

# Central Nervous System Binding Sites for Calcitonin and Calcitonin Gene-Related Peptide

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## Abstract

Alternative splicing of the primary RNA transcript of the calcitonin gene leads to the generation of two distinct peptides, calcitonin (CT) and calcitonin gene-related peptide (CGRP). These peptides share only limited sequence homology and generally subserve different biological functions through their own distinct binding sites, which differ in specificity and distribution. Additionally, a binding site with high-affinity binding for both peptides that has a restricted pattern of distribution has been identified. The present article reviews the biochemical and morphological characteristics of central CT and CGRP binding sites.

**Index Entries:** Calcitonin; calcitonin gene-related peptide; receptor; binding site; nervous system; autoradiography.

## Introduction

### *Calcitonin and CGRP*

The 32 amino acid peptide hormone calcitonin (CT) is secreted from the thyroid and acts to influence calcium homeostasis, primarily through inhibition of osteoclastic bone resorption (Nicholson et al., 1986; Martin et al., 1988), with a lesser action at receptors in the kidney to increase excretion of calcium and magnesium (Elalouf et al., 1986; Sexton et al., 1987). In the early 1980s, studies on the expression of CT in serially transplanted medullary thyroid carcinoma led to the discovery of a second species of messenger RNA from the calcitonin gene, termed calcitonin gene-related peptide (CGRP) mRNA (Amara et al., 1982). Production of CGRP mRNA arises from alternative processing of the primary RNA transcript with selection of different exons by selective use of alternative polyadenylation sites (Amara et al., 1984). This yields either mature CT mRNA or CGRP mRNA, which have common 5' coding regions, but different 3' regions (Fig. 1). Mature CT peptide contains 32 amino acids and is expressed primarily in the thyroid gland, whereas the 37 amino acid mature CGRP peptide is the predominant gene product in neuronal tissue (Rosenfeld et al., 1983). A gene encoding a second form of CGRP, termed  $\beta$ -CGRP, has also been identified in rats (Amara et al., 1985) and humans (Steenbergh et al., 1985). In humans, this peptide differs from  $\alpha$ -CGRP in three residues and by only one residue in the rat (Fig. 2). CT and CGRP have now been isolated and sequenced from many species (Figs. 2 and 3) with the high degree of homology for CGRPs suggestive of an important and conserved physiological role during evolution (Lips et al., 1988). CT and CGRP share only limited amino acid sequence homology (Figs. 2 and 3), and appear to subserve different biological functions. Peripherally, CGRP has a diverse range of effects, including relaxation of vascular and other smooth muscle, and decreases in gastric acid secretion, as well as direct stimulation of rate and force of contraction in the heart (see Zaidi et al., 1990).

## Central Binding Sites for CT and CGRP

We and others have mapped the distribution of binding sites for CT (Henke et al., 1983; Olgiati et al., 1983; Guidobono et al., 1987) and CGRP (Skofitsch and Jacobowitz, 1985a; Seifert et al., 1985; Henke et al., 1985; Sexton et al., 1986). Based on their distribution and specificity, at least three types of binding sites can be distinguished:

1. Conventional CT binding sites, defined using  $^{125}\text{I}$ -salmon CT as radioligand, which show specificity for CT-related peptides, but not CGRP, and have a characteristic morphological pattern of distribution;
2. Conventional CGRP binding sites, defined using  $^{125}\text{I}$ -CGRP (owing to the high degree of homology between CGRPs, the species of CGRP used as radioligand has little bearing on the results: see CGRP Binding Sites for discrepancies), show specificity for CGRP peptides, but not CT, and have a characteristic distribution distinct from that of CT binding sites; and
3. CT-sensitive CGRP binding sites, identified in rat brain using  $^{125}\text{I}$ -rat CGRP as the radioligand, which have high affinity for both salmon CT and rat CGRP, and a restricted pattern of distribution (Sexton et al., 1988; Dennis et al., 1991).

There is, additionally, emerging evidence for further heterogeneity of the binding sites for CT and CGRP displaying conventional specificity for CT and CGRP peptides (see below), although the significance of these studies for central CT and CGRP receptors is unclear.

### *CT Binding Sites*

#### *Distribution*

High-affinity binding sites for CT are present in homogenates of both rat (Rizzo and Goltzman, 1981; Fischer et al., 1981a; Nakamuta et al., 1981) and human (Fischer et al., 1981b) brain. Highest levels of binding occur in the hypothalamus, followed by brainstem, with intermediate binding in the striatum and midbrain thalamus, whereas

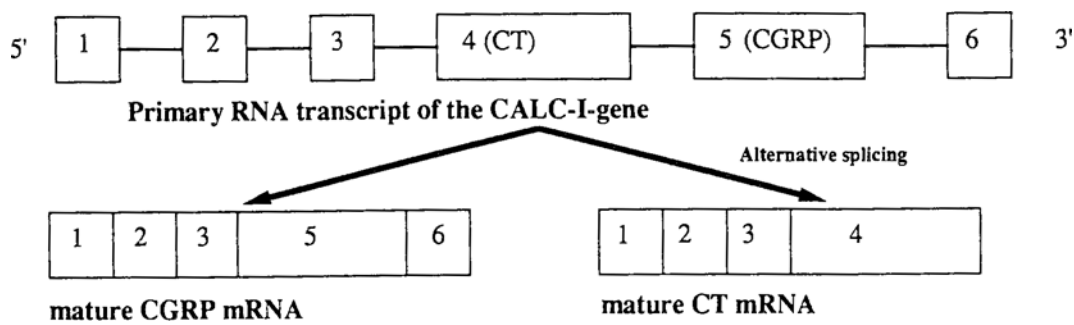


Fig. 1. Schematic diagram of alternative splicing of the primary RNA transcript of the CALC-I gene.

Peptide	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
hCGRP $\alpha$	A	C	D	T	A	T	C	V	T	H	R	L	A	G	L	L	S	R	S
hCGRP $\beta$	A	C	N	T	A	T	C	V	T	H	R	L	A	G	L	L	S	R	S
rCGRP $\alpha$	S	C	N	T	A	T	C	V	T	H	R	L	A	G	L	L	S	R	S
rCGRP $\beta$	S	C	N	T	A	T	C	V	T	H	R	L	A	G	L	L	S	R	S
cCGRP	A	C	N	T	A	T	C	V	T	H	R	L	A	D	F	L	S	R	S
pCGRP	S	C	N	T	A	T	C	V	T	H	R	L	A	G	L	L	S	R	S
rbCGRP	G	C	N	T	A	T	C	V	T	H	R	L	A	G	L	L	S	R	S
sCT	C	S	N	L	S	T	C	V	L	G	K	L	S	Q	E	L	H	K	L

	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
	G	G	V	V	K	N	N	F	V	P	T	N	V	G	S	K	A	F-NH <sub>2</sub>
	G	G	M	V	K	S	N	F	V	P	T	N	V	G	S	K	A	F
	G	G	V	V	K	D	N	F	V	P	T	N	V	G	S	E	A	F
	G	G	V	G	K	N	N	F	V	P	T	N	V	G	S	K	A	F
	G	G	M	V	K	S	N	F	V	P	T	N	D	G	S	E	A	F
	G	G	M	V	K	S	N	F	V	P	T	N	V	G	S	E	A	F
Q	T	Y	P	R	T	N	T	G	S	G	T	P	NH <sub>2</sub>					

Fig. 2. Amino acid sequences of salmon CT and CGRP from different species. Homologous residues are blocked. Abbreviations are: h, human; r, rat; c, chicken; p, porcine; rb, rabbit; s, salmon.

negligible binding is found in the cortex, hippocampus, cerebellum, and spinal cord (Fischer et al., 1981a,b). Autoradiographic mapping of rat CT binding sites revealed high densities associated with parts of the ventral striatum, organum vasculosum of the lamina terminalis (OVLT), subfornical organ, median preoptic nucleus and medial preoptic area, periventricular and paraventricular hypothalamic nuclei, dorsal hypothalamic area, tuber cinereum, retrochiasmatic area, arcuate nucleus, and median eminence. High-

density binding also occurred in the medial and central nuclei of the amygdala, substantia nigra pars compacta, periaqueductal gray, pontine and medullary reticular formation, most of the midline raphe nuclei, parabrachial nuclei, locus ceruleus, nucleus of the solitary tract (NTS), and area postrema (Fig. 4, see pp. 258,259; Olgiati et al., 1983, Henke et al., 1983).

Comparison of binding site distribution across species demonstrates that regions of high-density binding including hypothalamus, amygdala,

Peptide	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
sCT	C	S	N	L	S	T	C	V	L	G	K	L	S	Q	E	L	H	K	L
eCT	C	S	N	L	S	T	C	V	L	G	K	L	S	Q	E	L	H	K	L
cCT	C	A	S	L	S	T	C	V	L	G	K	L	S	Q	E	L	H	K	L
pCT	C	S	N	L	S	T	C	V	L	S	A	Y	W	R	N	L	N	N	F
o/bCT	C	S	N	L	S	T	C	V	L	S	A	Y	W	K	D	L	N	N	Y
hCT	C	S	N	L	S	T	C	M	L	G	T	Y	T	Q	D	F	N	K	Y
rCT	C	S	N	L	S	T	C	M	L	G	T	Y	T	Q	D	L	N	K	Y

20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
Q	T	Y	P	R	T	N	T	G	S	G	T	P-NH <sub>2</sub>					
Q	T	Y	P	R	T	D	T	G	A	G	T	P					
Q	T	Y	P	R	T	D	V	G	A	G	T	P					
H	R	F	S	G	M	G	F	G	P	E	T	P					
H	T	F	S	G	M	G	F	G	P	E	T	P					
H	T	F	P	Q	T	A	I	G	V	G	A	P					
H	T	F	P	Q	T	S	I	G	V	G	A	P					

Fig. 3. Amino acid sequences of calcitonins from different species. Residues homologous to salmon CT are blocked. Abbreviations are: s, salmon; e, eel; c, chicken; p, porcine; o, ovine; b, bovine; h, human; r, rat.

and caudolateral putamen are conserved in sheep (Sexton et al., 1990,1991), rat (Fig. 4; Olgiati et al., 1983; Henke et al., 1983), cat (Guidobono et al., 1987), and human (Sagar et al., 1984; P. M. Sexton, unpublished data). The distribution of binding sites in cat and sheep, however, is more extensive than in rat/human, with binding present in the hippocampus and much of the thalamus. Accordingly, central CT binding sites are likely to subserve a subset of similar functions in all species, whereas additional actions may occur in species, such as cat and sheep.

Properties

Analysis of binding specificity for CT binding sites from rat, human, and sheep brain membranes (Fischer et al., 1981a,b; Rizzo and Goltzman, 1981; Nakamuta et al., 1981; Sexton et al., 1991) reveals a rank order of potency, with salmon CT > porcine CT > human CT, equivalent to functional CT receptors in other systems, including osteoclasts (Nicholson et al., 1986) and kidney (Sexton et al., 1987; Goltzman and Mitchell, 1985). CGRP was at least 500-fold less potent than salmon CT in inhibiting binding to

brain membranes (Goltzman and Mitchell 1985; Sexton et al., 1991).

Recent studies have indicated heterogeneity in CT binding sites, including those of the CNS (Nakamuta et al., 1990; Twery et al., 1988). Based on the relative binding affinity of analogs of salmon CT, with either poor or strong helical-forming capacity, Nakamuta et al. (1990) described two binding site subtypes. These sites were denoted CT-linear and CT-helical with peripheral hypocalcemic potency paralleled by relative potencies of analogs at the "linear" binding subtype. The significance of these findings is unclear.

Although binding of CT to brain and other membranes is generally poorly reversible (Fischer et al., 1981a,b; Goltzman, 1980; Findlay et al., 1980), moderate reversibility is observed with sheep brain membranes (Sexton et al., 1991). Molecular sizing of sheep brain CT binding sites crosslinked to a photoactive analog of salmon CT, on SDS-polyacrylamide gel electrophoresis, revealed a single protein of *M*<sub>r</sub> ~ 72,000 (Fig. 5; Sexton et al., 1991). This is in accord with the molecular weight of CT receptors identified in other tissues (see Sexton et al., 1990).

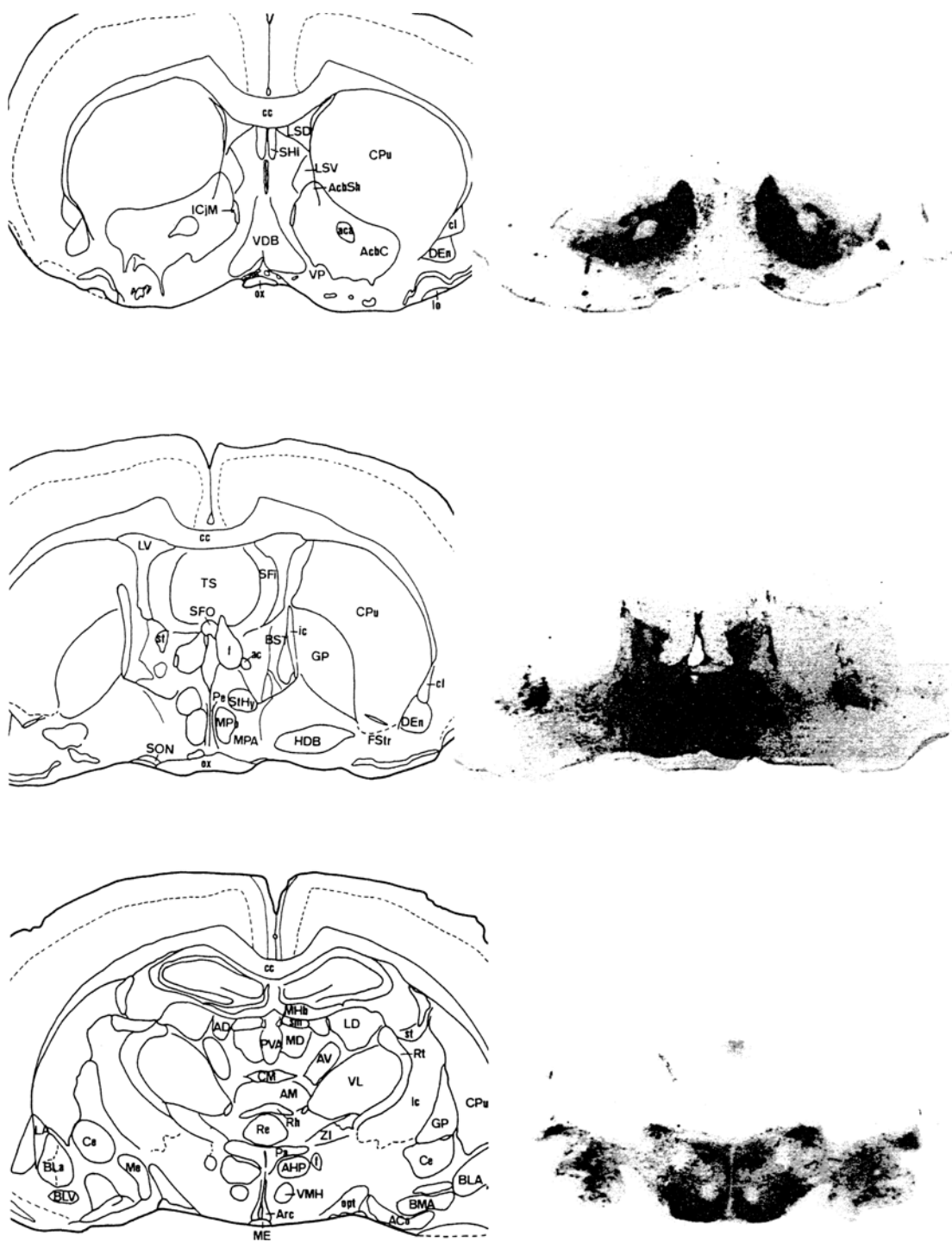
The mechanism of action of central CT receptors is unclear. Unlike CT receptors in kidney, osteoclasts, and various cancer cell lines that utilize cAMP as a second messenger (Nicholson et al., 1987; Findlay et al., 1980; Goltzman, 1980), binding of CT to central CT receptors in rat brain membranes does not stimulate adenylate cyclase activity (Rizzo and Goltzman, 1981; Nicosia et al., 1986; Twery et al., 1988). Indeed salmon CT decreases adenylate cyclase activity at high concentrations (Rizzo and Goltzman, 1981; Nicosia et al., 1986). High concentrations of salmon CT also selectively inhibit the calmodulin-dependent phosphorylation of specific synaptic membrane proteins, suggesting that inhibition of phosphorylation may underlie some of the neural actions of the peptide (Patel et al., 1985). The recent cloning of a CT receptor from renal LLC-PK1 cells (Lin et al., 1991) should form the basis of greater understanding of the molecular mechanism of central CT action in the near future.

### *Physiological Correlates*

Calcitonin is a potent centrally acting analgesic (Guidobono et al., 1986; Morton et al., 1986; Welch et al., 1986; Fabbri et al., 1985; Clementi et al., 1985; Braga et al., 1978). For instance, microinjection of CT into the periaqueductal gray (PAG) or the midline pontine reticular formation increases hot plate latencies (Fabbri et al., 1985), whereas in cats, microinjection into ventral PAG or dorsal raphe magnus decreases C-fiber strength firing of spinal dorsal horn neurons (Morton et al., 1986). These actions correlate well with the location of dense CT binding in ventrolateral PAG and midline raphe nuclei. Further, absence of binding sites in dorsal PAG is in accord with the lack of response to microinjection of CT in this region. The PAG is important in central regulation of pain (Andrezik and Beitz, 1985), and the ventrolateral divisions of the PAG have reciprocal projections to midline raphe nuclei and the pontine and medullary reticular formation, which are enriched in calcitonin binding sites. Thus, CT binding within these regions may also be involved in CT-induced analgesia. The raphe magnus, in

particular, is thought to provide a critical relay in the pain suppression path from the ventral PAG (Prieto et al., 1983). Thus, suppression of C-fiber strength firing of dorsal horn neurons following microinjection of CT into the CT receptor-rich raphe magnus provides further evidence for the importance of this nucleus in centrally induced analgesia.

The hypothalamus contains some of the most CT-binding-site-enriched nuclei in the rat brain. This parallels the multiple hypothalamic actions of CT, which include modulation of prolactin (Olgiati et al., 1981; Clementi et al., 1983; Chihara et al., 1982), growth hormone (Tannenbaum and Goltzman, 1985; Lengyel and Tannenbaum, 1987), and adrenocorticotrophic hormone release (Rapisarda et al., 1984), as well as decreased appetite (Morimoto et al., 1985; Tannenbaum and Goltzman, 1985; Shimizu and Oomura, 1986; Plata-Salaman and Oomura, 1987; De Beaurepaire and Freed, 1987a), gastric acid secretion (Morley et al., 1981; Sabbatini et al., 1985; Lenz et al., 1986), and intestinal motility (Bueno et al., 1983; Lenz, 1988). The proposed role of the medial basal hypothalamus, arcuate nucleus, and median eminence in the action of calcitonin on prolactin release (Chihara et al., 1982) is supported by the presence of calcitonin binding sites in these structures. <sup>125</sup>I-salmon CT injected intracerebroventricularly (icv) binds predominately to the hypothalamus, with minimal binding to neocortex and cerebellum (Morimoto et al., 1985; Sabbatini et al., 1985), where the level of binding is correlated with the inhibition of appetite (Morimoto et al., 1985) and gastric acid secretion (Sabbatini et al., 1985). Development of the anorexic effect was further correlated to structures surrounding the cerebral III ventricle (Shimizu and Oomura, 1986; Plata-Salaman and Oomura, 1987). Mapping studies, using microinjections of peptide, demonstrated most potent inhibition of feeding following injections into the paraventricular nucleus, perifornical area, and parts of the floor of the hypothalamus, with a less marked inhibition with injection into nucleus accumbens and no effect when injected into ventrolateral



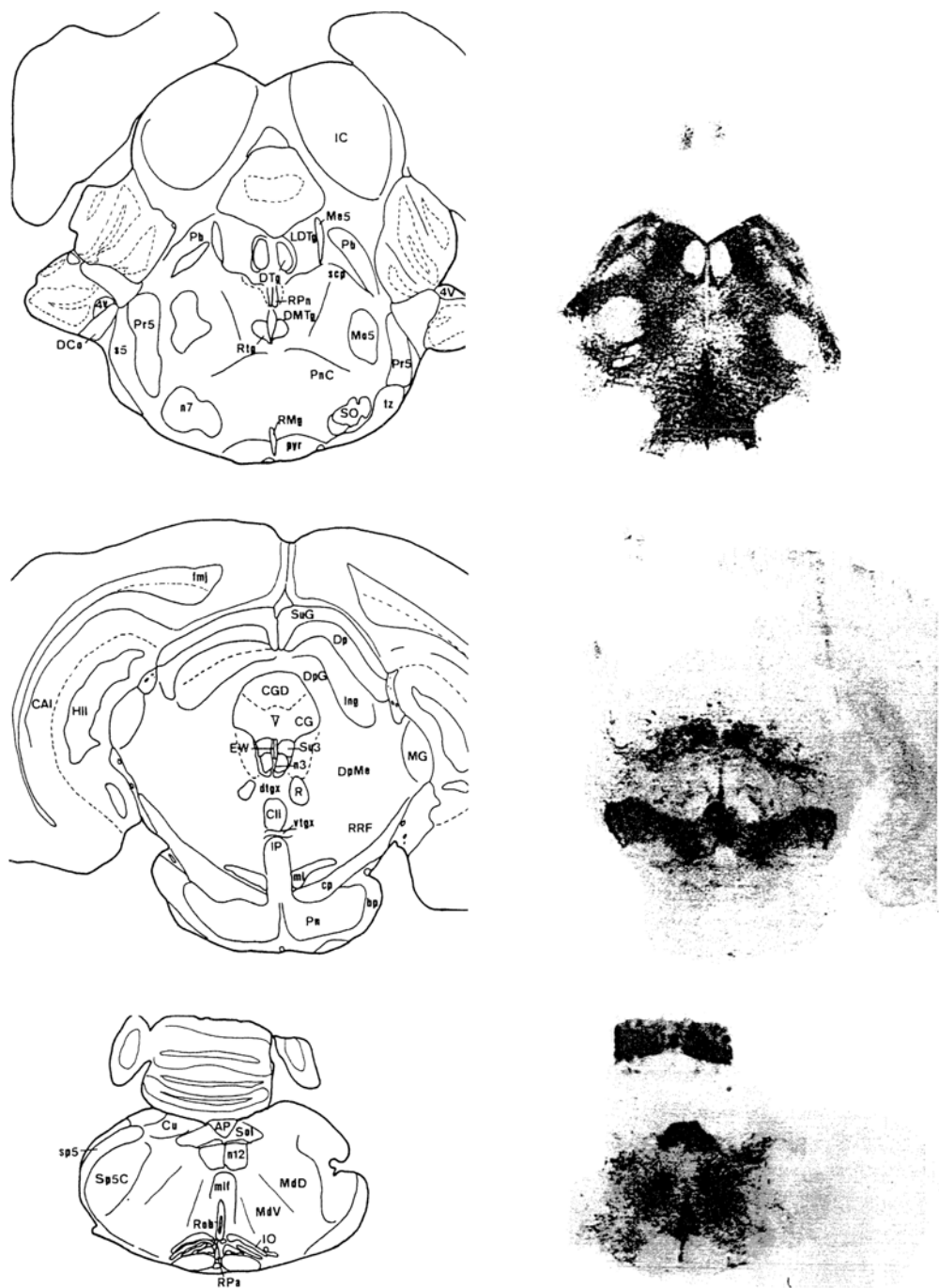


Fig. 4. Autoradiographic mapping of the distribution of <sup>125</sup>I-salmon CT binding sites in rat brain. Abbreviations are as described in Attachment 1.

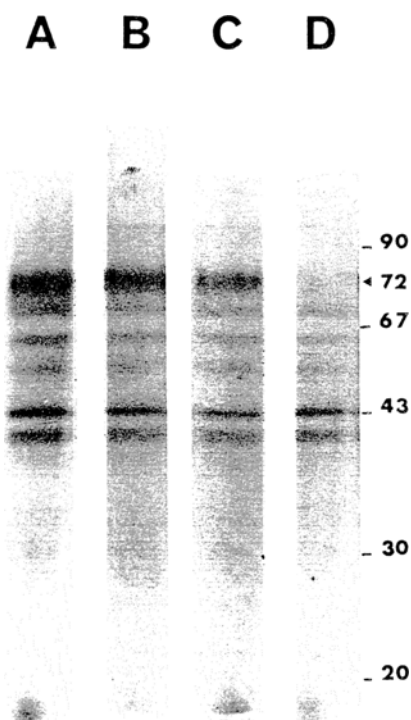


Fig. 5. Photoaffinity crosslinking of CT to binding sites in solubilized sheep brain membranes with  $^{125}\text{I}$ -[Arg<sup>11,18</sup>, 4-azidobenzoyl-Lys<sup>14</sup>] salmon CT in the presence or absence of increasing concentrations of salmon CT (sCT). Lane A, 0 sCT, Lane B, 0.1 nM sCT, Lane C, 1.0 nM sCT, Lane D, 300 nM sCT.

hypothalamus, posterior hypothalamic nucleus, median forebrain bundle, and olfactory tubule (De Beaurepaire and Freed, 1987a).

Central administration of CT also affects the extrapyramidal motor system, where it antagonizes amphetamine-induced hyperactivity (Twery et al., 1986a; De Beaurepaire and Freed, 1987b), and elicits dyskinesia (Twery et al., 1986b; Morimoto et al., 1985) and catalepsy (Twery et al., 1986b). Since CT increases nigral glutamate decarboxylase (Nicoletti et al., 1982), binding sites present in the substantia nigra pars compacta may represent a target for some of these effects. However, microinjection studies into discrete brain regions show that efficacy of CT in antago-

nizing amphetamine-induced hyperactivity is greatest in restricted nuclei of the hypothalamus with a lesser effect at the nucleus accumbens (the substantia nigra was not studied), a pattern that paralleled the effects on appetite (De Beaurepaire and Freed, 1987a).

Additional actions of CT include the enhancement of glucose-stimulated release of insulin (Greely et al., 1989), and increases in plasma renin activity and blood pressure (Clementi et al., 1986). Effects on blood pressure may be owing to an interaction with CT sites in the dorsal vagal complex or the parabrachial nuclei, regions involved in central cardiovascular homeostasis.

### *CT in the Central Nervous System*

Although low levels of human CT-like immunoreactivity have been detected in extracts of both rat (Flynn et al., 1981) and human (Fischer et al., 1981b) brain, the virtual lack of mammalian CT mRNA expression in the CNS (Rosenfeld et al., 1983) has invoked questions on the existence of an endogenous ligand for central CT receptors and the physiological significance of these receptors. In nonmammalian species, salmon CT-like immunoreactivity was present in the CNS of lizards, where it was localized by immunocytochemistry to nerve varicosities, and terminals of the hypothalamus and median eminence (MacInnes et al., 1982), and in pigeons (Galan Galan et al., 1981), suggesting that a salmon CT-like molecule may act as a neurotransmitter or neuromodulator in the CNS. Along with human CT, a salmon CT-like peptide has been identified in human brain extracts (Fischer et al., 1983), and as such represents a potential candidate for the endogenous ligand of central CT receptors. The presence of a gene expressing a salmon-like peptide in humans is supported by hybridization of chicken CT cDNA to Northern blots of human medullary carcinoma tissue (Lasmoles et al., 1985). Indeed there is evidence for the existence of multiple types of CT in fish, reptiles, amphibia, mammals and birds (Perez Cano et al., 1981, 1982a,b).



## CGRP Binding Sites

### Distribution

CGRP binding sites, localized by *in vitro* autoradiography, have a characteristic distribution that is generally quite distinct from that of CT sites. Moderate to high concentrations of CGRP binding sites in rat brain occur within the ventral nucleus of the diagonal band, nucleus accumbens, OVL, caudal-ventral putamen, lateral and basolateral amygdaloid nuclei, arcuate nucleus (hypothalamus), lateral mammillary nucleus, habenular nuclei, medial and lateral geniculate nuclei, superior and inferior colliculi, pontine nuclei, most of the cranial nerve nuclei, entorhinal cortex and parts of the visual and auditory cortex, molecular and Purkinje cell layers of the cerebellum, NTS, area postrema, inferior olivary complex, lateral reticular nuclei (medulla), hypoglossal complex, the vestibular and cochlear nuclei, and spinal cord (Fig. 6; Sexton et al., 1986; Seifert et al., 1985; Skofitsch and Jacobowitz, 1985a; Henke et al., 1985). The pattern of binding in human brain is essentially the same (Inagaki et al., 1986).

Similar receptor distributions have been reported using both  $^{125}\text{I}$ - $\alpha$ - and  $\beta$ -CGRP as radioligands in human brain homogenates, except for the cerebellum and inferior colliculus, which appear to have more  $\alpha$ -CGRP binding than  $\beta$ -CGRP binding (Henke et al., 1987). Binding sites for  $\beta$ -CGRP, visualized by *in vitro* autoradiography, are more diffuse and are present in the ventromedial hypothalamus, which has only low levels of binding when  $^{125}\text{I}$ - $\alpha$ -CGRP is used as the radioligand. However, both  $\alpha$ - and  $\beta$ -human CGRP have similar efficacy in inhibiting binding of  $^{125}\text{I}$ - $\beta$ -CGRP (Henke et al., 1987). Salmon CT is 500–1000-fold less potent than CGRP in inhibiting binding to sites labeled with either radioligand (Henke et al., 1987).

### Properties

In specificity studies using cerebellar cortical membranes,  $\alpha$ -rat CGRP,  $\alpha$ -human CGRP, and

$\beta$ -human CGRP display high-affinity binding, whereas Cys(ACM) $^{2,7}$  CGRP and the C-terminal (23–37) fragment have little potency (Sexton et al., 1986; Seifert et al., 1985). Salmon CT and its des Ser $^2$  analog do not compete except at high concentrations (up to 1000-fold greater) (Sexton et al., 1986). Unlike CT binding, binding of CGRP to its binding site is rapidly reversible (Seifert et al. 1985; Yoshizaki et al., 1987). Crosslinking studies in human cerebellum with either  $\alpha$ - or  $\beta$ - $^{125}\text{I}$  human CGRP revealed specific proteins of  $M_r$  ~ 17,500 and 54,000 (Dotti-Sigrist et al., 1988). In other tissues, CGRP specific binding proteins of  $M_r$  60,000 (in rat smooth muscle cells and bovine endothelial cells; Hirata et al., 1988) and  $M_r$  120,000, 90,000, and 70,000 (in pig coronary arteries, heart atrium, and ventricular muscles; Miyauchi et al., 1988; Sano et al., 1989) have been recognized. Gel filtration studies of CGRP binding sites solubilized from porcine spinal cord revealed an  $M_r$  of ~ 400,000 (Hiroshima et al., 1988), indicating either the presence of oligomeric forms of the protein or close association of additional proteins.

Recently Dennis et al. (1989,1990) have indicated the existence of CGRP receptor subtypes. They propose two CGRP receptor subtypes denoted CGRP-I and CGRP-II, where type-I receptors are more potently antagonized by the antagonist peptide human CGRP $_{8-37}$ , with CGRP-II receptors being poorly antagonized by CGRP $_{8-37}$  and more potently stimulated by the analogs Cys(ACM) $_{2,7}$  human CGRP and Tyr $^0$  human CGRP. In support of this, the central action of CGRP to inhibit food intake is potently antagonized by the 8–37 peptide, whereas CGRP-induced hyperthermia is not antagonized (Dennis et al., 1990). However, CGRP $_{8-37}$  was equipotent in inhibiting  $^{125}\text{I}$ -human CGRP binding, in both atrial (type-I "receptor") and vas deferens (type-II "receptor") membranes, rendering the underlying mechanism of the pharmacological observations obscure.

Examination of changes in CGRP binding with age revealed selective decreases in binding density (Guidobono et al., 1989). Thus, marked reduc-

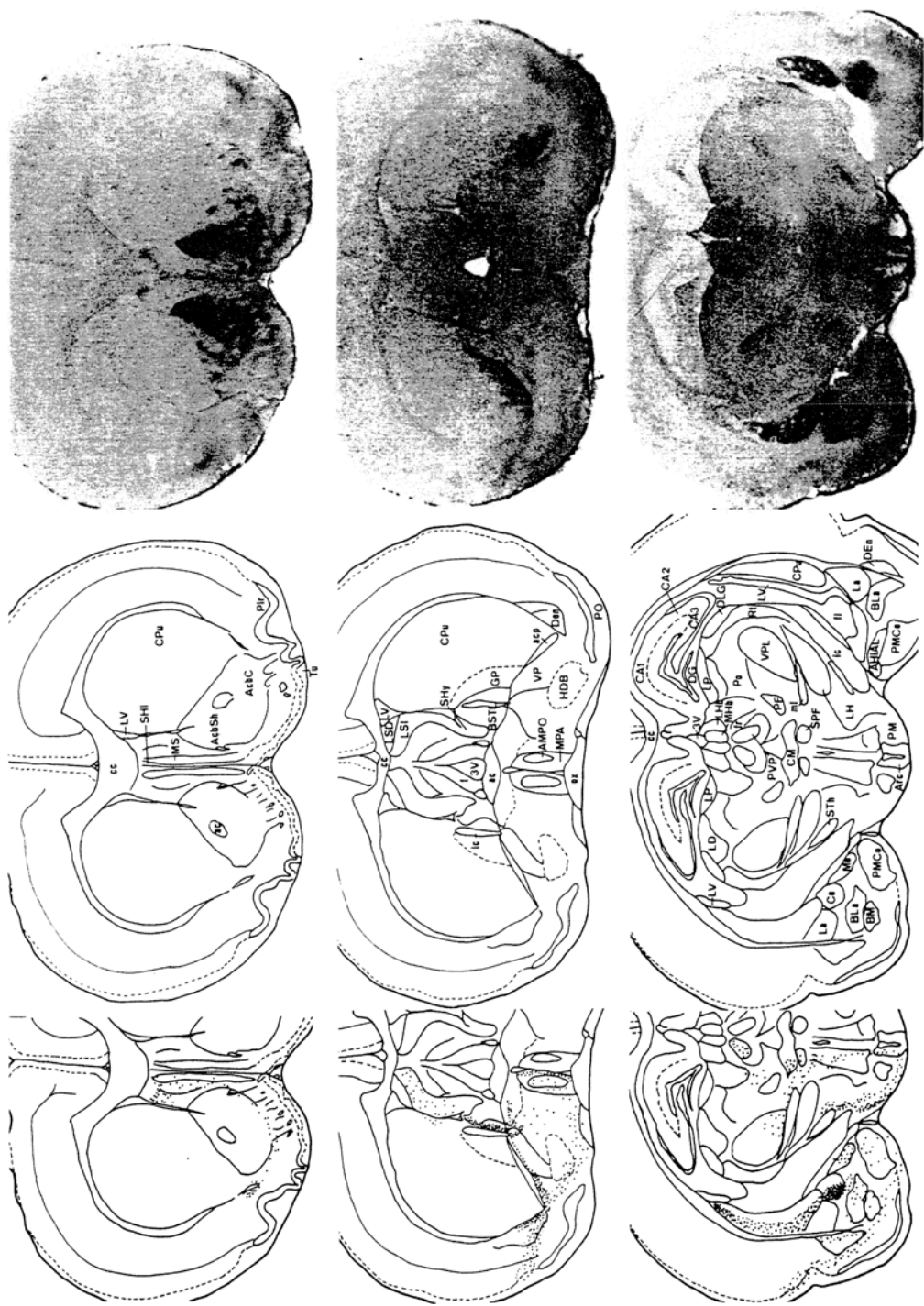




Fig. 6. Autoradiographic mapping of the distribution of  $^{125}\text{I}$ -rat CCRP  $\alpha$  binding sites in rat brain (right-hand panel, adapted from Sexton et al., 1986). The left-hand panel illustrates patterns of CGRP-immunoreactive fiber distribution (adapted from Kawai et al., 1985; Skofitsch and Jacobowitz (1985)).

tions occurred in the hippocampus, the nucleus rhomboideus, arcuate nucleus, superior colliculus, central substantia grisea, and the spinal cord, whereas binding to the cortical areas, the amygdala, caudate putamen, and nucleus accumbens was not modified. Binding in the cerebellum was increased. Although the molecular basis for changes in binding density is unknown, it may be related to selective natural loss of brain function, changes in CGRP-fiber innervation, or perhaps the biochemical properties of the receptors themselves (*see below*).

### *Physiological Correlates*

Intracerebroventricular injection of CGRP raises blood pressure and heart rate, which, at high concentrations, is paralleled by an increase in sympathetic noradrenergic outflow (Fisher et al., 1983), supporting a role for CGRP in central cardiovascular regulation. This is consistent with the localization of CGRP peptide and binding sites in the NTS, parabrachial nuclei, and hypothalamus. Further, direct injection of rat CGRP into the NTS produced dose-dependent changes in blood pressure, whereas low and subthreshold doses modified the cardiovascular response to NTS injection of noradrenaline (Vallejo et al., 1988), suggesting that at least some of the CGRP binding sites in the NTS are involved in cardiovascular homeostasis. CGRP binding in the NTS, however, is unaltered by nodose ganglionectomy (in contrast to angiotensin binding sites), demonstrating that the receptors are not presynaptic on primary vagal afferents (Allen et al., 1987).

In the hypothalamus, CGRP receptors may be involved in decreasing appetite and growth hormone secretion (Krahn et al. 1984; Tannenbaum and Goltzman, 1985), and modulating gastrointestinal function where icv CGRP inhibits gastric acid (Lenz et al., 1985; Tache et al., 1984) and bicarbonate (Lenz and Brown, 1990) secretion and intestinal motility (Fargeas et al., 1985; Lenz, 1988). However, the association of CGRP binding sites with gustatory afferent pathways (*see below*) also suggests that CGRP may have indirect effects on appetite through taste.

CGRP binding is associated with most of the cranial nerve nuclei, and is colocalized with choline acetyl transferase in neurons of the 6th, 7th, and 12th nuclei, as well as in neuromuscular junctions of striated muscle (Rodrigo et al., 1985; Takami et al., 1985a) where it enhances neuromuscular contraction (Takami et al., 1985b). CGRP also acts via cAMP to increase acetylcholine receptor (AChR) number and AChR  $\alpha$ -subunit mRNA in chick myotubes (Fontaine et al., 1989). These findings suggest that CGRP may interact with cholinergic neurons to influence motor control.

In addition, the pattern of CGRP binding reveals association with several functional systems. This association is striking in the auditory system, with binding sites localized in the cochlear nuclei, superior olivary nuclei, nuclei of the lateral lemniscus, central nucleus of the inferior colliculus, medial geniculate nucleus, and the middle or receptive layers of the auditory cortex. Also in the gustatory system (Braun et al., 1982), binding sites are found in the NTS, the parabrachial nuclei, posterior ventromedial thalamic nuclei, central amygdaloid nucleus, and in the gustatory cortex. In the olfactory system, there is low binding over the mitral cell dendrites of the olfactory bulb, a moderate density in primary and secondary (entorhinal) olfactory cortex, and moderate to high binding densities in parts of the amygdala. CGRP, in the olfactory bulb, is involved in the differentiation of dopaminergic neurons (Denis-Donini, 1989) and may have additional trophic effects in other systems. Nonetheless, these patterns of binding suggest that CGRP may be involved in modulating a number of special sensory pathways.

### *Correlation with CGRP Immunoreactivity*

CGRP-immunoreactive cells and fibers are discretely distributed throughout the CNS (Kawai et al., 1985; Skofitsch and Jacobowitz, 1985b; Kruger et al., 1988). Comparison of the distribution of CGRP-binding sites and the reported location of CGRP-immunoreactive fibers demonstrates

a definite correlation (Fig. 6). This is evident in some of the sensory and somatosensory pathways with CGRP-immunoreactive fibers and receptors in the sensory nuclei of the trigeminal nerve, the cuneate, and gracile nuclei, and the NTS. There are, however, some discrepancies in the relative densities of innervation and binding, as illustrated by the amygdala where fiber densities are highest in the lateral portion of the central amygdala, with only moderate to low fiber density in the basolateral and lateral divisions, which contain high receptor densities. Kruger et al. (1988) suggest that this may parallel the CGRP innervation of peripheral tissues where direct synapses are lacking, and that neither the locus of immunoreactive-axon terminals nor binding sites need indicate transmitter action for impulse information transfer. Major differences include adult cerebellum, the pontine nuclei, and the inferior olive where high binding densities occur, whereas there is an absence of CGRP-immunoreactive fibers (Fig. 6; Sexton et al., 1986; Kawai et al., 1985; Skofitsch and Jacobowitz, 1985a,b; Tschopp et al., 1985).

### **CT-Sensitive CGRP Binding Sites**

#### *Properties and Distribution*

Mapping of central CT and CGRP binding sites, and comparison of relative distribution reveal partial overlap in the patterns of binding in parts of the forebrain (Sexton et al., 1988), although in most brain regions, binding of the two peptides is biochemically and morphologically distinct. However, in some restricted regions, such as the nucleus accumbens, there is high-affinity binding of both CT and CGRP. In this nucleus, salmon CT competed for CGRP-labeled sites with similar affinity to unlabeled CGRP (Fig. 7A), suggesting the existence of a new subclass of binding site (termed C3; Sexton et al., 1988) that has high affinity for both peptides (Sexton et al., 1988; Dennis et al., 1991). This binding site specificity is in marked contrast to binding at conventional CT (*see* CT Binding Sites) or CGRP binding sites, including cerebellum (*see* CGRP Binding

Sites) and primary olfactory cortex (Fig. 7B). Studies with CGRP<sub>8-37</sub> and Cys(ACM)<sup>2,7</sup> CGRP (Dennis et al., 1991) indicate that the "C3" site has distinct specificity from the CGRP-I and CGRP-II receptor subtypes proposed by Dennis et al. (1989,1990). The "C3" sites, localized by digital subtraction autoradiography, have a restricted distribution in the CNS, including parts of the ventral striatum, lateral bed nucleus of the stria terminalis, central amygdaloid nucleus, dorsal raphe nucleus, OVLT, and area postrema (Fig. 8; Sexton et al., 1988). Studies of binding in the nucleus accumbens across species suggest that the presence of "C3" binding sites is a species-specific phenomenon (Dennis et al., 1991). Ontogenic studies in rats indicate that binding to the nucleus accumbens increases progressively after postnatal day 4 and is only 50% of adult levels (>3 mo) after 1 mo, whereas CGRP binding sites in the neighboring primary olfactory cortex have reached adult levels by postnatal day 7 (Dennis et al., 1991). The levels of binding in the adult nucleus accumbens (and also central amygdaloid nucleus) remain constant with aging (22 mo old), whereas binding to some conventional CGRP sites (e.g., arcuate nucleus, superior colliculus) is markedly decreased (Guidobono et al., 1989). It must be noted, however, that many other CGRP binding sites are undiminished with age (*see* CGRP Binding Sites) (Guidobono et al., 1989), indicating that changes in binding-site density with age are more likely to be influenced by other factors (e.g., changes in density of CGRP-immunoreactive fibers) rather than by the biochemical properties of the binding site.

Given the high degree of discrimination in binding between CT and CGRP at conventional receptors, the interaction of CT and CGRP at "C3" binding sites represents a novel interaction for such biochemically diverse peptides. There are many cases of structurally related peptides sharing common receptors with similar potency, e.g., the two forms of interleukin 1 (IL1) at IL1 receptors (Bird and Saklatvala, 1986; Dower et al., 1986), and parathyroid hormone (PTH) and PTH-related protein at PTH receptors (Kemp et al., 1987).

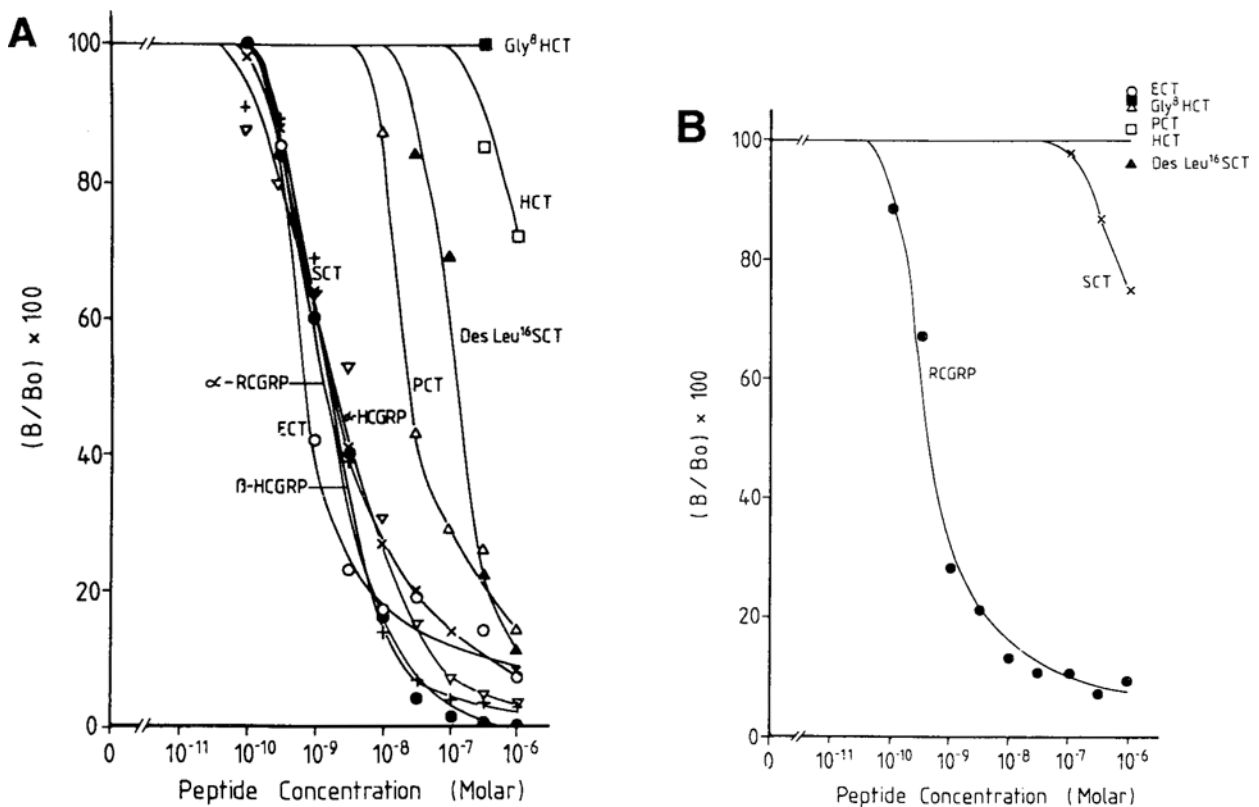


Fig. 7. A. Competition of  $^{125}\text{I}$ -rat CGRP  $\alpha$  binding to sections of nucleus accumbens by CT and CGRP peptides. B. Competition of  $^{125}\text{I}$ -rat CGRP binding to sections of primary olfactory cortex by CT and CGRP peptides (from Sexton et al., 1988).

However, receptor discrimination is common even among structurally related peptides, e.g., insulin, insulin-like growth factor (IGF) 1, and IGF2, which have separate receptors and a complex pattern of interaction (Czech, 1982). Furthermore, discrete receptor specificity may be maintained despite up to 90% homology between ligands, e.g., human growth hormone and human placental lactogen at their respective receptors (Watahiki et al., 1989; Hill et al., 1988).

Parallels between the interaction of CT and CGRP at "C3" binding sites may be drawn with transforming growth factor  $\alpha$  (TGF  $\alpha$ ) and epidermal growth factor (EGF), where both bind to the EGF receptor with similar efficacy (Tam et al., 1984). Despite low direct amino acid homology, both TGF  $\alpha$  and EGF have conserved ter-

tiary structure through six cysteine residues similarly placed within the peptides and 60% homology in the loop region between the fifth and sixth cysteines, which is believed to be involved in binding (Derynck, 1988). A similar case could be made for the interaction of salmon CT and rat CGRP  $\alpha$  at "C3" binding sites. Although there is <30% homology between the two peptides (Fig. 2 vs 3), both have an amino terminal disulfide bridged loop structure that shares 50% homology and a region of  $\alpha$ -helical propensity (Breeze et al., 1991; Meadows et al., 1991). The amino-terminal region of CT is thought to be involved in binding of the hormone to its receptor (see Orłowski et al., 1987), and this may explain similarities in the CT binding specificities of conventional CT binding sites and "C3" binding sites (Sexton et al., 1988).

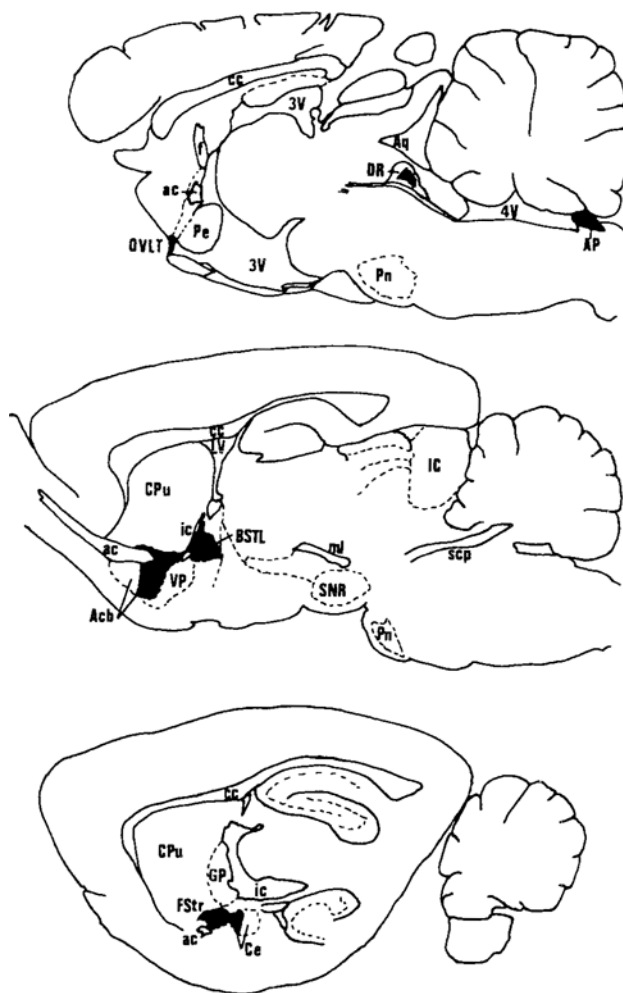


Fig. 8. Schematic diagram of the distribution of "C3" binding sites.

Nonetheless, unlike TGF  $\alpha$  and EGF, CT and CGRP demonstrate discrete biochemical specificity at conventional CT and CGRP receptors.

The significance of this new class of binding site, which recognizes both peptides with equal potency, is not clear. The regional distribution of "C3" sites is much more restricted than either CT or CGRP binding sites. The structures containing the "C3" binding sites are discretely localized and do not correspond to a single functional system. However, the pattern of distribution of binding sites through the nucleus accumbens,

lateral bed nucleus of the stria terminalis, fundus striati, and central nucleus of the amygdala (Sexton et al., 1988), is similar to the pattern of distribution of ascending CGRP-immunoreactive fibers in these nuclei (Kawai et al., 1985; Skofitsch and Jacobowitz, 1985b). This suggests that "C3" sites in these structures will interact with neuronal CGRP and may be involved with specific brainstem projections.

Also, "C3" binding sites were found in two of the circumventricular organs, the OVL and the area postrema. Not all the circumventricular organs are labeled, however, since the subfornical

organ is enriched with only CT binding sites. The circumventricular organs bind circulating CT (Van Houten et al., 1982), and CGRP-immunoreactive fibers terminate in both the OVLT and area postrema (Kawai et al., 1985; Skofitsch and Jacobowitz, 1985b). It is therefore possible that "C3" binding sites in these regions provide an area of interaction between neuronal CGRP and circulating CT. In the hypothalamus, we detected abundant CT binding sites and a moderate density of CGRP binding sites, but no "C3" sites (Sexton et al., 1988), indicating that "C3" binding sites are not an invariable consequence of overlap in CT and CGRP binding distribution.

It is possible that "C3" binding sites represent an evolutionary intermediate in the development of CT receptors from CGRP receptors (or vice versa), with the new receptor arising from modification of a redundant copy of the original receptor. Similar mechanisms have been proposed for the evolution of peptide hormones (Niall, 1982). The retention of a binding domain that binds both hormones suggests that, in the brain regions where it is found, there is little selective pressure to discriminate between CT and CGRP. Conversely, in other regions, both centrally and peripherally, there must have been considerable selective pressure to develop discrete signals to influence, for instance, calcium regulation (CT) and vascular tone (CGRP).

## Conclusion

Binding sites for CT and CGRP are widely distributed in the central nervous system in characteristic patterns. They subserve a diverse range of actions consistent with their localization, although the actual physiological roles of the binding sites are unclear. However, the advent of antagonist peptides for CGRP receptors and molecular cloning of the CT receptor should enable a greater understanding of the physiological roles of the receptors, the relationships between CT and CGRP receptors (and receptor subtypes), and their mechanisms of action, in the near future.

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## Attachment 1

### Neuroanatomical Abbreviations Used in Figures

3V	Third ventricle
4V	Fourth ventricle
ac	Anterior commissure
AcbC	Accumbens nucleus, core
AcbSh	Accumbens nucleus, shell
ACo	Anterior cortical amygdaloid nucleus
acp	Anterior commissure, posterior part
AD	Anterodorsal thalamic nucleus
AHiAL	Amygdalohippocampal area, anterolateral part
AHP	Anterior hypothalamic area, posterior part
AM	Anteromedial thalamic nucleus
AMPO	Anterior medial preoptic nucleus
AP	Area postrema
Arc	Arcuate hypothalamic nucleus
AV	Anteroventral thalamic nucleus
BIC	Nucleus of the brachium of the inferior colliculus
BLa	Basolateral amygdaloid nucleus, anterior part
BLV	Basolateral amygdaloid nucleus, ventral part
BM	Basomedial amygdaloid nucleus
BMA	Basomedial amygdaloid nucleus, anterior part
bp	Brachium pontis (stem of middle cerebellar peduncle)
BST	Bed nucleus of the stria terminalis



BSTL	Bed nucleus of the stria terminalis, lateral division	LDTg	Laterodorsal tegmental nucleus
CA1-4	Fields CA1-4 of Ammon's horn	LH	Lateral hypothalamic area
cc	Corpus callosum	LHb	Lateral habenular nucleus
Ce	Central amygdaloid nucleus	lo	Lateral olfactory tract
CG	Central (periaqueductal) gray	LP	Lateral posterior thalamic nucleus
CGD	Central gray (dorsal part)	LRt	Lateral reticular nucleus
CGL	Central gray (lateral part)	LSD	Lateral septal nucleus, dorsal part
cl	Clastrum	LSI	Lateral septal nucleus, intermediate part
CLi	Caudal linear nucleus of the raphe	LSV	Lateral septal nucleus, ventral part
CM	Central medial thalamic nucleus	LV	Lateral ventricle
CM	Central medial thalamic nucleus	mcp	Middle cerebellar peduncle
cp	Cerebral peduncle, basal part	MD	Mediodorsal thalamic nucleus
CPu	Caudate putamen	MdD	Medullary reticular nucleus, dorsal part
Cu	Cuneate nucleus	MdV	Medullary reticular nucleus, ventral part
DEn	Dorsal endopiriform nucleus	Me	Medial amygdaloid nucleus
DG	Dentate gyrus	Me5	Mesencephalic trigeminal nucleus
DLG	Dorsal lateral geniculate nucleus	MG	Medial geniculate nucleus
DMTg	Dorsomedial tegmental area	MHb	Medial habenular nucleus
DpG	Deep gray layer of the superior colliculus	MiTg	Microcellular tegmental nucleus
DpMe	Deep mesencephalic nucleus	ml	Medial lemniscus
DR	Dorsal raphe nucleus	mlf	Medial longitudinal fasciculus
DTg	Dorsal tegmental nucleus	MnR	Median raphe nucleus
dtgx	Dorsal tegmental decussation	Mo5	Motor trigeminal nucleus
EW	Edinger-Westphal nucleus	MPA	Medial preoptic area
f	Fornix	MPo	Medial preoptic nucleus
fi	Fimbria of the hippocampus	MS	Medial septal nucleus
fmj	Forceps major of the corpus callosum	n3	Oculomotor nucleus
fr	Fasciculus retroflexus	n6	Abducens nucleus
FStr	Fundus striati	n7	Facial nucleus
GP	Globus pallidus	n10	Dorsal motor nucleus, vagus
Gr	Gracile nucleus	n11	Nucleus of the lateral lemniscus
HDB	Nucleus of the horizontal limb of the diagonal band	n12	Hypoglossal nucleus
Hil	Hilus of the dentate gyrus	opt	Optic tract
ic	Internal capsule	ox	Optic chiasm
IC	Inferior colliculus	Pa	Paraventricular hypothalamic nucleus
ICjM	Islands of Calleja, major island	Pb	Parabrachial nuclei
Ing	Intermediate gray layer of the superior colliculus	Pe	Periventricular hypothalamic nucleus
IO	Inferior olive	PF	Parafascicular thalamic nucleus
IP	Interpeduncular nucleus	PM	Premammillary nucleus
La	Lateral amygdaloid nucleus	PMCo	Posteromedial cortical amygdaloid nucleus (C3)
LA	Lateral amygdaloid nucleus	PMR	Paramedian raphe nucleus
LD	Laterodorsal thalamic nucleus		

Pn1	Pontine nucleus
PnC	Pontine reticular nucleus, caudal part
PnO	Pontine reticular nucleus, oral part
Po	Primary olfactory cortex
Pr5	Principal sensory trigeminal nucleus
PVA	Paraventricular thalamic nucleus, anterior part
PVP	Paraventricular thalamic nucleus, posterior part
pyr	Pyramidal tract
R	Red nucleus
Re	Reuniens thalamic nucleus
Rh	Rhomboid thalamic nucleus
RMg	Raphe magnus nucleus
Rob	Raphe obscurus nucleus
RPa	Raphe pallidus nucleus
RPn	Raphe pontis nucleus
Rr	Retrorubral nucleus
RRf	Retrorubral field
Rt	Reticular thalamic nucleus
RtTg	Reticulotegmental nucleus, pons
s5	Sensory root of the trigeminal nerve
SC	Superior colliculus
scp	Superior cerebellar peduncle
SFi	Septofimbrial nucleus
SFO	Subfornical organ
SHi	Septohippocampal nucleus
SHy	Septohypothalamic nucleus
sm	Stria medullaris of the thalamus
SO	Superior olivary nucleus
So1	Nucleus of the solitary tract
SON	Supraoptic nucleus
Sp5	Spinal trigeminal tract
Sp5C	Spinal trigeminal nucleus, caudal part
SPF	Subparafascicular thalamic nucleus
st	Stria terminalis
STh	Subthalamic nucleus
StHy	Striohypothalamic nucleus
Su3	Supraoculomotor central gray
SuG	Superficial gray layer, superior colliculus
TS	Triangular septal nucleus
Tu	Olfactory tubercle
Tz	Nucleus of the trapezoid body
tz	Trapezoid body
VCo	Ventral cochlear nucleus

VDB	Nucleus of the vertical limb of the diagonal band
VL	Ventrolateral thalamic nucleus
VMH	Ventromedial hypothalamic nucleus
VP	Ventral pallidum
VPL	Ventral posterolateral thalamic nucleus
vtgx	Ventral tegmental decussation
xscp	Decussation of the superior cerebellar peduncle
ZI	Zona incerta

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