Macrophage-Derived Thrombospondin 1 Promotes Obesity-Associated Non-Alcoholic Fatty Liver Disease

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Graphical abstract

Highlights
- Obesity induces TSP1 expression in several tissues, such as adipose tissue and liver.
- Macrophages are an important cellular source of increased TSP1 in mouse NASH livers.
- Deletion of TSP1 in macrophages protects mice from diet-induced NASH.
- SMPDL3B negatively regulates TSP1-mediated macrophage activation.

Lay summary
Obesity-associated non-alcoholic fatty liver disease is a most common chronic liver disease in the Western world and can progress to liver cirrhosis and cancer. No treatment is currently available for this disease. The present study reveals an important factor (macrophage-derived TSP1) that drives macrophage activation and non-alcoholic fatty liver disease development and progression and that could serve as a therapeutic target for non-alcoholic fatty liver disease/steatohepatitis.

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Macrophage-derived thrombospondin 1 promotes obesity-associated non-alcoholic fatty liver disease

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Background & Aims: Thrombospondin 1 (TSP1) is a multifunctional matricellular protein. We previously showed that TSP1 has an important role in obesity-associated metabolic complications, including inflammation, insulin resistance, cardiovascular, and renal disease. However, its contribution to obesity-associated non-alcoholic fatty liver disease/non-alcoholic steatohepatitis (NAFLD or NASH) remains largely unknown; thus, we aimed to determine its role.

Methods: High-fat diet or AMLN (amylin liver NASH) diet-induced obese and insulin-resistant NAFLD/NASH mouse models were utilised, in addition to tissue-specific Tsp1-knockout mice, to determine the contribution of different cellular sources of obesity-induced TSP1 to NAFLD/NASH development.

Results: Liver TSP1 levels were increased in experimental obese and insulin-resistant NAFLD/NASH mouse models as well as in obese patients with NASH. Moreover, TSP1 deletion in adipocytes did not protect mice from diet-induced NAFLD/NASH. However, myeloid/macrophage-specific TSP1 deletion protected mice against obesity-associated liver injury, accompanied by reduced liver inflammation and fibrosis. Importantly, this protection was independent of the levels of obesity and hepatic steatosis. Mechanistically, through an autocrine effect, macrophage-derived TSP1 suppressed Smad3b expression in liver, which amplified liver proinflammatory signalling (Toll-like receptor 4 signal pathway) and promoted NAFLD progression.

Conclusions: Macrophage-derived TSP1 is a significant contributor to obesity-associated NAFLD/NASH development and progression and could serve as a therapeutic target for this disease.

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Introduction

With the epidemic burden of obesity and metabolic diseases, non-alcoholic fatty liver disease (NAFLD) has become the most common chronic liver disease in the Western world. NAFLD ranges from NAFL to non-alcoholic steatohepatitis (NASH), and can progress to cirrhosis and HCC. The rates for obesity-associated NAFLD/NASH continue to rise steadily.1,2 Notably, there is no NAFLD/NASH therapy currently available. Lifestyle interventions, such as diet and exercise, are the only treatments available to patients with NAFLD. However, these interventions do not achieve satisfactory results. Therefore, an effective alternative strategy is urgently needed.

The pathogenesis of NAFLD/NASH is complex and controlled by coordinated actions of liver cells (i.e. hepatocytes, Kupffer cells [KCs]/macrophages, hepatic stellate cells, and endothelial cells). Accumulative experimental and clinical data demonstrate that macrophages have an important role in the initiation and progression of NAFLD.3–9 KCs and infiltrating monocyte-derived macrophages (MDMs) are two hepatic macrophage populations that undergo expansion and functional changes during NASH development.4,8,10–12 However, the driving factors that induce such changes in liver macrophages remain to be determined.

Thrombospondin 1 (TSP1), a 420–450-kDa homotrimer with individual subunits of ~145 kDa, is a multifunctional matricellular protein comprising several domains that can interact with different cell surface receptors. It also has a role in cardiovascular and renal diseases.13,14 In addition, TSP1 is involved in tissue injury, inflammatory diseases, and NAFLD.15–17 Recent studies demonstrated a novel role for TSP1 in both the recruitment and proinflammatory activation of macrophages.18 Furthermore, TSP1-dependent modulation of macrophage function contributes to obesity-associated complications, such as chronic inflammation and insulin resistance.19,20 However, whether TSP1 could serve as an important factor that drives macrophage activation and NAFLD development and progression is unknown and is investigated in the current study.

In this study, we show that TSP1 levels are increased in both animal and human NASH livers. By utilisation of tissue-specific TSP1-deficient mice in diet-induced obesity and insulin-resistant NAFLD/NASH models, we demonstrate that TSP1 deletion in adipocytes does not protect mice from obesity-associated NAFLD/NASH. However, myeloid/macrophage-specific TSP1 deficiency protects mice from obesity-associated liver inflammation and fibrosis. This study provides strong in vivo evidence that macrophage-derived TSP1 is an important contributor to obesity-associated NAFLD/NASH.

Keywords: TSP1; Obesity; NAFLD; NASH; SMPDL3B; Macrophage.

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Material and methods

Mice and diets
All the experiments involving mice conformed to the National Institutes of Health Guide for the Care and Use of Laboratory Animals and were approved by the University of Kentucky Institutional Animal Care and Use Committee.

Animals were housed individually in standard cages at 22°C in a 12:12-h light–dark cycle.

Mouse breeding
Female Tsp1 floxed mice (Tsp1fl/fl) were bred with male Cre mice (Lys-Cre for macrophage-specific deletion: Tsp1fl/Cre–). Female offspring with a Tsp1fl/Cre– genotype in the first generation were then bred with male Tsp1fl/Cre+ mice. Pups with a Tsp1fl/Cre+ genotype, Tsp1fl/Cre– mice and littermate controls were used for the study.

AMLN diet-induced NAFLD/NASH
Male C57BL/6 mice (8-weeks old, Jackson Laboratories, Bar Harbor, ME, USA) were allowed ad libitum access to an amylin liver NASH (AMLN) diet (40% fat; 22% fructose and 2% cholesterol; D09100301, Research Diets, Inc, NJ, USA) and low-fat diet (LFD) (10% kcal, D1250B, Research Diets, Inc, NJ) (a control diet). The experiments were carried out with different time periods of 3 and 8 months to generate NAFL and NASH models, respectively. Each group contained 8–10 animals.

High-fat diet-induced NAFLD/NASH
The experiment was performed on 8-week-old male Tsp1fl/fl, Tsp1fl/+ mice and their age and sex-matched littermates as controls. Mice were fed either a high-fat diet (HFD; 60% kcal, D12492) or LFD (10% kcal, D1250B) for 32 weeks with standard laboratory water. Each group contained 8 mice. Body weights were measured weekly. At the end of the study, mice were euthanised. Blood was collected and the livers were harvested for analysis.

Analysis of Tsp1 expression in available liver scRNA-Seq data sets of 3 controls and 3 mice with AMLN diet-induced NASH (GSE129516)
Seurat single-cell RNA sequencing (scRNA-Seq) analysis R tools (https://satijalab.org/seurat/v3.2/immune_alignment.html) were utilised for clustering and cell type assignment of data sets from GSE129516. A total of 22 clusters were identified and TSP1 expression in these clusters was further analysed.

Liver histology and NAFLD score
Liver histology and NAFLD activity score (NAS) were assessed using H&E stains in paraffin-embedded sections by using the standard method as previously described,22 a composite parameter based on separate scores for steatosis (0–3), lobular inflammation (0–3), and hepatocellular ballooning (0–2). Liver fibrosis was assessed using Sirius Red and/or Mason's Trichrome stains in paraffin-embedded sections. The total positive staining (reported as the percentage of the total area) was assessed from 3–4 representative sections from each animal using Image J software. Details on the liver slides from human patients have been provided in the “Supplementary materials and methods”.

Liver and plasma parameters
Total hepatic lipid was extracted from frozen livers using protocols as previously described.22 Liver or plasma triacylglycerol (TG) and total cholesterol levels were measured enzymatically by using kits from the Wako Chemicals. Plasma alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels were measured by using the kits from Bioassay Systems according to the manufacture instructions.

Liver RNA-Seq transcriptome sequencing
Total RNA from liver samples of LFD or HFD-fed Tsp1fl/fl and Tsp1fl/Am mice was extracted using the RNeasy Mini Kit (Qiagen, USA) and submitted to the BGI Americas (San Jose, CA, USA) for RNA-Seq transcriptome sequencing using the BGISEQ-500 platform. Data analysis was also performed by BGI Americas. DEseq2 algorithms were used to detect differentially expressed genes (DEGs) between 2 groups. Genes exhibiting false-adjusted p value <0.05 and the log2-fold change ≥1 or ≤−1 were considered significant. Data were deposited in the Gene Expression Omnibus with accession number GSE155973.

Real-time quantitative PCR
Total RNA from frozen liver tissues or cells was extracted using RNeasy Mini Kit (Qiagen). RNA was reverse transcribed to cDNA using a High Capacity cDNA Reverse Transcription Kit (Invitrogen, Carlsbad, CA, USA). Real-time quantitative PCR was performed on a MyiQ Real-time PCR Thermal Cycler (Bio-Rad) with SYBR Green PCR Master Kit (Qiagen). Relative mRNA expression was calculated using the MyiQ system software as previous reported23 and normalised to β-actin mRNA levels. All primer sequences utilised in this study are detailed in Table 1.

Western blotting
Total protein was extracted from frozen liver tissue or cultured cells. From each sample, 30 μg protein was separated in a 10% SDS-polyacrylamide gel electrophoresis and transferred onto a nitrocellulose membrane. Protein expression was determined by immunoblotting with the following antibodies: anti-TSP1 (Novus Biologicals), anti-α-SMA (Sigma), anti-SMPDL3B (Proteintech, IL, USA), anti-Toll-like receptor 4 (anti-TLR4) (Sigma), and anti-β-actin (Sigma). Membranes were blocked and then incubated with primary antibodies, followed by incubation with appropriate horseradish peroxidase-conjugated secondary antibodies. Labelled proteins were detected with an enhanced chemiluminescence system (Pierce).

Cell culture and treatment
RAW264.7 cell experiments
RAW264.7 cells (macrophage cell line from ATCC) were cultured and treated with the recombinant TSP1 (5 μg/ml, R&D system) for different time periods, and then harvested. SMPDL3B levels (mRNA and protein) in these cells were determined by quantitative (q)PCR and Western blotting, respectively. In addition, proinflammatory cytokine expression in these cells was determined by qPCR. In another set of experiments, RAW264.7 cells were transiently transfected with a SMPDL3B expression vector (pcDNA3.1-Smpdl3b from GenScript) or an empty control vector by using the FuGene 6 transfection reagent (Promega). After 48 h, cells were treated with TSP1 (5 μg/ml) for 6–24 h and the expression of SMPDL3B or proinflammatory cytokines was determined by qPCR. Interleukin (IL)-1β or tumour necrosis factor (TNF)-α levels in the cell condition media were determined by ELISA.

Primary mouse liver macrophage (KC) experiments
KCs were isolated from 6–8-week-old male C57BL6 mice using a 2-step Percoll gradient [25%/50% (vol/vol)] centrifugation

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method as described previously\textsuperscript{23,24} and cultured in DMEM media containing 10% FBS and 1% penicillin-streptomycin. For characterisation, cells were fixed, stained with F4/80-Alexa 488 antibody (Bio-Rad, Hercules, CA, USA), mounted with a mounting medium containing DAPI, and visualised with a fluorescence microscope (Eclipse 80i, Nikon). In addition, KCs were cultured and transfected with a SMPDL3B expression vector and the effect of SMPDL3B overexpression on TSP1-induced proinflammatory cytokine production was determined as described earlier for the RAW264.7 cells.

**Statistical analysis**

Statistical analysis was performed using Prism version 8.0.2 (GraphPad Software, San Diego, CA, USA). Data are expressed as mean values ±SE. The statistical significance between 2 groups was determined using a 2-tailed Student’s t-test. One-way ANOVA followed by Bonferroni’s multiple comparisons test or 2-way ANOVA followed by Tukey’s multiple comparisons test was applied for multigroup comparisons. A p value <0.05 was considered to be statistically significant.

### Results

**TSP1 is upregulated in animal and human NAFLD and NASH livers**

In adult liver, TSP1 is expressed at very low levels under physiological conditions,\textsuperscript{25} but increased under disease conditions.\textsuperscript{26,27} We determined how the TSP1 level was altered in NAFLD/NASH using a AMLN diet-induced NASH mouse model (obese and insulin resistant).\textsuperscript{28} Simple steatosis was induced by 3 meals per day of an AMLN diet for 8 months. Despite similar obesity and hepatic steatosis, macrophage-specific TSP1 deletion was sufficient to reduce diet-induced hepatic injury, indicated by reduced plasma ALT and AST levels (Fig. 2A–C). HFD-induced liver Tsp1 expression was significantly reduced in macrophage-specific Tsp1-knockout mice (Fig. 2D). These mice also had reduced markers for liver inflammation (Tnf-α and Il-1β) and fibrosis (Collagen I, Collagen III and α-smooth muscle actin [α-SMA]) (Figs. 2F–H and 3E). Furthermore, the reduction in liver fibrosis was confirmed with Sirius Red staining in HFD-fed Tsp1\textsubscript{adm} mice (Fig. 2E). Transforming growth factor (TGF)-β levels were comparable among all groups (Fig. 2F). Together, these data demonstrate that macrophage-derived TSP1 is a significant contributor to obesity-associated hepatic inflammation and fibrosis.

The contribution of other cellular sources of obesity-induced TSP1 (e.g. adipocytes\textsuperscript{29,30}) to NAFLD/NASH development was determined by utilisation of adipocyte-specific Tsp1-knockout mice (Tsp1\textsubscript{adip}).\textsuperscript{20} Tsp1\textsubscript{adip} mice fed a HFD for 8 months developed similar levels of obesity (Fig. S3). Liver weight, triglyceride levels, inflammatory markers, and positive Sirius red staining in liver sections were also similar between HFD-fed Tsp1\textsubscript{adip} mice and control (Tsp1\textsuperscript{fl/fl}) mice (Fig. S3B–D). Other obesity-associated complications, such as glucose intolerance and insulin resistance, developed similarly in knockout mice compared with control (Tsp1\textsuperscript{fl/fl}) mice.\textsuperscript{20} Collectively, these data suggest that adipocyte-derived TSP1 does not contribute significantly to obesity-associated NAFLD.

Additionally, the contribution of hepatocyte-derived TSP1 to NASH development was determined by utilisation of hepatocyte-specific TSP1-knockout mice (Tsp1\textsubscript{hep}) (Fig. S4A). Control (Tsp1\textsuperscript{fl/fl}) and Tsp1\textsubscript{hep} mice developed a similar level of obesity over 20 weeks of receiving an AMLN diet (Fig. S4B). Compared with control mice, AMLN-fed Tsp1\textsubscript{hep} mice developed similar

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### Table 1. Primer sequences used in the study.

| Primer            | Forward                      | Reverse                      |
|-------------------|------------------------------|------------------------------|
| TSP1              | 5′-CTA GCT GTC CGG GCG GGG-3′| 5′-AAG GAA GCC AGG AGG ATG AAG-3′|
| F4/80             | 5′-CCT TGG TAT TAT TCT TCC-3′| 5′-GCA AGG AGG AGG AGG TTT ATG GCG-3′|
| IL-1β             | 5′-TGG ACA GTG TGG ATC CCA AGC AAT-3′| 5′-TGG CTT GAC CAC TGT TGG TTC CCA-3′|
| TNF-α             | 5′-AGC CGA TGG GTT CTA CCT-3′| 5′-TGA GTT GTC CCC CCT TCT-3′|
| TGF-β1            | 5′-ACA ATT CCT GGC GTT ACC-3′| 5′-GGC TGA TCC GGT TCA TTT-3′|
| Collagen type I, α1 | 5′-TCTTTCTGGAAAAAGGCGATCA-3′| 5′-AGGAAAGCTCAAGTTTACCCGA-3′|
| Collagen type III, α1 | 5′-TCTTACCAACGTCGAAGATGCA-3′| 5′-CCAGCTGCTAAACAGGCAATCTG-3′|
| β-actin           | 5′-GCCTATTTCCCTCTGATCG-3′     | 5′-CCTCCTTACCCGGATCCTG-3′     |
| SMPDL3B           | 5′-GGAGTACTCTTCTGGAGATTC-3′   | 5′-CCCTTGCAGCTCTTCTGAC-3′     |

II-1, interleukin-1; SMPDL3B, sphingomyelin phosphodiesterase acid-like 3; TGF, transforming growth factor; TNF, tumour necrosis factor; TSP1, thrombospondin 1.
Fig. 1. TSP1 expression is increased in mouse NASH livers. C57BL6 male mice fed an AMLN-diet for 3 months or 8 months developed steatosis or NASH, respectively. (A) Representative images of H&E and Masson staining, and NAFLD activity scores. (B) Liver Tsp1 mRNA levels. (C) Liver TSP1 protein levels. (D) Representative images of immunohistochemical staining for liver TSP1. Positive staining is in brown and indicated by the arrowhead; Data are mean ± SE (n=4–6 mice/group). *p < 0.05, **p < 0.01 (1-way ANOVA); (E–G) Analysis of Tsp1 expression in a single-cell RNA sequence data set from mouse NASH livers (GSE129516) showing that Tsp1 (Thbs1) was upregulated in macrophages, cholangiocytes, and HSCs from NASH livers. AMLN, amylin liver NASH; HSCs, hepatic stellate cells; NAFLD, non-alcoholic fatty liver disease; NASH, non-alcoholic steatohepatitis; TSP1 (THBS1), thrombospondin 1.
SMPDL3B expression is increased in livers from liver scRNA-seq data (Figs S1 and S2). NAFLD and NASH, which is consistent with the earlier described mice. (D) Liver D,G,H) or Student's t test (E,F)]. Tgf-β Col I Col III LF HF fl/fl _LF fl/fl _HF ∆mΦ _LF ∆mΦ _HF Tsp1 c TSP1 deficiency on HFD-induced liver phenotype (Fig. 2). This was consistent with previous studies showing that TSP1-null macrophages had a reduced proinflammatory phenotype.19 Sphingomyelin phosphodiesterase acid-like 3B (Smpld3b) was one of the differentially regulated genes (Fig. 3B). It is a glycosylphosphatidylinositol (GPI)-anchored membrane protein on macrophages and negatively regulates TLR signalling.31 Increased Smpld3b in the liver from HFD-fed Tsp1△M0 mice was confirmed by qPCR (Fig. 3C). This alteration was associated with reduced TLR4 and proinflammatory cytokine (e.g. Tnf-α, Il-1β) expression (Fig. 3D,E). In addition, Smpld3b levels in adipose tissue were comparable among all groups (data not shown), suggesting a tissue-specific effect of TSP1 on the regulation of Smpld3b levels.

**SMPDL3B negatively regulates TSP1-induced macrophage proinflammatory status**

TSP1 is an important regulator of macrophage function. TSP1-null bone marrow-derived macrophages (BMDMs) have a
Reduced proinflammatory phenotype, whereas TSP1 treatment stimulates macrophages to produce proinflammatory cytokines, associated with increased TLR4 expression and NF-κB activity. Despite research showing that SMPDL3B negatively regulates TLR signalling in macrophages, whether SMPDL3B has a role in TSP1-induced macrophage activation was unclear and, thus, was investigated here.

BMDMs isolated from TSP1-null mice had increased SMPDL3B levels, associated with reduced proinflammatory cytokine production (Fig. 5A). TSP1 treatment downregulated SMPDL3B expression in RAW264.7 cells (Fig. 4A,B), which was associated with increased expression of proinflammatory cytokines (Fig. 4C), indicating that TSP1 suppresses macrophage SMPDL3B expression. Moreover, overexpression of SMPDL3B abolished TSP1-induced IL-1β and TNF-α expression as well as secretion in RAW264.7 cells (Fig. 4D–E). To confirm the above findings in primary liver macrophages, KCs from 8-week-old male C57BL6 mice were isolated and utilised in the experiment. The purity of these cells was demonstrated by F4/80 immunofluorescence staining (Fig. 5A). Similarly, overexpression of SMPDL3B in KCs abolished TSP1-induced proinflammatory cytokine production (Fig. 5B–D). Collectively, these data suggest that SMPDL3B negatively regulates TSP1-induced macrophage activation.

Discussion

TSP1 is a multifunctional secreted matricellular protein that is involved in the pathogenesis of various diseases, such as cardiovascular disease, renal complications, obesity, and insulin resistance. However, the role of TSP1 in NAFLD/NASH is largely unknown. By using tissue-specific TSP1-knockout mice, we demonstrated that macrophage-specific TSP1 deletion but not adipocyte-specific TSP1 deletion protected mice against obesity-associated liver injury, accompanied by reduced liver inflammation and fibrosis. Importantly, this protection was independent of the levels of obesity and hepatic steatosis. Mechanistically, macrophage-derived TSP1 suppresses SMPDL3B expression in liver through an autocrine effect, amplifying liver proinflammatory signalling and promoting NAFLD progression.

These in vivo data provide, for the first time, compelling evidence for the significant contribution of macrophage-derived TSP1 to obesity-associated NAFLD/NASH. The role of macrophages in the development and progression of NAFLD is supported by previously published experimental and clinical data. In liver, KCs and infiltrating MDMs are two hepatic macrophage populations that change dramatically during NASH development. Recent studies demonstrated that KCs and MDMs have distinct morphology and transcriptional profiles in experimental NASH models. Moreover, infiltrating MDMs produce more TSP1 in NASH livers than do KCs. Consequently, we found that macrophage-specific TSP1 deletion protected mice from steatohepatitis and fibrosis. Interestingly, diet-induced steatosis was not improved in macrophage-specific TSP1-null mice, although these mice had reduced hepatic TLR4 or TNFα levels. Research has shown that TNF-α stimulated sterol regulatory element binding protein-1c (SREBP1c) expression and induced de novo lipogenesis and hepatic steatosis. However, in the current study, the expression of genes related to the hepatic lipid metabolism (e.g. C36, Srebp1, Fas, Scd1, and Dgat1 and 2) (data not shown) was comparable in livers between wild-type and macrophage-specific TSP1-null mice. Therefore, other mechanisms warrant further investigations in future studies.
Our results suggest monocyte and/or macrophage-derived TSP1 as a therapeutic target for obesity-associated NASH. However, how monocytes and/or macrophages produce more TSP1 under obese conditions is unknown. Under obese conditions, factors including fatty acids (FFA) and bacterial endotoxins (e.g., lipopolysaccharides (LPS) resulting from small intestinal bacterial overgrowth and increased intestinal permeability) have been reported as putative factors for macrophage activation and NASH.39 Both FFA and LPS stimulate TSP1 expression in monocytes and/or macrophages (including human THP-1 monocytes and/or macrophages and BMDM). Interestingly, neither T cells (T cells, T helper type [Th] 1 or Th17 cells) nor dendritic cells (DCs) respond to LPS to produce TSP1.40,41 Collectively, these studies suggest that factors (e.g., LPS or FFA) involved in gut–liver and adipose–liver crosstalk drive TSP1 expression in liver macrophages and contribute to NAFLD progression.

Research previously demonstrated a novel role for TSP1 in both the recruitment and proinflammatory activation of macrophages.38 In the current study, SMPDL3B was identified as a new mediator of TSP1-induced macrophage proinflammatory activation in liver. SMPDL3B is a GPI-anchored membrane-associated protein with homology to acid sphingomyelinase (ASMase) and is involved in sphingomyelin catabolism.42 SMPDL3B also has a role in podocyte injury from diabetic nephropathy or focal segmental glomerulosclerosis43,44 as well as in inflammatory processes. A negative regulatory role in innate immune signaling has been identified in macrophages, where SMPDL3B is found on the cell surface. Its knockdown altered cellular lipid composition and membrane fluidity changes, leading to enhanced responsiveness to TLR stimulation.31 However, whether SMPDL3B is involved in NAFLD/NASH development is unknown, although accumulating evidence suggests the contribution of altered sphingolipid metabolism to NAFLD.46 In the current study, SMPDL3B was increased in livers from macrophage-specific TSP1-deficient mice, associated with reduced liver TLR4 and proinflammatory cytokine expression. Interestingly, SMPDL3B levels in adipose tissue were comparable to those in liver crosstalk drive TSP1 expression in liver macrophages and contribute to NAFLD progression.

In addition to regulating liver macrophage proinflammatory status, macrophage-derived TSP1 might directly modulate the function of other liver cells, such as hepatocytes, stellate cells or sinusoidal ECs, and impact the development and progression of NAFLD/NASH through paracrine effects.31-33 TSP1 inhibition or knockdown in cultured stellate cells attenuated TGF-β-induced stellate cell activation (e.g., production of α-SMA and collagen).17 In addition, platelet-derived growth factor-induced TSP1 expression in hepatic SCs is a prerequisite for the effect of TGF-β on SC activation.48 These studies suggest a role for TSP1 in modulating SC function and its contribution to liver fibrosis. TSP1 also causes a dose-dependent loss of fenestrae in liver sinusoidal ECs and affects their function.49 Together with our results of the effect of TSP1 on macrophage function, these additional effects of TSP1 together contribute to obesity-associated NAFLD/NASH development and progression.
In summary, by using tissue-specific TSP1-knockout mice, our research reveals a crucial role of macrophage-derived TSP1 in obesity-associated NAFLD/NASH development and progression. It also suggests macrophage-derived TSP1 as a therapeutic target for obesity-associated comorbidities.

Abbreviations

α-SMA, smooth muscle actin; ALT, alanine aminotransferase; AMLN, amylin liver NASH; ASMase, acid sphingomyelinase; AST, aspartate aminotransferase; BMDM, bone marrow-derived macrophage; DEG, differentially expressed gene; ECM, extracellular matrix; EC, endothelial cell; GPL, glycosylphosphatidylinositol; HFD, high-fat diet; HSC, hepatic stellate cell; IL-, interleukin-; KC, Kupffer cell; KEGG, Kyoto Encyclopedia of Genes and Genomes; LFD, low-fat diet; LPS, lipopolysaccharide; MDM, monocyte-derived macrophage; MP, mononuclear phagocyte; NAFLD, non-alcoholic fatty liver disease; NAS, NAFLD activity score; NASH, non-alcoholic steatohepatitis; NF-xB, nuclear factor-xB; qPCR, quantitative PCR; scRNA-seq, single-cell RNA sequencing; SMPDL3B, sphingomyelin phosphodiesterase acid-like 3; TNF, tumour necrosis factor; TSP1, thrombospondin 1.

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Conflict of interest
The authors declare no conflicts of interest that pertain to this study.

Please refer to the accompanying ICMJE disclosure forms for further details.

Authors’ contributions
Conceived the study design: S.W.
Performed the experiments and analysed the data: T.G., R.M. and D.L.
Performed the liver pathology analysis: E.L.
Analysed the scRNA-seq data set: S.L.
Wrote the manuscript: R.M. and S.W.
**Data availability statement**
RNA-seq dataset has been deposited to GEO (Gene Expression Omnibus) with accession number GSE155973.

**Supplementary data**
Supplementary data to this article can be found online at [https://doi.org/10.1016/j.jhep.2020.100193](https://doi.org/10.1016/j.jhep.2020.100193).

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**Author names in bold designate shared first author**

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