Mechanisms of fat-induced gastric inhibitory polypeptide/glucose-dependent insulinotropic polypeptide secretion from K cells

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GASTRIC INHIBITORY POLYPEPTIDE/GLUCOSE-DEPENDENT INSULINOTROPIC POLYPEPTIDE (GIP) IS ONE OF THE INCRETINS, WHICH ARE GASTROINTESTINAL HORMONES RELEASED IN RESPONSE TO NUTRIENT INGESTION AND POTENTIATE GLUCOSE-STIMULATED INSULIN SECRETION. SINGLE FAT INGESTION STIMULATES GIP SECRETION FROM ENTEROENDOCRINE K CELLS; CHRONIC HIGH-FAT DIET (HFD) LOADING ENHANCES GIP SECRETION AND INDUCES OBESITY IN MICE IN A GIP-DEPENDENT MANNER. HOWEVER, THE MECHANISMS OF GIP SECRETION FROM K CELLS IN RESPONSE TO FAT INGESTION AND GIP HYPERSECRETION IN HFD-INDUCED OBESITY ARE NOT WELL UNDERSTOOD. WE GENERATED GIP-GREEN FLUORESCENT PROTEIN KNOCK-IN (GIPgfp/+) MICE, IN WHICH K CELLS ARE LABELED BY ENHANCED GIP-GREEN FLUORESCENT PROTEIN. MICROARRAY ANALYSIS OF ISOLATED K CELLS FROM GIPgfp/+ MICE SHOWED THAT BOTH FATTY ACID-BINDING PROTEIN 5 AND G PROTEIN-COUPLED RECEPTOR 120 ARE HIGHLY EXPRESSED IN K CELLS. SINGLE ORAL ADMINISTRATION OF FAT RESULTED IN SIGNIFICANT REDUCTION OF GIP SECRETION IN BOTH FATTY ACID-BINDING PROTEIN 5- AND G PROTEIN-COUPLED RECEPTOR 120-DEFICIENT MICE, SHOWING THAT FATTY ACID-BINDING PROTEIN 5 AND G PROTEIN-COUPLED RECEPTOR 120 ARE INVOLVED IN ACUTE FAT-INDUCED GIP SECRETION. FURTHERMORE, THE TRANSCRIPTIONAL FACTOR, REGULATORY FACTOR X6 (RFX6), IS HIGHLY EXPRESSED IN K CELLS. IN VITRO EXPERIMENTS USING THE MOUSE ENTEROENDOCRINE CELL LINE, STC-1, SHOWED THAT GIP MESSANGER RIBONUCLEIC ACID LEVELS ARE UPREGULATED BY RFX6. EXPRESSION LEVELS OF RFX6 MESSANGER RIBONUCLEIC ACID AS WELL AS THAT OF GIP MESSANGER RIBONUCLEIC ACID WERE AUGMENTED IN THE K CELLS OF HFD-INDUCED OBSESE MICE, IN WHICH GIP CONTENT IN THE SMALL INTESTINE IS INCREASED COMPARED WITH THAT IN LEAN MICE FEED A CONTROL DIET. THESE RESULTS SUGGEST THAT RFX6 IS INVOLVED IN HYPERSECRETION OF GIP IN HFD-INDUCED OBSESE CONDITIONS BY INCREASING GIP GENE EXPRESSION.

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deposition and expansion of fat depots by increasing insulin secretion from pancreatic β-cells. Studies of GIP receptor knockout mice show GIP to be an obesity-promoting factor in high-fat diet (HFD) conditions, and show deletion of GIP receptor signaling to cause resistance to diet-induced obesity. Additionally, we reported that partial reduction of GIP alleviates obesity and lessens the degree of insulin resistance without exacerbating glucose tolerance under HFD conditions. Increased plasma GIP levels in obesity have been shown in several studies. We previously reported that the plasma GIP level after glucose loading is positively correlated with body mass index in healthy subjects. Furthermore, a report showing that healthy human subjects given high fat food for 2 weeks show increased plasma GIP levels without developing obesity, suggesting that GIP hypersecretion precedes obesity.

These findings suggest that there are both acute mechanisms of GIP secretion in response to a single administration of fat and chronic mechanisms for hyperproduction of GIP under HFD feeding. However, the precise mechanisms of GIP secretion and GIP production have remained unclear, mainly because of inability to isolate GIP-producing K cells from intestinal epithelium. Recently, we generated GIP-GFP knock-in mice, in which K cells are labeled by enhanced green fluorescent protein, and have succeeded in isolating K cells using a flow cytometry technique. On the basis of microarray analysis of K cells isolated from GIP-GFP knock-in heterozygous (GIPgfp/+) mice, we showed that some factors highly expressed in K cells are involved in fat-induced GIP secretion and GIP hypersecretion in diet-induced obesity.

**FATTY ACID-BINDING PROTEIN 5**

Fatty acid-binding protein 5 (FABP5) is a 15 kDa cytosolic protein with a high affinity to long chain fatty acids, which has been known as an intracellular chaperon transporting long chain fatty acids into various organelles. Using microarray analysis, we showed that FABP5 is expressed in murine K cells, and investigated the physiological function of FABP5 in K cells. Immunostaining of intestinal mucosa showed that GIP-positive cells were totally merged with FABP5-positive cells, and that 90% of FABP5-positive cells were merged with GIP-positive cells. To evaluate the acute GIP secretory response in FABP5 knockout (FABP5−/−) mice, lard (10 mL/kg) and glucose (2 mg/kg) were injected orally, and plasma glucose and serum levels of GIP, GLP-1, and insulin were measured. Plasma glucose, insulin and GLP-1 levels after both glucose and lard administration were similar in FABP5+/+ mice and FABP5−/− mice (Figure 1a–c,e–g). Plasma GIP levels after lard injection were significantly lower in FABP5−/− mice compared with those

**Figure 1** | Oral glucose and lard oil tolerance tests to fatty acid-binding protein 5 (FABP5) knockout mice. Concentrations of (a,e) blood glucose, (b,f) serum insulin, (c,g) plasma total glucagon-like peptide-1 (GLP-1) and (d,h) plasma total gastric inhibitory polypeptide/glucose-dependent insulinotropic polypeptide (GIP) after oral administration of (a–d) 2 g/kg glucose and (e–g) 10 mL/kg lard. **P < 0.01 between wild-type mice (WT; n = 4; green circle) and FABP5 knockout mice (FABP5 KO; n = 5; orange circle) mice.
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GIP secretion after glucose and lard administration suggests diminished in BDL mice. Dissociation of the effect of BDL on infected by BDL, the secretion after lard injection was seriously affected with oleic acid plus bile, and the FABP5-associated GIP secretion in response to fat ingestion. To examine the significance of micelle-aided incorporation of long chain fatty acids into K cells in the presence of bile, as is the case with absorptive epithelial cells in the small intestine, we evaluated GIP secretion after glucose or lard administration in mice subjected to common bile duct ligation (BDL), in comparison with mice subjected to sham operation. Although GIP secretion after glucose injection remained unaffected by BDL, the secretion after lard injection was seriously diminished in BDL mice. Dissociation of the effect of BDL on GIP secretion after glucose and lard administration suggests that bile is the crucial factor in GIP secretion in response to fat, but not to glucose. As an ex vivo experiment, the upper half portion of the small intestine was harvested from FABP5+/+ and FABP5−/− mice, shredded into small pieces, and incubated in conditioned media as follows: 5.5 mmol/L glucose Dulbecco’s modified Eagle medium as a control, 100 μmol/L oleic acid, 4 v/v% of bile and 100 μmol/L oleic acid plus 4 v/v% of bile. We found no GIP release after 15 min incubation with bile, and a very small increase in GIP concentration in the media after the incubation with oleic acid. By contrast, there were marked increases of GIP secretion from the samples incubated with oleic acid plus bile, and the FABP5−/− samples showed a 3.4-fold decrease compared with that in FABP5+/+ samples. To assess potential effects of FABP5-deficiency on bodyweight and composition, mice were fed HFD for 10 weeks, and whole-body computed tomography scans of HFD-fed FABP5+/+, FABP5−/−, GIP-GFP knock-in homozygous (GIP+/+ and GIP+/+−/−) mice were compared. Under HFD feeding conditions, FABP5−/− mice showed significantly decreased bodyweight gain compared with FABP5+/+ mice, but there was no significant difference in bodyweight between GIP+/+−/− and GIP+/+−/− mice, in which GIP expression is genetically deleted. Whole-body computed tomography scan showed that body fat mass was significantly reduced in FABP5−/− mice compared with that in FABP5+/+ mice, and that body fat mass in GIP+/+−/− mice was increased to 25% of that in WT mice (Figure 2c,d). Furthermore, we examined the effect of grifolic acid methyl ether, which competitively inhibits long-chain fatty acid-induced activation of GPR120 signaling on GIP secretion. Treatment of mice with grifolic acid methyl ether resulted in decreased lard oil-induced GIP secretion, but not in glucose-induced GIP secretion. These results suggest that fatty acids derived from lard oil stimulate GIP secretion through GPR120 signaling.

REGULATORY FACTOR X6
Several studies have reported that GIP secretion is increased in obesity. However, the mechanisms involved in GIP hypersecretion from K cells in obesity remain unclear, mainly because of difficulties in separating these cells from other intestinal epithelial cells in vivo. It has been shown that pancreatic and duodenal homeobox 1 (Pdx1), which is known to be an important transcription factor in pancreatic development and pancreatic β-cell maturation, has a critical role in GIP production in K cells. However, the contribution of Pdx1 and other transcription factors in obesity-associated GIP hypersecretion has not been confirmed. Based on microarray analysis data, we showed that mRNA of regulatory factor X6 (Rfx6) is highly expressed in K cells. Immunohistochemistry of the small intestine from GIP-GFP knock-in mice confirmed that Rfx6-expressing cells correspond to GFP-expressing cells, showing that Rfx6 is highly expressed in K cells in the murine small intestine.

The Rfx gene family of transcription factors was first detected in mammals as regulatory factors that bind to the promoter
regions of major histocompatibility complex class II genes; seven types of Rfx (Rfx1–7) have so far been identified. All Rfx transcription factors have a winged helix deoxyribonucleic acid binding domain. Rfx1–4 and -6 have a dimerization domain, and Rfx6 forms homodimers or heterodimers with Rfx2 or Rfx3. Rfx6 was initially isolated from human genome sequences in 2008. Serial Analysis of Gene Expression (SAGE) frequency data showed high expression of Rfx6 mRNA in the pancreas, liver and heart, and reverse transcription polymerase chain reaction analysis showed high expression of Rfx6 mRNA in the human pancreas and intestine. Rfx6-deficient mice were previously generated, and none of the endocrine cells, excluding pancreatic polypeptide-expressing cells, were detected in the islets of these mice. These results suggest that Rfx6 plays a critical role in generating the endocrine cells in islets, but it has been unknown whether Rfx6 is associated with generation of enteroendocrine cells, such as K cells.

To examine the involvement of Rfx6 in GIP gene expression, we evaluated Gip mRNA expression and content under the inhibition of Rfx6 expression in vitro. By treatment with Rfx6 small interfering RNA, mRNA expression and cellular content of GIP were significantly decreased in mouse enteroendocrine cell line STC-1 cells. We assessed the interaction of the Rfx6 and the GIP gene by one-hybrid assay. Rfx6 effectively bound to a fragment of the GIP promoter (5216–6512 bp upstream of the GIP promoter). In the luciferase promoter assay, GIP promoter activity of the fragments containing 5216–6512 bp upstream of the GIP promoter was high. These results suggest that Rfx6 binds to the region 5216–6512 bp upstream of the GIP promoter, which regulates GIP promoter activity. Furthermore, we confirmed that GIP mRNA expression levels were significantly increased in Rfx6-overexpressing STC-1 cells, showing that Rfx6 expressed by K cells plays an important role in GIP gene expression.

To investigate the mechanisms of GIP hypersecretion in HFD-induced obesity in vivo, GIP-GFP heterozygous mice were fed a control-fat diet (CFD) or HFD, and K cells were isolated for further evaluation. From 1 week after starting these diets onward, the bodyweight of the HFD group remained significantly higher compared with that of the CFD group. After CFD or HFD feeding for 8 weeks, oral glucose tolerance tests were carried out. GIP secretion (area under the curve-GIP) of the HFD group was increased by approximately 1.5-fold compared with that of the CFD group. These results show that HFD feeding increases GIP secretion and induces obesity in GIP-GFP heterozygous mice, even though they have only one normal GIP gene, indicating that these mice represent a useful model for analysis of the mechanisms involved in the augmentation of GIP secretion in HFD-induced obesity.

To determine whether GIP hypersecretion is caused by an increased number of K cells in HFD-fed GIP-GFP heterozy-
gous mice, the number of K cells in the upper small intestine of CFD-fed mice and HFD-fed mice were estimated and compared. We could not detect an increase of K cell number in the duodenum or upper small intestine of HFD-fed GIP-GFP heterozygous mice by immunohistochemistry and flow cytometry analysis. In addition, in K cells purified by using flow cytometry, the expression levels of GIP mRNA were almost 10-fold higher in the HFD group than those in the CFD group. These results show that GIP hypersecretion under HFD-induced obesity is not due to an increase in K cell number, but to an increase of GIP mRNA expression and content in K cells. Furthermore, the expression levels of Rfx6 and Pdx1 mRNA were significantly increased in K cells of HFD-induced obese mice compared with those of CFD-fed lean mice (Figure 3). In previous studies, it has been reported that Pdx1 binds 150 bp upstream of the GIP promoter and activates the GIP promoter in STC-1 cells, and that Pdx1 expression is essential for producing GIP in K cells26,27. Thus, an increase in Rfx6 and Pdx1 expressions in K cells of HFD-induced obese mice is consistent with the in vitro data showing that Rfx6 and Pdx1 are involved in GIP gene expression.

In summary, we found that transcription factor Rfx6 is highly expressed in K cells, and is involved in the regulation of GIP expression. We also showed that expression of Rfx6 and Pdx1 is upregulated in the K cells of HFD-induced obese mice, which suggests that induction of Rfx6 as well as Pdx1 plays a critical role in GIP hypersecretion in HFD-induced obesity.

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**Figure 3** | Increased expression levels of pancreatic and duodenal homeobox 1 (Pdx1) and regulatory factor X6 (Rfx6) messenger ribonucleic acid (mRNA) in K cells after high-fat diet (HFD) feeding. (a) Concentrations of plasma total gastric inhibitory polypeptide/glucose-dependent insulinoimpotrop peptide (GIP) after oral administration of 2 g/kg glucose in control-fat diet (CFD)-fed GIP-green fluorescent protein knock-in (GIPgfp/+) mice (n = 5; green circle) and HFD-fed GIPgfp/+ mice (n = 5; orange circle). *P < 0.05, **P < 0.01. (b) Number of K cells in the upper small intestine (n = 5). (c) GIP content in the upper small intestine (n = 5–7). (d) Expression of GIP mRNA in K cells (n = 8–10). (e) Expression of Pdx1 mRNA in K cells (n = 8–10). (f) Expression of Rfx6 mRNA in K cells (n = 8–10). GFP-positive cells from CFD-fed GIPgfp/+ mice (green bar), from HFD-fed GIPgfp/+ mice (orange bar). *P < 0.05. GAPDH, glyceraldehyde 3-phosphate dehydrogenase. NS, not significant.

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**Figure 4** | The mechanisms of fat-induced gastric inhibitory polypeptide/glucose-dependent insulinoimpotrop peptide (GIP) secretion and increased GIP synthesis in response to after high-fat diet (HFD) feeding. Fatty acid-binding protein 5 (FABP5) and G protein-coupled receptor 120 (GPR120) play crucial role in acute fat-induced GIP secretion and regulatory factor X6 (Rfx6) is involved in hypersecretion of GIP in HFD-induced obese conditions by increasing GIP gene expression. GPCR, G protein-coupled receptor; Pdx-1, pancreatic and duodenal homeobox 1.
CONCLUSION
Gene analysis of K cells isolated from GIP-GFP mice enabled us to identify candidate genes that contribute to acute and chronic mechanisms stimulating GIP secretion in response to fat ingestion: FABP5 and GPR120 play crucial roles in acute fat-induced GIP secretion, and Rfx6 is involved in hypersecretion of GIP in HFD-induced obese conditions by increasing GIP gene expression (Figure 4). Although further, detailed analyses are required to clarify the intracellular signaling of GIP secretion and synthesis in response to nutrient ingestion, regulation of GIP secretion could provide a novel therapeutic approach to prevent obesity, insulin resistance and subsequent type 2 diabetes.

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DISCLOSURE
SY and NH have no conflict of interest. NI served as a medical advisor for Takeda, Taisho Pharmaceutical, GlaxoSmithKline and Mitsubishi Tanabe Pharma, and lectured for MSD, Sanofi, Novartis Pharma, Dainippon Sumitomo Pharma, Kyowa Kirin and Mitsubishi Tanabe Pharma, and received payment for his services. NI also received a clinical commissioned/joint research grant from MSD, Eli Lilly Japan, Shiratori Pharmaceutical, Roche Diagnostics and the Japan Diabetes Foundation, and also received a scholarship grant from MSD, Japan Tobacco Inc., Nippon Boehringer Ingelheim, Takeda, Dainippon Sumitomo Pharma, Astellas Pharma, Daiichi-Sankyo and Mitsubishi Tanabe Pharma.

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