Autosomal Dominant Hypercalciuria in a Mouse Model Due to a Mutation of the Epithelial Calcium Channel, TRPV5

Nellie Y. Loh1, Liz Bentley2*, Henrik Dimke3*, Sjoerd Verkaart3, Paolo Tammaro4, Caroline M. Gorvin1, Michael J. Stechman1, Bushra N. Ahmad1, Fadil M. Hannan1, Sian E. Piret1, Holly Evans5, Ilaria Bellantuono5, Tertius A. Hough5, William D. Fraser6, Joost G. J. Hoenderop3, Frances M. Ashcroft4, Steve D. M. Brown2, René J. M. Bindels3, Roger D. Cox2, Rajesh V. Thakker1*

1 Academic Endocrine Unit, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom, 2 MRC Mammalian Genetics Unit and Mary Lyon Centre, Medical Research Council, Harwell, Oxfordshire, United Kingdom, 3 Department of Physiology, Nijmegen Centre for Molecular Life Sciences, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands, 4 Department of Physiology, Anatomy and Genetics, University of Oxford, Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM), Churchill Hospital, Headington, Oxford, United Kingdom, 5 Academic Unit of Bone Biology, University of Sheffield, The Medical School, Sheffield, United Kingdom, 6 Faculty of Medical and Health Sciences, University of East Anglia, Norwich Research Park, Norwich, United Kingdom

Abstract

Hypercalciuria is a major cause of nephrolithiasis, and is a common and complex disorder involving genetic and environmental factors. Identification of genetic factors for monogenic forms of hypercalciuria is hampered by the limited availability of large families, and to facilitate such studies, we screened for hypercalciuria in mice from an N-ethyl-N-nitrosourea mutagenesis programme. We identified a mouse with autosomal dominant hypercalciuria (HCALC1). Linkage studies mapped the Hcalc locus to a 11.94 Mb region on chromosome 6 containing the transient receptor potential cation channel, subfamily V, members 5 (Trpv5) and 6 (Trpv6) genes. DNA sequence analysis of coding regions, intron-exon boundaries and promoters of Trpv5 and Trpv6 identified a novel T to C transition in codon 682 of TRPV5, mutating a conserved serine to a proline (5682P). Compared to wild-type littermates, heterozygous (Trpv55682P/+/) and homozygous (Trpv55682P/682P) mutant mice had hypercalciuria, polyuria, hyperphosphaturia and a more acidic urine, and −10% of males developed tubulointerstitial nephritis. Trpv55682P/682P mice also had normal plasma parathyroid hormone but increased 1,25-dihydroxyvitamin D3 concentrations without increased bone resorption, consistent with a renal defect for the hypercalciuria. Expression of the 5682P mutation in human embryonic kidney cells revealed that TRPV5-S682P-expressing cells had a lower baseline intracellular calcium concentration than wild-type TRPV5-expressing cells, suggesting an altered calcium permeability. Immunohistological studies revealed a selective decrease in TRPV5-expression from the renal distal tubules. These results suggest that the TRPV5 S682P mutant is functionally significant and study of HCALC1, a novel model for autosomal dominant hypercalciuria, may help further our understanding of renal calcium reabsorption and hypercalciuria.

Citation: Loh NY, Bentley L, Dimke H, Verkaart S, Tammaro P, et al. (2013) Autosomal Dominant Hypercalciuria in a Mouse Model Due to a Mutation of the Epithelial Calcium Channel, TRPV5. PLoS ONE 8(1): e55412. doi:10.1371/journal.pone.0055412

Editor: Yoshiro Ishimaru, University of Tokyo, Japan

Received May 30, 2012; Accepted December 22, 2012; Published January 30, 2013
Copyright: © 2013 Loh et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Funding: This research was funded by grants from the European Union, EuReGene Framework Programme 6, the Medical Research Council UK, Kidney Research UK, the Wellcome Trust, Glaxo SmithKline, and the University of Oxford, European Young Investigator award, and the Dutch Kidney Foundation C05.2134. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing Interests: The ENU mutagenesis programme at the MRC unit at Harwell had originally received funding from GlaxoSmithKline. However, there has been no further funding from GlaxoSmithKline for 10 years, and the authors acknowledged their funding at the set up as a matter of courtesy. The data and materials are freely available without commercial links. This does not alter the authors’ adherence to all the PLOS ONE policies on sharing data and materials.

* E-mail: rajesh.thakker@ndm.ox.ac.uk
† These authors contributed equally to this work.

Introduction

Kidney stone disease (nephrolithiasis) affects 12% of men and 5% of women by the seventh decade of life and has a recurrence rate of ~10% per annum [1]. Approximately 80% of kidney stones contain calcium as calcium oxalate and/or calcium phosphate, and hypercalciuria is the most common metabolic abnormality found in such calcium stone formers [1,2]. The aetiology of hypercalciuria may involve absorptive, renal, or resorptive mechanisms, depending on the site of the primary defect, resulting in intestinal hyperabsorption, impaired renal tubular reabsorption, or increased bone resorption, respectively [3]. In addition, hypercalciuria and nephrolithiasis may have a genetic aetiology, as 35–65% of patients with hypercalciuric nephrolithiasis have affected family members [2]. Moreover, twin studies have estimated the heritability of nephrolithiasis and hypercalciuria as 56% [4] and 52%, [5] respectively, and both...
may occur as polygenic quantitative traits, or as monogenic traits inherited as autosomal dominant, autosomal recessive or X-linked disorders [2,6], a situation that is similar to that for many common clinical disorders, e.g. hypertension and diabetes mellitus [7,8]. However, it is important to note that the polygenic forms of these diseases including hypercalcuiuric nephrolithiasis are more common, whereas the familial monogenic forms are rare [9], and that the study of both forms has yielded important and novel insights of homeostatic mechanisms and their roles in disease processes. This is well illustrated by studies of the different forms of hypercalcuiuric nephrolithiasis. Thus, genome-wide association studies, aiming to reveal gene variants contributing to polygenic traits, in Icelandic and Dutch populations identified susceptibility risk variants in the claudin 14 (CLDN14) gene for hypercalcuiuric nephrolithiasis, [10] and a study of Swiss renal calcium stone formers has reported an association between an ancestral haplotype defined by the non-synonymous polymorphisms of the transient receptor potential potential cation channel, subfamily V, member 6 (TRPV6), which resulted in a gain-of-function and absorptive hypercalcuiuria [11]. In addition, studies of monogenic (i.e. familial) forms of hypercalcuiuric nephrolithiasis have identified: an association between the human soluble adenylyl cyclase and an autosomal dominant form of absorptive hypercalcuiuria [12,13]; gain-of-function mutations of the calcium-sensing receptor in autosomal dominant hypocalcemia with hypercalcuiuria [2,14]; mutations of the sodium-phosphate co-transporter solute family member 5 (SLC34A5), in an autosomal recessive form of hypophosphatemic rickets with hypercalcuiuria [2,15]; mutations of the chloride/proton antiporter, CLC-5, in Dent’s disease, an X-linked recessive form of hypercalcuiuric nephrolithiasis [16]; and mutations of the bumetanide-sensitive sodium-potassium-chloride cotransporter (NKCC2), the renal outer-medullary potassium channel (ROMK), and the voltage-gated chloride channel, CLC-Kb in autosomal recessive forms of Bartter’s syndrome type I-III, respectively, which are associated with hypercalcuiuria [15]. These latter studies have been successful as large families with the disorder were available. However, such families with monogenic forms of hypercalcuiuric nephrolithiasis are frequently unavailable, as this form of the disorder is rare and because hypercalcuiuric nephrolithiasis is a late-onset disorder, and therefore at the time of presentation of a kidney stone the parents of a proband may be deceased and younger family members may not have developed any manifestations of the disorder [17]. To overcome these difficulties and facilitate the identification of genetic abnormalities causing hypercalcuiuric nephrolithiasis, we embarked on studies to establish mouse models generated using N-ethyl-N-nitrosourea (ENU), a chemical mutagen that causes point mutations by alkylating of nucleic acids leading to mispairing and subsequent single base substitutions during DNA replication [18]. ENU mouse mutants, which can be associated with loss-of-function, hypomorphic, hyperorphic or dominant-negative effects [18], have been successfully developed for metabolic and renal disorders including a mouse model with obesity and hyperinsulinaemia caused by a V145E substitution in the leptin gene [19], and a mouse model for renal failure due to a C277S substitution in aquaporin-11 [20]. We now report the identification of an ENU-induced mouse mutant model for autosomal dominant hypercalcuiuria, HCALC1, due to mutation of the transient receptor potential cation channel, subfamily V, member 5 (TRPV5) gene.

Results

Identification of HCALC1 mice and Trpv5 mutation

The HCALC1 founder mouse was identified from plasma and urinary biochemical analysis of F1 male offspring of ENU-mutagenised C57BL/6J male mice and wild-type C3H/HeJ (C3H) female mice. The founder mouse, who was normocalcemic, was found to have a urine calcium/creatinine ratio >10 SD above the mean of age-matched control males (2.49 vs. 0.26±0.20, respectively at age 16 weeks, 3.93 vs. 0.28±0.21, respectively at age 24 weeks), consistent with idiopathic hypercalcuiuria [21]. ENUREF_17 The HCALC1 founder male was mated with normal C3H females and plasma and urinary analysis of the second-generation (G2) progeny revealed 10 of 23 offspring were normocalcemic but had urine calcium/creatinine ratios >2 to 9-fold above the mean of age-matched control littersmates. The occurrence of hypercalcuiuria in 43% of the progeny is consistent with an autosomal dominant phenotype (Figure 1A). The presence of hypercalcuiuria in the HCALC1 mice was not associated with nephrolcalcinosis, as renal histology using von Kossa staining to detect calcium deposits, revealed that the frequency of interstitial renal cortical calcification (one or more calcified foci/renal cross-section) in HCALC1 and wild-type (unaffected) mice was similar (26% and 24%, respectively).

A genome-wide search using chromosome-specific single nucleotide polymorphisms (SNPs), at 20–30 cM intervals and DNA from 13 mice (10 hypercalcuiuric mice and 3 normocalcemic littersmates) revealed co-segregation of the Hoak1 locus with chromosome 6 (LOD score = 3.91, 0% recombination). Analysis using additional chromosome 6 SNPs in 89 G2 mice (39 hypercalcuiuric and 50 normocalcemic) demonstrated co-segregation of the Hoak1 locus with chromosome 6B1/B2, with a peak LOD score = 26.3 at 0% recombination (Figure 1B). An analysis of the recombinants observed in the hypercalcuiuric mice revealed a 17.38 Mb interval flanked by rs13478688 and rs30110406, and additional analysis including the normocalcemic mice indicated the critical interval containing the Hoak1 locus was between rs13478688 and rs30110406, which is 11.94 Mb in size and contains 176 genes, including those for Trpv5 and Trpv6.

Sequence analysis of the coding regions, intron-exon boundaries and promoter sequences of Trpv5 and Trpv6 [22,23] using DNA from a hypercalcuiuric G2 mouse and wild-type C57BL/6J and C3H mice, did not identify a mutation in Trpv5. However, a heterozygous T to C transition in codon 682 of Trpv5, predicted to alter a wild-type serine (S) to a mutant proline (P), was identified in the hypercalcuiuric mouse (Figure 1C), resulting in gain of a BosQ restriction enzyme site, which was used to confirm the heterozygous mutation in all hypercalcuiuric mice, consistent with an autosomal dominant trait. The S682P mutation was absent in all normocalcemic mice (Figure 1C). The S682 residue, located in the cytoplasmic C-terminus of TRPV5 and Dominant Hypercalciuria

In vitro effects of TRPV5 mutation in HCALC1 mice

TRPV5 is an epithelial calcium channel which functions as a tetramer, is predominantly expressed in the renal distal convoluted tubule (DCT) and connecting tubule (CNT), and is involved in vitamin D-regulated renal calcium reabsorption [24,25]. The effect of the mutation on TRPV5 channel characteristics was investigated by electrophysiological recordings in Xenopus oocytes (Figure 2A–D). These revealed no differences between wild-type
and TRPV5-S682P channel properties, thereby indicating that either the S682P alteration was not a pathogenic mutation or that the S682P mutation may be having an effect through different mechanisms, such as impaired trafficking of the channel to the plasma membrane, which may not be detected in Xenopus oocytes; either because the ion channel protein is overexpressed in the heterologous expression system, or because the cellular machinery that regulates channel trafficking in Xenopus oocytes may differ from that of mammalian cells. We therefore assessed the effect of the mutation on TRPV5 channel characteristics in Human Embryonic Kidney (HEK)-293 cells. Similarly, to the Xenopus oocyte measurements, whole-cell patch clamp recordings in HEK293 cells did not reveal differences in current density carried by Na\(^+\) or Ca\(^{2+}\) between TRPV5-WT and TRPV5-S682P (Figure S1A-D). In addition, Ca\(^{2+}\) dependent inhibition of Na\(^+\) currents was similar between TRPV5-WT and TRPV5-S682P (Figure S1E and F). The absence of any effect by the mutant may again be due to overexpression of ion channel proteins in the heterologous system. Moreover, it is important to note that the whole-cell patch clamp technique results in a dilution of the intracellular environment, and that this may reduce the effects of intracellular factors, which may be involved in channel trafficking. We therefore carried out further studies of the intracellular effects of the S682P mutation on calcium flux, using the calcium-responsive dye, Fura-2, as follows. HEK293 cells were transiently transfected with constructs encoding enhanced green fluorescent protein (EGFP)-tagged wild-type mouse TRPV5 (TRPV5-wt), mouse TRPV5 with the S682P mutation (TRPV5-S682P), and TRPV5 and Dominant Hypercalciuria

Figure 1. Hypercalciuria in HCALC1 ENU mutant mice and identification of a Trpv5 mutation. (A) Urine calcium/creatinine ratios in 23 G2 offspring of the HCALC1 founder male revealed that 10 of the 23 mice were hypercalciuric, consistent with an autosomal dominant inheritance. Bar, mean calcium/creatinine values. (B) Haplotype analysis of 89 G2 mice (39 hypercalciuric and 50 normocalciuric) was initially undertaken separately in the hypercalciuric and normocalciuric mice, as the penetrance of HCALC1 was unknown. Haplotype analysis of the hypercalciuric mice localised Hcalc1 to a 17.38 Mb interval on chromosome 6, flanked by rs13478688 and rs30110406 (broken double-headed arrow). Haplotype analysis using combined data for the hypercalciuric and normocalciuric mice identified the smaller interval, 11.94 Mb, flanked by rs13478709 and rs30110406 (solid double-headed arrow). The Hcalc1 locus is inherited with the C57BL/6J haplotype from the F1 founder male. Filled box, C57BL/6J allele; and open box, C3H/HeH allele. Number of mice observed for each haplotype is shown beneath each column. (C) DNA sequence analysis of Trpv5 identified a heterozygous T to C transition in codon 682 in hypercalciuric mice predicted to alter a wild-type serine (Ser) to a mutant proline (Pro). This mutation resulted in gain of a BsaI restriction enzyme site that was used to confirm the presence of the mutation in the 39 hypercalciuric mice (n = 3 shown) and its absence in the 50 normocalciuric mice (n = 3 shown). wt, wild-type; m, mutant. (D) Amino acid sequence alignment revealed evolutionary conservation of the wild-type mouse TRPV5 serine (S) residue at codon 682 (arrowed) in 5 species, as well as in mouse TRPV6 (mTrpv6). Identical residues are shaded black and conservative changes are shaded grey.

doi:10.1371/journal.pone.0055412.g001
S682P, or empty (mock) EGFP vector. EGFP positive cells were monitored for changes in intracellular calcium ([Ca\(^{2+}\)]\(_i\)) in response to extracellular calcium ([Ca\(^{2+}\)]\(_o\)) changes using the Ca\(^{2+}\)-sensing dye, Fura-2 (Figure 2E). Transient expression of TRPV5-wt resulted in an elevated basal [Ca\(^{2+}\)]\(_i\), level compared to mock-transfected cells, due to increased calcium permeability of the cell. When the cells were superfused with calcium-free medium, [Ca\(^{2+}\)]\(_i\), in TRPV5-expressing cells decreased to levels similar to mock-transfected cells. Re-application of 1.4 mM Ca\(^{2+}\) solution induced a rapid increase of [Ca\(^{2+}\)]\(_i\), followed by a gradual decrease back to basal levels (Figure 2E). No significant changes in [Ca\(^{2+}\)]\(_i\), were observed in mock-transfected cells in response to Ca\(^{2+}\) depletion and Ca\(^{2+}\) re-application (Figure 2F). By comparison, cells transfected with TRPV5-S682P showed a lower basal [Ca\(^{2+}\)]\(_i\), than TRPV5-wt-transfected cells (N = 24/group, p < 0.001, Figure 2E-F). The TRPV5-S682P-transfected cells had a similar response in [Ca\(^{2+}\)]\(_i\), to Ca\(^{2+}\) depletion and Ca\(^{2+}\) re-application as that observed in TRPV5-wt-transfected cells. These data suggest that the S682P mutation in TRPV5 affects baseline calcium permeability of the channel rather than calcium-induced channel inactivation, a feature consistent with the hypercalciuric phenotype observed in HCALC1 mice (Figure 1A). Renal excretion and histology were therefore further investigated in the HCALC1 mice.

In vivo effects of TRPV5 mutation in HCALC1 mice

HCALC1 mice were interbred to generate wild-type (Trpv5\(^{+/+}\)), heterozygous (Trpv5\(^{682P/+}\)) and homozygous mutant (Trpv5\(^{682P/682P}\)) mice. Trpv5\(^{682P/682P}\) mice, were found to be viable, fertile and morphologically indistinguishable from their Trpv5\(^{+/+}\) and Trpv5\(^{682P/+}\) litters. Mice between 12–20 weeks of age were housed in metabolic cages for 24 hours and urine samples collected for biochemical analysis [26]. Trpv5\(^{682P/+}\) mice were polydipsic and polyuric compared to Trpv5\(^{+/+}\) mice (p < 0.02, Table 1). In addition, Trpv5\(^{682P/+}\) and Trpv5\(^{682P/682P}\) mice were hypercalciuric, hyperphosphaturic, and had an acidic urine (p < 0.02, Table 1). Plasma calcium and phosphate concentrations were similar in Trpv5\(^{682P/+}\) and Trpv5\(^{682P/682P}\) mice, but Trpv5\(^{682P/682P}\) male and female mice had significantly lower plasma calcium concentrations (p < 0.02), whereas only the Trpv5\(^{682P/682P}\) female mice were hypophosphataemic (p < 0.02, Table 1). The lower plasma calcium concentrations in the Trpv5\(^{682P/682P}\) mice were not observed to be associated with symptoms of neuromuscular irritability or seizures, presumably because they had mild hypocalcaemia. Indeed, plasma PTH concentrations in the Trpv5\(^{682P/+}\), Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) mice were not significantly different (Table 1), but the plasma 1,25-dihydroxyvitamin D\(_3\) D\(_3\) concentrations were significantly elevated in male and female Trpv5\(^{682P/682P}\) mice (p < 0.05 and p < 0.02, respectively) (Table 1). The elevated circulating 1,25-dihydroxyvitamin D\(_3\) concentrations observed in the Trpv5\(^{682P/682P}\) mice indicate that the mild asymptomatic hypocalcaemia, despite the severe renal loss of calcium in these mutant mice, is being maintained via a compensatory, 1,25-dihydroxyvitamin D\(_3\) mediated increase in intestinal calcium absorption, as reported in Trpv5\(^{682P/+}\) mice [25].

Despite the frequency of interstitial renal cortical calcification being similar in the HCALC1 and Trpv5\(^{682P/+}\) mice, ~10% of Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) male mice had unilateral or bilateral smaller kidneys (Figure S2) associated with scarring, whereas 0% of Trpv5\(^{682P/+}\) males had such abnormalities. Histological examination revealed the presence of interstitial renal fibrosis, associated with inflammatory cell infiltrates, tubular dilatation, flattening of tubular epithelia and the presence of numerous cells and/or cell debris within the dilated lumen of some cortical tubules in kidneys of ~10% of Trpv5\(^{682P/+}\) and Trpv5\(^{682P/682P}\) male mice (Figure 3A). Immunohistochemical staining with antibodies against CD3, part of the T-cell receptor complex, confirmed an infiltration of T-cells within the interstitial regions of the renal cortex of affected kidneys from the Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) male mice, which was absent in Trpv5\(^{+/+}\) kidneys (Figure 3B). In addition, TUNEL-staining showed apoptosis of renal tubular cells in the Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) male mice, not observed in Trpv5\(^{682P/+}\) kidneys (Figure 3C). These features are consistent with tubulointerstitial nephritis [27,28].

Hypercalciuria may be associated with increased bone resorption leading to lower bone mineral density (BMD) and osteoporosis. We therefore assessed for bone abnormalities in the HCALC1 mice using dual-energy X-ray absorptiometry (DEXA), micro-computed tomography (microCT) scanning and histology. DEXA analysis of the femurs of 19–22 week-old Trpv5\(^{682P/+}\), Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) mice (n = 8–22/group) did not reveal any significant differences (in g/cm\(^2\): 0.075 ± 0.001, 0.075 ± 0.001, and 0.071 ± 0.002 for Trpv5\(^{+/+}\), Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) female mice, respectively; 0.071 ± 0.001, 0.070 ± 0.001, and 0.066 ± 0.002 for Trpv5\(^{+/+}\), Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) male mice, respectively). In addition, histological analysis of the femora from males and females did not reveal any morphological abnormalities in the Trpv5\(^{682P/+}\) or Trpv5\(^{682P/682P}\) mice when compared to Trpv5\(^{+/+}\) mice (Figure S3). Furthermore, microCT scanning did not reveal any of the major abnormalities associated with osteoporosis, such as a reduction in trabecular bone volume [29], in the Trpv5\(^{682P/+}\) and Trpv5\(^{682P/682P}\) mice when compared to Trpv5\(^{+/+}\) mice (Table S1); however, female Trpv5\(^{682P/682P}\) mice were found to have a significantly elevated bone surface/volume ratio and reduced trabecular thickness which may be consistent with a deterioration in the microarchitecture of the bone.

Effects of TRPV5-S682P mutation on TRPV5 and Calbindin-D-28k renal expression

The effects of the S682P mutation on TRPV5 renal expression, were assessed using kidney cryosections from Trpv5\(^{682P/+}\), Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) mice and anti-TRPV5 antibodies. Co-staining with antibodies against the thiazide-sensitive sodium/chloride co-transporter (NCC) or aquaporin-2 (AQP2) was performed to distinguish TRPV5-expression in the DCT and CNT, respectively, as NCC is expressed at the apical regions of DCT cells, with a decrease in expression towards the most distal part of the DCT segment, [24] while AQP2-expression commences at the CNT and extends throughout the collecting ducts [30,31]. In Trpv5\(^{682P/+}\) mice, TRPV5-immunostaining was observed in the apical regions of the second half of the DCT (DCT2), and in the cytoplasmic regions of CNT cells (Figure 3D–E). By contrast, in Trpv5\(^{682P/682P}\) mice, TRPV5-immunofluorescence was reduced, especially in NCC-positive tubular cells where TRPV5-staining was absent or appeared diffusely cytoplasmic (Figure 3D–E). Examination of TRPV5-NCC co-stained sections revealed that in Trpv5\(^{682P/+}\) kidneys, TRPV5-expression appeared confined to the DCT2 distal portion where NCC-immunostaining was weakest (Figure 3D). The number of TRPV5-NCC co-positive cells in the kidneys of Trpv5\(^{682P/+}\) and Trpv5\(^{682P/682P}\) mice were significantly reduced (p < 0.05) in comparison to Trpv5\(^{682P/+}\) kidneys (100 ± 13%, 56 ± 6% and 27 ± 5% for Trpv5\(^{682P/+}\), Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) mice, respectively, n = 5 mice/group, ≥ 3 different fields/kidney section). These differences in protein expression were not due to differences in transcription, as quantitative PCR analysis demonstrated that renal Trpv5 mRNA levels in Trpv5\(^{682P/+}\), Trpv5\(^{682P/682P}\) and Trpv5\(^{682P/682P}\) mice were similar (Figure 4A). Thus, these findings...
Figure 2. Channel characteristics of wild-type and mutant TRPV5. (A) Whole-cell currents in TRPV5-WT (V5-WT) and TRPV5-682P (V5-S682P) injected Xenopus oocytes recorded in response to 300 ms test pulses to various potentials (from −100 to +60 mV in 10 mV increments). Holding potential, 0 mV (N = 5). (B) Mean current-voltage relationships for TRPV5-WT and TRPV5-682P channels (N = 5). These current-voltage relationships are similar to those reported for TRPV5 channels [62]. (C) Mean whole-cell tail currents measured in TRPV5-WT and TRPV5-682P injected Xenopus oocytes during test potentials applied in 10 mV increments from −70 to +40 mV after a pre-pulse to −100 mV in TRPV5-WT and TRPV5-682P channels (N = 5). (D) Time-dependent inhibition of TRPV-WT and TRPV5-682P whole-cell currents. Oocytes were stimulated every 1 s. The peak current amplitude was normalised to that recorded during the first pulse (N = 4). (E) Representative trace of Fura-2 ratio in HEK293 cells transiently transfected with an empty EGFP vector (mock), or EGFP-tagged TRPV5-WT or TRPV5-S682P. Cells expressing EGFP were selected and monitored for changes in intracellular Ca²⁺ levels when extracellular Ca²⁺ concentrations were varied from 1.4 mM Ca²⁺ to 0 mM Ca²⁺ (2 mM EDTA) and 1.4 mM Ca²⁺ which was facilitated by superfusion. (F) Fura-2 levels under resting conditions (t₀), minimal Fura-2 ratio after EDTA treatment (tₘᵢₙ) and peak level (tₘₐₓ) upon administration of 1.4 mM Ca²⁺ after EDTA treatment. Average data of cells transfected with the empty vector (n = 7), TRPV5-wt (n = 24) and TRPV5-S682P (n = 18) experiments.
are consistent with the mutant TRPV5 channel resulting in a probable intracellular trafficking defect. Interestingly, renal TRPC6 expression was significantly increased in Trpv5-/-/682P mice compared to Trpv5+/+ mice (Figure 4B), thereby suggesting a possible compensatory mechanism. Furthermore, expression of Cyp24a1, which encodes the 1,25-dihydroxyvitamin D₃ 24-hydroxylase, the enzyme that inactivates 1,25-dihydroxyvitamin D₃, was significantly decreased in Trpv5+/+ mice and Trpv5/-/-/682P mice (Figure 4C) and Western blot analysis (Figure 4D, E), consistent with the hypervitaminosis D observed in Trpv5-/-/682P mice (Table 1). Semi-quantitative analysis of CYP24a1 and TRPV5 protein using whole kidney lysates confirmed the results obtained by qPCR, and revealed that CYP24a1 expression was decreased in Trpv5-/-/682P and Trpv5+/+ mice (Figure 4E), and that TRPV5 expression was similar in wild-type, Trpv5+/+ and Trpv5-/-/682P mice (data not shown). Similar semi-quantitative analysis of TRPV6 protein (data not shown) did not confirm the observed upregulation of mRNA levels (Figure 4B), although it should be noted that Western blot and densitometric analysis is less sensitive than quantitative PCR.

Expression of the intracellular vitamin D-regulated calcium-binding protein calbindin-D28K, which is co-expressed with TRPV5 (Figure 4B), although it should be noted that Western blot and normocalcaemia was maintained by a compensatory 1,25-dihydroxyvitamin D₃-mediated increase in intestinal calcium absorption. Furthermore, in the Trpv5-/- mice the increased plasma 1,25-dihydroxyvitamin D₃ concentrations were not associated with increased bone resorption because of TRPV5 inactivation in osteoclasts, and this situation is also observed in the Trpv5-/-/682P and Trpv5+/+ mice (Table 1 and Table S1), thereby indicating that TRPV5 exerts its effects on extracellular calcium homeostasis principally by regulating renal calcium reabsorption. Interestingly, these patterns of calcium handling in the Trpv5-/-/682P and Trpv5-/-/682P mice, are similar to those found in many patients with idiopathic hypercalciuria, who have renal hypercalciuria in association with elevated concentrations of 1,25-dihydroxyvitamin D₃, but with normocalcaemia (or mild hypocalcaemia) and normal (or suppressed) plasma PTH concentrations [14,21].

TRPV5 is a major protein involved in renal active calcium reabsorption, although to date, no TRPV5 mutations have been identified in patients with hypercalciuric kidney stone disease [33,34]. However, only 29 unrelated patients have been studied, and this suggests the possibility that TRPV5 mutations may make a minor contribution and occur in <3% of patients with

Discussion

Our studies have identified a novel mouse model, HCALC1, for autosomal dominant hypercalciuria harbouring a S682P mutation in TRPV5. Importantly, we have provided evidence that this mutation underlies the observed hypercalciuria as: i) the T to C substitution in codon 682 of mouse TRPV5 results in substitution of a highly conserved serine residue, making it unlikely to be a silent polymorphism (Figure 1); ii) the serine to proline change results in reduced basal [Ca²⁺], level in HEK293 cells expressing TRPV5-S682P, indicating a defect in the TRPV5-mediated calcium permeability of the cell (Figure 2); iii) expression of TRPV5 in Trpv5-/-/682P and Trpv5-/-/682P kidneys was altered, particularly in the DCT2 (Figure 3D), consistent with a trafficking defect of the mutant TRPV5; and iv) renal calbindin-D28K expression in Trpv5-/-/682P mouse kidneys was reduced, further supporting a specific defect in TRPV5-mediated calcium reabsorption (Figure 4). Moreover, these findings reporting a role for the TRPV5-S682P mutation in the aetiology of the hypercalciuria phenotype are in agreement with the observations previously reported from mice that are null for TRPV5 (Trpv5-/-) [25]. Thus, inactivation of TRPV5, in these null mice resulted in a decrease in renal calcium reabsorption, leading to severe urinary calcium loss, and normocalcaemia was maintained by a compensatory 1,25-dihydroxyvitamin D₃-mediated increase in intestinal calcium absorption. Furthermore, in the Trpv5-/- mice the increased plasma 1,25-dihydroxyvitamin D₃ concentrations were not associated with increased bone resorption because of TRPV5 inactivation in osteoclasts, and this situation is also observed in the Trpv5-/-/682P and Trpv5+/+ mice (Table 1 and Table S1), thereby indicating that TRPV5 exerts its effects on extracellular calcium homeostasis principally by regulating renal calcium reabsorption. Interestingly, these patterns of calcium handling in the Trpv5-/-/682P and Trpv5-/-/682P mice, are similar to those found in many patients with idiopathic hypercalciuria, who have renal hypercalciuria in association with elevated concentrations of 1,25-dihydroxyvitamin D₃, but with normocalcaemia (or mild hypocalcaemia) and normal (or suppressed) plasma PTH concentrations [14,21].

TRPV5 is a major protein involved in renal active calcium reabsorption, although to date, no TRPV5 mutations have been identified in patients with hypercalciuric kidney stone disease [33,34]. However, only 29 unrelated patients have been studied, and this suggests the possibility that TRPV5 mutations may make a minor contribution and occur in <3% of patients with

Table 1. Phenotypic characterisation of HCALC1 mice.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>wt</td>
<td>het</td>
</tr>
<tr>
<td>Water intake (ml/24 hr)</td>
<td>3.22 ± 0.18</td>
<td>3.90 ± 0.24</td>
</tr>
<tr>
<td>Urine output (ml/24 hr)</td>
<td>1.22 ± 0.08</td>
<td>1.53 ± 0.14</td>
</tr>
<tr>
<td>Urine Ca²⁺/Cr</td>
<td>0.21 ± 0.01</td>
<td>1.85 ± 0.09*</td>
</tr>
<tr>
<td>Urine Phos/Cr</td>
<td>11.7 ± 0.5*</td>
<td>14.4 ± 0.4*</td>
</tr>
<tr>
<td>Urine pH</td>
<td>6.92 ± 0.07</td>
<td>6.43 ± 0.06*</td>
</tr>
<tr>
<td>Plasma calcium (mmol/l)</td>
<td>2.82 ± 0.04</td>
<td>2.74 ± 0.03</td>
</tr>
<tr>
<td>Plasma phosphate (mmol/l)</td>
<td>4.74 ± 0.18</td>
<td>4.30 ± 0.19</td>
</tr>
<tr>
<td>Plasma PTH (pmol/l)</td>
<td>44.3 ± 6.5</td>
<td>40.3 ± 5.7</td>
</tr>
<tr>
<td>1,25 vitamin D3 (pmol/l)</td>
<td>46.5 ± 12.7</td>
<td>77.2 ± 6.0</td>
</tr>
</tbody>
</table>

Metabolic cage analysis of Trpv5+/+(wt), Trpv5+/+/-/682P (het) and Trpv5-/-/-/682P (hom) mice for 24 hours (N=15–72 mice/group). All data are presented as means ± SEM. *p < 0.05 compared to Trpv5+/+, **p < 0.02 compared to Trpv5+/+, ***p < 0.01 compared to Trpv5+/+ mice, with Bonferroni correction for multiple comparisons.

doi:10.1371/journal.pone.0055412.g002

doi:10.1371/journal.pone.0055412.t001
Indeed, it seems likely that in a highly heterogenous disorder such as hypercalciuric renal stone disease, that multiple genes may be involved with each giving rise to an autosomal inherited disorder and/or making a contribution to a polygenic trait, which is the likely situation for hypercalciuric renal stone disease [17]. Moreover, two TRPV5 SNPs, A563T and L712F, which have been reported to exhibit an increased calcium influx in *Xenopus* oocyte assays when compared with the reference TRPV5 may potentially explain the lower urine calcium excretion and reduced risk of kidney stones in African-Americans in whom these SNPs occur more frequently [35]. This increase in TRPV5 calcium uptake in the A563T variant was also observed under experimental conditions that mimicked the compound heterozygous state, or in combination with other TRPV5 non-synonymous SNP variations [35]. Our study, which further establishes the role of TRPV5 in hypercalciuria, indicates that mutational analysis of larger cohorts of hypercalciuric patients is warranted to assess if TRPV5 mutations may contribute to 3% (or less), of hypercalciuric renal stone disease. In addition, the HCALC1 mouse established by this study provides a pre-clinical model to evaluate treatments (e.g. diet or drugs) for hypercalciuria as well as facilitating studies of the physiological role of TRPV5 in renal calcium excretion.

HCALC1 mice are hypercalciuric, hyperphosphaturic, polyuric, polydypsic and have low urine pH. However, renal calcification in HCALC1 mice was not different from wild-type despite extreme calciuresis. These features are similar to the reported phenotype in *Trpv5* mice [25]. It has been postulated that polyuria and low urine pH reduce the risk of calcium phosphate precipitation in hypercalciuric mice [25,34]. Studies in *Trpv5* mice have shown that increased luminal calcium activates the apical calcium-sensing receptor in collecting duct cells leading to AQP2 downregulation and increased activity of the proton pump H^+^-ATPase, resulting in polyuria and increased acid secretion into the urine, respectively [34]. Abolition of this compensatory urinary acidification in *Trpv5* mice by genetic ablation
of the H^+-ATPase B1 subunit resulted in severe calcium phosphate precipitation in the renal medulla [34]. Similar mechanisms may also contribute to reducing the risk of calcium precipitation in the presence of hypercalcemia in HCALC1 mice. The extent of hypercalcemia in *Trpv5*+/+ mice (~10-fold above wild-type) was similar to that reported for *Tpp5*+/+ mice (~6-fold above wild-type) [25], and in *Trpv5*682P/682P mice, this was significantly higher than both *Trpv5*682P/+ and *Tpp5*+/+ (~20-fold above wild-type), despite *Trpv5*682P/+ causing only an ~40% decrease in basal calcium influx in HEK293 cells (Table 1, Figure 2E-F). It could be expected that complete loss of TRPV5 in *Trpv5*682P/682P mice would cause a greater degree of hypercalcemia than the S682P mutation of TRPV5, which retains some calcium permeability. However, there was a decrease in TRPV5 protein expression specifically in the DCT (Figure 4E), suggesting that the S682P mutation may affect TRPV5 trafficking or regulation, for example by changing the conformation of the cytoplasmic C-terminal domain, which contains several protein-binding and regulatory motifs that regulate the subcellular localisation and trafficking of TRPV5 [36,37,38,39]. Such a trafficking defect of mutant TRPV5 would not be detected by the *Xenopus* oocyte or HEK293 cells heterologous expression systems (Figure 2 and Figure S1) as these over-express the ion channel proteins, but may be detected by immunohistochemistry experiments of the renal tubules, as these utilise the native expression of proteins and are therefore more relevant to the physiological state. Indeed, the results of the immunohistochemistry studies (Figure 3D-3E) are consistent with the mutant TRPV5-S682P channel resulting in a trafficking defect, which would not be detected in the *Xenopus* oocyte or HEK293 cells heterologous expression systems. A decrease in apical TRPV5 expression specifically in the DCT has previously been demonstrated not to affect TRPV5 channel characteristics [32] in *Trpv5*−/− mice. Histological analysis of the kidneys of HCALC1 mice demonstrated an increase in inflammatory infiltrates and tubular damage in ~10% of male HCALC1 mice, consistent with interstitial nephritis. We hypothesise that this is a consequence of a combination of several factors within the HCALC1 mice. HCALC1 mice are polyuric, resulting in an increased hydrostatic pressure within tubules that could lead to cell damage. This cellular damage may lead to increased uric acid release from the cells [13] and increased inflammatory cell infiltration (Figure 3A-B). A consequence of cellular damage and the inflammatory response may be apoptosis of cells as demonstrated by TUNEL staining within the HCALC1 mouse kidneys (Figure 3C).

Our investigations for bone abnormalities in the *Trpv5* mutant mice did not reveal any significant abnormalities other than a decrease in trabecular thickness and an increase in the bone surface/volume in female *Tpp5*682P/682P mice (Table S1). Our finding of a decrease in trabecular thickness in the female *Tpp5*682P/682P mice is in agreement with the reported observations in the *Trpv5*−/− mice [25]. However, male *Tpp5*−/− mice, unlike male *Tpp5*682P/682P mice, also had a decrease in trabecular thickness, and *Tpp5*−/− male and female mice, unlike *Tpp5*682P/682P male and female mice, also had a reduction in cortical bone thickness [25]. The basis for these differences between the *Trpv5*−/− [25] and *Tpp5*682P/682P mutant mice may involve at least three possibilities, which include: differences in the backgrounds of the strains; the ages at which the mice were investigated; and the severity of the mutation. Differences in strain background have been reported to profoundly alter expression of mutant phenotypes [44], and it is important to note that the *Tpp5*682P/682P mutant mice were on a C57BL/6.J.C3H background, whereas the *Trpv5*−/− mice were on a 129.B6 background [25]; thus it seems likely these differences in strain background may contribute to the observed differences in trabecular thickness between the *Tpp5*682P/682P and *Trpv5*−/− males. In addition, the *Tpp5*682P/682P mice were signifi-
and in hypercalciuria. The role of TRPV5 in renal mechanisms of calcium homeostasis has not fully understood and the availability of two mutant mouse models for TRPV5, with differences in bone phenotypes, will help such future investigations. TRPV5 is expressed in osteoblasts at the ruffled border and contributes to bone resorption but it is not expressed in osteoblasts; in contrast TRPV6 is expressed in both osteoblasts and osteoclasts but at very low levels, which are ~1% of those in the intestine, and TRPV6 is not involved in osteoblast Ca2+ uptake [31,45,46]. Ttrpv5+/− mice have been reported to have increased numbers of osteoclasts, due to stimulation of osteoclast precursors by the high circulating 1,25(OH)2D concentrations, but have reduced bone resorption due to a lack of TRPV5 activity [25,46]. However, the basis of the observed in vivo reduction in cortical bone mass in the Ttrpv5−/− mice remains to be elucidated and it has been proposed that TRPV5 may directly regulate osteoclast differentiation and/or RANKL-induced Ca2+ signaling [47]. Investigation of the Ttrpv5682P/+ and Ttrpv5−/− mouse models, which represent hypomorph and null models, respectively may help to further elucidate the in vivo roles of TRPV5 in skeletal biology.

In summary, HCALC1 represents the first mouse model reported to have dominant hypercalciuria due to a missense mutation in Ttrpv5. In contrast to the Ttrpv5−/− model for hypercalciuria, the presence of TRPV5 with a point mutation in HCALC1 mice may help elucidate roles for the TRPV5 C-terminus in the regulation of TRPV5 activity and trafficking, and the role of TRPV5 in renal mechanisms of calcium homeostasis and in hypercalciuria.

**Methods**

**Ethics Statement**

All animal studies were carried out using guidelines issued by the Medical Research Council in ‘Responsibility in the Use of Animals for Medical Research’ [July 1993] and Home Office Project License Numbers 30/2250 and 30/2752. Experiments were approved by the Medical Research Council Harwell ethics committee, and all efforts were made to minimize suffering.

**Experimental Animals**

Studies were performed in accordance with guidelines issued under the UK Home Office Project licence. Animals were maintained in specific pathogen-free facilities, in individual ventilated cages and a 12-hour light-dark cycle, with free access to food and water. Mice were fed on Rat and Mouse No. 3 diet containing 1.15% calcium, 0.82% total phosphorus and 4088.68 units/kg of vitamin D (Special Diets Services, Wytham, Essex, UK).

**Generation of mutant mice**

ENU-mutation of C57BL/6J male mice was performed as previously described [48] and male mice obtained by crossing ENU-mutagenised C57BL/6J mice with C3H/HeH (C3H) female mice. G2 mice for inheritance testing and mapping studies were derived by mating the founder male mouse with C3H female mice, or by in vitro fertilisation of C3H eggs using sperm from the founder male. Homozygous mutant mice (Ttrpv5682P/+ and Ttrpv5682P/682P) were generated by intercrossing heterozygous mutant (Ttrpv5682P/+) male and female mice.

**Phenotype screen**

Sixteen-week old F1 male mice were kept in metabolic cages (Techniplast, Kettering, UK) for 24-hours with free access to food and water [26]. Mice were weighed before and after, and food and water intake was monitored. 24-hour urine samples were collected in the presence of sodium azide and blood samples were collected from lateral tail vein or the internal jugular vein in lithium heparin Microvette tubes (Sarstedt, Leicestershire, UK) following terminal anaesthesia as previously described [26]. Urine and plasma chemistry were measured using an Olympus AU400 multi-channel analyser [26,49]. Urine parameters were calculated as a ratio of sample creatinine, and plasma calcium was adjusted for plasma albumin concentration as described previously [26]. Mice were weighed before and after, and food and water intake was monitored. 24-hour urine samples were collected in the presence of sodium azide and blood samples were collected from lateral tail vein or the internal jugular vein in lithium heparin Microvette tubes (Sarstedt, Leicestershire, UK) following terminal anaesthesia as previously described [26]. Urine and plasma chemistry were measured using an Olympus AU400 semi-automated clinical chemistry analyser [26,49]. Serum parathyroid hormone (PTH) concentration was measured using an ELISA specific for mouse intact PTH (Immutopics, San Clemente, CA, USA) as previously described [50]. Urine parameters were calculated as a ratio of sample creatinine, and plasma calcium was adjusted for plasma albumin concentration as described previously [26]. Mice with a urine or plasma parameter that was 2SD above or below the population mean were retested at 24 weeks of age.

**Bone Analysis**

Dissected formalin-fixed femora from 19–22 week-old Ttrpv5−/+ and Ttrpv5682P/+ and Ttrpv5682P/682P mice (n = 7–22 per group) were examined by DEXA and microCT. DEXA was carried out using a PIXImus X-ray densitometer (GE Healthcare, Little Chalfont, UK). The acquired images were processed using the PIXImus v2.1 software. MicroCT analysis was carried out using a Skyscan 1172a, Skyscan, Belgium at 50 kV and 200 μA using a 0.5 μm aluminum filter and a detection pixel size of 4.3 μm. Images were captured every 0.7° through 180° rotation of each bone. Scanned images were reconstructed using Skyscan NRecon software and analysed using the Skyscan CT analysis software. Trabecular bone was measured over a 1 mm3 volume, 0.2 mm from the growth plate. Trabecular bone volume as proportion of tissue volume (BV/TV,%) trabecular thickness.
Kidney histology and immunohistochemistry

Dissected kidneys were halved, fixed in 10% neutral-buffered formalin overnight, and embedded in paraffin wax. Four-μm sections were prepared and stained with H&E, Masson’s Trichrome, and von Kossa for the presence of renal calcification as described previously. Kidney cryosections were co-stained with rabbit anti-TRPV5 (ACC-035, Alomone Labs, Jerusalem, Israel) and goat anti-AQP2 (sc-9882, Santa Cruz, Insight Biotechnology, Wembley, UK) polyclonal antibodies, or with goat anti-TRPV5 (sc-23379, Santa Cruz) and rabbit anti-NCC monoclonal antibodies (ab16669, Abcam, Cambridge, UK), followed by secondary detection using Alexa Fluor 488-conjugated donkey anti-rabbit (Molecular Probes, Invitrogen, Paisley, UK) according to the manufacturer’s instructions. Images were collected on a Nikon Eclipse E400 microscope, equipped with a Nikon DXM1200C digital camera.

Western blot analysis

For quantification of renal expression, of TRPV5, TRPV6, CYP24a1 and Calbindin-D28K proteins, mouse total kidney lysates were prepared and analysed as described previously. Proteins were separated using SDS-PAGE and electrotransferred to polyvinylidene fluoride membranes (Immobilon-P, Millipore Corporation, Bedford, MA, USA). Blots were incubated overnight with rabbit anti-TRPV5, anti-TRPV6, anti-CYP24a1 (all from Santa Cruz, Insight Biotechnology, Wembley, UK), anti-calbindin-D28K monoclonal antibodies or mouse anti-Na+/K+-ATPase α1-subunit monoclonal antibodies (generously provided by Professor Michael J. Caplan, Yale University School of Medicine, New Haven, CT, USA). Subsequently, the blots were incubated with Alexa Fluor 680-conjugated goat anti-rabbit (Molecular Probes, Invitrogen) and IRDye 800 CW conjugated goat anti-mouse (LI-COR Biosciences GmbH, Bad Homburg, Germany) secondary antibodies or with HRP-conjugated goat-anti-rabbit secondary antibodies (Biorad Laboratories, UK). Immunoreactive protein was detected using the Odyssey infrared detection system (Westburg, Leusden, The Netherlands) or visualized using Pierce ECL Western blotting substrate (Thermo Fisher Scientific) on a BioRad Chemidoc XRS+ system [56] and densitometric analysis performed using ImageJ.

Cell Culture and transfection

Human embryonic kidney (HEK293) cells were grown in Dulbecco’s modified Eagle’s medium (DMEM, Bio Whittaker Europe, Verviers, Belgium) containing 10% (v/v) fetal calf serum (PAA, Linz, Austria), 13 mM NaHCO3, 2 mM L-glutamine, and 0.01 mg/ml ciproxin at 37 °C in a humidity controlled incubator with 5% CO2. Cells were transiently transfected with the appropriate plasmids using polyethylenimine (PEI, branford/PolSciences Inc) with a DNA:PEI ratio of 6:1. After 24 h, transfected cells were used for live-cell imaging experiments.

Electrophysiology

Xenopus oocytes were prepared as previously described. Oocytes were injected with ~0.8 ng wild-type or mutant TRPV5 cRNA. The final injection volume was 50 nl per oocyte. Isolated oocytes were used 2 days after injection. For each batch of oocytes, both wild-type and mutant mRNA were injected, to enable direct comparison of their effects. Whole-cell currents were recorded from intact oocytes using the two-electrode voltage-clamp method, filtered at 1 kHz and digitized at 4 kHz. Oocytes were constantly perfused at 20–22°C with a solution containing 2.5 mM KCl, 87.5 mM NaCl, 1 mM MgCl2, 1.8 mM CaCl2 and 5 HEPES (pH 7.4 with KOH). Whole-cell currents were recorded in response to 400 ms test pulses to various potentials (from –100 to +60 mV in 10 mV increments) from a holding potential of 0 mV. Current versus voltage relationships were constructed by measuring the current at the end of each pulse and plotting it against the test pulse potential. Data was plotted using Origin 7 (OriginLab, Northampton, MA, USA).

Recordings in HEK293 cells were performed as described in detail previously. Briefly, cells were placed in an extracellular bath solution (150 mM NaCl, 6 mM CsCl, 10 mM glucose, 10 mM HEPES/NaOH, pH 7.4). Currents were determined in the tight seal whole-cell configuration using a patch clamp amplifier controlled by Patchmaster software (HEKA, Lambrecht, Germany). Cells were kept in nominal divalent free solution to prevent calcium overload. Patch pipettes had resistances between 1 and 4 MΩ after filling with standard pipette solution (20 mM CsCl, 100 mM Cs-aspartate, 1 mM MgCl2, 4 mM Na2ATP, 10 mM BAPTA, 10 mM HEPES/CaOH, pH 7.2). Access resistances and capacitance were continuously monitored using the automatic capacitance compensation of the Patchmaster software. A linear voltage ramp protocol from -100 mV to +100 mV (within 450 ms) was applied every 2 s from a holding potential of 20 mV to measure current-voltage (I/V) relations. Ca2+ currents were measured for 2.5 s at −100 mV stepping from a holding potential of +70 mV. Current densities, expressed in units of membrane capacitance, were calculated from the current at −80 mV during the ramp protocols (by normalizing the current amplitude to the cell membrane capacitance). All experiments were performed at room temperature. The analysis and display of patch clamp data were performed using Igor Pro software (WaveMetrics, Lake Oswego, USA).

For whole-cell patch clamp measurements, nominal divalent free solution contained in mM: 150 NaCl, 6 CsCl, 10 Glucose and...
10 HEPS/NaOH, pH 7.4. To measure Na\(^+\)-current density, 50 
µM EDTA was added to the nominal divalent free solution to
chelate divalent cations. 10 mM CaCl\(_2\) to the nominal divalent
free solution to measure Ca\(^{2+}\)-current density. The standard
intracellular (pipette) solution contained in mM: 100 Cs-aspartate,
20 CsCl, 1 MgCl\(_2\), 10 BAPTA, 4 NaN\(_3\)ATP, 10 HEPS/NaOH
pH 7.2. To adjust the intracellular Ca\(^{2+}\) concentration, the
appropriate amount of CaCl\(_2\) was added in the presence of
10 mM BAPTA, as determined by the CaBuf program (ftp://ftp.

**Video imaging of Ca\(^{2+}\)**, using Fura-2-AM

Functional studies were performed using pEGFP vectors
containing full-length wild-type (wt) and mutant (S682P) mouse
*Trpv5* cDNA. HEK293 cells were seeded on fibronectin-coated
coverslips (Ø 25 mm) and transfected with the appropriate
pCINeo/IRE5-EGFP vector. After 24 hr, cells were loaded with
3 µM Fura-2-AM (Molecular Probes) and 0.01% (v/v) Pluronic F-
129 (Molecular Probes) in DMEM medium at 37°C for 20 min.
After loading, cells were PBS-washed and allowed to equilibrate
at 37°C in HEPES-Tris buffer (in mM: 132.0 NaCl, 4.2 KCl, 1.4
CaCl\(_2\), 2.0 MgCl\(_2\), 5.5 D-glucose and 10 HEPS, titrated to
pH 7.4 with Tris). For Ca\(^{2+}\) free conditions, a similar buffer
composition was used in which Ca\(^{2+}\) was substituted with 2 mM
EDTA. After Fura-2 loading, cells were placed in an incubation
chamber and attached to the stage of an inverted microscope
(Axiovert 200 M, Carl Zeiss, Jena, Germany). Extracellular Ca\(^{2+}\)
was changed using a perfusion system and resulting changes in
cytosolic Ca\(^{2+}\) levels were monitored with Fura-2 excited at
340 nm and 380 nm using a monochromator (Polychrome IV,
Tac Photonics, Graefelfing, Germany). Fluorescence emission
light was directed by a 415DCLP dichroic mirror (Omega Optical
Inc., Brattleboro, VT, USA) through a 510WB40 emission filter
(Polychrome IV, HQ, M. Edmund Optics, Inc., Brattleboro, VT, USA)
and (B) their respective mean current-voltage relationships (TRPV5-
WT, n = 7, black; TRPV5-682P, n = 10, red). (C) Whole-cell Ca\(^{2+}\)
currents in TRPV5-WT and TRPV5-682P transfected HEK293
cells and (D) their respective mean current-voltage relationships
(TRPV5-WT, n = 7, black; TRPV5-682P, n = 10, red). (E) Ca\(^{2+}\)-
dependent inactivation is unaltered in the TRPV5-682P mutant.
(F) Whole-cell Na\(^+\) currents in TRPV5-WT and TRPV5-682P
transfected HEK293 cells in the presence or absence of 100 nM
Ca\(^{2+}\) in the intracellular solution (n = 5–8 cells) and their
respective mean current-voltage relationships. (JPG)

**Supporting Information**

**Figure S1 Channel characteristics of wild-type and
mutant TRPV5 in HEK293 cells.** (A) Whole-cell Na\(^+\) currents in
TRPV5-WT and TRPV5-682P transfected HEK293 cells and
(B) their respective mean current-voltage relationships (TRPV5-
WT, n = 7, black; TRPV5-682P, n = 10, red). (C) Whole-cell Ca\(^{2+}\)
currents in TRPV5-WT and TRPV5-682P transfected HEK293
cells and (D) their respective mean current-voltage relationships
(TRPV5-WT, n = 7, black; TRPV5-682P, n = 10, red). (E) Ca\(^{2+}\)-
dependent inactivation is unaltered in the TRPV5-682P mutant.
(F) Whole-cell Na\(^+\) currents in TRPV5-WT and TRPV5-682P
transfected HEK293 cells in the presence or absence of 100 nM
Ca\(^{2+}\) in the intracellular solution (n = 5–8 cells) and their
respective mean current-voltage relationships. (JPG)

**Figure S2 Macroscopic findings in kidneys from wild-
type (WT) and TRPV5 mutant male mice.** Approximately
10% of *Trpv5*\(^{682P/+}\) and *Trpv5*\(^{682P/+}\) male mice had unilateral or
bilateral smaller kidneys. Kidneys from (A) wild-type male mouse
who had smaller kidneys (data not shown) were similar
to those observed in *Trpv5*\(^{682P/+}\) mice. (JPG)

**Figure S3 Histology of femora from HCALC1 mice.**
Representative haematoxylin and eosin (H&E) stained sections from
femora of *Trpv5*\(^{5/+}\) (wt), *Trpv5*\(^{682P/+}\) (het) and *Trpv5*\(^{682P/+}\)
mice are shown from mice and females. Scale bar = 50 µm. The
femora from the *Trpv5*\(^{5/+}\), *Trpv5*\(^{682P/+}\) and *Trpv5*\(^{682P/+}\)
mice were similar. (JPG)

**Table S1** MicroCT analysis of femora from 19–22 week old
*Trpv5*\(^{5/+}\), *Trpv5*\(^{682P/+}\) and *Trpv5*\(^{682P/+}\) mice. (DOCX)

**Author Contributions**

Conceived and designed the experiments: NYL HD LB PT CMG SEP
JGJH FMA SDMB RJMB RDC RVT. Performed the experiments: NYL
HD LB PT CMG SEP MJF BNA HE TBH SV FMH. Analyzed the
data: NYL HD LB PT CMG SEP MJF BNA HE TBH SV FMH. Contributed
reagents/materials/analysis tools: HE IB TAH WDF JGJH FMA RJMB.
Wrote the paper: NYL LB HD SV PT CMG MJS BNA HE IB TAH
FJGJH FMA SDMB RJMB RDC RVT.

**References**

2598–2608.
diagnosis of absorptive, resorptive and renal hypercalcuias. N Engl J Med 292:
497–500.


