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3 4	Stable Potassium Isotopes (⁴¹ K/ ³⁹ K) Track Transcellular and Paracellular Potassium Transport in Biological Systems
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7 8	John A. Higgins ^{1*} , Danielle Santiago Ramos ² , Stefania Gili ¹ , Cornelia Spetea ^{3,4} , Scott Kanoski ⁵ , Darren Ha ⁶ , Alicia A. McDonough ⁶ , Jang H. Youn ⁶
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19 20 21 22 23 24 25 26 27	Abstract: Here we present measurements of the stable isotope ratios of potassium (⁴¹ K/ ³⁹ K) in three biological systems. We show that the ratio of ⁴¹ K to ³⁹ K varies systematically: between the single-celled green alga <i>Chlamydomonas reinhardtii</i> and growth medium; between muscles of both euryhaline and stenohaline marine teleosts and seawater; and between blood plasma and red blood cells, muscles, cerebrospinal fluid, brain tissues, and urine in the terrestrial mammal <i>Rattus norvegicus</i> . Considered in the context of our current understanding of K ⁺ transport in these biological systems, our results provide evidence that the fractionation of K isotopes depends on transport pathway and transmembrane transport machinery: K ⁺ channels and paracellular

transport through tight-junctions favor ³⁹K whereas K⁺ pumps and co-transporters exhibit

less isotopic fractionation. These results indicate that stable K isotopes can provide
unique quantitative insights into the machinery and dynamics of K⁺ homeostasis in
biological systems.

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40 **1. Introduction**

41 As the most abundant cation in archaeal, bacterial, and eukaryotic cells, potassium (K^+) is an essential nutrient in all biological systems. Intracellular K^+ , critical 42 43 for electrical excitability, protein synthesis, energy metabolism, and cell volume 44 regulation, is maintained in eukaryotes at 120-130 mM by the active pumping of K^+ from extracellular fluid (ECF) into the intracellular fluid (ICF) by plasma membrane Na,K-45 ATP_{ase}. This action maintains ECF K concentration at 3.5-5 mM, establishing a steep 46 47 transmembrane K^+ gradient that is a key determinant of membrane potential and a 48 source of energy to drive action potentials, control muscle contractility, and power ion transporters (1). The regulation of potassium at both the cellular and organismal level, K^+ 49 homeostasis, is ultimately accomplished at the molecular level by transcellular and 50 51 paracellular transporters (including ion pumps, channels, co-transporters) moving K 52 across membranes and between cells (2-5). Pumps, channels, and co-transporters are largely conserved across the major domains of life (3, 4, 6). The shared machinery of K⁺ 53 54 transport in biological systems reflects the fundamental role of the electrochemical 55 potential generated by biologically maintained gradients of K⁺ across cell membranes. K⁺ pumps establish and maintain concentration gradients across cell membranes by 56 moving K^+ (from ECF-ICF) and Na or H (from ICF to ECF) "uphill" against their 57 electrochemical potentials coupled to and driven by the hydrolysis of ATP. K co-58 59 transporters couple uphill K transport to "downhill" transport of another ion (e.g., Na or CI). K⁺ channels provide a direct energetically favorable pathway for rapid and yet highly 60 selective transport of K⁺ down its electrochemical potential. While much about the 61 62 machinery of K⁺ homeostasis in biological systems is known many quantitative aspects 63 remain enigmatic.(7-9)

64 In natural systems potassium is made up of two stable (potassium-39 and potassium-41) and one radioactive (potassium-40) isotope. The two stable isotopes of K, 65 ³⁹K and ⁴¹K, constitute 93.258% and 6.730% of the total, respectively, resulting in a ratio 66 67 of ⁴¹K/³⁹K in nature of ~0.07217. Recent advances in inductively coupled plasma mass 68 spectrometry (ICP-MS) now permit the precise quantification of deviations from the 69 terrestrial ratio resulting from the biogeochemical cycling of potassium in nature with a 70 precision of 1 part in 10.000 (10-12). Here we apply this analytical tool to study K⁺ 71 homeostasis in three biological systems – aquatic green alga Chlamydomonas 72 reinhardtii (C. reinhardtii), a suite of euryhaline and stenohaline marine teleosts, and the 73 terrestrial mammal *Rattus norvegicus* (*R. norvegicus*). The results in each system are 74 interpreted as reflecting K⁺ homeostasis under normal (optimal) growth conditions and 75 differences between taking into account that the input ratio (standard medium or diet) is 76 distinct from the terrestrial ratio. The data are presented using standard delta notation in 77 parts per thousand (‰).

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$$\delta^{41/39} K = \begin{pmatrix} R_{sample}^{^{41}K/^{39}K} \\ R_{standard}^{^{41}K/^{39}K} - 1 \\ R_{standard}^{^{41}K/^{39}K} \end{pmatrix} \cdot 10^{3}$$

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where $R_{sample}^{^{41}K/^{39}K}$ is the ratio of $^{41}K/^{39}K$ in a sample and $R_{standard}^{^{41}K/^{39}K}$ is the $^{41}K/^{39}K$ of the 80 standard). For plants the standard is the ${}^{41}K/{}^{39}K$ of the growth medium, whereas for 81 marine teleosts it is the ⁴¹K/³⁹K of seawater. For *R. norvegicus*, we report the data in one 82 of two ways. To explore total body K^+ homeostasis we report the ${}^{41}K/{}^{39}K$ of K excretory 83 losses normalized to the ${}^{41}K/{}^{39}K$ of the diet whereas to examine the partitioning of K 84 isotopes between extracellular and intracellular compartments we report the ⁴¹K/³⁹K of 85 tissues relative to the ⁴¹K/³⁹K of blood plasma or cerebrospinal fluid (CSF). K isotope 86 fractionation factors are calculated as ratios of isotope ratios (e.g. $\alpha_{medium/cell}$ = 87 $[{}^{41}K/{}^{39}K_{medium}]/[{}^{41}K/{}^{39}K_{cell}])$ and reported as ε values (in ‰) where $\varepsilon_{medium/cell} = \alpha_{medium/cell} - \alpha_{medium/cell}$ 88 89 1.

90 2. Results

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92 Results for the freshwater algae *C. reinhardtii*, (Figure 1) show that the δ^{41} K value 93 of the whole cell is 1.2±0.07‰ lower than the δ^{41} K value of the growth medium (0‰ by 94 definition) (95% confidence; $P = 4.5 \times 10^{-5}$).

95 Results for white muscle tissue from a suite of stenohaline and euryhaline marine teleosts, reported relative to the ${}^{41}K/{}^{39}K$ of seawater ($\delta^{41}K_{seawater} = 0$ %) are shown in 96 Figure 2a. The total range in muscle δ^{41} K values is ~2‰ (+1‰ to -1‰). Stenohaline 97 98 species including Gadus morhua (Atlantic Cod), Peprilus striacanthus (Butterfish), 99 Xiphias gladius (Swordfish), Pseudopleuronectes americanus (Winter Flounder), and *Hippoglossus stenolepis* (Pacific Halibut) are characterized by δ^{41} K_{seawater} values that are 100 uniformly negative whereas the euryhaline species Oncorhynchus kisutch (Coho 101 Salmon), Oncorhynchus tshawytscha (King Salmon), and Oncorhynchus nerka 102 (Sockeye Salmon) are characterized by δ^{41} K_{seawater} values that are close to zero or 103 positive. When species are grouped by salinity tolerance, average measured δ^{41} K_{seawater} 104 values of the two groups are -0.58±0.09‰, and 0.29±0.18‰ for stenohaline and 105 euryhaline species, respectively (95% confidence; $P = 1.4 \times 10^{-10}$). 106

107 Results for *R. norvegicus* are shown in Figures 3-5. Measured δ^{41} K values of 108 both urine and feces, normalized to the δ^{41} K value of the rat diet (δ^{41} K_{diet}), indicate 109 preferential net uptake of ³⁹K relative to ⁴¹K across the gut epithelium leading to a 110 positive δ^{41} K_{diet} value in feces (+0.19±0.09‰, 95% confidence; *P* = 0.037; Fig. 3) and slightly negative δ^{41} K_{diet} value in urine (-0.09±0.10‰, 95% confidence; *P* = 0.1895).

- 112 Measurements of K isotopes of various tissues in *R. norvegicus* (except brain tissues)
- are normalized to the δ^{41} K value of the blood plasma (δ^{41} K_{plasma}), as this represents the
- 114 extracellular K concentration bathing the tissues. For brain tissues, measured δ^{41} K

115 values are normalized to CSF ($\delta^{41}K_{CSF}$) for the same reason.

The overall range in δ^{41} K_{plasma} values between different tissues and fluids is ~1‰ 116 (Fig 4,5); δ^{41} K values of the following tissues are elevated in ⁴¹K relative to blood plasma 117 (positive δ^{41} K_{plasma} values): red blood cells (+0.40±0.08‰, P = 0.005), heart 118 $(+0.55\pm0.15\%)$, P = 0.0047, liver $(+0.30\pm0.05\%)$, P = 0.01, and soleus muscle 119 (+0.17±0.03‰, P = 0.05). Similarly, brain tissues are elevated in ⁴¹K relative to CSF 120 (positive δ^{41} K_{CSF} values): cerebrum (+0.34±0.15‰, P = 0.012), spinal cord 121 (+0.30±0.17‰, P = 0.026), and cerebellum (+0.21±0.11‰, P = 0.037). In contrast, urine 122 $(-0.50\pm0.10\%, P = 0.0019)$ and CSF $(-0.59\pm0.12\%, P = 6.2\times10^{-5})$ are characterized by 123 negative δ^{41} K_{plasma} values. In another category are tissues with δ^{41} K_{plasma} values that are 124 statistically indistinguishable from zero including: kidneys (+0.07 \pm 0.07‰, P = 0.31), 125 adipose tissue (+0.01 \pm 0.08‰, P = 0.92), extensor digitorum longus (EDL, +0.17 \pm 0.11‰, 126 P= 0.099) gastrocnemius (+0.01±0.15‰, P = 0.92), and tibialis anterior (TA, 127 $+0.09\pm0.1\%$, P = 0.30). 128

129 3. Discussion

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The shared machinery of K⁺ transport in biological systems suggests that the 131 132 variability in stable K isotopes observed in algae, marine teleosts, and terrestrial mammals reflects the extent to which this machinery (tight junctions, channels, pumps, 133 and co-transporters) discriminates between ³⁹K and ⁴¹K and how that machinery is 134 assembled into a homeostatic system. The extent to which different K⁺ transporters 135 discriminate between ³⁹K and ⁴¹K will, in turn, depend on the mechanics and selectivity 136 of the transporter. For example, the ~25% difference in ionic radius between Na⁺ and K⁺ 137 is believed to play a role in the strong selectivity of K⁺ channels for K⁺ over Na⁺ and 138 Christiansen et al. (13) proposed that a size difference of 0.0035% between ⁴¹K and ³⁹K 139 could result in a ~1‰ K isotope effect ($\epsilon_{channel}$) due to size selectivity. However, K⁺ 140 141 channels are not rigid structures and have been shown to exhibit considerable flexibility (13), suggesting that K isotopic fractionation by size selection may not be 142 143 straightforward.

144 Desolvation of K⁺ during the binding to an active site in K⁺ pumps/cotransporters 145 or through interaction with functional groups (e.g. carbonyl) in K⁺ channels and pores in 146 tight-junctions represents another potential source of K isotope fractionation that favors 147 ³⁹K due to the lower energetic costs associated with the removal of the hydration shell 148 from ³⁹K. Molecular dynamic simulations indicate that kinetic isotope effects associated 149 with desolvation ($\varepsilon_{desolvation}$) may be as large as ~2.5‰ (14). However, the magnitude of 150 this isotope effect will depend on extent to which desolvation is complete, the bonding environment of the K^+ -coordinating ligands on the transporter (15), as well as whether

the K⁺ bound to the transporter subsequently isotopically equilibrates with the fluid

- through solvation-desolvation isotope exchange reactions. Although isotopic
- equilibration between bound and free K⁺ may still be associated with isotopic
- fractionation, the magnitudes of these effects tend to be significantly smaller (e.g. <1‰)
- and controlled by bonding environment (e.g. anion charge and bond length; (10, 16, 17)).

Given the potential for K isotope fractionation associated with desolvation and/or 158 159 size selectivity and the mechanics of K⁺-transport by pumps, co-transporters, tight-160 junctions, and channels, we hypothesize that different classes of K⁺ transporters will be associated with different K isotope effects. We propose that K⁺ transport by channels 161 and tight junctions will be associated with large K isotope effects favoring 39 K ($\varepsilon_{channel or TJ}$ 162 > 1‰) compared to K⁺ transport by pumps and co-transporters ($\varepsilon_{pump or co-transport} \sim 0$ ‰). K⁺ 163 164 transport through channels and tight junctions is rapid (near the limit of diffusion; (18)) and appears to involve either partial or full desolvation (19-21). In contrast, K⁺ transport 165 through pumps and co-transporters is relatively slow (per unit transporter, (13)), requires 166 the simultaneous binding of multiple ions (e.g. 2 K^+ ions in the case of Na,K-ATPase), 167 and is associated with mechanisms of self-correction that prevent the pump cycle from 168 proceeding if incorrect ions bind to the ion pocket (22). These effects will tend to 169 increase the amount of time K⁺ is bound to the ion pocket before occlusion and may lead 170 171 to partial or full equilibration of K isotopes between the ion pocket and the fluid. As 172 equilibrium K isotope effects tend to be small (10, 16, 17), we speculate that K⁺ transport 173 by pumps and co-transporters are associated with less fractionation of K isotopes. In the 174 following sections we show how our results for three biological systems are consistent 175 with this hypothesis and speculate on ways in which K isotopes may provide new 176 guantitative insights into K^+ transport and homeostasis in biological systems.

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Algae and Higher Plants. As an essential macronutrient in all plants and the most 178 179 abundant cation in the cytoplasm, K⁺ contributes to electrical neutralization of anionic groups, membrane potential and osmoregulation, photosynthesis, and the movements of 180 stomata (3, 23). K⁺ transport across plant membranes is mediated by at least six major 181 families of cation transport systems - 3 families of ion channels and 3 families of ion 182 183 transporters. It is well-established that K⁺ channels play prominent roles in K⁺ uptake (24). For example, under normal growth conditions ($[K^+]_{ext} \sim 1 \text{ mM}$; (25-27)) K⁺ uptake in 184 plants is dominated by transport via inward-rectifying K⁺ channels electrically balanced 185 by the ATP-driven efflux of H⁺ (28, 29). In higher plants, K⁺ channels have also been 186 187 shown to be involved in translocation (root to stem), and recycling (leaf to root; 25).

188 Determining the K isotope effect associated with K⁺ uptake by K⁺-channels in *C*. 189 *reinhardtii* can be approximated by the difference in δ^{41} K values between the whole cells 190 and growth medium ($\epsilon_{in} = \delta^{41}$ K_{medium} - δ^{41} K_{cell} = ~1.2‰; Figure 1). This result is similar

in sign, though somewhat larger in magnitude, than the K isotope effects estimated by 191 Christensen, Qin, Brown and DePaolo (15) for K⁺ transport in higher plants. Those 192 authors analyzed the δ^{41} K values of the roots, stems, and leaves of *Triticum* aestivum 193 (wheat), Glycine max (soy) and Oryza sativa (rice) grown under hydroponic conditions 194 and observed systematic differences in the δ^{41} K value of the different reservoirs. In 195 particular, roots, stems, and leaves exhibited increasingly negative δ^{41} K values (Figure 196 197 S1). Compared to the freshwater alga C. reinhardtii, guantifying transport-specific K isotope effects in higher plants is more complex as the δ^{41} K value of each individual 198 compartment (root, stem, leaf) reflects a balance between isotopic sources and sinks 199 (e.g. the δ^{41} K value of the root will depend on K isotope effects associated with both net 200 K⁺ uptake as well as translocation and recycling). Using a model of K isotope mass 201 202 balance that includes assumptions regarding plant growth and the partitioning of K⁺ fluxes between translocation and recycling, Christensen, Qin, Brown and DePaolo (15) 203 estimated large K isotope effects for uptake (ϵ_{in} ~0.7 to 1.0‰) and translocation from 204 205 root to stem (~0.6‰), but smaller isotopic effects (0 to 0.2‰) for translocation of K⁺ from 206 stem to leaf and recycling of K⁺ from leaf to root.

207 Taken together, the results from algae and higher plants indicate that K^+ uptake in these systems – a process dominated K⁺ channels – is associated with a large K 208 isotope effect ($\epsilon_{in}\,$ ~0.7 to 1.2‰). The ~0.6‰ K isotope effect associated with 209 translocation from root to stem is also consistent with transport by K^+ channels (30). In 210 contrast, translocation and recycling of K⁺ from leaf to root, a process that also involves 211 212 K⁺ channels (31, 32), does not appear to fractionate K isotopes. This could be due to the 213 increased importance of other types of K⁺ transporters in this process, a reduction in the expression of K isotope fractionation by channels associated with translocation due to 214 rapid internal recycling of K⁺ between stem and leaf (compared to K⁺ transport from root 215 to stem), or some combination of the two. 216

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Stenohaline and Euryhaline Marine Teleosts. K⁺ homeostasis in both euryhaline and 218 stenohaline marine teleosts is linked to jonic and osmotic regulation. While K⁺ sources 219 220 include ingestion of seawater and diet (33), by far the largest K^+ source is transport 221 across the gills (34), which are permeable to monovalent cations (Na⁺, K⁺) and anions (CI). Teleosts balance this salt intake by actively secreting Na⁺, K⁺ and Cl⁻ through 222 223 mitochondria-rich cells (MRCs) of the gills and paracellularly through tight-junction 224 proteins (occludins, claudins) in the gill epithelium (35). Specifically, Na⁺, K⁺ and Cl⁻ 225 enter the MRC from the blood side via a basolateral Na⁺, K⁺, 2Cl⁻ transporter (NKCC) driven by the inward directed Na⁺ gradient created by basolateral Na,K-ATPase; Na⁺ is 226 recycled back to the blood via the Na,K-ATPase and secreted into seawater via "leaky" 227 tight junction proteins (claudin 10; (36)); K⁺ is either 1) secreted across the apical 228 membrane into the seawater through ROMK channels or 2) recycled back to the blood 229 230 via Kir channels while Cl⁻ is secreted across the apical membrane via CFTR channels (5, 35). Both stenohaline and euryhaline marine teleosts possess this capability but
euryhaline marine teleosts have evolved the ability to adapt this machinery to a wide
range of water salinities by adjusting expression of NKCC, ROMK and tight junction
claudins (5, 36-38).

In seawater adapted stenohaline and euryhaline marine teleosts, K⁺ homeostasis 235 can be approximated as a balance between gain of K⁺ across tight-junctions in the gill 236 epithelium and loss of K⁺ through apical ROMK channels in MRCs ((5); Fig. 2b). Other 237 potential sources and sinks of K⁺ including the ingestion of seawater, diet, and excretion 238 239 are either small compared to the fluxes of K⁺ across the gills (34) or transient in nature and unlikely to explain the systematic difference we observe between the $\delta^{41} K_{seawater}$ 240 values of stenohaline and euryhaline teleosts. Furthermore, as most of the total K⁺ 241 content of teleosts resides in muscle tissue, the δ^{41} K_{seawater} value of the muscle can be 242 used as a reasonable approximation of the δ^{41} K_{seawater} value of the whole organism (Fig. 243 2b). At steady state, the δ^{41} K_{seawater} value of the whole organism (equation 1 in Figure 2b) 244 will reflect the balance between K isotope effects (if any) associated with K⁺ sources 245 (paracellular transport across the gills) and K⁺ sinks (transcellular transport through 246 ROMK channels in MRCs). Critically, the fractionation of K isotopes associated with K⁺ 247 248 sinks (transcellular K⁺ transport across MRCs) depends on the cycling of K⁺ within MRCs described above, in particular, the extent to which K⁺ transported into MRCs via the 249 250 basolateral NKCC transporter and Na,K-ATPase is then secreted to seawater through ROMK channels or recycled back to the blood via Kir channels (f in Fig. 2C; where f = 251 252 $F_{MRC-p}/(F_{MRC-out}+F_{MRC-p}))$. Combining the steady-state equation for whole organism K isotope mass-balance with a similar equation for the steady-state cycling of K⁺ in MRCs 253 254 we can derive a simple model for K⁺ isotope mass balance for muscle tissue (equation 1 255 in Figure 2c) that includes intake from seawater into plasma through tight-junction 256 proteins (input), secretion from plasma to seawater across MRCs through Na,K-257 ATPase/NKCC and ROMK (output), as well as K⁺ recycling from MRCs back to plasma and exchange of K^+ between muscle tissue and plasma. 258

259 Although the complexity of K⁺ homeostasis in marine teleosts does not permit the unique determination of K isotope effects associated with individual transport pathways 260 (e.g. gain through pores in gill tight junctions or loss through apical ROMK channels), the 261 model (equation 1) can be used to define an internally consistent set of K isotope effects 262 263 that can be compared to the machinery of K⁺ homeostasis and the difference in $\delta^{41}K_{seawater}$ values between stenohaline and euryhaline teleosts. First, K appears to be at 264 least partially desolvated during transport through pores in tight-junctions (19) and thus 265 we expect a large K isotope effect associated with the source of K⁺ across the gill ($\varepsilon_{\sigma ill}$ > 266 1). Second, although we also expect a large K isotope effect associated with K⁺ loss 267 through apical ROMK channels ($\varepsilon_{MRC-out}$ >1), the extent to which this isotope effect is 268 expressed will depend on K isotope mass balance within MRC cells: K⁺ loss through 269 270 ROMK channels will be associated with a small K isotope effect (stenohaline marine teleosts) if the recycling efficiency of K⁺ within MRCs (f; where $f = F_{MRC-D}/(F_{MRC-out}+F_{MRC-D})$ 271

p)) is low and K isotope effects associated with Na,K-ATPase are small ($\epsilon_{p-MRC} \sim 0$ %).

273 Conversely, K⁺ loss through ROMK channels will be associated with a large K isotope

274 effect (euryhaline marine teleosts) if either the K isotope effect associated with transport

of K⁺ into MRCs is larger (e.g. ε_{p-MRC} euryhaline > ε_{p-MRC} stenohaline) or, as shown in

Figure 2b, if the recycling efficiency of K^+ within MRCs is higher (i.e. $f \rightarrow 1$). In the latter

- 277 case we can explain the full range of observed δ^{41} K values in euryhaline and stenohaline
- 278 marine teleosts using a single set of K isotope effects ($\varepsilon_{channel or tight junction} = 0.5$ to 2.5%

279 and $\varepsilon_{pump or co-transporter} = ~ 0\%$).

280

281 Terrestrial Mammals. K⁺ homeostasis in terrestrial mammals reflects the balance between K^+ gained from diet and K^+ lost in urine and feces (Figure 3). This balance is 282 largely achieved by the kidneys and colon, which possess a remarkable ability to sense 283 a change in K^+ in the diet and then appropriately adjust K^+ loss in response. ECF (which 284 includes blood plasma), the reservoir through which internal K^{+} is exchanged, represents 285 286 2% of total body K^+ and is also tightly regulated to maintain membrane potential as 287 indicated by the narrow range of normal ECF $[K^+]$ (~ 3.5 – 5 mEq/L,)(8, 39). Of the remaining 98%, 75% of the K⁺ resides in muscle tissues ($[K^+] \sim 130 \text{ mEq/L}$) and the 288 289 remaining 23% in non-muscle tissues. Some tissues, particularly skeletal muscle, are 290 critical to K^+ homeostasis by providing a buffering reservoir of K^+ that can take up K^+ 291 after a meal and altruistically donate K⁺ to ECF to maintain blood plasma levels during 292 fasting.

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External K isotope mass balance in terrestrial mammals. Assuming that ~80-90% of K in 294 295 the diet is lost in urine (2) and that the progressive removal of K^+ from the gut of R. 296 norvegicus can be described by Rayleigh-type distillation of K isotopes, K⁺ uptake in the gut is associated with a K isotope effect (ϵ_{g-p} ; Fig.4) of ~0.3 ± 0.1‰ (40). This K isotope 297 effect leads to feces with a positive $\delta^{41} K_{diet}$ value and urine with a slightly negative $\delta^{41} K_{diet}$ 298 299 value (Figure 3). K⁺ uptake in the gut occurs largely transcellularly through tight-junction 300 proteins in epithelial cells (e.g. claudin-15; (41)) and this transport mechanism likely contributes to the observed K isotope fractionation between diet and ECF (40; Fig. 3). 301 302 However, while net transport of K^+ in the gut is unidirectional (i.e. gut to plasma), other pathways of K⁺ cycling (e.g. paracellular secretion of K⁺ from ECF to gut (42)) may also 303 contribute to the observed net K isotope effect (ε_{gut}). Relative to the diet, internal tissues 304 305 exhibit a 1‰ range from -0.04‰ for the cerebellum to +1.05‰ for the heart (Fig. 3). 306 Assuming an internal K⁺ distribution that is 75/15/10 muscle/adipose/other tissues, a 307 reasonable average whole-body δ^{41} K_{diet} value of *R. norvegicus* is ~+0.5‰. As net uptake of K⁺ in the gut prefers ³⁹K, the elevated average whole-body δ^{41} K_{diet} of *R. norvegicus* 308 requires that there be even greater K isotope fractionation (favoring ³⁹K) associated with 309 310 K⁺ loss in the urine (see below).

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Internal K isotope mass balance in terrestrial mammals. As shown in Figures 4 and 5,

 δ^{41} K values of the 16 different tissues and fluids analyzed in *R. norvegicus* fall into 3

distinct categories relative to their respective fluid reservoirs (δ^{41} K_{plasma} or δ^{41} K_{CSF}). Type

1 with positive δ^{41} K_{plasma/CSF} values: red blood cells, heart, liver, soleus muscle and brain

tissues; Type 2 with δ^{41} K_{plasma/CSF} values that are close to 0: stomach, adipose tissue, kidney, gastrocnemius, EDL and TA muscles and Type 3 with negative δ^{41} K_{plasma/CSF}

318 values: urine and CSF.

For all cases except urine, the δ^{41} K values in Figures 4 and 5 can be interpreted 319 as reflecting steady-state K isotope mass balance between the tissue/fluid and the 320 321 relevant fluid reservoir (blood plasma/ECF or CSF) as the timescale for K⁺ turnover in 322 these internal reservoirs is rapid (e.g. 0.9-10%/min; (43, 44)). At isotopic steady state, the δ^{41} K value of K⁺ entering the reservoir will be equal to δ^{41} K value of K⁺ leaving the 323 reservoir. As a result, reservoirs with $\delta^{41} K_{\text{plasma/CSF}}$ values that differ from 0% require that 324 325 net K⁺ transport in one direction results in greater fractionation of K isotopes than net K⁺ transport in the opposite direction. For example, reservoirs with positive δ^{41} K_{plasma} values 326 (Type 1) including red blood cells, heart, liver, and soleus require that K⁺ transport from 327 ICF to plasma or ECF is associated with a larger K isotope effect than K⁺ transport from 328 ECF to ICF (e.g. $\epsilon_{t1-p} \sim \epsilon_{p-t1}$ + 0.17 to 0.55‰; Fig. 4). The same relationship (Type 1) is 329 observed between brain tissues and CSF (Fig. 5; $\epsilon_{t1-CSF} \sim \epsilon_{CSF-t1} + 0.21$ to 0.34‰). 330 Similarly, reservoirs with δ^{41} K_{plasma} values that are close to 0‰ (Type 2) require that net 331 K⁺ transport in both directions does not fractionate K isotopes, i.e., the isotope effects 332 must be of equal magnitude and sign and cancel at steady state (e.g. $\varepsilon_{t_2-n} \sim \varepsilon_{n-t_2}$; 333 Figure 4). These include kidney, adipose tissue, stomach, and gastrocnemius and TA 334 muscles. Finally, the negative δ^{41} K_{plasma} values for CSF (Type 3) requires that, at steady-335 state, net K⁺ transport from ECF to CSF through the choroid plexus and blood brain 336 barrier (BBB) is characterized by a K isotope effect that is ~0.6‰ greater than the K 337 isotope effect associated K⁺ transport from CSF to ECF (Figure 5). 338

339 Linking the observed net K isotope effects associated with different internal reservoirs (e.g. Type 1-3) to the machinery of K⁺ homeostasis (channels, pumps, co-340 341 transporters, and proteins in tight-junctions) in *R. norvegicus* is complicated by the 342 existence of a host of transporters capable of bidirectional K⁺ transport between ECF 343 and ICF. Although much is known about the identity, molecular structure, and mechanisms of various transporters, quantitative information on how each transporter 344 345 contributes to the gross fluxes of K⁺ between internal reservoirs and ECF at steady state is lacking. Of the internal reservoirs studied here, the machinery that regulates K 346 homeostasis in red blood cells (Type 1; + δ^{41} K_{plasma} values) is perhaps the best 347 understood due to its fundamental role in the regulation of red blood cell volume (45). In 348 red blood cells, elevated intercellular K⁺ is maintained by a 'pump-leak' mechanism 349

where the pump is Na,K-ATP_{ase} (with minor contributions from co-transporters such as NKCC;(46, 47)), and the leak is passive transport through K⁺ channels (48). When considered in the context of the measured δ^{41} K_{plasma} values of RBC this mechanism is consistent with K isotope fractionation associated with K transport in channels that is at least 0.4‰ greater than K isotope fractionation associated with K transport in pumps (Na,K-ATP_{ase}) and co-transporters.

Extrapolating this result to internal reservoirs where the machinery of K⁺ 356 357 homeostasis is more complex and less understood due, in part, to the presence of 358 multiple cell types with distinct functions and internal K^+ cycling, we speculate that all 359 Type 1 reservoirs (red blood cells, heart, liver, and soleus muscle) are broadly 360 characterized by a similar 'pump-leak' mechanism with greater fractionation of K 361 isotopes during K⁺ transport from ICF to ECF via channels than K transport from ECF to 362 ICF via pumps and co-transporters. Measured δ^{41} K_{plasma} values of Type 1 reservoirs are not uniform, however, and the observed variability, from +0.55 ±0.15‰ in heart tissue to 363 +0.17 ±0.03‰ for soleus muscle, likely reflects real differences in 1) K isotope effects 364 associated with transport of K from ICF to ECF (e.g. due to channel-specific K isotope 365 effects or transport of K from ICF to ECF via co-transporters) and/or 2) K isotope effects 366 associated with transport from ECF to ICF (e.g. due to pump/co-transporter-specific K 367 isotope effects or transport of K from ECF to ICF via channels). 368

369 Along similar lines we interpret Type 2 reservoirs (EDL, gastrocnemius, and TA 370 muscles, adipose tissue, stomach, and kidney) as cases where any K isotope effects 371 associated with transport from ICF to ECF cancel those associated with transport from 372 ECF to ICF. This could be achieved in a number of different ways; an increased role for 373 pumps/co-transporters for K⁺ transport from ICF to ECF or an increased role for 374 channels in K⁺ transport from ECF to ICF. For example, there is evidence that the strong inward rectifier K⁺ channel (Kir2.1) is involved in K⁺ influx in skeletal muscle (49). Isotope 375 376 effects associated with K⁺ influx through these K⁺ channels may offset some of the 377 isotope effect of K⁺ channels involved in K⁺ efflux.

378 Both Type 3 reservoirs, urine and CSF, are associated with complex pathways 379 of K⁺ exchange along the nephron (urine, Fig. 4) and across the blood-brain-barrier and the choroid plexus (CSF, Figure 5) and are considered separately. K⁺ in CSF reflects a 380 balance between paracellular and transcellular K⁺ transport across endothelial cells at 381 382 the blood-brain-barrier (BBB) and paracellular K⁺ transport of across epithelial cells of the choroid plexus (49). Gross fluxes of K⁺ into the brain across the BBB are 4x larger 383 than those associated with the choroid plexus (50), suggesting that the observed net K 384 385 isotope effects may be largely due to fractionation associated with transport across the BBB. However, K⁺ transport from ECF to CSF through the choroid plexus is thought to 386 occur by paracellular routes through pores in tight junctions (Fig. 5), a process that we 387 expect to fractionate K isotopes and thus may contribute to the observed negative 388 δ^{41} K_{plasma} values for CSF. With regards to K⁺ transport across the BBB, both paracellular 389 (through tight-junction pores) and transcellular (through BBB endothelial cells) routes 390

may be important (49). Again, we expect paracellular K⁺ transport through tight junction 391 pores to be associated with a larger K isotope effect whereas any K isotope effects 392 393 associated with transcellular transport will depend on the internal cycling of K⁺ (and 394 associated isotope effects) within endothelial BBB cells (pumps, (51); co-transporters, 395 (52); and channels, (53)). Overall, the observation of large K isotope fractionation associated with the transport of K⁺ from plasma to CSF (Fig. 5; $\epsilon_{p-CSF} = 0.59 \pm 0.12\%$) 396 requires that either 1) there is a large K isotope effect associated with transcellular K⁺ 397 transport across endothelial BBB cells or 2) transport of K⁺ from plasma to CSF is 398 399 dominated by paracellular routes in both the choroid plexus and across the BBB.

400 Unlike the internal K^+ reservoirs discussed above, all of which are interpreted as 401 independent homeostatic systems at steady state with an external fluid (e.g. plasma or CSF), the loss of K^+ through the urine represents the end product of a series of steps 402 each of which can contribute to the net K isotope effect (e.g. Figure 4; $\varepsilon_{p-u} \sim 0.50\%$). 403 404 These are 1) glomerular filtration, 2) reabsorption along the proximal tubule and the thick ascending limb of the loop of Henle, and 3) secretion and reabsorption by principal and 405 intercalated collecting duct cells. Although a detailed description of the potential K 406 407 isotope effects associated with each step is beyond the scope of this manuscript, a brief description follows. Glomerular filtration is not expected to fractionate K isotopes as the 408 409 slit diaphragms freely filter ions and small molecules. A large fraction (~85%) of the filtered K is subsequently reabsorbed in the proximal tubule and thick ascending limb. 410 411 The residual K^+ is passed along to the collecting ducts where K^+ is added prior to 412 excretion as urine. The addition of K^+ in the collecting ducts occurs transcellularly, via 413 ROMK channels in principal cells and BK channels in intercalated cells (8). However, although we expect K⁺ channels to be associated with a large K isotope effect ($\varepsilon_{channel}$ > 414 1‰), a negative δ^{41} K_{plasma} value for K⁺ secreted from collecting duct cells is not an 415 416 obvious result; the extent to which any isotopic fractionation associated with these 417 channels is expressed depends on internal K^+ cycling within the principal and 418 intercalated cells in a manner that is analogous to MRCs in marine teleost gills (54).

419

Ideas and Speculation: The results presented here demonstrate that K⁺ homeostasis in 420 biological systems is associated with systematic variability in ⁴¹K/³⁹K ratios and strongly 421 422 suggests that K transport through channels and tight-junction proteins is associated with 423 greater fractionation of K isotopes than transport via pumps and co-transporters. However, with the exception of C. Reinhardtii where the observed isotopic difference 424 425 between media and the whole cell can be attributed to a single transport mechanism, our 426 results do not directly constrain the magnitude of the individual K isotope effects 427 associated with the machinery of K transport. Quantifying machinery-specific K isotope effects through a combination of laboratory and numerical approaches (14) is therefore a 428 429 high-priority for future research. Identification of machinery-specific K isotope effects will 430 lead to improvements in our understanding of the underlying mechanisms of K⁺ transport

431 (and selectively) and may permit the quantification of the K⁺ transporters involved in K
432 homeostasis *in situ*.

433 4. Materials and Methods

C. reinhardtii cultures: The CMJ030 wild type strain was obtained from the 434 Chlamydomonas culture collection www.chlamycollection.org). Tris Phosphate (TP) 435 436 medium was prepared according to: Gorman, D.S., and R.P. Levine (1965) Proc. Natl. 437 Acad. Sci. USA 54, 1665-1669. The culture at an initial density of 0.5 x10⁵ cells mL⁻¹ was grown in TP under continuous illumination (100 µmol photons m⁻² s⁻¹) and shaking for 438 four days. Samples (in triplicate) containing 2 x10⁷ cells (~800 mg) were harvested and 439 440 washed twice in 5 mM HEPES and 2 mM EDTA before collection and air-drying of the cell pellet. Pelletized cells (~30mg) were digested in screw-capped teflon vials on a hot 441 442 plate at elevated temperatures (\sim 75 °C) using a 5:2 mixture of HNO₃ (68-70 vol.%) and 443 H₂O₂ (30 vol.%).

444

445 Euryhaline and stenohaline marine teleosts: Samples of teleost muscle tissue were 446 sourced from fish markets (Nassau Seafood and Trader Joe's in Princeton, NJ and the Fulton Fish Market in Brooklyn, NY) and research cruises (NOAA NEFSC Bottom Trawl 447 Survey, Fall 2015 and Spring 2015). All teleosts were caught in seawater which has a 448 uniform δ^{41} K value of +0.12‰ relative to SRM3141a (55). Samples of white dorsal 449 450 muscle (100 to 3000 mg) were digested on a hot plate at elevated temperatures (~75 °C) or in a high-pressure microwave system (MARS 6) using HNO₃ (68-70 vol.%) H_2O_2 451 (30 vol.%) in a ratio of 5:2 until complete. Major/minor element analyses for digested 452 samples were carried out at Princeton University using a quadrupole inductively coupled 453 plasma mass spectrometer (Thermo Scientific iCap Q). Concentrations and elemental 454 455 ratios were determined using externally calibrated standards and average uncertainties 456 (element/element) are ~10%.

457 R. norvegicus experiments: All rat experiments were approved by the Institutional Animal 458 Care and Use Committees of the University of Southern California. Two series were conducted. Series #1: Male Wistar rats (n=3, 250-275g body weight, Envigo, 459 Indianapolis, IN) were housed in a climate controlled (22-24°C) environment with a 12 460 hr: 12hr light/dark cycle, and fed casein based normal K^+ diet TD.08267 (Envigo, 461 Indianapolis, IN) and water ad libitum for 11 days. At day 8, rats were placed overnight 462 463 into metabolic cages (Techniplast, Buguggiate, Italy) with food and water ad libitum for 16-hour collection of urine and feces. On termination day (1:30-3:30PM), rats were 464 465 anesthetized with an intramuscular (IM) injection of ketamine (80 mg/kg, Phoenix 466 Pharmaceuticals, St. Joseph, MO) and xylazine (8 mg/kg, Lloyd Laboratories, 467 Shenandoah, IA) in a 1:1 ratio. Through a midline incision, the liver, kidneys, heart, fat 468 pads, and stomach (flushed of contents) were removed; blood was collected via cardiac puncture, spun down to separate plasma from RBCs. Then gastrocnemius, soleus, TA, 469 470 and EDL skeletal muscles were dissected. All tissues were washed in ice-cold TBS to 471 remove excess blood, weighed and snap frozen in liquid nitrogen. Series #2: Male Sprague Dawley rats (n=4, 250-300g, Envigo, Indianapolis, IN) were housed in a climate 472 controlled (22-24°C) environment with a 12 hr: 12hr light/dark cycle and fed grain-based 473 474 vivarium chow (LabDiet 5001, labdiet.com). CSF extraction procedures are as reported

previously (56). In brief, Rats were deeply anesthetized using a cocktail of ketamine 475 476 90mg/kg, xylazine, 2.8 mg/kg, and acepromazine 0.72 mg/kg by intramuscular injection. 477 A needle was lowered to below the caudal end of the occipital skull and the syringe 478 plunger pulled back slowly, allowing the clear CSF to flow into the syringe. After 479 extracting ~100-200 µl of CSF, the needle was raised quickly (to prevent suction of blood while coming out of the cisterna magna) and the CSF dispensed into a microfuge 480 481 tube and immediately frozen in dry ice and then stored at -80 °C until time of analysis. 482 Following CSF extraction and decapitation, whole brains with 10-15mm spinal cord 483 extension were rapidly removed and immediately flash frozen and stored in -80°C until 484 dissection into spinal cord, cerebrum, and cerebellum for subsequent digestion and K 485 isotopic analysis.

Ion chromatography and isotope ratio mass-spectrometry: K was purified for isotopic 486 analyses using an automated high-pressure ion chromatography (IC) system. The IC 487 488 methods utilized here followed those previously described in (10, 11). The accuracy of our chromatographic methods was verified by purifying and analyzing external standards 489 490 (SRM3141a and SRM70b) alongside unknown samples. Purified aliquots of K were analyzed in 2% HNO₃ for their isotopic compositions on a Thermo Scientific Neptune 491 Plus multi-collector inductively coupled plasma mass spectrometer (MC-ICP-MS) at 492 493 Princeton University, using previously published methods (11, 55). The external 494 reproducibility of our protocols (chromatography and mass spectrometry) was 495 determined through replicate measurements of international standards. Measured values of SRM70b, reported relative to SRM3141 ($\delta^{41}K_{SRM3141}$) are -0.57 ± 0.17‰ (2 σ ; N 496 497 = 59), indistinguishable from published values (10, 12, 55). For samples analyzed once 498 (chromatography and mass spectrometry), reported errors are the 2o uncertainties of 499 the external standard. In cases where samples were analyzed multiple times, reported 500 errors in are twice the standard error of the mean (2 S.E. or 95% confidence).

501

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620		fractionation removal (in this case uptake of K^+ through the gut endothelium).
621 622		Assuming K^+ is continually removed from the system and this removal is
622 623		associated with constant isotopic fractionation (a), the K isotopic composition of the residual (feces) is described by ${}^{41}K/{}^{39}K_{feces}/{}^{41}K/{}^{39}K_{diet} = f^{(a-1)}$ where ${}^{41}K/{}^{39}K_{diet}$
623 624		is the ratio of K isotopes in the diet, ${}^{41}K/{}^{39}K$ feces is the ratio of K isotopes in the
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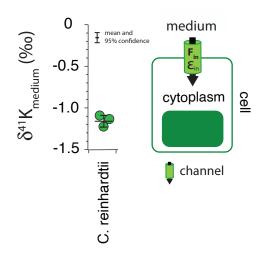


Figure 1. The difference in δ^{41} K values between external and intracellular K⁺ in growth experiments of *C. reinhardtii* and a diagram of K⁺ transport in singlecelled algae grown under optimal conditions (See Methods) including major fluxes (F_{in}), transport machinery, and K isotope effects (ε_{in}). $P = 4.5 \times 10^{-5}$ by one-way ANOVA in Matlab.

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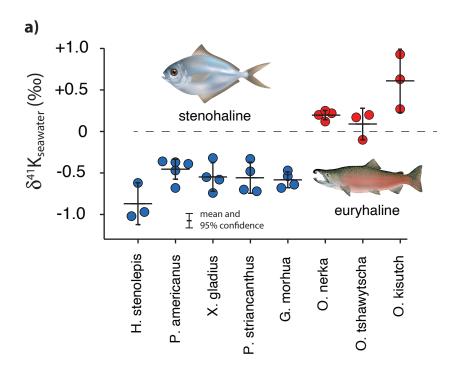
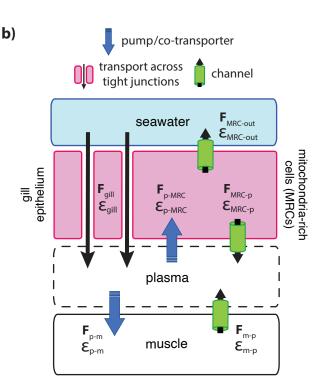
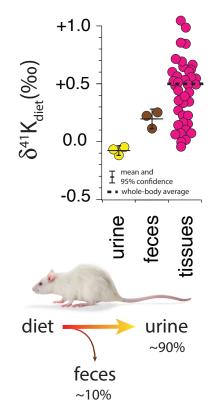


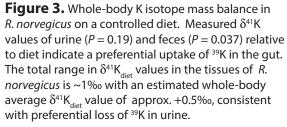
Figure 2. a) The difference in δ^{41} K values between seawater and dorsal white muscle of various stenohaline and euryhaline marine teleosts. Muscle [K⁺] and δ^{41} K_{seawater} values are listed in Table S1. $P = 1.4 \times 10^{-10}$ for the difference in δ^{41} K_{seawater} value between stenohaline and euryhaline teleosts. **b)** A schematicof K isotope mass balance in a marine teleost including fluxes (F's) and isotope effects (ϵ 's). K⁺ is supplied across the gill epithelium via transport across tight-junctions and lost from mitochondrial rich cells (MRCs) through channels (F_{MRC-out}). K⁺ cycling within MRCs reflects a balance between K⁺ supplied across the basolateral membrane (F_{p-MRC}) and K⁺ lost to seawater (F_{MRC-out}) and K⁺ recycled back across the basolateral membrane through channels (F_{MRC-p}). **c)** At steady-state, F_{gill} = F_{MRC-out}, F_{p-MRC} = F_{gill} + F_{MRC-p'}, F_{p-m} = F_{m-p} and K isotope mass balance for teleost muscle tissue can be simplified to equation (1). One possible explanation for the elevated δ^{41} K_{seawater} values of marine euryhaline teleosts is greater recycling of K across the basolateral membrane (f \rightarrow 1).



 $(\%_0) = \boldsymbol{\mathcal{E}}_{p-MRC} - \boldsymbol{\mathcal{E}}_{aill} + f(\boldsymbol{\mathcal{E}}_{MRC-out} - \boldsymbol{\mathcal{E}}_{MRC-p}) \quad (1)$ **c**) $\delta^{41}K$ En-MRC = 0‰ $\delta^{41}K_{seawater}$ (%)) =+1‰ €_{aill} = +2.5% 8..... = +0.5% E_{MRC-p} 0 stenohaline 1.0 0 0.2 0.8 0.4 0.6

f





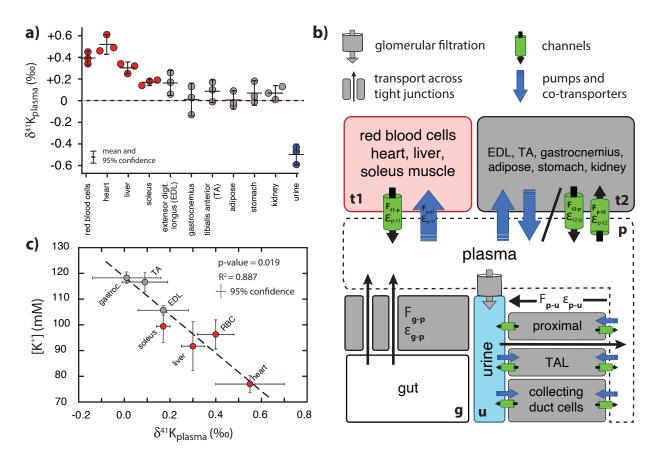


Figure 4. a) K isotopic composition of tissues/fluids *R. norvegicus* normalized to blood plasma ($\delta^{41}K_{plasma} = 0\%$) together with **b**) a diagram of K mass-balance including transport by (1) K⁺ channels, (2) K⁺-pumps/co-transporters, (3) pores in tight-junctions, and (4) glomerular filtration. **c**) A plot of [K⁺] and $\delta^{41}K_{plasma}$ values for a subset of the tissues in *r. norvegicus* showing that tissues with lower [K⁺] tend to be associated with higher $\delta^{41}K_{plasma}$ values. $\delta^{41}K_{plasma}$ values that are positive (**●**) indicate that net K⁺ transport out of the tissue/cell/fluid is enriched in ³⁹K relative to K⁺ transport into the tissue/cell/fluid. $\delta^{41}K_{plasma}$ values that are indistinguishable from 0% (**●**) indicate that the K isotope effects associated with K⁺ transport into and out of the cell/tissue/fluid are either 0 or equal in magnitude (and thus cancel). $\delta^{41}K_{plasma}$ values that are negative (**●**) indicate that net K⁺ transport into the cell/tissue/fluid is enriched in ³⁹K relative to K⁺ transport into ethe cell/tissue/fluid are either 0 or equal in out of the cell/tissue/fluid. The net isotopic fractionation associated with K⁺ loss in urine (ϵ_{p-u}) reflects the flux-weighted average of the K isotopic effects associated with K⁺ loss in urine (ϵ_{p-u}) reflects the flux-weighted average of the K isotopic effects associated with K⁺ loss in urine (ϵ_{p-u}) reflects the flux-weighted average of the K isotopic effects associated with K⁺ loss in the cell/tissue/fluid is enriched in ³⁹K relative to K⁺ transport (ϵ_{p-u}) reflects the flux-weighted average of the K isotopic effects associated with K⁺ loss in urine (ϵ_{p-u}) reflects the flux-weighted average of the k idney.

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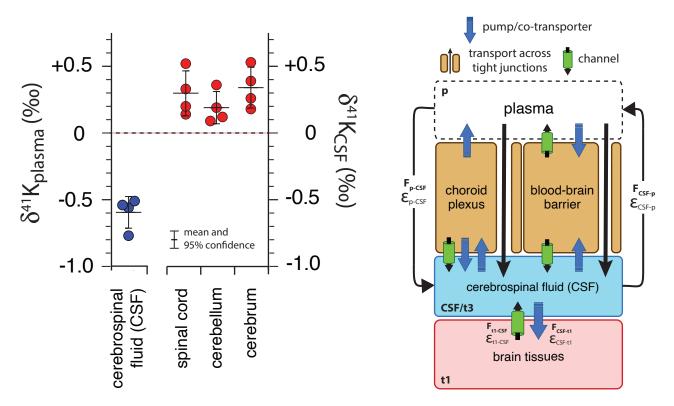


Figure 5. Potassium isotopic composition of cerebrospinalfluid from *r. norvegicus* raised on a controlled diet normalized to blood plasma ($\delta^{41}K_{plasma} = 0\%$) and brain tissues normalized to cerebrospinal fluid ($\delta^{41}K_{CSF} = 0\%$) together with a diagram of K mass-balance across the choroid plexus and blood brain barrier (BBB) including transport by (1) K-channels, (2) K-pumps/co-transporters, and (3) through tight junctions. K fluxes are associated with net isotope effects (ϵ 's). $\delta^{41}K_{CSF}$ values that are positive (\bullet) indicate that net K transport out of brain tissues (spinal cord, cerebellum, and cerebrum) and into CSF is enriched in ³⁹K relative to K transport from CSF into these tissues (e.g. $\epsilon_{t1-CSF} - \epsilon_{CSF-t1} > 0$). The negative $\delta^{41}K_{plasma}$ values (\bullet) for CSF indicate that net K transport into CSF from blood plasma is enriched in ³⁹K relative to K transport from CSF to blood plasma (e.g. $\epsilon_{p-CSF} - \epsilon_{CSF-p} > 0$) and reflects the flux-weighted average of the tranporters that dominate K exchange across both the chloroid plexus and BBB.