

# Gas channels Workshop

September 6-7 2012

## Lecture 1 : Walter Boron - Gas Channels

- Solubility theory  
 $P \propto S_L / S_w$   
Note: Henry's law is true at steady-state
- Solubility-Diffusion theory
- Access-Solubility-Diffusion-Egress theory

## Lecture 2: Emad

Newtonian equations

Major limitation  $\rightarrow$  time scale (speed limit: 1 fs)

Force field approximations

atomistic resolution

Implicit Ligand Sampling  $W(r) = -k_B T \ln \left[ \frac{P(r)}{\rho_0} \right]$

$$F(z) = -RT \ln \frac{\sum e^{-F(x, y, z) / RT}}{\dots}$$

# Lecture 3: Gerolf Gros - Measuring $\text{CO}_2$ permeability by $^{18}\text{O}$ Exchange

Techniques:

pH gradients in the surface of lipid bilayer

$t_{1/2}$  of  $\text{CO}_2$  uptake  $\sim 12$  ms (Endeward et al 2008)  
In the case of  $\text{CO}_2$  kinetics, stopped flow is not good

we have chemical eq but not isotopic equilibrium  $\Rightarrow$  take advantage of this in  $^{18}\text{O}$  technique

$P_{\text{HCO}_3^-}$   
 $P_{\text{CO}_2}$   
CA activity } are the 3 main parameters

↓ red cell  
← fast phase where  $P_{\text{CO}_2}$  dominates

monitor pHs continuously

How do extract  $P_{CO_2}$ ?

6 ODEs

Estimate  $P_{CO_2}$ ,  $P_{HCO_3^-}$ ,  $A_{in}$ ,  $A_{out}$   
estimate first

fitting procedure

excellent fit

Phase 1



$t_{1/2} = 5s$  for  $CO_2 \leftrightarrow HCO_3^- + H^+$

$t_{1/2} = 250s$  (isotopic exchange)

Phase 2

volume fraction of RBC is very critical ( $\uparrow v \Rightarrow 6$  time faster)

trick = <sup>use</sup> small  $v$  to reduce the time resolution for mass spectrom

$P_{CO_2} = 0.15 \text{ cm/sec}$  by RBC

## Sensitivity

$K_{eq}$  is important

$A_i$  is very critical parameter /  $\Rightarrow A_i$  and  $p_{H_2O}$  need to be controlled

$p_{H_2O}$  is also " " " " " "

$p_{H_2O}$  is not critical

$P_{H_2O}$  " "

How about ULs?

theoretical hydrodynamics

$\delta \sim \text{viscosity } \nu \times \sqrt{\text{cell diameter } l} \Rightarrow$

$\nu = 0 \Rightarrow \delta = 0$

$\uparrow$  dextran  $\Rightarrow \uparrow \delta$  for  $CO_2$

Extrapolate to  $\nu = 0$

$P_{m, CO_2} = 0.16 \text{ cm/sec}$

$P_{CO_2}^{app}$  in saline = 0.12 cm/sec

/  $\Rightarrow \delta = 0.5 \mu\text{m}$  in saline

$P_{CO_2} = 0.15 \text{ cm/sec}$   $\begin{cases} \rightarrow 50\% \text{ due to AQP1} \\ \downarrow 50\% \text{ due to Rh proteins} \end{cases}$

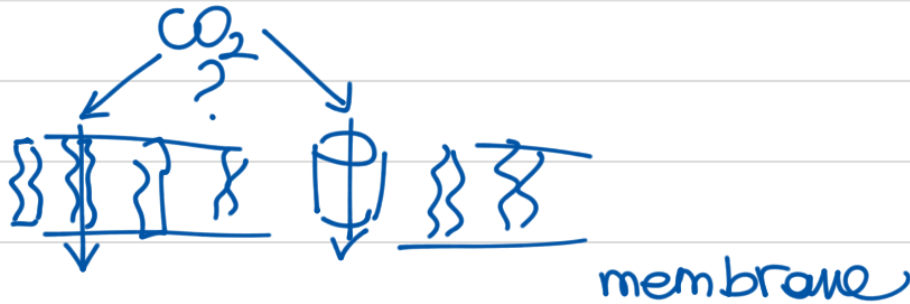
Endeward et al, 2008

2 channels

$$P_{CO_2} \approx 100 P_{HCO_3^-}$$

# Lecture 4: Endward - Intrinsic CO<sub>2</sub> permeability of cell membrane

$P_{CO_2} = 0.015 \text{ cm}^2/\text{sec}$  in RBC AQP4 & Rh null



Vesicles with  $\neq$  cholesterol content



contains AQP

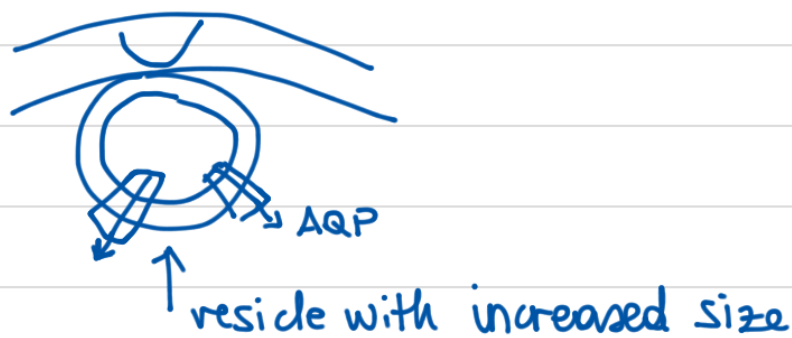
# Afternoon Sessions

Lecture 5: Bhanu P. Jena - Involvement of elevated membrane cholesterol on G-protein regulated  $H_2O$  and gas transport in biological membranes



We will focus on the porosome plasma membrane

in synaptic vesicles



Jena et al 1997, PNAS



# Lecture 6: Jeff Garvin - Movement of NO across cell membr.

First described by Furchgott in 1980



Why do we care about NO? - involved in brain CNS  
- mitochondrial respiration  
- . . . .

NO

↑ small, non-polar  
reactive

is a gas

partition coefficients are measured @ equilibrium

" " say nothing about rates

Why does the heart have AQP1? It doesn't need H<sub>2</sub>O so why?

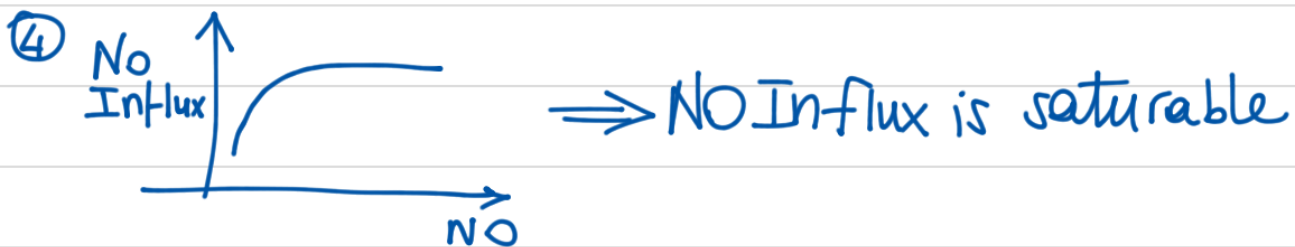
H<sub>2</sub>O: AQP1 transports NO

Measurements: cultured cells & fluorescence

① P<sub>NO</sub> correlates with P<sub>F</sub>

② ↑ AQP1 ⇒ ↑ NO expression

③ Inhibitors of AQP1 reduce NO fluxes



⑤ Purified AQP-1 increases NO transport

Conclusion:  
⇒ AQP 1 Transport NO

How about other AQPs ?

AQP3 transports NO but not as rapidly as AQP1 - Same for AQP4

Is it physiologically relevant ?

Use Aortic ring preparation

Ach

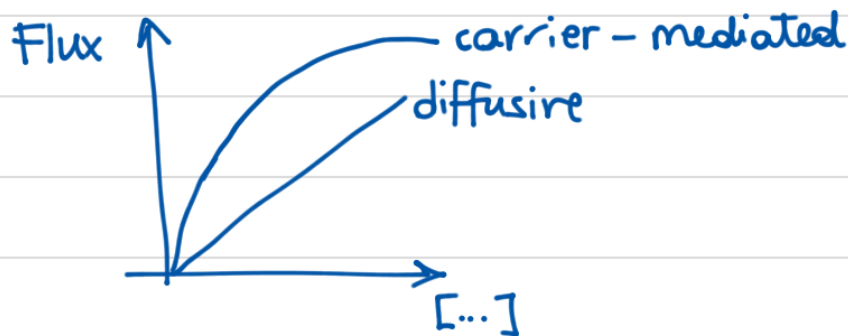
Not been able to calculate  $P_{NO}$

Q/A:

NO electrode probably measures changes in blood flow

# Lecture 7: David Weiner - Role of Rh proteins in $\text{NH}_3$ gas transport

Is collecting duct  $\text{NH}_3$  diffusive or transporter-mediated?



Data show both saturable & diffusive

$$J_{\text{Tot}} = J_{\text{trans}} \left( \frac{[MA]}{[MA] + K_m} \right) + J_{\text{diff}} [MA]$$

saturable component                      linear component

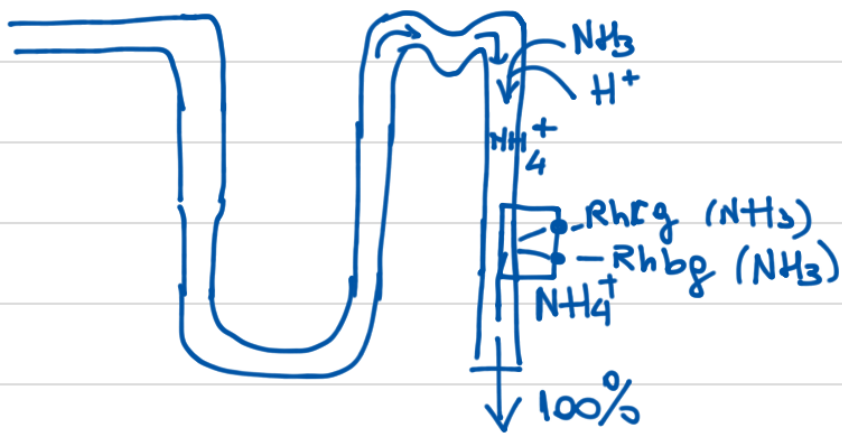
Handlogten et al, AJP Renal, 2004

Are Rh proteins present in cells with  $\text{NH}_3$  transport?

RhAG  in RBC ....

RhbG in liver, kidney, sweat glands, intestine, lungs  
when you sweat,  $\text{NH}_3 \uparrow$

RhcG in kidney, brain, testis, intestine, liver, skeletal muscle



Rh are present in cells that transport  $\text{NH}_3$

MAc increases Rhcg expression

Rhcg & Rhbc expression increase in :

- 1) MAc
- 2) Ischemia-reperfusion injury
- 3) pt acidosis
- 4) etc ...

Keynote speaker: Robert Stroud

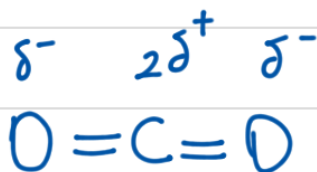
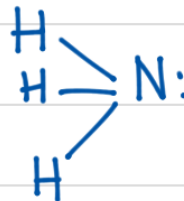
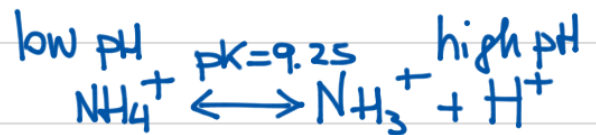
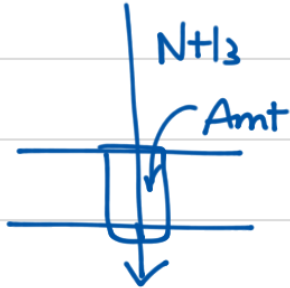
What do structures tell us about gas channels? QED!

(2) families of membrane proteins that can move gases  
gases are uncharged

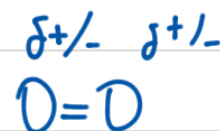
→ Rh family  
AQP family

Ammonia Transport: Amt/MEP/Rh Family  
in bacteria

Nitrogen Metabolism in bacteria



Dipole moment





NH<sub>3</sub> channel

AmtB Crystallography

↑ trimer

lyphosome

AmtB conducts NH<sub>3</sub> but not H<sub>2</sub>O

Wed 28<sup>th</sup> November : <http://rmiz2012.org/> San Francisco

Day 2

09/07/12

Xue Qin : AQP5

$$\Delta p_{H_2O}^* = (\Delta p_{H_2O})_{AQP} - (\Delta p_{H_2O})_{H_2O \text{ control (daily matched)}}$$

T41 in AQP5

L43

No significant change in L43 mutations  
Interesting changes for T41

movement of ions in the central pore

In order to see what happens we need the crystal structure

The central pore ← what is the best molecule to see what goes through the central pore

AQP6 carries very little  $H_2O$  or none

Do something to the  $CO_2$  permeability without affecting the  $H_2O$  permeability

crystal structure → difficult

$O_2$  diffusion through cavities

nice packing between the helices  
partition coefficient of water to octanol  $\rightarrow$  hydrophobic  
channel

DIDS has no significant effect on the water permeability  
in AQP5 (and probably to all AQPs)

AQP4 in astrocytic endfeet

$\uparrow$   
 $P_f$  is insensitive to DIDS

$\uparrow$

non specific

you get specificity by making mutations (in NBCs)  
but for AQPs we do not know where the binding site  
is -

glycosylation



reaction that is covalent

Wisdom : cystines within the central pore . To do : add mercury

L43C mutant :  $\text{CO}_2$  permeability is normal

ND96 solution

reacts those cystines with other things

AQP5 has the biggest spike

DDT doesn't do anything ...

expose to a solution to be oxidized

T41C is probably misfolded

# Workshop meeting - Look at future directions

① Which other families of gas channels might be there?

So far we have looked at

$\text{CO}_2$

$\text{NH}_3$  : general medicine

$\text{O}_2$  : EPR, Optical / Hb ; we want to measure fluxes of  $\text{O}_2$  and

$\text{NO}$  : Hb we want to do it faster

$\text{CO}$  : Hb

$\text{CH}_4$  : swamp bacteria

$\text{H}_2\text{S}$  : purple bacteria

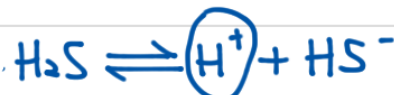
$\text{N}_2$  : nitrogenase - Raman Spectroscopy (fast but not sensitive)

Ethylene : plants

$\text{H}_2$

How do we measure  $\text{N}_2$  fluxes?

$^{13}\text{N}$  - NMR (not very sensitive, slow)



pH measurements

signaling gas  
Optical / Hb

② What other families of gas channels might be there?

- AE1; GLUT1/4; AQP1, Rh, MCT-1

RBCs proteins

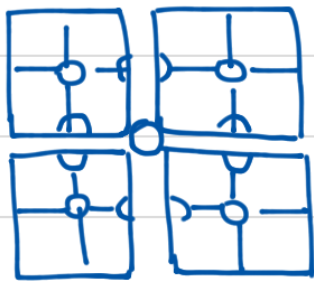
- Endothelial cells in capillaries
- BBB, BRotina-B
- BTB, BOB
- Lungs: AQPS
- Striated Muscles... myoglobin
- Mitochondrion:  $\text{CO}_2$  is formed into the matrix - AQP8, AQP9  
cytochrome oxidase

### ③ Physiological implications?

- Exercise
- Size scaling; Allometry: might expect to see a lot of gas channels in mice, but not in elephants
- Fish gills
- zebrafish (swim bladder)

Effects of pressure on gas permeability

Pharmacological Intervention



TETRAMER

DOE experiments (Jing Lu)

NBC as a  $\text{CO}_2$  channel

ONR global Funding Opportunities

Director's initiative : point of contact