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Editorial: FGF21 as a therapeutic target for obesity and insulin resistance: from rodent models to humans

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Editorial on the Research Topic

FGF21 as a therapeutic target for obesity and insulin resistance: from rodent models to humans

Obesity is a global pandemic that requires the urgent development of therapies and prevention strategies. To define new pharmacologic therapies or nutritional approaches it is mandatory to find new targets. Fibroblast growth factor 21 (FGF21) is considered a potential target to treat obesity, due to its favorable metabolic activity, signalling pathways and regulatory mechanisms. It is well-documented that FGF21 is induced by a wide range of biological stress conditions and a key signal that communicates and coordinates the physiologic response to restore the metabolic homeostasis in different tissues (1). FGF21 is elevated in pathological conditions such as obesity, insulin resistance, or fatty liver disease where an impairment of its signalling has been described (2). On the other hand, FGF21 analogues tested in overweight/obese patients with type 2 diabetes or NAFLD/NASH can reduce dyslipidaemia and steatosis, but improvements in glycaemic control or body weight were not globally restored (3). This suggests that pharmacologic effects of FGF21 are different from its physiological effects. In this Research Topic "FGF21 as a therapeutic target for obesity and insulin resistance: from rodent models to humans", we include publications related to new advances involving FGF21, its signalling pathway, and its potential as a target to treat obesity.

Manuscript by Spann et al. highlighted the function of endogenous FGF21 in metabolism. In this thorough review the authors discuss many stimuli involved and

which tissue is either the source of or the target of FGF21, bringing into discussion relevant data from over a decade of research (Spann et al.).

Previous studies in humans showed the involvement of FGF21 in dietary preference, appetite, and plasma lipids (4–6). Genetic studies in humans have associated some single nucleotide polymorphisms (SNPs) in and around the FGF21 gene with carbohydrates, protein, fat, and alcohol preference (7–9). Qian et al. systematically reviewed the association between lifestyle and circulating FGF21 levels. Including a total of 50 studies, this metaanalysis identified many disperse stimuli that significantly upregulated FGF21 levels such as smoking, alcohol consumption, acute exercise, hypercaloric carbohydrate- or fat-rich diet, amino acid or protein restriction, or excessive fructose intake (Qian et al.). Serum FGF21 is proposed to be a biomarker to assess the effects of different lifestyle interventions and metabolic interactions.

Beta-Klotho (KLB), a co-receptor for FGF21, is an important regulator of FGF21 action (10–13). Beyond the liver and adipose tissue, in humans, KLB is also detected in the breast, bone marrow, and pancreas and these differences may explain, at least in part, the differential metabolic effects of FGF21 in humans (14). In this Research Topic, Aaldijk et al. reviewed both biological and pharmacological tissue-dependent functions of KLB. This review comprehensively describes the importance of the identified genetic KLB variants and their phenotypic associations. Furthermore, it discusses the regulation of both transcript and protein KLB expression levels in different metabolic tissues and its response to different stimuli. Finally, the most recent data regarding KLBtargeting drugs in clinical studies is depicted, including FGF19 and FGF21 analogues, and specific KLB/FGFR1c agonists (Aaldijk et al.).

Many questions are still open regarding the metabolic role of FGF21 in humans, especially under nonpathological conditions. Crudele et al. calculated a cut-off for total serum levels of FGF21 according to visceral adiposity, which identified subjects with fasting hyperglycaemia. Intriguingly, waist circumference correlated with total FGF21 serum levels but did not correlate with intact functional FGF21. This suggests that an increase in total FGF21 but not functional FGF21 predicts dysmetabolic conditions, highlighting the complexity of its mechanism of action.

It is worth noting that some divergent data between mice and humans have been reported regarding the mechanisms that induce FGF21 expression and on its metabolic effects. While in mice shortterm fasting and ketogenic diets increase FGF21 serum levels, in humans this induction was observed only after a very prolonged

References

period of fasting (7–10 days) (1). Nevertheless, studies using animal and cellular models to explore FGF21 signalling in central and peripheral tissues are crucial for understanding the upstream and downstream molecular mechanisms of the metabolic effects of FGF21, including its receptors and regulating proteins. In a study using the obesity-resistant uncoupling protein 1 (UCP1) knock-out (KO) mice, Hazebroek and Keipert elegantly reported improved sensitivity to exogenous FGF21 in the UCP1 KO mice after longterm high fat diet feeding. Remarkably, the increased FGF21 sensitivity was observed in inguinal white adipose tissue (iWAT) but not in liver, suggesting iWAT as the key tissue regulating FGF21-mediated metabolic improvements.

The articles included in this Research Topic provide evidence of new advances involving FGF21, including molecular data from animal models but also from humans, as well as reviews that comprehensively highlight the new findings, shedding light on the real potential of FGF21 as a target in the treatment of obesity and related metabolic diseases.

Author contributions

ALDS-C: Investigation, Writing – original draft, Writing – review & editing. RR-R: Conceptualization, Investigation, Writing – review & editing. SS: Investigation, Writing – review & editing. JJ: Investigation, Writing – review & editing. JR: Conceptualization, Investigation, Project administration, Writing – original draft, Writing – review & editing.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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3. Struik D, Dommerholt MB, Jonker JW. Fibroblast growth factors in control of lipid metabolism: from biological function to clinical application. *Curr Opin Lipidol* (2019) 30(3):235–43. doi: 10.1097/MOL.00000000000599

4. Wu C-T, Chaffin AT, Ryan KK. Fibroblast growth factor 21 facilitates the homeostatic control of feeding behavior. *J Clin Med* (2022) 11(3):580. doi: 10.3390/jcm11030580

^{1.} Martínez-Garza Ú, Torres-Oteros D, Yarritu-Gallego A, Marrero PF, Haro D, Relat J. Fibroblast growth factor 21 and the adaptive response to nutritional challenges. *Int J Mol Sci* (2019) 20(19):4692. doi: 10.3390/ijms20194692

^{2.} Dushay J, Chui PC, Gopalakrishnan GS, Varela-Rey M, Crawley M, Fisher FM, et al. Increased fibroblast growth factor 21 in obesity and nonalcoholic fatty liver disease. *Gastroenterology* (2010) 139(2):456–63. doi: 10.1053/j.gastro.2010.04.054

5. Hill CM, Qualls-Creekmore E, Berthoud H-R, Soto P, Yu S, McDougal DH, et al. FGF21 and the physiological regulation of macronutrient preference. *Endocrinology* (2020) 161(3):1–13. doi: 10.1210/endocr/bqaa019

6. Larson KR, Chaffin AT-B, Goodson ML, Fang Y, Ryan KK. Fibroblast growth factor-21 controls dietary protein intake in male mice. *Endocrinology* (2019) 160 (5):1069–80. doi: 10.1210/en.2018-01056

7. von Holstein-Rathlou S, Gillum MP. Fibroblast growth factor 21: an endocrine inhibitor of sugar and alcohol appetite. J Physiol (2019) 597(14):3539–48. doi: 10.1113/ JP277117

8. Chu AY, Workalemahu T, Paynter NP, Rose LM, Giulianini F, Tanaka T, et al. Novel locus including FGF21 is associated with dietary macronutrient intake. *Hum Mol Genet* (2013) 22(9):1895–902. doi: 10.1093/hmg/ddt032

9. Talukdar S, Owen BM, Song P, Hernandez G, Zhang Y, Zhou Y, et al. FGF21 regulates sweet and alcohol preference. *Cell Metab* (2016) 23(2):344–9. doi: 10.1016/j.cmet.2015.12.008

10. Søberg S, Sandholt CH, Jespersen NZ, Toft U, Madsen AL, von Holstein-Rathlou S, et al. FGF21 is a sugar-induced hormone associated with sweet intake and preference in humans. Cell Metab (2017) 25(5):1045-1053.e6. doi: 10.1016/j.cmet.2017.04.009

11. Fisher FM, Maratos-Flier E. Understanding the physiology of FGF21. *Annu Rev Physiol* (2016) 78(1):223–41. doi: 10.1146/annurev-physiol-021115-105339

12. Suzuki M, Uehara Y, Motomura-Matsuzaka K, Oki J, Koyama Y, Kimura M, et al. betaKlotho is required for fibroblast growth factor (FGF) 21 signaling through FGF receptor (FGFR) 1c and FGFR3c. *Mol Endocrinol* (2008) 22(4):1006–14. doi: 10.1210/me.2007-0313

13. Kurosu H, Choi M, Ogawa Y, Dickson AS, Goetz R, Eliseenkova AV, et al. Tissue-specific expression of β klotho and Fibroblast Growth Factor (FGF) receptor isoforms determines metabolic activity of FGF19 and FGF21. *J Biol Chem* (2007) 282 (37):26687–95. doi: 10.1074/jbc.M704165200

14. Petryszak R, Keays M, Tang YA, Fonseca NA, Barrera E, Burdett T, et al. Expression Atlas update-an integrated database of gene and protein expression in humans, animals and plants. *Nucleic Acids Res* (2016) 44(D1):D746–752. doi: 10.1093/nar/gkv1045