



Intra-abdominal Adipose Tissue as a Major Source of IL-6 in Experimental Colitis

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Adipose tissue – What is “fat”?

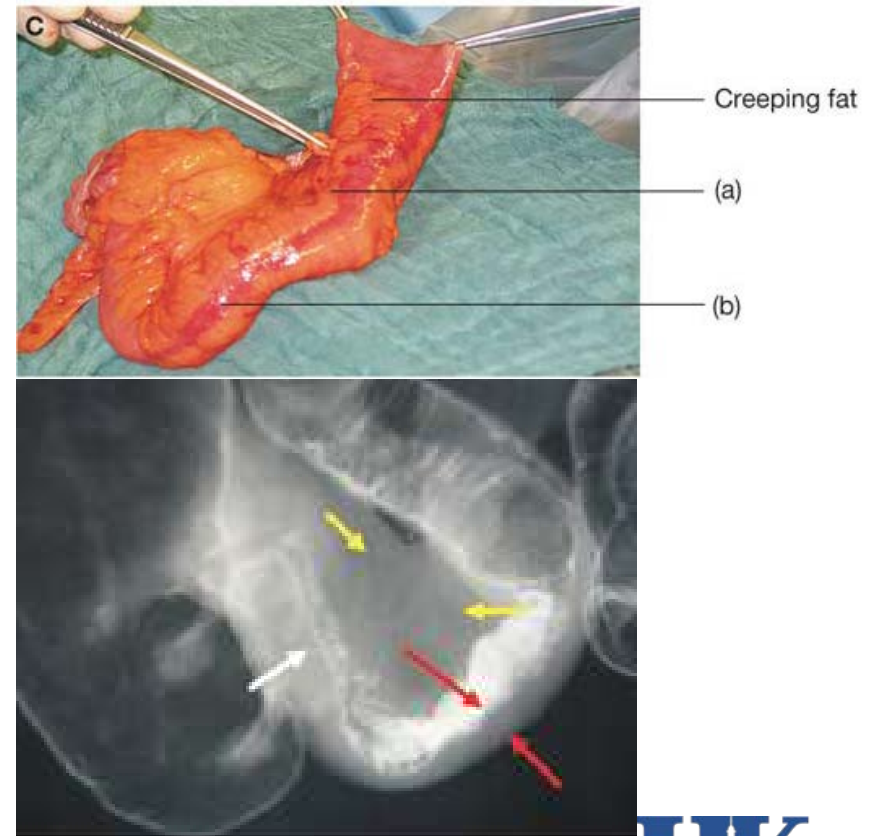
- Heterogenous tissue composed of mature adipocytes, preadipocytes, endothelial cells, macrophages, leukocytes, and fibroblasts
- In addition to energy storage, adipose tissue is now known to have important endocrine role in metabolism, immunity, and inflammation.
- Over 50 known adipokines including inflammatory cytokines (TNF- α , IL-6, MCP-1), growth factors (IGF-1, VEGF), and adipocyte-specific “adipormones”

Adipose tissue and Inflammation

- Obesity is now recognized as a chronic inflammatory condition
 - Macrophage infiltration of adipose tissue
 - Increased circulating CRP, IL-6, and adipokines
 - Increased fecal calprotectin levels
- Obesity-associated diseases are increasingly attributed to inflammation
 - Atherosclerosis
 - Prevalence of colorectal cancer
 - Severity of acute pancreatitis
- Visceral fat correlates with disease states more strongly than total body fat

Adipose tissue and IBD

- Hypertrophic mesenteric adipose tissue and fat-wrapping are hallmarks of Crohn's disease
 - higher levels of TNF- α , IL-6, MCP-1, leptin, resistin, and adiponectin than healthy subjects
- Obesity associated with higher year-by-year disease activity in Crohn's



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Obesity and IBD

Prevalence and Epidemiology of Overweight and Obesity in Children with Inflammatory Bowel Disease

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- Prevalence of obese/overweight in pediatric IBD population is 23.6% (20% in CD, 30.1% in UC)



Questions

- Does induction of colitis result in increased expression of inflammatory cytokines from adipose tissue in an animal model of IBD?
- Does intra-abdominal fat respond differently than subcutaneous fat?
- Do adipose-derived cytokines contribute to severity of colitis?

Methods

- Model
 - 2% dextran sulfate sodium in drinking water for 5 days
 - C57BL
- Mice sacrificed at Day 0, 3, 7, 14, and 21
- Outcomes
 - Representative animal for histology
 - Plasma cytokines by multiplex
 - Tissue mRNA levels by qRT-PCR

Results – Severity peaks at Day 14

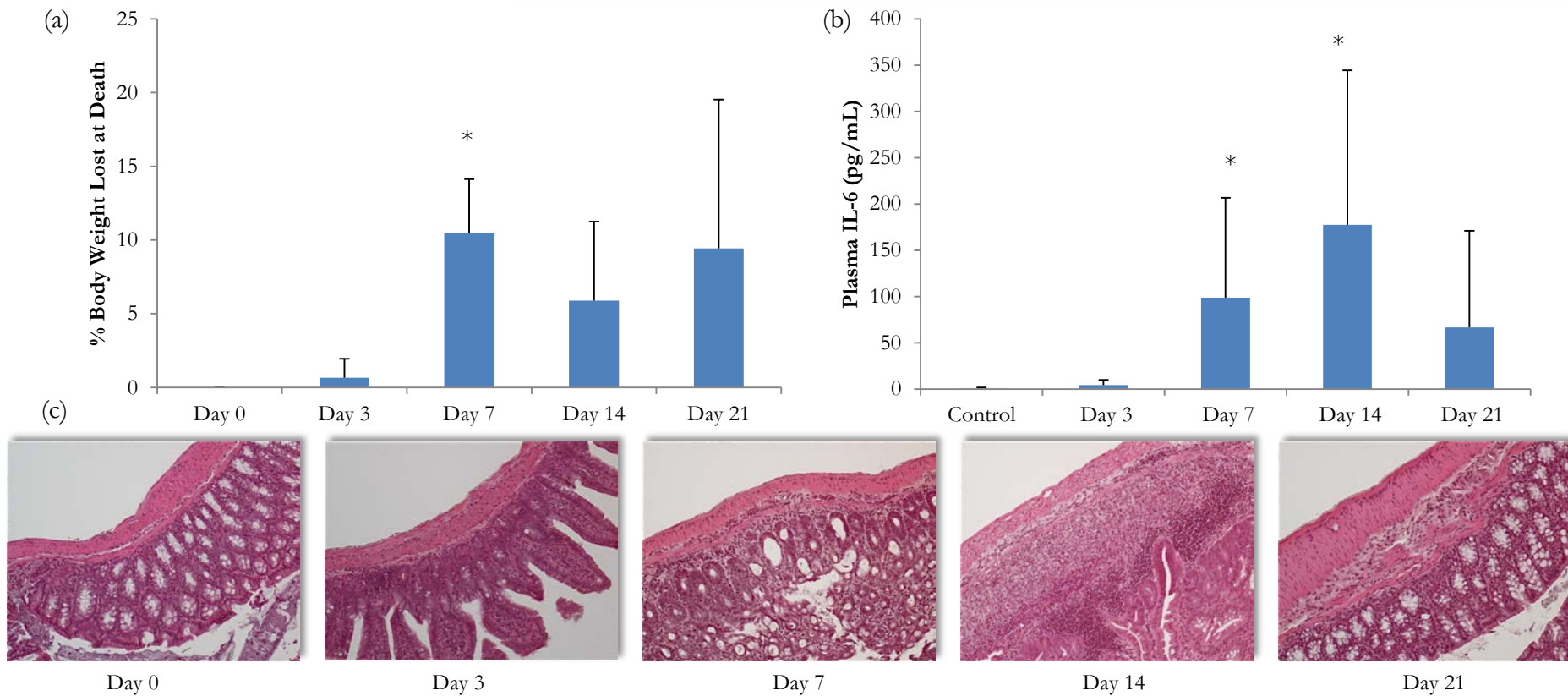


Fig 1: After treatment with DSS, mice experienced significant decreases in body weight (a). Increases in Plasma IL-6 levels (b) and histologic evidence of colonic inflammation (c) were evident by Day 7 and peaked at Day 14.

Cytokine Expression in Colon

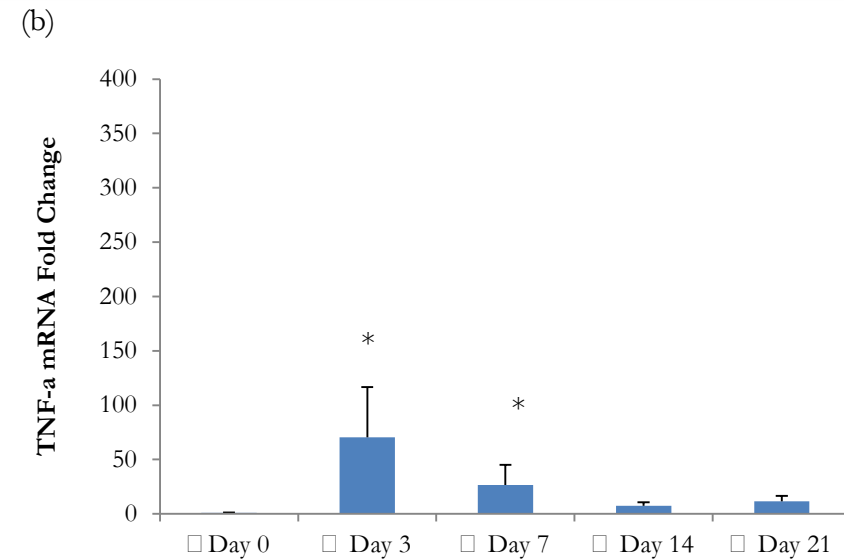
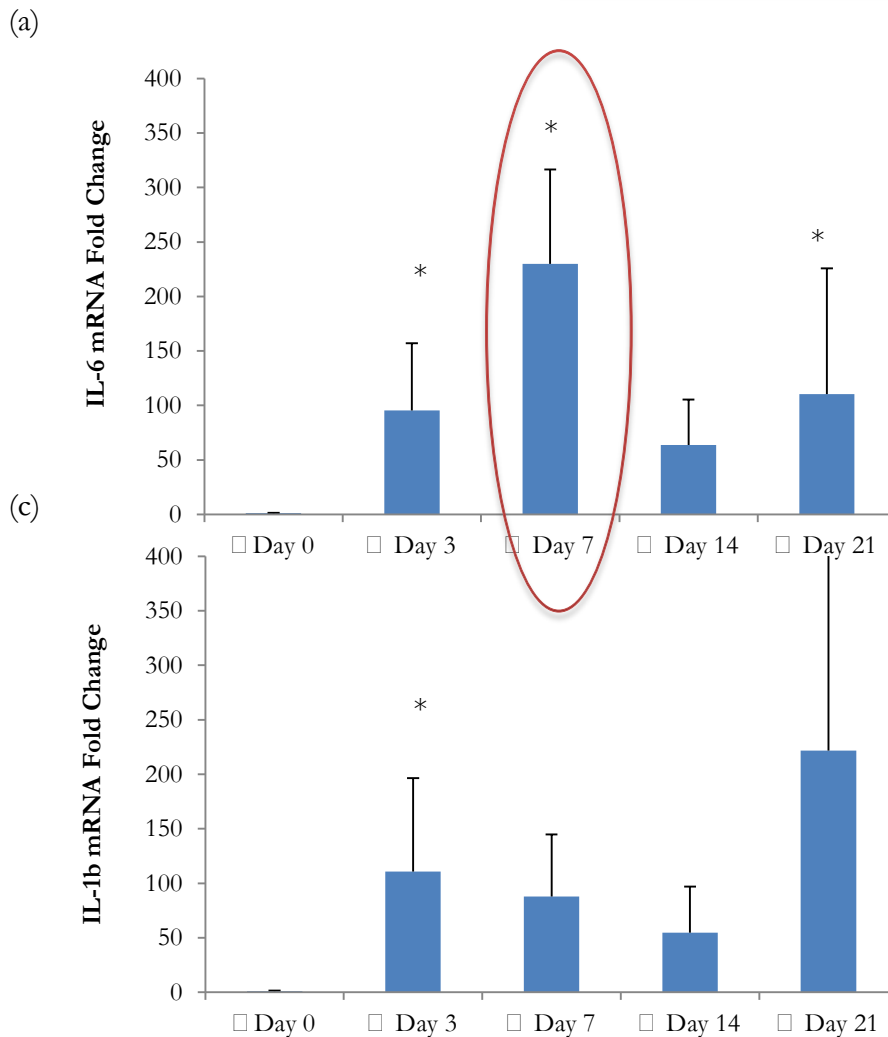


Fig 2. Colon mRNA levels of IL-6, TNF- α , and IL-1 β were significantly increased by DSS treatment as early as Day 3. IL-6 levels were increased by 230 fold at Day 7 (a) making this the most prominent cytokine induced in colonic tissue.

IL-6 is induced in intra-abdominal adipose tissue

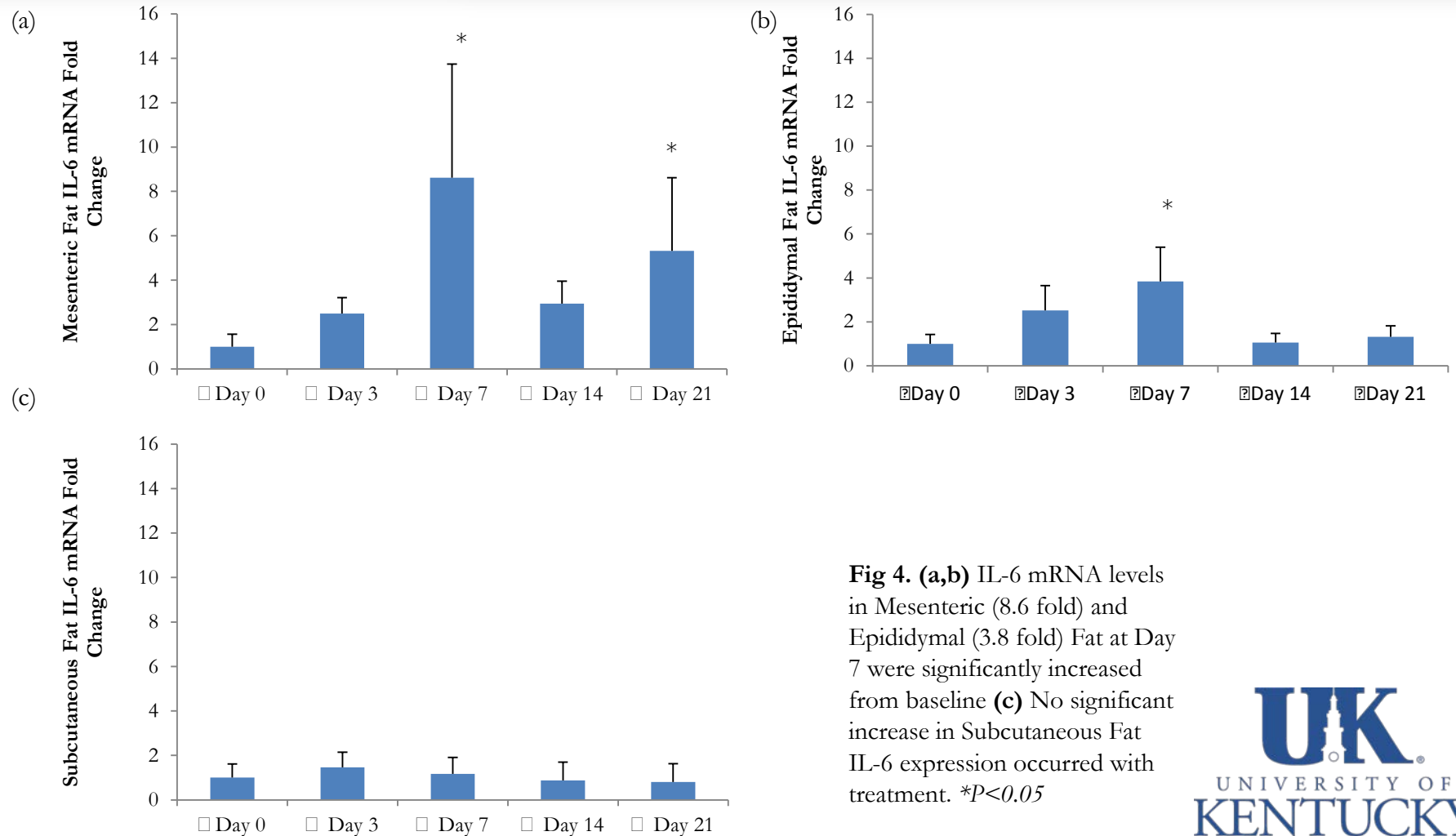


Fig 4. (a,b) IL-6 mRNA levels in Mesenteric (8.6 fold) and Epididymal (3.8 fold) Fat at Day 7 were significantly increased from baseline **(c)** No significant increase in Subcutaneous Fat IL-6 expression occurred with treatment. * $P < 0.05$

IL-6 levels at Day 7

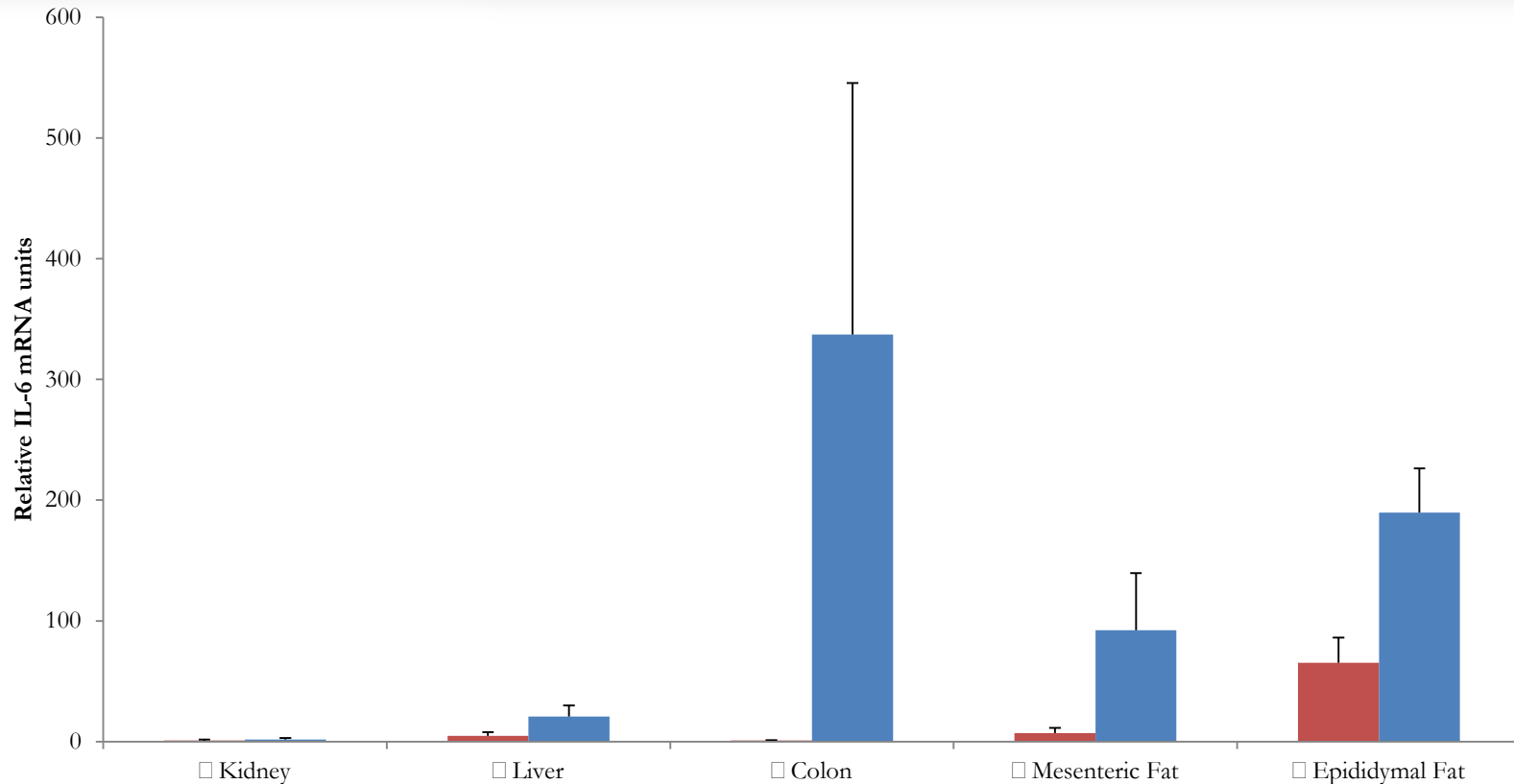


Fig 5. Day 7 mRNA levels of IL-6 are significantly increased above control in colon, mesenteric fat, and epididymal fat. Adipose tissue levels at Day 7 are significantly higher than kidney or liver.

Preliminary Conclusions

- During acute experimental colitis, adipose tissue is a major source of IL-6 production.
- IL-6 is significantly induced from intra-abdominal, but not subcutaneous adipose tissue
- Peak in adipose-derived mRNA precedes peak plasma levels, suggesting a contribution by adipose tissue to circulating levels
- Epididymal fat pad changes suggest tissue-specific response rather than mere local lymphoid reaction to tissue injury

Further Questions/Plans

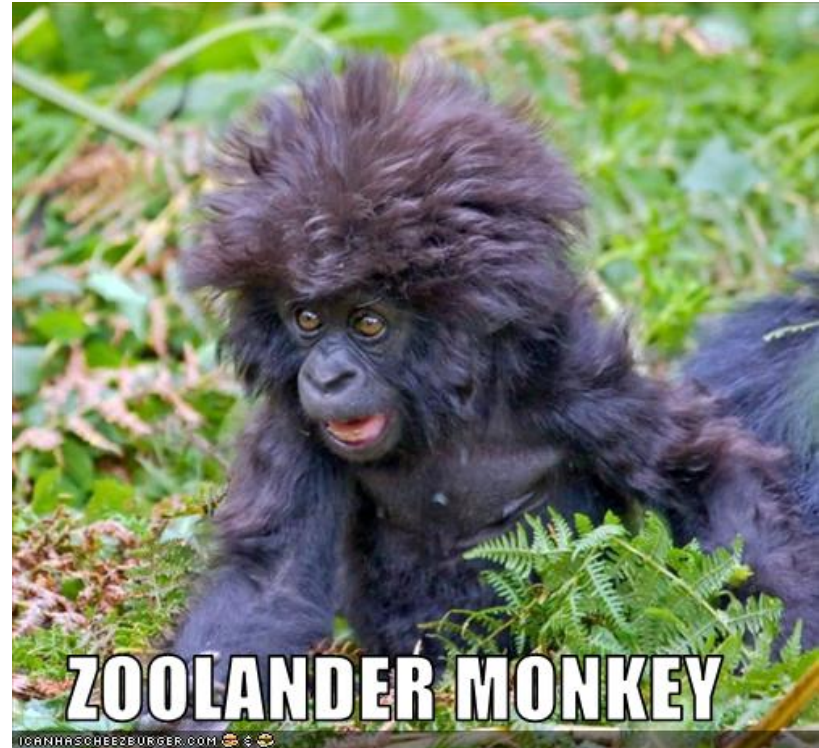
- Does adipose-derived IL-6 contribute to the severity of colitis?
 - Mice fed a high-fat diet have been shown to have more severe response to DSS
 - Preliminary data suggesting improved survival in SIRS with removal of epididymal fat
- Compare severity of colitis between caloric-restricted and high-fat diet mice, with and without removal of epididymal fat pad.



The Use of High Resolution Colonoscopy
for Development of a Novel Orthotopic
Murine Model of Colorectal Cancer

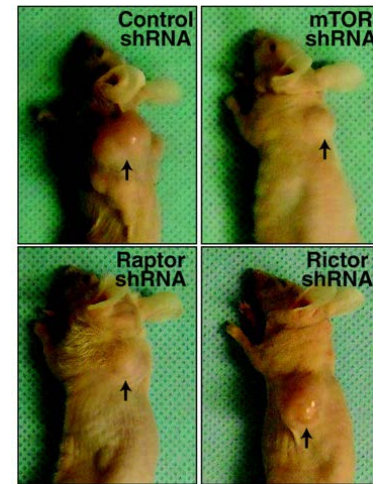
Animal models

- Needed to study mechanisms of pathogenesis but also to assess potential therapies
- Cannot recapitulate all aspects of human disease
- Advantages and limitations depending on outcome of interest



Murine Models of Colorectal Cancer

- Sporadic Models
 - Genetically-engineered (*Apc* mutant, MutS/MutL, *Muc2*^{-/-})
 - Chemically-induced (AOM/DSS)
- Transplant Models
 - Heterotopic Xenografts
 - Metastasis Assays (IV or intra-splenic)
 - Surgical Orthotopic Implantation

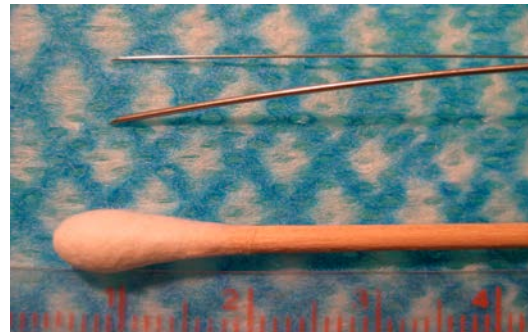


Purpose

- Establish an orthotopic model of colorectal cancer via intramural cell injection using high-resolution colonoscopy
- Theoretical advantages
 - Orthotopic location
 - Minimally-invasive
 - Serial evaluation

Materials

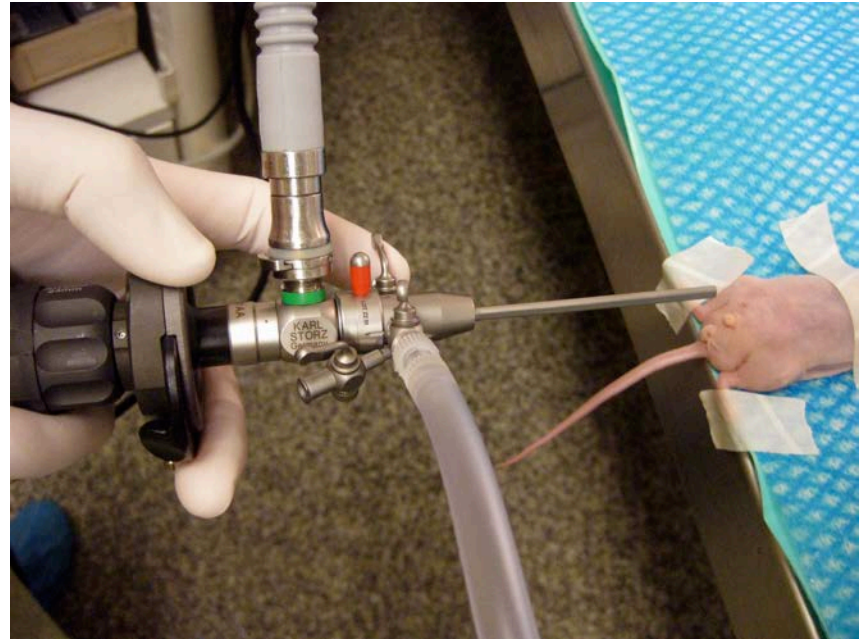
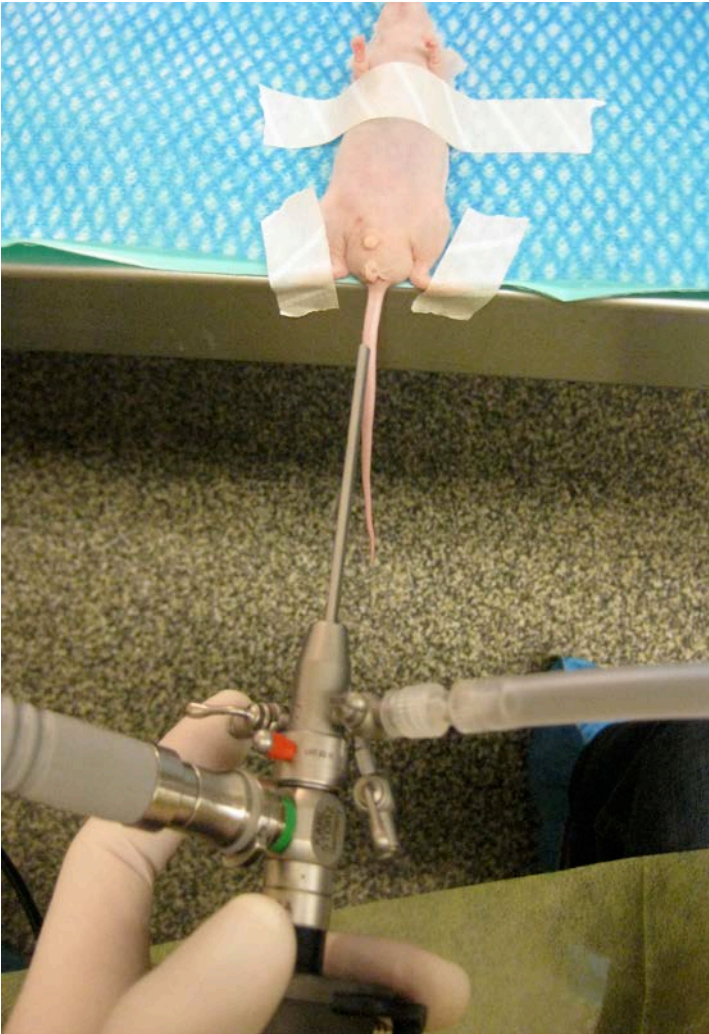
- Equipment
 - Mini-endoscope
 - Karl-Storz Coloview ®
 - 1.9mm scope, sheath, biopsy forceps
 - Standard laparoscopic set-up
 - Donation from Stryker ®
 - Custom injection needle and Microliter syringe
 - Hamilton® Company
 - 6” 30G needle



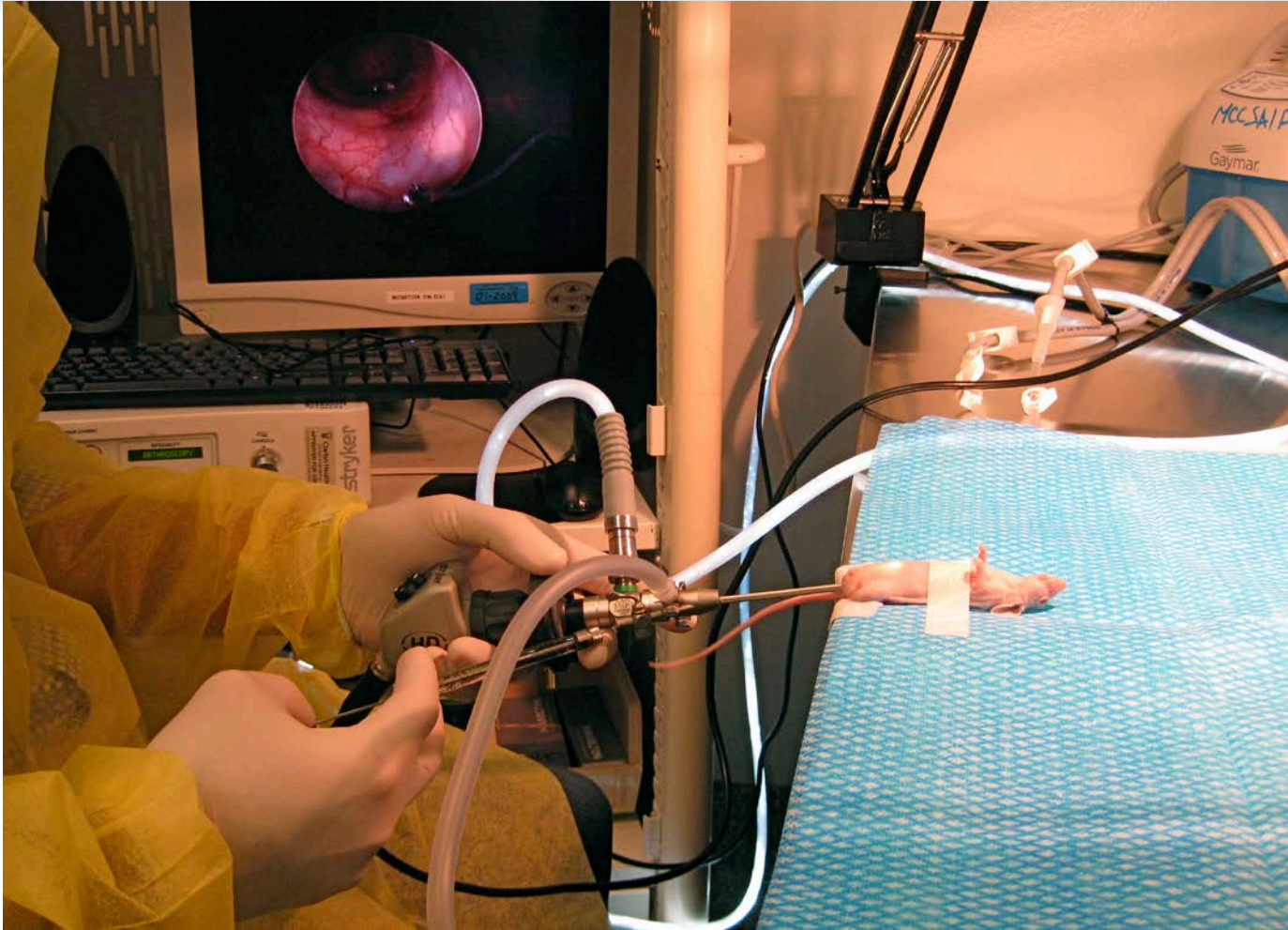
Methods

- Cell suspension prepared in phosphate-buffered saline
- Mice anesthetized with ketamine-xylazine
- Scope inserted to mid-descending colon
- 25 mL cell-suspension injected into submucosa
- Weekly surveillance with colonoscopy

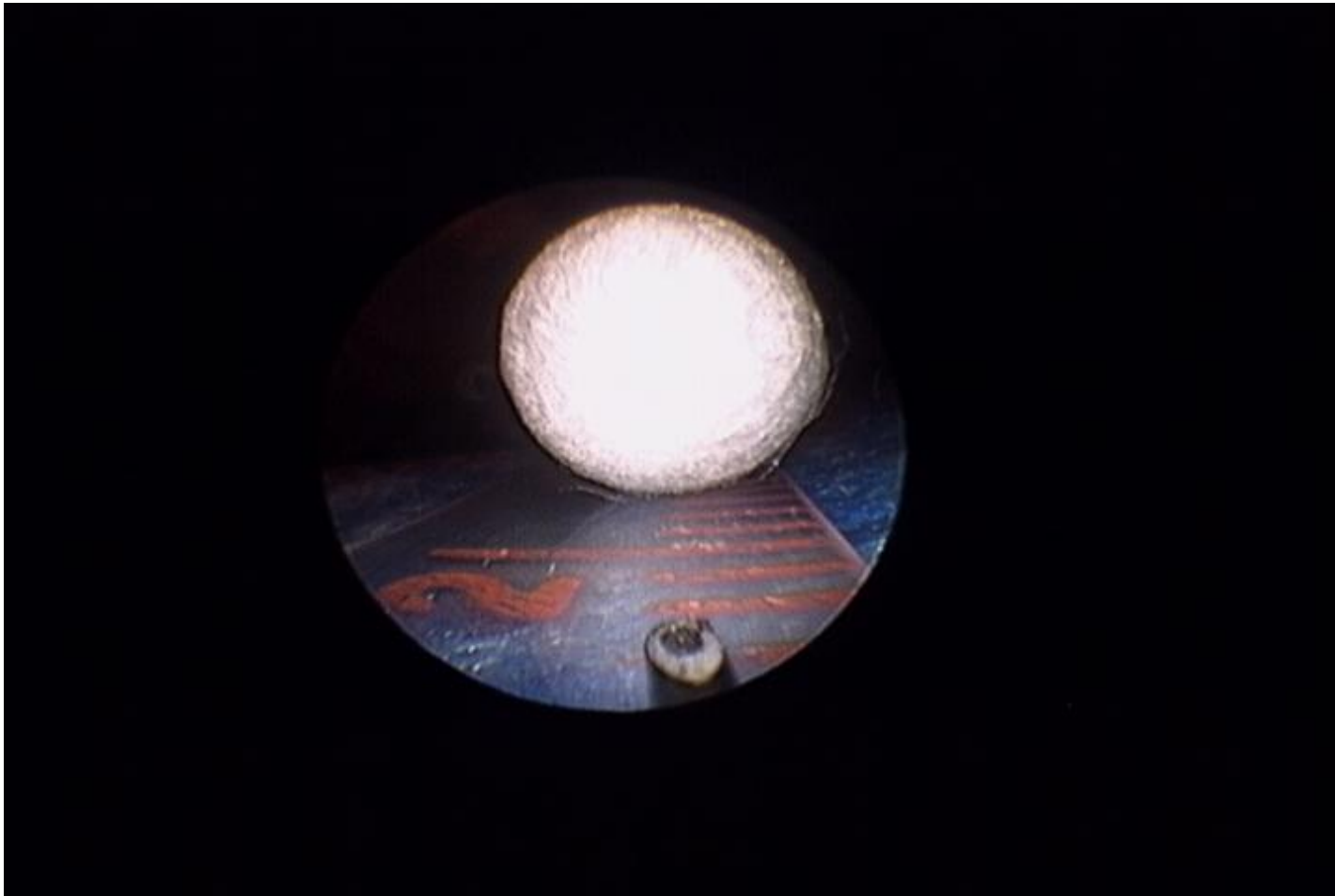
Procedure



Procedure



Methods



Video

Results

- Procedure tolerated well
 - 1 death due to perforation
- Tumors first visible at 14 days
- Histology confirmed tumor establishment in submucosa
- Tumor establishment rate of 83%
(25/30 injections)

Complication



Conclusions

- Intramural injection in descending colon is possible
- Tumor growth can be reliably monitored on serial endoscopy
- Successful tumor establishment with multiple cell lines in immunocompetent and immunodeficient mice

Conclusions

- Disadvantages/Shortcomings
 - Technically challenging
 - Growth duration limited by obstruction
 - Inconsistency precludes comparative studies
- Applications
 - Cancer cell interactions with microenvironment
 - Tissue-specific gene knockout with Cre-recombinase