



# Dynamics and physiological meaning of complexes between ion channels and integrin receptors: the case of Kv11.1

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# Abstract

The cellular functions are regulated by a complex interplay of diffuse and local signals. Studying the latter is challenging, but experimental work in cell physiology has led to recognize that understanding a cell's dynamics requires a deep comprehension of local fluctuations of cytosolic regulators. Macromolecular complexes are major determinants of local signaling. Multienzyme assemblies limit the diffusion restriction to reaction kinetics by direct exchange of metabolites. Likewise, close coupling of ion channels and transporters modulates the ion concentration around a channel mouth or transporter binding site. Extreme signal locality is brought about by conformational coupling between membrane proteins, as is typical of mechanotransduction. A paradigmatic case is integrin-mediated cell adhesion. Sensing the extracellular microenvironment and providing an appropriate response are essential in growth and development and have innumerable pathological implications. The process involves bidirectional signal transduction by complex supramolecular structures that link integrin receptors to ion channels and transporters, growth factor receptors, cytoskeletal elements, and other regulatory elements. The dynamics of such complexes are only beginning to be understood. A thoroughly studied example is the association between integrin receptors and the voltage-gated K<sup>+</sup> channels Kv11.1. These channels are widely expressed in early embryos, where their physiological roles are poorly understood and apparently different from the shaping of action potential firing in the adult. Hints about these roles come from studies in cancer cells, where Kv11.1 is often overexpressed and appears to reassume functions it presumably exerts during embryogenesis, such as controlling cell proliferation/differentiation, apoptosis, and migration. Kv11.1 is implicated in these processes through its linking to integrin subunits, which in turn regulates channel expression. Specific cellular functions, such as proliferation and migration, appear to be modulated by distinct conformational states of the channel (e.g., open and closed), whose balance is affected by the link with integrin subunits.

cancer; cell adhesion; conformational states; development; ERG

# INTRODUCTION: LOCAL AND DIFFUSE CELL SIGNALS

No matter how biophysically sophisticated we may be, when reasoning about cell signaling it is difficult to resist the temptation to view the cell as a small sac containing an electrolytic solution governed by the macroscopic physicochemical parameters. This intuitive analogy is acceptable under some respects but can otherwise lead us far astray. True, classic work has shown that the diffusion coefficient and mobility of K<sup>+</sup> in the axoplasm are close to those measured in aqueous solutions of similar ionic strength, suggesting that classic electrodiffusion can be applied in this context (1). Likewise, second messengers such as cAMP and inositol 1,4,5 trisphosphate ( $IP_3$ ; 2, 3) can quickly coordinate by diffusion the activity of different parts of the cell (e.g., the apical and basolateral membrane of epithelia). Nevertheless, this simple line of reasoning cannot even be applied to all the physiologically relevant ions. As is well known,  $Ca^{2+}$  diffusion

in the cytoplasm is considerably restricted by organelle absorption and protein binding (2, 4, 5), which reminds us that we cannot disregard the microscopic structure of cytosolic and membrane-associated cell compartments. There is however much more than this. Work of the last three decades has revealed the great physiological relevance of supramolecular complexes, which carry out cellular processes whose dynamics depend on closely interacting molecular components and cannot be understood by relying on macroscopic measurements, such as the determination of average cytosolic pH or  $[Ca^{2+}]$ . Mitochondrial physiology provides a major example. The random diffusion model of electron transfer along the inner mitochondrial membrane has been progressively substituted by a model in which the elements of large multiprotein aggregates undergo direct electron exchange, which is coupled to proton flux (6).

Recent work has considerably extended the spectrum of cell functions regulated by the proximity of



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molecular elements. In the extreme case, this entails direct conformational coupling (Fig. 1), which was to the best of our knowledge first proposed to mediate the excitation-contraction coupling in the T-tubules of skeletal muscle (7, 8).

A good example is offered by H<sup>+</sup> transport. The type I  $Na^+/H^+$  exchanger (NHE1) is a large membrane protein with 13 transmembrane domains and a large cytoplasmic C-terminal domain, which closely interacts with the cytoskeleton, calcium-regulated proteins, and a variety of other regulatory elements (9). NHE1 phosphorylation stimulates the binding of carbonic anhydrase type II (CA-II) to the cytosolic face of the transporter, which tightly couples the H<sup>+</sup> generated from CA-II activity with the proton transfer domain of NHE1 (10). Other well-defined examples regard calcium signals. Store-operated calcium entry (SOCE) is a response to calcium depletion in intracellular stores. It is typically mediated by the Orai1 calcium channels expressed on the plasma membrane. These channels are activated through conformational coupling by stromal interaction molecule (STIM)1 proteins, which serve as calcium sensors on the endoplasmic reticulum (ER) membrane. When  $[Ca^{2+}]$  in ER decreases, STIM1 proteins undergo a wide conformational change that leads to protein clustering and translocation to the ER-plasma membrane contact sites, through which STIM1 proteins can bind and activate Orai1 channels (11, 12). Moreover, the association of big conductance  $Ca^{2+}$ activated  $K^+$  channels (BK<sub>Ca</sub>) and voltage-gated Ca<sup>2+</sup> channels (Cav) is thought to permit quick localized  $Ca^{2+}$ -dependent regulation of K<sup>+</sup> channels during action potential (AP) repolarization (13).

Importantly, paradoxes may arise when neglecting the small scale of cellular compartments. In synaptic vesicles, a transmembrane electrochemical gradient established by  $H^+$ -ATPases favors neurotransmitter accumulation (14, 15). Measurements carried out by pH-sensitive fluorescent

probes suggest intravesicle pH between 5 and 6 (16). It has been noted that as the volume of synaptic vesicles is  ${\sim}2$  ×  $10^{-20}$  L, with a pH  $\sim$  5, no more than 0.1 proton is present in each vesicle at a given time, on average (17). Once more, the macroscopic notion of concentration becomes meaningless, at this size scale. To gain a better picture of the trans-vesicle transport mechanism one should 1) estimate the local  $[H^+]$ close to the transporters' binding sites and 2) consider the possibility of direct proton exchange between the pump and the antiporter. Solving the difficult experimental task of determining the local concentration fluctuations in subcompartments has driven some major lines of cell physiological research in the last three decades. A thorough understanding of local signaling could also help to explain how cells expressing a wide spectrum of different G protein-coupled receptors (GPCRs) could manage to obtain specificity of downstream responses, even though these depend on a limited number of signaling pathways. Indeed, recent results show that certain GPCRs can generate highly localized (approximately, about tens of nanometers) cAMP domains around the receptor itself, which appear to operate independently from similar domains generated by other GPCRs (18).

In the following, we expand on the implication of these concepts in the cellular response to the local extracellular environment, by focusing on recent advances in the comprehension of the mechanisms by which cells engage ion channels to transduce extracellular matrix (ECM) signals. In the final section, we compare in more detail the main features of local and diffuse signaling in different pathophysiological contexts. Broadly speaking, signal transduction between closely interacting molecules is quicker, more efficient, and decreases the signal-to-noise ratio. Second messenger cascades are more effective in carrying out slower large-scale coordination of cellular activity but can be energetically expensive, depending on the number of biochemical steps involved.



Figure 1. Long range and local signal transduction. A: long range diffusion; B: local transfer of ions and metabolites; C: conformational coupling. Created with BioRender.com.

# INTEGRINS MEDIATE CELL INTERACTION WITH THE MICROENVIRONMENT BY MECHANOTRANSDUCTION AND DIFFUSE SIGNALS

Integrin receptors are heterodimeric integral membrane proteins formed by different pairs of  $\alpha$  and  $\beta$  subunits with different affinities for ECM proteins such as collagens, fibronectin, laminin, and cell-cell adhesion receptors such as ICAM and VCAM (19). On binding its partner molecule, integrin activates by extending the extracellular domains of both subunits and separating their cytoplasmic tails. Activation stimulates integrin clustering and assembly of the focal adhesion complex, a large cytoplasmic signaling hub comprising hundreds of proteins, including integrin receptors and their interactors, proteins regulating the actin cytoskeleton, force transducers like talin and vinculin, and many other regulatory elements (20). Focal adhesion structures transmit to the ECM, the force generated by the cytoskeleton and in turn allow the cell to respond to the mechanical changes occurring in the matrix itself. Integrin activation thus mediates bidirectional signaling, and it increases ECM binding affinity while stimulating intracellular mechanisms that regulate cell motility and migration or differentiation (20).

Converting mechanical force into biochemical or electric signals is an essential step linking a cell with its environment during cell migration, morphogenesis, tissue differentiation and remodeling, and the related pathological aberrations, which occur e.g., in cancer, such as uncontrolled proliferation and metastasis. Integrins are essential players in these mechanisms, and thorough studies have clarified how the mechanical tension established across the plasma membrane leads to strengthen the interaction between extracellular ligands, integrin receptors, and the cytoskeleton (21). These studies also provide examples of the interplay between signal transfer by protein-protein interaction and signaling through ion-dependent and phosphorylation mechanisms. Studies on the force responses at levels ranging from the single-cell down to the single molecule are building a picture of the richness of these signaling mechanisms and how they can be integrated (21). By using a biomembrane force probe, Chen et al. (22) studied the conformational switches of single  $\alpha L\beta 2$  integrin on binding to ICAM-1. The initial weak bond is considerably strengthened and thus stabilized by the pulling forces, which also promote the recruitment of cytoskeletal proteins that strengthen the integrinactin connection. Proposed mediators are talin, which binds directly to both the  $\beta$ -integrin cytoplasmic domain and to Factin (23), and vinculin, whose integrin-binding sites are exposed by stretching and also binds F-actin (24). However, direct force application to  $\beta 1$  integrins can also induce a delayed conversion of unoccupied low-affinity integrins to the high-affinity state, which promotes cytoskeletal remodeling and thus reorientation, in capillary endothelial cells. In this case, the initial tension quickly (within seconds) activates stretch-activated Ca<sup>2+</sup> influx through mechanosensitive transient receptor potential vanilloid 4 (TRPV4) channels leading to phosphatidylinositol 3-kinase (PI3K) activation (25), which recruits further integrins with a time course of minutes. Recent results also point to other types of stretch-activated ion channels as possible mediators of integrin-dependent signals. The newcomers in the field are the mechanosensitive PIEZO channels, which are generally permeable to cations (26). PIEZO1 has been detected in human gliomas, with expression correlating with tumor stage, and found to localize to focal adhesions (27). PIEZO1 appears to stimulate the  $\beta$ 1 integrin-focal adhesion kinase (FAK) pathway, presumably through local Ca<sup>2+</sup> influx. This regulates ECM remodeling, tissue stiffness, and proliferation, although the details of the interaction between PIEZO1 and  $\beta$ 1 integrins remain to be dissected (27).

In summary, a cell is driven toward different destinies depending on local extracellular cues that include soluble and cell-bound ligands as well as insoluble ECM substrates. Integrin receptors are major players in the transduction process and appear to act by both protein-protein interaction, often entailing mechanotransduction, and signaling through ion fluxes and intracellular biochemical pathways (Fig. 2). These functions may be assisted by other membrane proteins that associate with integrins to form macromolecular complexes that constitute signaling platforms at the adhesive sites. Growing evidence points to ion channels as major interactors of integrin receptors.

# MOLECULAR COMPLEXES BETWEEN INTEGRIN RECEPTORS AND ION CHANNELS: A HISTORICAL OUTLINE

The regulatory interaction between cell-cell or cell-substrate adhesion receptors and ion transport was first identified ~30 years ago. Evidence is now substantial for integrinmediated adhesion (28). Early studies on integrin modulation of ion fluxes were prompted by two lines of reasoning. First, cell adhesion to the substrate controls cell motility and contraction through the actomyosin complex, which has long been known to be modulated by cytosolic calcium (29). Thus, integrin-dependent adhesion was found to stimulate calcium signals in migrating endothelia (30, 31), contracting smooth muscle (22), and stretching fibroblasts (32). Second, the transition between proliferation and differentiation was being increasingly recognized to be regulated by transmembrane ion flow, with early evidence, especially regarding  $Ca^{2+}$ ,  $K^+$  (33), and  $H^+$  (34). In fact, integrin-dependent stimulation of K<sup>+</sup> currents favors the differentiation of leukemia cells (35, 36) and neurite extension in neuroblastoma (37). Moreover, cell spreading onto fibronectin was soon found to stimulate intracellular pH (pH<sub>i</sub>) alkalinization in fibroblasts (38) and neutrophils (39). The underlying mechanisms turned out to be complex, as many parallel signaling pathways appear to be involved, which depend on cell type. Broadly speaking, initial work showed that the channel targets of integrin-mediated adhesion were regulated by classic intracellular pathways leading to phosphorylation/second messenger cascades (28, 40, 41). However, further work soon revealed that direct physical interaction also takes place between integrin subunits and voltage-gated (42-45) as well as ligand-gated (46, 47) ion channels. Evidence is now relatively abundant for voltage-gated potassium channels (Kvs). The complex between  $\beta$ 1 integrin subunits and Kv11.1 channels [encoded by the human ether-á-go-go-related gene



Figure 2. Integrin receptors main transduction processes. Integrin receptors are major players in the transduction process and appear to act as regulating signaling, protein-protein interaction, through mechanotransduction, but also mediating signaling via ion fluxes and intracellular biochemical pathways. Created with BioRender.com. ECM, extracellular matrix.

(hERG1) or potassium voltage-gated channel subfamily H member 2 (KCNH2)] is part of a supramolecular signaling hub comprising growth factor receptors, cytoskeletal elements, and other signaling proteins (48, 49), which will be fully described THE CASE OF KV11.1. In the brain, binding of Kv2.1 (encoded by KCNB1) to a5 integrins regulates cell plasticity and apoptosis (50, 51). Moreover, in an inflammatory context,  $\beta$ 1 integrin-mediated binding of T helper 17 (Th17) cells to neurons that upregulate VCAM-1 stimulates glutamate release from Th17 cells themselves, leading to neuronal damage (52). The effect, which appears to be stronger in patients with multiple sclerosis, depends on SNARE (SNAP receptor protein) complex-dependent vesicle release stimulated by  $\beta$ 1 integrin/Kv1.3 signaling (52). Although the molecular details await full elucidation, it is tempting to interpret these results in the light of previous observations showing direct coupling between Kv1.3 and  $\beta$ 1-integrins (42, 45).

An independent line of research was prompted by the early observation that the ECM protein agrin stimulates postsynaptic clustering of nicotinic ACh receptors at the neuromuscular junction (NMJ; 53), which involves integrin receptors expressed on the postsynaptic membrane (54). Whether agrin exerts an inductive or stabilizing role (or both) in NMJ formation remains an open question (55). Nonetheless, subsequent work has shown direct interaction between presynaptic Cav and laminin in NMJ (56), and subsequent studies showed the complex to recruit  $\alpha$ 3-integrins, cytoskeletal elements, and active zone components in *Torpedo* electric organ synapses, similar to the NMJ (57). The studies on the ECM-dependent modulation of synaptic structures have been subsequently extended to the central synapses (47, 58–60). The role of integrin receptors in synaptic development and plasticity is beyond our scopes and we refer the reader to recent reviews (61, 62).

# THE CASE OF KV11.1

# Different Physiological Roles in Mature And Developing Excitable Tissue

Among the ion channel interactors of integrin receptors, the widest experimental evidence concerns Kv11.1, whose

interplay with integrins appears to be specific of developing and cancer tissues. Because of its peculiar voltage-dependent gating properties, Kv11.1 has distinct physiological roles in adult and developing organs. At depolarized (or positive) V<sub>m</sub>, K<sub>v</sub>11.1 activates and quickly inactivates, thus giving a little contribution to the overall K<sup>+</sup> conductance. On repolarization, however, inactivation is quickly removed and the channel thus contributes a significant transient K<sup>+</sup> current, which further accelerates and sustains repolarization. Next, the channel deactivates (and then closes), with relatively slow time constants (in the order of hundreds of millisecond; 63). These biophysical features make Kv11.1 an effective regulator of action potential (AP) shape and frequency, in mature excitable cells. In the heart, in particular, Kv11.1 underlies the cardiac repolarizing current rapid depolarizing current (IK<sub>r</sub>). The mutant *hERG1* genes that lead to abnormally long repolarization (which is reflected in a longer electrocardiographic Q-T interval) are linked to the long QT type 2 (LQT2) syndrome, which can cause fatal arrhythmia (64, 65). In endocrine cells, Kv11.1 contributes to regulate hormone release, which is driven by action potential frequency (66, 67); in the central nervous system (CNS), it regulates neuronal spike frequency adaptation (68) and other aspects of excitability (reviewed in Ref. 69); in smooth muscle, it contributes to regulate contractility (70). Work in cardiac cells (71) and endocrine tissue (72) suggests that a macromolecular complex between Kv11.1 and integrin subunits is generally absent in mature excitable tissues. We attribute this fact to the prevalent association of Kv11.1, in mature tissues, with its canonical accessory subunits potassium voltagegated channel subfamily E regulatory subunit 1 (KCNE1) and KCNE2. Direct experimental evidence is currently available for KCNE1, which indeed prevents the channel from associating with integrin subunits (71).

The other side of Kv11.1's function regards developing excitable tissues, before AP maturation, and cancer. In these tissues,  $K_V$ 11.1 regulates the resting  $V_m$ , because of its steadystate properties. The Kv11.1 activation and inactivation curves cross around -40 mV. Hence, the K<sub>v</sub>11.1 "window" current is centered around the typical resting membrane potential (V<sub>rest</sub>) of cycling and tumor cells. In mouse development, the Kv11.1 transcript (erg) is first expressed in the heart and CNS at embryonic day 9.5 (E9.5; 73, 74). Next, at midgestation (around E14), it also appears in peripheral ganglia (dorsal root ganglia, DRG; sympathetic ganglia, SG; and myenteric plexus), in the neural layer of retina, skeletal muscle, and other tissues (74, 75). In adult mouse and rat, Kv11.1 expression is maintained in the heart, various CNS structures, DRG, and retina (73, 74, 76-78), although with a more restricted pattern of expression. The function of Kv11.1 at early developmental stages is largely unknown. Because of the pathological implications in LQT2, several studies have investigated the results of impairing Kv11.1 in murine embryos. Kv11.1 loss-of-function leads to cardiovascular teratogenesis and embryonic lethality, likely caused by the severe alteration of cardiac rhythm and the associated propulsive flow (79). The defects in vasculogenesis, however, are independent of electrophysiological alterations and appear instead to depend on differentiative and proliferative signals downstream to the transforming growth factor  $\beta$  (80). This observation points to alternative early functions of Kv11.1,

i.e., preceding the electrophysiological maturation. Further hints about these functions come from studies in quail embryos, where Kv11.1 is expressed in the heart at  $\sim$ E1.5 (stage 11, according to Hamilton and Hamburger, HH), and in CNS and eye at HH stage-13 (81). In situ hybridization on sections from older embryos (E3) detected expression in both cardiac atrium and ventricle, in the neural tube and encephalic vesicles, and in the myotome. At E4, the gene was expressed in the ciliary ganglion (CG) and the nervous part of the retina. Since E5, erg was also detected in DRG, SG, and adrenal gland (AG). CG, DRG, SG, and AG derive from the neural crest and were also investigated from an electrophysiological standpoint. In brief, neural crest cells explanted at the 10-13-somite stage (HH 10-11) display Kv11.1 currents, which are also observed during early differentiation of CG, DRG, SG, and AG. However, in these structures, Kv11.1 is progressively substituted by classic inward rectifier K<sup>+</sup> channels (IRK) during the electrophysiological differentiation process, which is characterized by a significant V<sub>rest</sub> hyperpolarization (which would be not allowed by the steady-state properties of K<sub>V</sub>11.1), and the appearance of the AP machinery (e.g., voltage-gated Na<sup>+</sup> currents). The timing of such a switch cover stages between E4 and E12 depending on the anatomical structure (82). In conclusion, Kv11.1 appears to exert peculiar physiological roles in early phases of mammalian and avian development. These roles are apparently different from those typically observed in adult organs, where Kv11.1 (when present) is mainly implicated in modulating action potential shape and firing. These early roles are still virtually unknown, especially as far as the interaction with integrin receptor is concerned. It is nonetheless intriguing to notice that the sequential pattern of expression of Kv11.1 and IRK revealed in peripheral nervous tissue is reversed in glioma tumors. The typical IRK (specifically, Kir4.1) expression in astrocytes tends to subside with glioma progression (83) and leaves the stage to other  $K^+$ channels, including Kv11.1 (84) and the biophysically analogous Kv11.2 (85). In fact, a wealth of suggestions about the possible roles of Kv11.1 and the macromolecular complexes it forms with integrins before the establishment of excitability are provided by the biology of tumors.

#### Kv11.1 in Cancer

Kv11.1 is commonly overexpressed in human cancers and, what is more, it is functionally implicated in all stages of tumorigenesis, from cell proliferation and survival to the modulation of growth factor release, invasiveness, and metastasis (49, 86-92; references in Table 1). Therefore, Kv 11.1 represents a promising cancer biomarker. Because those processes where Kv11.1 is implicated are generally regulated by cell adhesion to the ECM, a unifying mechanism in the Kv11.1 role in neoplastic progression may indeed be constituted by the channel/integrin functional and physical link. Depending on the pathophysiological context, such interplay between the channel and the integrin can modulate different cancer-related signaling pathways. Especially common among these appear to be FAK, ERK, and AKT phosphorylation, nuclear factor kappa-light-chain-enhancer of activated B cells (NFkB), and hypoxia-inducible factor (HIF)- $\alpha$  activation and nuclear translocation, activation

		Preclinical Data		Clinical Dat	ę		
Tumor Type	Effects in vitro	Signaling pathway affected	Consequences of hERG1 or hERG1/β1 blockade in vivo	Expression data: % of patients	Clinicopathological correlations	Effects on survival (HR)	Refs.
Head & Neck (HNSCC) Oral squamous cell carcinoma (OSCC)	HNSCC: Migration OSCC: Invasiveness	Sphingosine 1-phosphate (S1P) receptors	Ч	HNSCC: 90% OSCC: 47%	HNSCC: Lymph node involvement advanced stage tumor recurrence, distant metastasis. OSCC: TNM stage, tumor differentiation,	OSCC: Reduced survival (univariate analysis)	93, 94
Glioblastoma Multiforme (GBM)	Proliferation, KI67	Vegf	NA	GBM: 61.2% low expression, 38.8% high expression	recurrence VEGF	Independent negative prog- nostic factor (HR 1.536) Non torsadogenic hERG1 hhorbore immervus curvival	84
Neuroblastoma	Cell cycle regulation	ИА	Reduction of mean tumor weight in mice treated with hERG1 and hERG1h inhibitor 7088	NA	٩	NA	95
Lung cancer	Proliferation [Small cell lung can- cer (SCI C)]	NA	NA	NA	NA	AN	96
Pancreatic cancer (Pancreatic ductal adenocarcinoma, PDAC)	Proliferation invasiveness	EGF-R signaling pathway	Block of local growth and of metastatic spread	60% (TNM I–III)	GradingKi67EGF-R	Independent negative prog- nostic factor in TNM stages I–III (HR 2.12) (multivariate analveic)	97
Colorectal cancer	Invasiveness angiogenesisMetastasis	Akt, NFKB, HIF-1/2%, VEGF HIF-1/2%	Block of local growth and of metastatic spread	TNM stages I–III: 24.7% TNM stage IV: 86.25%	VEGFCAIXGlut-1 (inverse) EGF-R	Identification of high risk group in TNM I–III (HR 2.15) Positive factor for response to Bevacizumab in TNM IV (HR 0.30)	98–101
Barrett's esophagus (BE), esoph- ageal adenocarcinoma (EA), esophageal squamous carci- noma (ESC)	ИА	ИА	ИА	BE: 48%Dysplasia: 87.5% EA: 96%ESC	ЧЧ	Identification of patients with BE at high risk of adeno- carcinoma progression (OP = 3 70)	102
Gastric cancer	Cell proliferationApoptosisVEGF.A secretion	AKT, pAKT, HIF23, VEGF	Block of local growthCombined ac- tivity of hERG1 block- ers and anti-VEGF-A antibodies (Bevacizumab)	TNM stages I-IV: 69%	Lauren's intestinal typeFundus localizationGrading (G1-G2)VEGFA expres- sion. TNM and IlExpression in precan-	Negative prognostic factor in early stage (T1) patients (univariate analysis)	92,103–105
Pancreatic cancer (Neuro endo- crine tumor, NET)	NA	NA	NA	TNM stages II-IV: 66%	Correlation with Ki67	Independent positive prog- nostic factor (HR 0.19) (mul- #voziate analysica)	106, 107
Breast cancer	Induction of cell senescenceActivation of p21/ waf transcriptionMetactasis	Ras-dependentDNA damageActin assembly	Block of metastatic spread	High expression(100% Luminal A) (70% Luminal B)(50% HER2 posi- tive)(20% triple negative)	Molecular subtypeKi 67	High hERG1 patients have a longer PFS	71, 108
Endometrial cancer Ovarian cancer	Proliferation	NA	NA NA	Hyperplasia upo rupo ruga unvi Pyperplasia: 0%Stage I–II EC :33% OC: 53.9% low expression, 20.2% high expression.	NA Epigenetic silencing through methylation in clear-cell tumors	NA Methylation status as poten- tial prognostic marker	109 110–112
							Continued

Table 1. Expression of Kv11.1 in cancer

### (1) SUPRAMOLECULAR COMPLEXES: INTEGRINS AND ION CHANNELS

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lable 1.— Continued							
		Preclinical Data		Clinical Dat	ta		
Tumor Type	Effects in vitro	Signaling pathway affected	Consequences of hERG1 or hERG1/β1 blockade in vivo	Expression data: % of patients	Clinicopathological correlations	Effects on survival (HR)	Refs.
Melanoma	ProliferationMigration	MAP kinase/c-fos	NA	Thickness >4 mm and metastatic	NA	NA	113
		pathway.		melanoma = very high expressionThin melanomas and			
				benign melanocytic lesions = low expression			
Osteosarcoma	Proliferation, migration, apoptosis	PI3K/Akt/NFkB	NA	Dysplasia: 0%OS: 72.72%	NA	NA	114
hERG1: human ether-á-go-go-1	related gene 1: HIF, hypoxia-inducih	le factor: HR, heart rate: NA	unot applicable: NFkB. nucl	lear factor kanna-light-chain-en hancer	of activated B cells.		

of small GTPases and the modulation of f-actin organization and dynamics (Fig. 3 and Table 1).

Studying the dynamics of Kv11.1 interplay with the  $\beta$ 1 integrin subunit has greatly contributed to uncover the oncological relevance of Kv11.1 overexpression. In tumor cells, the Kv11.1-mediated current increases when  $\beta$ 1 integrin is activated by cell adhesion onto the ECM or by specific antibodies (37, 43, 115). The underlying mechanism is still uncertain, especially regarding the relative contribution of Kv11.1 activation and higher membrane expression. The implication of a G<sub>i</sub> protein downstream to integrin engagement is suggestive of an increased channel transfer onto the plasma membrane (116). Regardless of the mechanism of channel stimulation, a complex regulatory interplay appears to occur between K<sub>v</sub>11.1 and integrin subunits, which comprises different phases subsequent to cell adhesion. First, integrin-dependent Kv11.1 stimulation determines V<sub>rest</sub> hyperpolarization. Such an early increase of the Kv11.1 conductive function appears to specifically regulate FAK phosphorylation and cell proliferation (71). Next, Kv11.1 physically associates with the  $\beta$ 1 integrin subunit (37, 43, 87), which preferentially recruits Kv11.1 in the closed state (71, 117). Hence, formation of the macromolecular complex is accompanied by a decay of the hyperpolarization signal. Moreover, other signaling elements are recruited by the multiprotein structure, which exerts their downstream effects when they are bound to the complex, suggesting signal transfer by conformational coupling (115). One such mechanism is operant in colorectal cancer (CRC) cells. On integrindependent CRC cell adhesion, the Kv11.1/ $\beta$ 1 integrin complex recruits the PI3K p85 subunit, which stimulates AKT phosphorylation and thus regulates autophagy (117). Because p85 specifically binds to Kv11.1, we hypothesize that Kv11.1 could transduce by conformational coupling the integrin-dependent microenvironment signal. This would point to a nonconductive function of K<sub>v</sub>11.1, related to cell adhesion but different from canonical mechanosensitivity (as Kv11.1 is not gated by membrane strain, to the best of our knowledge).

Further recent evidence better clarifies the main role of the Kv11.1/ $\beta$ 1 integrin complex, which can recruit other ion channels and transporters and appears to be mostly implicated in controlling cell motility and migration. In CRC cells, the β1 integrin-mediated adhesion increases pH<sub>i</sub> by activating NHE1. On cell adhesion, the transporter assembles with β1 integrin and Kv11.1 and the complex sustains CRC cell motility (86; Fig. 3). Another Kv11.1-centered mechanism sustains cell motility in pancreatic adenocarcinoma (PDAC) cells. In these cells, the channel sustains prometastatic signals through a reorganization of f-actin in stress fibers and a modulation of filopodia formation and dynamics, thanks to the interplay with small GTPases, which also involves the modulation of  $[Ca^{2+}]_i$  (88; Fig. 3). In leukemia cells, Kv11.1 forms a complex with  $\beta$ 1 and the chemokine receptor, CXC chemokine receptor-4 (CXCR4), which triggers the activation of both the ERK1/2 and PI3K/Akt prosurvival signaling pathways. At the same time, leukemia cells became markedly resistant to chemotherapy-induced apoptosis (118; Fig. 3). Finally, the Kv11.1/ $\beta$ 1 integrin complex recruits CA-IX, in clear-cell renal carcinoma (ccRC) cells and primary cancer tissues (119). Interestingly, hERG1 and CAIX together represent biomarkers of ccRC progression (119). In the light of the

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**Figure 3.** Integrin-mediated signaling in relation to Kv11.1. Different ion channel complexes mediate signaling transduction and regulate different aspect of cancer cell behavior, such as proliferation, survival, invasiveness, and progression. Created with BioRender.com. CXCR4, CXC chemokine receptor-4; NHE1, type I Na $^+/H^+$  exchanger.

available information on NHE1 and CAIX physiology, the Kv11.1/ $\beta$ 1-integrin/NHE1 and Kv11.1/ $\beta$ 1-integrin/CA-IX complexes constitute functional hubs that locally control intraand extracellular pH, especially in hypoxic conditions, which drive progression-prone, prometastatic signaling pathways.

# MACROMOLECULAR COMPLEXES IN THE PATHOPHYSIOLOGICAL CONTEXT

The features of local and diffuse signaling mechanisms are better appreciated in the context of sensory transduction, in which they have been thoroughly analyzed. Local signal transfer considerably accelerates the transduction process and decreases the effects of thermal noise by decreasing the diffusion distances (120). An extreme example is the conformational coupling between sensing structures and stretchactivated ion channels. This is typical of mechanoreceptors, where quickness of response is often essential. The underlying protein conformational changes can occur at time scales of microseconds and thus allow exquisite sensitivity to mechanical vibrations. In fact, the cutaneous Pacinian corpuscles are sensitive to mechanical vibrations in the order of 200 Hz (121), and auditory hair cells can discriminate sound frequencies up to  $\sim$ 20 kHz (122). In contrast, when the cellular signal must be transferred from the sensing region to distant compartments, such as synaptic terminals (as in photoreceptors) or the cell soma (as in olfactory receptors), a biochemical signaling cascade is needed, which is accompanied by an energy gain of  $\sim$ 5 orders of magnitude (122).

These considerations raise the question of whether the high speed and lower sensitivity to thermal noise provided by signal transfer through local signals and macromolecular complexes are at all necessary for the efficiency of the relatively slow cell adhesion processes that accompany embryonic development and pathological cancer cell spread. One possibility is that direct conformational coupling between integrins and ion channels avoids the energy expenditure generated by multistep biochemical cascades. An order of magnitude estimate is suggested by the simple case of a conformational transition between two protein states. The energy required for full state transition is in the order of 60 kJ/mol, which is approximately equivalent to the free energy released from cytoplasmic ATP hydrolysis (123). This suggest that activating, e.g., an ion channel by direct conformational coupling would require as much energy as a single step of a multistep signaling cascade leading to the same effect. Energy saving could be an advantage for the greedy embryonic cells, and even more for cancer cells. The latter could opportunistically select the most advantageous mechanisms normally used by the developmental process, as suggested by the widespread occurrence of Kv11.1/integrin interplay in tumors.

# CONCLUSIONS AND PERSPECTIVES

The earlier-described mechanisms in cancer cell proliferation, survival, and migration clearly suggest potentially fruitful research lines aimed at clarifying the early roles of Kv11.1. Although these processes are aberrantly regulated in cancer, and the occurrence of Kv11.1/integrin association in early development is presently speculative, a reasonable working hypothesis is that the morphogenetic functions of Kv11.1 should be related to the control of cell proliferation/differentiation and migration. Whether the frequent expression of Kv11.1 in cancer cells is a result of a selection process that leads the tumor to exploit some of the normal functions the channel exerts in development, or whether Kv11.1 is more suitable than other K<sup>+</sup> channels in undertaking some tumor-specific physiological roles remains to be determined. Considering the stringent energy requirements of cycling cancer cells, it is possible that exploiting an ion channel particularly susceptible to be recruited in macromolecular complexes and to carry out signal transfer by conformational coupling also offers energetic advantages. An energetic advantage could be also offered by the narrow steady state window current of Kv11.1, which rules out a strong K<sup>+</sup> flux in conditions in which V<sub>rest</sub> oscillates slowly, as is typical of cancers.

From a pharmacologic standpoint, we notice that the multiprotein complexes described earlier offer unique opportunities for cancer cell targeting. The latter can be achieved by using several molecules such as bispecific antibodies, which are able to simultaneously bind two or more proteins, impairing the downstream signaling (115, 116, 124–126). In addition, the fact that Kv11.1 preferentially associates with integrin receptors in the closed conformation suggests that flexibility of treatment could be obtained by targeting different conformational states. Different cellular processes implicated in tumorigenesis can be targeted relatively independently, by adding or not open-channel blockers to the pharmacological toolkit. The comparative usefulness of selective as compared with combined treatment (to simultaneously target different conformational states) will have to be judged in specific pathological contexts.

# GRANTS

A.B. is supported by ex 60%, University of Milano-Bicocca. This research was funded by Associazione Italiana per la Ricerca sul Cancro (AIRC) Grant No. IG 21510 (to A.A.), by PRIN Italian Ministry of University and Research (MIUR) "Leveraging basic knowledge of ion channel network in cancer for innovative therapeutic strategies (LIONESS)" 20174TB8KW (to A.A.), ex 60% Università degli Studi di Firenze (to A.A.). Claudia Duranti was supported by a AIRC fellowship for Italy "Francesco Tonni" ID 24020.

# DISCLOSURES

No conflicts of interest, financial or otherwise, are declared by the authors.

# AUTHOR CONTRIBUTIONS

A.B., C.D., and A.A. drafted manuscript; A.B. and A.A. edited and revised manuscript; C.D. prepared figures; A.B., C.D. and A.A. approved final version of manuscript.

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