Koegel & Alzheimer, 2001), volume regulation (Khanna *et al.* 1999) and cell growth (Jensen *et al.* 1999; Peña & Rane, 1999). The PDEC  $K_{Ca}$ demonstrated in this report likely corresponds to the IK-type channel previously characterized in these cells by Ussing chamber and radioisotope efflux studies (Nguyen *et al.* 1998*a*). The dog pancreatic ductal IK channels are expressed on the basolateral membrane of polarized epithelial cells (Nguyen *et al.* 1998*a*). The molecular correlate of the dog PDEC IK channel is not yet defined. A Ca<sup>2+</sup>-activated K<sup>+</sup> channel recently cloned from human pancreas using sequence homology corresponded to the channel named hIK1 by Ishii *et al.* (1997) or hSK4 by Joiner *et al.* (1997). When expressed in *Xenopus* oocytes, the hIK1 channel was activated by submicromolar  $[Ca^{2+}]$ <sub>i</sub>  $(K_{1/2} = 0.3 \,\mu\text{m}$ , Hill coefficient of 1.7) in the presence of protein kinase A (Gerlach *et al.* 2000). Interestingly, we regularly observed slow run-down of PDEC IK channels after the excision of the patch membrane from the cell. Therefore, these channels may also require additional cytoplasmic factors, such as kinases, to maintain their activity. The dog PDEC IK channels exhibit the low sensitivity to TEA and high sensitivity to charybdotoxin seen in human IK1/SK4 channels (Ishii *et al.* 1997; Joiner *et al.* 1997).

# Enhancement of HCO<sub>3</sub><sup>-</sup> secretion by IK channel **in epithelia**

How does hyperpolarization induced by IK channel activation promote  $HCO<sub>3</sub><sup>-</sup>$  secretion? Three models are commonly discussed. According to the conventional model postulated by Novak & Greger (1988), the Cl<sup>−</sup>–HCO3 <sup>−</sup> exchanger on the apical membrane is the



#### **Figure 12. Ca2+ signalling in PDEC**

Agonist (UTP or ATP) concentration is 'encoded' as Ca<sup>2+</sup> oscillation, sustained Ca<sup>2+</sup> rise, or both *via* P2Y receptors in PDEC. The oscillatory signal is 'decoded' by a parallel activation of Ca<sup>2+</sup>-dependent K<sup>+</sup> or Cl<sup>−</sup> channels, whereas the sustained Ca<sup>2+</sup> signal is decoded by both the Ca<sup>2+</sup>-activated channels and the exocytotic machinery. Finally, the Ca<sup>2+</sup>-activated channels modulate the Cl<sup>−</sup>-dependent HCO<sub>3</sub><sup>-</sup> secretion while the Ca<sup>2+</sup>-activated exocytotic machinery promotes the exocytosis of secretory vesicles. For clarity, this diagram does not include additional modulatory effects of cAMP signals generated by P2Y receptors on exocytosis and channels that were demonstrated in our previous studies (Nguyen *et al.* 2001; Jung *et al.* 2004).

major pathway for  $HCO<sub>3</sub><sup>-</sup>$  secretion in PDEC. The Cl<sup>−</sup> ions that accumulate intracellularly in exchange for  $HCO<sub>3</sub>$ <sup>-</sup> are recycled extracellularly through apical Cl<sup>−</sup> channels (mainly the cystic fibrosis transmembrane conductance regulator (CFTR) and Ca<sup>2+</sup>-activated Cl<sup>−</sup> channels) and activation of  $K^+$  channels creates a driving force that aids Cl<sup>−</sup> efflux *via* Cl<sup>−</sup> channels. Alternatively,  $HCO<sub>3</sub>$ <sup>-</sup> transport may use electrogenic Cl<sup>-</sup>-HCO<sub>3</sub><sup>-</sup> exchangers that are directly accelerated by membrane hyperpolarization. In fact, at least two electrogenic exchangers (SLC26A3 and SLC26A6) are expressed in pancreatic duct cells (Lohi *et al.* 2000; Ko *et al.* 2004; Steward *et al.* 2005). The activity of one of these isoforms, SLC26A6, with a  $Cl^-$  :  $\mathrm{HCO_3}^-$  stoichiometry of 1 : 2, would be increased by hyperpolarization. Recently a third model has been proposed, particularly to explain the high concentration of HCO<sub>3</sub><sup>-</sup> (~140 mm) in the pancreatic juice of certain species such as guinea pig, cat, dog and human (Sohma *et al.* 2000; Whitcomb & Ermentrout, 2004). It argues that  $Cl^-$ –HCO<sub>3</sub><sup>–</sup> exchangers could not play a major role in high  $HCO<sub>3</sub>^-$  secretion because electroneutral exchangers would run backwards at high concentrations of serosal HCO<sub>3</sub><sup>-</sup> (Sohma *et al.* 2000). Instead  $HCO<sub>3</sub><sup>-</sup>$  is secreted directly through an apical HCO<sub>3</sub><sup>-</sup>-permeable channel, such as CFTR, accounting for the high concentration of  $HCO<sub>3</sub><sup>-</sup>$ . In this mechanism, hyperpolarization by IK channels could increase  $\mathrm{HCO_3}^$ secretion *via* a  $\text{HCO}_3$ <sup>-</sup>-permeable channel as discussed by Steward *et al.* (2005).

The Cl<sup>−</sup> dependency of hyperpolarization on  $HCO<sub>3</sub>$ <sup>-</sup> secretion (Figs 9 and 11) in PDEC supports the exit of  $HCO<sub>3</sub><sup>-</sup>$  through anion exchangers, not HCO<sub>3</sub><sup>-</sup>-permeable channels. It should be mentioned that  $HCO<sub>3</sub><sup>-</sup>$  secretion in pancreatic duct cell lines can be elevated by a  $[Ca^{2+}]_i$  rise even when the membrane potential is clamped with a symmetrical high K<sup>+</sup> external solution (Namkung *et al.* 2003). The underlying mechanism of this  $Ca^{2+}$ -dependent  $HCO_3^-$  secretion is not well identified.

# **Ductal HCO3** *<sup>−</sup>* **and mucin secretion**

The major function of  $\mathrm{HCO_3}^-$  secreted from PDEC is to neutralize acidic chyme as it enters the duodenum from the stomach. The ductal  $\mathrm{HCO_3}^-$  may also alter the rheologic properties of the mucin, the main component of mucus that is secreted from the duct cells. The viscosity of mucin tends to increase at acidic pH (Smith *et al.* 1989; Bhaskar *et al.* 1991). If secretion of  $HCO<sub>3</sub><sup>-</sup>$  is impaired, as in cystic fibrosis, mucin released from PDEC might not be cleared from the epithelial surface due to an increase of viscosity at low luminal pH. Formation of a mucin gel in the pancreatic ductal tree could lead to the blockage of the small ducts and eventual destruction of the gland (Johansen *et al.* 1968; Freedman *et al.* 2001; Namkung *et al.* 2003). Alkalinization of the pancreatic juice by ductal  $HCO<sub>3</sub>$ <sup>-</sup> is also critical to endocytosis, membrane recycling, exocytosis, and the secretory function of the neighbouring acinar cells (Freedman *et al.* 2001). As UTP analogues have been advocated in the treatment of cystic fibrosis, our findings suggest that low concentrations may be preferable to high concentration of these agents as they may increase  $HCO<sub>3</sub><sup>-</sup>$  secretion through  $K<sub>Ca</sub>$  channels while stimulating less mucin production (Chen *et al.* 2001).

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