

# Insulin secretion: Feed-forward control of insulin biosynthesis?

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**It has long been accepted wisdom that insulin secreted from islet  $\beta$  cells has either no effect, or an inhibitory feedback effect, on insulin synthesis and secretion. Recent work suggests, instead, that secreted insulin acts directly on  $\beta$  cells, via its own receptor, to enhance insulin production in an autocrine feed-forward loop.**

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Current Biology 1999, 9:R443–R445  
<http://biomednet.com/elecref/09609822009R0443>

© Elsevier Science Ltd ISSN 0960-9822

Insulin, the body's chief anabolic hormone, is synthesised in pancreatic islets, and released when the blood glucose level rises. Defective insulin release contributes to non-insulin-dependent diabetes mellitus (NIDDM). A new study has now shown that targeted inactivation of insulin receptors in pancreatic  $\beta$  cells, by genetic manipulation of mice using the Cre–*loxP* system, produces animals which suffer insulin secretory defects akin to those found in human patients with NIDDM [1]. Furthermore, *in vitro* studies have shown that exogenous insulin added directly to normal islets causes transcriptional up-regulation of the preproinsulin gene [2], activation of protein translational machinery [3] and insulin secretion [4]. The important implication is that insulin acts back on the  $\beta$  cells to promote its own production.

## Insulin biosynthesis

In mammals, an increase in the blood glucose level enhances transcription of the preproinsulin gene [5] and translation of preproinsulin mRNA [6], and stimulates the release of insulin by regulated exocytosis of the mature hormone. The latter process, which resembles the regulated release of neurotransmitters from neurons, involves  $\text{Ca}^{2+}$  influx through L-type channels, an increase in intracellular  $\text{Ca}^{2+}$  concentration and exocytosis from dense-core secretory vesicles (Figure 1) [7].

Is secreted insulin involved in stimulating insulin gene expression? Certainly, the order of events in response to glucose is compatible with this idea. Insulin secretion is activated seconds to minutes after an elevation in the glucose level, preproinsulin mRNA translation is activated within minutes, and transcription of the gene is activated after about an hour [8]. Before we can conclude that insulin plays an important role in this process, however, a number of other criteria must be also be satisfied: blockade of insulin receptor function in islet  $\beta$  cells should

impair insulin production; addition of exogenous insulin to islets incubated *in vitro* should enhance preproinsulin gene expression (through activation of transcription, translation or both); and changes in preproinsulin gene expression should parallel changes in insulin secretion.

## Generation of $\beta$ -cell insulin receptor knock-out mice

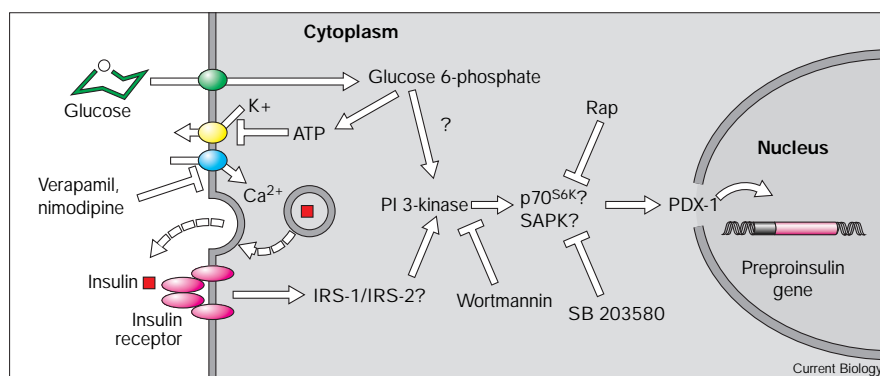
Kulkarni *et al.* [1] have addressed the first of these points in intact mice by ablating insulin receptors — members of the receptor tyrosine kinase family — specifically in islet  $\beta$  cells. To do this, they first targeted expression of the Cre recombinase enzyme specifically to islet  $\beta$  cells using the rat insulin promoter. Cre recombinase is capable of removing transgenes inserted between specific sequences, known as *loxP* sites. The resulting animals were bred with transgenic mice in which exon 4 of the insulin receptor gene was flanked with *loxP* sites. In the progeny carrying both the Cre and *loxP* constructs, excision of exon 4 in  $\beta$  cells resulted in the production — in these cells only — of truncated, non-functional insulin receptors. Crucially, pancreatic islet development was normal in these ' $\beta$ IRKO' animals, although a decline in pancreatic insulin content and islet size was observed with age.

The  $\beta$ IRKO animals are not overtly diabetic, and display only mild hyperinsulinaemia. But in contrast to mice lacking muscle insulin receptors [9], they display reduced glucose tolerance and a drastically reduced 'first phase' of insulin secretion — classical features of NIDDM in humans. This may indicate that there are effects of insulin, not only on the preproinsulin gene, but on other  $\beta$  cell genes as well. These may include genes encoding key 'glucose sensing' enzymes, such as glucokinase, the glucose transport GLUT2 and lactate dehydrogenase [10], so that a defect in the regulation would lead to abnormal glucose metabolism. Any such effects on the expression of these genes may be a consequence of transcription factor dysregulation, as has been observed in certain forms of the disorder known as 'maturity-onset diabetes of the young' [11]. *In vitro* studies with islets from  $\beta$ IRKO animals will be necessary to determine whether this is the case.

## A direct effect on preproinsulin gene expression?

Using reporter constructs encoding the green fluorescent protein (GFP) [12], Leibiger *et al.* [2] showed that short incubations of isolated rat islets or HIT-T15 insulinoma cells with physiological concentrations of insulin activated transcription directed by the insulin promoter. Other studies have examined the effects of insulin on the transcription factor known as 'pancreatic duodenum *Xenopus* homeodomain factor-1' (PDX-1) [13] — variously known

Figure 1



The possible interplay between the action of glucose (top left) and secreted insulin (red squares) on preproinsulin gene expression in the islet  $\beta$  cell. (See text for details.)

by the alternative names IPF-1, IDX-1, STF-1 or IUF1 — a key player in the regulation of insulin promoter activity [14]. MacFarlane *et al.* [15] have recently found that PDX-1 binding to cognate DNA is stimulated in human islets by added insulin, apparently mimicking the effect of glucose. Whether insulin, like glucose, causes translocation of PDX-1 to the nucleoplasm [14,15] is as yet untested.

One further molecular target of insulin may be the phosphoprotein known as 'phosphorylated heat- and acid-stable protein regulated by insulin' (PHAS-I), a regulator of translation initiation. Xu *et al.* [3] have recently shown that the phosphorylation state of this protein in pancreatic islets is increased by exposure to glucose or exogenous insulin, an action predicted to enhance the translation of preproinsulin mRNA.

#### Are there parallel effects of glucose on insulin secretion and preproinsulin gene expression?

In contrast to recent findings described above, which have provided compelling evidence for a role of secreted insulin in the regulation of gene expression, studies of insulin secretion have provided a less clear-cut picture. Indeed, the intracellular signalling pathways leading to insulin exocytosis, on the one hand, and to enhanced gene expression, on the other, have long been thought to be distinct. Work more than twenty-five years ago [16] showed that insulin biosynthesis, as measured through incorporation of radiolabelled leucine, displays a lower threshold than secretion for glucose activation, and is unaffected by removal of extracellular Ca<sup>2+</sup> ions. The role of Ca<sup>2+</sup> is particularly important in this context, as blockade of Ca<sup>2+</sup> influx inhibits glucose-induced insulin secretion under most conditions by at least 95%. Furthermore, increases in intracellular [Ca<sup>2+</sup>], and activation of secretion by the oral antihyperglycaemic agent tolbutamide, have no effect on insulin biosynthesis measured this way [6].

These measurements chiefly reflect preproinsulin mRNA translation, which would therefore appear not to be

regulated by secreted insulin. But this does not exclude a role for insulin in the activation of preproinsulin gene transcription. Here, the role of intracellular Ca<sup>2+</sup> concentration — and therefore potentially of secreted insulin — is much more controversial. Thus, in a recent study using GFP reporter genes imported into islets from adult rats using adenovirus vectors [17], no effect of pharmacological Ca<sup>2+</sup> channel blockade with verapamil was observed on insulin promoter activity. Similarly, others observed only small effects of inhibiting Ca<sup>2+</sup> influx on insulin promoter activity in HIT-T15 insulinoma [18] and INS-1 cells (G.A.R. and H.J. Kennedy, unpublished data). Clear effects were, however, seen in transfected foetal islets [19] and in  $\beta$ -TC3 insulinoma cells [20].

Most recently, Leibiger *et al.* [2] observed that Ca<sup>2+</sup> channel blockade with nimodipine reversed glucose-induced increases in preproinsulin gene promoter activity and mRNA levels in islets and HIT-T15 cells. Furthermore, the effects of glucose (and of insulin) could be mimicked by increasing Ca<sup>2+</sup> influx. By contrast, Docherty's group has found that PDX-1 binding to DNA is not affected by Ca<sup>2+</sup> removal, nor mimicked by Ca<sup>2+</sup> influx (K. Docherty, personal communication). Similarly, inhibition of phosphatidylinositol 3-kinase (PI 3-kinase) with wortmannin blocked glucose-activated DNA binding by PDX-1 completely at wortmannin concentrations that do not affect glucose-stimulated insulin release. Thus there is much evidence, at least *in vitro*, to cast doubt on a simple scheme in which secreted insulin is alone responsible for activation of the preproinsulin gene by glucose.

#### An acute effect of insulin on its own secretion?

The question of whether insulin has an acute effect on its own secretion has been the most studied aspect of insulin's influence on pancreatic islets. Here again, the picture is complicated by the number and type of preparations used. Most early studies showed a clear inhibitory effect on secretion of added insulin, in static incubation of rat islets [21], in the perfused pancreas [22] or after intravenous

insulin injection and maintenance of euglycaemia in man [23]. Other data, however, have suggested there is no acute effect of insulin, or an effect that requires pancreatic innervation, on insulin secretion [24]. Using amperometry to detect insulin secreted from single  $\beta$  cells, Aspinwall *et al.* [4] have recently observed that insulin directly and rapidly activates its own secretion.

### Conclusions

Taken together, the above data suggest a scheme for the regulation of preproinsulin gene expression that is illustrated in Figure 1. What intracellular signalling pathways may be involved downstream of the insulin receptor in  $\beta$  cells? At this stage, the pharmacological data are still controversial. It seems likely that glucose and insulin may act through separate pathways initially, perhaps converging downstream on a common pathway. The reported effects of wortmannin, sensitivity to rapamycin and a lack of effect of dominant-negative forms of protein kinase B [2] indicate the action of a signalling pathway from the insulin receptor that involves PI 3-kinase, protein kinase p70, S6 kinase and a stress-activated protein kinase (SAPK) [15]. Importantly, such a scheme could explain the observed  $\beta$  cell defects observed in mutant mice lacking insulin receptor substrate-2 (IRS-2), a known downstream target of the insulin receptor [25]. It will be important to determine how far the effects of insulin and glucose are additive, as it may be that secreted insulin acts largely to potentiate the effects of sub-maximal glucose concentrations. As a result, defective action of insulin on the  $\beta$  cell — 'insulin resistance' — may be an important contributor to the pathology of NIDDM.

### Acknowledgements

Work in the author's laboratory is supported by grants from the Medical Research Council (UK), the Wellcome Trust, The British Diabetic Association, The Biotechnology and Biological Sciences Research Council, the European Community and The Royal Society. I thank Isabelle Leclerc for careful revision of the text.

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