

high-speed confocal scanning microscope system (CSU-21; Yokogawa Electric, Tokyo, Japan) attached to an inverted microscope (Olympus IX70, Tokyo, Japan). The modified Nipkow laser confocal scanning microscope system has two mechanically connected disks, an upper microlens-array disk and a lower pinhole-array disk (Genka *et al.* 1999), which are rotated by a motor at 1000–5000 r.p.m. The excitation light emitted from a laser unit (488 nm; argon laser, 4–13 mW) and passed through a fiber optic probe is attenuated by a 10% neutral density filter before reaching the upper disk, which has 20 000 microlenses to focus excitation beams exactly on the corresponding 20 000 pinholes in the lower disk. The microlenses are known to increase light transmission through the pinholes by about 40% from the source (about 2% in the absence of the microlenses). The light passing through the pinholes was focused by an objective (UPlanFl $\times 40$, NA = 0.75; Olympus) to a point on the cells. Fluorescent light beams emitted from a cluster of cells were collected by the same objective and those scanned by the pinholes were reflected by a dichroic mirror, passed through a barrier filter (> 515 nm) and focused on a cooled digital EMCCD camera (C9100-12; Hamamatsu Photonics, Shizuoka, Japan). Two-dimensional images composed of 512×512 pixels ($204.8 \mu\text{m} \times 204.8 \mu\text{m}$) were obtained at 2 frames s^{-1} with an exposure time of 495 ms. The image analysis and data acquisition (regions of interest as well as background areas of similar size) were carried out on an IBM computer using the Aquacosmos image program (Hamamatsu Photonics). All experiments were conducted at room temperature. Application of the high-K⁺ solution was done by local ejection from a small-tipped pipette using a pressure ejection device (PicoPump; World Precision Instruments, Sarasota, FL, USA). The high-K⁺ solution contained (mM): K-CH₃O₃S (potassium methane sulphonate), 150; CaCl₂, 1.5 or 2.0; MgCl₂, 1; and Hepes, 10, adjusted to pH 7.4 with KOH, so that the [K⁺][Cl⁻] product and osmolarity stayed as close as possible to those of the standard bath solution (Hodgkin & Horowicz, 1959). Changes in fluorescence from the cytoplasm (excluding the nucleus) are shown relative to the baseline fluorescence ($\Delta F/F$), where F denotes baseline fluorescence and ΔF is the change in fluorescence in response to stimulation. Background intensity was subtracted from the raw data before calculating $\Delta F/F$. Results are reported as the means \pm s.d. where necessary.

Electrophysiological recording

Whole-cell Ca²⁺ currents were recorded as described previously (Yamaguchi *et al.* 2003; Takamatsu *et al.* 2003). The bath solution contained (mM): NaCl, 137; KCl, 5.4; MgCl₂, 1; glucose, 10; Hepes, 10; and CaCl₂, 2,

adjusted to pH 7.4 with NaOH, at room temperature. The resistance of the patch pipettes ranged between 2 and 3 M Ω when filled with an internal solution composed of (mM): Cs-CH₃O₃S (caesium methane sulphonate), 120; TEACl, 20; EGTA, 14; MgATP, 5; disodium creatinine phosphate, 5; GTP, 0.2; and Hepes, 10, adjusted to pH 7.3 with CsOH. Whole-cell currents were recorded using an Axopatch 200B amplifier (Axon Instruments, Union City, CA, USA) via an A/D converter (Digidata 1200; Axon Instruments). Voltage-clamp protocols, including leak subtraction and data acquisitions, were performed using pCLAMP software version 7.0 (Axon Instruments). To obtain current–voltage relationships, depolarizing pulses of 100 ms duration were applied every 2 s from a holding potential of -60 mV to various test potentials, ranging from -60 to $+40$ mV, in 10 mV increments. The capacitive currents were determined and compensated before each voltage pulse, and series resistance was compensated electronically, as necessary. Currents were low-pass filtered (8-pole Bessel) at a corner frequency of 5 kHz and digitized at 40 μs intervals. To remove residual linear capacitive and leakage currents from the test currents, four scaled, hyperpolarizing control voltage steps (each one-quarter of the magnitude of the corresponding test step) were administered before applying the test pulses ($P/4$). It was difficult to determine the reversal potential of the Ca²⁺ current precisely, since the Ca²⁺-activated K⁺ current developed quickly during the course of an experiment.

Results

Voltage-dependent activation and inactivation of Ca²⁺ transient

In the present study, we first asked whether depolarization causes Ca²⁺ entry into cultured parathyroid cells. If these cells expressed voltage-dependent Ca²⁺ channels, membrane depolarization would cause an inward Ca²⁺ current and a resultant increase in [Ca²⁺]_i. To examine this, cells were loaded with fluo-3 AM and the membrane was depolarized to near 0 mV (assuming cytoplasmic K⁺ concentration to be around 140 mM) by external exposure to a 150 mM K⁺ solution. Surprisingly, a transient increase in fluo-3 fluorescence was detected in most cells tested following 10 s exposure to the 150 mM K⁺ solution containing 2 mM Ca²⁺ ($n > 170$ cells from > 20 patients). This indicated that membrane depolarization caused a transient increase in [Ca²⁺]_i in the cultured parathyroid cells (Fig. 1A, left). The slow onset of the Ca²⁺ transient following pressure application was due to gentle application of the solution from a small-tipped pipette, so as to not stimulate stretch-activated

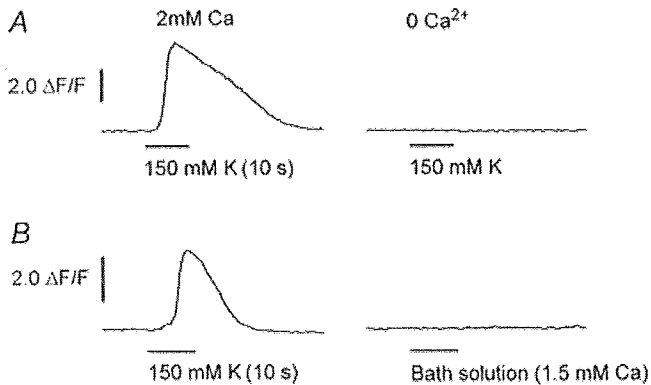


Figure 1. Voltage-dependent activation of fluo-3 Ca^{2+} transients in human parathyroid cells

A, left, application of a 150 mM K^+ solution (2 mM Ca^{2+}) evoked a transient increase in fluo-3 fluorescence; right, application of the nominally Ca^{2+} -free 150 mM K^+ solution failed to increase fluo-3 fluorescence. B, left, application of 150 mM K^+ solution (the bath contained 1.5 mM Ca^{2+}); right, application of the bath solution.

channels and distort confocal imaging. At present, we cannot completely exclude the possibility that IP_3 -induced Ca^{2+} release was in part involved in the high- K^+ -induced Ca^{2+} transient, because intracellular Ca^{2+} stores were not depleted in our experimental conditions. It should be noted, however, that the application of 30 mM caffeine failed to induce a Ca^{2+} transient, indicating that ryanodine-sensitive Ca^{2+} stores were not expressed in the cultured parathyroid cells, hence Ca^{2+} -induced Ca^{2+} release was not involved in the high- K^+ -induced Ca^{2+} transient. The response was remarkable after 2 and 3 days of primary culture. In a similar manner, nominally Ca^{2+} -free saline containing 150 mM K^+ was gently applied to cells immersed in either 1 mM Ca^{2+} or nominally Ca^{2+} -free saline. However, depolarization failed to evoke a Ca^{2+} transient in the absence of $[\text{Ca}^{2+}]_o$ (Fig. 1A, right; $n = 22$). Since application of the bath solution *per se* did not induce

a Ca^{2+} transient (Fig. 1B, right; $n = 10$), it is unlikely that the Ca^{2+} transient induced by the high- K^+ solution was due to opening of stretch-activated Ca^{2+} -permeable channels.

Since the Ca^{2+} transient evoked by the high- K^+ solution decayed gradually during continuous exposure to the high- K^+ solution for 30 s (Fig. 2B), it would appear that the Ca^{2+} entry system entered an inactivated state during long-lasting depolarization. Indeed, a second application of the high- K^+ solution no longer induced a Ca^{2+} transient following washout of the initial high- K^+ solution ($n = 10$). As seen in Fig. 2C, the response recovered following a 10 min rest interval, again supporting the idea that the cell had not deteriorated but experienced a voltage-dependent inactivation process.

The high- K^+ -induced Ca^{2+} transient is sensitive to L-type Ca^{2+} channel modulators

We then examined whether the Ca^{2+} entry system is sensitive to L-type Ca^{2+} channel modulators. As shown in Fig. 3A, the depolarization-induced Ca^{2+} transient was increased significantly in the presence of 10 μM FPL-64176 (by 2.4 ± 0.6 times; $n = 9$), a potent agonist for L-type Ca^{2+} channels, which is known to bind to a domain distinct from that of the dihydropyridines and exhibits exclusive Ca^{2+} -channel agonistic action, even at very high concentrations (Rampe & Lacerda, 1991; Yamaguchi *et al.* 2003). In addition, the slow upstroke of the control Ca^{2+} transient in Fig. 3A was due to low (1.2 mM) $[\text{Ca}^{2+}]_o$ to illustrate the effect of the drug. By contrast, exposure to the high- K^+ solution failed to induce a noticeable Ca^{2+} transient in the presence of dihydropyridine antagonists. With 1 μM nitrendipine, about 60% of cells tested (13 out of 20) showed complete abrogation of the Ca^{2+} transient (Fig. 3B). With 10 μM nitrendipine, about 95% of cells

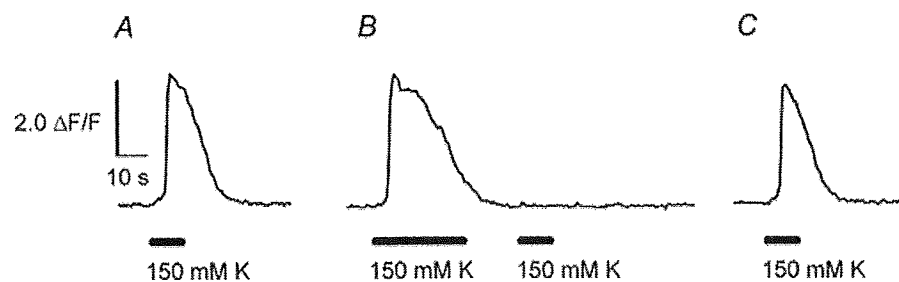


Figure 2. Voltage-dependent inactivation of Ca^{2+} transient in a human parathyroid cell

A, the first fluo-4 Ca^{2+} transient evoked by the 150 mM K^+ solution for 10 s (the bath contained 1.5 mM Ca^{2+}). B, inactivation of the high- K^+ -induced Ca^{2+} transient during 30 s exposure to the 150 mM K^+ solution. Following washout of the high- K^+ solution for about 15 s, a third application of the high- K^+ solution no longer induced the Ca^{2+} transient. C, recovery of the high- K^+ -induced Ca^{2+} transient following a 10 min rest.

tested (21 out of 22) showed complete abrogation of the Ca²⁺ transient. Similar results were obtained with nifedipine. With 1 μM nifedipine, about 90% of cells tested (18 out of 20) showed complete abrogation of the high-K⁺-induced Ca²⁺ transient. Complete or partial abrogation of the high-K⁺-induced Ca²⁺ transient was also observed in the presence of 0.5 mM Cd²⁺ (*n* = 20), a well-known inorganic blocker of L-type Ca²⁺ channels (Swandulla & Armstrong, 1989; Chow, 1991).

Taken together, these results suggest that human parathyroid cells do express L-type-like Ca²⁺ channels. Examples of the effect of L-type Ca²⁺ channel modulators on fluo-3 fluorescence in response to the high-K⁺ solution are shown in Table 1.

Electrophysiological and pharmacological properties of whole-cell Ca²⁺ and Ba²⁺ currents

To directly track the entry of extracellular Ca²⁺, whole-cell patch-clamp recording was performed on the cultured parathyroid cells. When a 100 ms depolarizing pulse was applied from a holding potential of -60 mV to a test potential of 0 mV, an inward Ca²⁺ current was detected, indicating that positively charged Ca²⁺ ions indeed entered during depolarization (Fig. 4A). A [Ca²⁺]_o of 2 mM was routinely used to represent nearly the highest level of serum Ca²⁺ concentration in physiological conditions and because 2 mM [Ca²⁺]_o was not able to induce Ca²⁺ transients unless the plasma membrane was

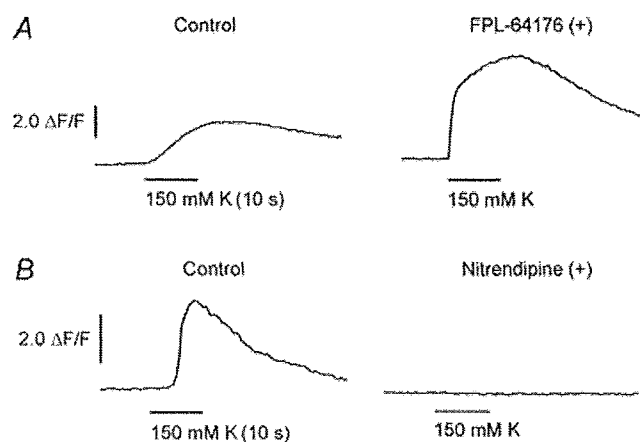


Figure 3. The high-K⁺-induced Ca²⁺ transient is sensitive to L-type Ca²⁺ channel modulators

A, the bath contained 1.2 mM Ca²⁺ to highlight the effect of the drug. Left panel shows that application of the 150 mM K⁺ solution caused a small increase in fluo-3 fluorescence. Right panel shows that in the presence of FPL-64176, fluo-3 fluorescence was dramatically increased upon exposure to the high-K⁺ solution. B, left, in the absence of nitrendipine, application of the 150 mM K⁺ solution evoked a transient increase in fluo-3 fluorescence (the bath contained 2 mM Ca²⁺); right, in the presence of 1 μM nitrendipine, exposure to the high-K⁺ solution failed to increase fluo-3 fluorescence.

Table 1. Effect of Ca²⁺ channel modulators on the high-K⁺-induced Ca²⁺ transient

	Control	With drug	No. of cells
FPL-64176 (10 μM)	2.7 ± 1.2	4.4 ± 1.6	10
Nitrendipine (1 μM)	3.0 ± 1.2	0.3 ± 0.3	19
Nicardipine (1 μM)	2.8 ± 1.5	0.4 ± 0.6	18
Cd ²⁺ (0.5 mM)	2.6 ± 1.4	0.6 ± 0.7	10

In each row, data (maximal change in ΔF/F from baseline fluo-3 fluorescence following 10 s exposure to the 150 mM K⁺ solution) were obtained from the population of a single primary culture dish before and after exposure to the drug, and are presented as the means ± s.d. The [Ca²⁺]_o in the bath solution was 2 mM, except in the case of FPL-64176, for which [Ca²⁺]_o was 1.2 mM to highlight the effect of the drug. For both FPL-64176 and Cd²⁺, data with a remarkable increase in baseline fluorescence were excluded from the table.

depolarized (the threshold [Ca²⁺]_o for inducing Ca²⁺ transients was 2.5 mM when the bath contained 1.5–2.0 mM Ca²⁺). As seen in the same figure, the inward current was significantly enhanced in the presence of 10 μM FPL-64176. By contrast, the inward current was strongly reduced in the presence of nitrendipine (Fig. 4B) or 0.2 mM Cd²⁺. An inward current was also detected when Ba²⁺ was used as the charge carrier. The current–voltage relationship showed a bell-shaped voltage dependence with a peak current around 0 mV (Fig. 4C), which exhibited a 10–15 mV negative shift in the presence of 10 μM FPL-64176 (*n* = 4). These electrophysiological properties are similar to those of L-type Ca²⁺ channels. Collectively, these results are consistent with the results obtained from Ca²⁺-related fluorescence measurements and strongly support the notion that the L-type-like Ca²⁺ channel is responsible for the high-K⁺-induced Ca²⁺ entry into cultured parathyroid cells.

Inhibition of the high-[Ca²⁺]_o-induced Ca²⁺ transient by Ca²⁺ channel inhibitors

We finally investigated the effects of L-type Ca²⁺ channel inhibitors on the high-[Ca²⁺]_o-induced increase in [Ca²⁺]_i, which is a characteristic feature of parathyroid cells. A [Ca²⁺]_o of greater than 2.5 mM was able to induce this type of response in our experimental conditions. This threshold for inducing Ca²⁺ transients was substantially lower than 7.0–7.5 mM (Garrett *et al.* 1995), the half-maximal activation of human CaR in *in vitro* conditions. In this study, therefore, we used 3 mM [Ca²⁺]_o to evoke Ca²⁺ transients without effectively activating the CaR. In addition, application of 10 mM [Ca²⁺]_o induced remarkably larger Ca²⁺ transients than 3 mM [Ca²⁺]_o. As shown in Fig. 5A (left), the external application of a 3 mM [Ca²⁺]_o solution to cells bathed in a 2 mM [Ca²⁺]_o solution induced a transient increase in fluo-3 fluorescence (here

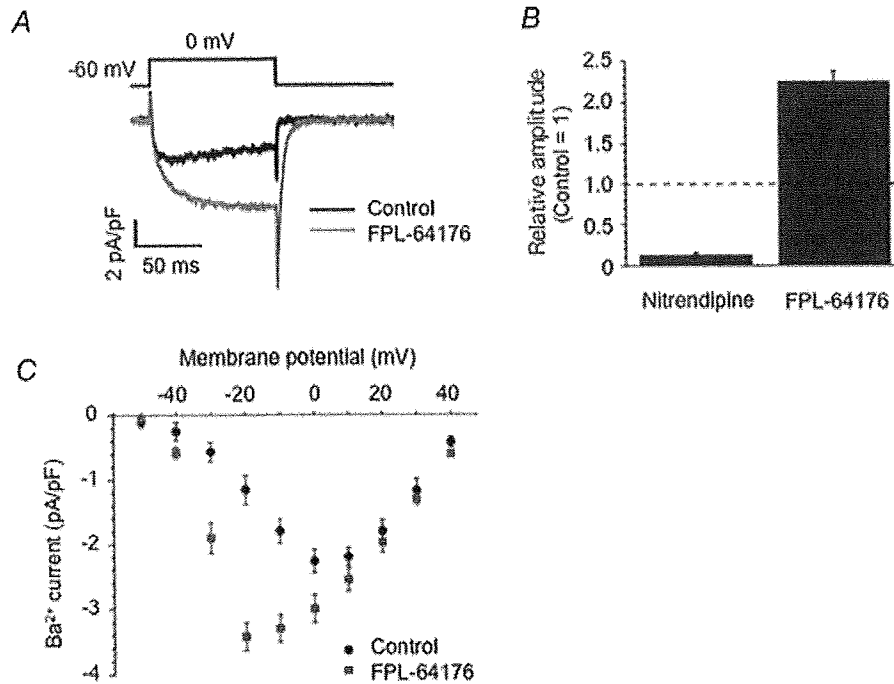


Figure 4. Electrophysiological and pharmacological properties of the whole-cell inward current

The bath contained 2 mM Ca²⁺ (in A and B) or Ba²⁺ (in C). A, inward Ca²⁺ currents were evoked by depolarizing the membrane from a holding potential of -60 mV to a test potential of 0 mV. B, inhibition and enhancement of the inward Ca²⁺ current by 1 μ M nitrendipine and 10 μ M FPL-64176, respectively. C, current-voltage relationship of the inward Ba²⁺ current in the presence (squares) and absence (circles) of FPL-64176. Data represent the means \pm S.E.M. ($n = 6$ for control and $n = 4$ for FPL-64176).

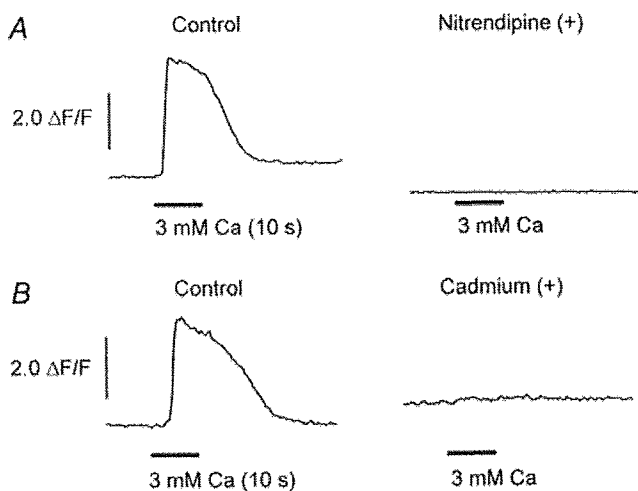


Figure 5. Reduction of the high-[Ca²⁺]_o-induced Ca²⁺ transient by L-type Ca²⁺ channel inhibitors

The bath contained 2 mM Ca²⁺. A, application of 3 mM [Ca²⁺]_o solution for 10 s evoked a Ca²⁺ transient (left). Following > 25 min treatment with 1 μ M nitrendipine, application of 3 mM [Ca²⁺]_o solution no longer induced a Ca²⁺ transient (right). B, in the presence of 0.2 mM Cd²⁺, application of 3 mM [Ca²⁺]_o solution failed to induce a Ca²⁺ transient (right).

again the slow onset of the Ca²⁺ transient was due to the gentle application of the high-[Ca²⁺]_o solution from a small-tipped pipette), but not following > 25 min treatment with 1 μ M nitrendipine (Fig. 5A, right). In this population, all cells tested showed complete abrogation of the 3 mM [Ca²⁺]_o-induced Ca²⁺ transient ($n = 20$). The high-[Ca²⁺]_o-induced Ca²⁺ transient was also strongly inhibited by 0.2 mM Cd²⁺ (Fig. 5B, right), where the average amplitude of fluo-3 fluorescence was decreased significantly from 3.9 (± 1.1) to 0.44 (± 0.6 ; $n = 20$).

Voltage-dependent inactivation of the high-[Ca²⁺]_o-induced Ca²⁺ transient

Figure 6B shows that exposure to a 3.0 mM [Ca²⁺]_o failed to induce a noticeable Ca²⁺ transient following 30 s exposure to the 150 mM K⁺ solution ($n = 13$), which was the protocol used to inactivate the depolarization-induced Ca²⁺ entry (see Fig. 2). Essentially the same results were obtained when a 2.5 mM [Ca²⁺]_o solution was applied externally to cells bathed in 1.5 mM [Ca²⁺]_o solution. Furthermore, an inhibitory effect was observed when 1 mM Ca²⁺ was added to the high-K⁺ solution to reduce the amplitude of the Ca²⁺ transients. Thus, it would appear that this type of inhibition was due neither to store depletion nor to inhibition of IP₃-induced Ca²⁺

release by the preceding long-lasting Ca²⁺ transient. These results raise the possibility that dihydropyridine-sensitive Ca²⁺ channels are involved in the high-[Ca²⁺]_o-induced increase in [Ca²⁺]_i in human parathyroid cells.

Discussion

In the present study, we have succeeded in directly detecting dihydropyridine-sensitive extracellular Ca²⁺ entry in cultured human parathyroid cells. The results presented in Fig. 1 suggest that the 150 mM K⁺-induced Ca²⁺ transient, as observed in the presence of millimolar concentrations of [Ca²⁺]_o, reflects Ca²⁺ entry through voltage-dependent Ca²⁺ channels and that the high K⁺ *per se* is not the cause of Ca²⁺ release from the endoplasmic reticulum via direct activation of the CaR. In these types of experiments, [Ca²⁺]_o of 1.5–2.0 mM was used because such [Ca²⁺]_o levels are considered physiological and the resting membrane potential is < -50 mV (Bruce & Anderson, 1979; López-Barneo & Armstrong, 1983), which should not inactivate L-type Ca²⁺ channels. Voltage-dependent inactivation of the high-K⁺-induced Ca²⁺ transient (Fig. 2) supports this idea. Further confirmation comes from the results in Fig. 4, where a whole-cell inward current was elicited by membrane depolarization with Ca²⁺ or Ba²⁺ as the charge carrier. The fluorescence measurement data presented in Fig. 3 and Table 1 suggest that voltage-dependent extracellular Ca²⁺ entry is sensitive to L-type Ca²⁺ channel modulators. In the experiments using 1 μM dihydropyridine antagonists, cells were pretreated with the drugs for > 25 min because the dihydropyridine-binding domains are not easily accessible at relatively hyperpolarized membrane potentials (Bean, 1984; Sanguinetti & Kass, 1984a; Bannister *et al.* 2009). In fact, the resting membrane potentials of murine parathyroid cells are reported to fall between -75 and -60 mV in the presence of 1.2–1.5 mM [Ca²⁺]_o (Bruce & Anderson, 1979; López-Barneo & Armstrong, 1983), the physiological [Ca²⁺]_o level. The cultured parathyroid cells were subjected to excitation light only during fluorescence measurements to avoid inactivation of the drugs, although

both nitrendipine and nifedipine are resistant to light illumination, even at shorter wavelengths (Sanguinetti & Kass, 1984b). However, earlier reports refuting the dihydropyridine-sensitive Ca²⁺ entry did not address either of the above points.

The data presented in Fig. 6 provide additional evidence that the dihydropyridine-sensitive Ca²⁺ channels are involved in the regulation of [Ca²⁺]_i by [Ca²⁺]_o. One may argue that the basal [Ca²⁺]_i level might be crucial in the regulation of PTH secretion. Although precise evaluation of the time-dependent change in basal [Ca²⁺]_i in the continuous (> 90 min) presence of Ca²⁺ channel modulators was difficult in our experimental conditions (due to a slight but irreversible elevation of [Ca²⁺]_i caused presumably by exposure to an argon laser followed by > 60 min of inevitable time to ensure the drugs' effect), we occasionally noticed that the basal fluorescence levels were decreased by Ca²⁺ channel antagonists (e.g. Fig. 5; in one population, 12 out of 20 cells decreased) and increased by FPL-64176 (e.g. Fig. 1A; in one population, 12 out of 20 cells increased). The exception was that the basal fluorescence level was clearly elevated in the presence of 0.2 mM Cd²⁺ (e.g. Fig. 5B; in one population, 15 out of 15 cells elevated), possibly reflecting a CaR-mediated IP₃-induced Ca²⁺ release from internal Ca²⁺ stores.

The reason we were able to detect dihydropyridine-sensitive Ca²⁺ channel activity is not clear. It should be noted, however, that channel activity (i.e. the high-K⁺-induced Ca²⁺ transient) was remarkable after 2 and 3 days of primary culture (since it took at least 1–2 days for the cells to become tightly adherent to the coverslips, we tested the high-K⁺-induced response starting after 2 days of primary culture; prior to this time point, the response appeared to be small). Moreover, the response was not remarkable when cells were cultured in a low-serum (e.g. 2% fetal bovine serum) or low-Ca²⁺ medium (K. Yokoyama *et al.*, unpublished observations). Since the high-K⁺-induced Ca²⁺ transient has also been observed in cells plated on collagen-coated coverslips in our laboratory (Ritter *et al.* 2004), it is unlikely that cellular contact with gelatin is necessary for expression of the Ca²⁺ channels. In earlier reports, electrophysiological recordings were

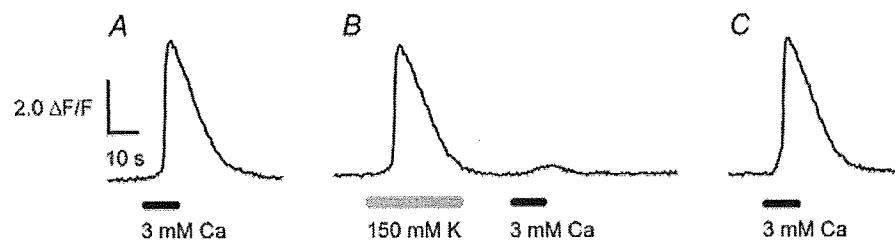


Figure 6. Voltage-dependent inactivation of the high-[Ca²⁺]_o-induced Ca²⁺ transient

A, the fluo-4 Ca²⁺ transient induced by 10 s exposure to 3 mM [Ca²⁺]_o. B, following 30 s exposure to 150 mM K⁺ solution, the subsequent application of 3 mM [Ca²⁺]_o solution failed to induce a noticeable Ca²⁺ transient. C, recovery of the 3 mM [Ca²⁺]_o-induced Ca²⁺ transient following a 10 min rest.

mostly performed on the day of isolation of bovine parathyroid cells without leak subtraction (e.g. Chang *et al.* 1995, 2001). Thus, culture medium together with the duration of culture after plating the cells appears to be critical for expression of the dihydropyridine-sensitive Ca^{2+} channels in cultured parathyroid cells. In this respect, we cannot totally rule out the possibility that the expression of dihydropyridine receptor could simply be a response to the challenge of the culture environment.

The mechanism by which Ca^{2+} channels become activated in physiological conditions remains to be elucidated. The resting membrane potentials of murine parathyroid cells have been reported to fall between -75 and -60 mV in the presence of $1.2\text{--}1.5$ mM $[\text{Ca}^{2+}]_o$. In principle, therefore, the membrane must be depolarized in order for the Ca^{2+} channels to become effectively activated. It is possible that an increase in extracellular Ca^{2+} activates the CaR, which mildly depolarizes the plasma membrane through inhibition of the Ca^{2+} -activated K^+ channels (Bruce & Anderson, 1979; Komwatana *et al.* 1994; Vassilev *et al.* 1997), probably with a high affinity for Ca^{2+} . Alternatively, some transient receptor potential (TRP) channels might be responsible for the initial mild depolarization of the membrane in the presence of high $[\text{Ca}^{2+}]_o$. While extracellular Ca^{2+} entry *per se* may further depolarize the membrane, Ca^{2+} -activated K^+ channels, probably with a low affinity for Ca^{2+} , may compete with this effect (Komwatana *et al.* 1994; Kanazirska *et al.* 1995; Vassilev *et al.* 1997), resulting in relatively mild and slow membrane potential change during exposure to high $[\text{Ca}^{2+}]_o$ (Bruce & Anderson, 1979; López-Barneo & Armstrong, 1983). In addition, the possibility that the CaR or TRP channels directly or indirectly activate voltage-dependent Ca^{2+} channels without causing membrane depolarization cannot be ruled out.

Regardless of the mechanism by which the dihydropyridine-sensitive Ca^{2+} channels are activated in physiological conditions, the present study demonstrates, for the first time, that human parathyroid cells express a dihydropyridine- and voltage-sensitive Ca^{2+} entry system. This system may provide a compensatory pathway for the negative feedback regulation of PTH secretion, especially in hyperplastic conditions in which CaR is poorly expressed.

References

- Bannister RA, Pessah IN & Beam KG (2009). The skeletal L-type Ca^{2+} current is a major contributor to excitation-coupled Ca^{2+} entry. *J Gen Physiol* **133**, 79–91.
- Bean BP (1984). Nitrendipine block of cardiac calcium channels: high affinity binding to the inactivated state. *Proc Natl Acad Sci USA* **81**, 6388–6392.
- Bogin E (1987). Effect of verapamil on plasma parathyroid hormone. *J Clin Chem Clin Biochem* **25**, 83–85.
- Brown EM (1991). Extracellular Ca^{2+} sensing, regulation of parathyroid cell function, and role of Ca^{2+} and other ions as extracellular (first) messengers. *Physiol Rev* **71**, 371–411.
- Brown EM, Gamba G, Riccardi D, Lombardi M, Kifor O, Sun A, Hediger MA, Lytton J & Hebert SC (1993). Cloning and characterization of an extracellular Ca^{2+} -sensing receptor from bovine parathyroid. *Nature* **366**, 575–580.
- Brown EM, Hurwitz S & Aurbach GD (1976). Preparation of viable isolated bovine parathyroid cells. *Endocrinology* **99**, 1582–1588.
- Brown EM & MacLeod RJ (2001). Extracellular calcium sensing and extracellular calcium signaling. *Physiol Rev* **81**, 239–297.
- Bruce BR & Anderson NC (1979). Hyperpolarization in mouse parathyroid cells by low calcium. *Am J Physiol Cell Physiol* **236**, C15–C21.
- Chang W, Chen T-H, Gardne P & Shoback D (1995). Regulation of Ca^{2+} -conducting currents in parathyroid cells by extracellular Ca^{2+} and channel blockers. *Am J Physiol Endocrinol Metab* **269**, E864–E877.
- Chang W, Pratt SA, Chen T-H, Tu C-L, Mikala G, Schwartz A & Shoback D (2001). Parathyroid cells express dihydropyridine-sensitive cation currents and L-type calcium channel subunits. *Am J Physiol Endocrinol Metab* **281**, E180–E189.
- Chow RH (1991). Cadmium block of squid calcium currents. *J Gen Physiol* **98**, 751–770.
- Fitzpatrick LA, Brandi ML & Aurbach GD (1986). Control of PTH secretion is mediated through calcium channels and is blocked by pertussis toxin treatment of parathyroid cells. *Biochem Biophys Res Commun* **138**, 960–965.
- Fitzpatrick LA, Chin H, Nirenberg M & Aurbach GD (1988). Antibodies to an alpha subunit of skeletal muscle calcium channels regulate parathyroid cell secretion. *Proc Natl Acad Sci USA* **85**, 2115–2119.
- Garrett JE, Capuano IV, Hammerland LG, Hung BCP, Brown EM, Hebert SC, Nemeth EF & Fuller F (1995). Molecular cloning and functional expression of human parathyroid calcium receptor cDNAs. *J Biol Chem* **270**, 12919–12925.
- Gee KR, Brown KA, Chen W-NU, Bishop-Stewart J & Johnson DGI (2000). Chemical and physiological characterization of fluo-4 Ca^{2+} -indicator dyes. *Cell Calcium* **27**, 97–106.
- Genka C, Ishida H, Ichimori K, Hirota Y, Tanaami T & Nakazawa H (1999). Visualization of biphasic Ca^{2+} diffusion from cytosol to nucleus in contracting adult rat cardiac myocytes with an ultra-fast confocal imaging system. *Cell Calcium* **25**, 199–208.
- Hodgkin AL & Horowicz P (1959). The influence of potassium and chloride ions on the membrane potential of single muscle fibres. *J Physiol* **148**, 127–160.
- Kanazirska MPV, Vassilev PM, Ye CP & Francis JE (1995). Intracellular Ca^{2+} -activated K^+ channels modulated by variations in extracellular Ca^{2+} in dispersed bovine parathyroid cells. *Endocrinology* **136**, 2238–2243.
- Kifor O, Diaz R, Butters R & Brown EM (1997). The Ca^{2+} -sensing receptor (CaR) activates phospholipases C, A2, and D in bovine parathyroid and CaR-transfected, human embryonic kidney (HEK293) cells. *J Bone Miner Res* **12**, 715–725.

- Kifor O, Moore FD Jr, Wang P, Goldstein M, Vassilev P, Kifor I, Hebert SC & Brown EM (1996). Reduced immunostaining for the extracellular Ca²⁺-sensing receptor in primary and uremic secondary hyperparathyroidism. *J Clin Endocrinol Metab* **81**, 1598–1606.
- Komwatana P, Conigrave AD, Delbridge L, Young JA & Cook DI (1994). Intracellular Ca²⁺ inactivates an outwardly rectifying K⁺ current in human adenomatous parathyroid cells. *Pflugers Arch* **426**, 320–327.
- Lewin E, Garfia B, Recio FL, Rodriguez M & Olgaard K (2002). Persistent downregulation of calcium-sensing receptor mRNA in rat parathyroids when severe secondary hyperparathyroidism is reversed by an isogenic kidney transplantation. *J Am Soc Nephrol* **13**, 2110–2116.
- López-Barneo J & Armstrong CM (1983) Depolarizing response of rat parathyroid cells to divalent cations. *J Gen Physiol* **82**, 269–294.
- Nemeth EF & Scarpa A (1986). Cytosolic Ca²⁺ and the regulation of secretion in parathyroid cells. *FEBS Lett* **203**, 3817–3821.
- Pocotte SL, Ehrenstein G & Fitzpatrick LA (1995). Role of calcium channels in parathyroid hormone secretion. *Bone* **16**, 3655–3725.
- Rampe D & Lacerda AE (1991). A new site for the activation of cardiac calcium channels defined by the nondihydropyridine FPL-64176. *J Pharmacol Exp Ther* **259**, 982–987.
- Ridefelt P, Hellman P, Rastad J, Larsson R, Akerström G & Gylfe E (1996). Effects of calcium channel modulators on the regulation of cytoplasmic Ca²⁺ and hormone secretion of parathyroid cells. *Pharmacol Toxicol* **78**, 147–153.
- Ritter CS, Finch JL, Slatopolsky EA & Brown AJ (2001). Parathyroid hyperplasia in uremic rats precedes down-regulation of the calcium receptor. *Kidney Int* **60**, 1737–1744.
- Ritter CS, Slatopolsky E, Santoro S & Brown AJ (2004). Parathyroid cells cultured in collagen matrix retain calcium responsiveness: importance of three-dimensional tissue architecture. *J Bone Miner Res* **19**, 491–498.
- Sanguinetti MC & Kass RS (1984a). Voltage-dependent block of calcium channel current in the calf cardiac Purkinje fiber by dihydropyridine calcium channel antagonists. *Circ Res* **55**, 336–348.
- Sanguinetti MC & Kass RS (1984b). Photoalteration of calcium channel blockade in the cardiac Purkinje fiber. *Biophys J* **45**, 873–880.
- Shoback DM, Thather J, Leombruno R & Brown EM (1984). Relationship between parathyroid hormone secretion and cytosolic calcium concentration in dispersed bovine parathyroid cells. *Proc Natl Acad Sci USA* **81**, 3113–3117.
- Swandulla D & Armstrong CM (1989). Calcium channel block by cadmium in chicken sensory neurons. *Proc Natl Acad Sci USA* **86**, 1736–1740.
- Takamatsu H, Nagao T, Ichijo H & Adachi-Akahane S (2003). L-type Ca²⁺ channels serve as a sensor of the SR Ca²⁺ for tuning the efficacy of Ca²⁺-induced Ca²⁺ release in rat ventricular myocytes. *J Physiol* **552**, 415–424.
- Vassilev PM, Kanazirska C, Ye C, Francis J, Hong K & Brown EM (1997). A flickery block of a K⁺ channel mediated by extracellular Ca²⁺ and other agonists of the Ca²⁺-sensing receptors in dispersed bovine parathyroid cells. *Biochem Biophys Res Commun* **230**, 616–623.
- Wynne AG, Romanski SA, Klee GG, Ory SJ, O'Fallon WM & Fitzpatrick LA (1995). Nifedipine, but not verapamil, acutely elevates parathyroid hormone levels in premenopausal women. *Clin Endocrinol* **42**, 9–15.
- Yamaguchi S, Zhorov BS, Yoshioka K, Nagao T, Ichijo H & Adachi-Akahane S (2003). Key roles of Phe¹¹¹² and Ser¹¹¹⁵ in the pore-forming IIIIS5-S6 linker of L-type Ca²⁺ channel α_{1C} subunit (Ca_v 1.2) in binding of dihydropyridines and action of Ca²⁺ channel agonists. *Mol Pharmacol* **64**, 235–248.
- Yano S, Sugimoto T, Tsukamoto T, Chihara K, Kobayashi A, Kitazawa S, Maeda S & Kitazawa R (2000). Association of decreased calcium-sensing receptor expression with proliferation of parathyroid cells in secondary hyperparathyroidism. *Kidney Int* **58**, 1980–1986.

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