

Age-related peptide production by human thyroid C cells

An immunohistochemical study

C.H. Kendall, C.E. Homer, A.E. Bishop¹, J.M. Polak¹

Department of Pathology, Clinical Sciences Building, Leicester Royal Infirmary and Histochemistry¹,
Royal Postgraduate Medical School, Hammersmith Hospital, London

Summary. C cells of thyroid are known to express a variety of products beside calcitonin. These include the peptides PDN21 (katalcalcin), calcitonin-gene related peptide (CGRP), bombesin and somatostatin. The expression of these products has been investigated by immunohistochemistry of thyroid tissue in six age ranges from fetal to late adult life. PDN 21 was found to have co-expression with calcitonin. CGRP and bombesin both demonstrated an age-related increase in numbers and intensity of cells stained. Somatostatin immunoreactivity was limited to small numbers of cells.

Key words: Thyroid – C Cells – Peptides – Immunohistochemistry

Introduction

C cells of thyroid form part of the diffuse neuroendocrine system and were initially characterized by secretion of calcitonin. Increasingly, other C cell products have been recognised, particularly in medullary carcinoma of the thyroid. Normal and hyperplastic C cells have also been shown to express a variety of peptides and neuroendocrine-related products. These include the flanking peptide of calcitonin-PDN 21 or katalcalcin (Ali-Rachedi et al. 1983), calcitonin gene-related peptide (CGRP) (Sabate et al. 1985) (Cooper et al. 1985), bombesin/gastrin-releasing peptide (Kameya et al. 1983), somatostatin (Van Noorden et al. 1977), chromogranin (O'Connor et al. 1983) and NSE (Lloyd et al. 1983).

Little is known presently of the function or sig-

nificance of the peptides concerned. PDN 21 was originally thought to have a hypocalcaemic action similar to calcitonin (Hillyard et al. 1983) but this is now uncertain (MacIntyre et al. 1984). By analogy with other sites, the possible function of bombesin and somatostatin might be inferred, but functional significance would depend on the amounts secreted. The role of CGRP in C cells is at present speculative. One means of investigating possible functional significance is to examine age-related changes in peptide production as has been performed in rat C cells (Larsson 1985) and other neuroendocrine cells such as in lung (Wharton et al. 1978; Ghatei et al. 1983). We have therefore investigated C cells throughout a wide age range for immunoreactivity to a panel of antisera raised against peptides and neuroendocrine-related products.

Materials and methods

The post-natal thyroid specimens were derived from sudden death autopsy cases. This material was chosen in order to avoid the changes to C cells that can occur in protracted illness. The tissue was available usually between 24 and 48 h after death fixed in 10% buffered formalin for up to 5 days. Fetal thyroid specimens were derived from spontaneous miscarriages. The thyroid tissue was exposed to formalin as soon as possible and fixed similarly for up to 5 days. Blocks were taken from the central regions of the lateral lobes where C cells are clustered. 3 cases in each of six age ranges – fetal, under 1 year, 1–15, 16–40, 41–60 and over 60 years were examined. Since C cells numbers in adult thyroid are normally very low (approx. 5 C cells/lpf maximally), cases with at least 20 C cells/lpf were selected to provide adequate examination of immunoreactivity.

Immunohistochemistry. Sections were dewaxed, rehydrated to phosphate buffered saline (pH 7.1–7.4) and endogenous peroxidase was blocked with hydrogen peroxide in methanol. Sections were then exposed to optimally diluted antisera to: calcitonin, PDN 21 (katalcalcin), CGRP, bombesin, somatostatin, chromogranin and NSE followed by a standard peroxidase antiperoxidase technique. Control of specificity was obtained by absorp-

Offprint requests to: C.H. Kendall, Department of Pathology, Clinical Sciences Building, P.O. Box 65, Leicester Royal Infirmary, Leicester LE2 7LX, Great Britain

tion studies (see Table 1) and substituting normal rabbit serum for the primary antiserum.

Morphometry. In order to provide some degree of comparison of the relative levels of expression of the products being investigated, serial sections of each case were examined following immunostaining with the different antisera. The first and last section in each series were immunostained for calcitonin to ensure adequate numbers of C cells through the block. The proportion of C cells immunostained (0 to 4+) and the intensive staining (0 to 4+) with the different antisera were compared with calcitonin-stained sections.

Results

Calcitonin

Immunostaining for calcitonin gave consistent identification of C cells. In adult specimens, C cell numbers ranged from the lower limit set of 20 cells/lpf to up to 200+ cells/lpf in some cases. Those with high numbers also had a tendency to nodule formation but there was no suggestion of medullary carcinoma. Between birth and 15 years, there were generally adequate numbers without selection, usually around 50 C cells/lpf. Fetal specimens also had between 20 and 80 C cells/lpf maximally. The level of expression of the other products examined was compared with that of calcitonin (Fig. 2).

PDN 21

PDN 21 was strongly expressed in C cells and gave results superimposable with calcitonin (Fig. 1). This applied throughout the age spectrum. Lack of cross-reactivity of PDN 21 and calcitonin was confirmed (see above).

Bombesin and CGRP

Immunoreactivity for bombesin and CGRP was absent in fetal cells but first appeared in the under-1 year age group. In post-natal specimens, both were expressed in a variable proportion of C cells. This ranged from no detectable immunoreactivity to weak expression in a minority of C cells (Fig. 1). Serial sections showed that the same cells did not usually contain both. The proportion of CGRP reactive cells usually slightly exceeded that of bombesin reactive cells. With increasing age, there was a tendency to increasing expression of CGRP and bombesin, and there also appeared to be some inter-relationship of expression (Fig. 2).

Somatostatin

Immunoreactivity for somatostatin was found in only scattered very occasional C cells in five out

Table 1. Specificity of antisera used

Peptide used for absorption	Antisera raised against		
	Calcitonin	PDN 21	CGRP
Calcitonin *	+	—	—
PDN 21 +	—	+	—
CGRP *	—	—	+
Bombesin *	—	—	—
Somatostatin *	—	—	—

+ = staining prevented by pre-absorption with 1 nmol synthetic peptide/ml diluted antiserum.

— = staining not prevented by pre-absorption with 20 nmol synthetic peptide/ml diluted antiserum.

Source of antisera: * Regulatory peptide unit and + Endocrine unit, Hammersmith Hospital.

of the eighteen cases. These five were spread across the age spectrum, including one fetal specimen.

Chromogranin

From birth onwards, chromogranin was detected fairly consistently in a minority of C cells. The pattern of cytoplasmic staining suggested possible granularity. Only one of the fetal specimens (16 weeks) showed similar immunoreactivity, the remaining two (18 and 19 weeks) were negative, despite repeating immunostaining on further serial sections.

NSE

NSE was detected in C cells at all ages. No apparent granularity of staining was detected. With the method used, expression was, however, only moderate and seen in up to half of C cells present.

Discussion

Previous studies of age-related changes in peptide production by neuroendocrine cells have highlighted striking alterations that occur particularly between fetal and neonatal life. In the lung, for example, neuroendocrine cells express bombesin in fetal life but cease to do so in postnatal life (Wharton et al. 1978; Ghatei et al. 1983). In neonatal rats, thyroid C cells were found to be reactive for somatostatin up to 6 to 8 days, but this was then rapidly replaced by CCK-4 like immunoreactivity (Larsson 1985). Similar examples of the transient expression of different substances by endocrine cells have often been described previously (Larsson 1977; Larsson and Morch-Jorgensen 1978; Teitelman et al. 1981). The transitory peptides or amines

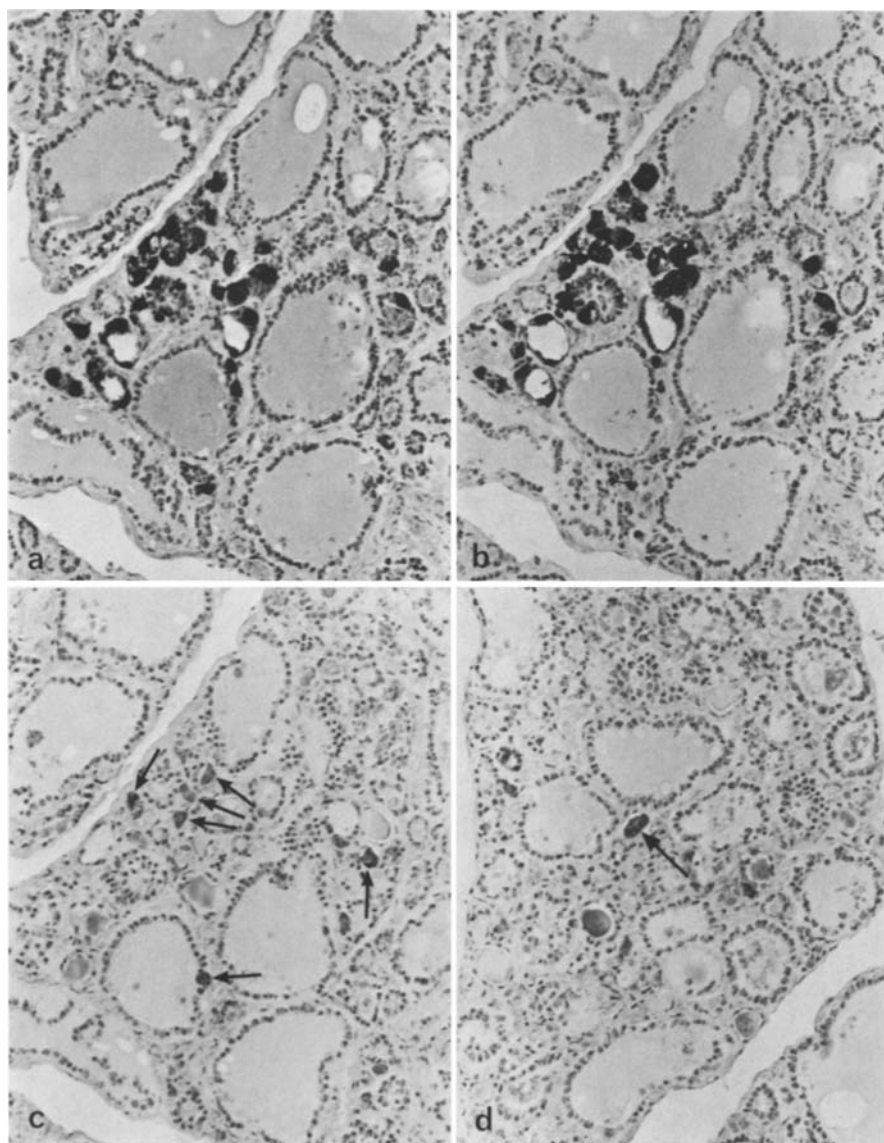


Fig. 1. Serial sections of (a) Calcitonin and (b) PDN 21 showing co-distribution of staining, and (c) CGRP showing smaller numbers of reactive cells. (d) Bombesin-another area in the same thyroid specimen showing weak reactivity for bombesin in a small number of C cells

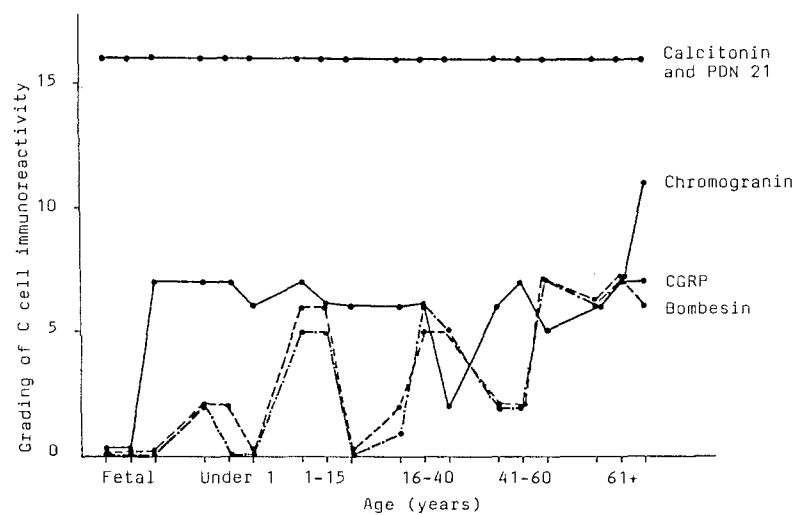


Fig. 2. C cell immunoreactivity (individual cases) for the examined products as a function of age and comparative to the number and intensity of calcitonin immunoreactive cells

which appear during fetal life may play important roles, the most obvious one being some kind of growth-regulating function. This expression of peptides/amines during development is also of interest as some tumours of endocrine tissue contain cells which store substances not found in the cells of the normal adult organ. Our study has therefore investigated peptide expression by human C cells in order to examine developmental and age-related changes.

PDN 21 is a 21 amino acid peptide predicted from sequencing calcitonin mRNA, and is located at the C-terminal end (Craig et al. 1982). It has been shown previously to be co-distributed with calcitonin in normal and neoplastic C cells, and calcitonin and PDN 21 are co-localised to the same granules (Ali-Rachedi et al. 1983). Our studies confirm that PDN 21 is co-distributed with calcitonin throughout the age spectrum in C cells. Equimolar amounts of calcitonin and PDN 21 have been demonstrated in the blood and it has been postulated that calcitonin and PDN 21 may have a synergistic role in skeletal maintenance (Hillyard et al. 1983).

Bombesin and somatostatin are known to be expressed in C cells, and this raises questions of possible local control of C cell function. In our study, the absence of bombesin from fetal C cells and subsequent expression in postnatal life is in marked contrast to lung neuroendocrine cells which show the reverse (Wharton et al. 1978). Bombesin is known to have a stimulatory/trophic action but this is apparently not required for maturation of C cells. The subsequent trend of an age-related increase in bombesin expression in postnatal life suggests an increasing requirement for a local agonist action, presumably on C cells. Somatostatin, conversely, is known to exert an antagonist paracrine effect. However, the very limited expression of somatostatin in C cells, analogous to that seen in studies on rat C cells (Van Noorden et al. 1977), suggests that somatostatin is unlikely to be producing any significant local regulatory effect.

CGRP arises by alternative splicing of calcitonin gene-derived mRNA (Amara et al. 1982) and it was initially thought that this was tissue-specific with calcitonin occurring in C cells and CGRP in neural tissue (Amara et al. 1982). However, the recent demonstration of CGRP in C cells (Sabate et al. 1985) has been matched by the finding of calcitonin in neural tissue (Fischer et al. 1983) although doubt has been cast on the latter by some workers (Rosenfeld et al. 1983). Our findings confirm CGRP expression in C cells in post-natal life. No CGRP expression was, however, seen in fetal

C cells. As with bombesin, there was a trend of age-related increase in the expression in post-natal life and also an apparently inter-related expression with that of bombesin. The possible function of CGRP in C cells is at present speculative. Gene switching with a change from production of calcitonin to CGRP is thought to be associated with a worse prognosis in medullary carcinoma of thyroid (Nelkin et al. 1984).

Chromogranin and neuron-specific enolase are both known to be present in neuroendocrine cells. NSE is a general marker of neuroendocrine cells (Schmechel et al. 1978), Chromogranin has a specificity similar to that of Grimelius stain (Facer et al. 1985). NSE has been demonstrated previously in C cells (Lloyd et al. 1983) and this was confirmed at all ages. Chromogranin was seen to be expressed consistently in C cells except for absence in two fetal specimens, detection probably being hampered by difficulties with fixation in these specimens.

In conclusion, the results support co-expression of PDN 21 with calcitonin and highlight the possible role of CGRP and bombesin in C-cell regulatory control. The advent of in-situ hybridization techniques capable of demonstrating specific mRNA's may well help to pursue such investigations further.

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