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Original Article

An anti-coagulation agent Futhan preferentially targets GABA_A receptors in lung epithelia: implication in treating asthma

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Abstract: Futhan is a serine protease inhibitor and medicine in the treatment of disseminated intravascular coagulation (DIC) and acute pancreatitis. It is metabolized quickly in vivo. Here we show that Futhan reversibly inhibits NMDA receptors in hippocampal neurons and GABA_A receptors both in hippocampal neurons and in A549 cells, a human alveolar epithelial cell line. The effect of Futhan on GABA_A receptors in A549 cells is much more potent than its effect on GABA_A receptors in hippocampal neurons (IC₅₀: 0.9 μM v.s. 7.3 μM). Since GABA_A receptors are also expressed in various non-neuronal tissues, particularly in airway epithelia and GABA promotes mucus production during asthma, our findings indicate that Futhan may be developed as a novel aerosolized therapeutic to treat asthma through blocking GABA_A receptors in the lung.

Keywords: Asthma, GABA_A receptors, NMDA receptors, Futhan, ion channels

Introduction

A-type gamma-aminobutyric acid receptors (GABA_A receptors or GABA_ARs) are hetero-oligomeric complexes which form chloride-permeable ion channels. GABA_ARs represent major fast inhibitory receptors in the central nervous system (CNS). Distinct isoforms of GABA_ARs have different pharmacological, developmental, and physiological feature and are localized to specific cellular compartments [1, 2]. The binding of GABA to its ionic receptors causes a change of conformation that permits the influx/efflux of chloride ions which, in adult neurons, shunt excitatory input and render neurons less excitable [1]. Generally, enhancing GABA_AR activities by agents such as sedatives, or general anaesthetics 'soothes' the brain [3], while blocking GABA_ARs with GABA antagonists disinhibits and excites the nervous system. However, GABA_A receptors also distribute to non-neuronal tissues such as liver, lung and pancreas [4-7], participating in a variety of func-

tions such as secretion and fluid balance. For example, GABAergic system has been recently characterized in airway epithelia of the lung [4, 6, 8]. Activation of GABA_A receptors in lung, in contrast to the brain, leads to depolarization of lung airway cells facilitating epithelial secretion [6]. In addition, GABA_ARs are responsible for mucus overproduction and the activation of GABA_AR promotes asthma [6]. Conversely, blockade of GABA_ARs by GABA antagonists prevents mucus secretion. These findings implicate that airway GABA_ARs may serve as novel targets for treating asthma [9]. However, due to their CNS effect, most antagonists of GABA_AR are pro-convulsive, which limits their therapeutic potential in combating GABA_AR-associated disorders in non-neuronal tissues [10-13].

Futhan (FUT-175, or Nafamostat Mesylate, chemical name: 6-Amidino-2-naphthyl-4-guanidinobenzobate dimethanesulfonate) is a synthetic, competitive, reversible serine protease inhibitor and has potent inhibition on a wide

spectrum of proteases, including trypsin, thrombin, plasmin, kallikreins, factors B and D, factor Xa, and tryptase [14-18]. This inhibitory spectrum confers Futhan capacity to intervene the coagulation-fibrinolysis system, the kallikrein-kinin system and the complement system. Therefore Futhan functions as an anti-inflammation and anti-coagulation agent [14, 19, 20]. Futhan is clinically used for the treatment of DIC and acute pancreatitis and also serves as an anticoagulant agent in extracorporeal circulation (ECC) [19-21].

As for its chemical structure, Futhan is a highly polarized, di-cationic agent governed by an amidine group at one end and a guanidine group at the other [15]. It is highly hydrophilic and cannot readily penetrate the BBB to enter the brain [14, 15]. Moreover, Futhan is an unstable drug as an ester conjugate of 6-amidino-2-naphthol (AN) and p-guanidinobenzoic acid (p-GBA). It can be rapidly hydrolyzed into AN and p-GBA in vivo by esterase in the liver and blood [14].

Accumulating evidence suggests that besides conventional clinical usage, Futhan also demonstrates a myriad of other beneficial pharmacological activities, such as anti-tumor [22, 23], pain relief [24], organ protection [21, 25]. Some effect such as anti-cancer application is being tested under human clinical trials [23]. Moreover, Futhan has been shown to have anti-asthma effect in mice model [26, 27]. The pharmacological profiles of Futhan, however, need to be clearly elucidated in order to avoid its adverse effects and fully explore its clinical potential.

Here we show that Futhan reversibly and completely inhibits both NMDA receptors and GABA_A receptors in primarily cultured hippocampal neurons. In addition, Futhan more potently blocks GABA_A receptors endogenously expressed in A549, a human alveolar epithelial cell line. As Futhan does not readily cross the blood-brain-barrier (BBB) and is metabolized rapidly in vivo, it may be developed into a novel medicine for treating asthma.

Materials and methods

Calcium imaging

Fura-2 fluorescent Ca²⁺ imaging was performed as described previously [35]. Cortical or hippo-

campal neurons grown on 25 mm round glass coverslips were washed three times with ECF and incubated with 5 μM Fura-2-AM for ~ 40 min at room temperature. Neurons were then washed three times and incubated in normal ECF for 30 min. Coverslips with Fura-2-loaded neurons were transferred to a perfusion chamber on the stage of an inverted microscope (Nikon TE300). Cells were illuminated using a xenon lamp (75W) and observed with a 40 x UV fluor oil-immersion objective lens. Video images were obtained using a cooled CCD camera (Sensys KAF 1401, Photometrics, Tucson, AZ). Digitized images were acquired, stored, and analyzed in a PC controlled by Axon Imaging Workbench software (AIW2.1, Axon Instruments, Sunnyvale, CA). The shutter and filter wheel (Lambda 10-2, Sutter Instrument, Novato, CA) were also controlled by AIW to allow timed illumination of cells at 340 and 380 nm excitation wavelengths. Fura-2 fluorescence was detected at an emission wavelength of 510 nm. Ratio images of 340/380 nm were analyzed by averaging pixel ratio values in circumscribed regions of cells in the field of view. The values were exported from AIW to SigmaPlot for further analysis and plotting.

Electrophysiology

All animal experiments were carried out according to guidelines approved by the University of Toronto Animal Care Committee. Primary cultures of mouse hippocampal and cortical neurons were prepared as previously described [28]. Electrophysiological recordings were made from cultured A549 cells or cultured mouse hippocampal neurons, 14–21 days after plating. The extracellular solution (ECS) was composed of (in mM): 140 NaCl, 2 CaCl₂, 1 MgCl₂, 25 N-2-Hydroxyethylpiperazine-N'-thanesulfonic acid (HEPES), 33 glucose, 5.4 KCl and 0.0002 tetrodotoxin with pH of 7.3-7.4 and osmolarity ranging from 320-330 mOsm. To record NMDA-receptor-mediated current, magnesium was not added in ECS. The intracellular solution for voltage clamp recording consisted of (in mM): 140 CsF (or 140 CsCl where indicated), 11 ethylene-glycol-bis-(α-amino-ethyl ether) N,N'-tetra-acetic acid (EGTA) as intracellular calcium chelating buffer, 10 HEPES, 2 MgCl₂, 2 tetraethyl ammonium chloride (TEA-Cl), 1 CaCl₂, and 4 K₂ATP. Pipette resistance ranges were 2-4 MW when filled with this intracellular solution. All recordings were performed at room temperature. Membrane potential was held at -60 mV

Futhan blocks GABA_A receptors

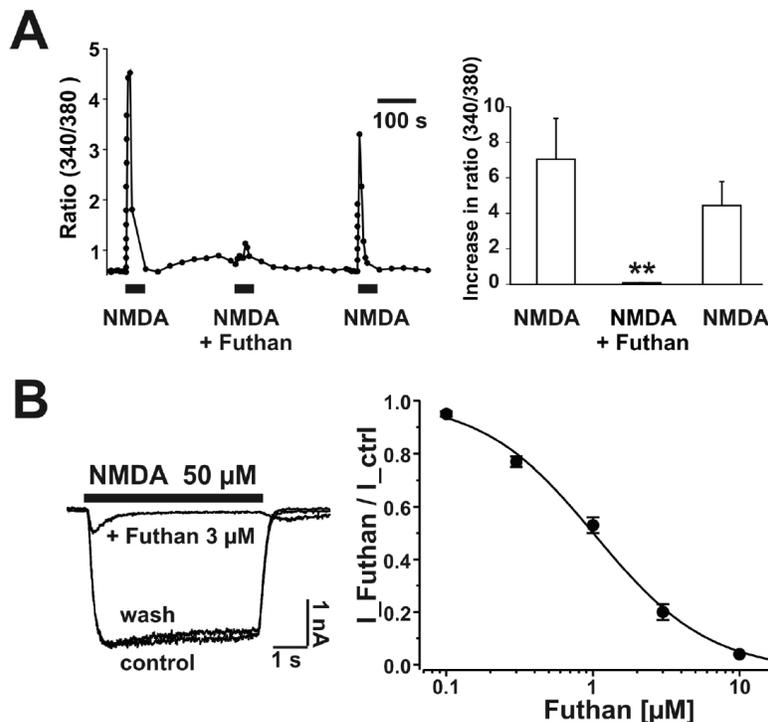


Figure 1. Futhan abolishes NMDA-induced calcium influx and blocks NMDA receptors in hippocampal neurons. **A**, calcium imaging. Effect of Futhan on NMDA-induced increase of intracellular Ca^{2+} in cultured mouse hippocampal neurons. Left, representative changes in 340/380 nm ratio by perfusion of 100 μ M NMDA in the absence and presence of 50 μ M Futhan. Right, summary data showing the reduction of increase of 340/380 nm ratio by Futhan, $n = 9$, $** p < 0.01$. **B**, Futhan directly blocks NMDA receptor in cultured hippocampal neurons. Left, example traces of NMDA evoked current blocked by Futhan. Bath and testing solution contained no added magnesium. Right, concentration response of Futhan blockade on NMDA receptors; IC_{50} : $1.0 \pm 0.1 \mu\text{M}$, $n = 6$.

throughout the recording if not otherwise indicated. Access resistance was monitored by applying a voltage step of -5 mV. GABA_A (or NMDA) receptor - mediated current was elicited by rapid application of GABA (or NMDA) delivered from a multi-barrelled fast perfusion system for 5 seconds and repeated every minute. AMPA receptors-mediated current in hippocampal neurons is elicited by application of 50 μ M glutamate at the presence of 50 μ M D-APV so as to block NMDA receptors. The perfusion rate of the solution was approximately 1 ml per minute. Whole-cell currents were recorded using an Axopatch-1D amplifier (Molecular Devices, Sunnyvale, CA). Electrophysiological recordings were filtered at 2 kHz and digitized at 5-10 kHz using a Digidata 1332A or/and simultaneously through MiniDigi 1A, and acquired online with pClamp8.2 (Axon Instruments) or/and Axoscope 9.2 (Axon instruments). GABA-induced currents in cultured A549 cells were recorded similarly as in cultured hippocampal neurons.

Data analysis

Data were analyzed with Clampfit 9.2 (Axon Instruments, Sunnyvale, CA), Excel 2002 (Microsoft Corporation, Seattle, WA, USA), Origin

5.0 (Microcal Software, Northampton, MA) and final illustrated using CorelDraw13 (Corel Corporation, Mountain View, CA). Currents were normalized to the amplitude of control responses. NM inhibitory concentration-response plots was fitted to the logistic equation: $I = (A_{\text{max}} - A_0) / [1 + (X / \text{IC}_{50})^n] + A_0$, where I is the normalized current amplitude, X is the antagonist concentration; n is Hill coefficient; IC_{50} is the concentration of antagonist that generate 50% of maximal inhibition. Data were presented as mean \pm SEM. Futhan was purchased from BioMol (Plymouth meeting, PA, USA) and its metabolites p-GBA and AN were from TCI (Portland, Oregon, USA).

Results

Futhan strongly blocks NMDA receptors in hippocampal neurons

To test if Futhan blocks some key neuronal receptors in the brain, we first used calcium-imaging technique to monitor calcium entry upon NMDA challenge in primarily cultured hippocampal neurons. As shown in **Figure 1A**, NMDA-induced increase of $[\text{Ca}^{2+}]_i$ was inhibited by Futhan in cultured neurons. The 340/380 ratio was 7.04 ± 2.31 in the absence of Futhan,

Futhan blocks GABA_A receptors

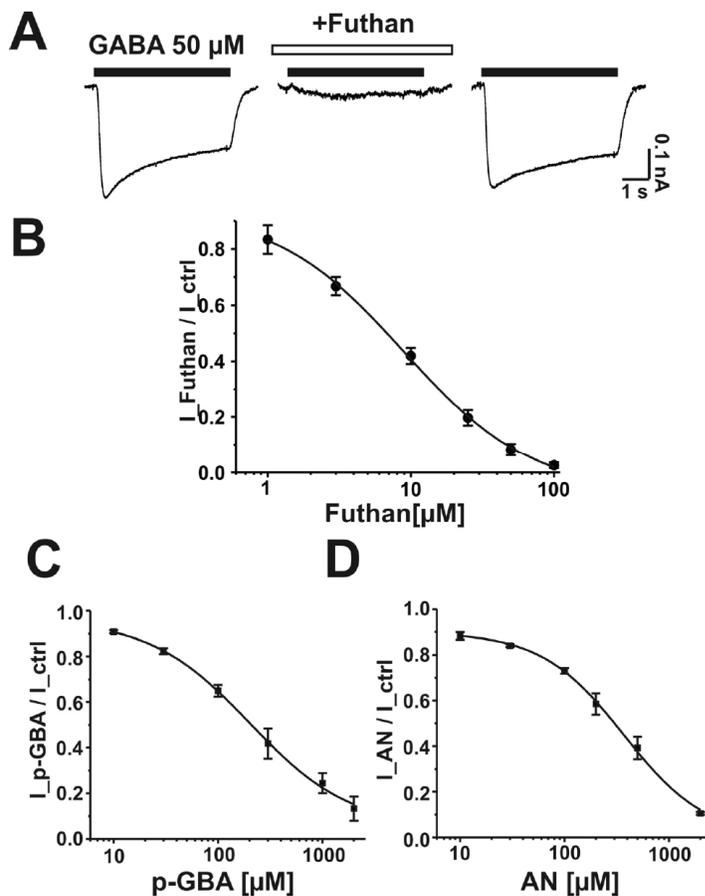


Figure 2. Futhan reversibly blocks GABA_A receptors in cultured hippocampal neurons. A, Futhan reversibly and completely blocks GABA_A receptors. Representative traces of GABA-activated current blocked by Futhan (100 μM), n = 6. B, concentration response of Futhan blockade on GABA_A receptors, GABA-currents at the presence of Futhan were normalized to control GABA-response before Futhan application. C and D, AN and p-GBA weakly blocks GABA_A receptors in hippocampal neurons. C, concentration response of p-GBA blockade on GABA_A receptors; IC₅₀: 335 ± 40 μM, n = 5. D, concentration response of AN blockade on GABA_A receptors; IC₅₀: 236 ± 47 μM, n = 4.

0.08 ± 0.02 in the presence of 50 μM Futhan (n = 9, p < 0.01), 5.20 ± 1.44 after washout of Futhan, respectively, suggesting that Futhan inhibits NMDA receptors. Next we used whole-cell voltage clamp to verify if Futhan affects NMDA receptor-mediated currents. Indeed Futhan inhibits NMDA currents in cultured hippocampal neurons (**Figure 1B**). It reversibly blocks NMDA-current in a concentration-dependent manner and the IC₅₀ is 1.0 ± 0.1 μM (n = 6).

Futhan blocks GABA_ARs in cultured hippocampal neurons

Next we examined whether Futhan inhibits GABA_A receptors in cultured hippocampal neurons. **Figure 2A** shows that Futhan (100 μM) reversibly and completely blocks GABA_A receptors. The inhibition was concentration-dependent and the IC₅₀ was 7.3 ± 0.6 μM (n = 7, **Figure 2B**), indicating that GABA_A receptors are also targets of Futhan. Futhan is a linear di-

cationic ester conjugate represented by AN and p-GBA [29]. AN and p-GBA are two metabolites of Futhan *in vivo* [30]. Next we tested whether these metabolites retain Futhan's effects in blocking GABA_A receptors in the hippocampal neurons. **Figure 2C** and **2D** show that AN and p-GBA only weakly and reversibly blocks GABA_A receptors in hippocampal neurons. AN blocks GABA_ARs with an IC₅₀ of 335 μM and p-GBA blocks it with an IC₅₀ of 236 μM. The weaker effects of AN and p-GBA on GABA_A receptors suggest that the whole structure of Futhan is essential for retaining the potent inhibition on GABA_A receptors.

Futhan potently inhibits GABA_A receptors expressed in lung A549 cells

GABA_A receptors are also expressed in peripheral tissues such as lung [4, 6], pancreas [7, 31], and liver [5]. For example, GABAergic system was recently characterized in lung airway

and alveolar epithelial cells [4, 8]. It has been shown that GABA promotes mucus production [6]. GABA_A receptors expressed in peripheral tissues differ from neuronal GABA_A receptors in many aspects including expression level, current kinetics, agonist affinity and pharmacology [6, 9]. Therefore, we compared GABA-evoked current in cultured hippocampal neurons with that in A549, a cell line derived from lung type II alveolar cell. **Figure 3A** shows typical GABA-currents recorded from hippocampal neurons and A549 cells. Under the same recording conditions, the peak current amplitude of GABA in neurons is 18-folds higher than that in A549 cells. Moreover, GABA-current in A549 cells demonstrates only very weak desensitization while GABA-evoked current in neurons desensitizes much faster. The ratio of steady-state current amplitude to peak current amplitude is 0.66 ± 0.02 ($n = 23$) in A549 cells, significantly higher than that recorded in hippocampal neurons (0.27 ± 0.02 , $n = 23$). These data confirm that GABA_A receptor subunit composition in lung cells is distinct from that in hippocampal neurons, suggesting that their pharmacology may differ too.

It has been shown that Futhan has anti-asthma effect [26] [27]. To test if anti-asthma effect of Futhan is probably mediated through its anti-GABAergic effect in the lung, we examined if Futhan inhibits GABA_A receptors endogenously expressed in A549 cells. **Figure 3B** shows that Futhan blocks GABA_A receptors expressed in A549. Futhan (10 μ M) completely abolished the GABA-current that fully recovered after washout. At this concentration, Futhan only blocks ~ 40% GABA-current in hippocampal neurons (**Figure 2B**). The IC_{50} of blockade on GABA_A receptors of A549 was 0.9 μ M (**Figure 3C**), indicating that the inhibition of Futhan on non-neuronal GABA_ARs is much more potent than that of neuronal GABA_ARs. These data suggest that the anti-asthma effect of Futhan could be partially explained by the blockade of GABA_A receptors in the lung.

Discussion

Futhan inhibits a number of serine proteases [15, 16, 18]. It is clinically used to treat DIC, ECC and acute pancreatitis [14]. In this study, we report novel off-target effects of this medicinal compound: Futhan strongly blocks both GABA_A receptors and NMDA receptors in cul-

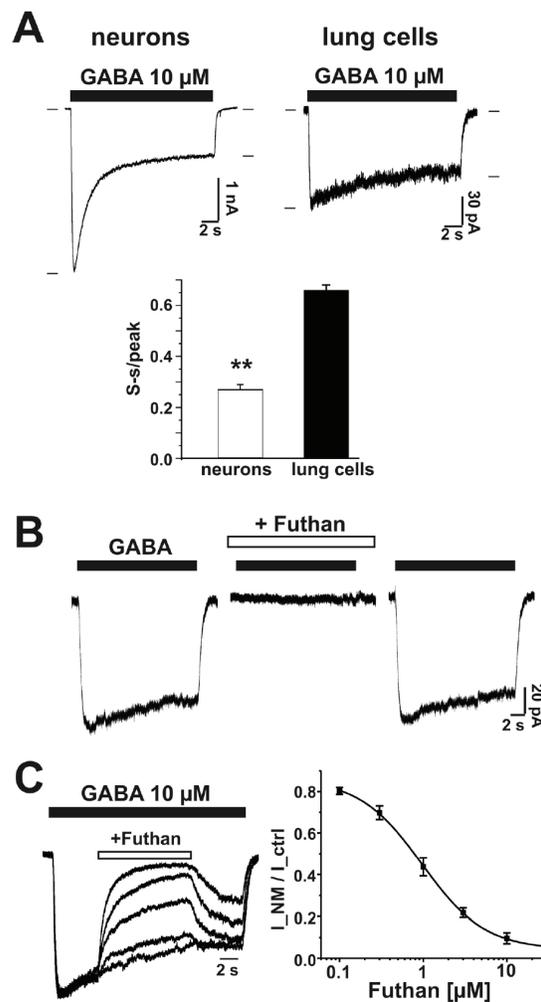


Figure 3. Futhan potently blocks GABA_A receptors endogenously expressed in A549 cells. A. Top, representative GABA response in cultured hippocampal neurons (left) and in lung A549 cells (right). Intracellular pipette solution was filled with 140 mM CsCl and other components (see methods). The peak amplitude of GABA-currents were 4.0 ± 0.7 nA in hippocampal neurons ($n = 9$) and 0.22 ± 0.04 nA in A549 cells ($n = 23$). Bottom, bar graph shows ratio of steady-state current to peak current amplitude (S-s/peak) in neurons and in A549 cells, respectively. GABA-current in A549 desensitized less strongly than in neurons. ** $p < 0.01$. B, representative GABA-current trace recorded from A549 cells; Futhan (10 μ M) reversibly and completely abolished the response evoked by GABA, $n = 6$. C, concentration response of Futhan blockade on GABA_A receptors in A549 cells. Left, current trace representative (scaled and superimposed), various concentrations of Futhan were mid-applied, indicated by empty bar. Right, concentration response of Futhan inhibition, IC_{50} : 0.9 ± 0.1 μ M, $n = 7$.

tured hippocampal neurons. Interestingly, Futhan preferentially blocks GABA_A receptors expressed in lung epithelial cells.

Although Futhan blocks acid-sensing ion channels [32-34], TRPM7 [35], NMDA receptors, AMPA receptors (with an IC₅₀ of 321 ± 49 μM, unpublished) and GABA_A receptors that are critical for neuronal functions, so far there are no reports to demonstrate obvious pro-convulsive effects or other neurological complications of this drug [14]. This is probably due to several facts. First, Futhan is a double-charged chemical, making it very difficult to enter the brain to encounter these neuronal receptors. Secondly, Futhan is metabolized rapidly in the body [36, 37]. The system retention time of Futhan is very short (5~8 min after hemodialysis) [14], which decrease its effective concentration *in vivo*. Thirdly, Futhan is the only active form and its molecular integrity appears to be essential for retaining its anti-protease activities [14]. Similarly, our data demonstrates that Futhan's metabolites p-GBA and AN only affect GABA_A receptors weakly. Fourthly, the potency of Futhan on lung GABA_A receptors is ~ 8-fold higher than on neuronal receptors. These features largely explain why Futhan remains as a relatively safe medicine even if Futhan strongly blocks NMDA receptors and GABA_A receptors in neurons. On the other hand, as Futhan can effectively target GABA_A receptors that are distributed to peripheral non-neuronal tissues, this may partly account for its beneficial effects. Indeed GABA_A receptors are widely expressed in non-neuronal tissues such as lung [4, 6], pancreas [7, 31], and liver [5], participating in a plethora of (patho-)physiological functions like asthma [6], diabetes [12, 13], hepatic encephalopathy and systemic hypotension [5]. In this regard, Futhan could exert its beneficiary impacts *in vivo* through targeting GABA_A receptors.

Our study indeed suggests that Futhan may be a good drug candidate to intervene diseases involving non-neuronal GABAergic system such as asthma [6] through a combination of its anti-GABAergic and anti-protease properties. Futhan protects lung from various insults [38, 39]. Moreover, Futhan inhibits airway eosinophilic inflammation and airway epithelial remodeling in a murine model of allergic asthma [26]. In line with this finding, Futhan attenuates allergen-induced airway inflammation and eosinophilia [27]. But these studies have not clearly defined

which mechanism contributes to the anti-asthma effect of Futhan [40]. We found that Futhan potently blocks GABA_A receptors expressed in lung cells. As activation of GABA_ARs promotes mucus secretion during asthma [6], Futhan (aerosolized or intravenously administered) can be developed to combat asthma through blocking GABAergic system in the airway.

Cells in different tissues have different chloride reversal potentials, controlled by distinct chloride transporters [41, 42], which accounts for diverse and even opposite functions of GABA_ARs at different locations. Generally in the nervous system, GABA dampens neuronal excitation in adults and GABA-potentiating agents such as sedatives, narcotics, and general anaesthetics are widely used for therapeutic purposes [3, 43-45]. Conversely GABA_A receptor-blocking agents often have harmful or pro-convulsive effects. However, in non-neuronal tissues, activation of GABA_A receptors tends to increase cellular activities [6, 8]. This study indicates that Futhan can be developed as a novel medicine for non-neuronal GABA-associated diseases, like asthma, because it can preferentially target non-neuronal GABA_A receptors and largely restrict its activity in the periphery.

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References

- [1] Bai D, Zhu G, Pennefather P, Jackson MF, MacDonald JF and Orser BA. Distinct functional and pharmacological properties of tonic and quantal inhibitory postsynaptic currents mediated by gamma-aminobutyric acid(A) receptors in hippocampal neurons. *Mol Pharmacol* 2001; 59: 814-824.
- [2] Macdonald RL and Olsen RW. GABA_A receptor channels. *Annu Rev Neurosci* 1994; 17: 569-

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- 602.
- [3] Orser BA, Canning KJ and Macdonald JF. Mechanisms of general anesthesia. *Curr Opin Anaesthesiol* 2002; 15: 427-433.
- [4] Jin N, Narasaraaju T, Kolliputi N, Chen J and Liu L. Differential expression of GABA_A receptor α 1 subunit in cultured rat alveolar epithelial cells. *Cell Tissue Res* 2005; 321: 173-183.
- [5] Minuk GY. Gamma-aminobutyric acid and the liver. *Dig Dis* 1993; 11: 45-54.
- [6] Xiang YY, Wang S, Liu M, Hirota JA, Li J, Ju W, Fan Y, Kelly MM, Ye B, Orser B, O'Byrne PM, Inman MD, Yang X and Lu WY. A GABAergic system in airway epithelium is essential for mucus overproduction in asthma. *Nat Med* 2007; 13: 862-867.
- [7] Yang W, Reyes AA and Lan NC. Identification of the GABA_A receptor subtype mRNA in human pancreatic tissue. *FEBS Lett* 1994; 346: 257-262.
- [8] Jin N, Kolliputi N, Gou D, Weng T and Liu L. A novel function of ionotropic gamma-aminobutyric acid receptors involving alveolar fluid homeostasis. *J Biol Chem* 2006; 281: 36012-36020.
- [9] Lu WY and Inman MD. Gamma-aminobutyric acid nurtures allergic asthma. *Clin Exp Allergy* 2009; 39: 956-961.
- [10] Olsen RW and Leeb-Lundberg F. Convulsant and anticonvulsant drug binding sites related to GABA-regulated chloride ion channels. *Adv Biochem Psychopharmacol* 1981; 26: 93-102.
- [11] Wood JD. The role of gamma-aminobutyric acid in the mechanism of seizures. *Prog Neurobiol* 1975; 5: 77-95.
- [12] Rorsman P, Berggren PO, Bokvist K, Ericson H, Mohler H, Ostenson CG and Smith PA. Glucose-inhibition of glucagon secretion involves activation of GABA_A-receptor chloride channels. *Nature* 1989; 341: 233-236.
- [13] Xu E, Kumar M, Zhang Y, Ju W, Obata T, Zhang N, Liu S, Wendt A, Deng S, Ebina Y, Wheeler MB, Braun M and Wang Q. Intra-islet insulin suppresses glucagon release via GABA-GABA_A receptor system. *Cell Metab* 2006; 3: 47-58.
- [14] Kenji Okajima MU, and Kazunori Murakami. Nafamostat Mesilate. *Cardiovascular Drug Reviews* 1995; 13: 51-65.
- [15] Fujii S and Hitomi Y. New synthetic inhibitors of C1r, C1 esterase, thrombin, plasmin, kallikrein and trypsin. *Biochim Biophys Acta* 1981; 661: 342-345.
- [16] Ikari N, Sakai Y, Hitomi Y and Fujii S. New synthetic inhibitor to the alternative complement pathway. *Immunology* 1983; 49: 685-691.
- [17] Poe M, Wu JK, Blake JT, Zweerink HJ and Sigal NH. The enzymatic activity of human cytotoxic T-lymphocyte granzyme A and cytotoxicity mediated by cytotoxic T-lymphocytes are potently inhibited by a synthetic antiprotease, FUT-175. *Arch Biochem Biophys* 1991; 284: 215-218.
- [18] Uchiba M, Okajima K, Abe H, Okabe H and Takatsuki K. Effect of nafamostat mesilate, a synthetic protease inhibitor, on tissue factor-factor VIIa complex activity. *Thromb Res* 1994; 74: 155-161.
- [19] Chen CC, Wang SS and Lee FY. Action of anti-proteases on the inflammatory response in acute pancreatitis. *Jop* 2007; 8: 488-494.
- [20] Tsukagoshi S. [Pharmacokinetics studies of nafamostat mesilate (FUT), a synthetic protease inhibitor, which has been used for the treatments of DIC and acute pancreatitis, and as an anticoagulant in extracorporeal circulation]. *Gan To Kagaku Ryoho* 2000; 27: 767-774.
- [21] Pereboom IT, de Boer MT, Porte RJ and Moleenaar IQ. Aprotinin and nafamostat mesilate in liver surgery: effect on blood loss. *Dig Surg* 2007; 24: 282-287.
- [22] Uwagawa T, Li Z, Chang Z, Xia Q, Peng B, Sclabas GM, Ishiyama S, Hung MC, Evans DB, Abbruzzese JL and Chiao PJ. Mechanisms of synthetic serine protease inhibitor (FUT-175)-mediated cell death. *Cancer* 2007; 109: 2142-2153.
- [23] Uwagawa T, Misawa T, Sakamoto T, Ito R, Gocho T, Shiba H, Wakiyama S, Hirohara S, Sadaoka S and Yanaga K. A phase I study of full-dose gemcitabine and regional arterial infusion of nafamostat mesilate for advanced pancreatic cancer. *Ann Oncol* 2009; 20: 239-243.
- [24] Iwama H, Nakane M, Ohmori S, Kaneko T, Kato M, Watanabe K and Okuaki A. Nafamostat mesilate, a kallikrein inhibitor, prevents pain on injection with propofol. *Br J Anaesth* 1998; 81: 963-964.
- [25] Miyaso H, Morimoto Y, Ozaki M, Haga S, Shinoura S, Choda Y, Murata H, Katsuno G, Huda K, Takahashi H, Tanaka N and Iwagaki H. Protective effects of nafamostat mesilate on liver injury induced by lipopolysaccharide in rats: possible involvement of CD14 and TLR-4 downregulation on Kupffer cells. *Dig Dis Sci* 2006; 51: 2007-2012.
- [26] Ishizaki M, Tanaka H, Kajiwaru D, Toyohara T, Wakahara K, Inagaki N and Nagai H. Nafamostat mesilate, a potent serine protease inhibitor, inhibits airway eosinophilic inflammation and airway epithelial remodeling in a murine model of allergic asthma. *J Pharmacol Sci* 2008; 108: 355-363.
- [27] Chen CL, Wang SD, Zeng ZY, Lin KJ, Kao ST, Tani T, Yu CK and Wang JY. Serine protease inhibitors nafamostat mesilate and gabexate mesilate attenuate allergen-induced airway inflammation and eosinophilia in a murine model of asthma. *J Allergy Clin Immunol* 2006; 118: 105-112.
- [28] Wei WL, Sun HS, Olah ME, Sun X, Czerwinski E, Czerwinski W, Mori Y, Orser BA, Xiong ZG, Jackson MF, Tymianski M and MacDonald JF.

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- TRPM7 channels in hippocampal neurons detect levels of extracellular divalent cations. *Proc Natl Acad Sci U S A* 2007; 104: 16323-16328.
- [29] Yamazato M, Mano R, Oshiro-Chinen S, Tomiyama N, Sakima A, Ishida A, Tana T, Tozawa M, Muratani H, Iseki K and Takishita S. Severe abdominal pain associated with allergic reaction to nafamostat mesilate in a chronic hemodialysis patient. *Intern Med* 2002; 41: 864-866.
- [30] Yamaori S, Fujiyama N, Kushihara M, Funahashi T, Kimura T, Yamamoto I, Sone T, Isobe M, Ohshima T, Matsumura K, Oda M and Watanabe K. Involvement of human blood arylesterases and liver microsomal carboxylesterases in nafamostat hydrolysis. *Drug Metab Pharmacokinet* 2006; 21: 147-155.
- [31] Takehara A, Hosokawa M, Eguchi H, Ohigashi H, Ishikawa O, Nakamura Y and Nakagawa H. Gamma-aminobutyric acid (GABA) stimulates pancreatic cancer growth through overexpressing GABA_A receptor ρ subunit. *Cancer Res* 2007; 67: 9704-9712.
- [32] Ugawa S, Ishida Y, Ueda T, Inoue K, Nagao M and Shimada S. Nafamostat mesilate reversibly blocks acid-sensing ion channel currents. *Biochem Biophys Res Commun* 2007; 363: 203-208.
- [33] Chen X, Orser BA and MacDonald JF. Design and screening of ASIC inhibitors based on aromatic diamidines for combating neurological disorders. *Eur J Pharmacol* 648: 15-23.
- [34] Chen X, Qiu L, Li M, Durrnagel S, Orser BA, Xiong ZG and MacDonald JF. Diarylamidines: high potency inhibitors of acid-sensing ion channels. *Neuropharmacology* 58: 1045-1053.
- [35] Chen X, Numata T, Li M, Mori Y, Orser BA, Jackson MF, Xiong ZG and MacDonald JF. The modulation of TRPM7 currents by nafamostat mesilate depends directly upon extracellular concentrations of divalent cations. *Mol Brain* 3: 38.
- [36] Kitagawa H, Chang H and Fujita T. Hyperkalemia due to nafamostat mesylate. *N Engl J Med* 1995; 332: 687.
- [37] Muto S, Imai M and Asano Y. Mechanisms of hyperkalemia caused by nafamostat mesilate. *Gen Pharmacol* 1995; 26: 1627-1632.
- [38] Sendo T, Itoh Y, Goromaru T, Sumimura T, Saito M, Aki K, Yano T and Oishi R. A potent tryptase inhibitor nafamostat mesilate dramatically suppressed pulmonary dysfunction induced in rats by a radiographic contrast medium. *Br J Pharmacol* 2003; 138: 959-967.
- [39] Minamiya Y, Saito S, Nakamura M, Tozawa K, Saito H, Matsuzaki I and Ogawa J. Nafamostat mesilate attenuates radical formation in the rat lung infused with endotoxin. *Shock* 2002; 18: 255-260.
- [40] Abe M, Shibata K, Akatsu H, Shimizu N, Sakata N, Katsuragi T and Okada H. Contribution of anaphylatoxin C5a to late airway responses after repeated exposure of antigen to allergic rats. *J Immunol* 2001; 167: 4651-4660.
- [41] Kahle KT, Staley KJ, Nahed BV, Gamba G, Hebert SC, Lifton RP and Mount DB. Roles of the cation-chloride cotransporters in neurological disease. *Nat Clin Pract Neurol* 2008; 4: 490-503.
- [42] Lu Y, Ma X, Sabharwal R, Snitsarev V, Morgan D, Rahmouni K, Drummond HA, Whiteis CA, Costa V, Price M, Benson C, Welsh MJ, Chappleau MW and Abboud FM. The ion channel ASIC2 is required for baroreceptor and autonomic control of the circulation. *Neuron* 2009; 64: 885-897.
- [43] Orser B. Physostigmine, propofol and the GABA_A receptor. *Can J Anaesth* 1998; 45: 496-497.
- [44] Orser BA, McAdam LC, Roder S and MacDonald JF. General anaesthetics and their effects on GABA(A) receptor desensitization. *Toxicol Lett* 1998; 100-101: 217-224.
- [45] Orser BA, Wang LY, Pennefather PS and MacDonald JF. Propofol modulates activation and desensitization of GABA_A receptors in cultured murine hippocampal neurons. *J Neurosci* 1994; 14: 7747-7760.