Title: Noncaloric monosaccharides induce excessive sprouting angiogenesis in zebrafish

via foxo1a-marcksl1a signal

Running title: Noncaloric Monosaccharides Induce Excessive Angiogenesis

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Abstract

Artificially sweetened beverages containing noncaloric monosaccharides were suggested as healthier alternatives to sugar-sweetened beverages. Nevertheless, the potential detrimental effects of these noncaloric monosaccharides on blood vessel function remain inadequately understood. Presently, we have established a zebrafish model that exhibits significant excessive angiogenesis induced by high glucose, resembling the hyperangiogenic characteristics observed in proliferative diabetic retinopathy (PDR). Utilizing this model, we observed that glucose and noncaloric monosaccharides could induce excessive formation of blood vessels, especially intersegmental vessels (ISVs). The excessively branched vessels were observed to be formed by ectopic activation of quiescent endothelial cells (ECs) into tip cells. Single-cell transcriptomic sequencing analysis of the endothelial cells in the embryos exposed to high glucose revealed an augmented ratio of capillary ECs, proliferating ECs, and a series of upregulated proangiogenic genes. Further analysis and experiments validated that foxo1a mediated the excessive angiogenesis induced by monosaccharides by down-regulating the expression of *marcksl1a*. This study has provided new evidence showing the negative effects of noncaloric monosaccharides on the vascular system and the underlying mechanisms.

Key words: noncaloric monosaccharides; endothelial cell activation; foxo1a; marcksl1a; zebrafish

Introduction

Diabetes mellitus (DM) encompasses a group of chronic diseases characterized by elevated blood glucose levels. Among patients with DM, cardiovascular complications, especially the direct and indirect effects of hyperglycemia on the human vascular network, persist as the primary cause of morbidity and mortality [1]. The harmful effects of hyperglycemia are closely associated with both microvascular and macrovascular complications, including retinopathy, nephropathy, neuropathy, atherosclerosis, ischemic heart disease, stroke, and peripheral artery disease [2, 3]. Endothelial dysfunction (ECD) is a systemic pathological state exhibiting disrupted integrity, adhesion, altered proliferation capacity, migration, tube formation, and more [4, 5]. High blood glucose levels over long periods have been demonstrated to be associated with vascular dysfunction both *in vivo* and *in vitro* [6, 7].

The epidemiological evidence has indicated the positive correlation between risks of cardiovascular disease and DM with the consumption of sugar-sweetened beverages (SSBs) and 100% fruit juices, thereby emphasizing the concerns for the adverse effects of sugar intake on cardiometabolic risk factors, regardless of whether the sugar is added or naturally occurring [8-12]. Artificially sweetened beverages (ASBs), which incorporate noncaloric sweeteners or low-caloric additives, have been suggested as healthy alternatives to SSBs [13]. ASBs contain sugar alcohols and polyols, such as sorbitol, xylitol, maltitol, mannitol, erythritol, isomalt, and lactitol. The consumption of ASBs worldwide has gradually increased in recent years [13-15]. However, accumulating studies in the last decade suggested that ASB consumption might be associated with an increased risk of cardiovascular events and diabetes

[12, 16-23]. Nevertheless, the underlying mechanisms responsible for these findings remain

insufficiently documented.

The zebrafish has been recognized as a valuable animal model for studying metabolic

diseases, such as hyperglycemia and diabetic complications, due to its functional

conservation in glycol metabolism, pancreas structure, glucose homeostasis, adipose biology,

and genetic similarities to mammals [24-26]. The combination of embryonic transparency

and transgenic lines, wherein endothelial cells are labeled specifically with fluorescent

proteins, facilitates the high-resolution imaging analysis of vascular formation *in vivo*.

Immersion of zebrafish in glucose solution has been found to induce diabetic complications,

including vascular dysfunction [27-30]. Several recent studies have investigated the effects of

high glucose on vascular function in the zebrafish model [30-32]. However, the association

between noncaloric monosaccharides and vascular dysfunctions, such as excessive

angiogenesis, has not been elucidated. Here, we have successfully established a short-term

zebrafish model that exhibits significantly excessive angiogenesis similar to the phenotypes

observed in proliferative diabetic retinopathy (PDR) induced by glucose treatment. Using this

model, we examined the effects of noncaloric monosaccharides on blood vessel development

and investigated the molecular mechanisms. Our results provided new evidence for the

negative roles of caloric and noncaloric monosaccharides on vascular development.

Results

Establishment of a short-term model of high-glucose-induced excessive angiogenesis

To establish the short-term zebrafish hyperangiogenenic model induced by high-glucose treatment, we immersed the *Tg(fli1aEP:EGFP-CAAX)[ntu666]* embryos, a transgenic line wherein the endothelial cells were labeled with membrane-bound GFP (Supplementary Figure 1), in glucose solution within a wide range of concentrations and time windows (Supplementary Figure 2). We subsequently measured the glucose concentration in the embryos and found that the glucose concentration in the embryos treated with high glucose was significantly higher than that in the control group (Supplementary Figure 3). We observed that exposing zebrafish embryos at either 24 hours post fertilization (hpf) or 48 hpf to a 6% D-glucose treatment for a duration exceeding 48 hours led to dramatically increased formation of blood vessels (Figure 1, Movie 1 and 2), especially intersegmental vessels (ISVs) in the indicated area (Figure 1b). The hyperbranched endothelial cells were observed to sprout from existing vessels, including the ISVs, dorsal aorta (DA), and dorsal lateral anastomotic vessel (DLAV) (Figure 1) in embryos treated with high glucose. Additionally, these ectopically branched angiogenic sprouts were not perfused by blood flow. Despite the abnormal vessel formation, no significant developmental defects were observed in these treated embryos when examined under a bright field microscope (Supplementary Figure 4a-c). Moreover, no excessive angiogenic phenotype was observed in the embryos treated with 1%, 2%, 3%, and 4% D-glucose within the corresponding time frame (Supplementary Figure 5). In addition, 6% sucrose treatment at the same condition did not lead to any noticeable abnormal phenotype of vessels (Supplementary Figure 4d-h).

Fructose and noncaloric monosaccharides induce excessive angiogenesis

Fructose is a ketonic monosaccharide that is an energy source for living organisms. Therefore, our study investigated the potential effects of fructose on vascular dysfunction in comparison to glucose. The result demonstrated fructose-induced excessive angiogenesis in zebrafish embryos (Supplementary Figure 6). Wondering whether the effects of glucose and fructose on vascular development were mediated by metabolic events, we then conducted the same tests by using other noncaloric monosaccharides, including L-glucose, D-mannose, D-ribose, and L-arabinose, which could not be digested by animals. Interestingly, we observed that all these noncaloric monosaccharides could induce excessive angiogenesis, among which the L-glucose purchased from two companies resulted in a similar phenotype as efficiently as D-glucose did (Figure 2a-h). However, the disaccharides, including lactose, maltose, and sucrose, which were also tested, did not cause significant excessive angiogenic phenotype (Supplementary Figure 4e, f; Supplementary Figure 7). In addition, we also tested the effects of pyruvic acid but did not observe the excessive angiogenic phenotype in the embryos treated with pyruvic acid solution at 50 nm~50 μm concentration (Supplementary Figure 8). Furthermore, we examined the arterial and venous identity of the hyperbranched vessels via live imaging analysis of the high glucose-treated *Tg(flt1:YFP::kdrl:ras-mCherry)* line, in which the YFP expression in the artery was relatively higher than that in the vein [33]. The result revealed that the hyperbranched ectopic vessels comprised arteries and veins (Figure 2i, j).

High glucose promotes quiescent endothelial differentiation into tip cells

Given that a high-glucose shock has been observed to induce excessive angiogenesis in 48

hpf embryos, it was hypothesized that the shock might play a crucial role in regulating the

differentiation of quiescent endothelial cells (ECs) into active tip cell-like cells and their

subsequent behaviors. To investigate whether this was the case, we observed the behaviors of

these ECs by confocal time-lapse imaging analysis. As shown in the result, in the control

Tg(fli1aEP:EGFP-CAAX)^{ntu666} embryos, no significant activation of tip cells in the

angiogenic sprouts was observed in the generated ISVs, DA, and DLAV in the embryos aged

from 48 hpf to 5 dpf. Moreover, only a few ECs in established ISVs, DA, and DLAV

extended filopodia, which quickly retracted (Figure 3a-c, Movie 3). However, many ECs

initiated sprouting angiogenesis in the high glucose-treated embryos, extended dynamic

filopodia to sense the surroundings, and formed excessive ectopic blood vessels (Figure 3d-e,

Movie 4). In a snapshot, we observed that some of the ECs protruded long and intricate

sprouts simultaneously (Figure 3f), and nearly all the ECs within an ISV underwent the

outgrowth of filopodia in some extreme cases (Figure 3g), suggesting that the high glucose

treatment induced the endothelial differentiation into tip cell-like cells. Furthermore, we

observed that these outgrowths of the ectopic angiogenic sprouts could establish a connection

to the neighboring sprouts and vessels and thereby form complicated vascular structures

(Figure 1c, f, i, l, p).

Single-cell transcriptomic sequencing analysis of the endothelial cells isolated from

glucose-treated embryos

We did a single-cell transcriptomic sequencing analysis to gain more insight into the

potential mechanism through which glucose activates the endothelial cells. Due to the limited

presence of endothelial cells within the zebrafish embryos, the analysis of these cells poses a

challenge. Firstly, we isolated the EGFP-positive cells from control and high glucose-treated

embryos. Following the proteolytic dissociation of embryos, the EGFP-positive cells were

isolated by fluorescence-activated cell sorting (FACS). Around 300-500 zebrafish embryos

were used for the ECs collection for each stage. The isolated ECs were analyzed using a

large-scale scRNA-seq (10X Genomics) platform, and the pipeline is illustrated in the

diagram (Figure 4a). Multiple criteria were applied to select the single cells, including the

retention of the genes that were expressed (Unique Molecular Identifiers or UMI larger than

0) in at least 3 individual cells, the selection of cells with the gene expression count falling

within the range of 500 to 3000, and the imposition of a threshold wherein the proportion of

sequencing reads derived from the mitochondrial genome was limited to less than 5%

(Supplementary Figure 9). Ultimately, 6051 endothelial cells were selected for further

analysis (Supplementary Figure 10, Supplementary Table 1).

Through clustering analysis of gene expression, these ECs were categorized into 6 clusters

using UMAP. These clusters include cluster 0, which consists of arterial and capillary ECs;

cluster1, comprising endocardium; cluster2, consisting of venous and lymphatic ECs;

cluster3, comprising arch ECs; cluster4, encompassing proliferating ECs; and cluster5,

consisting of vesicle enriched ECs (Figure 4b). The endothelial marker gene *cdh5* was

expressed in all the clusters (Figure 4c). The notch ligand *dlc* was highly expressed in

arterial, capillary ECs, and arch ECs (Figure 4d). The *dab2* and *prox1* were mainly enriched

in venous and lymphatic ECs (Figure 4e-f). The *cdk1*, which is a key player in cell cycle

regulation, was specifically expressed in proliferating ECs (Figure 4h). It was revealed that

the ratio of arterial and capillary ECs and proliferating ECs was increased in the high

glucose-treated embryos (Figure 4i, j), consistent with the observation that glucose treatment

resulted in excessive sprouting angiogenesis of ISVs.

Foxo1a was significantly downregulated in arterial and capillary ECs

To identify the potential molecules responsible for increasing the proportion of arterial and

capillary ECs in the embryos treated with glucose, we analyzed and compared the

differentially expressed genes (DEGs) in arterial and capillary ECs of control and glucose-

treated ECs. The results revealed that 1201 genes were up-regulated and 523 genes were

down-regulated significantly (Figure 5a). GO analysis revealed that these DEGs were

enriched in several biological processes, including regulation of actin filament organization,

blood vessel morphogenesis, development, angiogenesis, etc. (Figure 5b).

Subsequently, we searched for transcription factors among the genes involved in the

aforementioned biological processes that might participate in inducing excessive

angiogenesis. It has been reported that the loss of function of *foxo1a* led to excessive

angiogenesis [34, 35]. Our study also revealed that *foxo1a* was significantly downregulated in

arterial and capillary ECs after high glucose treatment compared to the ECs marker gene

pecam1(Figure 5c-e). The *in situ* hybridization (ISH) experiments further confirmed the

decrease in *foxo1a* expression following treatment with high D-glucose and L-glucose

(Figure 5f). To verify whether the downregulation of Foxo1a led to excessive angiogenesis in

zebrafish embryos, we performed loss-of-function experiments targeting *foxo1a*. AS1842856,

a cell-permeable inhibitor that has been reported to block *foxo1* transcription activity [36],

was administered to zebrafish embryos at 48 hpf and the imaging was performed at 72 hpf.

The results revealed significantly excessive angiogenesis in AS1842856 treated embryos

compared with the control group, consistent with the results obtained from *foxo1a* MO

injection (Figure 5g-i).

Monosaccharides induced excessive angiogenesis through the *foxo1a-marcksl1a*

pathway.

A previous study has reported that *marcksl1a* overexpression in ECs in zebrafish led to a

significant increase in filopodia formation, similar to the phenotype we observed in response

to high glucose treatment [37]. Our analysis of the single-cell sequencing data revealed a

significant upregulation of *marcksl1a* in arterial and capillary ECs following high glucose

treatment, compared to the ECs marker gene *kdrl* (Figure 6a, b). The real-time qPCR and ISH

experiments further confirmed the elevated expression levels of *marccksl1a* following high

D-glucose and L-glucose treatment (Figure 6c, d). Then, by constructing the transgenic

zebrafish line *hsp70l:marcksl1a-p2A-mCherry:: Tg(fli1a:EGFP-CAAX)* [ntu666], we conducted

the experiments to overexpress *marccksl1a* in zebrafish and subsequently observed the

vascular developmental phenotype. After one hour of heat shock for 1 hour at 24 hpf and

confocal imaging analysis at 72 hpf, significantly increased blood vessel formation was

observed in embryos overexpressing marccksl1a, compared with the control group (Figure

6e-g).

Given the results obtained from *marcksl1a* overexpression and loss of function of *foxo1a*,

we hypothesized that *marcksl1a* might be a target gene of Foxo1a. Therefore, we investigated

the impact of Foxo1 inhibition on marcksl1a expression in zebrafish embryos. As expected,

qPCR analysis revealed that inhibition of Foxo1 by AS1842856 resulted in upregulation of

marcksl1a expression (Figure 7a, b), which suggested that Foxo1a might negatively regulate

marcksl1a transcription in zebrafish. To further confirm it, we performed the Chromatin

Immunoprecipitation (ChIP) experiment to validate the potential binding interaction between

Foxo1 and *marcksl1a*. Since the amino acid sequence and DNA binding motifs of Foxo1 are

highly conserved between zebrafish and mice (Supplementary Figure 11), we analyzed the 3

kb promoter region of *marcksl1a* to search the binding site sequence of mouse FOXO1

presented in the JASPAR database. Two candidate binding sites (BS) were found at −265 to

−275 (BS1) and −153 to −163 (BS2) nucleotides upstream of the TSS of *marcksl1a* (Figure

7c) and then used for the ChIP-PCR assay detection. The results showed that Foxo1a was

enriched in both the predicted binding sites of *marcksl1a* (Figure 7d) in zebrafish.

Additionally, we microinjected *marcksl1a* MO into the 1-cell stage *Tg(fli1a:EGFP-CAAX)*

ntu666 embryos, which were then treated with high levels of D-glucose and L-glucose. The

findings revealed that the knockdown of Marcksl1a could effectively mitigate the excessive

angiogenesis caused by high D-glucose or high L-glucose treatment, resembling the rescue

effect observed with VEGFR inhibitor lenvatinib (Figure 7e-k, Supplementary Figure 11).

These results suggested that monosaccharides induced excessive angiogenesis through the

Foxo1a-*marcksl1a* pathway in zebrafish embryos.

Discussion

In this study, we successfully established a new zebrafish model with significant excessive angiogenesis, resembling the hyperangiogenic characteristics observed in PDR more closely than previously established models [30, 32]. Seung-Hyun Jung et al. have described a short-term zebrafish model for diabetic retinopathy (DR) induced by high glucose, which exhibited blood vessel defects[30]. However, these defects were limited to the disruption of tight junctions and dilation of hyaloid-retinal vessels [30], without the excessive angiogenesis and vascular blockage observed in PDR and our established model. Additionally, although Kristina Jörgens et al. have observed the hyperbranching of small vessel structures originating from the upper part of ISVs, growing horizontally towards and partially connecting to the neighboring ISVs Field [32], the angiogenic sprouts did not form a more complex structure that was observed in our research.

The excessive development of immature blood vessels represents a significant pathological condition in the progression of DR and nephropathy [38, 39]. Hyperglycemia has been considered one of the most causal factors causing vascular damage, including excessive angiogenesis. However, the exact mechanism through which hyperglycemia impairs the blood vessels is not well determined. To gain more insights into it, we performed the analysis of single-cell transcriptomic sequencing data of the endothelial cells isolated from D-glucose-treated embryos. The findings revealed an increased ratio of tip cells and proliferating ECs, accompanied by the altered expression of various angiogenic genes in the ECs of D-glucose-treated embryos.

Foxo1 has been validated to be essential for sustaining the quiescence of endothelial cells,

with involvement in metabolism regulation [34, 40]. Moreover, it also plays important roles

in diabetic microvascular complications including DR[41, 42]. Here, by combining the

single-cell transcriptomic sequencing data analysis and experimental validation, we identified

the transcription factor Foxo1a, which was significantly down-regulated in the embryos

treated with high glucose, responsible for the excessive angiogenesis. Additionally, our result

further revealed that Foxo1a exerts its regulatory function during this process by down-

regulating its target gene *marcksl1a*, regardless of whether the embryos were treated with D-

glucose or L-glucose. Taken together, our results suggested that both caloric and noncaloric

monosaccharides treatment could lead to excessive angiogenesis by promoting the

differentiation of quiescent endothelial cells into tip cells through the *foxo1a-marcksl1a*

pathway.

The consumption of ASB has been linked to the occurrence and development of

cardiovascular disease in previous studies [12, 16-23]. However, the potential mechanisms

underlying the association have not been well documented. In recent years, positive

associations between ASB and cardiovascular disease have been proposed, possibly due to

several plausible factors, including the potential impact of ASBs on central nervous system

circuits, gut hormone secretion, and gut microbiota [43-45]. Additionally, it has been

hypothesized that the ASBs might stimulate appetite and increase calorie intake [43, 44].

For a long time, there has been considerable debate and conflicting opinions regarding how

specific sugars affect the development of type 2 diabetes rather than excess calories per se

[46, 47]. In this study, we have provided new evidence indicating that the administration of

noncaloric monosaccharides leads to significant excessive angiogenesis, suggesting that the

excessive angiogenesis may not be only attributed to the caloric properties. Since excessive

angiogenesis is the major pathological feature of diabetic retinopathy and nephropathy, our

findings are in support of a possible biological mechanism underlying the positive

associations between noncaloric monosaccharides and microvascular complications

associated with type 2 diabetes, suggesting that the noncaloric monosaccharides might not be

suitable for ASB consumption.

Surprisingly, no notable abnormalities were observed in the vessels of embryos treated

with disaccharides, including lactose, maltose, and sucrose, which is consistent with the

previous study stating that intakes of sucrose, lactose, and maltose were not significantly

associated with the risk of type 2 diabetes [48]. This finding implied that the effects induced

by monosaccharides cannot be attributed to the osmotic pressure of the surrounding medium.

Furthermore, despite the potential conversion of these disaccharides into monosaccharides,

the restricted reaction rate may maintain them within a safe concentration range that is not

harmful to the vessels in a short period.

In conclusion, to investigate the effects of monosaccharides on vascular development, we

established a zebrafish model by treating the embryos with high concentrations of

monosaccharides. Based on this model, we observed significant excessive angiogenesis

induced by glucose and noncaloric monosaccharides, initiated by activating the quiescent

endothelial cells into proliferating tip cells. The effects of monosaccharides on inducing

excessive angiogenesis were then proved to be mediated by the *foxo1a-marcksl1a* pathway.

The results have provided novel insights into the roles of noncaloric monosaccharides in

human health and the underlying mechanisms.

Materials and methods

Zebrafish

Care and breeding of zebrafish were carried out as previously described [49]. Animal

experiments were conducted according to local institutional laws and Chinese law for the

Protection of Animals. The following transgenic strains were used: *Tg(fli1aEP:EGFP-*

CAAX)^{ntu666} and *Tg(kdrl:ras-mCHerry* [33]. Embryos were obtained through natural mating

and maintained at 28.5°C. The stages of zebrafish embryos are defined as previously

described [49]. Embryos were treated with 0.2 mM 1-phenyl-2-thiourea (PTU, Sigma,

P7629) to block pigmentation for further imaging analysis.

Monosaccharides and drug treatment

The D-glucose (Sigma, G7021-100g), L-glucose (Sigma, G5500-1g; J&K, 981195-1g), D-

Fructose (Sigma, F0127-100g), L-Rhamnose monohydrate (Aladdin, R108982), D-Sorbitol

(Sigma, S1876-100g), D-Mannitol (Sigma, M4125-100g), D-(-)-Ribose (Sigma, V900389-

25g), L-(+)-Arabinos (Sigma, V900920-25g), Mannose (Sigma, M2069-25g) and sucrose

(Sigma, V900116-500G) were dissolved in E3 solution. Zebrafish embryos at 24 hpf to 48

hpf were placed in 24-well plates (ten embryos per well) and immersed in the solution at the

presetting concentrations and time windows. Then, put it in a 28 °C incubator for cultivation.

Five days before embryonic development, a stereo fluorescence microscope and a laser

confocal microscope were used to observe the changes in blood vessel phenotype. For the

drug treatment, the embryos were co-incubated in glucose with lenvatinib (Selleck, S1164-

5MG) from 48 hpf to 96 hpf. Foxo1 inhibitor AS1842856 (MCE, HY-100596) was dissolved

in DMSO and stored at -80°C and diluted with E3 solution when used. The same

concentration of DMSO was used as a negative control.

Glucose concentration measurement

Glucose concentration in the embryo was measured as described previously [50]. Embryos

that developed to 75% epiboly were selected and transferred to 24-well plates (ten embryos

per well) and immersed in the solution at the presetting concentrations and time windows.

For glucose concentration measurement, embryos (n=20) were transferred to a new 1.5 mL

tube, rinsed three times with 1×PBS, and immersed in ice for the following experiments.

Discard the PBS as much as possible, embryos homogenized using a hand homogenizer, and

centrifuged at 14,000×g for 10 min. 1.5 μL of the supernatant was used to measure the total

free-glucose level using a glucometer (Baye, 7600P).

Whole-mount in situ hybridization (WISH)

Whole-mount in situ hybridization and the preparation of antisense RNA probes were

performed as described in the previous protocol [51]. Briefly, the *marckslla* and *foxo1a*

cDNA fragments were cloned with the specific primers listed below using the wild-type

embryo (AB) cDNA library. Probes were synthesized using the in vitro DIG-RNA labeling

transcription Kit (Roche, 11175025910) with linearized pGEM-T easy vector containing

marckslla or *foxo1a* gene fragment as the templates. Synthesized probes were purified with

LiCl (Invitrogen, AM9480) and diluted to 1 ng/µL for hybridization. Zebrafish embryos were

collected and fixed with 4% paraformaldehyde (PFA) overnight at 4°C, then dehydrated with

methanol gradients and stored at -20°C in 100% methanol. The hybridization result was

detected with anti-DIG-AP antibody (1:2000, Roche, 11093274910) and NBT/BCIP (1:500,

Roche, 11681451001). After hybridization, images of the embryos were captured with an

Olympus stereomicroscope MVX10. The primers are listed below:

marcksl1a-probe-forward:5'- AGG ATG GGT GCT CAG TTG AC-3'

marcksl1a-probe-reverse:5'- GCT GGC GTC TCA TTG GTT TC-3'

foxo1a-probe-forward:5'-GCA ACA CAG GAT TTC CCC AC-3'

foxo1a-probe-reverse:5'-CAC AGG TGG CAC TGG AAG G-3'

Single-cell gene expression profile analysis

Cell Ranger 3.0.2 (https://github.com/10XGenomics/cellranger) was used to convert the

raw sequencing data to a single-cell level gene count matrix. The clustering of single cells

and the marker genes in each cluster were analyzed by Seurat 3.0

(https://satijalab.org/seurat/install.html) [52]. Several criteria were applied to select the single

cells, including only keeping the genes that are expressed (Unique Molecular Identifiers or

UMI larger than 0) at least in 3 single cells, selecting single cells with the number of

expressed genes at the range between 500 and 3000, and requiring the percentage of

sequencing reads on mitochondrial genome being less than 5 percentage. Furthermore,

sctransform method [53] was applied to remove technical variation, and ClusterProfiler [54]

was used to do the Gene Ontology enrichment analysis based on the marker genes of each

cell cluster. Detailed information about the data processing can be found in the source code of

this project (https://github.com/gangcai/ZebEndoimmune).

Gene expression analysis by quantitative real-time PCR

Total RNA was extracted from zebrafish embryos using TRIzol™ (Invitrogen, 15596026),

and stored at -80°C. The cDNA was then synthesized using the HiScript II Q RT SuperMix

for qPCR Kit (Vazyme, R223-01) according to the manufacturer's instructions. Quantitative

PCR was performed in triplicates using the Taq Pro Universal SYBR qPCR Master Mix

(Vazyme, Q712-02) on a real-time PCR detection system (StepOne™ Real-Time PCR

Systems). The primers used for Real-time PCR analysis are as follows:

ef1α-Qpcr-F:5'- CTT CAA CGC TCA GGT CAT CA -3'

ef1α-Qpcr-R:5'- CGG TCG ATC TTC TCC TTG AG -3

marcksl1a-Qpcr-F:5'- CCG TGG CTG ATA AAG CCA AT -3'

marcksl1a-Qpcr-R:5'- CTC CCT CCT CCG TTT TTG GG -3'

Transgenic and heat shock

The *Tg(fli1aEP:EGFP-CAAX)^{ntu666}* line was established using a construct *fli1aEP:EGFP-*

CAAX, which was generated using multisite Gateway technology, the tol2 kit as previously

described [55]. The 5' Entry p5Efli1ep (#31160) purchased from Addgene was originally

from Nathan Lawson Lab [56]. Three entry clones and the pDestTol2pA2 destination vector

were used to generate the expression construct by LR recombination reaction as described in

the Multisite Gateway Manual book. The expression constructs were synthesized by

GENEWIZ company. The zebrafish embryos were immersed in a 37 °C water bath for 1 hour

for heat shock. Around 75 pg of expression plasmid DNA and 25 pg tol2 transposase mRNA

were premixed and microinjected into single-cell fertilized eggs.

Chip-PCR

Embryos injected with *hsp70l:foxo1a-6×His-P2A-mCherry* were collected at 72 hpf after

heat shock treatment. According to the manufacturer's instructions, the ChIP-PCR assay was

performed using the Chromatin Immunoprecipitation (ChIP) Assay Kit (Millipore, 3753379).

The genomic DNA crossed with Foxo1a protein was immunoprecipitated by using 5 μg Anti-

6×His tag antibody (abcam, ab213204). Antibody against lgG was used as a negative control.

The semiquantitative PCR was performed with KODfx (TOYOBO, KFX-101) at the

following conditions: 94°C for 5 min; 35 cycles of 98°C for 10 s, 55°C for 30 s, 68°C for 10

s; 68°C for 10 min. The PCR primers used for the predicted binding sites (BS) are as follows:

Marcksl1a-BS1-forward:5'- CCC TTT TTC AAA AGT GAG TTT GAG -3'

Marcksl1a -BS1-reverse:5'- GGA GCT TCA TCT GCC CCA TT -3'

Marcksl1a -BS2-forward:5'- CGG TTT CCA GCT TTC TTC AGA A -3'

Marcksl1a -BS2-reverse:5'- TCT CAA ACT CAC TTT TGA AAA AGG G -3'

Imaging analysis

For confocal imaging of blood vessels in fluorescence protein labeled transgenic zebrafish

embryos, they were anesthetized with egg water/0.16 mg/mL MS222 (Sigma, A5040)/1%

PTU and embedded in 0.5-0.8% low melting agarose. Confocal imaging was performed with

a Nikon A1R HD25 Confocal Microscope. Analysis was performed using Nikon-NIS-

Elements software. The bright field images were acquired with an Olympus DP71 camera on

an Olympus stereomicroscope MVX10.

Statistical analysis

405   Statistical analysis was performed with a student's t-test. All data is presented as Mean ±

406   SEM; $p < 0.05$ was considered statistically significant.

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Conflicts of interest/Competing interests

411   The authors declare that they have no conflicts of interest

Availability of data and material (data transparency)

413   All the experimental materials generated in this study are available from the corresponding

414   authors upon reasonable request.

Authors' contributions

416   Dong Liu, Xuchu Duan, Xia Liu, and Gangcai Xie conceived and designed the

417   experiments and wrote the manuscript. Xiaoning wang, Jinxiang Zhao, Jiehuan Xu, Bowen

418   Li, and Gangcai Xie performed the experiments and analyzed the data. All authors read and

419   approved the final manuscript.

Ethics approval

All zebrafish experimentation was carried out following the NIH Guidelines for the care

and use of laboratory animals (http://oacu.od.nih.gov/regs/index.htm) and ethically approved

by the Administration Committee of Experimental Animals, Jiangsu Province, China

(Approval ID: 20180905-002).

Acknowledgments

Not applicable

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 Figure Legends

Figure 1 Glucose treatment caused excessive angiogenesis in zebrafish. a, A diagram

showing the glucose treatment time window and imaging time point. **b**, A diagram indicating

the imaging positions of the zebrafish embryos. **c**, Confocal imaging analysis of the control

and glucose-treated embryos. The red bar indicates position 1; the green bar indicates

position 2. Arrowheads indicate the ectopic branching from the dorsal aorta. Stars indicate the

ectopic vessels from ISVs and DLAVs. **d**, Statistical analysis of the total length of ISVs in

control and glucose-treated embryos. t-test, ****$p<0.0001$. **e**, A diagram showing the glucose

treatment time window and imaging time point. **f**, Confocal imaging analysis of the control

and glucose-treated embryos. The red bar indicates position 1; the green bar indicates

position 2. Arrowheads indicate the ectopic branching from the dorsal aorta. Stars indicate the

ectopic vessels from ISVs and DLAVs. **g**, Statistical analysis of the total length of ISVs in

control and glucose-treated embryos. t-test, ****$p<0.0001$. **h**, A diagram showing the glucose

treatment time window and imaging time point. **i**, Confocal imaging analysis of the control

and glucose-treated embryos. The red bar indicates position 1; the green bar indicates

position 2. Arrowheads indicate the ectopic branching from the dorsal aorta. Stars indicate the

ectopic vessels from ISVs and DLAVs. **j**, Statistical analysis of the total length of ISVs in

control and glucose-treated embryos. t-test, ****$p<0.0001$. **k**, A diagram showing the glucose

treatment time window and imaging time point. **l**, Confocal imaging analysis of the control

and glucose-treated embryos. The red bar indicates position 1; the green bar indicates

position 2. Arrowheads indicate the ectopic branching from the dorsal aorta. Stars indicate the

ectopic vessels from ISVs and DLAVs. **m**, Statistical analysis of the total length of ISVs in

control and glucose-treated embryos. t-test, ****p<0.0001. **o**, A diagram showing the blood

vessels in position 2 indicated in panel b of control embryos. **p**, A diagram showing the blood

vessels in position 2 indicated in panel b of high glucose-treated embryos.

Figure 2 L-glucose and mannose treatment caused excessive angiogenesis as well. a, A

diagram showing the monosaccharides treatment time window and imaging time point. **b**, A

diagram indicating the imaging position of the zebrafish embryos. **c-g**, Confocal imaging

analysis of the control and monosaccharides, including L-glucose, D-mannose, D-ribose, and

L-arabinose, treated embryos. Arrowheads indicate the ectopic branching from the dorsal

aorta. Stars indicate the ectopic vessels from ISVs. **h**, Statistical analysis of the total length of

ISVs in control and monosaccharides treated embryos. t-test, ****p<0.0001.

Figure 3 High glucose treatment induced endothelial differentiation into tip cell-like

cells. a, A diagram showing the confocal time-lapse imaging time window. **b**, A diagram

indicating the imaging position of the zebrafish embryos. c, Confocal time-lapse imaging

analysis of blood vessels in control *Tg(fli1aEP:EGFP-CAAX)^{ntu666}* embryos. **d**, A diagram

showing the glucose treatment time window and confocal time-lapse imaging time window.

e, Confocal time-lapse imaging analysis of blood vessels in glucose-treated

Tg(fli1aEP:EGFP-CAAX)^{ntu666} embryos. Arrowheads indicate the ectopic angiogenic

branches. **f**, A snapshot of confocal time-lapse imaging analysis of blood vessels in glucose-

treated *Tg(fli1aEP:EGFP-CAAX)^{ntu666}* embryos. Z stacks were used to make 3D color

projections, where blue represents the most proximal (closest to the viewer), and red

represents the most distal (farthest from the viewer). Arrowheads indicate ectopic angiogenic

sprouts. **g**, A snapshot of confocal time-lapse imaging analysis of an ISV in glucose-treated

Tg(fli1aEP:EGFP-CAAX)^{ntu666} embryos. Arrowheads indicate ectopic angiogenic sprouts.

Figure 4 Single-cell transcriptome sequencing analysis of endothelial cells in control and

high glucose treated embryos. a, Schematic diagram of the single-cell sequencing process.

300 embryos in the control group and 300 embryos in the high glucose group were used, and

ECs were sorted by GFP fluorescent using FACS technology. **b**, The measured cells were

divided into 6 individual clusters based on gene expression profiles using UMAP. **c-h**, The

violin plots of some endothelial cell marker genes. **i**, The proportion of ECs in each cluster of

the control and high glucose groups. **j**, Changes of ECs percentage in arterial and capillary

ECs, endocardium, and proliferating ECs of control and high glucose group.

Figure 5 Foxo1a was involved in the excessive angiogenesis induced by high glucose

treatment. a, The volcano plot of differential expression genes in arterial and capillary ECs.

The avg_log2FC greater than 1 was considered significant, including 523 down-regulated

genes (blue dots) and 1201 up-regulated genes (red dots). **b**, GO analysis of 523 down-

regulated genes in arterial and capillary ECs. **c,** The feature plot of ECs marker gene pecam1

of control and high glucose group in arterial and capillary ECs. **c'**, The violin plot of ECs

marker gene pecam1 of control and high glucose group in arterial and capillary ECs. **d**, The

feature plot of gene foxo1a of control and high glucose group in arterial and capillary ECs.

d', The violin plot of gene foxo1a of control and high glucose group in arterial and capillary

ECs. **e**, Average expression of gene pecam1 and foxo1a in control and high glucose group. **f**, Whole-mount in situ hybridization analysis of foxo1a in control, high glucose, and high L-glucose treated embryos. **g**, A diagram showing the foxo1 inhibitor treatment time window. **h**, Confocal imaging analysis of control embryos, AS1842856 treated embryos, and foxo1a MO-injected embryos. **i**, Statistical analysis of the total length of ISVs in control embryos, AS1842856 treated embryos, and foxo1a MO-injected embryos. *t-test*, ****p<0.0001.

Figure 6 Marcksl1a over-expression induced excessive angiogenesis in zebrafish embryos. a, The violin plot of ECs marker gene kdrl of control and high glucose group in arterial and capillary ECs. **b**, The violin plot of gene marcksl1a of control and high glucose group in arterial and capillary ECs. **c,** Real-rime PCR analysis of marcksla1a expression in control, high glucose, and high L-glucose treated embryos. *t-test*, ****p<0.0001. **d**, Whole-mount in situ hybridization analysis of mmarcksl1a in control, high glucose, and high L-glucose treated embryos. **e-f'**, Confocal imaging analysis of blood vessels in control and *hsp70l:marcksl1a-P2A-mCherry* injected *Tg(fli1aEP:EGFP-CAAX)^{ntu666}* embryos. **g**, Statistical analysis of the total length of ISVs in control and *hsp70l:marcksl1a-P2A-mCherry* injected embryos. *t-test*, **p<0.01.

Figure 7 Noncaloric monosaccharides induced excessive angiogenesis through foxo1a-marcksl1a signal in zebrafish embryos. a, A diagram showing the Foxo1 inhibitor treatment time window. **b**, Real-rime PCR analysis of marcksla1a expression in control and AS1842856 treated embryos. Two-way ANOVA, **p<0.01, ***p<0.001. **c**, A sequence logo

of Foxo1 binding sequence presented in JASPAR database (https://jaspar.genereg.net/) and

two candidate binding sites at the upstream of transcription start site (TSS) of mmarcksl1a in

zebrafish. **d**, Results of the ChIP-PCR assay indicated that BS1 and BS2 are Foxo1a-binding

sites of marcksl1a in zebrafish. Input sonicated genomic DNA samples without

immunoprecipitation as a positive control. IgG, sonicated, and IgG-immunoprecipitated

genomic DNA samples as a negative control. **e-j**, Confocal imaging analysis of blood vessels

in control, high glucose, high glucose & Lenvatinib, high glucose+marcksl1a MO, high L-

glucose and high L-glucose+marcksl1a MO groups. **k**, Statistical analysis of the total length

of ISVs in the groups in figure e-j, respectively. one-way ANOVA, ****$p<0.0001$.

Supplementary Figure Legends

Supplementary Figure 1 Confocal imaging analysis of *Tg(fli1aEP:EGFP-CAAX)^ntu666*

embryos at 48 hpf (a) and 3 dpf (b).

Supplementary Figure 2 The diagrams show the glucose treatment time window and

imaging time point.

Supplementary Figure 3 Total glucose concentrations at different development stages in
control and high glucose treated embryos. **a**, A diagram showing the glucose treatment
time window and concentration measuring time point. **b**, Statistical analysis of the glucose
concentration in control and high glucose-treated embryos. one-way ANOVA, ****$p<0.0001$.

Supplementary Figure 4 Stereo microscopic analysis of control, glucose, and sucrase-

treated embryos in a bright field. a-c, Imaging analysis of control, glucose, and sucrase

treated embryos in bright field. **d**, A diagram showing the sucrase treatment time window and

imaging time point. **e**, A diagram indicating the imaging positions of the zebrafish embryos. **f,**

Confocal imaging analysis of the control and sucrase treated *Tg(fli1aEP:EGFP-CAAX)^ntu666*

embryos. The red bar indicates position 1; the green bar indicates the position. **g**, A diagram

showing the sucrase treatment time window and imaging time point. **h**, Confocal imaging

analysis of the control and sucrase treated *Tg(fli1aEP:EGFP-CAAX)^ntu666* embryos. The red

bar indicates position 1; the green bar indicates the position.

Supplementary Figure 5 Confocal imaging analysis of 1% - 4% glucose treated blood

vessels. a, A diagram showing the glucose treatment time window and imaging time point. **b-**

g', Confocal imaging analysis of the control, 1%, 2%, 3%, and 4% glucose-treated

Tg(fli1aEP:EGFP-CAAX)^{ntu666} embryos.

Supplementary Figure 6 Fructose treatment caused excessive angiogenesis in zebrafish.

a, A diagram showing the fructose treatment time window and imaging time point. **b**, A

diagram indicating the imaging position of the zebrafish embryos. **c-d**, Confocal imaging

analysis of the control and glucose-treated *Tg(fli1aEP:EGFP-CAAX)^{ntu666}* embryos. e-f,

Imaging analysis of control and fructose treated embryos in bright field.

Supplementary Figure 7 Lactose and maltose treatment did not cause excessive

angiogenesis in zebrafish. a, A diagram showing the lactose and maltose treatment time

window and imaging time point. **b-d"**, Confocal imaging analysis of the control, lactose, and

maltose treated *Tg(fli1aEP:EGFP-CAAX)^{ntu666}* embryos.

Supplementary Figure 8 Pyruvic acid treatment did not cause excessive angiogenesis in

zebrafish. a, A diagram showing the pyruvic acid treatment time window and imaging time

point. **b**, Confocal imaging analysis of the pyruvic acid-treated *Tg(fli1aEP:EGFP-*

CAAX)^{ntu666} embryos. **c**, A diagram showing the pyruvic acid treatment time window and

imaging time point. **d**, Confocal imaging analysis of the pyruvic acid-treated

Tg(fli1aEP:EGFP-CAAX)^{ntu666} embryos.

Supplementary Figure 9 Overview of the number of genes, total UMIs, and percentage

of mitochondrial UMIs for the single-cell RNA sequencing. a, Before filtering. **b**, After

filtering. Cell selection criteria: 500< number of genes < 3000; 0< percentage of

mitochondrial UMIs < 5%.

Supplementary Figure 10 UMAP representation of EC subpopulations. All single cells

(after filtering) from the control and D-glucose treated were included in this illustration.

Supplementary Figure 11 Confocal imaging analysis of blood vessels in the embryos

with lenvatinib treatment. a, A diagram showing the lenvatinib treatment time window and

imaging time point. **b**, Confocal imaging analysis of the control and lenvatinib treated

Tg(fli1aEP:EGFP-CAAX)^{ntu666} embryos. **c**, A diagram showing the lenvatinib treatment time

window and imaging time point. **d**, Confocal imaging analysis of the control and lenvatinib

treated *Tg(fli1aEP:EGFP-CAAX)^{ntu666}* embryos.

a monosaccharides treatment

imaging

0 1 2 3 4 5 (dpf)

b imaging posotion

c Ctrl

d L-Glucose

e Mannose

f Ribose

g L-Arabinose

h

Ctrl   L-Glu   Man   L-Ara   D-Rib

**** **** **** ****

a kdrl

b marcksl1a

Control
HighGlucose

c

d ctrl   Glucose   L-Glucsoe

Tg(fli1ep:EGFP-CAAX) 72 hpf

e Ctrl

f +marcksl1a
Tg(hsp70l:marcksl1a-P2A-mCherry)   HS@24 hpf

f' +marcksl1a

g

a

AS1842856 ↓   Real-time PCR

0   24   48   72   96   hpf

b

Relative expression level of *marcksl1a*

■ Ctrl
■ AS1842856

48 hpf   72 hpf   96 hpf

c

Bits

1 2 3 4 5 6 7 8 9

*marcksl1a*_BS1: 5'-GTGTAAACAGT-3'
*marcksl1a*_BS2: 5'-TTATAAACAGG-3'

d

Marker   Input   Anti-6×His   IgG

250 bp
100 bp   BS1

250 bp
100 bp   BS2

e Control
f Glucose & lenvatinib   0.001mg/ml
g Glucose
h Glucose+*marcksl1a* MO
i L-Glucose
j L-Glu+*marcksl1a* MO

k

total length of ISVs (μm)

Ctrl   Glucose   L-Glucose   Glu+Lev   Glu+m-MO   L-Glu+m-MO