

Original Article

## Hydrogen peroxide attenuates refilling of intracellular calcium store in mouse pancreatic acinar cells

Mi Na Yoon<sup>1</sup>, Dong Kwan Kim<sup>1</sup>, Se Hoon Kim<sup>1</sup>, and Hyung Seo Park<sup>1,2,\*</sup>

<sup>1</sup>Department of Physiology, College of Medicine, Konyang University, Daejeon 35365, <sup>2</sup>Myunggok Medical Research Institute, Konyang University, Daejeon 35365, Korea

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### \*Correspondence

Hyung Seo Park

E-mail: hspark@konyang.ac.kr

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**ABSTRACT** Intracellular calcium (Ca<sup>2+</sup>) oscillation is an initial event in digestive enzyme secretion of pancreatic acinar cells. Reactive oxygen species are known to be associated with a variety of oxidative stress-induced cellular disorders including pancreatitis. In this study, we investigated the effect of hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) on intracellular Ca<sup>2+</sup> accumulation in mouse pancreatic acinar cells. Perfusion of H<sub>2</sub>O<sub>2</sub> at 300 μM resulted in additional elevation of intracellular Ca<sup>2+</sup> levels and termination of oscillatory Ca<sup>2+</sup> signals induced by carbamylcholine (CCh) in the presence of normal extracellular Ca<sup>2+</sup>. Antioxidants, catalase or DTT, completely prevented H<sub>2</sub>O<sub>2</sub>-induced additional Ca<sup>2+</sup> increase and termination of Ca<sup>2+</sup> oscillation. In Ca<sup>2+</sup>-free medium, H<sub>2</sub>O<sub>2</sub> still enhanced CCh-induced intracellular Ca<sup>2+</sup> levels and thapsigargin (TG) mimicked H<sub>2</sub>O<sub>2</sub>-induced cytosolic Ca<sup>2+</sup> increase. Furthermore, H<sub>2</sub>O<sub>2</sub>-induced elevation of intracellular Ca<sup>2+</sup> levels was abolished under sarco/endoplasmic reticulum Ca<sup>2+</sup> ATPase-inactivated condition by TG pretreatment with CCh. H<sub>2</sub>O<sub>2</sub> at 300 μM failed to affect store-operated Ca<sup>2+</sup> entry or Ca<sup>2+</sup> extrusion through plasma membrane. Additionally, ruthenium red, a mitochondrial Ca<sup>2+</sup> uniporter blocker, failed to attenuate H<sub>2</sub>O<sub>2</sub>-induced intracellular Ca<sup>2+</sup> elevation. These results provide evidence that excessive generation of H<sub>2</sub>O<sub>2</sub> in pathological conditions could accumulate intracellular Ca<sup>2+</sup> by attenuating refilling of internal Ca<sup>2+</sup> stores rather than by inhibiting Ca<sup>2+</sup> extrusion to extracellular fluid or enhancing Ca<sup>2+</sup> mobilization from extracellular medium in mouse pancreatic acinar cells.

## INTRODUCTION

Reactive oxygen species (ROS) are formed as a result of partial reduction of oxygen during aerobic respiration [1]. They cause oxidative damage to various biological molecules including DNA, lipids, and proteins, thereby disrupting normal cellular function [2-4]. Under physiological conditions, ROS are controlled by intracellular free radical scavengers and antioxidant enzymes to protect cells from injuries [5]. However, imbalance between ROS generating and scavenging systems can lead to oxidative stress which can morphologically and functionally damage cells [6]. It is

well-known that hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>), one type of ROS, can disrupt normal functions in various cell types [2,3]. It is correlated with overloaded intracellular Ca<sup>2+</sup> [7-9]. However, the mechanism of H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> accumulation has known to be complicated due to cell-to-cell difference in expression and participation of Ca<sup>2+</sup> modulating transporters. It has been reported that H<sub>2</sub>O<sub>2</sub> can enhance Ca<sup>2+</sup> release from intracellular store [10-12], stimulate Ca<sup>2+</sup> entry from extracellular medium [13-16], and attenuate Ca<sup>2+</sup> extrusion by plasma membrane Ca<sup>2+</sup> ATPase (PMCA) or sarco/endoplasmic reticulum Ca<sup>2+</sup> ATPase (SERCA) inactivation [17,18] in various cell types.



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Pancreatic acinar cells synthesize and secrete a variety of digestive enzyme, tightly regulated by intracellular repetitive  $\text{Ca}^{2+}$  oscillation [19,20]. A physiological concentration of carbamylcholine (CCh) could generate  $\text{Ca}^{2+}$  oscillation known to be initiated by inositol 1,4,5-trisphosphate receptors-mediated  $\text{Ca}^{2+}$  release from the intracellular store followed by activation of  $\text{Ca}^{2+}$  entry from extracellular medium [21,22]. The loaded  $\text{Ca}^{2+}$  is rapidly cleared to the internal store through SERCA or to the extracellular space through PMCA [23]. Overloaded  $\text{Ca}^{2+}$  can cause premature intracellular digestive enzyme activation and cellular injury, one of characteristics of pancreatitis [24,25].

Although the pathophysiology of pancreatitis remains unclear at the present time, it has been proposed that oxidative stress due to excess generation of ROS is involved in acute pancreatitis [26]. A prominent feature of acute pancreatitis is disruption of  $\text{Ca}^{2+}$  homeostasis within pancreatic acinar cells, and cytosolic  $\text{Ca}^{2+}$  accumulation has been shown to cause elevation of ROS in acinar cells that promote cell death [27]. Moreover, there are evidences showing that antioxidants can provide benefits to pancreatitis patients with pancreatic cell injury [28]. However, how ROS accumulates intracellular  $\text{Ca}^{2+}$  in pancreatic acinar cell is unclear at the present time. The objective of this study was to characterize the effect of  $\text{H}_2\text{O}_2$  on CCh-induced intracellular  $\text{Ca}^{2+}$  signals and the underlying mechanism involved in  $\text{Ca}^{2+}$  accumulation in mouse pancreatic acinar cells. Here we report that  $\text{H}_2\text{O}_2$  could accumulate intracellular  $\text{Ca}^{2+}$  by reducing refilling of intracellular  $\text{Ca}^{2+}$  stores, rather than by inhibiting  $\text{Ca}^{2+}$  extrusion to extracellular fluid or enhancing  $\text{Ca}^{2+}$  mobilization from extracellular medium in mouse pancreatic acinar cells.

## METHODS

### Animals

Male BALB/c mice at 8~10 weeks old were humanely handled and housed under specific pathogen-free conditions in clean polypropylene cages. They were maintained in air conditioned room at 20~22°C with a constant photoperiod of 12 hours light/dark cycle. Mice were provided free access to pallet diet and drinking water *ad libitum*. All animal experiments were performed in accordance with the Guideline for the Care and Use of Laboratory Animal provided by NIH. All experiments adhered to Konyang University policies regarding the care and use of animals.

### Materials

Type II collagenase was purchased from Roche Diagnostics GmbH (Mannheim, Germany). Fura-2/acetoxymethyl ester (fura-2/AM) was obtained from Thermo Fisher Scientific (Waltham, MA, USA). Thapsigargin (TG) was purchased from Tocris

(Avonmouth, BS, UK). All other materials were obtained from Sigma-Aldrich (St. Louis, MO, USA).

### Preparation of pancreatic acinar cells

Small clusters of pancreatic acinar cells (10~15 cells per experiment) were freshly isolated using collagenase digestion method as described previously [29,30]. Briefly, the pancreas was removed from mice after  $\text{CO}_2$  asphyxiation and cervical dislocation. The dissected tissue was enzymatically digested with type II collagenase in HEPES-buffered physiological saline containing 0.01% trypsin inhibitor (soybean) and 0.1% bovine serum albumin (BSA) for 30 minutes followed by mechanical dissociation of cells by gentle agitation. Cells were then filtered through 100  $\mu\text{m}$  nylon mesh and centrifuged at 75 g with 1% BSA. After isolation, cells were resuspended in HEPES-buffered physiological saline containing 137 mM NaCl, 4.7 mM KCl, 0.56 mM  $\text{MgCl}_2$ , 1 mM  $\text{Na}_2\text{HPO}_4$ , 10 mM HEPES, 1.28 mM  $\text{CaCl}_2$  and 5.5 mM glucose (pH 7.4 adjusted with NaOH) until use. For  $\text{Ca}^{2+}$ -free condition, HEPES-buffered physiological saline without adding  $\text{Ca}^{2+}$  was supplemented with 5 mM ethylene glycol-bis (2-aminoethylether)-N,N,N',N'-tetraacetic acid (EGTA).

### Intracellular $\text{Ca}^{2+}$ measurements

To measure intracellular  $\text{Ca}^{2+}$ , the isolated acinar cells were loaded with 5  $\mu\text{M}$  Fura-2/AM and incubated at room temperature in dark condition for 40 minutes. Fura-2/AM loaded cells were mounted onto a cover-glass at the bottom of perfusion chambers. Cells were continuously perfused with HEPES-buffered physiological saline using an electronically controlled perfusion system (Warner Instrument, Hamden, CT, USA). Cells were excited alternately with light at 340 nm and 380 nm using a Polychrome V monochromator (TILL Photonics, Pleasanton, CA, USA). Fluorescence emission at 505 nm was detected with a CoolSNAP HQ<sub>2</sub> camera (Photometrics, Tucson, AZ, USA) attached to an inverted microscope. The fluorescence ratio of 340/380 was measured using Till-Photonics imaging system. Stimuli were dissolved in HEPES-buffered physiological saline and used to continuously perfuse cells in the perfusion chamber at a flow rate of 1 ml/minute using an electronic controlled perfusion system (Waner Instrument, Hamden, CT, USA).

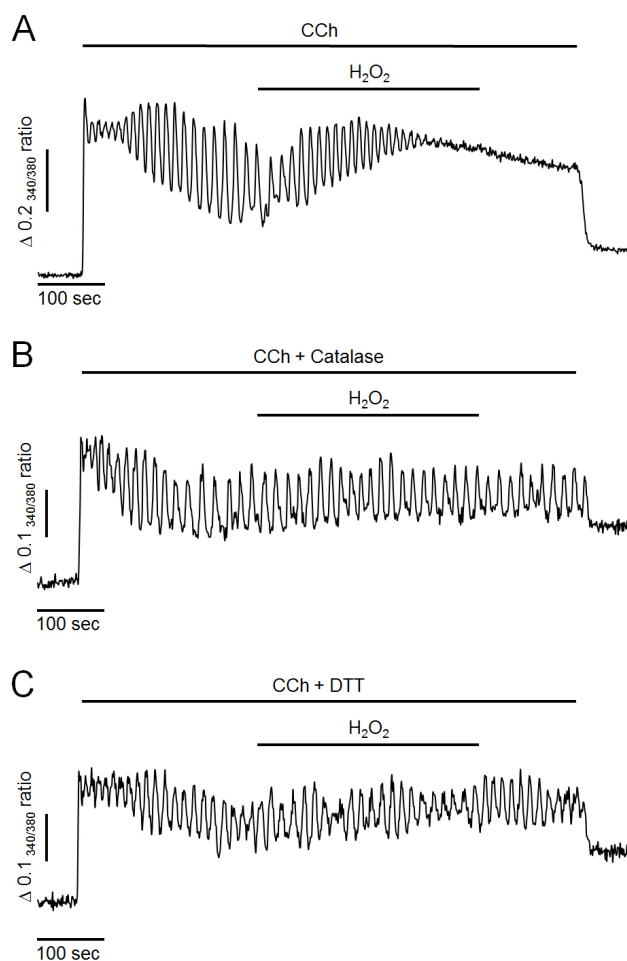
### Data analysis

Values are expressed as mean $\pm$ SEM. Student t test were used for data analysis. Differences were considered as statistically significant when the p value was less than 0.05.  $\text{Ca}^{2+}$  entry rates and extrusion rates were estimated by fitting the increasing and decreasing fluorescence to a single exponential function using Origin program.

## RESULTS

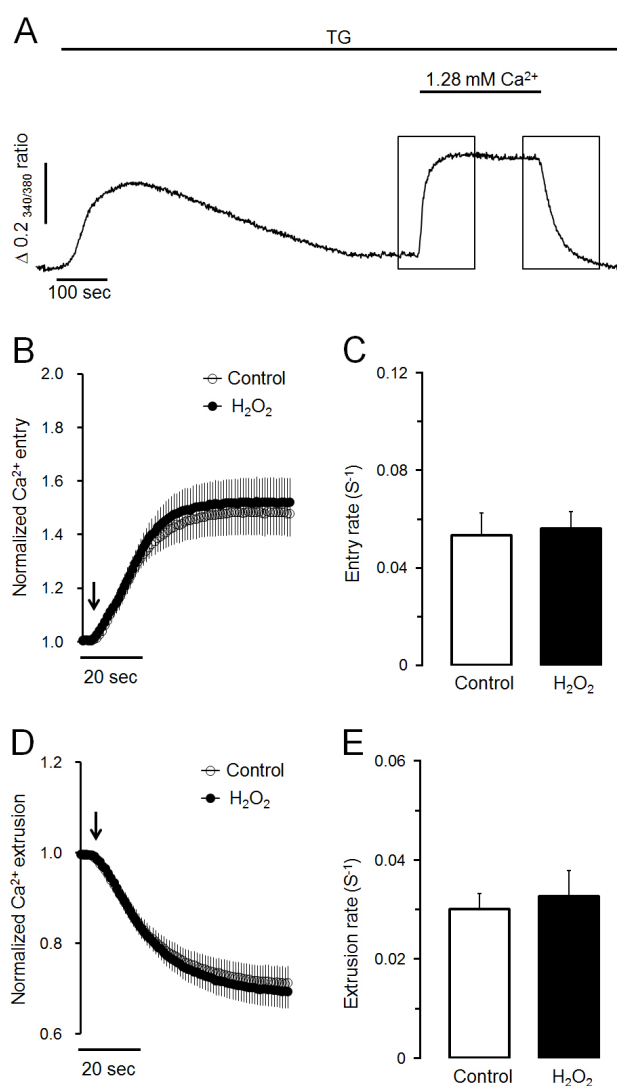
### Effects of hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) on CCh-induced intracellular Ca<sup>2+</sup> oscillation

First, the effects of H<sub>2</sub>O<sub>2</sub> on intracellular Ca<sup>2+</sup> oscillation were performed in pancreatic acinar cells. Intracellular Ca<sup>2+</sup> oscillation was evoked by 500 nM of CCh perfusion in the presence of extracellular Ca<sup>2+</sup> at 1.28 mM in intact cells. As shown in Fig. 1A, CCh at 500 nM generated repetitive and sustained Ca<sup>2+</sup> oscillation. After the steady state, perfusion of H<sub>2</sub>O<sub>2</sub> at 300 μM



**Fig. 1. Effects of hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) and antioxidants on CCh-induced intracellular Ca<sup>2+</sup> oscillation in intact pancreatic acinar cells.** (A) Representative trace showing the effect of H<sub>2</sub>O<sub>2</sub> on CCh-induced Ca<sup>2+</sup> oscillation. (B, C) Representative traces showing the effects of antioxidants (30 μg/ml of catalase and 2 mM of DTT) on H<sub>2</sub>O<sub>2</sub>-induced intracellular Ca<sup>2+</sup> changes. Oscillatory Ca<sup>2+</sup> signals were induced by perfusion with 500 nM of CCh in HEPES buffer containing normal extracellular Ca<sup>2+</sup>. H<sub>2</sub>O<sub>2</sub> at 300 μM was perfused for 5 minutes. All data were obtained from at least five separate experiments (71~98 cells) and expressed as changes of 340/380 ratio. The perfusion of H<sub>2</sub>O<sub>2</sub> resulted in an elevation of intracellular Ca<sup>2+</sup> concentration and a termination of Ca<sup>2+</sup> oscillation. Antioxidants completely prevent H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> accumulation.

resulted in additional elevation of intracellular Ca<sup>2+</sup> levels and termination of Ca<sup>2+</sup> oscillation in 97±4% cells (n=7, 98 cells). These effects were irreversible even when H<sub>2</sub>O<sub>2</sub> was washed out. Since, in preliminary study, only small proportion of cells were response to H<sub>2</sub>O<sub>2</sub> at 100 μM (34±3%, n=5, 73 cells), we used H<sub>2</sub>O<sub>2</sub> at a concentration of 300 μM in the following studies. Additionally, pretreatment of antioxidants such as catalase at 30



**Fig. 2. H<sub>2</sub>O<sub>2</sub> does not affect Ca<sup>2+</sup> entry or Ca<sup>2+</sup> extrusion in TG-treated pancreatic acinar cells.** (A) Representative trace showing the effect of SERCA inactivation using TG on Ca<sup>2+</sup> entry from extracellular medium and Ca<sup>2+</sup> extrusion to extracellular medium. To deplete intracellular Ca<sup>2+</sup> stores, TG at 1 μM was treated in Ca<sup>2+</sup>-free medium. After depletion of intracellular Ca<sup>2+</sup> stores, 1.28 mM of Ca<sup>2+</sup> was added and removed to activate Ca<sup>2+</sup> entry and Ca<sup>2+</sup> extrusion, respectively. (B, C) Effects of H<sub>2</sub>O<sub>2</sub> on normalized Ca<sup>2+</sup> entry and Ca<sup>2+</sup> entry rate in TG-treated pancreatic acinar cells. Values are expressed as means±SEM obtained from six separate experiments (76 cells). (D, E) Effects of H<sub>2</sub>O<sub>2</sub> on normalized Ca<sup>2+</sup> extrusion and Ca<sup>2+</sup> extrusion rate in TG-treated cells. H<sub>2</sub>O<sub>2</sub> at 300 μM did not modify Ca<sup>2+</sup> entry or Ca<sup>2+</sup> extrusion through plasma membrane in TG-treated pancreatic acinar cells.

$\mu\text{g/ml}$  or 1,4-dithiothreitol (DTT) at 2 mM with CCh completely prevented the effects of  $\text{H}_2\text{O}_2$  (i.e., the additional elevation of intracellular  $\text{Ca}^{2+}$  levels and the termination of  $\text{Ca}^{2+}$  oscillation) (Fig. 1B, C). These results suggest that  $\text{H}_2\text{O}_2$  could accumulate intracellular  $\text{Ca}^{2+}$  and disrupt normal oscillatory  $\text{Ca}^{2+}$  signals in mouse pancreatic acinar cells.

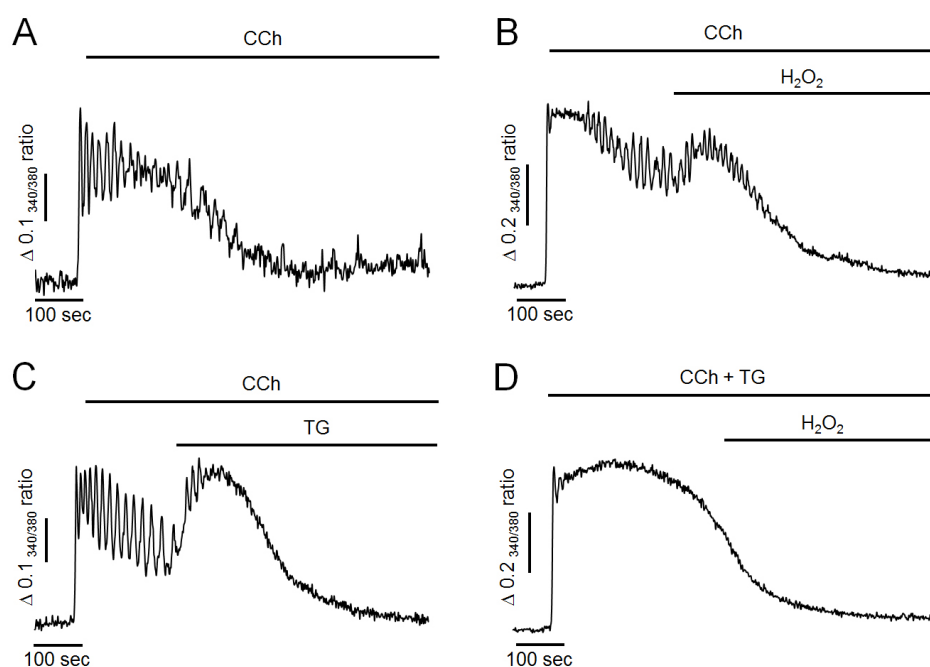
### $\text{H}_2\text{O}_2$ does not affect $\text{Ca}^{2+}$ entry or $\text{Ca}^{2+}$ extrusion through plasma membrane

Next, we determined whether  $\text{H}_2\text{O}_2$ -induced  $\text{Ca}^{2+}$  accumulation was caused by facilitating  $\text{Ca}^{2+}$  entry from extracellular medium or reducing  $\text{Ca}^{2+}$  extrusion to extracellular medium through plasma membrane. As shown in Fig. 2A,  $\text{Ca}^{2+}$  store was initially depleted with 1  $\mu\text{M}$  of TG in  $\text{Ca}^{2+}$ -free medium. Store-operated  $\text{Ca}^{2+}$  entry was then stimulated by adding extracellular  $\text{Ca}^{2+}$  at 1.28 mM.  $\text{Ca}^{2+}$  extrusion through plasma membrane was then stimulated by changing to  $\text{Ca}^{2+}$ -free medium in intact cells. In the control experiment, the adding of extracellular  $\text{Ca}^{2+}$  remarkably stimulated  $\text{Ca}^{2+}$  entry from extracellular fluid with a  $\text{Ca}^{2+}$  entry rate of  $0.053 \pm 0.009 \text{ S}^{-1}$ .  $\text{H}_2\text{O}_2$ -induced  $\text{Ca}^{2+}$  entry rate was  $0.056 \pm 0.007 \text{ S}^{-1}$ , which was not significantly different from the control value (Fig. 2B, C). In  $\text{H}_2\text{O}_2$ -treated cells, the removing of extracellular  $\text{Ca}^{2+}$  clearly extruded intracellular  $\text{Ca}^{2+}$  to external space (Fig. 2A). The  $\text{Ca}^{2+}$  extrusion rate was  $0.033 \pm 0.005 \text{ S}^{-1}$ , which was not significantly different from its control value at  $0.030 \pm 0.003 \text{ S}^{-1}$  (Fig. 2D, E). Thus, neither  $\text{Ca}^{2+}$  entry from extracellular medium nor  $\text{Ca}^{2+}$  extrusion to extracellular medium was modified by  $\text{H}_2\text{O}_2$  treatment. Therefore,  $\text{H}_2\text{O}_2$ -induced  $\text{Ca}^{2+}$  accumulation was not due to facilitating  $\text{Ca}^{2+}$  entry from extracellular medium or reducing  $\text{Ca}^{2+}$  extrusion to extracellular

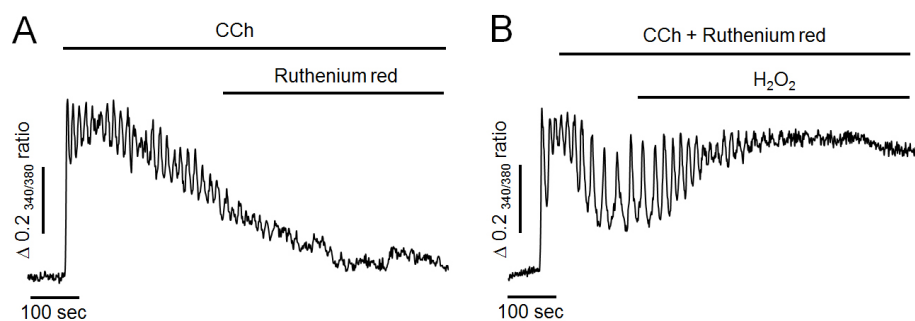
medium through plasma membrane in pancreatic acinar cells.

### TG mimics $\text{H}_2\text{O}_2$ -induced $\text{Ca}^{2+}$ responses and pretreatment of TG completely abolishes $\text{H}_2\text{O}_2$ -induced $\text{Ca}^{2+}$ responses in $\text{Ca}^{2+}$ -free medium

Next, we evaluated whether  $\text{H}_2\text{O}_2$  could elevate intracellular  $\text{Ca}^{2+}$  levels in  $\text{Ca}^{2+}$ -free medium because  $\text{H}_2\text{O}_2$  did not facilitate  $\text{Ca}^{2+}$  entry or reduce  $\text{Ca}^{2+}$  extrusion through plasma membrane. As shown in Fig. 3A, in  $\text{Ca}^{2+}$ -free medium, 500 nM of CCh resulted in  $\text{Ca}^{2+}$  oscillation in the initial state, indicating that CCh initially mobilized  $\text{Ca}^{2+}$  from intracellular stores. However, oscillatory signals were ceased and returned to baseline levels after 300~500 sec of CCh perfusion in  $\text{Ca}^{2+}$ -free medium due to discontinued  $\text{Ca}^{2+}$  supply from extracellular fluid. After 200 sec of CCh perfusion, treatment with 300  $\mu\text{M}$   $\text{H}_2\text{O}_2$  still resulted in an additional elevation of intracellular  $\text{Ca}^{2+}$  levels even when extracellular  $\text{Ca}^{2+}$  was eliminated (Fig. 3B). Furthermore, additional elevation of intracellular  $\text{Ca}^{2+}$  concentration was mimicked by TG treatment in  $\text{Ca}^{2+}$ -free medium (Fig. 3C). However, the  $\text{H}_2\text{O}_2$ -induced additional increase of  $\text{Ca}^{2+}$  was completely abolished under SERCA-inactivated condition by TG pretreatment with CCh. Since, in this condition, intracellular TG-sensitive  $\text{Ca}^{2+}$  stores were already depleted, TG-insensitive other  $\text{Ca}^{2+}$  pools may not participate on  $\text{H}_2\text{O}_2$ -induced additional elevation of intracellular  $\text{Ca}^{2+}$  concentration. These results suggested that  $\text{H}_2\text{O}_2$  could accumulate intracellular  $\text{Ca}^{2+}$  through inhibiting  $\text{Ca}^{2+}$  refilling to intracellular store by inactivation of SERCA, similar to the effect of TG.



**Fig. 3. Effects of  $\text{H}_2\text{O}_2$  and TG on CCh-induced intracellular  $\text{Ca}^{2+}$  response in  $\text{Ca}^{2+}$ -free medium.** (A) Representative trace showing CCh-induced intracellular  $\text{Ca}^{2+}$  response in  $\text{Ca}^{2+}$ -free medium. (B)  $\text{H}_2\text{O}_2$ -induced additional elevation of intracellular  $\text{Ca}^{2+}$  levels. (C) TG mimicked the additional elevation of intracellular  $\text{Ca}^{2+}$  levels. (D) Pretreatment of TG with CCh completely abolished  $\text{H}_2\text{O}_2$ -induced additional elevation of intracellular  $\text{Ca}^{2+}$  levels. All data were obtained from at least five separate experiments (74~103 cells). Perfusion of  $\text{H}_2\text{O}_2$  at 300  $\mu\text{M}$  resulted in additional elevation of intracellular  $\text{Ca}^{2+}$  levels, which was mimicked by 1  $\mu\text{M}$  of TG perfusion in  $\text{Ca}^{2+}$ -free medium.  $\text{H}_2\text{O}_2$ -induced additional increase of  $\text{Ca}^{2+}$  was completely abolished by inactivation of SERCA with TG pretreatment.



**Fig. 4.** Effect of ruthenium red on H<sub>2</sub>O<sub>2</sub>-induced intracellular Ca<sup>2+</sup> response in Ca<sup>2+</sup>-free medium. (A) Representative trace showing the effect of ruthenium red on CCh-induced intracellular Ca<sup>2+</sup> response in Ca<sup>2+</sup>-free medium. (B) Pretreatment of ruthenium red with CCh failed to attenuate H<sub>2</sub>O<sub>2</sub>-induced additional elevation of intracellular Ca<sup>2+</sup> levels. All data were obtained from six and seven separate experiments (70 and 81 cells). Perfusion of ruthenium red at 50 μM, a mitochondrial Ca<sup>2+</sup> uniporter inhibitor, did not mimic H<sub>2</sub>O<sub>2</sub>-induced additional elevation of intracellular Ca<sup>2+</sup> levels. After pretreatment of ruthenium red with CCh, H<sub>2</sub>O<sub>2</sub> still elevated intracellular Ca<sup>2+</sup> concentration.

### Ruthenium red does not attenuate H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> responses in Ca<sup>2+</sup>-free medium

To further determine whether H<sub>2</sub>O<sub>2</sub> could reduce mitochondrial Ca<sup>2+</sup> buffering effect, ruthenium red at 50 μM, a mitochondrial Ca<sup>2+</sup> uniporter blocker, was used in the following experiment. As shown in Fig. 4A, ruthenium red has no any effect to compare the control experiment (Fig. 3A), and failed to mimic H<sub>2</sub>O<sub>2</sub>-induced additional elevation of intracellular Ca<sup>2+</sup> levels in Ca<sup>2+</sup>-free medium. Thus, it is unlikely that mitochondria remarkable participate on Ca<sup>2+</sup> elimination after CCh stimulation. Moreover, H<sub>2</sub>O<sub>2</sub> still elevated intracellular Ca<sup>2+</sup> levels even when mitochondrial uniporter was blocked by pretreatment of ruthenium red with CCh (Fig. 4B). This result indicated that Ca<sup>2+</sup> accumulation induced by H<sub>2</sub>O<sub>2</sub> might not be by reducing Ca<sup>2+</sup>-buffering capacity of mitochondria in pancreatic acinar cells.

## DISCUSSION

The present study clearly provided evidence that H<sub>2</sub>O<sub>2</sub>, a reactive oxygen species, could accumulate cytosolic Ca<sup>2+</sup> through attenuating refilling of intracellular Ca<sup>2+</sup> store in mouse pancreatic acinar cells. Cytosolic free Ca<sup>2+</sup> plays a pivotal role in the stimulus-secretion coupling process in pancreatic acinar cells [19,20]. Ca<sup>2+</sup> can be mobilized to elicit physiological responses from both the external fluid and the internal stores such as endoplasmic reticulum and acidic store. Acetylcholine and cholecystokinin (CCK), the major agonists in pancreatic exocrine gland, are known to generate repetitive and transient oscillatory Ca<sup>2+</sup> signals [21,22]. The balance between Ca<sup>2+</sup> mobilization and Ca<sup>2+</sup> elimination is important to generate Ca<sup>2+</sup> oscillation in exocrine cells. These processes are regulated by the action of a variety of channels, pumps, and exchangers for Ca<sup>2+</sup> localized both in the plasma membrane and the ER membrane [19,20]. Since the accumulation of intracellular Ca<sup>2+</sup> causes cellular

damage associated with acute and chronic pancreatitis [24,25], basal intracellular Ca<sup>2+</sup> concentrations have to be finely regulated to low resting values under normal condition.

Although oxidant-induced intracellular Ca<sup>2+</sup> overload has been revealed in various cell types, the underlying mechanisms of Ca<sup>2+</sup> mobilization and elimination are complicated [10-18]. It has been known that the involvement of oxidants in Ca<sup>2+</sup> homeostasis is mediated by the modification of disulfide bonds between cysteine residues of Ca<sup>2+</sup> regulating proteins including SERCA, PMCA and Na<sup>+</sup>/Ca<sup>2+</sup> exchanger (NCX) [31,32]. These molecules have different isoforms with different expression characteristics and regulation properties, thus giving versatility of Ca<sup>2+</sup> signaling [33]. The present study was designed to investigate the exact mechanism of how H<sub>2</sub>O<sub>2</sub> could cause intracellular Ca<sup>2+</sup> accumulation in pancreatic acinar cells. When acinar cells were exposed to 300 μM of H<sub>2</sub>O<sub>2</sub> in normal buffer, there was additional elevation of cytosolic Ca<sup>2+</sup> and termination of oscillatory Ca<sup>2+</sup> signals. These effects of H<sub>2</sub>O<sub>2</sub> on Ca<sup>2+</sup> signals were completely prevented by pretreatment with catalase (an enzyme that can degrade hydrogen peroxide) and DTT (a sulfhydryl reducing agent). Although cytosolic H<sub>2</sub>O<sub>2</sub> concentrations produced by oxidative stress in pancreatic acinar cells is not known, only small proportion of cells (34%) were response to 100 μM of H<sub>2</sub>O<sub>2</sub> and most cells (97%) were response to 300 μM of H<sub>2</sub>O<sub>2</sub> in the present study. In general, H<sub>2</sub>O<sub>2</sub> at concentrations from 10 μM to 1 mM caused intracellular Ca<sup>2+</sup> accumulation in various cell types [10-17]. These results suggest that excess generation of oxidants in pathologic conditions could disturb Ca<sup>2+</sup> homeostasis mediated by sulfhydryl group oxidation in pancreatic acinar cells.

Next, we investigated whether H<sub>2</sub>O<sub>2</sub> actually induced Ca<sup>2+</sup> entry from extracellular fluid through plasma membrane. In ventricular myocyte, ROS can enhance Ca<sup>2+</sup> entry through modulating the function of voltage-gated L-type Ca<sup>2+</sup> channels in plasma membrane [34]. It has been reported that ROS play physiological roles in platelet aggregation by activating SOC-mediated Ca<sup>2+</sup> entry in human platelets [35]. Transient receptor



potential (TRP) channels, such as TRPC3, TRPM2, TRPM7, and TRPPA1 are also known to sensitive to ROS [36]. They participate in neurodegeneration process of neuronal cells. However, H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> accumulation still occurred in Ca<sup>2+</sup>-free medium in this study after extracellular Ca<sup>2+</sup> sources were eliminated. Furthermore, H<sub>2</sub>O<sub>2</sub> failed to attenuate SOC-mediated Ca<sup>2+</sup> entry by adding extracellular Ca<sup>2+</sup> at 1.28 mM after ER Ca<sup>2+</sup> stores were depleted in Ca<sup>2+</sup>-free medium by pretreatment of TG. In pancreatic acinar cells, evidence of the existence or the role of voltage-gated Ca<sup>2+</sup> channels or NCX has not been presented. The role of TRP channels and their sensitivities to H<sub>2</sub>O<sub>2</sub> have also not been fully elucidated at the present time. Our results suggested that Ca<sup>2+</sup> entry channels in plasma membrane might not be the primary targets of H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> accumulation in mouse pancreatic acinar cells.

In this study, H<sub>2</sub>O<sub>2</sub>-induced additional elevation of intracellular Ca<sup>2+</sup> concentration was mimicked by TG treatment in Ca<sup>2+</sup>-free medium. Moreover, H<sub>2</sub>O<sub>2</sub>-induced additional increase of Ca<sup>2+</sup> was completely abolished in SERCA-inactivated condition by TG pretreatment with CCh. These results strongly suggest that H<sub>2</sub>O<sub>2</sub> could accumulate intracellular Ca<sup>2+</sup> through inhibiting refilling to intracellular Ca<sup>2+</sup> store, similar to the effect of TG by inactivating SERCA. Since SERCA contains 20~28 cysteine residues, its activity can be effectively modulated by oxidants. It has been reported that ROS could attenuate the activity of this pump by modifying sulfhydryl groups [37]. Distinct SERCA isoforms are known to show different susceptibilities to ROS due to different location of cysteine residues [38]. In rat pancreatic acinar cell, there was no expression of SERCA1 mRNA and SERCA2 mRNA expression was down-regulated in acute pancreatitis [39]. The different sensitivity to H<sub>2</sub>O<sub>2</sub> between SERCA subtypes is not known at the present time. Thus further studies are needed to elucidate the mechanism of H<sub>2</sub>O<sub>2</sub> on calcium accumulation and cell damage. PMCA also could contribute to ROS-induced cytosolic Ca<sup>2+</sup> accumulation because this pump has abundant cysteine residues [37]. In this study, 300 μM of H<sub>2</sub>O<sub>2</sub> failed to attenuate Ca<sup>2+</sup> extrusion through plasma membrane in TG-treated experiment. However 10 folds higher concentration of H<sub>2</sub>O<sub>2</sub> partially inhibited Ca<sup>2+</sup> extrusion to extracellular fluid under similar conditions (data not shown). These findings strongly suggest that the primary target for H<sub>2</sub>O<sub>2</sub>-induced Ca<sup>2+</sup> accumulation might be SERCA rather than PMCA in mouse pancreatic acinar cells.

The overloaded Ca<sup>2+</sup> also could be eliminated by buffering action of mitochondria. CCK can evoke oscillatory Ca<sup>2+</sup> signals and substantial mitochondrial Ca<sup>2+</sup> uptake in pancreatic acinar cells [40,41]. H<sub>2</sub>O<sub>2</sub> can cause mitochondrial Ca<sup>2+</sup> release abolished by pretreatment of FCCP or CCCP, a mitochondrial uncoupler [40,41]. However, in another study, mitochondrial Ca<sup>2+</sup> uptake did not occur in unstimulated resting cells [18]. In addition, H<sub>2</sub>O<sub>2</sub>-induced mitochondrial Ca<sup>2+</sup> uptake was very slow at low capacity even cells were stimulated by CCK [18]. In the present study,

ruthenium red alone has no effect on CCh-induced Ca<sup>2+</sup> response in Ca<sup>2+</sup> free medium, and H<sub>2</sub>O<sub>2</sub> still elevated intracellular Ca<sup>2+</sup> levels even when mitochondrial uniporter was blocked by pretreatment of ruthenium red with CCh. Thus, it is unlikely that mitochondria are the major source of H<sub>2</sub>O<sub>2</sub>-induced elevation of cytosolic Ca<sup>2+</sup>.

Based on the above results, we conclude that the primary target molecule for excessively generated H<sub>2</sub>O<sub>2</sub> in pathological conditions is likely to be the sulfhydryl group of SERCA. We also conclude that H<sub>2</sub>O<sub>2</sub> can accumulate intracellular Ca<sup>2+</sup> by attenuating the refilling of intracellular Ca<sup>2+</sup> stores through ER membrane rather than by Ca<sup>2+</sup> entry or Ca<sup>2+</sup> extrusion through plasma membrane in mouse pancreatic acinar cells.

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## CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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