EXPERIMENTAL STUDY

Effect of chronic thyroxine treatment on IGF-I, IGF-II and IGF-binding protein expression in mammary gland and liver during pregnancy and early lactation in rats

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Abstract

Objective: Hyperthyroidism in rats produces organ hypertrophy and increases in circulating IGF-I and IGF-binding protein (IGFBP)-3. Chronic treatment with thyroxine (T4) during pregnancy advances parturition, blocks lactation and changes several hormone receptors in mammary gland and liver. Since IGFs are implicated in mammary and liver growth and in differentiation, we studied the effects of hyperthyroidism, induced by daily injections of T4 (0.25 mg/kg).

Design and Methods: Using quantitative RT-PCR and in situ hybridization, the gene expression of IGF-I, IGF-II and the IGFBPs was determined in mammary gland and liver of rats at estrus and days 7, 14 and 21 of pregnancy (G7, G14, G21), day 1 postpartum (L1) and 3 days after removing the litter (L4). Circulating levels of IGF-I, tri-iodothyronine (T3), PRL and GH were measured.

Results: T4 treatment (HT) increased circulating T3 save on G21, did not change serum IGF-I, increased PRL on G21 and decreased GH on L1. PRL decreased on L1 because of the absence of lactation. Hepatic IGF-I mRNA was low during pregnancy and increased on L4. HT advanced this increase to L1. In controls, liver IGFBP-3 mRNA levels decreased from G14 to G21, whereas IGFBP-4 showed an inverse pattern. HT lowered IGFBP-3 mRNA and increased IGFBP-4. Increases in mammary concentrations of IGF-I, IGFBP-3 and IGFBP-4 mRNAs were seen on G21. HT delayed these peaks to L1. Mammary IGF-II and IGFBP-2 mRNA levels were high on G7 and G14, and fell afterwards, with HT having no effects. IGFBP-5 mRNA decreased during pregnancy and increased on L1. HT increased IGFBP-5 levels in early pregnancy and on L1. IGF-I mRNA localized to connective and epithelial mammary tissue, while IGFBP-2 and IGFBP-5 mRNA was only in epithelial cells.

Conclusion: These results imply a role for IGF-I, IGFBP-3 and IGFBP-4 in terminal mammary development, while IGF-II and IGFBP-2 may be implicated in early growth. IGFBP-5 has been implicated in mammary apoptosis, and the HT-induced increase may play a role in the premature mammary involution of the HT rats.

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Introduction

Hyperthyroidism produces accelerations in metabolism and organ hypertrophy. It has also been shown to have deleterious effects on human and animal pregnancy (1). We have demonstrated that daily thyroxine (T4) treatment (1 mg/kg) given for 35–40 days to virgin rats produces marked organ hypertrophy and changes in protein and lipid content and in lipid metabolism (2). On the other hand, pregnancy attenuates some of the metabolic effects of this T4 regimen, both in dams and pre-term fetuses, when compared with virgin rats (2). We have demonstrated that a similar (1 mg/kg) or smaller (0.25 mg/kg) daily T4 treatment started 2 weeks before mating in rats, provoked an advancement in luteolysis, lactogenesis and parturition of roughly half a day (3), but the proportion of epithelial mammary tissue relative to adipocytes was markedly enhanced in the hyperthyroid rats (3), suggesting an increase in epithelial cell hypertrophy. In addition, T4 treatment induced changes in estradiol, progesterone, GH and prolactin (PRL) receptors in uterus, liver and mammary glands of late pregnant rats (4).

Insulin-like growth factors (IGFs) and their binding proteins (IGFBPs) are implicated in the growth and differentiation of most tissues, and mediate the actions of GH (5, 6). The main source of circulating IGFs and IGFBPs is the liver. However, IGFs and IGFBPs are
also expressed in most organs and tissues. In addition to GH, IGF-I expression is regulated by insulin, thyroid hormones (7–11) and the nutritional status (12–15). Serum and hepatic IGFs and IGFBPs have been shown to vary during pregnancy and lactation (16–19). There is a complex interaction between IGFs and IGFBPs. The latter have been shown to inhibit or to enhance IGF actions, depending on the tissue and experimental model and, conversely, their production seems to be regulated by the IGFs (5, 6). The expression of IGFs and their IGFBPs in various organs is differentially regulated by various hormonal factors, such as estrogens in the uterus (20), and they may be mediators in the organ hypertrophy produced by thyroxine excess. In mammary glands, IGFs, IGFBPs and their receptors are abundantly expressed, showing changes in concentration during pregnancy and lactation and hormonal regulation mainly by GH (19, 21–25). Circulating and mammary IGFs and IGFBPs play a role in mammary development during puberty as well as during pregnancy, acting as mitogens mediating mammosogenesis (26, 27) and inhibiting involution (28–30).

In order to determine whether IGFs and IGFBPs are involved in the effects of hyperthyroidism on mammary tissue development during pregnancy and postpartum, the effects of daily T4 treatment (0.25 mg/kg) on the expression of the IGF system was determined by quantitative RT-PCR and non-radioactive in situ hybridization. Similarly, mRNA expression was evaluated in the liver as an organ that suffers a marked hypertrophy during pregnancy and at the same time is the main source of circulating IGFs and IGFBPs.

**Materials and methods**

**Animals**

Adult female Wistar rats, 3–4 months old, bred in our laboratory and weighing 200–220 g were used. The rats were housed in an animal room with a 14-h light regimen (0600–2000 h) and controlled temperature (22–24 °C). Rat chow (Cargill, Cordoba, Argentina) and tap water were available ad libitum. Hyperthyroidism (HT) was induced by daily s.c. injection with 0.25 mg/kg body weight l-thyroxine (T4, a generous gift from Glaxo, Buenos Aires, Argentina) dissolved in 0.9% NaCl alkalinized with NaOH to pH 9. Vaginal smears were checked in the vaginal smear the following morning. This day was designated day 0 of pregnancy. The rats were mated 8–10 days after the start of the treatment (L1). Since the litters of hyperthyroid rats rarely survive after the first day postpartum, other groups of T4- or vehicle-treated rats were isolated from the litters the day after delivery and killed on the fourth day postpartum (L4), to investigate the expression of IGFs and IGFBPs after premature weaning. Food intake was measured weekly.

The livers and inguinal mammary glands were immediately excised, frozen on liquid nitrogen (−196 °C) and stored at −80 °C for RNA extraction. Trunk blood was collected and serum separated and stored at −30 °C for hormone radioimmunoassays (RIA). For in situ hybridization, mammary glands were fixed in 4% paraformaldehyde and embedded in paraffin according to standard procedures. Sections (4 μM) were mounted on 3-aminopropyl trioxysilane-coated slides.

**Hormone determinations**

PRL and GH were measured by double antibody RIA using materials generously provided by the National Hormone and Pituitary Program (NHPP), NIADDK, Bethesda, MD, USA). The hormones were radioiodinated using the chloramine T method and purified by passage through Sephadex G75 (3). The results are expressed in terms of rat PRL RP-3 or rat GH RP-2 standard preparations. Assay sensitivity was 0.5 μg/l serum and the inter- and intra-assay coefficients of variation were less than 10% for both hormones.

Tri-iodothyronine (T3), T4, and IGF-I in sera were measured by RIA using commercial kits for total hormones (DSL Coat-a-count total T3, coated tube RIA and total rat IGF-I RIA, DSL-2900, both from Diagnostic Products Corporation, Los Angeles, CA, USA).

**RNA extraction**

Total RNA was prepared according to the acid-guanidine thiocyanate–phenol–chloroform method (31) as modified by Puissant & Houdebine (32) from frozen samples conserved at −80 °C. The amount of RNA recovered was measured by UV spectrophotometry and its quality and quantity verified by 1% agarose gel electrophoresis.

**Quantitative RT-PCR**

The non-competitive quantitative RT-PCR was performed as previously described (33) following the method originally reported by Pane et al. (34). An absolute amount of mRNA molecules is calculated by interpolating the generated amount of PCR products from sample RNA into a titration curve obtained by amplifying a known number of synthetic RNA molecules containing the same sequence as the RNA to be quantitated.

The synthetic mRNA used as standard was obtained as previously reported (33). Briefly, cDNA fragments of

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the desired sequences were amplified by performing PCR on the available cDNAs of the mouse IGF system (35). The fragments obtained were ligated into the pGEM-T vector (Promega, Madison, WI, USA), and a second PCR using 1 μl of ligation mixture (1:1 diluted) as DNA template was performed. The T7 promoter sequence contained in the vector was used as 5'-primer, with gene specific 3'-primers (Table 1). The resulting PCR fragment contained the same sequence as that to be quantitated plus the T7 promoter sequence. This T7 fragment was purified and used for in vitro RNA transcription (Ribomax kit; Promega, Leiden, The Netherlands). The cRNA produced was purified and the number of molecules was estimated by using the molecular weight of the cRNA molecule, Avogadro’s number and the spectrophotometric absorbance at 260 nm.

RT-PCR was performed on both prepared standard RNA and extracted sample RNA. One microgram of total RNA was reverse transcribed with 200 units M-MLV reverse transcriptase (Gibco BRL, Breda, The Netherlands) primed with specific 3'-primers for IGF-I, IGF-II, IGFBP-1, -2, -3, -4 and -5 (Table 1) in a final volume of 20 μl. The PCR reaction was carried out in a final volume of 30 μl with the equivalent of 30 ng total RNA (3 μl of a 1:5 dilution of the RT reaction) in PCR buffer (50 mM KCl, 1.5 mM MgCl₂ and 20 mM Tris-HCl, pH 8.3) plus 200 mM [α-32P]dATP, 25 pmol forward and reverse primers and 1 U Hi-Taq DNA polymerase (Bioprobe Systems, Chicago, IL, USA). The fragments obtained were ligated into the pGEM-T vector (Promega, Madison, WI, USA), and a second PCR using 1 μl of ligation mixture (1:1 diluted) as DNA template was performed. The T7 promoter sequence contained in the vector was used as 5'-primer, with gene specific 3'-primers (Table 1). The resulting PCR fragment contained the same sequence as that to be quantitated plus the T7 promoter sequence. This T7 fragment was purified and used for in vitro RNA transcription (Ribomax kit; Promega, Leiden, The Netherlands). The cRNA produced was purified and the number of molecules was estimated by using the molecular weight of the cRNA molecule, Avogadro’s number and the spectrophotometric absorbance at 260 nm.

### Table 1 Sequences of PCR primers and predicted PCR products.

<table>
<thead>
<tr>
<th>Amplified mRNA</th>
<th>Sense and antisense primers</th>
<th>Products (bp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IGF-I</td>
<td>5′-AAAATCAGCAGCTTCCAAC-3′</td>
<td>299</td>
</tr>
<tr>
<td></td>
<td>5′-AGATCACAGCTCCGAAGCA-3′</td>
<td></td>
</tr>
<tr>
<td>IGF-II</td>
<td>5′-GCCCTTGAGAGCTGTGGG-3′</td>
<td>253</td>
</tr>
<tr>
<td></td>
<td>5′-GCCAGGTTGATGGAAGA-3′</td>
<td></td>
</tr>
<tr>
<td>IGFBP-1</td>
<td>5′-TCAAAAAATTGAAGAGCCCTG-3′</td>
<td>337</td>
</tr>
<tr>
<td></td>
<td>5′-GAGTATATAATATATATAATT-3′</td>
<td></td>
</tr>
<tr>
<td>IGFBP-2</td>
<td>5′-TGGAGGGACCGAAGACGCT-3′</td>
<td>228</td>
</tr>
<tr>
<td></td>
<td>5′-GGTTACAGCAGGAACTC-3′</td>
<td></td>
</tr>
<tr>
<td>IGFBP-3</td>
<td>5′-GACCAGGCTCTCAGCTACC-3′</td>
<td>415</td>
</tr>
<tr>
<td></td>
<td>5′-CTGGAGCTGGCACTGATTA-3′</td>
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<td>IGFBP-4</td>
<td>5′-CCATCAGGAAAGCCCTGC-3′</td>
<td>298</td>
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<td></td>
<td>5′-TGAGATTGTGGCAGTCAGC-3′</td>
<td></td>
</tr>
<tr>
<td>IGFBP-5</td>
<td>5′-TGCTGTCAGGAAAGAAGC-3′</td>
<td>377</td>
</tr>
<tr>
<td></td>
<td>5′-GAAACCTTTTGTGGCTACA-3′</td>
<td></td>
</tr>
</tbody>
</table>
SSC at 45°C and 2×SSC at room temperature. The digoxigenin-labeled hybrids were detected by antibody incubation performed according to the manufacturer's description (Boehringer Mannheim GmbH) with the following modifications. A 1:2000 dilution of antidigoxigenin (Fab) conjugated to alkaline phosphatase was used for a 2.5-h incubation at room temperature. Afterwards, an extra washing step of 0.025% Tween in Tris-buffered saline (pH 7.5) was introduced. For staining, sections were layered with detection buffer (0.1 M Tris–HCl, 0.1 M NaCl, 0.05 M MgCl2, pH 9.5) containing 0.33 mg/ml 4-nitroblue tetrazolium chloride, 0.16 mg/ml 5-bromo-4-chloro-3-indolyl-phosphate, 7.5% polyvinylalcohol (molecular weight 31 000-50 000; Aldrich Chemical Co. Milwaukee, WI, USA) and 1 mM levamisol (Sigma Chemical Co., St Louis, MO, USA). The color reaction was performed in the dark and was stopped when the desired intensity of the resulting blue precipitate was reached. Sections were washed in 10 mM Tris–HCl, 1 mM EDTA, pH 8.0, counterstained with periodic acid solution (PAS) and nuclear red solution, dehydrated with ethanol gradients and mounted with an ethanol-based mounting medium (Euparal; Chroma-Gesellschaft, Stuttgart, Germany). Control sections for morphological analysis were stained with hematoxylin and eosin.

Statistics
Statistical analysis was performed using Student's t-test or analysis of variance followed by the least significant difference between means (\(\text{t}\)) test when more than two means were compared (37). Differences between means were considered significant at the \(P < 0.05\) level.

Results

Circulating PRL, GH, T3 and IGF-I concentrations during pregnancy and early postpartum in control and HT rats

Administration of \(T_4\) doubled the serum concentrations of \(T_3\) in virgin rats and on G7, L1 and L4. In contrast, the increase was only approximately 50% on G14 and there were no differences between groups on G21 (Fig. 1). Circulating IGF-I was high in virgin rats and on G7, and fell progressively during pregnancy to very low values at G21. After parturition, serum IGF-I concentrations rebounded to values not different from virgin rats. There were no differences between control or HT rats (Fig. 1). Food intake did not vary during the first 18 days of treatment with \(T_4\) in the virgin rats, but had increased significantly by approximately 7% (from 15.7 g/rat per day to 16.9 g/rat per day, \(P < 0.05\)) by the last 10 days of treatment, days 25–35. During pregnancy, food intake increased roughly to double the values of the virgin rats, and the \(T_4\)-treated rats consumed 16% more food than the virgin rats (\(P < 0.01\)). In the virgin rats, body weight increased significantly in both groups of rats (controls, 227±4; HT at 18 days, 273±9; HT at 35 days, 261±6 g), while after delivery there were no significant differences in body weight between control (294±5 g) and HT (280±8) mothers. In virgin rats, liver weights increased significantly from 7.3±0.3 g in controls to 9.3±0.3 g after 18 days of treatment and to 9.8±0.3 at 35 days of \(T_4\) treatment (\(P < 0.01\)). By the first day postpartum, liver weights had increased in both groups, and the significant difference between HT (12.5±0.6 g) and control (12.5±0.6 g) rats had disappeared. The weight of the inguinal-abdominal mammary glands was also similar on the first day postpartum in both groups (controls, 8.8±0.8 g; HT, 8.3±0.8 g).

In the control rats, serum PRL concentrations, measured at 1200 h on estrus or the different days of

![Figure 1](https://via.placeholder.com/150)
pregnancy or lactation, were high only in L1, as a consequence of the suckling stimulus, and had returned to basal levels on L4, 3 days after removal of the litters. In the HT rats, in contrast, serum PRL levels were elevated at midday on G21, as previously described (2), but were low on L1 (Fig. 2). Serum GH levels were significantly lower in HT rats at estrus and on L4, with no differences at the other time-points (Fig. 2).

mRNA concentrations of IGF-I and IGF-II in mammary gland during pregnancy and early postpartum in control and HT rats

Since epithelial mammary tissue is very sparse in virgin mammary glands, which are composed mostly of connective and adipose tissue, we did not measure IGFs or IGFBPs in virgin tissues.

During pregnancy in control rats, mammary IGF-I mRNA levels decreased between G7 and G14, increased sharply at G21 and returned to values not different from G7 at postpartum. In contrast, in HT rats, the decrease was prolonged to G21, when the values were significantly lower than in control rats, and the sharp increase was shifted to L1, with values significantly higher than controls. At L4, mammary IGF-I mRNA concentration declined again, to values that were similar to those of G7, but lower than controls (Fig. 3).

IGF-II mRNA concentration in the mammary gland was very high during G7 and G14, and declined thereafter, reaching very low values on L4. In contrast to IGF-I mRNA levels, there were no differences between controls and HT rats (Fig. 3).

mRNA concentrations of IGFBP-2 to -5 in mammary gland during pregnancy and early postpartum in control and HT rats

No expression of IGFBP-1 mRNA was detected in the mammary glands. In control and HT rats, the levels

![Figure 2](image-url) Serum concentrations of PRL and GH in virgin, pregnant and postpartum rats injected daily with 0.25 mg/kg T4 (HT) or saline (controls; Co). Virgin HT rats were subjected to treatment for 18 days (HT 18 d) or 35 days (HT 35 d), to give approximately the same lengths of treatment for early pregnancy or late pregnancy and postpartum. Rats were killed at 1200 h on days 7 (G7), 14 (G14) and 21 (G21) of pregnancy or day 1 (L1) or 4 (L4) postpartum. L4 rats had been separated from their litters on L1. Serum hormones were measured by RIA. Results are expressed as means ± S.E.M. of groups of four rats, with the exception of L1 and L4, where there were groups of six to eight rats. *P < 0.05 compared with respective control groups.

![Figure 3](image-url) IGF-I and IGF-II mRNA concentrations in mammary tissue from pregnant and postpartum rats injected daily with 0.25 mg/kg T4 (HT) or saline (controls; Co) measured by quantitative RT-PCR. Rats were killed at 1200 h on days 7 (G7), 14 (G14) and 21 (G21) of pregnancy or day 1 (L1) or 4 (L4) postpartum. L4 rats had been separated from their litters on L1. Total RNAs were prepared from the tissues and 1 μg subjected to RT-PCR. See Materials and methods section for details. Results are expressed as means ± S.E.M. of groups of four rats. *P < 0.05 compared with respective control groups, #P < 0.05 compared with respective G7 group.
of IGFBP-2 were highest on G7, decreased to half on G14 and remained at the same values thereafter (Fig. 4). In control rats, IGFBP-3 showed variations comparable with IGF-I, with low values on G7 and G14, an increase on G21 and a return to G7 values on L1 and L4. In HT rats, the increase in IGFBP-3 mRNA levels was delayed to L1 (Fig. 4). Control animals demonstrated low IGFBP-4 mRNA levels on G7 and G14, and increased mRNA levels on G21 with maximal values on L1, and a return to values similar to G7 on L4. In HT rats, the increase in IGFBP-4 mRNA was delayed to L1 with a decrease on L4 to values that were significantly greater than the controls (Fig. 4).

In control rats, IGFBP-5 mRNA levels decreased from G7 to G21m and increased on postpartum, reaching the highest values on L4. HT rats had significantly higher values than controls on G7, showed a similar decrease during pregnancy, increased sharply on L1 to values higher than controls and remained high on L4 (Fig. 4).

In the liver, we detected only mRNA for IGF-I and IGFBP-3 and -4, and the results are shown in Fig. 5. No differences were observed between the 18- or 35-day T4 treatment in the virgin HT rats.

IGF-I mRNA levels were similar in virgin rats and during pregnancy in control rats, with a significant increase on L4. IGF-I mRNA levels in HT rats were not different from controls in virgin rats and during pregnancy; however, they increased earlier, on L1. The values remained elevated on L4, at levels not significantly different from the controls (Fig. 5).

IGFBP-3 mRNA concentrations were high in control rats, in virgin rats and on G7 and G14, with a marked decrease on G21 and L1 and a return to values not different from the virgin rats on L4. In HT rats had values similar to controls, but showed a gradual decrease during pregnancy, which became
Liver IGFBP-4 mRNA concentration in controls showed an inverse pattern to that of IGFBP-3. Values in virgin rats and early pregnancy were low. On G21 they markedly increased and returned to virgin values on postpartum. HT rats showed a similar pattern, but values were higher than controls on G7 and L4 (Fig. 5).

Liver IGFBP-4 mRNA concentration in controls was measured by quantitative RT-PCR. Virgin HT rats were subjected to treatment for 18 days (HT 18 d) or 35 days (HT 35 d), to give approximately the same lengths of treatment for early pregnancy or late pregnancy and postpartum. Rats were killed at 1200 h on days 7 (G7), 14 (G14) and 21 (G21) of pregnancy or day 1 (L1) or 4 (L4) postpartum. L4 rats had been separated from their litters on L1. Total RNAs were prepared from the tissues and 1 μg subjected to RT-PCR. See Materials and methods section for details. Results are expressed as means ± S.E.M. of groups of four rats. *P < 0.05 compared with respective control groups, #P < 0.05 compared with respective virgin group.

Figure 5 IGF-I and IGFBP-3 and IGFBP-4 concentration in liver in virgin, pregnant and postpartum rats injected daily with 0.25 mg/kg T4 (HT) or saline (controls; Co) measured by quantitative RT-PCR. Virgin HT rats were subjected to treatment for 18 days (HT 18 d) or 35 days (HT 35 d), to give approximately the same lengths of treatment for early pregnancy or late pregnancy and postpartum. Rats were killed at 1200 h on days 7 (G7), 14 (G14) and 21 (G21) of pregnancy or day 1 (L1) or 4 (L4) postpartum. L4 rats had been separated from their litters on L1. Total RNAs were prepared from the tissues and 1 μg subjected to RT-PCR. See Materials and methods section for details. Results are expressed as means ± S.E.M. of groups of four rats. *P < 0.05 compared with respective control groups, #P < 0.05 compared with respective virgin group.

Discussion

In the present study, we examined the effect of a daily T4 treatment on the IGF axis and on serum hormones in virgin, pregnant and postpartum rats. Daily administration of T4 provoked an increase in serum T3 that was, however, dependent on the stage of pregnancy or lactation. The decrease in T3 levels as pregnancy progressed may be caused by the increased plasma clearance rates for T3 and T4 caused by increased metabolism and excretion of free iodide from thyroid hormones in the liver and other peripheral tissues (38–41). These modifications in thyroid hormone metabolism are completely reversed in the immediate postpartum period (38, 39) and may account for the marked rebound that we observed.

The hyperthyroid symptoms in these rats were similar to those previously described (2, 3): increased food intake, advanced PRL secretion, unsuccessful lactation and premature delivery of an increased number of pups. Circulating GH was diminished in the virgin and postpartum HT rats, but was not modified in pregnant HT rats. This is in agreement with Giustina & Wehrenberg (42) who demonstrated that elevated thyroid hormone levels inhibit GH secretion. In contrast, serum IGF-I concentrations were not modified by HT. This may indicate that GH is not the sole regulator of IGF secretion. As has already been described (16–18, 43), serum IGF-I declined during pregnancy and rebounded after delivery to virgin values. As previously described, the increase in body and liver weight in the HT virgin rats was abolished by the end of pregnancy (2).
The thyroid hormone regimen, as well as pregnancy per se also caused various modifications in the mRNA concentration of the components of the IGF system. There was an inverse relationship between IGF-I and IGF-II mRNA concentration in the mammary glands during pregnancy, with IGF-II mRNA high during the first half of pregnancy and increases in IGF-I mRNA in late pregnancy, which were delayed to postpartum in the HT rats. As has been shown for other tissues and experimental models, the mRNA concentration of IGFBP-3, and IGFBP-4 to a lesser extent, seem to be associated with that of IGF-I. This pattern of mRNA concentration may suggest that IGF-II participates in early mamogenesis, and is replaced by IGF-I in late pregnancy, during the stage of final differentiation of the mammary gland. The mRNA peak of IGF-I and maybe of IGFBP-3 and -4 in late pregnancy may be related to the sustained increase in GH (44) and in

Figure 6 Representative in situ hybridizations for IGF-I, IGFBP-2 and IGFBP-5 in mammary tissue from pregnant and postpartum rats injected daily with 0.25 mg/kg T4 (HT) or saline (controls; Co). Rats were killed at 1200 h on days 7 (G7), 14 (G14) and 21 (G21) of pregnancy or day 1 (L1) or 4 (L4) postpartum. L4 rats had been separated from their litters on L1. Arrows on the first two upper panels point to positive cells (blue).
circular circulating estrogen (45) that occurs during late pregnancy, since both these hormones induce IGF-I expression in mammary tissue (46). Furthermore, the parallel increases in IGF-I and IGFBP-3 and -4 mRNAs, as well as IGF-II and IGFBP-2 may modulate the bioavailability of the IGFs in the tissues and, in the case of IGF-I, may increase the capability of the tissue to capture circulating IGF-I (47) and thus enhance its mitogenic properties. These temporal patterns may also suggest that IGF-I and IGF-II participate in the regulation of the local expression of the binding proteins. The increases observed in IGF-I around delivery may be related to a stimulation of mammary epithelial cell proliferation during this final stage of differentiation, and to the inhibition of mammary apoptosis (30).

Tonner et al. (30) demonstrated that PRL inhibits involution-related IGFBP-5 expression in the mammary gland. Therefore, the lower levels of PRL on L1 may have been responsible for the increased mRNA levels of IGFBP-5 of the HT rats. The elevated IGFBP-5 mRNA levels may, in turn, participate in the initiation of involution caused by the absence of lactation in the HT group, through IGFBP-5-triggered apoptosis (6, 30). It has been demonstrated that the mammary involution and apoptosis induced by weaning depends on activation of Stat3, which in turn is necessary for the induction of IGFBP-5 (6). In the controls, the postpartum increase in IGFBP-5 was slower and the maximum observed on L4 may have been the consequence of weaning on L1, and thus initiation of involution. IGFBP-5 was localized mainly on the mammary epithelium and stroma, which are the structures most affected by the remodeling induced by the absence of lactation.

Both pregnancy and HT produce liver hypertrophy, and we have shown that in pregnant HT rats the effect is not additive, resulting in a liver growth that is not different from that produced by HT or pregnancy alone (2). HT in virgin rats did not alter liver IGF-I or IGFBP-3 and -4 mRNA concentrations, suggesting that the liver hypertrophy produced by this condition may not be mediated through changes in IGF or binding protein expression, or changes in circulating IGF-I. The changes in hepatic IGF-I mRNA during pregnancy and the postpartum were similar to those previously observed (16, 18). Hepatic IGF-I mRNA expression was not paralleled by serum concentrations of IGF-I. This is likely due to an increased plasmatic clearance of the hormone and a decrease in circulating IGFBP-3, causing a greater bioavailability of IGF to the tissues (16, 17, 43). In contrast to the results of Donovan et al. (43), we found markedly decreased hepatic IGFBP-3 mRNA levels on G21, with a tendency to increase on L4. This parallels the reported variation in serum IGFBP-3 concentrations and the pattern of changes in circulating IGF-I, which regulates IGFBP-3 synthesis positively (48). The decrease in liver IGFBP-3 mRNA was offset by the increase in IGFBP-4 mRNA, which was also observed by Donovan et al. (43).

Although hypothyroidism lowers circulating and liver IGF-I concentrations, hyperthyroidism does not seem to modify serum or hepatic levels of this hormone in male or non-pregnant rats (7, 49, 50). We also observed no significant modifications in liver mRNA concentration of IGF-I in virgin rats or during pregnancy, but the postpartum increase was advanced, perhaps reflecting the advancement in luteolysis and parturition (3). On the other hand, the effects of HT on liver IGFBP-3 and -4 mRNA were more marked and inverse, suggesting an opposite regulation of these proteins by thyroid hormones and pregnancy.

The profound inhibitory effect of HT on IGFBP-3 liver mRNA concentration in the pregnant rats is in contrast with its effects on male rats, where thyrotoxicosis increases IGFBP-3 mRNA concentration (11). HT seemed to block any stimulatory effect by the circulating IGF-I on IGFBP-3 and this may be a particularity of pregnancy, again increasing the availability of IGF to these rats which carry an increased number of fetuses (3). On the other hand, IGFBP-4 mRNA concentration was increased by HT in male rats (51) as well as during pregnancy in this study, and may compensate for the decrease produced by HT in IGFBP-3, limiting the actions of IGF-I in this tissue. This may account, in part, for the similar liver hypertrophy observed in both groups of pregnant rats.

In conclusion, HT induced more pronounced effects on the IGF system in pregnant and postpartum rats than in virgin rats. In mammary glands, pregnancy per se produced marked effects on the gene expression patterns of IGF-I, IGF-II and IGFBPs. The changes observed may reflect specific temporal effects on mammary development and differentiation. Chronic hyperthyroidism did induce changes particularly related to temporal shifts in expression, with the exception of the pattern of IGFBP-5 mRNA concentration, which may be related to premature mammary involution. On the other hand, the patterns of variation of liver or mammary gland IGFs and IGFBPs between control and HT rats did not correlate with the changes in liver or mammary gland tissue hypertrophy previously observed (2, 3), indicating that the effects of HT on these parameters may not be mediated by changes in the expression of IGFs or their binding proteins.

Acknowledgements

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