

Signaling pathways related to decreased influx of Ca^{2+} and increased cAMP concentration in epithelial cells of polycystic kidney disease (PKD)

多発性嚢胞腎(PKD)上皮細胞における
 Ca^{2+} 輸送低下および
細胞内cAMP増加に関わるシグナル伝達

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Today's subject

1. Polycystic kidney disease (PKD)
2. Decreased influx of Ca^{2+} concentration
3. Increased cAMP concentration
4. Clinical trial
5. Signaling pathways in epithelial cells of PKD

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PKD is characterized by the presence of **numerous cysts** that originate from the renal tubules.



November 19, 2012

<http://www.thekidneydoctor.org/>

- Cell proliferation
- Fluid secretion
- Fibrosis

Polycystic kidney disease (PKD)

ADPKD : incidence of **1:500-1000**

Autosomal Dominant

PKD1 (human chromosome 16) **85%**

PKD2 (human chromosome 4) **15%**

ARPKD : incidence of **1:20,000-40,000**

Autosomal recessive

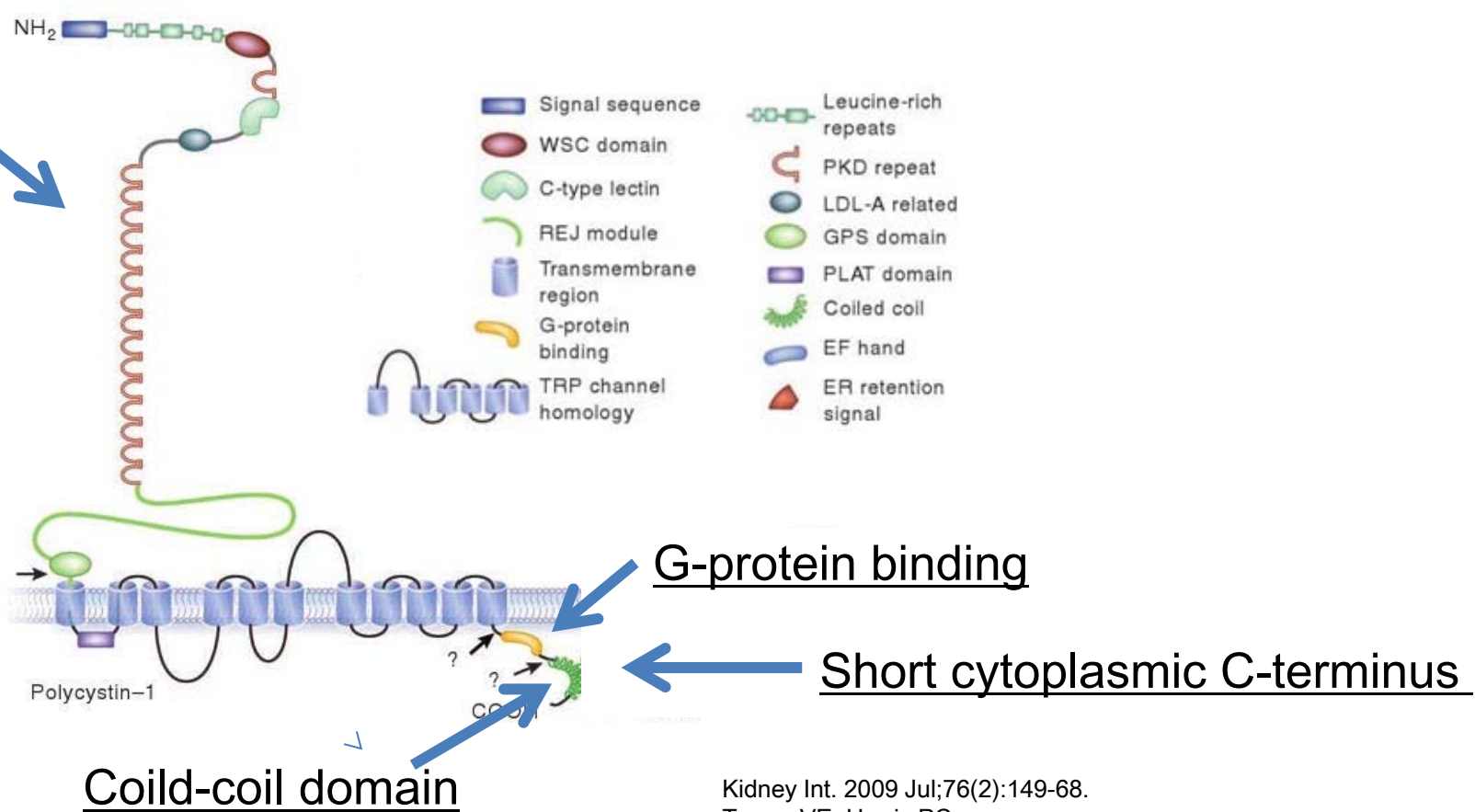
PKHD1 (human chromosome 6)

ADPKD

PKD1 Gene product:

polycystin-1 (PC1): a large receptor-like protein

Long N-terminus extracellular domain

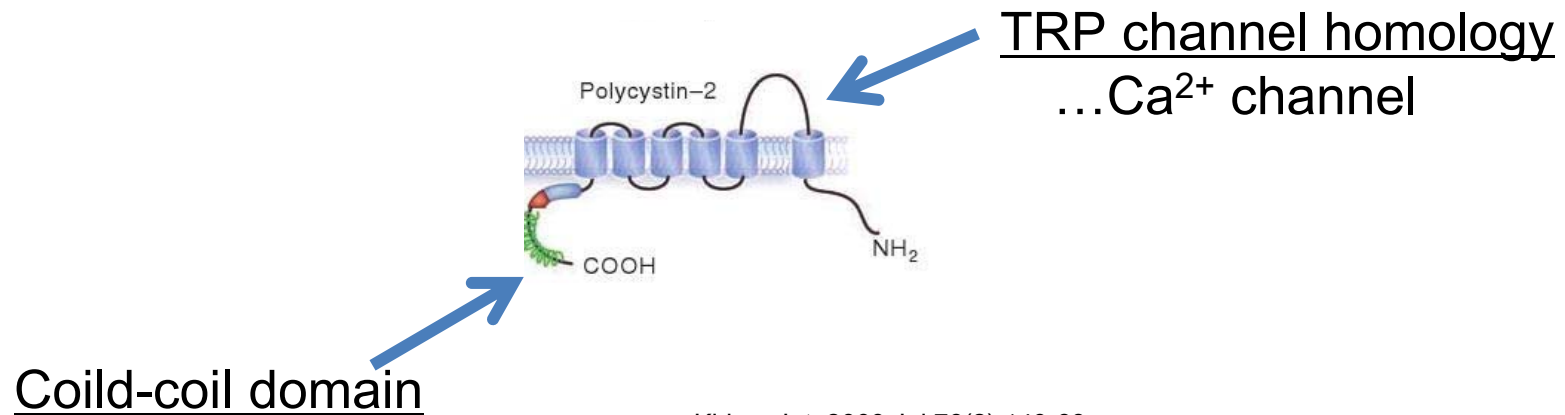
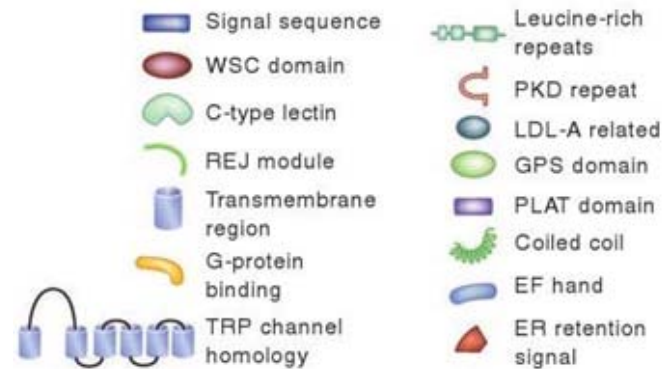


Kidney Int. 2009 Jul;76(2):149-68.
Torres VE, Harris PC.

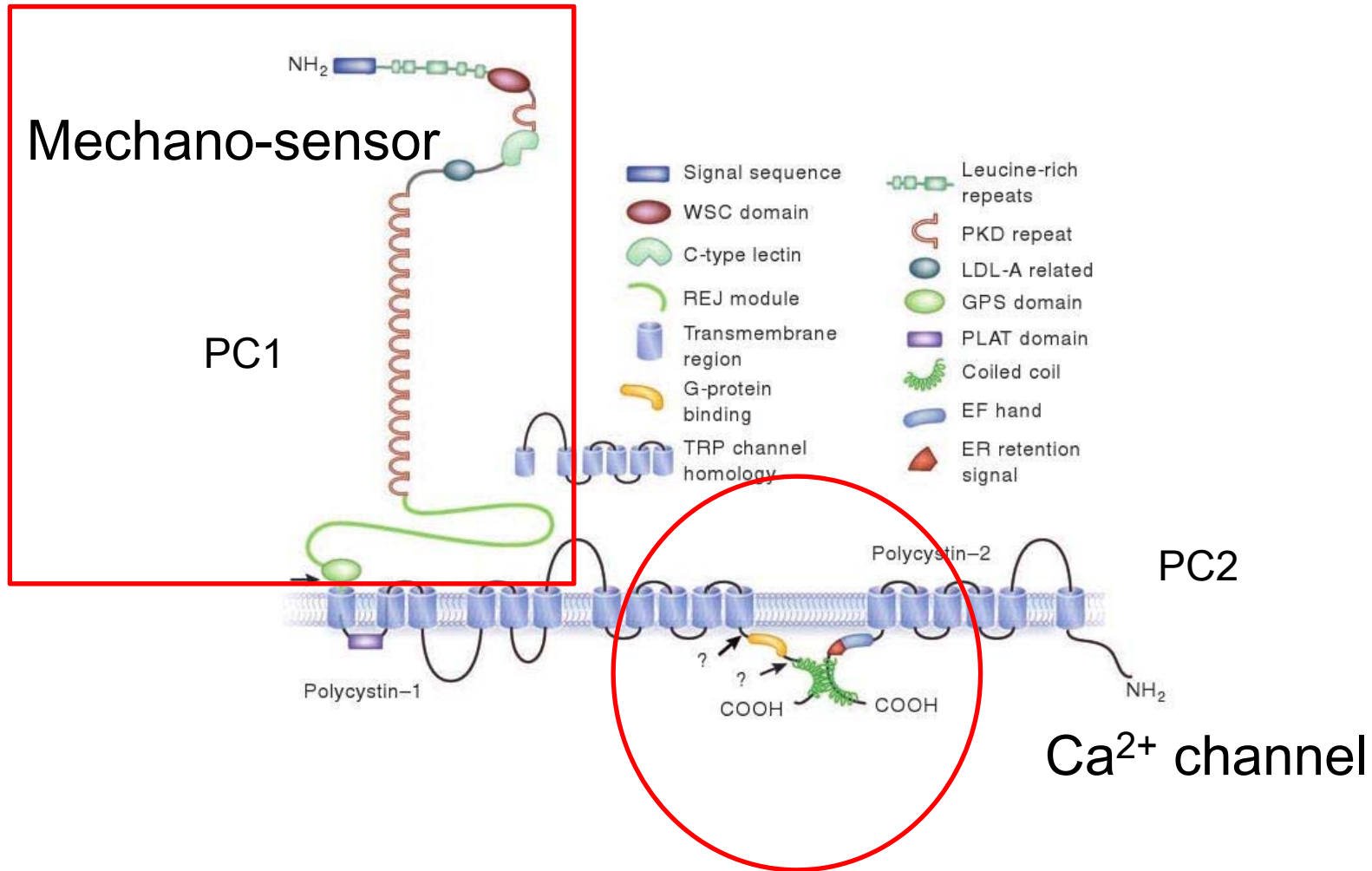
ADPKD

PKD2 Gene product:

polycystin-2 (PC2): calcium (Ca^{2+}) channel



Kidney Int. 2009 Jul;76(2):149-68.
Torres VE, Harris PC.



C-terminus of PC1 and C-terminus of PC2 interact by coiled-coil domain.

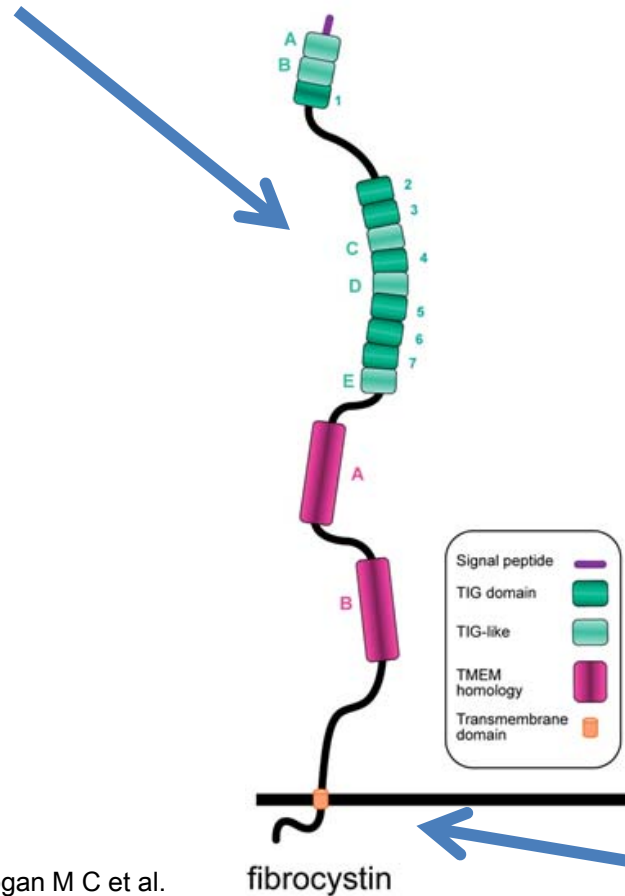
Kidney Int. 2009 Jul;76(2):149-68.
Torres VE, Harris PC.

ARPKD

PKHD1 Gene product:

Fibrocystin/polyductin (FPC)

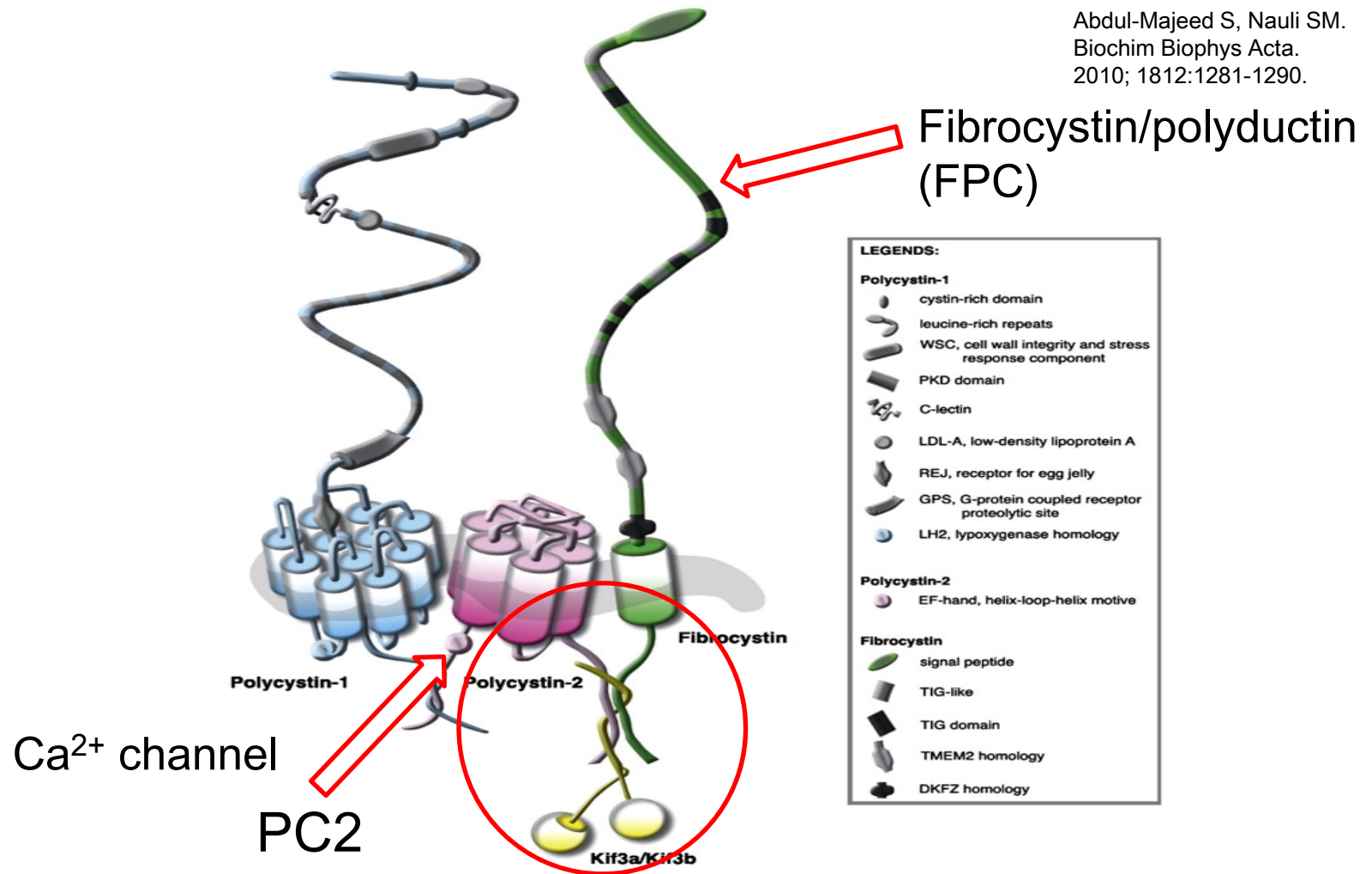
Long N-terminus extracellular domain



Short cytoplasmic C-terminus

Hogan M C et al.
Hum. Mol. Genet.
2003;12:685-698

Shizuko NAGAO

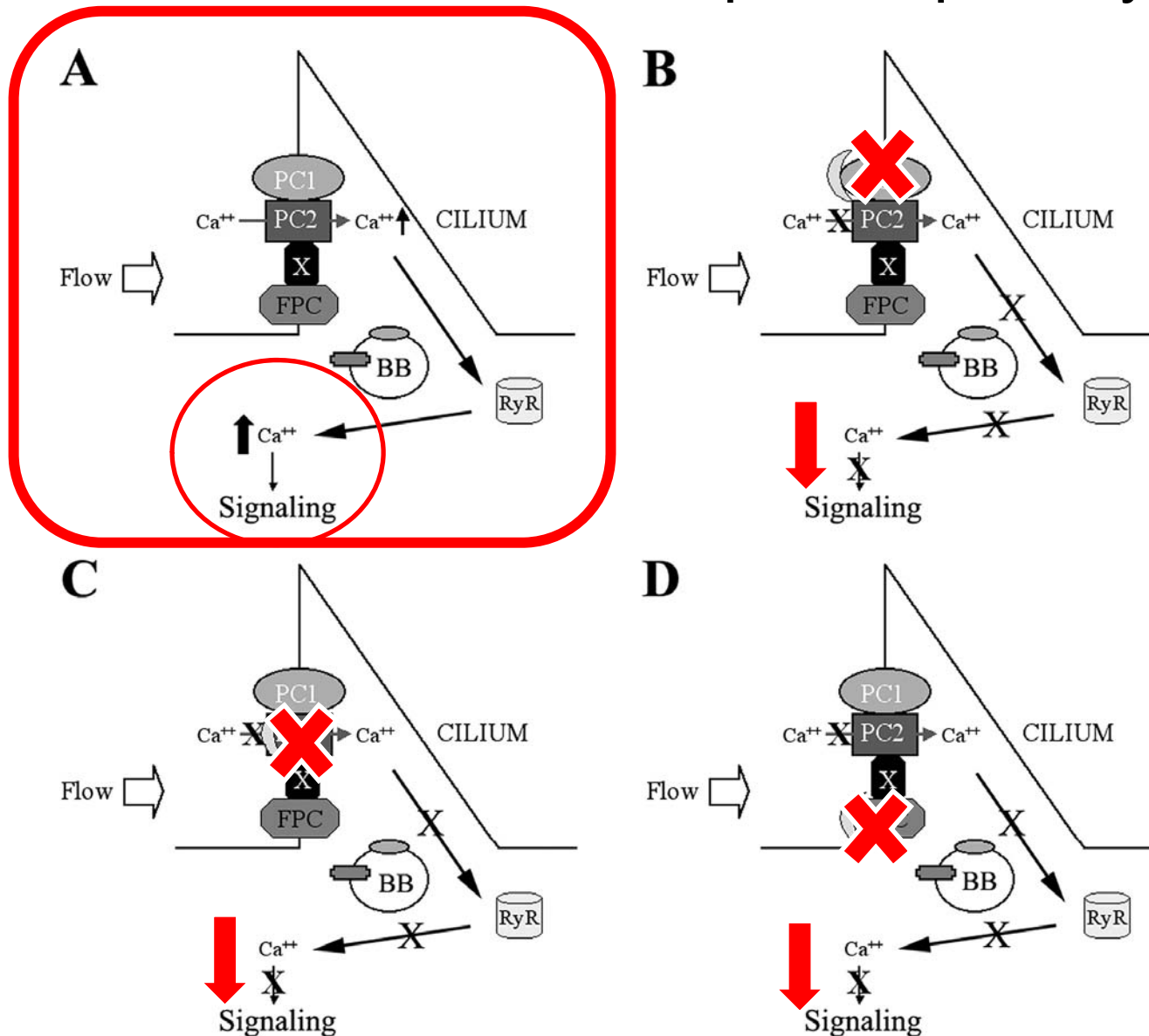


C-terminus of FPC and N-terminus of PC2 interact.

Today's subject

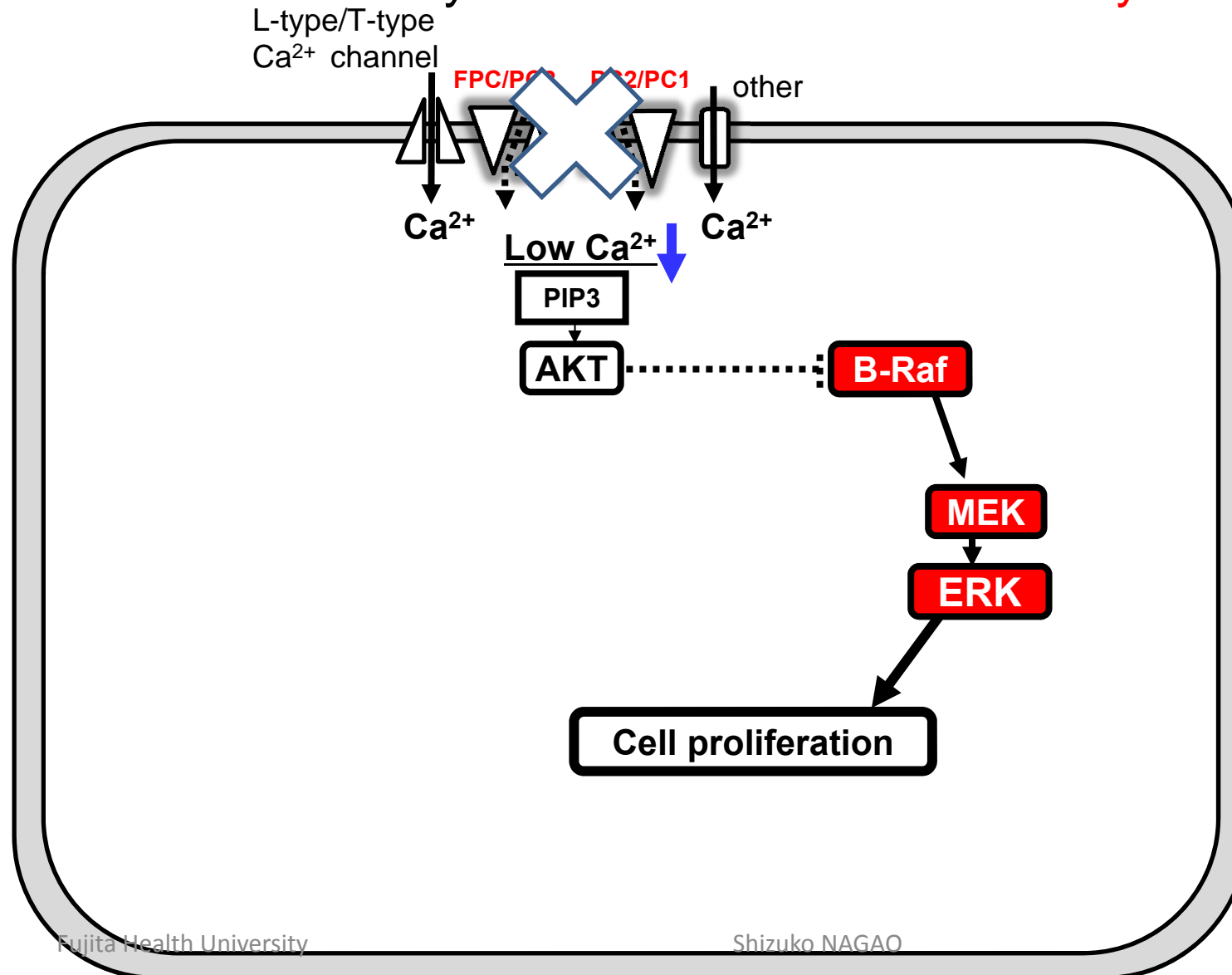
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Model of PC1-PC2-FPC complex at primary cilium



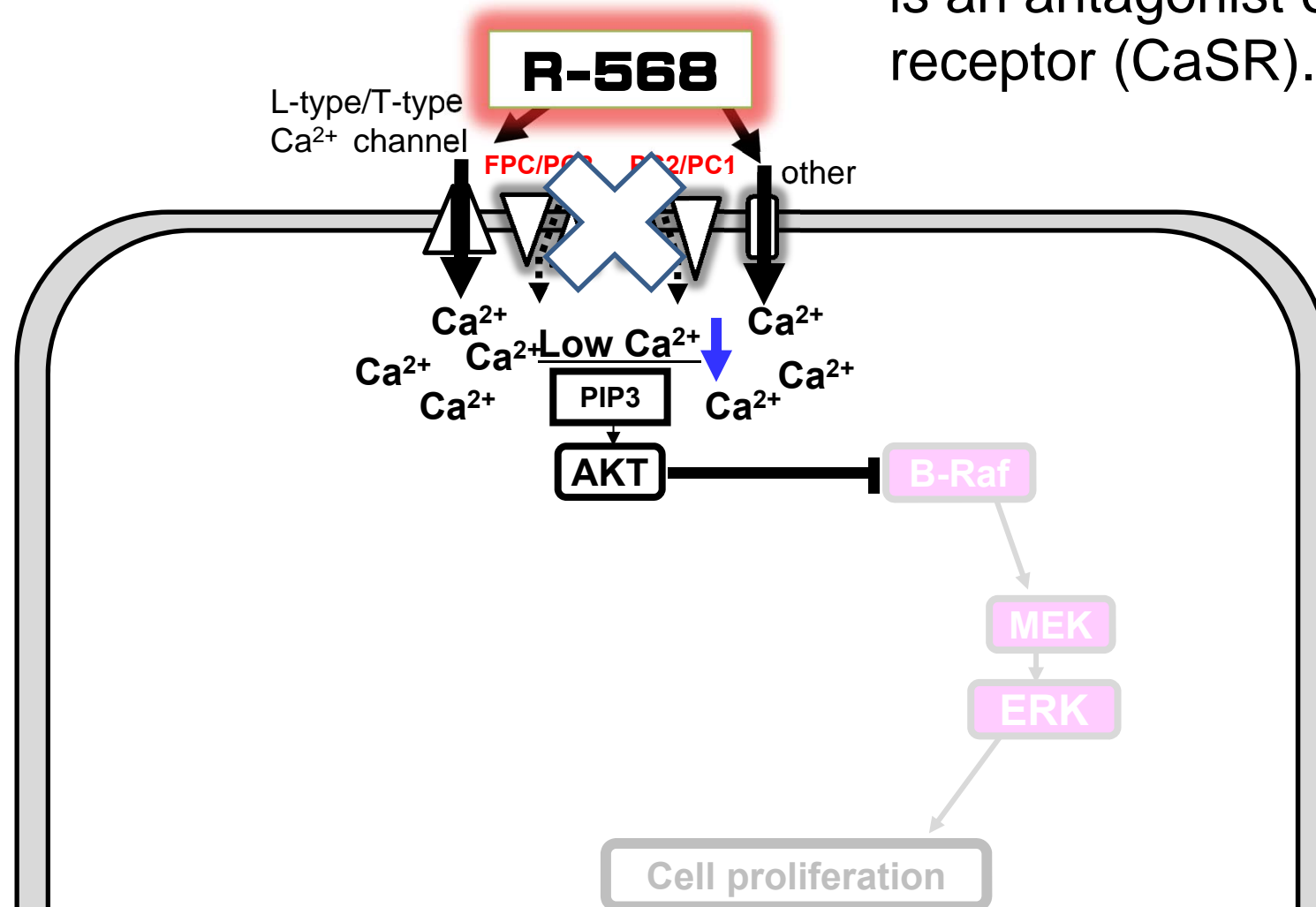
PKD cells

In PKD epithelia cells, decreased influx of intracellular Ca^{2+} induces cell proliferation by the reduction of **AKT activity**.



PKD cells

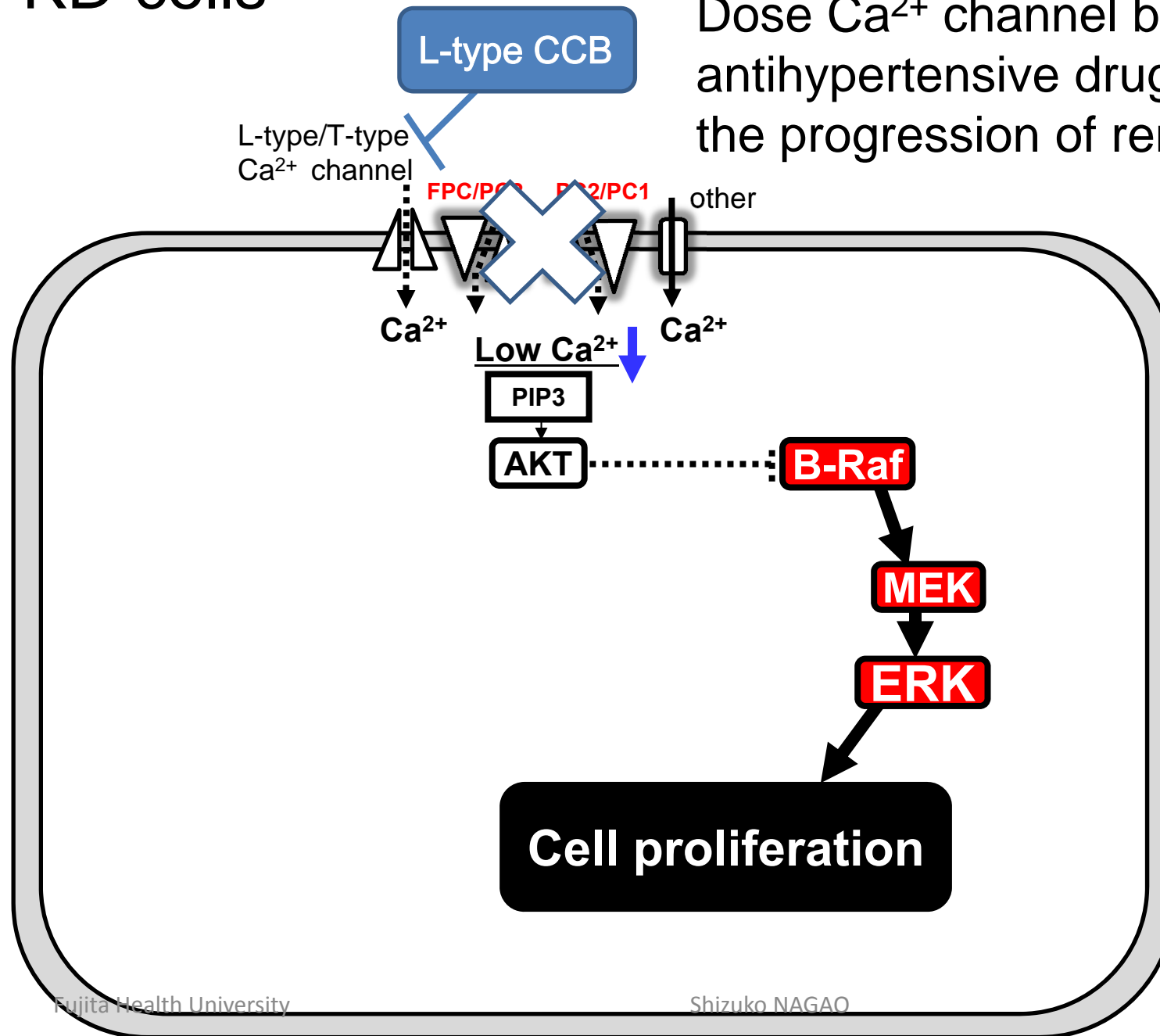
Calcimimetic compound, R-568, is an antagonist of Ca²⁺sensing receptor (CaSR).



Calcimimetic compound inhibits the cell proliferation by increase of intracellular Ca²⁺ concentration.

PKD cells

Dose Ca^{2+} channel blocker (CCB: antihypertensive drug) accelerate the progression of renal disease?



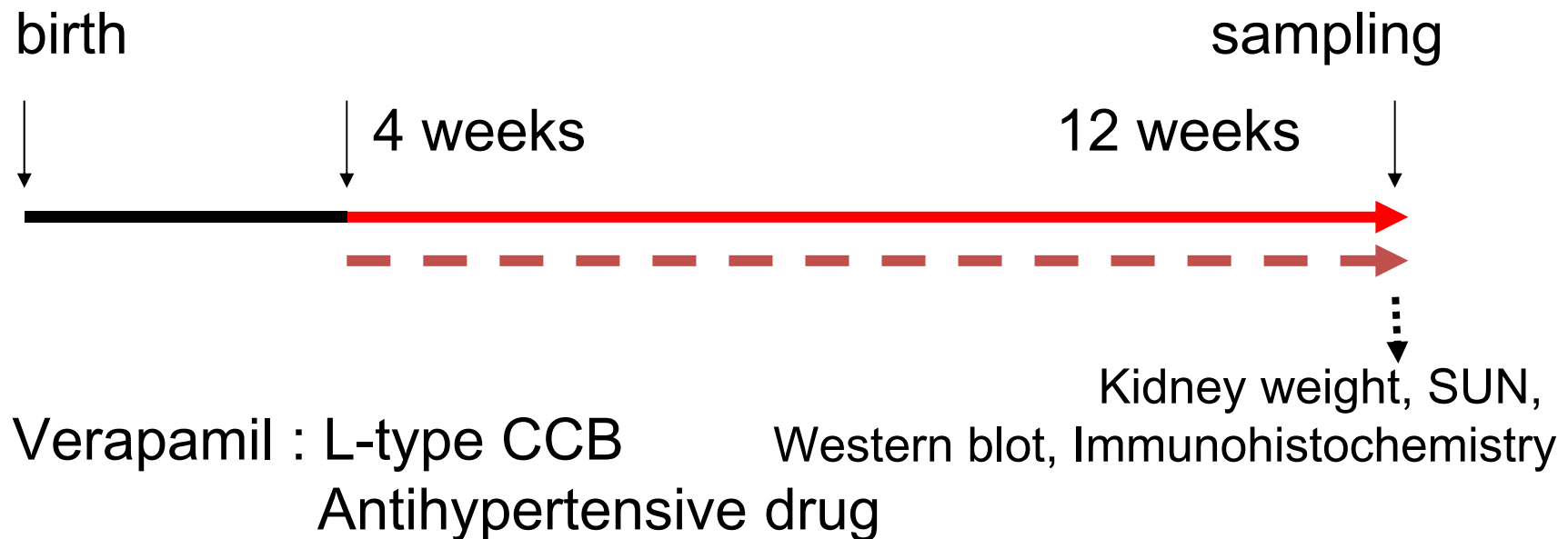
Outline

- Treatment with verapamil, a L-type CCB, increased renal activity of B-Raf/MEK/ERK signaling and caused an acceleration in growth of renal cysts in a PKD model, Cy/+ rats.

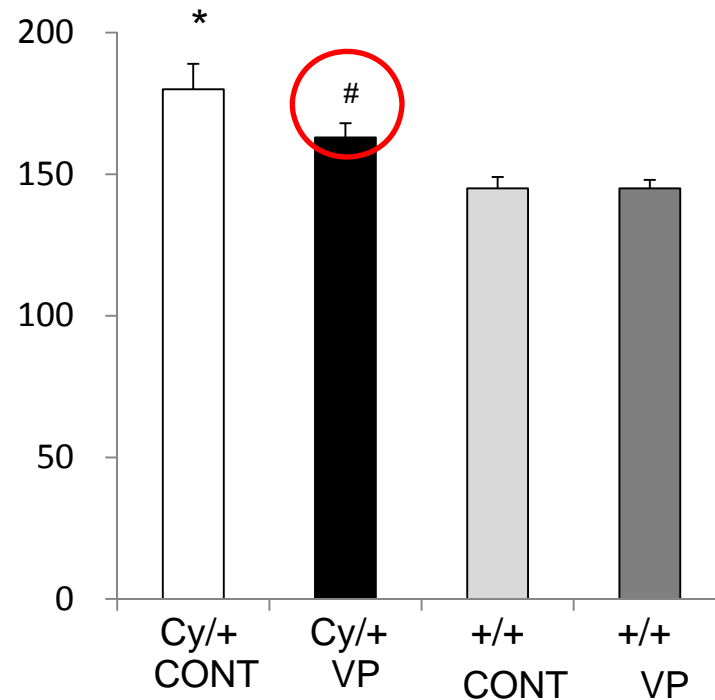
Protocol

- Rats were treated with verapamil from 4 to 12 weeks of age.

Cy/+ : polycystic kidney
+/+ : normal kidney

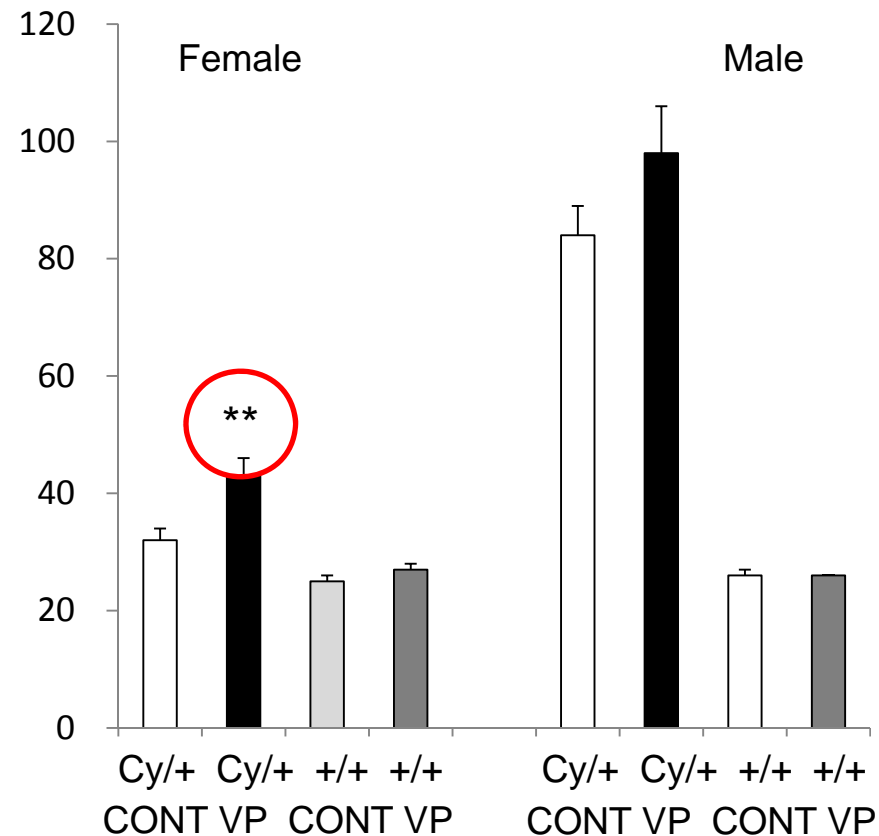


Effect of verapamil (VP) treatment on **systolic blood pressure**



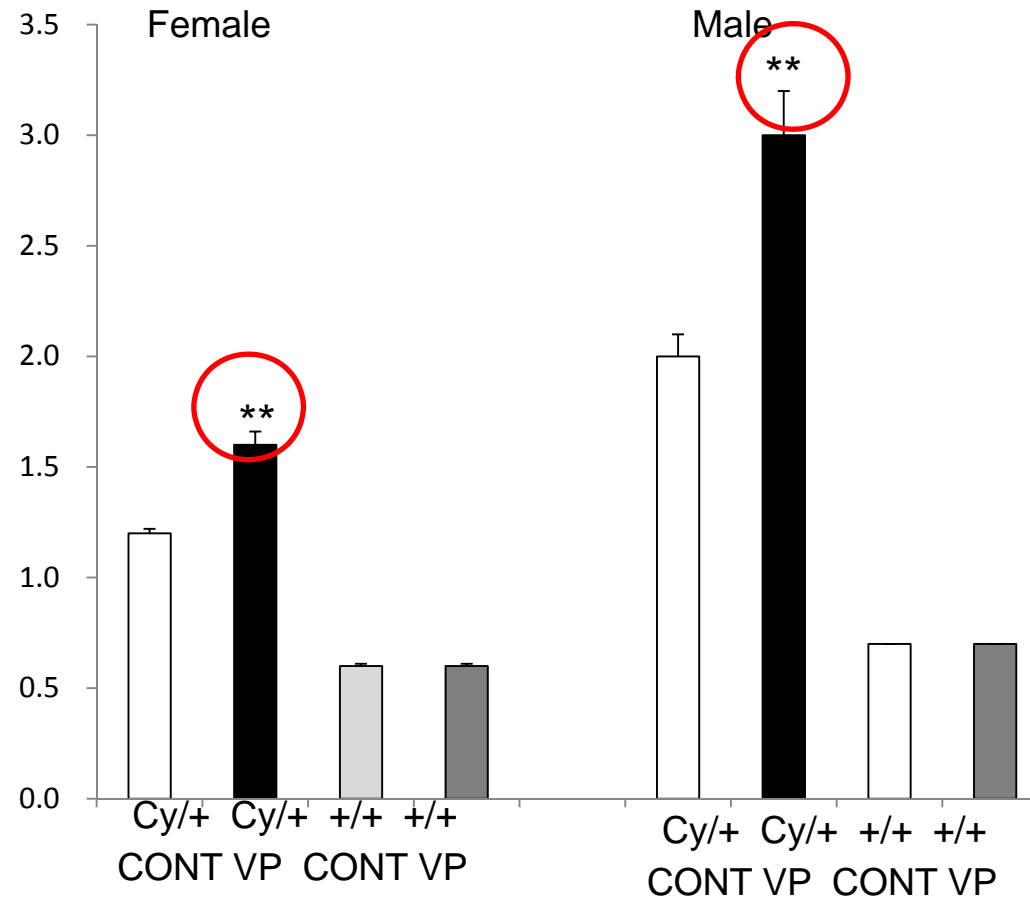
- Systolic BP was significantly elevated in Cy/+ rats compared to +/+ rats (* $P < 0.01$).
- Comparison between VP vs. CONT-treated Cy/+ rats (male and female), # $P < 0.001$.
- Non-significant effect of VP on systolic BP was shown in +/+ rats.

Effect of VP treatment on renal function (serum urea nitrogen: SUN, mg/dl)



➤ Treatment with VP caused a significant increase in SUN in female Cy/+ animals (n=5), **P<0.01.

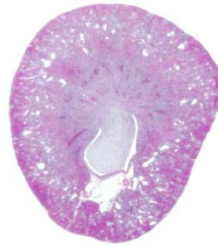
Effect of VP treatment on kidney weight



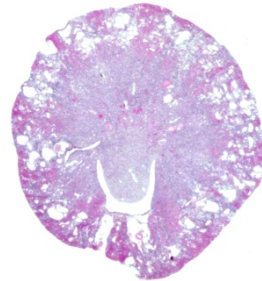
➤ Vp treatment caused a significant increase in kidney weight in both genders of Cy/+ rats (**P<0.001), but had no effect on total kidney weight of +/+ rats.

Effect of VP treatment on renal cyst development

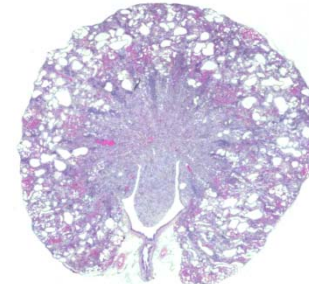
Female CONT



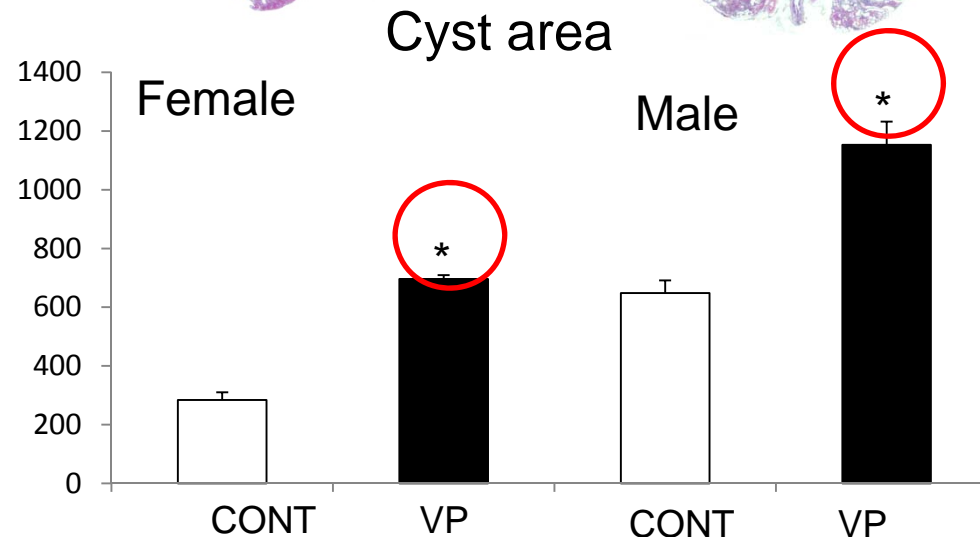
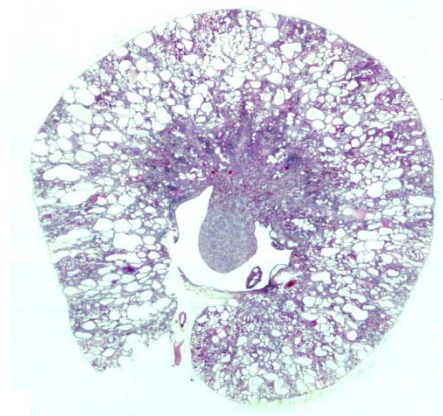
VP



Male CONT

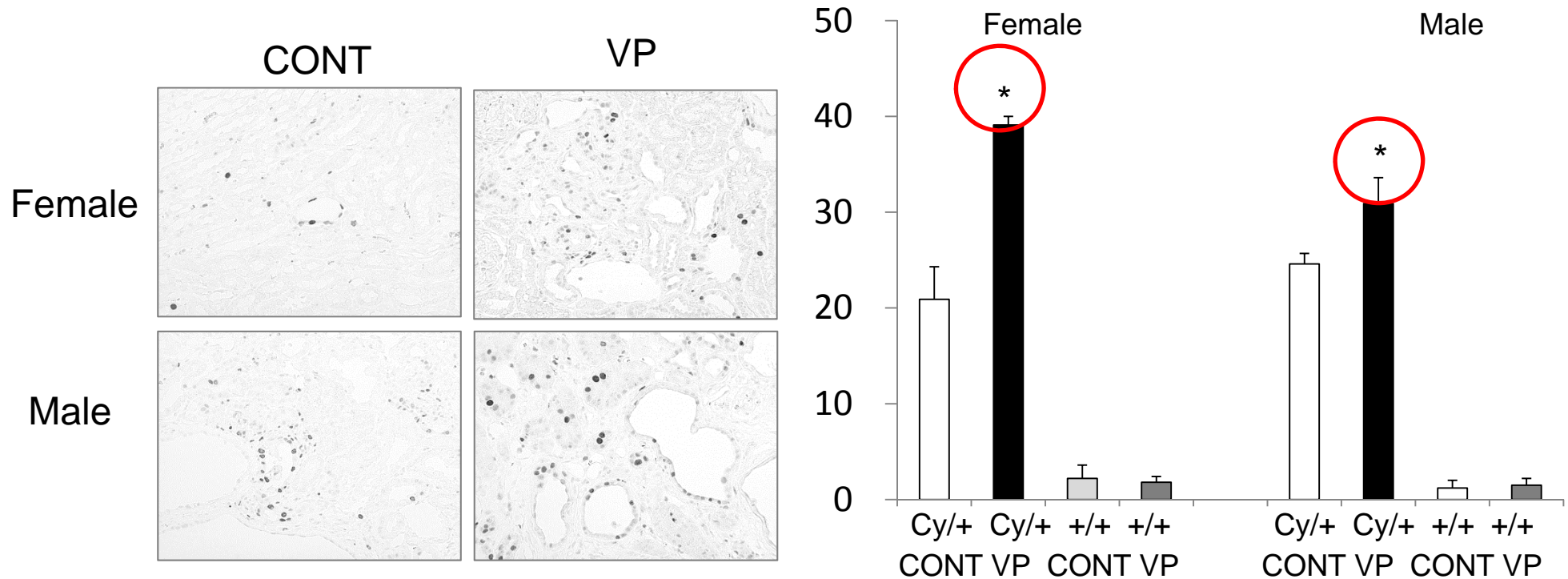


VP



- Cross-sectional surface area of cysts (represented as % of total area) from Cy/+ kidneys was measured by morphometric analysis.
- Comparisons between CONT and VP showed that VP increased cyst area 140% in females and 75% in males of Cy/+ rats, *P<0.001.

Effect of VP treatment on cell proliferation (PCNA)



- Comparison between VP and CONT-treated Cy/+ rats (female or male), *P<0.01.
- By contrast, few PCNA-positive cells were shown in +/+ kidney sections and VP had no effect on the proliferative index (data not shown).

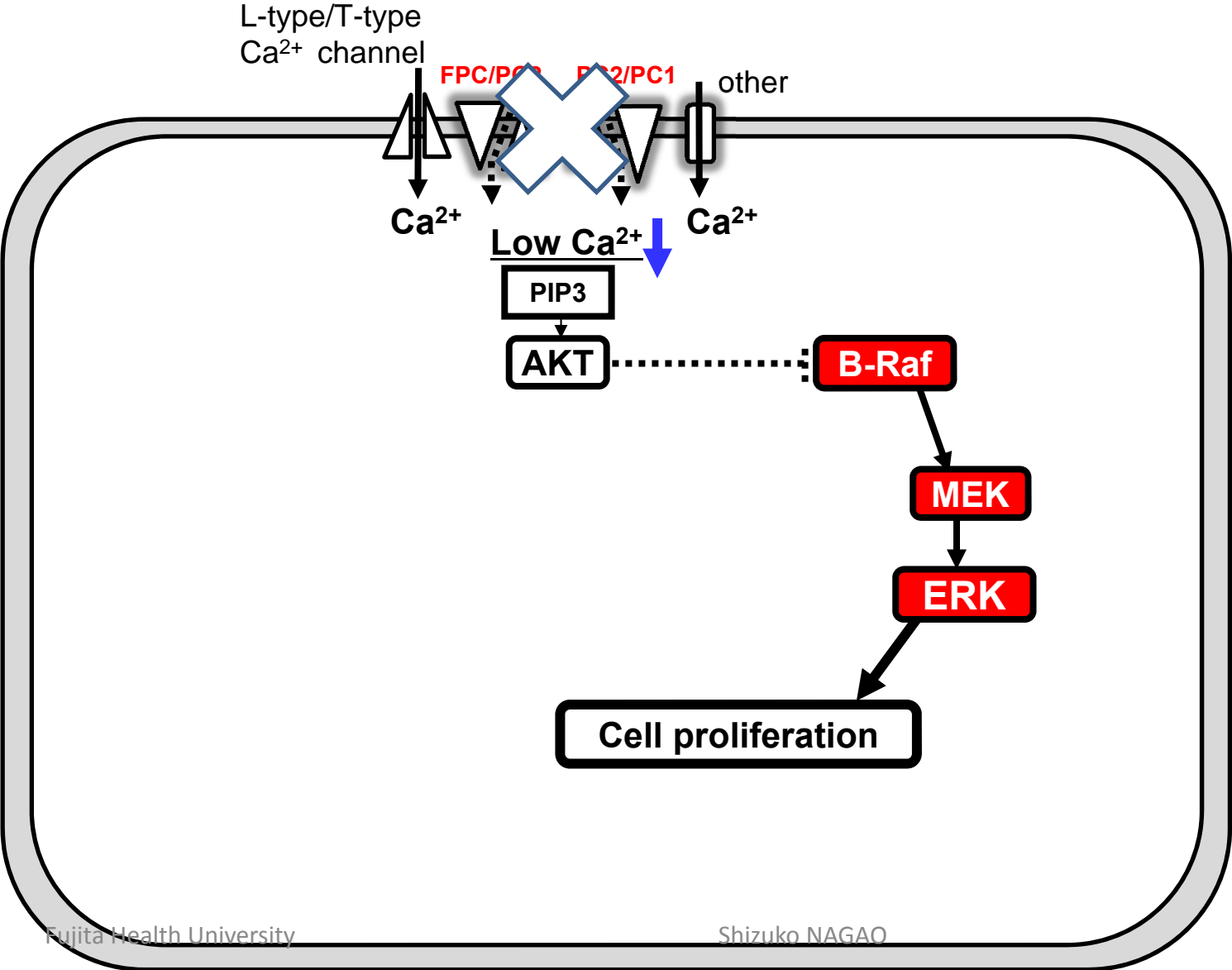
Effect of VP treatment on the activity of B-Raf/MEK/ERK signaling

Genotype	Treatment	N	P-BRaf/B-Raf	B-Raf	P-ERK/ERK	ERK
<i>Female</i>						
+/+	CONT	5	1.00 ± 0.00	1.00 ± 0.00	1.00 ± 0.00	1.00 ± 0.00
+/+	VP	5	1.15 ± 0.11	0.76 ± 0.17	1.04 ± 0.08	0.98 ± 0.11
Cy/+	CONT	5	1.81 ± 0.07 [‡]	1.16 ± 0.05	2.07 ± 0.21	1.16 ± 0.10
Cy/+	VP	5	2.16 ± 0.17 ^{‡, **}	1.41 ± 0.11 [*]	3.75 ± 0.63 ^{‡, #}	1.03 ± 0.05
<i>Male</i>						
+/+	CONT	5	1.00 ± 0.00	1.00 ± 0.00	1.00 ± 0.00	1.00 ± 0.00
+/+	VP	5	1.00 ± 0.08	0.94 ± 0.03	1.62 ± 0.50	0.98 ± 0.08
Cy/+	CONT	5	1.88 ± 0.23 [†]	1.65 ± 0.24 [*]	4.77 ± 0.58 [†]	1.13 ± 0.14
Cy/+	VP	5	1.96 ± 0.27 [†]	1.86 ± 0.27 [*]	6.50 ± 0.98 [‡]	1.09 ± 0.12

➤ Comparison between Cy/+ and +/+ kidneys (* $P < 0.05$, † $P < 0.01$, ‡ $P < 0.001$)

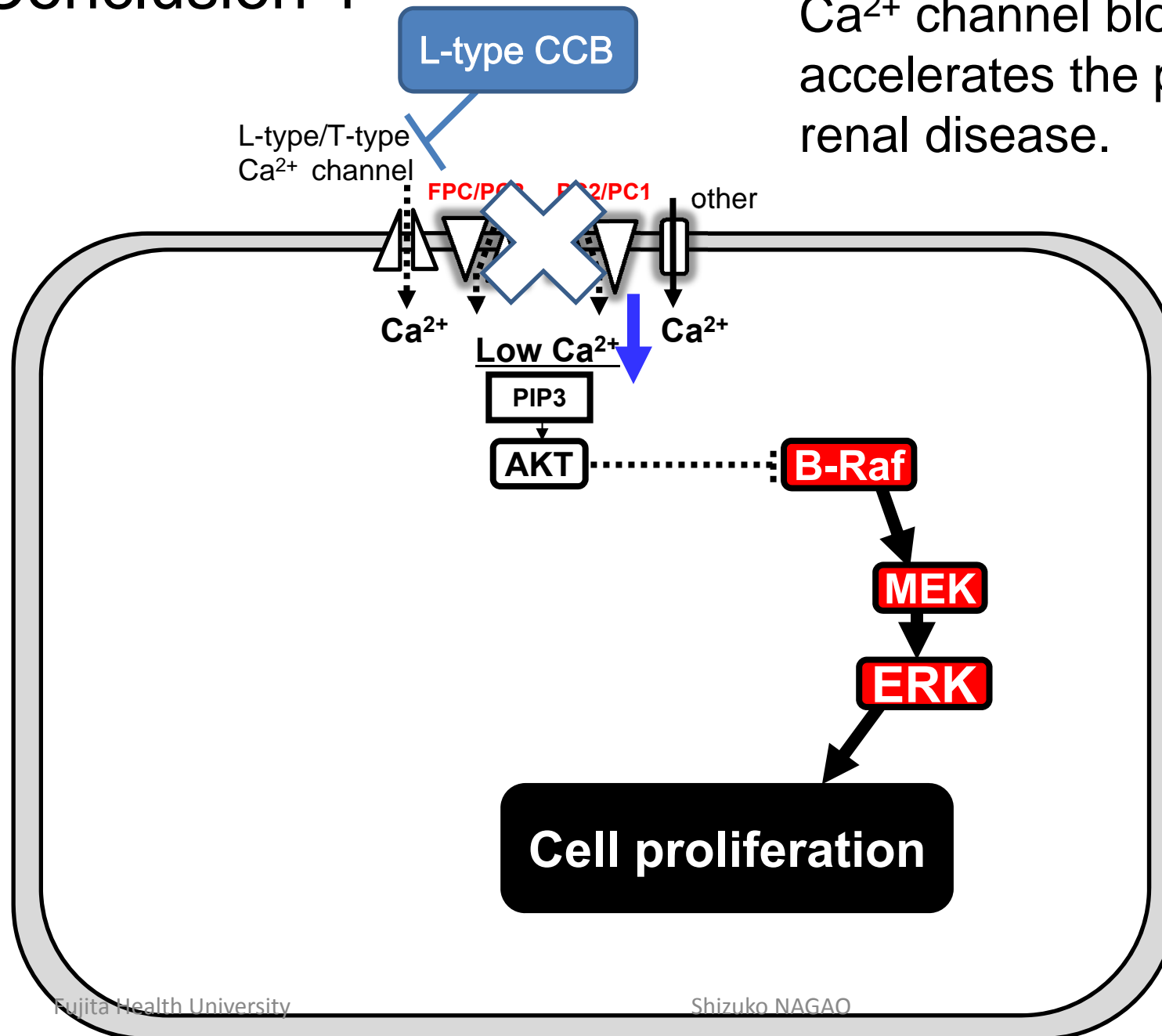
➤ Comparison between CONT and VP treatment either in Cy/+ or +/+ kidneys
(* $P < 0.05$, # $P < 0.01$).

Conclusion 1



Conclusion 1

Ca²⁺ channel blocker (CCB) accelerates the progression of renal disease.

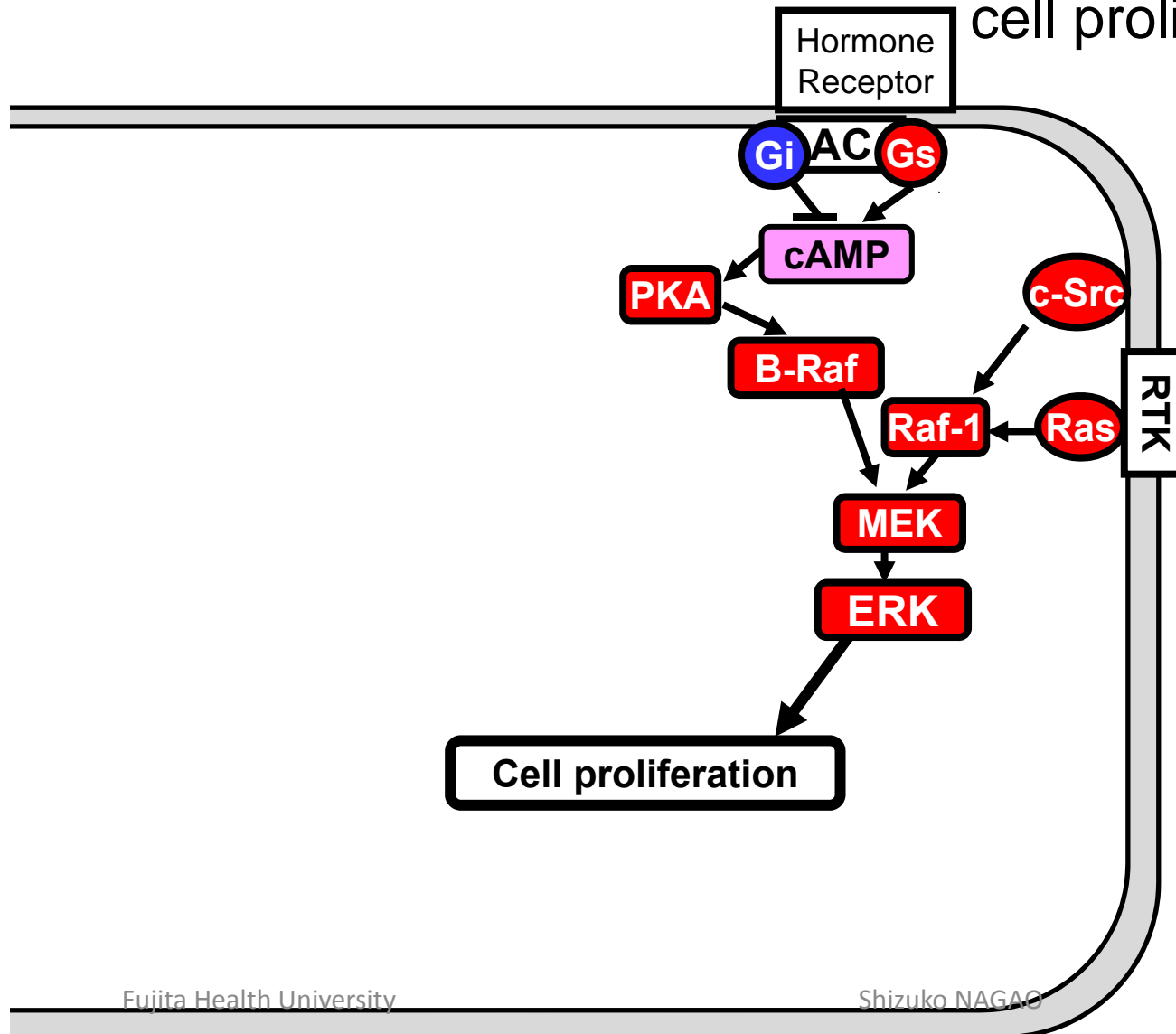


Today's subject

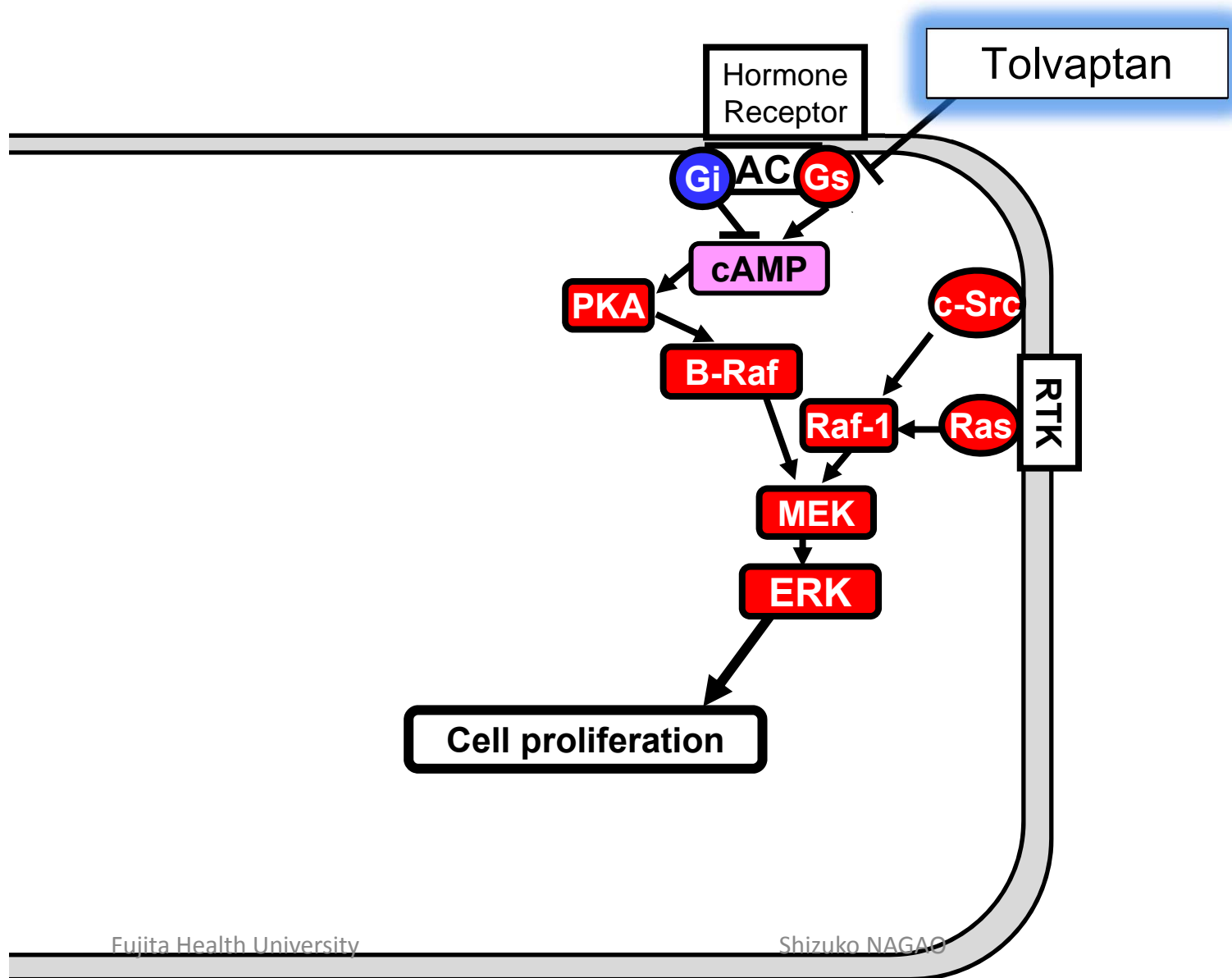
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PKD cells

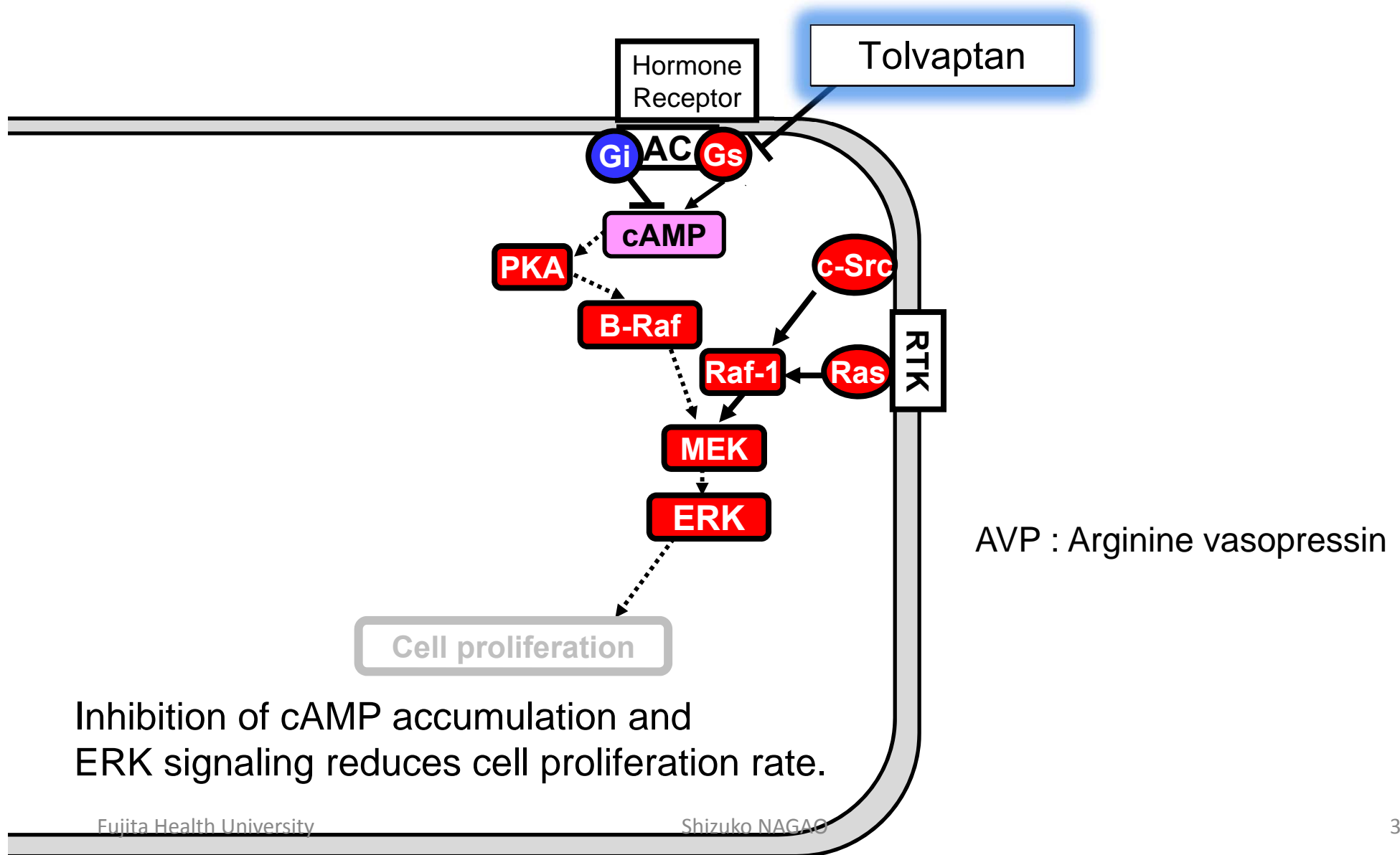
In PKD renal epithelial cells, intracellular **cAMP** is increased, **ERK signaling** is up-regulated and cell proliferation rate is elevated.



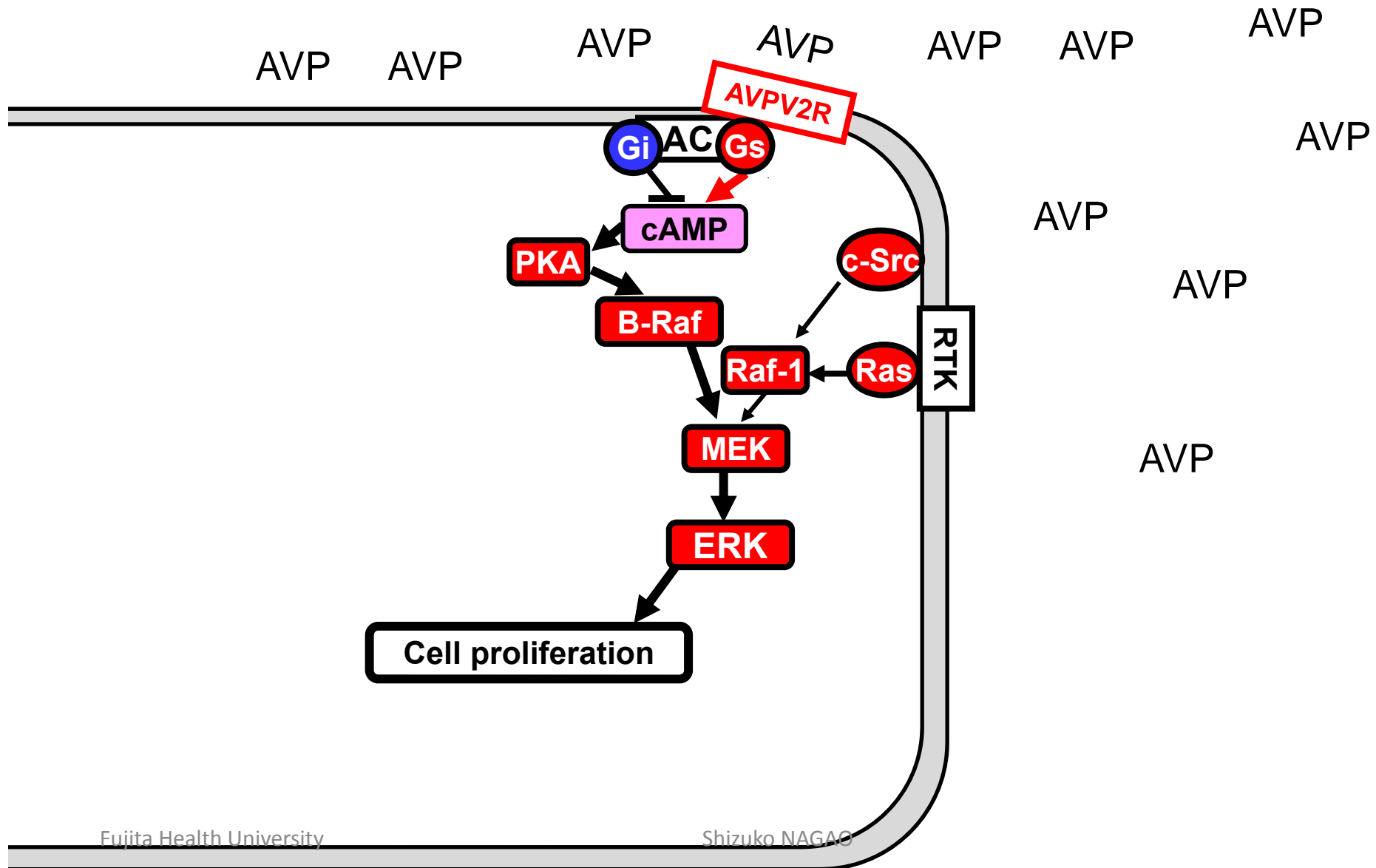
Tolvaptan suppresses arginine vasopressin (AVP)-activated Gs protein.



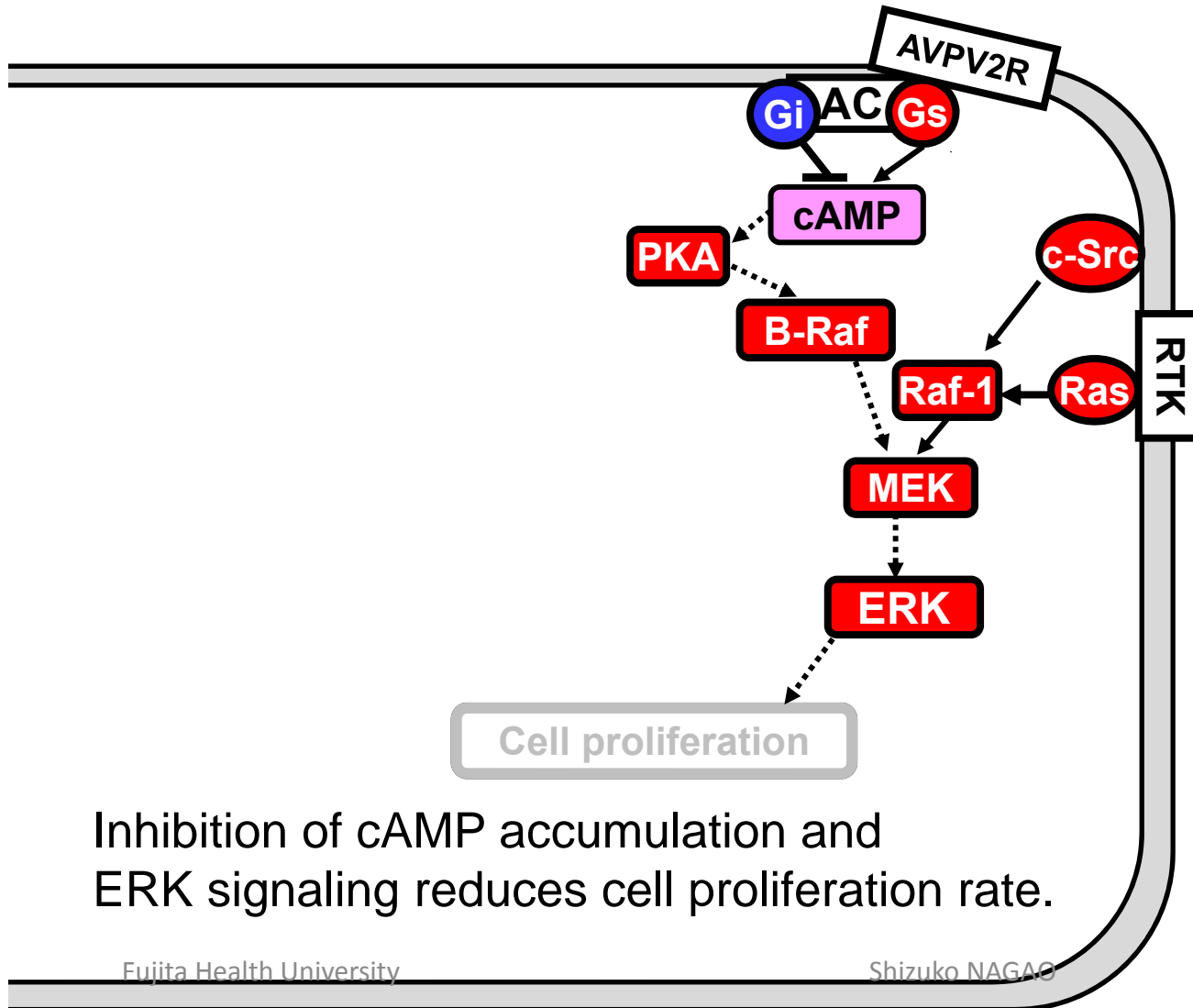
Tolvaptan suppresses arginine vasopressin (AVP)-activated Gs protein.
Tolvaptan reduces the concentration of intracellular cAMP in PKD cells.



AVP binds to a hormone receptor, AVPV2R.
AVP increases intercellular cAMP.

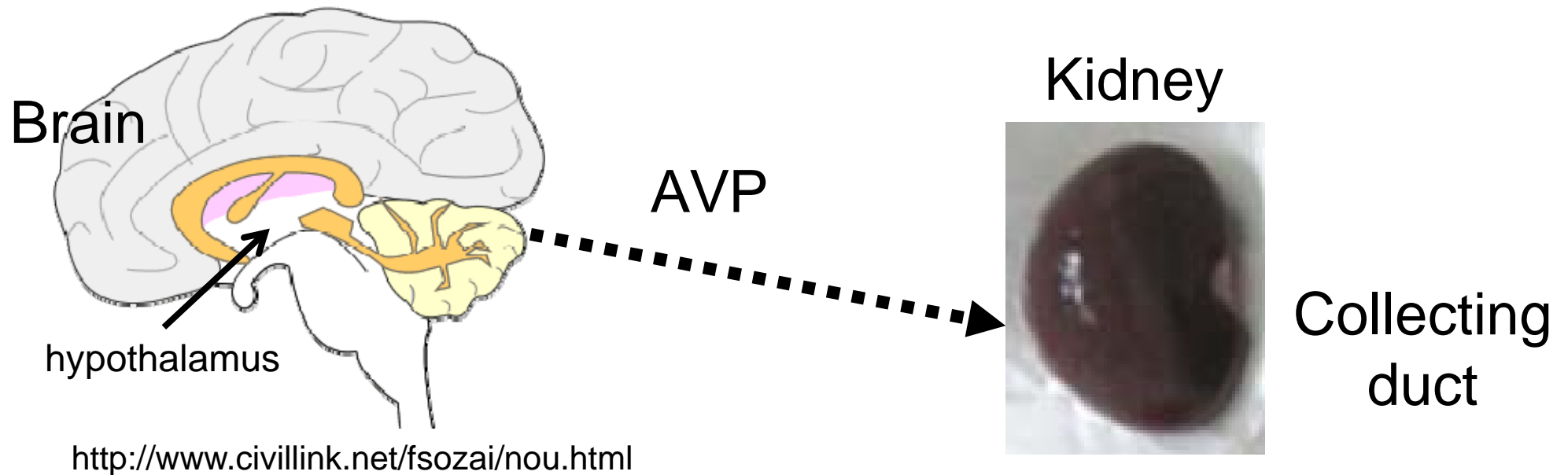


Does decreased release of AVP cause a reduction of intercellular cAMP concentration in PKD epithelial cells and ameliorate renal disease progression?



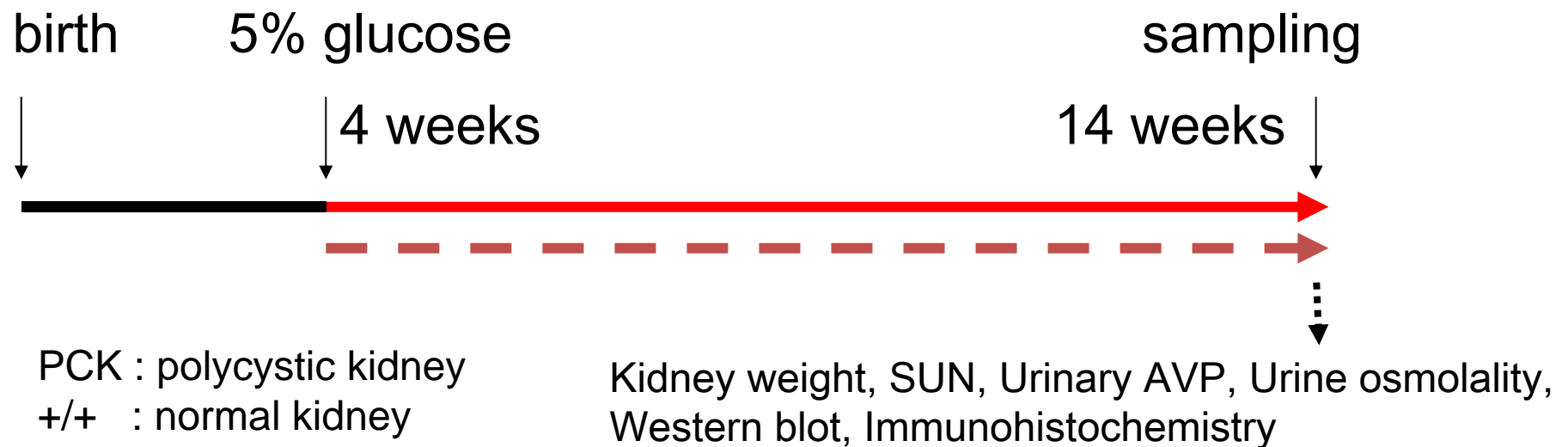
Outline

- Decreased plasma AVP by high water intake (HWI) suppresses **B-Raf/MEK/ERK signaling activity** in PKD kidneys and slows the progression of cystic disease in PCK rats.



Protocol

- PCK rats were allowed free access to water and food throughout the study.
- Animal on high water intake (HWI) were offered water containing 5% glucose from 4 to 14 weeks of age.



Renal effects of high water intake (HWI)

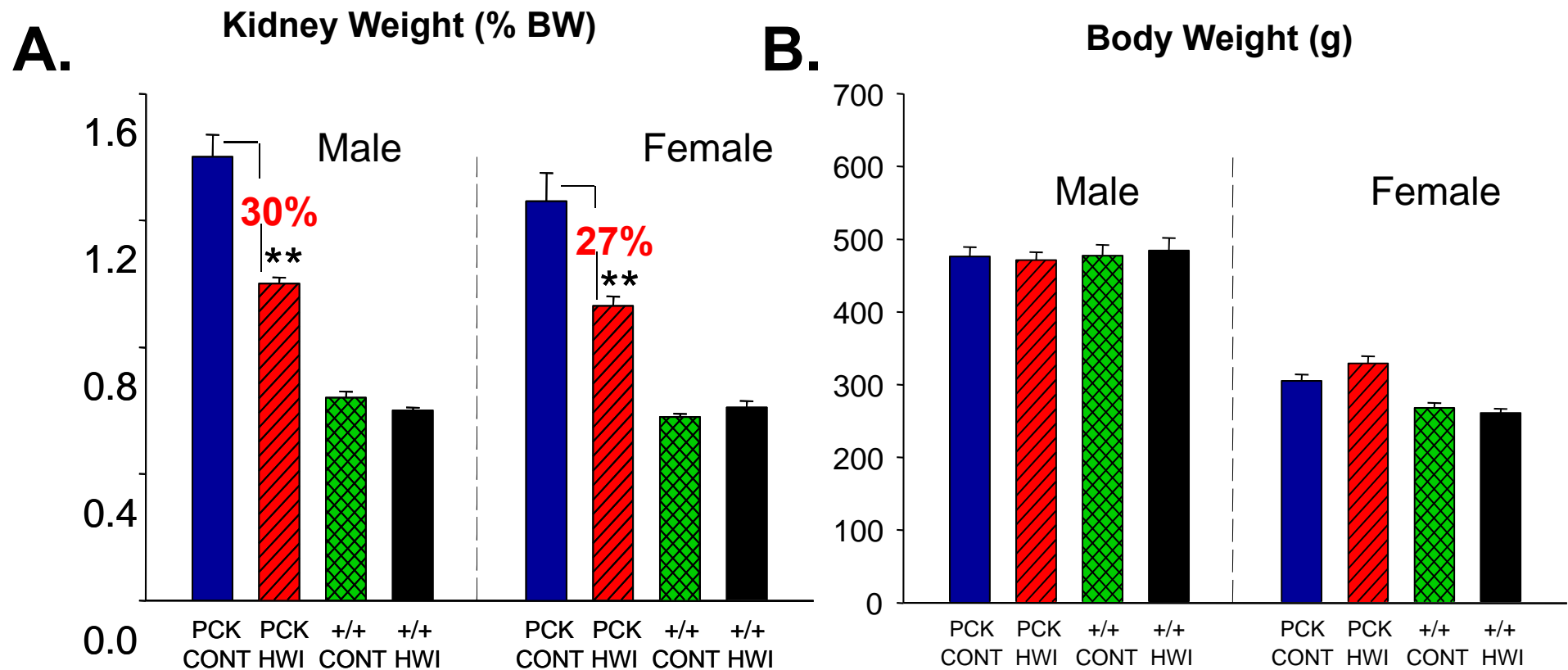
Genotype	Treatment	n	Water Intake (mL)	Urine Volume (mL)	Urine Osmolarity (mOsmol/kg H ₂ O)	Urinary AVP (pg/mg creatinine)
Male			3.8 hold			
PCK	CONT	8	18 ± 1	↑ 18 ± 2	1088 ± 96	257 ± 22
PCK	HWI	10	68 ± 5 **	58 ± 5 **	232 ± 47 **	114 ± 46 **
+/+	CONT	8	10 ± 5	9 ± 1	1498 ± 130	160 ± 19
+/+	HWI	8	94 ± 26 *	91 ± 10 **	197 ± 73 **	88 ± 38
Female			3.5 hold			
PCK	CONT	10	18 ± 3	↑ 16 ± 2	982 ± 74	435 ± 83
PCK	HWI	8	63 ± 9 **	49 ± 8 **	284 ± 52 **	111 ± 59 **
+/+	CONT	7	13 ± 5	12 ± 1	1559 ± 211	335 ± 49
+/+	HWI	10	107 ± 10 **	80 ± 11 **	131 ± 25 **	31 ± 4 **

56% ↓ (Male Urinary AVP decrease)

74% ↓ (Female Urinary AVP decrease)

- The rate of urine AVP excretion, an indicator of plasma AVP levels, was decreased 56% in male and 74% in female, respectively, by HWI
- Suppression of the renal effects of AVP decreases intracellular cAMP levels and reduces the water permeability of collecting ducts.

Effect of HWI on kidney weight (%BW)

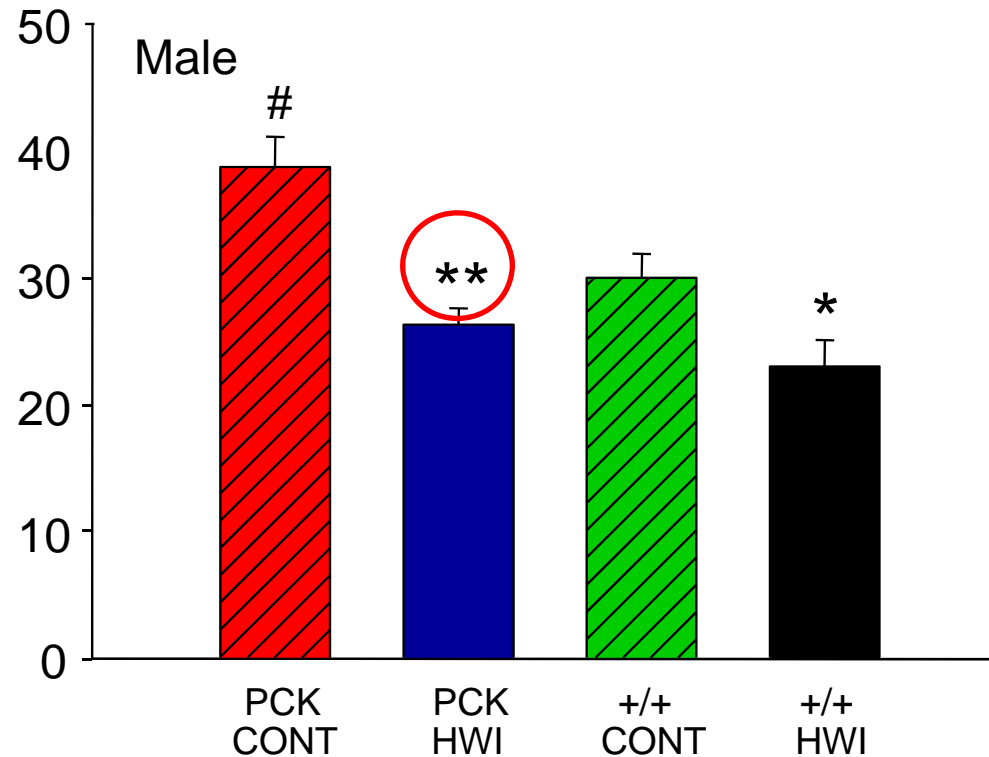


➤ Kidney weight (% body weight) significantly decreased 30 and 27% in PCK male and female rats, respectively.

➤ Body weight was unaffected by water intake either in +/+ or PCK rats.

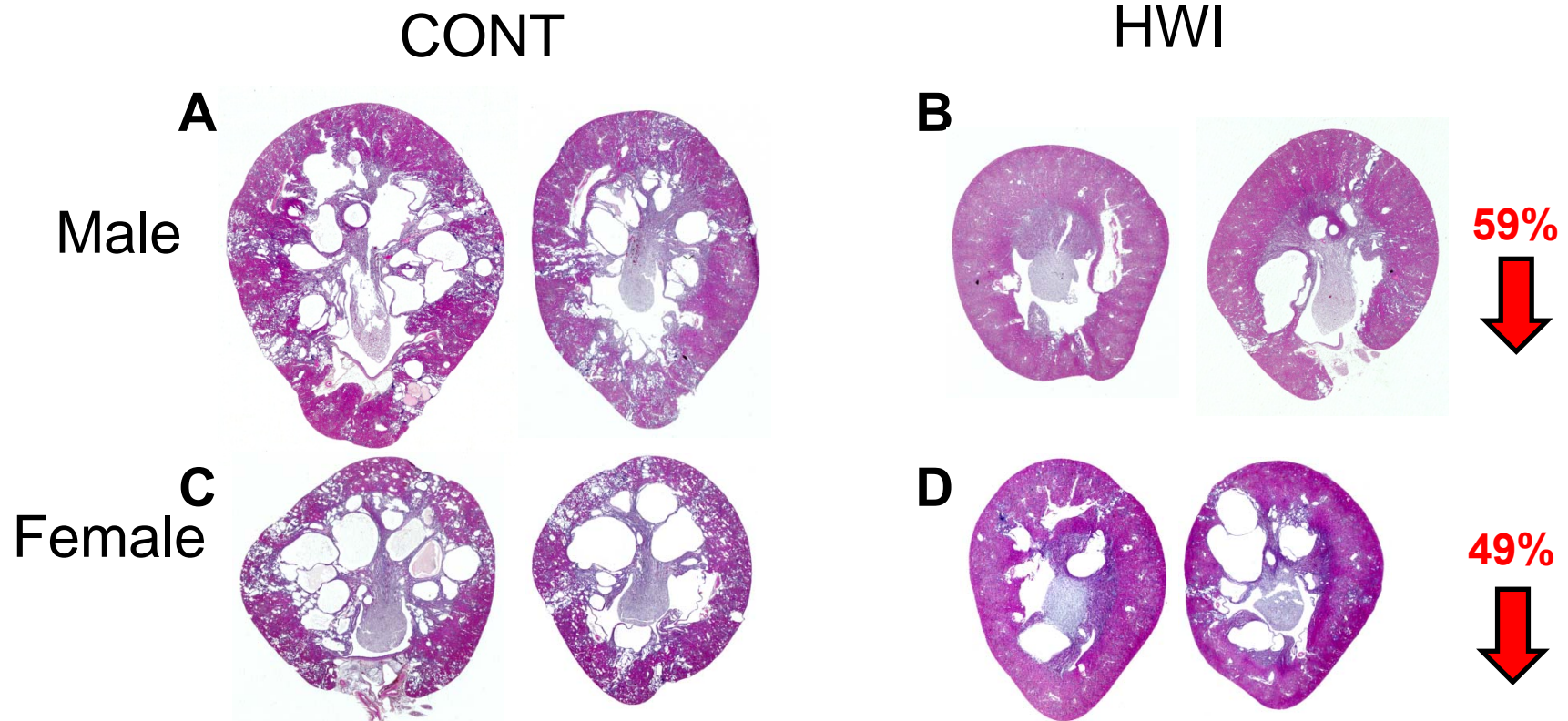
Effect of HWI

on renal function (serum urea nitrogen : SUN, mg/dl)



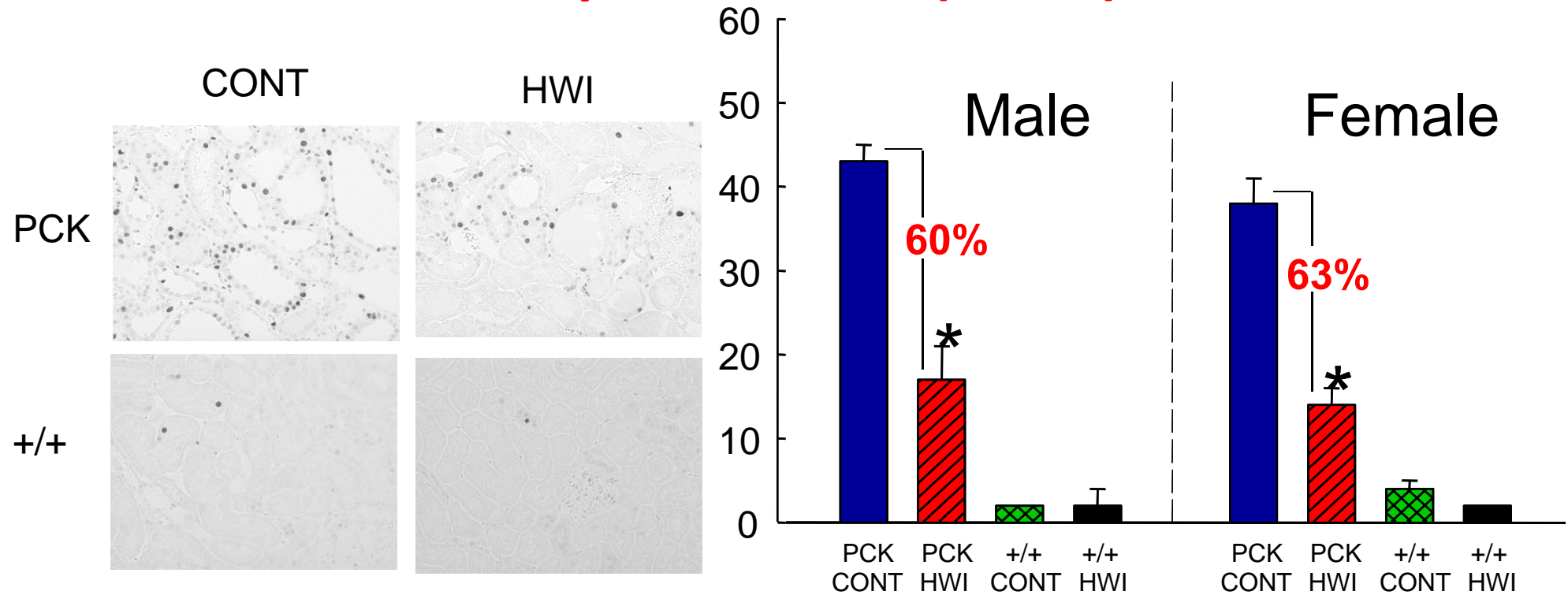
- HWI for 10 weeks decreased SUN from 38.7 to 26.3 mg/dl in the PCK male rats, a level that was similar to that of normal rats that drank increased water.
- HWI also caused a small but significant decrease in SUN in +/+ rats.

Effect of High Water Intake (HWI) on renal cyst development



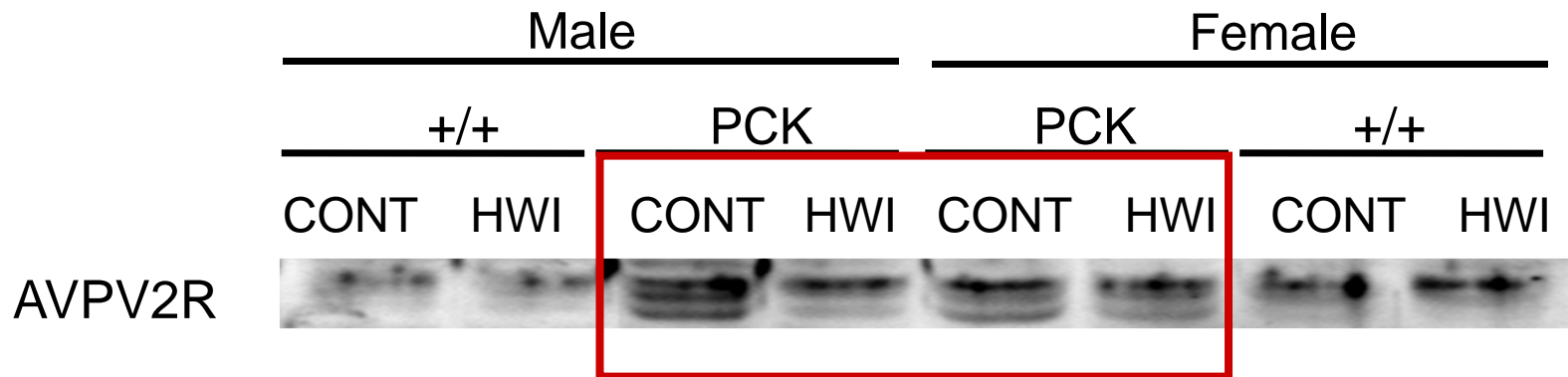
- HWI treatment diminished cystic area 59% in male and 49% in female PCK rats, compared with rats that drank tap water.

Effect of HWI on cell proliferation (PCNA)



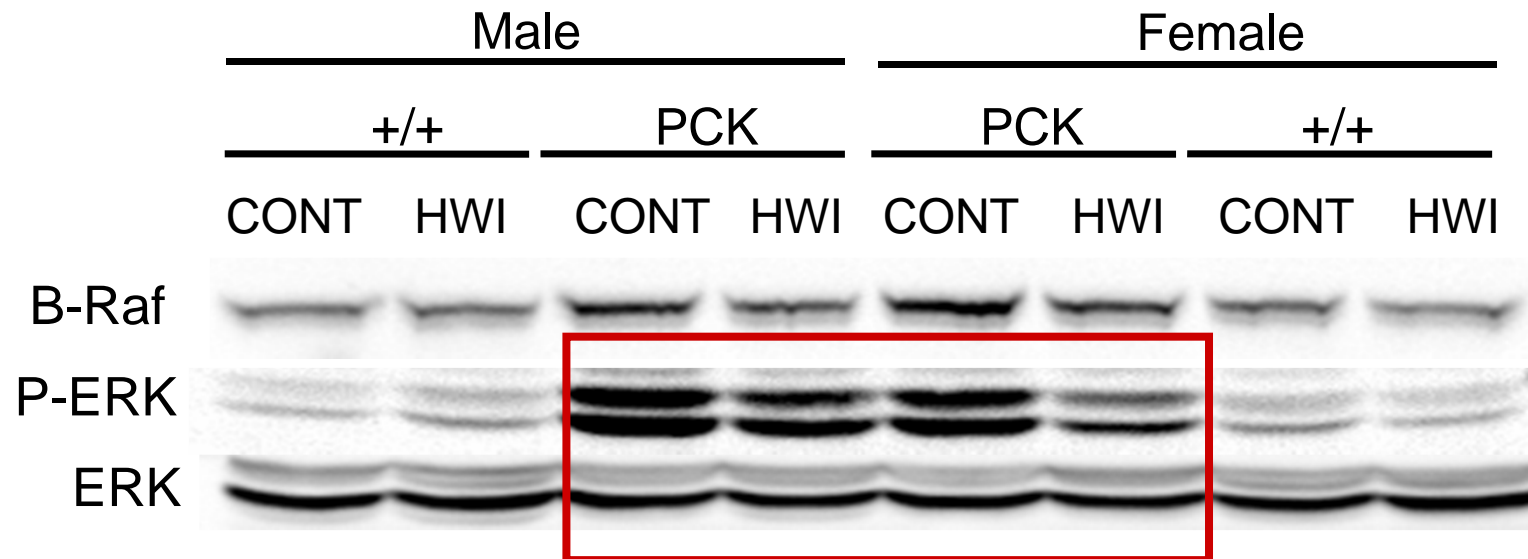
- Consistent with a reduction in cyst area and kidney weight, HWI decreased cell proliferation of cyst epithelial cells (PCNA-positive cells decreased approximately 60%).

Effect of HWI on V2R expression



- Overexpression of AVPV2R in the epithelial cells of collecting duct cysts could contribute to persistently high levels of cAMP.
- HWI normalized AVPV2R expression in the PCK kidneys.

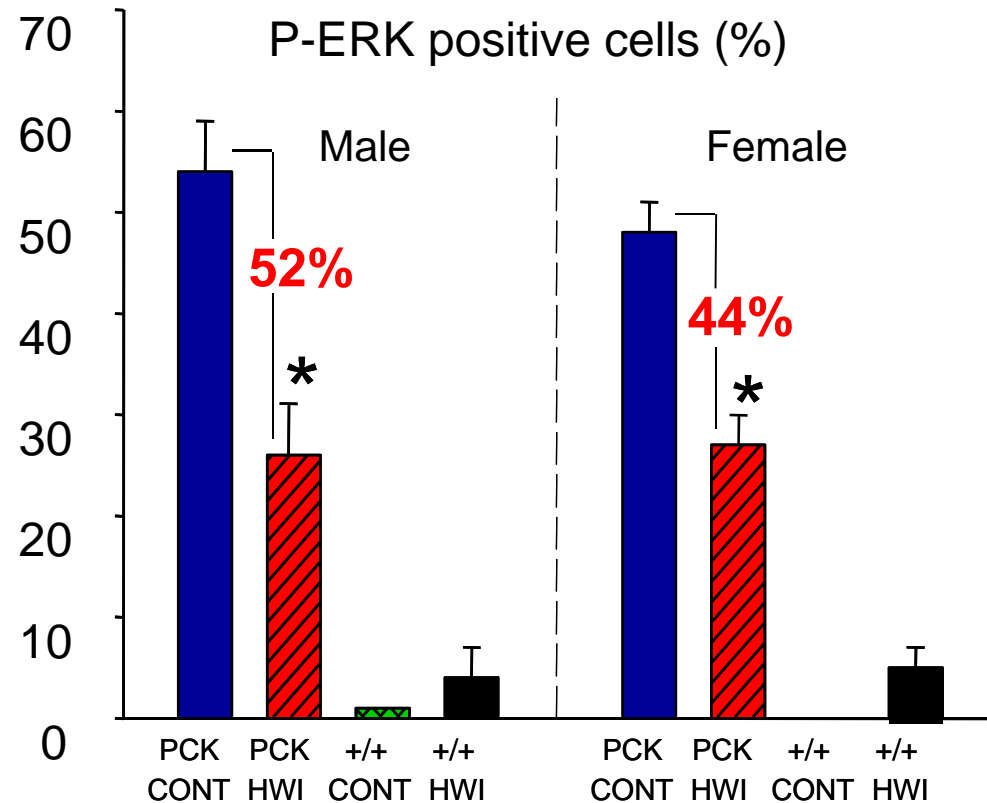
Effect of HWI on renal activity of B-Raf/MEK/ERK signaling



- HWI decreased the level of P-ERK 33% in male and 41% in female rats, but had no effect on P-ERK levels in +/+ rats.

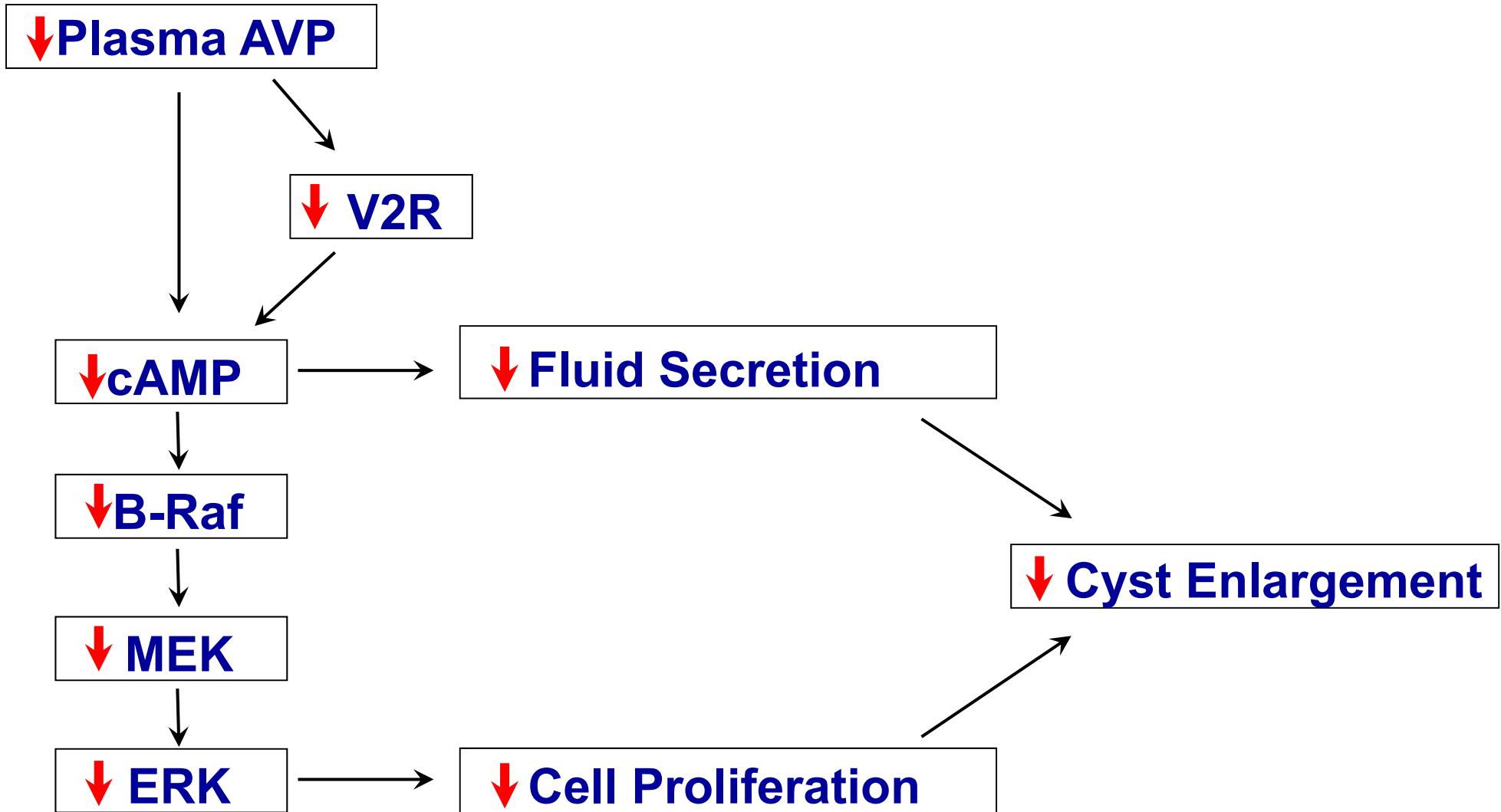
Effect of HWI

on number of cells staining for P-ERK



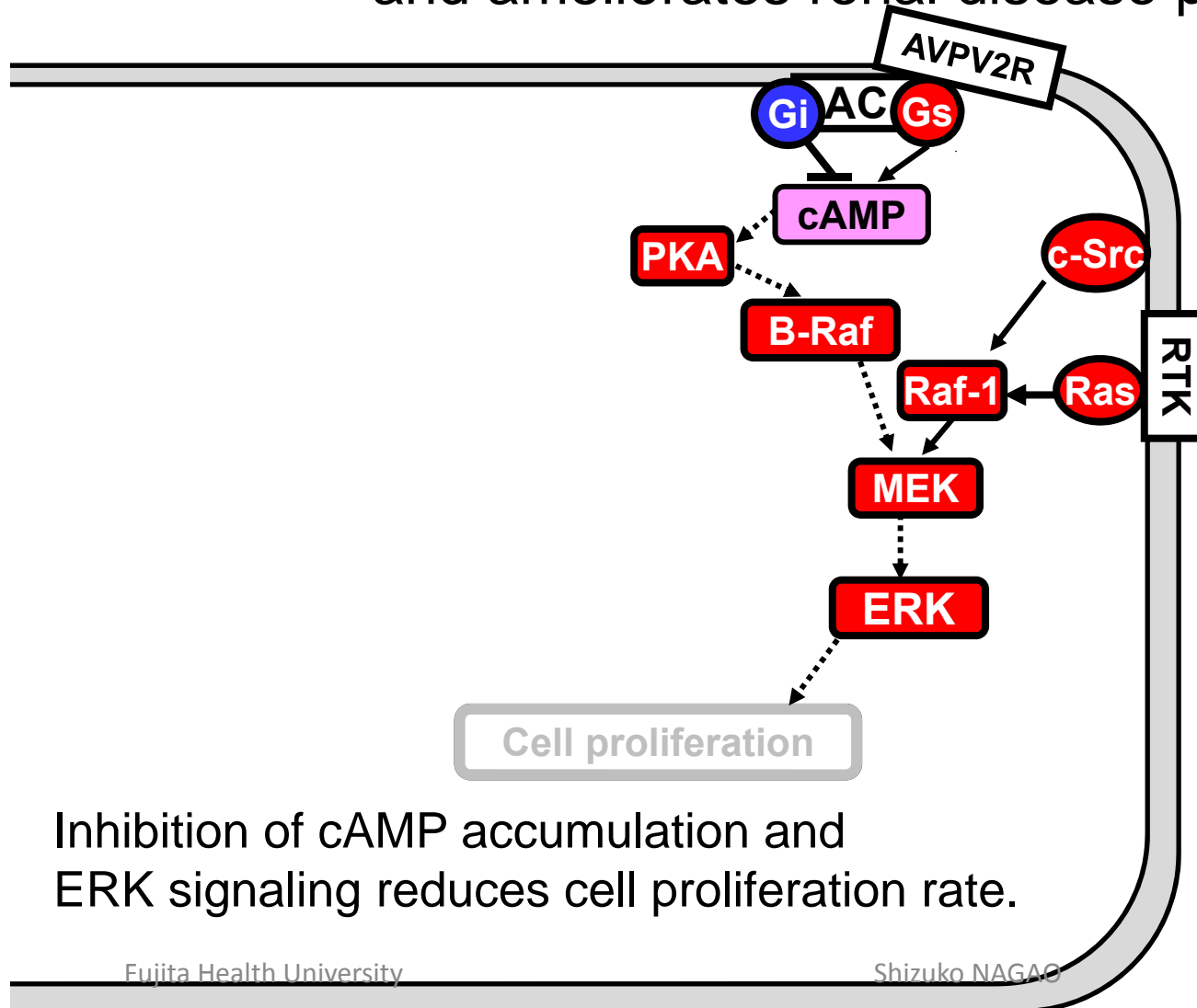
- The number of cells (% of cells per section) that stained positive for P-ERK was reduced 52% in PCK male rats and 44% in PCK female rats, confirming the observations made by immunoblot analysis.

Effects of HWI on **cyst enlargement**



Conclusion 2

Decreased release of AVP by HWI causes a reduction of intercellular cAMP concentration in PKD epithelial cells and ameliorates renal disease progression.



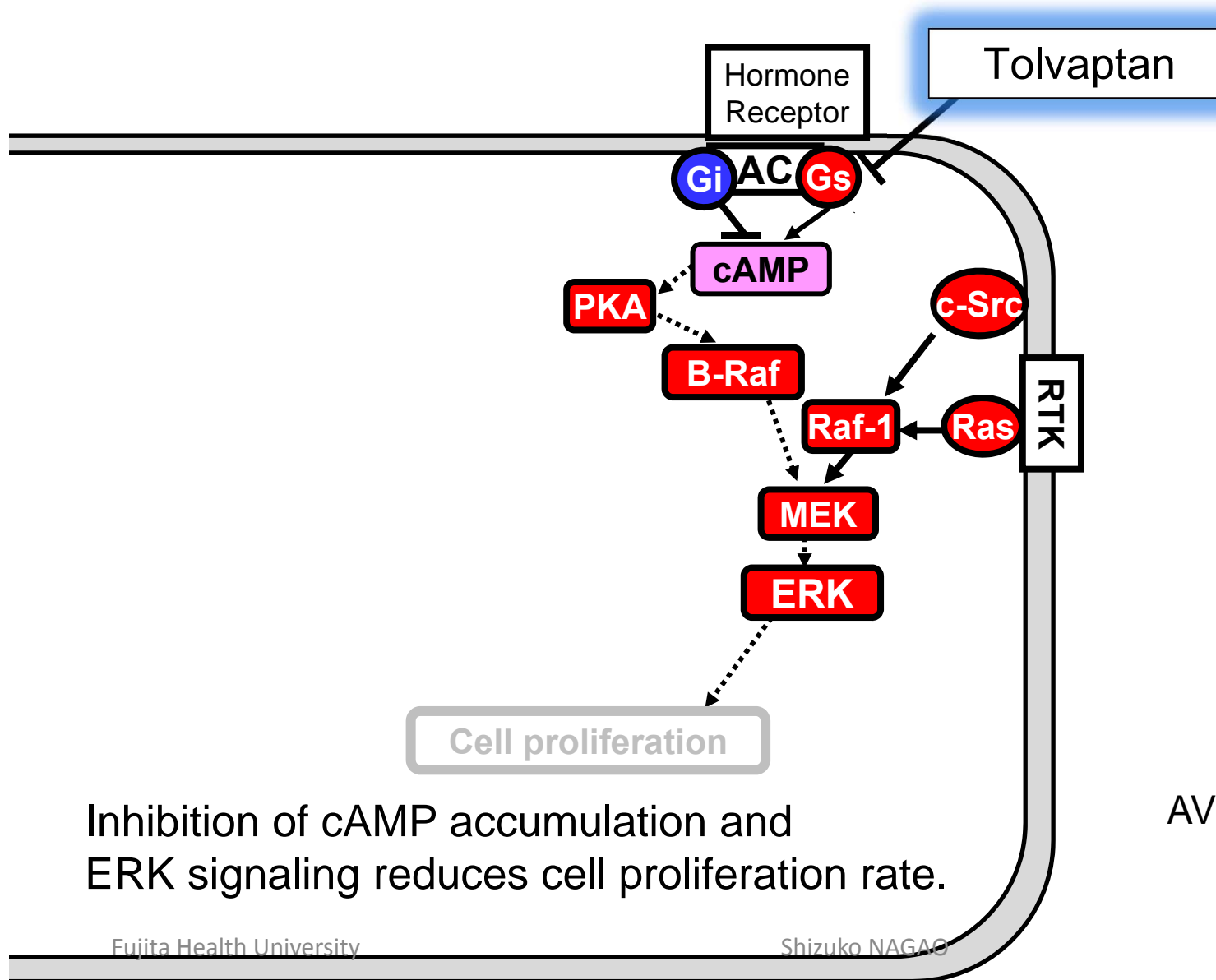
Inhibition of cAMP accumulation and ERK signaling reduces cell proliferation rate.

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PKD cells

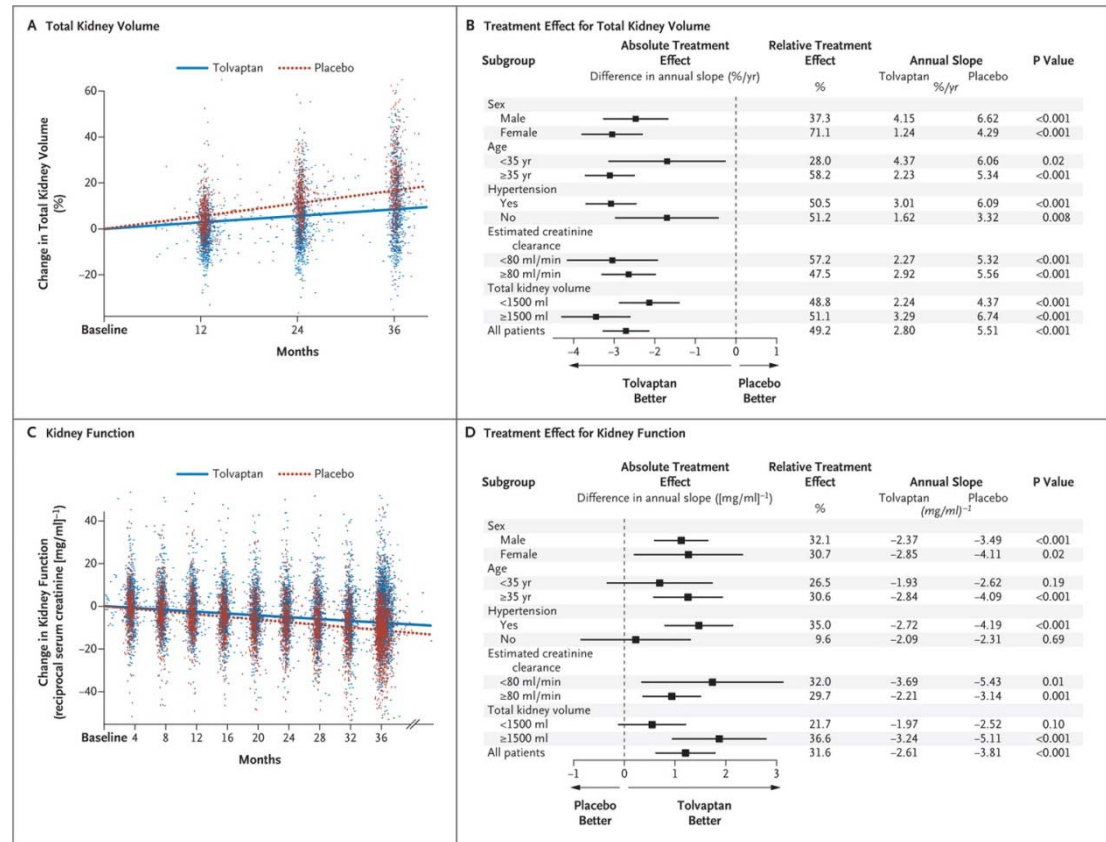
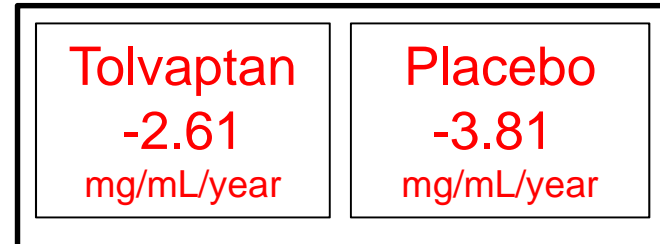
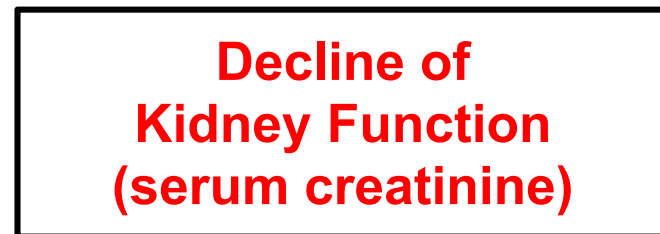
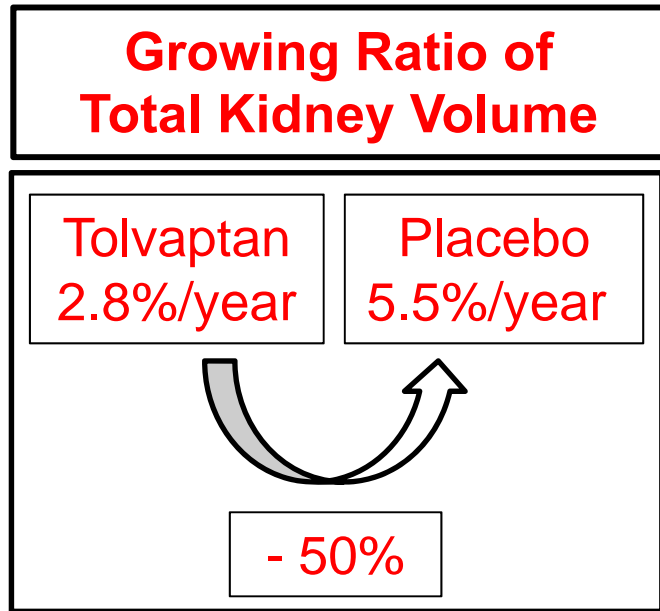
Tolvaptan suppresses AVP-activated Gs protein, and reduces the concentration of intracellular cAMP.



Inhibition of cAMP accumulation and ERK signaling reduces cell proliferation rate.

AVP : Arginine vasopressin

Effect of Tolvaptan (reduction of cAMP) in PKD patients

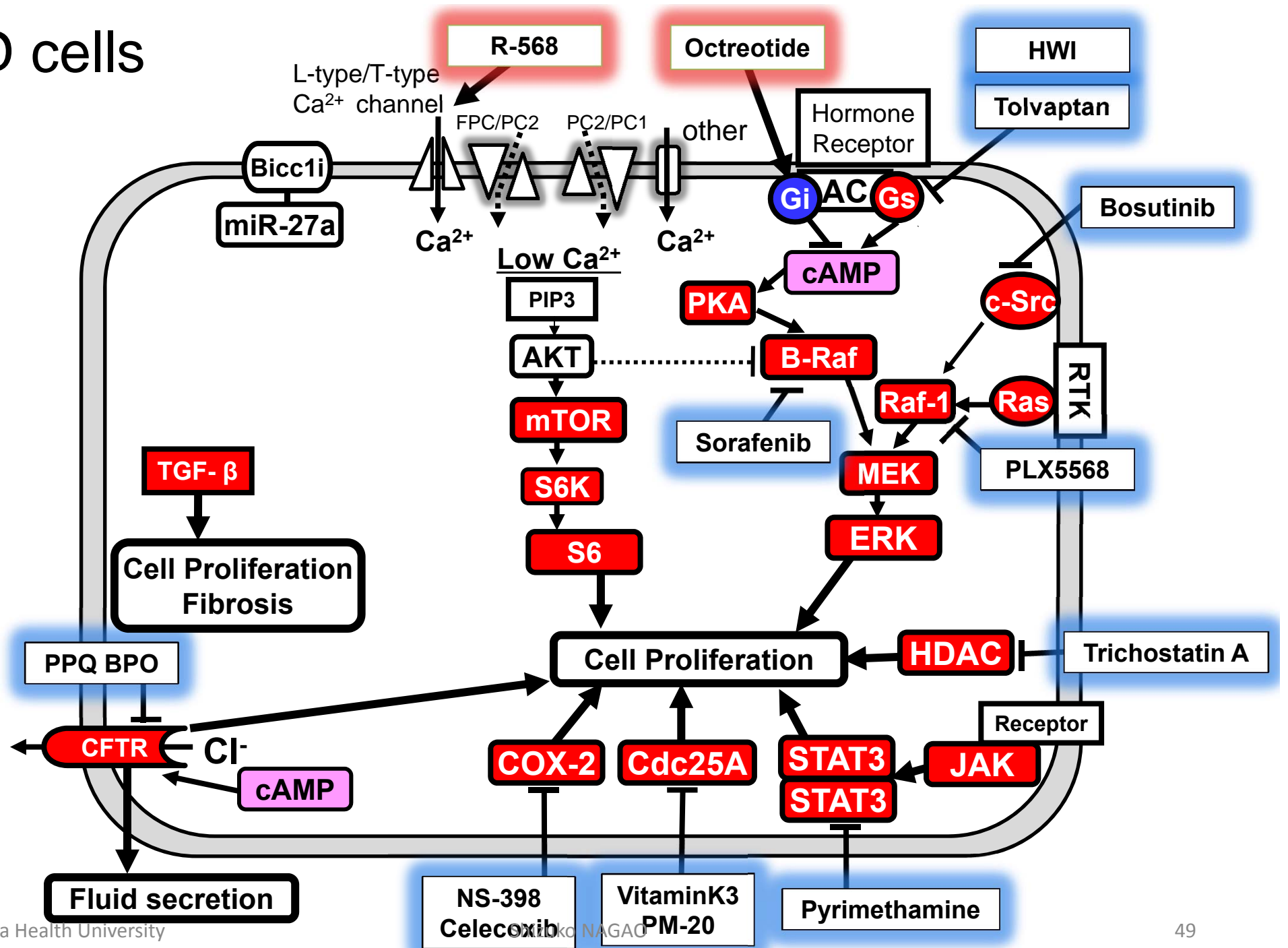


Torres VE et al. N Engl J Med 2012. DOI: 10.1056/NEJMoa1205511

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PKD cells



Nagao et al.

- PPAR Res. 2012;2012:695898. Epub 2012 May 13.
- Curr Mol Pharmacol. 2012 Jun;5(2):292-300.
- Am J Physiol Renal Physiol. 2011 Feb;300(2):F465-74.

