

## Review

# Protein kinase C and phospholipase D: intimate interactions in intracellular signaling

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Received 29 November 2004; received after revision 18 January 2005; accepted 4 March 2005

Online First 28 May 2005

**Abstract.** Diacylglycerol (DAG) was discovered as a potent lipid second messenger with protein kinase C (PKC) as its major cellular target more than 25 years ago. There is increasing evidence of significant complexity within lipid signaling, and the classical DAG-PKC model no longer stands alone but is part of a larger bioactive lipid universe involving glycerolipids and sphingolipids. Multiple layers of regulation exist among PKC- and DAG-metabolizing enzymes such as phosphatidylcholine (PC)-specific phospholipase D, and cross-talk exists be-

tween the glycerolipid and sphingolipid pathways, with PKC at the center. Currently, there is intense interest in the question of whether DAG derived from PC can function as a lipid second messenger and regulate PKC analogous to DAG derived from phosphatidylinositol-4,5-bisphosphate (PIP<sub>2</sub>). To address these issues and incorporate DAG-PKC and other signaling pathways into an expanded view of cell biology, it will be necessary to go beyond the classical approaches and concepts.

**Key words.** Phospholipase D; protein kinase C; diacylglycerol; ceramide; signal transduction.

## Overview

The discovery that certain classes of membrane lipids could be broken down in a regulated fashion to produce biologically active molecules constituted a turning point in understanding how the cell transduces extracellular signals to the interior of the cell. The phosphatidylinositol (PI) cycle, first described in the 1950s [1], was a well-studied but largely unexplained phenomenon for several decades until the finding that the newly identified serine-threonine kinase, protein kinase C (PKC), was in fact the major cellular target for the PI breakdown product diacylglycerol (DAG) [2]. Contemporaneously, inositol-1,4,5-trisphosphate (IP<sub>3</sub>), the other product of

phosphatidylinositol-4,5-bisphosphate (PIP<sub>2</sub>) breakdown, was shown to effect intracellular calcium release [3]. Since these early observations, DAG and PKC have held central roles in the conceptual and experimental paradigm of lipid-dependent signaling.

In the classical model of PKC activation, PI-specific phospholipase C (PI-PLC) is activated by G proteins or tyrosine kinases dispatched by agonist-bound cell surface receptors. Activated PI-PLC cleaves PIP<sub>2</sub> at the inner face of the plasma membrane to generate membrane-bound DAG and soluble IP<sub>3</sub>, with a subsequent increase in intracellular calcium. Membrane-bound DAG and calcium act in concert to recruit cytosolic PKC to the plasma membrane, where it can bind to and become activated by DAG and acidic phospholipids in the presence of local substrates.

Although this is the most well studied and best-understood model of lipid regulation of PKC, it is now recognized that PKC regulation is much more diverse than the

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This work is dedicated to the memory of Dr. Yasutomi Nishizuka, the discoverer of protein kinase C, who was both a gentleman and a scientist.

above model portrays. Regulation of PKC involves a multitude of activators, inhibitors and phosphorylation events that determine catalytic competency and access to substrates through the modulation of PKC subcellular localization to a variety of membrane surfaces. Further, DAG arising from phosphatidylcholine (PC) hydrolysis as well as numerous fatty acids (e.g. oleic acid), glycerolipids and sphingolipid molecules have also been reported to modulate PKC. Additionally, it is no longer just the calcium-dependent PKCs featured in the classical model that must be considered: a large number of PKC family members with significant regulatory diversity have been cloned and identified [4–6].

Certainly one of the most enigmatic relationships involving PKC is that with the PC-hydrolyzing enzyme phospholipase D (PC-PLD), which acts on membrane PC to generate phosphatidic acid (PA) and free choline. PC-PLD serves not only as a target of PKC but also as a potential source of effector lipid products for various PKC isoenzymes. Evidence now exists that products of PC hydrolysis (PA itself or its subsequent breakdown to DAG) can regulate PKC. Although our understanding of these relationships is in its relatively early stages, a number of conclusions may be drawn and specific possibilities raised. This review will summarize key regulatory mechanisms of PKC and PLD and then address the interactions of these two signaling pathways, with a focus on emerging principles and evolving concepts.

## The PKC family

PKC is not a single protein but a large group of lipid-dependent kinases that phosphorylate protein substrates on serine and threonine residues. Currently, 11 PKC isoenzymes have been identified in mammals, and these can be divided into three subgroups based on sequence homology. The classical, or conventional, isoenzymes, PKC  $\alpha$ ,  $\beta$ I,  $\beta$ II and  $\gamma$ , are calcium-dependent PKCs that are activated by DAG and DAG-mimicking phorbol esters. The novel PKC isoenzymes, PKC  $\delta$ ,  $\epsilon$ ,  $\theta$ ,  $\eta$  and  $\mu$ /PKD (protein kinase D), are calcium-independent and are stimulated by DAG/phorbol esters. The third subgroup contains the atypical PKC  $\zeta$  and  $\lambda$ /i isoenzymes. These are the most structurally divergent of the PKC family members and have been shown to be activated by acidic phospholipids such as phosphatidylserine (PS), polyphosphoinositides and PA [4–6], but not by DAG or phorbol esters (see fig. 1A, B for lipid structures).

## Discovery of PKC

PKC was first described in 1977 by Nishizuka and colleagues as a novel kinase isolated from rat brain that was

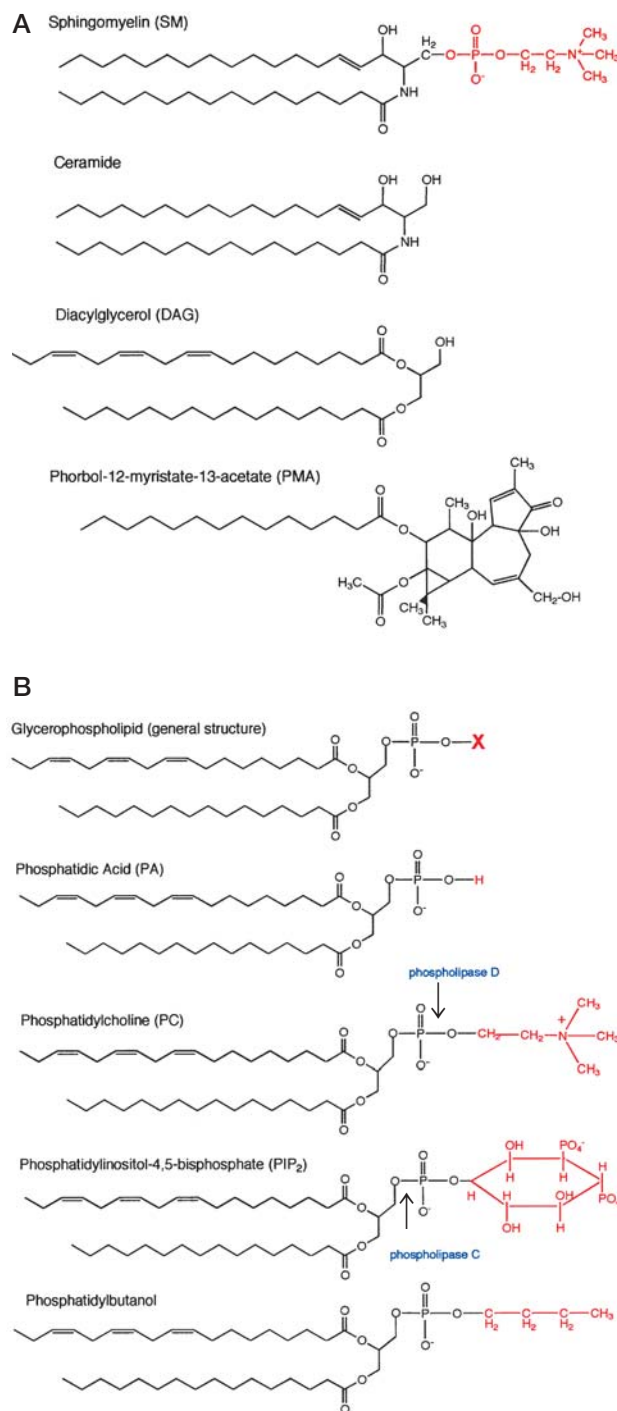


Figure 1. Structures of key lipids. (A) The sphingolipids ceramide and sphingomyelin (SM) are shown along with the glycerolipid diacylglycerol (DAG) and phorbol-12-myristate-13-acetate (PMA). Ceramide consists of a long chain alcohol (sphingosine) and an amide-linked fatty acid. SM is similar to ceramide but has a choline phosphate head group (highlighted in red) present at the 1-hydroxyl position. The structure of DAG is provided to demonstrate similarities to sphingolipids and to illustrate the fundamental structure of all glycerophospholipids. (B) 'X' denotes the position of head group moieties. Blue arrows show sites of action for phospholipase C (PLC) and phospholipase D (PLD). Phosphatidylbutanol is not thought to occur under physiological conditions but rather is the product of PLD when it is incubated in the presence of 1-butanol.

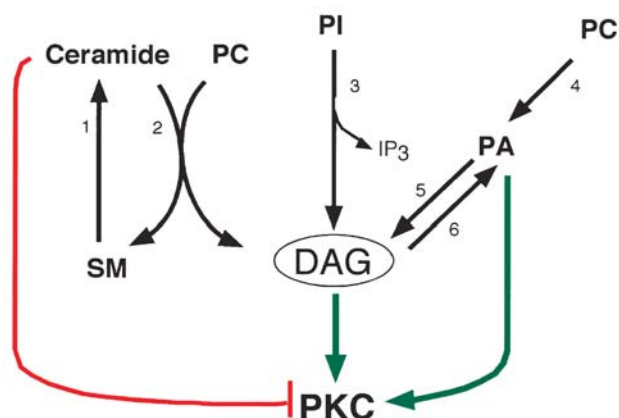


Figure 2. Multiple sources of diacylglycerol (DAG) in the cell and the enzymes that are involved. (1) sphingomyelinase; (2) sphingomyelin (SM) synthase; (3) phosphatidylinositol (PI)-specific phospholipase C; (4) phosphatidylcholine (PC)-specific phospholipase D; (5) phosphatidic acid (PA)-phosphohydrolyase; (6) diacylglycerol (DAG) kinase. PKC, protein kinase C.

activated upon treatment with calcium-dependent proteases with subsequent phosphorylation of serine and threonine residues on histone [7, 8]. It was later demonstrated that this novel protein kinase was actually a proenzyme that was fully active in the absence of proteolysis but that required physiological concentrations of calcium and a 'membrane factor'. This membrane factor was revealed as the neutral glycerolipid DAG and acidic phospholipids such as PS [2, 9]. This stunning observation led to the landmark concept that DAG, which up to then was a well-known by-product of regulated PI turnover without signaling significance, was in fact a potent second messenger molecule that utilized PKC as a major cellular effector (fig. 2). These findings were advanced by subsequent reports that tumor-promoting phorbol esters, such as phorbol-12-myristate-13-acetate (PMA), whose cellular target had been sought for more than 20 years, could serve as structural mimetics of DAG and activate PKC in the presence of PS [10].

Taken together, these observations offered the first insight that PKC could play a role in major cellular processes and that it could mediate these functions either as a transducer of acute DAG signals generated at the plasma membrane or as a regulator of more long term functions such as tumor promotion or cell differentiation [10, 11].

### Structural features of PKC and *in vitro* lipid regulation

All PKC family members can be structurally divided into two regions: a carboxy terminus segment that contains the highly conserved C3 ATP-binding domain and the C4 kinase, or catalytic, domain. All PKC isoenzymes have a common C3 and C4 domain; however, the various

complements of lipid- and calcium-binding regulatory domains found in the amino terminus are what give each individual isoenzyme, and also each PKC subfamily, its unique regulatory properties.

Early on, it was demonstrated that DAG could compete with phorbol esters for a common binding site on PKC [12–14]. This site was later shown to be the C1 domain, which consists of two cysteine-rich (C1a and C1b) zinc finger subdomains that are found intact and in tandem only in the amino terminus of the classical and novel PKC family members [15–18]. In contrast, the atypical PKCs contain a modified C1 domain with only a single cysteine-rich domain that does not bind DAG or PMA [19]. Interestingly, the binding sites for proposed lipid activators of the atypical isoenzymes have not been definitively identified, but unpublished results from our laboratory suggest that there may be an interplay of both amino and carboxy sites (see discussion below). Calcium dependence is conferred upon the classical PKCs through the presence of the anionic phospholipid and calcium-binding C2 domain, whereas modification of this domain or its absence from the novel and atypical isoenzymes renders these PKCs calcium-independent [20–22].

Data from numerous studies have led to a detailed understanding of the mechanism for lipid activation of the classical PKCs (for general PKC reviews, see [4, 5]). In brief, initial studies demonstrated that the addition of small quantities of unsaturated DAG to membrane-bound PKC increased the affinity of PKC for calcium, suggesting a cooperative effect of calcium and phospholipids in PKC activation [2, 23]. Using a Triton X-100 detergent-based mixed micelle assay, it was later shown that a single molecule of DAG was sufficient to activate monomeric PKC and that activation occurred with the cooperative effect of four or more molecules of PS in the presence of micromolar calcium [24, 25]. A similar approach revealed that the binding of DAG and PS to PKC is highly stereospecific and requires the physiologically relevant *sn*-1,2-DAG and *sn*-1,2-phosphatidyl-L-serine [26–28]. An understanding of this mechanism was further advanced by reports that the stereospecific interaction of PKC with DAG and PS serves to induce a conformational change in the enzyme that leads to the expulsion of an autoinhibitory pseudosubstrate domain sequence from the active site, thereby allowing substrates to bind [29]. This model of lipid activation is regarded as the prototypical mechanism and has served as a platform from which to study other PKC family members as well as a large number of other lipid-signaling proteins.

### Spatiotemporal regulation of PKC activity

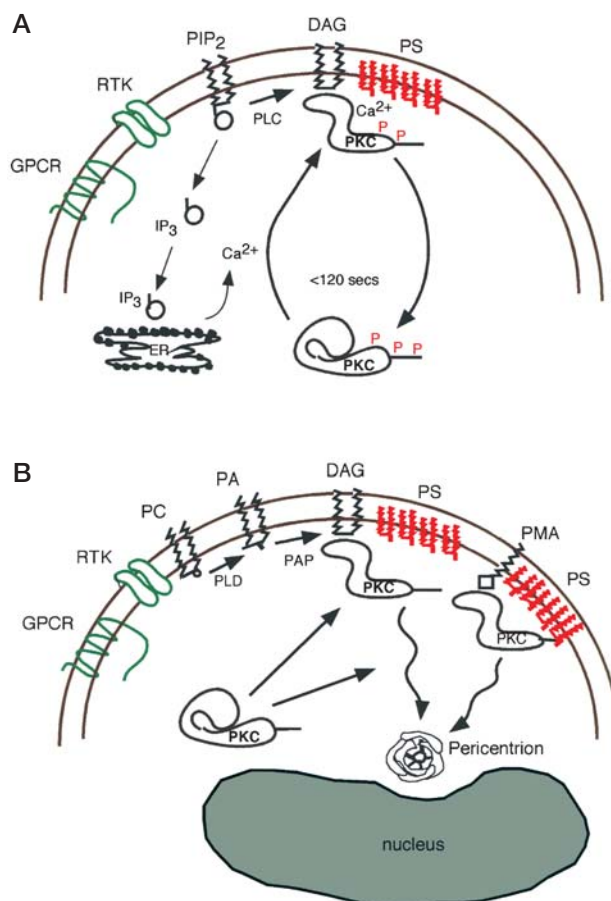
In 1983, Kraft and Anderson [30] reported that treatment of parietal yolk sac cells with phorbol esters could induce

the recruitment or 'translocation' of cytosolic PKC to the membrane fraction. It was later shown that PMA mimics DAG by intercalating into the plasma membrane and binding to PKC at the membrane's inner surface. This observation of stimulus-induced alteration of subcellular localization led to a conceptual model of how a soluble protein such as PKC could function as an effector for a hydrophobic activator such as DAG or PMA. The translocation of PKC from the cytosol to the membrane fraction has stood as the experimental hallmark of PKC activation since these early observations and has been widely used to define an enormous variety of PKC functions in the cell. Importantly, some PKC isoenzymes are predominantly localized to the membrane fraction under basal conditions, making assessment of activation through translocation problematic in these circumstances.

Advances in molecular biology, particularly the ability to rapidly generate full-length, deletional and single-site mutations of various PKC isoenzymes have contributed significantly to delineating the molecular regulation of PKC. It was reported early on that PKC is a phosphoprotein [31]; we now appreciate that PKC is subject to several post-translational events involving transphosphorylation [32, 33], autophosphorylation [34, 35] and dephosphorylation [36, 37]. Elegant studies revealed that nascent PKC is processed to a catalytically competent enzyme through the phosphorylation of residues within the activation loop of PKC by phosphoinositide-dependent kinase-1 [38–40] and that this is followed by autophosphorylation events at conserved residues in the carboxy terminus [34]. It is now clear that the phosphorylation state of PKC determines catalytic activity as well as interactions with subcellular binding partners that can regulate subcellular localization [41].

In the late 1990s, several groups utilized green fluorescent protein (GFP) fusion proteins of PKC to observe the cellular movements of PKC in response to various agonists [42–45]. These studies unequivocally confirmed that in response to receptor stimulation and phorbol ester treatment, PKC translocates to the plasma membrane (up to that time, translocation had been demonstrated only with biochemical fractionation, which does not allow the distinction of individual membrane compartments). Further, these studies revealed that PKC is recruited to the plasma membrane through an interplay of both the C1 and the C2 domains and that kinase activity and subsequent autophosphorylation at serine 660 is necessary to drive classical PKC (cPKC) back into the cytosol [46] (fig. 3A). This requirement for autophosphorylation at the carboxy terminus in order to preserve the mechanism of reverse translocation has been supported by other studies, which found that the phosphorylation status at carboxy terminus sites determines subcellular localization [41, 47].

More recently, the study of GFP fusion proteins of PKC isoenzymes has allowed identification of alternate sites



**Figure 3.** Translocation of protein kinase C (PKC) in response to short- and long-term exposure to agonists. (A) The classical model of PKC activation. Occupancy of G protein-coupled or tyrosine kinase receptors leads to the activation of phospholipase Cs (PLC) and the subsequent hydrolysis of phosphatidylinositol-4,5-bisphosphate (PIP<sub>2</sub>) to produce membrane-bound diacylglycerol (DAG) and soluble inositol-1,4,5-trisphosphate (IP<sub>3</sub>). IP<sub>3</sub> mediates an elevation of calcium (Ca<sup>2+</sup>), which leads to the recruitment of cytosolic PKC to the plasma membrane, where it binds DAG and phosphatidylserine (PS) in the presence of Ca<sup>2+</sup> and becomes activated. Activated PKC can then target local substrates with phosphorylation. PKC returns to the cytosol within 120 s, which has been shown to correlate with the metabolism and loss of DAG from the membrane and the autophosphorylation of residues in the carboxy terminus of PKC. (B) The model of chronic PKC stimulation. Stimulation of G protein or tyrosine kinase receptors leads to the activation of phospholipase D (PLD). Activated PLD cleaves phosphatidylcholine (PC) to generate phosphatidic acid (PA) and free choline. PA can be converted to DAG through the actions of a PA phosphohydrolase (PAP). DAG from this source can be sustained (>1 h) in the membrane and has been shown [156] to induce prolonged PKC translocation. Phorbol-12-myristate-13-acetate (PMA) can be used to mimic acute or sustained DAG signals, dependent upon length of exposure. It has recently been reported that sustained DAG stimulated by platelet-derived growth factor or long-term PMA leads to the translocation of PKC to the plasma membrane and to a novel juxtanuclear compartment, the pericentration [48].



for membrane translocation of PKC. Recent data from our laboratory suggest that under conditions where PKC is stimulated in a sustained manner (i.e. 30–60 min), select PKC isoenzymes translocate to the plasma membrane early on and at later time points translocate to a juxtanuclear site concentrated around the microtubule-organizing center (MTOC)/centrosome [48] (fig. 3B). Translocation of PKC to this compartment, which we have named the ‘pericentron’, leads to the retention of recycling membrane proteins. In addition, other studies using GFP fusions of PKC have revealed that, depending on the type of agonist and length of exposure to it, PKC can translocate to the plasma membrane, the nuclear membrane or the Golgi network [49].

### **PKC as a mediator of short- and long-term cellular processes**

In its classical role, PKC functions as a sensor and mediator of transient elevations of DAG at the plasma membrane. In this model, the calcium-dependent PKCs complete a rapid round-trip, dependent upon the presence of DAG in the membrane, from the cytosol to the membrane and back again, all within 120 s [44, 46]. Through this general mechanism, PKC can regulate a variety of acute signaling events, including regulation of receptor desensitization, cell adhesion, membrane transport, neurotransmitter release, blood cell activation and possibly various metabolic effects such as lipogenesis and glycogenolysis [6].

The role of PKC as a major cellular receptor for tumor-promoting phorbol esters distinctly suggested that PKC can function in a sustained manner and carry out more long term cellular processes, such as tumor promotion and carcinogenesis. It is now recognized that PKC mediates a variety of cellular events that are measured not in seconds and minutes but in hours, days and, in some cases, even years. Long-term cellular functions attributed to PKC include cell differentiation, long-term potentiation, mitogenesis, cell motility, cancer metastasis, multidrug resistance and microvascular pathology [50–52]. While some of these effects may be influenced or regulated by acute activation of PKC, evidence has shown additional mechanisms for sustained activation of PKC that could be mediated either through upregulation of PKC expression, and a subsequent increase in basal PKC activity, or through the sustained elevation of PKC activators, such as DAG.

### **Phospholipase D**

PLD activity was first described in plants [53, 54], then later in mammals [55], as a novel phospholipid-specific

phosphodiesterase that hydrolyzes membrane PC to generate PA and free choline. The next major breakthrough was the finding that PLD activity could be induced through a variety of extracellular stimuli [56]. Currently, it is known that many of the agonists that activate PC-PLD also activate PI-PLC and include a large number of neurotransmitters, hormones and growth factors [57].

To date, two mammalian PLD isoenzymes, PLD1 [58–60] and PLD2 [61, 62], have been cloned and shown to contain conserved sequences that are also found in PLDs isolated from plants, yeast and bacteria, thus defining an evolutionary conserved gene family and enzymatic function [63, 64]. Human PLD1 and PLD2 are 51% homologous, and splice variants of both enzymes have been described [65, 66]. PLD activity was initially isolated in the particulate fraction and is believed to be primarily a membrane-associated enzyme. Whereas PLD1 is localized to perinuclear endosomes [67] and trans-Golgi sites [68, 69], PLD2 is found predominantly at the plasma membrane [62, 70].

The most extensively studied PLD activity is PLD that is specific for PC. Upon stimulation, PC-PLD hydrolyzes membrane PC to generate PA and free choline. PA can then be metabolized directly to DAG through the actions of PA phosphohydrolase (PAP). DAG can be converted back to PA through phosphorylation via DAG kinase (fig. 2). PLD can also catalyze a transphosphatidyl reaction utilizing primary alcohols such as 1-butanol to generate phosphatidylbutanol, which has served as a convenient approach to assay PLD activity as well as to inhibit the formation of the PA product in cells. The relative predominance of PA or DAG formation in any particular cell after PLD activation is likely determined by the associated activity of PAP, such that in cells where there is high activity of PAP, PLD activity results in relatively more accumulation of DAG than PA [57, 71].

Additionally, PLD that can hydrolyze lipids other than PC have been described. Kiss and Anderson have reported the PLD-mediated hydrolysis of phosphatidylethanolamine in MCF-7 human breast carcinoma cells [72] and in NIH 3T3 fibroblasts [73, 74]. In addition, Daniel and colleagues described a PLD activity that catalyzed the hydrolysis of phosphatidylinositol in Madin-Darby canine kidney cells [75]. The contribution and significance of these lipid products to lipid signaling is unknown and is currently an open area of investigation.

A variety of cytosolic and membrane-associated factors have been demonstrated to regulate PLD *in vivo* and *in vitro*, and upregulation of PLD activity is associated with several cellular functions, including vesicle transport, endocytosis, cell migration and mitosis (for a general review, see [76, 77]). PLD1 is activated by the small guanosine triphosphatases (GTPases) ARF, RhoA and RalA and by the cPKC isoenzymes PKC  $\alpha$  and  $\beta$ II. On the other hand, PLD2, which exhibits a higher basal level

of cellular activity than PLD1, was initially thought to be regulated primarily through an inhibitory mechanism mediated by  $\alpha$ -synuclein,  $\beta$ -synuclein or fodrin. It has now been reported that PLD2 also responds to ARF with a modest increase in activity, and a very recent paper revealed that cPKC can activate PLD2 as well [78].

### Regulation of PLD by PKC

One of the major cellular targets for PKC is PLD. The first hints of a link between PKC and PLD came from early studies that showed that phorbol esters such as PMA could induce PC hydrolysis, resulting in the accumulation of PA and DAG [79–82]. Prior to the cloning of PLD and the production of recombinant enzymes for study, a variety of indirect approaches built the case for a link between PKC and PLD [57]. It was found that downregulation of PKC (via high concentrations of phorbol esters or antisense oligomers) or inhibition of PKC activity could block the effect of phorbol esters on PC hydrolysis. Also, in studies where PLC was overexpressed and DAG levels were elevated, PKC activity was found to be up-regulated, leading to an increase in PLD activity [83]. Regulation of PLD by PKC is a complex and incompletely understood interaction. There is much evidence to suggest that, at least in the cell, PLD activation by PKC requires an initial hydrolysis of PI lipids and generation of DAG. Presumably, DAG generation serves to recruit PKC to the inner face of the plasma membrane, where it is subsequently activated in the locale of PLD. This leads to a direct interaction between PKC and PLD (which may or may not be ATP-dependent) and, possibly, to other indirect effects mediated by PKC phosphorylation of substrates. That PKC and PLD associate upon activation has been fully demonstrated [78, 84, 85]. Moreover, early in vitro studies with recombinant PLD1 revealed that it is the calcium and the DAG-dependent PKC isoenzymes PKC  $\alpha$  and  $\beta$  that activate PLD [65, 86]. These data are further supported by cellular studies in which overexpression of either cPKC isoenzyme served to enhance phorbol ester stimulation of PLD activity [87, 88].

Because PKC is a protein kinase, it is logical to predict that it mediates much of its cellular effects through ATP-dependent mechanisms. Surprisingly, there is evidence for both ATP-dependent and ATP-independent activation of PLD by PKC. Evidence for ATP-independent interaction between PKC and PLD comes from both in vitro and cellular data, which showed that the regulatory domain of PKC by itself is sufficient to activate PLD [89]. Moreover, residues within PLD that are not subject to phosphorylation have been identified as necessary for PKC [90]. Recently, Hu and Exton reported a specific residue in the catalytic domain of PKC  $\alpha$  (phe663) that is required for PLD1 activation [91]. In this study, binding

and early activation of PLD1 by PKC did not correlate with the phosphorylation status of PLD; in fact, phosphorylation was even found to reduce PLD activity. Thus, there is a strong case for ATP-independent interaction of PKC and PLD.

On the other hand, evidence suggesting a possible role for phosphorylation by PKC in the activation of PLD derives from two major lines of study: (i) the requirement for ATP in a cell-free system for PMA activation of PLD [92], and (ii) the ability of PKC to phosphorylate PLD as shown by two studies from the same group [93, 94].

Of course, it is possible that PKC has additional indirect effects on PLD. For example, there are data concerning an agonist-induced complex of PLD and PKC, along with a 220-kDa protein that becomes phosphorylated on serine and threonine residues when activated [85]. Thus, interaction of PKC and PLD in the cell may involve multiple mechanisms that may serve to fine-tune PLD activation.

### Regulation of PLD by ceramide

Ceramide is a potent lipid second messenger that mediates a variety of cellular effects, including cellular differentiation and apoptosis (for reviews, see [95–97]). Ceramide can be derived in the cell from either the breakdown of sphingomyelin (SM) by sphingomyelinase (SMase) or synthesis by ceramide synthase. Conceptually, ceramide represents one end of the spectrum of antagonistic bioactive lipids that determine cell fate, with promitogenic DAG on the other end. It is being discovered that the glycerolipid and sphingolipid pathways intersect at numerous points, and PKC and PKC-regulating enzymes are at the forefront of this interaction.

Modulation of PLD activity by ceramide has been demonstrated to be a key mechanism in the antiproliferative actions of ceramide; however, the workings of this mechanism are unclear. Ceramide inhibition of PLD could occur by several mechanisms: (i) ceramide could exert its effects on PLD activators, such as PKC  $\alpha$  and  $\beta$ , ARF-1, RhoA and CDC42. Importantly, this could include either direct inhibition of PKC activity or alteration of PKC subcellular localization (i.e. inhibition of translocation to the membrane); (ii) ceramide could have a direct effect on PLD, such as alteration of PLD trafficking or subcellular localization; or (iii) ceramide could disrupt the interaction of PLD with its activators, for example, PKC or PIP<sub>2</sub>.

In the mid-1990s, several groups published the first reports on ceramide inhibition of PLD. While studying young versus senescent Wi38 fibroblast cells, Venable et al. came across a defect in PLD signaling in the senescent fibroblasts that correlated with an increase in SMase activity and an elevation of ceramide levels [98, 99]. The group found that C<sub>6</sub>-ceramide action on young fibroblasts could recapitulate the signaling defects seen in the senes-

cent fibroblasts and that inhibition of PLD occurred through a disruption of the PLD-PKC interaction [100]. Around the same time, a partial inhibition of phorbol ester-induced PLD activity by  $C_2$ -ceramide was reported to occur in human neutrophils [101], as well as a partial inhibition of PLD activity by  $C_2$ - and  $C_6$ -ceramide in fibroblasts stimulated with phorbol esters and thrombin [102]. These results have been substantiated by numerous other studies that showed inhibition of PLD by  $C_2$ -ceramide or by  $C_6$ -ceramide and ceramide generated by exogenous SMases [103–116].

Stimulation of cells with agonists that activate PLD has been shown to correlate with the translocation or association of PLD activators to membrane surfaces. Indeed, data show that ceramide can inhibit the translocation of PKC to the plasma membrane in response to PMA [103, 117]. Currently, there is uncertainty about the ability of ceramide to inhibit PLD through its effects on the translocation of PKC  $\alpha$  and  $\beta$ , ARF-1 and RhoA. Several investigations have reported that ceramide can mediate its inhibition of PLD, at least in part, by inhibiting translocation or membrane association of one or more of these activators [103, 104, 107]. Other data suggest that ceramide may mediate its effects on PLD through alternative mechanisms: Singh et al. reported that in a cell-free system, ceramide reversibly and directly inhibited PLD by competing with  $PIP_2$  [112]. Another series of reports found that ceramide mediates its effects not by inhibiting the translocation of PLD activators but through the disruption of protein-protein interactions in which PLD participates in the plasma membrane [114, 116]. There is an intriguing finding that ceramide may mediate its effects through the disruption of lipid rafts, leading to an alteration of PLD membrane localization and normal protein-protein interactions [118]. While these studies clearly show the inhibitory effects of ceramide on PKC and PLD, the specific mechanisms operating *in vivo* have not been clearly established.

### Regulation of PKC through PA

PA can be produced in the cell as a product of PC hydrolysis mediated by PLD or by the direct phosphorylation of DAG by DAG kinases (fig. 2). Although the physiological function of PA *per se* is not well understood, several *in vitro* and *in vivo* targets of PA have been identified, including  $PIP$  5-kinase [119],  $PI-PLC\beta$  [120], Raf-1 [121], protein phosphatase 1 [122] and PKC itself [28, 123, 124]. In addition, several groups have described PA-responsive protein kinases that to date remain unidentified but that have been determined as separate from known members of the PKC superfamily [125–127].

Early *in vitro* studies investigating lipid regulation of the classical PKC isoenzymes demonstrated an ability of PA to substitute for PS in the activation of PKC [28, 123,

124]. Importantly, the potency and specificity of PA substitution for PS were dependent upon whether the assay was performed with Triton X-100 mixed micelles or with sonicated lipid vesicles containing lipid bilayers [28, 128]. The greater specificity of PKC activation by PS over PA in the Triton X-100-based assay suggests that the electrostatic properties of the acidic PA head group may have accounted for the ability of PA to substitute for PS under some circumstances. Importantly, the concentrations of PA necessary for this activation are unlikely to be achieved in the cell. However, it remains to be determined whether PA may function as a lipid activator/cofactor of the classical PKCs.

On the other hand, evidence for a possible role for PA as a primary lipid activator for members of the atypical subfamily of PKC isoenzymes is accumulating. Activation of atypical PKC  $\zeta$ , as measured by autophosphorylation, has been demonstrated in cell extracts of COS cells overexpressing PKC  $\zeta$  treated with PA [129]. In addition, PA was seen to induce phosphorylation of an artificial PKC substrate,  $\epsilon$ -pseudosubstrate, by purified PKC  $\zeta$  in an *in vitro* assay [124]. This is further substantiated by unpublished studies from our laboratory using Triton X-100 mixed micelles with PA, which demonstrated that PA activates recombinant PKC  $\zeta$  to a maximum at 5 mol% PA. Moreover, in cell studies where PLD was overexpressed and then stimulated with PMA in the presence of GFP-tagged PKC  $\zeta$ , there was a shift in subcellular localization of PKC  $\zeta$  from the cytosol to endocytic vesicles, suggesting an effect by PA. Thus, PA may directly regulate the activity of the atypical PKCs.

### Regulation of PKC by PLD-derived DAG

It was first reported in the mid 1980s that cells stimulated with agonists that bind to G protein- and growth factor-coupled receptors generated two peaks of DAG. The initial peak, which appeared within 15 s of stimulation, was followed by a second peak that started at 5 min and was sustained at 1 h and later [130–136]. The initial peak of DAG corresponded with the production of  $IP_3$  and was shown to arise from PLC-mediated hydrolysis of PI lipids, whereas the second peak was independent of  $IP_3$  levels, and its source was unknown. Analysis of the fatty acyl chains of the second peak of DAG confirmed that these DAG species arose from PC hydrolysis, which is enriched with saturated fatty acids [133, 134, 137, 138]. These early results suggested the operation of either PC-specific PLC or PC-PLD. Over the ensuing years, evidence has pointed toward PC-PLD and away from PC-PLC as a source of the second peak of DAG, especially since no such mammalian enzyme has been identified at a molecular level. A role for PC-PLD as a producer of sustained DAG in the cell is well established. In a study

by Pettitt et al. [139], the authors examined the biphasic production of DAG and DAG species with mass spectrometry following agonist stimulation. They demonstrated that when 1-butanol was added to stimulated cells, the early peak of DAG was unchanged, but formation of the later peak (30 min) was completely blocked. In contrast, incubation of cells with 2-butanol, which is not utilized by PLD, had no effect on either peak of DAG.

Importantly, sustained elevations of DAG have been reported in a variety of pathological conditions, such as oncogenic Ras transformation [140–144], chronic angiotensin stimulation [135], lung cancer progression [145] and hyperglycemia [52]. Thus, understanding the mechanisms of sustained DAG is critical, specifically, whether it is capable of activating PKC.

Interestingly, data regarding PKC activation by sustained DAG derived from PC hydrolysis is scarce. Cellular PI lipids are predominantly composed of acyl chains that are saturated with stearate (18:0) in the *sn*-1 position and with polyunsaturated moieties, such as arachidonyl (20:4), in the *sn*-2 position [146] (fig. 1). As such, hydrolysis of PIP<sub>2</sub> leads to an accumulation of DAG species that have a corresponding composition. In contrast, PA and DAG species derived from PC hydrolysis are generally composed of saturated/monounsaturated acyl chains that have a predominance of palmitate, oleate and linoleate [133, 134, 147]. Initial in vitro biochemical analysis of DAG regulation of PKC revealed that unsaturated DAGs were most effective as activators of PKC in the presence of calcium and PS [2]. Subsequent studies revealed a strong requirement for polyunsaturation at the *sn*-2 position of DAG, with a gradation of decreasing potency that is proportional to saturation at this position. Saturated DAGs such as dipalmitoyl and distearoyl were the least effective, diunsaturated dioleoyl was more effective and polyunsaturated DAGs were the most potent [148–150]. Despite these studies and the requirement for polyunsaturation at the *sn*-2 position, some in vitro studies have demonstrated that naturally occurring and saturated species of DAG can activate PKC with similar effectiveness as polyunsaturated DAG [13, 151].

Although the purpose of analyzing PKC lipid regulation in vitro is to understand what occurs at the cell membrane level, studying regulation by DAG species that have different acyl compositions is inherently difficult. It is unknown whether differences observed between saturated and polyunsaturated DAG in vitro reflect true variations in potencies or whether they are due to different methods of presentation to PKC (although using detergent lipid mixed micelles tends to mitigate this concern). Moreover, in regard to PKC regulation by PC-derived DAG, mechanisms beyond the ‘classical’ concepts of PKC activation need to be explored in order to understand the effects of PLD-generated DAG on PKC. For instance, whereas polyunsaturated DAG is required for plasma

membrane recruitment and activation of cPKCs, other DAGs at alternative membrane surfaces and with cofactors other than PS may be needed to activate PKC in a sustained manner.

In cells, there are data arguing both for and against a role for PLD-derived DAG in the activation of PKC. Early studies of PKC activation, as determined by PKC translocation or substrate phosphorylation in GH3 pituitary cells [152], IIC9 fibroblasts [153], GH4C1 pituitary cells [154] and RBL 2H3 mast cells [155] failed to reveal any effect of the sustained peak of DAG on PKC. These observations were followed by a study in porcine aortic endothelial cells wherein the authors devised a system using lysophosphatidic acid to stimulate PLD without concomitant activation of PLC. Based on a lack of translocation or enhancement of membrane-associated PKC, they concluded that PLD-derived DAG was unable to activate PKC [139]. Of note, this study recorded significant basal levels of membrane association of PKC isoenzymes in the absence of stimulation, which in our opinion makes evaluation of translocation difficult. Moreover, as mentioned above, it is conceivable that PLD-activated PKC may relocate to other compartments.

Alternatively, there are data suggesting that sustained DAG can activate PKC. Exton and colleagues demonstrated that in IIC9 fibroblasts stimulated with  $\alpha$ -thrombin, which induces a biphasic accumulation of DAG, PKC  $\alpha$  was transiently associated with the membrane (<1 min), but PKC  $\epsilon$  was translocated to the plasma membrane in a sustained manner (60 min) [156]. Other cell studies substantiate these findings, including a study in which stimulation with a combination of bombesin and transforming growth factor  $\beta$  led to sustained accumulation of DAG and activation of PKC isoenzymes [157].

Although the above studies employed a traditional approach in evaluating PKC activation by PLD-derived DAG through biochemical fractionation methods, the use of GFP-tagged and confocal microscopy has provided additional perspectives. Recent data from our laboratory identified a novel site of translocation for GFP-PKC  $\alpha$  and  $\beta$ II localized to a subset of recycling endosomes concentrated around the MTOC/centrosome during sustained activation [48], and this translocation has now been shown to occur in a PLD-dependent manner [158]. Hu and Exton recently reported the association of PKC  $\alpha$  with PLD at a similar juxtanuclear compartment and to the subsequent activation of PLD [159]. This compartment thus defines a novel system in which to further study the relationship of PKC and PLD.

### Concluding remarks and future directions

The discovery that DAG could function in the cell as a potent second messenger revolutionized our understanding



of signal transduction and thrust PKC and DAG-metabolizing enzymes (e.g. PI-PLC, SMS, PLD, DAG kinase) into the spotlight of cell biological research. The classical model of lipid signaling born of these early findings continues to serve as a powerful theoretical and experimental paradigm. On the other hand, recent technological advances in molecular biology and microscopy, coupled with a greater understanding of cell biology, have challenged the conceptual boundaries of this model. Certainly one of the largest tasks in the coming years will be to define the function of various lipid molecules and the regulation of lipid metabolizing enzymes and to incorporate these findings into an expanded model of lipid signaling.

This is exemplified by the complicated relationship between PKC and PLD. There is substantial evidence accumulated over the last 20 years to suggest that PLD is a major target for DAG/PMA-sensitive PKCs. Despite these significant advances, data regarding several aspects of this interaction are insufficient; for example, (i) where in the cell do PKC and PLD interact? The classical model of lipid signaling envisions the recruitment of PKC to the plasma membrane, where it can become activated and target downstream substrates such as PLD. In this model, PKC and PLD are thought to interact at the inner face of the plasma membrane. The recent discoveries of the pericentration and the localization of PKC and PLD to a similar juxtanuclear compartment may constitute a cornerstone finding in our understanding of lipid signaling at intracellular membrane surfaces other than the plasma membrane; (ii) what role does phosphorylation of PLD by PKC play in its regulation? Large discrepancies among different studies suggest a highly complex regulation of PLD by PKC that may ultimately be revealed as both phosphorylation-dependent and phosphorylation-independent, and contextually determined (e.g. subcellular localization and protein or lipid cofactors); and (iii) what is the role of sphingolipids in PLD regulation? Glycerolipids (e.g. DAG) and sphingolipids (e.g. ceramide) have been suggested to be two functionally antagonistic molecules, and recent data have revealed that multiple sites of interaction may exist between these two pathways. Both ceramide and sphingosine have been shown to modulate PKC and PLD. It will be important in the coming years to dissect the significance of this interaction and its role in determining cell fate.

From the standpoint of DAG as a bioactive molecule, one of the most pressing questions is whether DAG derived from PC hydrolysis (via either PC-PLD or SMS) has signaling properties and can modulate any of the DAG/PMA-binding proteins (e.g. PKC, chimaerins). Although a comprehensive answer would require an exhaustive *in vitro* approach, ultimately the greatest insight will be derived from cell-based studies. Definitive studies in cells are needed to address whether PLD can produce local and sustained concentrations of DAG that, either alone or

in conjunction with other lipid or protein cofactors, can effect PKC signaling. These questions await the development of cellular lipid probes that will allow the localization of distinct lipid species in live cells. Further, the recent development of small interfering RNA (siRNA) may make help answer these questions by providing the ability to isolate PLD-derived DAG through downregulation of other phospholipases and DAG kinase.

Although PLD/PKC interactions are mechanistically more complex than those of PI-PLC/PKC, technologies in cell biology are maturing at such a rapid rate that we are poised to witness several breakthroughs in lipid signaling.

**Acknowledgement.** This work was supported in part by the National Institutes of Health (NIH) grant HL 43707. We also thank Dr. Ashley Cowart for her careful review of this manuscript.

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