

Direct Regulation of BK Channels by Phosphatidylinositol 4,5-Bisphosphate as a Novel Signaling Pathway

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Large conductance, calcium- and voltage-gated potassium (BK) channels are ubiquitous and critical for neuronal function, immunity, and smooth muscle contractility. BK channels are thought to be regulated by phosphatidylinositol 4,5-bisphosphate (PIP₂) only through phospholipase C (PLC)-generated PIP₂ metabolites that target Ca²⁺ stores and protein kinase C and, eventually, the BK channel. Here, we report that PIP₂ activates BK channels independently of PIP₂ metabolites. PIP₂ enhances Ca²⁺-driven gating and alters both open and closed channel distributions without affecting voltage gating and unitary conductance. Recovery from activation was strongly dependent on PIP₂ acyl chain length, with channels exposed to water-soluble diC4 and diC8 showing much faster recovery than those exposed to PIP₂ (diC16). The PIP₂-channel interaction requires negative charge and the inositol moiety in the phospholipid headgroup, and the sequence RKK in the S6–S7 cytosolic linker of the BK channel-forming (cbv1) subunit. PIP₂-induced activation is drastically potentiated by accessory β₁ (but not β₄) channel subunits. Moreover, PIP₂ robustly activates BK channels in vascular myocytes, where β₁ subunits are abundantly expressed, but not in skeletal myocytes, where these subunits are barely detectable. These data demonstrate that the final PIP₂ effect is determined by channel accessory subunits, and such mechanism is subunit specific. In HEK293 cells, co-transfection of cbv1+β₁ and PI4-kinaseIIα robustly activates BK channels, suggesting a role for endogenous PIP₂ in modulating channel activity. Indeed, in membrane patches excised from vascular myocytes, BK channel activity runs down and Mg-ATP recovers it, this recovery being abolished by PIP₂ antibodies applied to the cytosolic membrane surface. Moreover, in intact arterial myocytes under physiological conditions, PLC inhibition on top of blockade of downstream signaling leads to drastic BK channel activation. Finally, pharmacological treatment that raises PIP₂ levels and activates BK channels dilates de-endothelized arteries that regulate cerebral blood flow. These data indicate that endogenous PIP₂ directly activates vascular myocyte BK channels to control vascular tone.

INTRODUCTION

Blood circulation depends on the myogenic tone of small, resistance-size arteries (Meininger and Davis, 1992). While myogenic tone is regulated by endothelial, neuronal, and circulating factors, it is ultimately determined by the activity of ion channels and signaling molecules in the myocyte itself (Faraci and Heistad, 1998). Tone is increased by a rise in overall cytosolic calcium (Ca²⁺) in the myocyte, which can be achieved by Ca²⁺ influx via depolarization-activated Ca²⁺ channels in the cell membrane and/or Ca²⁺ release from intracellular stores (Jaggar, 2001). Depolarization and increases in Ca²⁺ lead to activation of large-conductance, Ca²⁺/voltage-gated K⁺ (BK) channels, which generate outward currents that tend to hyperpolarize the membrane and thus close voltage-gated Ca²⁺ channels. Therefore, BK channel activation limits voltage-dependent Ca²⁺ entry and myocyte contraction (Brayden and Nelson, 1992; Jaggar et al., 2005).

Phosphatidylinositol 4,5-bisphosphate (PIP₂) plays a key role as an intermediate molecule in many receptor-mediated signaling pathways, including those regulating myocyte contraction (Tolloczko et al., 2002). PIP₂ hydrolysis by PLC renders 1,4,5-trisphosphate (IP₃) and diacylglycerol (DAG) (Nahorski et al., 1994). IP₃ mobilizes sarcoplasmic Ca²⁺, while DAG activates PKC. Mobilized Ca²⁺ and activated PKC eventually regulate myocyte BK channel activity (Jaggar et al., 1998; Jaggar, 2001). It is thought that, by producing IP₃ and DAG, PIP₂ indirectly modulates BK channels, and thus myocyte contraction. However, PIP₂ also acts as a signaling molecule

Abbreviations used in this paper: BK, Ca²⁺/voltage-gated K⁺; C/A, cell-attached; DAG, diacylglycerol; DOG, 1,2-dioctanoyl-sn-glycerol; FA, fatty acids; GPCR, Gq-coupled receptor; HEDTA, 1,6 N-(2-hydroxyethyl)-ethylenediamine-triacetic acid; I/O, inside-out; IP₃, 1,4,5-trisphosphate; OA, okadaic acid; O/O, outside-out; PC, 1,2-dipalmitoyl-*sn*-glycero-3-phosphocholine; PIP₂, phosphatidylinositol 4,5-bisphosphate; PPI, phosphoinositide; PS, 1,2-dipalmitoyl-*sn*-glycero-3-phospho-L-serine; PSS, physiological saline solution; RT, reverse transcription; SR, sarcoplasmic reticulum; 4-AP, 4-aminopyridine.

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The online version of this article contains supplemental material.

on its own through direct interaction with target proteins. In particular, PIP₂ directly modulates the activity of ion channels and transporters (Hilgemann and Ball, 1996; Fan and Makielski, 1997; Runnels et al., 2002; Rohács et al., 2003; Chemin et al., 2005; Suh and Hille 2005; Brauchi et al., 2007; Hilgemann, 2007; Rohács 2007; Voets and Nilius, 2007). In spite of the key roles of PIP₂ and BK channels in cell excitability and signaling, it remains unknown whether PIP₂ can directly modulate BK channel function.

Here, we demonstrate that PIP₂ directly (i.e., independently of PIP₂ metabolites and downstream signaling) increases BK channel steady-state activity, the pore-forming (cbv1) subunit being sufficient to sense the phosphoinositide (PPI). The cbv1–PIP₂ interaction requires recognition of negative charges and the inositol moiety in the PIP₂ headgroup by a channel sequence that meets major criteria for a PIP₂ binding site. This interaction results in a drastic increase in the channel's apparent Ca²⁺ sensitivity, with changes in both open and closed time distributions. PIP₂ action on cbv1 channels is drastically amplified by coexpression of the smooth muscle–abundant, channel accessory β₁, but not other (e.g., β₄), subunit. PIP₂ robustly activates native BK channels in vascular myocytes where β₁ is highly expressed, but not in skeletal myocytes, where β₁ is barely detected. Using intact vascular myocytes under physiological conditions of Ca²⁺ and voltage, we demonstrate that endogenous PIP₂ plays a role in activating BK channels via the direct mechanism. Furthermore, manipulation of endogenous PIP₂ levels dilates pressurized, resistance-size cerebral arteries, an effect that is prevented by selective BK channel block.

MATERIALS AND METHODS

Cerebral Artery Diameter Measurement and Myocyte Isolation

Sprague-Dawley rats (250 g) were decapitated, and middle cerebral and basilar arteries were isolated. Following endothelium removal and artery pressurization (Liu et al., 2004), vessels were extraluminally perfused with physiological saline solution (Liu et al., 2004) at 3.75 ml/min using a peristaltic pump (Rainin Dynamax RP-1). Drug stock solutions (see below) were diluted in PSS to final concentration. Diameter changes were determined with IonWizard 4.4 (IonOptics).

Single myocytes were isolated from cerebral arteries following procedures already described (Liu et al., 2004; Bukiya et al., 2007). Skeletal muscle fibers were prepared using slight modifications to methods described elsewhere (McKillen et al., 1994). In brief, flexor digitorum brevis muscle was dissected from adult Sprague-Dawley rats and incubated in 0.3% collagenase (Type 1) in Ringer solution (in mM): 146.3 NaCl, 4.75 KCl; 1 CaCl₂; 0.95 Na₂HPO₄, 0.5 MgCl₂; 9.5 HEPES, adjusted to pH 7.4 with NaOH. Muscles were incubated in this solution at 4°C for 30 min and switched to 37°C for 90 min. Single fibers were isolated in Ringer solution without collagenase by triturating the tissue with fire-polished Pasteur pipettes. The isolated fibers were then placed in a solution containing (in mM) 139 KCl, 5 EGTA, 10 HEPES, adjusted to pH 7.4 with KOH. In this solution, sarcolemmal vesicles formed on the surface of the muscle fibers.

Mutagenesis and cRNA Injection

cDNA encoding cbv1 was cloned using PCR and reverse transcription (RT) from total RNA of myocytes freshly isolated from rat small cerebral arteries (Quinn et al., 2003; Jaggar et al., 2005). The pOX vector and full-length cDNAs coding for BK β₁ and β₄ were gifts from A. Wei (Washington University at St. Louis, St. Louis, MO), M. Garcia (Merck Research Laboratories, Rahway, NJ), and L. Toro (University of California at Los Angeles, Los Angeles, CA). We used Quickchange (Stratagene) to mutate RKK in the cbv1 S6–S7 linker. Sequencing was conducted at the University of Tennessee Molecular Research Center. cDNA coding for cbv1 was cleaved with BamHI (Invitrogen) and XhoI (Promega) and inserted into pOX. pOX-cbv1 and pOX-RKKcbv1AAA were linearized with NotI and SacII (Promega) and transcribed in vitro using T3. PBScMXT-K239cbv1A was linearized by SalI and transcribed in vitro using T3. BK β₁ cDNA inserted into pCI-neo was linearized with NotI and transcribed in vitro using T7. BK β₄ cDNA inserted into pOx was linearized with NotI and transcribed using T3. The mMessage-mMachine kit (Ambion) was used for transcription.

Oocytes were removed from *Xenopus laevis* and prepared as previously described (Dopico et al., 1998). cRNA was dissolved in DEPC-treated water at 5 (cbv1) and 15 (β₁ or β₄) ng/μl; 1-μl aliquots were stored at –70°C. Cbv1 cRNA was injected alone (2.5 ng/μl) or coinjected with β₁ or β₄ (7.5 ng/μl) cRNAs, giving molar ratios ≥6:1 (β:α) (Bukiya et al., 2007). Expression of the mutated cbv1 was lower than that of wild type (wt); thus, cRNA was increased to 3 μg/μl for a total volume of 23 nl. After cRNA injection, oocytes were prepared for patch-clamping as previously described (Dopico et al., 1998).

Cell Culture and Transfection

HEK-293 cells were transfected with pcDNA3 vector-cbv1 cDNA and pCI-Neo vector-β₁ cDNA with or without pCMV5 vector-P14KIIα cDNA. Transfection was performed with Lipofectamine 2000 (Invitrogen).

Electrophysiology

Currents were acquired using an EPC8 amplifier (List), low-passed at 1 kHz with an 8-pole Bessel filter (Frequency Devices), and digitized at 10 kHz using 1320 Digidata/pClamp8 (Molecular Devices). Data from single channel patches for dwell-time analysis were acquired at 7 kHz and digitized at 35 kHz. Patch pipettes were prepared as described elsewhere (Dopico et al., 1998). Experiments were performed at room temperature. Solutions were made with deionized (18 MΩ·cm) water and high-grade purity salts. Free Ca²⁺ concentrations were calculated using Max Chelator Sliders (C. Patton, Stanford University, Stanford, CA) and validated experimentally (Dopico, 2003). A variety of solutions were used, as follows.

Perforated-Patch Experiments on Vascular Myocytes. The pipette solution contained (in mM) 110 K-aspartate, 30 KCl, 10 NaCl, 1 MgCl₂, 10 HEPES, and 0.05 EGTA, with pH adjusted to 7.2 by adding KOH. The perforated-patch configuration was achieved by adding amphotericin B dissolved in DMSO into pipette solution at a concentration of 250 μg/ml. Myocytes were bathed in HEPES-buffered physiological saline (PSS). PSS had the following composition (in mM): 134 NaCl, 6 KCl, 2 CaCl₂, 1 MgCl₂, 10 HEPES, and 10 glucose, with pH adjusted to 7.4 by adding NaOH.

Excised Patch Recordings from Vascular Myocytes. For inside-out (I/O) recordings, the electrodes were filled with (in mM) 130 KCl, 5.22 CaCl₂, 2.28 MgCl₂, 15 HEPES, 5 EGTA, and 1.6 N-(2-hydroxyethyl)-ethylenediamine-triacetic acid (HEDTA), with pH

adjusted to 7.4 by adding KOH and a free $[Ca^{2+}] \approx 10 \mu M$. The bath solution contained (in mM) 130 KCl, 3.84 $CaCl_2$, and 1 $MgCl_2$, 15 HEPES, and 5 EGTA, with pH adjusted to 7.4 by adding KOH and a free $[Ca^{2+}] \approx 0.3 \mu M$. For outside-out (O/O) recordings, the electrode and bath solution correspond to the bath and electrode solution used in I/O recordings. For cell-attached (C/A) recordings, the electrode solution contained (in mM) 127 NaCl, 3 KCl, 1.8 $CaCl_2$, 2 $MgCl_2$, 15 HEPES, pH 7.4. This physiological K^+ gradient sets E_K at -97 mV. The bath solution contained (in mM) 130 KCl, 2.97 $CaCl_2$, 1 $MgCl_2$, 5 EGTA, 15 HEPES, with pH adjusted to 7.4 by adding KOH and a free $[Ca^{2+}] \approx 0.1 \mu M$.

Rundown Experiments from Vascular Myocyte I/O Patches. The electrodes and bath contained the same solution (in mM) 130 KCl, 4.94 $CaCl_2$, 2.44 $MgCl_2$, 15 HEPES, 5 EGTA, and 1.6 HEDTA, with pH adjusted to 7.4 by adding KOH; free $[Ca^{2+}] \approx 3 \mu M$. Immediately after excision, I/O currents were recorded at 0, 3, 10, and 30 min. After 30 min (maximal rundown; Lin et al., 2005), the BK channel was reactivated with Mg-ATP (0.5 mM) together with okadaic acid (OA, 2 nM) (Lin et al., 2005). PIP₂ monoclonal antibodies (1:1,000, Assay Designs) were applied to the cytosolic side of the membrane.

Skeletal Muscle BK Channel Recordings. Membrane patches were excised from isolated skeletal muscle fibers, and BK currents were recorded in the I/O configuration by using techniques similar to those described for vascular myocyte I/O recordings. The bath solution, however, contained (in mM) 130 KCl, 5.22 $CaCl_2$, 2.28 $MgCl_2$, 15 HEPES, 5 EGTA, and 1.6 HEDTA, with pH adjusted to 7.4 by adding KOH; free $[Ca^{2+}] \approx 10 \mu M$.

Oocyte Recordings. Oocytes were isolated from *X. laevis* and treated for patch-clamp recordings as mentioned in the text and described in detail elsewhere (Dopico et al., 1998). Recordings were performed in the I/O configuration; the electrode and bath solutions had compositions similar to the electrode and bath solutions used in myocyte experiments (see above), except that K-gluconate replaced KCl to avoid contaminating recordings with endogenous Ca^{2+} -activated Cl^- channel activity (Dopico et al., 1998). In this series of experiments, bath $[Ca]^{2+}$ was set to 0.3 or 10 μM by changing the amount of $CaCl_2$ and EGTA buffer.

Experiments on Transfected HEK Cells. Cells were transfected and cultured as described above. Recordings were obtained in the I/O configuration. The bath solution contained (in mM) 5 Na⁺gluconate, 140 K⁺gluconate, 1 $MgCl_2$, 15 HEPES, 0–4 HEDTA, 0–4 EGTA, and 0.43–2.2 $CaCl_2$, pH adjusted to 7.35 with KOH. The concentrations of $CaCl_2$, EGTA, and HEDTA were adjusted to obtain the desired concentrations of free metal as described above. The electrode solution contained (in mM) 140 K⁺gluconate, 1 $MgCl_2$, 2.2 mM $CaCl_2$, 15 HEPES, 4 HEDTA, and 4 EGTA. Cells were washed for 30 min in 2.2 mM Ca^{2+} bath solution before recordings. Single channel records were obtained as explained above for oocytes and myocytes.

Voltage Protocols and Data Analysis. For perforated-patch recordings in myocytes, the membrane was held at -80 mV, and total outward currents were evoked by 0.2-s, 20-mV depolarizing steps from -60 to 100 mV; leak currents were determined using a P/4 protocol. Peak current amplitude was determined 0.14–0.19 s after the start of the pulse and obtained after digital subtraction of leak from total current. For macroscopic excise patch recordings in oocytes, the membrane was held at 0 mV, and total outward currents were evoked by 0.2-s, 10-mV depolarizing steps from -100 to 200 mV. Peak current amplitude was determined 0.14–0.19 s after the start of the pulse.

As index of channel steady-state activity, we used the product of the number of channels present in the membrane patch (N) and the channel open probability (P_o). NP_o was calculated from all-points amplitude histograms (Dopico et al., 1998). At the beginning of each experiment, NP_o was determined from ≥ 5 min to ensure that changes in activity at the time of reagent application were due to the reagent itself and not to nonstationary NP_o . NP_o under a given condition was obtained from >3 min of continuous recording. Dwell time analysis was conducted as previously described (Dopico et al., 1998; Crowley et al., 2003). Channel mean open time (t_o) in multichannel patches of unknown N was obtained from $t_o = NP_o T/\#o$; where $\#o$ is the number of channel openings during several minutes (T) of continuous current recording under each condition (Fenwick et al., 1982; Dopico et al., 1998). Data and idealized records were analyzed using pClamp 9.2 (Molecular Devices) as described elsewhere (Dopico et al., 1998) and plotted and fitted using Origin 6.1 (Origin Laboratory).

Compounds and their Application

Stock solutions of anionic phospholipids (PS [synthetic], PI [synthetic, Echelon Biosciences], PI5P [synthetic], PIP₂ [diC16, synthetic, Calbiochem and Sigma-Aldrich], PIP₃ [synthetic]) were made in ultrapure distilled water at a lipid concentration of 10 μM by sonication on ice for 30 min immediately before the experiment. PC (semisynthetic), a zwitterionic phospholipid, was first dissolved in pure DMSO at a concentration of 2 mM and then mixed and sonicated for 30 min in recording solution to obtain a final lipid concentration of 10 μM . Dibutanoyl and dioctanoyl PIP₂ (synthetic, Sigma-Aldrich) (diC4 and diC8) were diluted in ultrapure distilled water at a lipid concentration of 10 μM . The lipid-containing solutions were applied to the cytosolic side of the patch membrane immediately after the dispersal procedure. For the O/O and whole-cell recordings, lipid-containing solutions were applied to the external side of the membrane. For the C/A recordings, lipid-containing solutions were applied to the extracellular, extrapatch surface of the cell.

Poly-L-lysine was dissolved in high-purity deionized water (50 mg/ml stock), further diluted in bath solution to 100 $\mu g/ml$, and applied to the cytosolic side of I/O patches. 1,2-dioctanoyl-sn-glycerol (DOG) was dissolved in DMSO (1 mg/ml stock), further diluted in bath solution to 2 μM , and applied to the cytosolic side of I/O patches. Before recording changes in channel activity evoked by a given compound, control recordings were obtained when a steady-state perfusion was achieved, which typically took 5–10 min.

For the perforated-patch recordings, agent-containing solutions were applied to the extracellular, extrapatch surface of the cell. Ro 31-8220 (Biomol Research Laboratories) was reconstituted in DMSO stock (10 $\mu g/ml$) and diluted in bath solution to a final concentration of 2 μM . Thapsigargin was reconstituted in DMSO stock (10 mM) and diluted in bath solution to a final concentration of 200 nM. Paxilline was dissolved in DMSO as a 23 mM stock and further diluted in bath solution to a final concentration of 300 nM. Wortmannin (Stressgen Bioreagents) was reconstituted in DMSO stock (50 mg/ml) and diluted in bath solution to a final concentration of 5 nM. U73122 (Biomol Research Laboratories) was reconstituted in DMSO stock (4 mM) and diluted to a final concentration of 5–25 μM . 4-aminopyridine (4-AP) was dissolved in high-purity deionized water as a 0.8 M stock and further diluted in bath solution to a final concentration of 5 mM. 2-[[3-(trifluoromethyl)phenyl]amino]pyridine-3-carboxylic acid (niflumic acid) was dissolved in acetone as a 0.2 M stock and further diluted in bath solution to a final concentration of 100 μM .

Compounds applied to pressurized vessels were diluted to make stock solutions as described above and then further diluted in PSS to final concentration. Unless otherwise stated, all compounds were purchased from Sigma-Aldrich.

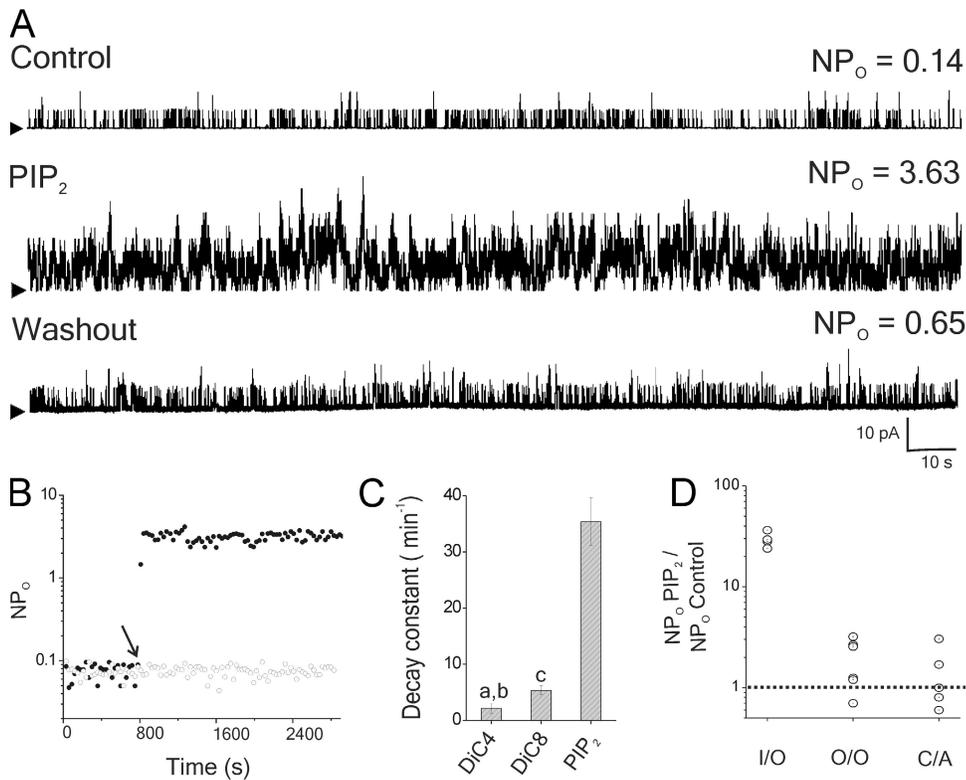


Figure 1. PIP₂ readily activates myocyte BK channels when accessing the channel from the inner membrane leaflet. (A) Unitary currents obtained before (top), after a 5-min bath application of 10 μM PIP₂ (diC16) (middle), and after washout for >30 min (bottom) of I/O patches. Arrowheads, baseline; upward deflections, channel openings; $n = 5$. (B) Steady-state activity (NP_o) time course from two I/O patches. An arrow highlights the time at which one of the patches (●) was switched from control to PIP₂-containing solution. The other patch was continuously exposed to control (○). (C) Kinetics of reversibility of diC4, diC8, and PIP₂ action. Decay constant values were obtained by single exponential fittings of NP_o vs. time plots. (a) diC4 vs. diC8: $P < 0.001$; (b) diC4 vs. diC8: $P < 0.001$; (c) diC8 vs. PIP₂: $P < 0.001$, $n = 3-4$. In A and B, $V = 40$ mV, $Ca^{2+}_i = 0.3$ μM; $n = 3$. (D) NP_o responses to 10 μM PIP₂ from I/O, O/O, and C/A patches. Each point is one patch/myocyte. Dotted line, control; $V = 10-60$ mV; $Ca^{2+}_i = 0.3$ μM; $n = 4-6$.

Online Supplemental Material

The online supplemental material (available at <http://www.jgp.org/cgi/content/full/jgp.200709913/DC1>) contains one figure showing both representative unitary current recordings and averaged channel activity data in response to application of 10 μM PIP₃ to the cytosolic side of inside-out patches from *Xenopus laevis* oocytes that express wt cbv1, RKKcbv1AAA, or K239cbv1A. Results show that the PIP₃ responses in the K239A mutant are similar to those in wt cbv1, while RKKcbv1AAA responses are significantly blunted, indicating that the RKKcbv1AAA mutation in the cbv1 S6-S7 linker distinctly reduces PIP₃ activation of cbv1 channels.

RESULTS

PIP₂ Activates BK Channels in Cerebral Artery Myocytes

We first applied PIP₂ to the cytosolic side of I/O patches excised from freshly isolated myocytes and determined responses in channel steady-state activity (NP_o; see Materials and methods). Studies were conducted with $Ca^{2+}_i \approx 0.3$ μM, which is found in cerebral artery myocytes (Knot and Nelson, 1998; Pérez et al., 2001). The membrane potential was held positive to evoke an easily measurable NP_o. PIP₂ at levels found in plasma membranes (10 μM; McLaughlin and Murray, 2005) increased NP_o (5/5 cells) (Fig. 1 A), reaching $2,831 \pm 202\%$ of control. In submicromolar concentrations of Ca^{2+}_i , PIP₂-induced increase of BK NP_o was sustained, persisting ~30 min after

PIP₂ application (Fig. 1 B) and returning to pre-PIP₂ values after washout in bath solution for >30 min (Fig. 1 A). These data suggest that the increase in BK NP_o is due to PIP₂ itself, instead of PIP₂ active metabolites.

The more water-soluble diC4 and diC8 analogues also readily increased BK NP_o ($n = 4$; $V = +40$ mV), with NP_o readily turning to preanalogue values with wash in bath solution. The diC4 and diC8 effect, however, differed from that of PIP₂ in two aspects. First, the potentiation of channel activity was much more robust for PIP₂ than those caused by the two more soluble analogues: $2,831 \pm 202$, 308 ± 56 , and $230 \pm 34\%$ of control for PIP₂, diC8, and diC4, respectively. As discussed with inward rectifier K⁺ channels (Rohács et al., 1999; Cho et al., 2006), the increased effectiveness of PIP₂ in potentiating BK NP_o likely reflects the increased partition of this hydrophobic analogue in the lipid environment and, eventually, more effective loading of the cell membrane with increased access to the channel target. Second, recovery from potentiation was much faster for diC4 and diC8 (Fig. 1 C). Conceivably, the fast relaxation of these analogues reflects elimination of bound diC4/diC8 monomers from a binding site(s) that is readily accessible from the aqueous phase. In contrast to diC4 and diC8, lipids with longer side chains such as PIP₂ are not only in monomeric but also (and mainly) in micellar

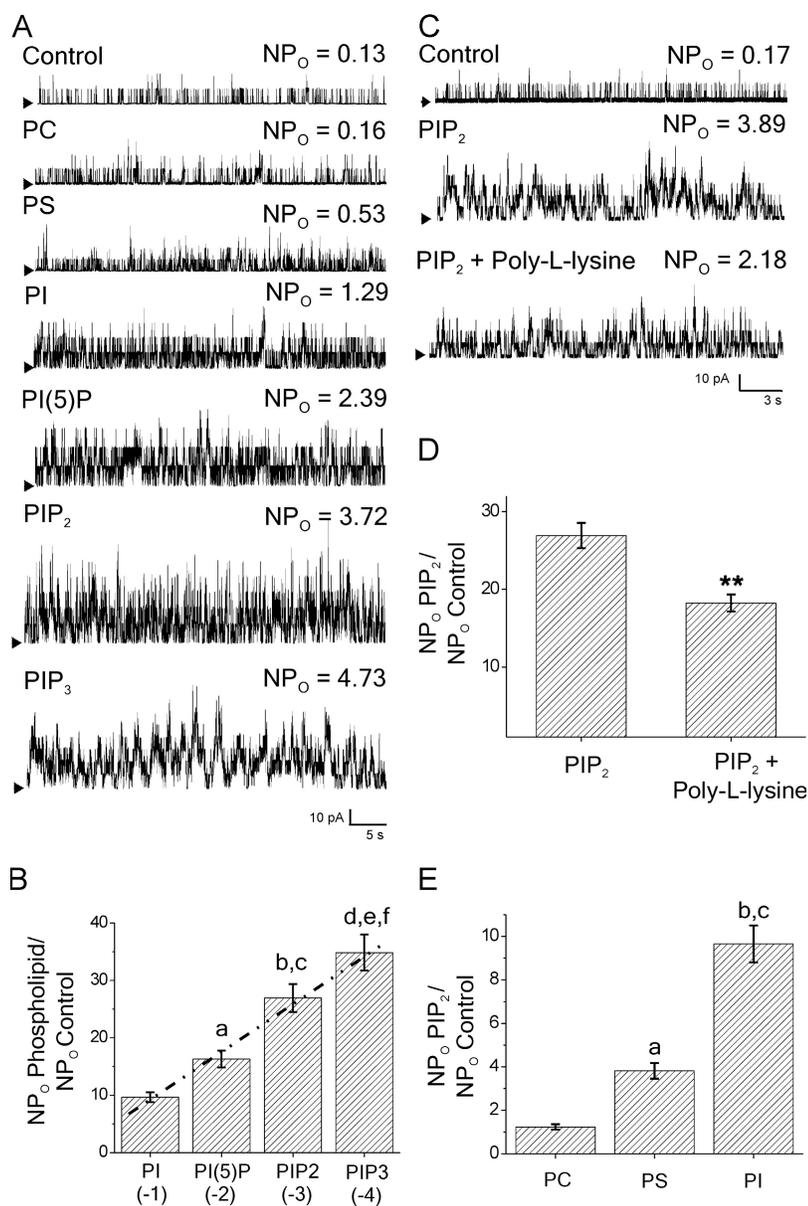


Figure 2. Negative charge and inositol moiety both contribute to phosphoinositide activation of myocyte BK channels. (A) Unitary currents from I/O patches exposed to control or phospholipids that differ in headgroup structure. Arrowheads, baseline; upward deflections, channel openings. (B) BK channel potentiation is a direct function ($r = 0.99$) of negative charge in the phospholipid headgroup. (a) PI vs. PI5P: $P < 0.001$; (b) PI vs. PIP₂: $P < 0.001$; (c) PI5P vs. PIP₂: $P < 0.001$; (d) PI vs. PIP₃: $P < 0.001$; (e) PI5P vs. PIP₃: $P < 0.001$; (f) PIP₂ vs. PIP₃: $P < 0.05$; $n = 3-12$. (C) I/O recordings and (D) averaged data show that coapplication of 0.1 mg/ml poly-L-lysine reduces PIP₂ activation of BK channels; $n = 3$. (E) PS and PI (net charge ≈ -1) cause more robust activation than that evoked by the neutral PC. However, PI is more effective than PS. (a) PC vs. PS: $P < 0.05$; (b) PC vs. PI: $P < 0.001$; (c) PS vs. PI: $P < 0.001$; $n = 3-6$. All phospholipid species had dipalmitoyl chains. $V = 40$ mV; $Ca^{2+}_i = 0.3$ μ M.

form in the aqueous phase (Flanagan et al., 1997; Huang et al., 1998). Thus, PIP₂ micelles can incorporate into the bilayer to form mixed micelles. Release of these micelles from the membrane should take times much longer than those corresponding to bound-monomer dissociation from a target site, resulting in slower channel recovery from activation (Rohács et al., 1999).

The increased NP_o caused by PIP₂ application was not accompanied by any noticeable change in unitary current amplitude (Fig. 1 A). Slope unitary conductance remained constant in the presence of PIP₂ when evaluated across a voltage range at which the current was ohmic (-60 to 40 mV in 1 mM Mg^{2+}_i and symmetric 130 mM K^+ : 243 vs. 251 pS, control and PIP₂). Thus, within this voltage range, any PIP₂ modification of macroscopic current should be attributed to PIP₂ action on NP_o .

Because PIP₂ effects on NP_o were recorded in cell-free patches (even >20 min after excision) in a highly buffered Ca^{2+} solution containing no nucleotides, it is unlikely that cytosolic messengers mediate PIP₂ action. Rather, PIP₂ targets the BK channel itself, its proteolipid microenvironment, or a lipid-protein interface. In contrast to I/O results, PIP₂ failed to consistently increase NP_o when applied to the extra-patch membrane of C/A patches (Fig. 1 D). This is consistent with the difficulty that a charged molecule (charge ≈ -3 at physiological pH) may have in accessing a target located in the membrane within the pipette. The PIP₂ effect was also mild and inconsistent when the lipid was applied to the extracellular side of O/O patches (Fig. 1 D). The contrast between I/O and C/A or O/O results indicates that PIP₂ accesses its site of action most effectively from the

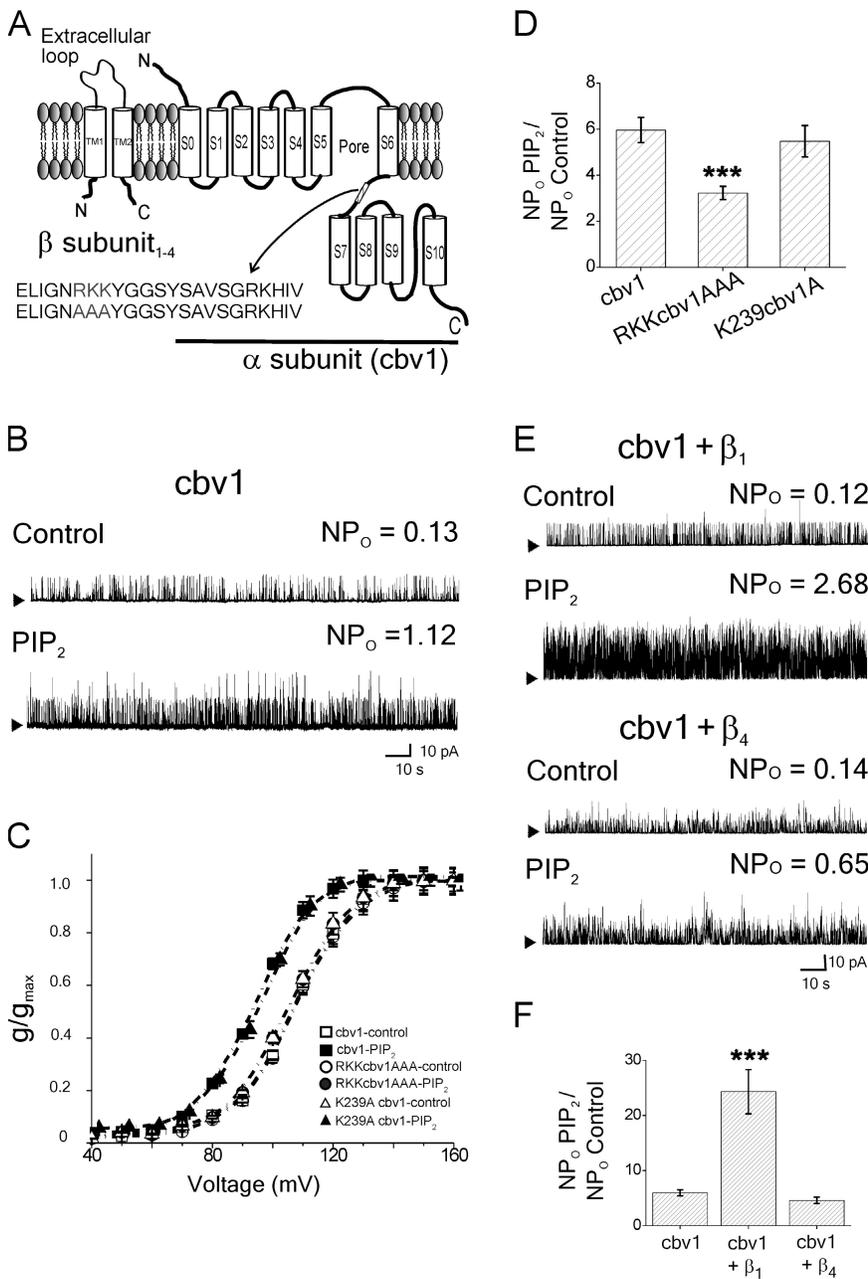


Figure 3. Cbv1 is sufficient to support PIP₂ action, which is amplified by β_1 (but not β_4) subunits. (A) BK channel dimer made of channel-forming (cbv1) and auxiliary $\beta_{(1-4)}$ subunits. The RKK to AAA mutation in the cbv1 S6–S7 linker is shown in bold. (B) Unitary currents from an I/O patch expressing cbv1 in the absence (top) and presence (bottom) of PIP₂. Arrowheads, baseline; upward deflections, channel openings. (C) Averaged G-voltage macroscopic current data fitted to Boltzmann functions from wt cbv1, RKKcbv1AAA, and K239cbv1A in the absence and presence of PIP₂; the lipid causes a parallel leftward shift in wt and K239cbv1A but not in the RKKcbv1AAA mutant; $n = 4-6$. (D) PIP₂-induced increase in NP_o is significantly reduced in the RKKcbv1AAA mutant when compared with wt cbv1 or the K239cbv1A mutant; ***, $P < 0.001$; $n = 4$. (E). Unitary currents from I/O patches coexpressing cbv1 + β_1 (top) or cbv1 + β_4 subunits (bottom) in the absence and presence of PIP₂. Arrowheads, baseline; upward deflections, channel openings. (F) Averaged PIP₂ responses of cbv1, cbv1 + β_1 , and cbv1 + β_4 ; $n = 4-6$. For B and E, arrows, baseline. For A, B, and D–F, $V = 40$ mV; $Ca^{2+}_i = 0.3$ μ M.

cytosolic side of the membrane, where PIP₂ is naturally predominant (Laux et al., 2000).

Structural Determinants of PIP₂ Action

Negative charges and the position of the phosphates in the inositol ring are important for phosphoinositide interaction with Kir channels (Suh and Hille, 2005). In addition, the BK channel displays higher P_o when reconstituted in lipid bilayers that include negatively charged phospholipids (Park et al., 2003). Thus, we next probed phospholipids having different negative charges in their headgroups. Because PIP₂ chain length modified the magnitude and time course of BK channel activation (see previous section), we used lipid species having the same

acyl chains. Dipalmitoyl chains were chosen because their length mimics that of phospholipid acyl chains prevalent in natural membranes. When applied to the intracellular side of I/O patches, all phosphoinositides readily increased NP_o (Fig. 2 A). Moreover, channel activation correlated positively with the number of negative charges in the phospholipid headgroup: NP_o = 957, 1801%, 2831%, and 3629% of controls for D (+)-*sn*-1,2-dipalmitoyl-glycerol, 3-*O*-phospho linked (PI) (–1), 1,2-dipalmitoyl-L- α -phosphatidyl-D-myo-inositol 5-monophosphate (PI5P) (–2), PIP₂ (–3), and 1,2-dipalmitoylphosphatidylinositol 3,4,5-trisphosphate (PIP₃) (–4) (Fig. 2 B).

Among all phosphoinositides tested, PIP₃ showed the highest effectiveness, whether evaluated in myocyte native

BK channels ($NP_o = \sim 3,500\%$ of control; Fig. 2 B) or *cbv1* expressed in *X. oocytes* ($NP_o = \sim 900\%$ of control). From multichannel patches, we determined that PIP_3 raised the channel mean open time (t_o) from 0.39 to 0.51 ms. The increment in t_o (+31%) cannot account solely for the PIP_3 -induced increase in P_o ($\sim 900\%$). Therefore, the drastic increase in P_o in response to PIP_3 must be attributed to a combination of mild increase in t_o and robust increase in frequency of channel openings (i.e., a decrease in channel mean closed time; Dopico et al., 1998), the latter being evident in the traces shown in Fig. S1 A.

Adding the polycationic PIP_2 scavenger poly-L-lysine to the bath solution (0.1 mg/ml) (Quinn et al., 2003) significantly reduced PIP_2 action: NP_o in PIP_2 reached only 975% of controls in the presence of poly-L-lysine, in contrast to the 2,831% of control obtained in the same patch when recorded in poly-L-lysine-free solution (Fig. 2 C). Poly-L-lysine itself, however, usually failed to readily (<3 min) modify NP_o (unpublished data). Thus, poly-L-lysine's blunting of PIP_2 action appears not to result from opposite modulation of NP_o by the polycation and the negatively charged lipid. After 3 min of poly-L-lysine application, BK NP_o did decrease significantly ($-35 \pm 1.4\%$; $n = 3$). Collectively, results with poly-L-lysine are interpreted as the polycation scavenging PIP_2 via salt bridges formed between the positive charges of the former and the negative headgroup of the latter. Finally, 1,2-dipalmitoyl-*sn*-glycero-3-phosphocholine (PC), a phospholipid with no net charge at physiological pH (i.e., our recording conditions), barely increased NP_o (Fig. 2 E). Collectively, data indicate that the amount of negative charge in the phospholipid headgroup is a key determinant for PIP_2 and analogues to activate arterial myocyte BK channels.

We next examined whether the specific structure of the headgroup contributes to phosphoinositide action on the BK channel by probing PI vs. 1,2-dipalmitoyl-*sn*-glycero-3-phospho-L-serine (PS). Both phospholipids carry the same net charge (-1) under our recording conditions, but differ in their headgroup base (inositol vs. serine). PI increased NP_o to 957% of control, which is substantially greater than that caused by PS ($NP_o = 356\%$ of control) ($P < 0.001$) (Fig. 2 E). Therefore, added to the negative charge, the inositol moiety favors channel activation. This structural specificity is consistent with the idea that phosphoinositides target a defined protein site.

Cbv1 Is Sufficient for PIP_2 Action, which Is Drastically Amplified by β_1 , but Not β_4 , Subunits

Cerebrovascular myocyte BK channels consist of pore-forming α (*cbv1*, encoded by *KCNMA1*) and accessory β_1 (*KCNMB1*) subunits (Orio et al., 2002; Jaggar et al., 2005; Liu, J., P. Liu, M. Asuncion-Chin, and A. Dopico, 2005. *Soc. Neurosci. Abstr. Online*. 960:913) (Fig. 3 A). After *cbv1* expression in *Xenopus* oocytes, application of PIP_2 to the cytosolic side of I/O patches consistently

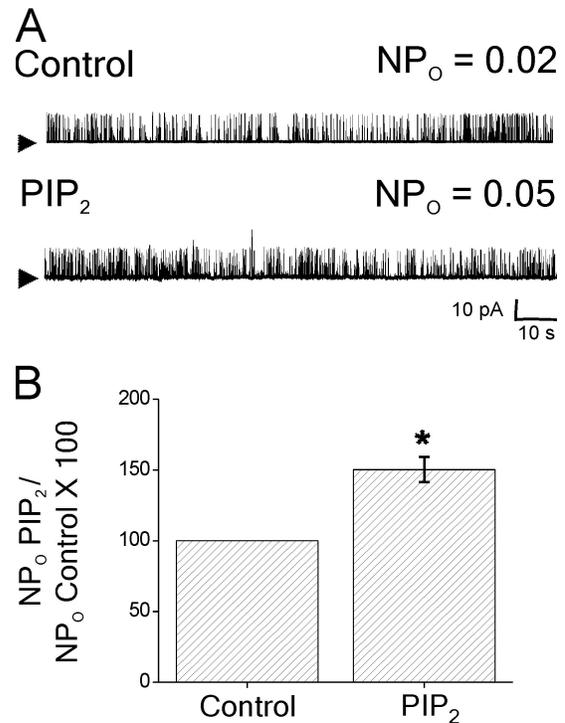


Figure 4. PIP_2 action on native BK channels in isolated skeletal muscle myocytes. (A) Unitary currents from an I/O patch obtained before (top) and after (bottom) a 5-min bath application of 10 μ M PIP_2 show that the phosphoinositide causes an increase in BK NP_o that is markedly reduced when compared with that evoked by PIP_2 in vascular myocyte BK channels (Fig. 1, A and C). Arrowheads, baseline; upward deflections, channel openings. (B) Averaged PIP_2 responses of native skeletal muscle BK channels; *, $P < 0.05$; $n = 4$; $V = 40$ mV, $Ca^{2+}_i = 10$ μ M.

activated *cbv1* channels (Fig. 3 B), NP_o reaching $590 \pm 15\%$ of control. This indicates that *cbv1* and its immediate lipid environment are sufficient for PIP_2 activation of BK channels. Having established that headgroup negative charge plays a critical role in this action, we probed whether positively charged residues in *cbv1* could recognize the negatively charged PIP_2 . Alanine substitution of positive residues clustered at the bottom of the pore-forming M2 domain of Kir6.2 channels attenuates PIP_2 modulation (Shyng et al., 2000). Similarly, positive residues clustered at the bottom of the pore-forming S6 segment of KCNQ1 are thought to contribute to PIP_2 action on KCNQ1/KCNE1 channels (Loussouarn et al., 2003). After identifying a cluster of positive residues in an equivalent region of *cbv1*, we probed PIP_2 in *cbv1* where AAA substituted for RKK in the S6–S7 cytosolic linker (Fig. 3 A).

In I/O patches, RKK*cbv1*AAA currents were indistinguishable from those mediated by *cbv1* (Fig. 3 C). In contrast to wt *cbv1*, PIP_2 applied to the cytosolic side of I/O patches expressing RKK*cbv1*AAA barely shifted the G/G_{max} -voltage curve (Fig. 3 C). PIP_2 differential action on wt *cbv1* vs. RKK*cbv1*AAA was also evident from

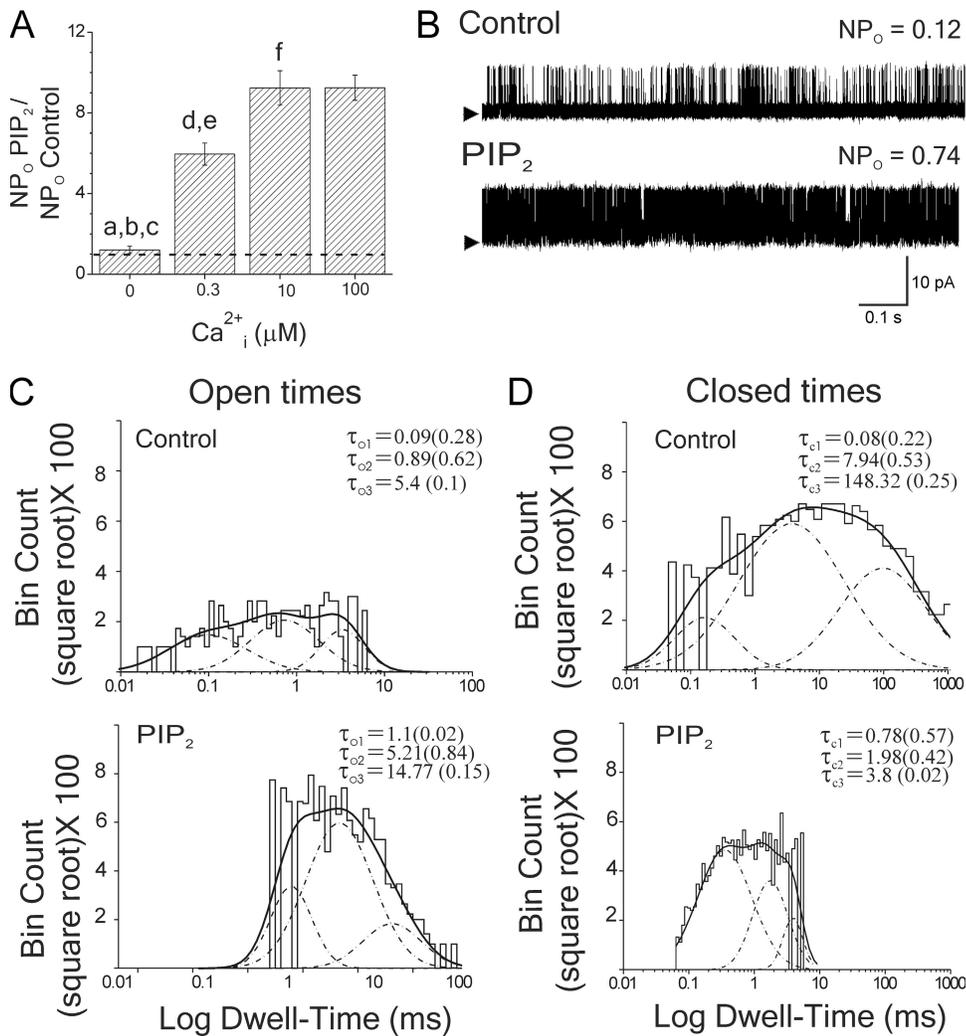


Figure 5. PIP₂ activates the BK channel by amplifying Ca²⁺-driven gating, resulting in modifications of both open and closed times. (A) PIP₂ activation of cbv1 is negligible at zero nominal Ca²⁺_i and reaches a maximum at 10 μM Ca²⁺_i; (a) zero Ca²⁺_i vs. 0.3 μM Ca²⁺_i; P < 0.001; (b) zero Ca²⁺_i vs. 10 μM Ca²⁺_i; P < 0.001; (c) zero Ca²⁺_i vs. 100 μM Ca²⁺_i; P < 0.001; (d) 0.3 μM Ca²⁺_i vs. 10 μM Ca²⁺_i; P < 0.001; (e) 0.3 μM Ca²⁺_i vs. 100 μM Ca²⁺_i; P < 0.001; n = 3–12. (B) Single channel records in the absence (top) and presence (bottom) of 10 μM PIP₂ show that the lipid increases P_o from 0.06 to 0.43 (616% of control). Records were low-passed at 7 kHz and digitized at 35 kHz. Upward deflections: channel openings. (C) Open and (D) closed time distributions in control (top) and PIP₂ (bottom) from records shown in B. Each life time constant (τ) is shown in milliseconds, with its contribution to the total fit in parentheses. Each component of a fit is shown with a dotted line, and the composite fit is shown with a solid line; 40 mV; Ca²⁺_i = 0.3 μM.

single-channel data: PIP₂ caused a mild increase in RK-Kcbv1AAA NP_o, which was drastically smaller than that in wt cbv1 (Fig. 3 D). Furthermore, exposing the mutant to increased PIP₂ (30 μM) raised NP_o to ~350% of control (n = 4), which is barely different from the response evoked by 10 μM PIP₂ in the mutant and significantly smaller than the response in wt cbv1. Therefore, the sequence RKK in the cbv1 S6–S7 linker is involved in PIP₂ activation of the BK channel.

To determine whether PIP₂ activation of cbv1 channels specifically depends on the S6–S7 RKK sequence or, rather, can also depend on positive amino acids located in other cbv1 cytosolic loops, we made the construct K239cbv1A. K239 is located in the S4–S5 cytosolic loop and is thus readily accessible to PIP₂ negative charges when the phosphoinositide is applied to the cytosolic membrane leaflet. After expression in *Xenopus laevis* oocytes, K239cbv1A rendered channel current events characteristic of BK (slo1) channels, such as high unitary conductance for K⁺ (Fig. S1 A) and voltage dependence of channel gating (12.9 mV/e-fold change in

channel activity) (Fig. 3 C). Under conditions identical to those used in the studies of PIP₂ action on wt cbv1 and RKKcbv1AAA channels, PIP₂ potentiated K239A-mediated current when studied at both macroscopic (Fig. 3 C) and single-channel levels (Fig. 3 D). Moreover, the magnitude of K239A channel activation in response to PIP₂ was identical to that observed with wt cbv1 (Fig. 3 D). Therefore, PIP₂ activation of cbv1 does not involve any positive amino acid residue that can be found in cbv1 cytosolic loops. Rather, the S6–S7 RKK and its flanking sequence, which meet criteria for a PIP₂ binding site (see Discussion), appear specifically involved. As found with PIP₂, PIP₃ action was also significantly blunted in RKKcbv1AAA, yet similar in wt cbv1 and the K239A mutant (Fig. S1), suggesting a common site(s) of action for PIP₂ and PIP₃.

Notably, PIP₂ action on cbv1 expressed in oocytes was significantly smaller than that observed with native channels in myocytes (Fig. 3 D vs. Fig. 2 D). Because cbv1+β₁ constitutes the cerebral artery myocyte BK, we next explored PIP₂ action on cbv1+β₁ expressed in

Xenopus oocytes. The presence of functional β_1 was confirmed by current characteristics, or a P_o increase with bath application of 10 μM 17 β -estradiol to O/O patches (Bukiya et al., 2007). PIP_2 activation of *cbv1* was consistently enhanced when β_1 was coexpressed (Fig. 3, E and F). Notably, the PIP_2 increase in *cbv1*+ β_1 NP_o ($2,029 \pm 286\%$ of control) (Fig. 3 F) was similar to that in the myocyte native channel (Fig. 1 C). Thus, possible differences in the proteolipid environment around the BK channel complex between frog oocyte and rat myocyte membranes appear not to play a major role in PIP_2 action. Rather, the *cbv1*+ β_1 complex appears sufficient to support channel activation by PIP_2 .

To determine whether the amplification of PIP_2 action is selective to the β subunit type that is predominant in smooth muscle (β_1), we tested PIP_2 action on *cbv1*+ β_4 complexes. The presence of functional β_4 was confirmed by current characteristics, including refractoriness to iberiotoxin block (Bukiya et al., 2007). Under conditions identical to those used with *cbv1*+ β_1 , PIP_2 action on *cbv1* was not amplified by β_4 (Fig. 3, E and F). Because the expression of a given β type shows high tissue specificity (Behrens et al., 2000; Brenner et al., 2000; Orio et al., 2002), the differential PIP_2 action on recombinant channels expressed in oocytes raised the speculation that drastic activation of native BK is restricted to cells expressing high amounts of β_1 , such as vascular myocytes. Thus, we probed PIP_2 on native BK channels in another type of myocyte (the skeletal muscle fiber), where β_1 is barely expressed (Behrens et al., 2000; Brenner et al., 2000; Orio et al., 2002). Application of 10 μM PIP_2 to the cytosolic side of I/O patches from rat skeletal muscle fibers consistently caused channel activation (Fig. 4). However, this activation was drastically smaller than that evoked by PIP_2 in native vascular myocyte BK channels (Fig. 2 D, first column). Furthermore, PIP_2 action on native skeletal muscle native channels was indistinguishable from that observed with *cbv1* in oocytes and significantly smaller than PIP_2 action on *cbv1*+ β_1 channels (Fig. 3 F). Therefore, PIP_2 action is, indeed, strongest in tissues expressing BK channel complexes that contain β_1 subunits.

PIP_2 Modifies both Open and Closed Time Distributions

We next determined which PIP_2 actions lead to increased BK channel NP_o . A hallmark of BK channels is independent gating by voltage and Ca^{2+}_i . Application of PIP_2 to the cytosolic side of I/O patches expressing *cbv1* resulted in a parallel leftward shift in the macroscopic current conductance (G/G_{max})–voltage curve (Fig. 3 C). Thus, the channel effective valence (z) obtained from these plots was identical in the absence and presence of PIP_2 : $z = 1.71 \pm 0.03$ vs. 1.7 ± 0.04 , $P > 0.5$ ($\text{Ca}^{2+}_i = 0.3 \mu\text{M}$). Therefore, the negatively charged lipid modifies P_o without affecting the effective gating charge.

A parallel leftward shift in the G/G_{max} –voltage relationship can be caused by an increase in the apparent

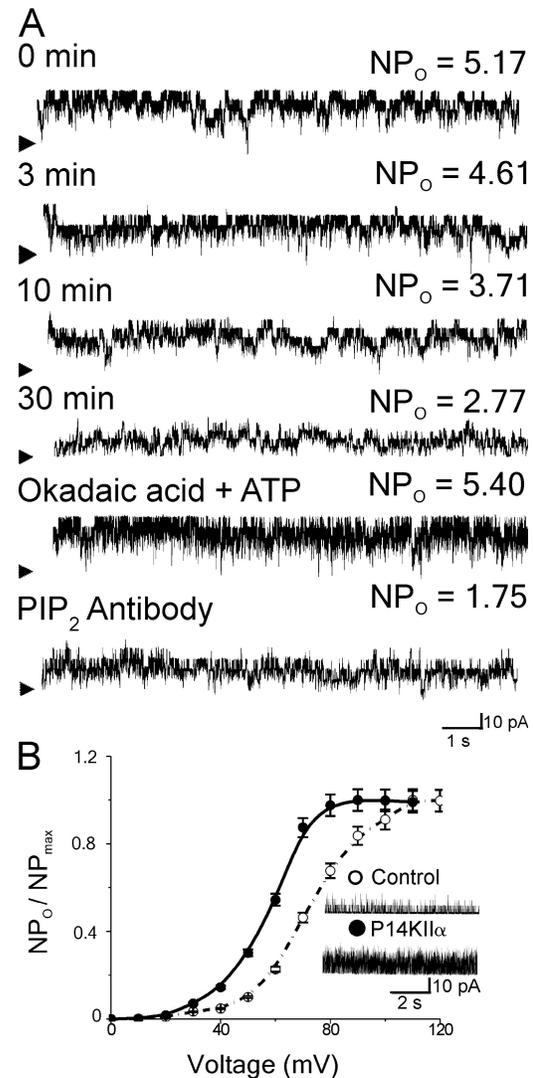


Figure 6. Endogenous PIP_2 maintains native BK channel activity. (A) Time course of vascular myocyte BK NP_o from an I/O patch. Intervals indicate time after patch excision. Arrowheads, baseline; upward deflections, channel openings. Bath application of 0.5 mM ATP and 0.1 μM okadaic acid (OA) increases NP_o $\times 5.4$ times. Subsequent application of PIP_2 monoclonal antibodies (1:1,000) drastically reduces NP_o . $V = 40$ mV; $\text{Ca}^{2+}_i = 3 \mu\text{M}$. (B) Cotransfection of HEK cells with PI4K α II and *cbv1*+ β_1 channel subunits causes a parallel leftward shift in the activation–voltage plot when compared with currents mediated by *cbv1*+ β_1 alone; $n = 5$ –7.

Ca^{2+} sensitivity of the channel (i.e., less Ca^{2+} is needed to obtain a given NP_o). To determine the Ca^{2+} dependence of PIP_2 action, we probed PIP_2 on *cbv1* using solutions containing constant free Mg^{2+} (≈ 0.6 mM) and different, highly buffered Ca^{2+} levels. When the channel was primarily gated by voltage (i.e., zero nominal Ca^{2+}_i), PIP_2 barely modified NP_o (130% of control; Fig. 5 A). PIP_2 -induced potentiation, however, was robust at 0.3 μM Ca^{2+}_i , reaching a maximum at 10 μM Ca^{2+}_i (Fig. 5 A), which suggests that PIP_2 increases NP_o by amplifying Ca^{2+}_i -driven gating.

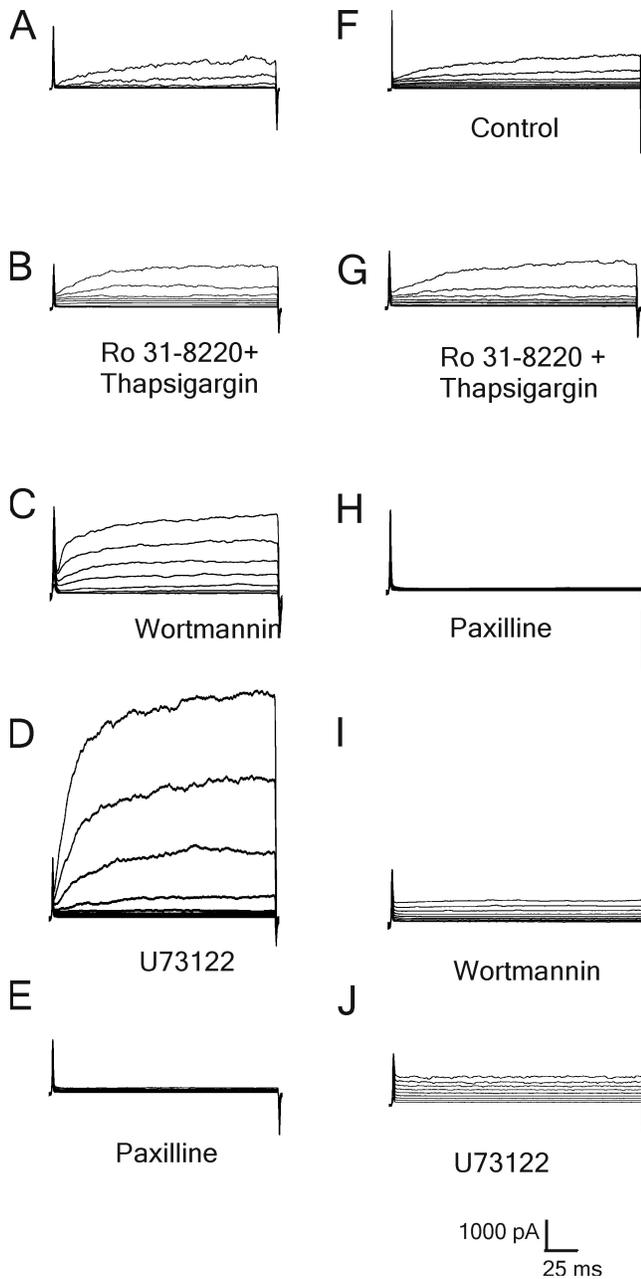


Figure 7. Endogenous PIP_2 activates native BK currents in the presence of blockers of PLC-mediated PIP_2 downstream products. Perforated patch recordings from two (A–E and F–J) freshly isolated cerebral artery myocytes bathed in physiological saline solution (PSS; composition in Materials and methods). Total outward K^+ currents were recorded in the continuous presence of 5 mM 4-AP and 0.1 mM niflumic acid. Bath application of 2 μM Ro31-8220 and 0.2 μM thapsigargin increases mean outward current by 95% (B vs. A, and G vs. F). Subsequent inhibition of PI3 kinase by 5 nM wortmannin further increases current by 184% from control (C). Inhibition of PLC by 25 μM U73122 drastically increases current (D), likely due to buildup of PIP_2 in the membrane. The current is blocked by 0.3 μM paxilline (E and H), indicating it is mediated by BK channels. Preapplication of paxilline, a selective BK channel blocker, prevents both wortmannin (I) and U73122 (J) actions ($n = 5-6$).

Data from patches containing one functional channel revealed that PIP_2 increase in P_o (Fig. 5 B) was similar to the potentiation of NP_o (Fig. 3 D). Therefore, it appears that PIP_2 action on NP_o , and thus current, is due solely to modification of P_o . The increase in P_o evoked by PIP_2 was always associated with a robust increase in the frequency of channel bursts (Fig. 5 B). However, the PIP_2 effect on P_o results from several PIP_2 actions, as revealed by dwell-time distribution analysis. PIP_2 caused a major shift in the open channel population toward longer openings, which resulted in an $\sim 500\%$ increase in channel mean open time (Fig. 5 C). In addition, PIP_2 drastically reduced the duration of the channel long closures, which resulted in increased channel bursting (Fig. 5 B) and a drastic reduction in the channel mean closed time, the latter reaching 3.3% of control (Fig. 5 D). In brief, PIP_2 increases BK P_o by both stabilization of channel openings and destabilization of channel long closures.

Regulation of BK Channels by Endogenous PIP_2

After showing that exogenously applied PIP_2 enhances BK P_o , we next determined whether channel activity could be modulated by endogenous PIP_2 . As reported with BK channels from sheep basilar artery myocytes (Lin et al., 2003), cerebrovascular BK channel NP_o continuously ran down after patch excision, reaching $\sim 62\%$ of control after 30 min (Fig. 6 A). BK NP_o is modulated by protein phosphatases and kinases that remain associated with the excised patch (Lin et al., 2003). Additionally, activation of lipid kinases via Mg-ATP increases membrane PIP_2 levels and thus modulates BK channel activity (Huang et al., 1998). To begin to test whether endogenous PIP_2 contributes to regulating BK NP_o , we evaluated a possible reversion of NP_o rundown in the excised patch by lipid kinase activation.

In the presence of phosphatase inhibition (0.1 μM okadaic acid; Lin et al., 2003), bath application of Mg-ATP (0.5 mM) totally rescued the channel rundown (Fig. 6 A, fifth row), which likely reflects channel activation by PIP_2 that is being regenerated via $\text{PI4KII}\alpha$ (Yaradanakul et al., 2007). Moreover, PIP_2 antibodies (monoclonal 1:1,000) applied on top of Mg-ATP to the cytosolic side of the plasma membrane dropped NP_o to $<35\%$ of control, strongly suggesting the involvement of endogenous PIP_2 in controlling BK channel activity in the native membrane. Finally, cotransfection of HEK293 cells with $\text{cbv1}+\beta_1$ channels and $\text{PI4kinaseII}\alpha$ resulted in robust potentiation of NP_o (Fig. 6 B). Because transfection of $\text{PI4KII}\alpha$ leads to increased PIP_2 levels (Yaradanakul et al., 2007), the result supports the notion that augmentation in membrane PIP_2 levels leads to increased $\text{cbv1}+\beta_1$ NP_o .

The possibility of a modulatory role of endogenous PIP_2 on BK channels was also tested by using pharmacological manipulations of macroscopic current in intact,

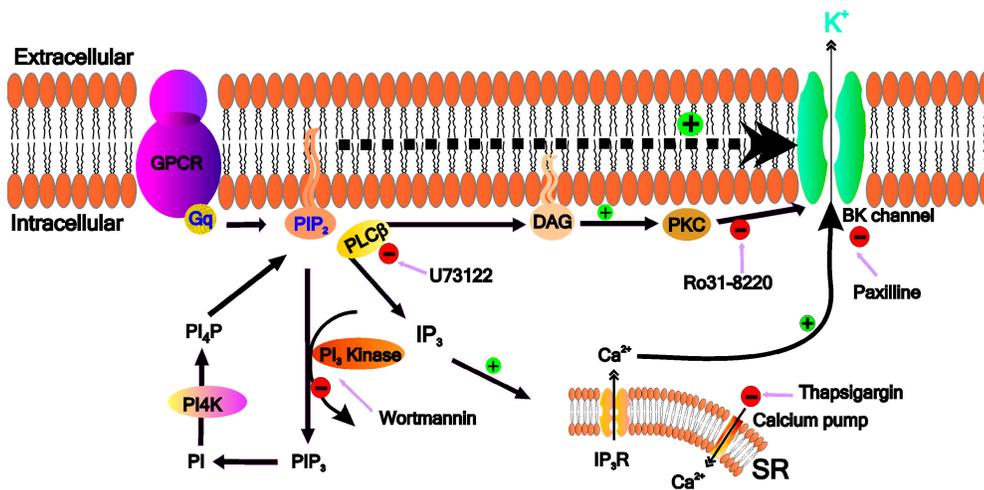


Figure 8. Indirect (classical) and direct (novel) mechanisms of PIP₂ action on BK currents. Activated PLC via Gq, determined by either ligand binding to a Gq-coupled receptor (GPCR) or constitutive activity, cleaves PIP₂ into PIP₃, IP₃, and DAG. IP₃ releases Ca²⁺ from the sarcoplasmic reticulum (SR), raising Ca²⁺, whereas DAG activates PKC in the presence of Ca²⁺. BK channel modulation by PKC and Ca²⁺ controls the degree of vascular myocyte contraction. Therefore, by generating DAG and IP₃, PIP₂ indirectly modulates BK channels and, thus, vascular

tone. We demonstrate that PIP₂ itself and other membrane phosphoinositides directly activate BK channels, that is, in the absence of cell integrity or organelles or in the continuous presence of cytosolic messengers. This activation involves the negative charges of the phosphoinositide headgroup and the sequence of positive residues RKK in the cbv1 S6–S7 cytosolic linker. However, PIP₂ activation is drastically and distinctly amplified by the channel accessory subunit of the β₁ type, which is abundantly expressed in smooth muscle. In intact myocytes, inhibition of PLC by U73122 increases paxilline-sensitive BK currents in the presence of a PI3 kinase blocker (wortmannin), PKC inhibitor (Ro 31-8220), and a selective blocker of the sarcoplasmic reticulum Ca²⁺-ATPase (thapsigargin). Under these conditions, PLC inhibition increases membrane PIP₂ (Narayanan et al., 1994), which leads to increased BK current in the intact cell (see main text).

freshly isolated myocytes. We used perforated patches to keep the intracellular milieu intact and recorded total outward currents in PSS containing 0.1 mM niflumic acid to block Ca²⁺-activated Cl⁻ channels (Ledoux et al., 2005) and 5 mM 4-aminopyridine to block voltage-gated K⁺ channels other than BK (Thebaud et al., 2004). Under these conditions, myocytes displayed noninactivating outward currents (e.g., 483 pA peak amplitude at 100 mV; Fig. 7, A and F), their major component reported to be the BK current (Catacuzzeno et al., 2000).

Inhibition of PKC (2 μM Ro31-8220; Barman et al., 2004) combined with a block of SR Ca²⁺-ATPase (0.2 μM thapsigargin; Goforth et al., 2002) caused a mild but consistent increase in current (Fig. 7, B and G), suggesting that PKC inhibition of myocyte BK channels (Barman et al., 2004) prevails over channel activation by sarcoplasmic Ca²⁺ (Goforth et al., 2002) (Fig. 8). To build up membrane PIP₂, we inhibited PLC (25 μM U73122; Wilkerson et al., 2006), the major PIP₂-metabolizing enzyme (Tolloczko et al., 2002). This treatment, however, can reroute PIP₂ toward formation of PI3kinase-mediated PIP₃ (Fruman et al., 1998; Suh et al., 2006), a powerful BK channel activator (Fig. 2). Thus, we first blocked PI3kinase (5 nM wortmannin; Arcaro and Wymann, 1993), which mildly increased current, likely due to PIP₂-PIP₃ buildup (Fruman et al., 1998; Suh et al., 2006). Subsequent PLC inhibition caused a dramatic increase in both activation slope and amplitude of current (Fig. 7 D), with peak amplitude reaching 6,608.5 ± 1,983.1% of control (*n* = 4). The result indicates that PLC tonically controls the noninactivating

K⁺ current in intact cerebral artery myocytes. These currents were totally suppressed by 0.3 μM paxilline (Fig. 7 E) or 0.1 μM iberiotoxin (not depicted), identifying the PLC-regulated current as of the BK type (Weiger et al., 2002).

Under block of PKC and SR Ca²⁺-ATPase (final targets of IP₃ and DAG; Fig. 8), the potentiation of current that results from PLC inhibition could be attributed to (a) buildup of PIP₂ and related phosphoinositide or (b) depletion of IP₃ and DAG with loss of a putative direct inhibition of the channel caused by one or both metabolites. IP₃, however, potentiates myocyte BK channels (Cai et al., 2005). On the other hand, 2 μM DOG (a cell-permeable DAG analogue) applied to the cytosolic side of I/O patches excised from cerebral artery myocytes evoked no major effect on BK channel activity, with NP₀ in DOG reaching 78.4 ± 2.4% of controls (*n* = 4). Therefore, the dramatic increase in BK current caused by PLC inhibition in addition to the PI3kinase block has to be primarily attributed to a direct PIP₂ activation of BK channels. Consistent with this interpretation, preincubation with paxilline precluded PI3kinase and/or PLC inhibition from affecting current (Fig. 7, I and J). Collectively, the results in freshly isolated cerebral artery myocytes reinforce the idea that endogenous PIP₂ controls BK currents in the myocyte membrane.

PIP₂ Regulates Cerebrovascular Tone via BK Channels

We next determined any possible contribution of PIP₂ direct modulation of myocyte BK currents to modifications in vascular tone using endothelium-free, pressurized

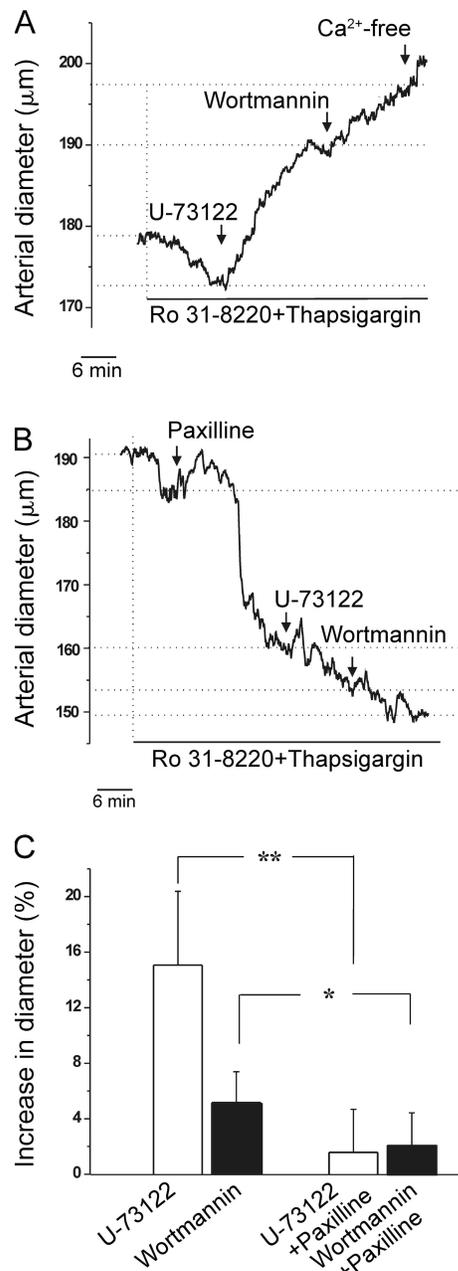


Figure 9. Endogenous PIP₂ dilates cerebral arteries via BK channels. Diameter traces from de-endothelized arteries after developing myogenic tone. (A) In the presence of 2 µM Ro 31-8220 and 0.2 µM thapsigargin, PLC inhibition (25 µM U73122) causes a robust dilation (+15.1%), which is further increased by 5 nM wortmannin. Maximal dilation is evoked by Ca²⁺-free solution. (B) BK channel block (0.3 µM paxilline) reduces diameter (-13%) and almost totally blunts U73122 and wortmannin actions. In A and B, a vertical line indicates the time at which Ro 31-8220 and thapsigargin were applied; horizontal lines help to visualize diameter changes. (C) Averaged diameters; **, P < 0.01; *, P < 0.05; n = 4.

cerebral arteries that spontaneously develop myogenic tone (Liu et al., 2004). After myogenic tone developed, arterial diameter reached 186.9 ± 7.1 µm (n = 6), with

maximal contraction and dilation being obtained by perfusing the vessel with 60 mM KCl at the beginning, and Ca²⁺-free solution at the end of each experiment, respectively (Fig. 9 A). Under block of PKC and SR Ca²⁺-ATPase, PLC inhibition, which increased BK current (Fig. 7), increased diameter ($+15.1 \pm 0.1\%$; n = 3) (Fig. 9 A). Subsequent PI3 kinase inhibition caused an additional, mild dilation ($+5.2 \pm 2.2\%$; n = 3), consistent with the mild increase in BK current caused by this treatment (Fig. 7). Data strongly suggest that PIP₂ and/or other membrane phosphoinositides directly modulate myogenic tone of cerebral arteries. In the presence of paxilline, a selective BK channel blocker, neither PLC inhibition nor PI3 kinase block caused major dilation: $5.5 \pm 4.4\%$ (n = 4) and $6.4 \pm 4.3\%$ (Fig. 9 B), indicating that the phosphoinositide effect on myogenic tone is primarily mediated via BK channels.

DISCUSSION

Our study identifies a new mechanism by which membrane PIP₂ controls smooth muscle BK currents and, thus, vascular tone: an increase in channel steady-state activity due to an apparent direct interaction between PIP₂ and the BK protein complex. Thus, PIP₂ controls BK currents in cerebral artery myocytes via two mechanisms (Fig. 8): (1) indirect, which involves the well-known PLC signaling pathway, and (2) direct, through amplification of Ca²⁺-driven gating of the BK channel with consequent increase in P_o. This amplification is secondary to recognition of negative charge and the inositol moiety in the PIP₂ headgroup by the BK channel α subunit, with drastic potentiation by the smooth muscle-abundant accessory β₁ subunit.

PIP₂ Direct Mechanism: Molecular Players

Most biological actions of PIP₂ that occur through binding to specific protein sites require electrostatic interactions between negative charges in the PIP₂ headgroup and positive charges in the target site. This has been demonstrated for PIP₂ direct regulation of several types of ion channels (Fan and Makielski, 1997; Shyng et al., 2000; Suh and Hille, 2005; Rohács, 2007; Voets and Nilius, 2007). The critical dependence of BK channel activation on phosphoinositide's negative charges demonstrated here supports the hypothesis of a protein recognition site being involved. In addition, data show that PI5P is more effective than 1,2-dipalmitoyl-L-α-phosphatidyl-D-myo-inositol 4-monophosphate (PI4P) in increasing BK NP_o (unpublished data). This PIP isomer specificity also implicates a defined protein site in PIP₂ action. While PIP₂ activation of BK is drastically amplified by β₁ (Fig. 3, E and F), it is evident in homomeric cbv1 channels (Fig. 3, B and F). This result indicates that cbv1 is sufficient to respond to PIP₂ and suggests that the subunit contains a PIP₂ binding site(s).

PIP₂ interacts with Kir channels at several intracellular sites, most of which have positively charged residues (Shyng et al., 2000; Suh and Hille, 2005). Similarly, positive residues at the end of S6 are thought to contribute to the PIP₂ sensitivity of KCNQ1/KCNE1 channels (Loussouarn et al., 2003). Positive residues at an equivalent location in TRP channels are also proposed for recognition of PIP₂ (Rohács, 2007). It is noteworthy that Ala substitutions of RKK in the equivalent region of cbv1 drastically decreased PIP₂ action (Fig. 3 D) without modifying basic current phenotype (Fig. 3 C). Thus, the reduced PIP₂ action in the mutant is not due to an overall change in cbv1 protein conformation caused by the mutation. Rather, neutralization of RKK specifically prevents cbv1 from effectively sensing PIP₂. Collectively, our data suggest that PIP₂ directly interacts with cbv1 at an RKK cluster via electrostatic interactions to activate BK channels. In the absence of crystallographic data of BK channels, it is not possible to determine whether the RKK cluster is an actual PIP₂ binding site or a transducing region that connects the channel gate with a PIP₂ binding site(s) located elsewhere in the cbv1 (α) subunit. From 25 crystallographic structures of proteins that bind PIP₂, however, several major criteria for a PIP₂ binding site emerge: (1) it must contain at least two positively charged residues (Arg and Lys); (2) among these, at least one should be Arg; (3) the presence of at least one hydrophobic residue nearby; (4) involvement of at least five interacting residues (Rosenhouse-Dantsker and Logothetis, 2007). Remarkably, the RKK and its nearby context in cbv1 (Fig. 3 A) fulfill three out of these four criteria. While we did not test the fourth criterion, we note that the RKKcbv1AAA mutant is not completely insensitive to PIP₂ (Fig. 4 D), suggesting that residues other than the RKK triplet also play a role in PIP₂ sensing. Interestingly, cbv1 contains a large intracellular structure with 110 positive residues, many of which are potentially able to interact with membrane PIP₂. Future studies using alanine scanning mutagenesis will help to clarify whether one or more of these residues are involved in PIP₂ regulation of BK channel activity.

A variety of BK α subunit isoforms resulting from alternative splicing of Slo1 have been identified in different tissues and species (Xie and McCobb, 1998; Salkoff et al., 2006), and their PIP₂ sensitivity remains to be determined. Following expression in *X. oocytes*, bslo (from bovine aorta) channel activity is significantly increased by acute exposure to brain phosphoinositides (Liu et al., 2003). Notably, bslo subunits also contain the RKK sequence in their S6–S7 cytosolic loop.

In contrast to Slo1, BK β_1 subunit cytosolic regions do not include RKK sequences. However, BK β_1 cytosolic C and N ends both contain scattered, positively charged residues that are absent in BK β_4 subunits (Behrens et al., 2000; Brenner et al., 2000). Thus, we cannot currently rule out that PIP₂ occupation of additional bind-

ing sites located in BK β_1 accessory subunits contributes to amplification of PIP₂ action on cbv1 activity by β_1 subunits. On the other hand, β_1 subunit-induced enhancement of the BK channel's apparent calcium sensitivity has been primarily attributed to changes in voltage-dependent gating of Slo1 (Bao and Cox, 2005), which occur with reduction in both gating charge and channel intrinsic open-to-closed equilibrium, and enhanced coupling between voltage sensing and channel opening (Orio and Latorre, 2005; Wang and Brenner, 2006). Disregarding the mechanistic underpinnings, amplification of PIP₂ action on cbv1 activity by BK β_1 subunits appears to indicate that conformational changes in cbv1 that occur upon PIP₂ interaction with RKK in the channel S6–S7 cytosolic loop are functionally coupled to the channel voltage sensor movements.

PIP₂ Direct Activation of BK Channels Differs from that Caused by Other Negatively Charged Lipids

BK channel steady-state activity is regulated by negatively charged lipids other than PIP₂, the best studied group being fatty acids (FA). FA direct activation of BK channels, however, differs from PIP₂-induced activation in several critical aspects. First, FAs increase P_o without a major effect, if any, on channel mean open time (Clarke et al., 2002). In contrast, PIP₂ drastically enhances mean open time by stabilizing medium and long channel openings (Fig. 5 C). Second, palmitoylcoenzyme-A (that is, "a membrane-impermeable fatty acid") is effective only when applied to the extracellular membrane leaflet (Clarke et al., 2003). PIP₂, however, activates BK channels by accessing the channel via its intracellular side (Fig. 1 C), which likely allows phosphoinositide sensing by the RKK cluster of positive residues in the cytosolic S6–S7 linker of the channel (Fig. 3, A–D). Third, FA action appears Ca²⁺_i independent (Clarke et al., 2002). In contrast, PIP₂ increases activity through amplification of Ca²⁺_i-driven gating. This mechanism is supported by the following observations: (a) PIP₂ action in solutions having zero nominal Ca²⁺_i plus 5 mM EGTA to chelate trace amounts of the metal is negligible (Fig. 3 A); (b) PIP₂ action is blunted by shielding negative charge with 300 mM Na⁺ in the bath solution (Vaithianathan, T., P. Liu, and A. Dopico. 2006. *Society for Neuroscience, Online*. 627.5); (c) PIP₂ causes a parallel shift in the G/G_{max}-voltage plot (Fig. 3 C); and (d) PIP₂ action is potentiated by β_1 , but not β_4 , subunits. Interestingly, PIP₂ readily and consistently activates BK channels only if applied to the cytosolic side of the channel, where the Ca²⁺_i sensors are located (Cai et al., 2005).

Finally, BK channel activation by arachidonic acid and analogues has recently been linked to the ability of these FAs to remove β_2 - or β_3 -mediated BK inactivation. Thus, these FAs fail to modulate slo1 channel function (Sun et al., 2007). In contrast, we demonstrate that (a) the BK channel-forming subunit is sufficient for PIP₂ action; (b) this action is amplified by β_1 subunits, which do not

introduce channel inactivation (Meera et al., 1996; Brenner et al., 2000), and (c) PIP₂ action is poor on native skeletal muscle BK channels (Fig. 4) where β_3 subunits are significantly expressed (Behrens et al., 2000).

As found here with PIP₂, lithocholate and other structurally related cholane derivatives directly increase BK NP_o by modifying both open and closed time distributions (Bukiya et al., 2007). Differing from PIP₂ action, however, lithocholate fails to activate cbv1 channels even at concentrations that are maximally effective on native BK or cbv1+ β_1 channels; the presence of the β_1 subunit is required for lithocholate to activate BK channels (Bukiya et al., 2007). In conclusion, PIP₂ direct activation of BK channels shows unique structural and functional features when compared with the direct activation of these channels by other negatively charged lipids.

Pathophysiological Implications

Our study demonstrates for the first time that BK channels belong to the group of ion channels that PIP₂ directly regulates (Hilgemann and Ball, 1996; Fan and Makielski, 1997; Runnels et al., 2002; Rohács et al., 2003; Chemin et al., 2005; Suh and Hille, 2005; Brauchi et al., 2007; Hilgemann, 2007; Rohács 2007; Voets and Nilius, 2007). An important addition to current knowledge on PIP₂ regulation of ion channels is that the final PIP₂ effect is critically determined by channel accessory subunits, and such a mechanism can be subunit specific. Moreover, the differential expression of BK accessory subunits across tissues (Behrens et al., 2000; Brenner et al., 2000; Orio et al., 2002) raises the possibility that a direct PIP₂ modulation of BK channel function is specifically relevant in tissues where the β_1 subunit is highly expressed. Indeed, while PIP₂ robustly activates native BK channels in vascular smooth muscle (Fig. 1), where β_1 subunits are highly expressed, it mildly activates native BK channels in skeletal muscle, where β_1 subunits are barely detected (Behrens et al., 2000).

In conclusion, we demonstrate a new mechanism for modulating BK currents in cerebrovascular smooth muscle: PIP₂ direct modulation of BK channel gating. Our data, obtained with recombinant proteins, cells, and intact arteries from the cerebrovascular system, opens the possibility of determining the role of the direct interaction between PIP₂ and BK channels in pathophysiological processes leading to disease, such as cerebrovascular spasm and ischemic stroke. Moreover, determining the structural requirements in PIP₂ and the BK complex for modulating channel function may pave the way for designing new agents to control myogenic tone.

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