

Soluble interleukin-6 receptor determines exercise responsiveness in term of insulin sensitivity and glycemic control



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Introduction

- Exercise is an effective non-pharmacological approach for diabetes management. However, highly interpersonal responsiveness in exercise and the lack of predictive biomarkers for exercise response restrain its current clinical implementation.
- Our previous clinical study demonstrated about 30% participants failed to improve insulin sensitivity and glycaemic control after exercise training.¹
- ✤ Soluble interleukin-6 receptor (sIL6R) is a soluble form of the IL-6R, which is cleaved by the metalloproteinases ADAM17 from cellular membrane.²

Exercise training reduces serum sIL-6R levels by down-regulating ADAM17 and IL-6R expression in white adipose tissue



- The sIL-6R is a major chemotactic cytokine playing vital roles in white adipose tissue macrophage recruitment and inflammation.³
- Serum sIL-6R levels correlate with the development of obesity and type 2 diabetes in humans.³

Objective

- To monitor the dynamic changes of serum cytokines and hormones levels in obese pre-diabetic subjects after 12-week exercise intervention;
- To screen blood-based exercise responsive biomarkers; •
- To interrogate whether sIL-6R is a novel exercise responsive factor determining outcomes of exercise in term of insulin sensitivity and glucose metabolism

Results

Dynamic change of serum cytokines profiles in exercise responders and nonresponders over 12-week exercise intervention program



(A) Serum sIL-6R level decreased in obese mice after exercise training. C57BL/6J mice were treated for 8 weeks high-fat diet (HFD) to induce obesity, then they were divided to exercise training (Exe) for 4-week treadmill training or sedentary (Sed) lifestyle. Lean mice were age-matched mice with standard chow feding. (**B**, **C**) protein expression levels of ADAM17 and IL-6R in white adipose tissue (WAT) and quantification results. (D) immunofluorescence staining (IF) of ADAM17 and IL-6R in WAT from different groups. (n = 5-8 in each group). Data were shown as mean \pm SEM, **P*<0.05, ****P*<0.001 analyzed by one-way ANOVA test.

Administration of sIL-6R during exercise training abolishes exercise improved insulin sensitivity and glucose homeostasis in obese mice



(A) Schematic diagram of the study design. (B) Heatmap showing the cytokines level assayed by MESO Scale Discovery electrochemiluminescence technology (MSD) or ELISA in serum from R and NR before (R/NR-0) and after exercise intervention (R/NR-12). The colors changing from blue to red indicate higher abundance. The heatmap was generated after data log transformation and auto scaling (n=20). *P<0.05, **P<0.01 analyzed by paired Student's t-test within group.

The differential changes of serum sIL-6R levels in exercise responders and non-responders are associated with their exercise responsiveness in insulin sensitivity and glycemic control





(A) Serum sIL-6R levels and (B) the relative change of sIL-6R over 12-week exercise training in exercise responders (R) and non-responders (NR). (R=14, NR=6) (C, D) Linear regression correlation of the alternation of serum sIL-6R and (C) exercise-improved fasting insulin and (D) HOMA-IR after 12-week training. (*n*=20). Data were shown as mean \pm s.e.m., **P*<0.05, ****P*<0.001 analyzed by Student's *t*-test. *r* is correlation coefficient.

(A) Schematic diagram showing the study design for sIL-6R/IL-6 complex (R&D) treatment. 7 to 8 weeks old C57BL/6J mice were treated with high-fat diet (HFD) for 8 weeks, then, they were subjected to different groups as shown in the figure. (B) Blood glucose and (C) insulin levels at both fasting and fed status. (D) Glucose tolerance test and area under the curve (AUC). (E) Insulin tolerance test and AUC. (n = 5-8 in each groups) Data were expressed as mean \pm s.e.m. *P<0.05, **P<0.01 and ***P<0.001 between Exe + PBS and Exe + sIL-6R/IL-6 complex; #P<0.05, ##P<0.01 between Sed + PBS and Exe + sIL-6R/IL-6 complex by oneway ANOVA test.

Conclusion

- IL-6R is a novel biomarker determining exercise responsiveness in terms of insulin sensitivity and glycaemic control.
- Targeting sIL-6R might provide a potential therapeutic strategy to maximise therapeutic efficacy of physical exercise for diabetes prevention.

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Reference

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