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Inflammatory signaling and metabolic regulation by nitro-fatty acids

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Abstract

The addition of nitrogen dioxide $(\cdot NO_2)$ to the double bond of unsaturated fatty acids yields an array of electrophilic nitro-fatty acids $(NO₂-FA)$ with unique biochemical and signaling properties. During the last decade, $NO₂$ -FA have been shown to exert a protective role in various inflammatory and metabolic disorders. $NO₂$ -FA exert their biological effects primarily by regulating two central physiological adaptive responses: the canonical inflammatory signaling and metabolic pathways. In this mini-review, we summarize current knowledge on the regulatory role of $NO₂$ -FA in the inflammatory and metabolic response *via* regulation of nuclear factor kappa B (NF- κ B) and peroxisome proliferator-activated receptor γ (PPAR γ), master regulators of inflammation and metabolism. Moreover, the engagement of novel signaling and metabolic pathways influenced by $NO₂$ -FA, beyond NF- κ B and PPAR signaling, is discussed herein.

Graphical Abstract

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Keywords

Nitro-fatty acids; Inflammation; Metabolism; NF-κB; PPARγ

1. Introduction

Endogenous nitro-fatty acids $(NO₂-FA)$ are generated during inflammation and digestion through non-enzymatic reactions of unsaturated fatty acids with nitrogen dioxide $({\rm NO}_2)$ [1]. Conjugated linoleic acid (CLA) is the preferred fatty acid target of nitration reactions due to the highly reactive external flanking carbons in the conjugated diene, yielding electrophilic nitro-conjugated linoleic acid ($NO₂-CLA$), the predominant endogenous isomer detected *in* vivo [2].

A large body of evidence has accumulated during the last decade supporting a protective role for NO2-FA in numerous experimental settings [3]. These include endotoxin-induced vascular inflammation, endotoxemia and multi-organ injury [4; 5], inflammatory bowel disease (IBD) [6], allergic airway disease [7], renal ischaemia and reperfusion (I/R) injury and diabetic kidney disease [8; 9], pulmonary arterial hypertension (PAH) [10; 11], myocardial I/R injury [12], hypertension [13; 14], and atherosclerosis [15]. Beyond the above experimental models, the safety and pharmacokinetics of $NO₂$ -FA have been clinically examined in four successfully completed phase I trials (NCT02127190, NCT02248051, NCT02460146, NCT02313064) [16; 17; 18; 19]. Currently, NO₂-FA administration is entering phase II clinical trials for the treatment of focal segmental glomerulosclerosis (FSGS), PAH and obese asthmatics.

The above protective effects on $NO₂$ -FA are meditated by their pluripotent cell signaling capabilities, affecting various intracellular pathways. First, NO2-FA modulate nitric oxide (•NO) signaling by yielding low concentrations of •NO (via Nef reaction) that mediate cGMP-dependent cell signaling activities and via a non cGMP-dependent manner in which NO2-FA regulate endothelial and inducible nitric oxide synthase (eNOS and iNOS) mediated •NO generation and reactions [20; 21; 22]. Second, NO₂-FA can potently regulate

the expression of key inflammatory, cell proliferation and differentiation-related genes [4; 23 ; 24 ; 25 ; 26 ; 27]. Third, NO₂-FA are endogenous ligands for peroxisome proliferatoractivated receptors (PPARs), mainly PPARγ, centrally involved in lipid and glucose homeostasis as well as inflammation [28; 29; 30]. Finally, NO₂-FA facilitate reversible adduction by nucleophilic targets (e.g. Cys and His protein residues), leading to the posttranslational modifications (PTM) of proteins [31; 32]. Particularly, the electrophilic nature of NO2-FA results in nitroalkylation of nuclear factor kappa B (NF-κB), the master regulator of the immune and inflammatory response, inhibiting its DNA binding activity and repressing inflammatory gene expression, underlying a key role for $NO₂-FA$ as endogenous anti-inflammatory signaling mediators [24]. This mini-review focuses on $NO₂$ -FA regulation of NF- κ B and PPAR γ , key regulators of inflammation and metabolism, and the implication for inflammatory and metabolic disorders.

2. NO2-FA promote cellular anti-inflammatory responses via NF-κ**B inhibition**

NO2-FA exerts potent anti-inflammatory actions, primarily by antagonizing the activities of NF-κB, and signal transducers and activators of transcription (STATs) [25; 33], while activating PPAR γ and the anti-inflammatory nuclear factor E2-related factor 2 (Nrf2) [23; 28; 34]. Yet, a key mechanism behind the role of NO2-FA is their ability to inhibit NF-κB activity by preventing the phosphorylation of inhibitor of kappa B (IκB) and its subsequent degradation as well as by activating PPARγ (Fig. 1). Studies using affinity labeling and mass spectrometry strategies reveal that $NO₂$ -FA derivatives inhibit NF- κ B *via* nitroalkylation of Cys residues in the NF-kB p65 subunit in vitro and a similar reaction with p65 in macrophages treated with $NO₂$ -FA [24]. Both nitro-oleic acid ($NO₂$ -OA) and nitrolinoleic acid ($NO₂-LA$) or novel $NO₂-FA$ derivatives inhibit lipopolysaccharide (LPS)induced macrophage secretion of pro-inflammatory cytokines including interleukin 6 (IL-6), tumor necrosis factor α (TNF-α) and monocyte chemoattractant protein 1 (MCP-1) as well as iNOS expression $[24; 35; 36]$. NO₂-FA down-regulate expression or activity of proinflammatory signaling molecules induced by various stimuli (e.g., TNF-α, LPS, IL6, TGFβ) [24; 26].

Further experimental evidence reveals that $NO₂$ -FA regulate the NF- κ B signaling pathway at multiple levels (Fig 1). These include reduced membrane expression of Toll-like receptor 4 (TLR4) and impaired recruitment of TLR4 and TNF receptor associated factor 6 (TRAF6) to the lipid rafts compartment with subsequent inhibition of of IκB kinase β (IKKβ) phosphorylation as well as phosphorylation and ubiquitination of IκB-α, [4]. In addition, alkylation the NF- κ B p65/RelA by NO₂-FA, targeting RelA for proteasomal degradation has been demonstrated in triple negative breast cancer (TNBC) cells [37].

The anti-inflammatory properties of $NO₂$ -FA *via* NF- κ B suppression resemble that of known NF- κ B inhibitors. For instance, TNBC cells treated with NO₂-OA or the IKK β inhibitor 3-[(4-methylphenyl)sulfonyl]-(2E)-propenenitrile (Bay 11-7082) show a similar inhibitory effect on TNF α -induced IKK β phosphorylation and I κ B degradation [37]. Also, the oleanane triterpenoid 2-cyano-3,12-dioxooleana-1,9,-dien-28-oic acid methyl ester

(CDDO-Me, Bardoxolone methyl) contains α,β-unsaturated carbonyl in the A-ring that forms reversible adducts with thiol nucleophiles. CDDO-Me inhibits the NF-κB pathway by interacting with Cys-179 in the IKKβ activation loop [38]. Although CDDO-Me showed beneficial effects of improving renal function in patients with chronic kidney disease and type 2 diabetes [39], a phase III trial of CDDO-Me was terminated early due to safety concerns associated with increased rate of cardiovascular events in these patients [40]. While both NO₂-FA and CDDO-Me are equally effective in the activation of Nrf2-dependent signaling, $NO₂$ -FA more efficiently inhibits NF- κ B than CDDO-Me [36], which may serve as an advantage over bardoxolone. NO2-FA are endogenously-generated NF-κB inhibitors suggesting improved safety as shown in past and ongoing phase II trials [16; 17; 18; 19].

Electrophilic prostaglandin metabolites such as the cyclopentenone 15 -deoxy- $12,14$ prostaglandin J2 (15d-PGJ₂) is another class of lipid mediators that inhibit NF- κ B with comparable actions to $NO₂$ -FA [41]. In spite of the similar reactivity (e.g. Michael addition) [42], differences in the electrophilic potential or accessibility to nucleophilic thiols likely account for the divergent biological outcomes. 15d-PGJ2 inhibits NF-κB transcriptional activity *via* covalent modification of Cys 62 in p50 [43]. 15d-PGJ₂ do not readily dissociate from the sites of adduction, accumulate and promote toxicity at low concentrations [44], while $NO₂$ -FA allows rapid Cys adduct formation as well as dissociation, possibly *via* transalkylation of different thiol sites [45]. For a more comprehensive discussion, see [41].

In addition to inhibiting NF- κ B *via* direct PTM of the p65 subunit or upstream phosphorylation of IKK or I κ B, NO₂-FA may inhibit NF- κ B signaling through the activation of PPAR-mediated transrepression of inflammatory responses, term coined to describe the ability of nuclear receptors to antagonize the expression of pro-inflammatory transcription factors, such as NF-kB [46]. As for PPAR γ , this occurs *via* ligand-dependent and -independent transrepression mechanisms. For example, PPARγ can directly interact with NF- κ B subunits p50 and p65 to inhibit pro-inflammatory signaling events [47]. Additionally, the sumoylation of specific lysine residues in the PPAR γ ligand binding domain (LBD) does not allow clearance of corepressors which results in protein complexes bound to promoters in the actively repressed state [48]. Specifically, the sumoylation of PPARγ results in the corepressor NCoR complex bound to iNOS promoter preventing transcriptional activation in response to LPS [49]. Transrepression signaling by $NO₂$ -FA has been experimentally observed under inflammatory stimuli. Co-immunoprecipitation analysis of PPARγ and NF-κB has indeed been described in endothelial cells exposed to inflammatory insult and treatment with $NO₂-OA$ further promotes PPAR γ /NF- κ B interaction [7].

3. NO2-FA regulate metabolism and inflammation as PPARγ **ligands**

NO2-FA are potent endogenous ligands for PPARs, in particular PPARγ [28; 29; 30]. A comparative analysis of equimolar concentrations of several proposed endogenous PPARγ agonists (15d-PGJ₂, linoleic acid, conjugated linoleic acid, 16:0 lysophosphatidic acid, 18:1 lysophosphatidic acid, 1-O-hexadecyl-2-azelaoyl-sn-glycero-3-phosphocholine and 1 palmitoyl-2-azelaoyl-sn-glycero-3-phosphocholine) or exogenous PPARγ agonists thiazolidinediones (TZDs, rosiglitazone) revealed a similar activation by $NO₂$ -LA compared

to rosiglitazone and exceeded all of the endogenous agonists [28]. A common structural feature of PPARγ binding domain is the relatively large binding pocket resulting in a rather promiscuous affinity for lipids [50]. Yet, structure-function relationships prioritized electrophilic lipids as preferential PPARγ endogenous ligands, including unsaturated ketones and most selectively NO₂-FA derivatives [51]. Cys 285 at the PPAR γ LBD is critical for covalent binding of NO₂-FA to PPAR γ via Michael addition, while docking of rosiglitazone does not require reaction with Cys 285. This critical structural difference in the mode of interactions of endogenous $NO₂$ -FA and rosiglitazone is reflected in the differential recruitment of coactivators. Both rosiglitazone and $NO₂$ -FA share a similar displacement of the NCoR ID2 corepressor from PPARγ. However, unlike rosiglitazone, NO₂-FA does not induce coactivator Trap220/Drip2 recruitment upon PPAR γ binding and activation [52] (Fig. 2). Further studies applying mutation analysis of key PPARγ LBD residues demonstrated that $NO₂$ -LA interaction with PPAR γ and its activation by $NO₂$ -LA differ from rosiglitazone [29].

The discovery of unique PPAR γ agonism by NO₂-FA, suggests that NO₂-FA can induce different physiologic responses than TZDs, giving hope that $NO₂$ -FA can be used as a therapeutic to improve insulin sensitivity without causing undesirable TZDs-mediated sideeffects such as weight gain, edema and increased adverse cardiovascular events [53; 54; 55]. Unlike rosiglitazone which improves glucose homeostasis, while promoting weight gain, administration of NO2-OA increases insulin sensitivity without undesirable weight gain in leptin deficient mice [52]. Similarly, administration of $NO₂$ -OA to mice with high-fat diet (HFD)-induced adiposity, hyperglycemia and PAH improves glucose tolerance without altering body weight [11].

Beyond the controversial aspects on PPARγ dependent and independent outcomes by TZDs and aligned side-effects [56], PPAR γ has multiple functions in the immune system and is implicated in major inflammatory diseases [57; 58]. Recent reports demonstrate an essential role of PPAR in the gut responses to bacterial infections by generating endogenous ligands thus improving systemic energy metabolism [59]. Also, PPARγ controls cell development of type-2 immunity (including T lymphocytes and dendritic cells) [60]. Although some reports have demonstrated that the anti-inflammatory properties of $NO₂$ -FA are independent of PPAR γ activation [13; 24], other studies have shown that PPAR γ regulation by NO₂-FA exert an anti-inflammatory response [6; 7; 61].

4. Regulation of lipid metabolism by NO2-FA

Regulation of PPAR γ activity by NO₂-FA has been proven to promote an anti-inflammatory response and to improve glucose homeostasis without inducing obesity [6; 7; 52], yet a putative role of $NO₂$ -FA in lipid metabolism is intriguing. Administration of $NO₂$ -OA to apolipoprotein E-deficient (apoE−/−) mice reduces atherosclerosis and macrophage foamcell formation without altering the lipoprotein profile [15]. Still, administration of $NO₂$ -FA in pre-clinical models of metabolic disorders suggests an active role in lipid metabolism, with observed improved lipid profiles and liver steatosis, with decreased plasma triglycerides [62; 63] and reduced expression of lipoprotein-associated phospholipase A2 (L_P-PLA2) , a biomarker of cardiovascular risk [64]. In macrophages, $NO₂-FA$ prevents

triglyceride accumulation via down-regulation of diacylglycerol acyltransferase 1 (DGAT1), and induced expression of triglyceride hydrolysis enzymes, hormone-sensitive lipase (HSL) and adipose triglyceride lipase (ATGL) [65]. Novel evidence demonstrates an active incorporation of free $NO₂$ -FA into monoacyl-, diacyl- and triglycerides [66], suggesting that the aforementioned lipases might be putative targets of $NO₂$ -FA nitroalkylation. Electrophilic NO₂-FA are preferentially incorporated into monoacyl- and diacylglycerides, while saturated and β-oxidized metabolites are more often incorporated into triglycerides $[67]$. Thus, $NO₂$ -FA may influence fluxes of fatty acid interconversion between di-and triglycerides and subsequent metabolism by yet unidentified mechanisms [67]. These examples certainly pave the way for a deeper appreciation of the putative regulatory role of NO2-FA on fatty acid distribution and gain further molecular insight on the regulation of key enzymatic activities involved in lipid metabolism [68; 69].

Given the intimate link between inflammation and metabolic derangements [70], understanding the mechanisms by which $NO₂$ -FA regulates signaling pathways centrally involved in immune regulation and energy metabolism is highly provocative [71]. Whereas a role for NO₂-FA in innate immune responses has been well-established in models of acute inflammatory responses and sterile inflammation [4; 35; 72], a role of $NO₂$ -FA in metabolic adaptation of immune cells rather than the classical inflammatory responses [73], is only starting to be explored.

5. Conclusions and perspectives

The pharmacokinetics and pharmacologic actions of $NO₂$ -FA continue to actively be pursued. Biodistribution of nitrated fatty acid species indicates an active signaling role of NO2-FA in adipose tissue, liver, kidney, lung, the immune and cardiovascular systems [66; 74]. To what extent $NO₂$ -FA regulation of NF- κ B and PPAR γ signaling discussed herein contributes to the beneficial outcomes under disease conditions is largely unknown. While the role of $NO₂$ -FA on inflammatory processes continues to be elucidated, with established protective role in chronic and acute inflammatory responses, their role in adaptive immunity remains to be explored with molecular mechanisms that expand beyond PPAR and NF-κB signaling [73]. Given that PTM of key signaling mediators by $NO₂$ -FA continues to be uncovered [75; 76], it will be possible to assess these functions and mechanisms in further molecular detail *in vivo*. These remaining questions are relevant to establish the therapeutic efficacy of nitrated fatty acids and further elucidate their role on the mutual regulation of energy metabolism and immune function.

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Abbreviations

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Highlights

- NO₂-FA modulate key signaling pathways *via* posttranslational modifications.
- NO₂-FA inhibit NF-κB *via* direct p65 nitroalkylation and regulate Toll-like receptor signaling.
- NO₂-FA are PPARγ ligands that differ from thiazolidinediones in receptor affinity and extent of activation.
- This mini-review conveys the protective role of NO₂-FA in inflammatory responses and regulation of metabolic pathways.

Fig. 1.

NO2-FA promote cellular anti-inflammatory responses through NF-κB suppression via inhibition of IKB phosphorylation and its subsequent degradation, PTM (e.g. p65 nitroalkylation) or PPARγtransrepression signaling. NO₂-FA-induced NF-κB inhibition contributes to prevention of vascular inflammation and endotoxemia, allergic airway disease, myocardial I/R injury and myocardial fibrosis [3].

Fig. 2.

Endogenous generation of $NO₂$ -FA and PPAR γ transcriptional activation. Fatty acid nitration occurs primarily during inflammation and gastric formation via non-enzymatic reaction of $\mathrm{^{\bullet}NO_2}$ with unsaturated fatty acids. $\mathrm{NO_2\text{-}FA}$ covalently bind to Cys 285 in the LBD of PPARγ via Michael addition, resulting in displacement of N-CoR corepressor complex yet with unique PPARγ agonism that induces different physiologic responses than known PPARγ agonists TZDs.