



ARTICLE

Metnrl deficiency decreases blood HDL cholesterol and increases blood triglyceride

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Dyslipidemia is a risk factor for cardiovascular diseases and type 2 diabetes. Several adipokines play important roles in modulation of blood lipids. *Metnrl* is a recently identified adipokine, and adipose *Metnrl* participates in regulation of blood triglyceride (TG). In this study, we generated *Metnrl* global, intestine-specific and liver-specific knockout mice, and explored the effects of *Metnrl* on serum lipid parameters. Global knockout of *Metnrl* had no effects on serum lipid parameters under normal chow diet, but increased blood TG by 14%, and decreased total cholesterol (TC) by 16% and high density lipoprotein cholesterol (HDL-C) by 24% under high fat diet. Nevertheless, intestine-specific knockout of *Metnrl* did not alter the serum lipids parameters under normal chow diet or high fat diet. Notably, liver-specific knockout of *Metnrl* decreased HDL-C by 24%, TC by 20% and low density lipoprotein cholesterol (LDL-C) by 16% without alterations of blood TG and nonesterified fatty acids (NEFA) under high fat diet. But deficiency of *Metnrl* in liver did not change VLDL secretion and expression of lipid synthetic and metabolic genes. We conclude that tissue-specific *Metnrl* controls different components of blood lipids. In addition to modulation of blood TG by adipose *Metnrl*, blood HDL-C is regulated by liver *Metnrl*.

Keywords: *Metnrl*; dyslipidemia; serum lipid parameters; HDL cholesterol; triglyceride; *Metnrl* tissue-specific knockout mice

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INTRODUCTION

Dyslipidemias, characterized as elevated blood total cholesterol (TC), low-density lipoprotein (LDL) cholesterol or triglycerides (TG) with or without significantly reduced high-density lipoprotein (HDL) cholesterol, are major determinants of atherosclerotic cardiovascular diseases and are associated with hypertension, type 2 diabetes, pancreatitis, Alzheimer's disease, and so forth [1–3]. The prevalence of dyslipidemias is reaching epidemic proportions owing to dietary factors and sedentary lifestyles. The regulatory mechanism of blood lipids needs to be further clarified to find new promising treatments for dyslipidemias.

Numerous adipose tissue-derived secreted proteins, known as adipokines, are associated with blood lipids [4, 5] and include visfatin [4], adiponectin [6], leptin [7], chemerin [8], and progranulin [9]. *Metnrl* is an adipokine we recently identified that is highly expressed in subcutaneous adipose tissue [10]. It has multiple functions, such as promoting neural development [11], browning white adipose tissue [12] and regulating the immune system [13, 14].

Our previous work has shown that adipose *Metnrl* can improve high-fat diet-induced insulin resistance by remodeling adipose tissue [15]. Adipose *Metnrl* can also participate in triglyceride metabolism. Deficiency of adipose *Metnrl* deteriorates high-fat diet-induced hypertriglyceridemia, while overexpression of *Metnrl* in adipose tissue improves triglyceride tolerance and high-fat diet-induced hypertriglyceridemia [15]. These results imply that *Metnrl* may play

broad roles in lipid metabolism. However, the overall effects of *Metnrl* on blood lipids, especially clinical lipid parameters, are unclear. In addition, which tissue contributes to *Metnrl*-regulated alterations of blood lipids also needs to be identified.

In this study, we detected changes in major clinical lipid parameters induced by global knockout of *Metnrl* and identified the tissues contributing to *Metnrl*-induced changes in blood clinical lipid parameters with tissue-specific knockout animal models under both a normal chow diet and a high-fat diet.

MATERIALS AND METHODS

Generation of transgenic animal models

Animal experiments were performed in accordance with the National Institutes of Health Guide for the Care and Use of Laboratory Animals and approved by the Institutional Animal Care and Use Committee of the Second Military Medical University. Alb-Cre mice, Ella-Cre mice and C57BL/6 mice were purchased from Shanghai Research Center for Model Organisms (Shanghai, China).

Metnrl floxed (*Metnrl*^{loxP/loxP}) mice, Ella-Cre mice and C57BL/6 mice were used to generate a *Metnrl* global knockout animal model. The targeting construct of *Metnrl*^{loxP/loxP} was characterized in our previous studies [15]. Briefly, three LoxP sequences were inserted into the *Metnrl* allele to flank exon 3 and the coding region of exon 4, which could be excised by Cre recombinase.

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Ella-Cre mice, which were proven to target the expression of Cre recombinase to the stages of mouse oocytes and preimplantation embryos [16], were used to generate Metrn1 global knockout mice. The breeding strategy was that Metrn1^{loxP/loxP} mice were crossed with Ella-Cre mice to generate Metrn1^{wt/ko}Ella-Cre mice, which were crossed with C57BL/6 mice to generate Metrn1^{wt/ko} mice. Then, Metrn1^{wt/ko} mice were inbred to generate Metrn1^{ko/ko} mice (Metrn1^{-/-}).

Alb-Cre mice were used to generate Metrn1 liver-specific knockout (Liver-Metrn1^{-/-}) mice. Briefly, Metrn1^{loxP/loxP} mice were crossed with Alb-Cre mice to generate Metrn1^{loxP/wt} Alb-Cre mice, which were further crossed with Metrn1^{loxP/loxP} mice to generate Metrn1^{loxP/loxP} Alb-Cre mice (Liver-Metrn1^{-/-} mice). Metrn1 intestine-specific knockout (Intestine-Metrn1^{-/-}) mice were generated by crossing Metrn1^{loxP/loxP} mice with Vil-Cre mice as we described elsewhere [17]. The background of all the mice used in the breeding process was C57BL/6.

Genomic DNA extraction and genotyping by polymerase chain reaction (PCR)

Mouse genomic DNA was extracted with a Mouse Tail Genomic DNA kit (CoWin Biosciences, Beijing, China) according to the manufacturer's instructions. PCR was then performed to amplify the target gene by adding 2 µL genomic DNA with corresponding primers in a 20 µL final reaction mixture. Cre primer sequences were as follows: forward 5'-GCGGTCTGGCAGTAAAACTATC-3' and reverse 5'-GTGAAACAGCATTGCTGTCATT-3' (yielding an expected PCR product of 100 bp). β-actin was used as an internal control, and the primer sequences were as follows: forward 5'-CTAGGCCACAGAATTGAAAGATCT-3' and reverse 5'-GTAGGTGGAAATTCTAGCATCATCC-3' (324 bp). Wild-type *Metrn1* gene primer sequences were as follows: forward 5'-GGATGTTTTCTGAGGGTTGGAGGC-3' and reverse 5'-TTGGCTTTTGGATGAGCGTTTGAG-3' (289 bp). Floxed (loxP-flanked) *Metrn1* allele primer sequences were as follows: forward 5'-TGAGGGTTGGAGGCTCCTAGC-3' and reverse 5'-GGATGAGCGTTTGGACACAGC-3' (243 bp). The knockout *Metrn1* allele primer sequences were as follows: forward 5'-TCCGCTTGTTTCTGTTCA-3' and reverse 5'-CAGCAGTTCCAATGGGTCA GG-3' (150 bp).

Animal feeding and treatment

Mice were housed in a standard SPF animal room with the appropriate temperature (23 ~ 25 °C) and lighting (12 h light-dark cycle) conditions. During the feeding period, mice were provided adequate water and a standard chow diet or high-fat diet (HFD) containing approximately 60% of calories from lipids (Research Diets, New Brunswick, NJ, USA). At the end of treatment, mice were fasted for 12 h and sacrificed by an overdose of pentobarbital sodium (100 mg/kg, i.p., Bio-Light, Shanghai, China), venous blood was collected from the inferior vena cava, and tissue samples were carefully excised.

Real-time PCR

Real-time PCR was performed as reported [18]. Briefly, RNA was separated with TRIzol reagent (Invitrogen, Carlsbad, CA, USA) according to the instructions of the manufacturer. Two micrograms of RNA was reverse transcribed to cDNA using the M-MLV enzyme (Promega, Madison, WI, USA). Real-time PCR was performed using an ABI 7500 Real-Time PCR System (Applied Biosystems, Foster City, CA, USA) with 1 µL cDNA template in a 20 µL final reaction mixture (95 °C for 15 min; 95 °C for 15 s, 60 °C for 30 s, 72 °C for 30 s, 40 cycles). The relative expression of *Metrn1* was normalized to the level of glyceraldehyde 3-phosphate dehydrogenase (GAPDH). The primers used in real-time PCR are listed in Table 1.

Detection of mouse serum Metrn1

Mouse serum *Metrn1* levels were measured by ELISA kits (R&D Systems, Minneapolis, MN, USA), as we described elsewhere [19]. Briefly, capture antibody was incubated in 96-well plates at room temperature overnight. Then, the plates were washed with washing buffer three times and blocked for a minimum of 1 h by adding 300 µL reagent diluent. After further washes, 100 µL serum or standards were added to the plates and incubated for 2 h. Next, 100 µL detection antibody was added to the plates, which were incubated for 2 h after three washings. Subsequently, 100 µL streptavidin-HRP was added, and the plates were incubated for 20 min in the dark. After further washes, 100 µL substrate solution was added, and the plate was incubated for 20 min in the dark, followed by the addition

Table 1. Primer sets used in the study

	Forward primer (5'–3')	Reversed primer (5'–3')
GAPDH	GTATGACTCCACTCACGGCAA	GGTCTCGCTCCTGGAAGATG
Metrn1	CTGGAGCAGGGAGGCTTATTT	GGACAACAAAGTCACTGGTACAG
ApoB	GCTCAACTCAGGTTACCGTGA	AGGGTGACTGGCAAGTTTGG
Mttp	ATACAAGCTCACGTACTCCACT	TCTCTGTTGACCCGATTTTC
Ldlr	TCAGACGAACAAGGCTGTCC	CCATCTAGGCAATCTCGGTCTC
Hmgcr	TGTTACCCGGCAACAACAAGA	CCGCGTTATCGTCAGGATGA
Srebp2	GCAGCAACGGGACCATTCT	CCCCATGACTAAGTCCCTCAACT
Scarb1	TTTGGAGTGGTAGTAAAAAGGGC	TGACATCAGGGACTCAGAGTAG
Lxra	CTGATTCTGCAACGGAGTTGT	GACGAAGCTCTGTCGGCTC
Lxrb	GCCTGGGAATGGTTCTCCTC	AGATGACCACGATGTAGGCAG
Cyp7a1	GCTGTGGTAGTGAGCTGTTG	GTTGTCCAAAGGAGGTTCAACC
Abca1	AAAACCCGACAGATCCTTCAG	CATACCGAAACTCGTTCACCC
Acat1	CAGGAAGTAAGATGCCTGGAAC	TGCAGCAGTACCAAGTTTAGTG
Acat2	CCCGTGGTCATCGTCTCAG	GGACAGGGCACCATTGAAGG
Srebp1	TGACCCGGCTATTCCGTGA	CTGGGCTGAGCAATACAGTTC
Fasn	GCTGCGGAAACTTCAGGAAAT	AGAGACGTGCTACTCTGGACTT
Ppara	TACTGCCGTTTTCAAGTGC	AGGTCGTGTTACAGGTAAGA
Cpt1a	GAACCCCAACATCCCCAAC	TGTCCTGTAATGTGCGAGC
Fdft1	AGAGTGGCGTTCACTGAGA	GAGAAAGGCCAATCCACCA

of 50 μ L stop solution to stop the reaction. Finally, the optical density was detected by using a microplate reader (Tecan, Grödig, Austria) with a detection wavelength of 450 nm and a reference wavelength of 540 nm.

Detection of serum lipid parameters

Serum samples were sent to Servicebio (Wuhan, Hubei, China), and the clinical serum lipid parameters, including TC, HDL cholesterol, LDL cholesterol, TG and NEFA, were measured by biochemical analyzer (Hitachi, Tokyo, Japan) with the corresponding reagent (Huili Biology, Changchun, China) [20]. Briefly, to measure HDL cholesterol, heparin and $MnCl_2$ were needed to precipitate apoB-containing lipoproteins, and HDL cholesterol was measured from the supernatant. For LDL cholesterol, phosphotungstic acid magnesium and polyethylene glycol were used to precipitate and disperse LDL lipoproteins, and the LDL cholesterol concentration was measured by directly detecting serum absorbance. Considering the high level of free serum glycerol, glycerol

concentrations were also determined to correct the triglyceride values. Serum nonesterified fatty acids were determined using commercial assay kits according to the kit instructions (Nanjing Jiancheng Bioengineering Institute, Nanjing, China).

Cell culture and viral transduction

The isolation and culture of primary hepatocytes were carried out as reported in previous studies [21]. Briefly, primary hepatocytes were isolated from C57/BL6 mice aged 9 weeks by using the collagenase perfusion method. Then, the cells were cultured in plates coated with rat tail collagen in DMEM (HyClone, Logan, UT, USA) with 10% fetal bovine serum and 1% penicillin streptomycin. After 4 h of attachment in a 37 °C incubator chamber (Thermo Scientific, Waltham, MA, USA) with 5% CO_2 , viruses encoding the Metn1 open reading frame (HANBIO, Shanghai, China) were added to the culture medium at an MOI of 2. After 24 h of infection, primary hepatocytes were changed to fresh medium and cultured in an incubator chamber.

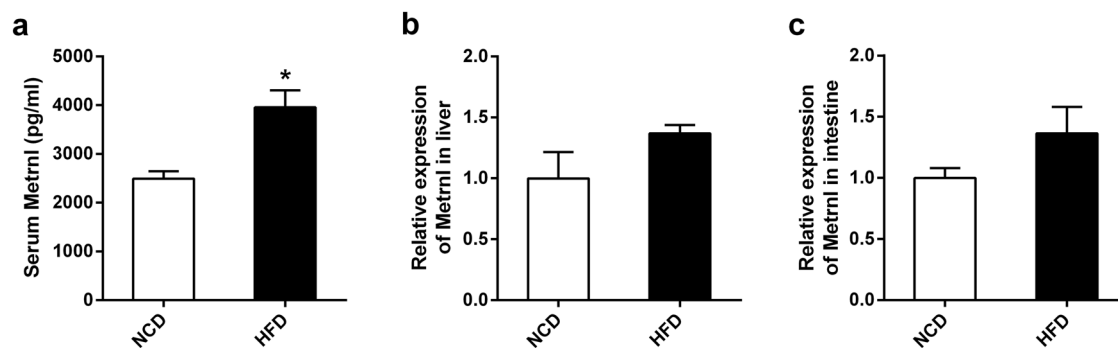


Fig. 1 The effects of chronic high-fat diet on blood Metn1 and expression of Metn1 in liver and intestine. **a** Chronic high-fat diet increased blood Metn1 levels ($n = 3$). **b, c** Metn1 expression in the liver (**b**) and intestine (**c**) of mice fed a normal chow diet (NCD) and a high-fat diet (HFD) was detected with real-time PCR ($n = 3$). * $P < 0.05$ vs. NCD

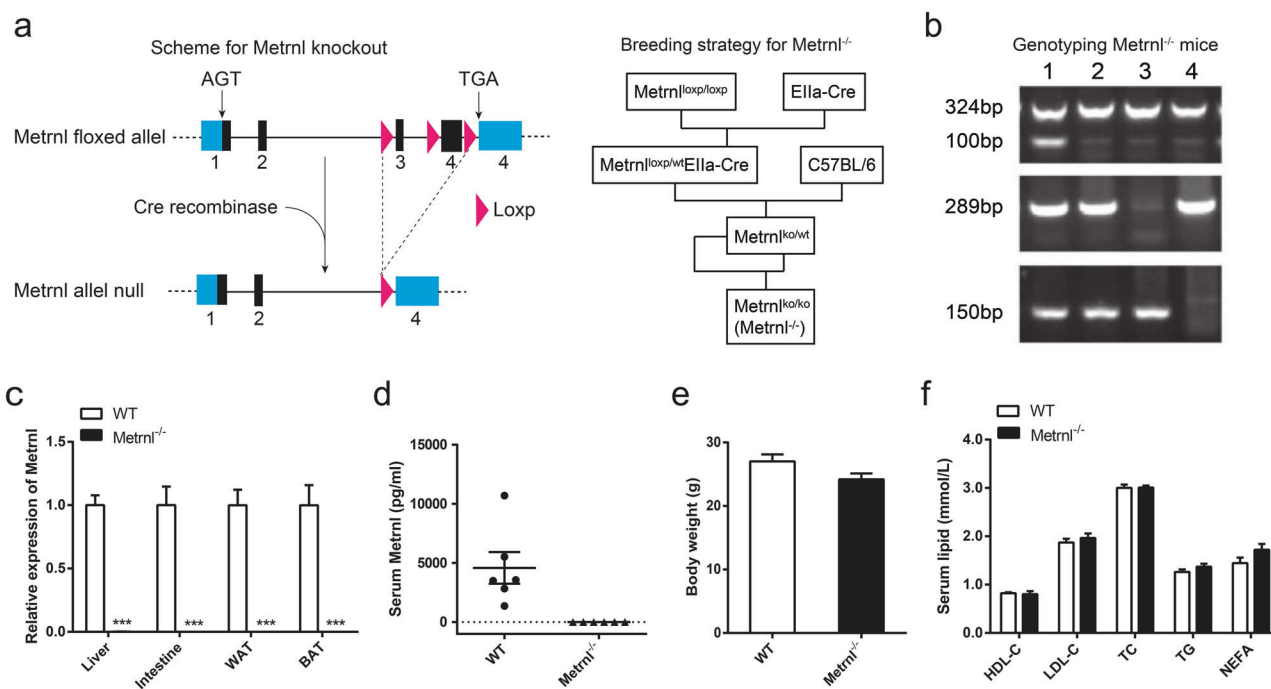


Fig. 2 The generation of Metn1 global knockout mice (Metn1^{-/-}) and the effects of global knockout of Metn1 on blood lipid parameters under a normal chow diet. **a** Knockout strategy (left) and breeding strategy (right) for Metn1^{-/-}. **b** Genotyping of the Metn1^{-/-} mice. 1, Metn1^{wt/ko}Ella-Cre; 2, Metn1^{wt/ko}; 3, Metn1^{wt/wt}; 4, Metn1^{ko/ko} (Metn1^{-/-}). **c** Metn1 levels in different tissues between Metn1^{-/-} and wild-type mice (WT) ($n = 6$). *** $P < 0.001$ vs. WT. **d** Serum Metn1 concentration between Metn1^{-/-} and WT mice ($n = 6$). **e** Body weights of Metn1^{-/-} and WT mice fed a normal chow diet ($n = 8$). **f** The effects of global knockout of Metn1 on high-density lipoprotein cholesterol (HDL-C), low-density lipoprotein cholesterol (LDL-C), total cholesterol (TC), total triglyceride (TG) and nonesterified fatty acid (NEFA) in circulation ($n = 8$)

In vivo VLDL secretion assay

In vivo VLDL secretion was detected as described elsewhere [22]. Briefly, after fasting for 16 h, mice were injected with the lipase inhibitor tyloxapol (500 mg/kg, Sigma-Aldrich, St. Louis, MO, USA) through the tail vein. Blood was collected at 0, 1, 2, and 3 h after injection and used for TG measurements with the corresponding kit (APPLYGEN, Beijing, China).

Statistical analysis

All data are expressed as the mean \pm SEM. Statistical analysis was performed with Prism 5.0 software. A two-tailed Student's *t*-test was used to evaluate the differences. $P < 0.05$ denoted the presence of a statistically significant difference.

RESULTS

Blood Metnrl levels were elevated in mice fed a high-fat diet

To evaluate the effect of a chronic high-fat diet on circulating Metnrl, C57/BL6 mice were fed a high-fat diet for 7 weeks, and serum Metnrl was assayed with an ELISA. As shown in Fig. 1a, blood Metnrl was significantly increased in mice fed a high-fat diet. In our previous work, we showed that Metnrl expression was upregulated in white adipose tissue in obese mice [10]. Here, we further assessed the influence of a chronic high-fat diet on the expression of Metnrl in the liver and intestine, which showed that Metnrl expression was unchanged in either the liver or intestine under a chronic high-fat diet (Fig. 1b, c).

Generation of the Metnrl global knockout animal model

To explore the overall function of Metnrl on blood lipids, Metnrl global knockout mice were generated by excision of exon 3 and the coding region of exon 4 of the *Metnrl* gene, which was proven by genotyping (Fig. 2a, b). The knockout efficiency was verified by

real-time PCR with primers targeting the excised regions of the Metnrl open reading frame, and the results showed that Metnrl mRNA was undetectable in the tested tissues, including the liver, intestine, subcutaneous white adipose tissue (WAT) and brown adipose tissue (BAT), in Metnrl^{-/-} mice (Fig. 2c). Consistently, serum Metnrl was detected in each wild-type mouse but was undetected in all Metnrl^{-/-} mice (Fig. 2d). These results suggest that the Metnrl global knockout mouse model was successfully generated. No visible differences were observed between Metnrl^{-/-} and wild-type mice. There were no significant differences in body weight (Fig. 2e).

Global knockout of Metnrl upregulates serum triglyceride and downregulates HDL cholesterol and total cholesterol

Further, the major clinical lipid parameters, including HDL cholesterol, LDL cholesterol, TC, TG, and NEFA, were detected in Metnrl^{-/-} mice fed both normal chow and a high-fat diet. No differences were observed in any of the clinical lipid parameters between Metnrl^{-/-} and wild-type mice fed a normal chow diet (Fig. 2f). However, mice fed a high-fat diet for 16 weeks showed decreased serum HDL cholesterol by 24% ($P < 0.01$) and total cholesterol by 16% ($P < 0.05$) and increased serum total triglyceride by 14% ($P < 0.05$) with LDL cholesterol, NEFA, and body weight unchanged after global Metnrl knockout compared with wild-type mice (Fig. 3a–f).

Deficiency of intestinal Metnrl does not change the blood clinical lipid parameters

Considering that Metnrl is abundantly expressed in the intestinal epithelium [17] and that the intestinal epithelium plays a critical role in the modulation of blood lipids by regulating lipid absorption and transport [23], we speculated that the intestine may contribute to changes in blood lipid parameters after global

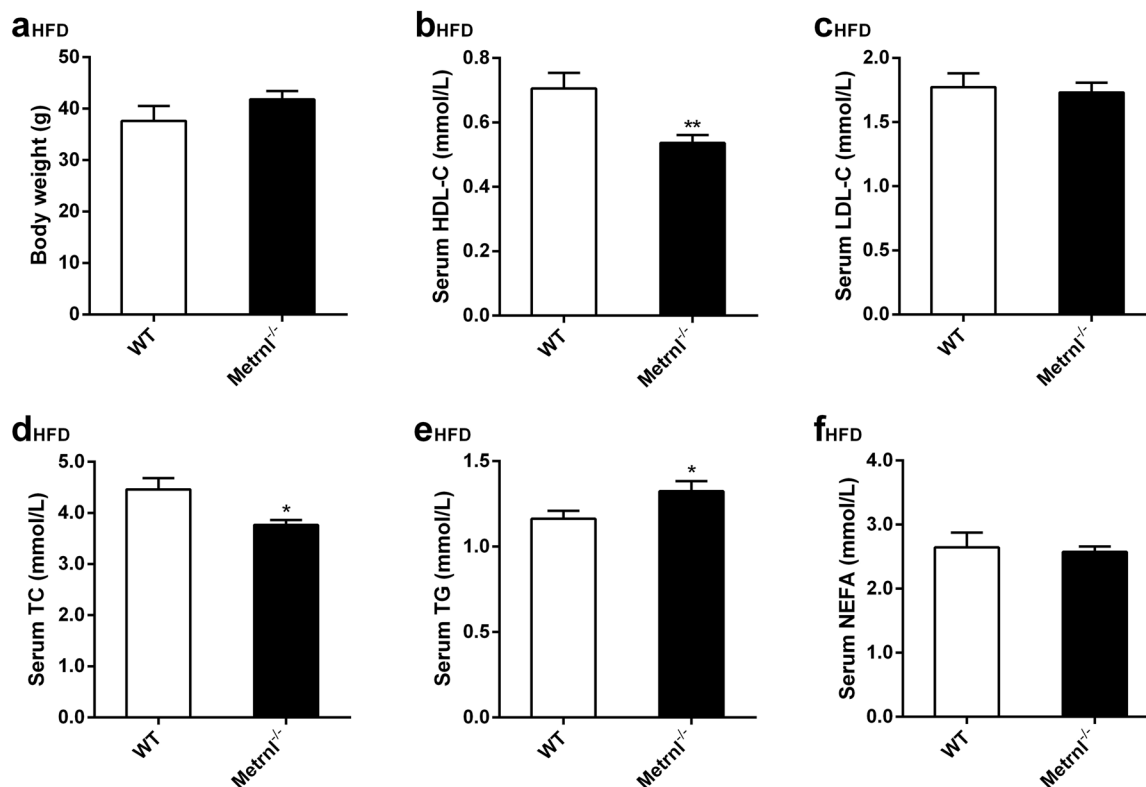


Fig. 3 The effects of global knockout of Metnrl on blood lipid parameters under a high-fat diet (HFD). **a** Body weights of Metnrl^{-/-} and wild-type mice (WT) fed a HFD ($n = 8-9$). **b-f** The effects of global knockout of Metnrl on high-density lipoprotein cholesterol (HDL-C, **b**), low-density lipoprotein cholesterol (LDL-C, **c**), total cholesterol (TC, **d**), total triglyceride (TG, **e**) and nonesterified fatty acid (NEFA, **f**) in circulation ($n = 8-9$). The mice were fed a HFD for 16 weeks. * $P < 0.05$; ** $P < 0.01$ vs. WT

knockout of *Metnrl*. To clarify the effects of intestinal *Metnrl* on blood lipid parameters, *Metnrl* intestine-specific knockout mice, which were generated and verified as we described elsewhere [17], were employed. Consistent with the results of *Metnrl* global knockout mice on a normal chow diet, intestine-specific knockout of *Metnrl* did not change the body weight or clinical lipid parameters under a normal chow diet (Fig. 4a, b). Notably, body weight and clinical lipid parameters, including HDL cholesterol, total cholesterol, and total triglycerides, were not altered under a high-fat diet for 16 weeks in intestinal *Metnrl*-specific knockout

mice compared with their controls (Fig. 4c, d). These results suggest that intestinal *Metnrl* does not participate in *Metnrl*-regulated alterations in clinical lipid parameters.

Deficiency of liver *Metnrl* downregulates serum HDL cholesterol, total cholesterol and LDL cholesterol but does not alter total triglycerides

The liver is an important organ involved in the regulation of cholesterol and triglyceride metabolism. To further evaluate the role of liver *Metnrl* in clinical lipid parameters, *Metnrl* liver-specific

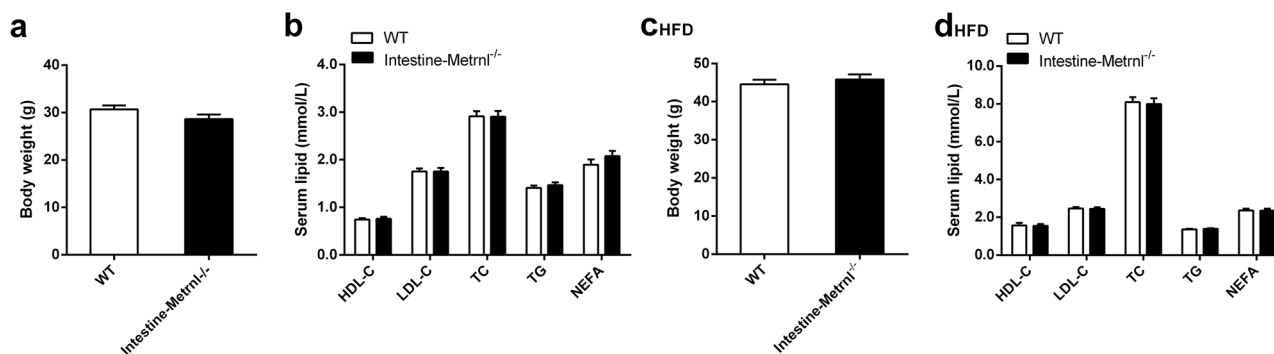


Fig. 4 The effects of intestine-specific knockout of *Metnrl* on blood lipid parameters. **a** Body weights of intestine-specific *Metnrl* knockout (*Intestine-Metnrl*^{-/-}) and wild-type mice (WT) fed a normal chow diet (*n* = 7–9). **b** The effects of intestine-specific knockout of *Metnrl* on blood lipid parameters on a normal chow diet (*n* = 7–9). **c** Body weights of *Intestine-Metnrl*^{-/-} and WT mice fed a high-fat diet (HFD) for 16 weeks. **d** The effects of intestine-specific knockout of *Metnrl* on blood lipid parameters under a HFD for 16 weeks (*n* = 13–14). HDL-C, high-density lipoprotein cholesterol; LDL-C, low-density lipoprotein cholesterol; TC, total cholesterol; TG, triglyceride; NEFA, nonesterified fatty acid

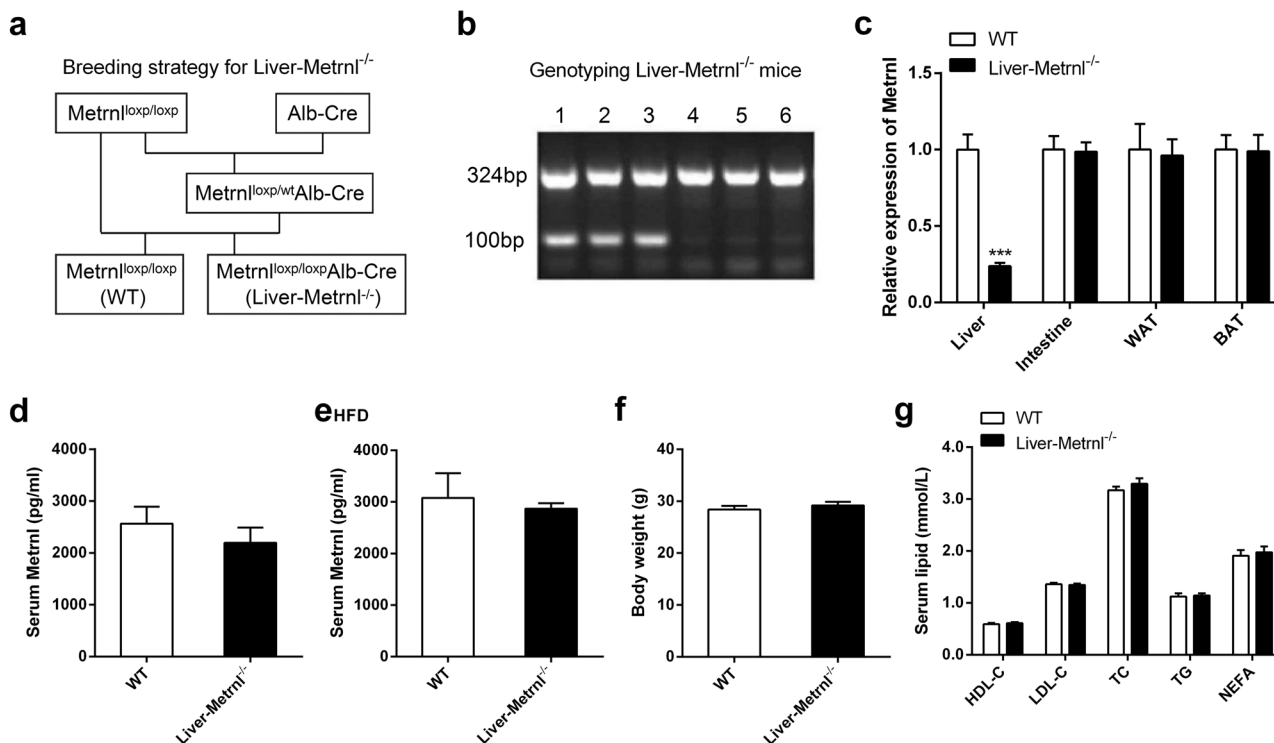


Fig. 5 The generation and identification of *Metnrl* liver-specific knockout mice (*Liver-Metnrl*^{-/-}) and the effects of liver-specific knockout of *Metnrl* on blood lipid parameters. **a** Breeding strategy for *Liver-Metnrl*^{-/-}. **b** Genotyping of *Liver-Metnrl*^{-/-}. 1–3: *Liver-Metnrl*^{-/-}; 4–6: *Metnrl*^{loxp/loxp} used as control. **c** *Metnrl* levels were detected with real-time PCR in various tissues from *Liver-Metnrl*^{-/-} and control mice (WT) (*n* = 6). ****P* < 0.001 vs. WT. **d** Serum *Metnrl* levels were assayed with ELISA between *Liver-Metnrl*^{-/-} and WT mice fed a normal chow diet (*n* = 6). **e** Serum *Metnrl* levels were assayed with ELISA between *Liver-Metnrl*^{-/-} and WT mice fed a high-fat diet (HFD) (*n* = 3). **f** Body weights of *Liver-Metnrl*^{-/-} and WT mice fed a normal chow diet (*n* = 9–10). **g** The effects of liver-specific knockout of *Metnrl* on blood high-density lipoprotein cholesterol (HDL-C), low-density lipoprotein cholesterol (LDL-C), total cholesterol (TC), total triglyceride (TG) and nonesterified fatty acid (NEFA) under a normal chow diet (*n* = 9–10)

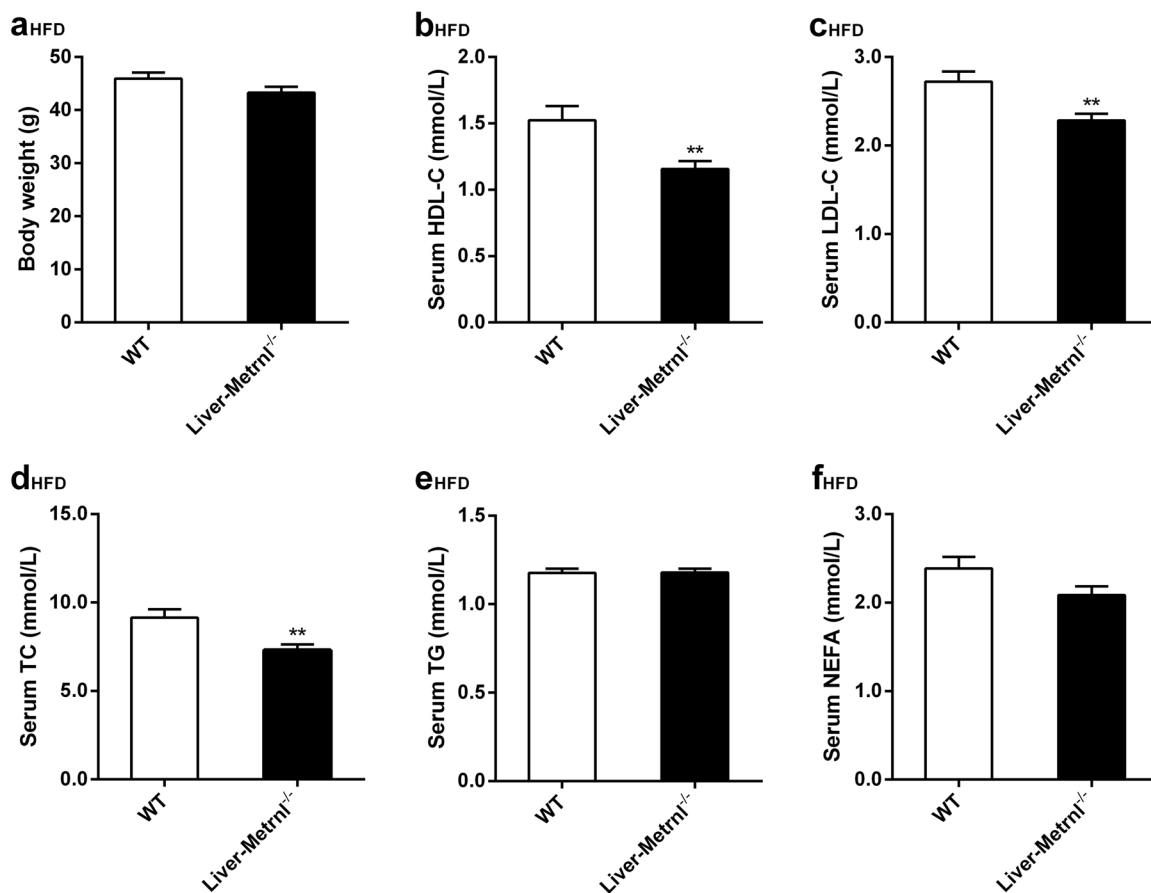


Fig. 6 The effects of liver-specific knockout of *Metnrl* on blood lipid parameters under a high-fat diet (HFD). **a** Body weights of Liver-Metnrl^{-/-} and control mice (WT) fed a HFD for 16 weeks ($n = 11$). **b–f** The effects of liver-specific knockout of *Metnrl* on blood high-density lipoprotein cholesterol (HDL-C, **b**), low-density lipoprotein cholesterol (LDL-C, **c**), total cholesterol (TC, **d**), total triglyceride (TG, **e**) and nonesterified fatty acid (NEFA, **f**) levels ($n = 11$). The mice were fed a HFD for 16 weeks. ** $P < 0.01$ vs. WT

knockout mice (Liver-Metnrl^{-/-}) were first generated by breeding Metnrl^{loxp/loxp} with Alb-Cre (Fig. 5a, b) and confirmed with real-time PCR. Among the detected tissues, including the liver, intestine, WAT and BAT, *Metnrl* expression in the liver was specifically decreased by approximately 75%, while the expression in other tissues was unchanged (Fig. 5c). Further, the detection of serum *Metnrl* showed that liver *Metnrl*-specific knockout did not affect serum *Metnrl* levels under a normal chow diet (Fig. 5d) or a high-fat diet (Fig. 5e), suggesting that the liver was not an important contributor to blood *Metnrl* under normal conditions and did not contribute to the obesity-induced increase in blood *Metnrl*. In line with the results of *Metnrl* global or intestine-specific knockout mice, no alterations were observed in body weight or clinical lipid parameters under a normal chow diet in *Metnrl* liver-specific knockout mice (Fig. 5f, g). However, under a high-fat diet for 16 weeks, deficiency of liver *Metnrl* decreased HDL cholesterol by 24% ($P < 0.01$), LDL cholesterol by 16% ($P < 0.01$), and total cholesterol by 20% ($P < 0.01$), while total triglyceride, nonesterified fatty acids and body weight were unchanged (Fig. 6a–f).

Deficiency of liver *Metnrl* did not decrease VLDL release
To explore the mechanism of decreased LDL cholesterol in *Metnrl* liver-specific knockout mice, VLDL release was evaluated by detecting the increase in VLDL-TG after inhibition of lipase using tyloxapol in *Metnrl* liver-specific knockout mice fed normal chow or a high-fat diet. The results showed that the release of VLDL was not changed in liver-specific knockout mice fed either normal chow or a high-fat diet, suggesting that *Metnrl* deficiency in the liver did not decrease LDL cholesterol by reducing VLDL release (Fig. 7a, b).

Further, we detected the expression of synthetic and metabolic genes both in liver tissues from *Metnrl* liver-specific knockout mice fed a high-fat diet and in cultured primary hepatocytes with or without *Metnrl* overexpression. However, none of the detected genes was downregulated (Fig. 7c, d), suggesting that *Metnrl* did not regulate blood lipids by changing the expression of synthetic and metabolic genes directly.

DISCUSSION

In this study, we investigated the effects of *Metnrl* on clinical lipid parameters. A chronic high-fat diet increased circulating *Metnrl* through adipose tissue but not the liver or intestine. Global knockout of *Metnrl* did not alter any of the clinical lipid parameters under a normal chow diet but increased blood triglyceride levels and decreased blood total cholesterol and HDL cholesterol levels under a high-fat diet. Intestine-specific knockout of *Metnrl* exhibited no effects on the main clinical lipid parameters under both a normal chow diet and a high-fat diet. However, liver-specific knockout of *Metnrl* decreased blood total cholesterol, HDL cholesterol and LDL cholesterol under a high-fat diet.

Metnrl regulates blood triglycerides at least partly through adipose tissue

Global knockout of *Metnrl* increases blood total triglyceride levels under a high-fat diet. We further explored which tissue contributes to *Metnrl*-regulated blood triglycerides. Intestine-specific deficiency of *Metnrl* does not change the blood triglyceride concentration under a normal chow or high-fat diet, suggesting

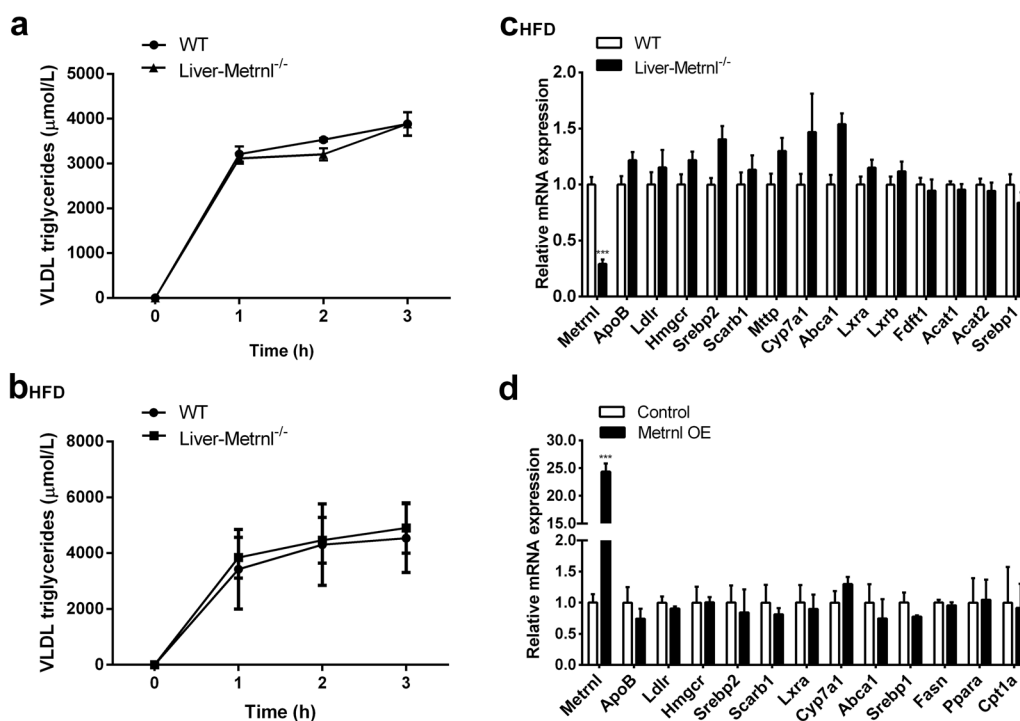


Fig. 7 The effects of deficiency of liver Metnrl on VLDL release and expression of lipid synthetic and metabolic genes. **a, b** VLDL release was evaluated in Metnrl liver-specific knockout mice fed a normal chow diet (**a**) ($n = 3$) or a high-fat diet (HFD, **b**) ($n = 3$). **c** Expression of lipid synthesis and metabolic genes in Metnrl-deficient livers ($n = 7$). **d** Expression of lipid synthesis and metabolic genes in primary hepatocytes overexpressing Metnrl (Metnrl OE, $n = 3-6$)

that the intestine does not participate in the regulatory effect of Metnrl on blood triglycerides. Although the liver plays a critical role in triglyceride metabolism, it does not mediate Metnrl-regulated alterations of blood triglycerides either because liver-specific knockout of Metnrl does not affect blood triglycerides under a normal chow or high-fat diet.

However, in our previous work, we observed that adipose tissue-specific knockout of Metnrl increased blood triglyceride levels under a high-fat diet and that adipose-specific overexpression of Metnrl decreased high-fat diet-induced hypertriglyceridemia and improved triglyceride tolerance [15]. These results suggest that the regulatory function of Metnrl in blood triglycerides is at least partly mediated by adipose tissue rather than the liver or intestine.

Metnrl regulates blood cholesterol, especially HDL cholesterol. Apart from blood triglycerides, global knockout of Metnrl can affect total cholesterol and HDL cholesterol. Notably, the total deficiency of Metnrl reduces HDL cholesterol to a much greater extent than total cholesterol (24% vs. 16%), with LDL cholesterol unaltered. Considering that total cholesterol contains HDL cholesterol, it is reasonable to speculate that Metnrl deficiency mainly affects HDL cholesterol rather than total cholesterol. It is well documented that HDL cholesterol has beneficial effects [24], whereas LDL cholesterol is considered “bad” cholesterol [25]. Hence, Metnrl may play a favorable role in the modulation of blood lipids and could be a new target that can both reduce blood triglycerides and increase HDL cholesterol.

The liver contributes to the regulatory effects of Metnrl on blood cholesterol

We wondered which tissue mediates Metnrl-regulated alterations in HDL cholesterol and total cholesterol. Intestine-specific knockout of Metnrl does not influence HDL cholesterol or total cholesterol. Moreover, adipose-specific knockout of Metnrl does

not alter blood LDL cholesterol, HDL cholesterol or total cholesterol after a high-fat diet for 8 weeks [15]. However, liver-specific knockout of Metnrl significantly reduced HDL cholesterol and total cholesterol. Consistent with the results of Metnrl^{-/-} mice, liver Metnrl deficiency decreased HDL cholesterol much more than it did total cholesterol. Interestingly, deficiency of liver Metnrl caused a similar decrease in HDL cholesterol that a deficiency of total Metnrl did (both is 24%). These results suggest that the liver contributes to Metnrl total deficiency-induced decreases in HDL cholesterol and total cholesterol. In addition, circulating Metnrl in liver-specific knockout mice was unchanged compared with that in wild-type mice fed a high-fat diet, suggesting that the regulatory function of liver Metnrl on lipid metabolism was not mediated by its endocrine action but by its local effect.

LDL cholesterol was also decreased by knockout of liver Metnrl, which was not observed in global knockout of Metnrl, implying that certain tissues (or some other tissues) may compensate for the decrease in LDL cholesterol induced by liver Metnrl deficiency. Thus, further work should identify other tissues that contribute to the regulatory effect of Metnrl on blood lipids.

The molecular mechanisms by which Metnrl regulates blood lipids in different tissues are still unclear. Our work showed that liver Metnrl did not alter blood lipids by regulating VLDL release or changing the expression of any lipid synthesis and metabolic genes examined, indicating that liver Metnrl might regulate blood lipids by eliminating lipoprotein cholesterol. Further work needs to be done to clarify the exact mechanism of Metnrl in the regulation of lipid metabolism.

In conclusion, total Metnrl deficiency mainly reduces blood HDL cholesterol and increases blood triglycerides. The liver contributes to Metnrl deficiency-induced downregulation of HDL cholesterol, while adipose tissue contributes to the Metnrl deficiency-induced decrease in blood triglycerides. Therefore, Metnrl protein could have therapeutic effects on both hypertriglyceridemia and hypo-high-density lipoproteinemia via different tissues.

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AUTHOR CONTRIBUTIONS

Study conception and design: CYM, ZYL; acquisition of data: QQ, WJH, Si-li Zheng, Sai-long Zhang; analysis and interpretation of data: YYL, ZYL, CYM; drafting of manuscript: ZYL, QQ; critical revision: CYM.

ADDITIONAL INFORMATION

Competing interests: The authors declare no competing interests.

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