, Gokhan S. Hotamisligil, MD, PhD <sup>1</sup>Division of Endocrinology, Diabetes and Hypertension, Brigham and Women's Heigenartment of Genetics and Contex Diseases, Sabri Ulker Center, Harvard T.H. Chan School of Public Health, Boston, MA, <sup>3</sup>Department of Nutrition, Harvard T.H. Chan School of Public Health, Boston, MA.

Asthma is a chronic inflammatory disease of the airways with an increasing prevalence but limited treatment options. Although the pathogenesis is not fully understood, it has a major immunometabolic component including contribution of lipid mediators to airway inflammation. Interestingly, accumulating evidence implicates obesity as a callicisk factor for asthma where these lipid mediators are upregulated. However, how obesity leads to asthma remains a critical but poorly understood area. There is a great need for novel treatments for obeside the asthma as this group of patients are less-responsive to conventional therapies.

The fatty acid binding protein aP2 is a fundamental immunometabolic regulator, which is increased in obese mice and humans. aP2 deficiency in mice improves the dysregulated metabolic outcomes of obesity and relatediseases such as diabetes and atherosclerosis, which share similar lipid derangements and immunometabolic underpinnings. Moreover, we reported that aP2 secreted from adipose tissue acts as artts.2 ()-3.2 i a1-6 (p)13 (i a1-6 (g (i 4d)8e9 (t)-1 .9 (e)-6.1 (n)-0.7 (gs)-4.3 (n)-0.8 (n)-0.7 (ardiovascular outcomes in multiple independent human studies. Lastly, humans who carry a haploinsufficiency allele of aP2 have reduced risk for developining desmia, diabetes, and cardiovascular disease. Together, these findings indicate that the biological functions of aP2 are conserved and highly relevant to human pathophysiology.

Interestingly, in recent studies we detected increased expression of aP2 in lung and bronchoalveolar lavage fluid (BALF) in obese mice. Strikingly, severely obese (ob/ob) aP2 deficient mice were markedly protected against obesityelated airway hyperresponsiveness. These data strongly support that aP2 is a mediator of this unique orm of airway disease associated with obesity in experimental models. To evaluate the translational implications of these observations, we measured serum aP2 in humans and found 25.4% higher aP2 concentrations ( $54.5 \pm 19.2 \text{ vs } 43.4 \pm 20.1 \text{ ng/ml} \text{ *}p<0.05$ ), we go that and obese asthmatics compared to obese reactimatics. Importantly, higher levels of serum aP2 was positively correlated with asthma status only in overweight and obese individuals, whereas there was no significant difference between lean astatics vs norasthmatics. (Groups; nearsthmatics and asthmatics BMI<25 vs BMI>25, n= 510, 15, 370, 15, respectively, analyzed way two NOVA \*p<0.05). The frequency of asthma was also 8% higher (50% vs 42%) in overweight and obese group as compared to lean subjects. With this line of investigation, we generated critical insights into obesity related asthma pathogenesis and showing that secreted aP2 might represent availed and promising target for the development of a novel therapeutic strategy humans.

Presentation Date: Saturday, March 23 Presentation Time: 11:30 a.m.1 p.m. Location: Room 272