

REVIEW

Commentary on the Use of Immortalized Neuroendocrine Cell Lines for Physiological Research

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A great deal of work has been done recently using the GT₁₋₇ immortalized cells (1) as a model of a “highly differentiated” GnRH neuron (reviewed in refs. 2–5). GT₁ cells, maintained in cell culture, exhibit several morphological (1,6), biochemical (1,7), and physiological (1,3) functions characteristic of adult, differentiated GnRH neurons. In addition, though never demonstrated for GnRH neurons *in situ*, GT₁ cells in culture exhibit intrinsic, pulsatile secretory activity (8–10). They have been found to “differentiate” *in situ* and restore reproductive function in adult *hpg* mice following their direct introduction into the brain (11). Whereas several advantages of using GT₁ cells to model the GnRH neuron have been enumerated (2–4), potential disadvantages have received less attention. The *in vitro* study of such transformed cell lines has several limitations. The extent to which observed electrophysiological, receptor, second messenger, gene expression, and secretory properties of GT₁ cells are subsequently found accurately to characterize *in situ* GnRH neurons in adult brain is unknown. Potential limitations include the following problems, several of which are common to the study of all cell lines.

First, it is unclear whether the level of differentiation of postmitotic, immortalized cells can be maintained over cell generations. For instance, increased expression of T-antigen in transformed pituitary lactotroph cell lines is correlated with progressive loss of the lactotroph phenotype (12). If this occurs with increasing numbers of cell passages, to what extent is the fully differentiated phenotype compromised by the lesser concentrations of T-antigen found in GT₁ founder cells? Second, significant effects of T-antigen expression in these cells on normal physiological cell functions may exist, but are unrecognized. Third, when stereotactically placed in the hypothalamus of *hpg* mice, axons

derived from normal GnRH cells usually innervate the median eminence (13,14) whereas GT₁-derived axons seldom do so (11). Such GT₁ hypothalamic grafts, of course, exhibit a marked propensity to form tumors (11). Fourth, studied *in vitro*, a homogeneous cell line is obviously removed from normal *in situ* interactions with other afferent neurons and supporting glia. Fifth, several million GT₁ cells are commonly studied on coverslips or in culture wells whereas the rodent neuroendocrine brain has about 800 GnRH neurons (15,16), which likely exhibit considerably less GnRH-GnRH connectivity than the *in vitro* cultures. Sixth, GT₁ cells express neurotransmitter receptors (e.g., β_1 -adrenergic) and respond to the corresponding ligands (e.g., isoproterenol), in cases for which there is considerable evidence against *in situ*. For example, substantial evidence exists for α - and not β -adrenergic receptor mediation *in vivo* (17–21). Another example is the GABA_A α_1 subunit that is reportedly expressed in GT₁ cells (22,23), but not by GnRH neurons *in situ* (24,25). Similarly, *in situ*, about 30% of GnRH neurons are observed to express the GABA_A γ_2 receptor subtype (Dr. Allan Herbison, personal communication), whereas three groups have reported an absence of γ subunit mRNAs (γ_1 , γ_2 , γ_{2L} , and γ_3) from GT₁ cells determined by Northern blot analysis and RT-PCR (22,23,26). Accordingly, GT₁ cells (22,23) lack the γ subunit-associated sensitivities to benzodiazepines (27–29), ethanol (30), and Zn²⁺ (31). Finally, particularly disturbing is recent evidence that GT₁ cells exhibit several properties of “embryonic,” not adult GnRH neurons. It has been known for some time that immortalized cell lines usually represent or are “fixed” at a particular stage of cellular development, that correct developmental targeting (e.g., to the fully differentiated, adult phenotype) in transgenic animals is at present quite problematic, and that, in fact, most such cell lines produced are “immature” neurons (32,33). Five groups now have reported that GABA and GABA agonists, acting via GABA_A receptors, stimulate GnRH release from GT₁ cells (23,26,34–36). In adult brain, a direct, stimulatory GABA action is extremely rare and limited in circumstance, both

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in the neuroendocrine and in the general neurobiological literature (*see, e.g., refs. 37–39*). GABA is thought to be the most ubiquitous inhibitory neurotransmitter in brain (*40,41*), with about 33% of the estimated 10^{15} CNS synapses utilizing GABA as their transmitter (*42*), and virtually every neuron in adult brain studied to date is inhibited by applied GABA (*43*). However, *in utero* and during early postnatal life, there is now substantial evidence that GABA acts as an excitatory neurotransmitter causing GABA_A-mediated depolarizing potentials, perhaps mediated by L-type Ca^{2+} channel activation (*see, e.g., refs. 44–53*). GABA then reverses its action and starts to play its well-known role as an inhibitory neurotransmitter in adult brain (for reviews, *see refs. 54–56*). Indeed, GT₁ cells share several intrinsic properties such as voltage- and ligand-gated ion channels, resting membrane potential, and receptors expressed, with “embryonic” GnRH neurons studied in organotypic cell culture, including GABA-induced depolarization via GABA_A receptors (*57*). Their “embryonic” nature may in fact be essential for their successful integration into the adult *hpg* mouse hypothalamus (*11*). Work with the human GnRH promoter-SV40 T-antigen oncogene fusion gene construct (the rat GnRH promoter was used to generate the GT₁ cells) in transgenic animals clearly indicates that T-antigen expression begins, and presumably, the cells are transformed, during embryogenesis as they migrate from the olfactory placode to the rostral hypothalamus (*58,59*).

Given this substantive evidence, it would appear that further study of GT₁ cells, and GnRH neurons in organotypic cell cultures, for purposes other than modeling the late embryonic/early postnatal developmental period, may be misguided. As a model for studying adult GnRH pulse generator function, I agree with Kusano, Fueshko, Gainer, and Wray (*57*) who recently concluded: “in other neuronal systems, it has been shown that novel oscillatory rhythms and synchronous firing in populations of cells can emerge as a result of the interaction of the intrinsic neuronal biophysical properties and their resonance with specific neuronal inputs...it is likely that a full mechanistic description of GnRH secretory rhythms *in vivo* will require such network analyses.” Another issue regards *in vivo* vs *in vitro* gene promoter analysis. Considering heterologous cell systems, Dutt, Kaplitt, Kow, and Pfaff (*60*) have argued: “considering that a high proportion of functional studies of promoters are carried out in arbitrarily chosen cell lines whose nuclear protein environment may be more or less irrelevant to the normal nerve cell...it is desirable...to determine...functional importance...in...neurons which have normal cell-to-cell contacts.” Indeed, progress continues to be made on *in vivo* promoter analysis of neuroendocrine genes (*see, e.g., refs. 61–63*), and the related capability for *ex vivo* transfection of gene promoter-reporter constructs into identified neurons in brain slices using biolistics and immunohistochemistry (*see, e.g., refs.*

64–67). Although not a heterologous cell type, the GT₁ cells are not, strictly speaking, a homologous system either, because they are transformed GnRH cells. More importantly, if the concentrations of transcription factors (enhancers and or repressors), known to be critical for gene promoter function, vary with development, then GnRH gene promoter analyses carried out in GT₁ cells may yield results at variance with the adult, fully differentiated GnRH neuron studied *in situ*. A related problem could arise if T-antigen expression increases with time and or successive cell passages. This would result in increased copies of T-antigen-linked GnRH promoter available to bind transcription factors. A transcription factor present in limited concentration could be, in effect, “quenched” by the introduced transgene, resulting in a markedly decreased or absent signal from the reporter gene construct and an incorrect interpretation of the experimental result.

Investigators must remain appropriately vigilant for any/all potential limitations of genetically engineered cells and their “physiological” responses. *In vivo* work, including *in vivo* gene transfer for gene promoter studies, however challenging, still must be done. For the same reasons that clinical trials for drug approval are conducted *in vivo* in humans, the *sine qua non* for physiological relevance is work performed or validated *in vivo*. Molecular genetic work must be grounded in normal cellular and physiological contexts, otherwise some (perhaps much) of it will undoubtedly be found to be physiologically erroneous.

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