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1 **COMMENTARY**

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3 The calcium-sensing receptor and insulin secretion: a role outside systemic control 15years on

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14 **Short Title:** CaR and insulin secretion

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16 **Key words:** Calcium-sensing receptor, cell-to-cell communication and insulin secretion

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28 **Abstract:**

29 In the 15years since the identification and characterisation of the extracellular
30 calcium-sensing receptor (CaR), it has become increasing apparent that this cationic binding
31 receptor is found on many tissues, not associated with the control of plasma calcium. One of
32 these tissues is the pancreatic islet where insulin secretion provides the basis of energy
33 regulation. It seems inherently unlikely that the islet responds to alterations in systemic
34 calcium and a more plausible and intriguing possibility is that the CaR mediates cell-to-cell
35 communication through local increases in the concentration of extracellular Ca^{2+} , co-released
36 with insulin. This short commentary explores this possibility and suggests that this novel
37 mechanism of cell communication, along with direct coupling via gap-junctions and other
38 local paracrine regulators helps explain why the glucose-responsiveness of the intact islet is
39 greater than the sum of the composite parts in isolation.

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43 **Introduction:**

44 It has been 15 years since the original cloning and characterisation of the extracellular
45 calcium-sensing receptor (CaR; Brown *et al.* 1993). Since then more than 1,000 articles have
46 been published chronicling the role of this G-protein coupled receptor in the physiology and
47 patho-physiology of systemic calcium regulation (extensively reviewed in Brown 2007).
48 However, over the last decade and a half it has become apparent that the ability of cells to
49 detect local changes in free calcium ion concentration is not restricted to tissues involved in
50 Ca²⁺-homeostasis. The CaR has been detected on an ever increasing range of tissue types,
51 including oesophageal (Justinich *et al.* 2008) and colonic epithelia (Cheng *et al.* 2004), the
52 cardiovascular system (reviewed in Smajilovic & Tfelt-Hansen 2007), hypothalamic neurons
53 (Vizard *et al.* 2008), pancreatic ducts (Racz *et al.* 2002) and pancreatic α - and β -cells
54 (Rasschaert & Malaisse 1999; Squires *et al.* 2000; Gray *et al.* 2006).

55 The functional significance of the CaR in tissue not involved in regulating plasma
56 Ca²⁺ is not fully understood. In the exocrine pancreas it has been suggested that the CaR
57 monitors extracellular Ca²⁺ in pancreatic juice to limit the risk of calcium carbonate stone
58 formation (Bruce *et al.* 1999), and in gastrin secreting cells of the human antrum the CaR may
59 detect dietary Ca²⁺ (Ray *et al.* 1997; Buchan *et al.* 2001). However, a more global
60 explanation for the role of the CaR in these disparate tissues could be in its ability to detect
61 local fluctuations in Ca²⁺, mediating cell-to-cell communication and coupling function. Cells
62 communicate locally via gap junctions that physically connect adjacent cells and permit the
63 free-flow of ions and small molecules (Hills *et al.* 2006), or through the release of local
64 paracrine messengers (Squires *et al.* 2002). Recent evidence, from our work on pancreatic β -
65 cells, suggests an important function for the CaR in mediating cell-to-cell communication
66 within islets to co-ordinate insulin secretory responses (Jones *et al.* 2007). Local changes in
67 the concentration of extracellular Ca²⁺ can occur as result of changes in Ca²⁺-influx/efflux
68 pathways across the plasma-membrane (Green *et al.* 2007). Additionally, secretory granules
69 contain high concentrations of calcium that is released upon exocytosis (Belan *et al.* 1998).

70 As the volume of space between cells is often small, large changes in Ca^{2+} concentration can
71 occur in the micro-environment immediately surrounding cells (Perez-Armendariz & Atwater
72 1986). These local extracellular ‘hot-spots’ of calcium are sufficient to activate the CaR on
73 neighbouring cells and facilitate cellular co-operation.

74

75 **CaR: cell-to-cell communication and the pancreatic islet**

76 Several theories have been proposed to explain the synchronous and cooperative
77 activity of islets when compared to non-cooperative events in isolated individual β -cells
78 including direct communication via gap junctions (Moreno *et al.*, 2005; Rogers *et al.* 2007),
79 the presence of other endocrine cells (Ishihara *et al.*, 2003), as well as the existence of
80 extracellular diffusible mediators (Squires *et al.* 2002; Hellman *et al.* 2004). The possibility
81 that local changes in extracellular Ca^{2+} resulting from the efflux of mobilised Ca^{2+} in one cell
82 are sufficient to activate the CaR on an adjacent cell was elegantly demonstrated in a HEK293
83 model system (Hofer *et al.* 2000). These studies suggested that the extrusion of Ca^{2+} from
84 stimulated cells, recruited neighbouring cells, allowing amplification and integration of a
85 tissue wide response (reviewed in Hofer *et al.* 2004). In the pancreas we’ve long argued that
86 close cell-to-cell contact improves the functional responsiveness of cells and augments insulin
87 secretion (Hauge-Evans *et al.* 1999). Activation of the CaR using receptor-specific
88 calcimimetics (reviewed in Trivedi *et al.* 2008) enhances insulin secretion from human islets
89 (Gray *et al.* 2006) and provides an obvious link by which glucose-evoked release of calcium-
90 rich secretory granules feeds forward to synchronise secretion and perpetuate the whole islet
91 response. The proposed model of this CaR-mediated propagation of signals across the islet is
92 illustrated in the schematic below. Here glucose-evoked changes in insulin secretion in one
93 cell can stimulate insulin secretion from neighbouring cells expressing the CaR, through co-
94 release of divalent cations, ultimately improving overall secretory function.

95 It is unusual for receptor-mediated stimuli to initiate insulin release in the absence of
96 stimulatory glucose concentrations. However, calcimimetic activation of the CaR in human

97 and rodent β -cells transiently increases insulin secretion, without the need for an associated
98 increase in nutrient stimulation (Gray *et al.* 2006), stressing the potential importance of the
99 CaR to islet function. It is therefore surprising that activating mutations of the CaR as seen in
100 autosomal-dominant hypocalcaemia (extensively reviewed in Egbuna & Brown, 2008), cause
101 hypocalcaemia of varying severity without hypoglycaemia as expected from an increase in
102 insulin secretion under the current model. This discrepancy could be explained by the fact that
103 hypocalcaemia has been shown to reduce insulin secretion (Schlumbohm & Harmeyer, 2002),
104 perhaps through a reduced drive for Ca^{2+} -entry following glucose-stimulated closure of the
105 ATP-sensitive potassium channels on the β -cells. Certainly if CaR function is increased in
106 pancreatic β -cells from a background of eucalcemia there is an increase in insulin secretion
107 (Grey *et al.*, 2006), an effect that may form the basis of the intra-arterial calcium stimulation
108 test for the detection of insulinomas (Kato *et al.* 1997; Won *et al.*, 2003). Loss of CaR
109 function may partially explain increased prevalence of coincident diabetes in patients
110 presenting with primary hyperparathyroidism, where the loss of CaR-function in the
111 parathyroid increases PTH-secretion (reviewed in Taylor & Khaleeli, 2001).

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113 **CaR: a role in cell adhesion and proliferation in the islet.**

114 The biosynthetic and secretory function of the islet depends largely on the
115 architecture of the islet, itself dictated by specialised cell adhesion molecules such as the cell
116 surface adhesion protein epithelial (E)-cadherin (ECAD) and β -catenin (reviewed in
117 D'Souza-Schorey 2005). The co-localisation of adherens junction proteins to secretory
118 granules (Hodgkin *et al.* 2007) suggests that the adherens junction may play a novel role in β -
119 cell function, both in terms of β -cell proliferation (Carvell *et al.* 2007) and insulin secretion
120 (Hodgkin *et al.* 2007; Rogers *et al.* 2007). Neutralising ECAD-mediated cell adhesion
121 decreases glucose-evoked synchronicity in Ca^{2+} -signals between adjacent cells within islets
122 (Rogers *et al.* 2007) and evidence from human epidermal keratinocytes suggests that
123 inactivation of the CaR suppresses the assembly of the ECAD-catenin-PI3K complex (Tu et

124 al. 2008). These data provide compelling evidence that the CaR influences multiple functions
125 that ultimately regulate synchronicity of Ca^{2+} -activity between β -cells within the islet and
126 thus dramatically impinge on insulin secretion.

127

128 **Conclusion:**

129 Calcium receptor-mediated cell-to-cell communication permits local changes in co-
130 released Ca^{2+} to synchronise whole islet responses to secretagogues. It seems likely that the
131 local paracrine function of extracellular Ca^{2+} acts in unison with other better characterised
132 mechanisms for cellular coupling, to ensure appropriate glucose-responsiveness.
133 Calcimimetic compounds that activate the CaR and block PTH-secretion have been developed
134 to treat hyperparathyroidism, whilst calcilytic compounds potentially provide anabolic
135 therapy for osteoporosis (reviewed in Nemeth, 2004). However, the expression of a
136 functional CaR within human pancreatic islets suggests that these therapies may have wider
137 implications for tissues outside the normal targets for control of systemic calcium, and these
138 possible contra-indications need to be fully explored. This short article demonstrates the
139 importance of the CaR in orchestrating a synchronised whole islet response to improve
140 secretory function.

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255 **Figure Legend:**

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257 **CaR-mediated cell-to-cell communication within pancreatic islets:** Glucose
258 metabolism within pancreatic β -cells is limited by the low affinity glucokinase (GK).
259 The resultant rise in ATP/ADP ratio closes the ATP-sensitive potassium channels (K^+_{ATP}),
260 depolarising the cell membrane and opening voltage-dependant Ca^{2+} -channels (VDCC).
261 Calcium enters the cell down a concentration gradient and stimulates insulin secretion (\bullet).
262 Divalent cations, including free Ca^{2+} ($^{\circ}$) are co-released with insulin, increasing the local
263 concentration of extracellular calcium ($\uparrow[Ca^{2+}]_e$) in the intra-islet space. These changes
264 act in a paracrine fashion that is detected by the extracellular Ca^{2+} -sensing receptor (CaR)
265 on adjacent cells. CaR-mediated increases in $[Ca^{2+}]_i$, propagate the signal across the islet,
266 thus co-ordinating activity and enhancing glucose-induced insulin secretion.

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