

Original Research Article

Modulation of chloride currents in human lung epithelial cells exposed to exogenous oxidative stress[†]

Rita Canella¹, Marta Martini¹, Roberta Borriello¹, Carlotta Cavicchio¹, Ximena M Muresan¹, Mascia Benedusi¹, Franco Cervellati¹, and Giuseppe Valacchi^{1-2*}

¹Department of Life Sciences and Biotechnology, University of Ferrara, Ferrara, Italy

²Department of Animal Science, North Carolina State University, PHHI NC Research Campus at Kannapolis – NC – USA

*Corresponding Author

Prof. Giuseppe Valacchi

¹Dept. of Life Sciences and Biotechnology

University of Ferrara

Via Borsari, 46 – 44121 Ferrara Italy

Email: giuseppe.valacchi@unife.it

Phone: +39 0532455482

²Department of Animal Science,

North Carolina State University,

PHHI NC Research Campus at Kannapolis

28081 Kannapolis

NC – USA

Email: gvalacc@ncsu.edu

Running head: Redox regulation of chloride current.

Keywords: Lung chloride channels; Ozone; A549 cell line; Vitamin E; Oxidative stress.

Contract grant sponsor: University of Ferrara, Italy; **Contract grant number:** Local Funds G.V. FAR 2015.

[†]This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: [10.1002/jcp.25705]

Additional Supporting Information may be found in the online version of this article.

Received 11 July 2016; Revised 18 November 2016; Accepted 22 November 2016

Journal of Cellular Physiology

This article is protected by copyright. All rights reserved

DOI 10.1002/jcp.25705

ABSTRACT

Air pollution continues to be a major public health concern affecting 9 out of 10 individuals living in urban areas worldwide. Respiratory tract is the organ most exposed to gas pollution and ozone has been shown to be one of the most noxious pollutants to which living organisms are exposed. In the present work, we have investigated the effects of 0.1 ppm of ozone on chloride currents in human lung epithelial cells (A549 line) and whether this effect could be modulated by vitamin E pre-treatment.

Whole-cell patch clamp technique was applied to not excitable cells in order to obtain information about chloride currents behavior, important for epithelial lung cells homeostasis. Significant alteration of the I-V curve after ozone treatment was observed, with the appearance of a large outward rectifier component decreasing over time and returning to the basal state levels after 24 hours. Statistical analysis indicated a modification of the amount of ions passing the membrane in the unit of time as a possible cause of this difference. RT-qPCR analysis showed an increase in CIC-2 and ORCC mRNA after ozone exposure.

In addition, pre-treatment with vitamin E was able to suppress the outward rectifier component induced by ozone, bringing back the current values to the control level and preventing ozone induced chloride channels up regulation.

Our data suggest that ozone exposure is able to modify chloride current density and the use of vitamin E can prevent the above mentioned damage. This article is protected by copyright. All rights reserved

INTRODUCTION

Air pollution is a major environmental risk to health and its exposure has been associated directly or indirectly to several pathologies such as stroke, heart disease, lung cancer, asthma and both chronic and acute respiratory diseases (Sun et al., 2010; Cui et al., 2016; Bowatte et al., 2016; Malhotra et al., 2016; Ogawa and Kishi, 2016; Tomczak et al., 2016; Seaton et al., 1995; Guarnieri and Balmes, 2014).

When we breathe in dirty air, we bring air pollutants deep into our lungs, so it's no surprise that air pollution causes serious damage to the respiratory tract which is the first target of gaseous stressors. It has been well documented that pollution exposure can trigger new cases of asthma, exacerbate (worsen) a previously-existing respiratory illness, and provoke development or progression of chronic illnesses including lung cancer, chronic obstructive pulmonary disease, and emphysema (Lopez-Campos et al., 2016; Ling and van Eeden, 2009.). Air pollutants also negatively and significantly harm lung development, creating an additional risk factor for developing lung diseases later in life (Kurt et al., 2016).

Among the several environmental stressors to which we are daily exposed Ozone (O_3) is one of the most reactive and toxic. O_3 , one of the most widespread air pollutants, is formed when volatile organic compounds react with nitrogen oxides in the presence of sunlight. It irritates the lungs at concentrations that are fairly common in urban settings, particularly in summer months (Lockwood, 2009).

O_3 toxicity is mainly due to its ability to oxidize cellular components such as unsaturated and polyunsaturated lipids and thiol groups of proteins present in the cell membrane. It oxidizes lipids directly to ozonides, which decompose to aldehydes, many of them are very reactive and noxious to cells (Pryor and Church, 1991). Epithelial lung lining fluids (ELF) may react with O_3 producing various byproducts, such as organic and hydrogen peroxides, aldehydes, and organic radicals, which may promote oxidative damage. The respiratory tract, is one of the most vulnerable targets to oxidative stress in the body.

In general ELF represents the first line of defense against microbial and environmental aggressions. Its ion composition and osmolarity control the ciliary beat frequency and may also regulate mucin exocytosis (Widdicombe and Widdicombe, 1995) and the bactericidal capacity of neutrophils (Mizgerd et al., 1995). It has been shown that lung epithelial lining fluid (ELF) contains lipophilic and hydrophilic antioxidants, among which vitamin E has been shown to be the most effective in preventing the formation of oxidized lipids and for this reason tocopherol has been defined as the most important lipophilic antioxidant in the lung (Sabat et al., 2001). The exceptional role of vitamin E in the defense system of the lung is underlined by the findings that extreme oxidative burdening of the lung such as smoking, O_3 or paraquat, does not lead to an expected decrease but rather to an increase of the concentration of α -tocopherol in the lung. This result has been interpreted as mobilization of vitamin E from other tissues to maintain adequate its levels in the lung (Elsayed, 2001). Investigations on relation of serum levels of vitamin E and other antioxidants with the pulmonary function in the general population show that α -tocopherol correlates better with lung function than vitamin C or retinol (Schunemann et al., 2001). Kollbeck et al. (2002) demonstrated that vitamin E reaches the alveolar space as an integral constituent of ELF secreted by type II pneumocytes.

Type II cells are the only cells involved in surfactant secretion in the respiratory tract and their damage can

affect the defensive system presents in the lung against environmental stressors (Akella and Deshpande, 2013). Surfactant secretion is a critical regulated process in the metabolism of pulmonary surfactant. Presumably, because this process is vital to the survival of the organism, there are several independent pathways for stimulating secretion that works through different cell surface receptors and signaling mechanisms. As many physiological processes regulated in the cells the activation of ionic channels can alter cellular functions and modify cellular homeostasis (Rao et al., 2015).

In the lungs, epithelial chloride channels mediate *trans*-cellular Cl^- secretion, a major driving force for fluid secretion (Pitkanen, 2001). At birth, chloride secretion becomes significantly decreased, facilitating perinatal lung fluid clearance and preparing the lung for air breathing (Kitterman et al., 1979; Dickson et al., 1986). Although Cl^- secretion is reduced in adult lungs, it is essential for the maintenance of airway innate immunity (Widdicombe and Widdicombe, 1995). The mRNA for CIC-2 is present in fetal and adult human lung (Cid et al., 1995; Sherry et al., 1997) and it appears to provide one of the pathway for chloride transport across the lung epithelia (Cuppoletti et al., 2000). On the other hand, the ORCC channels (Outward Rectifier Chloride Channel), often identified as VSOR (Volume Sensitive Outward Rectifier) are ubiquitous (Martins et al., 2011) and activated by oxidative stress (Shimizu et al. 2004).

Therefore, in the present study we want to evaluate the effect of O_3 , at doses found in polluted cities (0.1 ppm), on chloride currents via an electrophysiological approach and whether pre-treatment with vitamin E (the most potent antioxidant able to prevent lipid peroxidation) could modulate O_3 effect on chloride currents.

MATERIALS AND METHODS

Cell culture

A549 cells were purchased from ATCC (Rockville, MD). Ham's F-12, fetal bovine serum, RPMI-1640, penicillin/streptomycin and l-glutamine were obtained from Lonza (Milan, Italy). Cell suspension containing 5×10^6 viable cells/ml were used. Cells were incubated at 37 °C for 24 h in 95% air/5% CO₂ until 80% confluency.

For Vitamin E experiments cells were pretreated with 100 μM of α-tocopherol 48 hrs before exposure as previously described (Nardini et al., 2002).

Exposure to Ozone

O₃ was generated from O₂ by electrical corona arc discharge (ECO3 model CUV-01, Torino, Italy). The O₂-O₃ mixture (95% O₂, 5% O₃) was combined with ambient air and allowed to flow into a Teflon-lined exposure chamber, with the O₃ concentration in chamber adjusted to varying ppm outputs and continuously monitored by an O₃ detector. Exposure to filtered air was carried out in similar exposure chambers except that filtered airflow was released into the chamber at flow rates similar to the O₃ output. After pretreatment with different antioxidant mixtures, cells (1×10^6 cells/well in 1.2 ml of media in 6 cm Petri dishes) were exposed to filtered air or to O₃ 0.1ppm, for 30 minutes. Subsequently, the medium was replaced with fresh medium + 10% FBS (3 ml). The O₃ dose and the exposure time were determined by the current literature on O₃ pollution levels and on our recent publications (Valacchi et al., 2015). Temperature and humidity were monitored during exposures (37°C and 45–55%, respectively).

RT-QPCR (Reverse Transcription Quantitative Real-Time PCR)

Quantitative real-time PCR was carried out as previously described (Pecorelli et al. 2016). Briefly, total RNA was extracted, using an AURUM total RNA Mini Kit with DNase digestion (BioRad), according to the manufacturer's recommended procedure. First-strand cDNA was generated from 1 pg of total RNA using the iScript cDNA Synthesis Kit (Bio-Rad). The primer pairs (Table 1) capable of hybridization with unique regions of the appropriate gene sequence were obtained from the Real-Time PCR GenBank Primer and Probe Database Primer Bank, RTPrimerDB.

Quantitative real-time PCR (qPCR) was performed using SYBR green on the CFX Multicolor real-time PCR detection system (Bio-Rad). The final reaction mixture contained 300 nM each primer, 1 p l of cDNA, and 7 p l of iQ SYBR Green Supermix (Bio-Rad), with RNase-free water being used to bring the reaction mixture volume to 15 Pl. All reactions were run in triplicate. Real-time PCR was initiated with a 3-min hotstart denaturation step at 95°C and then performed for 40 cycles at 95°C for 3 s and 60°C for 5 s. During the reaction, fluorescence, and therefore the quantity of PCR products, was continuously monitored by Bio Rad CFX Manager software (Bio-Rad). Primers were initially used to generate a standard curve over a large dynamic range of starting cDNA quantities, permitting calculation of the amplification efficiency (a critical

value for the correct quantification of expression data) for each of the primer pairs. Ribosomal proteins L13a (RPL13a) and L11a (RPL11a) and GAPDH were employed as housekeeping genes. Samples were compared using the relative cycle threshold (CT). After normalization to more stable mRNA RPL13a, RPL11a, and GAPDH, the fold increase or decrease was determined with respect to control, using the formula $2^{-\Delta\Delta CT}$, where ΔCT is (gene of interest CT) (reference gene CT), and $\Delta\Delta CT$ is (ΔCT experimental) (ΔCT control).

Patch Clamp Technique

Patch pipettes were pulled from glass capillaries with 1.0 mm outer diameter using a micropipette puller (NARISHIGE Instruments, Japan, mod PP-830), fire-polished (tip resistance between 2 and 5 M) and filled with an intracellular solution. In order to characterize the overall membrane current response, the following solutions were employed:

6 Intracellular solution containing (in mM): 145 KCl, 1 MgCl₂, 10 HEPES and 5 EGTA; the pH was adjusted with KOH up to the value of 7.4;

6 Extracellular solution containing (in mM) 145 NaCl, 1.8 CaCl₂, 1 MgCl₂, 5.4 KCl, 10 glucose and 10 HEPES; pH was adjusted with NaOH until the value of 7.35.

To isolate chloride current intra and extracellular solutions were changed as follows:

6 Intracellular solution containing (in mM) 1 MgCl₂, 10 HEPES, 5 EGTA and 130 CsCl; pH was adjusted with TEAOH up to the value of 7.4;

6 Extracellular solution containing (in mM) 135 NaCl, 1.8 CaCl₂, 1 MgCl₂, 5.4 KCl, 10 glucose and 10 HEPES; the pH was adjusted with NaOH until the value of 7.35.

Osmolality was adjusted with sucrose to obtain values between 300 and 310 mOsm/Kg.

Cells were viewed through a TV monitor connected to a contrast enhanced video camera (T.I.L.L. Photonics, Planegg, Germany). The camera was coupled to an inverted microscope (Olympus IMT-2, Tokyo, Japan) equipped with a 40× Hoffman-modulation contrast objective.

After a gigaseal had been formed, intracellular access was established by suction.

Whole cell currents were elicited by voltage-clamp pulses (1,400 ms duration) between +70 and -110 mV in 20mV increments from a beginning holding potential of -30 mV.

The voltage protocol and data acquisition were performed with Digidata card 1322A and pClamp package (version 9.0). The currents were recorded with a commercial patch clamp amplifier (EPC-7; Consumer E-List, Darmstadt, Germany); the recordings were filtered at 5 kHz and acquired at 5 (total current) and 10 kHz (chloride current) and stored on disk.

The cell samples exposed to O₃ were electrophysiologically examined at time 30 minutes, 6 hours and 24 hours after treatment.

4-(2-butyl-6,7-dichloro-2-cyclopentyl-indan-1-on-5-yl) oxobutyric acid (DCPIB; Tocris) was dissolved in ethanol and added to the perfusion solution to achieve a final concentration of 10 μM; tunicamycin (Sigma-Aldrich) and arachidonic acid (AA; Sigma-Aldrich) were dissolved in dimethylsulfoxide (DMSO) and added to the perfusion solution to achieve a final concentration of 3 μM and 2 μM respectively; CdCl₂ (Sigma-

Aldrich) was dissolved in water and added to the perfusion solution to achieve a final concentration of 50 μ M.

Data analysis and statistical procedures

Data are reported in the text and figures as mean \pm SEM. The control-treated comparisons were made with GraphPad Prism v.6, and the significance of P values were reported in the text and figures (Student's t test for means, and two-way ANOVA; significant differences for P <0.05).

Accepted Article

RESULTS

Electrophysiological characterization

Passive parameters of A549 cells under each experimental conditions were measured. The resting membrane potential was -43.17 ± 5.20 mV in 6 cells studied, according to published data (Jovanović et al., 2003); average membrane resistance was $2,70 \pm 0,64$ G and the capacity was $34,65 \pm 1,83$ pF.

Compound current were evoked in control, applying the voltage-clamp protocol described in Methods without any selective blocker. The obtained current recordings are shown in Fig. 1, panel A (mean traces, $n = 7$).

As it is shown in Fig.1 the compound current rapidly built up in to a steady state level maintained over time. This stationary level varied proportionally with voltage command, up to +30 mV, but its magnitude increased for more positive voltages, giving rise to a strong outward component in the I-V relation.

Accordingly, we isolated the chloride current by using intracellular CsCl as a blocker of potassium channels. Figure 1, panel B (mean trace, $n = 5$) shows the recorded traces. The tracing time courses became a monotonic relation of current to voltage with the disappearance of the outward component of the current of control cells. Apparently, it is cancelled by CsCl at very positive command potentials, showing to be mainly K^+ current.

Ozone exposure effect on the chloride current

After exposing the cells to 0.1ppm of O_3 for 30 minutes we evaluated the electrophysiological effects on A549 cells, 30 minutes (time 0, panel B), 6 hours (panel C) and 24 hours (panel D) after the exposure. As it is shown in Fig. 2, it appeared that the exposure to O_3 produced marked changes in the steady-state current amplitude for each group of treated cells, that tend to disappear over time after O_3 exposure.

Analysis of ozone exposure on current

Figure 3 shows that the inward component of the current is substantially the same in all experimental conditions, while it is evident a strong outward rectifier effect of the treatment at t_0 (30 min after O_3 exposure), decreasing gradually over time, and going back to the steady level after 24 hours.

The statistical analysis (2-way ANOVA) confirmed a significant diversity between controls and time 0 ($P < 0.01$) and time 6 hours ($P < 0.05$) of the O_3 exposed cells. On the other hand, the comparison between controls and time 24 hours was not significant. Carrying out the analysis up to +50 mV (range of more physiologic voltage), the comparison between controls and time 0 was still significant ($P < 0.05$).

To understand whether the action of O_3 involves other ion species, we compared the equilibrium potential of the mean currents studied at each experimental condition with the control. Student's t values were not significant for any comparison, indicating that the treatment does not alter the ionic composition of the activated current, but only its conductance.

Subsequently, we evaluated the effect of O_3 on the cell conductance. As it is shown in Fig.3B the average conductance of each group of cells, with SEM ($n = 5$), indicates a significant difference between controls and time 0 ($P < 0.01$) and between controls and time 6 hours ($P < 0.05$).

We attempted to clarify whether oxidative stress affects the functionality of ClC-2 and/or ORCC channels. RT-QPCR for ClC-2 mRNA indicates that O₃ exposure induces a significant increase in the mRNA levels, at all the time points considered after the exposure (Fig. 3C; P <0.01 for 0 and 24 hours; P <0.001 for 6 hours).

Despite ORCC channel have been discovered about thirty years ago, its gene has not yet been identified (Verkman and Galiotta, 2009); some authors have proposed that it matches the ClC-3 channel, but the evidence is contradictory (Duan et al., 1997; Hara-Chikuma et al. 2005). Other authors have demonstrated the presence of anoctamin 6 as an essential component of this channel (Martins et al., 2011). Therefore, we have analyzed the mRNA levels of anoctamin 6. The results are shown in Fig. 3D and indicate that the O₃ treatment was able to affect also the mRNA levels of anoctamin 6. Of note it that at time 0 the amount of mRNA had dramatically decreased (P <0.001) and it rises again at t6 and t24 significantly respect to the control (P <0.01 at t6 and P <0.05 at t24).

To verify whether the electrophysiological results were a consequence of the activation of ClC-2 and/or ORCC channels, we performed experiments with specific inhibitors for the two channels. As it is shown in Fig.4A, treating the control cells with tunicamycin, a selective activator of ORCC channels (Zhang et al., 2011; Shen et al., 2014), I-V curve was not statistically different from t0 curve. On the other hand, administrating DCPIB (selective inhibitor of ORCC, Shen et al., 2014) to the cells after O₃ exposure, prevents the appearance of the outward component of the current. Figure 4B shows that the action of the activator (arachidonic acid, Cuppoletti et al., 2001) and the inhibitor of ClC-2 channels (Duan et al., 1997; Verkman and Galiotta, 2009) alters the control and t0 curves to a lesser extent than the tunicamycin and DCPIB.

These tests let us to suggest a prevalent involvement of ORCC channel in the observed phenomenon.

Protective effect of vitamin E

In order to verify whether the observed effect of O₃ treatment on chloride current was oxidative stress mediated, A549 cells were pre-treated with 100 μM of vitamin E 48h before O₃ exposure. The dose of 100 μM was chosen based on dose-viability preliminary studies (not shown) and on our previous work (Nardini M et al. 2002). Electrophysiological experiments were performed 30 minutes after O₃ exposure. Figure 5 displays example traces of control chloride and t0+vitE chloride currents. No changes of amplitude, rising and falling phase are evident.

Analysis of the vitamin E effect on chloride current

The I-V curves for control, and O₃ + vit.E (t0+vitE), are shown in Figure 6A. The graph clearly shows that treatment with vitamin E eliminates the outward rectifier current component activated by oxidative stress.

The statistical analysis (2-way ANOVA) between controls and t0+vitE was not significant, indicating the protective effect of tocopherol.

The protective effect of vitamin E with respect the O₃ exposure, on chloride conductance is shown in Fig. 6B. The average conductance of control cells is not significantly different from that of t0+vit.E group.

In addition, as it is shown in Fig.6C and D, pre-treatment with vitamin E was able to counteract the mRNA

induction by O₃ treatment for both CIC-2 and anoctamine 6, although the latter seems to be more susceptible to vitamin E treatment.

The comparison by Student's t, between mRNA levels at all the time points between O₃ treated cells and Vit.E + O₃ exposed cells was consistently significant. In regards to both CIC-2 and anoctamine 6, in the presence of vitamin E the mRNA levels at each time points were significantly lower respect to O₃ alone.

Accepted Article

DISCUSSION

The focus of the present work was the study of the possible redox modulation of chloride current in lung epithelial cell line. To do so we have exposed cells to a well known environmental stressor (O_3) and evaluated the protective effect of vitamin E pretreatment.

O_3 , is a strong oxidant it has been shown that in the lung reacts rapidly and completely within the epithelial lining fluid (ELF), avoiding its penetration inside the cells (Pryor, 1992). Therefore, cellular effects of O_3 exposure may be mediated in large part by reaction products of O_3 with cellular membrane. For example, various lipid ozonolysis products initiate signal transduction (Kafoury et al., 1998) and are able to induce inflammatory environments. O_3 is able to induce a peroxidation process in the cells and the products derived from the interaction between O_3 and lipids process include aldehydes (Pryor and Church, 1991) which are sufficiently stable. Indeed, it has been suggested that molecules able to prevent O_3 induced lipid peroxidation would be beneficial. One potential target of O_3 oxidation could be α -tocopherol because it is quantitatively the major lipid-soluble antioxidant in plasma (Ingold et al., 1987), although under some circumstances α -tocopherol showed a pro- rather than an antioxidant activity (Ingold et al., 1993). Several controversial studies have shown different effects of O_3 on tocopherol lung concentration. For instance, Kadiiska et al. (2011) did not notice any difference in lung tocopherol concentration in animals exposed to 2 and 5 ppm of O_3 and also an animal study from Vasu et al (2010) was not able to demonstrate a variation in tocopherol levels after 0.5 ppm of O_3 exposure for a week in mouse lung tissue homogenates. On the other hand, other murine studies reported evidence of α -tocopherol depletion in the lung and BALF (Bronchoalveolar Lavage Fluid) after O_3 exposure (Valacchi et al., 2004; Kodavanti et al., 1996). In addition, there are studies that have even found increase of vitamin E levels after O_3 exposure (Elsayed et al., 1990) justifying these phenomena as a recruitment of the lipophilic antioxidant from the plasma compartment to the lining fluid levels. The controversy of the data present in the literature can be a consequence of the different doses of O_3 studied and also of the different mouse strain and time points chosen. Indeed it has been clearly shown that the different mouse strains have the own peculiar susceptibility to environmental pollutants (Gardi and Valacchi 2012).

Our data have shown that pre-treatment with tocopherol can rescue the chloride current alteration induced by O_3 confirming indirectly, the ability of O_3 to induce oxidative stress damage. Indeed, as our group has shown before, O_3 is able to increase the levels of lipid peroxidation products such as 4HNE which is able to covalently bind to proteins and affect their function (Valacchi et al., 2004). Of note is the fact that O_3 is able to compromise the levels of genes involved in tocopherol tissue transport, confirming its ability to compromise lung antioxidant levels not only by its direct interaction with the antioxidants but also indirectly, by affecting its plasma-to-cells transport (Valacchi et al., 2007). In our study we have performed experiment in A549 cells that share many characteristics with both type I and II pneumocytes which are one of the main tropospheric O_3 target. In these cells the chloride current is fundamental for a variety of cellular functions, among which stands out the formation of the ELF that is the first barrier against air pollutants (Pitkanen, 2001). CFTR and CIC-2 channels were indicated, in A549, as main responsible for the chloride current. In patch-clamp experiment,

CFTR activation in intact cells, requires stimulation of the endogenous PKA by increasing the cytoplasmic concentration of cAMP (Moran and Zegarra-Moran, 2008). Since our experiments were performed in absence of cAMP or PKA activators, we assumed that the chloride current observed in our control experimental conditions is attributable mainly to the CIC-2 channel. The bath and pipette solutions were similar to the solutions used for most studies of chloride currents (Fahlke et al., 1997; Fahlke et al., 1995; Park et al., 1998). Control chloride currents amplitude and trend were in agreement with published data (Cuppoletti et al., 2001).

Treating the cells with O₃, causes a remarkable alteration of the I-V curve specially in the cells analyzed immediately after treatment (time 0, ANOVA, P <0.01), with the appearance of an outward rectifier component. This modification decreases after 6 hours from the treatment while remaining significant (P <0.05) until it disappears after 24 hours. For t0 cells the difference was significant also in the more physiological range - 110/+50 mV. The comparison of the reversal potential of the I-V curves obtained at the different experimental conditions, indicated that the difference between the curves is not due to a modification of the type of ion crossing the membrane but to their amount.

CIC-2 channel has been described in the literature, as inward rectifier in cardiomyocytes (Bi et al., 2014), even if this feature varies according to experimental conditions and cell type. In the work by Cuppoletti et al. (2001), the authors did not see inward rectification in HEK-293, Calu-3, BEAS-2B and A549 cells. In addition, further studies (Schwiebert et al., 1998) observed that in human cells overexpressing CIC-2 at physiological pH, the I-V curves showed only a slight inward rectification. This phenomenon was not observed in the present study. However, all the cell types mentioned above showed a linear I-V without outwardly rectifying current also after activation of CIC-2 channels.

Instead, A549 cells treated with O₃ showed current traces similar to those observed for the ORCC channels in other tissues (Shimizu et al., 2004; Martins et al., 2011; Shen et al., 2014). In fact, this chloride channel sensitive to the volume, outward rectifier, ubiquitous (sometimes referred to as ORCC, other as VSOR, even if there is no certainty that it is the same channel) has been described in several papers. In HeLa cells, this channel is involved in apoptosis (Shimizu et al., 2004) and it is activated by oxidative stress in rat cardiomyocytes (Shen et al., 2014). Tests performed with inhibitors and activators of the two types of channels, indicate that ORCC is definitely the most involved in the modification of the I-V curve due to O₃ exposure, although the involvement of CIC-2 channels cannot be completely excluded.

RT-QPCR indicates that O₃ exposure was able to induce an increased level of the mRNA for both CIC-2 and anoctamine 6 genes. This effect it most likely linked to the oxidative effect of O₃ since pre-treatment with vitamin E was able to partially abolished the mRNA induction. Although there are no data on the effect of oxidative stress on CIC-2 channel, our results are in line with a recent work showing that the increased oxidative stress present in a diabetic model was able to induce the expression of chloride channel CIC-3 and that the pre-treatment with trolox (the water soluble analog of vitamin E) was able to prevent chloride channel induction (Ramana KV et al., 2004).

In addition, pre-treatment with vitamin E was not only able to prevent the mRNA induction of chloride channel but also to abolish the modification of the I-V curve due to O₃ exposure (Fig.6), suggesting a possible

direct link between oxidative stress and chloride current.

It should be mentioned that O_3 is not the only pollutant to which we are exposed, for instance, there are environmental stressors such as cigarette smoke that have the ability to induce similar “bioactive molecules” to the one derived by the interaction between O_3 and biological systems. Therefore, it is possible that the effect on chloride channel by O_3 could be detectable also after the exposure to other pollutants present in the outdoor environment (Gardi and Valacchi, 2012) .

In conclusion, the present work brings new insight on the effect and damage that pollutants, and in this specific case O_3 , can have on cellular response, such as the modulation of cellular ions currents, compromising the physiological cellular lung homeostasis and this effect can be rescue by tocopherol supplementation. Moreover, since ORCC channels are ubiquitous and are activated during apoptosis, further studies may be aimed to clarify the protective role of vitamin E during cell death in other cell types. In fact, many evidence has demonstrated that oxidative stress-induced cell death is an essential step in the pathogenesis of a variety of diseases such as atherosclerosis, myocardial infarction, hypertension and tumorigenesis.

References

Akella A, Deshpande SB. 2013. Pulmonary surfactants and their role in pathophysiology of lung disorders. *Indian J Exp Biol* 51(1):5-22.

Bi MM, Hong S, Zhou HY, Wang HW, Wang LN, Zheng YJ. 2014. Chloride Channelopathies of CIC-2. *Int J Mol Sci* 15:218-249.

Bowatte G, Lodge CJ, Knibbs LD, Lowe AJ, Erbas B, Dennekamp M, Marks GB, Giles

G, Morrison S, Thompson B, Thomas PS, Hui J, Perret JL, Abramson MJ, Walters

H, Matheson MC, Dharmage SC. 2016. Traffic-related air pollution exposure is associated with allergic sensitization, asthma, and poor lung function in middle age. *J Allergy Clin Immunol*. pii: S0091-6749(16)30357-8.

Cid LP, Montrose-Rafizadeh C, Smith DI, Guggino WB, Cutting GR. 1995. Cloning of a putative human voltage-gated chloride channel (CIC-2) cDNA widely expressed in human tissues. *Hum Mol Genet* 4:407-413.

Cui Y, Sun Q, Liu Z. 2016. Ambient particulate matter exposure and cardiovascular diseases: a focus on progenitor and stem cells *J. Cell. Mol. Med.* Vol XX, No X. pp. 1-12.

Cuppoletti J, Teweri KP, Sherry AM, Kupert EY, Malinowska DH. 2001. CIC-2 Cl⁻ channels in human lung epithelia: activation by arachidonic acid, amidation, and acid-activated omeprazole. *Am J Physiol Cell Physiol* 281:C46-C54.

Cuppoletti J, Teweri KP, Sherry AM, Malinowska DH. 2000. Activation of human CIC-2 Cl⁻ channels: implications for cystic fibrosis. *Clinical and Experimental Pharmacology and Physiology* 27:896-900.

Dickson KA, Maloney JE, Berger PJ. 1986. Decline in lung liquid volume before labor in fetal lambs. *J Appl Physiol* 61:2266-2272.

Duan D, Winter C, Cowley S, Hume JR, Horowitz B. 1997. Molecular identification of a volume regulated chloride channel. *Nature* 390:417-421.

Duan D, Hume JR, Nattel S. 1997. Evidence That Outwardly Rectifying Cl Channels Underlie Volume-Regulated Cl Currents in Heart. *Circ Res* 80(1):103-13.

Elsayed NM. 2001. Antioxidant mobilization in response to oxidative stress: a dynamic environmental-

nutritional interaction. *Nutrition* 17(10):828-34.

Elsayed NM, Mustafa MG, Mead JF. 1990. Increased vitamin E content in the lung after ozone exposure: A possible mobilization in response to oxidative stress. *Arch Biochem Biophys* 282(2):263-9.

Fahlke C, Beck CI, George AL Jr. 1997. A mutation in autosomal dominant myotonia congenital affects pore properties of the muscle chloride channel. *Proc Natl Acad Sci USA* 94:2729–2734.

Fahlke C, Rudel R, Mitrovic N, Zhou M, George AL Jr. 1995. An aspartic acid residue important for voltage-dependent gating of human muscle chloride channels. *Neuron* 15:463–472.

Gardi C, Valacchi G. 2012. Cigarette smoke and ozone effect on murine inflammatory responses. *Ann N Y Acad Sci* 1259:104611.

Guarnieri M, Balmes JR. 2014. Outdoor air pollution and asthma. *Lancet* 383:1581–1592.

Hara-Chikuma M, Yang B, Sonawane ND, Sasaki S, Uchida S, Verkman AS. 2005. CIC-3 chloride channels facilitate endosomal acidification and chloride accumulation. *J. Biol. Chem.* 280:1241–1247.

Ingold KU, Bowry VW, Stocker R, and Walling C. 1993. Autoxidation of lipids and antioxidation by alpha-tocopherol and ubiquinol in homogeneous solution and in aqueous dispersions of lipids: unrecognized consequences of lipid particle size as exemplified by oxidation of human low density lipoprotein. *Proc Natl Acad Sci U S A* 90(1): 45–49.

Ingold KU, Webb AC, Witter D, Burton GW, Metcalfe TA, Muller DP. 1987. Vitamin E remains the major lipid-soluble, chain-breaking antioxidant in human plasma even in individuals suffering severe vitamin E deficiency. *Arch Biochem Biophys* 15;259(1):22465.

Jovanović S, Crawford RM, Ranki HJ, Jovanović A. 2003. Large Conductance Ca²⁺- Activated K⁺ Channels Sense Acute Changes in Oxygen Tension in Alveolar Epithelial Cells. *Am J Respir Cell Mol Biol* 28(3):363–372.

Kadiiska MB, Hatch GE, Nyska A, Jones DP, Hensley K, Stocker R, George MM, Van Thiel DH, Stadler K, Barrett JC, Mason RP. 2011. Biomarkers of Oxidative Stress Study IV: ozone exposure of rats and its effect on antioxidants in plasma and bronchoalveolar lavage fluid. *Free Radic Biol Med* 1;51(9):1636642.

Kafoury RM, Pryor WA, Squadrito GL, Salgo MG, Zou X, Friedman M. 1998. Lipid ozonation products

activate phospholipases A2, C, and D. *Toxicol Appl Pharmacol.* 150(2):338649.

Kitterman JA, Ballard PL, Clements JA, Mescher EJ, Tooley WH. 1979. Tracheal fluid in fetal lambs: spontaneous decrease prior to birth. *J Appl Physiol* 47:985–989. **Journal of Cellular Physiology**

Kodavanti UP, Costa DL, Richards J, Crissman KM, Slade R, Hatch GE. 1996. Antioxidants in bronchoalveolar lavage fluid cells isolated from ozone-exposed normal and ascorbate-deficient guinea pigs. *Exp Lung Res.* 22(4):435-48.

Kolleck I, Sinha P, Rüstow B. 2002. Vitamin E as an antioxidant of the lung: mechanisms of vitamin E delivery to alveolar type II cells. *Am J Respir Crit Care Med* 166(12 Pt 2):S62- 6.

Kurt OK, Zhang J, Pinkerton KE. 2016. Pulmonary health effects of air pollution. *Curr Opin Pulm Med* 22(2):138-43.

Ling SH and van Eeden SF. 2009. Particulate matter air pollution exposure: role in the development and exacerbation of chronic obstructive pulmonary disease. *Int J Chron Obstruct Pulmon Dis.* 4: 233–243.

Lockwood AH, Welker-Hood K, Rauch M and Gottlieb B. 2009. Coal's assault on human health. Physicians for Social Responsibility Report.

Lopez-Campos JL, Marquez-Martin E, Soriano JB. 2016. The role of air pollution in COPD and implications for therapy. *Expert Rev Respir Med.* 9:1-11.

Malhotra J, Malvezzi M, Negri E, La Vecchia C, Boffetta P. 2016. Risk factors for lung cancer worldwide. *Eur Respir J.* pii: ERJ-00359-2016. doi: 10.1183/13993003.00359-2016.

Martins JR, Faria D, Kongsuphol P, Reisch B, Schreiber R. 2011. Anoctamin 6 is an essential component of the outwardly rectifying chloride channel. *PNAS* 108:18168– 18172.

Mizgerd JP, Kobzik L, Warner AE, Brain JD. 1995. Effects of sodium concentration on human neutrophil bactericidal functions. *Am J Physiol.* 269(3 Pt 1):L388-93.

Moran O, Zegarra-Moran O. 2008. On the measurement of the functional properties of the CFTR. *Journal of Cystic Fibrosis* 7:483–494.

Nardini M, Finkelstein EI, Reddy S, Valacchi G, Traber M, Cross CE, van der Vliet A. 2002.

Acrolein-induced cytotoxicity in cultured human bronchial epithelial cells. Modulation by alpha-tocopherol and ascorbic acid. *Toxicology*. 25;170(3):173-85.

Ogawa K, Kishi K. 2016. Air pollution. *Nihon Rinsho*. 74(5):743-6. *Journal of Cellular Physiology*

Park K, Areola J, Begenisich, Melvin JE. 1998. Comparison of voltage activated Cl₂ channels in rat parotid acinar cells with ClC-2 in a mammalian expression system. *J Membr Biol* 163:87–95.

Pecorelli A, **Cervellati** F, Belmonte G, Montagner G, Waldon P, Hayek J, Gambari R, **Valacchi** G. 2016. Cytokines profile and peripheral blood mononuclear cells morphology in Rett and autistic patients. *Cytokine* 77:180-188.

Pitkanen O. 2001. Lung epithelial ion transport in neonatal lungdisease. *Biol Neonate* 80(Suppl. 1):14–17.

Pryor WA. 1992. How far does ozone penetrate into the pulmonary air/tissue boundary before it reacts? *Free Radic Biol Med* 12(1):83-8.

Pryor WA, Church DF. 1991. Aldehydes, hydrogen peroxide, and organic radicals as mediators of ozone toxicity. *Free Radic Biol Med*. 11(1):41-6.

Rao VR, Perez-Neut M, Kaja S, Gentile S. 2015. Voltage-gated ion channels in cancer cell proliferation. *Cancers (Basel)*. 22;7(2):849-75.

Ramana KV, Chandra D, Wills NK, Bhatnagar A, Srivastava SK. **Oxidative stress-induced up-regulation of the chloride channel and Na⁺/Ca²⁺ exchanger during cataractogenesis in diabetic rats.** *J Diabetes Complications*. 2004 May-Jun;18(3):177-82.

Sabat R, Kolleck I, Witt W, Volk H, Sinha P, Rüstow B. 2001. Immunological dysregulation of lung cells in response to vitamin E deficiency. *Free Radic Biol Med*. 15;30(10):1145-53.

Schunemann HJ, Grant BJB, Freudenheim JL, Muti P, Brown RW, Drake LA, Klocke RA, Trevisan M. 2001. The relation of serum levels of antioxidant vitamins C and E, retinal and carotinoids with pulmonary function in the general population. *Am J Respir Crit Care Med* 163:1246–1255.

Schwiebert EM, Cid-Soto LP, Stafford D, Carter M, Blaisdell CJ, Zeitlin P, Guggino WB and Cutting GR. 1998. Analysis of ClC-2 channels as an alternative pathway for chloride conduction in cystic fibrosis airway cells. *Proc Natl AcadSci USA* 95(7):3879–3884.

Seaton A, Godden D, MacNee W, Donaldson K. 1995. Particulate air pollution and acute health effects. *The Lancet* Volume 345, Issue 8943 Pages 176-178

Shen M, Wang L, Wang B, Wang T, Yang G, Shen L, Wang T, GuoX, Liu Y, Xia Y, Jia L and Wang X. 2014. Activation of volume-sensitive outwardly rectifying chloride channel by ROS contributes to ER stress and cardiac contractile dysfunction: involvement of CHOP through Wnt. *Cell Death and Disease* 5:e1528.

Sherry AM, Stroffekova K, Knapp LM, Kupert EY, Cuppoletti J, Malinowska DH. 1997. Characterization of the human pH- and PKA-activated ClC-2G(2 alpha) Cl⁻ channel. *Am J Physiol.* 273(2 Pt 1):C384-93.

Journal of Cellular Physiology

Shimizu T, Numata T, Okada Y. 2004. A role of reactive oxygen species in apoptotic activation of volume-sensitive Cl⁻ channel. *Proc Natl Acad Sci USA* 101:6770-6773.

Sun Q, Hong X, Wold LE. 2010. Cardiovascular effects of ambient particulate air pollution exposure. *Circulation.* 121: 2755–65.

Tomczak A, Miller AB, Weichenthal SA, To T, Wall C, van Donkelaar A, Martin RV, Crouse DL, Villeneuve PJ. 2016. Long-term exposure to fine particulate matter air pollution and the risk of lung cancer among participants of the Canadian National Breast Screening Study. *Int J Cancer.* doi: 10.1002/ijc.30255.

Valacchi G, Pagnin E, Corbacho AM, Olano E, Davis PA, Packer L, Cross CE. 2004. In vivo ozone exposure induces antioxidant/stress-related responses in murine lung and skin. *Free Radic Biol Med.* 1;36(5):673-81.

Valacchi G, Sticozzi C, Belmonte G, Cervellati F, Demaude J, Chen N, Krol Y, Oresajo C. 2015. Vitamin C Compound Mixtures Prevent Ozone-Induced Oxidative Damage in Human Keratinocytes as Initial Assessment of Pollution Protection. *PLoS One.*13;10(8):e0131097

Valacchi G, Vasu VT, Yokohama W, Corbacho AM, Phung A, Lim Y, Aung HH, Cross CE, Davis PA. 2007. Lung vitamin E transport processes are affected by both age and environmental oxidants in mice. *Toxicol Appl Pharmacol.* 15;222(2):227-34.

Vasu VT, Oommen S, Lim Y, Valacchi G, Hobson B, Eirserich JP, Leonard SW, Traber MG, Cross CE, Gohil K. 2010. Modulation of ozone-sensitive genes in alpha-tocopherol transfer protein null mice. *Inhal Toxicol.* 22(1):1-16.

Verkman AS, Galiotta LJV. 2009. Chloride channels as drug targets. *Nat Rev Drug Discov.* 8(2): 153–171.
doi:10.1038/nrd2780.

Widdicombe JH, Widdicombe JG. 1995. Regulation of human airway liquid. *Respir Physiol* 99:3–12.

Zhang Y, Xia Z, La Cour KH, Ren J. 2011. Activation of Akt Rescues Endoplasmic Reticulum Stress-Impaired Murine Cardiac Contractile Function via Glycogen Synthase Kinase-3 β - Mediated Suppression of Mitochondrial Permeation Pore Opening. *Antioxidants and Redox Signaling* 15(9):2407-2424.

Accepted Article

Acknowledgements

We thank Mr A. Margutti for his technical support.

Figure legend

Figure 1. Voltage-clamp recordings: voltage-clamp pulses (1400 ms duration) between +70 and -110 mV in 20mV increments from a beginning holding potential of -30 mV A) total current recordings (mean traces of 7 cells) without K⁺ current blockers; B) registrations of chloride current (mean traces of 5 cells), in the presence of intracellular CsCl as a blocker of the potassium channels.

Figure 2. Representative families of chloride recording currents in control conditions (panel A) and at various times after ozone exposure (panels B, C and D).

Figure 3. Panel A: Current-voltage relationship for the chloride current in 5 cell samples in control and at the appointed times. The difference between the curves was evaluated by two-way ANOVA (** = P <0.01; * = P <0.05). Panel B: Mean conductance of the four groups of cells analyzed. Student's t between means is significant for CTL vs t0 and for CTL vs t6 (P < 0.01 and P <0.05). Panel C: RT-QPCR results for CIC-2 mRNA. Student's t comparison between CTL and treated cells is significant at any time after treatment.-Panel C and D: RT-QPCR results for CIC-2 mRNA and RT-QPCR results for anoctamin 6 mRNA. Student's t comparison between CTL and treated cells is significant at any time after treatment (*** = P<0.001; ** = P <0.01; * = P <0.05).

Figure 4. Panel A: Current-voltage relationship for the chloride current in 5 cell samples before and after treatment with O₃, tunicamycin and O₃+DCPIB. Panel B: Current-voltage relationship for the chloride current in 5 cell samples before and after treatment with O₃, Arachidonic acid and O₃+CdCl₂.

The comparison between curves have been evaluated by two-way ANOVA .

Figure 5. Voltage-clamp recordings: A) example traces of control chloride currents; B) example traces of ozone t0+vitE chloride current.

Figure 6. Panel A: Current-voltage relationship for the chloride current in control (n=5), O₃ t0 (n=5) and ozone t0+vitE (n=6) treatments. The difference between the curves evaluated by two-way ANOVA was not significant. Panel B: Mean conductance of CTL, t0 and t0+vit.E groups of cells. Student's t between means of controls and cells treated in vitamin E is not significant; Panel C and D: RT-QPCR results for CIC-2 mRNA and RT-QPCR results for anoctamin 6 mRNA.. Student's t comparison between cells treated with O₃ and cells treated vit.E + O₃ are significant (*** = P<0.001; ** = P <0.01; * = P <0.05).

Table 1

Gene	Primer sequence	T _a °C	Product length (NP)	QPCR Amplification Efficiency	n° of cycles	Ref. Primer Bank
RPL13A	F : 5'-cctaagatgagcgcgaagttgaa- 3' R : 5'-ccacaggactagaacacctgctaa-3'	60.2	203	97.3	39	Pattyn <i>et al.</i> 2006
RPL11A	F : 5'- tgcggaacttcgcatccgc-3' R : 5'- gggctctgccctgtgagctgc-3'	60.1	108	96.5	39	GenBank Accession NM 000975.2
GAPDH	F : 5'- tgacgtggggctggcattg - R : 5'- ggctggtggccaggggtct -3	60	134	94.6	39	GenBank Accession NM 002046.3
CCI-2	F : 5'- tcctcacctggatcttc -3' R : 5'- gcaggtaggcagtttctg -3	60.2	402	96.5	39	GenBank Accession NM_001243372.1

RPL13A	F : 5'-cccgtccggaactctataa- 3' R : 5'-ctagcgaaggcttgaaattcttc-3'	60.2	203	97.3	39	GenBank Accession NM 000977.2
RPL11A	F : 5'- tgcggaacttcgcatccgc-3' R : 5'- gggctctgccctgtgagctgc-3'	60.1	108	96.5	39	GenBank Accession NM 000975.2
Anoct-6	F : 5'- ctgagcccaagcgacaca -3 R : 5'- ccattaaattctccgatatcccc -3'	59.9	204	94.6	39	GenBank Accession XM 005268707.3

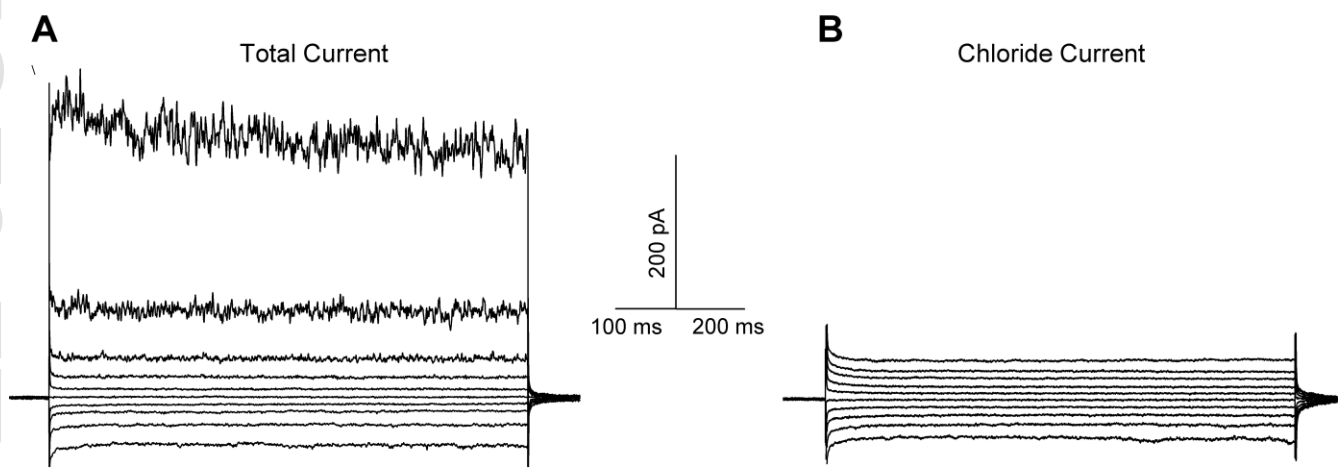
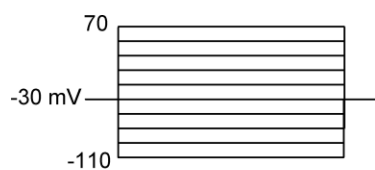
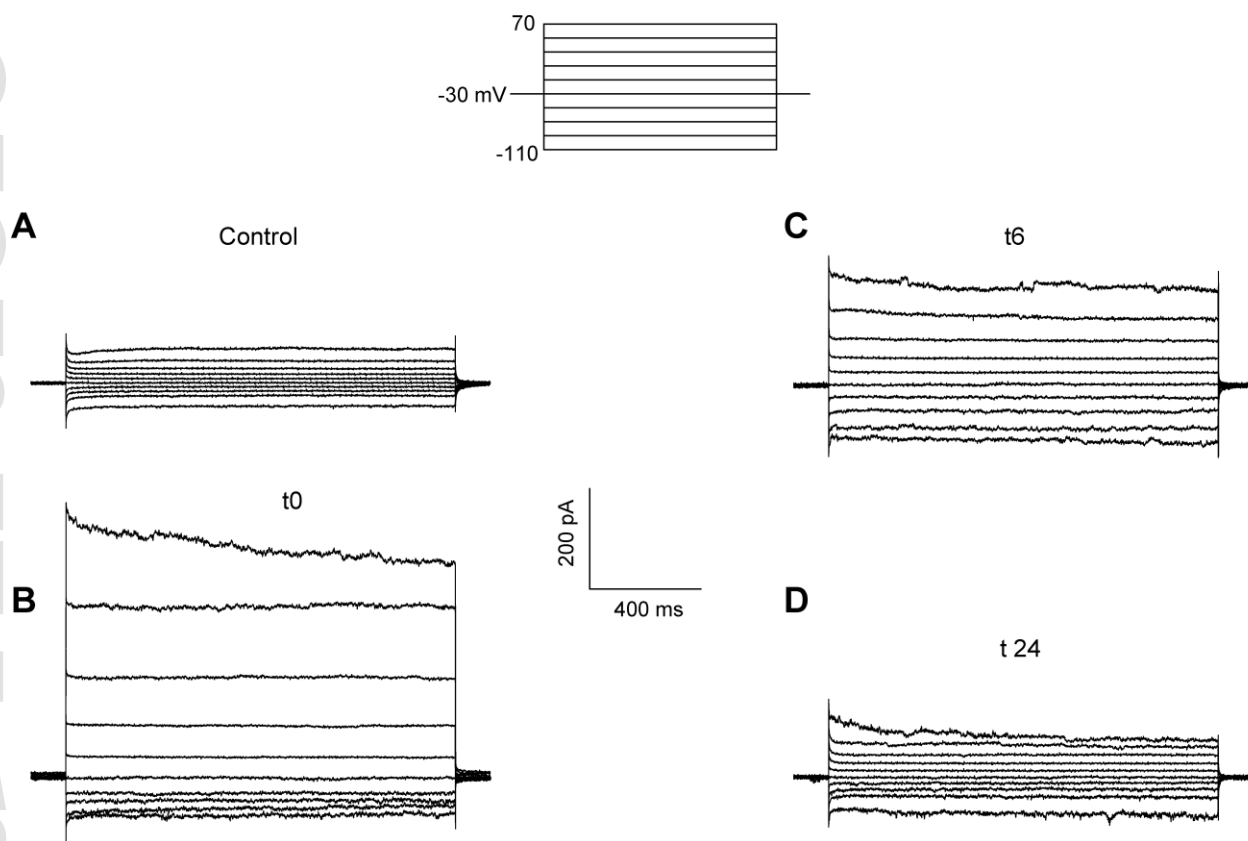


Figure 1



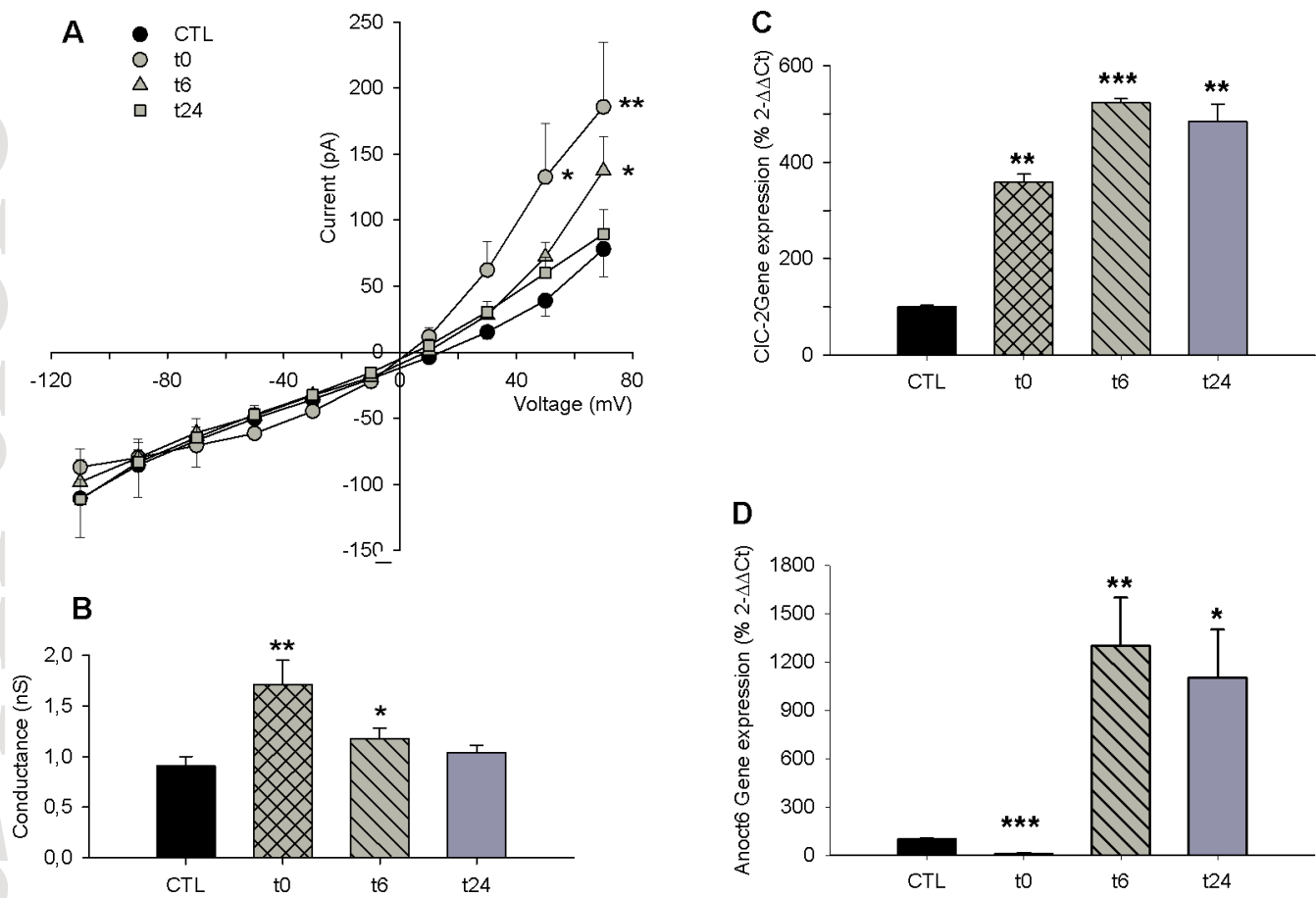


Figure 3

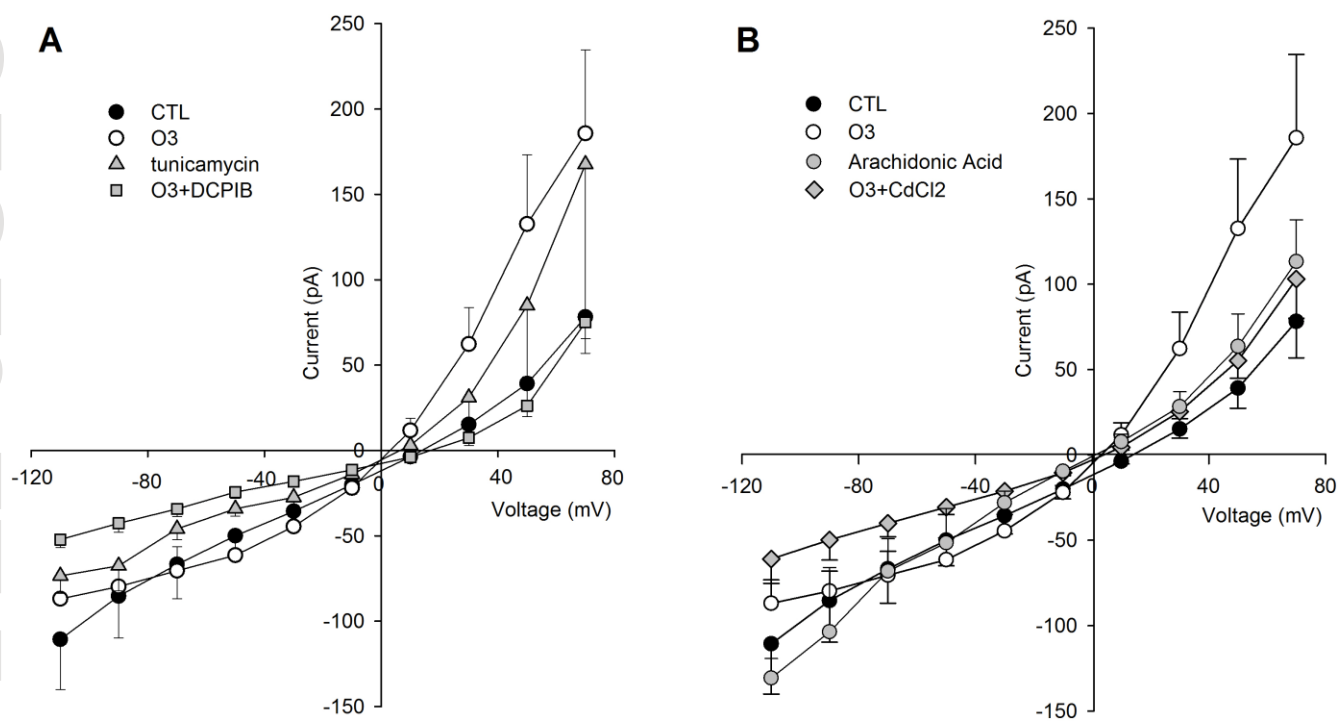


Figure 4

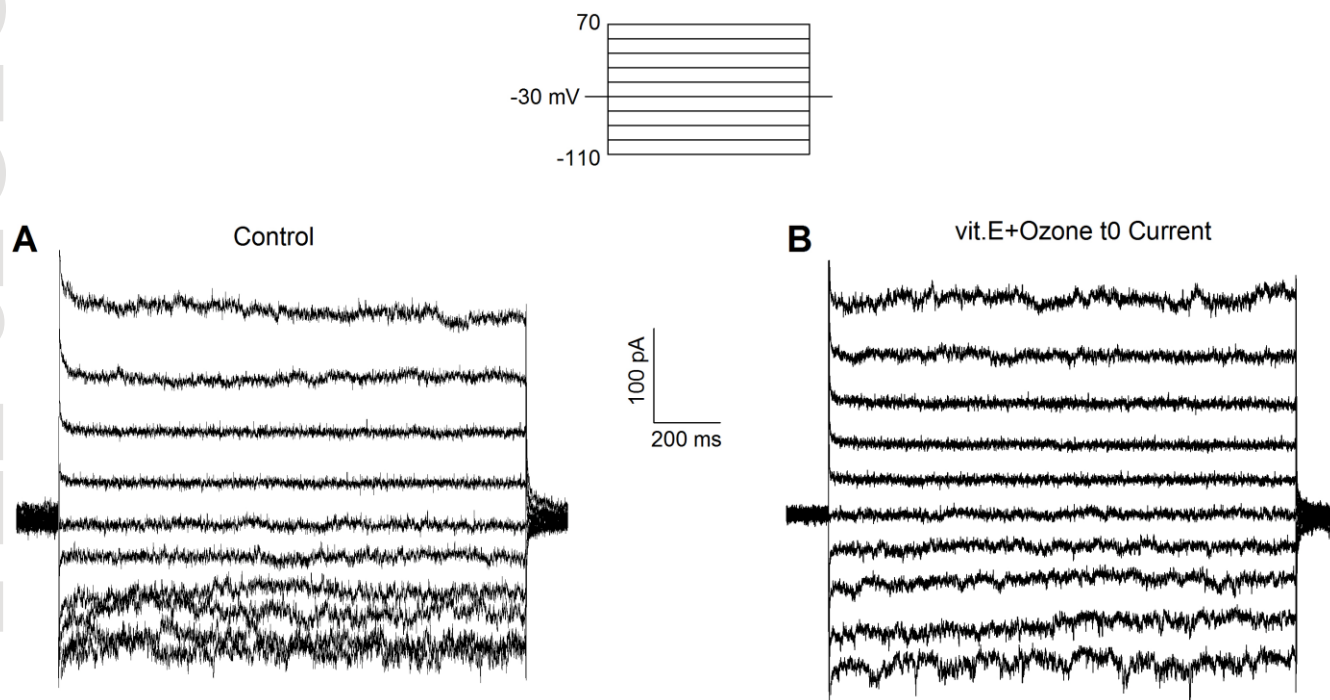


Figure 5

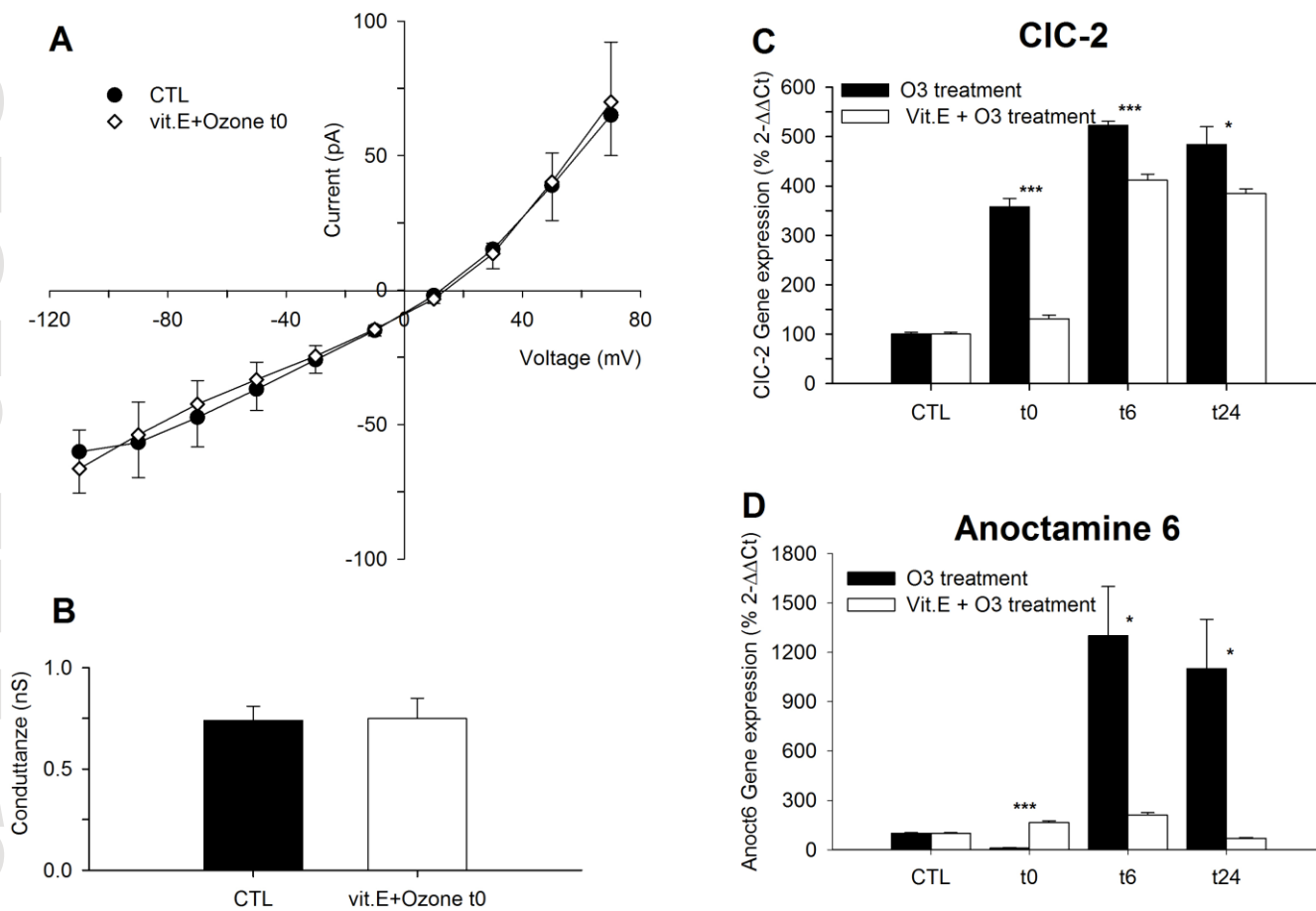


Figure 6