

TRP Channels in Platelet Function

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Abstract Ca²⁺ entry forms an essential component of platelet activation; however, the mechanisms associated with this process are not understood. Ca²⁺ entry upon receptor activation occurs as a consequence of intracellular store depletion (referred to as store-operated Ca²⁺ entry or SOCE), a direct action of second messengers on cation entry channels or the direct occupancy of a ligand-gated P2_{X1} receptor. The molecular identity of the SOCE channel has yet to be established. Transient receptor potential (TRP) proteins are candidate cation entry channels and are classified into a number of closely related subfamilies including TRPC (canonical), TRPV (vanilloid), TRPM (melastatin), TRPP (polycystin) and TRPML (mucolipins). From the TRPC family, platelets have been shown to express TRPC6 and TRPC1, and are likely to express other TRPC and other TRP members. TRPC6 is suggested to be involved with receptor-activated, diacyl-glycerol-mediated cation entry. TRPC1 has been suggested to be involved with SOCE, though many of the suggested mechanisms remain controversial. As no single TRP channel has the properties described for SOCE in platelets, it is likely that it is composed of a heteromeric association of TRP and related subunits, some of which may be present in intracellular compartments in the resting cell.

Keywords TRPC proteins · Platelets · TRPC1 · TRPC6 · Store-operated Ca²⁺ entry

1

Introduction

Platelets are anucleate cells that play an essential role in haemostasis and thrombosis. At sites of blood vessel injury, platelets adhere to the sub-endothelium and activate, releasing a number of factors that recruit and activate more platelets in addition to activating other vascular cells. These factors include ADP, serotonin and thromboxane A_2 and result in platelet–platelet aggregation and secretion of the contents of their granules, providing a surface for the coagulation reactions [via phosphatidylserine (PS) exposure] that result in the generation of thrombin, and leading to the formation of a haemostatic plug. However, inappropriate activation of platelets in diseased blood vessels, such as those occurring in unstable angina after rupture of an unstable plaque, can lead to myocardial infarction or stroke. Thus, platelets represent important targets for drug intervention. Platelets are formed from megakaryocytes by a complex process that involves the fragmentation of the mature megakaryocyte cytoplasm (Brown et al. 1997). Mature megakaryocytes form less than 0.1% of the cell population of the bone marrow, but the mature cell can be clearly distinguished by its gigantic size compared with other cells in the bone marrow. Megakaryocytes are formed from stem cells during a differentiation process that takes several weeks with one mature megakaryocyte able to produce several thousand platelets. As platelets are anucleate and have little protein synthesising activity, the expression of proteins, be it surface receptors, ion channels or intracellular signalling enzymes, is essentially dictated by their expression in mature megakaryocytes. While the ease with which megakaryocytes can be recognised allows their study at the single cell level, a study of their biochemistry is very difficult because of low numbers. This has led to the use of cell lines isolated from leukaemic patients that represent a megakaryoblastoid phenotype of which the DAMI and human erythroleukemia (HEL) cell lines are a good example. The CHRF-288 cell line is also widely used and represents a more mature megakaryocyte phenotype, as it expresses a higher content of platelet enriched proteins [such as GPIIb/IIIa (CD61/CD42b) and GPIb] than the DAMI cell.

2

Ca^{2+} Signalling in Platelets and Megakaryocytes

Recent studies have confirmed an essential role for Ca^{2+} signalling during aggregate formation and thrombus growth in vitro (Nesbitt et al. 2003). Platelet activation (by collagen, thrombin, thromboxane A_2 or ADP) involves the phospholipase C (PLC)-mediated hydrolysis of phosphatidylinositol 4,5-bisphosphate (PIP_2) resulting in the formation of inositol 1,4,5-trisphosphate (IP_3) and 1,2-diacylglycerol (DAG). IP_3 causes the release of Ca^{2+} from in-

tracellular stores via the IP₃ receptor (IP₃R). Ca²⁺ entry mechanisms from the outside medium are poorly understood but are critical for full activation of the platelet (Nesbitt et al. 2003). A major Ca²⁺ entry pathway results as a consequence of store depletion and is referred to as store-operated Ca²⁺ entry (SOCE) (Putney et al. 2001). A Ca²⁺ release-activated Ca²⁺ current (*I*_{CRAC}) that represents a specific SOCE current has been demonstrated in the megakaryocytic cell line HEL (Somasundaram et al. 1997) and rat megakaryocytes (Somasundaram and Mahaut-Smith 1994). However, the link between the stores and the plasma membrane (PM) Ca²⁺ entry channel is still poorly defined. Currently favoured mechanisms include the release of a soluble factor (Randriamampita and Tsien 1993) that may involve a Ca²⁺-independent PLA₂ (iPLA₂) and calmodulin (Smani et al. 2004), a coupling mechanism involving the IP₃R with the PM channel (Irvine 1990) and a model proposing incorporation of a channel or messenger molecule into the plasma membrane (Yao et al. 1999). Rearrangements of the actin cytoskeleton that may affect protein coupling have been shown to block SOCE (Patterson et al. 1999), though the mechanism remains controversial (Lockwich et al. 2001). In platelets, ATP can directly induce Ca²⁺ entry via occupancy of the ligand-gated P_{2X1} receptor (MacKenzie et al. 1996). Other non-SOCE mechanisms include the action of second messengers such as IP₃, which has been reported to induce activation of Na⁺ entry in rat megakaryocytes (Somasundaram and Mahaut-Smith 1995), and a DAG analogue 1-oleoyl-2-acetyl-sn-glycerol (OAG) that is able to induce Ca²⁺ or Ba²⁺ entry in platelets via a possible action on a member of the TRPC channels present in platelets (Hassock et al. 2002). Additionally, phosphatidylinositol 3,4,5-trisphosphate (PIP₃), which is the product of phosphatidylinositol 3-kinase (PI-3-K), has been reported to induce Ca²⁺ entry in rabbit platelets and T cells (Lu et al. 1998; Hsu et al. 2000). There are therefore multiple mechanisms of Ca²⁺ (and Na⁺) entry and the identities of the channels involved and the molecular mechanisms gating them are not established.

3 Ca²⁺ Channels and TRP Proteins

The transient receptor potential (TRP) proteins have been proposed as candidates for SOCE and non-SOCE channels. They are thought to assemble as tetramers to form a channel. There are at least 28 TRP genes in mammalian systems (Clapham 2003), and they have been divided into closely related groups based on sequence identities—the TRPC (canonical), TRPM (melastatin), TRPV (vanilloid), TRPP (polycystin) and TRPML (mucolipin) groups. There is considerable information on the TRPC group, with over-expression studies suggesting most to be receptor-activated (involving PLC), non-selective cation channels. TRPC3, -6 and -7 are the most closely related members, having 75% sequence identity. Heterotetrameric association is known to occur

within the TRPC3, -6 and -7 subgroup and TRPC1 is able to complex with -4 and -5 (Hofmann et al. 2002) and may associate with TRPC3 and -7 also (Za-granichnaya et al. 2005). TRPC3, -6 and -7 are known to be activated by DAG independent of protein kinase C (PKC) and independent from store regulation (Hofmann et al. 1999). However, some studies using a variety of tissues have suggested TRPC1, -3, -4 and -5 may be gated by store depletion, though this is controversial.

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Expression of TRPC Genes in Megakaryocytic Cells

Concerning megakaryocytes and megakaryocytic cell lines, published studies from ourselves (Berg et al. 1997) and others (den Dekker et al. 2001) have shown the expression of messenger RNA (mRNA) for TRPC1, -1A (shorter spliced form), -2, -3, -4 and -6, and for platelets, expression of TRPC1, -1A, -6 and very faintly -4 (TRPC7 was not examined). We have now carried out a further analysis of mRNA expression of TRPC channels in DAMI and CHRF-288 cells prior to studies of knock-down using RNA interference (RNAi) reagents. Excluding TRPC2, which is a pseudogene in humans, in DAMI cells we find good detection of TRPC1 and -3 mRNA using 28 cycles of polymerase chain reaction (PCR), with weak detection of TRPC4 and -6 after 40 cycles of PCR, suggesting predominant expression of TRPC1 and -3 in DAMI cells. In CHRF-288 cells, message for TRPC1 and -3 is again readily detectable at 28 cycles, with that for TRPC6 and -7 detectable at 32 cycles. For TRPC4, 40 cycles are required. In both CHRF-288 and DAMI cells we detected no TRPC5 when tested up to 40 cycles of PCR (K. S. Authi, Y. Shaifta and J.P.T. Ward, unpublished observations). Taken together these observations suggest differentiation-related changes of TRPC expression in megakaryocytes, an increased expression of TRPC6 and -7 with maturation, and potentially an increased role for the latter TRPC channels in the Ca²⁺ signalling characteristics of platelets. This suggestion was mirrored in the earlier study of den Dekker et al. (2001) who reported increased expression of TRPC4 and -6 upon differentiation of stem cells to megakaryocytes using thrombopoietin as the growth factor, with the initial stem cell having detectable levels of only TRPC1A mRNA. It is interesting that TRPC3 mRNA was not detected in the megakaryocytes but, as in our studies, was detected in the cell lines. This may reflect a property of the immortalised cell lines and remains to be established. Further differentiation of stem cells into monocytes did not lead to over-expression of TRPC3, -4 or -6, indicating a lineage-related change. Den Dekker suggested the increased expression of these TRPC channels may relate to the increased SOCE activity of mature megakaryocytes and platelets. In both our work and that of den Dekker, no detection of TRPC5 mRNA was seen in either the megakaryocytes or platelets (or in the cell lines).

5

Expression of TRPC Proteins in Platelets and Ca^{2+} Signalling

Many of the studies published to date regarding the proteins have been from our group and Sage and colleagues, and interestingly have been subject to considerable debate and controversy [see letters to *Blood* (Sage et al. 2002; Authi et al. 2002)]. A great deal of this controversy has arisen from the use of different reagents to identify the TRPC channels present. But before this, it is worth defining some of the characteristics of Ca^{2+} entry in platelets. Figure 1 illustrates important parameters of Ca^{2+} entry after platelets, labelled with Fura2, are stimulated with either a potent platelet agonist—such as thrombin or the sarco-endoplasmic reticulum Ca^{2+} ATPase inhibitor thapsigargin—or a cell-permeable analogue of diacylglycerol, namely OAG, using the Ca^{2+} add back protocol (Hassock et al. 2002). Essentially, store depletion by thapsigargin induces a slow release of the Ca^{2+} from stores, and when Ca^{2+} is added to the medium a rapid and strong entry ensues (Panel b). In our hands, activation of SOCE by thapsigargin is potent at inducing entry of Ca^{2+} but poor at inducing entry of Ba^{2+} when this is substituted for Ca^{2+} in the extracellular medium. This suggests that in human platelets the SOCE channel is selective for Ca^{2+} over Ba^{2+} . If the platelet agonist thrombin is used, this is potent at releasing Ca^{2+} from intracellular stores (by the formation of IP_3) but also effective at inducing the entry of Ca^{2+} and Ba^{2+} (panel c). This suggests that thrombin induces the opening of at least two plasma membrane cation channels. One of these will be the SOCE channel that is selective for Ca^{2+} and another will allow the entry of Ca^{2+} or Ba^{2+} . Figure 1 also shows that OAG induces a slow entry of Ca^{2+} as effectively as Ba^{2+} and thus activates a non-selective cation entry channel (panel a). OAG-induced cation entry occurs without an effect on Ca^{2+} release from intracellular stores (not shown) and is independent of PKC as no effect is observed by inclusion of the PKC inhibitor bisindolylmaleimide I (Bis I). As thrombin leads to the activation of PLC and the formation of DAG, it is likely that endogenous DAG is responsible for the entry of Ba^{2+} by thrombin.

The molecular identification of the channels present is not easy, and many questions regarding the role of TRP channels remain unanswered. In our studies we have used antibodies raised in our laboratory and those of collaborators to identify expression in platelets. In each case the antibody preparations were shown to recognise the corresponding over-expressed TRPC protein and were then tested with platelet membranes. Our studies have shown that there is a low level of TRPC1 and a higher level of TRPC6. TRPC6 was easily detectable using both an in-house-generated antibody and one obtained from Alomone Labs (both to the same epitope sequence); when determined using highly purified fractions of plasma and intracellular membranes prepared by free flow electrophoresis, TRPC6 was found exclusively in the plasma membrane fraction consistent with a role involving cation entry. TRPC1, however, was found predominantly in the intracellular membrane from resting platelets, us-

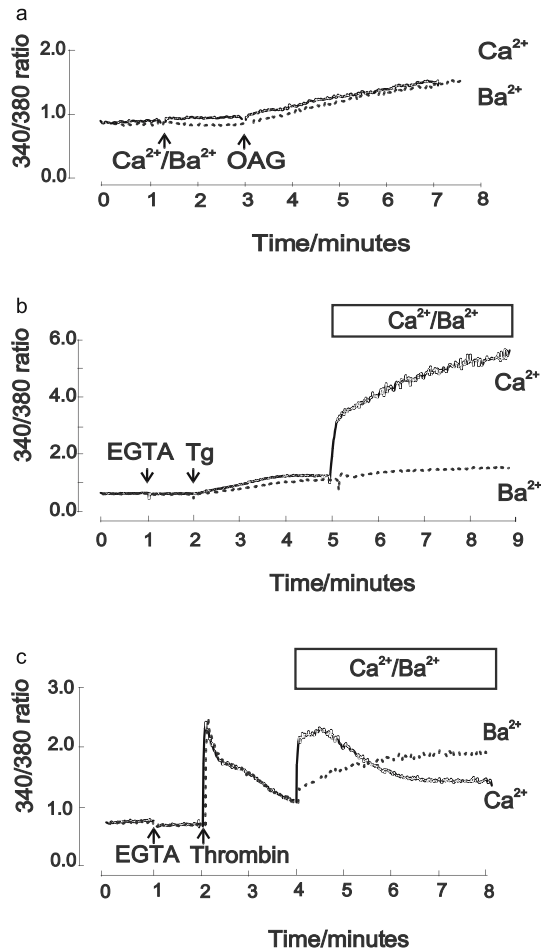


Fig. 1 a–c Characteristics of cation influx in human platelets. Fura2-loaded platelets were incubated at 37°C (additions of the agonists or analogue are marked with *arrows*); the ratio (340/380 nm) of fluorescence increase was measured using extracellular 1 mM Ca^{2+} (continuous lines) or Ba^{2+} (dashed lines). **a** Responses to 60 μM OAG; **b** responses to 3 μM thapsigargin (Tg), EGTA was added at 100 μM ; **c** responses to 1 U/ml thrombin. Other details see text. Taken from Hassock et al. (2002)

ing an antibody raised to the first ankyrin domain of TRPC1 (Ank) and also an anti-*Xenopus* TRP1 antibody that recognises hTRPC1 (Hassock et al. 2002). Using antibodies that were shown to be specific to TRPC3 and one shown to be specific for TRPC4 and -5, we were unable to confirm expression of TRPC3, and TRPC4 or -5 in platelet membranes. This suggests that expression of these isoforms was below the level of detection for these antibodies or that they were not significantly expressed. The absence of TRPC3 detection agrees with

the absence of detection of TRPC3 mRNA from platelets and from cultured megakaryocytes (den Dekker et al. 2001), though TRPC3 mRNA is detected in the cell lines DAMI and CHRF-288. Additionally, the absence of TRPC5 also confirms the lack of detection of this isoform at the mRNA level in platelets, megakaryocytes and cell lines. With anti-TRPC4 antibodies we have observed staining of a 250-kDa protein, but the identity of this band is unknown (S.R. Hassock and K.S. Authi, unpublished observations). Studies to determine expression of TRPC7 are under way, and our preliminary studies suggest using an antibody raised to a C-terminal epitope of TRPC7 that recognises mTRPC7 overexpressed in QBI-293 cells that there is expression in platelet membranes (S.R. Hassock and K.S. Authi, unpublished observations).

A number of studies from Sage and colleagues have also reported the presence of TRPC1 in platelets using an antibody obtained from Alomone Labs (Rosado and Sage 2000a, 2001; Rosado et al. 2002), which they suggest is involved with SOCE and couples with the IP₃R type II upon store depletion. Very recently they have reported the expression of TRPC3, -4 and -5 to almost similar extents as to TRPC6 and -1, again using antibodies obtained from Alomone Labs (Brownlow and Sage 2005). This reported presence of TRPC3, -4 and -5 may reflect levels that may be undetectable by antibodies used in our laboratory, in which case their roles require elucidation. However, a number of the commercially available antibodies have been subject to considerable criticism; thus, results obtained with these require caution and also reconfirmation with better-characterised antibodies. This is particularly striking with the TRPC1 and -4 polyclonal antibodies from Alomone Labs, and many groups have used these extensively. The manufacturer's Web site (up to December 2005) indicates that the antibody to TRPC1 is raised to a cytoplasmic epitope (residues 557–571) and Western blotting with rat brain membranes reveals protein staining at greater than 250 kDa and approximately 120 kDa. Unfortunately, neither weight is the equivalent of TRPC1. Human TRPC1 migrates at approximately 80 kDa, and so does the endogenous protein from rat brain (Goel et al. 2002). Strikingly, Ong et al. (2002) have shown that the Alomone TRPC1 antibody preparation does not recognise over-expressed hTRPC1 but did recognise proteins of 120 kDa (as stated by the manufacturer) in fractions from mouse liver and brain that remain unidentified. Therefore it remains possible that the 90- to 100-kDa protein recognised in endogenous tissues with this anti-TRPC1 antibody may not be TRPC1, and its identity needs to be confirmed by protein sequencing. Similar criticism has also surfaced regarding the anti-TRPC4 antibody used in the Brownlow and Sage study to show expression of TRPC4 in platelet membranes. Flockerzi et al. (2005) have recently shown that this anti-TRPC4 antibody recognises the appropriate size band in brain microsomes from wild-type mice expressing TRPC4, but it also recognises the same band in brain microsomes prepared from TRPC4^{-/-} mice, where the protein does not exist. It may be that batch difference may explain the discrepancies between laboratories, but use of these reagents alone will continue to generate confus-

ing messages that do not help our understanding of the proteins that regulate Ca^{2+} signalling. Using these antibodies, Brownlow and Sage (2005) show from immunoprecipitation experiments that "TRPC1" associated with "TRPC4" and TRPC5, and that TRPC3 associated with TRPC6 in human platelets. The study lacks any demonstration that the antibody preparations recognise the appropriate positive controls. They reported near equal expression of all these isoforms, whereas mRNA analysis suggests very unequal expression, and in our studies TRPC5, -4 and -3 proteins were not detected with the antibodies used. Verification of this data is therefore needed using better-characterised alternative antibodies.

6

Proposed Roles for TRPC1

Our finding of TRPC1 in intracellular membranes initially surprised us, but there are currently numerous examples of TRPC channels found in membrane systems distributed in the cytoplasm. When over-expressed alone, Strubing et al. (2001) found that TRPC1 did not carry a significant current and Hofmann et al. (2002) showed that it was widely distributed in the cytoplasm. Where expression is successful its cation permeability is similar for Ca^{2+} , Na^+ , Cs^+ or Ba^{2+} (Sinkins et al. 1998), and when co-expressed with TRPC5 again it has non-selective cation permeability (Strubing et al. 2001). Thus, by itself or in combination with TRPC5, TRPC1 does not explain the Ca^{2+} selectivity seen in platelet SOCE. However, there is evidence that in a number of cells, including salivary glands and endothelial cells, TRPC1 may be involved with store-mediated Ca^{2+} entry. Its presence in intracellular stores does not rule out its involvement in SOCE, particularly if a population of heteromeric channel complexes exists that is ready to be inserted into the plasma membrane upon signal generation. In our ongoing studies, over-expression of hTRPC1-GFP (green fluorescent protein tagged) into DAMI or CHRF-288 cells reveals expression throughout the cytoplasm and not just localised at the plasma membrane. In avian B cells, Mori et al. (2002) reported that knock-out of TRP1 (avian TRPC1) not only inhibited SOCE but also reduced agonist-induced Ca^{2+} release from stores and IP_3 -mediated Ca^{2+} release from the endoplasmic reticulum. Such effects would not be seen if all of the TRP1 was present in the plasma membrane and imply, in line with our finding, that at least a part of the TRPC1 is present in intracellular stores and can interact with the IP_3R . Thus, activation of platelets by surface receptor agonists or store depletion may lead to an insertion of the channel into the plasma membrane.

In other cell systems, TRPC1 has been shown to be capable of binding to a large number of proteins; these include the IP_3R , homer, calmodulin, caveolin, FKBP25, Gq11, PLC, PKC and RhoA, plus others. We have shown that platelets express all three types of IP_3R , with the expression of the type I and

type II much greater than the type III receptor (El Daher et al. 2000). The Sage group have reported using human platelets and the Alomone anti-TRPC1 antibody that “TRPC1” couples to the type II IP₃R when stores are depleted with either thapsigargin or thrombin treatment; the TRPC1 antibody when applied extracellularly inhibited Ca²⁺ entry or Mn²⁺ entry by approximately 70% (Rosado and Sage 2000a, 2001; Rosado et al. 2002). This suggests that “TRPC1” could account for the majority of Ca²⁺ entry. They suggest a model where the type II IP₃R at the intracellular stores specifically couples with “TRPC1” at the plasma membrane when stores are depleted and cite this as evidence for a secretion-like coupling mechanism previously described by Patterson et al. (1999). “TRPC1” is proposed to be only in the plasma membrane, as platelet activation by thapsigargin did not lead to any further increase of antibody binding to intact platelets (Rosado et al. 2002) or an increase of surface biotin labelling of this protein with either thapsigargin or thrombin treatment (Brownlow and Sage 2005). Coupling and SOCE was decreased if platelets were depleted of cholesterol with methyl-β-cyclodextrin (Brownlow et al. 2004), suggesting that “TRPC1” may exist in lipid rafts, as shown in other cells, and was not affected by PKC inhibition (Brownlow and Sage 2003). Further they reported that jasplakinolide, which is known to induce cortical actin assembly and thereby erect a physical barrier, inhibited Ca²⁺ entry and disrupted the coupling of “TRPC1” with the IP₃R (Rosado et al. 2002). Surprisingly, xestospongine, an agent that inhibits IP₃R function, also inhibited the coupling of the IP₃R to “TRPC1”, even if store depletion was carried out by thapsigargin (Rosado and Sage 2001). However, and in contrast, coupling induced by thapsigargin was not affected in the presence of 2-aminoethoxydiphenyl borate, which has also been shown to inhibit IP₃R and cation entry channels, suggesting that not all inhibitors of IP₃R affected this interaction (Diver et al. 2001).

Studies carried out with TRPC1 on platelets in our laboratory differ significantly from those of the Sage group. Incubation of Fura2-loaded human platelets with the Alomone TRPC1 antibody at 10 µg/ml for 10 min did not have any significant effect on Ca²⁺ entry induced by either thapsigargin (200 nM) or 0.25 U/ml thrombin (S.R. Hassock and K.S. Authi, unpublished observations). Again we cannot rule out differences in batches that may lead to loss of antibody activity, but an alternative explanation is that TRPC1 may be present predominantly inside the cell. Thus, the protein band seen in the Sage group studies needs further characterisation. In studies thus far, with our antibodies we have not observed a store depletion-dependent coupling of TRPC1 with the IP₃R type II but have seen a constitutive coupling of the two proteins (S.R. Hassock and K.S. Authi, unpublished observations). Studies by Kunzelmann-Marche et al. on HEL cells (which have a similar phenotype to DAMI cells) with the anti-TRPC1 antibody suggest that the antibody had a small significant inhibition of thapsigargin-induced Ca²⁺ entry but also A23187-mediated Ca²⁺ entry, where in the latter case these effects were linked to a similar small inhibition of PS exposure that occurs when pro-coagulant activity is expressed. But

surprisingly the antibody also significantly inhibited thapsigargin-mediated Ca^{2+} release from stores, with the authors having to use low concentrations of antibody to “avoid artefactual membrane perturbation” (Kunzelmann-Marche et al. 2002).

Studies from other systems provide an insight into the microenvironment of TRPC1. Ambudkar's group have shown that TRPC1 (using their own in-house-generated antibody) exists in the cholesterol-rich lipid raft domains in the membrane of human salivary gland cells in association with a number of other signalling proteins such as the IP_3R , caveolin 1, plasma membrane Ca^{2+} ATPase and $\text{G}\alpha\text{q}/11$ (Lockwich et al. 2000). Such an arrangement was also seen with TRPC3 in a stably transfected cell line and where rearrangement of the cytoskeleton with jasplakinolide led to an internalisation of the multimolecular complex containing the IP_3R and TRPC protein rather than a disruption of the association (Lockwich et al. 2001). Studies from Worley's group have reported that the adaptor protein homer plays an important role in the interaction of TRPC1 with IP_3R in human embryonic kidney (HEK)-293 cells and show that store depletion was associated with a disassembly of the complex in contrast to the association reported by the Sage group (Yuan et al. 2003). Homer appears to be important in the association of the IP_3R with TRPC1, and the group reported that a mutated form of homer that doesn't bind TRPC1 leads to a constitutive activation of TRPC1, suggesting that homer may hold TRPC1 in a closed state. Currently it is not known if homer is expressed in platelets. Another cytosolic protein reported to interact with and inhibit TRPC1 is I-mfa (inhibitor of myogenic family a) whose knock-down leads to an enhancement and its over-expression leads to an inhibition of TRPC1-implicated store-mediated currents in CHO-K1 cells (Ma et al. 2003). In microvessel endothelial cells a significant proportion of TRPC1 has been reported to exist in the cytosolic compartment, and its recruitment to the plasma membrane requires the activation of Rho, which increases an interaction of TRPC1 with an IP_3R and its insertion into the plasma membrane (Mehta et al. 2003). The authors reported that inhibition of Rho activation by transfected C3 transferase reduced the association and translocation of TRPC1 to the plasma membrane even if stores were depleted. In a subsequent study they reported that PKC-dependent phosphorylation of TRPC1 was also required to elicit Ca^{2+} entry via TRPC1 and this was also associated with an increase of endothelial cell permeability (Ahmmed et al. 2004). In platelets there is a suggestion that Rho and other small G proteins may play a role in SOCE, and incubation of C3 exoenzyme with platelets for 2 h is reported to cause inhibition of thapsigargin-induced Ca^{2+} entry in addition to use of pharmacological agents that inhibited methylation of these proteins (Rosado and Sage 2000b). Whether these manipulations can alter TRPC1- IP_3R coupling or translocation as is suggested in endothelial cells is not known. But PKC function is thought not to be required for SOCE in platelets, and its inhibition has been reported not to affect the “TRPC1”- IP_3R coupling (Brownlow and Sage 2003).

Phosphorylation of proteins is an effective way of regulating the activity of many proteins. TRPC1 contains consensus sequences for action by various protein kinases such as PKC, PKA (cAMP-dependent protein kinase), PKG (cGMP-), casein kinase II and tyrosine kinases. Platelet stimulatory and inhibitory agents all cause an increase in phosphorylation of a number of protein substrates. Using Western blotting techniques and [32 P]-labelled platelets we were unable to show an increase of phosphorylation of TRPC1 by tyrosine kinases, PKC, PKA or PKG under conditions where the activity of the kinases was demonstrated on known substrates after stimulation by appropriate agents (Hassock et al. 2002). However, TRPC1 extraction from human platelets with the Ank antibody did co-extract a number of proteins of molecular weight 250, 120 and 85 kDa that were phosphorylated by either PKA or PKG, and these phosphorylations decreased upon activation of platelets by thrombin. This suggests that the microenvironment around TRPC1 contains proteins that are substrates for PKA and PKG. This is important as, in the circulation, platelets are exposed to either prostacyclin or nitric oxide that will activate PKA and PKG, respectively. These kinases play important regulatory roles in maintaining low cytosolic Ca^{2+} levels. Thus far, however, there are no studies linking TRPC1 activity to platelet function such as shape change, aggregation, secretion or pro-coagulant expression. If TRPC1 is integrally involved with SOCE it is likely that it forms a component rather than the channel itself. Its co-association with TRPC5 or -4 opens the heteromeric channel to augmentation by $100 \mu\text{M}$ La^{3+} (Strubing et al. 2001; Schaefer et al. 2000). This is in contrast to the reported effects of inhibition of SOCE by La^{3+} and it complicates the proposal that TRPC5 and -4 are associated with TRPC1 in human platelets. The possibility that TRPC1 may exist as a complex with subunits other than TRPC members is worthy of examination. TRPC1 has been shown to bind to polycystin 2 (TRPP2), which itself has channel properties, and the combination may constitute a channel with distinct properties (Tsiokas et al. 1999). TRPP2 is predominantly associated with the endoplasmic reticulum (Koulen et al. 2002) though some is also reported in the plasma membrane (Hanaoka et al. 2000). TRPP2 has also been reported to form a distinct channel when complexed with TRPP1 (polycystin 1) (Hanaoka et al. 2000). Thus, a heteromeric complex comprising TRPC1 with three distinct subunits, some of which may be initially intracellular and translocate to the plasma membrane upon signal generation, may confer the specific properties of SOCE as seen in platelets. Though this remains to be established, it is an interesting hypothesis.

7

Expression and Role for TRPC6

TRPC6 is a non-selective cation channel but there is a fivefold preference for divalent over monovalent cations (Hofmann et al. 1999). In line with the ex-

pression of TRPC6 in the platelet plasma membrane, we have shown OAG to cause the entry of Ca^{2+} or Ba^{2+} , independent from store release or PKC activation (Hassock et al. 2002). We have also shown that thrombin stimulated entry of Ba^{2+} is inhibited by the inclusion of the PLC inhibitor U73122 and by a cell-permeable analogue of cAMP that suppresses thrombin-induced PLC activation (S. R. Hassock and K.S. Authi, unpublished observations). Thus, a link between PLC activity, DAG and increase of Ca^{2+} entry is proposed. Further inclusion of the PKC inhibitor Bis I prior to thrombin addition leads to an enhancement of Ba^{2+} entry. The slower kinetics of cation entry by OAG on platelets compared with SOCE-mediated entry suggests a role for TRPC6 during the middle and later stages of platelet activation. Thrombin (but not collagen) stimulation of platelets also results in an increase of TRPC6 translocation to the cytoskeletal fraction. This may be important, as thrombin activation leads to the focussing of a large number of signalling proteins (particularly those that are tyrosine phosphorylated) with cytoskeletal elements that allow enzymes and substrates to be in close association for rapid signalling (Fox 1996). Examples of these include actin-binding protein, α -actinin, actin, myosin, cortactin, talin, spectrin, vinculin, GPIb, GPIIb/IIIa, pp60^{c-src}, PI-3-K, rap1b and others. TRPC6 has been reported to bind to α -actinin (Goel et al. 2005).

We have shown in platelets that agents that stimulate PKA or PKG lead to TRPC6 phosphorylation and, like TRPC1, TRPC6 also appears to be associated with proteins that are substrates of PKA (Hassock et al. 2002). This localises the channel in an environment that is regulated by cAMP concentrations. Membranes from TRPC6 over-expressing QBI-293 cells incubated with the catalytic subunit of PKA show increased incorporation of phosphate into the protein. Currently the direct consequence of this phosphorylation is not known, as in platelets OAG-stimulated Ca^{2+} or Ba^{2+} entry is unaffected. Two potential sites for PKA-mediated phosphorylation exist at RRQT⁷⁰ and KKLS³³². Both are in the N-terminal part of the protein which contains a number of ankyrin domains; whether this may alter interaction with cytoskeletal proteins remains to be determined. There are no specific inhibitors of TRPC6 and no specific function-blocking antibody available for testing yet. Analysis of the platelet activities from TRPC6^{-/-} mice may yield valuable information.

There have been recent studies that implicate PIP₃ (the product of PI-3-K) as an activator of TRPC6. PI-3-kinase is heavily expressed in a number of haematopoietic cells, has been described to be important in many functions and has a major role in the activation of PLC γ during platelet stimulation by collagen. TRPC6 contains a YXXM motif that acts as a recognition site for the p85 subunit of PI-3-K. Initially Chen's laboratory showed that cell-permeable analogues of PIP₃ [such as dipalmitoyl-sn-glycerol (DiC16)-PIP₃ or dioctanoyl-sn-glycerol (DiC8)-PIP₃] activated rabbit platelets and caused entry of Ca^{2+} without release from stores (Lu et al. 1998). These studies were extended to PIP₃-activating Ca^{2+} entry in T cells and in rat basophilic leukaemia cells but

not in B cells (Hsu et al. 2000; Ching et al. 2001). This suggests that PIP₃ may represent a novel mechanism for store-independent Ca²⁺ entry in some haematopoietic cells. In a recent study using TRPC subunits stably expressed in HEK-293 cells, Chen's group have shown that PIP₃ activates a number of TRPC channels but especially TRPC6 (Tseng et al. 2004).

Because TRPC6 is expressed in platelets we have also examined this activity. As our previous studies suggested that we could use entry of Ba²⁺ to monitor SOCE-independent TRPC6 activity, we examined both activation and entry of cations in Ca²⁺ or Ba²⁺ medium. We have found that exogenously added DiC8- or DiC16-PIP₃ caused aggregation of washed human platelets in a dose-related manner with the DiC8-PI(4,5)P₂ or DiC8-PI(3,4)P₂ either poorly or not effective (S.R. Hassock and K.S. Authi, manuscript in preparation). However, DiC8-PIP₃ was not able to cause the entry of Ca²⁺, and in only a few preparations (1 in 10) did we observe a small entry of Ba²⁺. Thus, aggregation of platelets and induction of cation entry could not be correlated. When examined against an effector of PI-3-K, exogenous DiC8-PIP₃ was able to cause activation of Akt (or PKB) in human platelets, suggesting that it did gain entry into the cell and that PKB activation could be related to the aggregation of the cells. In agreement with this effect, an inhibitor of PKB was effective in blocking the aggregation of platelets seen with DiC8-PIP₃. We examined the ability of DiC8-PIP₃ to directly activate transiently expressed TRPC channels in QBI-293 cells. Expression of TRPC proteins was monitored by Western blotting using TRPC-specific antibodies, and the functional activity of hTRPC6, hTRPC3 and mTRPC7 was gauged by monitoring the entry of Ba²⁺ by OAG. Under these conditions we were unable to activate hTRPC6, hTRPC3 or mTRPC7 by DiC8-PIP₃ (S.R. Hassock and K.S. Authi, manuscript in preparation).

The reason for the contrast in data between these findings and those of the Chen group who used stably transfected mTRPC6 is not known, but one possibility may be that stable expression leads to alteration of the expression of PI-3-K effectors or that in our transient expression system an effector protein for PIP₃ may be reduced or missing. We suggest from our data that PIP₃ does not directly activate TRPC6 or its related channels, but we cannot rule out an action of PIP₃ on TRPC channels via another PI-3-K effector. Possible effectors such as PKC isoforms (or others) need to be tested, as these are known to affect TRPC channel activity and a number of the PKC isoforms have been reported to be activated by PIP₃ (Toker and Cantley 1997).

A recent study of TRPC6 gene knock-out in mice resulted in a two- to threefold up-regulation of TRPC3, suggesting a close association of these two members (Dietrich et al. 2005). The mice showed an elevated blood pressure and enhanced agonist-induced contractility in isolated aortic rings that is probably due to the enhanced expression of TRPC3. A number of recent studies have reported that some TRPC channels can associate with other ion-transporting proteins—such as the Na⁺/K⁺ ATPase with TRPC6 and -5 in rat brain (Goel et al. 2005) and the Na⁺/Ca²⁺ exchanger with TRPC3 in HEK-293

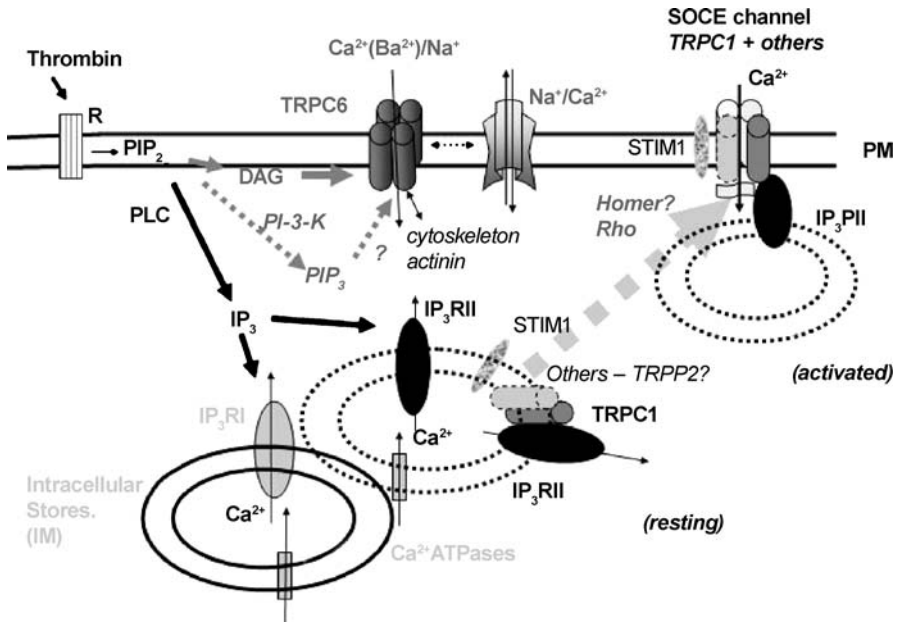


Fig. 2 Model of organisation of TRP proteins in human platelets. For full details see text. Localisation of TRPC7 and other TRPs has yet to be determined

cells (Rosker et al. 2004)—implying a role in Na⁺ or K⁺ movements. Platelet activation is associated with Na⁺ entry (e.g. Roberts et al. 2004), and there is a well-expressed Na⁺/Ca²⁺ exchanger in the plasma membrane (Rengasamy et al. 1987; El Daher et al. 2000). Thus, it is possible that TRPC6 may allow the entry of Na⁺ which then activates a Na⁺/Ca²⁺ exchanger (in the reverse mode) to allow Ca²⁺ entry. A simplified model of the possible organisation of TRP proteins in platelets is depicted in Fig. 2.

8 Expression of Other TRPs and Ca²⁺ Signalling Proteins

Thus far there are no reports of the expression of TRPV or TRPM members in platelets, though it is likely that a number of these subunits are expressed. In an analysis of mRNA detection for TRPM2 and TRPM7 in megakaryocytic cell lines DAMI and CHRF-288, we have observed high expression of TRPM7 in both cell lines and a restricted expression of TRPM2 to the more mature CHRF-288 cell with no detection in the DAMI cells (K.S. Authi and Y. Shaifta, unpublished observations). This is in line with the described ubiquitous expression of TRPM7, which is known to be permeable to Ca²⁺ and Mg²⁺ ions but also to heavy metal divalent cations (Clapham 2003). The channel's sug-

gested ability to sense Mg^{2+} . ATP levels may play a role in metabolic sensing. TRPM2 expression in CHRF-288 cells also suggests its expression in platelets. TRPM2 is a Ca^{2+} -permeable channel that is activated by ADP ribose and is responsive to hydrogen peroxide (H_2O_2). Platelets express CD38 which can generate ADP ribose (Torti et al. 1999), and H_2O_2 is generated as a consequence of platelet activation and has been associated with many oxidative stress-related cellular effects but also Ca^{2+} elevation, inhibition of sequestration, inhibition of extrusion and activation of pp60^{src} (Rosado et al. 2004; Redondo et al. 2004). In a proteomics-based approach using three different strategies to isolate platelet membrane proteins, we have analysed the protein composition of platelet membranes using liquid chromatography linked with mass spectrometry. We have detected expression of TRPM2 and also detected stromal interaction molecule 1 (STIM1), PKD1-like 1 and TRPV3 in addition to other Ca^{2+} signalling proteins and channels (Y.A. Senis, M.G. Tomlinson, Á. García, S. Dumon, V.L. Heath, J. Herbert, S.P. Cobbold, J.C. Spalton, S. Ayman, N. Zitzman, R. Bicknell, J. Frampton, K.S. Authi, A. Martin, M.J. Wakelam, and S.P. Watson, manuscript submitted). Recently STIM1 has been shown by two groups to be the Ca^{2+} sensor, as its knock-down with siRNA inhibited Ca^{2+} entry (Roos et al. 2005; Zhang et al. 2005; Liou et al. 2005). STIM1 can be present in intracellular and plasma membranes and contains an EF hand domain near the N terminus that protrudes either into the lumen of the store or projects outwards to the extracellular medium and binds Ca^{2+} . Store depletion is thought to either induce translocation of STIM1 to the plasma membrane or its re-organisation into punctate regions around the plasma membrane that may allow the regulation of the entry channel. Again, trafficking of proteins from the intracellular compartments to the plasma membrane is stipulated.

In conclusion, platelets have been shown to express TRPC6 as a DAG-activated cation entry channel and a number of other TRP isoforms. The organisation of these subunits into the major Ca^{2+} entry channel and its possible interaction with STIM1 is yet to be established, but may bring about a better understanding of how cation entry occurs into platelets and open up new avenues for therapeutic targeting.

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