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**EDITORIAL**

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*Li GR, Deng XL*

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## Functional ion channels in stem cells

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### Abstract

Bioelectrical signals generated by ion channels play crucial roles in excitation genesis and impulse conduction in excitable cells as well as in cell proliferation, migration and apoptosis in proliferative cells. Recent studies have demonstrated that multiple ion channels are heterogeneously present in different stem cells; however, patterns and phenotypes of ion channels are species- and/or origin-dependent. This editorial review focuses on the recent findings related to the expression of functional ion channels and the roles of these channels in regulation of cell proliferation in stem cells. Additional effort is required in the future to clarify the ion channel expression in different types of stem cells; special attention should be paid to the relationship between ion channels and stem cell proliferation, migration and differentiation.

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**Key words:** Stem cells; Ion channels; Proliferation

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### STEM CELLS

Stem cells are found in all multi-cellular organisms and are characterized by the ability to self-renew through mitotic cell division and differentiate into a diverse range of specialized cell types. There are two types of original mammalian stem cells: embryonic stem cells and adult stem cells found in adult tissues. In addition, it has recently been found that induced pluripotent stem cells (iPS) can be developed from other types of cells including fibroblasts<sup>[1]</sup>.

Embryonic stem (ES) cells are derived from mammalian embryos in the blastocyst phase of development<sup>[2,3]</sup>. Adult (or somatic) stem cells were initially isolated from mouse bone marrow<sup>[4]</sup>; further studies have shown that stem cells are present in different types of tissue including brain, heart, blood vessels, skeletal muscles, skin, liver and fat tissue. Adult stem cells remain in a quiescent or non-dividing state and can be activated by disease or tissue injury. In adults, stem cells/progenitor cells act as a repair system for the body and maintain the normal turnover of regenerative organs such as blood, skin and intestinal tissues<sup>[5]</sup>.

iPS cells are recently developed cells induced from somatic cells such as skin fibroblasts and B lymphocytes<sup>[6]</sup>. They were generated initially by Takahashi & Yamanaka<sup>[1]</sup> by reprogramming somatic cells by over-expressing a combination of four transcription factors: octamer 3/4 (Oct4), SRY box-containing gene 2 (Sox2), Kruppel-like factor 4 (Klf4) and c-Myc in murine fibroblasts to induce the cells enter an embryonic-like state<sup>[1,7]</sup>. The iPS cells are then produced by introducing the four transcription factor-encoding genes into human fibroblasts<sup>[7]</sup>. Two other groups produced similar iPS cells by introducing slightly different combinations of genes: POU5F1 (OCT4), SOX2, NANOG and LIN28A (LIN28)<sup>[8,9]</sup>. These iPS cells are similar to ES cells in morphology, growth properties and expression of phenotypic markers. These cells closely

resemble ES cells and can differentiate into multiple types of cells *in vitro* and *in vivo*<sup>[1,6,7,9]</sup>. ES cells, adult tissue mesenchymal stem cells (MSCs) and their progenitors and iPS cells all possess potential therapeutic value in regenerative medicine.

In addition to the three major types of stem cells mentioned above that possess potential benefit for regenerative medicine, another type of stem cells is found within tumors or hematological cancers and has characteristics associated with normal stem cells, specifically the ability to give rise to all cell types found in a particular cancer sample. Cancer stem cells are tumorigenic in contrast to other non-tumorigenic cells<sup>[9]</sup> and may induce tumors through the stem cell processes: self-renewal and differentiation into multiple cell types. Moreover, cancer stem cells are believed to persist in tumors as a distinct population and cause relapse and metastasis by giving rise to new tumors. Therefore, cancer stem cells may be a target for developing specific therapies to improve survival and quality of life of cancer patients, especially sufferers of metastatic disease<sup>[10]</sup>.

Although stem cells are important in regenerative medicine and/or cancer treatment, their cellular physiology and biology are not fully understood. Membrane ion channels are known to play a crucial role in proliferation, apoptosis and migration in a wide range of cells.

## ION CHANNELS IN STEM CELLS

Multiple functional ion channel currents have been reported to be heterogeneously present in different types of stem cells. They include the voltage-gated delayed rectifier K<sup>+</sup> current IK<sub>DR</sub> (encoded by different Kv genes), the Ca<sup>2+</sup>-activated K<sup>+</sup> current K<sub>Ca</sub> (including BK<sub>Ca</sub>, large conductance K<sub>Ca</sub>; IK<sub>Ca</sub>, intermediate conductance K<sub>Ca</sub>; and SK<sub>Ca</sub>, small conductance K<sub>Ca</sub>), the transient outward K<sup>+</sup> current I<sub>to</sub> (or A-type current, I<sub>A</sub>), inward rectifier K<sup>+</sup> current (I<sub>Kir</sub>), hyperpolarization-activated cyclic nucleotide-regulated cation current (I<sub>h</sub>), chloride current (I<sub>Cl</sub>), voltage-gated Na<sup>+</sup> current (I<sub>Na</sub>), L-type calcium current (I<sub>CaL</sub>), transient receptor potential (TRP) nonselective cation currents. These currents have been found to be heterogeneously present in ES cells, mesenchymal stem cells (MSCs) from bone marrow, fat tissue and human umbilical cord vein, neural progenitor cells, cardiac progenitor cells or iPS cells derived from different species.

## ION CHANNELS IN EMBRYONIC STEM CELLS

In ES cells, it has been reported that a tetraethylammonium (TEA)- and 4-aminopyridine (4-AP)-sensitive IK<sub>DR</sub> is co-present with iberiotoxin-sensitive BK<sub>Ca</sub> in 52% of mouse ES cells and homogeneously present in (100%) human ES cells<sup>[11]</sup>. However, phenotypes of IK<sub>DR</sub> differ between mouse and human ES cells. IK<sub>DR</sub> is encoded by Kv1.1, Kv1.2, Kv1.3 and Kv1.6 genes in mouse ES cells and by Kv7.2 and Kv9.3 in human ES cells. Interestingly, a Cs<sup>+</sup>-sensitive hyperpolarization-activated current (I<sub>h</sub>, en-

coded by HCN3) is present in 23% of mouse ES cells but not in human ES cells. In addition, iberiotoxin-sensitive BK<sub>Ca</sub> is encoded by MaxiK (Slo or KCa1.1) in mouse ES cells<sup>[11]</sup>. Although human ES cell and mouse ES cells share similar expression of many surface markers and intracellular signal pathways<sup>[12,13]</sup>, significant differences are found in the expression of vimentin, h-III tubulin, alpha-fetoprotein, eomesodermin, HEB, ARNT and FoxD3 as well as in the expression of the LIF receptor complex LIFR/IL6ST (gp130)<sup>[12,14]</sup>. The different patterns and phenotypes of ion channel expression in human ES cells and mouse ES cells support the notion that some basic information on human ES cells can be derived from mouse ES cells; however, such information does not correspond on a one-to-one basis<sup>[14]</sup>.

## ION CHANNELS IN MESENCHYMAL STEM CELLS

A noise-like iberiotoxin-sensitive K<sub>Ca</sub> and a 4-AP- and TEA-sensitive IK<sub>DR</sub> are detected in most human bone marrow-derived MSCs<sup>[15,16]</sup>. The noise-like K<sub>Ca</sub> is encoded by MaxiK (KCa1.1 or Slo) as demonstrated by several research groups<sup>[15-17]</sup>. Our study demonstrates that IK<sub>DR</sub> shares similar characteristics with EAG channels cloned from the brain<sup>[18]</sup> which is encoded by hEAG1 (Kv10.1) in human MSCs<sup>[16]</sup>. In addition, a voltage-gated tetrodotoxin (TTX)-sensitive Na<sup>+</sup> current (I<sub>Na.TTX</sub>, encoded by hNE-Na or Nav1.7), a 4-AP-sensitive I<sub>to</sub> (I<sub>A</sub>, encoded by Kv1.4 and Kv4.2)<sup>[16]</sup> and a nifedipine-sensitive I<sub>CaL</sub> (encoded by CACNA1C or Cav1.2) are present in a small population (29%, 8% and 15% respectively) of human MSCs<sup>[16]</sup>.

IK<sub>Ca</sub> current (encoded by KCa3.1 or KCNN4), volume-sensitive Cl<sup>-</sup> current (I<sub>Cl.vol</sub>, encoded by Clcn3) and I<sub>Kir</sub> (encoded by Kir2.1) but not IK<sub>DR</sub>, are present in mouse bone marrow-derived MSCs<sup>[19]</sup>. The patterns and phenotypes of ion channels in mouse MSCs are different from mouse ES cells, suggesting that ion channel expression is origin-dependent.

In addition to I<sub>Na.TTX</sub> (encoded by SCN2A), I<sub>to</sub> (encoded by Kv1.4) and I<sub>CaL</sub> (encoded by CCHL2a) recorded in a small population (16%, 10% and 8% respectively) of rat bone marrow MSCs, 4-AP sensitive IK<sub>DR</sub> (encoded by Kv1.2 and Kv2.1) is present in 91% of cells. BK<sub>Ca</sub> (KCa1.1) and IK<sub>Ca</sub> (KCa3.1) are co-present in 33% of rat MSCs<sup>[20]</sup>. Interestingly, IK<sub>DR</sub> (encoded by Kv1.2 and Kv2.1) is present in 78% of rabbit bone marrow MSCs, BK<sub>Ca</sub> and IK<sub>Ca</sub> are co-expressed with IK<sub>DR</sub> in 29% of cells, while I<sub>Kir</sub> (encoded by Kir1.1) is present in 28% of cells<sup>[21]</sup>. These results demonstrate the different patterns and phenotypes of ion channels heterogeneously expressed in MSCs from mouse, rat, rabbit and human bone marrow, indicating a species-dependence of ion channel expression in bone marrow MSCs.

Interestingly, BK<sub>Ca</sub>, I<sub>Na.TTX</sub>, and I<sub>to</sub> are present in 92%, 30% and 50% of MSCs from human umbilical cord vein and encoded by KCa1.1, hNE-Na, and Kv1.4 and Kv4.2 respectively<sup>[22]</sup>, and Ba<sup>2+</sup>-sensitive I<sub>Kir</sub> (encoded by TWIK and Kir2.1) is present in 5% of cells. However, no typical IK<sub>DR</sub> is recorded, although Kv1.1 and hEAG1 (Kv10.1)

genes are detected in these cells<sup>[22]</sup>. In MSCs from human fat tissue<sup>[23]</sup>,  $I_{Na,TTX}$  (encoded by hNE-Na) and 4-AP sensitive  $I_{to}$  are recorded in a small population (8% and 19%) of cells. In addition to 4-AP- and TEA-sensitive  $I_{KDR}$  (likely encoded by the multiple genes Kv1.1, Kv1.5, Kv2.1, Kv7.3, Kv11.1 and Kv10.1) recorded in 73% of cells, three types of  $K_{Ca}$  currents sensitive to inhibition by the  $BK_{Ca}$  blocker iberiotoxin,  $IK_{Ca}$  blocker clotrimazole and  $SK_{Ca}$  blocker apamin are present and the corresponding channel genes ( $KCa1.1$ ,  $KCa3.1$  and  $KCa2.3$ ) are detected in human fat tissue-derived MSCs<sup>[23]</sup>. These studies suggest that patterns and phenotypes of ion channel expression in MSCs are species- and/or tissue-specific dependent.

## ION CHANNELS IN NEURAL STEM/PROGENITOR CELLS

In neural stem/progenitor cells, an earlier study reported that two types of  $K^+$  currents,  $I_{KDR}$  (encoded by Kv1.2, Kv1.5 and Kv1.6) and  $I_A$  (encoded by Kv1.4), were co-expressed in oligodendrocyte progenitor cells and differentiated cultured oligodendrocytes from neonatal rats<sup>[24]</sup>. Recent studies demonstrated that both  $Ba^{2+}$ -sensitive  $I_{Kir}$  (encoded by Kir4.1 and Kir5.1) and TEA-sensitive  $I_{KDR}$  (encoded by Kv3.1) are present in mouse neural sphere-derived progenitor cells<sup>[25,26]</sup>.

Cai and colleagues demonstrated that multiple ion channels are heterogeneously expressed in rat embryonic neural stem cells, including  $I_A$  and  $I_{KDR}$  in > 80% of cells,  $I_{Na}$  (both TTX-sensitive and TTX-insensitive) and  $I_{CaL}$  in a small population (22% and 19%) of neural stem cells<sup>[27]</sup>.  $I_{KDR}$  (encoded by Kv2.1) and  $I_A$  (encoded by Kv4.3) are also detected by Smith *et al.*<sup>[28]</sup> in rat embryonic neural progenitor cells. Multiple ion channels, i.e. TTX-sensitive  $I_{Na}$ , TEA-insensitive  $I_{KDR}$  (likely encoded by Kv1.6, Kv2.1, and Kv2.2) and 4-AP-sensitive  $I_A$  (encoded by Kv4.2 and Kv4.3), are co-expressed in progenitor cells from neonatal rat forebrain<sup>[29]</sup>. However, only  $I_{KDR}$  encoded by Kv1.3 and Kv3.1 is present in adult rat neural progenitor cells<sup>[30]</sup>. Interestingly, 4-AP-sensitive  $I_A$  (encoded by Kv4.2) and  $\alpha$ -dendrotoxin-sensitive  $I_{KDR}$  (likely encoded by Kv1.1, Kv1.6, and Kv3.1) are recently reported in human embryonic neural progenitor cells derived from aborted fetal brain tissue (12 weeks post-fertilization)<sup>[31]</sup>. Four types of ionic currents,  $I_A$ ,  $I_{KDR}$ ,  $I_{Kir}$  and  $I_{Na,TTX}$ , are also described by Lim *et al.*<sup>[32]</sup> in human neural stem cells from aborted fetal cortex. In addition, a recent study reports that nifedipine-sensitive  $I_{CaL}$  is expressed in neural stem/progenitor cells from the brain cortex of postnatal mice<sup>[33]</sup>. Moreover, TRPC1 has been found to mediate growth factor receptor-induced  $Ca^{2+}$  entry in embryonic rat neural stem cells<sup>[34]</sup>.

## ION CHANNELS IN CARDIAC PROGENITOR CELLS AND iPS CELLS

In cardiac progenitor cells, a recent study demonstrated that  $I_{KDR}$  (encoded by Kv1.1, Kv1.2 and Kv1.6),  $I_{Cl,vol}$

(encoded by Clcn3) and  $I_{Kir}$  (encoded by Kir1.1, Kir2.1, and Kir2.2) are present in adult mouse cardiac c-kit<sup>+</sup> progenitor cells<sup>[35]</sup>. Only  $I_{KDR}$  (likely encoded by KCNQ2) is expressed in human iPS cells<sup>[36]</sup>. More information on ion channel expression in cardiac progenitor cells and iPS cells from different species is required.

## ION CHANNELS IN CANCER STEM CELLS

Although cancer stem cells have been described in different types of cancers<sup>[37,38]</sup>, information regarding ion channels in cancer stem cells is limited. A recent study reported that hERG (Kv11.1) channels are expressed in CD34<sup>+</sup>/CD38<sup>-</sup>/CD123(high) leukemia stem cells but not in normal bone marrow CD34<sup>+</sup> cells<sup>[39]</sup>. A high expression level of  $BK_{Ca}$  current has recently been recorded in CD133<sup>+</sup> stem cells from SH-SY5Y neuroblastoma<sup>[40]</sup>. Additional information remains to be collected on ion channel expression in stem cells from different types of cancer.

## ROLES OF ION CHANNELS IN REGULATING PROLIFERATION AND/OR DIFFERENTIATION OF STEM CELLS

The effect of voltage-gated  $K^+$  channels on cell mitogenesis was initially reported in human T lymphocytes by DeCoursey *et al.*<sup>[41]</sup>. Great progress has been made in establishing the roles of specific channels in cell proliferation.  $K^+$  channels modulate the cell progression through G0/G1 and  $K^+$  channel expression changes with cell cycle progression.

Ion channels play an important role in controlling cell proliferation<sup>[42,44]</sup>. Kv channel blockade exhibits a significant anti-proliferative effect in numerous types of proliferative cells including glial cells, lymphocytes, endothelial cells, breast and prostate cancer cells<sup>[42,45]</sup>. These studies indicate that cell proliferation requires activity of  $K^+$  channels. In addition, inhibition of voltage-gated  $K^+$  channels and  $Na^+$  channels suppresses migration of gastrointestinal epithelial cells<sup>[46,47]</sup>. It is believed that Kv,  $K_{Ca}$ ,  $Na^+$  and  $Cl^-$  channels mediate cancer cell migration, proliferation, invasion and metastasis<sup>[48]</sup>.

We recently demonstrated that  $I_{KDR}$  is upregulated in early G1 phase while  $I_{KCa}$  is increased in progressing G1 phase in rat bone marrow-derived MSCs. Silencing  $I_{KDR}$  channels or  $I_{KCa}$  channels with corresponding short interference RNAs (siRNAs) targeting Kv1.2 and Kv2.1 or  $KCa3.1$  inhibits cell proliferation and accumulates cells at G0/G1 phase<sup>[49]</sup>, suggesting that  $I_{KDR}$  and  $I_{KCa}$  are required for the regulation of cell proliferation in rat MSCs<sup>[49,50]</sup>. Blockade of  $I_{KDR}$  by 4-AP or TEA remarkably reduces proliferation of mouse and human ES cells<sup>[11]</sup>, human iPS cells<sup>[36]</sup> and human fat tissue-derived MSCs<sup>[23]</sup> but not mouse cardiac c-kit<sup>+</sup> progenitor cells<sup>[35]</sup>. On the other hand, the inhibition of  $I_{KDR}$ , e.g. Kv1.3 by psora-4 or Kv3.1 by TEA, promotes proliferation of adult rat neural progenitor cells<sup>[25,26,30]</sup>. Also the blockade of  $I_{KDR}$

by  $\alpha$ -dendrotoxin is found to increase proliferation of human neural progenitor cells<sup>[31]</sup>.

Blockade of  $IK_{Ca}$  with the selective blocker clotrimazole or silencing  $IK_{Ca}$  channel expression with  $KCa3.1$  siRNA also reduces cell proliferation in mouse bone marrow-derived MSCs by accumulating cells at G0/G1 phase<sup>[51]</sup>. However, this is not the case for human fat tissue-derived MSCs in which the  $IK_{Ca}$  inhibition by clotrimazole has no inhibitory effect on cell proliferation<sup>[23]</sup>.

The regulatory effect of  $BK_{Ca}$  on cell proliferation is dependent on cell type and/or experimental conditions.  $BK_{Ca}$  inhibition or  $KCa1.1$  silencing reduces cell proliferation in human preadipocytes<sup>[52]</sup>. Block of  $BK_{Ca}$  by the selective channel blocker iberiotoxin inhibits cell proliferation in human endothelial cells<sup>[53,54]</sup> and in mouse ES cells<sup>[11]</sup> but not in human fat tissue-derived MSCs<sup>[23]</sup>. We recently found (unpublished) that inhibition of  $BK_{Ca}$  with paxilline or silencing  $BK_{Ca}$  with lentiviral-based short hairpin RNA targeting  $KCa1.1$  reduces cell proliferation in human bone marrow-derived MSCs.

The volume-sensitive  $Cl^-$  channel ( $I_{Cl.vol}$ ) has been implicated cell proliferation and apoptosis in a variety of cells<sup>[45,55,56]</sup>. We have found that  $I_{Cl.vol}$  inhibition by the blocker 5-nitro-1-(3-phenylpropylamino) benzoic acid (NPPB) or silencing  $I_{Cl.vol}$  channel with  $Clcn3$  siRNA remarkably reduces cell proliferation in mouse MSCs by accumulating cells at G0/G1 phase, and the effect is mediated by suppressing cyclin D and cyclin E<sup>[51]</sup>. Similarly, block of  $I_{Cl.vol}$  channel with NPPB also decreases cell proliferation in mouse cardiac c-kit<sup>+</sup> progenitor cells<sup>[55]</sup>.

In proliferative cells, membrane hyperpolarization is implicated in silencing proliferation<sup>[54,55]</sup>. Membrane depolarization by the inhibition of  $I_{Kir}$  with  $Ba^{2+}$  or increase of extracellular  $K^+$  concentration has been demonstrated to promote cell proliferation in adult neural progenitor cells<sup>[25]</sup>. This is consistent with the observation in astrocytes in which transient membrane depolarization with a reduction of  $Kir$  channel activity is observed during cell cycle progression from G1/S checkpoint to S phase<sup>[42]</sup>. However, this mechanism does not seem to be applicable for rat oligodendrocyte precursor cells.  $K_{ATP}$  opens diazoxide and pinacidil stimulate proliferation of rat oligodendrocyte precursor cells which is believed to be related to membrane hyperpolarization induced by  $K_{ATP}$ <sup>[57]</sup>.

Limited information is available in literature regarding the physiological role of  $I_{to}$  (or  $I_A$ ) in proliferative cells. We have recently found that inhibition of  $I_{to}$  by 4-AP or silencing  $Kv4.2$  channel reduces cell proliferation in human preadipocytes<sup>[52]</sup>. Consistent with this observation, activation of  $I_A$  ( $Kv4.2$ ) is found to be a prerequisite for cell proliferation in human embryonic neural progenitor cells<sup>[31]</sup>.

Cytosolic  $Ca^{2+}$  activity is crucial for stem/progenitor cell cycle progression and growth<sup>[58,59]</sup>.  $Ca^{2+}$  entry through L-type  $Ca^{2+}$  channel is found to strongly correlate with differentiation of neural progenitor cells derived from mouse brain cortex; since nifedipine reduces while Bay K 8644 enhances neural differentiation<sup>[33]</sup>. In addition, TRPC1-mediated  $Ca^{2+}$  entry promotes differentiation of rat embryonic neural stem cells<sup>[34]</sup>. Silencing TRPC5 but

not TRPC6 with corresponding siRNA decreases differentiation in rat neural progenitor cells<sup>[60]</sup>. These results suggest that cytosolic  $Ca^{2+}$  regulation by L-type  $Ca^{2+}$  channel, TRPC1 or TRPC5 channel plays an important role as a switch between proliferation and neuronal differentiation in different types of neural progenitor cells. It is interesting to note that a recent study demonstrated that TRPM7 channel is critical for the survival of mouse bone marrow derived mesenchymal stem cells<sup>[61]</sup>.

While it is well recognized that voltage-gated TTX-sensitive ( $I_{NaT}$ ) and TTX-resistant ( $I_{NaTTXR}$ ,  $Nav1.5$ )  $Na^+$  channels play a crucial role in generating action potential and conducting excitation impulse in excitable cells, the physiological function of  $I_{Na}$  is not fully understood in non-excitabile and proliferative cells<sup>[16,27,62]</sup>.  $I_{Na}$  has been reported to regulate cell proliferation and migration in rat gastric epithelial cells<sup>[46,47]</sup> and human cancer cells<sup>[63,64]</sup>, however, blockade of  $I_{Na}$  by TTX does not affect cell proliferation in fat tissue-derived MSCs<sup>[23]</sup>. The effects of  $I_{Na}$  on proliferation, migration and/or differentiation remain to be studied in different types of stem cells.

## CONCLUSION

Although multiple ion channels have been found to be heterogeneously present in different types of stem cells, it is not clear whether the heterogeneous expression of ion channels is due to different subpopulations of cells and/or different cell cycle phases. An effort has been made to study the relationship between ion channel expression and cell proliferation in different types of stem cells. It is generally believed that  $IK_{Ca}$  ( $KCa3.1$ ) and  $I_{Cl.vol}$  ( $Clcn3$ ) are required for stem cell proliferation. Inhibition of  $IK_{DR}$  (encoded by  $Kv1.2$ ,  $Kv1.3$ ,  $Kv1.5$ ,  $Kv1.6$ ,  $Kv2.1$ ,  $Kv3.1$  or  $Kv10.1$ ) reduces proliferation in ES cells and MSCs; however, blockade of some specific  $Kv$  channels, *e.g.*  $Kv1.3$  by psora-4 or  $Kv3.1$  by TEA in adult rat neural progenitor cells<sup>[30]</sup>,  $Kv1.1$ ,  $Kv1.6$  and  $Kv3.1$  by  $\alpha$ -dendrotoxin in human neural progenitor cells<sup>[31]</sup>, promotes cell proliferation. No effect on proliferation is observed with TEA or 4-AP inhibition of  $IK_{DR}$  ( $Kv1.1$ ,  $Kv1.2$  and  $Kv1.6$ ) in mouse cardiac c-kit<sup>+</sup> progenitor cells<sup>[35]</sup>. Thus, the role of  $IK_{DR}$  in the regulation of proliferation is cell origin- and/or phenotype-dependent. Ion channels are believed to provide the basis for generating bioelectric signals that control migration, proliferation and differentiation in a variety of types of cells<sup>[55,65]</sup>. The studies summarized in this editorial indicate that patterns and phenotypes of ion channel expression in stem cells are species-, origin- and/or tissue-specific dependent. How these differences affect the cellular functions needs a detailed investigation in different type of stem cells. Further study should be focused on the effects of ion channels on migration and differentiation of different stem cells to determine which type of ion channel is involved in regulating cell migration and/or differentiation. This information is important for the study of regenerative medicine. Additional effort is required to investigate ion channels in cancer stem cells to locate potential therapeutic targets.

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## Meetings

### Events Calendar 2011

March 26, 2011  
 Stem Cell Agency Governance  
 Subcommittee Meeting, Crowne  
 Plaza SFO, 1177 Airport Blvd,  
 Burlingame, CA,  
 United States

January 29-February 2, 2011  
 LabAutomation2011,  
 Palm Springs, CA, United States

February 4, 2011  
 7th annual Swiss Stem Cell Network  
 meeting, Swiss Federal Institute

of Technology in Lausanne,  
 Switzerland

March 1, 2011  
 The 6th Annual Stem Cell Summit,  
 11 Fulton Street, New York City, NY,  
 United States

March 22, 2011  
 StemCONN 2011, Farmington, CT,  
 United States

March 27-31, 2011  
 SBS 17th Annual Conference and  
 Exhibition, Orlando, FL, United States

April 6-8, 2011  
 EMBO Conference-Advances in  
 Stem Cell Research: Development,  
 Regeneration and Disease,  
 Institut Pasteur, Paris,  
 France

April 7-10, 2011  
 2011 CSHL Meeting on Stem Cell  
 Engineering & Cell Therapy, Cold  
 Spring Harbor Laboratory, Cold  
 Spring Harbor, NY, United States

April 25-26, 2011  
 International Conference on Stem  
 Cell Research, Hotel Equatorial  
 Penang, Malaysia

April 27, 2011  
 6th Annual Wisconsin Stem Cell  
 Symposium, BioPharmaceutical  
 Technology Center, Madison, WI,  
 United States

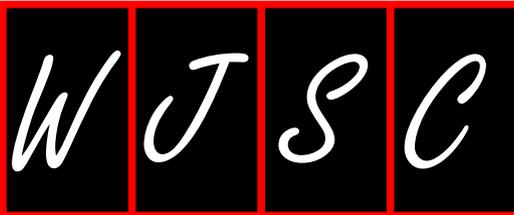
May 9-11, 2011  
 The World Stem Cells and  
 Regenerative Medicine Congress  
 2011, Victoria Park Plaza, London,  
 United Kingdom

May 23-24, 2011  
 The 4th Annual Israeli Stem Cell  
 Meeting, Beit Sourasky,  
 Chaim Sheba Medical Center,  
 Israel

May 26-27, 2011  
 7th annual Stem Cell Research &  
 Therapeutics Conference, Boston,  
 MA, United States

September 20-24, 2011  
 2011 CSHL Meeting on Stem  
 Cell Biology, Cold Spring  
 Harbor Laboratory, Cold Spring  
 Harbor, NY, United States

October 2011  
 3rd Annual World Stem Cells &  
 Regenerative Medicine  
 Congress Asia 2011, Seoul,  
 South Korea



## Instructions to authors

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The major task of *WJSC* is to report rapidly original articles and comprehensive reviews on basic laboratory investigations of stem cells and their application in clinical care and treatment of patients. *WJSC* is designed to cover all aspects of stem cells, including: Embryonic, neural, hematopoietic, mesenchymal, tissue-specific, and cancer stem cells; the stem cell niche; stem cell genomics and proteomics; and stem cell techniques and their application in clinical trials. Papers published in *WJSC* will cover the biology, culture, differentiation and application of stem cells from all stages of their development, from germ cell to embryo and adult.

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Please list 5-10 key words, selected mainly from *Index Medicus*, which reflect the content of the study.

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### Acknowledgments

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### Format

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- 1 **Jung EM**, Clevert DA, Schreyer AG, Schmitt S, Rennert J, Kubale R, Feuerbach S, Jung F. Evaluation of quantitative contrast harmonic imaging to assess malignancy of liver tumors: A prospective controlled two-center study. *World J Gastroenterol* 2007; **13**: 6356-6364 [PMID: 18081224 DOI: 10.3748/wjg.13.6356]

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- 2 **Lin GZ**, Wang XZ, Wang P, Lin J, Yang FD. Immunologic effect of Jianpi Yishen decoction in treatment of Pixu-diarhoea. *Shijie Huaren Xiaobua Zazhi* 1999; **7**: 285-287

In press

- 3 **Tian D**, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. *Proc Natl Acad Sci USA* 2006; In press

Organization as author

- 4 **Diabetes Prevention Program Research Group**. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension* 2002; **40**: 679-686 [PMID: 12411462 PMCID:2516377 DOI:10.1161/01.HYP.0000035706.28494.09]

Both personal authors and an organization as author

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### Statistical data

Write as mean  $\pm$  SD or mean  $\pm$  SE.

### Statistical expression

Express *t* test as *t* (in italics), *F* test as *F* (in italics), chi square test as  $\chi^2$  (in Greek), related coefficient as *r* (in italics), degree of freedom as *v* (in Greek), sample number as *n* (in italics), and probability as *P* (in italics).

### Units

Use SI units. For example: body mass, *m* (B) = 78 kg; blood pressure, *p* (B) = 16.2/12.3 kPa; incubation time, *t* (incubation) = 96 h, blood glucose concentration, *c* (glucose)  $6.4 \pm 2.1$  mmol/L; blood CEA mass concentration, *p* (CEA) = 8.6 24.5  $\mu$ g/L; CO<sub>2</sub> volume fraction, 50 mL/L CO<sub>2</sub>, not 5% CO<sub>2</sub>; likewise for 40 g/L formaldehyde, not 10% formalin; and mass fraction, 8 ng/g, etc. Arabic numerals such as 23, 243, 641 should be read 23 243 641.

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**Italics**

Quantities: *t* time or temperature, *c* concentration, *A* area, *l* length, *m* mass, *V* volume.

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