

The diabetes risk gene TCF7L2 regulates human adipose progenitor cell biology.

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Background and aims: Dysfunctional adipose tissue *e.g.* as seen in obesity or lipodystrophy is associated with insulin resistance (IR) which predisposes to type 2 diabetes (T2D) and cardiovascular disease (CVD). Nonetheless, the risk of T2D and CVD is not uniform in similarly obese subjects. The adipose tissue (AT) response to chronic caloric overload (hypertrophy vs. hyperplasia) is a major determinant of susceptibility to IR. TCF7L2 is a key transcription factor involved in WNT signalling, a developmental pathway, which has a central role in AT biology. A common SNP in TCF7L2 (rs7903146) is the strongest genetic determinant of T2D risk in humans with the risk being higher in lean vs. obese subjects. We hypothesised that TCF7L2 modulates T2D risk partly *via* effects on AT biology.

Materials and methods: *In vitro* functional studies in primary and immortalised human adipose progenitor cells (APCs) and AT phenotyping in rs7903146 risk variant carriers.

Results: *Ex vivo* TCF7L2 expression was higher in APCs compared to mature adipocytes (mADs) ($p < 0.001$, $n = 35-49$) and adipose endothelial cells ($p < 0.01$, $n = 5-6$) in both abdominal and gluteal depots. *Ex vivo* TCF7L2 expression correlated positively with BMI in abdominal ($p = 0.001$, $R^2 = 0.28$, $n = 35-50$) and gluteal ($p = 0.04$, $R^2 = 0.12$, $n = 35-50$) APCs but not in mADs. Stable TCF7L2 knockdown (KD) with two independent shRNAs (low and high efficiency) in immortalised human abdominal APCs led to impaired proliferation ($p < 0.01$) and a dose-dependent increase in WNT signalling ($p < 0.001$) both basally and following WNT3a treatment. Notably, adipogenesis was enhanced ($p < 0.001$) with low efficiency TCF7L2 KD whilst being impaired ($p < 0.001$) with high efficiency TCF7L2 KD in both immortalized and primary human abdominal APCs. AT phenotyping showed reduced *ex vivo* TCF7L2 mRNA ($p = 0.015$, $n = 15-29$) and protein ($p = 0.04$, $n = 5-10$) levels *selectively* in abdominal APCs of T2D risk allele (T) carriers. Accordingly, *in vitro* reporter assays for *cis*-regulatory activity at rs7903146 revealed that the T2D risk allele (T) abrogates a weak enhancer in abdominal APCs (C vs. T, $p < 0.001$). Lastly, compared with homozygous carriers of the C allele, individuals homozygous for the T2D risk allele (T) displayed altered adipocyte size distribution in abdominal AT ($p < 0.001$, $n = 9-25$).

Conclusion: These results implicate TCF7L2 in human adipose progenitor biology, AT plasticity and susceptibility to T2D.

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