

# Tyrosine kinase, phosphatidylinositol 3-kinase, and protein kinase C regulate insulin-stimulated NaCl absorption in the thick ascending limb

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**Tyrosine kinase, phosphatidylinositol 3-kinase, and protein kinase C regulate insulin-stimulated NaCl absorption in the thick ascending limb.** We have previously shown a direct stimulatory effect of insulin on NaCl absorption in the medullary thick ascending limb of Henle's loop (mTAL). To further investigate the signal transduction involved, we determined whether tyrosine kinase, phosphatidylinositol 3-kinase (PI3-kinase), and/or protein kinase C (PKC) regulate insulin-stimulated NaCl absorption in the mTAL by *in vitro* microperfusion methods. In control experiments, insulin increased transepithelial voltage ( $V_{te}$ ) and net lumen-to-bath  $Cl^-$  flux ( $J_{Cl}$ ). Genistein and methyl 2,5-dihydroxycinnamate, two specific tyrosine kinase inhibitors, abolished the effects of insulin. Wortmannin, a specific PI3-kinase inhibitor, inhibited the action of insulin. The effects of insulin also were inhibited by staurosporin and calphostin C, which are dissimilar inhibitors of PKC. These results indicate that insulin stimulates NaCl absorption in the mTAL through tyrosine kinase, PI3-kinase, and PKC-mediated mechanisms. Moreover, because we have reported previously that insulin causes no detectable change in cytosolic free  $Ca^{2+}$  in the mTAL cells, the present results also suggest that insulin-induced PKC activation is not related to inositol 1,4,5-triphosphate ( $IP_3$ ) production.

Insulin shows the antinatriuretic effect without changes in glomerular filtration rate or renal blood flow [1–4]. Clearance experiments [2, 3] and micropuncture studies [3, 4] have suggested that the antinatriuretic effect of insulin *in vivo* is localized mainly to the thick ascending limb of Henle's loop (TAL). Recently, we and another group provided the evidence by *in vitro* microperfusion methods that insulin directly stimulates NaCl absorption in the rabbit and mouse TAL [5, 6]. This effect of insulin in the TAL may be mediated by activation of NaCl absorption involving furosemide-inhibitable  $Na^+K^+-2Cl^-$  cotransport [5] and independent of activation of  $Na^+/K^+$  adenosine triphosphatase [7]. The stimulatory effect of insulin on  $Na^+K^+-2Cl^-$  cotransport is shown not only in the TAL, but also in BC3H-1 myocytes [8], which has been well characterized for insulin's actions. NaCl absorption in the TAL is known to be stimulated by a number of hormonal effectors that stimulate the production of adenosine 3',5'-cyclic monophosphate (cAMP)[9]. However, insulin does not affect adenylate cyclase activity in the TAL [9], indicating that

cAMP does not fulfill the role of a second messenger in the action of insulin.

The current theory proposes that intrinsic tyrosine kinase activity of the insulin receptor plays a central role in mediating many of insulin's action [10]. Activation of the insulin receptor tyrosine kinase causes phosphorylation of several intracellular substrates such as insulin-receptor substrate-1 (IRS-1) [11]. Phosphorylation of these substrates creates the specific binding site for src homology-2 (SH2) domains in a regulatory subunit (p85) of phosphatidylinositol 3-kinase (PI3-kinase), which phosphorylates the D-3 position of the inositol ring of phosphatidylinositol (PI), PI 4-phosphate (PI4-P), and PI 4,5-bisphosphate (PI4,5-P<sub>2</sub>) to produce PI 3-phosphate (PI3-P), PI 3,4-bisphosphate (PI3,4-P<sub>2</sub>), and PI 3,4,5-triphosphate (PI3,4,5-P<sub>3</sub>), respectively [12]. The activation of PI3-kinase mediates metabolic actions of insulin such as antilipolysis and the stimulation of glucose transport [13, 14]. Another proposed mechanism of insulin's action has been the involvement of protein kinase C (PKC) [15]. Some studies have demonstrated that insulin stimulates diacylglycerol production [16, 17] and increases PKC activity, which subsequently may play an important role in the mediation of insulin's action [18–20]. However, the roles of tyrosine kinase, PI3-kinase, and PKC in insulin's actions in renal tubular transports are not clear.

The purpose of the present study was therefore to determine whether tyrosine kinase, PI3-kinase, and/or PKC regulate insulin-stimulated NaCl absorption in the TAL. To address these issues, we examined the effects of these kinases inhibitors on insulin-stimulated NaCl absorption in the isolated perfused medullary TAL (mTAL).

## Methods

### *In vitro* microperfusion of isolated mTALs

Female Japanese White rabbits weighing 1.5 to 2.5 kg were fed a standard laboratory diet and had free access to tap water. On the day of the experiment, they were anesthetized with pentobarbital sodium (35 mg/kg, intravenously), and the left kidney was quickly removed, cut into thin slices, and stored in a chilled dissection solution containing (in mmol/liter) 14 KCl, 44 K<sub>2</sub>HPO<sub>4</sub>, 14 KH<sub>2</sub>PO<sub>4</sub>, 9 NaHCO<sub>3</sub>, and 160 sucrose (pH 7.4). A single mTAL was dissected from the inner stripe of the outer medulla using fine forceps and transferred to a perfusion chamber mounted on an inverted microscope (model IMT-2; Olympus, Tokyo, Japan). The

tubule was then perfused according to the *in vitro* microperfusion technique described by Burg and Green [21] with some modifications of Kondo, Yoshitomi and Imai [22]. The perfusion chamber was also perfused at 38°C. Exchange of solutions in the chamber was accomplished by a rotary valve installed beside the microscope, which allowed a rapid exchange of the bath solution, as described by Kondo and Frömter [23]. The perfusate and the bathing solution were identical, and the composition of the solution used in this study was (in mmol/liter) 135 NaCl, 3 KCl, 1.5 CaCl<sub>2</sub>, 1 MgCl<sub>2</sub>, 2 KH<sub>2</sub>PO<sub>4</sub>, 10 N-2-hydroxyethylpiperazine-N'-2-ethanesulfonic acid, 5.5 glucose, and 5 L-alanine, adjusted to pH 7.4 by NaOH and gassed with 100% O<sub>2</sub>. This study was performed in accordance with the Guide for Animal Experimentation, Tohoku University and Tohoku University School of Medicine.

#### Measurements of transepithelial voltage

To monitor transepithelial voltage ( $V_{te}$ ), the bath solution was connected to a heat-pulled glass capillary that allowed the continuous outflow of 3 mol/liter KCl solution. The KCl solution for the flowing boundary also was connected to the calomel half-cell, which was directly grounded. The perfusion pipette used to monitor  $V_{te}$  was filled with the perfusate, connected to 1 mol/liter KCl agar bridge in a thin polyethylene tube and then to a Ag-AgCl wire. The wire was connected directly to one probe of a high-input impedance electrometer (model FD-223; WPI, New Haven, CT, USA). To avoid interference by the dilution potential of NaCl, the lumina of the mTALs were perfused at more than 20 nl/min.

#### Measurements of net lumen-to-bath Cl<sup>-</sup> flux

Net lumen-to-bath Cl<sup>-</sup> flux ( $J_{Cl}$ ) was determined by electrical measurement with a double-barreled Cl<sup>-</sup> microelectrode described before [5]. After the luminal fluid was collected from the nonperfused side of the tubule using the collection pipette, a droplet of the solution was transferred to a chamber containing silicon oil, and a double-barreled Cl<sup>-</sup> microelectrode was dipped into the droplet to measure Cl<sup>-</sup> activity. The electrodes were calibrated to 150, 45, and 15 mmol/liter of the pure NaCl solution at room temperature before and after measuring the collected samples of luminal fluid. Since volume absorption did not differ significantly from zero in this segment,  $J_{Cl}$  was calculated from the equation:

$$J_{Cl} = V/L \cdot ([Cl^-]_p - [Cl^-]_c)$$

where  $V$  is the perfusion rate,  $L$  is tubular length,  $[Cl^-]_p$  and  $[Cl^-]_c$  are Cl<sup>-</sup> activity in perfusate and collected fluid, respectively. In the present study, the perfusion rate in every period of the experiment in which  $J_{Cl}$  was measured was approximately 5 nl/min. There was no significant difference in the perfusion rates among the different periods.

#### Chemicals

Bovine insulin and calphostin C were purchased from Sigma Chemical (St. Louis, MO, USA). IGF-I was kindly provided by Fujisawa Pharmaceutical Co., Ltd. Corning ion exchanger no. 477913 was purchased from Corning Medical (Medfield, MA, USA). Genistein, wortmannin, staurosporin, and all other chemicals were purchased from Wako Pure Chemicals (Osaka, Japan). All inhibitors were dissolved in DMSO at final concentration of less than 0.1%.

#### Statistical analysis

Data are expressed as the mean  $\pm$  SE. Statistical comparisons between the control and experimental periods within a group were made using the paired *t*-test, and comparisons between the two groups were made using the unpaired *t*-test. Any value of  $P < 0.05$  was accepted as statistically significant.

#### Results

##### Effect of insulin on $V_{te}$ and $J_{Cl}$ in the mTAL

Insulin increased dose-dependently  $V_{te}$  as we have reported previously [5] and a submaximal stimulatory concentration, that is,  $10^{-6}$  mol/liter insulin was chosen for subsequent experiments. In control experiments, insulin increased  $V_{te}$  from  $3.1 \pm 0.3$  to  $5.7 \pm 0.3$  mV ( $N = 5$ ,  $P < 0.001$ ) and  $J_{Cl}$  from  $143 \pm 15$  to  $292 \pm 37$  pmol  $\cdot$  mm<sup>-1</sup>  $\cdot$  min<sup>-1</sup> ( $N = 5$ ,  $P < 0.005$ ). To confirm that the stimulatory effect of insulin is mediated through insulin receptor and not that for insulin growth factor-I (IGF-I), the effect of IGF-I on  $V_{te}$  was also examined.  $V_{te}$  did not change after a 20 minute incubation of  $10^{-7}$  mol/liter IGF-I (from  $3.6 \pm 0.4$  to  $3.3 \pm 0.3$  mV,  $N = 6$ ,  $P > 0.05$ ).

##### Effects of tyrosine kinase inhibitors on the action of insulin in the mTAL

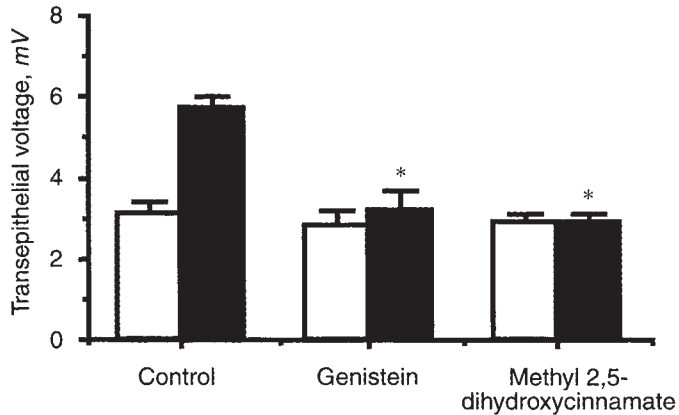
We examined the effects of two dissimilar inhibitors of tyrosine kinase on the action of insulin. A total of 148  $\mu$ mol/liter genistein and 100  $\mu$ mol/liter methyl 2,5-dihydroxycinnamate were added to the bath 30 minutes prior to incubation with insulin. In the presence of genistein, which is a competitive inhibitor of ATP binding to tyrosine kinase [24], basal  $V_{te}$  and  $J_{Cl}$  were  $2.8 \pm 0.4$  mV and  $140 \pm 8$  pmol  $\cdot$  mm<sup>-1</sup>  $\cdot$  min<sup>-1</sup>, respectively, and insulin-stimulated  $V_{te}$  and  $J_{Cl}$  were  $3.2 \pm 0.5$  mV and  $154 \pm 15$  pmol  $\cdot$  mm<sup>-1</sup>  $\cdot$  min<sup>-1</sup>, respectively. In the presence of methyl 2,5-dihydroxycinnamate, which is a competitive inhibitor of substrate binding to tyrosine kinase [25], basal  $V_{te}$  was  $2.9 \pm 0.2$  mV, and insulin-stimulated  $V_{te}$  was  $2.9 \pm 0.2$  mV. Thus, genistein and methyl 2,5-dihydroxycinnamate both abolished the effects of insulin without changing the basal values (Figs. 1 and 2).

##### Effect of a PI3-kinase inhibitor on the action of insulin in the mTAL

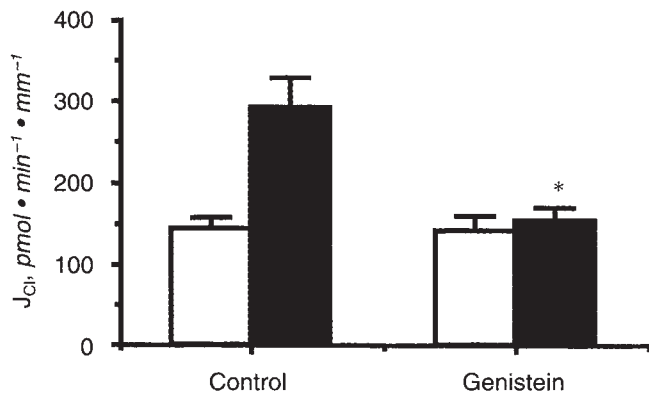
We examined the effect of wortmannin, a specific PI3-kinase inhibitor [26], which was isolated from the culture broth of *Talaromyces wortmannii* KY 12420 [27] on insulin-stimulated  $V_{te}$ . One  $\mu$ mol/liter wortmannin was added to the bath 30 minutes prior to incubation with insulin. In the presence of wortmannin, basal  $V_{te}$  was  $3.4 \pm 0.2$  mV and insulin-stimulated  $V_{te}$  was  $4.1 \pm 0.2$  mV. Thus, wortmannin inhibited the effect of insulin on  $V_{te}$  without changing the basal values (Fig. 3).

##### Effects of PKC inhibitors on the action of insulin in the mTAL

We examined the effects of two dissimilar inhibitors of PKC on insulin-stimulated  $V_{te}$  and  $J_{Cl}$ . 50 nmol/liter staurosporin and calphostin C were added to the bath 30 minutes prior to incubation with insulin. In the presence of staurosporin, which is a multicyclic microbial product that has been characterized as a potent inhibitor of the catalytic domain of PKC [28], basal  $V_{te}$  and  $J_{Cl}$  were  $3.3 \pm 0.4$  mV and  $152 \pm 8$  pmol  $\cdot$  mm<sup>-1</sup>  $\cdot$  min<sup>-1</sup>, respectively, and insulin-stimulated  $V_{te}$  and  $J_{Cl}$  were  $3.3 \pm 0.4$  mV and  $154 \pm 15$  pmol  $\cdot$  mm<sup>-1</sup>  $\cdot$  min<sup>-1</sup>, respectively. In the presence



**Fig. 1.** Effects of tyrosine kinase inhibitors on insulin-stimulated  $V_{te}$  in the mTAL. A total of 148  $\mu\text{mol/liter}$  genistein and 100  $\mu\text{mol/liter}$  methyl 2,5-dihydroxycinnamate were added 30 minutes prior to an incubation with insulin. Basal values were measured following pretreatment with drugs, and experimental values were measured 20 minutes following the incubation with  $10^{-6}$  mol/liter insulin. Data also were compared to the values in control experiments without drugs. Five tubules were tested in each group. Symbols are: (□) basal; (■) insulin. \* $P < 0.05$  versus the values in control experiments.

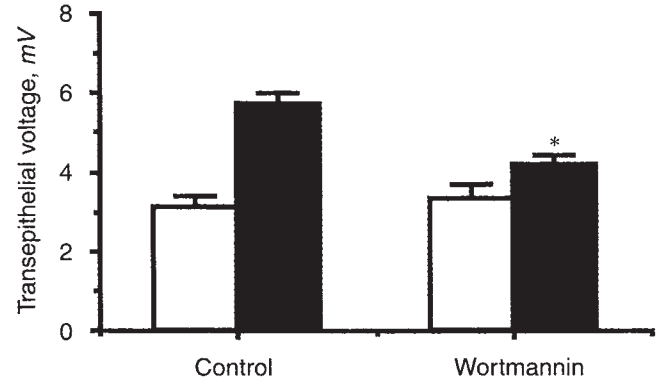


**Fig. 2.** Effect of genistein on insulin-stimulated  $J_{Cl}$  in the mTAL. A total of 148  $\mu\text{mol/liter}$  genistein was added 30 minutes prior to incubation with insulin. Collections for basal  $J_{Cl}$  determination were made following pretreatment with genistein, and experimental collections were made 20 minutes following an incubation with  $10^{-6}$  mol/liter insulin. Data also were compared to the values in control experiments without genistein. Five tubules were tested in each group. Symbols are: (□) basal; (■) insulin. \* $P < 0.05$  versus the values in control experiments.

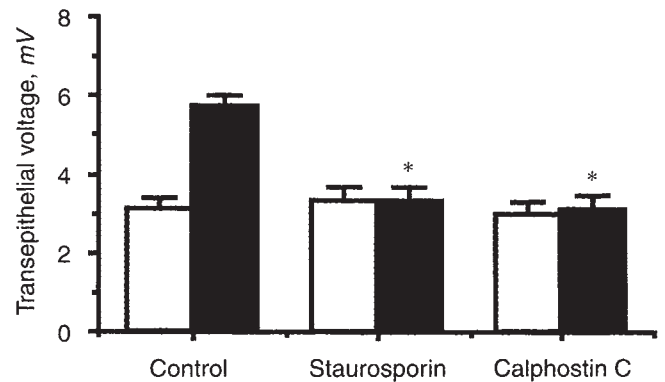
of calphostin C, which is produced by *Cladosporium cladosporioides* and has been characterized as a potent inhibitor of the regulatory domain of PKC [29], basal  $V_{te}$  and  $J_{Cl}$  were  $3.0 \pm 0.3$  mV and  $145 \pm 10$   $\text{pmol} \cdot \text{mm}^{-1} \cdot \text{min}^{-1}$ , respectively, and insulin-stimulated  $V_{te}$  and  $J_{Cl}$  were  $3.1 \pm 0.4$  mV and  $150 \pm 20$   $\text{pmol} \cdot \text{mm}^{-1} \cdot \text{min}^{-1}$ , respectively. Thus, staurosporin and calphostin C inhibited the effects of insulin on  $V_{te}$  and  $J_{Cl}$  without changing the basal values (Figs. 4 and 5).

### Discussion

Our previous study has shown that the stimulatory effect of insulin on NaCl absorption in the mTAL is not mediated by cAMP [5]. The present study has further indicated that insulin



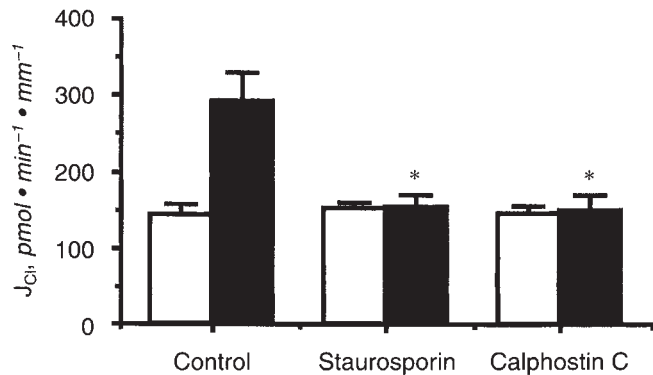
**Fig. 3.** Effect of wortmannin on insulin-stimulated  $V_{te}$  in the mTAL. A total of 1  $\mu\text{mol/liter}$  wortmannin was added 30 minutes prior to incubation with insulin. Basal values were measured following pretreatment with wortmannin, and experimental values were measured 20 minutes following incubation with  $10^{-6}$  mol/liter insulin. Data also were compared to the values in control experiments without wortmannin. Five tubules were tested in each group. Symbols are: (□) basal; (■) insulin. \* $P < 0.05$  versus the values in control experiments.



**Fig. 4.** Effects of PKC inhibitors on insulin-stimulated  $V_{te}$  in the mTAL. A total of 50 nmol/liter staurosporin and calphostin C were added 30 minutes prior to incubation with insulin. Basal values were measured following pretreatment with drugs, and experimental values were measured 20 minutes following incubation with  $10^{-6}$  mol/liter insulin. Data also were compared to the values in control experiments without drugs. Five tubules were tested in each group. Symbols are: (□) basal; (■) insulin. \* $P < 0.05$  versus the values in control experiments.

stimulates NaCl absorption through tyrosine kinase, PI3-kinase, and PKC-mediated mechanisms.

Genistein and methyl 2,5-dihydroxycinnamate, the specific tyrosine kinase inhibitors, inhibited insulin-stimulated NaCl absorption (Figs. 1 and 2), suggesting that the effect of insulin depends on the receptor's  $\beta$ -subunit tyrosine autophosphorylation or tyrosine kinase substrate phosphorylation. In agreement with our results, genistein inhibits insulin-stimulated  $\text{Na}^+$  transport in the A6 cells, which are a distal nephron cell line from *Xenopus laevis* and have properties similar to the mammalian distal nephron [30, 31]. Matsumoto et al [30] have reported that tyrosine kinase inhibitors inhibit also basal  $\text{Na}^+$  transport in the A6 cells, suggesting that a tonic tyrosine kinase activity modulates  $\text{Na}^+$  transport. Although we used an equivalent concentration of genistein in the present study, we found that genistein did not



**Fig. 5.** Effects of PKC inhibitors on insulin-stimulated  $J_{Cl}$  in the mTAL. A total of 50 nmol/liter staurosporin and calphostin C were added 30 minutes prior to incubation with insulin. Collections for basal  $J_{Cl}$  determination were made following pretreatment with drugs, and experimental collections were made 20 minutes following incubation with  $10^{-6}$  mol/liter insulin. Data also were compared to the values in control experiments without drugs. Five tubules were tested in each group. Symbols are: (□) basal; (■) insulin. \* $P < 0.05$  versus the values in control experiments.

inhibit basal  $V_{te}$  and  $J_{Cl}$  in the mTAL (Figs. 1 and 2). This difference may be explained by differences between the cell lines and/or the methods used in these experiments.

Our study demonstrated that the specific PI3-kinase inhibitor wortmannin inhibited insulin-stimulated NaCl absorption (Fig. 3). It has been reported that wortmannin inhibits insulin-induced glucose transport and antilipolysis [13, 14]. Thus far, no study on role of PI3-kinase in insulin's action in ion transports has been published to date. We examined the effect of wortmannin at 1  $\mu$ mol/liter in the present study. Yano et al reported that 1  $\mu$ mol/liter wortmannin almost completely inhibited PI3-kinase and myosin light chain kinase, and had no effect on cyclic AMP-dependent protein kinase, cyclic GMP-dependent protein kinase, and  $Ca^{2+}$ /calmodulin-dependent protein kinase II, and weakly inhibited PKC to 20% at 10  $\mu$ mol/liter [26]. The present study shows that PI3-kinase mediates also effects of insulin on ion transports. In agreement with our results, Northern blot analysis demonstrated abundant expression of PI3-kinase mRNA in the kidney [32].

The present study also shows that PKC inhibitors inhibit insulin-stimulated NaCl absorption (Figs. 4 and 5), strongly suggesting that insulin-stimulated NaCl absorption in the mTAL depend on activation of PKC. Both staurosporin and calphostin C completely abolished the effects of insulin at 50 nmol/liter. The concentration of staurosporin here was relatively lower than those reported in studies of insulin-stimulated hexose transport in adipocytes and BC3H-1 myocytes [33]. However, in the latter study, staurosporin was added five minutes prior to treatment with insulin, as opposed to 30 minutes in the present study. While the present study suggests the involvement of PKC in insulin-stimulated NaCl absorption, the possible effect of these PKC inhibitors on other kinases cannot be ruled out. However, two different inhibitors used in the present study showed a similar inhibitory effect on insulin's action. In agreement with our results, PKC inhibitors inhibit insulin-stimulated  $Na^+$  transport in the A6 cell [31] and frog skin [34]. Similarly, phorbol esters stimulate the  $Na^+$ - $K^+$ - $2Cl^-$  cotransport in vascular smooth muscle cells [35] and human fibroblasts [36]. On the other hand, the effect of

insulin in the isolated perfused mTAL is not mimicked by phorbol ester [37]. In contrast to the single actions, phorbol ester stimulates furosemide-sensitive  $Na^+$  uptake into the mTAL in cell volume changes [38]. Atypical protein kinases C being insensitive to phorbol esters might be involved in insulin's action in the mTAL. At present we have no data to explain the discrepancy.

Because we have reported previously that insulin causes no detectable change in cytosolic free  $Ca^{2+}$  in the rabbit mTAL cells [39], the present results also suggest that insulin-induced PKC activation is not related to inositol 1,4,5-triphosphate ( $IP_3$ ) production. In agreement with our suggestions, Cooper et al reported that insulin increases PKC activity [18]. It is also reported that insulin does not affect inositol phosphates or cytosolic free  $Ca^{2+}$  in BC3H-1 myocytes [40]. Three mechanisms of insulin-induced PKC activation have been indicated. The first mechanism is insulin-induced diacylglycerol synthesis [15]. Three potential alternate routes of insulin-induced diacylglycerol synthesis can be considered [15]: (1) *de novo* synthesis from phosphatidic acid [16, 40]; (2) hydrolysis of phosphatidylcholine [16]; and (3) hydrolysis of phosphatidylinositol glycan [17]. These distinct mechanisms can all lead to the production of a structurally distinct species of diacylglycerol without  $IP_3$ -induced  $Ca^{2+}$  mobilization. Second mechanism is the activation of PKC by tyrosine phosphorylation. Insulin stimulates tyrosine phosphorylation of  $\alpha$  isoform of classical PKC [41] and  $\delta$  isoforms of novel PKC [42]. The third mechanism is the activation of PKC by PI3-kinase metabolites.  $PI3,4-P_2$  and  $PI3,4,5-P_3$  were recently reported to activate some isoforms of PKC [43, 44]. Nakanishi, Brewer and Exton reported that  $PI3,4,5-P_3$  activates the  $\zeta$  isoform of atypical PKC [43]. Toker et al reported that  $PI3,4-P_2$  and  $PI3,4,5-P_3$  activate also  $\delta$ ,  $\epsilon$ , and  $\eta$  isoforms of novel PKC [44]. Additionally, the mRNA of  $\alpha$  isoform of classical PKC,  $\delta$  isoform of novel PKC, and the  $\zeta$  isoform of atypical PKC are abundantly expressed in the kidney [45]. The probes of *in situ* hybridization to  $\delta$  isoform of novel PKC and  $\zeta$  isoform of atypical PKC showed strong labeling in the inner stripe of the outer medulla [45]. It is possible that insulin can cause selective activation of isoforms of PKC and stimulate NaCl transport in the mTAL. Thus far, the effects of insulin on phosphoinositide metabolism, diacylglycerol synthesis and protein kinase C regulation have not been directly examined in the mTAL. To clarify the precise mechanism of insulin's action in the mTAL cells, further studies are necessary.

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