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Protease-activated receptor 2 sensitizes the transient receptor potential vanilloid 4 ion channel to cause mechanical hyperalgesia in mice

Andrew D. Grant¹, Graeme S. Cottrell¹, Silvia Amadesi¹, Marcello Trevisani², Paola Nicoletti², Serena Materazzi², Christophe Altier³, Nicolas Cenac³, Gerald W. Zamponi⁴, Francisco Bautista-Cruz^{5,6}, Carlos Barajas Lopez^{5,6}, Elizabeth K. Joseph⁷, Jon D. Levine⁷, Wolfgang Liedtke⁸, Stephen Vanner⁶, Nathalie Vergnolle³, Pierangelo Geppetti² and Nigel W. Bunnett¹

¹Departments of Surgery and Physiology, University of California, San Francisco, 513 Parnassus Avenue, San Francisco, CA 94143-0660, USA ²Department of Critical Care Medicine and Surgery, University of Florence, Florence, Italy

³Department of Physiology and Biophysics and ⁴Department of Pharmacology and Therapeutics, Faculty of Medicine, University of Calgary, Calgary, Alberta, Canada

⁵Instituto Potosino de Investigacion Científica y Tecnologica San Luis Potosi, SLP, Mexico

⁶ Gastrointestinal Diseases Research Unit, Division of Gastroenterology, Queen's University, Kingston, Ontario, Canada

⁷ Departments of Oral and Maxofacial Surgery and Medicine, University of California, San Francisco, 513 Parnassus Avenue, San Francisco, CA 94143-0660, USA

⁸ Department of Medicine and Neurobiology, Duke University Medical Center 2900, Durham, NC 27710, USA

Exacerbated sensitivity to mechanical stimuli that are normally innocuous or mildly painful (mechanical allodynia and hyperalgesia) occurs during inflammation and underlies painful diseases. Proteases that are generated during inflammation and disease cleave protease-activated receptor 2 (PAR₂) on afferent nerves to cause mechanical hyperalgesia in the skin and intestine by unknown mechanisms. We hypothesized that PAR₂-mediated mechanical hyperalgesia requires sensitization of the ion channel transient receptor potential vanilloid 4 (TRPV4). Immunoreactive TRPV4 was coexpressed by rat dorsal root ganglia (DRG) neurons with PAR₂, substance P (SP) and calcitonin gene-related peptide (CGRP), mediators of pain transmission. In PAR₂-expressing cell lines that either naturally expressed TRPV4 (bronchial epithelial cells) or that were transfected to express TRPV4 (HEK cells), pretreatment with a PAR₂ agonist enhanced Ca^{2+} and current responses to the TRPV4 agonists phorbol ester 4α -phorbol 12,13-didecanoate $(4\alpha PDD)$ and hypotonic solutions. PAR₂-agonist similarly sensitized TRPV4 Ca²⁺ signals and currents in DRG neurons. Antagonists of phospholipase $C\beta$ and protein kinases A, C and D inhibited PAR₂-induced sensitization of TRPV4 Ca²⁺ signals and currents. 4α PDD and hypotonic solutions stimulated SP and CGRP release from dorsal horn of rat spinal cord, and pretreatment with PAR₂ agonist sensitized TRPV4-dependent peptide release. Intraplantar injection of PAR₂ agonist caused mechanical hyperalgesia in mice and sensitized pain responses to the TRPV4 agonists 4 α PDD and hypotonic solutions. Deletion of TRPV4 prevented PAR₂ agonist-induced mechanical hyperalgesia and sensitization. This novel mechanism, by which PAR₂ activates a second messenger to sensitize TRPV4-dependent release of nociceptive peptides and induce mechanical hyperalgesia, may underlie inflammatory hyperalgesia in diseases where proteases are activated and released.

(Received 12 September 2006; accepted after revision 21 November 2006; first published online 23 November 2006) **Corresponding author** N. W. Bunnett: UCSF, 513 Parnassus Ave., Room S1268, San Francisco, CA 94143-0660, USA. Email: nigel.bunnett@ucsf.edu

The ability to detect mechanical stimuli allows organisms to respond to their environment. High-intensity mechanical stimuli can damage tissue and provoke pain, leading to avoidance behaviours. Inflammatory mediators enhance sensitivity to mechanical stimuli that are normally innocuous or mildly painful (mechanical allodynia or hyperalgesia, respectively), resulting in pain associated with disorders such as arthritis, inflammatory bowel disease and irritable bowel syndrome. However, the ion channels that transduce mechanical stimuli are not unequivocally identified, and the mechanisms by which inflammation causes mechanical allodynia and hyperalgesia are incompletely understood. Consequently, the treatments for these painful conditions are inadequate.

Proteases are prominent mediators of inflammation and pain. Injury, inflammation and disease trigger the production of numerous serine proteases from the circulation (e.g. coagulation factors), inflammatory cells (e.g. mast cell tryptase, neutrophil cathepsin G) and epithelial tissues (e.g. trypsin IV, kallikreins) that regulate cells by cleaving protease-activated receptors (PARs), a family of four G protein-coupled receptors (Ossovskaya & Bunnett, 2004). Proteolysis unmasks a tethered ligand domain, which binds to and activates the receptor. This irreversible mechanism of activation controls haemostasis, inflammation, pain and repair after tissue injury. PAR₂, a receptor for trypsins (Nystedt et al. 1994; Bohm et al. 1996b; Cottrell et al. 2004), tryptase (Corvera et al. 1997; Molino et al. 1997), coagulation factors FVIIa and FXa (Camerer et al. 2000) and kallikreins (Oikonomopoulou et al. 2006), is an important proinflammatory and nociceptive mediator. PAR₂ is expressed by primary spinal afferent neurons of dorsal root ganglia (DRG) containing the neuropeptides substance P (SP) and calcitonin gene-related peptide (CGRP) (Steinhoff et al. 2000). These neurons contribute to neurogenic inflammation and nociception. Agonists of PAR₂ (e.g. tryptase, secreted by mast cells adjacent to nerve fibres) stimulate the release of SP and CGRP from afferent nerves (Steinhoff et al. 2000). When released from peripheral nerve endings in the skin and intestine, SP and CGRP cause plasma extravasation, granulocyte infiltration and hyperaemia (i.e. neurogenic inflammation) (Steinhoff et al. 2000; Cenac et al. 2003; Nguyen et al. 2003). PAR₂ agonists also stimulate peptide release from the central endings of afferent nerves in the dorsal horn of the spinal cord, to cause thermal and mechanical hyperalgesia (Vergnolle et al. 2001; Coelho et al. 2002). This thermal hyperalgesia depends on sensitization of the transient receptor potential vanilloid 1 (TRPV1) ion channel, which enhances the activity of nociceptive fibres and consequent peptide release (Amadesi et al. 2004, 2006; Dai et al. 2004). The mechanism of PAR₂-induced mechanical hyperalgesia is unknown.

TRPV4, the mammalian homologue of the *C. elegans* gene *Osm-9* (Liedtke *et al.* 2003), is a potential mediator of mechanical hyperalgesia. TRPV4 is gated by altered tonicity and by temperatures $>27^{\circ}C$ (Liedtke *et al.* 2000; Guler *et al.* 2002). Hypo-osmotic stimuli cause cell swelling, phospholipase A₂ activation and generation of arachidonic acid (Pedersen *et al.* 2000). A cytochrome P450 product of arachidonic acid, 5',6'-epoxyeicosatrienoic acid, activates TRPV4 and is a potential endogenous agonist (Watanabe *et al.* 2003). The phorbol ester 4 α -phorbol 12,13-didecanoate (4 α PDD)

is a synthetic TRPV4 agonist (Watanabe *et al.* 2002). The expression of TRPV4 by neurosensory structures, including circumventricular organs, inner ear hair cells, Merkel cells and sensory neurons, and its activation by hypotonic stimuli, suggest that it functions to detect osmotic and mechanical stimuli. TRPV4^{-/-} mice show abnormal osmotic regulation and decreased nociceptive responses to pressure (Liedtke & Friedman, 2003; Suzuki *et al.* 2003), and TRPV4 knockdown or deletion reduces nociceptive responses to hypotonic and mildly hypertonic stimuli (Alessandri-Haber *et al.* 2003, 2005). Moreover, inflammatory agents can sensitize TRPV4 by mechanisms that are not fully characterized (Alessandri-Haber *et al.* 2003, 2006), suggesting that this channel mediates inflammatory hyperalgesia.

We examined the hypothesis that PAR_2 agonists sensitize TRPV4 and thereby enhance release of SP and CGRP in the dorsal horn of the spinal cord to cause mechanical hyperalgesia. To do so we (a) determined if PAR_2 agonists sensitize TRPV4 Ca^{2+} signals and currents in cell lines and DRG neurons; (b) characterized signalling pathways that mediate sensitization; (c) examined whether TRPV4 is expressed in nociceptive neurons with PAR₂, SP and CGRP; (d) determined if PAR₂ agonists sensitize TRPV4 deletion prevents PAR₂-induced mechanical hyperalgesia.

Methods

Animals

Sprague-Dawley rats (male, 200–300 g) and C57BL6 mice (male, 20–25 g) were from Charles River Laboratories (Wilmington, MA). TRPV4^{+/+} and TRPV4^{-/-} mice (male, 20–30 g) have been described (Liedtke & Friedman, 2003). Institutional Animal Care and Use Committees approved all procedures. Animals were killed by sodium pentobarbital (200 mg kg⁻¹, I.P.) and bilateral thoracotomy.

Agonists and antagonists

Peptides corresponding to the tethered ligand domains of PARs (activating peptides, APs) can selectively activate these receptors, whereas the reverse sequences (reverse peptides, RPs) are inactive control reagents. Mouse/ rat PAR₂-AP (SLIGRL-NH2) and inactive PAR₂-RP (LRGILS-NH2) were from SynPep Corp. (Dublin, CA, USA). The PAR₁-selective agonist *Xenopus* PAR₁-AP (TFLLRN-NH₂) and inactive PAR1-RP (NRLLFT-NH₂) were from Sigma Genosys (Woodland, TX, USA). Capsaicin, 4 α PDD, H-89 (*N*-[2-((*p*-bromocinnamyl)amino)ethyl]-5-isoquinolinesulphonamide) and calphostin C were from Sigma (St Louis, MO, USA). GF109203X (bisindolylmaleimide I), Gö6976 and Gö6983 were from Calbiochem (La Jolla, CA, USA). U73122 was from Tocris (Ellisville, MO, USA).

TRPV4 and PAR₂ RT-PCR and TRPV4 cloning

Total RNA was extracted from 16HBE14o- (HBE) cells and rat and mouse DRG (T12-L6) using Trizol[®]. (Invitrogen, Carlsbad, CA, USA). RNA was reverse transcribed with $oligo(dT)_{12-18}$ or random hexamers and avian myeloblastosis virus reverse transcriptase (Promega, Madison, WI, USA) or TaqMan[®] reverse transcription reagents (Applied Biosystems, Foster City, CA, USA). Control reactions omitted reverse transcriptase. Products were amplified using primers specific to human, rat and mouse TRPV4 or human PAR₂ (human TRPV4: forward 5'-ACATGCGGGAGTTCATTAAC-3', reverse 5'-CACAG-CCAGCATCTCGTGGCG-3'; rat TRPV4: forward 5'-TG-GGAGGTATCACCCTTCTG-3', reverse 5'-AGCCAG-CATCTCATGGCG-3'; mouse TRPV4: forward 5'-ATCAACTCGCCCTTCAGAGA-3', reverse 5'-CCCAA-ACTTACGCCACTTGT-3'; human PAR₂: forward 5'-CCCTTTGTATGTCGTGAAGCAGAC-3', reverse Products 5'-TTCCTGGAGTGTTTCTTTGAGGTG-3'). were separated by electrophoresis (2% agarose gel), detected using ethidium bromide and sequenced to confirm identity. Human TRPV4 was cloned by PCR from HBE cells using the primers forward 5'-ATTGGATCC-CCACCATGGCGGATTCCAGCGAAGG-3' and reverse 5'-AATCTCGAGCTAGAGCGGGGGGGCGTCATCAGTCC-3'. An HA.11 tag was added to the C-terminus of human TRPV4 by PCR using the primer 5'-AATCTCGAG-CTAGGCGTAGTCGGGGCACGTCGTAGGGGGTAGAGC-GGGGCGTCATCAGTCC-3'. The PCR product was subcloned into the HindIII and XhoI sites of pcDNA5/FRT or the tetracycline-inducible vector pcDNA5/FRT/TO (Invitrogen, Carlsbad, CA, USA).

Cell lines

The human bronchial epithelial cell line 16HBE14o-(HBE) was maintained in Modified Eagle's Medium (MEM) supplemented with 10% fetal bovine serum, penicillin (100 u ml⁻¹) and streptomycin (100 μ g ml⁻¹). Human embryonic kidney (HEK) 293 cells were maintained in MEM with 10% fetal bovine serum. Cells were grown in 95% air, 5% CO₂ at 37°C. HEK cells were transiently transfected with TRPV4 using Lipofectamine²⁰⁰⁰ (Invitrogen) and designated HEK-TRPV4 cells. A tetracycline-inducible system was used to generate stable cell lines expressing TRPV4, since continuous overexpression of this channel was toxic to cells. HEK-FLPTREX cells were stably transfected with pcDNA5/FRT/TO + hTRPV4 (designated HEK-FLPTREX-TRPV4 cells) and grown in Dulbecco's Modified Eagle's Medium (DMEM) containing 10% tetracycline-free fetal bovine serum, hygromycin ($50 \ \mu g \ ml^{-1}$) and blasticidin ($10 \ \mu g \ ml^{-1}$). To induce TRPV4 expression, tetracycline ($0.1 \ \mu g \ ml^{-1}$) was added to the medium 16 h before use.

Dispersion and culture of rat DRG neurons

DRG from thoracic and lumbar spinal cord of rats were minced in cold Hanks' Balanced Salt Solution (HBSS) and incubated for 60–90 min at 37°C in DMEM containing 0.5 mg ml⁻¹ of trypsin, 1 mg ml⁻¹ of collagenase type IA and 0.1 mg ml⁻¹ of DNAse type IV (Sigma) (Steinhoff *et al.* 2000). Soybean trypsin inhibitor (Sigma) was added to neutralize trypsin. Neurons were pelleted, suspended in DMEM containing 10% fetal bovine serum, 10% horse serum, 100 u ml⁻¹ penicillin, 0.1 mg ml⁻¹ streptomycin, 2 mM glutamine and 2.5 μ g ml⁻¹ DNAse type IV, plated on glass coverslips coated with Matrigel (BD Biosciences, Bedford, MA, USA), and cultured for 2–3 days.

Dispersion and culture of mouse DRG neurons

DRG from thoracic and lumbar spinal cord of mice were minced in cold HBSS, incubated for 15 min at 37°C in HBSS containing 0.5% papain, washed with Leibovitz's L-15 medium (supplemented with 2 mM glutamine, 0.2% glucose and 2.5% fetal bovine serum), and incubated for 10 min at 37°C in HBSS containing 1 mg ml⁻¹ collagenase type I and 4 mg ml⁻¹ dispase II (Sigma). Neurons were pelleted, suspended in DMEM containing 2.5% fetal bovine serum, 1% penicillin/streptomycin, 1% dextrose, 2 mM glutamine and 10 μ M of arabinocytidine hydrochloride, floxuridine and uridine. Neurons were plated in poly L-orthinine-laminine-treated glass-bottomed dishes and studied immediately.

Immunofluorescence

HEK cells (transiently transfected with wild-type or HA.11-tagged TRPV4 or vector without insert) and cultured rat DRG were fixed in 4% paraformaldehyde in 100 mM PBS pH 7.4, for 20 min at 4°C. Rats were transcardially perfused with 4% paraformaldehyde in 100 mM PBS pH 7.4. DRG and spinal cord (L3–L6) were removed and fixed in 4% paraformaldehyde for 6 h at room temperature. Tissues were washed, incubated in 25% sucrose in PBS overnight at 4°C, and embedded in OCT. Sections of DRG (16–18 μ m) were cut and mounted on poly L-lysine-coated slides. Sections of spinal cord (16 μ m) were processed as floating sections. Cultured cells were washed and incubated with 100 mM PBS, pH 7.4 containing 1% normal goat serum and 0.1% saponin. Tissue sections were washed and incubated in 100 mM PBS, pH 7.4, containing 5% normal goat serum and 0.3% Triton X-100. Cells and tissues were incubated with the following primary antibodies: rat anti-HA.11 (Roche, IN; 1:1000); rabbit anti-TRPV4 (Alomone, Israel; 1:750); mouse anti-PAR₂ (SAM11, Santa Cruz, CA, USA; 1:250); mouse anti-CGRP (no. 4901, CURE-UCLA, CA; 1:500); guinea pig antisubstance P (Chemicon, Temecula, CA, USA; 1:1000) (all overnight, 4° C). In controls, the TRPV4 antiserum was preabsorbed by preincubation with the antigen $(10 \,\mu\text{M}, 24 \,\text{h}, 4^{\circ}\text{C})$ before staining. Cells and tissues were washed and incubated with goat antirat, antirabbit, antimouse or antiguinea pig IgG conjugated to fluorescein isothiocyanate or rhodamine red X (Jackson Immuno-Research, West Grove, PA, USA; 1:200; 2 h, room temperature). Specimens were mounted in Vectashield (Vector Laboratories, Burlingame, CA, USA) for cultured cells or Prolong Gold (Invitrogen) for tissue sections.

Confocal microscopy

Specimens were observed using a Zeiss Axiovert microscope with a Bio-Rad MRC1000 confocal microscope and Zeiss Fluar Plan Apo ×40 (NA 1.4) or ×100 (NA 1.3) objectives. Images were collected with an iris of <3, zoom of 1–2 and typically 5–10 optical sections were taken at intervals of 0.5–1.0 μ m. Presented images are single optical sections. Images were processed to adjust contrast and brightness and were coloured to represent appropriate fluorophores, using Adobe Photoshop 7.0 (Adobe Systems, Mountain View, CA, USA). Images of stained and control slides were collected and processed identically.

Western blotting

HEK-TRPV4a cells were washed with ice-cold PBS, scraped into 300 μ l lysis buffer (50 mM Tris/HCl, 1% SDS, pH 7.4), boiled and centrifuged. Protein concentration in the supernatant was measured by BCA assay. Samples (10 μ g protein) were separated by SDS-PAGE (8% gel), and transferred to Immobilon-FL membrane (Millipore, Billerica, MA, USA). Membranes were incubated overnight with rat anti-HA.11 (Roche, Indianapolis, IN; 1:5000), washed, and incubated for 1 h with goat antirat AlexaFluor680 antibody (Invitrogen, 1:20 000). Immunoreactive protein was detected using a Licor Odyssey Scanner (Licor, Lincoln, NE, USA).

Measurement of [Ca²⁺]_i in cell lines

HBE and HEK-TRPV4 cells grown on poly D-lysine-coated coverslips were washed and incubated in HBSS (pH 7.4) containing Ca^{2+} and Mg^{2+} , 20 mM Hepes buffer, 0.1%

BSA, 100 u ml^{-1} penicillin, $100 \,\mu \text{g ml}^{-1}$ streptomycin, with 2.5 μ M Fura-2AM (Invitrogen) for 20 min at 37°C. Cells were washed, and fluorescence was measured at 340 nm and 380 nm excitation and 510 nm emission in an F-2500 spectrophotometer (Hitachi Instruments, San Jose, CA, USA). Test substances were injected directly into the chamber (20 μ l into 2 ml). Cells were challenged once with $4\alpha PDD$ (0.1–10 μM) or osmotic stimuli $(310-260 \text{ mosmol } l^{-1})$, or were pretreated with PAR₂-AP, PAR₂-RP, PAR₁-AP or PAR₁-RP (100 μ M) for 5 min followed by 4α PDD or osmotic stimuli. In some experiments, cells were pretreated for 30 min with inhibitors (U73122, 10 µм; H-89, 10 µм; GF109203X, 10 μm; Gö6976, 0.1 μm; Gö6983, 0.1 μm) or vehicle (control) before the challenge with the test compound. In experiments where inhibitors were used, cells were pretreated with PAR₂-AP or PAR₂-RP for 10 min before TRPV4 agonists, since some inhibitors (e.g. GF109203X) delayed the return of $[Ca^{2+}]$ to baseline after stimulation with PAR₂ agonist. Results are expressed as the 340/380 nm emission ratio, which is proportional to the $[Ca^{2+}]_i$.

Measurement of [Ca²⁺]_i in DRG neurons

Rat DRG neurons grown on Matrigel-coated coverslips for 2-3 days after isolation were incubated in HBSS (pH 7.4) containing Ca²⁺ and Mg²⁺, 20 mм Hepes, 0.1% BSA with 5 μ M of Fura-2AM for 45 min at 37°C. Coverslips were mounted in an open chamber at room temperature. Fluorescence of individual cells was measured at 340 nm and 380 nm excitation and 510 nm emission using a Zeiss Axiovert microscope, an ICCD video camera (Stanford Photonics, Stanford, CA, USA) and a video microscopy acquisition program (Axon Instruments, Inc, Union City, CA, USA). Test substances were directly added to the chamber (50 μ l into 350 μ l). Neurons were preincubated with PAR₂-AP or PAR₂-RP (10 μ M) for 20 min followed by 4α PDD (10 μ M). In some experiments, cells were pretreated for 30 min with inhibitors (GF109203X, $1 \mu M$; H-89, 10 μ M) or vehicle (control) before the challenge with the test compound. DRG preparations were challenged with KCl at the end of each experiment, to identify neurons. Results are expressed as the 340/380 nm emission ratio.

Electrophysiology in DRG neurons

Whole-cell membrane currents of freshly dispersed mouse DRG neurons were recorded using an Axopatch 200B amplifier (Molecular Devices, Sunnyvale, CA, USA). The pipette solution contained (mM): 110 CsCl, 3 MgCl₂, 10 EGTA, 10 Hepes, 3 Mg-ATP, 0.6 GTP, pH 7.2 with CsOH, 315 mosmol l⁻¹. The extracellular solution contained (mM): 120 NaCl, 5 KCl, 5 CaCl₂, 2 MgCl₂, 10 glucose, 10 Hepes, pH 7.4 with NaOH, 310 mOsm. Pipette resistance

was 2–4 M Ω . Whole-cell currents were recorded and analysed using Clampfit 9.2 software (Molecular Devices, Sunnyvale, CA, USA). Neurons were held at 0 mV to inactivate voltage-gated calcium and sodium channels, and a 150 ms linear ramp protocol was applied (–100 mV to +100 mV every 15 s). Current amplitude at –80 and +80 mV was normalized to cell capacitance to obtain current densities. Cells that did not display any detectable whole-cell currents were not included in the analysis. Sampling frequency for acquisition was 10 kHz, and data were filtered at 2 kHz. Neurons were preincubated with PAR₂-AP (10 μ M) or vehicle for 20 min, and then challenged with 4 α PDD (10 μ M).

Electrophysiology in HEK-FLPTREX-TRPV4a cells

Whole-cell membrane currents of HEK-FLPTREX-TRPV4a cells were recorded using an Axopatch 200B amplifier (Molecular Devices, Sunnyvale, CA, USA) as described (Amadesi et al. 2006). The pipette solution contained (mM): KCl 140, MgCl₂ 3, EGTA 5, Hepes 5, and ATPNa₂ 5. The external solution contained (mM): NaCl 150, CaCl₂ 2, KCl 6, MgCl₂ 1, glucose 10, and Hepes 10. Patch pipette resistance was $2-5 M\Omega$, and the input resistance of the HEK-FLPTREX-TRPV4a cells was 1–10 G Ω . Whole-cell currents were recorded at room temperature ($\sim 23^{\circ}$ C) using Clampex 9.2 software, and analysed using Clampfit 9.2 software (Molecular Devices). The recording chamber was continuously superfused with the external solution at approximately 2 ml min⁻¹, and rapid application of agonists in the external solution was made using an eight-barrelled fast-flow device. Membrane currents elicited by a linear ramp protocol from -100 mV to +100 mV (holding voltage 0 mV) repeated every 15 s were monitored at baseline and for 10 min following application of 4α PDD (0.5 μ M). PAR₂-AP (100 μ M) was applied for 2 min. Current amplitudes were measured at -80 mV and +80 mV in the ramp protocol from the maximal response to 4α PDD, and corrected for cell capacitance. In some experiments, calphostin C $(2 \mu M)$ or H-89 $(3 \mu M)$ were added to the pipette solution.

Neuropeptide release from the dorsal horn of the spinal cord

The spinal cords of rats were removed and slices (0.4 mm) from the dorsal part of the cervical and lumbar enlargements (without DRG) were prepared at 4°C (Amadesi *et al.* 2006). Slices (~100 mg) were placed in 2 ml chambers and superfused with oxygenated (95% O_2 , 5% CO_2) Krebs' solution (mM: NaCl 119, NaHCO₃ 25, KH₂PO₄ 1.2, MgSO₄ 1.5, CaCl₂ 2.5, KCl 4.7 and p-glucose 11) maintained at 37°C and containing 0.1% BSA, 1 μ M phosphoramidon and 1 μ M captopril. After a

60 min stabilization period, 5 min fractions were collected into acetic acid (2 m final concentration). Tissues were stimulated with 4 α PDD (10 or 100 μ M) or hypotonic solution (228 mosmol l⁻¹). In some experiments, slices were perfused with Ca²⁺-free medium containing 1 mM EGTA, or afferent nerves were depleted of neuropeptides by preincubation with 10 μ M capsaicin for 20 min before stimulation. To determine if PAR₂ sensitizes TRPV4 responses, slices were pretreated with PAR₂-AP, PAR₂-RP (10 μ M) or vehicle for 20 min, washed and then challenged with TRPV4 agonists 20 min later. Freeze-dried fractions were reconstituted with assay buffer and analysed by enzyme immunoassays for CGRP and SP (Amadesi *et al.* 2006).

Paw withdrawal to mechanical stimuli

Mice were acclimatized for 15–20 min in a transparent box with a metal mesh floor (Alessandri-Haber et al. 2006). A calibrated von Frey hair monofilament (0.173 mN) (Stoelting Company, Wood Dale, IL, USA) was applied through the mesh floor to the plantar skin of the hindpaw. Paw withdrawal was assessed as the number of times the hind paw was withdrawn in response to five applications of the von Frey hair, expressed as a percentage (e.g. three withdrawals out of five was recorded as 60%). Basal measurements were made for all mice. After 15 min, PAR₂-AP, 4α PDD or hypotonic solution was injected (10 μ l intraplantar injection), and paw withdrawal measurements repeated immediately. After an additional 5 min, 4α PDD or hypotonic solution was injected into paws previously treated with PAR₂-AP, and paw withdrawal measurements repeated immediately.

Statistical analysis

Results are expressed as mean \pm s.E.M. and were compared by Student's *t* test or ANOVA with Bonferroni's or Dunnett's *post hoc* test. Differences were considered significant when P < 0.05.

Results

Epithelial cells express TRPV4 and PAR₂

PAR₂-induced sensitization of TRPV4 can be conveniently studied in cell lines expressing both proteins. Therefore, we determined whether epithelial cell lines coexpressed PAR₂ and TRPV4. Transcripts corresponding to PAR₂ (316 bp) were amplified by RT-PCR from the human bronchial epithelial cell line HBE (Fig. 1*A*, lane 1). Three isoforms of TRPV4 were amplified (Fig. 1*A*, lane 3), cloned and sequenced: full-length TRPV4a, TRPV4b (lacking amino acids 384–443, partially deleting the third of three ankyrin repeat domains), and TRPV4c (lacking amino acids 237–283, corresponding to the first ankyrin repeat domain) (Fig. 1*B*). These isoforms correspond to reported sequences of TRPV4 (Arniges *et al.* 2006). Each isoform, tagged with a C-terminal HA.11 epitope for detection, was expressed in HEK cells, which naturally express PAR₂ (Amadesi *et al.* 2004). TRPV4a, TRPV4b and TRPV4c were detected at the plasma membrane and in intracellular locations by immunofluorescence using





A, RT-PCR of HBE cells showing amplification of transcripts for PAR₂ and TRPV4 isoforms a, b and c There were no signals when reverse transcriptase (RT) was omitted (control). *B*, structure of three TRPV4 isoforms cloned from HBE cells. *C*, transient expression of TRPV4 isoforms with HA.11 tag in HEK cells. Immunoreactive TRPV4 was detected by immunofluorescence (left) and Western blotting (right) using HA.11 antibody. vc, vector control without TRPV4 insert. Scale bar = 10 μ m.

the HA.11 antibody (Fig. 1*C*, left panel). There was no detectable signal in HEK cells expressing vector without insert, confirming specificity. Western blotting confirmed expression of TRPV4a with the anticipated size (98 kDa) (Fig. 1*C*, right panel).

Since TRPV4 is a non-selective cation channel with preference for Ca^{2+} ions, measurement of $[Ca^{2+}]_i$ can be used to assess channel activity. To confirm expression of functional TRPV4 by HBE cells, we examined the effects of the TRPV4 agonists 4α PDD and hypotonic stimuli on $[Ca^{2+}]_i$ (Liedtke *et al.* 2000; Watanabe *et al.* 2002). 4α PDD (1–10 μ M) stimulated a concentration-dependent increase in $[Ca^{2+}]_i$ over 250 s (Fig. 2A, upper panel). A decrease in osmolarity from 310 to 290 or 260 mosmol l⁻¹ caused a tonicity-dependent increase in $[Ca^{2+}]_i$ over a similar period (Fig. 2A, lower panel). To confirm that these responses are mediated by TRPV4, we expressed the TRPV4 isoforms in HEK cells (Fig. 1C). 4α PDD $(0.1-1 \,\mu\text{M})$ and a hypotonic stimulus $(260 \,\text{mosmol}\,l^{-1})$ caused graded increases in [Ca²⁺]_i in HEK-TRPV4a cells (Fig. 2B). There were no detectable responses in HEK cells expressing TRPV4b, TRPV4c or empty vector (Fig. 2B). Thus, 4α PDD and hypotonic stimuli increase $[Ca^{2+}]_i$ in HBE and HEK-TRPV4a cells, and the response of HEK cells requires expression of the full-length TRPV4 channel. Although multiple mechanisms can increase $[Ca^{2+}]_i$, these data suggest that 4α PDD and hypotonic stimuli increase $[Ca^{2+}]_i$ by activating TRPV4.

PAR₂ sensitizes TRPV4 Ca²⁺ signalling in HBE and HEK-TRPV4a cells

Inflammatory mediators, including PAR₂ agonists, sensitize TRPV1 to cause thermal hyperalgesia (Lopshire & Nicol, 1997; Chuang et al. 2001; Tominaga et al. 2001; Vellani et al. 2001; Amadesi et al. 2004, 2006; Dai et al. 2004). Inflammatory agents also sensitize TRPV4, though the precise mechanism remains unclear (Alessandri-Haber et al. 2003, 2006). To examine whether PAR₂ agonists sensitize TRPV4, we measured their effects on Ca^{2+} responses to 4α PDD and a hypotonic stimulus in HBE cells. Pretreatment of HBE cells for 5 min with PAR₂-AP (100 μ M) increased the magnitude of Ca²⁺ responses to 4α PDD (1 μ M) or a hypotonic stimulus $(260 \text{ mosmol } l^{-1})$ compared to pretreatment with inactive PAR₂-RP (100 μ M, control) or vehicle, indicative of sensitization (Fig. 3A). PAR₂-AP similarly sensitized Ca^{2+} responses to 4α PDD (0.1 μ M) or hypotonic stimulus $(260 \text{ mosmol } l^{-1})$ in HEK-TRPV4a cells (Fig. 3*B*). Similar results were obtained whether cells were pretreated with PAR₂-AP for 5 min (Fig. 3A and B) or 10 min (Fig. 4A-C) before challenge with the TRPV4 agonists. After 10 min, Ca²⁺ responses to PAR₂-AP had returned to baseline. Thus, pretreatment of epithelial cells with a selective agonist of PAR₂ sensitizes Ca²⁺ signals to TRPV4 agonists.

We examined the selectivity of TRPV4 sensitization by studying responses in cells pretreated with an agonist of PAR₁. In contrast to PAR₂, agonists of PAR₁ do not sensitize TRPV1 (Amadesi *et al.* 2004), and induce analgesia rather than hyperalgesia to thermal or mechanical stimuli (Asfaha *et al.* 2002). We therefore determined if PAR₁-selective AP sensitized TRPV4 in HEK cells, which naturally express this receptor (Amadesi *et al.* 2004). Although PAR₁-AP strongly increased $[Ca^{2+}]_i$ in HEK-TRPV4a cells, it did not sensitize responses to 4 α PDD (Fig. 3*C*) or a hypotonic stimulus (not shown) compared to PAR₁-RP or vehicle. HBE cells did not respond to PAR₁-AP (100 μ M), and thus do not express functional PAR₁ (data not shown). Thus, activation of PAR₂ but not PAR₁ sensitizes TRPV4.

Phospholipase C β and protein kinases A, C and D mediate PAR₂-induced sensitization of TRPV4

Second messenger kinases including protein kinases A (PKA), C (PKC) and D (PKD) can phosphorylate TRPV1





Effects of 4α PDD (0.1–10 μ M, upper traces) and hypotonic stimuli (260–310 mosmol l⁻¹, lower traces) on $[Ca^{2+}]_i$ in HBE cells (A) and HEK cells transiently expressing TRPV4 isoforms a, b or c or vector control (B). Left panels show records of $[Ca^{2+}]_i$ expressed as 340/380 nm emission ratio as a percentage of response measured at 50 s (prestimulus, 100%). Right panels show $[Ca^{2+}]_i$ responses as difference in 340/380 nm emission ratio between 50 s (prestimulus) and 300 s (maximal response). 4α PDD and hypotonic stimuli caused graded increases in $[Ca^{2+}]_i$ in HBE cells and HEK-TRPV4a cells, but had no effect in HEK cells expressing b or c TRPV4 isoforms or vector control. *P < 0.05, ANOVA and Dunnett's test, n = 9 experiments.

to modify channel gating and thereby mediate hyperalgesia to inflammatory stimuli (Lopshire & Nicol, 1998; Premkumar & Ahern, 2000; Vellani *et al.* 2001; Bhave *et al.* 2002; Mohapatra & Nau, 2003; Wang *et al.* 2004). The mechanism of PAR₂-induced sensitization of TRPV4 is unknown. Since PAR₂ is known to couple to phospholipase C β (PLC β) (Bohm *et al.* 1996*a*) and to activate PKC, PKA (Amadesi *et al.* 2006) and PKD (N.W. Burnett, unpublished observation), we examined the contributions of these enzymes to PAR₂-induced sensitization of TRPV4 Ca²⁺ signals in HBE and HEK cells by using inhibitors.

Inhibitors of PLC β (U73122; 10 μ M), PKA (H-89; 10 μ M) and classic and novel PKCs (GF109203X; blocks PKC α , β , γ , δ , ϵ and ζ ; 10 μ M) all strongly inhibited PAR₂-AP-induced sensitization of Ca²⁺ responses to 4 α PDD in HBE cells (Fig. 4*A*). Gö6976 (0.1 μ M), which

blocks PKC α and β and PKD (Martiny-Baron *et al.* 1993; Gschwendt et al. 1996), also inhibited this sensitization, whereas Gö6983 (0.1 μ M), which blocks PKC α , β , γ , δ and ζ , but not PKD (Gschwendt *et al.* 1996), had no effect. U73122, H-89 and Gö6976 also inhibited PAR₂-AP-induced sensitization of Ca²⁺ responses to a hypotonic stimulus in HBE cells, whereas GF109203X and Gö6983 had no effect (Fig. 4B). U73122, H-89, GF109203X and Gö6976, but not Gö6983, inhibited PAR₂-induced sensitization of responses to 4α PDD in HEK-FLPTREX-TRPV4a cells (Fig. 4C). Thus, in HBE cells and HEK cells, activity of PLC β , PKA, PKC and possibly PKD are required for PAR2-induced sensitization of responses to 4α PDD. In HBE cells, activity of PLC β , PKA and possibly PKD, but not PKC isozymes that are sensitive to GF109203X, are required for PAR₂-induced sensitization of responses to a hypotonic stimulus. Our





A, *B*, *C*, left panels show records of $[Ca^{2+}]_i$ after challenge with PAR₂-AP, PAR₂-RP (both 100 μ M) or vehicle (veh) (*A* and *B*) or PAR₁-AP, PAR₁-RP (both 100 μ M) or vehicle (*C*) at 50 s followed by 4 α PDD (0.1 or 1 μ M) or hypotonic stimulus (260 mosmol l⁻¹) at 350 s. Traces are from HBE cells (*A*) and HEK-TRPV4a cells (*B* and *C*). $[Ca^{2+}]_i$ is expressed as 340/380 nm emission ratio as a percentage of response measured at 50 s (prestimulus, 100%). Right panels show $[Ca^{2+}]_i$ responses as difference in 340/380 nm emission ratio between 350 s (prestimulus) and 550 s (maximal response). Pretreatment with PAR₂-AP but not PAR₁-AP increased Ca^{2+} responses to 4 α PDD and hypotonic stimulus, indicative of TRPV4 sensitization. **P* < 0.05, ANOVA and Bonferroni's test, *n* = 9 experiments.

results are consistent with reports that 4α PDD and hypotonic stimuli activate TRPV4 by distinct mechanisms (Vriens *et al.* 2004).

TRPV4 is present in nociceptive neurons expressing PAR₂, CGRP and SP

PAR₂ could regulate TRPV4-dependent neuronal activity if these proteins are coexpressed in afferent neurons. PAR₂ is present in DRG neurons expressing SP, CGRP and TRPV1 (Steinhoff et al. 2000; Amadesi et al. 2004), but it is not known if TRPV4 is expressed by these nociceptive neurons. We used an antibody to the C-terminus of TRPV4 to localize this channel in rat DRG neurons. To characterize the antibody, we stained HEK cells expressing wild-type TRPV4a or TRPV4a with C-terminal HA.11 epitope. Both immunoreactive HA.11 and TRPV4 were detected at the plasma membrane and in intracellular locations (Fig. 5A). The C-terminal HA.11 epitope interfered with interaction of the TRPV4 antibody, which is directed to the C-terminus of this channel, which precluded simultaneous localization of HA.11 and TRPV4. Preabsorption of TRPV4 antibody abolished the signal (Fig. 5A), and neither antibody stained HEK cells expressing vector without TRPV4 insert (not shown), confirming specific detection.

Immunoreactive TRPV4 was detected at varying levels in the soma of rat DRG neurons, where it was present at the plasma membrane (Fig. 5B, arrowheads), in cytoplasmic vesicles and sometimes the nucleus (Fig. 5B, white arrows), and was also detected in fibres. We did not determine the number of neurons expressing immunoreactive TRPV4, since the large variability in expression levels precluded unequivocal discrimination between neurons expressing the channel at low levels and neurons that did not express detectable TRPV4. Some neurons expressing TRPV4 also expressed immunoreactive PAR₂, CGRP and SP (Fig. 5B, white arrows). However, TRPV4 was also found in neurons that did not contain these peptides (Fig. 5*B*, yellow asterisks), and some peptide-containing neurons did not express TRPV4 (Fig. 5B, yellow arrows). TRPV4 expression was retained by DRG in short-term culture, where immunoreactive TRPV4 was detected in the soma and fibres (Fig. 5C). Some cultured neurons expressing TRPV4 also expressed PAR₂, CGRP and SP (Fig. 5*C*). TRPV4 signals were abolished by preabsorption of the antibody. Transcripts corresponding to mouse (689 bp) and rat (723 bp) TRPV4 were amplified from whole DRG, and identified by sequencing (Fig. 5D). Only full-length TRPV4 was amplified. Thus, TRPV4 is present in DRG neurons, some of which express PAR₂, CGRP and SP. Since cultured neurons maintain coexpression of PAR₂ and TRPV4, they may be used to study the functional interactions of these proteins in nociceptive neurons.



Figure 4. Mechanisms of PAR_2 -induced sensitization of TRPV4 Ca^{2+} signals

Effects of antagonists of signalling pathways on PAR₂-induced sensitization of Ca²⁺ signals to 4 α PDD (0.1 or 1 μ M) (A) and hypotonic stimulus (260 mosmol I⁻¹) (B) in HBE cells and to 4 α PDD in HEK-TRPV4a cells (C). Cells were pretreated with PAR₂-AP or PAR₂-RP (both 100 μ M) for 10 min before challenge with TRPV4 agonists. U73122 (10 μ M), H-89 (10 μ M), GF109203X (GFX) 10 μ M and Gö6976 (0.1 μ M), but not Gö6963 (0.1 μ M), inhibited PAR₂-induced sensitization of Ca²⁺ responses to 4 α PDD in HBE cells and HEK-TRPV4a cells. U73122, H-89 and Gö6976, but not GF109203X or Gö6963, inhibited PAR₂-induced sensitization of Ca²⁺ responses to hypotonic stimulus in HBE cells. Veh, vehicle; **P* < 0.05; ANOVA followed by Dunnett's test; *n* = 8–12 experiments.

Agonists of PAR₂ sensitize TRPV4 Ca²⁺ signalling and currents in DRG neurons and HEK-TRPV4a cells

To determine if PAR₂ agonists sensitize TRPV4 in nociceptive neurons, we measured $[Ca^{2+}]_i$ in rat DRG neurons in short-term culture. In view of the divergent mechanisms of PAR₂-induced sensitization of responses to 4α PDD and hypotonic stimuli that we identified in epithelial cells, which require further experimentation to fully investigate, we focused on sensitization of responses to the TRPV4-selective agonist 4α PDD (Watanabe et al. 2002) in neurons. $4\alpha PDD$ (10 μM) caused a gradual increase in [Ca²⁺]_i in DRG neurons pretreated for 20 min with PAR_2 -RP (10 μ M, control) (Fig. 6a). Pretreatment with PAR₂-AP (10 μ M, 20 min) caused a >2-fold increase in the magnitude of Ca^{2+} response, indicative of sensitization (Fig. 6b). Inhibition of PKA with H-89 (10 μ M) or PKC with GF109203X (1 μ M) reduced this sensitization (Fig. 6C).

To confirm that PAR_2 activation sensitizes TRPV4, we measured TRPV4 currents in acutely dissociated mouse DRG neurons. In the whole-cell configuration, we recorded current upon application of voltage ramp from -100 to +100 mV. 4α PDD (10μ M) activated an outwardly rectifying current (Fig. 6*D*, left panel) with current densities of $-14.04 \pm 2.89 \text{ pA pF}^{-1}$ at -80 mV and $27.40 \pm 4.07 \text{ pA pF}^{-1}$ at +80 mV (Fig. 6*E*), and shifted the reversal potential toward positive. Pretreatment with PAR₂-AP (10μ M) for 20 min enhanced the outward current (Fig. 6*D*, right panel), and increased current densities by >2-fold to $-52.96 \pm 15.89 \text{ pA pF}^{-1}$ at -80 mV, and $62.27 \pm 15.19 \text{ pA pF}^{-1}$ at +80 mV (Fig. 6*E*). PAR₂-AP also increased the proportion of neurons that responded to 4α PDD by activation of an outwardly rectifying current from 66% in untreated neurons to 82% in neurons treated with PAR₂-AP (Fig. 6*F*). Thus, PAR₂-AP sensitizes TRPV4 Ca²⁺ signals and currents in DRG neurons, and activity of PKA and PKC is required for this sensitization.

We similarly evaluated sensitization of TRPV4 currents in HEK-FLPTREX-TRPV4a cells. 4α PDD (0.5 μ M) activated an outwardly rectifying whole-cell current (Fig. 6G) with current densities of -28.51 ± 6.61 pA pF⁻¹ at -80 mV and 58.41 ± 12.39 pA pF⁻¹ at +80 mV (Fig. 6H). Since these currents desensitized in the continued presence of 4α PDD, cells were challenged only once with 4α PDD, to avoid desensitization. Pretreatment with PAR₂-AP (100 μ M) for 2 min



Figure 5. Localization and expression of TRPV4 in HEK cells and DRG neurons

A, localization of TRPV4a transiently expressed in HEK cells by immunofluorescence using antibodies to HA.11 epitope or TRPV4. Both antibodies detected immunoreactive TRPV4. Control shows preabsorption of TRPV4 antibody with antigen used for immunization. *B*, localization of immunoreactive TRPV4, PAR₂, CGRP or SP in sections of rat DRG. TRPV4 was detected in the soma at the plasma membrane (white arrowheads) and in intracellular locations (white arrows), and also in fibres (white arrows). White arrows show that some neurons coexpressed TRPV4 with PAR₂, CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. did not express TRPV4. Yellow asterisks show that some neurons expressing TRPV4 did not express PAR2, CGRP or SP. Control shows preabsorption of TRPV4 antibody. Scale bar = 10 μ m c, Localization of TRPV4 with PAR₂, CGRP or SP. Yellow arrows denote colocalization of TRPV4 with PAR₂, CGRP or SP. Yellow arrows denote colocalization of TRPV4 with PAR₂, CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Control shows preabsorption of TRPV4 with PAR₂, CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Yellow arrows show that some neurons expressing CGRP or SP. Control shows preabsorption of TRPV4 antibody. Scale bar = 10 μ m. *D*, RT-PCR of mouse and rat DRG showing amplification of transcripts for TRPV4. There were no signals when reverse transcriptase (RT) was omitted (control).

resulted in >2-fold increase in the maximal current induced by 4α PDD, and increased the currents by >2-fold to -61.90 ± 6.52 pA pF⁻¹ at -80 mV, and 120.80 ± 12.70 pA pF at +80 mV, indicative of TRPV4 sensitization (Fig. 6*H*). Inhibition of PKA with H-89 (3 μ M) or PKC with calphostin C (2 μ M) reduced the current density at +80 mV following PAR₂-AP from 120.80 ± 12.70 pA pF⁻¹ to 47.50 ± 30.28 pA pF⁻¹ with H-89 and 26.00 ± 11.98 pA pF⁻¹ with calphostin C (Fig. 6*I*). Thus, PAR₂ sensitizes TRPV4 Ca²⁺ signals and currents in DRG neurons and HEK-FLPTREX-TRPV4a cells by PKC- and PKA-dependent processes.

Agonists of PAR₂ sensitize TRPV4-stimulated release of neuropeptides

The release of SP and CGRP from the central projections of nociceptive DRG neurons in the dorsal horn correlates with pain transmission, and sensitization of this process may enhance pain transmission. The TRPV1 agonist capsaicin strongly stimulates SP and CGRP release within the dorsal horn (Mantyh *et al.* 1995; Marvizon *et al.* 1997, 2003; Amadesi *et al.* 2004). Agonists of PAR₂ also stimulate the release of CGRP and SP from nociceptive neurons (Steinhoff *et al.* 2000), and potentiate TRPV1-induced peptide release in the dorsal horn (Amadesi *et al.* 2004). However, it is not known if TRPV4 agonists stimulate neuropeptide release, and whether PAR2 sensitizes this effect. To examine these possibilities, we studied segments of rat spinal cord.

We first determined if TRPV4 was present in nerve fibres in superficial laminae of the dorsal horn that contain SP and CGRP. Immunoreactive TRPV4 was detected in cells bodies and in punctate structures that may represent nerve fibres in the superficial and deeper laminae of the dorsal horn of rat spinal cord (Fig. 7). Immunoreactive CGRP and SP were prominently detected in nerve fibres in superficial laminae I and II of the dorsal horn. Some fibres containing immunoreactive CGRP and SP also contained immunoreactive TRPV4 (Fig. 7). Thus, TRPV4 is present in neuropeptide-containing nerve fibres in the dorsal horn of the spinal cord.

To determine if TRPV4 agonists induce release of CGRP and SP, we incubated slices of dorsal horn of the rat spinal cord with 4 α PDD or hypotonic solution, and measured release of immunoreactive CGRP and SP. 4 α PDD (10 μ M) stimulated a >9-fold increase in CGRP release and a >4-fold increase in SP release over basal values (basal: CGRP, 2.0 ± 1.0 fmol g (20 min)⁻¹, SP, 1.0 ± 1.0 fmol g (20 min)⁻¹; 4 α PDD: CGRP, 18.7 ± 4.5 fmol g (20 min)⁻¹; SP, 4.2 ± 1.2 fmol g (20 min)⁻¹) (Fig. 8A). A higher concentration of 4 α PDD (100 μ M) produced a greater response (CGRP, 42.5 ± 10.2 fmol g (20 min)⁻¹; SP, 8.9 ± 1.8 fmol g (20 min)⁻¹). Hypotonic solution

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(228 mosmol l⁻¹) stimulated an 18-fold increase in CGRP release and a >10-fold increase in SP release (CGRP, $82.4 \pm 5.6 \text{ fmol g} (20 \text{ min})^{-1}$; SP, $19.3 \pm 2.6 \text{ fmol g} (20 \text{ min})^{-1}$) (Fig. 8*B*). Removal of extracellular Ca²⁺ ions, and capsaicin-desensitization of tissues inhibited the stimulatory effects of 4 α PDD and hypotonic solution. Thus, TRPV4 agonists stimulate the Ca²⁺-dependent release of proinflammatory and nociceptive peptides from capsaicin-sensitive afferent nerve endings.

A consequence of PAR₂-induced sensitization of TRPV4 may be to enhance the release of neuropeptides. To examine this possibility, we preincubated segments of the dorsal horn of the rat spinal cord with PAR₂-AP, PAR₂-RP (10 μ M) or vehicle for 20 min, washed the segments, and then measured release of CGRP and SP in response to incubation of segments with 4 α PDD (10 μ M) or hypotonic solution (228 mosmol l⁻¹). PAR₂-AP enhanced the release of immunoreactive CGRP and SP to 4 α PDD by >2-fold compared to PAR₂-RP or vehicle (Fig. 8*C*). Similarly, PAR₂-AP enhanced release of immunoreactive CGRP and SP to a hypotonic stimulus (Fig. 8*D*). Thus, agonists of PAR₂ sensitize TRPV4-induced release of nociceptive peptides in the dorsal horn.

TRPV4 mediates PAR₂-induced hypersensitivity to a mechanical stimulus

PAR₂ agonists cause mechanical allodynia and hyperalgesia by unknown mechanisms (Vergnolle *et al.* 2001; Coelho *et al.* 2002). Since deletion and downregulation of TRPV4 results in diminished pain to mechanical and hypoosmotic stimuli (Alessandri-Haber *et al.* 2003, 2006; Liedtke & Friedman, 2003; Suzuki *et al.* 2003), we examined the effects of PAR₂-AP on mechanical allodynia and hyperalgesia in TRPV4^{+/+} and TRPV4^{-/-} mice. We have previously reported that the hyperalgesic effect of PAR₂-AP requires expression of PAR₂, and that PAR₂-RP has no effect, confirming specificity (Vergnolle *et al.* 2001).

Intraplantar injection of 4α PDD (10 μ l of 50 μ m solution) or PAR₂-AP (1 μ g in 10 μ l saline) in TRPV4^{+/+} mice produced an increase in paw withdrawal frequency to stimulation with a 0.173 mN von Frey hair, compared to basal measurements (Fig. 9A and B). These increases were not observed in TRPV4^{-/-} mice. In contrast, intraplantar injection of hypotonic solution (10 μ l of 17 mosmol l⁻¹) did not increase the number of paw withdrawals in TRPV4^{+/+} or TRPV4^{-/-} mice (Fig. 9B). Thus, TRPV4 is required for PAR₂- and 4 α PDD-induced increases in mechanical sensitivity, which is indicative of mechanical allodynia and hyperalgesia.

To determine if activation of PAR₂ sensitizes pain responses to agonists of TRPV4, we administered PAR₂-AP



Figure 6. PAR_2 -induced sensitization of TRPV4 Ca^{2+} signals and currents in DRG neurons (A–F) and HEK-FLPTREX-TRPV4a cells (G–I)

Neurons were pretreated for 20 min and HEK-FLPTREX-TRPV4a cells for 2 min with PAR₂-AP, PAR₂-RP or vehicle (Veh) before challenge with 4 α PDD. A–C, [Ca²⁺]_i records in rat DRG neurons. A, records of [Ca²⁺]_i in DRG neurons challenged with 4 α PDD (10 μ M). B, maximal [Ca²⁺]_i responses to 4 α PDD (10 μ M) expressed as percentage response in neurons pretreated with PAR₂-RP (100%). Pretreatment with PAR₂-AP (10 μ M) increased 4 α PDD-stimulated Ca²⁺ response, indicative of TRPV4 sensitization (*P < 0.05, Student's t test). C, effects of inhibitors of second messenger

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(1 µg in 10 µl saline) 5 min before 4α PDD (10 µl of 50 µM solution) or a hypotonic solution (10 µl of 17 mosmol l⁻¹). In TRPV4^{+/+} mice, preinjection of PAR₂-AP caused a >2-fold increase in the frequency of paw withdrawal to 4α PDD alone (Fig. 9A), and a >3-fold increase in the frequency of paw withdrawal to hypotonic solution alone (Fig. 9B). This sensitization was not present in TRPV4^{-/-} mice. Thus, PAR₂-AP sensitizes TRPV4 to increase sensitivity of the paw to a mechanical stimulus, indicative of mechanical allodynia and hyperalgesia.

Discussion

Our results show, for the first time, that TRPV4 mediates PAR₂-induced mechanical allodynia and hyperalgesia. PAR₂ sensitizes TRPV4 Ca²⁺ signals and currents in cell lines and afferent neurons by mechanisms requiring activity of PLC β , PKA, PKC and perhaps PKD. TRPV4 agonists promote SP and CGRP release from afferent nerves in the spinal cord, where they can mediate nociceptive transmission. PAR₂ sensitizes both TRPV4-mediated neuropeptide release and TRPV4-induced mechanical hyperalgesia, and TRPV4 deletion prevents PAR₂-induced mechanical hyperalgesia. Thus, we have identified a novel mechanism by which proteases that are generated during injury and inflammation cleave PAR₂ on afferent nerve endings to activate second messenger kinases that sensitize TRPV4 Ca²⁺ signals; this sensitization enhances the release of nociceptive neuropeptides at the spinal level and causes mechanical allodynia and hyperalgesia (Fig. 10).

PAR-mediated sensitization of TRPV4

The observation that afferent nerves coexpress immunoreactive TRPV4 and PAR₂ suggests that PAR₂ can sensitize TRPV4 within an individual neuron, without involvement of other cell types. HBE cells also coexpressed TRPV4 and PAR₂, providing a convenient cell line in which to study interactions between these proteins. We identified three TRPV4 isoforms in these cells, corresponding to sequences also identified in human tracheal epithelial cells (Arniges *et al.* 2006). In this study, only full-length TRPV4



Figure 7. Localization of immunoreactive TRPV4, CGRP or SP in dorsal horn of rat spinal cord

Control shows preabsorption of TRPV4 antibody with antigen used for immunization. White arrows show colocalization of TRPV4 with CGRP and SP in some fibres of superficial laminae I and II. Scale bar = 10 μ m.

was detected at the plasma membrane, whereas truncated isoforms, lacking ankyrin domains, were retained in the endoplasmic reticulum (Arniges *et al.* 2006). In contrast, we found that all TRPV4 isoforms were present at the plasma membrane and in intracellular locations when transiently expressed in HEK cells. However, in both studies, only full-length TRPV4 protein with three complete ankyrin domains responded to 4α PDD or a hypotonic stimulus. The function of the other isoforms is unknown.

Expression of TRPV4a in HEK cells conferred responsiveness to 4α PDD and hypotonic stimuli, suggesting that these agents specifically activate TRPV4. Pretreatment of HBE or HEK-TRPV4a cells with PAR₂-AP enhanced Ca²⁺ signals to 4α PDD and hypotonic stimuli, indicating that PAR₂ sensitizes TRPV4. PAR₂ also sensitized TRPV4 currents in HEK-FLPTREX-TRPV4a cells. PAR₁-AP increased [Ca²⁺]_i in HEK-TRPV4a cells to a similar level as PAR₂-AP, but did not affect the responses to 4α PDD, indicating that PAR₁ does not sensitize TRPV4.

kinases on PAR₂-induced sensitization of Ca²⁺ signals to 4 α PDD. Results are expressed as percentage of response to 4 α PDD in neurons pretreated with PAR₂-AP (100%). H-89 (10 μ M) and GF109203X (GFX) 1 μ M inhibited PAR₂-induced sensitization of Ca²⁺ responses to 4 α PDD (*P < 0.05, ANOVA and Dunnett's test). *D–F*, whole-cell currents of mouse DRG neurons. *D*, whole-cell currents recorded during voltage ramp (–100 mV to +100 mV every 15 s) before and during application of 4 α PDD (10 μ M). *E*, current densities at –80 mV and +80 mV. PAR₂-AP (10 μ M) increased 4 α PDD-mediated current density (**P < 0.01; *P < 0.02, Student's *t* test). *F*, proportion of neurons that responded to 4 α PDD (10 μ M) by activation of an outwardly rectifying current. *G–H*, whole-cell currents of HEK-FLPTREX-TRPV4a. *G*, whole-cell currents recorded during voltage ramp (–100 mV to +100 mV every 15 s) before and during application of 4 α PDD (0.5 μ M). *H*, current densities at –80 mV and +80 mV. PAR₂-AP (100 μ M) increased 4 α PDD-mediated current density (**P < 0.01; *P < 0.05, Student's *t* test). *I*, effects of antagonists of signalling pathways on PAR₂-induced sensitization of currents to 4 α PDD. H-89 (3 μ M) and calphostin C (CaC) 2 μ M inhibited sensitization (*P < 0.05; Student's *t* test). In *A–I*, numbers in parentheses refer to the number of cells.

Unlike PAR₂ agonists, PAR₁ agonists do not cause thermal or mechanical hyperalgesia (Asfaha *et al.* 2002) and do not sensitize TRPV1 (Amadesi *et al.* 2004). Thus, sensitization of TRPV4 is specific to PAR₂, rather than being a general effect of PARs that do not influence nociception.

If PAR₂-mediated sensitization of TRPV4 is relevant to mechanical hyperalgesia, it should occur in the DRG neurons that transduce painful mechanical stimuli. We observed that PAR₂-AP enhanced 4α PDD-induced Ca²⁺ signals and currents in isolated DRG neurons, and also increased the proportion of responsive neurons. These results confirm that DRG neurons coexpress PAR₂ and TRPV4, and demonstrate a functional interaction between these proteins that increases the sensitivity of TRPV4 to its agonist. This interaction occurs at the level of individual neurons, suggesting that it is mediated through activation of intracellular signalling cascades. In a similar manner, PAR₂ agonists also enhance capsaicin Ca²⁺ signals and currents in DRG neurons and increase the proportion of capsaicin-responsive neurons, indicative of sensitization of TRPV1 (Amadesi et al. 2004; Amadesi et al. 2006; Dai et al. 2004).

We have previously reported that >60% of DRG neurons express immunoreactive PAR₂ and respond to

PAR₂ agonists with increased $[Ca^{2+}]_i$ (Steinhoff et al. 2000). Although variability in the levels of immunoreactive TRPV4 precluded accurate quantification of the proportion of TRPV4-expressing neurons, >60% of DRG neurons responded to 4α PDD with a detectable current, and this proportion was increased by pretreatment with PAR₂-AP, indicative of sensitization. Thus, similar proportions of neurons express functional PAR₂ and TRPV4, and we also observed that immunoreactive PAR2 and TRPV4 are frequently coexpressed. PAR₂ agonists may directly regulate TRPV4 activity in these neurons. However, some neurons containing immunoreactive TRPV4 did not express detectable PAR₂ (or CGRP or SP), and it is possible that some PAR₂-stained neurons do not express TRPV4. PAR₂ may regulate these neurons by TRPV4-independent mechanisms, which remain to be characterized. Other mechanisms may regulate TRPV4 in neurons that do not express PAR₂. We detected immunoreactive TRPV4 at the plasma membrane, in cytosolic vesicles and sometimes in the nucleus of DRG neurons. TRPV4 at the plasma membrane may be a target for regulation by PAR₂ and other inflammatory agents, which could also control TRPV4 trafficking between the plasma membrane





Effects of 4α PDD (10–100 μ M) (A) and hypotonic stimulus (228 mosmol l⁻¹) (B) on release of CGRP (left panels) and SP (right panels) from superfused slices of dorsal spinal cord. $-[Ca^{2+}]_o$ denotes Ca^{2+} -free solution and Caps denotes pretreatment with capsaicin. 4α PDD and hypotonic stimulus induced release of CGRP and SP, and release required extracellular Ca^{2+} ions and was prevented by capsaicin pretreatment. **P* < 0.05 compared to vehicle; ANOVA and Bonferroni's test. *C* and *D*, PAR₂-induced sensitization of neuropeptide release from dorsal spinal cord. Effects of preincubation with PAR₂-AP, PAR₂-RP (both 10 μ M) or vehicle for 20 min on release of immunoreactive CGRP (left panels) and SP (right panels) in response to 4α PDD (*C*) or hypotonic stimulus, indicative of TRPV4 sensitization. **P* < 0.05 compared to vehicle; ANOVA followed by Bonferroni's test. *n* = 6–9 experiments.

Frequency of paw withdrawal (%) D

100

90

80

70

60

50

40

30

20

10

0

and vesicles. A function of TRPV4 in the nucleus is unknown.

Mechanisms of PAR₂-induced sensitization of TRPV4

PAR₂ couples through $G\alpha_{q/11}$ to PLC β and the release of inositol trisphosphate and diacylglycerol (Bohm et al. 1996a), and in afferent neurons PAR₂ activates PKA, PKC (Amadesi et al. 2006) and PKD (N.W. Burnett, unpublished observation). We examined the contribution of these signalling pathways to PAR₂-induced sensitization of TRPV4 Ca²⁺ signals and currents in cell lines and neurons. As expected, the PLC β inhibitor U73122 abolished PAR₂-induced sensitization of responses to 4α PDD in HBE and HEK-TRPV4a cells. The PKA inhibitor H-89, the broad-spectrum PKC inhibitors GF109203X and calphostin C, and Gö6976, which blocks PKC α , β and PKD (Martiny-Baron *et al.* 1993; Gschwendt et al. 1996), also inhibited PAR₂-induced sensitization of responses to 4aPDD. The lack of effect of Gö6983, which blocks PKC α , β , γ , δ and ζ but not PKD (Gschwendt et al. 1996), suggests that the inhibitory effects of Gö6976 are due to an action on PKD, which requires additional investigation. Together, these data suggest that PAR₂-induced sensitization of TRPV4 responses to 4α PDD requires activation of PLC β , followed by PKA, PKC and PKD activity. It remains to be determined whether these kinases act sequentially or in parallel. It is also unknown whether PKA, PKC and PKD phosphorylate and thereby sensitize TRPV4, as they do for TRPV1 (Lopshire & Nicol, 1998; Premkumar & Ahern, 2000; Vellani et al. 2001; Bhave et al. 2002; Mohapatra & Nau, 2003; Wang *et al.* 2004). In support of our results, PLC β , PKA and PKC mediate PAR₂-induced sensitization of TRPV1 (Amadesi et al. 2004; Dai et al. 2004; Amadesi et al. 2006).

Slightly different mechanisms mediate PAR₂-induced sensitization of TRPV4 responses to hypotonic stimulus. Although antagonism of PLC β and PKA prevented sensitization of responses to hypotonic stimulus in HBE cells, the broad-spectrum PKC inhibitor GF109203X was without effect. Further investigations, using selective approaches to antagonize activity or expression of second messenger systems, are required to elucidate the precise mechanisms of this sensitization. However, our results showing differences in the mechanisms of PAR₂-induced sensitization of TRPV4 responses to hypotonic stimuli and 4α PDD are consistent with the view that these agonists activate TRPV4 by different mechanisms (Vriens *et al.* 2004).

PAR2-induced sensitization of TRPV4-mediated peptide release and mechanical hyperalgesia

Release of SP and CGRP from the central projections of nociceptive DRG neurons within the dorsal horn

correlates with nociceptive behaviour, and agonists of both TRPV1 (Mantyh *et al.* 1995; Marvizon *et al.* 1997, 2003; Amadesi *et al.* 2004) and PAR₂ (Steinhoff *et al.* 2000) promote SP and CGRP release from these fibres. We detected immunoreactive TRPV4 in nerve fibres of superficial laminae of the dorsal horn that also contained immunoreactive SP and CGRP. These fibres probably represent the central projections of primary spinal afferent neurons, although additional experiments are required to

TRPV4+/+

TRPV4

Basal

PAR2-AP (1 µg) Frequency of paw withdrawal (%) 100 TRPV4+/ 90 80 TRPV/4-70 60 50 40 30 20 10 0 PAR₂-AP Basal Нуро. Нуро. (17 mOsm)+ (17 mOsm) (1 µg) PAR2-AP (1 µg)

4αPDD

(0.5 nmol)

PAR2-AP

(1 µg)

4aPDD

(0.5 nmol)+

Figure 9. Role of TRPV4 in PAR₂-induced mechanical hyperalgesia

Frequency of paw withdrawal to stimulation with a von Frey hair under basal conditions, after intraplantar injection of 4α PDD or PAR₂-AP alone, or after injection of PAR₂-AP followed 5 min later by 4α PDD (*A*), and distilled water or PAR₂-AP alone, or after injection of PAR₂-AP followed 5 min later by distilled water (*B*). When given alone, 4α PDD (10 μ l of 50 μ M solution) and PAR₂-AP (1 μ g in 10 μ l saline), but not hypotonic stimulus (10 μ l of 17 mosmol I⁻¹), increased the frequency of paw withdrawal in TRPV4^{+/+} but not TRPV4^{-/-} mice, indicating that TRPV4 mediates 4α PDD- and PAR₂-AP-induced mechanical hyperalgesia. Preinjection of PAR₂-AP enhanced responses to 4α PDD and hypotonic stimulus in TRPV4^{+/+} but not TRPV4^{-/-} mice, indicating that PAR₂ sensitizes TRPV4 to cause mechanical hyperalgesia. ****P* < 0.001; **P* < 0.05 compared to vehicle; †††*P* < 0.001 compared to TRPV4^{+/+}. ANOVA and Bonferroni's test. *N* = 6–9 animals. confirm this hypothesis. The TRPV4 agonists 4α PDD and hypotonic solutions stimulated release of both neuropeptides from slices of the dorsal spinal cord, consistent with a role of TRPV4 in nociception. This release required extracellular Ca²⁺ ions, indicative of regulated exocytosis from spinal nociceptive afferent fibres. Pretreatment with capsaicin prevented the effects of TRPV4 agonists on peptide release, confirming that TRPV4 agonists stimulate peptide secretion from nociceptive nerve fibres that express TRPV1. We also detected immunoreactive TRPV4 on unidentified neurons of the dorsal horn, and thus cannot exclude the possibility that TRPV4 agonists stimulated peptide release by indirect mechanisms. The identity of these TRPV4-expressing neurons and the role of TRPV4 in these cells remains to de determined.

PAR₂-AP increased the release of SP and CGRP in response to 4α PDD or hypotonic saline. Thus, PAR₂ not only sensitizes TRPV4 Ca²⁺ signals and currents in DRG neurons, but also sensitizes TRPV4-dependent peptide release from intact nerve fibres. Increased peptide release following PAR₂-mediated TRPV4 sensitization may contribute to enhanced mechanical nociception by facilitating central nociceptive transmission. In support of these results, PAR₂ agonists also sensitize TRPV1-mediated SP and CGRP release from the dorsal horn (Amadesi *et al.* 2004).

Intraplantar injection of PAR_2 -AP alone increased paw withdrawal responses to a mechanical stimulus, and enhanced responses to $4\alpha PDD$ and hypotonic solution, indicating that PAR_2 induces mechanical allodynia and hyperalgesia. These responses were not present in TRPV4-deficient mice and thus depend on the presence of this channel. Hypotonic solution alone had no effect on paw withdrawal in the absence of a sensitizing stimulus, in agreement with our previous finding that pretreatment with prostaglandin E_2 is necessary to induce nocifensive responses to a hypotonic stimulus (Alessandri-Haber *et al.* 2003). In contrast, injection of 4 α PDD alone was sufficient to cause increased paw withdrawal in wild-type but not TRPV4-deficient mice. These data provide novel evidence that 4 α PDD selectively activates TRPV4 *in vivo*, and possibly that hypotonic stimuli and 4 α PDD activate TRPV4 by distinct mechanisms in live animals, as previously suggested in heterologous expression systems (Vriens *et al.* 2004).

Although our results suggest that PAR_2 agonists can sensitize TRPV4 on primary spinal afferent neurons to enhance peptide release and cause mechanical hyperalgesia, we cannot exclude the possibility that PAR_2 also sensitizes TRPV4 on other cell types to enhance nociception. Keratinocytes highly express PAR_2 and TRPV4 (Steinhoff *et al.* 1999; Chung *et al.* 2003, 2004). These cells receive a rich sensory innervation and have been proposed to participate in TRPV4-dependent thermosensation (Lee *et al.* 2005). Indeed, our results show that PAR_2 agonist strongly sensitizes TRPV4 in airway epithelial cells, and similar sensitization in keratinocytes or enterocytes could contribute to mechanical hyperalgesia in the skin and intestine. Additional experiments are necessary to investigate this possibility.



Figure 10. Proposed model of protease-induced mechanical hyperalgesia

Proteases that are generated during inflammation (1) activate PAR_2 on afferent nerve endings in peripheral tissues (2). PAR_2 couples to activation of second messenger kinases (3) that may phosphorylate and sensitize TRPV4 (4), resulting in enhanced influx of Na⁺ and Ca²⁺ ions (5) and elevated release of CGRP and SP in the dorsal horn in response to mechanical stimuli (6). CGRP and SP activate their receptors on spinal neurons (CGRP, calcitonin-like receptor (CLR) and receptor activity-modifying protein 1 (RAMP1); SP, neurokinin 1 receptor (NK₁R)), resulting in enhanced transmission of nociceptive signals and mechanical hyperalgesia.

General mechanisms by which PAR₂ regulates afferent neurons

PAR₂ may regulate the activity of primary spinal afferent neurons by several mechanisms. The mechanism that we describe, by which PAR₂ activates second messenger kinases that sensitize TRPV4 Ca²⁺ signals and currents to enhance release of nociceptive peptides in the spinal cord and induce mechanical hyperalgesia and allodynia in *vivo* (Fig. 10), resembles the mechanism by which PAR_2 sensitizes TRPV1 to cause hyperalgesia to thermal stimuli (Amadesi et al. 2004, 2006; Dai et al. 2004). Agonists of PAR₂ sensitize TRPV1 Ca²⁺ signals and currents and enhance release of SP and CGRP from the dorsal horn of the spinal cord (Amadesi et al. 2004; Dai et al. 2004). Antagonism or deletion of TRPV1 inhibits PAR₂-induced hyperalgesia to thermal stimuli, indicating an essential role for TRPV1 in this process (Amadesi et al. 2004). PAR₂ agonists promote phosphorylation of TRPV1, and sensitization of TRPV1 depends on activity of PLC β , PKA and PKC ϵ (Amadesi *et al.* 2004; Amadesi *et al.* 2006; Dai *et al.* 2004).

In addition to PAR₂ agonists, other inflammatory agents sensitize TRPV1 and TRPV4, including bradykinin, ATP, prostaglandin E2 and nerve growth factor (Lopshire & Nicol, 1997; Chuang et al. 2001; Tominaga et al. 2001; Vellani et al. 2001; Alessandri-Haber et al. 2003, 2005; Alessandri-Haber et al. 2006). Mechanisms of sensitization include PKC- and PKA-dependent phosphorylation of TRPV1, which modify channel gating and desensitization (Lopshire & Nicol, 1998; Cesare et al. 1999; Premkumar & Ahern, 2000; Bhave et al. 2002; Numazaki et al. 2002; Rathee et al. 2002; Mohapatra & Nau, 2003). Additional mechanisms of TRPV1 sensitization include altered interactions of TRPV1 with the endogenous inhibitor phospatidylinositol-4,5-bisphosphate (Chuang et al. 2001; Prescott & Julius, 2003), and PKC- and Src kinase-dependent trafficking of TRPV1 to the plasma membrane (Morenilla-Palao et al. 2004; Zhang et al. 2005). It remains to be determined whether alterations in phosphorylation and membrane translocation mediate PAR₂-induced sensitization of TRPV4, and whether PAR₂ agonists also sensitize other TRP channels of afferent neurons.

PAR₂ agonists also transiently depolarize primary spinal afferent neurons and induce a sustained hyperexcitability to depolarizing stimuli (Amadesi *et al.* 2004). This hyperexcitability does not involve sensitization of TRPV channels, but rather involves suppression of delayed rectifier IK currents (N.W. Burnett and S. Vanner unpublished observation). Thus, PAR₂ can regulate activity of afferent neurons by several mechanisms.

These mechanisms, by which PAR₂ agonists signal to primary spinal afferent neurons to sensitize TRPV1 and TRPV4 and suppress IK currents, may be relevant

in painful inflammatory diseases such as arthritis, inflammatory bowel disease and irritable bowel syndrome, where multiple PAR₂-activating proteases are produced (Nakano *et al.* 1999; Tarlton *et al.* 2000; Mohammed *et al.* 2003; Barbara *et al.* 2004; Hansen *et al.* 2005). Thus, antagonists of PAR₂, second messenger kinases and TRPV channels may be promising therapies for inflammatory hyperalgesia.

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