Targeting development of incretin-producing cells increases insulin secretion

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Glucagon-like peptide-1–based (GLP-1–based) therapies improve glycemic control in patients with type 2 diabetes. While these agents augment insulin secretion, they do not mimic the physiological meal-related rise and fall of GLP-1 concentrations. Here, we tested the hypothesis that increasing the number of intestinal L cells, which produce GLP-1, is an alternative strategy to augment insulin responses and improve glucose tolerance. Blocking the NOTCH signaling pathway with the γ-secretase inhibitor dibenzazepine increased the number of L cells in intestinal organoid–based mouse and human culture systems and augmented glucose-stimulated GLP-1 secretion. In a high-fat diet–fed mouse model of impaired glucose tolerance and type 2 diabetes, dibenzazepine administration increased L cell numbers in the intestine, improved the early insulin response to glucose, and restored glucose tolerance. Dibenzazepine also increased K cell numbers, resulting in increased gastric inhibitory polypeptide (GIP) secretion. Using a GLP-1 receptor antagonist, we determined that the insulinotropic effect of dibenzazepine was mediated through an increase in GLP-1 signaling. Together, our data indicate that modulation of the development of incretin-producing cells in the intestine has potential as a therapeutic strategy to improve glycemic control.

Introduction

Glucagon-like peptide-1 (GLP-1) is a gut hormone with a powerful insulinotropic effect (1, 2). GLP-1–based therapies are widely used for the treatment of patients with type 2 diabetes (3). These treatments include GLP-1 receptor agonists and dipeptidyl peptidase-4 (DPP-4) inhibitors that decrease the breakdown of endogenously secreted GLP-1.

GLP-1–producing L cells in the intestinal lining originate from early secretory progenitors (4). The number of these progenitors is regulated by the γ-secretase/NOTCH pathway (5), and impairment of NOTCH signaling results in a relative increase in all types of secretory cells at the expense of enteroendocrine cells (6–9). Expression of neurogenin-3 (NGN-3) in differentiating secretory progenitors directs these cells toward an endocrine fate (10, 11). Late postmitotic precursors of L cells are believed to express the transcription factor neuronal differentiation 1 (NEUROD1) (12). Finally, the expression of preproglucagon defines the identity of mature L cells, which constitute only 0.5% of intestinal epithelial cells. We have recently shown that short-chain fatty acids (SCFAs) selectively increase the number of L cells in the intestinal epithelium in vitro, followed by a corresponding increase in GLP-1 secretion (13). SCFAs are likely to act through late endocrine precursors by increasing Notrodl expression (13). It is currently not clear how a change in the number of L cells relates to basal and stimulated GLP-1 concentra-

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increased expression of Ngn3 at 72 hours and of Neurod1 and Gcg at 96 hours (Figure 1G). This suggests that, in accordance with its proposed mechanism of action (5, 8), DBZ increased numbers of early Ngn3-positive endocrine progenitors prior to the appearance of mature L cells.

We then tested whether human intestinal tissue can respond to modulation of L cell development by NOTCH inhibition in a manner similar to that observed in mouse crypts. We applied a pulsed treatment of 5 μM DBZ to human ileal crypts in vitro and observed a 7.5-fold increase in the number of L cells identified by immunostaining (Supplemental Figure 1, A–C; supplemental material available online with this article; doi:10.1172/JCI75838DS1). Basal GLP-1 secretion increased 6-fold, and glucose-stimulated GLP-1 release increased 7.8-fold (Figure 1H). These results indicated that our findings in mouse intestinal tissue can be translated to human intestinal crypts.

L cells, measuring GLP-1 secretion from DBZ-treated organoids. Basal (0 mM glucose) and stimulated (10 mM glucose) GLP-1 secretion were 7- and 9.4-fold higher, respectively, in DBZ-treated versus control organoids. However, the relative increase in glucose-stimulated GLP-1 secretion over basal GLP-1 secretion after DBZ treatment was similar to the control group (Figure 1E). This indicates that the amplification of GLP-1 secretion was largely dependent on L cell mass and that DBZ treatment did not impair the glucose responsiveness of L cells. We next tested whether the effect of DBZ can be further amplified by SCFAs, which themselves increase L cell numbers in small intestinal organoids by approximately 2-fold (13). SCFAs increased the number of L cells in both DBZ-treated and control mouse organoids (Figure 1F).

We monitored markers of L cell development (10) by quantitative real-time PCR over time after the 5-μM DBZ pulse and found increased expression of Ngn3 at 72 hours and of Neurod1 and Gcg at 96 hours (Figure 1G). This suggests that, in accordance with its proposed mechanism of action (5, 8), DBZ increased numbers of early Ngn3-positive endocrine progenitors prior to the appearance of mature L cells. We then tested whether human intestinal tissue can respond to modulation of L cell development by NOTCH inhibition in a manner similar to that observed in mouse crypts. We applied a pulsed treatment of 5-μM DBZ to human ileal crypts in vitro and observed a 7.5-fold increase in the number of L cells identified by immunostaining (Supplemental Figure 1, A–C; supplemental material available online with this article; doi:10.1172/JCI75838DS1). Basal GLP-1 secretion increased 6-fold, and glucose-stimulated GLP-1 release increased 7.8-fold (Figure 1H). These results indicated that our findings in mouse intestinal tissue can be translated to human intestinal crypts.
NOTCH inhibition increases L cell numbers in vivo. We next examined the physiological effects of L cell enrichment in vivo, using lean and HFD-fed mice. First, we tested the effects of several doses and dosing schemes of DBZ treatment on L cell numbers, plasma GLP-1 and insulin concentrations, and changes in intestinal morphology in lean mice (Supplemental Figure 2, A–F). The regimens tested were as follows: 50 mg/kg given once (referred to herein as 1× 50 mg/kg), 10 mg/kg given on 2 consecutive days (2× 10 mg/kg), and 5 mg/kg given on 4 consecutive days (4× 5 mg/kg). We found that an increase in L cell numbers, sufficient to produce a statistically significant elevation in plasma GLP-1 and insulin concentrations, could be achieved in vivo 96 hours after the 2× 10 mg/kg regimen (Supplemental Figure 2, B–D). The highest dose studied (1× 50 mg/kg regimen) also increased L cell numbers and GLP-1 secretion, but was toxic to the mice, causing severe alterations of the crypt and villus structure, malnutrition, and weight loss after 1 week (Supplemental Figure 2D and data not shown). This is consistent with the previously reported side effect profile of DBZ (17). Because of the side effects related to this dose could alter the metabolic state of the mice, we used the 2× 10 mg/kg regimen for further testing in HFD-fed mice. This dose was well tolerated and had no obvious effects on the animals’ well-being within 2 weeks of the treatment.

The increase in L cell numbers in the duodenum and jejunum was greater than that in the ileum (3.7- and 4.7-fold vs. 2.6-fold, Supplemental Figure 3E), but there were no changes in L cell density in the large intestine (Supplemental Figure 3, A and B).

DBZ increased L cell numbers in HFD-fed mouse ileum, to an extent similar to that in lean mice (Figure 2A). Using FACS sorting based on Venus fluorescence in the combined jejunum and ileum, we estimated a 3.6-fold enrichment of L cells (Figure 2, B–D). As shown by transmission electron microscopy (TEM), enteroendocrine cells in DBZ-treated mice maintained polarity and showed numerous large dense core granules (Supplemental Figure 3, C and D), indicative of preserved maturation of enteroendocrine cells. We also observed increased heterogeneity of granules in Paneth cells after DBZ treatment. This finding was in line with the previously reported involvement of NOTCH signaling in Paneth cell maturation (16). Overall, normal morphology was maintained with respect to villus length and epithelial cell appearance, but we observed an increase in the number of goblet cells (Figure 2, E and F).

We next quantified populations of the major intestinal cell types — Paneth cells, goblet cells, enterocytes, all enteroendocrine cells, and enterochromaffin cells — in different intestinal segments. Similar to previous reports (7, 8), we found an increase in several types of secretory cells in the small intestine after DBZ treatment. In the colon, we observed an increase in the number of goblet cells only (Supplemental Figure 3, F–K). We observed a 26% reduction in enteroocyte numbers in ileum, but not in other segments of the intestine (Supplemental Figure 3K).

A decrease in enterocyte numbers may reduce absorption of nutrients. Hypersecretion of GLP-1, and probably increased levels of other secretory products of L cells, including oxyntomodulin and peptide YY, may decrease appetite. A combination of these effects could result in loss of body weight and change in metabolism in HFD-fed mice. We therefore compared body weight changes in
utes (Figure 3, E–G). To test whether DBZ has a direct stimulatory effect on β cells, we isolated islets from mice treated with vehicle or the highest dose of DBZ (1× 50 mg/kg regimen) and measured insulin release. DBZ treatment had no effect on basal insulin secretion (3 mM glucose) or on the first or second phase of stimulated insulin secretion (20 mM glucose) (Figure 3L).

DBZ treatment decreased fasting glucose concentrations in lean and HFD-fed mice (P < 0.01; Figure 3, I and J). However, whereas vehicle- and DBZ-treated lean mice exhibited similar glucose profiles after the oral glucose load, HFD-fed mice showed improved glucose tolerance after DBZ treatment (Figure 3, I–K).

Blockade of the GLP-1 receptor modulates the effect of DBZ on insulin secretion and glucose tolerance. To evaluate the relative contribution of the GLP-1 effect on insulin secretion, we performed an OGTT in DBZ-injected, HFD-fed mice in the presence of the GLP-1 receptor antagonist exendin 9-39. The increased insulin response after DBZ treatment was attenuated by exendin 9-39, and the improvement in glucose tolerance in DBZ-treated mice was blocked (Figure 4, A–D). These data indicate that improved glucose tolerance resulting from DBZ treatment was, to a large extent, attributable to increased GLP-1 action.
NOTCH inhibition increases K cell numbers and GIP secretion in HFD-fed mice. Next, the effect of DBZ on the number of K cells was assessed. We first tested duodenum organoids derived from GIP-Venus mice, in which K cells are labeled by YFP expression (Figure 5, A and B, and ref. 18), similar to L cells in the Glu-Venus mouse. Organoids treated with a 3-hour pulse of 5 μM DBZ showed an 8-fold increase in K cell numbers (control, 0.9 ± 0.1 cells/crypt; DBZ, 7.1 ± 0.49 cells/crypt). We next assessed the DBZ-treated organoids for GIP secretion and found elevated basal as well as glucose-stimulated GIP release compared with control organoids (Figure 5C). K cell numbers in control and DBZ-treated HFD-fed mice were also compared. In the duodenum, the most K cell–enriched region in the intestine, the number of K cells increased 2.8-fold after DBZ treatment (Figure 5D). GIP levels during an OGTT were correspondingly increased in DBZ-treated mice during the first 30 minutes after the glucose challenge (Figure 5, E and F).

Insulin sensitivity, assessed by insulin tolerance testing, is similar in control and DBZ-treated mice fed HFD. Non-L cell effects of NOTCH inhibition, such as increased hepatic insulin sensitivity (19), could contribute to the improved glucose tolerance observed in our model. Therefore, we compared insulin-mediated glucose uptake in DBZ- and vehicle-treated mice by an insulin tolerance test (ITT). No difference was found in the ability of insulin to lower glucose levels in lean or HFD-fed mice after DBZ treatment (Supplemental Figure 4).

Reduced insulin secretion after cessation of DBZ treatment. To find out how long the beneficial effects of DBZ treatment persist in vivo, the insulin response was assessed during an OGTT 8 days after DBZ treatment. This interval was chosen based on the observed decline in L cell numbers 5 days after the DBZ treatment (Supplemental Figure 2A), on the assumption that the turnover of L cells takes 4–5 days (4), and on the time needed for mice to recover from previous blood sampling in an OGTT. After 8 days, the elevated plasma GLP-1 and insulin responses were no longer evident, and L cell numbers were similar to those observed in vehicle-treated mice (Supplemental Figure 5, A–E).

In order to investigate the effect of repeated DBZ treatment, mice were repeatedly given the 2× 10 mg/kg DBZ regimen (i.e., on days 1 and 2, then again on days 4 and 5). These repeatedly treated mice were tested by OGTT on day 8 and showed improved glucose tolerance (Supplemental Figure 5F) and an increased number of L cells in the ileum compared with vehicle-injected mice and mice receiving the single 2× 10 mg/kg regimen (Supplemental Figure 5A). However, the mice started to lose weight after the repeated treatment (data not shown) and developed skin lesions. We observed no increase in plasma GLP-1 concentrations after a single round of the 4× 5 mg/kg and 1× 50 mg/kg DBZ regimens (Supplemental Figure 2, B and C, and data not shown); therefore, we did not perform repetitive treatments using these regimens.

Discussion

In the present study, we showed that an increase in L cell numbers, mediated by NOTCH inhibition, translates into elevated GLP-1 secretion, which augments insulin secretion and improves glucose tolerance in HFD-fed mice. Our in vitro data showed that DBZ could be used in a pulsed manner to enhance the number of functional L cells in mouse and human intestinal organoids, which augmented GLP-1 secretion. This increase in L cell numbers was preceded by elevated expression of the transcription factors Ngn3 and Neurod1, indicative of enhanced development of mitotic and postmitotic endocrine precursors (12). The L cell enrichment was further augmented by SCFAs, which are likely to act on Neurod1-expressing endocrine precursors (13, 20). Thus, the conversion of transit-amplifying cells to secretory cells by DBZ could hypothetically be combined with subsequent modulation of postmitotic endocrine precursors specifically toward the L cell fate. In vivo, DBZ treatment increased L cell numbers throughout the small intestine, with a stronger effect in jejunum than in ileum. This indicates a difference in plasticity of developing cells in the secretory compartment between intestinal segments, although the underlying mechanisms are not known. The potential implications of differentially increased L cell numbers for improving glucose homeostasis in the treatment of diabetes require further scientific investigation, as do the contributions of L cells from different parts of the intestine to glucose control. Although the numbers of other types of secretory cells were also increased by DBZ, including goblet, Paneth, and other enteroendocrine cells, we did not detect a significant deficit of enterocytes in the duodenum and jejunum, which suggests that nutrient absorption in these parts of the intestine was not severely affected.
The GLP-1 secretion tests and TEM of endocrine cells were suggestive of normal development of L cell structure and function in the presence of systemically administered DBZ. Importantly, DBZ-treated mice showed augmented GLP-1 and insulin responses to an OGTT, and the glucose tolerance in HFD-fed mice improved after DBZ treatment. The higher early insulin peak was particularly noticeable in HFD-fed mice treated with DBZ (Figure 3F). This rapid augmentation of insulin secretion is interesting because it addresses 2 key characteristics of the secretory defect associated with β cell dysfunction in type 2 diabetes: a reduction and a delay of the insulin response (21, 22). Thus, our present data strongly suggest that L cell enrichment of the intestinal epithelium can be beneficial for glucose control in type 2 diabetes. After cessation of treatment, L cell numbers fell to levels similar to those in untreated controls, and the improved glucose tolerance was no longer observed by day 8. Repeating the treatment regimen several days later was toxic for the mice. Our experiments in the presence of a GLP-1 receptor antagonist demonstrated that improved glucose tolerance and increased insulin secretion were in large part due to augmented GLP-1 release in DBZ-treated mice. In addition, DBZ treatment had no direct effect on insulin secretion, insulin-mediated glucose uptake, and body weight dynamics, which suggests that the improved glucose tolerance was mediated mostly through the increased insulin response after L cell enrichment.

Because the effect of NOTCH inhibition is not selective for L cells, we also observed increased K cell numbers and elevated GIP levels in DBZ-treated mice. The insulinotropic action of GIP alone is not very effective in β cells from patients with type 2 diabetes, in contrast to GLP-1–based therapy (23); however, it is possible that an increase in GIP release after modulation of K cell development by DBZ can act synergistically with augmented GLP-1 signaling, or that GIP sensitivity may be improved by augmented β cell function.

Whereas we here demonstrated the positive effect of L cell enrichment for glycemic control, NOTCH inhibitors are associated with several side effects, such as impaired development of absorptive cells and survival of stem cells (24). Ideally, compounds with a more specific action on L cell development would be a logical therapeutic strategy. Further investigation of factors directing development of L and K cells, combined with a search for selective modulators that can modulate this process, are necessary for the success of this approach.

In conclusion, we here provide proof of concept that enrichment of incretin-secreting cells by pharmacological agents can be a novel strategy by which to improve insulin secretion and glucose tolerance. This opens a unique window of opportunity to identify compounds that can modulate L cell development in order to improve glucose control in patients with diabetes mellitus.

Methods
Further information is available in Supplemental Methods.

C57BL/6 male mice (4–5 months old) were used for OGTT and ITT tests in HFD and lean groups. Intestinal fragments from 4-month-old Glu-Venus (14) and GIP-Venus male mice (18) were used for organoid culture and FACS experiments. Surgically resected human ileal tissues were obtained from the Diakonessen Hospital (Utrecht, The Netherlands). Mouse and human intestinal crypts were isolated, cultured, and grown into organoids as described previously (25, 26). DBZ [C26 H23 F2 N3 O3; (S)-2-[2-(3,5-difluoro-phenyl)-acetylamino]-N-((S)-5-methyl-6-oxo-6,7-dihydro-5H-dibenzo[b,d]azepin-2-yl)-propionamide] was added to culture medium 48 hours after splitting in the concentration range of 0.1 nM to 50 μM, as a continuous 96-hour treatment. For pulsed treatment, organoids were treated with 2, 5, or 10 μM DBZ for 3 hours. SCFAs were applied continuously as a combination of 5 mM acetate, 1 mM propionate, and 1 mM butyrate.

For DBZ dose testing, all in vivo experiments and collection of intestine for L cell counts and histological analysis were done 48 hours after the 1× 10 mg/kg DBZ regimen, 96 hours after beginning the 2× 10 mg/kg DBZ regimen (except ITT), and 120 hours after beginning the 4× 5 mg/kg DBZ regimen. DBZ was given in saline solution with 0.1% hydroxypropylmethylcellulose i.p. Vehicle controls were injected with saline solution with 0.1% hydroxypropylmethylcellulose. HFD (60% fat) was fed to mice for 12-14 weeks. Lean and HFD-fed mice were given DBZ (2× 10 mg/kg regimen), and OGTT was performed.
96 hours after beginning treatment (7). Exendin 9-39 (100 nmol/kg) was given i.p. ITT with 2 U/kg insulin was performed the day before OGTT. Intestinal samples for TEM, FACS sorting, and immunostaining for different cell types were taken immediately after the OGTT. Pancreatic islets and intestinal cultures from DBZ-treated and control mice were isolated 48 hours after the 1× 50 mg/kg DBZ regimen, cultured, and processed for insulin or GLP-1 secretion measurements as previously described (27).

Statistics. Data represent mean ± SEM. Comparison of 2 groups was done using nonpaired 2-tailed Student’s t test. A P value less than 0.05 was considered significant. Data involving more than 2 groups were assessed by ANOVA.

Study approval. Animal experiments were approved by the Animal Care Committee of the Royal Netherlands Academy of Arts and Sciences (permit no. HI 11.2503). The study on human intestinal tissues was approved by the ethical committee of the Diakonessen Hospital (Utrecht, The Netherlands). Informed consent was provided by all patients.

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