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Conformational and Functional Effects of Pathogenic Mutations at the I-T Interface of Cardiac Troponin I

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Transgenic mouse hearts expressing K118C (K117C in human) mutation in cardiac troponin I (TnI) at the I-T interface exhibited decreased diastolic function and blunted beta-adrenergic response (Wei et al., JBC 285:27806, 2010). An adjacent mutation, A116G, in human cardiac TnI was found in cardiomyopathy (Millat et al., Eur J Med Genet 54:e570, 2011), further indicating the pivotal role of the I-T interface of TnI in troponin regulation of muscle contraction and cardiac function. N-terminal truncation and PKA phosphorylation of cardiac TnI result in similar conformational change in the I-T helix region and similar effects on the interaction with troponin C (Akhter et al., AJP Heart Circ Physiol. 302:H923, 2012). To understand the function of the I-T interface of TnI, we constructed K118C and A117G mutations in intact as well as in N-terminal truncated mouse cardiac TnI. Using recombinant proteins purified from bacterial culture, conformational analysis and protein binding studies were carried out. K118C and A117G mutations both significantly altered the mobility of the TnI protein in SDS-PAGE, indicating major conformational modulations. Despite their adjacent locations, A117G mutation results in faster gel mobility of cardiac TnI whereas K118C mutation decreases the mobility of cardiac TnI in SDS-gel. The changes in protein conformation are accompanied with functional alterations. K118C mutant decreased the binding affinity for troponin C in a Ca²⁺-depdent manner, while A117G had a similar but less profound effect. Restrictive truncation to remove the cardiac specific N-terminal extension minimized the effect of both mutations, suggesting a posttranslational mechanism to compensate for the conformational and functional abnormality of the I-T interface mutations.

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Computational Prediction and Experimental Verification of Differential Calcium Affinity in Thin Filament Mutants Known to Cause Hypertrophic Cardiomyopathy

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Alterations in the calcium affinity of cardiac troponin C (cTnC) with eventual effects on cardiac physiology have been known to result from thin filament mutations in cardiac Troponin T (cTnT) that cause hypertrophic cardiomyopathy (HCM). In this work we report on first principles computational predictions of calcium binding affinity as predicted by coordinating oxygen distance. These calculations are in both a phosphorylated and non-phosphorylated state at serines in positions 23 and 24 in the inhibitory protein of the troponin complex (cTnI,) and so represent the lowest level myofilament effects of adrenergic signaling. The predictions are made using an all atom molecular model of the troponin complex and tropomyosin developed in our two research groups. In order to test the validity of these predictions, IAANS measurements of calcium affinity in fully recombinant thin filaments were performed using a phosphomemetic cTnI (cTnI-DD). Preliminary steady-state results with the wild-type (phosphomimetic) cTnI replicated the predicted decrease in Ca²⁺ sensitivity. In the same fashion, atomistic calculations showed longer distances between the coordinating oxygens in the phosphorylated state as compared to the unphosphorylated state. These longer distances correspond to weaker Ca²⁺ binding and decreased sensitivity. The effects of substitutions in cTnT are in progress and will be presented along with the computational work. This work represents the beginning of ab initio prediction of disease effects at the molecular level via the use of validated computer simulation.

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Ca²⁺-Induced Structural Changes in Tn: A Multi-Site FRET Study Combining TCSPC with Single Filament Imaging

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Troponin is the allosteric sensor for calcium in cardiac muscle. During activation, calcium binds to troponin (Tn), causing a conformational change leading to myofilament activation. We seek to understand the energetics and design principle of the regulated actin (TnTmA7) switch and the basis for cooperative activation in cardiac muscle contraction. To study Ca^{2+} -induced structural changes in Tn, we have engineered single Cys-mutants within Tn that enable the measurement of 36 unique inter-probe distances by time-resolved FRET (trFRET). Regulated actin (rAc) was reconstituted from dye-labeled Tn, tropomyosin (Tm) and f-actin (A7), immobilized on glass coverslips. Epifluorescence images revealed actin filaments with no TnTm bound, actin filaments fully decorated with TnTm, bundles of rAc, and random points of fluorescence from Tn and Tm not bound to actin. Video microscopy demonstrated Brownian movement in non-immobilized segments of rAc. To obtain reliable trFRET data from Tn within non-bundled rAc filaments, we first imaged partially immobilized rAc. Isolated filaments were identified, and TCSPC was performed on a single point within the filament for 1 min, yielding 20,000 photons from approximately 50 Tn molecules within the 1 µm3 confocal volume. The inter-dye distance was obtained under Mg²⁺- and Ca²⁺-saturating conditions in 36 FRET constructs.

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Partial Activation of the Cardiac Myofilament by Ca²⁺ Mathivanan Chinnaraj.

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The cardiac myofilament is a protein assembly that enable the heart to undergo alternating periods of contraction and relaxation, the driving force regulated by Ca^{2+} . Troponin, a three-member protein assembly within the myofilament, acts as a Ca-sensitive switch. In this work, we used single molecule FRET technique to monitor whether the Troponin complex functions as a Ca^{2+} -sensitive regulatory switch. The results show a population of unactivated troponin under saturating Ca^{2+} conditions. We propose that the population of unactivated troponin comprises a form of cardiac reserve that is regulated by signaling pathways that target the myofilament.

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Modulation of the Interaction between Troponin I N-Terminal Peptide and Troponin C by Phosphorylation Studied by Molecular Dynamics Ian Gould, Andrew E. Messer, Maria Papadaki, Steven B. Marston.

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The Ca²⁺-sensitivity of cardiac thin filaments is modulated by interaction between the N terminal peptide of troponin I and the N terminal lobe of troponin C that enhances Ca²⁺ sensitivity. The interaction is abolished by PKA phosphorylation of Ser 22 and 23. We have applied molecular dynamics simulations to the Takeda et al. structure of the core domain of human cardiac troponin in explicit water on an expanded model of the full crystallographic structure (385 amino acids). The crystal structure is deficient in the first 31 residues of TnI which we have added in as a linear chain above the TnC N-terminal lobe according to the model of Howarth et al., (J Mol Biol 373, 709). All simulations have been performed for a quarter of a microsecond with the AMBER GPU MD package in an isobaric-isothermal, NPT, ensemble.

In the Ca²⁺-bound unphosphorylated state there is a persistent interaction between Arg 20 through Ser 24 of TnI and the Ca²⁺-binding loops of Tn-C that could modulate Ca²⁺-binding. The extreme N-terminal 1 to 16 Amino acids of TnI are very mobile.

Phosphorylation leads to restructuring after 50 nsecs with reduction of strong TnI-TnC contacts and a re-orientation of the TnC N-terminal lobe relative to the rest of troponin. Ca^{2+} becomes more exposed to solvent. Between 100 and 150ns the Ca^{2+} dissociates and reassociates. Between 150 and 200ns the first 20 amino acids of TnI form a beta sheet structure that interacts with alpha helices Lys39 - Leu 48 and Pro 54 and Ile 61 of TnC. The adjacent TnI 43-59 helix that normally binds in a cleft of the C-terminal lobe of troponin C is also perturbed, indicating long range effects of phosphorylation.

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Cardiac Troponin I A164H and pH-Dependent Inotropy

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Ischemic heart disease is the most common cause of mortality in the world. To develop novel therapeutic strategies and gain mechanistic insight we are using time-resolved fluorescence measurements to detect structural changes within the cardiac troponin complex that occur during acute ischemic insult. During myocardial ischemia, penultimate to cell death, there is a shift from oxidative to glycolytic metabolism resulting in an acidification that severely impairs sarcomere function. In cardiac myocytes, this decrease in pH uncouples calcium homeostasis from force-generation. We and others have shown