Obesity Alters Adipose Tissue Macrophage Iron Content and Tissue Iron Distribution

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ABSTRACT

Adipose tissue expansion is accompanied by the infiltration and accumulation of adipose tissue macrophages (ATMs), as well as a shift in ATM polarization. Several studies have implicated recruited M1 ATMs in the metabolic consequences of obesity; however, little is known regarding the role of alternatively activated resident M2 ATMs in adipose tissue homeostasis, or how their function is altered in obesity. Herein, we report the discovery of a population of alternatively activated ATMs with elevated cellular iron content and an iron recycling gene expression profile. These iron-rich ATMs are referred to as MFe\textsuperscript{hi}, and the remaining ATMs are referred to as MFe\textsuperscript{lo}. In lean mice, approximately 25\% of the ATMs are MFe\textsuperscript{hi}; this percentage decreases in obesity due to the recruitment of MFe\textsuperscript{lo} macrophages. Similar to MFe\textsuperscript{lo} cells, MFe\textsuperscript{hi} ATMs undergo an inflammatory shift in obesity. In vivo, obesity reduces the iron content of MFe\textsuperscript{hi} ATMs and the gene expression of iron importers as well as the iron exporter, ferroportin, suggesting an impaired ability to handle iron. In vitro, exposure of primary peritoneal macrophages to saturated fatty acids also alters iron metabolism gene expression. Finally, the impaired MFe\textsuperscript{hi} iron handling coincides with adipocyte iron overload in obese mice. In conclusion, in obesity, iron distribution is altered both at the cellular and tissue levels, with adipose tissue playing a predominant role in this change. An increased availability of fatty acids during obesity may contribute to the observed changes in MFe\textsuperscript{hi} ATMs phenotype and their reduced capacity to handle iron.
INTRODUCTION

Obesity is marked by the preferential accumulation of inflammatory M1 adipose tissue macrophages (ATMs), which play an important role in the development of adipose tissue (AT) inflammation and insulin resistance (IR) (1). The onset of AT dysfunction has important implications systemically, as AT inflammation and dysregulated lipolysis both promote ectopic lipid deposition and the accompanying metabolic consequences (2). Not surprisingly, a vast majority of the current literature is focused on mechanisms contributing to the recruitment and M1 polarization of infiltrating ATMs. Unfortunately, there remains a paucity of information regarding the physiological role of resident M2 polarized ATMs, as well as the manner by which resident ATM function is compromised in obesity. This represents an important gap in our current understanding of AT physiology, as defining the contribution of resident ATMs to AT homeostasis is a crucial step towards identifying the mechanisms underlying AT dysfunction in obesity.

Recently, the area of AT iron metabolism has received increasing attention. Adipogenesis, which is associated with the up-regulation of various genes involved in iron metabolism (3), is induced by heme-iron through a REV-ERBα mediated pathway (4; 5). Interestingly, whereas iron overload induces adipocyte IR (6; 7), strategies to reduce systemic iron concentrations (e.g., low iron diet, chelation therapy, and phlebotomy) improve insulin sensitivity in obese animal models (8-10) and humans (6; 11-13). The aforementioned evidence, combined with the fact that macrophages, as part of the reticuloendothelial system, play the predominant role in controlling systemic iron recycling (14), raise the possibility that ATM iron handling contributes to AT homeostasis.
In the context of iron metabolism, macrophages are most commonly associated with their role in iron recycling for the purpose of providing an adequate supply of iron to support erythropoiesis, as well as to sequester iron as a bacteriostatic measure in response to acute infection (14). Recent data demonstrating that in vitro polarization dictates macrophage iron handling (15; 16), combined with the increased M1 polarization observed in obesity, prompted us to explore the potential for ATMs to handle iron. Herein we report the discovery of a population of alternatively activated resident ATMs that are natively ferromagnetic due to an elevated intracellular iron pool and display an iron recycling gene expression profile. Additionally, we describe the influence of high fat feeding on ATM iron handling, and provide evidence for a systemic redistribution of tissue iron stores in obesity.
RESEARCH DESIGN AND METHODS

Mice and diets. Animal care and experimental procedures were performed in accordance with and approval by the Vanderbilt University IACUC. Male C57BL/6J wild type (WT) mice were purchased from Jackson Laboratory (Bar Harbor, ME). At eight weeks of age, mice were kept on a normal chow diet (NCD) or placed on low fat (LFD; 10% kcal from fat; D12450B; Research Diets) or high fat (HFD; 60% kcal from fat; D12492; Research Diets) diets for 16 wks. The LFD and HFD both contain 10 g of mineral mix (S10026; Research Diets) per 4000 kcal of digestible energy, with each 10 g of mineral mix providing 37 mg of iron. Mice had free access to food and water throughout the study.

SVF isolation. Mice were killed via cervical dislocation and perfused with PBS. Epididymal fat pads were removed and the stromal vascular fraction (SVF) and adipocytes were isolated via collagenase digestion and differential centrifugation as described (17; 18).

Magnetic cell sorting. Cells of the SVF were passed through an autoMACS™ magnetic activated cell sorting system (Miltenyi Biotec) to isolate natively ferromagnetic ATMs. Following magnetic separation, non-ferromagnetic and ferromagnetic fractions of the SVF were centrifuged at 500 g for 10 min at 4°C and resuspended in FACS buffer.

FACS analysis and sorting. The SVF was labeled with primary fluorophore-conjugated antibodies as previously described, and FACS analysis was performed on an LSRFortessa flow cytometer (BD Biosciences). Data were analyzed and figures generated using Cytobank (19). Isolation of MFe\textsuperscript{hi} and MFe\textsuperscript{lo} ATMs (F4/80\textsuperscript{hi}CD11b\textsuperscript{hi}) was performed using a FACSARia III cell sorter (BD Biosciences). The following antibodies, along with appropriate isotype controls, were used to characterize ATM populations: APC-conjugated anti-mouse F4/80 (eBioscience),
FITC-conjugated anti-mouse CD11b (eBioscience), PE-conjugated anti-mouse CD206 (R&D Systems), PE-conjugated anti-mouse MGL1/2 (R&D Systems), PE-conjugated anti-mouse CD11c (eBioscience), PE-conjugated anti-mouse CCR2 (R&D Systems), and CF™594 (Biotium) conjugated anti-mouse CD163.

**PKH26 studies.** Male C57BL/6 mice were placed on a 60% HFD for 6 weeks, injected intraperitoneally with 5 uM PKH26, and maintained on HFD for an additional week. Approximately 90% of ATMs label with PKH (data not shown). At sacrifice, SVF cells were isolated and stained with APC-conjugated anti-mouse F4/80 and DAPI. F4/80\(^{+}\)PKH26\(^{+}\)DAPI\(^{-}\) and F4/80\(^{+}\)PKH26\(^{-}\)DAPI\(^{-}\) macrophages were separated via FACS. Sorted cells were then further separated into MFe\(^{lo}\) and MFe\(^{hi}\) fractions using the Miltenyi AutoMacs sorter. Cell number in each fraction was determined by counting on a hemocytometer.

**Primary peritoneal macrophage isolation and fatty acid treatments.** Primary peritoneal macrophages (PPMs) were isolated from mice 3 days after injection with 2% thioglycollate. Cells were plated for 48 hours followed by treatment with 500 µM palmitic or oleic acid for 24 hours as described (20). Cells were collected in TRIzol reagent for RNA isolation and realtime RT-PCR analysis.

**RNA isolation and realtime RT-PCR.** RNA was isolated from liver using an RNeasy mini kit (Qiagen), and from adipocytes and ATMs using TRIzol reagent (Invitrogen) according to manufacturer’s instructions with minor modifications, including the use of 1-bromo-3-chloropropane (Sigma-Aldrich) and RNase-free glycogen (Roche Diagnostics). Additionally, RNA extracted from isolated adipocytes and ATMs was subjected to DNase treatment (DNA-free kit; Applied Biosystems). cDNA was synthesized using the iScript cDNA synthesis kit.
(BioRad), and realtime RT-PCR was performed on an iQ5 cycler (BioRad) using Taqman gene expression assays (Applied Biosystems; catalogue numbers available upon request). Gene expression for MFe\textsuperscript{hi} and MFe\textsuperscript{lo} cells was normalized to HPRT or GAPDH using the $2^{-\Delta\Delta Ct}$ method (21). Expression for PPMs was normalized to cytochrome b.

**Tissue iron visualization.** Tissue iron distribution was visualized using the perfusion Perls’ prussian blue staining method (22). Subsequent to perfusion with PBS supplemented with heparin (5 U/ml), mice were perfused with a prussian blue staining solution containing 4% paraformaldehyde, 1% potassium ferrocyanide, and 1% HCl. One hour post-perfusion, tissues were removed and incubated in staining solution for 12 hr at 4°C prior to being paraffin embedded. Tissue sections were then cleared, hydrated, and counterstained with nuclear fast red.

**Cellular and tissue iron quantification.** Ferromagnetic and non-ferromagnetic ATMs were digested in ultra-pure HNO\textsubscript{3}. A double-focusing sector field high resolution inductively coupled plasma mass spectrometry (HR-ICPMS, ELEMENT II, Thermo Fisher Scientific, Bremen, Germany) equipped with ESI auto sampler was utilized for the quantitative analysis of ATM iron content in the isolated cells. The elemental measurement was performed on isotopes $^{25}$Mg, $^{42}$Ca, $^{55}$Mn, $^{56}$Fe, $^{59}$Co, $^{60}$Ni, $^{63}$Cu and $^{66}$Zn at a mass resolution m/Δm 4400 to separate molecular interferences. Elemental standards for external calibration were purchased from Fluka.

Splenic, hepatic, and adipocyte iron concentrations were measured with graphite furnace atomic absorption spectrometry (Varian AA240, Varian, Inc., USA). Spleen and liver samples were homogenized in RIPA buffer 1:10 w/v for protein determination using the bicinechoninic assay (BCA, Pierce Chemicals). An aliquot of the homogenate was then digested in ultra-pure HNO\textsubscript{3} (1:3 v/v dilution) for 48-72 hours at 60°C in a sand bath. Adipocyte pellets were
homogenized in 100 ul RIPA for BCA protein analysis and aliquots were digested in 1:2 v/v ultra-pure HNO₃. All digested samples were further diluted with a 2% nitric acid solution (1:20 to 1:100, as necessary) for analysis. Bovine liver (NBS Standard Reference Material, USDC, Washington, DC) (184 µg Fe/g) was used as an internal standard for analysis.

**Serum iron parameters.** Total iron binding capacity (TIBC) and serum iron, transferrin, and ferritin concentrations were quantified using an ACE Alera clinical chemistry system (Alfa Wasserman). Transferrin saturation was calculated as (serum iron/TIBC) x 100%.

**Statistics.** All data are reported and presented in figures as the mean ± SEM. Two-tailed unpaired *t* tests were used to compare means between two groups, and one-way ANOVA with the Tukey correction for multiple comparisons was used when comparing more than two groups. Statistical analyses were performed using GraphPad Prism (La Jolla, CA).
RESULTS

Adipose tissue contains a population of ferromagnetic macrophages. Utilizing the perfusion Perls’ prussian blue method (22), a population of iron-containing ATMs distributed interstitially throughout the AT of lean, NCD-fed male WT mice was detected (Figure 1A). This population was isolated from the SVF via magnetic column separation, yielding a ferromagnetic population and a non-ferromagnetic population. Subsequent FACS using F4/80 and CD11b (Figure 1B) demonstrated that 35% of non-ferromagnetic cells were macrophages (Figure 1C), compared to 90% of ferromagnetic cells. Unless otherwise indicated, subsequent experiments utilized a strategy of sequential magnetic/FACS to permit the direct comparison of viable ferromagnetic (MFe\(^{hi}\)) and non-ferromagnetic (MFe\(^{lo}\)) ATMs. MFe\(^{hi}\) ATMs displayed a greater than 2-fold increase in cellular iron content compared with MFe\(^{lo}\) ATMs (Figure 2A). To confirm that the ferromagnetic properties of the MFe\(^{hi}\) cells were due to increased iron content as opposed to other ferromagnetic elements, ICP-MS was used to assess nickel and cobalt. In addition, copper, zinc, magnesium, calcium, and manganese were quantified (Supplementary Figure 1). Only iron concentrations were significantly different between the MFe\(^{hi}\) and MFe\(^{lo}\) cells.

In addition to an elevated iron pool, MFe\(^{hi}\) ATMs exhibited a gene expression profile indicating a role in iron recycling (Figure 2B). This included significantly greater expression of the genes involved in iron uptake (Cd163 and transferrin receptor-1; Tfrc), metabolism (heme oxygenase-1; Hmox1), storage (ferritin light and heavy chains; Ftl1 and Fth1, respectively), and export (ceruloplasmin; Cp and ferroportin-1; Slc40a1), in MFe\(^{hi}\) compared to MFe\(^{lo}\) cells. The upregulation of transferrin receptor and CD163, the hemoglobin-scavenger receptor, implicate uptake of iron by MFe\(^{hi}\) cells from various sources.
**MF**<sup>e</sup><sub>hi</sub> are alternatively activated. In light of recent data suggesting that M2 polarization induces an iron recycling phenotype (15), we sought to determine the polarization of MF<sub>e</sub><sup>hi</sup> ATMs. While all ATMs from lean AT are expected to be M2-like (23), the expression of M2 markers, stabilin-1 (Stab1), macrophage galactose-type C-type lectin 1 (MGL1; Clec10a), and IL-10 (Il10) were significantly increased in MF<sub>e</sub><sup>hi</sup> compared to MF<sub>e</sub><sup>lo</sup> ATMs. In contrast, the M1 markers, CD11c (Itgax), CCR7 (Ccr7), and II-1β (Il1b) were significantly reduced in MF<sub>e</sub><sup>hi</sup> cells (Figure 2C). Flow cytometry also revealed that a significantly greater proportion of MF<sub>e</sub><sup>hi</sup> ATMs are CD163 and MGL1/2 positive, whereas a significantly reduced proportion of MF<sub>e</sub><sup>hi</sup> ATMs express the M1 markers, CD11c and CCR2 (Figure 3).

**Obesity induces a shift in MF<sub>e</sub><sup>hi</sup> polarization towards an inflammatory M1 phenotype.** Next, mice were placed on a LFD or HFD for 16 weeks to determine the impact of obesity on the polarization and iron handling phenotype of MF<sub>e</sub><sup>hi</sup> ATMs. As anticipated, HFD feeding increased the absolute number of ATMs (Figure 4A), as well as the number of ATMs relative to AT mass (Figure 4B). This increase was driven by a dramatic accumulation of MF<sub>e</sub><sup>lo</sup> ATMs, whereas the relative number of MF<sub>e</sub><sup>hi</sup> ATMs did not change following HFD. The marked accumulation of MF<sub>e</sub><sup>lo</sup> ATMs resulted in a significant decrease in the number of MF<sub>e</sub><sup>hi</sup> ATMs as a percent of total ATMs from 27% in lean controls to 14% in obese mice (Figure 4C). Perl's prussian blue staining of AT revealed that MF<sub>e</sub><sup>hi</sup> ATMs are predominately, but not exclusively located interstitially, with a small number associated with crown-like structures within obese AT (Supplemental Figure 2). In agreement with the previously demonstrated inflammatory nature
of recruited ATMs, MFe\textsuperscript{lo} ATMs isolated from obese mice display decreased gene expression of M2 markers and increased expression of M1 markers compared with MFe\textsuperscript{lo} ATMs from lean mice (Supplemental Figure 3A). Despite retaining an alternatively activated gene expression profile relative to MFe\textsuperscript{lo} ATMs from obese mice (Supplemental Figure 3B), MFe\textsuperscript{hi} ATM gene expression of the M2 markers, Stab1 and Clec10a, was decreased in HFD compared to LFD-fed mice (Figure 4D). The MFe\textsuperscript{hi} ATM population also exhibited an inflammatory shift, as HFD feeding increased Itgax, Ccr7, Tnfa, and Il1\beta expression by MFe\textsuperscript{hi} ATMs. As expected, flow cytometric analysis of MFe\textsuperscript{lo} cells demonstrated an increased M1-like profile in cells from HFD-fed mice (Supplemental Figure 4). This shift was also noted in MFe\textsuperscript{hi} ATMs. Flow analysis indicated a decrease in MGL1/2 and CD206 expression in obese MFe\textsuperscript{hi} ATMs (Figure 5A-B) and a significant increase in the proportion of MFe\textsuperscript{hi} ATMs expressing CD11c and CCR2 (Figure 5C-D).

**Obesity impairs MFe\textsuperscript{hi} iron handling.** The inflammatory shift observed by MFe\textsuperscript{hi} ATMs following HFD was associated with a significant reduction in iron content (Figure 6A). This effect was restricted to MFe\textsuperscript{hi} ATMs, as high fat feeding did not significantly influence MFe\textsuperscript{lo} ATM iron content. Interestingly, the inclusion of ATM iron data from NCD mice in our analysis revealed that MFe\textsuperscript{hi} ATMs from NCD and LFD mice possess similar iron content, as do MFe\textsuperscript{lo} ATMs from all three groups (Supplemental Figure 5A). The impairment in MFe\textsuperscript{hi} ATM iron handling following HFD was apparent at the transcriptional level as well. High fat feeding resulted in decreased MFe\textsuperscript{hi} ATM expression of genes involved in iron uptake, metabolism, storage, and export (Figure 6B). Obesity produced similar relative changes in the expression of iron handling genes by MFe\textsuperscript{lo} ATMs (Supplemental Figure 3A).
To determine a potential mechanism by which obesity alters macrophage iron handling, mouse PPMs were treated with 500 µM palmitate or oleate (Figure 6C). As expected, palmitate increased inflammatory genes such as Tnfa and Il6, while oleate increased M2 markers such as Clec10a and Cd163. Interestingly, expression of Ftl1, Fth1, and the protein levels of hemoxygenase-1 were reduced in palmitate, but not oleate, treated PPMs. Expression of Slc40a1 was not altered by treatment with either fatty acid (data not shown). These studies indicate that saturated fatty acids released from insulin resistant adipocytes in obesity may contribute to the impaired macrophage iron handling observed during HFD feeding.

**Macrophages recruited during HFD-feeding are MFe\textsuperscript{lo}**. The identical number of MFe\textsuperscript{hi} ATMs relative to AT mass observed in LFD- and HFD-fed mice suggests that recruited macrophages do not take on a role in iron metabolism. To test this hypothesis, PKH26 labeling studies were performed. Mice were fed HFD for 6 weeks and then injected with PKH26 to label pre-existing ATMs. One week after injection, the SVF was collected and sorted to isolate F4/80\textsuperscript{pos}PKH\textsuperscript{pos} (pre-existing) and F4/80\textsuperscript{pos}PKH\textsuperscript{neg} (newly-recruited) macrophages. Subsequently, magnetic sorting was used to quantify the proportion of MFe\textsuperscript{hi} and MFe\textsuperscript{lo} ATMs in each fraction (Figure 7). Of the total cells counted, 60% were PKH\textsuperscript{pos}MFe\textsuperscript{lo} and 13% were PKH\textsuperscript{pos}MFe\textsuperscript{hi}, indicating that both MFe\textsuperscript{lo} and MFe\textsuperscript{hi} cells labeled with PKH and were retained in the AT. Newly recruited PKH\textsuperscript{neg}MFe\textsuperscript{lo} cells made up 26% of the total ATMs. In contrast, only 0.2% of the PKH\textsuperscript{neg} cells were MFe\textsuperscript{hi}, indicating that recruited macrophages do not take on an MFe\textsuperscript{hi} phenotype.

**Impaired MFe\textsuperscript{hi} iron handling coincides with adipocyte iron accumulation and hepatic iron deficiency in obesity.** Despite the reduction in MFe\textsuperscript{hi} ATM iron content following HFD-feeding,
staining for tissue iron accumulation via perfusion Perls’ prussian blue indicated that whole AT iron concentrations were increased in obesity (Figure 8A). Interestingly, HFD-feeding produced a four-fold increase in adipocyte iron concentration (Figure 8B), as well as a gene expression profile consistent with iron accumulation (Figure 8C). In addition to iron accumulation, adipocytes isolated from obese AT displayed an inflammatory shift in gene expression, including decreased Adipoq expression, upregulation of Il6, and a trend for increased Tnfa expression (Figure 8D).

Importantly, our finding of adipocyte iron overload in obesity was not indicative of a global increase in tissue iron stores, as Perls’ prussian blue staining and quantification of liver iron concentrations revealed a greater than 50% reduction in obese mice compared with lean controls (Figure 8E-F). Interestingly, this change in liver iron status did not elicit significant changes in the expression of genes associated with cellular iron handling (Figure 8G); however, obesity reduced the expression of a specific cluster of genes important to the regulation of systemic iron homeostasis, including Trfr2 (transferrin receptor 2), Bmp6 (bone morphogenic protein 6), Tmprss6 (transmembrane protease, serine 6), and Hamp1 (hepcidin) (Figure 8H). In contrast to the changes observed in hepatic and adipocyte iron concentrations, splenic iron concentrations were not significantly altered in obese mice, further pointing to a selective repartitioning of tissue iron stores in obesity (Supplemental Figure 5B-C).

With regards to circulating iron parameters, serum iron concentrations were not influenced by obesity (Supplemental Table). In contrast, serum transferrin was significantly elevated following high fat feeding, which is consistent with the hepatic iron deficiency observed in obese mice. Circulating ferritin concentrations were likewise increased in obese mice.
DISCUSSION

The past decade has witnessed a dramatic increase in our understanding and appreciation of the manner in which ATMs contribute to the metabolic consequences of obesity. Although the primary emphasis of the current literature lies with the contribution of ATMs to AT inflammation and IR, various studies have directly implicated ATMs in a number of homeostatic roles, including lipolysis (24), AT development (25) and remodeling (26). The present study demonstrates that resident ATMs are also involved in iron metabolism, and lays the foundation for future investigations regarding a role for ATM iron handling in AT homeostasis, as well as the contribution of dysregulated ATM iron metabolism on AT function in obesity.

In light of the epidemiological evidence linking hyperferritinemia with obesity and related comorbidities (27), several studies have focused on the effects of altered iron metabolism on AT function (10; 28) and the possibility that AT may play an active role in regulating systemic iron homeostasis (29; 30). However, the potential contribution of ATMs to AT iron metabolism remains an unexplored area of investigation. The present study provides the first suggestion that ATMs play a role in local AT iron metabolism, and highlights the significant heterogeneity that exists with respect to ATM iron handling phenotype. Specifically, that obesity induces a selective decrease in MFe$^{\text{hi}}$ ATM iron content and that infiltrating ATMs do not accumulate iron, suggest that iron handling within AT is restricted to a discrete population of resident alternatively activated MFe$^{\text{hi}}$ ATMs. Importantly, this paradigm is not without precedence, as splenic (i.e., red pulp, marginal zone, and metallophillic macrophages) and atherosclerotic plaque macrophage populations present similarly divergent roles regarding iron metabolism (31; 32).
Recent studies describing the *in vitro* influence of polarization on macrophage iron handling suggest that M2 polarization induces an iron recycling phenotype characterized by elevated *Tfrc*, *Cd163*, *Hmox1*, and *Fpn* expression, and an increased capacity for iron uptake and release (16,17). In contrast, M1 polarization elicits an iron sequestration phenotype. Our *in vivo* data agree with this model insofar as MFe$^{hi}$ ATMs present an iron recycling gene expression profile (i.e. upregulation of iron importers and the exporter, ferroportin) and elevated expression of M2 markers. However, important differences exist with respect to MFe$^{hi}$ ATM phenotype and the published *in vitro* model of M1/M2 macrophage polarization and iron metabolism (16,17). The *in vitro* model suggests that M2 polarized macrophages have a reduced capacity for iron storage, and that M1 macrophages display an iron sequestration phenotype with an associated increase in ferritin heavy chain expression. This stands in stark contrast to our finding of elevated iron content in alternatively activated MFe$^{hi}$ ATMs. Likewise, based on the published model, one would predict that inflammation would lead to iron sequestration by M1 ATMs. On the contrary, our *in vivo* data suggest that obesity-associated inflammation does not increase recruited M1 ATM iron stores; rather, we observed a selective decrease in the iron content of MFe$^{hi}$ ATMs coinciding with a shift towards an inflammatory phenotype. Furthermore, our studies demonstrate that treatment of macrophages with saturated fatty acids reduced genes and proteins associated with iron storage. Thus, it is possible that macrophage inflammation induced by fatty acids invokes different effects on iron metabolism compared to M1-polarization via traditional methods. Although the above discrepancies do not necessarily preclude the possibility that MFe$^{hi}$ ATMs represent a subset of M2 polarized macrophages (i.e., M2a, b, or c) (33), the phenotype of MFe$^{hi}$ ATMs more closely align with the recently characterized Mhem polarization state (31). Mhem macrophages are a discrete population of atheroprotective macrophages...
induced following intraplaque hemorrhage and the resultant heme exposure. Similar to MFe\textsuperscript{hi} ATMs, Mhem macrophages display elevated iron content and increased expression of Cd163, Hmox-1, and Il-10. Interestingly, the Mhem program is driven by heme-induced activating transcription factor-1 phosphorylation. Further research will be necessary to determine whether the observed MFe\textsuperscript{hi} phenotype is similarly regulated.

Results of the present study raise a number of important questions regarding the physiological relevance of ATM iron metabolism to AT function as well as the mechanism(s) underlying impaired MFe\textsuperscript{hi} ATM iron handling in obesity. Adequate control of iron availability appears crucial to AT homeostasis. Previous \textit{in vitro} studies have demonstrated that heme-associated iron induces preadipocyte differentiation and is required to support adipogenesis (4; 5). In contrast to its role in supporting adipogenesis, \textit{in vitro} iron treatment induces lipolysis and IR in mature adipocytes (7; 34). Furthermore, Gabrielsen \textit{et al.} recently utilized an elegant series of dietary and genetic manipulations to induce adipocyte iron overload, and demonstrated that adipocyte iron regulates adiponectin expression and systemic glucose homeostasis (6). In agreement, we observed a significant decrease in adipocyte \textit{Adipoq} gene expression following obesity-induced adipocyte iron accumulation. Interestingly, the occurrence of adipocyte iron overload in our study coincided with a reduction in MFe\textsuperscript{hi} ATM iron content and iron recycling gene expression. In light of our findings, and the available literature regarding AT iron metabolism, we propose a working model whereby resident MFe\textsuperscript{hi} ATMs fulfill the dual roles of providing an adequate supply of iron to support adipogenesis, analogous to macrophages acting as a source of iron for proliferating lymphocytes in the lymph nodes (35), and protecting adipocytes from oxidative stress by scavenging extracellular heme. Thus, impaired MFe\textsuperscript{hi} ATM iron handling in the setting of hyperinsulinemia, which induces adipocyte iron uptake (36; 37),
may play a role in the development of AT dysfunction in obesity. Future experiments are required to determine the role of resident ATMs iron metabolism in AT homeostasis.

An intriguing aspect of the present study includes the observation of tissue iron repartitioning in obesity, which occurred in the absence of changes in serum iron concentrations. Specifically, hepatic iron concentrations were significantly decreased, whereas adipocyte iron concentrations were increased. Our finding of reduced hepatic iron stores and hepcidin expression is in line with previous studies in rodent models of obesity (38-40). Although our in vivo studies were not designed to address the underlying mechanism(s) responsible for changes in iron distribution, our data point to a potentially important interaction between iron and lipid metabolism. Following 16 wks of HFD, WT mice display visceral lipoatrophy accompanied by a dramatic increase in liver lipid accumulation (41). Likewise, high fat feeding has been shown to induce ATM lipid accumulation (42). Interestingly, our data suggest that ectopic lipid accumulation in obesity is accompanied by a shift in tissue iron distribution, such that adipocytes display iron concentrations equivalent to the liver. Thus, sites crucial to the maintenance of systemic iron homeostasis (i.e., liver and macrophages) experience lipid accumulation coincident with a relative state of iron deficiency. Conversely, dysregulated lipolysis and atrophy of the AT is accompanied by adipocyte iron overload.

Increasing evidence points to important yet complex associations between adiposity, IR, and iron metabolism. The potential contribution of AT to systemic iron homeostasis has received increased attention recently; however, the role of ATMs in AT iron metabolism remains unexplored. The present study describes a novel population of alternatively activated MFe\textsuperscript{hi} ATMs that display elevated cellular iron content along with an anti-inflammatory and iron recycling gene expression profile. Importantly, the impairment of MFe\textsuperscript{hi} ATM iron handling is
temporally associated with adipocyte iron overload and AT dysfunction in obesity. Additionally, our data provide the first evidence that diet-induced obesity leads to a repartitioning of tissue iron stores, and argue for a coordinated regulation of lipid and iron metabolism. Collectively, our data lay the foundation for future investigations regarding the role of ATM iron handling in AT homeostasis and the mechanisms underlying the development of impaired iron metabolism in obesity.
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J.S.O. collected and analyzed the data, and wrote the manuscript. A.K., E.K.A-B., S.C.F., K.M.E., Y.Z., C.D.W., A.E., and S.K.M. helped collect data and edit the manuscript. A.H.H. obtained funding, aided with data analysis and edited of the manuscript. Dr. Hasty is the guarantor of this work and, as such, had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

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FIGURE LEGENDS

Figure 1. Adipose tissue contains a population of ferromagnetic ATMs.
(A) Identification of iron rich ATMs in epididymal fat pads of NCD mice (left panel = 20x; right panel = 40x magnification). Mice were perfused with Perls’ prussian blue staining solution, and sections were counterstained with nuclear fast red. Iron containing ATMs are stained blue. (B) Characterization of ferromagnetic and non-ferromagnetic fractions of the SVF from NCD mice by flow cytometry. Following magnetic sorting, the proportion of viable ATMs (F4/80\textsuperscript{hi}CD11b\textsuperscript{hi}) within ferromagnetic and non-ferromagnetic fractions was quantified. The rightmost column depicts diff-quick staining of isolated ATMs from each fraction. (C) Comparison of ATMs as a percent of viable cells in the non-ferromagnetic and ferromagnetic fractions of the SVF from NCD mice (n = 13/group, ****P < 0.0001).

Figure 2. MFe\textsuperscript{hi} ATMs are a subset of alternatively activated ATMs with elevated cellular iron content and an iron recycling gene expression profile.
(A) Comparison of MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATM iron content from NCD-fed mice. MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATMs were isolated via sequential magnetic and FACS sorting, and cellular iron content was quantified by ICP-MS (n = 4/group, ****P < 0.0001). (B and C) Comparison of MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATM gene expression. MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATMs were isolated from NCD-fed mice and analyzed by realtime rtPCR for the expression of genes involved in iron metabolism (B) and markers of M2 and M1 polarization (C) (n = 3-4/group, *P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001).

Figure 3. FACS analysis of MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATMs.
Flow cytometry was used to measure MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATM expression of M2 markers (CD163 and MGL1/2) and M1 markers (CD11c and CCR2) from the SVF of NCD mice. The top row depicts the initial gating on viable F4/80\textsuperscript{hi}CD11b\textsuperscript{hi} MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATMs. Isotype controls used to gate for M2 and M1 markers are shown in the left column. The rightmost column compares the number of MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATMs positive for each M2 or M1 marker as a percent of viable F4/80\textsuperscript{hi}CD11b\textsuperscript{hi} ATMs (n = 3-4/group for each marker, *P < 0.05, **P < 0.01).

Figure 4. MFe\textsuperscript{hi} ATMs do not accumulate in obesity, but do transition towards an inflammatory M1 polarization in obesity.
(A and B) The number of MFe\textsuperscript{lo} ATMs are increased on an absolute basis (A) and relative to epididymal fat pad mass (B) in HFD compared with LFD mice (n = 9/group, P < 0.05 for groups not connected by same letter). (C) The increase in MFe\textsuperscript{lo} ATMs in HFD mice leads to a reduction in the number of MFe\textsuperscript{hi} ATMs as a percent of total ATMs (n = 9/group, ***P < 0.001). (D) MFe\textsuperscript{hi} ATM phenotype shifts towards an inflammatory M1 polarization in obesity. Following sequential magnetic and FACS sorting, mRNA expression of M2 and M1 markers by MFe\textsuperscript{hi} ATMs isolated from LFD and HFD mice were analyzed via real time rtPCR (n = 4-7/group, *P < 0.05, ***P < 0.001, ****P < 0.0001).
Figure 5. Obesity induces an inflammatory shift in MFe$^{\text{hi}}$ ATM polarization.
(A) MFe$^{\text{hi}}$ ATM expression of M2 markers, MGL1/2 (left panel) and CD206 (right panel), is reduced in obesity. M2 marker expression by viable F4/80$^{\text{hi}}$CD11b$^{\text{hi}}$, MFe$^{\text{hi}}$ ATMs was measured by flow cytometry. Isotype controls, HFD MFe$^{\text{hi}}$ ATMs, and LFD MFe$^{\text{hi}}$ ATMs, are represented by black, gray, and white histograms, respectively. (B) Quantification and comparison of MGL1/2 expression by viable F4/80$^{\text{hi}}$CD11b$^{\text{hi}}$, MFe$^{\text{hi}}$ ATMs (n = 3/group for each marker, *P < 0.05). (C) Obesity increases the proportion of MFe$^{\text{hi}}$ ATMs expressing the M1 markers, CD11c (top row) and CCR2 (bottom row). M1 marker expression by viable F4/80$^{\text{hi}}$CD11b$^{\text{hi}}$, MFe$^{\text{hi}}$ ATMs was measured by flow cytometry. Representative FACS plots of isotype controls, LFD MFe$^{\text{hi}}$ ATMs, and HFD MFe$^{\text{hi}}$ ATMs, are shown in the left, middle, and right columns, respectively. (D) Quantification and comparison of the number of CD11c$^{+}$ (top panel) and CCR2$^{+}$ (bottom panel) MFe$^{\text{hi}}$ ATMs as a percent of total viable F4/80$^{\text{hi}}$CD11b$^{\text{hi}}$, MFe$^{\text{hi}}$ ATMs in LFD and HFD mice (n = 3/group for each marker, **P < 0.01, ***P < 0.001).

Figure 6. Obesity impairs MFe$^{\text{hi}}$ iron handling.
(A) Comparison of MFe$^{\text{lo}}$ and MFe$^{\text{hi}}$ ATM iron content from LFD and HFD mice. MFe$^{\text{lo}}$ and MFe$^{\text{hi}}$ ATMs were isolated via sequential magnetic and FACS sorting, and cellular iron content was quantified by ICP-MS (n = 5-6/group, *P < 0.05 for groups not connected by same letter). (B) Obesity reduces MFe$^{\text{hi}}$ ATM iron metabolism gene expression. MFe$^{\text{hi}}$ ATMs were isolated from LFD and HFD mice and analyzed by realtime rtPCR for the expression of genes involved in iron metabolism (n = 5-7/group, *P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001). (C) Primary peritoneal macrophages were cultured with 500 µM palmitic acid (16:0) or oleic acid (18:1) for 24 hours. RNA was isolated, and gene expression for Tnfa, Il6, Clec10a, Cd163, Ftl1, Fth1, Hmox1 were performed. In addition, western blotting for hemoxygenase-1 was performed. Data are presented as the mean ± SEM for 4-6 samples per group. *P<0.05, **P < 0.01***P<0.001.

Figure 7. ATMs recruited during HFD-feeding are MFe$^{\text{lo}}$.
Mice were fed HFD for 6 weeks and then injected with PKH26 to label pre-existing ATMs. Mice were maintained on the HFD for an additional week so that circulating monocytes could be recruited to the AT. Mice were euthanized and the SVF collected by collagenase digestion. ATMs were collected by FACS for F4/80 and were separated as either PHK$^{\text{pos}}$ (pre-existing) or PKH$^{\text{neg}}$ (newly recruited). MFe$^{\text{lo}}$ and MFe$^{\text{hi}}$ cells were then isolated by magnetic sorting and counted. Data are presented as the percent of live cells. Almost no PKH$^{\text{neg}}$ MFe$^{\text{hi}}$ cells were detected indicating that newly recruited cells do not immediately take on a role in iron metabolism. Data are presented as the mean ± SEM for 7 samples per group. ****P<0.0001.

Figure 8. Obesity induces tissue iron repartitioning.
(A) Visual comparison of epididymal fat pad iron content between LFD and HFD mice. Mice were perfused with Perls’ prussian blue staining solution, and tissues were removed 1 hr post
Perfusion. (B) Comparison of adipocyte iron concentrations between LFD and HFD mice. Adipocytes were isolated from the epididymal fat pads of LFD and HFD mice via collagenase digestion. Adipocyte iron content was quantified by atomic absorption spectrometry and expressed relative to total protein (n = 6-7/group, ***P < 0.001). (C and D) Comparison of adipocyte gene expression from LFD and HFD mice. Realtime rtPCR was used to assess adipocyte mRNA expression of genes involved in cellular iron metabolism (C) and Adipoq (adiponectin) and inflammatory cytokines (D). (E) Visual comparison of hepatic iron content between LFD and HFD mice. Comparably sized pieces of the left lobe are presented. (F) Comparison of hepatic iron concentrations between LFD and HFD mice. Liver iron content was quantified via atomic absorption spectrometry and expressed relative to total protein (n = 5/group, *P < 0.05). (C and D) Comparison of liver gene expression from LFD and HFD mice. Realtime rtPCR was used to assess hepatic mRNA expression of genes involved in cellular (G) and systemic (H) iron metabolism (n = 4-7/group, *P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001).
Figure 1

A

Diabetes

B

F4/80+CD11b+ (Percentage of SVF)

C

Percent Macrophages

0 20 40 60 80 100

Non-Ferromagnetic Ferromagnetic

* * * *

Percent Macrophages

Scatter → Singlet → Viability → CD11b vs. F4/80

Figure 1
A

**Cellular Iron Content**

![Bar graph showing cellular iron content with Fe (pg/cell) on the y-axis and M Fe^lo^ and M Fe^hi^ on the x-axis.]

B

**Iron Metabolism Genes**

![Bar graph showing relative expression of iron metabolism genes with uptake, metabolism, storage, and export categories.]

C

**Macrophage Polarization Genes**

![Bar graph showing relative expression of macrophage polarization genes with M2 and M1 categories.]

Orr et al.   Figure 2
Orr et al. Figure 3
Absolute Cell Numbers

Relative Cell Numbers

MFe\textsuperscript{lo} Cells as Percent of ATMs

Macrophage Polarization Genes in MFe\textsuperscript{hi} ATMs
**A**

**Cellular Iron Content**

![Graph showing cellular iron content with LFD and HFD conditions.](image)

**B**

**Diabetes Iron Metabolism Genes**

![Bar graph showing relative expression of various genes under LFD and HFD conditions.](image)

**C**

![Bar graphs showing relative expression of various genes under different conditions.](image)
Supplemental Figure 1. Elemental concentrations in MFe\textsuperscript{hi} and MFe\textsuperscript{lo} cells.
MFe\textsuperscript{hi} and MFe\textsuperscript{lo} cells were isolated from male, chow diet-fed, C57BL/6 mice. Cells were prepared for ICP-MS as described in the Methods section. Quantification of iron, cobalt, nickel, copper, zinc, magnesium, calcium, and manganese was performed. Data are presented as the mean ± SEM (n=6/group, *P<0.05).

Supplemental Figure 2. Localization of MFe\textsuperscript{hi} ATMs in epididymal fat pads of HFD mice.
Mice were perfused with Perls’ prussian blue staining solution, and sections were counterstained with nuclear fast red. MFe\textsuperscript{hi} ATMs are stained blue. Sections from HFD mice are displayed in the top row and areas of AT from HFD mice containing crown-like structures (CLS) are shown in the bottom row (left column = 20x; right column = 40x magnification).

Supplemental Figure 3. MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATM gene expression.
(A) Obesity reduces M2 marker and iron metabolism gene expression, and increases M1 marker gene expression by MFe\textsuperscript{lo} ATMs. MFe\textsuperscript{lo} ATMs were isolated from LFD and HFD mice and analyzed by real time rtPCR for M2/M1 and iron metabolism gene expression (n = 6-7/group, *P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001). (B) MFe\textsuperscript{hi} ATMs from HFD mice are M2 polarized and display increased iron metabolism gene expression relative to MFe\textsuperscript{lo} ATMs. Gene expression in MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATMs isolated from the epididymal fat pads of HFD mice (n = 4-7/group, *P < 0.05, **P < 0.01, ***P < 0.001, ****P < 0.0001).

Supplemental Figure 4. FACS analysis of MFe\textsuperscript{lo} cells.
M2 marker expression by viable F4/80\textsuperscript{hi}CD11b\textsuperscript{hi}, MFe\textsuperscript{lo} ATMs was measured by flow cytometry. Isotype controls, HFD MFe\textsuperscript{lo} ATMs, and LFD MFe\textsuperscript{lo} ATMs, are represented by black, gray, and white histograms, respectively. (B) Quantification and comparison of MGL1/2 (left panel) and CD206 (right panel) expression by LFD and HFD MFe\textsuperscript{lo} ATMs (n = 3/group for each marker, *P < 0.05, ****P=0.001). (C) Obesity increases the proportion of MFe\textsuperscript{lo} ATMs expressing the M1 marker, CD11c (top row) but not CCR2 (bottom row). M1 marker expression by viable F4/80\textsuperscript{hi}CD11b\textsuperscript{hi}, MFe\textsuperscript{hi} ATMs was measured by flow cytometry. Representative FACS plots of isotype controls, LFD MFe\textsuperscript{lo} ATMs, and HFD MFe\textsuperscript{lo} ATMs, are shown in the left, middle, and right columns, respectively. (D) Quantification and comparison of the number of CD11c\textsuperscript{+} (top panel) and CCR2\textsuperscript{+} (bottom panel) MFe\textsuperscript{lo} ATMs as a percent of total viable F4/80\textsuperscript{hi}CD11b\textsuperscript{hi}, MFe\textsuperscript{lo} ATMs in LFD and HFD mice (n = 2-3/group for each marker, ***P < 0.001).

Supplemental Figure 5. Dietary effects on ATM iron content and splenic iron concentrations.
(A) Comparison of MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATM iron content from NCD, LFD, and HFD mice. MFe\textsuperscript{lo} and MFe\textsuperscript{hi} ATMs were isolated via sequential magnetic and FACS sorting, and cellular iron content was quantified by ICP-MS (n = 4-6/group, P < 0.05 for groups not connected by same letter). (B) Visual comparison of splenic iron content between LFD and HFD mice. Mice were perfused with Perls’ prussian blue staining solution, and tissues were removed 1 hr post perfusion. (C) Comparison of splenic iron concentrations between LFD and HFD mice. Splenic
iron content was quantified via atomic absorption spectrometry and expressed relative to total protein.
Supplemental Figure 1
Supplemental Figure 2

HFD

20x

Diabetes

40x

HFD (CLS)
A  Comparison of MFe$^{lo}$ cells in LFD and HFD mice

**Relative Expression**

- Stab1
- Clec10a
- Il10
- Itgax
- Ccr7
- Tnfa
- Il1b
- Cd163
- Tfrc
- Hmox1
- Ftl1
- Fth1
- Cp
- Slc40a1

**MFe$^{lo}$ (LFD)**
**MFe$^{lo}$ (HFD)**

B  Comparison of MFe$^{lo}$ and MFe$^{hi}$ Cells from HFD-fed mice

**Relative Expression**

- Stab1
- Clec10a
- Il10
- Itgax
- Ccr7
- Tnfa
- Il1b
- Cd163
- Tfrc
- Hmox1
- Ftl1
- Fth1
- CP
- Slc40a1

**MFe$^{lo}$ (HFD)**
**MFe$^{hi}$ (HFD)**
Supplemental Figure 4

**A**

MFe\(^{lo}\) Cells

**B**

Diabetes

**C**

isotype

HFD

LFD

MGL1/2

CD206

**D**

CD11c

CCR2
**Supplemental Table.** Comparison of serum iron parameters in LFD and HFD mice.

<table>
<thead>
<tr>
<th>Parameters (units)</th>
<th>LFD (± SEM)</th>
<th>HFD (± SEM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron (µg/dL)</td>
<td>110.0 (10.9)</td>
<td>117.6 (10.5)</td>
</tr>
<tr>
<td>Transferrin (mg/dL)</td>
<td>65.8 (5.0)</td>
<td>87.6 (1.9)**</td>
</tr>
<tr>
<td>Ferritin (ng/ml)</td>
<td>214.4 (10.9)</td>
<td>247.1 (7.4)*</td>
</tr>
<tr>
<td>Transferrin Saturation (%)</td>
<td>49.8 (4.3)</td>
<td>36.3 (3.8)*</td>
</tr>
<tr>
<td>TIBC</td>
<td>233.5 (11.9)</td>
<td>316.0 (16.9)**</td>
</tr>
</tbody>
</table>

TIBC = total iron binding capacity, n=8/gp, *P<0.05, ** P<0.01