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Review

Proton-sensing and lysolipid-sensitive G-protein-coupled receptors: A novel type of multi-functional receptors

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Abstract

OGR1, GPR4, G2A, and TDAG8 share 40% to 50% homology with each other and seem to form a family of GPCRs. They have been described as receptors for lipid molecules such as sphingosylphosphorylcholine, lysophosphatidylcholine, and psychosine. Recent studies, however, have revealed that these receptors also sense extracellular protons or pH through histidine residues of receptors and stimulate a variety of intracellular signaling pathways through several species of hetero-trimeric G-proteins, including G_s , G_i , G_q , and $G_{12/13}$. Thus, this family of GPCR seems to recognize both lipid molecules and protons as ligands. Although our knowledge of proton-sensing and lysolipid-sensitive GPCRs is preliminary, the receptor levels and ligand levels especially protons are both sensitively modulated in response to a variety of microenvironmental changes. These results suggest a multiple role of proton-sensing GPCRs in a variety of physiological and pathophysiological states.

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Keywords: Proton-sensing GPCR; Acidosis; OGR1; GPR4; G2A; TDAG8; Psychosine; Lysolipid

Contents

1.	Introduction	1467
		1468
		1468
		1468
		1469
	2.4. TDAG8	1469
	2.5. Other GPCRs	1470
3.	Molecular mechanism of proton-sensing	1470
4.	Dual action modes of lysolipids	1471
5.	Potential physiological and pathophysiological roles	1472
		1473
	5.2. Immune system	1473
	5.3. Vascular system	1474
	5.4. Inflammation	1474

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Abbreviations: OGR1, ovarian cancer G-protein-coupled receptor 1; TDAG8, T-cell death-associated gene 8; GPCR, G-protein-coupled receptor; SPC, sphingosylphosphorylcholine; LPC, lysophosphatidylcholine; PTX, pertussis toxin; $[Ca^{2^+}]_i$, intracellular calcium concentration; ERK, extracellular signal-regulated kinase; TNF- α , tumor necrosis factor- α ; CaR, calcium-sensing receptor.

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6. Concluding remarks	1475
Acknowledgments	
References	1475

1. Introduction

OGR1 (ovarian cancer G-protein-coupled receptor 1) and GPR4 were previously described as G-protein-coupled

receptors (GPCRs) for sphingosylphosphorylcholine (SPC) and lysophosphatidylcholine (LPC) [1,2]. Ludwig et al. [3], however, discovered that these receptors sense extracellular protons through histidine residues of receptors and are

Table 1
Expression, ligand, signaling mechanism, and function of proton-sensing and lysolipid-sensitive G-protein-coupled receptors

		OGR1	GPR4	G2A	TDAG8
	Expression	Spleen, testis, heart, brain, placenta, lung, bone tissue	Ovary, liver, lung, kidney, lymph node, subthalamic nucleus	Lymphoid tissues (spleen and thymus), T- and B-lymphocytes, monocyte, macrophage	Lymphoid tissues (leukocytes, spleen, lymphonodes, thymus)
Ligand	Induction	Not known	TNF- α (endothelial cell)	DNA-damaging agents, BCR-Abl tyrosine kinase	Activation of T-cells (anti-T-cell receptor- antibodies), glucocorticoids, PMA plus ionomycin
	Refs.	[1,8]	[13,14]	[17,18]	[25-27]
Lipid	Agonist G-protein Signal	$\begin{array}{l} SPC \\ G_i, \ G_q \\ Ca^{2+} \ mobilization, \\ ERK \ activation \end{array}$	SPC, LPC G _i , Ca ²⁺ mobilization, ERK activation, Rho activation	LPC, (SPC) Gq _{/11} , G _{12/13} Rho activation	Psychosine G_i , G_q cAMP inhibition, Ca^{2+} mobilization
	Function	Inhibition of proliferation	Migration, proliferation	Migration of T-cell and macrophage	Multi-nuclea formation, apoptosis
	Binding affinity (K_d)	SPC; 33.3 nM	SPC; 36 nM: LPC; 159 nM		Not examined
	Ref.	[9]	[13]	[19-22]	[7,28]
Proton	Agonist Antagonist G-protein Signal	Proton Psychosine, SPC G_q Phospholipase C/Ca ²⁺	$\begin{array}{l} Psychosine \\ G_s \\ cAMP \ accumulation \end{array}$	LPC G _q , G _{12/13} Phospholipase C/Ca ²⁺ , Rho activation, cAMP accumulation	Psychosine, SPC G _s , G _{12/13} (?) cAMP accumulation
	Function	Bone resorption (?)	?	Actin rearrangement	Apoptosis of thymus (?), actin rearrangement
	Threshold pH Ref.	7.6–7.4 [3,5,12,29]	7.6–7.4 [3,5,29]	<8.0 [4,29]	7.6–7.4 [5,6,29]
Ligand not identified	Agonist G-protein Signal	Not identified	Multiple G-proteins Stimulation of SRE-, NFAT- and CRE-driven transcription, ERK inhibition	Gq _{/11} , G ₁₃ , G ₈ Phospholipase C/Ca ²⁺ , Rho activation, cAMP accumulation	Multiple G-proteins Stimulation of SRE- and CRE-driven transcription
	Function		Transformation	Cell cycle arrest, actin rearrangement, apotheosis of lymphocytes, transformation	Transformation
	Phenotype of KO mouse	?	?	Late-onset autoimmune syndrome	Not reported
	Ref.		[15,16]	[18,23,24,64]	[16,29]

G2A was previously reported to be a receptor for LPC and SPC [19], in which LPC and SPC bound to G2A with a binding affinity of 65 nM for LPC and 230 nM for SPC, and stimulated phospholipase C and ERK in G2A-expressing cells. However, the paper was later retracted [20]. SRE, serum response element; NFAT, Nuclear Factor of Activated T-cell; and CRE, cAMP response element.

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