'Caveolae' Review Series



Editorial Foreword – Review Series on Caveolae

Radu V. Stan*

Guest Editor for 'Caveolae Review Series'

In 1953, George Palade described [1], in the continuous endothelium of the heart, discrete features of the plasma membrane defined as spherical membrane invaginations of regular size and shape that occurred either single or in clusters on both front of the endothelial cell; he named them *plasmalemmal* vesicles. Two years later, Enichi Yamada described similar structures on the basolateral side of the gall bladder epithelium, naming them caveolae intracellulares [2] due to their resemblance to 'little caves'. Since their discovery, the presence of these membrane invaginations has been documented by electron microscopists in most cell types, with few exceptions. For approximately four decades, the vast data generated by electron microscopy banked on a purely morphological definition of caveolae. In absence of molecular markers, terms such as plasmalemmal vesicles, caveolae, surface vesicles, pinocytic vesicles were used to describe morphological entities that may or may not correspond to what they are believed to mean today. The discovery of caveolin-1 as a molecular marker of these membrane invaginations [3] has enabled biochemical, cell biological and genetic approaches with results that have considerably contributed to our current understanding of these structures.

Based on their lipid composition and biophysical features caveolae are considered a subtype of lipid rafts [4] that form invaginations and are capable of endocytosis [5] and transcytosis [6]. What seems to separate caveolae from other lipid rafts-containing invaginations and endocytotic pathways, is the presence of caveolin 1 as a marker [7-11]. Caveolae have been implicated in many other cellular functions such as endocytosis, transcytosis, cholesterol metabolism, mechanosensing and mechanotranduction, growth factor signaling and other signal transduction events. Several of these caveolar functions have been confirmed by genetic deletion of the CAV1 locus, which results in loss of caveolin-1 and a dramatic reduction of membrane invaginations resembling caveolae [12,13]. This, however, has also raised doubts as to caveolae participation in many cellular functions such as transcytosis and signal transduction. The Cav1 null mice are viable and fertile with guite a mild phenotype, in contrast with the multitude of important cellular functions in which caveolae were implicated. This situation clearly calls

Department of Pathology, Dartmouth Medical School, One Medical Center Drive, Lebanon, NH 03756, USA. Tel.: (603) 650-8781; Fax: (603) 650-6120; E-mail: Radu.V.Stan@Dartmouth.edu

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^{*}Correspondence to: Radu V. STAN

for the reevaluation of the data obtained so far and points to the fact that operational definition of caveolae as caveolin 1 containing invaginations might need revision.

We have considered it timely to have a debate on how caveolae are defined by different researchers active in the field. This series of reviews in the JCMM, a journal that has shown a long standing interest in the subject, is intended to obviate conceptual differences in caveolar definition strengthening our understanding and possibly lead to the building of a consensus definition of caveolae.

Radu V. Stan Guest Editor

References

- 1. Palade GE. Fine structure of blood capillaries. *J Appl Phys.* 1953; 24: 1424.
- Yamada E. The fine structure of the gall bladder epithelium of the mouse. J Biophys Biochem Cytol. 1955; 1: 445–57.
- Rothberg KG, Heuser JE, Donzell WC, Ying YS, Glenney JR, Anderson RG. Caveolin, a protein component of caveolae membrane coats. *Cell.* 1992; 68: 673–82.
- Simons K, Toomre D. Lipid rafts and signal transduction. Nat Rev Mol Cell Biol. 2000; 1: 31–9.
- 5. Pelkmans L, Kartenbeck J, Helenius A. Caveolar endocy-tosis of simian virus 40 reveals a new two-step

vesicular-transport pathway to the ER. *Nat Cell Biol.* 2001; 3: 473–83.

- 6. Palade GE. Transport in quanta across endothelium in blood capillaries. *Anat Rec.* 1960; 136: 254.
- Muro S, Koval M, Muzykantov V. Endothelial endocytic pathways: gates for vascular drug delivery. *Curr Vasc Pharmacol.* 2004; 2: 281–99.
- 8. Johannes L, Lamaze C. Clathrin-dependent or not: is it still the question? *Traffic.* 2002; 3: 443–51.
- Kirkham M, Fujita A, Chadda R, Nixon SJ, Kurzchalia TV, Sharma DK, Pagano RE, Hancock JF, Mayor S, Parton RG. Ultrastructural identification of uncoated cave-olin-independent early endocytic vehicles. J Cell Biol. 2005; 168: 465–76.
- Sabharanjak S, Sharma P, Parton RG, Mayor S. GPI-anchored proteins are delivered to recycling endosomes via a distinct cdc42-regulated, clathrinindependent pinocytic path-way. *Dev Cell.* 2002; 2: 411–23.
- 11. **Stan RV.** Structure of caveolae. *Biochim Biophys Acta.* 2005; 1746: 334–48.
- Zhao YY, Liu Y, Stan RV, Fan L, Gu Y, Dalton N, Chu PH, Peterson K, Ross J Jr, Chien KR. Defects in caveolin-1 cause dilated cardiomyopathy and pulmonary hypertension in knockout mice. *Proc Natl Acad Sci USA*. 2002; 99: 11375–80.
- Drab M, Verkade P, Elger M, Kasper M, Lohn M, Lauterbach B, Menne J, Lindschau C, Mende F, Luft FC, Schedl A, Haller H, Kurzchalia TV. Loss of caveolae, vas-cular dysfunction, and pulmonary defects in caveolin-1 gene-disrupted mice. *Science*. 2001; 293: 2449–52.