



**Universiteit
Leiden**
The Netherlands

Hepatic scavenger receptor class B type 1 knockdown reduces atherosclerosis and enhances the antiatherosclerotic effect of brown fat activation in APOE*3-Leiden.CETP mice

Zhou, E.C.; Li, Z.; Nakashima, H.; Liu, C.; Ying, Z.X.; Foks, A.C.; ... ; Wang, Y.A.

Citation

Zhou, E. C., Li, Z., Nakashima, H., Liu, C., Ying, Z. X., Foks, A. C., ... Wang, Y. A. (2021). Hepatic scavenger receptor class B type 1 knockdown reduces atherosclerosis and enhances the antiatherosclerotic effect of brown fat activation in APOE*3-Leiden.CETP mice. *Arteriosclerosis, Thrombosis, And Vascular Biology*, 41(4), 1474-1486. doi:10.1161/ATVBAHA.121.315882

Version: Publisher's Version
License: [Creative Commons CC BY 4.0 license](https://creativecommons.org/licenses/by/4.0/)
Downloaded from: <https://hdl.handle.net/1887/3217412>

Note: To cite this publication please use the final published version (if applicable).

TRANSLATIONAL SCIENCES

Hepatic Scavenger Receptor Class B Type 1 Knockdown Reduces Atherosclerosis and Enhances the Antiatherosclerotic Effect of Brown Fat Activation in APOE*3-Leiden.CETP Mice

Enchen Zhou¹, Zhuang Li, Hiroyuki Nakashima, Cong Liu¹, Zhixiong Ying¹, Amanda C. Foks, Jimmy F.P. Berbée, Ko Willems van Dijk¹, Patrick C.N. Rensen¹, Yanan Wang¹

OBJECTIVE: Brown fat activation attenuates atherosclerosis development by accelerating triglyceride-rich lipoprotein turnover and/or stimulation of reverse cholesterol transport via the SRB1 (scavenger receptor class B type 1). The aim of this study was to investigate the specific role of hepatic SRB1 in the atheroprotective properties of brown fat activation.

APPROACH AND RESULTS: *APOE*3-Leiden.CETP* mice, a well-established model of human-like lipoprotein metabolism and atherosclerosis, were treated with vehicle or adenoassociated virus serotype 8-short hairpin RNA, which decreased hepatic SRB1 protein levels by 40% to 55%. After 2 weeks, mice without or with hepatic SRB1 knockdown were treated with vehicle or the β 3-adrenergic receptor agonist CL316243 to activate brown fat for 4 weeks to determine HDL (high-density lipoprotein) catabolism and for 9 weeks to evaluate atherosclerosis. Surprisingly, hepatic SRB1 knockdown additively improved the beneficial effects of β 3-adrenergic receptor agonism on atherosclerosis development. In fact, hepatic SRB1 knockdown per se not only increased HDL-cholesterol levels but also reduced plasma triglyceride and non-HDL-cholesterol levels, thus explaining the reduction in atherosclerosis development. Mechanistic studies indicated that this is due to increased lipolytic processing and hepatic uptake of VLDL (very low density lipoprotein) by facilitating VLDL-surface transfer to HDL.

CONCLUSIONS: Hepatic SRB1 knockdown in a mouse model with an intact ApoE (apolipoprotein E)-LDLR (low density lipoprotein receptor) clearance pathway, relevant to human lipoprotein metabolism, reduced atherosclerosis and improved the beneficial effect of brown fat activation on atherosclerosis development, explained by pleiotropic effects of hepatic SRB1 knockdown on lipolytic processing and hepatic uptake of VLDL. Brown fat activation could thus be an effective strategy to treat cardiovascular disease also in subjects with impaired SRB1 function.

GRAPHIC ABSTRACT: A graphic abstract is available for this article.

Key Words: atherosclerosis ■ brown adipose tissue ■ cardiovascular diseases ■ lipoprotein ■ triglyceride

Atherosclerosis remains the most common cause of cardiovascular diseases. A prominent risk factor for atherosclerosis is dyslipidemia, that is, high levels of plasma low density lipoprotein-cholesterol and triglycerides, and low levels of high density lipoprotein-cholesterol (HDL-C). Remarkable efforts have been put into developing lipid-lowering medications such as statins and PCSK9 (proprotein convertase subtilisin-like kexin type

9) inhibitors. However, only 30% of all cardiovascular events can be prevented by such treatment strategies,^{1–3} illustrating the need for new therapeutic strategies.

Brown fat is an emerging target to combat cardio-metabolic diseases.^{4–6} We previously showed that brown fat activation by cold exposure and β 3-adrenergic receptor (β 3-AR) agonism induces LPL (lipoprotein lipase)-mediated lipolysis of TRLs (triglyceride-rich lipoproteins),

Correspondence to: Yanan Wang, PhD, the First Affiliated Hospital of Xi'an Jiaotong University, Department of Endocrinology, 277 W Yanta Rd, Xi'an, Shaanxi, China. Email y_wang@xjtu.edu.cn

The Data Supplement is available with this article at <https://www.ahajournals.org/doi/suppl/10.1161/ATVBAHA.121.315882>.

For Sources of Funding and Disclosures, see page 1485.

© 2021 American Heart Association, Inc.

Arterioscler Thromb Vasc Biol is available at www.ahajournals.org/journal/atvb

Nonstandard Abbreviations and Acronyms

β3-AR	β3-adrenergic receptor
ApoE	apolipoprotein E
AAV8	adenoassociated virus serotype 8
CETP	cholesteryl ester transfer protein
HDL	high-density lipoprotein
HDL-C	high-density lipoprotein-cholesterol
HL	hepatic lipase
LDLR	low-density lipoprotein receptor
LPL	lipoprotein lipase
Pcsk9	proprotein convertase subtilisin-like kexin type 9
shRNA	short hairpin RNA
SRB1	scavenger receptor class B type 1
TC	total cholesterol
TRL	triglyceride-rich lipoprotein
VLDL	very low-density lipoprotein

thereby reducing plasma triglycerides. The generated cholesterol-enriched TRL remnants are subsequently taken up by the liver, thus reducing circulating (V) low-density lipoprotein-cholesterol levels and ameliorating atherosclerosis in *APOE*3-Leiden.CETP* (*E3L.CETP*) mice.⁷ Nevertheless, the cholesterol-lowering effects explained only ≈30% of atheroprotective effects of brown fat activation.

Interestingly, β3-AR agonism also increases HDL-C in both *E3L.CETP* mice⁸ and in humans.⁹ A human study further shows that brown fat activation by short-term cooling increases small HDL particles with increased cholesterol efflux capacity in vitro.¹⁰ The increase in HDL may well contribute to the antiatherogenic effect of brown fat activation, especially since β3-AR agonism promotes reverse cholesterol transport as dependent on the hepatic SRB1 (scavenger receptor class B type 1) in mice.⁸

SRB1 is highly expressed by hepatocytes and facilitates the selective uptake of HDL-derived cholesteryl esters.¹¹ SRB1-deficiency in both ApoE (apolipoprotein E)-knockout and LDLR (low density lipoprotein receptor)-knockout mice aggravates atherosclerosis development.^{12,13} These combined data suggested a main antiatherogenic role of SRB1 by mediating a crucial step in reverse cholesterol transport. However, it should be noted that ablation of SRB1 in both ApoE^{-/-} and LDLR^{-/-} mice assessed the role of this HDL receptor in absence of physiological catabolism of (V)LDL by the ApoE-LDLR clearance pathway.

Since hepatic SRB1-mediated cholesterol clearance may thus contribute to the atheroprotective effects of brown fat activation, the aim of this study was to evaluate whether knocking down hepatic SRB1 attenuates

Highlights

- Hepatic SRB1 (scavenger receptor class B type 1) knockdown in a humanized mouse model with an intact ApoE (apolipoprotein E)-LDLR (low density lipoprotein receptor) clearance pathway not only increases plasma HDL (high-density lipoprotein)-cholesterol but also reduces plasma triglyceride and non-HDL-cholesterol, thus resulting in the reduction in atherosclerosis development.
- Hepatic SRB1 knockdown does not impair but additively improves the beneficial effects of brown fat activation on cholesterol metabolism and atherosclerosis development.
- Brown fat activation could also be an effective strategy to treat cardiovascular disease in subjects with impaired SRB1 function.

the therapeutic effectiveness of brown fat activation on atherosclerosis development. To this end, *E3L.CETP* mice, a well-established model of human-like lipoprotein metabolism with an intact ApoE-LDLR pathway for (V) LDL clearance, received a short hairpin RNA (shRNA) targeting SRB1, as delivered by adenoassociated virus serotype 8 (AAV8) that has been widely used to transduce hepatocytes.^{14,15} The effects of knocking down SRB1 on the beneficial effects of β3-AR agonism on lipoprotein metabolism and atherosclerosis development were evaluated.

MATERIALS AND METHODS

The authors declare that all supporting data are available within the article and its [Data Supplement](#). Additional detailed materials and methods are included in the [Data Supplement](#).

Animals and Treatments

Hemizygous *APOE*3-Leiden* (*E3L*) mice were crossbred with homozygous human CETP (cholesteryl ester transfer protein) transgenic mice to generate heterozygous *E3L.CETP* mice.¹⁶ Please see the Major Resources Table in the [Data Supplement](#). Mice were housed in standard conditions at room temperature (22°C) with 40±5% relative humidity and a 12-h light/dark (7 AM lights on; 7 PM lights off) cycle. Water and standard laboratory diet (801203, Special Diets Services, United Kingdom) were available ad libitum, unless indicated.

In a first experiment, 9- to 12-week-old female mice were fed a Western-type diet (Altromin, Germany) containing 15% cacao butter, 1% corn oil, and 0.15% (wt/wt) cholesterol. After a run-in period of 3 weeks, mice were randomized into 2 groups based on plasma lipid levels and body weight and received an injection via the tail vein with an AAV8 vector loaded with shRNA targeting SRB1 (Vector Biolabs, 5×10¹¹ genome copies/mouse) or saline as control. Two weeks after injection, mice in each group were again randomized based on plasma lipid levels and body weight into 2 subgroups and additionally treated with the β3-AR agonist CL316243

(Tocris Bioscience Bristol, United Kingdom; 20 $\mu\text{g}\cdot\text{mouse}^{-1}$) or vehicle (saline) 3 \times per week by subcutaneous injections between 13:00 and 15:00 hours for additional 9 weeks to evaluate atherosclerosis development. This resulted in the following 4 treatment groups (n=11 mice per group): (1) vehicle (ctrl), (2) CL316243 (β), (3) shSRB1 treatment (shSRB1), (4) shSRB1 treatment+CL316243 (shSRB1+ β). Body weight and plasma lipid levels were measured at the indicated time points throughout the intervention period. Blood samples for LPL activity assay (see below) were collected after 8 weeks of vehicle or CL316243 treatment. After 9 weeks of treatment, plasma ApoA1 and CETP levels were measured as described below. VLDL (very low density lipoprotein) clearance was assessed (see below) and mice were euthanized by CO₂ suffocation and perfused with ice-cold saline via the heart. Organs were isolated for Western blotting and other analysis.

To rule out an effect of the AAV vector itself on plasma lipids, in a second experiment, 9- to 12-week-old female mice were again fed the Western-type diet. After a run-in period of 3 weeks, mice were randomized into 3 groups based on plasma lipid levels and body weight and received an injection into the tail vein with an AAV8 vector loaded with shRNA targeting SRB1 (shSRB1, Vector Biolabs, 5×10^{11} genome copies/mouse) or with a scrambled sequence (scrambled, Vector Biolabs, 5×10^{11} genome copies/mouse), or saline (ctrl). Body weight was determined every 2 weeks, and plasma lipids were measured after 2 and 6 weeks of treatment.

The set-up of the third experiment was similar to that of the first experiment, with the exception that mice were treated with CL316243 or vehicle for 4 instead of 9 weeks. At the end of treatment, in vivo plasma decay and hepatic uptake of HDL-cholesteryl oleyl ether was measured as described below.

Our study adhered to the guidelines as described in the ATVB Council Statement for considering "sex difference" as a biological variable.¹⁷ We used female mice because only female *E3L.CETP* mice develop Western-type diet-induced dyslipidemia and atherosclerosis.^{7,18–20} Our study also adhered to the guidelines for experimental atherosclerosis studies described in the AHA Statement.²¹ The animal experiment was approved by the Animal Ethical Committee of Leiden University Medical Center, Leiden, The Netherlands (AVD1160020173305, PE. 18.034.019, PE. 18. 034. 049). All animal procedures performed conform to the guidelines from Directive 2010/63/EU of the European Parliament on the protection of animals used for scientific purposes.

Statistical Analysis

Interaction between treatment and genotype and difference between 2 groups were determined using 2-way ANOVA followed by a Fisher LSD post hoc test without testing normality and variance. Difference between 2 groups in Figure IV in the [Data Supplement](#) was determined using 1-way ANOVA with the LSD post hoc test if *F* achieved statistical significance ($P<0.05$) and significant variance inhomogeneity was not observed. The square root (SQRT) of the lesion area was transformed, and univariate regression of analyses was performed to test for significant correlations between atherosclerotic lesion area and plasma non-HDL-C/HDL-C/triglyceride exposure. Multiple regression analysis

was performed to predict the contribution of plasma non-HDL-C/HDL-C/triglyceride exposure to the atherosclerotic lesion area. Probability values <0.05 were considered statistically significant. All statistical analyses were performed with the GraphPad Prism 8.0.1 for Windows except for univariate and multiple regression analyses, which were performed with SPSS 25 for Windows.

RESULTS

Hepatic SRB1 Knockdown Increases HDL-C and Decreases Non-HDL-C and Additively Improves β 3-AR Agonism-Induced Reduction in Plasma Non-HDL-C and Increase in HDL-C Levels

In a first experiment, to investigate the role of hepatic SRB1 in the beneficial effects of brown fat activation on cholesterol metabolism and atherosclerosis development, *E3L.CETP* mice were injected with shRNA-loaded AAV8 to downregulate liver-specific expression of SRB1.¹⁵ Hepatic SRB1 was downregulated by $\approx 40\%$ to 55% at both mRNA and protein level as compared with control mice, as assessed after 11 weeks of injection upon termination (Table; Figure IA and IB in the [Data Supplement](#)). shSRB1-AAV8 did not reduce SRB1 protein levels in both adrenal glands and gonadal white adipose tissues (Figure IE and IF in the [Data Supplement](#)), while it increased SRB1 protein levels in descending thoracic aortas (+48%, Figure IG in the [Data Supplement](#)). SRB1 knockdown had no effect on the hepatic expression of other genes related to HDL metabolism, including *Apoa1*, *Abca1*, *Abcg1*, and *Lcat* (Table).

Two weeks after shSRB1-AAV8 injection, both control and SRB1 knockdown mice were treated with vehicle or the β 3-AR agonist CL316243 to activate brown fat. β 3-AR agonism prevented body weight gain and decreased gonadal white adipose tissue and intrascapular brown adipose tissue mass in control mice, which is in line with our previous observations,⁷ confirming the beneficial effects of β 3-AR agonism on adiposity, and which was also observed in hepatic SRB1 knockdown mice (Figure IIA through IIC in the [Data Supplement](#)). Hepatic SRB1 knockdown per se had no effects on adiposity (Figure IIA through IIC in the [Data Supplement](#)).

We next explored the effects of hepatic SRB1 knockdown on the plasma lipid-modulating effects of brown fat activation. First, we showed that SRB1 knockdown in control mice increased plasma ApoA1 (+31%, shSRB1 versus ctrl, Figure IIIA in the [Data Supplement](#)) and HDL-C levels (Figure 1A and 1G), as well as HDL-C exposure (+31%, shSRB1 versus ctrl, Figure 1B), confirming the role of hepatic SRB1 in HDL metabolism. β 3-AR agonism in control mice increased plasma HDL-C levels (Figure 1A and 1G)

Table. Hepatic Gene Expression

	Gene	ctrl	β	shSRB1	shSRB1+ β
HDL formation and processing	<i>Apoa1</i>	1.00±0.09	0.96±0.12	1.24±0.08	1.07±0.10
	<i>Abca1</i>	1.00±0.05	0.89±0.04	1.03±0.03	0.98±0.04
	<i>Abcg1</i>	1.00±0.06	0.91±0.06	0.98±0.04	0.72±0.02†
	<i>CETP</i>	1.00±0.06	0.87±0.11	1.01±0.05	0.67±0.09#
	<i>Lcat</i>	1.00±0.08	0.86±0.04	0.92±0.04	0.93±0.03
VLDL production and secretion	<i>Apob</i>	1.00±0.05	0.91±0.05	0.97±0.02	0.98±0.05
	<i>Mttp</i>	1.00±0.07	1.10±0.08	1.01±0.03	1.26±0.07#
	<i>Srebp1c</i>	1.00±0.05	1.01±0.08	1.10±0.07	1.24±0.08
Lipolytic processing	<i>Lpl</i>	1.00±0.10	1.12±0.12	0.94±0.07	0.92±0.06
	<i>Hl</i>	1.00±0.06	0.88±0.04	0.86±0.05	0.89±0.06
	<i>Angptl4</i>	1.00±0.08	1.17±0.11	1.05±0.06	1.39±0.19
	<i>Apoc2</i>	1.00±0.04	1.18±0.08§	1.09±0.05	1.39±0.07#
Hepatic uptake of cholesterol	<i>Ldlr</i>	1.00±0.07	0.75±0.05	1.09±0.05	0.79±0.06*
	<i>Lrp1</i>	1.00±0.08	0.71±0.05	0.70±0.05	0.54±0.04†
	<i>Srb1</i>	1.00±0.07	0.99±0.07	0.49±0.05	0.59±0.06#
	<i>Pcsk9</i>	1.00±0.21	0.59±0.13§	1.02±0.19	0.39±0.07†

Values are expressed as mean fold change±SEM. n=10/11 mice per group. β indicates β 3-AR agonist CL316243; and shSRB1, ShRNA targeting scavenger receptor class B type 1. § P <0.05, || P <0.01, ¶ P <0.001 vs ctrl, † P <0.01, # P <0.001 vs β , ‡ P <0.01, * P <0.001 vs shSRB1.

and HDL-C exposure (+36%, β versus ctrl, Figure 1B) without effects on plasma ApoA1 levels (Figure IIIA in the [Data Supplement](#)). Two-way ANOVA analysis revealed that there was no interaction effect between genotype and treatment on HDL-C exposure (2-way ANOVA, $P=0.840$ for genotype×treatment). Thus, in hepatic SRB1 knockdown mice, β 3-AR agonism still increased HDL-C levels (Figure 1A and 1G) and HDL-C exposure (+21%, shSRB1+ β versus β ; +26%, shSRB1+ β versus shSRB1; Figure 1B).

As expected, β 3-AR agonism reduced plasma total cholesterol (TC) levels (Figure 1C), resulting in reduced TC exposure (−18%, β versus ctrl, Figure 1D). Interestingly, hepatic SRB1 knockdown per se also decreased plasma TC levels (Figure 1C) and TC exposure (−15%, shSRB1 versus ctrl, Figure 1D) as compared with vehicle-treated control mice, and in SRB1 knockdown condition, β 3-AR agonism still reduced plasma TC levels (Figure 1C) and TC exposure (−14%, shSRB1+ β versus shSRB1, Figure 1D). The reduced TC by β 3-AR agonism was attributed to non-HDL-C in both control mice (−21%, β versus ctrl) and SRB1 knockdown mice (−19%, shSRB1+ β versus shSRB1; Figure 1E through 1G). In addition, SRB1 knockdown additively improved non-HDL-C-lowering effects of β 3-AR agonism (−15%, shSRB1+ β versus β ; −19%, shSRB1+ β versus shSRB1; Figure 1E through 1G). Taken together, both brown fat activation and hepatic SRB1 knockdown in *E3L.CETP* mice improve dyslipidemia by reducing plasma non-HDL-C levels and increasing HDL-C levels, without significant interaction between brown fat activation and hepatic SRB1 knockdown.

Hepatic SRB1 Knockdown Decreases Plasma Triglycerides and Additively Improves β 3-AR Agonism-Induced Reduction in Plasma Triglyceride Levels

β 3-AR agonism reduced plasma triglyceride levels (Figure 2A) and triglyceride exposure (−34%, β versus ctrl; Figure 2B). Notably, hepatic SRB1 knockdown per se also decreased plasma triglyceride levels (Figure 2A) and triglyceride exposure (−29%, shSRB1 versus ctrl; Figure 2B). Under condition of hepatic SRB1 knockdown, β 3-AR agonism still reduced plasma triglyceride levels (Figure 2A) and triglyceride exposure (−23%; Figure 2B), although there was a marginal interaction effect of hepatic SRB1 knockdown on triglyceride-lowering effects of β 3-AR agonism (2-way ANOVA, $P=0.036$ for genotype×treatment). Triglyceride distribution over lipoproteins revealed that the reduced triglyceride was mainly confined to VLDL (Figure 2C). In control mice, β 3-AR agonism did not affect the hepatic expression of genes related to VLDL production (ie, *Apob*, *Srebp1c*, and *Mttp*). In SRB1 knockdown mice, β 3-AR agonism did not affect the expression of *Apob* and *Srebp1c*, while increasing *Mttp* expression (+25%, shSRB1+ β versus shSRB1).

To exclude an effect of the AAV8 vector per se on plasma lipids, in a second experiment, we treated an additional group of mice with an AAV8 loaded with a scrambled shRNA sequence (scrambled). Indeed, after 6 weeks of treatment, scrambled-AAV8 did not induce any significant effects on body and liver weight or plasma lipid levels, while we again observed that shSRB1-AAV8 increased plasma

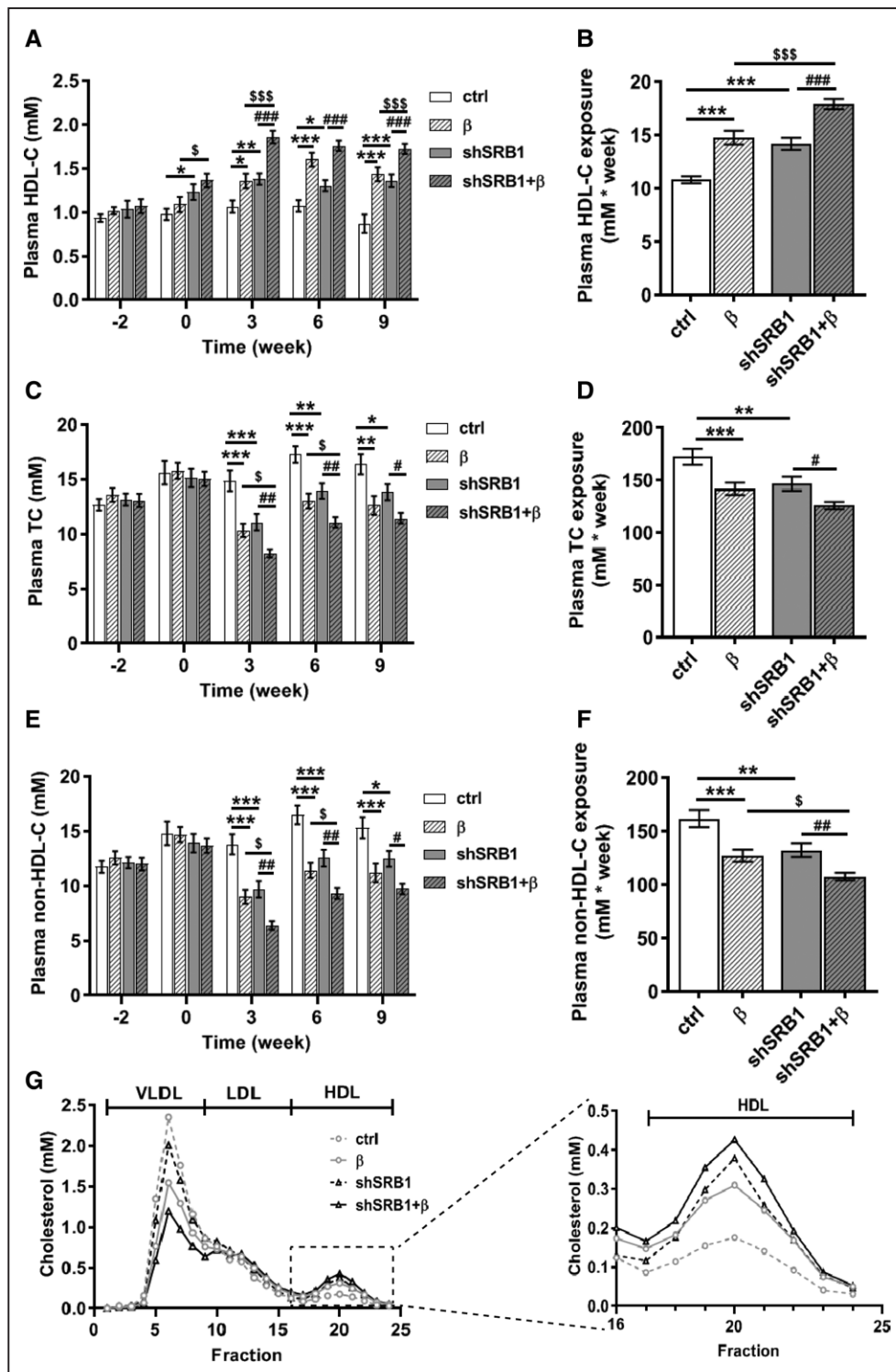


Figure 1. Hepatic SRB1 (scavenger receptor class B type 1) knockdown increases HDL (high-density lipoprotein)-C and decreases non-HDL-C and additively improves β 3-adrenergic receptor (AR) agonism-induced reduction in plasma non-HDL-C and increase in HDL-C levels.

E3L.CETP mice fed a Western-type diet and pretreated with vehicle (ctrl) or an adenoassociated virus serotype 8 loaded with an shRNA targeting SRB1 (scavenger receptor class B type 1; shSRB1) at wk 2 were treated with vehicle or the β 3-AR agonist CL316 243 (β) from wk 0 for 9 wks. Plasma samples were collected at indicated time points to determine plasma levels of (A) HDL cholesterol (-C), (C) total cholesterol (TC), and (E) non-HDL-C. B, Plasma HDL-C exposure, (D) plasma TC exposure, and (F) plasma non-HDL-C exposure were calculated accordingly (n=10/11 mice per group). G, Plasma samples obtained at 9 wks were pooled per group to determine cholesterol distribution over lipoproteins. Values are mean \pm SEM. Differences between 2 groups were determined using 2-way ANOVA followed by a Fisher LSD post hoc test. * P <0.05, ** P <0.01, *** P <0.001 vs ctrl; \$ P <0.05, \$\$\$ P <0.001 vs β ; # P <0.05, ### P <0.01, ### P <0.001 vs shSRB1.

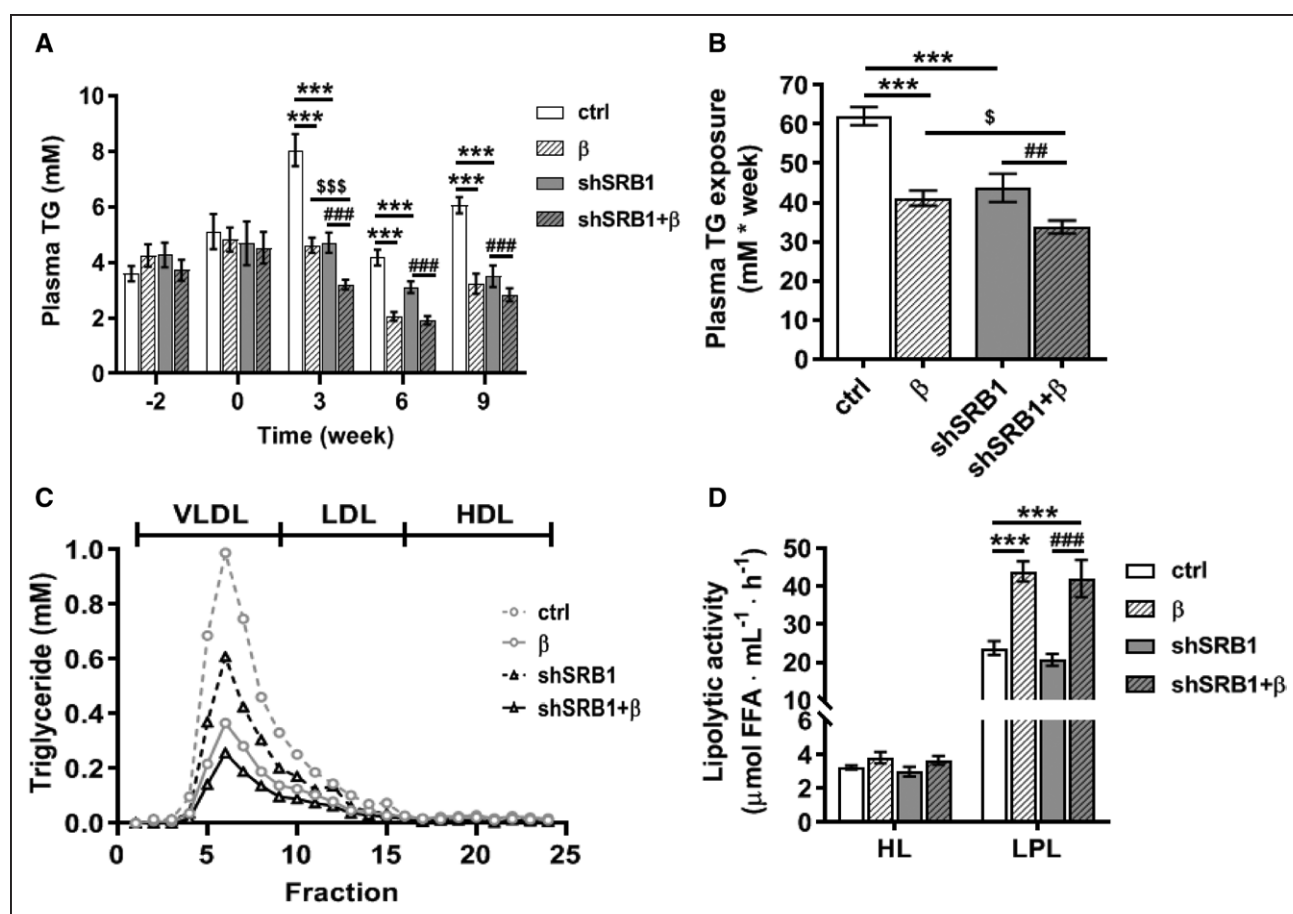


Figure 2. Hepatic SRB1 (scavenger receptor class B type 1) knockdown decreases plasma triglycerides (TGs) and additively improves β 3-adrenergic receptor (AR) agonism-induced reduction in plasma TG levels.

E3L.CETP mice fed a Western-type diet and pretreated with vehicle (ctrl) or an adenoassociated virus serotype 8 loaded with an shRNA targeting SRB1 (shSRB1) at wk-2 were treated with vehicle or the β 3-AR agonist CL316243 (β) from wk 0 for 9 wks. Plasma samples were collected at indicated time points to determine (A) plasma TG levels and (B) plasma TG exposure ($n=10/11$ mice per group). C, Plasma samples at 9 wks were pooled per group to determine TG distribution over lipoproteins. D, After 8 wks of vehicle or CL316243 treatment, mice were intravenously injected with heparin. Before and 10 min after injection plasma was collected. Endogenous HL (hepatic lipase) and LPL (lipoprotein lipase) activity was determined using a substrate mixture containing glycerol tri ^3H oleate-labeled VLDL (very low density lipoprotein)-like particles in the presence or absence of 1 M NaCl, which inhibits LPL activity ($n=10/11$ mice per group). Values are mean \pm SEM. Differences between 2 groups were determined using 2-way ANOVA followed by a Fisher LSD post hoc test. *** $P<0.001$ vs ctrl; \$ $P<0.05$, \$\$\$ $P<0.001$ vs β ; ## $P<0.01$, ### $P<0.001$ vs shSRB1. HDL indicates high-density lipoprotein; and LDL, low-density lipoprotein.

HDL-C levels (+30%, shSRB1 versus ctrl; +50%, shSRB1 versus scrambled) and reduced plasma levels of TC (−20%, shSRB1 versus ctrl; −25%, shSRB1 versus scrambled), non-HDL-C (−25%, shSRB1 versus ctrl; −31%, shSRB1 versus scrambled), and triglyceride (−40%, shSRB1 versus ctrl; −40%, shSRB1 versus scrambled; Figure IVC through IVF in the [Data Supplement](#)).

β 3-AR agonism did not influence hepatic gene expression of hepatic lipase (*Hl*), lipoprotein lipase (*Lpl*), and *Angptl4* but increased *Apoc2* expression in both control (+19%, β versus ctrl) and SRB1 knockdown mice (+27%; shSRB1+ β versus shSRB1; Table), which may imply that β 3-AR agonism increases endogenous LPL activity. Indeed, postheparin plasma was collected after 8 weeks of vehicle or CL316243 treatment to show that β 3-AR agonism increased total endogenous LPL activity in both

control mice (+84%, β versus ctrl) and shSRB1 knockdown mice (+76%, shSRB1+ β versus ctrl), without effects on endogenous HL (hepatic lipase) activity (Figure 2D). SRB1 knockdown per se did not influence HL or LPL activity (Figure 2D). Together, these data show that brown fat activation in *E3L.CETP* mice reduces plasma triglyceride related to enhanced endogenous LPL activity, both of which were not influenced by hepatic SRB1 knockdown.

Hepatic SRB1 Knockdown on Top of β 3-AR Agonism Increases VLDL Surface Phospholipid Transfer and VLDL Clearance, Without Affecting Kinetics of HDL Cholesteryl Ether

Next, we investigated the effect of SRB1 knockdown in combination with β 3-AR agonism on plasma VLDL

catabolism by injection of VLDL-mimicking particles²² that were double-labeled with [³H]dipalmitoylphosphatidylcholine (ie, surface marker) and [¹⁴C]cholesteryl oleate (ie, core marker). β 3-AR agonism accelerated [³H]dipalmitoylphosphatidylcholine clearance from the circulation in control and SRB1 knockdown mice (Figure 3A). β 3-AR agonism increased total activity of [³H]dipalmitoylphosphatidylcholine transferred to HDL in SRB1 knockdown mice as an indication of increased surface phospholipid transfer to HDL, while no effect was observed in control mice (Figure 3B). In addition, β 3-AR agonism increased the ratio of [³H]dipalmitoylphosphatidylcholine in HDL over non-HDL in both control and SRB1 knockdown *E3L.CETP* mice (Figure 3C).

Although β 3-AR agonism and hepatic SRB1 knockdown downregulated hepatic LDL receptor (*Ldlr*) and LDLR related protein 1 (*Lrp1*) expression (Table), combination treatment increased LDLR protein levels (Figure 1A, 1C, and 1D in the [Data Supplement](#)). β 3-AR agonism increased [¹⁴C]cholesteryl oleate clearance from the circulation (Figure 3D) and increased uptake of [¹⁴C]cholesteryl oleate by the liver in both control mice (+26%, β versus ctrl) and SRB1 knockdown mice (+28%, shSRB1+ β versus shSRB1; Figure 3E). SRB1 knockdown combined with β 3-AR agonism further increased plasma clearance (Figure 3D) and tended to further increase hepatic uptake of [¹⁴C]cholesteryl oleate ($P=0.078$, +18%, shSRB1+ β versus β ; Figure 3E).

As it is possible that HDL-cholesteryl esters could be transferred to (V)LDL in the presence of CETP and subsequently taken up by the liver to contribute the cholesterol-lowering effects of hepatic SRB1 knockdown, we determined the effects of the various treatments on hepatic *CETP* expression and plasma CETP levels. While the combination treatment decreased hepatic *CETP* expression, hepatic SRB1 knockdown, β 3-AR agonism, and the combination did not influence plasma CETP levels (Figure III B in the [Data Supplement](#)) or plasma decay and hepatic uptake of HDL-cholesteryl oleyl ether (Figure VA and VB in the [Data Supplement](#)).

Collectively, these data suggest that hepatic SRB1 knockdown increases plasma HDL as avid acceptor of VLDL-derived surface remnants, which accelerates LPL-mediated VLDL lipolysis and subsequent hepatic uptake of VLDL core remnants.

Hepatic SRB1 Knockdown Additively Improves β 3-AR Agonism-Induced Attenuation in Atherosclerosis Development

After 9 weeks of hepatic SRB1 knockdown combined with β 3-AR agonism, atherosclerosis development was evaluated. The aortic roots of the hearts were isolated and stained to evaluate atherosclerotic lesion area and severity. β 3-AR agonism markedly reduced

atherosclerotic lesion area through the aortic root (Figure 4A and 4B), resulting in lower mean atherosclerotic lesion area (−38%, β versus ctrl; Figure 4C). Hepatic SRB1 knockdown per se also clearly reduced atherosclerotic lesion area (−42%, shSRB1 versus ctrl; Figure 4A through 4C) and lesion severity (Figure 4A and 4D) as compared with vehicle-treated control mice. SRB1 knockdown did not abrogate β 3-AR agonism induced attenuation in atherosclerotic lesion area (2-way ANOVA, $P=0.402$ for genotype \times treatment). Rather, β 3-AR agonism in SRB1 knockdown mice further reduced lesion area (−43%, shSRB1+ β versus β ; −39%, shSRB1+ β versus shSRB1; Figure 4A through 4C). We further analyzed association between plasma lipid exposure and atherosclerosis development. Non-HDL-C exposure ($R^2=0.315$, $P<0.0001$; Figure 4E), HDL-C exposure ($R^2=0.190$, $P=0.004$; Figure 4F), and triglyceride exposure ($R^2=0.202$, $P=0.003$; Figure 4G) were all associated with the square root (SQRT) of atherosclerotic lesion area, indicating all these factors contributed to the reduced atherosclerosis development.

Finally, we characterized atherosclerotic lesion composition by analyzing the relative plaque content of smooth muscle cells, collagen, and macrophages. β 3-AR agonism and SRB1 knockdown per se, as well as their combination had no significant effect on lesion composition including smooth muscle cells, collagen, and macrophages (Figure 5A through 5D, Figure VI in the [Data Supplement](#)) and did not affect the ratio of stable markers (ie, smooth muscle cell and collagen area) versus the unstable marker (ie, macrophage area; Figure 5E). β 3-AR agonism under the condition of SRB1 knockdown increased the ratio of smooth muscle cell and collagen area versus macrophage area (+28%, shSRB1+ β versus β ; Figure 5E).

DISCUSSION

Previously, we demonstrated that brown fat activation by β 3-AR agonism reduced atherosclerosis development, which could be explained by both LDLR-dependent hepatic clearance of TRL remnants⁷ and increased SRB1-mediated reverse cholesterol transport.⁸ While previous studies have demonstrated the crucial role of the ApoE-LDLR pathway in the antiatherogenic effects of brown fat activation,^{7,23} the specific role of hepatic SRB1 in the antiatherogenic effect of brown fat activation was still obscure. By using the *E3L.CETP* mouse model, we now demonstrated that hepatic SRB1 knockdown in the presence of an intact ApoE-LDLR clearance pathway for TRL remnants did not attenuate the antiatherogenic effects of β 3-AR activation. Rather, hepatic SRB1 knockdown per se appeared to improve hyperlipidemia and consequently reduce atherosclerosis development.

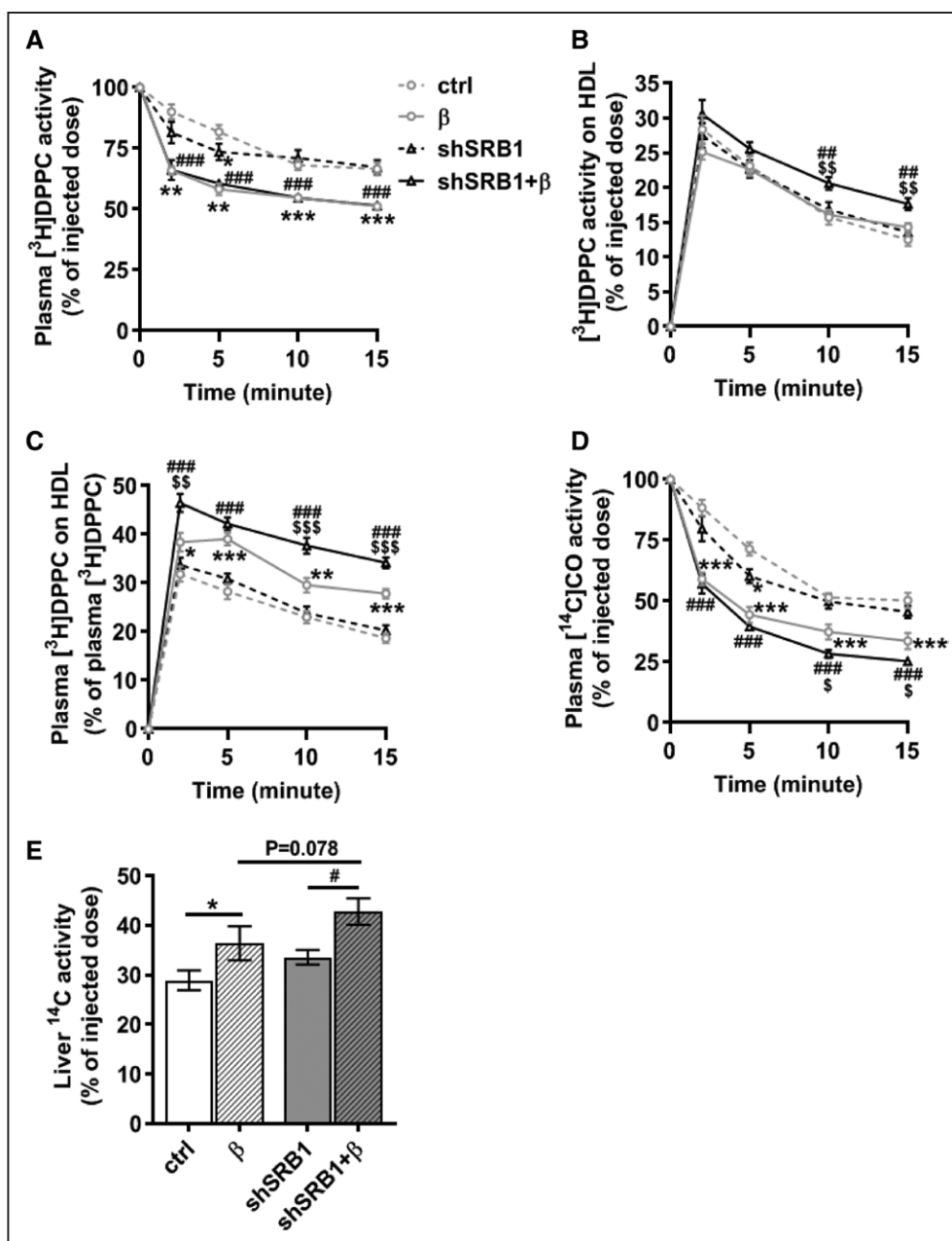


Figure 3. Hepatic SRB1 (scavenger receptor class B type 1) knockdown on top of β 3-adrenergic receptor (AR) agonism increases VLDL (very low-density lipoprotein) surface phospholipid transfer and VLDL clearance.

E3L.CETP mice fed a Western-type diet and pretreated with vehicle (ctrl) or an adenoassociated virus serotype 8 loaded with an shRNA-targeting SRB1 (shSRB1) at wk-2 were treated with vehicle or the β 3-AR agonist CL316 243 (β) from wk 0. At wk 9, mice were intravenously injected with [³H]dipalmitoylphosphatidylcholine (DPPC) and [¹⁴C]cholesteryl oleate ([¹⁴C]CO) doubly labeled VLDL-mimicking particles. Plasma samples were collected at indicated time points and clearance of (A) [³H]DPPC and (D) [¹⁴C]CO was determined. HDL (high-density lipoprotein) was isolated to determine (B) [³H]DPPC activities on HDL and (C) ratio of [³H]DPPC activity of HDL over non-HDL. E, Hepatic uptake of [¹⁴C]CO was measured after 15 min of particle injection (n=10/11 mice per group). Values are means \pm SEM. Differences between 2 groups were determined using 2-way ANOVA followed by a Fisher LSD post hoc test. * P <0.05, ** P <0.01, *** P <0.001 vs ctrl; \$ P <0.05, \$\$\$ P <0.01, \$\$\$\$ P <0.001 vs β ; # P <0.05, ## P <0.01, ### P <0.001 vs shSRB1.

First, we showed that partial knockdown of hepatic SRB1 (40%–50%) in *E3L.CETP* mice increases HDL-C as well as apoA1 without an obvious increase in HDL size, indicating an increase in HDL pool size²⁴ and does not affect the clearance of [³H]COEth-HDL from plasma. This may be somewhat counterintuitive, since

SRB1-deficiency on a wild-type background largely increases HDL size in addition to increased HDL-C and delays plasma clearance of [³H]COEth-HDL.²⁵ It should, however, be noted we previously also showed that cross-breeding of SRB1-deficient mice with CETP-transgenic mice largely prevents the increase in HDL size as well as

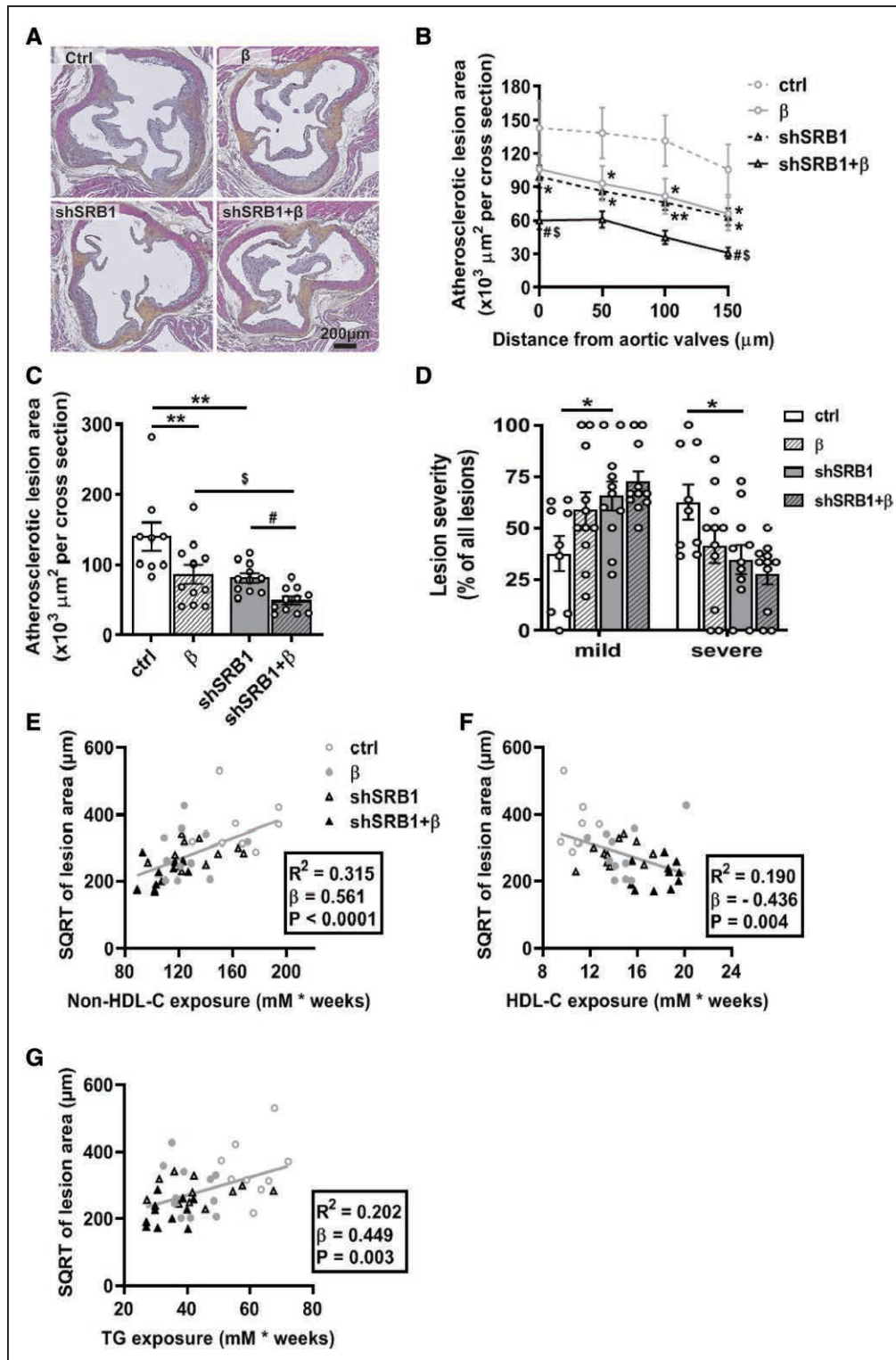


Figure 4. Hepatic SRB1 (scavenger receptor class B type 1) knockdown additively improves β 3-adrenergic receptor (AR) agonism-induced attenuation in atherosclerosis development.

E3L.CETP mice fed a Western-type diet and pretreated with vehicle (ctrl) or an adenoassociated virus serotype 8 loaded with an shRNA targeting SRB1 (shSRB1) at wk-2 were treated with vehicle or the β 3-AR agonist CL316 243 (β) from wk 0 for 9 wks. **A**, Hearts were collected and cross-sections of the aortic roots were stained with hematoxylin-phloxine-saffron and representative pictures of atherosclerotic lesions of each group are presented. **B**, Plaque lesion area as a function of distance from the appearance of open valves and **(C)** mean atherosclerotic lesion area were calculated. **D**, Lesions were categorized according to lesion severity. The square root (SQRT) of the mean atherosclerotic lesion area was plotted against the plasma **(E)** non-HDL (high-density lipoprotein) cholesterol (-C) exposure, **(F)** HDL-C exposure, and **(G)** triglyceride (TG) exposure ($n=7-11$ mice per group). Values are means \pm SEM. Differences between 2 groups were determined using 2-way ANOVA followed by a Fisher LSD post hoc test. * $P < 0.05$, ** $P < 0.01$ vs ctrl; \$ $P < 0.05$ vs β ; # $P < 0.05$ vs shSRB1.

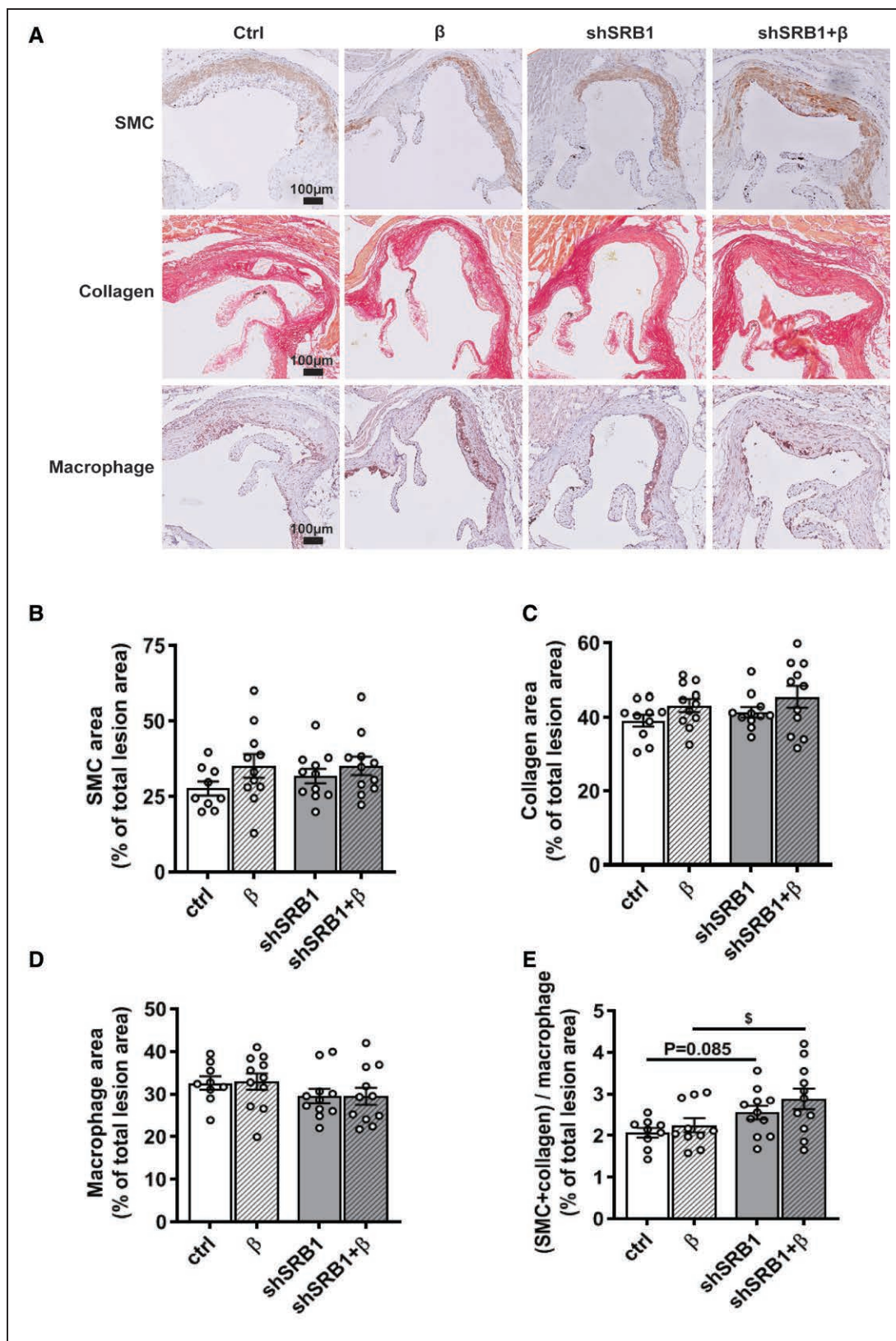


Figure 5. Hepatic SRB1 (scavenger receptor class B type 1) knockdown on top of β 3-adrenergic receptor (AR) agonism increases the ratio of smooth muscle cell and collagen area to macrophage area.

E3L.CETP mice fed a Western-type diet and pretreated with vehicle (ctrl) or an adenoassociated virus serotype 8 loaded with an shRNA-targeting SRB1 (shSRB1) at wk-2 were treated with vehicle or the β 3-AR agonist CL316 243 (β) from wk 0 for 9 wks. Cross-sections of aortic root were stained for (A and B) smooth muscle cells (SMCs), (A and C) collagen, and (A and D) macrophages, and their relative areas within the lesions were quantified. E, The ratio of SMC area and collagen area to macrophage area was calculated (n=9/11 mice per group). Values are means \pm SEM. Differences between 2 groups were determined using 2-way ANOVA followed by a Fisher LSD post hoc test. \$ P <0.05 vs β .

the delay in plasma decay of [³H]COEth-HDL resulting from SRB1-deficiency, while HDL-C was still increased, in mice fed a Western-type diet.²⁵ These findings can be explained by CETP-mediated transfer of HDL-CE to apoB (apolipoprotein B)-containing particles, which prevents CE accumulation in HDL and thereby prevents an obvious increase in HDL size, at least judged from FPLC profiling, as well as a delay in HDL-CE clearance. Nevertheless, the precise reason for the increase in ApoA1, as thus HDL pool size, is still unclear and deserves attention in future research.

Hepatic SRB1 knockdown also caused a striking reduction in triglyceride and cholesterol within non-HDL. This may seem surprising given previous findings suggesting that SRB1 facilitates hepatic TRL remnant uptake.²⁶ Likely, the increased HDL resulting from SRB1 knockdown forms a larger pool of acceptors for TRL surface remnants generated during LPL-mediated lipolysis of VLDL, as we showed by increased transfer of TRL-derived phospholipids to HDL. As a consequence, lipolytic TRL processing is accelerated followed by avid hepatic clearance of TRL remnants via the ApoE-LDLR pathway in *E3L.CETP* mice. Apparently, this effect occurs under conditions of unchanged endogenous lipolytic activity. At the same time, in *E3L.CETP* mice, the build up of cholesterol in HDL induced by partial hepatic SRB1-knockdown can be partially relieved by CETP-mediated transfer of HDL-associated cholesteryl esters to TRL with subsequent clearance via the ApoE-LDLR pathway.²⁷ This may explain why plasma clearance and hepatic uptake of HDL-cholesteryl ether was not influenced by hepatic SRB1 knockdown. In line with our findings, a genetic variant (P297S) of SCARB1, the gene encoding SRB1 in humans also tended to decrease VLDL-C (−44%, $P=0.07$) besides raising HDL-C as compared with family controls,²⁸ and a more recent meta-analysis showed that the SCARB1 rs5888 polymorphism associates with lower plasma triglyceride levels besides higher HDL-C in men.²⁹ Collectively, our data confirm the relevance of our mouse model for human-like lipid metabolism and are consistent with the notion that hepatic SRB1 knockdown improves TRL metabolism in the presence of an intact ApoE-LDLR clearance pathway.

Furthermore, we observed that hepatic SRB1 knockdown attenuated atherosclerosis development in *E3L.CETP* mice. Recently, Huang et al³⁰ reported that endothelial cell-specific SRB1 deficiency in ApoE^{−/−} mice protects against atherosclerosis development, via blocking endothelial LDL transcytosis without effects on plasma TC, triglyceride, and HDL levels. Such a mechanism seems unlikely to explain the reduction in atherosclerosis observed in our model, as shSRB1-AAV8 specifically downregulated SRB1 expression in the liver and even increased SRB1 protein levels in aortas. At first glance, the reduction of atherosclerosis induced by selective hepatic SRB1 knockdown may seem surprising given

that SRB1-deficiency aggravated atherosclerosis development in ApoE^{−/−} mice¹² and in LDLR^{−/−} mice, without lowering non-HDL-C.¹³ Likely, these opposing effects of SRB1 on atherosclerosis are explained by the difference in genetic backgrounds between these disease models. As the hepatic ApoE-LDLR clearance pathway for TRL remnants is absent in both ApoE^{−/−} and LDLR^{−/−} mice, SRB1 deficiency does not reduce non-HDL-C and the increased atherosclerosis is likely explained by increased oxidative stress.²⁵ In favorable contrast, *E3L.CETP* mice have an intact ApoE-LDLR clearance pathway and CETP, which facilitate hepatic clearance of cholesterol from TRL remnants and indirectly from HDL, thereby lowering non-HDL-C-induced atherosclerosis development. In support of our findings, inhibition of hepatic SRB1 by RNA interference also attenuated atherosclerosis in rabbits, an animal model that naturally expresses CETP.³¹ Although a rare variant in SCARB1 has been reported to increase the risk for coronary heart disease,³² studies investigating other SCARB1 mutations did not show either increased atherosclerosis or CAD.^{28,33} As large-scale human studies addressing the role of SRB1 in cardiovascular disease are still lacking, the jury on the precise role of SRB1 is still out. Based on our study in *E3L.CETP* mice and previous observations in rabbits, loss-of-function SCARB1 mutations in humans may in fact slow down atherosclerosis progression and could in fact be cardioprotective.

Given that SRB1 deficiency in *E3L.CETP* mice reduces non-HDL-C and attenuates atherosclerosis progression, it is not surprising that SRB1 deficiency improved the atheroprotective effects of brown fat activation by β 3-AR agonism. Previously, we demonstrated that brown fat activation protects against atherosclerosis development, which was largely due to accelerated TRL remnant clearance via the ApoE-LDLR pathway.⁷ Since SRB1 knockdown apparently evoked the same effect, the combined effect of β 3-AR agonism and SRB1 knockdown was an additive reduction in non-HDL-C, which can be further explained since combination treatment resulted in higher hepatic LDL protein levels likely caused by reduced hepatic *Pcsk9* expression. Given the tight relation between non-HDL-C exposure and lesion size, this translated in an additive reduction in atherosclerosis. In this study, we mainly focused on effects on lipid metabolism, while brown fat activation displays additional benefits, including decreased inflammation,³⁴ decreased oxidative stress,³⁵ and improved glucose metabolism.^{34,36} Further studies will be needed to investigate whether hepatic SRB1 pathway may contribute to those potentially antiatherogenic benefits of brown fat activation.

The findings from the present study are likely of clinical relevance. Brown fat is functional in both healthy and obese individuals,^{37,38} long-term brown fat activation by cold exposure reduces low density lipoprotein-cholesterol in hypercholesterolemic patients³⁹ and brown

fat activity is associated with a reduced risk of CVD events.⁴⁰ A series of studies shows that Mirabegron, a β 3-AR agonist clinically approved for the treatment of overactive bladder, induces beiging of subcutaneous white adipose tissue and increases brown fat activity in humans. This results in improvement in glucose homeostasis and increase in whole-body energy expenditure, plasma HDL-C levels, as well as other beneficial metabolic biomarkers.^{9,41–44} Therefore, pharmacological strategies to activate brown fat in humans may prove to reduce CVD risk. Since hepatic SRB1 knockdown apparently does not interfere with the antiatherogenic effects of brown fat activation, such pharmacological strategies may be equally effective in those individuals with compromised SRB1 function, which would be subject for future studies.

In conclusion, by using a relevant mouse model for human-like lipoprotein metabolism, that is, with an intact ApoE-LDLR clearance pathway, we showed that hepatic SRB1 knockdown not only increases HDL-C but also lowers non-HDL-C and attenuates atherosclerosis development. As such, combined brown fat activation and hepatic SRB1 knockdown additively improve the antiatherogenic properties of brown fat activation.

ARTICLE INFORMATION

Received July 10, 2020; accepted January 28, 2021.

Affiliations

Division of Endocrinology, Department of Medicine, Einthoven Laboratory for Experimental Vascular Medicine (E.Z., Z.L., H.N., C.L., Z.Y., J.F.P.B., K.W.v.D., P.C.N.R., Y.W.) and Department of Human Genetics (K.W.v.D.), Leiden University Medical Center, The Netherlands. Division of BioTherapeutics, Leiden Academic Centre for Drug Research, The Netherlands (A.C.F.). Department of Endocrinology, the First Affiliated Hospital of Xi'an Jiaotong University, China (P.C.N.R., Y.W.).

Sources of Funding

This work was supported by the Netherlands Organisation for Scientific Research-NWO (VENI grant 91617027 to Y. Wang); the Netherlands Organisation for Health Research and Development-ZonMW (Early Career Scientist Hotel grant 435004007 to Y. Wang); the Netherlands Cardiovascular Research Initiative: an initiative with support of the Dutch Heart Foundation (CVON-GENIUS-2 to P.C.N. Rensen); and the Netherlands Heart Foundation (2009T038 to P.C.N. Rensen). Y. Wang is supported by the China "Thousand Talents Plan" (Young Talents), Shaanxi province "Thousand Talents Plan" (Young Talents), and Foundation of Xi'an Jiaotong University (Plan A).

Disclosures

None.

REFERENCES

- Jukema JW, Cannon CP, de Craen AJ, Westendorp RG, Trompet S. The controversies of statin therapy: weighing the evidence. *J Am Coll Cardiol*. 2012;60:875–881. doi: 10.1016/j.jacc.2012.07.007
- Collins R, Reith C, Emberson J, Armitage J, Baigent C, Blackwell L, Blumenthal R, Danesh J, Smith GD, DeMets D, et al. Interpretation of the evidence for the efficacy and safety of statin therapy. *Lancet*. 2016;388:2532–2561. doi: 10.1016/S0140-6736(16)31357-5
- Cholesterol Treatment Trialists Collaboration. Efficacy and safety of statin therapy in older people: a meta-analysis of individual participant data from 28 randomised controlled trials. *Lancet*. 2019;393:407–415. doi: 10.1016/S0140-6736(18)31942-1

- van Dam AD, Boon MR, Berbée JFF, Rensen PCN, van Harmelen V. Targeting white, brown and perivascular adipose tissue in atherosclerosis development. *Eur J Pharmacol*. 2017;816:82–92. doi: 10.1016/j.ejphar.2017.03.051
- Hoeke G, Kooijman S, Boon MR, Rensen PC, Berbée JF. Role of brown fat in lipoprotein metabolism and atherosclerosis. *Circ Res*. 2016;118:173–182. doi: 10.1161/CIRCRESAHA.115.306647
- Ruiz JR, Martínez-Tellez B, Sánchez-Delgado G, Osuna-Prieto FJ, Rensen PCN, Boon MR. Role of human brown fat in obesity, metabolism and cardiovascular disease: strategies to turn up the heat. *Prog Cardiovasc Dis*. 2018;61:232–245. doi: 10.1016/j.pcad.2018.07.002
- Berbée JF, Boon MR, Khedoe PP, Bartelt A, Schlein C, Worthmann A, Kooijman S, Hoeke G, Mol IM, John C, et al. Brown fat activation reduces hypercholesterolaemia and protects from atherosclerosis development. *Nat Commun*. 2015;6:6356. doi: 10.1038/ncomms7356
- Bartelt A, John C, Schaltenberg N, Berbée JFF, Worthmann A, Cherradi ML, Schlein C, Piepenburg J, Boon MR, Rinninger F, et al. Thermogenic adipocytes promote HDL turnover and reverse cholesterol transport. *Nat Commun*. 2017;8:15010. doi: 10.1038/ncomms15010
- O'Mara AE, Johnson JW, Linderman JD, Brychta RJ, McGehee S, Fletcher LA, Fink YA, Kapuria D, Cassimatis TM, Kelsey N, et al. Chronic mirabegron treatment increases human brown fat, HDL cholesterol, and insulin sensitivity. *J Clin Invest*. 2020;130:2209–2219. doi: 10.1172/JCI131126
- Hoeke G, Nahon KJ, Bakker LEH, Norkauer SSC, Dinnes DLM, Kockx M, Lichtenstein L, Drettwan D, Reifel-Miller A, Coskun T, et al. Short-term cooling increases serum triglycerides and small high-density lipoprotein levels in humans. *J Clin Lipidol*. 2017;11:920–928.e2. doi: 10.1016/j.jacl.2017.04.117
- Out R, Hoekstra M, Spijkers JA, Kruijt JK, van Eck M, Bos IS, Twisk J, Van Berkel TJ. Scavenger receptor class B type I is solely responsible for the selective uptake of cholesteryl esters from HDL by the liver and the adrenals in mice. *J Lipid Res*. 2004;45:2088–2095. doi: 10.1194/jlr.M400191-JLR200
- Braun A, Trigatti BL, Post MJ, Sato K, Simons M, Edelberg JM, Rosenberg RD, Schrenzel M, Krieger M. Loss of SR-BI expression leads to the early onset of occlusive atherosclerotic coronary artery disease, spontaneous myocardial infarctions, severe cardiac dysfunction, and premature death in apolipoprotein E-deficient mice. *Circ Res*. 2002;90:270–276. doi: 10.1161/hh0302.104462
- Liao J, Guo X, Wang M, Gao M, Shen Q, Wang Y, Huang W, Liu G. Deficiency of scavenger receptor class B type 1 leads to increased atherogenesis with features of advanced fibroatheroma and expansive arterial remodeling. *Cardiovasc Pathol*. 2017;27:26–30. doi: 10.1016/j.carpath.2016.12.002
- van den Hoek AM, van der Hoorn JW, Maas AC, van den Hoogen RM, van Nieuwkoop A, Droog S, Offerman EH, Pieterman EJ, Havekes LM, Princen HM. APOE*3Leiden.CETP transgenic mice as model for pharmaceutical treatment of the metabolic syndrome. *Diabetes Obes Metab*. 2014;16:537–544. doi: 10.1111/dom.12252
- Sands MS. AAV-mediated liver-directed gene therapy. *Methods Mol Biol*. 2011;807:141–157. doi: 10.1007/978-1-61779-370-7_6
- Westerterp M, van der Hoogt CC, de Haan W, Offerman EH, Dallinga-Thie GM, Jukema JW, Havekes LM, Rensen PC. Cholesteryl ester transfer protein decreases high-density lipoprotein and severely aggravates atherosclerosis in APOE*3-Leiden mice. *Arterioscler Thromb Vasc Biol*. 2006;26:2552–2559. doi: 10.1161/01.ATV.0000243925.65265.3c
- Robinet P, Milewicz DM, Cassis LA, Leeper NJ, Lu HS, Smith JD. Consideration of sex differences in design and reporting of experimental arterial pathology studies—statement from ATVB council. *Arterioscler Thromb Vasc Biol*. 2018;38:292–303. doi: 10.1161/ATVBAHA.117.309524
- Landlinger C, Pouwer MG, Juno C, van der Hoorn JWA, Pieterman EJ, Jukema JW, Staffler G, Princen HMG, Galabova G. The AT04A vaccine against proprotein convertase subtilisin/kexin type 9 reduces total cholesterol, vascular inflammation, and atherosclerosis in APOE*3Leiden.CETP mice. *Eur Heart J*. 2017;38:2499–2507. doi: 10.1093/eurheartj/ehx260
- Zadelaar S, Kleemann R, Verschuren L, de Vries-Van der Weij J, van der Hoorn J, Princen HM, Kooistra T. Mouse models for atherosclerosis and pharmaceutical modifiers. *Arterioscler Thromb Vasc Biol*. 2007;27:1706–1721. doi: 10.1161/ATVBAHA.107.142570
- van Vlijmen BJ, van 't Hof HB, Mol MJ, van der Boom H, van der Zee A, Frants RR, Hofker MH, Havekes LM. Modulation of very low density lipoprotein production and clearance contributes to age- and gender-dependent hyperlipoproteinemia in apolipoprotein E3-Leiden transgenic mice. *J Clin Invest*. 1996;97:1184–1192. doi: 10.1172/JCI118532
- Daugherty A, Tall AR, Daemen MJAP, Falk E, Fisher EA, García-Cardena G, Lusis AJ, Owens AP III, Rosenfeld ME, Virmani R; American Heart Association

- Council on Arteriosclerosis, Thrombosis and Vascular Biology; and Council on Basic Cardiovascular Sciences. Recommendation on design, execution, and reporting of animal atherosclerosis studies: a scientific statement from the American Heart Association. *Arterioscler Thromb Vasc Biol*. 2017;37:e131–e157. doi: 10.1161/ATV.000000000000062
22. Rensen PC, van Dijk MC, Havenaar EC, Bijsterbosch MK, Kruijt JK, van Berkel TJ. Selective liver targeting of antivirals by recombinant chylomicrons—a new therapeutic approach to hepatitis B. *Nat Med*. 1995;1:221–225. doi: 10.1038/nm0395-221
 23. Dong M, Yang X, Lim S, Cao Z, Honek J, Lu H, Zhang C, Seki T, Hosaka K, Wahlberg E, et al. Cold exposure promotes atherosclerotic plaque growth and instability via UCP1-dependent lipolysis. *Cell Metab*. 2013;18:118–129. doi: 10.1016/j.cmet.2013.06.003
 24. Akinkuolie AO, Paynter NP, Padmanabhan L, Mora S. High-density lipoprotein particle subclass heterogeneity and incident coronary heart disease. *Circ Cardiovasc Qual Outcomes*. 2014;7:55–63. doi: 10.1161/CIRCOUTCOMES.113.000675
 25. Hildebrand RB, Lammers B, Meurs I, Korporaal SJ, De Haan W, Zhao Y, Kruijt JK, Praticò D, Schimmel AW, Holleboom AG, et al. Restoration of high-density lipoprotein levels by cholesteryl ester transfer protein expression in scavenger receptor class B type I (SR-BI) knockout mice does not normalize pathologies associated with SR-BI deficiency. *Arterioscler Thromb Vasc Biol*. 2010;30:1439–1445. doi: 10.1161/ATVBAHA.110.205153
 26. Out R, Kruijt JK, Rensen PC, Hildebrand RB, de Vos P, Van Eck M, Van Berkel TJ. Scavenger receptor BI plays a role in facilitating chylomicron metabolism. *J Biol Chem*. 2004;279:18401–18406. doi: 10.1074/jbc.M401170200
 27. Rensen PC, Havekes LM. Cholesteryl ester transfer protein inhibition: effect on reverse cholesterol transport? *Arterioscler Thromb Vasc Biol*. 2006;26:681–684. doi: 10.1161/01.ATV.0000214979.24518.95
 28. Vergeer M, Korporaal SJ, Franssen R, Meurs I, Out R, Hovingh GK, Hoekstra M, Sierts JA, Dallinga-Thie GM, Motazacker MM, et al. Genetic variant of the scavenger receptor BI in humans. *N Engl J Med*. 2011;364:136–145. doi: 10.1056/NEJMoa0907687
 29. Ye LF, Zheng YR, Zhang QG, Yu JW, Wang LH. Meta-analysis of the association between SCARB1 polymorphism and fasting blood lipid levels. *Oncotarget*. 2017;8:81145–81153. doi: 10.18632/oncotarget.20867
 30. Huang L, Chambliss KL, Gao X, Yuhanna IS, Behling-Kelly E, Bergaya S, Ahmed M, Michaely P, Luby-Phelps K, Darehshouri A, et al. SR-B1 drives endothelial cell LDL transcytosis via DOCK4 to promote atherosclerosis. *Nature*. 2019;569:565–569. doi: 10.1038/s41586-019-1140-4
 31. Demetz E, Tancevski I, Duwensee K, Stanzl U, Huber E, Heim C, Handle F, Theurl M, Schroll A, Tailleux A, et al. Inhibition of hepatic scavenger receptor-class B type I by RNA interference decreases atherosclerosis in rabbits. *Atherosclerosis*. 2012;222:360–366. doi: 10.1016/j.atherosclerosis.2012.03.012
 32. Zanon P, Khetarpal SA, Larach DB, Hancock-Cerutti WF, Millar JS, Cuchel M, DerOhannessian S, Kontush A, Surendran P, Saleheen D, et al; CHD Exome+ Consortium; CARDIoGRAM Exome Consortium; Global Lipids Genetics Consortium. Rare variant in scavenger receptor BI raises HDL cholesterol and increases risk of coronary heart disease. *Science*. 2016;351:1166–1171. doi: 10.1126/science.1253517
 33. Helgadottir A, Sulem P, Thorgeirsson G, Gretarsdottir S, Thorleifsson G, Jonsen BÖ, Arnadottir GA, Olafsson I, Eyjolfsson GI, Sigurdardottir O, et al. Rare SCARB1 mutations associate with high-density lipoprotein cholesterol but not with coronary artery disease. *Eur Heart J*. 2018;39:2172–2178. doi: 10.1093/eurheartj/ehy169
 34. Shankar K, Kumar D, Gupta S, Varshney S, Rajan S, Srivastava A, Gupta A, Gupta AP, Vishwakarma AL, Gayen JR, et al. Role of brown adipose tissue in modulating adipose tissue inflammation and insulin resistance in high-fat diet fed mice. *Eur J Pharmacol*. 2019;854:354–364. doi: 10.1016/j.ejphar.2019.02.044
 35. Cai YY, Zhang HB, Fan CX, Zeng YM, Zou SZ, Wu CY, Wang L, Fang S, Li P, Xue YM, et al. Renoprotective effects of brown adipose tissue activation in diabetic mice. *J Diabetes*. 2019;11:958–970. doi: 10.1111/1753-0407.12938
 36. Stanford KI, Middelbeek RJ, Townsend KL, An D, Nygaard EB, Hitchcox KM, Markan KR, Nakano K, Hirshman MF, Tseng YH, et al. Brown adipose tissue regulates glucose homeostasis and insulin sensitivity. *J Clin Invest*. 2013;123:215–223. doi: 10.1172/JCI62308
 37. Ouellet V, Labbé SM, Blondin DP, Phoenix S, Guérin B, Haman F, Turcotte EE, Richard D, Carpentier AC. Brown adipose tissue oxidative metabolism contributes to energy expenditure during acute cold exposure in humans. *J Clin Invest*. 2012;122:545–552. doi: 10.1172/JCI60433
 38. Blondin DP, Labbé SM, Noll C, Kunach M, Phoenix S, Guérin B, Turcotte EE, Haman F, Richard D, Carpentier AC. Selective impairment of glucose but not fatty acid or oxidative metabolism in brown adipose tissue of subjects with type 2 diabetes. *Diabetes*. 2015;64:2388–2397. doi: 10.2337/db14-1651
 39. De Lorenzo F, Mukherjee M, Kadziola Z, Sherwood R, Kakkar VV. Central cooling effects in patients with hypercholesterolaemia. *Clin Sci (Lond)*. 1998;95:213–217.
 40. Takx RA, Ishai A, Truong QA, MacNabb MH, Scherrer-Crosbie M, Tawakol A. Supraclavicular brown adipose tissue 18F-FDG uptake and cardiovascular disease. *J Nucl Med*. 2016;57:1221–1225. doi: 10.2967/jnumed.115.166025
 41. Finlin BS, Memetimin H, Zhu B, Confides AL, Vekaria HJ, El Khouli RH, Johnson ZR, Westgate PM, Chen J, Morris AJ, et al. The β 3-adrenergic receptor agonist mirabegron improves glucose homeostasis in obese humans. *J Clin Invest*. 2020;130:2319–2331. doi: 10.1172/JCI134892
 42. Finlin BS, Memetimin H, Confides AL, Kasza I, Zhu B, Vekaria HJ, Harfmann B, Jones KA, Johnson ZR, Westgate PM, et al. Human adipose beigeing in response to cold and mirabegron. *JCI Insight*. 2018;3:e121510.
 43. Baskin AS, Linderman JD, Brychta RJ, McGehee S, Anflück-Chames E, Cero C, Johnson JW, O'Mara AE, Fletcher LA, Leitner BP, et al. Regulation of human adipose tissue activation, gallbladder size, and bile acid metabolism by a β 3-adrenergic receptor agonist. *Diabetes*. 2018;67:2113–2125. doi: 10.2337/db18-0462
 44. Cypess AM, Weiner LS, Roberts-Toler C, Franquet Elía E, Kessler SH, Kahn PA, English J, Chatman K, Trauger SA, Doria A, et al. Activation of human brown adipose tissue by a β 3-adrenergic receptor agonist. *Cell Metab*. 2015;21:33–38. doi: 10.1016/j.cmet.2014.12.009