

# Calcium-sensing receptors in bone cells

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Extracellular calcium ( $\text{Ca}^{2+}_o$ ) homeostasis is maintained through the coordinated actions of cells that sense  $\text{Ca}^{2+}_o$ , as well as those that translocate calcium ions into or out of the extracellular fluid compartment. Key  $\text{Ca}^{2+}_o$ -sensing cells participating in mineral ion homeostasis are the parathyroid chief cells, the C-cells of the thyroid gland and several epithelial cells along the nephron. All of these cell types express the G protein-coupled,  $\text{Ca}^{2+}_o$ -sensing receptor (CaR) originally cloned from parathyroid that is capable of detecting changes in  $\text{Ca}^{2+}_o$  on the order of a few percent and then modulating the functions of the aforementioned cell types in ways that will restore  $\text{Ca}^{2+}_o$  to normal<sup>1</sup>. In response to hypercalcemia, for example, activation of the CaR leads to inhibition of PTH secretion, stimulation of calcitonin secretion and promotion of renal calcium excretion -actions that would tend to reduce  $\text{Ca}^{2+}_o$  toward normal. In addition to parathyroid cells, C-cells and kidney cells, the other two tissues that are important participants in the maintenance of  $\text{Ca}^{2+}_o$  homeostasis are intestine and bone. The former regulates influx of calcium from the external environment, while the latter can serve as either a source or sink for extracellular calcium ions. There has been only limited work on the physiological relevance of  $\text{Ca}^{2+}_o$ -sensing in the intestine to overall calcium metabolism, but in the duodenum  $\text{Ca}^{2+}_o$  and  $1.25(\text{OH})_2\text{D}_3$  increase the expression of the calcium-binding protein, calbindin  $\text{D}_{9\text{K}}$ <sup>2</sup>, which participates in the transcellular transport of calcium ions from the apical to the basolateral membrane of the enterocyte. It is clear that calcium sensing is an important attribute of both osteoclasts<sup>3</sup> and osteoblasts<sup>4</sup>, but the molecular basis for  $\text{Ca}^{2+}_o$ -sensing in these two types of bone cells is far from clear. Some studies suggest that the capacity of these cells to sense

$\text{Ca}^{2+}_o$  can be accounted for by one molecular species, the CaR, while others indicate that at least three different  $\text{Ca}^{2+}_o$ -sensors contribute to cation sensing in osteoblasts and osteoclasts. This presentation reviewed the evidence supporting the existence of one or several  $\text{Ca}^{2+}_o$ -sensors in bone cells, discussed the future use of cellular, molecular and genetic tools that could elucidate this issue further in future studies, and briefly addressed the possible therapeutic implications of the existence of  $\text{Ca}^{2+}_o$ -sensors in bone cells.

Some studies have identified the existence of the CaR in both osteoblasts<sup>5,6</sup> and osteoclasts<sup>7</sup> as well as in cells related to or earlier in their cellular lineages<sup>8</sup>. Studies in CaR knock-out mice "rescued" by ablation of their parathyroid glands, however, show apparently normal bone histomorphometry<sup>9</sup>. It remains to be determined, therefore, whether the CaR identified by some groups in osteoblasts and osteoclasts plays a role in states with normal or pathological bone turnover. What, therefore, are additional candidates for  $\text{Ca}^{2+}_o$ -sensors in bone cells? In the osteoclast, Zaidi et al. have suggested that an isoform of the type II ryanodine receptor may serve as both a  $\text{Ca}^{2+}_o$ -sensor and influx pathway<sup>3</sup>. In the osteoblast, Quarles and co-workers have identified one intracellular protein, calcyclin, that confers  $\text{Ca}^{2+}_o$ -sensing properties upon cells expressing it<sup>10</sup>, and have provided evidence in CaSR knockout osteoblasts for a G protein-coupled receptor unrelated to the CaR that senses  $\text{Ca}^{2+}_o$  and  $\text{Sr}^{2+}$ <sup>11</sup>. Clearly, further studies will be needed utilizing *in vitro* and *in vivo* knock-out of these genes to determine their physiological relevance in health and disease. Additional studies, therefore, should clarify the number and identities of  $\text{Ca}^{2+}_o$ -sensing proteins that participate in bone biology. Furthermore, this information should sharpen our understanding of the relative importance of these various molecules as therapeutic targets in the treatment of osteoporosis and other metabolic bone diseases.

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