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# ROLE OF INTRACELLULAR CALCIUM RELEASE CHANNELS IN CALCIUM SIGNALING IN T LYMPHOCYTES

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## **Elevation in intracellular $\text{Ca}^{2+}$ concentration is crucial for $\text{T}_\text{h}$ lymphocyte activation and effector functions**

$\text{CD4}^+$  helper T ( $\text{T}_\text{h}$ ) lymphocytes play a pivotal role in directing the immune responses against foreign pathogens, damaged or transformed cells. Naïve  $\text{T}_\text{h}$  cells express T cell receptors (TCR) that recognize a specific antigen in association with a homologous class II major histocompatibility complex on the antigen-presenting cell. The initial response of  $\text{T}_\text{h}$  cells triggered by TCR crosslinking with an antigen is commonly referred to as activation and is tightly regulated (Favero and Lafont, 1998, Germain and Stefanova, 1999). During the activation phase, which lasts at least one day, T cells begin to express cytokine interleukin 2 (IL-2) and several surface receptors. Engagement of IL-2 with its receptor expressed on  $\text{T}_\text{h}$  cells initiates cell cycle progression, which may continue with many further rounds of divisions (Favero and Lafont, 1998, Killeen et al., 1998, Swain, 1999, Germain, 2002). The continued antigenic stimulation leads to a differentiation of activated  $\text{T}_\text{h}$  cells into specific subsets of effector  $\text{T}_\text{h}$  cells characterized by divergence of cytokine production. Effector  $\text{T}_\text{h}$  cells coordinate a variety of immune responses including inflammatory and humoral responses (Swain, 1999, Szabo et al., 2003, Steinman, 2007). To maintain homeostasis after clonal expansion, activated  $\text{T}_\text{h}$  cells are removed by apoptosis once the invading antigen has been elim-

inated (Lenardo et al., 1999, Krammer et al., 2007). The balance between  $T_h$  cell expansion and elimination is critical for maximizing the ability of the immune response to defend the host while maintaining immunologic tolerance and preventing autoimmunity.

Antigenic stimulation of TCR and/or accessory molecules triggers spatio/temporally heterogeneous cytosolic  $Ca^{2+}$  signals (Lewis, 2001). A sustained or oscillatory elevation in cytosolic  $Ca^{2+}$  concentration ( $[Ca^{2+}]_i$ ) which lasts for hours and days is required to drive many events of lymphocyte activation, including the activation of transcription factors, modulation of cytoskeletal elements and motility, production and release of cytokines, and cell proliferation. Diminished  $[Ca^{2+}]_i$  signaling results in impaired  $T_h$  cell activation and, consequently, in the development of severe immunodeficiency (Feske, 2007, Gwack et al., 2007). Furthermore, excessive elevation in  $[Ca^{2+}]_i$  following strong TCR stimulation induces activation-dependent apoptosis (Orrenius et al., 2003, Hanson et al., 2004). Therefore, understanding the complex molecular interactions that mediate  $Ca^{2+}$  signaling in  $T_h$  cells may lead to the development of strategies for manipulation of  $Ca^{2+}$ -dependent  $T_h$  cell responses, which may allow for the elimination of unwanted  $T_h$  cell subsets, for prevention of autoimmunity, or re-sensitization of apoptosis-resistant malignant  $T_h$  cells.

### **Molecular mechanisms for initiating of $[Ca^{2+}]_i$ signaling following TCR engagement**

Understanding of the molecular mechanisms responsible for the heterogeneous  $Ca^{2+}$  signaling in  $T_h$  cells began from the discovery that stimulation of TCR leads to production of inositol 1,4,5-inositol trisphosphate ( $IP_3$ ), bound to the  $IP_3$  receptor ( $IP_3R$ ) located on internal membranes and evokes  $Ca^{2+}$  release from the intracellular organelles, predominantly endoplasmic reticulum (Berridge, 1997). Two  $IP_3R$  isoforms ( $IP_3R$ -2 and  $IP_3R$ -3) have been found in lymphocytes, thymocytes, and splenocytes, whereas Jurkat T cells, a human lymphoblastic leukemia  $T_h$  cell line, express all three known isoforms ( $IP_3R$ -1,  $IP_3R$ -2, and  $IP_3R$ -3) (Sugiyama et al., 1994, Harnick et al., 1995). Depletion of intracellular  $Ca^{2+}$  store triggers activation of plasmalemmal  $Ca^{2+}$  release-activated  $Ca^{2+}$  (CRAC) channels to allow extracellular  $Ca^{2+}$  entry (Lewis, 2001).

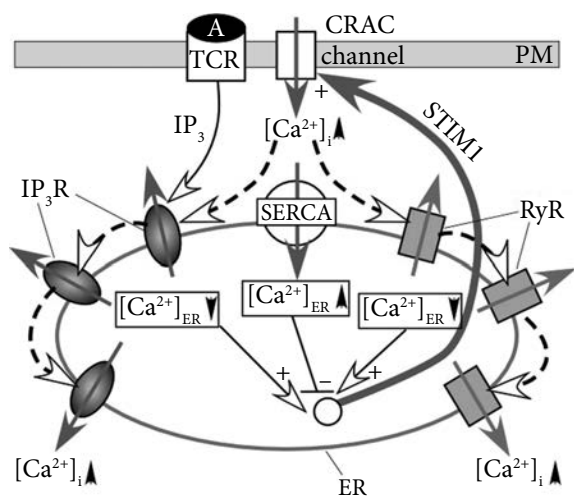
It was also found that TCR activation stimulates production of cyclic adenosine 5'-diphosphate-ribose (cADPR) and/or nicotinic acid adenine dinucleotide phosphate (NAADP), the endogenous agonists of ryanodine receptors (RyR) (Guse et al., 1999, Gasser et al., 2006). Peripheral blood human T lymphocytes express RyR type 1 and 2 (Hosoi et al., 2001), whereas Jurkat T lymphocytes express RyR type 3 (Hakamata et al., 1994, Guse et al., 1999). It was shown that downregulation of cADPR levels or RyR type 3 expression reduced the sustained component of  $[Ca^{2+}]_i$  elevation following TCR stimulation in Jurkat T cells (Guse et al., 1999,

Schwarzmann et al., 2002). Although these findings imply that RyR participate in later sustained phase of  $[Ca^{2+}]_i$  elevation, the sequence of the events leading to the RyR activation in T cells remains poorly understood.

Due to the limited capacity of intracellular  $Ca^{2+}$  store (estimated volume of the endoplasmic reticulum is only ~1% of the volume of the T cell cytoplasm) and short lifetime of  $IP_3$ , for a long time CRAC channels were considered to be the only mechanism controlling the sustained  $[Ca^{2+}]_i$  elevation required for T cell activation (Lewis, 2001, Feske, 2007, Gwack et al., 2007, Hogan and Rao, 2007). The role of  $IP_3R$  was believed to be limited to store depletion leading to CRAC channels activation. Furthermore, because downregulation of  $IP_3R$  alone was sufficient to abolish sustained  $[Ca^{2+}]_i$  elevation following TCR stimulation (Jayaraman et al., 1995), the role of RyR in  $Ca^{2+}$  signaling in  $T_h$  cells was not recognized as essential. However, recent work performed in our laboratory has demonstrated that both  $IP_3R$  and RyR play a crucial role in maintaining the sustained  $[Ca^{2+}]_i$  elevation necessary for T cell activation.

### **Activation of intracellular $Ca^{2+}$ channels during $[Ca^{2+}]_i$ elevation**

Our experiments performed in Jurkat T cells revealed that in the presence of sarco-endoplasmic  $Ca^{2+}$ -ATPase (SERCA) activity, the robust elevation in  $[Ca^{2+}]_i$  due to activation of CRAC channels did not result in the refilling of the intracellular  $Ca^{2+}$  store (Dadsetan et al., 2008). This can happen if  $Ca^{2+}$  influx through CRAC channels activates intracellular  $Ca^{2+}$  release channels,  $IP_3R$  and/or RyR, via  $Ca^{2+}$ -induced  $Ca^{2+}$  release (CICR) mechanism (Galione and Churchill, 2002), as it was shown in parotid acinar cells (Yao et al., 2004). To confirm that  $Ca^{2+}$  influx via CRAC channels activates CICR in T cells, CRAC channels were activated following store depletion with cyclopiazonic acid, a reversible SERCA blocker, which does not stimulate  $IP_3$  or cADPR production. We found that  $IP_3R$  and RyR blockers of xestospongin C and ryanodine, respectively, significantly reduced  $[Ca^{2+}]_i$  transients evoked upon activation of  $Ca^{2+}$  influx via CRAC channels but increased  $Ca^{2+}$  accumulated within the intracellular store (Dadsetan et al., 2008). In the absence of extracellular  $Ca^{2+}$ , neither  $IP_3R$  nor RyR inhibitors affected the  $[Ca^{2+}]_i$  transients evoked by the cyclopiazonic acid-induced store depletion, indicating that in the absence of intracellular second messengers ( $IP_3$  or cADPR) or extracellular  $Ca^{2+}$  influx, the  $Ca^{2+}$  efflux from the store was not sufficient to activate  $IP_3R$  or RyR. Furthermore, in the absence of extracellular  $Ca^{2+}$ , the RyR blockers did not affect the  $[Ca^{2+}]_i$  transients induced by the store depletion with the TCR agonist, indicating that in the absence of  $Ca^{2+}$  influx, generation of second messengers following TCR stimulation and  $Ca^{2+}$  release from the store were not sufficient to activate RyR. Thus, in contrast to  $IP_3R$  activation at the resting  $[Ca^{2+}]_i$  levels in the presence of  $IP_3$ , the RyR activation in  $T_h$  cells absolutely requires  $Ca^{2+}$



**Fig. 1.** Simplified diagram of intracellular  $\text{Ca}^{2+}$  dynamics in T cells following T cell receptor activation. Abbreviations: TCR (T cell receptor); A (antigen);  $\text{IP}_3$  (inositol 1,4,5-trisphosphate);  $\text{IP}_3\text{R}$  (inositol 1,4,5-trisphosphate receptor); RyR (ryanodine receptor); CRAC ( $\text{Ca}^{2+}$  release-activated  $\text{Ca}^{2+}$  channel); ER (endoplasmic reticulum); PM (plasma membrane); STIM1 (putative ER  $\text{Ca}^{2+}$  sensor). Dashed arrows indicate activation via CICR mechanism

entry via CRAC channels. Taken together, these observations allowed us to conclude that in  $T_h$  cells the  $\text{IP}_3\text{R}$  and RyR are activated upon  $\text{Ca}^{2+}$  entry via CRAC channels, presumably via CICR mechanism, and control  $\text{Ca}^{2+}$  dynamics in T cells by controlling  $\text{Ca}^{2+}$  retention within the store.

Fig. 1 presents a simplified diagram of molecular mechanisms controlling  $[\text{Ca}^{2+}]_i$  dynamics in  $T_h$  cells. The  $\text{IP}_3$ -dependent activation of  $\text{IP}_3\text{R}$  is an earliest event following TCR engagement with an antigen, which leads to  $\text{Ca}^{2+}$  release from the store and consequent store depletion. Decrease in luminal  $[\text{Ca}^{2+}]$  activates putative  $\text{Ca}^{2+}$  sensor STIM1 (Cahalan, 2009), which consequently activates plasmalemmal CRAC channels and allows for  $\text{Ca}^{2+}$  influx. Elevation in  $[\text{Ca}^{2+}]_i$  activates  $\text{IP}_3\text{R}$  and RyR via CICR mechanism.  $\text{Ca}^{2+}$ -dependent activation of  $\text{IP}_3\text{R}$  and/or RyR compensates for the SERCA activity preventing store from being refilled even at elevated  $[\text{Ca}^{2+}]_i$  and CRAC channels from being inactivated by negative feedback inhibition from the refilled store. Thus, positive feedback relationships between plasmalemmal CRAC channels and intracellular  $\text{IP}_3\text{R}$  and RyR sustain  $[\text{Ca}^{2+}]_i$  elevation following TCR stimulation. In addition, store may serve as an intermediate compartment into which  $\text{Ca}^{2+}$  may be pumped from the points of  $\text{Ca}^{2+}$  entry via CRAC channels. Sequential activation of  $\text{IP}_3\text{R}$  and/or RyR via CICR may allow for the generation of spatially heterogeneous  $\text{Ca}^{2+}$  signaling in  $T_h$  cells.

## Targeting of T cell $\text{IP}_3\text{R}$ and RyR in treatment of human diseases

Given the major role of  $\text{IP}_3\text{R}$  and RyR in regulating  $[\text{Ca}^{2+}]_i$  dynamics in T cells, one can predict that manipulation of the these channels activity will affect  $\text{Ca}^{2+}$ -dependent functions of  $T_h$  lymphocytes. Accordingly, we have shown that pharmacological blockers of  $\text{IP}_3\text{R}$  or RyR hampered proliferation and IL-2 production

in Jurkat lymphocytes *in vitro* (Dadsetan et al., 2008). In addition, the RyR antagonists dantrolene and ruthenium red have been shown to inhibit murine T cell proliferation and IL-2 production following TCR stimulation (Conrad et al., 2004). Thus, both IP<sub>3</sub>R and RyR may be used as potential targets for immunosuppression. Although there are no clinically relevant IP<sub>3</sub>R inhibitors yet available, the RyR inhibitor dantrolene is clinically approved for treatment of muscular skeletal disorders in humans. We speculate that dantrolene could potentially be used for the treatment of human disorders associated with T cell dysfunctions such as autoimmune diseases or graft-versus host disease.

The future challenge in establishing the utility of IP<sub>3</sub>R and/or RyR as a therapeutic target for immunosuppression will be to unravel the relationships between IP<sub>3</sub>R and RyR type-specific genetic and functional expression in the specific T cell subsets implicated in pathogenesis of particular types of human disorders and in testing the efficacy of IP<sub>3</sub>R and/or RyR blockers in alleviating the severity and progression of these disorders in relevant animal models.

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