

## A study on blocking store-operated $\text{Ca}^{2+}$ entry in pulmonary arterial smooth muscle cells with xyloketal A from marine fungi

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In this study, the effect of four xyloketal A on store-operated calcium entry (SOCE) was investigated in primary distal pulmonary arterial smooth muscle cells (PASMCs) isolated from mice. The results showed that xyloketal A (**1**), an unusual ketal with C-3 symmetry, exhibited strong SOCE blocking activity. Secretion of interleukin-8 (IL-8) was also inhibited by xyloketal A. The parallel artificial membrane permeability assay (PAMPA) of **1-4** suggested that these xyloketal A penetrated easily through the cell membrane. Moreover, the molecular docking study of xyloketal A with activation region of the stromal interaction molecule (STIM) 1 and the calcium release-activated calcium modulator (ORAI) 1 (STIM1-ORAI1) protein complex, the key domain of SOCE, revealed that xyloketal A exhibited a non-covalent interaction with the key residue lysine 363 (LYS363) in the identified cytosolic regions in STIM1-C. These findings provided useful information about xyloketal A as a SOCE inhibitor for further evaluation.

**Keywords:** xyloketal A, store-operated calcium entry, molecular docking, IL-8, parallel artificial membrane permeability assay

Store-operated calcium entry (SOCE) is the central mechanism in cellular calcium signaling and in maintaining cellular calcium balance. It plays an important role in regulating calcium signaling and cellular responses in different cell types, such as airway smooth muscle cells (ASMCs) (1), polarized cells (2), endothelial cells (3), and pulmonary arterial smooth muscle cells (PASMCs) (4, 5). Along this line, SOCE deregulation is involved in the development of various diseases, such as hypertension (6, 7), stroke (8, 9), diabetes (10), cancer (11–14), pulmonary arterial hypertension (PAH) (15), and others (16, 17). Experiments have revealed the essential role of stromal interaction molecule (STIM) 1 as calcium sensor at the endoplasmic reticulum and plasma membrane calcium release-

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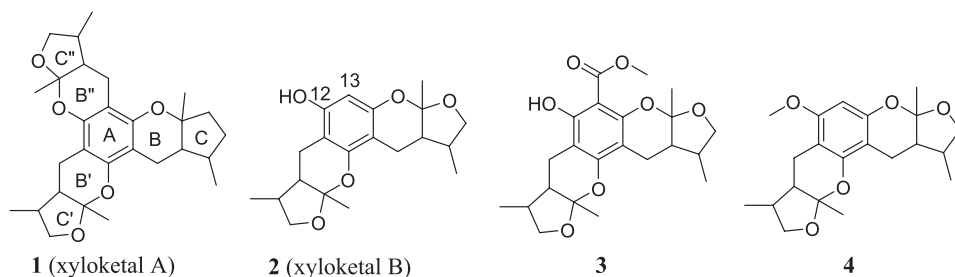


Fig. 1. Structures of xyloketal A (**1**), xyloketal B (**2**) and two xyloketal derivatives **3** and **4**.

activated calcium channel protein 1 (named ORAI1) in mediating SOCE because these proteins sense and respond to endoplasmic reticulum calcium store depletion (18).

PAH is a rare life-threatening disease, and although significant progress has been made in the past decades in our understanding of PAH pathophysiology and treatment, the prognosis is still poor. It was previously demonstrated in PASMCM that influx of  $\text{Ca}^{2+}$  through transient receptor potential (TRP) proteins is likely to play a significant role in the development of chronic hypoxic PAH (15). In line with recent discoveries of the STIM1-ORAI1 role in SOCE, it seems that these proteins may serve as important targets for PAH treatment.

Marine environment is a rich source of novel compounds and unusual secondary metabolites, many of which show promise as therapeutic agents. Xyloketal, a type of novel compounds possessing unique molecular structures, were isolated from the marine mangrove fungus *Xylaria* sp. (19, 20). In particular, xyloketal A is a unique ketal compound with C-3 symmetry with *cis*-junction between tetrahydropyran and tetrahydrofuran. We have previously demonstrated that xyloketal show a variety of activities, such as antioxidant (21), promoting endothelial cell nitric oxide (NO) production, inhibiting NADPH oxidase, and L-calcium channel blocking in different disease models (22–24). Xyloketal have been previously reported to inhibit  $\text{Ca}^{2+}$  influx through blockade of L-type calcium channels, which raises the possibility that xyloketal might affect calcium signaling in diseases like chronic hypoxic pulmonary hypertension. We have therefore investigated the potential of a series of xyloketal: xyloketal A (**1**), xyloketal B (**2**), and other two xyloketal derivatives (**3** and **4**) (Fig. 1) on SOCE in primary distal pulmonary arterial smooth muscle cells (PASMCs) isolated from mice. In addition, their effect on secretion of interleukin-8 (IL-8), an important pro-inflammatory chemokine in airway epithelia, was tested. A parallel artificial membrane permeability assay (PAMPA) of these xyloketal was carried out to explore their permeability. Further, a molecular docking study of a selected compound with STIM-ORAI activating region (SOAR) was performed to characterize their interactions.

## EXPERIMENTAL

### Reagents

Dulbecco's modified Eagle's medium (DMEM) and fetal bovine serum (FBS) were purchased from Gibco, USA. All other reagents utilized were purchased from Sigma

Chemical Co. USA, unless otherwise specified. Xyloketal **1–4** were obtained from the School of Chemistry, Sun Yat-Sen University, Guangzhou, China. Identity and purity of the compounds were determined using HPLC (high performance liquid chromatography) and NMR, as previously described (19, 23), and were > 95 %. Xyloketal was dissolved in dimethyl sulfoxide (DMSO) and stored at  $-20\text{ }^{\circ}\text{C}$  until use. Final concentration of DMSO in the culture media was  $\leq 0.1\text{ }\%$ .

### *PASMCs cells' isolation and culture*

Distal intrapulmonary arteries and intrapulmonary veins were dissected from the lungs of adult male C57BL/6 mice (20–25 g) purchased from the Guangdong Medical Laboratory Animal Center (Guangzhou, Guangdong, China). All animal experiments were approved by the Animal Care and Use Committee of Sun Yat-sen University, and all animal care and experimental procedures strictly followed the Council for International Organizations of Medical Sciences (CIOMS) guidelines. Primary cultures of PASMCs were prepared from the lungs of animals. Briefly, animals were humanely killed by cervical dislocation. Distal (> 4th generation) intrapulmonary arteries were dissected from the lungs. A thin layer of adventitia was carefully stripped off with fine forceps, and the endothelium was wiped off using a cotton swab. Lumina were gently swiped using a cotton swab to remove endothelium. Distal PASMCs were obtained from the isolated pulmonary arteries (PA) by enzymatic dissociation (papain and collagenase IA, Sigma-Aldrich, USA) in medium according to the described protocol (25, 26). Purity was > 98 %, which was checked by the morphological appearance under phase-contrast microscopy (IX73, Olympus, Japan). Isolated cells were then seeded in 6-well culture dishes and cultured in smooth muscle growth medium-2 (Clonetics, USA) in a humidified atmosphere of 5 %  $\text{CO}_2$  and 95 % air at  $37\text{ }^{\circ}\text{C}$  for 3 to 4 days. PASMCs were replaced with smooth muscle basal medium (Clonetics) containing 0.3 % FBS for 24 h to reach growth arrest for the treatment of substances. Before measuring the intracellular  $\text{Ca}^{2+}$  concentration, PASMCs were treated with compounds **1–4** ( $5\text{ mmol L}^{-1}$ ) for 4–6 h.

### *Measurement of intracellular $\text{Ca}^{2+}$*

Intracellular  $\text{Ca}^{2+}$  concentration was measured according to the reported protocol (27, 28). Coverslips with PASMCs were incubated with  $5\text{ }\mu\text{mol L}^{-1}$  calcium indicator fura-2 acetoxymethyl ester (Invitrogen, USA) for 60 min at  $37\text{ }^{\circ}\text{C}$  with 5 %  $\text{CO}_2$ -95 % air, mounted in a closed polycarbonate chamber and clamped to a heated aluminum platform (PH-2, Warner Instrument, USA) on the stage of a Nikon TSE 100 Ellipse inverted microscope (Nikon, USA). The chamber was perfused with Krebs Ringer bicarbonate (KRB) solution equilibrated with 16 %  $\text{O}_2$  and 5 %  $\text{CO}_2$  at  $38\text{ }^{\circ}\text{C}$  at  $0.5\text{--}1\text{ mL min}^{-1}$  in heated reservoirs. Perfusate was led *via* stainless steel tubing and a manifold to an inline heat exchanger (SF-28, Warner Instrument) to rewarm the perfusate just before it entered the cell chamber. Temperature of the heat exchanger and chamber platform was controlled by a dual-channel heater controller (TC-344B, Warner Instrument). To remove the extracellular dye and to allow the intracellular esterases to cleave cytosolic fura-2-AM into active fura-2, the cells were perfused with modified Krebs solution for 10–15 min. Fura-2 fluorescence was observed as a 510-nm light emission with excitation wavelengths of 340 and 380 nm. Intracellular  $\text{Ca}^{2+}$  concentration ( $[\text{Ca}^{2+}]_i$ ) was determined at 12- to 30-s intervals from the ratio of

fura-2 fluorescence after excitation at 340 nm to that after excitation at 380 nm ( $F_{340}/F_{380}$ ) in 20–30 cells using a fluorescence imaging system that consisted of a xenon arc lamp, interference filters, an electronic shutter, a 20× fluorescence objective and a cooled charge-coupled device imaging camera. Data were collected using InCyte software (Intracellular Imaging Inc, USA). In all experiments, multiple cells were imaged in a single field and one randomly chosen peripheral cytosolic area from each cell was averaged. Resting  $[\text{Ca}^{2+}]_i$  was obtained by average  $F_{340}/F_{380}$  during the initial modified Krebs solution (MKS) recording. Changes in  $[\text{Ca}^{2+}]_i$  were calculated as peak  $F_{340}/F_{380}$  minus the averaged steady-state  $F_{340}/F_{380}$  in the 20 s preceding the rise to a peak. All time periods under each condition were kept constant during the experiments (27).

### *Assessment of SOCE*

We assessed SOCE after  $\text{Ca}^{2+}$  restoration according to the described protocol (27, 28). Briefly, PAMSCs were perfused for 10–15 min with  $\text{Ca}^{2+}$ -free KRB solution containing 5 mmol  $\text{L}^{-1}$  nifedipine, 10 mmol  $\text{L}^{-1}$  cyclopiazonic acid (CPA), and 1 mmol  $\text{L}^{-1}$  ethylenediaminetetraacetic acid (EDTA). We first measured  $[\text{Ca}^{2+}]_i$  at 0–5 min intervals before and after restoration of extracellular  $[\text{Ca}^{2+}]$  to 2.5 mmol  $\text{L}^{-1}$ . SOCE was evaluated from the increase in  $[\text{Ca}^{2+}]_i$  caused by restoration of extracellular  $[\text{Ca}^{2+}]_i$ .

### *Preparation of cigarette smoke extraction (CSE) and cell stimulation*

CSE was prepared by bubbling smoke from 2 cigarettes (purchased from Guangzhou, China, with ~0.8 mg nicotine per cigarette) into 10 mL of serum-free DMEM and then CSE was sterile-filtered through a 0.2-mm filter (VWR International, USA). This medium was defined as 100 % CSE while with the concentration of 1 % CSE cell inflammation was induced. Human bronchial epithelial cells Beas-2b and 16 HBE (purchased from ATCC, Manassas, VA, USA) were grown in high-glucose DMEM medium, with 10 % fetal bovine serum, 100 U  $\text{mL}^{-1}$  penicillin and 0.1 mg  $\text{mL}^{-1}$  streptomycin. Cells were first treated with xyloketal A 5 mmol  $\text{L}^{-1}$  for 2 h, and then 1 or 2 % CSE was added for 24 h.

### *Enzyme-linked immunosorbent assay (ELISA) for IL-8 detection*

Cultured media were collected at the end of experimental procedures. Levels of IL-8 secreted from cultured cells were quantified using the IL-8 Elisa kit (BD Biosciences, USA) according to the manufacturer's protocol.

### *Parallel artificial membrane permeability assay (PAMPA)*

In PAMPA, a „sandwich“ structure was formed by a 96-well microtiter plate and a 96-well filter plate, coated with dried 15  $\mu\text{L}$  of 10 % *m/V* lecithin/dodecane (Egg-PAMPA) or 5 % *m/V* hexadecane/dodecane (HDM-PAMPA) according to the protocol described in ref. 29. Solutions of xyloketals 1–4 together with the positive controls verapamil, atenolol and ciprofloxacin were added to the wells (100  $\mu\text{L}$  per well) on a pre-coated filter, and phosphate buffer saline (pH 7.4) was added to the wells (375  $\mu\text{L}$  per well) on the receiver plate. Filter plate was coupled with the receiver plate and the sandwich was incubated in the thermostat at 37 °C for 16 h or 5 h under shaking at 80 rpm. After incubation, the plates

were separated and sample solutions from each well of both the filter plate and the receiver plate were transferred to tubes. Samples were analyzed by HPLC (30) and permeability was calculated:

$$\log P_e = \log \frac{V_D V_A}{V_D V_A A t} \ln \frac{[\text{drug}]_{\text{eq}}}{[\text{drug}]_{\text{acc}}}$$

where  $V_D$  is the donor compartment volume,  $V_A$  is the acceptor compartment volume,  $A$  is the effective area of the membrane insert and  $t$  is time. Here,  $A$  is  $0.28 \text{ cm}^2$ ,  $[\text{drug}]_{\text{acc}}$  refers to the concentration of the tested drug in the acceptor compartment,  $[\text{drug}]_{\text{eq}}$  is the concentration of the tested drug in the equilibrium mixture, and time is the total transport time in seconds. Technical specification is in Egg-PAMPA, membrane permeability  $\log P_e > -5.0$  is easily permeable,  $-5.0 > \log P_e > -6.0$  is moderately permeable, and  $\log P_e < -6.0$  is hardly permeable. In HDM-PAMPA, membrane permeability of  $\log P_e > -4.0$  is easily permeable;  $-4.0 > \log P_e > -5.0$  is moderately permeable, and  $\log P_e < -5.0$  is hardly permeable.

The HPLC (LC-2010, Shimadzu, Japan, equipped with UV detector) method was described in a previous study (30). The injection volume was  $20 \mu\text{L}$  and the detector wavelength was set at  $345 \text{ nm}$ . Chromatographic separation was carried out on a Phenomenex C18 column ( $4.6 \text{ mm} \times 250 \text{ mm}$ ,  $5 \mu\text{m}$ ) associated with a C18 pre-column (Phenomenex, USA). The mobile phase consisted of methanol-acetonitrile-water (30:30:40,  $V/V/V$ ); isocratic elution was used. The flow rate was  $0.8 \text{ ml min}^{-1}$ . All solutions were filtered under vacuum through a  $0.45\text{-}\mu\text{m}$  membrane filter and degassed ultrasonically before used.

### *Molecular docking studies of 3TER and xyloketal*

Molecular docking was evaluated using the Surflex-Dock software (SYBYL®8.1 molecular modeling software, Tripos, USA). Crystal structure of the SOAR domain was retrieved from the RCS B Protein Data Bank (<http://www.pdb.org/>, PDB entry code: 3TER) (34). The molecule was sketched and minimized using Powell optimization in the presence of the Tripos force field with a convergence criterion of  $0.001 \text{ kcal mol}^{-1} \text{ \AA}^{-1}$  and then assigned with Gasteiger-Hückel charges. Automatic docking was employed. Other parameters were established by default in the software.

### *Statistics*

All statistics were obtained using SPSS statistics 18 software. A one-way analysis of variance (ANOVA) followed by a post hoc test was performed to evaluate the effects of different groups.

## RESULTS AND DISCUSSION

### *Xyloketal decrease SOCE in PSMCs from C57BL/6 mice*

SOCE is the main way of extracellular  $\text{Ca}^{2+}$  entry in regulating calcium signaling and cellular responses of pulmonary arterial smooth muscle cells (PSMCs). In the present

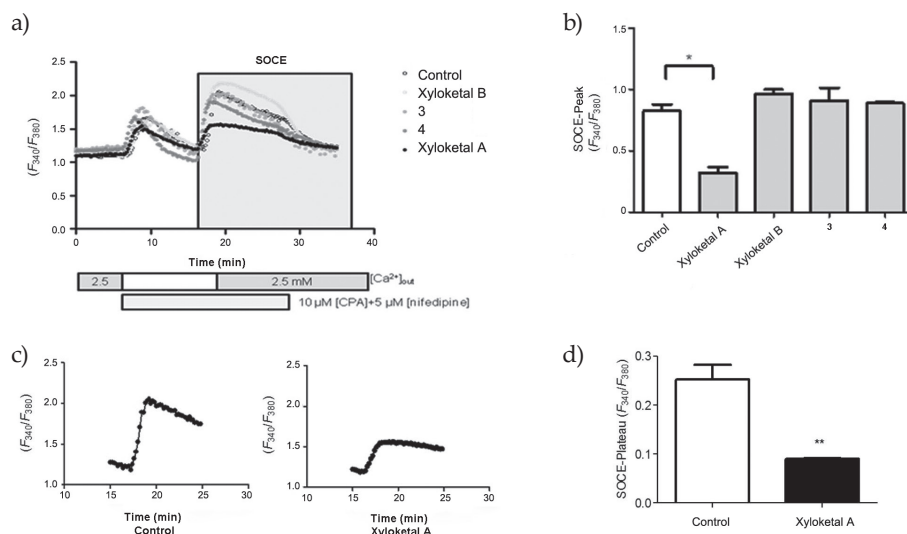


Fig. 2. Drug treatment enhances store-operated  $\text{Ca}^{2+}$  entry (SOCE) in PSMCs: a) representative trace showing changes in cytosolic  $\text{Ca}^{2+}$  concentration, b) representative records showing the amplitude of SOCE in control cells (left), and xyloketal-treated PSMCs (right), c) the peak of xyloketal A-operated  $\text{Ca}^{2+}$  entry (SOCE-peak), d) SOCE plateau phase. Data are expressed as mean  $\pm$  SEM ( $n = 5$ ). Significant difference *vs.* control: \*  $p < 0.05$ , \*\*  $p < 0.01$ .

study, we compared the decrease of  $[\text{Ca}^{2+}]_i$  due to SOCE of selected xyloketal in PSMCs isolated from C57BL/6 mice. SOCE amplitude was measured by a standard protocol (16, 19) using fura-2 dye and fluorescent microscopy in PSMCs perfused with a  $\text{Ca}^{2+}$ -free Krebs-Ringer bicarbonate solution containing  $10 \mu\text{mol L}^{-1}$  cyclopiazonic acid (CPA) and  $5 \mu\text{mol L}^{-1}$  nifedipine (Fig. 2a). CPA is an inhibitor of sarco (endoplasmic) reticulum  $\text{Ca}^{2+}$ - $\text{Mg}^{2+}$ -ATPase (SERCA) and induces store depletion. Nifedipine is an inhibitor of cell membrane L-type voltage-dependent calcium channels (VDCCs) and prevents calcium entry into the cell. Five minutes following perfusion of PSMC with these two inhibitors,  $[\text{Ca}^{2+}]_i$  got a transient rise, then declined to a steady state, while restoration of extracellular  $\text{Ca}^{2+}$  induced a second increase in  $[\text{Ca}^{2+}]_i$  (Fig. 2a). The results showed that xyloketal A (1) could effectively inhibit the SOCE resulting from restoration of extracellular  $[\text{Ca}^{2+}]_i$  ( $p < 0.05$  compared to the control) (Fig. 2a,b). Figs. 2c,d show that  $[\text{Ca}^{2+}]_i$  decreased in the SOCE peak and steady-state when xyloketal A ( $5 \mu\text{mol L}^{-1}$ ) was applied. The same concentration of xyloketal A inhibited SOCE by  $> 61\%$  in PSMCs compared to the decrease in steady-state  $[\text{Ca}^{2+}]_i$  ( $p < 0.01$ ). The plateau phase could be markedly reduced when SOCE was blocked with xyloketal A in PSMCs. These evidences suggested that xyloketal A exerts a promising SOCE inhibition. Comparing the structures of xyloketal, the tetrahydrofuran-benzopyrane moiety in xyloketal A was highlighted as an important segment for good activity that might be a determinant factor for the inhibiting effect of SOCE. Moreover, xyloketal A, a unique ketal compound with C-3 symmetry, possesses better lipid solubility compared to other xyloketal, which makes xyloketal A a promising compound for further evaluation.

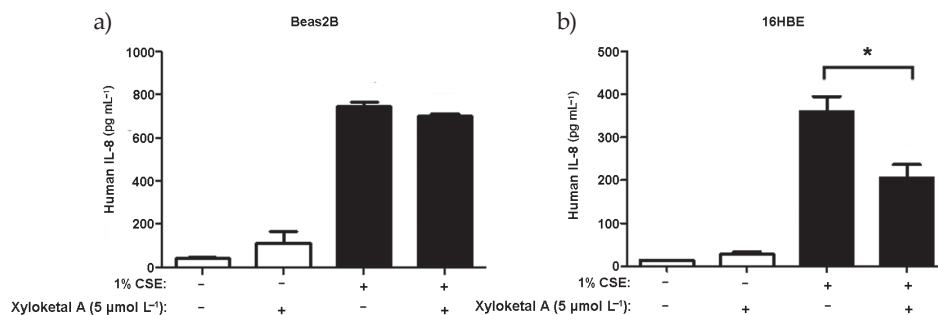


Fig. 3. Xyloketal A inhibited the IL-8 secretion from lung epithelial cells: a) Beas-2b and b) 16HBE induced by 2 % CSE. Data are expressed as mean  $\pm$  SEM ( $n = 5$ ). Significant difference *vs.* control: \*  $p < 0.01$ .

### *Xyloketal A down-regulated IL-8 secretion in human lung epithelial cells*

IL-8 is an important proinflammatory chemokine in airway epithelia, which contributes to the exaggerated inflammatory state of cystic fibrosis (CF) airways (31). The SOCE pathway through ORAI1 activation modulates IL-8 secretion in human airways and may contribute to the exaggerated inflammatory response in airway disease with an inflammatory component (32). Since lung inflammation has been well documented after cigarette smoke exposure, IL-8 is an important marker in early inflammation and is crucial for neutrophil recruitments common in PAH related diseases (33). As shown in Fig. 3, in our experiments xyloketal A reduced IL-8 secretion (simulated by CSE) in human epithelial cells (Beas-2b and 16HBE), indicating the anti-inflammatory effect of xyloketal A.

### *The parallel artificial membrane permeability assay (PAMPA)*

The parallel artificial membrane permeability assay (PAMPA) is a dynamic model to study the passive diffusion of drugs through membranes and is an important assay to screen the permeability of new medicines. Using the PAMPA system, we investigated the permeability of xyloketal A, whereas verapamil, atenolol and ciprofloxacin were used as positive controls. The obtained results are listed in Table I. When compared to three positive controls, which moderately or hardly permeated EGG-PAMPA and HDM-PAMPA, the four examined xyloketal A easily permeated EGG-PAMPA and moderately permeated HDM-PAMPA. These results implicate that the tested xyloketal A easily penetrated through the cell membrane and thus might have had a certain effect on SOCE.

### *Molecular docking studies of 3TER and xyloketal A*

Two protein molecules, stromal interaction molecule 1 (STIM1) and calcium release-activated calcium modulator 1 (ORAI1), are involved in SOCE. Since SOCE is activated through dynamic interplay between STIM1 and ORAI1 helices (18), previous studies have identified cytosolic regions within STIM1-C protein, defined as the STIM1-ORAI1-activating region (SOAR, amino acids sequence 344–442) (34). To gain the structural basis for xy-



Table I. Permeability parameters of the studied compound

| Compound      | $\log P_e$                    |                               |
|---------------|-------------------------------|-------------------------------|
|               | Egg-PAMPA                     | HDM-PAMPA                     |
| 1             | $-4.93 \pm 0.06$ (easily)     | $-4.33 \pm 0.08$ (moderately) |
| 2             | $-4.03 \pm 0.08$ (easily)     | $-3.42 \pm 0.08$ (easily)     |
| 3             | $-4.01 \pm 0.12$ (easily)     | $-3.86 \pm 0.12$ (easily)     |
| 4             | $-4.25 \pm 0.005$ (easily)    | $3.14 \pm 0.03$ (easily)      |
| Verapamil     | $-4.96 \pm 0.10$ (easily)     | $-4.96 \pm 0.18$ (easily)     |
| Atenolol      | $-7.14 \pm 0.13$ (hardly)     | $-6.43 \pm 0.02$ (hardly)     |
| Ciprofloxacin | $-5.12 \pm 0.08$ (moderately) | $-4.64 \pm 0.08$ (easily)     |

loketal A bound to SOAR, we performed computer simulations of molecular docking between xyloketal A and the crystal structure of SOAR (3TER). As known, the residue lysine 363 (LYS363) is one of the active sites of 3TER. Our results showed that xyloketal A

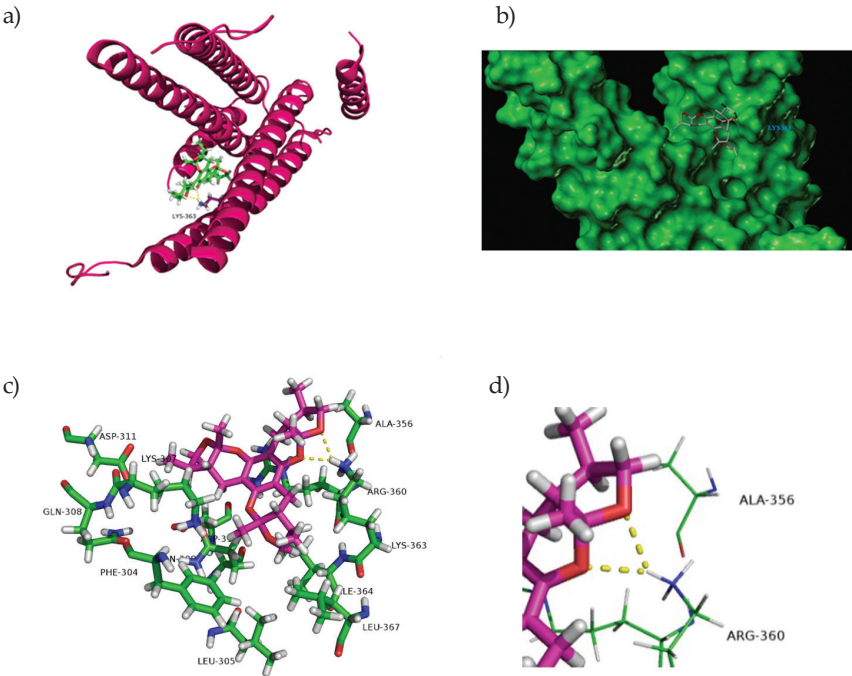


Fig. 4. Docking conformation between xyloketal A and 3TER. a) Docking model of xyloketal A together with 3TER, b) docking conformation between xyloketal A and 3TER in the Connolly mode, c) molecular docking model of xyloketal A inside an active site (5 Å) of 3TER, d) the key binding bonds of xyloketal A with the amino-acid residues of 3TER.



could bind with this residue in the pocket and may generate non-covalent interaction with the oxygen atom of the tetrahydrofuran-benzopyrane moiety (Fig. 4), and that the distance between this active residues and xyloketal A was about 5 Å.

## CONCLUSIONS

Xyloketal have been reported to be protective agents against a variety of pathophysiological stimuli. Their unusual molecular structures possess calcium channel blocking activities. Store-operated calcium entry (SOCE) plays an important role in the development of chronic hypoxic pulmonary hypertension. We have proven that xyloketal A, a unique compound with C-3 symmetry, is a SOCE blocker. At the same time, a parallel artificial membrane permeability assay (PAMPA) experiment has proven that it is easily transported through the cell membrane. Our results suggest that xyloketal A might be a new candidate for the treatment of PAH.

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