Impaired mRNA splicing and proteostasis in preadipocytes in obesity-related metabolic disease

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Abstract

Preadipocytes are crucial for healthy adipose tissue expansion. Preadipocyte differentiation is altered in obese individuals, which has been proposed to contribute to obesity-associated metabolic disturbances. Here, we demonstrate that impaired alternative splicing and dysregulated endoplasmic reticulum (ER)-associated protein degradation (ERAD) represent marker pathways of dysfunctional preadipocytes in obese individuals with insulin resistance (IR)/type 2 diabetes (T2D). Down-regulation of a key member of the major spliceosome, *PRFP8*/PRP8, as observed in IR/T2D preadipocytes from subcutaneous (SC) fat, prevented adipogenesis by altering both the expression and splicing patterns of adipogenic transcription factors and lipid droplet-related proteins, while adipocyte differentiation was restored upon recovery of *PRFP8*/PRP8 normal levels. Adipocyte differentiation was also compromised under conditions of ERAD hyperactivation, as occurs in SC and omental (OM) preadipocytes in IR/T2D obesity. Thus, targeting mRNA splicing and ER proteostasis in preadipocytes could improve adipose tissue function and thus contribute to metabolic health in obese individuals.

Introduction

Adipose precursor cells, the preadipocytes, are essential for the maintenance of adipose tissue homeostasis, regeneration, and expansion (***Berry et al., 2016***). Preadipocytes differentiation into adipocytes, i.e. adipogenesis, enables adipocyte turnover and adipose tissue growth and ensures adipose tissue plasticity to accommodate surplus energy ***(Arner et al., 2010; Sarjeant and Stephens, 2019; Spalding et al., 2008***). It has been proposed that the inability for recruiting new adipose cells together with the functional impairment of hypertrophied adipocytes that occur in obesity contribute to lipid spill over from the adipose tissue (***Lessard and Tchernof, 2012***). Ectopic fat deposition and lipotoxicity in non-adipose organs have been associated with the development of insulin resistance (IR) and type 2 diabetes (T2D) (***Engin and Engin, 2017***). Thus, increasing adipogenesis appears as a valuable strategy to facilitate healthy adipose tissue expansion and ensure metabolic health (***Ghaben and Scherer, 2019***).

Adipocyte differentiation involves striking changes in size, metabolism, and responsiveness to signals. This process, in turn, relies on major changes in gene expression programs regulating mRNA and protein production (***de Sá et al., 2017***). An Increasing body of evidence shows that mRNA processing and, in particular, alternative splicing, is crucial for genome reprogramming during cell differentiation ***(Fiszbein and Kornblihtt, 2017***). In this line, the recent identification of PPARγ protein variants with opposing effects on preadipocyte differentiation, supports a role for alternative splicing in adipogenesis (***Aprile et al., 2020, 2018, 2014***). However, the splicing components relevant to adipogenesis and the cellular events regulated by alternative splicing during

adipocyte differentiation have been scarcely explored (*Lin, 2015*), and it is yet to

be established whether alternative splicing is modified in human obesity.

Another crucial mechanism preserving precursor cell function relates to protein

homeostasis (i.e., proteostasis), which maintains the capacity of cells to expand

in order to sustain tissue growth and regeneration (*Noormohammadi et al.,*

2018). Several lines of evidence support an important role for the endoplasmic

reticulum (ER) protein quality control system in the regulation of adipogenesis

(*Lowe et al., 2011*). In fact, the unfolded protein response (UPR) is perturbed in

the obese adipose tissue and has been proposed to contribute to the pathology

of obesity (*Yilmaz, 2017*). By contrast, it is still unknown whether the other

component of the protein control system, the ER-associated protein degradation

(ERAD), which is crucial for protecting cells against accumulation of

misfolded/unfolded proteins and proteotoxicity *(Hwang and Qi, 2018*), is altered

in the obese adipose tissue. Importantly, genetic ablation of the core ERAD

protein, SEL1L, in mouse adipocytes causes lipodystrophy and postprandial

hyperlipidaemia (*Sha et al., 2014*).

Here, we set out an iTRAQ-LC-MS/MS proteomic approach for the analysis of

subcutaneous (SC) and omental (OM) preadipocytes from obese individuals with

normoglycaemia (NG) and T2D in order to identify altered molecular pathways

that may contribute to metabolic disease in obesity. Down-regulation of multiple

components of the splicing machinery was observed in SC preadipocytes from

obese individuals with insulin resistance (IR) or T2D, as compared to NG obesity.

This, together with the observation that adipogenesis can be modulated by

regulating the expression levels of a key spliceosome component, *PRFP8*/PRP8,

support a role for alternative splicing in the development of obesity-associated

metabolic complications. In addition, our studies show that not only the UPR but

also the ERAD system are altered in human SC and OM preadipocytes from

IR/T2D obese subjects, and that this condition (i.e., hyperactivated ERAD), when

mimicked *in vitro*, prevented adipogenesis. Our results provide novel mechanistic

explanations for the impaired adipogenic capacity observed in IR/T2D obesity

that relates to both mRNA and ER-proteostasis disturbance.

Results

Preadipocytes display distinct features in obesity-related IR/T2D

Preadipocytes from SC and OM adipose tissue were isolated from 78 morbidly

obese subjects (BMI <40 kg/m^2) (hereinafter referred to as obese individuals)

(***Table 1***), who were subclassified into three groups [normoglycemic (NG Obese):

Glucose <100 mg/dL, HbA1c <5.7 %; impaired fasting glucose (IFG Obese):

Glucose 100-126 mg/dL, HbA1c 5.7-6.5 %; and with type 2 diabetes (T2D

Obese): Glucose >126 mg/dL, HbA1c >6.5 %], according to the criteria of the

American Diabetes Association (***ADA, 2021***). IFG individuals exhibited

significantly higher HOMA-IR values than NG individuals and they will be referred

to as insulin-resistant (IR) subjects (***Díaz-Ruiz et al., 2015***; ***Tam et al., 2012***). No

significant differences were found among groups in blood pressure, inflammation,

or lipid parameters except triglycerides, whose levels were enhanced in T2D *vs.*

NG obese groups.

Paired SC and OM adipose tissue samples were processed for the isolation of

the stroma-vascular fraction (SVF) and mature adipocytes. Microscopic analysis

of freshly isolated mature adipocytes revealed that these cells were larger in

IR/T2D than in NG obese individuals (***Table 1—Figure supplement 1A***).

SC and OM preadipocytes were obtained after serial passaging (2-3

passages) of the corresponding SVFs following established methods (***Bunnell et***

al., 2008; ***Palumbo et al., 2018***; ***Serena et al., 2016***; ***Zhu et al., 2013***). The purity

of the preadipocyte cultures was confirmed by the presence of the preadipocyte

marker DLK1/PREF1 and the absence of the blood cell markers CD45 and CD14

(***Table 1—Figure supplement 1B***). Expression levels of the proliferation marker,

KI67, and the proliferation rate, as assessed by cell count, were higher in SC than

in OM preadipocytes, and both parameters decreased in IR/T2D (***Table 1—***

Figure supplements 1C and 1D). Preadipocyte proliferation rate negatively

correlated with obesity and IR markers (BMI, glucose, insulin, and HbA1c) (***Table***

1—Supplementary file 1).

Microscopic observation of lipid droplets (LDs) showed that both SC and OM

preadipocytes from NG obese subjects differentiated well, while those from

IR/T2D obese groups differentiated poorly (***Table 1—Figure supplement 1E***). In

this line, the mRNA levels of the adipocyte markers, *PPARG*, *FABP4,* and

ADIPOQ were lower in IR obese subjects than in their NG counterparts

throughout differentiation (***Table 1—Figure supplement 1F***).

Comparative proteomics of human obese preadipocytes

In order to identify marker pathogenic pathways of dysfunctional preadipocytes

in obesity-associated metabolic disease, we employed iTRAQ proteomics of SC

and OM preadipocytes from obese individuals with extreme metabolic

phenotypes, NG *vs.* T2D. This study enabled the identification of a total of 1,758

proteins that were present in both SC and OM fat from NG and T2D obese

individuals, thus defining the human obese preadipocyte proteome. According to

GO Biological Process annotation, 55.5% of these proteins were related to

cellular and metabolic processes (***Figure 1—Figure supplement 2A***), including metabolism of mRNA, proteins, glucose, and lipids (***Figure 1—Figure supplement 2B***). All the proteomic data related to this study are available at the ProteomeXchange Consortium via the Proteomics IDEntifications (PRIDE) partner repository ***(Perez-Riverol et al., 2019***) with the dataset identifier PXD015621.

Comparison of proteomic data from SC and OM preadipocytes revealed marked differences between the two types of cells regarding the number of differentially expressed proteins and protein-related functional pathways (***Figure 1—Figure supplement 3***, and ***Figure 1—Source data 1***). To investigate enrichment for functional pathways in each depot, canonical pathway analysis of the proteomic data was performed using IPA. Among the top ten IPA canonical pathways that were overrepresented in SC preadipocytes in T2D obesity (***Figure 1—Source data 2***), the highest ranked down-regulated pathway was the spliceosomal cycle (***Figure 1B***). The unfolded protein response (UPR) was also modified in SC preadipocytes from T2D obese group (***Figure 1B***), while pathways related to ER stress were up-regulated in OM preadipocytes (***Figure 1C***) in T2D *vs.* NG obesity.

Based on these findings, we next characterized the splicing machinery and ER control system in preadipocytes and their contribution to adipocyte differentiation.

Splicing dysregulation as a marker of SC preadipocytes in obesity-related metabolic disease

To complement our proteomic observations, we assessed the expression of splicing-related genes in human preadipocytes using a microfluidic-based dynamic qPCR array comprising 45 splicing-related components (***Gahete et al.,***

2018). Preadipocytes isolated from the SC and OM fat pads of NG, IR, and T2D

obese individuals were employed for this study. Analysis of gene expression

profiles by hierarchical clustering revealed a marked gene expression shift

between NG and IR/T2D SC preadipocytes, which was not evident for OM

preadipocytes (*Figure 2A*). SC preadipocytes from IR/T2D obese individuals

exhibited lower expression levels of splicing-related genes than NG obese

subjects, including components of major spliceosome (*PRPF8*, *RNU5*, *SF3B1*

tv1, *TCERG1*, and *U2AF1*), and splicing factors (*CELF1*, *MAGOH*, *RBM3*,

RBM45, *SFPQ*, and *SNW1*) (*Figures 2A* and *2B*, and *Figure 2—Figure*

supplement 4). Notably, only the minor spliceosome component, *RNU12*, was

up-regulated in T2D *vs.* NG SC preadipocytes (*Figure 2A* and *Figure 2—Figure*

supplement 4B). No differences in OM preadipocytes were observed among the

three groups of obese individuals (*Figure 2* and *Figure 2—Figure supplement*

4). These observations were largely confirmed in a second independent subset

of samples obtained from additional obese individuals using RT-PCR (*Figure 2—*

Figure supplement 5).

The splicing machinery was also investigated in preadipocytes from a second

cohort, comprising lean subjects (BMI <25 kg/m^2) and NG and T2D individuals

with simple obesity (BMI 30-35 kg/m^2) (hereinafter referred to as simple obesity)

(*Figure 2C* and *Figure 2—Figure supplement 6*). These results revealed

significantly higher expression levels of main components of the major

spliceosome (*PRPF8* and *SF3B1 tv1*) in SC preadipocytes from NG obese *vs.*

lean individuals (*Figure 2C* and *Figure 2—Figure supplement 6A*). A trend to

increase was also observed for the minor spliceosome component, *RNU12*, and

the splicing factors, *CELF1* and *SNW1*, although this did not reach statistical

significance (***Figure 2—Figure supplements 6B** and **6C***). Notably, and similar

to that observed for morbidly obese individuals from cohort 1 (***Figure 2A** and

Figure 2—Figure supplements 4 and 5*), a significant decrease in the

expression levels of all the genes tested, except *RNU12*, was observed in T2D

vs. NG individuals with simple obesity (***Figure 2C** and **Figure 2—Figure***

supplement 6). No differences were observed in OM preadipocytes when groups

of cohort 2 were compared (***Figure 2C** and **Figure 2—Figure supplement 6***).

***PRPF8*/PRP8 expression studies in human preadipocytes**

One of the most highly expressed genes in SC preadipocytes from NG obese

individuals that was significantly down-regulated in both IR and T2D obese

subjects as compared to NG SC preadipocytes, was *PRPF8*/PRP8. Specifically,

mRNA and protein levels of this key component of the major spliceosome were

reduced by 51% and 56%, respectively, in IR SC preadipocytes, and by 49% and

82% in T2D SC preadipocytes as compared to NG levels (***Figures 2A** and **2B***).

No differences in *PRPF8*/PRP8 expression were observed among groups in OM

preadipocytes (***Figures 2A** and **2B***). Differentiation studies revealed that while

PRPF8 expression levels remained low throughout adipogenesis in IR

preadipocytes, *PRPF8* levels peaked at day 3 (D3) of differentiation and

thereafter remained above D0 levels in NG preadipocytes (***Figure 2D***). *PRPF8*

mRNA remained constant or decreased at the end of differentiation of NG and IR

OM preadipocytes, respectively (***Figure 2D***).

222 ***PRPF8*/PRP8 down-regulation in SGBS preadipocytes impairs**

223 **adipogenesis**

224 We employed a siRNA strategy to down-regulate *PRPF8* gene expression levels

225 in preadipocytes to mimic the conditions found in IR/T2D obese SC

226 preadipocytes as compared to NG obesity. These studies were carried out using

227 the human SC adipocyte cell line, SGBS cells. As observed for NG SC human

228 primary preadipocytes, *PRPF8* mRNA levels reached a peak at early stages of

229 SGBS cell differentiation (D4) (***Figure 3A***).

230   siRNA treatment of SGBS preadipocytes (D4) decreased by 67% and 65%

231 *PRPF8* mRNA and protein levels, respectively, at day 3 post-transfection (D7),

232 without changing cell viability (**Figure 3—*Figure supplements 7A-C***).

233 Morphometric evaluation of Oil-Red O staining in confocal micrographs revealed

234 that *PRPF8*-silenced preadipocytes accumulated more but smaller LDs than

235 control cells, which resulted in an increase in the total lipid content in cells

236 exposed to *PRPF8* siRNA (***Figure 3C***). *In silico* analysis of CLIP_Seq data using

237 ENCORI (The Encyclopedia of RNA Interactomes) (***Li et al., 2013***) revealed both

238 adipogenic (*PPARG* and *SREBF1)* and LD biogenesis and growth markers

239 (*BSCL2*, *CIDEB*, and *CIDEC*) as PRP8 target genes (***Figure 3—Source data 3***).

240 Enrichment analysis of PRP8-RNA interactions revealed pathways such as

241 insulin signalling, adipokine signalling, and fatty acid metabolism to be

242 significantly overrepresented (***Figure 3—Source data 3***). Similarly, the

243 HumanBase tool (***Greene et al., 2015***) identified several adipogenesis-related

244 genes, including *ADIPOQ*, *CAV1*, and *CD36*, among the Top10 genes showing

245 functional interactions with *PRPF8* (***Figure 3—Source data 4***). In accordance

246 with the *in silico* data, expression of total *PPARG* and *SREBF1* transcript contents

and the abundances of some of their isoforms were altered in *PRPF8*-silenced

cells (**Figures 3D** and **3E**). In particular, mRNA and protein levels of the fat

specific *PPARG* isoform, *PPARG-2*, were up-regulated upon *PRPF8* silencing

(**Figures 3D** and **3E**). Decreased levels and/or altered splicing patterns of

BSCL2, CIDEB, and *CIDEC,* were also observed in silenced cells (**Figure 3F**).

Other genes showing significant changes in *PRPF8*-silenced cells included

enzymes involved in lipid synthesis (FAS and DGAT2), and the LD-associated

protein, ADRP, while neither PLIN1 nor HSL/pHSL were modified (**Figure 3G**).

PRPF8 silencing also activated stress responses in SGBS adipocytes, as

indicated by the increased protein levels of the ER stress marker, CHOP, the

immunoproteasome component, PSMB8, and CASP3/Pro-CASP3 ratio (**Figure**

3G). Contrarily to control cells, *PRPF8*-silenced cells did not respond to an insulin

challenge (**Figure 3H**). Most of the effects depicted for silenced SGBS cells at

D7 remained significant at D10 (**Figure 3—Figure supplement 7**). Nevertheless,

silenced cells at D10 still exhibited abundant LDs but of small size, thus resulting

in a drastic decrease in the total amount of lipids stored in *PRPF8* siRNA-treated

cells as compared with controls (**Figure 3I**). *PPARG-2* mRNA and protein, and

the late adipocyte markers, *ADIPOQ* and *FABP4*, were down-regulated at D10 in

PRPF8-silenced cells (**Figure 3—Figure supplements 7D-E** and **7H**).

Notably, recovery of PRP8 protein levels by co-transfection of *PRPF8*-silenced

SGBS cells with an expression vector coding for this protein (*PRPF8*-pcDNA3.1)

reverted the effects induced by *PRPF8* silencing on adipocyte and LD markers,

both at D7 (data not shown) and D10 (**Figure 3—Figure supplement 7**).

Silencing-induced changes in both LD number and size were also reverted in

rescue experiments by *PRPF8* re-expression (**Figure 3I**). Silencing experiments

using human adipose-derived stem cells (hADSCs) gave similar results to those

observed in SGSB cells (**Figure 3—Figure supplements 8**).

We also examined the contribution of other splicing genes to adipocyte

differentiation, namely the SF3B complex and the splicing factor, SFPQ.

Specifically, since SC preadipocytes from IR/T2D obese individuals showed

diminished *SF3B1 tv1* expression levels (**Figure 3—Figure supplements 4** *and*

5), we exposed SGBS cells to pladienolide-B, which binds to the SF3B complex

and inhibits pre-mRNA splicing via targeting splicing factor SF3B1 **(Aouida et al.,**

2016; **Cretu et al., 2018**). Exposure to pladienolide-B impaired lipid accumulation

in SGBS cells (**Figure 3—Figure supplement 9A**). This concurred with, among

other changes, diminished expression levels of *PPARG-1*, *PPARG-2*, and both

total *SREBF1* and *SREBF1-1*, while *PPARG-4* and *BSCL2-2/3* expression

increased (**Figure 3—Figure supplements 9B** and **9C**). On the other hand,

SFPQ down-regulation by siRNA treatment of SGBS cells caused significant

changes in the expression of only a few genes, i.e., up-regulation of total *SREBF1*

and *SREBF1-1* and down-regulation of *PPARG-4* (**Figure 3—Figure**

supplements 9D-G). Nevertheless, silenced SGBS cells exhibited reduced lipid

content, mostly due to the increase in the number of LDs (2.4-fold), while LD size

decreased as compared with control cells (2.7-fold) (**Figure 3—Figure**

supplement 9E).

Analysis of *PRPF8*/PRP8 effects on human primary preadipocytes

Based on our findings in SGBS preadipocytes, we carried out targeted

silencing and overexpression studies of *PRPF8*/PRP8 in primary preadipocytes

obtained from SC adipose tissue samples of NG, IR, and T2D obese individuals

(**Figure 4**).

First, we examined the effect of *PRPF8* silencing in SC preadipocytes from

obese NG patients using a specific siRNA as a mean to mimic the down-

regulation of this gene found in SC preadipocytes from obese subjects with

IR/T2D (***Figures 2A*** and ***2B***, ***Figure 1—Figure supplements 4*** and ***5***). As shown

in ***Figure 4B***, SC preadipocytes from NG obese individuals exhibited lower lipid

content and changes in LD size and number when silenced for *PRPF8*. In

addition, *PRPF8* down-regulation caused numerical decreases, that in most

cases reached statistical significance, in the expression levels of both total

PPARG and *SREBF1* and their isoforms as compared to mock-transfected SC

preadipocytes from NG obese subjects (***Figures 4C-D***). Notably, rescue

experiments by transfection of silenced NG obese preadipocytes with the

PRPF8-pcDNA3.1 expression vector showed restored expression of most of the

genes tested, which was accompanied by a recovery of LD content (***Figure 4***).

Second, in order to test whether recovery of *PRPF8*/PRP8 levels could

improve the differentiation capacity of IR and T2D obese SC preadipocytes,

overexpression studies using the *PRPF8*-pcDNA3.1 expression vector were

carried out (***Figure 4***). After transfection, both IR and T2D obese SC

preadipocytes exhibited *PRPF8* expression levels comparable to those of SC

preadipocytes from obese NG patients (***Figure 4A***). *PRPF8* expression recovery

upon *PRPF8*-pcDNA3.1 transfection increased the expression of several *PPARG*

isoforms (*PPARG-2*, *PPARG-3*, *PPARG-4*, and *γORF4*) to control levels (i.e., SC

preadipocytes in NG obesity), especially in IR preadipocytes (***Figure 4C***). Similar

results were observed for both total *SREBF1* and *SREBF1-1* (***Figure 4D***). In all,

these results indicate that the expression of *PPARG* and *SREBF1* could be

recapitulated in SC preadipocytes from obese IR/T2D patients by *PRPF8*

complementation. In line with these findings, confocal microscopy studies

showed that *PRPF8*-pcDNA3.1 expression increased total lipid content in SC

preadipocytes from obese subjects with IR/T2D by increasing LD size, while

decreasing LD number (***Figure 4B***). Analysis of markers of LD biogenesis and

growth (*BSCL-2*, *CIDEB*, *CIDEC*), showed similar trends to those observed for

PPARG and *SREBF1* upon manipulation of *PRPF8* expression in SC

preadipocytes from either NG or IR/T2D obese individuals (***Figures 4E-G***).

The UPR is altered in preadipocytes of IR/T2D obese subjects

As mentioned earlier, pathway analysis of iTRAQ proteomic data indicated that

ER stress-related pathways were altered in both SC and OM preadipocytes from

T2D obese individuals when compared to NG obese subjects (***Figures 1B*** and

1C).

Immunoblotting studies of additional human preadipocyte samples to those

employed for iTRAQ studies, confirmed and extended the proteomic data by

demonstrating altered mRNA/protein levels of UPR components in both SC and

OM preadipocytes from IR/T2D obese groups as compared to NG obesity

(***Figures 1B*** and ***1C***, and ***Figure 5***). To be more specific, SC and OM

preadipocytes from T2D obese individuals exhibited enhanced levels of the ER

stress-inducible gene, BiP (***Figure 5A*** and ***Figure 1—Source data 2***). IR/T2D

modified the protein content of p90 and p50, and cleaved/full-length ATF6 ratio

in OM preadipocytes, and decreased this ratio in SC preadipocytes in IR *vs*. NG

(***Figure 5B***). In addition, pPERK and pPERK/PERK ratio were up-regulated in

SC and OM preadipocytes in relation to IR and/or T2D (***Figure 5C***). However,

peIF2α and peIF2α/eIF2α ratio as well as the eIF2α-target, CHOP, were

significantly reduced in OM preadipocytes in relation to IR/T2D (***Figures 5C*** and

5E). We observed enhanced IRE1α levels and decreased pIRE1α/IRE1α ratio in

IR *vs*. NG OM preadipocytes (**Figure 5F**). IR OM preadipocytes and IR/T2D SC

preadipocytes also exhibited higher levels of the spliced form of *XBP1* than NG

preadipocytes (**Figure 5G**). Finally, the ER chaperones, GRP94 and PDI, were

more abundant in T2D preadipocytes than in NG preadipocytes from both SC

and OM fat (**Figure 5H**). Our proteomic study revealed enhanced levels of 11

additional ER chaperones in T2D SC preadipocytes (**Figure 1—Source data 2**).

Dysregulation of ER-associated protein degradation (ERAD) in IR/T2D

obese preadipocytes

In association with the UPR, the ERAD represents a key quality-control

machinery that recruits unfolded/misfolded ER proteins via ER chaperones and

targets these proteins for cytosolic degradation by the proteasome *(Christianson*

and Ye, 2014; *Qi et al., 2017*). Given our results on the UPR, we next explored

the ERAD in human preadipocytes and observed a marked up-regulation of

proteins involved in all the steps comprising this process, including protein

recognition (*BIP*; **Figure 6A**), retrotranslocation through the ER membrane

(*DERL1*, *SEC61A1*, *STT3A*, and *STT3B*; **Figure 6B**), ubiquitination (*HRD1* and

RNF185; **Figure 6C**), and targeting of misfolded proteins to the proteasome

(*RAD23A* and *UBQLN1*; **Figure 6D**) in IR/T2D *vs.* NG obesity. These changes

occurred in both SC and OM preadipocytes, which split into two clusters (NG and

IR/T2D) when ERAD data was represented in a two-way hierarchical clustering

heatmap (**Figure 6E**). In this line, when the ERAD process was explored during

adipocyte differentiation, higher overall transcript contents of ERAD genes in IR

preadipocytes than in NG preadipocytes (measured as AUC) were observed

(**Figure 6—Figure supplement 10**).

Finally, when preadipocytes from individuals of cohort 2 were examined, a

trend to increase in representative genes of ERAD in T2D individuals with simple

obesity *vs*. their NG counterparts and lean individuals was observed (**Figure 6—**

Figure supplement 11). Nevertheless, the expression of some of these ERAD-

related genes, such as *RAD23A*, which was higher in SC preadipocytes from NG

individuals with simple obesity as compared to lean individuals, decreased in the

transition from NG to T2D in obesity (**Figure 6—Figure supplement 11D**), an

effect that was also observed in morbid obesity (**Figure 6D**).

Regulation of ER proteostasis in preadipocytes

In order to unveil the regulation of ERAD in preadipocytes , *in vitro* models of

hyperglycaemia/hyperinsulinemia, inflammation, and hypertrophy due to lipid

overload, were developed using SGBS cells (**Figure 7—Figure supplement 12**).

Specifically, preadipocytes were exposed to high concentrations of glucose and

insulin (HGHI), TNFα, or fatty acids (palmitate or oleate), respectively (**Díaz-Ruiz**

et al., 2015). None of the treatments compromised cell viability (data not shown)

and, except for oleate, they impaired insulin-induced Akt phosphorylation (**Figure**

7—Figure supplement 12C). Exposure to HGHI increased the expression of BiP

and   nearly   all   the   other   ERAD   components   tested   (**Figure   7—Figure**

supplement 13A). As shown in **Figure 7—Figure supplement 13B**, expression

levels of ERAD genes enabled discrimination of HGHI-treated from control SGBS

cells. Given these observations, we next examined the activity of the protein

degradation machinery in the cytosol, the proteasome (**Bard et al., 2018**), in cells

exposed to HGHI. These studies showed that hyperglycaemic/hyperinsulinemic

conditions decreased the activity of the 26S proteasome while increasing the

amount of ubiquitinated proteins in SGBS preadipocytes (**Figure 7—Figure**

supplements 13C and **13H**).

The naturally occurring bile acid, tauroursodeoxycholic acid (TUDCA), has

been shown to restore ER homeostasis in ER-stressed cells (**Zhang et al., 2018**).

We thus tested whether exposure of SGBS preadipocytes to TUDCA prior to

HGHI treatment could prevent HGHI-induced up-regulation of ERAD genes and

accumulation of ubiquitinated proteins in these cells, which was proven to be the

case (**Figure 7—Figure supplements 13D and 13E**). TUDCA also reverted

HGHI inhibitory effects on PPARγ and FABP4 expression levels (**Figure**

7—Figure supplement 13F).

Finally, TUDCA was also able to reduce the enhanced expression levels of

ERAD-related genes and decreased mRNA levels of adipogenic markers induced

by BiP overexpression in SGBS preadipocytes (**Figure 7—Figure supplement**

14).

Based on the results obtained in SGBS preadipocytes, we next tested whether

exposure to HGHI could induce an IR-like phenotype in primary preadipocytes

from OM adipose tissue of NG obese individuals (i.e., activation of ERAD). **Figure**

7 shows that, as for SGBS preadipocytes, exposure of OM preadipocytes from

NG obese subjects to HGHI increased the expression levels of genes involved in

all ERAD steps (recognition, retrotranslocation ubiquitination, and targeting to the

proteasome) in these cells (**Figures 7A-D**). On the other hand, TUDCA, which

did not alter essentially the expression of ERAD genes when administered alone,

reduced HGHI-induced gene expression increases to control levels (i.e., OM

preadipocytes from NG obese individuals exposed to medium alone) (**Figures**

7A-D). HGHI also increased the accumulation of ubiquitinated proteins in OM

preadipocytes from NG obese individuals, while only a slight, not significant

decrease in ubiquitin-conjugated proteins was observed when HGHI was

combined with TUDCA (*Figure 7E*). Notably, the activity of the 26S proteasome

remained unchanged in all the experimental conditions tested (*Figure 7F*).

Morphometric quantification of micrographs from HGHI-treated OM

preadipocytes revealed a decrease in total lipid content as compared to their

control counterparts (*Figure 7G*). These changes were accompanied by

significant reductions in the expression of total *PPARG* and *PPARG-2* as well as

of *ADIPOQ* and *FABP4* mRNA levels (*Figures 7H* and *7I*). Exposure to TUDCA

reverted the effects of HGHI on both lipid content and on most of the adipogenic

genes examined (*Figures 7G-I*).

On the other hand, analysis of OM preadipocytes from both IR and T2D obese

individuals demonstrated that proteasome activity was decreased while levels of

ubiquitin-conjugated proteins were increased in these cells as compared to their

NG counterparts (*Figures 7E* and *7F*). Interestingly, TUDCA reverted both

effects in OM preadipocytes from IR obese patients but not in T2D preadipocytes

(*Figures 7E* and *7F*). TUDCA was also able to increase the expression of

markers of differentiation in preadipocytes from IR and, to a lower extent, also

from T2D obese individuals (*Figures 7H* and *7I*). In fact, this chaperone

enhanced the lipid content in OM preadipocytes of IR and T2D obese subjects to

the levels found in OM preadipocytes of NG obese subjects, though TUDCA-

treated T2D OM preadipocytes exhibited low LD numbers (*Figure 7G*).

Discussion

We found that alternative splicing in the SC adipose tissue, and the ER stress-UPR-ERAD system in both SC and OM fat represent essential components of the adipogenic process that are altered in obese individuals with IR/T2D. We show novel evidence demonstrating that NG obesity involves the up-regulation of splicing-related genes in SC preadipocytes as compared with lean individuals. However, the development of IR/T2D, both in simple and morbid obesity, is associated with a general decrease in the expression of splicing genes in SC preadipocytes. In fact, decreasing the expression of a key component of the major spliceosome, *PRPF8*/PRP8, by siRNA is sufficient to hamper the expression of both markers of adipogenesis and regulators of LD biogenesis and growth. Our results support a relevant role for this protein and the splicing machinery in the regulation of adipocyte differentiation and highlight the biological significance of alternative splicing in maintaining adipose tissue homeostasis and metabolic health in obesity. Our results are also indicative of IR/T2D-dependent ERAD hyperactivation in preadipocytes of the two major fat depots, SC and OM, in obese individuals. Maladaptative UPR and ERAD signalling upon ER stress induction may contribute to impair adipocyte differentiation and to the progression of metabolic disease in obesity.

Alternative splicing of mRNA enables cells to acquire protein diversity, which is essential for cell differentiation and tissue growth and identity **(Baralle and Giudice, 2017)**. It is accepted that both mRNA transcription and processing contribute to the changes in gene expression patterns leading to the transition of progenitor cells toward a mature phenotype (**Fiszbein and Kornblihtt, 2017**). In this regard, recent reports suggest a role for alternative splicing in adipocyte

differentiation (**Lin, 2015**). It has been shown that inhibition of the splicing factor,

SF3B1, blocks 3T3-L1 adipocyte differentiation (**Kaida, 2019**), and recent RNA-

seq studies support the occurrence of alternative splicing events during

adipogenesis of bone marrow-derived human mesenchymal stem cells (**Yi et al.,**

2019). Furthermore, certain naturally PPARγ isoforms generated by alternative

splicing act as dominant-negative isoforms that prevent adipocyte differentiation

(**Aprile et al., 2020, 2018, 2014**). However, few studies have addressed the

relevance of the splicing machinery in human preadipocytes and whether this

system is altered in obesity. To the best of our knowledge, this is the first study

demonstrating the deregulation of representative members of the two main

components of the splicing machinery, the major and minor spliceosome, and

associated splicing factors in human SC preadipocytes (and, occasionally, also

in OM preadipocytes) in relation to obesity-associated IR/T2D. To be more

specific, we show the up-regulation of several splicing-related genes in response

to simple obesity, especially in SC preadipocytes, in individuals that maintain an

adequate glycaemic control. This could represent an adaptive response to weight

gain that seems to be lost in obese or extremely obese individuals with IR/T2D.

In fact, our proteomic and gene expression results indicate that a high proportion

of splicing-related elements were down-regulated in SC preadipocytes from

obese individuals with IR/T2D as compared to those with a better metabolic

profile (NG). In all, our results strongly support the notion that the splicing process

is altered in obesity and related metabolic disease.

To analyse the relevance of alternative splicing on adipogenesis, we reduced

the expression of *PRPF8*/PRP8 in SC preadipocytes from NG obese individuals

to the levels found in their counterparts in IR/T2D obese individuals as well as in

the human preadipocyte cell line, SGBS cells. In this context, recent work

combining RNA-seq and proteomics demonstrated that PRP8 depletion altered

the expression of more than 1,500 proteins in Cal51 breast cancer cells,

supporting the relevance of this protein in defining the human proteome (*Liu et*

al., 2017). In fact, as part of the core of the major spliceosome, PRP8 is

potentially involved in the removal of most introns from precursor mRNAs (99.5%

of non-coding regions are removed by the major spliceosome) (*Turunen et al.,*

2013). Our studies showed that decreasing PRP8 protein levels in NG obese SC

preadipocytes or in SGBS preadipocytes evoked gene/protein expression

changes indicative of altered adipogenesis, which was confirmed by the

decreased accumulation of lipids observed in both cell types at late stages of

differentiation. These results were replicated in another SC adipocyte cell line,

hADSCs, derived from a lean donor, reinforcing the key contribution of

PRPF8/PRP8 to human adipocyte differentiation.

Two different yet functionally interrelated pathways were impaired in either NG

obese SC preadipocytes, SGBS preadipocytes or hADSCs cells silenced for

PRPF8 in terms of both total gene expression levels and isoform balance of the

proteins involved, i.e., adipogenic transcriptional program, and LD biogenesis

and growth (*Figure 8*). Thus, PRP8 down-regulation altered the expression of

PPARγ and SREBP1, as well as of seipin and two members of the CIDE family

(CIDEB, CIDEC). In particular, the overall decrease in PPARγ and SREBP1

isoforms observed upon PRP8 down-regulation may account for the reduction

observed in mRNA and/or protein levels of known downstream target genes of

these transcription factors (adiponectin, FABP4, CIDEC, and FAS) (*Lowe et al.,*

2011; *Slayton et al., 2019*). Likewise, the dramatic changes in LD size and

number observed in *PRPF8*-silenced adipocytes might be related to the low

expression levels of the canonical seipin variant, seipin1 (***Craveiro Sarmento et***

al., 2018), observed in these cells. Indeed, our observations are in line with

previous data on seipin knockout A431 cells, which also exhibited more

numerous but smaller LDs than controls (***Salo et al., 2016***). Interestingly, seipin

knock-down has been shown to suppress *PPARG* and *SREBF1* expression (***Fei***

et al., 2011), thus suggesting that the phenotype of cells silenced for PRP8 may

be the result of the action of this spliceosome component on multiple key genes

contributing to adipogenesis and lipogenesis. In line with this notion, analysis of

CLIP-sep data in the ENCORI database revealed the presence of PRP8 binding

sites in *PPARG*, *SREBP1*, *BSCL2*, *CIDEB* and *CIDEC* mRNAs. Further research

is needed to fully establish the splicing targets for PRP8 in preadipocytes and to

characterize the relevance of the resulting protein isoforms (and/or their ratio) in

adipogenesis. Notwithstanding this, the observation that PRP8 re-expression in

PRPF8-silenced SGBS cells and, most notably, in SC preadipocytes from IR/T2D

obese individuals, can restore the expression and/or isoform balance of genes

such as *PPARG*, *BSCL2*, *CIDEB* or *CIDEC*, as well as normal LD content,

supports a prominent role for this protein in lipid accumulation in adipocytes. Our

data on *SFPQ* silencing and SF3B pharmacological inactivation would further

extend this role to the whole splicing machinery. In this scenario, it is reasonable

to propose that the decreased expression of splicing-related genes in SC

preadipocytes in IR/T2D obesity as compared to NG obesity could be

responsible, at least in part, of the loss of adipogenic capacity displayed by SC

preadipocytes from obese individuals with metabolic disease. The regulatory

mechanisms controlling the expression of splicing genes in preadipocytes under

physiological and pathological conditions remain to be elucidated. Studies from

our laboratory using *in vitro* models mimicking different obesogenic inputs

(hyperglycaemia/hyperinsulinemia, adipocyte hypertrophy, inflammation) failed

to modify *PRPF8* mRNA levels in preadipocytes (data not shown). Future studies

will be aimed at establishing whether other pathogenic processes causing

adipose tissue dysfunction in obese individuals (i.e., fibrosis, hypoxia) may alter

alternative splicing in these cells (**Figure 8**).

When viewed together, our data strongly support the notion that splicing

deregulation in SC preadipocytes may represent a pathogenic factor that

contributes to the development of obesity-related complications. As mentioned

earlier, changes in splicing components between groups were negligible in OM

preadipocytes as compared to their SC counterparts. These inter-depot

differences, which appear to be cell autonomous, might contribute, at least partly,

to the distinct differentiation capacity of SC and OM preadipocytes observed in

this and other studies (**Martyniak and Masternak, 2017**).Interestingly, along with

altered splicing, SC preadipocytes in IR/T2D obesity also exhibited molecular

features indicative of ER stress response failure, a hallmark process associated

with the development of metabolic diseases (**Bhattarai et al., 2020**). Our data

suggest that this pathogenic process also occurs in OM preadipocytes in IR/T2D

obesity. In accordance with these findings, previous studies from our laboratory

have established that IR obesity is associated with enhanced levels of ER stress

markers in mature adipocytes isolated from either SC or OM fat (**Díaz-Ruiz et al.,**

2015). Herein we report, for the first time, that the three UPR signal transducers,

IRE1α, PERK, and ATF6 (**Hetz and Papa, 2018**), and two effector systems

downstream the UPR branches, CHOP and *XBP1* splicing, are dysregulated in

primary SC and OM preadipocytes in the transition from NG to IR/T2D in severe

obesity, in terms of total protein content and/or phosphorylation rate (i.e.,

activation). It is noteworthy that changes in these proteins did not always follow

the same trends between SC and OM preadipocytes in response to IR/T2D,

indicating the existence of depot-specific (mal)adaptative responses to obesity-

associated ER stress. Notwithstanding this notion, a feature common to SC and

OM preadipocytes was the up-regulation of both the master initiator of the UPR

signalling pathway, BiP, and *XBP1s/ XBP1u* ratio, in IR/T2D obesity. Given the

role of BiP in mediating the targeting of misfolded/unfolded ER proteins for

cytosolic degradation via ERAD, and the stimulatory effect of *XBP1s* on the

expression of ERAD components (***Karagöz et al., 2019***), these observations

supported that IR/T2D obesity could not only alter the UPR but also the activity

of this branch of the quality-control system in the ER ***(Hwang and Qi, 2018)***.

Interestingly, ERAD is activated when the protein folding capacity of the ER is

exceeded ***(Hwang and Qi, 2018)***, which seems to be the case for SC and OM

preadipocytes of IR/T2D morbidly obese individuals according to their enhanced

expression levels of ER chaperones as compared to NG obesity. In fact, our

studies show, for the first time, that SC and OM preadipocytes from IR/T2D obese

individuals, as compared to NG obese individuals, display enhanced levels of

proteins participating in all the steps comprising the ERAD, thus suggesting that

this pathway is hyperactivated in preadipocytes during the progression to IR/T2D

in obese individuals. Notably, our studies also revealed increased mRNA levels

of genes involved in protein retrotranslocation from the ER to the cytosol in

preadipocytes from individuals with simple obesity, especially in those with T2D,

as compared to lean individuals.

In all, our data on the UPR and ERAD strongly support the notion that

metabolic disease in obesity is characterized by the perturbation of ER

proteostasis network components in preadipocytes. They also support the link

between unresolved ER stress and adipogenesis dysregulation (**Longo et al.,**

2016). Our studies using *in vitro* models mimicking different obesogenic inputs

indicate that inflammation, adipocyte hypertrophy and, specially,

hyperglycaemia/hyperinsulinemia (HGHI), as occurs in IR obese individuals, may

contribute to alter ER proteostasis in preadipocytes. To be more specific,

exposure to hyperglycaemic/hyperinsulinemic conditions induced ERAD

hyperactivation, as well as BiP expression, in both OM preadipocytes from NG

obese individuals and in SGBS preadipocytes. Intriguingly, HGHI-induced ERAD

expression was accompanied by a concomitant increase in ubiquitinated proteins

in preadipocytes and, in the case of SGBS cells, by a decrease in the activity of

the cell machinery involved in misfolded/unfolded protein degradation, the

proteasome. In this line are also our results on the decreased activity of the

proteasome in OM preadipocytes from obese individuals with IR/T2D. These

results suggest that the preadipocytes are unable to counteract the proteostatic

stress occurring under IR/T2D conditions, and proteotoxicity may ensue. In

agreement with these findings, we have reported the occurrence of proteotoxicity,

i.e., decreased activity of the proteasome and accumulation of ubiquitinated

proteins, in *in vitro* differentiated preadipocytes and in mature adipocytes isolated

from SC and OM fat of diet-induced obese mice as compared to lean animals, as

well as in mature adipocytes isolated from IR *vs*. NG obese individuals (**Díaz-**

Ruiz et al., 2015). In all, our studies strongly support the notion that dysregulated

ERAD in preadipocytes represents a relevant pathological mechanism linked to

the development of metabolic disease in obese individuals (**Figure 8**). In this line,

altered ERAD expression levels in NG OM preadipocytes and SGBS cells

exposed to HGHI were accompanied by changes in adipogenic markers

demonstrative of impaired adipocyte differentiation. These effects were reverted

by pre-exposure of these cells to the ER stress-reducing agent, TUDCA (**Zhang**

et al., 2018), which also reduced the enhanced expression levels of ERAD genes

found in OM preadipocytes of IR obese individuals or, though to a lesser extent,

in T2D OM preadipocytes. Together, these findings suggest that TUDCA may

represent a potentially useful treatment for preadipocyte damage prevention in

obesity, as it has been proposed for this bile acid in other ER stress-related

pathologies (**Kusaczuk, 2019**).

In summary, our results unveil an important role for alternative splicing in SC

preadipocyte differentiation thus paving the way for the development of novel

therapeutic strategies to modulate adipose tissue expansion. Our studies on

altered ER dynamics, that affect not only the UPR but also the ERAD pathway,

in SC and OM preadipocytes are in line with our previous results in mature

adipocytes (**Díaz-Ruiz et al., 2015**) and, in all, indicate that the maintenance of

ER proteostasis in adipose tissue cells is key to ensure metabolic health in

obesity.

Materials and Methods

Subjects (Cohort 1)

A total of 78 morbidly obese subjects (BMI >40 kg/m^2) undergoing bariatric

surgery were recruited at the General and Digestive Surgery Unit and the Lipids

and Atherosclerosis Unit of the Reina Sofía University Hospital (HURS; Córdoba,

Spain). Written consent was obtained from all the participants prior to recruitment,

and the experimental protocol was approved by the Ethics and Research

Committee of HURS following the Helsinki Declaration. Anthropometric and

biochemical parameters were obtained as described (***Díaz-Ruiz et al., 2015***).

Subjects are of Caucasian origin, aged 18-60 years. Type 2 diabetes mellitus

(T2D) in treatment with insulin, serious systemic disease not related to obesity

(infectious disease, cancer, kidney disease or severe liver disease) or major

cardiovascular disease in the 6 months prior to the inclusion of the study,

pregnancy, or breastfeeding and acute or chronic inflammatory diseases were

considered as exclusion criteria.

Subjects were matched by age and BMI and subclassified into three groups

[normoglycemic (NG Obese, n= 27; 13 females and 14 males): Glucose <100

mg/dL and HbA1c <5.7%; impaired fasting glucose (IFG Obese, n=25; 13

females and 12 males): Glucose 100–126 mg/dL and HbA1c 5.7-6.4%; and

diagnosed with type 2 diabetes (T2D Obese, n=17; 11 females and 6 males):

Glucose >126 mg/dL and HbA1c >6.4%], according to the criteria of the American

Diabetes Association (***ADA, 2021***). The clinical characteristics of the subjects are

shown in ***Table 1***. IFG individuals exhibited significantly higher HOMA-IR values

than NG individuals, as well as other clinical and plasma parameters that are

within the cut-off points for identifying insulin resistance in hyperinsulinemia-

euglycemic clamp studies (***Tam et al., 2012***). Thus, they will be referred to

hereinafter as insulin-resistant (IR) subjects (***Díaz-Ruiz et al., 2015***).

Subjects (Cohort 2)

43 subjects were recruited by the Endocrinology and Surgery departments at

the University Hospital Joan XXIII (Tarragona, Spain) as reported previously

(***Ejarque et al., 2017***). All subjects were of Caucasian origin and reported that

their body weight had been stable for at least 3 months before the study. They

had no systemic disease other than obesity, and all had been free of infection in

the previous month before the study. Primary liver disease, cardiovascular

disease, arthritis, acute inflammatory disease, infectious disease, neoplastic and

renal diseases were specifically excluded by biochemical work-up. Subjects were

classified by BMI according to World Health Organization criteria as lean (n=18,

BMI<25 kg/m^2) and obese (n=25, BMI>30 kg/m^2). Obese subjects were

subclassified into NG (n=15) and T2D (n=10) groups, as previously described

(***Serena et al., 2016***). OM and SC adipose tissue samples were obtained during

scheduled non-acute surgical procedures including laparoscopic surgery for

hiatus hernia repair or cholecystectomies in non-morbid obese population.

Anthropometric and biochemical variables from the cohort are presented in

Supplemental file 2.

The hospital ethics committee approved the study and informed consent for

biobanking surgically removed tissue was obtained from all participants in

accordance with the Declaration of Helsinki.

Adipose tissue processing

Paired abdominal subcutaneous (SC) and omental (OM) adipose tissue

biopsies were obtained during bariatric surgery and processed as previously

described (***Díaz-Ruiz et al., 2015***; ***Peinado et al., 2010***). Samples were washed

with Dulbecco`s phosphate buffered saline (D-PBS) to remove blood

contaminants and mechanically dispersed in DMEM/F-12 (1:1). Next, samples

were enzymatically dispersed by incubation in DMEM/F-12 (1:1) containing 400

units/mL of collagenase type V at 37 ºC for 30 min in a shaking bath. Undigested

tissue was removed by filtering through a sterile 100 μm pore Cell Strainer

(BDFalcon, Cat#352360) and the remaining was centrifuged at 600 x g for 10 min

to separate the floating mature adipocyte layer and the pelleted stromal-vascular

fraction (SVF). SVF was resuspended in DMEM/F-12 (1:1), filtered through a 40

μm pore Cell Strainer (BDFalcon, Cat#352340) and centrifuged at 400 x g for 5

min. Then, pelleted SVF was resuspended in 500 μL of RBC Lysis Buffer and

incubated for 3 min at room temperature (RT). After centrifugation at 400 x g for

10 min, SVF was frozen in liquid nitrogen and stored at -80 ºC for further analysis

and/or seeded onto culture flasks.

Freshly isolated mature adipocytes were washed with DMEM/F-12 (1:1) and

added to lipolysis buffer [Krebs Ringer Phosphate (KRP) buffer: 0.9 % NaCl, 15

mM NaH_2PO_4, 6 mM KCl, 1.5 mM MgSO4, 1.6 mM $CaCl_2$ supplemented with 2%

bovine serum albumin (BSA), 1 mg/mL glucose and 0.1 mg/mL ascorbic acid; pH

7.4]. Fat cell volume and weight was determined as described (***Tchoukalova et***

al., 2003) and discussed (***Lundgren et al., 2007***). In brief, light microscopy

images of 100 cells were captured with a coupled camera (Moticam 1080; Motic,

Barcelona, Spain) and their diameters (d) were measured in micrometres using

ImageJ 1.50b. Mature adipocytes are assumed to be spheres so that their volume

(expressed in picolitres) was calculated as ($[\pi \times d^3]/6$) where d is the cell diameter

in micrometres.

Human primary preadipocytes

Human primary preadipocytes were cultured as previously described (***Serena***

et al., 2016; ***Guzmán-Ruiz et al., 2014***). SVF cells obtained from fresh SC and

OM adipose tissue samples were seeded in preadipocyte-proliferation medium

DMEM/F-12 (1:1) supplemented with 8 mM biotin, 18 mM d-pantothenate acid,

100 mM ascorbate, and 1% penicillin-streptomycin, and 10% new-born calf

serum (NCS) at 37 ºC in a humidified atmosphere with 95% air: 5% CO2. Medium

was replaced every 48 h until confluence. Once in confluence (>80%), the cells

were detached with trypsin- EDTA solution and subcultured at 4,000 cells/cm^2 2-

3 times to purify and amplify the cell culture following established methods

(**Bunnell et al., 2008**; **Palumbo et al., 2018**; **Zhu et al., 2013**). Thereafter,

preadipocytes were collected and frozen in liquid nitrogen and stored at -80 ºC

for immunophenotyping analysis, proliferation studies, or directly induced for

adipogenic differentiation, as indicated in detail in the following sections.

Immunophenotyping analysis

Freshly isolated SVF cells and cell cultures derived from SVF at passages 2-

3 were processed for detection of preadipocyte markers and immune cell markers

to assess the purity of the cell preparations employed for further analysis. To be

more specific, the protein content of DLK1/PREF1 (preadipocyte marker), CD45

(leukocyte marker), and CD14 (macrophage marker) was assessed in extracts

from the SVF and preadipocytes that were obtained from the same SC and OM

adipose tissue samples following the procedures indicated in the "Quantitative

immunoblotting" section below.

***In vitro* differentiated human adipocytes**

Preadipocytes were seeded at 4.000 cells/cm^2 in preadipocyte proliferation

medium until they reached 70-80% of confluence. Then (day 0 of differentiation),

primary preadipocytes were differentiated keeping them in differentiation

medium: preadipocyte-proliferation medium with 3% NCS and 17.5 mM glucose,

supplemented with 10 μg/mL insulin, 0.1 μM dexamethasone, 1 μM rosiglitazone,

and 0.5 mM IBMX for the first 3 days. Then, medium was removed and replaced

by differentiation medium supplemented with 10 µg/mL insulin and 0.1 µM

dexamethasone for 4 more days (day 6), when the medium was refreshed and

maintained until day 10. The adipogenic process was monitored by the

appearance of doubly refractile lipid inclusions by light microscopy and images of

the cultures were taken with a coupled camera (Moticam 1080; Motic, Barcelona,

Spain). Experiments were carried out using cells from passages 3 to 4.

Human adipose tissue cells lines

In this study we employed SGBS cells, a human-derived preadipocyte cell line

isolated from the SVF of SC adipose tissue from a 3-months male infant with

Simpson-Gobali-Behmel syndrome, was kindly donated by Prof. Dr. Martin

Wabitsch (Ulm University, Germany). This cell model has been largely used in

studies pertaining to preadipocytes and differentiated adipocytes (***Allott et al.,***

2012; ***Fischer-Posovszky et al., 2008***; ***Kalkhof et al., 2020***; ***Li et al., 2016***;

Newell et al., 2006; ***Zandbergen et al., 2005***). SGBS cells growth and

differentiation into adipocytes were performed as previously described (***Moure et***

al., 2016). Cells were seeded at a density of 4,000 cells/cm2 and proliferated to

80% confluence in basal medium: DMEM/F12 (1:1) supplemented with 32.7 µM

biotin, 16.78 µM d-panthothenic acid, and 1% penicillin-streptomycin.

Confluent SGBS cells (day 0 of differentiation) were differentiated keeping

them in differentiation medium: serum-free basal medium, supplemented with

0.01 mg/mL human transferrin, 20 nM human insulin, 100 nM hidrocortisone, 0.2

nM 3,3',5-triiodo-l-thyronine (T3), 25 nM dexamethasone, 0.5 mM IBMX, and 2

µM rosiglitazone for the first 4 days. Next, medium was removed and replaced by

differentiation medium supplemented with medium 0.01 mg/mL human

transferrin, 20 nM human insulin, 100 nM hidrocortisone, and 0.2 nM T3 for 6

days (day 10). Then, medium was refreshed, and cells were maintained in culture

until day 14. The differentiation process was monitored by microscopic

observation of LDs and expression analysis of known markers of adipogenesis

and LD biogenesis (data not shown).

We also employed an adipose-derived stem cell line (hADSCs) that was

isolated from SC adipose tissue of a male lean donor (aged 16 years, BMI 24

kg/m^2). This cell model was developed and validated in our previous works

(**Acosta et al., 2017**; **Ehrlund et al., 2017b**, **2017a**; **Petrus et al., 2020**). Cells

were isolated, propagated, and differentiated into adipocytes as described (**Gao**

et al., 2014, **2017**). Cells were cultured at 20.000 cells/cm^2 in proliferation

medium [DMEM low glucose (1 g/L glucose), pyruvate supplemented with 1%

hepes buffer 1M, 0.5% penicillin/streptomycin (10,000 U/mL), and 10% FBS] with

2.5 ng/mL human FGF2. Cells were then proliferated until 80% of confluence and

the medium was replaced for proliferation medium without FGF2 for one more

day.

Cells at day 0 of differentiation were differentiated keeping them in

differentiation medium [serum-free proliferation medium:Ham's F-12 Nutrient Mix

(1:1)] supplemented with 5 µg/mL human insulin, 10 µg/mL transferrin, 0.2 nM

T3, 1 µM rosiglitazone, 100 µM IBMX, and 1 µM dexamethasone for the first 3

days. Next, at day 3 of differentiation, medium was removed and replaced by

differentiation medium supplemented with 5 µg/mL human insulin, 10 µg/mL

transferrin, 0.2 nM T3, and 1 µM rosiglitazone. The medium was refreshed each

2-3 days until day 6 and day 10 of differentiation. Differentiation process were

monitored by microscopic observations of LDs.

All the cells used tested negative for mycoplasma contamination using a

specific commercially available kit.

iTRAQ labelling and high-resolution LC-MS/MS

1×10^6 human SC and OM preadipocytes from NG and T2D obese subjects

were homogenized in lysis buffer containing 8 M urea, 4% CHAPS, 30 mM Tris

base, sonicated, and quantified by RcDc assay kit. Reduction and alkylation were

done by addition of 2 mM 1,4-dithiothreitol (DTT) and 7 mM iodoacetamide (IAA),

respectively, for 15 min at RT. Then, samples from 2-3 individuals per group and

fat depot were pooled and used for two separate iTRAQ experiments (n=5-6

subjects per group and fat depot). Protein samples were precipitated using 10%

trichloroacetic acid (TCA), diluted in tetraethylammonium bromide (TEAB) with

0.1% sodium dodecyl sulphate (SDS) and quantified. Samples were diluted 1:2

with TEAB and digested with 2% trypsin. Tryptic peptides (240 µg per group and

fat depot) were employed for proteomic analysis using 4-plex isobaric tags for

iTRAQ according to the manufacturer's instructions. Samples were tagged with

the corresponding iTRAQ reagent, mixed, desalted and fractionated by strong

cation exchange (SCX).

Six fractions were collected, and each fraction was desalted, evaporated to

dryness, and diluted in 20 µL of injection phase. Then, 8 µL of extract were diluted

with 5% methanol (MeOH)/1% formic acid and analysed by liquid

chromatography-tandem mass spectrometry (LC-MS/MS). The MS system used

was an Orbitrap XL (Thermo Scientific) equipped with a microESI ion source

(Proxeon; Madrid, Spain) and coupled to an Agilent 1200 series LC-system

(Agilent Technologies; Madrid, Spain). The SCX-fractions were loaded onto a

chromatographic system consisting of a C18 preconcentrating cartridge (Agilent

Technologies) connected to a 15 cm long, 100 µm i.d. C18 column (Nikkyo

Technos Co., Ltd.; Tokyo, Japan). The separation was performed at 0.4 µL/min

in a 90-min acetonitrile gradient from 3 to 40% [solvent A: 0.1% formic acid,

solvent B: acetonitrile with 0.1% formic acid]. The Orbitrap XL was operated in

the positive ion mode with a spray voltage of 2 kV. The scan range for full scans

was m/z 400-1800. The spectrometric analysis was performed in a data

dependent mode, acquiring a full scan followed by 8 MS/MS scans of the 4 most

intense signals detected in the MS scan. For each MS signal, two MS/MS spectra

were acquired using higher energy collisional dissociation (HCD) and ion-trap-

based collision-induced dissociation (CID) as fragmentation devices. The HCD

spectra were used to measure the intensity of iTRAQ fragments and the CID

spectra were used for database search and peptide identification. An exclusion

time of 30 sec and a spectral count of 2 were included to avoid repetitive MS/MS

analysis of the dominant MS signals.

Database search and protein identification

Peak lists were searched against the complete human proteome (UniProt

release 2014_08, with 68.049 proteins) using SEQUEST (Proteome Discoverer

1.3, ThermoFisher) as search engine. The search tolerances were set as follows:

peptide mass tolerance 10 ppm, fragment tolerance 0.8 Da, with trypsin as

enzyme (allowing up to two missed cleavages), methionine oxidation (+15.995

Da) and 4-plex iTRAQ (K, Y, N-terminal, +144.102) as variable modifications, and

cysteine carbamidomethylation (+57.021 Da) as fixed modification. Peptide

identifications were filtered for 0.5% FDR and only proteins identified with two or

more peptides were considered. All the raw data of mass spectrometry

measurements, together with protein identification have been deposited to the

ProteomeXchange Consortium via the PRIDE (**Perez-Riverol et al., 2019**)

partner repository with the dataset identifier PXD015621.

Data normalization and statistical analysis

Protein intensities, for each of the two iTRAQ experiments, were normalized

using protein median intensities in each comparison (iTRAQ reagents 115/116:

0.987, 115/117: 0.958, 116/114: 1.142, 117/114: 1.191 for replicate 1; and

115/116: 1.026, 115/117: 0.933. 116/114: 1.090, 117/114: 1.180 for replicate 2).

Protein identified in the two replicates were matched. To discard duplicate

proteins between replicates, the following parameters were considered: absence

of missing values, # unique peptides, # peptide and coverage (the higher, the

better). Proteins showing quantification values within a fixed average ratio (±1.5)

and a coefficient of variation (CV) under 20% were considered for further

statistical analysis. Specifically, the Perl module "Statistic R" was used to

calculate the average, the standard deviation (SD), the coefficient of variation

(CV), and the fold change ratios for each protein between groups. Data normality

was tested by Shapiro-Wilk test, and a Student's t test was performed to obtain

the statistical significance (*p-value*).

Bioinformatics analysis

Gene Ontology (GO) analysis of the proteomic results was conducted using

online open-source software PANTHER (Protein ANalysis THrough Evolutionary

Relationships) classification system 14.1 that annotated proteins to biological

processes (**Mi et al., 2019a**, 2**019b**). Significant over- and under-represented GO

terms and pathways were identified by Fisher's Exact with FDR multiple test

correction < 0.05 taking all the Homo sapiens genes in the data set as a reference

list. To determine quantitative changes in this study, a ±1.5-fold change, with

p<0.05 (determined by t-test) in two replicates, was set as the threshold for

categorizing up-regulated and down-regulated proteins. Pathway and upstream

regulator analysis were performed using IPA (Ingenuity Pathways Analysis)

software 49309495. Canonical pathway analysis identified the pathways from the

IPA library of canonical pathways that were most significant to the data set. The

significance of the association between the data set and the canonical pathway

was measured in 2 ways: 1) A ratio of the number of proteins from the data set

that mapped to the pathway divided by the total number of proteins that mapped

to the canonical pathway displayed. 2) Fisher's exact test was used to calculate

a p-value determining the probability that the association between the proteins in

the dataset and the canonical pathway was explained by chance alone, and

p<0.05 was considered statistically significant. The authors thankfully

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provided by the PAB (Andalusian Bioinformatics Platform) centre located at the

University of Málaga (www.scbi.uma.es). mRNA binding sites and adipose

tissue-specific functional interactions of *PRPF8*, *SF3B1*, and *SFPQ* were

investigated using ENCORI (The Encyclopedia of RNA Interactomes;

http://starbase.sysu.edu.cn/index.php) (**Li et al., 2013**) or SpliceAid-F

(http://srv00.recas.ba.infn.it/SpliceAidF/) (**Giulietti et al., 2013**) and HumanBase

tool (https://hb.flatironinstitute.org/) (**Greene et al., 2015)**, respectively.

Silencing studies in preadipocytes

Primary human SC preadipocytes from NG obese individuals (cohort 1) and

SGBS preadipocytes, cultured on 6-wells or 12-wells plates, were stably

transfected at day 4 of differentiation with targeted double stranded siRNA

oligonucleotides against the major spliceosome component, *PRPF8,* the splicing

factor, *SFPQ*, or their corresponding specific negative control siRNA using

Lipofectamine RNAiMAX Transfection Reagent following manufacturer's

instructions. Transfection efficiency was checked by RT-PCR, western blotting

and, when possible, by cotransfecting cells with N-terminal end of phrGFP-N1,

as a reporter (**Moreno-Castellanos et al., 2017**) using Lipofectamine 2000

Transfection Reagent. Briefly, the cells were washed twice with D-PBS and

submerged into 1 mL of OPTI-MEMTM medium containing 100 nM of the

corresponding siRNA and, when required, 3 µg of phrGFP-N1 during 24 h.

Thereafter, the transfection medium was removed, and fresh culture medium was

added. Finally, after 3-5 days of transfection, silenced cells were stained with Oil

Red-O. The effects of *PRPF8* and *SFPQ* silencing were also explored by RT-

PCR and quantitative immunoblotting. In another series of experiments, *PRPF8*

siRNA-treated SGBS cells were exposed to 100 mM insulin for 15 min.

hADSCs were transfected one day before differentiation induction through

electroporation by Kit Neon™ Transfection System (**Kim et al., 2008**). The cells

were trypsinised and washed with D-PBS (without Ca^{2+} and Mg^{2+}) and

resuspended in Resuspension Buffer R at a final density of $1x10^6$ cells/mL. The

NEON system (Invitrogen) 10-µL electroporation tips were used with 10^6 cells per

reaction. One pulse (1,200 V, 40 ms) was used to transfect a final concentration

of 40 nmol/L siRNA to cells, which were seeded in medium without

antibiotic/antimycotic. Twenty-four h after electroporation, the medium was

replaced, and differentiation started following the standard protocol. Finally, the

effects of PRPF8 silencing were evaluated at different days of differentiation (0,

3, 6 and 10 days of differentiation).

Overleexpression studies in preadipocytes

Primary human SC preadipocytes from NG obese individuals (cohort 1) and SGBS preadipocytes, cultured on 6-wells or 12-wells plates, were stably transfected at day 3-4 of differentiation with a plasmid vector coding for *PRPF8* (*PRPF8*-pcDNA3.1), *SFPQ* (*SFPQ*-pcDNA3.1), their corresponding empty plasmid vector alone (pcDNA3.1) as a negative control, or co-transfected in combination with their corresponding siRNA using Lipofectamine 2000 Transfection Reagent following manufacturer's instructions. In another sets of experiments, SGBS preadipocytes were stably transfected with a plasmid vector coding for *BIP* (pCMV *BiP*-Myc-KDEL-wt) or its corresponding empty vector (pCMV-Myc), Transfection efficiency was checked by RT-PCR, western blotting and, when needed, by co-transfecting cells with N-terminal end of phrGFP-N1, as a reporter (**Moreno-Castellanos et al., 2017**). Briefly, the cells were washed twice with D-PBS and submerged into 1 mL of OPTI-MEM™ medium containing 3 μg of corresponding plasmid vector and 100 nM of the siRNA during 24 h. Thereafter, the transfection medium was removed, and fresh culture medium was added. Finally, after 3-5 days of transfection, silenced cells were stained with Oil Red-O.

The effects of *PRPF8* overexpression were also explored in primary human SC preadipocytes from IR/T2D obese individuals (cohort 1) by RT-PCR and quantitative immunoblotting. These techniques were also employed to study the effects of BiP overexpression in SGBS preadipocytes. All constructs were verified by DNA sequencing.

Lipid droplet (LD) morphometric analysis

Oil Red-O staining of cellular lipids was performed in human preadipocytes

and SGBS cells grown on glass coverslips under different conditions as

previously described (*Pulido et al., 2011*). Cells were washed with D-PBS and

fixed with 4% paraformaldehyde for 8 min at RT. Coverslips were washed with

60% isopropanol and then left to dry completely. Subsequently, an Oil Red-O

stock solution was prepared: 0.35 g Oil Red-O was dissolved in 100 mL 100%

isopropanol. Before use, the solution was diluted 6:4 with distilled water, allowed

to stand for 10 min, and then filtered through Whatman no. 1 paper. Cells were

exposed to this solution for 30 min at RT in darkness and the unbound dye was

rinsed with distilled water. Images were captured with an inverted light

microscope coupled to a camera. For morphometric studies of the lipid droplets

(LDs), coverslips were mounted on slides with fluorescent mounting medium

containing 1 µg/mL DAPI, to visualize the nuclei, and examined by confocal

microscopy as described previously (*Pulido et al., 2011*). At least 30 cells were

randomly selected for each experimental condition and the LD number and size

were then estimated by using ImageJ 1.50b (*Deutsch et al., 2014*; *Mohan et al.,*

2019). Analysis was performed by converting the 8-bit image into a binary image,

that consists of the pixels comprising the LDs. Following binarization, the image

was subjected to watershed object separation for image processing, which is

used to identify borders of adjacent LDs (*Abdolhoseini et al., 2019*). After

separation, the binary image was manually compared with the original image for

consistency and correct binary conversion. After setting the scale of the image,

the amount and individual size of the LDs in the image, displayed by ImageJ as

surface area in µm2, were measured. Incomplete LDs located at the edge of the

image were excluded. The sum of the areas of all the LDs present in a cell was

used as the total lipid content.

Staining of neutral lipid and DNA was performed in hADSCs cultured on 96-

wells plates under PRPF8-silencing as previously described (**Pettersson et al.,**

2015). hADSCs were washed with PBS and fixed with 4% paraformaldehyde

solution (PFA) containing 0.123 mol/L $NaH_2PO_4x2H_2O$, 0.1 mol/L NaOH and 0.03

mol/L glucose for 10 min at RT. Fixed cells were washed with PBS and stained

with Bodipy 500/510 (0.2 µg/ml PBS) and Hoechst (2 µg/ml PBS, Molecular

probes) for 20 min at RT. After washing with PBS, accumulation of intracellular

lipids (Bodipy staining) and cell number (Hoechst staining for nuclei) were

quantified with Cell Insight CX5 High-Content Screening (HCS) Platform (Thermo

Fisher Scientific) and High-Content Screening (HCS) Studio Cell Analysis

Software 2.0. Total lipid content, LD number and size were normalised by cell

number.

Experimental treatments

To evaluate the contribution of the SF3B complex to adipogenesis, we

employed pladienolide-B, a natural product that binds to this complex and inhibits

pre-mRNA splicing via targeting splicing factor SF3B1 (**Aouida et al., 2016;**

Cretu et al., 2018). SGBS cells at day 4 of differentiation were treated with

pladienolide-B or vehicle for 24 h (**Jiménez-Vacas et al., 2019**). Pladienolide-B

was initially used in the 10^{-11} to 10^{-7} M range, being 10^{-8} M the higher dose that

did not compromise cell viability (data not shown).

SGBS preadipocytes at day 4 of differentiation were exposed for 30 h, to

different treatments inducing IR as previously described (**Díaz-Ruiz et al., 2015**):

the inflammatory cytokine tumor necrosis factor alpha (TNFα, 5 nM), a

combination of high glucose (4.5 g/L) and high insulin (100 nmol/L) (HGHI),

palmitic acid (sodium salt; 500 µM), or oleic acid (500 µM). Palmitic and oleic acid

solutions contained 2% fatty acid-free BSA. One sample per experiment was

used to obtain control responses in the presence of the solvent. After the

treatments, control and TNFα-, HGHI-, palmitic, and oleic acid-treated SGBS

cells were stimulated with insulin (100 nM) for 15 min. Primary human OM

preadipocytes from NG obese individuals (cohort 1) at day 3 of differentiation

were also exposed to HGHI conditions (24 h).

In a second series of experiments, the effect of a bile acid known to reduce ER

stress, tauroursodeoxycholic acid (TUDCA) (*Uppala et al., 2017*; *Xia et al., 2017*;

Zhang et al., 2018), was tested in human OM preadipocytes from NG obese

individuals and SGBS cells exposed to HGHI conditions as well as in human OM

preadipocytes from IR/T2D obese individuals. To this end, cells at day 3-4 of

differentiation were exposed to 0.5 mg/mL TUDCA for 14 h before culture in

medium alone or in the presence of glucose (4.5 g/L) and insulin (100 nmol/L)

(HGHI) for 24-30 h. At the end of the experiments, cells were processed for

immunoblotting, RNA isolation, and Oil Red-O staining.

Confocal immunofluorescence microscopy

Samples were visualized by confocal microscopy under an LSM 5 Exciter

confocal microscope fitted with Immersol^{TM} immersion oil. Depending on the cell

depth, 5-8 stacks per channel were collected and projected in a single image.

After acquisition, images underwent a deconvolution process with the software

package Huygens Professional 2.4.4.

RNA extraction and real-time PCR (RT-PCR)

Total RNA isolation and purification from human preadipocytes were performed using the RNeasy Kit. RNA from primary preadipocytes and SGBS cells under the different experimental conditions tested was isolated using TRIzol Reagent following the manufacturers' protocols, and subsequently treated with DNase. Quantification of recovered RNA was assessed using NanoDrop2000 spectrophotometer. One µg of RNA was retrotranscribed to cDNA as previously described (*Peinado et al., 2010*) using with the Revertaid First Strand cDNA Synthesis kit. Transcript levels were quantified by RT-PCR with GoTaq qPCR Master Mix kit. Previously validated specific primers (*Supplemental file 3*) were designed using Primer3 Input 4.1.0 and purchased from Metabion (Steinkirchen, Germany). Primers or encompassing fragments of the areas from the extremes of two exons were designed to ensure the detection of the corresponding transcripts avoiding genomic DNA amplification. The cDNA was amplified with a thermal profile at the following conditions: hot-start activation at 95 ºC for 2 min, followed by 40 cycles of denaturation (95 ºC for 15 sec), then annealing/extension (60 ºC for 60 sec), and finally, a dissociation cycle (melting curve; 60 ºC to 95 ºC, increasing 0.5 ºC / 30 sec) to verify that only one product was amplified, using the Light-Cycler 96 instrument (Roche; Basilea, Switzerland). The primer concentrations were 500 nM. To allow for variation in the amount of RNA used and the efficiency of the reverse-transcription reaction, all results were normalized by the expression of three house-keeping genes (*ACTB*, *GAPDH* and *HPRT*) and relative quantification was calculated using the ΔCT formula (*Catalán et al., 2007*). All samples for each experiment were run in the same plate in triplicate and the average values were calculated.

qPCR dynamic array

A qPCR dynamic array based on microfluidic technology for simultaneous determination of the expression of 45 transcripts in 36 samples (Fluidigm; San Francisco, CA) was employed (*del Río-Moreno et al., 2019*). Specific primers for human transcripts including components of the major (n=13) and minor spliceosome (n=4), associated splicing factors (n=28), and three housekeeping genes (*ACTB*, *GAPDH*, and *HPRT*) were specifically designed with the Primer3 software and StepOneTM Real-Time PCR System software v2.3 (Applied Biosystems, Foster City, CA). Preamplification, exonuclease treatment, and qPCR dynamic array based on microfluidic technology were implemented as recently reported (*Gahete et al., 2018*; *del Río-Moreno et al., 2019*), following manufacturer's instructions using the Biomark System and the Real-Time PCR Analysis Software (Fluidigm). The panel of splicing machinery components was selected on the basis of two main criteria: 1) the relevance of the given spliceosome components in the splicing process (such as the components of the spliceosome core), and 2) their demonstrated participation in the generation of splicing variants implicated in the pathophysiology of metabolic diseases (as is the case of the 28 splicing factors selected in this study) (*Gahete et al., 2018*; *del Río-Moreno et al., 2019*)

Briefly, following manufacturer's instructions, 12.5 ng of cDNA of each sample were pre-amplified using 1 µL of all primers mix (500 nM) in a T100 Thermal cycler (BioRad, Hercules, CA), using the following program: 1) 2 min at 95 ºC; 2) 15 sec at 94 ºC and 4 min at 60 ºC (14 cycles). Then, samples were treated with 2 µL of 4 U/µL Exonuclease I solution following the manufacturer's instructions. Next, samples were diluted with 18 µL of TE Buffer, and 2.7 µL were mixed with

3 µL of EvaGreen Supermix and 0.3 µL of cDNA Binding Dye Sample Loading

Reagent. Primers were diluted to 5 µM with 2 X Assay Loading Reagent. Control

line fluid was charged in the chip and Prime script program was run into the IFC

controller MX. Finally, 5 µL of each primer and 5 µL of each sample were pipetted

into their respective inlets on the chip and the Load Mix script in the IFC controller

software was run. Thereafter, the qPCR was run in the Biomark System following

the thermal cycling program: 1) 9 ºC for 1 min; 2) 35 cycles of denaturing (95 ºC

for 5 sec) and annealing/extension (60 ºC for 20 sec); and 3) a last cycle where

final PCR products were subjected to graded temperature-dependent

dissociation (60 ºC to 95 ºC, increasing 1 ºC/3 sec). Data were processed with

Real-Time PCR Analysis Software 3.0.

Finally, to control for variations in the efficiency of the retrotranscription

reaction, mRNA copy numbers of the different transcripts analysed were adjusted

by normalization factor (NF), calculated with the expression levels of the three

housekeeping genes mentioned above using GeNorm 3.3 software. This

selection was based on the stability of these housekeeping genes among the

experimental groups to be compared, wherein the expression of these

housekeeping genes was not significantly different among groups.

Quantitative immunoblotting

Human preadipocytes isolated from SC and OM adipose tissue of NG, IR and

T2D obese individuals were disrupted in BLC buffer containing 150 mM NaCl, 20

mM Tris-HCl pH 7.4, 1% Triton-X-100, 1 mM EDTA, and 1 µg/mL anti-protease

cocktail CLAP (Chymostatin, Leupeptin, Antipain and Pepstatin A). Protein

content was measured by Bradford assay and 30 mg of protein per sample were

loaded into 4-20 % precast SDS-PAGE gels (Bio-Rad) under denaturing

conditions. SGBS cells were homogenized in SDS-DTT buffer containing 62.5 mM Tris-HCL pH 7.6, 2 % SDS, 100 mM DTT, 20% Glycerol. Protein content was separated by 10 % SDS-PAGE under denaturing conditions. In both cases, samples were transferred to nitrocellulose membranes (Bio-Rad). After Ponceau staining to ensure equal sample loading, membranes were blocked in Tris-buffer saline (TBS) consisting of 25 mM Tris, 150 mM NaCl with 0.05% Tween 20 (TTBS) containing 5 % non-fat dry milk for 1 h at RT. Blots were then incubated overnight at 4 ºC with the corresponding primary antibody (***Appendix 1—key resource table***). Immunoreactive bands were visualized using horseradish peroxidase (HRP)-conjugated secondary antibodies (***Appendix 1—key resource table***) and the enhanced chemiluminescence ECL Plus detection system. Quantification of band intensities was carried out on digital images of membrane samples provided by LAS4000 gel documentation system (GE Healthcare; Barcelona, Spain) using ImageJ software (1.50b, NIH, Bethesda, MA), and normalized with Ponceau density values as previously described (***Jimenez-Gomez et al., 2013***; ***Peinado et al., 2011***). All comparative experiments were performed under identical conditions.

Proteasome activity assay

The 26S proteasome (ATP stimulated) and/or 20S (SDS stimulated) activities were measured in primary human OM preadipocytes from NG, IR, and T2D obese individuals (cohort 1) and SGBS preadipocytes upon exposure to HGHI (***Díaz-Ruiz et al., 2015***; ***Li et al., 2008***). Assays for proteasome activity were performed using Suc-LLVY-AFC product, which is proteolyzed by the chymotrypsin-like (ChT-L) active site of the proteasome forming a fluorogenic substrate (AFC) (***Keita et al., 2014***).

Cells were washed with D-PBS and scraped from plates in BLC buffer without

DTT, TX-100 or protease inhibitors because these compounds interfere with the

assay. The reaction was conducted in 250 µL of activity assay buffer in a 96-well

plate containing 50 µg/ml protein lysate in Proteasome buffer (20 mM Tris–HCl,

pH 7.8, 1 mM EDTA, 0.5 mM DTT, 5 mM MgCl2, and 50 µM Suc-LLVY-AFC) plus

2 mM ATP or 0.02% SDS for the determination of the 26S or 20S proteasome,

respectively. In order to confirm the specificity of the findings for proteasome

activity, parallel reactions containing the proteasome inhibitor, MG-132 (25 µM),

were run as controls. The reaction mixture was incubated for 3 h at 37 ºC and the

fluorescence of the released AMC product was kinetically followed each 10 min

in a Flex Station 3 at an emission wavelength of 355 nm and an excitation

wavelength of 460 nm. The background fluorescence values obtained by

incubating the lysates with MG132 were subtracted from activity values. Results

were analysed with the SoftMax Pro 2.2.1 and the values reported for

proteasome peptidase activity are expressed as relative fluorescence arbitrary

units/min/mg of total protein.

Cell viability and cytotoxicity assays

Cell viability of SGBS cell cultures was assessed by the MTT assay. Briefly,

cells were incubated for 2 h with 0.1 mg/ml of (3-(4,5-dimetililtiazol-2-ilo)-2,5-

difeniltetrazol de bromuro (MTT), dissolved in D-PBS. Washing with D-PBS (1

mL) was followed by the addition of DMSO (1 mL) and gentle shaking for 10 min

so that complete dissolution was achieved. Aliquots (200 µL) of the resulting

solutions were transferred to 96-well plates and absorbance was recorded at 570

nm using a Flex Station 3. Results were analysed with the SoftMax Pro 2.2.1 and

are presented as percentage of the control siRNA values.

Cytotoxicity of PRPF8-silencing in hADSCs was evaluated by Cytotoxicity

Detection Kit Plus. The culture medium was aspirated and centrifugated at 3,000

rpm for 10 min to obtain a cell free supernatant. Aliquots of media and warm

reagent were mixed in a 96-well plate and absorbance was recorded using a

microplate reader (Tecan Infinite 2000; Männedorf, Switzerland). Results were

analysed with Magellan software 7.2 SP1.

Measurement of cell proliferation rate

1152 Cell counting in culture flasks was carried out to monitor growth rates of the

1153 preadipocytes in culture. At passage 3, cells were detached from the culture

1154 flasks and an aliquot was stained with trypan blue and cells were counted in a

1155 Neubauer chamber. Cell proliferation was calculated as the total number of live

1156 cells per initial seeding number (**Morten et al., 2016**).

Statistical analysis

For *in vitro* experiments, at least three replicates were obtained for each

condition. Data are presented as mean ± standard error of the mean (S.E.M.) and

statistical analysis was performed using GraphPad Prism 7. To determine the

normality distribution of the samples, Shapiro-Wilk normality test was used. To

determine significance, either unpaired t test for parametric data or Mann Whitney

test for non-parametric data were employed for comparisons between two

groups. For comparison of more than two groups either one-way ANOVA with

Tukey's multiple comparisons test for parametric data or Kruskal-Wallis with

Dunn's multiple comparisons test for non-parametric were used. A two-way

ANOVA was used to identify significant differences between experimental

conditions in the response to insulin or during differentiation. Values were

considered significant at $P<0.05$. Statistical details and significance can be found

in the figure legends.

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Author contributions

M.M.M. and R.G.-R. designed research. J.L.-M., O.A.R.-Z., A.M., J.L.R-C., and P.P.-M. selected the patients from cohort 1. E.M.-M., S.F.-V., and J.V. selected the patients from cohort 2 and performed preadipocyte isolation. J.M.F.-R. participated in SGBS experiments. J.S.-C., E.M.-C., M.d.R.-M., and J.L.-A. performed research and analysed data. R.M.L. coordinated the splicing array study. M.R. and J.L. coordinated the transcriptomic analysis studies. R.G.-R., S.F.-V., J.L.-M., R.M.L., M.R., and J.L. reviewed/edited the manuscript. M.M.M. and J.S.-C. wrote the manuscript. All the authors discussed the results and the manuscript.

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Ethics

Human subjects: Written consent was obtained from all the participants prior to recruitment, and the experimental protocol was approved by the Ethics and Research Committee of Reina Sofía University Hospital (HURS; Córdoba, Spain), and University Hospital Joan XXIII (Tarragona, Spain) following the Helsinki Declaration.

Data availability

The proteomic dataset generated during this study are available at ProteomeXchange Consortium via the PRIDE partner repository with the dataset identifier PXD015621. All other data generated during the study are included in the manuscript and supporting files. Source data has been provided for ***Figure 1*** and ***3***.

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1447

1448 **Table 1. Anthropometric and biochemical characteristics of study subjects**

1449 **from cohort 1.**

	NG Obese	IR Obese	T2D Obese
N	30	30	18
Gender (female/male)	15 / 15	15 / 15	11 / 7
Post-menopause (n, %)	2 (13)	2 (13)	3 (27)
Lipid-lowering therapy (n, %)	0 (0)	5 (17)	4 (22)
Antidiabetic therapy (n, %)	0 (0)	3 (10)	8 (44)
Antihypertensive therapy (n, %)	1 (3)	6 (20)	5 (28)
Age (years)	43 ± 2	44 ± 2	46 ± 2
Weight (kg)	140.4 ± 7.0	153.4 ± 10.0	145.4 ± 7.5
Height (m)	1.67 ± 0.03	1.69 ± 0.02	1.65 ± 0.03
Body mass index (kg/m^2)	50.2 ± 2.1	52.8 ± 2.9	52.9 ± 1.9
Fat mass (%)	43.1 ± 1.9	41.2 ± 2.0	42.1 ± 1.7
Lean mass (%)	39.1 ± 3.2	36.1 ± 1.1	35.0 ± 1.0
Water mass (%)	23.0 ± 3.5	22.7 ± 1.6	22.9 ± 1.3
Waist circumference (cm)	144.2 ± 5.9	156.1 ± 8.1	149.9 ± 4.6
Systolic pressure (mm/Hg)	128.1 ± 2.3	127.0 ± 3.5	122.1 ± 2.6
Diastolic pressure (mm/Hg)	78.5 ± 4.4	75.5 ± 3.1	71.5 ± 2.6
Fasting glucose (mg/dL)	89.1 ± 1.7	105.4 ± 2.0 [aaa]	157.3 ± 9.6 [aaa, bbb]
Fasting glucose (mmol/L)	4.95 ± 0.10	5.85 ± 0.11 [aaa]	8.73 ± 0.54 [aaa, bbb]
Fasting insulin (mU/L)	15.4 ± 1.8	25.9 ± 2.9 [aa]	17.9 ± 2.7 [b]
HbA1c (%)	5.44 ± 0.06	6.22 ± 0.10 [aaa]	8.43 ± 0.53 [aaa, bb]
HbA1c (mmol/mol)	32.2 ± 0.6	40.9 ± 1.2 [aaa]	64.8 ± 5.7 [aaa, bb]
HOMA-IR (units)	3.42 ± 0.44	6.77 ± 0.74 [aa]	6.74 ± 1.05 [aa]
Total cholesterol (mg/dL)	167.4 ± 10.0	181.6 ± 8.3	198.1 ± 8.6
LDL cholesterol (mg/dL)	122.9 ± 11.1	112.9 ± 6.6	124.2 ± 8.5
HDL cholesterol (mg/dL)	39.5 ± 3.3	36.3 ± 2.1	36.7 ± 1.6
Triglycerides (mg/dL)	108.2 ± 7.0	132.7 ± 12.2	152.0 ± 12.9 [a]
Free fatty acids (mmol/L)	66.7 ± 6.3	74.4 ± 7.2	83.5 ± 6.2
C-reactive protein (mg/L)	9.61 ± 1.68	11.4 ± 2.3	17.4 ± 5.3
Uric acid (mg/dL)	6.30 ± 0.32	7.03 ± 0.36	6.85 ± 0.68

NG, normoglycemic; **IR**, insulin-resistant; **T2D**, type 2 diabetes; **LDL**, low-density

lipoprotein; **HDL**, high-density lipoprotein; **HbA1c**, glycated hemoglobin; **HOMA-**

IR, homeostasis model assessment of insulin resistance. [a]$P<0.05$, [aa]$P<0.01$,

[aaa]$P<0.001$ *vs.* NG Obese; [b]$P<0.05$, [bb]$P<0.01$, [bbb]$P<0.001$ *vs.* IR Obese. One-

way ANOVA with Tukey's multiple comparisons test or Kruskal-Wallis with Dunn's

multiple comparisons test (for parametric or non-parametric data, respectively)

were used. Normality distribution was determined by Shapiro-Wilk normality test.

The online version of this article includes the following figure supplements for

Figure 1: *Table 1*—**Figure supplement 1**.

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Figure legends

Figure 1. Comparative proteomic analysis of subcutaneous (SC) and omental

(OM) preadipocytes from obese subjects with type 2 diabetes (T2D) *vs.*

normoglycaemia (NG). Data correspond to individuals from cohort 1. (**A**) Venn

diagrams showing overlap of differentially regulated proteins between T2D *vs.*

NG obese subjects in SC and OM preadipocytes (left panel). Up-regulated and

down-regulated proteins are indicated in the right panel. (**B**) Top10 over-

represented canonical pathways in T2D *vs.* NG obese subjects in SC

preadipocytes and (**C**) in OM preadipocytes according to Ingenuity Pathway

Analysis (IPA). Blue and red bars indicate down-regulated and up-regulated

pathways, respectively, in T2D *vs.* NG obese subjects. Numbers indicate the

number of identified proteins/total proteins annotated to the pathway. Black line

indicates -Log_2(*P value*). Samples from 2-3 individuals per group and fat depot

were pooled and used for two separate iTRAQ experiments (n=5-6

subjects/group/fat depot). Data normality was tested by Shapiro-Wilk test and

Student´s t test was used, a ±1.5-fold change with $p < 0.05$ was set as the

threshold for categorizing up- and down-regulated proteins. Canonical pathway

analysis was performed using IPA (see *Materials and Methods* section). The

online version of this article includes the following figure supplements for Figure

1: *Figure 1*—**Figure supplement 2** and *Figure 1*—**Figure supplement 3**; and

the following source data for Figure 1: *Figure 1*—**Source data 1** and *Figure 1*—

Source data 2.

Figure 2. Downregulation of the splicing machinery in subcutaneous (SC)

preadipocytes is associated with obesity-related insulin resistance (IR) and type

2 diabetes (T2D). (**A**) Hierarchical clustering dendrogram heatmap analysis of

splicing-related genes in SC (green) and OM (red) preadipocytes from

normoglycemic (NG), IR, and T2D morbidly obese subjects (cohort 1) (n=6, 1

technical replicate each) measured by qPCR dynamic array. Rows stand for

splicing-related genes (white, mayor spliceosome; grey, minor spliceosome;

black, splicing factors), while columns stand for subject groups. The scale in the

colour bar represents -Log_2(Fold Change). (**B**) mRNA levels of *PRPF8* measured

by qPCR dynamic array (upper graph) and representative blot and protein level

quantification of PRP8 (lower graph) in SC and OM preadipocytes from NG, IR,

and T2D morbidly obese subjects (cohort 1; n=6, 1 technical replicate each)

*P<0.05, **P<0.01 *vs.* NG and/or IR subjects, ##P<0.01 *vs.* SC preadipocytes

from the same subjects. (**C**) mRNA levels of *PRPF8* in SC and OM preadipocytes

from lean, and NG and T2D subjects with simple obesity (cohort 2; n=5-11, 1

technical replicate each). *P<0.05 *vs.* lean and/or NG obese subjects, #P<0.05

vs. SC preadipocytes from the same subjects. (**D**) *PRPF8* mRNA levels and area

under the curve (AUC) during *in vitro* differentiation of SC and OM preadipocytes

from NG and IR morbidly obese subjects (cohort 1; n=6, 1 technical replicate

each). *P<0.05, ***P<0.001 *vs. PRPF8* mRNA levels at Day 0; ###P<0.001 *vs.*

PRPF8 mRNA levels at Day 3; $P<0.05, $$P<0.01, $$$P<0.001 *vs.* NG. Data are

presented as mean ± standard error of the mean (S.E.M.). One-way ANOVA with

Tukey's multiple comparisons test or Kruskal-Wallis with Dunn's multiple

comparisons test (for parametric or non-parametric data, respectively) were used for B and C; two-way ANOVA was used for D. Normality distribution was determined by Shapiro-Wilk normality test. The online version of this article includes the following figure supplements for Figure 2: *Figure 2—Figure supplement 4*, *Figure 2—Figure supplement 5* and *Figure 2—Figure supplement 6*.

Figure 3. *PRPF8* silencing impairs adipogenesis in SGBS cells. (**A**) *PRPF8* mRNA levels in SGBS cells during adipogenesis. (**B**) Representative blot and protein quantification of PRP8 content in SGBS cells during adipogenesis. (4-6 replicate studies, 3 technical replicates each). **ND**, non-detected. *P<0.05, **P<0.01, ***P<0.001 vs. preceding differentiation days. (**C**) Representative confocal micrographs of SGBS adipocytes three days post-transfection (differentiation day 7) with control or *PRPF8*-siRNA stained with Oil Red-O [lipid droplets (LDs), red] and DAPI (nucleus, blue). Morphometric analysis of LDs was carried out using ImageJ software. Scale bar = 10 μm. (6 replicate studies, 10 cells each). mRNA levels of splicing variants of the transcription factors, *PPARG* and *SREBF1* (**D**), and representative blot and protein level quantification of PPARγ1 and PPARγ2 (**E**), and of the LD-related proteins, *BSCL2*, *CIDEB*, and *CIDEC* (**F**), in SGBS adipocytes 3 days post-transfection. (**G**) Representative blots and protein level quantification of ADRP, BiP, PSMB8, CHOP, DGAT2, FAS, PLIN1, pHSL$^{(Ser563)}$, HSL, Pro-caspase3, and Caspase-3 in SGBS adipocytes 3 days post-transfection. (3-6 replicate studies, 3 technical replicates each). *P<0.05, **P<0.01, ***P<0.001 *vs.* control; ##P<0.01 *vs. PRPF8*-siRNA; $P<0.05 *vs. PRPF8*-pcDNA3.1. (**H**) Representative blots and protein level quantification of pAKT$^{(Ser473)}$ and AKT in SGBS adipocytes 3 days post-

transfection treated with/without insulin (100 nmol/L, 15 min). (3 replicate studies,

3 technical replicates each). ***P<0.001 *vs.* Control-siRNA -Insulin; ###P<0.001

vs. control-siRNA +Insulin. (**I**) Representative confocal micrographs of SGBS

adipocytes five days post-transfection (day 10 of differentiation) with control,

PRPF8-siRNA or *PRPF8*-pcDNA3.1 alone, or in combination (*PRPF8* Recovery)

stained with Oil Red-O (LDs, red) and DAPI (nucleus, blue). Morphometric

analysis of LDs was carried out using ImageJ software. Scale bar = 10 µm. (5

replicate studies, 10 cells each). *P<0.05, **P<0.01, ***P<0.001 *vs.* control;

#P<0.05, ##P<0.01, ###P<0.001 *vs. PRPF8*-siRNA; $P<0.05. $$P<0.01 *vs. PRPF8*-

pcDNA3.1. Data are presented as mean ± standard error of the mean (S.E.M.).

One-way ANOVA with Tukey's multiple comparisons test or Kruskal-Wallis with

Dunn's multiple comparisons test (for parametric or non-parametric data,

respectively) were used for A and B; unpaired t test or Mann Whitney test (for

parametric or non-parametric data, respectively) were used for C-G and I; and

two-way ANOVA was used for H. Normality distribution was determined by

Shapiro-Wilk normality test. The online version of this article includes the

following figure supplements for Figure 3: *Figure 3*—**Figure supplement 7**,

Figure 3—**Figure supplement 8**, and *Figure 3*—**Figure supplement 9**, and the

following source data for Figure 3: *Figure 3*—**Source data 3** and *Figure 3*—

Source data 3.

Figure 4. *PRPF8* silencing alters differentiation of human primary SC

preadipocytes. Data corresponds to individuals from cohort 1. (**A**) Quantification

of *PRPF8* mRNA levels in subcutaneous (SC) preadipocytes from

normoglycemic (NG), insulin resistant (IR), and with type 2 diabetes (T2D)

morbidly obese individuals transfected with control, *PRPF8*-siRNA, or *PRPF8*-

pcDNA3.1, alone or in combination (*PRPF8* Recovery). (3 replicate studies, 4

technical replicates each). (**B**) Representative confocal micrographs of SC

preadipocytes from NG, IR, and T2D morbidly obese individuals after transfection

with control, *PRPF8*-siRNA, or *PRPF8*-pcDNA3.1 alone or in combination

(*PRPF8* Recovery) stained with Oil Red-O [lipid droplets (LDs), red] and DAPI

(nucleus, blue). Morphometric analysis of LDs was carried out using ImageJ

software. Scale bar = 10 µm. (12 replicate studies, 10 cells each). mRNA levels

of *PPARG* (**C**), and *SREBF1* (**D**), and the LD-related proteins, *BSCL2* (**E**), *CIDEB*

(**F**), and *CIDEC* (**G**) and their splicing forms in SC preadipocytes from NG, IR,

and T2D morbidly obese individuals after transfection with control, *PRPF8*-siRNA

or *PRPF8*-pcDNA3.1, alone or in combination (*PRPF8* Recovery). (3 replicate

studies, 4 technical replicates each). *****P<0.05, ******P<0.01, *******P<0.001 *vs.* NG-

Control; **#**P<0.05, **##**P<0.01, **###**P<0.001 *vs. PRPF8*-siRNA; **\$**P<0.05. **\$\$**P<0.01,

\$\$\$P<0.001 *vs. PRPF8*-pcDNA3.1; **@**P<0.05, **@@**P<0.01, **@@@**P<0.001 *vs.*

corresponding basal. Data are presented as mean ± standard error of the mean

(S.E.M.). One-way ANOVA with Tukey's multiple comparisons test or Kruskal-

Wallis with Dunn's multiple comparisons test (for parametric or non-parametric

data, respectively) were used. Normality distribution was determined by Shapiro-

Wilk normality test.

Figure 5. Unbalanced Unfolded Protein Response (UPR) in preadipocytes is

associated with obesity-related insulin resistance (IR) and type 2 diabetes (T2D).

Data corresponds to individuals from cohort 1. Representative blots and protein

level quantifications of BiP (**A**), ATF6α^{p90} and ATF6α^{p50} (**B**), pPERK$^{(Thr980)}$ and

PERK (**C**), pEIF2$\alpha^{(Ser51)}$ and EIF2α (**D**), CHOP €, pIRE1$\alpha^{(Ser724)}$ and IRE1α (**F**),

and PDI and GRP94 (**H**) in subcutaneous (SC) and omental (OM) preadipocytes

from normoglycemic (NG), IR and T2D morbidly obese subjects (n=6-12, 1

technical replicate each). (**G**) mRNA levels of *XBP1s* and *XBP1u* in SC and OM

preadipocytes from NG, IR and T2D obese subjects (n=12, 1 technical replicate

each). *$P<0.05$, **$P<0.01$, ***$P<0.001$ *vs.* NG and/or IR subjects; #$P<0.05$,

##$P<0.01$, ###$P<0.001$ *vs.* SC preadipocytes from the same subjects. Data are

presented as mean ± standard error of the mean (S.E.M.). One-way ANOVA with

Tukey's multiple comparisons test or Kruskal-Wallis with Dunn's multiple

comparisons test (for parametric or non-parametric data, respectively,

determined by Shapiro-Wilk normality test) were used.

Figure 6. Activation of Endoplasmic Reticulum-Associated Degradation (ERAD)

in preadipocytes is associated with obesity-related insulin resistance (IR) and

type 2 diabetes (T2D). Data corresponds to individuals from cohort 1. mRNA

levels of *BIP* (**A**), *DERL1*, *SEC61A1*, *STT3A* and *STT3B* (**B**), *HRD1*, *RNF185*

and *SEL1L* (**C**), and *RAD23A* and *UBQLN1* (**D**), in subcutaneous (SC) and

omental (OM) preadipocytes from normoglycemic (NG), IR and T2D morbidly

obese subjects (n=12, 1 technical replicate each). *$P<0.05$, **$P<0.01$, ***$P<0.001$

vs. NG and/or IR subjects; #$P<0.05$, #$P<0.01$, ###$P<0.001$ *vs.* SC preadipocytes

from the same subjects. (**E**) Hierarchical clustering dendrogram heatmap

analysis of ERAD-related genes in SC (green) and OM (red) preadipocytes from

NG, IR and T2D obese subjects. Rows stand for ERAD-related steps (white,

recognition; light grey, retrotranslocation; dark grey, ubiquitination; black,

targeting to proteasome), while columns stand for subject groups. The scale in

the colour bar represents -Log_2(Fold Change). One-way ANOVA with Tukey's

multiple comparisons test or Kruskal-Wallis with Dunn's multiple comparisons

test (for parametric or non-parametric data, respectively, determined by Shapiro-

Wilk normality test) were used. The online version of this article includes the

following figure supplements for Figure 6: *Figure 6—***Figure supplement 10** and

*Figure 6—***Figure supplement 11**.

Figure 7. Activation of ERAD in human primary omental (OM) preadipocytes from

normoglyceimc (NG) morbidly obese individuals by hyperglycemic /

hyperinsulinemic (HGHI) conditions and reversal of ERAD activation in human

primary OM preadipocytes from insulin resistant (IR) and with type 2 diabetes

(T2D) morbidly obese individuals by TUDCA. Data correspond to individuals from

cohort 1. mRNA levels of *BIP* (**A**), *DERL1*, *SEC61A1*, *STT3A,* and *STT3B* (**B**),

HRD1, *RNF185* and *SEL1L* (**C**), and *RAD23A* and *UBQLN1* (**D**). (3 replicate

studies, 4 technical replicates each). Representative dot-blot and protein

quantification of ubiquitin-conjugated proteins (**E**), and chymotrypsin-like

peptidase activity of the 26S proteasome (+ATP) (**F**) in OM preadipocytes from

NG, IR, and T2D morbidly obese individuals exposed 14 h to 0.5 mg/mL TUDCA,

24 h to HGHI conditions, and/or a combination of both. (3-9 replicate studies, 3

technical replicates each). (**G**) Representative confocal micrographs of OM

preadipocytes from NG, IR, and T2D morbidly obese individuals under the

indicated experimental conditions stained with Oil Red-O [lipid droplets (LDs),

red] and DAPI (nucleus, blue). Morphometric analysis of LDs was carried out

using ImageJ software. Scale bar = 10 µm. (12 replicate studies, 10 cells each).

(**H-I**) mRNA levels of adipogenesis-related genes in OM preadipocytes from NG,

IR and T2D morbidly obese individuals under the indicated experimental

conditions. (3 replicate studies, 4 technical replicates each). *P<0.05, **P<0.01.

***P<0.001 *vs.* control; [#]P<0.05, [##]P<0.01, [###]P<0.001 *vs.* HGHI; [$]P<0.05,

[$$]P<0.01 *vs.* TUDCA; [@]P<0.05, [@@]P<0.01, [@@@]P<0.001 *vs.* corresponding

basal. Data are presented as mean ± standard error of the mean (S.E.M.). One-

way ANOVA with Tukey's multiple comparisons test or Kruskal-Wallis with Dunn's

multiple comparisons test (for parametric or non-parametric data, respectively)

were used. Normality distribution was determined by Shapiro-Wilk normality test.

The online version of this article includes the following figure supplements for

Figure 7: *Figure 7—Figure supplement 12*, *Figure 7—Figure supplement 13*,

and *Figure 7—Figure supplement 14*.

Figure 8. Schematic representation of the proposed mechanisms of action of

PRP8/splicing and UPR/ERAD on adipocyte differentiation. PRP8 mediates

alternative splicing events in subcutaneous (SC) preadipocytes by regulating the

expression and/or isoform balance of the master regulators of adipogenesis,

SREBP1 and PPARγ (solid arrows), likely through a direct action on the

corresponding pre-mRNAs. This, in turn, would result in changes in the

expression of adipogenic genes down-stream SREBP1 and PPARγ (dashed

arrows), yet a direct action of PRP8 on CIDEB splicing is also plausible. The

observed down-regulation of PRP8 in SC preadipocytes from obese individuals

with insulin resistance (IR) and type 2 diabetes (T2D) would contribute to the

impaired adipogenic capacity of these cells. A second pathogenic mechanism is

activated in SC preadipocytes from IR/T2D obese individuals that impairs

adipogenesis, i.e., dysregulated ER proteostasis leading to UPR/ERAD

activation. This mechanism, which is also triggered in omental (OM)

preadipocytes under conditions of IR/T2D obesity, alters the adipogenic program

by modifying the expression of key adipogenic transcripction factors and down-

stream adipocyte markers. Splicing dysregulation and UPR/ERAD activation

could be differentially triggered by obesogenic insults. The model is based on

published molecular mechanisms, *in silico* analysis of ENCORI and HumanBase

databases, and the main findings shown in this article. This figure was created

using graphical elements from Servier Medical Art repository (SMART;

https://smart.servier.com/).

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Legends to Figure supplements

Table 1—Figure supplement 1. (**A**) Cell size of SC and OM mature adipocytes

from NG, IR, and T2D morbidly obese subjects (cohort 1; n=6-8, 20 cells each).

*P<0.05, ***P<0.001 *vs.* NG and/or IR obese subjects; ##P<0.01, ###P<0.001 *vs.*

SC preadipocytes from the same subjects. (**B**) Representative blot and protein

level quantification of DLK1/PREF1, CD45, and CD14 in the stromal-vascular

fraction (SVF) and preadipocytes (PreAds) from SC and OM adipose tissue from

morbidly obese subjects (cohort 1; n=11, 1 technical replicate each). ***P<0.001

vs. SVF. (**C**) *m*RNA levels of *KI67* in SC and OM preadipocytes from NG, IR, and

T2D morbidly obese subjects (cohort 1; n=3-6, 1 technical replicate each).

*P<0.05, ***P<0.001 *vs.* NG and/or IR obese subjects; ##P<0.01 *vs.* SC

preadipocytes from the same subjects. (**D**) Proliferation rate of SC and OM

preadipocytes from NG, IR, and T2D morbidly obese subjects (cohort 1; n=20-

22, 1 technical replicate each). #P<0.05, ##P<0.01 *vs.* SC preadipocytes from the

same subjects. (**E**) Representative phase-contrast microscopy images (x100

magnification and zoom) during *in vitro* differentiation and representative confocal

images at day 10 of differentiation of SC and OM preadipocytes from NG, IR and

T2D morbidly obese subjects (cohort 1). Cells were stained with Oil Red-O (lipid

droplets, red) and DAPI (nucleus, blue). Scale bar = 50 µm. (**F**) mRNA levels of

FABP4, *ADIPOQ*, and *PPARG* during *in vitro* differentiation of SC and OM

preadipocytes from NG and IR morbidly obese subjects (cohort 1); the values of

the area under the curve (AUC) are also shown (n=3-12, 3 technical replicates

each). *P<0.05, **P<0.01, ***P<0.001 *vs.* previous days; #P<0.05, ##P<0.01,

###P<0.001 *vs.* NG Obese. Data are presented as mean ± standard error of the

mean (S.E.M.). One-way ANOVA with Tukey's multiple comparisons test or

Kruskal-Wallis with Dunn's multiple comparisons test (for parametric or non-

parametric data, respectively) were used for A, C, and D; unpaired t test or Mann

Whitney test (for parametric or non-parametric data, respectively) were used for

B and AUC values in F; and two-way ANOVA was used for time-course

differentiation studies in F. Normality distribution was determined by Shapiro-Wilk

normality test.

Figure 1—**Figure supplement 2.** Characterization of the human preadipocyte

proteome. Analysis of the proteins identified by iTRAQ-LC-MS/MS in the

proteome of preadipocytes isolated from morbidly obese subjects (cohort 1).

Samples from 2-3 individuals per group and fat depot were pooled and used for

two separate iTRAQ experiments (n=5-6 subjects/group/fat depot). (**A**) Proteins

were categorized according to biological processes using GO PANTHER

classification system (http://www.pantherdb.org/). (**B**) The bar chart represents

the GO classification and fold enrichment of significantly over- and under-

represented Biological Processes (p≤0.05 Bonferroni test) in preadipocyte

proteome. The black line represents the number of identified proteins per each

GO term and the red line represents -Log$_2$(*P value*).

Figure 1—**Figure supplement 3.** (**A**) Venn diagrams showing overlap of

differentially regulated proteins between SC and OM preadipocytes from NG and

T2D morbidly obese subjects (cohort 1). Over-represented canonical pathways

in SC *vs.* OM preadipocytes from NG (**B**), and T2D (**C**) obese subjects according

to Ingenuity Pathway Analysis (IPA). Blue and red bars indicate down- and up-regulated pathways, respectively, in SC *vs.* OM preadipocytes. Numbers indicate the number of identified proteins/total proteins annotated to the pathway. Black line indicates $-\text{Log}_2(P\ value)$. Samples from 2-3 individuals per group and fat depot were pooled and used for two separate iTRAQ experiments (n=5-6 subjects/group/fat depot). Data normality was tested by Shapiro-Wilk test and Student´s t test was used, a ±1.5-fold change with p<0.05 was set as the threshold for categorizing up- and down-regulated proteins. Canonical pathway analysis was performed using IPA (see *Materials and Methods* section).

Figure 2—Figure supplement 4. mRNA levels of components of the major spliceosome (**A**), minor spliceosome (**B**), and splicing factors (**C**) in SC and OM preadipocytes from NG, IR, and T2D morbidly obese subjects (cohort1; n=6, 1 technical replicate each) measured by qPCR dynamic array. Only the genes from the microarray that were significantly regulated are represented (27 out of 42; *PRPF8* is shown in **Figure 2B**).   *P<0.05, **P<0.01, ***P<0.001 *vs.* NG and/or IR subjects; #P<0.05, ##P<0.01, ###P<0.001 *vs.* SC preadipocytes from the same subjects. Data are presented as mean ± standard error of the mean (S.E.M.). One-way ANOVA with Tukey's multiple comparisons test or Kruskal-Wallis with Dunn's multiple comparisons test (for parametric or non-parametric data, respectively). Normality distribution was determined by Shapiro-Wilk normality test.

Figure 2—Figure supplement 5. mRNA levels of components of the major spliceosome (**A**), minor spliceosome (**B**), and splicing factors (**C**) in SC and OM preadipocytes from NG, IR, and T2D morbidly obese subjects (cohort 1; n=6, 1 technical replicate each) measured by RT-PCR. *P<0.05, **P<0.01, ***P<0.001

vs. NG and/or IR subjects; **#**P<0.05, **##**P< 0.01, **###**P<0.001 *vs.* SC preadipocytes

from the same subjects. Data are presented as mean ± standard error of the

mean (S.E.M.). One-way ANOVA with Tukey's multiple comparisons test or

Kruskal-Wallis with Dunn's multiple comparisons test (for parametric or non-

parametric data, respectively). Normality distribution was determined by Shapiro-

Wilk normality test.

Figure 2—Figure supplement 6. mRNA levels of representative components of

the splicing machinery, including the major spliceosome (*SF3B1 tv1*) (**A**), minor

spliceosome (*RNU12*) (**B**), and splicing factors (*CELF1* and *SNW1*) (**C**) in SC and

OM preadipocytes from lean individuals and NG and T2D subjects with simple

obesity (cohort 2; n=5-11, 1 technical replicate each). *P<0.05 vs. lean and/or NG

obese subjects; **#**P<0.05, **##**P<0.01, **###**P<0.001 vs. SC preadipocytes from the

same subjects. Data are presented as mean ± standard error of the mean

(S.E.M.). One-way ANOVA with Tukey's multiple comparisons test or Kruskal-

Wallis with Dunn's multiple comparisons test (for parametric or non-parametric

data, respectively). Normality distribution was determined by Shapiro-Wilk

normality test.

Figure 3—Figure supplement 7. mRNA levels of *PRPF8* in SGBS adipocytes

at day 3 and at day 5 post-transfection (D7 and D10 of differentiation,

respectively) (3 replicate studies, 4 technical replicates each) (**A**), and

representative blot and protein level quantification of PRP8 in SGBS adipocytes

at day 5 post-transfection (3 replicate studies, 3 technical replicates each) (**B**)

with control, *PRPF8*-siRNA or *PRPF8*-pcDNA3.1, alone or in combination

(*PRPF8* Recovery). Cell viability of SGBS adipocytes at day 3 and day 5 post-

transfection (6 replicate studies, 3 technical replicates each) (**C**). mRNA levels of

splicing variants of the transcription factors, *PPARG* and *SREBF1* (3 replicate studies, 4 technical replicates each) (**D**), representative blot and protein level quantification of PPARγ1 and PPARγ2 (3 replicate studies, 3 technical replicates each) (**E**), and mRNA levels of splicing variants of the lipid droplet-related proteins, *BSCL2*, *CIDEB*, and *CIDEC* (3 replicate studies, 4 technical replicates each) (**F**) in SGBS adipocytes 5 days post-transfection with control, *PRPF8*-siRNA or *PRPF8*-pcDNA3.1, alone or in combination (*PRPF8* Recovery). *P<0.05, **P<0.01, ***P<0.001 *vs.* control; #P<0.05, ##P<0.01, ###P<0.001 *vs.* *PRPF8*-siRNA; $P<0.05, $$P<0.01, $$$P<0.001 *vs.* *PRPF8*-pcDNA3.1. Representative blots and protein level quantification of ADRP and BiP (6 replicate studies, 3 technical replicates each) (**G**), and mRNA levels of the adipokines, *FABP4* and *ADIPOQ* (6 replicate studies, 4 technical replicates each) (**H**), in SGBS adipocytes at day 5 post-transfection. *P<0.05 *vs.* control. Representative blot and protein level quantification of $pAKT^{(Ser473)}$ and AKT in SGBS adipocytes 5 days post-transfection treated with/without insulin (100 nmol/L, 15 min) (3 replicate studies, 3 technical replicates each) (**I**). ***P<0.001 *vs.* without Insulin; ###P<0.001 *vs.* control-siRNA +Insulin. Data are presented as mean ± standard error of the mean (S.E.M.). One-way ANOVA with Tukey's multiple comparisons test or Kruskal-Wallis with Dunn's multiple comparisons test (for parametric or non-parametric data, respectively, determined by Shapiro-Wilk normality test) were used for A-F; unpaired t test or Mann Whitney test (for parametric or non-parametric data, respectively) were used for G and H; and two-way ANOVA was used for I.

Figure 3—Figure supplement 8. (**A**) mRNA levels of *PRPF8* in hADSCs cells during differentiation (days 0-13) (6 replicate studies, 4 technical replicates each).

(**B**) mRNA levels of *PRPF8* in hADSCs cells transfected with *PRPF8*-siRNA or

Control-siRNA at day 1 of differentiation and observed at days 3-6-10 of

differentiation; the values of the area under the curve (AUC) are also shown (3

replicate studies, 4 technical replicates each). (**C**) Cytotoxicity assay of hADSCs

cells transfected with *PRPF8*-siRNA or Control-siRNA (4-8 replicate studies, 3

technical replicates each). (**D**) Representative micrographs of hADSCs cells

transfected with *PRPF8*-siRNA or Control-siRNA after staining with BODIPY

(LDs, red) and Hoechst (nucleus, blue) (8 replicate studies, 9 cell fields each).

mRNA levels of splicing variants of the transcription factors, *PPARG* and

SREBF1 (**E**), and of the LD-related proteins, *BSCL2, CIDEB,* and *CIDEC* (**F**) (4

replicate studies, 3 technical replicates each) in hADSCs cells transfected with

PRPF8-siRNA or Control-siRNA. *$P<0.05$, **$P<0.01$, ***$P<0.001$ *vs.* day 3 of

differentiation; #$P<0.05$, ##$P<0.01$, ###$P<0.001$ *vs.* day 6 of differentiation;

$$P<0.05$, $$$P<0.01$, $$$$P<0.001$ *vs.* Control-siRNA of the same day of

differentiation. Data are presented as mean ± standard error of the mean

(S.E.M.). One-way ANOVA with Tukey's multiple comparisons test or Kruskal-

Wallis with Dunn's multiple comparisons test (for parametric or non-parametric

data, respectively) were used for A; two-way ANOVA was used for B-F; and

unpaired t test or Mann Whitney test (for parametric or non-parametric data,

respectively) were used for AUC values in F. Normality distribution was

determined by Shapiro-Wilk normality test.

Figure 3—Figure supplement 9. (**A**) Representative confocal micrographs of

SGBS cells after exposition of vehicle (DMSO; control) or pladienolide-B 10^{-8} M

for 24 h stained with Oil Red-O (LDs, red) and DAPI (nucleus, blue).

Morphometric analysis of LDs was carried out using ImageJ software. Scale bar

= 10 µm (5 replicate studies, 10 cells each). mRNA levels of splicing variants of

the transcription factors, *PPARG* and *SREBF1* (**B**), and the LD-related proteins,

BSCL2, CIDEB, and *CIDEC* (**C**) in SGBS cells after exposure to vehicle (DMSO;

control) or pladienolide-B 10^{-8} M for 24 h. (3 replicate studies, 4 technical

replicates each). *$P<0.05$, **$P<0.01$, ***$P<0.001$ *vs.* control. (**D**) Representative

blot and protein level quantification of SFPQ in SGBS cells after transfection with

control, *SFPQ*-siRNA or *SFPQ*-pcDNA3.1, alone or in combination (*SFPQ*-

Recovery (3 replicate studies, 3 technical replicates each). (**E**) Representative

confocal micrographs of SGBS cells after transfection with control, *SFPQ*-siRNA

or *SFPQ*-pcDNA3.1, alone or in combination (*SFPQ*-Recovery) stained with Oil

Red-O (LDs, red) and DAPI (nucleus, blue). Morphometric analysis of LDs was

carried out using ImageJ software. Scale bar = 10 µm (5-6 replicate studies, 10

cells each). mRNA levels of splicing variants of the transcription factors, *PPARG*

and *SREBF1* (**F**), and the LD-related proteins, *BSCL2, CIDEB*, and *CIDEC* (**G**)

of SGBS cells after transfection with control, *SFPQ*-siRNA or *SFPQ*-pcDNA3.1,

alone or in combination (*SFPQ*-Recovery) (3 replicate studies, 4 technical

replicates each). *$P<0.05$, **$P<0.01$ *vs.* control; #$P<0.05$, ##$P<0.01$, ###$P<0.001$

vs. SFPQ-siRNA; $$P<0.05$. $$$$P<0.01$ *vs. SFPQ*-pcDNA3.1; n = 3. Data are

presented as mean ± standard error of the mean (S.E.M.). Unpaired t test or

Mann Whitney test (for parametric or non-parametric data, respectively) were

used for A-C; One-way ANOVA with Tukey's multiple comparisons test or

Kruskal-Wallis with Dunn's multiple comparisons test (for parametric or non-

parametric data, respectively) were used for D-G. Normality distribution was

determined by Shapiro-Wilk normality test.

Figure 6—Figure supplement 10. mRNA levels of ERAD-related genes during

in vitro differentiation of SC and OM preadipocytes from NG and IR morbidly

obese individuals (cohort 1; n=6, 1 technical replicate each). Area under the curve

(AUC) is also shown. *P<0.05, **P<0.01, ***P<0.001 *vs.* day 0 of differentiation;

#P<0.05, ##P<0.01, ###P<0.001 *vs.* day 3 of differentiation; @@@P<0.001 *vs.* day 6

of differentiation; $P<0.05, $$P<0.01, $$$P<0.001 *vs.* NG Obese. Data are

presented as mean ± standard error of the mean (S.E.M.). Two-way ANOVA was

used; and unpaired t test or Mann Whitney test (for parametric or non-parametric

data, respectively) was used for AUC values. Normality distribution was

determined by Shapiro-Wilk normality test.

Figure 6—Figure supplement 11. mRNA levels of representative components

of the ERAD pathway, participating in the recognition (*BIP*) (**A**), retrotranslocation

through the endoplasmic reticulum (ER) membrane (*DERL1* and *SEC61A1*) (**B**),

ubiquitination (*RNF185*) (**C**), and targeting of misfolded proteins to the

proteasome (*RAD23A*) (**D**) in SC and OM preadipocytes from lean individuals

and NG and T2D subjects with simple obesity (cohort 2; n=5-11, 1 technical

replicate each). *P<0.05, **P<0.01 *vs.* lean and/or NG obese subjects; #P<0.05,

##P<0.01 *vs.* SC preadipocytes from the same subjects. Data are presented as

mean ± standard error of the mean (S.E.M.). One-way ANOVA with Tukey's

multiple comparisons test or Kruskal-Wallis with Dunn's multiple comparisons

test (for parametric or non-parametric data, respectively). Normality distribution

was determined by Shapiro-Wilk normality test.

Figure 7—Figure supplement 12. Representative phase-contrast microscopy

(x100 magnification and zoom) and confocal micrographs of SGBS

preadipocytes exposed during 30 h to a combination of glucose (4.5 g/L) and

insulin (100 nM) (HGHI; white bars), 5 nM TNFα (grey bars), 500 µM Oleate (dark

grey bars), or 500 µM Palmitate (black bars) (**A**). Cells were stained with Oil Red-

O (LDs, red) and DAPI (nucleus, blue). Morphometric analysis of LDs was carried

out in untreated and treated SGBS preadipocytes using ImageJ software. Scale

bar = 10 µm (5 replicate studies, 10 cells each) (**B**). *P<0.05, **P<0.01,

***P<0.001 *vs.* corresponding control. Representative blots and protein level

quantification of pAKT$^{(Ser473)}$ and AKT in SGBS preadipocytes after exposure to

insulin (100 nM, 15 min) or medium alone (3 replicate studies, 3 technical

replicates each) (**C**). **P<0.01, ***P<0.001 *vs.* corresponding control with insulin.

Data are presented as mean ± standard error of the mean (S.E.M.). Unpaired t

test or Mann Whitney test (for parametric or non-parametric data, respectively,

determined by Shapiro-Wilk normality test) were used. Normality distribution was

determined by Shapiro-Wilk normality test.

Figure 7—Figure supplement 13. (**A**) mRNA levels of ERAD-related genes in

SGBS preadipocytes exposed during 30 h to high glucose (4.5 g/L)/high insulin

(100 nmol/L) (HGHI; white), 5 nM TNFα (light grey), 500 µM Oleate (dark grey)

or 500 µM Palmitate (black) (6 replicate studies, 4 technical replicates each).

*P<0.05, **P<0.01 *vs.* corresponding control. (**B**) Hierarchical clustering

dendrogram heatmap analysis of ERAD-related genes in SGBS preadipocytes in

control (green) and after exposure to HGHI, TNFα, Oleate or Palmitate (red).

Rows stand for ERAD-related steps (white, recognition; light grey,

retrotranslocation; dark grey, ubiquitination; black, targeting to proteasome),

while columns stand for subject groups. The scale in the colour bar represents -

Log$_2$(Fold Change). (**C**) Chymotrypsin-like peptidase activity of the 26S

proteasome (+ATP) and 20S proteasome (+SDS) (3 replicate studies, 3 technical

replicates each). mRNA levels of ERAD (**D**) and adipogenesis-related (**E**) genes

(3 replicate studies, 4 technical replicates each), and representative dot-blot and

protein quantification of ubiquitin-conjugated proteins (3 replicate studies, 3

technical replicates each) (**F**) in SGBS preadipocytes exposed 14 h to 0.5 mg/mL

TUDCA (TUDCA, grey), 30 h to HGHI conditions (white), or a combination of both

(TUDCA+HGHI, black). **ND**, non-detected. *$P<0.05$, **$P<0.01$. ***$P<0.001$ *vs.*

control; #$P<0.05$, ##$P<0.01$, ###$P<0.001$ *vs.* HGHI; $$P<0.05$, $$$P<0.01$ *vs.* TUDCA.

Data are presented as mean ± standard error of the mean (S.E.M.). Unpaired t

test or Mann Whitney test (for parametric or non-parametric data, respectively,

determined by Shapiro-Wilk normality test) were used for A and C; one-way

ANOVA with Tukey's multiple comparisons test or Kruskal-Wallis with Dunn's

multiple comparisons test (for parametric or non-parametric data, respectively)

were used for D-F. Normality distribution was determined by Shapiro-Wilk

normality test.

Figure 7—Figure supplement 14. mRNA levels of ERAD (**A**) and adipogenesis-

related genes (**B**) in SGBS preadipocytes overexpressing BiP (pCMV-BIP,

black), exposed 14 h to 0.5 mg/mL TUDCA (TUDCA, grey), or a combination of

both (TUDCA+pCMV-BIP, white with black dots) (3 replicate studies, 4 technical

replicates each). *$P<0.05$, **$P<0.01$. ***$P<0.001$ *vs.* control; #$P<0.05$, ##$P<0.01$,

###$P<0.001$ *vs.* pCMV-BIP; $$P<0.05$, $$$P<0.01$, $$$$P<0.001$ *vs.* TUDCA. Data are

presented as mean ± standard error of the mean (S.E.M.). One-way ANOVA with

Tukey's multiple comparisons test or Kruskal-Wallis with Dunn's multiple

comparisons test (for parametric or non-parametric data, respectively) were

used. Normality distribution was determined by Shapiro-Wilk normality test.

Legends to Source data

Figure 1—Source data 1. Common pathways of normoglycemic (NG) and with type 2 diabetes (T2D) morbidly obese subjects (cohort 1) in the subcutaneous (SC) *vs.* omental (OM) preadipocytes proteome according to Ingenuity Pathway Analysis (IPA).

Figure 1—Source data 2. Fat depot-specific canonical pathways in the type 2 diabetes (T2D) *vs.* normoglycemic (NG) morbidly obese subjects (cohort 1) proteome according to Ingenuity Pathway Analysis (IPA).

Figure 3—Source data 3. Analysis of CLIP_Seq data (target binding sites and related pathways) from *PRPF8*-silenced HepG2 and K562 cells provided by The Encyclopedia of RNA Interactomes (ENCORI) database.

Figure 3—Source data 4. Adipose tissue-specific network of the functional interactions of *PRPF8*, *SF3B1*, and *SFPQ* according to HumanBase tool database, and binding sites of SFPQ according to SpliceAid-F.

Supplement files

Supplemental file 1. Lineal regression analyses of subcutaneous (SC) and omental (OM) preadipocytes proliferation rate and anthropometric and biochemical parameters, n = 24-58.

	SC Preadipocytes		OM Preadipocytes	
	r	*P value*	r	*P value*
Age (years)	-0.024	0.875	0.240	0.113
Weight (kg)	-0.373	0.023 *	-0.461	0.004 **
Height (m)	-0.147	0.386	-0.152	0.369
BMI (kg/m^2)	-0.518	0.001 ***	-0.593	<0.0001 ***
Fat mass (%)	-0.585	0.024 *	-0.714	0.004 **
Lean mass (%)	-0.093	0.741	0.696	0.005 **
Water mass (%)	-0.161	0.567	0.436	0.105
Waist circumference (cm)	-0.201	0.341	-0.204	0.352
Systolic pressure (mm/Hg)	-0.617	0.001 **	-0.127	0.553
Diastolic pressure (mm/Hg)	-0.468	0.021 *	-0.053	0.805
Fasting glucose (mg/dL)	-0.324	0.028 *	-0.406	0.005 **
Fasting insulin (mU/L)	-0.418	0.019 *	-0.427	0.017 *
HbA1c (%)	-0.417	0.007 **	-0.442	0.004 **
HOMA-IR (units)	-0.546	0.002 **	-0.512	0.003 **
Total cholesterol (mg/dL)	0.112	0.474	0.075	0.632
LDL cholesterol (mg/dL)	0.160	0.365	0.074	0.679
HDL cholesterol (mg/dL)	0.030	0.865	0.116	0.514
Triglycerides (mg/dL)	-0.170	0.281	-0.337	0.029 *
Free fatty acids (mmol/L)	0.239	0.262	0.431	0.036 *
C-reactive protein (mg/L)	-0.225	0.259	-0.530	0.004 **
Uric acid (mg/dL)	0.047	0.782	0.107	0.527

r=Spearman's correlation coefficient. *P<0.05, **P<0.01, ***P<0.001. Normality distribution was determined by Shapiro-Wilk normality test.

1927 **Supplemental file 2. Anthropometric and biochemical characteristics of**

1928 **study subjects from cohort 2.**

	Lean	NG Obese	T2D Obese
N	18	15	10
Gender (female/male)	10 / 8	9 / 6	6 / 4
Antidiabetic therapy (n, %)	0 (0)	0 (0)	7 (70)
Age (years)	51 ± 13	54 ± 14	60 ± 8
Weight (kg)	65.6 ± 8.7	92.2 ± 10.7 [aaa]	90.0 ± 11.7 [aaa]
Height (m)	1.68 ± 0.07	1.66 ± 0.10	1.68 ± 0.12
Body mass index (kg/m^2)	23.3 ± 2.1	33.6 ± 2.7 [aaa]	32.1 ± 2.9 [aaa]
Systolic pressure (mm/Hg)	125.1 ± 17.3	138.7 ± 17.5	142.2 ± 15.0
Diastolic pressure (mm/Hg)	74.2 ± 8.3	76.2 ± 9.8	81.6 ± 12.3
Fasting glucose (mg/dL)	88.0 ± 13.2	97.3 ± 15.3	121.6 ± 41.4 [aa, b]
Fasting glucose (mmol/L)	5.51 ± 0.96	5.84 ± 0.80	8.24 ± 5.61 [aa, b]
Fasting insulin (mU/L)	11.4 ± 2.2	12.7 ± 6.7	18.4 ± 1.3
HOMA-IR (units)	2.82 ± 0.94	3.28 ± 1.81	6.91 ± 5.08
Total cholesterol (mg/dL)	184.7 ± 33.6	192.8 ± 51.8	172.2 ± 24.6
LDL cholesterol (mg/dL)	104.1 ± 37.1	124.8 ± 43.9	98.7 ± 10.5
HDL cholesterol (mg/dL)	54.0 ± 11.0	49.7 ± 16.1	43.0 ± 14.0
Triglycerides (mg/dL)	106.7 ± 62.1	142.3 ± 60.1	226.6 ± 162.5 [aa]
Urid acid (mg/dL)	4.65 ± 0.68	5.13± 0.97	6.48 ± 0.96 [aa, b]

1929

1930 **NG**, normoglycemic; **T2D**, type 2 diabetes; **LDL**, low-density lipoprotein; **HDL**,

1931 high-density lipoprotein; **HOMA-IR**, homeostasis model assessment of insulin

1932 resistance. [aa]$P<0.01$, [aaa]$P<0.001$ *vs.* Lean; [b]$P<0.05$ *vs.* NG Obese. One-way

1933 ANOVA with Tukey's multiple comparisons test or Kruskal-Wallis with Dunn's

1934 multiple comparisons test (for parametric or non-parametric data, respectively)

1935 were used. Normality distribution was determined by Shapiro-Wilk normality test.

1936 **Supplemental file 3. Sequences and transcript sizes of primers used for**

1937 **RT-PCR studies.**

Gene (NCBI reference)	Primer sequences (5' → 3')		Size (bp)
	Forward	Reverse	
Hsa ACTB (NM_001101.3)	ACTCTTCCAGCCTTCCTTCTT	CAGTGATCTCCTTCTGCATCC	176
Hsa ADIPOQ (NM_009605.4)	TGGAGAAGCCGCTTATGTGT	GTCCCGGAATGTTGCAGTAG	159
Hsa BiP (X87949.1)	CTATGAAGCCCGTCCAGAAA	GTCGAGCCACCAACAAGAAC	85
Hsa BSCL2-1 (NM_001122955.3)	TCAGATCCTGGAGCATACCAA	CAGGCAGTGAACTAGCGACA	94
Hsa BSCL2-2/3 (KU178595.1)	GCCTCCTGCTATTTGGCTTT	TCTTCAGGGCTCTCACCATC	309
Hsa CCL2 (NM_002982.4)	CTGGACAAGCAAACCCAAAC	GGGGAAAGCTAGGGGAAAA	90
Hsa CIDEB-1 (NM_001318807.2)	GCCTACAGCCTGCCTCTTTT	TTGTGTTTGAGGTGGGGTCT	72
Hsa CIDEB-2 (NM_014430.3)	GGGCCTACAGGACACAGAAA	TGGACGTGACAGAGATGTGAA	237
Hsa CIDEC-5 (NM_001321142.2)	GAGGCTGTGAGGGGGAGAA	CTTGTCAGCTGGACTGCGTT	154
Hsa CIDE_{total} (NM_001321142.2)	ATGGGAGAGAGGAGGCTTTG	CACTGACACATGCCTGGAGA	147
Hsa DERL1 (NM_001134671.2)	AAGACAAGCAGCGGATGAAG	AGGAAACAAACACCCAGCAA	175
Hsa FABP4 (NM_001442.3)	TGCAGCTTCCTTCTCACCTT	GGCAAAGCCCACTCCTACTT	134
Hsa FABP5 (DN991192)	GAAGGAGCTAGGAGTGGGAATAG	TCTCTCCCAGGGTACAAGAAAA	146
Hsa GAPDH (NM_002046.5)	AATCCCATCACCATCTTCCA	AAATGAGCCCCAGCCTTC	122
Hsa HPRT (S79316.1)	TAATCCAGCAGGTCAGCAAAG	CTGAGGATTTGGAAAGGGTGT	157
Has HRD1 (AB085847.1)	TGATGGGCAAGGTGTTCTTT	GCCAGTGGAAACATTTGAGG	177
Hsa KI67 (NM_002417)	GACATCCGTATCCAGCTTCCT	GCCGTACAGGCTCATCAATAAC	233
Hsa γORF4 (Aprile et al., 2014)	AAACCCAAAACAACTTCCCG	CTTGCAGTGGGGATGTCTCA	279
Hsa PDGFRA (NM_006206.6)	CCTTTTTGTGACGGTCTTGG	AAAGGCTACATCTGGGTCTGG	148
Hsa PPARG-1 (Aprile et al., 2014)	CGAGGACACCGGAGAGGG	TGTGGTTTAGTGTTGGCTTCTT	69
Hsa PPARG-2 (NM_015869.4)	AGGAGTGGGAGTGGTCTTCC	TTTTAACGGATTGATCTTTTGC	255
Hsa PPARG-3 (NM_138711.3)	TGGGTGTGTAGTCGTGGTACTTT	CTCGGTTACTCCCCGTTTCT	82
Hsa PPARG-4 (NM_005037.6)	GCCGTGGCCGCAGAAA	CCACGGAGCTGATCCCAAAG	76
Hsa PPARG_{total} (Aprile et al., 2014)	ATGGCCACCTCTTTGCTCT	GAGAAGGAGAAGCTGTTGGC	272
Hsa RAD23A (D21235.1)	TGGCCCAAATCTTTCCATC	TGAGCTGATGTTAGCCCTTCTC	100
Hsa RNF185 (NM_152267.3)	CAACAGGACCCCAGAGAGAA	CCACCATCTCCAAATCCAAA	101
Hsa SEC61A1 (NM_013336.3)	GAGTGGACCTGCCAATCAAG	AGCTGAGAGCATTTGGGAGA	146
Hsa SEL1L (AF052059.1)	CCTGCCACTTCCCTTTTCTT	CCATTTCTGCTTCCTGCATC	180
Hsa SREBF1-1 (NM_001005291.3)	GACCGACATCGAAGGTGAAG	GGTCAAATAGGCCAGGGAAG	158
Hsa SREBF1_{total} (NM_001005291.3)	AGCTCAAGGATCTGGGTACTG	TGTGTTGCAGAAAGCGAATG	93
Hsa STT3A (NM_001278503.1)	AGCTATGGCAAACCGAACAA	CCTCCAAAAATGACCAGCAC	153
Hsa STT3B (NM_178862.2)	CCCTCCTCCTTTTTCTTCCTC	ACGACTTGTGCTTGCTCTCC	153
Hsa TGFB2 (NM_000660.6)	GCAACAATTCCTGGCGATAC	CTAAGGCGAAAGCCCTCAA	136
Hsa UBQLN1 (NM_013438.4)	CAACACACCAGGAATGCAGA	CTTCTCATGTAGGGGGCAGA	90
Hsa UPK3B (NM_030570.3)	TGCACTCAGGAGGGTTTAGG	ATGGTGGAGCAGGAGAGACA	135
Hsa XBP1s (NM_001079539.1)	TGGATGCCCTGGTTGCT	CACCTGCTGCGGACTCA	87
Hsa XBP1u (NM_005080.3)	CGCAGCACTCAGACTACGTG	CTGGGTCCAAGTTGTCCAGA	147
Mmu PRPF8 (NM_138659.2)	TACATGACGGCCAAGAACAA	TGCAATCCCAGTACAAGCAA	146

1938

1939 **bp,** base pairs.

 Appendix 1—key resource table

Reagent type (species) or resource	Designation	Source or reference	Identifiers	Additional information
Cell line (*Homo sapiens*)	Human preadipocytes from SC and OM adipose tissue	This paper	N/A	Primary cell line
Cell line (*Homo sapiens*)	Human adipose-derived stromal cells (hADSCs)	This paper and previous work from Dr. Mikael Rydén group	(***Gao et al., 2017***, ***2014***)	SC adipose tissue from a male donor (16 years old, BMI 24 kg/m^2)
Cell line (*Homo sapiens*)	Simpson-Golabi-Behmel syndrome (SGBS) cell line	Gift from Prof. Dr. José Manuel Fernández-Real (Institut d'Investigació Biomèdica; Girona, Spain)	N/A	
Biological sample (*Homo sapiens*)	Human SC and OM adipose tissue from NG, IR and T2D morbid obese individuals (cohort 1)	General and Digestive Surgery Unit and the Lipids and Atherosclerosis Unit of the Reina Sofía University Hospital (Córdoba, Spain)	Reina Sofía University Hospital Research Ethical Committee (439/2010)	
Biological sample (*Homo sapiens*)	Human SC and OM adipose tissue from lean, NG and, T2D obese individuals (cohort 2)	Endocrinology ad Surgery Departments at the University Hospital Joan XXIII (Tarragona, Spain)	(Ejarque et al., 2017; Serena et al., 2016)	
Antibody	ADRP (B-6) (mouse monoclonal)	Santa Cruz Biotechnology	sc-377429, N/A	(1:1000)
Antibody	AKT (rabbit polyclonal)	Cell Signaling Technology	9272, AB_329827	(1:1000)
Antibody	ATF6α (H-280) (rabbit polyclonal)	Santa Cruz Biotechnology	sc-22799, AB_2242950	(1:1000)
Antibody	CASPASE-3 (8G10) (rabbit monoclonal)	Cell Signaling Technology	9665, AB_2069872	(1:1000)
Antibody	CD14 (M-305) (rabbit polyclonal)	Santa Cruz Biotechnology	sc-9150, AB_2074171	(1:1000)
Antibody	CD45 (H-230) (rabbit polyclonal)	Santa Cruz Biotechnology	sc-25590, AB_2174143	(1:1000)
Antibody	CHOP (L63F7) (mouse monoclonal)	Cell Signaling Technology	2895, AB_2089254	(1:1000)
Antibody	DGAT2 (goat polyclonal)	Novus	NB100-57851, AB_921135	(1:1000)
Antibody	DLK/PREF1 (H-118) (rabbit polyclonal)	Santa Cruz Biotechnology	sc-25437, AB_2292943	(1:1000)
Antibody	eIF2α (3A7A8) (mouse monoclonal)	Santa Cruz Biotechnology	sc-517214, N/A	(1:1000)
Antibody	FAS (C-20) (goat polyclonal)	Santa Cruz Biotechnology	sc-16147, AB_2101097	(1:1000)
Antibody	BiP/GRP78 (A-10) (mouse monoclonal)	Santa Cruz Biotechnology	sc-376768, N/A	(1:1000)
Antibody	GRP94 (rabbit polyclonal)	Cell Signaling Technology	2104, AB_823506	(1:1000)
Antibody	HSL/LIPE (rabbit polyclonal)	Abcam	ab45422, AB_2135367	(1:1000)
Antibody	IRE1α (B-12) (mouse monoclonal)	Santa Cruz Biotechnology	sc-390960, N/A	(1:1000)
Antibody	PDI (C81H6) (rabbit monoclonal)	Cell Signaling Technology	3501, AB_2156433	(1:1000)

Antibody	PERK (B-5) (mouse monoclonal)	Santa Cruz Biotechnology	sc-377400, AB_2762850	(1:1000)
Antibody	Phospho-AKT (Ser473) (rabbit monoclonal)	Cell Signaling Technology	4060, AB_2315049	(1:750)
Antibody	Phospho-eIF2α (Ser51) (rabbit polyclonal)	Santa Cruz Biotechnology	sc-101670, AB_2096507	(1:750)
Antibody	Phospho-HSL/LIPE (Ser563) (rabbit polyclonal)	Cell Signaling Technology	4139, AB_2135495	(1:750)
Antibody	Phospho-IRE1α (Ser724) (rabbit polyclonal)	Abcam	ab48187, AB_873899	(1:750)
Antibody	Phospho-PERK (Thr981) (rabbit polyclonal)	Santa Cruz Biotechnology	sc-32577, AB_2293243	(1:750)
Antibody	PLIN1 (guinea pig polyclonal)	Progen	GP29, N/A	(1:1000)
Antibody	PPARγ (D69) (rabbit polyclonal)	Cell Signaling Technology	2430, AB_823599	(1:1000)
Antibody	PRP8 (E-5) (mouse monoclonal)	Santa Cruz Biotechnology	sc-55533, AB_831685	(1:1000)
Antibody	PSMB8/LMP7 (sheep polyclonal)	R&D Systems	AF7710, N/A	(1:1000)
Antibody	SFPQ (rabbit monoclonal)	Abcam	ab177149, N/A	(1:1000)
Antibody	UBIQUITIN (rabbit polyclonal)	Cell Signaling Technology	3933, AB_2180538	(1:1000)
Antibody	Goat/Sheep IgG (mouse monoclonal)	Sigma-Aldrich	A9452, AB_258449	(1:2500)
Antibody	Guinea Pig IgG (goat polyclonal)	Sigma-Aldrich	A7289, AB_258337	(1:2500)
Antibody	Mouse IgG (rabbit polyclonal)	Sigma-Aldrich	A9044, AB_258431	(1:2500)
Antibody	Rabbit IgG (goat polyclonal)	Sigma-Aldrich	A8275, AB_258382	(1:10000)
Recombinant DNA reagent	phrGFP-N1	Agilent Technologies	240036	
Recombinant DNA reagent	pcDNA3.1(+)	Invitrogen	V79020	
Recombinant DNA reagent	*PRPF8* (*NM_006445*) in pcDNA3.1(+)	GenScript	OHu19527C	
Recombinant DNA reagent	*SFPQ* (*NM_005066.3*) in pcDNA3.1(+)	GenScript	OHu23607C	
Recombinant DNA reagent	pCMV-Myc	Clontech	635689	
Recombinant DNA reagent	pCMV-BiP-Myc-KDEL-wt	AddGene	27164	
Sequence-based reagent	Primers for RT-PCR, see *Supplemental file 3*	This paper	N/A	
Sequence-based reagent	Primers for splicing-machinery components array	(*Gahete et al., 2018*)	N/A	
Sequence-based reagent	*PRPF8* Silencer™ Select Validated siRNA	Ambion	4390824	
Sequence-based reagent	*SFPQ* Silencer™ Select Validated siRNA	Ambion	s224606	

Sequence-based reagent	Silencer™ Select Negative Control No. 1 siRNA	Ambion	4390843
Peptide, recombinant protein	3-Isobutyl-1-methylxanthine (IBMX)	Sigma-Aldrich	I5879
Peptide, recombinant protein	Antipain	Sigma-Aldrich	A6191
Peptide, recombinant protein	Biotin	Sigma-Aldrich	B4639
Peptide, recombinant protein	Bovine Serum Albumin (BSA)	Sigma-Aldrich	A8806, A7030
Peptide, recombinant protein	Chymostatin	Sigma-Aldrich	C7268
Peptide, recombinant protein	Collagenase Type V	Sigma-Aldrich	C9263
Peptide, recombinant protein	Dexamethasone	Sigma-Aldrich	D4902, D1756
Peptide, recombinant protein	Human 3,3',5-Trihydrochloride sodium salt (T3)	Sigma-Aldrich	T5516, T6397
Peptide, recombinant protein	Human FGF2	Sigma-Aldrich	F0291
Peptide, recombinant protein	Human Insulin	Sigma-Aldrich	I2643, I9278
Peptide, recombinant protein	Human Transferrin	Sigma-Aldrich	T8158
Peptide, recombinant protein	Human Tumor Necrosis Factor-α (TNFα)	Sigma-Aldrich	T6674
Peptide, recombinant protein	Hydrocortisone	Sigma-Aldrich	H0135
Peptide, recombinant protein	Leupeptin	Sigma-Aldrich	L2884
Peptide, recombinant protein	MG-132	Calbiochem	474790
Peptide, recombinant protein	N-Succinyl-Leu-Leu-Val-Tyr-7-Amido-4-Methylcoumarin (Suc-LLVY-AFC)	Sigma-Aldrich	S6510
Peptide, recombinant protein	Pepstatin A	Sigma-Aldrich	P4265
Peptide, recombinant protein	Rosiglitazone	Sigma-Aldrich	R2408
Chemical compound, drug	(+)-Sodium L-ascorbate	Sigma-Aldrich	A4034
Chemical compound, drug	1,4-dithiothreitol (DTT)	Thermo Scientific	R0862
Chemical compound, drug	Acetonitrile	Sigma-Aldrich	271004
Chemical compound, drug	Adenosine 5′-triphosphate (ATP) disodium salt hydrate	Sigma-Aldrich	A26209
Chemical compound, drug	BODIPY™ 500/510 C_1, C_{12} (4,4-Difluoro-5-Methyl-4-Bora-3a,4a-Diaza-s-Indacene-3-Dodecanoic Acid)	Invitrogen	D3823
Chemical compound, drug	Calcium chloride ($CaCl_2$)	Sigma-Aldrich	449709
Chemical compound, drug	CHAPS hydrate	Sigma-Aldrich	C3023

Chemical compound, drug	Chloroform	Sigma-Aldrich	C2432
Chemical compound, drug	Clarity Western ECL Substrate	Bio-Rad	1705061
Chemical compound, drug	D-(+)-Glucose	Panreac Applichem / Siga-Aldrich	1413411211, G8270
Chemical compound, drug	DAPI	Sigma-Aldrich	D9542
Chemical compound, drug	Dimethyl sulfoxide (DMSO)	Sigma-Aldrich	D4540
Chemical compound, drug	D-Pantothenic acid hemicalcium salt	Sigma-Aldrich	P5155
Chemical compound, drug	Dulbecco's Phosphate Buffered Saline (D-PBS) Solution	Sigma-Aldrich	D1408
Chemical compound, drug	Dulbecco's Phosphate Buffered Saline (D-PBS) Solution (-) Ca^{2+}, Mg^{2+}	HyClone	SH30028.02
Chemical compound, drug	Dulbecco's Modified Eagle Medium (DMEM)/F-12 (1:1)	Gibco	31330-038
Chemical compound, drug	EDTA disodium salt	Sigma-Aldrich	E5134
Chemical compound, drug	Exonuclease I Reaction Buffer	New England BioLabs	B0293S
Chemical compound, drug	Fluorescence Mounting Medium	Dako	S3023
Chemical compound, drug	Formic acid	Scharlau	AC10760050
Chemical compound, drug	Glycerol	VWR	97063-892
Chemical compound, drug	Ham's F-12 Nutrient Mix	Gibco	21765037
Chemical compound, drug	Hepes Buffer (1M)	Gibco	15630056
Chemical compound, drug	Hoechst 33342, Trihydrochloride, Trihydrate	Invitrogen	H3570
Chemical compound, drug	Immersol™ Immersion Oil	Carl Zeiss	518F
Chemical compound, drug	Iodoacetamide (IAA)	Sigma-Aldrich	I1149
Chemical compound, drug	Isopropanol	Sigma-Aldrich	33539
Chemical compound, drug	iTRAQ™ Reagents	Applied Biosystems	PN4351918
Chemical compound, drug	Lipofectamine 2000 Transfection Reagent	Invitrogen	11668019
Chemical compound, drug	Lipofectamine RNAiMAX Transfection Reagent	Invitrogen	13778150
Chemical compound, drug	Magnesium Chloride ($MgCl_2$)	Merck	5833
Chemical compound, drug	Magnesium Sulfate 7-hydrate ($MgSO_4$)	Panreac Applichem	141404
Chemical compound, drug	Methanol (MeOH)	VWR Chemicals	20864320
Chemical compound, drug	Newborn Calf Serum (NCS)	Gibco	16010159

Chemical compound, drug	Nonfat dried milk powder	Panreac Applichem	Cat# A0830
Chemical compound, drug	Oil Red O	Sigma-Aldrich	O0625
Chemical compound, drug	Oleic acid	Sigma-Aldrich	O1383
Chemical compound, drug	Opti-MEM™ I Reduced Serum Medium	Gibco	11058021
Chemical compound, drug	Paraformaldehyde (PFA)	Bosterbio	AR1068
Chemical compound, drug	Penicillin-Streptomycin (10,000 U/mL)	Sigma-Aldrich / Gibco	P4333, 15140122
Chemical compound, drug	Pladienolide-B	Santa Cruz Biotechnology	sc-391691
Chemical compound, drug	Potassium Chloride (KCl)	Merck	104936
Chemical compound, drug	Ponceau S	Sigma-Aldrich	P3504
Chemical compound, drug	RBC Lysis Buffer	Norgen Biotek Corp.	21201
Chemical compound, drug	RNase-Free DNase Set	Qiagen	79254
Chemical compound, drug	Sodium Chloride (NaCl)	Merk Millipore	7647145
Chemical compound, drug	Sodium Dodecyl Sulfate (SDS)	Sigma-Aldrich	L3771
Chemical compound, drug	Sodium Hydroxide (NaOH)	Sigma-Aldrich	S4085
Chemical compound, drug	Sodium Palmitate	Sigma-Aldrich	P9767
Chemical compound, drug	Sodium Phosphate Monobasic Monohydrate (NaH_2PO_4)	Fisher scientific	BP330-1
Chemical compound, drug	Sodium Phosphate Monobasic Monohydrate Dihydrate ($NaH_2PO_4x2H_2O$)	Sigma-Aldrich	71505
Chemical compound, drug	TE Buffer	Invitrogen	12090015
Chemical compound, drug	Tetraethylammonium Bromide (TEAB)	Sigma-Aldrich	241059
Chemical compound, drug	Thiazolyl Blue Tetrazolium Bromide (MTT)	Sigma-Aldrich	M5655
Chemical compound, drug	Trichloroacetic acid (TCA)	Sigma-Aldrich	T6399
Chemical compound, drug	Triton™ X-100	Sigma-Aldrich	T8787
Chemical compound, drug	Trizma® base (Tris base)	Sigma-Aldrich	T6066
Chemical compound, drug	Trizma® hydrochloride (Tris-HCl)	Sigma-Aldrich	T3253
Chemical compound, drug	TRIzol™ Reagent	Invitrogen	15596018
Chemical compound, drug	Trypan Blue solution	Sigma-Aldrich	T8154
Chemical compound, drug	Trypsin Gold, Mass Spectrometry Grade	Promega	V5280
Chemical compound, drug	Trypsin-EDTA solution	Sigma-Aldrich	T3924

Chemical compound, drug	Tween® 20	Panreac Applichem	A1389
Chemical compound, drug	Urea	Sigma-Aldrich	U1205
Commercial assay or kit	96.96 DNA Binding Dye Sample / Loading Kit	Fluidigm	BMK-M10-96.96-EG
Commercial assay or kit	AllPrep DNA/RNA/Protein Mini Kit	Qiagen	80004
Commercial assay or kit	Cytotoxicity Detection Kit Plus	Roche	4744926001
Commercial assay or kit	GoTaq® qPCR Master Mix	Promega	A6001
Commercial assay or kit	Mycoplasma gel detection kit	Biotools	4542
Commercial assay or kit	NEON™ Transfection System Kit	Invitrogen	MPK10096
Commercial assay or kit	Protein Assay Dye Reagent Concentrate	Bio-Rad	5000006
Commercial assay or kit	RC DC™ Protein Assay	Bio-Rad	5000122
Commercial assay or kit	RevertAid First Strand cDNA Synthesis Kit	Thermo Scientific	K1621
Commercial assay or kit	SsoFast™ EvaGreen® Supermix	Bio-Rad	1725200
Software, algorithm	Biomark & EP1 Software 4.5.2	Fluidigm	https://www.fluidigm.com/software
Software, algorithm	Basic Local Alignment Search Tool (BLAST)	NCBI (Nowicki et al., 2018)	https://blast.ncbi.nlm.nih.gov/Blast.cgi
Software, algorithm	ENCORI: The Encyclopedia of RNA Interactomes	(*Li et al., 2013*)	http://starbase.sysu.edu.cn/index.php
Software, algorithm	GeNorm 3.3	(*Vandesompele et al., 2002*)	https://genorm.cmgg.be/
Software, algorithm	GraphPad PRISM 7	GraphPad Software, Inc. (Mitteer et al., 2018)	https://www.graphpad.com
Software, algorithm	High-Content Screening (HCS) Studio Cell Analysis Software 2.0	Thermo Fisher Scientific	https://www.thermofisher.com/es/es/home/life-science/cell-analysis/cellular-imaging/high-content-screening/hcs-studio-2.html
Software, algorithm	Human Base tool	(*Greene et al., 2015*)	https://hb.flatironinstitute.org/
Software, algorithm	Huygens Professional 2.4.4	Scientific Volume Imaging	https://svi.nl/Huygens-Professional
Software, algorithm	ImageJ 1.50b	National Institute of Health (NIH) (*Schneider et al., 2012*)	https://imagej.nih.gov/ij/

Software, algorithm	Ingenuity Pathways Analysis (IPA) 49309495	Qiagen, provided by the Andalusian Bioinformatics Platform (PAB) center (University of Málaga, Spain; www.scbi.uma.es) (*Krämer et al., 2014*)	www.ingenuity.com
Software, algorithm	LightCycler® 96 1.1.0.1320	Roche Life Science	https://lifescience.roche.com/en_es/products/lightcycler-381711.html
Software, algorithm	Magellan™ software 7.2 SP1	Tecan	https://lifesciences.tecan.com/software-magellan
Software, algorithm	MetaboAnalyst 4.0	(*Chong et al., 2018*)	https://www.metaboanalyst.ca/docs/About.xhtml
Software, algorithm	Primer3 Input 4.1.0	(*Untergasser et al., 2012*)	http://bioinfo.ut.ee/primer3/
Software, algorithm	Protein ANalysis THrough Evolutionary Relationships (PANTHER) classification system 14.1	(*Mi et al., 2019a, 2019b*)	http://www.pantherdb.org/
Software, algorithm	Real-Time PCR Analysis Software 3.0	Fluidigm	https://www.fluidigm.com/
Software, algorithm	SoftMax Pro 2.2.1	Molecular Devices	https://www.moleculardevices.com/
Software, algorithm	SpliceAid-F	(*Giulietti et al., 2013*)	http://srv00.recas.ba.infn.it/SpliceAidF/
Software, algorithm	Statistic R module	Pearl software	https://www.pearlsoftware.com/
Software, algorithm	StepOne™ Real-Time PCR System 2.3	Thermo Scientific	https://www.thermofisher.com/es/es/home.html
Software, algorithm	Stratagene Mx3000p	Thermo Scientific	https://www.thermofisher.com/es/es/home.html
Software, algorithm	Venn Diagram Plotter	Pacific Northwest National Laboratory	https://omics.pnl.gov/software/venn-diagram-plotter

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Figure 1

A   T2D Obese *vs.* NG Obese

B   T2D Obese *vs.* NG Obese dysregulated pathways in SC Preadipocytes

C   T2D Obese *vs.* NG Obese dysregulated pathways in OM Preadipocytes

Figure 2

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7

Figure 8

Table 1—Figure supplement 1

Figure 1—Figure supplement 2

A

- 31.3% **Cellular Process** *(GO:0009987)*
- 24.2% **Metabolic Process** *(GO:0008152)*
- 15.9% **Cellular Component or Biogenesis** *(GO:0071840)*
- 7.5% **Localization** *(GO:0051179)*
- 5.7% **Biological Regulation** *(GO:0065007)*
- 5.7% **Response to Stimulus** *(GO:0050896)*
- 3.5% **Multicellular Organismal Process** *(GO:0032501)*
- 3.5% **Developmental Process** *(GO:0032502)*
- 1.5% **Immune System Process** *(GO:0002376)*
- 0.7% **Biological Adhesion** *(GO:0022610)*
- 0.4% **Locomotion** *(GO:0040011)*
- 0.3% **Reproduction** *(GO:0000003)*

B

Fold enrichment

Glycolysis (GO:0006096)
Protein Folding (GO:0006457)
Tricarboxylic Acid Cycle (GO:0006099)
Regulation of Carbohydrate Metabolic Process (GO:0006109)
Generation of Precursor Metabolites and Energy (GO:0006091)
Translation (GO:0006412)
rRNA Metabolic Process (GO:0016072)
Respiratory Electron Transport Chain (GO:0022904)
Fatty Acid Metabolic Process (GO:0006631)
mRNA splicing, via spliceosome (GO:0000398)
mRNA Processing (GO:0006397)
DNA Metabolic Process (GO:0006259)
Protein Complex Assembly (GO:0006461)
Protein Metabolic Process (GO:0019538)
Primary Metabolic Process (GO:0044238)
Regulation of Phosphate Metabolic Process (GO:0019220)
Nucleobase-containing Compound Metabolic Process (GO:0006139)
Biosynthetic Process (GO:0009058)
Catabolic Process (GO:0009056)
Metabolic Process (GO:0008152)
Nitrogen Compound Metabolic Process (GO:0006807)
Regulation of Transcription from RNA Polymerase II Promoter (GO:0006357)
Chromatin Assembly (GO:0031497)
Chromatin Organization (GO:0006325)
Mitochondrion Organization (GO:0007005)
Cytoeskeleton Organization (GO:0007010)
Cellular Coponent Organization (GO:0044085)
Organelle Organization (GO:0006996)
Cellular Component Organization (GO:0032989)
Cellular Component Organization or Biogenesis (GO:0071840)
Cellular Component Organization (GO:0016043)
Protein Complex Biogenesis (GO:0070271)
Cell Cycle (GO:0007049)
Cell Surface Receceptor Signalling Pathway (GO:0007166)
Cellular Process (GO:0009987)
Cell-Cell Signalling (GO:0007267)
G-protein Coupled Receptor Signalling Pathway (GO:0007186)
Exocytosis (GO:0006887)
Nuclear Transport (GO:0051169)
Intracellular Protein Transport (GO:0006886)
Protein Transport (GO:0015031)
Endocytosis (GO:0006897)
Vesicle-mediated Transport (GO:0016192)
Transport (GO:0006810)
Localization (GO:0051179)
Induction of Apoptosis (GO:0006917)
Apoptotic Process (GO:0006915)
Cell Death (GO:00082199)
Death (GO:0016265)
Cell Differentiation (GO:0030154)
System Development (GO:0048731)
Regulation of Gene Expression, Epigenetic (GO:0040029)
Biological Regulation (GO:0065007)
Regulation of Molecular Function (GO:0065009)
Response to Abiotic Stimulus (GO:0009628)
Response to Stress (GO:0006950)
Response to External Stimulus (GO:0009605)
Inmune Response (GO:00068955)
Muscle Contraction (GO:0006936)
Sensory Perception of Smell (GO:0007608)
Sensory Perception of Chemical Stimulus (GO:0007606)
Unclassified

♦ **# Proteins**   ◊ **- Log$_2$ (*P value*)**

Figure 1—Figure supplement 3

A SC Preadipocytes *vs.* OM Preadipocytes

NG Obese   T2D Obese

371   280   232

B SC Preadipocytes *vs.* OM Preadipocytes dysregulated pathways in NG Obese

Overrepresentation (%)

Acetyl-CoA Biosynthesis III (from Citrate) 1/1
Rapoport-Luebering Glycolytic Shunt 2/5
Diphthamide Biosynthesis 1/3
NADH Repair 1/3
Sucrose Degradation V (Mammalian) 2/8
Endoplasmic Reticulum Stress Pathway 3/21
Actin Nucleation by ARP-WASP Complex 7/56
Myc Mediated Apoptosis Signaling 7/70
Ephrin A Signaling 6/60
PAK Signaling 10/100
Maturity Onset Diabetes of Young (MODY) Signaling 2/20
PI3K/AKT Signaling 12/123
Cdc42 Signaling 12/129
Pyrimidine Ribonucleotides De Novo Biosynthesis 4/45
Rac Signaling 10/116
Tumoricidal Function of Hepatic Natural Killer Cells 2/24
Mitotic Roles of Polo-Like Kinase 5/63
p70S6K Signaling 10/131
Renal Cell Carcinoma Signaling 6/80
Role of Tissue Factor in Cancer 9/120
Induction of Apoptosis by HIV1 4/60
Ephrin Receptor Signaling 11/173
Macropinocytosis Signaling 5/81
Chemokine Signaling 4/68
Neuregulin Signaling 5/86
Oxidative Phosphorylation 6/104
HMGB1 Signaling 7/131
Ga12/13 Signaling 7/134
PCP pathway 3/160
CCR3 Signaling in Eosinophils 6/126
NO Signaling in the Cardiovascular System 5/108
Toll-like Receptor Signaling 3/74
Glioblastoma Multiforme Signaling 6/161
Granulocyte Adhesion and Diapedesis 6/166
Hereditary Breast Cancer Signaling 5/139
PPARa/RXRa Activation 5/168
Osteoarthritis Pathway 5/206

Sucrose Degradation V (Mammalian) 1/8
Pyrimidine Ribonucleotides De Novo Biosynthesis 2/45
Myc Mediated Apoptosis Signaling 3/70
Actin Nucleation by ARP-WASP Complex 2/56
Cdc42 Signaling 4/129
p70S6K Signaling 4/131
Hereditary Breast Cancer Signaling 4/139
Rac Signaling 3/116
PI3K/AKT Signaling 3/123
CCR3 Signaling in Eosinophils 3/126
PAK Signaling 2/100
Osteoarthritis Pathway 4/206
NO Signaling in the Cardiovascular System 2/108
Ephrin Receptor Signaling 3/173
PCP pathway 4/160
Ephrin A Signaling 1/60
Ga12/13 Signaling 2/134
Chemokine Signaling 1/68
Renal Cell Carcinoma Signaling 1/80
Glioblastoma Multiforme Signaling 2/161
Macropinocytosis Signaling 1/81
Neuregulin Signaling 1/86
Role of Tissue Factor in Cancer 1/120
HMGB1 Signaling 1/131
Granulocyte Adhesion and Diapedesis 1/166

◇ - Log (*P value*)

C SC Preadipocytes *vs.* OM Preadipocytes dysregulated pathways in T2D Obese

Overrepresentation (%)

Lipid Antigen Presentation by CD1 3/24
Intrinsic Prothrombin Activation Pathway 4/41
GP6 Signaling Pathway 7/131
Prostate Cancer Signaling 5/95
IL-8 Signaling 8/196

Pyruvate Fermentation to Lactate 2/5
Eumelanin Biosynthesis 1/4
Serine Biosynthesis 1/5
Lipid Antigen Presentation by CD1 1/24
GP6 Signaling Pathway 4/131
Prostate Cancer Signaling 2/95
IL-8 Signaling 4/196

◇ - Log (*P value*)

Figure 2—Figure supplement 4

Figure 2—Figure supplement 5

Figure 2 - Figure supplement 6

Figure 3—Figure supplement 7

Figure 3—Figure supplement 8

Figure 3 - Figure supplement 9

Figure 6—Figure supplement 10

SC Predipocytes

BIP

OM Preadipocytes

BIP

SC Preadipocytes

SEC61A1

OM Preadipocytes

SEC61A1

RNF185

RNF185

RAD23A

RAD23A

Figure 6—Figure supplement 11

Figure 7—Figure supplement 12

Figure 7—Figure supplement 13

Figure 7—Figure supplement 14

A

Recognition

Retrotranslocation

Ubiquitination

Targeting to the proteasome

B

Adipogenesis