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Tissue-Specific Stem Cells



Adipogenic Differentiation of Mesenchymal Stem Cells Alters Their Immunomodulatory Properties in a Tissue-Specific Manner

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This article was published online on 24 April 2017. An error was subsequently identified in the Significance Statement. This notice is included in the online and print versions to indicate that both have been correct 05 May 2017. ... [Less](#) 

Abstract

Chronic inflammation is associated with formation of ectopic fat deposits that might represent damage-induced aberrant mesenchymal stem cell (MSC) differentiation. Such deposits are associated with increased levels of inflammatory infiltrate and poor prognosis. Here we tested the hypothesis that differentiation from MSC to adipocytes in inflamed tissue might contribute to chronicity through loss of immunomodulatory function. We assessed the effects of adipogenic differentiation of MSC isolated from bone marrow or adipose tissue on their capacity to regulate neutrophil recruitment by endothelial cells and compared the differentiated cells to primary adipocytes from adipose tissue. Bone marrow derived MSC were immunosuppressive, inhibiting neutrophil recruitment to TNF α -treated endothelial cells (EC), but MSC-derived adipocytes were no longer able to suppress neutrophil adhesion. Changes in IL-6 and TGF β 1 signalling appeared critical for the loss of



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... and contributes to pathogenic recruitment of leukocytes. Interestingly, stem cells programmed in native fat tissue retain an immunoprotective phenotype. *STEM CELLS* 2017;35:1636–1646

Significance Statement

Mesenchymal stem cells (MSC) can act to control inflammation, by regulating the ability of neutrophils to enter into inflamed tissues. Our data indicate that disruption of normal tissue homeostasis might drive “abnormal” MSC adipogenesis, causing the cells to lose their regulatory function. Thus, adipocytes may exist in at least two functional states: immunoprotective in healthy adipose tissue and stimulatory in sites of ectopic (e.g., chronic inflammation) fat deposition. Importantly, changes in the phenotype of MSC at sites of chronic inflammation may contribute to uncontrolled leukocyte infiltration and pathogenesis.

Introduction

Mesenchymal stem cells (MSC) are tissue-resident stromal precursors that undergo lineage-specific differentiation to repair damaged tissue and modulate a variety of immune responses [1, 2](#). Indeed exploiting these properties therapeutically is the principle underpinning clinical trials using MSC in chronic inflammatory diseases [1](#). Our recent studies revealed that MSC communicate with neighboring blood vascular endothelial cells (EC) to limit leukocyte recruitment during inflammation [3, 4](#). This homeostatic role is a shared characteristic of MSC in a range of tissues [5](#). Thus, MSC act as tissue-resident regulators of leukocyte trafficking in inflamed peripheral tissue or might be delivered therapeutically to limit acute inflammatory infiltrates or to resolve chronic inflammatory disease.

Studies of the effects of lineage-specific differentiation on the immunoprotective properties MSC have been rare and have yielded conflicting results [reviewed in ref. [6](#)]. For example, human bone marrow (BM)-derived MSC have been reported to maintain their ability to suppress the proliferation of T cells from healthy individuals or rheumatoid arthritis (RA)



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cross-talk with T cells [2]. Comparable studies following adipogenic differentiation have not been reported. Thus it remains unclear whether differentiation of MSC adversely affects the immunoprotective functions, in particular their ability to regulate EC and leukocyte trafficking during inflammation.

Adipogenic differentiation of MSC is particularly interesting because ectopic fat deposits and/or alterations in local adipose tissue are associated with a number of inflammatory disorders including Duchenne muscular dystrophy [13], myocardial infarction [14], and type II diabetes [15]. These deposits could be the result of inappropriate differentiation of tissue-resident MSC, possibly induced by inflammatory mediators in the affected tissue. Indeed platelet-derived growth factor (PDGF)receptor-alpha positive (PDGFR α^+) skeletal muscle MSC were identified as the source of fat deposits in a murine model of glycerol-induced muscle fibre degeneration [13]. Interestingly, cardiotoxin-induced fibre degeneration did not lead to ectopic fat deposition in this muscle [13]. These data suggest that aberrant adipogenic differentiation in peripheral tissues may be stimulus-specific.

Chronic inflammation has been reported to alter the phenotype of BMMSC distal to the affected site. For instance, in RA and systemic lupus erythematosus, the proliferation and senescence of BMMSC were accelerated (e.g., [7, 8, 16-18]), and their osteogenic capacity was reduced [19], possibly worsening disease. What changes occur to MSC locally resident in chronically inflamed peripheral tissue is uncertain, but we have shown that tissue-resident stromal cells from chronically inflamed sites acquire a pathogenic proinflammatory phenotype, modifying EC to inappropriately recruit leukocytes [20-23]. The transformed stromal cells mediated their effects by altering the bioactivity of interleukin 6 (IL-6) or transforming growth factor beta 1 (TGF β 1), switching the function of these cytokines from an immunoprotective to pro-inflammatory state [20, 21, 23]. Whether adipogenic differentiation of MSC could drive a similar proinflammatory transformation is unknown.

The foregoing led us to test the hypothesis that aberrant differentiation of MSC to adipocyte might contribute to chronicity in inflamed tissue. We assessed the effects of adipogenic differentiation of BMMSC on their capacity to regulate neutrophil recruitment during inflammation *in vitro* and compared the differentiated cells to primary adipocytes from adipose tissue. Unlike MSC, MSC-derived adipocytes were not able to suppress neutrophil adhesion to inflamed EC. Changes in IL-6 and TGF β 1 signalling appeared critical for the loss of immunosuppressive phenotype. In contrast, native stromal cells, adipocytes derived from them and mature adipocytes (mAD) from adipose tissue were immunoprotective. Thus



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Isolation and Culture of Human MSC or Adipocytes

Commercially available primary human BMMSC (Lonza Ltd., Basel, Switzerland) from healthy donors were obtained at passage 2 and expanded three times in culture (i.e., to passage 5) in Mesenchymal Stem Cell Growth Medium (MSCGM) Bulletkit (Lonza Ltd., Basel, Switzerland, <http://www.lonza.com/>) 3-5. Based on manufacturer's information, cells had undergone 11-doublings at passage 5 and underwent approximately 2.25 population doublings per passage 5.

Adipose derived mesenchymal stromal cells (ADSC; preadipocytes) or mature adipocytes (mAD) were isolated from subcutaneous adipose tissue collected from healthy patients undergoing abdominal surgery. Tissue pieces were suspended in Dulbecco's modified Eagle medium (DMEM)/F-12 medium (Biosera, ZI du Bousquet, France, <http://www.biosera.com/>) supplemented with 25 mM HEPES (Sigma-Aldrich, Paisley, U.K., <http://www.sigmaaldrich.com>) containing 2 mg/ml collagenase type II (Sigma) at 37°C for 1 hour on a rotator. The cell suspension was filtered through a 70 µm pore filter and centrifuged at 400g for 5 minutes. Mature adipocytes floated and were harvested at the air-liquid interface, resuspended in DMEM/F-12 medium and cultured for 24 hours prior to use. Pelleted ADSC were resuspended in DMEM/F-12 media supplemented with 10% fetal calf serum (FCS), 100 U/ml penicillin, and 100 µg/ml streptomycin (AD basal media; all from Sigma) and cultured as previously described 24. ADSC were passaged once before use.

Alternatively commercially available primary human ADSC from healthy donors were obtained at passage 2 and expanded three times in culture (i.e., to passage 5) in MSC growth medium (C-28009; all from PromoCell GmbH, Heidelberg, Germany, <http://www.promocell.com/>).

Differentiation of MSC into Adipocytes

BMMSC were cultured for 21 days in adipogenic induction medium (Lonza) according to the manufacturer's instructions and as previously described 5. To assess differentiation into MSC derived adipocytes, samples were fixed in 10% neutral buffered formalin (Sigma) for 30 minutes, treated with 60% isopropanol (Sigma), and stained for 30 minutes with 0.3% oil red O (Sigma) dissolved in isopropanol. Samples were washed in distilled water and counterstained with hematoxylin solution (Sigma). Cells were imaged, and digitized images were acquired using an EVOS FL Imaging System (Thermo Scientific, Loughborough, U.K.,



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25, converted to cDNA, and analyzed by quantitative polymerase chain reaction (qPCR) using Taqman Universal PCR Mastermix according to manufacturer's instructions (Applied Biosystems, Warrington, U.K., <http://www.appliedbiosystems.com>) 26. Primers for PPAR γ , C/EBP α , and FABP4 were bought as Assay on Demand kits from Applied Biosystems and amplified using the 7900HT Real-Time PCR machine, analyzed using SDS 2.2 (Applied Biosystems) and expressed as $2^{-\Delta C_T}$, where C_T represents the difference in the cycle number between the gene of interest and 18S (Supporting Information Fig 1B–1D).

Differentiation of Adipose Derived Preadipocytes into Adipocytes

ADSC were (5×10^5) were seeded onto inverted 0.4 μm pore Transwell filter inserts (BD Biosciences, Cowley, U.K., <http://www.bdbiosciences.com/eu/home>) as previously described 5 and cultured in AD basal media for 24 hours. Adipogenic differentiation was induced by culturing cells in DMEM/F-12 supplemented with 166 nM recombinant insulin, 0.2 nM triiodothyronine (T3), 33 μM Biotin, 17 μM pantothenic acid, 0.01 mg/ml transferrin, and 100 nM cortisol (all from Sigma) for 21–28 days as previously described 24. For the first 5 days, media was also supplemented with 50 $\mu\text{g}/\text{ml}$ 3-isobutyl-1-methylxanthine and 2 μM Rosiglitazone (PPAR agonist) (all from Sigma).

Isolation and Culture of EC

Human umbilical vein endothelial cells (HUVEC) were isolated from umbilical cords as previously described 4, 27 and cultured in Medium 199 (Life Technologies, Paisley, U.K., <http://www.lifetech.com>) supplemented with 20% FCS, 35 $\mu\text{g}/\text{ml}$ gentamicin, 10 ng/ml epidermal growth factor, 1 $\mu\text{g}/\text{ml}$ hydrocortisone (all from Sigma), and 2.5 $\mu\text{g}/\text{ml}$ Amphotericin B (Life Technologies).

Isolation of Neutrophils and Lymphocytes

Venous blood was collected from healthy donors into EDTA tubes (Sarstedt, Leicester, U.K., <https://www.sarstedt.com/en/home/>). Neutrophils (PMN) or peripheral blood mononuclear cells (PBMC) were isolated by centrifugation on two-step histopaque density gradients as previously described 5, 21. PBMC were panned on culture plastic for 30 minutes to remove monocytes and purify peripheral blood lymphocytes (PBL). Purified leukocytes were washed twice in PBS containing 1 mM Ca^{2+} , 0.5 mM Mg^{2+} , and 0.15% bovine serum albumin (PBSA; a from Sigma) at 250g for 5 minutes, counted and resuspended to 2×10^6 cells per ml in PBSA



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and cultured for 24 hours. HUVEC were then seeded on the inner surface of inserts. Cells were cocultured for 24 hours prior to treatment with or without 100 U/ml tumour necrosis factor- α (TNF α ; R&D Systems, Abingdon, U.K., <http://www.rndsystems.com>) for a further 4 hours (neutrophils) or TNF α in combination with 10 ng/ml interferon- γ (IFN γ ; Peprotech Inc., London, U.K., <http://www.peprotech.com>) for a further 24 hours (PBL) 3, 5, 25. Parallel endothelial monocultures were set up as controls.

In a separate series of experiments, nonadherent mAD (5×10^5 cells) were suspended in a well, on top of which a filter was placed (such that the mAD came into contact with the basal surface of the filter). Cells were cultured 24 hours prior to seeding EC into the filter as above. Cocultures were established for 24 hours and cytokine treated as above.

In some experiments, a neutralizing antibody against IL-6 (5 μ g/ml; clone 6708; R&D System) was added when cocultures were established and was present throughout the coculture and cytokine stimulation.

To investigate the bioactivity of conditioned media, supernatants were obtained from MSC and MSC-derived adipocyte monoculture and cocultures at 24 hours. Fresh EC monocultures were treated with conditioned media for 24 hours prior to stimulation with TNF α in the same conditioned media for a further 4 hours 5.

Cocultures were also formed with collagen gels containing MSC, and EC cultured on top. Rat tail collagen type 1 (2.15 mg/ml; First Link Ltd., West Midlands, U.K., <http://www.firstlinkuk.co.uk/>) was mixed with $10 \times$ M199 and then neutralized by addition of N NaOH on ice, as described 21, 28, 29. MSC (2.5×10^4 cells per well in a 12-well plate) were added to 500 μ l, and the gel was allowed to set for 15 minutes at 37°C, and then equilibrated for 24 hours. HUVEC were seeded on the surface of the gel and cocultured with MSC for 24 hours, prior to cytokine treatment as above.

Flow-Based Adhesion Assay

Flow-based adhesion assays were performed for filters incorporated into a custom-made parallel-plate flow chamber, using phase-contrast digital microscopy as previously described 4. Purified leukocytes were perfused over EC for 4 minutes followed by washout with cell-free PBSA, all at a wall shear stress of 0.1 Pa. Digitized recordings of 5–10 random fields were made 2 and 9 minutes after the end of the leukocyte bolus to assess leukocyte adhesion and



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was averaged per field and expressed as cells/mm² per 10⁶ periblasts, as 5 minutes the proportion of the bound cells that had transmigrated was evaluated.

Collagen Gel-Based Static Adhesion Assay

Neutrophils (5×10^5 cells per ml) were added to the EC for 20 minutes, and nonadherent cells were removed by washing three times in PBSA. Neutrophil adhesion and migration was assessed using phase contrast digital microscopy by acquiring digitised z-stack images from five random fields on the surface of the endothelium throughout the depth of the gel at 2 hours, as described [29](#). Images were analyzed offline using Image-Pro Plus software. The number of neutrophils, adherent on the surface of the endothelium and throughout the gel was averaged per field. From the known areas of the field and well, these counts were converted to totals per gel and expressed as a percentage of the number of cells added. The proportion of the adherent neutrophils migrated into the gel was also calculated.

Gene Expression Analysis

Gene expression was analyzed using mRNA isolated from EC, MSC, and MSC-derived adipoc monocultures, or cocultures as described previously [5](#). Data were calculated as $2^{-\Delta CT}$ relative expression of 18S, as described above.

Quantification of Soluble Mediators

Culture supernatants were obtained from unstimulated EC and MSC cultured alone or in coculture for 24 hours. IL-6 and soluble IL-6 receptor (sIL-6R) were quantified using IL-6 Duo ELISA and sIL-6R Quantikine ELISA Kit, respectively (R&D Systems) according to manufacture instructions.

Ethics

The study was conducted in compliance with the Declaration of Helsinki. All human samples were obtained with written, informed consent and approval from the Human Biomaterial Resource Centre (Birmingham, U.K.), West Midlands and Black Country Research Ethics Committee, North East—Tyne and West South Research Ethics Committee, or University of Birmingham Local Ethical Review Committee.

Statistical Analysis



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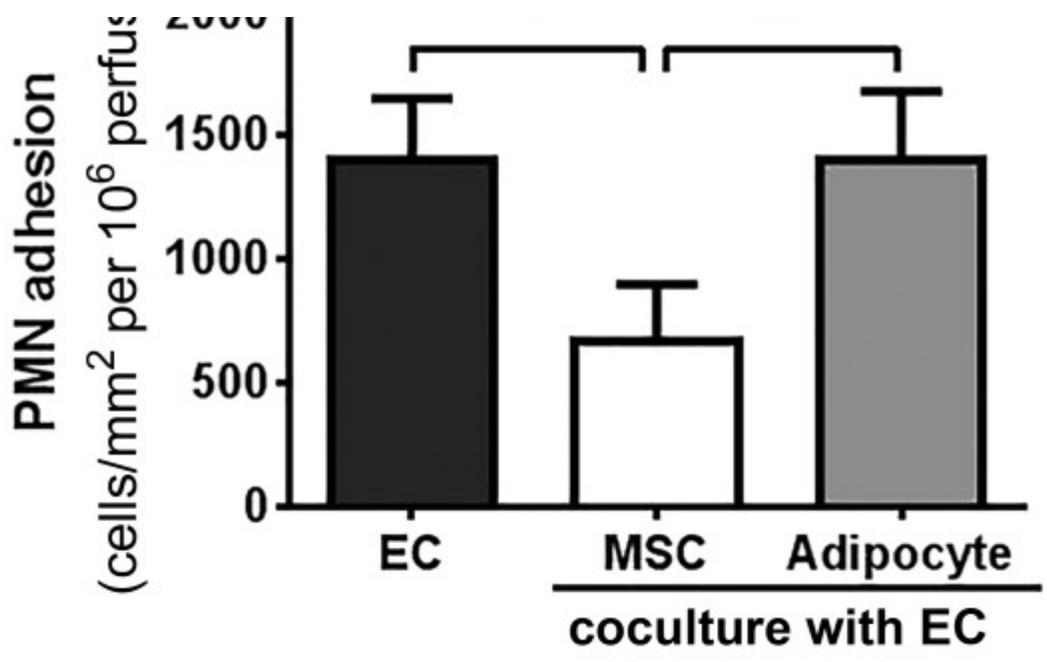


comparisons between treatments or to controls respectively. Statistical data were analyzed using paired *t* test. $p \leq 0.05$ was considered statistically significant.

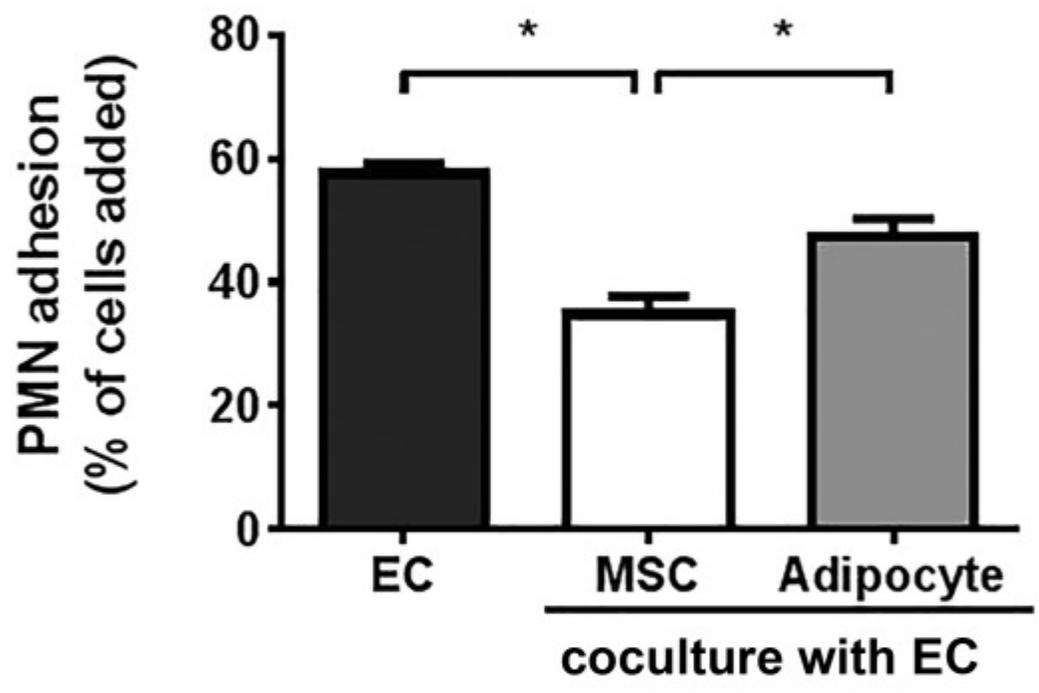
Results

Effect of Adipogenic Differentiation on the Ability of MSC to Suppress Leukocyte Recruitment by EC

MSC differentiation into adipocytes was confirmed by the presence of prominent lipid droplets and the significant upregulation of the adipocyte-related genes (PPAR γ , C/EBP α , and FABP4) compared to undifferentiated MSC (Supporting Information Fig. 1). In coculture with EC, BMMSC suppressed neutrophil adhesion to TNF α -stimulated EC under flow conditions (Fig. 1A) and in a static 3D tissue model (Fig. 1B). This effect was lost when BMMSC-derived adipocytes were incorporated into coculture, such that they no longer inhibited neutrophil recruitment from flow (Fig. 1A) or adhesion in the 3D model (Fig. 1B). Similar effects were observed when trabecular bone or umbilical cord MSC, or MSC-derived adipocytes were cocultured with EC (Supporting Information Fig. 2; also see Supporting information for derivation of MSC). Lymphocyte recruitment to TNF α and IFN γ -stimulated EC was suppressed by BMMSC, but in this case, MSC-derived adipocytes continued to suppress recruitment when incorporated in the cocultures (Fig. 1C). Adipogenic differentiation of MSC had no significant effect on the proportion of adherent leukocytes migrating through the endothelium when compared to the undifferentiated MSC cocultures or the EC cultured alone (data not shown). Thus, MSC lost their immunosuppressive effects on neutrophil, but not lymphocyte, recruitment upon differentiation into adipocytes. These responses were shared by MSC from several tissues. In subsequent experiments were performed using MSC isolated from BM.



B. Neutrophil



C. Lymphocyte

ad)



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released in different cocultures, hypothesizing that they might account for the differences in effects of MSC and MSC-derived adipocytes on neutrophil adhesion. MSC-derived adipocyte monocultures released significantly more IL-6 compared to undifferentiated MSC monocultures (Fig. 2A). MSC cocultures released a higher concentration of IL-6 than MSC monocultures, but production of IL-6 did not increase when MSC-derived adipocytes were cocultured with EC (Fig. 2A). As a result, the two types of coculture generated similar levels of IL-6. sIL-6R levels were also similar between all culture conditions tested (Fig. 2B). Thus, loss of MSC-mediated suppression upon adipogenic differentiation was not due to a decrease in the release of IL-6 or its receptor in MSC-derived adipocyte cocultures. This raised the question whether IL-6 present in the coculture secretome remained bioactive.



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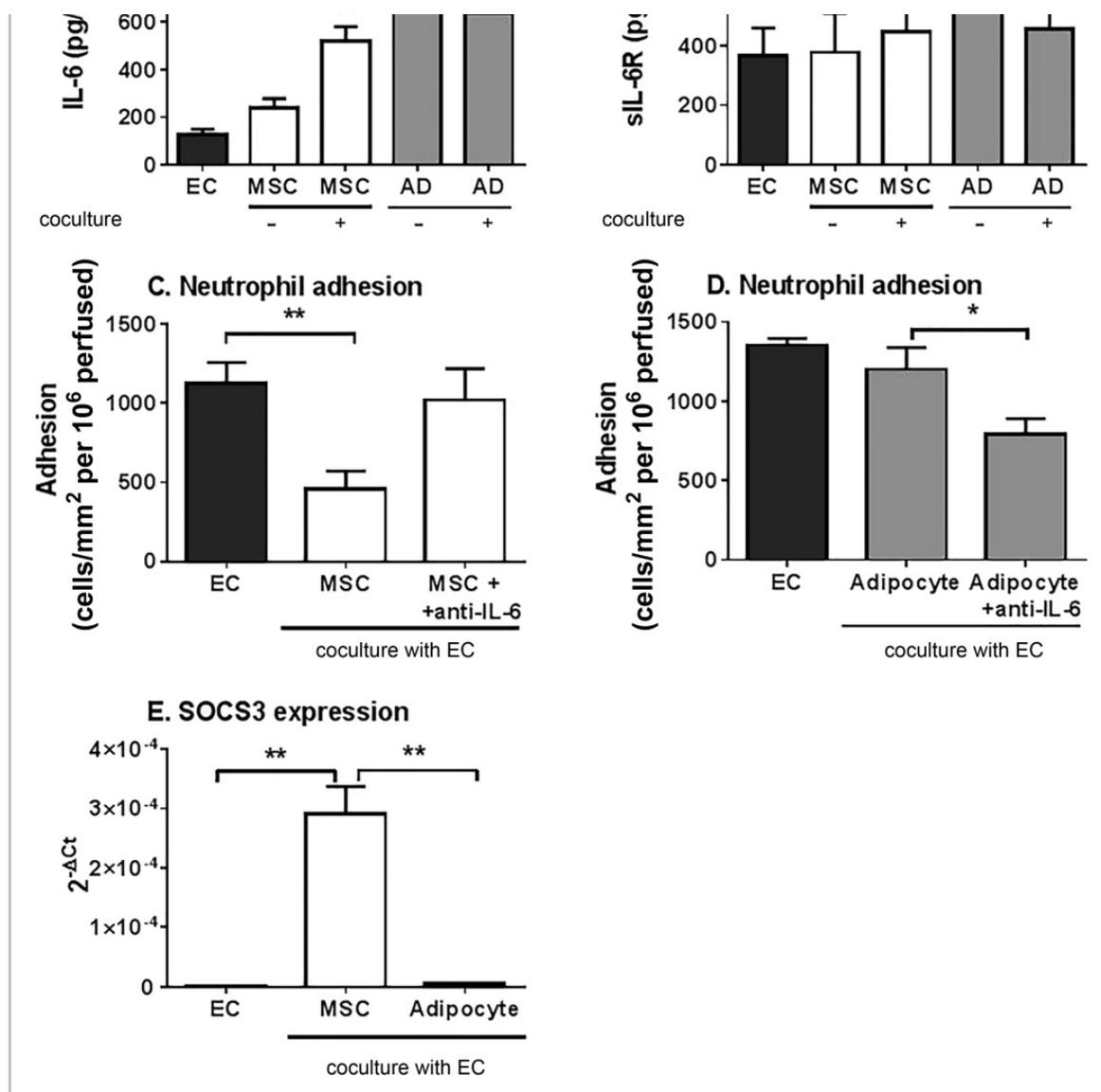


Figure 2

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Secretion and role in immunosuppression of IL-6 in cocultures of MSC or MSC-derived adipocytes. **(A)** IL-6 and **(B)** sIL-6R release into supernatants from EC, bone marrow MSC (BMMSC), and BMMSC-derived adipocyte monoculture and cocultures was assessed after 24 hours. **(C)** BMMSC or **(D)** BMMSC-derived adipocyte cocultures were treated with neutralizing antibodies against IL-6 for the duration of the coculture and cytokine treatment. Neutrophil adhesion was assessed and expressed as the number of cells adherent/mm² per 10⁶



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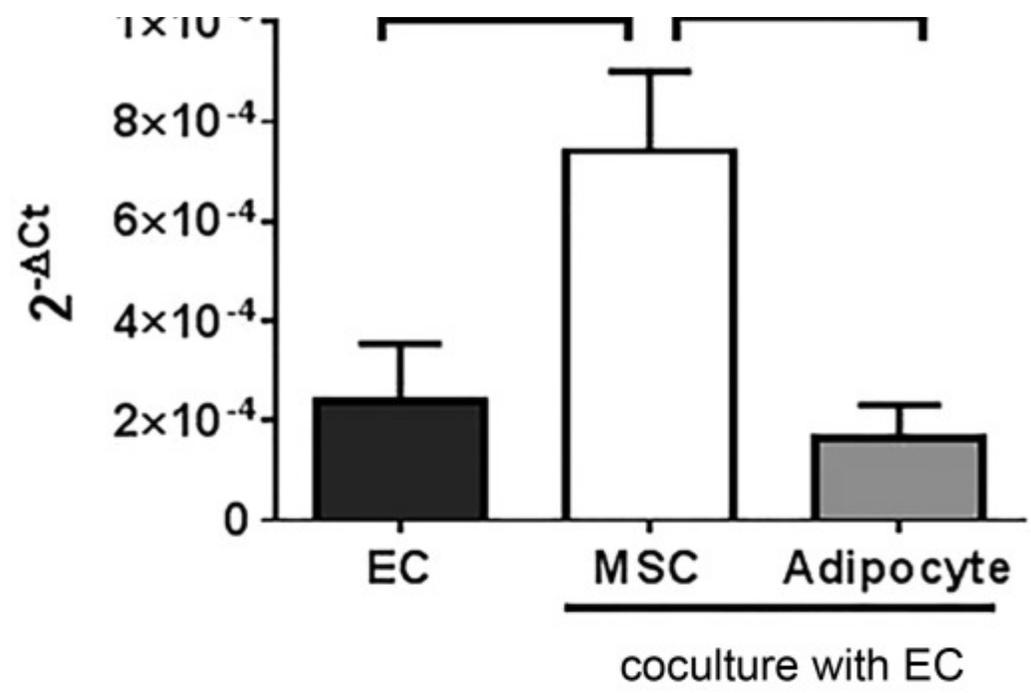


...aining coculture, neutralization of IL-6 significantly reduced the inhibitory effects of MSC in coculture (Fig. 2C). In contrast, neutralization of IL-6 in MSC-derived adipocyte cocultures significantly reduced neutrophil adhesion (Fig. 2D), restoring immunoprotective function. The IL-6 had essentially opposite effects in cocultures with either MSC or MSC-derived adipocyte supporting the concept that conversion of MSC to adipocytes resembled a pathological process.

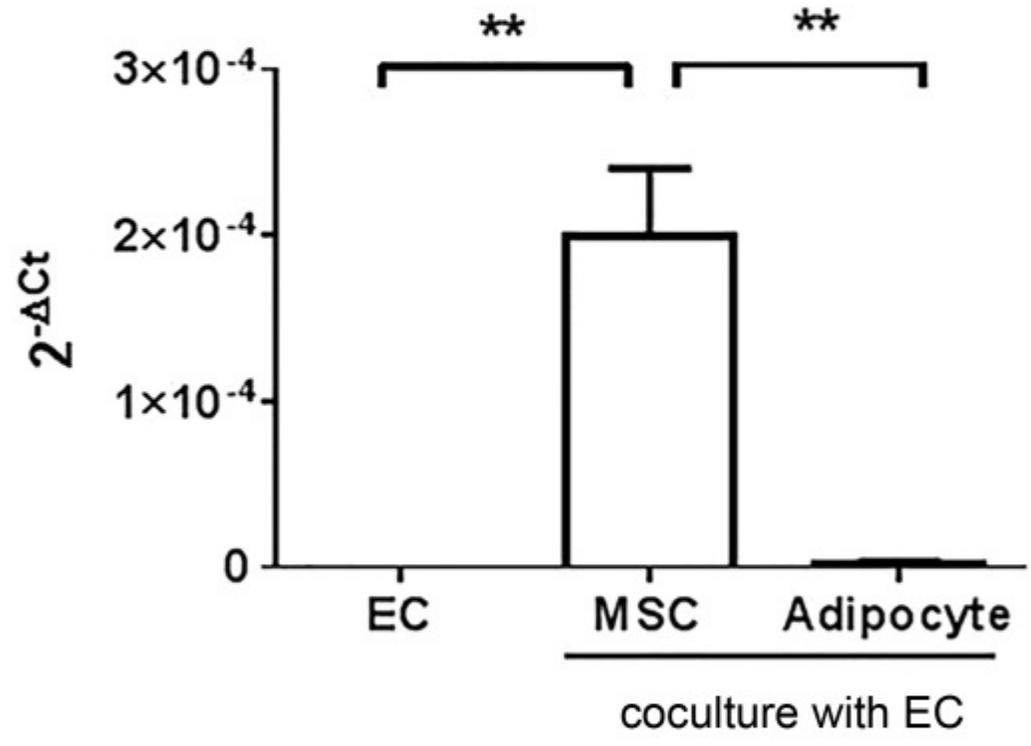
Suppressor of cytokine signaling 3 (SOCS3) is an IL-6 inducible gene known to regulate TNF α responses [reviewed in ref. 31]. Here, expression of SOCS3 in endothelial cells was upregulated by coculture with MSC, but not MSC-derived adipocytes, when compared to the EC monoculture controls (Fig. 2E). Thus, downstream signaling from IL-6/sIL-6R differed between the two forms of coculture.

Role of TGF β 1 Signalling in Variations in Immunosuppression

We have previously reported a role for TGF β ₁ in mediating the immunosuppressive actions of MSC in coculture 3. We wondered whether MSC differentiation might alter TGF β ₁ responses in our cocultures. Following coculture with MSC, EC expressed significantly higher levels of TGF β R₁ and TGF β -R₃ at the transcript level compared to the EC monoculture controls (Fig. 3). In contrast, MSC-derived adipocytes had no effect on the expression of these TGF β receptors in EC (Fig. 3). Thus loss of TGF β ₁ downstream signaling may contribute to the changes in IL-6 signaling and loss of immunosuppression in MSC-derived adipocyte cocultures.



B. $TGF\beta R3$





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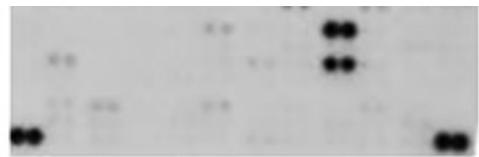
a cytokine expression array (see Supporting Information for methods), we detected higher levels of some analytes (e.g., angiogenin, CD105, and platelet derived growth factor (PDGF)- α) and lower levels of others [e.g., Dickkopf-related protein 1, CXCL12, vascular endothelial growth factor (VEGF)] in the MSC-derived adipocyte coculture supernatants when compared the MSC cocultures (Fig. 4A; Supporting Information Fig 3). In some cases, the expression of analytes, such as adiponectin, resistin, or IL-6, was comparable between both coculture conditions (Supporting Information Fig. 3). We thus tested whether the MSC-derived adipocyte coculture secretome had different bioactivity compared to MSC in our recruitment assays. MSC coculture conditioned media mimicked the effect of MSC-EC coculture, inhibiting neutrophil adhesion to TNF α -treated EC monocultures *in vitro* (Fig. 4B), as previously described 5. In contrast, conditioned media from MSC-derived adipocyte monoculture or coculture had no effect on neutrophil adhesion (Fig. 4C). This indicates that differentiation of MSC into adipocytes alters both the composition and bioactivity of the secretome generated during coculture. Thus raises the possibility that other bioactive soluble agents generated by MSC-derived adipocyte cocultures are capable of modulating IL-6 and TGF β ₁ responses, such that they are no longer immunoprotective.



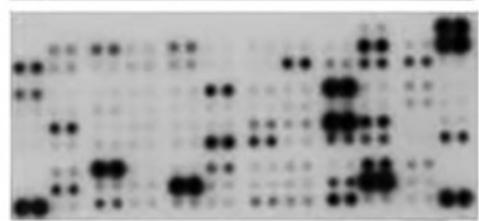
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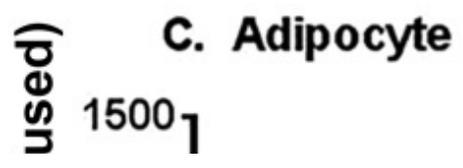
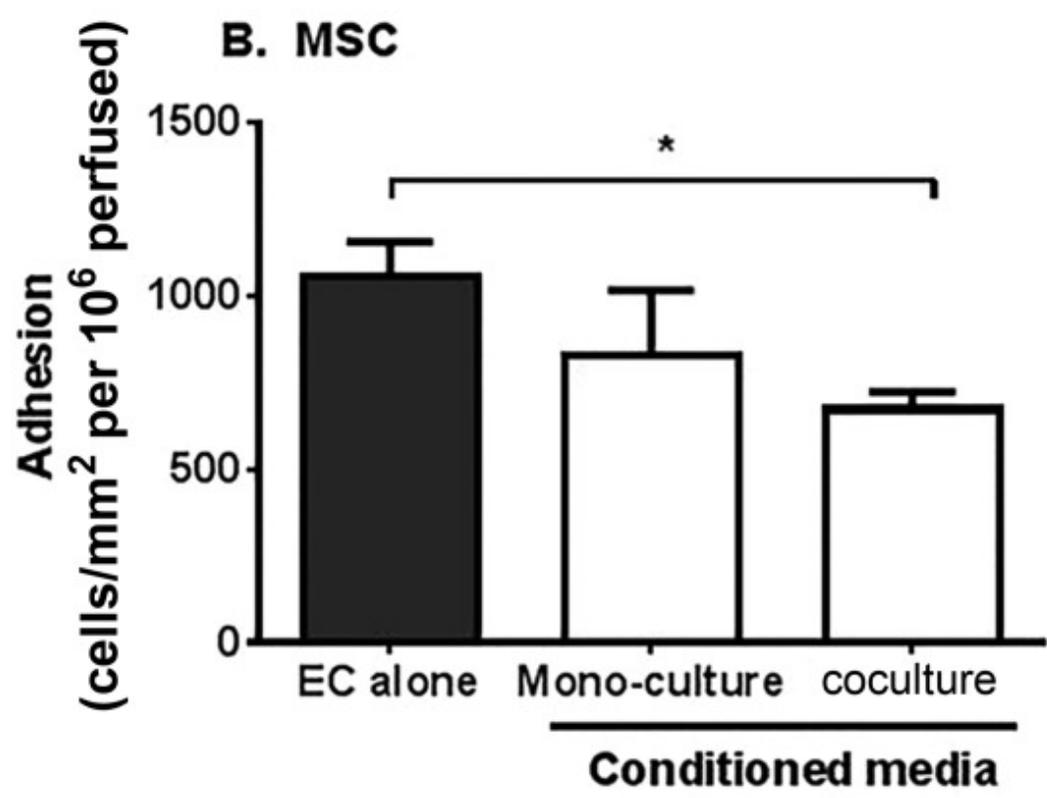
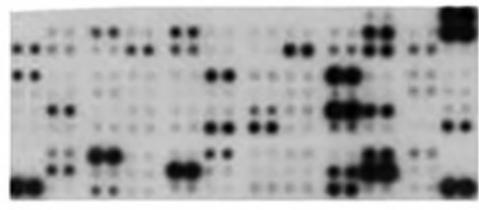
**EC
mono-cultures**



**EC-MSc
co-cultures**



**EC-AD
co-cultures**





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from the tissue exerted the same effects as BMMSC-derived adipocytes on leukocyte recruitment to EC. Coculture with ADSC significantly reduced neutrophil recruitment to inflamed EC (Fig. 5A), sharing the immunosuppressive capabilities seen in MSC from other tissue sources 3, 5. Unlike BMMSC-derived adipocytes, both ADSC-derived adipocytes and mAD were immunosuppressive in coculture, significantly inhibiting neutrophil adhesion to TNF α -stimulated EC (Fig. 5B, 5C). Suppression of adhesion was also evident when lymphocytes were perfused over these cocultures (Fig. 6). We also detected high levels of IL-6 in ADSC and mAD monocultures, which did not increase when these cells were cocultured with EC (Supporting Information Fig. 4). However, in contrast to BMMSC-derived adipocytes, neutralization of IL-6 significantly inhibited the immunosuppressive effects of ADSC in coculture (Fig. 5D). Thus adipocytes derived from adipose tissue stromal cells and “native” adipocytes maintained immunoprotective effects, while adipose cells derived from BMMSC lost this capability. It appears, therefore, that ectopic MSC-derived adipose cells would lack the ability of ‘true’ adipose tissue derived stromal cells to regulate leukocyte recruitment.



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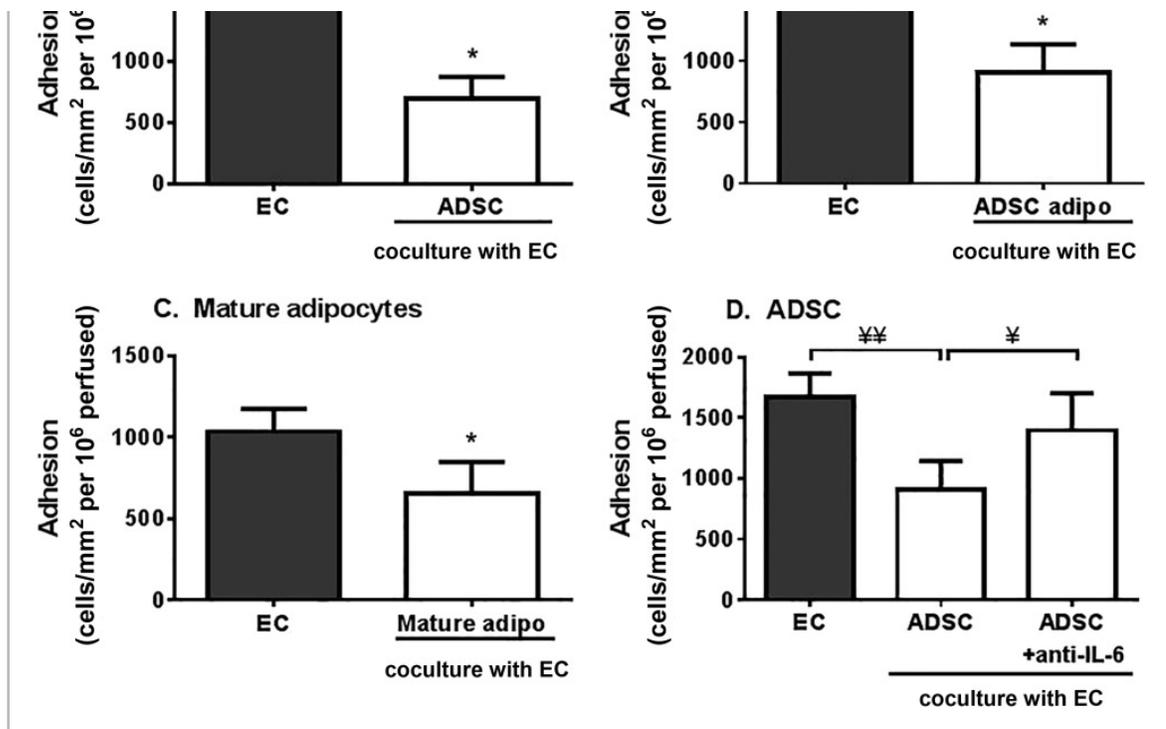


Figure 5

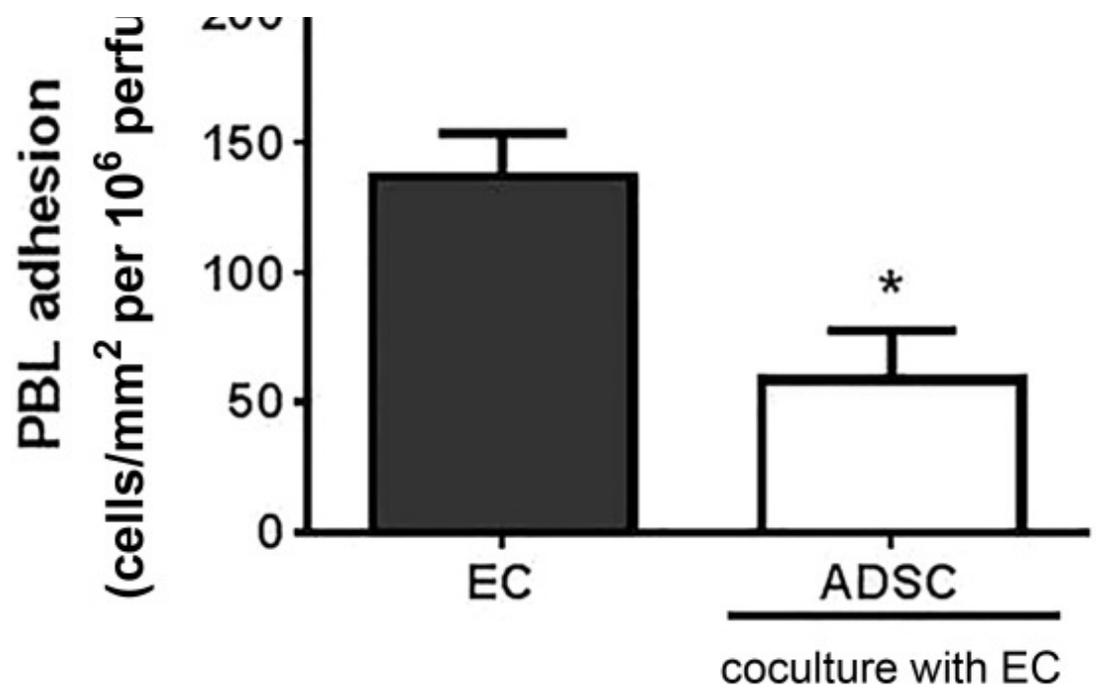
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Immunosuppressive effects by ADSC and adipocytes on neutrophil recruitment. EC were cocultured with **(A)** ADSC, **(B)** ADSC-derived adipocytes (ADSC adipo) or **(C)** mature adipocytes (Mature adipo) for 24 hours prior to stimulation with tumor necrosis factor α (TNF α) for 4 hours. **(D)** ADSC cocultures were treated with neutralizing antibodies against IL-6 for the duration of the coculture and cytokine treatment. Neutrophil adhesion was assessed at 2 minutes postperfusion and expressed as the number of cells adherent/mm² per 10⁶ cells perfused. In (D), ANOVA showed a significant effect of treatment on neutrophil adhesion, $p < 0.05$. Data are mean \pm SEM, (A) $n = 6$, (B) $n = 3$, and (C, D) $n = 4$ independent experiments using a different EC and neutrophil donor in each experiment. Three different stromal cell donors were used in all experiments, except (D) where one donor was used. *, $p < 0.05$ compared to EC monoculture by paired t test. ¥, $p < 0.05$ and ¥¥, $p < 0.01$ by Tukey post-test. Abbreviations: ADSC, adipose-derived stromal cells; EC, endothelial cells; IL, interleukin.

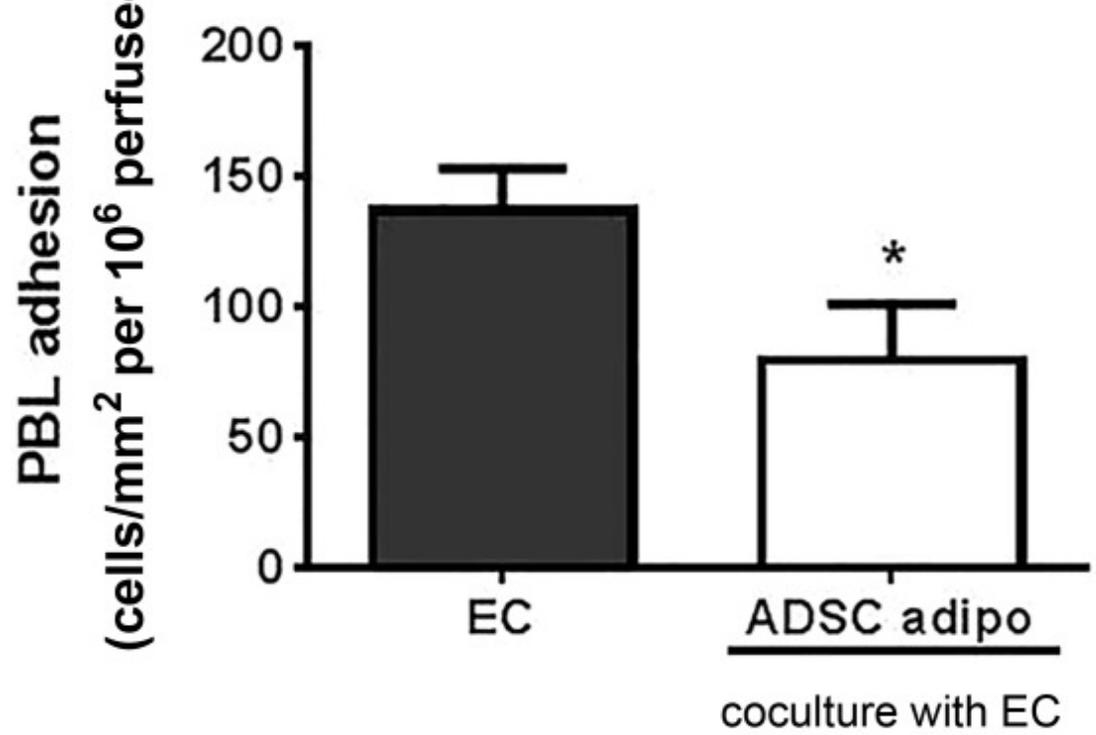
Caption



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B. ADSC-derived adipocytes



C. Mature adipocytes



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adipogenesis on MSC crosstalk with EC and regulation of the inflammatory infiltrate. We also compared this form of immunosuppression between adipocytes generated from adipose tissue, and adipocytes derived from MSC from other tissues. Interestingly, they were not the same. Upon coculture with EC, BMMSC-derived adipocytes had lost the ability of BMMSC to suppress neutrophil adhesion. The ability to suppress lymphocyte adhesion was retained. This phenotype was shared with adipocytes differentiated from MSC derived from other non-adipose tissue. In contrast, adipocytes differentiated from adipose-derived stromal cells and mature adipocytes retained immunoprotective capacity, suppressing both neutrophil and lymphocyte recruitment. Thus the effect of adipogenesis on immunoregulation appears to be tissue specific, with stromal cells from adipose and nonadipose tissues generating cells with different capabilities.

A key attribute of MSC is their capacity to differentiate into various cell lineages to aid the tissue repair processes. However, we understand little about how this process affects MSC behavior, or if the context in which differentiation is triggered can alter the outcome. Here, MSC isolated from non-adipose tissue lost some of their immunoprotective effects following adipogenesis, such that they were no longer able to inhibit neutrophil adhesion. This characteristic was not shared by ADSC, which retained their immunomodulatory capacity even after differentiation. Of note, the latter observation argues against the loss of suppression upon adipogenesis by non-adipose-derived MSC being an artefact of *in vitro* differentiation, as *in vitro* differentiation of ADSC had no effect on their suppressive potential.

IL-6 is known to have different functions, eliciting immunoprotective responses or proinflammatory effects, depending on the inflammatory and stromal context [reviewed in 32]. Indeed here and in our previous studies 3, 5, IL-6 was identified as a bioactive agent required for the inhibitory effects of MSC in coculture. However, neutralization of IL-6 reverses the effects of MSC-derived adipocytes in coculture to be inhibitory, suggesting that under these conditions, IL-6 had not just lost efficacy but triggered stimulatory rather than inhibitory signals. These findings are akin to those reported for synovial fibroblasts from patients with rheumatoid arthritis in coculture with EC, where IL-6 signaling stimulated recruitment of leukocytes 20, 21. Collectively these data support the concept that conversion of MSC to adipocytes resembles a pathological process. Here, we found that in MSC cocultures, IL-6 induced the expression of SOCS3 in EC, a typically IL-6-regulated gene known to downregulate cellular responses to cytokines 31, and which we previously found to play a role in



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manner and exert different functional consequences in EC.

To the best of our knowledge only two studies have assessed MSC following adipogenesis, a neither observed any alterations in their ability to inhibit T-cell proliferation [9](#) or dendritic cell maturation [12](#). Similarly, suppression of T-cell proliferation remained unaffected by osteogenic differentiation of human BMMSC [7-9](#) or ADSC [8](#). On the other hand, MSC-derived chondrocytes have been reported to inhibit [9, 10](#) or have no effect on [11, 12](#) on T-cell responses. In the latter studies, reduction in bioactive soluble mediators, such as nitric oxide or prostaglandin E₂, were linked to the defect in suppressive activity of MSC after differentiation [11](#). Here we also observed a different profile of soluble mediators released by MSC and differentiated MSC in coculture. Moreover, conditioned medium from MSC-derived adipocyte cocultures was unable to suppress neutrophil recruitment in the same manner as medium generated from MSC cocultures. This clearly shows that the secretomes generated crosstalk between EC and MSC or MSC-derived adipocytes have different bioactivity. Thus we propose that the changes in the bioactivity of IL-6 in MSC-derived adipocyte cocultures occur due to the presence of additional soluble mediators (exclusive to these cocultures) that cause a reduction in TGFβ receptors and thus response to TGFβ₁, along with a failure to induce the suppressor genes SOCS3, usually associated with IL-6 stimulation. Further work is required to identify the exact soluble mediator(s) responsible for these changes, which have the potential to be novel therapeutic targets for diseases involving ectopic fat deposition.

Healthy adipose tissue is considered to be intrinsically immunoprotective, largely through the abundant production of the immunosuppressive adipokine, adiponectin. Indeed our data would agree with this, with stromal cells at all stages of lineage commitment (preadipocytes differentiated adipocytes, mAD) exhibiting immunosuppressive effects in our assays. Moreover, adipose-derived MSC are known to inhibit T-cell proliferation [reviewed in Ref. [34](#) and appear to retain this capacity after differentiation into osteoblasts [7, 8](#) or adipocytes [35](#). Thus adipocytes, much like stromal cells from other healthy tissues [5, 21, 36](#), have a homeostatic role in limiting inflammatory leukocyte infiltration. Indeed, IL-6 is the shared common bioactive immunoprotective mediator of healthy stromal cells [5, 21, 36](#) and was responsible for the immunoprotective capacity of adipose-derived stromal cells in coculture. Here, MSC-derived adipocytes, ADSC, and mAD all secreted high levels of IL-6 in culture, which were not altered by coculture with EC. Given the different effects of these cocultures, clearly it is not simply the concentration of IL-6 but also the downstream signalling pathway(s) it elicits which are critical for its anti-inflammatory effect. Further work is required to determine the



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with chronic inflammatory diseases. Therefore, it may not be surprising that the endogenous immunoprotective effect of the tissue stroma may become distorted. Supporting this concept, neutrophil infiltration into intra-abdominal adipose tissue was increased in mice on a high-fat diet compared to those on a normal chow diet [37](#). Thus adipocytes may have the potential to exist in at least two functional states: (a) immunosuppressive as found in healthy adipose tissue and (b) stimulatory in sites of abnormal (obesity) or ectopic (chronic inflammation) fat deposition. Whether the adipocytes from the latter two sites are phenotypically and functionally the same remains to be determined. Our work also suggests an unexplored scenario; that changes in the phenotype of MSC at sites of chronic inflammation may contribute to uncontrolled leukocyte infiltration and pathogenesis.

Conclusion

In their natural environment MSC act to endogenously dampen EC responses to cytokines, thereby limiting leukocyte recruitment in an IL-6 dependent manner. However, aberrant differentiation of non-adipose-derived MSC causes the cells to lose this intrinsic immunoprotective capacity. Alterations in the phenotype and function of MSC may take the brake off and contribute to pathogenic inflammatory responses by altering the way in which IL-6 and TGF β ₁ exerts their effects, switching from anti-inflammatory to pro-inflammatory. This does not appear to be a characteristic of adipose tissue per se but may occur when MSC differentiate in an inappropriate location or circumstance.

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