

Implantation: molecular basis of embryo-uterine dialogue

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ABSTRACT Implantation is a complex developmental process that involves an intimate "cross-talk" between the embryo and uterus. Synchronized development of the embryo to the blastocyst stage and differentiation of the uterus to the receptive state are essential to this process. Successful execution of the events of implantation involves participation of steroid hormones, locally derived growth factors, cytokines, transcription factors and lipid mediators. Using gene-targeted mice and a delayed implantation model, our laboratory has been exploring potential interactions among steroid hormones, growth factors, cytokines and prostaglandins in this process. This review article highlights some of our recent observations on the roles of estrogen, catecholesterol, the EGF family of growth factors, leukemia inhibitory factor and cyclooxygenase-2 derived prostaglandins and their interactions in embryo-uterine "cross-talk" during implantation.

KEY WORDS: *Embryo, implantation, growth factors, cytokines, prostaglandins.*

Procreation, both sexual and asexual, is a fundamental and evolving process to sustain life in this universe. Thus, understanding this process has been the inspiration of investigators for centuries. Sexual procreation in higher eukaryotes, especially in mammals, is inferior to asexual procreation in prokaryotes and in some lower eukaryotes with respect to sheer number of progeny produced. Mammalian reproduction on the other hand, is more complex and highly regulated for the propagation of superior offspring to carry on the task of procreation. In sexual reproduction, the fate of the union of a sperm with an egg marks the beginning of embryonic development or death. A successful union leads to fertilization and subsequent development, while failure to achieve such a union leads to the demise of the gametes. In most eutherian mammals, the one-cell fertilized egg, here termed the embryo, undergoes mitotic cell division ultimately forming a blastocyst with two distinct cell populations, the inner cell mass (ICM) and a layer of trophoblast cells surrounding the ICM (Gardner and Papaioannou, 1975). The ICM forms the embryo proper and trophoblast cells first make the physical and physiological contact with the maternal uterine luminal epithelium to initiate the process of implantation, leading to the establishment of pregnancy (reviewed in Dey, 1996). A substantial embryo loss due to preimplantation death is common to many mammals, and it is considered a selection process that leads to the survival of superior embryos for implantation. Also, the failure of the events during and immediately following implantation often adds to the poor pregnancy rate in eutherian mammals (reviewed in Cross *et al.*, 1994). Therefore, understanding and unraveling the secrets of

preimplantation embryo development and implantation in the maternal uterus has been a challenge to the investigators in the field aiming to alleviate the problems of infertility, ensuring the birth of quality offspring, or developing novel contraception to restrict world population.

The current state of the knowledge of preimplantation and implantation physiology is the result of accumulation of scientific observations gathered by many pioneers through the years. One of the pioneers in this field is Ann McLaren whose seminal observations have formed the basis of further investigation in the field. This review article on implantation is dedicated to Ann McLaren to show our tribute for her contribution in the field of preimplantation and implantation biology.

Embryonic development to the blastocyst stage and uterine differentiation to the receptive environment are essential to the establishment of the embryo-uterine "cross-talk" that leads to the initiation and progression of successful implantation. A complex series of interactive molecular events is associated with this process. However, the precise sequence and details of these molecular events have not yet been defined. Since the process of implantation is complex and varies across species, a unified theme has not yet been formulated, resulting in an accumulation of literature often with contradictory interpretations. Thus, it is an arduous task to write an overview on the molecular basis of embryo-uterine interactions during implantation that could be

Abbreviations used in this paper: COX, cyclooxygenase-2; LIF, leukemia inhibitory factor.

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relevant to mammals in general. This review focuses on the molecular basis of implantation based on the information generated with mice primarily from our laboratory. However, a few of the distinct differences with other species are highlighted.

Preimplantation embryo development

Preimplantation embryo development to the blastocyst stage, which requires activation of the embryonic genome, is essential to the process of implantation. This maternal-zygotic transition occurs at the 2-cell stage in mice and other rodents, between the 8- and 16-cell stage in cows and sheep, and between 4- and 8-cell stage in humans (reviewed in Artley *et al.*, 1992). Once the embryonic genome is activated, the embryo grows rapidly to form a blastocyst. At this stage, embryos mature and escape from their zona pellucida to achieve implantation competency. The fully expanded blastocyst is composed of three cell types: (i) the outer polarized epithelial trophectoderm, (ii) the primitive endoderm, and (iii) the pluripotent ICM. The ICM provides the future cell lineages for the embryo proper (Hogan *et al.*, 1994a; McLaren, 1982a). However, no ICM is identifiable in marsupial blastocysts; they appear as a hollow ball of cells with similar morphological characteristics. It is also not known which cells are programmed to form the embryo proper (reviewed in McLaren, 1982a).

In mice and rats, normal embryonic development to the blastocyst stage within the reproductive tract requires the presence of ovarian estrogen and progesterone (McLaren, 1971). There is a decrease in the number of embryos and number of cells per embryo in the absence of these hormones (Bowman and McLaren, 1970); treatment with estrogen and progesterone reverses these defects (Roblero and Garavagno, 1979). Since there is no evidence that estrogen and/or progesterone act directly on the preimplantation embryo, embryonic development is considered to depend on growth-promoting factors originating from the reproductive tract under the influence of these hormones. However, normal development in defined media in cultures suggests that preimplantation embryos themselves produce the growth-promoting factors (reviewed in Paria and Dey, 1990). This is consistent with the expression of several growth factors, cytokines and their receptors in the embryo and uterus, as well as beneficial effects of these factors on embryonic development and functions (reviewed in Carson *et al.*, 2000; Paria and Dey, 1990; Paria *et al.*, 2000; Stewart and Cullinan, 1997).

Uterine preparation for blastocyst implantation

The molecular mechanism(s) that renders the uterus receptive to blastocyst implantation is not fully understood. The "window" of uterine receptivity is defined as the limited time when the uterine environment is conducive to blastocyst implantation. The synchronized development of the embryo to the blastocyst stage and the differentiation of the uterus to the receptive state are critical to this process (Dey, 1996; Paria *et al.*, 1993; Psychoyos, 1973). Although various aspects of molecules associated with this process are extensively being explored, a comprehensive understanding of the subject is still very limited.

Uterine differentiation to support embryo development and implantation is coordinated by progesterone and estrogen in a spatiotemporal manner (Huet-Hudson *et al.*, 1989). In the rodent,

the first conspicuous sign that the implantation process has been initiated is an increased uterine vascular permeability at the sites of blastocyst apposition (Psychoyos, 1973). This is demarcated by discrete blue bands along the uterus after an intravenous injection of a blue dye solution (Paria *et al.*, 1993; Psychoyos, 1973). This heightened, localized vascular permeability coincides with the initial attachment reaction between the luminal epithelium and the blastocyst (Enders and Schlafke, 1967) and is considered one of the earliest prerequisites for implantation (Psychoyos, 1973). In the mouse, these events occur in the evening (2200-2300 hour) of day 4 (day 1=vaginal plug) of pregnancy (Das *et al.*, 1994). The attachment reaction is followed by localized decidualization of the stroma and apoptosis of the luminal epithelium at the sites of implantation (Parr *et al.*, 1987), facilitating invasion of the trophoblast cells through the underlying basement membrane (Schlafke and Enders, 1975). The blastocyst attachment with the uterine luminal epithelium and its subsequent apoptosis is illustrated in Fig. 1. These processes are accompanied by remodeling of the extracellular matrix and angiogenesis in the stromal bed (reviewed in Carson *et al.*, 2000; Dey, 1996). The molecular mechanisms by which increased localized vascular permeability and angiogenesis occur at the implantation site are still poorly understood.

The requirement of ovarian estrogen is species-specific. While estrogen is essential for preparation of the progesterone-primed uterus for implantation in mice and rats, progesterone alone is capable of initiating implantation in species, such as the hamster, guinea pig, pig and rabbit (Deanesly 1960; Kwun and Emmens, 1974; Orsini and Meyer, 1962; Perry *et al.*, 1973). Although progesterone is an absolute requirement for implantation, it is not yet clear whether estrogen is a requirement for implantation in primates (de-Ziegler *et al.*, 1998; Meyer *et al.*, 1969; Ravindranath and Moudgal, 1987; Yoshinaga, 1994). Most of our understanding about the requirement of ovarian steroid hormones for the preparation of the uterus for implantation is based on studies in mice and rats. In the adult mouse, estrogen stimulates proliferation of uterine epithelial cells, and progesterone stimulates stromal cell proliferation. These two steroids together further potentiate stromal cell proliferation (Huet-Hudson *et al.*, 1989). Similar hormonal stimulation of cell-specific proliferation occurs in the preimplantation uterus. Preovulatory ovarian estrogen secretion induces proliferation of the luminal and glandular epithelial cells during the first two days of pregnancy. On the third day, progesterone from newly formed corpora lutea initiates stromal cell proliferation which is further potentiated by preimplantation estrogen secretion on day 4 of pregnancy (the day of implantation) (Huet-Hudson *et al.*, 1989). Uterine sensitivity to implantation in response to ovarian steroids is programmed into three phases: prereceptive, receptive, and nonreceptive. The prereceptive uterus on day 3 of pregnancy becomes receptive on day 4 under the influence of rising progesterone and preimplantation ovarian estrogen secretion (Dey, 1996; Paria *et al.*, 1993). Blastocysts implant only in the receptive uterus, which spontaneously progresses to the nonreceptive phase. The preimplantation estrogen secretion is absolutely necessary for the establishment of uterine receptivity in the rat and mouse (McCormack and Greenwald, 1974; Paria *et al.*, 1993; Psychoyos, 1973). Although the hormonal requirement for uterine preparation and implantation is different in various species, the molecular basis of these differences is not yet known and needs to be addressed. However, the preimplantation embryo as a source of estrogen

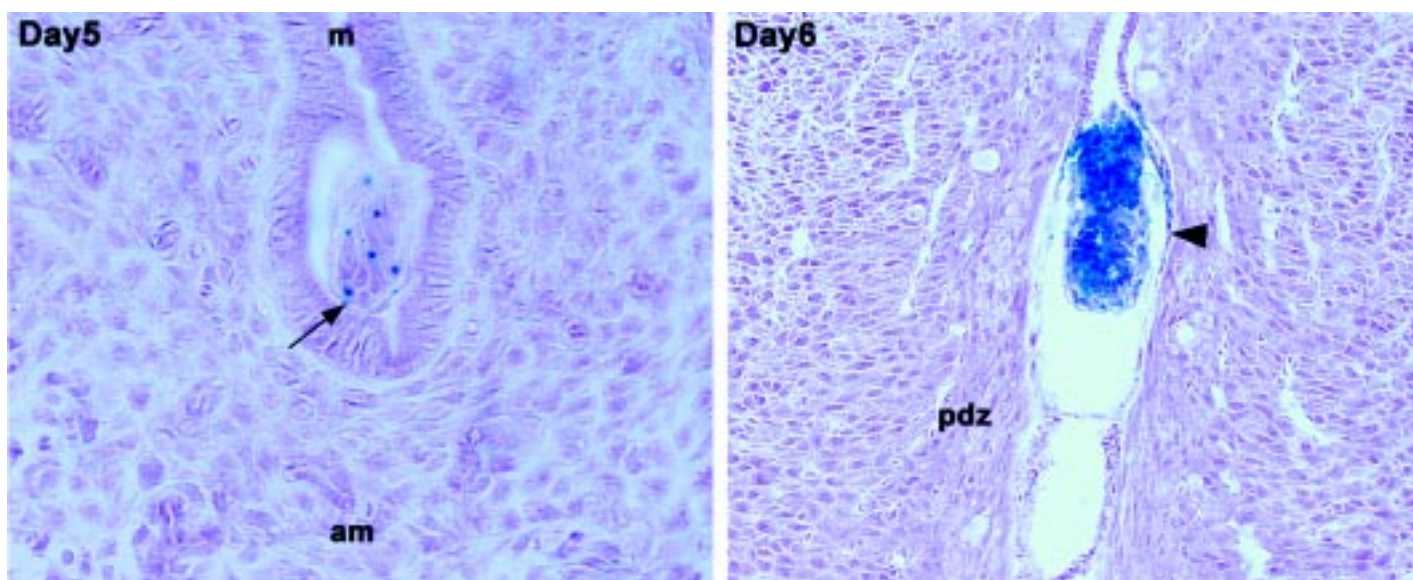


Fig. 1. Photomicrographs of cross sections of implantation sites on days 5 and 6 of pregnancy in the mouse. Arrow and arrowhead indicate antimesometrial attachment of the blastocyst trophoblast to the luminal epithelium on day 5 and the loss of uterine epithelium surrounding the implanting blastocyst on day 6, respectively. Day 4 blastocysts from ROSA 26 donors were transferred into the uteri of day 4 pseudopregnant CD-1 recipients and implantation sites were monitored by the blue dye method (Psychoyos, 1973). Implantation sites were fixed, sectioned and processed for LacZ staining (Hogan *et al.*, 1994b). ROSA 26 mice ubiquitously express the β -galactosidase transgene (Friedrich and Soriano, 1991). Note nuclear LacZ staining in embryonic cells. am, antimesometrial pole; m, mesometrial pole; pdz, primary decidual zone.

influencing implantation in the species not requiring ovarian estrogen can not be ruled out. Indeed, rabbit and pig blastocysts have an estrogen-synthesizing capacity, which is likely to participate in implantation (Hoversland *et al.*, 1982; Perry *et al.*, 1973). On the other hand, preimplantation mouse embryos do not possess the machinery for producing estrogen (Stromstedt *et al.*, 1996). Furthermore, normal implantation of mouse or human blastocysts carrying a nonfunctional aromatase gene suggests that embryonic estrogen is not required for implantation in these species (Fisher *et al.*, 1998; Morishima *et al.*, 1995). It is still unclear whether embryonic estrogen is required for the initiation of implantation in hamsters and primates. Further investigation is warranted to understand the molecular basis of these differential roles of estrogen and progesterone in the preparation of the receptive uterus and implantation among various species. In this respect, the delayed implantation model in certain species provides an opportunity to dissect out the distinctive and overlapping functions of estrogen and progesterone in the uterus as it relates to implantation.

Delayed implantation

As discussed above, in the mouse preimplantation ovarian estrogen secretion on the morning of day 4 of pregnancy is essential for the attachment reaction that occurs in the evening of this day. However, the implantation process is deferred if ovaries are removed on day 4 of pregnancy before the secretion of preimplantation ovarian estrogen. This condition, known as delayed implantation, can be maintained for several days by daily progesterone treatment (Psychoyos, 1973; Yoshinaga and Adams, 1966). Under this condition, the uterus remains in a neutral state (analogous to the prereceptive phase) and blastocysts undergo dormancy. Delayed implantation can be terminated by an injection

of estrogen to initiate implantation with blastocyst activation (McLaren, 1971; Paria *et al.*, 1993; Psychoyos, 1973). Delayed implantation can also be induced by other means including hypophysectomy and interference with hypothalamic functions (Bindon, 1969). Lataste in 1891 first described the natural suckling-induced delayed implantation (facultative) in mice and rats that had been mated during the post-partum estrus. This type of naturally-occurring delayed implantation varies between strains of mice and rats and even between individuals within a particular strain (Gidley-Baird, 1981). However, dormant blastocysts become activated and undergo implantation upon termination of the suckling stimulus by removal of pups. In many wild animals including mustelids and marsupials, delayed implantation is obligatory and seasonal (reviewed in McLaren, 1982b). Interestingly, delayed implantation does not occur in hamsters, guinea pigs, rabbits, and pigs. However, it is not known whether this condition ever occurs in primates. Although estrogen is essential to terminate delayed implantation in the progesterone-primed mouse or rat uterus, the mechanism by which estrogen directs this function is not clearly understood.

McLaren's group using labeled substrates, first showed that dormant mouse blastocysts are metabolically less active during delayed implantation than they are during normal implantation or during reactivation after estrogen treatment (Menke and McLaren, 1970). This was later confirmed by other investigators (Weitlauf, 1974). This observation by McLaren's laboratory created a tremendous interest in the field and led to the proposal that the lower metabolic rate of dormant blastocysts is the result of the presence of an inhibitor in the delayed uterus (Weitlauf, 1974; 1978). On the other hand, Surani (1975) suggested that the disappearance of a stimulatory factor from the uterus during the delay is the cause for blastocyst dormancy. Although dormant blastocysts gain metabolic competence *in vitro* (McLaren, 1973) suggesting the pres-

ence of an inhibitor, the subject still remains unresolved. We raised the question of whether metabolic competency is similar to implantation competency of the blastocyst. Our work, as described below, suggests that the blastocyst's state of activity is also an important factor in the initiation of implantation in the receptive uterus.

Blastocyst state of activity and uterine receptivity determine the window of implantation

The uterine receptivity for blastocyst implantation lasts only for a limited period, followed by spontaneous progression to the non-receptive phase when the uterine milieu becomes hostile to blastocyst survival. In rats and mice, uterine receptivity lasts for about 24-36 h (Paria et al., 1993; Psychoyos, 1973), while this window appears to last longer in primates (reviewed in Yoshinaga, 1994). In the past, it was considered that the uterine receptivity was the primary determinant for successful implantation regardless of the blastocyst's state of activity. However, our recent work, using blastocyst transfer experiments in delayed implanting mice, have demonstrated that the blastocyst's state of activity is also an important factor in defining the "window" of implantation in the receptive uterus (Paria et al., 1993). For example, dormant blastocysts transferred into uteri of progesterone-treated delayed recipients implanted only if they were transferred within one hour of an estrogen injection to the recipients. In contrast, day 4 normal or *in utero* estrogen-activated blastocysts successfully implanted even when transferred at 16 h after estrogen treatment to similar recipients. In contrast, the transfer of dormant blastocysts or *in vitro* cultured "metabolically-competent" dormant blastocysts failed to implant if transferred beyond one hour of the estrogen treatment of the progesterone-primed recipients. These results suggested a clear difference between *in vitro* activated blastocysts and those activated by estrogen *in utero* and that implantation occurs when the window of uterine receptivity coincides with the blastocyst's state of activity. Similar transfer experiments also indicated that the progesterone-treated uterus in the presence of estrogen rapidly,

but transiently, generates a factor(s) that activates the dormant blastocyst for implantation. Moreover, our results suggested that estrogen-induced uterine receptivity and blastocyst activation are two separate events, although it was not known whether these events were executed by the same or different factors (Paria et al., 1993).

Coordinated effects of estrogen and catecholesterogen on two targets direct implantation

As stated above, estrogen is essential for differentiation of the uterus to the receptive state and activation of the blastocyst for implantation in a progesterone-primed mouse uterus. However, it was difficult to delineate the dual role of estrogen on these two targets. Our work has suggests that estrogen action in implantation involves catecholestrogens which are active metabolites of primary estrogens (Paria et al., 1998). Catecholestrogens, like primary estrogens, can function via classical nuclear estrogen receptors and/or membrane receptors, and are formed in various tissues including the uterus and embryo (reviewed in Paria et al., 1998). Furthermore, catecholestrogens, but not estrogen, can stimulate prostaglandin (PG) synthesis in blastocysts and endometrial cells *in vitro*. Because PGs are important for embryo development and implantation, we suspected that a catecholesterogen produced from the primary estrogen in the progesterone-primed uterus initiates blastocyst activation in a paracrine manner (reviewed in Paria et al., 1998). Indeed, we have recently demonstrated that while estradiol-17 β (E₂, a primary estrogen) fails to activate dormant blastocysts *in vitro*, 4-hydroxy-estradiol-17 β (4-OH-E₂, a catecholesterogen) is effective in this response. Furthermore, an antiestrogen fails to block 4-OH-E₂ mediated activation of dormant blastocysts *in vitro*, suggesting a unique role of this estrogen in influencing blastocyst functions. To examine the site-specific actions of primary estrogen and catecholesterogen in uterine preparation and blastocyst activation for implantation, respectively, 2-fluoroestradiol-17 β (2-FI-E₂) was used. Although 2-

TABLE 1

GENES INVOLVED IN PREIMPLANTATION AND IMPLANTATION BIOLOGY: GENE-TARGETED MOUSE MODELS AND THEIR REPRODUCTIVE PHENOTYPES

Gene	Function	Reproductive Phenotypes	References
<i>E-cadherin</i>	Junctional protein	Failure of blastocyst formation	Larue et al., 1994
<i>FGF-4</i>	Growth factor	Defective proliferation of inner cell mass	Feldman et al., 1995
<i>erbB1</i>	Receptor for EGF-like growth factors	Postimplantation failure depending on the genetic background	Threadgill et al., 1995; Miettinen et al., 1995; Sibilia and Wagner, 1995
<i>α-catenin</i>	Adhesion molecule	Disruption of blastocyst trophoctoderm	Torres et al., 1997
<i>IGF-1</i>	Growth factor	Defective ovarian and uterine functions	Baker et al., 1996
<i>Wnt7a</i>	Cell signaling	Female sterility	Parr and McMahon, 1995
<i>COX-2</i>	Prostaglandin synthesis	Ovulation, fertilization and implantation defects	Lim et al., 1997
<i>ERα</i>	Nuclear estrogen receptor	Female sterility. Various aspects of reproductive failures	Lubahn et al., 1993
<i>PR</i>	Nuclear progesterone receptor	Female sterility. Various aspects of reproductive failures	Lydon et al., 1995
<i>LIF</i>	Cytokine	Implantation and decidualization failures	Stewart et al., 1992
<i>IL-11Rα</i>	IL-11 receptor	Defective decidualization	Robb et al., 1998
<i>Hmx3</i>	Homeobox transcription factor	Defective implantation	Wang et al., 1998
<i>Hoxa-10</i>	Homeobox transcription factor	Implantation and decidualization defects	Benson et al., 1996; Lim et al., 1999b
<i>Hoxa-11</i>	Homeobox transcription factor	Implantation and decidualization defects	Hsieh-Li et al., 1995; Gendron et al., 1997
<i>cPLA₂</i>	Arachidonic acid release	Small litter size. Cause unknown	Uozumi et al., 1997; Bonventre et al., 1997
<i>CSF-1</i>	cytokine	Reduced female fertility	Pollard et al., 1991

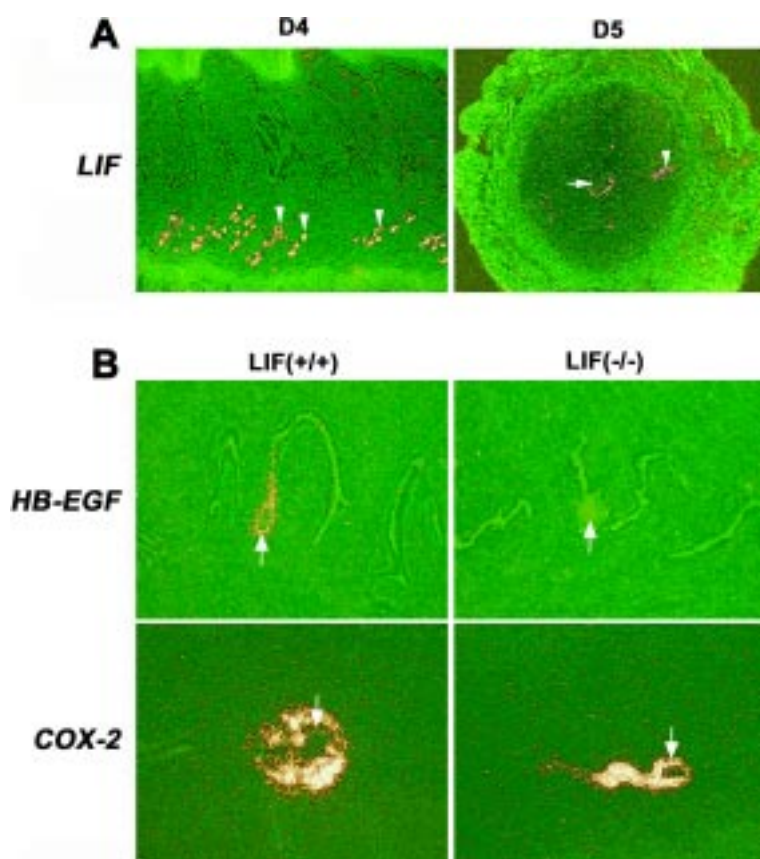


Fig. 2. *In situ* hybridization of *LIF*, *HB-EGF* and *COX-2* mRNAs in the mouse uterus on days 4 and 5 of pregnancy. (A) uterine *LIF* mRNA localization in wild-type mice at 09.00 h on days 4 and 5. Note the expression of *LIF* mRNA in the glandular epithelium on day 4 and in stromal cells surrounding the implanting blastocyst on day 5. (B) Photomicrographs of longitudinal sections of *LIF*(+/+) and *LIF*(-) mouse uteri at 18.00 h on day 4 and 09.00 h on day 5 of pregnancy showing *HB-EGF* and *COX-2* expression, respectively. Note *HB-EGF* mRNA expression in the luminal epithelial cells surrounding the blastocyst at 18.00 h on day 4 in *LIF*(+/+) mice; similar expression is absent in *LIF*(-) mice. *COX-2* mRNA, which is normally expressed in both the luminal epithelial and stromal cells surrounding an implanting blastocyst at 09.00 h on day 5 in *LIF*(+/+) mice, is aberrantly expressed in *LIF*(-) mice; the expression is only present in the luminal epithelium. Arrows and arrowheads indicate blastocysts and uterine glands, respectively. (Reprinted with permission from Ref. Song *et al.*, 2000).

Fl-E₂ is a poor substrate for and a potent inhibitor of estrogen 2/4-hydroxylase that converts primary estrogens to catecholestrogens, it is equipotent to E₂ with respect to cell-specific uterine growth and gene expression (reviewed in Paria *et al.*, 1998). However, 2-Fl-E₂ even at a dose of 75 ng/mouse failed to induce implantation in progesterone-primed delayed implanting mice, whereas E₂ at this dose or even at 10 ng/mouse induced implantation in similarly treated delayed implanting mice. These results suggested that 2-Fl-E₂ prepared the uterus but failed to activate the dormant blastocyst, possibly because of its failure to form catecholestrogens. This is consistent with the finding that day 4 normal blastocysts, or dormant blastocysts cultured in the presence of 4-OH-E₂ did implant when they were transferred into uteri of progesterone-primed delayed recipients receiving an injection of 2-Fl-E₂. However, dormant blastocysts cultured in the presence of E₂ failed to implant in similarly treated mice. These results suggest that dor-

mant blastocysts become implantation competent when they are cultured with 4-OH-E₂, but not with E₂. Collectively, our results demonstrate that primary estrogen participates in the preparation of the progesterone-primed uterus to the receptive state in an endocrine manner, whereas its metabolite catecholestrogen produced in the uterus mediates blastocyst activation for implantation in a paracrine manner, suggesting target-specific effects of estrogens during implantation. However, the molecular mechanisms by which these estrogens mediate their effects are not clearly understood. There is increasing evidence that the steroid hormones interact with the local factors at the targets to initiate the process of embryo-uterine interactions during implantation.

Potential molecular signaling during implantation

Recent progress in genetics and molecular biology has remarkably increased our knowledge regarding the roles of locally derived growth factors, cytokines, homeotic gene products and lipid mediators during implantation and decidualization. These factors are produced by the uterus or embryo independently or cooperatively under the influence of steroid hormones. Due to the space limitation, this review will discuss only a few of these local factors that are critical to the processes of implantation and decidualization. However, roles of various other genes in preimplantation and implantation phenomena as evident from gene targeting experiments are presented in Table 1.

The EGF family of growth factors

Among various growth factors, the EGF family of growth factors is considered to be involved in implantation. This family includes EGF itself, TGF- α , HB-EGF, amphiregulin, betacellulin, epiregulin and neuregulins (Das *et al.*, 1997; Paria *et al.*, 2000). Although TGF- α and amphiregulin, but not EGF, are expressed in the mouse uterus during the periimplantation period (Das *et al.*, 1997; Paria *et al.*, 2000), they do not appear to be essential for implantation since mice deficient of these genes are fertile (Luettika *et al.*, 1993;1999). However, it is possible that the other members of the EGF family compensate for the loss of these members. Both *epiregulin* and *betacellulin* are also expressed in the luminal epithelium and stroma at the sites of blastocyst apposition during implantation (Das *et al.*, 1997). However, their roles in implantation are not yet clearly understood.

HB-EGF appears to have an expression pattern highly relevant to the implantation process. In the mouse, it is induced exclusively in the luminal epithelium at the site of blastocyst apposition 6-7 hours before the initial attachment reaction (Das *et al.*, 1994; Paria *et al.*, 2000). Since *HB-EGF* is not expressed in the uterus during the delayed implantation, it is considered that a signal is transmitted from the active blastocyst to the luminal epithelial cells for the expression of *HB-EGF* at the site of subsequent implantation. *In vitro* experiments have shown that soluble HB-EGF stimulates proliferation, zona-hatching, trophoblast outgrowth and ErbB1 phosphorylation of murine blastocysts (Das *et al.*, 1994). Furthermore, cells expressing the transmembrane form of HB-EGF ad-

Dey, 2000; Negishi *et al.*, 1995). Although EP receptors are expressed in the periimplantation mouse uterus, gene targeting experiments have demonstrated that three of the four EP receptor subtypes (EP₁-EP₃) are not critical for implantation, while EP₄ deficiency results in embryonic lethality and thus its role in implantation has not yet been determined (reviewed in Lim and Dey, 2000). Furthermore, mice deficient in FP or IP show normal implantation. PGs can also exert their effects by utilizing peroxisome proliferator-activated receptors (PPARs) which belong to a nuclear hormone receptor superfamily. Three members of the PPAR family are PPAR α , PPAR γ and PPAR δ . PPARs can respond to a wide variety of ligands including natural and synthetic eicosanoids, fatty acids, hypolipidemic and hyperlipidemic drugs, and PGI₂ agonists. To act as a transcriptional activator, PPARs must form heterodimer with a member of the retinoid X receptor (RXR) subfamily (reviewed in Lim and Dey, 2000; Lim *et al.*, 1999a). We have recently shown that COX-2 derived PGI₂ participates in implantation via activation of PPAR δ (Lim *et al.*, 1999a). This is consistent with reversal of implantation defects in COX-2(-/-) mice by a PGI₂ agonist or a PPAR δ agonist (Lim *et al.*, 1999a). Taken together, the results provide evidence that COX-2-PGI₂-PPAR δ signaling is important for implantation.

Concluding remarks

Although considerable information regarding the roles of growth factors, cytokines, homeotic genes and lipid mediators in embryo-uterine interactions during implantation has been generated, their hierarchical arrangement in directing uterine and embryonic functions during implantation is not clearly understood. Dysregulation of expression of *EGF-like growth factors* and *COX-2* in the uterus at the site of blastocyst apposition in LIF deficient mice with implantation failure (Song *et al.*, 2000) suggests an interaction between these molecules in this process (Fig. 2). Although *COX-2* expression is aberrant in LIF deficient uteri, uterine LIF expression is normal in *COX-2*(-/-) mice, suggesting that LIF functions upstream of *COX-2* in implantation (Lim *et al.*, 1997). In contrast, LIF expression is normal in *Hoxa-10* deficient uteri and vice versa (Benson *et al.*, 1996; Song *et al.*, 2000). This suggests that regulation of these two genes is independent of each other. However, uterine *COX-2* expression is attenuated during decidualization in *Hoxa-10*(-/-) mice (Lim *et al.*, 1999b). Thus, it is possible that the information sequentially originating from LIF, EGF like growth factors and *Hoxa-10* signaling pathways finally converge to the *COX-2* pathway for implantation (Fig. 3). Alternatively, each pathway may have its own distinctive functions or may work in parallel with each other. Thus, disruption of one pathway may result in implantation failure, and apparent dysregulation of other pathways could be the consequence of implantation failure. Finally, two of the three pathways may be interwoven and interruption of either pathway will lead to implantation failure.

Cellular and physiological aspects of preimplantation and implantation biology that had been pioneered through the years have provided the basis of our current molecular and genetic understanding of the subject. To further advance our knowledge with respect to the precise hierarchical arrangements for the functions of the genes in implantation, uterine-specific conditional gene deletion and DNA microarray approaches are of paramount importance.

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