adrenocortical function changes after removing one adrenal gland. These basic data will be useful as a point of discussion when patients with unilateral primary aldosteronism consider either uADX or specific pharmacotherapy as treatment options based on the possible risks and benefits of both approaches.

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Conflicts of interest

The authors have nothing to declare.

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Reviewers' Summary Evaluations

Referee 1

The study by Honda and colleagues explores whether ACTH-cortisol dynamics are altered after unilateral

adrenalectomy for aldosterone producing adenomas. The results of this small study are broadly reassuring and indicate that normal cortisol production is maintained (albeit with a reduction in peak cortisol response to stimulation with synthetic adrenocorticotrophic hormone) at the

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expense of a small, but significant rise in baseline ACTH. This confirms the widely accepted notion that adrenal reserve is maintained despite loss of an entire adrenal gland but raises the question as to whether adrenal reserve is compromised in such patients in the context of severe systemic illness. This is an interesting research question which requires further prospective investigation.

Referee 2

The study has investigated adrenal reserve function after unilateral adrenalectomy in primary aldosteronism. The strength of this article is the demonstration that unilateral adrenalectomy was able to cure hypertension in primary aldosteronism patients effectively without significantly affecting adrenal function reserve. And, methods and results were clearly.

Generation of leptin-deficient Lep^{mkyo}/Lep^{mkyo} rats and identification of leptin-responsive genes in the liver

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¹Department of Experimental Therapeutics, Translational Research Center, Kyoto University Hospital, Kyoto, Japan; ²Department of Medicine and Clinical Science, Kyoto University Graduate School of Medicine, Kyoto, Japan; ³Institute of Laboratory Animals, Kyoto University Graduate School of Medicine, Kyoto, Japan; and ⁴Department of Health and Science, Kyoto University Graduate School of Medicine, Kyoto, Japan

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Aizawa-Abe M, Ebihara K, Ebihara C, Mashimo T, Takizawa A, Tomita T, Kusakabe T, Yamamoto Y, Aotani D, Yamamoto-Kataoka S, Sakai T, Hosoda K, Serikawa T, Nakao K. Generation of leptin-deficient Lepmkyo/Lepmkyo rats and identification of leptin-responsive genes in the liver. Physiol Genomics 45: 786-793, 2013. First published June 25, 2013; doi:10.1152/physiolgenomics.00040.2013.-Leptin is one of the key molecules in maintaining energy homeostasis. Although genetically leptin-deficient Lepob/Lepob mice have greatly contributed to elucidating leptin physiology, the use of more than one species can improve the accuracy of analysis results. Using the N-ethyl-N-nitrosourea mutagenesis method, we generated a leptindeficient Lep^{mkyo}/Lep^{mkyo} rat that had a nonsense mutation (Q92X) in leptin gene. Lepmkyo/Lepmkyo rats showed obese phenotypes including severe fatty liver, which were comparable to Lep^{ob}/Lep^{ob} mice. To identify genes that respond to leptin in the liver, we performed microarray analysis with Lep^{mkyo}/Lep^{mkyo} rats and Lep^{ob}/Lep^{ob} mice. We sorted out genes whose expression levels in the liver of Lep^{mkyo} / Lep^{mkyo} rats were changed from wild-type (WT) rats and were reversed toward WT rats by leptin administration. In this analysis, livers were sampled for 6 h, a relatively short time after leptin administration to avoid the secondary effect of metabolic changes such as improvement of fatty liver. We did the same procedure in Lepob/Lepob mice and selected genes whose expression patterns were common in rat and mouse. We verified their gene expressions by real-time quantitative PCR. Finally, we identified eight genes that primarily respond to leptin in the liver commonly in rat and mouse. These genes might be important for the effect of leptin in the liver.

ENU mutagenesis; Lep^{mkyo}/Lep^{mkyo} rat; Lep^{ob}/Lep^{ob} mouse; leptin responsive gene; microarray analysis

LEPTIN IS AN ADIPOCYTE-DERIVED hormone that regulates energy homeostasis mainly through the hypothalamus (1). In addition to food intake and energy expenditure, leptin regulates glucose and lipid metabolism (5, 13, 20). Leptin-deficient Lep^{ob}/Lep^{ob} mice are well known to have made a great contribution in the discovery of leptin, and they have been used as an animal model of obesity and obesity-associated diabetes mellitus. Although much has been learned from Lep^{ob}/Lep^{ob} mice, it is important to use other models of different species to generalize results from one species.

For the last 30 yr, many investigators have chosen to use mouse models, because the technologies of embryonic stem

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cells allowed the generation of knockout and knock-in mice (7). However, rats have a long history in medical research, being fundamental from drug development to advances of neuroscience and physiology. Rats are considered to be a better model than mice in their behavioral and physiological characteristics, which are more relevant to humans.

Lepr^{fa}/Lepr^{fa} Zucker rats and Lepr^f/Lepr^f Koletzky rats already exist as rat models whose lack of leptin signals is due to mutations in the leptin receptor (22, 23). The phenotypes in these rats are also identical in many aspects to those in Lep^{ob}/Lep^{ob} mice (4). However, leptin receptor mutant rats are unfit models for the study of the effect of leptin treatment. Although generation of leptin knockout rats by pronuclear microinjections of zinc finger nucleases has been reported recently (26), the investigators did not assess the effect of leptin administration. So this is the first report of leptin administration in the leptin-deficient rat.

In this study, we used the N-ethyl-N-nitrosourea (ENU) mutagenesis method to generate a leptin-deficient Lep^{mkyo}/ Lep^{mkyo} rat that had a nonsense mutation (Q92X) in the leptin gene (17). The mutation site of Lep^{mkyo}/Lep^{mkyo} rat was upstream of that of R105X in Lepob/Lepob mice (28). We confirmed that Lep^{mkyo}/Lep^{mkyo} rats secreted no measurable leptin in the serum and that their obese phenotypes including severely fatty liver were comparable to $\hat{L}ep^{ob}/\hat{L}ep^{ob}$ mice. To identify genes that respond to leptin in the liver, we compared gene expressions in the liver between Lep^{mkyo}/Lep^{mkyo} rats and their wild-type (WT) littermates and also between leptin-treated and saline-treated Lep^{mkyo}/Lep^{mkyo} rats by microarray analysis. We sorted out genes whose expression levels in the liver of Lep^{mkyo}/Lep^{mkyo} rats were changed from WT rats and were reversed toward WT rats by leptin treatment. Moreover, to identify genes that commonly respond to leptin in the liver of rats and mice, we did the same series of experiments with Lepob/Lepob mice. We finally identified eight genes that commonly respond to leptin in the liver of rats and mice. Using more than one species can improve the accuracy of analysis results. Thus, genes identified in this study might be important for the effect of leptin in the liver.

MATERIALS AND METHODS

Animals. Rats with a leptin gene mutation were obtained by ENU mutagenesis of F344/NSlc rats, followed by MuT-POWER (Mu Transposition POoling method With sequencER) screening on the genomic DNA of 4,608 G1 male offspring in KURMA (Kyoto University Rat Mutant Archive). ENU mutagenesis procedures, screening protocols

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(17), and intracytoplasmic sperm injection procedure were previously described (12). The forward primer and the reverse primer used for identifying mutation of the leptin gene were 5'-GCACCTGTTGTTC-CTCTTCC-3' and 5'-TGGAATCGTGCGGATAACTT-3', respectively. More than six backcross generations were performed against the F344/NSlc inbred background. Male C57Bl/6J Lep^{ob}/Lep^{ob} mice were purchased from CLEA Japan (Tokyo, Japan). Rats and mice were maintained on a 10 h light/14 h dark cycle (lights on 7:00 AM, lights off 9:00 PM) and fed ad libitum standard pellet diet (MF; Oriental Yeast, Tokyo, Japan). All animal care and experiments conformed to the Guidelines for Animal Experiments at Kyoto University and were approved by the Animal Research Committee of Kyoto University. The F344-Lep^{mkyo} rat has been deposited into the National Bio Resource Project-Rat in Japan (NBPR-Rat no. 0628) and is available from the Project (http://www.anim.med.kyoto-u.ac.jp/nbr).

Genotyping for Lep^{mkyo} mutation. Genotyping for Lep^{mkyo} mutation was performed by real-time PCR system using TaqMan Sample-to-SNP kit (Applied Biosystems, Carlsbad, CA) with a specific primer pair (forward primer sequences are 5'-GTTCTCAGGTCATGAGC-TATCTG-3' and reverse primer sequences are 5'-CTGGCAGTC-TATCAACAGATCCT-3') and TaqMan MGB probes (WT probe sequences are 5'-TTGCCTTCCCAAAACG-3' and mutant probe sequences are 5'-TTGCCTTCCTAAAACG-3'). Genomic DNA was extracted from whole blood. The cycling conditions were 20 s at 95°C followed by 40 cycles of 3 s at 95°C and 20 s at 60°C.

Whole body composition analysis. Twenty-week-old male rats under anesthesia were scanned from nose to anus by computer tomography with La Theta LCT-100 (Aloka, Tokyo, Japan). The X-ray source tube voltage was set at 50 kV with a constant 1 mA current. Aloka software estimated the volume of adipose tissue, bone, air, and the remainder using differences in X-ray density. Distinguishing intra-abdominal adipose tissue and subcutaneous adipose tissue was based on detection of the abdominal muscle layers. Fat weight was calculated using the commonly used density factor of 0.92 g/cm³. This method provides accurate estimation of total subcutaneous and intra-abdominal fat pads as validated by dissection (11).

Measurement of body length and rectal temperature. Body length was measured between nose and anus in 19-wk-old male rats under anesthesia. Rectal temperature was measured with a digital thermometer (BDT-100; Bio Research Center, Tokyo, Japan) at 10:00 AM in 19 wk old male rats.

Biochemical assays. Blood was obtained from the tail vein after overnight fasting at the age of 19 wk. Plasma leptin concentrations were measured by an enzyme-linked immunosorbent assay (ELISA) kit for rat leptin (Millipore, St. Charles, MO). Plasma glucose concentrations were measured by a glucose assay kit (Wako Pure Chemical Industries, Osaka, Japan). Plasma insulin concentrations were measured by an insulin-ELISA kit (Morinaga Institute of Biological Science, Yokohama, Japan). Plasma triglyceride, nonesterified fatty acid (NEFA), and total cholesterol concentrations were measured by enzymatic kits (Triglyceride E-test Wako, NEFA C-test Wako, and Cholesterol E-test Wako, respectively; Wako Pure Chemical Industries). To measure liver triglyceride contents, we sampled livers from 19 wk old rats and immediately froze them in liquid nitrogen. Lipids were extracted with isopropyl alcohol-heptane (1:1 vol/vol). After evaporating the solvent, we resuspended lipids in 99.5% (vol/vol) ethanol, and triglyceride content was measured by an enzymatic kit (Triglyceride E-test Wako, Wako Pure Chemical Industries).

Glucose tolerance test. Intraperitoneal glucose tolerance test was performed after overnight fasting of 19 wk old male rats. Rats received 2.0 mg/g glucose by intraperitoneal injection. Blood was sampled from the tail vein before and 15, 30, 60, 90, 120 min after the glucose load.

Liver histology. Livers were sampled from 19 wk old rats, fixed in 10% neutrally buffered formalin, and subsequently embedded in paraffin. Histological sections of 5 μ m thickness were stained with hematoxylin and eosin and examined by light microscopy.

Liver sampling for microarray analysis. Recombinant murine leptin (generously supplied by Amgen, Thousand Oaks, CA) (1 μ g/mg) or saline was intraperitoneally administered in 20 wk old Lep^{ob}/Lep^{ob} mice, Lep^{mkyo}/Lep^{mkyo} rats and their respective control littermates after 6 h fasting. Livers were sampled 6 h after leptin or saline administration and were frozen in liquid nitrogen and stored at -80° C until use for RNA isolation.

RNA extraction and microarray gene expression arrays. Details for the sample preparation and microarray processing are available from http://www.affymetrix.com. RNA was prepared from liver of three male mice or rats per group using Trizol (Invitrogen, Carlsbad, CA) reagent following the supplier's protocol. The quality and the concentrations of the extracted RNA were checked using the Nano-Drop 2000 (Thermo Fisher Scientific, Yokohama, Japan). Each three RNA samples were pooled for analysis. We used 250 ng of total RNA for one cycle of cDNA synthesis. Hybridization, washing, and scanning of Affymetrix GeneChip Mouse Genome 430 2.0 Arrays (Affymetrix, Santa Clara, CA) and Affymetrix GeneChip Rat Genome 230 2.0 Arrays were done according to standard Affymetrix protocols. The hybridized chips were scanned with an argon-ion laser confocal microscope (Hewlett-Packard, Palo Alto, CA). Fluorometric data were processed by Affymetrix GeneChip Command Console software and analyzed with Affymetrix Expression Console software 7. Normalization was performed with Affymetrix Microarray Suite 5.0 (MAS5.0) algorithm to obtain the signal intensity and the detection call, which shows the expression of a gene with a defined confidence level for each probe set. The mRNA expression levels for all genes on the array were scaled to a mean of 500 for each array. The detection call can be "present" when the perfect match probes are significantly more hybridized than the mismatch probes, false discovery rate (FDR) < 0.04, "marginal" for FDR > 0.04, and < 0.06 or "absent," FDR > 0.06.

Real-time quantitative RT-PCR. Real-time quantitative RT-PCR was performed to validate expression levels of candidate leptinresponsive genes. Single-stranded cDNA was synthesized from 1 µg of total RNA using SuperScript III First-Strand Synthesis System for RT-PCR, according to the manufacturer's instructions (Invitrogen). Quantitative RT-PCR was performed with SYBR Green (Applied Biosystems) by Applied Biosystems StepOnePlus RT-PCR System using gene-specific primer. The housekeeping rat or mouse mitochondrial subunit 18S rRNA genes were used for control and quantitative RT-PCR was performed with TaqMan (Applied Biosystems). The sequences of primers (Sigma-Genosys, Tokyo, Japan) used in the present study are as follows: rat Ccl2 (F) 5'-TAGCATCCACGTGCTGTCTC-3', rat Ccl2 (R) 5'-CAGCCGACTCATTGGGATCA-3', mouse Ccl2 (F) 5'-AGATG-CAGTTAACGCCCCAC-3', mouse Ccl2 (R) 5'-GACCCATTCCTTCT-TGGGGT-3', rat Cdca3 (F) 5'-AACAAGCATGTGTCTCGGGT-3', rat Cdca3 (R) 5'-TCTTGCGCCTGTTTGAGACT-3', mouse Cdca3 (F) 5'-CCTCGTTCACCTAGTGCTGG-3', mouse Cdca3 (R) 5'-TTTCGTCT-GCTGCGCTTAGA-3', rat Fkbp5 (F) 5'-ACTGACTCGCCTGACA-CAAG-3', rat Fkbp5 (R) 5'-GAGCGAGGTATCTGCCTGTC-3', mouse Fkbp5 (F) 5'-CTTGGACCACGCTATGGTTT-3', mouse Fkbp5 (R) 5'-GGATTGACTGCCAACACCTT-3', rat Inhbb (F) 5'-TCACGGTGA-CAGGTGGAATG-3', rat Inhbb (R) 5'-CCGTTTTCGGATGCGATGTC-3', mouse Inhbb (F) 5'-TGACCCACACTAGGCGAAAC-3', mouse Inhbb (R) 5'-CAGGCCACTCGAAGGATTGT-3', rat Lin7a (F) 5'-AAGCCA-CAAGAATCCGGAGA-3', rat Lin7a (R) 5'-CTGACGACCAGCTTCA-CACT-3', mouse Lin7a (F) 5'-AGTACCAGTGCACAAGCTCC-3', mouse Lin7a (R) 5'-CATGTCTTTCAGCCACCCCT-3', rat C-Myc (F) 5'-ATTCCAGCGAGAGACAGAGGGAGTG-3', rat C-Myc (R) 5'-ACGTTGAGGGGCATCGTCGTG-3', mouse C-Myc (F) 5'-CGCGC-CCAGTGAGGATATC-3', mouse C-Myc (R) 5'-CCACATACAGTC-CTGGATGAT-3', rat Npr2 (F) 5'-TTGGGGAGAGTCTACGAGCA-3', rat Npr2 (R) 5'-CTCGGTACGTGATCACCAGG-3', mouse Npr2 (F) 5'-CCAGAACTGCTTAGCGGGAA-3', mouse Npr2 (F) 5'-CTGAC-CATTCCGCACCTTCT-3', rat Ppl (F) 5'-AGTGCTGCCACTCAAG-TACC-3', rat Ppl (R) 5'-CAGCTCTCCCCGTTGTTCTT-3', mouse Ppl (F) 5'-GCATGCTGAGTGGAAGGAGT-3', mouse Ppl (R) 5'-AAGTCT-

GAGTCCACCTTGCG-3', rat 18s (F) 5'-GCAATTATTCCCCATGAACGA-3', rat 18s (R) 5'-CAAAGGGCAGGGACTTAATCAAC-3', probe: 5'-AATTCCCAGTAAGTGCGGGTCATAAGCTTG-3', mouse 18s (F) 5'-CGCGCAAATTACCCACTCCCGA-3', mouse 18s (R) 5'-CGGCTACCACACCACAGGA-3', probe; 5'-CCAATTACAGGGCCTCGAAA-3'.

Statistical analysis. Data are expressed as means \pm SE. Comparison between or among groups was assessed by Student's *t*-test or ANOVA with Fisher's protected least significant difference test. P < 0.05 was considered statistically significant. The χ^2 -test was used for analysis of genotype and sex ratio using Microsoft Excel. P < 0.05 was considered statistically significant.

RESULTS

Generation of a novel genetically obese rat with a homozygous nonsense mutation in the leptin gene. By using ENU mutagenesis followed by MuT-POWER screening of the KURMA samples (17), we generated a genetically obese Lep^{mkyo}/Lep^{mkyo} rat with a homozygous nonsense mutation in the leptin gene. Lep^{mkyo} mutation was a C-to-T transition at nucleotide 274 in the third exon of leptin gene, resulted to a substitution of glutamine at codon 92 by the stop codon (Q92X), which is upstream of the mutation (R105X) in Lep^{ob}/ Lep^{ob} mice (28) (Fig. 1). Male and female $Lep^{mkyo}/+$ rats were intercrossed to obtain WT, Lep^{mkyo}/+, and Lep^{mkyo}/Lep^{mkyo} animals. There were 27 homozygous WT, 40 Lepmkyo/+, and 16 Lep^{mkyo}/Lep^{mkyo} rats. This ratio did not differ significantly from the expected 1:2:1 Mendelian ratio of genotypes (delivery n=8, mean n of pups per delivery = 10.25; $\chi^2=3.17$, P=0.999). The sex ratios also did not differ significantly from the expected ratio (male n = 42, female n = 40, $\chi^2 = 2.42$, P =0.93).

Plasma leptin concentration and obese phenotypes in Lep^{mkyo}/Lep^{mkyo} rats. ELISA did not detect plasma leptin in Lep^{mkyo}/Lep^{mkyo} rats (Fig. 2A). Serum leptin concentration in $Lep^{mkyo}/+$ rats (7.81 \pm 0.74 ng/ml) was slightly higher than half that of WT rats (12.17 \pm 0.72 ng/ml). The body weight in Lep^{mkyo}/Lep^{mkyo} rats was significantly heavier than WT rats as early as

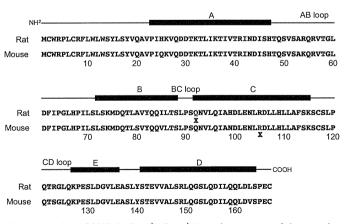


Fig. 1. Mutation (Q92X) in Lep^{mkyo}/Lep^{mkyo} rats is upstream of the mutation (R105X) in Lep^{ob}/Lep^{ob} mice. Secondary structure elements (top) of leptin precursor and its amino acid sequence in rat (middle) and mouse (bottom). There is 96% identity of amino acid sequence between mouse and rat. It consists of 4 antiparallel α -helices (A, B, C, and D), connected by 2 long crossover loops (AB and CD) and 1 short loop (BC). Leptin has a small distorted helical segment E in the CD loop. The red Q in the rat sequence indicates the amino acid position of the Q92X mutation. The red R in the mouse sequence indicates the amino acid position of the R105X mutation.

5 wk of age (Fig. 2B). The difference in body weight between WT and Lep^{mkyo}/Lep^{mkyo} rats steadily widened throughout the study period. The body weight in Lepmkyo/+ rats was always slightly heavier than that in WT rats although the difference was not statistically significant. As for the body length, there was no difference between WT and Lep^{mkyo}/Lep^{mkyo} rats $(22.63 \pm 0.13 \text{ cm in WT rats and } 22.69 \pm 0.24 \text{ cm in})$ Lep^{mkyo}/Lep^{mkyo} rats, n = 7, P = 0.86), unlike Lep^{ob}/Lep^{ob} mice in which the body length is 5-10% shorter than that in lean littermates (3). The gross appearances of WT, Lep^{mkyo}/+, and Lep^{mkyo}/Lep^{mkyo} rats at the age of 19 wk are shown in Fig. 2C. The body composition was examined with computer tomography (Fig. 2D). In Lep^{mkyo}/Lep^{mkyo} rats, the subcutaneous fat mass was nearly four times and the intra-abdominal fat mass was nearly twice of those in WT rats. Both subcutaneous fat mass and intra-abdominal fat mass in Lepmkyo/+ rats were slightly greater than those in WT rats. Daily food intake in Lep^{mkyo}/Lep^{mkyo} rats was increased by $\sim 50\%$ compared with WT rats (Fig. 2E). The mean body temperature in Lep^{mkyo} / Lep^{mkyo} rats was significantly lower than that in WT rats (Fig. $2\hat{F}$). There was no significant difference between WT and $Lep^{mkyo}/+$ rats in both food intake and body temperature.

Glucose and lipid metabolism in Lep^{mkyo}/Lep^{mkyo} rats. We performed intraperitoneal glucose tolerance test (Fig. 3, A and B). Before glucose load, both plasma glucose and insulin concentrations in Lep^{mkyo}/Lep^{mkyo} rats were already increased when compared with those in WT rats. Plasma glucose concentration in response to the glucose load in Lep^{mkyo}/Lep^{mkyo} rats was also significantly higher than WT rats. Moreover, the increment of plasma insulin concentration was sustained after glucose load in Lep^{mkyo}/Lep^{mkyo} rats. These results indicate that the main cause of the impairment of glucose tolerance in Lep^{mkyo}/Lep^{mkyo} rats was insulin resistance. No significant difference between WT and Lep^{mkyo}/+ rats in both plasma glucose and insulin concentrations was observed during glucose tolerance test.

Compared with WT rats, the fasting plasma triglyceride concentration in Lep^{mkyo}/Lep^{mkyo} rats was markedly elevated (Fig. 3C). The NEFA concentration was also increased in Lep^{mkyo}/Lep^{mkyo} rats although there was no significant difference (Fig. 3D). Plasma total cholesterol concentration was significantly increased in Lep^{mkyo}/Lep^{mkyo} rats (Fig. 3E). There was no significant difference between WT and $Lep^{mkyo}/+$ rats in any of these plasma lipid concentrations.

Liver phenotype in Lep^{mkyo}/Lep^{mkyo} rats. In Lep^{mkyo}/Lep^{mkyo} rats, the liver was markedly enlarged and lighter in color than that in WT rats. Histological examination of the liver showed large number of lipid droplets of various sizes in Lep^{mkyo}/Lep^{mkyo} rats (Fig. 3F). There was no accumulation of lipid droplets in Lep^{mkyo}/+ rats. Consistent with these observations, both liver weight and liver triglyceride content in Lep^{mkyo}/Lep^{mkyo} rats were markedly increased compared with those in WT rats (Fig. 3, G and H). There was no significant difference between WT and Lep^{mkyo}/+ rats in both liver weight and liver triglyceride content.

Identification of leptin-responsive genes in the liver by microarray analyses. To identify leptin-responsive genes in the liver, we compared gene expressions in the liver between Lep^{mkyo} / Lep^{mkyo} rats and their WT littermates, as well as leptin-treated and saline-treated Lep^{mkyo} / Lep^{mkyo} rats, by the microarray method. In the leptin administration experiment, to avoid the effect of chronic

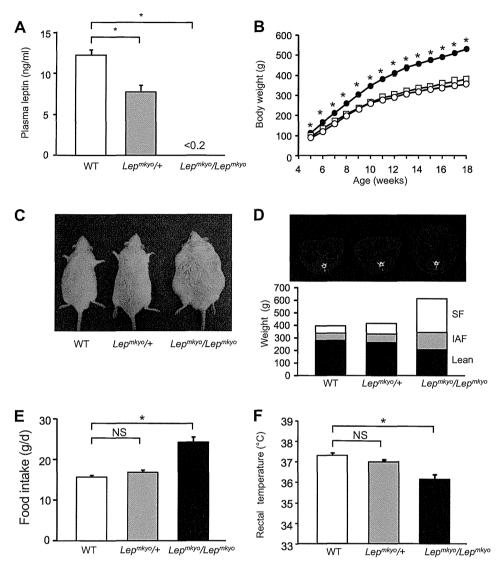


Fig. 2. Obese phenotypes of Lepmkyo/Lepmkyo rats. A: plasma leptin concentrations in wildtype (WT, open bar), Lep^{mkyo}/+ (gray bar), and Lepmkyo/Lepmkyo (closed bar) rats. Data are means \pm SE (n = 4 each group). *P < 0.01(Student's t-test). B: growth curves in WT (0), $Lep^{mkyo}/+ (\Box)$, and Lep^{mkyo}/Lep^{mkyo} (\bullet) rats. Data are means \pm SE (n = 4 each group). *P < 0.05 (ANOVA). C: gross appearance of WT, Lepmkyo/+, and Lepmkyo/Lepmkyo rats. D: computer tomography (CT) image at a slice 15 cm distal from nose (top) and body composition in WT, Lep^{mkyo}/+, and Lep^{mkyo}/ Lep^{mkyo} rats (bottom). SF, subcutaneous fat mass; IAF, intra-abdominal fat mass; Lean, lean body mass. E: daily food intake in WT (open bar), Lep^{mkyo}/+ (gray bar), and Lep^{mkyo}/ Lep^{mkyo} (closed bar) rats. Daily food intake was measured at the age of 19 wk. Data are means \pm SE (n = 4 each group). *P < 0.05(Student's t-test). NS, not significant. F: rectal temperature in WT (open bar), Lepmkyo/+ (gray bar), and Lep^{mkyo}/Lep^{mkyo} (closed bar) rats. Data are means \pm SE (n = 4 each group). *P < 0.05 (Student's *t*-test).

metabolic changes related to food intake and body weight suppressions by leptin, we administered leptin and started rats fasting at the same time, 6 h before the liver sampling. Moreover, to identify genes that commonly respond to leptin in the liver in rats and mice, we did the same series of experiments with Lep^{ob}/Lep^{ob} mice. We confirmed that there was no significant difference in body weight and plasma glucose, insulin and triglyceride concentrations between leptin-treated and saline-treated Lep^{mkyo}/Lep^{mkyo} rats and also between leptin-treated and saline-treated Lep^{ob}/Lep^{ob} mice (data not shown).

Of 31,042 genes in the rat array chip, we excluded from analysis 18,425 genes with no nomenclature, which could not be found in the mouse array chip, and whose detection calls were not present in any of WT, Lep^{mkyo}/Lep^{mkyo} , and leptintreated Lep^{mkyo}/Lep^{mkyo} rats. Of the remaining 12,617 genes, 177 genes whose expressions were decreased >1.6-fold in Lep^{mkyo}/Lep^{mkyo} rats relative to WT rats and increased >1.6-fold in leptin-treated Lep^{mkyo}/Lep^{mkyo} rats relative to salinetreated Lep^{mkyo}/Lep^{mkyo} rats were defined as leptin-upregulated genes in rat. However, 138 genes whose expression levels were <100 in either WT or Lep^{mkyo}/Lep^{mkyo} rats were excluded. We defined 237 genes whose expressions were increased >1.6-

fold in Lep^{mkyo}/Lep^{mkyo} rats relative to WT rats and decreased >1.6-fold in leptin-treated Lep^{mkyo}/Lep^{mkyo} rats relative to saline-treated Lep^{mkyo}/Lep^{mkyo} rats as leptin-downregulated genes in rat. In this case, 158 genes whose expression levels were <100 in saline-treated Lep^{mkyo}/Lep^{mkyo} rats were excluded from leptin-downregulated genes. Furthermore, among 39 leptinupregulated genes in rat, six genes whose expression was decreased >1.6-fold in Lepob/Lepob mice relative to WT mice and increased >1.0-fold in leptin-treated Lepob/Lepob mice relative to saline-treated Lepob/Lepob mice were defined as leptin-upregulated genes common in rat and mouse. Among 79 leptin-downregulated genes in rat, 14 genes whose expression were increased >1.6-fold in Lepob/Lepob mice relative to WT mice and decreased >1.0-fold in leptin-treated Lepob/Lepob mice relative to salinetreated Lepob/Lepob mice were defined as leptin-downregulated genes common in rat and mouse.

Expression patterns of these 20 leptin-regulated genes common in rat and mouse were examined by quantitative RT-PCR using the same RNA samples used for microarray analysis. Among six leptin-upregulated genes, *Lin7a* and *Npr2* showed a similar expression pattern in microarray and quantitative RT-PCR analysis (Table 1, Fig. 4A). Among 14 leptin-downregulated genes in rats,

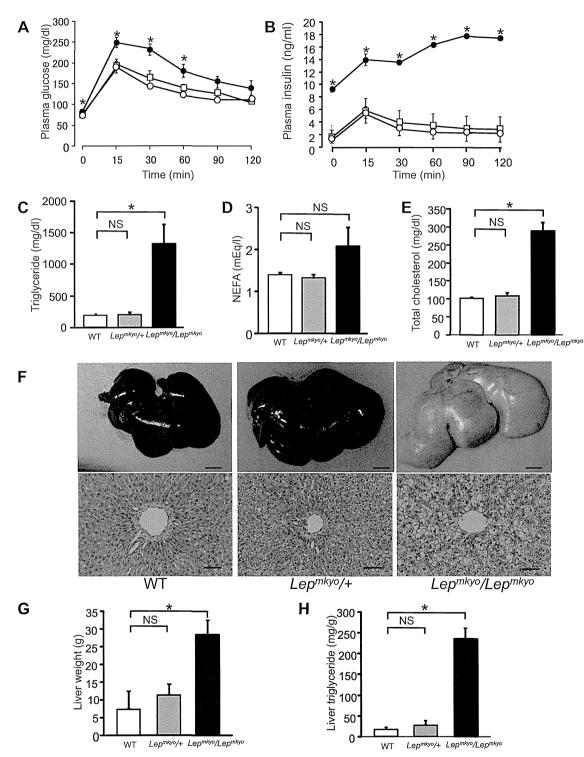


Fig. 3. Glucose, lipid metabolism, and fatty liver in Lep^{mkyo}/Lep^{mkyo} rats. Plasma glucose (A) and insulin concentrations (B) at intraperitoneal glucose tolerance test in WT (O), $Lep^{mkyo}/+$ (D), and Lep^{mkyo}/Lep^{mkyo} (\bullet) rats. Data are means \pm SE (n=4 each group). *P<0.05 (ANOVA). Plasma triglyceride (C), nonesterified fatty acid (NEFA, D), and total cholesterol (E) concentrations in WT (open bar), $Lep^{mkyo}/+$ (gray bar), and Lep^{mkyo}/Lep^{mkyo} (closed bar) rats. Data are means \pm SE (n=4 each group). *P<0.05 (Student's t-test). F: representative macroscopic (top: scale bar, 1 cm) and histological (bottom: scale bar, 100 μ m) sections of the liver in WT, $Lep^{mkyo}/+$, and Lep^{mkyo}/Lep^{mkyo} rats. For histological examination, hematoxylin and eosin staining was used. Liver weight (G) and liver triglyceride contents (H) in WT (open bar), $Lep^{mkyo}/+$ (gray bar), and Lep^{mkyo}/Lep^{mkyo} (closed bar) rats. Data are means \pm SE (n=4 each group). *P<0.01 (Student's t-test).

Table 1. Microarray analysis data of leptin-responsive genes in the liver

				Fold Increase			
		UniGene (Rn.)		Rat		Mouse	
Gene Name	Gene Symbol	Rat (Rn.)	Mouse (Mm.)	Wild/Lep ^{mkyo} /Lep ^{mky}	Leptin/vehicle	Wild/ob/ob	Leptin/vehicle
		Lept	in-upregulated ge	ne in liver			
Lin-7 homolog A (C. elegans)	Lin7a	31766	268025	2.014	2.158	1.729	1.404
Natriuretic peptide receptor 2	Npr2	32984	103477	2.567	2.25	4.627	1.064
		Leptin	a-downregulated g	ene in liver			
Chemokine (C-C motif) ligand 2	Cc12	4772	290320	0.202	0.54	0.17	0.871
Cell division cycle associated 3	Cdca3	129078	285723	0.23	0.207	0.432	0.382
FK506 binding protein 5	Fkbp5	144288	276405	0.219	0.536	0.401	0.774
G protein-coupled receptor 64	Gpr64	57243	213016	0.105	0.574	0.129	0.853
Inhibin beta-B	Inhbb	35074	3092	0.016	0.603	0.33	0.871
Myelocytomatosis oncogene	Myc	12072	2444	0.299	0.473	0.398	0.595
Periplakin	Ppl	25259	266875	0.23	0.547	0.536	0.768

Ccl2, *Cdca3*, *Fkbp5*, *Inhbb*, *C-Myc*, and *Ppl* showed similar expression patterns between microarray and quantitative RT-PCR analysis (Table 1, Fig. 4B). These eight genes are expected to play some role in the effect of leptin on the liver.

All microarray data have been deposited at the National Center for Biotechnology Information in the Gene Expression Omnibus database (GEO, http://www.ncbi.nlm.nih.gov/geo/). The series accession number is GSE42532. The GEO platform accession number is GPL1261 in mouse, GPL1355 in rat. The sample accession numbers are GSM 1044286, 1044287, 1044288, 1044289, 1044290, and 1044291.

DISCUSSION

Using gene-driven ENU mutagenesis, we generated leptin-deficient Lep^{mkyo}/Lep^{mkyo} rat. The mutation of leptin gene in Lep^{mkyo}/Lep^{mkyo} rats is located at nucleotide 274 in the third exon of leptin gene, generating a stop codon at amino acid 92 (Q92X), which is upstream of the mutation (R105X) in Lep^{ob}/Lep^{ob} mice (28). Leptin contains two cysteine residues, Cys96 and Cys146, which form a disulfide bond. This disulfide bond was shown to be required for the leptin action (27). Since both sites of nonsense mutation in Lep^{mkyo}/Lep^{mkyo} rats and Lep^{ob}/Lep^{ob} mice were projected to disrupt this disulfide bond, Lep^{mkyo}/Lep^{mkyo} rats were considered to have no functional leptin, as well as Lep^{ob}/Lep^{ob} mice.

The mean mutation frequency with ENU mutagenesis of our protocol was one mutation per 3.7 million base pairs (17). Although the chance for the occurrence of an unexpected mutation with a phenotypic effect is relatively small, this possibility also should be taken account for the experimental design and interpretation of the results. To eliminate mutations that might have been generated by ENU in chromosomal regions other than the *Lep* locus, we performed backcross more than six generations against F344/NSlc inbred background, and we always compared phenotypes between littermates to minimize the effect of possible unexpected mutation.

Lep^{mkyo}/Lep^{mkyo} rats showed morbid obesity with hyperphagia and low body temperature, hyperglycemia with hyperinsulinemia, dyslipidemia, and severely fatty liver. Low body temperature suggests decreased sympathetic nervous activity and basal metabolism in Lep^{mkyo}/Lep^{mkyo} rats. The glucose tolerance test demonstrated marked glucose intolerance with sus-

tained hyperinsulinemia in Lep^{mkyo}/Lep^{mkyo} rats, suggesting insulin resistance. All these phenotypes are consistent with the lack of functional leptin and are identical to those in Lep^{ob}/Lep^{ob} mice (4). There are some existing rat models, such as Lep^{rfa}/Lep^{rfa} Zucker rats and Lep^{rf}/Lep^{rf} Koletzky rats, whose lack of leptin signals is due to mutations in the leptin receptor (22, 23). Although the phenotypes of these rats are also identical to Lep^{mkyo}/Lep^{mkyo} rats, they are not useful in studying the effect of leptin treatment. In this study, we used Lep^{mkyo}/Lep^{mkyo} rat as a leptin-treatable rat model and showed its usefulness.

Generation of leptin knockout rats by pronuclear microinjections of zinc finger nucleases had been reported recently (26). In addition to the metabolic phenotype, those leptin knockout rats with Sprague-Dawley background showed significant increase in bone mineral density and bone volume of the femur compared with WT littermates like *ob/ob* mice (26). However, we could not detect any significant difference in bone mineral density and gross observation of trabecular in the femur by computer tomography between Lepmkyo/Lepmkyo rats and their WT littermates (data not shown). Our result is consistent with the previous report on leptin receptor mutated fa/fa rats with Zucker background (24). These results indicate the strain difference in the regulation of bone mineral density. Furthermore, there is a previous report that bone mass in patients with congenital leptin deficiency have normal or low bone mineral density (18), which indicates the species difference. It was also reported that T-cell count was decreased in those leptin knockout rats. In all previous reports of leptin or leptin receptor deficiency in humans (9), mice (16), and rats (25), T-cell count was also decreased. As for the phenotype of T-cell, there is no difference between strains or species, although we did not count the T cells in Lep^{mkyo}/Lep^{mkyo} rats.

Besides the antiobesity effect, leptin has a wide range of metabolic effects including an insulin-sensitizing action. However, the molecular mechanism underlying metabolic effects of leptin is not well understood. We and others have demonstrated that leptin effectively improves insulin sensitivity accompanied by a dramatic reduction of fat content in the liver and skeletal muscle in patients with lipodystrophy in which severely fatty liver and excess fat accumulation in the skeletal muscle frequently develop (5, 6, 8, 15). In this study, to investigate the molecular mechanism by which leptin reduces fat content in the liver, we

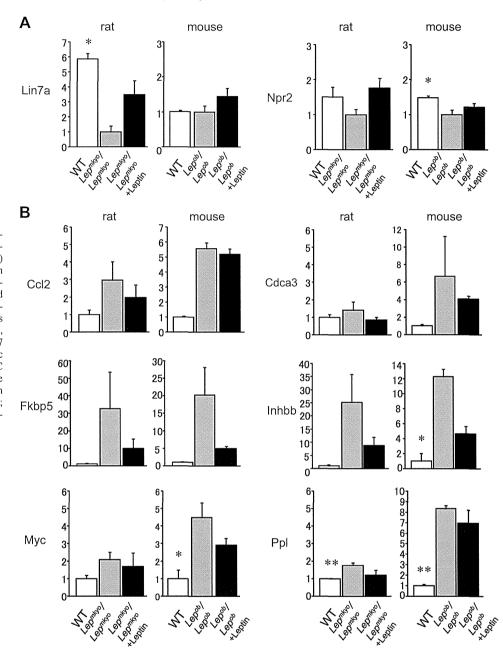


Fig. 4. Reproducibility with quantitative RT-PCR in mRNA expression. The leptin-upregulated genes common in rats and mice (A) and leptin-downregulated genes common in rats and mice (B) were checked for reproducibility with quantitative RT-PCR. The fold change was displayed as relative to normalized to leptin-deficient animals in A and as relative to WT animals in B. *P < 0.05, **P < 0.01 (Student's t-test). Lin7a, lin-7 homolog A (C. elegans), Npr2, natriuretic peptide receptor 2; Ccl2, chemokine (C-C motif) ligand 2; Cdca3, cell division cycle associated 3; Fkbp5, FK506 binding protein 5; Gpr64, G protein-coupled receptor 64; Inhbb, inhibin beta-B; Myc, myelocytomatosis oncogene; Ppl, periplakin.

used two different species models with leptin deficiency, Lep^{mkyo} / Lep^{mkyo} rats and Lep^{ob}/Lep^{ob} mice.

Some microarray analyses on leptin effects in the liver using Lep^{ob}/Lep^{ob} mice have been reported (2, 14, 19). In these studies, leptin was administrated daily or continuously and the sampling time point was a few days or more after the beginning of leptin treatment. Under these conditions, the investigators could not separate the secondary effects of chronic metabolic changes, such as body weight reduction and improvement of insulin resistance and dyslipidemia, from the primary effects of leptin. In this study, we sampled livers 6 h after leptin administration under fasting. We confirmed that there was no significant difference in body weight and plasma glucose, insulin and triglyceride concentrations between leptin-treated and saline-treated Lep^{mkyo}/Lep^{mkyo} rats and also between leptintreated and saline-treated Lep^{mkyo}/Lep^{mkyo} mice. Of course, 6 h

after leptin administration is also the limitation of this study. It might be too early to detect leptin-responsive genes. However, we placed priority on excluding secondary effects. As a result, the profile of leptin-responsive genes in the previous report is quite different from that in the present study. In all these previous reports, expression of metabolism-related genes was detected. On the other hand, in our study, all genes in which we detected change of expression were not known for their relationship with glucose or lipid metabolism in the liver. The genes identified in our study are early responsive ones. Identification of such genes might unveil the mechanism of leptin action that has been unknown so far. The mechanistic study of the genes we have identified here is an issue for the future.

In conclusion, we generated leptin-deficient Lep^{mkyo}/Lep^{mkyo} rats by gene-driven ENU mutagenesis. Taking advantage of leptin-treatable Lep^{mkyo}/Lep^{mkyo} rats, we compared gene ex-

pressions in the liver not only between Lep^{mkyo}/Lep^{mkyo} and WT rats, but also between leptin-treated and saline-treated Lep^{mkyo}/Lep^{mkyo} rats, to identify leptin-responsive genes in the liver by microarray analysis. Taking Lep^{mkyo}/Lep^{mkyo} rats together with the Lep^{ob}/Lep^{ob} mice, we finally identified two leptin-upregulated genes, lin-7 homolog A (Lin7a) and natriuretic peptide receptor 2 (Npr2), and six leptin-downregulated genes, chemokine (C-C motif) ligand 2 (Ccl2), cell division cycle associated 3 (Cdca3), FK506 binding protein 5 (Fkbp5), inhibin beta B (Inhbb), myelocytomatosis oncogene (C-Myc), and periplakin (Ppl). Although, little is known about the physiological significance of most of these genes in energy metabolism in the liver, the analysis of these genes will bring further understanding of leptin physiology in the future.

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DISCLOSURES

No conflicts of interest, financial or otherwise, are declared by the author(s).

AUTHOR CONTRIBUTIONS

Author contributions: M.A.-A., K.E., and K.N. conception and design of research; M.A.-A., K.E., C.E., T.M., A.T., and T.T. performed experiments; M.A.-A. and K.E. analyzed data; M.A.-A., K.E., T.M., T.K., Y.Y., D.A., S.Y.-K., T. Sakai, and K.H. interpreted results of experiments; M.A.-A. prepared figures; M.A.-A. and K.E. drafted manuscript; M.A.-A., K.E., and T. Serikawa edited and revised manuscript; T. Serikawa and K.N. approved final version of manuscript.

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In Vitro Characterization and Engraftment of Adipocytes Derived from Human Induced Pluripotent Stem Cells and Embryonic Stem Cells

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Human induced pluripotent stem (iPS) and embryonic stem (ES) cells can differentiate into a variety of cell types. We reported on adipogenic potential of human iPS and ES cells in vitro. In the present study, we investigate the survival and maintenance of adipocytes differentiated in vitro from human iPS and ES cells after transplantation. Following adipogenic induction in vitro, the differentiated cells exhibited functional properties of adipocytes such as lipid storage, lipolysis, and insulin responsiveness. Subsequently, Matrigel containing the differentiated human iPS and ES cells was transplanted into the subcutaneous tissue of nude mice. After 1-4 weeks, the cells with adipocyte-like features were observed in transplanted Matrigel by histological analysis. The human origin of the cells, their lipid accumulation, and gene expression of adipocyte markers in transplanted cells were then confirmed, suggesting the presence of adipocytes in transplanted Matrigel. When the relative areas of these cells were calculated by dividing the adipocyte areas by the total Matrigel areas, we found that they peaked at 2 weeks after transplantation, and that the adipocytes persisted at 4 weeks. The present study demonstrates that human iPS and ES cells can differentiate into adipocytes with functional properties and that adipocytes derived from human iPS and ES cells can survive and maintain the differentiated properties of adipocytes for at least 4 weeks after transplantation. Adipocytes derived from human iPS and ES cells thus have the potential to open new avenues for stem cell-based research into metabolic diseases and future therapeutic applications.

Introduction

HUMAN INDUCED PLURIPOTENT STEM (iPS) cells exhibit pluripotency in vitro and in vivo like that seen with human embryonic stem (ES) cells [1–3]. Moreover, human iPS cells have been differentiated into a variety of cell types [4–12]. For example, we demonstrated that both human iPS and ES cells have adipogenic potential in vitro [13]. On the other hand, studies involving the transplantation of human iPS cell derivative have been limited to only a few cell types [14–17]. Transplantation studies of derivatives from human PS cells become increasingly important to explore a novel cell therapy for intractable diseases.

Lipodystrophy is a rare syndrome characterized by loss of adipose tissue, which causes insulin resistance, diabetes, dyslipidemia, and ectopic fat accumulation [18,19]. Transplantation of adipose tissue ameliorates the phenotype of lipodystrophy [20]. Further, adipose tissue, adipocytes, and adipose-derived stem cells are therapeutically useful for soft tissue reconstruction after tumor resection [21–24]. Adipocytes derived from human PS cells can be a possible source of

cell therapy for lipodystrophy and soft tissue reconstruction. To date, there have been several reports of using scaffolds to construct adipose-like tissue derived from human adult stem cells and embryonic germ cells [25–28]; however, construction of adipose-like tissue derived from human iPS and ES cells has not been fully demonstrated.

In the present study, we initially assessed functional properties of adipocytes such as lipid storage, lipolysis, and insulin responsiveness in vitro in differentiated human iPS and ES cells. We then studied survival and maintenance of adipocytes derived from human iPS and ES cells following their transplantation.

Materials and Methods

Cell culture

Human iPS cells: 253G4 (G4), 201B7 (B7), and W12, were maintained in a Primate ES medium (ReproCELL) supplemented with 4 ng/mL recombinant human basic fibroblast growth factor (Invitrogen) as we previously described [13]. G4 and B7 were kindly provided by Shinya

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Yamanaka [29]. Human ES cells (H9 and KhES-1) were cultured as described previously [29]. H9 was purchased from Wicell Research Institute, Inc. KhES-1 was kindly provided by Norio Nakatsuji [30]. W12 as well as B7 were generated from human dermal fibroblasts from a 36-yearold Caucasian woman (Cell Applications, Inc.) by introducing four factors, such as Oct3/4, Sox2, Klf4, and c-Myc. Expression of human ES cell markers and pluripotency were examined by immunocytochemistry, in vitro differentiation, and teratoma formation (Supplementary Fig. S1A-K; Supplementary Data are available online at www.liebertpub.com/scd) according to the methods described previously [1]. Standard G-banding chromosome analysis was performed in the Nihon Gene Research Laboratories, Inc. (Supplementary Fig. S1L). Human bone marrow-derived mesenchymal stem cells were purchased from Lonza. Adipogenic differentiation was induced according to the manufacturer's instruction.

Adipogenic differentiation of human iPS and ES cells

Human iPS and ES cells were differentiated into the adipocyte lineage via embryoid body (EB) formation using a modified version of the protocol, which we previously described [13]. Briefly, adipogenic differentiation was initiated by aggregation of iPS and ES cells to form EBs. From day 2-5, retinoic acid (SIGMA-Aldrich) with the concentration of 100 nM was supplemented. From day 8-11, 1 µg/mL insulin (Roche Diagnostics) and 1 µM pioglitazone (SIGMA-Aldrich) were supplemented. After 11 days of EB culture, EBs were transferred to plates coated with type IV collagen (BD Biosciences). Adipogenic differentiation was induced for additional 3-5 days of culture using 10% fetal bovine serum/ Dulbecco's Modified Eagle Medium (DMEM) containing 0.5 mM 3-isobutyl-1-methylxanthine (Nacalai Tesque), 0.25 µM dexamethasone (Nacalai Tesque), 1 µg/mL insulin, and 1 µM pioglitazone.

Oil Red O staining

Differentiated human iPS and ES cells were washed with phosphate-buffered saline (PBS) twice, fixed in 3.7% formaldehyde for 1 h, and then stained with a 0.6% (w/v) Oil Red O solution (60% isopropanol and 40% water) for 2 h at room

temperature. Cells were then washed with water to remove unbound dye. Optical sections were obtained with BZ-9000 (KEYENCE). Oil Red O-stained areas were calculated as the percentage of the area divided by the total area.

Immunocytochemistry

Differentiated human iPS and ES cells were washed with PBS and fixed for 10 min with 4% paraformaldehyde. Then, the cells were permeabilized by 0.1% Triton X in PBS for 5 min and incubated by Protein Block (DAKO) for 30 min at room temperature. The cells were immunostained with a 1:200 dilution of a primary antibody against peroxisome proliferatoractivated receptor y (PPARy; Cell Signaling Technology). After washed with PBS, Alexa 546-conjugated anti-rabbit IgG (Molecular Probes) was used as a secondary antibody with the concentration of 10 µg/mL. Then, after being washed with PBS, BODIPY 493/503 (Molecular Probes) was added for 15 min for lipid staining. The cells were mounted in the medium with 4',6-diamidino-2-phenylindole after washed with PBS twice (Vector Labs). Then, human iPS cells were stained with primary antibodies against Nanog (1:20; R&D Systems), TRA-1-60 (1:100; Millipore), SSEA-4 (1:100; Santa Cruz Biotechnology, Inc.), β3-tubulin (1:100; Millipore), α-smooth muscle actin (pre-diluted; DAKO), and α-fetoprotein (1:100; Millipore) according to the protocol described previously [20]. Alexa Fluor 488-conjugated anti-mouse IgG, Alexa Fluor 546conjugated anti-goat IgG, and Alexa Fluor 546-conjugated anti-mouse IgG antibodies (Molecular Probes) were used as secondary antibodies with a concentration of 10 µg/mL. An alkaline phosphatase activity was detected using a BCIP/NBT substrate system (DAKO). 3T3-L1 cells and human mesenchymal stem cells were stained with a primary antibody against vimentin (1:100; DAKO). Alexa Fluor 546-conjugated anti-mouse IgG was used as a secondary antibody. Optical sections were obtained with BZ-9000.

Lipolysis assays

Before lipolysis assays, differentiated human iPS and ES cells were incubated in the serum-free DMEM with 0.5% fatty acid-free bovine serum albumin for 4h. For lipolysis assays, differentiated cells were stimulated with $10\,\mu\text{M}$ forskolin for 6h. The medium was then collected and established procedures were used to quantify the glycerol as

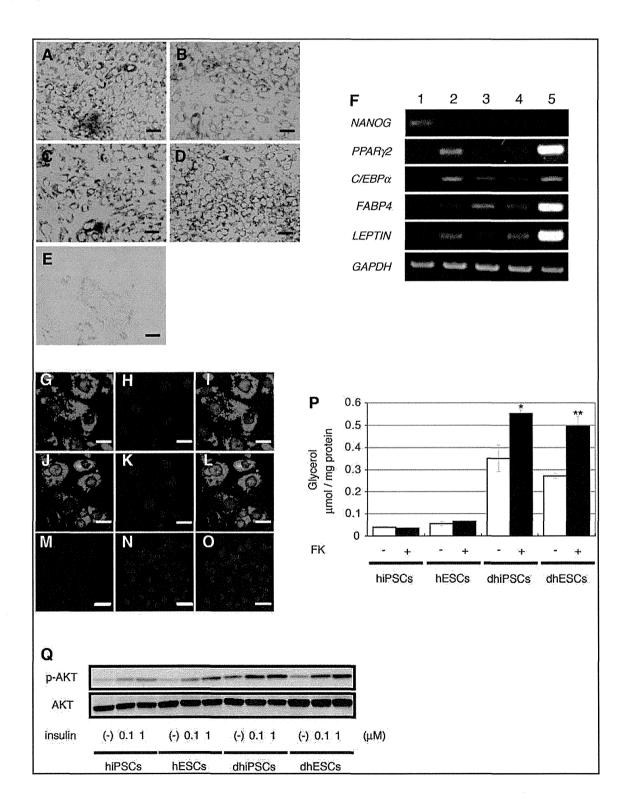
FIG. 1. Adipogenic differentiation of human iPS and ES cells in vitro. (A-E) Oil Red O staining of differentiated human iPS cells (A: G4, B: B7, C: W12), differentiated human ES cells (D: H9), and undifferentiated human iPS cells (E: W12). Scale bar = 25 µm. (F) Gene expression of adipocyte markers in differentiated human iPS and ES cells. Lane 1: undifferentiated iPS cells (B7), lane 2: differentiated G4, lane 3: differentiated B7, lane 4: differentiated H9, lane 5: adipocytes derived from human bone marrow-derived mesenchymal stem cells. (G-O) Subcellular localization of PPARγ in differentiated human iPS cells (W12), differentiated human ES cells (H9), and undifferentiated human iPS cells (W12). Lipid staining by BODIPY 493/503 and immunostaining with PPARy in differentiated iPS cells (G), differentiated ES cells (J), and undifferentiated iPS cells (M). Nuclear staining with 4',6-diamidino-2-phenylindole in differentiated iPS cells (H), differentiated ES cells (K), and undifferentiated iPS cells (N). Merge sections in differentiated iPS cells (I), differentiated ES cells (L), and undifferentiated iPS cells (O). Scale bar = 20 µm. (P) Forskolin-stimulated lipolysis in undifferentiated or differentiated human iPS (W12) and ES (H9) cells. Glycerol release in the culture medium was measured. Data are expressed as mean±standard error from duplicate experiments (n=3-5). *p<0.05; **p<0.01 compared with vehicle-treated groups. (Q) Insulin-induced AKT phosphorylation in undifferentiated or differentiated human iPS cells (W12) and ES cells (H9). Cells were stimulated with 100 nM or 1 µM insulin for 5 min. FK, forskolin; hiPSCs, undifferentiated human iPS cells; hESCs, undifferentiated human ES cells; dhiPSCs, differentiated human iPS cells; dhESCs, differentiated human ES cells; iPS cells, induced pluripotent stem cells; ES cells, embryonic stem cells; PPAR γ , peroxisome proliferator-activated receptor γ .

instructed by the manufacturer (SIGMA-Aldrich). The protein content was determined using Protein Assay (BIORAD).

Western blot analysis

Preparation of total cell lysates and western blot analysis were performed as we previously described [31]. Briefly, cells were harvested in the lysis buffer. For western blot analysis, proteins were subjected to sodium dodecyl sulfate—

polyacrylamide gel electrophoresis and transferred to polyvinylidene fluoride membranes. The membranes were immunoblotted with the primary antibodies against AKT and phospho AKT (Ser 473) (Cell Signaling Technology). Membranes were reacted with the secondary antibody (GE Healthcare) and developed with ECL plus (GE Healthcare) as instructed by the manufacturer. The signal on the blot was detected with ImageQuant LAS 4000 System (GE Healthcare).



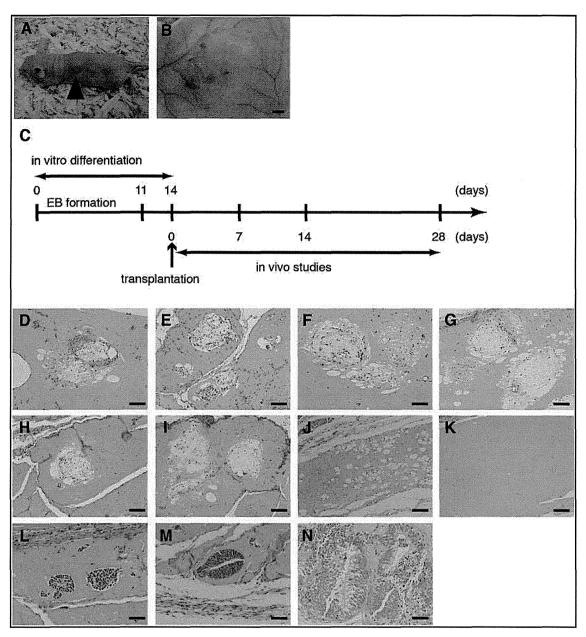


FIG. 2. Transplantation of adipocytes derived from human iPS cells and ES cells. (A) Appearance of a BALB/cA nude mouse into which Matrigel containing differentiated human iPS cells was transplanted. The *arrowhead* indicates the transplantation site. (B) Appearance of the mouse subcutaneous tissue collected at 2 weeks after transplantation of Matrigel containing differentiated human iPS cells. Scale bar=2 mm. (C) Timeline of transplantation study. After 14 days of in vitro differentiation, differentiated human iPS and ES cells were transplanted. Implanted Matrigel containing differentiated human iPS and ES cells was collected at the indicated time points. (D–I) Transplanted cells were stained with hematoxylin and eosin. Morphological features of implanted Matrigel containing differentiated G4 (D, F, H) and H9 (E, G, I) after 1–4 weeks. D, E: 1 week, F, G: 2 weeks, H, I: 4 weeks. Scale bars=100 μm. (J, K) Morphological features of implanted Matrigel containing adipocytes derived from human mesenchymal stem cells (J) and implanted cell-free Matrigel (K) after 4 weeks. Scale bars=100 μm. (L–N) Morphological features of implanted Matrigel containing undifferentiated G4 after 1–4 weeks. L: 1 week, M: 2 weeks, N: 4 weeks. Scale bars=50 μm.

Flow cytometric analysis

At 3 days after attachment of EBs and supplementation of adipogenic cocktails, cells were harvested. Single-cell suspensions were labeled for 30 min on ice with the mouse fluorescence-conjugated antibodies against PE-CD73 and PE-CD105 (eBioscience). The cells were analyzed by FACS-Aria II (BD Biosciences).

Transplantation of derivatives from human iPS cells and ES cells

This study was performed after approval of the Kyoto University Graduate School and Faculty of Medicine, Ethics Committee (No. 824 and ES6). All animal experiments were performed in strict accordance with the guidelines for animal experiments of Kyoto University. Matrigel (BD Biosciences) was

mixed with a suspension of differentiated or undifferentiated human iPS and ES cells harvested from a confluent 100-mm dish. Matrigel incorporating 2×10^7 differentiated or 1×10^7 undifferentiated PS cells was then carefully implanted into the subcutaneous tissue on the backs of 8-week-old male BALB/cA nude mice (CLEA Japan) using a syringe with a 21-gauge needle. Samples of skin tissue, including the implanted Matrigel were harvested for further studies at 1 day, 1 week, 2 weeks, and 4 weeks after transplantation. Matrigel incorporating adipocytes derived from 2×10^6 human bone marrow-derived mesenchymal stem cells was also implanted into the subcutaneous tissue on the backs of the BALB/cA nude mice as a positive control study.

Immunohistochemistry

Human adipose tissue biopsy was performed after approval of the Kyoto University Graduate School and Faculty of Medicine, Ethics Committee (No. 553). Each tissue specimen was fixed in 10% neutralized formalin solution, embedded in paraffin, sectioned at the central portion of implanted Matrigel, and followed by staining with hematoxylin and eosin (HE) or immunohistochemical studies. The paraffin sections were immunostained using the Polymer Immunocomplex System (DAKO) with a 1:50 dilution of a primary antibody against human vimentin (DAKO). Phosphohistone H3 was stained with a 1:100 dilution of the primary antibody (Cell Signaling Technology). Cryosections from the samples were fixed with a 10% neutralized formalin solution before embedding in optimal cutting temperature compound. Lipid accumulation in transplanted cells was assessed by Oil Red O staining. Morphometric analyses were performed using BZ-9000. The relative adipocyte area was expressed as the ratio of the adipocyte area to the total Matrigel area in each section.

Reverse transcription polymerase chain reaction

Total RNA was extracted using the TRIzol reagent (Invitrogen). For reverse transcription polymerase chain reaction (RT-PCR) assay, cDNA was synthesized by iScript (BIORAD). Semiquantitative PCR was carried out using GeneAmp PCR System 9700 as instructed by the manufacturer (Applied Biosystems). TaqMan PCR was performed using Step One Plus Real-Time PCR System as instructed by the manufacturer (Applied Biosystems). Relative levels of mRNA were normalized to the mRNA level of GAPDH. The primers and probes used were listed in Supplementary Fig. S2.

Statistical analysis

The data are presented as mean \pm standard error. The Student's t-test was used as the statistical analysis. The level of significant difference was the p-value < 0.05.

Results

Adipogenic differentiation of human iPS and ES cells in vitro

Human iPS (G4, B7, and W12) and ES (H9) cells were differentiated into the adipocyte lineage in vitro. Differentiated iPS and ES cells exhibited prominent lipid accumulation by Oil Red O staining, while lipid accumulation was rarely observed in undifferentiated cells (Fig. 1A–E).

After differentiation in vitro, gene expression of a set of adipocyte markers, such as PPARy2, CCAAT/enhancerbinding protein (C/EBP) α, fatty acid-binding protein-4 (FABP4), and leptin, was detected by RT-PCR analysis. Gene expression of Nanog in differentiated cells was markedly lower than in undifferentiated cells (Fig. 1F). Immunohistochemical analysis showed that the PPARy protein was present within the nuclei of a portion of the differentiated iPS and ES cells containing lipid droplets, while the PPARy protein was not detected in undifferentiated cells (Fig. 1G-O). Further, these differentiated cells were examined whether they have lipolytic responses and insulin responsiveness. In differentiated cells from both iPS and ES cells, 10 µM forskolin significantly enhanced glycerol release into the culture medium (~1.6fold and ~1.8-fold increase, respectively), as compared to vehicle-treated groups. In undifferentiated iPS and ES cells, 10 μM forskolin did not significantly increase glycerol release (Fig. 1P). In addition, 100 nM or 1 µM insulin remarkably increased AKT phosphorylation in differentiated iPS and ES cells as compared to vehicle-treated groups. AKT phosphorylation was also slightly enhanced in undifferentiated iPS and ES cells (Fig. 1Q). These findings suggest the presence of adipocytes with functional properties in differentiated iPS and ES cells.

Transplantation of adipocytes derived from human iPS and ES cells

After 14 days of in vitro differentiation, Matrigel containing differentiated human iPS (G4) or ES (H9) cells was transplanted into the subcutaneous tissue on the backs of 8week-old BALBc/A nude mice (Fig. 2A). Matrigel containing undifferentiated iPS cells or cell-free Matrigel was transplanted as a negative control, while Matrigel containing adipocytes derived from human bone marrow-derived mesenchymal stem cells was transplanted as a positive control. At 1 day, 1 week, 2 weeks, and 4 weeks after transplantation, samples of skin tissue containing the Matrigel were harvested. Grossly, small blood vessels could be seen distributed in Matrigel (Fig. 2B). Timeline of the transplantation study was demonstrated (Fig. 2C). Preparation of histological sections and HE staining of specimens collected at 1 week after transplantation revealed that the differentiated iPS or ES cells possess adipocyte-like features, including thin rims of cytoplasm surrounding the vacuole and flattened nucleus (Fig. 2D, E). Similar histological findings were observed at 2 and 4 weeks after transplantation of differentiated iPS and ES cells (Fig. 2F-I). These cells were also noted at 4 weeks after transplantation of adipocytes derived from human mesenchymal stem cells (Fig. 2]), but no adipocytes described above were observed in cell-free Matrigel at 4 weeks after transplantation (Fig. 2K). By contrast, adipocytes derived from human iPS and ES cells were rarely seen at 1 day after transplantation (data not shown), which may indicate the loss of lipid droplets caused by the transplantation procedure and insufficient vascularization in the Matrigel at that time. Histological findings also showed that Matrigel with undifferentiated human iPS cells mainly contained immature neuroectodermal cells such as neural tube cells at 1, 2, and 4 weeks after transplantation (Fig. 2L-N). No adipocytes described above were detected throughout the transplantation period.

Characterization of transplanted cells derived from human iPS and ES cells

We next calculated the relative areas of the adipocytes by dividing the adipocyte area by the total Matrigel area in sections of skin tissue collected at 1 day, 1 week, 2 weeks, and 4 weeks after transplantation of differentiated human iPS and ES cells. The areas were $0.63\%\pm0.10\%$ (G4) and $0.42\%\pm0.17\%$ (H9) on day 1 after transplantation. At 1 week after transplantation, the relative areas were $2.27\%\pm1.19\%$ (G4) and $9.39\%\pm1.36\%$ (H9), and by 2 weeks after transplantation, they had increased to $5.26\%\pm0.46\%$ (G4) and $12.9\%\pm5.32\%$ (H9). However, the areas had declined to $2.17\%\pm1.28\%$ (G4) and $6.97\%\pm1.66\%$ (H9) at 4 weeks after transplantation (Fig. 3A). Thus, the adipocytes were clearly present at 1-4 weeks after transplantation of differentiated iPS or ES cells, and relative adipocyte areas were maximal at 2 weeks after transplantation.

To assess the proliferative capacity of the transplanted cells, the cells were immunostained with an antibody against phosphohistone H3 at 2 weeks after transplantation. Adipocytes derived from human iPS and ES cells exhibited little or no proliferative capacity (Fig. 3B, C), whereas the immature neuroectodermal cells exhibited a high-proliferative capacity in transplantation of undifferentiated human iPS cells (Fig. 3D).

The origin of the adipocytes in the Matrigel was studied by immunostaining with an antibody against human vimentin. According to the manufacturer's guide and an earlier report [32], the antibody used does not cross react with mouse vimentin. We also evaluated the cross reactivity of the antibody with mouse vimentin. Vimentin was stained with the antibody in human mesenchymal stem cells, while it was not stained in mouse 3T3-L1 cells (Supplementary Fig. S3A–D). Moreover, human subcutaneous adipose tissue was stained with the antibody (Supplementary Fig. S3E), but

mouse subcutaneous adipose tissue was not (Supplementary Fig. S3F).

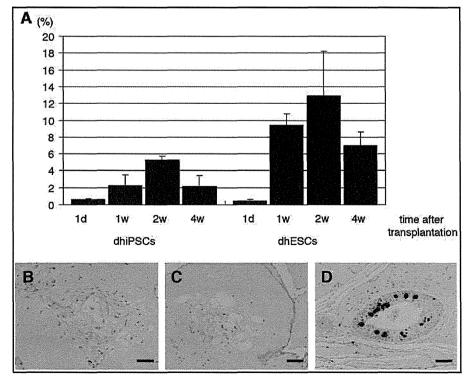
When we then assessed the human vimentin immunore-activity of the cells within the Matrigel, we found that adipocytes derived from both iPS and ES cells were labeled by the anti-vimentin antibody at 2 and 4 weeks after transplantation (Fig. 4A–H). Further, lipid accumulation in the cells was demonstrated by staining frozen sections with Oil Red O at 2 and 4 weeks after transplantation (Fig. 4I–L). Similar histological findings were observed at 2 weeks after transplantation of adipocytes derived from human bone marrow-derived mesenchymal stem cells (Fig. 4M–O).

Gene expression of a set of adipocyte markers in transplanted differentiated iPS and ES cells was then investigated by PCR analyses. Gene expression of PPAR γ 2, C/EBP α , aP2, and leptin was detected at 2 and 4 weeks after transplantation (Fig. 5A, B). Quantitative real-time PCR analyses carried out with the samples after transplantation revealed that leptin and PPAR γ 2 were expressed at 1, 2, and 4 weeks after transplantation. In both iPS and ES cells, mRNA levels of leptin at 1 and 2 weeks after transplantation were higher than those at 4 weeks after transplantation (Fig. 5C). Meanwhile, mRNA levels of PPAR γ 2 at 4 weeks after transplantation were maintained in both cell lines as compared with those at 2 weeks (Fig. 5D).

Transplantation of other human pluripotent stem cell lines

When we similarly transplanted Matrigel containing other differentiated human iPS cell line (B7 and W12) and another human ES cell line (KhES-1), adipocytes described above were observed at 2 weeks after transplantation, suggesting that adipocytes derived from other PS cells can survive after transplantation (Fig. 6A–C). At that time, the relative areas of adipocytes derived from B7, W12, and KhES-1 were 1.11%±0.57%,

FIG. 3. Quantification of adipocyte areas and proliferative capacity of transplanted cells. (A) Relative adipocyfe areas at 1 day, 1 week, 2 weeks, and 4 weeks after transplantation of differentiated G4 (dhiPSCs) and differentiated H9 (dhESCs) were shown. Data are expressed as mean±standard error. At least, six sections from three samples were analyzed for each group. 1d: 1 day, 1w: 1 week, 2w: 2 weeks, 4w: 4 weeks. (B-D) Proliferative capacity of transplanted cells after 2 weeks. Immunostaining with an antibody against phosphohistone H3 of transplanted cells. Implanted Matrigel containing differentiated differentiated H9 (C), and undifferentiated G4 (D). Scale bars = $50 \, \mu m$.



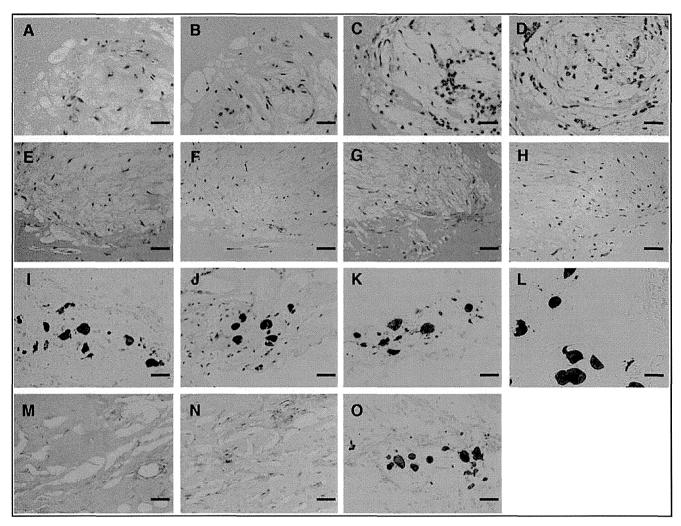


FIG. 4. Human origin and lipid accumulation in transplanted cells. (A–H) HE staining (A, C, E, G) and immunostaining with an antibody against human vimentin (B, D, F, H) of serial sections of transplanted cells after 2 weeks (A, B: differentiated G4; C, D: differentiated H9) and 4 weeks (E, F: differentiated G4; G, H: differentiated H9). Scale bars = 20 μm. (I–L) Oil Red O staining of the frozen sections of transplanted cells after 2 weeks (I: differentiated G4, J: differentiated H9) and 4 weeks (K: differentiated G4, L: differentiated H9). Scale bars = 50 μm. (M, N) HE staining (M) and immunostaining with an antibody against human vimentin (N) of serial sections of transplanted adipocytes derived from human bone marrow-derived mesenchymal stem cells after 2 weeks. Scale bars = 20 μm. (O) Oil Red O staining of the frozen sections of transplanted adipocytes derived from human bone marrow-derived mesenchymal stem cells after 2 weeks. Scale bar = 50 μm. HE, hematoxylin and eosin.

 $1.45\% \pm 0.48\%$, and $2.41\% \pm 1.42\%$, respectively (Fig. 6D), much less than were seen with G4 and H9. To examine the adipogenic differentiation rate of in vitro differentiated iPS and ES cells before transplantation, we quantified Oil Red O-stained areas of the differentiated iPS and ES cells. The areas of differentiated G4 and H9 were $23.89\% \pm 1.28\%$ and $26.51\% \pm 1.29\%$, respectively. Moreover, those of differentiated B7, W12, and KhES-1 were $20.92\% \pm 2.77\%$, $22.92\% \pm 0.56\%$, and $21.25\% \pm 2.17\%$, respectively (Supplementary Fig. S4), smaller than those of differentiated G4 and H9.

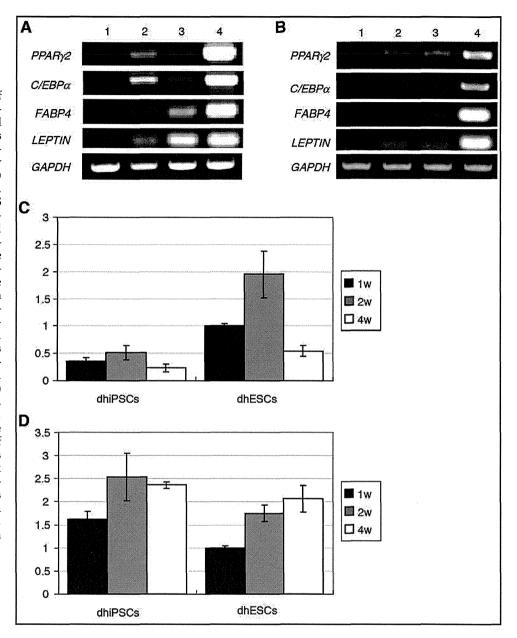
Discussion

The present study demonstrates that human iPS and ES cells can differentiate into adipocytes with functional properties in vitro and that adipocytes derived from human iPS and ES cells can survive and maintain the differentiated properties in vivo for at least 4 weeks after transplantation.

We and others have reported that human iPS [13,33] and ES [34-40] cells have adipogenic potential in vitro. However, the functional properties of adipocytes derived from human iPS cells have not yet been fully characterized. Lipid storage and lipolysis are considered as major functions of mature adipocytes. Adipocytes store triacylglycerol when energy is in excess, and hydrolyze triacylglycerol to release fatty acids for utilization in other cells in response to energy demand. Triacylglycerol synthesis occurs in various tissues, while lipolysis predominantly occurs in adipose tissue [41]. The present study shows that PPARy is localized in the nuclei of differentiated human iPS cells containing lipid droplets, and that these cells exhibit forskolinstimulated lipolytic responses and insulin-induced AKT phosphorylation, suggesting that adipocytes with functional properties, such as lipid storage, lipolysis, and insulin responsiveness, can be differentiated from human iPS cells.

We also confirmed the presence of adipocytes after transplantation of differentiated human iPS and ES cells. We

FIG. 5. Gene expression of adipocyte markers in transplanted cells. (A, B) Total RNA from transplanted cells (differentiated G4 and differentiated H9) was analyzed by RT-PCR at 2 (A) and 4 (B) weeks after transplantation. Lane 1: undifferentiated iPS cells (G4), lane 2: differentiated G4, lane 3: differentiated H9, lane 4: adipocytes derived from human bone marrow-derived mesenchymal stem cells. (C, D) Gene expression of human leptin (C) and PPARγ2 (D) was assessed by quantitative realtime PCR. Relative mRNA levels at 1, 2, and 4 weeks after transplantation of differentiated G4 (dhiPSCs) and differentiated H9 (dhESCs) were shown in black, gray, and white bars, respectively. Data represent ratios of the mRNA levels in samples of interest to the level in samples of differentiated H9 at 1 week after transplantation, respectively. Data are expressed as mean ± standard error from duplicate experiments (n=5). RT-PCR, reverse transcription polymerase chain reaction.



studied whether in vitro-differentiated adipocyte-derived human PS cells survived or not. When human iPS and ES cells are subjected to in vitro adipogenic induction via EB formation, the derivatives make up a heterogeneous population that includes adipocytes, preadipocytes, residual undifferentiated cells, and other cell types. Thus, adipocytes in transplanted Matrigel could be derived from any of these cell types after transplantation.

Time course analysis showed that the presence of adipocytes was confirmed at 1 week after transplantation of differentiated iPS and ES cells. Then, relative adipocyte areas peaked at 2 weeks. The adipocytes at 2 weeks after transplantation exhibited little or no proliferative capacity compared to immature neuroectodermal cells derived from undifferentiated iPS cells. Adipocytes were still present at 4 weeks. These findings indicate that adipocytes survive and maintain the differentiated state for 4 weeks after transplantation. Further, adipocytes described above were not seen in transplantation of undifferentiated iPS cells.

In that context, we hypothesize that the presence of adipocytes in transplanted Matrigel reflects the survival and maintenance of iPS and ES cells differentiated in vitro, although in vivo differentiation of preadipocytes may also contribute to the adipocytes seen in Matrigel after transplantation. Adipocytes as well as skeletal muscle cells, osteocytes, and chondrocytes are thought to be derived from mesenchymal progenitor cells [42,43]. Human mesenchymal stem cells have a characteristic surface antigen profile. Mesenchymal progenitor cells derived from human PS cells are enriched by sorting CD73- or CD105-positive cells [14,33,34,38]. We investigated the presence of mesenchymal progenitor cells in differentiated iPS and ES cells with adipogenic cocktail just before the transplantation. The expression of these surface antigens was analyzed in differentiated iPS and ES cells after the treatment with adipogenic cocktail. However, these representative surface antigens of human mesenchymal stem cells were not detected in differentiated iPS and ES cells (Supplementary Fig. S5), suggesting that

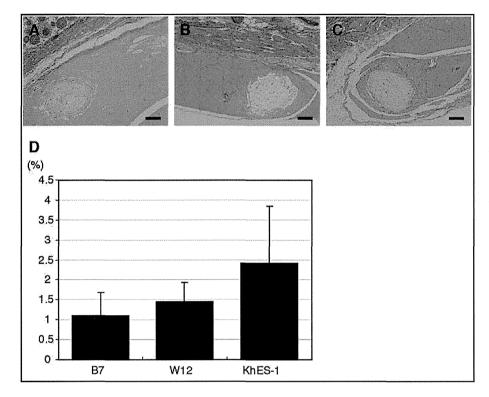


FIG. 6. Transplantation of adipocytes derived from other human cells. pluripotent stem (A-C)Transplanted cells were stained with HE. Morphological features of implanted Matrigel containing differentiated B7 (A), W12 (B), and KhES-1 (C) after 2 weeks. Scale bars=100 μm. (D) Relative adipocyte areas at 2 weeks after transplantation of differentiated B7, W12, and KhES-1. Data are expressed as mean±standard error. At least six sections from three samples were analyzed for each group.

mesenchymal progenitor cells are rare populations in differentiated iPS and ES cells after adipogenic induction at that point although mesenchymal progenitor cells may reside in derivatives from human PS cells at an earlier time point of this differentiation protocol.

Transplantation of mature adipocytes often results in graft loss caused by direct reduction of the number of viable adipocytes [22]. Transplantation of mature adipocytes together with adipose-derived stem cells significantly improves survival times and graft volumes, as compared with transplantation of mature adipocytes alone [21,44]. Thus, cotransplantation of mature adipocytes and preadipocytes derived from human iPS and ES cells may be advantageous for graft survival. Establishing a lineage-specific adipocyte differentiation protocol and the methods for the purification of adipocyte progenitors derived from human PS cells will be essential for the success of future cell therapies using adipocytes derived from human iPS cells.

Adipose tissue is now known to be a bona fide endocrine organ, which secretes a variety of adipocytokines, including leptin. Generalized lipodystrophy is caused by a profound deficiency in adipose tissue, which leads to diabetes with marked insulin resistance, hypertriglyceridemia, and ectopic lipid accumulation. We and others have established the efficacy and safety of long-term leptin replacement therapy for generalized lipodystrophy [45-50], but this therapy does not rescue these patients from their generalized lack of adipose tissue. The only complete cure for these patients would be replenishment of adipose tissue or adipocytes. Indeed, transplantation of adipose tissue or adipocyte progenitors has been demonstrated to ameliorate metabolic disorders in animal models of lipodystrophy [20,51]. Generalized lipodystrophy is classified into two types, congenital and acquired lipodystrophy. In the case of congenital lipodystrophy, we need to repair gene mutation of the patient-specific iPS cells for cell

therapy. On the other hand, in the case of acquired lipodystrophy, iPS cells are expected to differentiate into adipocytes. However, successful engraftment of adipocytes derived from human iPS cells may be affected by host factors. Then, in consideration of allogeneic transplantation, iPS cell banking is now discussed, and some groups proposed clinical application of iPS cells from HLA homologous donors [52,53]. Transplantation using those allogeneic iPS cells can decrease or minimize the risk of immune rejection. Human iPS cellderived adipocytes from patients or HLA homologous donors are a new strategy for the treatment of lipodystrophy.

In our transplantation studies, adipocytes derived from differentiated iPS (G4) and ES (H9) cells were clearly observed, whereas adipocytes derived from other human iPS cell lines (B7 and W12) or another human ES cell line (KhES-1) were observed less frequently. This suggests there is diversity among these cell lines with respect to the survival and maintenance of adipocytes. It was previously reported that there are marked differences in differentiation propensity among human ES cell lines [54]. One possible explanation is that these differences are attributable to the difference of in vitro adipogenic differentiation potential among these cell lines caused by their genetic backgrounds, sites of transgene integration, and epigenetic states. Further studies will be needed to clarify the mechanism underlying the observed differences.

In summary, the present study demonstrates that human iPS and ES cells can differentiate into adipocytes with functional properties and that adipocytes derived from human iPS and ES cells can survive and maintain the differentiated properties in vivo for at least 4 weeks after transplantation. Establishment of refined adipocyte differentiation protocol of human iPS and ES cells and the transplantation method of adipocytes derived from human iPS and ES cells will contribute to understanding the pathophysiology of metabolic

diseases such as obesity and lipodystrophy as well as to future therapeutic applications.

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Author Disclosure Statement

The authors declare no potential conflict of interests.

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