

The role of intracellular messengers in adrenocorticotropin secretion in vitro

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Summary. Adrenocorticotropin (ACTH), an opiomelanocortin peptide, is secreted from anterior pituitary corticotrophs upon stimulation with corticotropin-releasing hormone (CRH), arginine vasopressin (AVP) and several other neuropeptides. CRH, the most potent secretagogue of ACTH, stimulates ACTH secretion and biosynthesis by increasing the production of cyclic adenosine 3',5'-monophosphate (cAMP) within corticotrophs. AVP, which is a weak secretagogue of ACTH but strongly potentiates CRH-stimulated ACTH secretion, operates through the phosphatidylinositol (PI) transduction pathway. Both CRH and AVP increase cytosolic free $[Ca^{2+}]$ within normal corticotrophs indicating a role for Ca^{2+} in ACTH secretion. Glucocorticoids inhibit ACTH synthesis by suppressing transcription of the proopiomelanocortin (POMC) gene and attenuate ACTH release by decreasing cAMP accumulation stimulated by CRH. This review focuses on the roles of these intracellular messengers in ACTH secretion from normal anterior pituitary cells in vitro, and discusses the possible interactions between the cAMP, calcium and PI transduction pathways. Future areas of research are suggested such as identification of protein substrates of cAMP-dependent and Ca^{2+} -dependent kinases within normal corticotrophs and evaluation of their role in ACTH biosynthesis and secretion.

Key words. Opiomelanocortin; cyclic adenosine 3',5'-monophosphate (cAMP); calcium; phosphatidylinositol (PI); glucocorticoids.

Introduction

Several previous reviews have evaluated the role of neuropeptides in the secretion of opiomelanocortin peptides from the anterior pituitary gland^{10, 55, 77, 80, 106, 139, 149, 182}. The present review is different in that it focuses on the intracellular pathways which regulate opiomelanocortin secretion from normal anterior pituitary corticotrophs in vitro as well as on the possible interactions between transduction pathways. Experiments on the homogenous corticotrophic AtT-20 mouse tumor cell line, reviewed in full elsewhere^{15, 140}, will provide further insight when data from normal anterior pituitary cells is insufficient.

Summary of the hypothalamo-hypophysial control of opiomelanocortin secretion

The anterior pituitary gland possesses a heterogeneous cell population which includes gonadotrophs, somatotrophs, mammatrophs and thyrotrophs as well as adrenocorticotropin-secreting corticotrophs¹²⁰. Corticotrophs comprise 8–15% of the cells in the rat anterior pituitary gland^{121, 194}, are located in clusters¹¹⁵ and most are stellate with processes extending between neighboring cells^{92, 120, 194} which are frequently growth hormone cells^{120, 160}. This morphology suggests an interaction between corticotrophs and other cells of the anterior pituitary, although this has not been documented. Adrenocorticotropin (ACTH) belongs to a family of peptides derived from a common precursor protein encoded by the pro-opiomelanocortin (POMC) gene^{40, 77, 104, 106, 107}. This gene is strongly expressed in the anterior and intermediate pituitary gland, with lesser amounts

found in other tissues including the arcuate nucleus and the adrenal medulla⁷⁷. The bovine¹²², human^{41, 175}, mouse^{126, 181} and rat⁵¹ POMC genes have been cloned or sequenced. The human POMC gene is approximately 11.6 kilobases long and consists of three exons, the second and third exons encode the opiomelanocortin peptides^{41, 77, 106}. DNA sequences upstream from the POMC gene have been identified as glucocorticoid receptor binding sites⁵¹. Their occupancy probably accounts for the inhibition of POMC gene transcription by glucocorticoids discussed below. The synthesis and processing of the POMC protein are similar to that described for other proteins¹³³. The POMC gene is first transcribed into heteronuclear RNA which is spliced into mature messenger RNA (mRNA)⁷⁷. The POMC mRNA then leaves the nucleus and, as indicated by studies on AtT-20 tumor cells¹⁵⁰, is translated on ribosomes associated with the endoplasmic reticulum (ER) into a pre-POMC protein. The pre-POMC protein enters the ER co-translationally, having its signal sequence cleaved off as it enters and forms the pro-POMC precursor protein^{74, 77}. The pro-POMC protein then undergoes several enzymatic modifications including glycosylation of asparagine residues^{74, 75, 151} and phosphorylation of serine residues⁵⁴. These modifications lead to the formation of the POMC precursor which is transported to the Golgi apparatus, packaged into secretory granules and cleaved into opiomelanocortin peptides^{75, 77, 107, 151}. The cleavage pattern of the POMC precursor protein is tissue specific. In anterior pituitary corticotrophs, it is cleaved into ACTH, β -lipotropin (β -LPH) and small amounts of β -endorphin^{40, 77, 104, 106, 107}. In the intermediate lobe and other tissues, the processing continues to form α -melanocyte-stimulating hormone (α -MSH) and corti-

cortropin-like intermediate lobe peptide from ACTH and γ -LPH and β -endorphin from β -LPH^{77, 106, 107}. Other peptides such as γ -MSH are cleaved from the N-terminal portion of the POMC precursor^{77, 107, 122} and are thought to potentiate ACTH-induced glucocorticoid synthesis in the adrenal cortex¹⁰³. Opiomelanocortin peptides are stored within membrane-bound granules located mainly along the plasma membrane^{92, 115, 120, 194}. Upon stimulation with secretagogues, opiomelanocortin peptides are released concomitantly in equimolar amounts^{9, 183}.

ACTH secretion *in vivo* is induced by various physiological and psychological perturbations including hemorrhage⁶⁰, inflammation²⁷, hypoglycemia^{78, 135} and several types of stress^{62, 148, 174}. ACTH release in response to stress is mediated by several hypothalamic peptides including corticotropin-releasing hormone (CRH), arginine vasopressin (AVP) and oxytocin (OXT), which are released into the portal blood following restraint, cold and ether stress⁶². Further indicating that CRH and AVP stimulate ACTH secretion during stress, immunoneutralization of CRH or AVP decreases ACTH release induced by restraint or ether stress by 75% and 50%, respectively^{147, 178}. ACTH induces the release of glucocorticoids from the adrenal cortex which, in turn, act at multiple sites to alleviate the physiological condition which stimulated ACTH release^{83, 85, 117}. In addition to acting on numerous peripheral targets⁸³, glucocorticoids feed back onto the hypothalamus and anterior pituitary gland to attenuate ACTH secretion^{45, 57, 85, 158} (fig. 1). Glucocorticoids also bind to limbic and autonomic centers in the brain¹¹⁰, areas which project to the PVN⁸⁰. The mechanisms of action of glucocorticoids are discussed in a later section.

ACTH secretion *in vitro* is also stimulated by CRH, AVP and OXT^{10, 17, 23, 55, 77, 80, 106, 139, 149, 182, 184}. CRH, a 41 residue peptide, is the physiological hypothalamic-releasing factor for opiomelanocortin peptides from the anterior pituitary gland¹⁸⁴. CRH is synthesized albeit not exclusively, in the parvocellular paraventricular nucleus (PVN) of the hypothalamus^{14, 124, 130, 173}. These neurons project to the median eminence^{28, 124, 130} and release CRH into the portal vessels⁶³ (fig. 1). The concentration of CRH detected in the portal blood of anesthetized rats is 0.1 nM⁶³. This concentration is identical to that necessary for significant stimulation of ACTH secretion by CRH *in vitro*¹⁸⁴. Several neurotransmitters, including acetylcholine, serotonin and catecholamines, have been proposed to stimulate CRH release from the PVN⁸⁰, but the precise role each plays in ACTH secretion is unknown. The best evidence is for the catecholamines which recently have been shown to stimulate CRH release from cultured hypothalamic cells from new born rats through β -adrenergic mechanisms²⁰⁰. Radiolabeled CRH binds to anterior pituitary cells of rats^{7, 47, 91, 204} and humans⁴⁸ with a K_d of approximately 1 nM. CRH appears to bind exclusively to corti-

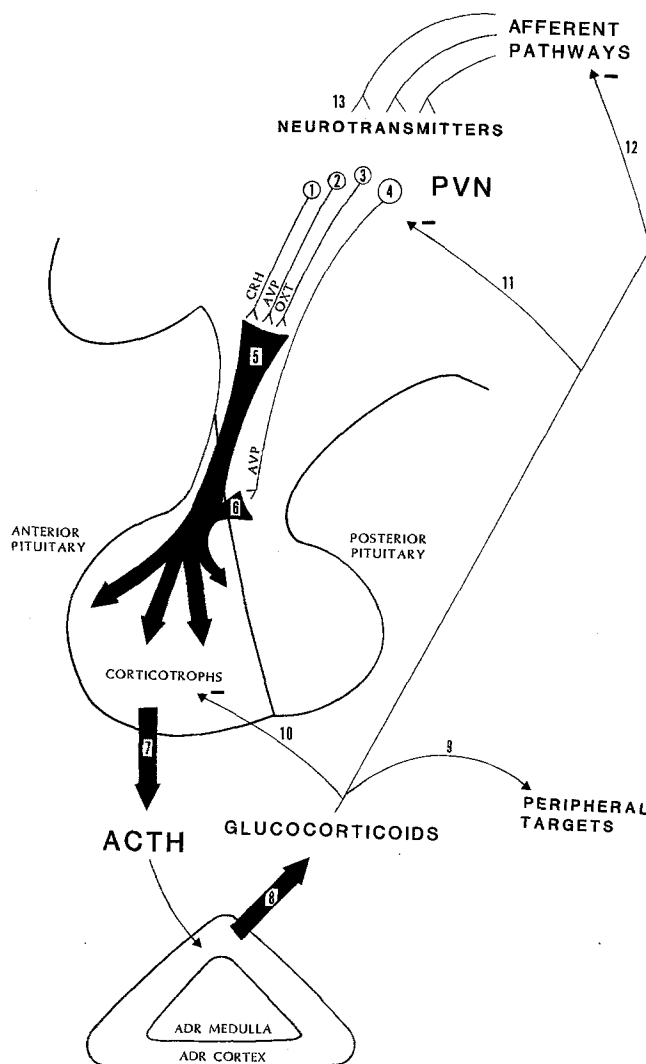


Figure 1. Hypothalamic control of ACTH secretion from the anterior pituitary gland. Numbers in figure refer to numbers in brackets cited below. Corticotropin-releasing hormone (CRH) [1], arginine vasopressin (AVP) [2] and oxytocin (OXT) [3] are synthesized in the parvocellular paraventricular nucleus (PVN) of the hypothalamus^{14, 28, 49, 124, 130, 155, 156, 173, 188, 187, 205}, and are released from nerve terminals in the median eminence into the portal blood [5]^{62, 63, 129}. AVP is also synthesized in magnocellular neurons of the PVN [4]^{49, 186, 187, 205}, which project to the posterior pituitary^{30, 145}, and may release AVP into short portal vessels. Some of these may join the long portal vessels at the base of the infundibular stalk [6] (Baertschi, unpublished observations). AVP and OXT are co-localized with CRH within cells of the PVN, but the degree of co-localization is controversial^{155, 156, 196}. The small contribution of catecholamines in portal blood in the control of ACTH secretion⁸⁰ is not represented. The release of CRH, AVP and OXT from the PVN is regulated by several neurotransmitters, including acetylcholine, serotonin and catecholamines, which are released from impinging afferent fibers [13]⁸⁰. CRH, AVP and OXT stimulate ACTH secretion from anterior pituitary corticotrophs [7]^{10, 17, 23, 55, 77, 106, 139, 149, 182, 184}. ACTH induces the release of glucocorticoids from the adrenal cortex [8]^{83, 85, 117} which, in addition to acting on peripheral targets [9]⁸³, feed back onto anterior pituitary corticotrophs [10] and the hypothalamus [11] to inhibit ACTH secretion^{43, 57, 83, 85, 110, 117, 158}. Glucocorticoids also bind to limbic and autonomic centers in the brain [12]¹¹⁰, areas which give rise to afferent pathways which terminate on the PVN⁸⁰. The minor contribution of peripheral catecholamines⁷⁸, the possible role of lymphokines^{27, 77} and control of intermediate lobe corticotrophs are not represented.

cotrophs^{98,195} and to induce the accumulation of cyclic adenosine 3',5'-monophosphate (cAMP)^{66,67,93,95} through the recruitment of membrane-bound guanine nucleotide-binding proteins (G-proteins)^{7,134}.

AVP and OXT are synthesized within cells of the magnocellular hypothalamic nuclei as well as the parvocellular PVN^{49,155,156,186,187,205}. In general, the parvocellular neurons project to the median eminence^{49,186,187,205} releasing AVP and OXT into the portal blood^{62,129}, while magnocellular neurons project to the posterior pituitary gland^{30,145} (fig. 1). Posterior pituitary AVP may reach the anterior pituitary gland^{16,19}, possibly through short portal vessels which join the long portal vessels at the base of the infundibular stalk (fig. 1) (Baertschi, unpublished observations). The distribution of AVP, OXT and CRH neurons within the hypothalamus shows some overlap^{28,72,82,155,156}, but there is little evidence for co-localization of CRH with either AVP or OXT within hypothalamic cell bodies in normal rats¹⁵⁵. In rats treated with colchicine, which enhances peptide staining in cell bodies, OXT and CRH are co-localized in a small number of supraoptic neurons and in 40% of the oxytocin neurons of the anterior magnocellular PVN^{155,156}. The degree of co-localization of AVP and CRH is controversial. One group identifies less than 3% double-stained cell bodies^{155,156}, while another group reports that AVP and CRH are co-localized in about half of the CRH neurons within the PVN¹⁹⁶. This latter group also finds AVP and CRH within the same axons and terminals in the median eminence of normal rats^{197,198}. The reasons for the discrepancy are not clear, but may be due to different antisera used. Adrenalectomy, which increases the number of detectable CRH and AVP neurons in the PVN^{154-156,167}, does not influence the co-localization of OXT and CRH, but increases the number of PVN cells double-stained for CRH and AVP from 3% to 70%¹⁵⁴. This is presumably due to the removal of glucocorticoid feedback which suppresses CRH and AVP synthesis in the hypothalamus^{85,154}. The co-localization of CRH and AVP or OXT is significant because co-release of AVP or OXT with CRH would potentiate ACTH secretion (see below).

Tritium-labeled AVP binds to a single class of specific receptors on anterior pituitary cells with a K_d of approximately 1 nM^{87,90,166}, and as discussed below, stimulates ACTH secretion through the phosphatidylinositol (PI) transduction pathway^{71,138,179}. As determined with the reverse hemolytic plaque assay, 80–90% of plaque-forming cells (ACTH cells) and approximately 20% of the nonplaque-forming cells from the anterior pituitary gland bind AVP³⁹. These results suggest that most corticotrophs express the AVP receptor. Anterior pituitary AVP receptors are functionally distinct from AVP receptors identified in other tissues^{13,17,87,88}, suggesting that pituitary AVP receptors are of a novel (V_3) type. Biochemical evidence for different receptor subtypes is not yet available. OXT competitively binds to

AVP receptors with a K_d of 4–8 nM^{13,90} and at 0.05 nM significantly stimulates ACTH secretion^{17,23} through the PI pathway¹⁷⁹.

Several other peptides modulate ACTH secretion from anterior pituitary corticotrophs as well. Angiotensin II (AII) binds to specific receptors on corticotrophs with a K_d of 2 nM¹³² and at 1 nM stimulates PI turnover⁷¹. It is thought that 10 nM AII potentiates CRH-stimulated ACTH release^{3,159}, although it appears to be much less effective than AVP or OXT¹⁷. Catecholamines, at 5 nM, also stimulate ACTH secretion from cultured anterior pituitary cells, but these effects appear to be additive to and not synergistic with CRH⁶⁵. Nanomolar concentrations of vasoactive intestinal peptide¹⁹³ and somatostatin^{143,146} stimulate and inhibit ACTH release from AtT-20 cells respectively but, concentrations of 10 nM and 200 nM, have no significant effects on normal cells^{8,17}. The existence of a hypothalamic peptide inhibitor of ACTH secretion from normal anterior pituitary corticotrophs has been proposed by Sayers and colleagues¹⁵⁷, but such a peptide has not yet been conclusively identified. An atrial natriuretic factor, α -ANF[1–28]⁸⁶, and delta-sleep-inducing peptide¹²⁸ inhibit CRH-stimulated ACTH secretion from normal anterior pituitary cells, but further studies are necessary to prove a physiological role for these peptides.

The hypothalamo-hypophysial control of opiomelanocortin secretion from normal anterior pituitary corticotrophs is summarized in figure 1. In view of the fact that CRH and neurohypophysial peptides are the most potent modulators of POMC synthesis and opiomelanocortin secretion, this review focuses on the intracellular pathways initiated by these peptides.

Role of the cAMP pathway

Since its discovery in hepatic tissue over 30 years ago¹⁷⁰, cAMP has been detected in numerous cell types¹⁷¹. Its role is that of a classic second messenger: to initiate a cascade of intracellular events leading to a physiological response^{123,152,170}. cAMP is synthesized from ATP by adenylate cyclase, an enzyme located predominantly on the inner face of the plasma membrane^{33,152}. The activity of adenylate cyclase is modulated by receptors through the agency of G-proteins³³. Guanine nucleotides apparently decrease the binding affinity of G-protein-linked receptors for hormone by altering the equilibrium between high- and low-affinity forms of the receptor³³. This can be used to ascertain whether a receptor is linked to a G-protein and, in fact, has been used to demonstrate that CRH receptors are linked to a G-protein which stimulates adenylate cyclase, presumably G_s ^{7,134}. CRH binding to bovine and monkey anterior pituitary membranes is decreased 75% by Gpp(NH)p, a nonhydrolyzable guanine nucleotide¹³⁴. The first demonstration that cAMP may be involved in ACTH secretion was by Fleischer and colleagues⁵⁶ who

stimulated ACTH release from rat anterior pituitary halves by 2-fold with a 1-h exposure to 5 mM theophylline, an inhibitor of the phosphodiesterase responsible for cAMP degradation¹⁷⁰. cAMP accumulation within the anterior pituitary fragments increased by 3-fold over baseline during the same 1-h period, suggesting that cAMP-dependent processes were responsible for the ACTH release. Other investigators have reported similar results in culture, using 0.6–10 mM theophylline or 50–400 μ M 3-isobutylmethylxanthine^{164, 182, 183}. Since methylxanthines at 5 μ M have subsequently been shown to be purinergic (P1) receptor antagonists³¹, these results should be evaluated with caution. DibutylcAMP⁵⁶ and 8-bromo-cAMP^{7, 164, 182}, cAMP analogs that penetrate the plasma membrane, stimulate ACTH release by 3–5-fold over 3 h of incubation, demonstrating that cAMP can initiate ACTH secretion. Providing further evidence for the involvement of the cAMP transduction pathway, forskolin^{20, 164}, a direct activator of adenylate cyclase, and cholera toxin⁷, an activator of G_s , also stimulate ACTH release from cultured anterior pituitary cells.

At nanomolar concentrations, CRH stimulates adenylate cyclase activity and cAMP accumulation in cultured anterior pituitary cells^{44, 67, 93, 95, 164}. Intracellular cAMP levels increase by 1–2.5-fold within 60 s of CRH application, reach a maximum of between 4–13-fold within the next 10 min and then slowly decrease, leveling off at 1–6-fold basal levels over the next 3 h^{44, 67, 93, 95, 164}. cAMP accumulation stimulated by CRH is increased by GTP^{7, 93} supporting the hypothesis that CRH receptors are linked to adenylate cyclase through a G-protein, presumably G_s . CRH also stimulates cAMP accumulation in isolated plasma membranes from rat anterior pituitary homogenates^{7, 93, 95}, suggesting that CRH increases cAMP accumulation by stimulating production and not by decreasing degradation. ACTH secretion stimulated by CRH in vitro is biphasic with a rapid rate of secretion, about 3–6-fold basal, for the first 30–60 min, followed by a slower, sustained release which can last for over 4 h^{2, 67, 86, 199}. The initial increase in ACTH release is extremely rapid, detectable within 60 s of exposure to CRH in culture¹⁹⁹, within 6–12 s in cell columns¹¹⁶ and within 5 s in a microperfusion system¹⁹².

Upon stimulation by CRH, corticotrophs undergo a 40–67% increase in cell area accompanied by a decrease in patches of ACTH immunostain within the cells^{92, 194}, implying the incorporation of vesicles into the plasma membrane. This suggests that CRH increases secretion of ACTH by stimulating exocytosis. In addition to ACTH secretion, POMC biosynthesis in dispersed anterior pituitary cells is increased by CRH^{53, 102, 169, 185}, cAMP analogs^{53, 101}, forskolin¹⁰¹, cholera toxin¹⁰¹ and phosphodiesterase inhibitors¹⁰¹. Total ACTH content of anterior pituitary cultures (cellular stores plus that secreted into the medium) is increased 30% by a

24 h incubation with 100 nM CRH and 3-fold after 8 days¹⁸⁵. Significant increases in POMC mRNA levels of between 20% and 50% have been reported after only 3–8 h of incubation with 1–5 nM CRH^{102, 169} and the rate of POMC gene transcription is increased 2–4-fold within only 5–15 min^{53, 58}.

The mechanisms by which cAMP increases ACTH biosynthesis and secretion are uncertain. Since cAMP accumulation in anterior pituitary cells is correlated with a dose-related increase in A-kinase activity^{7, 8}, protein phosphorylation may mediate these events¹²³. Activation of A-kinase may be an essential step for increasing ACTH secretion and biosynthesis as elegantly demonstrated by Reisine and co-workers^{141, 142}, who delivered an A-kinase inhibitor (Walsh inhibitor) into AtT-20 cells using liposomes. Inhibition of A-kinase decreased ACTH release stimulated by 100 nM CRH, 8-bromo-cAMP, isoproterenol and forskolin without altering the effects of K^+ and phorbol ester. Basal and stimulated POMC biosynthesis were also decreased by the A-kinase inhibitor¹⁴¹.

The identity and function of the substrates of A-kinase within corticotrophs, and therefore, the precise mechanisms by which A-kinase modulates ACTH secretion and biosynthesis are undetermined. In homogenates of bovine anterior pituitaries⁷⁹ and in rat anterior pituitary cells⁷, cAMP induces the phosphorylation of at least four different proteins, including at least one histone. A more detailed description of substrates of A-kinase has recently been obtained with AtT-20 cells¹⁵³. In these cells, A-kinase phosphorylates two cytoplasmic proteins of 24 kilodaltons (kDa) and 40 kDa, two membrane-bound proteins of 32 and 60 kDa and one 30 kDa nuclear protein. The functions of these proteins remain to be elucidated, but it is possible that these proteins modulate POMC transcription, translation, processing and/or ACTH release (fig. 2).

Peptides which act through G_i , the G-protein which inhibits adenylate cyclase³³, in normal anterior pituitary corticotrophs have not been identified. An atrial natriuretic factor (ANF), α -ANF[1–28], inhibits CRH-stimulated ACTH secretion at concentrations of 0.01–1 nM⁸⁶, but the mechanism of action is unclear. It has been proposed that 100 nM α -ANF[1–28] decreases ACTH release by stimulating the production of cyclic guanosine 3',5'-monophosphate (cGMP)¹¹. This is unlikely because α -ANF[5–28] does not inhibit ACTH release⁸⁶ at concentrations that stimulate cGMP production⁵. Delta sleep-inducing peptide (DSIP) also has been shown to inhibit CRH-stimulated ACTH secretion at 1–100 nM¹²⁸. At 10 nM, DSIP reduces CRH-stimulated cAMP production by over 50%, but the involvement of G_i has not been demonstrated. In AtT-20 cells, somatostatin decreases cAMP accumulation through a pertussis toxin-sensitive G-protein, presumably G_i ¹⁴³, but this does not occur in normal anterior pituitary corticotrophs⁸.

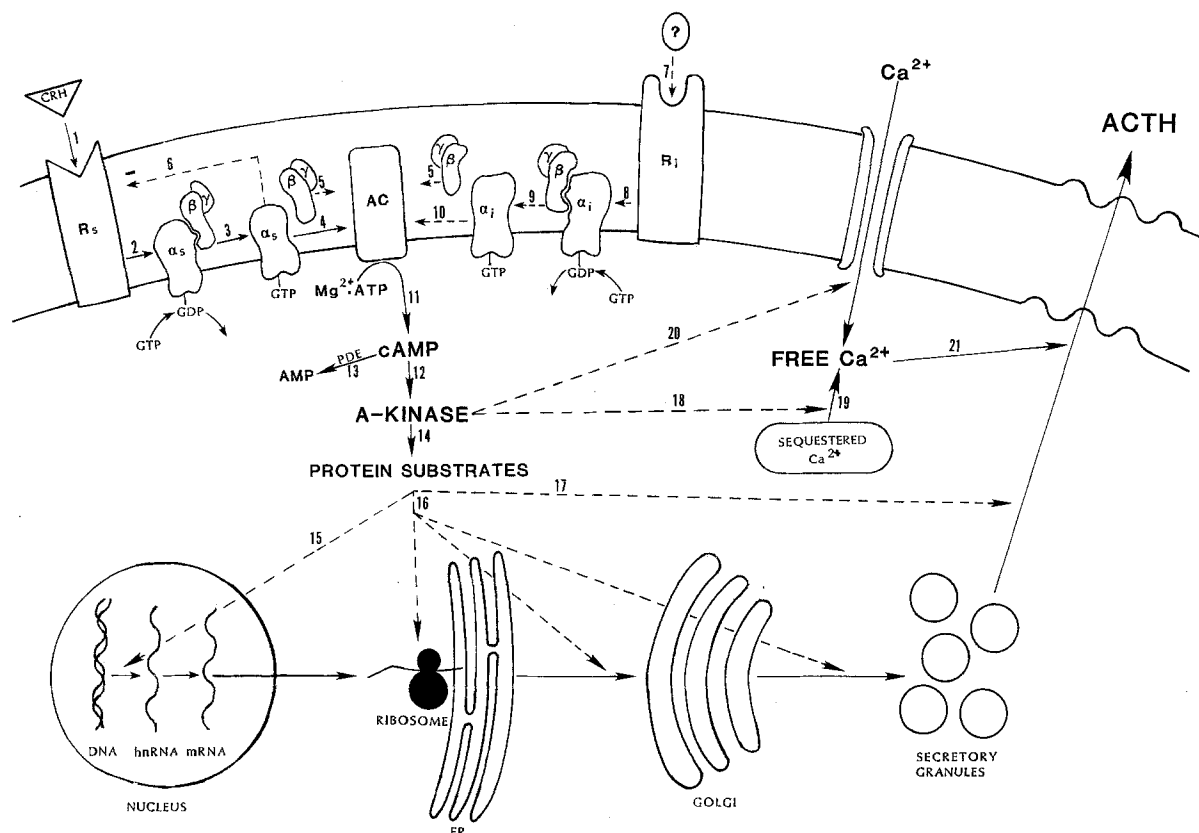


Figure 2. Schematic representation of the cAMP transduction pathway. Dashed lines indicate that the mechanism represented or its role in ACTH secretion is uncertain. Numbers in the figure refer to numbers in brackets cited below. The binding of CRH to its receptor [1]^{7,47,48,91,204}, presumably stimulates the dissociation of the stimulatory guanine nucleotide-binding protein (G_s) [2] into α and $\beta \cdot \gamma$ subunits by catalyzing the exchange of GTP for GDP on the α subunit [2,3]^{7,33,93,134}. α_s -GTP stimulates adenylate cyclase (AC) [4] to convert Mg^{2+} -ATP to cAMP [11]^{33,35}. Guanine nucleotides inhibit CRH binding, presumably through interaction with G_s [6]^{7,134}. The $\beta \cdot \gamma$ subunits may also have physiological effects [5]³³. The role of an inhibitory receptor [7] and a G_i protein [8–10] in the modulation of ACTH secretion from normal ante-

rior pituitary corticotrophs is unknown, although α -ANF[1–28]⁸⁶ and delta sleep-inducing peptide¹²⁸ are potential inhibitory peptides. In normal corticotrophs, cAMP activates A-kinase [12]^{7,8} and is degraded by cAMP-dependent phosphodiesterase (PDE) [13]⁶. A-kinase phosphorylates unidentified protein substrates [14]^{7,79,153}, leading to increased biosynthesis and secretion of ACTH [15–17]^{53,58,101,102,164,169,182,184,185}. Activation of the cAMP pathway with CRH or forskolin increases cytosolic free $[Ca^{2+}]$ ⁹⁷, possibly by opening Ca^{2+} channels within the plasma membrane [20]¹⁰⁵ or liberating internal sequestered Ca^{2+} [18]. These effects may be mediated by A-kinase⁷⁰. Free internal Ca^{2+} increases ACTH secretion [21], as discussed under 'Role of calcium-dependent processes'.

In summary, accumulation of cAMP within corticotrophs initiates processes culminating in increased biosynthesis and secretion of ACTH. The activation of A-kinase is probably prerequisite for both of these effects, but the substrates of A-kinase responsible for manifesting these effects remain unknown. CRH, the most potent physiological stimulator of ACTH release, operates in part through the cAMP pathway (fig. 2).

Role of calcium-dependent processes

The calcium ion (Ca^{2+}) is important in the cellular function of nearly all cell types, playing the role of a classic intracellular messenger¹³⁷. Indicating such a role for Ca^{2+} in ACTH secretion, the major secretagogues of ACTH, CRH and AVP, elevate cytosolic free $[Ca^{2+}]$ within individual corticotrophs, identified by the reverse hemolytic plaque assay⁹⁷, and in AtT-20 cells^{70,105}. In normal corticotrophs, 100 nM CRH increases cytosolic

$[Ca^{2+}]$, as measured with the fluorescent dye fura-2, from basal levels between 50 nM and 100 nM to peaks of 300 nM, whereas 100 nM AVP causes a transient spike of cytosolic $[Ca^{2+}]$ reaching over 350 nM⁹⁷. In general, the concentration of cytosolic free Ca^{2+} can be increased through the release of sequestered Ca^{2+} from internal stores¹³⁷, or through the activation of Ca^{2+} -specific channels in the plasma membrane^{52,76,99,144}. While AVP probably elevates cytosolic free $[Ca^{2+}]$ by mobilizing internal Ca^{2+} stores through the action of a phospholipid metabolite (see 'Role of the PI pathway'), very little is understood about the mechanism by which CRH elevates cytosolic $[Ca^{2+}]$. The activation of A-kinase may be an essential step, since in AtT-20 cells, A-kinase inhibitor (Walsh inhibitor) decreases CRH and forskolin induced increases in cytosolic free $[Ca^{2+}]$ by 25% without altering the effect of K^+ ⁷⁰. This suggests that A-kinase is involved in the mobilization of Ca^{2+} , but the source of Ca^{2+} is undetermined. Whole cell patch clamp

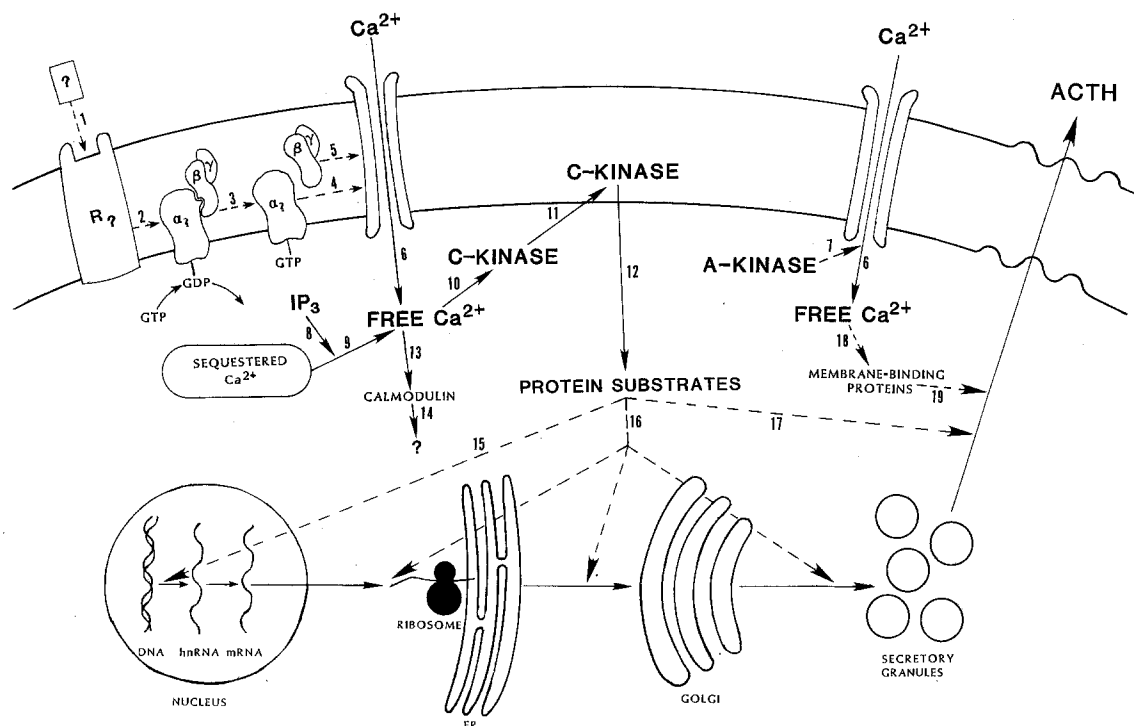


Figure 3. Schematic representation of the Ca^{2+} transduction pathway. Dashed lines indicate that the mechanism represented or its role in ACTH secretion is uncertain. Numbers in figure refer to numbers in brackets cited below. L- and T-type Ca^{2+} channels have been detected in the plasma membrane of anterior pituitary corticotrophs^{38,108}. In general, Ca^{2+} channels in the plasma membrane can be activated by depolarization, receptor-activated G-proteins (G_s) [1–5] or phosphorylation [7]^{52,76,99,144}. For clarity of the figure, two Ca^{2+} channels are shown. In AtT-20 cells, activation of A-kinase increases Ca^{2+} channel opening [7]¹⁰⁵, allowing external Ca^{2+} to enter the cell [6]. Sequestered internal

Ca^{2+} can be released through the action of IP_3 [8] (fig. 4)^{24,112,168,203}, and possibly phosphorylation by A-kinase (fig. 2), elevating intracellular free $[\text{Ca}^{2+}]$ [9]. Cytosolic free Ca^{2+} translocates C-kinase to the plasma membrane [10,11], where it is activated by phospholipids (fig. 4)^{109,125,176}. C-kinase phosphorylates unidentified protein substrates [12]¹⁵³ leading to increased secretion^{3,44,162,182} and possibly biosynthesis^{182,190} of ACTH [15–17]. Cytosolic free Ca^{2+} also activates calmodulin [13]^{36,111,137,191} and membrane-binding proteins [18]^{43,61}, but their roles in ACTH secretion are undetermined [14,19].

recordings in AtT-20 cells indicate that A-kinase may act by increasing the opening of Ca^{2+} channels in the plasma membrane¹⁰⁵ (fig. 3).

Investigations of the role of external Ca^{2+} in ACTH secretion, by manipulation of the Ca^{2+} level in the medium, have been inconclusive. Some investigators report that removal of external Ca^{2+} does not alter spontaneous secretion from cultured anterior pituitary cells over a 1–3.5 h incubation^{2,165,206}, while others report up to a 60% decrease^{38,46,68}. ACTH secretion stimulated by cAMP analogs^{2,68,206}, 10 mM theophylline¹¹⁴, 10 nM AVP^{2,114}, phorbol esters^{46,162} and 0.1–100 nM CRH^{2,38,68,164,199} is attenuated in Ca^{2+} -free medium by between 21% and 100%. These results suggest that spontaneous ACTH release as well as that induced by secretagogues is, at least partially, dependent upon external Ca^{2+} . The effect on CRH- and AVP-stimulated release are only manifested after 45 min of incubation in the Ca^{2+} -free medium, leading to the proposal that there may be two phases of stimulated ACTH secretion: an initial, rapidly activated phase which relies on release of internal Ca^{2+} stores, and a later phase which is dependent upon external Ca^{2+} . Experiments which directly test the role of internal Ca^{2+} in ACTH secretion, by

pharmacologically blocking the release of Ca^{2+} from internal stores with a drug such as ryanodine¹⁷², have not been conducted.

Supporting a role for external Ca^{2+} in ACTH secretion, two types of Ca^{2+} channels have been detected within the plasma membrane of corticotrophs^{38,108}. One type of channel resembles the T-type channel, having a low threshold of activation and initiating a transient Ca^{2+} current, while the other has characteristics of L-type channels, a high threshold eliciting a prolonged response. Depolarization of corticotrophs, possibly by the opening of sodium channels³⁸, would activate these channels. Supporting a role for Ca^{2+} channels in ACTH release, maitotoxin²⁰ and Bay K 8644², drugs that activate L-type Ca^{2+} channels^{42,127}, stimulate ACTH release in culture.

To investigate the role of Ca^{2+} influx in ACTH secretion in vitro, Ca^{2+} channels can be pharmacologically blocked with drugs, such as CoCl_2 , verapamil, diltiazem, nifedipine and nimodipine. If Ca^{2+} influx is essential for secretion, then blocking Ca^{2+} channels should abolish ACTH release. Vale and co-workers¹⁸⁴ reported that 2 mM CoCl_2 , which may block both types of Ca^{2+} channels¹⁸⁰, abolishes ACTH secretion induced by CRH.

Other Ca^{2+} channel blockers, verapamil, diltiazem, nifedipine and nimodipine, which are effective blockers of L-type Ca^{2+} channels^{21,42,180}, either decrease spontaneous ACTH release in culture by 24–100%^{2,38} or have no effect^{68,119}. These blockers reduce ACTH secretion stimulated by 30 mM K^{+2} , 10 nM AVP², phorbol esters¹⁶² and 10 nM CRH^{2,68,119,162}, suggesting that stimulated release is partially dependent upon external Ca^{2+} . Thus, there is compelling evidence that an external Ca^{2+} source is required for the full action of CRH and AVP. There is, so far, only suggestive evidence for a role of internal Ca^{2+} stores, since pharmacological amounts (100 nM) of AVP were applied to elicit Ca^{2+} release from internal stores⁹⁷.

How Ca^{2+} affects the secretory process is not completely understood. In accordance with the stimulus-secretion coupling hypothesis, Ca^{2+} increases secretion by promoting exocytosis⁵⁰. Influx of extracellular Ca^{2+} , induced by activation of Ca^{2+} channels with maitotoxin, stimulates ACTH release by 2-fold within 15 min²⁰, suggesting that stimulation of ACTH secretion occurs by increasing the efficacy of the release mechanism. Ca^{2+} may also regulate POMC biosynthesis. In cultured anterior pituitary cells, Ca^{2+} channel blockers decrease basal POMC mRNA levels by 50%¹⁰¹, while Bay K 8644 increases POMC mRNA levels by 50% after 2 days¹⁰¹. Also, A23187, a Ca^{2+} ionophore, increases POMC gene transcription 7-fold in 15 min⁵³.

These effects of Ca^{2+} may occur through activation of Ca^{2+} -sensitive proteins which include Ca^{2+} -dependent protein kinase (C-kinase)^{125,137}, calmodulin^{36,111,137,191} and membrane-binding proteins^{43,61}. An increase in intracellular free $[\text{Ca}^{2+}]$ results in the translocation of cytosolic C-kinase to the plasma membrane, where lipids, mainly diacylglycerol and phosphatidylserine, complete its activation^{109,125,176}. Substrates of C-kinase have not been characterized in normal corticotrophs, however; in AtT-20 cells, activation of C-kinase leads to the phosphorylation of three cytoplasmic (25 kDa, 40 kDa and 49 kDa), two membrane (32 kDa and 60 kDa) and one nuclear protein (20 kDa) of unknown function(s)¹⁵³. Similar to A-kinase, it is possible that these protein substrates modulate ACTH release by altering POMC transcription, translation, processing and/or release (fig. 3).

The Ca^{2+} -calmodulin complex directly activates some proteins including a cyclic nucleotide phosphodiesterase in bovine heart¹⁷⁷, the plasma membrane Ca^{2+} pump in red blood cell membranes⁹⁶, brain adenylate cyclase^{29,37} and Ca^{2+} -calmodulin dependent protein kinases in several tissues^{26,123}. Calmodulin inhibitors decrease CRH-stimulated ACTH release from cultured anterior pituitary cells by approximately 50%^{118,165}, suggesting a role for calmodulin in ACTH secretion. Since the calmodulin inhibitors may also have non-specific effects including inhibition of C-kinase²⁰¹, which could account for the inhibition of ACTH release, these data are inconclusive.

A group of proteins, identified largely because of their ability to promote the fusion of chromaffin cell granules in the presence of Ca^{2+} and phospholipids^{43,61}, may also be responsible for Ca^{2+} effects on cell function. Since the release of hormones or neurotransmitters from vesicles may involve membrane fusion events, these proteins may provide a means by which Ca^{2+} regulates exocytosis. The Ca^{2+} sensitivity of these proteins varies and can be altered by phosphorylation⁴³, proposing intriguing possibilities for their role in secretion. A role for these proteins in ACTH release from corticotrophs has not yet been investigated.

In summary, three findings support a role for Ca^{2+} in ACTH secretion (fig. 3). First, CRH and AVP increase cytosolic free $[\text{Ca}^{2+}]$ within normal corticotrophs from basal levels of approximately 100 nM to over 300 nM. Second, activation of Ca^{2+} channels with maitotoxin or Bay K 8644 stimulates ACTH release. Third, blockade of Ca^{2+} influx and removal of Ca^{2+} from the external medium can significantly attenuate the sustained phase of ACTH secretion. In spite of these findings, the role of Ca^{2+} in ACTH release is still unclear. The relative importance of internal and external sources of Ca^{2+} in the stimulation of ACTH secretion is controversial. The most coherent conclusion is that both external and internal Ca^{2+} sources are involved in ACTH secretion to some extent. Internal stores may be required for immediate ACTH release, while Ca^{2+} influx is necessary to sustain secretion. The mechanisms by which Ca^{2+} mediates the stimulation of ACTH secretion and enhances POMC biosynthesis are undetermined.

Role of the PI pathway

Hormone-receptor binding can also influence cellular processes by promoting the hydrolysis of inositol phospholipids, a minor lipid constituent of the plasma membrane^{24,113,131,136}. Activated receptors may be coupled through G-proteins (G_p) to phospholipase C, which cleaves phosphatidylinositol 4,5-bisphosphate into inositol 1,4,5-trisphosphate (IP_3) and diacylglycerol (DAG)^{24,33,100,136} (fig. 4). Since IP_3 is highly charged and water soluble, it readily moves into the cytoplasm where it mobilizes internal Ca^{2+} stores^{24,203}. The exact mechanisms by which IP_3 acts are unknown, but there is evidence indicating that IP_3 binds to portions of the endoplasmic reticulum, opening Ca^{2+} channels^{112,168}. The activity of IP_3 is terminated by a phosphatase which dephosphorylates IP_3 to IP_2 or by additional phosphorylation to IP_4 ¹³⁶.

On the other hand, the highly lipophilic DAG remains within the plasma membrane²⁰³, where it activates C-kinase which has been translocated from the cytoplasm to the plasma membrane by increased cytosolic free $[\text{Ca}^{2+}]$ ^{109,125,176}. C-kinase continues the transduction process by phosphorylating several unidentified proteins within the cell¹²⁵. In addition, C-kinase feeds back to decrease ligand-induced generation of IP_3 and to enhance

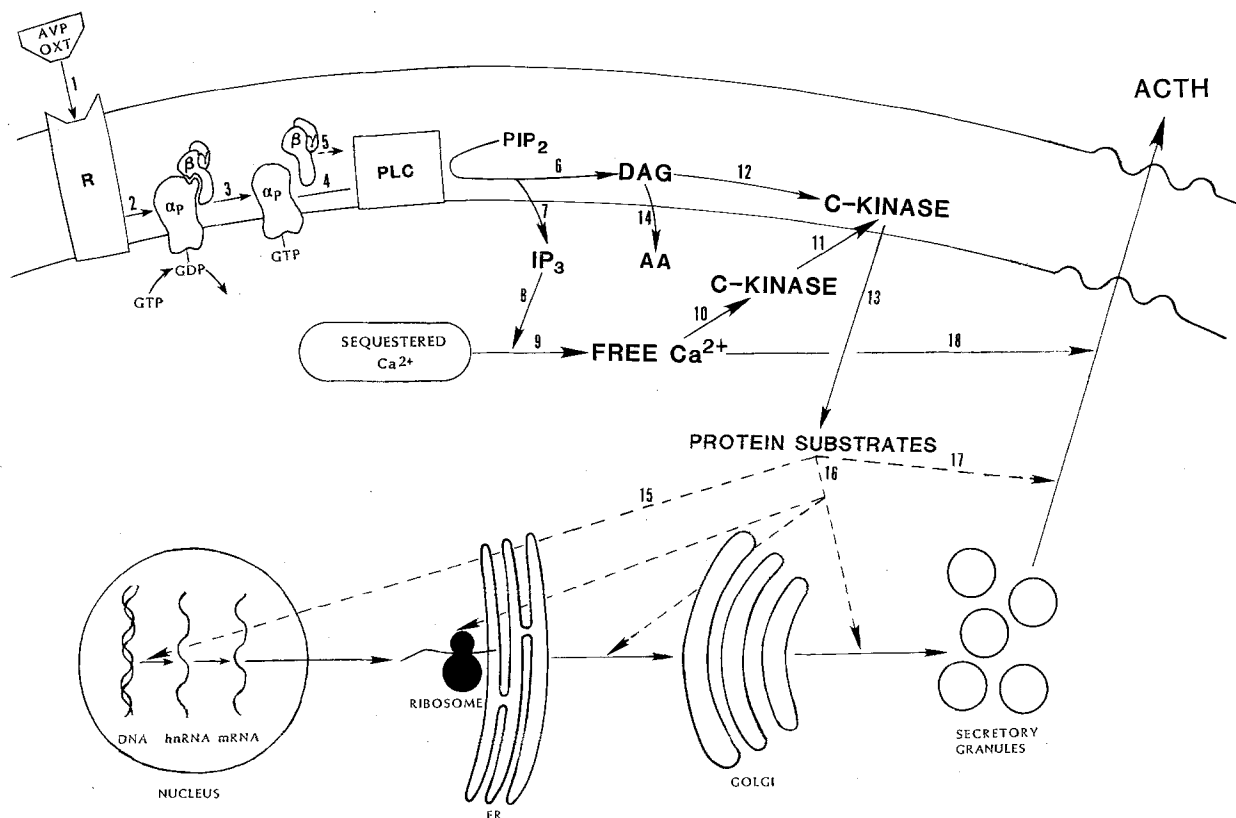


Figure 4. Schematic representation of the PI transduction pathway. Dashed lines indicate that the mechanism represented or its role in ACTH secretion is uncertain. Numbers in figure refer to numbers in brackets cited below. AVP and OXT bind to a receptor on anterior pituitary cells [1]^{39, 87, 90, 166} probably promoting the dissociation of a G-protein (G_p) [2,3]^{24, 33, 100, 136}. The α p-GTP molecule is presumed to stimulate phospholipase C (PLC) [4]^{24, 33, 100, 136} to hydrolyze phosphatidylinositol 4,5 bisphosphate (PIP_2) into inositol 1,4,5 trisphosphate (IP_3) [7] and diacylglycerol (DAG) [6]^{24, 100, 113, 131, 136}. The β - γ subunit may also have physiological effects [5]³³. IP_3 is known to enter the cytosol [7] and liberate sequestered Ca^{2+} [8,9]^{24, 112, 168, 203}, increasing cytosolic free

Ca^{2+} and leading to the activation of Ca^{2+} -dependent processes (fig 3). DAG remains in the plasma membrane [6] and activates C-kinase [12]^{109, 125, 176, 203}, which had been translocated to the plasma membrane by Ca^{2+} [10,11]^{109, 125, 176}. C-kinase phosphorylates unidentified protein substrates [13]¹⁵³ leading to increased secretion^{3, 44, 46, 162, 182} and possibly biosynthesis of ACTH [15–17]^{182, 190}. DAG also serves as a source of arachidonic acid (AA) [14] and can be cleaved from DAG by DAG-lipase^{26, 125, 202} to produce leukotrienes from the lipoxygenase pathway and prostaglandins and thromboxanes from the cyclooxygenase pathway (not shown)²⁰². Through unknown mechanisms, these metabolites may stimulate and inhibit ACTH release, respectively^{4, 73, 89, 163, 188}.

IP_3 metabolism, thus attenuating the rise in cytosolic $[Ca^{2+}]$ ⁸¹.

Phorbol esters, which directly activate C-kinase³⁴, stimulate ACTH release from anterior pituitary cells^{3, 6, 44, 46, 162, 182}, demonstrating that C-kinase regulates ACTH secretion. In culture, phorbol myristate acetate (PMA) increases ACTH secretion 4.5-fold within 15 min⁴⁴ and elicits a maximum of a 13-fold increase over 2 h³. Phorbol esters not only stimulate ACTH release, but also potentiate CRH-stimulated ACTH secretion^{3, 6, 44, 162} through increased accumulation of cAMP^{6, 44}. In culture, PMA increases CRH-stimulated cAMP accumulation by 4-fold after 15 min⁶. Phorbol esters may also stimulate ACTH biosynthesis¹⁸², but these effects are weak compared to CRH¹⁹⁰.

In addition to activating C-kinase, DAG may affect cell function by giving rise to arachidonic acid, another intracellular messenger^{26, 125, 202}. Arachidonic acid is hydrolyzed from DAG by phospholipase A_2 (fig. 4), and is then metabolized through the cyclooxygenase pathway into prostaglandins and thromboxanes, or through the lipoxygenase pathway into leukotrienes²⁰². A role for

these metabolites of arachidonic acid in normal corticotrophs has been postulated, with the cyclooxygenase pathway forming an inhibitor and the lipoxygenase pathway producing a stimulator of ACTH secretion^{4, 73, 89, 163, 188}.

AVP and OXT regulate ACTH secretion through stimulation of PI turnover, as suggested by measurements of the incorporation of ^{32}P i¹³⁸ or 3H -inositol^{71, 179} into membrane phospholipids in cultured anterior pituitary cells. This effect is significant after only 4 min of application and persists for over 2 h¹³⁸. AVP, at 5–100 nM, causes a 2–4-fold increase in ACTH secretion from cultured anterior pituitary cells over 1–4 h of incubation^{7, 17, 18, 69, 94, 118, 119, 183}. AVP-induced ACTH release is biphasic, with an initial phase of rapid secretion which lasts about 45 min, followed by a slower constant phase². The action of AVP may rely almost entirely upon C-kinase activation, because a 6-h pre-incubation with phorbol ester, which depletes 90% of cellular C-kinase, abolishes ACTH secretion stimulated by AVP, while CRH effects are normal³². Since the prolonged treatment with phorbol ester may have alternative effects

which alter ACTH secretion, these results should be evaluated with caution. AVP and OXT do not affect ACTH biosynthesis, even after 14 days in culture¹⁸⁹.

The most prominent role, however, of AVP and OXT in ACTH secretion is to potentiate the stimulatory effects of CRH^{3, 6, 17, 22, 64, 66, 69, 94, 185}. This effect of AVP is very potent, since even maximal doses of CRH (5–100 nM) elicit more ACTH secretion when AVP is co-applied^{17, 22, 66}. Also, low doses of AVP and OXT (0.05 nM), which weakly stimulate ACTH secretion alone, significantly potentiate CRH stimulation^{17, 22}. Synergism of CRH and AVP results in an amplified CRH-like ACTH response^{6, 192}, further indicating that AVP potentiates CRH-induced intracellular pathways. Suggesting that AVP increases exocytosis, co-application of CRH and AVP produces a 15% larger increase in cell area and a more pronounced reduction in the number of secretory granules than CRH alone⁹². The synergistic effects of AVP may be restricted to facilitating release, because 100 nM AVP does not increase ACTH biosynthesis stimulated by CRH over 14 days¹⁸⁹. Possible interactions between CRH- and AVP-initiated processes, which may account for the synergistic effects on release, are discussed in more detail below.

In summary, neurohypophysial hormones and phorbol esters stimulate ACTH release and potentiate CRH-induced ACTH secretion. Activation of the PI pathway most probably mediates these effects of AVP, OXT and phorbol esters since, AVP and OXT stimulate PI turnover giving rise to DAG, phorbol esters and DAG are known to activate C-kinase, and depletion of C-kinase by long-term treatment with phorbol esters abolishes AVP-stimulated ACTH release. There is little evidence that activation of the PI pathway stimulates ACTH biosynthesis.

Effects of glucocorticoids

Glucocorticoids can act at the pituitary level to decrease ACTH release^{1, 45, 158}. In vivo, inhibition of ACTH secretion occurs by both fast and slow mechanisms⁸⁵. Glucocorticoids suppress POMC gene transcription in vivo within 30 min⁵⁸, and inhibition of ACTH secretion can occur within 10 min of glucocorticoid application⁸⁴. This suggests that ACTH release is blocked before ACTH production is reduced. Supporting this contention, 16 h of glucocorticoid treatment in vivo increases the number of secretory granules along the plasma membrane of anterior pituitary corticotrophs¹⁶¹. The mechanisms by which glucocorticoids act in these experiments remain unknown.

In vitro, glucocorticoids decrease stimulated ACTH secretion from anterior pituitary fragments¹⁹⁹ and acutely dispersed¹⁵⁸ or cultured anterior pituitary cells^{1, 164, 183}. Inhibition is significant within 10–15 min of glucocorticoid application^{1, 199}, reaching a maximum of up to 70% after 3–4 h¹⁵⁸. Glucocorticoids inhibit ACTH se-

cretion in vitro by decreasing both POMC biosynthesis and the efficacy of the release process¹. As measured by a nuclear transcription run-on assay (a measurement of POMC gene activity in permeabilized cells), glucocorticoids reduce POMC transcription in cultured anterior pituitary cells to 20% of control values within 15–30 min of application^{53, 58}. Glucocorticoids may suppress the POMC gene promoter by activating cytosolic receptors which enter the nucleus and interact with segments of DNA upstream from the POMC gene⁵¹. It is unlikely that a reduction in the rate of POMC transcription could account for the rapid inhibition of ACTH release, because it may take up to 15 h of treatment with glucocorticoids to significantly decrease the total amount of POMC mRNA stored within cultured cells¹⁶⁹. It has been proposed that glucocorticoids decrease CRH-stimulated cAMP production by up to 50%^{25, 164, 185}, possibly accounting for the rapid inhibition of ACTH secretion in vitro. Glucocorticoids may also act at a step subsequent to cAMP production, and interact with multiple intracellular pathways, because they attenuate ACTH release stimulated by cAMP analogs^{1, 56, 67, 185}, methylxanthines¹⁸⁵ and cAMP-independent stimulators^{1, 46, 57, 162}.

Possible interactions between transduction pathways

Interaction between the cAMP, Ca²⁺ and PI pathways provides sophisticated control of ACTH secretion, eliciting responses which integrate the various types of input that the corticotroph receives. The importance of interaction between these intracellular messengers is particularly evident when the PI and cAMP pathways are co-stimulated, since maximal responses to CRH are potentiated several-fold by activators of the PI system^{3, 6, 22, 44, 66, 69}. At least three possible points of interaction exist between these two pathways, and may be responsible for the synergistic effects of co-stimulation (fig. 5).

First, since activation of the PI pathway potentiates CRH-induced accumulation of cAMP in anterior pituitary cells^{6, 44, 66, 94}, a component of the PI system must affect a process which regulates cAMP levels. This interaction does not occur in a crude membrane preparation⁵⁹, suggesting that the PI pathway modulates cAMP accumulation through a cytosolic mediator. C-kinase depletion abolishes the facilitation of cAMP accumulation induced by phorbol esters or AVP³², indicating that C-kinase may be responsible for potentiation. Theoretically, C-kinase may increase cAMP accumulation by phosphorylating the CRH receptor, G_s, adenylate cyclase or cAMP-dependent phosphodiesterase. None of these possibilities have been completely explored to date. Since in anterior pituitary homogenates AVP decreases phosphodiesterase activity by 30%⁶, modulation of phosphodiesterase activity by C-kinase may be partly responsible for AVP potentiation of stimulated cAMP accumulation. C-kinase may also interact with the cAMP

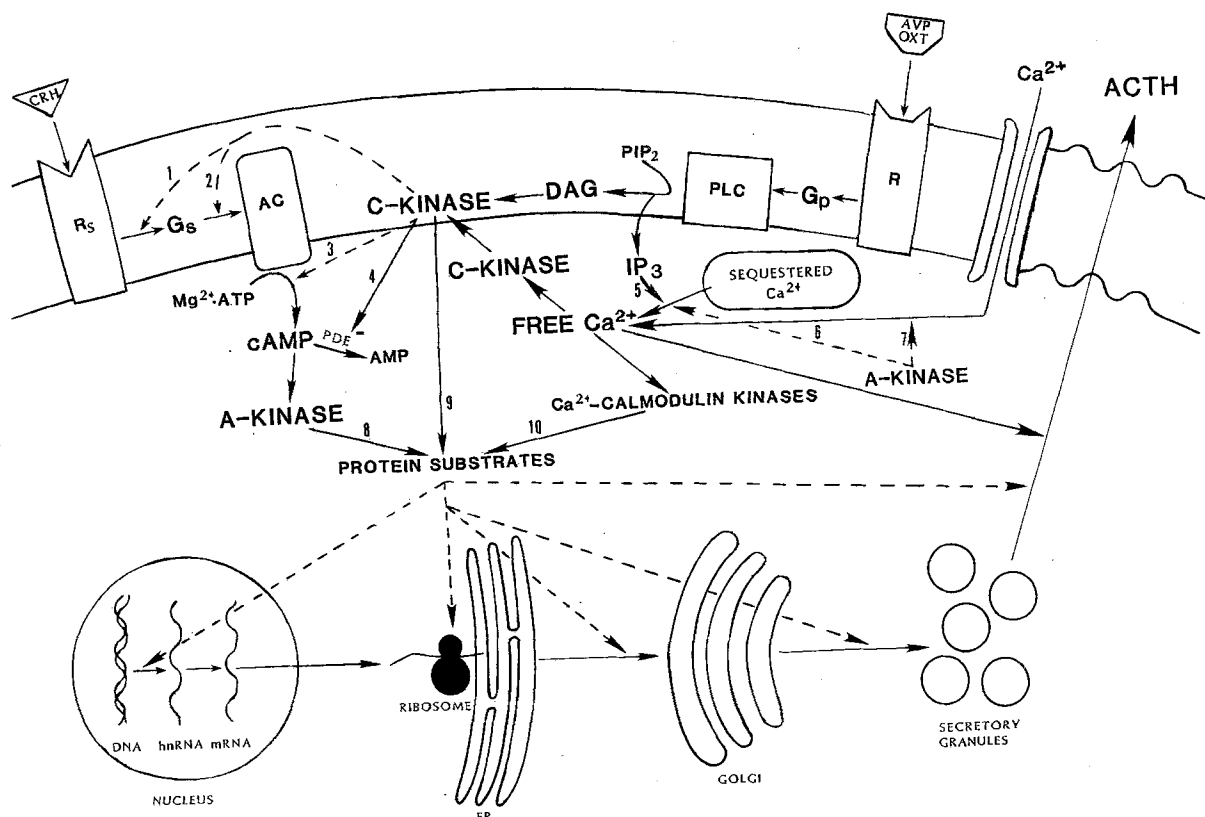


Figure 5. Schematic representation of the possible interactions between the cAMP, Ca^{2+} and PI pathways. Dashed lines indicate that the mechanism represented or its role in ACTH secretion is uncertain. Numbers in the figure refer to possible points of interaction cited in brackets. See preceding figures for details on each pathway. C-kinase increases cAMP accumulation stimulated by CRH^{6,44,66,94}, possibly by phosphorylating CRH receptors [1], G_s [2], adenylyl cyclase (AC) [3] or phosphodi-

esterase (PDE) [4]⁶. Since both CRH and AVP increase cytosolic free Ca^{2+} within corticotrophs [5–7]⁹⁷, Ca^{2+} -dependent processes may link the cAMP and PI pathways. In addition, A-kinase [8], C-kinase [9] and Ca^{2+} -calmodulin kinases [10] may phosphorylate common substrates or different substrates involved in a single cellular process^{123,125,137,153}. Each or all of these interactions may lead to the synergistic effects when the cAMP and PI pathways are co-stimulated.

system at a step subsequent to or distinct from cAMP formation, because phorbol esters facilitate the stimulatory effects of 8-bromo-cAMP by 2-fold as well³. Second, since both the cAMP and PI systems increase cytosolic $[\text{Ca}^{2+}]$ ⁹⁷, these two pathways may converge at the point of Ca^{2+} influx or mobilization to enhance ACTH release. Synergism may result from increased activation of C-kinase due to elevated $[\text{Ca}^{2+}]$, when both the cAMP and PI pathways are stimulated. It has been proposed that C-kinase then may act to increase cAMP accumulation, forming a positive feedback loop; the cytosolic free $[\text{Ca}^{2+}]$, and therefore probably secretion, would continue to rise until the cycle is terminated⁹⁷. Alternatively, Ca^{2+} liberated by IP_3 may activate Ca^{2+} -calmodulin-dependent protein kinases which may interact with the cAMP system. Ca^{2+} -calmodulin has been postulated to both increase and decrease porcine, bovine and rat brain adenylyl cyclase^{29,37} and to activate bovine heart phosphodiesterase¹⁷⁷, but this has not been shown to occur in pituitary. Cytosolic Ca^{2+} may be required for increases in cAMP levels in corticotrophs, as demonstrated by a decrease in cAMP accumulation stim-

ulated by CRH in EGTA-treated cells². Ca^{2+} liberated by IP_3 could also potentiate CRH-stimulated ACTH secretion by acting on membrane-binding proteins to increase exocytosis. Since Ca^{2+} mobilization induced by AVP is transient⁹⁷, the activation of calmodulin and/or membrane-binding proteins by IP_3 liberated Ca^{2+} probably can not account for the synergism between CRH and AVP, but nevertheless these processes may be key points of interaction between the cAMP and PI transduction pathways.

Third, it is possible that A-kinase, C-kinase and Ca^{2+} -calmodulin kinases interact by phosphorylating the same substrates, or different substrates which are involved in a single cellular process^{123,125,137} (fig. 5). Unfortunately, the substrates of the kinases within normal corticotrophs are not well known, so definite points of interaction can not be identified. However, recent data in AtT-20 cells suggest that A-kinase and C-kinase both phosphorylate a 40 kDa cytoplasmic protein and two membrane proteins of 60 kDa and 32 kDa¹⁵³. These proteins may provide the link between the cAMP and PI pathways responsible for the synergistic effects of co-activation.

Future research

In spite of the recent advances in the understanding of corticotroph function outlined in this review, several challenging problems remain to be solved. Multiple stimuli cause the release of ACTH, but the relative role of CRH, neurohypophysial peptides and other mediators has not been clearly defined. Moreover, we do not know the type of hypothalamic neurotransmitters that modulate the release of these mediators under various physiological conditions. At the cell level, the peculiar arrangement of clusters of possibly interconnected corticotrophs has not yet been investigated in detail, and the physiological significance of this arrangement in signal transduction remains to be explored.

At the level of the corticotroph cell membrane, there is abundant functional evidence for separate receptors for CRH and AVP, and for the coupling between these receptors and second messenger systems through G-proteins. However, specific G-proteins have not yet been visualized by immunocytochemistry in corticotrophs, or demonstrated by ribosylation and gel-filtration. Of particular interest would be the identification of a G_i α subunit as a possible mediator of the inhibitory effects of α -ANF[1–28] on ACTH secretion.

Within corticotrophs, activation of the cAMP, Ca^{2+} and PI transduction pathways all contribute to ACTH secretion; however, critical experiments concerning the role of internal Ca^{2+} stores have not yet been performed. The involvement of C-kinase relies heavily on circumstantial evidence, such as the presumed activation and depletion of C-kinase by phorbol esters. The points of interaction between the cAMP, Ca^{2+} and PI systems are still not clear, probably because the events subsequent to kinase activation and those due to Ca^{2+} -activated proteins are not understood. The identification of protein substrates of A-kinase, C-kinase and Ca^{2+} -calmodulin kinases within normal anterior pituitary corticotrophs as well as the characterization of their function is essential to further our knowledge of the mechanisms by which signal transduction pathways regulate ACTH biosynthesis and secretion.

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