TNF-α Prevents Desensitization of Gαs-coupled Receptors by Regulating GRK2 Association with the Plasma Membrane

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**ABBREVIATIONS:** GPCRs, G protein-coupled receptors; GRKs, G protein coupled receptor kinases, CGS-21680, (2-{4-[(2-carboxyethyl)phenyl]ethylamino}-5'-N-ethylcarboxamido-adenosine); NECA, 5'-(N-ethylcarboxamido)-adenosine; SMase, sphingomyelinase.
Abstract

We have previously reported that IL-1 and TNF-α increase expression and function of adenosine A2A receptors (A2AR), although the increased function is disproportionate to the increment in expression. We therefore studied the effect of TNF-α on A2AR function and desensitization in human monocytoid THP-1 cells. We observed that TNF-α regulates activity of A2AR and other G protein-coupled receptors (GPCRs) by altering their ligand-mediated desensitization. Pretreatment of resting cells with the A2AR agonist CGS-21680 or the pan-adenosine receptor agonist NECA quickly desensitized cAMP responses to CGS-21680 re-stimulation, but TNF-α treatment prevented A2AR desensitization. As expected, A2AR occupancy induced translocation of GPCR kinase-2 (GRK2) to the plasma membrane (PM). Surprisingly, after TNF-treatment A2AR occupancy not only failed to induce GRK2 translocation to PM but decreased GRK2 association with PM. TNF-α altered GRK2 translocation in response to the β-adrenergic receptor agonist isoproterenol in a similar manner. Similar to GRK2, β-arrestin associated with PM following A2AR stimulation in control cells but not in TNF-α-treated cells. C2-ceramide, a downstream mediator in the sphingomyelinase (SMase)-dependent pathway, mimicked the effect of TNF-α on GRK2 translocation. Moreover, inhibitors of the SMases and an inhibitor of JNK, also a downstream effector in the SMase pathway, reversed TNF-α-mediated effects on GRK2 translocation and A2AR desensitization. These results suggest a novel form of crosstalk between TNF-α receptors and GPCRs; TNF-α enhances GPCR function by preventing agonist-induced desensitization of GPCRs by diminishing agonist-dependent recruitment of GRK2 and β-arrestin to PM by a SMase pathway-mediated mechanism.
Introduction

Adenosine and its receptors are well known for their role in modulating inflammation and tissue protection as well as physiological functions of multiple mammalian organs, including brain and heart (Cronstein, 1998; Ohta and Sitkovsky, 2001). We and others have demonstrated that the inflammatory cytokines IL-1 and TNF-α increase the function and expression of adenosine receptors, especially A2A R, in what appears to be feedback regulation of inflammation (Bshesh et al., 2002; Khoa et al., 2003; Khoa et al., 2001; Trincavelli et al., 2002). However, in our prior studies on several human cell types, cytokine-induced changes in A2A R number are probably not sufficient to account for the increase in the receptor’s activities (Khoa et al., 2003; Khoa et al., 2001), leading us to speculate that TNF-α and other inflammatory mediators may also increase receptor function by modulating the desensitization mechanisms of adenosine receptors.

Following receptor activation G protein coupled receptors (GPCRs) rapidly lose the ability to stimulate intracellular signals in a process that is mediated by specific GPCR kinases (GRKs) that have the unique ability to recognize and phosphorylate their substrate only when they are in their active conformation state (Inglese et al., 1993). Of the seven GRKs cloned to date, GRK2 and the less abundant GRK3 (also known as β-adrenergic receptor kinase 1 and 2, respectively) are widely distributed throughout the body (Benovic et al., 1991). GRK2 was first recognized as a kinase responsible for phosphorylation of adrenergic receptors but later shown to be a ubiquitous member of the GRK family, which phosphorylates and desensitizes a variety of GPCRs, including adenosine receptors (Fredholm et al., 2001). Although the desensitization of GPCRs, in general, and adenosine receptors, in particular, appears to involve multiple processes (Chern et al., 1993; Palmer et al., 1994), GRK2 has been implicated as the mediator of desensitization, at least in the short term, of adenosine receptors, as targeted changes in cellular
levels and/or membrane translocation of this kinase affect desensitization and activity of adenosine receptors (Mundell et al., 1997; Mundell and Kelly, 1998; Willets et al., 1999). Although GRK2 and other GRKs are regulated by both endogenous and exogenous factors (Penela et al., 2003), there has been some evidence that expression and activity of GRKs are regulated by inflammation and inflammatory cytokines in certain cells or tissues (Lombardi et al., 2001; Lombardi et al., 1999). More recent studies by Trincavelli et al demonstrated that TNF-α reduced agonist-dependent receptor phosphorylation and attenuated agonist-mediated desensitization of A2BR in human astroglial cells (Trincavelli et al., 2004). Precise mechanisms of TNF-α regulation of adenosine receptor desensitization and the role of this cytokine in regulation of GPCR activity in general, however, remain unknown.

In this study on human monocytoid THP-1 cells, we determined whether TNF-α treatment affects agonist-dependent desensitization of A2AR and examined the effect of TNF-α on expression and subcellular distribution of GRK2 and β-arrestins in response to stimulation with agonists of A2AR and β-adrenergic receptors. In addition, we examined the signaling pathways mediating TNF-α regulation of GRK2 and A2AR desensitization.
Materials and Methods

Reagents: Recombinant human TNF-α was purchased from R&D Systems (Minneapolis, MN). CGS-21680 (2-{4-[(2-carboxyethyl)phenyl]ethylamino}-5'-N-ethylcarboxamido-adenosine) and NECA (5'-N-ethylcarboxamido)-adenosine) were purchased from Sigma Chemical (St. Louis, MO). Anti-GRK2 and anti-A2AR antibodies and alkaline phosphatase-conjugated secondary antibodies were obtained from Santa Cruz Biotechnology (Santa Cruz, CA). Anti-β-arrestin1 antibody was obtained from BD Biosciences (San Jose, CA). C2-ceramide (N-acetylphosphingosine), C2-dihydro-ceramide, sphingosine, C6-ceramide (N-hexanoyl-D-sphingosine), desipramine, and GW4869 were obtained from Sigma. The JNK inhibitor SP 600125 was obtained from BIOMOL International (Plymouth Meeting, PA). The protein kinase A (PKA) inhibitor KT 5720, protein kinase C (PKC) inhibitor Ro 32-0432, MEK1/2 inhibitor PD 098059, and p38 MAPK inhibitor SB 202190 were purchased from Sigma.

Cell culture: Human monocytoid THP-1 cells, obtained from ATCC, were cultured in RMPI medium supplemented with 10% FBS and antibiotics at 37°C in a humidified atmosphere consisting of 5% CO2. They were treated with TNF-α (5 ng/ml) overnight or medium alone before being subject to further treatments.

Protein extraction and crude membrane preparation: To prepare total cell lysates cells were washed with cold PBS and lysed in ice-cold lysis buffer containing 50 mM Tris, 150 mM NaCl, 1% Nonidet P40, and protease inhibitor cocktail (Sigma Aldrich) for 15-20 min. The lysates were microcentrifuged at 14,000 rpm for 10 min at 4°C and supernatants were collected. Crude membrane preparations were obtained following sonication of cells in a modification of a previously described technique (Arslan et al., 1997). Briefly, cells were washed, resuspended in ice-cold PBS, and disrupted with a tissue homogenizer (three 10 second periods) in the presence
of anti-protease cocktail (Sigma Aldrich). Whole cells, nuclei, and other large debris were cleared by centrifugation at 300 × g for 10 min at 4°C and the particulate fraction (crude membrane fraction) of the cleared supernatant was separated by microcentrifugation at maximum speed for 30 min. The protein content was determined by standard BSA protein assay.

**Western immunoblot:** Equal amounts of protein (10–40 µg/lane) were separated by 10% SDS-PAGE and electrotransferred to nitrocellulose membranes. Nonspecific antibody binding was blocked with 3% skim milk in Tris-buffered saline (TBS). Subsequently, the blot membrane was incubated with a primary antibody for 1–4 hrs and then with an alkaline phosphatase-conjugated secondary antibody for another hour in TBS. After each antibody incubation, the blot was extensively washed (3-4 times, 5 min each) with TBS containing 0.1% Tween 20. Finally, the blot was exposed to fluorescent substrate ECF (Amersham Pharmacia Biotech, Piscataway, NJ) and scanned using the Storm phosphorimager system. The band intensity was then quantitated using ImageQuant software. To screen multiple proteins, after probing with an antibody, the blot was stripped off and reprobed for β-actin or other proteins of interest.

**Immunoprecipitation:** Cultured cells (2-5x10^7 cells for each treatment) were collected and washed with ice-cold PBS. Cells were resuspended and lysed in 1 ml of lysis buffer. The whole cell lysate was precleared for 30 min at 4°C with 0.25 µg of appropriate control (normal) IgG, corresponding to the host species of the primary antibody, and 20 µl of Protein A/G-Agarose (Santa Cruz). The precleared cell lysates were subsequently incubated with 2 µg of the primary antibody for one hour prior to the addition of 20 µl of Protein A/G-Agarose beads and the incubation continued overnight at 4°C with constant rotation. Next, the agarose beads were pelleted by centrifugation at 2,500 rpm (~1000 g) for 5 min at 4°C. After extensive washes (4-5 times) with ice-cold lysis buffer, the beads were resuspended in sample loading buffer, boiled for
4-5 min, and subject to SDS-PAGE and western immunoblot with antibodies of interest.

**Study of adenosine receptor desensitization:** Cells were pretreated overnight with medium alone or TNF-α and then stimulated with either CGS-21680 (10 μM) for various times (0-60 min) or NECA (10 μM, 30 min). The medium was then removed and cells were washed and resuspended with fresh medium and stimulated with 1 μM CGS-21680 for various times. Cells were then assayed for intracellular cAMP concentrations.

**cAMP quantification:** Following appropriate treatment, culture supernates were discarded and cells were washed with cold PBS. Intracellular cAMP levels were determined using the Biotrak cAMP enzyme immunoassay (EIA) system (Amersham Pharmacia Biotech, Piscataway, NJ). Briefly, washed cells from each treatment were lysed in 200 μl of the lysis buffer provided with the kit. Cell debris was removed by brief centrifugation. The lysate was applied in duplicate to 96 well-plates provided by the manufacturer and all steps of the assay were carried out following the manufacturer’s instructions. cAMP concentrations were normalized to the protein content measured by standard protein assay.

**Data analysis:** All statistical analysis was performed using GraphPad Prism software. Data are presented as mean ± SEM when appropriate. One-way or two-way analysis of variance (ANOVA) was used to determine overall statistical significance. Differences with a P value less than 0.05 were considered significant.
Results

**TNF-α diminished agonist-induced A2AR desensitization**

Since A2A Rs are generally coupled to Gαs and activate adenylyl cyclase increasing cAMP formation, we evaluated the agonist-induced desensitization of A2A Rs in control and TNF-α-treated THP-1 cells by measuring cAMP accumulation in response to the selective A2A R agonist CGS-21680 (1 µM) following pretreatment of the cells with either CGS-21680 (10 µM) or NECA (10 µM), a pan-adenosine receptor agonist. Analysis of the time-course of agonist-mediated desensitization of adenosine A2A receptor-stimulated increases in intracellular cAMP demonstrated a significantly greater response of TNF-α treated cells than the control cells to agonist stimulation whether they underwent desensitization with agonist or not (Figure 1A). More importantly, these desensitization studies revealed that most of the A2A Rs in control cells were quickly desensitized following 10 µM CGS-21680 pretreatment while desensitization of A2A Rs in TNF-α-treated cells was not only delayed but also greatly inhibited (p<0.01, TNF-α-treated vs. control cells, two-way ANOVA, Figures 1A and 1B). Similarly, following 30 min NECA pretreatment (10 µM) A2A Rs in control cells appeared to be desensitized and these cells were unresponsive to CGS-21680 stimulation, while TNF-α-treated cells were still responsive to CGS-21680 with an increase in cAMP level up to 127 ± 7% of basal level (Figure 1C).

**Effects of TNF-α on GRK2 expression and subcellular localization**

It has been previously demonstrated that Gαs-coupled receptors, including A2A Rs, are quickly phosphorylated by GRK2 and other GRKs and subjected to desensitization following agonist exposure. To determine the mechanism for TNF-α inhibition of A2A R desensitization we next studied the effect of TNF-α on expression and subcellular distribution of GRK2 following
agonist stimulation. Neither TNF-α treatment nor CGS-21680 stimulation significantly changed the total cellular level of GRK2 (Figure 2A and not shown). Since there were no changes in total GRK2 levels and proximity to its receptor target is probably more important for the function of this kinase, we examined the effect of TNF-α treatment on translocation of GRK2 from cytosol to the plasma membrane following agonist stimulation. As demonstrated by immunoblot, in control (untreated) THP-1 cells the level of GRK2 in the plasma membrane quickly increased following stimulation with CGS-21680 in a time-dependent manner and reached up to 124 ± 5% of baseline within 10-20 min (Figure 2B). In contrast, in cells those were pretreated overnight with TNF-α agonist stimulation not only failed to induce GRK2 translocation to the plasma membrane, but rather resulted in a time-dependent decrease in the membrane GRK2 level to 80 ± 3% of basal level within 10-20 min (Figure 2A and 2B). The difference in response to CGS-21680 between control and TNF-α-treated cells in terms of GRK2 translocation was highly significant (P<0.001, TNF-α vs. control, two-way ANOVA). Incubation of cells with TNF-α for shorter periods also significantly inhibited CGS-21680-induced translocation of GRK2 to the plasma membrane after short-term treatment (Figure 2C, P<0.01 for all time points vs control). The effect of TNF-α on GRK2 translocation did not require protein synthesis since co-incubation of cell with cycloheximide, a protein synthesis inhibitor, did not alter the inhibitory effect of TNF-α on agonist-dependent GRK2 re-localization (Figure 2D, P>0.05, two-way ANOVA).

To determine whether the regulatory effect of TNF-α on agonist-induced GRK2 translocation is specific for the A2A R or this regulatory mechanism is a more general phenomenon for other Gαs-coupled receptors, we examined GRK2 relocalization in control and TNF-α treated THP-1 cells in response to isoproterenol, a selective β-adrenergic receptor agonist. As demonstrated in Figure 3, isoproterenol, like CGS-21680, induced translocation of
GRK2 to the plasma membrane in control cells, whereas TNF-α treatment decreased the membrane-associated GRK2 level following isoproterenol stimulation (P<0.01, TNF-α vs. control, two-way ANOVA).

**TNF-α inhibits agonist-induced receptor-GRK2 association**

It was previously reported that activated Gαs-coupled receptors bind to membrane-bound GRKs resulting in kinase activation and phosphorylation of these receptors (Li et al., 2003; Pao and Benovic, 2005). To determine the effect of TNF-α on interaction between A2AR and GRK2, we immunoprecipitated A2ARs from the total cell lysates from untreated and treated cells and then probed for the presence of GRK2. As shown in Figure 4A, without agonist stimulation little GRK2 was associated with A2ARs in either control or TNF-α-treated THP-1 cells. As expected, CGS-21680 stimulation clearly increased GRK2 association with A2AR in control cells. However, in TNF-α-treated cells the agonist-induced increase in A2AR-GRK2 association was almost completely abrogated, consistent with the TNF-α-induced decrease in the membrane-associated GRK2 level during agonist stimulation (Figure 4).

**Effects of TNF-α on β-arrestin translocation**

β-arrestin1/2 proteins bind phosphorylated Gαs-coupled receptors and mediate their internalization. We next determined whether TNF-α-induced changes in GRK2 translocation following agonist stimulation lead to similar changes in membrane recruitment of β-arrestin protein. As demonstrated by western immunoblot analysis of crude membrane and cytosolic fractions of THP-1 cells, β-arrestin1 was mostly detected in the cytosol (Figure 5A). Nonetheless, in control cells CGS-21680 stimulation quickly and significantly increased β-arrestin1 levels in the plasma membrane, up to 121 ± 5% of the basal level within 5-10 min...
(P<0.01), whereas the membrane β-arrestin1 level in TNF-α-treated cells was not significantly increased following CGS-21680 stimulation (Figure 5). The difference in agonist-induced changes in membrane-bound β-arrestin levels between control and TNF-α-treated cells were significant (P<0.05 TNF-α vs. control, two-way ANOVA). Neither TNF-α nor CGS-21680 induced any detectable changes in the cytosolic β-arrestin1 levels (Figure 5A and not shown). These results indicate that TNF-α treatment, consistent with its effect on GRK2 translocation, suppresses β-arrestin recruitment to the plasma membrane during stimulation of Gαs-coupled receptors.

*Involvement of sphingomyelinase-dependent pathway in mediating effects of TNF-α on GRK2 translocation and A₂AR desensitization*

Since the effect of TNF-α on agonist-dependent GRK2 translocation does not depend on new protein synthesis (Figure 2D) we examined the role of other signaling pathways for TNF-α in the prevention of desensitization of A₂ARs. TNF-α has previously been shown to signal for cellular activation in monocytes and macrophage-like cells (Dbaibo et al., 1993; MacKichan and DeFranco, 1999; Mallampalli et al., 1999; Wiegmann et al., 1992) via activation of sphingomyelinases (SMases), which generate lipid-derived signaling elements such as C₂-ceramide. Pretreatment with C₂-ceramide (20 µM) decreased GRK2 levels in the plasma membrane following CGS-21680 stimulation to 84 ± 5% of basal level (Figure 6A and 6B), mimicking the effect of TNF-α. Treatment of the cells with C₂-dihydro-ceramide, an inactive analogue of C₂-ceramide, did not change the effect of CGS-21680 on GRK2 translocation (Figure 6A and not shown). Of other ceramide isoforms tested, sphingosine (50 µM) was toxic to the cells and C₆-ceramide (10 µM) did not clearly alter the agonist-induced membrane translocation of GRK2 (data not shown).
To further understand the involvement of SMase pathways in TNF-α signaling, we examined the effects of selective inhibitors of acid and neutral SMases on the capacity of TNF-α treatment to modulate TNF-α-mediated inhibition of GRK2 translocation to the plasma membrane. Co-treatment of THP-1 cells with TNF-α and either desipramine, an inhibitor of acid SMase (A-SMase), or GW4869, an inhibitor of neutral SMase (N-SMase), partly but significantly reversed the TNF-α effect on CGS-21680-dependent GRK2 translocation (P<0.05 for both inhibitors, two-way ANOVA) while combination of both inhibitors almost completely reversed the TNF-α effect (P<0.01 vs. no inhibitor, two-way ANOVA, Figure 6C). These inhibitors did not interfere with agonist-mediated GRK2 translocation in control cells (Figure 6C). To determine whether the reversal of TNF-α inhibition of GRK2 translocation by SMAase inhibitors affects GRK2-mediated receptor desensitization, we studied the effect of desipramine and GW4869 on A2A R desensitization along with TNF-α treatment. TNF-α greatly inhibited A2A R desensitization following 30 min CGS-21680 pretreatment, as shown earlier (Figure 1), and this inhibitory effect of TNF-α was almost completely abrogated in the presence of SMase inhibitors (P<0.01 vs no inhibitor, two-way ANOVA, Figure 6D).

**Effects of protein kinase inhibitors on GRK2 translocation**

It was previously reported that GRK2 activity and membrane targeting are also regulated by phosphorylation of GRK2 by other protein kinases, including PKA, PKC, and MAPKs (Penela et al., 2003). To determine if any of these kinases are involved in mediating the TNF-α effect on GRK2 translocation we studied the effect of specific inhibitors of these kinases on the phenomenon. We found that inhibition of PKC by Ro 32-0432 moderately inhibited and PKA inhibitor KT 5720 slightly affected the capacity of CGS21680 to stimulate GRK2 association with the plasma membrane in control cells (P<0.05 for Ro 32-0432 and P>0.05 for KT 5720 vs
no inhibitor, two-way ANOVA, Figure 7A and 7B). None of the inhibitors, including those of p38 MAPK, and MEK1/2, diminished the effect of TNF-α on CGS-21680-induced GRK2 translocation (Figure 7A-D).

TNF-α and ceramides are known to activate JNK signaling via activating its upstream kinases (Sathyanarayana et al., 2002; Shen et al., 2003) and other downstream protein kinases mediate effects of adenosine and other GPCRs. Treatment of cells with the selective JNK inhibitor SP 600125 (25 µM) minimally enhanced CGS-21680-induced GRK2 translocation in control cells. More interestingly, in TNF-α-treated cells JNK inhibition significantly and greatly reversed the TNF-α effect on CGS-21680-dependent GRK2 translocation (Figure 7E, P<0.05 for SP600125 vs. no inhibitor, two-way ANOVA). Moreover, the effect of SP600125 on TNF-α inhibition of GRK2 translocation correlated with the reversal of TNF-α inhibition of A2AR desensitization of the cAMP response by this inhibitor (Figure 7F).
Discussion

In prior studies we and others have observed that TNF-α induces a 20-30% increase in A2AR expression. Although one would expect a shift in the dose-response curve for this receptor we observed that there was, in fact, a threshold effect. Thus concentrations of ligand which should stimulate maximal receptor function do not stimulate any detectable response unless the cells have been pretreated with TNF-α. To better understand this apparent shift in the threshold for A2AR function we carried out the current study. We found that TNF-α inhibits agonist-dependent desensitization of A2ARs in human monocytoid THP-1 cells, an observation which further elucidates the TNF-α-stimulated change in receptor function. These findings provide a more solid explanation for the enhanced function and activity of A2AR observed after TNF-α and IL-1 treatment in our previous studies (Khoa et al., 2003; Khoa et al., 2001). Together, these data suggest that TNF-α and probably some other inflammatory cytokines promote A2AR signaling and function through multiple effects; not only enhancing the receptor number but also regulating mediators of receptor signaling and desensitization. Our demonstration that TNF-α inhibits A2AR desensitization is also consistent with the previous report by Trincavelli et al that TNF-α inhibits desensitization of A2BR and enhances the functions of these receptors in human astroglial cells (Trincavelli et al., 2004). Moreover, the current study provides further mechanistic insight into TNF-α-mediated inhibition of receptor desensitization. Our results demonstrate that the cytokine promotes the agonist-dependent dissociation of GRK2, a kinase primarily responsible for phosphorylation and desensitization of GPCRs, from the plasma membrane and diminishes recruitment of β-arrestin to the plasma membrane following stimulation with the agonists of A2AR and β-adrenergic receptors, leading to diminished phosphorylation and desensitization of these receptors. Findings from our studies and others that
A2A Rs, A2B Rs, and β-adrenergic receptors respond similarly to TNF-α treatment suggest that this is a common regulatory mechanism for other Gαs-coupled receptors.

Previous studies have demonstrated that the activity of GRKs decreases in lymphocytes of rheumatoid arthritis patients and that the pro-inflammatory cytokines IFN-γ and IL-6 downregulate cellular expression and activity of GRK2 and GRK6 and increase sensitivity to β2-adrenergic receptor activation (Lombardi et al., 1999). Lombardi and colleagues have also reported that inflammation induces a tissue-specific down-regulation of GRKs in the immune system of animals with adjuvant arthritis (Lombardi et al., 2001). Our results indicate that TNF-α decreases the activity of GRK2 as the cytokine was shown to inhibit A2AR desensitization and to enhance receptor function although this effect does not appear to result from decreased expression of GRK2, but rather from diminished translocation of GRK2 to the plasma membrane. In sum, our data and the previously published results indicate that decreased association of GRK2 and β-arrestin with GPCRs in TNF-α-treated cells is responsible for decreased agonist-induced receptor desensitization and increased activity of corresponding GPCRs.

It is interesting that TNF-α treatment not only prevents agonist-dependent membrane translocation of GRK2 but also seems to promote agonist-dependent dissociation of GRK2 from the membrane. Unlike most other members of the GRK family, which are generally associated with the plasma membrane (Pronin et al., 1998; Stoffel et al., 1994), GRK2 resides predominantly in the cytosol and translocates to the plasma membrane via a carboxyl terminal βγ binding domain or by directly binding to phospholipids upon receptor ligation (Carman et al., 2000; Daaka et al., 1997). Multiple mechanisms have been shown to regulate the association of GRK2 with the plasma membrane and its activity, including regulation of GRK2 by other...
kinases, such as PKA, PKC and MAPKs, during activation of GPCRs (Penela et al., 2003). Although inhibition of PKA and PKC might partly affect phosphorylation and membrane translocation of GRK2 in control cells, the inability of inhibitors of these kinases to alter the effect of TNF-α on the ligand-induced association of GRK2 with the plasma membrane suggests that other mechanisms are responsible for ligand-induced desensitization of adenosine A₂A receptors. Moreover, our results indicate involvement of the TNF-α-activated, sphingomyelinase-dependent pathway (signaling through the protein kinase JNK) (Dbaibo et al., 1993; Mallampalli et al., 1999; Muller et al., 1998), in the TNF-α-mediated blockade of A₂A receptor desensitization. It is still unclear, however, how ceramide and/or JNK, activated by TNF-α, modulate GRK2 subcellular localization during GPCR occupancy. An alternative explanation is suggested by the finding of Liu et al (Liu et al., 2002) that growth hormone-induced formation of ceramide is mediated by a G₃G₃-dependent pathway and that ceramide formation is blocked by a mutated form of GRK2, which is a known G₃G₃ scavenger (Koch et al., 1994). Thus, it is possible that TNF-α and its downstream effector ceramide might interfere with G₃G₃-GRK2 binding and thus prevent GRK2 association with the plasma membrane during GPCR stimulation. Nonetheless, ceramide-mediated mechanisms might not be solely responsible for the TNF-α effect on GRK2 translocation. Decreased activity and membrane availability of GRK2 in TNF-α treated cells during GPCR activation may also result from increased binding of GRK2 to other cytosolic proteins, such as Raf kinase inhibitor protein (RKIP), an inhibitor that can alternate binding to either Raf-1 or GRK2 (Lorenz et al., 2003). TNF-α treatment may promote RKIP-GRK2 binding and thereby retain GRK2 in the cytosol during GPCR ligation, and this hypothesis needs to be investigated.

TNF-α, one of the most prominent inflammatory cytokines, plays a pivotal role in
orchestrating host defense and inflammatory processes in vertebrates. Although critical for host
defense, TNF-α, in concert with other proinflammatory cytokines, such as IL-1 and IL-6, has
been strongly implicated in the pathogenesis of inflammatory and autoimmune diseases, such as
rheumatoid arthritis and inflammatory bowel disease, and is responsible for progressive tissue
injury and damage in those conditions (Feldmann et al., 1998). The development of TNF-α and
IL-1 inhibitors has therefore been one of the most active areas of drug development over the last
decade for the treatment of inflammatory diseases (Vilcek and Feldmann, 2004). Though
clinically effective, these inhibitors still pose serious side effects (Cush, 2004), some of which
result from unexpected interactions between TNF-α and other receptors. Our results suggest one
such interaction between TNF-α and Gαs-linked receptors that could account for a distinct
toxicity of the anti-TNF-α therapies, exacerbation of congestive heart failure (CHF). In a rat
model of CHF, Wang et al demonstrated that density and protein content of β1-adrenergic
receptors were increased whereas GRK isoforms, including GRK2, and β-arrestin1 were
decreased in the membrane fraction of cells from failing hearts (Wang et al., 2005). Increased
adrenergic tone is a compensatory mechanism in the failing heart and interference with this
compensation may exacerbate heart failure. A recent study has demonstrated increased
production of TNF-α and the accompanying upregulation of A2AR in peripheral blood
mononuclear cells from CHF patients (Capecchi et al., 2005). Thus, we speculate that drugs
targeting inflammatory cytokines, such as TNF-α or IL-1, which are beneficial in the treatment
of inflammatory diseases, may undercut TNF-α-induced enhancement of β-adrenergic tone
thereby exacerbating CHF.
Reference


Footnotes

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Figure Legends

Figure 1. TNF-α inhibits agonist-dependent desensitization of A2ARs. A) THP-1 cells were treated overnight with TNF-α (5 ng/ml) or medium alone (Control) and then stimulated with 10 µM CGS-21680 for varying intervals up to 60 min prior to washing and re-stimulation with 1 µM CGS-21680 for 10 min. Cells were collected and assayed for intracellular cAMP concentrations as described. Data are expressed as mean (±SEM) of three separate experiments. BL, the basal cAMP level in control and TNF-α-treated cells without any agonist stimulation; time point 0 represents the cAMP level in cells without CGS-21680 pre-treatment. B) Time course of A2AR desensitization. Data were deducted from Fig.1A but expressed as percentage of CGS-21680-induced cAMP increase beyond the basal cAMP level. The amount of cAMP increase over the basal level at time point 0 (10.5 pmol/mg protein and 20.4 pmol/mg protein for control and TNF-a treated cells, respectively) was considered 100%. C) Following cytokine treatment, cells were pre-stimulated with 10 µM NECA for 30 min and then subject to stimulation with 1 µM CGS-21680 for the indicated times. Data are expressed as mean (±SEM) of percentage of the cAMP level in cells without CGS-21680 stimulation (n=3).

Figure 2. Effects of TNF-α on expression and translocation of GRK2 following CGS-21680 stimulation. A-B) THP-1 cells were treated overnight with TNF-α (5 ng/ml) or medium alone (Control) and then stimulated with 1 µM CGS-21680 (CGS) for the indicated times. Crude membrane preparations (CM) and total cell lysates (TCL) were prepared and western immunoblot was carried out as described. A) Representative images of western immunoblot for GRK2 and β-actin. B) Densitometric analysis of immunoblotted GRK2 after normalization to β-actin levels. Note that the overall change in membrane GRK2 levels from basal level following
CGS-21680 stimulation is statistically significant in both control (P<0.05) and TNF-α-treated cells (p<0.05). C) THP-1 cells were treated with TNF-α (5 ng/ml) for 15, 30 or 60 min prior to CGS-21680 stimulation (CGS, 1 µM, 10 min). Membrane-associated GRK2 levels, detected by Western blots, were densitometrically quantitated and normalized to β-actin levels. D) Western immunoblot and quantification of membrane-associated GRK2 and β-actin levels in THP-1 cells treated with TNF-α in the presence or absence of cycloheximide (CHX, 3 µM) prior to CGS-21680 stimulation (1 µM, 10 min). For B, C, and D each bar represents mean percentages (± SEM) of basal membrane-associated GRK2 levels in control or TNF-α-treated cells, as appropriate, from nine (B, n=9) and three (C and D, n=3) independent experiments.

**Figure 3. Effects of TNF-α on GRK2 translocation following isoproterenol stimulation.** THP-1 cells were treated overnight with TNF-α (5 ng/ml) or medium alone (Control), and then stimulated with isoproterenol (ISO, 10 µM) for the indicated times. Crude membrane preparations were obtained and subject to western immunoblot for GRK2 and β-actin, as described. A) Representative images of western immunoblot of membrane-associated GRK2 and β-actin. B) Densitometric analysis of changes in membrane-associated GRK2 levels in response to isoproterenol stimulation after normalization to β-actin. Data are expressed as percentage of either GRK2 levels in resting cells or TNF-α-treated cells, as appropriate, and represent the mean (± SEM) of three independent experiments.

**Figure 4. TNF-α reduces agonist-dependent association of GRK2 with A2A R.** THP-1 cells were pretreated overnight with TNF-α (5 ng/ml) or medium alone (Control) and then stimulated with
1 µM CGS-21680 (CGS) for the indicated times. Whole cell lysates were prepared and immunoprecipitated (IP) with a polyclonal A2AR antibody. The precipitated proteins were immunoblotted (WB) for GRK2, as described. A) Representative image of coIP/WB for A2AR-GRK2 association (upper gel panel). Total cell lysates (TCL, last lane) were used in WB as a positive control for GRK2 identity. Western immunoblot for total GRK2 expression (lower gel panel) in whole cell lysates was also carried out to verify loading inputs for immunoprecipitation. B) The level of GRK2 associated with A2AR was densitometrically quantified and expressed as percentage (mean ± SEM) of the basal GRK2 level in control cells from three independent experiments (n=3).

Figure 5. TNF-α diminishes agonist-dependent recruitment of β-arrestin to the plasma membrane. THP-1 cells were treated overnight with TNF-α (5 ng/ml) and then stimulated with 1 µM CGS-21680 for the indicated times. Crude membrane and cytosolic fractions were prepared and immunoblotted for β-arrestin1. A) Representative images of western blots for β-arrestin1 (β-Arr) and β-actin expression in crude (CM) membrane preparations and the cytosol (Cyt). B) Densitometric analysis of membrane-associated β-arrestin1 levels are expressed as mean percentage (± SEM) of basal levels in cells without CGS-21680 stimulation from three experiments (n=3). Note that CGS-21680 stimulation significantly increased membrane-associated β-arrestin1 in control (P<0.05) but not in TNF-α-treated cells (P>0.05).

Figure 6. Involvement of sphingomyelinase pathway in TNF-α-mediated regulation of agonist-dependent translocation of GRK2. A-B) THP-1 cells were treated with C2-ceramide (C2-cer, 20 µM), C2-dihydro-ceramide (C2-dihydro, 20 µM) or vehicle alone (Control) for four
hrs and then stimulated with 1 µM CGS-21680 (CGS) for the indicated times. Crude membrane proteins were extracted and immunoblotted for GRK2 and β-actin. A) Representative images of western immunoblots for membrane-associated GRK2 and β-actin from control or ceramide-treated cells. B) Densitometric analysis of CGS-21680-induced changes in membrane-associated GRK2 levels in control and C2-ceramide-treated cells, normalized to β-actin. Data are expressed as the percentage (± SEM) of the basal levels observed in the absence of CGS-21680 (n=5, except at time point 5 min data were only available from a single experiment). Note that membrane-associated GRK2 levels were significantly increased in control cells (P=0.036) and decreased in C2-ceramide-treated cells (P=0.039) following CGS-21680 treatment; P<0.01 for C2-ceramide vs. control, two-way ANOVA. C) THP-1 cells were treated overnight with TNF-α or medium alone (Control) in the presence or absence of the acid SMase inhibitor desipramine (10 µM) or the neutral SMase inhibitor GW4869 (20 µM) or both. Cells were then stimulated with 1 µM CGS-21680 (CGS) for 10 min. The membrane-associated GRK2 level was examined by western immunoblotting and densitometrically quantified. Data are expressed as percentage of the basal GRK2 level and bars represent the mean (± SEM) of results from four experiments. D) Effects of SMase inhibitors on TNF-α inhibition of A2AR desensitization. THP-1 cells were treated overnight with TNF-α or medium alone (Control) in the presence or absence of both desipramine (10 µM) and GW4869 (20 µM) (GW4869+Desip.). Cells were then pretreated with 10 µM CGS-21680 (CGS Pretreat.) for 30 min and washed before restimulation with 1 µM CGS-21680 for 10 min. cAMP levels were measured as described. Data shown are from three experiments. Bars represent percentage of cAMP response to CGS-21680 stimulation in cells without agonist pretreatment. The cAMP increase over the basal level following agonist stimulation of non-pretreated cells is defined as 100%.
Figure 7. JNK inhibitor reverses TNF-α effects on GRK2 translocation and A2A R desensitization. A-E) THP-1 cells were pretreated overnight with TNF-α (5 ng/ml) or medium alone (Control) and stimulated with CGS-21680 (CGS, 1 µM, 10 min) in the presence or absence of PKA inhibitor (KT5720, 1 µM, A), PKC inhibitor (Ro32-0432, 2 µM, B), p38 MAPK inhibitor (SB202190, 20 µM, C), MEK1/2 inhibitor (PD098059, 50 µM, D), or JNK inhibitor (SP600125, 25 µM, E). All inhibitors were added to the culture 30 min prior to agonist stimulation. The level of GRK2 in the crude membrane preparations was examined by western immunoblotting and densitometrically quantified. Data are expressed as mean ± SEM of percentage of the basal GRK2 level from five (SP 600125), four (KT 5720) and three (Ro 32-0432, PD 098059, and SB 202190) experiments. F) Desensitization assay. THP-1 cells were treated overnight with TNF-α or medium alone (Control). Cells were then pretreated with 10 µM CGS-21680 (Pretreat.) for 30 min in the presence or absence of 25 µM SP 600125 and washed before re-stimulation with 1 µM CGS-21680 for 10 min. SP 600125 was added to the cells 30 min prior to agonist pretreatment. cAMP levels were measured as described. Bars represent percentage of cAMP response to CGS-21680 of cells without agonist pretreatment for non-pretreated and pretreated cells. The cAMP increase in response to CGS21680 over the basal level in non-pretreated cells is defined as 100%. Data shown are from three experiments.
**Fig. 4**

**A**

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<th>Control</th>
<th>TNF-α</th>
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<tbody>
<tr>
<td>CGS (min)</td>
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<td>CGS (min)</td>
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**IP: A<sub>2A</sub>R**

**IP/WB**

**WB**

**B**

![Graph showing A<sub>2A</sub>R-GRK2 association](image_url)

- **A<sub>2A</sub>R-GRK2 association (% baseline)**
- **CGS treatment (min)**: 0, 10, 30
- **Control**
- **TNF-α**