

THE ROLE OF THE MURINE EP3 RECEPTOR VARIANTS ON CELL FUNCTION

By

Ines Maria Macias-Perez

Dissertation

Submitted to the Faculty of the
Graduate School of Vanderbilt University
in partial fulfillment of the requirements

for the degree of

DOCTOR OF PHILOSOPHY

in

Cancer Biology

May, 2008

Nashville, Tennessee

Approved:

Professor Ambra Pozzi

Professor Richard Peek

Professor Lynn Matrisian

Professor Richard M. Breyer

Dedicated to my mother, Ines Macias, and the memory of my father, Juan Macias, who taught me an education is our most powerful tool in life.

ORIGINAL PUBLICATIONS

Macias-Perez I, Breyer RM, Breyer MD, Carmosina M, Matrisian LM, Zent R, Pozzi A. Activation of the PGE₂ mEP3 receptor variants enhances cell-cell interaction via Rho. *J Biol Chem*. 2008 Jan.

Macias-Perez I, Chen X, Yan X, Ibanez R, Matrisian LM, Zent R, Pozzi A. Deficiency of integrin $\alpha 1\beta 1$ reduces lung tumor development in Kras^{LA} mice. *Cancer Research*, 2008, *Under revision*.

Rao R, Redha R, **Macias-Perez I**, Su Y, Hao C, Zent R, Breyer MD, Pozzi A. Prostaglandin E2-EP4 receptor promotes endothelial cell migration via ERK activation and angiogenesis in vivo. *J Biol Chem*. 2007 Jun 8; 282(23):16959-68.

Pozzi A, **Macias-Perez I**, Abair T, Wei S, Su Y, Zent R, Falck JR, Capdevila JH. Characterization of 5, 6- and 8, 9-epoxyeicosatrienoic acids (5, 6- and 8, 9-EET) as potent in vivo angiogenic lipids. *J Biol Chem*. 2005 Jul 22; 280(29):27138-46.

Pozzi A, Yan X, **Macias-Perez I**, Wei S, Hata AN, Breyer RM, Morrow JD, Capdevila JH. Colon carcinoma cell growth is associated with prostaglandin E2/EP4 receptor-evoked ERK activation. *J Biol Chem*. 2004 Jul 9; 279(28):29797-804.

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to my advisor Dr. Ambra Pozzi. I greatly appreciate her guidance and extraordinary support with my research projects. I would like to thank her for her patience and commitment towards training me to be the kind of research scientist that can, paradoxically, keep in mind the big picture while reminding me to always “focus, focus, focus!”

I would like to thank all my committee members: Dr. Richard M. Breyer, Dr. Lynn M. Matrisian, and Dr. Richard M. Peek Jr. for their kind assistance and critical evaluation of my progress, which helped me in learning good science during the course of my PhD program. My special thanks to Dr. Breyer, for providing us with countless reagents, constructs and guidance from this project’s inception. I am grateful to Dr. Matrisian, she has taught me that leadership and learning are synonymous, that I can be true to myself while effective and respected as a leader. I thank you for the personal and professional development I have gained due to the opportunities offered and encouraged by our department leaders that have had a huge impact on my career path. I am very proud to have joined, served and to be graduating from the department of Cancer Biology. A warm thank you to my Pozzi and Zent lab family: Sean Yan, Maria Raquel Ibanez, Yan Su, Xiwu Chen, Carrie Whiting, Corina Borza, Dong Chen, Nada Bulus, Glenda Mernaugh, Leslie Gewin, Karen Riggins, and Xi Zhang. Each of you have made my time in the lab a pleasure and given me great life advice over the years. I will be ever grateful to my labmate, Tristin Abair, for her moral support, love, encouragement and

most importantly, our friendship that has grown throughout our graduate school experience. I will miss our day-to-day life chats, be they personal or scientific, our conversations helped me through the frustrations and stress faced through graduate school.

On a personal note, I wish to thank my friends and family. They have all been so supportive of my desire to continue learning. I am grateful to Patrice Jackson, your friendship since our summer Bridges experience has been invaluable. Thank you for your constant support and encouragement all these years. My deepest gratitude to my Nashville family of dear friends from all over the world, especially Kathy Amiri, Paula Pohlmann, Luis Fernandez, Viviana Lavin, Marta Guix, Marianela Perez Torres, Archana Narasanna, Petra Prin, Eduardo Dias, Adriana Hermel, Fiona Harrison, Maria Graciela Olivares and Manoj Sridhar. I am so grateful to have met you all. Thank you for your friendship, your love, constant support and encouragement. You have made my experience at Vanderbilt and in Nashville so special and so much fun! I thank my aunt and uncle, Lellany & Jose Guevara, whose love and support throughout the years, especially while living with them in Miami as I earned my masters, made possible the training and research opportunities I received at Vanderbilt. I also express my sincerest gratitude to my father- and mother-in-law, Don & Dinorah Coccagnia, for their thoughtful words of encouragement and support throughout the years. I would especially like to thank my mother for making the countless and priceless sacrifices that have made this accomplishment possible. She is my first role model, throughout life's hardships, she personifies strength, unwavering faith, and unconditional love. I am grateful for her

encouragement and support through all my endeavors, for always having confidence in me and reminding me to have courage and confidence in myself. Lastly, but certainly not least, I thank with all my heart my husband, Antonio Perez, for moving with me to Nashville to start a new life together, believing in me and my abilities, encouraging me when things were rough and giving me perspective and balance when I lost them in the depths of the lab running experiments. Thank you for the hundreds of late-night dinners we shared in the lab. None of this would have been possible without your commitment, your patience, your faith but most of all, your love.

TABLE OF CONTENTS

	Page
DEDICATION	ii
ORIGINAL PUBLICATIONS	iii
ACKNOWLEDGEMENTS	iv
LIST OF FIGURES	x
LIST OF TABLES	xii
LIST OF ABBREVIATIONS.....	xiii
Chapter	
I. INTRODUCTION	1
Cyclooxygenase-2.....	1
COX-2 and cancer.....	3
NSAIDs and colorectal cancer.....	4
Prostaglandins	7
Biological functions of PGE ₂	8
PGE ₂ and cancer	10
EP receptors	13
Structure of EP receptors	15
Properties of EP receptors.....	17
Distribution of EP receptors.....	20
Genetic deletion of the EP receptors.....	23
EP receptors and cancer	28
EP3 receptor variants	31
Aims of Dissertation	34
II. MATERIALS AND METHODS	36
Reagents	36
Expression of mEP3 receptor variants in HEK293 and HCT116 cells	36
Flow cytometry	37
Preparation of cell membranes.....	37
Radioligand binding assays	38
Intracellular calcium mobilization assay	39
Morphology and immunofluorescence analysis	39

	Rho GTP pulldown assay.....	40
	Western blot analysis	41
	Cell proliferation.....	42
	Tumor growth in nude mice.....	42
	Statistical Analysis.....	43
III.	Characterization of the mEP3 receptor variants	44
	Introduction.....	44
	Results.....	46
	The mEP3 receptor variants are expressed at similar levels.....	46
	Signaling by the mEP3 receptor variants mobilizes intracellular calcium as well as activates ERK and Rho.....	47
	Differential surface localization by the mEP3 receptor variants	50
	Activation of the mEP3 receptor variants induces a morphological change characterized by enhanced cell-cell contact.....	53
	The morphological change induced by the mEP3 receptor variants is both physiologically relevant and specific to EP3 activation	55
	The morphological change induced by mEP3 is mediated by RhoA	57
	G ₁₂ and G ₁₃ may regulate the mEP3 receptor variant-induced morphological change	59
	The mEP3 receptor variant-induced morphological change is likely mediated by G ₁₂	61
	Conclusions.....	63
IV.	Functional analysis of the mEP3 receptor variants on tumor cell growth	65
	Introduction.....	65
	Results.....	66
	Activation of the mEP3 receptor variants reduces proliferation <i>in vitro</i> ...	66
	The inhibitory effect of mEP3 receptor activation <i>in vitro</i> is mediated by Rho in HEK293 cells	68
	The mEP3 receptor variants inhibit tumor cell growth in HEK293 cells <i>in vivo</i>	68
	EP3 receptor variant signaling activates Rho and enhances cell-cell contact in human colon cancer cells	70
	Activation of the mEP3 receptor variants inhibits human colon cancer cell growth <i>in vitro</i> and <i>in vivo</i>	71
	Conclusions.....	73
V.	DISCUSSION AND FUTURE DIRECTIONS	76
	Overview.....	76
	Activation of the mEP3 receptor variants induces a morphological change mediated by a G ₁₂ -RhoA pathway	78
	The mEP3 receptor variants suppress tumor cell growth <i>in vitro</i> and <i>in vivo</i>	82

Conclusion	87
REFERENCES	89

LIST OF FIGURES

Figure	Page
1. Synthesis of prostanoids by cyclooxygenases	2
2. Prostaglandin actions and synthesis.....	9
3. Signal transduction of prostaglandin E ₂ receptors	11
4. Amino acid sequence alignment for mouse EP receptor subtypes and EP3 variants.....	16
5. The mEP3 receptor variants are expressed at similar levels.....	48
6. Signaling by the mEP3 receptor variants mobilizes intracellular calcium as well as activates ERK and Rho.....	49
7. Differential surface localization by the mEP3 receptor variants	51
8. Activation of the mEP3 receptor variants induces a morphological change that enhances cell-cell contact	54
9. The morphological change induced by the mEP3 receptor variants is both physiologically relevant and specific to EP3 activation	56
10. The morphological change induced by mEP3 is mediated by RhoA	58
11. G ₁₂ and G ₁₃ may regulate the mEP3 receptor variant-induced morphological change	60
12. The mEP3 receptor variant-induced morphological change is likely mediated by G ₁₂	62
13. Activation of the mEP3 receptor variants reduces proliferation <i>in vitro</i> and this inhibitory effect is mediated by Rho in HEK293 cells	67
14. The mEP3 receptor variants inhibit tumor cell growth in HEK293 cells <i>in vivo</i>	69
15. EP3 receptor variant signaling activates Rho and enhances cell-cell contact in human colon cancer cells.....	72
16. Activation of the mEP3 receptor variants inhibits human colon cancer cell	

growth <i>in vitro</i> and <i>in vivo</i>	74
17. Regulation of cell growth and morphology by the mEP3 receptor variants.....	85

LIST OF TABLES

Table	Page
1. Signal transduction properties of EP receptor subtypes and EP3 variants	21
2. Major phenotypes of EP receptor knockout mice.....	25

LIST OF ABBREVIATIONS

AA	Arachidonic acid
ACF	Aberrant crypt foci
AOM	Azoxymethane
AVP	Arginine-vasopressin
cAMP	Cyclic adenosine monophosphate
COX	Cyclooxygenase
CRC	Colorectal cancer
DMEM	Dulbecco's modified Eagle's media
EGF	Epidermal growth factor
ERK	Extracellular signal-regulated kinase
FACS	Fluorescence-activated cell sorting
FAP	Familial adenomatous polyposis
FCS	Fetal calf serum
GPCR	G protein couple receptor
LPS	Lipopolysaccharide
MAPK	Mitogen-activated protein kinase
MDCK	Madin-Darby canine kidney
MMP	Matrix metalloproteinase
MMTV	Mouse mammary tumor virus
PBS	Phosphate-buffered saline
PGDH	Prostaglandin dehydrogenase

PGE	Prostaglandin E
PI3K	Phosphoinositide 3-kinase
PKA	Protein kinase A
PLC	Phospholipase C
SDS	Sodium dodecyl sulfate
VEGF	Vascular endothelial growth factor

CHAPTER I

INTRODUCTION

Cyclooxygenase-2

The cyclooxygenase enzymes, COX-1 and COX-2, catalyze the rate-limiting steps in the biosynthesis of prostaglandins and thromboxanes, collectively known as prostanoids. The cyclooxygenases utilize arachidonic acid (AA) as their substrate and convert it to prostaglandin H₂ (PGH₂) (**Figure 1**). AA is generated by phospholipase A₂ and is further oxidized by COX. The downstream isomerases can convert PGH₂ to prostacycline, prostaglandins, or thromboxane A₂, which play a vital role in multiple physiologic and pathologic processes (2).

COX-2 was originally cloned as a primary response gene whose messenger RNA was rapidly induced by treatment with phorbol esters (3). Regulation of expression of COX-1 and COX-2 is distinct: COX-1 is constitutively expressed and responsible for “housekeeping” prostaglandin synthesis, whereas COX-2 is an inducible enzyme whose expression and activity in most cells are upregulated in response to a variety of proinflammatory stimuli (2, 4, 5). Various extracellular stimuli including growth factors, cytokines and tumor promoters can also induce COX-2 expression.

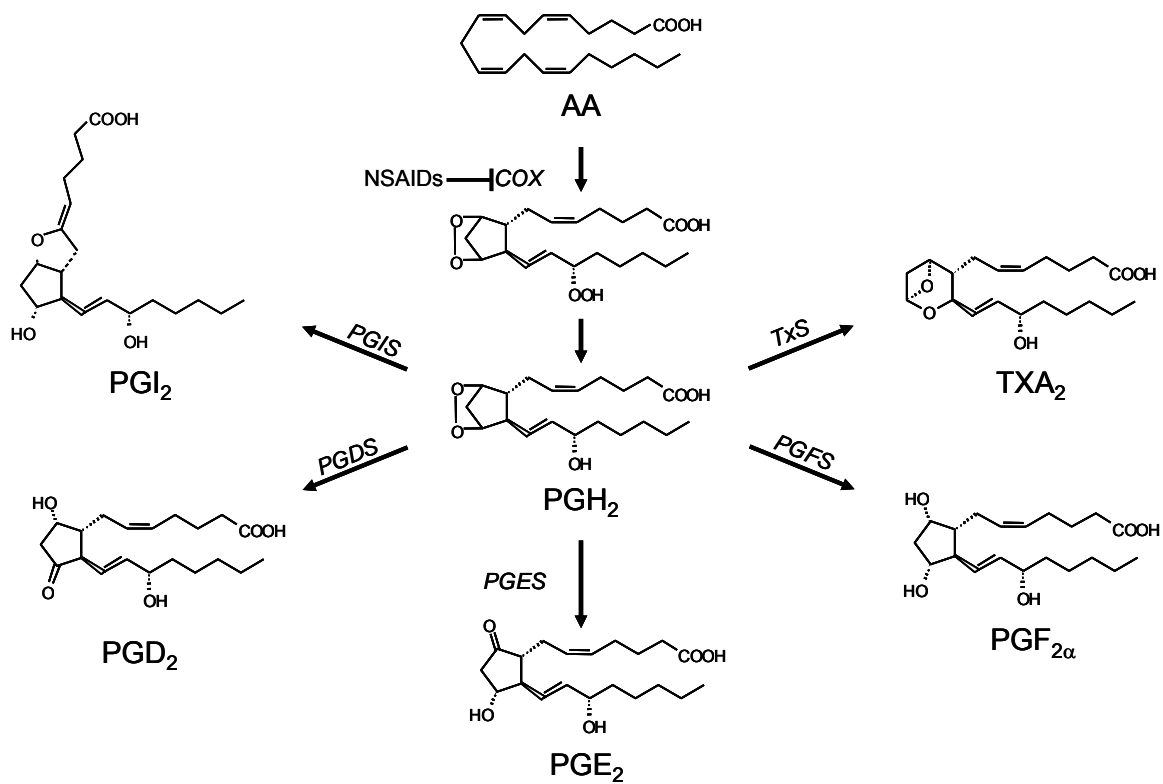


Figure 1. Synthesis of prostanooids by cyclooxygenases.

COX-2 and cancer

A substantial body of research has attributed an important role for COX-2 and its products in cancer development, cancer cell growth and cancer cell survival. Increased amounts of COX-2 are commonly found in both premalignant tissues and malignant tumors. This appears to reflect the effects of oncogenes, growth factors and tumor promoters, known inducers of COX-2 (6, 7). The most specific data supporting the cause-effect relation between overexpression of COX-2 and carcinogenesis come from genetic studies in mice (8, 9). It also has been demonstrated that prostaglandins and other COX-2-generated downstream mediators promote tumor cell proliferation and survival in an autocrine and/or paracrine manner (10-14). Furthermore, knockout of the COX-2 gene suppressed tumorigenesis in mice with a genetic predisposition for polyp formation (8).

Pharmacological evidence also implicates COX-2 in tumorigenesis. Selective inhibitors of COX-2 can reduce the formation of intestinal, breast, lung, skin, bladder, and tongue tumors in rodents (8, 15-22). Nonsteroidal anti-inflammatory drugs (NSAIDs) have also been implicated to have COX-independent mechanisms of inhibiting tumorigenesis (23). However the concentrations used in these studies were so high the pharmacological relevance is questionable. Collectively the genetic and pharmacological evidence strongly suggests COX-2 is a potential therapeutic target for preventing cancer.

NSAIDs and colorectal cancer

Colorectal cancer (CRC) is highly prevalent in the western world where it is the second most frequent cause of cancer-related death. In 2007, an estimated 153,760 cases of colorectal cancer will be diagnosed, and 52,180 people will die from the disease (24). By the age of 70 about 50% of the western population develops an adenomatous polyp and approximately 10% of these polyps will progress to malignancy (25). CRC is a multi-factorial disease. It is a result of a time dependent accumulation of mutations in genes controlling colonic epithelial cell turnover, and its incidence depends on both genetic as well as environmental risk factors, such as diet and lifestyle behavior. It is therefore not surprising to find various differences in prevalence, age of onset and anatomical distribution among various international populations and intra-national ethnic groups.

From a molecular-genetic perspective CRC is likely the best understood solid malignancy, which relates to the accessibility of the tumors and the fact that different stages of the same malignancy can coexist within the same patient. The seminal adenoma-carcinoma sequence of tumor progression integrates the notions that colorectal tumors result from mutational activation of oncogenes combined with inactivation of tumor-suppressor genes, multiple gene mutations are required to produce malignancies and that genetic alterations may occur in a definite sequence and yet the accumulation rather than the chronological order of these changes determines the histopathological characteristics of the colorectal tumor (26). While there is a 90% 5-year survival rate with surgical resection and/or adjuvant therapy of early CRC, only 37% of CRC are diagnosed

at this early stage. In advanced CRC traditional chemotherapy regimens have provided only a modest improvement in 5-year survival rates (27). For this reason, in addition to improved therapeutic options, better cancer prevention strategies must be developed.

Beginning with Waddell's serendipitous finding that sulindac, an NSAID used to treat a desmoid tumor also caused the dramatic regression of rectal polyps (28), a number of studies have shown that regular use of NSAIDs over a 10–15-year period can reduce the relative risk of developing CRC by 40%–50% (29-31). Although these studies were originally developed and substantiated in rodent models (32, 33), subsequent clinical trials confirmed that NSAID use leads to the regression of preexisting adenomas in patients with familial adenomatous polyposis (FAP) (28, 34-37).

In 1994 Eberhart and colleagues were the first to show a positive relationship between COX-2 expression and human CRC (38). Since then subsequent reports have confirmed COX-2 is overexpressed in about 90% of colorectal adenocarcinomas and in 40–90% of colorectal adenomas (39-41). In adenomas, COX-2 expression correlates with size and seems to be unrelated to the degree of dysplasia (38, 42, 43). COX-2 expression is thus observed early during colorectal tumor development in both benign and malignant tumors; however, these studies do not confirm COX-2 overexpression to be a central event. Direct evidence that links COX-2 to colorectal tumor development was obtained using animal models: chemically-induced and genetically engineered animal models of intestinal polyposis. Elevated COX-2 expression is observed in colonic adenomas and carcinomas from multiple intestinal neoplasia (*Min*) mice, which harbor a

mutation in the APC gene, and azoxymethane (AOM)-treated rats (44, 45). Deletion of COX-2 in two *Min* mice models decreased tumor formation (8, 46). Nonselective NSAIDs and COX-2 selective inhibitors had chemopreventive effects in AOM-treated rats (16, 47-50) and reduced the number of intestinal polyps in *Min* mice (15, 17, 51-54). Collectively, these studies suggest COX-2 is a biologic target of NSAIDs *in vivo* and selective COX-2 inhibitors may be efficacious in the prevention and treatment of CRC. Interestingly COX-1 deletion in *Min* mice also decreased polyp number (46) suggesting the actual enzymatic source may not be as important as the overall load of prostaglandins.

In 1971 Vane identified prostaglandins to be the target of NSAID activity (55). NSAIDs are thought to exert their anti-inflammatory, analgesic and anti-pyretic effects mainly by inhibiting the biosynthesis of prostaglandins (**Figure 1**) (55). Prostaglandins are members of a large family of bioactive lipid molecules known as eicosanoids. In humans, prostaglandins are involved in diverse functions including blood clotting, ovulation, initiation of labor, bone metabolism, nerve growth and development, wound healing, kidney function, blood vessel tone and immune responses (56). Given the broad role these bioactive compounds play in normal human physiology, it is not surprising that systemic suppression by NSAIDs can lead to unwanted side effects. These side effects increase with the age of the population and result in an increased risk of gastrointestinal bleeding, even at relatively low doses. Enormous effort has been expended to develop NSAIDs whose specificity of action will enhance the benefits of eicosanoid inhibition yet minimize the harmful effects.

Prostaglandins

Prostaglandins, thromboxanes and leukotrienes, collectively referred to as 'eicosanoids', are the metabolites of AA (**Figure 1**). Discovery of eicosanoids (from Greek *eicosa*=twenty; for twenty carbon fatty acid derivatives), was initiated in 1930 (57-59). First, it was found that exclusion of fat from the diet of rats led to growth retardation, reproductive disturbances, scaly skin, kidney lesions and excessive water consumption, which led to the discovery of essential fatty acids. Second, a factor with fatty acid properties and vasodepressor and smooth muscle-stimulating activity was identified and termed "prostaglandin." Bergström and Samuelsson linked these observations when they elucidated the structures of the "classical" prostaglandins and demonstrated that they were produced from an essential fatty acid, AA (60).

Prostaglandins are produced in most cells in the body and act as autocrine and paracrine mediators of such cell functions as pain generation, vascular permeability, febrile response and uterine contractility (61). The chemistry of eicosanoid biosynthesis is well known. Most eicosanoids are derived from AA that is sequestered in membrane phospholipids. Upon physiologic and pathologic stimulation, the rate-limiting step of prostanoid synthesis is the release of AA from the plasma membrane by phospholipase A₂. Thereafter, AA is metabolized through 1 of 3 major pathways: the cyclooxygenase pathway, the lipoxygenase pathway or the cytochrome P-450 monooxygenase pathway, depending on the availability of enzymes. Prostaglandin H synthase, commonly referred to as cyclooxygenase (COX), as mentioned earlier, is the key regulatory enzyme which catalyzes the conversion of AA to PGG₂ and PGH₂. PGH₂ is subsequently converted by

cell-specific synthases to a variety of eicosanoids that include PGE₂, PGD₂, PGF_{2α}, PGI₂ and thromboxane A₂ (TXA₂) (**Figure 1**).

Prostaglandins can signal at or immediately adjacent to their site of synthesis. They are not only key mediators of inflammation and involved in apoptosis, cell differentiation and oncogenesis, but also play critical physiologic roles in tissue homeostasis and function. For example, gastric mucosal protective function, sleep induction and vascular smooth muscles contraction and relaxation are all dependent upon these compounds (61-63). Some actions of prostaglandins are illustrated in **Figure 2**.

Biological functions of PGE₂

Among the prostanoids, prostaglandin E₂ (PGE₂) is the most widely produced in the body, the most widely found in animal species and exhibits the most versatile actions (64). PGE₂ activates a pleiotropic effect on signal transduction and the actual cellular effects exerted depend on the receptor subtypes expressed. PGE₂ is a major COX product in a number of physiological settings. It was first isolated and its structure determined in the 1960s (65). Thereafter, this prostaglandin was found in many different tissues. PGE₂ plays a protective role in maintaining the integrity of the gastric mucosa (66). The production of PGE₂ in the kidney is critical for normal renal function by preserving renal blood flow and glomerular filtration rate in settings of physiological stress, modulating salt and water transport in the distal tubule, and stimulating renin release from the juxtaglomerular apparatus (67). PGE₂ was also shown to play a role in the maintenance of blood pressure, particularly in the setting of salt overload (68). In certain instances,

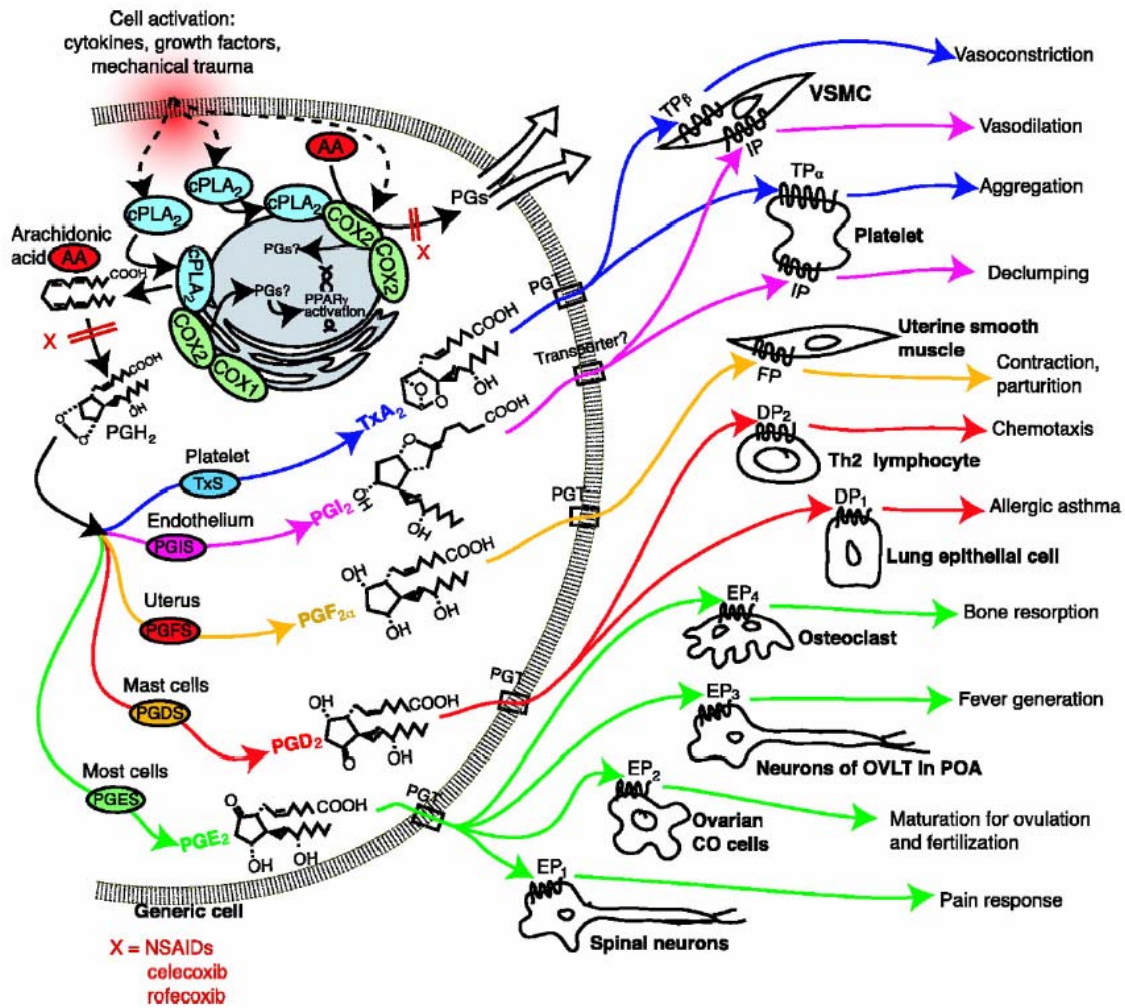


Figure 2. Prostaglandin actions and synthesis. Mechanical trauma, cytokines, growth factors, or various inflammatory stimuli activate cells, triggering signalling, including cytosolic phospholipase (cPLA₂) translocation to endoplasmic reticulum and nuclear membranes, release of arachidonic acid from membrane lipids and production of PGH₂ intermediate by COX-2 or COX-1. Heterogeneous family of PGH₂ metabolizing enzymes can form PGE₂, PGD₂, PGF_{2α}, PGI₂ (prostacyclin) and TxA₂ (thromboxane). These prostaglandins may pass cell through a known prostaglandin transporter (PGT) to exert their actions on a family of prostaglandin receptors named EP₁, EP₂, EP₃, EP₄, DP₁, DP₂, FP, IP, TP_α and TP_β. Adapted from (61).

PGE₂ was observed to have multiple and apparently opposing functional effects. For example, PGE₂ elicits both smooth muscle relaxation and constriction (69, 70). Complexity was also observed in modulation of the immune response by PGE₂; it was shown that PGE₂ regulates the function of many cell types including macrophages, dendritic cells, T and B lymphocytes leading to both pro- and anti-inflammatory effects (71). PGE₂ signalling promotes tumor angiogenesis (72), increases cell proliferation and stimulates oncogenesis (73).

PGE₂ and cancer

COX-2-derived PGE₂ is a pro-inflammatory bioactive lipid and the major prostaglandin produced in many human solid tumors (74-76). Among the various downstream prostaglandins, PGE₂ has long been suggested as the key player. TxA₂, which has been shown to promote angiogenesis, is the only other prostaglandin implicated in oncogenesis (77). PGE₂ mediates essential roles in tumor progression, such as tumor cell proliferation, invasion, angiogenesis, and immunosuppression. The stimulatory effect of PGE₂ was first observed in dog kidney cells. These cells required PGE₂ or PGE₁ for growth in serum-free media (78, 79). Several studies since have provided direct evidence in regards to the role of PGE₂ in promoting tumor growth. For example, PGE₂ was shown to reverse NSAID-induced adenoma regression (80) and accelerate intestinal adenoma growth in *Min* mice (81).

While COX-2 selective NSAIDs are thought to inhibit all COX-2-mediated prostaglandin production, it is predominantly PGE₂ that is thought to be responsible for

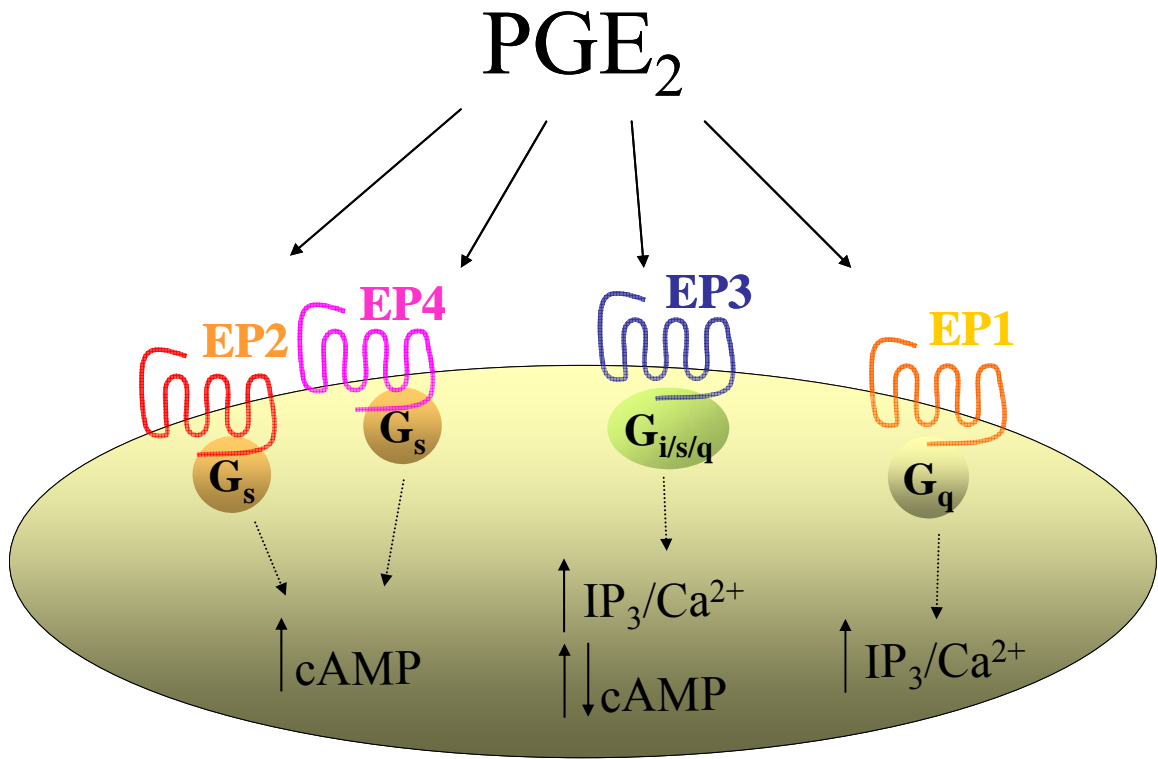


Figure 3. Signal transduction of prostaglandin E₂ receptors. PGE₂ is actively transported out of the cell, where it exerts its effect by binding to its seven transmembrane G-protein coupled receptors, EP1, EP2, EP3 and EP4 to activate second messengers, such as cAMP and inositol (1,4,5)-trisphosphate (IP₃), and intracellular signalling cascades.

promoting colorectal tumorigenesis, with elevated levels reported in benign and malignant human and rodent colorectal tumors *in vivo* (74, 82, 83). There is a body of evidence, beyond the association of a cancer phenotype and increased levels of PGE₂, which suggests that PGE₂ also contributes to the development and progression of colorectal cancer. The level of PGE₂ increases in a size-dependent manner in colorectal adenomas from FAP patients (84). PGE₂ can induce angiogenesis *in vitro* and increases cellular resistance to apoptosis (85), enhancing the survival and motility (86, 87) in colon cancer. Immune surveillance is also inhibited by PGE₂ (88). Cumulative evidence indicated that COX-2-derived PGE₂ provides growth advantage to colorectal carcinomas through transactivation of the epidermal growth factor receptor (EGFR) signalling system (73, 87). Furthermore, PGE₂ exposure induces the expression of VEGF (vascular endothelial growth factor) in colon cancer cells (89). Studies with experimental animals also suggest that PGE₂ promotes tumorigenesis. For instance, treatment with an anti-PGE₂ monoclonal antibody retards the growth of a transplantable tumor *in vivo* (90).

The side effects associated with long term COX-2 inhibition are predominantly due to the fact that as well as inhibiting the production and signalling of pro-tumorigenic PGE₂, all inducible prostaglandin and thromboxane production is inhibited. So while blocking PGE₂ synthesis along with all other prostanoids with NSAIDs confers a protective effect, inactivating PGE₂ *via* its catabolism by prostaglandin dehydrogenase (PGDH) provides a promising COX-2 independent method of targeting PGE₂ in order to inhibit cancer progression. The steady-state cellular levels of PGE₂ depend on the relative rate of synthesis by COX-2/PGE synthases and its degradation by PGDH.

Genetic deletion of PGDH in mice leads to increased tissue levels of PGE₂ (91). Loss of PGDH expression correlates with tumor formation in several types of cancers (92-95). When a subset of colorectal carcinomas were analyzed, PGDH was observed down-regulated (92) and further studies showed EGF is responsible for repressing PGDH by inducing the transcriptional repressor Snail, which binds to the PGDH promoter (96). Interestingly, NSAIDs have been shown to upregulate PGDH expression in colorectal cancer (92). Collectively, these studies suggest that by decreasing PGE₂ levels, PGDH serves a novel tumor suppressive role due to the loss of expression during tumor progression.

EP receptors

The diverse effects of PGE₂ on various tissues suggested the existence of multiple transmembrane receptor subtypes, which was confirmed by molecular cloning. These receptors were named EP1, EP2, EP3, and EP4, which are all products of separate genes and yet highly conserved among mammalian species (97). For example, the sequence homology between human and mouse orthologues for the EP1, EP3 and EP4 is 84%, 84% and 88%, respectively (98). Although the four cloned EP receptor subtypes bind PGE₂ with higher affinity than other prostanoids, they are not closely related when compared to other prostanoid receptors based on amino acid homology. Moreover, stimulation by PGE₂ leads to activation of different G-proteins leading to various intracellular signal transduction pathways depending of the EP receptor subtype engaged (**Figure 3**). Synthesized PGE₂ can be released through a prostaglandin transporter (PGT) (99) out of the cell and then bind to receptors in the vicinity of the site of PGE₂

production. Of the four known EP receptors, EP3 and EP4 receptors bind PGE₂ with the highest affinity ($K_d \sim 1$ nM), whereas EP1 and EP2 receptors bind with lower affinity ($K_d > 10$ nM) (100). The EP1 receptor mediates PGE₂-induced elevation of free Ca²⁺ concentration, whereas the EP2 and EP4 receptors are coupled to G_s G-protein and their activation leads to an increase in cyclic AMP (cAMP) levels. The signalling pathway of the EP3 receptor mediates inhibition of adenylate cyclase via G_i (**Figure 3**) (98).

Most prostanoid receptors are G protein–coupled rhodopsin-type receptors with seven transmembrane domains, and each is encoded by different genes. In addition, there are several splice variants of the EP3 receptor, which differ only in their intracellular C-terminal tails. Prostanoid receptors are generally expressed on the cell surface plasma membrane; although recent data suggests some EP receptor subtypes are also associated with the nuclear membrane (101, 102). In particular, endogenous EP1 receptor has been shown to have perinuclear localization in porcine cerebral microvascular endothelial cells, as well as cloned EP1 in Swiss 3T3 fibroblasts (101). EP3 and EP4 have also been suggested to be functionally expressed in the nuclear membranes of neonatal porcine brain and adult rat liver cells (102). Among the four subtypes EP2 and EP4 receptors mediate a cAMP rise and have been termed "relaxant" receptors, whereas the EP1 receptor induces calcium mobilization and constitutes as a "contractile" receptor. The remaining receptor, EP3, induces a decline in cAMP levels and has been termed the "inhibitory" receptor (**Figure 3**). However, these basic classifications do not always apply as the G-protein activated by a specific receptor may differ between cell types. For instance, various G_s-coupled EP receptors may activate G_q in specific cell types.

In the 1990s the functional cDNAs for each EP subtype was isolated and expression of recombinant receptors in mammalian cells allowed for the characterization of their structural and biochemical properties (103-106). In addition, the tissue and cell distribution of the receptor subtypes was studied and correlated with pharmacological studies using COX inhibitors and various PGE₂ analogs having agonistic and antagonistic effects allowing us to define the actions of each subtype. Lastly, targeted disruption of the EP receptor genes has enabled us to examine the physiological and pathophysiological importance of the action of PGE₂ mediated by each EP receptor.

Structure of EP receptors

The EP receptor subtypes have seven hydrophobic putative transmembrane domains, and thus belong to a rhodopsin-type receptor superfamily. Although the four EP receptor subtypes respond to PGE₂, the amino acid homology among EPs is quite limited making it difficult to use sequence comparison among subtypes in order to learn about ligand binding specificity from simply comparing amino acid sequences (**Figure 4**). The mouse EP1, EP2, EP3 and EP4 consist of 405, 362, 366 and 513 amino acids, respectively. The homology of EP1 to EP2, EP3 and EP4 is 30, 33 and 28%, respectively. Even between the two adenylate cyclase-stimulatory subtypes, EP2 and EP4, the amino acid identity is only 31%. The EP2 receptor shares more homology to the other two relaxant receptors IP (40%) and DP (44%) than any other EP. Similarly, the EP1 is more homologous to the other two contractile types of prostanoid receptors, TP

		<u>TM1</u>	
mEP2		MDNFLNDSKLMEDCKSRQWLLSGESPAISSVMFSAGVLGNLIALLARRWRGD	54
mEP4	MAEVGGTIPRSNRELQRCVLLTTTMSIPGVNASFSSTPERLNSPVTIPAVMFI FGVVGNLVAIVVL-----C		68
mEP1	MSPCGLNLSLADEAATCATPRLPNTSVVLP TGDNGTSPALPIFSMTLGAVSNVLALALLAQVAGRM		66
mEP3	MASMWAPHSAEHSNLS-STTDDCGSVSVAFPI TMMVTFGVGNAMLLVRSY---		54
		<u>TM2</u>	<u>TM3</u>
mEP2	TGCSAGSRTSISL FHVLTVE-LVLTGTC LI SPVVLASYSRNQTLVALAPESHACTYFAFTMTFFSLATMLM LFAMALERY		136
mEP4	KSRKEQKET---TFYTLVCG-LAVTGTLLVSPVTIATYMKGQWPGDQA----LCDYSTFILLFFGLSGLSII CAMSIERY		143
mEP1	RRRRSAA-----TFLLFVAS-LLAIGHVIPGALVLRLYTAGRAPA-----GGACHFLGGCMVFFGLCPLLGCMAVERC		138
mEP3	RRRESKRKK---SFL-LCIGWLAL TGQLLTSPVVILVYLSQRWEQLDPSGRLCTFFGLTMTVFGLS SLLVASAMAVERA		133
		<u>TM4</u>	<u>TM5</u>
mEP2	LSIGYPYFYRRHLSR-RGGLAVLPVIY GASLLFCSLPLLNYGEYVQYCPGTWCFIRHGR-----TAYLQLYA		202
mEP4	LAINHAYFYSHYVDK-RLAGLTLFAIYASNVLF CALPNMGLRSE RQYPGTWCFIDWTT--NVT-----AYAAFSYMYA		214
mEP1	VGVTOPLIHAARVSVAR-ARLALAVLAAMALAVALLPLVHVGRYELQYPGTWCFISLGP RG-----GWRQALLAGLFA		210
mEP3	LAI RAPHWYASHMKT-RATRAVLLGVWLSVLA FALLEPVLGVGRYSVQWPGTWCFISTGPAGNETDPAREPGSVAFASAF A		212
mEP2	TMLLLLI VAVLACNISVILN LIRMHRRSRRCG-----GPGSRRRGERTSMAEETD		261
mEP4	GFSSFLI LATVLCNVLVC GALLRMHRQFMRR TSLAAAAVASVACRGHAGAS PALQRLSDF-----RRRRSFRR IAGAEIQ		297
mEP1	GLGLAALLAALV CN T L SGLALLRA-RWRRRRSRDRRRR WSGRGPRLASASSASSITSATATLRSSRGGGSARRVHAHDVE		297
mEP3	CLGLLALVVTFACNLATIKALVSR-----CRAKAAVSQS-----SAQWGRI-TTE		256
		<u>TM6</u>	<u>TM7</u>
mEP2	HLILLAIMTITFAICSLPFTIFAYMDETS S LKEKW-----DLRALRFLSVNSI IDPWVFAILRPPVLRRLMRS		328
mEP4	MVILLIATSLV L ICS I P L V V R V F I N Q L Y Q P N V V K D I S R N P -----D L Q A I R I A S V N P I L D P W I Y I L L R K T V L S K A I E		370
mEP1	MVGQLVGMV V S C I C W S P L L V L V V L A I G W N S N S L Q R P L -----F L - A V R L A S W N Q I L D P W V Y I L L R Q A M L R Q L L R		367
mEP3	TAIQLMGIMCVLSVCWSPELLIMMLKMI FNQMSVEQCKTQMGEKECNSFLI AVRLASLNQILD P W V Y L L L R K I L L R K F C Q		336
mEP2	VLCCRTSLRTQEAQQTSCSTQSSASKQTDLCGQL		362
mEP4	KIKCLFCRIGSGRDS SAQH CSESRRTSSAMSGHSR SFLARELKEISSTSQTLLYLPDLTESSLGGRNLLPGSHGM(67)		513
mEP1	LLPLRVSAKGGPTELGLTKSAWEASSLRSSRHSGF S H L		405
mEP3 α	IRDHTNYASSSTSLPCPGSSALMWS D Q L E R		366
mEP3 β	MMNNLKWTFIAVPVSLGLRISSPREG		362
mEP3 γ	VANAVSSCSDGQKQAI SLSNEVVQPGP		365

Figure 4. Amino acid sequence alignment for mouse EP receptor subtypes and EP3 variants. Amino acid identities are indicated by *shading*; predicted transmembrane domains are shown with *overlining* and gaps are indicated with *dashes* (64).

(34%) and FP (35%). The limited homology shared among EPs probably reflects the phylogenetic relationship among prostanoid receptors (64, 107).

Structurally, the EP4 receptor subtype has the longest intracellular C-terminal tail and a long intracellular third loop. The EP1 receptor subtype also has a long third loop while the EP2 and EP3 receptor subtypes have more compact structures. The EP3 receptor is unique from other EP receptors in that it exists as multiple variants generated by alternative splicing. These variants differ only in the carboxy-terminal tails and are capable of inducing a broad range of effects. These variants show similar ligand binding properties but activate different signal transduction pathways further described below.

Properties of EP receptors

Each of the four subtypes of EP receptors display a selective ligand-binding specificity that distinguishes it from one another. In fact, each was identified by their preferential responsiveness to native ligand and subsequently to synthetic PGE₂ analogs synthesized to selectively mimic or inhibit specific effects. For instance, using select regions of the GI tract from farm animals, the EP receptors were first characterized since PGE₂ had the most potent agonistic effect of all prostanoids (108). They were then further subdivided by their sensitivity to antagonists, for instance EP1 to SC-19220, and EP2 from EP3 on the basis of its different sensitivities to 11-deoxy-PGE₀ and sulprostone (109). Lastly, EP4 was first discovered to have relaxant effects on smooth muscle like EP2 however it differed from EP2 as it displayed weak potency to AH13205 and its antagonism by AH23848 (110). These studies while only qualitative have proven to be

both valid and successful at characterizing the EP receptor subtypes. Bioassay tissues however have several receptor types and therefore the outcome observed by each compound tested demonstrates the sum total effect of all receptors present in the tissue. Important to note were the differences in the degree of responsiveness and the efficacy of actions in different tissues and species.

Cloning of the EP subtypes has allowed homogeneous expression of each subtype from the same species to be evaluated for ligand-binding properties, signal transduction properties as well as the cross-reactivity of compounds for several types of receptors. The cDNA for the mouse EP1 receptor was isolated from the mouse kidney library (106), and its human homologue was subsequently isolated from a human erythroleukemia cell (111). Although sulprostone was first identified as a potent EP1 receptor agonist, it is more potent as an EP3 agonist (112). To date, there is one reported example of a highly selective EP1 receptor agonist, ONO-D1-004. Well-known antagonists for the EP1 receptors are SC-19220 and AH6809 (110).

Initially two cloned EP receptor subtypes, positively coupled to adenylate cyclase, were reported as EP2 (103, 113). The EP2 receptor is pharmacologically defined as being sensitive to butaprost. Butaprost is highly selective for this receptor as it only shows affinity to EP2. Later on, it was shown that the first EP2 subtype cloned was actually EP4 and the latter represents the EP2 subtype. The EP2 subtype can be distinguished from EP4 by its insensitivity to the EP4 agonist PGE₁-OH and insensitivity to the weak EP4 antagonist AH23848. Furthermore, the EP4 receptor undergoes rapid

desensitization after agonist stimulation, whereas EP2 does not (**Table 1**). The mouse EP3 receptor binds to the following EP ligands with an order of affinity of sulprostone, MB28767, PGE₂ PGE₁-OH, 11-deoxy-PGE₁, GR63799X, 16,16-dimethyl-PGE₂, 17-pheynyl-PGE₂ > misoprostol (98). Although EP ligands such as sulprostone and MB28767 bind other receptors, they show the highest affinities for the EP3 receptor. GR63799X, on the other hand, has a very high affinity to only the EP3 receptor subtype indicating it is a highly selective agonist for this receptor. Interestingly, although sulprostone and PGE₂ show equal potency for EP3-G_i activation, sulprostone potency to EP3-G_s is 10 times weaker than PGE₂. Since sulprostone demonstrates a lower affinity to G_s coupled EP3 compared to G_i suggests the ligand-binding properties of prostanoid receptors can depend on the G-protein coupled to the receptor.

PGE₂ can cause the stimulation or suppression of neurotransmitter release, the inhibition or stimulation of sodium and water reabsorption in the kidneys; these opposite actions of PGE₂ are due to the receptor subtypes being coupled to a variety of signal transduction pathways (**Table 1**). Activation of the human EP1 receptor is most likely mediated by G_q activation and leads to IP₃ generation and increased intracellular calcium. Narumiya et. al. suggests however that the increase is not G_q mediated since agonist stimulation in the mouse EP1 causes a strong increase in calcium but only a modest increase in IP₃ (106). The EP2 receptor subtype activates G_s, which in turn stimulates adenylate cyclase and leads to the production of the second messenger cyclic AMP (cAMP) (114) and thus activation of the cAMP-dependent protein kinase termed PKA. Although EP2 and EP4 couple to increases in cAMP and in some processes function

redundantly, there are processes in which EP2 and EP4 play distinct roles. For instance, EP4 selectively couples to PI3K and subsequently activates extracellular signal-regulated kinases (ERK) 1 and 2 (115, 116). The EP3 receptor was originally identified as a smooth muscle constrictor (110) and multiple spliced variants exist defined by their unique C-terminal tails. Multiple splice variants may explain the differences in receptor phosphorylation, receptor desensitization and variations in signal transduction pathways activated by the EP3 receptor. While EP2 and EP4 stimulate adenylate cyclase and generate cAMP, the EP3 receptor generally inhibits cAMP production via activation of the pertussis-toxin sensitive G-protein G_i (117). It is important to note however that splice variants have been described to couple to different signalling pathways. For instance, the EP3 receptor has been shown to signal through the small GTP-binding protein Rho to induce neurite retraction *via* a tyrophostin A25-sensitive tyrosine kinase upstream of Rho (118) and the p160 RhoA-binding kinase ROK α downstream of Rho (119) as well as induce stress fiber formation in MDCK cells *via* Rho (120).

Next, besides differences in actions dependent on the G-proteins to which they are coupled to, the EP receptor subtypes may also vary with respect to the tissue distribution of their expression.

Distribution of EP receptors

Northern blot and *in situ* hybridization analyses have revealed detailed information on the EP subtype distribution in the body and the levels of expression among tissues. The majority of studies on EP receptors have investigated expression at the mRNA level by reverse transcription-PCR (RT-PCR) or *in situ* hybridization due to

TABLE 1.

<u>Subtype</u>	<u>Variant</u>	<u>Amino Acid</u>	<u>Gprotein</u>	<u>Signaling</u>	<u>Desensitization</u>	<u>Constitutive activity</u>
EP2		362	G _s	cAMP↑	No	
EP4		513	G _s	cAMP↑, PI3K	Yes	
EP1		405	G _q ?	Ca ₂₊ ↑	-	
EP3	EP3 α	366	G _i , G ₁₂	cAMP↓, IP ₃ /Ca ₂₊ ↑, Rho	Yes	++
	EP3 β	363	G _i , G ₁₂	cAMP↓, IP ₃ /Ca ₂₊ ↑, Rho cAMP↓, cAMP↑	No	-
	EP3 γ	365	G _i , G _s	IP ₃ /Ca ₂₊ ↑, Rho	-	+

Signal transduction properties of EP receptor subtypes and EP3 variants. Data obtained from mouse EP subtypes are summarized, and representative signal transduction pathways for each receptor are shown. PI3K, phosphatidylinositol 3-kinase; ↑, increase; ↓, decrease (64).

the lack of well-characterized antibodies to EP receptors. Among the prostanoid receptors, EP3 and EP4 receptors are the most widely distributed throughout the body. In contrast, the distribution of EP1 is restricted to several organs, such as the kidney, lung, and stomach, and EP2 is the least abundant of the EP receptor subtypes. EP1 receptors mediate the contraction of smooth muscle in various tissues including the gastrointestinal tract, respiratory tract, vas deferens, myometrium and iris sphincter muscle. EP1 receptor mRNA is expressed most highly in the kidney, followed by gastric muscularis mucosae and then adrenal tissue (121). The precise tissue distribution of the EP2 receptor has been revealed to be most abundant in the uterus and only low levels of expression in the kidney (121). Although EP2 mRNA is the least abundant among the EP receptor subtypes, it is effectively induced in response to stimuli and does not undergo desensitization. EP4 receptor mRNA is highly expressed compared to the EP2 receptor and widely distributed in such organs as the thymus, ileum, lung, spleen, adrenal, and kidneys (122). EP4 receptor activation has been shown in venous and arterial beds to have important vasodilator effects (110). When examined in the mouse gastrointestinal tract, EP4 mRNA is highly expressed in the gland of the gastric antrum suggesting this subtype is involved in PGE₂-mediated mucus secretion. Additionally, EP4 is found in epithelial cells of the intestinal villi (123) and since EP4 increases cAMP and PGE₂ stimulates chloride secretion and inhibits salt absorption *via* production of cAMP, the above findings suggest that EP4 is involved in these processes and consequently PGE₂-induced diarrhea (124). Nuclease protection and northern analysis demonstrated relatively high levels of EP3 receptor expression in several tissues including kidney, uterus, adrenal gland, and stomach tissues. EP3 mRNA was most abundantly expressed

in the brain and is widely distributed over the central nervous system (125). In the mouse gastrointestinal tract EP3 mRNA is expressed in smooth muscle cells in the longitudinal but not circular muscle layer as well as enteric nervous system indicating it may regulate smooth muscle contraction both directly and indirectly (123). In addition, the expression of EP3 mRNA was also found in fundic gland epithelial cells, both parietal and chief cells, suggesting its involvement in acid secretion.

Genetic deletion of the EP receptors

Understanding of the pharmacology and physiologic roles of each of the EP receptors has been enhanced greatly by derivation of individual EP receptor "knockout" mouse models (**Table 2**). Experiments using EP1 deficient mice showed PGE₂ acts through EP1 to control impulsive behavior under stress (126), a finding potentially exploitable for development of drugs that attenuate impulsive behavior in humans. Recently the role of the EP1 receptor in modulating urine concentrations was investigated since it is expressed along the renal collecting duct where arginine-vasopressin (AVP) exerts its anti-diuretic activity and in the paraventricular and supraoptic nuclei of the hypothalamus where AVP is synthesized. Data suggests that PGE₂ modulates urine concentration by acting on EP1 receptors, not in the collecting duct, but within the hypothalamus to promote AVP synthesis in response to acute water deprivation (127). The EP1 receptor has also been shown to play a direct role in mediating algesia and in regulating blood pressure (128). Systolic blood pressure is significantly reduced in EP1 receptor-deficient mice and is accompanied by increased renin-angiotensin activity suggesting a role for this receptor in cardiovascular homeostasis.

Functional studies suggest the EP2 receptor plays an important role in uterine implantation (68, 129) and a relaxant role in bronchioles and the vasculature. In addition, recent studies have demonstrated that targeted disruption of the EP2 receptor interferes with fertility and results in salt-sensitive hypertension (68, 129, 130). For instance, upon PGE₂ or butaprost administration intravenously, only wildtype but not EP2 ^{-/-} mice became hypotensive. Surprisingly, EP2 ^{-/-} mice became hypertensive with PGE₂ indicating the absence of EP2 abolishes the ability of the vasculature to dilate in response to PGE₂ and unmasks the contractile response *via* vasoconstrictor EP receptor(s) (68). In addition, PGE₂-EP2 signaling is also reported to contribute to the spinal inflammatory hyperalgesia in the zymosan A peripheral inflammation model (131). Yeast extract injected subcutaneously into the paw induces inflammatory hyperalgesia. Although thermal and mechanical sensitization in EP2 ^{-/-} mice is similar to wildtype mice at 2 hours post injection, from 4 hours onward EP2 ^{-/-} mice recovered faster from hyperalgesia. These results suggest a dominant role for PGE₂-EP2 signaling in the generation of inflammatory pain. COX-2 deficient mice have been shown to have reproductive failures in early pregnancy such as in ovulation, fertilization, implantation, etc. suggesting that prostaglandins play a crucial role. Kennedy et. al. found EP2 ^{-/-} female mice have consistently fewer pups than wildtype and detected slightly impaired ovulation and a reduction in fertilization concluding the failure in COX-2 deficient mice is due to dysfunction of the EP2 receptor (68). Whether polymorphisms in the EP2 receptor are associated with infertility and/or hypertension in humans remains to be determined.

TABLE 2

<u>Genotypes</u>	<u>Phenotypes</u>
EP1 (-/-)	Defect in concentrating urine
EP2 (-/-)	Impaired ovulation and fertilization
	Salt-sensitive hypertension
	Faster recovery from hyperalgesia
	Vasopressor or impaired vasodepressor response to intravenous PGE ₂
	Loss of bronchodilation with PGE ₂
	Impaired osteoclastogenesis in vitro
EP3 (-/-)	Impaired febrile response to pyrogens
	Impaired duodenal bicarbonate secretion and mucosal integrity
	Enhanced vasodepressor response to intravenous infusion of PGE ₂
	Disappearance of indomethacin-sensitive urine diluting function
EP4 (-/-)	Patent ductus arteriosus
	Impaired vasodepressor response to intravenous infusion of PGE ₂
	Decreased inflammation-dependent bone resorption

Major phenotypes of EP receptor knockout mice (132).

PGE₂ is known to have bone-resorptive activity and to mediate bone resorption induced by cytokines and LPS. Several groups found impaired osteoclast formation in cells cultured from EP2- and EP4-deficient mice (133-135). This likely reflects the redundant roles of the two relaxant EP receptor subtypes. In addition to inducing bone resorption, exogenous PGE₂ can also induce bone formation, although the receptor mediating this latter response has not been identified.

Mice with targeted disruption of the EP4 receptor gene have shown EP4 to play a particular role in regulating the peri-natal closure of the pulmonary ductus arteriosus (136, 137). Disruption of the EP4 gene results in death of most homozygous EP4 *-/-* neonates within 3 days of birth due to pulmonary congestion and heart failure (136, 137). As noted earlier, EP4 mRNA is present in the ductus and works in the dilation of the vessel. EP4 *-/-* neonates showed full patency of the ductus after birth indicating a critical role of EP4 in the ductus. The EP4 receptor ligands may prove useful in promoting closure or maintaining patency of the ductus arteriosus in newborns with congenital heart disease. Additionally, EP4 deficient mice have shown that PGE₂-EP4 signalling facilitates initiation of skin immune responses by promoting the migration and maturation of Langerhans cells. While PGE₂ is produced substantially in skin exposed to antigen, its role was unclear. Although Langerhans cells express all four EP subtypes, their migration to regional lymph nodes was decreased only in EP4-deficient mice and in wildtype mice treated with an EP4 antagonist (138). Lastly, EP4 deficiency impaired mucosal barrier function and induced epithelial loss, crypt damage, and aggregation of neutrophils and lymphocytes in the colon. Among the eight prostanoid receptor-deficient mice tested,

only EP4-deficient mice and not mice deficient in either DP, EP1, EP2, EP3, FP, IP, or TP developed severe colitis with 3% dextran sodium sulfate treatment, which induced only marginal colitis in wildtype mice. These studies conclude EP4 maintains intestinal homeostasis by keeping mucosal integrity and downregulating immune response (139).

Mice with targeted deletion of the EP3 receptor exhibit an impaired febrile response to PGE₂, suggesting that EP3 receptor antagonists could be effective antipyretic agents (140). EP3 deficient mice were also used to determine the role of PGE₂ in pain perception. EP3 and IP were found to be the major prostaglandin receptors mediating the enhanced pain response in mice pre-treated with LPS to induce COX-2 expression (141). Additionally, EP3 deficient mice were found to have impaired duodenal bicarbonate secretion and mucosal integrity. The presence of EP3 receptors were found to be essential for maintaining duodenal acid secretion and maintaining the mucosal integrity against luminal acid (142). EP3 deficient mice also demonstrated the PGE₂ -EP3 pathway is an important negative modulator of allergic reactions. Only EP3 deficient mice were shown to develop an allergic inflammation that was much more pronounced than that in wildtype mice or mice deficient in other EP receptor subtypes. Conversely, an EP3-selective agonist suppressed the inflammation (126). A recent study has shown the roles of PGE₂ signaling in metabolic regulation have expanded beyond the reported stimulation of leptin release from adipose tissue to also involve actions mediated by the EP3 receptor in the regulation of sleep architecture and feeding behavior (143). EP3 deficient mice exhibit increased frequency of feeding during the light cycle of the day and develop an obese phenotype under a normal fat diet fed *ad libitum*. Although EP3

deficient mice showed an increased motor activity, this did not compensate sufficiently to offset the increased body weight. These findings further indicate there is a link between inflammatory signaling and obesity.

Collectively studies using mice deficient in each EP subtype and subtype-specific EP agonists/antagonists have shown interactions between PGE₂ and its receptor subtypes to be dependent on tissue/cell type and location specific receptor expression, variation in PGE₂ binding affinities and hence differential receptor activation (144, 145). These variables therefore allow PGE₂ the ability to mediate highly varied effects on cell biology in many different tissue types and in some cases diseases such as cancer.

EP receptors and cancer

Overexpression of COX-2 and the upregulation of PGE₂ production is a common finding in many cancers of epithelial origin. Because PGE₂ exerts its effects by signalling through the EP receptors, the activation of specific EP receptors contributes to the importance of PGE₂ signalling in the development of several types of cancers. For instance, EP1, EP2 and EP4 have been implicated to play a role in breast cancer. Recent reports have demonstrated a possible link between EP4 and the formation of breast cancer metastasis (146). Firstly, all four EP subtypes were found expressed in three murine mammary tumor cell lines. Next it was observed that EP4 antagonists were able to reduce tumor metastasis *in vivo*, however antagonists to EP1, EP2 and EP4 could reduce PGE₂-induced migration *in vitro* suggesting selective inhibition of these EP subtypes can reduce the metastatic potential of breast cancer cells. EP3 antagonism had

no effect on tumor metastasis (146). Similar to EP4, the lack of EP2 in *MMTV-COX-2* transgenic mice strongly suppressed COX-2-induced effects such as precocious development of the mammary gland in virgins and the development of mammary hyperplasia in multiparous female mice suggesting disruption of EP2 signalling as a chemopreventive approach to breast cancer (147). EP1 antagonists may also possess chemopreventive effects through the induction of apoptosis without any side effects (148). Administration of an EP1 antagonist significantly decreased carcinogen-induced breast cancer incidence, multiplicity and volume compared with control animals. EP1 expression was present in breast cancer but not in normal tissue. Breast cancer from mice fed the EP1 antagonist showed significantly increased apoptosis suggesting selective disruption of PGE₂-EP1 signalling as an alternative approach to the use of COX inhibitors (148).

Upregulation of COX-2 activity and PGE₂ production is also a common event that occurs during the formation and progression of skin cancer (149). The EP2 receptor was shown to play a significant role in the protumorigenic action of PGE₂ in skin tumor development. Unlike EP3 knockout mice, the EP2 knockout mice produced significantly fewer tumors and reduced tumor incidence compared with wildtype mice in a two-stage skin carcinogenesis model (150). Furthermore, UV-irradiated mice lacking EP2 receptors exhibit decreased proliferation and a poor capacity for epidermal hypertrophy in response to UV injury. Interestingly, in a chronic irradiation model, these animals were protected from tumor formation, developing 50% fewer tumors than wildtype controls. Despite this capacity to protect against tumorigenesis, animals lacking EP2

receptors grew tumors that were larger in size, with a more aggressive phenotype. This was found to be associated with greater quantities of active matrix metalloproteinases than keratinocytes expressing the EP2 receptor, thereby enhancing the invasive potential of EP2^{-/-} cells (151). Drugs designed to block EP1 may also have the potential to be used as a chemopreventive agent that reduces the risk of skin cancer development. Topical treatment with celecoxib or the specific EP1 antagonist ONO-8713 decreased inflammation in the skin and significantly reduced the number of tumors after UVB exposure and topical treatment (152).

PGE₂ significantly enhances cell proliferation and reduces apoptosis in colon cancers induced by AOM. PGE₂ increased the incidence and multiplicity of AOM-induced colon tumors in rats (153). All four EP receptors were detected in the tumors and paired mucosa although EP3 to a lesser extent in the cancers compared to mucosa (153). Genes for each of these receptors have been disrupted and corresponding knock-out mice produced (129, 136, 140). EP1, EP2 and EP4 have been implicated to play a role in intestinal tumorigenesis using different animal models. Mice lacking EP4 were partially resistant to AOM-induced aberrant crypt foci (ACF,) putative precursors of colon cancer, while EP3 deficient mice showed no effect (154, 155). Either pharmacological or genetic inhibition of the EP1 receptor results in a significant reduction in colon cancer development, indicating a role for this receptor in colon carcinogenesis (155). Furthermore, one study showed EP2 disruption decreases the size and number of intestinal polyps in APC^{Δ716} mice and that EP2-generated cAMP stimulates expression of more COX-2 and vascular endothelial growth factor (VEGF) in

the polyp stroma (156). Interestingly, genetic deletion or inhibition of an EP receptor has shown consistently a 40-60% decrease in intestinal polyps compared to the 80-90% reduction seen with COX deletions using the same animal models. This suggests more than one EP receptor subtype is involved in these models and/or that other prostaglandins *via* their specific receptor may contribute to the promotion of intestinal tumorigenesis.

As PGE₂ is implicated to have a very important role in tumorigenesis, with EP receptors currently being the only class of prostanoid receptor with a proven link to neoplasia, a further chemotherapeutic approach may be to block PGE₂ mediated signalling events through selective EP receptor antagonism. This may have advantages in allowing some PGE₂ signalling while inhibiting specific events more closely associated with tumorigenesis.

EP3 receptor variants

As noted, in addition to the receptor subtypes encoded by different genes, alternative splicing can create several variants of the EP3 receptor which differ in their carboxy-terminal sequence (**Figure 5**). The mouse EP3 receptor has three variants, EP3 α , EP3 β , and EP3 γ (157-159), the bovine EP3 receptor has four variants (158), the rabbit EP3 receptor has five variants (160, 161), and the human EP3 receptor has eight variants (162). G_i activation mediated by the mouse EP3 receptor variants has been well investigated.

The mouse EP3 receptor splice variants display identical agonist binding properties, but are functionally different in their efficiency of G protein activation, the specificity of G protein coupling and sensitivity to agonist-induced desensitization. For instance, mouse EP3 α and EP3 β couple to G_i, but three orders lower concentration of agonists were required for EP3 α than EP3 β for the activation of the G_i protein. EP α undergoes both short and long term agonist-induced desensitization, whereas EP3 β undergoes neither short nor long term desensitization. With regards to their agonist-dependency for G_i activation, the mouse EP3 α and EP3 γ variants have partially constitutive G_i activity, but the EP3 β variant has no constitutive G_i activity (163, 164).

A truncated mutant at the splice site of EP3 was generated in order to determine the role of the C-terminal tail (164). The mutant receptor retained the ability to couple to G_i and showed fully constitutive G_i activity. These results indicate that the C-terminal tail of the EP3 receptor is essential for the regulation of agonist-dependent activation of G protein.

Despite the vast amount of research performed on EP receptors, little is known on the pathological effects of the EP3 splice variants and their signal transduction pathways. The EP3 receptor is the one EP receptor that has consistently *not* been directly involved using intestinal tumorigenesis animal models. Examination of mRNA expression levels in colon tissue of mice, rats and human by RT-PCR and quantitative RT-PCR shows a marked reduction in the EP3 receptor in colon cancer compared to normal mucosa. In contrast EP1 and EP2 are found increased in colon cancers (153, 165). Expression of

EP3 mRNA was detected in only one of eleven colon cancer cell lines tested and treatment of that one cell line with an EP3 agonist decreased viable cell numbers by 30%. Immunohistochemical staining demonstrated rat EP3 protein expressed in normal epithelium and some parts of small carcinomas but absent in large carcinomas of the colon, suggesting EP3 is downregulated during colon cancer progression. While deficiency in EP3 had no effect on ACF development, an increase in AOM-induced colon carcinoma was found in EP3 knockout mice suggesting EP3 may not impact early stages as greatly as later stages of colon carcinogenesis. As noted, EP2 and EP4 stimulate adenylate cyclase whereas EP3 inhibits cAMP formation, suggesting a possible suppressive role against colon carcinogenesis. In addition to CRC, EP1, EP2 and EP4 receptors were elevated, whereas EP3 receptor levels were decreased in mammary tumors from *COX-2/MMTV* mice (166). In contrast to these findings, a recent study reported EP3 receptor signaling to play an important role in tumor-associated angiogenesis (167). In this context, implanted tumor growth (sarcoma-180, Lewis lung carcinoma) and tumor-associated angiogenesis were markedly reduced in EP3 null mice. Moreover, EP3 antagonists reduced tumor size in wildtype but had no effect on EP3 null mice. Using the sponge implantation model, it was shown that VEGF expression is significantly reduced in EP3 null mice compared to wildtype mice. The inconsistency between models highlights the effects of PGE₂ on carcinogenesis ultimately depends on the expression pattern of PGE₂ receptors which is tissue-specific and model-specific. Collectively the inconsistencies of these studies on EP3 prompted the need for further investigation into the role EP3 splice variants and their underlying mechanisms play on tumor cell function.

Aims of Dissertation

The overall aims of this dissertation are:

1) To characterize the mouse EP3 receptor variants and determine their role on tumor cell function.

Despite the extensive characterization of the EP3 receptor splice variants in cell culture systems (157-159, 163, 164), the functional significance of these different C-terminal splice variants remains uncertain. The variants are identical over the first 355 amino acids up to the end of the seventh transmembrane helix, but differ in carboxyl tails. The variants may serve different functions and contribute to the diversity of the actions of PGE₂. When expressed in a variety of cell lines, the variants display similar affinity for PGE₂ but differ in coupling to G proteins, agonist-dependent desensitization and in agonist-independent constitutive G_i activity.

To investigate the functional differences among the three mouse EP3 (mEP3) variants on cell function we expressed the myc-tagged mEP3 α , β , and γ in tumor cells and examined downstream signaling pathways activated in these cells utilizing selective EP3 agonists. We focused particularly on calcium mobilization, ERK, Akt and Rho activation, as these pathways have been shown activated upon EP3 stimulation. Furthermore, as prostanoids can induce receptor internalization we determined whether EP3 selective agonists affect the cell surface localization of the mEP3 receptor variants. Finally, since activation of the EP3 receptor has been shown to induce stress fiber formation and cell migration, we analyzed morphological changes in the tumor cells overexpressing the mEP3 receptor variants following agonist stimulation.

2) To determine the functional role of the mouse EP3 variants on tumor cell growth.

Several lines of evidence indicate the involvement of EP receptors in tumor progression. The rationale behind this aim is that, although EP1, EP2 and EP4 have been implicated to play a role in several models of tumorigenesis and types of cancer, EP3 has consistently *not* been shown to promote tumorigenesis (146, 150, 153-155). We and others have shown that EP3 expression is downregulated or absent in various tumor cells (165, 166, 168). This suggests the lack of EP3 may confer a growth advantage to tumor cells and restoring EP3 expression may have a growth suppressive role.

To examine the effect of the mEP3 variants on tumor cell growth we overexpressed each variant in human colon cancer cells (HCT116). These human colon cancer cells lack EP3 (165) as well as COX-2 (169) expression, thus allowing us to examine the effects of exogenous EP3 agonists on tumor cell function. We examined populations of mEP3 receptor variant expressing HCT116 for their ability to grow *in vitro* and *in vivo*.

CHAPTER II

MATERIALS AND METHODS

Reagents

Prostaglandins were purchased from Cayman Chemicals (Ann Arbor, MI). MB28767 was a generous gift from Dr. Matthew Breyer (Vanderbilt University), the plasmid of constitutively activated RhoA (G14V) was a gift from Dr. Brent Polk (Vanderbilt University) and the expression plasmid for *Clostridium botulinum* C3 toxin was a gift from Dr. Richard Neubig (University of Michigan). The expression plasmids of constitutively activated and dominant negative G protein subunits α_i , α_{12} and α_{13} were purchased from UMR cDNA Resource Center (University of Missouri, Rolla, MO). [3 H]PGE₂ was purchased from Amersham Biosciences (Piscataway, NJ). Pertussis toxin, BAPTA/AM, PD 98059, Y-27632 and wortmannin were purchased from Calbiochem (La Jolla, CA). FBS and DMEM were obtained from Hyclone (Logan, UT). Penicillin/streptomycin, L-glutamine and G418 was purchased from Invitrogen (Carlsbad, CA). Effectene transfection reagent was purchased from Qiagen (Valencia, CA)

Expression of mEP3 receptor variants in HEK293 and HCT 116 cells

The mEP3 variants were subcloned into pcDNA3 (gift from Dr. Ray Harris, Vanderbilt University) using EcoRI and XhoI restriction sites and a myc tag (5'-pCATGGCAGAACAAAACTTATTTCTGAAGAAGATCTGCATATGG-3') was

added to each at the extracellular N-terminus using KpnI and NheI sites and where the NdeI site is conserved. Cells were maintained at 37°C in humidified air containing 5% CO₂ in DMEM supplemented with 10% FBS, 2mM L-glutamine, 100 units ml⁻¹ penicillin, 100 µg ml⁻¹ streptomycin. HEK293 cells (gift from Dr. Richard Breyer, Vanderbilt University) and HCT116 cells (gift from Dr. Ray DuBois, Vanderbilt University) were stably transfected with each pcDNA3/mEP3 variant or pcDNA3 using Effectene (Qiagen) and cells expressing mEP3 were selected by addition of medium containing 600 µg ml⁻¹ G418 at 48 h post-transfection. Polyclonal populations of each mEP3 variant were sorted for equal expression using flow cytometry.

Flow cytometry

Flow cytometric analysis was performed on vector and mEP3 variant transfected and selected cells harvested with 0.25% trypsin; 1 mM EDTA. Single cells (1 x 10⁶) in normal media were incubated with 1 µg of anti-myc (9E10) from Santa Cruz (sc-40, Santa Cruz, CA) for 30 minutes at room temperature. Cells were washed three times with sterile PBS and incubated with phycoerythrin-conjugated anti-mouse secondary antibody (Jackson ImmunoResearch, West Grove, PA) for 30 minutes at room temperature. Cells were washed three times, resuspended in sterile PBS, and analyzed using a FACSAria instrument (BD Biosciences, San Jose, CA). Cells were sorted for equal expression to avoid potential pitfalls related to monoclonal populations.

Preparation of cell membranes

Membranes for binding experiments were harvested once cells were sorted and analyzed for equal expression of each mEP3 variant. Cells were rinsed once with ice-cold PBS containing 1 mM EDTA and lysed by scraping in lysis buffer (15 mM HEPES, pH 7.6, 5 mM EDTA, 5 mM EGTA, and 2 mM phenylmethylsulfonyl fluoride) and passage through a 21-gauge needle five times. To collect membranes, the cell lysate was layered on a 60% sucrose cushion and centrifuged at 150,000g for 1 hour at 4°C. The membrane fraction was passed through a 26-gauge needle five times and frozen at -80°C. Protein concentrations were determined by the BCA assay (Pierce).

Radioligand binding assays

For one-point binding experiments, 50 µg membrane protein in the presence of 2 nM of [³H] PGE₂ in the presence or absence of 5 µM sulprostone was incubated at 30°C for 2 h in binding buffer [25 mM HEPES (pH7.4), 1 mM EDTA, 5 mM MgCl₂, 140 mM NaCl, 5 mM KCl]. The binding reaction was terminated by the addition of 3 ml of ice-cold binding buffer and rapidly filtered under vacuum over Whatman GF/F filters (Clifton, NJ). Filters were washed three times with 3 ml of ice-cold binding buffer, dried, and counted in 4 ml of CytoScint ESTM liquid scintillation fluid (MP Biomedicals LLC, Solon, OH). For saturation binding experiments 5 µg of membrane protein was incubated in binding buffer for 2 hours at 30°C with various concentrations of [³H] PGE₂. Nonspecific binding was determined in the presence of 5 µM unlabeled PGE₂ and reaction carried out as above. Three independent experiments were performed in triplicates.

Intracellular calcium mobilization assay

HEK293 cells overexpressing mEP3 variants were plated in 96-well plates (50,000 cells/well). Mobilization of intracellular calcium was measured on a FLEXstation system (Molecular Devices, Sunnyvale, CA) using the FLEXstation calcium assay kit according to the manufacturers instructions. Briefly, cells were labeled with calcium assay reagent resuspended in Hanks' balanced salt solution/20 mM HEPES, pH 7.4, for 1 hour at 37°C before measurement. MB28767 was added to parallel wells in a volume equivalent to 10% of the final well volume while fluorescence was monitored, $\lambda_{\text{ex}} = 485$ nm, $\lambda_{\text{em}} = 525$ nm. In each case, the experiment was terminated by addition of 10 μM ionomycin to determine maximum Ca^{2+} response. Three independent experiments were performed in triplicates.

Morphology and immunofluorescence analysis

To visualize actin, ZO-1 and mycEP3 variant receptors, cells in normal media were plated at a density of 2×10^5 cells into 8-chamber slides (Falcon; Becton Dickinson, Heidelberg, Germany) and cultured 48 hours. Cells were treated for 4 hours with 0.1 μM PGE₂, sulprostone, MB 28767, butaprost or vehicle control then gently washed in PBS, fixed in 4% formaldehyde in PBS for 20 minutes, permeabilized with 0.1% Triton X-100 in PBS for 3 minutes and blocked in PBS/3% BSA for 1 hour at room temperature followed by the addition of rabbit anti-ZO-1 (Zymed Laboratories; 1:100 dilution in PBS/3% BSA) or mouse anti-myc (Santa Cruz; 1:100 dilution in PBS/3% BSA) overnight at 4°C. After two washes in PBS, cells were incubated with rhodamine-phalloidin (Molecular Probes, Eugene, OR; 1:1000 dilution in PBS/3% BSA) and

fluorescein-conjugated anti-rabbit or anti-mouse secondary antibody (Jackson; 1:200 dilution in PBS/3% BSA) in the dark for 1 hour at room temperature. Chamber slides were washed twice in PBS, fixed and mounted using Vectashield mounting medium for fluorescence (Vector Laboratories, Burlingame, CA) and visualized using an epifluorescence microscope (Nikon).

Cell morphology was evaluated whereby 2×10^5 cells were plated in normal medium into 24 well plates (Falcon). For replacement experiment, the cell media was treated with 0.1 μ M butaprost, MB 28767 or vehicle for 4 hours then replaced with normal media and cells photographed at indicated time points. For the inhibitors study cells were either transfected (Effectene) 48 hours prior to ligand treatment or treated with inhibitors (PD98059 5 μ M, Wortmannin 100 nM, IBMX 0.5 mM, Bapta 5 μ M, Y-27632 5 μ M) overnight prior to treatment with 0.1 μ M MB 28767 or vehicle for 4 hours. Cells were gently washed in PBS, fixed in 4% formaldehyde in PBS for 20 minutes and visualized using an inverted microscope (Nikon). Three independent experiments were performed.

Rho GTP pulldown assay

1×10^6 serum-starved cells treated with 0.1 μ M MB28767 or vehicle for 15 minutes were washed with ice-cold PBS and lysates were prepared using Rho activation assay kit (Upstate Biotechnology, Lake Placid, NY). GTP-bound Rho was precipitated with RBD agarose beads and measured in pellets by Western blot with anti-Rho antibody,

using crude cell extracts for normalization. Densitometry was performed using Labworks Image software (Upland, CA). Three independent experiments were performed.

Western blot analysis

To evaluate the effects of mEP3 activation on ERK, p38, and Akt phosphorylation, semi-confluent HEK cells were serum-starved for 24 hours and then treated with 0.1 μ M MB 28767 or vehicle for 15 minutes. The cells were washed with PBS and lysed in cell lysis buffer (#9803; Cell Signaling Technology, Beverly, MA) and centrifuged for 10 minutes at 14,000 rpm. Cell lysates were resolved by SDS/PAGE (10% gels; 30 μ g of total protein/lane) and transferred to Immobilon-P membranes. Membranes were incubated with a rabbit antiphospho-ERK, anti-phospho-p38, or antiphospho-Akt antibody (all from Cell Signaling Technology) overnight at 4°C followed by the anti-rabbit HRP-conjugated secondary antibody. Immunoreactive proteins were visualized using Western Lightning Chemiluminescence reagent plus (PerkinElmer, Boston, MA) according to manufacturers' instructions. Equal loading was verified by stripping the membranes in 50 mM Tris-HCl, pH 6.5, containing 2% SDS and 0.4% β -mercaptoethanol for 1 h at 55 °C, and re-probing with a rabbit anti-p38 (Cell Signaling Technology). Three independent experiments were performed.

To confirm expression of selective G protein alpha subunits, total lysates of cells transfected 48 h prior using Effectene according to manufacturer's instructions were collected, resolved and transferred as described above. Membranes were incubated with

rabbit anti-G α_{i-2} (T-19), anti-G α_{12} (S-20) or anti-G α_{13} (A-20; all from Santa Cruz) overnight at 4°C followed by the anti-rabbit HRP-conjugated secondary antibody. Equal loading was verified by probing with rabbit anti-FAK (C-20; Santa Cruz). Three independent experiments were performed.

Cell Proliferation

Cell proliferation was evaluated by seeding a 96-well plate with 5×10^3 cells/well in DMEM containing 2.5% FCS and left to incubate overnight at 37°C in 5% CO₂. Cells were pulsed for 48 h with [³H] thymidine (1 μ Ci/well) with or without 0.1 μ M of PGE₂, MB-28767, sulprostone or butaprost. For Rho inhibitor study, 10 μ M of Y-27632 was added to appropriate wells. The cells were then washed three times with PBS, lysed in 2% SDS (100- μ l final volume), and the lysates measured with a beta counter. Four independent experiments were performed in quadruplicates.

Tumor Growth in nude mice

Athymic nude mice were challenged by a single subcutaneous injection with 0.2 ml of 1×10^6 trypsinized cells washed three times in PBS. The growth of tumors was evaluated twice weekly and all mice were sacrificed at 35 days. All mice were anesthetized and euthanized by Institutional Animal Care and Use Committee approved procedures. All tumor tissue was harvested, measured, weighed, embedded in ornithine carbamyl transferase and frozen on dry ice to prepare frozen sections. 15 mice were used in our HEK293 cell studies and 14 mice were used in our HCT116 cell studies. Volume was determined according to the equation $V = [L \times W^2] \times 0.5$, where V = volume, L = length, and W = width.

Statistical analysis

The student's t test was used for comparisons between two groups, and analysis of variance using Sigma-Stat software for statistical difference between multiple groups. $p < 0.05$ was considered statistically significant.

CHAPTER III

CHARACTERIZATION OF THE MURINE EP3 RECEPTOR VARIANTS

Introduction

Prostaglandin E₂ exhibits a broad range of biological actions in diverse tissues through its binding to specific transmembrane receptors. PGE₂ receptors are subdivided into four distinct G protein-coupled receptor (GPCR) subtypes designated EP1, EP2, EP3 and EP4. The EP1 receptor couples to phospholipase C, the EP2 and EP4 receptors couple to the stimulation of adenylyl cyclase and the EP3 receptor couples to inhibition of adenylyl cyclase. In mouse, alternative splicing generates three EP3 variants, α , β , and γ , containing carboxyl tails of 30, 26 and 29 amino acids that do not share any structural motifs or hydrophobic features. The variants are identical over the first 355 amino acids up to the end of the seventh transmembrane helix, but differ in carboxyl tails. The variants may serve different functions and contribute to the diversity of the actions of PGE₂ (**Figure 3 and Table 1**).

Although all EP3 splice variants bind PGE₂ and the EP3 selective agonists MB28767 and sulprostone with similar affinity, they are functionally different in their efficiency of G-protein activation, the specificity of G-protein coupling and sensitivity to agonist-induced desensitization. G_i activation mediated by the mouse EP3 receptor variants has been well investigated. For instance, the mouse EP3 α and EP3 γ variants have constitutive G_i activity, but the EP3 β variant has no detectable constitutive G_i

activity (163, 164). While EP3 α and EP3 β signaling have been shown to inhibit the activation of adenylate cyclase, EP3 γ signaling has been shown to have both stimulatory and inhibitory effects of adenylate cyclase(159). Despite extensive studies to elucidate the significance of these spliced tail variants, it is yet unclear their distinct roles on cell function.

Although initially described as coupled to inhibiting cAMP production *via* G_i, splice variants have been described to couple to different signalling pathways. Activation of the mouse EP3 α , EP3 β and EP3 γ receptors are known to lead to intracellular calcium mobilization in a pertussis toxin (PT)-sensitive manner. This calcium mobilization mediated by the EP3 receptor is conducted by the G _{$\beta\gamma$} subunits from the G_i protein, since the PLC β isoform is activated by these subunits (170). In addition to calcium, the EP3 variants signal through the small GTP-binding protein Rho to induce neurite retraction in PC-12 cells (118, 119) as well as induce stress fiber formation in MDCK cells (120).

Despite extensive studies, the functional significance of these alternatively spliced variants remains unclear. A truncation mutant at the splice site of EP3 was generated in order to determine the role of the C-terminal tail (164). The mutant receptor retained the ability to couple to G_i and showed fully constitutive G_i activity. These results indicate that the C-terminal tail of the EP3 receptor is essential for the regulation of agonist-dependent activation of G protein. To investigate the functional difference between the three mouse EP3 variants on cell morphology and function we generated populations of HEK293 cells expressing the myc-tagged mouse EP3 α , EP3 β and EP3 γ receptor variants

and examined these populations for activation of signal transduction pathways and morphology. We used HEK293 cells as they are commonly used to study prostanoid receptors, they maintain robust expression of the mEP3 variants over many passages and, importantly for our second aim, HEK293 cells are tumorigenic in nude mice.

Results

The mEP3 receptor variants are expressed at similar levels

To characterize the three mEP3 variants on cell morphology and function, HEK293 cells were stably transfected with pcDNA3 mEP3 α , β , and γ myc-tagged at the extracellular N-termini. The specificity of the myc antibody (9E10) was demonstrated by comparing flow cytometric analyses of mEP3 receptor variant transfected HEK293 cells with cells transfected with only the vector pcDNA3 (**Figure 5A**). Cell populations expressing comparable levels of the receptor variants were isolated by FACS using the 9E10 anti-myc antibody.

To demonstrate functionality of the mEP3 receptor variants we next confirmed native ligand binding by isolating membrane preparations and incubating equal amounts of membrane protein with radioactive PGE₂ in the absence or presence of saturating levels of the selective EP3 agonist, sulprostone (**Figure 5B**). PGE₂ binding to the EP3 variants was similar and equally inhibited by cold sulprostone. In contrast, vector-transfected cells exhibited no specific PGE₂ binding activity. Finally to confirm comparable receptor number a saturation isotherm binding assay was performed and

revealed high-affinity specific binding of radioactive PGE₂ of membrane protein and no specific binding on membrane proteins from vector transfected cells (**Figure 5C**).

Signaling by the mEP3 receptor variants mobilizes intracellular calcium as well as activates ERK and Rho

To characterize the intracellular signaling pathways activated by the mEP3 receptor variants we first examined the PI3K and MAPK pathways in stably transfected HEK293 cells, as PGE₂ has been shown to activate both of these pathways (**Figure 6A**) (171-173). Treatment with MB28767 had no effect on the PI3K pathway as seen by phosphorylation of Akt or the p38 MAPK pathway as seen by phosphorylation of p38. In contrast, we consistently observed activation of ERK in all three mEP3 receptor variant transfected cells within 15 minutes of stimulation with MB28767, but not in vector transfected cells.

As activation of the mEP3 receptor variants leads to increased intracellular calcium (170), the ability of the two selective EP3 agonists MB28767 and sulprostone (not shown) to induce intracellular calcium mobilization was determined. Each of the three mEP3 variants mobilized calcium in a concentration and time dependent manner after stimulation with EP3 agonists (**Figure 6B & 6C**). In contrast, no calcium mobilization was detected in vector-transfected cells. Thus, each of the three mEP3 receptor variants was functionally expressed in HEK293 cells. Lastly, since EP3 receptor variants have been shown to induce neurite retraction in PC-12 cells and mediate stress fibers in MDCK cells via Rho (119, 120, 174), we evaluated the effect of mEP3 receptor variant activation on Rho GTPases.

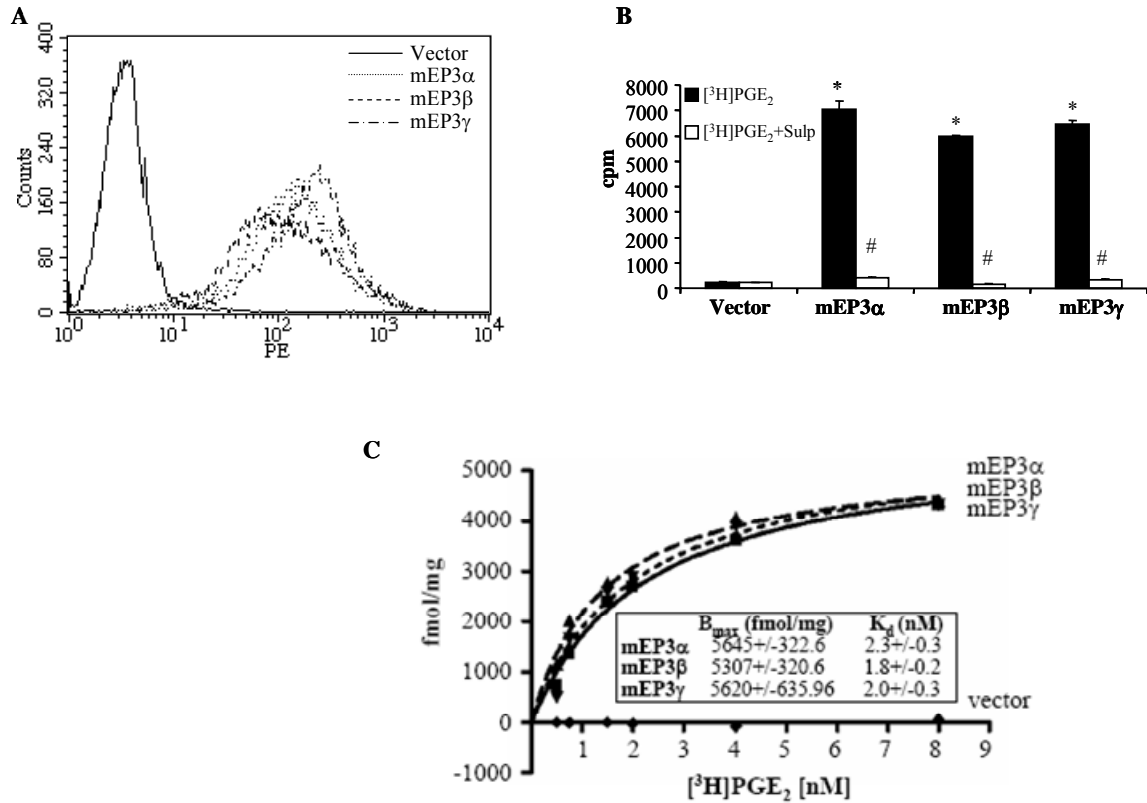


Figure 5. The mEP3 receptor variants are expressed at similar levels. (A) Flow cytometric analysis of stably transfected HEK293 cells with mEP3 receptor variants using fluorescent anti-myc antibody. mEP3 receptor variant expression is displayed by a shift in mean fluorescent intensity compared to vector transfected HEK293 cells. (B) One-point ligand binding assay on membranes from HEK cells stably expressing mEP3 receptor variants incubated at 30°C for 2 h with 2 nM [³H]PGE₂ in the absence or presence of 5 μM sulprostone to confirm equal expression on cell membrane; Membrane preparations assayed in triplicates. **p* < 0.05 versus vector control. #*p* < 0.05 versus [³H]PGE₂ only control. (C) Saturation isotherm analysis of [³H]PGE₂ binding to mEP3 receptor variants expressed in HEK293 cells. Membranes isolated from HEK293 cells stably expressing mEP3 receptor variants were incubated with varying concentrations of [³H]PGE₂ in the absence (total binding) or presence (nonspecific binding) of 10 μM PGE₂, as described under *Materials and Methods*. Specific binding was determined to be the difference between total and nonspecific binding and is shown above. Values in the insert box represent the mean ± SD of one representative experiment performed in triplicate. These data are representative of three independent experiments.

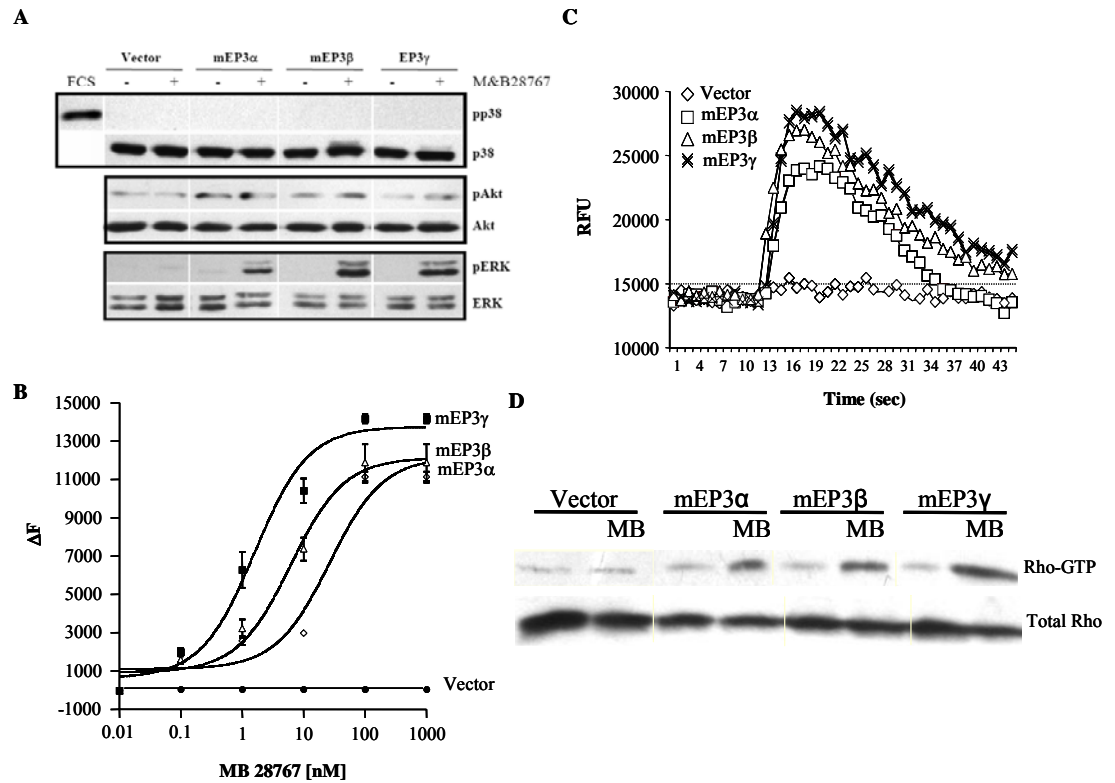


Figure 6. Signaling by the mEP3 receptor variants mobilizes intracellular calcium as well as activates ERK and Rho. (A) To investigate the signal transduction pathways activated by the mEP3 receptor variants, lysates were collected following overnight serum-starvation and treatment with 0.1 μ M MB-28767 for 15 minutes. As described under *Materials and Methods*, western blot analysis was performed using anti-phospho-Akt, anti-phospho-ERK, anti-phospho-p38, and anti-p38 MAPK specific antibodies. The concentration dependence (B) and time course (C) of MB-28767 (shown) and sulprostone-induced intracellular calcium mobilization for the three mEP3 receptor variants and vector control with stimulation by 0.1 μ M selective agonists. (D) Rho pull-down assay performed on HEK293 cells stably expressing mEP3 receptor variants or vector alone following overnight serum-starvation and treatment with 0.1 μ M MB-28767 or vehicle for 15 minutes. Total Rho levels were determined from whole cell lysates as shown in the bottom panel. Cell lysates were separated by a 15% SDS-polyacrylamide gel followed by immunoblotting with anti-Rho antibody, as described under *Materials and Methods*. Samples for pull-down assay and total Rho were from the same homogenates. The results shown are representative of three independent experiments that yielded similar results.

We used the Rho-binding domain of RhoA effector, rhotekin, to affinity precipitate active RhoA, as a direct readout for RhoA activation (**Figure 6D**). We also used Rac1- and Cdc42-binding domain of Rac1 and Cdc42 effector, PAK to affinity precipitate active Rac1 and Cdc42 as a direct readout for Rac1 and Cdc42 activation (not shown). HEK293 cells stably transfected with mEP3 receptor variants or vector were stimulated with MB28767 for 15 minutes. Densitometry readings of treated versus untreated variants demonstrated a 3- to 4-fold increase in RhoA activity. However, all mEP3 receptor variants failed to activate Rac1 or Cdc42 suggesting a mechanism to regulate the specificity toward different Rho GTPases.

Differential surface localization by the mEP3 receptor variants

The molecular regulation of EP3 splice variant trafficking is yet unclear. Typically C-tail splice variants show differences in internalization and trafficking. For example the human EP3 receptor comprises eight variants that differ solely in their carboxyl-tail. Upon PGE₂ stimulation EP3.I internalizes, EP3.II, EP3.V, EP3.VI and EP3.f internalize to a lesser extent and EP3.III and EP3.IV do not internalize at all indicating the importance of the C-tails in determining their degree of PGE₂-induced internalization (162). Here we analyze the role of the three mouse C-terminal tails on localization of the mEP3 variants in HEK293 cells before and after treatment with selective EP3 agonists by immunofluorescence and FACS analysis.

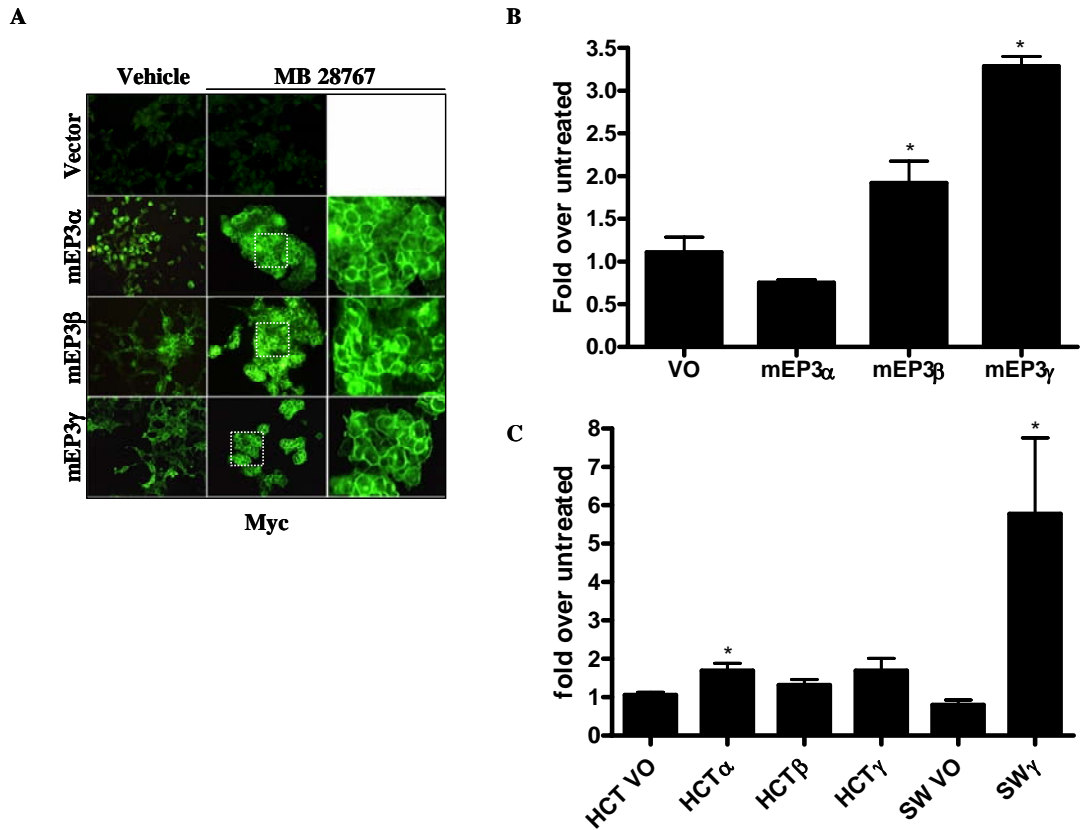


Figure 7. Differential surface localization by the mEP3 receptor variants. (A) To confirm mEP3 receptor variant expression, cells were stained with an anti-myc antibody following 0.1 μ M MB28767 treatment or vehicle for 4 h. The results shown are representative of three independent experiments that yielded similar results. The *bar* represents 10 μ m. (B) & (C) Mean intensity fluorescence of HEK293 cells (B), HCT116 cells and SW480 cells (C) treated with MB28767 over vehicle for four hours. The results represent the average of three independent experiments. * $p < 0.05$.

In order to confirm EP3 expression and localization in HEK293 cells before and after treatment with selective EP3 agonists we performed immunofluorescence staining on HEK293 cells expressing each of the three mouse variants or vector alone. We observed for changes in EP3 expression on the cell surface before and after treatment with MB28767 by staining with an anti-myc antibody (**Figure 7A**). The specificity of the anti-myc antibody in immunofluorescence studies was apparent from the observation that vector transfected cells showed no fluorescence regardless of treatment while the variants showed intracellular and cell-surface localization. Stimulation with MB28767 increased the level of EP3 variant at the cell surface within four hours of EP3 activation. As this result was not quantitative, we next examined this interesting qualitative observation further using flow cytometry analyses to determine the mean intensity fluorescence of EP3 receptors before and after stimulation with selective agonist.

We next examined EP3 surface localization by flow cytometry using the anti-myc antibody before and after stimulation with MB28767 for four hours in HEK293 cells (**Figure 7B**). Cell surface localization of the EP3 α receptor variant decreased after a four hour incubation period with MB28767 stimulation while the levels of membrane-associated EP3 β and EP3 γ receptors increased by 2- to 3-fold over unstimulated. Interestingly, two colon cancer cell lines we stably transfected with the mEP3 receptor variants, namely HCT116 and SW480 cells, show an increase in plasma membrane localization of the three variants after stimulation with MB28767 for four hours compared to untreated (**Figure 7C**). HCT116 EP3 β and HCT116 EP3 γ show relatively high expression at baseline compared to HCT116 EP3 α over cell passages. Treatment

does not significantly increase EP3 surface localization for EP3 β or EP3 γ however treatment did significantly increase EP3 α plasma membrane localization two fold. This may be due to the fact that EP3 α downregulates its cell surface expression unlike EP3 β and EP3 γ and upon stimulation enhances its downstream cell function with increased cell surface expression. Similarly, SW480 EP3 γ cells significantly downregulate their cell-surface expression over several passages. However, MB28767 stimulation led to a dramatic 5- to 6-fold increase of EP3 γ receptor to the cell surface (**Figure 7C**). In this study, we examined agonist-induced internalization of the mouse EP3 variants. In conclusion, our results indicate that the C-tail of the mouse EP3 variants is important in determining their degree of internalization mediated by receptor agonists.

Activation of the mEP3 receptor variants induces a morphological change characterized by enhanced cell-cell contact

It has been reported that the formation of stress fibers by the mEP3 receptor variants in MDCK cells involve Rho (120). Since we have found Rho activated by EP3 signaling and RhoA mediates the assembly of stress fibers and the actin cytoskeleton, we next examined the morphology of HEK293 cells stably expressing the mEP3 receptor variants or vector by immunofluorescence microscopy in the absence or presence MB28767. Rhodamine-conjugated phalloidin was used to visualize the actin cytoskeletal changes induced by MB28767 (**Figure 8A**). All three mEP3 receptor variants stimulated with MB28767 caused HEK293 cells to form clusters within four hours of activation while vector and untreated variant cells were well dispersed with fibroblast-like foot processes evident. The time course of EP3-induced clustering was similar for the three

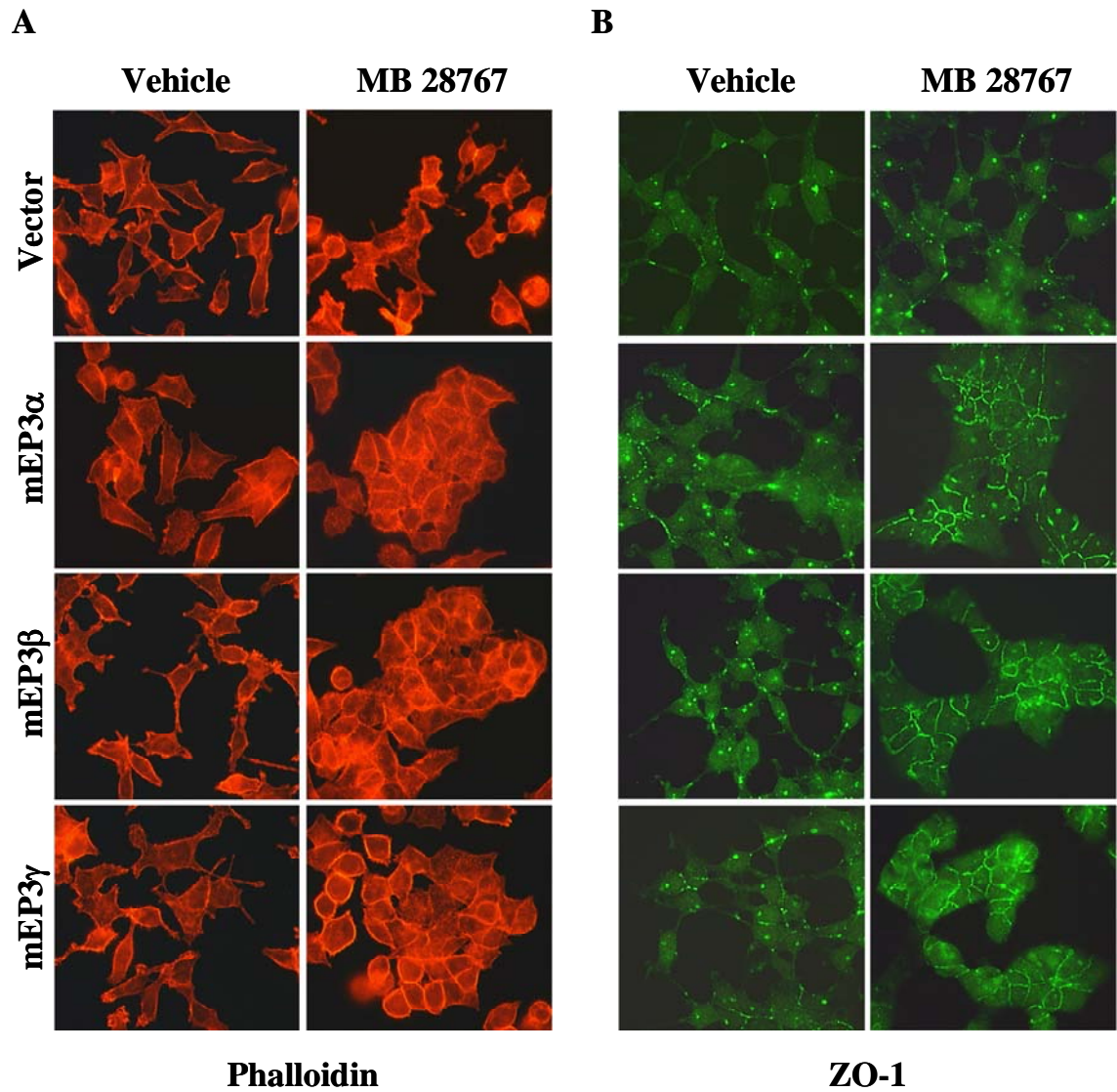


Figure 8. Activation of the mEP3 receptor variants induces a morphological change that enhances cell-cell contact. (A) Vector-transfected and mEP3-expressing HEK293 cells were treated with vehicle or 0.1 μ M MB28767. After four hours, the cells were stained with rhodamine-phalloidin and (B) anti-ZO-1 antibody to visualize the cytoskeleton and tight junctions, respectively. Scale bar, 20 μ m.

variants. We next examined whether this morphological change enhanced cell-cell contact by localization of ZO-1, a marker for tight junctions. While vector and untreated variant cells displayed punctate staining for ZO-1, the three variants stimulated with MB28767 led to enhanced membrane-associated ZO-1 within four hours of EP3 activation (**Figure 8B**). As this experiment takes place over a four hour period and immunoblots for ZO-1 showed no increase in ZO-1 protein levels (not shown), we conclude that the enhanced cell-cell contact in response to EP3 activation is due to an increase in membrane localization and not to an increase expression level of cell adhesion molecules. These results indicate activation of the mEP3 receptor variants equally cause a morphological change which is characterized by enhanced cell-cell contact.

The morphological change induced by the mEP3 receptor variants is both physiologically relevant and specific to EP3 activation

To confirm the EP3-induced morphological change is physiologically relevant we next stimulated HEK293 cells expressing mEP3 variants or vector alone with native ligand, PGE₂ (**Figure 9A**). In addition, to confirm the morphological change is specific to EP3 activation we stimulated vector and mEP3 expressing HEK293 cells with the EP1/3 selective agonist, sulprostone, or the structurally similar EP2 selective agonist, butaprost (**Figure 9A**). Although we only show mEP3 γ cells, all three variants expressed in HEK293 cells were observed to cluster and enhance cell-cell contact when stimulated with PGE₂ or sulprostone within four hours of EP3 activation similar to MB28767. No changes were observed in vector transfected cells. Butaprost had no effect on morphology after 4, 24 or 48 hours of EP2 activation confirming the enhanced cell-cell contact as an EP3 specific effect.

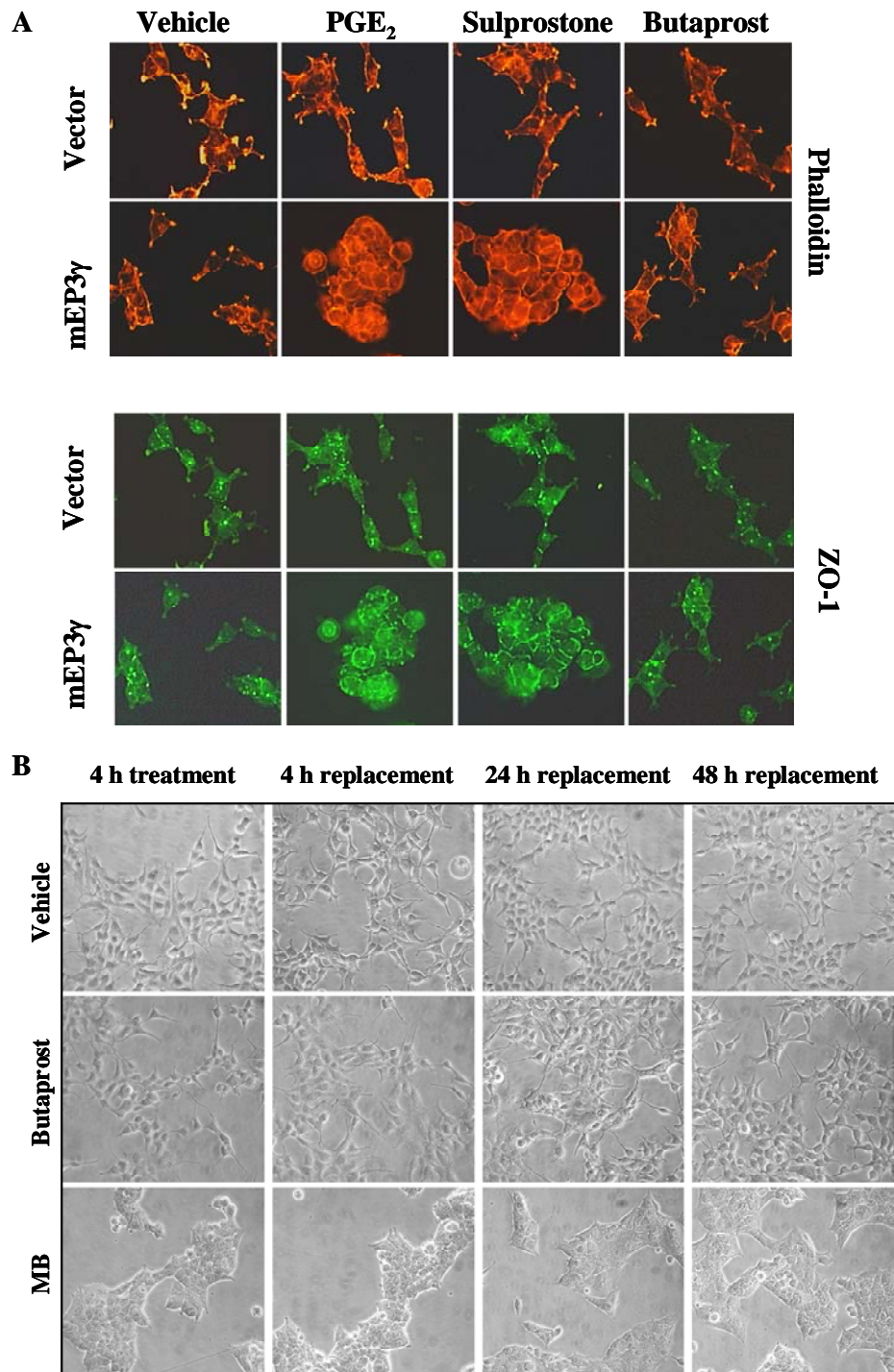


Figure 9. The morphological change induced by the mEP3 receptor variants is both physiologically relevant and specific to EP3 activation. (A) Vector and mEP3 HEK293 cells (mEP3γ shown only) were treated with vehicle or 0.1 μM PGE₂, sulprostone, or butaprost. After four hours the cells were stained with rhodamine-phalloidin and anti-ZO1 antibody to visualize actin and tight junctions, respectively. Scale bar, 20 μm. **(B)** The cells indicated were treated with 0.1 μM MB28767, butaprost or vehicle. After 4 hours the media was replaced with media lacking prostanoid and cells were photographed 4, 24 and 48 hours after medium replacement. The images shown are representative of three independent experiments. Scale bar, 100 μm

We examined whether this morphological change can be reversed by replacing the media of cells stimulated with MB28767 for four hours with normal media for 4, 24 and 48 hours (**Figure 9B**) and 72 hours (not shown). We found the EP3-induced morphological change could not be reversed by the removal of agonist and replacement with normal media. This suggests EP3 activation has a lasting effect on cell morphology even after ligand is degraded and unavailable to activate its receptor.

The morphological change induced by mEP3 is mediated by RhoA

To explore the mechanism by which mEP3 variants induce a morphological change in HEK293 cells, we assessed signaling pathways shown activated by EP3 receptor variants. We used selective pharmacological inhibitors to block EP3-induced morphological changes. We have only shown EP3 γ but this experiment was performed with all three variants and empty vector transfected HEK293 cells multiple times (**Figure 10A**). We used forskolin and IBMX to elevate cAMP levels, H-89 to inhibit PKA, BIM to inhibit PKC, or BAPTA/AM, a calcium chelator, but none of these were able to block the morphological changes induced by EP3 activation. Similarly, although we have shown EP3 activation to stimulate ERK activation, the MEK inhibitor, PD98059, or a PI3K inhibitor, wortmannin were unable to block the morphological change. In contrast, Y-27632, a rho kinase inhibitor or expression of the C3 *Clostridium botulinum* toxin, which inactivates Rho, blocked the mEP3-induced morphological change in all three variants. Expression of the C3 toxin was confirmed by comparing RhoA activation after MB28767 treatment in mEP3 expressing HEK293 cells with and without C3-transfection (**Figure 10B**). Active Rho and a morphological change were evident exclusively in mEP3

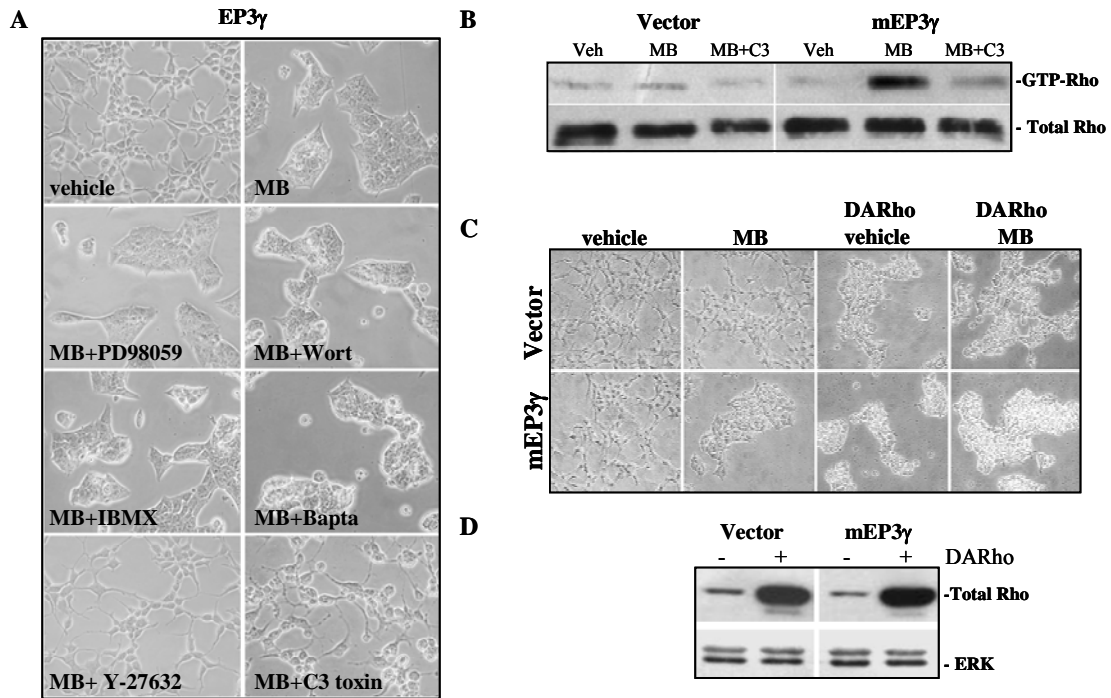


Figure 10. The morphological change induced by mEP3 is mediated by RhoA. (A) mEP3-expressing HEK293 cells (mEP3 γ shown only) were serum-starved for 12 hours in the presence or absence of PD-98059 (5 μ M), wortmannin (100 nM), IBMX (0.5 mM), 5 μ M BaptaAM (5 μ M), Y-27632 (5 μ M) or transfected for 48 h with the C3 toxin expression plasmid. Cells were subsequently treated with vehicle or 0.1 μ M MB28767 and their morphology evaluated 4 hours after treatment. (B) Rho pull-down assay was performed on cells lysates of serum-starved vector- and mEP3-expressing HEK293 (mEP3 γ shown only) cells untransfected or transfected 48 h prior with C3 toxin and treated for 15m with MB28767. GTP-Rho was detected by immunoblotting with anti-Rho antibody (top). Total cell lysates were used to detect the levels of total Rho (bottom). (C) The cells indicated were transfected with vector control or dominant active Rho (DARho) and the levels of Rho were evaluated 48 hours after transfection by Western blot analysis in 30 μ g of total cell lysates. (D) Membranes were subsequently incubated with anti-ERK antibody to verify equal loading.

variant expressing HEK293 cells after MB28767 treatment yet not in the presence of the C3 toxin. This indicates that the mEP3 receptor variant-induced morphological change is mediated by Rho.

To further examine the Rho pathway as a putative mechanism we used a dominant active construct of Rho (G14V) to determine whether this was sufficient to induce the morphological change in vector transfected cells and in all three variants in the absence of ligand. Although only EP3 γ is shown, all three variants responded similarly in that overexpression of dominant active Rho was able to induce the morphological change in both vector and mEP3 variant expressing HEK293 cells in the absence of selective EP3 agonists (**Figure 10C**). To confirm overexpression of dominant active Rho construct in transfected cells, an immunoblot for total Rho is shown (**Figure 10D**). These results further suggest the EP3-induced morphological change characterized by enhanced cell-cell contact is mediated by Rho.

G₁₂ and G₁₃ may regulate the mEP3 receptor variant-induced morphological change.

Among classical second messenger pathways, the EP3 receptor variants are coupled to adenylate cyclase inhibition through G_i. However pertussis toxin (PT) treatment did not suppress the morphological change induced by EP3 agonists (data not shown) indicating that this action is not mediated by G_i. Pretreatment with forskolin or IBMX, both of which drive cAMP levels up in cells, failed to block the EP3-induced morphological change suggesting this action is not mediated by G_s either. These observations suggest that the EP3 receptor variants are not coupled to adenylate cyclase but to a PT-insensitive heterotrimeric G-protein other than G_s or G_q.

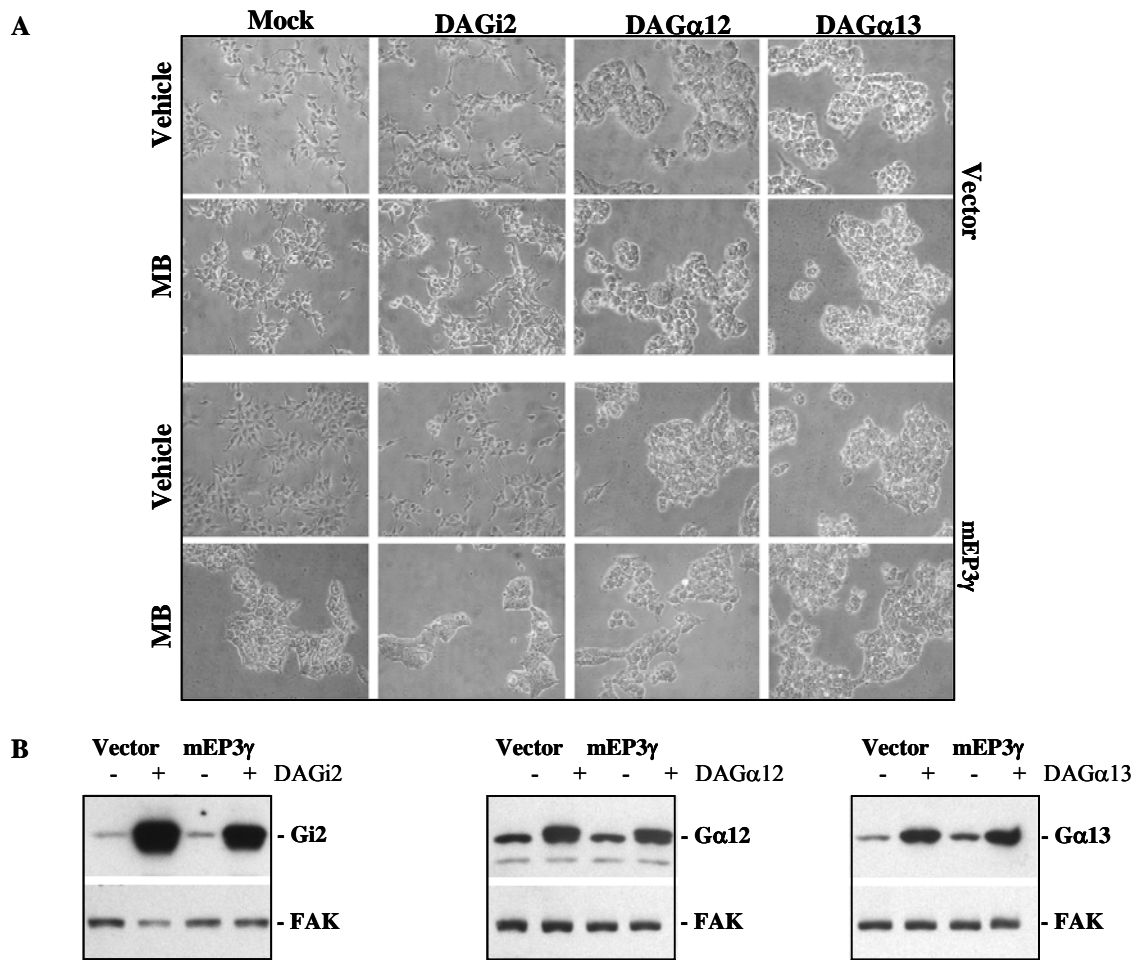


Figure 11. G₁₂ and G₁₃ may regulate the mEP3 receptor variant-induced morphological change. (A) The cells indicated were transfected with vector or dominant active G_i, G₁₂ or G₁₃. Forty-eight hours later cell morphology was evaluated in 4 hours vehicle-treated or MB28767-treated (not shown) cells. (B) The cells indicated were transfected with the constructs indicated above and the levels of these G protein alpha subunits were evaluated 48 hours after transfection by western blot analysis in 30 μ g of total cell lysates. Membranes were subsequently incubated with anti-FAK antibody to verify equal loading.

We have shown thus far that EP3 induces a morphological change dependent on Rho activation. Several reports have shown that constitutively activated G_{12} and G_{13} can stimulate Rho-dependent stress fiber formation and focal adhesion assembly (119, 120, 174). As G_{12} and G_{13} are PT-insensitive G proteins, we postulated that the EP3 receptor variants may regulate morphology through G_{12} and/or G_{13} . To test this hypothesis we transfected constitutively activated G_i as a negative control, G_{12} and G_{13} in HEK293 cells stably transfected with either vector or mEP3 variants. We found that both constitutively activated G_{12} and G_{13} can induce a morphological change in the absence of ligand in both vector and mEP3 receptor variant transfected HEK293 cells similar to MB28767 treated and dominant active Rho transfected HEK293 cells (**Figure 11A**). To confirm overexpression of constitutively activated G_i , G_{12} and G_{13} constructs, cell lysates were analyzed by western blot for G_i , G_{12} and G_{13} with the appropriate anti-G-protein antibody (**Figure 11B**). We found robust overexpression consistently in each of our experiments. This suggests that G_{12} and G_{13} may transduce the EP3-mediated Rho activation causing a morphological change which enhances cell-cell contact.

The mEP3 receptor variant-induced morphological change is likely mediated by G_{12}

To determine whether G_{12} and/or G_{13} transduces the EP3-mediated Rho activation, dominant negative constructs of G_i , G_{12} and G_{13} were overexpressed in vector or mEP3 expressing HEK293 cells (mEP3 γ shown). Cells were treated with MB28767 (100nM) and their morphology evaluated 4 hours after agonist treatment (**Figure 12A**). Whereas dominant negative G_i and G_{13} had no effect on blocking the EP3-induced morphological change, expression of the dominant negative G_{12} prevented cells from

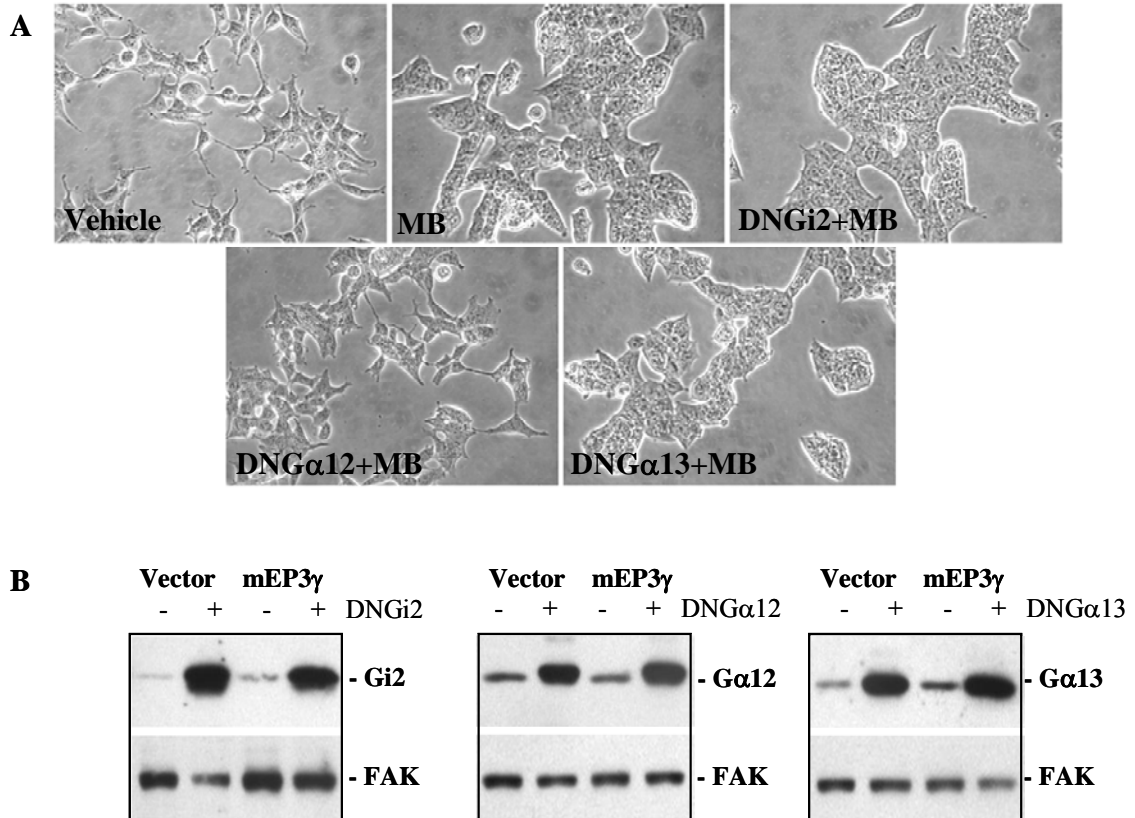


Figure 12. The mEP3 receptor variant-induced morphological change is likely mediated by G₁₂. (A) mEP3-expressing HEK293 cells (mEP3 γ shown only) were transfected with vector control or dominant negative G_i, G₁₂ or G₁₃. Forty-eight hours later the cells were either treated with vehicle or 0.1 μ M MB28767 and their morphology was evaluated 4 hours after treatment. Images are representative of three independent experiments. (B) mEP3-expressing HEK293 (mEP3 γ shown only) were transfected with the constructs indicated above and the levels of these G protein alpha subunits were evaluated 48 hours after transfection by western blot analysis in 30 μ g of total cell lysates. Membranes were subsequently incubated with anti-FAK antibody to verify equal loading.

clustering and developing a more epithelial-like morphology. To confirm overexpression of the dominant negative constructs, cell lysates were analyzed by Western blot analysis with the appropriate G protein specific antibody (**Figure 12B**). These results strongly suggest the mEP3 receptor variants induce a morphological change *via* a G₁₂-Rho pathway in HEK293 cells.

Conclusions

The most distinctive feature of the EP3 receptors is the diversity generated by multiple alternative splice variants that generate alternate C-terminal tails of this receptor subtype. Here we aimed to characterize the mouse EP3 receptor variants and determine their functional differences in HEK293 cells. These cells consistently overexpress robustly our receptor variants and they are widely used to study prostanoid receptors. Cell populations overexpressing each variant were isolated by flow cytometry for equal expression before characterizing variants for their functional significance. Once we confirmed cell populations for equal expression, native ligand binding and equal receptor number, we analyzed variants for their signal transduction usage. The mEP3 receptor variants each mobilized calcium similarly in both a time and dose-dependent manner. Interestingly they all activated the ERK, but had no effect on the PI3K or p38 MAPK pathways after treatment with a selective agonist for EP3. We also observed Rho activation within 15 minutes of EP3 activation in all three variants however they each failed to activate Rac1 or Cdc42 suggesting a mechanism to regulate the specificity toward different Rho GTPases.

When examining HEK293 cells for mEP3 receptor expression by immunofluorescence, interestingly we found an intense staining on the cell surface for mEP3 after activating variants with a selective EP3 agonist for 4 hours. Quantitatively by flow cytometry we found cell surface localization of the EP3 α receptor variant decreased while EP3 β and EP3 γ increased by 2- to 3-fold over unstimulated. Two colon cancer cell lines stably expressing mEP3 variants also showed an increase in plasma membrane localization after stimulation. One colon cancer cell line in particular consistently demonstrated a dramatic 5- to 6-fold increase of EP3 γ receptor with stimulation. Our results indicate that the C-tail of the isoforms is important in determining their degree of PGE₂-induced internalization

Lastly we observed EP3 variants to induce a morphological change characterized by enhanced cell-cell contact. We determined this morphological change to be both physiologically significant, EP3 specific and irreversible, hence a long-lasting effect of EP3 activation. We found the mechanism of this morphological change to be likely G₁₂ mediated and requiring Rho activation.

CHAPTER IV

FUNCTIONAL ANALYSIS OF THE MURINE EP3 RECEPTOR VARIANTS ON TUMOR CELL GROWTH

Introduction

Pharmacological and genetic inhibition studies have shown EP1, EP2 and EP4 to play a role in tumorigenesis using several mouse models for different types of cancer (146-148, 150-152, 154, 155). In contrast, the EP3 receptor is the only receptor subtype not directly implicated in tumorigenesis (154-156). For instance, EP3 receptor expression was decreased in colon cancer from mice, rats and humans when compared to normal mucosa (165). Similar to colon cancer, EP3 receptor levels were found decreased in mammary tumors suggesting the silencing of EP3 during tumor development is not specific to cancers in the colon (166). Interestingly, deletion of the EP3 receptor does not alter early stages of colon cancer progression, namely aberrant crypt foci development, whereas EP1, EP2, and EP4 receptors were implicated in small intestinal polyp formation (154-156). However, in contrast to the other EP receptors, an increase in carcinogen-induced colon carcinoma was found in EP3-null mice, suggesting EP3 may impact later stages of colon carcinogenesis (165). Furthermore, only one of eleven human colon cancer cell lines was shown to express EP3 and when that cell line was treated with an EP3 agonist its viability decreased by 30% (165). Taken together, these results suggest that EP3 expression confers a growth disadvantage to tumor cells and may play a protective role against cancer progression.

The following aim examines the distinct contribution the murine EP3 variants may have on tumor cell growth *in vitro* and *in vivo* in order to explore their therapeutic potential. Based on the findings that all three variants are downregulated or absent in cancer (165, 166, 168), reduced viability is observed in treated EP3-expressing cancer cells (165) and enhanced incidence of colon carcinomas is evident in mice deficient for EP3 (165), it is conceivable that restoring EP3 expression in tumor cells will suppress growth *in vitro* and reduce their tumorigenic potential *in vivo*. In order to test this hypothesis, we expressed each receptor variant in HCT116 cells, a human colon cancer cell line expressing no detectable levels of endogenous EP3 (165) and HEK293 cells, since they are tumorigenic *in vivo* (175) and are commonly utilized to study prostanoid receptor signaling (151, 176-179). These cells were examined for their ability to proliferate, signal and undergo morphological change.

Results

Activation of the mEP3 receptor variants reduces proliferation *in vitro*

While EP1, EP2 and EP4 receptor signaling have all been implicated in tumorigenesis in different rodent models (154-156), EP3 receptor deletion has no impact on early stages of tumorigenesis but may play a protective role in later stages (154, 156). In contrast, EP3 has been implicated in tumor-associated angiogenesis in sarcoma-180 and sponge implantation models (167). In order to evaluate the role the mEP3 receptor variants may have on cell growth we analyzed the mEP3 receptor variants for proliferation. HEK293 cells stably expressing mEP3 receptor variants exhibit a 30-40%

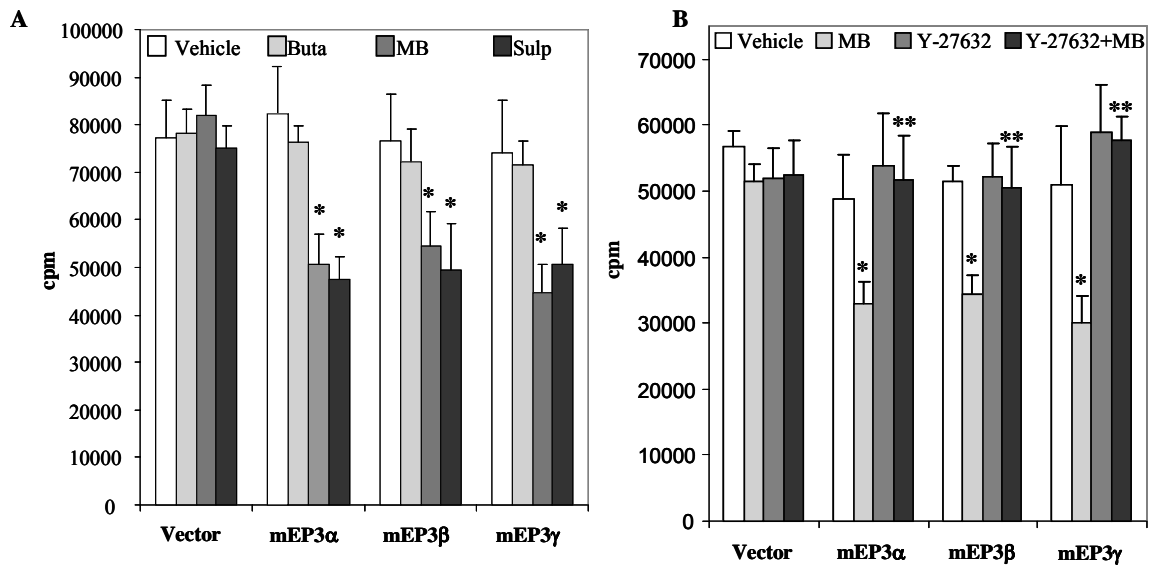


Figure 13. Activation of the mEP3 receptor variants reduces proliferation *in vitro* and this inhibitory effect is mediated by Rho in HEK293 cells. (A). [³H]Thymidine incorporation on vector-transfected and mEP3-expressing HEK293 cells treated with vehicle, MB28767 (MB), sulprostone (Sulp) or butaprost (Buta) was evaluated as described under *Materials and Methods*. (B) ³H-thymidine incorporation assay on vector-transfected and mEP3-expressing HEK293 cells incubated in the presence or absence of 10 μ M Y-27632 and 0.1 μ M MB28767 (MB) was evaluated as described under *Materials and Methods*. The bars and errors represent the mean \pm S.D. of a representative experiment performed in quadruplicates (* indicates significant differences ($p < 0.05$) between vehicle and MB-treated cells. (** indicates significant differences ($p < 0.05$) between MB- and MB+Y-27632 treated cells.

reduction in growth when treated with either the EP3 selective agonists, MB28767 or sulprostone, compared to vector treated or untreated cells (**Figure 13A**). In contrast, butaprost did not alter proliferation compared to untreated cells, suggesting the cell growth inhibition observed is specific to the EP3 receptor and activation.

The inhibitory effect of mEP3 receptor activation *in vitro* is mediated by Rho in HEK293 cells

To determine whether Rho is also involved in the EP3-mediated cell growth inhibition as observed with the morphological change (**Figure 10**), the effect of the Rho kinase inhibitor Y-27632 was determined on proliferation *in vitro*. As shown in **Figure 13B** Y-27632 reversed the mEP3-mediated cell growth inhibition, and this effect was independent of the mEP3 variant expressed. Thus, these results suggest the EP3-induced reduction in cell growth and changes in morphology observed *in vitro* are both mediated by Rho.

The mEP3 receptor variants inhibit tumor cell growth of HEK293 cells *in vivo*

In order to confirm *in vivo* the protective role of the mEP3 receptor variants seen *in vitro*, we injected 15 male athymic/nude mice with 10^6 HEK293 cells. We found that vector transfected HEK293 cells form tumors more readily than mEP3 receptor variant-expressing cells (13/15 Vector; 1/15 EP3 α ; 5/15 EP3 β ; 3/15 EP3 γ) (**Figure 14A**). Further, the tumors isolated from vector-transfected HEK293 cells were larger than those derived from mEP3 receptor variant-expressing cells. Tumors were analyzed for mEP3 receptor variant expression using the anti-myc antibody (**Figure 14B**).

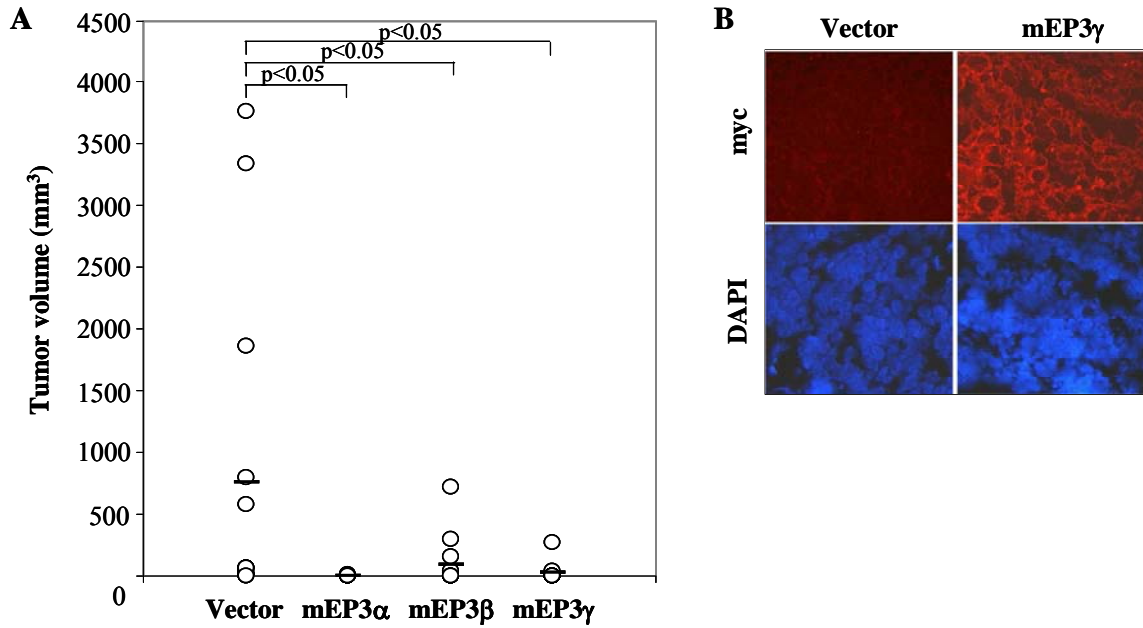


Figure 14. The mEP3 receptor variants inhibit tumor cell growth in HEK293 cells *in vivo*. (B) HEK293 cells stably expressing mEP3 receptor variants exhibit reduced tumor growth 35 days post-s.c. injection of 0.2 ml of 1×10^6 trypsinized cells in nude male mice compared to vector control. Volume was determined according to the equation ($V = [L \times W^2] \times 0.5$, where V = volume, L = length, and W = width). (C) Frozen sections of mEP3 α , mEP3 β , mEP3 γ (shown) receptor tumors isolated from s.c.-injected nude mice were stained with anti-myc antibody to confirm the expression of the mEP3 receptor variants. DAPI staining was performed to visualize cell nuclei.

All mEP3 variant HEK293 tumors exhibited positive staining for myc (mEP3 γ shown) while vector HEK293 tumors were negative for myc staining, indicating HEK293 cells stably transfected with mEP3 receptor variants do not downregulate expression during tumor formation. Together these results demonstrate the mEP3 receptor variants in HEK293 cells induce growth suppression evident both *in vitro* and *in vivo*.

EP3 receptor variant signalling activates Rho and enhances cell-cell contact in human colon cancer cells

Thus far, we have demonstrated that PGE₂ *via* the EP3 receptor activates the G₁₂-Rho pathway causing a morphological change which enhances cell-cell contact and reduced cell proliferation in HEK293 cells (**Figures 12 & 13**). We next sought to investigate the role of the mEP3 receptor variants in a human colon cancer cell line (HCT116) rather than HEK293 cells in order to confirm EP3 signaling can activate Rho and cause a morphological change in a more pathophysiologically relevant cell line. As with the HEK293 cells, HCT116 cells were transfected, selected and sorted for comparable cell-surface expression of the mEP3 receptor variants by flow cytometry (**Figure 15A**). We then evaluated the effect of mEP3 receptor variant activation on RhoA GTPase (**Figure 15B**). HCT116 cells expressing variants (mEP3 γ shown) and vector were stimulated with MB28767 for 15 minutes and the results demonstrate all three mEP3 receptor variants can induce a robust increase in RhoA activity (mEP3 γ shown). Similar results were obtained with a second human colon cancer celline, SW480 (**Figure 15B**). These results confirm mEP3 signaling *via* Rho is not cell-type specific.

Next we examined the ability of selective EP3 agonists to induce a morphological change in vector or mEP3 variant expressing HCT116 cells. All three mEP3 receptor variants expressed in HCT116 cells formed cell clusters with increased cell-cell contact within four hours of MB28767 stimulation as seen in **Figure 15C** by staining with rhodamine-phalloidin for the actin cytoskeleton and anti-ZO-1 for tight junctions. In contrast vector and untreated HCT116 cells remained well dispersed and exhibited punctuate ZO-1 staining (**Figure 15C**) confirming the morphological change is ligand-dependent. The time course of EP3-induced clustering was similar for the three variants. Similar results were obtained with the second human colon cancer cell line, SW480 expressing mEP3 γ and its vector counterpart (**Figure 15D**) and using native ligand, PGE₂ (not shown). These results demonstrate human colon cancer cells with EP3 expression restored display a morphological change with EP3 stimulation characterized by enhanced cell-cell contact indicating EP3-induced Rho activation and morphological change are not cell-type specific but importantly, physiologically relevant.

Activation of the mEP3 receptor variants inhibits human colon cancer cell growth *in vitro* and *in vivo*

Previous studies have shown the EP3 receptor to be downregulated or absent in carcinomas of the colon and breast (165, 166). It has been reported HCT116 colon cancer cells to express EP1, EP2 and EP4 but no detectable EP3 (165) indicating the lack of EP3 expression in tumor cells may confer a proliferative advantage. To test this hypothesis we analyzed vector and mEP3 variant HCT116 cells for proliferation following stimulation with MB28767, sulprostone or butaprost. As shown in **Figure**

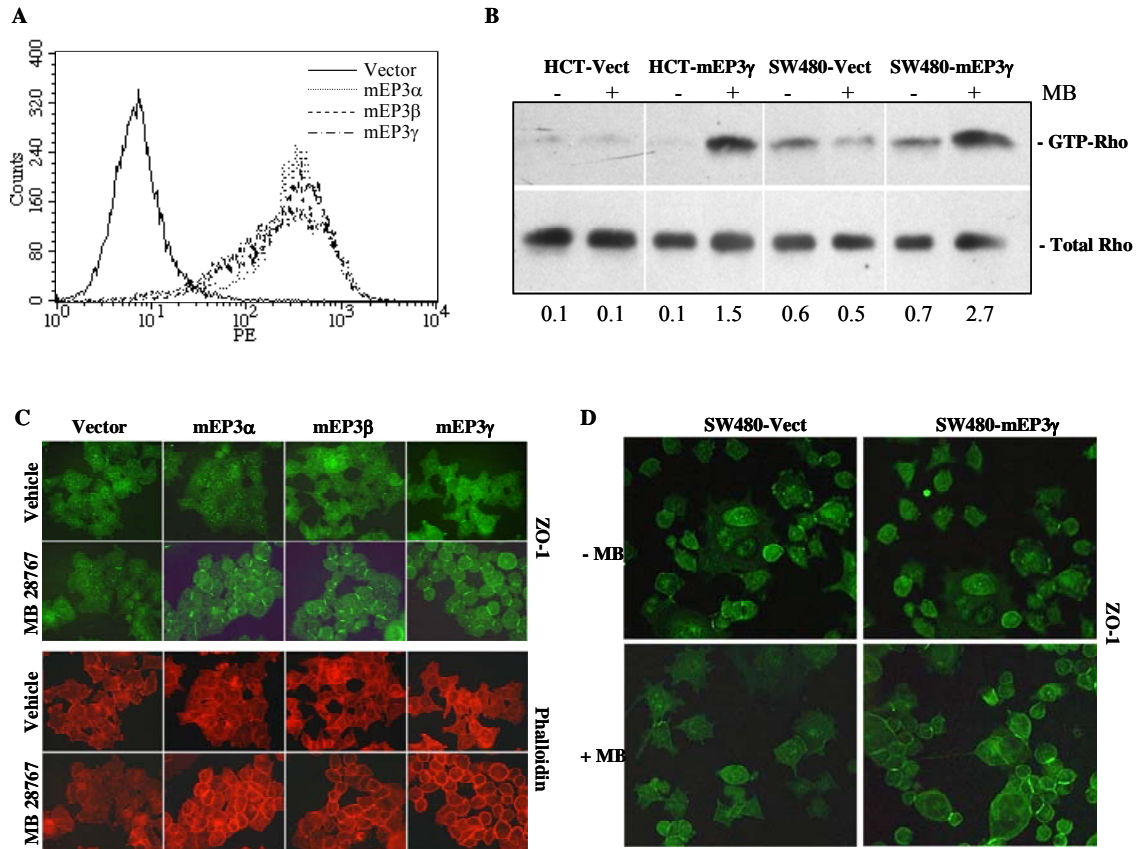


Figure 15. EP3 receptor variant signaling activates Rho and enhances cell-cell contact in human colon cancer cells. (A) Flow cytometry of stably transfected HCT116 cells with mEP3 receptor variants labeled with anti-myc antibody. mEP3 receptor expression is displayed by a shift in mean fluorescent intensity compared to vector-transfected HCT116 cells. The result shown is representative of three independent experiments. (B) Rho pull-down assay performed on cells lysates of serum starved cells treated with vehicle or 0.1 μ M MB28767 for 15 minutes. Bound GTP-Rho was detected by immunoblotting with anti-Rho antibody (top). Total cell lysates were used to detect the levels of total Rho (bottom). (C & D) Vector-transfected and mEP3-expressing HCT116 and SW480 cells were treated with vehicle or 0.1 μ M MB28767. After four hours, the cells were stained with rhodamine-phalloidin (HCT116 only) and anti-ZO-1 antibody to visualize the cytoskeleton and tight junctions, respectively.

16A, a 40-50% reduction in proliferation was observed only when cells were treated with the EP3 selective agonists but not with the EP2 agonist, butaprost. These results confirm data obtained with HEK293 cells and suggest the effects on proliferation by the mEP3 variants are not cell-type specific.

To further test the hypothesis that the EP3 receptor can suppress growth of colon cancer cells, we injected mEP3 variant expressing HCT116 cells *in vivo*. We injected 6 male athymic/nude mice with 10^6 vector transfected colon cancer cells and 8 male athymic/nude mice with 10^6 variant expressing colon cancer cells. Although nearly all mice formed tumors within a month (6/6 Vector; 8/8 EP3 α ; 7/8 EP3 β ; 8/8 EP3 γ) (**Figure 16B**), the tumors isolated from vector HCT116-injected mice were larger than those tumors isolated from mEP3 receptor variant HCT116-injected mice. Tumors were analyzed for mEP3 receptor variant expression using the anti-myc antibody (**Figure 16C**). All mEP3 expressing HCT116 tumors exhibited positive staining for myc (mEP3 γ shown for simplicity) while empty vector tumors were negative for myc staining, indicating HCT116 cells stably transfected with mEP3 receptor variants do not downregulate expression during tumor formation. Collectively these results indicate human colon cancer cells with either mEP3 α , mEP3 β or mEP3 γ receptor expression restored can suppress growth evident both *in vitro* and *in vivo*.

Conclusions

Although EP3 is widely expressed throughout the body, expression in tumors is found downregulated or absent (165, 166, 168) but the role of the mouse EP3

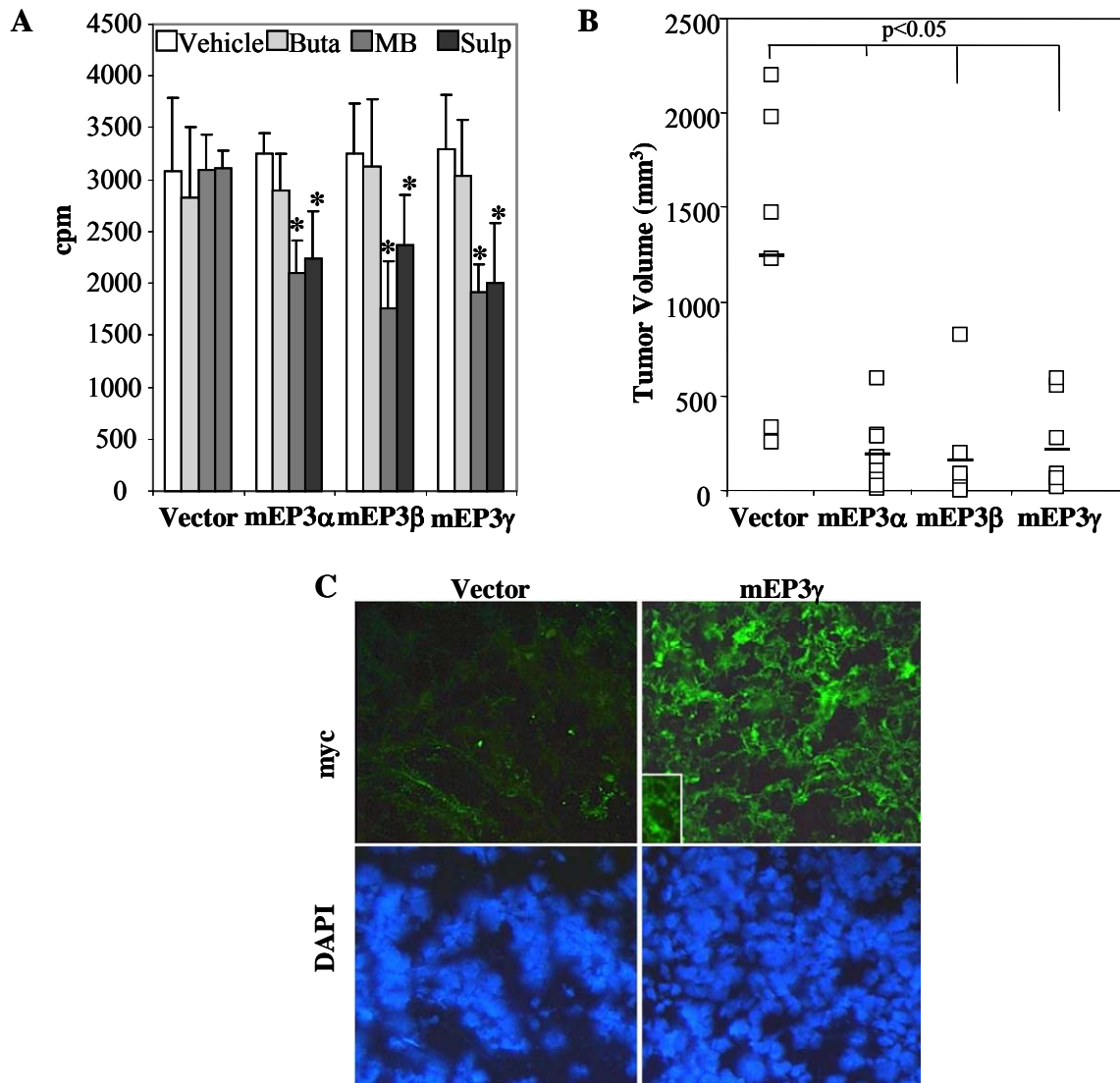


Figure 16. Activation of the mEP3 receptor variants inhibits human colon cancer cell growth *in vitro* and *in vivo*. (A) ³H-Thymidine incorporation assay on HCT116 colon tumor cells stably expressing mEP3 receptor variants pulsed for 48 h with [³H]thymidine (1 μ Ci/well) with 0.1 μ M of MB-28767, sulprostone, butaprost or vehicle. These data are representative of three independent experiments performed in quadruplicates. * $p < 0.05$ (B) 1×10^6 vector-transfected and mEP3-expressing HCT116 cells were injected subcutaneously into nude mice (n=10/cell type). Thirty-five days later the mice were sacrificed and tumor volume was evaluated as described under *Materials and Methods*. Open squares represent the volume of single tumors, while the bars represent the mean. (C) Frozen sections of tumors derived from the tumors indicated (only mEP3 γ shown) were stained with anti-myc antibody to confirm the *in vivo* expression of the mEP3 receptor variants.

receptor variants α , β and γ on tumor cell function is yet unknown. By expressing all three variants in HEK293 cells, which do not demonstrate any measurable membrane associated EP3 receptor (**Figure 5A & 5C**), we have demonstrated all three variants reduce proliferation *in vitro* and that this growth inhibitory effect is mediated by Rho. Furthermore, as HEK293 cells are tumorigenic in nude mice, we examined the contribution of each mEP3 variant on tumor growth *in vivo* and showed all three variants led to the formation of fewer and smaller tumors compared to vector HEK293 cells.

Although HEK293 cells are commonly used to investigate prostanoid receptor function (151, 176-179), the significance of our aforementioned results in this cell line can be addressed by investigating these effects in a more physiologically relevant cell line. Since EPs have been well studied in intestinal tumorigenesis (146-148, 150-152, 154, 155) and EP3 receptor expression is down-regulated in human colon cancer cells (165), we chose to restore mEP3 receptor variant expression in two such cell lines which lack detectable EP3 and investigate their effect on tumor growth. First we demonstrate mEP3 receptor variant signaling can activate Rho in HCT116 and SW480 cells as well as enhance cell-cell contact similar to results observed in HEK293 cells. Activation of the three variants increased Rho GTP levels robustly in human colon cancer cells and the change in morphology was similar for all three variants where cells clustered and increased their cell-cell contact levels. Lastly and most importantly, all three variants led to reduced tumor cell growth *in vitro* and *in vivo* indicating the results observed in HEK293 cells are physiologically relevant and not cell-type specific.

CHAPTER V

DISCUSSION AND FUTURE DIRECTIONS

Overview

Despite the vast amount of research performed on EP receptors, little is known on the physiological or pathological effects of the EP3 splice variants and their signal transduction pathways. Overall genetic or pharmacological cancer models have shown the EP3 receptor to not play a direct role in tumor carcinogenesis (146, 150, 153-155). Recently however a number of studies have suggested the EP3 receptor may have a tumor suppressive role as its expression in tumor cells is found absent or downregulated and the loss of the EP3 receptor leads to increased colon carcinoma following chemical treatment (165, 166). Thus far, no study has examined the role of the EP3 variants on tumor cell function. One of the major goals of this thesis was to examine the molecular mechanisms by which the EP3 variants control specific tumor cell functions. We focused on the role of the mouse EP3 variants as they are highly homologous to the human variants (98) and unique to exist with three alternatively spliced cytoplasmic tails. These three C-terminal tails have the potential to signal uniquely and cause alternative effects upon stimulation with their common native ligand, PGE₂. We hypothesized the three mouse EP3 variants would have a suppressive effect on tumor cell growth. We first characterized the three variants for signaling and morphological differences in HEK293 cells. Our results indicate the three variants signal similarly where intracellular calcium is mobilized and the ERK and Rho pathways are activated with selective agonist

stimulation. This suggests the differences in amino acid sequences between the three variants' C-terminal tails do not influence signaling of these pathways. Additionally, we show activation of all three mouse variants causes a morphological change which enhances cell-cell contact and causes cells to appear less fibroblast-like and more epithelial-like. This suggests the mEP3 variants do not promote an invasive phenotype, in contrast, they promote tighter junctions thus reducing the tumorigenic potential of cells. Furthermore, we show the morphological change is mediated by Rho and most likely involves the G₁₂ G-protein. Lastly, we examined the role of the mouse C-terminal tails to influence agonist-induced internalization of the EP3 receptor. Our results indicate the C-terminal tails are important in determining the level of EP3 expression at the cell surface. Further investigation is needed in order delineate the regulatory and signaling mechanisms involved in agonist-internalization of the EP3 variants.

In addition to examining the role of mEP3 receptors in HEK293 cells, we examined the functional role of each variant on tumor cell growth *in vitro* and *in vivo*. In contrast to EP1, EP2 and EP4, EP3 receptor expression is decreased in colon cancer in mice, rats and humans when compared to normal mucosa (165). Deletion of the EP3 receptor does not alter early stages of colon cancer progression, namely aberrant crypt foci development, whereas EP1, EP2, and EP4 receptors are involved in small intestinal polyp formation (154-156). However, in contrast to the other EP receptors, an increase in carcinogen-induced colon carcinoma was found in EP3-null mice, suggesting EP3 may impact later stages of colon carcinogenesis (165). Furthermore, only one of eleven colon cancer cell lines was shown to express EP3 and when that cell line was treated with an

EP3 agonist its viability decreased by 30% (165). In order to investigate the role of the three mEP3 variants on tumor cell function we chose to restore EP3 expression in HCT116 cells, a human colon cancer cell line shown to lack both EP3 (165) and COX-2 (169) expression. We demonstrate in both HCT116 and HEK293 cells that the mEP3 variants reduce tumor cell growth *in vitro* and *in vivo*. We further evaluate the mechanism of this inhibitory growth effect by mEP3 in HEK293 cells and show Rho to mediate proliferation *in vitro*. Interestingly, we observed a morphological change in HCT116 tumor cells similar to what was observed in HEK293 cells characterized by enhanced ZO-1 staining, thus cell-cell contact. Furthermore, we analyzed HCT116 cells for EP3-induced Rho activation and found all three variants to increase levels of Rho GTP within 15 minutes of stimulation by selective EP3 agonist. These results suggest the mechanism for the EP3-induced morphological change and growth inhibition is via Rho and thus not cell-type specific.

Discussion and Future Directions

Activation of the mEP3 receptor variants induces a morphological change mediated by a G₁₂-RhoA pathway

Despite the vast amount of research performed on the EP3 receptor, little is known on the signaling mechanisms and physiological significance of the C-terminal splice variants. Functional differences among the murine splice variants have been reported, including coupling to different signal transduction pathways (158), different sensitivities to agonist-induced desensitization(180), different extents of constitutive activity(164), different intracellular trafficking patterns(181), and different agonist-induced internalization patterns(162). We have addressed the fundamental question as to

what is the functional significance of these alternative splice variants, by examining the distinct role of the murine EP3 receptor variants in tumor cell function both *in vitro* and *in vivo*. We provide evidence that all three variants promote intracellular calcium mobilization in a similar dose- and time-dependent manner as described by others (170). Moreover, we show the three variants have indistinguishable effects on tumor cell function: they each can activate ERK and Rho, and cause a long-lasting morphological change characterized by a marked increase in cell-cell contact mediated by a G₁₂-Rho pathway and reduce cell growth *in vivo* and *in vitro*. Therefore, in the context of tumor cell function, all three mEP3 variants can similarly reduce tumorigenic potential.

We further investigated the morphological change for reverse epithelial-to-mesenchymal transition since activation of all three variants caused a morphological change characterized by enhanced cell-cell contact. We observed and show in Figure 8B by immunofluorescent staining for ZO-1, enhanced tight junctions with EP3 activation. EMT is an essential developmental process by which cells of epithelial origin lose epithelial characteristics and polarity, and acquire a mesenchymal phenotype with increased migratory behavior (182-186). Thus, EMT is characterized by loss of intercellular adhesion (E-cadherin and occludins); down-regulation of epithelial makers (cytokeratins); up-regulation of mesenchymal markers [vimentin, fibroblast-specific protein (FSP) and smooth muscle actin (SMA)]; acquisition of fibroblast-like (spindle) morphology with cytoskeleton reorganization; and increase in motility, invasiveness, and metastatic capabilities (182-186). In addition, the process known as "cadherin switching" (down-regulation of E-cadherin and up-regulation of mesenchymal cadherins such as N-

cadherin or cadherin-11) and the accumulation of β -catenin have also been associated with EMT (183, 184). We therefore looked by immunofluorescence and western blot analysis for enhanced E-cadherin and β -catenin and reduced FSP and SNAIL, a transcriptional repressor of E-cadherin. Similar to ZO-1, we observed enhanced staining of E-cadherin and β -catenin at the cell-surface by immunofluorescence but not by western blot indicating they are not upregulated rather localizing to the cell-surface with EP3 activation. Results of FSP and SNAIL were inconclusive due to problems with the FSP antibody and inconsistent western blot results with anti-SNAIL antibodies. Further analysis can be performed looking at cell cycle and proliferation proteins (cyclins, p27, p21, survivin, and Ki67).

Among classical second messenger pathways, the EP3 receptor is coupled to adenylate cyclase inhibition through G_i (163, 164), however the morphological change induced by activation of this receptor in HEK293 cells was not suppressed by pertussis toxin (PT) treatment, indicating that its action was mediated by PT-insensitive heterotrimeric G protein. The EP3 receptor has been shown to activate Rho in various cell lines and constitutively active G_{12} and G_{13} can activate Rho (119, 120, 174), suggesting that one or both of these G proteins may signal to Rho *via* EP3. Our *in vitro* data strongly suggests that all three murine variants mediate Rho activation *via* G_{12} . Our data demonstrates overexpression of dominant negative G_{12} , but not G_{13} prevents the EP3-induced enhanced cell-cell contact. Although dominant negative studies are valid and informative, they present some limitations. Since dominant negative G_{13} could not prevent EP3-mediated cell-cell contact, we can suggest but not unequivocally prove that

G_{13} is not involved in EP3-mediated functions. Presently, the dominant negative approach represents one of the best and most acceptable methods of distinguishing between G_{12} - versus G_{13} -mediated activity. For instance, G_{12} and/or G_{13} coupling have been identified using this method for GPCR receptors such the α_1 -adrenoceptor, the vasopressin V_{1a} receptor and the 5-HT_{2C} receptor (187), in addition to our present study for the mEP3 receptor variants. Further investigations utilizing short-interfering RNA (siRNA) may corroborate our results and further confirm the mechanism of the EP3-induced morphological change. By silencing specific $G\alpha$ subunits, we can downregulate and abrogate G_{12} and/or G_{13} signaling and potentially prevent the morphological change in the presence of selective EP3 agonist. Further studies for this project may also include identifying the link between activation of EP3- G_{12} and the subsequent Rho activation mediating the changes observed in morphology by EP3 activation. Recently, a group of Rho-specific guanine nucleotide exchange factors (RhoGEFs) has been identified which interact with the activated α -subunit of G_{12}/G_{13} and can couple GPCRs to Rho activation. Currently, this group of RhoGEF-proteins comprises three members, p115RhoGEF/Lsc, PDZRhoGEF and Leukaemia-associated Rho guanine nucleotide exchange factor (LARG)(188-190). Recently the siRNA technique was found to be a potent targeting method against RhoGEFs. Also, the three siRNAs targeting LARG, PDZ-RhoGEF, and p115-RhoGEF are able to discriminate the closely related sequences within this RhoGEF gene family (191). With these siRNA sequences we could further clarify the pathway involved in EP3-mediated Rho activation and subsequent changes in morphology.

The mEP3 receptor variants suppress tumor cell growth *in vitro* and *in vivo*

Several studies exploring the role of EP receptor subtypes using genetic deletion or a pharmacologic approach have consistently shown the EP3 receptor to *not* play role on tumorigenesis (154-156). In this context, deficiency in EP3 had no effect on aberrant crypt foci development, putative precursors of colon cancer. In contrast, an increase in azoxymethane-induced colon carcinoma was found in EP3 deficient mice, suggesting EP3 may impact late stages of colon carcinogenesis (165). In agreement with this hypothesis, examination of EP3 mRNA expression in mammary and colon tumors showed a marked reduction in this receptor transcript levels compared to normal mucosa (165, 166). Moreover, EP3 expression was detected in only one of eleven colon cancer cell lines tested and treatment of that one cell line with an EP3 agonist decreased viability by 30%(165). Our *in vivo* findings that over-expression of mEP3 variants decreases the tumorigenic potential of two different tumor cell lines, suggest that EP3 may play a suppressive role in tumor development and its downregulation in tumor cells is advantageous for cancer progression.

The small GTPase Rho plays an important role in processes such as cytoskeletal rearrangement, migration and cell growth (192-195). Rho can be activated by different receptors including extracellular matrix receptors, growth factor receptors and prostanoid receptors. Thus far, only the mouse EP3 α and β variants have been shown to activate Rho and mediate stress fiber formation (120). In this study we report α , β and γ variants

can similarly activate Rho in HEK293 cells and their activation is linked to enhanced cell-cell contact and growth inhibition.

This is the first study to characterize all three variants in HEK293 cells for Rho activation and since all three variants were found to increase Rho-GTP with EP3 agonist treatment we investigated further the role of the mEP3 variant-induced Rho activation on cell morphology and proliferation. Interestingly, these findings demonstrate Rho to have an inverse correlation with cell proliferation; with EP3-induced Rho activation reducing tumor cell growth; and Rho-inhibition restoring tumor cell proliferation. In contrast, others have shown Rho is activated in many tumors types and it plays a positive role in tumorigenesis and metastasis by enhancing cell migration, proliferation, as well as protease synthesis and consequent matrix remodeling (196, 197). The marked increase in cell-cell contact and the mesenchymal-to-epithelial morphological transition observed with EP3 activation results in contact inhibition and cell cycle arrest. A possible explanation for our finding is that EP3-mediated Rho activation leads to increased cell-cell contact, resulting in contact inhibition and cell growth arrest. Contact inhibition is a well known mechanism of controlling cell growth and is thought to be mediated at least in part by blocking the growth factor and integrin-mediated stimuli required for cells to proliferate (198). Furthermore it has been recently shown that Rho activation is necessary to establish complete cell-cell adhesion (199). Thus, as we show that EP3 can induce long lasting cell-cell contact, it is plausible this is a major mechanism whereby this receptor decreases cell proliferation *in vitro* and tumorigenesis *in vivo*. For this reason Rho signaling may not be directly anti-proliferative but indirectly causing the morphological

change which prevents proliferation (**Figure 17**). The fact that the EP3-induced morphological change is long lasting (**Figure 9B**), even after ligand withdrawal, supports our hypothesis that the Rho-mediated growth inhibitory effects observed upon EP3 activation is most likely the result of prolonged contact inhibition.

In agreement with this possibility, our data demonstrates that restoring and activating the EP3 receptor in tumor cells with a selective agonist is clinically favorable as it was able to fully restore epithelial morphology and reduce growth of tumor cells. The clinical potential of selective EP3 agonists compared with selective inhibitors of COX-2 or with traditional NSAIDs, such as aspirin would seem more favorable knowing the complex and adverse effects of inhibiting multiple prostanoids simultaneously, prostanoids that are known to play a protective effect in some settings. However, EP3 expression is downregulated or absent in tumors of the colon and mammary and the mechanism is yet unclear. Hypermethylation of CpG islands in promoter regions is known to cause silencing of genes in various human cancers (200, 201). Although hypermethylation of the EP3 gene has not been reported, Shoji, et. al. found DNA sequences in the promoter region and exon 1 of the human EP3 gene are GC rich (Genbank AL031429) and demethylation of five human colon cancer cell lines restored EP3 expression (165). These findings suggest that the DNA sequence of the EP3 receptor may be methylated however further investigation is needed to confirm hypermethylation of the EP3 gene occurs and how this is regulated.

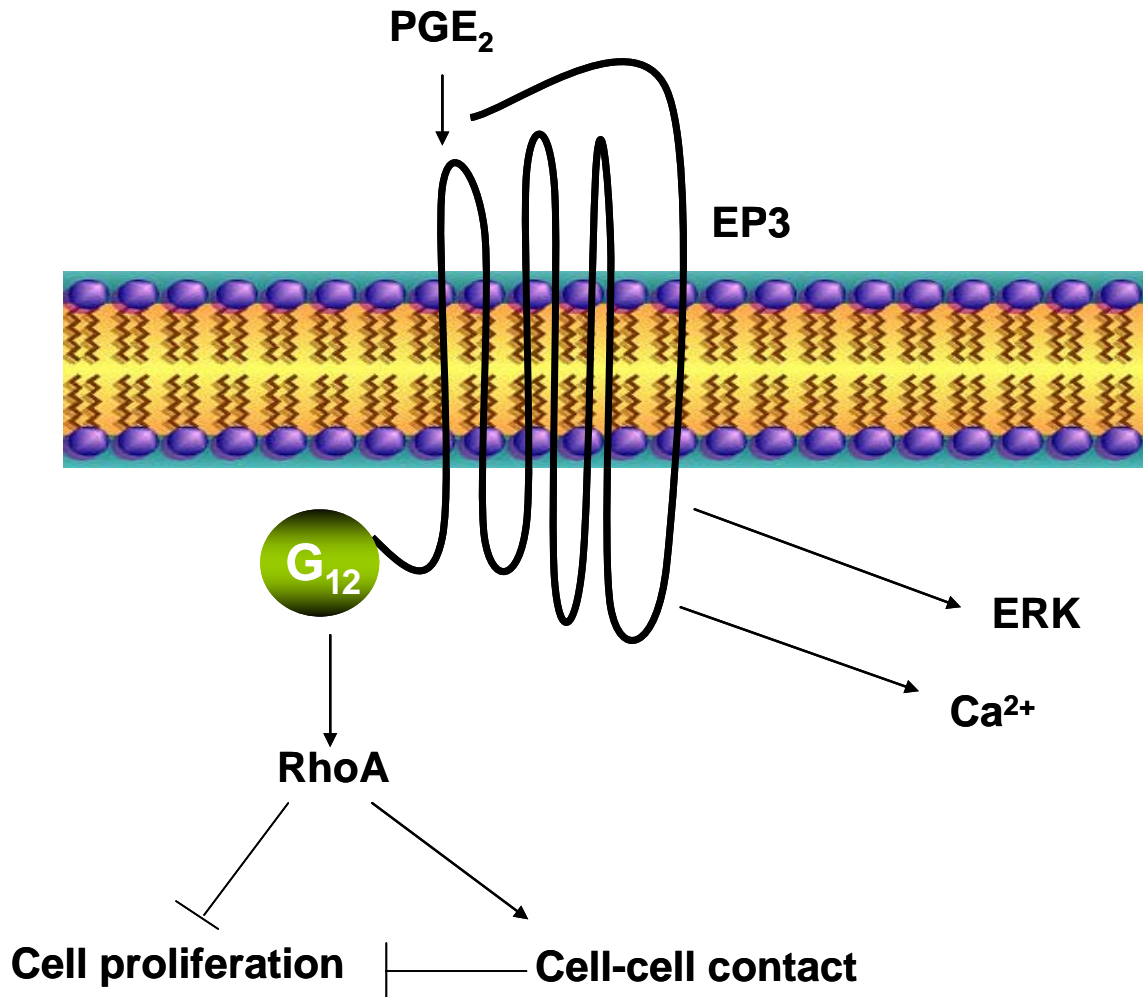


Figure 17. Regulation of cell growth and morphology by the mEP3 receptor variants. Schematic model of how the mEP3 receptor variants may regulate cell morphology and growth. Activation of the mEP3 receptor variants leads to activation of ERK, calcium mobilization and activation of the G protein alpha subunit G₁₂. G₁₂ leads to activation of RhoA with consequent increase in cell-cell contact and reduced cell growth.

While our results demonstrate selective EP3 agonists delivered to the tumor cells may be a favorable clinical therapy for cancer, it is important to remember the influence the host microenvironment has on tumor progression. Prostaglandins are important regulators of tumor-host communications. A recent study in EP3 null mice revealed stromal and/or tumor cells release PGE₂ into the tumor microenvironment, which acts on stromal cells that contain EP3 receptors to induce the production of pro-angiogenic factors and consequent angiogenesis (167). This indicates that without EP3 expression on the tumor cells, there is no significant anti-proliferative advantage to administering selective EP3 agonists. Signaling in stromal cells by EP3 receptors has revealed induction of VEGF which has pro-angiogenic action and facilitates tumor growth (167). This is the first study to implicate EP3 as having a pro-tumorigenic role. This highlights the potential tissue and model specificity of EP receptor PGE₂ signaling that is becoming apparent. In the future, it will be important to determine whether COX-2 can modulate EP receptor expression and identify the precise role each receptor signaling pathway plays in regulating angiogenesis and tumor growth. For this reason further investigation is needed into the role the host EP3 receptor expression and activation may have on tumor progression before seriously considering the therapeutic potential of EP3 selective agonists. Further studies that may elucidate the role of EP3 signaling on tumor progression would be to use our human colon cancer cell lines overexpressing each mEP3 variant and injecting these in nude mice deficient in EP3. By injecting these cells either subcutaneously or orthotopically we may delineate the role of EP3 in the tumor versus host EP3 expression/signaling. If we were to demonstrate restoring EP3 expression in tumor cells can reduce tumor growth *in vivo* in both wildtype and EP3

deficient mice this would further support our hypothesis that EP3 acts as a tumor suppressor in tumor cells regardless of host expression of EP3.

Conclusion

From this study, we propose new possible functions of PGE₂ through the EP3 receptor. The major goal of this thesis was to examine the mouse EP3 receptor variants α , β and γ on tumor cell function. The three mouse variants of EP3 have never been investigated for their functional significance in tumor cells before the present study. Our results demonstrated activation of the three mEP3 variants caused a Rho-mediated morphological change never described before characterized by enhanced cell-cell contact. These effects were the same for all three variant, indicating the variants' cytoplasmic tails have no functional difference in respect to tumor cell morphology however we did observe differential cell surface localization depending on the variant activated. This suggests the C-terminal tail is important in intracellular trafficking and agonist-induced internalization. Interestingly, EP3 activation caused a morphological change that was long-lasting even after the removal of agonist which is promising for long-term anti-neoplastic effects by selective EP3 agonists.

In addition we have demonstrated a novel mechanism for the EP3-induced morphological change. Our results indicate EP3 signaling enhances cell-cell contact *via* the small GTPase G₁₂-Rho pathway. In contrast to the published findings that Rho plays a positive role in tumorigenesis, we found Rho activation to have an inverse correlation with proliferation.

In conclusion we have provided new evidence of the involvement of all three variants in reducing tumor cell growth *in vitro* and *in vivo*. Additionally, the effects demonstrated by EP3 activation was evaluated in several tumor cell lines with no difference observed *in vitro* or *in vivo* therefore EP3-induced growth suppression was not cell-specific. Again, there was no difference observed between variants on tumor growth suggesting the C-terminal tail has the same effect on the tumorigenic potential. Importantly, we and others have shown that EP3 expression is reduced or absent in tumor cells (165, 166, 168), this is the first study to show restoring EP3 expression in tumor cells can have an inhibitory effect on tumor development.

Together these studies elucidate the role of the PGE₂ EP3 receptor subtype on tumor cell function. Data obtained in our present studies suggest the EP3 receptor plays an important role in suppression of cell growth. These results along with previous studies suggest its downregulation enhances carcinogenesis. However the exact mechanism regulating to this decrease in EP3 expression warrants further investigation. Taken together, these findings provide a rationale for the development of EP3 agonists. The clinical potential of selective EP3 agonists compared to selective COX-2 inhibitors or traditional NSAIDs is more favorable given that anti-COX therapy prevents the simultaneous synthesis of multiple prostanoids, some of which play a protective effect in many physiological and pathophysiological settings.

REFERENCES

1. Williams, C. S., Smalley, W., and DuBois, R. N. Aspirin use and potential mechanisms for colorectal cancer prevention. *J Clin Invest*, *100*: 1325-1329, 1997.
2. Smith, W. L., DeWitt, D. L., and Garavito, R. M. Cyclooxygenases: structural, cellular, and molecular biology. *Annu Rev Biochem*, *69*: 145-182, 2000.
3. Kujubu, D. A., Fletcher, B. S., Varnum, B. C., Lim, R. W., and Herschman, H. R. TIS10, a phorbol ester tumor promoter-inducible mRNA from Swiss 3T3 cells, encodes a novel prostaglandin synthase/cyclooxygenase homologue. *J Biol Chem*, *266*: 12866-12872, 1991.
4. Smith, W. L., Garavito, R. M., and DeWitt, D. L. Prostaglandin endoperoxide H synthases (cyclooxygenases)-1 and -2. *J Biol Chem*, *271*: 33157-33160, 1996.
5. Vane, J. R., Bakhle, Y. S., and Botting, R. M. Cyclooxygenases 1 and 2. *Annu Rev Pharmacol Toxicol*, *38*: 97-120, 1998.
6. Herschman, H. R. Prostaglandin synthase 2. *Biochim Biophys Acta*, *1299*: 125-140, 1996.
7. Inoue, H., Yokoyama, C., Hara, S., Tone, Y., and Tanabe, T. Transcriptional regulation of human prostaglandin-endoperoxide synthase-2 gene by lipopolysaccharide and phorbol ester in vascular endothelial cells. Involvement of both nuclear factor for interleukin-6 expression site and cAMP response element. *J Biol Chem*, *270*: 24965-24971, 1995.
8. Oshima, M., Dinchuk, J. E., Kargman, S. L., Oshima, H., Hancock, B., Kwong, E., Trzaskos, J. M., Evans, J. F., and Taketo, M. M. Suppression of intestinal polyposis in Apc delta716 knockout mice by inhibition of cyclooxygenase 2 (COX-2). *Cell*, *87*: 803-809, 1996.
9. Liu, C. H., Chang, S. H., Narko, K., Trifan, O. C., Wu, M. T., Smith, E., Haudenschild, C., Lane, T. F., and Hla, T. Overexpression of cyclooxygenase-2 is sufficient to induce tumorigenesis in transgenic mice. *J Biol Chem*, *276*: 18563-18569, 2001.
10. Dubois, R. N., Abramson, S. B., Crofford, L., Gupta, R. A., Simon, L. S., Van De Putte, L. B., and Lipsky, P. E. Cyclooxygenase in biology and disease. *Faseb J*, *12*: 1063-1073, 1998.
11. Hla, T., Bishop-Bailey, D., Liu, C. H., Schaefers, H. J., and Trifan, O. C. Cyclooxygenase-1 and -2 isoenzymes. *Int J Biochem Cell Biol*, *31*: 551-557, 1999.
12. Hla, T., Ristimaki, A., Appleby, S., and Barriocanal, J. G. Cyclooxygenase gene expression in inflammation and angiogenesis. *Ann N Y Acad Sci*, *696*: 197-204, 1993.
13. Prescott, S. M. and Fitzpatrick, F. A. Cyclooxygenase-2 and carcinogenesis. *Biochim Biophys Acta*, *1470*: M69-78, 2000.
14. Taketo, M. M. Cyclooxygenase-2 inhibitors in tumorigenesis (part I). *J Natl Cancer Inst*, *90*: 1529-1536, 1998.
15. Jacoby, R. F., Cole, C. E., Tutsch, K., Newton, M. A., Kelloff, G., Hawk, E. T., and Lubet, R. A. Chemopreventive efficacy of combined piroxicam and

- difluoromethylornithine treatment of Apc mutant Min mouse adenomas, and selective toxicity against Apc mutant embryos. *Cancer Res*, 60: 1864-1870, 2000.
16. Kawamori, T., Rao, C. V., Seibert, K., and Reddy, B. S. Chemopreventive activity of celecoxib, a specific cyclooxygenase-2 inhibitor, against colon carcinogenesis. *Cancer Res*, 58: 409-412, 1998.
 17. Oshima, M., Murai, N., Kargman, S., Arguello, M., Luk, P., Kwong, E., Taketo, M. M., and Evans, J. F. Chemoprevention of intestinal polyposis in the Apcdelta716 mouse by rofecoxib, a specific cyclooxygenase-2 inhibitor. *Cancer Res*, 61: 1733-1740, 2001.
 18. Harris, R. E., Alshafie, G. A., Abou-Issa, H., and Seibert, K. Chemoprevention of breast cancer in rats by celecoxib, a cyclooxygenase 2 inhibitor. *Cancer Res*, 60: 2101-2103, 2000.
 19. Fischer, S. M., Lo, H. H., Gordon, G. B., Seibert, K., Kelloff, G., Lubet, R. A., and Conti, C. J. Chemopreventive activity of celecoxib, a specific cyclooxygenase-2 inhibitor, and indomethacin against ultraviolet light-induced skin carcinogenesis. *Mol Carcinog*, 25: 231-240, 1999.
 20. Grubbs, C. J., Lubet, R. A., Koki, A. T., Leahy, K. M., Masferrer, J. L., Steele, V. E., Kelloff, G. J., Hill, D. L., and Seibert, K. Celecoxib inhibits N-butyl-N-(4-hydroxybutyl)-nitrosamine-induced urinary bladder cancers in male B6D2F1 mice and female Fischer-344 rats. *Cancer Res*, 60: 5599-5602, 2000.
 21. Rioux, N. and Castonguay, A. Prevention of NNK-induced lung tumorigenesis in A/J mice by acetylsalicylic acid and NS-398. *Cancer Res*, 58: 5354-5360, 1998.
 22. Shiotani, H., Denda, A., Yamamoto, K., Kitayama, W., Endoh, T., Sasaki, Y., Tsutsumi, N., Sugimura, M., and Konishi, Y. Increased expression of cyclooxygenase-2 protein in 4-nitroquinoline-1-oxide-induced rat tongue carcinomas and chemopreventive efficacy of a specific inhibitor, nimesulide. *Cancer Res*, 61: 1451-1456, 2001.
 23. Zhang, X., Morham, S. G., Langenbach, R., and Young, D. A. Malignant transformation and antineoplastic actions of nonsteroidal antiinflammatory drugs (NSAIDs) on cyclooxygenase-null embryo fibroblasts. *J Exp Med*, 190: 451-459, 1999.
 24. Jemal, A., Siegel, R., Ward, E., Murray, T., Xu, J., and Thun, M. J. Cancer statistics, 2007. *CA Cancer J Clin*, 57: 43-66, 2007.
 25. Jemal, A., Murray, T., Ward, E., Samuels, A., Tiwari, R. C., Ghafoor, A., Feuer, E. J., and Thun, M. J. Cancer statistics, 2005. *CA Cancer J Clin*, 55: 10-30, 2005.
 26. Fearon, E. R. and Vogelstein, B. A genetic model for colorectal tumorigenesis. *Cell*, 61: 759-767, 1990.
 27. Saltz, L. B., Cox, J. V., Blanke, C., Rosen, L. S., Fehrenbacher, L., Moore, M. J., Maroun, J. A., Ackland, S. P., Locker, P. K., Pirog, N., Elfring, G. L., and Miller, L. L. Irinotecan plus fluorouracil and leucovorin for metastatic colorectal cancer. Irinotecan Study Group. *N Engl J Med*, 343: 905-914, 2000.
 28. Waddell, W. R. and Loughry, R. W. Sulindac for polyposis of the colon. *J Surg Oncol*, 24: 83-87, 1983.
 29. Thun, M. J., Namboodiri, M. M., and Heath, C. W., Jr. Aspirin use and reduced risk of fatal colon cancer. *N Engl J Med*, 325: 1593-1596, 1991.

30. Sandler, R. S., Halabi, S., Baron, J. A., Budinger, S., Paskett, E., Keresztes, R., Petrelli, N., Pipas, J. M., Karp, D. D., Loprinzi, C. L., Steinbach, G., and Schilsky, R. A randomized trial of aspirin to prevent colorectal adenomas in patients with previous colorectal cancer. *N Engl J Med*, 348: 883-890, 2003.
31. Baron, J. A., Cole, B. F., Sandler, R. S., Haile, R. W., Ahnen, D., Bresalier, R., McKeown-Eyssen, G., Summers, R. W., Rothstein, R., Burke, C. A., Snover, D. C., Church, T. R., Allen, J. I., Beach, M., Beck, G. J., Bond, J. H., Byers, T., Greenberg, E. R., Mandel, J. S., Marcon, N., Mott, L. A., Pearson, L., Saibil, F., and van Stolk, R. U. A randomized trial of aspirin to prevent colorectal adenomas. *N Engl J Med*, 348: 891-899, 2003.
32. Pollard, M. and Luckert, P. H. Effect of indomethacin on intestinal tumors induced in rats by the acetate derivative of dimethylnitrosamine. *Science*, 214: 558-559, 1981.
33. Pollard, M. and Luckert, P. H. Prevention and treatment of primary intestinal tumors in rats by piroxicam. *Cancer Res*, 49: 6471-6473, 1989.
34. Giovannucci, E., Egan, K. M., Hunter, D. J., Stampfer, M. J., Colditz, G. A., Willett, W. C., and Speizer, F. E. Aspirin and the risk of colorectal cancer in women. *N Engl J Med*, 333: 609-614, 1995.
35. Giovannucci, E., Rimm, E. B., Stampfer, M. J., Colditz, G. A., Ascherio, A., and Willett, W. C. Aspirin use and the risk for colorectal cancer and adenoma in male health professionals. *Ann Intern Med*, 121: 241-246, 1994.
36. Waddell, W. R., Ganser, G. F., Cerise, E. J., and Loughry, R. W. Sulindac for polyposis of the colon. *Am J Surg*, 157: 175-179, 1989.
37. Giardiello, F. M., Hamilton, S. R., Krush, A. J., Piantadosi, S., Hyland, L. M., Celano, P., Booker, S. V., Robinson, C. R., and Offerhaus, G. J. Treatment of colonic and rectal adenomas with sulindac in familial adenomatous polyposis. *N Engl J Med*, 328: 1313-1316, 1993.
38. Eberhart, C. E., Coffey, R. J., Radhika, A., Giardiello, F. M., Ferrenbach, S., and DuBois, R. N. Up-regulation of cyclooxygenase 2 gene expression in human colorectal adenomas and adenocarcinomas. *Gastroenterology*, 107: 1183-1188, 1994.
39. Elder, D. J., Baker, J. A., Banu, N. A., Moorghen, M., and Paraskeva, C. Human colorectal adenomas demonstrate a size-dependent increase in epithelial cyclooxygenase-2 expression. *J Pathol*, 198: 428-434, 2002.
40. Hao, X., Bishop, A. E., Wallace, M., Wang, H., Willcocks, T. C., Maclouf, J., Polak, J. M., Knight, S., and Talbot, I. C. Early expression of cyclo-oxygenase-2 during sporadic colorectal carcinogenesis. *J Pathol*, 187: 295-301, 1999.
41. Kutchera, W., Jones, D. A., Matsunami, N., Groden, J., McIntyre, T. M., Zimmerman, G. A., White, R. L., and Prescott, S. M. Prostaglandin H synthase 2 is expressed abnormally in human colon cancer: evidence for a transcriptional effect. *Proc Natl Acad Sci U S A*, 93: 4816-4820, 1996.
42. Einspahr, J. G., Krouse, R. S., Yochim, J. M., Danenberg, P. V., Danenberg, K. D., Bhattacharyya, A. K., Martinez, M. E., and Alberts, D. S. Association between Cyclooxygenase expression and colorectal adenoma characteristics. *Cancer Res*, 63: 3891-3893, 2003.

43. Hasegawa, K., Ichikawa, W., Fujita, T., Ohno, R., Okusa, T., Yoshinaga, K., and Sugihara, K. Expression of cyclooxygenase-2 (COX-2) mRNA in human colorectal adenomas. *Eur J Cancer*, *37*: 1469-1474, 2001.
44. DuBois, R. N., Radhika, A., Reddy, B. S., and Entingh, A. J. Increased cyclooxygenase-2 levels in carcinogen-induced rat colonic tumors. *Gastroenterology*, *110*: 1259-1262, 1996.
45. Williams, C. S., Luongo, C., Radhika, A., Zhang, T., Lamps, L. W., Nanney, L. B., Beauchamp, R. D., and DuBois, R. N. Elevated cyclooxygenase-2 levels in Min mouse adenomas. *Gastroenterology*, *111*: 1134-1140, 1996.
46. Chulada, P. C., Thompson, M. B., Mahler, J. F., Doyle, C. M., Gaul, B. W., Lee, C., Tiano, H. F., Morham, S. G., Smithies, O., and Langenbach, R. Genetic disruption of Ptgs-1, as well as Ptgs-2, reduces intestinal tumorigenesis in Min mice. *Cancer Res*, *60*: 4705-4708, 2000.
47. Reddy, B. S., Hirose, Y., Lubet, R., Steele, V., Kelloff, G., Paulson, S., Seibert, K., and Rao, C. V. Chemoprevention of colon cancer by specific cyclooxygenase-2 inhibitor, celecoxib, administered during different stages of carcinogenesis. *Cancer Res*, *60*: 293-297, 2000.
48. Reddy, B. S., Rao, C. V., Rivenson, A., and Kelloff, G. Inhibitory effect of aspirin on azoxymethane-induced colon carcinogenesis in F344 rats. *Carcinogenesis*, *14*: 1493-1497, 1993.
49. Yoshimi, N., Shimizu, M., Matsunaga, K., Yamada, Y., Fujii, K., Hara, A., and Mori, H. Chemopreventive effect of N-(2-cyclohexyloxy-4-nitrophenyl)methane sulfonamide (NS-398), a selective cyclooxygenase-2 inhibitor, in rat colon carcinogenesis induced by azoxymethane. *Jpn J Cancer Res*, *90*: 406-412, 1999.
50. Fukutake, M., Nakatsugi, S., Isoi, T., Takahashi, M., Ohta, T., Mamiya, S., Taniguchi, Y., Sato, H., Fukuda, K., Sugimura, T., and Wakabayashi, K. Suppressing effects of nimesulide, a selective inhibitor of cyclooxygenase-2, on azoxymethane-induced colon carcinogenesis in mice. *Carcinogenesis*, *19*: 1939-1942, 1998.
51. Evans, J. F. Rofecoxib (Vioxx), a specific cyclooxygenase-2 inhibitor, is chemopreventive in a mouse model of colon cancer. *Am J Clin Oncol*, *26*: S62-65, 2003.
52. Jacoby, R. F., Marshall, D. J., Newton, M. A., Novakovic, K., Tutsch, K., Cole, C. E., Lubet, R. A., Kelloff, G. J., Verma, A., Moser, A. R., and Dove, W. F. Chemoprevention of spontaneous intestinal adenomas in the Apc Min mouse model by the nonsteroidal anti-inflammatory drug piroxicam. *Cancer Res*, *56*: 710-714, 1996.
53. Beazer-Barclay, Y., Levy, D. B., Moser, A. R., Dove, W. F., Hamilton, S. R., Vogelstein, B., and Kinzler, K. W. Sulindac suppresses tumorigenesis in the Min mouse. *Carcinogenesis*, *17*: 1757-1760, 1996.
54. Boolbol, S. K., Dannenberg, A. J., Chadburn, A., Martucci, C., Guo, X. J., Ramonetti, J. T., Abreu-Goris, M., Newmark, H. L., Lipkin, M. L., DeCosse, J. J., and Bertagnolli, M. M. Cyclooxygenase-2 overexpression and tumor formation are blocked by sulindac in a murine model of familial adenomatous polyposis. *Cancer Res*, *56*: 2556-2560, 1996.

55. Vane, J. R. Inhibition of prostaglandin synthesis as a mechanism of action for aspirin-like drugs. *Nat New Biol*, 231: 232-235, 1971.
56. Mead, J., Alfin-Slater, RB, Howton, DR and Popjak, G. Prostaglandins, thromboxanes and prostacyclin. *In: J. Mead (ed.), Lipids: Chemistry, Biochemistry and Nutrition*, pp. 149-216. New York: Plenum Press, 1986.
57. Burr GO, B. M. On the nature and role of the fatty acids essential in nutrition. *J. Biol. Chem.*, 86: 587-621, 1930.
58. Euler, U. An adrenal-like action in extracts from prostatic and related glands. *J. Physiol.*, 81: 102-112, 1934.
59. Kurzrok R, L. C. Biochemical studies on human semen. II. Action of semen on human uterus. *Proc. Soc. Exp. Biol. Med.*, 28: 268-272, 1930.
60. Bergstroem, S., Danielsson, H., and Samuelsson, B. The Enzymatic Formation of Prostaglandin E2 from Arachidonic Acid Prostaglandins and Related Factors 32. *Biochim Biophys Acta*, 90: 207-210, 1964.
61. Funk, C. D. Prostaglandins and leukotrienes: advances in eicosanoid biology. *Science*, 294: 1871-1875, 2001.
62. Muller, R. Crosstalk of oncogenic and prostanoid signaling pathways. *J Cancer Res Clin Oncol*, 130: 429-444, 2004.
63. Wallace, J. L. Prostaglandins, NSAIDs, and cytoprotection. *Gastroenterol Clin North Am*, 21: 631-641, 1992.
64. Sugimoto, Y. and Narumiya, S. Prostaglandin E receptors. *J Biol Chem*, 282: 11613-11617, 2007.
65. Samuelsson, B. Isolation and Identification of Prostaglandins from Human Seminal Plasma. 18. Prostaglandins and Related Factors. *J Biol Chem*, 238: 3229-3234, 1963.
66. Woo, S. K., Roszkowski, P., Waterbury, L. D., and Garay, G. L. Gastric mucosal binding studies with enprostil: a potent anti-ulcer prostaglandin. *Prostaglandins*, 32: 243-257, 1986.
67. Breyer, M. D. and Breyer, R. M. G protein-coupled prostanoid receptors and the kidney. *Annu Rev Physiol*, 63: 579-605, 2001.
68. Kennedy, C. R., Zhang, Y., Brandon, S., Guan, Y., Coffee, K., Funk, C. D., Magnuson, M. A., Oates, J. A., Breyer, M. D., and Breyer, R. M. Salt-sensitive hypertension and reduced fertility in mice lacking the prostaglandin EP2 receptor. *Nat Med*, 5: 217-220, 1999.
69. Davis, R. J., Murdoch, C. E., Ali, M., Purbrick, S., Ravid, R., Baxter, G. S., Tilford, N., Sheldrick, R. L., Clark, K. L., and Coleman, R. A. EP4 prostanoid receptor-mediated vasodilatation of human middle cerebral arteries. *Br J Pharmacol*, 141: 580-585, 2004.
70. Walch, L., de Montpreville, V., Brink, C., and Norel, X. Prostanoid EP(1)- and TP-receptors involved in the contraction of human pulmonary veins. *Br J Pharmacol*, 134: 1671-1678, 2001.
71. Hata, A. N. and Breyer, R. M. Pharmacology and signaling of prostaglandin receptors: multiple roles in inflammation and immune modulation. *Pharmacol Ther*, 103: 147-166, 2004.

72. Kurie, J. M. and Dubois, R. N. Prostaglandin E synthase: another enzyme in the cyclooxygenase pathway driving epithelial cancer? *Clin Cancer Res*, 7: 2608-2610, 2001.
73. Pai, R., Soreghan, B., Szabo, I. L., Pavelka, M., Baatar, D., and Tarnawski, A. S. Prostaglandin E2 transactivates EGF receptor: a novel mechanism for promoting colon cancer growth and gastrointestinal hypertrophy. *Nat Med*, 8: 289-293, 2002.
74. Rigas, B., Goldman, I. S., and Levine, L. Altered eicosanoid levels in human colon cancer. *J Lab Clin Med*, 122: 518-523, 1993.
75. Uefuji, K., Ichikura, T., and Mochizuki, H. Cyclooxygenase-2 expression is related to prostaglandin biosynthesis and angiogenesis in human gastric cancer. *Clin Cancer Res*, 6: 135-138, 2000.
76. Rolland, P. H., Martin, P. M., Jacquemier, J., Rolland, A. M., and Toga, M. Prostaglandin in human breast cancer: Evidence suggesting that an elevated prostaglandin production is a marker of high metastatic potential for neoplastic cells. *J Natl Cancer Inst*, 64: 1061-1070, 1980.
77. Pradono, P., Tazawa, R., Maemondo, M., Tanaka, M., Usui, K., Saijo, Y., Hagiwara, K., and Nukiwa, T. Gene transfer of thromboxane A(2) synthase and prostaglandin I(2) synthase antithetically altered tumor angiogenesis and tumor growth. *Cancer Res*, 62: 63-66, 2002.
78. Taub, M., Chuman, L., Saier, M. H., Jr., and Sato, G. Growth of Madin-Darby canine kidney epithelial cell (MDCK) line in hormone-supplemented, serum-free medium. *Proc Natl Acad Sci U S A*, 76: 3338-3342, 1979.
79. Taub, M., Saier, M. H., Jr., Chuman, L., and Hiller, S. Loss of the PGE1 requirement for MDCK cell growth associated with a defect in cyclic AMP phosphodiesterase. *J Cell Physiol*, 114: 153-161, 1983.
80. Hansen-Petrik, M. B., McEntee, M. F., Jull, B., Shi, H., Zemel, M. B., and Whelan, J. Prostaglandin E(2) protects intestinal tumors from nonsteroidal anti-inflammatory drug-induced regression in Apc(Min/+) mice. *Cancer Res*, 62: 403-408, 2002.
81. Wang, D., Wang, H., Shi, Q., Katkuri, S., Walhi, W., Desvergne, B., Das, S. K., Dey, S. K., and DuBois, R. N. Prostaglandin E(2) promotes colorectal adenoma growth via transactivation of the nuclear peroxisome proliferator-activated receptor delta. *Cancer Cell*, 6: 285-295, 2004.
82. Hull, M. A., Ko, S. C., and Hawcroft, G. Prostaglandin EP receptors: targets for treatment and prevention of colorectal cancer? *Mol Cancer Ther*, 3: 1031-1039, 2004.
83. Pugh, S. and Thomas, G. A. Patients with adenomatous polyps and carcinomas have increased colonic mucosal prostaglandin E2. *Gut*, 35: 675-678, 1994.
84. Giardiello, F. M., Casero, R. A., Jr., Hamilton, S. R., Hylind, L. M., Trimpath, J. D., Geiman, D. E., Judge, K. R., Hubbard, W., Offerhaus, G. J., and Yang, V. W. Prostanoids, ornithine decarboxylase, and polyamines in primary chemoprevention of familial adenomatous polyposis. *Gastroenterology*, 126: 425-431, 2004.
85. Ben-Av, P., Crofford, L. J., Wilder, R. L., and Hla, T. Induction of vascular endothelial growth factor expression in synovial fibroblasts by prostaglandin E

- and interleukin-1: a potential mechanism for inflammatory angiogenesis. *FEBS Lett*, *372*: 83-87, 1995.
86. Sheng, H., Shao, J., Morrow, J. D., Beauchamp, R. D., and DuBois, R. N. Modulation of apoptosis and Bcl-2 expression by prostaglandin E2 in human colon cancer cells. *Cancer Res*, *58*: 362-366, 1998.
 87. Sheng, H., Shao, J., Washington, M. K., and DuBois, R. N. Prostaglandin E2 increases growth and motility of colorectal carcinoma cells. *J Biol Chem*, *276*: 18075-18081, 2001.
 88. Balch, C. M., Dougherty, P. A., Cloud, G. A., and Tilden, A. B. Prostaglandin E2-mediated suppression of cellular immunity in colon cancer patients. *Surgery*, *95*: 71-77, 1984.
 89. Fukuda, R., Kelly, B., and Semenza, G. L. Vascular endothelial growth factor gene expression in colon cancer cells exposed to prostaglandin E2 is mediated by hypoxia-inducible factor 1. *Cancer Res*, *63*: 2330-2334, 2003.
 90. Stolina, M., Sharma, S., Lin, Y., Dohadwala, M., Gardner, B., Luo, J., Zhu, L., Kronenberg, M., Miller, P. W., Portanova, J., Lee, J. C., and Dubinett, S. M. Specific inhibition of cyclooxygenase 2 restores antitumor reactivity by altering the balance of IL-10 and IL-12 synthesis. *J Immunol*, *164*: 361-370, 2000.
 91. Coggins, K. G., Latour, A., Nguyen, M. S., Audoly, L., Coffman, T. M., and Koller, B. H. Metabolism of PGE2 by prostaglandin dehydrogenase is essential for remodeling the ductus arteriosus. *Nat Med*, *8*: 91-92, 2002.
 92. Backlund, M. G., Mann, J. R., Holla, V. R., Buchanan, F. G., Tai, H. H., Musiek, E. S., Milne, G. L., Katkuri, S., and DuBois, R. N. 15-Hydroxyprostaglandin dehydrogenase is down-regulated in colorectal cancer. *J Biol Chem*, *280*: 3217-3223, 2005.
 93. Ding, Y., Tong, M., Liu, S., Moscow, J. A., and Tai, H. H. NAD⁺-linked 15-hydroxyprostaglandin dehydrogenase (15-PGDH) behaves as a tumor suppressor in lung cancer. *Carcinogenesis*, *26*: 65-72, 2005.
 94. Gee, J. R., Montoya, R. G., Khaled, H. M., Sabichi, A. L., and Grossman, H. B. Cytokeratin 20, AN43, PGDH, and COX-2 expression in transitional and squamous cell carcinoma of the bladder. *Urol Oncol*, *21*: 266-270, 2003.
 95. Yan, M., Rerko, R. M., Platzer, P., Dawson, D., Willis, J., Tong, M., Lawrence, E., Lutterbaugh, J., Lu, S., Willson, J. K., Luo, G., Hensold, J., Tai, H. H., Wilson, K., and Markowitz, S. D. 15-Hydroxyprostaglandin dehydrogenase, a COX-2 oncogene antagonist, is a TGF-beta-induced suppressor of human gastrointestinal cancers. *Proc Natl Acad Sci U S A*, *101*: 17468-17473, 2004.
 96. Mann, J. R., Backlund, M. G., Buchanan, F. G., Daikoku, T., Holla, V. R., Rosenberg, D. W., Dey, S. K., and DuBois, R. N. Repression of prostaglandin dehydrogenase by epidermal growth factor and snail increases prostaglandin E2 and promotes cancer progression. *Cancer Res*, *66*: 6649-6656, 2006.
 97. Breyer, M. D. and Breyer, R. M. Prostaglandin E receptors and the kidney. *Am J Physiol Renal Physiol*, *279*: F12-23, 2000.
 98. Narumiya, S., Sugimoto, Y., and Ushikubi, F. Prostanoid receptors: structures, properties, and functions. *Physiol Rev*, *79*: 1193-1226, 1999.
 99. Schuster, V. L. Molecular mechanisms of prostaglandin transport. *Annu Rev Physiol*, *60*: 221-242, 1998.

100. Abramovitz, M., Adam, M., Boie, Y., Carriere, M., Denis, D., Godbout, C., Lamontagne, S., Rochette, C., Sawyer, N., Tremblay, N. M., Belley, M., Gallant, M., Dufresne, C., Gareau, Y., Ruel, R., Juteau, H., Labelle, M., Ouimet, N., and Metters, K. M. The utilization of recombinant prostanoid receptors to determine the affinities and selectivities of prostaglandins and related analogs. *Biochim Biophys Acta*, *1483*: 285-293, 2000.
101. Bhattacharya, M., Peri, K. G., Almazan, G., Ribeiro-da-Silva, A., Shichi, H., Durocher, Y., Abramovitz, M., Hou, X., Varma, D. R., and Chemtob, S. Nuclear localization of prostaglandin E2 receptors. *Proc Natl Acad Sci U S A*, *95*: 15792-15797, 1998.
102. Bhattacharya, M., Peri, K., Ribeiro-da-Silva, A., Almazan, G., Shichi, H., Hou, X., Varma, D. R., and Chemtob, S. Localization of functional prostaglandin E2 receptors EP3 and EP4 in the nuclear envelope. *J Biol Chem*, *274*: 15719-15724, 1999.
103. Honda, A., Sugimoto, Y., Namba, T., Watabe, A., Irie, A., Negishi, M., Narumiya, S., and Ichikawa, A. Cloning and expression of a cDNA for mouse prostaglandin E receptor EP2 subtype. *J Biol Chem*, *268*: 7759-7762, 1993.
104. Katsuyama, M., Nishigaki, N., Sugimoto, Y., Morimoto, K., Negishi, M., Narumiya, S., and Ichikawa, A. The mouse prostaglandin E receptor EP2 subtype: cloning, expression, and northern blot analysis. *FEBS Lett*, *372*: 151-156, 1995.
105. Sugimoto, Y., Namba, T., Honda, A., Hayashi, Y., Negishi, M., Ichikawa, A., and Narumiya, S. Cloning and expression of a cDNA for mouse prostaglandin E receptor EP3 subtype. *J Biol Chem*, *267*: 6463-6466, 1992.
106. Watabe, A., Sugimoto, Y., Honda, A., Irie, A., Namba, T., Negishi, M., Ito, S., Narumiya, S., and Ichikawa, A. Cloning and expression of cDNA for a mouse EP1 subtype of prostaglandin E receptor. *J Biol Chem*, *268*: 20175-20178, 1993.
107. Toh, H., Ichikawa, A., and Narumiya, S. Molecular evolution of receptors for eicosanoids. *FEBS Lett*, *361*: 17-21, 1995.
108. Kennedy, I., Coleman, R. A., Humphrey, P. P., Levy, G. P., and Lumley, P. Studies on the characterisation of prostanoid receptors: a proposed classification. *Prostaglandins*, *24*: 667-689, 1982.
109. Coleman, R. A., Kennedy, I., and Sheldrick, R. L. New evidence with selective agonists and antagonists for the subclassification of PGE2-sensitive (EP) receptors. *Adv Prostaglandin Thromboxane Leukot Res*, *17A*: 467-470, 1987.
110. Coleman, R. A., Smith, W. L., and Narumiya, S. International Union of Pharmacology classification of prostanoid receptors: properties, distribution, and structure of the receptors and their subtypes. *Pharmacol Rev*, *46*: 205-229, 1994.
111. Funk, C. D., Furci, L., FitzGerald, G. A., Grygorczyk, R., Rochette, C., Bayne, M. A., Abramovitz, M., Adam, M., and Metters, K. M. Cloning and expression of a cDNA for the human prostaglandin E receptor EP1 subtype. *J Biol Chem*, *268*: 26767-26772, 1993.
112. Bunce, K. T. and Spraggs, C. F. Prostanoid stimulation of anion secretion in guinea-pig gastric and ileal mucosa is mediated by different receptors. *Br J Pharmacol*, *101*: 889-895, 1990.
113. Regan, J. W., Bailey, T. J., Pepperl, D. J., Pierce, K. L., Bogardus, A. M., Donello, J. E., Fairbairn, C. E., Kedzie, K. M., Woodward, D. F., and Gil, D. W.

- Cloning of a novel human prostaglandin receptor with characteristics of the pharmacologically defined EP2 subtype. *Mol Pharmacol*, 46: 213-220, 1994.
114. Nakao, A., Allen, M. L., Sonnenburg, W. K., and Smith, W. L. Regulation of cAMP metabolism by PGE₂ in cortical and medullary thick ascending limb of Henle's loop. *Am J Physiol*, 256: C652-657, 1989.
 115. Fujino, H., Xu, W., and Regan, J. W. Prostaglandin E₂ induced functional expression of early growth response factor-1 by EP₄, but not EP₂, prostanoid receptors via the phosphatidylinositol 3-kinase and extracellular signal-regulated kinases. *J Biol Chem*, 278: 12151-12156, 2003.
 116. Regan, J. W. EP(2) and EP(4) prostanoid receptor signaling. *Life Sci*, 74: 143-153, 2003.
 117. Sonnenburg, W. K., Zhu, J. H., and Smith, W. L. A prostaglandin E receptor coupled to a pertussis toxin-sensitive guanine nucleotide regulatory protein in rabbit cortical collecting tubule cells. *J Biol Chem*, 265: 8479-8483, 1990.
 118. Aoki, J., Katoh, H., Yasui, H., Yamaguchi, Y., Nakamura, K., Hasegawa, H., Ichikawa, A., and Negishi, M. Signal transduction pathway regulating prostaglandin EP₃ receptor-induced neurite retraction: requirement for two different tyrosine kinases. *Biochem J*, 340 (Pt 2): 365-369, 1999.
 119. Katoh, H., Negishi, M., and Ichikawa, A. Prostaglandin E receptor EP₃ subtype induces neurite retraction via small GTPase Rho. *J Biol Chem*, 271: 29780-29784, 1996.
 120. Hasegawa, H., Negishi, M., Katoh, H., and Ichikawa, A. Two isoforms of prostaglandin EP₃ receptor exhibiting constitutive activity and agonist-dependent activity in Rho-mediated stress fiber formation. *Biochem Biophys Res Commun*, 234: 631-636, 1997.
 121. Breyer, R. M., Bagdassarian, C. K., Myers, S. A., and Breyer, M. D. Prostanoid receptors: subtypes and signaling. *Annu Rev Pharmacol Toxicol*, 41: 661-690, 2001.
 122. Breyer, R. M., Davis, L. S., Nian, C., Redha, R., Stillman, B., Jacobson, H. R., and Breyer, M. D. Cloning and expression of the rabbit prostaglandin EP₄ receptor. *Am J Physiol*, 270: F485-493, 1996.
 123. Morimoto, K., Sugimoto, Y., Katsuyama, M., Oida, H., Tsuboi, K., Kishi, K., Kinoshita, Y., Negishi, M., Chiba, T., Narumiya, S., and Ichikawa, A. Cellular localization of mRNAs for prostaglandin E receptor subtypes in mouse gastrointestinal tract. *Am J Physiol*, 272: G681-687, 1997.
 124. Bukhave, K. and Rask-Madsen, J. Saturation kinetics applied to in vitro effects of low prostaglandin E₂ and F₂ alpha concentrations on ion transport across human jejunal mucosa. *Gastroenterology*, 78: 32-42, 1980.
 125. Sugimoto, Y., Shigemoto, R., Namba, T., Negishi, M., Mizuno, N., Narumiya, S., and Ichikawa, A. Distribution of the messenger RNA for the prostaglandin E receptor subtype EP₃ in the mouse nervous system. *Neuroscience*, 62: 919-928, 1994.
 126. Kunikata, T., Yamane, H., Segi, E., Matsuoka, T., Sugimoto, Y., Tanaka, S., Tanaka, H., Nagai, H., Ichikawa, A., and Narumiya, S. Suppression of allergic inflammation by the prostaglandin E receptor subtype EP₃. *Nat Immunol*, 6: 524-531, 2005.

127. Kennedy, C. R., Xiong, H., Rahal, S., Vanderluit, J., Slack, R. S., Zhang, Y., Guan, Y., Breyer, M. D., and Hebert, R. L. Urine concentrating defect in prostaglandin EP1-deficient mice. *Am J Physiol Renal Physiol*, 292: F868-875, 2007.
128. Stock, J. L., Shinjo, K., Burkhardt, J., Roach, M., Taniguchi, K., Ishikawa, T., Kim, H. S., Flannery, P. J., Coffman, T. M., McNeish, J. D., and Audoly, L. P. The prostaglandin E2 EP1 receptor mediates pain perception and regulates blood pressure. *J Clin Invest*, 107: 325-331, 2001.
129. Hizaki, H., Segi, E., Sugimoto, Y., Hirose, M., Saji, T., Ushikubi, F., Matsuoka, T., Noda, Y., Tanaka, T., Yoshida, N., Narumiya, S., and Ichikawa, A. Abortive expansion of the cumulus and impaired fertility in mice lacking the prostaglandin E receptor subtype EP(2). *Proc Natl Acad Sci U S A*, 96: 10501-10506, 1999.
130. Tilley, S. L., Audoly, L. P., Hicks, E. H., Kim, H. S., Flannery, P. J., Coffman, T. M., and Koller, B. H. Reproductive failure and reduced blood pressure in mice lacking the EP2 prostaglandin E2 receptor. *J Clin Invest*, 103: 1539-1545, 1999.
131. Reinold, H., Ahmadi, S., Depner, U. B., Layh, B., Heindl, C., Hamza, M., Pahl, A., Brune, K., Narumiya, S., Muller, U., and Zeilhofer, H. U. Spinal inflammatory hyperalgesia is mediated by prostaglandin E receptors of the EP2 subtype. *J Clin Invest*, 115: 673-679, 2005.
132. Kobayashi, T. and Narumiya, S. Function of prostanoid receptors: studies on knockout mice. *Prostaglandins Other Lipid Mediat*, 68-69: 557-573, 2002.
133. Sakuma, Y., Tanaka, K., Suda, M., Yasoda, A., Natsui, K., Tanaka, I., Ushikubi, F., Narumiya, S., Segi, E., Sugimoto, Y., Ichikawa, A., and Nakao, K. Crucial involvement of the EP4 subtype of prostaglandin E receptor in osteoclast formation by proinflammatory cytokines and lipopolysaccharide. *J Bone Miner Res*, 15: 218-227, 2000.
134. Miyaura, C., Inada, M., Suzawa, T., Sugimoto, Y., Ushikubi, F., Ichikawa, A., Narumiya, S., and Suda, T. Impaired bone resorption to prostaglandin E2 in prostaglandin E receptor EP4-knockout mice. *J Biol Chem*, 275: 19819-19823, 2000.
135. Li, X., Okada, Y., Pilbeam, C. C., Lorenzo, J. A., Kennedy, C. R., Breyer, R. M., and Raisz, L. G. Knockout of the murine prostaglandin EP2 receptor impairs osteoclastogenesis in vitro. *Endocrinology*, 141: 2054-2061, 2000.
136. Segi, E., Sugimoto, Y., Yamasaki, A., Aze, Y., Oida, H., Nishimura, T., Murata, T., Matsuoka, T., Ushikubi, F., Hirose, M., Tanaka, T., Yoshida, N., Narumiya, S., and Ichikawa, A. Patent ductus arteriosus and neonatal death in prostaglandin receptor EP4-deficient mice. *Biochem Biophys Res Commun*, 246: 7-12, 1998.
137. Nguyen, M., Camenisch, T., Snouwaert, J. N., Hicks, E., Coffman, T. M., Anderson, P. A., Malouf, N. N., and Koller, B. H. The prostaglandin receptor EP4 triggers remodelling of the cardiovascular system at birth. *Nature*, 390: 78-81, 1997.
138. Kabashima, K., Sakata, D., Nagamachi, M., Miyachi, Y., Inaba, K., and Narumiya, S. Prostaglandin E2-EP4 signaling initiates skin immune responses by promoting migration and maturation of Langerhans cells. *Nat Med*, 9: 744-749, 2003.

139. Kabashima, K., Saji, T., Murata, T., Nagamachi, M., Matsuoka, T., Segi, E., Tsuboi, K., Sugimoto, Y., Kobayashi, T., Miyachi, Y., Ichikawa, A., and Narumiya, S. The prostaglandin receptor EP4 suppresses colitis, mucosal damage and CD4 cell activation in the gut. *J Clin Invest*, *109*: 883-893, 2002.
140. Ushikubi, F., Segi, E., Sugimoto, Y., Murata, T., Matsuoka, T., Kobayashi, T., Hizaki, H., Tuboi, K., Katsuyama, M., Ichikawa, A., Tanaka, T., Yoshida, N., and Narumiya, S. Impaired febrile response in mice lacking the prostaglandin E receptor subtype EP3. *Nature*, *395*: 281-284, 1998.
141. Ueno, A., Matsumoto, H., Naraba, H., Ikeda, Y., Ushikubi, F., Matsuoka, T., Narumiya, S., Sugimoto, Y., Ichikawa, A., and Oh-ishi, S. Major roles of prostanoid receptors IP and EP(3) in endotoxin-induced enhancement of pain perception. *Biochem Pharmacol*, *62*: 157-160, 2001.
142. Takeuchi, K., Ukawa, H., Kato, S., Furukawa, O., Araki, H., Sugimoto, Y., Ichikawa, A., Ushikubi, F., and Narumiya, S. Impaired duodenal bicarbonate secretion and mucosal integrity in mice lacking prostaglandin E-receptor subtype EP(3). *Gastroenterology*, *117*: 1128-1135, 1999.
143. Sanchez-Alavez, M., Klein, I., Brownell, S. E., Tabarean, I. V., Davis, C. N., Conti, B., and Bartfai, T. Night eating and obesity in the EP3R-deficient mouse. *Proc Natl Acad Sci U S A*, *104*: 3009-3014, 2007.
144. Belley, A. and Chadee, K. Prostaglandin E(2) stimulates rat and human colonic mucin exocytosis via the EP(4) receptor. *Gastroenterology*, *117*: 1352-1362, 1999.
145. Takafuji, V., Cosme, R., Lublin, D., Lynch, K., and Roche, J. K. Prostanoid receptors in intestinal epithelium: selective expression, function, and change with inflammation. *Prostaglandins Leukot Essent Fatty Acids*, *63*: 223-235, 2000.
146. Ma, X., Kundu, N., Rifat, S., Walser, T., and Fulton, A. M. Prostaglandin E receptor EP4 antagonism inhibits breast cancer metastasis. *Cancer Res*, *66*: 2923-2927, 2006.
147. Chang, S. H., Ai, Y., Breyer, R. M., Lane, T. F., and Hla, T. The prostaglandin E2 receptor EP2 is required for cyclooxygenase 2-mediated mammary hyperplasia. *Cancer Res*, *65*: 4496-4499, 2005.
148. Kawamori, T., Uchiya, N., Nakatsugi, S., Watanabe, K., Ohuchida, S., Yamamoto, H., Maruyama, T., Kondo, K., Sugimura, T., and Wakabayashi, K. Chemopreventive effects of ONO-8711, a selective prostaglandin E receptor EP(1) antagonist, on breast cancer development. *Carcinogenesis*, *22*: 2001-2004, 2001.
149. An, K. P., Athar, M., Tang, X., Katiyar, S. K., Russo, J., Beech, J., Aszterbaum, M., Kopelovich, L., Epstein, E. H., Jr., Mukhtar, H., and Bickers, D. R. Cyclooxygenase-2 expression in murine and human nonmelanoma skin cancers: implications for therapeutic approaches. *Photochem Photobiol*, *76*: 73-80, 2002.
150. Sung, Y. M., He, G., and Fischer, S. M. Lack of expression of the EP2 but not EP3 receptor for prostaglandin E2 results in suppression of skin tumor development. *Cancer Res*, *65*: 9304-9311, 2005.
151. Brouxhon, S., Konger, R. L., VanBuskirk, J., Sheu, T. J., Ryan, J., Erdle, B., Almudevar, A., Breyer, R. M., Scott, G., and Pentland, A. P. Deletion of

- prostaglandin E2 EP2 receptor protects against ultraviolet-induced carcinogenesis, but increases tumor aggressiveness. *J Invest Dermatol*, 127: 439-446, 2007.
152. Tober, K. L., Wilgus, T. A., Kusewitt, D. F., Thomas-Ahner, J. M., Maruyama, T., and Oberyzyzn, T. M. Importance of the EP(1) receptor in cutaneous UVB-induced inflammation and tumor development. *J Invest Dermatol*, 126: 205-211, 2006.
 153. Kawamori, T., Uchiya, N., Sugimura, T., and Wakabayashi, K. Enhancement of colon carcinogenesis by prostaglandin E2 administration. *Carcinogenesis*, 24: 985-990, 2003.
 154. Mutoh, M., Watanabe, K., Kitamura, T., Shoji, Y., Takahashi, M., Kawamori, T., Tani, K., Kobayashi, M., Maruyama, T., Kobayashi, K., Ohuchida, S., Sugimoto, Y., Narumiya, S., Sugimura, T., and Wakabayashi, K. Involvement of prostaglandin E receptor subtype EP(4) in colon carcinogenesis. *Cancer Res*, 62: 28-32, 2002.
 155. Watanabe, K., Kawamori, T., Nakatsugi, S., Ohta, T., Ohuchida, S., Yamamoto, H., Maruyama, T., Kondo, K., Ushikubi, F., Narumiya, S., Sugimura, T., and Wakabayashi, K. Role of the prostaglandin E receptor subtype EP1 in colon carcinogenesis. *Cancer Res*, 59: 5093-5096, 1999.
 156. Sonoshita, M., Takaku, K., Sasaki, N., Sugimoto, Y., Ushikubi, F., Narumiya, S., Oshima, M., and Taketo, M. M. Acceleration of intestinal polyposis through prostaglandin receptor EP2 in Apc(Delta 716) knockout mice. *Nat Med*, 7: 1048-1051, 2001.
 157. Sugimoto, Y., Negishi, M., Hayashi, Y., Namba, T., Honda, A., Watabe, A., Hirata, M., Narumiya, S., and Ichikawa, A. Two isoforms of the EP3 receptor with different carboxyl-terminal domains. Identical ligand binding properties and different coupling properties with Gi proteins. *J Biol Chem*, 268: 2712-2718, 1993.
 158. Namba, T., Sugimoto, Y., Negishi, M., Irie, A., Ushikubi, F., Kakizuka, A., Ito, S., Ichikawa, A., and Narumiya, S. Alternative splicing of C-terminal tail of prostaglandin E receptor subtype EP3 determines G-protein specificity. *Nature*, 365: 166-170, 1993.
 159. Irie, A., Sugimoto, Y., Namba, T., Harazono, A., Honda, A., Watabe, A., Negishi, M., Narumiya, S., and Ichikawa, A. Third isoform of the prostaglandin-E-receptor EP3 subtype with different C-terminal tail coupling to both stimulation and inhibition of adenylate cyclase. *Eur J Biochem*, 217: 313-318, 1993.
 160. Breyer, R. M., Emeson, R. B., Tarnag, J. L., Breyer, M. D., Davis, L. S., Abromson, R. M., and Ferrenbach, S. M. Alternative splicing generates multiple isoforms of a rabbit prostaglandin E2 receptor. *J Biol Chem*, 269: 6163-6169, 1994.
 161. Audoly, L. P., Ma, L., Feoktistov, I., de Foe, S. K., Breyer, M. D., and Breyer, R. M. Prostaglandin E-prostanoid-3 receptor activation of cyclic AMP response element-mediated gene transcription. *J Pharmacol Exp Ther*, 289: 140-148, 1999.
 162. Bilson, H. A., Mitchell, D. L., and Ashby, B. Human prostaglandin EP3 receptor isoforms show different agonist-induced internalization patterns. *FEBS Lett*, 572: 271-275, 2004.

163. Negishi, M., Hasegawa, H., and Ichikawa, A. Prostaglandin E receptor EP3gamma isoform, with mostly full constitutive Gi activity and agonist-dependent Gs activity. *FEBS Lett*, 386: 165-168, 1996.
164. Hasegawa, H., Negishi, M., and Ichikawa, A. Two isoforms of the prostaglandin E receptor EP3 subtype different in agonist-independent constitutive activity. *J Biol Chem*, 271: 1857-1860, 1996.
165. Shoji, Y., Takahashi, M., Kitamura, T., Watanabe, K., Kawamori, T., Maruyama, T., Sugimoto, Y., Negishi, M., Narumiya, S., Sugimura, T., and Wakabayashi, K. Downregulation of prostaglandin E receptor subtype EP3 during colon cancer development. *Gut*, 53: 1151-1158, 2004.
166. Chang, S. H., Liu, C. H., Conway, R., Han, D. K., Nithipatikom, K., Trifan, O. C., Lane, T. F., and Hla, T. Role of prostaglandin E2-dependent angiogenic switch in cyclooxygenase 2-induced breast cancer progression. *Proc Natl Acad Sci U S A*, 101: 591-596, 2004.
167. Amano, H., Hayashi, I., Endo, H., Kitasato, H., Yamashina, S., Maruyama, T., Kobayashi, M., Satoh, K., Narita, M., Sugimoto, Y., Murata, T., Yoshimura, H., Narumiya, S., and Majima, M. Host prostaglandin E(2)-EP3 signaling regulates tumor-associated angiogenesis and tumor growth. *J Exp Med*, 197: 221-232, 2003.
168. Pozzi, A., Yan, X., Macias-Perez, I., Wei, S., Hata, A. N., Breyer, R. M., Morrow, J. D., and Capdevila, J. H. Colon carcinoma cell growth is associated with prostaglandin E2/EP4 receptor-evoked ERK activation. *J Biol Chem*, 279: 29797-29804, 2004.
169. Sheng, H., Shao, J., Kirkland, S. C., Isakson, P., Coffey, R. J., Morrow, J., Beauchamp, R. D., and DuBois, R. N. Inhibition of human colon cancer cell growth by selective inhibition of cyclooxygenase-2. *J Clin Invest*, 99: 2254-2259, 1997.
170. Irie, A., Segi, E., Sugimoto, Y., Ichikawa, A., and Negishi, M. Mouse prostaglandin E receptor EP3 subtype mediates calcium signals via Gi in cDNA-transfected Chinese hamster ovary cells. *Biochem Biophys Res Commun*, 204: 303-309, 1994.
171. Castellone, M. D., Teramoto, H., Williams, B. O., Druey, K. M., and Gutkind, J. S. Prostaglandin E2 promotes colon cancer cell growth through a Gs-axin-beta-catenin signaling axis. *Science*, 310: 1504-1510, 2005.
172. Kanda, N., Koike, S., and Watanabe, S. Prostaglandin E2 enhances neurotrophin-4 production via EP3 receptor in human keratinocytes. *J Pharmacol Exp Ther*, 315: 796-804, 2005.
173. Kotani, M., Tanaka, I., Ogawa, Y., Suganami, T., Matsumoto, T., Muro, S., Yamamoto, Y., Sugawara, A., Yoshimasa, Y., Sagawa, N., Narumiya, S., and Nakao, K. Multiple signal transduction pathways through two prostaglandin E receptor EP3 subtype isoforms expressed in human uterus. *J Clin Endocrinol Metab*, 85: 4315-4322, 2000.
174. Katoh, H., Aoki, J., Yamaguchi, Y., Kitano, Y., Ichikawa, A., and Negishi, M. Constitutively active Galpha12, Galpha13, and Galphaq induce Rho-dependent neurite retraction through different signaling pathways. *J Biol Chem*, 273: 28700-28707, 1998.

175. Scherpereel, A., Gentina, T., Grigoriu, B., Senechal, S., Janin, A., Tsicopoulos, A., Plenat, F., Bechard, D., Tonnel, A. B., and Lassalle, P. Overexpression of endocan induces tumor formation. *Cancer Res*, *63*: 6084-6089, 2003.
176. Falcetti, E., Flavell, D. M., Staels, B., Tinker, A., Haworth, S. G., and Clapp, L. H. IP receptor-dependent activation of PPARgamma by stable prostacyclin analogues. *Biochem Biophys Res Commun*, *360*: 821-827, 2007.
177. Sasaki, M., Sukegawa, J., Miyosawa, K., Yanagisawa, T., Ohkubo, S., and Nakahata, N. Low expression of cell-surface thromboxane A2 receptor beta-isoform through the negative regulation of its membrane traffic by proteasomes. *Prostaglandins Other Lipid Mediat*, *83*: 237-249, 2007.
178. Wilson, R. J. and Giles, H. Piglet saphenous vein contains multiple relaxatory prostanoid receptors: evidence for EP4, EP2, DP and IP receptor subtypes. *Br J Pharmacol*, *144*: 405-415, 2005.
179. Chen, X. B. and Regan, J. W. Activation of the human FP prostanoid receptor disrupts mitosis progression and generates aneuploidy and polyploidy. *Cell Mol Life Sci*, *63*: 112-121, 2006.
180. Negishi, M., Sugimoto, Y., Irie, A., Narumiya, S., and Ichikawa, A. Two isoforms of prostaglandin E receptor EP3 subtype. Different COOH-terminal domains determine sensitivity to agonist-induced desensitization. *J Biol Chem*, *268*: 9517-9521, 1993.
181. Hasegawa, H., Katoh, H., Yamaguchi, Y., Nakamura, K., Futakawa, S., and Negishi, M. Different membrane targeting of prostaglandin EP3 receptor isoforms dependent on their carboxy-terminal tail structures. *FEBS Lett*, *473*: 76-80, 2000.
182. Thompson, E. W., Newgreen, D. F., and Tarin, D. Carcinoma invasion and metastasis: a role for epithelial-mesenchymal transition? *Cancer Res*, *65*: 5991-5995; discussion 5995, 2005.
183. Thiery, J. P. and Sleeman, J. P. Complex networks orchestrate epithelial-mesenchymal transitions. *Nat Rev Mol Cell Biol*, *7*: 131-142, 2006.
184. Thiery, J. P. Epithelial-mesenchymal transitions in tumour progression. *Nat Rev Cancer*, *2*: 442-454, 2002.
185. Savagner, P. Leaving the neighborhood: molecular mechanisms involved during epithelial-mesenchymal transition. *Bioessays*, *23*: 912-923, 2001.
186. Gupta, G. P. and Massague, J. Cancer metastasis: building a framework. *Cell*, *127*: 679-695, 2006.
187. Riobo, N. A. and Manning, D. R. Receptors coupled to heterotrimeric G proteins of the G12 family. *Trends Pharmacol Sci*, *26*: 146-154, 2005.
188. Kozasa, T., Jiang, X., Hart, M. J., Sternweis, P. M., Singer, W. D., Gilman, A. G., Bollag, G., and Sternweis, P. C. p115 RhoGEF, a GTPase activating protein for Galpha12 and Galpha13. *Science*, *280*: 2109-2111, 1998.
189. Girkontaite, I., Missy, K., Sakk, V., Harenberg, A., Tedford, K., Potzel, T., Pfeffer, K., and Fischer, K. D. Lsc is required for marginal zone B cells, regulation of lymphocyte motility and immune responses. *Nat Immunol*, *2*: 855-862, 2001.
190. Dorsam, R. T. and Gutkind, J. S. G-protein-coupled receptors and cancer. *Nat Rev Cancer*, *7*: 79-94, 2007.

191. Wang, Q., Liu, M., Kozasa, T., Rothstein, J. D., Sternweis, P. C., and Neubig, R. R. Ribozyme- and siRNA-mediated suppression of RGS-containing RhoGEF proteins. *Methods Enzymol*, 389: 244-265, 2004.
192. He, H., Pannequin, J., Tantiongco, J. P., Shulkes, A., and Baldwin, G. S. Glycine-extended gastrin stimulates cell proliferation and migration through a Rho- and ROCK-dependent pathway, not a Rac/Cdc42-dependent pathway. *Am J Physiol Gastrointest Liver Physiol*, 289: G478-488, 2005.
193. Van Aelst, L. and D'Souza-Schorey, C. Rho GTPases and signaling networks. *Genes Dev*, 11: 2295-2322, 1997.
194. Vishnubhotla, R., Sun, S., Huq, J., Bulic, M., Ramesh, A., Guzman, G., Cho, M., and Glover, S. C. ROCK-II mediates colon cancer invasion via regulation of MMP-2 and MMP-13 at the site of invadopodia as revealed by multiphoton imaging. *Lab Invest*, 87: 1149-1158, 2007.
195. Nusrat, A., Giry, M., Turner, J. R., Colgan, S. P., Parkos, C. A., Carnes, D., Lemichez, E., Boquet, P., and Madara, J. L. Rho protein regulates tight junctions and perijunctional actin organization in polarized epithelia. *Proc Natl Acad Sci U S A*, 92: 10629-10633, 1995.
196. Sahai, E. and Marshall, C. J. Differing modes of tumour cell invasion have distinct requirements for Rho/ROCK signalling and extracellular proteolysis. *Nat Cell Biol*, 5: 711-719, 2003.
197. Fukui, K., Tamura, S., Wada, A., Kamada, Y., Sawai, Y., Imanaka, K., Kudara, T., Shimomura, I., and Hayashi, N. Expression and prognostic role of RhoA GTPases in hepatocellular carcinoma. *J Cancer Res Clin Oncol*, 132: 627-633, 2006.
198. Nelson, P. J. and Daniel, T. O. Emerging targets: Molecular mechanisms of cell contact-mediated growth control. *Kidney Int*, 61: 99-105, 2002.
199. Yamada, S. and Nelson, W. J. Localized zones of Rho and Rac activities drive initiation and expansion of epithelial cell-cell adhesion. *J Cell Biol*, 178: 517-527, 2007.
200. Jones, P. A. and Laird, P. W. Cancer epigenetics comes of age. *Nat Genet*, 21: 163-167, 1999.
201. Baylin, S. B. and Herman, J. G. DNA hypermethylation in tumorigenesis: epigenetics joins genetics. *Trends Genet*, 16: 168-174, 2000.