

Fine-Tuning of Adipogenesis is a Potential Mechanism for Improved Insulin Sensitivity in Human Adipose Tissue with Rosiglitazone Therapy

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Abstract

Back ground: Adipose tissue plays a crucial role in regulation of lipid and carbohydrate metabolism and many of these actions are regulated by insulin. **Objective:** The present study aims to detect potential novel protein targets for insulin sensitization in human adipose tissue by using an unbiased proteomic approaches. **Method:** Ten moderately obese, but otherwise healthy, subjects were treated with rosiglitazone 4 mg BD for 14 days. Protein profiles were obtained by two-dimensional gel (2-DG) electrophoresis and protein spots were identified using tandem mass spectrometry. Data were analyzed statistically by using student's paired t test. **Results:** Proteomic analysis revealed distinct up or down regulation (≥ 2 -fold) in 122 protein spots on the 2-D gel images between day 0 and day 14 adipose tissue samples. Treatment with rosiglitazone increased the expression of extracellular matrix proteins including collagens, galectin-1, nidogen-1 and laminin. Analysis revealed differential expression of several other proteins involved in redox regulation (ferritin light chain, heat-shock protein β -5, heat-shock protein β -1), endoplasmic reticulum (ER) stress (endoplasmic reticulum chaperone, 78 kDa glucose-regulated protein precursor), cytoskeletal reorganization (lamin A/C, vimentin, tropomyosin-3, tropomyosin-4, gelsolin, actin tubulin β -1 chain), signaling (calmodulin), and others (glyceraldehyde-3-phosphate dehydrogenase, α enolase). **Conclusion:** Such orchestrated changes in expression of multiple proteins provide insights into the mechanism underlying the increased efficiency in adipocyte remodeling and differentiation and hence improvement of insulin sensitivity in response to rosiglitazone treatment.

Key words: Rosiglitazone, adipose tissue, proteomics, collagen, adipogenesis, insulin, electrophoresis, spectrometry.

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Introduction

One of the prime targets for the treatment of diabetes is to enhance the insulin sensitivity so that the tissues can precisely utilize glucose and keep its plasma level within physiological limit. Rosiglitazone, a member of the thiazolidinedione (TZD) class of antidiabetic agents, improves insulin sensitivity both in liver and peripheral tissues¹. TZDs bind to and activate the peroxisome proliferator activated receptor (PPAR α), a nuclear receptor and regulate the coordinated expression of multiple genes that integrates the control of energy, glucose and lipid

homeostasis, therefore contribute to increased insulin sensitivity¹⁻³. PPAR α is predominantly expressed in adipose tissue in both rodents and humans and a substantial number of studies have described changes in gene expression in adipose tissue in response to rosiglitazone treatment². Stimulation of PPAR α by fatty acids or TZD results in expression of markers associated with preadipocyte differentiation⁴⁻⁶. It has also been suggested that adipose tissue dysfunction and impaired adipogenesis is causally related to systemic insulin resistance^{7,8}. In obesity and in non-obese insulin-resistant subjects,

adipogenesis is impaired which leads to an increased energy partitioning to existing adipocytes and consequently the fat cells are enlarged^{8,9}. However, it is largely unclear how the functional consequences of PPAR γ activation lead to processes that can help to explain the insulin sensitization, especially *in vivo* in humans. In this context, the successful application of proteomic approaches is likely to identify some of the mechanisms behind the failure of insulin to act on adipocytes and development of type 2 diabetes. Using combined proteomic approaches we have previously shown that improved insulin sensitivity is coupled to upregulation of glucose uptake in human adipose tissue¹⁰.

In the present comparative proteomic study global protein profiles of the human adipose tissue were obtained by 2D gel electrophoresis and differentially expressed proteins in response to rosiglitazone were identified by tandem mass spectrometry. We, for the first time, provide evidence that improvement of insulin sensitivity in response to rosiglitazone treatment is associated with simultaneous changes in expression of multiple proteins involved in differentiation of adipocytes, cytoskeletal rearrangement, calcium signaling, ER stress, lipid droplet stabilization and fatty acid metabolism in adipose tissue. The orchestrated changes in protein expression pattern in human adipose tissue primarily promote adipogenesis and thus improve insulin sensitivity.

Methods

Subjects: Ten healthy, in the range of being overweight or obese, male subjects aged 20–60 years participated in this study. Entry criteria included fasting plasma glucose of < 7.0 mmol/l and a BMI ranging between 25–45 kg/m². Patients with type 2 diabetes, heart failure and any with chronic disease that might interfere with outcome oral hypoglycemic agents were excluded, as were those taking any medication known to affect glucose metabolism. The study was approved by the Oxford Research Ethics Committee and all subjects gave their written informed consent.

Study design: Blood samples (antecubital venous, 20 ml blood per visit), blood pressure and anthropometric measurements were made

first while the participants attended the Clinical Research Unit, OCDEM in the morning, after a 12 hour fast. Abdominal subcutaneous adipose tissue biopsies were taken with a 12 gauge needle under local anesthesia (1% lidocaine) in the fasted state at day 0 (baseline, without medication) and thereafter the participants were treated with rosiglitazone (Glaxo SmithKline) 4 mg twice daily. The volunteer returned for blood samples, anthropometric measurements and biopsies on day 14 after start of the medication. Fasting plasma triglyceride, NEFA, glucose and insulin concentrations were measured as described previously¹¹.

Protein sample preparation and two dimensional gel electrophoresis: Adipose tissue protein was precipitated and isolated from the phenol ethanol supernatant obtained during RNA isolation according to the protocol (Molecular Research Center, Inc). The protein pellets were further treated with the Plus One 2 D Clean Up Kit (Amersham Biosciences) and later solubilized in buffer containing 7M urea, 2M thiourea, 0.5% Triton X 100, 4% CHAPS, 0.5% pharmalyte (pH 3–10), 0.1% NP 7, 5% glycerol, 10% isopropanol, protease inhibitor cocktail and 60 mM DTT. Protein concentration was determined using the 2 D Quant Kit (Amersham Biosciences) and 250 μ g protein samples were loaded onto the immobiline dry strips, pH 3–11 NL (Amersham Biosciences). The rehydrated strips were focused on the Protean IEF Cell (Bio Rad) for about 12 kVh at a maximum of 6,000 V in rapid voltage ramping mode with a maximum current per strip of 30 μ A.

Equilibration of the IPG strips was performed in two steps: reduction followed by alkylation^{12,13}. The second dimension was run on 8–16% precast polyacrylamide SDS gels (8.7 \times 13.3 \times 0.1 cm; BioRad Dodeca cell) at room temperature with a constant voltage of 120 V for 10 min, followed by 200 V until the dye has migrated off the lower end of the gel.

Protein visualization and image analysis: The 2 D analytical gels (n = 12) were stained with fluorescent dye SYPRO Ruby (BioRad) according to the manufacturer. The 2 D preparative gels (n = 2) were visualized with Bio Safe Coomassie

stain (Bio Rad). The stained analytical gels were imaged using Molecular Imager FX Pro Fluorescent Imager (Bio Rad). Raw scans were processed by the 2 D gel analysis software, PDQuest version 8.0.1 (Bio Rad) as previously described¹³. For reliable matching 21 different landmark proteins were manually added in each gel. Significant changes between spots were determined using Student's *t* test for paired observations. Changes with a *p* value of < 0.05 were considered as being statistically significant.

Protein identification by tandem mass spectrometry: Protein spots with consistent presence in 2D analytical gels of replicate groups (day 0 and day 14) were selected and excised manually from preparative gels (n=2), and transferred to 1.5 mL Eppendorf tubes. Individual gel spots were subjected to in-gel trypsin digestion. Protein digests were analyzed by electrospray ionization liquid chromatography tandem mass spectrometry (ESI LC MS/MS) using a high capacity iontrap (HCTplusTM, Bruker Daltonics, Bremen, Germany) tandem mass spectrometer¹⁴. Liquid chromatography was performed using an UltimateTM (LC Packings, Dionex, Netherlands) system equipped with a FamosTM auto sampler. Samples were concentrated on a trapping column (300 μ m i.d., 1 cm, LC Packings) at a flow rate of 25 μ L/min. For the separation with a C18 PepMap column (75 μ m i.d., 10 cm, LC Packings) a flow rate of 200 nL/min was used. For electrospray ionization, we used coated silica PicotipsTM (New Objective, MA, USA). Instruments were controlled using HyStarTM 3.0 and EsquireControlTM 5.2 (Bruker Daltonics) software. The sample injection volume used in all experiments was 5 μ L and tuning parameters of the mass spectrometer were kept as constant as possible.

Individual MS/MS spectra were searched against Swissprot/NCBIInr using MascotTM software (Matrixscience, London, UK). The interpretation and presentation of MS/MS data were performed according to published guidelines¹⁵. The peptide and fragment mass tolerances were 2.5 and 0.8 Da, respectively. Identification was based on the presence of at least two peptides and on Mascot scores of higher than 50.

Western blot analysis: Equal amounts of protein (10 μ g) were separated by SDS PAGE (12.5%), transferred to a polyvinylidene difluoride membrane, and blotted with primary antibody containing 1% milk and 0.05% Tween 20. Primary antibodies used in this study were lamin A/C (1:1000; Santa Cruz Biotechnology, Santa Cruz, California), and protein disulfide isomerase (PDI; 1:1000; Santa Cruz Biotechnology). The membranes were incubated for 60 minutes with horseradish peroxidase-conjugated antimouse and antirabbit IgG (1:20,000). Immunodetection was performed using enhanced chemifluorescence detection according to the manufacturer's protocol (Amersham Biosciences). Briefly, chemifluorescence detection reagents were applied for 1 minute and chemifluorescence was detected using the AutoChemi System (UVP BioImaging, CA USA). Band intensities were analyzed using Quantity One, version 4.6.3 (Bio Rad).

Results

Rosiglitazone improves insulin sensitivity
Short term treatment with rosiglitazone 4 mg BD improved insulin sensitivity in the absence of any changes in body weight (Table I).

Table I: Effects of rosiglitazone on fasting plasma glucose, insulin, NEFA and triglyceride (TG) (n = 10).

Parameter	Day 0	Day 14	<i>p</i> value
Glucose (mM)	4.9 \pm 0.1	4.7 \pm 0.1	0.04
Insulin (mU/l)	12.1 \pm 2.2	9.7 \pm 1.5	0.04
NEFA (mM)	567 \pm 42	379 \pm 51	0.01
TG (mM)	1.2 \pm 0.1	1.5 \pm 0.1	0.04
Weight (kg)	94.8 \pm 4.4	95.0 \pm 4.3	ns

Rosiglitazone treatment produced significant (*p* < 0.05) decreases in fasting plasma glucose (FPG) and fasting insulin concentrations compared with baseline. Non esterified fatty acids showed significant reduction after rosiglitazone (*p* = 0.01); conversely significant elevation in triglyceride levels were observed in subjects taking rosiglitazone for 14 days. However, there were no significant changes in the BMI after rosiglitazone treatment.

Rosiglitazone induced changes in human adipose tissue proteome

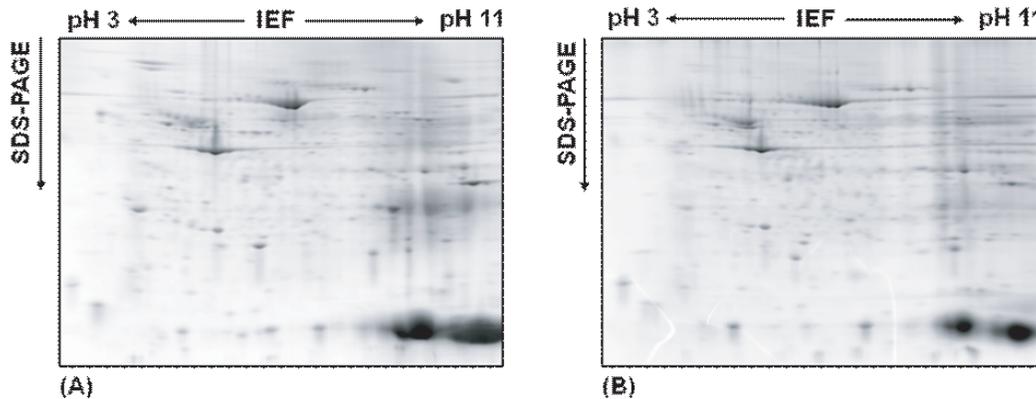


Figure 1: Representative 2-D gels of six separate experiments of control (A) and rosiglitazone treated (B) human adipose tissue. Approximately 250 μ g of adipose tissue proteins were separated on 11 cm IPG strip (pH 3-11 NL), followed by 8-16% SDS-PAGE. Proteins were detected by SYPRO ruby staining and image analysis of scanned gels was carried out using the PDQuest software.

Treatment with rosiglitazone for 14 days modulated expression of multiple protein spots present on analytical 2 D gel images. Figure-1 represents 2 D protein patterns of the control and rosiglitazone treated human adipose tissue samples.

When gel replicates of the control or treated adipose tissue were matched by PD Quest, a correlation coefficient of 0.75 or more was obtained. Typical of 2 DE images, several proteins appeared at multiple positions on the gels reflecting post translational modifications. When comparing the protein spots on the gels from control samples with that of 14 days treated samples, about 122 spots showed differential expression. Further qualitative analysis of the 122 spots revealed that 5 of these spots were barely visible in the control gels but had at least 10 fold greater densities than the minimum detectable spots in gels of the 14 days treated adipose tissue samples.

Identification of differentially expressed proteins

In total 71 unknown spots were selected and excised manually from gels of both control and

treated samples for identification by mass spectrometry. Sixty six spots, which corresponded to 52 distinct proteins, have been characterized by LC ESI IT MS tandem MS/MS. In the remaining 5 spots no significant identification was obtained. The excised spots were selected among the differentially expressed proteins with consistent changes but also among other proteins. Our gel spot identification yield was 92% with several proteins appearing at multiple positions on the gels.

Characterization of adipogenic proteins correlated with improved insulin sensitivity

Rosiglitazone induced changes in expression levels of multiple proteins and their fold changes were calculated by dividing the average spot quantities recorded in adipose tissue exposed to rosiglitazone for 14 days with quantities recorded in control samples. Among the proteins which showed significant ($p < 0.05$) higher expression level, when rosiglitazone treated adipose tissue samples were compared to untreated control adipose tissue, collagen a-1(VI) chain precursor (COL6A1), nidogen-1 precursor (entactin),

laminin gamma-1 chain precursor (laminin B2 chain) and collagen α -2(VI) chain precursor (COL6A2) showed >4 fold changes. Figure-2 shows differential expression of COL6A1 in human adipose tissue in response to rosiglitazone.

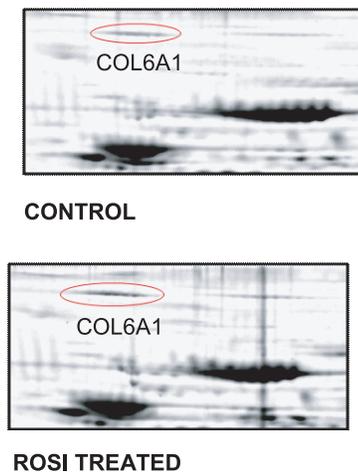


Figure 2: Selected regions of the 2-D gels showing significant ($p < 0.05$) changes in expression of collagen α -1 (VI) chain (COL6A1) in human adipose tissue in response to rosiglitazone (ROSI) ($n = 6$).

Other adipogenic proteins showing significant changes in expression in response to rosiglitazone includes cytoskeletal proteins (laminin A/C, vimentin, tropomyosin 3, tropomyosin 4, gelsolin, actin, tubulin α -1 chain), extracellular matrix proteins (galectin-1, integrin α -IIB precursor, integrin α -3 precursor), signaling proteins (calmodulin), antioxidants (ferritin light chain, heat-shock protein α -5, heat-shock protein α -1), ER stress proteins (endoplasmic reticulum chaperone protein precursor) and others (glyceraldehyde-3-phosphate dehydrogenase, a enolase). The increased expression of laminin A/C and protein disulfide-isomerase (PDI) was further verified by Western blotting (Figure-3).

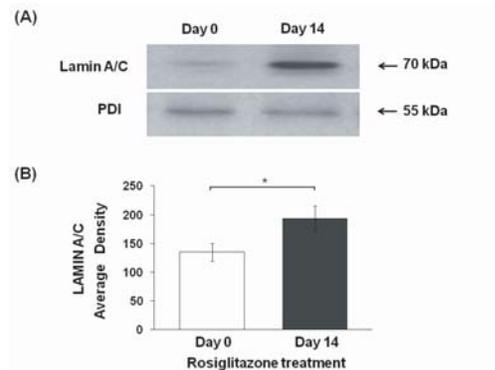


Figure 3: Rosiglitazone up-regulates expression of laminin A/C in human adipose tissue. (A) Representative Western blots of laminin A/C ($n=6$), performed on human adipose tissue before (day 0) and after 14 days of treatment with rosiglitazone. As a loading control and for normalization, the blot was immunostained with antibody against protein disulfide-isomerase (PDI). (B) Bars show the changes in average density of the proteins in response to rosiglitazone treatment. Values are expressed as means \pm SEM. $*p < 0.05$.

Discussion

The identification of novel biomarkers associated with insulin resistance is an essential research goal in diabetes research. In the present study, we have taken advantage of the 2 D gel based proteomics approaches to identify such targets using rosiglitazone as a tool for insulin sensitizer. We have identified clusters of proteins exhibiting altered expression during the process of amelioration of insulin resistance driven by the potent TZD, rosiglitazone. Our report provides a molecular snapshot of the mechanism of action of the TZD class of insulin sensitizers regulating adipogenesis in human adipose tissue.

In humans, the onset of the antidiabetic action of rosiglitazone is slow and it is commonly believed that a treatment period of 3 months is needed. However, insulin sensitization has been

demonstrated using pioglitazone within three weeks as well^{16,17}. We observed a modest but significant decrease in plasma glucose and insulin after 14 days of treatment with rosiglitazone. Plasma NEFA was significantly reduced after rosiglitazone treatment, likely to represent acute reduction in the release of NEFAs from adipose tissue depots, with only minor changes in plasma TG concentrations¹⁶. Correlating to these biochemical findings we have identified multiple adipogenic proteins showing differential expression in response to rosiglitazone treatment.

PPAR α is the master regulator of adipogenesis and a direct role of extracellular matrix (ECM) in regulating gene expression and promoting adipocyte differentiation has been proposed^{6,18}. The ECM of adipose tissue interconnects adipocytes and gives rise to fat cell clusters *in vitro* and to fat lobules of adipose tissue *in vivo*. During adipocyte differentiation drastic changes occur in cell morphology, cytoskeletal components, and the level and type of secreted ECM components. An early ultrastructural change seen in *in vivo* adipocyte differentiation is the deposition of collagen at the cell-ECM border and extracellular basement membrane biogenesis^{6,19}. It has been reported that inhibition of collagen synthesis prevented the preadipocytes from differentiation²⁰. All types of collagen were secreted from adipocytes at any time point during differentiation but with a different profile²¹. During the differentiation of adipocytes, the expressions of type I and type III collagens decreased, while the synthesis and secretion of type IV collagen increased^{19,22-24}. The $\alpha 2$ chain of type VI collagen increased at confluence and post confluence and then gradually decreased at a time when mRNAs encoding lipogenic enzymes increased dramatically^{9,25}, while extracellular nidogen 1 and laminin (LN) increased^{22,26}. Laminin expression is tightly coupled with lipid accumulation in adipocytes and unilocular rounded or three dimensional morphology of adipocytes^{23,27} and

our study shows a >3 fold changes in expression of laminin B2 (LAMB2) chain in response to rosiglitazone. Another extracellular protein, galectin 1 is an adipocyte specific secreted protein with pleiotropic functions and showed unambiguous up regulation during 3T3 L1 adipocyte differentiation²¹. Adipocyte differentiation is also regulated by intermediate filaments, such as lamin A/Cs, which form a meshwork of filaments on the inside of the nuclear membrane and are encoded by the *LMNA* gene. Recent studies have reported association between variation at the *LMNA* gene and type 2 diabetes in ethnically diverse populations^{28,29}. In human subcutaneous adipose tissue, expression of lamin A/C protein increases during preadipocyte differentiation³⁰. Over expression of the earliest marker of adipocyte differentiation, $\alpha 2(\text{VI})$ collagen along with $\alpha 1(\text{VI})$ collagen, galectin 1, nidogen 1, lamin A/C and LAMB2 suggests that one of the mechanisms behind insulin sensitization of rosiglitazone may involve differentiation and remodeling of human adipocytes with concurrent increase in lipid storage. Remodeling and expansion of adipose tissue by the TZDs, which offers 'storage space' for lipids, is believed to offset ectopic lipid accumulation in muscle and liver, thereby contributing to insulin sensitivity^{31,32}. The increase in fat mass in response to TZD occurs due to increased number of small adipocytes in fat depots, enhanced lipogenic activity in white adipose tissue and depot-specific redistribution resulting in a remodeling of the adipose depots, especially the visceral adipose depots. The higher lipid storage capacity of the new, small, insulin-sensitive adipocytes likely serves to lower circulating plasma FFA levels and visceral triglyceride levels, which possibly accounts for the decrease in insulin resistance^{33,34}.

In addition to the ECM proteins, our proteomic data confirm rosiglitazone-induced differential expression of several other proteins that regulate adipogenesis. Recent evidences suggest that

increased oxidative stress in accumulated fat is an early indicator of metabolic syndrome and the redox state in adipose tissue is a potentially useful therapeutic target for obesity-associated metabolic syndrome^{35,36}. In the present study, ferritin light chain appeared as new spot after treatment with rosiglitazone for 14 days but was barely visible in control samples. It has been previously shown that over expression of ferritin exert an antioxidant function and limit iron toxicity during adipocyte differentiation³⁷. Other upregulated chaperones with antioxidative function include a crystallin B chain and HSP27. The induction of these proteins has been reported during adipogenesis of human adipose derived stem cells³⁸. In addition, aB crystallin expression has been found to decrease in adipose tissue of diabetic rat³⁹. An intriguing function of HSP27 and a crystallin B chain is the ability to increase the resistance of cells to oxidative injuries. The expression of these chaperones correlates with decreased levels of reactive oxygen species (ROS) and nitric oxide⁴⁰. In adipocytes from obese mice ROS can induce endoplasmic reticulum (ER) stress coupled with PKRlike eukaryotic initiation factor 2 (eIF2a) kinase (PERK) activation, eIF2 phosphorylation, and GRP78 induction^{41,42}. Recently it has been shown that ER stress, evidenced by induction of GRP78, suppresses adipocyte differentiation⁴³. ER stress also induces expression of endoplasmic reticulum chaperone (GRP94) in adipocytes⁴⁴. Considering the fact that ER stress inhibits adipogenesis and reduces insulin sensitivity, our findings of decreased expression of GRP78 and endoplasmic reticulum chaperone in response to rosiglitazone treatment suggests reduction of ER stress and consequently improved adipogenesis and enhanced insulin sensitivity in human adipose tissue.

In our 2 D gel system the spots corresponding to tropomyosin 3 and tropomyosin 4 showed decreased expression in response to rosiglitazone. Other proteomic studies showed

that the expression of tropomyosin changes during adipocyte differentiation suggesting an important role for tropomyosin in maintaining cell shape^{45,46}. Tropomyosins increase filament stiffness, stabilize actin filaments by protecting them against the severing action of gelsolin and cofilin and more importantly, influence myosin mechanochemistry^{47,48}. Gelsolin, an actin binding protein, respond to Ca^{2+} and phosphatidylinositol 4,5 bisphosphate (PIP_2) and control actin organization by severing filaments, capping filament ends and nucleating actin assembly⁴⁹⁻⁵¹. During adipogenesis expression of actin and tubulin decreases while levels of vimentin increase^{52,53}. It has also been shown that during adipose conversion, the extended wavy, fibrillar organization of vimentin in undifferentiated cells is altered^{54,55}.

Calmodulin showed a > 2 fold increase in expression level in response to rosiglitazone. In addition to the fundamental role of Ca^{2+} /calmodulin in GLUT4 vesicle docking and fusion in 3T3 L1 cells⁵⁶, calmodulin exert a positive regulatory role in adipogenesis through phosphorylation of calmodulin-dependent protein kinase II^{57,58}. With respect to glycolytic enzymes, the increased expression of GAPDH and enolase is in agreement with enhanced glycolytic activity and also fatty acid synthesis during adipocyte differentiation⁵⁹. Alpha enolase is a multifunctional enzyme⁶⁰ and has been reported as secreted protein from 3T3 L1 adipocytes with a single transmembrane helix²¹. The cell surface protein nature of the alpha enolase may render it to serve as a receptor for plasminogen and there is evidence that the plasminogen cascade is required for adipocyte differentiation^{60,61}.

Conclusion

In conclusion, the present study for the first time shows that improved insulin sensitivity in human individuals induced by short term treatment with rosiglitazone corresponds to differential expression of multiple adipogenic proteins between control and treated adipose tissue

samples. Treatment of obese subjects with rosiglitazone for 14 days results in a marked reduction of plasma glucose, insulin and NEFA without body weight gain. Regulation of extracellular matrix proteins, redox proteins and chaperones, and proteins involved in lipid, carbohydrate and iron metabolism might result in the improvement of adipogenesis and thus insulin sensitivity. Furthermore, modulation of proteins involved in maintaining cellular and cytoskeleton structure of the adipocyte and signaling pathways can be associated with the remodeling of the adipose depots.

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