Adipogenic activity of chemicals used in plastic consumer products

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Abstract

Exposure to prominent chemicals used in plastic, such as bisphenols or phthalates, promotes obesity in cell and animal models. However, these well-known metabolism disrupting chemicals (MDCs) represent only a minute fraction of plastic chemicals. Therefore, we characterized the adipogenic activity of all chemicals extracted from plastic consumer products. We conducted adipogenesis assays with 3T3-L1 cells and high-content fluorescence imaging and show that 11 out of 34 products contained chemicals inducing adipogenesis, including adipocyte proliferation, growth, and triglyceride accumulation. We further show that these effects are not mediated via peroxisome proliferator-activated receptor γ and glucocorticoid receptor. In total, we detected 55,300 chemical features using nontarget high-resolution mass spectrometry and tentatively identified 629 unique compounds, including 11 known MDCs. Our study demonstrates that plastic products contain potent mixtures of MDCs which may promote the development of unhealthy adipocytes. This highlights the need to include the multitude of plastic chemicals in obesity research and public health responses.

Teaser

Plastics contain a potent mixture of chemicals promoting adipogenesis, a key process in developing obesity.

Introduction

Obesity is a global pandemic that generates a considerable burden of disease, in particular considering comorbidities such as type 2 diabetes, cardiovascular diseases, hypertension, non-alcoholic fatty liver, stroke, and certain types of cancer (*1*). Worldwide, the number of obese people has nearly tripled since 1975, and more than 41 million children under the age of five were overweight or obese in 2016 (*2*). This is problematic since a high body mass index (BMI) is one of the top risk factors for deaths (*3*), and overweight in childhood or adolescence is a good predictor of adult obesity (*4*). Accordingly, a high BMI contributed to four million deaths globally in 2015 with cardiovascular diseases as leading cause of death followed by diabetes, chronic kidney diseases and cancer (*5*).

This public health problem has mainly been attributed to genetic background and changes in lifestyle, such as diet, exercise, sleep deficiency, and aging. However, epidemiological evidence suggests that these factors insufficiently explain the magnitude and speed of the obesity pandemic (*6*). For instance, even when normalizing for caloric intake and exercise, the BMI of US adults increased by 2.3 kg m^{-2} in 2006 compared to 1998 (*6*). Consequently, identifying and understanding other environmental factors than lifestyle is crucial to manage obesity (*7*). Given that the endocrine system controls appetite, satiety, metabolism, and weight, exposure to endocrine disrupting chemicals is one such factor (*8*). In addition to prominent endocrine disruptors, such as the biocide tributyltin and the pesticide dichlorodiphenyltrichloroethane (DDT), plastic chemicals such as bisphenols or phthalates disrupt metabolic functions and promote obesity in cell and animal experiments (*8*). This is further supported by epidemiological studies that have linked weight gain in humans to bisphenol A (BPA) exposure (*9*), while contradicting outcomes have been reported regarding a link to phthalate exposure (*10-12*).

Considering the chemical complexity of plastic consumer products, bisphenols and phthalates represent only the tip of the iceberg. A final article often consists of one or more polymers, multiple intentionally added substances, such as fillers or additives, as well as non-intentionally added

substances, for instance residues from the manufacturing (*13*). Based on regulatory inventories,

over 4000 substances are associated with plastic food packaging alone (*13*) and, overall, 10,547

chemicals are known to be used in plastics (*14*). Moreover, empirical data suggests that plastics

contain more chemicals than currently known. Using nontarget chemical analysis, we detected

hundreds to thousands of chemicals in plastic consumer products, most of these remaining

unknown (*15*). Importantly, the totality of plastic chemicals in a product was toxic *in vitro*, inducing

baseline toxicity, oxidative stress, cytotoxicity, and endocrine effects.

Building on these results and the fact that bisphenols and phthalates are known metabolism

disrupting chemicals (MDCs; *8, 16, 17*), we hypothesized that MDCs are present in plastic

consumer products and that metabolic disruption might represent a common but understudied

toxicological property of plastic chemicals. To explore this, we used the same plastic consumer

products we have extensively characterized previously (*15*), and investigated the extracts'

adipogenic activity in differentiation experiments with murine 3T3-L1 cells. Following exposure to

MDCs, 3T3-L1 preadipocyte differentiate into adipocytes, accumulate triglycerides until they finally

resemble mature white fat cells (*18*). The bioassay targets the induction of adipogenesis at the

cellular level and represents a well-established *in vitro* model for metabolic disruption *in vivo* (*19*).

We performed optimization experiments and applied high-content fluorescence microscopy

combined with an automated image processing to increase the sensitivity and throughput. We also

investigated the underlying mechanisms of the adipogenic response and tested whether the

extracted plastic chemicals activate the human peroxisome proliferator-activated receptor gamma

(PPARγ) or glucocorticoid receptor (GR). We selected PPARγ as a key regulator of adipogenesis

(*20*), and included GR because glucocorticoids are important regulators of lipid metabolism (*21*).

Accordingly, an excess of agonists for these receptors is associated with obesogenic effects in

animal models and humans (e.g., weight gain; *19*). Moreover, we performed nontarget, ultra-high

performance liquid chromatography coupled to a quadrupole of flight spectrometer (LC-QTOF-

MS/MS) to characterize the chemicals present in plastics and compare these with a list of

compounds known to induce adipogenesis.

Results

Adipogenic activity of plastic consumer products. To exclude cytotoxic effects masking the adipogenic response, we used nuclei count data to assess cytotoxicity. Most extracts were not cytotoxic up to the maximum concentration tested (3 mg plastic well^{-1}), except for PP 4, PUR 3 and PUR 4. The latter two were the most cytotoxic samples with the highest noncytotoxic concentration (HNC) of 0.75 mg plastic well^{-1}. The HNC for PP 4 was 1.5 mg plastic well^{-1} (Fig. S1). To assess the induction of adipogenesis by the plastic extracts, we present the numbers of adipocytes and mature adipocytes in the cell populations and the total lipid droplet count per image for the HNC of each sample. Data were compared to both vehicle and rosiglitazone–treated controls (Fig. 1). Further specifications on the endpoints of the automated image processing, dose-response relationships and example images can be found in the supplementary material (Fig. S2–S17).

The extracts of eleven plastic consumer products induced adipogenesis with four samples having an equal or stronger effect than the maximal response of cells exposed to rosiglitazone (PVC 2 and 4, PP 4, PUR 3). Similarly to rosiglitazone (Fig. 1A), the proliferative effects induced by plastic extracts was driven by an increase in the numbers of adipocytes and mature adipocytes, while the number of preadipocytes remained stable (Fig. 1C). Regarding the polymer type, the most potent extracts were PUR and PVC, with seven out of eight samples inducing adipogenesis, whereas for PP, PS and LDPE only specific samples induced adipogenic responses. In contrast, PET, HDPE, and PLA samples were consistently inactive. The same pattern is reflected by the lipid droplet count data (Fig. 1D). Here, however, some additional samples induced a slight increase in lipid droplets (LDPE 1, PS 1, PP 2).

Given the propensity of environmental pollutants to promote unhealthy adipogenesis, we used the single-cell data to explore a size shift towards hypertrophy and increased accumulation of triglycerides in comparison to rosiglitazone (Fig. 2). We here present the results of one out of four experiments due to the large size of the dataset (results of the other experiments can be found in Fig. S18). Exposure to rosiglitazone dose-dependently increased the lipid content of adipocytes

with a median lipid droplet area of 137 pixels cell^{-1} in the lowest concentration to 290 pixels cell^{-1} in

the highest concentration (Fig. 2A). The average fluorescence intensity of the lipid droplets

remained stable (Fig. 2B), thus the adipocytes increased in size in response to rosiglitazone but

triglyceride accumulation within the droplets remained constant. Compared with the maximal

response to rosiglitazone, adipocytes exposed to many of the active plastic extracts had a higher

lipid content, resulting both from an increase in adipocyte size and from the amount of triglycerides

contained within the lipid droplets. The lipid droplet area per adipocyte was greater in nine out of

the eleven active samples with a median increase of 21.6–114% (PS 2–LDPE 4). In line with that,

the average fluorescence intensity was higher in ten out of the eleven active samples with a median

increase of 25.1–60.4% (PS 2–PVC 4). These effects are consistent over all experiments, except

for PVC 3 (Fig. S18).

Reporter gene assays. We observed a higher cytotoxicity of the extracts on the U2OS cells

compared to the 3T3-L1 cells with five samples being cytotoxic. The most cytotoxic sample was

PP 4 with a HNC of 0.19 mg plastic well^{-1}, followed by PS 2, PP 3 and PLA 1 as well as PVC 2 with

a HNC of 0.38 and 0.75 mg plastic well^{-1}, respectively (Tab. S1).

None of the samples activated GR (Fig. S19) and five extracts activated PPARγ (Fig. 3A). PLA1

was the most potent sample with a median receptor activity of 34.7%, followed by PS 2 (24.4%),

PVC 2 (10.3%), LDPE 2 (8.4%) and PVC 1 (7.3%). Accordingly, the PPARγ activity of plastic

chemicals is a poor predictor of their adipogenic activity (Fig. 3B), except for PVC 2 and PS 2 which

induced both PPARγ and adipogenesis at similar effect concentrations. Moreover, three out of the

five samples activating PPARγ did not induce adipogenesis in 3T3-L1 cells (PLA 1, LDPE 2,

PVC 1).

Chemicals tentatively identified in plastics. Using nontarget GC-QTOF-MS/MS, we previously

identified 260 unique chemicals in extracts of the same plastic products (*15*). This corresponds to

231 tentatively identified chemicals with 227 unique PubChem CIDs in the samples used in this

study (Tab. S2). In the nontarget LC-QTOF-MS/MS analysis, we detected in total 55,300 features

(i.e., unidentified chemicals) across all samples that were only present in samples or had a >10-

fold higher abundance compared to the blanks. Here, the number of features in individual samples

ranged from 107 (HDPE 2) to 6242 (PUR 3, Tab. 1). In total, 5500 features had spectral MS/MS

data we could use for compound identification, out of which we detected between 30 (PS 4) and

2117 features (PUR 3) per sample.

For tentatively identifying the plastic chemicals, we used the MS/MS data with the MassBank library

(14,788 compounds) and three *in silico* fragmented databases of chemicals potentially used in

plastics or (pre-)registered for authorization on the European market (in total 75,510 compounds;

22). These queries resulted in a successful identification of 2364 features across all samples,

corresponding to 629 unique chemicals (SM Excel Tab. S1). Accordingly, between 6 (PLA 2) and

33 % (PET 1) of the features in each sample were tentatively identified. For the 25 compounds with

the highest identification scores (≥ 50) and abundance in the samples, we confirmed the plausibility

of the identification by checking whether the compounds are known to be used in plastics (SM Excel

Tab. S2). We found that 14 out of 25 compounds are used in plastics, including five plasticizers

(e.g., acetyl tributyl citrate), four flame retardants (e.g., tris(2-butoxyethyl) phosphate, tris(3-

methylphenyl) phosphate) and multiple processing aids, such as the lubricant 2-nonyl-N-(2-

nonylphenyl) aniline, the hardener 4-methylphthalic anhydride and the slip additive (Z)-docos-13-

enamide. We also identified compounds that likely migrated from the packed content into the

packaging (two octadecanamides used in cosmetics) and one compound that was implausible (the

veterinary drug febarbamate).

When cross-referencing the chemicals tentatively identified in plastics and a list of known MDCs

inducing adipogenesis in 3T3-L1 cells (Tab. S3), we found eleven compounds known to induce

adipogenesis *in vitro*. The MDCs present in our samples include four phthalates and six

organophosphates (Tab. 1). Benzyl butyl phthalate (BBP), di-butyl phthalate (DBP) and di(2-

ethylhexyl) phthalate (DEHP) were present in PVC 4. Di-iso-nonyl phthalate (DINP) was detected

in PVC 3 and 4. Diphenyl phosphate (DPP), 2-ethylhexyl diphenyl phosphate (EHDP) and triphenyl

phosphate (TPP) were detected in multiple samples. When using raw abundance as a proxy for

concentration, high levels of TPP, DPP and EHDP (the MDCs present in at least three samples)

were detected in two to three active PVC samples (Tab. S4). In contrast, the other active samples

contain very low levels of these chemicals (PS 2, PP 4, PUR 2, PUR 3). Interestingly, we did not

detect organotin compounds or bisphenols (SM Excel Table S1) despite these are known MDCs

and thought of as being common in PVC and other plastics (*16, 17*).

Discussion

Adipogenic activity of plastic consumer products. We hypothesized that plastic products

contain MDCs based on the fact that a small set of compounds used in plastics is known to induce

adipogenesis *in vitro* and *in vivo* (*8, 16, 17*). However, the current focus on few, individual plastic

chemicals neglects the chemical complexity of plastic materials given that we know that thousands

of compounds are either used in plastics or non-intentionally present (*13, 14*). Thus, we decided to

characterize the adipogenic activity of all compounds extractable from plastic consumer products.

Eleven out of 34 products contain chemicals that induce adipogenesis and are, thus, MDCs *in vitro*

(Fig. 1). The chemicals extracted from some plastics are not only quite potent but also trigger effects

that are similar to or higher than those induced by the reference compound rosiglitazone (PVC 2

and 4, PP 4). Supramaximal efficacies have previously been reported for single compounds, such

as dibutyl phthalate and tert-butyl phenyl diphenyl phosphate (*23*) but only at concentrations

≥10 μM, illustrating the potency of the extracted mixtures.

Products with multiple applications, including two FCMs (PS 2, PP 3) and nine non-FCMs, contain

adipogenic chemicals. While chemicals migrating from packaging into food represent an obvious

source of human exposure (*24*), compounds released from non-FCMs can also contribute via

dermal uptake (e.g., PUR 4 shower slippers) or inhalation. For instance, dust contains chemical

mixtures that induce adipogenesis (*23*). Here, we show that plastic flooring (e.g., PVC 4) contains

MDCs that may contribute to human exposure if they partition into dust. Given the potency of the

extracted mixtures and considering our close and constant contact with plastics, it appears

plausible that plastic chemicals contribute to an obesogenic environment and, thus, the obesity

pandemic.

The chemicals present in PVC and PUR products most consistently induce potent adipogenic

responses, while compounds extracted from PET, HDPE, and PLA products were inactive. Apart

from the PLA samples, this is in line with our previous findings for other toxicity endpoints (*15*). This

suggests that PVC and PUR are more likely to contain MDCs compared to other polymers.

However, the chemicals extracted from some PP, PS, and LDPE products also induce

adipogenesis (Fig. 1). This supports the idea that caution is needed when trying to generalize the

occurrence of toxic chemicals based on polymer type (*15*).

Unhealthy or dysfunctional adipocytes are part of the obesity phenotype. They are larger in size,

have an impaired glucose uptake and insulin signaling, an elevated inflammatory response and

decreased respiration (*25*). While we did not investigate the latter characteristics, adipocytes

exposed to plastic chemicals were larger and contained more triglycerides compared to those

treated with rosiglitazone (Fig. 2). Since rosiglitazone promotes the development of healthy white

adipocytes (*26, 27*), these results suggest that exposure to plastic chemicals could shift adipocytes

towards an unhealthy phenotype. Similar trends have been reported for a range of MDCs, including

BPA (*28*), organotin compounds (*29, 30*) and DEHP (*31*), which we detected in PVC 4 (Tab. 1).

Hence, it will be interesting to investigate whether plastic chemicals also trigger the other hallmarks

of unhealthy, dysfunctional adipocytes.

Plastic chemicals and adipogenesis. Using nontarget high resolution mass spectrometry, we

show that plastic products contain hundreds to thousands of extractable chemicals; few of those

identifiable using spectral libraries and *in silico* tools. This is in line with our previous research (*15,*

22) and points towards the presence of unknown chemicals in plastics (e.g., non-intentionally

added substances). Accordingly, the relatively low identification performance in our study is a result

of the limited coverage of chemical databases. These limitations notwithstanding, we tentatively

identified a range of known plastic chemicals providing confidence in the accuracy of the

identifications.

Plastic products contain known MDCs, including four phthalates (only in PVC 3 and 4) and six

organophosphates (Tab. 1). Biomonitoring data suggests that humans are commonly exposed to

some of these compounds (*32-34*). As an example, the phthalates DBP and DEHP as well as the

flame retardants TPP and TBEP we found in plastics were recently detected in matched maternal

and cord blood samples (*35*). Accordingly, plastic products can be one source of exposure to these

MDCs.

Known MDCs may explain the adipogenic response to chemicals extracted from some but not all

plastic samples. Most active samples contain at least one MDC with TPP, DPP and EHDP being

present in multiple samples. Interestingly, the floor covering (PVC 4) contained ten known MDCs.

While the active PVC samples contain high levels of TPP, DPP and EHDP, the abundance of these

chemicals was very low in the other active samples (Tab. S4). This suggests that other than the

known MDCs contribute to the adipogenesis induced by plastic chemicals.

Underlying mechanisms. PPARγ is a key regulator of adipogenesis (*20*), and many MDCs that

induce adipogenesis also activate PPARγ (*17*). Despite the common idea that PPARγ activation is

a main mechanism via which anthropogenic chemicals trigger adipogenesis, most of the adipogenic

plastic samples in fact do not activate this receptor (Fig. 3). Only in two cases (PVC 2, PS 2) does

a high PPARγ activity correspond to a strong induction of lipid droplet formation. Moreover, three

samples (PLA 1, LDPE 2, PVC 1) activated PPARγ but were inactive in the adipogenesis assay.

Thus, the adipogenic effects of the plastic extracts is not necessarily dependent on direct activation

of PPARγ and other mechanisms must be involved.

GR is another important nuclear receptor that participates in adipogenesis, and various MDCs

activate GR (*36*). In particular, glucocorticoids are essential in inducing adipocyte differentiation

(Fig. S20). However, none of the plastic extracts activated GR rendering this an unlikely mechanism

of action in this case.

Elucidating the mechanism by which plastic chemicals induce adipogenesis is complex since we

are dealing with two black boxes, namely the complex chemical mixtures present in plastics and

the multitude of potential mechanism of actions involved in adipogenic responses in 3T3-L1 cells

(*19*). In addition to PPARγ and GR, (ant)agonists of multiple other nuclear receptors, such as the

retinoid x receptor α, estrogen receptor, androgen receptor, liver x receptor, thyroid receptor β,

have been demonstrated or are discussed to contribute to an adipogenic response (*37*). In the light

of the diversity of compounds we detected in plastics, it appears probable that these act via multiple

mechanisms that are in most cases PPARγ and GR independent. Although more work needs to be

done to elucidate the underlying mechanisms, our results underline the importance of using

integrative methods, such as the adipogenesis assay to identify MDCs triggering cellular responses

rather than assessing (anta)agonism at selected nuclear receptors.

Limitations and future directions. To the best of our knowledge, this is the first study investigating

the adipogenic activity of chemicals extractable from plastic consumer products. Considering the

diversity of plastic products and their chemical composition, the sample set is certainly not

representative of all plastic chemicals, humans will be exposed to. While it is challenging to

comprehensively characterize the human exposure to plastic chemicals from all types of products,

given their ubiquity and diversity, a way forward is to prioritize polymer types that are likely to

contain MDCs, such as PVC and PUR.

Given that our aim was to investigate whether MDCs are present in plastic products, we used

methanol to extract the samples. This simulates a worst-case scenario. Thus, even though we

demonstrated that potent (mixtures of) MDCs are present in consumer products, it remains to be

investigated whether these will migrate under more realistic conditions into air, water or food, or

can be taken up dermally. Using the same samples as in the present study, we recently

demonstrated that a significant number of chemicals and *in vitro* toxicity, such as antiandrogenic

compounds, migrate into water (*22*). However, it remains unknown if this is also the case for the

present MDCs.

Moreover, we analyzed plastic packaging that contained foodstuff or personal care products

because we aimed at investigating final products. Since chemical migration is not a one-way street,

we cannot exclude that compounds from the contents migrated into the packaging. The detection

of compounds used in cosmetics in its packaging underlines this limitation. Such compounds may

contribute to the observed adipogenic activity or PPARγ activation and future research should cover

unused final packaging.

The nontarget chemical analysis resulted in the tentative identification of several MDCs. However,

many compounds remain unidentified and there is some likelihood of false-positive identifications.

The challenge of a rather low identification success is well-known for environmental pollutants (*38*)

and can be addressed by building more comprehensive spectral databases. Recent efforts to build

specific databases for plastic chemicals are promising (*13, 14*) but must be complemented with

spectral information and non-intentionally added substances. Moreover, we show that known

MDCs only partially – if at all – contribute to the adipogenesis induced by plastic extracts. This

points towards the presence of unidentified MDCs in plastics. To identify the compounds that are

indeed causative for the observed responses, future research should apply effect-directed analysis.

Moreover, our results indicate that plastic chemicals may promote a development towards

unhealthy adipocytes. However, more evidence is needed to further support this hypothesis. For

instance, one needs to extend the adipogenesis assay to cover later stages of adipocyte

development and investigate biomarkers of inflammation and metabolic function (e.g., glucose

uptake, insulin sensitivity).

Taken together, we demonstrated that plastic consumer products contain potent (mixtures of)

MDCs inducing adipogenesis *in vitro* via mechanisms that are mostly not mediated via PPARγ and

GR. Accordingly, plastic chemicals may contribute to an obesogenic environment considering our

constant contact with a broad range of plastic products. Given that the plastic products containing

MDCs also contained compounds triggering other toxicological endpoints (*15*), a shift towards

chemically less complex plastics represents a way forward to a non-toxic environment.

Materials and Methods

A list of used chemicals is provided in the supplementary material (Tab. S5).

Sample selection and plastic extraction. We used the same 34 plastic samples (Tab. 1) as in
Zimmermann *et al.* (*15*). The samples cover petroleum-based polymers with the highest market
share (polypropylene (PP) > low density polyethylene (LDPE) > high density polyethylene (HDPE)
> polyvinyl chloride (PVC) > polyurethane (PUR) > polyethylene terephthalate (PET) > polystyrene
(PS); *39*), and polylactic acid (PLA) as a bio-based alternative. The samples include 21 products
with and 13 products without food contact. Further specifications on the sample selection, collection
and polymer identification are described in Zimmermann *et al.* (*15*)*.* We extracted 3 g sample with
including three procedure blanks (PB 1-3) with methanol and concentrated the extracts to a final
volume of 200 µL using dimethyl sulfoxide as a keeper. To contextualize the bioassay results, we
use "plastic equivalents" in such that "1 mg plastic" corresponds to the chemicals extracted from 1
mg of plastic. Accordingly, 1 µl extract corresponds to 15 mg plastic. See supplementary text for
details.

Bioassays. We performed differentiation assays with murine 3T3-L1 adipocytes (Zenbio Inc., SP-
L1-F, lot 3T3L1062104) to examine the induction of adipogenesis as well as CALUX reporter gene
assays (BioDetection Systems B.V., Amsterdam, The Netherlands) to investigate the agonistic
activity at the human peroxisome proliferator-activated receptor γ (*40*) and glucocorticoid receptor
(GR, *41*). All experiments were conducted with negative controls, vehicle controls, positive controls,
and PB 1–3. Samples, controls, and blanks were diluted 1000-fold (adipogenesis assay) or 500-
fold (reporter gene assays) with medium, resulting in a maximum final solvent concentration of
0.1% or 0.2% (v/v), respectively. Each sample was analyzed in serial dilutions of 1:2 with four
replicates per concentration in at least three independent experiments per assay. Moreover, the
respective reference compound was included on every microtiter plate to control for potential
variations between plates, and the sample arrangement was randomized to exclude position

effects. As negative and vehicle controls did not differ significantly, the results from both were

pooled. Further, there was no contamination during sample extraction and analysis since none of

the controls and blanks induced activity (Fig. S21 and S22). See supplementary text for details on

the cell culture conditions.

Adipogenesis assay. We performed the differentiation assay with 3T3-L1 cells in accordance with

a previously described method (*42*). In brief, an experiment consists of three days pre-

differentiation (one day seeding, two days allowing cells to enter the resting state) followed by an

8-d differentiation window (two days differentiation, six days maintenance). Subconfluent cells of

passage 10 were trypsinized and counted with a flow cytometer (NovoCyte, Acea Biosciences).

15,000 cells well^{-1} were seeded in 200 µL preadipocyte medium (PAM: DMEM-high supplemented

with 10% bovine calf serum and 1% penicillin/streptomycin) into 96-well black, clear bottom tissue

culture plates (655090, Greiner Bio-One) and incubated at 37 ℃ and 5% CO_2. After 24 h, we

checked that the cells reached confluency, replaced the medium with 200 µL fresh PAM well^{-1}, and

cultured the cells for another 48 h to initiate growth arrest. We included on every plate a pre-

adipocyte control (undifferentiated cells) which was kept in PAM, while the rest of the cells were

differentiate as described below.

Optimization experiments. Given that a systematic analysis of dexamethasone (DEX) effects on

triglyceride accumulation and differentiation efficiency in 3T3-L1 cells was lacking, we conducted

optimization experiments to identify a suitable DEX concentration to initiate adipocyte differentiation

that results in the lowest baseline as well as the highest sensitivity and dynamic range when co-

exposed to the reference compound rosiglitazone. Moreover, we compared two methods to

quantify triglycerides based on Nile Red Staining. We determined the total NileRed fluorescence

well^{-1} and compared it to an automated imaging and analysis platform to determine whether the

latter improves the sensitivity and dynamic range for the screening of adipogenic activity.

Based on the results (Fig. S20) and in comparison with previous studies, we found that a rather

low optimal DEX concentration (6.25 nM) was sufficient to initiate adipocyte differentiation without

increasing the assay's baseline. Compared to the fluorescence readout well^{-1}, an automated

imaging approach is more sensitive to assess proliferation, enhances the dynamic range of the

assay (Fig. S20) and provides more information because it enables single-cell analysis for a more

in-depth characterization of the adipocyte population (pre-adipocytes, adipocytes and mature

adipocytes). Accordingly, we analyzed the effects of the plastic extracts using 6.25 nM DEX during

the differentiation window and the automated imaging approach. See supplementary text for

details.

Dosing of samples. To initiate differentiation, we replaced the PAM medium with 200 µL

differentiation medium well^{-1} (DM: DMEM-high supplemented with 10% FBS, 1%

penicillin/streptomycin, 20 mM HEPES, 1 µg mL^{-1} insulin, 0.5 mM 3-isobutyl-1-methylxanthine

(IBMX), and 6.25 nM DEX) containing 5 concentrations of samples serially diluted 1:2 (0.19–3 mg

plastic well^{-1} equivalent to 0.94–15 mg plastic mL^{-1}) or rosiglitazone (1.17–300 nM). Following the

48-h differentiation, the medium was replaced with 200 µL adipocyte maintenance medium well^{-1}

(DM without IBMX and DEX) containing the respective controls, samples, or rosiglitazone and

changed the medium every other day during the 6d maintenance period.

Fixation and staining. After 11 d, cells were fixed with 2% paraformaldehyde and co-stained with

NileRed and NucBlue. Imaging was carried out on the Cytation 5 Cell Imaging Multimode reader

(BioTek). Three images per field (Brightfield, NucBlue and NileRed) and nine fields per well were

captured. See supplementary text for details.

Image analysis. Images were analyzed in the open-source software CellProfiler (*43*). A description

of the image analysis protocol and the CellProfiler pipelines are available in the supplementary

material. We quantified proliferation (nuclei count), number of lipid droplets (lipid droplet count),

total area occupied by lipid droplets (total area), and the total intensity of the NileRed staining within

the lipid droplets (total intensity) per image. We further quantified the total area occupied by lipid

(lipid droplet area), and the total intensity of NileRed staining in the lipid droplet area per cell.

Analysis of the single-cell data was applied to quantify the numbers of adipocytes and mature

adipocytes per image. An adipocyte was defined as a cell containing at least one lipid droplet and

a mature adipocyte was defined as a cell containing a total lipid content equivalent to ≥ 8 average

sized lipid droplets (1000 pixels).

Single-cell measurements of lipid droplet area, and NileRed staining were analyzed further to

explore how triglyceride accumulation was distributed within an adipocyte population. To control

for potential cross-plate differences in staining intensity within an experiment, the average

fluorescence intensity per adipocyte was normalized to the mean average fluorescence intensity

for an internal plate control (cells treated with 300 nM rosiglitazone). For an independent

experiment, single-cell data were grouped based on the treatment. The median lipid droplet area

and normalized average fluorescence intensities per cell were calculated for each experiment. An

example of the images and visualized output of the image analysis is shown in Fig. S2.

Reporter gene assays. We performed the CALUX reporter gene assays in 384-well plates and

used imaging to count nuclei per well to normalize the reporter gene response and assess

cytotoxicity. Rosiglitazone was the reference compound for PPARγ and DEX for GR (Fig. S23).

See supplementary text for the detailed protocol.

Analysis of bioassay data. We used GraphPad Prism 9 (GraphPad Software, San Diego, CA) for

non-linear regressions and statistical analysis, and interpolated plastic equivalents inducing 10 or

20% effect (effect concentration, EC_{10} or EC_{20}) from the respective dose-response curves. The limit

of detection (LOD) of each endpoint and experiment was calculated as three times the standard

deviation (SD) of pooled controls. See supplementary text for details.

Nontarget chemical analysis. We analyzed all samples, except PLA 3, using ultra-high

performance liquid chromatography coupled to a quadrupole time of flight spectrometer (LC-QTOF-

MS/MS) with an Acquity UPLC Waters liquid chromatography system coupled to a SYNAPT G2-S

mass spectrometer (both Waters Norge, Oslo, Norway). The analytical method has been described

in Zimmermann *et al.* (*22, 44*) and a brief description as well as information about the data analysis

and compound identification can be found in the supplementary text.

Comparison with chemicals known to induce adipogenesis. We built a list of 120 know

adipogenic chemicals (Tab. S3) by searching Web of Science (Core Collection) for studies

investigating chemicals in the adipogenesis assay and complemented the search with chemicals

reviewed by Amato *et al.* (*16*). We cross-referenced the list with the tentatively identified

compounds in the plastic samples to determine whether some of these compounds are MDCs

(Tab. 1). See supplementary text for details.

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Acknowledgments

This study was support by internal funding of the Norwegian University of Science and Technology (NTNU, Trondheim). We thank Susana Villa Gonzales (NTNU) for UPLC-QTOF-MS/MS training and support.

Author contributions

J.V., F.A. and M.W. conceived the study, J.V. and Å.V. performed the experiments, L.Z. performed the chemical analysis, J.V., F.A., and M.W. analyzed the data and wrote the manuscript, and all authors provided comments on the manuscript.

Competing interest

LZ became an employee the Food Packaging Forum (FPF) after this study was concluded. MW is an unremunerated member of the Scientific Advisory Board of the FPF and received travel support for attending annual SAB meetings. FPF is a Swiss foundation that enhances the scientific principles and recent scientific findings that are relevant to the topic of food contact chemicals and their health impacts on humans and the environment.

Data and materials availability

The raw mass spectral data can be accessed under DOI 10.5281/zenodo.4781257 (published after publication), bioassay data (SM Excel Tab. S3–10) and the CellProfiler pipelines can be found in the supplementary material.

Fig. 1. Effect of rosiglitazone on (A) the adipocyte population and (B) the lipid droplet count (pooled data from four experiments). Effect of plastic extracts on (C) the adipocyte population and (D) the lipid droplet count in the highest noncytotoxic concentration. The highest noncytotoxic concentration (HNC) was 3 mg plastics well^{-1} except for PP 4 (1.5 mg plastic well^{-1}) as well as PUR 2 and PUR 3 (0.75 mg plastic well^{-1}). VC = vehicle control, LOD = limit of the detection, Rosi Max = maximal response of rosiglitazone.

Fig. 2. (A) Size distribution of adipocyte population and (B) accumulation of triglyceride per adipocyte in cells exposed to rosiglitazone (left) or the highest noncytotoxic concentration of the eleven active plastic extracts (right). Single-cell data from one experiment. Intensity data is normalized on the mean of the highest rosiglitazone concentration (300 nM). VC = vehicle control.

Fig. 3. (A) PPARγ activity induced by plastic extracts at the highest noncytotoxic concentration and (B) correlation of the EC$_{10}$ of the PPARγ activity and lipid droplet count. The highest noncytotoxic concentration (HCN) was 1.5 mg plastic well^{-1} except for PP 4 (0.19 mg plastic well^{-1}), PS 2 and PP 3 (0.38 mg plastic well^{-1}) as well as PLA 1 and PVC 2 (0.75 mg plastic well^{-1}).

Table 1. Plastic products analyzed in this study, results of the nontarget chemical analysis and the tentatively identified metabolic disrupting chemicals (MDCs).

Sample	Plastic product	LC-QTOF-MS/MS (number of features)				Tentatively identified MDCs
		in sample	with MS2	ID score ≥40	% of MS2	
HDPE 1	refillable drinking bottle[a]	779	203	38	18.7	TPP
HDPE 2	yogurt drinking bottle[a]	107	34	7	20.6	
HDPE 3	bin liner	614	153	30	19.6	TPP
HDPE 4	shower gel bottle	164	50	16	32.0	EHDP
LDPE 1	lemon juice bottle[a]	241	66	20	30.3	EHDP
LDPE 2	plastic wrap[a]	1833	543	98	18.0	TPP
LDPE 3	freezer bag[a]	1603	416	62	14.9	TPP
LDPE 4	hair conditioner bottle	1702	544	89	16.4	allethrin, TPP
PS 1	yogurt cup[a]	447	96	12	12.5	TPP
PS 2	fruit tray[a]	1122	293	44	15.0	DPP, TPP
PS 3	vegetable tray[a]	308	63	11	17.5	
PS 4	plastic cup[a]	119	30	7	23.3	
PP 1	refillable drinking bottle[a]	1365	396	87	22.0	TPP
PP 2	yogurt cup[a]	1870	549	93	16.9	TPP
PP 3	gummy candy packaging[a]	3159	910	117	12.9	TPP
PP 4	handkerchief packaging	1798	519	85	16.4	TPP
PP 5	shampoo bottle	268	101	29	28.7	
PET 1	soft drink bottle[a]	148	55	18	32.7	
PET 2	yogurt cup[a]	179	51	12	23.5	
PET 3	oven bag[a]	647	159	30	18.9	
PET 4	vegetable tray[a]	695	182	20	11.0	
PET 5	shampoo bottle	375	89	11	12.4	
PVC 1	plastic wrap[a]	3655	1374	118	8.6	
PVC 2	place mat	2426	819	145	17.7	DPP, TPP
PVC 3	pond liner	1270	450	91	20.2	DINP, TPP
PVC 4	floor covering	2361	868	145	16.7	BBP, BPDP, DBP, DEHP, DINP, DPP, EHDP, TBEP, TOCP, TPP
PUR 1	scouring pad	5619	1773	216	12.2	EHDP, TPP
PUR 2	kids bath sponge	4521	1182	151	12.8	
PUR 3	acoustic foam	6242	2117	224	10.6	EHDP, TPP
PUR 4	shower slippers	1035	300	78	26.0	EHDP, TPP
PLA 1	yogurt cup[a]	2421	772	52	6.7	TPP
PLA 2	vegetable tray[a]	1983	672	40	6.0	
PLA 3	coffee cup lid[a]	N/A	N/A	N/A	N/A	
PLA 4	coffee cup lid[a]	2575	857	73	8.5	

[a] = food contact material, BBP = benzyl butyl phthalate, BPDP = tert-butylphenyl diphenyl phosphate, DBP = dibutyl phthalate, DEHP = bis(2-ethylhexyl) phthalate, DINP = di-iso-nonyl phthalate, DPP = diphenyl phosphate, EHDP = 2-ethylhexyl diphenyl phosphate, N/A = not analyzed, TBEP = tris(2 butoxyethyl) phosphate, TOCP = tri-o-cresyl phosphate, TPP = triphenyl phosphate