

Oct 9, 2012

Molly

I had some time at the week-end to do some more work on the chondrocyte report.

My editorial comments are attached.

When working on the material the time I noted the following omissions:

1. There is no description (biophysical) of the chondrocyte:
  - (a) size
  - (b) capacitance
  - (c) RZM
  - (d) intracellular volume: (i) total (ii) minus nucleus, mitochondria and ER
2. There appears to be no formulas for cytosol  $Ca^{2+}$  buffering

3. No information is provided regarding the steady-state voltage dependence  $\sim$  the kinetics of the delayed rectifier. This is key because I believe the main ~~int~~ illustrations of the model paper will be showing attentions are a resonance of osmolarity, fixed charge, zeta potential etc.

4. The 2 pore data may have been corrected for permeant ion concentration  $[K^+]_o$  but the remaining unclear.

I will draft a speculative Results and Discussion section. We will need to speak by telephone this week. I suggest Wed. 9-11 - 10th.

Oct 8, 2012

①

Functional

# A Computational Approach for Studying

The Role of K<sup>+</sup> Currents in Human Articular Chondrocyte Electrophysiology: a Computational Perspective

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## ABSTRACT

### Abstract:

We have developed a computational model for studying the electrophysiology of the human articular chondrocyte, based on experimental data which has identified novel K<sup>+</sup> current expression. The utility of the model is illustrated by focusing on the role of a novel 2-pore K<sup>+</sup> current in regulating the resting potential and therefore intracellular ion (e.g. Ca<sup>2+</sup> homeostasis).

Key words: chondrocyte; electrophysiology; <sup>modulating</sup>potassium channels; computational model

### PLAN FOR 2<sup>nd</sup> Draft:

Needs to be rewritten completely. For BioPhys J, the abstract takes the following form:

- One general intro sentence, setting up
- Problem statement
- What we are going to do about it (methods)
- What happened (results) (Most important)
- Conclusion

real principles which govern key functions families.

significant expression of a number of distinct

and excitation-contraction coupling

## Introduction

Articular cartilage is an anular, avascular, alymphatic, flexible connective tissue that covers the articulating ends of diarthroidal joints (2,1) and permits stability and movement of the skeleton. This connective tissue consists of an extracellular matrix (ECM, composed primarily of collagen, elastin and proteoglycans, as detailed below), and one type of cell--the *chondrocyte*--which is responsible for synthesis and homeostasis of the matrix. Articular cartilage is regularly exposed to mechanical stresses, and this exposure is essential for the health of the tissue (3). Chondrocytes occupy only 1-10% of the total volume of articular cartilage in mammals (4,5) and play no direct mechanical role. Instead, mechanical support is provided by the ECM, which is composed of (a) collagen fibers, which gives the tissue the ability to resist tension, (b) negatively-charged gel-like proteoglycans (PGs) trapped within the collagen mesh, allowing the tissue to bear compression (6,1) and (c) synovial fluid within the articular capsule which acts as a lubricant, allowing for free movement of the bones (7). The chondrocyte thus resides in a physiologically atypical and dynamic environment. Its primary role is to maintain viable cartilage by balancing macromolecular synthesis and breakdown (see e.g. Wilkins et al. (8); Stockwell (3); Fassbender (9)).

Under abnormal conditions, chondrocyte damage may occur. As a result, the balance between matrix synthesis and degradation is lost, causing inflammation of the tissue and/or osteoarthritis: a thinning the cartilage layer which causes painful, bone-against-bone friction. It is generally known that the progression of osteoarthritis (Rush and Hall, 2003) and the ability of chondrocytes to respond to perturbations in the extracellular environment (Jones et al, 1999) is linked to poorly-regulated volume changes (10). Physical damage to cartilage is more frequent in the context of reduced osmolarity (Bushet et al, 2005). In turn, there is indication that these volume changes are linked to an abnormal resting membrane potential in these cells (10). In abnormal chondrocytes, the response to challenging external stimuli may be altered (e.g. much larger changes in resting membrane potential) as compared to healthy cells (Lewis et al, 2011; Wilson, et al 2004; Tsuga 2002; Tirabashi 2010a). It is likely that such changes in the regulation of the resting membrane potential are due to altered ion channel function (Lewis et al, 2011; Wilson, et al 2004; Tsuga 2002; Tirabashi 2010a). Direct experimental investigation of the links between chondrocyte electrophysiology and chondrotoxicity is complicated, however, by small cell size and the associated limitations of in vitro electrophysiological studies. For the purpose of integrating available data and attempting to understand its functional significance, we have developed a detailed biophysical model of chondrocyte electrophysiology. This detailed model, the first of its kind, will facilitate investigation of questions related to chondrocyte electrophysiology, intra- and intercellular signaling, and biomechanical sensitivity and transduction. The role of the chondrocyte in articular pathophysiology can also be considered.

Osteoarthritic changes may develop in even young patients following orthopedic surgery (cite) via chondrolysis, a condition in which accelerated loss of articular cartilage occurs over a short time period (Webb editorial, 2009). Several clinical studies have suggested that this significant chondrotoxicity can occur as a result of postoperative administration of bupivacaine, a local anesthetic (Busfield and Romero, 2009; Bailie and Ellenbecker, 2009; Ropley et al. 2009; Wiater, et al. 2011). Experimental work has confirmed that bupivacaine can cause profound chondrotoxic effects in both cell (11) and animal studies (Gomoll et al, 2006; Chu et al, 2010). However, the cellular and subcellular mechanisms leading to chondrotoxicity remain unclear. The family of two-pore K<sup>+</sup> channels, recently identified in human articular chondrocytes (Clark, et al, manuscript) can be inhibited by bupivacaine application (Clark et al, manuscript; Punke et al 2003). We therefore hypothesized that the blockade of the two-pore K<sup>+</sup> channel in human articular chondrocytes by the local anesthetic bupivacaine leads to compensated regulation of the resting membrane potential in these cells. The main goals of our work are (1) to develop the first detailed mathematical model of chondrocyte electrophysiology and, (2) to use this model to investigate the potential role of

In certain settings where experimental data are available

# METHODS AND Model 1

3

bupivacaine in the homeostasis of the chondrocyte resting membrane potential.

## Model and Methods

and Model Description which results

Our model assumes a single chondrocyte is an isolated cell residing in deep regions of cartilage. This extracellular environment can be modeled by specifying external concentrations  $[Na^+]_o$ ,  $[K^+]_o$ ,  $[Ca^{2+}]_o$ ,  $[H^+]_o$  and  $[Cl^-]_o$  within physiologically-relevant, slightly hyperosmotic ranges (see Table 1). The chondrocyte cell membrane is known to express a number of voltage- and ligand-gated ion channels as well as pumps and exchangers (12). The channels under consideration in this model are illustrated in Figure 1 and described in the following section.

Table 2 near top

## Ionic current formulations

Note (W. Giles): State which family.

functions  
surface

These include:  
cite Lewis work

Describe channel  
- shape  
voltage dependence  
RTX  
- change to challenge

Needs some introductory text here. Point to the fact that the discussion contains other identified channels not explicitly modelled in this work.

Figure 1 near top

## Potassium channels currents:

Experimental results reported by Clark et al. (13) suggest that potassium channels play a dominant role in controlling the RMP of the human tibial joint articular chondrocyte. Motivated by this experimental work, our mathematical model incorporates the following three potassium channels.

currents due to expression of distinct potassium channel families

**Two-pore potassium channels.** These are a set of widely-expressed  $K^+$ -selective channels. Their activation is largely independent of membrane potential. They play a vital role in determining the RMP of the human articular chondrocyte. Using the classic Hille-Goldman-Katz equation (ref) for voltage-gated, time-independent single-species ion channels, this current can be represented by:

Ref

$$I_{K2, pore} = P_K \frac{z_K^2 V F^2}{RT} \frac{([K^+]_i - [K^+]_o \exp(-\frac{z_K V F}{RT}))}{(1 - \exp(-z_K V F / (RT)))}$$

Hodgkin  
3x larger.

(1)

Figure 2 near top

and Figure 2a shows the current-voltage curve for this channel fit to experimental data (12)

**Ca<sup>2+</sup>-activated K<sup>+</sup> channels.** In chondrocytes from a number of different mammals, the so-called large-conductance Ca<sup>2+</sup>-activated K<sup>+</sup> channels have been identified. Such channels are hypothesized to act as "osmolytic channels" and are responsible for decreasing intracellular osmotic strength by allowing efflux of potassium ions. This affects the ability of the chondrocyte to regulate its volume under rapid changes in the physiochemical environment (10). It has been suggested (12) that this type of K<sup>+</sup> channel can be stretch-activated (stretch causes an increase in calcium influx, which results in markedly increased potassium current).

can

may explain

also.

usually the conductance 'scales' at the  $\sqrt{[K^+]_o}$  or  $\sqrt{[K^+]_i}$  'square root'.

over:  
This needs work.  
This 2-V notch was unusual in isotonic  $[K^+]_o$ . It needed to be present (Panel A) but the re-scaled to match  $[K^+]_i / [K^+]_o$

Comment [MM1]: Reference for this is Hille's classic text, "Ion Channels of the Excitable Membrane"

- in part due to a lack of biophysical data  
The, do

In the present formulation, we ignore the stretch dependence, and model the (large) calcium-activated potassium channel using a functional form defined by Horrigan and Aldrich (15):

$$I_{K_{Ca}} = N K_{Ca} P_0 G_{max} (V - E_K),$$

(2)

[How is intracellular  $Ca^{2+}$  buffering accounted for?]

where,

$$\begin{aligned} kTe &= 23.54 (T/273), \\ L_0 &= L_0 \exp((V - V_L)/kTe), \\ J_v &= \exp(((V - V_{h2})/kTe)), \\ K &= C a_i / K D c, \\ P_0 &= \frac{L_v (1 + KC - J_v D + J_v K C D E)^4}{L_v (1 + KC + J_v D + J_v K C D E)^4 + (1 + J_v + K + J_v K E)^4}, \\ E_K &= \frac{RT}{z_K F} \ln \left( \frac{[K^+]_o}{[K^+]_i} \right). \end{aligned}$$

3x larger  
is according to  
3x larger

premier

have a selectively depolarized resting potential

Figure 2b shows the current-voltage relationship for this channel fit to experimental data (13).

**Delayed rectifier K<sup>+</sup> Current.** A markedly time- and voltage-dependent or delayed-rectifier has been identified in chondrocytes (17,18,16). These usually repolarize active cells following action potentials, but their role in chondrocytes are not known because chondrocytes are far more depolarized. Previous studies have identified Kv 1.4 and 1.6 (18,19). In this work, the mathematical expression for the delayed rectifier is motivated by the ultra-rapidly rectifying potassium channel (20):

based on other

$$I_{K_{Dr}} = g_{K_{Dr}} a_{ur} i_{ur} (V - E_K),$$

(3)

3x larger

where  $a_{ur}$  and  $i_{ur}$  are time-dependent channel activation and inactivation, and are defined in the model via the following expression:

$$\begin{aligned} E_K &= \frac{RT}{z_K F} \ln \left( \frac{[K^+]_o}{[K^+]_i} \right), \\ a_{ur\infty} &= \frac{1}{1 + \exp(-(V_{a1} - 6.0)/8.6)}, \\ i_{ur\infty} &= \frac{1}{1 + \exp(-(V_{i1} - 7.5)/10.0)) + 0.7}, \\ \tau_{a_{ur}} &= \frac{0.009}{1 + \exp((V + 5.0)/12.0)} + 0.0005, \\ \tau_{i_{ur}} &= \frac{0.5}{1 + \exp((V - 60.0)/20.0)} + 6. \end{aligned}$$

3x larger.

Figure 2c shows the voltage-current curve for this channel fit to experimental data (13) and Figure 2d shows the time-current curve over the same period.

Delayed Rectifier should be a separate figure.  
You need to illustrate (i) steady-state I-V,  
(ii) steady state V-dependence and (iii)  $V_m$  vs  $\tau$  relationship.



## Ion Pumps and Exchangers

### Na<sup>+</sup>/K<sup>+</sup> Pump Sodium-potassium pump

The effective expulsion of Na<sup>+</sup> ions from the cell is achieved by the activity of the Na<sup>+</sup>-K<sup>+</sup>-ATPase, and volume is maintained by altered balance of leaks and pumps to hold cell water constant. In this model, we employ the following sodium-potassium pump formulation from Nygren et al. (22):

$$I_{NaK} = \bar{I}_{NaK} \left( \frac{[K^+]_o}{[K^+]_o + k_{NaK,K}} \right) \left( \frac{[Na^+]_i^{1.5}}{[Na^+]_i^{1.5} + k_{NaK,Na}^{1.5}} \right) \left( \frac{V + 150}{V + 200} \right)$$

It is a standard form  
(4) which was adopted from

K<sub>o</sub> Na<sub>i</sub>  
D<sub>o</sub> K<sub>oo</sub>

Figure X shows a representative current-voltage curve for this electrogenic pump.

### Na<sup>+</sup>/Ca<sup>2+</sup> Sodium-calcium exchanger

As in many other cell types, the sodium-calcium exchanger plays a key role in Ca<sup>2+</sup> homeostasis in articular chondrocytes (ref). Here, we model this channel using the following mathematical expression (22):

$$I_{NaCa} = k_{NaCa} \frac{[Na^+]_i^3 [Ca^{2+}]_o \exp(\frac{VF}{RT}) - [Na^+]_o^3 [Ca^{2+}]_i \exp(\frac{(V-1.0)VF}{RT})}{1.0 - d_{NaCa} ([Na^+]_o^3 [Ca^{2+}]_i + [Na^+]_i^3 [Ca^{2+}]_o)}$$

antiporter mechanism

an approach published by

### Na<sup>+</sup>/H<sup>+</sup> Sodium-hydrogen exchanger

Chondrocytes possess a sodium-hydrogen antiporter (8,5) which allows the cell to sense extracellular pH. In order to model this channel, we use the following functional form described in Cha et al. (23):

$$I_{NaH} = N_{NaH} I_{NaH_{max}} I_{NaH_{act}}$$

provides a mechanism for

Steady-state I-V curve  
at (Ca<sup>2+</sup>)<sub>i</sub> of 5 x 10<sup>-8</sup> M  
as shown in Figure

where,

$$I_{NaH_{act}} = \frac{1}{1 + (K_1^{H_{in}}/[H^+]_i)^{n_H}},$$

$$i_1 = \frac{k_1^+ [Na^+]_o / K_{Na}^o}{(1 + [Na^+]_o / K_{Na}^o + [H^+]_o / K_H^o)}$$

$$i_2 = \frac{k_2^+ [H^+]_i / K_H^i}{(1 + [Na^+]_i / K_{Na}^i + [H^+]_i / K_H^i)}$$

$$i_3 = \frac{k_1^- [Na^+]_i / K_{Na}^i}{(1 + [Na^+]_i / K_{Na}^i + [H^+]_i / K_H^i)}$$

$$i_4 = \frac{k_2^- [H^+]_o / K_H^o}{(1 + [Na^+]_o / K_{Na}^o + [H^+]_o / K_H^o)}$$

$$I_{NaH_{act}} = \frac{(i_1 i_2 - i_3 i_4)}{(i_1 + i_2 + i_3 + i_4)}$$

(7)

Maintaining its significant  
intra- to extracellular  
pH gradient (pH<sub>i</sub>: 7.7; pH<sub>o</sub>: 7.4)  
and do so by exchanging  
H<sup>+</sup> influx for Na<sup>+</sup> efflux.

3x larger

or

### Background Leakage Currents

Our

The model accounts for background leakage of Na<sup>+</sup> and K<sup>+</sup> through the use of time-independent channels whose mathematical expressions are based on Hodgkin-Huxley formalism:

by assuming the presence of linear ohmic.

$$\begin{aligned} I_{Na} &= \bar{g}_{Na} (V_m - E_{Na}), \\ I_{K} &= \bar{g}_{K} (V_m - E_{K}). \end{aligned} \quad (8)$$

The Nernst potentials for Na<sup>+</sup> and K<sup>+</sup> are computed based on their respective intra- and extracellular concentrations: (see Table 1).

$$\begin{aligned} E_{Na} &= \frac{RT}{z_{Na} F} \ln \left( \frac{[Na^+]_o}{[Na^+]_i} \right), \\ E_{K} &= \frac{RT}{z_{K} F} \ln \left( \frac{[K^+]_o}{[K^+]_i} \right). \end{aligned}$$

3x

In other model

simplistic

This model can account for chloride leakage using a similar mathematical formulation:

$$I_{Cl} = \bar{g}_{Cl} (V_m - E_{Cl}), \quad (9)$$

in detail

where

$$E_{Cl} = \frac{RT}{z_{Cl} F} \ln \left( \frac{[Cl^-]_o}{[Cl^-]_i} \right)$$

is the Nernst potential set up by the difference in Cl<sup>-</sup> concentration inside and outside the cell.

### The atypical environment of the chondrocyte

perhaps, as this

As a result of being deep within cartilaginous tissue, the chondrocyte's extracellular environment is unique in comparison with other cell types. The high number of fixed negative charges on immediately adjacent proteoglycans attracts free cations (e.g. Na<sup>+</sup>) and excludes free anions from the matrix. As a result of this cation accumulation, water osmotically enters. The resulting ionic strength is in the range of XX osmoles. It is also known that the pH in this microenvironment is somewhat acidic in comparison with other extracellular environments (24,8).

in the extracellular joint matrix

of the mammalian substantially different than that of

+ extracellular matrix

As the tissue is avascular, synovial fluid supplies adult articular cartilage with small amounts of nutrients as well as oxygen, and byproducts are removed by diffusion (24,25). Due to the avascular nature of the resident tissue, chondrocytes generate ATP by substrate-level phosphorylation during

Metabolic

leads to

due to the resulting osmotic gradient.

within the cartilaginous environment



For example,

anaerobic respiration. This generates  $H^+$  ions as a byproduct, which further lowers surrounding pH (24). Mechanical loading during activity also exposes chondrocytes to profound fluctuations in their physiochemical environment (27,26).

the

of the microenvironment.

significant

This atypical environment is reflected in measurements taken in tissue samples (see Table 1). Experimentally-reported values for the external concentrations of different species reveal some marked extremity in cation concentrations compared to e.g. cardiac tissue. We have utilized these extracellular concentrations in our model in concert with measured values from (13) to characterize the extracellular environment of the chondrocyte in our model.

specify the physiological parameters.

Summary of published

Mammalian

Table 1: Consensus Values of Ion Concentrations for Chondrocyte Electrophysiology (8).

Ion Concentrations

	Cytoplasm	Matrix	Serum/Synovium
$[Na^+]$ (mM)	40	240-350	140
$[K^+]$ (mM)	120-140	7-12	5
$[Ca^{2+}]$ (mM)	8.e-5	6-15	1.5
$[Cl^-]$ (mM)	60-90	60-100	140
$[HCO_3^-]$ (mM)	20	15	23
$[SO_4^{2-}]$ (mM)	0.17	0.30	0.81
pH (mM)	7.1	6.6-6.9	7.4
Osmolarity (mOsm)		350-450	300

Comment [MM2]: Table will be remade; bad formatting a result of translation from LaTeX format.

This needs to be re-worked and moved forward to where it is first referred to.

Note from Wayne: Need a transition to next section.

Elements of the

## Mathematical Model of Chondrocyte Electrophysiology

Comment [MM3]: Comment from Wayne: This section is key and needs an appropriate introduction.

The individual currents above are defined by Equations 2-9, and the ODE system (10) is solved for the primary vector of unknowns:  $V_m$ ,  $[Na^+]_i$ ,  $[K^+]_i$ ,  $[Ca^{2+}]_i$ ,  $[H^+]_i$ ,  $[Cl^-]_i$ ,  $a_{ur}$ , and  $i_{ur}$  in the time period of the numerical experiment. The initial conditions are chosen from previous calculations run to steady state. The equation system is solved using LSODE (28), and the corresponding GNU Octave code is available free and open source for anyone to use and extend (12).

modify/achy

Thy of equation

We assume that there are no spatial variations in quantities of interest, allowing us to model the chondrocyte as the following set of ordinary differential equations (ODEs) in time.

$$\frac{d}{dt} \begin{pmatrix} V_m \\ [Na^+]_i \\ [K^+]_i \\ [Ca^{2+}]_i \\ [H^+]_i \\ [Cl^-]_i \\ a_{ur} \\ i_{ur} \end{pmatrix} = \begin{pmatrix} -I_i/C_m \\ -(I_{Na_b} + 3I_{NaK} + 3I_{NaCa} - I_{NaH})/(v_i F) \\ -(I_{K_b} - 2I_{NaK} + I_{K_{ur}} + I_{K_2 \text{ pore}} + I_{K_{Ca-act}})/(v_i F) \\ I_{NaCa}/(v_i F) \\ -I_{NaH}/(v_i F) \\ I_{Cl_b}/(v_i F) \\ (a_{ur, \infty} - a_{ur})/\tau_{a_{ur}} \\ (i_{ur, \infty} - i_{ur})/\tau_{i_{ur}} \end{pmatrix} \quad (10)$$

where,

$$I_i = \underbrace{I_{K_{ur}} + I_{K_2 \text{ pore}} + I_{K_{Ca-act}}}_{\text{Potassium currents}} + \underbrace{I_{NaK} + I_{NaCa} + I_{NaH}}_{\text{Pumps and exchangers}} + \underbrace{I_{Na_b} - I_{K_b} - I_{Cl_b}}_{\text{Background currents}}$$

Significant spatial variation (intra- or extra cellular subcompartment)

But need to note a exclude

- mitochondrial volume
- volume of nucleus

3x larger

# FIGURE LEGENDS

## Figure Legends

Figure 1.

A diagram — antipporter, and pumps

Illustration of the ion-selective channels included in the mathematical model of the chondrocyte.

Figure 2.

(2-V)

the

human

Potassium current-voltage relationships which have been fit to experimental values (in red) from Clark et al. (13). The external concentrations correspond to the experimental conditions:  $[K^+]_o = 5$  mM,  $[Na^+]_o = 140$  mM,  $[Ca^{2+}]_o = 2$  mM, pH = 7.4, except for IK2pore, where  $[K^+]_o = 145$  mM, pH = 8.5.

?

Comment [MM4]: This was to match experimental conditions – the visualization shows correspondence to experiment, but the modeled channel certainly does not have a reversal potential around 0mV.

Figure 5

Figs 2, 3, 4

I-V relations for the other currents. These are not fit to experimental data, but used to tune simulation results.

Figure 6

Overall behaviour of the model when voltage is ramped from -130 mV to +90 mV in 1 s. The model output closely matches experimental data (red) from Clark et al. (13).

Comment [MM5]: Will move to Appendix.

Figure 5.

Time-evolution of the concentrations over 1800 s to show that the initial conditions we have chosen for the model were at steady state. The initial conditions for the concentrations used in the computations were  $[Na^+]_i = 2.814$  mM,  $[K^+]_i = 121.59$  mM,  $[Ca^{2+}]_i = 2.371e-06$  mM,  $[H^+]_i = 6.188e-10$  mM,  $[Cl^-]_i = 13.209$  mM.

Figure 6

Modulation

If this is retained it should be a Figure in the Supplement Section

Evolution of the resting membrane potential with varying external potassium concentration. Note that while it is slightly more positive than experimental it matches the qualitative behaviour quite closely (13).

Figure 7.

calculated values

in a human at chondrocyte in uspus 1

When the amount of IK2pore is varied from 100% to 0% (by blocking with increasing amounts of BUP), the RMP increases. These simulations were carried out at two different values of external concentrations  $[K^+]_o = 5$  mM and  $[K^+]_o = 25$  mM and results compare favorably with experimental data (13, Fig. 8B).

Figure 1:

$[K^+]_o$ .

9.

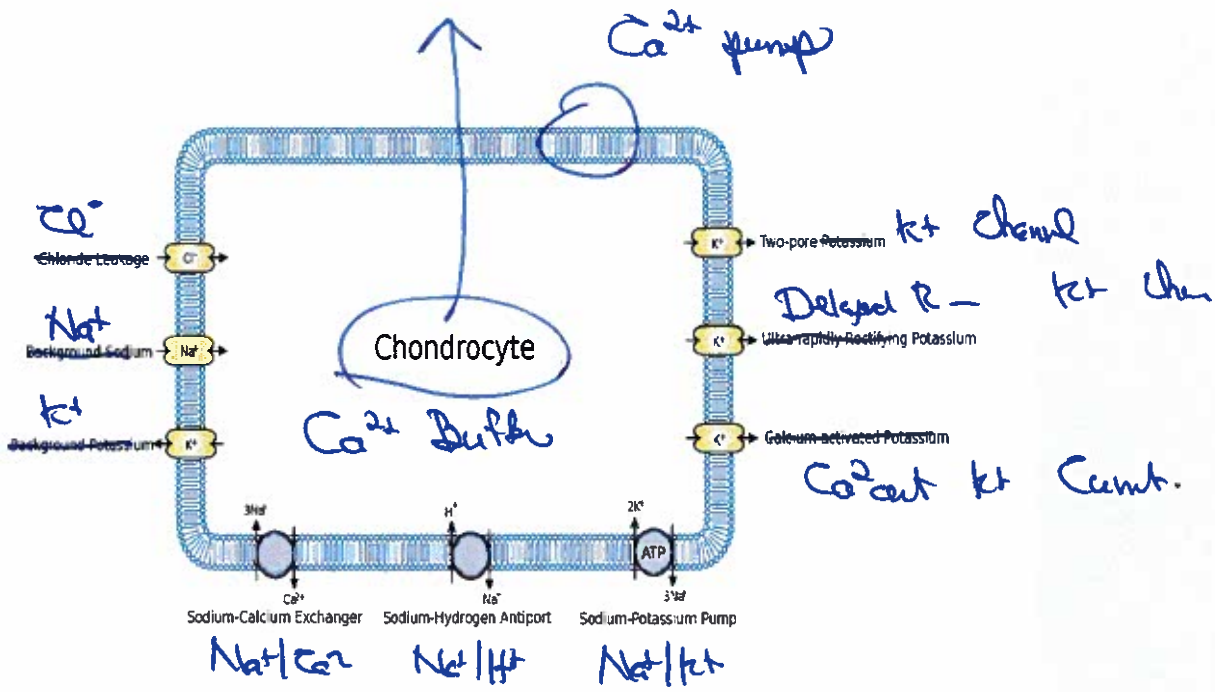
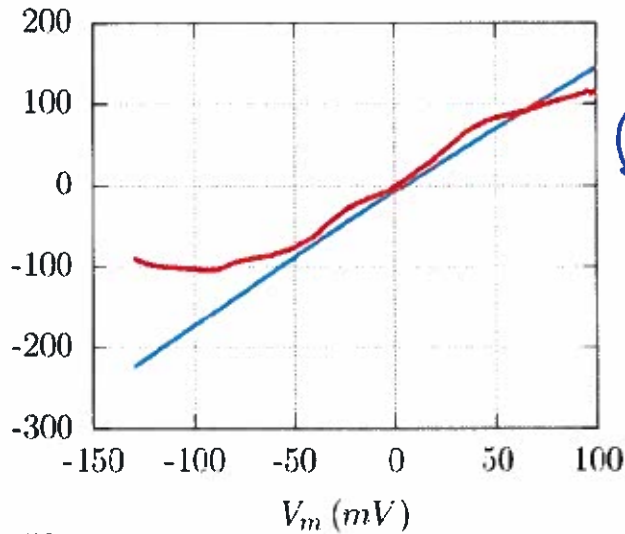


Figure 1.

repeat Figure title and  
define terms.

⑥

Figure 2:



②

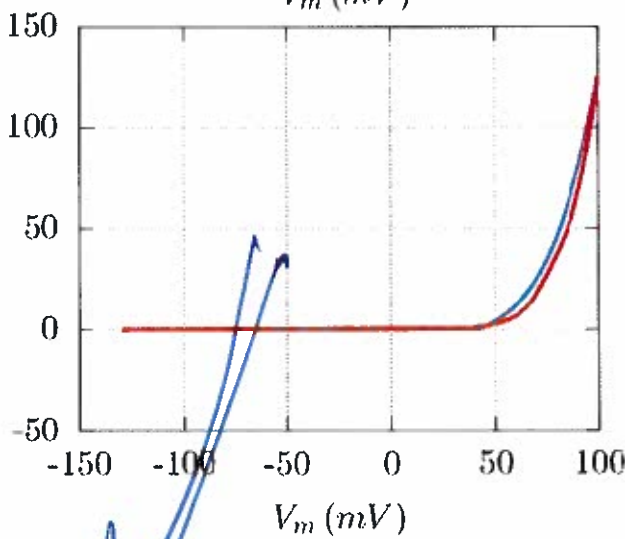
The delayed Rectifier and 2-P currents need to be separated

A. Delayed Rect

A I-V

B activ  
inact

C kinetics



③

B 2-P

A. High  $(k_{+})_0$

B. Normal  $(k_{+})_0$

④

$I_{K-Ca}$

at what  $[Ca^{2+}]_i$

How is  $[Ca^{2+}]_i$

buffered.

5

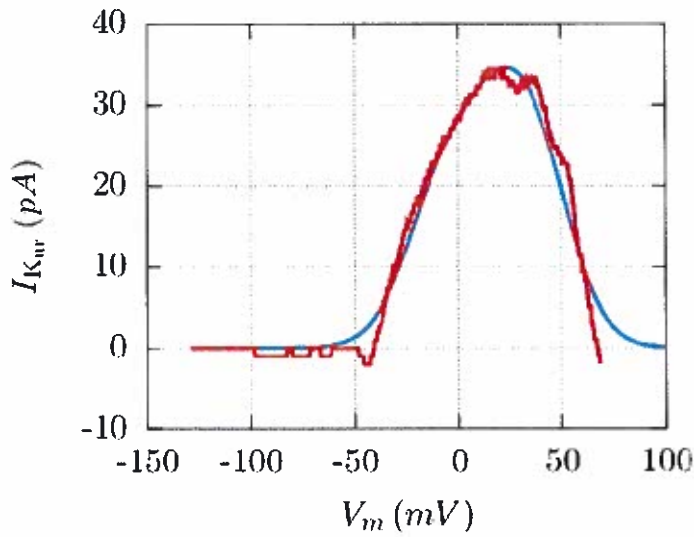


Fig 5

all that 'other current'

need

$I_{er}$

at selecta  $(Ca^{2+})_c$

$I_{pump}$

at selecta  $(Na^+)_i$



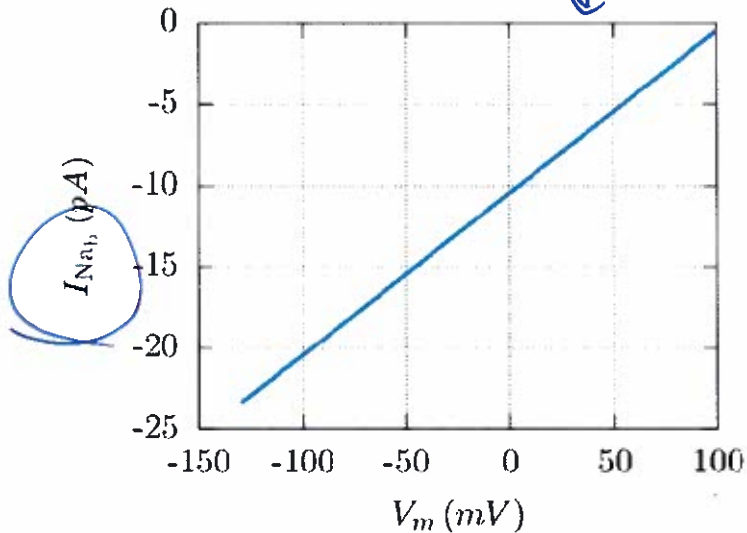
(d)

Expos on  
Current Density

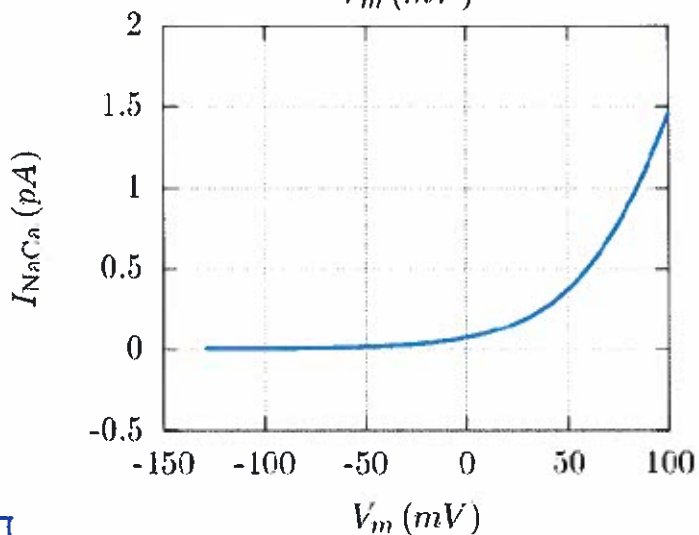
$E_{rev}$   
↓

b.

Figure 4



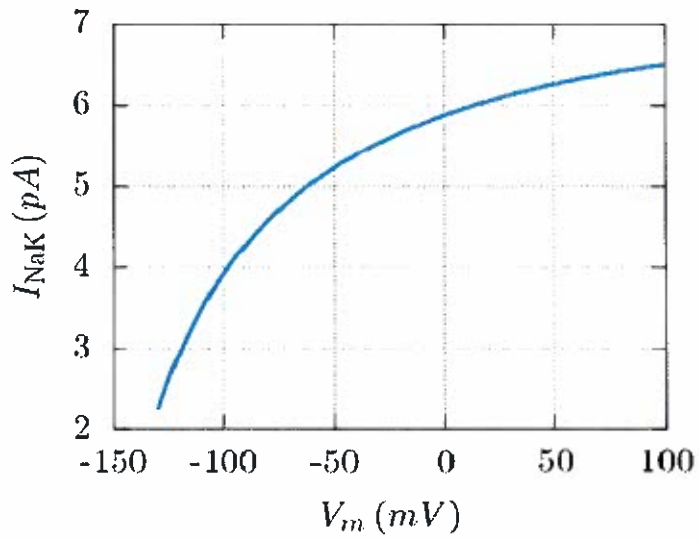
This should be  
at  
 $E_{rev}$  about +30mV



= separate Figure

J<sub>KL</sub>.

(e)



Show at

$[Na^+]_i = 10 \text{ mM}$

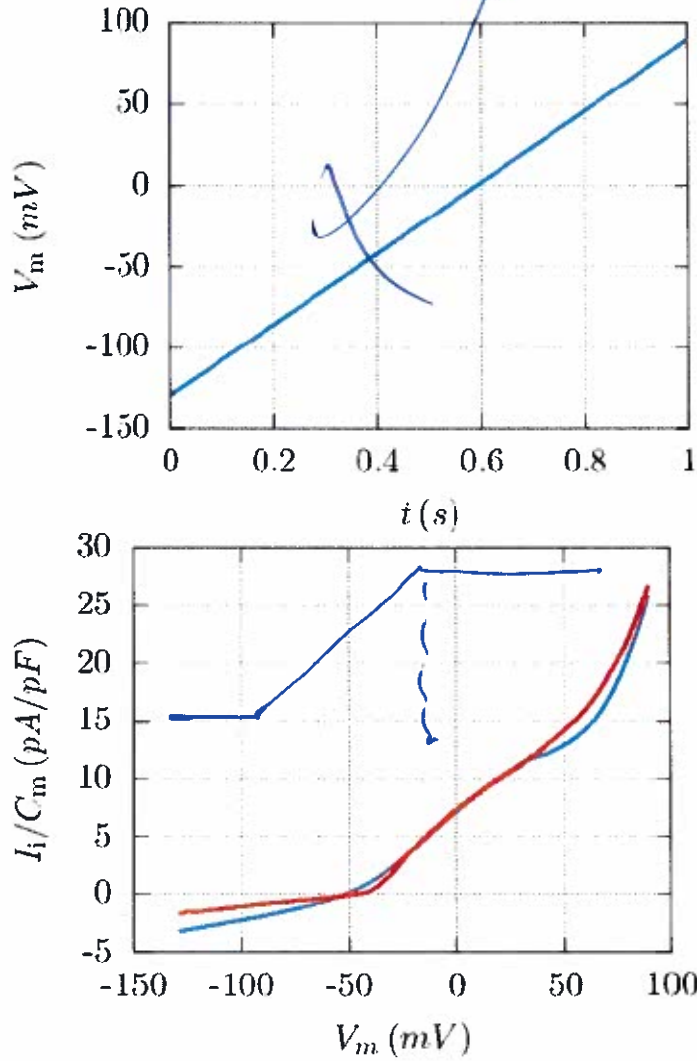
20 mM

40 mM

⑥

6

Figure 4:



should show notes to  
 $E_R$  as well

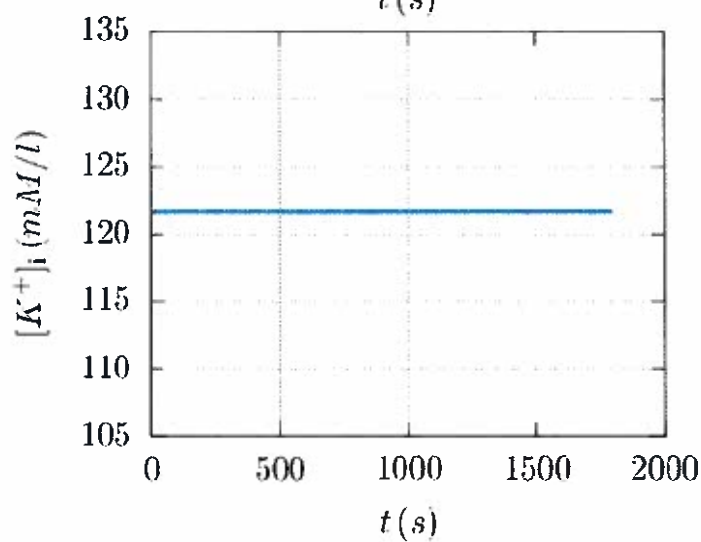
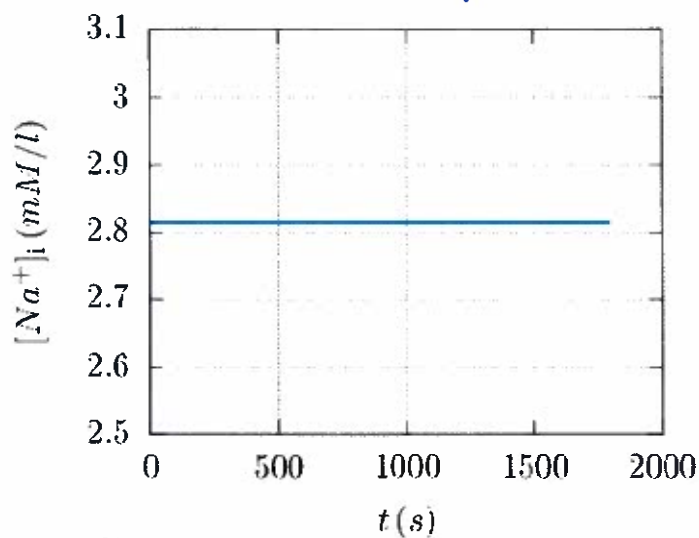
9

Figure 4

Figure 5:

Supplent. / Appendix

Comment [MM6]: Will be moved to an appendix.



(h)

Figure 1

Appareil / Sample

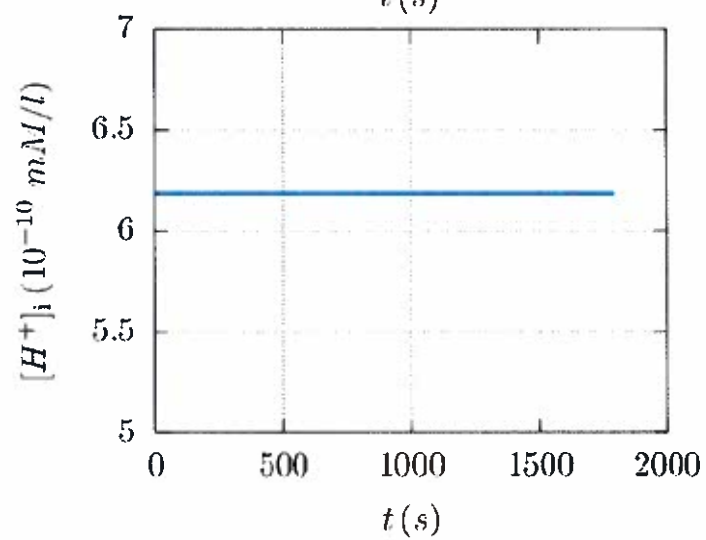
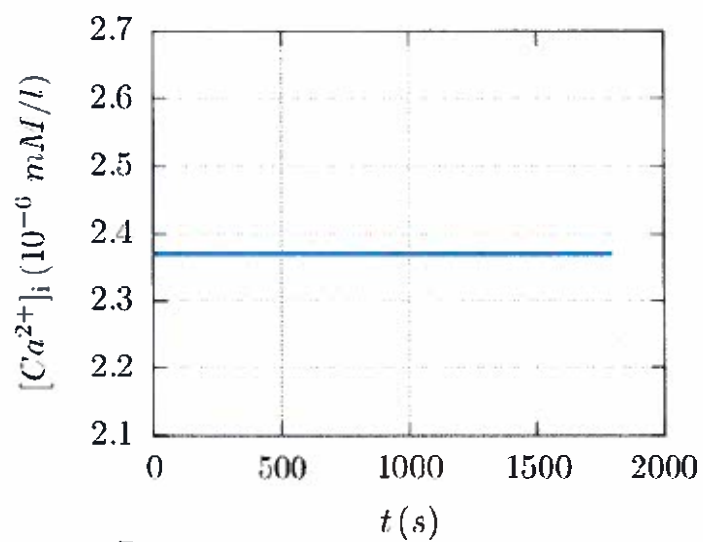
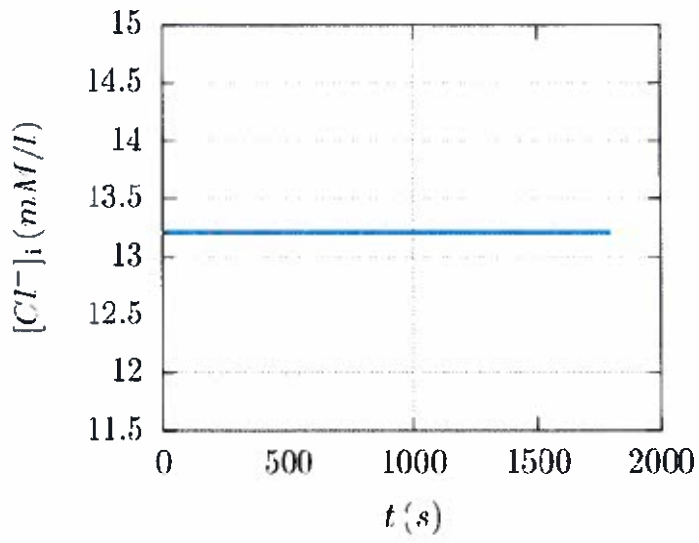


Figure 1

Scriptout

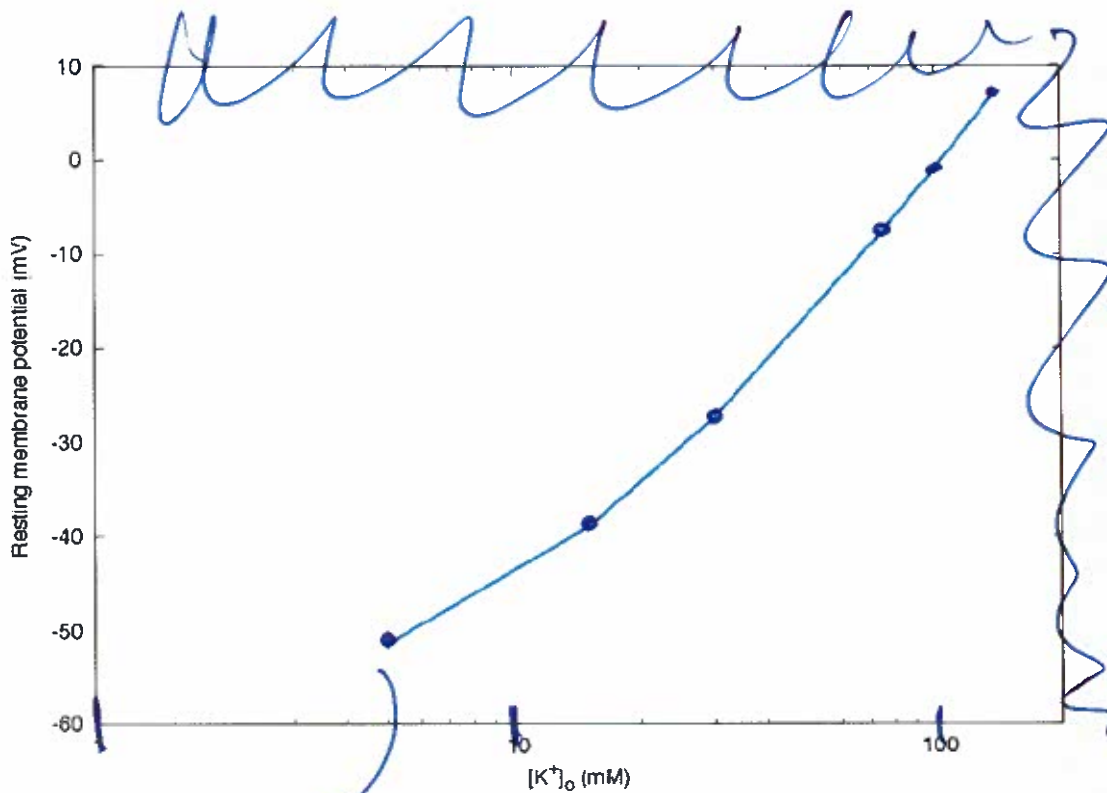




(j)

7

Figure 6



Are these data points. either are the computed values shown.

Is this due to 2-p pt or Delged Part or Both

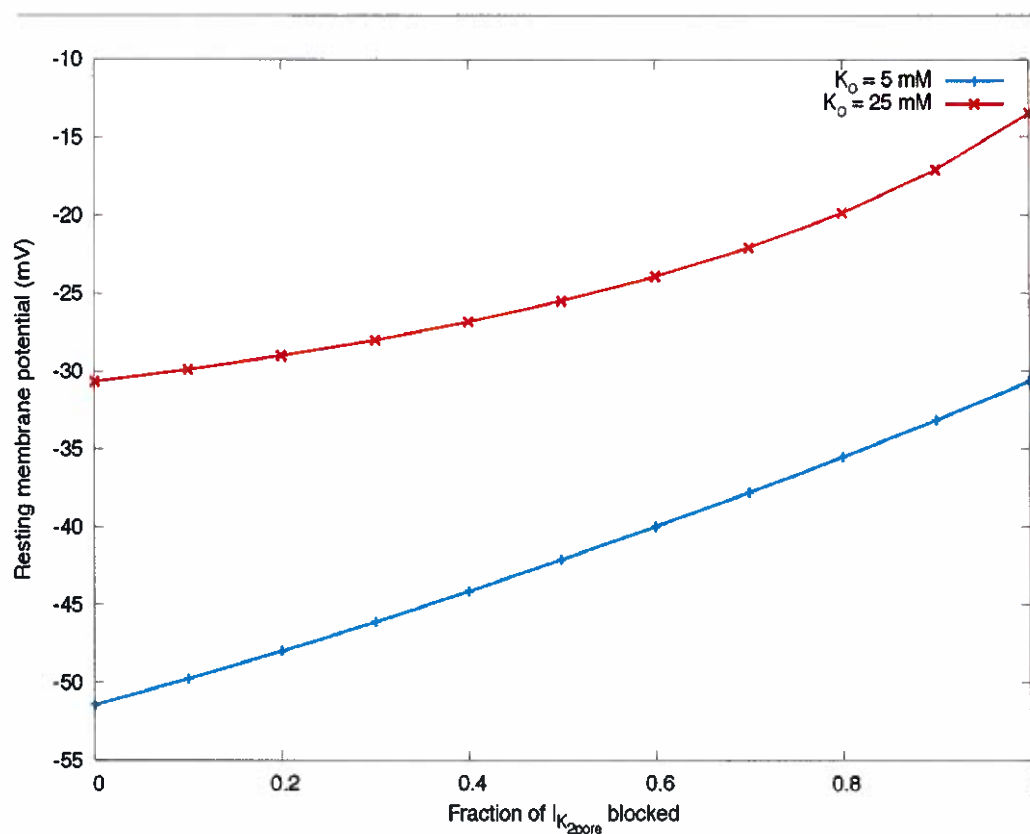
either is the contribution of the electrode pen

$$I_{\text{pump}} R_{\text{TH}} = \Delta V.$$

12

8.

Figure 4



Bupivacaine. Bkd.

2 don't use the point of  
the 25mM  $[K^+]_o$  data.

What are the consequences for  
 $[Ca^{2+}]_i$  and/or  $[Na^+]_i$ ?

## Footnotes

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Add

2-pae Review

Kv 1.5 Review

1.6

including O<sub>2</sub> sensitiveLiterature on Guy-Chapman Zfhk  
- surface charge.Review on Nat/H<sup>+</sup> pump

cite - array findings.

cite - Wilson - measure of  $\epsilon_m$