# Pharmacological Properties and Functional Role of $K_{slow}$ Current in Mouse Pancreatic $\beta$ -Cells: SK Channels Contribute to $K_{slow}$ Tail Current and Modulate Insulin Secretion

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The pharmacological properties of slow  $Ca^{2+}$ -activated K<sup>+</sup> current (K<sub>slow</sub>) were investigated in mouse pancreatic  $\beta$ -cells and islets to understand how K<sub>slow</sub> contributes to the control of islet bursting,  $[Ca^{2+}]_i$  oscillations, and insulin secretion. K<sub>slow</sub> was insensitive to apamin or the K<sub>ATP</sub> channel inhibitor tolbutamide, but UCL 1684, a potent and selective nonpeptide SK channel blocker reduced the amplitude of K<sub>slow</sub> tail current in voltage-clamped mouse  $\beta$ -cells. K<sub>slow</sub> was also selectively and reversibly inhibited by the class III antiarrythmic agent azimilide (AZ). In isolated  $\beta$ -cells or islets, pharmacologic inhibition of K<sub>slow</sub> by UCL 1684 or AZ depolarized  $\beta$ -cell silent phase potential, increased action potential firing, raised  $[Ca^{2+}]_i$ , and enhanced glucose-dependent insulin secretion. AZ inhibition of K<sub>slow</sub> also supported mediation by SK, rather than cardiac-like slow delayed rectifier channels since bath application of AZ to HEK 293 cells expressing SK3 cDNA reduced SK current. Further, AZ-sensitive K<sub>slow</sub> current was extant in  $\beta$ -cells from KCNQ1 or KCNE1 null mice lacking cardiac slow delayed rectifier currents. These results strongly support a functional role for SK channel-mediated K<sub>slow</sub> current in  $\beta$ -cells, and suggest that drugs that target SK channels may represent a new approach for increasing glucose-dependent insulin secretion. The apamin insensitivity of  $\beta$ -cell SK current suggests that  $\beta$ -cells express a unique SK splice variant or a novel heteromultimer consisting of different SK subunits.

## INTRODUCTION

When exposed to glucose concentrations  $\geq 7$  mM, pancreatic islets of Langerhans exhibit electrical oscillations consisting of bursts of fast Ca<sup>2+</sup>-dependent action potentials riding upon slower depolarizing plateaus (Dean and Matthews, 1970a; Ashcroft and Rorsman, 1989; Cook et al., 1991; Satin and Smolen, 1994). The period of this bursting typically ranges from tens of seconds to minutes in 11.1 mM glucose, and numerous studies have shown that bursting leads to concomitant oscillations in islet [Ca<sup>2+</sup>]<sub>i</sub> that drive insulin secretion (Bergsten et al., 1994; Barbosa et al., 1998; Zhang et al., 2003). However, despite extensive investigation, the ionic basis of islet pacemaking is not fully understood. The cyclic activation of a Ca2+-activated K+ current (K<sub>Ca</sub>) has been a strong candidate pacemaker (Atwater et al., 1979; Satin and Smolen, 1994; Sherman, 1996), and in support of this, islet bursting is simulated by models incorporating the cyclic activation and deactivation of K<sub>Ca</sub> channels by bursting-induced elevations in  $[Ca^{2+}]_i$  (Chay and Keizer, 1983). Göpel et al. (1999) presented evidence that K<sub>slow</sub>, a novel slow Ca<sup>2+</sup>-activated  $K^+$  current, tracks  $[Ca^{2+}]_i$  as it rises in response to a

voltage clamp command designed to mimic an islet burst. Unlike the fast or "BK type"  $K_{Ca}$  channels of  $\beta$ -cells (Kukuljan et al., 1991), K<sub>slow</sub> was insensitive to charybdotoxin or low concentrations of TEA (Göpel et al., 1999; Hennige et al., 2000), but was regulated by both store and cytoplasmic Ca<sup>2+</sup> (Goforth et al., 2002). In contrast to their initial description of the current (Göpel et al., 1999), Kanno et al. (2002) suggested that K<sub>slow</sub> might be a mosaic of K<sub>ATP</sub> and Ca<sup>2+</sup>-activated K<sup>+</sup> current. More recently, Tamarina et al. (2003) confirmed that small-conductance calcium-activated K<sup>+</sup> channels (SK type) are expressed in pancreatic islets, and suggested these channels regulate glucose-induced [Ca<sup>2+</sup>]<sub>i</sub> oscillations in islets by mediating K<sub>slow</sub>. However, a problem with this hypothesis is that apamin, the canonical SK blocker in other systems, does not affect mouse islet bursting or  $\beta$ -cell K<sub>slow</sub> current (Lebrun et al., 1983; Ämmälä et al., 1993; Göpel et al., 1999; Goforth et al., 2002). Thus, it is not yet proven that SK channels mediate  $K_{slow}$  current in  $\beta$ -cells. The lack of a selective  $K_{slow}$ blocker has further hampered progress in determining

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Abbreviations used in this paper: AZ, azimilide;  $K_{Ca}$ ,  $Ca^{2+}$ -activated K<sup>+</sup> current;  $K_{slow}$ , slow  $Ca^{2+}$ -activated K<sup>+</sup> current.

the function role of  $K_{slow}$  current in islet electrophysiology and stimulus–secretion coupling.

We now report that UCL 1684, a highly selective, nonpeptidergic blocker of SK channels (Rosa et al., 1998), or azimilide (NE-10064, (E)-1-[[[5-(4-chlorophenyl)-2-furanyl]methylene]amino]-3-[4-(4-methyl-1-piperazinyl)butyl]-2,4-imidazolidinedione dihydrochloride, AZ), a novel class III antiarrhythmic agent, inhibit  $K_{slow}$  in mouse pancreatic  $\beta$ -cells or islets. In cardiac cells, AZ blocks both the slowly  $(I_{Ks})$  and rapidly activating  $(I_{Kr})$  components of delayed rectifier potassium current and as a result prolongs cardiac refractoriness (Busch et al., 1994; Fermini et al., 1995; Salata and Brooks, 1997; Karam et al., 1998). In islets, however, Kslow blockade by AZ was due to block of Ca2+-activated SK channels because we found that, on the one hand, AZ was effective in blocking  $K_{slow}$  even in  $\beta$ -cells from mice in which I<sub>Ks</sub> was eliminated by two different global knockouts, and on the other hand, AZ blocked SK3 channels expressed in transfected HEK 293 cells. In terms of function, suppression of K<sub>slow</sub> by UCL 1684 or AZ resulted in membrane depolarization, increased action potential firing, and a concomitant increase in islet  $\beta$ -cell [Ca<sup>2+</sup>]<sub>i</sub>. In islets exhibiting regular [Ca<sup>2+</sup>]<sub>i</sub> oscillations in 11.1 mM glucose (Zhang et al., 2003), UCL or AZ increased  $[Ca^{2+}]_i$  as well as oscillation frequency. Furthermore, both K<sub>slow</sub> blockers significantly enhanced glucose-dependent insulin release, while not affecting basal secretion.

### MATERIALS AND METHODS

#### Culture of Islets and Islet $\beta$ -Cells

Mouse islets were isolated from the pancreases of Swiss-Webster mice by collagenase digestion (Zhang et al., 2003). Islets were dispersed into single cells by gently shaking the islets in a low-calcium solution. Islets or  $\beta$ -cells were seeded on glass coverslips in 35-mm Petri plates and cultured in RPMI-1640 medium with 11.1 mM glucose, FBS, L-glutamine, and penicillin/streptomycin (Invitrogen). All cultures were kept at 37°C in an air/CO<sup>2</sup> incubator. Cells were fed every 2–3 d, and were kept in vitro for up to 5 d, while islets were typically cultured for 1–2 d.

#### Electrophysiology

β-cells or islets were superfused with a standard external solution containing (in mM) 115 NaCl, 3 CaCl<sub>2</sub>, 5 KCl, 2 MgCl<sub>2</sub>, 10 HEPES, 11.1 glucose (pH 7.2). The perforated patch-clamp technique was used to record islet or β-cell membrane potentials or ion currents. Pipettes were pulled from borosilicate glass using a two-stage horizontal puller (P-97, Sutter Instruments). Pipette tips were filled with an internal solution containing (in mM) 28.4 K<sub>2</sub>SO<sub>4</sub>, 63.7 KCl, 11.8 NaCl, 1 MgCl<sub>2</sub>, 20.8 HEPES, 0.5 EGTA (pH 7.2) and then backfilled with internal solution plus 0.1 mg/ ml amphotericin B. An Axopatch-200B patch-clamp amplifier (Axon Instruments) was used in the standard tight-seal perforated patch-clamp mode to record membrane potentials or ion currents in current or voltage clamp mode, respectively (Hamill et al., 1981). Pipette resistances ranged from 5 to 8 MΩ using our internal solutions, while seal resistances ranged from 2 to 10 GΩ. Solutions were applied to  $\beta$ -cells or islets using a gravity-driven perfusion system, which allowed switching between multiple reservoirs and flow rates in excess of 1 ml/min. All experiments were performed at 32°C–35°C using a feedback-controlled temperature regulation system (CellMicro Controls). All drugs were made up fresh daily from frozen stock solutions. Drugs and chemicals were obtained from Sigma-Aldrich with the exception of AZ and HMR1556, which were a gift from G.N. Tseng (VCU, Richmond, VA).

#### [Ca<sup>2+</sup>]<sub>i</sub> Measurements

Cultured mouse islets were loaded with the Ca<sup>2+</sup>-sensitive dye, fura-2/AM (Invitrogen). 2  $\mu$ mol/l fura-2-AM and 1  $\mu$ l of 2.5% pluronic acid were added to cells in 35-mm culture dishes containing 1 ml of medium, and islets were incubated for 30 min at 37°C to load with dye. After loading, islets were washed once and then incubated in standard external solution for 20 min. [Ca<sup>2+</sup>]<sub>i</sub> was measured by placing islets in a small recording chamber mounted on the stage of an Olympus IX-50 inverted epifluorescence microscope (Olympus). Fura-2 was excited at 340/380 nm using a galvanometer-driven mirror that alternated a light beam from a xenon source ("HyperSwitch," IonOptix Corporation). A photomultiplier and photon counting were used to quantify fura-2 emission at 510 nm (IonOptix Inc.). Fluorescence data were acquired and analyzed using IonWizard software (IonOptix).

 $[Ca^{2+}]_i$  values were determined from the fluorescence ratio (R) of  $Ca^{2+}$ -bound fura-2 (excited at 340 nm) to unbound fura-2 (excited at 380 nM). Absolute  $[Ca^{2+}]_i$  was determined using a standard equation (Grynkiewicz et al., 1985). To convert R to  $[Ca^{2+}]_i$  using this equation,  $R_{max}$  and  $R_{min}$  were obtained by exposing islets to 10  $\mu$ M ionomycin plus 3 mM  $Ca^{2+}$  or 10 mM EGTA, respectively, at the end of each experiment. The equilibrium constant for  $Ca^{2+}$  binding to fura-2 (K<sub>d</sub>) was assumed to be 224 nM (Grynkiewicz et al., 1985).

### Measurement of Insulin Secretion

Islets were cultured overnight and then washed twice with our standard external saline containing 11.1 mM glucose. Following this, each dish containing 10 islets was incubated for 60 min in 1 ml of standard external solution containing various concentrations of glucose, UCL 1684, or AZ. A portion of the reaction solution was withdrawn at the end of the incubation period and diluted appropriately for insulin assay. Insulin was measured using an ELISA kit for detecting mouse insulin (Mercodia Ultrasensitive Mouse Insulin ELISA Kit; Mercodia), according to the instructions of the manufacturer. Sample absorbance at 450 nm was read using a microplate reader (model 2550, Bio-Rad Laboratories). Data were collected from four mice for UCL 1684 and four mice for AZ, and the experiment was repeated three times. The content of insulin in samples was calculated according to a standard curve.

#### Functional Expression of the hSK3 Gene in HEK 293

HEK 293 cells were cultured in minimal essential medium containing glutamine and 10% FBS. 1 or 2 d before transfection, cells were transferred to 35-mm Petri dishes and were grown to  $\sim$ 70% confluence. A mixture containing 0.1 µg of the plasmid DNA encoding EGFP-N1 (BD Biosciences, CLONTECH Laboratories Inc.) and 1 µg of plasmid DNA encoding human SK3 (Kohler et al., 1996; Chandy et al., 1998) was transfected into HEK 293 cells using Lipofectamine 2000 (Invitrogen) according to the manufacturer's protocol. Cells were studied 24–48 h after transfection.

SK3 currents were recorded using whole-cell patch clamp as described in general above. The electrodes used contained 28.4 mM K<sub>2</sub>SO<sub>4</sub>, 63.7 mM KCl, 10.7 mM NaCl, 20.8 mM HEPES, 1 mM MgCl<sub>2</sub>, 1 mM EGTA, 0.9 mM CaCl<sub>2</sub>, pH 7.2; the calculated  $[Ca^{2+}]_i$  for this solution was  $\sim 1 \mu$ M, which is sufficient for nearly

maximal activation of SK<sub>3</sub> channels (Kohler et al., 1996). HEK 293 cells showing green fluorescence in the bath solution (115 mM NaCl, 3 mM CaCl<sub>2</sub>, 5 mM KCl, 2 mM MgCl<sub>2</sub>, 10 mM HEPES, 11.1 mM glucose, pH 7.35) were selected for voltage clamping. After the formation of a tight seal in cell-attached mode, the external solution was changed to an "SK blocking solution" (71 mM NaCl, 5 mM KCl, 2 mM MgCl<sub>2</sub>, 10 mM BaCl<sub>2</sub>, 30 mM TEA-Cl, 10 mM HEPES, 11.1 mM glucose, pH 7.35), which contained Ba<sup>2+</sup> and TEA to prevent SK current activation before establishing whole cell mode to help preserve cell viability. Once whole cell mode was established, SK3 currents were then initiated by using a high K<sup>+</sup> external solution (90 mM NaCl, 30 mM KCl, 3 mM CaCl<sub>2</sub>, 2 mM MgCl<sub>2</sub>, 10 mM HEPES, 11.1 mM glucose, pH 7.35) and were recorded at -80 mV and +10 mV. The effects of UCL 1684 and AZ on SK3 currents were observed by adding these drugs to the bathing solution.

Data analysis, curve fitting, and graphics were performed using IgorPro Software (Wavemetrics) and statistical analysis and curve fitting of dose–response data was done using GraphPad Prism Pro. Data shown are means  $\pm$  SEM. Where relevant, paired or unpaired Student's *t* tests were used to test for significance. P values <0.05 were considered significant and denoted by \* or # in figures; P < 0.01 are denoted by \*\* or ## in figures; and P < 0.001 are denoted by \*\*\* or ### in figures.

### RESULTS

# $K_{slow}$ Current Is Inhibited by the SK Blocker UCL 1684 in Mouse Single $\beta\text{-Cells}$

Mouse islet cells and insulin-secreting cell lines express SK channel isoforms, and SK channel modulators alter glucose-dependent  $[Ca^{2+}]_i$  oscillations in mouse islets (Tamarina et al., 2003). Paradoxically, however, the prototypical SK inhibitor apamin, which modulates  $[Ca^{2+}]_i$  oscillations in rodent islets (Tamarina et al., 2003), does not block  $K_{slow}$  current in mouse  $\beta$ -cells (Göpel et al., 1999; Goforth et al., 2002), and is without effect on islet electrical bursting (Lebrun et al., 1983). The reasons for these discrepancies are not clear. To determine whether  $K_{slow}$  is indeed mediated by SK channels, and to determine the role of  $K_{slow}$  in islet stimulus–secretion coupling, we more fully characterized the pharmacological properties of  $K_{slow}$  current.

To elicit  $K_{slow}$  current, we used a standard protocol consisting of a physiological waveform command that resembled an islet burst to isolate a deactivation "tail" of  $K_{slow}$  current. This protocol stepped membrane potential from -65 to -40 mV for 5 s, followed by a 5-s train of spike-like pulse depolarizations from -40 to 0 mV, and then a 10-s sojourn back to -40 mV (for more details of the protocol used, see Göpel et al., 1999).

As shown in Fig. 1 A, upon application of the pulse train, an envelope of slow outward current progressively activated, with faster outward currents superposed, and then slowly deactivated once the pulse train was terminated. The peak amplitudes of the deactivating tail currents mediated by  $K_{slow}$  are denoted by arrows in the figure, and were used to quantify the degree of  $K_{slow}$  activation (Göpel et al., 1999; Goforth et al., 2002).



**Figure 1.** Expression and block of  $K_{slow}$  by an SK channel blocker. UCL 1684, a potent and selective nonpeptide SK blocker blocks  $K_{slow}$  currents in mouse  $\beta$ -cells. Top traces (A and B) show representative recordings of  $K_{slow}$  current. The peak of the  $K_{slow}$  tail currents is denoted by arrows. The currents shown were elicited using a burst pulse protocol (see MATERIALS AND METHODS) in voltage clamp. (C) Dose–response curve of UCL 1684 on  $K_{slow}$  UCL 1684 suppressed  $K_{slow}$  current with an IC<sub>50</sub> of 6.2 nM. Data shown are mean ± SEM, with *n* (number of experiments) indicated in brackets. Curve was fit with single binding site model.

As the bath application of up to  $1 \mu M$  apamin did not block  $K_{slow}$  current (n = 10, unpublished data), we tested the potent nonpeptide SK blocker UCL 1684, which is known to selectively target SK 1-3 type K<sub>Ca</sub> channels (Rosa et al., 1998). As shown in Fig. 1 B, 10 nM UCL 1684 inhibited  $K_{slow}$  current. In 17 isolated  $\beta$ -cells, the mean current density was reduced from  $1.34 \pm 0.14$ to  $0.83 \pm 0.15$  pA/pF (P < 0.001). K<sub>slow</sub> block by UCL 1684 was dose responsive, as shown in Fig. 1 C. The data were fit by a single binding site model to yield an  $IC_{50}$  of 6.2 nM and a  $B_{max}$  of 54.1%. This IC<sub>50</sub> is similar to the sensitivity of SK channels to UCL 1684 in other systems (Dunn, 1999; Malik-Hall et al., 2000; Hosseini et al., 2001). The data are consistent with the hypothesis that SK channels are at least partly involved in the mediation of  $\beta$ -cell K<sub>slow</sub> current. In a previous study, Kanno et al. (2002) reported that  $K_{slow}$  was a composite of  $K_{Ca}$  and  $K_{ATP}$  channels. In our hands, however, the  $K_{slow}$  current of mouse  $\beta$ -cells was insensitive to 200  $\mu$ M tolbutamide  $(1.14 \pm 0.11 \text{ vs. } 1.04 \pm 0.14 \text{ pA/pF}, n = 16, P > 0.05), \text{ as}$ initially reported by Göpel et al. (1999). This suggests that K<sub>slow</sub> current does not appear to be a mosaic of SK and K<sub>ATP</sub> currents using our standard conditions.

# The Class III Antiarrythmic Drug AZ also Blocks $K_{\text{slow}}$ Current in Single Mouse $\beta\text{-Cells}$

In heart cells, the class III antiarrythmic agent AZ blocks both  $I_{Kr}$  and  $I_{Ks}$  delayed rectifying  $K^+$  currents, the former a fast, voltage-dependent  $K^+$  channel, and the



**Figure 2.** The class III antiarrythmic drug azimilide also blocked  $K_{slow}$  currents in mouse  $\beta$ -cells. (A) Representative recordings showing that AZ reversibly blocks  $K_{slow}$  current. (B) Dose–response curve of AZ inhibition of  $K_{slow}$ . AZ suppressed  $K_{slow}$  current with an IC<sub>50</sub> of 3.2  $\mu$ M. Data shown are mean  $\pm$  SEM, with *n* (number of experiments) indicated in parentheses. Curve was fit with a single binding site model.

latter a slowly activating K <sup>+</sup> channel (Busch et al., 1994; Ohyama et al., 2001). HMR 1556 is a selective blocker of  $I_{Ks}$  in heart cells (Gögelein et al., 2000). The antiarrythmic action of AZ is believed to occur due to prolongation of the cardiac action potential and increased relative refractoriness, both secondary to K<sup>+</sup> current blockade (Busch et al., 1994; Fermini et al., 1995; Salata and Brooks, 1997; Karam et al., 1998). As conventional K<sup>+</sup> channel blockers like TEA did not show selectivity for

 $K_{slow}$  and because  $I_{Ks}$  in cardiac cells shows a similar slow deactivation characteristic, we decided to test whether two blockers of  $I_{\text{Ks}}$  affect the  $\beta\text{-cell}\ K_{\text{slow}}$  current. The bath application of AZ to  $\beta$ -cells resulted in the reversible and nearly complete suppression of K<sub>slow</sub> current (Fig. 2 A). The addition of 3  $\mu$ M AZ reduced K<sub>slow</sub> current density from  $1.68 \pm 0.31$  to  $0.77 \pm 0.15$  pA/pF (*n* = 5, P < 0.05), and  $K_{slow}$  blockade typically reached a steady-state level within 5 min. Fig. 2 B shows the doseresponse curve of AZ blockade of Kslow, whose fit yielded an IC<sub>50</sub> of 3.2  $\mu$ M and a B<sub>max</sub> of 100% (n = 5-8, P < 0.05), as shown in the figure. The  $IC_{50}$  for  $K_{slow}$  block by HMR 1556 was 127.3 nM (unpublished data). The sensitivity of K<sub>slow</sub> to AZ and HMR 1556 was generally similar to that reported for cardiac IKs channels (Busch et al., 1994; Gögelein et al., 2000; Thomas et al., 2003).

The blockade of  $K_{slow}$  by AZ and HMR raised the possibility that  $I_{Ks}$  rather than SK channels might mediate or at least contribute to mouse  $\beta$ -cell  $K_{slow}$  current. To test this hypothesis, we isolated islets from mice lacking either KCNQ1 or KCNE1 genes due to a global deletion (Kupershmidt et al., 1999; Casimiro et al., 2001; Kondo et al., 2003). It has been documented that  $I_{Ks}$  current in heart cells is mediated by a heteromultimeric channel consisting of a KCNQ1 channel subunit and a KCNE1 ancillary subunit (Robbins, 2001). The presence of KCNE1 significantly increases the amplitude and activation time constant of  $I_{Ks}$  in heterologous expression systems (Seebohm et al., 2001; Melman et al., 2004).



**Figure 3.** (A)  $\beta$ -cells from KCNE1 null mice lacking cardiac type  $I_{Ks}$  delayed rectifier K<sup>+</sup> channels also express AZ-sensitive  $K_{slow}$  currents. Top traces show representative  $K_{slow}$  currents from KCNE1 (-/-) mouse  $\beta$ -cells, both  $\beta$ -cells from KCNE1 (+/+) and KCNE1 (-/-) mice are sensitive to AZ. Bottom bar graph shows no difference of mean  $K_{slow}$  currents in KCNE1 (+/+) and KCNE1 (-/-) mice (n = 38-45, P > 0.05), AZ significantly inhibited  $K_{slow}$  currents in both group mice (\*\*, P < 0.01, n = 6). (B)  $\beta$ -cells from KCNQ1 null mice lacking cardiac type  $I_{Ks}$  delayed rectifier K<sup>+</sup> channels still have AZ-sensitive  $K_{slow}$  currents. Top traces show representative  $K_{slow}$  currents from KCNQ1 (-/-) mice are sensitive to AZ. Bottom bar graph shows no difference of mean  $K_{slow}$  currents in KCNQ1 (-/-) mice are sensitive to AZ. Bottom bar graph shows no difference of mean  $K_{slow}$  currents in KCNQ1 (-/-) mice are sensitive to AZ. Bottom bar graph shows no difference of mean  $K_{slow}$  currents in KCNQ1 (-/-) mice are sensitive to AZ. Bottom bar graph shows no difference of mean  $K_{slow}$  currents in KCNQ1 (-/-) mice are sensitive to AZ. Bottom bar graph shows no difference of mean  $K_{slow}$  currents in KCNQ1 (-/-) (P > 0.05, n = 12), AZ significantly inhibited  $K_{slow}$  currents in both groups of mice (\*, P < 0.05, n = 5).



**Figure 4.** (A) HEK 293 cells coexpressed SK3 and EGFP genes used in the study. Green fluorescent cells were chosen to measure SK3 currents (left), and the figure on the right shows the same cells in bright field. (B) UCL 1684 blocks SK3 channels expressed in HEK 293 cells. i and iii traces show the representative currents recorded at -80 mV (i) or +10 mV (iii) from 15 cells. Green fluorescent cells were selected and the SK3 currents were recorded using the whole cell patch clamp configuration. As shown in figure, bath application of an SK blocking solution containing 10 mM BaCl<sub>2</sub> and 30 mM TEA-Cl, resulted in small basal currents. After replacing the external solution with 30 mM KCl, robust SK3 currents are observed (\*, P < 0.05; \*\*, P < 0.01, compared with the basal level). 10 nM UCL 1684 significantly inhibited this current at -80 mV (ii) or +10 mV (iiii) (#, P < 0.05; ##, P < 0.01, n = 6, bottom bar graph). (C) SK3-mediated currents in HEK 293 cells are also significantly blocked by AZ (##, P < 0.01, n = 7).

As shown in Fig. 3 (A and B), islet  $\beta$ -cells isolated from global KCNE1 or KCNQ1 knockout mice that lack cardiac I<sub>Ks</sub> (Kupershmidt et al., 1999) still exhibited slowly activating and deactivating, and AZ-sensitive K<sub>slow</sub> currents. The mean t<sub>1/2</sub> of K<sub>slow</sub> deactivation in wild-type  $\beta$ -cells was 1.9  $\pm$  0.2 s, n = 16, and was not significantly different in  $\beta$ -cells from either KCNQ1 -/- or KCNE1 -/- islet  $\beta$ -cells (n = 16 or n = 24). The bar graphs shown in Fig. 3 (A and B) confirm that K<sub>slow</sub> current density was not significantly reduced in  $\beta$ -cells from either the KCNQ1 -/- or KCNE1 -/- mice. Furthermore, it is clearly apparent that 3 µM AZ retained its ability to inhibit K<sub>slow</sub> current despite the lack of IKs. This strongly suggests that AZ does not inhibit K<sub>slow</sub> by targeting channels composed of KCNQ1/KCNE1, and that, by extension, IKs is unlikely to mediate Kslow current in pancreatic  $\beta$ -cells.

To determine whether AZ also blocked  $K_{ATP}$  we test its effect on  $\beta$ -cell  $K_{ATP}$  current recorded in whole cell patch clamp configuration. We found that whole cell  $K_{ATP}$  conductance was unchanged by AZ. Thus,  $K_{ATP}$ conductance varied from  $3.35 \pm 0.36$  to  $3.30 \pm 0.39$  nS measured from -80 to -20 mV in the absence or presence of AZ, respectively, n = 6). Whole cell  $K_{ATP}$  conductance was activated by dialyzing single mouse  $\beta$ -cells with a pipette solution lacking Mg-ATP. Taken together with data showing that  $K_{slow}$  current was insensitive to tolbutamide, these findings show that  $K_{slow}$  is not mediated by  $K_{ATP}$  in our hands. Parenthetically, AZ also had no effect on the amplitude of voltage-dependent Ca<sup>2+</sup> current in  $\beta$ -cells (unpublished data).

AZ and UCL 1684 Block SK Channels Expressed in HEK Cells Although AZ is known to interact with a variety of channels and receptors in other systems (for review see Brooks et al., 2001), a direct interaction with SK channels has not been previously reported. We thus tested the possibility that AZ inhibits  $K_{slow}$  by directly inhibiting SK type channels. Cloned SK3 and eGFP genes were cotransfected into HEK 293 cells using standard techniques (see MATERIALS AND METHODS), and cells exhibiting green fluorescence were selected for patching (Fig. 4 A, left). A bright field image of these cells is shown in Fig. 4 (right).

As shown in Fig. 4 B, control recordings made using solutions containing 30 mM external KCl exhibited large inward currents at -80 mV (Fig. 4 B, i and ii, mean value of  $-46.1 \pm 6.9 \text{ pA/pF}$ ) and outward currents at +10 mV (Fig. 4 B, iii and iiii, mean value of  $36.2 \pm 11.1 \text{ pA/pF}$ ). Current increased following establishment of the whole cell mode when pipettes contained 1 µM free calcium. To preserve cell viability while recording large SK currents, β-cells were initially bathed in a solution containing the reversible SK blockers Ba<sup>2+</sup> and TEA to inhibit osmotic stress due to SK activation and resulting large K<sup>+</sup> fluxes. Following break in, Ba<sup>2+</sup> and TEA were then washed off the cells and 30 mM KCl added to the bath solution to measure SK current, and to test the sensitivity of the current to UCL 1684 or AZ (Wittekindt et al., 2004). The current measured in HEK 293 cells dialyzed with 1  $\mu$ M [Ca<sup>2+</sup>]<sub>i</sub> reversed at -70 mV, near the calculated potassium equilibrium potential (-80 mV, Shah and Haylett, 2000), and showed a near-Nernstian shift when [K]<sub>o</sub> was increased from 5 to 30 mM (38 mV shift vs. 45 mV predicted).

As shown in Fig. 4 B (ii and iiii), SK3-mediated current was reduced ~60% by the addition of 10 nM UCL 1684 (from  $-46.1 \pm 6.9$  to  $-18.0 \pm 2.0$  pA/pF at -80 mV, or from  $36.2 \pm 11.1$  to  $12.6 \pm 3.2$  pA/pF at +10 mV, P < 0.05, n = 6). As shown in Fig. 4 C, the application of 10  $\mu$ M AZ also significantly inhibited SK3 current ~46% (from  $-55.5 \pm 12.2$  to  $-29.0 \pm 6.9$  pA/pF at +10 mV, P < 0.01, n = 7). The direct blockade of cloned SK3 current by either AZ or UCL 1684 supports the hypothesis that both UCL1684 and AZ block K<sub>slow</sub> in single  $\beta$ -cells by inhibiting an SK type K<sub>Ca</sub> current, although one that is insensitive to apamin (see DISCUS-SION). We believe this is the first report that AZ blocks SK-type K<sup>+</sup> channels.

# Functional Role of $K_{\text{slow}}$ in Mouse $\beta\text{-Cells}$ and Islets

To elucidate the role of  $K_{slow}$  current in mouse islets, we used UCL and AZ as probes for  $K_{slow}$  participation in the physiological regulation of glucose-induced islet electrical activity,  $[Ca^{2+}]_i$ , and insulin secretion from  $\beta$ -cells or islets.

As shown in Fig. 5, the application of 10 nM UCL 1684 or 3  $\mu$ M AZ to single mouse  $\beta$ -cells that were firing rapid action potentials in 11.1 mM glucose resulted

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**Figure 5.** Bath application of  $K_{slow}$  blockers in 11.1 mM glucose depolarize mouse isolated  $\beta$ -cells and increase the frequency of action potential firing. The perforated patch clamp technique was used to record the membrane potential of single mouse  $\beta$ -cells. Cell 1 (top trace) shows a representative sample from 13 recordings before and after bath addition of 10 nM UCL 1684. Cell 2 (bottom trace) shows a representative sample from eight recordings before and after bath application of 3  $\mu$ M AZ.

in a reversible membrane depolarization and significantly increased action potential firing. In the  $\beta$ -cells, sporadic action potentials or fast bursting were observed under control conditions (for detail of single  $\beta$ -cells firing properties, see Kinard et al., 1999; Zhang et al., 2003). The addition of UCL 1684 depolarized the cells and increased the frequency of the spikes (Fig. 5, top). In 13 β-cells, 10 nM UCL 1684 depolarized β-cell silent potential from  $-50.2 \pm 2.5$  mV to  $-44.4 \pm 2.4$ mV (P < 0.01), and increased the spike frequency from  $58.8 \pm 18.9 \text{ min}^{-1}$  to  $133.7 \pm 31.4 \text{ min}^{-1}$  (P < 0.01). Similar results were obtained using micromolar concentrations of AZ, as shown in the bottom trace of Fig. 5. In eight cells, the addition of  $3 \mu M AZ$  depolarized  $\beta$ -cell potential from  $-48.3 \pm 3.7$  mV to  $-41.3 \pm 2.5$  mV (P < 0.01) and increased spike frequency from 76.4 ± 25.0 min<sup>-1</sup> to 146.6  $\pm$  44.5 min<sup>-1</sup> (P < 0.05). These data suggest that K<sub>slow</sub> helps maintain the resting membrane potential of single  $\beta$ -cells, and acts as a brake to limit cell firing, as in other systems (Wolfart et al., 2001). Decreased repolarization would also be expected if UCL 1684 inhibited rapid delayed recitifer outward  $K^+$  current ( $K_V$ ) in  $\beta$ -cells, but the application of 10 nM UCL 1684 had no effect on whole cell K<sub>v</sub> current in parallel studies (unpublished data). The data are also in accord with our previous observation that  $\beta$ -cells exhibiting larger K<sub>slow</sub> currents tended to be more hyperpolarized (Goforth et al., 2002). This would be expected if K<sub>slow</sub> contributed to the maintenance of the hyperpolarized silent phase potential of  $\beta$ -cells, along with KATP

In mouse islets, the addition of 11.1 mM glucose results in the appearance of electrical bursting (Ashcroft and Rorsman, 1989; Zhang et al., 2003). As shown in



**Figure 6.** (A) Islets exposed to 6  $\mu$ M AZ in 11.1 mM glucose exhibited depolarized silent phase potential and increased bursting. Top, response of a medium bursting islet to AZ; bottom, response of a slow bursting islet to AZ. Traces are representative of 14 islet recordings. (B) UCL 1684 and AZ increase mean [Ca<sup>2+</sup>]<sub>i</sub> in mouse islets. The acute application of 100 nM UCL 1684 or 6  $\mu$ M AZ to islets bathed in 11.1 mM glucose increased silent phase [Ca<sup>2+</sup>]<sub>i</sub>, while the peak levels appeared to be unchanged. The traces shown are representative samples of 10 islets from UCL 1684 group and seven islets from AZ group. Dotted lines indicate the silent phase levels of [Ca<sup>2+</sup>]<sub>i</sub>.

Fig. 6 A, medium (top) as well as slow bursting islets (bottom) were similarly affected by  $K_{slow}$  blockade. Thus, the application of 6  $\mu$ M AZ to islets bathed in 11.1 mM glucose reversibly depolarized islets and increased action potential frequency. While some fast membrane repolarization could still be observed in the presence of AZ (arrow; Fig. 6 A, bottom), these repolarizing events appeared to be much shorter than in the absence of drug, and the mean silent phase potential was significantly depolarized by AZ (from  $-54.4 \pm 2.3$  mV vs.  $-43.9 \pm 2.7$  mV, n = 13, P < 0.001).

UCL 1684 or AZ addition also reproducibly modulated the  $[Ca^{2+}]_i$  responses of islets exposed to 11.1 mM glucose. Thus, UCL 1648 increased the  $[Ca^{2+}]_i$ level corresponding to the membrane silent phase (solid line), and increased the frequency of islet  $[Ca^{2+}]_i$  oscillations (Fig. 6 B, representative of 10 islets). Mean  $[Ca^{2+}]_i$  increased from 269.4 ± 18.8 nM to 328.6 ± 16.2 nM after treatment with 100 nM UCL (P < 0.05). The application of 6  $\mu$ M AZ to islets increased the frequency of islet  $[Ca^{2+}]_i$  oscillations and the mean  $[Ca^{2+}]_i$  level from 288.4 ± 18.3 to 322.6 ± 23.1 nM (n = 7, P < 0.05).

# Blocking $K_{slow}$ Potentiates Mouse Islet Insulin Secretion in a Glucose-dependent Manner

The increase in  $[Ca^{2+}]_i$  we observed following  $K_{slow}$  blockade suggested that glucose-dependent insulin se-

cretion might also be increased by UCL 1684 or AZ. While 10 and 100 nM UCL 1684 had no effect on basal insulin secretion (measured in 2.8 mM glucose (P > 0.05), these concentrations increased glucose-stimulated insulin secretion from 722.3  $\pm$  42.7 to 919.4  $\pm$ 54.2 or 1096.0  $\pm$  54.2 pg  $\cdot$  l<sup>-1</sup>  $\cdot$  islet<sup>-1</sup>  $\cdot$  h<sup>-1</sup>, respectively (Fig. 7 A, P < 0.01, n = 8).

AZ also potentiated glucose-dependent insulin secretion as shown in Fig. 7 B. Thus, basal insulin release in 2.8 mM glucose was  $264.7 \pm 19.7 \text{ pg} \cdot \text{l}^{-1} \cdot \text{islet}^{-1} \cdot \text{h}^{-1}$ . When glucose concentration was increased to 11.1 mM, insulin release increased to 722.3  $\pm$  42.7 pg  $\cdot$  l<sup>-1</sup>  $\cdot$  islet<sup>-1</sup>  $\cdot$  h<sup>-1</sup>. The addition of 3.0 or 10.0  $\mu$ M AZ significantly enhanced islet insulin release by 34.8% and 68.4%, respectively (Fig. 7 B, P< 0.01, n = 8).

The similar potentiating effects of these two structurally unrelated  $K_{slow}$  blockers suggest that targeting this channel may represent a new pharmacological approach for increasing insulin release from the pancreas without also producing hypoglycemia (MacLeod, 2004). Thus, blockers of  $K_{slow}$  such as AZ and UCL 1684 could work in a similar manner to the  $K_{ATP}$  channelblocking sulfonylureas, as both drug types block a resting K<sup>+</sup> conductance, resulting in cell membrane depolarization, increased Ca<sup>2+</sup> uptake, and increased insulin exocytosis (Ferner and Neil, 1988; Aguilar-Bryan et al., 1995; Philipson and Steiner, 1995). However, in the case of  $K_{slow}$  blockers, insulin secretion would only be



**Figure 7.** (A) UCL 1684 enhanced glucose-dependent insulin secretion from mouse islets. Islets were treated with different concentrations of UCL 1684 for 1 h using either basal (2.8 mM) or high (11.1 mM) glucose. Data shown were collected from four mice. \*\*\*, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.01; ###, P < 0.001 vs. untreated 11.1 mM glucose group. (B) AZ also increased insulin release from islets in 11.1 mM glucose. Data shown were obtained using islets isolated from four different mice. \*\*\*, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. untreated 11.1 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group. ##, P < 0.001 vs. 2.8 mM glucose group.

amplified when glucose was already elevated, reducing the possibility of hypoglycemia, a drawback of the sulfonylureas (Ferner and Neil, 1988).  $K_{slow}$  blockade is expected to require elevated glucose for it to be effective, since  $\beta$ -cell depolarization due to  $K_{ATP}$  closure by glucose must first occur for  $[Ca^{2+}]_i$  to rise sufficiently to activate  $K_{slow}$  (Göpel et al., 1999; Goforth et al., 2002). Under basal condition,  $[Ca^{2+}]_i$  would be too low to sufficiently activate  $K_{slow}$ .

# DISCUSSION

# SK Channels Mediate $K_{\text{slow}}$ Current in Mouse $\beta\text{-Cells}$

While there is agreement in the field that  $K_{slow}$  is mediated at least in part by a Ca<sup>2+</sup>-activated K<sup>+</sup> channel in pancreatic  $\beta$ -cells, the specific channel involved has been controversial. Thus, while the insensitivity of  $K_{slow}$ to charybdotoxin, which blocks the large conductance BK type  $K_{Ca}$  channels of  $\beta$ -cells (Kukuljan et al., 1991; Li et al., 1999), specifically rules out mediation by BK channels, SK mediation has been unclear because apamin, a bee venom peptide that selectively blocks SK but not BK channels, has yielded disparate results, with one group reporting effects of the toxin on islet Ca<sup>2+</sup> oscillations (Tamarina et al., 2003), while two other groups reporting that  $K_{slow}$  current was insensitive to apamin (Göpel et al., 1999; Goforth et al., 2002).

We thus considered other pharmacological agents in an attempt to further clarify matters. The sensitivity of K<sub>slow</sub> current to the nonpeptide SK inhibitor UCL 1684, and its insensitivity to the IK<sub>(Ca)</sub> (or SK4) inhibitor chlortrimazole ( $0.94 \pm 0.07$  vs.  $0.94 \pm 0.08$  pA/pF, n = 10, P > 0.05) suggests that K<sub>slow</sub> current is mediated at least in part by SK channels similar to SK1, 2, or 3, although the β-cell isoform involved must be apamin insensitive.

Further evidence in favor of K<sub>slow</sub> mediation by SK channels was obtained with AZ, which readily blocked K<sub>slow</sub> current and which up to now has been discussed as a selective inhibitor of the slow delayed rectifier current in heart,  $I_{Ks}$  (Busch et al., 1994). We ruled out that islet K<sub>slow</sub> current included a contribution from a cardiac-like I<sub>Ks</sub>, as AZ-blockable K<sub>slow</sub> current persisted in islets obtained from KCNQ1 or KCNE1 null mice lacking  $I_{Ks}$ , which in cardiac cells is formed by the coexpression of KCNQ1 and KCNE1 subunits (Barhanin et al., 1996). Moreover, showing that AZ can directly block heterologously expressed hSK3 channels in HEK cells suggests SK mediation of K<sub>slow</sub> current. However, the apamin sensitivity of hSK3 suggests it is unlikely that SK3 is the isoform that mediates  $K_{slow}$  in  $\beta$ -cells (Tamarina et al., 2003). The fact that the extended currentvoltage curves we observed in some native β-cells had the pronounced inward rectification expected of SK currents (unpublished data; Soh and Park, 2001) further supports the hypothesis that SK channels mediate  $K_{slow}$  in  $\beta$ -cells.

We also briefly considered the possibility that apamin-insensitive  $K_{Ca}$  channels such as those that mediate the slow afterhyperpolarization of CNS neurons (sAHP; Vogalis et al., 2003; Stocker et al., 2004) might be involved in mediating  $\beta$ -cell  $K_{slow}$  current. However, this seems to be unlikely given that the neuronal sAHP, which is believed to be mediated by a non-SK type isoform is insensitive to the UCL compounds (Shah et al., 2001; Bond et al., 2004). Furthermore, the kinetic properties of sAHP would appear to be slower than for  $\beta$ -cell  $K_{slow}$  current (Vogalis et al., 2003).

### What SK Isoforms Mediate K<sub>slow</sub>?

While it might appear paradoxical that  $K_{slow}$  could be mediated by an apamin-insensitive SK isoform, recent studies have revealed that alternative splicing of the SK gene can yield splice variants that are relatively insensitive to apamin, as we found for  $K_{slow}$  (e.g., SK3\_ex4; Wittekindt et al., 2004), and that combining different SK subunits in a heteromultimeric assembly can modify SK channel pharmacology (Benton et al., 2003; Monaghan et al., 2004; D'hoedt et al., 2004). While we cannot at present select among these possibilities, further work is required to clone and sequence the  $\beta$ -cell–specific SK isoforms. A recent paper reported that SK1–4 are all expressed in islet tissue and  $\beta$ -cell lines, although whether these isoforms are  $\beta$ -cell specific was not determined (Tamarina et al., 2003).

# The Effects of Selective $K_{\text{slow}}$ Blockers Suggests that $K_{\text{slow}}$ Participates in Islet Bursting

We found that either UCL 1684 or AZ inhibited  $K_{slow}$ current in a dose-dependent manner in mouse  $\beta$ -cells, leading to increased membrane depolarization, action potential firing, and, concomitantly, elevated  $[Ca^{2+}]_i$ and insulin secretion. These findings broadly support the hypothesis that K<sub>slow</sub> plays an important role in the genesis of islet electrical activity, as has been proposed (Göpel et al., 1999; Goforth et al., 2002) but not previously demonstrated experimentally. We found that Kslow activation contributes to  $\beta$ -cell membrane potential during the silent phase of bursting, and may play a role in terminating the cyclic bursts of Ca<sup>2+</sup>-dependent action potentials that drive Ca<sup>2+</sup> influx and insulin secretion in mouse islets. Similar findings were observed in neurons following inhibition of slow Ca<sup>2+</sup>-activated currents like sAHP (El Manira et al., 1994; Ghamari-Langroudi and Bourque, 2004). While the activation and deactivation kinetics of K<sub>slow</sub> are relatively brief given the more prolonged nature of electrical bursting observed in islets, modeling studies have previously shown that fast K<sub>slow</sub> may interact with slower process in the  $\beta$ -cells (e.g., K<sub>ATP</sub> via ATP/ADP changes; ER Ca<sup>2+</sup>) to mediate slower modes of electrical activity (Bertram et al., 2000; Bertram and Sherman, 2004a,b). K<sub>slow</sub> may also display slower deactivation kinetics during more prolonged phases of Ca2+ influx than provided experimentally here. Alternatively, we cannot rule out that in situ the kinetics of K<sub>slow</sub> current are slower than we observed in the isolated  $\beta$ -cells.

# The Development of Novel Drugs To Block K<sub>slow</sub> Could Represent a New Way To Increase Glucose-dependent Insulin Secretion in Diabetic Patients without also Causing Hypoglycemia

There is currently much interest in the islet field in investigating novel targets for drugs that might increase insulin secretion in a glucose-dependent manner (MacLeod, 2004). Our work suggests that inhibition of  $K_{slow}$  could be useful clinically, as  $K_{slow}$  appears to help control Ca<sup>2+</sup> influx into the  $\beta$ -cell when glucose is elevated

and that its inhibitors significantly enhance insulin secretion. Targeting  $K_{slow}$  pharmacologically may thus provide a novel, glucose-sensitive target for a new generation of antidiabetic agents.

We thank Drs. Arthur Sherman, Richard Bertram, Paula Goforth, and Craig Nunemaker for their comments on the manuscript and Dr. K. Pfeifer (NICHD/NIH) for KCNQ1 null mice. We thank Sophia Gruszecki and Pasant Abbas for their technical assistance.

This work was supported by grant DK46409 from the National Institutes of Health (L.S. Satin, P.I.).

Lawrence G. Palmer served as editor.

Submitted: 28 April 2005 Accepted: 25 August 2005

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