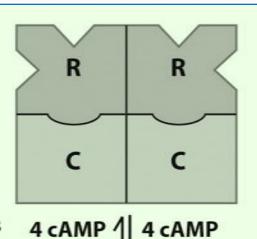
Activation of PKA by cAMP

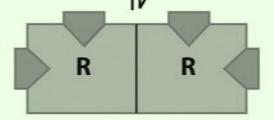
Inactive PKA

Regulatory subunits: empty cAMP sites

Catalytic subunits: substrate-binding sites blocked by autoinhibitory domains of R subunits

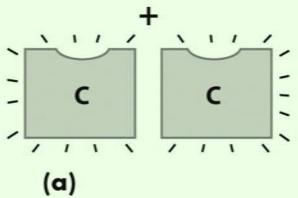


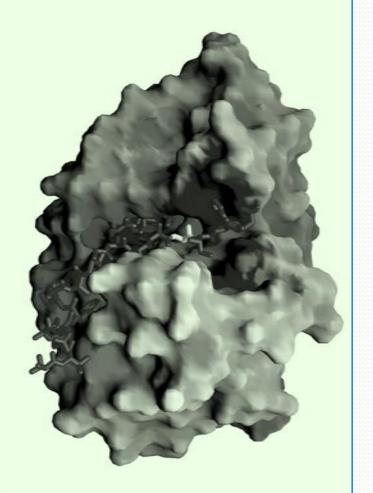
Regulatory subunits: autoinhibitory domains buried



Active PKA

Catalytic subunits: open substratebinding sites





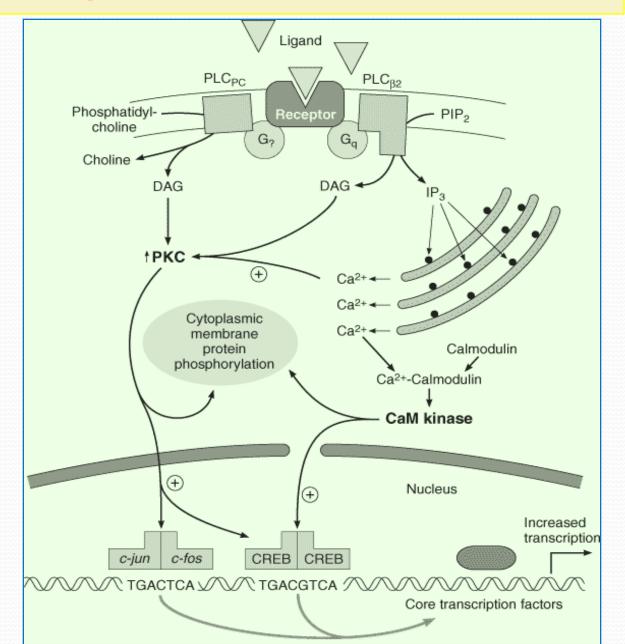
(b)

G protein Transducers (2)

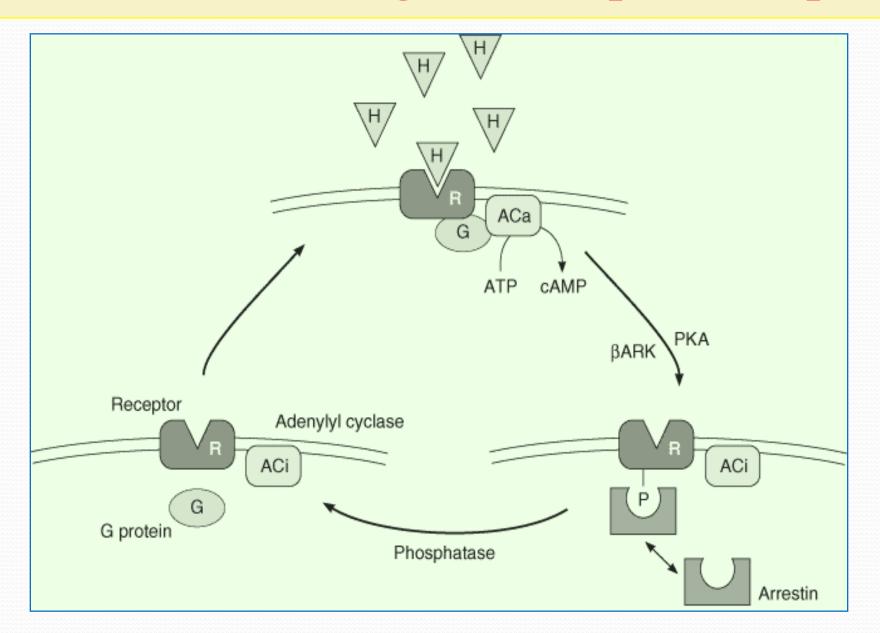
G protein disorders

- Cholera toxin: Covalent modification inhibits GTPase →↑ CAMP.
- Pertussis toxin: covalent modification of $Gi \rightarrow inactivation$.

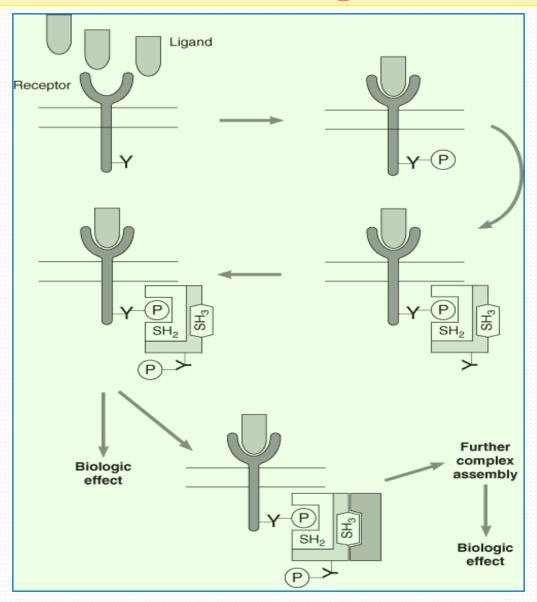
Signal Transduction-PLC



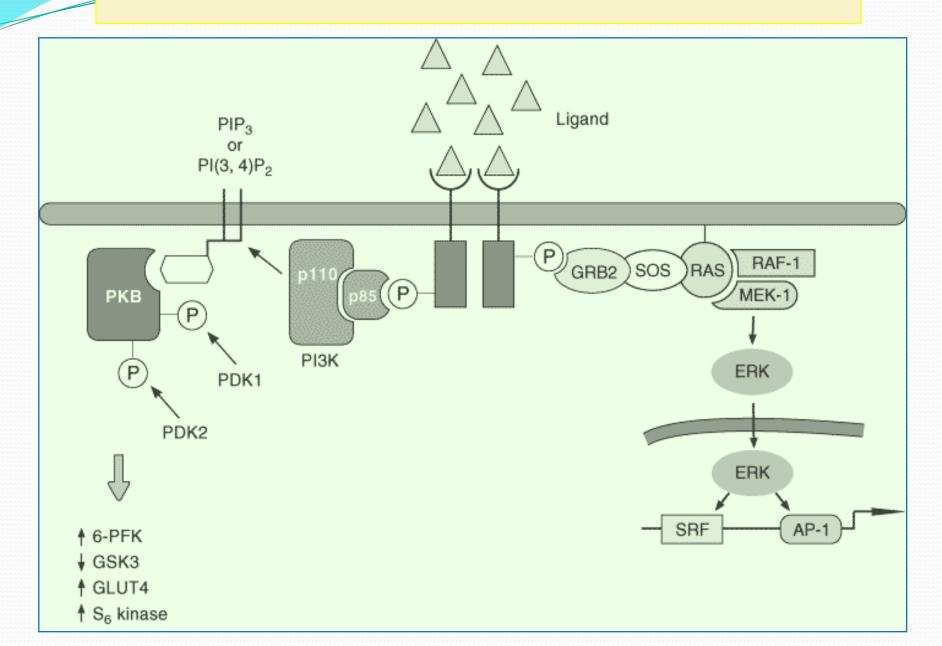
Desensitization of Ligand-Receptor Complex



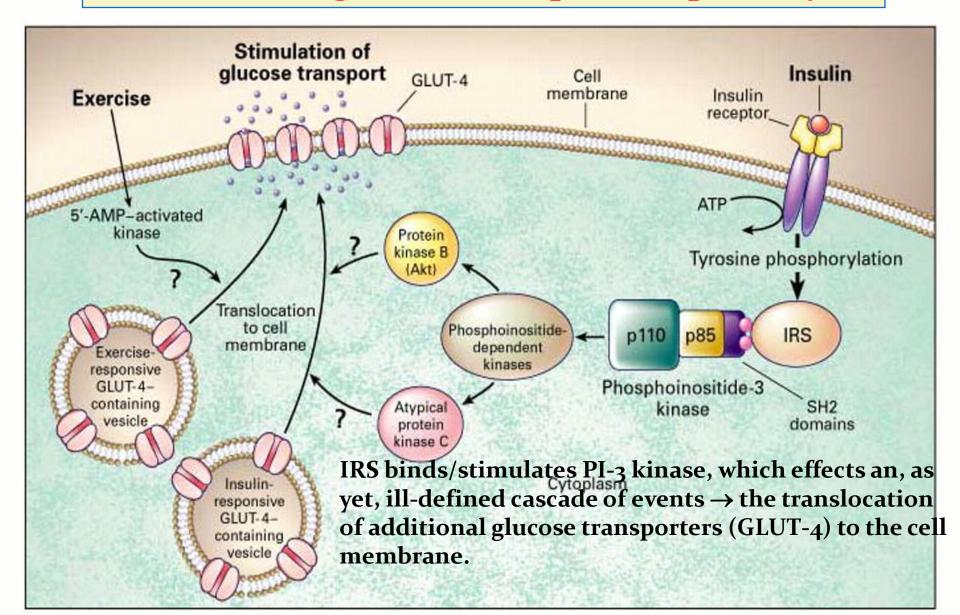
Signaling by Tyrosine Kinase-Containing Growth Factor Receptor



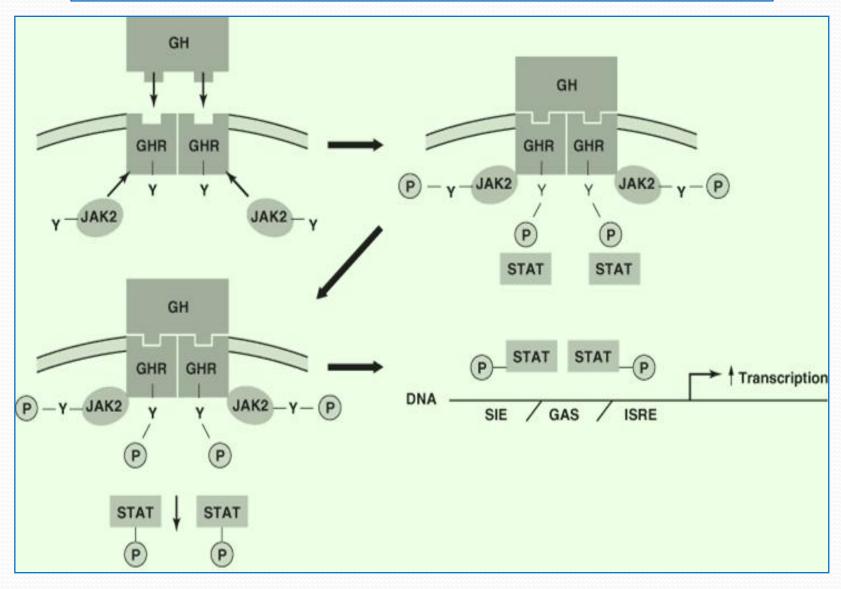
Growth Factor-Dependent Pathway



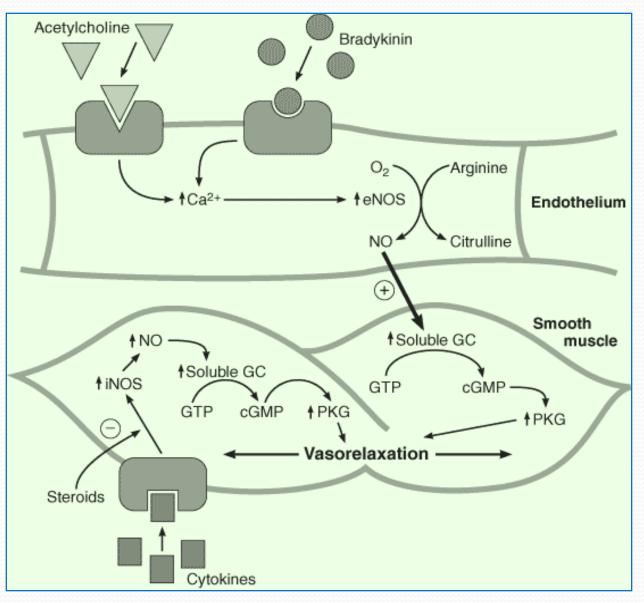
Insulin-dependent stimulation of glucose uptake occurs through a Ras-independent pathway!



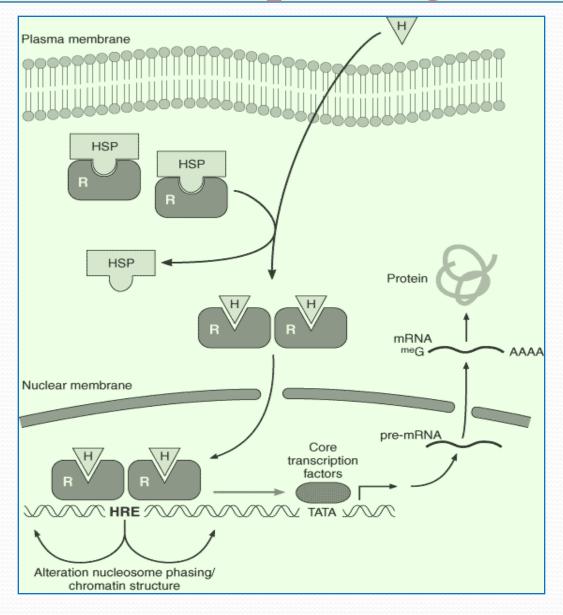
Signaling by the GH Receptor



Signaling through NO



Steroid-Receptor Signaling



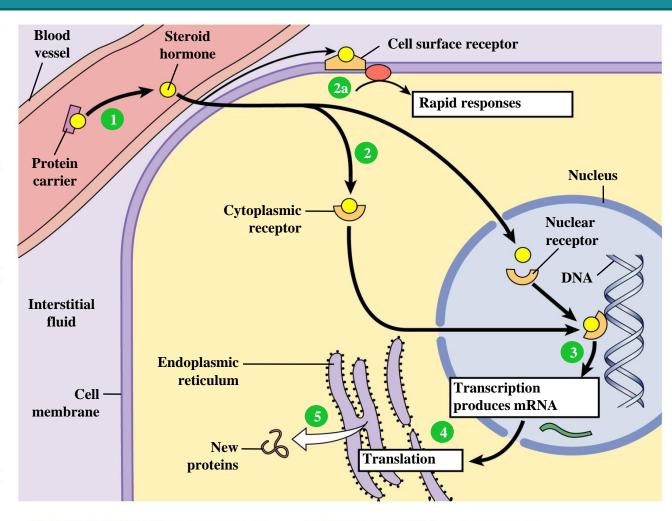
Steroid Receptor

NH ₂	DBD	LBD
Ligand- independent transactivation	DNA bir	dimerization
		Ligand binding
		Ligand-dependent transactivation
		Nuclear translocation
		Association with heat shock proteins



Steroid Hormones: Action

- 1 Most hydrophobic steroids are bound to plasma protein carriers. Only unbound hormones can diffuse into the target cell.
- 2 Steroid hormone receptors are typically in the cytoplasm or nucleus.
 - 2a Some steroid hormones also bind to membrane receptors that use second messenger systems to create rapid cellular responses.
- The receptorhormone complex binds to DNA and activates or represses one or more genes.



4 Activated genes create new mRNA that moves into the cytoplasm.

Translation produces new proteins for cell processes.