1 The RNA-binding protein HuR impairs adipose tissue anabolism in pancreatic cancer

- 2 cachexia
- 3 Paige C. Arneson-Wissink^{1,2}, Katherine Pelz^{1,3}, Beth Worley¹, Heike Mendez^{1,2}, Peter Pham
- ⁴^{1,2}, Grace McCarthy ^{1,3}, Alex Chitsazan⁴, Jonathan R. Brody ^{1,3,5}, Aaron J. Grossberg^{*1,2,4,5}
- 5
- ¹Brenden-Colson Center for Pancreatic Care, Oregon Health & Science University, Portland,
 OR
- ⁸ ²Department of Radiation Medicine, Oregon Health & Science University, Portland, OR
- ⁹ ³Department of Surgery, Oregon Health & Science University, Portland, OR
- ⁴Cancer Early Detection Advanced Research Center, Oregon Health & Science University,
- 11 Portland, OR
- ⁵Department of Cell, Developmental, and Cancer Biology, Oregon Health & Science
- 13 University, Portland, OR
- 14
- 15
- *Corresponding Author: Aaron J. Grossberg, 3181 SW Sam Jackson Park Rd Mail Code
 L481, Oregon Health and Science University, Portland, OR, 97239, 503-494-9945,
- 18 grossber@ohsu.edu
- 19

20 ABSTRACT

21 **Background:** Cachexia is defined by chronic loss of fat and muscle, is a frequent complication of pancreatic ductal adenocarcinoma (PDAC), and negatively impacts patient outcomes. 22 23 Nutritional supplementation cannot fully reverse tissue wasting, and the mechanisms underlying this phenotype are unclear. This work aims to define the relative contributions of 24 25 catabolism and anabolism to adipose wasting in PDAC-bearing mice. Human antigen R (HuR) 26 is an RNA-binding protein recently shown to suppress adipogenesis. We hypothesize that fat 27 wasting results from a loss of adipose anabolism driven by increased HuR activity in 28 adipocytes of PDAC-bearing mice. **Methods:** Adult C57BL/6J mice received orthotopic PDAC cell (*Kras^{G12D}*; p53^{R172H/+}; Pdx1-cre) 29 30 (OT-PDAC) or PBS (sham) injections. Mice exhibiting moderate cachexia (9 days after injection) were fasted for 24h, or fasted 24h and refed 24h before euthanasia. A separate 31 32 cohort of PDAC mice were treated with an established HuR inhibitor (KH-3, 100 mg/kg) and subjected to the fast/refeed paradigm. We analyzed body mass, gross fat pad mass, and 33 adipose tissue mRNA expression. We quantified lipolytic rate as the normalized quantity of 34 glycerol released from 3T3-L1 adipocytes in vitro, and gonadal fat pads (gWAT) ex vivo. 35 Results: 3T3-L1 adipocytes treated with PDAC cell conditioned media (CM) liberated less 36 37 triglyceride into the culture media than control-treated adipocytes (-28.1%) and had lower 38 expression of lipolysis and lipogenesis genes than control cells. PDAC gWAT cultured ex vivo displayed decreased lipolysis compared to sham gWAT (-54.7%). PDAC and sham mice lost 39 40 equivalent fat mass after a 24h fast, however, PDAC mice could not restore inguinal fat pads 41 (iWAT) (-40.5%) or gWAT (-31.8%) mass after refeeding. RNAseg revealed 572 differentially 42 expressed genes in gWAT from PDAC compared to sham mice. Downregulated genes

43	(n=126)	were	associated	with a	dipoae	enesis (adi	p=0.05)	. and e	xpression	of adir	ogenesis
-5	(11 120)	11010	accontacoa	with a	iipogo		uuj	p 0.00/	, and o	70000001	or aarp	Jogonioolo .

- 44 master regulators *Pparg* and *Cebpa* were reduced in gWAT from PDAC mice.
- 45 Immunohistochemistry revealed increased HuR staining in gWAT (+74.9%) and iWAT
- 46 (+41.2%) from PDAC mice. Inhibiting HuR binding restored lipogenesis in refed animals with a
- 47 concomitant increase in iWAT mass (+131.7%) and genes regulating adipogenesis (*Pparγ*,
- 48 Cebpa, Retn, Adipoq, Fasn).
- 49 **Conclusions:** Our work highlights deficient adipose anabolism as a driver of wasting in 3T3-
- 50 L1 adipocytes treated with PDAC conditioned media and OT-PDAC mice. The small molecule
- 51 KH3, which disrupts HuR binding, was sufficient to restore adipogenic and lipogenic gene
- 52 expression and prevent adipose wasting. This highlights HuR as a potentially targetable
- 53 regulatory node for adipose anabolism in cancer cachexia.
- 54
- 55 Key words: pancreatic ductal adenocarcinoma, cachexia, adipose, adipogenesis, HuR
- 56

58 INTRODUCTION

59 Cancer-associated cachexia is a wasting condition characterized by systemic 60 inflammation, progressive weight loss, and atrophy of white adipose tissue (WAT) and skeletal 61 muscle[1-3]. In addition to physical deterioration, individuals with cachexia also exhibit fatigue, anorexia, and cognitive decline[1-4], which contribute significantly to reductions in quality of 62 63 life, ability to tolerate chemotherapy or surgery, and patient mortality[5-9]. Cachexia is 64 estimated to be the direct cause of death in 20-30% of cancer patients[5, 6], and among all malignancies, pancreatic ductal adenocarcinoma (PDAC) is the most highly associated with 65 66 cachexia, with an estimated 83% of patients suffering from this condition[10-12]. Despite much of cachexia research focusing on improving skeletal muscle mass, a retrospective study of 67 68 patients with PDAC revealed that fat loss alone is associated with equally poor outcomes as 69 combined muscle and fat mass loss [13]. Additionally, current cachexia clinical trials center 70 around weight maintenance or gain as a primary endpoint. This highlights the importance of 71 understanding the drivers of adipose tissue loss in cachexia.

72 Cachexia arises when energy catabolism exceeds anabolism. leading to unsustainable 73 levels of fat mobilization and muscle depletion. Multiple factors are known to enhance 74 catabolism, including decreased secretion of anabolic hormones, and altered metabolism of 75 protein, carbohydrate, and lipid substrates[14]. Current work suggests that inflammation drives metabolic abnormalities in cachexia[10, 15]. Pro-inflammatory cytokine activity increases 76 77 during cancer progression[16, 17] and systemic inflammation can contribute to wasting by 78 inducing hypercatabolism in muscle and adipose tissue [14, 18-20]. Existing literature 79 highlights elevated rates of lipolysis and adipose browning as the primary forces underlying 80 adipose tissue wasting [21, 22]. Browning, in particular, appears to exert a double effect in

cachexia by both reducing lipid stores and increasing energy expenditure[22]. However,
impaired anabolic processes, like adipogenesis and lipogenesis, also contribute to adipose
tissue loss [23]. Targeting peroxisome proliferator-activated receptor gamma (PPARG), a
transcriptional control point of adipogenesis, with the agonist rosiglitazone was sufficient to
improve fat and muscle mass retention in mice with lung cancer [24]. Tumor-derived factors
are also capable of impairing adipogenesis in cultured 3T3L-1 adipocytes [25, 26].

87 RNA-binding proteins (RBPs) are essential in governing biogenesis, stabilization, translation, and decay of mRNA transcripts[27, 28]. Several RBPs regulate alternative splicing 88 89 in adjpocytes[29-31] and promote white adjpose tissue browning [32] by inhibiting the 90 translation efficiency of mitochondrial mRNAs such as UCP1[33]. Until recently, the function of 91 most RBPs in adjocytes was largely unexplored. Recent work demonstrated that the RBP 92 human antigen R (HuR), encoded by the embryonic lethal abnormal vision-like 1 (ELAVL1) 93 gene, which regulates the expression of genes involved in inflammation, stress response, and 94 apoptosis, is also a repressor of adipogenesis in both white and brown adipose tissues[34, 35]. 95 Our goal was to elucidate the relative contributions of enhanced catabolism and impaired 96 anabolism on fat wasting by investigating adipose tissue response to different nutritional 97 contexts and HuR inhibition in cachectic mice.

98 METHODS

99 Cell culture

100 KPC PDAC cells

101 KPC cells expressing pancreas-specific conditional alleles (*Kras^{G12D}; p53^{R172H/+}; Pdx1-*102 *cre*)[36] were stored in liquid nitrogen until use and then maintained in RMPI 1640 103 supplemented with 10% FBS, 1mM sodium pyruvate, and 50 U/mL penicillin/streptomycin

104 (Gibco, Gaithersburg, MD) at 37C and 5% CO₂. Conditioned media (CM) was collected from 105 confluent KPC cells grown in DMEM, 1% pen/strep (to accommodate later culturing of 3T3-L1 106 cells) after 24 hours incubation, centrifuged at 1,200 g for 10 min, filtered with a 0.2- μ m syringe 107 filter, and used immediately or stored at -80°C.

108 3T3-L1 adipocytes

3T3-L1 adipocytes (ATCC CL-173) were purchased from ATCC and stored in liquid 109 nitrogen until use. Cells were first treated with preadipocyte expansion media (DMEM, 10% 110 bovine calf serum, 1% pen/strep) for 3-4 days. Then, cells were plated at a density of 2x10⁵ 111 cells/6-well dish, or 6.7 x10³ cells/96well dish and maintained in preadipocyte expansion media 112 113 for 2 days after reaching 100% confluency. Media was changed to adjocyte differentiation media (DMEM, 10% FBS, 1% pen/strep, 1 uM dexamethasone, 0.5 mM IBMX, 1 ug/mL bovine 114 115 insulin) for 2 days before switching to adipocyte maintenance media (DMEM, 10% FBS, 1% 116 pen/strep, 1 ug/mL bovine insulin) for the duration of the experiment. Cells were cultured for up 117 to 6 days after start of maintenance media. CM was added in place of adipocyte maintenance 118 media and was supplemented with FBS and insulin.

119 Oil red O staining

Diluted Oil Red O stock solution was prepared by mixing concentrated Oil Red O (0.5% Oil Red O in 100% isopropyl alcohol) 6:4 with deionized water. This solution was allowed to stand for 10 minutes at 4C and then filtered immediately before use through a 0.22 um filter. 3T3-L1 cells were washed with PBS, then incubated in 4% paraformaldehyde for 30 minutes at room temperature, then washed with deionized water twice. Cells were incubated in 60% isopropyl alcohol for 5 minutes, then treated with diluted Oil Red O solution for 15 minutes. Cells were washed 5 times with deionized water, then red signal was quantified at 490 nm in aplate reader (BioTek).

128 Triglyceride quantification

129 3T3-L1 mature adipocytes were treated with KPC CM or control media for 24 hours,

then media was collected off of 3T3-L1 cells for triglyceride quantification according to

131 manufacturer instructions (Stanbio Liquicolor Triglycerides Assay #2100, Fisher Scientific).

132 Absorbance was read at 500 nm on a plate reader (BioTek).

133 *Mouse studies*

134 Wildtype C57BL/6J mice (JAX catalog number 000664) were purchased from The Jackson Laboratory (Bar Harbor, ME) and maintained in standard rodent housing at 26°C with 135 136 12h light/12h dark cycles. Animals used for experimentation were 12-15 weeks of age. Mice were individually housed for acclimation for 7 days prior to tumor implantation and provided ad 137 libitum access to water and food (Rodent diet 5001; Purina Mills, St. Louis, MO, USA). Food 138 139 intake was measured daily. Tumor-bearing animals were euthanized by cardiac puncture 140 under deep isoflurane anesthesia. Studies were conducted in accordance with the U.S. 141 National Institutes of Health Guide for the Care and Use of Laboratory Animals and approved 142 by the Institutional Animal Care and Use Committee of Oregon Health & Science University. 143 Study-specific manipulations

For fasting studies, mice were transferred to clean cages without food for 24 hours prior to euthanasia or refeeding. Pair-feeding was used on the study days indicated in the figure legends by feeding sham mice the average of the food consumed by PDAC mice the day prior. PDAC mice treated with the HuR inhibitor KH3, were injected intraperitoneally (100 mg/kg) at 6-, 8-, and 10-days post-implantation.

149 Orthotopic PDAC implantation

150 Wildtype C57BL/6J mice aged 12-15 weeks received orthotopic PDAC tumor injections 151 (*Kras*^{G12D}; $p53^{R172H/+}$; *Pdx1-cre*) or sham injections. PDAC mice were injected with 1x10⁶ KPC

152 cells into the tail of the pancreas parenchyma in a volume of 23ul while sham animals were

treated with an equal volume of PBS. Animals were euthanized 10-11 days after tumor

implantation. N and sex are defined on a per-study basis in the figure legends.

155 Echo magnetic resonance imaging body composition

Lean mass, fat mass, total body water, and free water were measured using whole-

body magnetic resonance imaging (MRI) (EchoMRI, Houston, TX). Measurements were taken

pre-implantation, pre-fasting and at euthanasia in tumor and sham groups to assess body

159 composition.

160 Tissue collection and histology

Tissues collected at necropsy were weighed and flash frozen in liquid nitrogen prior to 161 storage at -80C. Tissues for HuR histology were fixed with 4% paraformaldehyde overnight 162 163 and then transferred to 70% ethanol. Tissues were paraffin-embedded, sectioned, incubated 164 with anti-HuR (1:300 #sc-5261, Santa Cruz Biotechnology Inc, Dallas, TX) and stained using 165 horseradish peroxidase-conjugated secondary antibody and incubation in 3.3'diaminobenzidine by the Histopathology Shared Resource Core at OHSU. Whole tissue 166 sections were scanned by the Advanced Light Microscopy Core at OHSU. ZEN Digital Imaging 167 168 for Light Microscopy (RRID:SCR 013672) was then used to obtain at least five 10x images per 169 tissue. ImageJ software was used to quantify the percent staining for each section (56). All 170 staining was guantified by running color deconvolution on 10x images, applying a standard

intensity threshold on the corresponding images, and measuring the percent area covered bythe staining.

173 Ex vivo lipolysis

174 Ex vivo lipolysis assays of adipose explants were performed as previously 175 described[37]. Briefly, gonadal white adipose tissue (gWAT) tissue was collected and cut into 176 approximately 100 mg samples, minced, then incubated in phenol red-free DMEM containing 2% fatty acid free bovine serum albumin at 37°C for 1 hour. Media was collected and snap-177 frozen. The tissue was transferred to a new dish containing media only or media with 10 uM 178 179 isoproterenol and incubated for 2 hours at 37C. Media was collected and snap-frozen. Media 180 aliquots were thawed and analyzed for glycerol using Sigma Glycerol Assay Kit (MAK117) 181 according to manufacturer's directions. 182 Quantitative gRT-PCR

Total RNA was extracted from cell pellets or tissues with the E.Z.N.A. Total RNA Kit II 183 184 (Omega Bio-Tek Inc., Norcross, GA). cDNA was transcribed with the High-Capacity cDNA Reverse Transcription Kit (Applied Biosystems, Waltham, MA). Quantitative real-time 185 186 polymerase chain reaction (qPCR) was run on the ABI 7300 (Applied Biosystems) using 187 TaqMan Fast Advanced PCR Master Mix (Applied Biosystems) or SYBR Green Master Mix 188 (Applied Biosystems). The relative expression was calculated using the $\Delta\Delta C_t$ method with 189 gene expression relative to beta actin or 18S. 190 RNA sequencing

191 RNA sequencing was performed on total RNA isolated as described above. RNA
192 libraries were prepared and sequenced using the Illumina Nova Seq and HiSeq platform
193 according to the Illumina Tru-Seq protocol (Novogene, Sacramento, CA). Reference genome

194 and gene model annotation files were downloaded from genome website browser 195 (NCBI/UCSC/Ensembl) directly. FASTQ files obtained from sequencing were put through fastp 196 to trim adapters and then fastic for quality analysis. STAR 2.7.1a was then used to align to 197 reference genome (mm10) to trimmed reads after which htseg was used to obtain gene 198 counts. Raw reads were normalized using DESeg2 (1.38.3). Genes with an adjusted P-value 199 <0.05 found by DESeq2 were assigned as differentially expressed. Gene set enrichment analysis (GSEA) was performed through the Broad Institute GUI. Normalized counts from 200 201 DESeq2 from gWAT were input and analyzed with relationship to the Molecular Signature 202 Database (msigdb). Significant Hallmark genes (p < 0.05) were graph from both positive and 203 negative normalized enrichment scores (NES). Log2 fold change, p-values and p-adj from 204 differential expression data obtained through deseg2 were loaded into Qiagen's Ingenuity 205 Pathway Analysis (IPA) to look at upstream and downstream regulators. Volcano plots created 206 from differential expression data of pairwise comparison with sham groups being baseline 207 using ggplot2 (3.5). Significant genes from adipogenesis pathway are labeled. Heatmaps were 208 created of genes in the adipogenesis pathway regardless of significance using 209 pheatmap(1.0.12).

210 Statistical Analysis

Specific statistical tests and sample size for each study is indicated in the figure
legends. Error bars in figures show SEM. Statistical analyses were performed using GraphPad
Prism (version 9; GraphPad Software Inc), and graphs were built using GraphPad Prism
(GraphPad Software Inc) statistical analysis software or R studio (4.2.3) using ggplot (3.5.1). P
values are 2 sided with values less than 0.05 regarded as statistically significant.

- Further information and resources, including KPC cells and raw data will be shared
 upon reasonable request to Aaron J. Grossberg (<u>grossber@ohsu.edu</u>).
- 219
- 220 RESULTS

221 Adipocytes suppress lipogenesis in response to PDAC-derived factors

222 Given a large body of literature suggesting that PDAC cachexia is partly driven by increased lipolysis in the adipose tissue, we tested the effect of PDAC cell conditioned media 223 224 (KPC CM) on lipolysis in vitro [21, 22, 38]. We treated differentiated 3T3-L1 cells with control 225 maintenance media, or with KPC CM for 6 days. At this time, we observed decreased lipid 226 droplet accumulation by brightfield microscopy, which was confirmed with Oil Red O (Figure **1A-B**). Liberated triglyceride (TG) levels, a measure of lipolysis, were significantly lower in the 227 228 media of KPC CM-treated cells (Figure 1C). Correspondingly, mRNA levels of lipolysis 229 enzymes adipose triglyceride lipase (Atgl) and lipase E (Lipe) were significantly decreased in 230 KPC CM-treated 3T3-L1 cells (Figure 1D). To explain the apparent decrease in lipid 231 accumulation without increased lipolysis, we measured the expression of genes associated 232 with lipogenesis: fatty acid synthase (Fasn), nuclear receptor subfamily 1 group H member 3 233 (Nr1h3), solute carrier family 2 member 4 (Slc2a4), and lipoprotein lipase (Lpl). All of these 234 genes were suppressed after KPC CM treatment, indicating that the decreased lipid content in 235 3T3-L1 cells was due to impaired anabolic activity rather than increased catabolic activity 236 (Figure 1E).

237 PDAC is associated with decreased fat pad mass in vivo

We first sought to assess the effects of pancreatic cancer on metabolism by
 characterizing tissue physiology in a murine orthotopic PDAC model. 12-week-old C57BL/6J

240 mice with PDAC or sham implantations were fed ad libitum with or without a 24h fast once 241 mice reached a moderate cachexia burden (9 days after tumor implantation). Body mass 242 maintained stable among all groups prior to fasting (Figure 2A), whereas PDAC mice 243 exhibited a small reduction in food intake (Figure 2B) compared to sham controls. EchoMRI 244 body composition analysis of fat mass demonstrated significant decreases in overall adiposity 245 in PDAC animals from baseline to pre-fast due to cachexia progression and reduction in food intake (Figure 2C). As expected, between pre- and post-fast, both PDAC and sham animals 246 247 lost significant overall adiposity (Figure 2D). Terminal fat pad mass in fasted PDAC animals 248 was not significantly altered compared to fasted sham mice (Figure 2E), indicating that both 249 groups exhibit similar rates of fasting-induced lipolysis. Fasting caused a significant reduction 250 in tumor mass compared to ad libitum-fed mice (Figure 2F).

251 **PDAC impairs lipolysis and adipogenesis**

252 Based on our findings in vitro, we hypothesized that PDAC mice would not exhibit 253 increased lipolysis, which is characteristic of other cachexia models [21, 38]. To measure the 254 rate of adipose tissue catabolism, we performed an ex vivo lipolysis study, using gonadal white 255 adipose tissue (gWAT) collected from sham and PDAC mice. We assessed fat pads both in 256 the presence and absence of the beta-adrenergic agonist isoproterenol (10 uM) to determine 257 baseline and stimulated lipolysis[39]. Baseline and isoproterenol-stimulated glycerol release were significantly decreased in PDAC gWAT (Figure 3A), demonstrating that PDAC 258 259 suppresses, rather than enhances, lipolytic rate and capacity. To further characterize the 260 molecular biology of adjocytes during PDAC, we assessed mRNA expression of genes 261 regulating lipolysis and browning in adipose tissue. PDAC mice failed to increase gWAT and 262 inguinal white adipose tissue (iWAT) Atgl and Lipe expression in response to fasting (Figure

3B). We observed similar decreases in browning-associated gene expression, including
peroxisome proliferator-activated receptor gamma coactivator 1 alpha (*Pgc1a*), protein domain
containing 16 (*Prdm16*), and cell death inducing DFFA like effector a (*Cidea*) in PDAC mice in
both *ad libitum* fed and fasted conditions. Uncoupling protein 1 (*Ucp1*), which is also
associated with browning, was not significantly increased in gWAT from PDAC mice (Figure
3B-C). Therefore, neither enhanced lipolysis nor browning are significant contributors to
adipose loss in this model.

270 PDAC downregulates pathways associated with adipogenesis

271 To gain further insights into PDAC metabolism from global gene expression analysis, 272 we performed bulk RNA sequencing (RNAseg) on gWAT from sham and PDAC animals. . In 273 gWAT, we identified a total of 572 differentially expressed genes (DEGs) in PDAC versus 274 sham mice, of which 446 were enriched, and 126 were depleted (Figure 4A, S1). Pathway analysis referencing the molecular signatures database (MSigDB) hallmark gene set collection 275 276 revealed increased expression of gene sets associated with cell cycle control (e.g., E2F 277 targets and G2M checkpoints) and inflammation (e.g. TNFa and JAK/STAT3 signaling) and 278 decreased expression of genes linked to adipogenesis, oxidative phosphorylation, and fatty 279 acid metabolism (Figure 4B)[40]. Because inhibition of adipogenesis could provide an 280 alternative mechanism for adipose wasting, we plotted all significant DEGs in the adipogenesis 281 gene set and observed nearly universal depletion of these transcripts in PDAC mice (Figure 282 **4C**). We then validated our RNAseq data by performing qPCR on selected adipogenesisassociated DEGs, revealing consistent downregulation of both adipogenesis and lipogenesis 283 284 genes (Figure 4D). We then repeated gPCR in iWAT to determine whether subcutaneous 285 adipose exhibited the same transcriptomic changes. Transcriptional changes in iWAT were

less dramatic than in gWAT and did not reach significance, with the exception of *Lpl*, which
was significantly decreased in PDAC tissue (Figure 4E). Together, these results indicate that
suppressed transcriptomic programs associated with adipogenesis could account for
decreased adipose tissue during cachexia, in the absence of elevated lipolysis.

290 Adipose tissue anabolism is impaired in orthotopic PDAC mice after refeeding

291 Based on our results demonstrating downregulation of adipogenic and lipogenic genes 292 in PDAC mice, we next wanted to confirm whether adipose tissue anabolism is functionally 293 impaired in mice implanted with orthotopic PDAC. To do this, wildtype C57BL/6J mice with 294 PDAC or sham implantations were fed ad libitum for 9 days, an established timepoint of active 295 cachexia[41], fasted 24h, and then terminated or allowed to re-feed for 24 h. To control for 296 differences in caloric intake, we used a pair-fed refeeding scheme in which sham mice were 297 refed with the average food consumption of the refed PDAC group. Challenging mice with a 298 24h fast depletes adipose mass equally in PDAC and sham mice (Figure 2D), enabling us to 299 assess anabolic restoration of fat mass during a 24 h refeeding period. We observed 300 measured cumulative food intake and daily body mass for the duration of the study (Figure 301 5A-B). Fasting and refeeding did not impact pancreas tumor mass (Figure S2). There were no 302 differences in iWAT or gWAT mass in fasted PDAC versus sham mice (Figure 5C-D). 303 However, while sham mice regain significant amounts of gWAT and iWAT mass after 304 refeeding, gWAT and iWAT masses in PDAC mice remain equivalent before and after 305 refeeding (Figure 5C-D). Refeeding sham mice caused increased gWAT expression of 306 lipogenic Fasn and adipogenic genes Lep and Retn, while these genes remained suppressed 307 in PDAC gWAT (Figure 5E). Refed sham iWAT showed increased Fasn, but not adipogenic 308 genes, while PDAC iWAT had suppressed expression of both adipogenic and lipogenic genes

(Figure 5F). These results confirm that downregulation in pathways mediating adipogenesis
 are indeed accompanied by impaired adipose tissue anabolism in orthotopic PDAC mice after
 refeeding.

312 HuR is overexpressed in orthotopic PDAC fat tissue

313 Following our observation that adipose tissue anabolism is impaired in PDAC animals, 314 we next sought to understand the mechanism of this phenomenon. We used Ingenuity Pathway Analysis upstream regulator analysis to identify potential candidates that could drive 315 impaired anabolism in PDAC adipose tissue. From the DEGs identified in gWAT of PDAC 316 317 mice, we found that canonical regulators of adipogenesis, such as troglitazone, fenofibrate, 318 PPARA, and PGC1A, were predicted to be inhibited. Inflammatory cytokines associated with 319 PDAC and cachexia, such as MYD88, IL-6, TNFA, IFNG, and IL-1B, were predicted to be 320 activated. Among other targets that were predicted to be activated but were not typically associated with cachexia was human antigen R (HuR, ELAVL1), an RNA-binding protein 321 recently established as a suppressor of adipogenesis[34] (Figure 6A). Given the predicted 322 323 activation of HuR in gWAT and existing literature, we next asked if HuR was more abundant in adipose tissue from PDAC mice. We performed immunohistochemical staining of HuR in 324 325 formalin-fixed, paraffin-embedded sham and PDAC gWAT, iWAT, pancreas, and muscle 326 tissue. HuR staining was significantly increased in both the gWAT and iWAT of PDAC mice 327 versus sham controls (Figure 6C-D, S4). We also observed increased HuR staining in the 328 pancreas, but not skeletal muscle from PDAC mice, as compared to sham controls (Figure 329 6B, S3).

330 HuR inhibition improves metabolic deficits and restores adipogenesis in vivo

331 Since HuR has been established as driving pro-survival pathways in PDAC, we next 332 wanted to determine if preventing HuR binding to target mRNAs could reverse adipose wasting 333 in PDAC cachexia[35]. To do this, we treated PDAC mice with a selective HuR inhibitor, KH-3, 334 which prevents binding of HuR to its target mRNA sequence[42]. All mice received orthotopic 335 PDAC tumor injections and were fed ad libitum then fasted 24h with or without a 24h refeed at 336 mid-cachexia (9 days after injection). In each feeding group, mice were treated with the HuR inhibitor KH-3 (100 mg/kg) or vehicle at 6-, 8-, and 10-days post-injection. Cummulative food 337 intake between vehicle and KH3 groups was not statistically significant prior to fast. KH3 338 339 treated PDAC mice gained significantly more weight during refeeding compared to vehicle-340 treated mice (Figure 7A-B). Refeeding was associated with larger tumors in both vehicle and 341 KH-3 groups, likely due to both log growth and the propensity for mice to become dehydrated 342 during fasting (Figure 7C). KH-3 treatment itself had no effect on tumor growth over this time 343 interval. KH-3 treatment caused a nonsignificant increase in gWAT mass and significantly 344 increased iWAT mass in refed animals (Figure 7D-F). In contrast, vehicle-treated mice did not 345 significantly increase fat pad mass during refeeding. This effect is specific to adipose tissue, as 346 gastrocnemius muscle mass was not changed between fast/refeed, or vehicle/KH-3 treatment 347 (Figure 7F). To molecularly test the impact of HuR inhibition on adipogenesis and lipogenesis 348 gene expression, we analyzed gWAT and iWAT tissues by qPCR. KH-3 treatment successfully restored expression of adipogenic (Cebpa, Adipog, Lep, Retn) and lipogenic (Fasn) genes 349 350 (Figure 8A-B, D-E). HuR inhibition did not impact lipolysis gene expression (*Atgl* and *Lipe*) 351 (Figure 8C, F). Thus, we show a role for HuR in adipose tissue metabolism during PDAC-352 associated cachexia, whereby inhibiting HuR successfully ameliorates adipose tissue wasting 353 in vivo by restoring the expression of genes associated with adipogenesis and lipogenesis.

354 **DISCUSSION**

This work evaluates the relative contributions of enhanced catabolism and impaired 355 356 anabolism on fat wasting by investigating adipose tissue response to different nutritional 357 contexts and HuR inhibition in cachectic mice. We demonstrate that our murine model of 358 PDAC cachexia exhibits a near-complete deficit in adipose tissue anabolism in the context of 359 reduced lipolysis, which corroborates a growing set of literature that challenges the dogma that fat wasting occurs as a result of only enhanced catabolism[24-26]. We further identify HuR as 360 a potential molecular mediator of adipogenesis during pancreatic cancer progression. 361 362 Collectively, these studies support other work describing heterogeneity within cancer-363 associated cachexia that could have major implications on therapeutic strategies moving 364 forward [13, 43]. In the future, clinical trials may see more therapeutic success if they employ 365 patient selection based on patients' underlying mechanisms of wasting. 366 Our study implicates the RNA-binding protein HuR in the inhibition of adipogenesis and 367 lipogenesis in adipose tissue. HuR can impact the transcriptome through both RNA binding 368 and HuR-dependent splicing [35]. One documented mechanism of HuR-mediated 369 adipogenesis regulation is via HuR binding to adipogenesis upstream regulator *Pparg*, which 370 suppresses Adipog protein expression in a non-transcriptionally dependent manner [44]. In our 371 RNA sequencing, we did not observe increased HuR expression, although others have 372 documented increased HuR expression in response to nuclear factor-kappa B (NF- κ B) 373 signaling[45]. Alternatively, we identified HuR as an upstream regulator based on adipose 374 transcriptomic changes associated with PDAC. In this context, HuR is more likely controlled 375 post-translationally, although further investigation is needed to identify the specific PDAC-376 associated factors that may activate HuR stability and nuclear translocation [46].

377 Small molecule antagonists of HuR, such as KH-3, are currently in development and have been found to have anti-tumor effects[35, 47]. In our studies, KH-3 ameliorated anti-fat 378 379 wasting but also induced severe hemolytic anemia in all treated mice. Tumor size was not 380 impacted by KH3 treatment, likely because of the short period of dosing. However, studies 381 aimed to evaluate tumor growth over 5 weeks documented slower tumor growth and fewer 382 metastases in KH-3-treated mice [48]. In our studies, the anti-cachectic effects of KH-3 were specific to adipose tissue and did not preserve skeletal muscle mass. Although prior studies 383 link muscle and adipose wasting, these models are all characterized by enhanced lipolysis and 384 385 browning [38]. In our model, adipose and muscle wasting appear to be driven by independent 386 mechanisms. Continued improvement of HuR antagonists could lead to therapeutics that 387 restore anabolic potential in adipose tissue, providing a novel approach to alleviating one 388 symptom of cachexia, while also providing anti-tumor benefits.

In addition to impaired anabolic potential in adipose tissue, our PDAC model also 389 390 presents suppressed lipolysis. Suppressed lipolysis could contribute to systemic defects in 391 energy utilization in cancer cachexia. Prior work from our group shows that PDAC impairs 392 hepatic lipid oxidation but that this does not result in lipid accumulation or fatty liver [41]. While 393 hepatic metabolic deficits were not HuR dependent, it is possible that impaired lipid 394 mobilization contributes to global metabolic disruption. Further interrogation is needed to 395 understand how improved fat retention through HuR inhibition might impact lipid mobilization 396 and systemic metabolism.

397 ACKNOWLEDGEMENTS

We thank all members of the Aaron Grossberg and Jonathan Brody labs for their helpfuldiscussion and suggestions. We also would like to thank Dr. Laing Xu (Department of

- 400 Molecular Biosciences, University of Kansas, Lawrence, Kansas) for generously providing us
- 401 with the KH3 compound. Author contributions are: Conceptualization, KP, AJG. Methodology,
- 402 KP, HM, PP, GM, AC, AJG. Validation, PCAW, KP, HM, BW, PP. Formal Analysis, PCAW, KP,
- 403 HM, BW, PP, GM, AC, AJG. Investigation, PCAW, KP, HM, BW, PP, GM, AC. Writing—
- 404 Original Draft, PCAW, BLW. Writing Review and Editing, PCAW, PP, JB, AJG. Visualization,
- 405 PCAW, KP, HM, BW, PP, GM, AC. Supervision, JB, AJG. Project Administration, JB, AJG.
- 406 Funding Acquisition, JB, AJG. All authors approved this manuscript.
- 407 **Funding:** This work was supported by National Cancer Institute grants K99CA286709
- 408 (PCAW), R37CA280692 (AJG), R01264133 (AJG), and K08245188 AJG), R01 CA212600
- 409 (JRB), U01CA224012-03 (JRB), R21 CA263996 (JRB), AACR Grant-15-90-25-BROD (JRB),
- 410 the Hirshberg Foundation (JRB), and support from the Brenden Colson Center for Pancreatic
- 411 Care (AJG, JRB, and PCAW). This work is also supported by the Histopathology Shared
- 412 Resource for pathology studies (University Shared Resource Program at Oregon Health and
- 413 Sciences University and the Knight Cancer Institute (P30 CA069533 and P30 CA069533
- 414 13S5)).
- 415 **Conflict of interest:** The authors do not declare any conflicts of interest.

416 **Ethical standards:** The authors of this manuscript certify that they comply with the ethical

- 417 guidelines for authorship and publishing in the Journal of Cachexia, Sarcopenia and
- 418 Muscle.[49] All human and animal studies were approved by the appropriate ethics committees
- 419 and were therefore performed in accordance with the ethical standards laid down in the 1964
- 420 Declaration of Helsinki and its later amendments. All human subjects provided informed
- 421 consent and any identifying information of individual patients has been omitted.
- 422

423 FIGURE LEGENDS

424 Figure 1: Adipocytes suppress lipogenesis in response to pancreatic ductal

425 adenocarcinoma-conditioned media. Differentiated 3T3-L1 adjpocytes were cultured for 6 days in control or KPC CM, with the exception of the TG assay. (A) Brightfield images of 426 differentiated 3T3-L1 cells treated with control media (right) or KPC CM (left). Scale bars 427 428 represent 200 um. Representative of 3 wells per condition. (B) Quantification of Oil Red O 429 staining. N = 4 wells per condition. (C) Media triglyceride levels after 24 hours of exposure to control or KPC CM. N=3 wells per condition. (D) mRNA expression lipolysis genes N= 3 wells 430 431 per condition, normalized to 18S expression. (E) mRNA expression of lipogenesis genes. N= 3 432 wells per condition, normalized to 18S expression. Pairwise analyses tested with t-test. p<0.05, **p<0.01, ***p<0.001, and ****p<0.0001. 433

Figure 2: Pancreatic ductal adenocarcinoma is associated with decreased fat pad mass

in vivo. Wildtype C57BL/6J mice with PDAC or sham implantations were fed ad libitum or 436 437 fasted 24h at mid-cachexia (9 days after injection). Animals were euthanized 10 or 11 days 438 after tumor implantation following the 24h fast. N= 5 sham, 6 PDAC male mice per feeding 439 condition. (A) Daily body mass. Statistically tested with 3-way ANOVA p<0.0001 for time, time 440 x fast; p=0.0073 for fast; p=0.0097 for time x tumor status; p=0.0167 for tumor status. (B) 441 Cumulative food intake. Statistically tested with 3-way ANOVA p<0.0001 for time, time x fast; p=0.0035 for time x tumor status. (C-D) Body composition changes in total adiposity were 442 443 characterized at baseline to pre-fast between sham and PDAC mice (C), and at pre- to post-444 fast (D). MRI analyses were statistically tested with mixed effects model with Fisher's LSD test. 445 (E) Terminal gWAT mass. (F) Terminal pancreas/tumor mass. 2x2 analyses were statistically 446 tested with two-way ANOVA with Tukey multiple comparisons. *p<0.05, **p<0.01, and 447 ****p<0.0001.

448

434

449 Figure 3: Pancreatic ductal adenocarcinoma impairs lipolysis and adipogenesis *in vivo*. 450 (A) Measurement of lipolysis (glycerol release) in explants derived from gWAT collected 10 451 days post tumor implantation. Lipolysis was induced by the agonist isoproterenol (10 μ M). N= 452 6 male mice per group. Statistically tested with two-way ANOVA with uncorrected Fisher's LSD 453 test to compare groups. (B) mRNA expression lipolysis genes in gWAT collected 10 days post-454 implantation from 24h fasted and ad lib mice, normalized to 18S expression. N=5 male mice sham fasted; 3 male, 3 female mice sham ad lib; 6 male mice PDAC fasted; 3 male, 2 female 455 456 mice PDAC ad lib. (C) mRNA expression of lipolysis genes in iWAT collected 11 days post-457 implantation from ad lib mice, normalized to beta actin expression. N= 4 male mice per group. 2x2 data were statistically tested with two-way ANOVA with Tukey multiple comparisons 458 459 comparing tumor experimental groups to sham controls. Pairwise comparisons were made with unpaired t test. *p<0.05, **p<0.01, ***p<0.001, and ****p<0.0001. 460

461

Figure 4: PDAC downregulates pathways associated with adipogenesis. RNAseq on
gWAT from ad lib fed PDAC and sham mice collected 14 days post tumor implantation. N = 2
female, 3 male PDAC; 3 female, 2 male sham. (A) Volcano plot of differentially expressed
genes in gWAT. Blue dots represent significantly downregulated genes (log2FC < -1 and adj
p<0.05). while red dots represent significantly upregulated genes (log2FC > 1 and adj p<0.05).
Grey dots are insignificant. Labels denote significant differentially expressed genes from the

468 Hallmark Adipogenesis pathway. (B) Broad Institute GSEA significantly enriched pathways in 469 PDAC gWAT relative to sham gWAT (pathway pval <0.05). Blue is downregulated, red is upregulated. (C) Heat map of Hallmark Adipogenesis pathways constituents in PDAC and 470 471 Sham gWAT. Scale represents row normalized raw counts. (D) gPCR validation of 472 adipogenesis and lipolysis genes in in gWAT collected 10 days post-implantation from 24h 473 fasted and ad lib mice. N=5 male mice sham fasted; 3 male, 3 female mice sham ad lib; 6 male 474 mice PDAC fasted; 3 male, 2 female mice PDAC ad lib. Statistically tested with two-way 475 ANOVA with Tukey multiple comparisons comparing tumor experimental groups to sham controls. (E) gPCR validation of adipogenesis and lipolysis genes in iWAT from ad lib fed mice 476 477 collected 11 days post implantation. N = 4 male mice per group. Statistically tested with unpaired t test. *p<0.05, **p<0.01, ***p<0.001, and ****p<0.0001. 478

479

480 Figure 5: Adipose tissue anabolism is impaired in orthotopic PDAC mice after refeeding.

Wildtype C57BL/6J mice with PDAC were fed ad libitum then fasted 24h or fasted 24h followed 481 by a refeed at mid-cachexia (9 days after injection). Sham mice were pair-fed to PDAC 482 average food intake from 2 days post-implantation until study end. Animals were euthanized 9 483 484 or 10 days after tumor implantation following the 24h fast or ad libitum refeed. N= 3 male and 3 485 female mice per group. (A) Cumulative food intake. Statistically tested with 3 way ANOVA. 486 P<0.0001 for time, p=0.0344 for time x tumor status. (B) Daily body mass. Statistically tested 487 with 3 way ANOVA. P<0.0001 for time, p=0.002 for time x tumor status. (C) iWAT mass 488 normalized to initial body mass, normalized to beta actin expression. (D) gWAT mass 489 normalized to initial body mass, normalized to beta actin expression. (E) mRNA expression of 490 anabolic genes in gWAT. (F) mRNA expression of anabolic genes in iWAT. Data represented in C-F were statistically tested with two-way ANOVA with Tukey multiple comparisons 491 492 comparing tumor experimental groups to sham controls. *p<0.05, and ****p<0.0001.

493 494 Figure 6: HuR is overexpressed in PDAC orthotopic pancreas and fat tissue. (A)

Selected upstream regulator predictions from Ingenuity Pathway Analysis of differentially
expressed genes in gWAT. (B-D) Representative images and quantification of
immunohistochemical detection of HuR in tissue from PDAC and sham mice. (B) Pancreas
N=4 male and 4 female mice per group. (C) gWAT N=4 male and 4 female mice per group. (D)
iWAT N= 3 female, 2 male sham and 2 female, 3 male PDAC. Scale bars represent 100 um.
Statistically tested with t test. *p<0.05, **p<0.01, ***p<0.001, and ****p<0.0001.

501

502 Figure 7: HuR inhibition prevents adipose tissue loss in vivo. Wildtype C57BL/6J mice with PDAC were fed ad libitum then fasted 24h or fasted 24h followed by a refeed at mid-503 cachexia (9 days after injection). In each feeding paradigm, groups were treated with either 504 505 vehicle or the HuR antagonist, KH-3, then euthanized 10 or 11 days after tumor implantation 506 following the 24h fast or ad libitum refeed. Vehicle-treated mice were pair-fed to the KH-3 507 treated group's average food intake from 8 days post-implantation until study end. N = 7 male 508 mice per group. (A) Cumulative food intake, statistically tested as an unpaired t test of vehicle 509 vs KH3 treatment at day 9 (prior to fast) p =0.1121. (B) Change in body weight after refeeding, statistically tested with unpaired t test. (C) Terminal pancreas mass. (D) Terminal gWAT mass. 510 (E) Terminal iWAT mass. (F) Terminal gastrocnemius mass. 2x2 analyses were statistically 511 512 tested with two-way ANOVA with Tukey multiple comparisons*p<0.05, and **p<0.01.

514 Figure 8: HuR inhibition partially restores adipogenesis and lipogenesis in vivo. (A)

mRNA expression of Adipogenesis genes in gWAT, normalized to beta actin expression. (B) 515

mRNA expression of lipogenesis genes in gWAT. (C) mRNA expression of lipolysis genes in 516

517 gWAT. (D) mRNA expression of Adipogenesis genes in iWAT, normalized to beta actin

expression. (E) mRNA expression of lipogenesis genes in iWAT. (F) mRNA expression of 518

519 lipolysis genes in iWAT. Data were statistically tested with two-way ANOVA with Tukey multiple comparisons correction. N = 7 male mice per group. *p<0.05, **p<0.01, ***p<0.001,

- 520
- 521 and ****p<0.0001.
- 522

524 **REFERENCES**

- 525 1. Tisdale MJ. Biology of cachexia. J Natl Cancer Inst. 1997;89:1763-73.
- 526 doi:10.1093/jnci/89.23.1763
- 527 2. Grossberg AJ, Scarlett JM, Marks DL. Hypothalamic mechanisms in cachexia. Physiol
- 528 Behav. 2010;100:478-89. doi:10.1016/j.physbeh.2010.03.011
- 529 3. Baracos VE, Martin L, Korc M, Guttridge DC, Fearon KCH. Cancer-associated
- 530 cachexia. Nat Rev Dis Primers. 2018;4:17105. doi:10.1038/nrdp.2017.105
- 531 4. Olson B, Marks DL. Pretreatment Cancer-Related Cognitive Impairment-Mechanisms
- and Outlook. Cancers (Basel). 2019;11:doi:10.3390/cancers11050687
- 533 5. von Haehling S, Anker MS, Anker SD. Prevalence and clinical impact of cachexia in
- 534 chronic illness in Europe, USA, and Japan: facts and numbers update 2016. J Cachexia
- 535 Sarcopenia Muscle. 2016;7:507-9. doi:10.1002/jcsm.12167
- 536 6. von Haehling S, Anker SD. Cachexia as a major underestimated and unmet medical
- need: facts and numbers. J Cachexia Sarcopenia Muscle. 2010;1:1-5. doi:10.1007/s13539-
- 538 010-0002-6
- 539 7. Fearon K, Strasser F, Anker SD, Bosaeus I, Bruera E, Fainsinger RL, et al. Definition

and classification of cancer cachexia: an international consensus. Lancet Oncol. 2011;12:489-

- 541 95. doi:10.1016/S1470-2045(10)70218-7
- 542 8. Fearon KC, Glass DJ, Guttridge DC. Cancer cachexia: mediators, signaling, and
- 543 metabolic pathways. Cell Metab. 2012;16:153-66. doi:10.1016/j.cmet.2012.06.011
- 544 9. Tisdale MJ. Cachexia in cancer patients. Nat Rev Cancer. 2002;2:862-71.
- 545 doi:10.1038/nrc927

- 546 10. Aoyagi T, Terracina KP, Raza A, Matsubara H, Takabe K. Cancer cachexia, mechanism
- and treatment. World J Gastrointest Oncol. 2015;7:17-29. doi:10.4251/wjgo.v7.i4.17
- 548 11. Fearon K, Arends J, Baracos V. Understanding the mechanisms and treatment options
- 549 in cancer cachexia. Nat Rev Clin Oncol. 2013;10:90-9. doi:10.1038/nrclinonc.2012.209
- 550 12. Mueller TC, Burmeister MA, Bachmann J, Martignoni ME. Cachexia and pancreatic
- cancer: are there treatment options? World J Gastroenterol. 2014;20:9361-73.
- 552 doi:10.3748/wjg.v20.i28.9361
- 553 13. Kays JK, Shahda S, Stanley M, Bell TM, O'Neill BH, Kohli MD, et al. Three cachexia
- 554 phenotypes and the impact of fat-only loss on survival in FOLFIRINOX therapy for pancreatic
- 555 cancer. Journal of cachexia, sarcopenia and muscle. 2018;9:673-84.
- 556 14. Mantovani G, Maccio A, Lai P, Massa E, Ghiani M, Santona MC. Cytokine activity in
- 557 cancer-related anorexia/cachexia: role of megestrol acetate and medroxyprogesterone
- 558 acetate. Semin Oncol. 1998;25:45-52.
- 559 15. Straub RH, Cutolo M, Buttgereit F, Pongratz G. Energy regulation and neuroendocrine-
- immune control in chronic inflammatory diseases. J Intern Med. 2010;267:543-60.
- 561 doi:10.1111/j.1365-2796.2010.02218.x
- 16. Argiles JM, Busquets S, Toledo M, Lopez-Soriano FJ. The role of cytokines in cancer
- 563 cachexia. Curr Opin Support Palliat Care. 2009;3:263-8. doi:10.1097/SPC.0b013e3283311d09
- 17. MacDonald N, Easson AM, Mazurak VC, Dunn GP, Baracos VE. Understanding and
- 565 managing cancer cachexia. J Am Coll Surg. 2003;197:143-61. doi:10.1016/S1072-
- 566 7515(03)00382-X

18. Carson JL, Hernandez M, Jaspers I, Mills K, Brighton L, Zhou H, et al. Interleukin-13

568 stimulates production of nitric oxide in cultured human nasal epithelium. In Vitro Cell Dev Biol

569 Anim. 2018;54:200-4. doi:10.1007/s11626-018-0233-y

570 19. Haslett PA. Anticytokine approaches to the treatment of anorexia and cachexia. Semin

571 Oncol. 1998;25:53-7.

572 20. Moldawer LL, Copeland EM, 3rd. Proinflammatory cytokines, nutritional support, and

the cachexia syndrome: interactions and therapeutic options. Cancer. 1997;79:1828-39.

21. Das SK, Eder S, Schauer S, Diwoky C, Temmel H, Guertl B, et al. Adipose triglyceride

575 lipase contributes to cancer-associated cachexia. Science. 2011;333:233-8.

576 22. Petruzzelli M, Schweiger M, Schreiber R, Campos-Olivas R, Tsoli M, Allen J, et al. A

577 switch from white to brown fat increases energy expenditure in cancer-associated cachexia.

578 Cell metabolism. 2014;20:433-47.

579 23. Taylor J, Uhl L, Moll I, Hasan SS, Wiedmann L, Morgenstern J, et al. Endothelial Notch1

signaling in white adipose tissue promotes cancer cachexia. Nature Cancer. 2023;4:1544-60.

581 24. Langer HT, Ramsamooj S, Dantas E, Murthy A, Ahmed M, Ahmed T, et al. Restoring

adiponectin via rosiglitazone ameliorates tissue wasting in mice with lung cancer. Acta

583 Physiologica. 2024;e14167.

584 25. Jang HJ, Kim HY, Lyu JH, Muthamil S, Shin UC, Kim HS, et al. Bee (Apis mellifera L.

1758) wax restores adipogenesis and lipid accumulation of 3T3-L1 cells in cancer-associated
cachexia condition. Food Science & Nutrition. 2024;

587 26. Tien S-C, Chang C-C, Huang C-H, Peng H-Y, Chang Y-T, Chang M-C, et al. Exosomal

588 miRNA 16-5p/29a-3p from pancreatic cancer induce adipose atrophy by inhibiting

adipogenesis and promoting lipolysis. Iscience. 2024;27:

- 590 27. Cook KB, Kazan H, Zuberi K, Morris Q, Hughes TR. RBPDB: a database of RNA-
- 591 binding specificities. Nucleic Acids Res. 2011;39:D301-8. doi:10.1093/nar/gkq1069
- 592 28. Gerstberger S, Hafner M, Tuschl T. A census of human RNA-binding proteins. Nat Rev
- 593 Genet. 2014;15:829-45. doi:10.1038/nrg3813
- 29. Pihlajamaki J, Lerin C, Itkonen P, Boes T, Floss T, Schroeder J, et al. Expression of the
- splicing factor gene SFRS10 is reduced in human obesity and contributes to enhanced
- 596 lipogenesis. Cell Metab. 2011;14:208-18. doi:10.1016/j.cmet.2011.06.007
- 597 30. Brosch M, von Schonfels W, Ahrens M, Nothnagel M, Krawczak M, Laudes M, et al.
- 598 SFRS10--a splicing factor gene reduced in human obesity? Cell Metab. 2012;15:265-6; author
- 599 reply 7-9. doi:10.1016/j.cmet.2012.02.002
- 600 31. Huot ME, Vogel G, Zabarauskas A, Ngo CT, Coulombe-Huntington J, Majewski J, et al.
- 601 The Sam68 STAR RNA-binding protein regulates mTOR alternative splicing during
- adipogenesis. Mol Cell. 2012;46:187-99. doi:10.1016/j.molcel.2012.02.007
- 603 32. Chou CF, Lin YY, Wang HK, Zhu X, Giovarelli M, Briata P, et al. KSRP ablation
- 604 enhances brown fat gene program in white adipose tissue through reduced miR-150
- 605 expression. Diabetes. 2014;63:2949-61. doi:10.2337/db13-1901
- 33. Dai N, Zhao L, Wrighting D, Kramer D, Majithia A, Wang Y, et al. IGF2BP2/IMP2-
- 607 Deficient mice resist obesity through enhanced translation of Ucp1 mRNA and Other mRNAs
- encoding mitochondrial proteins. Cell Metab. 2015;21:609-21. doi:10.1016/j.cmet.2015.03.006
- 609 34. Siang DTC, Lim YC, Kyaw AMM, Win KN, Chia SY, Degirmenci U, et al. The RNA-
- 610 binding protein HuR is a negative regulator in adipogenesis. Nat Commun. 2020;11:213.
- 611 doi:10.1038/s41467-019-14001-8

- 612 35. Finan JM, Sutton TL, Dixon DA, Brody JR. Targeting the RNA-binding protein HuR in
 613 cancer. Cancer Research. 2023;83:3507-16.
- 614 36. Michaelis KA, Zhu X, Burfeind KG, Krasnow SM, Levasseur PR, Morgan TK, et al.
- 615 Establishment and characterization of a novel murine model of pancreatic cancer cachexia. J
- 616 Cachexia Sarcopenia Muscle. 2017;8:824-38. doi:10.1002/jcsm.12225
- 37. Schweiger M, Eichmann TO, Taschler U, Zimmermann R, Zechner R, Lass A.
- 618 Measurement of lipolysis. Methods Enzymol. 2014;538:171-93. doi:10.1016/B978-0-12-
- 619 800280-3.00010-4
- 620 38. Rupert JE, Narasimhan A, Jengelley DH, Jiang Y, Liu J, Au E, et al. Tumor-derived IL-6
- and trans-signaling among tumor, fat, and muscle mediate pancreatic cancer cachexia.
- Journal of Experimental Medicine. 2021;218:e20190450.
- 39. Schweiger M, Eichmann TO, Taschler U, Zimmermann R, Zechner R, Lass A.
- 624 Measurement of lipolysis. In: Elsevier; 2014. pp. 171-93.
- 40. Liberzon A, Birger C, Thorvaldsdóttir H, Ghandi M, Mesirov JP, Tamayo P. The
- molecular signatures database hallmark gene set collection. Cell systems. 2015;1:417-25.
- 41. Arneson-Wissink PC, Mendez H, Pelz K, Dickie J, Bartlett AQ, Worley BL, et al. Hepatic
- 628 signal transducer and activator of transcription-3 signalling drives early-stage pancreatic
- 629 cancer cachexia via suppressed ketogenesis. J Cachexia Sarcopenia Muscle. 2024;15:975-88.
- 630 doi:10.1002/jcsm.13466
- 42. Wu X, Gardashova G, Lan L, Han S, Zhong C, Marquez RT, et al. Targeting the
- 632 interaction between RNA-binding protein HuR and FOXQ1 suppresses breast cancer invasion
- and metastasis. Commun Biol. 2020;3:193. doi:10.1038/s42003-020-0933-1

43. Fearon Kenneth CH, Glass David J, Guttridge Denis C. Cancer Cachexia: Mediators,

635 Signaling, and Metabolic Pathways. Cell Metabolism. 2012;16:153-66.

636 doi:10.1016/j.cmet.2012.06.011

44. Hwang JS, Lee WJ, Hur J, Lee HG, Kim E, Lee GH, et al. Rosiglitazone-dependent

638 dissociation of HuR from PPAR-γ regulates adiponectin expression at the posttranscriptional

639 level. The FASEB Journal. 2019;33:7707-20. doi:10.1096/fj.201802643r

45. Kang MJ, Ryu BK, Lee MG, Han J, Lee JH, Ha TK, et al. NF-κB Activates

Transcription of the RNA-Binding Factor HuR, via PI3K-AKT Signaling, to Promote Gastric

642 Tumorigenesis. Gastroenterology. 2008;135:2030-42.e3. doi:10.1053/j.gastro.2008.08.009

643 46. Grammatikakis I, Abdelmohsen K, Gorospe M. Posttranslational control of HuR

function. Wiley Interdisciplinary Reviews: RNA. 2017;8:e1372.

45 47. Huang Z, Liu S, Tang A, Wu X, Aube J, Xu L, et al. Targeting RNA-binding protein HuR

to inhibit the progression of renal tubular fibrosis. Journal of Translational Medicine.

647 2023;21:428.

48. Dong R, Chen P, Polireddy K, Wu X, Wang T, Ramesh R, et al. An RNA-Binding

649 Protein, Hu-antigen R, in Pancreatic Cancer Epithelial to Mesenchymal Transition, Metastasis,

and Cancer Stem Cells. Mol Cancer Ther. 2020;19:2267-77. doi:10.1158/1535-7163.Mct-19-

651 0822

49. von Haehling S, Coats AJ, Anker SD. Ethical guidelines for publishing in the Journal of
Cachexia, Sarcopenia and Muscle: update 2021. Wiley Online Library; 2021. pp. 2259-61.

3T3-L1: 6 days post treatment

Α











bioRxiv preprint doi: https://doi.org/10.1101/2024.12.27.630549; this version posted December 28, 2024. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY-NC-ND 4.0 Internet.











Pancreas

IPA Upstream Regulator Analysis: gWAT

Α





Sham PDAC gWAT **** Mean Intensity of HuR Staining С 150 100 gWAT di P 50 0 Sham PDAC iWAT Mean Intensity of HuR Staining Sham PDAC 150 D 100 iwaT 50 0 Sham PDAC



