# The microbial metabolite imidazole propionate dysregulates bone homeostasis by inhibiting AMP-activated protein kinase (AMPK) signaling

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#### **Supplementary Figures**



**Supplementary Figure 1. Histological staining confirmed that ImP inhibited bone formation in animals. a** Mice were treated with ImP (1 mg/kg, 3 mg/kg), harvested 4 weeks later, and H&E staining was performed (n=3). Black triangle, bone; ImP, imidazole propionate; H&E, hematoxylin and eosin.



Supplementary Figure 2. The microbial metabolite ImP inhibits bone formation in an ectopic bone formation model. a, b ImP (12 and 24 µg) and BMP2 (3 µg) were administered into subcutaneous space of the back with collagen sponge, and ectopic bones were harvested 4 weeks later (n=4). H&E (a) and bone parameter (b) analyses were performed. Black triangle, bone; Red triangle, adipocyte; ImP, imidazole propionate; BV/TV, percentage bone volume; Tb.N, trabecular number; Tb.Th, trabecular thickness; H&E, hematoxylin and eosin. Values are presented as the mean  $\pm$  SD; \*, *P* < 0.05; \*\*, *P* < 0.01; compared to the control group.



Supplementary Figure 3. ImP stimulates adipocyte differentiation in 3T3-L1 cells. a, b 3T3-L1 adipocytes were cultured for 6 days and stained with oil red O (upper panel) and BODIPY (lower panel). Quantification of oil red O staining is shown in panel b (n=3). ImP, imidazole propionate; GM, growth media; AM, adipogenic media (1 µg/ml insulin, 2 µM rosiglitazone, and 100 nM dexamethasone). Values are presented as the mean  $\pm$  SD; \*, *P* < 0.05; \*\*, *P* < 0.01; compared to the control group.



Supplementary Figure 4. Metformin and BMP2 promote phosphorylation of AMPK. a, b BMSCs were treated with metformin (100  $\mu$ M) or BMP2 (100 ng/ml) for 0, 1, 3, 6, and 24 h. Western blot analysis was performed with antibodies against phosphorylated form of AMPK (T172) and non-phosphorylated AMPK (n=3).



Supplementary Figure 5. ImP inhibits metformin-induced matrix calcification in BMSCs. **a**–**c** BMSCs were cultured with metformin in osteogenic medium for 14 days. **a** Alizarin red S staining was performed to assess calcification (n=3). **b** The staining was quantified using 10% cetylpyridinium chloride (n=3). **c** BMSCs were cultured with metformin and ImP in osteogenic medium for 4 days, and western blot analysis was performed with antibodies against OSX, and p-AMPK (n=3). ImP, imidazole propionate; BMSC, bone marrow stromal cell; OM, osteogenic media (50 µg/ml ascorbic acid and 5 mM  $\beta$ -glycerophosphate). Values are presented as the mean  $\pm$  SD; \*\*\*, *P* < 0.001; compared to the control group.















Supplementary Figure 6. Changes in calcium deposition in BMSCs cultured under high glucose conditions with metformin and ImP treatments. a BMSCs were cultured under high glucose conditions (25 mM) with each drug, and calcium deposition was assessed using Alizarin Red staining (n=3). b Calcium deposition decreased under high glucose and ImP-treated conditions (n=3). c Metformin increased calcium deposition (n=3). d Under high glucose conditions, metformin also increased calcium deposition (n=3). e ImP treatment further reduced calcium deposition in the presence of both high glucose and metformin (n=3). ImP, imidazole propionate; BMSC, bone marrow stromal cell; HG, High glucose; Met, Metformin; GM, Growth medium; OM, Osteogenic medium. Values are presented as the mean  $\pm$  SD; NS, non-significant; \*, P < 0.05; \*\*, P < 0.01; \*\*\*, P < 0.001; compared to the control group.







Adiponectin (27 kDa)

(57 kDa) PPARγ 2 PPARγ 1 (53 kDa)

> FABP4 (15 kDa)

β-actin (45 kDa)



#### Figure 5

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#### **Supplementary Figure 4**



## Supplementary Figure 5

## Supplementary Table 1. List of Primers

<b>A/p</b> (229 bp)	(F) 5'-TACATTCCCCATGTGATGGC-3'
	(R) 5'-ACCTCTCCCTTGAGTGTGGG-3'
<b>Bsp</b> (425 bp)	(F) 5'-ACACTTACCGAGCTTATGAG-3'
	(R) 5'-AGGTTCCCCGTTCTCACTTT-3'
<b>Ос</b> (147 bp)	(F) 5'-GTTTGTAGGCGGTCTTCAAGC-3'
	(R) 5'-GCAATAAGGTAGTGAACAGAC-3'
<b>Osx</b> (288 bp)	(F) 5'-TGAGGAAGAAGCCCATTCAC- 3'
	(R) 5'-ACTTCTTCTCCCGGGTGTG-3'
<b>Runx2</b> (288 bp)	(F) 5'-TCTCCAACCCACGAATGCACTA-3'
	(R) 5'-ATAGCGTGCTGCCATTCGAGGT-3'
<b>AdipoQ</b> (163 bp)	(F) 5'-CCTGGAGAAGCCGCTTATGT-3'
	(R) 5'-AGAGTCCCGGAATGTTGCAG-3'
<b>Ρραrγ2</b> (103 bp)	(F) 5'-TCGCTGATGCACTGCCTATG-3'
	(R) 5'-GAGAGGTCCACAGAGCTGATT-3'
<b>Glut4</b> (173 bp)	(F) 5'-AATGTCCTTGCTCCAGCTCC-3'
	(R) 5'-CAGCTCCTATGGTGGCGTAG-3'
<b>Fabp4</b> (168 bp)	(F) 5'-TACATGAAAGAAGTGGGAGTG-3'
	(R) 5'-GGTGATTTCATCGAATTCCAC-3'
<b>CtsK</b> (249 bp)	(F) 5'-TACCCATATGTGGGCCAGGA-3'
	(R) 5'-ATAGCCCACCACCAACACTG-3'
<b>Trap</b> ( 419 bp)	(F) 5'-TCCGTGCTCGGCGATGGACCAGA-3'
	(R) 5'-CTGGAGTGCACGATGCCAGCGACA-3'
<b>β-actin</b> (458 bp)	(F) 5'-TTCTTTGCAGCTCCTTCGTTGCCG-3'
	(R) 5'-TGGATGGCTACGTACATGGCTGGG-3'
<b>ρ38</b> γ (100 bp)	(F) 5'-CAGAGTGCAGAGGCCAAGAA-3'
	(R) 5'-GATTCACAGCCTGAGGGCTT-3'
18S rRNA	(F) 5'-GGCCGTTCTTAGTTGGTGGA-3'
	(R) 5'-CCCGACATCTAAGGGCATC-3'