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Control of claudin intercellular binding compatibility by extracellular loop domains

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Tight junction permeability is regulated by proteins in the claudin family. In order to form a tight junction, claudins on one cell bind to claudins on an adjacent cell through head-to-head interactions. Previous work suggests that claudins fall into compatibility groups, however, the rules which dictate claudin head-to-head binding specificity have not been defined. Characterizing claudin compatibility is complicated by the fact that most epithelial cells express four or more claudin isoforms. We have found that HeLa cells endogenously express many tight junction components (e.g. occludin, ZO-1, ZO-2, ZO-3, and JAM) however, they are deficient in claudin expression. Thus, we used HeLa cells as a null background to examine claudin head-tohead compatibility. Cells were stably transfected with different human claudins and the ability of different claudins to interact was examined in a coculture system. Claudin interactions were detected by immunofluorescence colocalization and confirmed by co-immunoprecipitation. Using this approach, we found that claudin-3 has the capacity to bind to itself and claudin-1, but not claudin-4. To further define claudin compatibility, we produced a series of claudin chimeras, based on a claudin-4 backbone, where either one or both of the extracellular loop (EL) domains were replaced with EL domains from claudin-3. A chimera containing both EL domains (claudin-4/3e1+e2) had the capacity to bind wild type claudin-1 or claudin-3. Also, we found that replacing either the first EL domain (claudin-4/3e1) or second EL domain (claudin-4/3e2) was sufficient to enable binding to wild type claudin-1 or claudin-3. This suggests that claudin head-to-head compatibility can be controlled by a single EL domain. Also, the two EL domains may act as independent motifs to regulate intercellular binding between claudins in tight iunctions.

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Pharmacological Manipulation of Tight Junctions in Rat Colonic Mucosa in Vitro

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Demonstration of Compromised Ileal Structure and Function Following Severe Acute Trauma to the Left Forebrain in the Isoflourane Anaesthetized Rat

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The aim of this study was to examine the hypothesis that severe acute trauma to the forebrain can impact intestinal physiological function. Rats with and without a severe neurotrauma (NT) were studied electrophysiologically for effects on intestinal function *in vitro*. Immunohistochemistry was also carried out to determine morphological changes in the intestine as a result of NT compared to controls. Following a craniotomy in isoflourane anaesthetised rats (n=5), NT (1.3m/s velocity) was produced directly on exposed medial prefrontal cortex *via* a controlled cortical impact using a pneumatically driven impactor, resulting in a local 2.62 mm deformation. Control rats (n=5) were subjected to a craniotomy but did not receive a NT. Anaesthesia was

maintained for a further 6 hours before euthanasia by isoflourane overdose. Muscle-stripped rat ileal and colonic segments were dissected and mounted in Ussing Chambers and bathed in oxygenated Krebs-Henseleit solution at 37°C. Transepithelial electrical resistance (TEER) and the apparent permeability coefficient (Papp) of $\Gamma^{14}\mathrm{Cl}$ -mannitol were recorded for 120 minutes. TEER of Ileal and colonic mucosae showed no differences between NT and control rats, nor did the Papp of colonic tissue from either group. In contrast, following severe NT, Papp in the ileum was statistically increased from $4.7\pm0.4\times10^{4}\mathrm{cm/sec}$ in controls to $7.02\pm1.7\times10^{-6}\mathrm{cm/sec}$ in NT rats (P<0.05). Furthermore, independent immunohistochemical analysis showed damage to ileal but not colonic sections from NT rats. This study showed that NT results in damage to the small intestinal mucosa along with reduced barrier function, while colonic parameters were unchanged. This may have implications for the oral absorption of nutrients by patients with acute head injury, while allowing the passage of endotoxins across the gut that might normally be excluded by intact barrier function.

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Cell-cell junction dynamics at the blood-testis barrier (BTB) are regulated by $\alpha_2\text{-macroglobulin}$ $(\alpha_2\text{-MG})$ via the c-Jun N-terminal kinase (JNK) signaling pathway

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Proteolysis is crucial to anchoring junction restructuring events but it is limited to the cell-matrix interface in virtually all epithelia examined to date. However, a surge in α_2 -MG, a protease inhibitor, was detected at the Sertoli-Sertoli and Sertoli-germ cell interface in the seminiferous epithelium during cadmium chloride (CdCl₂)-induced BTB disruption in adult rats. Furthermore, this CdCl₂induced primary damage to Sertoli cell tight junctions (TJ) led to a secondary disruption of Sertoli-germ cell adherens junctions (AJ), causing germ cell depletion from the epithelium. It was thus suggested that $\alpha_2\text{-MG}$ was a critical player in BTB dynamics. To delineate the role of α_2 -MG in the BTB, changes in several signal transducers that were known to affect junction dynamics in the testis were examined. Both phospho-p38 MAP kinase and phospho-JNK were induced during the CdCl2-mediated BTB disruption. However, a blockade of p38 MAP kinase by SB202190 failed to affect changes in α₂-MG level during BTB restructuring, ruling out the involvement of p38 in this event. Yet, when rats were pretreated with dimethylaminopurine (DMAP), a JNK inhibitor, at 8 μ mol/testis prior to CdCl₂ treatment (3 mg/kg b.w., i.p.), the surge in α_2 -MG was significantly reduced, while damages in TJs and AJs at the epithelium were worsened when examined histologically and by fluorescent microscopy. These analyses were consistent with immunoblotting results in which a significant loss of occludin, ZO-1, N-cadherin and β-catenin from the BTB was detected. In summary, BTB dynamics are regulated by at least two signaling pathways: the p38 MAPK pathway determines the levels of TJ- and AJ-integral membrane proteins whereas the JNK pathway regulates the homeostasis of proteases and protease inhibitors at the cell-cell interface of the BTB.

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Cystic fibrosis deficient cell complementation

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Cystic Fibrosis is a lethal disorder caused by mutations in the CF Transmembrane Conductance Regulator (CFTR) gene. The trafficking of the ΔF508-CFTR protein from the endoplasmic reticulum is impaired compared to the wild-type (WT) CFTR. This membrane protein is involved with cAMPdependent Cl- ion transport and appeared to be involved with the regulation of other channels and cell signaling pathways. To better understand the role that CFTR plays in CF pathology, CF cell lines have been complemented with a WTand DF508-CFTR cDNA using an episomal expression system pCEP4 (InVitrogen), that contains the Epstein-Barr virus (EBV) origin of replication, oriP, and nuclear association antigen, EBNA-1. The vector used is maintained as an episome when transfected cells are maintained under selective pressure. WT-CFTR cDNA containing either the open reading frame (ORF) or the entire CFTR cDNA (4.7 or 6.2 Kb, respectively) were introduced in the pCEP4 vector into CF cell lines carrying mutations in the CFTR gene with genotypes of ΔF508/ΔF508 or $\Delta F508/Q2X$. Two cell lines were transfected: the CFSMEo- DF508.Q2X) derived from airway submucosal gland tissue isolates and the CFBE41o-(αF508/ΔF508) derived from bronchial tissue isolates. Cells were transfected by electroporation (AMAXA) with the normal and mutated plasmid and transferred to medium containing hygromycin B (Hyg B). The transfection with the DF508-CFTR cDNA will control for vector regulated CFTR expression. Hyg B resistant clones appeared within 10 days, and were isolated and expanded and then characterized for the expression of vector-specific CFTR mRNA by RT-PCR. Electrophysiological analysis of the complemented cell lines by patch clamp is underway. These cell lines represent a significant tool for investigating the role of CFTR in multiple cell functions in different tissue and genetic venues. This work is supported by grants from the Cystic Fibrosis Foundation, Pennsylvania Cystic Fibrosis, Inc.