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Q1 Interleukin-6 gene transfer reverses body weight gain and fatty liver in obese mice

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A B S T R A C T

Interleukin-6 (IL-6) is a multifunctional protein and has a major influence on energy metabolism. The current study was designed to assess the therapeutic effect of overexpression of *IL-6* gene through gene transfer on high fat diet-induced obese mice. Hydrodynamic delivery of 1 µg pLIVE-IL6 plasmid per mouse into obese mice resulted in peak level at 10 ng/ml of circulating IL-6 1 day after gene transfer and above 1 ng/ml thereafter for a period of 6 weeks. Persistent *IL-6* gene expression did not affect food intake but induced a significant reduction in body weight and improved obesity-associated hepatic steatosis. *IL-6* gene delivery enhanced thermogenic gene expression and elevated protein levels of phosphorylated STAT3, PGC1α and UCP1 in brown adipose tissue. *IL-6* overexpression elevated mRNA levels of lipolysis genes, triggered phosphorylation of STAT3, AMPK, and ACC, and increased expression of genes involved in fatty acid oxidation in skeletal muscle. IL-6 did not affect macrophage infiltration but maintained the M2 macrophage population in adipose tissue. Collectively, these results suggest that overexpression of the *IL-6* gene by hydrodynamic gene delivery induces weight loss and alleviates obesity-induced fatty liver and insulin resistance, supporting the notion that gene transfer is a valid approach in managing obesity epidemics.

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35 1. Introduction

36 Interleukin-6 (IL-6), produced by immune and non-immune cells,
37 is a multifunctional cytokine. IL-6 is commonly known as a pro-
38 inflammatory cytokine that regulates immunoreaction and acute
39 immune response. More recent studies have shown that IL-6 has an
40 anti-inflammatory activity as it increases the production of IL-10, IL-1
41 receptor antagonist (IL-1ra), and soluble TNF-receptors [1–3]. In addition
42 to modulating the immune system, IL-6 has also attracted particular
43 attention for its pivotal role in regulating energy expenditure, body
44 composition and peripheral lipid metabolism [4–6].

45 The effects of IL-6 on nutrient homeostasis and obesity remain con-
46 troversial and unresolved. IL-6 is generally considered an obesity-
47 related inflammatory factor and mediator for insulin resistance as
48 elevated circulating IL-6 is correlated with adiposity and insulin resis-
49 tance in humans [7–9]. However, substantial evidence suggests that
50 IL-6 exerts a beneficial influence in this context. Physical exercise
51 promotes secretion of IL-6 from skeletal muscle and the blood concen-
52 tration of IL-6 increases about 100-fold, improving insulin sensitivity

[10,11], while IL-6 knockout mice developed obesity, systemic insulin
resistance and inflammation [4,12], which could be partially reversed
by intra-cerebriventricular injection of the IL-6 protein [4]. Meanwhile,
direct delivery of adeno-associated viral vectors containing the *IL-6* gene
into the rat hypothalamus or mice carrying the human *IL-6* gene sup-
pressed weight gain and visceral adiposity [13,14], indicating that IL-6
exerts anti-obesity effects in rodents. Moreover, short-term intra-
cerebroventricular injections of the recombinant IL-6 protein and a pe-
ripheral increase in *IL-6* gene expression induced weight loss and
improved insulin sensitivity in mice [15,16]. Although these studies sup-
port the potential application of IL-6 in fighting obesity, the systemic ef-
fects of prolonged elevation of IL-6 level in obese mice remain unknown.

Here we preserve sustained *IL-6* expression in obese mice by hydro-
dynamic gene delivery and demonstrate that long-term maintenance of
IL-6 levels significantly induced weight loss in obese mice by enhancing
lipolysis and energy metabolism, resulting in improved insulin sensitiv-
ity and maintenance of glucose homeostasis as well as a reduction in fat
accumulation in the liver. *IL-6* gene transfer did not affect macrophage
infiltration, but countered the obesity-related inflammatory signal by
enhancing the expression of M2 macrophage gene markers and related
anti-inflammatory factor genes. Our results indicate the long-term
beneficial effects of IL-6 elevation on obesity and suggest the potential
application of *IL-6* gene transfer as a means of controlling obesity and
obesity-related metabolic disorders.

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2. Methods and materials

2.1. Plasmid construction

A mouse *Il-6* open reading fragment was obtained from OriGene (Rockville, MD) and reconstructed into a pLIVE plasmid vector (Mirus Bio, Madison, WI) at the *NheI* and *XhoI* cutting sites. The insertion in the new plasmid (pLIVE-IL6) was confirmed using DNA sequencing. The pLIVE-IL6 and empty plasmids were purified using CsCl-ethidium bromide density-gradient ultracentrifugation and kept in saline (0.9% sodium chloride). Purity of the plasmids was verified with absorbency ratio at 260 and 280 nm and by 1% agarose gel electrophoresis.

2.2. Animal treatment

C57BL/6 mice (male, 10-week old) were purchased from Charles River Laboratories (Wilmington, MA) and housed under standard conditions with a 12 h light–dark cycle. All procedures performed on animals were approved by the Institutional Animal Care and Use Committee at the University of Georgia, Athens, Georgia. Obese mice (50 ± 2 g) were developed by feeding animals for 20 weeks with high fat diet (HFD) (60% kJ/fat, 20% kJ/carbohydrate, 20% kJ/protein, Bio-Serv, Frenchtown, NJ). Regular mice were fed with a standard laboratory chow diet (20% kJ/fat, 60% kJ/carbohydrate, 20% kJ/protein, LabDiet, St Louis, MO). Food consumption was determined by measuring the difference between the amount provided and the amount left in every three days. Food intake per mouse was calculated based on the amount consumed divided by time and the number of mice per cage. The procedure for hydrodynamic gene delivery in obese mice was performed according to an established procedure [17,18] with some modification. Briefly, an appropriate volume of saline solution (equivalent to 8% lean mass of an obese mouse) containing 1 µg pLIVE-IL6 or empty plasmid was injected through the tail vein within 5–8 s. Mice were continually fed an HFD for 6 weeks. Body weight of each mouse was measured on an electronic balance, and the body composition was analyzed using EchoMRI-100 (Echo Medical Systems, Houston, TX) once per week. The same procedures were also performed on age-matched male mice with chow feeding. Blood was collected at the desired time points using a Microvette-CB300-LH from Fisher Scientific (Pittsburgh, PA) and plasma IL-6 concentrations were determined using ELISA kits from eBioscience (San Diego, CA). Rectal temperature of the mice at desirable time points was measured using a specially designed Thermocouple Meter from Kent Scientific Corp (Torrington, CT).

2.3. Evaluation of glucose homeostasis and insulin sensitivity

Insulin concentrations were determined using a Mercodia Insulin ELISA kit from Mercodia Developing Diagnostics (Winston Salem, NC) following the provided protocol. For the glucose tolerance test (GTT), mice were injected intraperitoneally with glucose at 1.5 g/kg body weight after 6 h fasting. Blood samples were taken at varying time points and glucose concentrations were determined using glucose test strips and TUREtrack glucose meters from Nipro Diagnostics Inc. (Fort Lauderdale, FL). For the insulin tolerance test (ITT), mice fasted for 4 h and blood glucose levels were measured after an intraperitoneal injection of insulin (0.75 U/kg) from Eli Lilly (Indianapolis, IN). HOMA-IR values were calculated based on the formula: (fasting insulin [µU/ml] × fasting glucose [mmol/l])/22.5.

2.4. Histochemical and Oil Red O analysis

After mice were sacrificed, the liver, WAT, and BAT were collected, fixed in 10% formalin and embedded in paraffin. Hematoxylin and eosin (H&E) staining was performed using tissue sections at a thickness of 6 µm. Frozen liver sections (8 µm) were stained with 0.2% Oil Red O reagent (Electron Microscopy Sciences, Hatfield, PA) in 60% isopropanol

for 15 min, washed three times with phosphate buffered saline and counter-stained with hematoxylin for 1 min. A microscopic examination was performed and photographs were taken under a regular light microscope.

2.5. Blood and hepatic lipid analysis

A quantitative determination of liver lipids was performed following an established procedure [19,20]. Briefly, liver tissues (100–200 mg) were homogenized in phosphate buffered saline (1 ml), mixed with 5 ml of organic solvent (chloroform: methanol = 2:1, vol/vol) and incubated overnight at 4 °C. The mixture was centrifuged and the organic phase collected. The collected fraction was dried and lipids were re-dissolved in 1% Triton X-100. The amounts of cholesterol, triglyceride (Thermo Fisher Scientific Inc., Waltham, MA) and free fatty acids (Wako Bioproducts, Richmond, VA) were determined following the manufacturers' instructions. The same kits were also used for blood lipid analysis.

2.6. Gene expression analysis by real time PCR

Total RNA was isolated from mouse livers, the pancreas, WAT and BAT using the TRIZOL reagent (Life Technologies, Grand Island, NY) or RNeasy Lipid Tissue Mini Kit (QIAGEN, Valencia, CA) according to the

Table 1
Primer sets for real time PCR analysis of gene expression.

Name	Forward sequence	Reverse sequence	
<i>Pparγ1</i>	GGAGACCACTCGCATTCTT	GTAATCAGCAACCATTGGGTCA	t1.4
<i>Pparγ2</i>	TCGCTGATGCACTGCCTATG	GAGAGGTCCACAGAGCTGATT	t1.5
<i>Cd36</i>	CCTAAAGGAATCCCGTGT	TGCATTTGCCAATGTCTAGC	t1.6
<i>Fabp4</i>	AAGGTGAAGAGCATATAACCC	TCACGCCCTTCATAACACATTC	t1.7
<i>Mgat1</i>	TGGTCCAGTTTGGTTCCAG	TGCTCTGAGTCCGGTTCA	t1.8
<i>Pparα</i>	TGTCGAATATGTGGGACAA	AATCTTGCAGTCCGATCAC	t1.9
<i>Acox1</i>	CCGCAACCTTCAATCCAGAG	CAAGTTCTCGATTCTCGACGG	t1.10
<i>Cpt1a</i>	CTCCGCTGAGCCATGAAG	CACCAAGTATGATGCCATTCT	t1.11
<i>Cpt1b</i>	GGTCTCTTCTCAAGGTCTG	CGAGGATTCTGGAAGTGC	t1.12
<i>Srebp-1c</i>	CCCTGTGTACTGGCCTTT	TGCGATGTCTCCAGAAGTG	t1.13
<i>Acc-1</i>	GCCTCTTCTGACAAACGAG	TGACTGCCGAAACATCTCTG	t1.14
<i>Fas</i>	AGAGATCCCGAGACCTTCT	GCTGTAGGCAATCTGTAGT	t1.15
<i>Scd-1</i>	TTCTTACAGACCACCACCA	CCGAGAGGCGAGGTGTAGAG	t1.16
<i>Cyp7a1</i>	AACGGGTGATTCACATCTGG	GTGGACATATTTCCCATCAGTT	t1.17
<i>Hmgcr</i>	CTTGTGGAATGCCITGTGATTG	AGCCGAAGCAGACATGAT	t1.18
<i>Pepck</i>	AAGCATTCAACGCCAGGTTC	GGGCGAGTCTGCAGTTCAAT	t1.19
<i>G6pase</i>	CGACTCGTATCTCCAAGTGA	GTGAAACAGTCTCCGACCA	t1.20
<i>Insulin1</i>	CACTTCTACCCCTGTGG	ACCACAAAGATGCTGTTTGACA	t1.21
<i>Insulin2</i>	GCTTCTTACACACCCATGTC	AGCACTGATCTCAACATGCCAC	t1.22
<i>Hsl</i>	GCTTGGTTCAACTGGAGAGC	GCCTAGTCCCTTCTGGTCTG	t1.23
<i>Atgl</i>	CAACGCCACTCACATCTACGG	TCACCAGGTTGAAAGGAGGGAT	t1.24
<i>Ucp1</i>	AGGCTTCCAGTACCAATTAGGT	CTGAGTGGGCAAAAGCTGATT	t1.25
<i>Ucp2</i>	GCGTTCTGGGTACCATCTA	GCTCTGAGCCCTTGGTGTAG	t1.26
<i>Ucp3</i>	ATGAGTTTTGCTCCATTCG	GGCGTATCATGGCTTGAAT	t1.27
<i>Pgc-1α</i>	GAGTGGGTAGCGACCAATC	AATGAGGGCAATCCGTTCTTCA	t1.28
<i>Pgc-1β</i>	TTGTAGAGTGCAGGTGCTG	GATGAGGGAAAGGGACTCTC	t1.29
<i>Dio2</i>	AATTATGCTCGGAGAAGACCG	GGCAGTTGCTAGTGAAGGT	t1.30
<i>Cidea</i>	ATCACAACCTGGCCTGGTTACG	TACTACCCGGTGTCTTCTTCT	t1.31
<i>Elovl3</i>	TTCTCACCGCGGTTAAAATGG	GAGCAACAGATAGACGACCAC	t1.32
<i>F4/80</i>	CCCCAGTGTCTTACAGAGTG	GTGCCAGAGTGGATGTCT	t1.33
<i>Cd68</i>	CCATCTTACAGATGACACCT	GGCAGGGTTATGAGTGACAGTT	t1.34
<i>Cd11b</i>	ATGGACGCTGATGGCAATACC	TCCCAATTCACGCTCTCCCA	t1.35
<i>Cd11c</i>	ACGTCAGTACAAGGAGATGTTGGA	ATCCTATTGAGAATGCTTCTTACC	t1.36
<i>Mcp-1</i>	ACTGAAGCCAGCTCTCTTCTCTC	TTCCTTCTGGGGTCAACAGAC	t1.37
<i>Tnfrα</i>	CCCTCACACTCAGATCATCTTCT	GCTACGAGCTGGGCTACAG	t1.38
<i>Il-1β</i>	GCAACTGTCTCTGAACCTCAACT	ATCTTTTGGGTCCTCAACT	t1.39
<i>Cd163</i>	TCCACAGTCCAGAACAGTC	CCTTGGAAACAGAGACAGGC	t1.40
<i>Cd206</i>	CAGGTGTGGGCTCAGGTAGT	TGTGGTGAAGTGAAGGTTGA	t1.41
<i>Il-10</i>	GGTCTTACTGACTGGCATGAG	CGCAGCTTAGGAGCATGTG	t1.42
<i>Il-4</i>	GGTCAACCCCACTAGT	CCCGATGATCTCTCTCAAGTGT	t1.43
<i>Il-4rα</i>	TCTGCATCCGTTGTTTTCG	GCACCTGTGATCTGTAATG	t1.44
<i>Il-13</i>	CCTGGCTTCTGCTGCCTT	GGTCTTGTGATGTTGCTCA	t1.45
<i>Il-13rα1</i>	TCAGCCACTCTGACGAATTT	TGAGAGTCAATTTGGACTGG	t1.46
<i>Acadl</i>	TCTTTTCTCGGAGCATGACA	CAGACCTCTACTCACTTCTCCAG	t1.47
<i>Gapdh</i>	AGTCCGGTGAACCGGATTTG	TGTAGACCATGTAGTTGAGGTCA	t1.48

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