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14. ABSTRACT
The ERG1A potassium channel is up-regulated in atrophic skeletal muscle and increases proteolysis when it is ectopically
expressed in muscle. We have shown that, when it is expressed in cultured C2C12 myotubes, ERG1A increases the
basal intracellular calcium concentration; however, the mechanism by which this occurs and the consequences of this are not
known. We proposed to investigate the mechanism by which ERG1A increases intracellular calcium and the downstream
effect of this on calpain enzyme-mediated proteolysis. To date, we have completed Major Task 2, determining that ERG1A
does increase calpain activity mainly as a result of the increased calcium concentration and also a decrease in calpastatin
protein abundance. We have completed approximately 40% of Major Task 1, determining that the increase in
calcium is not a

15. SUBJECT TERMS
ether-a-gogo related gene; skeletal muscle; atrophy; intracellular calcium concentration; calpain enzymes

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INTRODUCTION:

Skeletal muscle atrophy is a loss of muscle mass and function that can rapidly ensue with the muscle disuse that often accompanies an injury or illness. It complicates the healing and recovery processes and interferes with an affected individual's ability to perform necessary duties. Current pharmacological therapies to combat atrophy are inadequate. Indeed exercise and good nutrition are the most beneficial treatments; however, not all ill or injured individuals can exercise because of limitations imposed by the injury or illness. Thus, development of more effective treatments for preserving muscle tissue and promoting muscle growth is important and this will require greater knowledge of the cellular mechanisms contributing to atrophy. The ERG1A potassium channel has been shown to modulate proteolysis in skeletal muscle atrophy, however, the mechanism is not known. The goal of this project is to explore the role of the ERG1A channel in skeletal muscle atrophy, specifically the mechanism by which it increases intracellular calcium concentration and calpain activity. Through this work, we hope to open an area of research which will lead to discovery of new pharmacological targets for atrophy treatment.

KEYWORDS:

skeletal muscle; atrophy; ether-a-gogo related gene (ERG1A); potassium channel; intracellular calcium concentration; calcium signaling; calpastatin; calpain enzymes; calcium channel; Cav1.1; C_2C_{12} cells; L-type calcium channel

ACCOMPLISHMENTS:

<u>What were the major goals of the project?</u>

Major Task 1: Explore the mechanism responsible for the calcium signal increase that occurs in <u>cultured C2C12 myotubes</u> in response to HERG1A transfection. ***~65% Completed.***

Subtask 1.A (Hockerman and Pond Labs*): Determine the source of the HERG1A-mediated increase in intracellular calcium levels using Fura-2 assays and specific pharmacological treatments. *65% Completed.*
*The Pond lab is now working on the FURA-2 studies so that the Hockerman lab can focus more on the single cell calcium imaging (subtask 1.A) and calcium current density studies (see subtask 1.B.1 below).

Subtask 1.B.1 (Hockerman): Determine if there are HERG1A-mediated changes in Ca^{2+} current density using electrophysiology and specific pharmacological treatments. *20% Completed.*

Subtask 1.B.2 (Pond Lab): Determine if there are HERG1A-mediated changes in L-type calcium channel expression using quantitative PCR. Determine if there are changes in L-type channel protein abundances where indicated using immunoblot. *100% Completed.*

Subtask 1.C (Hockerman): Determine the effect of HERG1A on IP_3 levels in myotubes using an IP-ONE time-resolved fluorescence (TRF) assay kit (Cisbio). *70% Completed*.*
*The IP-ONE TRF kit is not showing positive results. Thus, we conclude that either IP3 signaling is not activated by HERG1A or the C2C12 cells are possibly not producing IP1 or are degrading the IP1 as it is formed. Thus, we are approaching this question using both single cell calcium imaging and the FURA2 procedure to measure calcium levels in HERG1A treated (and control) C2 myotubes with and without more specific pharmaceuticals (e.g., xestospongin C, a very specific IP3 receptor antagonist).

Major Task 2: Determine the effect of HERG1A on the activities and expression levels of proteolytic enzymes calpain 1 and 2 and the expression of calpastatin and calpain 3 in cultured C2C12 myotubes. ***100% Completed and published in** __**Skeletal Muscle**__ **(see Appendix).***

Subtask 2.A (Pond): Determine the effect of HERG1A on calpain activity in C2C12 myotubes using the Calpain-Glo assay system (ProMega; Madison, WI). *100% Completed.*

Subtask 2.B (Pond): Determine the effect of HERG1A on expression of genes encoding Calpains 1, 2 and 3 and calpastatin in C2C12 myotubes using quantitative PCR. Where possible and indicated immunoblot will be used to quantify calpain and calpastatin proteins. *100% Completed.*

Major Task 3 (Pond): Determine the effect of HERG1A on gene expression in cultured C2C12 myotubes using qPCR arrays. ***~60% Completed.***
*Per DOD science reviewer recommendation, we performed Next Generation Sequencing through the Purdue University Genomics facility rather than doing the PCR arrays. This has generated MUCH more data for our use and we will need more time than originally planned to analyze and interpret this data. We have determined which genes we believe will be the most important to pursue and have begun looking into appropriate primers to use with quantitative PCR and are training a new student in the Pond lab to work on this task this year.

__What was accomplished under these goals?__

__**Progress Report:**__ After a year of work, we are pleased to report that nice progress is being made on the project (described below):

Major Task 1 - ~65% complete
Major Task 2 - 100% complete
Major Task 3 - ~60% complete

Major Task 1. Nearly 65% Complete.

__Subtask 1.A (Hockerman Lab): ~65% complete.__ Using fura-2 calcium assays and the HERG blocker astemizole, we have determined that HERG expression causes an increase in basal intracellular calcium levels (Whitmore et al., 2020; see Appendix) as well as an increase in calcium levels induced by depolarization with 100 mM KCl (figure 1).

Further, we have explored the source of the intracellular calcium and have shown that the increase in calcium is not a consequence of HERG modulation of L-type calcium channel function (figure 2). This is additionally supported by data showing that expression of Cav 1.X L-type calcium channel genes is not significantly affected at 48 hours post transduction nor is Cav1.X L-type channel protein abundances (figure 3; see Subtask 1.B.2 also).

However, the data show that the source of the calcium is intracellular stores because the HERG-mediated increase in intracellular calcium is sensitive to the calcium re-uptake inhibitor thapsigargin (figure 4). Now we must explore further the cellular source of this increase in calcium to complete this subtask. Thus, we next explored the effect of ryanodine. Ryanodine receptors are found in the sarcoplasmic reticulum (SR) of skeletal muscle cells and interact with dihydropyridine receptors/Cav1.1 channels to release calcium from the SR into the surrounding cytoplasm. Ryanodine molecules will block this calcium release. Thus, we treated HERG1A transduced (and control) myotubes with ryanodine and measured its effect on intracellular calcium concentration. Our results

indicate that the HERG1A-mediated increase in intracellular calcium does not result from ryanodine receptor activation (figure 5). We must now explore potential contributions by IP3 and SERCA.

Subtask 1.B.1 (Hockerman Lab): 20% Complete. The exploration of the effects of HERG on calcium current density have recently begun with the student learning to operate the instrumentation with these myotubes. **The graduate student who has been working on this project has experienced some recurring health issues, having had back surgery toward the end 2019 which required extensive rehabilitation work. Further, Purdue and Southern Illinois Universities (and both the Hockerman and Pond labs) were closed as a result of the COVID-19 Pandemic from mid-March to mid-June.**

Subtask 1.B.2 (Pond): 100% Complete. The HERG-modulated increase in calcium is not a consequence of increased expression of Cav 1.X L-type calcium channel genes or Cav1.X L-type channel protein abundances (figure 3 below).

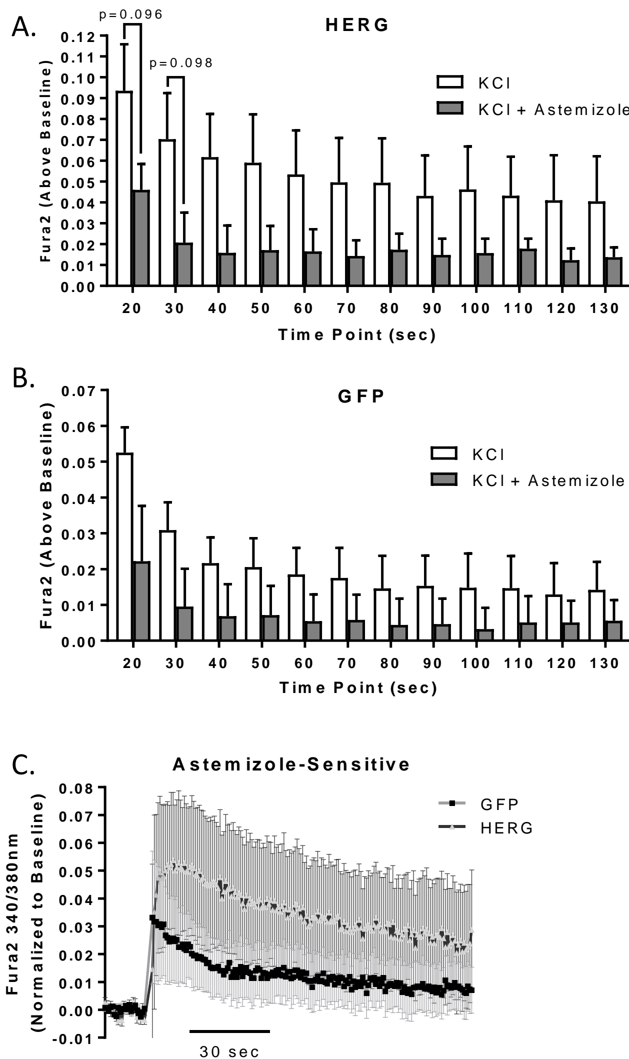


Figure 1. HERG expression promotes an increase in depolarization-induced intracellular calcium levels, and this increase is inhibited by the HERG blocker astemizole. A,B. Astemizole inhibits the calcium transient produced by depolarization in myotubes treated with either a HERG-encoded virus (A) or an appropriate control (GFP encoded only) virus (B), suggesting that the myotubes have native ERG1A channels. Indeed, we have confirmed this with immunoblot not shown).
C. However, the astemizole inhibition of calcium transient is greater in the myotubes expressing HERG than in the control cells, showing that a portion of the calcium increase is unique to HERG.

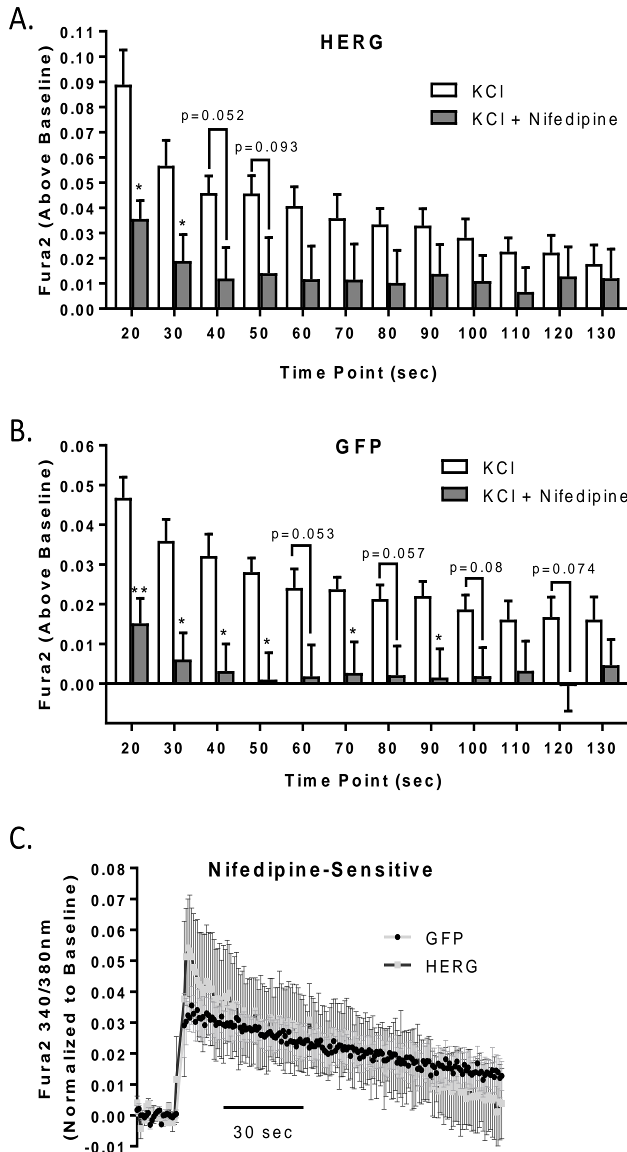


Figure 2. The transient increase in intracellular calcium levels that occurs with depolarization of HERG-treated myotubes is not sensitive to nifedipine. The increase in the transient $[Ca^{++}]i$ produced by depolarization in both HERG-expressing and control myotubes is inhibited by the specific L-type calcium channel blocker nifedipine (Fig. 2A,B), demonstrating that some component of the depolarization-induced increase in $[Ca^{++}]i$ is a result of the activity of an L-type calcium channel. The nifedipine has a strong blocking effect on $[Ca^{++}]i$ in the GFP control cells, knocking out 67.5% of the increase after 20s and then basically obliterating it (over 90-103% blocked) from 40s to 120s (Fig. 2B). This demonstrates that a large proportion of the increase in $[Ca^{++}]i$ that occurs in C2C12 myotubes in response to depolarization is a result of L-type channel activation. Nifedipine also has a strong effect on the $[Ca^{++}]i$ in the HERG transfected myotubes. It blocks 60-73% of the current initially (at 20-40s) and then ranges from 69-42% from 50-120s (Fig. 2A). Indeed, when the specific nifedipine-sensitive currents are plotted (Fig. 2C), there is little difference in nifedipine-sensitive currents of the HERG-treated and control myotubes beyond the initial 10-20 seconds post depolarization. Thus, HERG is likely not affecting L-type channels (e.g., Cav1.1) at least 48 hours after transduction.

*We have similar results with the L-type calcium channel blocker nicardipine (data not shown).

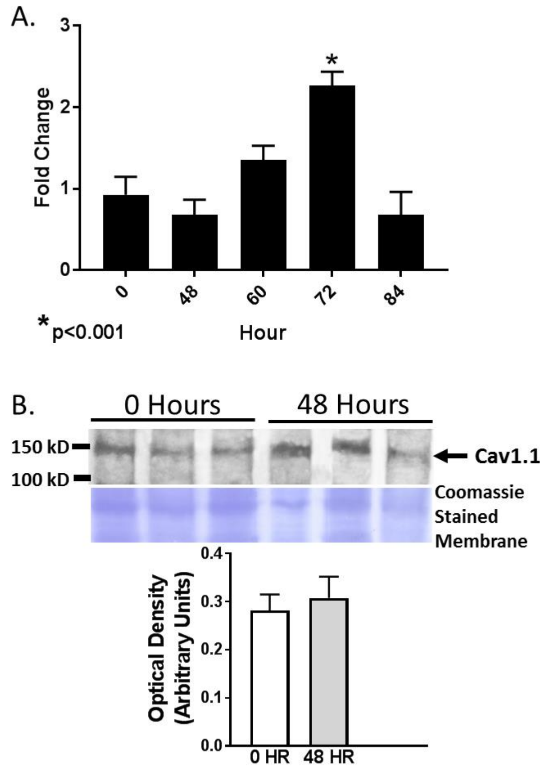


Figure 3. Although HERG expression produces a 2.1 fold change in gene expression levels of the Cav1.1 L-type calcium channel (A), there is no significant change in Cav1.1 protein abundance (B). There is no change in gene expression levels or protein abundances for the embryonic form of Cav1.1, nor for Cav1.2 or 1.3 (data not shown).

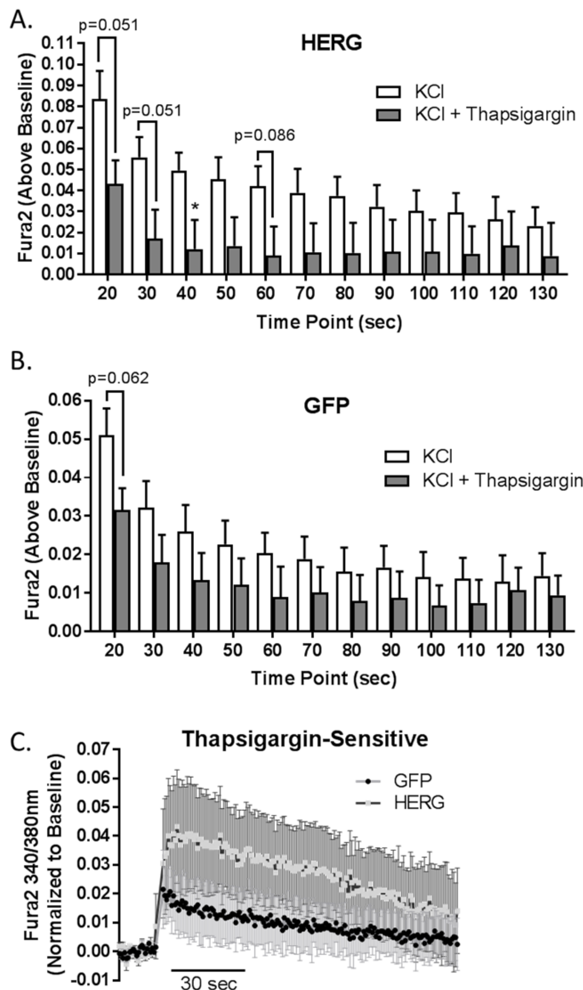


Figure 4. The transient increase in intracellular calcium levels that occurs with depolarization of HERG-treated myotubes is sensitive to thapsgargin, suggesting the source of the calcium is intracellular stores. The increase in the transient $[Ca^{++}]i$ produced by depolarization in both HERG-expressing and control myotubes is inhibited by the SERCA inhibitor thapsigargin (Fig. 4A,B), demonstrating that some component of the depolarization-induced increase in $[Ca^{++}]i$ is from internal stores. The thapsigargin has a mild blocking effect on $[Ca^{++}]i$ in the GFP control cells, knocking out 25.2% of the increase after 20s and then returning to near baseline levels (Fig. 4B). This demonstrates that there is an intracellular stores component of the response to depolarizartion. Thapsigargin, however, has a stronger effect on the $[Ca^{++}]i$ in the HERG transfected myotubes, knocking down about 95.2% of the current at 20s and then maintaining a significant decrease for up to 40s. Indeed, when the specific thapsigargin-sensitive currents are plotted (Fig. 4C), there is a difference in thapsigargin-sensitive currents of the HERG-treated and control myotubes beyond the initial 10-20 seconds post depolarization. Thus, HERG is likely significantly affecting some mechanism connected with modulation of internal stores.

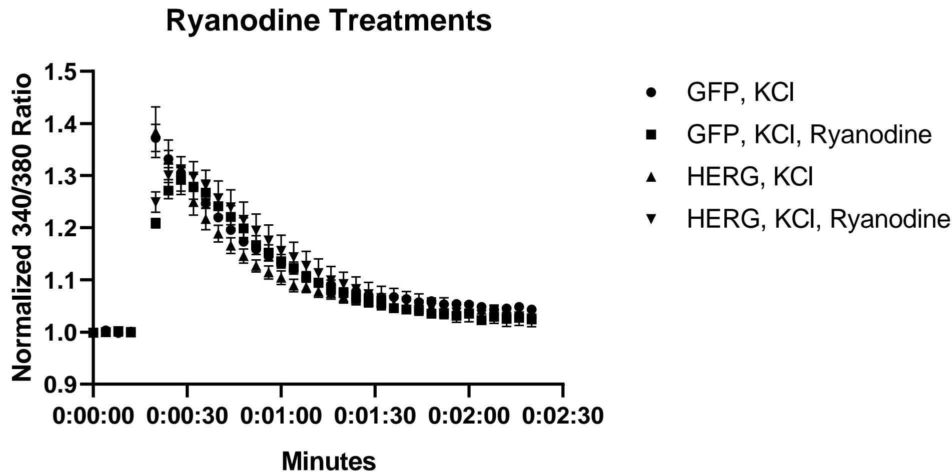


Figure 5. The transient increase in intracellular calcium levels that occurs with depolarization of HERG-treated myotubes is not sensitive to ryanodine, suggesting that the HERG1A-mediated increase in intracellular calcium does not result from ryanodine receptor activation.

Subtask 1.C (Hockerman): ~70% complete. The graduate student from the Hockerman laboratory has determined that the IP-ONE HTR kit does not detect a change in IP1 (and thus IP3 levels) in response to HERG1A. However, thus far, results with the IP-ONE assay are not consistent with Ca^{2+} measurements in live myotubes. This has cast doubt on the usefulness of this assay in myotubes. Indeed, it is not clear why the IP-ONE assay is not detecting PLC activity that is clearly indicated by real time Ca^{2+} measurements. One possibility is that IP_1, the stable metabolite of IP_3, does not accumulate as rapidly in myotubes as in other cell types. Thus, we will pursue the use of fluorescence-based indicators of PIP_2 levels in live myotubes to determine if HERG expression increases PLC activity, and a corresponding decrease in plasma membrane PIP_2. We (Pond lab) will also continue to explore the potential effect of HERG1A on IP3 signaling using FURA assays and single cell calcium imaging with appropriate pharmaceuticals.

Major Task 2 (Pond). 100% Complete. During this first year of the project, we validated our *in vitro* model of skeletal muscle atrophy and discovered that expression of human *ERG1A* in C_2C_{12} myotubes increases basal intracellular calcium concentration 51.7% ($p<0.0001$; n=177). Further, it increases the combined activity of the calcium activated cysteine proteases, calpain 1 and 2, by 31.9% ($p<0.08$; n=24); these enzymes are known to contribute to degradation of myofilaments. Obviously, the increased calcium levels are a contributor to the increased calpain activity; however, the change in calpain activity may also be attributable to increased calpain protein abundance and/or a decrease in levels of the native calpain inhibitor, calpastatin. To explore the enhanced calpain activity further, we evaluated expression of calpain and calpastatin genes and observed no significant differences. Additionally, there was no change in calpain 1 protein abundance, however, calpain 2 protein abundance decreased 40.7% ($p<0.05$; n=6). Obviously, these changes do not contribute to an increase in calpain activity; however, we detected a 31.7% decrease ($p<0.05$; n=6) in calpastatin which would contribute to enhanced calpain activity. These findings **100% complete Major Task 2** of the proposal and have resulted in published abstracts and a manuscript published in the journal *Skeletal Muscle* (see Appendix).

Major Task 3 (Pond). ~60% Complete. Originally, we proposed exploring the effect of HERG on gene expression using PCR arrays. The DOD reviewers kindly suggested we perform Next Generation Sequencing instead. We have prepared the samples and the Purdue Genomics facility has completed the actual data collection (see Appendix). With the guidance of the statisticians of the Purdue Bioinformatics Core, we have begun the task of analyzing and interpreting this massive amount of data. It has taken longer to interpret and follow up on this larger set of data than we budgeted for the PCR arrays. However, we have determined that the more interesting HERG1A-modulated genes to explore at this time encompass players in the retinol pathway and in modulation of

reactive oxygen species. Indeed, the retinol pathway plays a role in both musculoskeletal health and insulin production: 1) mRNAs encoding proteins critical for the import of retinol (STRA6, -85%, *P* = 0.029), its conversion to retinal (SRP35, -80%, *P* = 0.01), and then to RA (RALDH3, -95%, *P* = 0.005) are markedly reduced; and 2) mRNA levels of secreted factors that exert an autocrine/paracrine, anabolic effect on skeletal muscle (12-14): IGF-1 (-70%; *P* = 0.033), HB-EGF (-75%; *P* = 0.020), and decorin (- 70%; *P* = 0.031) are affected. Reactive oxygen species are known to contribute to muscle atrophy. When transduced with an ERG1A-encoded adenovirus (and analyzed against cells transduced with an appropriate control adenovirus), C2C12 myotubes exhibit significant *increases in expression of genes*: **1)** encoding enzymes which produce ROS (i.e., specifically, superoxide dismutase, amine oxidase, aldo-keto reductase family1, ubiquinol-cytochrome C reductase binding protein [which increases mitochondrial production of ROS], etc.); and **2)** related to ROS-induced Ca^{2+} modulation (which may occur through endocannabinoid/TRP signaling).

Stated Goals Not Met: We have concluded the initial year and a half of the grant and a one year no cost extension. We have completed Major Task 2 as proposed; however, the Hockerman lab has had a student injury with subsequent surgery and extensive rehabilitation interfere with timely execution of Major Task 1. Further, the DOD reviewers recommended that we perform Next Generation Sequencing rather than PCR arrays to evaluate HERG-mediated effects on gene expression and this has resulted in a much larger data set to evaluate and follow up. Additionally, (as the rest of the world) we have experienced extensive delays resulting from the COVID-19 Pandemic, which resulted in restructuring of both Purdue and Southern Illinois University teaching, research and business practices. Both the Pond and Hockerman laboratories were closed from mid-March to mid-June. Once opened, the laboratories had to restructure how they functioned to accommodate social distancing and delays in order deliveries. The labs had to bring up and test cell cultures and clean equipment.

Major Task 1 has three subtasks: 1.A, 1.B.1, and 1.B.2. Subtask 1.B.2 is 100% complete and was completed within the timeframe proposed. Subtask 1.A is 60% complete although it was slated to be completed within the first 5 months of the award period. Additionally, subtask 1.B.1 has just been started although it was slated to be completed by the end of the first year of the grant period. Completion of Subtasks 1.A and 1.B.1 has been delayed because the graduate student responsible for (and familiar with) these projects has been experiencing health issues (back surgery and rehabilitation, which was more extensive than expected) which have interfered with her mobility. Dr. Pond's lab has begun work related to Subtask 1.A, but had difficulty setting up the assay properly and had to locate a newer piece of equipment in another building. The Pond lab now has access to the proper equipment and has developed the expertise to do the assay. Subtask 1.B.1 will require equipment and expertise available in Dr. Hockerman's lab and work on this area has begun. Now that the Hockerman graduate student is back to work, she will also complete and write up her results for Subtask 1.C (which is about 50% complete at this point). **Major Task 3** was amended as proposed based upon the excellent advice of the DOD reviewers. We had proposed performing PCR arrays to look at changes in gene expression in response to HERG channel expression in C2C12 myotubes; however, the DOD reviewers suggested that we could instead perform Next Generation Sequencing to do this. Indeed, Purdue University has a Genomics Core which performs this work. Thus, we prepared the samples and submitted them to the Genomics Core which completed the physical analyses and generated a large amount of gene expression data. Indeed, they trained both Drs. Pond and Hockerman to use the DAVID gene pathways software to explore how best to interpret the gene expression patterns. They have indeed identified genes of interest, known to contribute to musculoskeletal health and insulin secretion (as explained in section "Major Tak 3 on page 9), which should be explored. There are other candidate genes also of interest demarcated by the NGS study. This large amount of data will require time beyond that originally allotted for this to complete this Major Task and determine how best to

proceed with the next steps of the research. Therefore, we intend to file for a second one year no cost extension to complete Major Tasks 1 and 3.

<u>What opportunities for training and professional development has the project provided?</u>
If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state "Nothing to Report."

PI. Dr. Pond was scheduled to attend an international conference as an invited speaker in Padua Italy (Padua Muscle Days, March 18-21, 2020, Padua, Italy; see Appendix for Abstract) and a national meeting (Experimental Biology, April 4-8, 2020, San Diego, CA, USA; see Appendix for Abstract) where she was to deliver presentations to groups of researchers. However, both meetings were cancelled as a result of the COVID-19 Pandemic. Nonetheless, the abstracts have been published (Appendix).

Co-PI. Dr. Hockerman - Nothing to report.

Graduate Student. Emily Rantz (Hockerman laboratory) worked on the project performing IP1 assays and the electrophysiology to measure single cell calcium and will perform studies to determine calcium current density. The project has allowed her to apply her skills in single-cell Ca^{2+} imaging to skeletal muscle biology.

Undergraduate Student. Luke Anderson graduated this past May. In the Pond lab he learned tissue culture and validated the *in vitro* model and performed calpain assays. Further, Luke enhanced his laboratory and science skills by learning to perform immunoblots. Luke submitted a paper to the SIU Undergraduate Research Forum and has earned authorship on the paper supported by this grant and recently published in *Skeletal Muscle* (See Appendix). He also had a first author paper (from an Honors Project) accepted for publication: *European Journal of Translational Myology* 2019; 29(3):8402.

Undergraduate Student. Omar Khader was a sophomore this past year and learned basic laboratory and safety skills along with cell culture technique and how to perform FURA-2 calcium assays. He completed a project related to the DOD grant and submitted a paper to the SIU Undergraduate Research Forum. (See Appendix.)

Undergraduate Student. Ashley Bryant is a junior this year and joined the lab this summer. She is learning basic laboratory and safety skills and aseptic technique which she uses with cell culture. Ashley will also learn real time PCR this year and use this technique to validate the results observed with NGS (Task 3).

<u>How were the results disseminated to communities of interest?</u>
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Results from the project Major Task 2 were accepted for publication in the peer reviewed journal *Skeletal Muscle* (See Appendix). Two different abstracts were accepted for presentation at two separate conferences by Dr. Pond, one of which was national and the other of which was international. The conferences were both cancelled as a result of the COVID-19 Pandemic, but the abstracts have been subsequently published (see Appendix). Dr. Pond also judged a regional middle and high school science fair where she discussed simple aspects of the project with students. An undergraduate

student was scheduled to present posters concerning aspects of this project at the Southern Illinois University Research Forum; however, this Forum was cancelled as a result of the COVID-19 Pandemic. Instead, the students submitted research papers which have been published on the SIU web site.

What do you plan to do during the next reporting period to accomplish the goals?
If this is the final report, state "Nothing to Report."

Major Task 1: Subtask 1.A. The Pond laboratory will complete the fura calcium assays in their lab to confirm results discovered in the Hockerman laboratory and to make up for time lost as a result of the injury sustained by the Hockerman lab graduate student. Thus, the Pond lab will confirm that HERG expression increases intracellular calcium concentration and then investigate the source of the calcium increase by observing the effect on the HERG-mediated increase in calcium levels by certain pharmaceuticals: 1) U73122 [1 uM; 30 min] and xestosponginC [10 uM; 1 hr] to block phospholipase C activity - these compounds will each block the increase in calcium if the IP3 signaling pathway is involved in the calcium increase. Subtask 1.B.1. The Hockerman laboratory will complete this task and determine if there are HERG1A-mediated changes in L-type calcium current density using electrophysiology and specific pharmacological treatments.

Subtask 1.C. The graduate student from the Hockerman laboratory will resume and complete her studies of the subtask upon her return from her recovery. She has determined that the IP-ONE HTR kit does not detect a change in IP1 (and thus IP3 levels) in response to HERG1A. However, thus far, results with the IP-ONE assay are not consistent with Ca^{2+} measurements in live myotubes. This has cast doubt on the usefulness of this assay in myotubes. Indeed, it is not clear why the IP-ONE assay is not detecting PLC activity that is clearly indicated by real time Ca^{2+} measurements. One possibility is that IP_1, the stable metabolite of IP_3, does not accumulate as rapidly in myotubes as in other cell types. Thus, we will pursue the use of fluorescence-based indicators of PIP_2 levels in live myotubes to determine if HERG expression increases PLC activity, and a corresponding decrease in plasma membrane PIP_2. We will also continue to explore the potential effect of HERG1A on IP3 signaling using FURA assays and single cell calcium imaging with appropriate pharmaceuticals.

Major Task 3: The Pond and Hockerman laboratories have received Next Generation Sequencing data denoting the effect of HERG1A expression on overall gene expression in C2C12 myotubes. The PIs have received training in using software designed to explore this large data set and have determined that the more interesting HERG1A-modulated genes to explore at this time encompass players in the retinol pathway and in modulation of reactive oxygen species. Indeed, the retinol pathway plays a role in both musculoskeletal health and insulin production: 1) mRNAs encoding proteins critical for the import of retinol (STRA6, -85%, $P = 0.029$), its conversion to retinal (SRP35, -80%, $P = 0.01$), and then to RA (RALDH3, -95%, $P = 0.005$) are markedly reduced; and 2) mRNA levels of secreted factors that exert an autocrine/paracrine, anabolic effect on skeletal muscle (12-14): IGF-1 (-70%; $P = 0.033$), HB-EGF (-75%; $P = 0.020$), and decorin (- 70%; $P = 0.031$) are affected. Reactive oxygen species are also known to contribute to muscle atrophy. When transduced with an ERG1A-encoded adenovirus (and analyzed against cells transduced with an appropriate control adenovirus), C2C12 myotubes exhibit significant *increases in expression of genes*: **1)** encoding enzymes which produce ROS (i.e., specifically, superoxide dismutase, amine oxidase, aldo-keto reductase family1, ubiquinol-cytochrome C reductase binding protein [which increases mitochondrial production of ROS], etc.); and **2)** related to ROS-induced Ca^{2+} modulation (which may occur through endocannabinoid/TRP signaling). We will now develop oligonucleotide primers and use quantitative PCR to explore and validate the most promising HERG1A-modulated genes.
*We estimate that we will need more time to complete the project. Thus, we will request a second one year no cost extension.

4. IMPACT: D*escribe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:*

What was the impact on the development of the principal discipline(s) of the project?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

It has not been reported that HERG has any effect on calcium level in skeletal muscle cells. Indeed, our labs were the first to report the detection of HERG in skeletal muscle and to tie it to atrophy. This work opens a new area of research for researchers interested in calcium signaling in skeletal muscle.

What was the impact on other disciplines?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

This work opens a new area of research for researchers interested in calcium signaling not only in skeletal muscle, but also in cardiac muscle and in cancer cells. Calcium dysregulation is a serious concern in cardiac tissue. Indeed, HERG1A has been reported in malignant cells and appears to have some type of effects on cellular growth.

What was the impact on technology transfer?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Nothing to Report

What was the impact on society beyond science and technology?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

The work on this project has included many young people. It is the hope that these people enjoyed their exposure to science and will continue to study the sciences.

5. CHANGES/PROBLEMS: *The PD/PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, "Nothing to Report," if applicable:*

Changes in approach and reasons for change

There have been no changes made to the approach or plan (as originally revised per reviewer request at the outset). However, we intend to ask for a one year no cost extension to complete Subtasks 1.A, 1.B.1, and 1.C because of graduate student health issues and Major Task 3 because the reviewer requested Next Generation Sequencing has produced more data than the PCR arrays originally proposed would have and we need more time to explore these data. Further, the COVID-19 Pandemic has resulted in lab closures which have delayed progress.

Actual or anticipated problems or delays and actions or plans to resolve them
Describe problems or delays encountered during the reporting period and actions or plans to resolve them.

*A graduate student essential to this project had to have surgery and rehabilitiation. She is back to work now. All work has been delayed by lab closures and restrictions imposed as a necessary response to the COVID-19 Pandemic. Both labs were closed from mid-March to mid-June and are still under restrictions regarding personnel number. Further, Dr. Pond's father became ill in July and died of pneumonia and related heart issues in late August. (There was not room for him in the respiratory unit where he should have been because of the number of COVID patients.) The funeral was delayed because of the need to social distance people and the increased demand for funeral services.

Major Task 1. Completion of Subtasks 1.A and 1.B.1 has also been delayed because the graduate student responsible for (and familiar with) these projects has been experiencing health issues which have interfered with her mobility. Indeed, she had surgery on her back in late 2019 and needed further time off to recover and undergo extensive rehabilitation therapy. Dr. Pond's lab now has access to the proper equipment to complete the FURA assays and has developed the expertise to do so. Subtasks 1.B.1 ad 1.C, however, will require equipment and expertise available in Dr. Hockerman's lab. Thus, both labs will continue this work now that the graduate student is back to work and the laboratories are open and functioning (although at lower capacity because of social distancing requirements). Thus, it will be necessary to work beyond the originally proposed time frame to complete this Subtask.

Major Task 3 was amended as proposed based upon the excellent advice of the DOD reviewers. We had proposed performing PCR arrays to look at changes in gene expression in response to HERG channel expression in C2C12 myotubes; however, the DOD reviewers suggested that we could instead perform Next Generation Sequencing to do this. Indeed, Purdue University has a Genomics Core which performs this work. Thus, we prepared the samples and submitted them to the Genomics Core which has completed the physical analyses and generated a large amount of gene expression data. Indeed, they recently trained both Drs. Pond and Hockerman to use the DAVID gene pathways software to explore how best to interpret the gene expression patterns. This large amount of data will require time beyond that originally allotted to proceed with the next steps of the research and to complete this Major Task. Indeed, as explained earlier, we are poised to validate the HERG1A-modulated increase in expression of genes related to musculoskeletal health and insulin secretion.

Conclusion, we intend to file for a second one year no cost extension to allow for completion of Major Tasks 1 and 3.

Changes that had a significant impact on expenditures

Describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.

Nothing to Report.

Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents

Describe significant deviations, unexpected outcomes, or changes in approved protocols for the use or care of human subjects, vertebrate animals, biohazards, and/or select agents during the reporting period. If required, were these changes approved by the applicable institution committee (or equivalent) and reported to the agency? Also specify the applicable Institutional Review Board/Institutional Animal Care and Use Committee approval dates.

Significant changes in use or care of human subjects

The project does not involve human subjects.

Significant changes in use or care of vertebrate animals

The project does not involve vertebrate animals.

Significant changes in use of biohazards and/or select agents

The project does not involve use of biohazards and/or select agents.

6. **PRODUCTS:** *List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state "Nothing to Report."*

Publications, conference papers, and presentations
Report only the major publication(s) resulting from the work under this award.

Journal publications. *List peer-reviewed articles or papers appearing in scientific, technical, or professional journals. Identify for each publication: Author(s); title; journal; volume: year; page numbers; status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Whitmore C, Pratt E, Anderson LB, Bradley K, Latour SM, Hashmi MN, Urazaev AK, Weilbacher R, Davie JK, Wang W-H, Hockerman GH, **Pond AL**. The ERG1a potassium channel increases basal intracellular calcium concentration and calpain activity in skeletal muscle cells. 2020. *Skeletal Muscle*. 10:1-15. doi.org/10.1186/s13395-019-0220-3.

Books or other non-periodical, one-time publications. *Report any book, monograph, dissertation, abstract, or the like published as or in a separate publication, rather than a periodical or series. Include any significant publication in the proceedings of a one-time conference or in the report of a one-time study, commission, or the like. Identify for each one-time publication: author(s); title; editor; title of collection, if applicable; bibliographic information; year; type of publication (e.g., book, thesis or dissertation); status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

1. **Pond AL**, Whitmore C, Davie JK, Choudhari S, Thimmapuram J, Hockerman GH. Viral transduction of C2C12 myotubes with the HERG potassium channel induces expression of genes related to Interferon gamma signaling pathways. Accepted for oral presentation at 2020 Spring Padua Muscle Days, March 18-21; University of Padua, Italy. Cancelled as a result of COVID-19 pandemic. *2020PMD: Translational Mobility Medicine – Collection of Abstracts EJTM 2020; 30 (1):20-21.

2. **Pond AL**, Zampieri S, Sandri M, Cheatwood J, Kohli P, Balaraman R, Anderson, LB, Latour CD, Hockerman GH, Kern H, Sartori R, Merigliano S, Da Dalt G, Davie JK, Carraro U, Pond AL. The ERG1 potassium channel is abundant in cachectic human skeletal muscle. 2020. FASEB J 34(S1):1. https://doi.org/10.1096/fasebj.2020.34.s1.05. Accepted for presentation at the 2020 Experimental Biology Conference in San Diego, CA, April 4-7. The conference was canceled because of the COVID-19 pandemic.

3. Khader O, Anderson LB, Hockerman GH, **Pond AL**. ERG1A increases intracellular calcium concentration by enhancing flux from internal calcium stores. Accepted for presentation at the SIU Undergraduate Research Forum, Carbondale, IL, April 6, 2020. The forum was canceled because of the COVID-19 pandemic.

Other publications, conference papers and presentations. *Identify any other publications, conference papers and/or presentations not reported above. Specify the status of the publication as noted above. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (*) if presentation produced a manuscript.*

Nothing to Report.

Website(s) or other Internet site(s)

List the URL for any Internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above in this section.

Nothing to Report.

Technologies or techniques

Identify technologies or techniques that resulted from the research activities. Describe the technologies or techniques were shared.

Nothing to Report.

Inventions, patent applications, and/or licenses

Identify inventions, patent applications with date, and/or licenses that have resulted from the research. Submission of this information as part of an interim research performance progress report is not a substitute for any other invention reporting required under the terms and conditions of an award.

Nothing to Report.

Other Products

Identify any other reportable outcomes that were developed under this project. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment and /or rehabilitation of a disease, injury or condition, or to improve the quality of life.

Nothing to Report.

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

What individuals have worked on the project?

Provide the following information for: (1) PDs/PIs; and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort). If information is unchanged from a previous submission, provide the name only and indicate "no change".

Name: Amber L. Pond
Project Role: PI – No Change

Name: Dr. Gregory Hockerman
Project Role: Co-PI – No Change

Name: Emily Rantz
Project Role: Graduate Student
Researcher Identifier:
Nearest person month worked: 3
Contribution to the Project: Ms. Rantz works in the lab, performing single cell calcium assays, electrophysiology, and IPOne assays.
Funding Support: R21 from NINDS/current project

Name: Luke Anderson
Project Role: Undergraduate Student
Researcher Identifier:
Nearest person month worked: 4
Contribution to the Project: Mr. Anderson graduated and left the lab at the end of June 2020. His duties included: maintenance of the lab. He also helped perform the calpain assays and did the protein assays on the samples which allowed us to normalize the data. He also performed immunoblot assays.
Funding Support: Mr. Anderson was funded by the DOD this past funding period.

Name: Omar Khader
Project Role: Undergraduate Student
Researcher Identifier:
Nearest person month worked: 2.0
Contribution to the Project: Mr. Khader helps maintain the lab and cell culture facilities. He cultures cells and is working with the fura calcium assays.
Funding Support: Mr. Khader was funded by an SIU REACH Award during the school year and by the DOD in the summer (of 2020).

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

If the active support has changed for the PD/PI(s) or senior/key personnel, then describe what the change has been. Changes may occur, for example, if a previously active grant has closed and/or if a previously pending grant is now active. Annotate this information so it is clear what has changed from the previous submission. Submission of other support information is not necessary for pending changes or for changes in the level of effort for active support reported previously. The awarding agency may require prior written approval if a change in active other support significantly impacts the effort on the project that is the subject of the project report.

Nothing to report.

What other organizations were involved as partners?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Purdue University
West Lafayette, IN, USA

Purdue University houses Dr. Greg Hockerman, who is the Co-PI on this grant. To him it supplies an office and a lab, a computer, and some students.

8. SPECIAL REPORTING REQUIREMENTS

COLLABORATIVE AWARDS: *For collaborative awards, independent reports are required from BOTH the Initiating Principal Investigator (PI) and the Collaborating/Partnering PI. A duplicative report is acceptable; however, tasks shall be clearly marked with the responsible PI and research site. A report shall be submitted to* ***https://ers.amedd.army.mil*** *for each unique award.*

QUAD CHARTS: *If applicable, the Quad Chart (available on https://www.usamraa.army.mil) should be updated and submitted with attachments.*

Not Applicable.

9. APPENDICES: *Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.*

Published Research Paper:

Whitmore C, Pratt E, Anderson LB, Bradley K, Latour SM, Hashmi MN, Urazaev AK, Weilbacher R, Davie JK, Wang W-H, Hockerman GH, **Pond AL**. The ERG1a potassium channel increases basal intracellular calcium concentration and calpain activity in skeletal muscle cells. 2020. *Skeletal Muscle*. 10:1-15. doi.org/10.1186/s13395-019-0220-3.

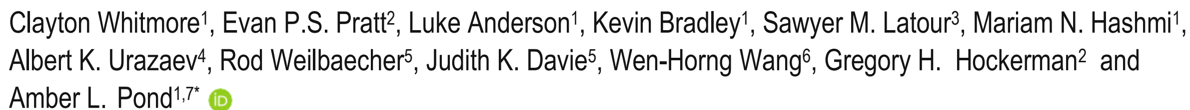
Whitmore *et al. Skeletal Muscle* (2020) 10:1
https://doi.org/10.1186/s13395-019-0220-3

Skeletal Muscle

RESEARCH Open Access

The ERG1a potassium channel increases basal intracellular calcium concentration and calpain activity in skeletal muscle cells

Clayton Whitmore[1], Evan P.S. Pratt[2], Luke Anderson[1], Kevin Bradley[1], Sawyer M. Latour[3], Mariam N. Hashmi[1], Albert K. Urazaev[4], Rod Weilbaecher[5], Judith K. Davie[5], Wen-Horng Wang[6], Gregory H. Hockerman[2] and Amber L. Pond[1,7*]



ABSTRACT

Background: Skeletal muscle atrophy is the net loss of muscle mass that results from an imbalance in protein synthesis and protein degradation. It occurs in response to several stimuli including disease, injury, starvation, and normal aging. Currently, there is no truly effective pharmacological therapy for atrophy; therefore, exploration of the mechanisms contributing to atrophy is essential because it will eventually lead to discovery of an effective therapeutic target. The *ether-a-go-go related gene* (*ERG1A*) K^+ channel has been shown to contribute to atrophy by upregulating ubiquitin proteasome proteolysis in cachectic and unweighted mice and has also been implicated in calcium modulation in cancer cells.

Methods: We transduced C_2C_{12} myotubes with either a human *ERG1A* encoded adenovirus or an appropriate control virus. We used fura-2 calcium indicator to measure intracellular calcium concentration and Calpain-Glo assay kits (ProMega) to measure calpain activity. Quantitative PCR was used to monitor gene expression and immunoblot evaluated protein abundances in cell lysates. Data were analyzed using either a Student's *t* test or two-way ANOVAs and SAS software as indicated.

Results: Expression of human *ERG1A* in C_2C_{12} myotubes increased basal intracellular calcium concentration 51.7% ($p < 0.0001$; $n = 177$). Further, it increased the combined activity of the calcium-activated cysteine proteases, calpain 1 and 2, by 31.9% ($p < 0.08$; $n = 24$); these are known to contribute to degradation of myofilaments. The increased calcium levels are likely a contributor to the increased calpain activity; however, the change in calpain activity may also be attributable to increased calpain protein abundance and/or a decrease in levels of the native calpain inhibitor, calpastatin. To explore the enhanced calpain activity further, we evaluated expression of calpain and calpastatin genes and observed no significant differences. There was no change in calpain 1 protein abundance; however, calpain 2 protein abundance decreased 40.7% ($p < 0.05$; $n = 6$). These changes do not contribute to an increase in calpain activity; however, we detected a 31.7% decrease ($p < 0.05$; $n = 6$) in calpastatin which could contribute to enhanced calpain activity.

Conclusions: Human *ERG1A* expression increases both intracellular calcium concentration and combined calpain 1 and 2 activity. The increased calpain activity is likely a result of the increased calcium levels and decreased calpastatin abundance.

Keywords: ERG1A, Skeletal muscle atrophy, Calpains, Calpastatin, Intracellular calcium

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BACKGROUND

Skeletal muscle comprises approximately 40% of total human body weight and contains 50–75% of all bodily proteins. Skeletal muscle is needed for the production of mechanical energy, body posture, modulation of body temperature, and for generating force and movement. Thus, a certain amount of skeletal muscle tissue is necessary for well-being and a reduction in this tissue could compromise health [1]. Skeletal muscle mass is maintained by a continuous, fluctuating balance between protein degradation and protein synthesis; however, when the rate of degradation increases or the rate of protein synthesis decreases, muscle mass can be lost in a process known as atrophy. Skeletal muscle atrophy is defined as a 5% or greater decrease in muscle mass and strength and can be induced by certain stimuli: muscle disuse, denervation, starvation, disease (e.g., diabetes and cancer), loss of neural input, and even normal aging [2, 3]. Treatments for skeletal muscle atrophy currently under study include administration of pharmaceuticals such as growth factors [4], beta-agonists [5], inhibitors of proteolysis [6, 7], stimulators of protein synthesis [8], and myostatin inhibitors [9–11]; however, these are not adequately effective. Thus, further investigation into the mechanisms resulting in atrophy is needed to reveal new and improved targets for therapy.

The protein degradation that contributes to atrophy occurs mainly through four proteolytic pathways: the ubiquitin proteasome pathway (UPP), cathepsins (the autophagy-lysosome system), caspases (the apoptosis protease system), and calpain enzymes. Calpains are a family of calcium activated cysteine proteases that cleave specific proteins to release large fragments [7]. In skeletal muscle, calpain activity disassembles the sarcomere, releasing actin and myosin to become accessible for ubiquination and subsequent degradation by the proteasome (i.e., the UPP) [12–14]. Indeed, calpains have been shown in vitro to act upon anchoring proteins (e.g., titin, nebulin, and desmin) which attach the sarcomere's myofilaments to the sarcomeric Z-disc [13]. The cleavage of these proteins subsequently releases α-actinin and thus results in the release of the actin thin filament from the myofibril [13, 14]. Calpains have also been shown to degrade tropomyosin and troponin proteins [13] and, combined with the cleavage of titin, this degradation allows for the removal of the thick filaments from the myofibrils. Calpain activity has also been shown to affect the Akt pathway which modulates the balance of protein synthesis and degradation [14].

The ERG1a (*ether-a-go-go related gene*) gene encodes a potassium channel known to conduct cardiac I_{Kr} current and be partially responsible for the repolarization of the heart action potential [15–17]. ERG1 is detected in numerous mammalian tissues including brain and heart, but had not been reported in skeletal muscle until we demonstrated that ERG1a protein abundance increases in the skeletal muscle of mice in response to hind limb suspension and tumor expression [18]. We further showed that, when ectopically expressed in the skeletal muscle of weight bearing mice, ERG1a increases the abundance of the UPP E3 ligase, MuRF1, and overall UPP activity [18]. These data suggest that ERG1a participates in the process of skeletal muscle atrophy at least partially through modulation of the UPP [15]. We hypothesized that ERG1a could affect other proteolytic pathways. Indeed, human ERG1A (HERG1A) has been shown to increase the basal intracellular calcium concentration ([Ca^{2+}]i) of SKBr3 breast cancer cells [19] and is detected in the t-tubules of cardiac tissue [17, 20] where it has the potential to affect the calcium release mechanism. Thus, we hypothesized that HERG1A would increase intracellular concentration in C_2C_{12} myotubes and consequently enhance calpain activity. Here, we describe studies designed to explore this hypothesis and demonstrate that indeed, ERG1A enhances both intracellular calcium concentration and calpain activity.

METHODS AND MATERIALS

Antibodies

The following antibodies were used: Calpain-1 polyclonal antibody 3189-30 T (BioVision, Milpitas, CA); Calpain-2 polyclonal antibody 3372-30 T (BioVision, Milpitas, CA); Calpain-3 polyclonal antibody A11995 (ABclonal, Woburn, MA); Calpastatin polyclonal antibody A7634 (ABclonal, Woburn, MA); MF-20 myosin antibody (Developmental Studies Hybridoma Bank, Iowa City, IA); laminin antibody NBP2–44751 from rat (Novus, Centennial, CO); erg1 antibody P9497 (Sigma, St. Louis, MO); and GAPDH polyclonal antibody ABS16 (Sigma, St. Louis, MO).

Cell culture

C_2C_{12} myoblasts were grown in Dulbecco's modification of Eagle's medium (DMEM) supplemented with 10% fetal bovine serum (FBS) and maintained in a humidified incubator with 10% CO_2 at 37 °C. To differentiate myoblasts into myotubes, cells were grown in DMEM supplemented with 10% FBS to ~ 85% confluence. The FBS medium was then replaced with DMEM medium supplemented with 2% heat-inactivated horse serum. Cells were incubated for 4 days to allow for terminal differentiation.

Viral transduction

Terminally differentiated C_2C_{12} myotubes were treated with 200 MOI virus to produce HERG1A protein after 48 h. Specifically, for experimentation one set of cells was treated with control GFP encoded adeno-virus (VQAd EMPTY-eGFP; ViraQuest, New Liberty, IA) while the other received the same GFP encoded adeno-viral particles also encoding the human ERG1A K^+ channel (VQAd

CMV Herg-GFP; ViraQuest). The cells were then incubated for 48 h and monitored via fluorescence to verify that the transduction was successful.

Animals

All procedures were approved by the Southern Illinois University Carbondale (SIUC) Animal Care and Use Committee. A total of 80 ND4-Swiss Webster 7–8- week-old male mice (Harlan-Sprague; Indianapolis, IN) were used. Animals were housed in SIUC vivarium facil- ities on a 12 h light/dark cycle, monitored by lab animal veterinarians, and provided food and water ad libitum.

Western blot

Membrane proteins were extracted from C_2C_{12} myoblasts and myotubes for Fig. 1a and from C_2C_{12} myotubes at 48 h after viral transduction for Figs. 1, 5, 6, 7, and 8c, b, b. Membrane proteins were extracted from C_2C_{12} cells using Tris buffer (10 mM, pH 7.4) containing 1 mM EDTA, 2% Triton X-100, and protease inhibitors (0.5 mM pefabloc, 0.5 mM PMSF, 1 mM benzamidine, 1 mM pepstatin, and 1 mM 1,10-phenanthroline). Samples were triturated using a tuberculin syringe and 23G needle and allowed to incubate on ice at 4 °C for 30 min and then centrifuged for 2 min at 15,000 rpm. Cellular proteins for Fig. 2b were extracted from C2C12 myotubes at 24, 48, and 72 h after transduction using Tris buffer (10 mM, pH 7.4) containing 1 mM EDTA, and protease inhibitors (0.5 mM pefabloc, 0.5 mM PMSF, 1 mM benzamidine, 1 mM pepstatin, and 1 mM 1,10-phenanthroline). The samples were then centrifuged for 2 min at 15, 000 rpm. All supernatants were collected and the protein content was determined using a DC protein assay kit (BioRad, Hercules, CA) and manufacturer's instructions. Samples were electrophoresed through a 4% polyacrylamide stacking gel followed by a 7.5% poly-acrylamide separating gel and finally transferred to PVDF membrane (BioRad, Hercules, CA). Membranes were immunoblotted using one or more of the antibodies listed above and developed with Immun-Star AP chemiluminescent substrate (BioRad, Hercules, CA). Optical densities of the protein bands were determined using ImageJ software (NIH).

Fusion index

Myoblasts were grown on glass coverslips coated with rat tail collagen and then treated with either the HERG-encoded or the control virus and allowed to terminally differentiate. These were then immunostained for myosin using the DSHB antibody recognizing myosin and a mouse on mouse (M.O.M.) Kit (Vector Labs, Inc.; Burlingame, CA) per manufacturer's instructions. The coverslips were then mounted to slides with a mounting substance containing DAPI, and images were acquired using a Leica DM4500 microscope with a Leica DFC 340FX camera. The nuclei of myosin-positive cells were counted in three fields from ten slides (five treated with HERG-encoded virus and five treated with control virus).

Resting intracellular Ca^{2+} assay

C2C12 myoblasts were cultured in DMEM supplemented with 10% FBS and 1% P/S and plated at a density of 5×10^4 cells/well in a black-walled 96-well plates (Corning Life Sciences). Once myoblasts reached 80–90% confluency, culturing media was exchanged for differentiation media (DMEM supplemented with 2% horse serum and 1% P/S) to promote differentiation and fusion of myoblasts into myotubes. Myoblasts were differentiated for 3–4 days (2–3 days prior to a decrease in myotube viability within a 96-well plate), and the differentiation media was exchanged daily. Using a multiplicity of infection of 100 (based on the initial number of myoblasts plated), myotubes were transduced with adenovirus encoding EGFP control or HERG. Myotubes were grown for two additional days, and the differentiation media was refreshed daily. Prior to Ca^{2+} measurements, the media was removed and myotubes were washed twice with 200 μL PBS. Then, 5 μM Fura2-AM (Molecular Probes, Eugene, OR) was diluted in Krebs-Ringer HEPES buffer (KRBH), and each well of myotubes was incubated in 100 μL of this solution for 1 h at RT. KRBH contained 134 mM NaCl, 3.5 mM KCl, 1.2 mM KH_2PO_4, 0.5 mM $MgSO_4$, 1.5 mM $CaCl_2$, 5 mM $NaHCO_3$, and 10 mM HEPES and was supplemented with 0.05% fatty-acid free BSA (pH 7.4). After this period, the Fura2-AM was removed, and myotubes were washed twice with KRBH. Lastly, myotubes were equilibrated in KRBH for 30 min at RT. Fura2 fluorescence was monitored every 0.7 s for a total of 15 s using a Synergy 4 Multimode Microplate Reader (BioTek Instruments, Winooski, VT). Fura2 was excited using a 340/20 nm band-pass excitation filter or 380/20 nm band-pass excitation filter, and emission was collected in both cases using a 508/20 nm band-pass emission filter. The 340/380 nm ratio at each time point was calculated by dividing the Fura2 signal collected at 340 nm by 380 m, and these data points were averaged to yield a resting 340/380 nm ratio, or resting Ca^{2+} level, for each well of myotubes. Seven independent calcium measure- ments were performed, with each experiment containing between six and 16 replicates, and the average 340/380 nm ratio ± SE was calculated among all wells for GFP- and HERG-transduced myotubes.

Quantitative real time PCR

Total RNA was extracted from C_2C_{12} myotubes using Trizol reagent (Life Technologies; Carlsbad, CA) according to manufacturer's instructions followed by chloroform

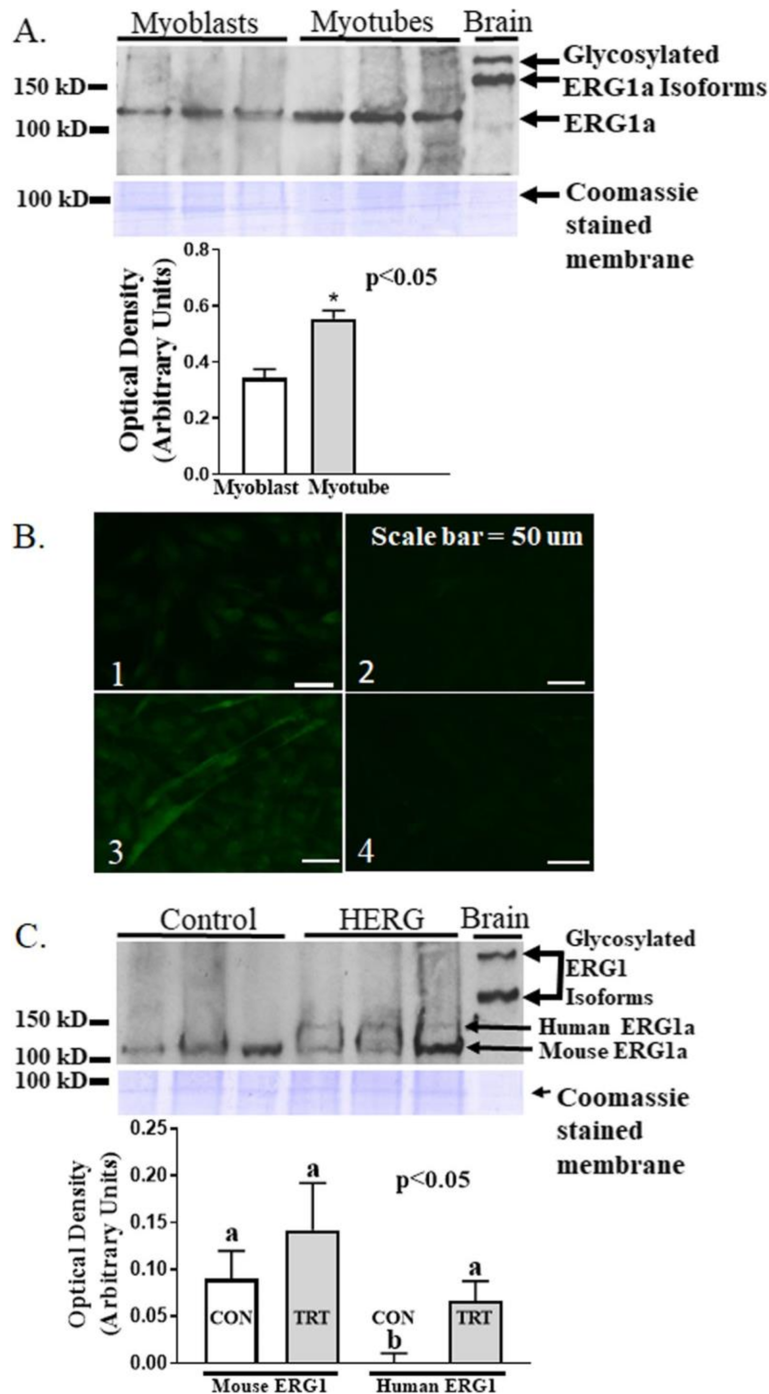

Fig. 1 Transduction of C_2C_{12} myotubes with a HERG1A-encoded adenovirus results in elevated HERG1A protein. a Immunoblot of equal protein content (50 µg) from lysates of non-transduced cells reveals that native ERG1 protein is 40.7% ($p < 0.01$; $n = 6$; Student's t test) more abundant in myotubes than in myoblasts. Coomassie stained membrane confirms that equal amounts of cell lysate protein were loaded into each lane. b Immunohistochemistry labeling ERG1 protein with Alexfluor 488 (green) secondary antibody confirms that native ERG1 protein is more abundant in myotubes than in myoblasts. Representative images of immune-stained cells: (1) myoblasts immunostained with ERG1 primary antibody; (2) myoblasts immunostained without ERG1 primary antibody as control; (3) myotubes immunostained with ERG1 primary antibody; (4) myotubes immunostained without ERG1 primary antibody as control. Scale bar = 50 µm. c Transduction of C_2C_{12} myotubes with a HERG1A-encoded adenovirus results in synthesis of HERG1A protein as demonstrated by immunoblot ($p < 0.05$; $n = 6$; two-way ANOVA). Coomassie stained membrane (blue) reveals that equal amounts of cell lysate protein were loaded into each lane

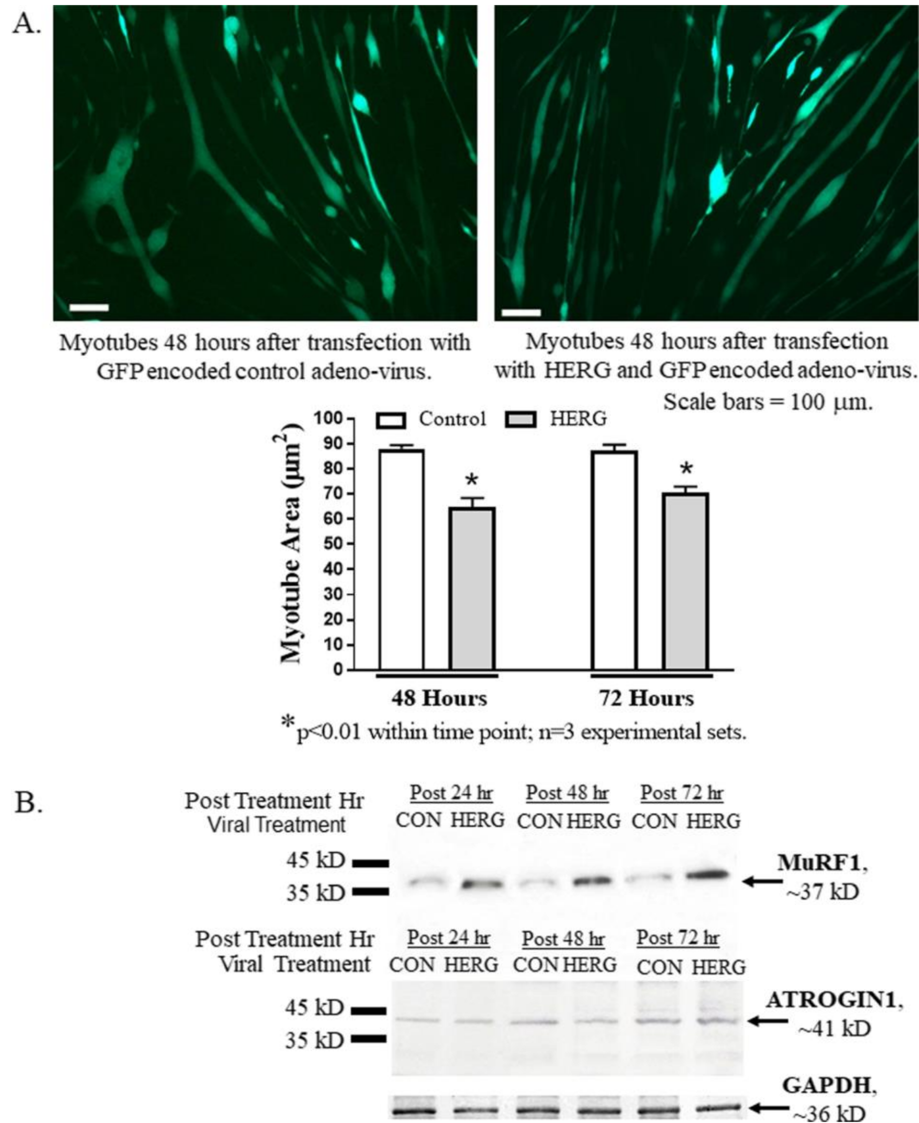

Fig. 2 Transduction of myotubes with HERG1A-encoded adenovirus is a valid in vitro skeletal muscle atrophy model. a The area of myotubes treated with HERG1A-encoded adenovirus is a significant 26.4% smaller ($p < 0.01$; $n = 3$ experimental sets) than that of control myotubes at 48 h after transduction and a significant 19.3% smaller ($p < 0.01$; $n = 3$ experimental sets) at 72 h after transduction. Scale bar = 100 µm. Bars of the graph represent the mean myotube area (µm^2) while the error bars represent the standard error of the mean. b Immunoblot shows that transduction of C_2C_{12} myotubes with a HERG1A-encoded adenovirus yields an early increase in MuRF1 E3 ligase protein abundance while it does not increase abundance of ATROGIN1 protein. Immunoblots are representative of three experiments

solubilization and ethanol precipitation. Contaminating DNA was degraded via DNase (RQ1 RNase-Free DNase; ProMega, Madison WI). The total RNA was then reverse transcribed using a GOScript™ Reverse Transcription System Kit (Promega) per manufacturer's instructions. Quantitative PCR was then performed using PowerUp SYBR green master mix (Applied Biosystems, Foster City, CA) and primers for the gene of interest along with primers for the 18S ribosomal subunit "housekeeping gene" (Table 1). An Applied Biosystems 7300 real-time PCR system was used to detect SYBR green fluorescence as a measure of amplicon. Changes in gene expression were determined using the Livak method to normalize the gene of interest to the "housekeeping gene."

Tissue sections and immunohistochemistry

For Fig. 4, mouse *Gastrocnemius* muscles were embedded in OCT, cryo-sectioned (20 µm), and stained for β-galactosidase (lacZ) activity as described earlier [18]. Sections for immunohistochemistry were fixed in cold methanol at − 20 °C for 10 min. These were then rinsed with PBS at room temperature (RT) and incubated in

Table 1 Sequences of primers used for quantitative PCR

Primer name (mouse)	Primer sequence 5′–3′	Size (bp)[a]	Tm (°C)	GC (%)	Amplicon size (bp)[a]
Merg1a forward	cctcgacaccatcatccgca	20	59.6	55.0	145
Merg1a reverse	aggaaatcgcaggtgcaggg	20	60.3	60.0	
18S subunit forward	cgccgctagaggtgaaattct	21	57.2	52.4	101
18S subunit reverse	agaacgaaagtcggaggttc	20	57.0	52.4	
Calpain 1 forward	gctaccgtttgtctagcgtc	20	58.73	55.0	98
Calpain 1 reverse	taactcctctgtcatcctctggt	23	59.99	47.83	
Calpain 2 forward	ttttgtgcggtgtttggtcc	20	59.83	50.0	107
Calpain 2 reverse	aactcagccacgaagcaagg	20	60.89	55.0	
Calpain 3 forward	ttcacaggaggggtgacaga	20	60.11	55.0	122
Calpain 3 reverse	ttcgtgccatcgtcaatggag	21	61.01	52.38	
Calpastatin forward	gccttggatgacctgataga	20	53.8	50.0	115
Calpastatin reverse	gtgcctcaaggtaggtagaa	20	53.7	50.0	

[a]*bp* base pair

3% H_2O_2 for 1 h. These were then rinsed thoroughly in PBS and incubated with blocking reagent I (10% normal goat serum [NGS], 0.1% bovine serum albumin [BSA; Sigma, St. Louis, MO], and 0.1% Tween-20 in PBS) for 1 h at RT. The slides were then incubated for one hour with the laminin antibody (2 μg/mL in blocking reagent II–5% NGS and 0.2% TritonX100 in PBS) or in blocking reagent II only as a control for primary antibody binding. After a thorough rinsing with PBS, the slides were incubated overnight in the erg1 antibody (1:10 in blocking reagent 2) or in blocking reagent 2 alone on the control sections. The next day, the sections were rinsed thoroughly in PBS containing 0.1% Tween-20. All sections were then incubated for 1 h at RT in Alexafluor 568 goat anti-rat IgG (1:1000 in blocking reagent II) to bind the laminin primary antibody from rat. The slides were then again rinsed with PBS and incubated for one hour at RT in the goat anti-rabbit secondary antibody from the Alexafluor 488 Tyramide Super Boost Kit (Invitrogen, Carlsbad, CA). The tyramide reaction was carried out per manufacturer's instructions to identify ERG1 protein with green fluorescence. Finally, the sections were rinsed thoroughly with PBS and mounted with Fluoromount G with DAPI (EMS; Hatfield, PA). Two sections from each muscle mid-section were analyzed.

Imaging

Images were acquired using a Leica DM4500 microscope with a Leica DFC 340FX camera. Acquisition parameters were maintained identically across samples to allow for comparison of immunofluorescence levels when these comparisons were made. For assay of laminin protein fluorescence, two fields were imaged per slide (one slide per mouse) and the single point brightness was measured for 50 random consecutive points within the sarcolemma of each complete fiber within each field using ImageJ [21] and methods adapted from those published previously [22]. Brightness values were recorded as integers ranging from 0 (no signal) to 256 (white). The average brightness value (±standard error of the mean, SEM) for each section was determined and analyzed by two-way ANOVA using the General Linear Model Procedure of SAS 9.4 (SAS Institute Inc., Cary, NC).

Plasmids

The mouse *Erg1a* (*Merg1a*) clone in pBK/CMV plasmid [23] was a generous gift from Dr. Barry London (Cardiovascular Institute, University of Pittsburgh, PA). The phRL synthetic *Renilla* luciferase reporter vector was purchased from ProMega (Madison, WI).

Electro-transfer

Mouse anesthesia was induced with 4% isoflurane in a vented chamber and maintained by administration of 2.5% isoflurane in oxygen using a properly ventilated nose cone with anesthesia machine and scrubber. Once the animals were well anesthetized, the hind limbs were shaved and the *Gastrocnemius* muscles were injected with expression plasmids in 50 μL sterile saline and then stimulated with 8 pulses at 200 V/cm for 20 ms at 1 Hz with an ECM 830 ElectroSquare Porator (BTX; Hawthorne, NY). This method has been shown to result in ERG1a protein synthesis in skeletal muscle [15, 18].

Animal study design

Study 1

The *Merg1a* plasmid (30 μg) and a plasmid encoding *Renilla* reporter (5 μg) were injected into the left *Gastrocnemius* muscles of mice (n = 40). An empty control plasmid (30 μg) and the *Renilla* reporter plasmid (5 μg) were injected into the *Gastrocnemius* muscles of the right legs. All legs were electro-transferred to improve

plasmid uptake and expression. Each day, at days 0–7, five mice were humanely killed and the *Gastrocnemius* muscles were harvested and frozen immediately in liquid nitrogen. These were then stored at − 80 °C. All muscles were later thawed, homogenized, and assayed for (1) protein content, (2) *Renilla* activity to determine transfection efficiency, and (3) calpain activity.

Study 2

The *Gastrocnemius* muscles of a second set of animals, consisting of five animals per day for days 0–5 and 7 (n = 35), were injected and electro-transferred as described above. After the appropriate amount of time, the animals were humanely sacrificed, the muscles were harvested, and total RNA was extracted for rtPCR assay.

Study 3

The *Merg1a* plasmid (30 μg) and a plasmid encoding a β-galactosidase (LacZ) reporter (5 μg) were injected into the left *Gastrocnemius* muscles of mice (n = 5). An appropriate empty control plasmid (30 μg) and the LacZ reporter plasmid (5 μg) were injected into the *Gastrocnemius* muscles of the right legs. All legs were electro-transferred to improve plasmid uptake and expression. At day 5, the five mice were humanely killed and the *Gastrocnemius* muscles were harvested and frozen immediately in liquid nitrogen. These were then stored at − 80 °C. All muscles were later thawed and painstakingly serially sectioned. Serial sections were then stained for either lacZ or dually immunostained for MERG1 and laminin proteins as described above.

Protein assay

The BCA D/C Protein Assay Reagents (BioRad; Carls Bad, CA) were used to assay both samples and standards (0, 0.25, 0.5, 1.0, 1.25, 1.5, 2.0 mg/mL bovine serum albumin in Passive Lysis Buffer [ProMega; Madison, WI]) for protein content, using a Synergy H1 Hybrid Reader (BioTek; Winooski, VT) to measure absorbance at 605 nm light wavelength. Sample absorbances were interpolated against the standard curve to determine the protein concentration of each sample.

Renilla activity

To control for differences in transfection efficiency in the animal muscle, a plasmid encoding the *Renilla* luciferase enzyme was electro-transferred into muscle along with the *Merg1a* plasmid (as described above). The *Renilla*-Glo™ Luciferase Assay System (ProMega) was used, according to manufacturer's instructions, to assay homogenates for *Renilla* enzyme activity. The reaction was allowed to proceed for the recommended 10 min and luminescence was measured using a Synergy H1 Hybrid Reader (BioTek; Winooski, VT). Luminescence was measured again 10 min later to ensure that the reaction had reached an end point after the first 10 min. The data are reported in relative light units (RLU).

Calpain assay

A Calpain-Glo Kit (ProMega; Madison, WI) was used to determine calpain activity in both myotubes and mouse muscle.

Myotubes

Myotubes were terminally differentiated and then transduced with either a HERG1A-encoded adeno-virus or the same (but non-HERG1A-encoded) virus as control (12 wells each). At 48 h post-transduction, wells were washed with two changes of 37 °C PBS and then PBS (200 μL) containing 0.2% Triton X-100 and 200 nM epoxomicin (BostonBiochem, Cambridge, MA, Cat. #I-110) was added to permeabilize the cells and to inhibit the proteasome, respectively. Six wells per viral treatment (HERG1A or control) received the buffer described (i.e., native activity); however, six wells per viral treatment received buffer supplemented with the calpain inhibitor MDL28170 (50 μM). These were allowed to sit at room temperature for 5 min to ensure the myotubes were permeabilized and the inhibitors had taken effect. Then 200 μL of Calpain-Glo reagent was added to all wells, mixed gently, and allowed to sit at room temperature. After 15 min, a 200 μL aliquot of the liquid was removed from each well and placed in a white-walled 96-well plate and luminescence was read using a Synergy H1 Hybrid Reader (BioTek Instruments, Winooski, VT). The remaining well contents were scraped from the back of the plate, triturated using a syringe and 26 gauge needle, and then centrifuged (13,000×g; 3 min) to remove any solid material. The supernatant was assayed for protein content using the BioRad DC Protein Assay kit. The protein data were used to normalize the calpain RLU activity.

Mouse muscle samples

The *Gastrocnemius* muscles were thawed, weighed, and homogenized in Passive Lysis Buffer (PLB; ProMega) at a concentration of 2.5 μL buffer/μg tissue. The sample homogenates were aliquoted and frozen at − 80 °C. Prior to assay, the homogenates were thawed and sample aliquots (40 μL) and positive control (purified porcine calpain) were added to wells of 96-well plates with assay buffer (40 μL) having either 2 mM calcium (to activate calcium dependent enzymes) or 2 mM calcium plus 50 mM MDL28170 (to inhibit calpain specifically while allowing other calcium activated enzymes to function). Each 96-well plate was read with a Synergy H1 Hybrid Reader (BioTek; Winooski, VT) and activity was measured in RLU. Calpain activity was determined by

subtracting the RLU of the wells treated with 2 mM calcium and MDL28170 from the RLU of the wells treated with 2 mM calcium only and normalizing this RLU to the RLU assayed with the *Renilla* kit to control for differences in transfection efficiencies. The result was then normalized to protein content (RLU/mg protein).

Statistics

In general, statistics were done using either a simple Student *t* test or an ANOVA (as indicated in results section and figure legends) and SAS (SAS Inc.; Carey, NC). Results were considered significant when $p < 0.05$ unless otherwise noted.

RESULTS

Transduction of C_2C_{12} myotubes with a HERG1A-encoded adenovirus results in elevated HERG1A protein

Immunoblot of equal protein aliquots from both non-virus treated C_2C_{12} myoblast and myotube lysates detects a 40.7% ($p < 0.01$; $n = 6$; Student's *t* test) greater abundance of the ERG1 protein in myotubes than in myoblasts (Fig. 1a). Immunohistochemistry work also demonstrates that there is more ERG1 protein in the C_2C_{12} myotubes than in the myoblasts, revealing a stronger signal in myotubes that is dispersed over the surface of the cell, while in myoblasts it reveals only a very faint fluorescent signal which appears to be mainly nuclear (Fig. 1b). We transfected myotubes with either virus-encoding HERG1A (and GFP) or with the same, but not HERG1A-encoded, virus as control. Immunoblot of the lysates shows that C_2C_{12} myotubes transfected with virus encoding HERG1A do synthesize the HERG1A protein, which appears as a single band of higher mass (likely a result of differential glycosylation) than the native mouse ERG1 and is absent from the myotubes treated with the control virus (Fig. 1c; $p < 0.05$; two-way ANVOA). Coomassie stained membrane confirms that equal amounts of protein were loaded into each well of the gel for immunoblot.

Transduction of C_2C_{12} myotubes with a HERG1a-encoded adenovirus results in decreased myotube area and increased MuRF1 E3 ligase abundance, but no change in myoblast fusion index

We transfected myotubes with either virus-encoding HERG1A (and GFP) or with the same, but not HERG1A-encoded, virus as control. Fluorescent imaging demonstrates that both viral particles infect myotubes (Fig. 2a). Further, when the average area (μm^2) of fluorescent myotubes from both sets is determined at both 48 and 72 h after transfection, we discover that, similarly to mouse skeletal muscle fibers electro-transferred with *Merg1a* plasmid [23], the myotubes transfected with HERG1A are significantly smaller than control myotubes. Specifically, the area of the HERG1A-expressing myotubes is decreased by 26.4% at 48 h post transfection ($p < 0.01$; $n = 6$; Student's *t* test) and by 19.3% at 72 h post transfection ($p < 0.01$; $n = 6$; Student's *t* test). Within each time point, the difference between the HERG1A-treated and control myotubes is statistically significant ($p < 0.01$); however, there is no significant difference in size between the myotubes treated with HERG1A-encoding virus at the two different time points (Fig. 2a). Also similarly to mouse skeletal muscle expressing *Merg1a* [23], myotubes transduced with HERG1A exhibit increased levels of the UPP E3 ligase, MuRF1, but not the E3 ligase ATROGIN1 (Fig. 2b). However, when we treated myoblasts with either the HERG-encoded or the control virus and allowed them to differentiate, we found that the HERG-expressing samples did not have a significantly different number of myotubes containing two or more nuclei than the cells treated with the control virus. That is, the fusion index (myosin-positive multi-nucleated cells:total myosin-positive cells evaluated) was 33.5 ± 5.0% (mean ± SEM) for the cells treated with the HERG-encoded virus while it was 31.6 ± 2.3% for the control-treated myoblasts ($p < 0.74$; $n = 14$; Student's *t* test). The data demonstrate that HERG1A treatment of myotubes results in atrophy (i.e., reduced myotube area) as it does in mouse skeletal muscle; however, it does not affect the degree to which the myoblasts fuse. We conclude that we have developed a valid in vitro model of skeletal muscle atrophy.

Transduction of myotubes with a HERG1A-encoded adenovirus yields a basal increase in both intracellular calcium levels and calpain activity

We transduced C_2C_{12} myotubes with either a GFP- and HERG1A-encoded adenovirus or an appropriate control GFP-only encoded adenovirus. At 48 h after viral treatment, we used a fura-2 calcium indicator assay and observed a significant 51.7% increase ($p < 0.0001$; $n = 90$ GFP and $n = 87$ HERG1A transduced wells; Student's *t* test) in basal intracellular calcium levels in HERG1A transduced myotubes relative to control (Fig. 3a). This demonstrates that HERG1A must either increase calcium influx and/or intracellular calcium release and/or decrease intracellular calcium re-uptake. Because HERG1A transduction results in increased basal intracellular calcium levels, we investigated the downstream effects of this increase. Specifically, using a Calpain-Glo assay kit (ProMega), we measured the combined activity of the calpain 1 and 2 enzymes in myotubes treated with either the control or the HERG1A-encoded virus. Some myotubes from both viral treatments were treated with either 50 μM MDL28170 to inhibit calpains or an equal volume of buffer vehicle. We observed that basically the same amount of enzyme activity (control myotubes = 160.8 ± 7.3 and HERG1A-expressing myotubes = 167.5 ± 5.34 RLU/mg protein; $n = 24$) was not blocked in each well treated with the MDL28170, indicating that a rather high level of non-calpain activity was assayed. Nonetheless, we find that in control cells, the calpain activity is

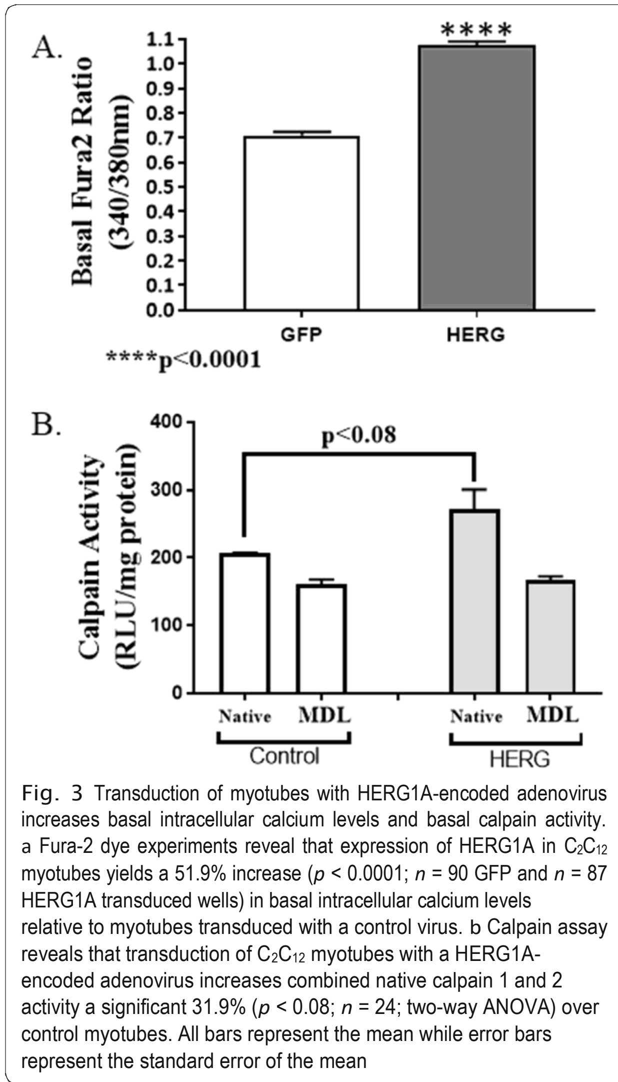

Fig. 3 Transduction of myotubes with HERG1A-encoded adenovirus increases basal intracellular calcium levels and basal calpain activity. a Fura-2 dye experiments reveal that expression of HERG1A in C_2C_{12} myotubes yields a 51.9% increase ($p < 0.0001$; $n = 90$ GFP and $n = 87$ HERG1A transduced wells) in basal intracellular calcium levels relative to myotubes transduced with a control virus. b Calpain assay reveals that transduction of C_2C_{12} myotubes with a HERG1A-encoded adenovirus increases combined native calpain 1 and 2 activity a significant 31.9% ($p < 0.08$; $n = 24$; two-way ANOVA) over control myotubes. All bars represent the mean while error bars represent the standard error of the mean

22.1% of the total native activity while it is 38.5% of the total in HERG1A-treated cells, demonstrating an increase in calpain activity in the HERG1A-treated cells. Because a two-way ANVOA reveals there is no real difference in the level of MDL28170 inhibited activity, we can compare the differences in assayed native activity (control versus HERG1A treated) and find that there is a 31.9% increase ($p < 0.08$) in activity in the HERG1A-expressing myotubes over the controls (Fig. 3b). Although the 0.08 probability is greater than the generally accepted statistical significance level of 0.05, we believe that the difference is nonetheless real.

Merg1a expression in mouse *Gastrocnemius* muscle increases calpain activity, but did not change the number of centrally located nuclei or laminin abundance

To test the effect of *Merg1a* expression on calpain activity in animals, we electro-transferred the left *Gastrocnemius* muscle of mice with an expression plasmid encoding *Merg1a* and the right leg muscle with an appropriate control plasmid ($n = 68$ mice). We then assayed total RNA extracted from the muscles for *Merg1a* expression ($n = 28$) and the muscle homogenates for calpain activity ($n = 40$). Quantitative PCR reveals that the electro-transfer did produce *Merg1a* expression which was significantly higher than day 0 at days 3–5 ($p < 0.05$; Student's t test was used to compare each day to day 0; Fig. 4a). *Merg1a* expression also yielded an increase in calpain activity, increasing nearly 4-fold (over day 0) by day 3 and 7.5-fold by day 4 ($p < 0.05$; Student's t test was used to compare each day to day 0; Fig. 4b). It returns to day 0 control levels by day 5. Thus, we show that MERG1a overexpression increases calpain activity and thus protein degradation. It is possible that the increase in intracellular calcium could lead to myofiber degeneration. Thus, we electro-transferred left mouse *Gastrocnemius* muscle with a *Merg1a*-encoded plasmid and a LacZ-encoded plasmid while expressing lacZ-encoded plasmid and a an appropriate control plasmid in the right *Gastrocnemius* muscle and performed studies to determine if over-production of this protein would bring about changes indicative of degeneration, specifically changes in the number of centrally located nuclei or in the abundance of basal laminin. Thus, we *painstakingly* stained muscle serial sections for lacZ (Fig. 4c) as a marker for MERG1 and dually immunostained matching serial sections for both MERG1 (green fluorescence, Fig. 4d) and laminin (red fluorescence, not shown) and used a DAPI containing immunomount to identify nuclei (Fig. 4d). There was no response in sections not stained with primary antibody (Fig. 4e). The lacZ stain (blue fibers in Fig. 4c) identifies where the MERG1 overexpression occurs. We find no evidence of any changes in the number of centrally located nuclei (Fig. 4d) nor in the amount of laminin fluorescence (Fig. 4f) in the fibers overexpressing MERG1 in any of the five mice examined nor have we seen any evidence of these occurrences in any of our past studies.

HERG1A expression in myotubes does not affect expression of calpains 1–3 or calpastatin although it does affect certain protein abundances

Calpain activity will augment with increased intracellular calcium; however, we cannot assume that the increased calcium is the only explanation for the increased calpain activity. Thus, we asked if expression and/or protein abundances of either calpains 1, 2, or 3 or calpastatin were affected by HERG1A expression. We used quantitative real-time PCR to discover that HERG1A expression does not produce a statistically significant change in calpain 1 mRNA levels for up to 84 h after viral treatment (Fig. 5a). As well, no change in gene expression was detected for calpains 2 or 3 (data not shown). Further, our results indicate that there is no significant change in calpain 1 protein abundance (Fig. 5b; $n = 6$; Student's t test). Calpain 2, when autolyzed and hence

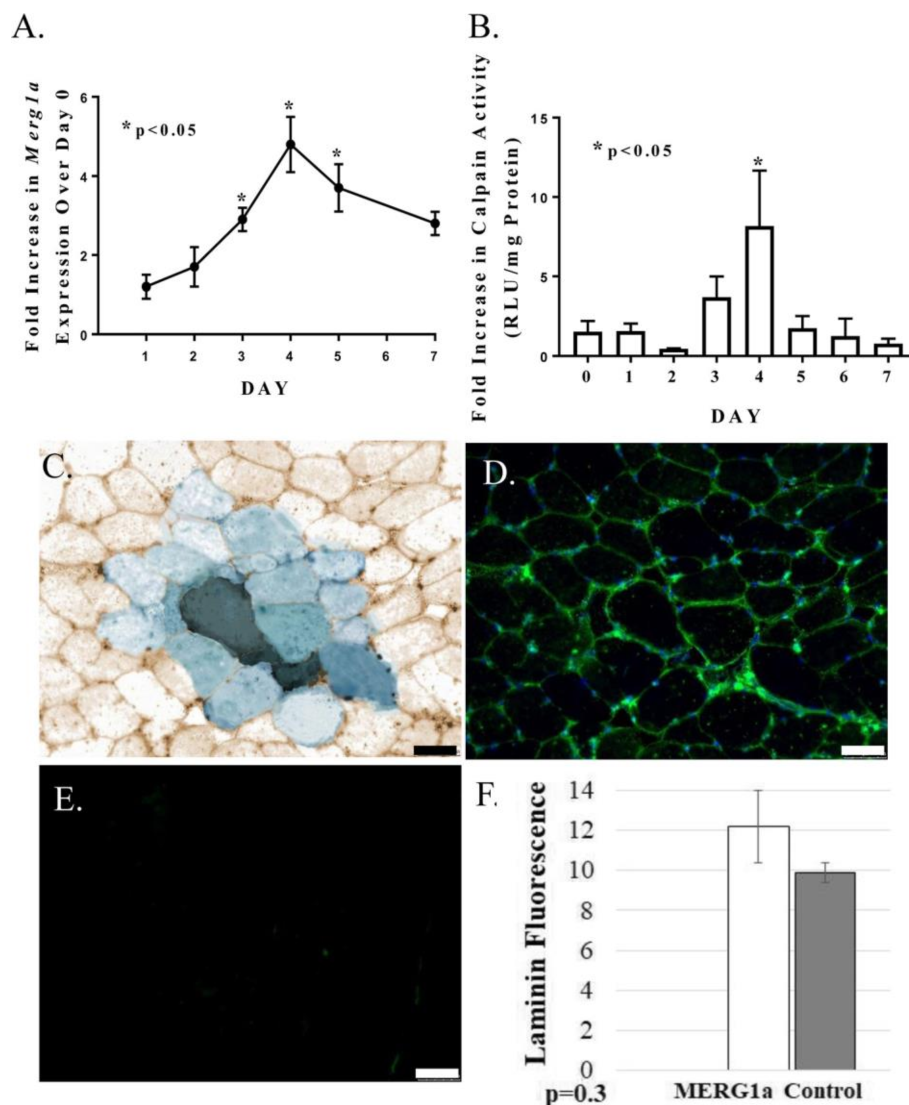

Fig. 4 Expression of mouse *erg1a* in mouse *Gastrocnemius* muscle increases *Merg1a* transcription and native calpain activity, but does not increase the number of centrally located nuclei or the abundance of laminin protein. a Quantitative PCR shows that electro-transfer of an expression plasmid encoding mouse *erg1a* (*Merg1a*) into mouse skeletal muscle produces *Merg1a* expression which is significantly higher than day 0 at days 3–5 ($p < 0.05$; $n = 28$). The enclosed circles of the line graph represent the mean while the error bars represent the standard error of the mean. b *Merg1a* transfection in mouse skeletal muscle increases calpain activity nearly 4-fold (over day 0) by day 3 and nearly 7.5-fold by day 4 ($p < 0.05$; $n = 40$). It returns to day 0 control levels by day 5 post transfection. Bars represent the mean calpain activity while error bars represent the standard error of the mean. c Positive assay for the β-galactosidase reporter (as an indicator of electro-transfer of plasmid encoding the Merg1a gene) produces a blue color. d Immunostain for MERG1 (green) of a serial section matched to the section in c demonstrates that there is indeed a greater amount of MERG1 in the fibers colored blue in c. There were no greater number of centrally located nuclei in the green fibers of any sections ($n = 5$ mice). e Representative of sections immunostained without primary antibody. f Over-expression of *Merg1a* does not produce a change in laminin abundance ($p = 0.3$; $n = 5$). Bars represent the mean single point laminin fluorescence while error bars represent the standard error of the mean. All scale bars = 50 µm

activated, appears as a doublet found at ~ 75 kD [24]. Interestingly, our results show that there is a 40.7% decrease ($p < 0.05$; $n = 6$; Student's *t* test) in total calpain 2 protein abundance in response to 48 h of HERG1A treatment (Fig. 6). Calpastatin expression was not significantly affected by the HERG1A channel for up to 84 h post-transduction (Fig. 7a); however, calpastatin protein abundance declined by a statistically significant 31.7% (Fig. 7b; $p < 0.05$; $n = 6$; Student's *t* test). Additionally, there is a decrease in two of the three noted calpain 3 autocatalytic products (25; Fig. 8): the 114 kD isoform is down 29.6% and the 60 kD isoform is down 29.2%, although the 30 kD isoform is not affected ($p < 0.03$; $n = 6$; Student's *t* test within protein isomer). When the optical

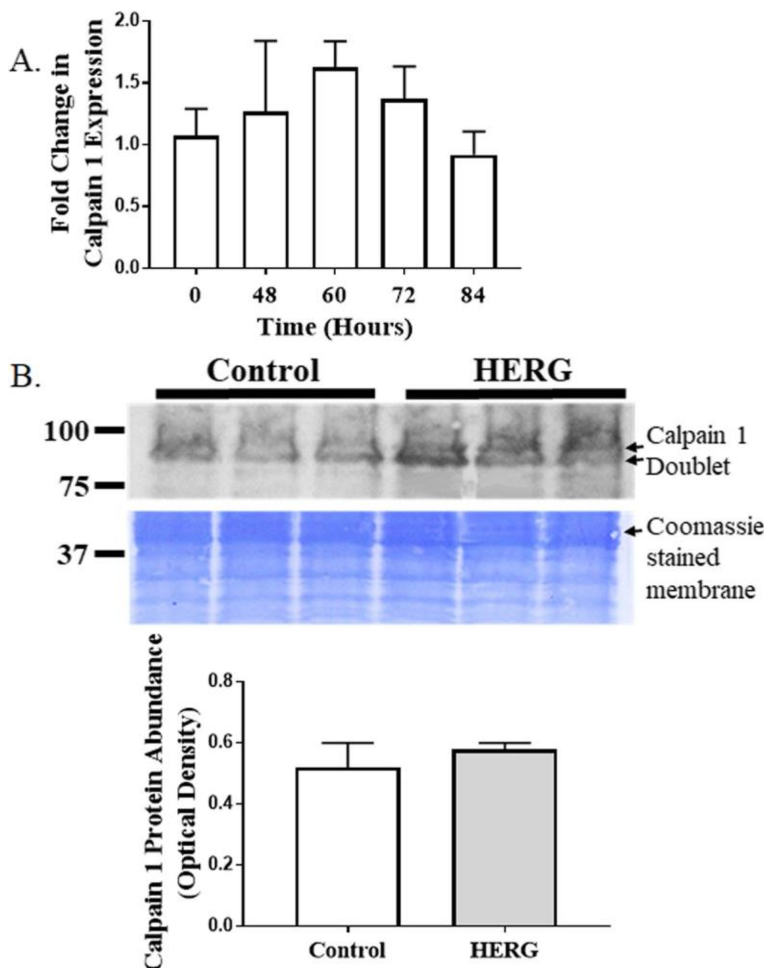

Fig. 5 Neither calpain 1 expression nor protein abundance changes after transduction of myotubes with HERG1A-encoded adenovirus. a Quantitative PCR reveals that there is no change in expression of calpain 1 for up to 84 h after transduction (*n* = 15). bImmunoblot demonstrates that there is no significant change in calpain 1 protein abundance at 48 h after viral transduction (*n* = 6). Bars represent the mean and the error bars represent the standard error of the mean. Coomassie staining of the blotted membrane shows that equal amounts of protein were loaded into each well of the gel

densities for all protein bands are summed, there is a total 21.0% decrease in calpain 3 protein abundance.

DISCUSSION

The ERG1a voltage-gated K^+ channel is responsible for late phase repolarization of the cardiac action potential and was reported to be absent from skeletal muscle [23, 25]; however, the Pond and Hannon labs demonstrated that this protein is detectable in the atrophying skeletal muscle of mice and in very low abundance in healthy rodent muscle with careful use of protease inhibitors and concentration of solubilized membrane proteins [18]. Subsequent studies showed that ERG1a expression leads to an increase in abundance of the MURF1 E3 ubiquitin ligase protein and enhances ubiquitin proteasome proteolysis, a pathway known to contribute to skeletal muscle atrophy [15, 18]. Here, using C_2C_{12} myotubes transduced with either control or HERG1A-encoded adenovirus, we show that HERG1A expression also increases basal $[Ca^{2+}]$i and calpain activity. There are numerous potential sources of the calcium that contributes to the increased $[Ca^{2+}]$i. For example, it is possible that ERG1A is modulating Cav1.1 channels in the skeletal muscle sarcolemmal membrane, resulting in an influx potentially from both the external milieu and internal stores. Further, because ERG1A is located in the t-tubules of cardiac tissue [17, 20], it is possible that it is located in the t-tubules of skeletal muscle, where it could contribute to the release of calcium from internal stores by modulation of ryanodine receptors and/or IP3 receptors. Indeed, changes in regulation of sarcolemmal permeability could have severe consequences for skeletal muscle tissue, potentially producing diseases such as muscular dystrophies and Niemann-Pick disease [26, 27]. The source of the increased calcium is currently

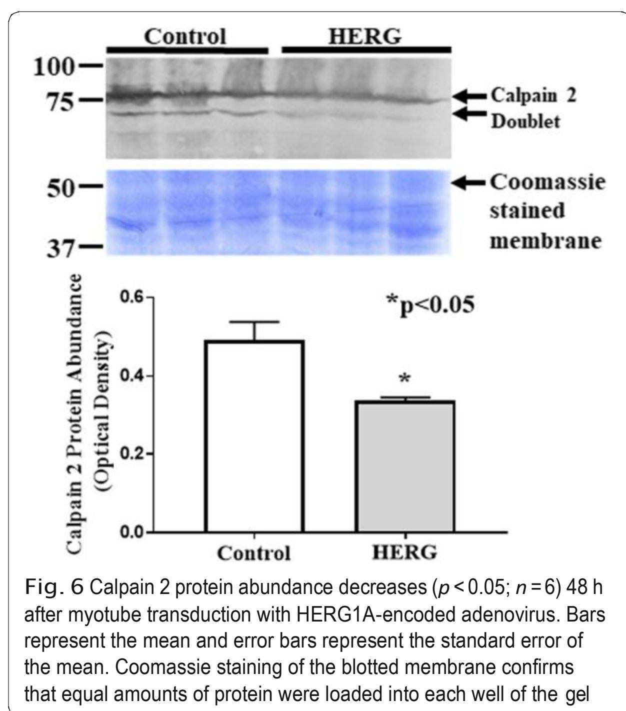

Fig. 6 Calpain 2 protein abundance decreases ($p < 0.05$; $n = 6$) 48 h after myotube transduction with HERG1A-encoded adenovirus. Bars represent the mean and error bars represent the standard error of the mean. Coomassie staining of the blotted membrane confirms that equal amounts of protein were loaded into each well of the gel

under investigation in our laboratories. However, because we find no change in the fusion index or an increase in either the number of centrally located nuclei or in the abundance of laminin fluorescence in the fibers over-expressing Merg1a, we believe that our data suggest that the channel (which we find to be in very low abundance in muscle normally) is simply upregulating protein degradation in our myotubes. It is also possible that the low levels of increased calcium are affecting signaling pathways, but that remains to be investigated.

The explanation for the increased calpain activity may seem obvious—the increase in $[Ca^{2+}]i$. However, we ectopically expressed mouse *erg1a* (*Merg1a*) in mouse *Gastrocnemius* muscle and homogenized the muscle, thereby disrupting the $[Ca^{2+}]i$ pool and equalizing the calcium concentration throughout the sample. We then assayed for calpain activity and discovered that even in the homogenate it is still higher in the *Merg1a*-expressing tissue. This study is evidence that increased $[Ca^{2+}]i$ may not be the only factor that contributes to the ERG1A-induced increase in calpain activity. Other pos- sible contributors include increased calpain 1 and/or 2 protein and/or decreased calpastatin protein.

Calpains 1 (μ-calpain) and 2 (m-calpain) are both classical calpains and are detected throughout the body, including skeletal muscle [28]. Indeed, calpain activity has been demonstrated to contribute to muscle atrophy [28]. For example, Shenkman and colleagues inhibited calpain activity in hind limb suspended mice by treatment with the calpain inhibitor PD150606 and demonstrated that blocking calpain activity reduced the activation of calpain 1 gene expression and attenuated skeletal muscle atrophy [29]. Here, we report that there is no detectable change in calpain 1 protein abundance in myotubes transduced with HERG1A while surprisingly we detect a decrease in calpain 2 protein abundance. These data demonstrate that the increased calpain activity is not a result of increased enzyme protein abundance. We suggest that the decreased calpain 2 protein abundance could result from either decreased calpain 2 synthesis and/or increased calpain 2 protein degradation. Quantitative PCR data demonstrate that there is no significant change in transcription of calpain 1 or 2 genes for up to 84 h post transduction. Interestingly, we observe a decrease in calpain 2 protein abundance without detecting a change in transcription of that gene. Thus, although mRNA production is not always directly correlated with protein abundance, we can speculate that the calpain 2 protein may be undergoing an increased level of degradation. Indeed, these proteins may be undergoing autolysis or it is possible that ubiquitin proteasome proteolysis of calpain 2 is enhanced. Indeed, we have shown that increased ERG1 expression increases UPP activity.

Calpastatin is a native calpain inhibitor which inhibits conventional calpains 1 and 2, but not calpain 3. Calpastatin requires calcium to bind calpains so that when the calcium concentrations rise, calpain activity is increased, but so is calpastatin binding [13, 30]. Indeed, a decrease in calpastatin protein would lower the inhibition of calpains and allow for increased calpain-mediated proteolysis. Certainly, the increased level of calpain activity assayed in the mouse muscle homogenates, in which the $[Ca^{2+}]i$ is disrupted, suggests that something other than $[Ca^{2+}]i$ must contribute to enhanced calpain activity.

Calpain 3 is a non-classical calpain which is detected mainly in skeletal muscle. It undergoes calcium-mediated autolysis that has been reported to be enhanced by ATP at lower calcium concentrations [31, 32]. Evidence has shown that the absence of calpain 3 leads to a reduction in protein turnover and results in accumulation of damaged and/or misfolded proteins which can lead to cellular stress and eventual muscle pathology [33, 34]. Indeed, the absence or reduction of this protein has been shown to lead to limb-girdle muscular dystrophy type 2A (LGMD2A) in humans [30–32, 34–37]. Studies suggest that calpain 3 takes part in remodeling of the sarcomere in response to cellular damage such as atrophy [34, 36, 37]. Interestingly, studies with calpain 3 knockout mice suggest that calpain 3 acts upstream of the UPP, although it is uncertain if calpain 3 directly cleaves proteins to make them accessible for ubiquitination [34]. Thus, calpain 3 appears to be protective against muscle loss and its protein abundance might be expected to be lower in an atrophic situation.

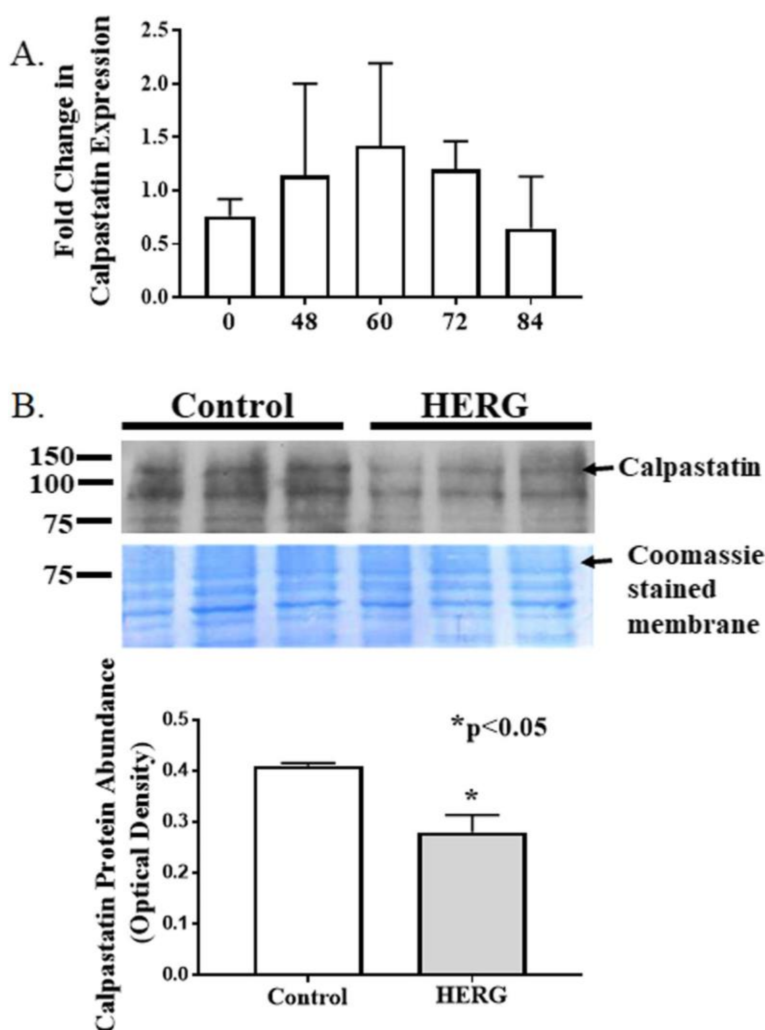

Fig. 7 Calpastatin expression does not change after transduction with HERG1A-encoded adenovirus although protein abundance decreases. a Quantitative PCR reveals that levels of calpastatin mRNA do not significantly change for up to 84 h after viral transduction with HERG1A encoded adenovirus. b, c. Immunoblot detects a significant 31.7% decrease in protein abundance ($p < 0.05$; $n = 6$) at 48 h after transduction. All bars represent the mean ± the standard error of the mean. Coomassie staining of the blotted membrane confirms that equal amounts of protein were loaded into each well of the gel

Indeed, we report that calpain 3 protein abundance decreases in response to HERG1A expression. The decrease may be related to a decreased ability to remodel the sarcomere during/after atrophy; however, this possibility would require much additional investigation.

In summary, we show that HERG1A increases calpain activity in myotubes, likely resulting from the increase in $[Ca^{2+}]i$. We detect no increases in abundances of calpains 1 or 2 proteins which would otherwise contribute to enhanced calpain activity. In fact, we report a decline in the abundance of calpain 2 protein. Thus, it would appear that the increased $[Ca^{2+}]i$ could be the main contributor to the enhanced calpain activity; however, there is a significant decline in calpastatin protein abundance which likely also contributes to the measured increase in calpain activity. This is not surprising considering that calpastatin binding is also enhanced by intracellular calcium. Calpain 3 activity was not measured here; however, the decline in calpain 3 protein is consistent with an atrophic environment. Interestingly, classical calpain activity has been shown to degrade sarcomeric anchor proteins (e.g., titin, nebulin) and this allows for release of contractile proteins (e.g., myosin and actin) into the cytosol where they can be accessed and degraded by the UPP [30, 38]. Here, we show that HERG1A modulates intracellular calcium and calpain activity. Because its interaction with calcium and calpains is upstream of the UPP, and it also modulates UPP activity [18], we hypothesize that ERG1A may indeed contribute to coordination of proteolytic systems which produce skeletal

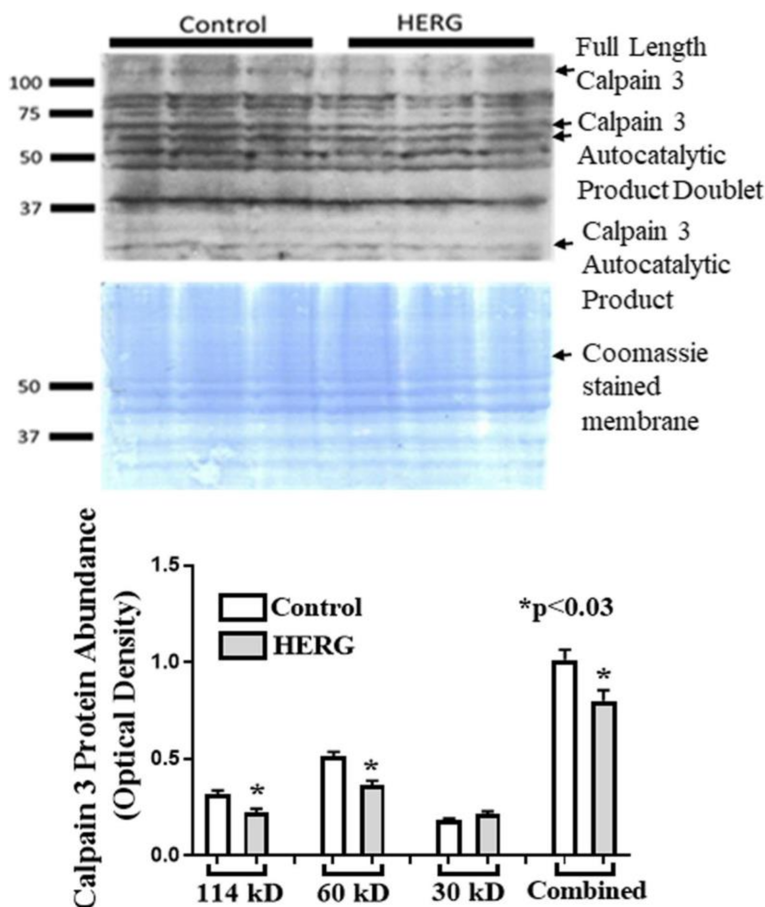

Fig. 8 Calpain 3 protein abundance decreased 21.0% in response to transduction of myotubes with HERG1A-encoded adenovirus. Immunoblot shows that calpain 3 degraded into numerous fragments as expected, including three notable autocatalytic products: 114 kD (down 29.6%), 60 kD (down 29.2%), and 30 kD which was not affected. Bars represent the mean ± the standard error of the mean. Coomassie staining of the blotted membrane shows that equal amounts of protein were loaded into each well of the gel

muscle atrophy, specifically calpain and UPP activities. Further study is needed to learn how ERG1A functions in skeletal muscle. Indeed, because of the role of the ERG1A/ERG1B heteromultimeric channel in cardiac action potential repolarization, ERG1A will likely never be a target for pharmacological treatment of atrophy; however, continuing study of this protein may reveal other possible targets to combat atrophy.

Abbreviations

DMEM: Dulbecco's modification of Eagle's medium; *ERG1A*: *Ether-a-gogo-related gene*; FBS: Fetal bovine serum; *HERG1A*: Human *ether-a-gogo-related gene*; *Merg1a*: Mouse *ether-a-gogo-related gene*; RLU: Relative light units; UPP: Ubiquitin proteasome pathway

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Authors' contributions

CW cultured and transduced myotubes, performed calpain assays, completed the PCR and immunoblotting work, and wrote the original draft of the manuscript. EP cultured and transduced myotubes and performed fura-2 assays to determine intracellular calcium concentrations. LA cultured and transduced myotubes and then imaged myotubes and determined their area. KB, SML, and MNH performed the electro-transfer on mice hind limbs. KB and SML performed the calpain assays on the electro-transferred muscles. AKU imaged myotubes and consulted on content and writing of manuscript. RW provided direction on calpain assays and consulted on content and writing of manuscript. JKD cultured, imaged, and evaluated myoblasts and myotubes and consulted on content and writing of manuscript. WHW cloned the *HERG1A* construct into the viral cassette, provided guidance for primer development, and consulted on content of manuscript. GHH provided over all guidance to EP for measurement of calcium concentration, acted as co-PI on the grant which funded the bulk of this work, and consulted on content and writing of manuscript. ALP worked in the laboratory to produce some of the data, provided over all guidance to the project, acted as co-PI on the grant which funded the bulk of this work, and consulted on content and writing of manuscript. All authors read and approved the final manuscript.

Authors' information

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Availability of data and materials
The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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All animal work and studies were approved the SIU IACUC.

Consent for publication
Not applicable.

Competing interests
The authors declare that they have no competing interests.

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Abstracts

1. **Pond AL**, Whitmore C, Davie JK, Choudhari S, Thimmapuram J, Hockerman GH. Viral transduction of C2C12 myotubes with the HERG potassium channel induces expression of genes related to Interferon gamma signaling pathways. Accepted for oral presentation at 2020 Spring Padua Muscle Days, March 18-21; University of Padua, Italy. Cancelled as a result of COVID-19 pandemic. *2020PMD: Translational Mobility Medicine – Collection of Abstracts EJTM 2020; 30 (1):20-21.

HERG Expression in C2C12 Myotubes leads to upregulation of genes related to Interferon-γ

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The HERG potassium channel is detected as a heteromultimer of 2 alternative splice variants (1A and 1B) in heart and has been shown to be partially responsible for repolarization of the cardiac action potential.1 Both alternative splice variants have been reported in certain cancer cells, but their role in these cells is not clear.2 The HERG1A variant has been detected at low abundance in normal skeletal muscle, but is up-regulated in atrophying skeletal muscle, where it has been shown to increase protein degradation by modulation of both intracellular calcium levels and ubiquitin proteasome proteolysis (UPP).3,4,5 The pathways by which this modulation occurs is not clear. Therefore, we virally transduced C2C12 myotubes with either an adenovirus encoding HERG or an appropriate control virus (n=6). After 48 hours, we extracted total RNA from these cells and reverse transcribed them into cDNA, selecting for coding sequences (i.e., mRNA) by using poly(T) oligomers; the cDNA libraries were sequenced on Illumina's NovaSeq platform. Sequence quality was assessed using FastQC (v 0.11.7; https://www.bioinformatics.babraham.ac.uk/projects/fastqc) for all samples and quality trimming was done using FASTX-Toolkit (v 0.0.14; http://hannonlab.cshl.edu. fastx_toolkit/) to remove bases with Phred33 score of less than 30. Resulting reads of at least 50 bases were mapped against the reference genome using STAR.6 STAR derived mapping results and annotation file for reference genome were used as input for HTSeq7 (v 0.7.0) to obtain read counts. Counts from all replicates were merged together to produce a read count matrix for all samples and this count matrix was used for downstream differential gene expression analysis (DGEA). DGEA between treatment and control was carried out using 'R' (v 3.5.1; http://www.r-project.org/). The results show that HERG does result in numerous changes in gene expression. Limiting results to those with a $p<0.1$ that we find most interesting, we find that HERG potentially modulates expression of numerous genes connected with the UPP and with the cytokine interferon, which has been connected with muscle atrophy.8 Indeed, these results suggest HERG plays a role in protein degradation in skeletal muscle.
Keywords: HERG Expression, C2C12 Myotubes, gene upregulation, Interferon gamma, UPP

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Introduction. A heteromultimer of the ERG1a/1b potassium channel is known to contribute to repolarization of the cardiac action potential. A homomultimer of the ERG1a subunit has been detected in the atrophying skeletal muscle of mice experiencing muscle disuse and cancer cachexia and has been shown to contribute to muscle atrophy by enhancing ubiquitin proteolysis; however, to our knowledge, ERG1 has not been reported in human skeletal muscle. **Methods and Results.** Here, using immunohistochemistry we detect ERG1 immunofluorescence at low levels in *Rectus abdominis* muscle of young adult humans and show that it trends toward greater levels (10.6%) in the same muscle of healthy aged adults. Further, we detect ERG1 immunofluorescence at a statistically greater level (53.6%; $p<0.05$) in the *Rectus abdominis* muscle of older people having cancer cachexia than in age-matched adults. Additionally, we observe ERG1 immunofluorescence in skeletal muscle sarcolemma and detect that its fluorescent pattern is consistent with I-band localization. **Discussion.** The data suggest that ERG1 may be related to muscle loss in humans and may be located in t-tubules where it influences calcium handling.

3. Khader O, Anderson LB, Hockerman GH, **Pond AL**. ERG1A increases intracellular calcium concentration by enhancing flux from internal calcium stores. Accepted for presentation at the SIU Undergraduate Research Forum, Carbondale, IL, April 6, 2020. The forum was canceled because of the COVID-19 pandemic.

Skeletal muscle atrophy occurs with injury, disease and starvation, and with natural aging, contributing to human morbidity and mortality. Muscle atrophy can be caused by imbalances or defects in pathways modulating intracellular calcium level, which plays a crucial role in signaling and the excitation-contraction process in muscle fibers which cause movement. Because we have shown that the ERG1a potassium channel contributes to muscular atrophy, we hypothesized that it would also contribute to imbalances of intracellular calcium levels which are known to modulate protein degradation in atrophic muscle. In order to test this, we transduced cultured C2C12 myotubes with either ERG1-encoded adenovirus or an appropriate control adenovirus and determined that indeed intracellular calcium concentration is higher in ERG1-expressing myotubes than in control cells. To test for the source of the calcium concentration increase, we treated the control and ERG1-expressing myotubes with nifedipine, an L-type calcium channel blocking agent, and found no difference in intracellular calcium concentration, demonstrating that L-type channels do not contribute to this increase in calcium. Further, we treated the transduced myotubes with thapsigargin, a reagent which blocks SERCA and thus calcium reuptake into intracellular stores, and found that the intracellular calcium levels were not increased in the ERG1 expressing myotubes (relative to control cells), strongly suggesting that the source of the calcium increase is indeed intracellular stores. Further

research is necessary to determine if the increase in intracellular calcium concentration is a result of modulation of IP3 or ryanodine receptors or potentially other ion channels. It is the hope of the researchers that investigation of this pathway will produce basic information which may lead to discovery of a more efficient therapy for skeletal muscle atrophy.