A role for JAK2 in mediating cell surface GHR-PRLR interaction

Chen Chen[1,2], Jing Jiang[2], Tejeshwar C. Rao[3,4], Ying Liu[2,5], Tatiana T. Marquez Lago[1], Stuart J. Frank[*2,3], André Leier[*1,3]

[1]Department of Genetics, Heersink School of Medicine, University of Alabama at Birmingham, Birmingham, USA

[2]Division of Endocrinology, Diabetes, and Metabolism, Department of Medicine, Heersink School of Medicine, University of Alabama at Birmingham, Birmingham, USA

[3]Department of Cell, Developmental, and Integrative Biology, Heersink School of Medicine, University of Alabama at Birmingham, Birmingham, USA

[4]Department of Pharmacological and Pharmaceutical Sciences, University of Houston, Houston, USA

[5]Division of Hematology and Oncology, Department of Medicine, NYU Grossman School of Medicine, New York University, New York, USA

[*]Co-corresponding authors

Abstract

Growth hormone (GH) receptor (GHR) and (full-length) prolactin (PRL) receptor (PRLR) are transmembrane class I cytokine receptors that co-exist in various normal and cancerous cells. Both receptors respond to their associated ligands predominantly by activating the Janus Kinase 2 (JAK2)-signal transducer and activator of transcription (STAT) signaling pathways, and both are also known to initiate receptor-specific JAK2-independent signaling. Together with their cognate ligands, these receptors have been associated with pro-tumorigenic effects in various cancers, including breast cancer (BC). Human GH is known to bind GHR and PRLR, while PRL can only bind PRLR. A growing body of work suggests that GHR and PRLR can form heteromers in BC cells, modulating GH signal transduction. However, the dynamics of PRLR and GHR on the plasma membrane and how these could affect their respective signaling still need to be understood.

To this end, we set out to unravel the spatiotemporal dynamics of GHR and PRLR on the surface of human T47D breast cancer cells and γ2A-JAK2 cells. We applied direct stochastic optical reconstruction microscopy (dSTORM) and quantified the colocalization and availability of both receptors on the plasma membrane at the nanometer scale at different time points following treatment with GH and PRL. In cells co-expressing GHR and PRLR, we surprisingly observed that not only GH but also PRL treatment induces a significant loss of surface GHR. In cells lacking PRLR or expressing a mutant PRLR deficient in JAK2 binding, we observed that GH induces downregulation of cell surface membrane-bound GHR, but PRL no longer induces loss of surface GHR. Colocalizations of GHR and PRLR were confirmed by proximity ligation (PL) assay.

Our results suggest that PRLR-GHR interaction, direct or indirect, is indispensable for PRL- but not GH-induced loss of surface GHR and for both GH-induced and PRL-induced increase of surface PRLR, with potential consequences for downstream signaling. Furthermore, our results suggest that JAK2 binding via the receptor intracellular domain's Box1 element is crucial for the observed regulation of one class I cytokine receptor's cell surface availability via ligand-induced activation of another class I cytokine

39 receptor. Our findings shed new light on the reciprocal and collective role that PRLR and GHR play in
40 regulating cell signaling.

41 **Keywords**: growth hormone receptor, prolactin receptor, Box1, JAK2, super-resolution microscopy,
42 direct stochastic optical reconstruction microscopy (dSTORM)

Introduction

Growth hormone (GH) and prolactin (PRL) are hormones emanating mainly from the anterior pituitary. The primary function of GH is regulating anabolism and metabolism [1, 2], while PRL has important roles in breast development and lactation [3]. There is mounting evidence pointing at both hormones and their receptors playing roles in various types of cancer [4-11], including breast cancer (BC) [12-17], where GHR is frequently present and PRLR is often found overexpressed [18-25]. While they have been mostly associated with pro-tumorigenic effects, PRL has also been reported to show anti-tumor effects and, like PRLR, has been associated with good prognosis in certain BC subtypes [26-29]. However, a humanized neutralizing monoclonal antibody directed against the extracellular domain of PRLR showed no anti-tumor effect when administered in patients with PRLR-positive metastatic BC [30]. This suggests that PRLRs' pro-tumorigenic function may not be as relevant as previously thought or depends on other circumstances such as the presence or absence of other hormone receptors, with which they may interact.

Both GH receptor (GHR) and PRL receptor (PRLR) are structurally similar transmembrane glycoproteins and belong to the class I cytokine receptor superfamily [31, 32]. As is characteristic of the majority of their superfamily members, both receptors contain a proline-rich Box1 motif in the membrane-proximal region of their intracellular domains (ICDs), which is followed by a short inter-box region, and a less conserved Box2 motif that is rich in acidic and aromatic residues [33-35]. For both receptors different isoforms have been identified: GHR has three additional isoforms two of which are created through alternative splicing events and lack the Box1-Box2 motif [36] and the third is the exon 3 deleted GHR (d3-GHR). Aside from the PRLR long (or full length) isoform (LF), other membrane-bound isoforms have been identified, including a long form lacking domain D1 (ΔS1), an intermediate form (IF), and the short forms S1a, S1b, and S1c [3, 37]. All isoforms except for S1b and S1c contain the Box1-Box2 motif, but S1b and S1c still contain the Box1 motif. If not specifically stated otherwise, we will refer here by default to the receptors' full-length (or long) isoforms.

GH can bind and introduce a conformational change to both GHR and PRLR, allowing receptor activation and downstream signaling [38-42], but, unlike GH, PRL can only bind to PRLR [41, 43-45]. Both GHR and PRLR lack intrinsic kinase activity. Following ligand binding, downstream signal transduction involves predominantly activating the associated cytoplasmic tyrosine kinase, Janus kinase 2 (JAK2), bound to the receptors' Box1 elements. This is followed by phosphorylation of the signal transducer and activator of transcription 5 (STAT5a and STAT5b) [46, 47], although other receptor-specific JAK2-independent signal transduction pathways may also be activated. Of note, JAK2 is not only activating the canonical JAK2-STAT5 pathway, but it can also signal via STAT1 and STAT3 [48-51] and activate non-canonical kinase pathways such as Ras/Raf/MAPK/ERK [52-54] and PI3K/Akt/mTOR [55-58], as well as influence gene expression through histone modification [59, 60]. Moreover, activation of PRLR downstream pathways is isoform-specific, with the short isoforms activating the MAPK and PI3K pathways [61-63]. For comprehensive reviews of JAK2-independent signaling pathways, we refer the reader to [64, 65].

Increasing evidence indicates that GHR and PRLR interact. Two decades ago, it was shown that ovine GHR (oGHR) and PRLR (oPRLR) can tightly associate with each other following stimulation with placental lactogen [66]. These studies utilized chimeric receptors consisting of the extracellular domain (ECD) of human granulocyte and macrophage colony-stimulating factor (hGM-CSF) receptor (hGM-CSFR) along with a part of either oGHR ICD or oPRLR ICD. After hGM-CSF treatment of cells co-expressing oGHR chimera and oPRLR chimera, JAK2 was effectively activated, and protein-protein interaction of both

chimeric receptors was detected via co-immunoprecipitation [66, 67]. Additionally, our previous work
revealed a specific ligand-independent human GHR (hGHR) - human PRLR (hPRLR) association in human
T47D breast cancer cells, which endogenously express both receptors [68]. Further, the use of split
luciferase complementation assays has suggested that hGHR homodimers and hPRLR homodimers form
hGHR/hPRLR multimers [69] and extracellular subdomain 2 of the hGHR or hPRLR determines the
dimerization partner [70]. Although biochemical studies and luciferase complementation assays strongly
support the notion that an interplay between hGHR and hPRLR exists, the observed outcomes are ascribed
to total receptors within cells, irrespective of subcellular localization.

In the present study, we directly visualized the cell surface interaction of hGHR and hPRLR and how it
changes upon ligand treatment. Specifically, we used direct stochastic optical reconstruction microscopy
(dSTORM) [71] to visualize single receptor clusters of hGHR and hPRLR on cell surfaces. In dSTORM, a
super-resolution microscopy technique, individual fluorophores cycle through reversible transitions
between a dark and a fluorescent state [72]. Thus, a fluorophore emits photons multiple times before
permanently being photobleached. These blinking events and their localizations are recorded and,
although the exact number of proteins in clusters is difficult to determine, the number of localizations is
strongly correlated with the number of receptors [73, 74]. Thus, the dSTORM approach can deliver high-
resolution images to reveal the localization or arrangement of individual membrane receptor systems
providing valuable insight into their interactions with other proteins at the cell surface. Given that
receptors are highly trafficked to and from the cell surface and to avoid signal detection from cytosolic
receptors, we used monoclonal antibodies to distinctly label the extracellular S2 domain of GHR and PRLR
on non-permeabilized cells. Descriptive spatial analysis using Ripley's K- and L-function [75] indicates that
both hGHR and hPRLR are organized in nanometer-scale clusters on the T47D cell surface. To further gain
quantitative information about GHR and PRLR nanoclusters, we applied DBSCAN (density-based spatial
clustering of applications with noise) [76]. Subsequently, individual cluster contours were delineated,
individual clusters were assigned a cluster ID, and receptor abundance was analyzed separately for each
cluster and receptor. By doing so, we detected and calculated homomeric and heteromeric hGHR and
hPRLR clusters on cell surfaces. Colocalizations of GHR and PRLR were also confirmed by proximity ligation
(PL) assay. Lastly, we explored which receptor domains determine the interaction of hGHR and hPRLR by
creating different truncated or modified hPRLR variants. Our findings indicate that the intracellular Box1
region is an essential determinant of hGHR and hPRLR association, suggesting JAK2 may play an important
role in the observed ligand-induced and PRLR-mediated downregulation of cell surface GHR − which could
also elicit or add to PRLR's observed anti-tumor effect.

Results

Ligands induce an increase in PRLR localizations and a decrease in GHR localizations at the surface of T47D cells

To investigate the dynamic spatial distribution of endogenous hGHR and hPRLR on the surface of breast
cancer cells, we used dSTORM under the total internal reflection fluorescence (TIRF) illumination mode
[77]. The dSTORM images show that hGHR and hPRLR form nanometer-scale clusters and are broadly
distributed on the surface of T47D cells (Fig. 1). To assess the ligands' effects on the spatial distribution of
hGHR and hPRLR on the cell surface, we conducted time-course experiments using T47D cells with human
GH or human PRL (500 ng/ml each). Such stimulation is known to induce rapid and substantial STAT5

phosphorylation [68]. We first analyzed the cell surface localization density (number of localizations per

μm^2) of hGHR or hPRLR in both resting and ligand-stimulated conditions. The abundance of surface-hPRLR

was rapidly increased, reaching its maximum after 3 min of GH or PRL treatment with a ~5.6-fold and ~4.5-

fold increase compared to the basal value, respectively (Fig. 2A and 2B). This increase was followed by a

rapid decline: after GH treatment for 5 min, the localization density dropped from 200.6 ± 14.7 per μm^2

to 57.2 ± 3.6 per μm^2; after PRL treatment for 5 min, the density fell from 159.4 ± 16.2 per μm^2 to $94.8 \pm$

16.0 per μm^2. In contrast to hPRLR, the density of hGHR significantly decreased from 43.3 ± 5.5 per μm^2

basally to 25.8 ± 2.7 per μm^2 after 3min of GH stimulation. After 5 min and 10 min of GH stimulation, the

density of hGHR remained relatively low at 26.6 ± 2.3 per μm^2 and 19.3 ± 1.5 per μm^2, respectively (Fig.

2C). Surprisingly, PRL, which does not bind to hGHR, also induced a loss of surface hGHR on T47D cells.

After 1 min of PRL treatment, only 36% of hGHR remained on the cell surface compared to the basal state,

and hGHR density remained low for at least 10 min (Fig. 2D). A schematic illustration of GH- and PRL-

induced hGHR and hPRLR density changes is shown in Fig. 2E. We previously observed that hGHR and

hPRLR specifically co-immunoprecipitate in the absence of added ligands in T47D cells [68]; thus, we

postulate that the propensity of hGHR and hPRLR to physically interact underlies our observed loss of

hGHR in response to PRL stimulation.

Fig. 1. Ligand-induced increase of PRLR localizations and decrease of GHR localizations at the surface of T47D cells. A representative set of reconstructed dSTORM images, showing Gaussian-fitted localizations obtained from fluorophore blinking events. GHR is labeled with Alexa 568-conjugated antibody (green, channel 1), and PRLR is labeled with Alexa 647-conjugated antibody (red, channel 2). The last column of images shows the merging of these two channels. T47D cells were either left untreated (upper row), exposed to 500ng/mL GH for 3 min (middle row), or exposed to 500ng/mL PRL for 3 min (lower row). Brightness was increased by 40% and Contrast was reduced by 40% to increase visibility. The images in the first three columns (GHR, PRLR, Merge) have the same scale. The scale bar (5µm) is shown in the upper left image. The images in the right most column are zoomed-in sections from the corresponding merged images.

Fig. 2. (A, B) Quantification of GH-induced (500 ng/ml) (A) and PRL-induced (500 ng/ml) (B) changes of PRLR localizations on the cell surface. (C, D) Quantification of GH-induced (C) and PRL-induced (D) changes of GHR localizations on the cell surface. Each data point represents the density of receptors in a 6.25 μm X 6.25 μm area. Data are collected from at least 6 cells from each group and displayed as mean ± SE. * (P<0.05), ** (P<0.01), and *** (P<0.001) indicate the statistical significance in comparison with Basal and are calculated by two-tailed t-tests assuming unequal variances. (E) Model depicting hPRLR and hGHR densities and activation schemes in T47D cells. The middle of the three states depicts the basal condition.

GH or PRL stimulation induces a redistribution of hGHR and hPRLR clusters

We analyzed the dSTORM images using the DBSCAN algorithm to identify different clusters and determine the number of receptor localizations within a cluster (termed 'cluster size') (Fig. 3A). We then performed a localization distribution analysis and plotted a histogram of the relative frequency of localizations (termed 'distribution plot' in this study). Representative dSTORM images of hGHR as well as associated distribution plots are shown in Fig. 3B.

To gain a better understanding of the changes in GHR-PRLR colocalizations, we obtained and analyzed the corresponding bivariate cluster size distributions. Their median values are summarized in Fig. 3C and 3D. As can be seen, hGHR responds quickly and transiently to GH stimulation by forming larger clusters. After GH treatment for 1 min, the median number of hGHR blinking events in a cluster reaches its peak and amounts to 85.6 ± 20.9 localizations in comparison with 33.3 ± 1.7 localizations per cluster in the basal state (P value = 0.0035). After 5 min, this number is reduced approximately to its pre-stimulation value (29.1 ± 2.2) but appears to continue to fluctuate for at least another 25 minutes (Fig. 3C). In turn, hPRLR responds to GH in a less prominent manner: The median number of hPRLR blinking events in a cluster in the basal state is 16.5 ± 0.7. After 3 min of GH stimulation, the median of PRLR cluster size reaches its maximum, which is 22.5 ± 3.9 (P value = 0.1496), and afterward declines to its basal level (Fig. 3C).

Like the response to GH, hGHR reacts also quickly to PRL treatment. The median number of hGHR blinking events in a cluster culminates at 1 min of PRL treatment with 45.8 ± 5.0 (compared with basal level, P value = 0.0098). In distinction, hPRLR response to PRL is slower. The median number of hPRLR blinking events in a cluster reaches its peak at 5 min of PRL treatment with a median number of 23.3 ± 2.8 (compared with basal level, P value = 0.0233), and after 10 min the median is only slightly less than that maximum (Fig. 3D). Together, these results indicate that upon ligand stimulation hGHR cluster sizes increase transiently and significantly, while changes of hPRLR cluster sizes occur slowly and more subtly.

Fig. 3. GH/PRL stimulation induces a redistribution of hGHR and hPRLR clusters. **(A)** Sample dSTORM images and application of DBSCAN to identify and measure clusters (scale bar, 1 μm). To distinguish different clusters, each cluster has a different color assigned. **(B)** For similar images corresponding histograms of the relative frequencies of localizations are shown. Median cluster sizes are indicated. **(C, D)** The medians of hGHR and hPRLR cluster sizes following GH (C) and PRL (D) treatment are summarized in these plots. The x-axis and y-axis represent hPRLR and hGHR cluster sizes (counts), respectively. Data are collected from at least 6 cells from each group and displayed as median ± SE.

Spatial proximity of hGHR and hPRLR upon ligand stimulation

Nanoscale interactions of hGHR and hPRLR on the cell surface have yet to be well established. To evaluate the extent of hGHR and hPRLR surface colocalization on T47D cells, we utilized proximity ligation assays (PLAs). In PLAs, a positive signal appears only when two target proteins are in proximity (<40 nm). Notably, individual treatment with GH or PRL for 5 min decreased the PLA signal observed in untreated cells by 34.4% and 28.1%, respectively (Fig. 4A), suggesting either ligand caused a reduction in the total number of colocalized hGHR and hPRLR clusters. To further validate these observations, we calculated the ratio of colocalized clusters in dSTORM images. Treatment with GH or PRL for 1 min reduced the proportion of colocalized clusters by nearly 50% (Fig. 4B and 4C). To analyze their compositions, we plotted 3D distributions for the colocalized clusters after ligand treatments (Fig. S1A and S1B). The probability of observing co-localized clusters with numbers of hGHR and hPRLR that fall into certain bins is identified by color and by the height of the bar on the z-axis. Following GH treatment for 1 min and 3 min, the number of smallest clusters decreased, and the number of medium-sized clusters increased, suggesting a shift of the bivariate distribution of co-localized cluster sizes toward medium-sized clusters (Fig. S1A). The distribution of colocalized clusters after 5 min of GH treatment is similar to that at the basal state. In contrast, after treatment with PRL for 3 min or more, the number of medium to large-sized clusters, majoritarily containing either GHR or PRLR, decreased, while the number of smallest clusters increased (Fig. S1B). Together, these results demonstrate that hGHR and hPRLR are spatially accessible to each other and form receptor complexes on the T47D cell surface and that the nature of these complexes changes differentially depending on the stimulating ligand.

Fig. 4. Spatial proximity of hGHR and hPRLR upon ligand stimulation. **(A)** Proximity ligation assays were performed in T47D cells (scale bar, 10 μm). Here we show representative confocal microscopy images of T47D cells at resting and ligand stimulation conditions. The PLA signal (red dots) corresponds to hGHR and hPRLR complexes. Wheat germ agglutinin staining (green) was used to label glycoproteins for cell membrane imaging. DAPI (blue staining) corresponds to cell nuclei. Zoom-in views are provided in the second row. **(B, C)** hGHR and hPRLR colocalization changes in T47D cell surface following 500 ng/ml GH (B) or PRL (C) treatment obtained from dSTORM images using DBSCAN. Each data point represents a ratio of the number of clusters containing both hGHR and hPRLR, over the total number of clusters on the cell surface. Data are displayed as mean ± SE. * (P<0.05), ** (P<0.01), and *** (P<0.001) indicate the statistical significance in comparison with Basal and are calculated by a two-tailed t-test assuming unequal variance.

Reduction of hGHR induced by PRL on the cell surface is dependent on the presence of PRLR

PRL strongly binds PRLR but not GHR. Yet, PRL induces a decrease of hGHR on the surface of cells expressing both hGHR and hPRLR. Thus, we sought to investigate the effect of PRL on hGHR in the absence of hPRLR. We utilized CRISPR/Cas9 technology to generate hPRLR knockout T47D cells (termed T47D$_{\Delta PRLR}$). In addition, to evaluate isolated hPRLR responses to ligands, we also generated hGHR knockout T47D cells (termed T47D$_{\Delta GHR}$). Immunoblot analysis with specific GHR and PRLR antibodies confirmed the absence of hPRLR in T47D$_{\Delta PRLR}$ cells and hGHR in T47D$_{\Delta GHR}$ cells (Fig 5A). Similar to our results with parental T47D cells, GH treatment of T47D$_{\Delta PRLR}$ cells rapidly reduces the density of surface hGHR, suggesting that hPRLR need not be present to allow this GH-induced effect (Fig 5B). However, contrary to findings in parental T47D cells, PRL treatment of T47D$_{\Delta PRLR}$ cells fails to modulate hGHR surface density (Fig 5C). Like parental T47D cells, treatment of T47D$_{\Delta GHR}$ cells with GH (Fig 5D) or PRL (Fig 5E) yielded increased hPRLR surface localizations. Thus, we conclude that the PRL-induced decrease of hGHR in T47D cells is dependent on the presence of hPRLR, but the ability of both GH and PRL to increase surface hPRLR in T47D cells is independent of hGHR's presence.

To extend our observations, we next examined the GH and PRL responses in a cellular reconstitution system: γ2A-JAK2 [78-80] is a human JAK2-deficient fibrosarcoma cell line reconstituted with JAK2 that stably expresses JAK2 but lacks hGHR and hPRLR. To independently study the role of each receptor in this setting, we used our previously generated stable transfectants of γ2A-JAK2 cells that harbor either hGHR or hPRLR [81] and verified the presence of the indicated receptor by immunoblotting (Fig. 5F). Consistent with the observation in T47D$_{\Delta PRLR}$ cells, γ2A-JAK2-hGHR cells responded with a loss of surface hGHR density to GH stimulation but not to PRL stimulation (Fig. 5G). Interestingly, as in T47D$_{\Delta GHR}$ cells, treatment of γ2A-JAK2-hPRLR cells with either GH or PRL (Fig. 5H) promotes increased surface hPRLR. Thus, our findings in both cell systems suggest that hPRLR-hGHR interaction, direct or indirect, is indispensable for PRL-induced but not for GH-induced loss of surface hGHR.

Fig. 5. PRL-induced reduction of hGHR on the cell surface depends on the presence of PRLR. **(A)** Detergent cell extracts of T47D$_{vec}$, T47D$_{\Delta GHR}$, and T47D$_{\Delta PRLR}$ were analyzed by immunoblotting with anti-GHR$_{cyt-AL47}$ and anti-PRLR$_{cyt-AL84}$ antibodies. The bands corresponding to GHR and PRLR are annotated. Asterisks indicate migration of strong non-specific bands detected in the Western Blots, which serves as a loading control for protein. **(B)** In T47D$_{\Delta PRLR}$, GH (500 ng/ml) induces downregulation of hGHR localizations on the cell surface, while **(C)** PRL does not change hGHR localizations. **(D, E)** In T47D$_{\Delta GHR}$ cells, GH (D) and PRL (E) incite an increase of hPRLR on the cell surface. Data are displayed as mean ± SE. * (P<0.05), ** (P<0.01), and *** (P<0.001) indicate the statistical significance in comparison with Basal and are calculated by a two-tailed t-test assuming unequal variance. **(F)** γ2A-JAK2 cells with stable expression of hGHR or hPRLR. Detergent extracts were resolved by SDS-PAGE and immunoblotted with anti-GHR$_{cyt-AL47}$ and anti-PRLR$_{cyt-AL84}$ antibodies. Vec corresponds to stable transfection with empty vector. **(G, H)** Serum-starved γ2A-JAK2-hGHR cells (G) or γ2A-JAK2-hPRLR cells (H) were treated with GH (500 ng/ml) or PRL (500 ng/ml) for 5 min. Localizations of hGHR in γ2A-JAK2-hGHR cells were decreased after GH treatment while remaining the same after PRL treatment compared to the basal state. Localizations of hPRLR in γ2A-JAK2-hPRLR cells were increased by GH or PRL treatment. Data are displayed as mean ± SE. * (P<0.05), ** (P<0.01), and *** (P<0.001) denote the statistical significance in comparison with Basal and are calculated by a two-tailed t-test assuming unequal variance.

Box 1 region in hPRLR contributes to PRL-induced cell surface GHR downregulation

The hPRLR-dependent PRL-induced downregulation of cell surface hGHR indicates that hPRLR can
modulate the density of hGHR on the cell surface in response to PRL. To investigate this interaction, we
generated a set of truncation or deletion mutants of hPRLR: (1) hPRLR-tr292, which truncates the
intracellular domain of hPRLR distal to the membrane-proximal intracellular domain box 1 element; (2)
hPRLR-tr238, which contains only 4 amino acids (aa) of the proximal intracellular domain and does not
include box 1; and (3) hPRLR-Δbox1, in which the box 1 region (243aa-251aa) is internally deleted (shown
in Fig. 6A). Expression of hPRLR-tr292, hPRLR-tr238, and hPRLR-Δbox1, as well as wild-type hPRLR, was
detected by immunoblotting using monoclonal antibodies targeting the ECD of PRLR (mAb$_{ext-1.48}$). Since
hPRLR-tr238 contains only 4 aa in its ICD, no immunoblot signal was detected using a polyclonal antibody
(Ab$_{AL-84}$) targeting the hPRLR ICD. In contrast, the expression of hPRLR-tr292 was easily detected by Ab$_{AL-84}$
84 (Fig. 6B). We then transiently transfected each hPRLR construct into the γ2A-JAK2-hGHR cells, which
stably express hGHR, and analyzed the changes of cell surface hGHR localizations. In cells expressing wild-
type hPRLR (hPRLR-WT), the localizations of hGHR significantly decreased 3 min post-exposure to GH and
PRL (Fig. 6C). Similarly, under the same treatment, in cells expressing hPRLR-tr292, the localization of
hGHR on the cell membrane was reduced in response to each ligand (Fig. 6D). However, in hPRLR-tr238-
expressing cells, the localization of hGHR was diminished by GH stimulation but slightly increased by PRL
stimulation (Fig. 6E). To further investigate the role of the box1 region for hGHR and hPRLR functional
interaction, we studied hPRLR-Δbox1 expressing cells and found that upon PRL treatment, hGHR
localizations did not decrease on the cell surface (Fig. 6F). As a negative control, we transfected the cells
with vector (pcDNA3.1). hGHR localization decreased upon GH stimulation but remained at basal levels
upon PRL stimulation (Fig. 6G). In addition, in hPRLR-ΔBox1 and hGHR expressing cells, the JAK2 and STAT5
tyrosine phosphorylation levels were assessed in response to GH and PRL stimulations. Treatment of
500ng/ml GH induces a dramatic increase in both JAK2 and STAT5 phosphorylation. In contrast, 500ng/ml
PRL treatment does not cause JAK2 or STAT5 phosphorylation (Fig. 6H), consistent with PRLR Box1 being
required for effective coupling of PRL occupancy of PRLR to activation of JAK2 and phosphorylation of
STAT5 and the inability of PRL to signal via GHR.

Next, we analyzed colocalization in each group. In the resting state, the ratios of GHR-PRLR-colocalization
clusters are relatively higher in hPRLR-WT- and hPRLR-tr292-expressing cells in comparison with hPRLR-
tr238- and hPRLR-ΔBox1-expressing cells (Fig. 6I). This suggests that the box 1 region in hPRLR plays a
critical role in stabilizing the hGHR-hPRLR complexes in the basal state.

Fig. 6. Box 1 region in hPRLR contributes to PRLR-induced downregulation of cell surface GHR. **(A)**
Diagrams of employed mutant hPRLR variants with truncations or deletion in the intracellular domain.
ECD, extracellular domain; TMD, transmembrane domain; ICD, intracellular domain. **(B)** γ2A-JAK2-hGHR
cells were transiently transfected with hPRLR-tr292 and hPRLR-tr238. Cell extracts were resolved by SDS-
PAGE and blotted with anti-PRLR mAb$_{ext-1.48}$ and anti-PRLR$_{cyt-AL84}$. **(C-G)** γ2A-JAK2-hGHR cells were
transfected with (C) wild-type hPRLR (hPRLR-WT), (D) hPRLR truncated at 292 aa (hPRLR-tr292), (E) hPRLR
truncated at 238 aa (hPRLR-tr238), (F) hPRLR with box1 motif deleted (hPRLR-ΔBox1) and (G) vector
pcDNA3.1 (vector). Transfected cells were imaged by dSTORM microscopy and analyzed using the DBSCAN
algorithm. The density of hGHR localizations on the cell surface was calculated. Each data point represents
the density of hGHR in a cell surface area of size 6.25 μm X 6.25 μm. Data are collected from at least 6
cells (4 ROIs per cell) from each group, and values are displayed as mean ± SE (from three independent
experiments). Data are normalized such that the basal is 100%. * (P<0.05), ** (P<0.01), and *** (P<0.001)
denote the statistical significance in comparison with Basal and are calculated by a two-tailed t-test
assuming unequal variance. **(H)** Detergent cell extracts of hPRLR-ΔBox1 and hGHR-expressing cells were
analyzed by immunoblotting. After 5 hrs. starvation, cells were treated with GH (500 ng/ml) or PRL (500
ng/ml) for 10 min. In each experiment, the average Basal value is considered 100%. **(I)** Fraction of
GHR/PRLR colocalized clusters. In the resting state, the colocalization ratio is significantly lower for cells
expressing hPRLR-tr238 than for those expressing hPRLR-WT. Each data point represents the ratio of the
number of clusters, which contain both hGHR and hPRLR, to the total number of clusters on the cell
surface. Data are displayed as mean ± SE. * (P<0.05) indicates statistical significance in comparison with
WT and is calculated by a two-tailed t-test assuming unequal variance (all bars without an asterisk are not
significant).

Box 1 region in hGHR plays an essential role in regulating PRLR and GHR interaction

From our observations (Fig. 6), we concluded that the JAK2 binding site, i.e., the box 1 region, in hPRLR is
required for PRL-induced hGHR down-regulation from the cell surface. To further assess whether the JAK2
binding site on hGHR is also essential, we generated hGHR-ΔBox1, in which the box 1 region (297aa –
305aa) was deleted (Fig. 7A). In cells expressing both hGHR-ΔBox1 and hPRLR we observed that GH does
not alter the hGHR-ΔBox1 localizations on the cell surface, while PRL slightly increases hGHR-ΔBox1
localizations (Fig. 7B). Together, these results re-affirm that binding of JAK2 to hGHR is also required for
hPRLR-mediated regulation of hGHR availability on the cell surface.

Fig. 7. Box 1 region in hGHR also plays an important role in PRLR and GHR interaction. **(A)** Diagram of
hGHR-ΔBox1 showing the deleted box 1 region in the intracellular domain of hGHR. **(B)** γ2A-JAK2-hPRLR
cells were transfected with hGHR-ΔBox1. Transfected cells were imaged by dSTORM microscopy and
analyzed using DBSCAN. The density of hGHR localizations on the cell surface was calculated. Each data
point represents the density of hGHR in a cell surface area of size 6.25 μm X 6.25 μm. Data are collected
from at least 6 cells for each group and displayed as mean ± SE. * (P<0.05), ** (P<0.01), and ***(P<0.001)
indicate the statistical significance in comparison with Basal and are calculated by a two-tailed t-test
assuming unequal variance.

Materials and Methods:

Materials:

346 Common reagents were purchased from Sigma Aldrich Corp. (St. Louis, MO) unless otherwise noted. Fetal
347 bovine serum was purchased from Atlanta Biologicals (Lawrenceville, GA). Cell culture medium,
348 penicillin/streptomycin and trypsin were purchased from Corning (Corning, NY). Recombinant hGH was
349 kindly provided by Eli Lilly & Co. (Indianapolis, IN). Recombinant human PRL was obtained from the
350 National Hormone and Pituitary Program.

Antibodies:

Polyclonal anti-GHR$_{cyt-AL47}$ (1:1000) against the intracellular domain of GHR and polyclonal anti-PRLR$_{cyt-AL84}$
against the human PRLR intracellular domain described previously in [82] and [83], respectively, were
used as the primary antibodies for western blot analysis. Monoclonal anti-GHR$_{ext-mAb}$ 74.3 (1:1000) against
the extracellular S2 domain of GHR [40, 68, 70, 79, 81, 84-93] and monoclonal anti-PRLR$_{ext-mAb}$ 1.48 against
the extracellular S2 domain of human PRLR [70] were used for microscopy. Specifically, we let hybridoma
cells secrete these antibodies into the cell medium to avoid the purification step. A detailed description
of the antibodies and their previous use is provided in the references. Specificity of anti-GHR$_{ext-mAb}$ and
anti-PRLR$_{ext-mAb}$ 1.48 was confirmed using confocal microscopy (see also Supp. Fig. S2-S4). The following
secondary antibodies were used: Alexa Fluor 568 goat anti-mouse IgG1 (Invitrogen #A-21124) (1:1000),
Alexa Fluor 647 goat anti-mouse IgG2b (Invitrogen #A-21242) (1:1000), Alexa Fluor 647 goat anti-mouse
IgG1 (Invitrogen #A-21240) (1:1000) and Alexa Fluor 568 goat anti-mouse IgG2b (Invitrogen # A-21144)

(1:1000). In the absence of primary antibodies, secondary antibodies did not show any fluorescence
signals (see also Supp. Fig. S3).

Cloning and constructs:

The human GHR cDNA in pcDNA1 was a generous gift from R. Ross (University of Sheffield, Sheffield, UK).
The human PRLR cDNA in pEF/V5/HIS was generously provided by C. Clevenger (Virginia Commonwealth
University, Richmond, VA). hPRLR-tr238 and hPRLR-tr292 were generated by amplifying with external
primers containing EcoRI site and a stop codon with XhoI site after the sequence of 238 or 292 amino acid,
respectively. hPRLR-ΔBox1, and hGHR-Δbox1 were generated by overlap extension polymerase chain
reaction (PCR) with associated primers and cloned into pcDNA3.1(+) vector.

Cell culture and transfections:

Human T47D breast cancer cells were purchased from American Type Culture Collection (Manassas, VA).
Cells were maintained in RPMI 1640 medium supplemented with 10% fetal bovine serum (FBS), 100
units/ml penicillin and 100 μg/ml streptomycin in a humidified atmosphere of 5% CO_2 and 95% air at 37 ℃.

γ2A-JAK2 cells were generated by transfection of γ2A cells [78] with pcDNA3.1(+)/zeo-JAK2 and
maintained in culture, as described previously [79, 80]. The generation of γ2A-JAK2-GHR and γ2A-JAK2-
PRLR cells has been previously described [81].Transient expression of receptors was achieved by using
Lipofectamine LTX Plus (Invitrogen), transfecting 0.3 pmol plasmid DNA per 6-cm^2 dish.

Western blot

381   Cells were serum starved for 5 hours and treated with 500 ng/ml GH or 500 ng/ml PRL at 37 °C for 10 min.
382   Stimulations were terminated by washing the cells with ice-cold phosphate-buffered saline supplemented
383   with 0.4 mM sodium orthovanadate. Cells were lysed in lysis buffer for 30 min at 4°C. Then cell lysates
384   were centrifuged at 15,000 g for 10 min at 4°C. The protein extracts (supernatant) along with SDS sample
385   buffer were resolved by SDS-PAGE.

Sample preparation for imaging:

Cells were seeded into either eight well #1.5 coverslip bottom dishes (Ibidi) or 25 mm #1.5 coverslips
(Electron Microscopy Sciences). Cells were serum starved for 5 hours, then treated with GH (500 ng/ml),
PRL (500 ng/ml) at 37 °C for the indicated time. Then the cells were washed with Dulbecco's Phosphate-
Buffered Saline (DPBS) three times and fixed with 4% PFA (paraformaldehyde) in 1X DPBS with calcium
and magnesium (Cat # 21-030-CV) for 10 min. After multiple washes with DPBS, cells were blocked with
5% normal horse serum, 5% normal goat serum, 5% BSA for 30 min. Lastly, cells were incubated in primary
antibody for 3h and secondary antibody for 70 min at 37°C.

dSTORM imaging and data analysis

dSTORM experiments were conducted on an inverted Nikon Ti2 N-STORM microscope equipped with a
100 X 1.49 NA oil immersion objective (Nikon, Japan), 488 and 647 nm lasers, and an iXon DU-897 Ultra
EMCCD camera (Andor, Oxford Instruments). The dSTORM imaging buffer consists of two buffers, A and
B, and a GLOX mixture. Buffer A is made of 10 mM Tris pH 8 and 50 mM NaCl, while buffer B is made of

50 mM Tris pH 8 and 10 mM NaCl. The GLOX mixture consists of 14 mg glucose oxidase (Sigma, St Louis,
Missouri), 50 µl catalase (17 mg/ml) (Roche, Penzberg, Germany), and 200 µl of Buffer A. The dSTORM
buffer is made by combining (on ice) 7 µl GLOX with 7 µl 2-mercaptoethanol (Sigma, St Louis, Missouri)
and 690 µl Buffer B, using only the supernatant from the GLOX mixture. For a detailed description of the
buffer, we refer the reader to [94].

The cell membrane was focused using TIRF excitation, which selectively images within 100-150 nm of the
cell membrane, making it an excellent method to study surface distribution of membrane proteins. Of
note, TIRFM exploits the unique properties of an induced evanescent field in a limited specimen region
immediately adjacent to the interface between two media having different refractive indices. It thereby
dramatically reduces background by rejecting fluorescence from out-of-focus areas in the detection path
and illuminating only the area right near the surface.

Moreover, we reduced auto-fluorescence by ensuring that (a) cells are grown in phenol-red-free media,
(b) imaging is performed in STORM buffer which reduces autofluorescence, and (c) our immunostaining
protocol includes a quenching step aside from using blocking buffer with different serum, in addition to
BSA (5%). Moreover, we employed extensive washing steps following antibody incubations to eliminate
non-specifically bound antibodies. Ensuring that the TIRF illumination field is uniform helps reduce scatter.
Additionally, an extended bleach step prior to the acquisition of frames to determine localizations helped
further reduce the probability of non-bleached fluorescent molecules.

For dual color STORM imaging, the sample was illuminated with alternating 561 nm or 647 nm lasers and
40,000 frames of images were acquired per channel (9ms/frame). The chromatic offset associated with
the different acquisition wavelengths was corrected using 0.1 µm microspheres [95, 96]. Imaging captured
the fluorophores' blinking events. Localizations were counted as true localizations, when at least 5
consecutive blinking events had been observed. Moreover, coordinates were filtered using a threshold
radius of 25nm. dSTORM images were reconstructed using the built-in STORM module in NIS-Elements
(Nikon). Nikon software was used for Gaussian fitting, and each dot represents the peak of a Gaussian.
The localizations list was exported and further analyzed in *Matlab*. In particular, for the DBSCAN cluster
analysis, we employed Clus-DoC directly on the list of localizations, utilizing the parameters of a minimum
of 4 neighbors within a cluster radius of 20nm [97].

Proximity Ligation Assay

Cells were serum starved for 5 hours, then treated with GH (500 ng/ml) or PRL (500 ng/ml) at 37 °C for
the indicated time. Then the cells were washed with DPBS three times and fixed with 4% PFA
(paraformaldehyde) for 10 min. After multiple washes with DPBS, cells were blocked with 5% normal
horse serum, 5% normal goat serum, 1% BSA for 30 min. Lastly, cells were incubated in primary antibody
for 3h and secondary antibody for 70 min at 37°C. After secondary antibody incubation, ligation and
amplification were performed according to the manufacturer's protocol (Duolink® PLA; Sigma-Aldrich).
Briefly, ligation solution containing ligase was added to the samples, followed by incubation for 30
minutes at 37°C. Samples were then washed and incubated with the amplification solution, which includes
polymerase, at 37°C for 100 minutes to amplify the PLA signal.

Generating hGHR knockout and hPRLR knockout T47D cells

We utilized CRISPR/Cas9 to generate T47D$_{\Delta PRLR}$ and T47D$_{\Delta GHR}$. Two single-guide RNAs (sgRNAs) and Cas9 nickase (Cas9n) were designed to create sticky-end double-strand breaks in DNA at the targeted locus, triggering DNA repair via the Non-Homologous End Joining (NHEL) pathway, which introduces insertions, deletions or frameshift mutations [98]. Each sgRNA was expressed using plasmid #62987 pSpCas9n(BB)-2A-Puro(PX462) V2.0 (purchased from Addgene), which also expressed Cas9n when transfected into cells. Two vectors, built on pSpCas9n(BB)-2A-Puro(PX462) V2.0 backbone, containing a pair of sgRNAs targeting either the hGHR or hPRLR gene for knockout, as well as a built-in Cas9n gene, were transfected into newly purchased T47D cells. The transfected cells were plated at serial dilutions and selected with puromycin. Single clones were picked and expanded. The vector backbone pSpCas9n(BB)-2A-Puro(PX462) V2.0 was also used for transfection into T47D cells as a control cell line.

Genomic DNA was extracted from each clone. Primers were designed 200-400 bp upstream and downstream of the targeted locus of the hGHR or hPRLR gene to amplify the genomic DNA via PCR, which was subsequently cloned into the pUC19 vector for sequencing. Clones with mutations on both alleles were identified, and the western blot was used to confirm the absence of expression of the targeted genes.

Design of sgRNAs for hGHR or hPRLR knockout

A pair of 20 bp sequences located 10-25 bp apart at the target locus was chosen using the Feng Zhang lab's Target Finder [99]. This tool identified the best pair of guide RNA sequences with theoretically zero off-target effects. One sequence targeted the top strand, and the other targeted the bottom strand, enabling the introduction of a sticky-end double-strand DNA break. Each guide RNA sequence was synthesized as double-stranded oligonucleotides with a CACC at 5' overhand of the 20-nt guide sequence and an AAAC at the 5' overhand of the complementary strand, allowing insertion into the backbone plasmid pSpCas9n(BB)-2A-Puro(PX462) V2.0 using the Bbsl restriction enzyme. An extra nucleotide 'G' was added to the 5' end of the 20-nt guide if the sequence did not begin with 'G', which is the preferred first base following the U6 RNA Polymerase III promoter.

The target locus for introducing mutations in the hGHR gene was located at exon 4. Exon 4 was chosen because many naturally occurring pathological mutations in Laron Syndrome are located in this region. Additionally, deletion of the 3' end of exon 4 and its adjacent intron has been shown to successfully generate GHR knockout mice[100]. The hPRLR gene has seven isoforms; exon 5 is included in six of these isoforms, except for the ΔS1 PRLR isoform, in which both exons 4 and 5 are skipped by alternative splicing. Therefore, we selected the end of exon 5 and the adjacent intron as the target locus for introducing mutations. The goal was to knock out all six isoforms containing exon 5, as well as the ΔS1 PRLR isoform, by interrupting alternative splicing. This was achieved by deleting the initial GU dinucleotide sequence at the 5' end of the intron, which is required for the binding of the U1 protein of the spliceosome.

Statistical analysis

Imaging and biochemical experiments were carried out at least three times to ensure reproducibility. Data were analyzed using unpaired, two-tailed t-tests. *Prism* software was used for statistical analysis (GraphPad Inc, USA). Data are presented as means ± s.e.m.

476 To quantify changes in localization and colocalization we randomly selected 4 ROIs (regions of interest)
477 per cell to calculate fractions and then calculated the average of three different cells from independently
478 repeated experiments.

Discussion:

The non-ligand-bound states of hGHR and hPRLR have been extensively investigated. Pre-
homodimerization of hGHR and hPRLR has been reported using structural and biochemical methods [40,
101-104]. At the same time, a recent study supports the notion that GHR, at physiological densities, exists
as monomers on the cell surface and becomes activated by a ligand-induced dimerization [105]. The
current study uses a highly precise and sensitive single-molecule localization microscopy approach to
study the formation of hGHR and hPRLR nanoclusters and the cell surface receptor availability. Our super-
resolution images reveal that in human T47D breast cancer cells and the γ2A-JAK2 cell exogenous
expression system, the cluster size of hGHR and hPRLR in the basal state range from a few localizations
per cluster up to a thousand localizations per cluster.

With GH or PRL treatment, the number of hGHR on both T47D and γ2A-JAK2 cell surfaces is decreased,
indicating the removal of surface hGHR. Moreover, the distribution curve of hGHR shifts toward larger
cluster sizes (Fig. 3), suggesting a ligand-induced aggregation of receptors. In turn, hPRLR numbers
dramatically increase on the cell surface in response to ligand stimulation. The newly presented hPRLR
clusters may impact the distribution of cluster sizes, which may explain why the median of hPRLR cluster
sizes does not change much with ligand treatment.

Our PL assay data indicate that distances between hGHR and hPRLR are small (less than 40nm). This
implies that hGHR and hPRLR form co-localized clusters in unstimulated states, suggesting hGHR and
hPRLR are physically accessible to one other. With GH stimulation, the fraction of co-localized receptors
is decreased. Given that GH treatment enhances the coimmunoprecipitation of total cellular hGHR and
hPRLR [68], the decrease in co-localized surface receptors can likely be attributed to removing co-localized
receptors from the cell surface.

It is well documented that hPRLR is engaged by both PRL and GH, while hGHR only responds to GH [41,
43, 44]. Unexpectedly, we found that PRL induces a down-regulation of cell surface hGHR in cells that co-
express hGHR and hPRLR (Fig. 2), indicating that hPRLR directly or indirectly interacts with hGHR.
Interestingly, PRL was unable to induce hGHR down-regulation in cells either lacking hPRLR or expressing
hPRLR without its Box1 region (hPRLR-tr238 or hPRLR-ΔBox1), suggesting that JAK2 and PRLR association
is required for hGHR-hPRLR interaction that in turn allows PRL-induced downregulation of cell surface
hGHR. Notably, previous work showed that GHR and JAK2 association is necessary for JAK2 to stabilize
cell surface GHR and inhibit constitutive GHR down-regulation [80]. Furthermore, single-particle tracking
studies showed that, in the presence of JAK2, a higher level of ligand-induced dimerization of GHR was
observed [105]. Moreover, JAK2 with intact kinase activity is required for GH-induced GHR down-
regulation [80]. Similarly, the box1 region of PRLR also associates with JAK2, and deletion or modulation
of the last proline residue of box1 abrogates PRLR function [106]. Collectively, these findings suggest that
the box1 regions in hGHR and hPRLR play a crucial role in the transduction of the individual signaling
cascades and hGHR-hPRLR association.

Here we found that, in the resting state, the degree of hGHR-hPRLR colocalization is higher in cells
expressing hPRLR with the box1 motif. This suggests JAK2 may not only stabilize GHR but also support the
formation of hGHR-hPRLR-containing clusters. Previously, it has been suggested that such clusters are
comprised of hGHR homodimers and hPRLR homodimers that together form (hGHR-hGHR) − (hPRLR-
hPRLR) hetero-multimers or higher order oligomers [69]. Indeed, because the intracellular domains (ICD)
of both hGHR and hPRLR are highly disordered, the flexibility of their ICDs may provide room for recruiting
JAK2 and stabilizing the hGHR-hPRLR association [107, 108]. Moreover, a study of the crystal structure of
erythropoietin receptor (EPOR) and leptin receptor (LEPR), which also belong to the class I cytokine
receptor family, revealed recently that JAK2/EPOR and JAK2/LEPR complexes contained four JAK2 and
four EPOR or LEPR molecules, respectively [109]. Hence, it is possible that hGHR-hGHR homodimers and
hPRLR-hPRLR homodimers form complexes in a similar fashion (Fig. 8). We propose that this JAK2/Box1-
mediated interaction of receptors is not limited to hGHR and hPRLR but may generalize to other receptors
of the class I cytokine receptor family. We note, however, that determinants within particular receptors
(perhaps residing in their extracellular and/or transmembrane domains) and their intracellular JAK2
association domains may facilitate, to varying degrees, their propensity to form multimeric aggregates.
GHR and PRLR, for example, may tend to do so more avidly with each other than either one does with
other cytokine receptors. Additional studies are required to determine and understand the modes and
functions of the hGHR-hPRLR association.

An obvious question is to what extent our observed regulation is biologically relevant. While our work
does not provide an answer to this question, one could argue that, generally speaking, such a mechanism
could provide a means for crosstalk and feedback between the two cytokine receptors and allow for a
more fine-tuned signaling response. In particular high levels of PRL could reduce GH signaling thereby
prioritizing PRL's function over GHR-mediated growth processes. PRLR's ability to modulate GHR cell
surface availability might also contribute to tissue-specific responses to hormonal signals. For instance, in
situations with high PRL levels in circulation such as during lactation [110], downregulation of mammary
gland cell surface GHRs could prevent GH from counteracting PRL's effects. Also, PRL and GH have
important roles in metabolism, often with opposing effects [2, 111-113]. PRL promotes lipogenesis and
energy storage, while GH promotes lipolysis and energy mobilization. By downregulating GHRs, PRL could
shift the metabolic balance in favor of energy storage. Moreover, this regulation may also have disease
implications: hPRL/hPRLR-mediated downregulation of cell surface hGHR could be a relevant factor in the
observed anti-tumor effect of PRLR signaling, especially in triple-negative breast cancer (TNBC) expressing
PRLR but lacking other interfering hormone receptors. As previously shown, the TNBC cell lines MDA-MB-
231 and MDA-MB-453 show significantly increased GHR [15] while expressing no or only endogenous
levels of PRLR, respectively [28]. PRL treatment significantly decreased cell viability and invasive capacity
of MDA-MB-231 cells following the restoration of PRLR expression. In MDA-MB-453 cells, PRL caused a
significant reduction in cell viability. A xenograft model with inoculated MDA-MB-453 cells confirmed the
growth inhibitory effect of PRL treatment *in vivo*, suggesting PRLR expression as an indicator of a favorable
prognosis. However, several studies have reported the contrary, namely that PRL promotes breast cancer
[12], presenting a conundrum that so far has not been resolved. Among the observations supporting a
role of PRL in promoting breast cancer are: (1) frequent PRLR overexpression in BC tissues, (2) association
of elevated (serum) PRL with increased BC risk – in particular for estrogen receptor (ER) positive BC – and
increased risk for metastatic progression from epidemiologic data, and (3) PRL stimulation modulating the
cytoskeleton and inducing motility of human breast cancer cells (including T47D) in vitro, which has been
associated with mammary carcinoma progression in vivo [12]. Of note, our hypothesis of PRL-mediated

down-regulation of GHR presence on the cell surface being protective does not mean that other effects
cannot also be involved or cancel this positive effect out. Moreover, timing could be a decisive element:
while PRL might have a protective effect (depending on other factors) at the time of tumorigenesis, it may
actually facilitate BC metastasis. But given the lack of experimental data indicating a clear protective effect
through Jak2-mediated receptor interactions in PRLR+ GHR+ BC at any BC stage, our hypothesis remains
speculative.

Besides, observations in MCF-7, a human breast cancer cell line, where binding of PRL causes
internalization and downregulation of PRLR expression seem to contradict our observations in T47D cells
[114]. Recently, a competition between two kinases (JAK2 and LYN) for binding hGHR at the box1-box2
region was reported [115], indicating that hGHR nanocluster formation at the cell membrane is regulated
also by kinases. It is conceivable that similar kinase-dependent competition mechanisms could regulate
also PRLR cell surface availability. Thus, differences in cells' expression of such kinases could then play a
role in the perceived inconsistency. Moreover, [114] focuses on the downregulation of the long PRLR
isoform in response to PRL, while all other isoforms were undetectable in MCF-7 cells. So, this and other
differences between the cell lines may be the reason for the perceived contradiction.

We note that a limitation of our study is the focus on T47D and γ2A-JAK2 cells. It remains to be seen, if
we can observe and replicate the same effect also in other cell lines, for instance mammary epithelial cells
or other hGHR+ PRLR+ cancer cell lines. Also, the roles of the different membrane PRLR isoforms have not
been fully addressed and our study lacks isoform specific data [37]. The anti-PRLR antibody that we used
does not only recognize the long form PRLR but also the intermediate form and the short forms, all of
which have ECDs. All these forms contain the box1 motif. Importantly, form S1b is almost identical to
hPRLR-tr292, but behaves similarly to LF (i.e. our hPRLR WT) in terms of normalized GHR cell surface
localization and PRLR co-localization (Fig. 6). So, while we do not have experimental confirmation, we
would expect that these other isoforms behave somewhat similarly to LF with respect to GHR surface
membrane interactions – while still inducing different downstream effects as well as playing different
roles in breast cancer [37, 116-118].

As part of future research, we plan to study the observed effect in cell lines other than T47D. We would
also like to investigate if the mechanism is PRLR-GHR specific, or if there are other cytokine receptors that
can interact in a similar asymmetric, ligand-dependent manner, such that one regulates the other
receptor's surface availability. Importantly, we would like to elucidate any biological relevance of the
observed effect, analyze roles and consequences of PRLR isoforms, and investigate our hypothesis that
PRLR-mediated downregulation of cell surface GHR contributed to the anti-tumoral effect of PRL
treatment in PRLR-positive TNBC.

Fig. 8. Model of JAK2 stabilizing GHR-GHR and PRLR-PRLR heteromers. **(A)** Schematic representation of
GHRs homodimer and PRLRs homodimer form a heteromer, which contains two PRLRs (red), two
GHRs(green), and four JAK2(blue). **(B)** A top view of the JAK2/PRLR/GHR multimer.

Reference:

1.   Isaksson, O.G., S. Eden, and J.O. Jansson, *Mode of action of pituitary growth hormone on target*
cells. Annu Rev Physiol, 1985. **47**: p. 483-99.
2.   Moller, N. and J.O. Jorgensen, *Effects of growth hormone on glucose, lipid, and protein*
metabolism in human subjects. Endocr Rev, 2009. **30**(2): p. 152-77.
3.   Brooks, C.L., *Molecular mechanisms of prolactin and its receptor.* Endocr Rev, 2012. **33**(4): p.
504-25.
4.   Gonzalez-Lucano, L.R., et al., *Increased expression of the prolactin receptor is associated with*
malignant laryngeal tumors. Exp Ther Med, 2012. **3**(4): p. 603-607.
5.   Ascencio-Cedillo, R., et al., *Prolactin and prolactin receptor expression in cervical intraepithelial*
neoplasia and cancer. Pathol Oncol Res, 2015. **21**(2): p. 241-6.
6.   Harris, J., et al., *Prolactin and the prolactin receptor: new targets of an old hormone.* Ann Med,
2004. **36**(6): p. 414-25.
7.   Asad, A.S., et al., *The role of the prolactin receptor pathway in the pathogenesis of glioblastoma:*
what do we know so far? Expert Opin Ther Targets, 2020. **24**(11): p. 1121-1133.
8.   Sethi, B.K., G.V. Chanukya, and V.S. Nagesh, *Prolactin and cancer: Has the orphan finally found a*
home? Indian J Endocrinol Metab, 2012. **16**(Suppl 2): p. S195-8.
9.   Boguszewski, C.L. and M. Boguszewski, *Growth Hormone's Links to Cancer.* Endocr Rev, 2019.
40(2): p. 558-574.
10.   Strous, G.J., et al., *Growth Hormone Receptor Regulation in Cancer and Chronic Diseases.* Front
Endocrinol (Lausanne), 2020. **11**: p. 597573.
11.   Chhabra, Y., M.J. Waters, and A.J. Brooks, *Role of the growth hormone-IGF-1 axis in cancer.*
Expert Rev Endocrinol Metab, 2011. **6**(1): p. 71-84.
12.   Clevenger, C.V. and H. Rui, *Breast Cancer and Prolactin - New Mechanisms and Models.*
Endocrinology, 2022. **163**(10).
13.   Shemanko, C.S., *Prolactin receptor in breast cancer: marker for metastatic risk.* J Mol Endocrinol,
2016. **57**(4): p. R153-R165.
14.   Goffin, V., *Prolactin receptor targeting in breast and prostate cancers: New insights into an old*
challenge. Pharmacol Ther, 2017. **179**: p. 111-126.
15.   Zhu, X., et al., *Growth hormone receptor promotes breast cancer progression via the*
BRAF/MEK/ERK signaling pathway. FEBS Open Bio, 2020. **10**(6): p. 1013-1020.
16.   Subramani, R., et al., *Role of Growth Hormone in Breast Cancer.* Endocrinology, 2017. **158**(6): p.
1543-1555.
17.   Xu, J., et al., *The role of prolactin receptor in GH signaling in breast cancer cells.* Mol Endocrinol,
2013. **27**(2): p. 266-79.
18.   Gebre-Medhin, M., et al., *Growth hormone receptor is expressed in human breast cancer.* Am J
Pathol, 2001. **158**(4): p. 1217-22.
19.   Mertani, H.C., et al., *Cellular expression of growth hormone and prolactin receptors in human*
breast disorders. Int J Cancer, 1998. **79**(2): p. 202-11.
20.   Kavarthapu, R., R. Anbazhagan, and M.L. Dufau, *Crosstalk between PRLR and EGFR/HER2*
Signaling Pathways in Breast Cancer. Cancers (Basel), 2021. **13**(18).
21.   Wang, L., et al., *Functional regulations between genetic alteration-driven genes and drug target*
genes acting as prognostic biomarkers in breast cancer. Sci Rep, 2022. **12**(1): p. 10641.
22.   Liang, J., et al., *PRLR and CACNA2D1 Impact the Prognosis of Breast Cancer by Regulating Tumor*
Immunity. J Pers Med, 2022. **12**(12).

23. Fiorillo, A.A., et al., *The prolactin receptor transactivation domain is associated with steroid*
hormone receptor expression and malignant progression of breast cancer. Am J Pathol, 2013.
182(1): p. 217-33.
24. Schuler, L.A. and K.A. O'Leary, *Prolactin: The Third Hormone in Breast Cancer.* Front Endocrinol
(Lausanne), 2022. **13**: p. 910978.
25. Swaminathan, G., B. Varghese, and S.Y. Fuchs, *Regulation of prolactin receptor levels and activity*
in breast cancer. J Mammary Gland Biol Neoplasia, 2008. **13**(1): p. 81-91.
26. Hachim, I.Y., et al., *Prolactin Receptor Expression is an Independent Favorable Prognostic Marker*
in Human Breast Cancer. Appl Immunohistochem Mol Morphol, 2016. **24**(4): p. 238-45.
27. Hachim, I.Y., et al., *A favorable role of prolactin in human breast cancer reveals novel pathway-*
based gene signatures indicative of tumor differentiation and favorable patient outcome. Hum
Pathol, 2016. **53**: p. 142-52.
28. Lopez-Ozuna, V.M., et al., *Prolactin Pro-Differentiation Pathway in Triple Negative Breast*
Cancer: Impact on Prognosis and Potential Therapy. Sci Rep, 2016. **6**: p. 30934.
29. Hachim, I.Y., et al., *Prolactin hormone exerts anti-tumorigenic effects in HER-2 overexpressing*
breast cancer cells through regulation of stemness. Stem Cell Res, 2019. **40**: p. 101538.
30. Agarwal, N., et al., *Phase I Study of the Prolactin Receptor Antagonist LFA102 in Metastatic*
Breast and Castration-Resistant Prostate Cancer. Oncologist, 2016. **21**(5): p. 535-6.
31. Huising, M.O., C.P. Kruiswijk, and G. Flik, *Phylogeny and evolution of class-I helical cytokines.* J
Endocrinol, 2006. **189**(1): p. 1-25.
32. Teilum, K., et al., *Solution structure of human prolactin.* J Mol Biol, 2005. **351**(4): p. 810-23.
33. Dehkhoda, F., et al., *The Growth Hormone Receptor: Mechanism of Receptor Activation, Cell*
Signaling, and Physiological Aspects. Front Endocrinol (Lausanne), 2018. **9**: p. 35.
34. Waters, M.J., *The growth hormone receptor.* Growth Horm IGF Res, 2016. **28**: p. 6-10.
35. Araya-Secchi, R., et al., *The prolactin receptor scaffolds Janus kinase 2 via co-structure formation*
with phosphoinositide-4,5-bisphosphate. Elife, 2023. **12**.
36. Ross, R.J., et al., *A short isoform of the human growth hormone receptor functions as a dominant*
negative inhibitor of the full-length receptor and generates large amounts of binding protein.
Mol Endocrinol, 1997. **11**(3): p. 265-73.
37. Kavarthapu, R. and M.L. Dufau, *Prolactin receptor gene transcriptional control, regulatory*
modalities relevant to breast cancer resistance and invasiveness. Front Endocrinol (Lausanne),
2022. **13**: p. 949396.
38. Biener-Ramanujan, E., et al., *Spatio-temporal kinetics of growth hormone receptor signaling in*
single cells using FRET microscopy. Growth Hormone & Igf Research, 2006. **16**(4): p. 247-257.
39. Brooks, A.J., et al., *Mechanism of activation of protein kinase JAK2 by the growth hormone*
receptor. Science, 2014. **344**(6185): p. 1249783.
40. Liu, Y., et al., *Dynamic analysis of GH receptor conformational changes by split luciferase*
complementation. Mol Endocrinol, 2014. **28**(11): p. 1807-19.
41. Cunningham, B.C., et al., *Zinc mediation of the binding of human growth hormone to the human*
prolactin receptor. Science, 1990. **250**(4988): p. 1709-12.
42. Kossiakoff, A.A., et al., *Comparison of the intermediate complexes of human growth hormone*
bound to the human growth hormone and prolactin receptors. Protein Sci, 1994. **3**(10): p. 1697-
705.
43. Fu, Y.K., et al., *Growth hormone augments superoxide anion secretion of human neutrophils by*
binding to the prolactin receptor. J Clin Invest, 1992. **89**(2): p. 451-7.
44. Somers, W., et al., *The X-ray structure of a growth hormone-prolactin receptor complex.* Nature,
1994. **372**(6505): p. 478-81.

45.   Hughes, J.P. and H.G. Friesen, *The nature and regulation of the receptors for pituitary growth*
692   *hormone.* Annu Rev Physiol, 1985. **47**: p. 469-82.
693   46.   Frank, S.J., *Classical and novel GH receptor signaling pathways.* Mol Cell Endocrinol, 2020. **518**:
694   p. 110999.
695   47.   Chhabra, Y., et al., *GHR signalling: Receptor activation and degradation mechanisms.* Mol Cell
696   Endocrinol, 2021. **520**: p. 111075.
697   48.   Argetsinger, L.S., et al., *Identification of JAK2 as a growth hormone receptor-associated tyrosine*
698   *kinase.* Cell, 1993. **74**(2): p. 237-44.
699   49.   Smit, L.S., et al., *The role of the growth hormone (GH) receptor and JAK1 and JAK2 kinases in the*
700   *activation of Stats 1, 3, and 5 by GH.* Mol Endocrinol, 1996. **10**(5): p. 519-33.
701   50.   Lebrun, J.J., et al., *Prolactin-induced proliferation of Nb2 cells involves tyrosine phosphorylation*
702   *of the prolactin receptor and its associated tyrosine kinase JAK2.* J Biol Chem, 1994. **269**(19): p.
703   14021-6.
704   51.   DaSilva, L., et al., *Prolactin recruits STAT1, STAT3 and STAT5 independent of conserved receptor*
705   *tyrosines TYR402, TYR479, TYR515 and TYR580.* Mol Cell Endocrinol, 1996. **117**(2): p. 131-40.
706   52.   Winston, L.A. and T. Hunter, *JAK2, Ras, and Raf are required for activation of extracellular signal-*
707   *regulated kinase/mitogen-activated protein kinase by growth hormone.* J Biol Chem, 1995.
708   **270**(52): p. 30837-40.
709   53.   Abe, J. and B.C. Berk, *Fyn and JAK2 mediate Ras activation by reactive oxygen species.* J Biol
710   Chem, 1999. **274**(30): p. 21003-10.
711   54.   Waters, M.J. and A.J. Brooks, *JAK2 activation by growth hormone and other cytokines.* Biochem
712   J, 2015. **466**(1): p. 1-11.
713   55.   Vansaun, M.N., *Molecular pathways: adiponectin and leptin signaling in cancer.* Clin Cancer Res,
714   2013. **19**(8): p. 1926-32.
715   56.   Platanias, L.C., *Mechanisms of type-I- and type-II-interferon-mediated signalling.* Nat Rev
716   Immunol, 2005. **5**(5): p. 375-86.
717   57.   Bousoik, E. and H. Montazeri Aliabadi, *"Do We Know Jack" About JAK? A Closer Look at JAK/STAT*
718   *Signaling Pathway.* Front Oncol, 2018. **8**: p. 287.
719   58.   Hu, X., et al., *The JAK/STAT signaling pathway: from bench to clinic.* Signal Transduct Target
720   Ther, 2021. **6**(1): p. 402.
721   59.   Dawson, M.A., et al., *JAK2 phosphorylates histone H3Y41 and excludes HP1alpha from*
722   *chromatin.* Nature, 2009. **461**(7265): p. 819-22.
723   60.   Seavey, M.M. and P. Dobrzanski, *The many faces of Janus kinase.* Biochem Pharmacol, 2012.
724   **83**(9): p. 1136-45.
725   61.   Bridges, R.S. and D.R. Grattan, *30 years after: CNS actions of prolactin: Sources, mechanisms and*
726   *physiological significance.* J Neuroendocrinol, 2019. **31**(3): p. e12669.
727   62.   Wen, Y., et al., *Blockade of the Short Form of Prolactin Receptor Induces FOXO3a/EIF-4EBP1-*
728   *Mediated Cell Death in Uterine Cancer.* Mol Cancer Ther, 2020. **19**(9): p. 1943-1954.
729   63.   Molina-Salinas, G., et al., *Decoding signaling pathways involved in prolactin-induced*
730   *neuroprotection: A review.* Front Neuroendocrinol, 2021. **61**: p. 100913.
731   64.   Carter-Su, C., J. Schwartz, and L.S. Argetsinger, *Growth hormone signaling pathways.* Growth
732   Horm IGF Res, 2016. **28**: p. 11-5.
733   65.   Chasseloup, F., V. Bernard, and P. Chanson, *Prolactin: structure, receptors, and functions.* Rev
734   Endocr Metab Disord, 2024.
735   66.   Herman, A., et al., *Functional heterodimerization of prolactin and growth hormone receptors by*
736   *ovine placental lactogen.* J Biol Chem, 2000. **275**(9): p. 6295-301.
737   67.   Biener, E., et al., *Ovine placental lactogen-induced heterodimerization of ovine growth hormone*
738   *and prolactin receptors in living cells is demonstrated by fluorescence resonance energy transfer*

microscopy and leads to prolonged phosphorylation of signal transducer and activator of
transcription (STAT)1 and STAT3. Endocrinology, 2003. **144**(8): p. 3532-40.

68.   Xu, J., et al., *Growth hormone signaling in human T47D breast cancer cells: potential role for a*
growth hormone receptor-prolactin receptor complex. Mol Endocrinol, 2011. **25**(4): p. 597-610.

69.   Liu, Y., et al., *GHR/PRLR Heteromultimer Is Composed of GHR Homodimers and PRLR*
Homodimers. Mol Endocrinol, 2016. **30**(5): p. 504-17.

70.   Liu, Y., et al., *Subdomain 2, Not the Transmembrane Domain, Determines the Dimerization*
Partner of Growth Hormone Receptor and Prolactin Receptor. Endocrinology, 2017. **158**(10): p.
3235-3248.

71.   Huang, B., H. Babcock, and X. Zhuang, *Breaking the diffraction barrier: super-resolution imaging*
of cells. Cell, 2010. **143**(7): p. 1047-58.

72.   Bates, M., T.R. Blosser, and X. Zhuang, *Short-range spectroscopic ruler based on a single-*
molecule optical switch. Phys Rev Lett, 2005. **94**(10): p. 108101.

73.   Kruger, C.L., et al., *Quantitative single-molecule imaging of TLR4 reveals ligand-specific receptor*
dimerization. Sci Signal, 2017. **10**(503).

74.   Krüger, C., et al., *Molecular counting of membrane receptor subunits with single-molecule*
localization microscopy. SPIE BiOS. Vol. 10071. 2017: SPIE.

75.   Ripley, B.D., *Tests of `Randomness' for Spatial Point Patterns.* Journal of the Royal Statistical
Society. Series B (Methodological), 1979. **41**(3): p. 368-374.

76.   Ester, M., et al., *A density-based algorithm for discovering clusters in large spatial databases*
with noise, in *Proceedings of the Second International Conference on Knowledge Discovery and*
Data Mining. 1996, AAAI Press: Portland, Oregon. p. 226–231.

77.   Mattheyses, A.L., S.M. Simon, and J.Z. Rappoport, *Imaging with total internal reflection*
fluorescence microscopy for the cell biologist. J Cell Sci, 2010. **123**(Pt 21): p. 3621-8.

78.   Kohlhuber, F., et al., *A JAK1/JAK2 chimera can sustain alpha and gamma interferon responses.*
Mol Cell Biol, 1997. **17**(2): p. 695-706.

79.   Loesch, K., et al., *Janus kinase 2 influences growth hormone receptor metalloproteolysis.*
Endocrinology, 2006. **147**(6): p. 2839-49.

80.   Deng, L., et al., *Determinants of growth hormone receptor down-regulation.* Mol Endocrinol,
2007. **21**(7): p. 1537-51.

81.   Zhang, Y., et al., *Growth hormone (GH) receptor (GHR)-specific inhibition of GH-Induced signaling*
by soluble IGF-1 receptor (sol IGF-1R). Mol Cell Endocrinol, 2019. **492**: p. 110445.

82.   Zhang, Y., et al., *Growth hormone (GH)-induced dimerization inhibits phorbol ester-stimulated*
GH receptor proteolysis. J Biol Chem, 2001. **276**(27): p. 24565-73.

83.   Chen, H., et al., *Augmented Stat5 Signaling Bypasses Multiple Impediments to Lactogen-*
Mediated Proliferation in Human beta-Cells. Diabetes, 2015. **64**(11): p. 3784-97.

84.   Jiang, J., et al., *A conformationally sensitive GHR [growth hormone (GH) receptor] antibody:*
impact on GH signaling and GHR proteolysis. Mol Endocrinol, 2004. **18**(12): p. 2981-96.

85.   Kim, S.O., et al., *Involvement of the Src homology 2-containing tyrosine phosphatase SHP-2 in*
growth hormone signaling. J Biol Chem, 1998. **273**(4): p. 2344-54.

86.   Zhang, Y., et al., *Disulfide linkage of growth hormone (GH) receptors (GHR) reflects GH-induced*
GHR dimerization. Association of JAK2 with the GHR is enhanced by receptor dimerization. J Biol
Chem, 1999. **274**(46): p. 33072-84.

87.   Alele, J., et al., *Blockade of growth hormone receptor shedding by a metalloprotease inhibitor.*
Endocrinology, 1998. **139**(4): p. 1927-35.

88.   Frank, S.J., et al., *In vivo imaging of hepatic growth hormone signaling.* Mol Endocrinol, 2006.
20(11): p. 2819-30.

89.   He, K., et al., *Janus kinase 2 enhances the stability of the mature growth hormone receptor.*
787   Endocrinology, 2005. **146**(11): p. 4755-65.
788   90.   Yang, N., et al., *Role of the growth hormone (GH) receptor transmembrane domain in receptor*
789   *predimerization and GH-induced activation.* Mol Endocrinol, 2007. **21**(7): p. 1642-55.
790   91.   Yang, N., et al., *Activation of growth hormone receptors by growth hormone and growth*
791   *hormone antagonist dimers: insights into receptor triggering.* Mol Endocrinol, 2008. **22**(4): p.
792   978-88.
793   92.   Gan, Y., et al., *Human GH receptor-IGF-1 receptor interaction: implications for GH signaling.* Mol
794   Endocrinol, 2014. **28**(11): p. 1841-54.
795   93.   Buckels, A., et al., *Autocrine/paracrine actions of growth hormone in human melanoma cell lines.*
796   Biochem Biophys Rep, 2020. **21**: p. 100716.
797   94.   Beggs, R.R., W.F. Dean, and A.L. Mattheyses, *dSTORM Imaging and Analysis of Desmosome*
798   *Architecture*, in *Permeability Barrier: Methods and Protocols*, K. Turksen, Editor. 2021, Springer
799   US: New York, NY. p. 305-315.
800   95.   Beggs, R.R., W.F. Dean, and A.L. Mattheyses, *dSTORM Imaging and Analysis of Desmosome*
801   *Architecture.* Methods Mol Biol, 2020.
802   96.   Beggs, R.R., et al., *Desmosomes undergo dynamic architectural changes during assembly and*
803   *maturation.* Tissue Barriers, 2022. **10**(4): p. 2017225.
804   97.   Pageon, S.V., et al., *Clus-DoC: a combined cluster detection and colocalization analysis for single-*
805   *molecule localization microscopy data.* Mol Biol Cell, 2016. **27**(22): p. 3627-3636.
806   98.   Ran, F.A., et al., *Double nicking by RNA-guided CRISPR Cas9 for enhanced genome editing*
807   *specificity.* Cell, 2013. **154**(6): p. 1380-9.
808   99.   Ran, F.A., et al., *Genome engineering using the CRISPR-Cas9 system.* Nat Protoc, 2013. **8**(11): p.
809   2281-2308.
810   100.   Zhou, Y., et al., *A mammalian model for Laron syndrome produced by targeted disruption of the*
811   *mouse growth hormone receptor/binding protein gene (the Laron mouse).* Proc Natl Acad Sci U S
812   A, 1997. **94**(24): p. 13215-20.
813   101.   Frank, S.J., *Receptor dimerization in GH and erythropoietin action--it takes two to tango, but*
814   *how?* Endocrinology, 2002. **143**(1): p. 2-10.
815   102.   Cunningham, B.C., et al., *Dimerization of the extracellular domain of the human growth hormone*
816   *receptor by a single hormone molecule.* Science, 1991. **254**(5033): p. 821-5.
817   103.   Gent, J., et al., *Ligand-independent growth hormone receptor dimerization occurs in the*
818   *endoplasmic reticulum and is required for ubiquitin system-dependent endocytosis.* Proc Natl
819   Acad Sci U S A, 2002. **99**(15): p. 9858-63.
820   104.   Gadd, S.L. and C.V. Clevenger, *Ligand-independent dimerization of the human prolactin receptor*
821   *isoforms: functional implications.* Mol Endocrinol, 2006. **20**(11): p. 2734-46.
822   105.   Wilmes, S., et al., *Mechanism of homodimeric cytokine receptor activation and dysregulation by*
823   *oncogenic mutations.* Science, 2020. **367**(6478): p. 643-652.
824   106.   Pezet, A., et al., *The last proline of Box 1 is essential for association with JAK2 and functional*
825   *activation of the prolactin receptor.* Mol Cell Endocrinol, 1997. **129**(2): p. 199-208.
826   107.   Kassem, N., et al., *Order and disorder-An integrative structure of the full-length human growth*
827   *hormone receptor.* Sci Adv, 2021. **7**(27).
828   108.   Bugge, K., et al., *A combined computational and structural model of the full-length human*
829   *prolactin receptor.* Nat Commun, 2016. **7**: p. 11578.
830   109.   Ferrao, R.D., H.J. Wallweber, and P.J. Lupardus, *Receptor-mediated dimerization of JAK2 FERM*
831   *domains is required for JAK2 activation.* Elife, 2018. **7**.
832   110.   Neville, M.C., T.B. McFadden, and I. Forsyth, *Hormonal regulation of mammary differentiation*
833   *and milk secretion.* J Mammary Gland Biol Neoplasia, 2002. **7**(1): p. 49-66.

834   111.   Pirchio, R., et al., *Metabolic effects of prolactin.* Front Endocrinol (Lausanne), 2022. **13**: p.
835   1015520.
836   112.   Macotela, Y., J. Triebel, and C. Clapp, *Time for a New Perspective on Prolactin in Metabolism.*
837   Trends Endocrinol Metab, 2020. **31**(4): p. 276-286.
838   113.   Vijayakumar, A., S. Yakar, and D. Leroith, *The intricate role of growth hormone in metabolism.*
839   Front Endocrinol (Lausanne), 2011. **2**: p. 32.
840   114.   Lu, J.C., T.M. Piazza, and L.A. Schuler, *Proteasomes mediate prolactin-induced receptor down-*
841   *regulation and fragment generation in breast cancer cells.* J Biol Chem, 2005. **280**(40): p. 33909-
842   16.
843   115.   Chhabra, Y., et al., *Tyrosine kinases compete for growth hormone receptor binding and regulate*
844   *receptor mobility and degradation.* Cell Rep, 2023. **42**(5): p. 112490.
845   116.   Yonezawa, T., et al., *Anti-metastatic outcome of isoform-specific prolactin receptor targeting in*
846   *breast cancer.* Cancer Lett, 2015. **366**(1): p. 84-92.
847   117.   Erika, G., et al., *Prolactin Receptor Isoforms in Human Breast Cancer*, in *Prolactin*, M.N. György
848   and E.T. Bela, Editors. 2013, IntechOpen: Rijeka. p. Ch. 11.
849   118.   Taghi Khani, A., et al., *Isoform-specific knockdown of long and intermediate prolactin receptors*
850   *interferes with evolution of B-cell neoplasms.* Commun Biol, 2023. **6**(1): p. 295.