

1 **The role of Zn²⁺ in shaping intracellular Ca²⁺ dynamics in the heart**

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8 **One Sentence Summary:** In this review we discuss the role of Zn²⁺ and zinc transporters in
9 regulating cellular Ca²⁺-dynamics in cardiac muscle.

10

11 **Abstract**

12 Increasing evidence suggests that Zn²⁺ acts as a second messenger capable of transducing
13 extracellular stimuli into intracellular signalling events. The importance of Zn²⁺ as a signalling
14 molecule in cardiovascular functioning is gaining traction. In the heart, Zn²⁺ plays important
15 roles in excitation-contraction (EC) coupling, excitation-transcription coupling, and cardiac
16 ventricular morphogenesis. Zn²⁺ homeostasis in cardiac tissue is tightly regulated through
17 the action of a combination of transporters, buffers and sensors. Zn²⁺-mishandling is a
18 common feature of various cardiovascular diseases. However, the precise mechanisms
19 controlling the intracellular distribution of Zn²⁺ and its variations during normal cardiac
20 function and during pathological conditions are not fully understood. In this review we
21 consider the major pathways by which the concentration of intracellular Zn²⁺ is regulated in
22 the heart, the role of Zn²⁺ in EC coupling and discuss how Zn²⁺-dyshomeostasis resulting
23 from altered expression levels and efficacy of Zn²⁺ regulatory proteins are key drivers in the
24 progression of cardiac dysfunction.

26 **Introduction**

27 Zinc is an essential trace element which is proposed to interact with more than 10% of the
28 human proteome (Andreini *et al.*, 2006). It is essential for processes including cell division
29 (McDonald, 2000), and protein synthesis (Kimball *et al.*, 1995). The human body contains
30 approximately 2-3 g of zinc. Of this, ~60% is contained in skeletal muscle, ~30% in bone, ~5%
31 in liver and skin with the remainder distributed in other tissues, with ~0.4% total zinc in the
32 heart (reviewed in Jackson, 1989; Kambe *et al.*, 2015). More than 99% of intracellular zinc is
33 bound to proteins, although increasing evidence suggests that exchangeable zinc ions (Zn^{2+})
34 act as second messengers capable of transducing extracellular stimuli into intracellular
35 signalling events (Yamasaki *et al.*, 2007). As more tools become available to study Zn^{2+} the
36 importance and complexity of intracellular Zn^{2+} signalling is beginning to rival that of calcium
37 ions (Ca^{2+}), with key roles for Zn^{2+} evident in regulating many cellular processes. This review
38 will focus on research specific to the cardiovascular system with a focus on the role of
39 intracellular Zn^{2+} .

40 Zn^{2+} plays an emerging but important role in heart function, including excitation-contraction
41 (EC) coupling (Turan *et al.*, 1997; Tuncay *et al.*, 2011; Woodier *et al.*, 2015; Reilly-O'Donnell
42 *et al.*, 2017), excitation-transcription coupling (Atar *et al.*, 1995) and cardiac ventricular
43 morphogenesis (Lin *et al.*, 2018). In the heart the $[Zn^{2+}]_i$ is tightly regulated to maintain low
44 labile Zn^{2+} concentrations. Hara *et al* report the total extracellular $[Zn^{2+}]$ to range from high
45 micromolar to 10 μM , while the total intracellular $[Zn^{2+}]$ in mammalian cells is around 200 μM .
46 Intracellular free Zn^{2+} concentrations are much lower than values reported for total Zn^{2+} and
47 are cell-type dependant (Reviewed by Vallee and Falchuk, 1993; Hara *et al.*, 2017). If the
48 exchangeable Zn^{2+} concentration moves outside a narrow range, either in excess or
49 deficiency, this results in cardiac dysfunction, including altered contractile force (for reviews
50 on this topic see Pitt and Stewart, 2015; Stewart and Pitt, 2015; Turan and Tuncay, 2017).
51 This highlights the importance of controlled Zn^{2+} -homeostasis in cardiovascular functioning.

52 At rest, cardiomyocytes contain a small but measurable pool of free Zn^{2+} in the cytosol
53 reported to be between 2 nM to 100 pM. Certain triggers can lead to the release of Zn^{2+} from
54 proteins and intracellular pools, and this can result in myocardial damage (Turan *et al.*, 1997;
55 Chabosseau *et al.*, 2014). Little is known about the precise mechanisms controlling the
56 intracellular distribution of Zn^{2+} and its variations during cardiac functioning. In this review,
57 we consider the major pathways by which $[Zn^{2+}]_i$ is regulated in the heart, the role of Zn^{2+} in
58 EC coupling and how Zn^{2+} dyshomeostasis results in cardiac dysfunction.

59

60 **Zn^{2+} homeostasis in cardiomyocytes**

61 Zinc binding proteins

62 Extracellular zinc speciation is a critical factor for Zn^{2+} uptake by all cells, irrespective of the
63 tight control maintained through the action of transporter proteins. This is exemplified by
64 recent work where ^{68}Zn was used to measure zinc flux in immortalised endothelial cells
65 (Coverdale *et al.*, 2022). The concentration of serum albumin in the media was found to
66 impact upon the rate of Zn^{2+} influx. This dynamic is of particular importance as serum
67 albumin is the major carrier of plasma Zn^{2+} in the circulation (Lu *et al.*, 2008). In the absence
68 of albumin under the conditions examined ($20 \mu M$ $^{68}Zn^{2+}$), the cells were unable to control
69 the amount of Zn^{2+} taken up. This was indicated by an increase in total zinc within the cells
70 over time, which was not observed when albumin was present in the media (Coverdale *et al.*,
71 2022). Note that these findings are consistent with an earlier study that found the serum
72 content of the extracellular media to be important for protecting cells of various types from
73 otherwise harmful concentrations of Zn^{2+} (Haase *et al.*, 2015). With relevance to the heart, it
74 is suggested that low serum albumin levels in both males and females are associated with
75 increased risk of myocardial infarction and is linked to adverse outcomes post-myocardial
76 infarction. However, this topic remains controversial (Djoussé *et al.*, 2002; Toida *et al.*, 2020;
77 Yoshioka *et al.*, 2020).

78 Intracellular Zn²⁺ buffering in cardiomyocytes is tightly controlled by metallothioneins (MTs).
79 MTs are low molecular weight, cysteine-rich proteins that play important roles in metal
80 homeostasis and in the protection against intracellular heavy metal toxicity and oxidative
81 stress at levels sufficient to induce cell damage. In humans, there are four main MT isoforms
82 (MT1, MT2, MT3, and MT4) that are encoded by genes located on chromosome 16q13
83 (Thirumoorthy *et al.*, 2011). Each MT protein can bind up to 7 Zn²⁺ ions with high affinity and
84 collectively MTs are thought to gather about 5% to 15% of the cytosolic zinc pool (Coyle *et al.*,
85 2002). MTs work as zinc acceptors and donors to exchange Zn²⁺ with other proteins in
86 the cells via oxidoreduction (Krężel and Maret, 2007). The thiol groups that coordinate zinc
87 in MTs are redox reactive such that oxidation leads to the release of Zn²⁺. Basal levels of
88 MTs in cells are often low, although they vary across different tissue types and their
89 expression levels can be altered under certain conditions or disease states (Davis and
90 Cousins, 2000). MT2A is the most abundant isoform found in heart, smooth muscle, and
91 endothelial cells, whereas MT1E and MT1X are also significantly expressed in these tissues,
92 suggesting these isoforms collectively play important roles in cardiovascular physiology
93 (Choi *et al.*, 2018).

94 Zinc transporters expressed in the sarco/endoplasmic reticulum (S/ER)

95 The movement of Zn²⁺ across cell membranes is facilitated by zinc transporters. There are
96 24 known zinc transporters in humans, which are classified in two groups: Zinc transporters
97 (ZnTs; 1-10) designated to the solute carrier family 30A (SLC30A) and zrt-, irt-related
98 proteins (ZIPs; 1-14), grouped as solute carrier family 39A (SLC39A; Paulsen and Saier,
99 1997; Grotz *et al.*, 1998; Eide, 2004; Palmiter and Huang, 2004; Cousins *et al.*, 2006). ZnTs
100 transport Zn²⁺ from the cytosol into organelles or to the extracellular space, while ZIPs
101 transport Zn²⁺ into the cell from the extracellular matrix or from organelles into the cytosol
102 (Conklin *et al.*, 1994; Palmiter and Findley, 1995; Taylor, 2000; Taylor *et al.*, 2003). Zn²⁺ can
103 also be transported through Ca²⁺ channels, such as L-type calcium channel (LTCC) in

104 cardiomyocytes (Atar *et al.*, 1995). The expression profile of zinc transporters within the
105 heart are shown in Table 1 (ZIPs) and Table 2 (ZnTs). The localisation of these zinc
106 transporters is illustrated in Figure 1A while Table 3 details the localisation and detection
107 method. Figure 1B shows RNA expression of ZIPs and ZnTs in heart. An increase in
108 intracellular Zn²⁺ leads to metal regulatory transcription factor 1 (MTF-1) binding, resulting in
109 MTF-1 translocation to the nucleus and subsequent activation to bind DNA and initiate MT
110 expression (Bittel *et al.*, 1998). It is suggested that Zn²⁺ sequestration into organelles is the
111 first response to Zn²⁺ influx to deal with the potential threat of a harmful increase in cytosolic
112 Zn²⁺ while transcription and translation of zinc transporters and MTs occurs (Kukic *et al.*,
113 2014).

114 Numerous organelles have been identified as Zn²⁺ stores, as described below. While the
115 S/ER is classically known as a Ca²⁺ store, Zn²⁺ is also stored in this organelle. Using
116 genetically encoded Zn²⁺ sensors the labile Zn²⁺ concentration in the S/ER has been
117 estimated to be between 1 pM and ≥5 nM (Qin *et al.*, 2011; Chabosseau *et al.*, 2014). There
118 are numerous proteins in the S/ER that bind Zn²⁺, including calsequestrin 2 (CSQ2) and
119 calreticulin which also bind Ca²⁺ (Baksh *et al.*, 1995; Tan *et al.*, 2006). The S/ER has Zn²⁺
120 transporters within its membrane. Localisation of ZnT7 and ZIP7 to the S/ER was first
121 demonstrated in the heart by Tuncay *et al.* (2017). Turan and co-workers also subsequently
122 reported localisation of ZIP8, ZIP14 and ZnT8 to the S/ER in H9C2 cells (embryonic rat
123 myoblasts; Olgar *et al.*, 2018a), but ZnT8 has not yet been detected at the gene level (Figure
124 2).

125 Zn²⁺ can be sequestered within other cell organelles. Labile Zn²⁺ is undetectable in the
126 nucleus, even though it is estimated that 30-40% of total cellular Zn²⁺ resides in the nucleus
127 (Vallee and Falchuk, 1993, Lu *et al.*, 2016). The Golgi is estimated to contain between 0.2
128 pM and 25.1 nM free Zn²⁺, while the mitochondria is estimated to contain between 0.14 and
129 300 pM Zn²⁺ (Qin *et al.*, 2011; Park *et al.*, 2012; McCranor *et al.*, 2012; Chabosseau *et al.*,

130 2014; Kowada *et al.*, 2020). Lysosomes have also been identified as Zn²⁺ stores although
131 the concentration in these organelles has not yet been determined (Roh *et al.*, 2012; Kukic
132 *et al.*, 2014).

133 Organelle crosstalk shapes Ca²⁺ and Zn²⁺ signalling

134 The importance of communication between cellular organelles and exchange of messenger
135 molecules is well established (reviewed by Rossini *et al.*, 2020). Membrane-contact sites
136 regulate many cellular functions. In the heart, dysregulation of different organellar cross talk
137 pathways results in pathology (reviewed by Dabravolski *et al.*, 2022; Hulsurkar *et al.*, 2022).
138 Some examples of organellar crosstalk between Ca²⁺ and Zn²⁺ are provided below.

139 Mitochondria and S/ER actively communicate with each other to promote a variety of cellular
140 events. Mitochondria play multiple roles in cardiac cells, including regulation of energy
141 homeostasis, signalling, metabolism, and cell death pathways. Crosstalk between the SR
142 and mitochondria is important in normal cardiomyocyte viability and EC coupling and plays a
143 key role in regulating Ca²⁺-signalling responses in cardiac muscle (Griffiths and Rutter, 2009;
144 Eisner *et al.*, 2013). While the SR and mitochondria are separate compartments with
145 different functions, the interplay between the SR and mitochondria is essential in supporting
146 cardiomyocyte contraction and relaxation and this organellar crosstalk facilitates adaptation
147 to changing metabolic demands during EC coupling (Dorn II and Maack, 2013; Gorski *et al.*,
148 2015)

149 Mitochondria have also been identified as intracellular Zn²⁺ stores. Mitochondrial free [Zn²⁺]
150 is maintained at lower concentrations than found in the cytosol (Ye *et al.*, 2001; Kambe *et al.*,
151 2015). Emerging research suggests that in cardiomyocytes the interplay between Zn²⁺
152 homeostasis and crosstalk between the mitochondria and S/ER is important in
153 cardiovascular diseases (for a recent review see Dabravolski *et al.*, 2022). Close contact
154 between the ER and mitochondria was first described by Vance, who through fractionation,
155 identified a pool of phospholipids which were suggested to be involved in the association of

156 the ER and mitochondria (Vance, 1990). These mitochondria associated membranes (MAMs)
157 are the site at which the mitochondria and ER communicate functionally and through
158 structural interaction (Reviewed in Giorgi *et al.*, 2009). The role of MAMs in cardiovascular
159 disease is reviewed in detailed by Wang *et al* (Wang, Y. *et al.*, 2021). It is thought that
160 intracellular Ca²⁺ machinery including the inositol 1,4,5-trisphosphate receptor (IP3R) may
161 be involved in Ca²⁺ signalling across the mitochondria and ER (Hirota *et al.*, 1999). Emerging
162 evidence suggests that this may also be case with Zn²⁺.

163 Work from the Turan group illustrates that in aged rats, aged-related increase in intracellular
164 [Zn²⁺] is reduced using antioxidant MitoTEMPO, while age-related alterations in
165 mitochondrial ZIP7, ZIP8 and ZnT8 are reversed by MitoTEMPO treatment (Olgar *et al*,
166 2019). They also illustrate that key proteins involved in S/ER-mitochondrial coupling
167 including mitofusin-protein (Mfn-1/2), mitochondrial fission protein (Fis-1) and S/ER-
168 mitochondrial bridge protein B-Cell receptor associated protein 31 (Bap31) are significantly
169 altered when ZIP7 was silenced in high glucose and doxorubicin-treated H9C2 cells (Tuncay
170 *et al*, 2019). Protein expression of stromal interaction molecule 1 (STIM1), a S/ER Ca²⁺
171 sensor that regulates store-operated calcium entry, is also significantly altered in
172 hyperglycaemic and doxorubicin-treated H9C2 cells (Tuncay *et al*, 2019). In cardiomyocytes,
173 it is suggested that STIM1 contributes to the development of cardiac hypertrophy and
174 advancement of heart disease. Although, how STIM1 expression and functionality impacts
175 S/ER Zn²⁺ and Zn²⁺ transporters has not yet been investigated (Bootman and Rietdorf, 2017).
176 Tight coupling between Ca²⁺ and Zn²⁺ dynamics is also important for regulation of cellular
177 functions in the heart. Research by Kamalov and colleagues showed that these ions are
178 intrinsically coupled in aldosterone-treated rat hearts, suggesting their crosstalk contributes
179 to altering the redox state of the cardiomyocytes (Kamalov *et al.*, 2009).

180 In the nucleus, Zn²⁺ plays an important role in gene transcription and in maintaining the
181 stability of DNA through zinc-finger proteins, with Zn²⁺ deficiency leading to a reduction in

182 DNA repair and compromise of integrity due to destabilisation of DNA (Ho, 2004). The effect
183 of nuclear Zn^{2+} dyshomeostasis on the heart/cardiovascular system has to our knowledge
184 not yet been investigated. Zn^{2+} and zinc transporters have also been linked to lysosome
185 function and cellular autophagy in breast tissue and neuronal cell types (Rivera *et al.*, 2018;
186 Kim *et al.*, 2022). In Human Embryonic Kidney (HEK293) cells, Cuajungco and colleagues
187 suggest association of zinc transporter transmembrane protein 163 (TMEM163) and cation
188 channel transient receptor potential mucolipin 1 (TRPML1) is essential for Zn^{2+} homeostasis
189 and disruption to this association may be a mechanism for Zn^{2+} -overload in mucopolipidosis
190 type IV disease, a genetic neurodevelopmental disorder (Cuajungco *et al.*, 2014). It is
191 suggested that TRPML1 agonists lead to cell death through a Zn^{2+} -dependent lysosomal
192 pathway with mitochondrial swelling in metastatic melanoma cells (Du *et al.*, 2021).
193 Interaction of Zn^{2+} /zinc transporters and TRPML1 have not been investigated in the heart,
194 however Li and Li have reviewed the role of TRPML1 and Ca^{2+} in cardiovascular disease (Li
195 and Li, 2021).

196 *Coupling of Zn^{2+} and Ca^{2+} homeostasis in the heart*

197 Different divalent cations can often bind to the same or similar binding sites in proteins. In
198 general, Ca^{2+} and Mg^{2+} favour protein binding sites composed of O-ligands (for example
199 aspartic acid or glutamic acid sidechains), whereas Zn^{2+} favours protein binding sites that
200 additionally possess N- and S-ligands (for example histidine and cysteine sidechains,
201 respectively; reviewed by Vallee and Auld, 1990; Alberts *et al.*, 1998; Bindreither and
202 Lackner, 2009; Tang and Yang, 2013). Zn^{2+} sites are typically of a lower coordination
203 number than Ca^{2+} or Mg^{2+} sites (Bock *et al.*, 1995). Whilst a limited degree of overlap does
204 exist (Zn^{2+} also can bind aspartic acid and glutamic acid residues) it is important to point out
205 that Zn^{2+} is typically present (both intracellularly and extracellularly) at a lower concentration
206 than Ca^{2+} and Mg^{2+} . This, together with the respective affinity of a particular site/region for
207 each metal, determines which will bind (or whether competition between different metals

208 may occur). We have previously shown that the type-2 ryanodine receptor (RyR2) has both
209 high affinity Zn^{2+} activation sites and low affinity Zn^{2+} inhibition sites. Although the inhibitory
210 action of Zn^{2+} is likely a consequence of Zn^{2+} binding to the divalent inhibitory site of the
211 channel, at least some of the activatory sites are distinct from the Ca^{2+} binding sites
212 (Woodier *et al.*, 2015).

213

214 As well as ion channels, intracellular proteins are also capable of binding both Ca^{2+} and Zn^{2+} .
215 One example of this is CSQ2, a Ca^{2+} -binding protein located in the S/ER important in Ca^{2+}
216 regulation of RyR2 (Meissner and Henderson, 1987). CSQ2 has been shown to bind both
217 Ca^{2+} and Zn^{2+} , while Zn^{2+} is thought to modulate the function and structure of CSQ2 (Baksh
218 *et al.*, 1995). Baksh and colleagues report that CSQ2 has a large Ca^{2+} -binding capacity
219 (~40-50 moles of Ca^{2+} per mole of protein) with moderate affinity (average $K_d \approx 1$ mM)
220 (Baksh *et al.*, 1995). For Zn^{2+} , the binding capacity is much higher (~200 moles of Zn^{2+} per
221 mole protein) exhibiting an average $K_d \approx 300$ μ M (Baksh *et al.*, 1995). It is not known if
222 CSQ2 binds Ca^{2+} and Zn^{2+} at the same sites, however other Ca^{2+} proteins which also bind
223 Zn^{2+} , such as histidine-rich Ca^{2+} -binding protein in skeletal muscle and calmodulin in the
224 brain, possess separate Zn^{2+} and Ca^{2+} binding sites (Baudier *et al.*, 1983; Picello *et al.*,
225 1992). Furthermore, Zn^{2+} -binding at Ca^{2+} -effector sites in certain proteins may be unable to
226 induce the same structural changes. For example, in a study by Warren and co-workers, it
227 was shown that when Zn^{2+} bound to the EF-hand motif of calmodulin, the overall structure of
228 the zinc-bound form resembled the apo-form rather than the calcium-bound form (Warren *et al.*,
229 2007).

230 The interaction of Ca^{2+} and Zn^{2+} is not a novel concept. Yamasaki and colleagues report that
231 Zn^{2+} release in mast cells from the S/ER, in the form of a Zn^{2+} wave, was Ca^{2+} -dependent
232 (Yamasaki *et al.*, 2007). G-protein coupled receptor 39 (GPR39) was identified to be
233 stimulated by Zn^{2+} by Holst *et al.* (2007) and the receptor is now often referred to as the Zn^{2+}
234 -sensing receptor (ZnR). GPR39 is located on the plasma membrane and is thought to act

235 as an extracellular Zn^{2+} sensor to trigger activation of several G protein coupled pathways,
236 including the mobilisation of intracellular Ca^{2+} through G_q -coupling (Popovics and Stewart,
237 2011). The presence of a cellular zinc receptor with the ability to trigger Ca^{2+} release had
238 much earlier been reported by Hershinkel *et al* (2001). With relevance to G-protein coupled
239 receptors (GPCRs), work by Hojyo and colleagues utilised *Slc39a14*-knock out mice to
240 implicate ZIP14 in GPCR signalling, where it was found that mice that lack the ZIP14
241 transporter display restricted growth (Hojyo *et al.*, 2011). In the heart, GPCR-signalling can
242 influence intracellular Ca^{2+} signalling, leading to altered cardiac contractility and
243 cardiomyocyte apoptosis (Communal *et al.*, 1999; Nash *et al.*, 2001). While the influence of
244 GPCRs will not be discussed further in this review, Salazar *et al* (2007) and Wang *et al*
245 (2018) have reviewed cardiac GPCRs and the role of GPCRs in cardiovascular disease
246 (Salazar *et al.*, 2007; Wang *et al.*, 2018).

247 In 1995, Atar and colleagues demonstrated through use of live cell imaging and
248 electrophysiology that Zn^{2+} could enter rat cardiac muscle through the LTCC (Atar *et al.*,
249 1995). While the role of the LTCC in Ca^{2+} handling is well established in EC coupling, little is
250 known about the interaction between LTCCs and Zn^{2+} in the heart (Bodi *et al.*, 2005).
251 However, in the brain it was demonstrated that Zn^{2+} accumulation can occur in astrocytes (a
252 sub-type of glial cells in the brain) through LTCC in a manner that is attenuated by ZnT1
253 (Nolte *et al.*, 2004). A subsequent publication by the same group reported that ZnT1 can
254 regulate Zn^{2+} and Ca^{2+} permeation through LTCC in HEK293 cells. In these cells, expression
255 of ZnT1 reduced Ca^{2+} influx by approximately 40% (Segal *et al.*, 2004). The Moran
256 laboratory have shown that ZnT1 is also capable of inhibiting LTCC (Beharier *et al.*, 2007,
257 2010; Levy *et al.*, 2009). This work shows that crosstalk between ion channels and
258 transporters can influence the cellular movement of ions, which suggests that the interaction
259 of LTCC and ZnT1 can influence cardiac function. Increased ZnT1 protein expression as a
260 result of rapid pacing in culture cardiomyocytes is suggested to lead to reduced Ca^{2+} influx
261 through LTCC and contribute to atrial fibrillation in atrial tachycardia (Beharier *et al.*, 2010).

262 Recent research by Wang *et al.* (Wang, J. *et al.*, 2021) has highlighted a link between Ca^{2+}
263 signalling and the expression of Zn^{2+} transporters. Using a cellular model of
264 ischaemia/reperfusion (I/R) involving H9C2 cells and isolated murine cardiomyocytes in
265 combination with Ca^{2+} and Zn^{2+} chelators, the group reported that Ca^{2+} -mobilisation triggers
266 a reduction in ZIP13 protein expression. This reduction of ZIP13 was reported to activate
267 Ca^{2+} /calmodulin-dependent protein kinase II and contribute to I/R injury.

268 Transient receptor potential kinase ankyrin 1 (TRPA1) is located on the S/ER in cardiac cells,
269 has also been linked to intracellular Ca^{2+} movement and is implicated in atherosclerosis and
270 heart failure (reviewed by Wang *et al.*, 2019). In neurons, TRPA1 has been shown to be
271 Zn^{2+} -activated at $[\text{Zn}^{2+}]$ of 300 nM and inhibitory at $[\text{Zn}^{2+}] > 300 \mu\text{M}$ (Hu *et al.*, 2009). As well
272 as being Ca^{2+} permeable, TRPA1 is also Zn^{2+} permeable. The interaction between Zn^{2+} and
273 Ca^{2+} and its impact on vascular tone regulation has been recently reported by Betrie *et al.*
274 (Betrie *et al.*, 2021). However, this has not been investigated in the heart. TRPML1, transient
275 receptor potential mucolipin 7 (TRPM7) and transient receptor potential cation channel
276 subfamily C member 6 (TRPC6) are also present in the heart, have been linked to cardiac
277 pathologies and are permeable to both Ca^{2+} and Zn^{2+} (reviewed by Bouron *et al.*, 2015).

278

279 **Actions of Zn^{2+} during excitation-contraction coupling**

280 Cardiac EC coupling is a process which governs contractility of the heart through the
281 carefully controlled release of Ca^{2+} from the S/ER. An action potential travels down the
282 transverse tubule of a cardiomyocyte where depolarisation activates LTCCs, leading to Ca^{2+}
283 influx (Bers, 2002). The resulting $[\text{Ca}^{2+}]$ in the dyadic cleft – the intracellular space between
284 the plasma membrane and SR – increases to $> 10 \mu\text{M}$, leading to activation of localised
285 RyR2s on the SR membrane (Bers, 2002). This increase in cytosolic $[\text{Ca}^{2+}]$ causes activation
286 of multiple proximal RyR2 channels in a process termed calcium-induced calcium-release
287 (Fabiato, 1983). Recruitment of RyR2 molecules and their synchronous activation is

288 necessary for a Ca^{2+} release event from the SR to occur (Zima *et al.*, 2010). At low
289 micromolar levels intracellular Ca^{2+} binds to troponin C of the troponin complex, causing
290 troponin I inhibition and initiating a conformational change of the troponin-tropomyosin
291 complex (de Tombe, 2003; Fearnley *et al.*, 2011). This allows cross-bridge formation
292 between myosin and actin in the presence of ATP and leads to a power stroke in which ATP
293 is hydrolysed and the contractile machinery activated. This translates into cardiac muscle
294 contraction, termed systole (Bers, 2002; de Tombe, 2003). As such, disruption to Ca^{2+}
295 handling during EC coupling result in impaired cardiac contractility and function.

296 The effects of Zn^{2+} on cardiomyocyte function are thought to involve a competitive effect of
297 Zn^{2+} on Ca^{2+} regulatory mechanisms. In isolated cardiomyocytes extracellular Zn^{2+} reduces
298 cardiomyocyte contractile functioning (Ciofalo and Thomas, 1965; Yi *et al.*, 2012, 2013) and
299 this is thought to be a consequence of extracellular Zn^{2+} being able to act as a charge carrier
300 through LTCC resulting in a 70% reduction in the inward Ca^{2+} current (Atar *et al.*, 1995).
301 Studies have shown that cardiomyocytes exposed to extracellular Zn^{2+} display a 50%
302 reduction in S/ER calcium load (Turan 2003; Qin *et al.*, 2011; Yi *et al.*, 2012) revealing a
303 relationship between intracellular organelles, intracellular Zn^{2+} dynamics and intracellular
304 Ca^{2+} movements.

305 Zn^{2+} -induced regulation of RyR2

306 RyR2 is the route through which Ca^{2+} is released from the S/ER providing the necessary
307 driving force for cellular contraction. Interestingly, RyR2 discriminates only slightly between
308 divalent cations (Tinker and Williams, 1992), and has been shown to be permeable to Mg^{2+} ,
309 Sr^{2+} and Ba^{2+} (Diaz-Sylvester *et al.*, 2011), and very recently Zn^{2+} (Gaburjakova and
310 Gaburjakova, 2022). This suggests that Zn^{2+} may contribute to the RyR2 current during EC
311 coupling. Recent work has also suggested that even a very small Zn^{2+} current in the lumen-
312 to-cytosol direction is sufficient to saturate the Zn^{2+} finger motif situated within the C-terminal
313 tail of the four RyR2 subunits, and that binding of Zn^{2+} in this region is essential for RyR2

314 function (Gaburjakova and Gaburjakova, 2022). At the cellular level, Tuncay and co-workers
315 showed ryanodine-sensitive Zn^{2+} transients with similar kinetics to Ca^{2+} in stimulated rat
316 cardiomyocytes, providing further evidence that the S/ER is an intracellular Zn^{2+} pool and
317 that Zn^{2+} levels are elevated during the cardiac cycle (Tuncay *et al.*, 2011). They proposed
318 that the rapid changes in free Zn^{2+} resulted from displacement by Ca^{2+} from intracellular
319 binding sites that are highly sensitive to the redox status of the cardiomyocytes. It is not
320 unreasonable to speculate that RyR2 also contributes to this Zn^{2+} signal.

321 Zn^{2+} release from the S/ER is unlikely to trigger contraction, but this small release of Zn^{2+}
322 may be sufficient to shape Ca^{2+} dynamics in cardiomyocytes by amplifying the Ca^{2+}
323 response through RyR2. In our own study, it was shown at the single channel level that
324 cytosolic Zn^{2+} can act as a high affinity activator of RyR2 (Woodier *et al.*, 2015).
325 Concentrations of free $Zn^{2+} \leq 1$ nM potentiated RyR2 activity but the presence of activating
326 levels of cytosolic Ca^{2+} was a requirement for channel activation. However, at concentrations
327 of $Zn^{2+} > 1$ nM, the main activating ligand switched from Ca^{2+} to Zn^{2+} and the requirement of
328 Ca^{2+} for channel activation was removed. The ability of Zn^{2+} at a concentration of 1 nM to
329 directly activate RyR2 reveals that RyR2 has a much higher affinity for Zn^{2+} than Ca^{2+} (by
330 ~ 3 -orders of magnitude). We also showed that Zn^{2+} modulated both the frequency and
331 amplitude of Ca^{2+} -waves in cardiomyocytes in a concentration-dependent manner and that
332 reduction of the $[Ca^{2+}]_i$ to sub-activating concentrations failed to abolish Ca^{2+} -waves in the
333 presence of 1 nM Zn^{2+} . These data suggest that RyR2-mediated Ca^{2+} -homeostasis is
334 intimately related to intracellular Zn^{2+} levels. In the heart, RyR2 channels operate in closely
335 packed clusters (Baddeley *et al.*, 2009; Hayashi *et al.*, 2009; Sheard *et al.*, 2022). It is
336 conceivable that the Zn^{2+} current mediated through RyR2, although small, is sufficient to
337 sensitise and recruit other RyR2 channels to help shape cellular Ca^{2+} responses. The role of
338 Zn^{2+} as both a high affinity activator of RyR2, modulator of channel function in the absence
339 of Ca^{2+} , and charge carrier that contributes to the RyR2-mediated current is a paradigm shift
340 in our understanding of how RyR2 is activated during EC coupling. The recently identified

341 role of ZnT1 as a neuronal $\text{Ca}^{2+}/\text{Zn}^{2+}$ transporter (Gottesman *et al.*, 2022) opens the
342 suggestion that Zn^{2+} is delivered to RyR2 by a zinc transporter located in the S/ER or the
343 plasma membrane. However, further work is required to address this question. What is
344 certain is that Zn^{2+} and Ca^{2+} dynamics are intrinsically coupled.

345 *Mitsugumin-23 as a putative Zn^{2+} -regulated Ca^{2+} -permeable ion-channel*

346 RyR2 is not the only Ca^{2+} -permeable ion channel localised to S/ER stores. TMEM109 or
347 Mitsugumin-23 (MG23) is a 23 kDa transmembrane protein found in the S/ER and nuclear
348 membranes of cardiac muscle cells and other tissues including skeletal muscle, epithelial
349 cells, and the brain (Nishi *et al.*, 1998). MG23 is a voltage-sensitive non-selective cation
350 channel. MG23 has an unusual morphology as shown by electron microscopy and 3D
351 particle reconstruction. Two types of particles were consistently observed; a small
352 asymmetric particle composed of six homomeric subunits, and a larger bowl-shaped particle
353 forming a hexameric mega structure composed of six asymmetric particles (Venturi *et al.*,
354 2011). The mega pore structure is hypothesised to readily assemble and disassemble, and
355 this is functionally mirrored in the observed gating behaviour of MG23. Recombinant purified
356 MG23 proteins reconstituted into planar lipid bilayers exhibit very unusual gating behaviour
357 characterised by brief 'flickery' opening events and co-ordinated gating of multiple channels
358 (Venturi *et al.*, 2011; Reilly O'Donnell *et al.*, 2017). It is likely that both the asymmetric
359 particle and the mega structure both permit ion permeation, and that the unusual gating
360 behaviour reflects the apparent instability of MG23. The MG23 channel has received little
361 attention but given its location and its ability to conduct Ca^{2+} , it is likely that it contributes to
362 the Ca^{2+} leak and/or Ca^{2+} current in cardiac cells. Information regarding modulators of MG23
363 activity is currently lacking but our recent work has shown that cytosolic Zn^{2+} increases
364 MG23 activity (Reilly O'Donnell *et al.*, 2017). Glutamate, aspartate, histidine and cysteine
365 amino acid residues are commonly associated with Zn^{2+} binding sites. Surprisingly human
366 MG23 does not have any cysteine residues and so lacks the classic C2H2 zinc finger motif.

367 MG23 does have a common conserved, H-x-x-x-E sequence which is attributed to Zn²⁺
368 binding in Zn²⁺ transporters including ZIP1, ZIP2 and ZIP3 (Figure 3; Kambe *et al.*, 2015).
369 Hydrophobicity plots published by Nishi *et al* (1998) suggests the part of the protein
370 containing this sequence is localised in the SR lumen (Nishi *et al*, 1998). It is not known
371 whether RyR2 and MG23 interact with each other or if MG23 is part of the calcium release
372 unit. One could speculate that the recently described RyR2-mediated Zn²⁺ current might
373 trigger recruitment and initiation of MG23-mediated Ca²⁺ fluxes, as summarised in Figure 4.

374 Zn²⁺-induced regulation of IP₃Rs

375 The role of IP₃R in EC coupling is considered of most importance during early cardiac
376 development (Luo *et al.*, 2020). As the S/ER matures, the number of RyR2 channels
377 increases and in adult cardiomyocytes RyR2 mRNA levels are ~50-fold higher than IP₃R
378 (Moschella and Marks, 1993). Despite this, IP₃Rs located in the nuclear envelope are
379 involved in excitation–transcription coupling, thereby participating in the control of gene
380 expression (Nakayama *et al.*, 2010). In mammalian cardiomyocytes Zn²⁺ plays a key role in
381 excitation-transcription coupling where Zn²⁺ influx through LTCC mediates voltage-
382 dependent gene expression (Atar *et al.*, 1995), suggesting a possible link between Zn²⁺ and
383 IP₃R in regulation of gene expression. In dissociated rat hippocampal neuronal cultures
384 relatively small changes in cytosolic Zn²⁺ during stimulation altered expression levels of 931
385 genes with IP₃R type-2 being markedly upregulated (Sanfold *et al.*, 2019). Zn²⁺ can be
386 released from S/ER stores upon IP₃R stimulation. The release of caged inositol 1,4,5-
387 trisphosphate (IP₃) in cultured cortical neurons resulted in the release of Zn²⁺ from
388 thapsigargin-sensitive stores, suggesting that sequestration of Zn²⁺ into the S/ER is
389 important in regulation of intracellular levels and that Zn²⁺ is released following agonist
390 stimulation (Stork and Li, 2010). How Zn²⁺ modulates IP₃ signalling in the heart is an
391 underexplored area of research. Although to date there is no demonstration that IP₃Rs are
392 directly modulated by Zn²⁺, IP₃Rs have a C2H2 zinc finger domain in the C-terminal tail that

393 plays a critical role in regulation of channel activity (Furuichi *et al.*, 1989). Individual or
394 combined cysteine and histidine mutations within this conserved C2H2 domain resulted in
395 the abolition of IP₃R type-1 functioning (Uchida *et al.*, 2003; Bhanumathy *et al.*, 2012). This
396 C2H2 C-terminal domain region is also highly conserved across the RyR family and is
397 thought to be important in maintenance of the RyR2-mediated Zn²⁺ currents (Gaburjakova
398 and Gaburjakova, 2022), suggesting a fundamental role for Zn²⁺ in intracellular Ca²⁺ channel
399 regulation and cellular Ca²⁺ dynamics.

400

401 **Dysregulation of cardiac Zn²⁺ homeostasis in disease**

402 Role of Zn²⁺-binding proteins in disease

403 The ability of serum albumin in the extracellular environment to bind and buffer Zn²⁺ is
404 known to be compromised by the binding of fatty acids (Stewart *et al.*, 2003; Lu *et al.*, 2012;
405 Sobczak *et al.*, 2021a), which it transports through binding at up to seven different sites
406 (Bhattacharya *et al.*, 2000). Total plasma levels of fatty acids are generally quite low (<1 mol
407 eq. relative to albumin; Sobczak *et al.*, 2021a; Sobczak *et al.*, 2021b) but can be elevated in
408 some disease states. Although high plasma fatty acid levels are known to increase the risk
409 of heart failure and sudden cardiac death (Pilz *et al.*, 2007; Djoussé *et al.*, 2013), how this
410 dynamic might impact upon cellular Zn²⁺ uptake under physiological conditions has yet to be
411 investigated.

412 Zn²⁺ supplementation is known to induce cardiac MT expression (Wang *et al.*, 2006),
413 emphasising its importance in regulating zinc homeostasis in the heart. Several studies have
414 highlighted a protective role for MTs in helping to prevent/reduce cardiomyopathy and
415 oxidative stress. It has been shown that overexpression of MT in cell and animal models
416 protects cardiomyocytes from diabetic cardiomyopathy (Liang *et al.*, 2002; Cai *et al.*, 2006;
417 Huang *et al.*, 2021). Cardiac-specific overexpression of MT reduces cigarette smoking

418 exposure-induced myocardial contractility and mitochondrial damage (Hu *et al.*, 2013). Zinc-
419 induced MT expression has been shown to reduce doxorubicin-induced damage in
420 cardiomyocytes (Kimura *et al.*, 2000; Jing *et al.*, 2015). In addition, alcohol-induced cardiac
421 hypertrophy and fibrosis were observed in metallothionein-knockout (MT-KO) mice fed an
422 alcohol-containing liquid diet for 2 months but not in wildtype mice fed the same diet (Wang
423 *et al.*, 2005). Similarly, doxorubicin-induced cardiomyopathy was found to be more severe in
424 MT-KO mice in than wildtype mice (Kimura *et al.*, 2000).

425 The mechanisms by which MTs mediate their cardioprotective effects have been examined.
426 MT protection against doxorubicin-induced cytotoxicity was found to be at least partially
427 mediated via the JAK2/STAT3 pathway in murine cardiomyocytes (Rong *et al.*, 2016). MT-
428 induced inhibition of the NF- κ B pathway has been linked to prevention of age-associated
429 cardiomyopathy (Cong *et al.*, 2016). A recent study suggests that MT2A protects
430 cardiomyocytes from I/R through p38 inhibition (Zhao *et al.*, 2021). It has also been shown
431 that MT inhibits doxorubicin-induced mitochondrial cytochrome c release and caspase-3
432 activation in cardiomyocytes (Wang *et al.*, 2001). Collectively, these studies demonstrate
433 that MTs act to induce the expression of cardioprotective genes and reduce mitochondrial
434 damage due to oxidative stress in cardiac tissue.

435 Zinc transporter expression in cardiac dysfunction

436 In cardiac dysfunction, intracellular Zn^{2+} levels are known to be altered. A role for Zn^{2+} in
437 ischaemia was first established in cerebral ischaemia in rat brain in 1990 (Tønder *et al.*,
438 1990), and later demonstrated in isolated rat cardiomyocytes where an ~30-fold increase in
439 $[Zn^{2+}]_i$ was observed during ischaemia that rapidly decreased upon reoxygenation (Ayaz and
440 Turan, 2006). Hare *et al* observed an accumulation of $[Zn^{2+}]_i$ in the left ventricle of rat cardiac
441 tissue following I/R (Hare *et al.*, 2009).

442 Alterations in the expression levels of zinc transporters are associated with several
443 cardiovascular events (Table 4). Hara and colleagues suggest that modulation of ZIP13

444 expression may be important for inflammatory signalling responses in the heart following *in*
445 *vitro* treatment with doxorubicin (Hara *et al.*, 2022). In S/ER, ZIP7 and ZnT7 expression is
446 reported to be altered in type 2 diabetes and high glucose conditions, which are both
447 considered risk factors for cardiovascular disease. Protein expression of ZIP7 was
448 significantly decreased while expression of ZnT7 was significantly increased in
449 cardiomyocytes cultured in high glucose conditions and in hearts excised from a diabetic rat
450 model (Tuncay *et al.*, 2019). Tuncay *et al* also identified significant alterations in ZIP7 and
451 ZnT7 S/ER protein expression in H9C2 cells treated with doxorubicin to simulate heart
452 failure (Tuncay *et al.*, 2017). Furthermore, in cardiac tissue from individuals with heart failure
453 the expression of ZIP14 and ZnT8 was significantly increased and ZIP8 levels decreased
454 relative to controls (Olgar *et al*, 2018a). Screening all ZIP and ZnT transporters, Bodiga and
455 colleagues reported alterations in multiple transporters in cardiomyocytes exposed to a
456 hypoxia/reoxygenation protocol, among which were the S/ER-located ZIP7 and ZIP14
457 transporters (Bodiga *et al.*, 2017).

458 Zn²⁺ dyshomeostasis in EC coupling

459 The importance of tightly controlled cellular Zn²⁺ homeostasis for the prevention of cardiac
460 dysfunction is beginning to emerge (Alvarez-Collazo *et al.*, 2012; Turan and Tuncay, 2017).
461 In animal models, dysregulated levels of intracellular Zn²⁺ are associated with severe cardiac
462 degeneration in Duchenne muscular dystrophy (Crawford and Bhattacharya, 1997). Male
463 mice deficient of ZnT5 have significantly higher frequency of bradyarrhythmias and mortality
464 rate compared with control animals (Inoue *et al.*, 2002). Also, Zn²⁺ significantly contributes to
465 oxidant-induced alterations of EC coupling (Turan *et al.*, 1997). Defective Zn²⁺ handling
466 contributes to the cellular pathology of certain cardiomyopathies including altered
467 contractility and heart failure (Kleinfeld and Stein, 1968; Kalfakakou *et al.*, 1993; Little *et al.*,
468 2010). The underlying mechanism of how Zn²⁺ contributes to these pathologies is still not
469 fully understood. Cytosolic Zn²⁺ has recently been shown to act as a high affinity activator of
470 RyR2, able to activate channels even when [Ca²⁺]_i is subactivating (Woodier *et al.*, 2015;

471 Reilly O'Donnell *et al.*, 2017) providing an important mechanistic explanation for how Zn²⁺
472 dyshomeostasis can result in altered Ca²⁺ dynamics and cardiac dysfunction. An emerging
473 and important research area is therefore to understand how altered Zn²⁺ levels evoke
474 deleterious effects on cardiac functioning.

475

476 Zn²⁺ dyshomeostasis in cardiac morphogenesis

477 Zinc transporters are of key importance in embryonic development and cardiac
478 morphogenesis. Knock-out of ZnT1 or ZIP7 is embryonically lethal (Andrews *et al.*, 2004;
479 Woodruff *et al.*, 2018). Knock-out of ZIP8 is also embryonically lethal in mice with
480 hypertrabeculation and noncompaction of the ventricles observed, while knock-down of
481 ZIP10 in zebrafish results in heart deformities (Taylor *et al.*, 2016; Lin *et al.*, 2018).
482 Additionally, recent research shows primary neonatal cardiomyocytes from ZIP13 knock-out
483 mice display arrhythmic beating (Hara *et al.*, 2022).

484 The findings of Inoue and colleagues are also noteworthy, where ZnT5 knock-out resulted in
485 male-specific sudden death from bradyarrhythmia (Inoue *et al.*, 2002). Loss of function
486 mutation of ZnT5 is reported to result in lethal cardiomyopathy and premature death in case
487 study by Lieberwirth *et al* (2021). This illustrates that zinc transporters as well as calcium
488 channels are necessary in cardiac development and function.

489 Zn²⁺ dyshomeostasis as a new pharmacological target in cardiovascular disease

490 Sacubitril/valsartan (formally known as LCZ696) is an active substance in the drug Entresto,
491 which is used to treat chronic heart failure (Khali *et al.*, 2018). Sacubitril/valsartan is an
492 angiotensin II type 1 receptor blocker that inhibits neprilysin and is currently being trialled for
493 treatment of patients with chronic systolic heart failure (ClinicalTrials.gov Identifier:
494 NCT01035255; McMurray *et al.*, 2013). These trials are of interest as neprilysin is a zinc-
495 dependent plasma membrane type II integral protein metallopeptidase which contains a

496 Zn²⁺-binding site on its extracellular C-terminal domain (Fulcher and Kenny, 1983; Nalivaeva
497 *et al.*, 2020), linking Zn²⁺ dependent processes with cardiovascular function.

498 There have also been trials examining the usefulness of Zn²⁺ chelation. The TACT trial
499 (NCT00044213) investigated the effect of chelation therapy using EDTA on the occurrence
500 of subsequent cardiovascular events in participants with previous myocardial infarction
501 (Lamas *et al.*, 2013). EDTA is a chelator of not only Zn²⁺, but also of Ca²⁺, Mg²⁺, Fe²⁺/Fe³⁺,
502 Cd²⁺ and Cu²⁺ (Lamas *et al.*, 2013). Reactive binding of EDTA to metals is as follows:
503 Cr²⁺ >Fe³⁺ >Cu²⁺ >Pb²⁺ >Zn²⁺ >Cd²⁺ >Co²⁺ >Fe²⁺ >Mn²⁺ >Ca²⁺ >Mg²⁺, therefore EDTA will
504 preferentially bind Zn²⁺ (estimated K_d 10⁻¹⁶ M) over other divalent metals in plasma including
505 Ca²⁺ (K_d approximately 10⁻¹¹ M) due to the high affinity EDTA has for Zn²⁺ (Waters *et al.*,
506 2001; commentary by Nyborg and Peersen 2004). The trial concluded that treatment with
507 EDTA modestly reduced the risk of adverse cardiovascular outcomes. However, the
508 evidence was not sufficient to justify the implementation of chelation therapy as a routine
509 post-myocardial infarction treatment (Lamas *et al.*, 2013). The research has been continued
510 in the TACT2 trial, which is focusing on chelation therapy in patients with diabetes who have
511 had a previous myocardial infarction (NCT02733185; U.S. National Library of Medicine,
512 2022). This trial is due for completion in December 2023 (U.S. National Library of Medicine,
513 2022). The targeting of Zn²⁺ to improve patient outcome in myocardial infarction and heart
514 failure have not yet resulted in development of new cardiovascular disease treatments. In
515 addition, Zn²⁺ levels cannot be used as a biomarker for cardiovascular disease as several
516 factors including dietary intake and blood glucose levels can alter plasma Zn²⁺ concentration
517 and zinc handling (Fernández-Cao *et al.*, 2019). However, it is possible that chelation of Zn²⁺
518 in the short term, for example during a myocardial infarction, would help to attenuate the
519 damage observed post-myocardial infarction.

520

521 **Concluding remarks**

522 The role of ZIPs, ZnTs and Zn²⁺-binding proteins in the heart provides novel insights into the
523 regulation of cellular Zn²⁺ and its role as a signalling molecule in cardiac tissue. The ability of
524 Zn²⁺ to act as a regulator and/or activator of cellular Ca²⁺ channels suggest a new and
525 important role for Zn²⁺ in cardiac function under both physiological and pathological
526 conditions, raising the suggestion that correction of Zn²⁺ dyshomeostasis may be a novel
527 therapeutic strategy to combat cardiovascular disease.

528 In comparison to Ca²⁺, there has been relatively little work investigating the biological
529 function of Zn²⁺ in the heart. Consideration of accurate [Zn²⁺]_i measurements should be
530 emphasized as failure to acknowledge dynamic Zn²⁺ changes could lead to significant
531 overestimation of [Ca²⁺]_i. Indeed, many of the tools routinely used to measure Ca²⁺ also bind
532 Zn²⁺, challenging us to consider how many processes driven by Ca²⁺ may also be in part,
533 attributable to Zn²⁺ (Stork and Li, 2006; Figueroa *et al.*, 2014; Fujikawa *et al.*, 2015). Thanks
534 to the development of appropriate tools enabling us to accurately monitor Zn²⁺ fluxes, and
535 the ability of these methods to distinguish Zn²⁺ from Ca²⁺ in biological systems, the field of
536 zinc biology is currently advancing rapidly (for a comprehensive overview of different Zn²⁺
537 sensors see Huang and Lippard, 2012; Carpenter *et al.*, 2016; Pratt *et al.*, 2021;). Much has
538 been learned relating to the intrinsic relationships that exist between Zn²⁺ and Ca²⁺
539 homeostatic mechanisms and their roles in heart disease. However, more work is needed to
540 fully understand the role of Zn²⁺ in the heart. This includes better understanding of cellular
541 Zn²⁺ dynamics, how Zn²⁺ is regulated and the biological targets of labile Zn²⁺. This will
542 require a greater appreciation of the spatio-temporal patterning of intracellular Zn²⁺ fluxes in
543 the heart and how these relate to cardiac functioning in health and disease.

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548 **Disclosures**

549 None.

550 **Figure Legends**

551 **Figure 1. Zn²⁺ transporters in the heart. A)** Localisation of zinc transporters in the heart.
552 ZIP transporters are illustrated in blue in the left of the image while ZnT transporters are
553 coloured in red on the right of the image. Transporters with confirmed protein expression
554 through the Human Protein Atlas or reported in published western blot/immunofluorescent in
555 heart tissue homogenates, isolated cardiomyocytes, or cardiac cell lines (such as H9C2 cells)
556 were included. Rough endoplasmic reticulum (rER), sarcoplasmic/endoplasmic reticulum
557 (S/ER), trans-Golgi network (TGN). Created with BioRender.com. **B)** RNA expression of Zn²⁺
558 transporters in normalized protein-coding transcripts per million (nTPM) in human heart.
559 Figure was created using information available from the Human Protein Atlas, Uhlén et al.,
560 2015 and Choi et al., 2018.

561 **Figure 2. RNA expression of S/ER-located Zn²⁺ transporters. A)** Mean reads per kilobase
562 of transcript per million reads mapped (RPKM) of Zn²⁺ transporters in human heart (RNA-
563 Seq data from Fagerberg *et al.*, 2014). **B)** Mean RPKM of Zn²⁺ transporters in rat heart (21
564 weeks; RNA-Seq data from Yu *et al.*, 2014). **C)** Mean RPKM of Zn²⁺ transporters in mouse
565 heart (RNA-Seq data from Yue *et al.*, 2014).

566 **Figure 3. Possible Zn²⁺ binding sites on MG23.** Partial sequence alignment of human zinc
567 transporters ZIP1, ZIP2 and ZIP3 illustrating the conserved Zn²⁺ binding motif, H-x-x-x-E.
568 This motif is also conserved across human (h), rat (r) and murine (m) MG23.

569 **Figure 4. Graphical summary of the suggested role of MG23 in cardiovascular function.**
570 MG23 may contribute to the release of Ca²⁺ from S/ER Ca²⁺ stores. In pathophysiological
571 conditions where intracellular Zn²⁺ is elevated, the activity of MG23 will be increased, leading
572 to increased release of Ca²⁺ from the S/ER. Increased [Zn²⁺]_i will result in activation of RyR2.

573 Dotted lines and question marks suggest putative interactions/functions. Figure created with
574 BioRender.com.

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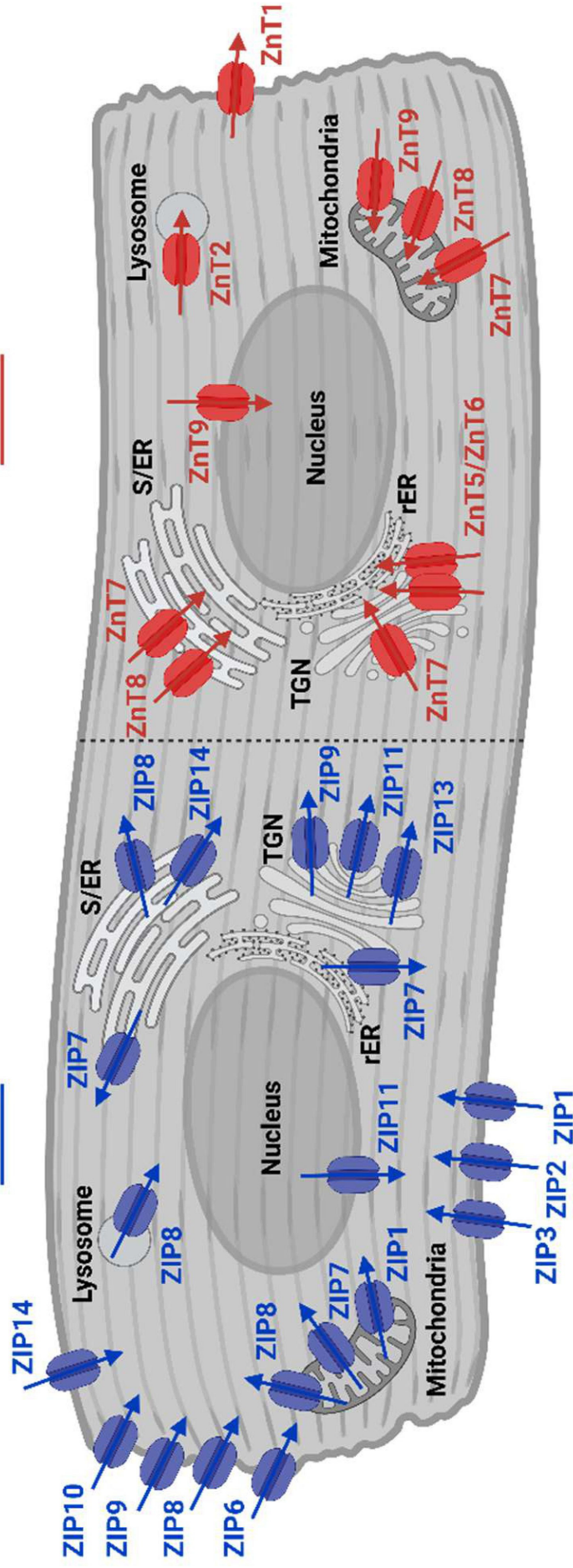
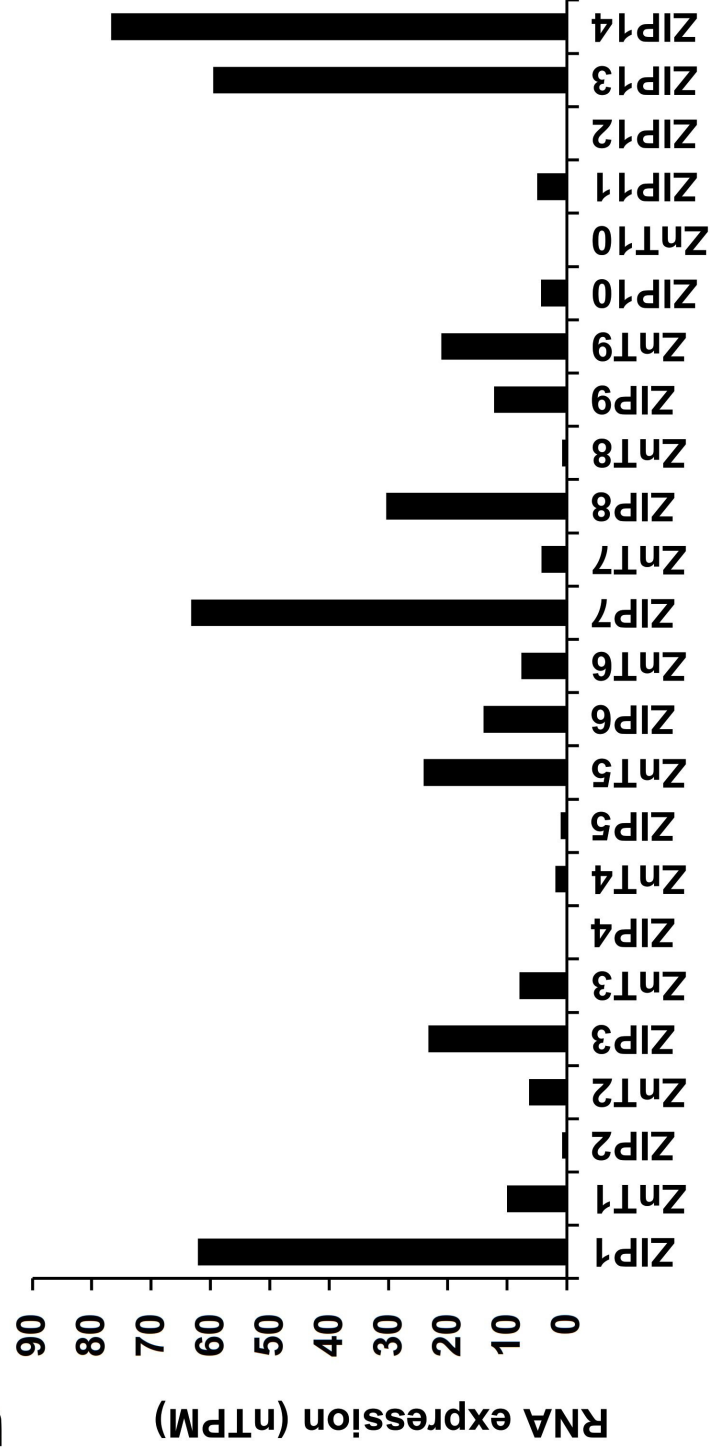
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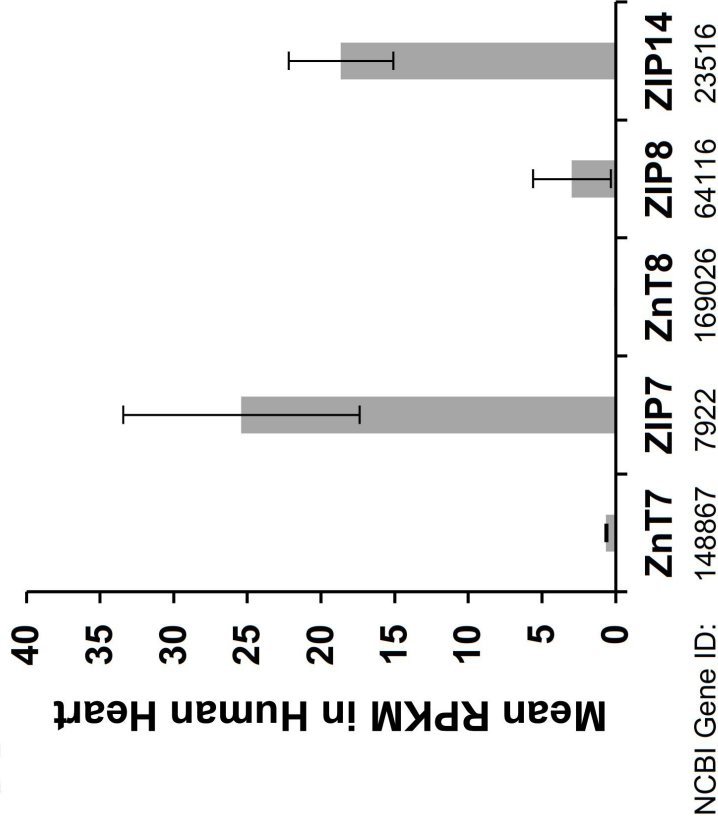
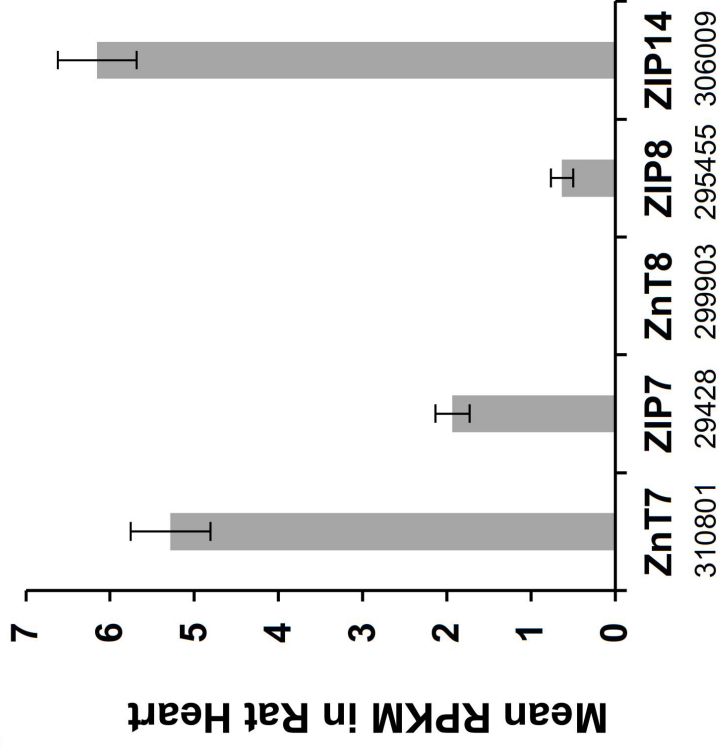
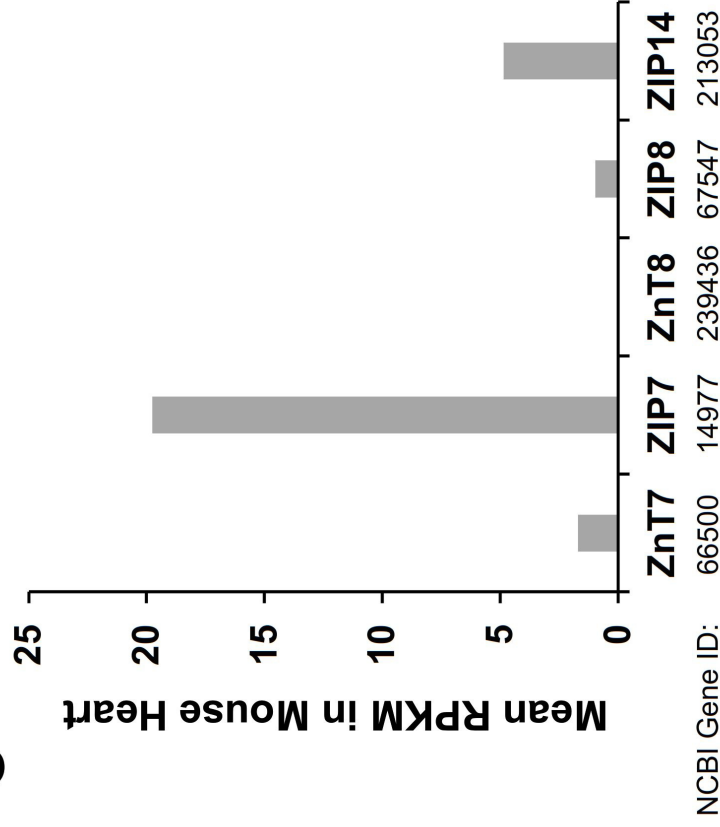
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A**ZIPs****ZnTs****B**

A**B****C**

ZIP1 181 CVLVFSLALHSVFEGLAVGLQR 202

ZIP2 166 LVLLLSLFSHHSVFEGLAVGLQP 187

ZIP3 171 LSLAFALSASHSVFEGLALGLQE 192

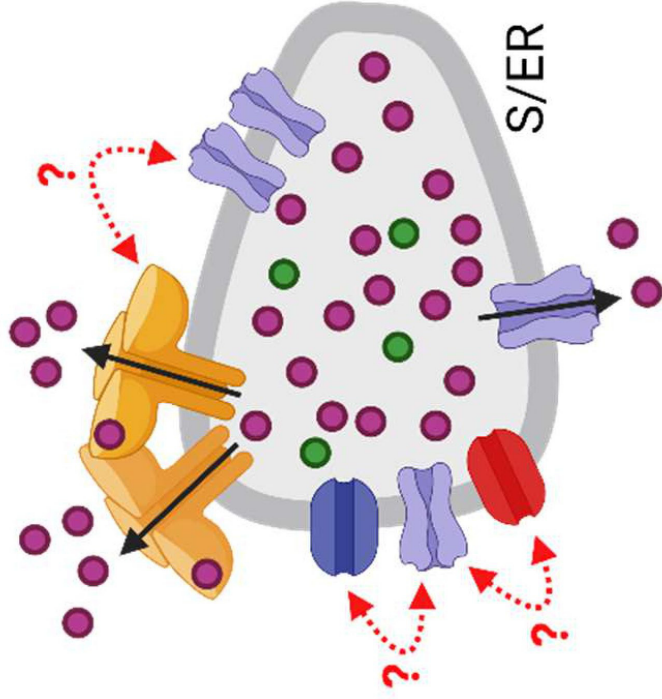
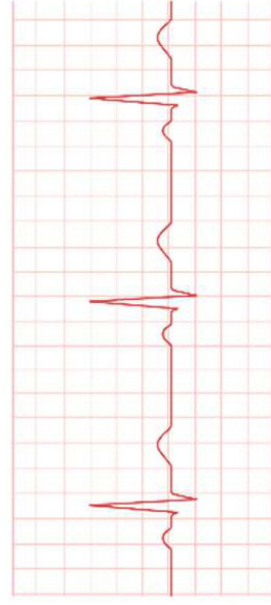
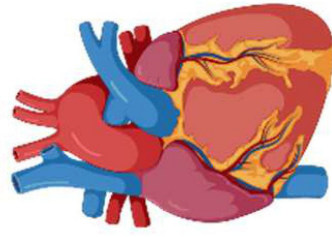
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rMG23 66 DTWLGPETMHVISETLLQVMWA 87

mMG23 66 DTWLGPETMHVISETLLQVMWA 87

Physiological Conditions

Intracellular $[Zn^{2+}]$ 100 pM



Pathophysiological Conditions

Intracellular $[Zn^{2+}]$ ≥ 1 nM

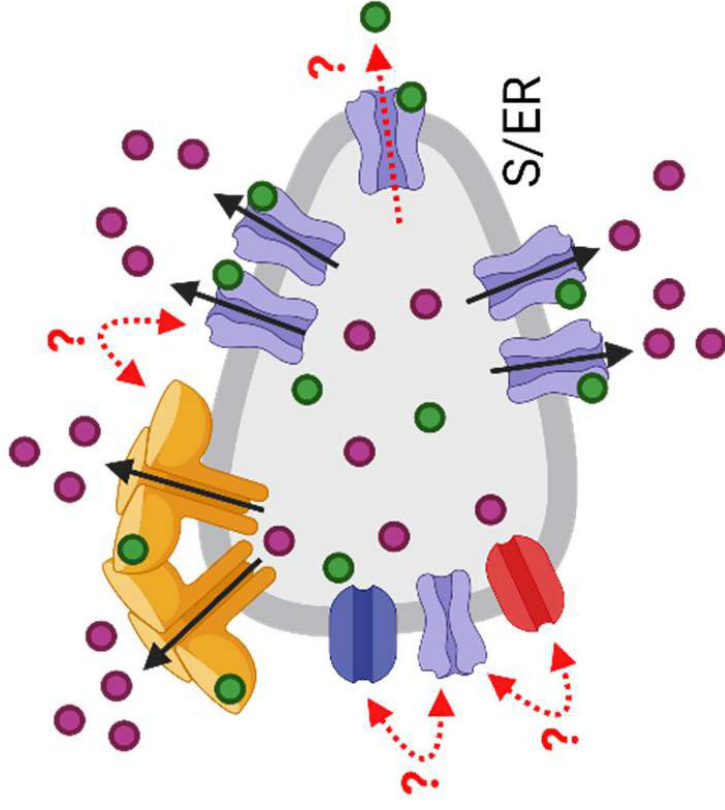
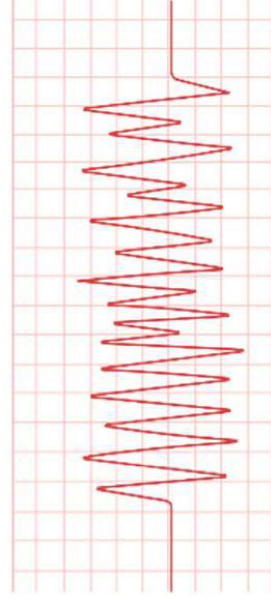
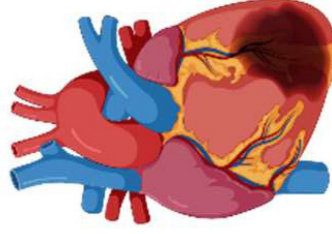


Table 1.

Protein expression (score) of ZIPs in heart tissue.

	ZIP1	ZIP2	ZIP3	ZIP4	ZIP5	ZIP6	ZIP7	ZIP8	ZIP9	ZIP10	ZIP11	ZIP12	ZIP13	ZIP14
Heart	N/A	Low	High	N/A	N/A	Med	Med	Low	Med	Low	N/A	N/A	ND	Med

Score ranged from high to not detected (ND). N/A illustrates transporters on the atlas which are pending normal tissue analysis. Data obtained from Uhlén M et al., 2015 and Human Protein Atlas.

Table 2.
Protein expression (score) of ZnTs in heart tissue.

	ZnT1	ZnT2	ZnT3	ZnT4	ZnT5	ZnT6	ZnT7	ZnT8	ZnT9	ZnT10
Heart	Low	N/A	ND	N/A	Med	Low	Med	ND	Med	ND

Score ranged from high to not detected (ND). N/A illustrates transporters on the atlas which are pending normal tissue analysis. Data obtained from Uhlén M et al., 2015 and Human Protein Atlas.

Table 3.**Sub-cellular localisation of zinc transporters.**

Zinc Transporter	Localisation	Detection Method			Reference
		Immuno-fluorescence	Cell fractionation and immunoblotting	Zn²⁺ influx/efflux assay/measurement of [Zn²⁺]	
ZIP1	PM	✓		✓	Gaither and Eide, 2001.
	Mitochondria	✓	✓		Cho <i>et al.</i> , 2019.
ZIP2	PM	✓		✓	Gaither and Eide, 2000.
ZIP3	PM	✓			Kelleher and Lönnnerdal, 2003.
ZIP6	PM	✓			Taylor and Nicholson, 2003.
ZIP7	TGN	✓		✓	Huang <i>et al.</i> , 2005.
	S/ER	✓	✓	✓	Tuncay <i>et al.</i> , 2017.
	Mitochondria	✓	✓	✓	Tuncay <i>et al.</i> , 2019.
ZIP8	PM	✓	✓		Dalton <i>et al.</i> , 2005.
	Lysosomes	✓			Aydemir <i>et al.</i> , 2009.
	Mitochondria S/ER		✓ ✓		Olgar <i>et al.</i> , 2019.
ZIP9	PM	✓	✓	✓	Thomas <i>et al.</i> , 2014.
	TGN	✓			Matsuura <i>et al.</i> , 2014.
ZIP10	PM	✓	✓		Lichten <i>et al.</i> , 2011.
ZIP11	TGN	✓			Kelleher <i>et al.</i> , 2012.
	Nucleus	✓	✓		Martin <i>et al.</i> , 2013.
ZIP13	TGN	✓		✓	Fukada <i>et al.</i> , 2008.
ZIP14	PM	✓			Taylor <i>et al.</i> , 2003.
	S/ER	✓			Olgar <i>et al.</i> , 2018a
ZnT1	PM			✓	Palmiter and Findley, 1995.
ZnT2	Lysosomes	✓			Palmiter <i>et al.</i> , 1996.
ZnT5	TGN	✓	✓	✓	Kambe <i>et al.</i> , 2002.
ZnT6	TGN	✓	✓		Suzuki <i>et al.</i> , 2005.
ZnT7	TGN	✓			Kirschke and Huang, 2003.
	S/ER	✓	✓		Tuncay <i>et al.</i> , 2017.
	Mitochondria	✓	✓		Tuncay <i>et al.</i> , 2019.
ZnT8	Mitochondria		✓		Olgar <i>et al.</i> , 2019.
	S/ER		✓		
ZnT9	Nucleus	✓	✓		Sim and Chow, 1999.
	Mitochondria	✓			Kowalczyk <i>et al.</i> , 2021.

Sub-cellular localisation of ZIPs and ZnTs as illustrated in figure 1A. PM – Plasma membrane; TGN – Trans-Golgi Network; S/ER – Sarco/Endoplasmic Reticulum.

Table 4.
Studies examining zinc transporters in cardiovascular disease.

Transporter	Zinc Experimental Model	Protocol	Quantification		Expression change	Reference
			Protein Expression	mRNA Expression		
ZIP1	Cardiomyocytes (CMs) isolated from Sprague-Dawley rats (WT, male, 8 weeks) CMs isolated from Wistar Kyoto rats	<i>In vivo</i> chronic aldosterone/salt treatment, 4 weeks <i>In vitro</i> hypoxia/reoxygenation (H/R)	✓	✓	↑ ~4.2-fold	Kamalov <i>et al.</i> , 2009
ZIP2	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓		↑ hypoxia 0.5 to ~1.4 AU ↑ H/R 0.5 to ~0.7 AU ↑ hypoxia 1 to ~1.3 AU ↓ H/R 1 to ~0.8 AU (NS)	Bodiga <i>et al.</i> , 2017 Bodiga <i>et al.</i> , 2017
	Hearts from C57BL/6 mice (WT, male, 8-10 weeks)	<i>In vivo</i> ischaemia/reperfusion by left anterior descending coronary artery occlusion.	✓	✓	↑ protein ~150% ↑ mRNA ~4-fold	Du <i>et al.</i> , 2019
ZIP3	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓		↑ hypoxia 1 to ~1.6 AU ↑ H/R 1 to ~1.6 AU	Bodiga <i>et al.</i> , 2017
ZIP6	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓		↑ hypoxia 0.8 to ~1 AU (NS) ↓ H/R 0.8 to ~0.7 AU (NS)	Bodiga <i>et al.</i> , 2017
ZIP7	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓		↑ hypoxia 1 to ~2 AU ↓ H/R 1 to ~0.9 AU (NS)	Bodiga <i>et al.</i> , 2017

ZIP7	Hearts from Wistar rats (WT, male, 2 months) H9C2 cell lysates	<i>In vivo</i> transverse aortic constriction <i>In vitro</i> doxorubicin (DOX) treatment	✓	✓	✓	✓	✓	✓	↑ ~2-fold	Olgar <i>et al.</i> , 2018b
	CMs isolated from C57BL/6 mice (WT, male, 8-10 weeks)	<i>In vitro</i> H/R	✓	✓	✓	✓	✓	✓	↑ ~1.5-fold	Tuncay <i>et al.</i> , 2019
	Hearts from Wistar rats (WT, male, 250-350 g)	<i>Ex vivo</i> ischaemia/reperfusion (I/R)	✓	✓	✓	✓	✓	✓	↑ ~0.7 to ~1.2	Zhang <i>et al.</i> , 2021
	Hearts from C57BL/6 mice (WT, male, 8-10 weeks)	<i>In vivo</i> I/R by left anterior descending coronary artery occlusion	✓	✓	✓	✓	✓	✓	↑ ~0.75 to ~0.9	Zhang <i>et al.</i> , 2021
								✓	↑ protein ~0.8 to ~1	Zhang <i>et al.</i> , 2021
									↑ mRNA from ~1 to 2	Zhang <i>et al.</i> , 2021
ZIP8	H9C2 cell lysates	<i>In vitro</i> DOX-treatment	✓	✓	✓	✓	✓	✓	↓ ~0.4-fold	Olgar <i>et al.</i> , 2018a
	Human heart failure tissue	Patients with end-stage heart failure	✓	✓	✓	✓	✓	✓	↓ ~0.5-fold	Olgar <i>et al.</i> , 2018a
	Hearts from Wistar rats (WT, male, 2 months)	<i>In vivo</i> transverse aortic constriction	✓	✓	✓	✓	✓	✓	↓ ~0.5-fold	Olgar <i>et al.</i> , 2018b
ZIP9	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓	✓	✓	✓	✓	✓	↑ hypoxia 1 to ~2 AU ≈ H/R	Bodiga <i>et al.</i> , 2017
ZIP10	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓	✓	✓	✓	✓	✓	↑ hypoxia 1 to ~1.5 AU	Bodiga <i>et al.</i> , 2017
									↑ H/R	Bodiga <i>et al.</i> , 2017
									1 to ~1.2 (NS)	Bodiga <i>et al.</i> , 2017
ZIP11	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓	✓	✓	✓	✓	✓	↑ hypoxia 1 to ~2 AU ≈ H/R	Bodiga <i>et al.</i> , 2017
ZIP12	Human pulmonary artery smooth muscle cells	<i>In vitro</i> hypoxia incubation						✓	↑ ~3-fold	Zhao <i>et al.</i> , 2015
ZIP13	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓	✓	✓	✓	✓	✓	↑ hypoxia 0.5 to ~2 AU ≈ H/R	Bodiga <i>et al.</i> , 2017
ZIP13	Heart tissue from C57BL/6	<i>In vivo</i> left anterior	✓	✓	✓	✓	✓	✓	↓ protein	Wang <i>et al.</i> , 2021

	mice (WT, male, 8-10 weeks)	descending coronary artery ligation				~0.5-fold ↓ mRNA ~0.6-fold	Wang <i>et al.</i> , 2021
	H9C2 cell lysates	<i>In vitro</i> H/R	✓			~0.6-fold ↓	
	Neonatal CMs isolated from new-born c57BL/6N mice	<i>In vitro</i> DOX-treatment		✓		~0.75 to ~0.1 ↓	Hara <i>et al.</i> , 2022
	Heart tissue from c57BL/6N mice	<i>In vivo</i> intraperitoneal DOX injection		✓		~1 to ~0.6 ↓	Hara <i>et al.</i> , 2022
<i>ZnT14</i>	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓			↑ hypoxia 0.5 to ~2 AU ≈ H/R	Bodiga <i>et al.</i> , 2017
	H9C2 cell lysates	<i>In vitro</i> DOX-treatment	✓			↑ ~1.5-fold	Olgar <i>et al.</i> , 2018a
	Human heart failure tissue	Patients with end-stage heart failure	✓			↑ ~2-fold	Olgar <i>et al.</i> , 2018a
	Heart tissue from Wistar rats (WT, male, 2 months)	<i>In vivo</i> transverse aortic constriction	✓			↑ ~2.5-fold	Olgar <i>et al.</i> , 2018b
<i>ZnT1</i>	Cultures CMs from rats (1 to 2 days old)	<i>In vitro</i> rapid pacing	✓			↑ 214.4%	Beharier <i>et al.</i> , 2007
	Heart homogenates from Sprague-Dawley rats (WT, male, 250-350 g)	<i>In vivo</i> rapid atrial pacing	✓			↑ 148%	Beharier <i>et al.</i> , 2007
	Human cardiac tissue	Cardiac tissue obtained from control and atrial fibrillation patients	✓			↑ 0.73 to 1.88	Etzion <i>et al.</i> , 2007
	CMs from Sprague-Dawley rats (WT, male, 8 weeks)	<i>In vivo</i> chronic aldosterone/salt treatment, 4 weeks		✓		↑ ~2-fold	Kamalov <i>et al.</i> , 2009
	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓			↑ hypoxia 1 to ~2 AU ↑ 1 to ~1.2 AU (NS)	Bodiga <i>et al.</i> , 2017
<i>ZnT2</i>	CMs isolated from Wistar	<i>In vitro</i> H/R	✓			↑ hypoxia	Bodiga <i>et al.</i> , 2017

	Kyoto rats					0.5 to ~0.6 AU (NS) ↑ H/R 0.4 to ~1.4 AU	
ZnT5	CMs isolated from Wistar Kyoto rats	<i>In vitro</i> H/R	✓			≈ hypoxia ↑ H/R 0.8 to 1.2 AU	Bodiga <i>et al.</i> , 2017
ZnT7	Hearts from Wistar rats (WT, male, 2 months) H9C2 cell lysates	<i>In vivo</i> transverse aortic constriction <i>In vitro</i> DOX-treatment	✓ ✓			↓ ~0.6-fold ↓ ~0.5-fold	Olgar <i>et al.</i> , 2018b Tuncay <i>et al.</i> , 2019
ZnT8	H9C2 cell lysates Human heart failure tissue	<i>In vitro</i> DOX-treatment Patients with end-stage heart failure	✓ ✓			↑ ~1.6-fold ↑ ~2-fold	Olgar <i>et al.</i> , 2018a Olgar <i>et al.</i> , 2018a
	Hearts from Wistar rats (WT, male, 2 months) CMs isolated from Wistar Kyoto rats	<i>In vivo</i> transverse aortic constriction <i>In vitro</i> H/R	✓ ✓			↑ ~1.5-fold ↑ hypoxia 0.8 to ~1 AU (NS) ↑ H/R 0.8 to ~1.1 AU (NS)	Olgar <i>et al.</i> , 2018b Bodiga <i>et al.</i> , 2017

Changes observed in ZIPs and ZnTs in conditions of cardiovascular disease including experimental model, expression change and study. All expression changes are significant except where NS (not significant) is specified. CMs – cardiomyocytes; DOX – doxorubicin; H/R – hypoxia/reoxygenation; I/R – ischaemia/reperfusion. ↑ denotes increased expression; ↓ illustrates a decrease in expression; ≈ shows no change; NS is not significant.