

USING FLUORESCENCE MICROSCOPY TO IDENTIFY A POTENTIAL NEW TREATMENT FOR HEART FAILURE

Dr. Ryan Himes

Assistant Professor of Biological Sciences, Olivet Nazarene University

L30A Mutation of Phospholemman Mimics Effects of Cardiac Glycosides in Isolated Cardiomyocytes

Ryan D. Himes,[†] Nikolai Smolin,[†] Andreas Kukol,[‡] Julie Bossuyt,[§] Donald M. Bers,[§] and Seth L. Robia^{*,†}

[†]Department of Cell and Molecular Physiology, Loyola University Chicago, Maywood, Illinois 60153, United States

[‡]School of Life and Medical Sciences, University of Hertfordshire, Hatfield, U.K.

[§]Department of Pharmacology, The University of California, Davis, California 95616, United States

Why Study Heart Failure?

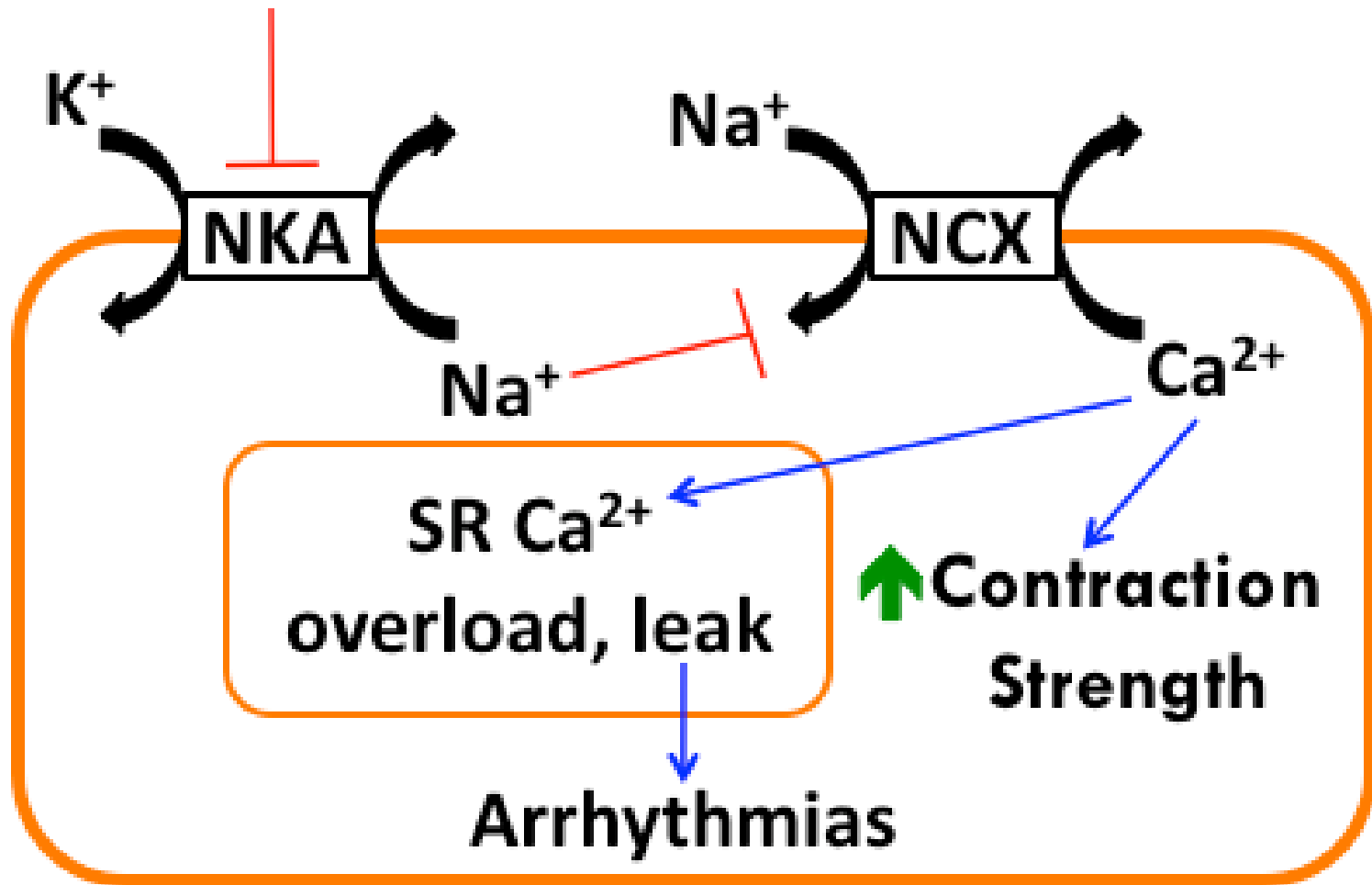
- Heart failure = cardiac output that is insufficient to meet the demands of the body.
- Affects 6.5 million US adults (~3% of pop.)
- 1 in 8 deaths has heart failure mentioned on death certificate.¹
- Digoxin causes an increase in cardiac contraction strength, but has a narrow therapeutic window.²



1. AHA 2017 Statistical Update, *Circulation*, 135:e378-e384.

2. Bers, DM. *EC Coupling and Cardiac Contractile Force*, 2001.

Digoxin

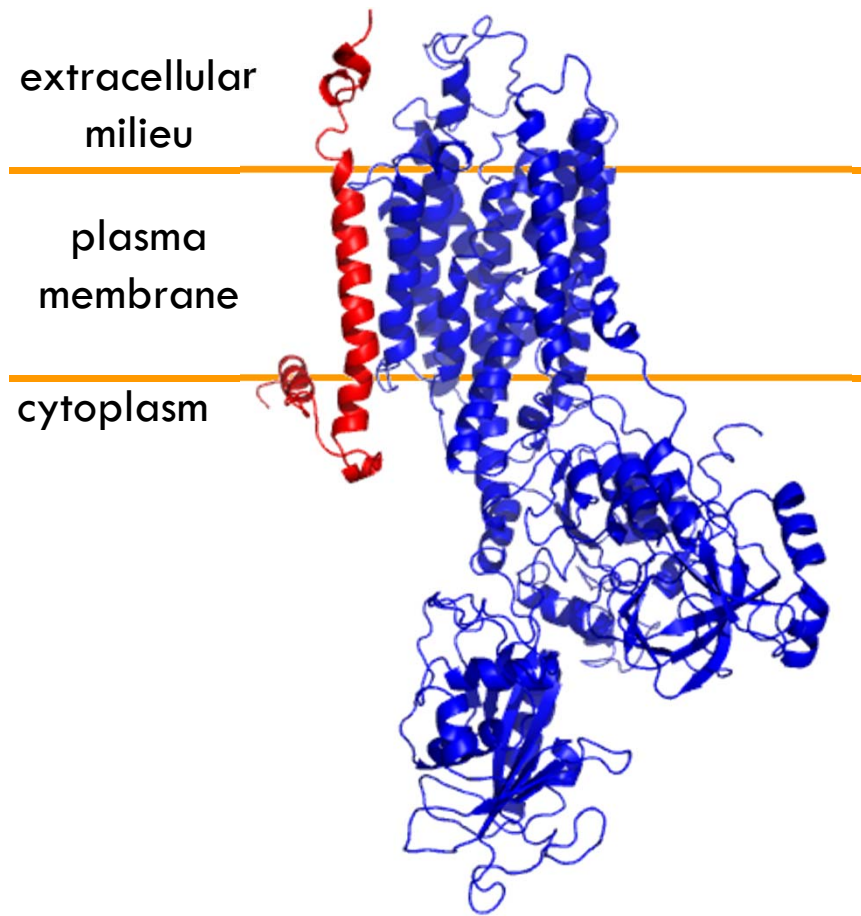


Central Question

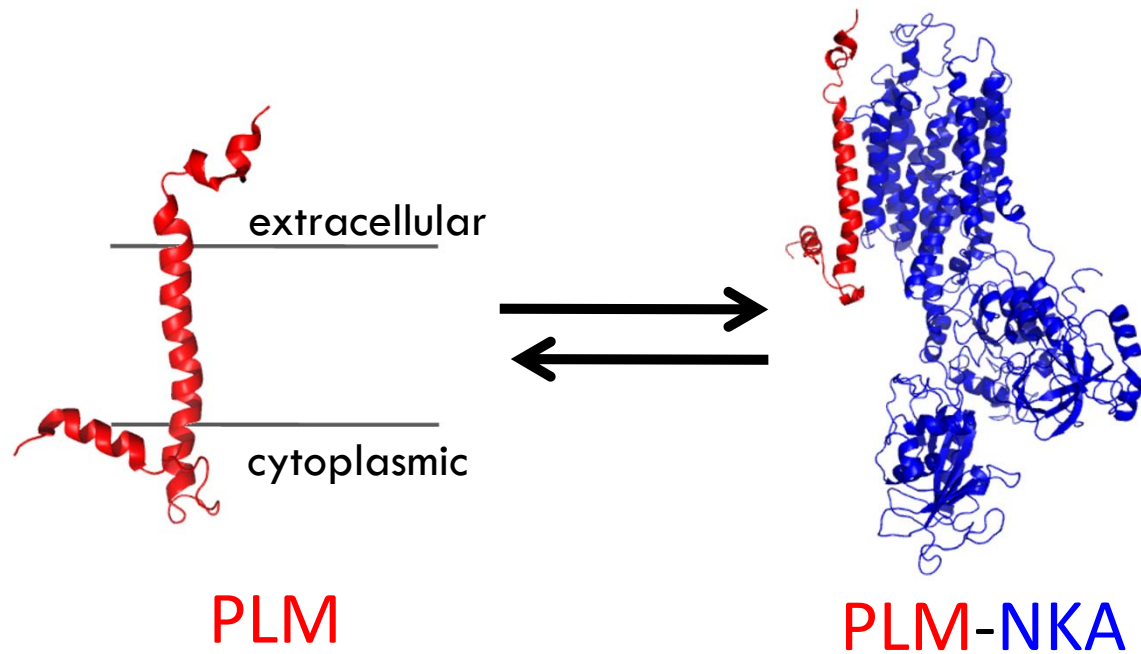


Can cardiac contraction strength be improved by mutating phospholemman (PLM)?

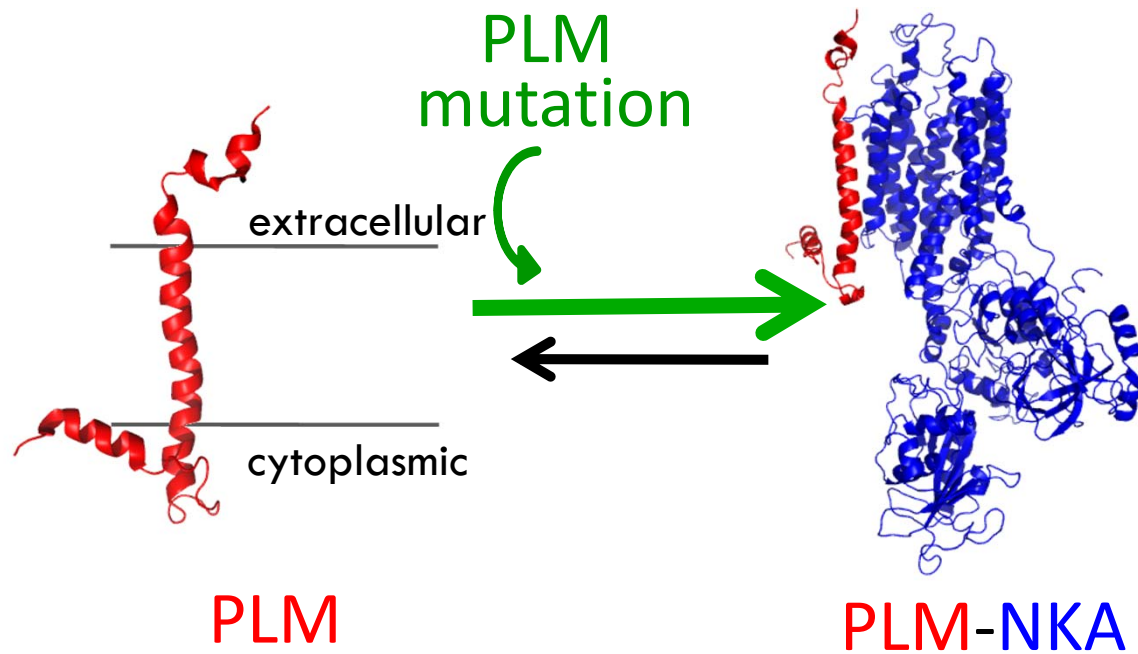
PLM-NKA



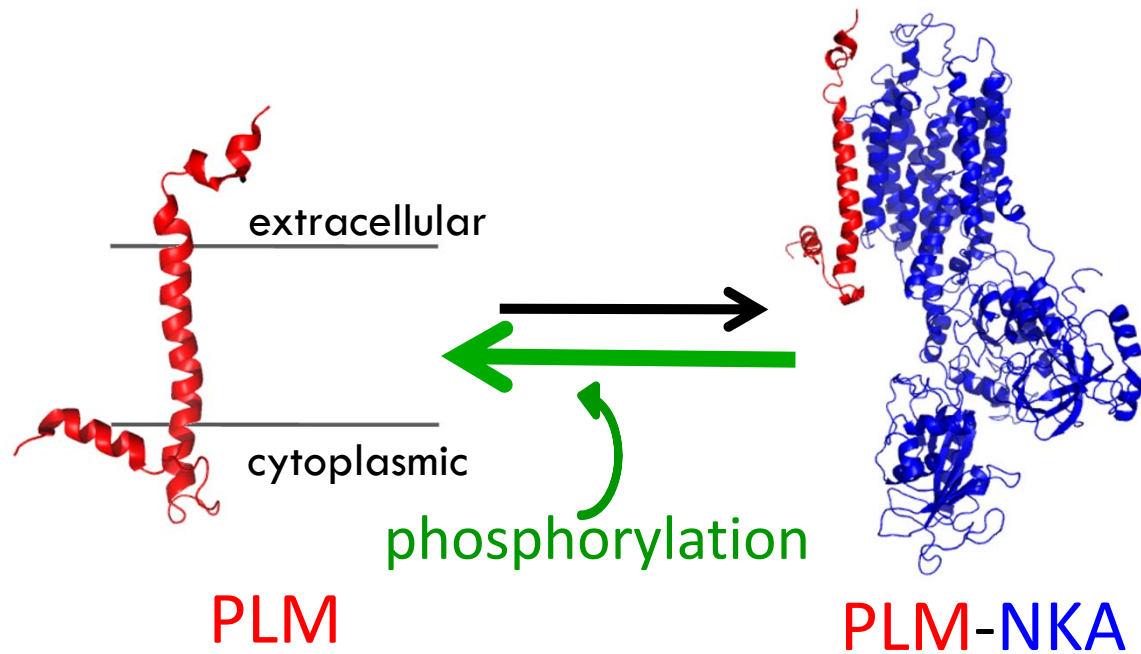
Central Hypothesis



Central Hypothesis

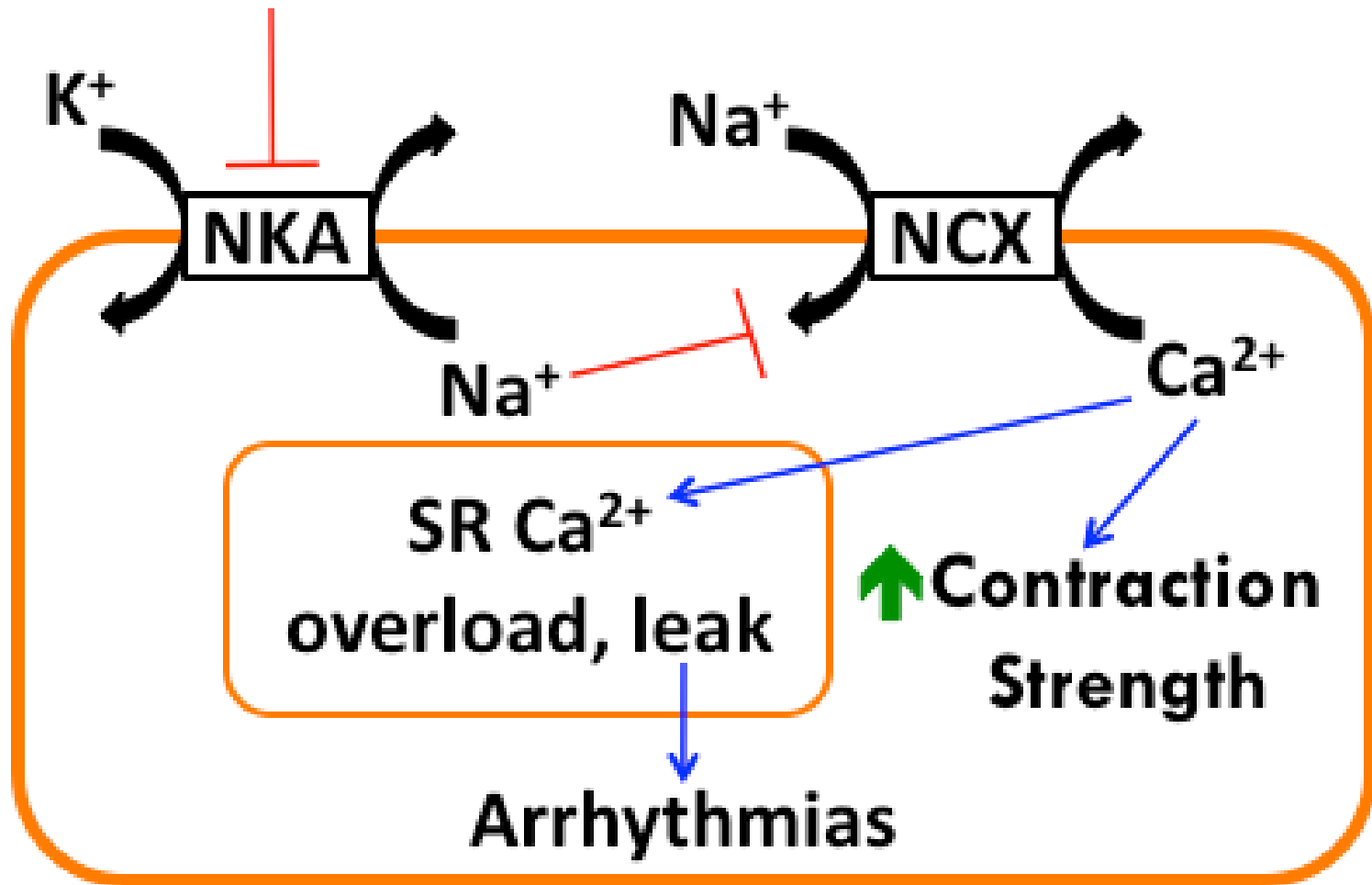


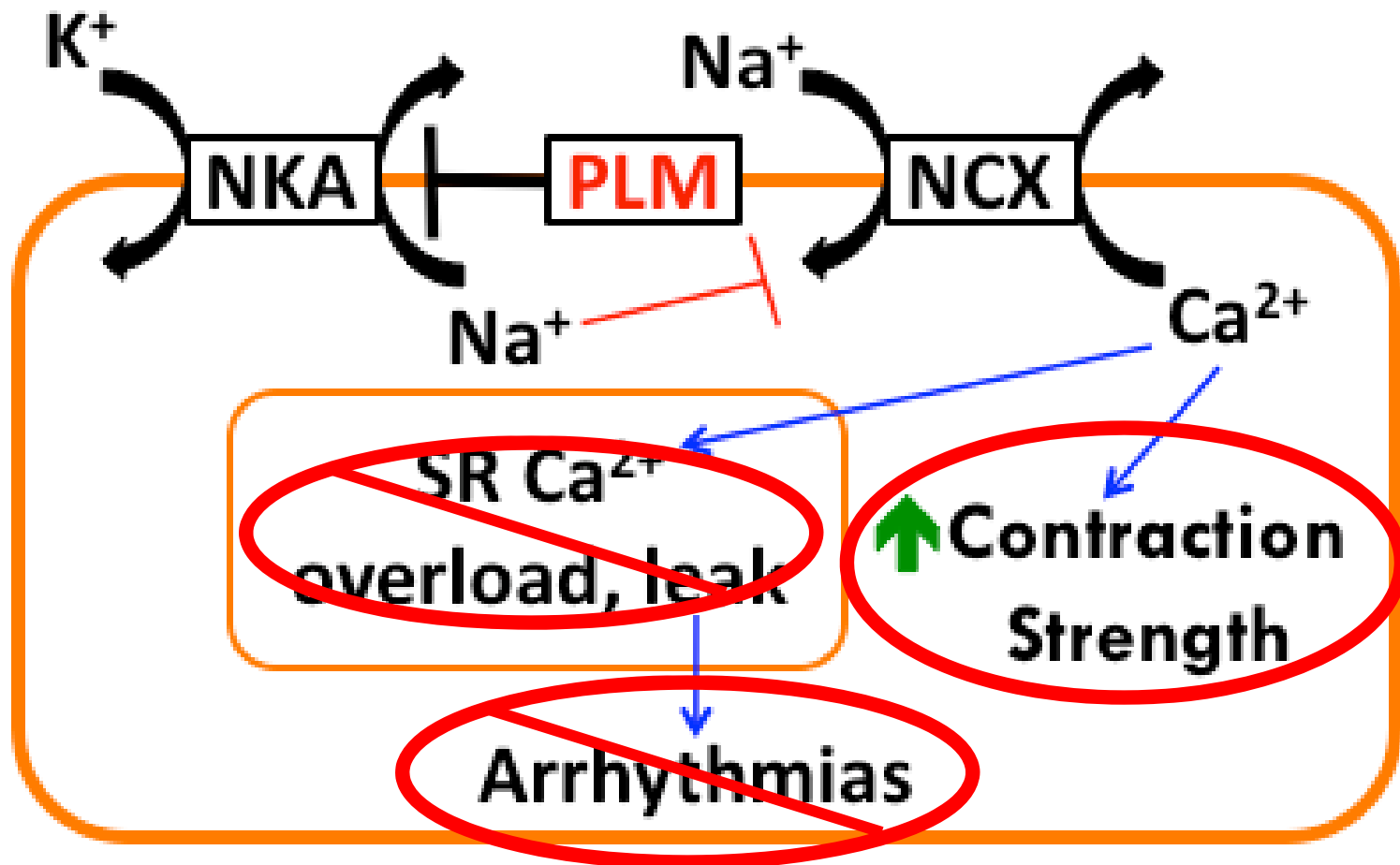
Central Hypothesis



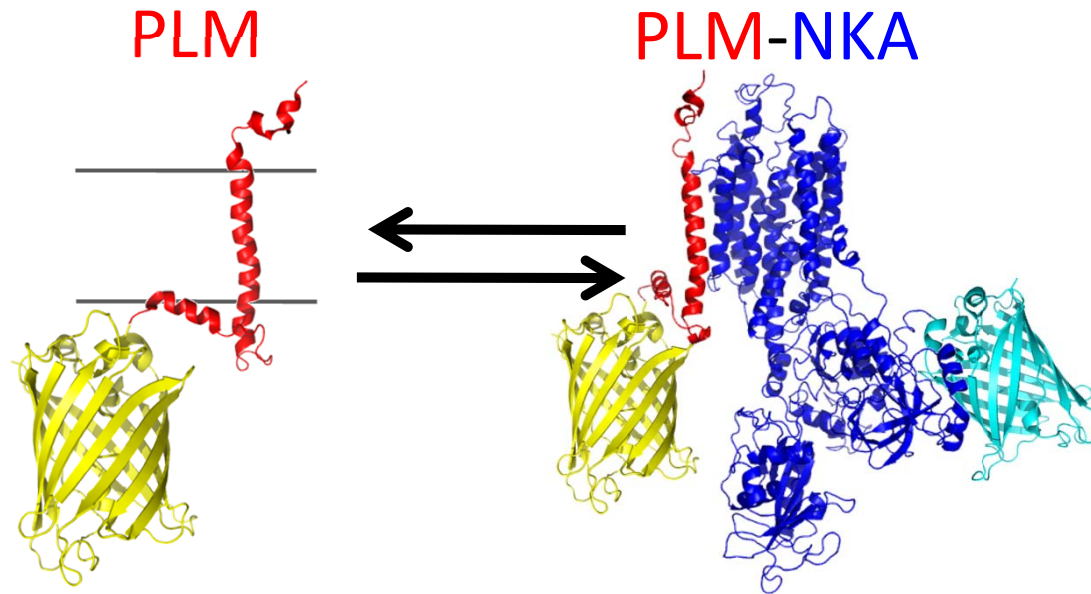
Song, Q. et al. (2011). JBC, 286(11), 9120–9126.

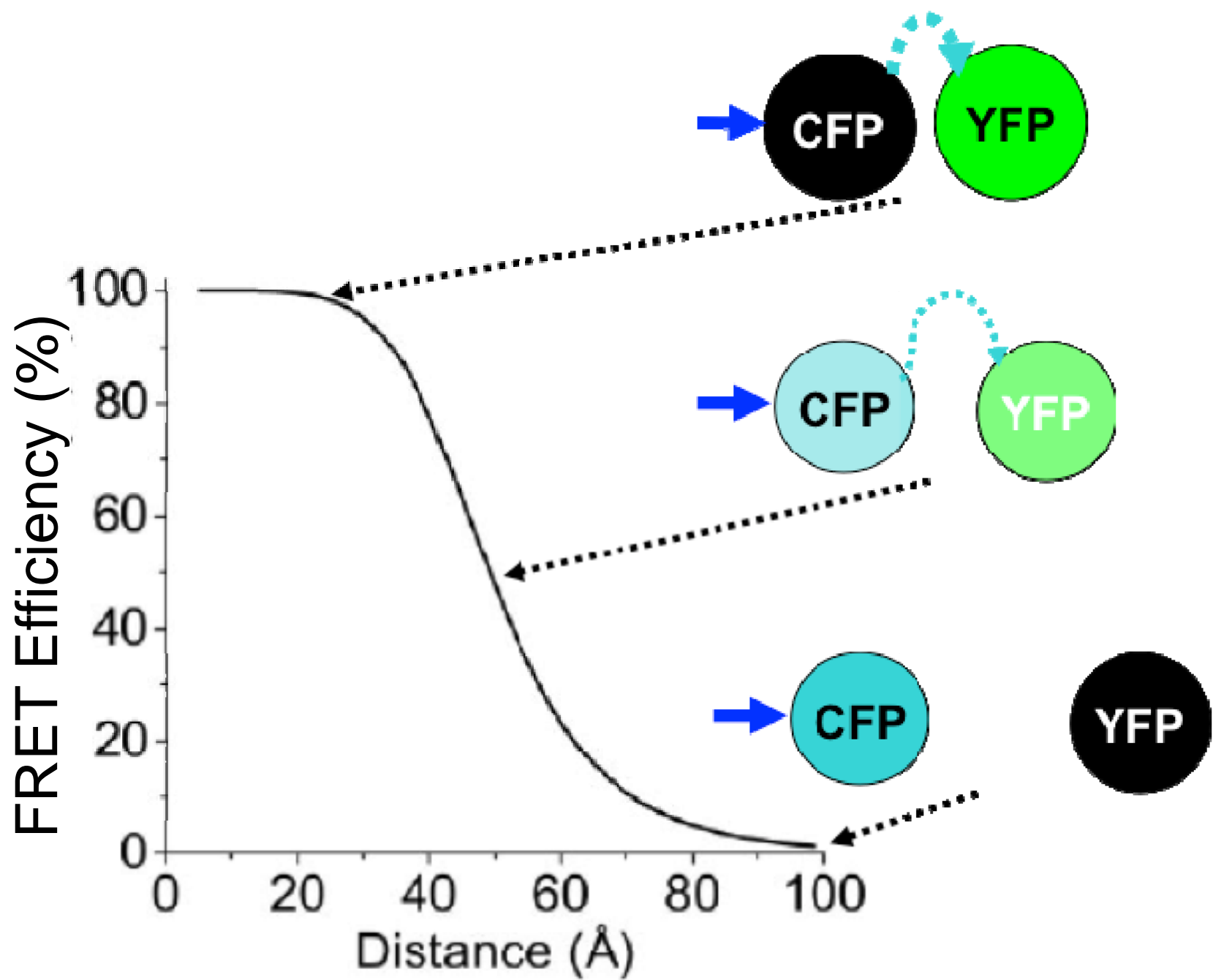
Digoxin



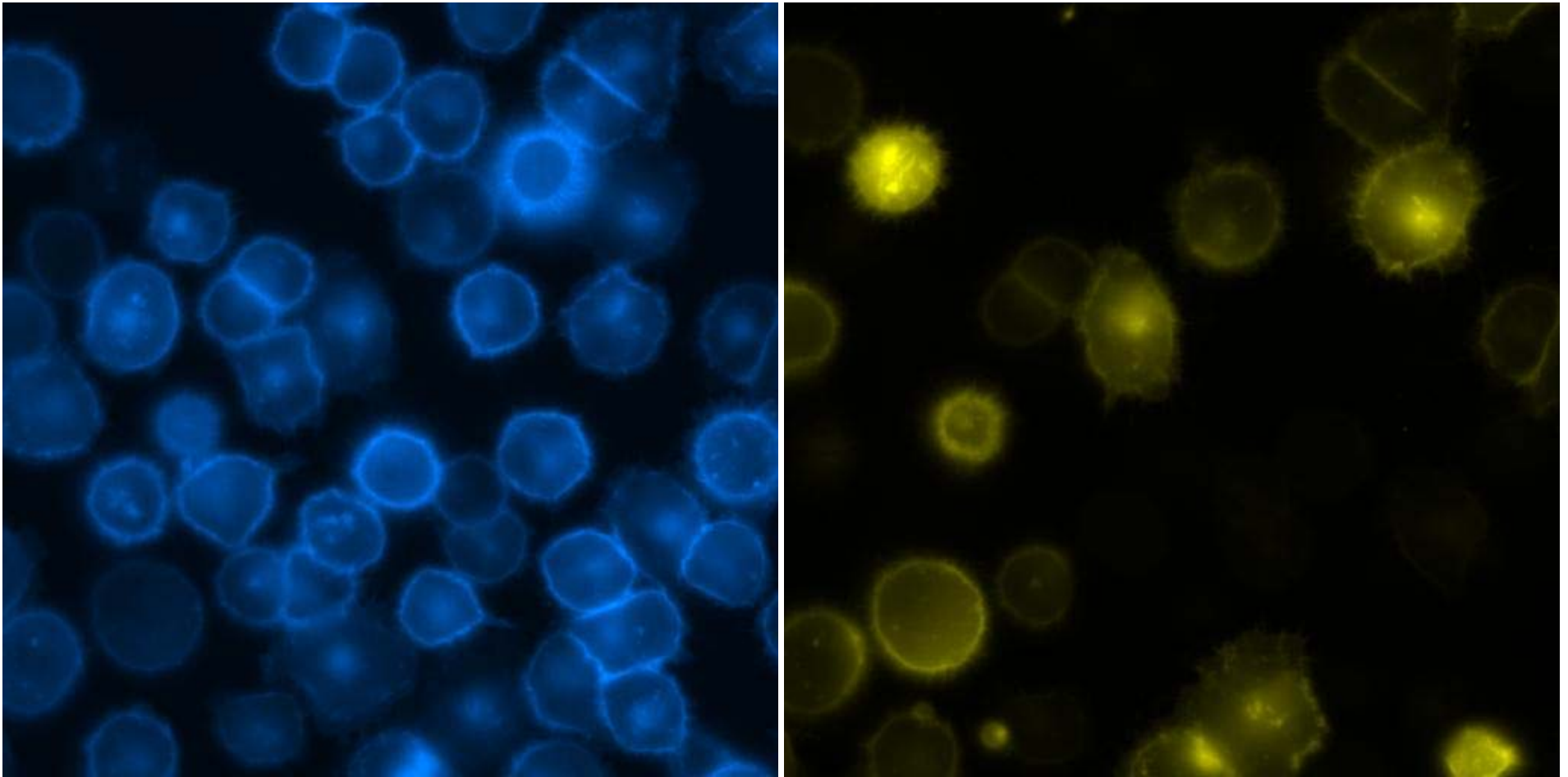


Approach for Screening Mutants: Measuring Binding Affinity with FRET

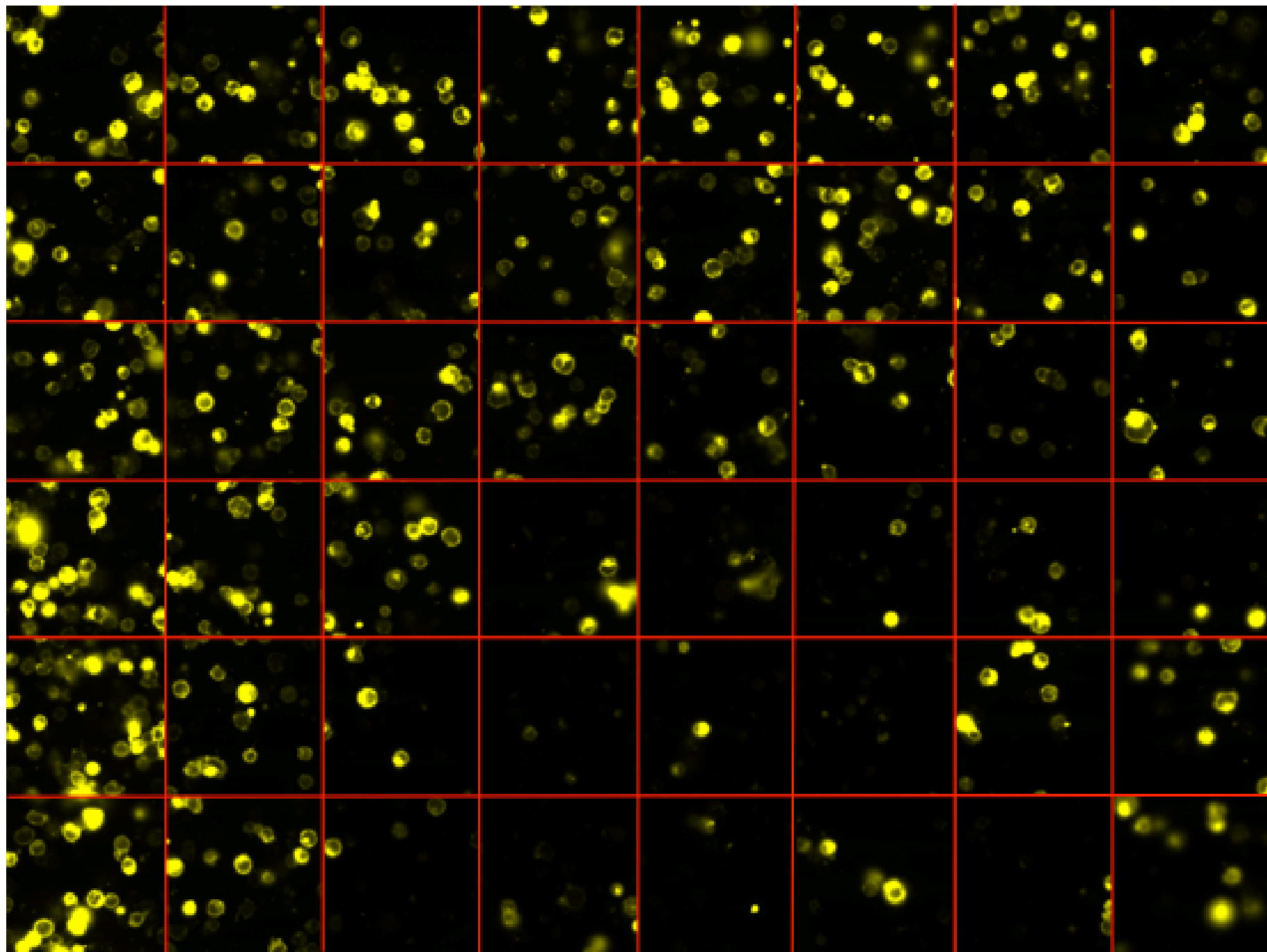




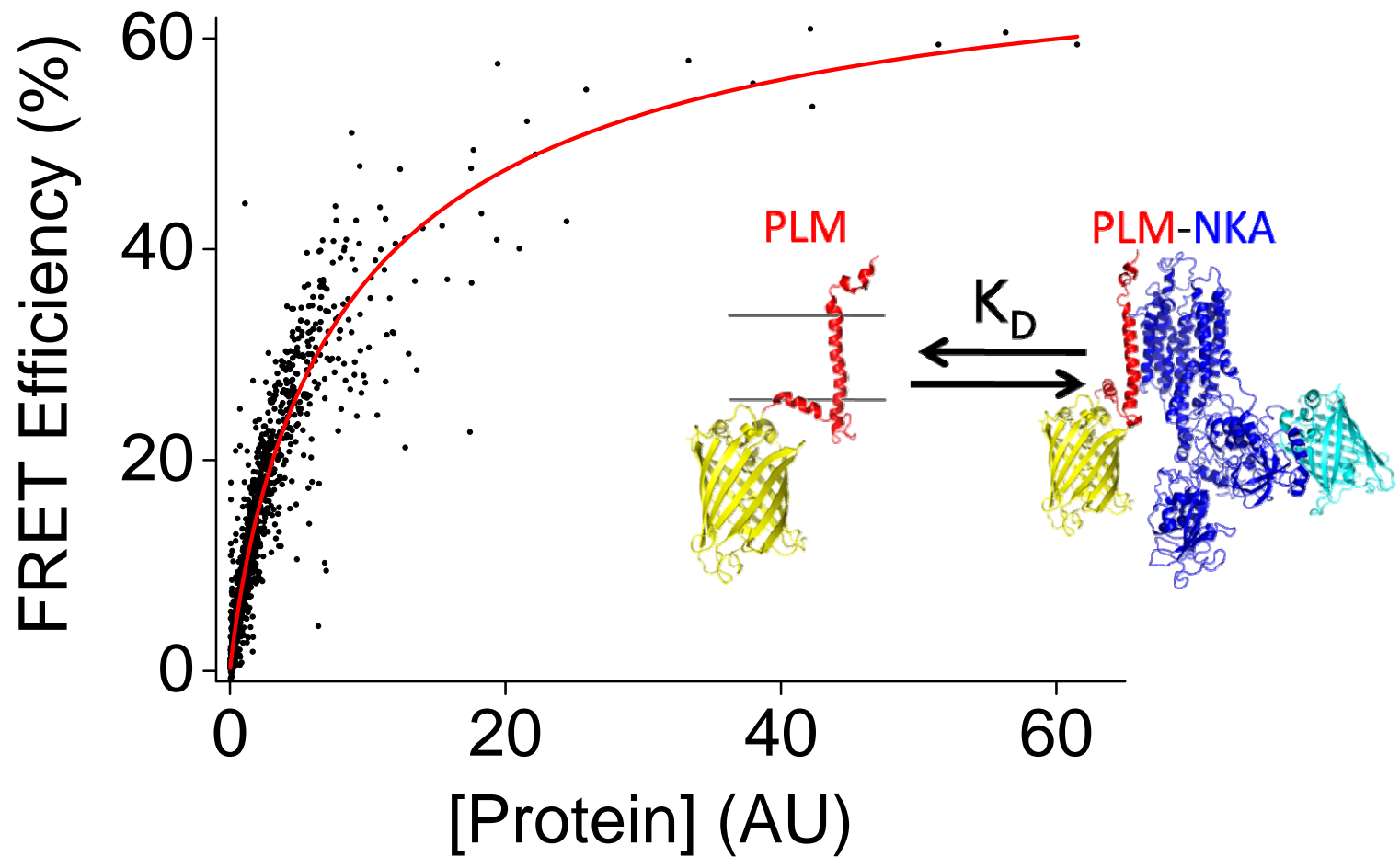
HEK cells co-transfected with
CFP-NKA and PLM-**YFP**



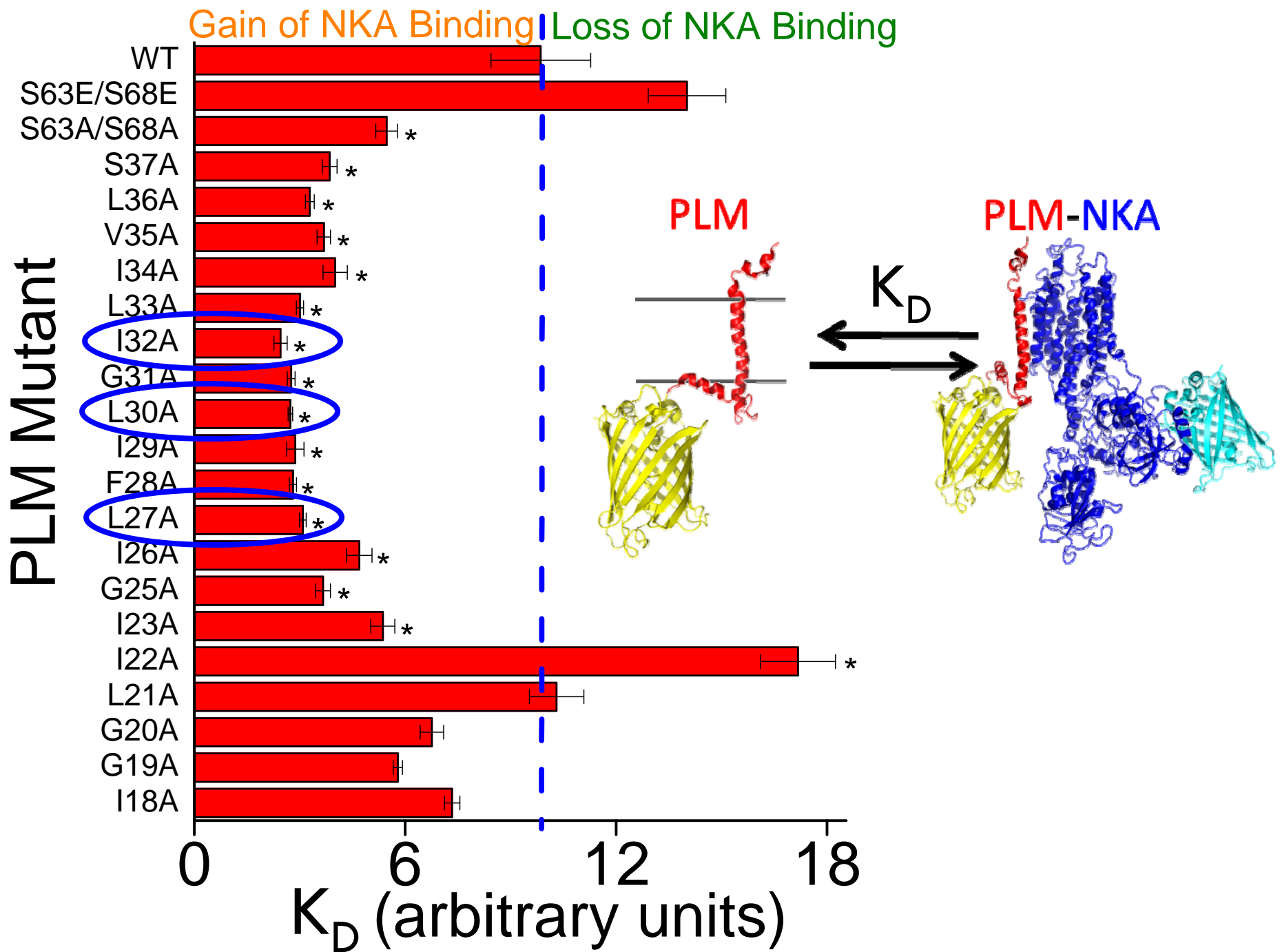
Cell line courtesy of Dr. Julie Bossuyt (UC Davis)

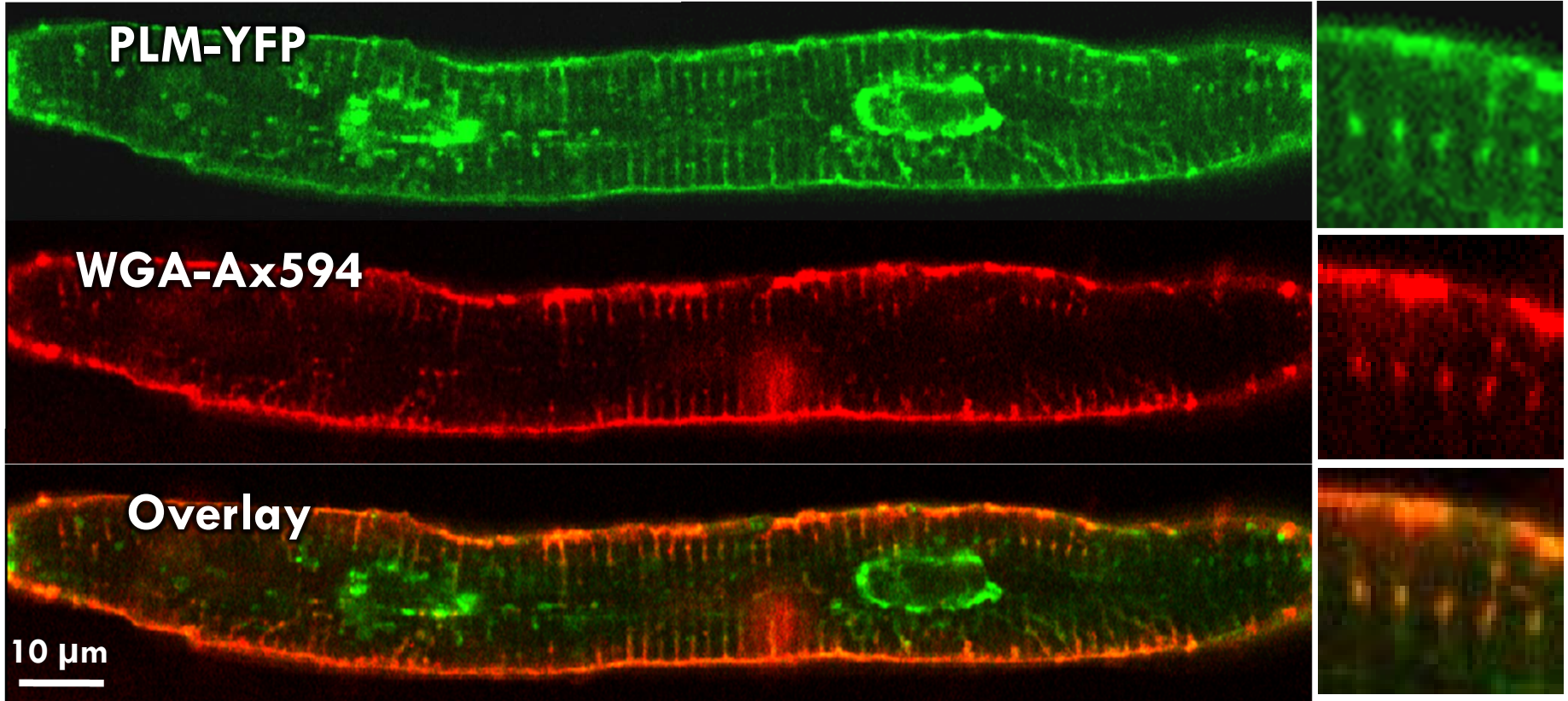


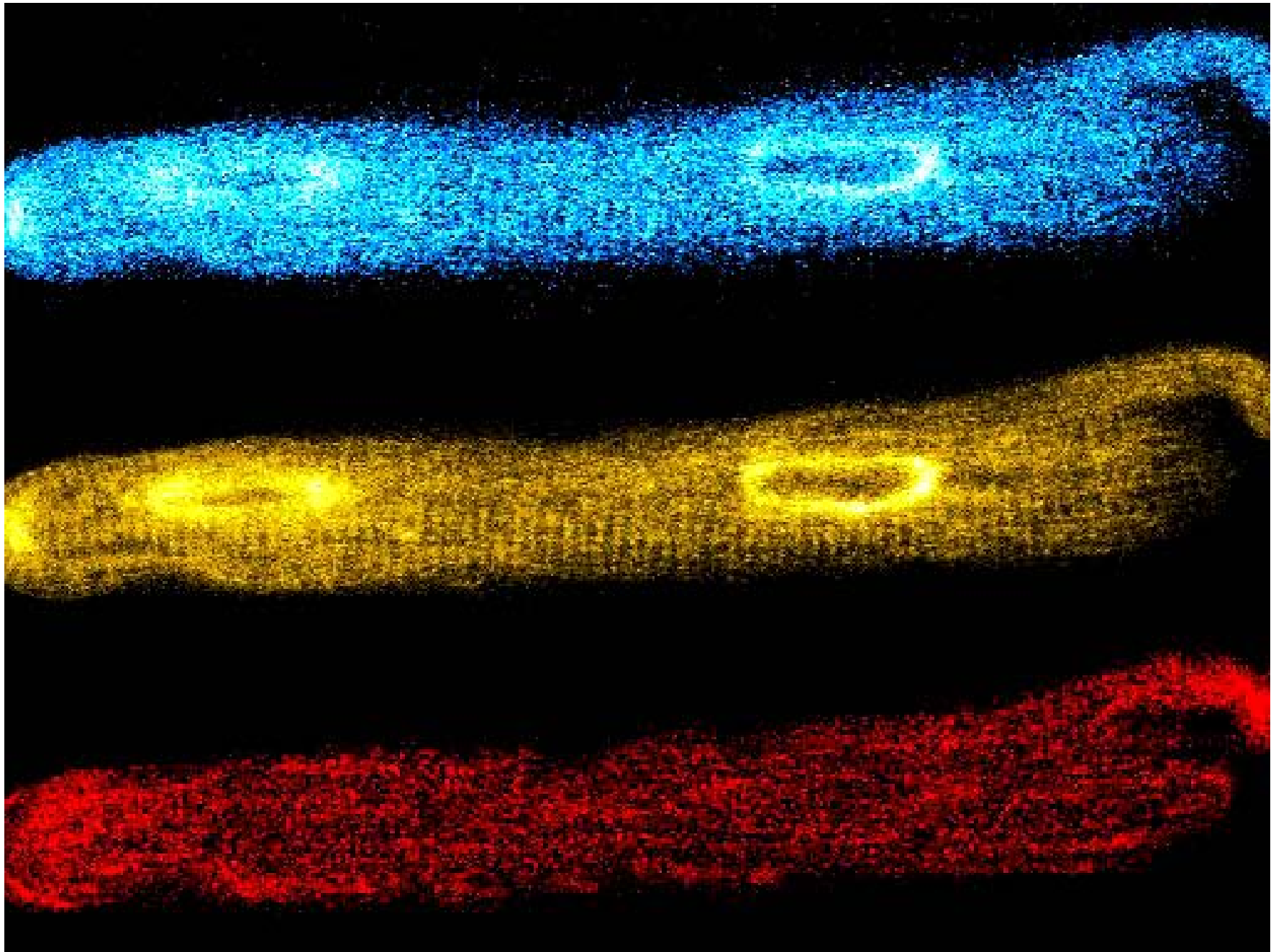
Measuring Binding Affinity with FRET



$$FRET\ Eff.\ (\%) = FRET_{max} * [Protein]^n / (K_D^n + [Protein]^n)$$

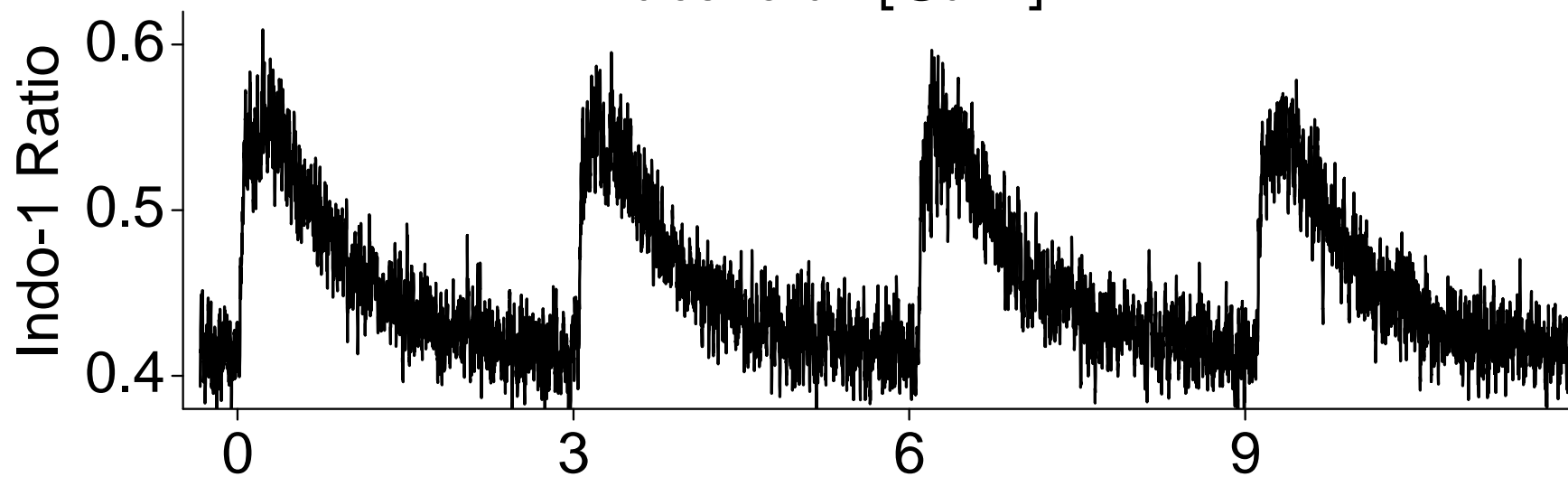




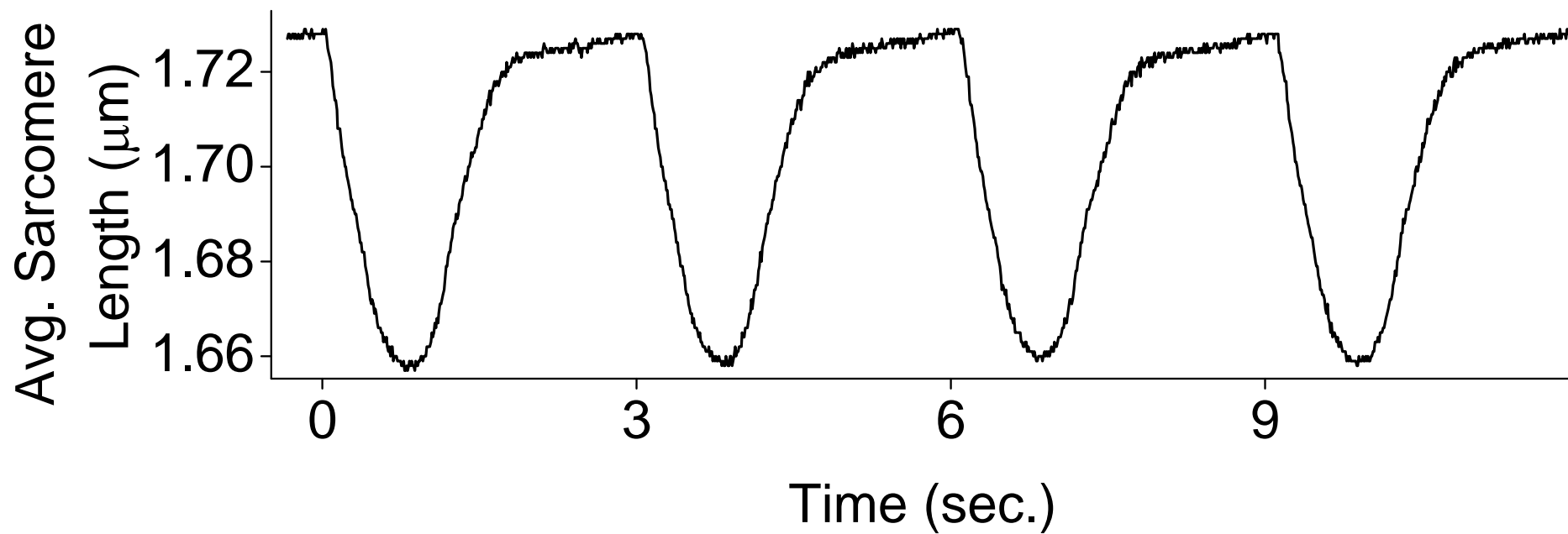


Video courtesy of Dan Blackwell

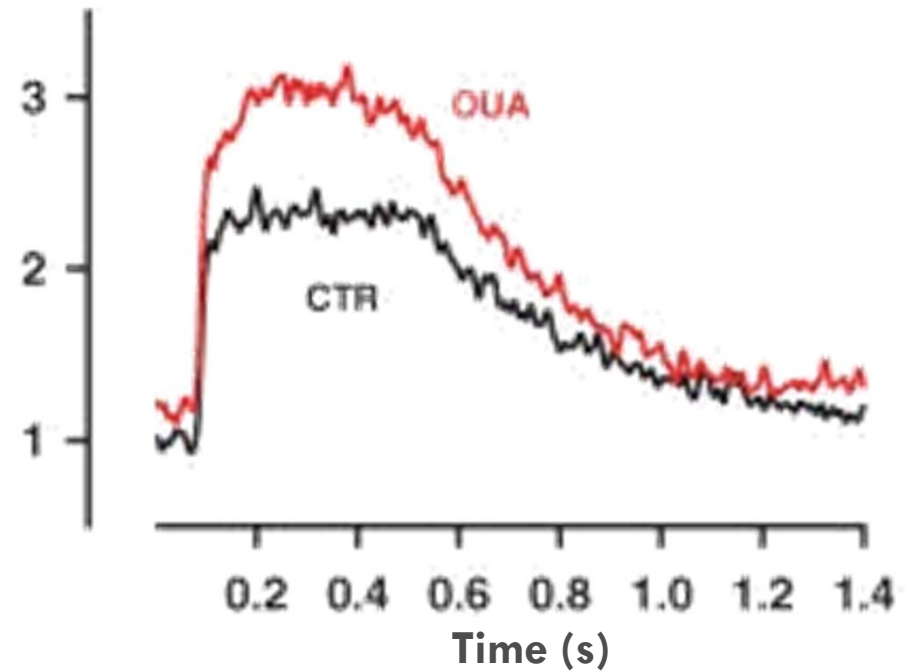
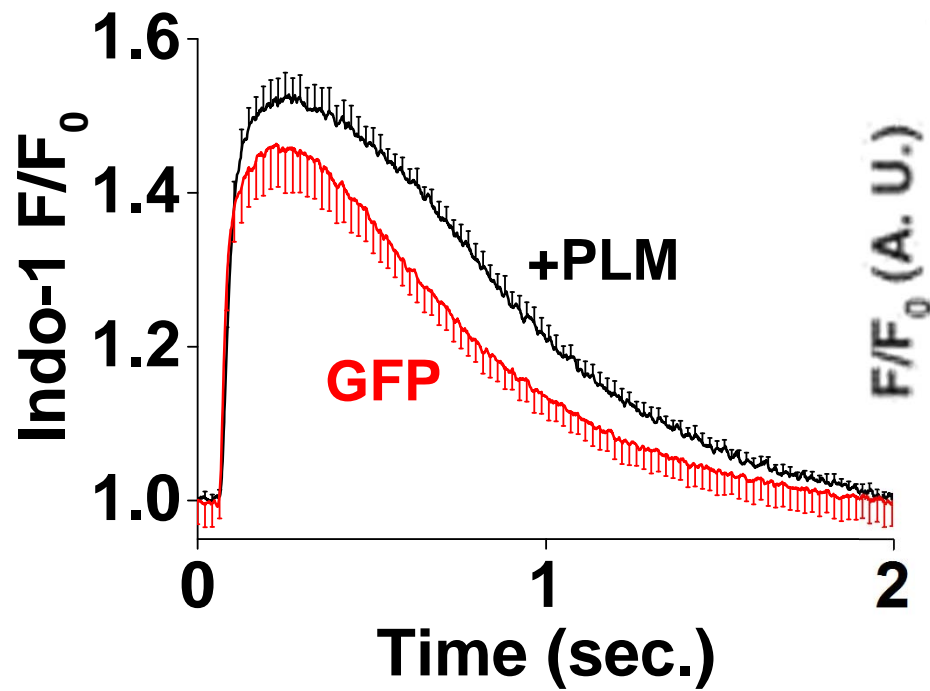
Intracellular $[Ca^{2+}]$



Myocyte Contractions

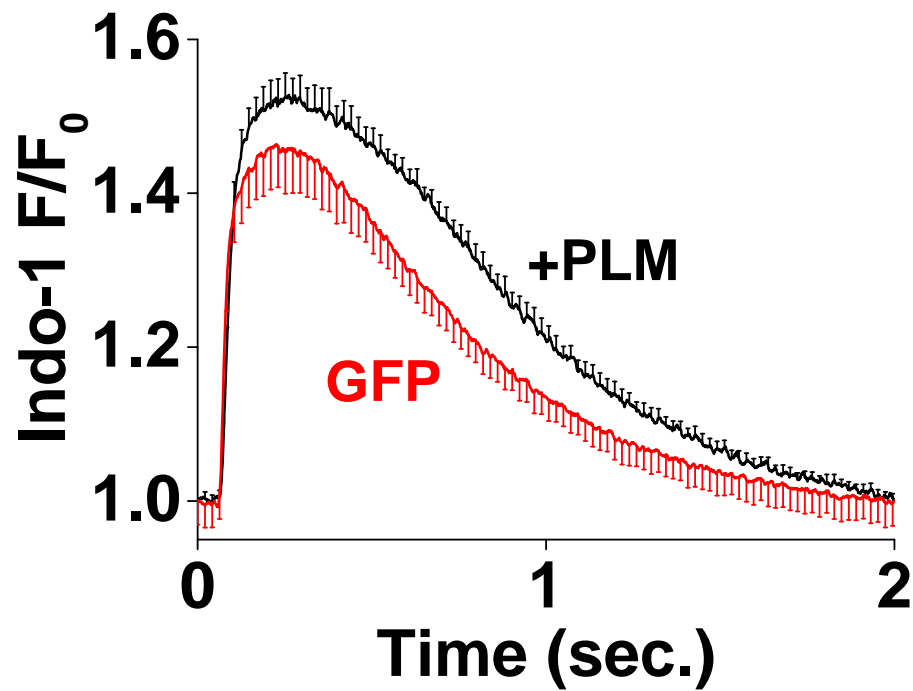


Intracellular $[Ca^{2+}]$

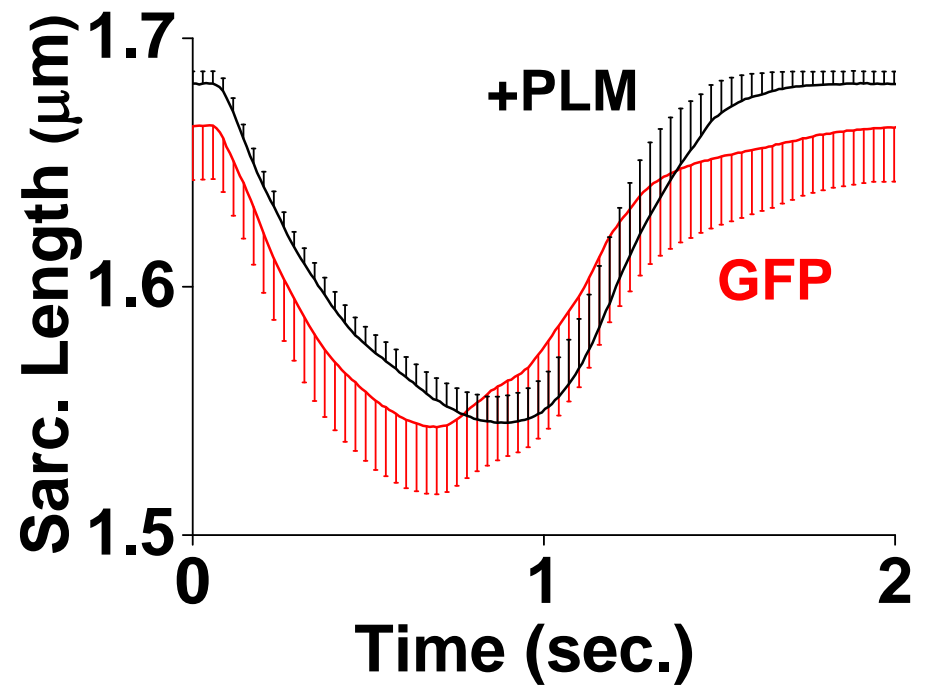


Altamirano et al., 2006. *J. Phys.*
575(3):850.

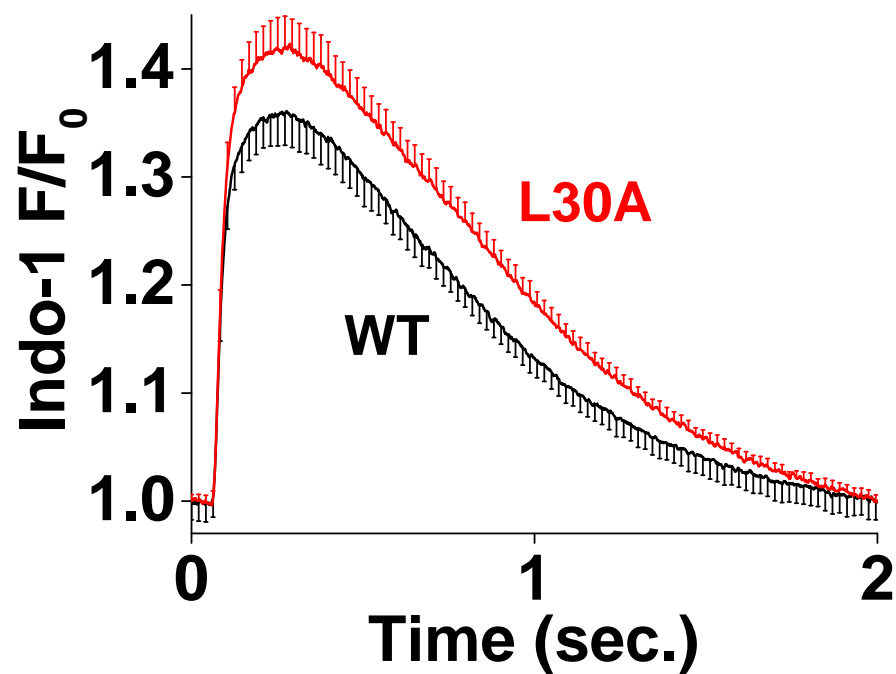
Intracellular $[Ca^{2+}]$



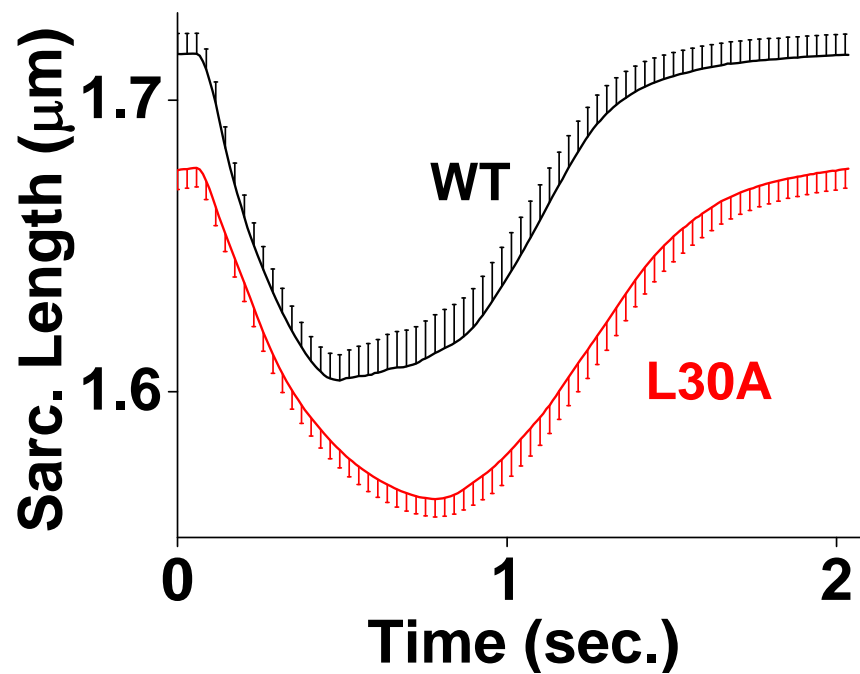
Myocyte Contraction



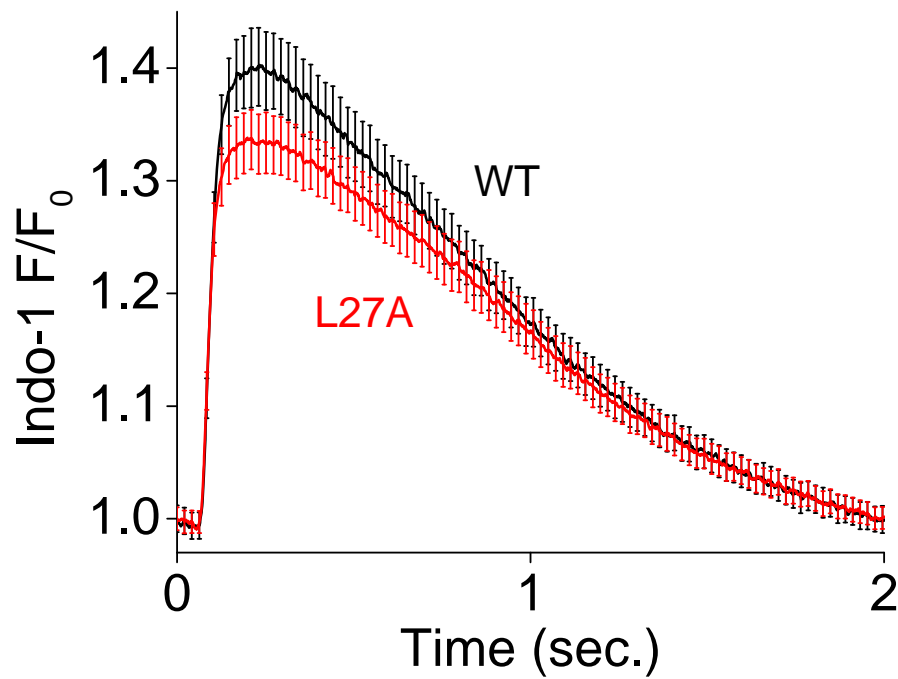
Intracellular [Ca²⁺]



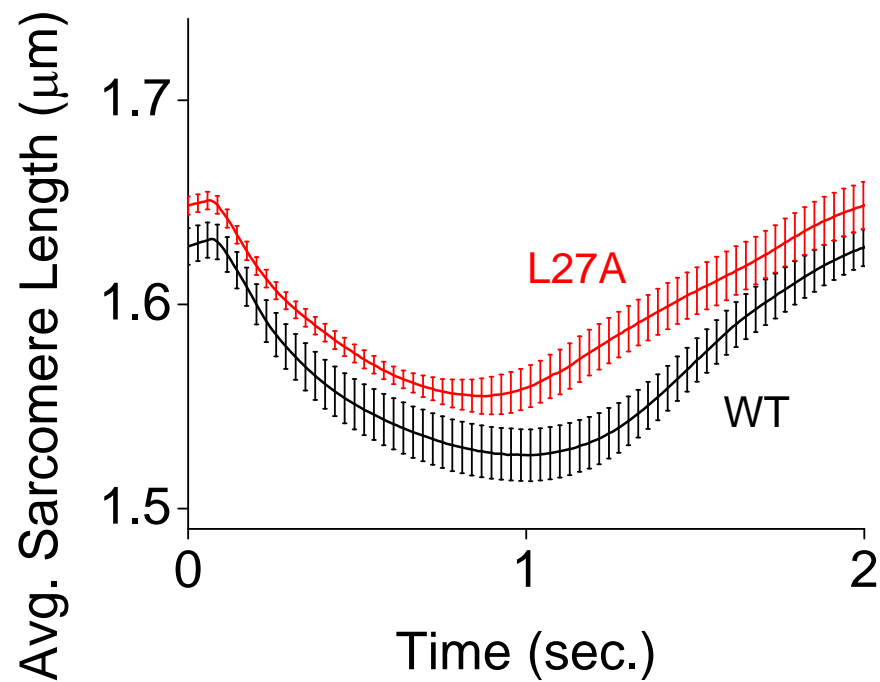
Myocyte Contraction



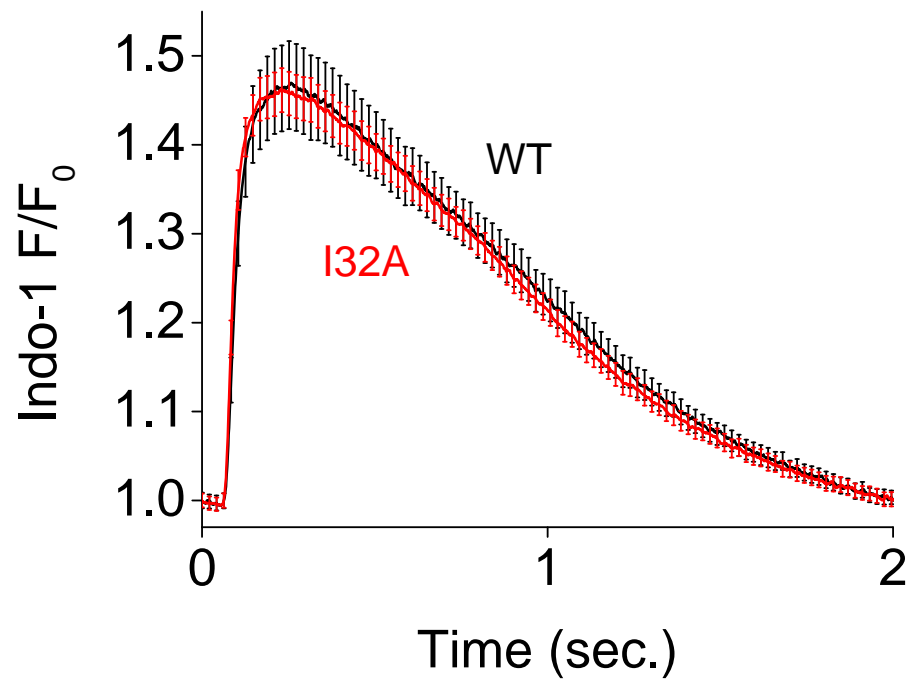
Intracellular [Ca²⁺]



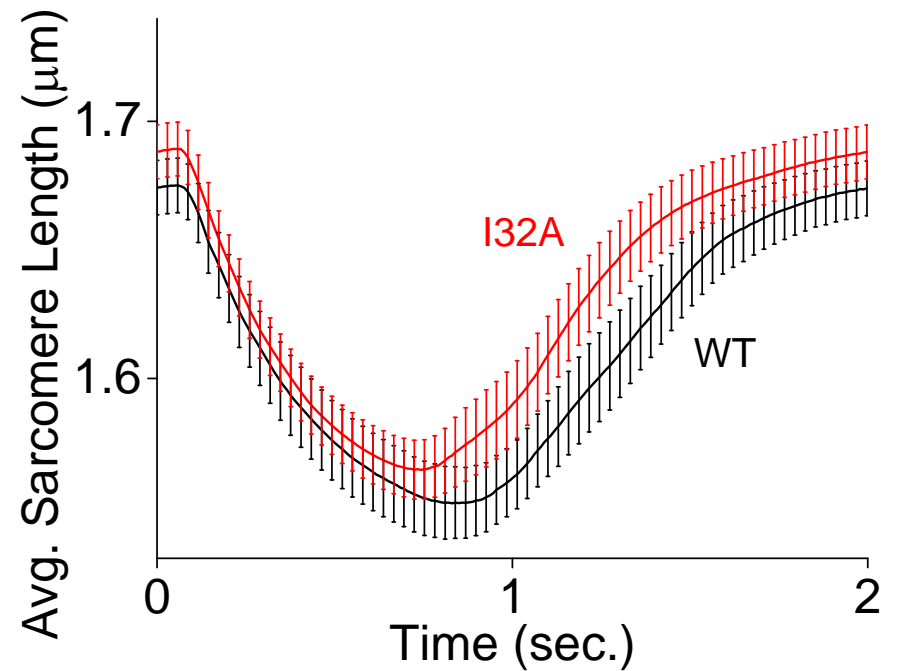
Myocyte Contraction



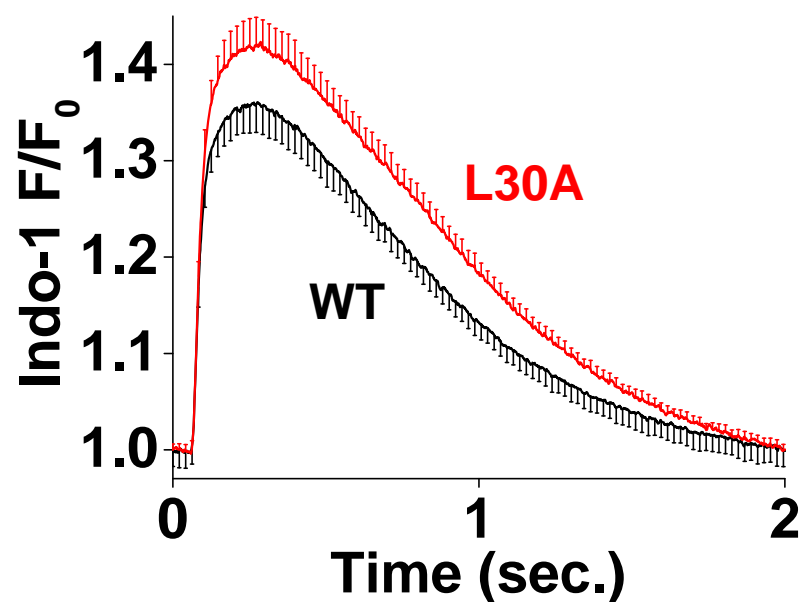
Intracellular $[Ca^{2+}]$



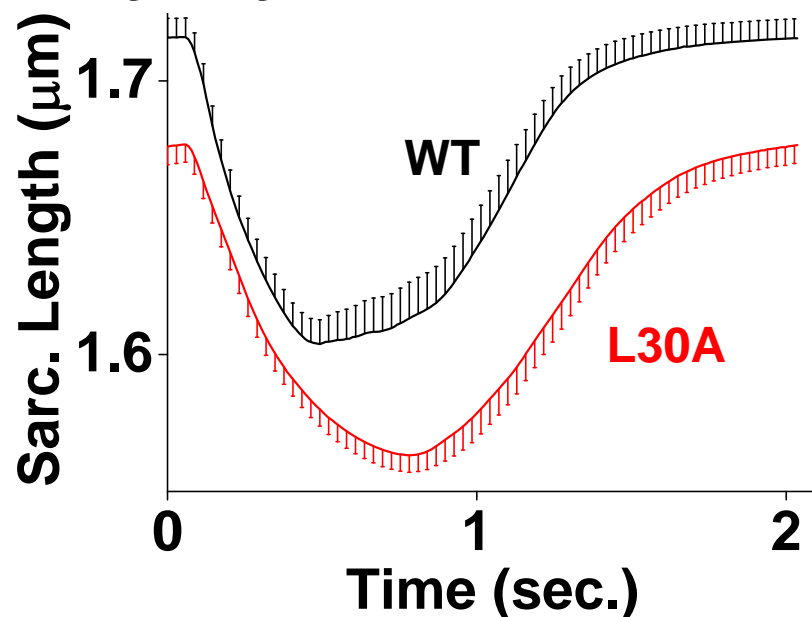
Myocyte Contraction



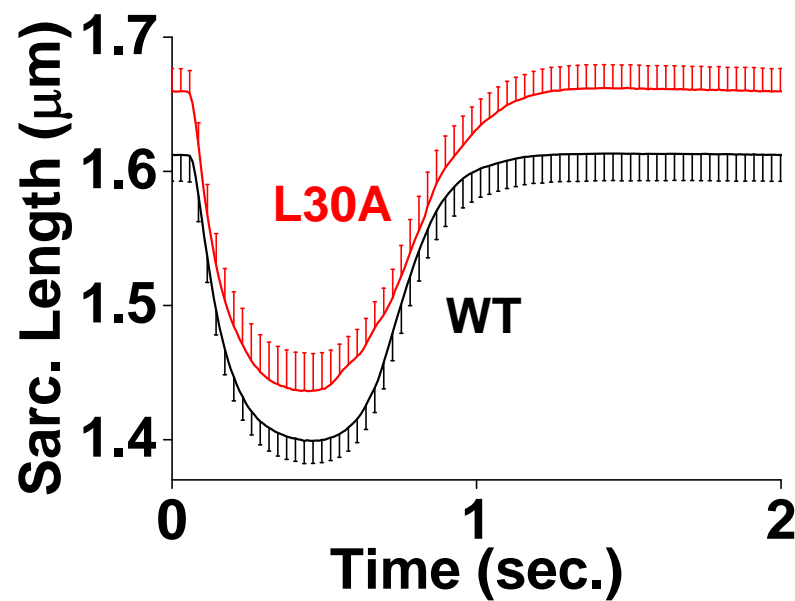
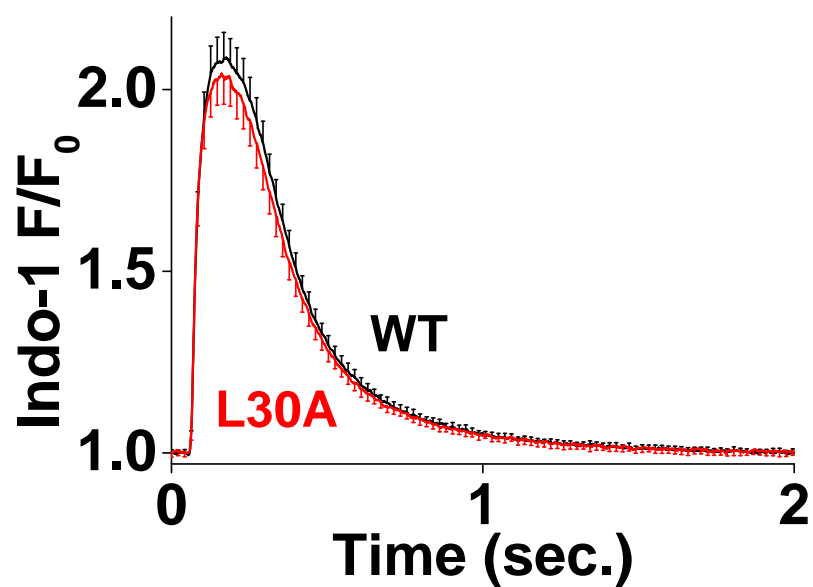
Intracellular $[Ca^{2+}]$



Myocyte Contraction



+ adrenaline



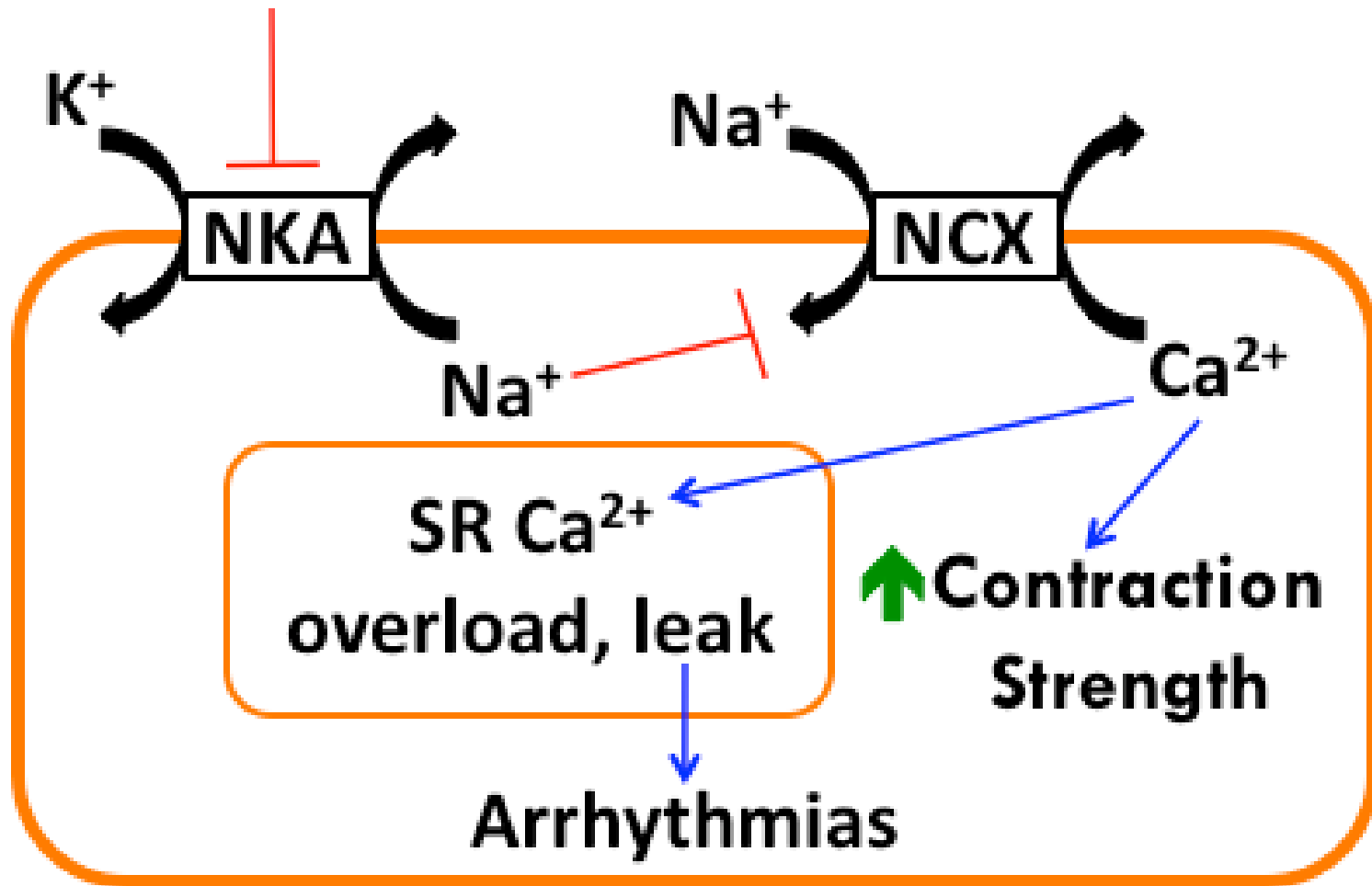
Conclusions



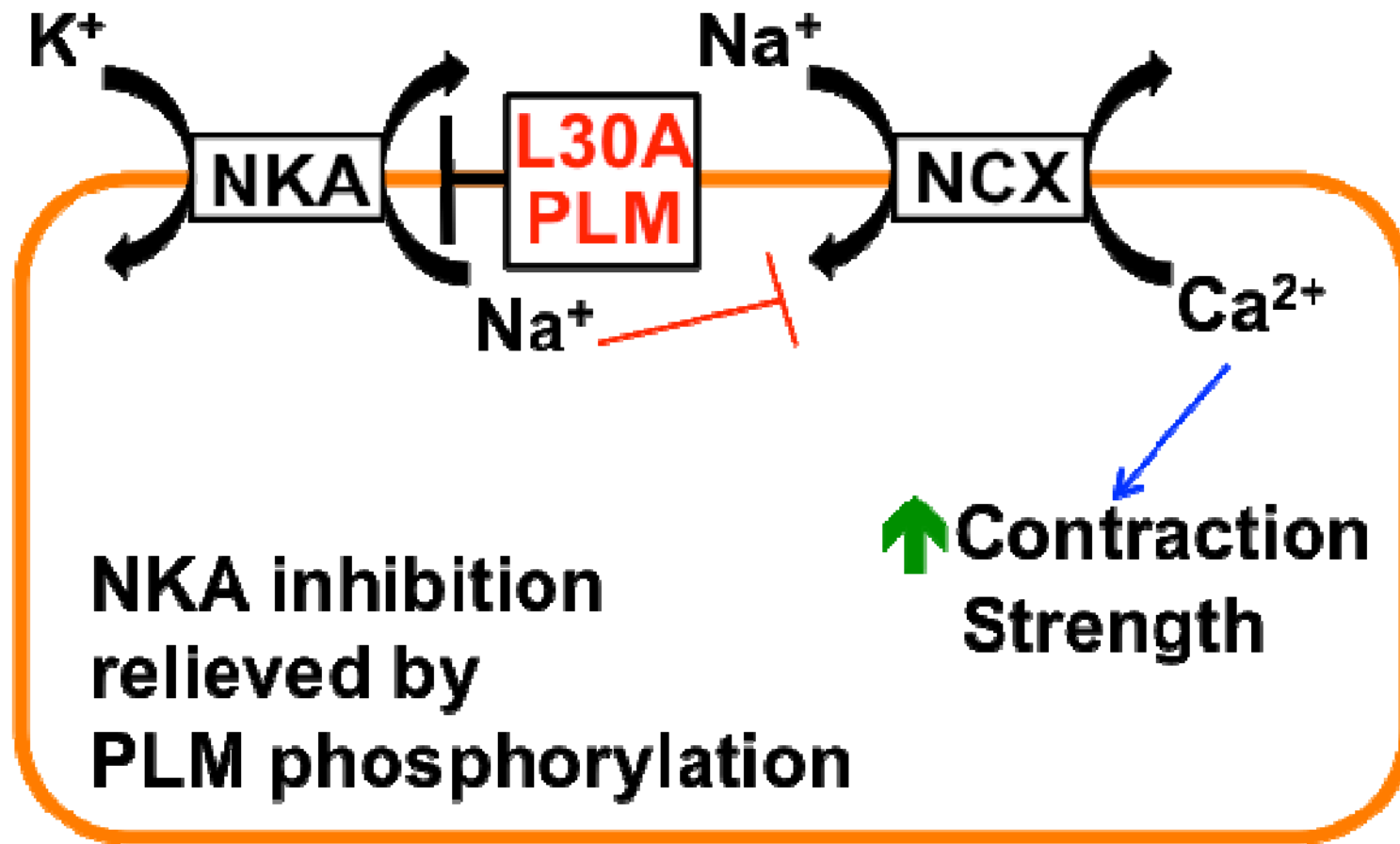
- L30A PLM caused increased binding to NKA.
- L30A PLM mimics the effect of digoxin on isolated cardiomyocytes.
- Adrenaline relieved this effect.
- L30A PLM could be a useful therapeutic for heart failure.

Pharmacological NKA Inhibition

Digoxin



Physiological NKA Inhibition



Acknowledgements



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Julie Bossuyt, Ph.D. (UC Davis)

Andreas Kukul, Ph.D. (U. of Hertfordshire)



Academic Research Collaborations Program

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