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**Publication Date**

1993

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**A Novel Transduction Pathway Associated With Receptors Coupled To The  
Inhibitory Guanine Nucleotide Binding Protein G<sub>i</sub> That Amplifies  
ATP-Stimulated Arachidonic Acid Release**

by

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**A Thesis submitted to the Faculty of the School of Medicine of the University of  
California at San Francisco in partial fulfillment of requirements for the degree of  
Medical Doctor with Thesis**

**1993**

## ABSTRACT

Adenosine triphosphate (ATP) is copackaged and coreleased with norepinephrine, serotonin, and acetylcholine suggesting a possible interaction between the signalling pathways for ATP and these neurotransmitters. Chinese hamster ovary (CHO) cells possessing endogenous ATP ( $P_2$  purinergic) receptors coupled to arachidonic acid release were individually transfected with genes for  $m_2$ - and  $m_4$ -muscarinic,  $\alpha_2$ -adrenergic,  $D_2$ -dopaminergic, 5-HT $_{1a}$ -serotonergic, and  $A_1$  adenosine receptors which have in common their ability to inhibit adenylate cyclase through the inhibitory guanine nucleotide binding protein  $G_i$ . These cells were then used as models to examine the interaction between inhibitory  $G_i$ -coupled receptors and ATP in the production of the second messenger arachidonic acid. Normal functional coupling of each of the transfected  $G_i$ -coupled receptors was demonstrated by their ability to inhibit forskolin-stimulated cAMP accumulation with dose-response activities consistent with previous reports. Stimulation of  $m_2$ ,  $m_4$ ,  $\alpha_2$ ,  $D_2$ , 5-HT $_{1a}$ , and  $A_1$  receptors resulted in an augmentation of ATP-stimulated arachidonic acid release (as well as augmentation of thrombin-, calcium ionophore-, melittin-, and phorbol ester-stimulated arachidonic acid release). With the exception of the  $m_4$  receptor, none of the receptors tested were able to stimulate arachidonic acid release in the absence of ATP. Potentiation of ATP-stimulated arachidonic acid release was independent of changes in cAMP. The augmentation of ATP-stimulated arachidonic acid release and the inhibition of cAMP accumulation were both blocked by pertussis toxin, an inhibitor of  $G_i$ , but with different dose-response characteristics. Inhibition

of protein kinase C with staurosporine or long-term pretreatment of the cells with the phorbol ester PMA (phorbol 12-myristate 13-acetate) blocked the augmentation response. Only the  $A_1$  and  $5-HT_{1a}$  receptors were linked to inositolphospholipid turnover as a possible mechanism for protein kinase C activation. These findings demonstrate that  $G_i$ -coupled inhibitory receptors can amplify ATP receptor-stimulated arachidonic acid release in addition to their classical role in the inhibition of adenylate cyclase activity. The mechanism of this novel transduction pathway appears to involve a pertussis-toxin-sensitive G-protein and protein kinase C, but is independent of adenylate cyclase inhibition.

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## INTRODUCTION

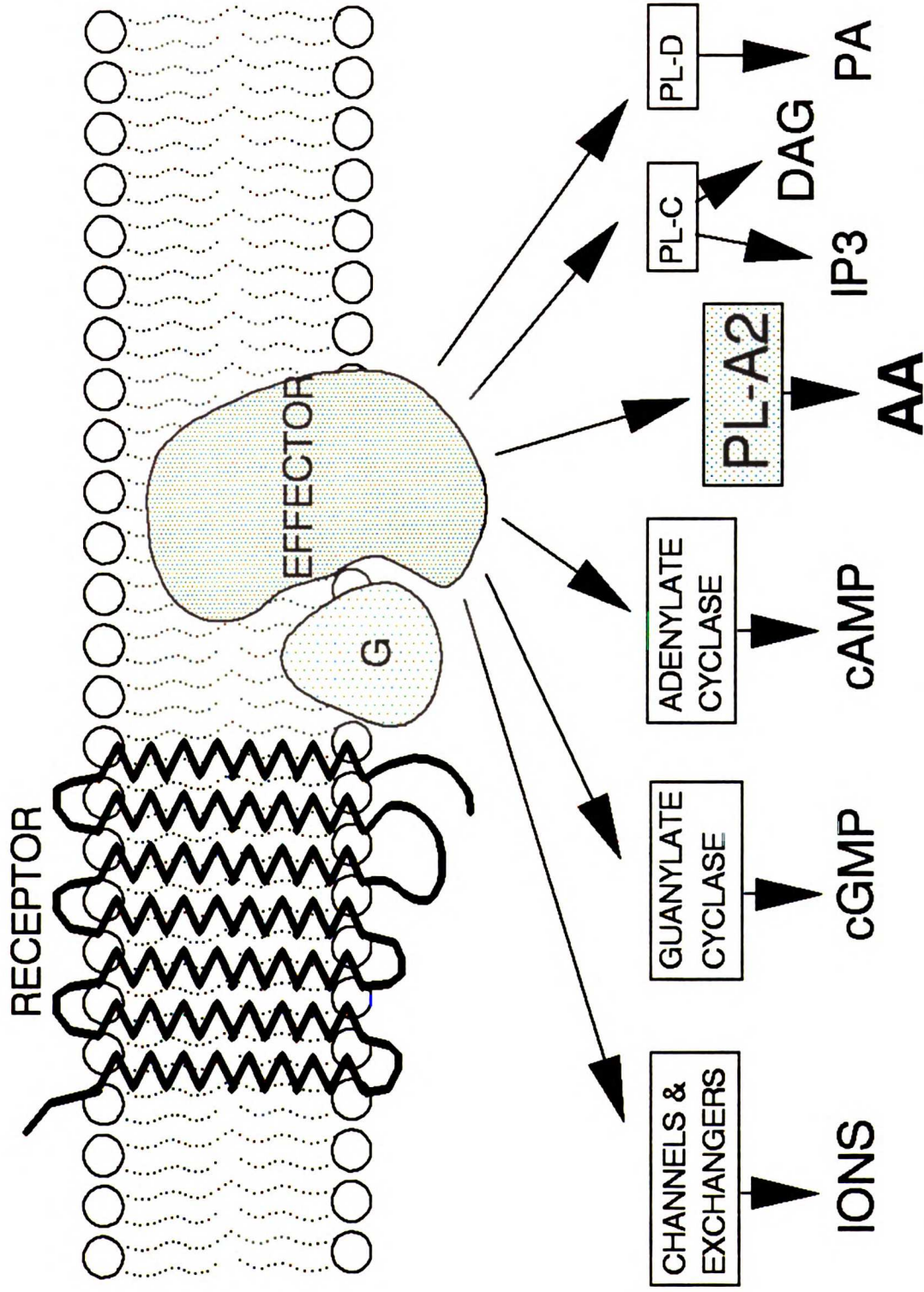
Neurotransmitters, hormones, cytokines, growth factors and other water-soluble signaling molecules transmit their specific messages by binding to receptor proteins on the surface of the target cells they influence. Binding of the ligand causes the receptor to undergo a conformational change enabling the receptor to act directly or indirectly as a transducer, converting the extracellular signal into an intracellular message. Most cell-surface receptor proteins belong to one of three classes, which are defined by the transduction mechanism used: channel-linked, catalytic, and G-protein-linked (1). Channel-linked receptors are transmitter-gated ion channels involved mainly in rapid synaptic signaling between electrically excitable cells. Catalytic receptors, when activated by their ligand, operate directly as enzymes such as tyrosine-specific protein kinases. The third class of cell-surface receptors includes a large family of homologous, seven-pass transmembrane glycoproteins which couple to guanine-nucleotide-binding proteins (G-proteins) in order to indirectly stimulate or inhibit separate membrane-associated ion channels and enzymes such as adenylate cyclase and phospholipases. The G-proteins are heterotrimers that respond to a ligand-activated receptor by disassociating into their component  $\alpha$ - and  $\beta\gamma$ -subunits upon exchange of GTP for the GDP bound to the  $\alpha$ -subunit. Specific  $\alpha$ -subunits are associated with the activation and inhibition of different effector systems. The  $\alpha$ -subunits have endogenous GTPase activity which hydrolyzes the bound GTP to GDP, resulting in reassociation of the inactive  $\alpha\beta\gamma$ -heterotrimer and subsequent termination of the signal (2). The sequential



stimulation of receptor, G-protein, and effector enzyme or ion channel alters the concentration of intracellular second messengers such as  $\text{Ca}^{++}$ , cAMP, arachidonic acid, and inositol phosphates (Figure 1). These second messengers act in turn to elicit the biological responses characteristic of a given cell often through activation of protein kinases and phosphatases.

Arachidonic acid and many of its eicosanoid metabolites have received much attention as important second messengers in both neural and nonneural cells (3,4). Arachidonic acid may be metabolized by cyclooxygenases to prostaglandins and thromboxanes; by lipoxygenases to leukotrienes and hydroxyeicosatetraenoic acids (HETEs), and by epoxygenases to epoxides. Unlike other second messengers, arachidonic acid and its metabolites are membrane permeable and so can mediate both intra- and extracellular signalling. Arachidonic acid is known to affect the activities of neuronal ion channels and protein kinases and may play a role in longterm potentiation and synaptic plasticity, both models for mammalian memory, by acting as a retrograde messenger to regulate neurotransmitter release (4,5). Arachidonic acid itself can mobilize cytosolic calcium, independent of inositol triphosphate formation (6). Arachidonic acid and its metabolites can also amplify other second messenger systems such as cAMP (7).

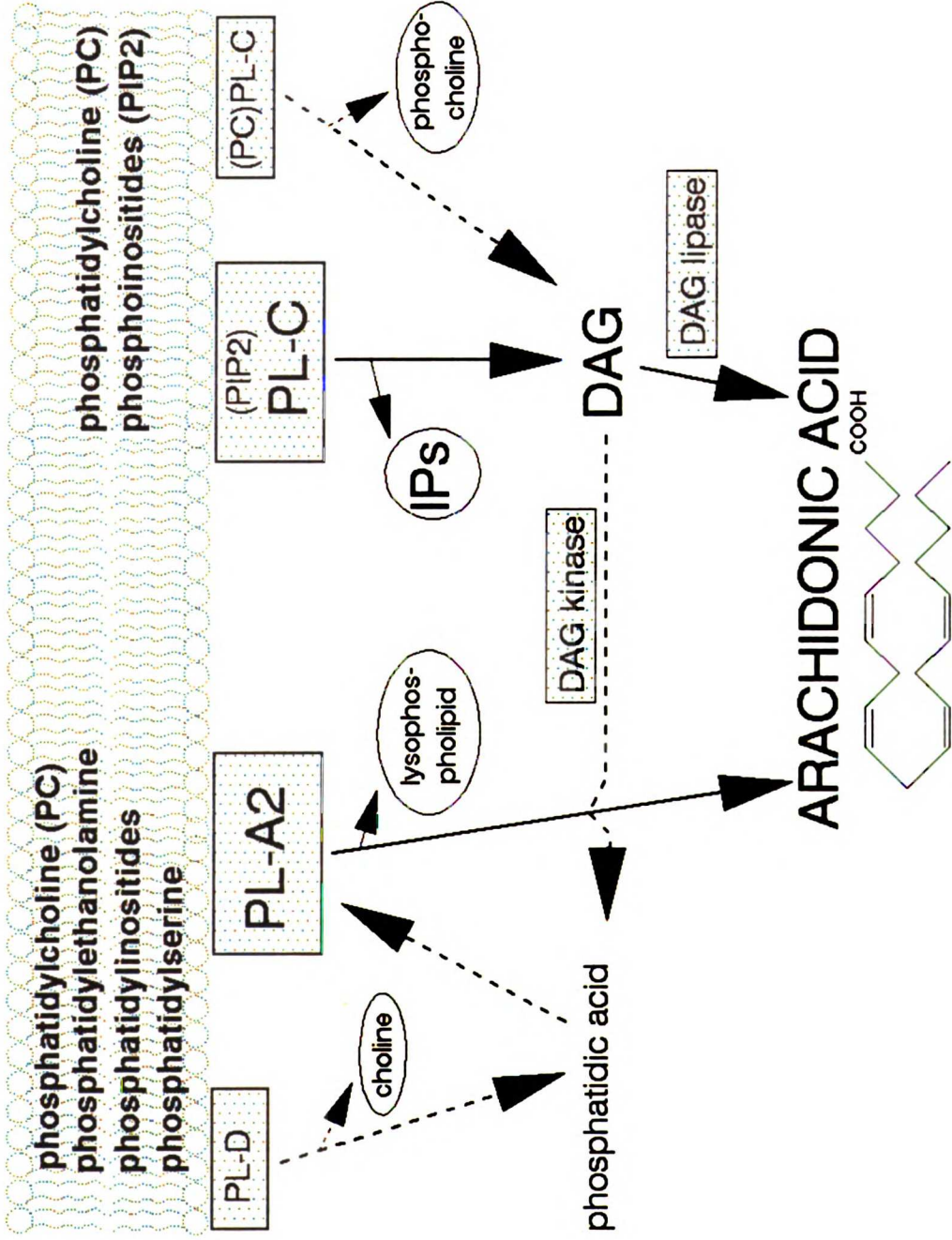
Arachidonic acid is liberated from cell membrane phospholipids by the action of phospholipases. The brain is particularly rich in arachidonate-containing phospholipids and various CNS stimuli such as ischemia, anoxia, and seizure activity cause increased release of arachidonic acid (8). Receptor-generated arachidonic acid



**Figure 1: Receptors couple to many different effector systems via G-proteins.** PL-A2, phospholipase A2. AA, arachidonic acid. PL-C, phospholipase C. IP3, inositol triphosphate. DAG, diacylglycerol. PL-D, phospholipase D. PA, phosphatidic acid.

release has been demonstrated in a variety of primary neuronal cultures and associated with the  $\alpha_1$ -adrenergic, 5-HT<sub>2</sub>-serotonergic, m<sub>1</sub>-muscarinic, and N-methyl-D-aspartate (NMDA) receptors (9-12). Several pathways exist for receptor-mediated arachidonic acid release. The most direct involves coupling of the receptor protein to activation of the effector enzyme phospholipase A<sub>2</sub> via a G-protein (13). Phospholipase A<sub>2</sub> hydrolyzes arachidonic acid-containing phospholipids, such as phosphatidylcholine, phosphatidylethanolamine, phosphatidylserine, and phosphatidylinositides, to generate free arachidonic acid and lysophospholipids. Indirect routes have been demonstrated involving the release of arachidonic acid from diacylglycerol by diglyceride lipase (14). Diacylglycerol can be generated from the action of phospholipase C on several phospholipids such as phosphatidylcholine and phosphoinositides. Alternatively, arachidonic acid can be released from phosphatidic acid produced from the hydrolysis of phospholipids by phospholipase D (15) (Figure 2). In many studies, receptor-mediated release of arachidonic acid was found to be calcium dependent, while phospholipase C and D are partially dependent on or insensitive to calcium (16,17).

Following neural stimulation, neurotransmitters are released from storage vesicles and bind to cell surface receptors to initiate transmembrane signalling. Adenosine triphosphate (ATP) is copackaged with several neurotransmitters, including norepinephrine, serotonin, and acetylcholine, in storage vesicles and coreleased during the process of nerve stimulation (18). ATP, in addition to its role in intermediary metabolism and cellular energy, can itself act as a neurotransmitter



**Figure 2: Arachidonic acid is liberated from membrane phospholipids by the action of phospholipases.** The most direct path involves PL-A2, phospholipase A2. PL-D, phospholipase D. PL-C, phospholipase C. DAG, diacylglycerol. IPs, inositol phosphates.

by binding with high affinity to cell surface purinergic receptors. The  $P_2$ -purinergic receptor is coupled via G-proteins to the stimulation of phospholipase  $A_2$  and phospholipase C resulting in the liberation of arachidonic acid and inositol phosphates, respectively (19). The corelease of ATP with neurotransmitters suggests a possible interaction between their signalling pathways. A recent observation was made that calcium ionophore-stimulated arachidonic acid release can be amplified by transfected inhibitory  $D_2$  receptors in Chinese hamster ovary (CHO) cells (20). This suggested that an interaction might exist between receptor-mediated arachidonic acid release and inhibitory  $G_i$ -coupled receptors (where  $G_i$  is the inhibitory G-protein). To examine this possibility CHO cells were selected that contain endogenous ATP receptors coupled to arachidonic acid release (21). CHO cells are devoid of most neurotransmitter receptors, yet contain the appropriate G-proteins and effector enzymes to allow arachidonic acid, inositol phosphate, and cAMP second messenger production. Neurotransmitter receptors have been expressed in these cells through DNA transfection techniques permitting the study of mechanisms of signal transduction associated with individual receptor subtypes (22,23). In this study, CHO cells were transfected with genes for muscarinic  $m_2$  and  $m_4$ ,  $\alpha_2$ -adrenergic,  $D_2$ -dopaminergic,  $5-HT_{1a}$ -serotonergic, and  $A_1$  adenosine receptors which have been previously characterized (24-31) and have in common their coupling to the inhibition of adenylate cyclase through a  $G_i$  protein. All six of these inhibitory  $G_i$ -coupled receptors were shown to augment ATP-stimulated arachidonic acid release, thus demonstrating a novel transduction pathway linking this class of receptors to

## MATERIALS AND METHODS

### Materials:

Pertussis toxin, staurosporine, phorbol 12-myristate 13-acetate (PMA), and 4- $\alpha$  phorbol were purchased from Calbiochem (La Jolla, CA). [5,6,8,9,11,12,14,15- $^3\text{H}(\text{N})$ ] arachidonic acid was purchased from New England Nuclear (Boston, MA) and *myo*-[2- $^3\text{H}(\text{N})$ ]inositol from American Radiolabeled Chemicals (St. Louis, MO). Clonidine, quinpirole, R(-)N<sup>6</sup>-(2-phenylisopropyl)adenosine (R-PIA) and xanthine amine congener (XAC) were purchased from Research Biochemicals (Natick, MA). (Rp)-Adenosine cyclic 3',5'-phosphorothioate {(Rp)-cAMP[S]} was purchased from Biolog Life Sciences Institute (La Jolla, CA). RO 20-1724, a phosphodiesterase inhibitor, was purchased from Biomol (Plymouth Meeting, PA). Reagents used in the radioimmunoassay of cAMP were purchased from Gary Brooker (Dept. of Biochemistry, Georgetown University School of Medicine, Washington DC). Cell culture media, reagents, and fetal bovine serum were obtained from GIBCO Laboratories (Grand Island, NY). All other reagents were purchased from Sigma Chemical Company (St. Louis, MO).

### Cell Culture and Stable Expression of Receptor Clones in Chinese Hamster Ovary Cells (CHO):

CHO cells were obtained from the American Type Culture Collection (Rockville, MD) and maintained in Dulbecco's Modified Eagle's Media containing high glucose (4,500 mg/L), sodium pyruvate (1 mM), and 10% fetal bovine serum,

in a humidified atmosphere of 5% CO<sub>2</sub> in air at 37°C. CHO cells that expressed physiologic levels of the m<sub>2</sub> receptor (84 fmol/mg protein) and the m<sub>4</sub> receptor (202 fmol/mg protein) (24) were generously provided by M.R. Brann, N.J. Buckley, and T.I. Bonner. CHO cells expressing the α<sub>2</sub> receptor (64 fmol/mg protein) have been described (25). CHO cells expressing physiologic levels of the D<sub>2</sub> receptor (1-2 pmol/mg protein) (26,27) were provided by D.R. Sibley and L.C. Mahan. CHO cells expressing physiologic levels of the 5-HT<sub>1a</sub> receptor (900 fmol/mg protein) (28,29) were provided by J.R. Raymond. CHO cells expressing the recently cloned A<sub>1</sub> adenosine receptor (1 pmol/mg protein) (30,31) were provided by L.C. Mahan. CHO cells do not express endogenous muscarinic, adrenergic, dopaminergic, serotonergic, or adenosine receptors as determined by radioligand binding (24-31).

#### **Measurement of cAMP Accumulation in CHO cells:**

CHO cells were grown to confluence in 24-well Costar plastic culture plates (Becton Dickinson, Oxnard, CA) or placed in suspension at a density of 3-4 x 10<sup>6</sup> cells/mL. The growth medium was replaced with 250 μl of Eagles #2 Minimal Essential Media containing 28 μM of the phosphodiesterase inhibitor RO 20-1724. Following 10 minutes of preincubation at 37°C, experimental agents were added. The reaction was stopped after 5 minutes with 250 μL of an ice-cold solution containing 0.1 N HCl and 0.1 mM CaCl<sub>2</sub>. The accumulation of cAMP was measured by radioimmunoassay as described (22).

**Measurement of [<sup>3</sup>H]arachidonic acid release:**

CHO cells were grown to 50-75% confluency in 24-well culture plates and labeled overnight with [<sup>3</sup>H]arachidonic acid (0.20  $\mu$ Ci/mL/well; 1 Ci = 37 GBq). Before the addition of experimental agents, the cells were washed twice with 500  $\mu$ L of Eagles #2 Minimal Essentials Media containing 2.0 mM CaCl<sub>2</sub>, 0.2 mM MgCl<sub>2</sub>, and 0.2% fatty acid-free bovine serum albumin (BSA). The BSA was used to trap free [<sup>3</sup>H]arachidonic acid in the extracellular medium. The experimental agents were added in a final volume of 500  $\mu$ L and the reaction allowed to proceed for 10 minutes at 37°C. The reaction was stopped by removal of the incubation medium, which was then centrifuged at 12,000 x G for 1 minute to remove nonadherent cells. An aliquot of the supernatant was removed and released [<sup>3</sup>H]arachidonic acid was measured with a liquid scintillation counter. High performance liquid chromatography analysis revealed that greater than 99% of released radioactivity in the presence of 0.2% BSA was attributable to arachidonic acid (data not shown).

**Measurement of [<sup>3</sup>H]inositol phosphate release:**

CHO cells were grown to 80% confluency in 24-well culture plates and labeled overnight with [<sup>3</sup>H]inositol (1  $\mu$ Ci/mL/well). Prior to the addition of experimental agents, the cells were washed twice with 250  $\mu$ L of Eagles #2 Minimal Essentials Media containing 10 mM LiCl<sub>2</sub>. The experimental agents were added in a final volume of 250  $\mu$ L and the reaction allowed to proceed for 15 minutes at 37°C. The reaction was stopped by the addition of 250  $\mu$ L of an ice-cold solution containing 1



M KOH, 18 mM  $\text{Na}_2\text{B}_4\text{O}_7$ , 3.8 mM EDTA, and 7.6 mM NaOH. The stop solution was immediately neutralized with the addition of 250  $\mu\text{L}$  of a solution containing 7.5% HCl. Released inositol phosphates were separated by anion exchange chromatography as described (22).

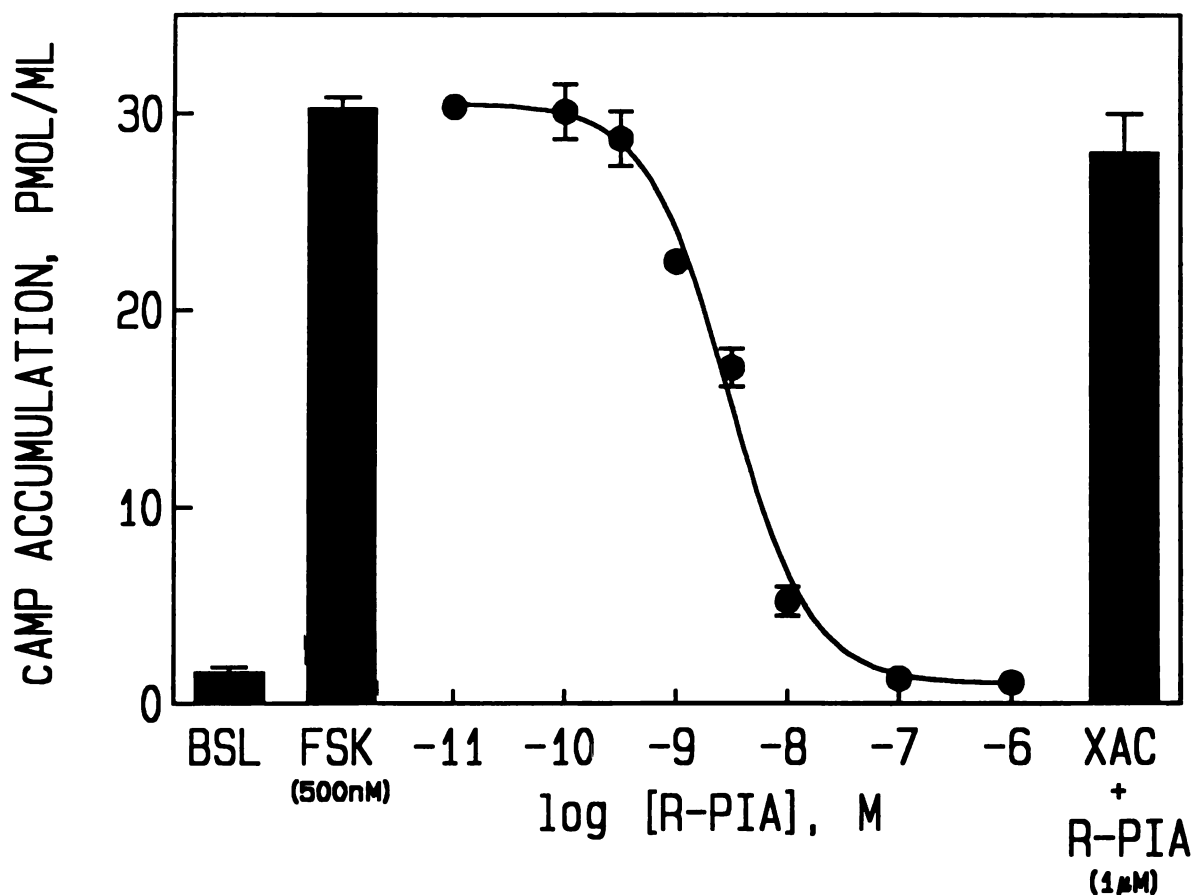
**Data analysis:**

All experiments were done in triplicate, with data being presented as the means of at least three experiments  $\pm$  standard error of the mean (SEM).  $\text{EC}_{50}$  values were estimated by nonlinear regression of primary data using InPlot 3.0 (GraphPAD Software, San Diego, CA).

## RESULTS

### **(A) Muscarinic $m_2$ and $m_4$ , $D_2$ -dopaminergic, $\alpha_2$ -adrenergic, 5-HT<sub>1a</sub>-serotonergic, and $A_1$ adenosine receptors transfected and stably expressed in CHO cells inhibit cAMP accumulation.**

To verify the functional association between the transfected  $G_i$ -coupled receptors and adenylate cyclase in CHO cells, forskolin-stimulated cAMP accumulation was measured after the addition of receptor agonists. In the case of CHO cells transfected and stably expressing the  $A_1$  adenosine receptor, addition of R-PIA, a selective  $A_1$  receptor agonist, inhibited forskolin-stimulated cAMP accumulation in a concentration-dependent manner (Figure 3). The inhibition was similar to unpublished radioligand binding data ( $K_d$  8.8 nM) (31) and studies using cells expressing native  $A_1$  adenosine receptors (32,33). Addition of R-PIA to untransfected CHO cells or CHO cells transfected with the  $D_2$ -dopaminergic receptor failed to inhibit forskolin-stimulated cAMP accumulation (data not shown), demonstrating that the R-PIA-mediated inhibition of adenylate cyclase was neither a native function of the CHO cells nor a byproduct of the transfection procedure. The R-PIA-mediated inhibition of forskolin-stimulated cAMP accumulation in CHO cells transfected with the  $A_1$  receptor was completely blocked by adding 10  $\mu$ M of a selective  $A_1$  antagonist, XAC (Figure 3). These data demonstrate normal functional coupling of the transfected  $A_1$  adenosine receptor to the inhibition of adenylate cyclase. Inhibition of forskolin-stimulated cAMP accumulation by  $m_2$ - and  $m_4$ -muscarinic,  $D_2$ -dopaminergic,  $\alpha_2$ -adrenergic, and 5-HT<sub>1a</sub>-serotonergic receptors



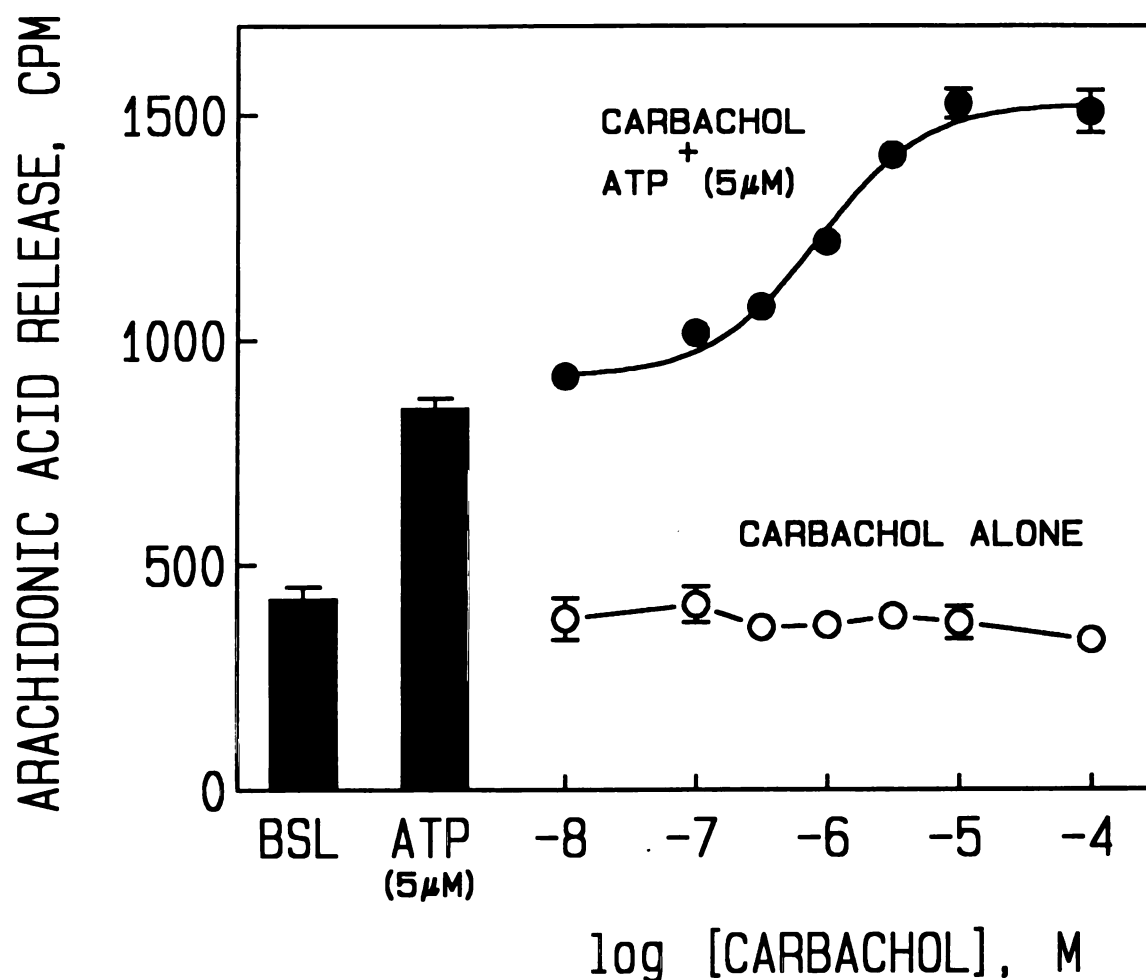
**Figure 3: Stimulation of the  $A_1$  adenosine receptor inhibits cAMP accumulation.** Clonal CHO cells transfected with and expressing the  $A_1$  adenosine receptor were incubated in suspension with 500 nM forskolin (FSK) for 5 minutes and cAMP accumulation above basal (BSL) levels was measured. R-PIA, a selective  $A_1$  adenosine receptor agonist, inhibited forskolin-stimulated cAMP accumulation with an estimated  $EC_{50}$  value of  $2.94 \pm 0.12$  nM. Maximal inhibition of forskolin-stimulated cAMP accumulation by  $1 \mu\text{M}$  R-PIA was completely reversed by  $10 \mu\text{M}$  XAC, an  $A_1$  receptor antagonist.

CHO cells expressing the  $m_2$ ,  $m_4$ ,  $\alpha_2$ ,  $D_2$ , and  $5\text{-HT}_{1a}$  receptors also tested for coupling to adenylate cyclase (not shown on graph). The  $EC_{50}$  values for the inhibition of forskolin-stimulated cAMP generation using the selective agonists carbachol ( $m_2, m_4$ ), quinpirole ( $D_2$ ), clonidine ( $\alpha_2$ ), and serotonin ( $5\text{-HT}_{1a}$ ) are:  $m_2$ ,  $537 \pm 24\text{nM}$ ;  $m_4$ ,  $34 \pm 1.1\text{nM}$ ;  $D_2$ ,  $2.0 \pm 0.01\text{nM}$ ;  $\alpha_2$ ,  $2.6 \pm 0.1\text{nM}$ ; and  $5\text{-HT}_{1a}$ ,  $65 \pm 9\text{nM}$  (24-26,29).

transfected and stably expressed in CHO cells was also demonstrated (Figure 3 legend) (24-26,29).

**(B) The transfected inhibitory G<sub>i</sub>-coupled receptors augment ATP-stimulated arachidonic acid release.**

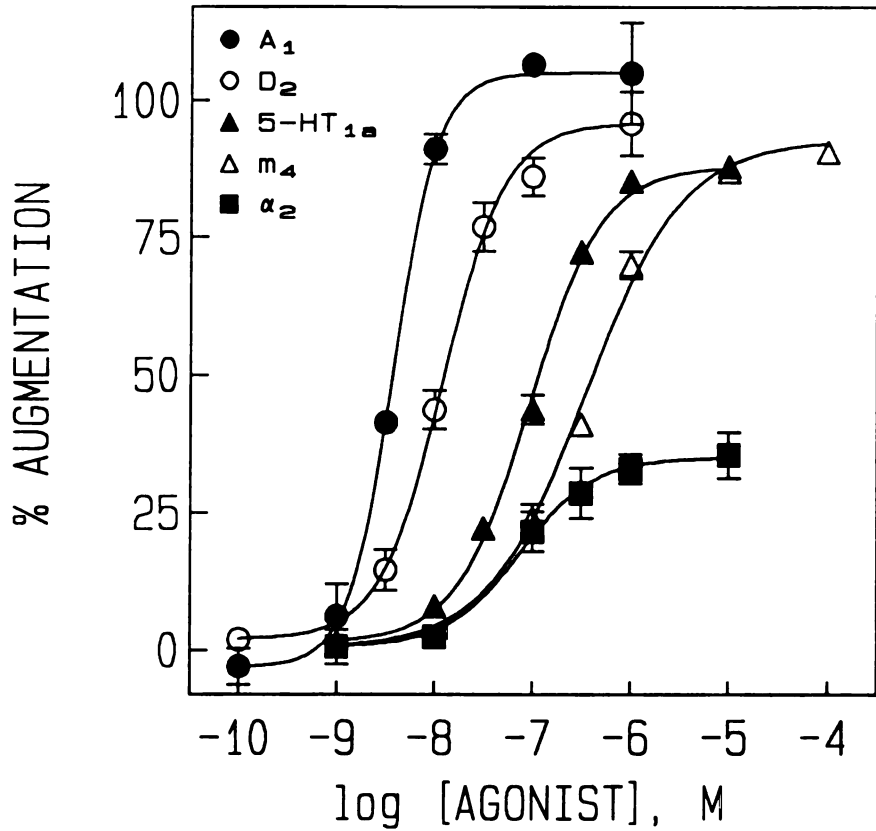
Potentialiation of ionophore-stimulated arachidonic acid release was recently observed in CHO cells transfected with an inhibitory dopamine D<sub>2</sub> receptor (20). The following studies were undertaken to determine if an interaction might exist between ATP receptor-stimulated arachidonic acid release and transfected inhibitory receptors. Transfected m<sub>2</sub> muscarinic acetylcholine receptors were first examined for an effect on the generation of arachidonic acid release after stimulation by ATP. ATP stimulated arachidonic acid release in the CHO cell, but the stimulation of expressed m<sub>2</sub> receptors with the muscarinic agonist carbachol, in the absence of ATP, failed to generate arachidonic acid. Stimulation of the m<sub>2</sub> receptor after the addition of ATP markedly potentiated ATP-stimulated release of arachidonic acid (Figure 4). Addition of the muscarinic antagonist atropine, blocked the carbachol-mediated augmentation of arachidonic acid release, but had no effect on ATP-stimulated arachidonic acid release suggesting a muscarinic-receptor-mediated process (data not shown). Other receptors associated with the inhibition of adenylate cyclase were tested for their ability to augment ATP-stimulated release of arachidonic acid. CHO cells expressing m<sub>4</sub>-muscarinic, D<sub>2</sub>-dopaminergic, α<sub>2</sub>-adrenergic, 5-HT<sub>1a</sub>-serotonergic, and A<sub>1</sub> adenosine receptors also augmented ATP-stimulated release of arachidonic



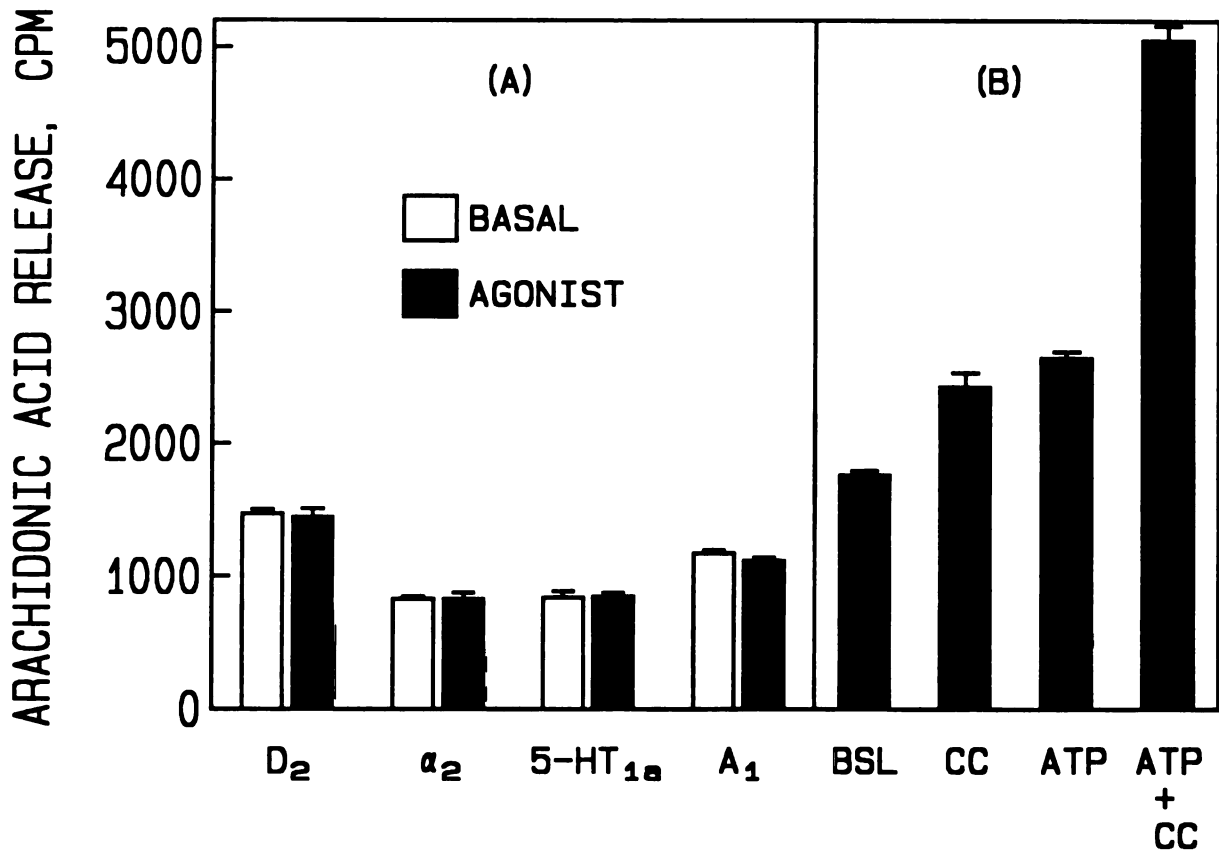
**Figure 4: Stimulation of the  $m_2$ -muscarinic receptor augments ATP-stimulated arachidonic acid release.** Clonal CHO cells transfected with and expressing the  $m_2$ -muscarinic receptor were pre-labeled overnight with [ $^3$ H]arachidonic acid and arachidonic acid release was measured after 15 minutes. Maximal ATP ( $5\mu\text{M}$ )-stimulated arachidonic acid release is shown ( $\text{EC}_{50}$ :  $958 \pm 4\text{nM}$ ). Carbachol, a muscarinic agonist, augmented ATP-stimulated arachidonic acid release with an estimated  $\text{EC}_{50}$  of  $871 \pm 24\text{nM}$ . BSL, basal level.

acid (Figure 5) suggesting a commonality of this response among receptors that inhibit adenylate cyclase activity. Maximal stimulation of  $D_2$ ,  $\alpha_2$ ,  $5\text{-HT}_{1a}$ , and  $A_1$  receptors had no effect on arachidonic acid release in the absence of ATP (Figure 6) and the  $m_4$  receptor caused a modest increase in arachidonic acid release (38% over basal) (Figure 6). Therefore, receptors that normally inhibit adenylate cyclase can amplify purinergic receptor-stimulated arachidonic acid release.

Other methods of stimulating arachidonic acid release were tested for  $G_i$ -coupled-receptor-mediated augmentation. In addition to ATP receptors, CHO cells possess endogenous thrombin receptors coupled to arachidonic acid release (21). Several nonreceptor-mediated mechanisms of phospholipase  $A_2$  activation have also been described: ionophore A23187 (which stimulates phospholipase  $A_2$  by elevating intracellular calcium), melittin (which stimulates phospholipase  $A_2$  independent of calcium), and the phorbol ester PMA (which stimulates phospholipase  $A_2$  through protein kinase C activation) (34-37). Activation of the transfected  $A_1$  receptor with R-PIA resulted in the potentiation of thrombin-, A23187-, melittin-, and PMA-stimulated arachidonic acid release (Figure 7). Similar results were seen for the  $D_2$  and  $5\text{-HT}_{1a}$  receptors (data not shown). Thus,  $G_i$ -coupled receptors which normally inhibit adenylate cyclase can amplify arachidonic acid release stimulated by several agents that activate phospholipase  $A_2$  in CHO cells.

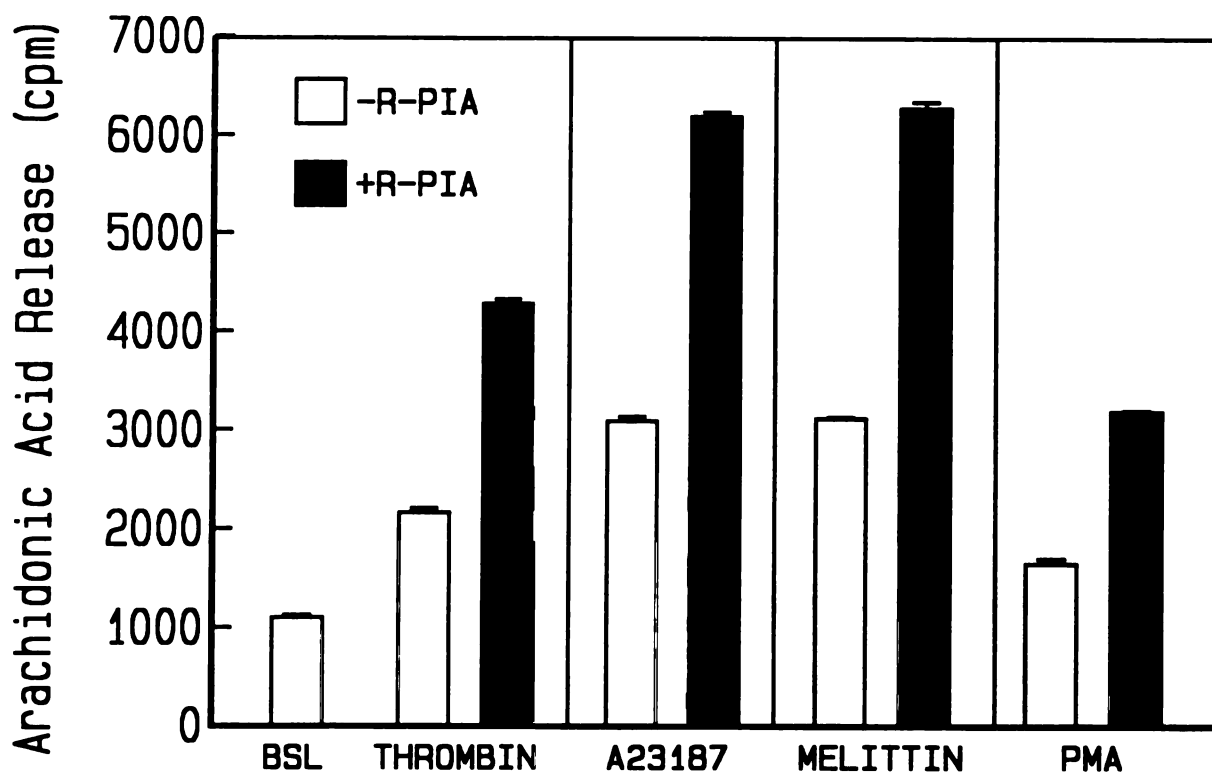


**Figure 5: Stimulation of D<sub>2</sub>-dopaminergic, m<sub>4</sub>-muscarinic, α<sub>2</sub>-adrenergic, 5-HT<sub>1a</sub>-serotonergic, and A<sub>1</sub> adenosine receptors augments ATP-stimulated arachidonic acid release.** Clonal CHO cell lines individually transfected with and expressing the D<sub>2</sub>, m<sub>4</sub>, α<sub>2</sub>, 5-HT<sub>1a</sub>, and A<sub>1</sub> receptors were stimulated with receptor agonists quinpirole, carbachol, clonidine, serotonin, and R-PIA, respectively. Arachidonic acid release was measured after 15 minutes. Data represents the percent augmentation of arachidonic acid release over maximal ATP stimulation (5μM). Estimated EC<sub>50</sub> values for percent augmentation are as follows: D<sub>2</sub>, 11 ± 0.1nM; m<sub>4</sub>, 338 ± 3nM; α<sub>2</sub>, 129 ± 0.1nM; 5-HT<sub>1a</sub>, 93 ± 3.5nM; and A<sub>1</sub>, 4.3 ± 0.2nM.



**Figure 6: Maximal stimulation of D<sub>2</sub>, α<sub>2</sub>, 5-HT<sub>1a</sub>, and A<sub>1</sub> receptors has no effect on arachidonic acid release in the absence of ATP and the m<sub>4</sub> receptor caused a modest increase in arachidonic acid release. (A)** Clonal CHO cell lines expressing the D<sub>2</sub>, α<sub>2</sub>, 5-HT<sub>1a</sub>, and A<sub>1</sub> receptors were stimulated with receptor agonists quinpirole (1 μM), clonidine (10 μM), serotonin (10 μM), and R-PIA (1 μM), respectively. Arachidonic acid release was measured over basal after 15 minutes. **(B)** Maximal stimulation of the m<sub>4</sub> receptor with carbachol (CC) (100 μM) in the absence of ATP increased arachidonic acid release by 38.46 ± 5.98 percent over basal (BSL). Maximal stimulation of the m<sub>4</sub> receptor in the presence of ATP augmented arachidonic acid by 90.71 ± 2.22 percent over maximal ATP stimulation (5 μM).





**Figure 7: The transfected  $A_1$  adenosine receptor potentiates the release of arachidonic acid stimulated by thrombin, A23187, melittin, and PMA.** [ $^3\text{H}$ ]arachidonic acid release in clonal CHO cells expressing the  $A_1$  receptor was stimulated with thrombin (0.1 U/mL, 10 minutes), A23187 (10  $\mu\text{M}$ , 10 minutes), melittin (1  $\mu\text{g}/\text{mL}$ , 10 minutes), or PMA (100 nM, 30 minutes) and amplified with R-PIA (1  $\mu\text{M}$ ).

**(C) Potentiation of ATP-stimulated arachidonic acid release is independent of changes in cAMP.**

Since the known second messenger pathway common among the transfected  $G_i$ -coupled receptors tested is the inhibition of adenylate cyclase, it is possible that decreases in cAMP levels may be required for amplification of ATP-stimulated arachidonic acid release. It would follow that increases in cAMP should reverse the augmentation effect. Stable analogs of cAMP or agents that stimulate cAMP production were added to CHO cells expressing the  $m_2$  receptor in an attempt to overcome the augmentation of arachidonic acid release (Table 1). Addition of the non-hydrolyzable cAMP analogs 8-(4-chlorophenylthio)-cAMP and 8-bromo-cAMP had no effect on the inhibitory receptor-mediated amplification of arachidonic acid. Similar results were seen for forskolin, which directly activates adenylate cyclase, and for  $PGE_2$ , which stimulates cAMP generation through an endogenous receptor coupled to the G protein  $G_s$ . Decreases in cAMP levels within the cell may result in a decrease in cAMP-dependent protein kinase A activity, which may play a role in the amplification response.  $(R_p)$ -cAMP[S], a membrane-permeable inhibitor of cAMP-dependent protein kinase A (38), was added to mimic the augmentation of ATP-stimulated arachidonic acid release.  $(R_p)$ -cAMP[S] had no effect on the augmentation. Thus changes in cAMP had no influence on  $m_2$ -muscarinic-receptor-mediated amplification of the ATP-stimulated arachidonic acid release. Similar results were seen for the  $A_1$  receptor (Table 2) and  $D_2$ ,  $\alpha_2$ , and  $5-HT_{1a}$  receptors (data not shown). The  $EC_{50}$  values for inhibition of forskolin-stimulated cyclase were

**Table 1: Changes in cAMP levels do not effect ATP- or m<sub>2</sub>-receptor-mediated augmentation of arachidonic acid release.**

<b>Addition</b>	<b>Arachidonic Acid Release, cpm</b>	
	<b>ATP</b>	<b>ATP + Carbachol</b>
None (control)	1639 ± 8	2465 ± 18
Prostaglandin E <sub>2</sub> (1μM)	1682 ± 4	2321 ± 52
Forskolin (500nM)	1565 ± 28	2387 ± 30
CPT-cAMP (10μM)	1697 ± 36	2448 ± 48
8-Bromo-cAMP (10μM)	1590 ± 43	2477 ± 40
(R <sub>p</sub> )-cAMP[S] (1μM)	1568 ± 18	2283 ± 33

Maximal ATP (5μM)-stimulated arachidonic acid release or carbachol (10μM)-mediated augmentation of maximal ATP (5μM)-stimulated arachidonic acid release was assayed 15 minutes following a 10-minute preincubation with various agents as indicated. Prostaglandin E<sub>2</sub> (1μM) stimulated cAMP generation (basal = 2.1 ± 0.1, PGE<sub>2</sub> = 12.3 ± 0.9 pmol/mL) through endogenous receptors. Forskolin (500nM) stimulated cAMP generation (basal = 1.6 ± 0.1, forskolin = 12.6 ± 0.9 pmol/mL) through direct activation of adenylate cyclase. Basal arachidonic acid release was 668 ± 11. CPT-cAMP, 8-(4-chlorophenylthio)-cAMP. (R<sub>p</sub>)-cAMP[S], (R<sub>p</sub>)-adenosine cyclic 3',5'-phosphorothioate.

**Table 2: Changes in cAMP levels do not effect ATP- or A<sub>1</sub>-receptor-mediated augmentation of arachidonic acid release.**

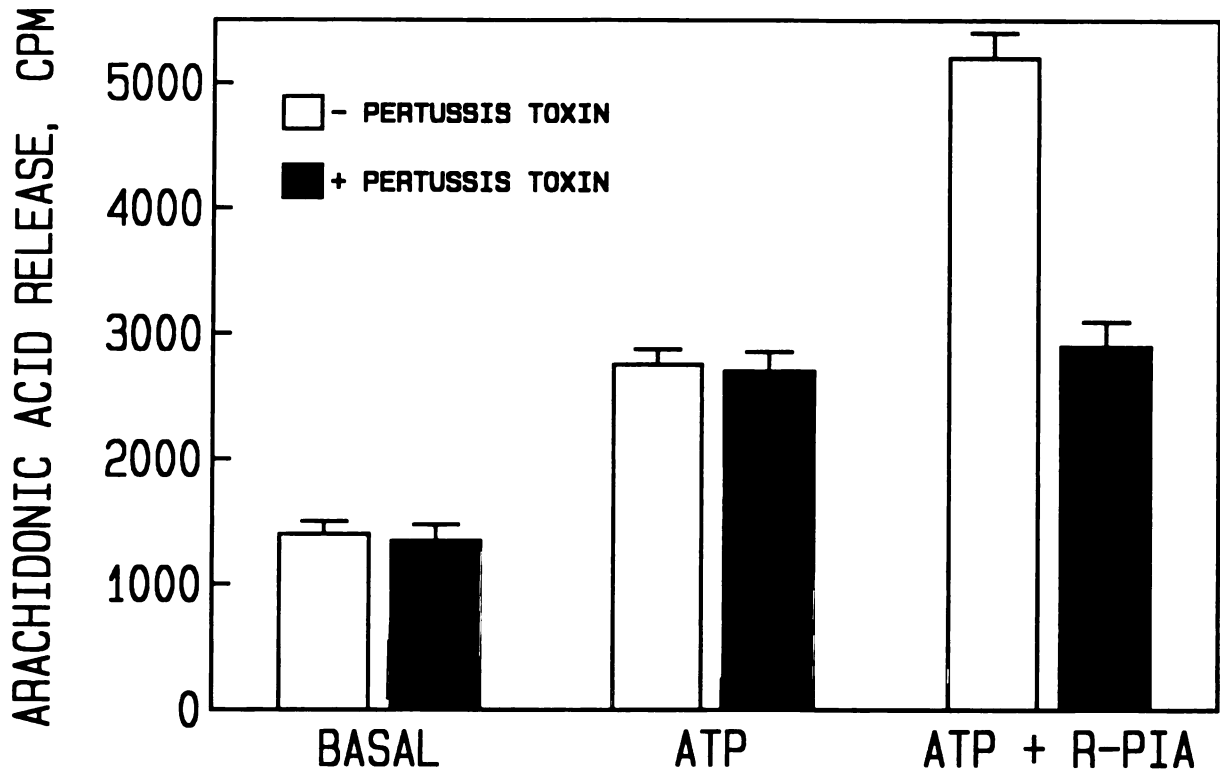
<b>Addition</b>	<b>Arachidonic Acid Release, cpm</b>	
	<b>ATP</b>	<b>ATP + R-PIA</b>
None (control)	2687 ± 28	5709 ± 124
Prostaglandin E <sub>2</sub> (1μM)	2694 ± 56	5715 ± 188
Forskolin (500nM)	2655 ± 22	5889 ± 290
CPT-cAMP (10μM)	2704 ± 39	5659 ± 318
8-bromo-cAMP (10μM)	2721 ± 65	5956 ± 245
(R <sub>p</sub> )-cAMP[S] (1μM)	2693 ± 5	5767 ± 231

Maximal ATP (10μM)-stimulated arachidonic acid release or R-PIA (1μM)-mediated augmentation of maximal ATP (10μM)-stimulated arachidonic acid release was assayed 15 minutes following a 10-minute preincubation with various agents as indicated. Basal arachidonic release was 1028 ± 35.

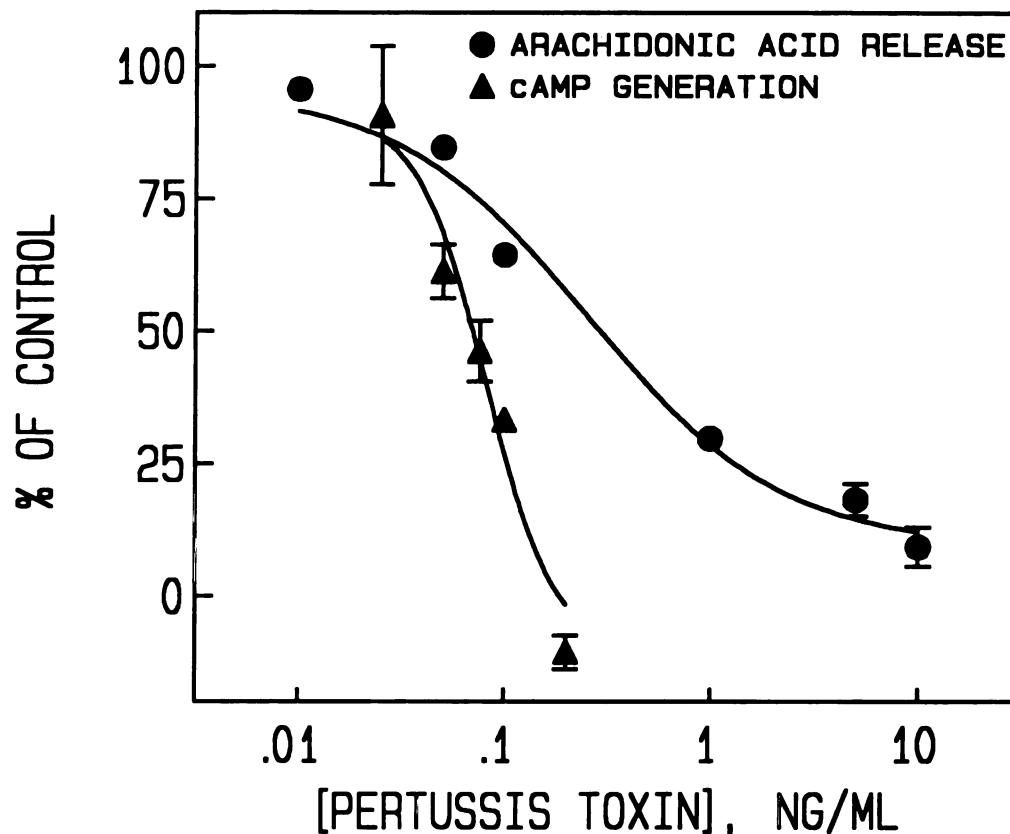
lower than  $EC_{50}$  values for augmentation of ATP-stimulated arachidonic acid release for all inhibitory receptors tested (Figure legends 3-5), further dissociating the augmentation response from changes in cAMP.

**(D) Potentiation of ATP-stimulated arachidonic acid release is sensitive to pertussis toxin.**

The transfected receptors used in this study inhibit adenylate cyclase activity through the G-protein  $G_i$ . Pertussis toxin blocks the action of  $G_i$  by inducing ADP-ribosylation and persistent association of the  $G_i$   $\alpha$ - and  $\beta\gamma$ -subunit heterotrimer, thereby preventing the  $G_i$   $\alpha$ -subunit from transducing the inhibitory signal to adenylate cyclase (39). Pertussis toxin has also been shown to inhibit receptor-stimulated arachidonic acid release, suggesting the involvement of  $G_i$  like proteins in this signalling pathway (21,40). After 12 hours of preincubation, pertussis toxin completely inhibited  $A_1$ -receptor-mediated potentiation of arachidonic acid release but had no effect on basal or ATP-stimulated arachidonic acid release (Figure 8). This suggests the involvement of a pertussis-sensitive- $G_i$ -like protein in the amplification response. Pertussis toxin also inhibited carbachol-mediated potentiation of ATP-stimulated arachidonic acid release in CHO cells expressing  $m_2$  receptors (Figure 9) and reversed carbachol-mediated inhibition of forskolin-stimulated adenylate cyclase consistent with a previous report (41). The  $m_2$ -receptor-mediated inhibition of forskolin-stimulated adenylate cyclase was more sensitive to inhibition by pertussis toxin than was augmentation of arachidonic acid release, as



**Figure 8: Pertussis toxin inhibits  $A_1$ -receptor-mediated augmentation of ATP-stimulated arachidonic acid release.** Clonal CHO cells expressing the  $A_1$  receptor were treated for 12 hours with pertussis toxin (1 ng/mL). ATP (10 $\mu$ M)-stimulated and R-PIA (1 $\mu$ M)-potentiated arachidonic acid release were measured and compared to cells which had not been treated with pertussis toxin.

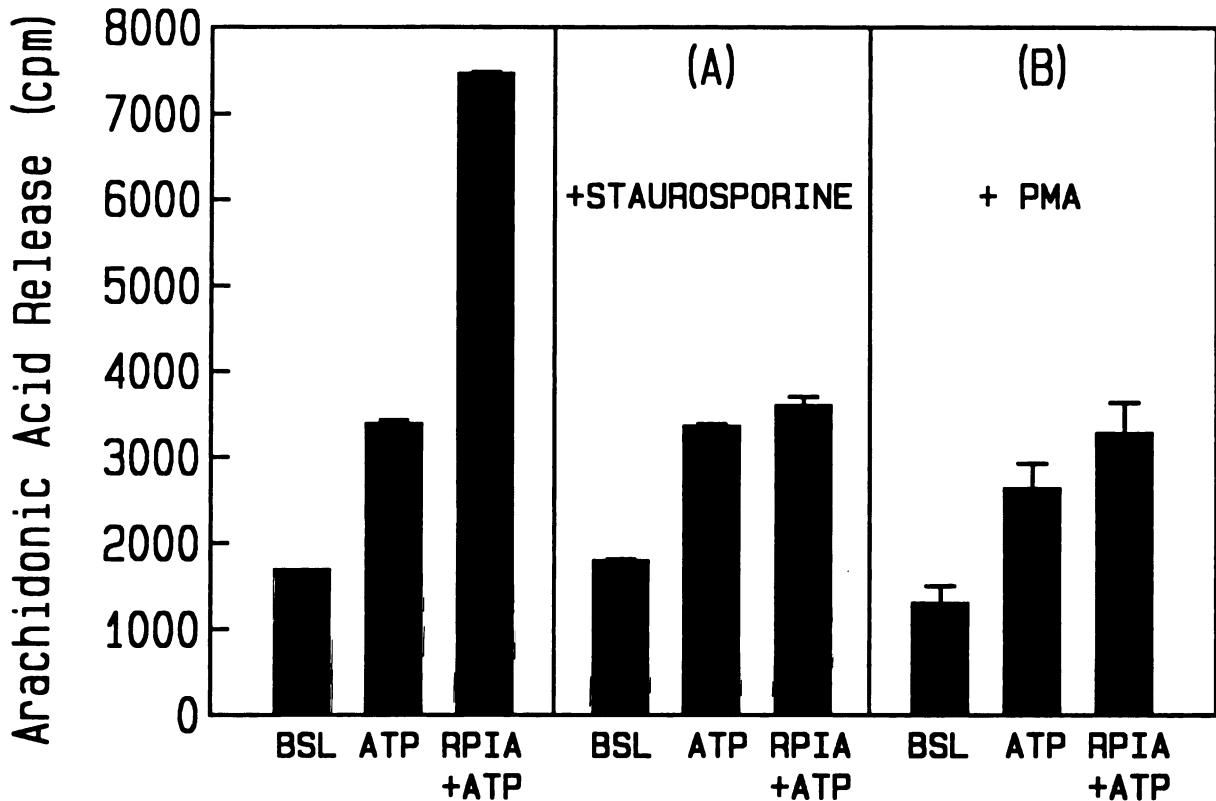


**Figure 9: Pertussis toxin inhibits  $m_2$ -receptor augmentation of ATP-stimulated arachidonic acid release and reverses  $m_2$ -receptor-inhibited cAMP generation.** Clonal CHO cells expressing the  $m_2$  muscarinic receptor were treated for 12 hours with increasing concentrations of pertussis toxin. CHO cells expressing the  $m_2$  receptor were then assayed for either carbachol ( $100 \mu\text{M}$ )-mediated inhibition of forskolin ( $500\text{nM}$ )-stimulated cAMP accumulation or carbachol ( $10\mu\text{M}$ )-mediated augmentation of maximal ATP ( $5\mu\text{M}$ )-stimulated release of arachidonic acid.

shown by the left shift of the dose-response curve (Figure 9). Although both responses are sensitive to pertussis toxin, the differential sensitivities suggest either that distinct  $G_i$ -like proteins are involved or that the augmentation response is a more complex multistep process.

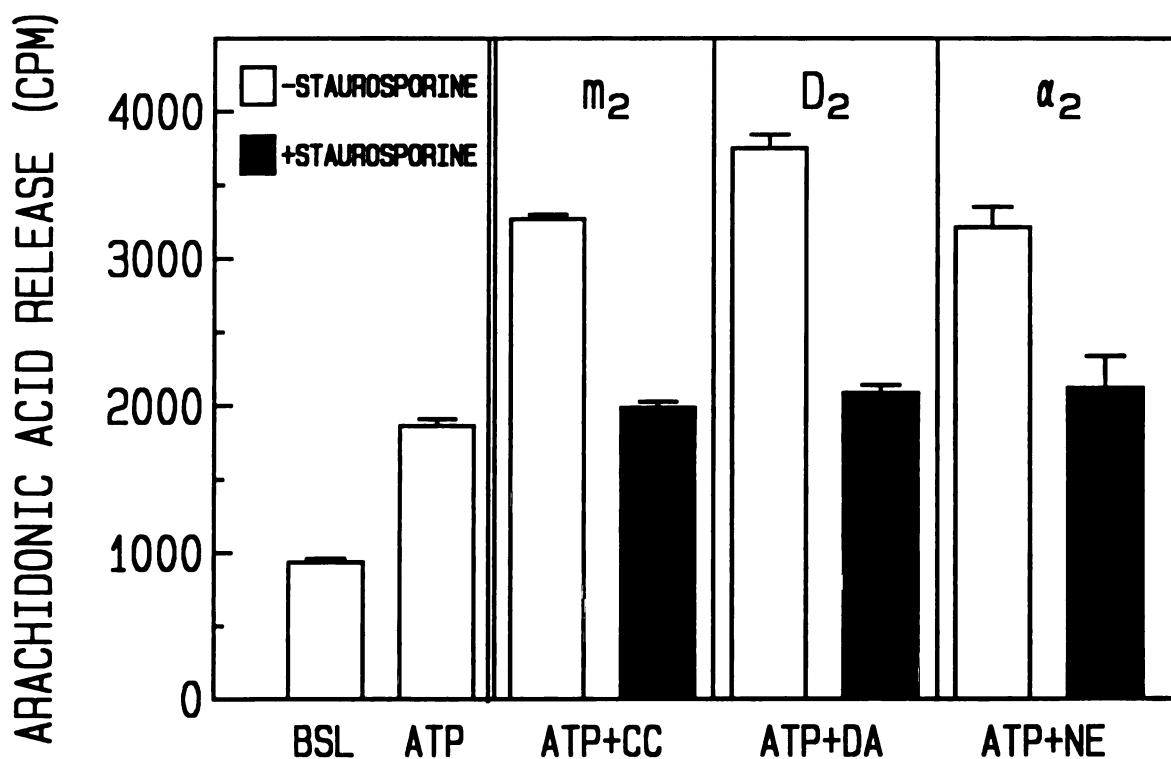
**(E) Inhibitors of protein kinase C block the potentiation of ATP-stimulated arachidonic acid release.**

Receptor-mediated stimulation of phospholipase  $A_2$  activity in CHO cells has been shown to involve the activation of protein kinase C (23,42). Staurosporine, a selective inhibitor of protein kinase C (43), blocked  $A_1$ -receptor-mediated amplification of arachidonic acid release but had no effect on basal or ATP-stimulated arachidonic acid release (Figure 10 A). Further evidence of protein kinase C involvement in the  $A_1$ -mediated augmentation response was shown by protein kinase C desensitization after prolonged treatment with the phorbol ester PMA (22) (Figure 10 B). After 4 hours of preincubation, PMA inhibited the  $A_1$ -mediated augmentation of arachidonic acid release. Under the same conditions, the inactive phorbol ester, 4- $\alpha$  phorbol, had no effect on the augmentation response (data not shown). Similar results were seen for the  $m_2$ ,  $D_2$ , and  $\alpha_2$  receptors (Figure 11). These data suggest a role for protein kinase C in the augmentation of arachidonic acid release mediated by inhibitory  $G_i$ -coupled receptors.



**Figure 10: Inhibitors of protein kinase C block  $A_1$ -receptor-mediated potentiation of ATP-stimulated arachidonic acid release.** Clonal CHO cells expressing the  $A_1$  receptor were stimulated with ATP ( $10 \mu\text{M}$ ) alone or with ATP and R-PIA ( $1 \mu\text{M}$ ) and arachidonic acid release was measured after 10 minutes. (A) Cells were preincubated with staurosporine ( $1 \mu\text{M}$ , 10 minutes), an inhibitor of protein kinase C. (B) Cells were pretreated with the phorbol ester PMA ( $100 \text{ nM}$ , 4 hours) to desensitize protein kinase C.

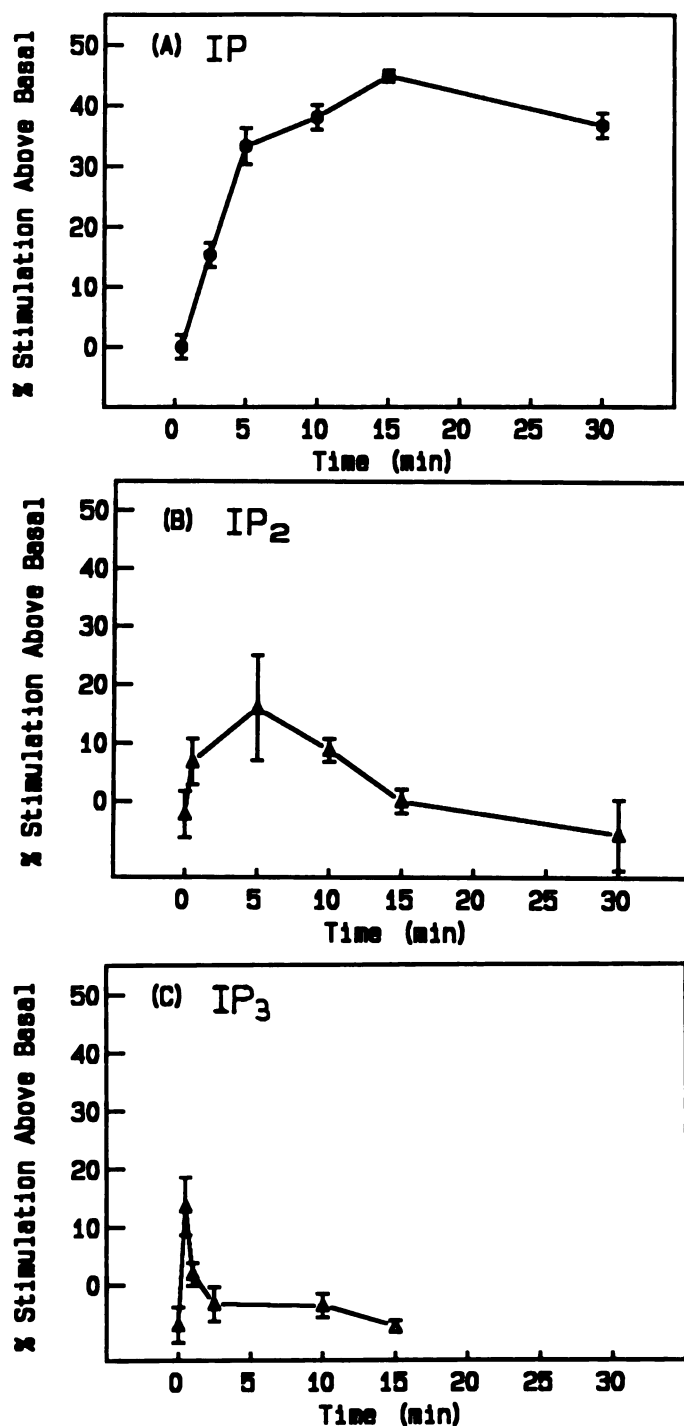




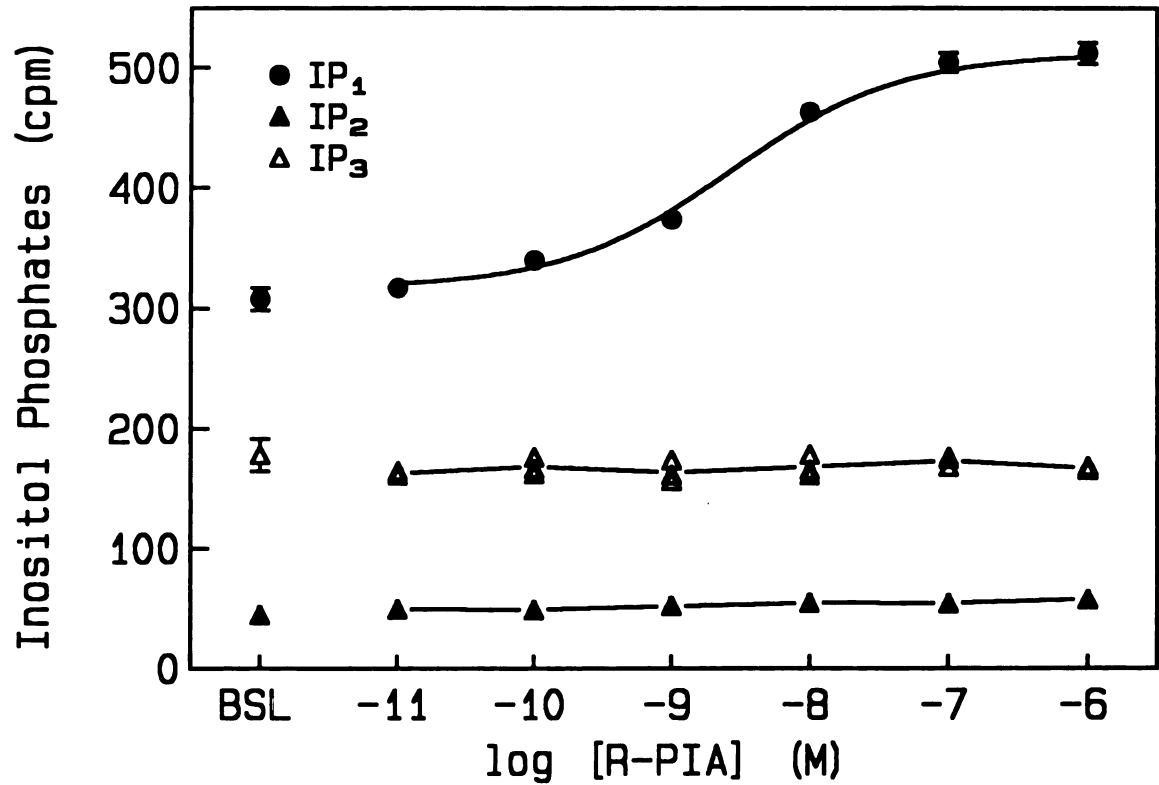
**Figure 11: Staurosporine, an inhibitor of protein kinase C, blocked  $m_2$ ,  $D_2$ , and  $\alpha_2$  receptor augmentation of ATP-stimulated arachidonic acid release.** Clonal CHO cells expressing  $m_2$ ,  $D_2$ , or  $\alpha_2$  receptors were stimulated with ATP ( $5\mu\text{M}$ ) alone or with ATP in combination with either  $10\mu\text{M}$  carbachol (CC),  $100\text{nM}$  dopamine (DA), or  $10\mu\text{M}$  norepinephrine (NE) and arachidonic acid release was measured after 15 minutes. Data represented by the solid bars were preincubated with  $1\mu\text{M}$  staurosporine for 10 minutes. Staurosporine inhibited the augmentation response with an  $\text{IC}_{50}$  of  $50\text{ nM}$  and the complete inhibition at  $1\mu\text{M}$  is shown.

**(F) The transfected A<sub>1</sub> adenosine and 5-HT<sub>1a</sub>-serotonergic receptors weakly couple to inositolphospholipid turnover.**

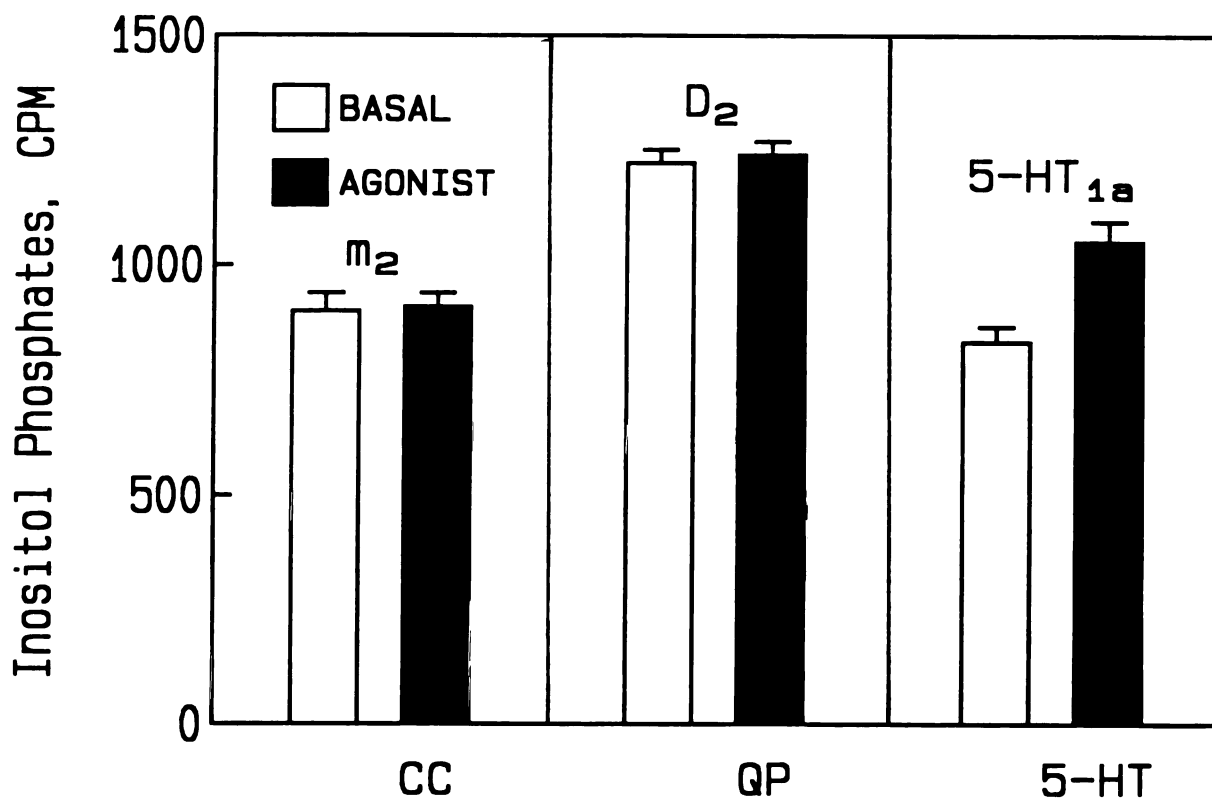
Protein kinase C activation requires both diacylglycerol and calcium (44). Receptor-generated diacylglycerol could arise from activation of inositolphospholipid- or phosphatidylcholine-specific phospholipase C (Figure 2). Calcium could arise from opening of ion channels or inositol triphosphate-induced release of intracellular calcium stores subsequent to activation of phospholipase C (Figure 1). Stimulation of the transfected A<sub>1</sub> adenosine receptor in CHO cells resulted in a modest generation of inositolphospholipid turnover, especially inositol monophosphate (Figure 12 A-C). As in the case for A<sub>1</sub> receptor-mediated inhibition of adenylate cyclase, the estimated EC<sub>50</sub> for A<sub>1</sub>-generated inositol monophosphate was lower than the EC<sub>50</sub> for A<sub>1</sub>-mediated augmentation of arachidonic acid release (Figure 13). Maximal stimulation of CHO cells expressing 5-HT<sub>1a</sub> receptors also resulted in a modest (26% over basal) generation of total inositol phosphates after 30 minutes, but maximal stimulation of m<sub>2</sub> and D<sub>2</sub> receptors failed to affect inositolphospholipid turnover for the expression levels tested (Figure 14). These data suggest that activation of inositolphospholipid-specific phospholipase C is not the mechanism by which all of the G<sub>i</sub>-coupled receptors in this study augment ATP-stimulated arachidonic acid release.



**Figure 12: Stimulation of the A<sub>1</sub> adenosine receptor results in a modest increase in inositolphospholipid turnover.** Clonal CHO cells expressing A<sub>1</sub> adenosine receptors were prelabeled overnight with [<sup>3</sup>H]inositol and monitored for generation of inositol phosphates over 30 minutes following stimulation by 1 μM R-PIA. Accumulated inositol phosphates were separated by anion exchange chromatography and are shown separately as percent stimulation of above basal release: (A) inositol monophosphate, IP; (B) inositol diphosphate, IP<sub>2</sub>; and (C) inositol triphosphate, IP<sub>3</sub>.



**Figure 13: Stimulation of the A<sub>1</sub> adenosine receptor increases inositol monophosphate accumulation in a dose-dependent manner.** Clonal CHO cells transfected with and expressing A<sub>1</sub> adenosine receptors were stimulated with increasing concentrations of R-PIA and accumulation of inositol phosphates measured after 30 minutes. R-PIA stimulated inositol monophosphate (IP) accumulation with an estimated EC<sub>50</sub> of  $2.37 \pm 0.11$  nM. IP<sub>2</sub>, inositol diphosphate. IP<sub>3</sub>, inositol triphosphate. BSL, basal.



**Figure 14: Stimulation of the 5-HT<sub>1a</sub> receptor, but not the m<sub>2</sub> or D<sub>2</sub> receptor, causes a modest increase in inositolphospholipid turnover.** Clonal CHO cells individually transfected with and expressing m<sub>2</sub>, D<sub>2</sub>, and 5-HT<sub>1a</sub> receptors were stimulated with the receptor agonists carbachol (CC) (100 μM), quinpirole (QP) (1 μM), and serotonin (5-HT) (10 μM), respectively. Total accumulation of inositol phosphates was measured after 30 minutes.

## DISCUSSION

These results demonstrate that inhibitory  $G_i$ -coupled receptors can amplify ATP-receptor-mediated release of arachidonic acid, as well as arachidonic acid release stimulated by thrombin, A23187, melittin, and PMA. Except for a modest increase seen for the  $m_4$  receptor, the receptors tested were unable to stimulate arachidonic acid release in the absence of ATP. The potentiation of arachidonic acid was independent of changes in cAMP, suggesting that an alternative signalling pathway might be operating to induce this response. The amplification of arachidonic acid release was dependent on a pertussis-toxin-sensitive G-protein which was less sensitive to the toxin than was the inhibition of cAMP. These results further suggest that an alternate  $G_i$  protein might be involved in the potentiation response. Similar conclusions were suggested in a previous study using CHO cells, in which low concentrations of pertussis toxin differentially inhibited muscarinic-receptor-mediated inositol phosphate release and cAMP inhibition, whereas at higher concentrations, complete ADP-ribosylation of pertussis sensitive substrates was observed (45).

Inhibition of the potentiation response by two inhibitors of protein kinase C, staurosporine and long term preincubation with PMA, suggests that protein kinase C may be activated by inhibitory  $G_i$ -coupled receptors, although evidence of direct activation by these receptors has yet to be demonstrated. Two of the six  $G_i$ -coupled receptors were able to stimulate inositolphospholipid-specific phospholipase C which would presumably liberate diacylglycerol to activate protein kinase C indirectly. This specific pathway to protein kinase C activation is not likely to explain the

augmentation of arachidonic acid release in these studies since not all of the receptors demonstrated coupling to inositolphospholipid turnover. However, release of diacylglycerol by phosphatidylcholine-specific phospholipase C, independent of inositol phosphate release, was not studied. Protein kinase C, as well as phospholipase A<sub>2</sub>, requires calcium for activation and coupling of G<sub>i</sub> receptors to calcium channels could be envisioned in addition to inositol triphosphate-induced release of calcium from intracellular stores (23,46). Logical next steps in exploring the mechanism behind G<sub>i</sub>-coupled-receptor-augmentation of arachidonic acid release might include direct examination of protein kinase C translocation, diacylglycerol formation, and calcium mobilization.

The manner in which protein kinase C augments release of arachidonic acid was not investigated in this study. Protein kinase C may stimulate phospholipase A<sub>2</sub> activity by increasing Na<sup>+</sup>/H<sup>+</sup> exchange (47) or disinhibition of Na<sup>+</sup>/H<sup>+</sup> exchange (48), for instance. It is possible that protein kinase C may play a role in reducing the calcium requirement of phospholipase A<sub>2</sub>, reminiscent of the action of diacylglycerol on protein kinase C (49).

Further studies are needed to explore G-protein involvement in the augmentation of arachidonic acid by receptors which couple to the inhibition of adenylate cyclase. For example, co-purification of activated-receptor-G-protein complexes using affinity columns and identification of complexes using specific antibodies might be attempted along with studying the effects of mutant G<sub>i</sub>-proteins and antisense phosphorothioate oligonucleotides directed at the 5'prime initiating

methionine of the  $G_i$  message.

Future studies should also be undertaken to look for  $G_i$ -receptor-mediated augmentation of arachidonic acid release in neural systems. For instance, hippocampal preparations could be utilized to study the role of augmented arachidonic acid release in long-term potentiation.  $G_i$ -receptor-mediated augmentation of arachidonic acid release may also be relevant to platelet activation since serotonin and ATP are coreleased by platelets and augmentation of thrombin-stimulated arachidonic acid release was demonstrated in this study.

It is becoming apparent that activation of multiple receptors is involved in inducing (50), enhancing (51), and inhibiting (52) receptor mediated signalling processes. The results in this study demonstrate that the inhibitory  $m_2$ - and  $m_4$ -muscarinic,  $\alpha_2$ -adrenergic,  $D_2$  dopaminergic,  $5-HT_{1a}$ -serotonergic, and  $A_1$  adenosine receptors augment ATP-stimulated arachidonic acid release. This association between signalling pathways for neurotransmitters which are copackaged and coreleased with ATP would result in the enhanced release of arachidonic acid and its many bioactive eicosanoid metabolites. Modulation of ATP-stimulated arachidonic acid release may be a common feature of  $G_i$  coupled inhibitory receptors.



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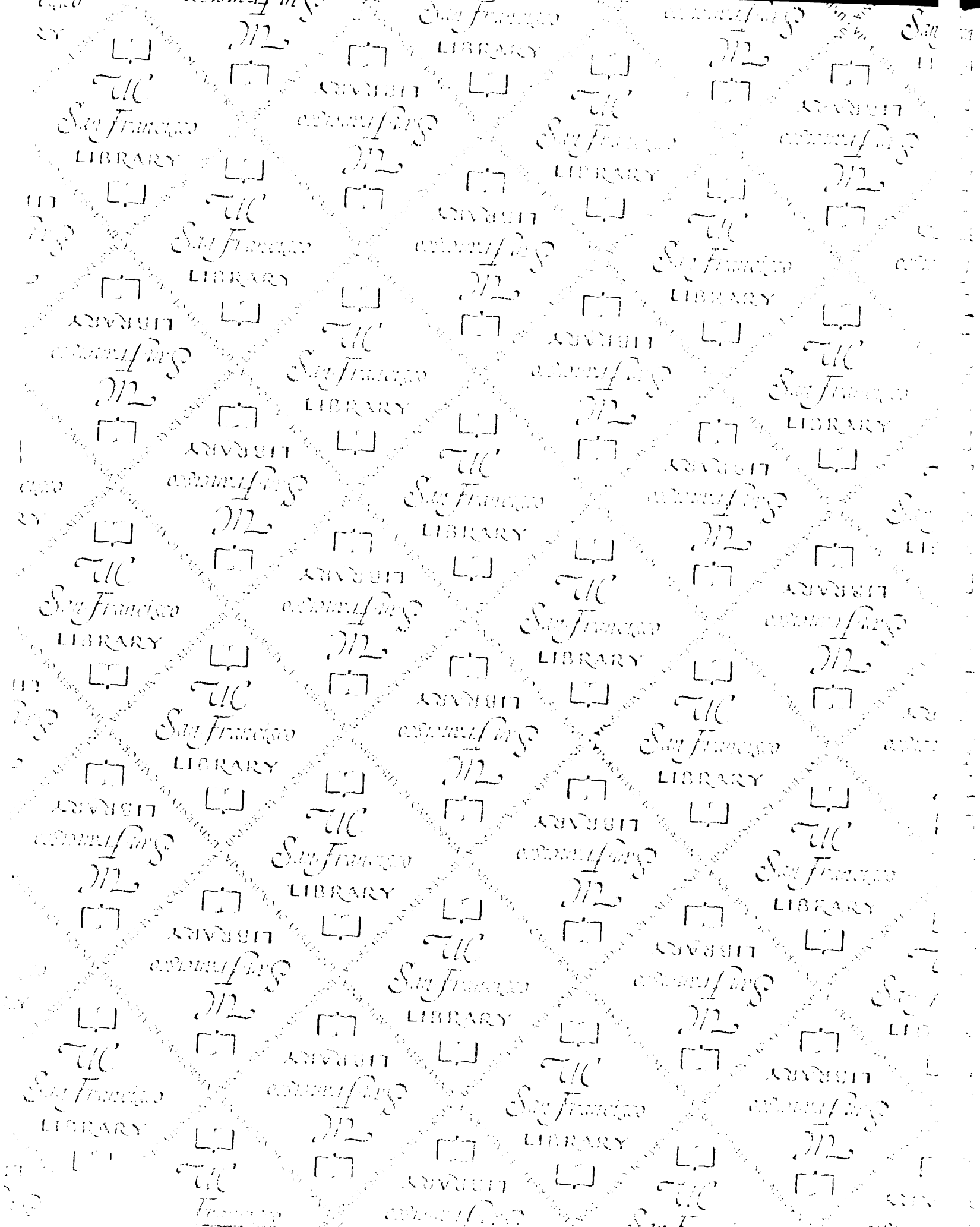
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**Acknowledgements:** Funding for this project was obtained from the United States Department of Health and Human Services Intramural Research Budget for the Laboratory of Cell Biology within the National Institute of Mental Health in Bethesda, MD. A stipend was provided by the Howard Hughes Medical Institute Research Scholars Program.



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