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Accessibility
Role of Ca\(^{2+}\) in the Control of H\(_2\)O\(_2\)-Modulated Phosphorylation Pathways Leading to eNOS Activation in Cardiac Myocytes

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Abstract

Nitric oxide (NO) and hydrogen peroxide (H\(_2\)O\(_2\)) play key roles in physiological and pathological responses in cardiac myocytes. The mechanisms whereby H\(_2\)O\(_2\)-modulated phosphorylation pathways regulate the endothelial isoform of nitric oxide synthase (eNOS) in these cells are incompletely understood. We show here that H\(_2\)O\(_2\) treatment of adult mouse cardiac myocytes leads to increases in intracellular Ca\(^{2+}\) ([Ca\(^{2+}\)]\(_i\)), and document that activity of the L-type Ca\(^{2+}\) channel is necessary for the H\(_2\)O\(_2\)-promoted increase in sarcomere shortening and of [Ca\(^{2+}\)]. Using the chemical NO sensor Cu\(_2\)(FL2E), we discovered that the H\(_2\)O\(_2\)-promoted increase in cardiac myocyte NO synthesis requires activation of the L-type Ca\(^{2+}\) channel, as well as phosphorylation of the AMP-activated protein kinase (AMPK), and mitogen-activated protein kinase kinase kinase 1/2 (MEK1/2). Moreover, H\(_2\)O\(_2\)-stimulated phosphorylations of eNOS, AMPK, MEK1/2, and ERK1/2 all depend on both an increase in [Ca\(^{2+}\)]\(_i\), as well as the activation of protein kinase C (PKC). We also found that H\(_2\)O\(_2\)-promoted cardiac myocyte eNOS translocation from peripheral membranes to internal sites is abrogated by the L-type Ca\(^{2+}\) channel blocker nifedipine. We have previously shown that kinase Akt is also involved in H\(_2\)O\(_2\)-promoted eNOS phosphorylation. Here we present evidence documenting that H\(_2\)O\(_2\)-promoted Akt phosphorylation is dependent on activation of the L-type Ca\(^{2+}\) channel, but is independent of PKC. These studies establish key roles for Ca\(^{2+}\)- and PKC-dependent signaling pathways in the modulation of cardiac myocyte eNOS activation by H\(_2\)O\(_2\).

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Introduction

The endothelial isoform of nitric oxide synthase (eNOS) is robustly expressed in cardiac myocytes, and nitric oxide (NO) has been shown to play key roles in modulating cardiac function [1,2,3]. eNOS is a Ca\(^{2+}\)/calmodulin-dependent enzyme that undergoes phosphorylation on multiple residues in response to extracellular stimuli, involving several protein kinases and phosphoprotein phosphatases. We have recently shown that hydrogen peroxide (H\(_2\)O\(_2\)) is a critical intracellular mediator that modulates eNOS phosphorylation and enzyme activation in cardiac myocytes [2]. However, the role of H\(_2\)O\(_2\) in modulation of cardiac myocyte Ca\(^{2+}\) metabolism is less well understood, and there are major gaps in our understanding of the pathways connecting H\(_2\)O\(_2\)-dependent phosphorylation pathways, intracellular Ca\(^{2+}\) signaling, and eNOS activation.

Cardiac myocytes contain an astonishingly broad array of protein kinases, several of which may be modulated by H\(_2\)O\(_2\). Some protein kinase C (PKC) isoforms are activated by H\(_2\)O\(_2\), yet little is known about the modulation of eNOS by PKC in the heart. Other protein kinases expressed in cardiac myocytes that have been implicated in eNOS regulation include ERK1/2, MEK1/2, kinase Akt, AMPK, and the cyclic AMP-dependent protein kinase (PKA). Since abnormalities in PKC-modulated signaling pathways and alterations in intracellular Ca\(^{2+}\) metabolism have been implicated in cardiomyopathy and heart failure [4,5,6], we decided to explore the role of H\(_2\)O\(_2\) in control of PKC activation, intracellular Ca\(^{2+}\) pathways, and eNOS phosphorylation responses in cardiac myocytes. Here we provide data that establish roles for Ca\(^{2+}\), PKC and PKA in modulating eNOS phosphorylation in response to H\(_2\)O\(_2\), and identify the key protein kinase pathways that modulate H\(_2\)O\(_2\)-dependent NO synthesis in cardiac myocytes.
Figure 1. H$_2$O$_2$ treatment increases Fura-2 fluorescence and cardiac myocyte contractility. Panel A shows the effects of hydrogen peroxide (H$_2$O$_2$, 25 μM) on F$_{340}$/F$_{380}$ ratio in Fura-2 loaded adult mouse cardiac myocytes. Cells were loaded with Fura-2 AM (1 μM) for 20 minutes prior to microscopic analysis. Intracellular Fura-2 fluorescence was measured using electrically stimulated preparations (1 Hz, 5–10 volts). Representative tracings of Fura-2 ratio of cells treated with H$_2$O$_2$ or H$_2$O$_2$ in the presence of nifedipine are shown above, and pooled data are shown below measuring the Δ Fura-2 ratio in which peak height is subtracted from basal; between 9 and 23 cells were analyzed under each condition. Panel B shows representative sarcomere length traces of cardiac myocytes treated with hydrogen peroxide (H$_2$O$_2$, 25 μM) in the presence or absence of nifedipine. Below is shown pooled data analyzing contractility as deflections from the baseline sarcomere shortening, which was measured as the percentage of the baseline resting cell length following treatments as shown. Recordings were performed at room temperature and myocytes were stimulated at 1 Hz, 5–10 volts. The results of pooled data were analyzed from three independent experiments involving 11–30 cells each that yielded equivalent results. Panel C shows representative tracings of Fura-2 in cells treated with hydrogen peroxide (H$_2$O$_2$, 25 μM) or isoproterenol (ISO 0.1 μM) on F$_{340}$/F$_{380}$ ratio (upper panel); pooled data below show the Δ Fura-2 ratio (left panel), and intracellular calcium concentrations (right panel) between 9 and 19 cells are analyzed under each condition. Panel D shows representative sarcomere length traces of cardiac myocyte treated with hydrogen peroxide (H$_2$O$_2$, 25 μM) or isoproterenol (ISO 0.1 μM). Results of pooled data are below the representative tracings, and show the effects of hydrogen peroxide (H$_2$O$_2$, 25 μM) or isoproterenol (ISO 0.1 μM) on sarcomere length and percentage of sarcomere shortening; between 9 and 22 cells were analyzed under each condition. *indicates p<0.05; **indicates p<0.01; ***indicates p<0.001. Each data point represents the mean ± S.E. analyzed by ANOVA.

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Results

The fluorescent Ca$^{2+}$ indicator Fura-2 was used to measure [Ca$^{2+}$], in electrically stimulated (1 Hz, 5–10 volts) cardiac myocytes that had been freshly isolated from adult mice. We found that H$_2$O$_2$ (25 μM) promotes an increase in [Ca$^{2+}$], measured as the ratio of F$_{340}$/F$_{380}$ (Figure 1A). We next treated cardiac myocytes with nifedipine, an extensively characterized L-type Ca$^{2+}$ channel-blocking drug, to probe the role of L-type Ca$^{2+}$ channels in the H$_2$O$_2$–stimulated responses observed in these cells. As shown in Figure 1A, the H$_2$O$_2$-promoted increase in cell-derived Fura-2 fluorescence is blocked by nifedipine. Similarly, the H$_2$O$_2$-promoted increase in cardiac myocyte contractility is abrogated by pre-treatment of the cells with nifedipine (Figure 1B). We also performed experiments comparing H$_2$O$_2$- and isoproterenol-promoted changes both in [Ca$^{2+}$], and cardiac myocyte contractility. As shown in Figures 1C and 1D, the magnitude of both the H$_2$O$_2$-promoted contractility and Ca$^{2+}$ responses are ~70% of the responses seen following treatment with the β-adrenergic agonist isoproterenol.

Figure 2 presents the results of experiments using the NO chemical sensor Cu$_2$(FL2E), which we previously used to explore the agonist-modulated regulation of cardiac myocyte NO synthesis [2]. H$_2$O$_2$-promoted NO synthesis is completely blocked by pre-treatment of the cells with nifedipine (100 μM, 30 min; Figure 2A). Nifedipine also abrogates the H$_2$O$_2$-promoted increase in eNOS phosphorylation (Figure 2B). The intracellular Ca$^{2+}$ chelator BAPTA-AM blocks the H$_2$O$_2$-promoted increase in eNOS phosphorylation (Figure 2C). We previously demonstrated that H$_2$O$_2$ treatment of cardiac myocytes promotes reversible eNOS translocation from peripheral to internal membranes and back [2]. Figure 2D shows that H$_2$O$_2$-promoted eNOS translocation is completely blocked by nifedipine, without affecting the localization of the scaffolding/regulatory protein caveolin-3. Under these conditions, there is no change in total eNOS protein abundance in these cells, nor is there any apoptosis or necrosis of these cells (Figure S1A, F, and D).

We next investigated the H$_2$O$_2$-stimulated Ca$^{2+}$-modulated phosphorylation pathways regulating eNOS responses in these cells. As shown in Figure 3A, nifedipine blocks the H$_2$O$_2$-promoted increase in PKC phosphorylation. Because adult mouse cardiac myocytes are not amenable to RNA interference approaches, we used a series of protein kinase inhibitors to probe the pathways connecting H$_2$O$_2$ with eNOS phosphorylation. We found that the PKC inhibitor calphostin C blocks the increase in eNOS and PKC phosphorylations promoted by H$_2$O$_2$ (Figure 3B). We selected for analysis of eNOS phosphorylation the major band at M, 135 kDa, which is the same M as the band seen in the total eNOS immunoblot. For PKC, the multiple bands seen may reflect the fact that we are using a “pan-phospho-PKC” antibody that picks up several different phospho-PKC isoforms; quantification of phospho-PKC includes all bands migrating in the vicinity of known PKC isoforms.

We previously found [2] that the H$_2$O$_2$ promoted increase in eNOS phosphorylation depends on the AMP-activated protein kinase (AMPK). Here we show that the AMPK inhibitor Compound C blocks H$_2$O$_2$-induced cardiac myocyte NO synthesis, measured with the NO chemical sensor Cu$_2$(FL2E) (Figure 4A). In order to investigate the role of L-type Ca$^{2+}$ channel on the H$_2$O$_2$-promoted increase in AMPK phosphorylation, we analyzed immunoblots performed in cardiac myocyte lysates prepared from cells incubated with nifedipine (100 μM, 30 min) prior to H$_2$O$_2$ treatment (25 μM, 15 min) (Figure 4B). Nifedipine abrogates both the increase in AMPK phosphorylation as well as phosphorylation of the well-known AMPK substrate protein, acetyl-CoA carboxylase (ACC). The intracellular Ca$^{2+}$ chelator BAPTA-AM also blocks H$_2$O$_2$–promoted AMPK and ACC phosphorylation (Figure 4C). Importantly, the PKC inhibitor calphostin C blocks H$_2$O$_2$-stimulated phosphorylation of AMPK and ACC (Figure 4D). H$_2$O$_2$ also promotes phosphorylation of the protein kinases MEK1/2 and ERK1/2 (Figure 5A) and of kinase Akt [2]. Inhibitors of MEK, including the structurally distinct kinase inhibitors PD90059 and “MEK1/2 inhibitor” block H$_2$O$_2$–stimulated NO synthesis (Figure 5B), and also attenuate H$_2$O$_2$–promoted phosphorylations of eNOS and ERK1/2 (Figures 5C and 5D; Figure S1D and E). The MEK1/2 and ERK1/2 phosphorylation responses are abrogated by nifedipine, BAPTA, or calphostin C (Figure 6).

The phosphorylation response of kinase Akt to H$_2$O$_2$ appears to be differentially regulated: while H$_2$O$_2$–promoted Akt phosphorylation is blocked by nifedipine and BAPTA (as found for eNOS, AMPK, ERK1/2, and MEK1/2), calphostin C fails to attenuate Akt phosphorylation (Figure 6C). In contrast, the H$_2$O$_2$–stimulated phosphorylation of these other kinases is blocked by calphostin C (Figures 3B, 4D, and 6C). Moreover, H$_2$O$_2$–stimulated AMPK and Akt phosphorylations are unaffected by MAP kinase pathway inhibitors (Figure S1B and C). We next explored the role of PKA by investigating the effects of H$_2$O$_2$ on the phosphorylation of the protein VASP [1]. We probed immunoblots with phosphospecific antibodies directed against VASP phosphoserine 157, the
Figure 2. Nifedipine effects on H$_2$O$_2$-promoted NO synthesis, eNOS phosphorylation, and eNOS translocation. In Panel A, mouse cardiac myocytes were loaded with the NO chemical sensor Ca$_2^+$FL(2E), and then treated with nifedipine (100 µM) or vehicle followed by hydrogen peroxide (H$_2$O$_2$, 10 µM) treatment. Upper panel shows representative fluorescence images at 0, 2, and 5 minutes following treatments, as indicated. Middle panel shows representative fluorescence tracerings of single cells treated with H$_2$O$_2$ or H$_2$O$_2$ in the presence of nifedipine. Lower panel shows the results of pooled data analyzed from at least three independent repetitions with a minimum of 4 cells analyzed per experiment that yielded equivalent results; *indicates p<0.05. In Panel B, cardiac myocytes were incubated with nifedipine (100 µM, 30 min) or vehicle, then treated with hydrogen peroxide (H$_2$O$_2$, 25 µM, 15 min) and analyzed in immunoblots probed with antibodies as shown. Panel C shows immunoblot analyses from cardiac myocytes incubated with the intracellular calcium chelator BAPTA AM (60 µM, 30 min) or vehicle, then treated with H$_2$O$_2$ (25 µM, 15 min). Below each representative immunoblot the results of densitometric analyses from pooled data are shown, documenting the changes in phospho-eNOS and phospho-eNOS333 plotted relative to the signals present in unstimulated cells. Each data point represents the mean ± S.E. derived from at least three independent experiments; *indicates p<0.005 (ANOVA). Panel D shows confocal microscopic images of cardiac myocytes treated with nifedipine (100 µM, 30 min) or vehicle, then treated with H$_2$O$_2$ (10 µM) for the indicated times. The cells were fixed, permeabilized, and probed with antibodies against total caveolin-3 (Alexa Fluor-Red 568) or eNOS (Alexa Fluor-Green 488); overlapping signals are shown in yellow. The bar graph below shows pooled data from three experiments, quantitating the percent overlap between eNOS and caveolin-3 at different times after adding H$_2$O$_2$. *indicates p<0.05 compared to t=0.

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Discussion

These studies have used a combination of cellular imaging and biochemical approaches to explore eNOS activation and phosphorylation pathways in isolated mouse cardiac myocytes treated with H$_2$O$_2$. Several previous reports on the effects of ROS in cardiac myocytes have studied higher H$_2$O$_2$ concentrations and more prolonged treatments, which can lead to oxidative stress, Ca$^{2+}$ overload, and myocyte apoptosis or necrosis [7,8]. However, it is unlikely that the short-term exposure to low concentrations of H$_2$O$_2$ used in the present study cause cardiac myocyte membrane damage (Figure S1F); instead, our findings suggest a physiological role for H$_2$O$_2$ in the modulation of myocyte L-type Ca$^{2+}$ channels. We found that H$_2$O$_2$-promoted increases in eNOS phosphorylation, NO production, and changes in eNOS subcellular localization in cardiac myocytes require L-type Ca$^{2+}$ channel activity. Several lines of evidence in this study implicate Ca$^{2+}$- and PKC-dependent signaling pathways as upstream determinants of H$_2$O$_2$-modulated responses in cardiac myocytes. We found that H$_2$O$_2$ treatment leads to increases in [Ca$^{2+}$], in electrically stimulated cardiac myocytes, associated with an increase in myocyte contractility (Figure 1). These findings are in agreement with previous reports [9,10]. Recent studies looking at H$_2$O$_2$-modulated calcium metabolism in cardiac myocytes have identified SERCA and NCX as important targets for H$_2$O$_2$ in these cells [11]. Our studies provide strong evidence for the involvement of L-type Ca$^{2+}$ channels in modulating cardiac myocyte responses to H$_2$O$_2$.

Using the highly sensitive fluorescent probe Ca$_2^+$FL(2E) to visualize NO synthesis in cardiac myocytes, we demonstrated that the L-type Ca$^{2+}$ channel activity is required for H$_2$O$_2$-promoted NO synthesis (Figure 2A). We have previously shown that H$_2$O$_2$ activates the endothelial isoform of NOS in cardiac myocytes [2]. eNOS is a phosphoprotein that undergoes phosphorylation on multiple residues [12]. Here, we found that the increase in eNOS phosphorylation at serine 1177 and 633 residues caused by H$_2$O$_2$ exposure of cardiac myocytes was blocked by nifedipine or BAPTA-AM (Figure 2B and 2C). Because eNOS undergoes intracellular translocation following H$_2$O$_2$ treatment [2], we investigated the role of L-type Ca$^{2+}$ channel on H$_2$O$_2$-promoted changes in eNOS intracellular localization. Caveolin-3 is a marker for the microdomains known as plasmalemmal caveolae. In cardiac myocytes caveolin-3 is also a binding partner of eNOS [13,14]. As shown in Figure 2D, the colocalization between eNOS and caveolin-3 decreases 15 to 30 minutes after the addition of H$_2$O$_2$. eNOS returns to peripheral membranes and starts to re-localize with caveolin-3 ~60 minutes after the addition of H$_2$O$_2$. Importantly, nifedipine abrogates H$_2$O$_2$-promoted eNOS translocation. There is no change in eNOS abundance or cardiac myocyte viability following treatment with H$_2$O$_2$ under these conditions (Figure S1A). Taken all together, these findings reveal that the H$_2$O$_2$-promoted increases in NO synthesis and eNOS phosphorylation depend on L-type Ca$^{2+}$ channel activity and are associated with dynamic eNOS translocation.

Several protein kinases phosphorylate eNOS [12], including PKC, which stimulates NO production in endothelial cells associated with increased eNOS phosphorylation [15,16]. In cultured cardiac myocytes, PKC isoforms regulate contractility and hypertrophy [17]. Activation of classical PKC isoforms is modulated by Ca$^{2+}$ and diacylglycerol [18,19]. We found that exposure to H$_2$O$_2$ leads to an increase in PKC phosphorylation, and confirmed that blockade of the L-type Ca$^{2+}$ channel by nifedipine abrogates the phosphorylation response (Figure 3A). Inhibition of PKC using calphostin C blocked H$_2$O$_2$-promoted increase in eNOS phosphorylation (Figure 3B). These lines of evidence point to a central role for Ca$^{2+}$- and PKC-dependent pathways in modulating H$_2$O$_2$-mediated eNOS activation, and are consistent with our finding that H$_2$O$_2$-dependent NO synthesis is blocked in cardiac myocytes treated with nifedipine.

The AMP-activated protein kinase (AMPK) is a serine/threonine protein kinase that has been characterized as a sensor of cellular energy balance in mammalian cells [20]. We and others have previously reported that AMPK regulates eNOS in endothelial cells [21,22]. Using the NO sensor Ca$_2^+$FL(2E), we demonstrate here that activation of AMPK is required for the H$_2$O$_2$-promoted increase in cardiac myocyte NO synthesis (Figure 4A). Similar to eNOS, H$_2$O$_2$-promoted AMPK activation is Ca$^{2+}$ and PKC dependent (Figure 4B, 4C and 4D). Nifedipine treatment of cardiac myocytes not only abrogates the increase in AMPK phosphorylation but also blocks phosphorylation of its substrate ACC (Figure 4B). A23187 calcium ionophore and phorbol 12-myristate 13-acetate treatments of cardiac myocytes enhanced AMPK phosphorylation (Figures 7B and 7C). These findings are consistent with previous observations in other experimental systems suggesting that AMPK can be activated by Ca$^{2+}$/calmodulin [23]. In addition to AMPK, MEK1/2 appears to be necessary for the H$_2$O$_2$-promoted increase in cardiac

Ca$^{2+}$ and H$_2$O$_2$ in Control of Cardiac Myocyte eNOS
myocyte NO synthesis and eNOS phosphorylation (Figure 5). Although both AMPK and kinase Akt are known to directly phosphorylate eNOS, the mechanisms whereby MEK1/2 and ERK1/2 modulate eNOS phosphorylation and activation are less clearly understood. Clearly, the modulation of cardiac myocyte eNOS by H2O2 involves complex interactions implicating multiple protein kinase pathways (Figure 8).

We have previously shown that both the PI3-K inhibitor wortmannin and Akt inhibitor XI block H2O2-promoted eNOS phosphorylation, and we also found that these inhibitors do not attenuate H2O2-promoted AMPK phosphorylation [2]. On the other hand, inhibition of AMPK by compound C reduces the H2O2-promoted increase in Akt phosphorylation, suggesting that AMPK may lie upstream of Akt in cardiac myocytes, as previously shown in vascular endothelial cells [21]. The inhibition of H2O2-promoted eNOS phosphorylation by the PKA inhibitor H89 (Figure 7A) implicates a role for PKA in modulating the response to H2O2; this hypothesis is further supported by our finding that H2O2 promotes VASP phosphorylation at a serine residue that is preferentially targeted by PKA (Figure 7A). The current studies have also explored whether changes in \([\text{Ca}^{2+}]_i\) or PKC activity are involved in the H2O2-promoted increase in cardiac myocyte Akt phosphorylation. Nifedipine and BAPTA abrogate the H2O2-promoted increase in Akt phosphorylation (Figure 6A and B). These observations are consistent with previous reports in other cell systems, which suggested that PI3-K/Akt can be activated by intracellular \([\text{Ca}^{2+}]_i\) fluxes in endothelial cells [24]. Importantly, the H2O2-promoted increase in Akt phosphorylation is unaffected by the PKC inhibitor calphostin C, indicating that signaling to Akt by H2O2 does not involve PKC activation (Figure 6C).

The present studies define a critical role for L-type Ca2+ channel activity in the control of H2O2-dependent pathways that lead to the phosphorylation of protein kinases regulating eNOS signaling in cardiac myocytes. The physiological effects of low H2O2 concentrations seen in these studies can be contrasted to the much higher levels of oxidative stress that have been observed in cardiac disease states, including heart failure and cardiomyopathy [25,26,27]. A deeper understanding of the factors that modulate H2O2 metabolism in cardiac myocytes is needed in order to devise therapeutic strategies to regulate ROS balance in physiological and pathophysiological states in the heart.
Materials and Methods

Materials
Polyclonal antibodies directed against phospho-eNOS (Ser1177), phospho-PKC (pan) (BII Ser660), phospho-AMPK (Thr172), phospho-Akt (Ser473), phospho-ACC (Ser79), phospho-MEK1/2 (Ser217/212), phospho-ERK1/2 (Thr202/Tyr204), AMPK, Akt, ACC, MEK1/2, ERK1/2, phospho-VASP (Ser157), and H-89 were from Cell Signaling Technologies (Beverly, MA). Antibodies against total eNOS, total VASP, Caveolin-3, and phospho-eNOS (Ser633) were from BD Transduction Laboratories (Lexington, KY). Collagenase type 2 was from Worthington Biochemical (LakeWock, NJ). Compound C, P98059 [a selective cell-permeable inhibitor of MAP kinase kinase [MEK]], MEK1/2 inhibitor [a cell-permeable vinylogous cyanamide that acts as a selective inhibitor of MEK1/2], and Calphostin C were from Calbiochem. Super Signal substrate for chemiluminescence detection and secondary antibodies conjugated with horseradish peroxidase were from Pierce. Tris-buffered salt solution, supplemented with calf serum (10% v/v), 2,3-butanedione monoxime (10 mM), penicillin-streptomycin (100 IU/ml), glutamine (2 mM), and ATP (2 mM). After the cells were attached (~1 hour), the plating medium was changed to culture medium consisting of Minimum Essential Medium with Hank’s balanced salt solution, supplemented with bovine serum albumin (1 mg/ml), penicillin-streptomycin (100 IU/ml), and glutamine (2 mM) and the cells were cultured for 4 hours.

Measurements of Intracellular Ca2+ by Fura-2
Intracellular calcium concentrations were monitored using electrically stimulated freshly isolated cardiac myocytes. In brief, coverslips of cardiac myocytes loaded with Fura-2AM (1 μM) for at least 15 min before and during 5 to 10 min of H2O2. In some studies, myocytes were pre-treated with nifedipine (100 μM) for at least 15 min before and during H2O2 treatment. Sarcomere shortening was expressed as percent shortening relative to the resting diastolic length.

Intracellular Nitric Oxide Imaging
Cardiac myocytes harvested from at least three independent preparations were analyzed. The signal from the NO sensor was...
Ca\textsuperscript{2+} and H\textsubscript{2}O\textsubscript{2} in Control of Cardiac Myocyte eNOS

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![Graph showing MEK1/2 and ERK1/2 phosphorylation over time with corresponding time points](image)

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analyzed as the slope of the fluorescence increase observed following the addition of agonist or vehicle. Cells were cultured on cover slips and loaded with 5 μM Cu2(FL2E) [28] for 2 hours in Tyrode’s solution at 37°C and 2% CO2. Cover slips were then placed in an onstage incubator (Tokai, Japan, Tokyo, Japan) at 470 nm. Viable rod-shaped cardiac myocytes with rectangular ends were selected by differential interface contrast imaging and then subjected to fluorescence imaging, following treatments as indicated.

**Immunoblot Analyses**

After drug treatments, cardiac myocytes were washed with PBS buffer and incubated for 10 minutes in lysis buffer (50 mM Tris-HCl, pH 7.4; 150 mM NaCl; 1% Nonidet P-40; 0.25% sodium deoxycholate; 1 mM EDTA; 2 mM Na3VO4; 1 mM NaF; 2 μg/mL leupeptin; 2 μg/mL antipain; 2 μg/mL soybean trypsin inhibitor; and 2 μg/mL lima trypsin inhibitor). Cells were harvested by scraping. After separation by SDS-PAGE, proteins were electroblotted onto nitrocellulose membranes. After incubating the membranes in 5% nonfat dry milk in Tris-buffered saline with 0.1% (vol/vol) Tween 20 (TBST), membranes were incubated overnight in TBST containing 5% bovine serum albumin plus the specified primary antibody. After four washes (10 min each) with TBST, the membranes were incubated for one hour with a horseradish peroxidase-labeled goat anti-rabbit or anti-mouse immunoglobulin secondary antibody in TBST containing 1% milk. The membranes were washed four additional times in TBST, then incubated with a chemiluminescent reagent according to the manufacturer’s protocols (SuperSignal West Femto), and digitally imaged in a chemiluminescence imaging system (Alpha Innotech Corporation, San Leandro, CA). Quantitative analyses of the chemiluminescent signals were performed using an AlphaEaseFC software (Alpha Innotech, San Leandro, CA). For quantitative analyses of immunoblot experiments, the signal was normalized to the value obtained in the absence of added drug.

**Immunohistochemistry**

Cardiac myocytes plated on 8-well-chamber slides (Thermo Scientific) were fixed in 4% paraformaldehyde for 20 min, rinsed twice with PBS, permeabilized in 0.1% Triton X-100 for 45 min, and blocked with 10% goat serum overnight. Immunoreactive eNOS and caveolin-3 were co-localized using confocal microscopy. After incubating with both primary antibodies (in blocking solution at 4°C, overnight), samples were washed three times in PBS for 10 min. The eNOS primary antibody was localized by immunofluorescent detection with a secondary Alexa Fluor-Green (488)-tagged goat anti-rabbit antibody (1:200 dilution, 1 h incubation), and Cav-3 primary antibody was detected with a secondary Alexa Fluor red (568)-tagged goat anti-mouse antibody (1:200 dilution, 1 h incubation). Samples were washed three times in PBS for 10 min to remove excess secondary antibody and then mounted on slides using medium containing 4’,6-diamidino-2-phenylindole as nuclear counter stain. Microscopic analysis of samples was performed using an Olympus IX81 inverted microscope in conjunction with a DSU spinning disk confocal system equipped with a Hamamatsu Orca ER cooled-CCD camera. Images were acquired using a 40X/1.3 differential interference contrast oil immersion objective lens and analyzed using Metamorph software from Universal Imaging, Inc. (Downington, PA).

**Measurement of Cell Viability and Apoptosis**

Cardiac myocytes were plated on laminin-coated culture dishes in Tyrode’s solution at room temperature, pH 7.45 with 1.0 mM CaCl2 added. Cardiac myocytes were treated with varying concentrations of H2O2 for 15 minutes. Cell viability was determined by the ratio of rod-shaped to total cells. Apoptosis and necrosis were detected using an AlexaFluor488 annexin V/propidium iodide detection kit (Invitrogen/Molecular Probes). B briefly, cardiac myocytes were incubated with annexin V and propidium iodide for 10 minutes at room temperature. Dishes were photographed under both phase-contrast and fluorescence microscopy, and rod-shaped (viable), rounded (non-viable), and total cells were counted. Apoptotic cardiac myocytes were defined as annexin V-positive (green-stained cells) and necrotic myocytes as annexin V plus propidium iodide-positive cells (green- and red-stained cells).

**Statistical Analysis**

Mean values for individual experiments were expressed as means ± S.E. Statistical differences were assessed by ANOVA. A p value of less than 0.05 was considered significant.
Ca²⁺ and H₂O₂ in Control of Cardiac Myocyte eNOS
Figure 6. Pathways controlling H$_2$O$_2$-promoted phosphorylation of MEK/ERK 1/2 and Akt. In panel A, cardiac myocytes were incubated with nifedipine (100 μM, 30 min) or vehicle, then treated with hydrogen peroxide (H$_2$O$_2$, 25 μM, 15 min) and analyzed in immunoblots probed with antibodies as shown. Panel B shows immunoblot analyses from cardiac myocytes incubated with BAPTA AM (60 μM, 30 min) or vehicle, then treated with H$_2$O$_2$. Panel C shows cardiac myocytes treated with calphostin C (1 μM, 30 min) prior treatment with H$_2$O$_2$. Below each representative immunoblot are shown the results of densitometric analyses from pooled data, documenting the changes in phospho-MEK1/2 (Ser217/221), phospho-ERK1/2 (Thr202/Tyr204) (left panels), and phospho-Akt Ser473 (right panels) plotted relative to the signal present in unstimulated cells. Each data point represents the mean ± S.E. derived from at least three independent experiments (n = 4 for nifedipine, 3 for BAPTA and 6 for Calphostin C); *indicates p<0.05; **indicates p<0.01 (ANOVA).

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Figure 7. Effect of protein kinase A (PKA) inhibitor on H$_2$O$_2$-promoted eNOS phosphorylation. In panel A, cardiac myocytes were incubated with H89 (1 μM, 30 min) or vehicle, then treated with H$_2$O$_2$ (25 μM, 15 min) and analyzed in immunoblots probed with antibodies as shown. Below each representative immunoblot are shown the results of densitometric analyses from pooled data, documenting the changes in phospho-eNOS (Ser1177), and phospho-VASP (Ser207) plotted relative to the signals present in unstimulated cells. Each data point represents the mean ± S.E. derived from at least three independent experiments; *indicates p<0.05 (ANOVA). Panel B shows representative immunoblots from experiments documenting the effects of A23187 (40 μM, 5 min) on cardiac myocyte protein phosphorylation responses. Panel C shows the results of immunoblots analyzed in lysates prepared from cells treated with phorbol 12-myristate 13-acetate (10 μM, 15 min). Cell lysates were analyzed in immunoblots probed with antibodies as indicated. The immunoblot images shown are representative of three independent experiments that yielded similar results. Below each immunoblot panel are the results of densitometric analyses from pooled data, showing the fold increase in protein phosphorylation (in arbitrary units), *indicates p<0.05.

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Figure 8. Scheme for H$_2$O$_2$-mediated regulation of eNOS signaling in cardiac myocytes. In this model, H$_2$O$_2$ activates the L-type calcium channel (LTCC), causing an elevation in [Ca$^{2+}$]. The increase in [Ca$^{2+}$], promotes phosphorylation and activation of protein kinase PKC and Akt, which lead to an increase in eNOS phosphorylation. Activation of PKC is required for the phosphorylation of MEK1/2, ERK1/2, and AMPK, which in turn promote eNOS phosphorylation and an increase in NO synthesis. See the text for additional discussion. doi:10.1371/journal.pone.0044627.g008

Supporting Information

Figure S1 In Panel A, cardiac myocytes were treated with hydrogen peroxide (H$_2$O$_2$, 25 μM) and analyzed in immunoblots probed with antibodies as shown. The immunoblots shown are representative of three independent experiments that yielded similar results. Panel B shows immunoblot analyses from cardiac myocytes incubated with PD98059 (50 μM, 30 min) or vehicle, then treated with H$_2$O$_2$ (25 μM, 15 min). Panel C shows representative immunoblot analyses from cells incubated with MEK1/2 inhibitor (1 μM, 30 min) or vehicle, then treated with H$_2$O$_2$. The immunoblots in panel B and C were probed with antibodies against phospho-Akt (Ser 473) or phospho-AMPK (Ser172). Panels D and E show results of pooled data corresponding to representative experiments shown in Figure 5 (panels C and D). In panel F, cardiac myocytes were treated with vehicle, H$_2$O$_2$ (25 μM), or H$_2$O$_2$ (500 μM) for 15 min and stained with annexin V and propidium iodide as described in the text. The two fluorescence channels were obtained sequentially, overlaying of the differential interference contrast image (DIC) and both fluorescence channels (annexin V and propidium iodide) is shown. Panel G shows the percentage of apoptotic (annexin V positive) and necrotic (annexin V + propidium iodide positive) cardiac myocytes. *indicates p<0.05; **indicates p<0.01; and ***indicates p<0.001 (ANOVA).

References


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Author Contributions

Conceived and designed the experiments: JS HK TS SJL TM. Performed the experiments: JS HK TS SS MP. Analyzed the data: JS HK TS SS MP SJL TM. Contributed reagents/materials/analysis tools: MP SJL. Wrote the paper: JS HK SJL TM.


