Na\textsuperscript{+}-Ca\textsuperscript{2+} Exchange Current and Submembrane [Ca\textsuperscript{2+}] During the Cardiac Action Potential

Christopher R. Weber, Valentino Piacentino III, Kenneth S. Ginsburg, Steven R. Houser, Donald M. Bers

Abstract—Na\textsuperscript{+}-Ca\textsuperscript{2+} exchange (NCX) is crucial in the regulation of [Ca\textsuperscript{2+}], and cardiac contractility, but key details of its dynamic function during the heartbeat are not known. In the present study, we assess how NCX current (\(I_{\text{NCX}}\)) varies during a rabbit ventricular action potential (AP). First, we measured the steady-state voltage and [Ca\textsuperscript{2+}], dependence of \(I_{\text{NCX}}\) under conditions when [Ca\textsuperscript{2+}] was heavily buffered. We then used this relationship to infer the submembrane [Ca\textsuperscript{2+}], ([Ca\textsuperscript{2+}]\textsubscript{sm}) sensed by NCX during a normal AP and [Ca\textsuperscript{2+}], transient (when the AP was interrupted to produce an \(I_{\text{NCX}}\) tail current). The [Ca\textsuperscript{2+}], dependence of \(I_{\text{NCX}}\) at \(-90\) mV allowed us to convert the peak inward \(I_{\text{NCX}}\) tail currents to [Ca\textsuperscript{2+}]\textsubscript{sm}. Peak [Ca\textsuperscript{2+}]\textsubscript{sm} measured via this technique was \(>3.2\) \(\mu\text{mol}/\text{L}\) within \(<32\) ms of the AP upstroke (versus peak [Ca\textsuperscript{2+}], of 1.1 \(\mu\text{mol}/\text{L}\) at 81 ms measured with the global Ca\textsuperscript{2+} indicator indo-1). The voltage and [Ca\textsuperscript{2+}],\textsubscript{sm} dependence of \(I_{\text{NCX}}\) allowed us to infer \(I_{\text{NCX}}\) during the normal AP and Ca\textsuperscript{2+} transient. The early rise in [Ca\textsuperscript{2+}]\textsubscript{sm} causes \(I_{\text{NCX}}\) to be inward for the majority of the AP. Thus, little Ca\textsuperscript{2+} influx via NCX is expected under physiological conditions, but this can differ among species and in pathophysiological conditions. (Circ Res. 2002;90:182-189.)

Key Words: Na\textsuperscript{+}-Ca\textsuperscript{2+} exchanger ■ action potential ■ rabbit ■ calcium

The Na\textsuperscript{+}-Ca\textsuperscript{2+} exchanger (NCX) of cardiac sarcolemma, transports 3 Na\textsuperscript{+} for 1 Ca\textsuperscript{2+}, is the main mechanism of Ca\textsuperscript{2+} extrusion from ventricular myocytes, and contributes to relaxation.\textsuperscript{2,3} NCX exhibits a thermodynamically defined reversal potential (E\textsubscript{NCX}) analogous to those of ion channels (eg, E\textsubscript{Na} and E\textsubscript{Ca}). Based on the transport stoichiometry, E\textsubscript{NCX}=\(3E_{\text{Na}}-2E_{\text{Ca}}\). Thus, when the membrane potential (E\textsubscript{m}) exceeds E\textsubscript{NCX}, Ca\textsuperscript{2+} entry (outward \(I_{\text{NCX}}\)) is favored. The exact role of Ca\textsuperscript{2+} influx via outward \(I_{\text{NCX}}\) during the cardiac action potential (AP) is controversial, but it can contribute to sarcoplasmic reticulum (SR) Ca\textsuperscript{2+} loading and Ca\textsuperscript{2+}-induced Ca\textsuperscript{2+} release from the SR.\textsuperscript{2,4,5} More detailed information about how NCX varies during the AP is essential for understanding its physiological role in health and disease.

Because there is no selective \(I_{\text{NCX}}\) blocker, \(I_{\text{NCX}}\) is often recorded after other currents are blocked, sometimes accompanied by controls using nonselective \(I_{\text{NCX}}\) blockers (eg, Ni\textsuperscript{2+}).\textsuperscript{6} Unfortunately, this prevents the direct measurement of \(I_{\text{NCX}}\) during an AP because blockade of contaminating currents will necessarily alter the electrochemical gradients for Ca\textsuperscript{2+} and Na\textsuperscript{+}, which drive \(I_{\text{NCX}}\).\textsuperscript{7,8} In particular, blockade of \(I_{\text{Ca}}\) or \(I_{\text{Na}}\) or altering SR release, will alter the electrochemical gradients for Ca\textsuperscript{2+} and Na\textsuperscript{+}, making it difficult to interpret the significance of \(I_{\text{NCX}}\) as measured. Also, nonspecific blockers may impair assessment of NCX in intact cells.

The alternative to directly measuring \(I_{\text{NCX}}\) is to model \(I_{\text{NCX}}\) based on its steady-state dependence on [Ca\textsuperscript{2+}] and E\textsubscript{m}.\textsuperscript{9} A limitation with this approach is that the submembrane [Ca\textsuperscript{2+}], as sensed by NCX, ([Ca\textsuperscript{2+}]\textsubscript{sm}), can differ from global cytosolic [Ca\textsuperscript{2+}], sensed by fluorescent indicators.\textsuperscript{10} For example, when caffeine is rapidly applied to a cell, SR Ca\textsuperscript{2+} is released, and inward \(I_{\text{NCX}}\) increases quickly, even before fluorescent [Ca\textsuperscript{2+}] indicators sense a change in bulk [Ca\textsuperscript{2+}].\textsuperscript{10} During spontaneous SR Ca\textsuperscript{2+} release at \(-80\) mV, Trafford et al\textsuperscript{10} observed a 133-ms lag between the submembrane compartment containing \(I_{\text{NCX}}\) and bulk [Ca\textsuperscript{2+}].

Our goals were to measure the [Ca\textsuperscript{2+}]\textsubscript{sm} sensed by NCX during a normal AP and Ca\textsuperscript{2+} transient and to determine the time course and amplitude of inward and outward \(I_{\text{NCX}}\) during the AP. We hypothesize that local elevations in [Ca\textsuperscript{2+}]\textsubscript{sm} due to \(I_{\text{Ca}}\) or SR Ca\textsuperscript{2+} release occurring near NCX proteins, will limit Ca\textsuperscript{2+} influx via outward \(I_{\text{NCX}}\) during the majority of the AP, such that \(I_{\text{NCX}}\) is primarily a Ca\textsuperscript{2+} extrusion mechanism in the cardiac myocyte.

Our method combined both experimental data and modeling. First, we measured the steady-state dependence of \(I_{\text{NCX}}\) on [Ca\textsuperscript{2+}], and E\textsubscript{m} under conditions when [Ca\textsuperscript{2+}], was heavily buffered (ie, [Ca\textsuperscript{2+}]\textsubscript{sm}=[Ca\textsuperscript{2+}]). We then used this relationship and the fact that \(I_{\text{NCX}}\) can be measured at a fixed E\textsubscript{m} as a bioassay for [Ca\textsuperscript{2+}]\textsubscript{sm} during a normal Ca\textsuperscript{2+} transient and AP at 37°C. Cells were voltage-clamped with an AP waveform,
which was interrupted at different times by hyperpolarization to reveal $I_{\text{NCX}}$ tail currents.\textsuperscript{11} The time course of [Ca$^{2+}$]$_{\text{im}}$ during an AP, combined with our knowledge of the $E_m$ and [Ca$^{2+}$]$_{\text{im}}$, dependence of $I_{\text{NCX}}$, allowed us to infer $I_{\text{NCX}}$ during an AP.

Our results suggest that [Ca$^{2+}$]$_{\text{im}}$ reaches $>3.2$ mmol/L, peaking $<32$ ms after the AP upstroke. This limits outward $I_{\text{NCX}}$ to the first $>19$ ms of the AP, and it is largely driven by depolarization before [Ca$^{2+}$]$_{\text{im}}$ has reached its peak. These data indicate that during almost the entire rabbit cardiac cycle $I_{\text{NCX}}$ extrudes Ca$^{2+}$.

Materials and Methods

Cell Isolation, Voltage Clamping, and [Ca$^{2+}$]$_{\text{im}}$ Measurement

Rabbit myocytes were isolated, currents (whole-cell patch clamp), and [Ca$^{2+}$]$_{\text{im}}$ (using indo-1 and SBFI) were measured as previously described.\textsuperscript{6} New Zealand White rabbits (Myrtle’s Rabbitry, Thompson Station, Tenn) were cared for and used according to AAALAC guidelines.

Steady-State $I_{\text{NCX}}$ Dependence on [Ca$^{2+}$]$_{\text{im}}$ and $E_m$

Cells were pretreated for 12 minutes with Tyrode’s solution containing (in mmol/L) thapsigargin 0.001, NaCl 140, CaCl$_2$ 2, KCl 4, MgATP 5, LiGTP 0.3, BAPTA 5, $K_m$Cai 87.5 mmol/L, $K_{\text{NaCl}}$=1.30 mmol/L, $k_{2}=0.32$, $\eta=0.27$, and $T=37^\circ$C. $V_{\text{max}}$ (in A/F) varied and was determined for each cell. When Ni$^{2+}$ block was not recorded, a linear leak component was also included in $I_{\text{NCX}}$ fits. Equation 1 was used in steadystate conditions ([Ca$^{2+}$]$_{\text{im}}$=([Ca$^{2+}$]$_{\text{im}}$) to solve for $V_{\text{max}}$, and [Na$^+$], for measured $I_{\text{NCX}}$, $E_m$, and [Ca$^{2+}$]$_{\text{im}}$. In the interrupted AP clamp experiments, it was used to predict [Ca$^{2+}$]$_{\text{im}}$ at each AP interruption, from the measured $I_{\text{NCX}}$. It was also used to calculate $I_{\text{NCX}}$ during the entire AP, using $E_m$ and the predicted [Ca$^{2+}$]$_{\text{im}}$ (in place of [Ca$^{2+}$]$_{\text{im}}$). [Ca$^{2+}$]$_{\text{im}}$ and [Ca$^{2+}$]$_{\text{im}}$ were smoothed to purely empirical functions for use with Equation 1 (eg: [Ca$^{2+}$]$_{\text{im}}$=[$+\exp\left(-t-(b+d)/d\right)\left[1-1/\left[1+\exp\left(-(t-c)/e\right)\right]+f\cdot a\cdot f\cdot t\cdot time\right]$).

Results

$I_{\text{NCX}}$ Steady-State Relationship

Figure 1 shows the steady-state $I_{\text{NCX}}$ dependence on [Ca$^{2+}$]$_{\text{im}}$ and $E_m$ using voltage ramps where [Ca$^{2+}$]$_{\text{im}}$ was heavily buffered. [Ca$^{2+}$]$_{\text{im}}$ was gradually driven up by outward $I_{\text{NCX}}$ at $E_m=+40$ mV between ramps (Figure 1A) but did not change during a single ramp (Figure 1D). Figures 1B through 1D show the first, fifth, and tenth ramps recorded from a single myocyte using this protocol. Figures 1E and 1F show that the Ni$^{2+}$-sensitive $I_{\text{NCX}}$ data are well fit by Equation 1, either as the $E_m$ dependence of $I_{\text{NCX}}$ at different [Ca$^{2+}$]$_{\text{im}}$ or as the [Ca$^{2+}$]$_{\text{im}}$ dependence of $I_{\text{NCX}}$ at different $E_m$. We repeated this protocol on cells loaded with SBFI and found that [Na$^+$], also decreased by several mmol/L over a similar time course as [Ca$^{2+}$]$_{\text{im}}$, rose to $>1$ mmol/L (data not shown). In Figure 1, integration of $I_{\text{NCX}}$ over the entire 46 seconds indicates net influx of 645 mmol/L total Ca$^{2+}$ into the cell (and extrusion of 2 mmol/L Na$^+$), as [Ca$^{2+}$]$_{\text{im}}$ rises by 852 mmol/L. Although this strong Ca$^{2+}$ buffering is somewhat less than expected for the pipette solution, it allows characterization of $I_{\text{NCX}}$ under relatively static conditions. It is also in reasonable agreement with the measured [Na$^+$], decline (above) and the inferred [Na$^+$], changes based on $E_{\text{NaCl}}$ and [Ca$^{2+}$]$_{\text{im}}$, measurements at successive ramps. There was large cell-to-cell variation in $V_{\text{max}}$ ($V_{\text{max}}$=17.8 A/F±4.8 SEM; range: 3.6 to 33.7; n=14), but other parameters of Equation 1 did not need to be varied. Thus, Equation 1 can be

Data Acquisition and Analysis

Currents and fluorescence records were recorded using PClamp6.4 and PClamp8 software (Axon Instruments). All experiments were performed at 37°C.
used with confidence in subsequent experiments to describe the 
[Ca^{2+}], and E_m dependence of I_{NCX}.

Determination of [Ca^{2+}]_{sm} During an AP
Equation 1 describes I_{NCX} as a function of static [Ca^{2+}], but also allows us to infer the [Ca^{2+}]_{sm} that drives I_{NCX} during a normal Ca^{2+} transient. Note that fluorescent indicators cannot detect [Ca^{2+}], elevations local to the NCX molecules\(^{10}\) and that [Ca^{2+}]_{sm} does not refer to a physical volume that we can describe. Rather, it is the average [Ca^{2+}], sensed by all NCX molecules in the cell (see Discussion). Figure 2 shows the voltage protocol, I_{NCX} tail currents, and [Ca^{2+}]_{sm} for determining [Ca^{2+}]_{sm} during an AP. The AP clamp interruptions produce different inward I_{NCX} tails. For clarity, and to illustrate how hyperpolarization accelerates [Ca^{2+}], decline, only three [Ca^{2+}]_{sm} transients are shown for AP interruptions (Figure 2C).

Figure 3A shows I_{NCX} as a function of [Ca^{2+}]_{sm}, for the record in Figure 2. At early time points, I_{NCX} far exceeds the value that would be expected from the global [Ca^{2+}], (which is shown as the steady-state (SS) curve for this cell). This reflects the fact that [Ca^{2+}]_{sm} sensed by NCX is much higher than bulk [Ca^{2+}].\(^{15}\) We used the peak value of I_{NCX} immediately upon hyperpolarization to indicate [Ca^{2+}]_{sm} at the moment of hyperpolarization. Inward I_{NCX} usually rises during the initial few milliseconds, probably reflecting the noninstantaneous transition to \(-90\) mV. For earlier interruptions, however, it may also represent an actual rise in [Ca^{2+}]_{sm} during continued SR Ca^{2+} release. Because we cannot differentiate between these two possibilities, we recorded both the time and the value of I_{NCX} at its peak (see Discussion: Sources of Error). The steady-state relationship for I_{NCX} versus [Ca^{2+}]_{sm} for this cell (SS curve) is defined by the region where all traces of I_{NCX} versus [Ca^{2+}]_{sm} converge (at 300 ms) and is fit by Equation 1 with a leak offset.

V_{max} values obtained in this manner (V_{max}=10.6 A/F\pm2.5 SEM; range=3.0 to 23.1; n=8) were not significantly different from values obtained under buffered conditions. For each AP interruption, the [Ca^{2+}]_{sm} is inferred by extending the peak I_{NCX} value to the SS curve (arrows in Figure 3A). Figure 3B shows [Ca^{2+}]_{sm} together with [Ca^{2+}]. Variations in [Ca^{2+}]_{sm} were not correlated with variations in V_{max}.

Determination of I_{NCX} During an AP
Figure 4B shows pooled [Ca^{2+}]_{sm} values (n=8 cells) calculated as in Figure 3 and an average [Ca^{2+}], transient, during the representative full-length AP (Figure 4A). Peak [Ca^{2+}]_{sm} is 3.2 \mu mol/L at 32 ms. Figure 4C shows I_{NCX} based on [Ca^{2+}]_{sm} and E_m, as predicted by Equation 1, using the average V_{max} value of these same cells and 10 mmol/L Na^+]. If we use [Ca^{2+}], to define I_{NCX}, we predict outward I_{NCX} for 142 ms of the AP. If we use [Ca^{2+}]_{sm}, I_{NCX} is inward after only 19 ms. The dotted lines show I_{NCX} calculated using a linear extrapolation of [Ca^{2+}]_{sm} to [Ca^{2+}]_{sm}
to [Ca^{2+}]_{sm} (at 2 ms). Figure 4D shows currents from Figure 4C integrated and converted to cumulative ∆[Ca^{2+}]_{T} (using 6.4 pf/pL cytosol),\(^{13}\) When [Ca^{2+}], is used to calculate I_{NCX}, 285 ms are needed to extrude the 4.4 \mu mol/L Ca^{2+} that entered via outward I_{NCX}. When [Ca^{2+}]_{sm} is used to calculate I_{NCX}, only 0.6 \mu mol/L Ca^{2+} enters the cell, and all of this Ca^{2+} has been extruded by 90 ms. Therefore, at

---

Figure 1. Steady-state h_{NCX} dependence on [Ca^{2+}], and E_m. [Ca^{2+}], was heavily buffered with BAPTA, Br,BAPTA, and indo-1. A, Voltage ramps from +100 to \(-100\) mV (held at +40 mV for 4 seconds between ramps to promote Ca^{2+} entry via outward h_{NCX}). B through D, E_{m}, h_{NCX}, and [Ca^{2+}], for first (a), fifth (b), and tenth (c) voltage ramps. Time scale as in C. E, h_{NCX} versus E_m, for first, fifth, and tenth voltage ramps with fits (dashed line) to Equation 1 (with V_{max}=3.7 A/F and [Na^+] for ramps 1 through 10 (in mmol/L): 13.5, 11.8, 10.9, 10.6, 10.6, 10.4, 10.4, 10.4, 10.1, 10.2. 

---
NCX can produce both Ca\(^{2+}\) influx and Ca\(^{2+}\) efflux, this type of information is essential in the understanding of Ca\(^{2+}\) and force regulation in cardiac muscle. This importance is reinforced by recent work suggesting that increased NCX expression and altered NCX function contribute to contractile dysfunction and arrhythmias in pathophysiological conditions.\(^{15-18}\)

\(I_{\text{NCX}}\) is inward during the majority of the normal rabbit ventricular AP. In demonstrating this, we also showed how \(I_{\text{NCX}}\) can be used as a bioassay for local \([\text{Ca}^{2+}]_{\text{sm}}\) (after careful characterization of the \([\text{Ca}^{2+}]_{\text{sm}}\) and \(E_m\) dependence of \(I_{\text{NCX}}\)). During the AP, \([\text{Ca}^{2+}]_{\text{sm}}\) peaks earlier and higher than \([\text{Ca}^{2+}]_{\text{in}}\). This high \([\text{Ca}^{2+}]_{\text{sm}}\) drives \(I_{\text{NCX}}\) inward by 19 ms into the AP. Before this time, outward \(I_{\text{NCX}}\) may be driven by membrane depolarization as \([\text{Ca}^{2+}]_{\text{sm}}\) rises.

**Steady-State Relationship for \(I_{\text{NCX}}\)**

We used the \(I_{\text{NCX}}\) equation published by Weber et al\(^6\) to describe \(E_m\), \([\text{Na}^+]\), and \([\text{Ca}^{2+}]\) dependence of \(I_{\text{NCX}}\) under conditions when \([\text{Ca}^{2+}]_{\text{sm}}\) is not changing appreciably. The \(E_m\) dependence of \(I_{\text{NCX}}\) in Equation 1 is the same as in the Luo and Rudy\(^9\) equation for \(I_{\text{NCX}}\), but the electrochemical component of our equation considers both intracellular and extracellular ion dependencies at the transport sites as well as an allosteric \(\text{Ca}^{2+}\) activation factor. In our previous study,\(^6\) we characterized allosteric \(\text{Ca}^{2+}\) activation in ferret myocytes (\(K_{m,\text{CA}^{2+}}=125\ \text{nmol/L}\)), and we see evidence of similar \(\text{Ca}^{2+}\) activation in rabbit myocytes using similar

**Discussion**

Our results assess rather directly the actual \(I_{\text{NCX}}\) that flows during a normal rabbit ventricular myocyte AP. Because

\[\frac{\text{d}[\text{Ca}^{2+}]_{\text{sm}}}{\text{d}t} = \gamma [\text{Ca}^{2+}]_{\text{in}} = \frac{\text{d}[\text{Ca}^{2+}]}{\text{d}t} \]

where \(\gamma = 133 \pm 47\) ms. When applied to our data, Equation 2 described the rising phase of \([\text{Ca}^{2+}]_{\text{sm}}\) adequately (in our case with \(\gamma=110\) ms), but the \([\text{Ca}^{2+}]_{\text{sm}}\) declined too rapidly (Figure 5A). More comprehensive mathematical compartment models\(^{14}\) are surely needed to describe \([\text{Ca}^{2+}]_{\text{sm}}\) ideally, but we have found a simple extension of Equation 2, which allows a reasonable description of the \([\text{Ca}^{2+}]_{\text{sm}}\) based solely on the \([\text{Ca}^{2+}]\) transient. As shown in Figure 5, we use Equation 2 up to the point where \([\text{Ca}^{2+}]_{\text{sm}}\) is maximum (ie, the maximum rate of \([\text{Ca}^{2+}]_{\text{sm}}\), rise or peak \(\text{d}[\text{Ca}^{2+}]_{\text{sm}}/\text{d}t\)) and then, for the declining phase, switch to a simple exponential decay for the \([\text{Ca}^{2+}]_{\text{sm}}\) versus \([\text{Ca}^{2+}]\) difference:

\[\text{d}[\text{Ca}^{2+}]_{\text{sm}} = \text{d}[\text{Ca}^{2+}] + A \exp\left(-\frac{t-t_\tau}{\tau}\right)\]

where \(A = [\text{Ca}^{2+}]_{\text{sm}} - [\text{Ca}^{2+}]_{\text{in}}\), at the transition time (\(t_\tau\), dotted line) and \(\tau=92\) ms. Figure 5B shows that Equations 2 and 3 coincide at \(t_\tau\). This simple description matched the average data in Figure 4, in which \([\text{Ca}^{2+}]_{\text{sm}}\) was measured experimentally.

![Figure 2](http://circres.ahajournals.org/Downloaded.png)

**Figure 2.** Protocol to determine \([\text{Ca}^{2+}]_{\text{sm}}\) during an AP. A, AP was interrupted and clamped to \(90\) mV at the indicated times in ms. B, \(I_{\text{NCX}}\) tails at \(-90\) for the protocol in panel A. C, \([\text{Ca}^{2+}]_{\text{in}}\), for 10-, 100-, and 400-ms AP interruptions. Data were smoothed using empirical fits.

\[E_m = V_{\text{max}} \times \left(1 - e^{-\frac{V_{\text{rest}}}{A}}\right)\]

**Figure 3.** \(I_{\text{NCX}}\) is driven by \([\text{Ca}^{2+}]_{\text{sm}}\). A, \(I_{\text{NCX}}\) versus \([\text{Ca}^{2+}]\) from Figure 2. Multiple traces intersect the steady-state (SS) \(I_{\text{NCX}}\) versus \([\text{Ca}^{2+}]\) relationship for this cell (Equation 1: \(V_{\text{max}} = 17.3\ \text{A/F}\), \([\text{Na}^+] = 10\ \text{mmol/L}\), \(E_m = -90\) mV, including a leak offset of 0.59 A/F). \([\text{Ca}^{2+}]_{\text{sm}}\) was smoothed. Arrows illustrate extrapolation from peak inward \(I_{\text{NCX}}\) to \([\text{Ca}^{2+}]_{\text{sm}}\) (superimposed with \([\text{Ca}^{2+}]\) in panel B).
protoccols (not shown). The present study illustrates that 
Equation 1 (including both the allosteric K_mCact and 
transport K_mCa,tot) describes very well the E_m and [Ca^{2+}]i, dependence of I_{NCX} (Figure 1).

Comparison to Earlier Studies

Our peak inward I_{NCX} was 1.2 A/F, occurring roughly at the end of AP phase 3 repolarization (Figure 4). This peak value is close to that predicted by Luo and Rudy9 in guinea pig at a similar degree of AP repolarization. However, their published model does not consider [Ca^{2+}]i, as sensed by the NCX or binding of Ca^{2+} to internal transport or allosteric sites. The Luo and Rudy model has outward I_{NCX} lasting ~100 ms. We believe I_{NCX} should be driven inward much earlier (~19 ms), as a result of elevated [Ca^{2+}]i, at peak inward. If we use [Ca^{2+}]i, instead of [Ca^{2+}]sm, we predict I_{NCX} to turn inward at 143 ms, comparable with Luo and Rudy.9

Several studies have used pharmacological techniques to characterize I_{NCX} during the AP. Grantham and Cannell7 measured I_{NCX} during AP clamp by applying nifedipine rapidly after conditioning the cell with a train of APs with I_{Ca}, unblocked. They recorded outward I_{NCX} through most of the AP, but the rate of rise and peak of the [Ca^{2+}]i transient were markedly decreased in the presence of nifedipine. It follows that [Ca^{2+}]i would also be much less than normal, and this would greatly favor more outward I_{NCX} during most of the AP. Thus, this type of experiment does not provide data on I_{NCX} during a normal AP and [Ca^{2+}]i transient. In ferret ventricular APs, Janvier et al10 showed that AP duration was reduced when I_{NCX} was blocked by rapid substitution of external Na+ with Li+ or buffering [Ca^{2+}]i, with BAPTA-AM. While these data might reflect mainly inward I_{NCX} during an AP (as we find), it is not easy to quantify I_{NCX} in absolute terms using their techniques.

Egan et al11 interrupted APs by repolarizing back to resting E_m and usually found that inward I_{NCX} tail currents were largest at interruptions between 50 and 100 ms after the start of the AP. This is later than the average time (32 ms) at which we observed maximal inward I_{NCX} tails. They did not measure [Ca^{2+}]i, but used an indirect conversion factor (1 μmol · L^-1 · nA^-1) based on data of Kimura et al12 to predict [Ca^{2+}]i. Their reported [Ca^{2+}]i peaked at ~100 ms and ~1.6 μmol/L, similar to [Ca^{2+}]i, as we measured with fluorescent indicators (Figure 4). Our data indicate that [Ca^{2+}]i peaks earlier (32 ms) and is much higher.

Sources of Error

Up to this point, we have assumed that [Na+]i is constant and equal to pipette [Na+] (10 mmol/L). In reality, submembrane [Na+]i, ([Na+]i), may be elevated transiently by I_{Na} and I_{NCX}. For example, a 10-ms triangular Na+ current, peaking at 50 nA, flowing into a submembrane volume equivalent to 2% of cytosolic volume (~0.6 pl)13 could increase local [Na+]i, by a maximum of 4 mmol/L (ignoring diffusion from the space). To assess the possible effect of elevated [Na+]i on our calculated [Ca^{2+}]i, we assumed that [Na+]i peaks at >14 mmol/L, 2 ms into the AP, and declines to 10 mmol/L with a tau of 8 ms (Figure 6B). This is an upper limit for [Na+]i because the NCX is not well colocalized with Na+

Figure 4. Pooled data. A, E_m during an AP. B, Mean [Ca^{2+}]i, calculated as in Figure 3 (n=8); [Ca^{2+}]i, represents an average of 5 cells. Broken lines in panels B and C represent linear extrapolations of [Ca^{2+}]i, to [Ca^{2+}]i, at (2 ms). Data empirically smoothed (see Materials and Methods). C, I_{NCX} for [Ca^{2+}]i (thin trace) or [Ca^{2+}]i (thick trace) and E_m, using Equation 1 (V_max=10.6 A/F, [Na+]i=10.0 mmol/L). D, Integrated I_{NCX} in panel C converted to [Ca^{2+}]i, 13.

Figure 5. Transfer function expressing [Ca^{2+}]i in terms of [Ca^{2+}]i, A. Thick trace: [Ca^{2+}]i, +y(d[Ca^{2+}]i,)/dt; thin trace: decay of [Ca^{2+}]i, after peak d[Ca^{2+}]i, /dt (t=24.5 ms) represented empirically as Aexp{−(t−t_b)/τ}. B, Thick trace: y(d[Ca^{2+}]i, /dt (t=110 ms); thin trace: Aexp{−(t−t_b)/τ}, where A=2770 nmol/L, τ=92 ms, and t_b=24.5 ms.

Figure 6.
I however, does not confirm the ability of 

be underestimated. To estimate this possible error, we linearly extrapolated $I_{\text{NCX}}$ from its measured inward peak back to the exact time of hyperpolarization. For the record in Figure 2B, $[\text{Ca}^{2+}]_{\text{in}}$ based on extrapolated $I_{\text{NCX}}$ (using 40 ms of data after the peak), was on average 14% higher for interruptions up to 200 ms, but not much different for later interruptions, where the voltage steps were smaller and $[\text{Ca}^{2+}]_{\text{in}}$ was lower. Thus, a 7-ms delay and an underestimation of $[\text{Ca}^{2+}]_{\text{in}}$ imply that the real $I_{\text{NCX}}$ during an AP is less outward than indicated in Figures 4C and 6D.

Allosteric Ca$^{2+}$ activation is taken as an instantaneous process in Equation 1. However, delayed activation could contribute to the slow rise in $I_{\text{NCX}}$ tail currents. This will be particularly true for the earlier values of $I_{\text{NCX}}$ recorded immediately after SR release, when $I_{\text{NCX}}$ is changing from about half activation to full activation. This could have caused us to underestimate the rate of rise and peak $[\text{Ca}^{2+}]_{\text{in}}$ and could also explain why the curves in Figure 3A diverge from one another. However, the steepness (supralinear) of the early interruption curves (versus SS) cannot be attributed to allosteric regulation.

Taking elevated $[\text{Na}^{+}]_{\text{in}}$ noninstantaneous hyperpolarization, and noninstantaneous kinetics of allosteric activation together, all could cause us to underestimate the peak $[\text{Ca}^{2+}]_{\text{in}}$ reported in Figure 4 and overestimate the time at which it is achieved. Thus $[\text{Ca}^{2+}]_{\text{in}}$ probably reaches $>3.5$ mmol/L in $<25$ ms during an AP in rabbit ventricular myocytes. This would shift $I_{\text{NCX}}$ inward even earlier than indicated in Figure 4.

**Physiological Implications**

Our results suggest that submembrane elevations in $[\text{Ca}^{2+}]_{\text{in}}$ drive $I_{\text{NCX}}$ to function predominantly as a Ca$^{2+}$ efflux mechanism throughout the cardiac cycle in rabbit (Figure 4). If $[\text{Ca}^{2+}]_{\text{in}}$, rather than $[\text{Ca}^{2+}]_{\text{in}}$ is used to predict $I_{\text{NCX}}$, outward $I_{\text{NCX}}$ flows for 142 ms, bringing 4.4 mmol/L Ca$^{2+}$/cytosol into the cell. An additional 152 ms is required just to extrude the portion of Ca$^{2+}$ that entered on $I_{\text{NCX}}$. At a physiological frequency of 2 Hz, this would leave only $\approx 200$ ms for $I_{\text{NCX}}$ to extrude the $\approx 10$ mmol/L Ca$^{2+}$ entry that occurs on $I_{\text{C}}$. This seems implausible, even with the help of the sarcloemmal Ca$^{2+}$ pump. When $[\text{Ca}^{2+}]_{\text{in}}$ is used in Equation 1 to predict $I_{\text{NCX}}$, all of the Ca$^{2+}$ that enters via outward $I_{\text{NCX}}$ is extruded by 90 ms, leaving plenty of time for inward $I_{\text{NCX}}$ to extrude the additional Ca$^{2+}$ that entered via $I_{\text{C}}$.

With AP depolarization, outward $I_{\text{NCX}}$ may bring Ca$^{2+}$ into the cell for up to $\approx 15$ ms. It is important to realize, however, that these data are based on average $[\text{Ca}^{2+}]_{\text{in}}$, as sensed by all of the NCX molecules in the sarcolemma. These data do not directly determine $[\text{Ca}^{2+}]_{\text{in}}$ within a physical compartment, nor does our data directly address the role of $I_{\text{NCX}}$ in triggering SR release. However, the NCX molecules most likely to trigger SR Ca$^{2+}$ release (those closest to the dyadic cleft) would sense even higher $[\text{Ca}^{2+}]_{\text{in}}$ earlier during the AP, causing $I_{\text{NCX}}$ to become inward even earlier at that location. For example, as soon as an L-type Ca$^{2+}$ channel opens, cleft [Ca$^{2+}$] may rise to $>10$ mmol/L in $<1$ ms. Furthermore, SR Ca$^{2+}$ release may be activated rapidly ($<1$ ms) by local $I_{\text{C}}$ and [Ca$^{2+}$]$_{\text{in}}$, in the junctional cleft may rise to $>42$ mmol/L in 5 to 10
ms based on computer simulations. Thus, cleft \([\text{Ca}^{2+}]\) may greatly exceed \([\text{Ca}^{2+}]_{\text{mem}}\) and limit the functional ability for outward \(I_{\text{NCX}}\) to trigger SR \(\text{Ca}^{2+}\) release. There are two important counterpoints. First, outward \(I_{\text{NCX}}\) carried by exchanger molecules outside the cleft may raise \([\text{Ca}^{2+}]_{\text{mem}}\) enough to slow diffusion of high cleft \([\text{Ca}^{2+}]\), which would enhance the efficacy of an \(I_{\text{NCX}}\) trigger for SR \(\text{Ca}^{2+}\) release. Second, in the latent period before opening of any L-type \(\text{Ca}^{2+}\) channel at a junction (or if \(I_{\text{Ca}}\) fails locally or is blocked), outward \(I_{\text{NCX}}\) may become an alternative, albeit less efficient, means to trigger SR release. However, L-type \(\text{Ca}^{2+}\) channel latency is very brief under normal conditions at positive \(E_{\text{Ca}}\). Moreover, L-type channels are believed to be located close to ryanodine receptors, while NCX molecules may not be. Thus, although \(\text{Ca}^{2+}\) influx via NCX might help to raise local cleft \([\text{Ca}^{2+}]\) in triggering SR \(\text{Ca}^{2+}\) release and even synergize with \(I_{\text{Ca}}\), its contribution is likely to be limited to the time before \(I_{\text{Ca}}\) activation, a time where it is probably insufficient by itself to trigger release.

Pathophysiological Implications

Alterations in \([\text{Na}^{+}]\), can profoundly affect \(I_{\text{NCX}}\) and species-dependent differences in \([\text{Na}^{+}]\), exist. For example, \([\text{Na}^{+}]\), may be as high as 16 mmol/L in rat and mouse versus 5 to 10 mmol/L in rabbit or guinea pig ventricle. \([\text{Na}^{+}]\), is elevated during hypertrophy, heart failure (HF), and glycoside therapy. In HF, \(\text{Ca}^{2+}\) transient amplitude is also decreased and AP duration is prolonged. All three of these changes in HF (higher \([\text{Na}^{+}]\), lower peak \([\text{Ca}^{2+}]\), and longer AP duration) would increase \(\text{Ca}^{2+}\) influx via \(I_{\text{NCX}}\) during the AP. Thus, in HF, \(\text{Ca}^{2+}\) entry via NCX may be more important than under normal physiological conditions.

Greater \(\text{Ca}^{2+}\) influx during the AP via \(I_{\text{NCX}}\) in HF would leave less time for net \(\text{Ca}^{2+}\) extrusion via \(I_{\text{NCX}}\), which is required to balance the \(\text{Ca}^{2+}\) influx via \(I_{\text{Ca}}\) (and NCX). However, increased NCX expression in HF may act compensatorily to enhance \(\text{Ca}^{2+}\) extrusion during diastole. In fact, basal SR \(\text{Ca}^{2+}\) content is reduced in HF (as a result of increased NCX and reduced SR \(\text{Ca}^{2+}\)-ATPase function). Although elevated NCX expression may be compensatory (in limiting \(\text{Ca}^{2+}\) overload), when \(\text{Ca}^{2+}\) overload and spontaneous SR release do occur (eg, during \(\beta\)-adrenergic activation), NCX can also produce more transient inward current, thereby promoting triggered arrhythmias.

Conclusions

We used inward \(I_{\text{NCX}}\) to predict the time course of \([\text{Ca}^{2+}]_{\text{mem}}\) sensed by the NCX, during a normal rabbit ventricular AP under physiological conditions. Elevated \([\text{Ca}^{2+}]_{\text{mem}}\) (peaking at >3.2 \(\mu\text{mol/L}\)) should prevent outward \(I_{\text{NCX}}\) within <19 ms of the AP upstroke. Before that time, some outward \(I_{\text{NCX}}\) might flow, but much less outward \(I_{\text{NCX}}\) will flow on NCX molecules located closer to the dyadic cleft (where local \([\text{Ca}^{2+}]\), would be higher). Although these results suggest limited outward \(I_{\text{NCX}}\) during the majority of the cardiac cycle, it is not yet possible to define the role of NCX in excitation-contraction coupling before SR release. These results emphasize the importance of spatial \([\text{Ca}^{2+}]_{\text{mem}}\) heterogeneities in myocyte \(\text{Ca}^{2+}\) fluxes. Furthermore, the balance of \(\text{Ca}^{2+}\) fluxes on NCX may differ among species and under pathological conditions.

Acknowledgments

This work was supported by NIH grants HL30077 and HL64098 (D.M.B.) and American Heart Association predoctoral fellowship 0010180Z (C.R.W.). We thank Dr Sanda Despa for her help with measurement of \([\text{Na}^{+}]\), and Jorge Acevedo for his rabbit myocyte isolations.

References

Na⁺-Ca²⁺ Exchange Current and Submembrane [Ca²⁺] During the Cardiac Action Potential
Christopher R. Weber, Valentino Piacentino III, Kenneth S. Ginsburg, Steven R. Houser and Donald M. Bers

*Circ Res.* 2002;90:182-189; originally published online December 20, 2001;
doi: 10.1161/hh0202.103940

*Circulation Research* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2001 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7330. Online ISSN: 1524-4571

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circres.ahajournals.org/content/90/2/182

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in *Circulation Research* can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to *Circulation Research* is online at:
http://circres.ahajournals.org//subscriptions/