

EP₄ PROSTANOID RECEPTOR COUPLING TO A PERTUSSIS TOXIN SENSITIVE INHIBITORY G-PROTEIN

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Abbreviations: PGE₂, prostaglandin E₂; cAMP, cyclic-3,5-adenosine monophosphate; Tcf, T-cell factor; PKA, cAMP dependent protein kinase A; PI3K, phosphatidylinositol 3-kinase; GSK-3, glycogen synthase kinase-3; EGR-1, early growth response factor-1; ERKs, extracellular signal-regulated kinases.

ABSTRACT

The EP₂ and EP₄ prostanoid receptor subtypes are G-protein coupled receptors for prostaglandin E₂ (PGE₂). Both receptor subtypes are known to couple to the stimulatory guanine nucleotide binding protein (G_{αs}) and following stimulation with PGE₂ can increase the formation of intracellular cyclic 3,5-adenosine monophosphate (cAMP). In addition, PGE₂ stimulation of the EP₄ receptor can activate phosphatidylinositol 3-kinase (PI3K) leading to phosphorylation of the extracellular signal-regulated kinases (ERKs) and induction of early growth response factor-1 (EGR-1) (Fujino H, Xu W and Regan JW (2003) *J Biol Chem* **278**:12151-12156). We now report that the PGE₂ mediated phosphorylation of the ERKs and induction of EGR-1 can be blocked by pretreatment of EP₄ expressing cells with pertussis toxin (PTX). Furthermore, pretreatment with PTX increased the amount of PGE₂ stimulated intracellular cAMP formation in EP₄ expressing cells, but not in EP₂ expressing cells. These data indicate that the EP₄ prostanoid receptor subtype, but not the EP₂, couples to a pertussis toxin sensitive inhibitory G-protein (G_{αi}), which can inhibit cAMP dependent signaling and activate PI3K/ERKs dependent signaling.

Prostaglandin E₂ (PGE₂) is an endogenous signaling molecule that is produced from arachidonic acid by the sequential actions of cyclooxygenase (COX) and PGE₂ synthase. PGE₂ is also referred to as a prostanoid, which is a term that encompasses the other prostaglandins (*e.g.*, PGD₂, PGF_{2 α} , etc.) and thromboxanes. PGE₂ can bind to and stimulate four major prostanoid receptor subtypes that have been named EP₁, EP₂, EP₃ and EP₄ (Coleman et al., 1994). These receptors are all seven transmembrane spanning receptors that activate intracellular second messenger signaling pathways by interacting with heterotrimeric guanine nucleotide binding proteins (G-proteins). There are four major subfamilies of G-proteins that are defined by their alpha subunits (G _{α}) and by the nature of the signaling pathways they activate (Hepler and Gilman, 1992). Perhaps the most well known are members of the G _{α s} and G _{α i} subfamilies whose activation affects the formation of intracellular cyclic 3,5-adenosine monophosphate (cAMP) by either stimulating or inhibiting the activity of adenylyl cyclase, respectively. Members of the G _{α i} subfamily are also known as pertussis toxin (PTX) sensitive G-proteins because they can be inhibited by the actions of this toxin, which is the causative agent of whooping cough. Members of the G _{α q} subfamily activate phospholipase C to stimulate inositol phosphate and Ca²⁺ signaling, while members of the G _{α 12} subfamily affect signaling pathways that involve the activation of Rho, a member of the family of small monomeric G-proteins.

The EP receptor subtypes interact with several of the subfamilies of G-proteins to activate their respective signaling pathways. PGE₂ stimulation of the human EP₁ receptor increases the concentration of free intracellular Ca²⁺ (Funk et al., 1993) and stimulates inositol phosphates formation (Regan, unpublished), suggesting coupling to members of the G _{α q} subfamily. The EP₃ receptors are classically thought to couple to G _{α i} to inhibit adenylyl cyclase. However, the EP₃ receptors actually consist of multiple isoforms that are generated by alternative

mRNA splicing and their coupling to G-proteins is complex (Kotani et al., 1995). For example, in humans there are eight isoforms and at least two of these isoforms, the EP_{3-II} and EP_{3-IV}, appear to couple to G_{αs} to stimulate adenylyl cyclase. The human EP_{3-I} and EP_{3-II} can also couple to G_{αq} to stimulate inositol phosphates formation.

Stimulation of the human EP₂ and EP₄ receptors with PGE₂ increases intracellular cAMP formation indicating that both these isoforms can couple to G_{αs} to stimulate adenylyl cyclase (Regan, 2003). However, it appears that functional coupling to the cAMP signaling pathway is more efficient for the human EP₂ receptor subtype as compared with the EP₄ subtype. Thus, when stably expressed in HEK cells at similar levels of receptor expression, the maximal stimulation of intracellular cAMP formation by the EP₄ subtype is only 20-50% of that achieved by the EP₂ subtype (Fujino et al., 2002; Fujino et al., 2005). Recently, it has also been found that the human EP₄ receptor subtype, but not the human EP₂ subtype, can activate a phosphatidylinositol 3-kinase (PI3K) signaling pathway by a mechanism that is independent of the activation of the cAMP/protein kinase A (PKA) pathway (Fujino et al., 2002; Fujino et al., 2003; Fujino et al., 2005). PGE₂ mediated activation of this PI3K signaling pathway by the human EP₄ receptor leads to the induction of functional expression of early growth response factor-1 (EGR-1) (Fujino et al., 2003) and to the inhibition of the activity of PKA (Fujino et al., 2005). We now report that activation of the PI3K signaling pathway by the human EP₄ receptor involves the coupling of this receptor to a PTX sensitive, cAMP inhibitory, G-protein (G_{αi}). Coupling of the EP₄ receptor to G_{αi} explains, in part, the less efficient coupling of the EP₄ receptor to the cAMP/PKA signaling pathway as compared with the EP₂ receptor subtype.

MATERIALS AND METHODS

Cell Culture-- Cell lines stably expressing the EP₂ or EP₄ receptors were prepared using HEK-293-EBNA cells and the mammalian expression vector pCEP₄ (Invitrogen) as previously described (Fujino et al., 2002). Cells were maintained in Dulbecco's modified Eagle's medium (Invitrogen) containing 10% fetal bovine serum, 250 µg/ml geneticin, 100 µg/ml gentamicin, and 200 µg/ml hygromycin B.

cAMP Assay-- Cells were cultured in 12-well plates and sixteen hours prior to the immunoblotting experiments, cells were switched from their regular culture medium to Opti-MEM (Invitrogen) containing 250 µg/ml geneticin and 100 µg/ml gentamicin. Cells were pretreated with either vehicle (water) or 100 ng/ml pertussis toxin (PTX, Calbiochem) for 16 hrs at 37 °C. Cells were then treated with 0.1 mg/ml isobutylmethyl-xanthine (Sigma) for 15 min followed by treatment with either vehicle (0.1% Me₂SO), 1 µM PGE₂ (Cayman), or 1 µM PGE₁-alcohol (PGE₁-OH, Cayman) for 10 min at 37 °C. In experiments using forskolin, 3 µM forskolin (Calbiochem) was added for an additional 15 min following the initial treatments with PTX or drugs. Experiments were terminated by the removing the media and placing the cells on ice. Two hundred µl of TE buffer (50 mM Tris-HCl, 4 mM EDTA, pH 7.5) was added, and the cells were scraped off and transferred to microcentrifuge tubes. The samples were boiled for 8 min, placed on ice, and centrifuged for 1 min at 14,000 rpm in a microcentrifuge. Five µl of the supernatants (representing ~5 x 10⁴ cells) was added to new tubes containing 50 µl of [³H]cAMP (PerkinElmer Life Sciences) and 100 µl of 0.06 mg/ml PKA (Sigma product P5511). The mixture was vortexed and incubated on ice for 2 h, followed by the addition of 100 µl of TE buffer containing 2% bovine serum albumin (BSA) and 26 mg/ml powdered charcoal. After vortexing and centrifugation for 1 min at 14,000 rpm, 100 µl aliquots of the supernatants were

removed and radioactivity was measured by liquid scintillation counting. The amount of cAMP present was calculated from a standard curve prepared using cold cAMP and was expressed as pmol per 5×10^4 cells.

Western Blotting-- Sixteen hours prior to the immunoblotting experiments, cells were switched from their regular culture medium to Opti-MEM (Invitrogen) containing 250 $\mu\text{g/ml}$ geneticin and 100 $\mu\text{g/ml}$ gentamicin. Cells were pretreated with either vehicle (water) or 100 ng/ml PTX for 16 hrs at 37 °C. Cells were then treated with either vehicle (0.1% Me₂SO), 1 μM PGE₂ for 10 min (phospho-ERKs) or 60 min (EGR-1) at 37 °C. Cells were scraped into a lysis buffer consisting of 150 mM NaCl, 50 mM Tris-HCl (pH 8.0), 5 mM EDTA (pH 8.0), 1% Nonidet P-40, 0.5% sodium deoxycholate, 10 mM sodium fluoride, 10 mM disodium pyrophosphate, 0.1% SDS, 0.1 mM phenylmethylsulfonyl fluoride, 1 mM sodium orthovanadate, 10 $\mu\text{g/ml}$ leupeptin, and 10 $\mu\text{g/ml}$ aprotinin and transferred to microcentrifuge tubes. The samples were rotated for 30 min at 4 °C and were centrifuged at 16,000 x g for 15 min. Aliquots of the supernatants containing 20~100 μg of protein were electrophoresed on 10% SDS-polyacrylamide gels and transferred to nitrocellulose membranes as described previously (Fujino et al., 2003). Membranes were incubated in 5% nonfat milk for 1 h and were then washed and incubated for 16 hrs at 4 °C with primary antibodies using the following conditions. For the ERKs, incubations were done in 3% nonfat milk containing either a 1:1,000 dilution of antiphospho-ERK1/2 antibody (9106, Cell Signaling); or mixture of a 1:500 dilution of anti-ERK1 antibody and a 1:10,000 dilution of anti-ERK2 antibody (sc-93 and sc-154, Santa Cruz Biotechnology). For EGR-1, incubations were done in 3% nonfat milk containing a 1:1,000 dilution of anti-EGR-1 antibody (sc-110, Santa Cruz Biotechnology). After incubating with the primary antibody, membranes were washed three times and incubated for 1 hr at room temperature with a 1:10,000 dilution of the appropriate

secondary antibodies conjugated with horseradish peroxidase using the same conditions as described above for each of the primary antibodies. After washing three times, immunoreactivity was detected by chemiluminescence as described previously (Fujino et al., 2003). To ensure equal loading of proteins, the membranes were stripped and re-probed with appropriate antibodies under the same conditions as described above.

RESULTS

Pertussis Toxin Potentiates PGE₂ Stimulated cAMP Formation in HEK Cells Stably Expressing the Human EP₄ Prostanoid Receptor. We have previously reported that the maximal levels of PGE₂ stimulated cAMP formation is significantly lower in HEK cells stably expressing the human EP₄ prostanoid receptor as compared with HEK cells stably expressing the human EP₂ receptor, even though the levels of receptor expression were very similar (Fujino et al., 2002). We have also found that the EP₄ receptor can activate a PI3K/ERKs signaling pathway to induce the expression of EGR-1, whereas the EP₂ receptor subtype does not (Fujino et al., 2003). Previously we had hypothesized that the EP₄ receptor was less efficiently coupled to G_{αs}, but recently we considered the possibility that the EP₄ receptor might be additionally coupled to G_{αi}, much like has been shown for cardiac β₂-adrenergic receptors (Xiao et al., 1999a; Xiao et al., 1999b). To test this hypothesis we pretreated cells with pertussis toxin (PTX), which catalyzes the transfer of ADP-ribose from NAD to G_{αi} and, thereby, blocks the ability of G_{αi} to inhibit the activity of adenylyl cyclase (Ui, 1984). Thus, untransfected HEK cells and HEK cells stably expressing either the human EP₂ or EP₄ receptors were pretreated for 16 hrs with PTX and were then treated for 10 min with various concentrations of PGE₂. As shown in Figure 1 there was no appreciable accumulation of cAMP in untransfected HEK cells with or without PTX pretreatment. In the absence of PTX pretreatment the maximal stimulation of cAMP formation in HEK cells expressing the EP₂ receptor was approximately twice that obtained in HEK cells expressing the EP₄ receptor (36 pmol vs 19 pmol, respectively). Pretreatment with PTX resulted in a significant 33% increase in maximal PGE₂ stimulated cAMP formation in HEK cells expressing the EP₄ receptor, whereas, in EP₂ expressing cells pretreatment with PTX essentially had no effect. The EC₅₀ for PGE₂ stimulation of cAMP formation was approximately 4-fold

lower for EP₄ expressing cells as compared with EP₂ expressing cells (0.4 nM vs 1.7 nM, respectively) and it was not affected by pretreatment with PTX. These data clearly support the hypothesis that the human EP₄ prostanoid receptor, but not the EP₂ receptor, can functionally couple to G_{o*i*} in addition to coupling to G_{o*s*}.

Pertussis Toxin Potentiation of PGE₂ Stimulated cAMP Formation in EP₄ Cell is not Due to Activation of Endogenous EP₃ Receptors. The evidence that PTX treatment of EP₂ expressing cells did not potentiate PGE₂ stimulated cAMP formation suggests that the potentiation of PGE₂ stimulated cAMP formation following PTX pretreatment of EP₄ expressing cells is not a consequence of the activation of endogenous G_{o*i*} coupled EP₃ receptors. Never the less, this possibility was further examined using the EP₃/EP₄ selective agonist, PGE₁-OH, in cells that were treated with forskolin, which stimulates intracellular cAMP formation by the direct activation of adenylyl cyclase. As shown in Figure 2, PTX pretreatment of untransfected HEK cells and HEK cells stably expressing EP₂ receptors had no effect on forskolin stimulated cAMP formation in the presence of PGE₁-OH. On the other hand, in HEK cells stably expressing EP₄ receptors, pretreatment with PTX resulted in a 37% increase in forskolin stimulated cAMP formation in the presence of PGE₁-OH. If the activation of endogenous EP₃ receptors coupled to G_{o*i*} were responsible for this increase, similar increases in forskolin stimulated cAMP formation should have been observed following PTX pretreatment of the untransfected HEK cells and HEK cells expressing EP₂ receptors.

*Coupling of the Human EP₄ Prostanoid Receptor to G_{o*i*} Mediates PGE₂ Stimulated ERKs Phosphorylation and Induction of EGR-1 Expression.* We have previously shown that PGE₂ stimulation of the human EP₄ receptor, but not the human EP₂ receptor, can induce the functional expression of early growth response factor-1 (EGR-1) through the activation of the PI3K and

ERKs signaling pathways (Fujino et al., 2003). It has also been reported that the β_2 -adrenergic receptor can activate a PI3K signaling pathway by coupling through $G_{\alpha i}$ (Jo et al., 2002). We, therefore, decided to examine if the PGE₂ mediated activation of PI3K/ERKs signaling and induction of EGR-1 expression occurs through a mechanism involving coupling of the EP₄ receptor to $G_{\alpha i}$. For these experiments, cells were either untreated or pretreated with PTX for 16 hrs and were then incubated with either vehicle or 1 μ M PGE₂. The expression of the phospho-ERKs, total ERKs and EGR-1 were then examined by immunoblot analysis. The upper panel of Figure 3A shows that in the absence of PTX pretreatment, PGE₂ stimulated ERKs phosphorylation in EP₄ expressing cells, but not in EP₂ expressing cells, and that pretreatment with PTX completely abolished this effect. Similarly, the upper panel of Figure 3B shows that in the absence of PTX pretreatment, PGE₂ stimulated the expression of EGR-1 in EP₄ expressing cells, but not in EP₂ expressing cells, and that pretreatment with PTX also blocked this action. Additionally, the lower panels of Figures 3A and 3B show that nearly identical amounts of ERKs 1 and 2 were present under all conditions and in both cell lines. These data support the conclusion that the activation of ERKs signaling and induction of EGR-1 by PGE₂ is mediated by coupling of the human EP₄ prostanoid receptor to a PTX sensitive G-protein.

DISCUSSION

The regulation of intracellular cAMP by E-type prostaglandins has been known for nearly forty years (Butcher and Baird, 1968). Thus, PGE₁ was found to lower intracellular cAMP in isolated fat pads, but to increase it in several other cell types. Direct evidence for the existence of specific receptors for the E-type prostaglandins was initially obtained in radioligand binding studies with [³H]PGE₁ (Kuehl and Humes, 1972), which was also used to show that the binding of [³H]PGE₁ could be modulated by guanine nucleotides (Moore and Wolff, 1973). This was among the first evidence that E-type prostaglandin receptors, like the glucagon and catecholamine receptors, interacted with G-proteins and that this interaction might constitute a general mechanism for signaling between cell surface receptors and adenylyl cyclase (Rodbell, 1980). Extensive physiological, pharmacological and molecular biological studies later defined the receptors for the E-type prostaglandins as EP receptors and classified them into the EP₁, EP₂, EP₃ and EP₄ subtypes (Coleman et al., 1994; Regan, 2003; Hata and Breyer, 2004). As reviewed in the *Introduction*, the EP₁ and EP₃ receptors have been generally regarded as coupling to G_{αq} and G_{αi}, respectively, while the EP₂ and EP₄ receptors have been considered to be exclusively coupled to G_{αs}. The present findings now show for the first time that in addition to coupling to G_{αs}, EP₄ receptors can also couple to a PTX sensitive G-protein to inhibit intracellular cAMP formation and activate PI3K and ERKs signaling cascades. Furthermore, the inhibition of cAMP formation by the EP₄ receptor suggests specific coupling to G_{αi}.

We have previously reported that PGE₂ stimulation of human EP₂ and EP₄ receptors can activate Tcf/Lef signaling, but that EP₂ receptors do this primarily through a cAMP/PKA pathway, whereas, EP₄ receptors mainly utilize a PI3K pathway (Fujino et al., 2002). We have also reported that PGE₂ stimulation of human EP₄ receptors, but not EP₂ receptors, results in the

functional expression of EGR-1 through the activation of PI3K and MAP kinase signaling (Fujino et al., 2003). As for the present study, these previous studies were conducted exclusively with a recombinant cell system consisting of HEK cells stably transfected with either the human EP₂ or EP₄ receptors. There is increasing evidence, however, that such observations will eventually be extended to endogenous EP₂ and EP₄ receptors in native cell systems. For example, Sheng et al. (2001) reported that PGE₂ stimulation of endogenous EP₄ receptors in human colorectal cancer cells increased cell growth and motility through the activation of PI3K and Akt. Similarly, Pozzi et al. (2004) found that PGE₂ stimulation of endogenous EP₄ receptors in mouse colon adenocarcinoma cells increased cellular proliferation by a mechanism that was independent of any measurable effect on cAMP and which involved the activation of the Akt and MAP kinases. Reno and Cannas (2005) have reported that PGE₂ stimulation of endogenous EP₂ or EP₄ receptors in human myeloid leukemia cells increased PMA-induced macrophage differentiation by a mechanism that was independent of the activation of a cAMP/PKA pathway and which involved the activation of PI3K and MAP kinase signaling. Similar findings were also obtained by Caristi et al. (2005) who found that endogenous EP₄ receptors in human T lymphocytes mediate interleukin-8 gene transcription by a mechanism that is PKA independent and involves the activation of PI3K signaling. Thus, there are endogenous EP₄ receptors in native cell systems that can activate PI3K signaling by mechanisms that appear to be independent of coupling to G_{αs}.

It is well established that GPCRs can activate PI3K and Akt signaling through the interaction of G_{βγ} subunits with either the p110β or p110γ subunits of PI3K (Yart et al., 2002). In most cases where it has been examined the activation of PI3K and Akt signaling involves G_{αi} coupled receptors (Kim et al., 2004). Given the present findings it is likely that the PTX sensitive

activation of PI3K and ERKs signaling by the EP₄ receptor reflects specific coupling to G_{o*i*} as opposed to G_{o*o*}.

In many ways the classification of the EP receptor subtypes and their pattern of G-protein coupling bears similarities to the adrenergic receptor subtypes. For example, the α_1 - and α_2 -adrenergic receptors are generally regarded as coupling to G_{o*q*} and G_{o*i*}, respectively, while the β -adrenergic receptor subtypes were considered for a long time to be exclusively coupled to G_{o*s*}. It has become apparent, however, that the β_2 -adrenergic receptor has additional coupling to G_{o*i*}, which much like the EP₄ receptor, results in the inhibition cAMP formation and activation of PI3K and ERKs signaling cascades (Daaka et al., 1997; Chesley et al., 2000). This is of particular functional significance for the cardiac β -receptors because it profoundly alters the consequences of persistent activation of these receptors. Thus, transgenic over expression of β_1 -adrenergic receptors in mice leads to cardiac hypertrophy, heart failure, and early death; whereas, over expression of the β_2 -adrenergic receptor actually improves cardiac function and does not adversely affect life span (Xiao et al., 1999b). Although cardiac β_2 -adrenergic receptors can couple to G_{o*s*}, it has been found that the protective effects of β_2 -adrenergic receptor over expression depend upon coupling to G_{o*i2*} and G_{o*i3*} (Foerster et al., 2003). At present the physiological and pathophysiological consequences of the unique signaling properties of the EP₄ receptor are unknown. However, like the β_1 - and β_2 -adrenergic receptor subtypes, the EP₂ and EP₄ prostanoid receptor subtypes are frequently co-expressed in the same tissues and it is likely that there is a functional basis for this co-expression.

One possibility as it concerns the co-expression of the EP₂ and EP₄ receptor subtypes might be related to a cell or tissue's ability to respond to different concentrations of endogenous PGE₂. It has been clearly established that the binding affinity of PGE₂ is ~10 to 20 fold higher

for the EP₄ receptor as compared to the EP₂ receptor (Fujino et al., 2002; Kiriyaama et al., 1997; Abramovitz et al., 2000). Furthermore, this difference in affinity is reflected in functional measures of the activation of these receptors. For example, in one detailed study of the functional pharmacology of the human EP₂ and EP₄ receptor subtypes, the EC₅₀ for the stimulation of cAMP formation in cells expressing the EP₄ receptor was ~0.05 nM, whereas for the EP₂ receptor it was ~30 nM (Wilson et al., 2004). Thus, cells expressing the EP₄ receptor are able to respond to lower concentrations of endogenous PGE₂. Additionally, the pattern of intracellular signaling in cells expressing the EP₄ receptor will include the activation of both the G_{αs} and G_{αi} pathways.

The activation of a G_{αi} signaling pathway by the EP₄ receptor provides an interesting potential mechanism for further amplification of the initial PGE₂ signal. As demonstrated in the present study, the EP₄ receptor mediated activation of G_{αi} signaling leads to the activation of the ERKs and induction of EGR-1 expression. It has been shown that EGR-1 can induce the expression of PGE₂ synthase (Naraba et al., 2002), which could be expected to increase the biosynthesis of PGE₂, perhaps to a level that would initiate the activation of EP₂ (and EP₁) receptors. This amplification of PGE₂ signaling would only take place in tissues or cells that express the EP₄ receptor subtype and would represent a mechanism for generating a differential response to low levels of endogenous PGE₂. PGE₂ is produced at low levels by a large number of cell types and under various physiological and pathophysiological conditions its biosynthesis is dramatically increased. This increase in PGE₂ biosynthesis is frequently correlated with the induction of COX-2, but the conditions and factors that regulate these events are unclear. Invasion of tissues by macrophages and up regulation of their EP₄ receptors, which has been shown to occur in a mouse model of autoimmune inflammation (Akaogi et al., 2004), or up

regulation of EP₄ receptors by resident dendritic cells (Harizi et al., 2003), could provide a potential mechanism for inducing COX-2 and PGE₂ synthase expression and increasing the biosynthesis of PGE₂.

The present study further emphasizes the differences in the signaling potential of the EP₂ and EP₄ receptors and clarifies the mechanism of the activation of the PI3K and ERKs signaling pathways by the EP₄ receptor. To date human EP₂ prostanoid receptors appear to be exclusively coupled to G_{αs} and stimulation of these receptors by PGE₂ leads to a strong activation of the cAMP/PKA signaling pathway. On the other hand, PGE₂ stimulation of human EP₄ prostanoid receptors results in the activation of both G_{αs} and G_{αi}. As compared with the EP₂ receptor, the activation of the cAMP/PKA signaling pathway by the EP₄ receptor is significantly less, which is a consequence of two mechanisms. The first is that activation of G_{αi} probably results in a direct inhibition of adenylyl cyclase, which offsets the stimulation of adenylyl cyclase through G_{αs}. The second is that PGE₂ mediated activation of PI3K signaling by the EP₄ receptor inhibits the activity of PKA (Fujino et al., 2005). A similar inhibition of PKA activity has been reported following the activation of PI3K signaling by the β₂-adrenergic receptor (Jo et al., 2002). It is significant to note that even in the presence of PTX, the maximal cAMP response elicited by PGE₂ stimulation of the EP₄ receptor was less than that obtained with the EP₂ receptor (Figure 1). This indicates that the efficiency of EP₄ receptor coupling to G_{αs} mediated signaling is less than that of the EP₂ receptor even in the absence of the activation of G_{αi} mediated signaling.

It is the G_{αi} mediated activation of PI3K signaling that further differentiates the signaling properties of the EP₄ receptor as compared with the EP₂ receptor. Thus, we have previously shown that PGE₂ stimulation of the EP₄ receptor leads to the PI3K dependant activation of ERKs signaling pathways, which is not observed following PGE₂ stimulation of the EP₂ receptor

(Fujino et al., 2003). In spite of these differences some of the downstream signaling consequences following PGE₂ stimulation of the EP₂ or EP₄ receptors appear to be quite similar. For example, PGE₂ stimulation of either receptor leads to an increase Tcf transcriptional activation (Fujino et al., 2002) and in the phosphorylation of the cAMP response element binding protein (Fujino et al., 2005). However, the increase in Tcf transcription activation and cAMP response element binding protein (CREB) phosphorylation by the EP₄ receptor is mainly through a PI3K dependant mechanism, whereas for the EP₂ receptor it is mainly through a cAMP/PKA dependent pathway. This means that the regulation of EP₂ and EP₄ receptor signaling by cross talk through the activation of other of types of receptors has the potential to be quite different. For example, receptors whose activation can modulate PI3K signaling will have greater potential to influence EP₄ receptor mediated signaling as opposed to EP₂ receptor mediated signaling.

In summary we have shown that human EP₄ receptors, but not EP₂ receptors, can couple to PTX sensitive G-proteins when expressed heterologously in HEK cells. Coupling of EP₄ receptors to PTX sensitive G-proteins decreases PGE₂ mediated cAMP accumulation suggesting specific coupling to G_{o*i*} rather than G_{o*o*}. The activation of PI3K signaling by the EP₄ receptor is probably through the release of G_{βγ} subunits after coupling of the receptor to G_{o*i*}. We have discussed studies which show that PGE₂ stimulation of endogenous EP₄ receptors in native cell systems can activate PI3K and ERKs signaling by mechanisms that appear to be independent of coupling to G_{o*s*}. These findings suggest the coupling of endogenous EP₄ receptors to G_{o*i*}, but clearly this will need to be further investigated. In fact we do not believe that EP₄ receptors will be shown to have universal coupling to G_{o*i*} and PI3K/ERKs signaling. For example, in an elegant study of prostanoid receptor mediated signaling in human airway smooth muscle cells it was found that the effects of EP₄ receptor stimulation could be explained solely by activation of

a cAMP/PKA dependent pathway (Clarke et al., 2005). We speculate that the specific signaling pathways utilized by more "promiscuous" GPCRs, such as the EP₄ and β_2 -adrenergic, will be very cell type dependent as compared with more dedicated "monogamous" receptors, such as the EP₂ and β_1 -adrenergic.

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FOOTNOTES

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FIGURE LEGENDS

Figure 1. The effects of pertussis toxin (PTX) on PGE₂-stimulated cAMP formation in untransfected HEK cells and in HEK cells transfected with either the human EP₂ or EP₄ prostanoid receptors. Cells were pretreated with either vehicle (●) or 100 ng/ml PTX (○) for 16 hrs, followed by treatment with the indicated concentrations of PGE₂ for 10 min. cAMP formation was determined as described under *Materials and Methods*. Data are the means ± S.E.M. of three independent experiments each performed in duplicate. *p < 0.01, ANOVA, followed by Bonferroni post testing.

Figure 2. The effects of pertussis toxin (PTX) on forskolin stimulated cAMP formation in the presence of the EP₃/EP₄ selective agonist, PGE₁-OH, in untransfected HEK cells and in HEK cells transfected with either the human EP₂ or EP₄ prostanoid receptors. Cells were pretreated with either vehicle or 100 ng/ml PTX for 16 hrs, followed by treatment with 1 μM PGE₁-OH for 10 min, followed by an additional incubation with 3 μM forskolin for 15 min. cAMP formation was determined as described under *Materials and Methods*. Data were normalized to the vehicle treated controls for each group. Data are the means ± S.E.M. of three independent experiments each performed in duplicate. *p < 0.05, t-test.

Figure 3. The effects of pertussis toxin (PTX) on PGE₂-stimulated phosphorylation of the extracellular signal-regulated kinases (pERK 1/2) (*Panel A*) and on the expression of early growth response factor-1 (EGR-1) (*Panel B*) in HEK cells transfected with either the human EP₂ or EP₄ prostanoid receptors. Cells were pretreated with either vehicle or 100 ng/ml PTX for 16 hrs, followed by treatment with either vehicle (v) or 1 μM PGE₂ for 10 min (*Panel A*) or for 60

min (*Panel B*). Cells were then subjected to immunoblot analysis as described under *Materials and Methods*. *Upper Panel A*, immunoblotting with antibodies against phospho-ERKs 1 and 2 (*pERK1/2*). *Lower Panel A*, the blots shown in the *upper panel* were stripped and re-probed with antibodies against ERKs 1 and 2 (*ERK1/2*). *Upper Panel B*, immunoblotting with antibodies against EGR-1 (*EGRI*). *Lower Panel B*, the blots shown in the *upper panel* were stripped and re-probed with antibodies against ERKs 1 and 2 (*ERK1/2*). Results are representative of three independent experiments with each antibody and condition.

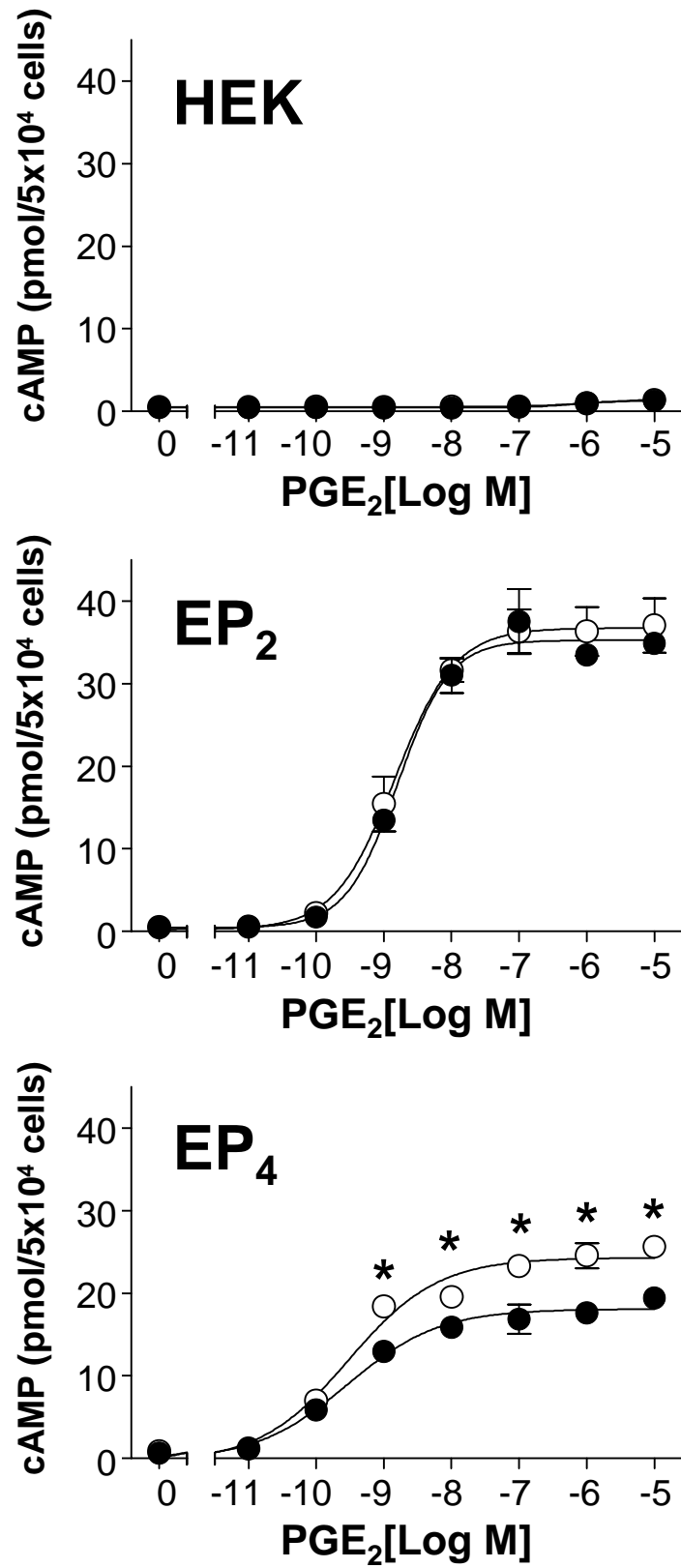


Figure 1

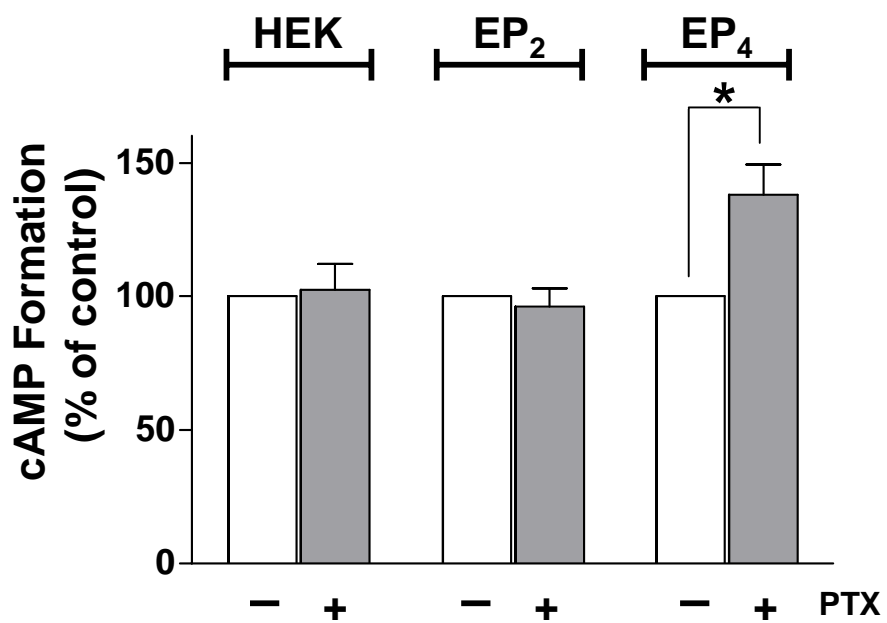


Figure 2

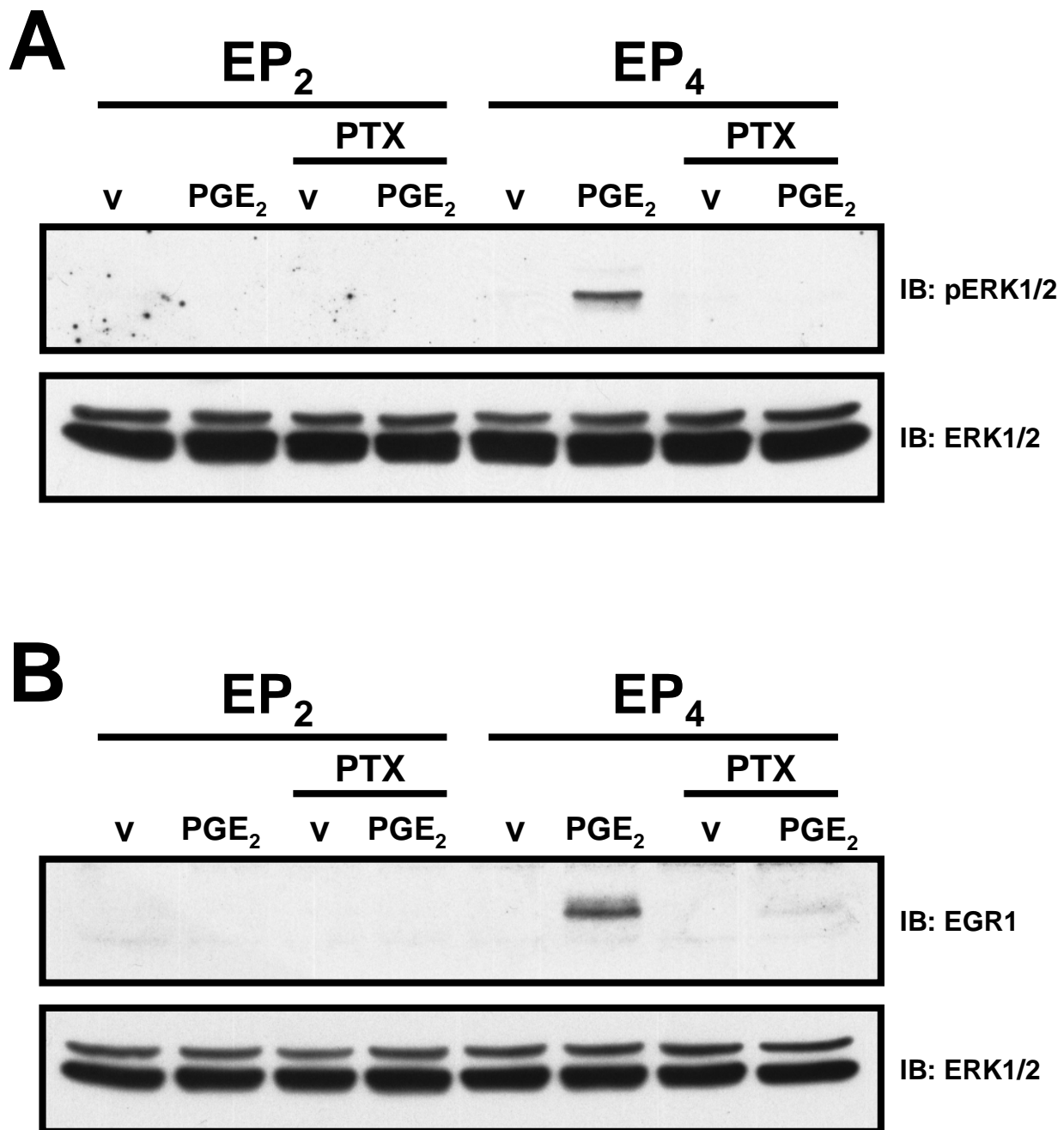


Figure 3