# **Skeletal muscle L-type Ca2+ current modulation in**  $\boldsymbol{\gamma}$ 1-deficient and wildtype murine myotubes by the  $\boldsymbol{\gamma}$ 1 **subunit and cAMP**

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> Modulation of the steady-state inactivation and current amplitude by the  $\gamma$ 1 subunit of the murine **skeletal muscle L-type Ca2+ channel were investigated using the whole-cell patch-clamp technique.** Transient expression of the  $\gamma$ 1 subunit, but not of the  $\gamma$ 2 (stargazin) protein, in primary cultured myotubes from  $\gamma$ 1-deficient mice shifted the steady-state inactivation approximately  $-15$  mV, **thereby restoring wildtype (WT) steady-state inactivation and current amplitude. The increased**  $Ca^{2+}$  current amplitude in  $\gamma$ 1-deficient cells was abolished in myotubes from animals of 4 weeks and **older whereas the positive shift in steady-state inactivation was independent of mouse age. Raising intracellular cAMP levels using the membrane-permeant analogue 8-Br-cAMP led to an increase in**  $Ca^{2+}$  current amplitude in WT cells to the level in  $\gamma$ 1-deficient myotubes. There was no effect on the current amplitude in  $\gamma$ 1-deficient cells or on the steady-state inactivation in either genotype. **Rp-cAMPS, a competitive inhibitor of cAMP-dependent protein kinase, had no effect on the WT**  $Ca^{2+}$  current amplitude and steady-state inactivation, but diminished the current amplitude in  $\gamma$ 1**deficient myotubes without affecting the steady-state inactivation in these cells. These data show** that the increased  $Ca^{2+}$  influx in myotubes lacking the  $\gamma$ 1 subunit, due to right-shifted steady-state inactivation and increased L-type  $Ca^{2+}$  current amplitude, is determined by the  $\gamma$ 1 subunit. The **effect on current amplitude depends on the age of the mice and its cAMP-dependent modulation** appears to be controlled by the  $\gamma$ 1 subunit.

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The skeletal muscle L-type  $Ca^{2+}$  channel consists of the  $\alpha$ 1S subunit together with the auxiliary  $\beta$ 1,  $\alpha$ 2 $\delta$  and the  $\gamma$ 1 subunits. The  $\gamma$ 1 subunit is unique to skeletal muscle and has been shown to be important for some of the biophysical properties of the channel (Freise *et al.* 2000) but its role in excitation–contraction coupling is less clear (Ursu *et al.* 2001). We have recently shown that the presence of the  $\gamma$ 1 subunit reduces Ca<sup>2+</sup> influx in primary cultured skeletal muscle myotubes (Freise *et al.* 2000). In the absence of the  $\gamma$ 1 subunit, the L-type Ca<sup>2+</sup> current is increased, presumably due to a higher open probability, and the steady-state inactivation is shifted to more depolarised potentials thereby allowing an increased  $Ca^{2+}$ influx (Freise *et al.* 2000) in agreement with results obtained with an independently produced  $\gamma$ 1-deficient mouse (Ahern *et al.* 2001).

Since most of the skeletal muscle L-type  $Ca<sup>2+</sup>$  channels primarily act as voltage sensors (Schwartz *et al.* 1985), it is conceivable that the  $\gamma$ 1 subunit is implicated in gating currents. Charge movement measurements were however unaltered in primary cultured myotubes from fetal wildtype (WT) and  $\gamma$ 1-deficient mice (Ahern *et al.* 2001). T-type  $Ca^{2+}$  channels which are also present in skeletal muscle cells and which activate at test potentials around **\_**40 mV, were observed in some but not all myotubes, regardless of the genotype. These channels were not altered by the g1-deletion (Freise *et al.* 2000; Berthier *et al.* 2001), it is therefore unlikely that the  $\gamma$ 1 subunit is part of the T-type  $Ca^{2+}$  channel in skeletal muscle cells.

Expression of  $Ca^{2+}$  channel subunits is not only tissue specific but also developmentally regulated. In rabbit skeletal muscle,  $\alpha$ 1S,  $\beta$ ,  $\alpha$ 2 $\delta$  and  $\gamma$ 1 transcripts increase 4 weeks after birth (Brillantes *et al.* 1994) which corresponds to the increase in L-type  $Ca^{2+}$  current density and charge movement seen in the first 4 weeks (Beam & Knudson, 1988*b)*. In contrast, the a1S protein decreases in aged rats and mice (Renganathan *et al.* 1997; Wang *et al.* 2000). Similar alterations in  $Ca^{2+}$  channel current during development and ageing have been observed in cardiac myocytes (Brillantes *et al.* 1994; Liu *et al.* 2000).

In this study, we investigated whether the changes in the L-type  $Ca^{2+}$  current steady-state inactivation and amplitude in  $\gamma$ 1-deficient myotubes are both dependent on the  $\gamma$ 1

subunit. We show that transient expression of the skeletal  $\gamma$ 1 subunit but not of the  $\gamma$ -like protein stargazin (also called  $\gamma$ 2, Letts *et al.* 1998) in neonatal  $\gamma$ 1-deficient myotubes restored WT L-type  $Ca^{2+}$  current steady-state inactivation. In myotubes cultured from mice which were 4 weeks old or older, the current amplitude between the two genotypes was equivalent, however, the steady-state inactivation remained shifted. We also tested whether in  $\gamma$ 1-deficient myotubes L-type currents can be further modulated by cAMP. Part of this study has been published in abstract form (Held *et al.* 2001).

# **METHODS**

#### **Cell culture**

All procedures were carried out according to the guidelines of the Animal Welfare Committee of the Universität des Saarlandes. Primary cultured skeletal muscle myotubes from newborn mice were prepared with minor modifications as described previously (Beam & Knudson, 1988*a*; Freise *et al.* 2000). Pairs of littermatched inbred mice were mated to give rise to either  $WT (+/+)$ or homozygous  $\gamma$ 1-deficient (-/-) offspring. One- to three-dayold mice (unless stated otherwise) were killed by decapitation or by cervical dislocation, limb muscles were minced and incubated with 2 mg m $l^{-1}$  collagenase I (Sigma, Germany). The cell suspension was centrifuged at 200 *g* for 9–10 min, the pellet was resuspended in culture medium supplemented with 10 % fetal calf serum, 10 % horse serum, 100 IU ml<sup>-1</sup> penicillin and 100  $\mu$ g ml<sup>-1</sup> streptomycin. After 2 days, the medium was replaced by medium with 10% horse serum, 100 IU ml<sup>-1</sup> penicillin and 100  $\mu$ g ml<sup>-1</sup> streptomycin. Cells were used between 5–10 days *in vitro*.

#### **Electrophysiology**

 $Ca<sup>2+</sup>$  channel currents in skeletal muscle myotubes were recorded as described before (Freise *et al.* 2000) using the whole-cell patchclamp configuration of the patch-clamp technique (Hamill *et al.* 1981). The bath solution contained (mm): TEA-Cl 146,  $CaCl<sub>2</sub>$  10,  $MgCl<sub>2</sub>$  1, glucose 10, Hepes 10, pH 7.4 (CsOH). Pipettes were made from borosilicate glass and had resistances between 1.5 and 3.5 M $\Omega$ . The pipette solution consisted of (mm): caesium aspartate 145, MgCl<sub>2</sub> 5, EGTA 20, Mg-ATP 5, Hepes 10, pH 7.2 (CsOH).  $Ca<sup>2+</sup>$  currents were activated every 5 s by step depolarisation from a holding potential of **\_**90 mV to test potentials from **\_**70 mV to +70 mV in 10 mV increments. L-type  $Ca^{2+}$  channel current was measured at the end of the 400 ms depolarisation. To measure steady-state inactivation, cells were depolarised for 5 s to various prepulse potentials from **\_**100 mV to +20 mV in 20 mV increments. Subsequently, a depolarisation to  $+20$  mV for 400 ms was applied at the end of which the L-type  $Ca^{2+}$  channel current amplitude was measured. Steady-state inactivation curves, normalised to the current density after a prepulse to **\_**100 mV, were averaged and fitted with a Boltzman equation:

$$
I/I_{\text{max}} = A/(1 + \exp((V - V_{1/2})/k)),
$$

with *V*1/2 being the voltage of half-inactivation, *k* the slope factor and *A* the initial current ratio. A *P*/4 protocol was used in all measurements for linear leak and capacitance subtraction.

#### **Transfection**

To obtain the recombinant dicistronic expression plasmids pdi– $\gamma$ 1 and pdi– $\gamma$ 2 carrying the entire protein-coding regions of the murine  $\gamma$ 1 (Freise *et al.* 2000) and  $\gamma$ 2 (stargazin, Letts *et al.*  1998), respectively, and that of GFP (Prasher *et al.* 1992), the consensus sequence for initiation of translation in vertebrates (Kozak, 1987) was introduced immediately 5' of the respective translation initiation codon. The resulting cDNA was subcloned in the pCAGGS vector, downstream of the chicken actin promoter (Niwa *et al.* 1991). The internal ribosomal entry site derived from the encephalomyocarditis virus (Kim *et al.* 1992) followed by the GFP cDNA containing a ser-65-thr mutation, was then cloned 3' to the  $\gamma$ 1 and  $\gamma$ 2 cDNA, respectively. As controls, the same vector was used but without the  $\gamma$  sequences. Transfections were carried out using SuperFect (Qiagen, Germany). Cells were incubated for 2 h at 37 °C with 2  $\mu$ l ml<sup>-1</sup> SuperFect and 2  $\mu$ l ml<sup>-1</sup> vector DNA per 35 mm Petri dish. Transfection efficacy as determined by the number of green fluorescent myotubes 3–5 days after transfection, was approximately 5–10 %.

#### **Materials**

8-Br-cAMP was obtained from Sigma, Germany;  $R_p$ - and  $S_p$ -cyclic 3',5'- hydrogen phosphorothioate adenosine triethylammonium salt (Rp-cAMPS and Sp-cAMPS, respectively), and cBIMPS  $(5,6$ -dichloro-1- $\beta$ -D-ribofuranosylbenzimidazole-3', 5'-cyclic monophosphorothioate, Sp-isomer) were from BioLog, Bremen, Germany. The protein kinase inhibitor peptide (PKI)6–22 amide was purchased from Calbiochem. The mPKI 6–24 containing a D-arginine at position 18 and a cyclohexylmethylester group blocking the lateral chain of the aspartic acid at position 24 (Fernandez *et al.* 1991) was synthesised by Dr W. Nastainczyk (Institut für Medizinische Biochemie and Molekularbiologie, Universität des Saarlandes, Homburg, Germany), the peptide sequence was confirmed by sequence analysis and mass spectroscopy. All other reagents were obtained from Sigma.

# **RESULTS**

## **Expression of the**  $\gamma$ **1 subunit in WT and**  $\gamma$ **1deficient myotubes**

Previously, we have shown that the lack of the skeletal muscle  $\gamma$  subunit ( $\gamma$ 1) in cultured myotubes increases the L-type  $Ca^{2+}$  channel current and shifts the steady-state inactivation to more hyperpolarised potentials (Freise *et*  $al.$  2000). Therefore, more  $Ca^{2+}$  ions will enter the cell upon depolarisation. To confirm that these two effects are due to the lack of the  $\gamma$ 1 subunit, the  $\gamma$ 1 subunit together with the green fluorescent protein (GFP) was coexpressed in the  $\gamma$ 1-deficient myotubes using the dicistronic expression vector pdi- $\gamma$ 1. The internal ribosomal entry site sequence allows simultaneous translation of the  $\gamma$ 1 and GFP from one transcript. Thus, transfected cells can be detected unequivocally by the development of green fluorescence. Three to five days after transfection, L-type  $Ca<sup>2+</sup>$  channel currents at the end of the 400 ms depolarisation and steady-state inactivation were measured and compared with the respective currents in non-transfected cells. The steady-state inactivation was shifted to hyperpolarised potentials when the  $\gamma$ 1 subunit was expressed in  $\gamma$ 1deficient myotubes thus resembling the inactivation pattern observed in WT cells (Fig. 1*B)*. The voltage of halfinactivation  $(V_{1/2})$  of the averaged curve was  $-14.8$  mV in WT cells  $(n = 27)$ , 0.4 mV in  $\gamma$ 1-deficient cells  $(n = 36)$ , the slope factor  $k$  was 13.2 mV in WT and 8.0 mV in  $\gamma$ 1deficient myotubes. After transfection of the  $\gamma$ 1 subunit, *V*1/2 was **\_**20.9 mV with *k* being 15.9 mV *(n =* 8). Expression of the  $\gamma$ 1 subunit in  $\gamma$ 1-deficient cells reduced the current amplitude to levels observed in WT cells, without shifting the voltage dependence of activation. The peak current densities (at  $+20$  mV) in  $\gamma$ 1-deficient myotubes were  $-26.5 \pm 1.5$  pA pF<sup>-1</sup> (*n* = 29) and  $-17.8 \pm 1.5$ 2.9 pA pF<sup>-1</sup>  $(n = 9)$  in those transiently expressing the  $\gamma$ 1 subunit which is not significantly different from the current density in WT cells at the same potential  $(-20.0 \pm$ 1.4 pA  $pF^{-1}$ ,  $n = 30$ ). This is illustrated by the representative current traces at **\_**40 mV and +20 mV in Fig. 1*A*and by the corresponding current–voltage (*I–V)*relationship in Fig. 1*C*. In summary, these results indicate that both effects on skeletal muscle L-type Ca<sup>2+</sup> currents observed in  $\gamma$ 1deficient myotubes are directly due to the lack of the  $\gamma$ 1

protein and, accordingly can be restored by expression of  $\gamma$ 1 in these cells.

To further substantiate this conclusion, we performed two types of control experiments. First,  $\gamma$ 1-deficient cells were transfected with the expression vector lacking the DNA and second, the neuronal  $\gamma$ -like protein stargazin which has recently been implicated to represent the  $\gamma$ 2 subunit, was expressed in  $\gamma$ 1-deficient cells. In control transfections with the vector lacking the  $\gamma$ 1 sequence, no effect of GFP expression alone was observed on the steady-state inactivation curve in cells lacking the  $\gamma$ 1 subunit ( $V_{1/2}$ , 7.2 mV; *k*, 7.0 mV; *n =* 10; data not shown), indicating that restoration of the steady-state inactivation was due to the expression of the  $\gamma$ 1 subunit and not of GFP. Expression of the structurally related  $\gamma$ 2 in  $\gamma$ 1-deficient myotubes using the same dicistronic vector described above, had also no effect on the steady-state inactivation



Figure 1. Expression of the  $\gamma$ 1 subunit in  $\gamma$ 1-deficient myotubes restores WT L-type Ca<sup>2+</sup> **current amplitude and steady-state inactivation**

*A*, representative current traces during a 400 ms depolarisation at **\_**40 mV and at +20 mV from a WT and a  $\gamma$ 1-deficient myotube, and from a  $\gamma$ 1-deficient cell transfected with the  $\gamma$ 1 subunit. The dashed line indicates zero. At  $-40$  mV, a T-type Ca<sup>2+</sup> channel is activated in the  $\gamma$ 1-deficient cell. *B*, average steady-state inactivation (normalised to  $-100$  mV prepulse potential) from WT (filled squares,  $n = 27$ ),  $\gamma$ 1-deficient cells (filled circles,  $n = 36$ ) and from  $\gamma$ 1-transfected  $\gamma$ 1-deficient cells (open circles,  $n = 8$ ). Data were fitted with a Boltzman equation. *C*, average *I*–*V* relationships of WT (filled squares,  $n = 30$ ),  $\gamma$ 1–/– (filled circles,  $n = 29$ ) and  $\gamma$ 1-transfected  $\gamma$ 1-deficient (open circles,  $n = 9$ ) myotubes. *D*, bar graphs showing the current density at +20 mV (top) and the steady-state inactivation after a prepulse of **\_**20 mV (bottom) for WT and  $\gamma$ 1-deficient myotubes,  $\gamma$ 1-deficient myotubes expressing the  $\gamma$ 1or the  $\gamma$ 2 protein. Asterisks indicate statistical significance (*P <* 0.05), values in parentheses indicate number of cells.

 $\overline{A}$ 

curve (Fig. 1*D*).  $V_{1/2}$  determined from averaged curves was 0.4 *(n =* 36) and 1.3 mV *(n =* 13) in the absence and presence of the  $\gamma$ 2 subunit, the slope factor *k* was 8.0  $(n = 36)$  and 6.8 mV  $(n = 13)$ , respectively. In summary, these results confirm that restoration of wildtype steadystate inactivation properties of  $I_{Ca}$  is due to the specific action of the  $\gamma$ 1 subunit.

GFP expression alone induced a decrease in current density at  $+20$  mV from  $-26.9 \pm 2.3$  pA pF<sup>-1</sup>  $(n = 15)$  in non-transfected cells to  $-22.6 \pm 2.1$  pA pF<sup>-1</sup>  $(n = 12)$ ; data not shown) which, over the voltage range **\_**10 to +10 mV, was statistically significant (*P <* 0.05). Likewise, but not significantly, expression of the  $\gamma$ 2 protein did decrease the peak Ca<sup>2+</sup> current at +20 mV ( $\gamma$ 1-/-, -26.5  $\pm$  1.5 pA pF<sup>-1</sup>,  $n = 29$ ;  $\gamma$ 2 in  $\gamma$ 1-/-, -21.6 ± 2.1 pA pF<sup>-1</sup>,  $n = 15$ ), whereas at positive potentials from +50 to +70 mV, expression of  $\gamma$ 2 in  $\gamma$ 1-deficient myotubes resulted in a reduction of L-type  $Ca^{2+}$  current amplitude ( $P < 0.05$ ). This reduction in current may be due to the GFP expressed as the current amplitude in the presence of  $\gamma$ 2 is almost identical to GFP expression alone. Probably, the actions on steady-state inactivation and on current amplitude are independent properties of the  $\gamma$ 1 subunit. Expression of the  $\gamma$ 1 subunit in  $\gamma$ 1-deficient myotubes re-establishes WT L-type Ca<sup>2+</sup> current steady-state inactivation, whereas L-type current amplitude might not be influenced.

# **Age-dependent alterations in L-type Ca2+ channel** current in WT and  $\gamma$ 1-deficient myotubes

During ageing of mice, a decline in the number of skeletal muscle L-type  $Ca^{2+}$  channels has been described (Renganathan *et al.* 1998; Wang *et al.* 2000). In addition, the  $Ca^{2+}$  current amplitude was not found to be enhanced in  $\gamma$ 1-deficient myotubes cultured from adult mice (Ursu *et al.* 2001). This prompted us to investigate whether L-type  $Ca^{2+}$  channel current magnitude and steady-state inactivation are altered during postnatal development. Accordingly, myotubes were cultured from mice 2 weeks, 4 weeks or 4 months of age. These cells grew slower and were therefore kept in high serum medium for 4 days instead of 2 days to allow more time for cell proliferation. Overall there were fewer cells, although most were well differentiated, some forming long strands of fused muscle cells. The data are summarised as a bar graph in Fig. 2*A* showing the current density at  $+20$  mV for WT and  $\gamma$ 1deficient cells. Myotubes from 2-week-old WT mice had an L-type Ca<sup>2+</sup> channel amplitude at  $+20$  mV of  $-18.7 \pm$ 1.7 pA pF<sup>-1</sup>  $(n = 19)$ , those from  $\gamma$ 1-deficient cells of  $-28.4 \pm 1.5$  pA pF<sup>-1</sup> (*n* = 22). The current amplitudes of cells from 2-week-old WT and  $\gamma$ 1-deficient animals are significantly different between **\_**10 mV and +60 mV. At the age of 4 weeks, however, the differences in L-type  $Ca^{2+}$ current amplitude were no longer present, the amplitude



#### **Figure 2. Age dependence of L-type Ca2+ current amplitude and steady-state inactivation**

*A*, current densities at +20 mV are plotted for WT and  $\gamma$ 1-deficient myotubes from neonatal, 2-week-old, 4-week-old and 4-month-old mice. *B*, normalised steady-state inactivation after a 5 s prepulse to **\_**20 mV for WT and  $\gamma$ 1-deficient myotubes from neonatal, 2-week-old, 4-week-old and 4-month-old mice. Asterisks indicate statistical significance (*P <* 0.05), values in parentheses indicate number of cells.

in  $\gamma$ 1-deficient cells had reached approximately neonatal WT levels (at  $+20$  mV: WT,  $-19.9 \pm 1.9$  pA pF<sup>-1</sup>,  $n = 19$ ;  $\gamma$ 1-deficient,  $-21.8 \pm 1.5$  pA pF<sup>-1</sup>; *n* = 21). To ensure that the decrease of L-type amplitude in  $\gamma$ 1-deficient myotubes is constant, myotubes from 4-month-old mice were also tested. In WT cells, the current amplitude at +20 mV was slightly but significantly smaller than in neonatal cells  $(-15.4 \pm 1.6 \text{ pA pF}^{-1}, n = 17, P < 0.05)$ . In  $\gamma$ 1-deficient myotubes, the current amplitude  $(-17.6 \pm 1.9, n = 20)$ was not significantly different from WT cells at the same age or from neonatal WT mice. Thus, the L-type  $Ca^{2+}$ current amplitude in WT myotubes appears to remain constant from birth to adulthood whereas the current in  $\gamma$ 1-deficient cells declines after the first 2 weeks of life to WT levels. This is in agreement with results by Ursu *et al*  $(2001)$  measuring Ca<sup>2+</sup> current in myotubes cultured from 2- to 6-month-old mice.

Similarly, the steady-state inactivation was measured as before in neonatal myotubes. In contrast to the changing L-type  $Ca^{2+}$  current amplitude, the steady-state inactivation remained shifted to more depolarised potentials in  $\gamma$ 1deficient cells at all ages examined. In WT myotubes, the  $V_{1/2}$  of the average steady-state inactivation was  $-14.8$ , **\_**9.8, **\_**6.7 and **\_**5.4 mV for cells from neonatal, 2-weekold, 4-week-old and 4-month-old mice, respectively, and 0.4,  $-2.6$ , 1.8 and 4.4 mV from  $\gamma$ 1-deficient mice at the same ages. Also, the slope factor *k* remained in the same range for WT and  $\gamma$ 1-deficient myotubes, respectively (for WT cells: neonatal, 13.2 mV *(n =* 27); 2 week old, 14.5 mV *(n =* 16); 4 week old, 13.9 mV *(n =* 19); 4 month old, 15.3 mV ( $n = 18$ ); for  $\gamma$ 1-deficient cells: neonatal, 8.0 mV *(n =* 36); 2 week old, 6.8 mV *(n =* 15); 4 week old, 8.6 mV *(n =* 20); 4 month old, 9.7 mV *(n =* 19)). Figure 2*B* illustrates the average normalised current after a prepulse to **\_**20 mV for 5 s. These results are also in agreement with Ursu *et al* (2001) and indicate that L-type Ca<sup>2+</sup> current amplitude and steady-state inactivation are regulated by  $\gamma$ 1 independently from each other.

## **Effects of increased cAMP levels using 8-Br-cAMP**

Isoprenaline and cAMP enhance  $45Ca^{2+}$  influx in chick skeletal myotubes (Schmid *et al.* 1985) and stimulate the L-type  $Ca^{2+}$  channel current in frog muscle fibres (Arreola *et al.* 1987), as well as in the immortalised mouse skeletal muscle myoblast line 129CBl<sub>3</sub> (Johnson *et al.* 1997). Therefore, we examined, whether the increase in L-type  $Ca<sup>2+</sup>$  current amplitude in primary myotubes lacking the  $\gamma$ 1 subunit from neonatal mice may be related to cAMPdependent processes. To increase the cAMP levels, 100  $\mu$ M of the membrane-permeant derivative 8-Br-cAMP was included in the bath solution. After a few minutes, L-type Ca2+ channel currents were measured. As seen in the *I–V* relationship depicted in Fig. 3*A*, in WT myotubes, the peak L-type  $Ca^{2+}$  channel amplitude at  $+20$  mV increased by approximately 40 % from  $-20.0 \pm 1.4$  pA pF<sup>-1</sup>  $(n = 30)$ 

in the absence to  $-25.0 \pm 1.6$  pA pF<sup>-1</sup>  $(n = 16)$  in the presence of 8-Br-cAMP. In  $\gamma$ 1-deficient cells, the current amplitude was not changed in the presence of 8-Br-cAMP (in the absence of 8-Br-cAMP,  $-26.5 \pm 1.5$  pA pF<sup>-1</sup>,  $n = 29$ ; in the presence of 8-Br-cAMP,  $-27.6 \pm 2.8$  pA pF<sup>-1</sup>,  $n = 18$ ; Fig. 3*A*). The current densities at  $+20$  mV are summarised in Fig. 3*D* (top panel). Representative current traces in Fig. 3*B* illustrate these findings. Thus, only in WT but not in  $\gamma$ 1-deficient myotubes, can the L-type Ca<sup>2+</sup> channel current amplitude be increased significantly in the presence of 8-Br-cAMP. Cyclic BIMPS and Sp-cAMPS, membrane-permeant cAMP derivatives known to activate preferentially the type II cAMP-dependent protein kinase (cBIMPS) or to activate the cAMP- and in parallel to inhibit cGMP-dependent protein kinases (Sp-cAMPS) (Hofmann *et al.* 1985), had no effect on peak  $I_{Ca}$  at +20 mV when added to the bath at concentrations of 100  $\mu$ M each. These findings may indicate that cAMP-dependent current modulation occurs via the type I cAMP-dependent protein kinase which is the predominant isoform in skeletal muscle (Hofmann *et al.* 1975). Accordingly, cAMP-dependent  $Ca<sup>2+</sup>$  current potentiation has been shown not to be altered in mice which are deficient in the type II regulatory subunit of the PKA (Burton *et al.* 1997).

In cardiac cells, the steady-state inactivation is shifted to more hyperpolarised potentials by cAMP-dependent processes, presumably via phosphorylation (Tiaho *et al.* 1991; Petit-Jacques & Hartzell, 1996). To investigate whether cAMP might influence steady-state inactivation in  $\gamma$ 1-deficient myotubes, 100  $\mu$ m 8-Br-cAMP was added to the bath. Averaged normalised steady-state inactivation curves in Fig. 3*C* compare WT and  $\gamma$ 1-deficient myotubes in the absence and presence of 8-Br-cAMP, respectively. *V*1/2 obtained from the averaged steady-state inactivation curves in WT cells was **\_**14.8 mV with *k* being 13.2 mV *(n =* 27) and **\_**13.3 mV with *k* being 12.3 mV *(n =* 15) in the absence and presence of 8-Br-cAMP, respectively. Similarly, in  $\gamma$ 1-deficient myotubes  $V_{1/2}$  and *k* were unaltered (in the absence of 8-Br-cAMP:  $V_{1/2}$ , 0.4 mV;  $k$ , 8.0 mV,  $n = 36$ ; in the presence of 8-Br-cAMP:  $V_{1/2}$ , **\_**0.3 mV; *k*, 8.4 mV, *n =* 19). Figure 3*D* (bottom panel) further illustrates that cAMP has no effect on the steadystate inactivation after a prepulse to **\_**20 mV. Although there is a modulatory effect in WT cells on the L-type  $Ca^{2+}$ channel amplitude, there is no effect on the steady-state inactivation in any cell group. These findings again support the conclusion that in skeletal muscle the  $Ca^{2+}$ channel amplitude and the steady-state inactivation are regulated independently from each other.

## **Effects of Rp-cAMPS, an cAMP antagonist**

The L-type Ca<sup>2+</sup> channel current in  $\gamma$ 1-deficient myotubes was not modulated by increased cAMP levels, suggesting that in these cells cAMP might already have modulated the current to a maximal extent and could therefore not

further increase the  $Ca^{2+}$  influx. With this assumption, the membrane-permeant inhibitor of cAMP-dependent protein kinase Rp-cAMPS should lead to a reduction of the current amplitude in  $\gamma$ 1-deficient cells. Rp-cAMPS prevents activation of the cAMP-dependent protein kinase by cAMP. Accordingly, under these conditions, basal phosphorylation should be decreased due to endogenous phosphatase activity and thereby dephosphorylation facilitated. Rp-cAMPS (100  $\mu$ M) was included in the bath solution and after a preincubation of cells for at least 15 min, L-type  $Ca^{2+}$  channel currents and steady-state inactivation were measured. For this set of experiments, cells from the same preparations were also used without Rp-cAMPS as controls. In the absence of the cAMP antagonist, the peak current density of WT cells at  $+20$  mV was  $-20.0 \pm 1.4$  pA pF<sup>-1</sup>  $(n = 30)$ . In the presence of Rp-cAMPS, this was slightly but not significantly decreased  $(-18.9 \pm 1.2 \text{ pA pF}^{-1}, n = 16)$  as seen in the *I–V* relationship in Fig. 4*A* and the representative current traces in Fig.  $4B$ . In  $\gamma$ 1-deficient myotubes however, the current densities were decreased to a level similar to those observed in WT cells ( $\gamma$ 1-/-: in the absence of Rp-cAMPS,  $-26.5 \pm 1.5$  pA pF<sup>-1</sup>,  $n = 29$ ; in the presence of Rp-cAMPS,  $-21.6 \pm 1.7$  pA pF<sup>-1</sup>,  $n = 20$ ) (Fig. 4*A* and *B)*. To inhibit cAMP-dependent protein kinase we also perfused cells with two variants of the specific peptide inhibitor of the kinase (Cheng *et al.* 1985), PKI 6–22 amide and mPKI (Fernandez *et al.* 1991). These peptides have been chemically modified by an amide group (PKI 6–22 amide) or by incorporation of a D-amino acid and a cyclohexylmethylester group in the aspartic acid at the C-terminus to increase resistance upon proteolytic enzymes. In the presence of either peptide at  $100 \mu M$ within the pipette solution, there was no significant change of Ca<sup>2+</sup> current amplitude in WT or  $\gamma$ 1 deficient myotubes when measured at  $+20$  mV 60 s and 3 min after starting the perfusion. The lack of effect could well be explained by diffusion problems of large peptides into the myoblasts from the patch pipette. It has been shown that



**Figure 3. Effects of 8-Br-cAMP on L-type Ca2+ current amplitude and steady-state inactivation**

*A*, averaged *I–V* relationships in the presence and absence of 100  $\mu$ M 8-Br-cAMP from WT (filled squares, without 8-Br-cAMP,  $n = 30$ ; open squares, with 8-Br-cAMP,  $n = 16$ ) and  $\gamma$ 1-deficient (filled circles, without 8-Br-cAMP, *n =* 29; open circles, with 8-Br-cAMP, *n =* 18) myotubes. *B*, representative current traces at +20 mV in the absence (control) or presence of 100  $\mu$ M 8-Br-cAMP from a WT and a  $\gamma$ 1-deficient myotube. Traces of WT and  $\gamma$ 1-deficient cells in the absence of 8-Br-cAMP same as in Fig. 1A. *C*, normalised steadystate inactivation for WT (filled squares,  $n = 27$ ) and  $\gamma$ 1-deficient cells (filled circles,  $n = 36$ ) under control conditions and in the presence of 8-Br-cAMP (100  $\mu$ m) (WT, open squares,  $n = 16$ ;  $\gamma$ 1–/–, open circles,  $n = 18$ ). *D*, bar graph summarising the effect of 100  $\mu$ M 8-Br-cAMP on the current density at +20 mV (top) and on the steady-state inactivation after a prepulse of  $-20 \text{ mV}$  (bottom) for WT and  $\gamma$ 1-deficient myotubes. Asterisks indicate statistical significance (*P <* 0.05), values in parentheses indicate number of cells.

equilibration of large molecules from the patch pipette into chromaffin cells can take up to 10 min (Pusch & Neher, 1988). In the elongated skeletal muscle myotubes, full equilibration might even take considerably longer, thus explaining the lack of peptide effect

cAMP had no effect on the steady-state inactivation of the L-type  $Ca^{2+}$  channel and accordingly both parameters were not changed by Rp-cAMPS in WT or in  $\gamma$ 1-deficient myotubes (Fig. 4*C)*. In WT myotubes, in the absence of Rp-cAMPS,  $V_{1/2}$  was  $-14.8$  mV with the slope factor *k* being 13.2 mV  $(n = 27)$ , in the presence of the PKA inhibitor,  $V_{1/2}$  was  $-14.6$  mV and *k* was 15.7 mV ( $n = 18$ ). In  $\gamma$ 1-deficient cells,  $V_{1/2}$  was 0.4 ( $n = 36$ ) and 0.3 mV *(n =* 18), with the slope factor *k* being 8.0 *(n =* 36) and 8.5 mV *(n =* 18) in the absence and presence of Rp-cAMPS, respectively. The effect of Rp-cAMPS on current densities at +20 mV and the steady-state inactivation after a 5 s prepulse to **\_**20 mV is summarised in Fig. 4*D*. Obviously, the current density is decreased in  $\gamma$ 1-deficient myotubes but not in WT cells, and in terms of current density a WT current phenotype is restored in the presence of Rp-cAMPS. The steady-state inactivation, however, is not altered by Rp-cAMPS and appears independent from the current amplitude as observed above.

# **DISCUSSION**

## **Expression of the**  $\gamma$ **1 subunit in**  $\gamma$ **1-deficient and WT cells**

The role of the skeletal muscle L-type Ca<sup>2+</sup> channel  $\gamma$ subunit is, in contrast to the pore-forming  $\alpha$ 1S and the  $\beta$ subunits, not well defined. The generation of mice lacking this subunit should facilitate these investigations as, in contrast to heterologous expression studies using nonmuscle cells, all other muscle cell components are present. Also, the difficulty to express the  $\alpha$ 1S subunit in heterologous expression studies, where the cardiac  $\alpha$ 1C



#### **Figure 4. Effects of Rp-cAMPS on L-type Ca2+ current amplitude and steady-state inactivation**

*A*, averaged *I–V* relationships in the presence and absence of 100  $\mu$ M Rp-cAMPS from WT (filled squares, without Rp-cAMPS,  $n = 30$ ; open squares, with Rp-cAMPS,  $n = 17$ ) and  $\gamma$ 1-deficient (filled circles, without Rp-cAMPS, *n =* 29; open circles, with Rp-cAMPS, *n =* 20) myotubes. *B*, representative current traces at +20 mV in the absence (control) or presence of 100  $\mu$ M Rp-cAMPS from a WT and a  $\gamma$ 1-deficient myotube. Traces of WT and g1-deficient cells in the absence of Rp-cAMPS same as in Fig. 1*A*. *C*, normalised steadystate inactivation for WT (filled squares,  $n = 27$ ) and  $\gamma$ 1-deficient cells (filled circles,  $n = 36$ ) under control conditions and in the presence of Rp-cAMPS (100  $\mu$ m) (WT, open squares,  $n = 18$ ;  $\gamma$ 1–/–, open circle,  $n = 18$ ). *D*, bar graph summarising the effect of 100  $\mu$ M Rp-cAMPS on the current density at +20 mV (top) and on the steady-state inactivation after a prepulse of  $-20 \text{ mV}$  (bottom) for WT and  $\gamma$ 1-deficient myotubes. Asterisks indicate statistical significance (*P <* 0.05), values in parentheses indicate number of cells.

subunit has often been used instead (Wei *et al.* 1991), is avoided. In the absence of the  $\gamma$ 1 subunit, the L-type  $Ca<sup>2+</sup>$  channel current is enhanced and the steady-state inactivation is shifted to more depolarised potentials, resulting in an increased Ca<sup>2+</sup> influx (Freise et al. 2000). The enhanced  $Ca^{2+}$  influx is coupled to an increase of the  $Ca<sup>2+</sup>$  released from the sarcoplasmic reticulum, however, EC coupling in skeletal muscle fibres is not affected (Ursu *et al.* 2001). To obtain further insight into the mechanisms by which the  $\gamma$ 1 subunit alters current density and steadystate inactivation properties, we transiently expressed the  $\gamma$ 1 subunit in primary cultured  $\gamma$ 1-deficient myotubes. The skeletal muscle  $\gamma$ 1 subunit clearly restored WT steady-state inactivation whereas its effect on current density might be influenced by the coexpressed GFP. These results indicate that at least the effect on the steadystate inactivation directly depends on the  $\gamma$ 1 subunit; whereas the increase of current density might indirectly be coupled to the lack of  $\gamma$ 1 expression (see below).

## **Altered L-type channel properties in older mice**

 $\gamma$ 1-Deficient mice show no obvious defects in movement or muscle contraction when compared with WT animals (Freise *et al.* 2000; Ursu *et al.* 2001). In addition, Ursu *et al* (2001) using myotubes cultured from 2- to 6-month-old mice, found no difference in L-type  $Ca^{2+}$  current amplitude between WT and  $\gamma$ 1-deficient cells. Therefore we asked whether the larger  $Ca^{2+}$  influx might change during development and whether current amplitude and steady-state inactivation are independent from one another. Indeed, the L-type Ca<sup>2+</sup> current amplitude in  $\gamma$ 1deficient cells declined to WT levels within the first 4 weeks of life whereas the WT L-type  $Ca^{2+}$  current amplitude only slightly declined after 4 months of age. However, the steady-state inactivation was not altered in either WT or  $\gamma$ 1-deficient cells during development. These findings parallel results obtained for the steady-state inactivation of the cardiac L-type  $Ca^{2+}$  current which is not changed during development and ageing (Katsube *et al.* 1996; Liu *et al.* 2000) as in skeletal myotubes here. Similarly, the maximal current amplitude has been shown to decrease in aged cardiac myocytes (Katsube *et al.* 1996) as observed here in WT skeletal muscle cells. Thus, contributions of the  $\gamma$ 1 subunit to the Ca<sup>2+</sup> current amplitude and to the steady-state inactivation appear to be independent mechanisms.

# **Stargazin cannot substitute g1**

Recently, several  $\gamma$ 1-like gene products,  $\gamma$ 2 to  $\gamma$ 5, have been identified and it has been shown that they may slightly affect time-dependent and steady-state inactivation when coexpressed with the neuronal P/Q-type  $\alpha$ 1A subunit (Letts *et al.* 1998; Klugbauer *et al.* 2000; Rousset *et al.* 2001). We show here that  $\gamma$ 2 (also called stargazin), in contrast to  $\gamma$ 1, is not capable of restoring the L-type Ca<sup>2+</sup> current or the steady-state inactivation in WT myotubes.

Stargazin has also been shown to mediate the delivery of AMPA-receptors to the plasma membrane and further into the synapse (Chen *et al.* 2000) and it has been questioned whether it indeed constitutes a subunit of voltage-dependent  $Ca^{2+}$  channels. Assuming that stargazin is correctly targeted to the plasma membrane as anticipated from previous studies (Klugbauer *et al.* 2000; Rousset *et al.* 2001), it might not colocalise with the skeletal muscle L-type  $Ca^{2+}$  channel complex or if it does, it cannot substitute for the  $\gamma$ 1 subunit.

In mice lacking the  $\gamma$ 1 subunit, the L-type Ca<sup>2+</sup> current amplitude might decrease with age possibly by regulatory mechanisms in order to moderate the overall  $Ca^{2+}$  influx. Alternatively,  $Ca^{2+}$ -buffering proteins might be up-regulated or preferentially located near the mouth of the channel in the  $\gamma$ 1-deficient myotubes. In  $\gamma$ 1-deficient cells, the current magnitude decreases between 2 and 4 weeks after birth whereas in WT muscle cells, the L-type  $Ca<sup>2+</sup>$  current declines only when the animal becomes much older. Compensatory mechanisms such as up- or down-regulation of a regulatory protein or changes in gene expression of  $\alpha$ 1S,  $\beta$ ,  $\alpha$ 2 $\delta$  and  $\gamma$ 1 mRNA during development may occur (Brillantes *et al.* 1994). Accordingly, decreased density of L-type  $Ca^{2+}$  channels in ageing rat muscle fibres has been observed using the dihydropyridine isradipine to determine the density of the DHP receptor (Renganathan *et al.* 1997) and by measuring charge movement in mice (Wang *et al.* 2000).

# **cAMP modulation of the L-type Ca2+ channel**

Cyclic AMP-dependent modulation of L-type  $Ca^{2+}$ channels following  $\beta$ -adrenergic stimulation is well studied in cardiac myocytes (Brum *et al.* 1983; Tsien *et al.* 1986; McDonald *et al.* 1994). cAMP enhance <sup>45</sup>Ca<sup>2+</sup> influx in chick skeletal myotubes (Schmid *et al.* 1985) and stimulate the L-type  $Ca^{2+}$  channel current in frog skeletal muscle fibres (Arreola *et al.* 1987), in the immortalised mouse skeletal muscle myoblast line 129CB<sub>3</sub> (Johnson *et al.* 1997) and in colchicin-treated rat myoballs (Sculptoreanu *et al.* 1993). In this study we show that the L-type  $Ca^{2+}$  current in primary skeletal muscle myotubes from neonatal mice is enhanced in the presence of 8-Br-cAMP added to the bath. In myotubes lacking the  $\gamma$ 1 subunit, 8-Br-cAMP has no effect on the current whereas a reduction of the current in these cells is observed in the presence of Rp-cAMPS. cAMP acts on cAMP-dependent protein kinase to modulate  $Ca^{2+}$ channel activity. Correspondingly, kinase activation by cAMP can be blocked in the presence of Rp-cAMPS. The apparent restoration of the WT current phenotype in  $\gamma$ 1-deficient myotubes in terms of current density by Rp-cAMPS and the lack of effect in the presence of cAMP may implicate that in the absence of the  $\gamma$ 1 subunit, the L-type  $Ca^{2+}$  channel is already fully phosphorylated by cAMP-dependent protein kinase under non-stimulated conditions. The  $\alpha$ 1S and the  $\beta$ 1 subunit of the skeletal

muscle  $Ca^{2+}$  channel have been shown to be readily phosphorylated by cAMP-dependent protein kinase *in vitro* (Curtis & Catterall, 1985; Flockerzi *et al.* 1986; O'Callahan & Hosey, 1988; Röhrkasten *et al.* 1988; Chang *et al.* 1991; Zhao *et al.* 1994; Rotman *et al.* 1995). To ascertain whether cAMP-dependent phosphorylation underlies the current increase in response to 8-Br-cAMP in myotubes from neonatal mice, it has to be studied whether the phosphorylation state of these subunits is altered in skeletal muscle *in vivo* from  $\gamma$ 1-deficient mice compared with those from WT animals.

In summary, the level of  $\gamma$ 1 subunit regulates the amount of  $Ca^{2+}$  influx by shifting the steady-state inactivation curve to the left and in newborn mice, by also increasing L-type Ca<sup>2+</sup> current amplitude. Both these effects of the  $\gamma$ 1 subunit are independent of each other as shown by the differential age-dependent changes and the differential modulation by cAMP.

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