Inhibition of apolipoprotein B100 secretion by lipid-induced hepatic endoplasmic reticulum stress.

Tsuguhito Ota, Constance Gayet, Henry N. Ginsberg



Supplemental Figure S2







Supplemental Figure S3







Supplemental Figure S1. Neither vitamin E nor desferrioxamine prevents ER stressassociated inhibition of apoB100 secretion. To determine if lipid peroxidation was involved in the non-proteasomal degradation of apoB associated with ER stress, McA cells were treated with OA for 16 hrs, in the presence or absence of either vitamin E (Vit E, 120 μ M) or desferrioxamine (DFX, 100 μ M) (32). The cells were then incubated in methionine/cysteine-free DMEM for 2 hrs and then [35S]-methionine for 2 hrs. Both of these additional incubations were under the same conditions as the previous 16 hrs. Neither vitamin E nor DFX altered the parabolic effect of increasing concentrations of OA on apoB100 secretion. The data shown are representative of three experiments.

Supplemental Figure S2. Tunicamycin elicits ER stress in a dose dependent manner and this is associated with inhibition of apoB100 secretion that is reversible with PBA. McA cells were incubated with/without PBA (1 mM) for 16 hrs and then with/without PBA plus $0-5 \mu g/ml$ tunicamycin (Tun) for an additional 6 hrs. (A) Incubations with tunicamycin increased Grp78 protein levels and the levels of phosphorylated $eIF2\alpha$, as analyzed by immunoblot; activation of these markers of ER stress was significantly blocked by PBA. (B) McA cells were incubated with/without PBA (1 mM) for 16 hrs and then with/without PBA plus 0–5 µg/ml tunicamycin for an additional 6 hrs followed by methionine/cysteine-free DMEM for 2 hrs, and then [35S]methionine for 2 hrs. Tunicamycin decreased apoB100 secretion in a dose dependent manner (left side); PBA treatment restored the secretion of apoB100 at all doses of tunicamycin except 5 μ g/ml, where the effect of PBA was only partial (right side). (C) Under these same conditions, tunicamycin did not affect apoB48, albumin or apoA-I secretion except at highest concentration $(5 \mu g/ml)$ (left side); PBA treatment restored the secretion of these proteins at the 5 $\mu g/ml$ dose of tunicamycin (right side). (D) TCA precipitable radioactivity was unaffected except at highest concentration (5 µg/ml) of tunicamycin. However, trypan blue staining was unaffected by all doses of tunicamycin for 6 hrs (data not shown). All data are mean \pm SD; n=3 per group.

*P<0.05, **P<0.01 vs incubations in the absence of tunicamycin; †P<0.05 vs incubations with the same concentration of tunicamycin but without PBA.

Supplemental Figure S3. Intravenous infusion of 20% Intralipid for 9 hrs results in steatosis and loss of Intralipid-stimulated apoB and TG secretion. C57BL/6J mice were infused intravenously with saline or Intralipid 20% for 9 hrs (n=4 and n=7, respectively). (A) At the end of the 9-hr infusions, mice infused with Intralipid and saline were sacrified and the livers were collected for the measurement of liver TG content. The mean values of liver TG content are expressed as μ g of TG/ mg of liver total protein. Infusion of Intralipid for 9 hrs significantly increased liver TG levels compared with the saline. Data are mean ± SD, *p<0.05 versus saline. (B) At the end of 9-hr Intralipid infusions, Triton WR1339 was injected intravenously. Blood samples were collected every 30 minutes between the end of the infusion (time 0) and during 2 hours (time 120) to measure plasma TG concentration. The *bar graph* represents the absolute increase in plasma TG levels between 30 and 120 min after Triton injection. 9-hr infusions of Intralipid did not stimulate TG secretion compared to saline. (C) [³⁵S]-methionine was injected in the mice at the end of the 9-hr Intralipid infusions to measure the secretion of newly synthesized apoB100 and apoB48. Infusion of Intralipid for 9 hrs did not stimulate either apoB100 or apoB48 secretion compared with saline.