

## ATP Signalling in the Urinary Bladder

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**Abbreviations** NANC: Non-Adrenergic Non-Cholinergic; Panx1: Pannexin 1 channels

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## Abstract

ATP is involved in a number of physiological and pathological mechanisms in the urinary bladder. This review summarizes the main role of ATP and its metabolites, by acting on P1 and P2 purinoceptors present in the bladder wall. The ATP role in the urethra is not addressed. Prevalent mechanisms of modulation of ATP activity are also presented. Possible ATP release mechanisms from urothelium are presented and future directions proposed.

## Introduction

## Sources of ATP in the urinary bladder

The seminal work by Ferguson and collaborators in 1997 using electric field stimulation and hydrostatic pressure changes in the urinary bladder have demonstrated that urothelial cells release a large amount of ATP, suggesting that these cells are the major source of ATP in the urinary bladder [1]. However, other bladder cells release this molecule. For instance, parasympathetic and sympathetic nerve fibres co-release ATP and acetylcholine, and ATP and noradrenaline, respectively [2,3]. Similarly to urothelial cells, suburothelial myofibroblasts release ATP when submitted to stretch [4].

## ATP role in the urinary bladder

Exogenous administration of ATP induces immediate urinary bladder contractions [5,6]. In fact, experiments performed with different forms of purines and pyrimidines showed that ATP, ADP, GTP and CTP induce bladder contractions and the development of cross-tachyphylaxis [7]. The co-administration of ATP with cholinergic, adrenergic and/or purinergic blockers suggested that ATP is responsible for part of the Non-Adrenergic Non-Cholinergic (NANC) atropine-resistant bladder contractions [8-12]. By acting directly in P2X-purinoceptors (namely P2X3) in the detrusor smooth muscle cell, ATP promotes a calcium-dependent initial rapid, phasic contraction followed by a cholinergic-mediated tonic prolonged contraction [13-17]. As ATP mediates an increase in bladder pressure faster than the one induced by cholinergic stimulation, it is suggested that ATP has a role in the initiation of maturation [18].

ATP may also activate P2Y2/P2Y4 receptors expressed in urothelial cells promoting the release of additional modulators of maturation reflex (such as nitric oxide, and acetylcholine) [19]. Also, acting on urothelial P2X, ATP may further increase urothelial ATP release (autocrine mechanism), a mechanism thought to occur during bladder pathologies such as bladder pain syndrome/interstitial cystitis [20].

ATP can also act on P2Y receptors expressed in myofibroblasts, possible as part of the triggering mechanism regulating urge sensation [21]. This mechanism may be downstream of urothelial P2Y2/P2Y4 activation by ATP [19].

When ATP targets P2X3 expressed in non receptors coursing the suburothelial, it triggers non receptors pathways that lead to pain behavior [22-25]. In fact, experiments using P2X3 knockout mice demonstrated that these animals presented hypoalgesic behavior [24].

## Modulation of ATP activity in the urinary bladder

The modulation of ATP activity is complex. It relies on the proximity of ATP releasing cells to the effectors cells and on several different mechanisms [26]. For instance, AMP and adenosine, formed upon ATP degradation, act on pre-synaptic P1-purinoceptors and induce of a slow hyper polarization of parasympathetic neurons which significantly contributes to the reduction of bladder contractions [7, 27-31]. Adenosine may also inhibit contractions by acting on P1-purinoceptors present in detrusor smooth muscle cells [32,33]. ATP itself may exert bladder relaxation by acting

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on P2Y receptors [34]. Curiously, P2 receptors are more effective upon decrease of temperature [35], showing that ATP responses are also modulated by temperature. Acetylcholine also influences ATP response as muscarinic M2 receptors exert a modulatory effect on purine-evoked relaxations [36]. On the other hand, ADP resulting from ATP breakdown stimulates prostaglandins synthesis, namely prostaglandin E2, which is thought to cooperate with ATP to modulate the tonic contraction [14,37,38]. Bradykinin also induces prostaglandin E2 synthesis [39] and may be accounted as a modulator of ATP-induced contractions. In fact, bradykinin acts on bradykinin-B2 receptor potentiating ATP-induced contractions [40]. Serotonin modulates both acetylcholine-induced contractions, by acting on 5-HT3-receptor, and ATP-induced contractions, by acting on 5-HT2A and 5-HT4 receptors present in parasympathetic pre-synaptic terminals [41,42]. Conversely, histamines influence ATP-induced contractions without affecting the cholinergic-mediated contractions [43].

### Mechanisms of ATP release in the urinary bladder

The mechanisms that induce ATP release are multi modal and are dependent of stimulus intensity (recently reviewed in [44]), suggesting the existence of more than one mechanism of ATP release (reviewed in [45]). Our ATP release mechanistic snapshot highlights on the activation of mechanosensitive Piezo 1 channel as well as TRPV1 and TRPV4 as high profile candidates for an initial physiological urothelial cell response to mild stretch stimulus or direct activation with agonists [46-49]. Pharmacological inhibition or genetic knock-out of these channels showed additive effects on the decrease of ATP release under mild stimulation and approximately 50% reduction of ATP release by removal of extracellular calcium. However, strong stretch stimulus induced ATP release that was not dependent on these channels [48], implying the activation of an independent pathway. After an initial (mild) stimulus there seems to be an ATP release amplification system operated by Pannexin 1 channels (Panx1) in concert with low-affinity P2X7 purinoceptors as evidenced by a reduction in ATP release by knocking-out either Panx1 or P2X7 channels and complemented by an approximately 4-fold increase in ATP release in low extracellular calcium and substantial reduction of ATP release by rapid extracellular ATP breakdown with apyrase [50]. The initial mechanical trigger of ATP release followed by ATP-induced ATP release amplification might serve to coordinate a synchronized urothelium syncytium response that depends on the extension of bladder wall distension and provide the brain with the appropriate input for the management of adequate maturation reflex.

The actual urothelial ATP efflux mechanism, or mechanisms, for the mild stimulus or the self-amplification is still a matter of debate. While extracellular calcium does not seem to be an absolute requirement for urothelial ATP release it is not clear if recruitment of intracellular Ca<sup>2+</sup> occurs and suffices to activate Ca<sup>2+</sup>-dependent ATP release through the canonical exocytotic vesicular release mechanism or through Ca<sup>2+</sup>-activation of ATP efflux from the cytoplasm through mediators [51-55]. If a Ca<sup>2+</sup>-dependent mechanism is found, it will be advised to look for vesicular ATP accumulation that is not displaced by vesicular Ca<sup>2+</sup>-entry to feed the cytoplasm pool of ATP [56-58]. Alternatively, Ca<sup>2+</sup>-independent ATP efflux from the cytoplasmic pool might occur simply by activation of channels permeable to small molecules like Panx1 or TRP channels self-controlled by an ATP binding pocket and

membrane inositides, respectively [59,60]. Evidences that multiple activators and/or ATP release effectors are involved in ATP secretion from the urothelium highlight the need for simultaneous targeting of multiple proteins to reach complete ATP release blockade. The acute inactivation of secretory proteins [61] instead of permanent blockade of proteins might also prevent compensatory expression or off-target effects (such as drugs that block membrane trafficking [62,63]). It is also possible that alternative ATP release effectors might also be involved like the voltage-dependent anion channels, ATP-binding cassette transporters, bestrophins, cystic fibrosis transmembrane conductance regulator and the CALHM1 and connexin channels [44,51,64].

### Concluding Remarks

The contribution of ATP signaling in the maturation responses is altered in different urological pathologies, such as bladder pain syndrome/interstitial cystitis. The characterization of the mechanisms of ATP release and its sites of action, under physiological and pathological conditions may provide new therapeutic targets representing an improvement in the quality of life of many patients suffering from bladder pathologies.

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