

10. Cell-to-Cell Signaling: Hormones and Receptors

No cell lives in isolation. In all **multicellular organisms**, survival depends on an elaborate **intercellular communication network** that coordinates the growth, differentiation, and metabolism of the multitude of cells in diverse tissues and organs. Cells within small groups often communicate by **direct cell-cell contact**. Specialized junctions in the plasma membranes of adjacent cells permit them to exchange **small molecules and to coordinate metabolic responses**; other junctions between adjacent cells determine the shape and rigidity of many tissues. In addition, the establishment of specific cell-cell interactions between different types of cells is a necessary step in the development of many tissues. In some cases a particular protein on one cell binds to a receptor protein on the surface of an adjacent target cell, triggering its differentiation. In this chapter, we examine how cells communicate by means of **extracellular signaling molecules**. These substances are synthesized and **released by *signaling cells*** and produce a **specific response** only in ***target cells*** that have **receptors** for the signaling molecules. An enormous variety of chemicals, including small molecules (e.g., amino acid derivatives, acetylcholine), peptides, and proteins, are used in this type of cell-to-cell communication. The extracellular products synthesized by signaling cells can diffuse away or be transported in the blood, thus providing a means for cells to communicate over longer distances than is possible by chains of direct cell-cell contacts.

0.1. Overview of Extracellular Signaling

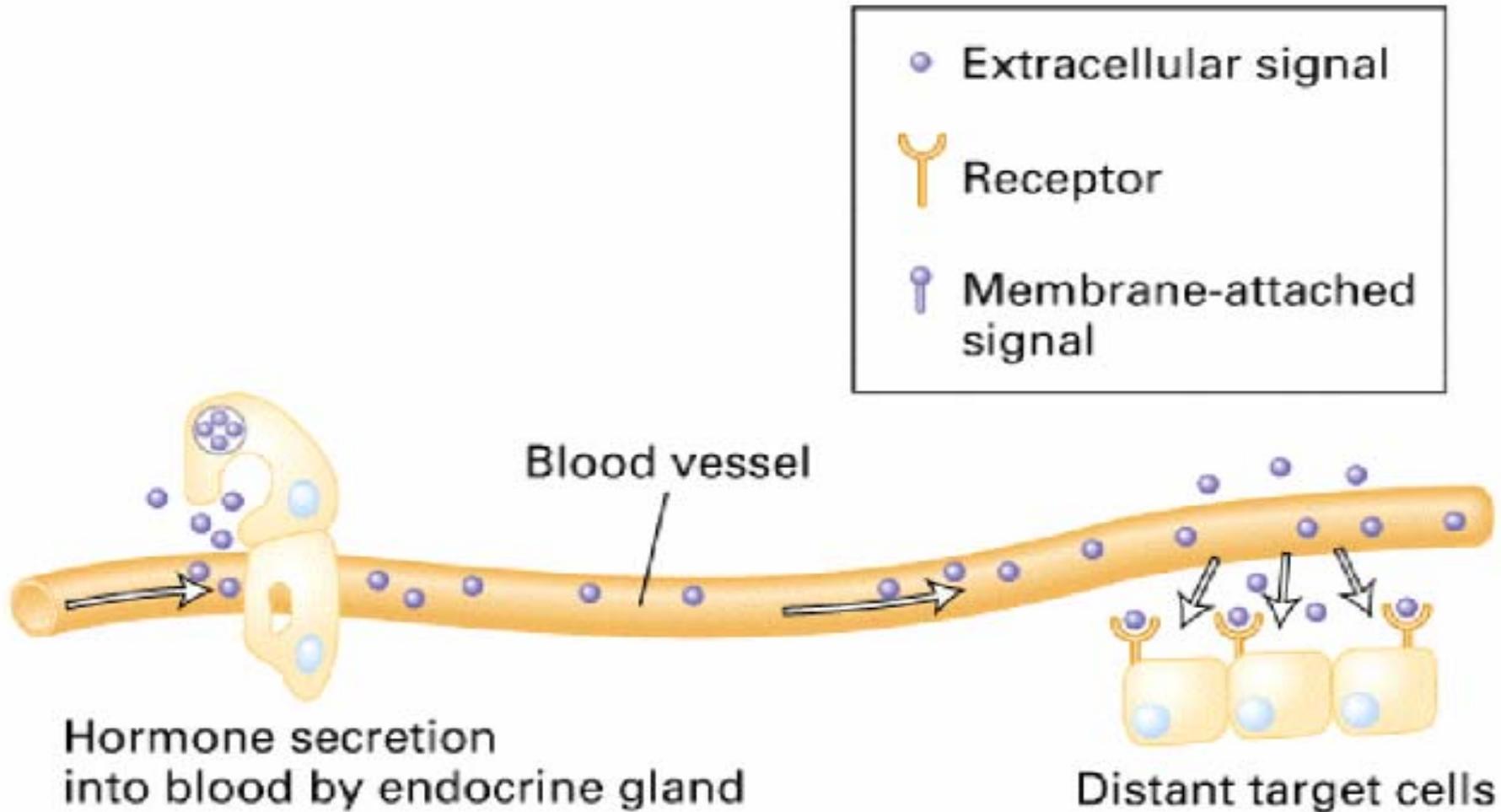
Communication by extracellular signals usually involves six steps:

- 1) **synthesis** and
- 2) **release** of the signaling molecule by the signaling cell;
- 3) **transport** of the signal to the target cell;
- 4) **detection** of the signal by a specific receptor protein;
- 5) **a change (signal transduction pathways)** in cellular metabolism, function, or development triggered by the receptor-signal complex; and
- 6) **removal of the signal**, which often terminates the cellular response.

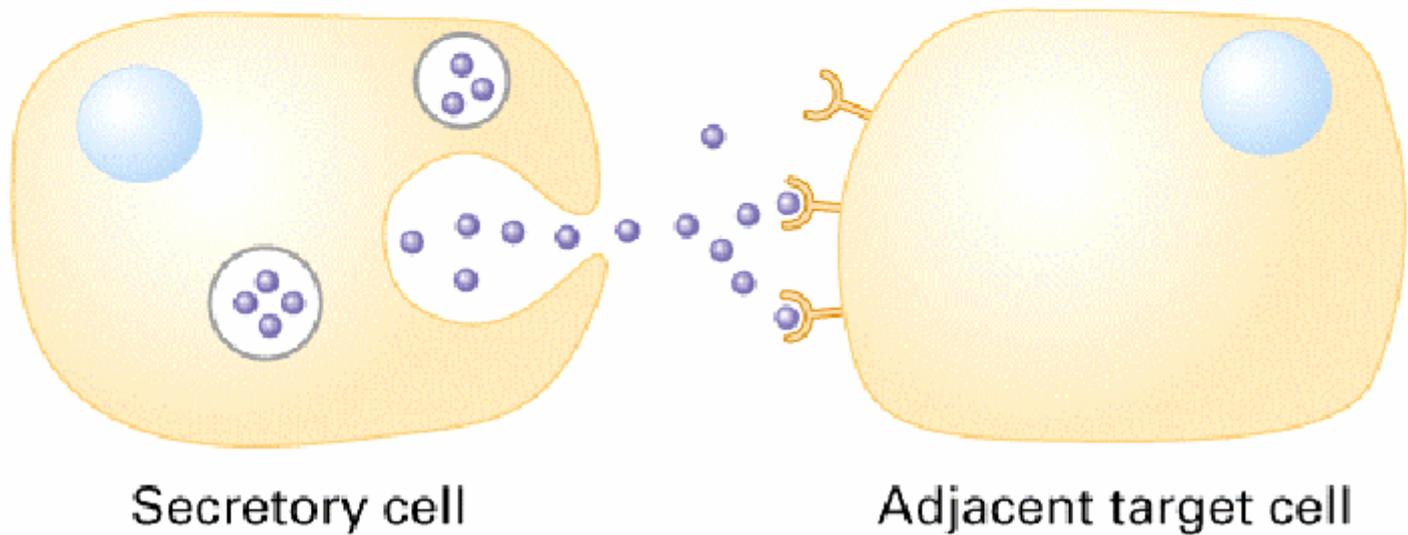
Chemicals released by one organism that can alter the behavior or gene expression of other organisms of the same species are called [pheromones](#). Yeast mating-type factors discussed later in this chapter are a well-understood example of pheromone-mediated cell-to-cell signaling. Some algae and animals also release pheromones, usually dispersing them into the air or water, to attract members of the opposite sex.

General schemes of intercellular signaling in animals

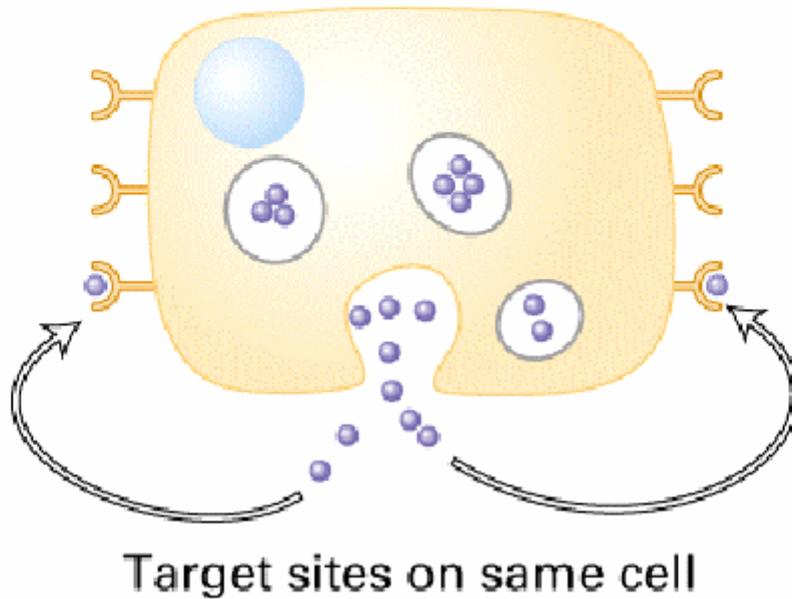
(A) Endocrine signaling insulin



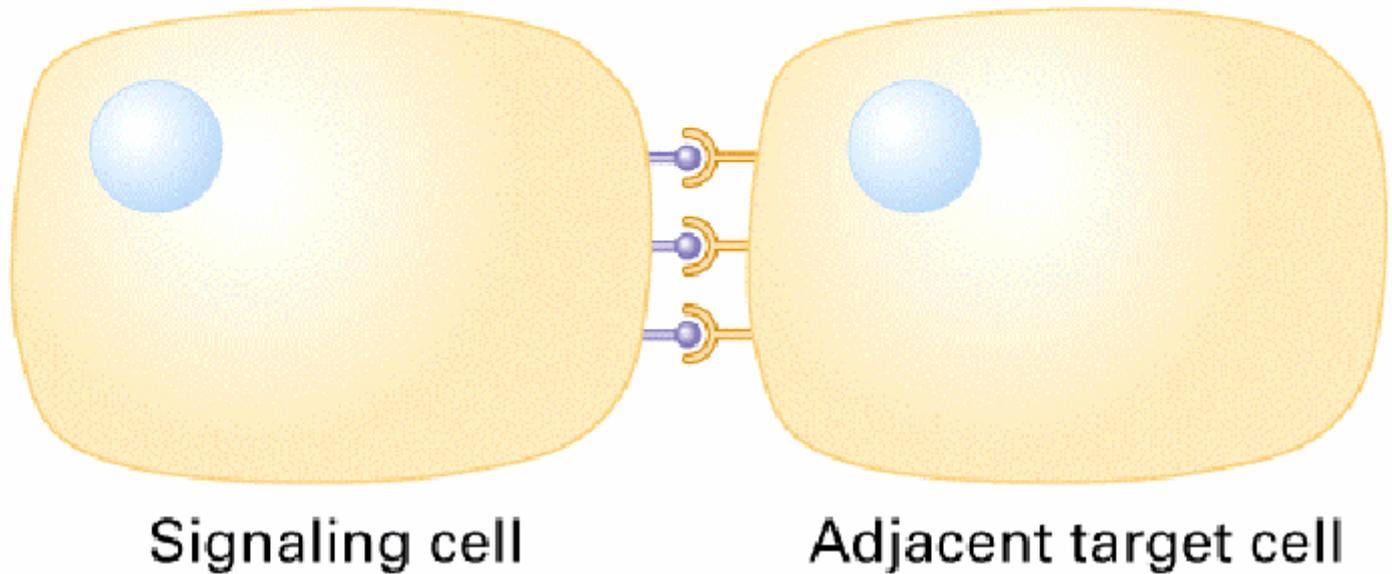
**(B) Paracrine signaling
(e.g. at a nerve synapse)**



(C) Autocrine signaling
(Usually pathologic, e.g. tumor cells that secrete growth factors that act on the releasing cell)



(D) Signaling by membrane-anchored cell surface proteins



Signaling Molecules Operate over Various Distances in Animals

In animals, signaling by extracellular, secreted molecules can be classified into three types: endocrine, paracrine, or autocrine based on the distance over which the signal acts. In addition, certain membrane-bound proteins on one cell can directly signal an adjacent cell ([Figure 20-1](#)).

Endocrine signaling, signaling molecules, called [hormones](#), act on target cells distant from their site of synthesis by cells of endocrine organs. In animals, an endocrine hormone usually is carried by the blood from its site of release to its target.

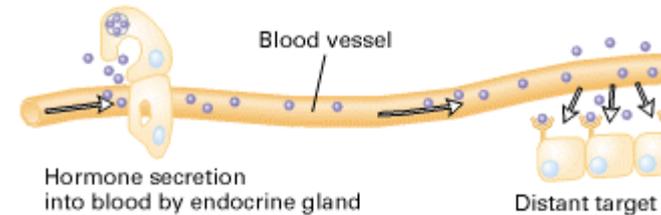
Paracrine signaling, the signaling molecules released by a cell only affect target cells in close proximity to it. The conduction of an electric impulse from the nerve cell to another or from a nerve cell to a muscle cell (inducing or inhibiting muscle contraction) occurs via paracrine signaling. The role of this type of signaling, mediated by [neurotransmitters](#). Many signaling molecules regulating development in multicellular organisms also act at short range.

Autocrine signaling, cells respond to substances that they themselves release. Many [growth factors](#) act in this fashion, and cultured cells often secrete growth factors that stimulate their own growth and proliferation. This type of signaling is particularly common in tumor cells, many of which overproduce and release growth factors that stimulate inappropriate, unregulated proliferation of themselves as well as adjacent nontumor cells; this process may lead to formation of a tumor mass.

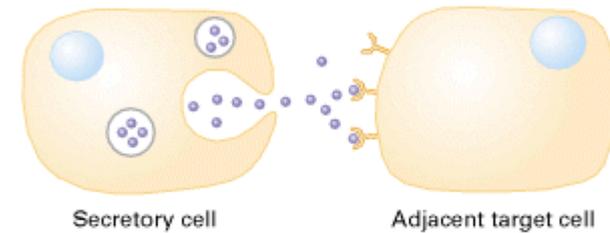
Some compounds can act in two or even three types of cell-to-cell signaling.

Certain small amino acid derivatives, such as [epinephrine](#), function both as neurotransmitters (paracrine signaling) and as systemic hormones (endocrine signaling). Some protein hormones, such as epidermal growth factor (EGF), are synthesized as the extracellular part of a plasma-membrane protein; membrane-bound EGF can bind to and signal an adjacent cell by direct contact. Cleavage by a

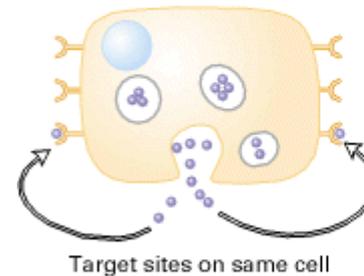
(a) Endocrine signaling



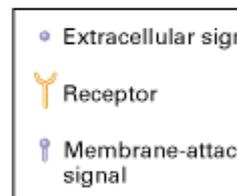
(b) Paracrine signaling



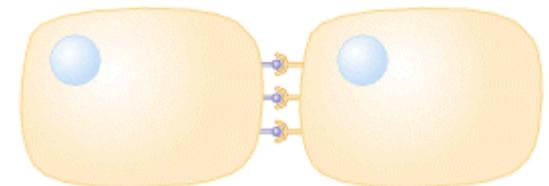
(c) Autocrine signaling



Key:



(d) Signaling by plasma membrane-attached proteins



Receptor Proteins Exhibit Ligand-Binding and Effector Specificity

As noted earlier, the cellular response to a particular extracellular signaling molecule depends on its binding to a specific receptor protein located on the surface of a target cell or in its nucleus or cytosol. The signaling molecule (a hormone, pheromone, or neurotransmitter) acts as a **ligand**, which binds to, or "fits," a site on the receptor. Binding of a ligand to its receptor causes a conformational change in the receptor that initiates a sequence of reactions leading to a **specific cellular response**.

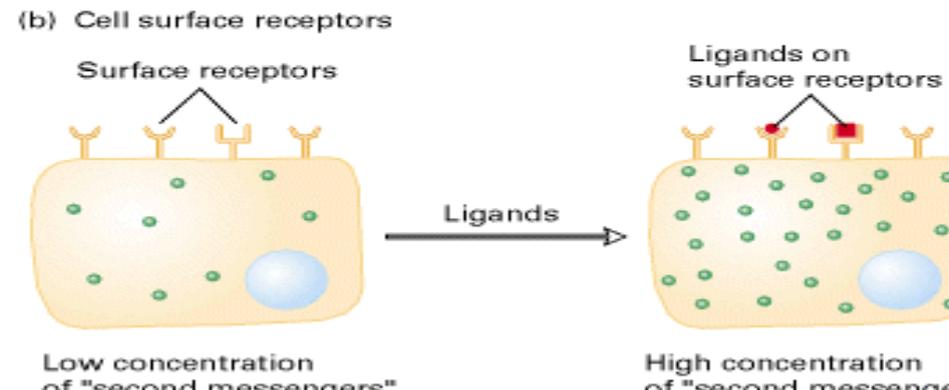
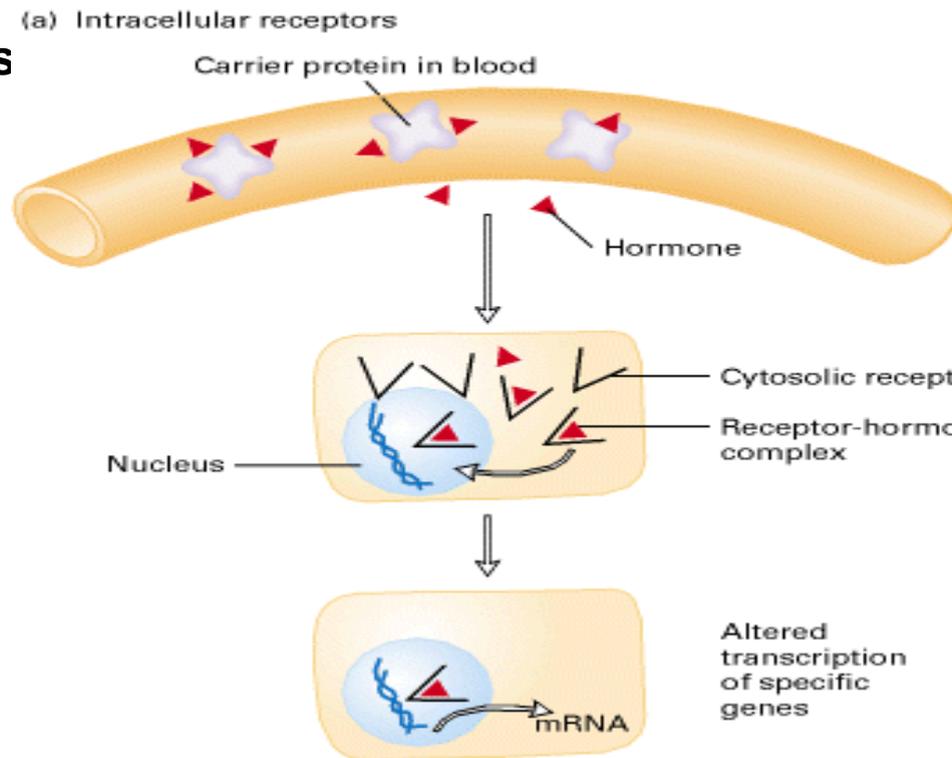
The **response of a cell** or tissue to specific hormones is dictated by the particular hormone receptors it possesses and by the intracellular reactions initiated by the binding of any one hormone to its receptor. **Different cell types may have different sets of receptors for the same ligand**, each of which induces a different response. Or the **same receptor** may occur on various cell types, and binding of the same ligand may **trigger a different response** in each type of cell. Clearly, different cells respond in a variety of ways to the same ligand. For instance, **acetylcholine receptors** are found on the surface of **striated muscle cells, heart muscle cells, and pancreatic acinar cells**. Release of acetylcholine from a neuron adjacent to a **striated muscle cell** triggers contraction, whereas release adjacent to a **heart muscle** slows the rate of contraction. Release adjacent to a **pancreatic acinar cell** triggers exocytosis of secretory granules that contain digestive enzymes. On the other hand, **different receptor-ligand complexes** can induce the same cellular response in some cell types. In **liver cells**, for example, the binding of either **glucagon** to its receptors or of **epinephrine** to its receptors can induce degradation of glycogen and release of glucose into the blood.

These examples show that a receptor protein is characterized by **binding specificity** for a particular ligand, and the resulting hormone-ligand complex exhibits **effector specificity** (i.e., mediates a specific cellular response). For instance, activation of either epinephrine or glucagon receptors on liver cells by binding of their respective ligands induces synthesis of **cyclic AMP (cAMP)**, one of several intracellular signaling molecules, termed **second messengers**, which regulate various metabolic functions; as a result, the effects of both receptors on liver-cell metabolism are the same. Thus, the binding specificity of epinephrine and glucagon receptors differ, but their effector specificity is identical.

In most receptor-ligand systems, the **ligand appears to have no function** except to bind to the receptor. The ligand is not metabolized to useful products, is not an intermediate in any cellular activity, and has no enzymatic properties. The only function of the ligand appears to be to change the properties of the receptor, which then signals to the cell that a specific product is present in the environment. Target cells often modify or degrade the ligand and, in so doing, can modify or terminate their response.

Hormones Can Be Classified Based on Their Solubility and Receptor Location

Most hormones fall into three broad categories: **(1) small lipophilic molecules** that diffuse across the plasma membrane and interact with *intracellular* receptors; and **(2) hydrophilic or (3) lipophilic molecules that bind to cell-surface receptors** ([Figure 20-2](#)). Recently, nitric oxide, a gas, has been shown to be a key regulator controlling many cellular responses.



Lipophilic Hormones with Intracellular Receptors

Many lipid-soluble hormones diffuse across the plasma membrane and interact with **receptors in the cytosol or nucleus**. The resulting hormone-receptor complexes bind to transcription-control regions in DNA thereby affecting expression of specific genes. Hormones of this type include the **steroids** (e.g., cortisol, progesterone, estradiol, and testosterone), **thyroxine**, and **retinoic acid**.

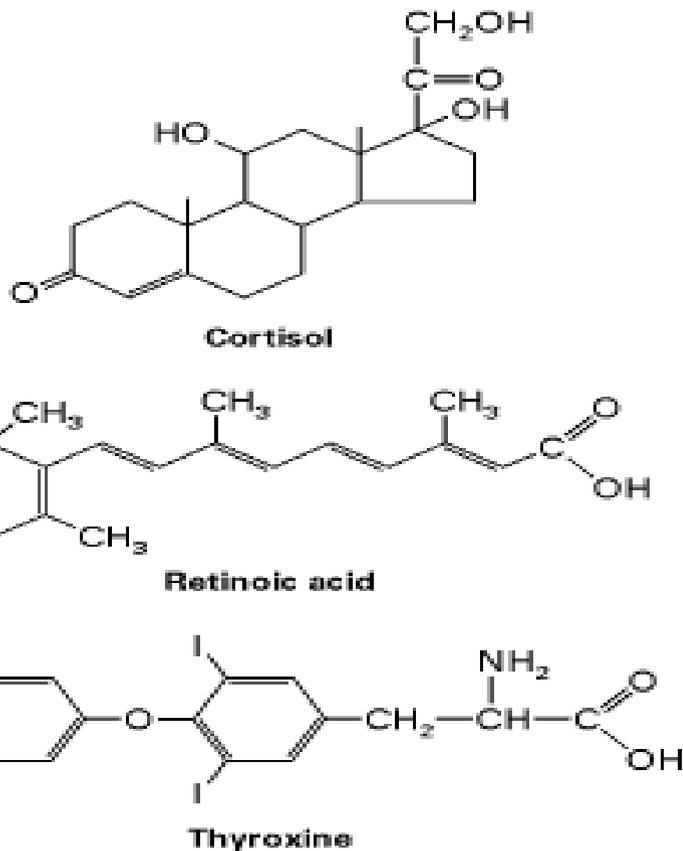
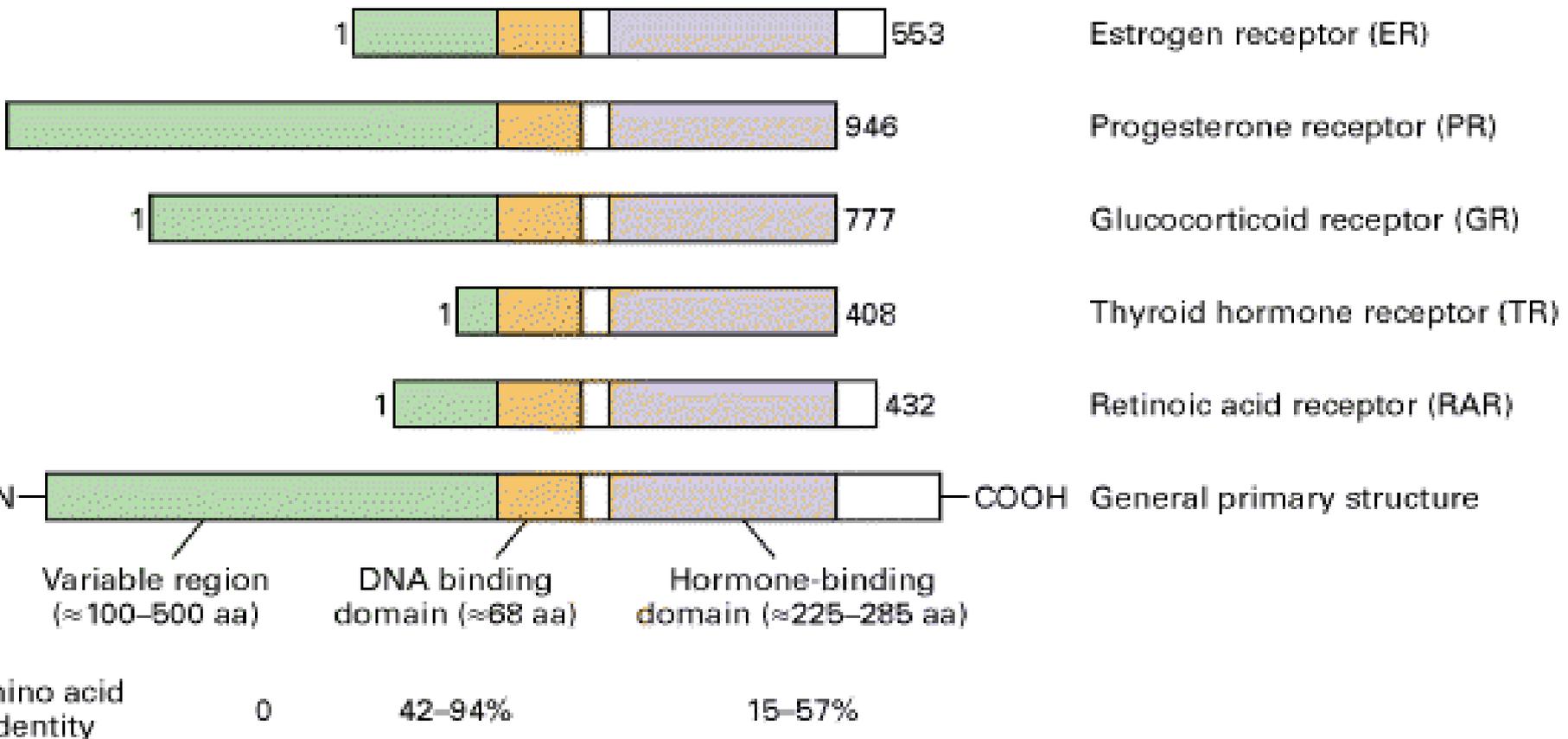


Figure 10-63. Examples of lipid-soluble hormones that bind to members of the nuclear-receptor superfamily of transcription factors. Cortisol is a steroid hormone that binds to the glucocorticoid receptor (GR). Like other steroid hormones, it is synthesized from cholesterol. **Retinoic acid** is a metabolic derivative of **vitamin A** that has powerful effects on limb bud development in embryos and skin renewal in adult mammals. It is the ligand for the **retinoic acid A receptor (RAR)**. **Thyroxine** is synthesized from tyrosine residues in the protein thyroglobulin in the thyroid gland. It is a ligand for the **thyroid hormone receptor (TR)**.

Domain Structure of Nuclear Receptors

All the nuclear receptors have a unique N-terminal region of variable length (100-500 amino acids) containing regions that function as **transcription-activation domains**. The DNA-binding domain maps near the center of the primary sequence and has the **Cis-finger motif**. The hormone-binding domain lies near the C-terminal end of these receptors and contains a **hormone-dependent activation domain**. In some cases the hormone-binding domain functions as a **repression domain in the absence of ligand**.



Nuclear-Receptor Response Elements

The characteristic nucleotide sequences of the DNA sites, called *response elements*, that bind several major nuclear receptors have been determined. The sequences of the consensus response elements for the glucocorticoid and estrogen receptors are 6-bp **inverted repeats** separated by any three base pairs ([Figure 10-65a, b](#)). This finding suggested that these steroid hormone receptors would bind to DNA as **symmetrical dimers**

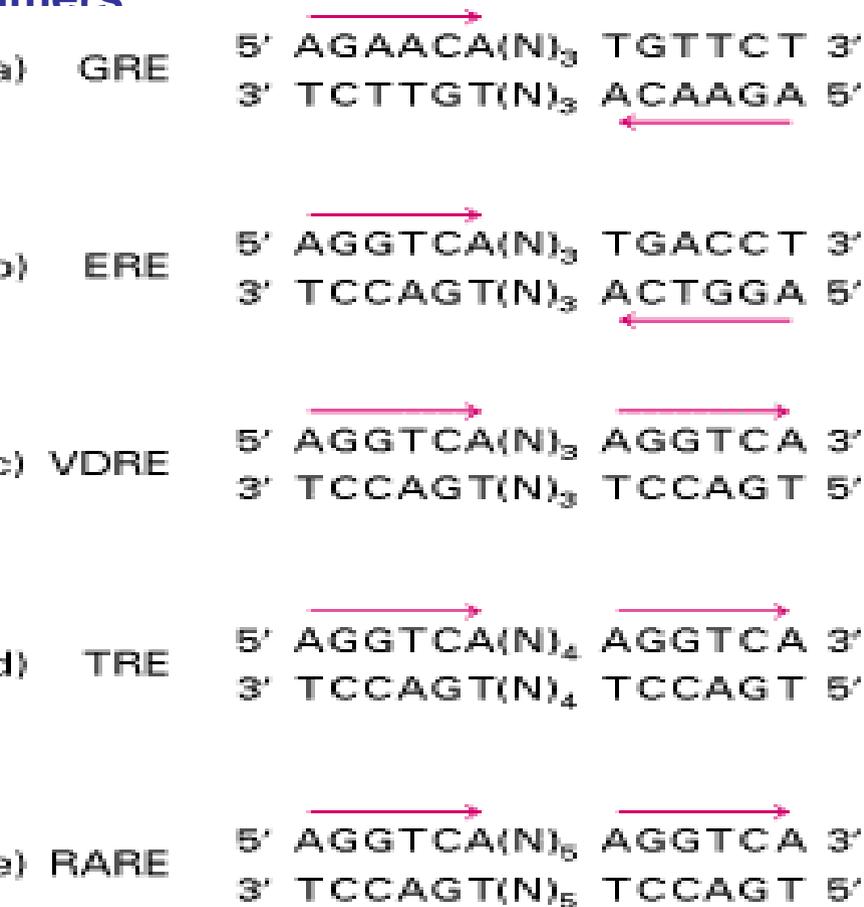


Figure 10-65. Consensus sequences of DNA sites, called response elements, that bind the glucocorticoid receptor (GRE), estrogen receptor (ERE), vitamin D3 receptor (VDRE), thyroid hormone receptor (TRE), and retinoic acid receptor (RARE). The inverted repeats in GRE and ERE and direct repeats in VDRE, TRE, and RARE are indicated by red arrows.

The receptors that bind to such direct-repeat response elements do so as heterodimers with a common nuclear-receptor monomer called RXR. The vitamin D3 response element, for example, is bound by the RXR-VDR heterodimer, and the retinoic acid response element is bound by RXR-RAR. The monomers composing these heterodimers interact with each other in such a way that the two DNA-binding domains lie in the same rather than inverted orientation, allowing the RXR heterodimers to bind to direct repeats of the binding site for each monomer. In contrast, the monomers in homodimeric nuclear receptors (e.g., GRE and ERE) have an

Mechanisms of Hormonal Control of Nuclear-Receptor Activity

Hormone binding to a nuclear receptor regulates its activity as a transcription factor. This regulation differs in some respects for **heterodimeric and homodimeric nuclear receptors.**

When **heterodimeric nuclear receptors** (e.g., RXR-VDR, RXR-TR, and RXR-RAR) are bound to their cognate sites in DNA, they act as **repressors or activators** of transcription depending on whether **hormone occupies the ligand-binding** site. In the absence of hormone, these nuclear receptors direct histone deacetylation at nearby nucleosomes. In the ligand-bound conformation, these nuclear receptors can direct hyperacetylation of histones in nearby nucleosomes, thereby reversing the repressing effects of the free ligand-binding domain. The N-terminal activation domain in these nuclear receptors then probably interacts with additional factors, stimulating the cooperative assembly of an initiation complex.

In contrast to **heterodimeric nuclear receptors, which are located exclusively in the nucleus**, **homodimeric receptors are found both in the cytoplasm and nucleus**, and their activity is regulated by controlling their transport from the cytoplasm to the nucleus. The **hormone-dependent translocation** of the homodimeric glucocorticoid receptor (GR) was demonstrated in the transfection experiments shown in [Figure 10-66](#). The GR hormone-binding domain alone mediates this transport.



Figure 10-66. Experimental demonstration that hormone-binding domain of the glucocorticoid receptor (GR) mediates translocation to the nucleus in the presence of hormone. Cultured animal cells were transfected with expression vectors encoding the proteins diagrammed at the bottom. Immunofluorescence with a labeled antibody specific for b-galactosidase was used to detect the expressed proteins in transfected cells. (a) When cells were transfected with b-galactosidase alone, the expressed enzyme was localized to the cytoplasm in the presence and absence of the glucocorticoid hormone **dexamethasone (Dex)**. (b) When a fusion protein consisting of b-galactosidase and the entire 794-aa rat glucocorticoid receptor (GR) was expressed in the cultured cells, it was present in the cytoplasm in the absence of hormone but was transported to the nucleus in the presence of hormone. (c) A fusion protein composed of the 382-aa region of GR including the **ligand-binding domain** (light purple) and b-galactosidase also exhibited hormone dependent transport to the nucleus.

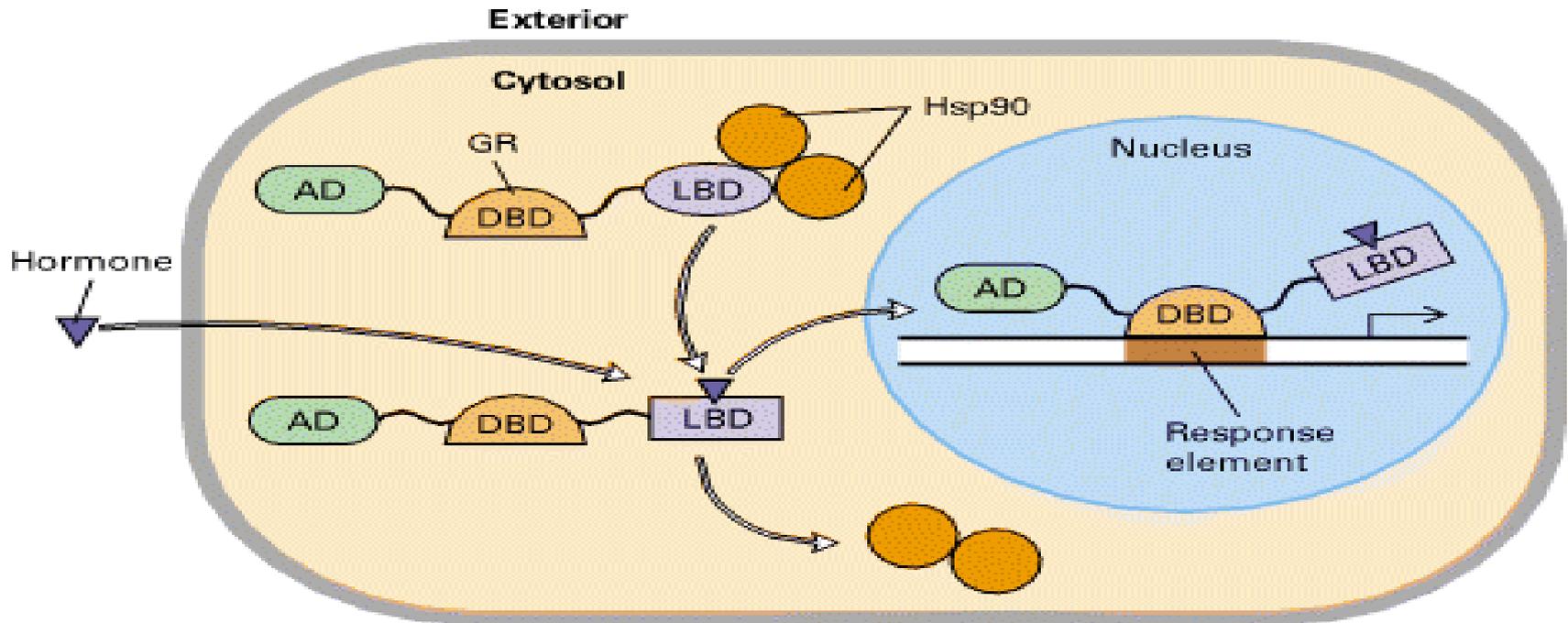


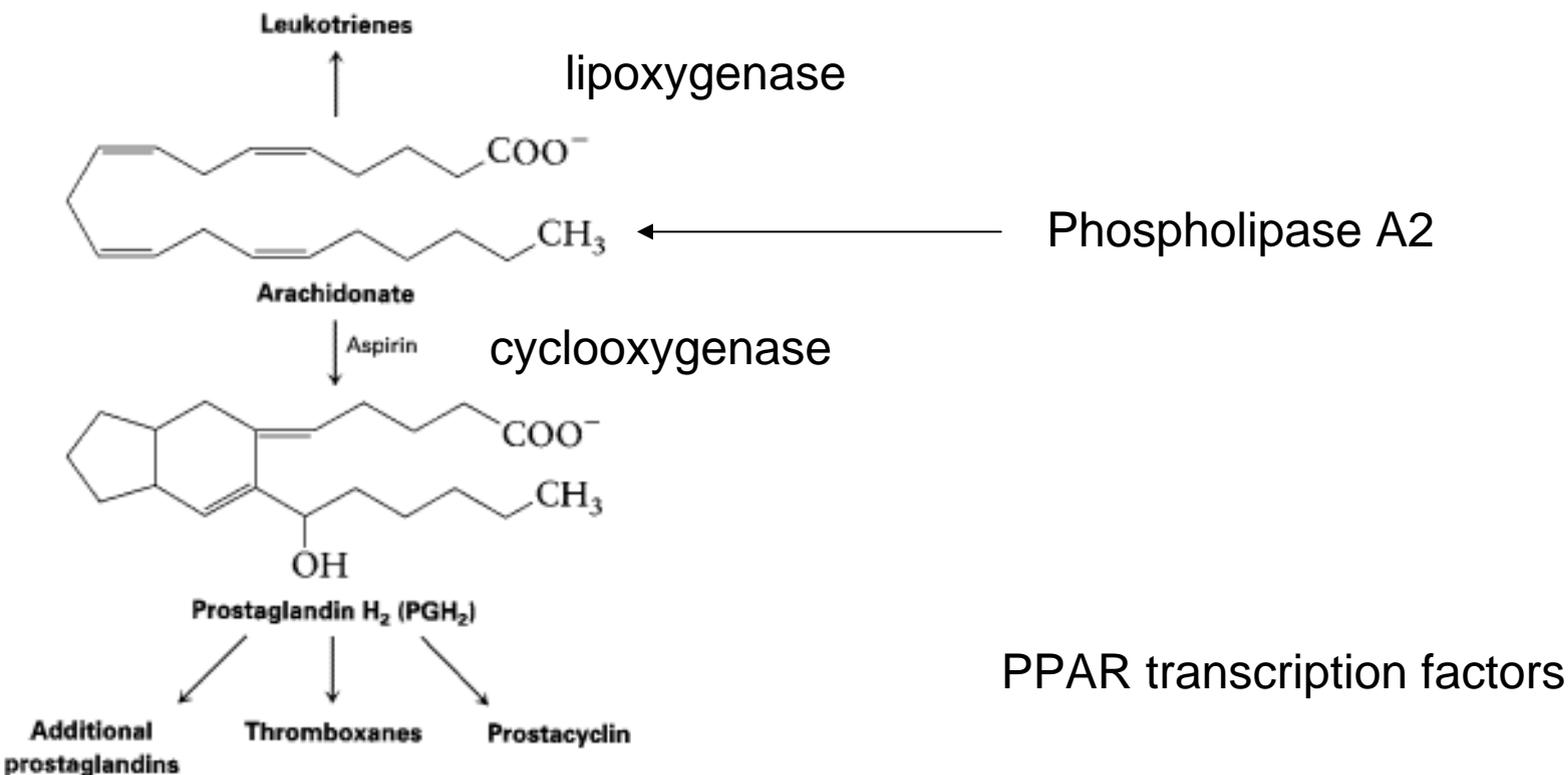
Figure 10-67. Model of hormone-dependent gene activation by the glucocorticoid receptor (GR). In the absence of hormone, GR is bound in a complex with Hsp90 in the cytoplasm via its ligand-binding domain (light purple). When hormone is present, it diffuses through the plasma membrane and binds to the GR ligand-binding domain, causing a conformational change in the ligand-binding domain that releases the receptor from Hsp90. The receptor with bound ligand is then translocated into the nucleus where its DNA-binding domain (orange) binds to response elements, allowing the activation domain (green) to stimulate transcription of target genes.

Orphan Receptors

The ligands for the hormone-binding domains in many members of the nuclear-receptor superfamily are as-yet unknown.

Lipophilic Hormones with Cell-Surface Receptors

The primary lipid-soluble hormones that bind to cell-surface receptors are the **prostaglandins**. There are at least 16 different prostaglandins in nine different chemical classes, designated PGA to PGI. Prostaglandins are part of an even larger family of 20 carbon containing hormones called eicosanoid hormones. In addition to prostaglandins, they include prostacyclins, thromboxanes, and leukotrienes. Eicosanoid hormones are synthesized from a common precursor, arachidonic acid. Arachidonic acid is generated from phospholipids and diacylglycerol.



This large class of compounds is composed of two groups: **(1) peptide hormones**, such as [insulin](#), growth factors, and [glucagon](#), which range in size from a few amino acids to protein-size compounds, and **(2) small charged molecules**, such as epinephrine and histamine (see [Figure 21-28](#)), that are derived from amino acids and function as hormones and neurotransmitters.

Cell-Surface Receptors Belong to Four Major Classes

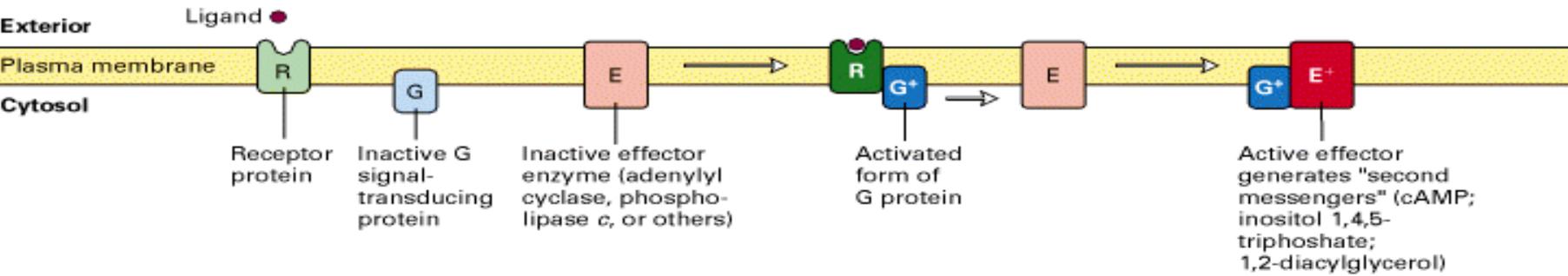
G protein-coupled receptors (GPCR, see [Figure 20-3a](#)): Ligand binding activates a [G protein](#), which in turn activates or inhibits an enzyme that generates a specific second messenger or modulates an ion channel, causing a change in membrane potential. The receptors for epinephrine, serotonin, and glucagon are examples.

Ion-channel receptors (see [Figure 20-3b](#)): Ligand binding changes the conformation of the receptor so that specific ions flow through it; the resultant ion movements alter the electric potential across the cell membrane. The acetylcholine receptor at the nerve-muscle junction is an example.

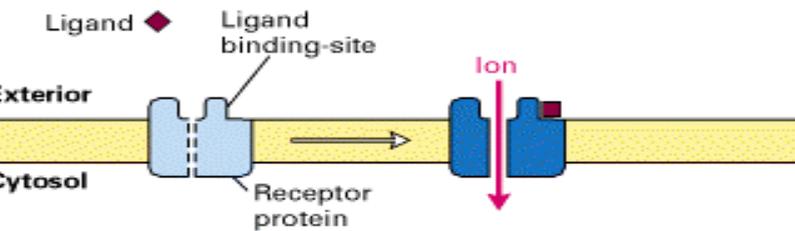
Tyrosine kinase linked receptors (see [Figure 20-3c](#)): These receptors lack intrinsic catalytic activity, but ligand binding stimulates formation of a dimeric receptor, which then interacts with and activates one or more cytosolic protein-tyrosine kinases. The receptors for many cytokines, the interferons, and human growth factor are of this type. These tyrosine kinase linked receptors sometimes are referred to as the *cytokine-receptor superfamily*.

Receptors with intrinsic enzymatic activity (see [Figure 20-3d](#)): Several types of receptors have intrinsic catalytic activity, which is activated by binding of ligand. For instance, some activated receptors catalyze the conversion of GTP to cGMP; others act as protein phosphatases, removing phosphate groups from phosphotyrosine residues in substrate proteins, thereby modifying their activity. The receptors for insulin and many growth factors are ligand-triggered protein kinases; in most cases, the ligand binds as a dimer, leading to dimerization of the receptor and activation of its kinase activity. These receptors are often referred to as receptor serine/threonine kinases or [receptor tyrosine kinases](#) and autophosphorylate residues in their own cytosolic domain.

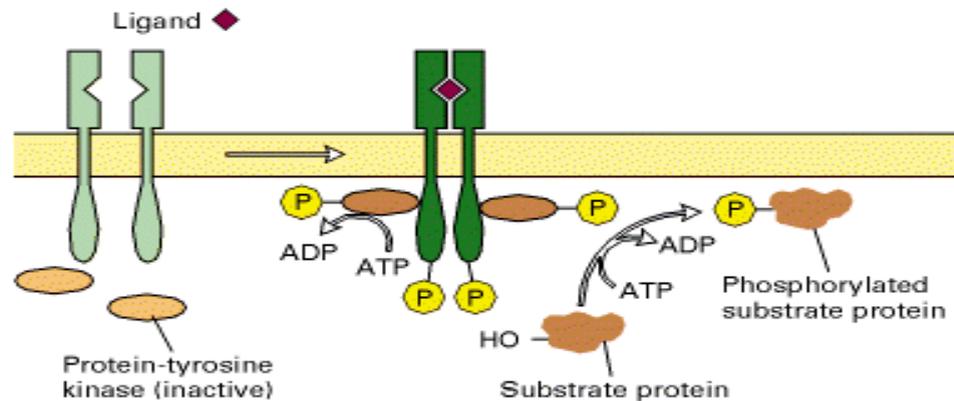
G protein-coupled receptors (epinephrine, glucagon, serotonin)



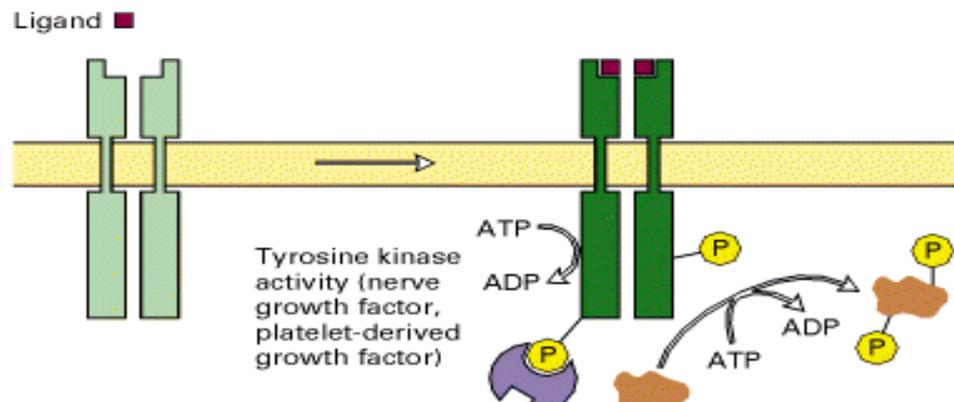
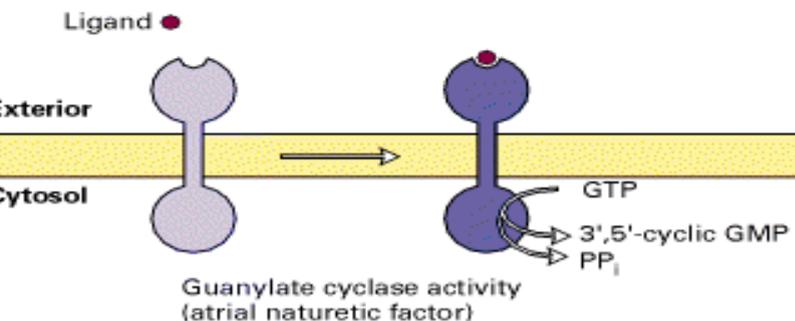
b) Ion-channel receptors (acetylcholine)



(c) Tyrosine kinase-linked receptors (erythropoietin, interferons)

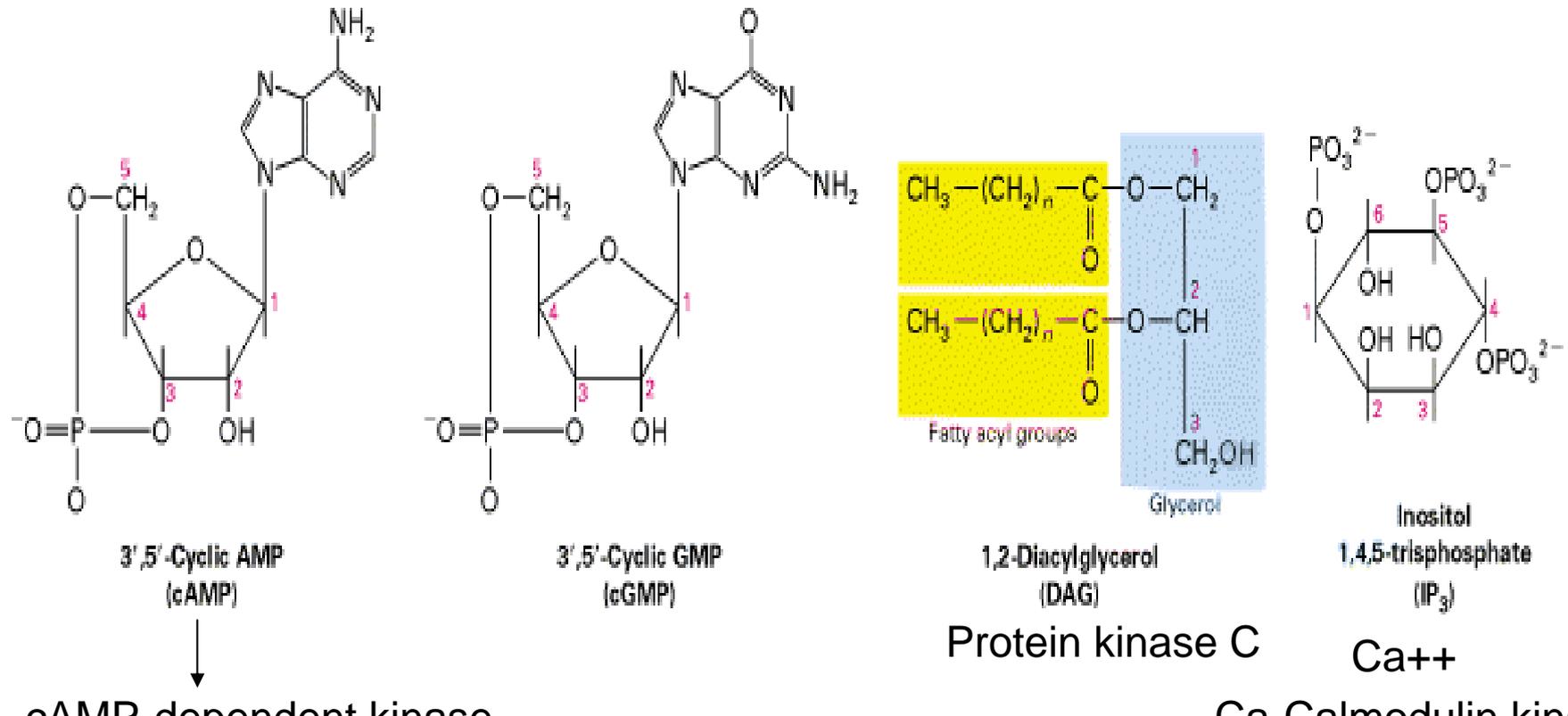


d) Receptors with intrinsic enzymatic activity (transforming-growth factor β)



Effects of Many Hormones Are Mediated by Second Messengers

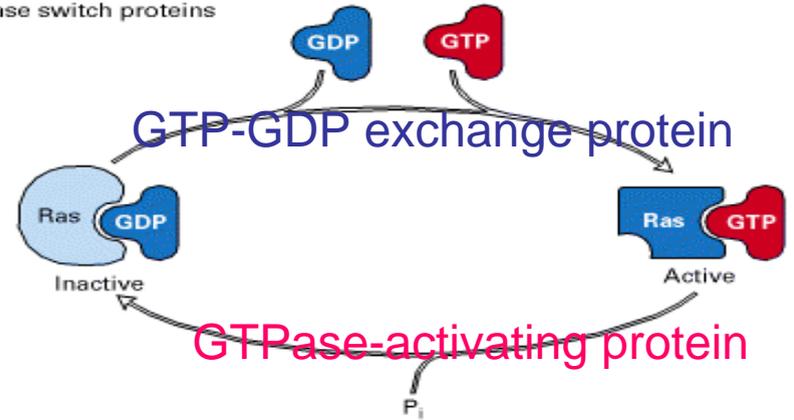
The binding of ligands to many cell-surface receptors leads to a short-lived increase (or decrease) in the concentration of the intracellular signaling molecules termed second messengers. These **low-molecular-weight signaling molecules** include 3',5'-cyclic AMP (cAMP); 3',5'-cyclic GMP (cGMP); 1,2-diacylglycerol (DAG); inositol 1,4,5-trisphosphate (IP₃); various inositol phospholipids (phosphoinositides); and **Ca²⁺** (Figure 20-4).



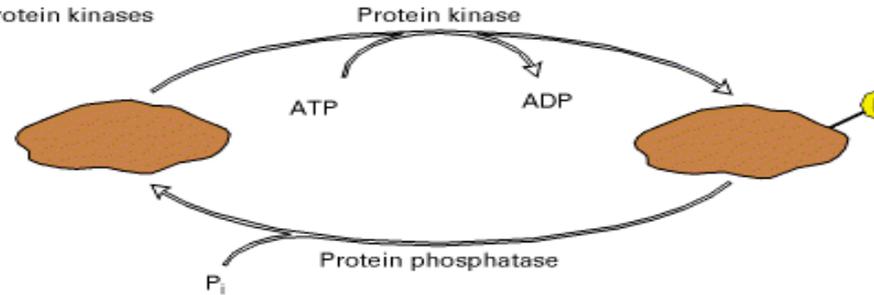
Other Conserved Proteins Function in Signal Transduction (protein-protein interaction)

Figure 20-5. Common intracellular signaling proteins. (a) GTP-binding proteins with GTPase activity function as molecular switches. When bound to GTP they are active; when bound to GDP, they are inactive. They fall into two categories, **trimeric G proteins** and **Ras-like proteins**. **(b) Protein kinases** modulate the activity or the binding properties of substrate proteins by phosphorylating **serine, threonine, or tyrosine residues**. The phosphorylated form of some proteins is active, whereas the dephosphorylated form of other proteins is active. The combined action of **kinases and phosphatases**, which phosphorylate specific substrates, can cycle proteins between active and inactive states. **(c) Adapter proteins** contain various protein-binding motifs that promote the formation of multiprotein signaling complexes.

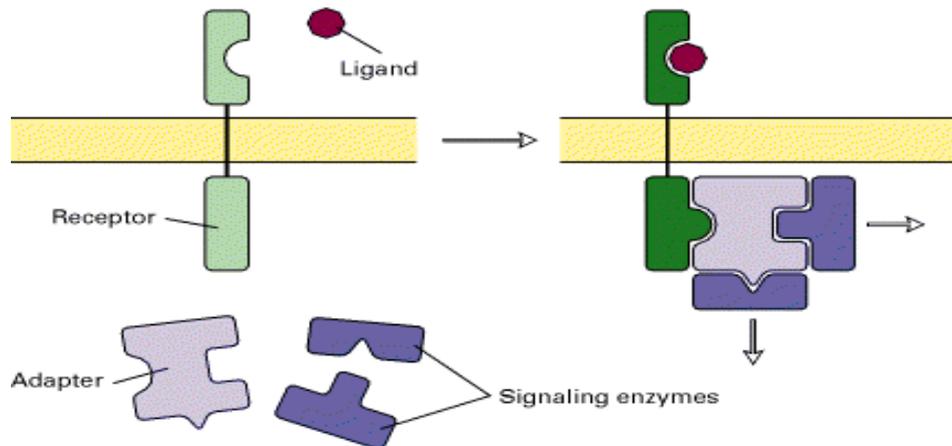
(a) GTPase switch proteins



(b) Protein kinases



(c) Adapter proteins



20.2. Identification and Purification of Cell-Surface Receptors

As noted earlier, **hormone receptors bind ligands with great specificity and high affinity**. Binding of a hormone to a receptor involves the same types of weak interactions—ionic and van der Waals bonds and hydrophobic interactions—that characterize the specific binding of a substrate to an enzyme (Section 2.2). The *specificity* of a receptor refers to its ability to distinguish closely related substances.

Hormone binding usually can be viewed as a simple reversible reaction,



which can be described by the equation

$$K_D = \frac{[R][H]}{[RH]} \quad (20-1)$$

where $[R]$ and $[H]$ are the concentrations of free receptor and hormone (ligand), respectively, and $[RH]$ is the concentration of the receptor-hormone complex. K_D , the dissociation constant of the receptor-ligand complex, measures the *affinity* of the receptor for the ligand. This binding equation can be rewritten as

$$\frac{[RH]}{R_T} = \frac{1}{1 + K_D/[H]} \quad (20-2)$$

where R_T is the sum of free and bound receptors: $[R] + [RH]$. Equation 20-2 is similar in form to the Michaelis-Menten equation used to analyze enzymatic reactions (Section 3).

The lower the K_D value, the higher the affinity of a receptor for its ligand. The K_D value is equivalent to the concentration of ligand at which one-half of the receptors contain bound ligand. If $[H] = K_D$, then from Equation 20-2 we can see that $[RH] = 0.5 R_T$.

Hormone Receptors Are Detected by Binding Assays

Hormone receptors are **difficult to identify and purify**, mainly because they are present in such minute amounts. The surface of a typical cell bears 10,000-20,000 receptors for a particular hormone, but this quantity is only $\approx 10^{-6}$ of the total protein in the cell, or $\approx 10^{-4}$ of the plasma-membrane protein. Purification is also difficult because these integral membrane proteins first must be solubilized with a nonionic detergent (see Figure 3-38).

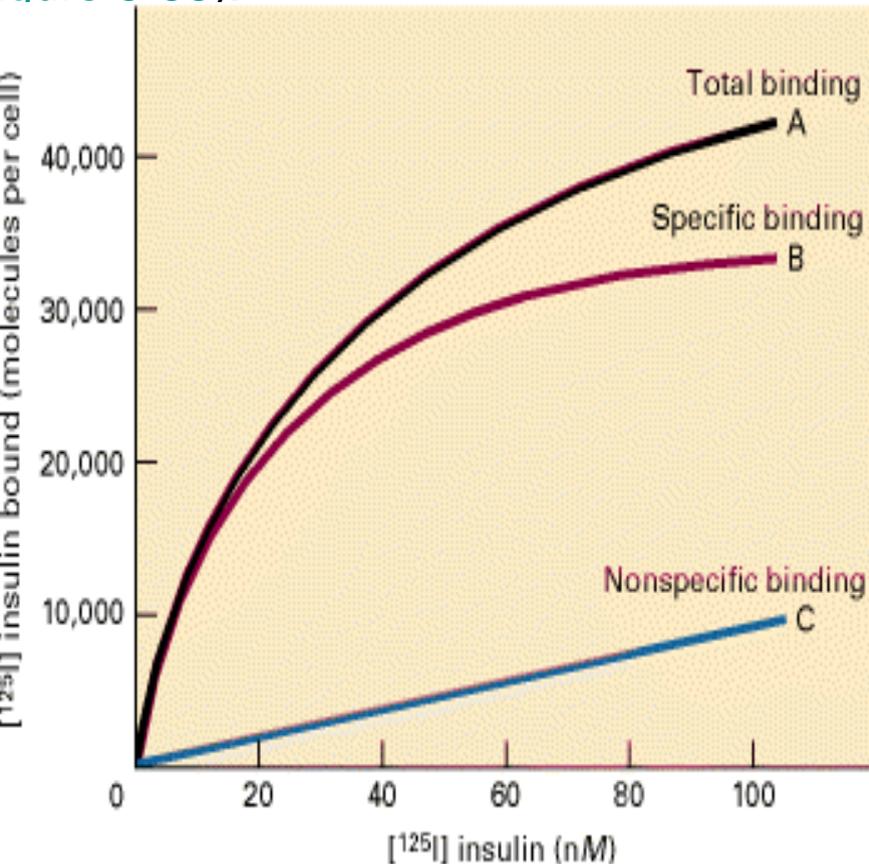


Figure 20-7. Identification of insulin-specific receptors on the surface of cells by their binding of radioactive insulin. A suspension of cells is incubated for **1 hour at 4° C** with increasing concentrations of ^{125}I -labeled insulin; the low temperature is used to prevent endocytosis of the cell-surface receptors. The total binding curve A represents insulin specifically bound to high-affinity receptors as well as insulin nonspecifically bound with low affinity to other molecules on the cell surface. The contribution of nonspecific binding to total binding is determined by repeating the binding assay in the presence of a 100-fold excess of unlabeled insulin, which saturates all the specific high-affinity sites. In this case, all the labeled insulin binds to nonspecific sites, yielding curve C. The specific binding curve B, which fits Equation 20-2, is calculated as the difference between curves A and C. For this insulin receptor, **K_D is ≈ 20 nM** (2×10^{-8} M), and the number of receptor molecules per cell, **R_T , is $\approx 30,000$.**

For many hormone receptors, the ligand concentration needed to induce a maximal cellular response is lower than that needed to saturate all the receptor molecules on a cell. Likewise, **the ligand concentration that induces a 50-percent maximal response is less than the K_D value for binding.**

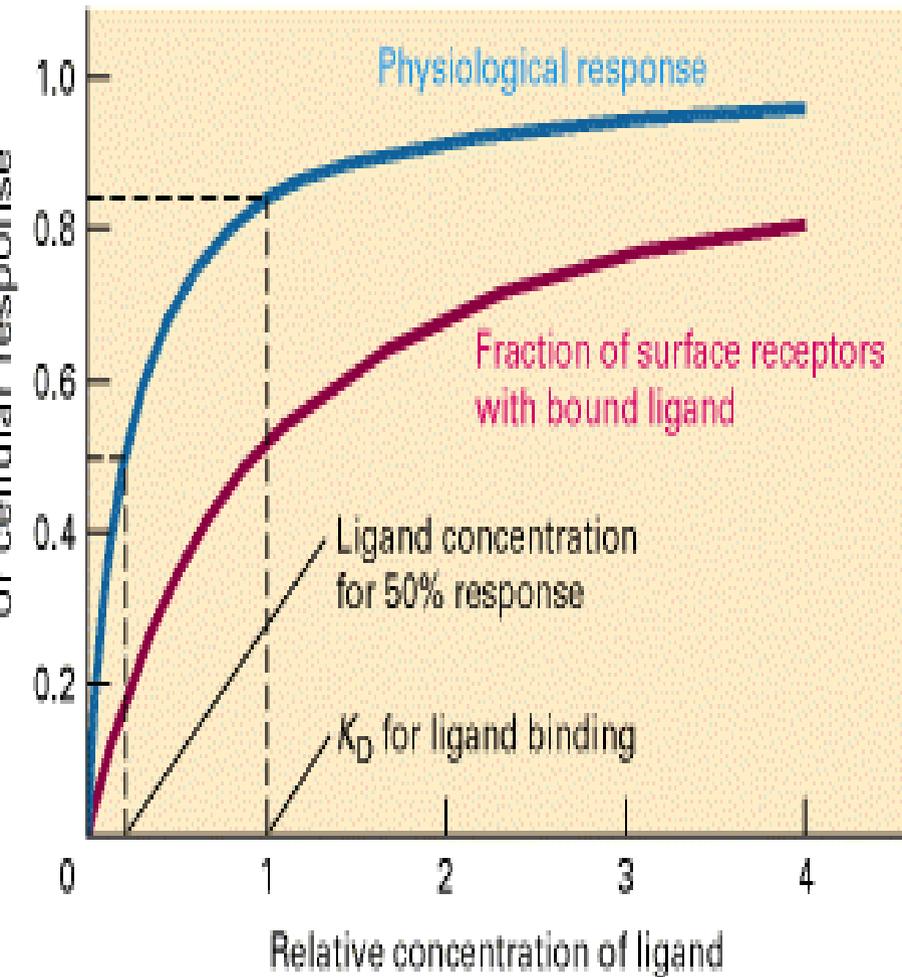


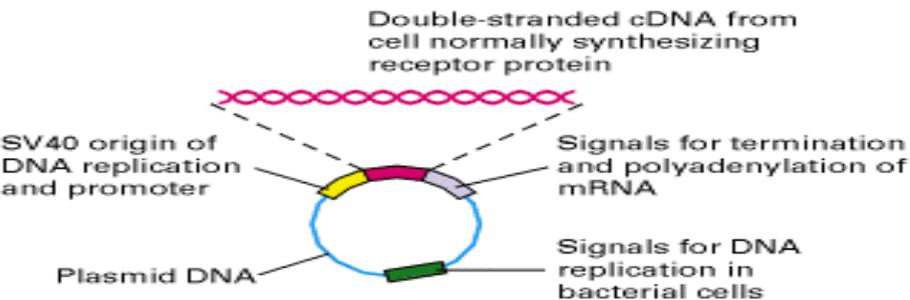
Figure 20-8. Comparison of binding curve and response curve for a cell-surface receptor and its ligand. As illustrated here, the maximal physiological response to many hormones occurs when only a fraction of the cell receptors are occupied by ligand. In this example, 50 percent of the maximal response is induced at a ligand concentration at which only 18 percent of the receptors are occupied. Likewise, 80 percent of the maximal response is induced when the ligand concentration equals the K_D value, at which 50 percent of the receptors are occupied.

Affinity Techniques Permit Purification of Receptor Proteins

Cell-surface hormone receptors often can be identified and followed through isolation procedures by **affinity labeling**. In this technique, cells are mixed with an excess of a radiolabeled hormone to saturate the hormone-binding sites on its specific receptor. After unbound hormone is washed away, the mixture is treated with a chemical agent that **covalently cross-links the bound labeled** hormone to the receptor. Most cross-linking agents contain two groups that react with free amino groups; by reacting with an amino group in the receptor and with one in the bound ligand, the cross-linking agent covalently joins the receptor and ligand. A radiolabeled ligand that is cross-linked to its receptor remains bound even in the presence of detergents and other denaturing agents that are used to solubilize receptor proteins from the cell membrane. Another technique often used in purifying cell-surface receptors that retain their hormone-binding ability when solubilized is **affinity chromatography**. In this technique, a ligand of the receptor of interest is chemically linked to polystyrene beads. A crude, detergent-solubilized preparation of membrane proteins is passed through a column containing these beads. Only the receptor binds to the beads; the other proteins are washed through the column by excess fluid. When an excess of the ligand is passed through the column, the bound receptor is displaced from the beads and eluted from the column. This technique is similar in principle to antibody- affinity chromatography (see [Figure 3-43c](#)), except that a hormone ligand rather than an antibody is attached to the column beads. In some cases, a hormone receptor can be purified as much as 100,000-fold in a single affinity chromatographic step.

Many Receptors Can Be Cloned without Prior Purification

Plasmid expression vector



Initial screening of cDNA pools

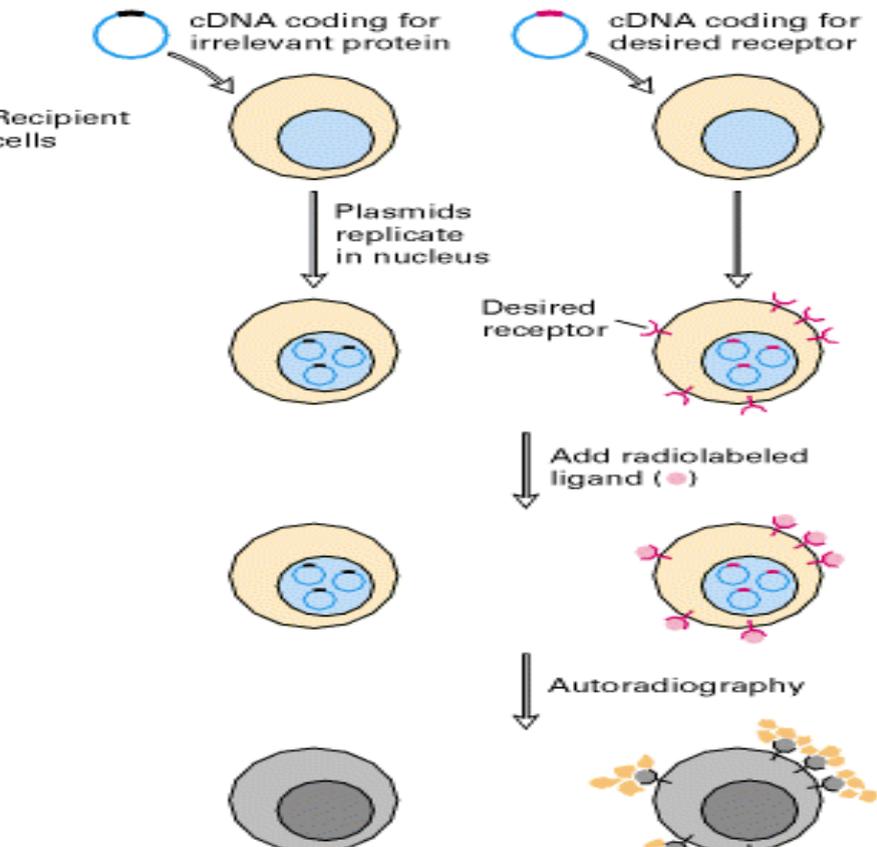


Figure 20-9. Identification and isolation of a cDNA encoding a desired cell-surface receptor by plasmid expression cloning.

All mRNA is extracted from cells that normally express the receptor and reverse-transcribed into double-stranded cDNA. (a) The entire population of cDNAs is inserted into plasmid expression vectors in between a strong promoter and a terminator of transcription. The plasmids are transfected into bacterial cells that do not normally express the receptor of interest. The resulting cDNA library is divided into pools, each containing about 1000 different cDNAs. (b) Plasmids in each pool are transfected into a population of cultured cells (e.g., CHO cells) that lack the receptor of interest. Only transfected cells that contain the cDNA encoding the desired receptor synthesize it; other transfected cells produce irrelevant proteins. To detect the few cells producing the desired receptor, a radiolabeled ligand specific for the receptor is added to the culture dishes containing the transfected cells; the cells are fixed and subjected to autoradiography. Positive cells synthesizing the specific receptor

will be covered with many grains. Alternatively,

transfected cells can be treated with a fluorescent-labeled ligand and passed through

fluorescence-activated cell sorter (see [Figure 5-21](#)). Cells expressing the receptor will bind the fluorescent label and be separated from those that do not. Plasmid cDNA pools giving rise to a positive signal are maintained in bacteria and subdivided into smaller pools, each of which is rescreened by transfection into cultured cells. After several cycles of screening and subdividing positive cDNA pools, a pure cDNA clone encoding

20.3. G Protein-Coupled Receptors and Their Effectors

Many different mammalian cell-surface receptors are coupled to a trimeric signal-transducing G protein. As noted earlier, ligand binding to these receptors activates their associated G protein, which then activates an *effector enzyme* to generate an intracellular second messenger. **All G protein-coupled receptors (GPCRs) contain seven membrane-spanning regions with their N-terminal segment on the extracellular face and their C-terminal segment on the cytosolic face of the plasma membrane (Figure 20-10).** This large receptor family includes light-activated receptors (rhodopsins) in the eye and literally thousands of odorant receptors in the mammalian nose (Section 21.6), as well as numerous receptors for various hormones and neurotransmitters (Section 21.5). Although these receptors are activated by different ligands and may mediate different cellular responses, they all mediate a similar signaling pathway (see [Figure 20-6](#)).

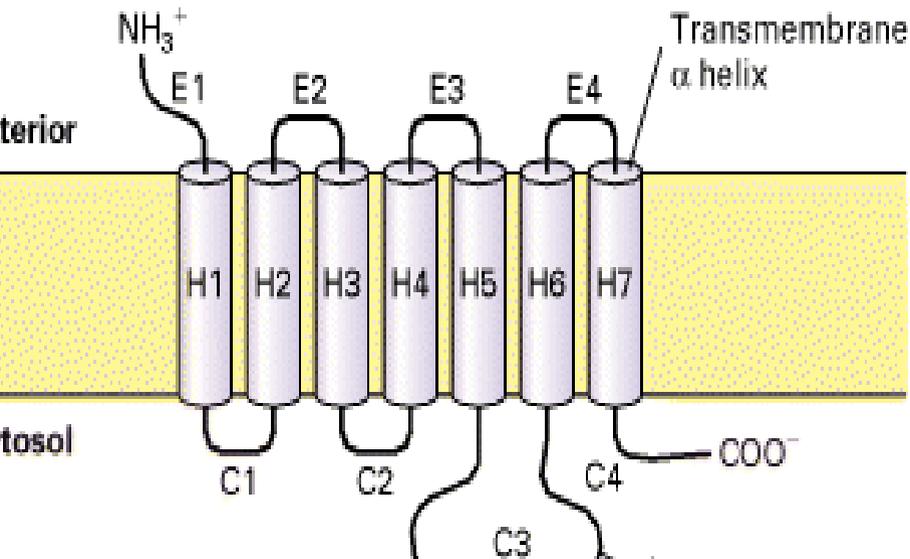
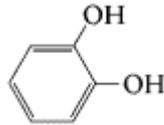


Figure 20-10. Schematic diagram of the general structure of G protein-linked receptors. All receptors of this type contain seven transmembrane α -helical regions. The loop between a helices 5 and 6, and in some cases the loop between helices 3 and 4, which face the cytosol, are important for interactions with the coupled G protein. E1–E4 = extracellular loops; H1–H7 = transmembrane domains; C1–C4 = cytosolic loops

Binding of Epinephrine to Adrenergic Receptors Induces Tissue-Specific Responses

Epinephrine and norepinephrine were originally recognized as products of the *medulla*, or core, of the **adrenal gland** and are also known as *adrenaline* and *noradrenaline*. Embryologically, nerve cells derive from the same tissue as adrenal medulla cells, and norepinephrine is also secreted by differentiated nerve cells. Both hormones are charged compounds that belong to the catecholamines, active amines containing a *catechol* moiety:



Epinephrine, which binds to two types of GPCRs, is particularly important in **mediating the body's response to stress**, such as fright or heavy exercise, when all tissues have an increased need for glucose and fatty acids. These principal metabolic fuels can be supplied to the blood in seconds by the **rapid breakdown of glycogen** in the liver (*glycogenolysis*) and of triacylglycerol in the **adipose storage cells** (*lipolysis*).

In mammals, the liberation of glucose and fatty acids can be triggered by binding of epinephrine (or norepinephrine) to **β -adrenergic receptors** on the surface of **hepatic (liver) and adipose cells**. Epinephrine bound to similar **β -adrenergic receptors on heart muscle cells increases the contraction rate**, which increases the blood supply to the tissues. Epinephrine bound to β -adrenergic receptors on **smooth muscle cells of the intestine** causes them to relax. Another type of epinephrine receptor, the **α 2-adrenergic receptor**, is found on **smooth muscle cells lining the blood vessels in the intestinal tract, skin, and kidneys**. Epinephrine bound to α 2 receptors causes the **arteries to constrict**, cutting off circulation to these peripheral organs. These diverse effects of epinephrine are directed to a common end: **supplying energy for the rapid movement of major locomotor muscles in response to bodily stress**.

As discussed in more detail later, **β - and α -adrenergic receptors are coupled to different G proteins**. Both **β 1- and β 2-adrenergic receptors** are coupled to **G proteins (Gs)**, which activate adenylyl cyclase. In contrast, **α 1 and α 2 receptors** are coupled to two other G proteins, **Gq and Gi**, respectively. Gi inhibits adenylyl cyclase, and Gq stimulates phospholipase C to generate IP3 and DAG as second messengers.

Principles of intracellular signaling by cell surface receptors

- 1. Each receptor generally binds only a single hormone**
- 2. But there are often multiple types of receptors that bind the same hormone (e.g. the β_2 - and α_2 -adrenergic receptors both bind adrenaline)**
- 3. Such different types of receptors that bind the same hormone often induce different cellular responses even in the same cell**
- 4. Different receptors of the same class that bind different hormones often induce the same cellular responses in a cell**

(e.g. In liver epinephrine, glucagon, and ACTH bind to different 7- spanning receptors, but all of these receptors activate the same G_s protein and induce the same cellular response of causing glycogen breakdown)
- 5. Typical body cells contain on their surface multiple types of receptors that bind different hormones. Cells must integrate the responses induced by hormones acting via different types of receptors.**

Stimulation of β -Adrenergic Receptors Leads to a Rise in cAMP

Many of the very different tissue-specific responses induced by binding of epinephrine to β -adrenergic receptors are mediated by a rise in the intracellular level of cAMP, resulting from activation of **adenylyl cyclase**. As a second messenger, cAMP acts to modify the rates of different enzyme-catalyzed reactions in specific tissues generating various metabolic responses. Binding of numerous other hormones to their receptors also leads to a rise in intracellular cAMP and characteristic tissue-specific metabolic responses (see later section).

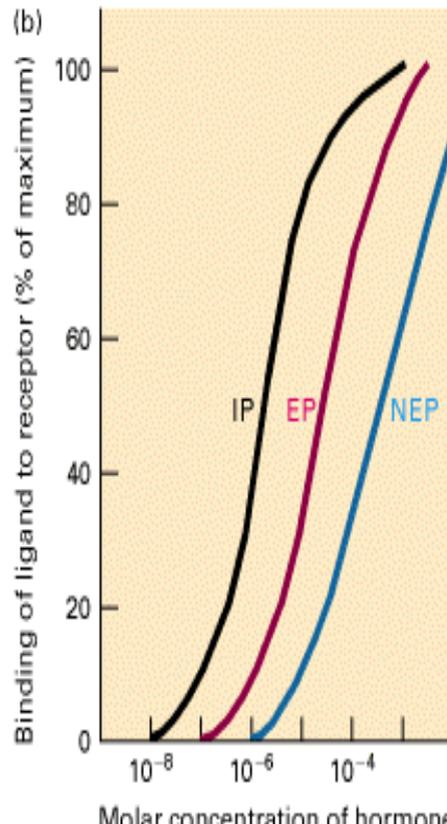
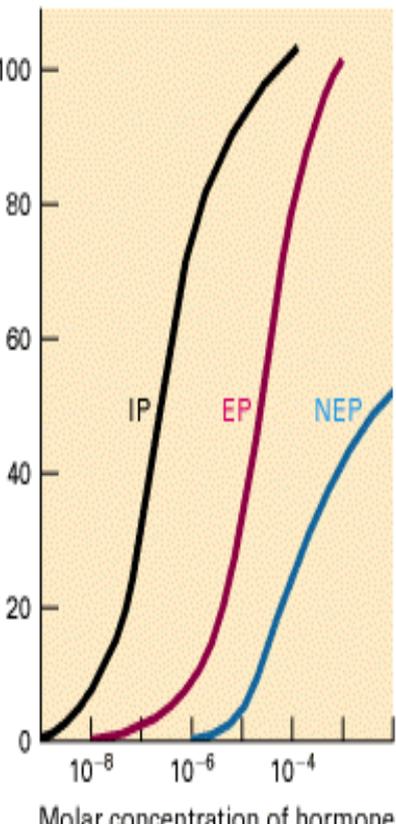


Figure 20-11. Comparison of the abilities of three catecholamines to activate adenylyl cyclase, which catalyzes synthesis of cAMP, and to bind to cell-surface β -adrenergic receptors. The curves show that each ligand induces adenylyl cyclase activity (a) in proportion to its ability to bind to the receptor (b). Moreover, the concentration required for half-maximal binding of each ligand to the receptor is about the same as that required for activation of adenylyl cyclase. Note that the ligand concentration is plotted on a logarithmic scale ranging from 10^{-9} to 10^{-2} M. IP = isoproterenol; E

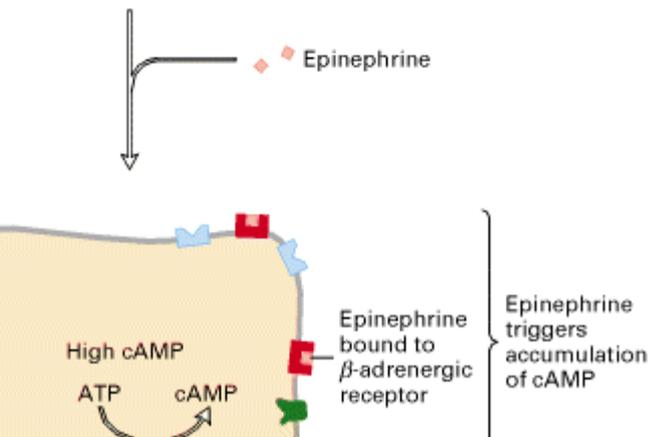
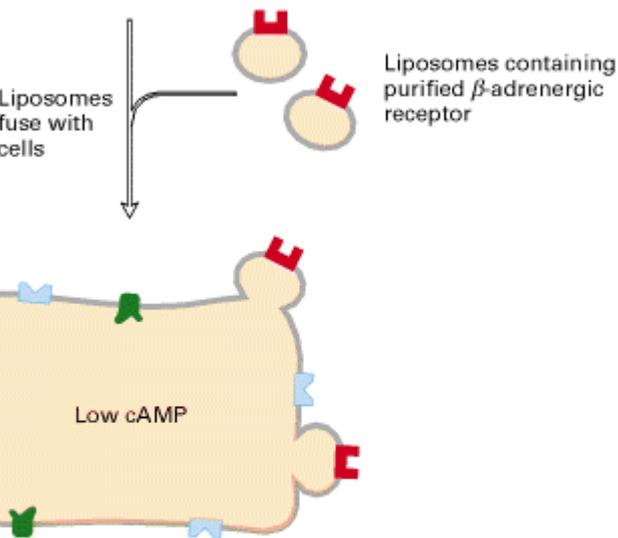
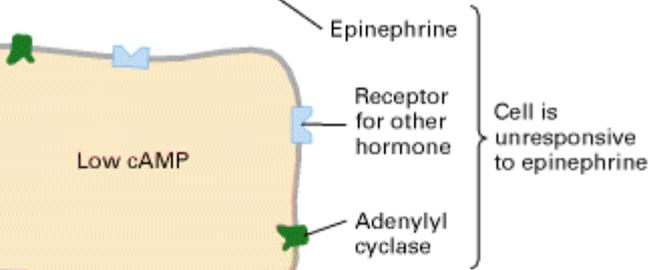


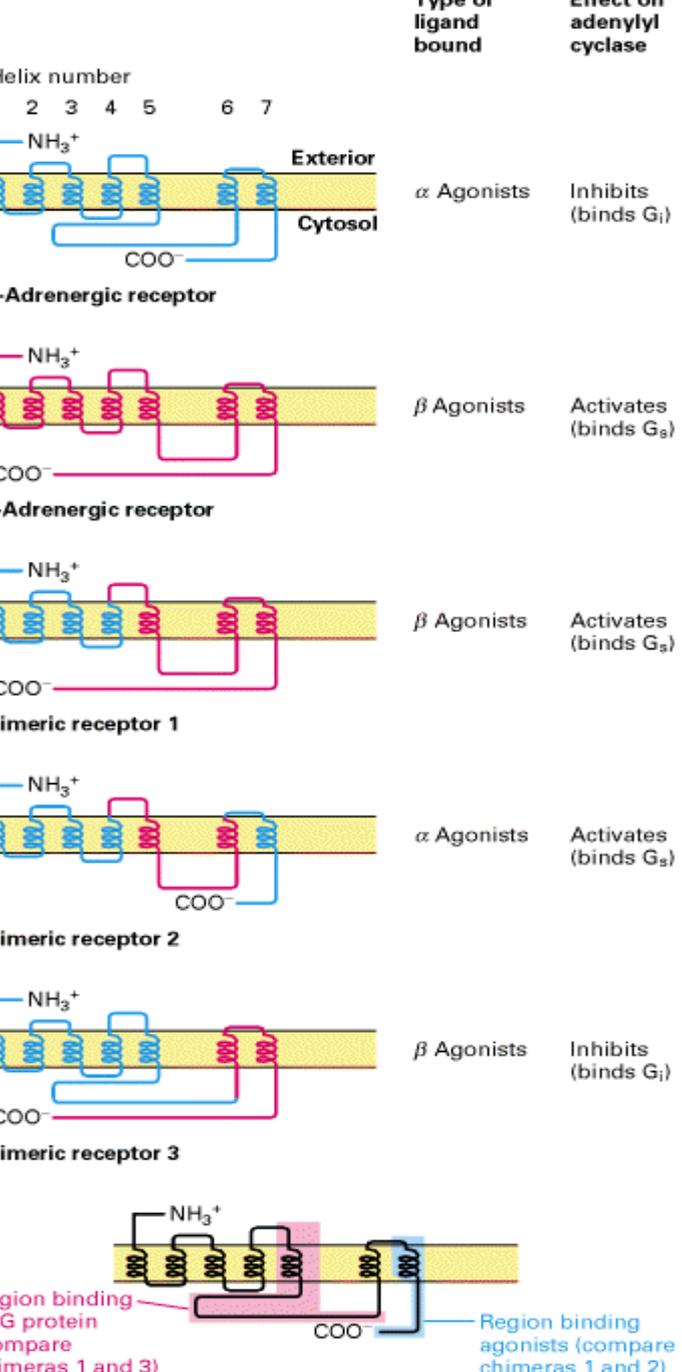
Figure 20-12. Experimental demonstration that β -adrenergic receptors mediate the induction of epinephrine-initiated cAMP synthesis. Target cells lacking any receptors for epinephrine but expressing adenylyl cyclase and the appropriate signal-transducing **G proteins** were incubated with liposomes containing β -adrenergic receptors purified by affinity chromatography. Cells that fused with the liposomes became responsive to epinephrine, producing high levels of cAMP when the hormone was added to the medium. See [Figure 15-4](#) for formation of liposomes containing membrane proteins

Assay model system
G proteins

Critical Features of Catecholamines and Their Receptors Have Been Identified

A variety of experimental approaches have provided information about which parts of catecholamine molecules and their receptors are essential for ligand binding and the subsequent activation of adenylyl cyclase. In many of these studies, **chemically synthesized analogs of epinephrine** have proved useful. These analogs fall into two classes: **agonists, which mimic the function of a hormone by binding to its receptor and causing the normal response**, and **antagonists, which bind to the receptor but do not activate hormone-induced effects**. An antagonist acts as an inhibitor of the natural hormone (or agonist) by competing for binding sites on the receptor, thereby blocking the physiological activity of the hormone.

Humans possess **two types of b-adrenergic receptors** that are located on different cell types and differ in their relative affinities for various catecholamines. **Cardiac muscle cells possess β_1 receptors**, which promote increased heart rate and contractility by binding catecholamines with the rank order of affinities isoproterenol > norepinephrine > epinephrine. Drugs such as **practolol**, which are used to slow heart contractions in the treatment of cardiac arrhythmia and angina, are **β_1 -selective antagonists** (see [Table 0-2](#)). These so-called **beta blockers** usually have little effect on b-adrenergic receptors in other cell types. The smooth muscle cells lining the **bronchial passages possess β_2 receptors**, which mediate relaxation by binding catecholamines with the rank order of affinities isoproterenol >> epinephrine = norepinephrine. **Agonists selective for β_2 receptors**, such as terbutaline, are used in the treatment of **asthma** because they specifically mediate opening of the bronchioles, the small airways in the lungs.



Although all GPCRs are thought to span the membrane seven times and hence to have similar three-dimensional structures, their amino acid sequences generally are quite dissimilar. For example, the sequences of the closely related b1- and b2-adrenergic receptors are only 50 percent identical; the sequences of the a- and b-adrenergic receptors exhibit even less homology. The specific amino acid sequence of each receptor determines which ligands it binds and which G proteins interact with it.

Figure 20-14. Demonstration of functional domains in G protein coupled receptors by experiments with chimeric proteins containing portions of the b 2- and a 2-adrenergic receptors. *Xenopus* oocytes microinjected with mRNA encoding the wild-type receptors or chimeric a-b receptors expressed the corresponding receptor protein on cell surfaces. Although *Xenopus* oocytes do not express adrenergic receptors, they do express G proteins, which can couple to the foreign receptors. Binding assays were conducted using agonists known to bind selectively to a or b receptors to determine the ligand-binding specificity of the chimeric receptors. The effects of the agonists on adenylyl cyclase activity were taken as a measure of whether the receptor protein bound to the stimulatory (G_s) or inhibitory (G_i) type of oocyte G protein. A comparison of chimeric receptor 1, which interacts with G_s , and chimeric receptor 3, which interacts with G_i , shows that the G protein specificity is determined primarily by the source of the cytosol-facing loop between a helices 5 and 6. A comparison of chimeras 1 and 2 indicates that a helix 7 plays a role in determining the ligand-binding specificity.

Primeric Gs Protein Links β -Adrenergic Receptors and Adenylyl Cyclase

As noted above, the initial response following binding of epinephrine to β -adrenergic receptors is an elevation in the intracellular level of cAMP. The increase in cAMP results from activation of adenylyl cyclase, which converts ATP to cAMP and pyrophosphate (PPi). This membrane-bound enzyme has two catalytic domains on the cytosolic face of the plasma membrane that can bind ATP in the cytosol (Figure 20-15). The link between hormone binding to an exterior domain of the receptor and activation of adenylyl cyclase is provided by **stimulatory G protein Gs**, which functions as a signal transducer.

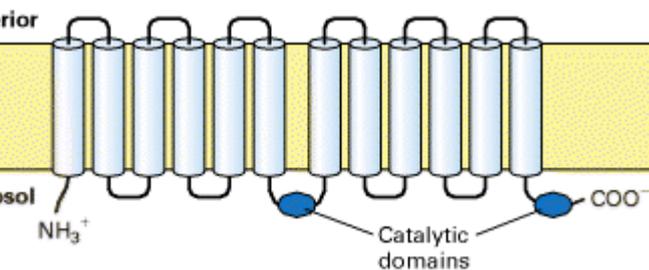
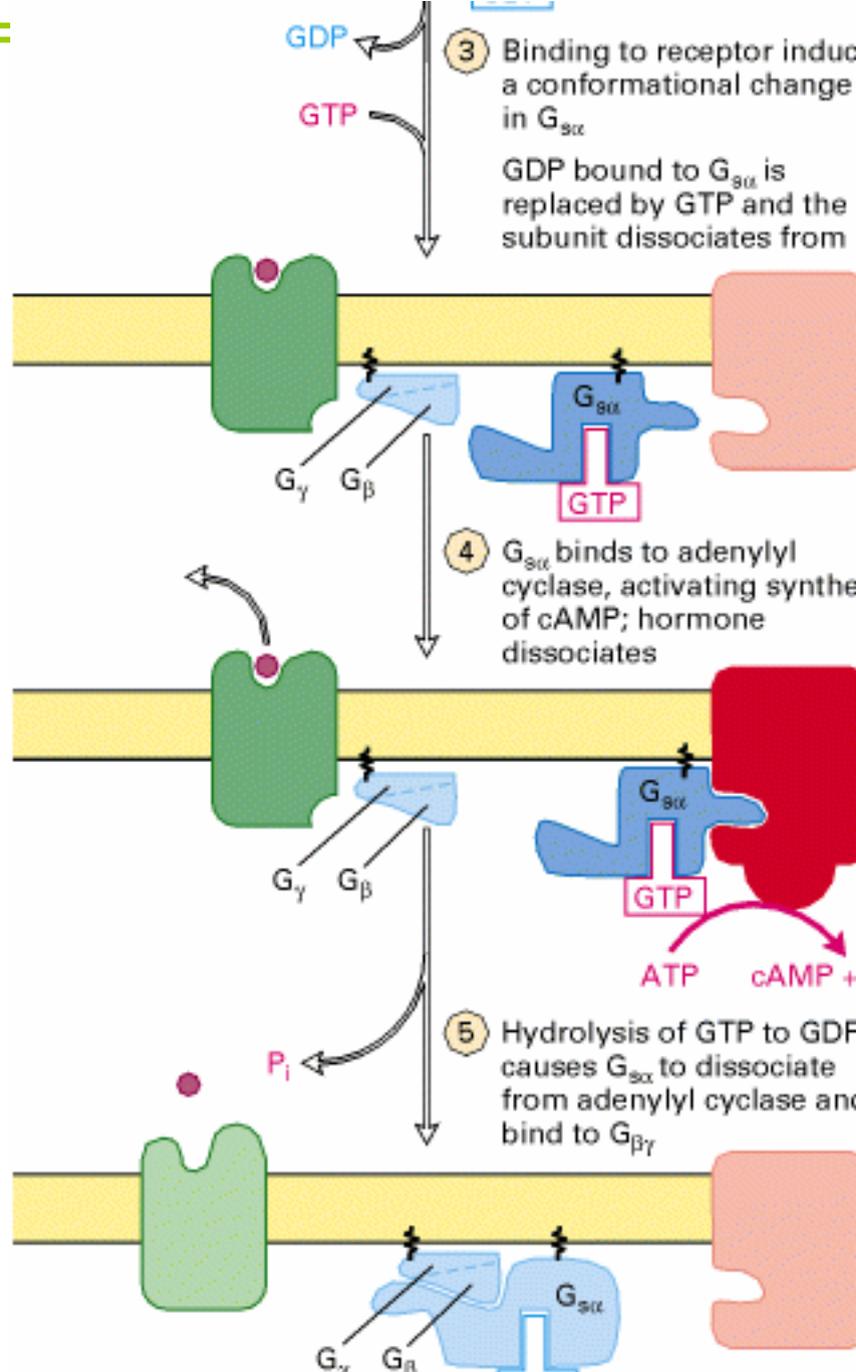
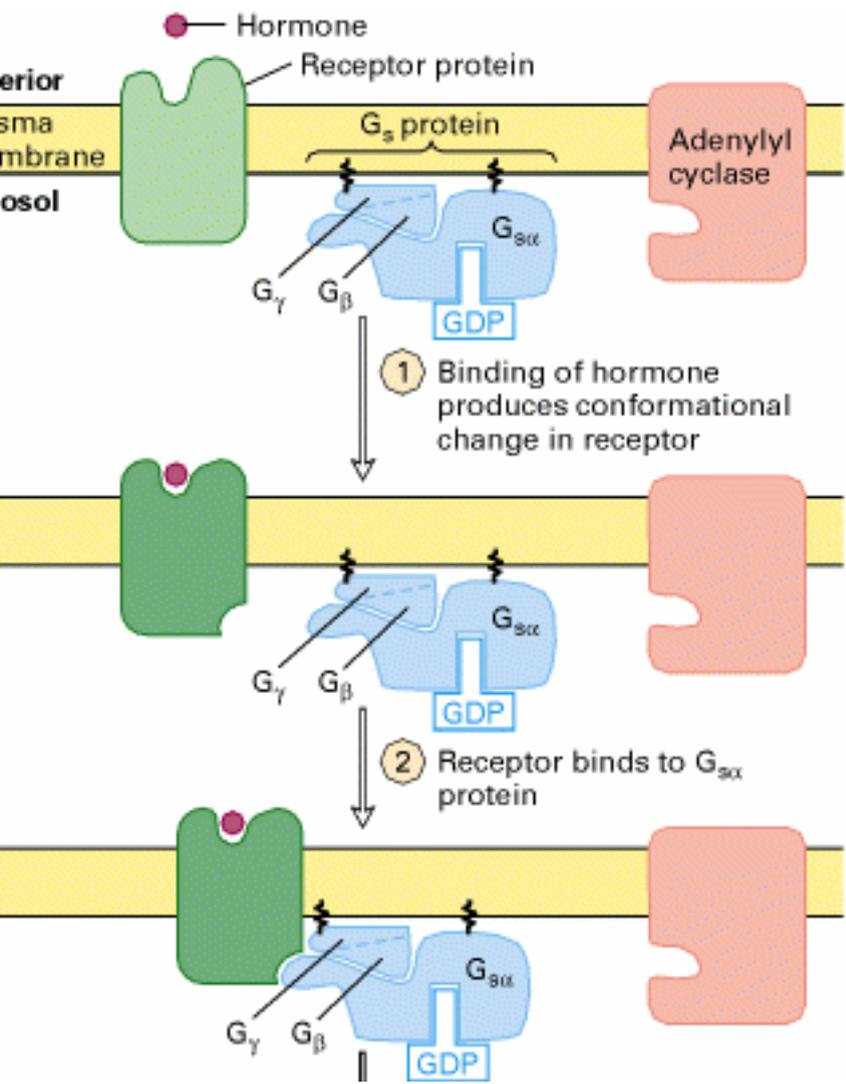


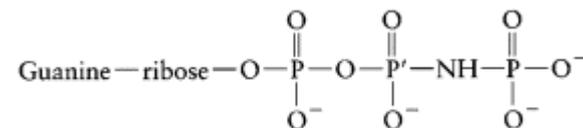
Figure 20-15. Schematic diagram of mammalian adenylyl cyclases. The membrane-bound enzyme contains two similar catalytic domains on the cytosolic face of the membrane and two integral membrane domains, each of which is thought to contain six transmembrane α helices. The **six adenylyl cyclase isoforms** present in mammals are activated or inhibited by transducing G proteins following hormone binding to an appropriate receptor. One isoform found mainly in the brain also is activated by Ca^{2+} ions complexed to the protein calmodulin. [See W. -J. Tang and A. G. Gilman, 1992, *Cell* **70**:869.]

Cycling of Gs between Active and Inactive F



The G proteins that transduce signals from the β -adrenergic receptor and other GPCRs contain three subunits designated α , β , and γ . As explained earlier, these GTPase switch proteins alternate between an "on" state with bound GTP and an "off" state with bound GDP (see [Figure 20-5a](#)). For example, when no ligand is bound to a β -adrenergic receptor, the α subunit of Gs protein (Gsa) is bound to GDP and complexed with the β and γ subunits ([Figure 20-16](#)). Binding of a hormone or agonist to the receptor changes its conformation, causing it to bind to the trimeric Gs protein in such a way that GDP is displaced from Gsa and GTP is bound. The Gsa-GTP complex, which dissociates from the Gbr complex, then binds to and activates adenylyl cyclase. This activation is short-lived, however, because GTP bound to Gsa hydrolyzes to GDP in seconds, leading to the association of Gsa with Gbr and inactivation of adenylyl cyclase. **The Gsa subunit thus relays the conformational change in the receptor triggered by hormone binding to adenylyl cyclase.**

Important evidence supporting this model has come from studies with a **nonhydrolyzable analog of GTP called GMPPNP**, in which a P-NH-P replaces the terminal phosphodiester bond in GTP:



Although this analog cannot be hydrolyzed, it binds to Gsa as well as GTP does. The addition of GMPPNP and an agonist to an erythrocyte membrane preparation results in a much larger and longer-lived activation of adenylyl cyclase than occurs with an agonist and GTP. Once the GDP bound to Gsa is displaced by GMPPNP, it remains permanently bound to Gsa. Because the Gsa-GMPPNP complex is as functional as the normal Gsa-GTP complex in activating adenylyl cyclase, the enzyme is in a permanently active state.

Amplification of Hormone Signal

The cellular responses triggered by cAMP may require tens of thousands or even millions of cAMP molecules per cell. Thus the hormone signal must be amplified in order to generate sufficient second messenger from the few thousand β -adrenergic receptors present on a cell. *Amplification* is possible because both receptors and Gs proteins can diffuse rapidly in the plasma membrane. A single receptor-hormone complex causes conversion of up to 100 inactive Gs molecules to the active form. Each active Gsa · GTP, in turn, probably activates a single adenylyl cyclase molecule, which then catalyzes synthesis of many cAMP molecules during the time Gs · GTP is bound to it.

Termination of Cellular Response

Termination of the response to hormones recognized by β -adrenergic receptors is facilitated by a **decrease in the affinity** of the receptor that occurs when Gs is converted from the inactive to active form. When the GDP bound to Gsa is replaced with GTP following hormone binding, the *KD* of the receptor-hormone complex increases, shifting the **equilibrium toward dissociation**. The GTP bound to Gsa is quickly hydrolyzed, reversing the activation of adenylyl cyclase and terminating the cellular response unless the concentration of hormone remains high enough to form new receptor-hormone complexes. Thus, the continuous presence of hormone is required for continuous activation of adenylyl cyclase.

Some Bacterial Toxins Irreversibly Modify G Proteins

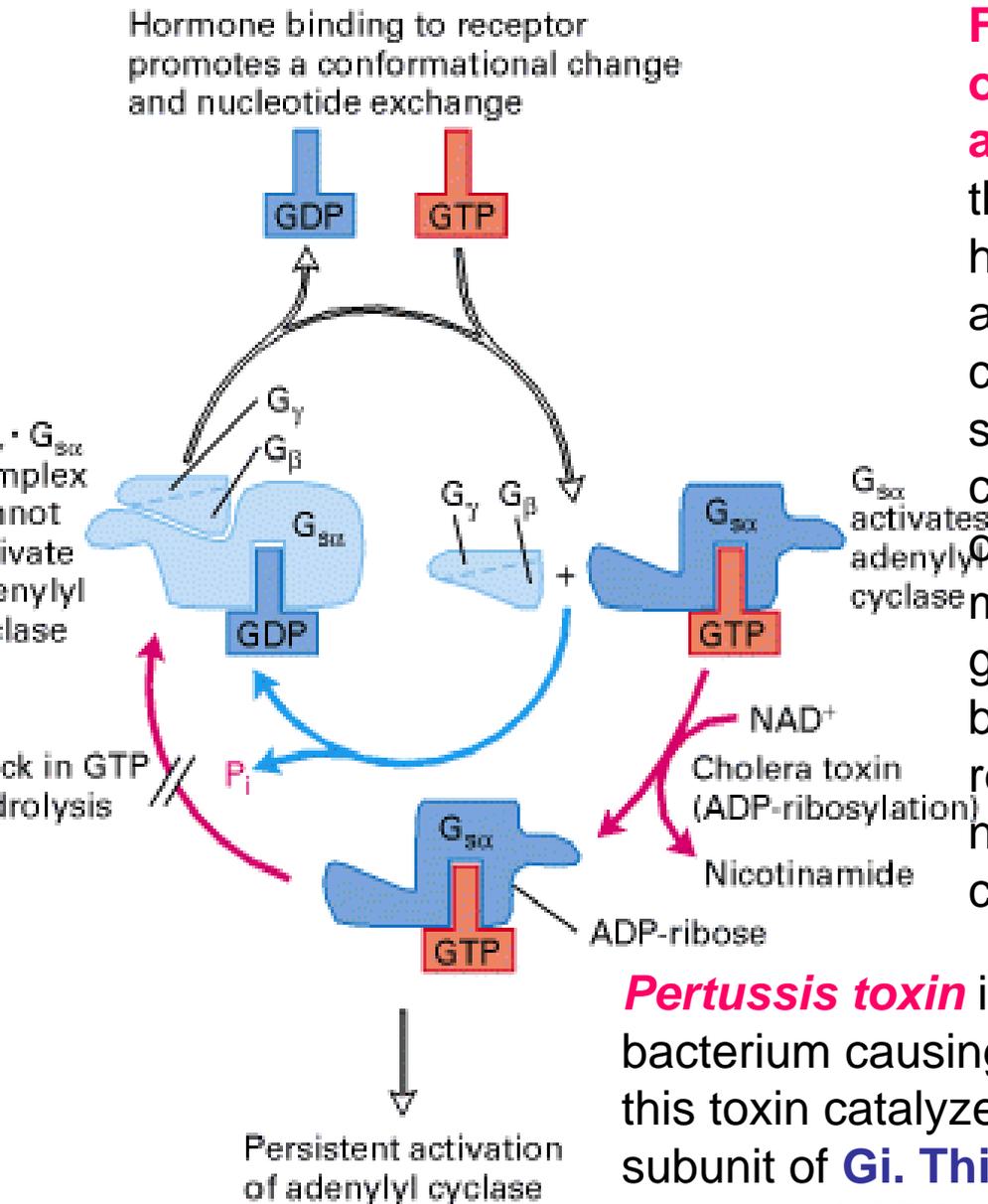


Figure 20-17. Effect of cholera toxin on cycling of $G_{s\alpha}$ between the active and inactive forms. Normally, GTP in the active $G_{s\alpha} \cdot GTP$ is rapidly hydrolyzed (blue arrow), so that the activation of adenylyl cyclase and rise in cAMP persist only as long as hormone stimulation. Hydrolysis of GTP to GDP is catalyzed by $G_{s\alpha}$ itself. In the presence of cholera toxin, $G_{s\alpha}$ is irreversibly modified by addition of an ADP-ribosyl group; the modified $G_{s\alpha}$ can bind GTP but cannot hydrolyze it (red arrows). As a result, there is an excessive, nonregulated rise in the intracellular cAMP level.

Pertussis toxin is secreted by *Bordetella pertussis*, the bacterium causing whooping cough. The S1 subunit of this toxin catalyzes addition of ADP-ribose to the α subunit of **G_i** . **This irreversible modification prevents release of GDP**, locking $G_{i\alpha}$ in the GDP-bound state.

Adenylyl Cyclase Is Stimulated and Inhibited by Different Receptor-Ligand

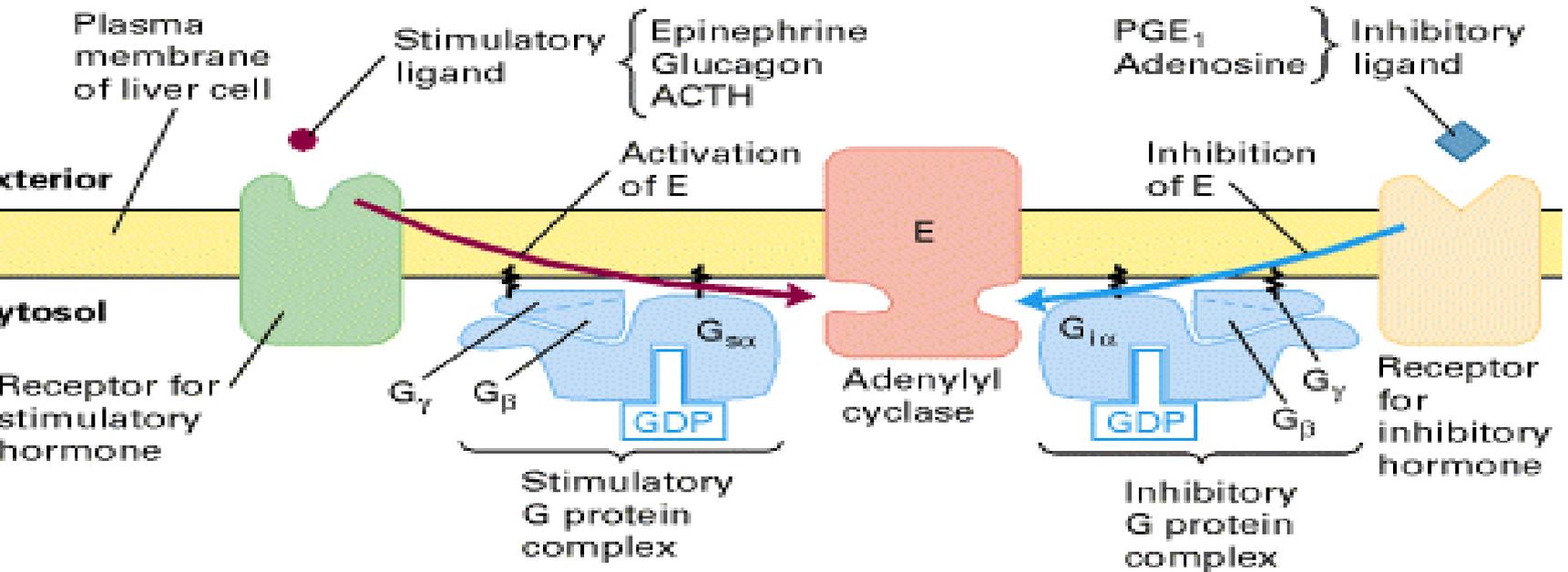


Figure 20-18. Hormone-induced activation and inhibition of adenylyl cyclase is mediated by G_{sα} (blue) and G_{iα} (brown), respectively. Binding of G_{sα} · GTP to adenylyl cyclase activates the enzyme (see [Figure 20-16](#)), whereas binding of G_{iα} inhibits adenylyl cyclase. The G_{βγ} subunit in both stimulatory and inhibitory G proteins is identical; the G_α subunits and the receptors differ. Some isoforms of adenylyl cyclase are directly inhibited by binding to G_{βγ}. Others require coincident binding of associated G_{sα} = GTP and G_{βγ} subunits (see Section 20.7).

Degradation of cAMP Also Is Regulated

The level of cAMP usually is controlled by the hormone-induced activation of adenylyl cyclase. Another point of regulation is the hydrolysis of cAMP to 5'-AMP by **cAMP phosphodiesterase**. This hydrolysis terminates the effect of hormone stimulation. As discussed later, the activity of many cAMP phosphodiesterases is stimulated by an increase in cytosolic Ca^{2+} (another intracellular second messenger), which often is induced by neuron or hormone stimulation. Some cells also modulate the level of cAMP by secreting it into the extracellular medium.

The synthesis and degradation of cAMP are both subject to complex regulation by multiple hormones, which allows the cell to integrate responses to many types of changes in its internal and external environments.