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Heterotrimeric $G_{i/o}$ Proteins Regulate Stretch-Stimulated ANF Secretion in Isolated Rat Atria

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This thesis is submitted as a partial fulfillment of the M.Sc. program in
Cellular and Molecular Medicine

July 31, 2002
University of Ottawa,
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ABSTRACT

Atrial wall stretch plays an important role in regulating the secretion of ANF, a cardiac peptide hormone that regulates water and salt balance, as well as blood pressure. Yet the precise cellular mechanism that couples mechanical stretch to ANF secretion is unknown. In order to elucidate this mechanism, we investigated the role of heterotrimeric $G_{i/o}$ proteins in mechanically-stimulated ANF secretion. G proteins act as molecular switches that have been implicated in the control of intracellular protein transport, and stretch-secretion coupling. We utilized a pharmacological agent, pertussis toxin (PTX), to inhibit $G_{i/o}$ proteins in male Sprague Dawley rats. Experiments using an isolated atria preparation from PTX-treated animals (25 $\mu\text{g}/\text{kg}$ injected ip 48hr prior to atrial isolation) showed that the stretch-induced ANF secretory peak, obtained by increasing intra-atrial pressure from 0.5 to 8 mmHg, was significantly decreased compared to untreated animals. PTX treatment at 40 $\mu\text{g}/\text{kg}$ eliminated the stretch-stimulated ANF secretory response. Moreover, basal ANF release was not affected by PTX treatment. Plasma ANF concentrations in PTX-treated animals were significantly decreased compared to controls. An ADP ribosylation assay confirmed that $G_{i/o}$ proteins from PTX-treated animals were inhibited *in vivo* by the toxin. The effect of stimulating $G_{i/o}$ proteins was also investigated using Mastoparan-7 (MAS-7; 10^{-5} M). Infusion with MAS-7 for 30 minutes potently stimulated ANF secretion; a response attenuated by

PTX treatment. Double immunofluorescence confocal microscopy showed that $G_{\alpha\alpha}$ protein colocalized with ANF in atrial secretory granules. We also demonstrated that hormone secretion stimulated by ET-1, a potent ANF secretagogue, was insensitive to $G_{i/o}$ protein inhibition; in line with the hypothesis that PTX would not affect ET-1 because it signals through G_{α_q} . Hence, the PTX effect was specific. These results suggest that $G_{i/o}$ proteins couple atrial muscle stretch to ANF secretion in an acute setting, and that there exist two mechanisms, which control natriuretic peptide secretion. The first mechanism controls stretch-stimulated ANF secretion and is PTX-sensitive, while the second regulates basal ANF release and is PTX-insensitive.

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ABBREVIATIONS

1. **AC: Adenylyl Cyclase**
2. **ADP: Adenosine Di-Phosphate**
3. **ATP: Adenosine Tri-Phosphate**
4. **ANF: Atrial Natriuretic Factor**
5. **ARF: ADP-Ribosylation Factor**
6. **AVP: Arginine-Vasopressin**
7. **BNP: Brain Natriuretic Peptide**
8. **cAMP: Cyclic Adenosine Mono-Phosphate**
9. **CCV: Clathrin-Coated Vesicles**
10. **cGMP: Cyclic Guanosine Mono-Phosphate**
11. **CNP: C-type Natriuretic Peptide**
12. **CSVs: Constitutive Secretory Vesicles**
13. **ET-1: Endothelin-1**
14. **ET_A: Endothelin-1 Receptor A**
15. **EM: Electron Microscopy**
16. **GC: Guanylyl Cyclase**
17. **GC-A: Guanylyl Cyclase A-coupled Receptor**
18. **GFR: Glomerular Filtration Rate**
19. **G protein: GTP-binding protein**
20. **GPCR: GTP-binding Protein Coupled Receptor**
21. **GTP: Guanosine Tri-Phosphate**

22. **IL-1 β** : Interleukin-1 β
23. **HEPES**: *N*-2-Hydroxyethylpirazine-*N*-2-ethanesulfonic acid
24. **ip**: Intraperitoneal
25. **ir**: Immunoreactive
26. **ISGs**: Immature Secretory Granules
27. **KRBB**: Krebs-Ringer Bicarbonate Buffer
28. **MAS**: Mastoparan
29. **MAS-7**: Mastoparan-7
30. **MSGs**: Mature Secretory Granules
31. **PKA**: Protein Kinase
32. **PTX**: Pertussis Toxin
33. **RIA**: Radioimmunoassay
34. **RSPs**: Regulated Secretory Proteins
35. **SGs**: Secretory Granules
36. **SNARES**: Soluble N-ethyl-maleimide-sensitive fusion protein (NSF)
Attachment Protein REceptors
37. **TGN**: Trans Golgi Network
38. **TNF**: Tumor Necrosis Factor
39. **UV**: Urinary Volume
40. **VAMPs**: Vesicle-Associated Membrane Proteins

ACKNOWLEDGEMENTS

My work in Dr. de Bold's laboratory has deepened both my knowledge of the intricacies of cardiovascular research, and my appreciation of the scientific method. I would like to thank him for conveying to me, through his perseverance and scientific inquisitiveness, the importance of hard work, independent thought, and determination with respect to achieving one's goals. Ultimately, the laboratory skills that I developed throughout my graduate studies will serve me well in my future endeavours, and could set the stage for a career in the field of cardiology.

I am also indebted to my friend and colleague, Ken Ma, who shared with me his scientific knowledge and experience without reservation, and who offered constant moral support when it was most needed. Our daily conversations were always insightful and often helped me work through new problems. My interactions with Ken taught me about the crucial role that team work plays in ensuring the success of any scientific research project.

I must also acknowledge the contributions of Dr. Kuroski-de Bold and Amalia Ponce, two individuals who helped create an environment conducive to learning by encouraging me to avail myself of the myriad resources available in the laboratory, and by always lending a helping hand.

My wife Alexandra has been my pillar of strength throughout this research project. Her dedication and understanding have immensely contributed to the completion of this thesis. She has single-handedly taken care of our sons Jacob and Jonathan. I dedicate the work at hand to my entire family, for they have been committed supporters of all the activities I have undertaken in my life.

1. INTRODUCTION & BACKGROUND

1. What are natriuretic peptides?

a. Dr. de Bold's landmark discovery

First observed in atrial cardiocytes by electron microscopy (EM), storage granules, or "specific atrial granules", remained a complete mystery for many years. Though their presence was known, no one had been able to decipher the functional or physiological roles of these structures. It took several years of laborious work to isolate and purify these granules in an effort to study their role.

It was Dr. de Bold's seminal discovery in 1981 (de Bold *et al*, 1981), that the infusion of extracts of atrial tissue into rats caused potent natriuresis and reduced systemic blood pressure, that led to the understanding of the physiological role of this unknown factor within atrial cardiac granules. This groundbreaking observation changed the way we look at the heart and broke the dogma that the heart is merely a muscle responsible for mechanically pumping the blood through the body. Dr. de Bold's discovery brought about the belief that the heart has an endocrine function that regulates vasculature and other tissues via the release of two members of a family of natriuretic peptides (Figure 1). This family includes atrial natriuretic factor (ANF), brain natriuretic peptide (BNP), and C-type natriuretic peptide (CNP) (de Bold *et al*, 1996). CNP is primarily found in the central nervous system and vascular endothelial cells, whereas ANF and BNP are cardiac hormones (de Bold *et al*, 1981; Lang *et al*, 1992; Ruskoaho, 1992; de Bold and Bruneau, 2000). The mechanically-induced

release of ANF and the proposed signaling pathways regulating this process, are the central focus of this investigation. ANF is a peptide hormone possessing potent diuretic and vasorelaxant properties (de Bold *et al*, 1981), and is predominantly produced by the atria (Figure 1). The reported effects of ANF in humans are summarized in table 1 (Adapted from: de Zeeuw *et al*, 1992; de Bold and Bruneau, 2000; Kierner and Vollmar, 2001).

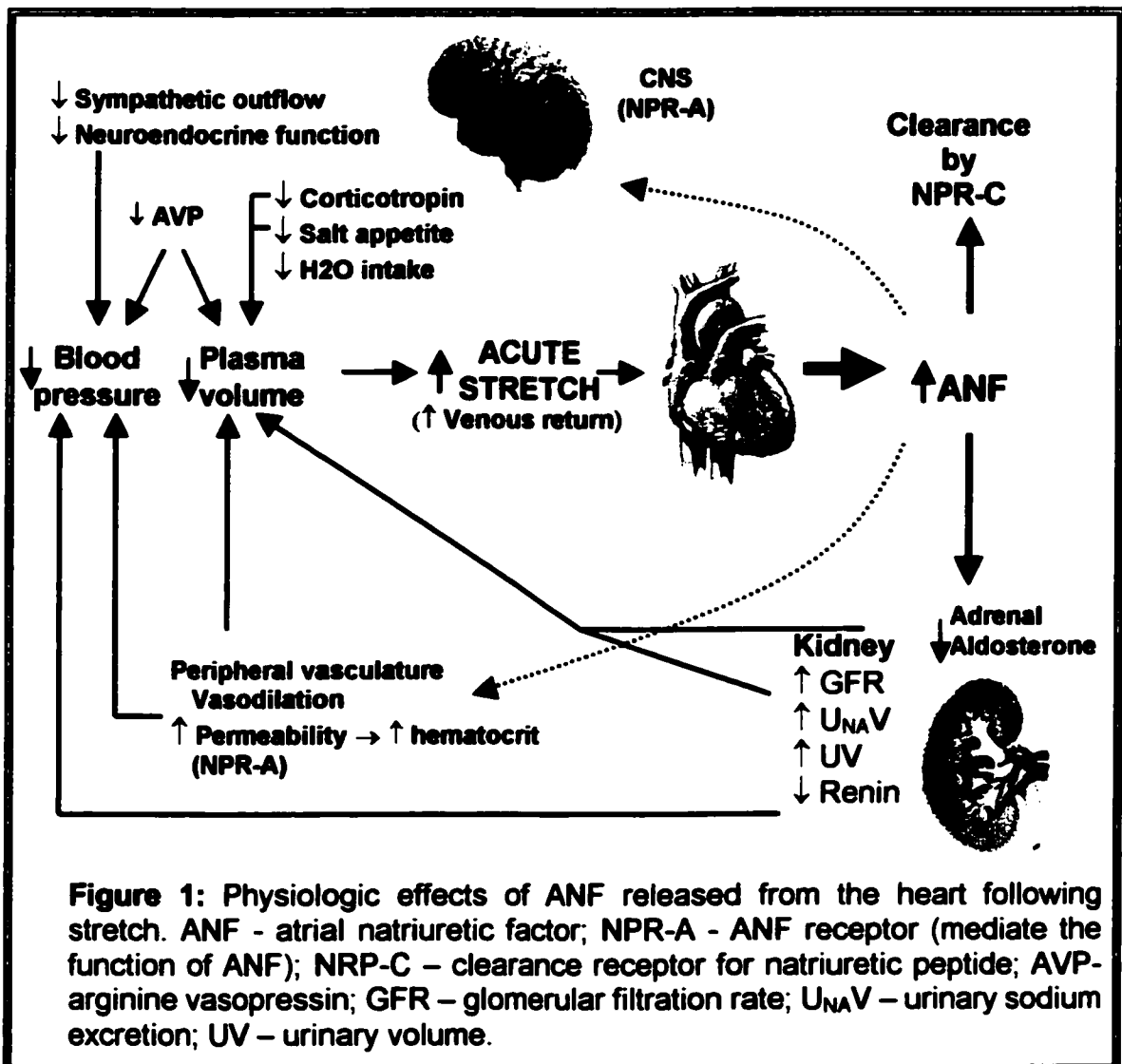


Table 1*. Main effects of ANF in humans

Effects	References
1. Systemic effects <ul style="list-style-type: none">• Hemoconcentration• Decrease in blood pressure	Weidmann <i>et al</i> , 1989; Singer <i>et al</i> , 1989; Richards <i>et al</i> , 1985; Weidmann <i>et al</i> , 1986a
2. Effects on hormonal transport <ul style="list-style-type: none">• Decrease in plasma renin activity• Decrease in aldosterone, and cortisol• Inhibition of arginine vasopressin secretion and/or effects• Induction of pancreatic juice secretion	Weidmann <i>et al</i> , 1986a; Weidmann <i>et al</i> , 1989; Singer <i>et al</i> , 1989; Richards, 1989; Richards <i>et al</i> , 1988; Solomon <i>et al</i> , 1988; Moses <i>et al</i> , 1990; Wittert <i>et al</i> , 1993; Uehlinger <i>et al</i> , 1986
3. Renal effects <ul style="list-style-type: none">• Increase in glomerular filtration rate• Decrease in effective renal plasma flow• Increase in renovascular resistance• Increase in urinary volume and electrolytes	de Zeeuw <i>et al</i> , 1992; Wolfram <i>et al</i> , 1996; Richards <i>et al</i> , 1988; Weidmann <i>et al</i> , 1986b; Solomon <i>et al</i> , 1988
4. Central nervous system effects <ul style="list-style-type: none">• Modulation of sympathetic activity• Prevents tachycardia in the face of decreased blood volume• Increase in lipolysis• Effects on blood pressure-/volume-regulatory regions in the brain	Floras, 1995; Wiedemann <i>et al</i> , 1995; Clerico <i>et al</i> , 1999; Sengenès <i>et al</i> , 2000; Abramson <i>et al</i> , 1999
5. Cardiac effects <ul style="list-style-type: none">• Increases coronary vasodilation• Improves left ventricular performance• Improves cardiac output by unloading the heart	de Bold and Bruneau <i>et al</i> , 2000; Ruskoaho, 1992; Serizawa <i>et al</i> , 1988
6. Pulmonary effects <ul style="list-style-type: none">• Relaxation of vascular smooth muscle cells• Relaxation of the trachea	Cargill and Lipworth, 1995; Mikawa <i>et al</i> , 1998; Candenas <i>et al</i> , 1991
7. Growth and Proliferation effects <ul style="list-style-type: none">• Inhibits hypertrophy in cultured vascular smooth muscle cells• Inhibits growth of endothelial cells, and cardiac fibroblasts	Seko <i>et al</i> , 1999; Redondo <i>et al</i> , 1998; Pedram <i>et al</i> , 2001
8. Immunological effects <ul style="list-style-type: none">• Reduces the release of tumor necrosis factor α (TNFα)• Attenuates the release of interleukin 1β (IL1β)	Kiemer and Vollmar, 2001; de Bold <i>et al</i> , 2001

b. Processing of ANF

Secreted proteins reach their destinations by a common biosynthetic pathway proceeding via the endoplasmic reticulum (ER), the Golgi and the trans-Golgi apparatus. Several postranslational events occur in the formation of natriuretic peptides and some aspects of ANF processing distinguish it from other peptide hormone systems. ANF is initially synthesized as a large protein precursor, called preproANF, which undergoes proteolytic cleavage to remove the hydrophobic 25-amino acid signal peptide sequence at its amino terminus during the transport process (Nakayama *et al*, 1984). This produces the 126 amino acid storage form of ANF in the heart, termed proANF₁₋₁₂₆ (Glembotski and Gibson, 1985). Further modifications of proANF₁₋₁₂₆ involve the formation of an intrachain disulfide bridge at the cysteine residues (Cys¹⁰⁵-Cys¹²¹) creating a 17-member ring structure that is crucial for its biological activity (Iervasi *et al*, 1993). Unlike conventional endocrine peptides, which are stored in their processed form, proANF₁₋₁₂₆ is predominantly packaged in its uncleaved precursor structure as it travels from the Golgi to immature secretory granules (ISGs) and then to mature granules (MSGs) (Thibault *et al*, 1989). It is noteworthy, that BNP is stored as a mixture of processed peptide (BNP₅₁₋₉₅) and the precursor propeptide (BNP₁₋₉₅) (Kambayashi *et al*, 1989). EM studies utilizing double immunogold labelling show that, ANF and BNP may be often found in the same storage granule, and are both secreted in their processed form into the circulation (Ruskoaho, 1992). In addition, ANF and BNP are co-regulated in the atria, but not in the ventricles (Bianciotti and de Bold, 2000).

proANF₁₋₁₂₆ is cleaved during secretion at its proximal monobasic site, into its major biologically active form, the COOH-terminal peptide ANF₉₉₋₁₂₆ (also called ANF₁₋₂₈) (Flynn *et al*, 1983). This occurs both in humans (Forssmann, 1986) as well as in rats (Schwartz *et al*, 1985; Thibault *et al*, 1985). This cleavage also results in the formation of an NH₂-terminal fragment, proANF₁₋₉₈ (Ruskoaho, 1992). ANF₉₉₋₁₂₆ is released from isolated atria (Vuolteenaho *et al*, 1985) and from isolated hearts (Lang *et al*, 1985; Ruskoaho *et al*, 1986; Thibault *et al*, 1986). It has been proposed that many enzymes found in atrial granules or the sarcolemma, cleave the prohormone to its bioactive mature form (de Bold *et al*, 1996; Ruskoaho, 1992). However, their physiological significance is unclear (Ruskoaho, 1992). Three candidate serine protease enzymes exist and are possibly involved in this final processing step: 1) atrioactivase, found in bovine atrial microsomal fractions (Imada *et al*, 1988), 2) IRCMSP1, found in rat hearts (Seidah *et al*, 1986), and 3) a serine proteinase, found in bovine granules (Wypij and Harris, 1992). Recently, Wu *et al* (2002) demonstrated that a type II transmembrane serine protease called 'corin', is the physiological pro-ANF convertase in cardiocytes.

c. ANF receptors

Binding sites for ANF are found in target cells of vascular tissues, the brain, the intestine, the eye, the testis, the olfactory mucosa, several renal sites, adrenal glomerulosa cells, the thymus, the spleen, the lymph nodes, the tonsils, and in macrophages (Drewett and Garbers, 1994; Kierner and Vollmar, 2001).

ANF exerts its physiological actions by binding to the high affinity A type receptor (called ANF-A in humans, Chang *et al*, 1989), a transmembrane guanylyl cyclase-A coupled receptor (called GC-A in rats, Schulz *et al*, 1989). Guanylyl cyclases are cytoplasmic (nitrous oxide synthase) or membrane-associated enzymes, that catalyze the conversion of GTP to cyclic GMP, an intracellular signaling molecule (Schulz *et al*, 1999). The intracellular targets of cGMP encompass cGMP-gated ion channels, cGMP-dependent protein kinases, and cGMP-regulated cyclic nucleotide phosphodiesterases (Bryan, 1991; Lincoln and Cornwell, 1993). Physiologically, the proposed signaling functions of GC-A comprise the induction of diuresis and natriuresis in the kidney, the relaxation of smooth muscle, hypothalamic inhibition of water intake, decreased cardiac output, and inhibition of aldosterone production in the adrenal gland (Samson and Levin, 1997). Cardiorenal regulation of homeostasis is inhibited by blocking guanylate cyclase-coupled natriuretic peptide receptors (Sano *et al*, 1992; Yokota *et al*, 1994). ANF can also bind to other receptors with lower affinity, such as the B type receptor and the C type clearance receptor (Chang *et al*, 1989). ANF and BNP exert their physiological effects by binding to the A type receptor (Koller and Goedel, 1992). CNP binds to the B-type receptor (Koeller *et al*, 1991). Clearance of natriuretic peptides occurs via the C type receptor (Suga *et al*, 1992), and by an enzymatic process mediated by neutral endopeptidase 24-11 (abundant in the proximal convoluted tubules of the nephron). The binding affinities of the natriuretic peptide ligands vary for each receptor. ANF has the highest binding affinity for the A and C type

receptors, while CNP has the highest binding affinity for the B type receptor (Koller *et al*, 1991; Suga *et al*, 1992).

c. Effects of ANF on the cardiovascular system

When administered in low-dose infusions, ANF is a vasorelaxant that lowers blood pressure and decreases peripheral vascular resistance (Fenoy *et al*, 1989; Garcia *et al*, 1985; Granger *et al*, 1986). The blood pressure lowering and decreased cardiac output properties of ANF are attributable to decreased preload (Thibault *et al*, 1999). Reduced cardiac preload is partly caused by an ANF-induced increase in capillary permeability or capillary pressure gradients and thus, by the promotion of extravasation of intravascular fluid into the extravascular compartment (Wijeyaratne and Mout, 1993). There are several mechanisms that promote natriuresis. The main one is the interaction of ANF with its receptor (NPRA) in renal collecting ducts. ANF inhibits Na⁺ reabsorption by the inner medullary collecting duct epithelial cells, and promotes Na⁺ secretion by these cells (Knepper *et al*, 1991). In the renal vasculature, ANF stimulates increased venous capacitance. This increase promotes natriuresis, which in turn lowers extracellular-fluid volume (Dunn *et al*, 1986). In the peripheral vasculature, ANF lowers sympathetic tone by dampening the baroreceptors, presumably by the suppression of sympathetic outflow from the central nervous system and the inhibition of catecholamine release at the autonomic nerve endings (Levin *et al*, 1998). In addition, ANF probably acts via vagal afferents to suppress the sympathetic baroreceptors sensing the reduced

preload, thereby suppressing the vasoconstriction and tachycardia that would normally accompany loss of blood volume (Thören *et al*, 1986).

d. Pathophysiological significance of ANF

Plasma cardiac natriuretic peptides are changed in numerous pathologies (Table 2, adapted from Clerico *et al*, 1999). The pathophysiological significance of ANF is perhaps best defined in patients with congestive heart failure. Myocardial failure is accompanied by increased production of ANF and BNP, both released into the blood plasma (Burnett *et al*, 1986). High concentrations of natriuretic peptides are correlated with the degree of hemodynamic compromise, the development of cardiac arrhythmias, and are predictors of poor long-term survival (Gottlieb *et al*, 1989). In animals with congestive heart failure, the release of ANF inhibits the production of catecholamines, angiotensin II, aldosterone, and endothelin-1 (Wada *et al*, 1994). Infusion of HS-142-1 (a microbial polysaccharide that competitively and selectively inhibits ANF binding to its guanylyl cyclase-containing receptor) in these animals leads to a significant increase in the plasma concentrations of these hormones (Wada *et al*, 1994). Moreover, administration of HS-142-1 to rats, markedly impairs water as well as urinary salt excretion, and amplifies the increased blood-pressure response following the administration of exogenous mineralocorticoid (Hirata *et al*, 1993; Yokota *et al*, 1994). Furthermore, rats immunized against their own ANF are unable to excrete a water load normally (Greenwald *et al*, 1988).

The vasodilatory and natriuretic properties of ANF prevent excess water and salt retention, which are clinically relevant in diseases exhibiting vasoconstriction and renal sodium retention such as essential hypertension (De Zeeuw *et al*, 1992). In patients with severe hypertension, high plasma immunoreactive ANF levels have also been measured (Montorsi *et al*, 1987; Genest *et al*, 1988). Chronically hypertensive subjects perfused on a long-term basis with ANF exhibited lowered systolic blood pressure and cardiac output (Franco-Saenz *et al*, 1992).

Genetic manipulations of the ANF gene provide fundamental insights into the pathophysiology of this hormone. In transgenic mice overexpressing the ANF gene, plasma ANF concentrations are 10 times higher and blood pressure was 20 to 30 mmHg lower (Steinhelper *et al*, 1990). The homozygous inactivation of the proANF gene in mice that are fed low and intermediate salt diets, lead to elevated basal blood pressures (John *et al*, 1995). Mice with a homozygous knockout of the proANF gene develop chronic hypertension (Melo *et al*, 1996) and display cardiac enlargement (Levin *et al*, 1998).

Table 2: ANF and disease		
Diseases	ANF levels	References
1. Cardiac diseases		
• Heart failure	↑↑↑	Dickstein <i>et al</i> , 1995; Cowie <i>et al</i> , 1997 Stein & Levin, 1998
• Acute myocardial infarction (first 2-3 d)	↑↑↑	Omland <i>et al</i> , 1993; Kettunen <i>et al</i> , 1994
• Essential Hypertension with left ventricular hypertrophy	↑	Sugawara <i>et al</i> , 1985
2. Pulmonary diseases		
• Acute dyspnoea	↑	Davis <i>et al</i> , 1994
• Obstructive pulmonary disease	↑	Lang <i>et al</i> , 1992
3. Endocrine and metabolic diseases		
• Hypothyroidism	↓	Parlapiano <i>et al</i> , 1998
• Primary aldosteronism	↑	Lapinski <i>et al</i> , 1991
• Cushing's disease	↑	Opocher <i>et al</i> , 1990
• Addison's disease	norm. or ↑	Cappuccio <i>et al</i> , 1989
• Diabetes mellitus	norm. or ↑	Zietse <i>et al</i> , 1997; Straub <i>et al</i> , 1996; Pedersen <i>et al</i> , 1992
4. Liver cirrhosis with ascitis	↑	Salo <i>et al</i> , 1996
5. Renal failure (acute or chronic)	↑↑↑	Ruskoaho, 1992; Wolfram <i>et al</i> , 1996
6. Paraneoplastic syndrome	norm. or ↑	Marchioli and Graziano, 1997

2. Regulated versus constitutive release pathways of ANF

ANF secretion from atrial cardiocytes occurs via two mechanisms: the regulated secretory pathway, in response to specific stimuli (i.e.: endothelin-1, atrial muscle stretch, phenylephrine), and the continuous release of hormone, without stimuli (constitutive pathway) (Ogawa *et al*, 1999). Thus, cardiac endocrine cells utilize regulated pathways to release stored peptide hormones in dense-core secretory granules, upon appropriate stimulation (de Bold and Bruneau, 2000). This allows the cardiocytes to release ANF acutely and at a rate that exceeds the endocrine cell's synthesizing capacity. In the absence of secretion stimuli, these secretory granules are stored in the cardiocyte awaiting

subsequent triggers for exocytosis. Mangat and de Bold (1993), have previously demonstrated that exocytosis of ANF under basal and stimulated conditions utilize a pool of newly synthesized hormone acutely released from immature secretory granules. Since ANF secretion is mostly independent of protein synthesis, stimulated release of ANF cannot take place via the constitutive pathway (Doubell and Thibault, 1994; Page *et al*, 1991).

In a previous study, Ogawa *et al* (1999) reported that the regulated and constitutive pathways of ANF release were specifically affected by targeting organelles that regulate hormone secretion. In that experiment, transport from the ER to the TGN was inhibited with brefeldin A; formation of mature secretory granules was disrupted with monensin; protein synthesis was inhibited with cycloheximide. A 'constitutive-like' hormone release pathway was proposed, where the exocytosis of ANF occurs when vesicles budded off from immature secretory granules (Ogawa *et al*, 1999). This type of "constitutive-like" secretion has been observed in the pancreas (Arvan *et al*, 1991; Kuliawat *et al*, 1992). The experiments by Konrad *et al* (1995) point to the involvement of G proteins in the regulation of hormone release from secretory granules (SGs). In addition, pharmacological interventions blocking or stimulating inhibitory GTP-binding proteins, found within storage granules of the pancreas, affected insulin release (Konrad *et al*, 1995).

3. Formation of secretory granules

a. Biogenesis of secretory granules

Cardiocytes concentrate and store ANF in specialized organelles, called secretory granules (SGs), which are involved in the regulated secretory pathway. Formation of the nascent storage granule starts as an outpouching of the TGN cisternae generating a condensing vacuole (Palade, 1975; Novikoff et al, 1977), which is at first continuous with the TGN's tubular network (Clermont et al, 1995). Initially, immature secretory granules (ISGs) are formed by the envelopment of a dense core of secretory proteins (Tooze, 1998). ISGs are converted to mature secretory granules (MSGs) containing regulated secretory proteins (RSPs) via several subsequent changes. These events include changes in size as well as modification of the composition of the membrane and content of the SGs (Tooze *et al*, 2001). Proteins destined for SGs are processed by four distinct steps: i) the selective aggregation of the RSPs that form the dense cores and sorting of the RSPs to the membrane in the TGN followed by ii) budding from the TGN, iii) fusion of the membrane bilayers of the immature secretory granule (homotypic fusion), and iv) remodeling of the ISG membrane and content (Tooze *et al*, 2001). Many aspects of these events as well as the mechanisms involved in the formation of both regulated and constitutive secretory granules from the TGN are largely unknown.

Targeting of the secretory proteins to granules occurs at the level of the Golgi apparatus. The trans-Golgi network (TGN) represents the central sorting

station of the cells. It is at this location that proteins are sorted for delivery to the cell surface, or targeted for storage in granules (Tooze, 1991). Thus, constitutively secreted proteins and proteins targeted for storage granules are separated within the late Golgi (Arvan and Castle, 1998). Two non-mutually exclusive theories have evolved to describe the formation of regulated secretory granules: the 'sorting for entry' and 'sorting by retention' models (Kuliawat and Arvan, 1994). The most popular model is the 'sorting for entry', in which selection of protein cargo and membrane occurs in the TGN before ISG formation (Kuliawat and Arvan, 1994). The 'sorting by retention' model argues that little selection occurs in the TGN prior to ISG formation (Tooze *et al*, 1998). Rather, the specific components of SGs are retained throughout granule maturation, and missorted molecules (those not retained) are removed later from a post-TGN compartment, most likely by vesicles budding from the ISG (Urbé *et al*, 1997).

b. *Properties of secretory granules*

Biochemical studies have demonstrated that atrial SGs (Aardal and Helle, 1991) contain many of the proteins characteristic of endocrine and neuronal SGs, including carboxypeptidase E/H (Fricker, 1988; Lynch *et al*, 1988), peptidyl-glycine- α -amidating monooxygenase (PAM) (Eipper and Mains, 1988), chromogranin A and B (Steiner *et al*, 1990), and cytochrome *b*₅₆₁ (Pruss and Shepard, 1987). Moreover, the SG membrane also contains proteins responsible for the acidification of the secretory proteins such as H⁺-ATPase

(Apps and Percy, 1987). Finally, the SGs must be associated with one or more G-proteins, to allow these granules to fuse with the plasma membrane and release their contents (Burgoyne, 1990).

c. Exocytosis of secretory granules

Before reaching their final destination, SGs must be transported through the cytoplasm to the plasma membrane for fusion of the granule membrane with the plasma membrane. Translocation of SGs through the cytoplasm occurs via interactions with microtubules, in neurons (Grafstein and Forman, 1980), in endocrine cells (Tooze and Burke, 1987), and in atrial cardiocytes (Iida *et al*, 1988). Thus, the cytoplasmic microtubules provide the tracks along which atrial granules travel in cardiocytes. The association between SGs and microtubules was shown by EM by Orci *et al* (1973).

Rab proteins have been implicated in vesicular transport between the subcellular compartments along the exocytotic pathway (Zerial and Stenmark, 1993; Iida *et al*, 1997). Rab proteins belong to a subfamily of a ras-related GTPase superfamily (known as smgs: small monomeric GTP-binding proteins), which also include the rho/rac, the ras, and the ARF (ADP-ribosylation factor) subfamilies (Watson, 1999). Rab proteins are genetic homologues of Sec4p and Ypt1p proteins, which have been identified as potent regulators of vesicle transport from the Golgi to the plasma membrane in yeast (Salminen and Novick, 1987; Segev *et al*, 1988). Moreover, Rab6p (Iida *et al*, 1997) and

Rab12p (Iida *et al*, 1996) have been identified in atrial SGs, and at least two small GTPases found in purified atrial granules remain unidentified (Iida *et al*, 1997).

The next step in exocytosis requires that SGs fuse with the plasma membrane. Conserved sets of proteins, called SNARES (Soluble N-ethylmaleimide-sensitive fusion protein (NSF) Attachment Protein REceptors), have recently been implicated in the docking and/or fusion of vesicular structures with their target membranes (Tooze *et al*, 2001). Cytosolic components that promote membrane fusions include NSF and α -SNAP (Tooze *et al*, 2001). SNARES are classified based on their location on the vesicle (v-SNARE) or target (t-SNARE) membrane (Jahn and Sudhof, 1999). The v-SNAREs in neuronal cells are called synaptobrevin, and their analogs in non-neuronal cells are called VAMPs (vesicle-associated membrane proteins) (Watson, 1999). VAMP 1 and 2 have been shown to be expressed in numerous rat tissues, including kidney adrenal gland, liver, pancreas, thyroid, heart, and smooth muscle (Rossetto *et al*, 1996). The t-SNARES comprise members of the syntaxin family (Bennett and Scheller, 1993) and the SNAP-25 family (Oyler *et al*, 1989). While SNAP-25 expression has primarily been identified in neuronal tissues, homologs to SNAP-25 and other members of the SNARE family have been found in adipocytes (Tellam *et al*, 1997), pancreatic beta cells (Wheeler *et al*, 1996), and pancreatic acinar cells (Gaisano *et al*, 1996). In addition, syntaxins 1-4 have also been detected in rat pancreatic and acinar cell fractions, specifically within the plasma membrane

and the SGs (Gaisano et al, 1996). In general, SNARES seem to regulate membrane fusion events throughout the secretory pathway, from the ER to the plasma membrane, independent of membrane fusion of secretory organelles with the plasma membrane (Vitale et al, 2000). Furthermore, selective cleavage of membrane-bound SNARES by clostridial toxins inhibits exocytosis in endocrine cells (Blasi et al, 1994).

SNARES have also been implicated in the event involving MSGs (mature secretory granules) formation via fusion of the ISGs (termed homotypic fusion); an event that has been observed by electron microscopy in numerous endocrine cells (Tooze, 1991). Reconstitution of homotypic fusion in cell-free extracts (Urbé et al, 1998) showed that the same components required for membrane fusion, NSF and α -SNAP, were also needed for ISG-ISG fusion (Tooze et al, 2001).

d. Comparison of immature vs. mature secretory granules

Utilizing EM, ISGs have been observed to contain core aggregate localized in close proximity to the TGN (Farquhar et al, 1978). It has also been shown that: i) ISGs are acidic (Orci et al, 1986); ii) processing of pro-hormones occurs in ISGs (Tooze et al, 1987); iii) portions of the ISG membrane have a clathrin coat (Orci et al, 1985; Tooze and Tooze, 1986; Kuliawat et al, 1997). Interestingly, the membrane of both the constitutive secretory vesicle and the MSG do not have a clathrin coat (Tooze, 1991). Other molecules that have been

identified in ISGs and are missing in MSGs, include carboxypeptidase D (Varlamov et al, 1999), SNARES such as syntaxin 6 (Klumperman et al, 1998), and VAMP 4 (Eaton et al, 2000).

4. Stretch-stimulated ANF secretion

While numerous factors regulate ANF release (de Bold et al, 2001), atrial wall stretch is the predominant acute stimulus that leads to the exocytosis of ANF from secretory granules (Lang et al, 1985; Edwards et al, 1988; Bruneau et al, 1997). Various experimental systems have been utilized to study hormone release in cardiocytes, including stretch of perfused atria/heart (Mangat and de Bold, 1993; Bruneau and de Bold, 1994; Bruneau et al, 1996, 1997; Ogawa et al, 1999; de Bold et al, 2001), hypotonic swelling (Jiao et al, 2000), and distension of cells grown on elastic membranes (Sadoshima and Izumo, 1997). These mechanical stimuli induced the release of different secretory or exocytotic products such as ANF, endothelin-1, angiotensin II, basic fibroblast growth factor, and vascular endothelial growth factor (Apodaca, 2002; de Bold et al, 1996; Ruskoaho, 1992; Sadoshima et al, 1993; Seko et al, 1999). Mäntymaa et al (1990) showed that distension of the right atria in a perfused heart preparation, increased the rate of immunoreactive ANF secretion into the perfusate. Other studies, have confirmed that stretch alone is a major factor regulating ANF release from the heart. A small increase in atrial-stretch elicited a short-lasting potent release of ANF *in vitro* (Bruneau and de Bold, 1994).

Repeated blood volume expansion or increase in preload resulted in a reproducible increase atrial pressure and ANF release (Ruskoaho, 1992).

The mechanisms by which mechanical forces are sensed by the cell and transduced into downstream intracellular effectors that promote exocytosis, have not been fully elucidated. Several mechanosensors have been identified, some of which may be involved in stretch-secretion coupling (Hamill and Martinac, 2001; Sadoshima and Izumo, 1997). The initial step in this process involves some sort of mechanosensor that is able to sense changes in membrane tension or alterations in the underlying cytoskeleton (Apodaca, 2002). Moreover, a single mechanical event may activate several mechanosensors, and each extracellular stimulus may be regulated downstream of these mechanosensors (Hamill and Martinac, 2001; Sadoshima and Izumo, 1997, 1993). Conversely, a number of mechanosensors may selectively control a subpopulation of downstream effectors (Hamill and Martinac, 2001; Sadoshima and Izumo, 1997; Sadoshima *et al*, 1992).

a. The role of the cytoskeleton

The cytoskeleton, composed of actin, microtubules, and intermediate filaments, has been shown to be an important player in mechanotransduction (Hamill and Martinac, 2001; Ingber, 1997; Morris and Homann, 2001). Deformation of the plasma membrane leads to the reorganization of the actin cytoskeleton, which affects the mechanotransduction governed by stretch

activated ion channels and by integrins (Hamill and Martinac, 2001; Wilson *et al*, 1995; Hamill and McBride, 1992). In addition, the cytoskeleton acts as a scaffold that coordinates the efficient transport of membranous cargo destined for exocytosis, within the cell (Apodaca, 2002). Agents that alter the integrity of the cytoskeleton significantly affect exocytosis and endocytosis (Apodaca, 2001; Valentijn *et al*, 1999). Moreover, microtubules (composed of a helical array of repeating α - and β -tubulin subunits) have been involved in the intracellular transportation of various membrane-bound organelles such as SGs (Schliwa, 1984). A close spatial relationship between microtubules and atrial SGs has been shown by EM (Iida *et al*, 1988). This association was supported by double-label immunofluorescence experiments of ANF-containing granules and β -tubulin in cultured atrial cardiocytes (Larsen *et al*, 1993). Depolymerization of the microtubules with the antimitotic agent, nocodazole, caused a dispersal of ANF immunostaining, which was recovered when the microtubules were allowed to repolymerize (Larsen *et al*, 1993).

b. *The role of potassium channels*

Ion channels are macromolecular protein tunnels that span the cell membrane's lipid bilayer. The conformation of a channel protein interchanges between open (activated) and closed states in a process described as gating (Dascal, 2001). Moreover, stretch-activated ion channels have been proposed as potential mediators of cardiac hormone release (Sadoshima and Izumo, 1997). Van Wagoner (1993) described a stretch activated ATP-sensitive

potassium (K^+_{ATP}) channel (Noma, 1983) in rat atrial cardiocytes, and suggested that the stretch-induced potassium efflux somehow lead to ANF release. These K^+_{ATP} channels are normally inhibited by resting concentrations of adenosine triphosphate (ATP) and activated when intracellular ATP levels drop (Ashcroft, 1988). K^+_{ATP} channels play a protective role throughout metabolic stress, modulate action potential duration and excitability in the heart, and control insulin release in pancreatic β -cells (Ashcroft, 1988). They are composed by the association of the following two types of protein subunits: 1) a sulphonylurea receptor (SUR) regulatory subunits and 2) a member of the inward rectifier K^+ channel family called Kir6.2, constituting the pore of the channel and containing the major ATP binding site (Sakura *et al*, 1995; Baron *et al*, 1999).

The involvement of K^+_{ATP} channels in ANF secretion has been shown in various experiments. First, hypoxia opens cardiac K^+_{ATP} channels (Deutsch *et al*, 1991) and stimulates ANF release in isolated hearts (Lew and Baertschi, 1989). Second, stretch opened K^+_{ATP} channels within minutes in whole cell patch-clamped neonatal rat atrial cardiocytes (Jiao *et al*, 2000), and adult atrial cardiocytes (Van Wagoner, 1993). Third, the ATP-sensitive potassium channel opener, pinacidil, abolished stretch-induced ANF secretion in isolated rat hearts (Xu *et al*, 1996), yet had no effect in isolated rat atria (Kim SH *et al*, 1997). Alternatively, pretreatment with tolbutamide (K^+_{ATP} channel blocker) potentiated the stretch-induced ANF release and prolonged the response to stretch in isolated hearts (Xu *et al*, 1996), while glibenclamide (K^+_{ATP} channel blocker)

inhibited mechanically stimulated ANF release from isolated atria (Kim SH *et al*, 1997). Recently, Jiao *et al* (2000) showed that K^+_{ATP} channel blockade (tolbutamide) increased ANF release from hypotonically stretched cultures of neonatal atrial cardiocytes (Jiao *et al*, 2000). In that experiment, K^+_{ATP} channel openers (pinacidil and diazoxide) inhibited the stretch alone and the stretch-plus tolbutamide-stimulated ANF release (Jiao *et al*, 2000). Furthermore, in an acute pacing-induced heart failure canine *in vivo* model, investigators showed that glyburide (a K^+_{ATP} channel blocker) impaired stretch-activated ANF release (Chen *et al*, 2000). It is noteworthy that none of these pharmacological interventions affected basal release of ANF (Xu *et al*, 1996; Kim SH *et al*, 1997; Jiao *et al*, 2000; Chen *et al*, 2000).

5. G protein intracellular signaling

a. Receptor-G protein-effector interactions:

G proteins (called G proteins because they bind GTP) are a family of proteins that function as switches in signal transduction pathways across cell membranes in eukaryotic cells (Holmer and Homcy, 1991). They are heterotrimers consisting of α -, β -, γ - subunits; the α -subunit binds guanine nucleotide, and the $\beta\gamma$ -subunits form a non-covalently associated dimer. G proteins act as fundamental links in signal transduction by coupling receptors (called G protein-coupled receptors, GPCRs) for hormones, neurotransmitters, physical signals (*i.e.*: light, odorants), and growth factors, to various effector molecules, such as ion channels and enzymes that produce second

messengers (Wess, 1997). From sequence and structure analyses, it is known that GPCRs share common structural motifs consisting of an extracellular N-terminal domain, a seven membrane-spanning domain, and a cytoplasmic C-terminal tail (Figure 3) (Wess, 1997). The interaction between GPCRs and the numerous G proteins can be rather diverse; a receptor has been shown to interact with more than one G protein, resulting in multifunctional signaling (Milligan, 1993). Functionally, G-proteins are governed by the GTPase cycle (Figure 2). When GDP is bound, the α and $\beta\gamma$ subunits form an inactive heterotrimer bound to the receptor ("off" conformation). Stimulation of receptors by agonists or physical signals results in the stabilization of its intracellular domain conformation, which promotes the dissociation of GDP from the α -subunit and allows GTP to bind. The replacement of GDP by GTP promotes the dissociation of the α subunit from the $\beta\gamma$ subunit. The "on" conformation allows the α subunit to interact with, and modulate, downstream effectors. This activated state is maintained until the GTP is hydrolysed to GDP by the intrinsic GTPase activity of the α -subunit, converting it back to the "off" conformation. Hence, the heterotrimer is formed again and returns to the receptor.

For many years, G protein signaling pathways were thought to be mainly mediated by the α -subunit. However, it is now recognized that both α and $\beta\gamma$ subunits regulate effectors (Neer, 1995). The rate of GTP hydrolysis represents the timing mechanism that modulates the duration of interactions between the α subunit and its effectors. Inactivation of G protein occurs by blocking G protein

activation or by GTP hydrolysis. Two classes of intracellular proteins can act as inhibitors of G protein activation: GTPase activating proteins (GAPs), which stimulate GTP hydrolysis, and guanine dissociation inhibitors (GDIs), which inhibit GDP dissociation (Geyer & Wittinghofer, 1997). GAPs mostly belong to a recently discovered gene family, the regulator of G-protein signaling (RGS) family, which has been shown to directly stimulate the intrinsic GTPase activity of the α subunit (Berman *et al*, 1996). In rat atrial and ventricular cardiocytes, ten different RGS proteins have been found (Kardestuncer *et al*, 1998).

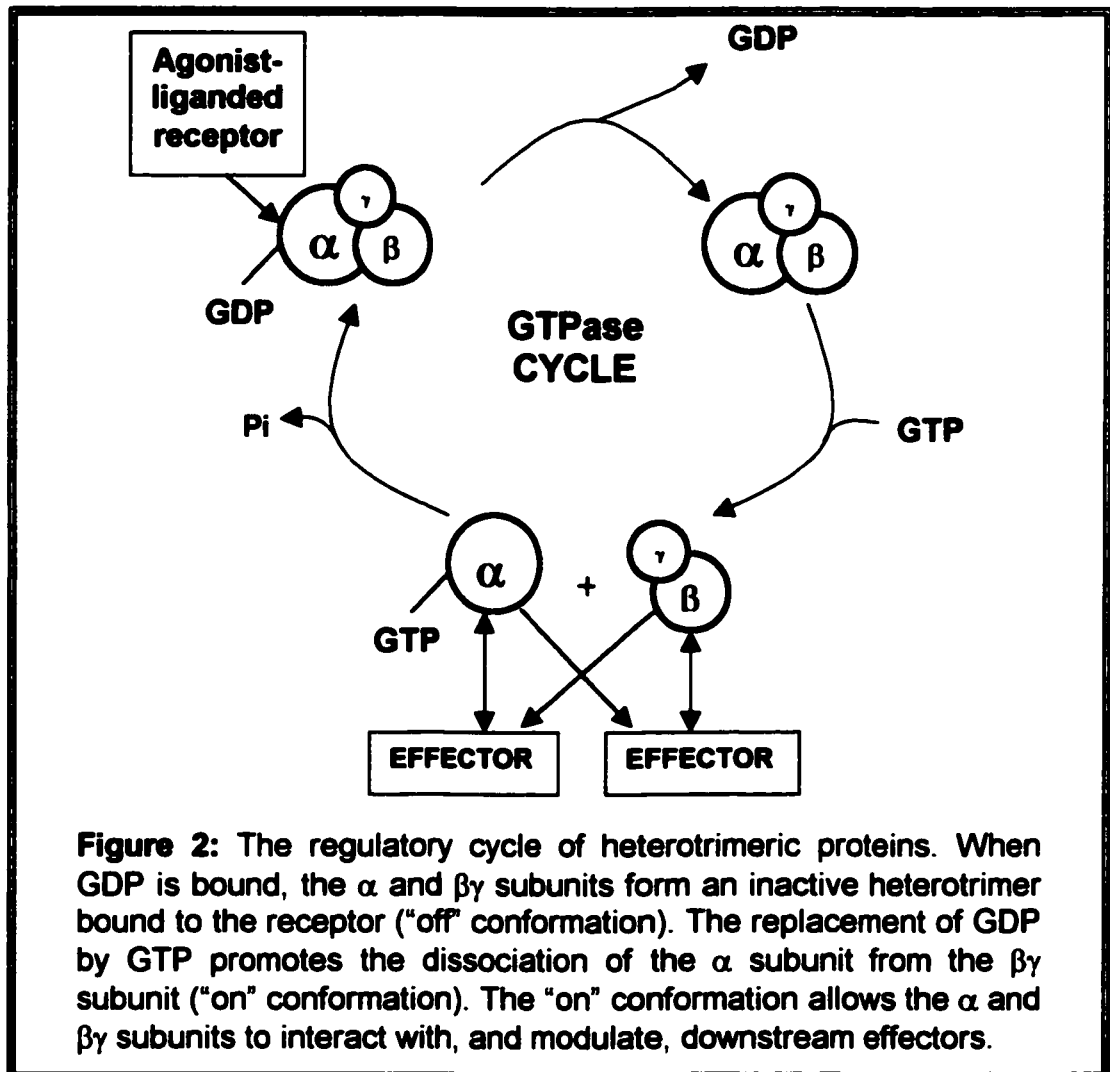
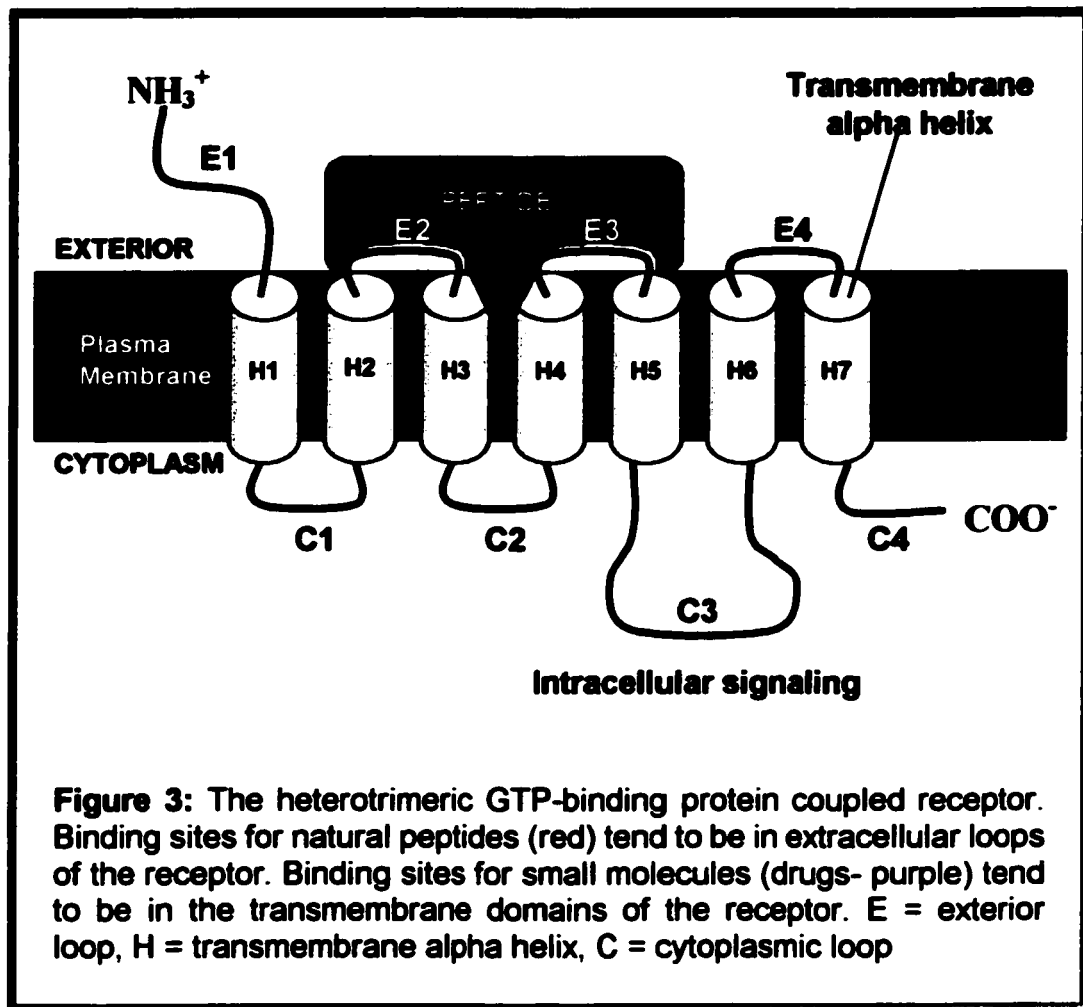


Figure 2: The regulatory cycle of heterotrimeric proteins. When GDP is bound, the α and $\beta\gamma$ subunits form an inactive heterotrimer bound to the receptor ("off" conformation). The replacement of GDP by GTP promotes the dissociation of the α subunit from the $\beta\gamma$ subunit ("on" conformation). The "on" conformation allows the α and $\beta\gamma$ subunits to interact with, and modulate, downstream effectors.



b. Classes of mammalian $G\alpha$ subunits

Over twenty different G protein α subunits have been found in mammals, and can be subdivided into four major classes (Neer, 1995). The G protein classes (G_s , G_i , G_q , G_{12}) are organized according to the similarity of their amino acid sequences. (Refer to Table 3)

Table 3					
α-subunit	Inhibitor	Expression	Receptors for and examples	Effector	Signaling pathways
G_s class					
1. G _s	CTX (Cholera Toxin)	Ubiquitous	β-Adrenergic, adrenaline, noradrenaline, histamine, glucagons, ACTH, luteinizing hormone, follicle stimulating hormone, thyroid-stimulating hormone, and others	↑ Adenylyl cyclase, regulate Ca ²⁺ channel	↑ cAMP ↑ Ca ²⁺ channel
2. G _{off}	CTX	Olfactory	Odorants	↑ Adenylyl cyclase	↑ cAMP
G_i class					
1. G _{i1}	PTX/CTX (Pertussis toxin)	Rod Photo-receptors	Rhodopsin	↑ cGMP phosphodiesterase	↓ cGMP (vision)
2. G _{i2}	PTX/CTX	Cone Photo-receptors	Cone opsins	↑ cGMP-phosphodiesterase	↓ cGMP (colour vision)
3. G _{gust}	PTX/CTX ?	Taste cells	Taste	unknown	
4. G _{i1}	PTX	Neural > other	α ₂ -Adrenergic, M ₂ -muscarinic	↓ Adenylyl cyclase ↑ K ⁺ channel	↓ cAMP
5. G _{i2}	PTX	Ubiquitous		↓ Adenylyl cyclase ↑ K ⁺ channel	↓ cAMP
6. G _{i3}	PTX	Other tissues > neural		↓ Adenylyl cyclase ↑ K ⁺ channel	↓ cAMP
7. G _o	PTX	Neural, endocrine	Somatostatin, not well defined	Phospholipase C ↓ Ca ²⁺ channels	↑ IP3 ↑ diacylglycerol ↓ Ca ²⁺ influx
8. G _z	-	Neural, platelets	unknown	unknown	
G_q class					
1. G _q		Ubiquitous	α ₁ -Adrenergic, M ₁ -muscarinic		
2. G _{i1}		Ubiquitous	TRH, V ₁ -vasopressin	↑ Phospholipase C-β ₁	
3. G _{i4}		Liver, lung, kidney	Interleukin-8	↑ Phospholipase C-β ₁	
4. G _{i5/16}		Blood cells		↑ Phospholipase C-β ₁	
G₁₂ class					
1. G _{i2}		Ubiquitous	Unknown	Unknown	
2. G _{i3}		Ubiquitous	Unknown	Unknown	

* Adapted from Spiegel, 1997; Neer, 1995; Bourne *et al*, 1990

c. GTP-binding proteins in secretory granules of endocrine cells

Recently, it has been suggested that G_q or $G_{i/o}$ proteins may regulate the exocytotic pathways in a cell-type specific manner (Vitale *et al*, 2000). Complete heterotrimeric G proteins have been found within SGs in different endocrine tissues using immunohistochemistry. Ahnert-Hilger (1994) provided the first evidence that heterotrimeric G_o proteins were found on endocrine bovine chromaffin granules by immunofluorescence microscopy and immunoreplica analysis (Ahnert-Hilger *et al*, 1994). Vitale *et al* (1997) also showed that $G_{\alpha o}$ was associated with the membrane of SGs in chromaffin cells. $G_{\alpha 1}$, $G_{\alpha 2}$, $G_{i\alpha 1}$ and $G_{i\alpha 2}$ were found in small synaptic vesicles from rodent and bovine brain (Ahnert-Hilger *et al*, 1994). In addition, prolactin SGs in rat anterior pituitary cells contain multiple G proteins ($G_{i\alpha 3}$, $G_{\alpha s}$, $G_{\alpha 1}$, $G_{\alpha 2}$) (Muller *et al*, 1994). In the pancreas, the G_i protein appears to be localized to insulin SGs of β -cells (Konrad *et al*, 1995). The heterotrimeric $G_{q/11}$ protein (Ohnishi *et al*, 1997; Padfield and Panesar, 1997) and the $G_{\alpha x}$ protein (Padfield and Panesar, 1997) have been identified within pancreatic acinar zymogen granules. Interestingly, $G_{olf\alpha}$ and $G_{s\alpha}$ (mostly found in immature granules) were localized in β -cell SGs and $G_{11\alpha}$ strongly labeled in the glucagon SGs of pancreatic A-cells (Astesano *et al*, 1999). In the atrial cardiocytes, $G_{\alpha x}$ has been associated with ANF SGs (Figure 12; Wolf *et al*, 1998). Moreover, accessory "downstream" molecules such as the small GTP binding proteins rac, ras, and rho have been linked to atrial SGs (Wildey and Matyas, 1993; Iida *et al*, 1996).

d. The role of G proteins in secretory granule formation

The formation of SGs from the TGN requires GTP and is inhibited by non-hydrolysable GTP analogues (Xu and Shields, 1993; Tooze *et al*, 1990). Several lines of evidence have implicated heterotrimeric GTP-binding proteins in the regulation of post-Golgi secretory granule formation (Leyte *et al*, 1992; Burgoyne, 1992). A trimeric G protein has been shown to block the process of secretory vesicle formation (Barr *et al*, 1991) in a cell-free system that reconstituted the formation of constitutive secretory vesicles (CSVs) and ISGs from the TGN (Tooze and Huttner, 1990). The $G_{\text{ia/oa}}$ subunits have been shown to inhibit vesicle formation when activated with mastoparan-7 (G_{io} agonist) in PC12 cells (Leyte *et al*, 1992).

The first step of granule formation involves attachment of ADP-ribosylation factor (ARF) (small GTP-binding protein), and coat proteins to the cytoplasmic phase of the donor membrane (Orci *et al*, 1993). In the second step, the granules are pinched off from the TGN. Trimeric G protein dependence is seen in both steps: binding of ARF is enhanced by aluminum fluoride, an activator of G protein (Donaldson *et al*, 1991), and the activation of $G_{\text{ia/oa}}$ proteins inhibits budding of granules (Stow *et al*, 1991; Barr *et al*, 1991; Pimplikar and Simons, 1993; Leyte *et al*, 1992). Furthermore, the inhibition of these proteins by pertussis toxin ($G_{\text{ia/oa}}$ proteins antagonist) promotes granule formation (Stow *et al*, 1991; Barr *et al*, 1991; Leyte *et al*, 1992).

e. GTP-binding proteins and regulated exocytosis

Low molecular weight (20-29 kDa) GTP-binding proteins of the ras superfamily, are divided into several families (ras, rap, rab, rho, rac, ran and arf), based on sequence homology (Kahn *et al*, 1992). The rab family (for rat brain, from where the original DNAs were cloned) have been found to play key regulatory roles in vesicular transport of proteins from one intracellular compartment to another (Zerial and Stenmark, 1993). Over 30 different rabs have been identified, and each has been localized to specific membrane-bound cell compartments (Watson, 1999). Using transgenic mice, Ohnishi *et al* (1997) showed that rab3D on zymogen granules play a stimulatory role in regulated amylase release. Other rabs that have been identified on SGs include rab6, 8 and 11. In pancreatic acinar zymogen granules, rab6 (Iida *et al*, 1997) and rab11 (Hori *et al*, 1996) have been detected. Moreover, rab6 and rab8 have been detected in α granules of human platelets (Karniguian *et al*, 1993). The involvement of rab 6,8, and 11 proteins in the exocytotic fusion event however, have not been clearly elucidated.

In chromaffin cells, it appears that rab3C regulates exocytosis by controlling the formation and dissociation of a complex of proteins that block secretion (Holz *et al*, 1994). This complex included VAMPs (identified on SGs membranes), which attaches to syntaxin and SNAP-25 on the plasma membrane (Watson, 1999). Activation of G_o proteins by mastoparan selectively

inhibited priming and abolished the dissolution of the SNAP-25/VAMP-2 complex (Misonou et al, 1997).

The presence of G proteins in the cytosol, on intracellular compartments (ER, Golgi, TGN), and in SGs of numerous endocrine tissues, suggests that these proteins are important regulators of the exocytotic pathway (Watson, 1999). The evidence supporting this conclusion stems from studies in chromaffin and pancreatic cells. In chromaffin cells, ATP-dependent priming of exocytosis was inhibited by activation of G_o proteins in SGs, and G_{13} proteins played a role in the late calcium-dependent fusion event (Vitale *et al*, 1996). In the pancreas, inhibition of $G_{\alpha Q/11}$ localized on SGs with GPant-2a (substance-P-related peptide) tonically blocked calcium-regulated amylase secretion by affecting the docking and fusion steps (Ohnishi *et al*, 1997). In another study, stimulation of the granule-associated G_o protein with a synthetic peptide inhibited the exocytotic priming step of secretion in chromaffin cells (Vitale *et al*, 1996).

f. G proteins and potassium channels

Many mammalian ion channels are regulated by neurotransmitters and hormones, via G-protein coupled receptors (Dascal, 2001). In the heart muscle, the recognized example is the inward rectifying channels that are opened by the activation of muscarinic receptors via G proteins (Mark and Herlitze, 2000). The ATP-sensitive (K^+_{ATP}) channels are a second type of inwardly rectifying K^+ channel. They are also modulated by heterotrimeric G proteins. Their regulatory

mechanism, however, is poorly understood (Dascal, 2001). These channels are activated by numerous GPCRs (G-protein coupled receptors) by way of pertussis-toxin sensitive G proteins (Kirsh, 1990; Ribalet and Edlestone, 1995). In addition, the ATP sensitivity of insulin secreting cells, is known to be regulated by Gi proteins, stimulated by somatostatin and galanin receptors (Fosset *et al*, 1988; Ribalet and Edlestone, 1995; Dunne *et al*, 1989). Many groups have demonstrated that a PTX sensitive G protein couples purinergic and muscarinic acetylcholine receptors M2 (M₂ AchR) to an inwardly rectifying K⁺ channel in atrial cardiocytes (Breitwieser and Szabo, 1985; Pfaffinger *et al*, 1985). Kirsch *et al* (1990) showed that K⁺_{ATP} channels are linked to adenosine A1 via inhibitory G proteins in ventricular cardiocytes. Moreover, Kim E *et al* (1997) showed via patch clamp technique, that the ability of adenosine to activate the K⁺_{ATP} channel was inhibited by pretreatment of isolated rabbit ventricular cardiocytes with PTX. It has also been shown that the mechanism of G protein action is membrane delimited (Kirsch *et al*, 1990; Terzic *et al*, 1994) and accomplished by antagonizing the ATP-dependent inhibitory gating (Terzic *et al*, 1994). A functional link between PTX sensitive G proteins and K⁺_{ATP} channels was also demonstrated in canine vascular tissue (Komaru *et al*, 1997). Furthermore, the affinity of K⁺_{ATP} channels for G_{iα} subunit has been shown to be three orders of magnitude (30-50 pM) higher (Ribalet and Edlestone, 1995) than for the most-studied effector of G_{iα}, adenylyl cyclase (Sunahara *et al*, 1996). A recent publication (Wada *et al*, 2000), however, has challenged the role of G_α

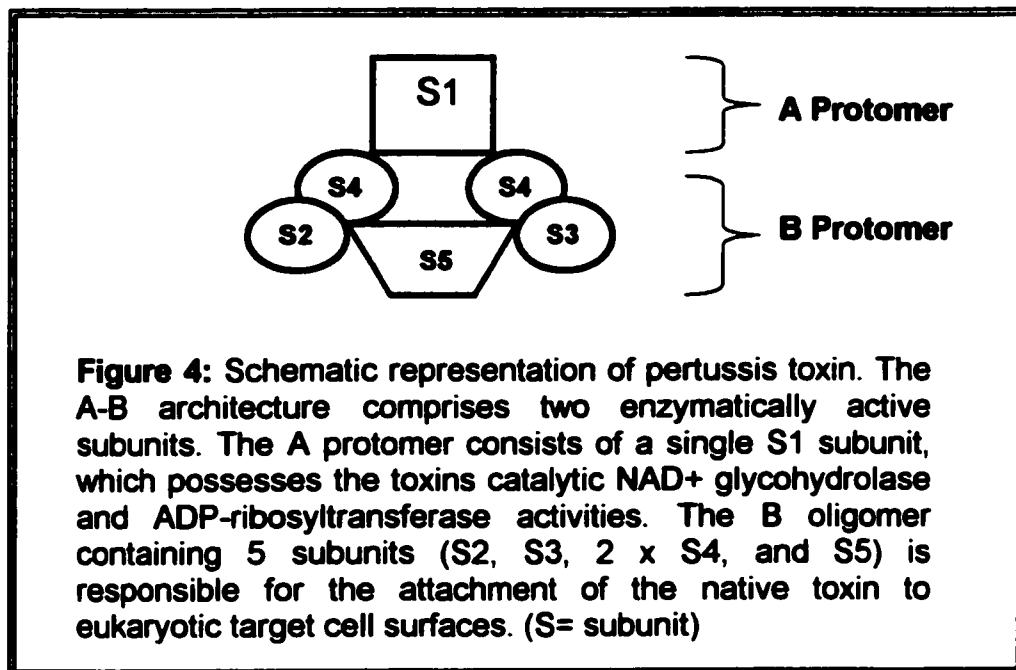
subunits and shows that the $G_{\beta\gamma}$ subunit directly regulates the reconstituted K^+_{ATP} channel in the COS-7 mammalian cell line.

6. Pharmacological tools used to investigate GTP binding proteins:

a. $G_{i/o}$ binding protein antagonist: *Pertussis toxin*

Bacterial toxins have proven to be extremely useful tools for identifying and studying the role of G proteins. *Bordetella pertussis* is a small, gram negative, non-motile coccobacillus, which produces a 105-kDa toxin called pertussis toxin (PTX). In light of its varied effects, multiple names have been assigned to PTX in the past, including lymphocytosis promoting factor (LPF), histamine-sensitizing factor (HSF), and islet activating protein (IAP) (Kaslow and Burns, 1992). On entry into cells, PTX covalently modifies the α subunits of inhibitory G proteins by ADP-ribosylating a cysteine amino acid residue near its carboxyl terminal (Ui *et al*, 1985; Tanuma *et al*, 1987). PTX consists of six polypeptides (Figure 4) bound together by noncovalent interactions and arranged in the A-B conformation archetypal of many bacterial toxins (Sekura *et al*, 1983; Tamura *et al*, 1982). The A-B architecture comprises two enzymatically active subunits. The A protomer consists of a single S1 subunit, which possesses the toxins catalytic NAD^+ glycohydrolase and ADP-ribosyltransferase activities (Tamura *et al*, 1982; Katada *et al*, 1983). NAD is the other substrate for the ADP-ribosyltransferase activity of PTX (Kaslow and Burns, 1992). PTX catalyzes the transfer of the ADP-ribose portion of NAD to inhibitory G proteins in eukaryotic cells (Tamura *et al*, 1982). The B oligomer containing 5 subunits

(S2, S3, 2 x S4, and S5) is responsible for the attachment of the native toxin to eukaryotic target cell surfaces (Tamura *et al*, 1982). The subunits of the B-oligomer are assembled as a “donut shaped” structure to which the S1 subunit is anchored by means of its C-terminal extension (Tamura *et al*, 1982). Following binding of the B-oligomer to the target membrane, the S1 subunit translocates across the membrane, and the toxin works to ADP-ribosylate the alpha subunit of $G_{\nu o}$ proteins (Kaslow and Burns, 1992). Thus, PTX inhibits G protein signaling via two ways: 1) PTX inhibits receptor G protein interactions (Wise and Milligan, 1997), 2) ADP-ribosylation by PTX inhibits the dissociation of the G_{α} and $G_{\beta\gamma}$ subunits and consequently blocks effector function (Kaslow and Burns, 1992).



b. Entry of bacterial toxins into cells

In general, bacterial toxins are thought to penetrate eukaryotic cells by endocytosis or by direct penetration of the plasma membrane. Studying the way toxins infect cells has provided important information about their mechanism of action. Diphtheria toxin (ADP-ribosylates a cytoplasmic protein critical for protein synthesis termed EF-2) is internalized after receptor-mediated endocytosis in an acidic compartment where it translocates to the cytosol (Morris *et al*, 1985). This toxin exhibits sensitivity to acidic environments, and exposure to endosomes generates conformational changes believed to enable diphtheria toxin to cross the vesicle membrane facilitating the release of the enzymatically active component of the toxin to its target (Durmont and Richards, 1988). Agents that block endosome acidification, such as NH_4Cl , prevented the cytotoxic effect of diphtheria toxin (Krueger and Barbieri, 1995). In addition, Shiga toxin (causes severe dysentery) is endocytosed, and subjected to retrograde transport through the Golgi apparatus to the ER (Sandvig, 2001). Alternatively, cholera toxin (ADP-ribosylates the heterotrimeric Gs protein) may enter some cells by direct penetration of the plasma membrane (Fishman, 1990; Ribi *et al*, 1988), while it may penetrate other cells by means of endocytosis (Janicot *et al*, 1991).

c. Entry of PTX into cells

In CHO cells, the B oligomer of PTX was shown to attach to cells containing glycoproteins with N-linked oligosaccharides (Brennan *et al*, 1988;

Witvliet *et al*, 1989). PTX was shown to have a putative lectin-binding site located on the B oligomer that interacted with the carbohydrate sequence NeuAcGal β 4GlcNAc on CHO cells (Brennan *et al*, 1988). In the pancreatic insulin-secreting beta cell derived HIT-T15 line, PTX was able to bind to receptors with sialoglycoproteins (el Baya *et al*, 1995). PTX has properties unlike other toxins, such as its ability to interact with detergents and phospholipids (Kaslow and Lesikar, 1987; Moss *et al*, 1986; Montecucco *et al*, 1986). This suggests that it can cross the plasma membrane directly without the need for endocytosis. In LLC-PK1 (pig kidney) epithelial cells, Stow *et al* (1991) showed that PTX ADP ribosylated G_{oi} proteins located on the cytoplasmic face of Golgi stacks. The involvement of the Golgi complex in the process of ADP-ribosylation by PTX was verified in Chinese hamster ovary (CHO) cells treated with Brefeldin A (BFA) (Xu and Barbieri, 1995). BFA is a compound known to cause disassembly of the Golgi complex, and was shown to inhibit the ADP ribosylation of target proteins by PTX. Further studies in intact CHO cells by Xu and Barbieri (1996) showed that the internalization of PTX was consistent with a model of receptor-mediated endocytosis. In this experiment, chloroquine (inhibits the entry of ligands that act via a endosomal pH-sensitive step), monensin (inhibitor of vesicle formation and sorting at the TGN), and nocodazole (microtubule disrupting drug) inhibited the *in vitro* ADP-ribosylation of CHO cells by PTX.

d. $G_{i/o}$ binding protein agonist: Mastoparan-7

Mastoparan (MAS) is an amphiphilic tetradecapeptide from wasp venom with the structure Ile¹-Asn²-Leu³-Lys⁴-Ala⁵-Leu⁶-Ala⁷-Ala⁸-Leu⁹-Ala¹⁰-Lys¹¹-Lys¹²-Ile¹³-Leu¹⁴-NH₂ (Higashijima *et al*, 1988). It is thought that it stimulates G-proteins by mimicking the normal interaction that occurs between G-protein coupled receptors and their respective G-proteins (Mousli *et al*, 1990). Thus, the α -subunit assumes an active configuration, when binding of MAS to the carboxyl terminus of the G-protein, induces the dissociation of the α -subunit from the $\beta\gamma$ -subunit, resulting in the release of GDP (Weingarten *et al*, 1990; Tomita *et al*, 1991). MAS increases the rate of nucleotide binding and GTPase activity of purified G_o and G_i binding proteins (Higashijima *et al*, 1988). This toxin also affects the exocytosis of several hormones and neurotransmitters by acting at PTX sensitive sites (Vitale *et al*, 1993; Consolo *et al*, 1997). It stimulates secretion of histamine from mast cells, catecholamines from chromaffin cells, prolactin from the anterior pituitary, serotonin from platelets, and insulin from β -cells (Jones *et al*, 1993; Komatsu *et al*, 1993; Straub *et al*, 1998). Hormone secretion by MAS is blocked by PTX (Yokokawa *et al*, 1989; Higashijima *et al*, 1988). Moreover, Higashijima *et al* (1988) suggested that because MAS is an amphiphilic peptide, it could cross the plasma membrane in response to membrane potential and consequently interact directly with intracellular G proteins. At least seven analogues of MAS are produced in different species (Higashijima and Ross, 1994). The most active analogue, MAS-7, is made by a slight change in sequence: Lys¹²-Ile¹³ \rightarrow Ala¹²-Leu¹³ (Higashijima *et al*, 1990).

MAS-7 is 5 times more potent and more effective at its optimal concentration than MAS (Higashijima *et al*, 1990).

7. Endothelin-1 (ET-1): an agonist of ANF secretion

In addition to stretch, endothelin-1 (ET-1) was used in the present work as an agonist of ANF secretion and is reviewed in the following paragraphs. The vascular endothelium regulates the function of smooth muscle cells by releasing a range of vasoactive molecules (Ruskoaho *et al*, 1997). The secretion of these factors has been shown to result in acute and chronic changes in local vascular tone, which alters local blood flow (Meininger and Davis, 1992). Chief among these factors, is the most potent mammalian vasoconstrictor discovered to date: endothelin-1 (ET-1) (Yanagisawa *et al*, 1988). Elevated levels of plasma and tissue ET-1 have been documented in many diseases, such as atherosclerosis (Dashwood and Tsui, 2002), essential and pulmonary hypertension (Goldie, 1999; Schiffrin, 2001), myocardial arrhythmias and ischemia (Duru *et al*, 2001), renal failure (Pollock, 2001), and asthma (Hay, 1999; Goldie and Fernandes, 2000).

ET-1 is a member of a family of 21 amino acid peptides, which are expressed in various tissues (Rubanyi and Botelho, 1991; Simonson and Dunn, 1990). ET-1 mRNA has been found in endothelial cells (Yanagisawa *et al*, 1988), in atrial tissue (Elton *et al*, 1992), and in endocardial endothelium (Mebazaa *et al*, 1993). Endothelial cells line the inner surface of blood vessels,

the atrial blood vessels and the trabeculated cavities of the heart chambers (Brutsaert and Andries, 1992; Inagami *et al*, 1995). Substantial evidence acquired during years of research, have clearly shown that ET-1 acts on cardiac cells to stimulate ANF release (de Bold *et al*, 1991; Hu *et al*, 1988; Schiebinger and Gomez-Sanchez, 1990; Stasch *et al*, 1989; Winqvist *et al*, 1989; Mäntymaa *et al*, 1990; Fukuda *et al*, 1988; Gardner *et al*, 1991; Horio *et al*, 1993; Leite *et al*, 1994; Suzuki *et al*, 1992). ET-1 was shown to be among the most potent humoral secretagogues of ANF in cultured rat atrial myocytes (Fukuda *et al*, 1988, 1989; Sei and Glembofski, 1990; Gardner *et al*, 1991; Uusimaa *et al*, 1992; Lew and Baertschi, 1992; Muir *et al*, 1993), in isolated atria (Hu *et al*, 1988; Stasch *et al*, 1989; Winqvist *et al*, 1989; de Bold *et al*, 1991; Bruneau and de Bold, 1994), and in isolated perfused atria (Mäntymaa *et al*, 1990; Bruneau *et al*, 1997; Ogawa *et al*, 1999). In contrast to hormone release stimulated by stretch, however, ET-1-induced a gradual increase in ANF secretion that reached a plateau and eventually returns to basal levels (Bruneau *et al*, 1994,1997). In addition, while endothelial cells have little SGs to store ET-1 (Yanagisawa *et al*, 1988), they have been shown to store ET-1 and to secrete it acutely (Macarthur *et al*, 1994; Ramaciotti *et al*, 1993).

ET receptors (ET-R) have been divided into two subtypes, ET_A-R and ET_B-R (Hori *et al*, 1992), which share homology with the G-protein coupled receptor family (Arai *et al*, 1990; Sakurai *et al*, 1990). Multiple signaling pathways are stimulated by ET receptors, including production of cAMP

(Sokolovsky *et al*, 1994), production of cGMP (Shraga-Levine *et al*, 1994; Shraga-Levine and Sokolovsky, 1996), activation of phospholipase C (Sokolovsky, 1993), activation of phospholipase D (Ambar and Sokolovsky, 1993), activation of phospholipase A₂ (Aramori and Nakanishi, 1992), an increase in cytosolic Ca²⁺ (Koizumi *et al*, 1994), regulation of Na⁺/H⁺ exchange (Vigne *et al*, 1991), and activation of the mitogen-activated protein kinase cascade (Kasuya *et al*, 1994). The ET_A-R was shown to be the predominant receptor subtype found in the heart, and was shown to have the greatest affinity for ET-1 and ET-2 (Ihara *et al*, 1992). Quantitative autoradiography has shown that ET_A receptors represent about 91% of the total population of ET receptors in human right atrial cardiocytes (Molenaar *et al*, 1993). The ET_A receptor antagonist, BQ-123, has been shown to inhibit ET-1 stimulated ANF release in a dose-dependent manner in atrial cardiocyte cultures (Irons *et al*, 1993; Thibault *et al*, 1994). Similarly, Skvorak *et al* (1995) showed BQ-123 inhibited the stretch-induced ANF release in an isolated perfused rat atria model. The involvement of G protein signaling in endothelin receptor activation has been confirmed by indirect and direct methods. ET-induced dose-dependent stimulation of high-affinity GTPase was demonstrated by measurement of GTPase activity in rat cardiocytes (Sokolovsky, 1993). Recently, ET-1 was shown to induce coupling of the ET_A receptor to G_{q/11} proteins (Shraga-Levine and Sokolovsky, 2000). Thus, pharmacological treatment with a specific G_{v0} protein antagonist (PTX) should not affect ET-1 stimulated ANF secretion, since the receptor for ET-1 signals via G_{αq} proteins.

2. AIMS AND HYPOTHESIS:

In order to better understand the pathways involved in stretch-secretion coupling, the role of heterotrimeric GTP binding proteins is investigated. The interest in G proteins stemmed from stretch experiments performed in avian skeletal muscle (Vanderburgh et al, 1995), and cardiac fibroblasts (Gudi et al, 1998), showing that $G_{i/o}$ proteins were involved in stretch-secretion coupling. Ultimately, this project was undertaken to improve our understanding of the pathways involved in converting mechanical stimuli into intracellular signals promoting/inhibiting hormone secretion.

It was hypothesized that stimulation of G protein signaling would promote ANF release and that the inhibition of $G_{i/o}$ protein signaling would impair stretch stimulated ANF release. Utilizing an isolated rat atria model (Bruneau *et al*, 1997), the effect of inhibiting G proteins with the specific $G_{i/o}$ protein antagonist, pertussis toxin, on mechanically-induced ANF secretion was studied. In addition, activation of $G_{i/o}$ proteins with MAS-7 was utilized to further test the present hypothesis. We also wanted to confirm that endothelin-1 (ET-1) stimulated ANF secretion was not affected by PTX, since ET-1 signals through $G\alpha_q$.

3. MATERIALS & METHODS

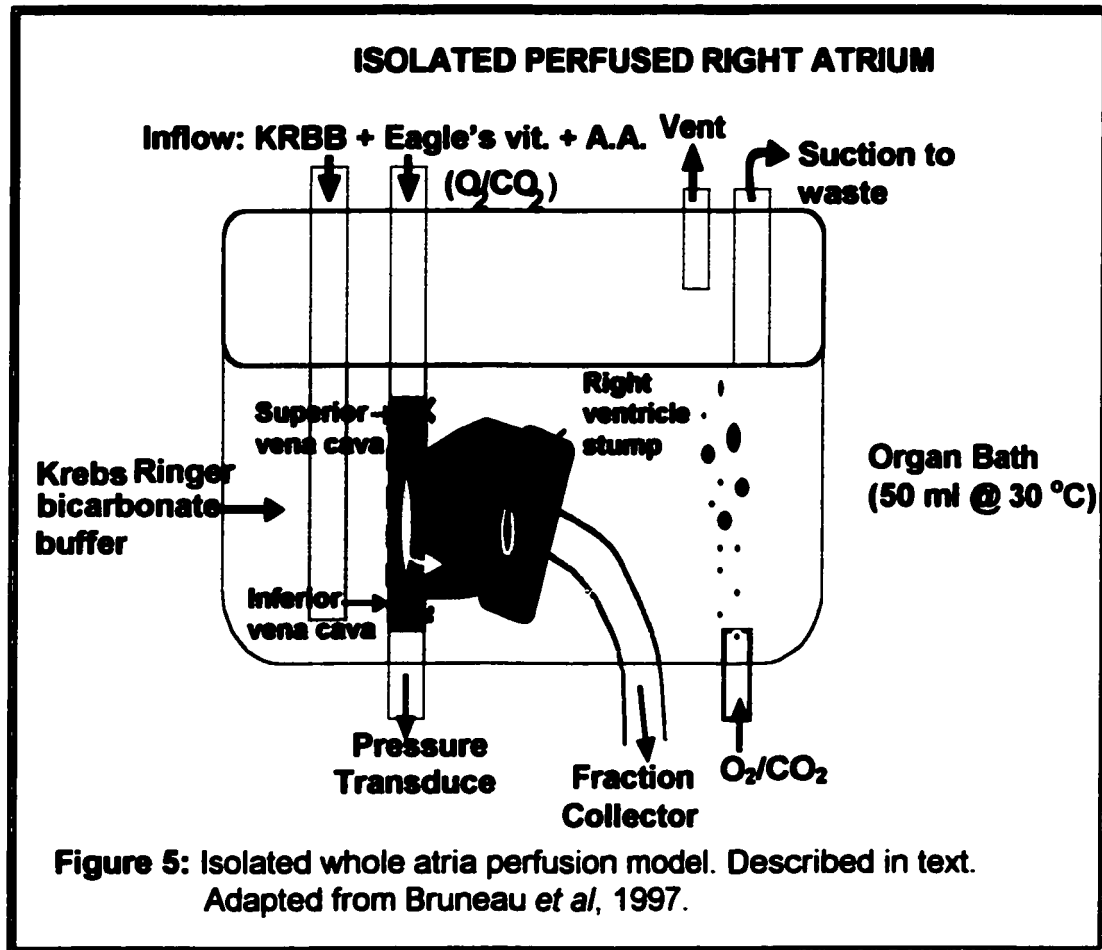
1. Isolated right atria

The isolated atrial preparation was developed in de Bold's laboratory; a model which preserves the morphological and physiological properties of the atria (Bruneau *et al*, 1997). First, the hearts were removed from decapitated male Sprague-Dawley rats (275-350g, Charles River Laboratories) and placed in a Krebs-Ringer bicarbonate buffer (KRBB) solution. The KRBB solution contained 78 mM NaCl, 4.7 mM KCl, 2.54 mM CaCl₂•H₂O, 1.36 mM NaH₂PO₄•H₂O, 1.16 mM MgCl₂•H₂O, 25.0 mM NaHCO₃, 20 mM *N*-2-Hydroxyethylpirazine-*N*-2-ethanesulfonic acid (HEPES), 2.0 mM sodium glutamate, 4.0 mM sodium fumarate, 2.0 mM sodium lactate, 11.6 mM glucose, 2.46 mU/ml zinc insulin (Humulin R, Eli Lilly, Minneapolis, MN), amino acids and vitamins as in Eagle's Medium (Life Technologies), 0.001% (wt/vol) bovine serum albumin (BSA), 0.01% (wt/vol) gelatin, 100 U/ml penicillin G (Sigma-Aldrich Chemicals), and 0.25 µg/ml fungizone (Life Technologies). The pH was adjusted with 0.1 M NaOH to 7.40 at 30 °C. The KRBB was filtered through a 0.45 µm filter prior to use. The dissection procedure was as follows. A PE-160 cannula (3 cm in length) with a 3 mm opening at the center of the cannula, was inserted in the inferior vena cava and out the superior vena cava. The cannula was positioned such that the opening faced the inside of the right atrial chamber. Each vena cava was secured to the cannula with a double knot of silk suture. Then, the coronary sinus was ligated, the left atria was removed, and the aorta and pulmonary vein were cut off immediately above the ventricles.

Connective tissue and fat were removed from the atrium. The lower 5/6 of the ventricles were removed, and a rigid heat-curved cannula (PE-10), the end of which was heated to form a lip, was inserted in the right atrium via the tricuspid valve; this cannula was held in place by tying a silk suture around the atrioventricular junction.

As illustrated in Figure 5, the right atrium dissected in this manner was fixed to a plastic disc by inserting the inferior vena cava and outflow cannulas onto tubing-covered syringe needle ends that passed through the disc. The disc was then tightly inserted in the opening of an inverted heated (30 °C) organ chamber. The superior vena cava was attached to a cannula from which KRBB was perfused at a rate of 3 ml/min using a programmable solvent delivery module. The inferior vena cava was connected to a pressure transducer (Narco Bio-Systems, Houston, TX) that was linked to a physiograph. The flow of KRBB was from the superior vena cava, into the right atrium, and out the tricuspid valve. The heated (30°C) organ chamber contained 50 ml of KRBB, which was replenished at a rate of 2.5 ml/min, and which was gassed with 95% O₂-5% CO₂ throughout the experiment. To accurately measure intra-atrial pressure, the tips of the pressure transducer and outflow cannulas were positioned at the same height. To adjust the basal atrial pressure to ~0.5 mmHg, the tip of the outflow cannula was raised in relationship with the level of the atrium and pressure transducer. In the stretch experiments, the outflow cannula was raised to generate an intra-atrial pressure of 8 mmHg. ANF hormone secretion was

quantified in the perfusion medium collected for 5-min periods in siliconized glass tubes using a fraction collector. A 50 μ l aliquot was transferred to another tube for use in the ANF RIA; this and the remainder of the perfusate were immediately stored at -20 $^{\circ}$ C.



2. Drugs

Each vial containing pertussis toxin (Sigma-Aldrich, Oakville, ON) was reconstituted with 500 μ l of 0.1 M sodium phosphate buffer (pH = 7.4). Mastoparan-7 (Biosource International, Camarillo, CA) (final concentration

10^{-5}M) was reconstituted with 2 ml of distilled water. The doses of PTX and MAS-7, as well as the time of sacrifice, were based on numerous in vivo and in vitro studies in rats demonstrating that these doses effectively inhibited or stimulated Gi/o proteins (Lasley and Mentzer, 1993; Piacentini *et al*, 1993; Hare *et al*, 1998; Konrad *et al*, 1995; Yokokawa *et al*, 1989; Komatsu *et al*, 1992). Endothelin-1 (Peninsula Laboratories Incorporated, San Carlos, CA) (final concentration 10^{-8}M) was dissolved in 10% acetic acid and diluted with KRBBs solution. Chemicals were purchased from Sigma-Aldrich unless otherwise mentioned.

3. Perfusion Protocols

a. Pertussis toxin (PTX) and stretch

Two groups of rats were pretreated with pertussis toxin (25 $\mu\text{g}/\text{kg}$ ip or 40 $\mu\text{g}/\text{kg}$ ip; n=5 respectively) 48 hours prior to the isolated atria experiment. A second group of rats was not pretreated with PTX (baseline group, stretch only group). Following dissection, atria were placed in the organ chamber, and allowed to equilibrate for 1 h. During the basal collection period, atria were left at basal intra-atrial pressure (0.5 mmHg; baseline n=5). Increasing the intra-atrial pressure from 0.5 to 8 mmHg imposed stretch. All atria (with the exception of the control group) were stretched at the 120 min time point for 4 hours. Rats injected with pertussis toxin and vehicle showed no ill effects and exhibited normal physical behavior. At the end of the perfusion period, the tissue was

rapidly removed and placed in a dissecting dish, where the right atrium was dissected and was flash frozen in liquid nitrogen.

b. Mastoparan-7 (MAS-7)

Drugs (MAS-7, ET-1) were perfused at 9 times their final concentration into the inflow cannula, using a syringe pump (Sage Instruments, Cambridge, MA) set at 0.34 ml/min. The mechanical KRBB delivery module was adjusted to maintain a flow rate of 3 ml/min. In this experiment, MAS-7 (Biosource International) was directly perfused into the cannula perfusing the isolated atria (10^{-5} M, n=5) for 30 minutes (starting at the 120 minutes time point). A second group of rats (n=5) were pretreated with PTX (40 μ g/kg ip) 48hr prior to the MAS-7 perfusion experiment.

c. Endothelin-1 (ET-1)

Atria from untreated (n=4) or PTX-treated (n=4) rats were perfused with ET-1 (Peninsula Laboratories) for a period of 2hr (starting at the 120 min time point; final concentration = 10^{-8} M), as described for MAS-7.

4. Preparation of atria homogenate

Following the perfusion experiments, the atria were flash frozen in liquid nitrogen. The atria were weighed, and sucrose buffer (20 mM HEPES, 1 mM EDTA, 255 mM sucrose, 100 μ M phenylmethylsulfonyl fluoride) was added in a 1 (weight of atria) to 4 (vol of sucrose buffer) ratio. The tissue in sucrose buffer

was homogenized using a chilled glass homogenizer. The homogenate was centrifuged at 13,000 rpm for 30 min at 4°C (Model J2-MI centrifuge and model JA-20.1 rotor, Beckman). Supernatant was collected and kept for determination of protein concentrations using a spectrophotometer (Beckman, DU-40). The protocol was as follows: diluted BSA (bovine serum albumin) standards were prepared by diluting 2.0 mg/ml BSA stock standard (Pierce, Rockford, IL) in sucrose buffer. The absorbance of each standard was measured at 280 nm and a standard curve for each BSA standard vs. its concentration in µg/ml was plotted. Using the standard curve, the protein concentrations for the unknown experimental samples were interpolated.

5. PTX-induced ADP ribosylation

To confirm the level of PTX-induced ADP-ribosylation of $G_{i/o}$ protein *in vivo*, a PTX assay was utilized using [32 P] NAD (Amersham Pharmacia Biotech Inc., Oakville, ON). The PTX-induced ADP ribosylation reaction was initiated by adding 20 µg of protein from rat atria homogenate to 0.1M Tris-HCl (pH = 7.6), 20 mM dithiothreitol, 1.1 µM [32 P] NAD, 0.1 mM ATP, and 1.5 µl of PTX. Following incubation for 1 hour, the reaction was stopped by the addition of 12.5 µl SDS sample buffer (62.5 mM Tris HCl, H 6.8, 25% Glycerol, 2% SDS, 0.01% Bromophenol Blue; Bio-Rad, Oakville, ON) with β-mecaptoethanol (710 mM) and boiled for 5 min at 100 °C. Equal amounts of sample were loaded into 4-15% gradient SDS-Polyacrylamide gel electrophoresis gels (electrophoresed at 80 V for 20 min and 200 V for 50 min) using a Mini-PROTEAN 3 Cell system at

room temperature (Bio-Rad). Broad Range prestained SDS-PAGE standards (Bio-Rad) were also run on each gel. The gel was fixed for 30 min in a solution of 7% glacial acetic acid in 10% methanol, stained with brilliant blue G-colloidal solution (Bio-Rad) for 2 hours, and destained with 10% acetic acid in 25% methanol for 60 seconds. The gel was air-dried overnight. Autoradiography was performed subsequently for 30 min on a PhosphorImager cassette. Radioactivity bound to the blot was quantified using a Bio-Rad personal molecular imager FX and Bio-Rad Quantity One software.

6. Radioimmunoassay

Radioimmunoassay (RIA; Figure 6) was performed using the double antibody technique as previously described in Sarda *et al* (1989). A 1(50 μ l perfusate) to 1 (50 μ l RIA buffer) dilution of perfusate was used for the ANF RIA. The buffer used for RIA was 0.1 M potassium phosphate (pH 7.4) (VWR International, Mississauga, ON) containing 0.9 % NaCl, 0.01% sodium azide, 0.1 % triton-X, and 0.1% heat-treated BSA. RIA buffer was used to dilute all reagents and samples. All reactions were carried out in polystyrene tubes (12 X 75 mm). The standard curves were calculated by using ANF₉₉₋₁₂₆ (Peninsula Laboratories, Belmont, CA) at the following concentrations (pg/ml): 31.25, 62.50, 125.0, 250.0, 500.0, and 1000.0, prepared on ice and kept out of direct sunlight. Quality control (QC) tubes were prepared by using low (125.0 pg/ml) or medium (250.0 pg/ml) concentrations of ANF₉₉₋₁₂₆. The protocol is as follows: 100 μ l of antiserum raised against rabbit ANF₉₉₋₁₂₆ (1:30,000 dilution; Peninsula

Laboratories) was added to 100 μ l of sample, standard, or QC and left at 4°C for 4 hours. Following the incubation period, 100 μ l (10,000 cpm) of iodinated ANF₉₉₋₁₂₆ was added to all the tubes, which were left at 4°C for approximately 20 hours. Free and bound fractions of ANF₉₉₋₁₂₆, were separated by adding 100 μ l of 5% normal rabbit serum (Invitrogen, Burlington, ON) and 100 μ l of goat anti-rabbit gamma globulin (Advanced Chemtech, Louisville, KY) to the tubes. Following a 2hr incubation at room temperature, 1.5 ml of 6.25 % polyethylene glycol (PEG) dissolved in distilled water (Sigma-Aldrich) was added to each tube. The tubes were then centrifuged at 2000Xg (2700 rpm on Beckman J-6 M centrifuge) at 4°C for 45 minutes. The supernatant was then carefully discarded, and the radioactivity in each pellet was counted in a gamma counter.

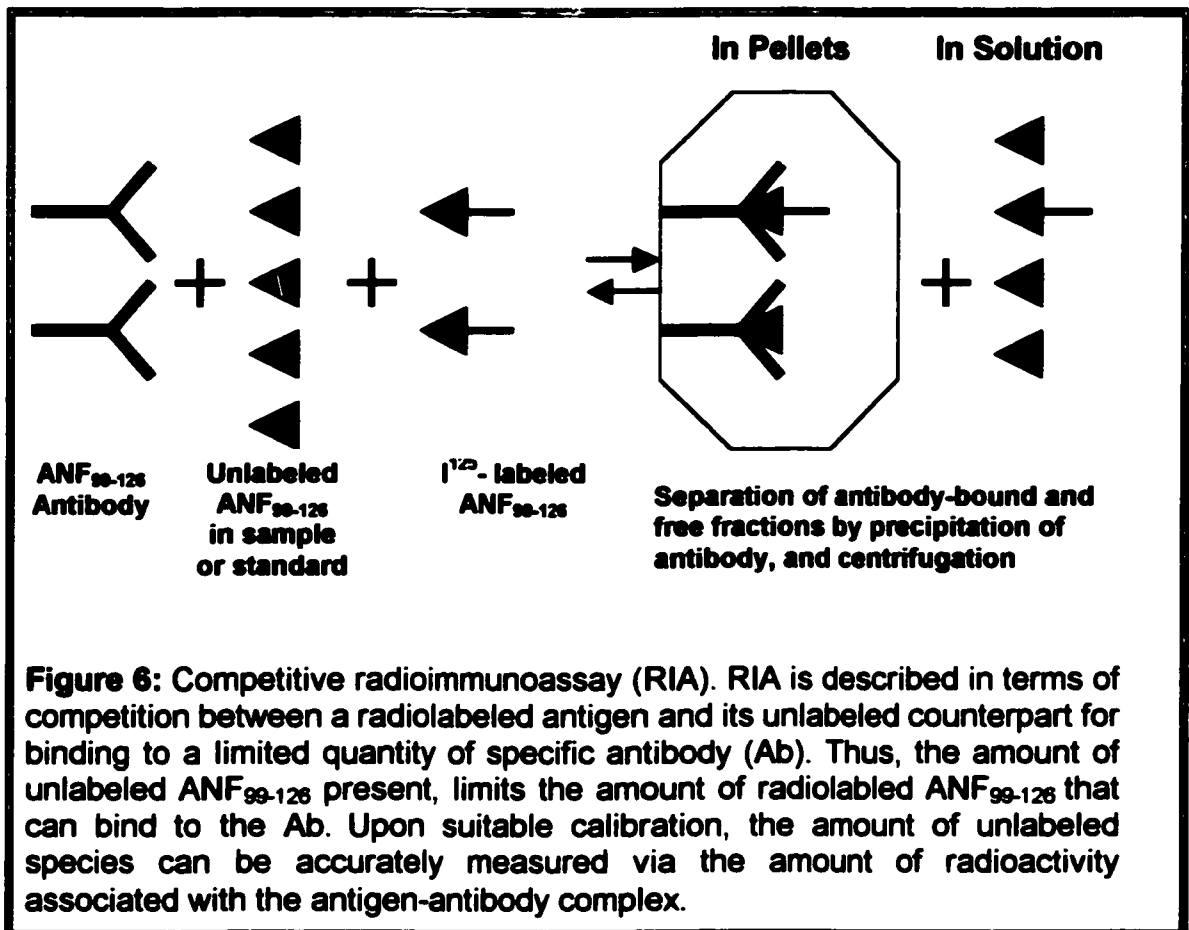


Figure 6: Competitive radioimmunoassay (RIA). RIA is described in terms of competition between a radiolabeled antigen and its unlabeled counterpart for binding to a limited quantity of specific antibody (Ab). Thus, the amount of unlabeled ANF₉₉₋₁₂₆ present, limits the amount of radiolabeled ANF₉₉₋₁₂₆ that can bind to the Ab. Upon suitable calibration, the amount of unlabeled species can be accurately measured via the amount of radioactivity associated with the antigen-antibody complex.

For ANF determination in plasma, trunk blood samples were collected from PTX pretreated (n = 6) and untreated (injected with 0.9 % NaCl; n=6) male Sprague Dawley rats in chilled EDTA-containing vacutainer tubes. Plasma was immediately separated by centrifugation at 2000Xg for 20 min at 4°C and stored in cryovials at -80°C until assayed. Plasma samples were acidified by adding 1.0 N hydrochloric acid (HCl) (ratio of 100µl to 1 ml of plasma) and extracted with Sep-Pak C-18 cartridges (Millipore-Waters). The cartridge had been previously moistened by passing 5 ml of 80% acetonitrile containing 0.1% trifluoroacetic acid (TFA; Sigma-Aldrich) followed by 5 ml of 0.1% TFA. The C-18 cartridge containing absorbed ANF peptide was washed with 20 ml of 0.1% TFA, and subsequently eluted with 3 ml of 80% acetonitrile containing 0.1% TFA. Then, the eluate was lyophilized via rapid freeze drying, dissolved in 100 µl of 20 mM HCl and 900 µl of RIA buffer, and centrifuged for 15 min at 1000 g. 100 µl of the supernatant was then subjected to RIA.

7. Antibodies used for immunocytochemistry

Affinity purified rabbit polyclonal antibodies were purchased from Santa Cruz Biotechnology Inc. The G_{α1} antibody (sc-391) was raised against a peptide mapping within a highly divergent domain of G_{α1} of rat origin. sc-391 was described as reacting with G_{α1} and to a lesser degree, G_{α2} and G_{α3} of mouse, rat, and human origins; non cross-reactive with other G_α subunit proteins. The G_{α2} antibody (sc-7276) mapped within a highly divergent domain of G_{α2} of human origin. sc-7276 was described as reacting with G_{α2} of mouse, rat and

human origin; non cross-reactive with $G_{\alpha 1}$ or $G_{\alpha 3}$. The $G_{\alpha 3}$ antibody (sc-262) was raised against a peptide mapping at the carboxy terminus of $G_{\alpha 3}$ of rat origin. sc-262 was described as reacting with $G_{\alpha 1}$, $G_{\alpha 2}$ and $G_{\alpha 3}$ of mouse, rat and human origin; non cross-reactive with other G_{α} subunit proteins. A polyclonal rabbit antibody (551) against purified G_{α} from bovine brain was purchased from MBL International Corporation. This antibody showed cross-reactivity with rat and human G_{α} and did not react with $G_{\alpha 2}$ and $G_{\alpha 3}$ as stated by MBL. Double labelling with ANF antibody (Chemtech) was performed.

8. Immunofluorescence labelling

All the secondary antibodies, immunological reagents, and fluorescent conjugates used in the labelling procedure were purchased from Vector Laboratories (Birmingham, CA). Atrial and ventricular tissue sections ($4\mu\text{m}$) from rat hearts fixed in 4% paraformaldehyde tissue buffer and embedded in paraffin, were mounted on positively charged glass slides. The tissue sections were deparaffinized and hydrated through toluene and graded ethanol series immediately before staining, by double labelling procedures. Sections were washed for 5 minutes in tap water, and incubated in 3% hydrogen peroxide to quench endogenous peroxidase activity. Then, sections were incubated for 20 minutes with diluted normal blocking serum prepared from goat. The excess serum was blotted off and each section was incubated with one of the $G_{\alpha 1-3}$ antibodies (1:50) or the G_{α} antibody (1:200) for 30 minutes. The immunostaining was performed using the avidin-biotin technique (Vector

Laboratories, Burlingame, CA). Sections were washed in phosphate buffer (10mM, pH = 7.4) between each step of the staining procedure and incubated for 30 minutes with diluted biotinylated goat anti-rabbit antibody solution. Then, sections were incubated with Fluorescein Avidin DCS (1:200) to visualize the GTP binding proteins. The sections were then incubated for 30 minutes with biotin from an avidin blocking kit to block the unbound avidin sites. Subsequently, double labeling was performed with the ANF antibody (1:1000) in accordance with the same protocol described above but using Texas Red Avidin DCS (1:200). After undergoing rehydration in a graded alcohol series and toluene, the sections were mounted in VECTASHIELD mounting medium. Finally, the mounted sections were examined using a Bio-Rad 1024 confocal microscope. The green channel had an excitation of 488nm and an emission of 525 nm. The red channel had an excitation of 594 nm and an emission 620 nm. Lack of cross-talk between the channels was established. The controls for the immunohistochemical reaction included the omission of the primary antibody, and the use of blocking peptides for primary antibody competition studies.

9. Statistical analysis

All data are reported as mean \pm standard error of the means (SEM). The Unpaired Student's t test was performed to determine statistical significance between mean pairs. Two-way analysis of variance (ANOVA) was performed to determine statistical significance among multiple groups. The statistical package used was Graph Pad PRISM 3.0.

4. RESULTS

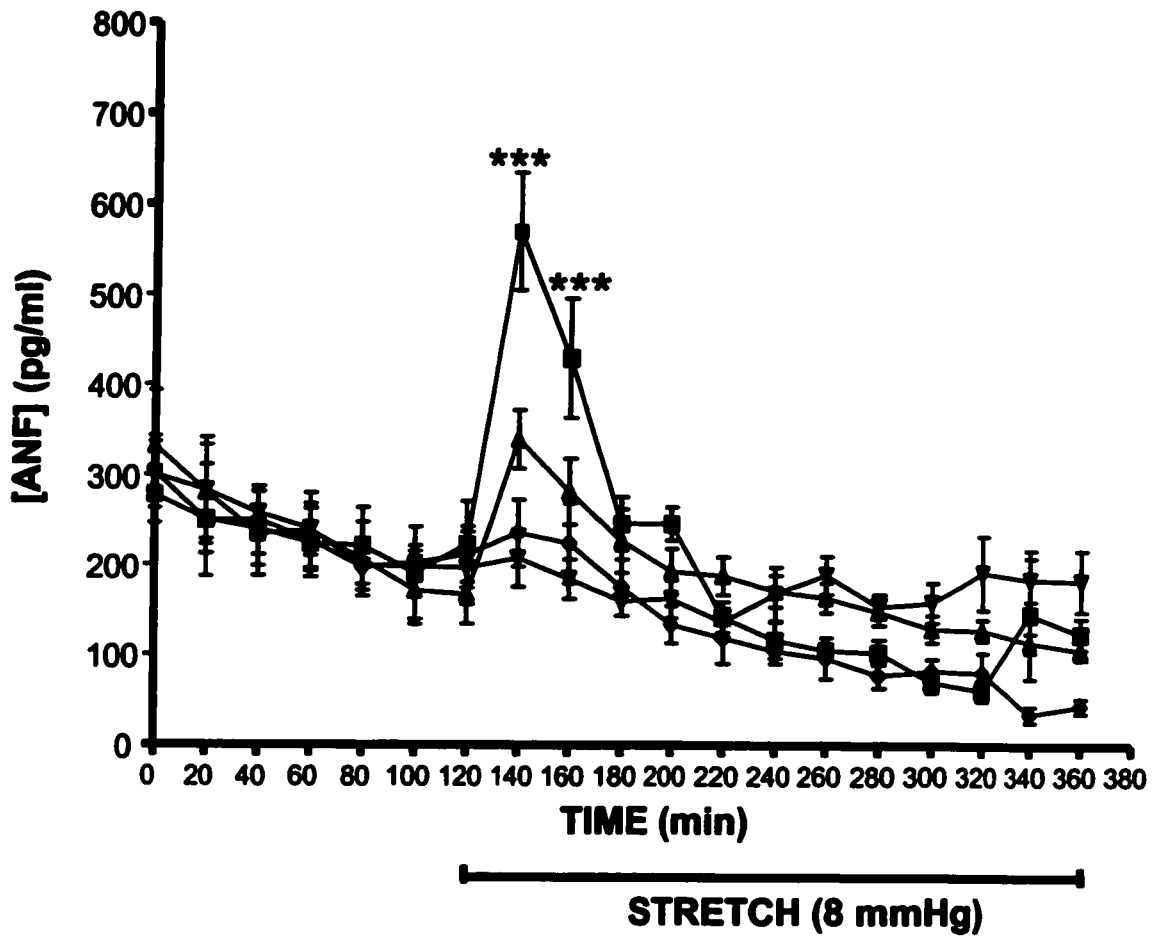
1. Stretch significantly increases IrANF secretion

Atrial stretch (induced by increasing intra-atrial pressure from 0.5 to 8 mmHg) induced an immediate increase in ANF secretion, and started to decrease within 20 min (Figure 7). Stretch-induced ANF secretion returned to basal levels 1 h following induction of stretch, although mechanical stimulation continued until the end of the experiment. Two-way ANOVA analysis showed a statistically significant difference between the means (at 140 min) of the stretch (n = 5) experiment versus the baseline (N = 5) at 140 min. (570.9 ± 65.2 pg/ml vs. 208 ± 32 pg/ml respectively; $P < 0.001$) and 160 min. (430.9 ± 66.1 vs. 184.9 ± 21.9 pg/ml respectively; $P < 0.001$).

2. Pertussis Toxin eliminates stretch stimulated IrANF secretion in vitro

Pretreatment of animals with PTX (25 μ g/kg intra-peritoneal (ip), n = 5) significantly decreased the stretch-stimulated ANF secretory peak (at 140 min; from 570.9 ± 65.2 pg/ml to 340.5 ± 32.5 pg/ml; $P < 0.001$) (Figure 7). Pretreatment with 40 μ g/kg ip (n=5) completely eliminated the stretch-stimulated ANF secretion (Figure 7).

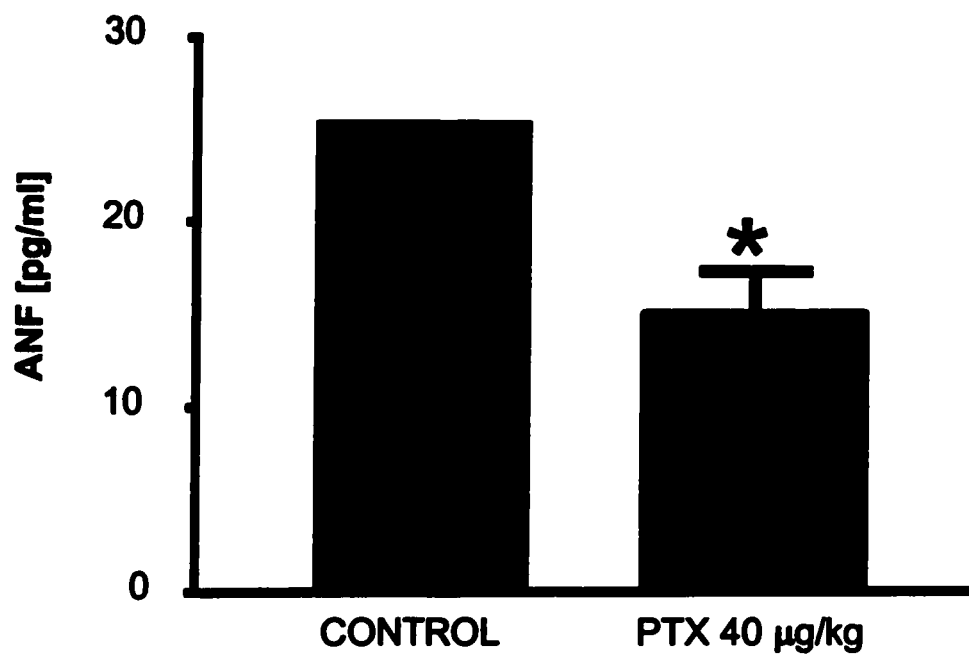
Figure 7: Effect of PTX on stretch-stimulated ANF secretion. The isolated atria were perfused with Krebb's solution in four experimental groups: 1) baseline (▼) 2) stretch (■) 3) stretch + PTX (▲; 25 µg/kg ip) 4) stretch + PTX (◆; 40 µg/kg ip). Intra-atrial pressure was changed from 0.5 mmHg to 8 mmHg (stretch) at 120 min as indicated by arrow. Values are means ± SEM; n=5 respectively. * P<0.001 (stretch vs. stretch + PTX by ANOVA)**



3. Pertussis Toxin blocks ANF secretion in vivo

Plasma ANF concentration was significantly decreased (25.7 ± 1.6 to 15.2 ± 2.6 pg/ml; $P < 0.05$) in PTX ($40 \mu\text{g/kg}$ ip, $n = 6$) treated animals compared to basal ANF levels in untreated animals injected with saline ($n = 6$) (Figure 8). The animals displayed no adverse effects during the 48 h prior to sacrifice.

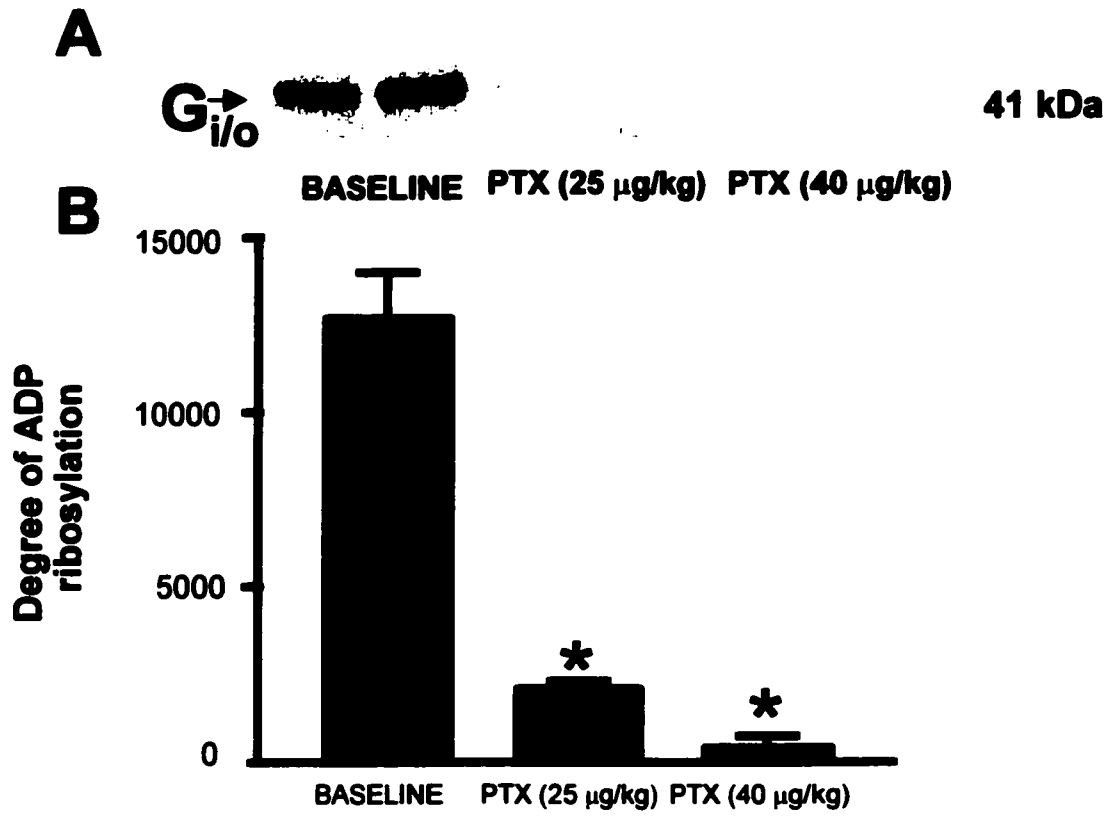
Figure 8: *In vivo* effect of PTX on plasma ANF concentration. Blood was collected from two groups of Sprague-Dawley rats: 1) Control animals injected with 0.9% saline 2) treated animals injected with PTX (40 µg/kg ip). Injections were given 48 h prior to sacrifice. Values are means ± SEM; n=6 per group.
* P<0.05 (PTX vs. Control)



4. Degree of ADP-ribosylation by PTX

To establish the extent of G_{V_0} -binding protein within rat atrial tissue that was inactivated via ADP-ribosylation by PTX *in vivo*, an ADP ribosylation assay was utilized. The autoradiogram of the pretreated hearts showed weak bands for the 25 $\mu\text{g}/\text{kg}$ treated samples and no bands for the 40 $\mu\text{g}/\text{kg}$ treated samples (Figure 9A) indicating that no further ribosylation could take place *in vitro* and that the degree of G_{V_0} binding protein subunit ribosylation was dose dependent (Figure 9B). Two-way ANOVA analysis of the degree of ribosylation showed a statistically significant difference between the untreated and pretreated animals ($P < 0.05$). Broad Range prestained SDS-PAGE standards confirmed that the G_{V_0} proteins electrophoresed to their known molecular weight of approximately 39-41kDa.

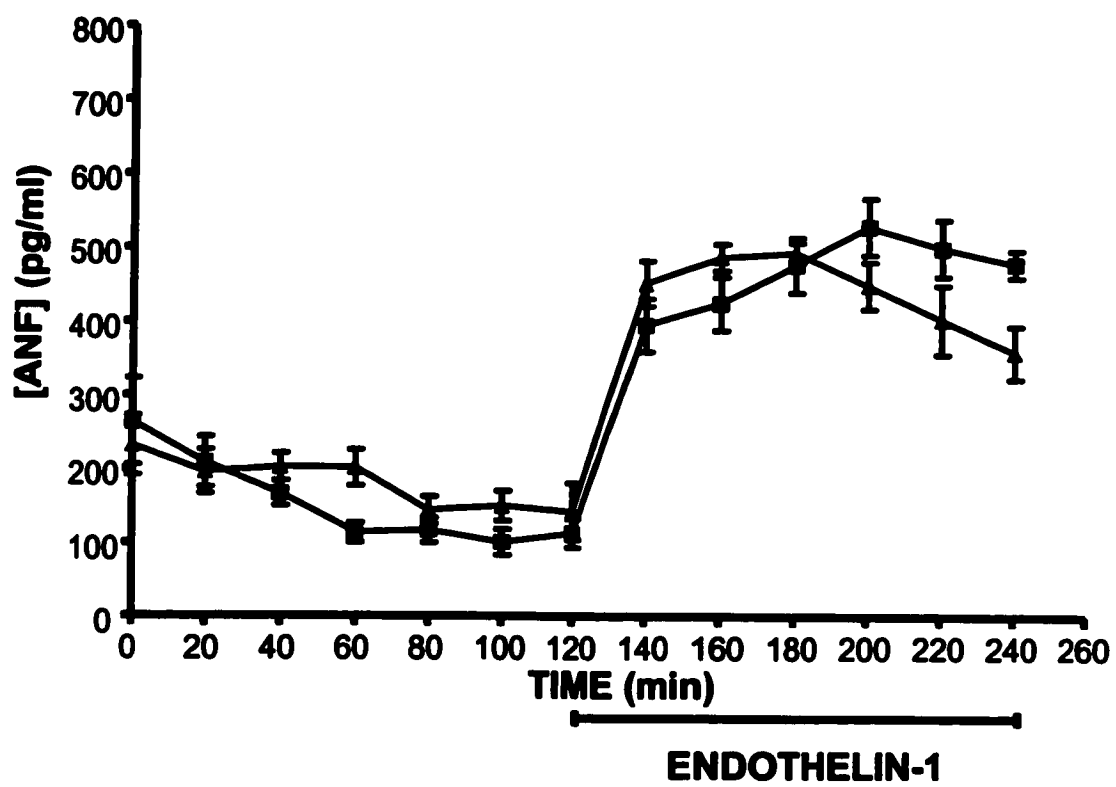
Figure 9: PTX blocks the $G_{i/o}$ proteins in vivo. A) The autoradiogram displays the PTX-catalysed incorporation of [32 P] ADP-ribose from [32 P] NAD into atria homogenate from un- and PTX- treated (48 h before assay) Sprague Dawley rats. PTX ADP-ribosylated $G_{i/o}$ proteins had a relative molecular weight of 39-41 kDa. B) The intensity of the radioactivity in each lane was quantified and averaged for each group. Values are means \pm SEM. * $P < 0.05$ (PTX vs. Baseline)



5. Endothelin-1- stimulated ANF secretion is not affected by PTX

PTX (40 µg/kg ip 48 hours prior to perfusion) treated right atrial appendages were perfused with endothelin-1 (ET-1 = 10^{-8} M) for 2 h. The release of ANF was stimulated throughout the infusion of ET-1. ET-1 stimulated ANF release similarly in PTX treated or untreated rats (Figure 10).

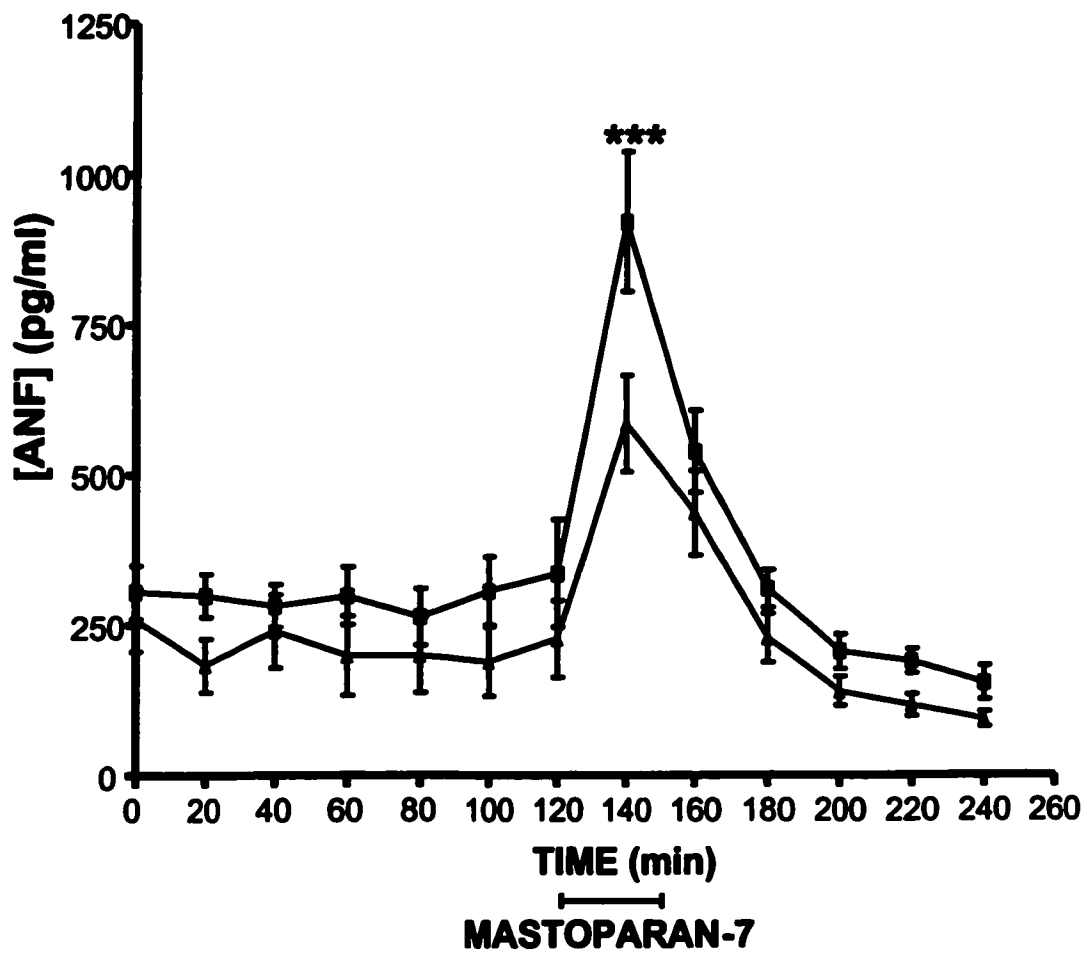
Figure 10: Effect of PTX on ET-1 stimulated ANF secretion. ET-1 (10^{-8} M) was perfused (0.34 ml/min) for 2 h starting at 120 min in 2 groups of rats: 1) untreated (■) 2) PTX-treated (▲; 40 μ g/kg ip 48 h before perfusion). Values are means \pm SEM; n = 4 per group; no statistical difference between each time point.



6. Mastoparan-7 Toxin significantly increases *irANF* secretion

MAS-7 (10^{-5} M) perfused for 30 min potently stimulated ANF secretion (Figure 11). ANF secretion returned to basal levels after MAS-7 infusion was stopped. PTX pretreatment ($40 \mu\text{g/kg ip}$) attenuated the MAS-7 stimulated ANF secretion ($P < 0.001$; $n = 5$) (Figure 11). Lower doses of MAS-7 (10^{-6} M, 10^{-8} M; $n = 5$ respectively) did not stimulate ANF secretion.

Figure 11: Effect of PTX on MAS-7 stimulated ANF secretion. MAS-7 (10^{-5} M) was perfused (0.34 ml/min) for 30 min starting at 120 min in 2 groups of rats: 1) untreated (■) 2) PTX-treated (▲; 40 μ g/kg ip 48 h before perfusion). Values are means \pm SEM; n = 5 per group. * P<0.001 (MAS-7 vs. MAS-7 + PTX by T-test)**



7. Immunofluorescence labelling shows colocalization of G_{α} and ANF in atrial tissue

By immunofluorescence labelling and confocal microscopy, it was demonstrated that G_{α} colocalized with ANF (Figure 12D, 12E). The atrial sections were labeled with anti- G_{α} and ANF antibodies, which were then complexed with biotinylated secondary antibodies. This complex was visualized by treatment with Fluorescein Avidin DCS (G proteins) or Texas Red Avidin DCS (ANF). G_{α} -immunoreactivity appears to have a concentrated staining pattern consistent with the sarcolemma and ANF granules within the perinuclear region (Figure 12F, 12G). At higher magnification (100X), a distinct colocalization pattern was observed for ANF and G_{α} proteins (Figure 12 G, H, I). Colocalization was established by the appearance of a yellow color (resulting from the overlap of the green and red channels). Not all G_{α} proteins, however, colocalized with ANF visualized by the remaining red staining (12 E, F). Specificity of the G_{α} -antibody was confirmed with control paraffin sections of Langerhans' islet (Figure 12D), staining with the same pattern as Asano *et al* (1988). Other members of the G_{α} family were tested, such as G_{11} (Figure 12A), G_{12} (Figure 12B), and G_{13} (Figure 12C); however, no colocalization with ANF was found.

Figure 12: Immunohistochemistry of rat atria. Sections of atria were fixed with 4% paraformaldehyde tissue buffer and incubated with $G_{i/o}$ protein (green) and ANF (red) antibodies. Tissue-bound antibodies were visualized by fluorochrome-conjugated secondary antibodies using confocal microscopy. Intense labelling was seen for all the $G_{i/o}$ proteins of the sectioned cardiocytes of the atria. ANF labelling had a perinuclear distribution. No colocalization with ANF was observed for (A) G_{i1} (B) G_{i2} and (C) G_{i3} . (E, F, I) G_o proteins colocalized with ANF (yellow colour). (D) Control paraffin sections of Langerhans' islet stained with anti- G_{α} antibody. Bars: A-E,I = 50 μ m.

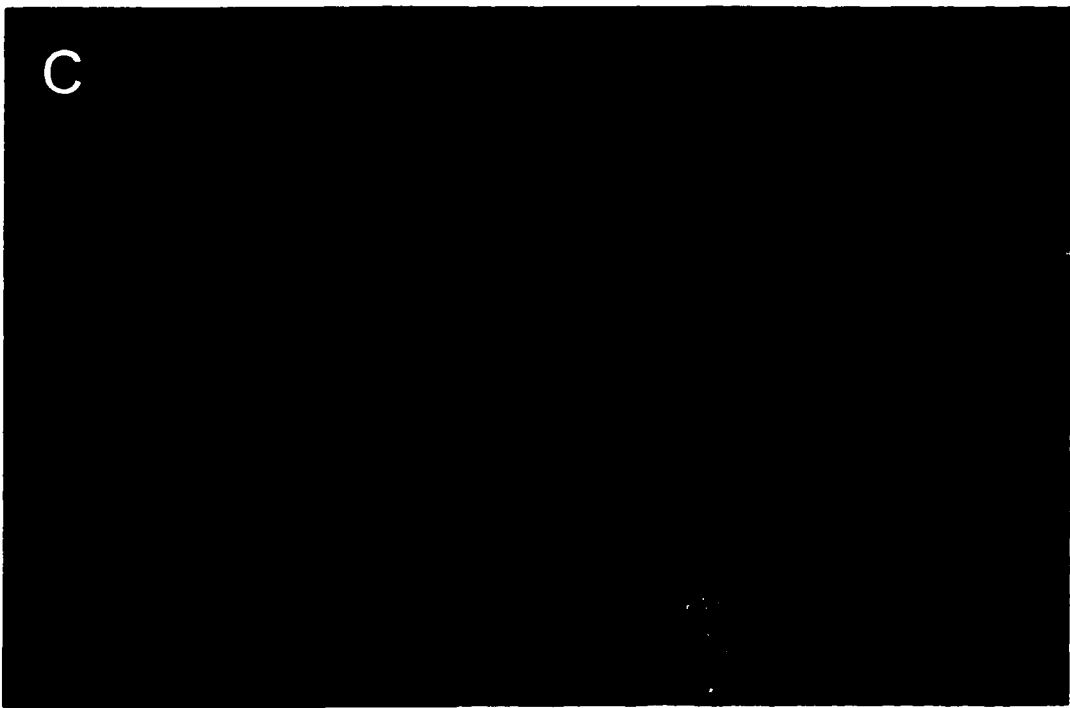
A

G_{i1}

B

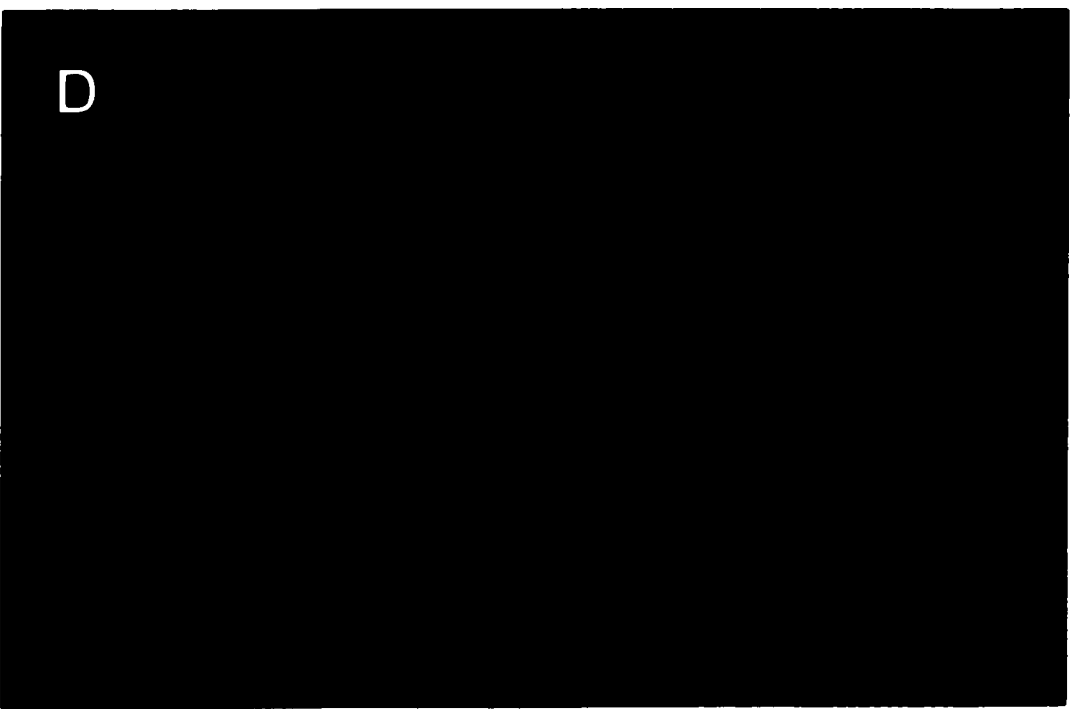
G_{i2}

G_{i3}



C

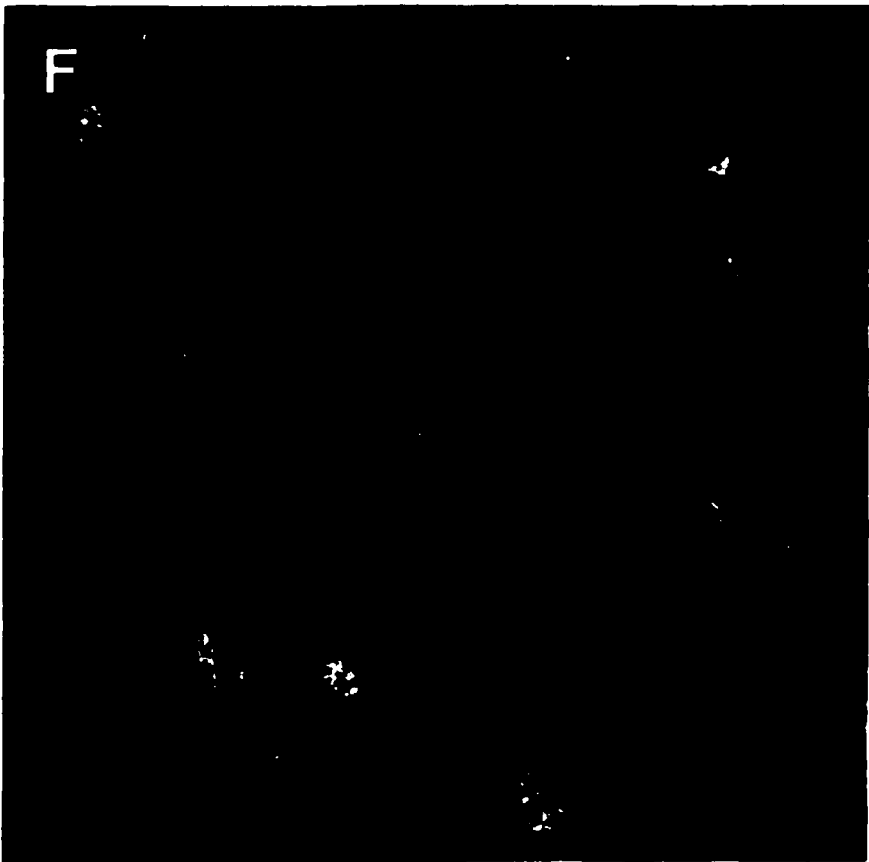
G_o



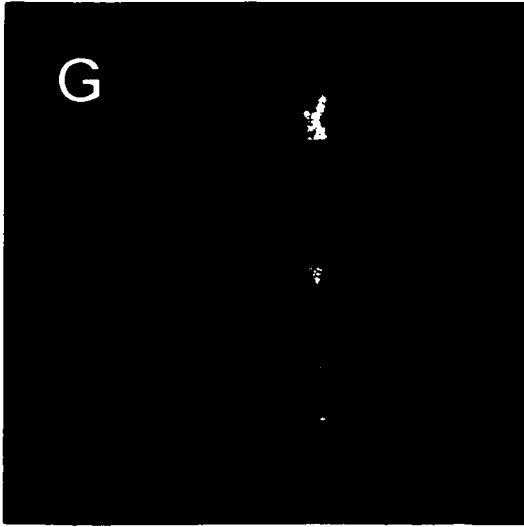
D



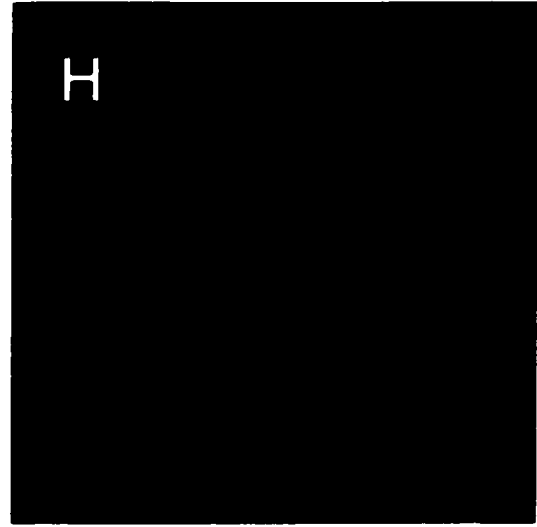
G₀



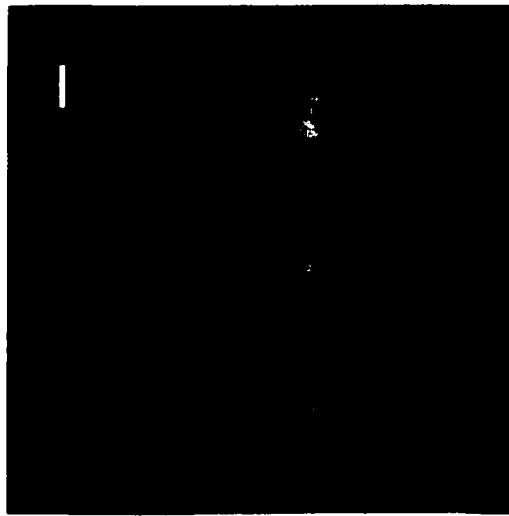
G₀



ANF



G_α



ANF + G_α

8. Immunofluorescence labelling of inhibitory G proteins in rat ventricular tissue

Ventricular tissue was treated with the same G protein and ANF antibodies as the atrial tissue. There was a lack of ANF immunoreactivity in the ventricles (Figure 13). The ventricular cardiocytes displayed different G protein staining patterns in the right ventricle compared to the left ventricle. The right ventricle had a striated pattern of labelling, whereas the left ventricle had a staining pattern consistent with that of intercalated discs. The G_{α} -immunoreactivity was concentrated along the sarcolemma, though the labelling in both ventricles was weak compared to that of the atrial cardiocytes (Figure 13A,B). The ventricular cardiocytes showed stronger labelling for the $G_{\alpha 1}$ (Figure 13C,D), $G_{\alpha 2}$ (Figure 13E,F), and $G_{\alpha 3}$ (Figure 13G,H). RV=right ventricle, LV=left ventricle.

Figure 13: Immunohistochemistry of rat ventricular tissue. Sections of ventricles were fixed with 4% paraformaldehyde tissue buffer and incubated with $G_{\alpha o}$ protein (green) and ANF antibodies. Tissue-bound antibodies were visualized by fluorochrome-conjugated secondary antibodies using confocal microscopy. Weak labelling was observed for the $G_{\alpha o}$ proteins of the right (A) and left (B) ventricular sections. Ventricular cardiocytes (RV, LV) labeled intensively for $G_{\alpha 1}$ (C, D), $G_{\alpha 2}$ (E, F), and $G_{\alpha 3}$ (G, H). Bars: A-H = 50 μ m.

G_o

A

RV

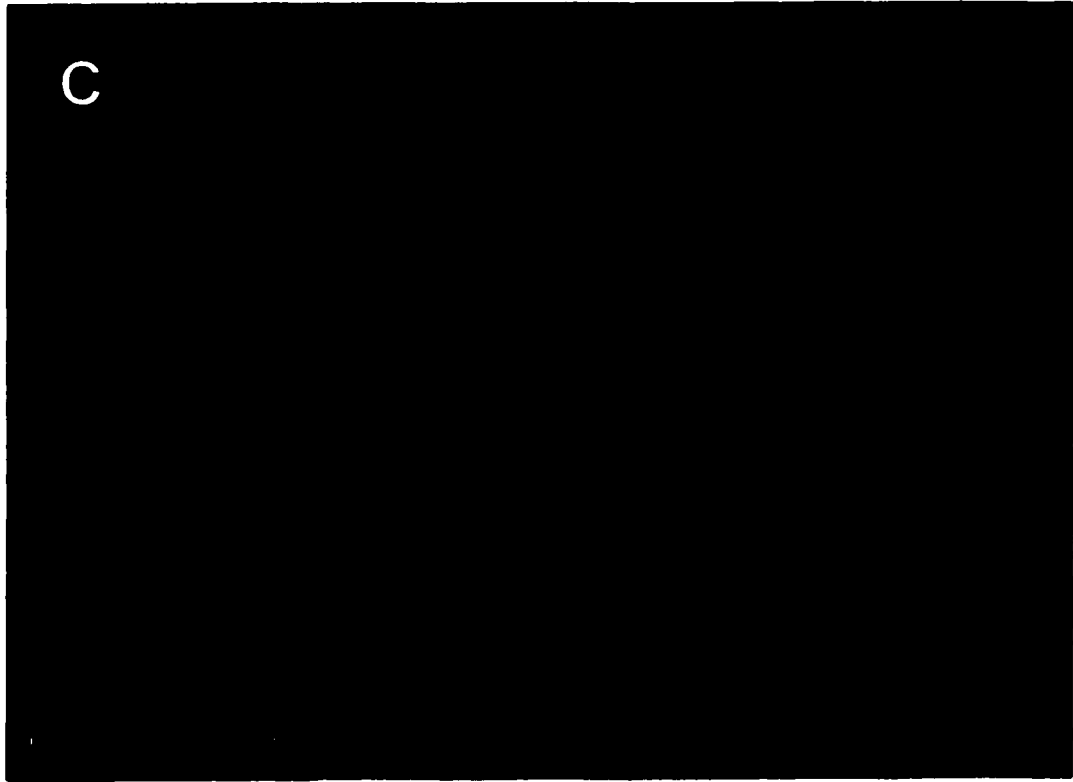
B

LV

G₁₁

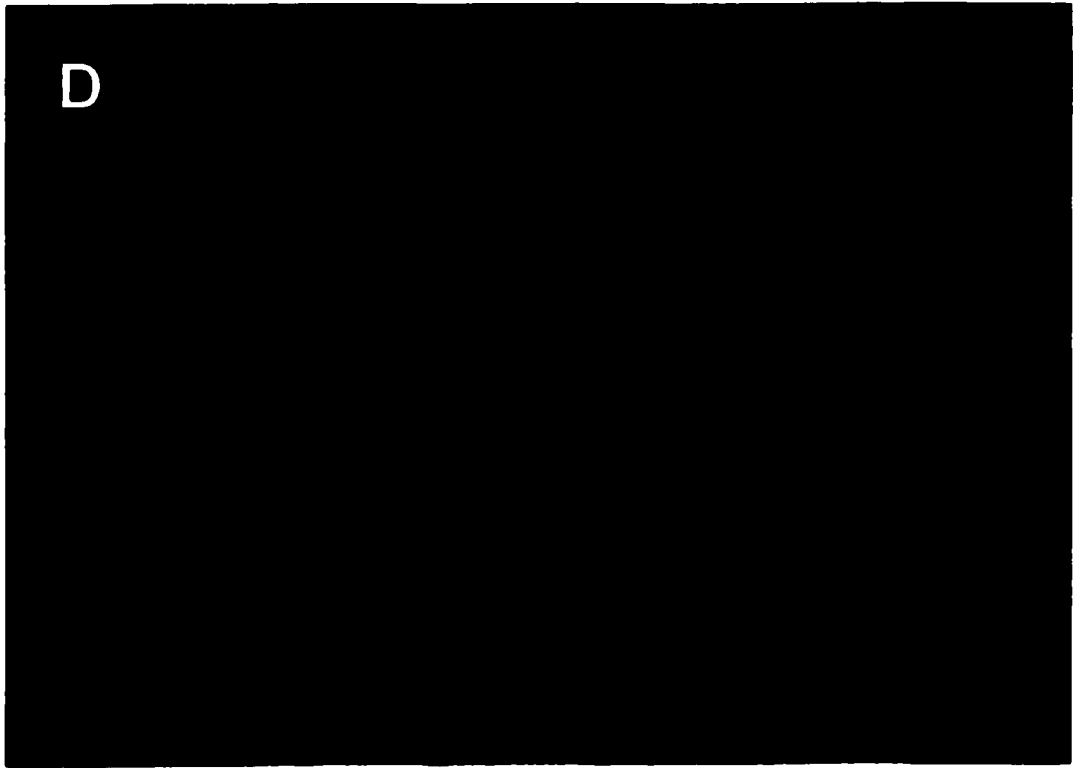
C

RV



D

LV



G_{i2}

E

RV



F

LV

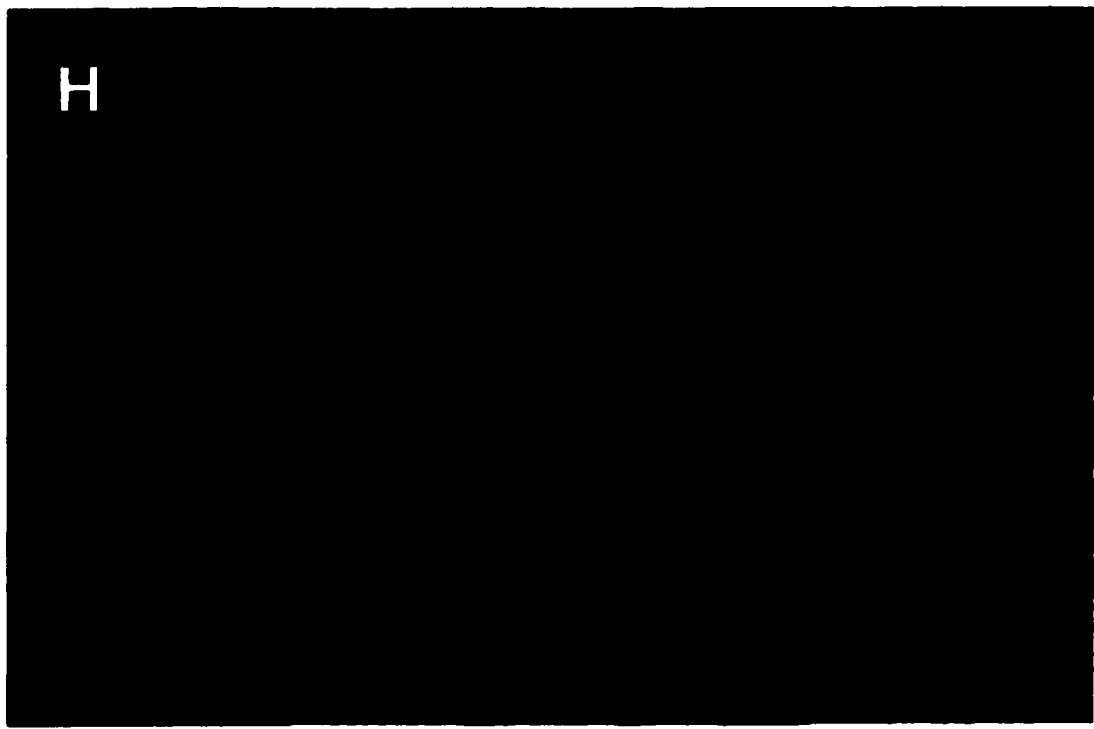


G₁₃



G

RV



H

LV

5. DISCUSSION

This study provided important insight into the mechanisms that control ANF release in the adult rat atria. Such mechanisms were observed by directly activating/inhibiting heterotrimeric G proteins in adult atria stimulated by mechanical stretch. The involvement of $G_{V\alpha}$ proteins was established in stretch-stimulated ANF secretion by utilizing PTX, a pharmacological agent recognized for its ability to inhibit these proteins (Ui et al, 1985). Conversely, the activation of $G_{V\alpha}$ proteins by MAS-7, potently stimulated ANF release which was attenuated by PTX. Immunofluorescent labelling confirmed the colocalization of $G_{\alpha\alpha}$ proteins with ANF, providing insight into the interactions of G proteins and the hormone they regulate. Furthermore, the present experiments showed that ANF secretion stimulated by ET-1 was insensitive to $G_{V\alpha}$ protein inhibition.

1. Association of stretch and ANF secretion

Stretch-secretion coupling was coined to describe the process whereby mechanical stretch is coupled to ANF release via an unknown signaling mechanism (Kuroski-de Bold and de Bold, 1991). Using double pulse chase analysis, Mangat and de Bold (1993) showed that stretch-stimulated ANF release was associated with the rapid depletion of an immediately releasable pool of newly formed granules. In the present experiments, inhibiting $G_{V\alpha}$ proteins exclusively effected stretch-stimulated ANF secretion and not basal

release. This observation suggests that G_{Vo} proteins regulate the secretion of newly synthesized ANF granules that are acutely sensitive to stretch.

Numerous hypotheses have evolved addressing how mechanical stretch is converted into biochemical signals (Sadoshima and Izumo, 1997; Dostal and Baker, 1998). For example, stretch-activated ion channels have been proposed as potential mediators of cardiac hormone release (Sadoshima et al, 1997). In addition, mechanical stress-induced signal transduction has been shown to simultaneously trigger several second messenger systems (Sadoshima and Izumo, 1997). Stretch experiments performed in avian skeletal muscle (Vanderburgh et al, 1995), and cardiac fibroblasts (Gudi et al, 1998), have shown G_{Vo} proteins are involved in the stretch signaling pathways. In the present experiments, the inhibition of stretch-stimulated ANF secretion by PTX provided strong evidence for the involvement of G_{Vo} heterotrimeric proteins in regulated hormone secretion (Figure 7). The role of G_{Vo} proteins in hormone secretion was strengthened by immunohistochemical studies demonstrating the relationship between G proteins and ANF secretory granules (Figure 12).

a. Two pools of secretory granules hypothesis: stretch vs. stretch-insensitive

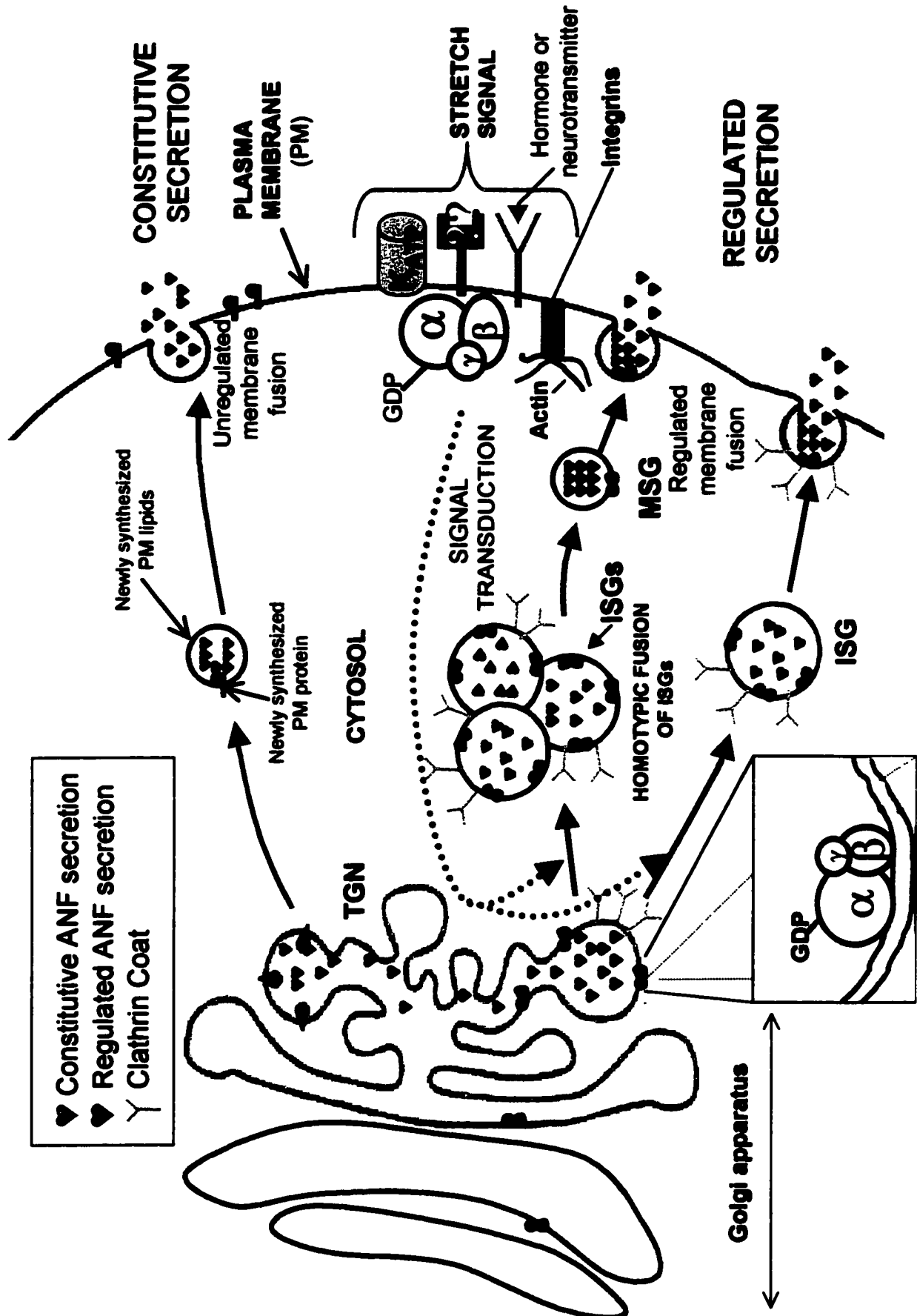
The association of G proteins with secretory granules is well established (Ahnert-Hilger, 1994; Vitale et al, 1997; Konrad et al, 1995; Ohnishi et al, 1997; Padfield and Panesar, 1997). Wolf et al (1998) provided immunohistochemical and immunoelectron microscopy evidence suggesting that G_{α} regulate ANF

secretion from atrial granules; such was confirmed in this study (Figure 12H-J) using the G_{α_x} antibody created by Asano et al (1988). Colocalization of G_{α_x} proteins and ANF at the TGN further supported the hypothesis that ISGs are regulated by the inhibitory G proteins. PTX treatment did not eliminate ANF secretion, suggesting that different subpopulations of secretory granules exist. The two pools of secretory hypothesis suggests: 1) stretch activated a population of secretory granules sensitive to PTX; 2) a second class of PTX-insensitive secretory granules mediate the basal release of ANF. (Figure 14).

b. Effect of stretch on secretory granules

In vitro experiments by Agnoletti et al (1989) studied the effect of stretch on SGs in isolated superfused rat atria followed by morphometric assessment via electron microscopy. It was found that the overall number of SGs did not change significantly with stretch. However, a substantial change in granule distribution was observed (Agnoletti et al, 1989). Stretching of the atrial cardiocytes led to the movement of what the author described as 'atrial specific granules' from the interior to the periphery of the cell. The location of these SGs was refined with an *in situ* tannic acid perfusion technique that arrested exocytosis in anaesthetized rats, and showed atrial SGs fusing with the plasma membrane (Newman and Severs, 1990, 1993). Caution must be taken in interpreting these results because the movement of SGs, seen from the center of the cell to the periphery in the Agnoletti study, describe a cell where the Golgi network is

Figure 14: Constitutive vs. regulated ANF secretion. A schematic representation of the formation SGs. Formation of the nascent storage granule starts as an outpouching of the TGN generating a condensing vacuole, which is at first continuous with the TGN's tubular network. Initially, immature secretory granules (ISGs) are formed by the envelopment of a dense core of secretory proteins. ISGs are converted to mature secretory granules (MSGs) via many subsequent changes. Alternatively, clathrin-coated ISGs may directly bind with the plasma membrane (constitutive-like secretion). The final step of ANF exocytosis, involves fusion of the secretory granules with the plasma membrane (PM). Newly synthesized PM proteins are delivered to the PM via the constitutive pathway. Distinct features of ISGs are the presence of a clathrin coat (orange). Inhibitory G proteins are present in the golgi, the regulated SGs, and the plasma membrane. PTX (yellow) may inhibit G proteins within all these compartments. Mastoparan-7 (MAS-7, pink) is an agonist of $G_{i/o}$ proteins. Stretch may be activating: 1) an unknown receptor (navy blue); 2) receptor coupled to K^+_{ATP} channels (purple); 3) a known cardiac receptor stimulated by hormones or neurotransmitters (baby blue) 4) integrins coupled to the actin (brown) cytoskeleton. Signal transduction occurs via the molecular switches: GTP-binding proteins. Red hearts in the regulated pathway, and blue hearts in the constitutive pathway represent ANF.



centrally located within the cell. In cardiocytes, the Golgi network is distributed throughout the cytosol.

2. The cellular effect of PTX

PTX has been characterized as a toxin that inhibits G proteins localized on the inner surface of the plasma membrane (Krueger and Barbieri, 1995; Ui *et al*, 1985). The second PTX substrate in eukaryotic cells is NAD, which has also been found in the cytoplasm. Therefore, Kaslow and Burns (1992) have suggested that the S1 subunit of PTX likely crosses the sarcolemma of the cell, in order to gain access to its substrates. This raises the intriguing possibility that PTX is directly acting on the G proteins found in SGs in the cytoplasm. Conversely, PTX may be interacting with SGs fused to the plasma membrane prior to exocytosis.

a. Entry of PTX into cells

The endocytotic uptake of PTX in CHO cells has been characterized by EM, fractionation, and inhibition studies. el Bayâ *et al* (1997) showed that PTX was routed to the Golgi apparatus in an enzymatically active form following receptor-mediated endocytosis via a retrograde transport mechanism. In that experiment, the involvement of the Golgi network in PTX-induced G protein ADP-ribosylation was demonstrated by various means. Subcellular fractionation of CHO cells incubated with PTX, showed that the active form of PTX was detected in Golgi fractions (el Bayâ *et al*, 1997). As shown by Xu and Barbieri

(1995), pretreatment of HIT-T15 (insulin-secreting β cells derived from hamster pancreas) and CHO cells with BFA, inhibited ADP-ribosylation by PTX (el Bayâ *et al*, 1997). Since BFA has been reported to have other effects such as influencing endocytotic processes (Hunziker *et al*, 1991; Stoorvogel *et al*, 1996), the investigators wanted to show that the protective effect of BFA against PTX intoxication, depended on disorganization of the Golgi network. Hence, the same experiments were repeated with Madin Darby Canine Kidney epithelial (MDCK) cells, which have a Golgi network insensitive to BFA (Hunzike *et al*, 1991). The inability to block the ADP-ribosylation of the G-proteins in MDCK cells with BFA confirmed the involvement of the Golgi network in this process. Additional support for this conclusion was demonstrated with a mutant CHO cell line (V24.1) exhibiting a temperature-sensitive Golgi complex (Kao and Draper, 1992). In the V24.1 cell line, elevated temperatures (e.g. 41 °C) disrupted the Golgi apparatus and abolished the ability of PTX to inhibit G proteins (el Bayâ *et al*, 1997).

Taken together, these results demonstrated that PTX 1) is transported into the cell; and 2) require a functional Golgi apparatus to mediate its inhibitory effects. They also suggested that the G proteins affected by PTX treatment in the present study were the G proteins localized in the Golgi network. This further supports the possibility that the inhibitory G proteins localized in the TGN (Leyte *et al*, 1992; Maier *et al*, 1995; Barr *et al*, 1991) and SGs (Figure 12, Wolf *et al*, 1998; Toutant *et al*, 1987; Ahnert-Hilger *et al*, 1994; Muller *et al*, 1994; Vitale *et*

al, 1997; Padfield and Panesar, 1997) regulate granule formation, maturation, and ultimately the exocytosis of ANF. However, the endocytotic model proposed by Xu and Barbieri (1995) also suggested that the internalized S1 subunit was retransported to the G proteins in the plasma membrane following Golgi passage; a hypothesis which could not be confirmed or refuted by the el Bayâ *et al* (1997) study.

3. Evidence for the association of G proteins and hormone secretion

The release of ANF results from the contribution of many players in the process of exocytosis, some of which are regulated by G proteins. $G_{\alpha o}$ proteins have been located on intracellular membranes and are most likely implicated in secretion and vesicular protein transport (Helms, 1995; Nurnberg & Ahnert-Hilger, 1996). While $G_{\alpha o}$ protein is not present in the human ventricular myocardium, small amounts of $G_{\alpha o}$ have been detected in the human left atrium. Two isoforms $G_{\alpha 1}$ & $G_{\alpha 2}$ have been identified in rat atria, with $G_{\alpha 2}$ being the primary isoform expressed in the ventricles (Asano *et al*, 1992). Other studies have demonstrated that $G_{\alpha o}$ is expressed in the heart and other peripheral tissues (Mumby *et al*, 2002; Asano *et al*, 1988). This protein seems to be specifically concentrated within the atria (Luetje *et al*, 1988; Asano *et al*, 1988). $G_{\alpha o}$ appears to generate a direct inhibitory effect on regulated exocytosis (Ohara-imaizumi *et al*, 1992; Vitale *et al*, 1996). Though the signaling pathways governing hormone release are complex, the implications for the regulation of

ANF secretion by G proteins at the various intracellular compartments of the cell, are discussed in the following sections.

a. TGN

The presence of heterotrimeric G proteins within the TGN provided insight into the possible sorting mechanisms that regulate the packaging of regulated secretory proteins. Leyte *et al* (1992) show that in a cell-free system, stimulated inhibitory G proteins within the TGN, inhibit the formation of CSVs and ISGs. Moreover, the 'sorting-for-entry' hypothesis (Arvan and Castle, 1998; Tooze, 1998) argues that the TGN acts as the principal operator for protein sorting in the biosynthetic transport pathway. This model proposes that the formation of regulated SGs within the TGN involves the specific binding of regulated secretory proteins either to a receptor in the nascent granule membrane or other regulated secretory proteins that are already bound (Arvan and Castle, 1998; Tooze, 1998). It is conceivable that the receptor that serves as an anchor for regulated protein aggregation interacts with $G_{\alpha/\beta\gamma}$ subunits.

The formation of SGs involves budding from the TGN. Hence, the ISG membrane contains the same proteins as its donor TGN membrane, including heterotrimeric G proteins. The heterotrimeric G proteins found in numerous endocrine cells presumably are from the TGN membrane from which the regulated SGs were formed. Maier *et al* (1995) showed that $G_{\alpha\beta}$ was found at the Golgi of adrenal medulla. Barr *et al* (1991) have previously demonstrated

that pertussis toxin-sensitive α subunits cofractionate with the TGN of PC12 cells. Fractionation followed by analysis by SDS-PAGE confirmed that $G_{\alpha 2}$, $G_{\alpha o 2}$ and $G_{\alpha 13}$ were associated with the TGN in PC12 cells (Leyte *et al*, 1992). The PTX-induced ADP-ribosylated $\alpha i/\alpha o$ subunits found in the TGN-containing fractions of the velocity gradient comigrated with the TGN, and were identified by [³⁵S] sulfate pulse-labeled hsPG (heparan sulfate proteoglycan) and SgII (secretogranin II), following sucrose gradient centrifugation (Leyte *et al*, 1992). The sulfated markers were used by Leyte *et al* (1992) because Tooze and Huttner (1990) showed that, hsPG and SgII, were localized in the TGN, and were then found after chase in constitutive secretory vesicles (CSVs) and ISGs respectively. PTX treatment led to the stimulation of cell-free ISG formation. Thus, these experiments confirmed that inhibitory G proteins on the TGN are involved in the regulation of secretory granules (Leyte *et al*, 1992). In the experiments presented here, the presence of these G proteins would confer their sensitivity to PTX treatment, observed under physical stimulation with stretch. Perhaps the secretory granules that participate in the basal release of ANF are not packaged with these G_{V_0} proteins, which explain why basal release of ANF is insensitive to PTX treatment.

b. Secretory granules

$G_{\alpha o}$ has been found in neuronal tissues (Asano *et al*, 1990, 1992), testis (Asano *et al*, 1992), and adipocytes (Asano *et al*, 1992). Subcellular immunofluorescence analysis has localized this G protein specifically within SGs

in the heart (Figure 12; Wolf *et al*, 1998), the brain (Toutant *et al*, 1987; Ahnert-Hilger *et al*, 1994; Muller *et al*, 1994; Vitale *et al*, 1997), and the pancreas (Padfield and Panesar, 1997). Maier *et al* (1995) showed that antibodies against $G_{\alpha o}$ stimulated regulated secretion.

Following the formation of ISGs, they undergo maturation and become MSGs (Arvan and Castle, 1998; Tooze, 1998). Tooze *et al* (1991) has suggested that this process involves the fusion of ISGs to form an MSG, and that this process is regulated by G proteins. Moreover, it has long been suggested that the patches of clathrin identified on the surface of ISGs could be involved in the formation of clathrin-coated vesicles released from the ISG (Urbé *et al*, 1997). In such a model, homotypic fusion of the ISG as seen by EM (Tooze and Stinchcombe, 1992) would produce additional membrane surface area, allowing the formation of clathrin-coated vesicles to bud-off from the ISG (Urbé *et al*, 1997).

In all neuroendocrine and endocrine cells examined to date, a key characteristic of maturation involves the removal of soluble proteins, peptides and membrane proteins from the ISG (Tooze *et al*, 2001). The 'constitutive-like secretion' describes the process that occurs when soluble peptides and unprocessed hormones are removed from the ISGs and secreted from the cell (Arvan, 1991). Hence, ISG-derived clathrin-coated vesicles (CCVs) have been shown to remove membrane proteins such as mannose-6-phosphate receptors,

furin, and bound lysosomal enzymes from ISGs (Figure 14) (Dittié et al, 1996; Kuliawat et al, 1997). Taken together, it has been suggested that inhibitory G protein may participate in the pathways regulating the formation and maturation of SGs or their fusion with the cell membrane (Tooze, 2001).

c. Plasma membrane

Support for the regulation of hormone release by inhibitory G proteins at the plasma membrane, rather than at the Golgi, stems from the interpretation of various studies. Stimulation of inhibitory G proteins was shown to inhibit granule formation at the TGN (Leyte *et al*, 1992), while PTX was able to counteract these effects. Hence, assuming mechanically stimulated ANF release depended on the formation of ISGs, PTX pretreatment would have conceivably promoted stretch stimulated ANF secretion. In the experiments presented here, however, the inhibition of stretch-stimulated ANF secretion by PTX suggests that regulation for stretch secretion coupling occurs at a post TGN stage in exocytosis. However, it does not eliminate the possibility that the G proteins packaged with SGs are participating in this process. For example, regulation may occur at the level of ISGs containing newly synthesized hormone.

During exocytosis, the membranes of secretory granules fuse with the plasma membrane to release their contents (Tooze *et al*, 2001). Apodaca (2002) has suggested that SG membranes are recycled into the plasma membrane. Thus, fusion of their membranes provides another site of action for PTX. The G

proteins found in the granule membrane would avail themselves to ADP ribosylation via PTX. Furthermore, the model proposed by Xu and Barbieri (1995) suggested that the target for the S1 subunit was the membrane-bound cytoplasmic G protein, following passage through the Golgi. These plasma membrane-bound heterotrimeric $G_{i/o}$ proteins interact with ion channels, various cardiac receptors, integrins, and the cytoskeleton. While no specific receptor has been found to exclusively regulate stretch-stimulated ANF secretion in the heart, it is probable that more than one mechanosensor participates in the signaling cascade that operates via the G proteins. In addition, PTX has been shown to interact with a carbohydrate sequence on the plasma membrane of CHO cells (Brennan *et al*, 1988). All in all, these results suggest that the G proteins affected by PTX in the present experiments were located at the plasma membrane.

4. $G_{i/o}$ proteins and the regulation of ANF secretion

The results presented here suggest that stretch activates inhibitory G proteins, which promotes the release of ANF, and that inhibition of these G proteins abolishes the stretch-stimulated ANF response. Thus, a component of the pathway(s) regulating stretch-secretion coupling involves inhibitory G proteins. Integration of the data presented in this thesis and that of studies by others allows for the development of different hypothetical models for the regulation of ANF release following stretch.

a. K^+ _{ATP} channels and the regulation of ANF secretion

In the heart, discrepancies exist with regards to the pharmacological properties of K^+ _{ATP} channels in various experimental models. These channels have been; 1) implicated in the regulation of stimulated-ANF secretion, 2) shown to act as mechanosensors, and 3) shown to interact with GPCR. Both hypoxia and stretch have been shown to stimulate ANF release (de Bold *et al*, 1991; Lew and Baertschi, 1989), and to open cardiac K^+ _{ATP} channels (Deutsch *et al*, 1991; Van Wagoner, 1993). Blocking the K^+ _{ATP} channels impaired stretch-activated ANF release in isolated atria (Kim SH *et al*, 1997), and in an *in vivo* canine model (Chen *et al*, 2000). Taken as a whole, these results suggest that stretch stimulated opening of the K^+ _{ATP} channel, results in ANF secretion. On the other hand, it has been shown that K^+ _{ATP} channel blockers: 1) promoted mechanically stimulated ANF release from atrial cell cultures (Jiao *et al*, 2000); and 2) potentiated stretch-induced ANF release in isolated hearts (Xu *et al*, 1996). Since stretch opens these channels and is accompanied by ANF release, it follows that ANF secretion would be inhibited by blocking these channels. Moreover, it is conceivable that opening of the K^+ _{ATP} channels by stretch activates the $G_{i/o}$ proteins or that stretch may be activating some unknown receptor coupled to $G_{i/o}$ proteins, stimulating the K^+ _{ATP} channel to open. PTX treatment in the present experiments inhibits the ability for the heterotrimeric subunits to dissociate.

b. cAMP and the regulation of ANF secretion

cAMP was first identified as an intracellular effector of hormone action in 1959, and has since been implicated in intracellular signaling pathways in prokaryotic and eukaryotic cells. It is produced when a plasma membrane bound adenylyl cyclase (AC) synthesizes cAMP from ATP. Many extracellular signaling molecules control cAMP levels by binding to heterotrimeric GTP-binding coupled receptors which, in turn, alter the activity of AC (Ishikawa and Homcy, 1997). The G protein that participates in AC activation, is referred to as stimulatory G protein (Gs). The best-studied example of receptors coupled to the activation of AC, are the cardiac β -adrenergic receptors, which mediate some of the effects of adrenaline. AC is inhibited when adrenaline binds α_2 -adrenergic receptors, which are coupled to inhibitory G proteins.

G_i proteins also regulate AC, which directly affects the formation of cAMP. cAMP exerts its effects in eukaryotic cells, primarily by activating the enzyme cAMP-dependent protein kinase (PKA), which catalyzes the transfer of terminal phosphate group from ATP to specific serines or threonines of various effector proteins. Therefore, the central postulate of cAMP-mediated hormone action is that hormones regulate cAMP production, cAMP stimulates PKA, and PKA regulates cellular substrates by phosphorylation (Steinberg and Brunton, 2001). Taking into consideration the experimental results that support the involvement of G_{Vo} proteins in stretch mediated ANF release, and the regulatory role of G_{Vo} proteins for the inhibition of PKA production, it is conceivable that

PKA is involved in stretch-secretion coupling of ANF. Indeed, compounds that increase the intracellular concentrations of cAMP have been shown to affect the secretion rate of endocrine cells by stimulating PKA (Blackshear *et al*, 1988). Forskolin, a direct activator of AC, has been shown to decrease ANF release from cultured atrial cardiocytes (Iida and Page, 1988; Muir *et al*, 1993; Shields and Glembotski, 1989). In an isolated heart preparation, Ruskoaho *et al* (1990) showed that forskolin decreased stretch-stimulated ANF secretion. Recently, similar effects were found in isolated rabbit atrial preparations; AC activation with forskolin was shown to inhibit the release of ANF (Cui *et al*, 2002). The role of cAMP is controversial though; others showed that cAMP-elevating agents stimulated ANF release from cultured cardiac myocytes (Church *et al*, 1994), and sliced atria (Azizi *et al*, 1995). Nonetheless, it is conceivable that stretch activates $G_{i/o}$ proteins, which in turn inhibit AC; the net result being a permissive effect on the release of ANF. This hypothesis is supported by two recent publications. Stretch of cultured neonatal cardiac fibroblasts was found to stimulate G protein ($G_{\alpha q}$ and $G_{\alpha i1}$) activation within one minute of mechanical stress, the response being regulated by the rate and the degree of stretch (Gudi *et al*, 1998). Furthermore, Tavi *et al* (2000) showed that the concentration of cAMP did not change in stretched rat atria (Tavi *et al*, 2000). Taken together, these studies suggest that G proteins might potentiate ANF release during stretch, by inhibiting cAMP formation.

The study by Tavi *et al* (2000) also highlighted the difference of intracellular signaling in the atria compared to the ventricles. In contrast to the results by Tavi *et al* (2000) in the atria, stretch was shown to change cAMP levels in ventricular tissue such as blood perfused canine heart (Todaka *et al*, 1998), ferret papillary muscle (Calaghan *et al*, 1999), and frog ventricle (Singh, 1982). This suggests that the cAMP in the atrial tissue responds to stretch differently than ventricular tissue.

The G protein-mediated inhibition of cAMP following stretch, suggested in this thesis, provides a mechanistic explanation for the results published by de Bold and de Bold in 1989. They showed that the stretch-secretion coupling of ANF was negatively modulated by calcium (Ca^{2+}). Thus, a decrease in calcium concentration, resulted in an increase in ANF secretion. The involvement of Ca^{2+} in stretch-mediated ANF release has been controversial. In one study, stretch-secretion coupling of ANF secretion in isolated superfused rat atria was dependent on extracellular Ca^{2+} (Laine *et al*, 1996). In contrast, Ca^{2+} was shown to negatively regulate ANF stretch-secretion coupling in perfused hearts (Ito *et al*, 1988; Ruskoaho *et al*, 1990), and in isolated atria (Cui *et al*, 2002). Thus, inhibiting cAMP formation (via G_i/o protein inhibition) benefits ANF secretion by decreasing the production of PKA, which in turn indirectly decreases Ca^{2+} influx. This further suggests that Ca^{2+} is a negative regulator of the intracellular signaling pathways regulating ANF stretch-secretion coupling.

5. Endothelin-1 stimulated ANF secretion

a. Effect of ET-1

While stretch is the predominant stimulus for ANF release, Bruneau and de Bold (1994) demonstrated that ET-1 stimulation resulted in increased ANF secretion. In fact it has been shown that ET-1 is among the most potent neuroendocrine factors that stimulate ANF secretion (Bruneau and de Bold, 1994; Ogawa et al, 1999). In contrast to the ANF secretory response of cardiac muscle to stretch, Ogawa et al (1999) utilizing double-label pulse-chase experiments, showed that the secretory response to ET-1 was based on a peptide that was not newly synthesized or, newly stored ANF. This further supports the hypothesis that newly synthesized immature granules participates in the stretch response.

b. ET-1 receptor blockers

ET-1 stimulated ANF secretion occurs via binding to a single class of endothelin receptors (ET_A) in neonatal and adult atrial myocytes (Irons et al, 1993; Thibault et al, 1994; Leite et al, 1994), and neonatal rat ventricular myocytes (Hilal-Dandan et al, 1997). ET_A receptor blockade with the antagonist BQ-123 resulted in a decrease in IP₃ formation paralleled with an inhibition of ANF secretion (Irons et al, 1993). In view of the fact that ET_A receptor blockade prevented ANF release, it can be suggested that ET-1 stimulated ANF secretion was regulated at the level of the plasma membrane. Recently, Bianciotti and de Bold (2000) showed that chronic blockade of DOCA-salt-treated rats with the

selective ET-1 type-A receptor antagonist ABT-627, prevented the increase of natriuretic peptide (NP) gene expression in ventricles, but that the atria NP gene expression was unaffected. These results demonstrated two important concepts: 1) that regulation of ANF is tissue specific in the rat heart; and 2) that receptor blockade at the level of the plasma membrane did not inhibit ANF release, suggesting that an alternate regulatory mechanism exists for the release of ANF at the level of the atria.

The cardiac signaling receptors, mediating the effects of endothelin have been reported to couple with both G_q - and G_i -linked pathways (Hilal-Dandan et al, 1992, 1994). In a study conducted by Hilal-Dandan (1997), the partial inhibition of ANF-luciferase construct expression caused by PTX treatment in neonatal ventricular myocytes, stimulated by ET-1, suggested $G_{i/o}$ proteins were components of the signaling pathway activated by ET-1 to stimulate ANF secretion. These experiments, however, were conducted in cultured ventricular myocytes. Furthermore, different signaling pathways may exist in different cell types within a given tissue (Meszaros et al, 2000).

c. ET-1 and stretch

Skvorak *et al* (1997) has suggested that ET and nitrous oxide (NO) interact to regulate stretch-induced ANF secretion. Cultured endothelial cells released ET-1 immediately in response to mechanical stretch (Macarthur et al, 1994). In rat left atria preparations, endothelin significantly increased the ANF

secretion in response to stretch (Schiebinger and Greening, 1992). Perhaps, two pools of ANF granules were activated in these experiments, suggesting that $G_{i/o}$ and G_q mediated pathways can simultaneously be turned on depending on the stimulus. It was shown that cross talk between $G_{\alpha i}$ - and $G_{\alpha q}$ -coupled receptors was mediated by $G_{\beta\gamma}$ exchange (Quitterer and Lohse, 1999). It is possible that this was the mechanism by which ET enhanced stretch-stimulated secretion in the Schiebinger and Greening (1992) study. Activation of one pathway can stimulate the other. Stimulation of two $G_{\alpha i}$ -coupled receptors (the α_{2c} -adrenergic & the A1 adenosine receptors), enhanced the potency and efficacy of the signal generated by two $G_{\alpha q}$ -coupled receptors (UTP-preferring P2Y AND B_2 receptor) (Quitterer and Lohse, 1999). Cross talk between $G_{q/11}$ protein- and $G_{i/o}$ protein-coupled receptors has also been demonstrated in mouse atria stimulated with angiotensin II and bradykinin (Cox et al, 2000).

d. Endothelial cells and mechanotransduction

Stimulation of ANF release by ET-1 and stretch has been shown to be mostly independent of protein synthesis (Doubell and Thibault, 1994; Page *et al*, 1991). The ANF secretory response to stretch and ET-1 was kinetically different; while atrial muscle stretch caused an immediate increase in ANF secretion followed shortly by a return to basal levels (Ogawa *et al*, 1999; de Bold *et al*, 2001), stimulation by ET-1 resulted in a slower and more sustained hormonal release (Bruneau and de Bold, 1994; Bruneau *et al*, 1996, 1997). Following mechanical stretch, endothelial cells have been shown to sense the change in

transmural pressure, stimulating the cells to release vasoconstrictors and relaxant factors (Rubanyi *et al*, 1990; Ruskuaho *et al*, 1997). Macarthur *et al* (1994) showed that stretching of bovine aortic endothelial cells resulted in the immediate and sustained release of ET-1. In an isolated rat heart preparation, infusion of ET stimulated both basal and stretch-stimulated ANF release (Mäntymaa *et al*, 1990). Thus, it is reasonable to suggest that atrial endothelial cells respond to mechanical stimulation by releasing endothelial factors that act via paracrine/autocrine signaling on ANF secretion in cardiocytes. However, the kinetics of release by these factors, where known, is different from that of stretch-secretion coupling.

In another isolated atria model, locally produced ET-1 acted through paracrine mechanisms to regulate the endocrine response of ANF to stretch and anoxia (Skvorak *et al*, 1995, 1996). However, two caveats must be considered: 1) different hormone secretion pathways may exist in the ventricles; and 2) the atrial cell culture experiments may not preserve the signaling interactions between the different types of cells in whole tissue. A number of studies have showed differences in the transmembrane signaling processes in whole ventricles compared to isolated ventricular myocytes (Chesley *et al*, 2000; Buxton *et al*, 1985; Hilal-Dandan *et al*, 1992; Ishihata and Endoh, 1995). Moreover, the interactions between different cell types have physiological significance, since paracrine signaling plays a significant endocrine role in the heart.

6. Mastoparan-7 stimulated ANF secretion

Since inhibiting the $G_{i/o}$ proteins eliminate the stretch-stimulated ANF response, it can be hypothesized that stimulating the $G_{i/o}$ proteins might increase ANF secretion. In the pancreas, a class of compounds known as mastoparans has been shown to stimulate insulin secretion by signaling through heterotrimeric G proteins (Robertson et al, 1991). It is thought that MAS exerts its effects by acting through heterotrimeric G proteins localized in the membrane (Higashijima *et al*, 1990; Sukumar and Higashijima, 1992). A cross-linking study found a binding site for MAS on the amino terminus of the α -subunits of G-proteins (Higashijima and Ross, 1991). Moreover, MAS was shown to selectively activate $G_{i/o}$ proteins (Higashijima et al, 1990).

MAS-7 was selected because it was an analogue with 5-fold greater potency than MAS (obtained by substituting Ala for Lys in position 12) ((Higashijima et al, 1990). Secondly, PTX had been shown to block MAS stimulated insulin secretion (Konrad *et al*, 1995). Thirdly, Ross et al (1994) had showed that MAS-7 accelerated the GTP/GDP nucleotide exchange of the $G_{\alpha o}$ subunit more than 30-fold. G_o proteins were of interest because the immunofluorescent staining experiments suggested that $G_{\alpha o}$ was the inhibitory G protein colocalizing with ANF. As a result, MAS-7 was deemed the appropriate compound to test the hypothesis that stimulating $G_{i/o}$ proteins would promote ANF release. As discussed earlier, it was suggested that the regulatory mechanism of stretch-secretion coupling involved the activation of $G_{i/o}$ proteins.

Stimulation of ANF secretion with MAS-7 and attenuation of this secretion with PTX support the involvement of $G_{i/o}$ proteins in ANF secretion (Figure 11). However, PTX only attenuated ANF secretion stimulated by MAS-7 and did not completely inhibit hormone release. This suggests MAS-7 is also acting on a PTX-insensitive hormone-releasing pathway.

A recent publication suggested that MAS-7 possessed membrane-perturbing properties that affected the lipid composition of L1210 cells (Park et al, 2000). Increases in free fatty acids and phosphatidylethanol as well as a decrease of phosphatidylcholine were among the effects measured in these cells following MAS-7 treatment (Park et al, 2000). Others have reported that MAS-7 acted by the induction of membrane pore formation (Suh et al, 1996, 1998). In insulin secreting β -TC3 cells, MAS had also been shown to cause lysis of the plasma membrane at high concentrations (Lorenzo et al, 1994). Nevertheless, Konrad et al (1995) showed that MAS acted selectively via G_i proteins to stimulate insulin release from β -TC3 cells, and that release was not due to lytic toxicity.

In the present experiments, two observations suggest that the cardiocytes were not lysed. First, MAS-7 stimulated ANF secretion was attenuated by PTX. Secondly, ANF secretion returned to basal levels upon removal of MAS-7 from the perfusate. A nonspecific destruction of the cell membrane, would prevent return to basal ANF levels. The current data,

however, cannot rule out the possibility that MAS-7 caused pore formation in the plasma membrane of the cardiocytes. The partial inhibition of MAS-7-induced ANF release by PTX, suggests that there maybe a specific effect on G_{ν} proteins, and a non-specific effect due to perturbation of the membrane and muscle.

6. CONCLUSION

In summary, this study demonstrates that pertussis toxin ($G_{i/o}$ antagonist) eliminated the stretch-coupled ANF secretion and that mastoparan-7 ($G_{i/o}$ agonist) potently stimulated ANF secretion. These results support the hypothesis that interference with G protein signaling impairs stretch-mediated ANF release. They further suggest that $G_{i/o}$ proteins are involved in the secretory pathways regulating ANF release. The co-localization of $G_{\alpha o}$ with ANF storage granules provides a possible source of hormone regulation within the cardiocyte. In addition, the inability to inhibit ET-1 stimulated ANF secretion suggests multiple signaling pathways regulate ANF secretion. Mechanical (stretch) and autocrine/paracrine (ET-1) stimuli of ANF secretion do not seem to share a common $G_{i/o}$ protein regulatory mechanism. Taken together, both the hypothesis that stretch-stimulated secretion involves SGs regulated by heterotrimeric G proteins, and the localization of this control (SGs vs. plasma membrane), require further investigation.

7. FUTURE DIRECTIONS

A number of experiments would clarify some of the issues raised in this thesis. To test the hypothesis that different pools of SGs exist, immunofluorescent microscopy could be utilized. In such an experiment, antibodies to various marker proteins that have been located on the immature SGs could be used to distinguish immature SGs from mature SGs. For example, a clathrin coat has only been found on ISGs and not on MSGs (Urbé *et al*, 1997), which provides a way of distinguishing ISGs from MSGs. Furthermore, the predominant variant of clathrin light chains (LCa and LCb) found in cells with a regulated pathway was LCb (Acton and Brodsky, 1990). These findings indicate that regulated, as opposed to constitutively released, SGs could be separated based on the LCb proteins found in their membranes.

The experimental strategy would involve a combination of Western blot analysis, two-dimensional sodium dodecyl sulfate polyacrylamide gel electrophoresis/isoelectric focusing, and light and electron microscopic immunocytochemistry to study tissue sections of rat atria. A clathrin light LCb polyclonal antibody combined with a G protein antibody could help determine: 1) which SGs are ISGs, 2) which SGs contain the inhibitory G proteins, and 3) which pathway is utilized by the ISGs. Double immunofluorescence confocal microscopy and double label electron microscopic immunogold localizations using ANF, G_{Vo} protein, and clathrin coat antibodies would provide further insight

into the perinuclear location of these ISGs. Unlike other clathrin-coated vesicles, ISGs possess the unique property that their clathrin coat appears discontinuous when observed by electron microscopy (Orci, 1982; Orci *et al*, 1984).

In the present experiments, PTX was used to inhibit the G_{V_0} proteins in atrial cardiocytes. A key issue that needs to be addressed is which G proteins were ADP-ribosylated by pretreatment with this pharmacological agent. While the ADP-ribosylation results clearly show that the G_{V_0} proteins were inhibited with the selected dose of PTX (40 $\mu\text{g}/\text{kg}$), pinpointing the location of the inhibitory G proteins affected by this treatment would provide crucial information about the intracellular pathways regulating ANF secretion. It has been suggested that PTX is transported to the Golgi apparatus, and back to the plasma membrane (Xu and Barbieri, 1995). This raises the interesting possibility that G proteins in the Golgi, the SGs, as well as the plasma membrane were targets for this toxin. At the plasma membrane, PTX has been shown to interact with a specific carbohydrate sequence (Brennan *et al*, 1988). Hence, determining which receptor(s) were acting as the point of attachment for PTX may yield information about the receptor(s) participating in stretch-secretion coupling. Searching for the presence of this glycoprotein sequence in plasma membrane cardiac receptors could implicate receptors that have not been considered. These types of protein-protein interaction studies could conceivably yield which G_{V_0} proteins (at the plasma membrane, SGs, or Golgi) are primarily involved in ANF stretch-secretion coupling.

Another concern in the experiments was the reported lytic properties of MAS-7. This issue raised the possibility that the ANF secretion following MAS-7 infusion may have been the result of ANF SGs leaking out into the perfusate. Evaluating this possibility could be accomplished in two ways. First, the physiological responsiveness of the atria to known stimuli could be assessed following MAS-7 treatment. If the integrity of the cell membranes were compromised, the cardiocytes would be unable to exhibit the well-documented ANF secretory response to stretch. Thus, the atria could be stretched after MAS-7 infusion had been stopped. Maintenance of the stretch response would suggest that the cardiocytes were not damaged. Second, leakage could also be examined by determining if leakage of marker enzymes of myocardial damage had occurred.

In the discussion, ATP-sensitive potassium channels and cAMP were suggested as possible players in the mechanism of stretch-secretion coupling. Measuring cAMP, and PKA in the experiments at hand could have helped in accepting or rejecting this hypothesis. Furthermore, it could be interesting to evaluate the effect of PTX and MAS-7 on cAMP concentrations; utilizing a cAMP radioimmunoassay, cAMP levels could be measured in the perfusate of pharmacologically treated atria, which were stretched or not stretched. Moreover, K^+_{ATP} channel blockers and activators have been tested in numerous models to evaluate their involvement in stretch-secretion coupling. It would be

interesting to test the involvement of these ion channels in the isolated atria preparation, in conjunction with the treatments shown in the present experiments thus far.

8. PERSPECTIVES

To date, mechanism(s) for stretch-secretion coupling have not been unraveled for atrial cardiocytes. This task has become increasingly challenging as it has become clear that there is not an all-encompassing intracellular model regulating exocytosis in endocrine cells. Differences are apparent even within the same organ, such as the differences seen in natriuretic peptide secretion in the atria compared to that in the cardiac ventricles. Evidently, every cell is specialized to perform different functions. Nonetheless, the presence of G_{Vo} proteins in numerous endocrine and exocrine cells, supports the possibility that hormone-secreting cells share a common G_{Vo} protein regulatory mechanism.

Cells have evolved with numerous redundant pathways. The essential feature of heterotrimeric G proteins is that, they serve as molecular switches, and act as a point of regulatory convergence for many pathways in the cells. Pharmacological inhibition of G_{Vo} proteins has demonstrated that they are involved in the intracellular pathways regulating stretch-stimulated ANF release. As research in the area of G protein signaling carries on, the list of systemic functions associated with these proteins continues to grow (Neves *et al*, 2002). The next step involves establishing which effectors are regulated by G_{Vo} proteins in ANF stretch-secretion coupling. Many researchers have outlined candidate effectors involved in stretch-secretion coupling. Perhaps no individual effector

functions alone in this process; rather these effectors may be operating in unison, a possibility, which will be solved with further research.

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