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# Classification of α<sub>1</sub>-adrenoceptors on the porcine superior vesical artery

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## Introduction

- The bladder vasculature has become an area of focus in the quest to understand the pathophysiology of bladder dysfunction and LUTS. Hypoperfusion-induced hypoxia can produce bladder dysfunction (1,2) and enhancing perfusion can ameliorate dysfunction in experimental studies (3).
- Vascular smooth muscle tone is regulated via noradrenaline acting at  $\alpha_1$ -adrenoceptors to cause vasoconstriction. There are 3 cloned subtypes of  $\alpha_{1-}$  adrenoceptor ( $\alpha_{1A^-}$ ,  $\alpha_{1B^-}$  and  $\alpha_{1D^-}$ ), and the functional phenotype of the  $\alpha_{1A}$  receptor, the  $\alpha_{1A/L}$ -adrenoceptor (4).
- Which functional subtype regulates vasoconstriction of the superior vesical artery supplying the porcine bladder is currently unknown.
- The aim was to classify the  $\alpha_1$ -adrenoceptor subtype mediating vasoconstriction of the porcine superior vesical artery.

## Methods

- Sections (~4mm) of porcine superior vesical artery (SVA) (internal diameter ~1mm) were isolated from 6-month old pigs and mounted on stirrups in tissue baths containing gassed Krebs-bicarbonate solution at 37°C.
- Developed tension of the circular smooth muscle was recorded via force transducers connected to a PowerLab using LabChart software.
- Contractions to noradrenaline, phenylephrine and the  $\alpha_{1A}$ adrenoceptor selective agonist A-61603 were recorded. Concentration-response curves to phenylephrine were obtained in the absence and presence of  $\alpha_1$ -adrenoceptor antagonists silodosin and RS-100329( $\alpha_{1A}$ -selective), BMY-7387( $\alpha_{1D}$ -selective) and prazosin ( $\alpha_{1A}$ > $\alpha_{1L}$ -selective). Experiments were performed in the presence of desipramine (1µM), corticosterone (1µM) and propranolol (1µM) to block neuronal & extraneuronal uptake and  $\beta$  &  $\alpha_2$  receptors.
- Control experiments without antagonists were performed to correct for time dependent changes in tissue sensitivity.

## Responses of SVA to agonists

• Noradrenaline, phenylephrine and A-61603 caused concentration-dependent contractions of the SVA (Fig. 1). A-61603 was more potent, with the relative potency of agonists A-61603 > phenylephrine ≥ noradrenaline (Table 1).

Table 1: Responses of superior vesical artery to agonists			
Agonist	n	Potency (pEC <sub>50</sub> )	Maximum Response (g/mg)
A-61603	6	7.33±0.15**	1.71±0.11
Phenylephrine	9	5.83±0.20	1.76±0.14
Noradrenaline	6	5.47±0.15	2.14±0.11
Data is mean ± SEM. **p<0.01 vs phenylephrine & noradrenaline (ANOVA plus Tukey)			



### **Effect of antagonists**

Results

- The α<sub>1D</sub>-selective antagonist BMY7378, at relatively high concentrations up to 30µM, failed to antagonise responses to phenylephrine (Fig. 2A). However the α<sub>1A</sub>-selective antagonists RS-100329 and silodosin produced rightward shifts of phenylephrine curves, at 10nM and 30nM (p<0.01 vs control) (Fig. 2B) and 1nM and 10nM (p<0.05 vs control) (Fig. 2C). Maximal responses to phenylephrine were not significantly affected by RS-100329 or silodosin and the pK<sub>D</sub> estimates were 8.48±0.25 and 9.47±0.18, respectively.
- Prazosin shifted phenylephrine concentration-response curves without significantly affecting the maximal response, and with a
  relatively low affinity (pA<sub>2</sub>) of 8.63 and pK<sub>D</sub> estimate of 8.02±0.06 (Fig. 2D & E).



# Conclusion

- The high potency of the agonist A-61603 suggests the presence of functional  $\alpha_{1A}$ -adrenoceptors in the porcine superior vesical artery. This is supported by the antagonist data where silodosin and RS-100329 ( $\alpha_{1A}$  vs  $\alpha_{1B}$ -selective), but not BMY-7378 ( $\alpha_{1D}$ -selective), antagonised phenylephrine responses.
- The relatively low affinity estimate for prazosin suggests the presence of the low affinity functional phenotype of the  $\alpha_{1A}$ -adrenoceptor.
- In conclusion, contraction of the porcine superior vesical artery is mediated via the low affinity form of the α<sub>1A</sub>-adrenoceptor (i.e. the α<sub>1A/L</sub>-adrenoceptor), the same subtype known to mediate contraction of the prostate and erectile tissue.

#### References

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