Impact of phosphomimetic and non-phosphorylatable mutations of phospholemman on L-type calcium channels gating in HEK 293T cells

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Abstract

Background: Phospholemman (PLM) is an important phosphorylation substrate for protein kinases A and C in the heart. Until now, the association between PLM phosphorylation status and L-type calcium channels (LTCCs) gating has not been fully understood. We investigated the kinetics of LTCCs in HEK 293T cells expressing phosphomimetic or nonphosphorylatable PLM mutants.

Methods: The LTCCs gating was measured in HEK 293T cells transfected with LTCC and wild-type (WT) PLM, phosphomimetic or nonphosphorylatable PLM mutants: 6263AA, 6869AA, AAAA, 6263DD, 6869DD or DDDD.

Results: WT PLM significantly slowed LTCCs activation and deactivation while enhanced voltage-dependent inactivation (VDI). PLM mutants 6869DD and DDDD significantly increased the peak of the currents. 6263DD accelerated channel activation, while 6263AA slowed it more than WT PLM. 6869DD significantly enhanced PLM-induced increase of VDI. AAAA slowed the channel activation more than 6263AA, and DDDD accelerated the channel VDI more than 6869DD.

Conclusions: Our results demonstrate that phosphomimetic PLM could stimulate LTCCs and alter their dynamics, while PLM nonphosphorylatable mutant produced the opposite effects.

Keywords: phospholemman ● phosphorylation sites mutation ● L-type calcium channels ● activation ● voltage-dependent inactivation ● deactivation

Introduction

Phospholemman (PLM), a member of the FXYD gene family of small ion transport regulators [1], is abundantly expressed in the cardiac sarcolemma and can modulate Na⁺-K⁺-ATPase (NKA) [2–4] and Na⁺/Ca²⁺ exchanger (NCX) [5–7]. Previous studies demonstrated that PLM coimmunoprecipitated LTCCs (CaV1.2 channels) [8] and modulated the important gating process of CaV1.2 channels [8, 9]. PLM is also a major sarcolemmal substrate for protein kinases A (PKA) and C (PKC) in the myocardium [10, 11]. When phosphorylated at serine⁶⁸, PLM can stimulate NKA [2, 3, 12] and inhibit NCX [5, 7] in cardiac myocytes. As the activity status of LTCCs is related to the risk of various malignant arrhythmias, such as timothy syndrome (TS) [13–16], modulating PLM phosphorylation might be a potential strategy for preventing and treating arrhythmias. The role of PLM phosphorylation in the regulation of CaV1.2 gating kinetics remains to be elucidated. In this study, we examined the impact of PLM phosphorylation status on CaV1.2 gating kinetics in HEK 293T cells using site-directed mutagenesis and whole-cell patch-clamp electrophysiology techniques.

Materials and methods

Construction of WT and mutant PLM

The coding sequence of human PLM was amplified by polymerase chain reaction (PCR) with a His tag on C-terminus, digested with NheI and NotI, and inserted into pCDNA3.1(-)-IRES-GFP vector using the same restriction sites. PLM mutants, 6263AA, 6869AA, AAAA, 6263DD, 6869DD and DDDD, were constructed by PCR-based site-directed mutagenesis (Table S1 shows primers used to introduce the desired mutations into PLM at positions corresponding to amino acids 62, 63, 68

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and 69). WT PLM and mutants were confirmed by qualitative restriction map analysis, DNA sequence analysis and Western blot analysis.

**Cell culture and transfection**

HEK 293T cells from ATCC (Manassas, VA, USA) were cultured at 37°C and 5%CO₂ in DMEM-F12 medium (Gibco, CA, USA) supplemented with 10% foetal bovine serum and 1% penicillin-streptomycin. HEK 293T cells were transiently transfected with Lipofectamine LTX following the manufacturer’s instructions (Invitrogen, Life Technologies, Carlsbad, CA, USA). HEK 293T cells transfected with WT canine PLM [8, 9] had similar impacts on the CaV1.2 channels (Fig. S1), and the amino acids substitution at potential phosphorylation sites did not negate the ability of PLM to modulate CaV1.2 channels gating (Figs S2–S6; Table S2).

**Electrophysiology**

Whole-cell patch-clamp recordings were performed as described previously [8, 9]. Briefly, whole-cell recordings were recorded at room temperature within 24–48 hrs post-transfection. Pipettes were pulled from borosilicate glass (1B150F-3, World Precision Instruments, Sarasota, FL, USA) using a Narishige PC-10 micropipette puller (Narishige, Japan). The pipette resistance ranged from 3.0 to 4.0 MΩ when the pipette was filled with the internal solution. Ionic currents were recorded in a bath solution containing 130 mM NaCl, 1 mM MgCl₂, 1 mM CaCl₂, 4 mM Mg-ATP, 1 mM MgCl₂, 1 mM EGTA, 10 mM HEPES, and 10 mM 4-aminopyridine. The osmolality was adjusted to 300 mmol/kg with dextrose, and the pH was adjusted to 7.35. The use of Na⁺, K⁺ and Ca²⁺-free solutions enabled the recording of isolated CaV1.2 currents by eliminating possible contamination from currents originating from the NKA and NCX. The data were acquired using an HEKA EPC10 amplifier and PULSE/PULSEFIT software (ALSA Scientific Instruments, Farmingdale, NY, USA). Leak and capacitive transients were corrected by P/4 leak and P/4 leak software (ALA Scientific Instruments, Farmingdale, NY, USA). Leak and capacitive transients were corrected by P/4 leak and P/4 leak software (ALA Scientific Instruments, Farmingdale, NY, USA). The data were acquired using a HEKA EPC10 amplifier and PULSE/PULSEFIT software (ALSA Scientific Instruments, Farmingdale, NY, USA). Leak and capacitive transients were corrected by P/4 leak subtraction. The series resistance was typically <8 MΩ and compensated at 70%. The tail currents were sampled at 20 kHz and filtered at 5.0 kHz. All other currents were sampled at 20 kHz and filtered at 3.0 kHz.

**Data analysis**

The data were analysed using Fitmaster (ALA Scientific Instruments) and Origin (Originlab, Northampton, MA, USA) software. A one-way ANOVA was used to evaluate the statistical significance. All data were presented as means ± standard errors, and the level of statistical significance was set at P < 0.05. Error bars smaller than the symbols do not appear in the figures. The data that significantly differed from WT PLM are indicated with asterisks.

**Results**

To test the potential impact of PLM phosphorylation on modulating CaV1.2 channels, the two adjacent phosphorylation sites (S62S63 and S68T69) were replaced with alanine (A) or aspartic acid (D) simultaneously to generate PLM mutants 6263AA, 6869AA, 6263DD and 6869DD. The four potential phosphorylation sites were also replaced with A or D to generate PLM mutants AAAA or DDDD to assess if AAAA or DDDD mutants would further enhance the effects of AA or DD mutants. Whole-cell recordings results showed that WT human and WT canine PLM [8, 9] had similar impacts on the CaV1.2 channels (Fig. S1), and the amino acids substitution at potential phosphorylation sites did not negate the ability of PLM to modulate CaV1.2 channels gating (Figs S2–S6; Table S2).

**Aspartic acid substitutions increase the peak of the current density (Ipeak)**

Whole-cell recording results showed that aspartic acid substitution of phosphorylation sites increased Ipeak (Fig. 1D–F), while alanine substitution decreased it (Fig. 1A–C). The impact of AAAA and DDDD mutant was more pronounced than that of AA or DD, respectively. Western blot results demonstrated that the expression levels of WT, mutant PLMs and CaV1.2 channels were similar among various mutant groups (Fig. S7), thus, Ipeak Changes might not be induced by changes on the expression levels of WT, mutant PLMs and CaV1.2 channels.

**Phosphorylation sites mutation mediates the effects of PLM on CaV1.2 channels gating**

To investigate whether PLM phosphorylation status is a crucial determinant of CaV1.2 gating, the normalized currents were superimposed and compared. As shown in Figure 2, among the four double mutations, 6263AA most noticeably slowed the channel activation (Fig. 2A) and 6869DD most noticeably accelerated the channel VDI (Fig. 2E). AAAA further enhanced the effects of 6263AA on the activation slowdown (Fig. 2C), and DDDD accelerated VDI more than 6869DD (Fig. 2F). Compared with WT PLM, 6869AA and 6263DD did not change the normalized currents visually (Fig. 2B and D), but the quantitative analysis showed that they did affect the gating properties of CaV1.2 channels (see below). Thus, the PLM-induced CaV1.2 channels gating changes might be mediated by the amino acid substitutions at the phosphorylation sites.

**Phosphorylation sites mutation at S62S63 affects PLM-induced slowing of CaV1.2 activation**

The activation speed was quantified by measuring the time required for the current to increase from 10% to 90% of the peak current (T10–90). T10–90 was plotted against step voltages to compare differences between PLM mutants and WT PLM. Compared with those of WT PLM, T10–90 values for 6263AA (Fig. 3A) and AAAA (Fig. 3C) increased significantly at hyperpolarized voltages (close to the channel activation threshold), while T10–90 values for 6263DD and DDDD decreased...
significantly at potentials of −20 mV to 0 mV (Fig. 3D and F). T10-90 values for 6869AA slightly increased (Fig. 3B), while T10-90 values for 6869DD slightly decreased (Fig. 3E) at all observed potentials.

Phosphorylation sites mutation at S68T69 affects PLM-induced increase in VDI

To investigate the inactivation gating, we measured the fraction of the current remaining at the end of 300-ms steps (R300) ranging from −20 to +20 mV [9]. R300 plot versus voltages from CaV1.2 currents in the presence of 6869DD showed that this mutant significantly enhanced the ability of PLM to increase VDI, and R300 values for 6869DD were significantly smaller than those for WT PLM at all observed voltages (Fig. 4E). As expected, DDDD further accelerated PLM-induced increase in VDI, and R300 values for DDDD were smaller than those for 6869DD (Fig. 4F). R300 values for 6869AA were greater than those for WT PLM (Fig. 4A). AAAA abrogated the PLM-induced increase in VDI, and R300 values for AAAA were significantly greater than those for WT PLM at all observed voltages (Fig. 4C). The plot of R300 for 6263DD was higher than that for WT PLM, and R300 values for 6263DD were slightly larger than those for WT PLM (Fig. 4D).

Tail currents were evoked by repolarizing to −50 mV following 100-ms depolarizing steps ranging from −20 to +80 mV. The currents at +80 mV were normalized and superimposed to highlight the effects of PLM mutants comparing the effects of WT PLM on the time course of deactivation. All mutant PLMs except AAAA mutant abrogated PLM-induced deactivation slowdown (Fig. 5A–F). These effects were quantified by measuring the relative tail current amplitude at 1 msec. after the peak tail current (R1.0) [9]. These isochronic measurements of deactivation were illustrated by R1.0 plots versus step voltages (Fig. 6). R1.0 values for AAAA tended to be larger than those for WT PLM (P > 0.05, Fig. 6C). R1.0 values for DDDD were significantly smaller than those for WT PLM at voltages ranging from 0 to +80 mV (Fig. 6F). R1.0 values for 6869AA were significantly smaller than those for WT PLM at voltages ranging from +50 to +80 mV (Fig. 6B). R1.0 values for 6263AA were significantly smaller than those for WT PLM at voltages ranging from +60 to +80 mV (Fig. 6A). R1.0-voltage relationship for 6869DD was similar as that of WT PLM (Fig. 6E). R1.0 values for 6263DD tended to be smaller compared with those for WT PLM (P > 0.05, Fig. 6D).

Only AAAA mutant enhanced PLM-induced slowing of deactivation
Discussion

The major findings of this study are: (i) PLM phosphomimetic mutants 6263DD, 6869DD and DDDD increased while nonphosphorylatable PLM mutants 6263AA, 6869AA, AAAA decreased the peak of CaV1.2 current density; (ii) 6263DD suppressed while 6263AA enhanced PLM-induced activation slowdown; (iii) 6869DD enhanced PLM-induced increased VDI, while 6869AA had the same effect on VDI as WT PLM; and (iv) only the AAAA mutant enhanced PLM-induced slowing of channel deactivation. Thus, the phosphorylation sites in PLM are important for fine-tuning the gating kinetics of CaV1.2 channels and could be involved in the kinase-dependent regulation of these channels.

PLM phosphomimetic mutants stimulated LTCCs

Aspartic acid was used to substitute these potential phosphorylation sites in human PLM, as commonly performed [20–23]. Compared with WT PLM, all of phosphomimetic PLM mutants, 6263DD, 6869DD and DDDD, increased the current amplitude, although Western blot analysis indicated that the expression level of CaV1.2 channels remained unchanged (Fig. S7). PLM is a single transmembrane-spanning protein that inserts into the sarcolemma. Based on nuclear magnetic resonance spectroscopic studies, the purified PLM consists of four α-helices, and the forth helix, H4 (residues 60–68) in the C-terminus, is connected to the third helix, H3 (residues 39–45), by a flexible linker [24, 25]. The forth helix is supposed to orientate with the negatively charged phospholipids of the membrane [24]. We speculate that when PLM is phosphorylated at the phosphorylation sites, the orientation of the cytoplasmic tail might shift and then unlock the connection of PLM and CaV1.2 channels. This speculation is supported by the fact that CaV1.2 activation was significantly increased by 6263DD and DDDD (Fig. 3D and F). To confirm the mechanism, additional experiments are warranted, such as Glutathione S-transferase pull-down experiments to examine the exact connection sites between PLM and CaV1.2 channel.

The phosphomimetic mutation at S62S63 and S68T69 mediates PLM-induced CaV1.2 channel activation and inactivation, respectively

We observed that 6263AA slowed the channel activation and inactivation more than WT PLM at voltages of −20 mV and −10 mV (Figs 3A and 4A). As channel inactivation could impact the
measurement of channel activation kinetics [9, 26], it is possible that the enhanced slowing of CaV1.2 channel activation by 6263AA is an indirect consequence of the loss of PLM-induced VDI, indicating that 6263AA might not slow activation more than WT PLM, but it only appears to slow activation because VDI is attenuated. It is supported by the effects of AAAA (as they are the same effects as 6263AA) (Figs 3C and 4C), and also supported by the associated enhancement of VDI and speeding of activation by the DDDD mutant (Figs 3F and 4F). However, the impact that 6263DD has on VDI is similar to that of WT PLM (Fig. 4D), but 6263DD abrogates PLM-induced slowed activation (Fig. 3D), suggesting that phosphomimetic mutation at S62S63 mediates PLM-induced channel activation without affecting inactivation. Accordingly, 6869DD promotes the channel VDI as fast as DDDD (Fig. 4E), but the activation kinetics of CaV1.2 currents with 6869DD are similar to those of WT PLM (Fig. 3E). Combined with results showing that 6869AA did not alter PLM-induced activation or VDI (Figs 3B and 4B), it appears that phosphomimetic mutation at S68T69 mediates PLM-induced VDI without affecting activation.

The phosphomimetic mutations mediate PLM-induced CaV1.2 channel deactivation

CaV1.2 channels have been shown to exhibit modal gating behaviour [27, 28], and PLM promotes mode 2 gating [high open probability (P0)] by enhancing the voltage- and time-dependent slowing of deactivation [8]. Of the six mutants investigated in this study, only the AAAA mutant, which has all four potential phosphorylation sites substituted by alanine, slowed deactivation, similar to WT PLM (Fig 5C and 5D). The other five mutant PLMs prevented PLM-induced slowed deactivation, although the effects of 6263DD and 6869DD did not alter PLM-induced activation or VDI (Figs 3B and 4B). It appears that phosphomimetic mutation at S68T69 mediates PLM-induced VDI without affecting activation.
not significantly differ from that of WT PLM. As slowed deactivation has been predicted to enhance the relative Ca^{2+} entry during the repolarization phase of the cardiac action potential by favouring the high P_0 state (mode 2), we speculate that PLM phosphorylation might help protect the Ca^{2+} overload under certain conditions, such as ischaemia. However, it is unclear why 6869AA reduced the PLM-induced slowing deactivation more than 6869DD, thus, single-channel experiments are necessary to confirm the effects of phosphomimetic mutations on CaV1.2 channel mode switching and Ca^{2+} influx.

The changes of CaV1.2 gating properties mediated by phosphomimetic PLM are not the same as the changes mediated by PKA. For example, PKA-mediated up-regulation of CaV1.2 activity is dependent on the increase in channel open probability [29], however, the non-phosphorylatable mutant AAAA favoured the high probability. For another example, PKA decreased the VDI in situ [30], but the phosphomimetic PLM 6869DD increased the VDI. Zhang, et al. showed that phorbol12-myristate13-acetate (PMA, PKC activators) could increase the magnitude of the I_{NCX} in HEK 293 cells expressing NCX alone, however, this effect was much smaller in HEK 293 cells co-expressing NCX and PLM. Thus, the stimulatory effects of PMA on NCX were attenuated by increased PLM phosphorylation [7]. At this point, the direct effect of PKA on LTCC might not be the same as the indirect effect of PKA mediated by PLM and the effect of phosphomimetic PLM on LTCC. Present data were obtained based on the gating properties of CaV1.2 channels regulated by the phosphomimetic and non-phosphorylatable mutations of PLM. As the effects of PLM mutations on LTCCs modulation were studied in the heterogenous expression systems in HEK 293T cells, the determination of the physiological role of PLM phosphorylation (by PKA or not) and its regulation of LTCCs is beyond the scope of this manuscript and future in vivo experiments are warranted to explore the issue. Moreover, the effects of phosphomimetic mutants should be compared with the cAMP-PKA effects on LTCC in intact cardiomyocytes.

**Fig. 4** S68T69 phosphorylation affects PLM-induced increases in voltage-dependent inactivation (VDI). R_{300}, the fraction of peak current measured at the end of 300-msec. voltage steps to the indicated voltages, was plotted versus voltage (representative currents are depicted in Fig. 2). (A) R_{300} for 6263AA (n = 7) was significantly larger than WT PLM (n = 10) at −20 and −10 mV, P < 0.05. (B and D) Both of R_{300} for 6869AA (n = 6) and 6263DD (n = 8) was slightly larger than WT PLM at all observed potentials, P > 0.05. (C) R_{300} for AAAA (n = 7) was significantly larger than WT PLM at all observed potentials, P < 0.05. (E and F) Both of R_{300} for 6869DD (n = 6) and DDDD (n = 7) was substantially smaller than WT PLM at all observed potentials, P < 0.05. *P < 0.05 versus WT PLM.

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The mutant of AAAA enhances the PLM-induced slowed deactivation. Sample traces for tail currents with WT PLM (dark line) and mutant PLMs (grey line). (A–F) Currents were evoked by repolarizing steps to –50 mV following 100-msec. voltage steps to +80 mV. Tail currents from 6 to 10 cells were normalized and averaged. Ba2+ was used as the charge carrier.

The mutant of DDDD speeds CaV1.2 channel deactivation. $R_{1.0}$, the fraction of current remaining 1 msec. after the peak tail current for WT PLM and mutant PLM, was plotted against step voltages (representative currents are depicted in Fig. 5). (A) $R_{1.0}$ for 6263AA ($n = 7$) was smaller than WT PLM ($n = 10$) at +60 to +80 mV, $P < 0.05$. (B) $R_{1.0}$ for 6869AA ($n = 6$) was smaller than WT PLM at +50 to +80 mV, $P < 0.05$. (C) $R_{1.0}$ for AAAA ($n = 7$) was slightly larger than WT PLM, $P > 0.05$. (D) $R_{1.0}$ for 6263DD ($n = 8$) was smaller than WT PLM at all observed voltages, but there were no significant differences, $P > 0.05$. (E) $R_{1.0}$ for 6869DD ($n = 6$) was comparable to WT PLM, $P > 0.05$. (F) $R_{1.0}$ for DDDD ($n = 7$) was smaller than WT PLM at 0 to +80 mV, $P < 0.05$. *$P < 0.05$ versus WT PLM.
Physiological relevance of PLM phosphorylation in CaV1.2 channels gating

It has been shown that changes in CaV1.2 channels gating, such as impaired VDI, profoundly affect cardiac function [13–16]. TS is a multi-organ disorder caused by a single mutation, G406R (TS mutation), of an alternatively spliced human CaV1.2 calcium channel containing exon 8a [14]. This TS mutation can lead to lethal arrhythmias, which are thought to be caused by impaired VDI [14, 15]. Our results showed that 6869DD and DDDD could enhance PLM-induced increases in VDI, so we speculate that it is possible that PLM phosphorylation might restore TS-impaired VDI. In fact, LTCC blockers, such as gallopamil, verapamil and diltiazem, can enhance VDI [31, 32] and currently serve as clinically effective medications for certain arrhythmias that result from CaV1.2 channel-induced early afterdepolarization [33, 34]. Therefore, PLM could be a promising drug target for treating arrhythmias caused by disrupted ICa(L) inactivation. However, the exact role of PLM phosphorylation in arrhythmias due to LTCCs dysfunction remains largely unclear. For example, the non-phosphorylatable mutants, 6263AA and AAAA, decreased channels activation. It seems that these mutants would prevent excessive Ca2+ from entering into cardiac myocytes and reduce the occurrence of arrhythmias. But their effects on activation were not evident at 0 to +20 mV, which is near the action potential peak and early plateau. Additionally, both 6263AA and AAAA abrogated PLM-induced increase in VDI, so the amount of intracellular Ca2+ was unknown. Therefore, it would be important to explore the impact of PLM phosphorylation status on CaV1.2 channels gating in cells, which have undergone hypoxic or mechanical stress conditions in vitro and hypoxia and ischaemia situations, or arrhythmia animal models in vivo. Such studies may further enhance our understanding on this issue. The present study, however, presented data to show the impact of phosphomimetic and nonphosphorylatable PLM mutants on CaV1.2 channels gating in HEK 293T cells. Future studies are warranted to determine the physiological role of PLM phosphorylation and its regulation of LTCCs in an in vivo environment.

In conclusion, our results demonstrate that phosphomimetic PLM stimulates LTCCs and alters their dynamics, while PLM nonphosphorylatable mutants lead to opposite effects on LTCCs. Thus, the phosphorylation sites in PLM are important for fine-tuning the gating kinetics of CaV1.2 channels.

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Conflicts of interest

The authors confirm that there are no conflicts of interest.

Author contribution

Conceived and designed the experiments: KG, YPW, YGL; Performed the experiments: KG, YPW, ZWZ, YBJ, WL, XMC; Analyzed the data: KG, ZWZ, YBJ, WL, XMC; Wrote the paper: KG, YPW, YGL; Reviewed, revised and approved the final paper: KG, YPW, ZWZ, YBJ, WL, XMC, YGL.

Supporting information

Additional Supporting Information may be found in the online version of this article:

Figure S1 Effects of WT human PLM on CaV1.2 channels gating.

Figure S2 Amino acid substitutions at the PLM phosphorylation sites alter CaV1.2 channel gating kinetics.

Figure S3 S62S63 phosphorylation affects the PLM-induced CaV1.2 activation slowdown.

Figure S4 S68T69 phosphorylation affects PLM-induced increases in voltage-dependent inactivation (VDI).

Figure S5 The mutant of AAAA enhances the PLM-induced slowed deactivation.

Figure S6 The mutant of DDDD speeds CaV1.2 channel deactivation.

Figure S7 Amino acid substitutions within the phosphorylation sites of PLM do not alter the CaV1.2 channel or PLM expression levels.

Data S1 Amino acids substitution at potential phosphorylation sites did not affect the ability of PLM to modulate CaV1.2 channels gating.

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