

SUPPLEMENTARY DATA

Online Supplemental Materials

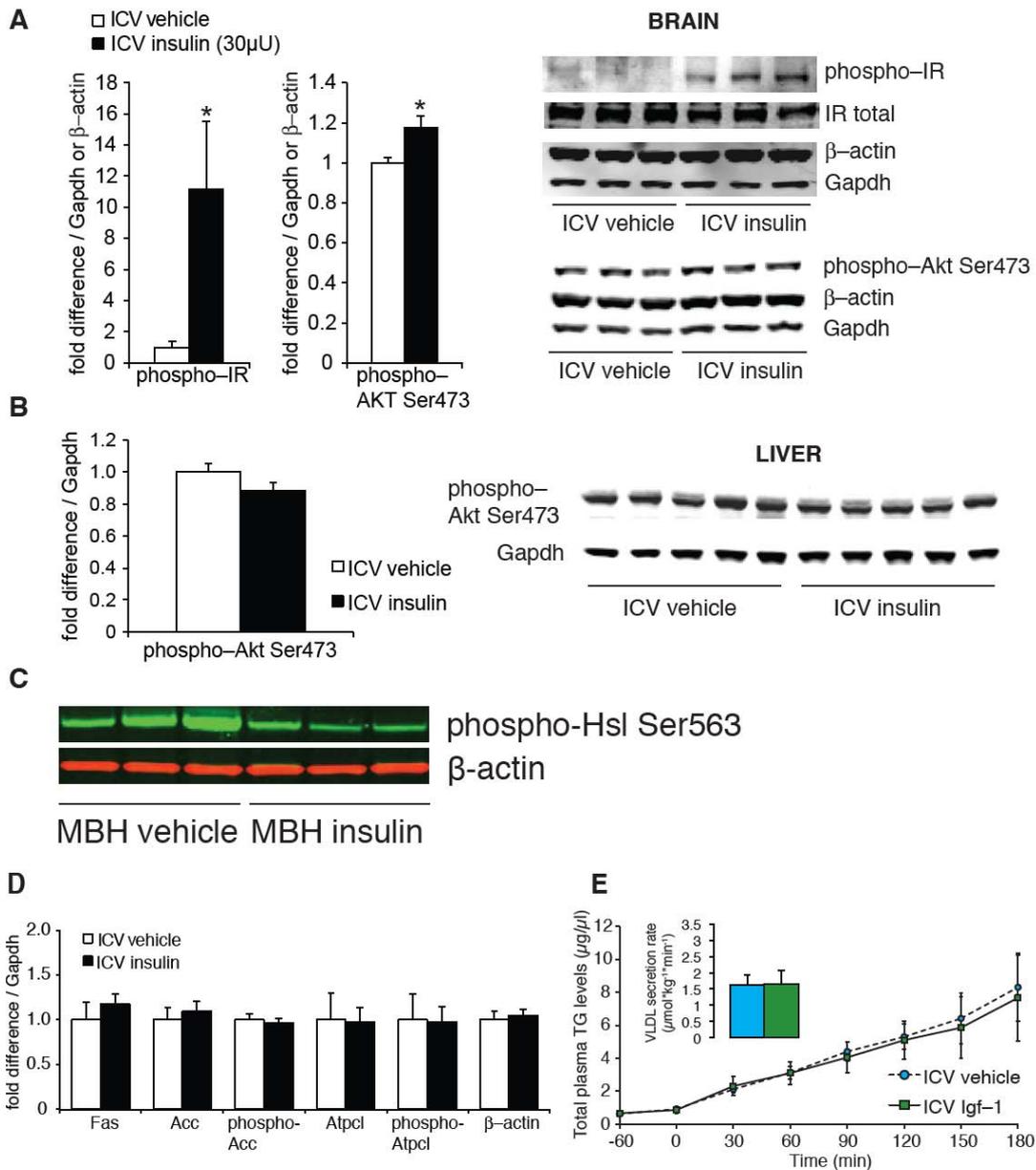
Insulin regulates hepatic triglyceride secretion and lipid content via signaling in the brain

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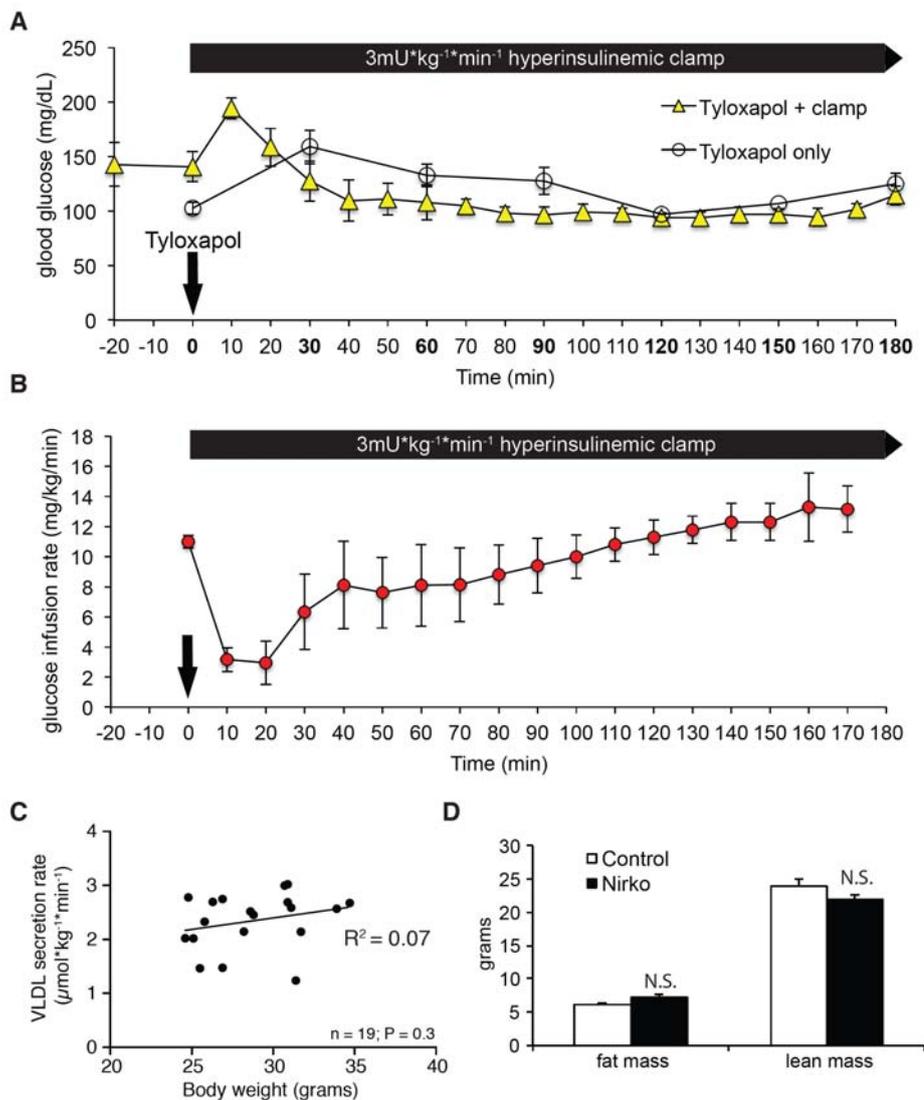
Supplementary Figure 1. Acute infusions of low dose insulin through accurately placed and verified intracerebroventricular (ICV) injections activates the insulin signaling cascade in the brain, but not the liver; ICV infusion of Igf-1 infusion does not affect triglyceride (TG) secretion. (A) An insulin bolus of 30 μ U injected directly into the 3rd ventricle (ICV) of 8-week old male rats increases insulin receptor (IR) expression and Akt phosphorylation in hypothalamic punch-biopsies of the arcuate nucleus as assessed by western blot (n = 6 per group). (B) Western blots and quantification assessing Akt phosphorylation at Ser473 in liver tissue samples of ICV insulin or vehicle infused rats used for the experiment in **Fig. 1A** (n = 5 per group). (C) Western blots assessing hormone sensitive lipase (Hsl) activation with a phospho-Hsl Ser563 antibody in epididymal white adipose tissue harvested from rats that received infusions of either insulin or vehicle (artificial cerebrospinal fluid) into the MBH and were subjected to a tyloxapol experiment similar to that in **Fig. 1A**. The observed suppression of Hsl activity in WAT is in line with our previous data (1) and suggests that the MBH was correctly targeted. (D) Western blot analyses of hepatic *de novo* lipogenic protein expression and activation state in tyloxapol infused rats after ICV insulin or vehicle administration (n = 5 per group; Fas: fatty acid synthase, Atpcl: ATP citrate lyase and Acc: acetyl-CoA carboxylase). (E) Since insulin can also signal through the Igf-receptor and the ICV infusion of Igf-1 can affect hepatic glucose production (2), we also tested the effects of ICV Igf-1 infusion on TG secretion. Along the protocol outlined for insulin in **Fig. 1A**, rats were ICV infused with a total dose of 0.77 μ g Igf-1 over 4 hrs. The insert depicts the calculated TG secretion rate (n = 8 per group). All error bars are SEM. *P<0.05 vs. ICV vehicle group

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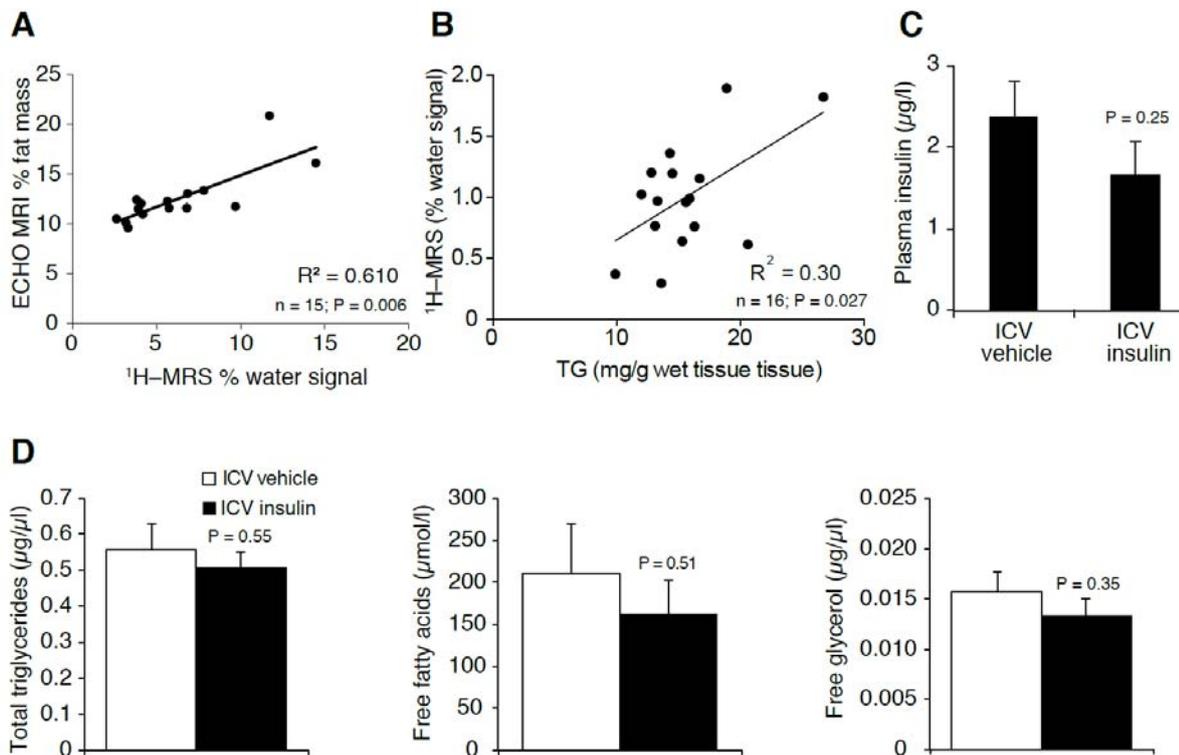
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Supplementary Figure 2. Blood glucose levels are controlled during the hyperinsulinemic clamp experiments by adjusting the glucose infusion rate; body weights do not correlate with TG secretion rates; body composition of Nirko and littermate control mice. (A) Circulating blood glucose levels of clamped (IV insulin) and non-clamped (ICV insulin and vehicle) tyloxapol infused rats ($n \geq 4$ per group; the arrow indicates the tyloxapol bolus injection). (B) Glucose infusion rates required during the 3mU hyperinsulinemic clamp to maintain euglycemia ($n = 4$; the IV insulin group from Fig. 1 is depicted; the arrow indicates the tyloxapol bolus injection). (C) Body weights of Nirko and littermate control mice do not correlate with triglyceride secretion rates as assessed by tyloxapol infusion experiments ($n = 19$). (D) Body composition of Nirko and littermate controls ($n \geq 7$ per group). All error bars are SEM; N.S. not significant.



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Supplementary Figure 3. Correlation of liver fat content as quantified by ¹H-magnetic resonance spectroscopy (¹H-MRS) *in vivo* versus EchoMRI™ or chloroform-methanol extraction *ex vivo*; Circulating, insulin, triglyceride, free fatty acid and glycerol levels are unchanged in chronic ICV insulin infused rats. (A) To compare the ¹H-MRS data to EchoMRI™, liver samples (2 – 3g) from high fat-fed rats (8 weeks on diet #D12492 from Research Diets; 60% of calories from fat) were used for measurement of lipid content by an EchoMRI™-100 (EchoMRI LLC, Houston, TX, USA). The results were compared to data obtained from the same rats with ¹H-MRS measurements of liver fat content *in vivo*. Good intra-individual correlation of results obtained with the two quantification methods eliminates the possibility that focal steatosis impairs the data obtained with ¹H-MRS (n = 15). (B) Liver fat data assessed by ¹H-MRS from our chronic ICV experiments (depicted in Fig. 4A) correlate with conventional liver triglyceride (TG) measurements using chloroform-ethanol extraction (n = 16). (C) Circulating insulin levels are unchanged in chronic ICV insulin-infused rats compared to controls suggesting that there is no spill over of ICV insulin into the circulation. (D) Plasma triglyceride, free fatty acid and free glycerol levels of chronic ICV insulin or vehicle infused rats at the end of the infusion protocol depicted in Fig. 4A (n = 8 per group).



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References:

1. Scherer T, O'Hare J, Diggs-Andrews K, Schweiger M, Cheng B, Lindtner C, Zielinski E, Vempati P, Su K, Dighe S, Milsom T, Puchowicz M, Scheja L, Zechner R, Fisher SJ, Previs SF, Buettner C: Brain insulin controls adipose tissue lipolysis and lipogenesis. *Cell Metab* 2011;13:183-194
2. Muzumdar RH, Ma X, Fishman S, Yang X, Atzmon G, Vuguin P, Einstein FH, Hwang D, Cohen P, Barzilai N: Central and Opposing Effects of IGF-I and IGF-Binding Protein-3 on Systemic Insulin Action. *Diabetes* 2006;55:2788-2796