

The ubiquitous environmental pollutant perfluorooctanoic acid inhibits feeding behavior via peroxisome proliferator-activated receptor-alpha

Akihiro Asakawa¹, Megumi Toyoshima¹, Kouji Harada¹, Mineko Fujimiya², Kayoko Inoue¹ and Akio Koizumi¹

¹Department of Health and Environmental Sciences, Kyoto University Graduate School of Medicine, Kyoto 606-8501, ²Department of Anatomy, Shiga University of Medical Science, Shiga 520-2192, Japan.

Corresponding author: Akio Koizumi, M.D., Ph.D., Department of Health and Environmental Sciences, Kyoto University Graduate School of Medicine, Kyoto 606-8501, Japan.

Fax; +81-75-753-4458 Tel; +81-99-275-5749

E-mail; koizumi@pbh.med.kyoto-u.ac.jp

Abstract

Perfluorinated compounds (PFCs) have been employed as surface treatment agents in a variety of products. Perfluorooctanoic acid (PFOA), a PFC that is globally found in the environment and in human tissues, has been increasing significantly in serum level over the past 50 years. Here, we demonstrate that PFOA inhibits feeding behavior as potently as an endogenous peroxisome proliferator-activated receptor (PPAR)-alpha ligand, oleoylethanolamide (OEA), via the activation of PPAR-alpha, the vagal nerve and hypothalamic neuropeptides. Peripherally-administered PFOA decreased food intake as potently as OEA. PFOA decreased gastric emptying and increased the expression level of the gene encoding urocortin 1 in the hypothalamus and the immunoreaction for urocortin 1 in the paraventricular nucleus. Vagotomy attenuated the inhibitory effects of PFOA on feeding. The inhibition of food intake and body weight gain by PFOA was completely mitigated in PPAR-alpha^{-/-} mice. Our studies demonstrate that the ubiquitous environmental pollutant PFOA works as a mimicry of OEA mimicking the action of OEA in the feeding regulatory system, providing a new mode of action as represented by environmental “anorexigens”.

Introduction

Perfluorinated compounds (PFCs) have been industrially manufactured for over 50 years. Perfluorooctanoic acid (PFOA) is one of the most commonly occurring PFCs in the environment and human tissues (1,2). PFOA is resistant to degradation in soil, oil and water; hence, it has been employed as a surface-treatment agent in a variety of products such as metal plating and cleaning, coating formulations, fire-fighting foams, polyurethane production, inks, varnishes, vinyl polymerization, lubricants, and gasoline, and water repellents for leather, paper, and textiles (1,2). PFOA is a compound in which all carbon-hydrogen (C-H) bonds are replaced by carbon-fluorine (C-F) bonds (1,2). The C-F bond is one of the strongest bonds in nature and confers physical, thermal and chemical stabilities to most PFCs. Due to its broad application and environmental stability, PFOA is globally distributed and is bioaccumulative (3,4).

Several studies have reported the recent trend of accumulation of PFOA in individuals and pooled human serum samples from various countries (5,6). Olsen et al. reported that 3M employees involved in PFOA production had up to 6.16 mg/L PFOA in their blood; in the US, the level of PFOA in the general population varies from less than 1.9 $\mu\text{g/L}$ to 52.3 $\mu\text{g/L}$ and that in children varies from less than 1.9 $\mu\text{g/L}$ to 56.1 $\mu\text{g/L}$ (7,8). PFCs are readily absorbed but poorly eliminated. The half-life of PFOA in humans is estimated to be 3.8 years (9). PFC levels in human serum have been shown to have increased significantly in recent years (6,10).

Animal toxicological studies have revealed that these chemicals have a potent anorexigenic effect in rodents and monkeys (11,12), but the mechanism underlying this effect has been unknown. As predicted by the structure similarity of PFOA to free fatty

acids and their derivative oleoylethanolamide (OEA), its high affinity to peroxisome proliferator-activated receptor-alpha (PPAR-alpha) was confirmed (13,14). A reasonable conjecture based on its high affinity to PPAR-alpha predicts that an anorexic effect of PFOA is mediated by PPAR-alpha as that of OEA is (15). In the present study, we tested this hypothesis.

Results

To investigate whether or not PFOA influences feeding behavior, we first examined the effects of intraperitoneal injection (ip) of PFOA on feeding in food-deprived mice. PFOA produced inhibitory effects on feeding behavior in a dose-dependent manner (Fig. 1A). Next, we compared the inhibitory effects of PFOA and OEA at the same molar concentration (100 $\mu\text{mol/kg}$) on feeding in the dark-phase. By 4 h after administration, PFOA decreased the level of feeding as potently as OEA did (Fig. 1B). We also examined whether or not PFOA influenced the gastric emptying rate. In this study, PFOA administered ip significantly delayed gastric emptying 2 h after administration (Fig. 1C).

In order to evaluate the possible action of PFOA through the hypothalamic pathway, we examined the effects of PFOA administered ip on the expression of genes encoding hypothalamic neuropeptides. Real-time reverse transcription polymerase chain reaction (real-time RT-PCR) analysis revealed an increase in the level of urocortin 1 expression by 51.2% compared with controls (Fig. 2A) after ip PFOA administration. We then tested whether or not PFOA increased the level of urocortin 1 in the PVN. As expected, immunohistochemical studies for urocortin 1 showed that, compared with controls, PFOA increased the immunoreactivity for urocortin 1 in the paraventricular nucleus (PVN) (Fig.

2B).

Using mice that underwent truncal vagotomy, we investigated whether the inhibitory effect of PFOA on feeding is associated with a vagally-mediated pathway. As shown in Fig. 3A, vagotomy attenuated the inhibitory effects of ip PFOA administration on feeding. Moreover, exogenous PFOA increased the level of c-fos expression (40.9 ± 5.33 vs. 20.5 ± 1.97 number/section [control], $n = 4$, $P < 0.02$) in the nucleus of the solitary tract (NTS) (Fig. 3B).

We also examined whether or not ip-administered PFOA inhibits food intake in PPAR- $\alpha^{-/-}$ mice. While food intake (Fig. 4A) and body weight (Fig. 4B) decreased significantly in wild mice after oral PFOA administration, neither food intake nor body weight decreased (Fig. 4C; Fig. 4D) in PPAR- $\alpha^{-/-}$ mice.

Discussion

We demonstrated that peripherally administered PFOA inhibited feeding behavior. It has been reported that OEA, an anorexigenic lipid mediator (15,16), is produced in a variety of tissues, including the small intestine, where the endogenous levels decrease during fasting and increase upon re-feeding (15-17). OEA, administered ip or by an oral route, decreases the level of food intake in mice and rats (15-17). Prior to the onset of the dark phase, OEA also decreases the level of food intake in non-food-deprived mice (15). In our study, PFOA administered ip decreased food intake in the dark-phase as potently as OEA did. It has been shown that compounds that cause anorexia and cachexia delay gastric emptying as OEA inhibits the intestinal motility in mice (18-20). As expected, exogenous PFOA significantly decreased gastric emptying rate.

The discovery of leptin and ghrelin has enabled the mechanisms underlying the regulation of food intake at the molecular level (21,22). Thus far, hypothalamic neuropeptides, including neuropeptide Y (NPY), agouti-related protein (AGRP), orexin, melanin-concentrating hormone (MCH), proopiomelanocortin (POMC), cocaine and amphetamine-regulated transcript (CART), corticotropin-releasing factor (CRF), and urocortin, have been shown to be involved in the regulation of food intake (23). We found that the level of urocortin 1 expression was increased after ip PFOA administration. Urocortin 1 was the second ligand for the CRF receptor to be identified (24). Whereas CRF is mainly involved in the regulation of stress-related behavior and colonic motility, urocortin 1 is mainly involved in the regulation of feeding behavior and gastric motility (25). Previous studies have shown that urocortin 1 potently suppresses food intake and gastric emptying (25). Additionally, Fonseca et al. have reported that ip-administered OEA increases the level of c-fos expression in the PVN, which is the primary site for the coordination of central anorexigenic signals (16). In our study, PFOA increased the immunoreactivity for urocortin 1 in the PVN. Taken together, these results indicate that the anorexigenic activity of PFOA may be mediated, at least in part, via the activation of urocortin 1 in the PVN.

Previous studies have shown that peripheral satiety signals, including cholecystokinin, peptide YY, and pancreatic polypeptide, produce inhibitory effects on food intake via the activation of peripheral sensory fibers (19). Peripherally-administered OEA fails to decrease food intake when those fibers have been removed either by truncal vagotomy or treatment with capsaicin (16). We found that vagotomy attenuated the inhibitory effects of PFOA administration on feeding suggesting a vagus pathway that transfers anorexigenic signals induced by PFOA to the PVN. Moreover, PFOA increased the level of c-fos

expression in the NTS, which processes vagal sensory inputs to the central nervous system. The increased c-fos expression in the NTS also supports the vagal transfer of the anorexigenic signals elicited by PFOA as seen with OEA (16).

PPARs belong to the superfamily of nuclear hormone receptors that are ligand-activated transcription factors and play a crucial role in the metabolism of lipids and carbohydrates (26). It has been suggested that PPAR-alpha has evolved to function as a key modulator of fatty acid catabolism during cellular fasting (26,27). Now, it has been recognized as a predominant target for the fibrate class of antihyperlipidemic drugs, including bezafibrate and clofibrate (26). In addition, previous studies have shown that PPAR-alpha exhibits a high affinity for both PFOA and OEA (13,14). Several transactivation assays, reporter systems, and studies using different cell types have shown that human, mouse and rat PPAR-alpha are activated by PFOA (13,14). Moreover, PFOA activation is suppressed by PPAR-alpha antagonists (14). These data indirectly suggest that the anorexigenic effect of PFOA is mediated by PPAR-alpha. Thus, we tested the involvement of PFOA using PPAR-alpha^{-/-} mice. While oral PFOA administration decreased food intake and body weight in wild mice, neither food intake nor body weight decreased in PPAR-alpha^{-/-} mice. These observations indicate that PFOA elicits an anorexigenic effect through the binding of PPAR-alpha.

Our studies indicate that the ubiquitous environmental pollutant PFOA potently inhibits feeding behavior. This effect is mediated by PPAR-alpha, transferred by the vagal nerve, and is accompanied by increased expression of the anorexic peptide urocortin 1 and delays in gastric emptying. The global historical industry-wide production of total PFOA for the period 1951-2004 is estimated to be 3600-5700 tons (28). The present study clearly

demonstrates that PFOA may mimic the endogenous PPAR-alpha ligand, OEA (26,29). The present evidence, in turn, raises concern about the pharmacological action of PFOA in humans, since its effects might include various behavioral changes, not only in food intake but also other reproductive and motor activities similar to OEA (30). We believe that further efforts are required to monitor the level of PFOA currently found ubiquitously worldwide.

Methods

Animals and chemicals

The study protocol was approved by the Animal Research Ethics Committee of Kyoto University's Institutional Review Board. Animals were kept and handled according to the guidelines of the Animal Research Committee, Graduate School of Medicine, Kyoto University. We used male ddy mice (34-37 g, 8-9 weeks of age; Japan SLC Inc., Shizuoka, Japan), and female PPAR-alpha^{-/-} mice (129S4/SvJae-Ppara^{tm1Gonz}, 16-22 g, 12-13 weeks of age; kindly provided by Prof. Gonzalez FJ) and wild-type 129S1/SvImJ mice (17-21 g, 8-9 weeks of age; Japan SLC Inc., Shizuoka, Japan). The mice were housed individually in a regulated environment (24 ± 2 °C, 50 ± 10% humidity, 14:10 h light:dark cycle with lights on at 7:00 a.m.). Food and water were available *ad libitum* except as indicated. Animals were used only once each in the experiment. Pentadecafluorooctanoic acid ammonium salt (PFOA; FW. 431.10; purity ≥ 98%) and oleoylethanolamide (OEA; FW. 325.5; purity ≥ 98%) were purchased from Fluka Chemical Corp. (WI, USA), and Cayman Chemicals (MI, USA), respectively. The Yanaihara Institute Inc. (Shizuoka, Japan) produced antibodies against urocortin 1. For acute experiments, we administered drugs or vehicles (physiologic saline containing 1% dimethylsulfoxide (DMSO) or containing 37%

ethanol for PFOA and physiologic saline containing 37% ethanol for OEA; 100 μ l volume administered ip) to mice habituated to the experimental setting. For gavage administration, PFOA was diluted in distilled water and administered in a 10 ml/kg volume.

Feeding tests

Before feeding tests, mice were deprived of food for 16 hours with free access to water, or were given free access to food and water. A standard diet (F-2, 3.73 kcal/g, Funahashi Farm Corp., Chiba, Japan) was used except in the experiment testing the effect of vagotomy on feeding suppression induced by PFOA, which used a liquid diet (Oriental Yeast Co. Ltd., Tokyo, Japan). In experiments with food-deprived mice, drugs were administered at 10:00 a.m. In dark-phase feeding studies with non-food-deprived mice, drug administrations were performed immediately before lights-off (9:00 p.m.). The drug was dissolved in physiologic saline containing 1% DMSO to a final volume of 100 μ l for ip administration. Food intake was measured by subtracting uneaten food from initially premeasured food at 20 min, 1 h, 2 h, 4 h, 12 h and 24 h after administration, and checking the food spillage.

Gastric emptying

Before the experiments for gastric emptying, mice were deprived of food for 16 h with free access to water. The fasted mice had free access to pre-weighed pellets for 1 hour; they were then ip administered PFOA (30-100 μ mol/kg) or vehicle. The mice were deprived of food again for 2 h after drug administration. Food intake was measured by weighing the uneaten pellets. Mice were sacrificed by cervical dislocation 3 h after the start of experiments. Immediately after sacrifice, the stomach was exposed by laparotomy, quickly ligated at both the pylorus and cardia, then removed; at this point the dry content was

weighed. Contents were dried using a vacuum freeze-drying system (Model 77400; Labconco Corp., MO, USA). Gastric emptying was calculated according to the following formula: gastric emptying (%) = {1 - (dry weight of food recovered from the stomach / weight of food intake)} x 100.

Real-time RT-PCR

Mice were deprived of food for 16 h with free access to water. Mice were treated with PFOA (30 μ mol/kg) or vehicle every 2 h for 4 h, with the third and final administration being 30 min before the mice were sacrificed by cervical dislocation. Immediately afterwards, the hypothalamic block was removed, frozen on dry ice, and stored at -80 °C until use in real-time RT-PCR. Using an RNeasy Mini Kit (Qiagen Inc., Tokyo, Japan) RNA was isolated from the hypothalamic block. Quantification of mRNA levels was performed by SYBR-green chemistry (Qiagen Inc., Tokyo, Japan) using a one-step RT-PCR reaction on a Sequence Detection System (ABI PRISM 7700; Applied Biosystems Japan, Tokyo, Japan). Reactions were performed under the standard conditions recommended by the manufacturer. We used the mouse GAPDH gene as an internal control. All expression data were normalized to the level of GAPDH expression from the same individual sample. The following primers were used for real-time RT-PCR: GAPDH forward, ATGGTGAAGGTCGGTGTGAA; and reverse, GAGTGGAGTCATACTGGAAC. Neuropeptide Y (NPY) forward, TTTCCAAGTTTCCACCCTCATC; and reverse, AGTGGTGGCATGCATTGGT. Agouti-related protein (AGRP) forward, GAGTTCCCAGGTCTAAGTCTGAATG; and reverse, ATCTAGCACCTCCGCCAAAG. Orexin A forward, CGTAACTACCACCGCTTTAGCA; and reverse, TGCCATTTACCAAGAGACTGACAG. Melanin-concentrating hormone (MCH) forward,

GGAAGATACTGCAGAAAGATCCG; and reverse, ATGAAACCGCTCTCGTCGTT. Cocaine- and amphetamine-regulated transcript (CART) forward, GCAGATCGAAGCGTTGCAA; and reverse, TTGGCCGTA CTTCTTCTCGTAGA. Proopiomelanocortin (POMC) forward, GGCTTGCAA ACTCGACCTCT; and reverse, TGACCCATGACGTA CTTCCG. Corticotropin-releasing factor (CRF) forward, CGCAGCCCTTGAATTTCTTG; and reverse, TCTGTTGAGATTCCCCAGGC. Urocortin 1 (UCN1) forward, ACTGTCCATCGACCTCACCTTC; and reverse, AAGGCTTTCGTGACCCATA. Urocortin 2 (UCN2) forward, CCTCAGAGAGCTCCTCAGGTACC; and reverse, GGTAAGGGCTGGCTTTAGAGTTG. Urocortin 3 (UCN3) forward, CGCACCTCCAGATCAAAAGAA; and reverse, GGGTGCTCCCAGCTCCAT.

Immunohistochemistry

Mice were deprived of food for 16 h with free access to water. They were then subjected to ip administration of PFOA (100 μ mol/kg) or vehicle. The mice were anesthetized with sodium pentobarbital (80-85 mg/kg ip) and perfused with 4% paraformaldehyde, 0.5% glutaraldehyde and 0.2% picric acid in 0.1 M phosphate buffer 90 min after administration. The brains were removed and postfixed with 4% paraformaldehyde and 0.2% picric acid in 0.1 M phosphate buffer. The brains were cut into 20 μ m-thick coronal sections using a cryostat. Sections cut through the NTS of PFOA- or vehicle-administered mice were prepared for immunohistochemistry using a c-fos antibody (rabbit polyclonal, Oncogene Research Products, CA, USA) with ABC and DAB methods. Sections cut through the PVN were prepared for immunofluorescence staining for urocortin 1. Brain sections were incubated with a urocortin 1 antibody (rabbit polyclonal, Yanaihara Institute Inc., Shizuoka,

Japan) and then incubated with Cy3-labeled anti-rabbit IgG (Chemicon International Inc.). Immunoreactivity was observed under a light microscopy (Olympus DX51; Olympus Optical Co. Ltd., Tokyo, Japan) or using a laser scanning microscope (LSM 510; Carl Zeiss Inc. Japan, Tokyo, Japan).

Truncal Vagotomy

Four days before experiments, truncal vagotomy was performed as follows. The mice were anesthetized with sodium pentobarbital (80-85 mg/kg ip). After making a midline incision of the abdominal wall, the stomach was covered with sterile gauze moistened with warm saline. The lower part of the esophagus was exposed and the anterior and posterior branches of the vagal nerve were incised. At the end of the operation, the abdominal wall was sutured in two layers. In sham-operated mice, vagal trunks were similarly exposed, but not cut. Vagotomized and sham-operated mice were maintained on a nutritionally-complete liquid diet. Completeness of vagotomy was verified during postmortem inspection. Mice were fixed for enzyme histochemistry and loss of acetylcholinesterase-positive fibers in the gastrointestinal tracts was determined by light microscopic observation.

Repeated Administrations

Repeated oral administrations of PFOA (50 μ mol/kg/day) were continued for 6 days in PPAR- α ^{-/-} and wild-type 129S1/SvImJ mice. The mice were administered PFOA daily at 8:00 PM. Food intake and body weight were measured daily.

Statistical analysis

The differences between means were assessed by ANOVA followed by Scheffe's method or the Student's t test when appropriate. Results are expressed as the mean values \pm SE. $P < 0.05$ compared with the control group was considered to be statistically

significant.

Acknowledgements

This study was supported by a Grant-in-Aid for Health Sciences Research from the Ministry of Health, Labor and Welfare of Japan (H15-Chemistry-004), Asahi Breweries Foundation and the Showa Shell Sekiyu Foundation (2005-A038).

References

1. Key, B., Howell, R., and Criddle, C. 1997. Fluorinated organics in the biosphere. *Environ. Sci. Technol.* 31: 2445-2454.
2. Kissa, E. 2001. Fluorinated surfactants and repellents. Marcel Dekker, New York, NY. 2nd Eds. Vol 97.
3. Giesy, J.P., and Kannan, K. 2001. Global distribution of perfluorooctane sulfonate in wildlife. *Environ. Sci. Technol.* 35: 1339-1342.
4. Yamashita, N., Kannan, K., Taniyasu, S., Horii, Y., Petrick, G., and Gamo, T. 2005. A global survey of perfluorinated acids in oceans. *Mar. Pollut. Bull.* 51: 658-668.
5. Kannan, K., Corsolini, S., Falandysz, J., Fillmann, G., Kumar, K.S., Loganathan, B.G., Mohd, M.A., Olivero, J., Van Wouwe, N., Yang, J.H., et al. 2004. Perfluorooctanesulfonate and related fluorochemicals in human blood from several countries. *Environ. Sci. Technol.* 38: 4489-4495.
6. Harada, K., Koizumi, A., Saito, N., Inoue, K., Yoshinaga, T., Date, C., Fujii, S., Hachiya, N., Hirose, I., Koda, S., et al. 2007. Historical and geographical aspects of the increasing perfluorooctanoate and perfluorooctane sulfonate contamination in human serum in Japan. *Chemosphere* 66: 293-301.
7. Olsen, G.W., Burris, J.M., and Mandel, J.H., and Zobel, L.R. 1999. Serum perfluorooctane sulfonate and hepatic and lipid clinical chemistry tests in fluorochemical production employees. *J. Occup. Environ. Med.* 41: 799-806.
8. Olsen, G.W., Church, T.R., Hansen, K.J., Burris, J.M., Butenhoff, J.L., Mandel, J.H., and Zobel, L.R. 2004. Quantitative evaluation of perfluorooctanesulfonate (PFOS) and other fluorochemicals in the serum of children. *J. Child. Health* 24: 53-76.

9. Ehresman, D., Olsen, G., Burris, J., Froehlich, J., Seacat, A., and Butenhoff, J. 2005. Evaluation of the half-life ($T_{1/2}$) of elimination of perfluorooctanoate (PFOA) from human serum. *The Toxicologist* 84: 253.
10. Jin, Y., Liu, X., Li, T., Qin, H., and Zhang, Y. 2004. Status of perfluorochemicals in adult serum and umbilical blood in Shenyang. *Wei Sheng Yan Jiu* 33: 481-483.
11. Butenhoff, J., Costa, G., Elcombe, C., Farrar, D., Hansen, K., Iwai, H., Jung, R., Kennedy, G., Lieder, P., Olsen, G., et al. 2002. Toxicity of ammonium perfluorooctanoate in male cynomolgus monkeys after oral dosing for 6 months. *Toxicol. Sci.* 69: 244-257.
12. Nakayama, S., Harada, K., Inoue, K., Sasaki, K., Seery, B., Saito, N., and Koizumi, A. 2005. Distributions of perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS) in Japan and their toxicities. *Environ. Sci.* 12: 293-313.
13. Vanden Heuvel, J.P., Thompson, J.T., Frame, S.R. and Gillies, P.J. 2006. Differential activation of nuclear receptors by perfluorinated fatty acid analogs and natural fatty acids: a comparison of human, mouse, and rat peroxisome proliferator-activated receptor- α , - β , and - γ , liver X receptor- β , and retinoid X receptor- α . *Toxicol. Sci.* 92: 476-489.
14. Takacs, M.L., and Abbott, B.D. 2007. Activation of mouse and human peroxisome proliferator-activated receptors (α , β / δ , γ) by perfluorooctanoic acid and perfluorooctane sulfonate. *Toxicol. Sci.* 95: 108-117.
15. Fu, J., Gaetani, S., Oveisi, F., Lo Verme, J., Serrano, A., Rodriguez De Fonseca, F., Rosengarth, A., Luecke, H., Di Giacomo, B., Tarzia, G., et al. 2003. Oleyethanolamide regulates feeding and body weight through activation of the nuclear receptor PPAR- α . *Nature* 425: 90-93.

16. Rodriguez de Fonseca, F., Navarro, M., Gomez, R., Escuredo, L., Nava, F., Fu, J., Murillo-Rodriguez, E., Giuffrida, A., LoVerme, J., Gaetani, S., et al. 2001. An anorexic lipid mediator regulated by feeding. *Nature* 414: 209-212.
17. Oveisi, F., Gaetani, S., Eng, K.T., and Piomelli, D. 2004. Oleoylethanolamide inhibits food intake in free-feeding rats after oral administration. *Pharmacol. Res.* 49: 461-466.
18. Duggan, J.P., and Booth, D.A. 1986. Obesity, overeating, and rapid gastric emptying in rats with ventromedial hypothalamic lesions. *Science* 231: 609-611.
19. Asakawa, A., Inui, A., Yuzuriha, H., Ueno, N., Katsuura, G., Fujimiya, M., Fujino, M.A., Nijima, A., Meguid, M.M., and Kasuga, M. 2003. Characterization of the effects of pancreatic polypeptide in the regulation of energy balance. *Gastroenterology* 124: 1325-1336.
20. Capasso, R., Matias, I., Lutz, B., Borrelli, F., Capasso, F., Marsicano, G., Mascolo, N., Petrosino, S., Monory, K., Valenti, M., et al. 2005. Fatty acid amide hydrolase controls mouse intestinal motility in vivo. *Gastroenterology* 129: 941-951.
21. Halaas, J.L., Gajiwala, K.S., Maffei, M., Cohen, S.L., Chait, B.T., Rabinowitz, D., Lallone, R.L., Burley, S.K., and Friedman, J.M. 1995. Weight-reducing effects of the plasma protein encoded by the obese gene. *Science* 269: 543–546.
22. Kojima, M., Hosoda, H., Date, Y., Nakazato, M., Matsuo, H., and Kangawa, K. 1999. Ghrelin is a growth-hormone-releasing acylated peptide from stomach. *Nature* 402: 656–660.
23. Schwartz, M.W., Woods, S.C., Porte, D.J., Seeley, R.J., and Baskin, D.G. 2000. *Nature* 404: 661-671.
24. Vaughan, J., Donaldson, C., Bittencourt, J., Perrin, M.H., Lewis, K., Sutton, S., Chan,

- R., Turnbull, A.V., Lovejoy, D., Rivier, C., et al. 1995. Urocortin, a mammalian neuropeptide related to fish urotensin I and to corticotropin-releasing factor. *Nature* 378: 287-292.
25. Dautzenberg, F.M., and Hauger, R.L. 2002. The CRF peptide family and their receptors: yet more partners discovered. *Trends Pharmacol. Sci.* 23: 71-77.
26. Michalik, L., Auwerx, J., Berger, J.P., Chatterjee, V.K., Glass, C.K., Gonzalez, F.J., Grimaldi, P.A., Kadowaki, T., Lazar, M.A., O'Rahilly, S., et al. 2006. International Union of Pharmacology. LXI. Peroxisome proliferator-activated receptors. *Pharmacol. Rev.* 58: 726-741.
27. Lee, S.S., Chan, W.Y., Lo, C.K., Wan, D.C., Tsang, D.S., and Cheung, W.T. 2004. PPAR α in maintaining phospholipid and triacylglycerol homeostasis during energy deprivation. *J. Lipid. Res.* 45: 2025-2037.
28. Prevedouros, K., Cousins, I.T., Buck, R.C., and Korzeniowski, S.H. 2006. Sources, fate and transport of perfluorocarboxylates. *Environ. Sci. Technol.* 40: 32-44.
29. Bergeron, R., Yao, J., Woods, J.W., Zycband, E.I., Liu, C., Li, Z., Adams, A., Berger, J.P., Zhang, B.B., Moller, D.E., and Doebber, T.W. 2006. Peroxisome proliferator-activated receptor (PPAR)- α agonism prevents the onset of type 2 diabetes in Zucker diabetic fatty rats: A comparison with PPAR γ agonism. *Endocrinology* 147: 4252-4262.
30. Proulx, K., Cota, D., Castaneda, T.R., Tschop, M.H., D'Alessio, D.A., Tso, P., Woods, S.C., and Seeley, R.J. 2005. Mechanisms of oleoylethanolamide-induced changes in feeding behavior and motor activity. *Am. J. Physiol. Regul. Integr. Comp. Physiol.* 289: R729-R737.

Figure legends

Figure 1. (A) Inhibitory effects of ip-administered PFOA (10-100 $\mu\text{mol/kg}$) on cumulative food intake in food-deprived mice. (B) The inhibitory effects of PFOA and OEA (ip, 100 $\mu\text{mol/kg}$) on cumulative food intake in non-food-deprived mice, in dark-phase feeding studies, are shown. (C) Inhibitory effects of PFOA (ip, 30 and 100 $\mu\text{mol/kg}$) on the gastric emptying rate during the first 2 h after administration. Each bar represents the mean \pm SE. n indicates the number of mice used. *P < 0.05; **P < 0.01 compared with the control group by Scheffe's method after ANOVA.

Figure 2. (A) Effects of PFOA (ip, 100 $\mu\text{mol/kg}$) on hypothalamic peptide mRNA levels as assessed by real-time RT-PCR in food-deprived mice, and expressed as a percentage of the level in vehicle-treated controls. Each bar represents the mean \pm SE. n indicates the number of mice used. *P < 0.05 compared with the control group by the Student's t test. (B) Photomicrographs of an immunohistochemical demonstration of urocortin 1 in the PVN (n = 3-4). Scale bars = 50 μm .

Figure 3. (A) Attenuation of the inhibitory effect of PFOA (ip, 100 $\mu\text{mol/kg}$) on food intake by vagotomy in food-deprived mice. Each bar represents the mean \pm SE. n indicates the number of mice used. **P < 0.01 compared with the control group by Scheffe's method after ANOVA. (B) Stimulatory effects of ip-administered PFOA (100 $\mu\text{mol/kg}$) on c-fos expression in the NTS 90 min after administration (n = 4). Scale bars = 50 μm .

Figure 4. Inhibitory effects of PFOA (ip, 50 $\mu\text{mol/kg/day}$) on average daily food intake (A) and body weight (B) in wild-type 129S1/SvImJ mice. Effects of administered PFOA (ip, 50 $\mu\text{mol/kg/day}$) on average daily food intake (C) and body weight (D) in PPAR-alpha^{-/-} mice.

Each bar represents the mean \pm SE. n indicates the number of mice used. *P < 0.05; **P < 0.01 compared with the control group by the Student's t test.

Fig. 1A

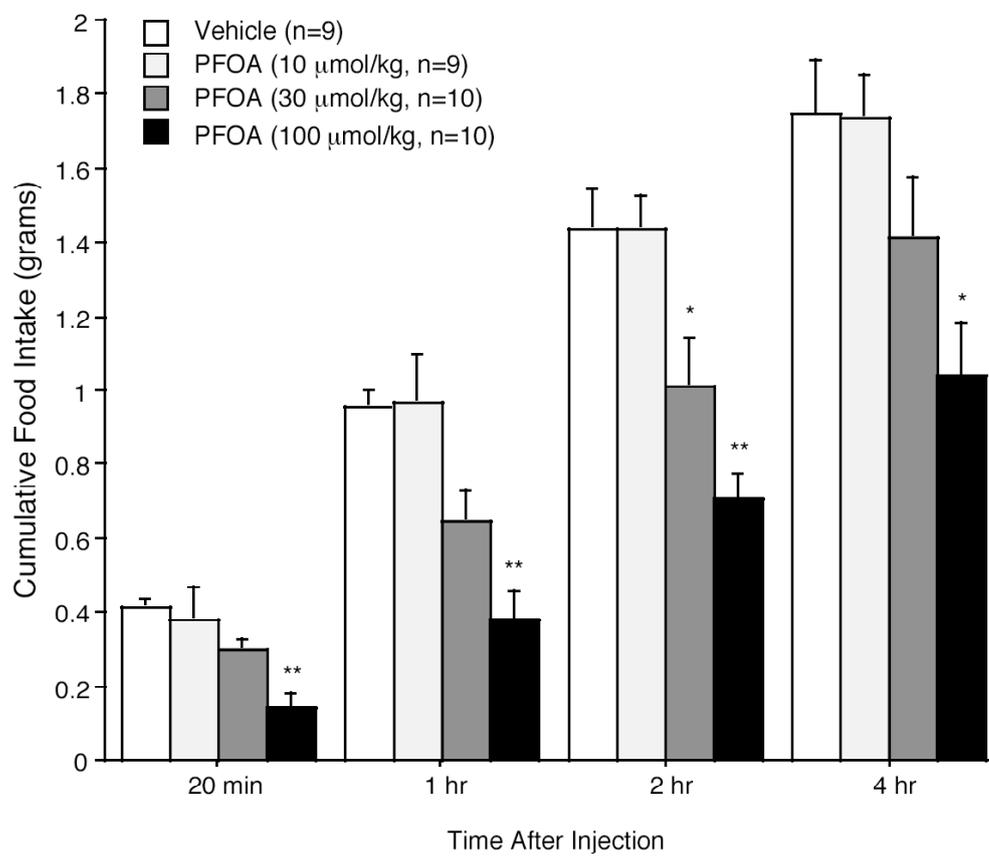


Fig. 1B

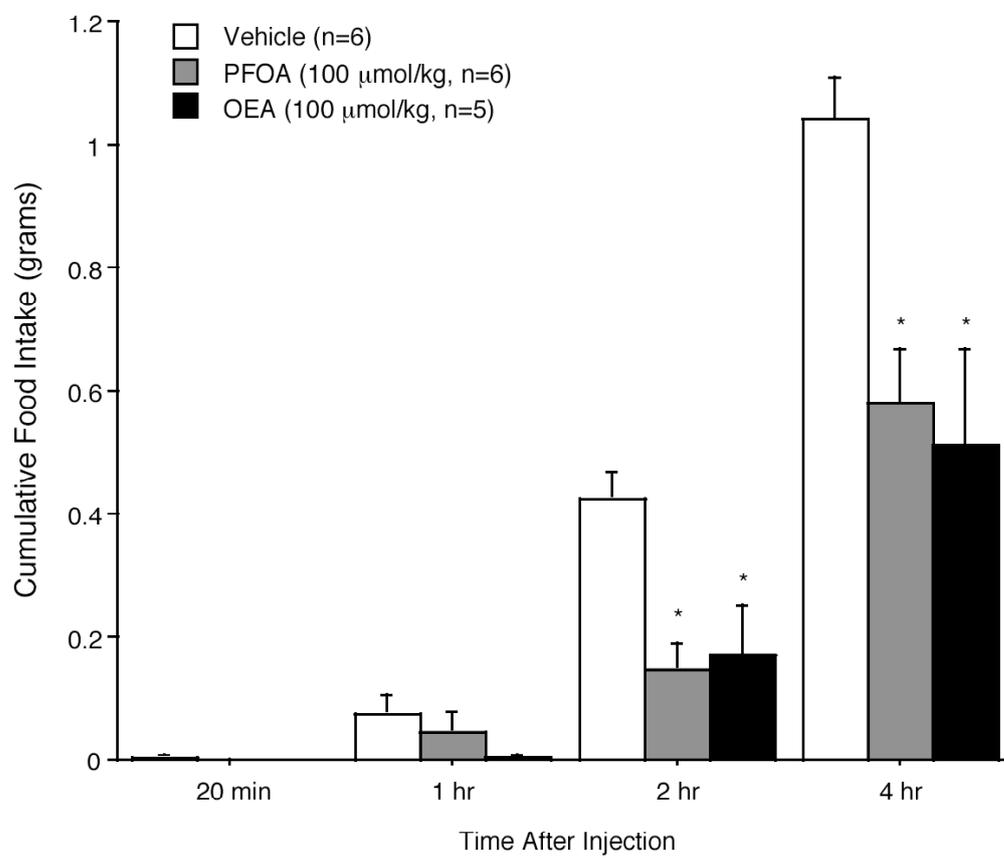


Fig. 1C

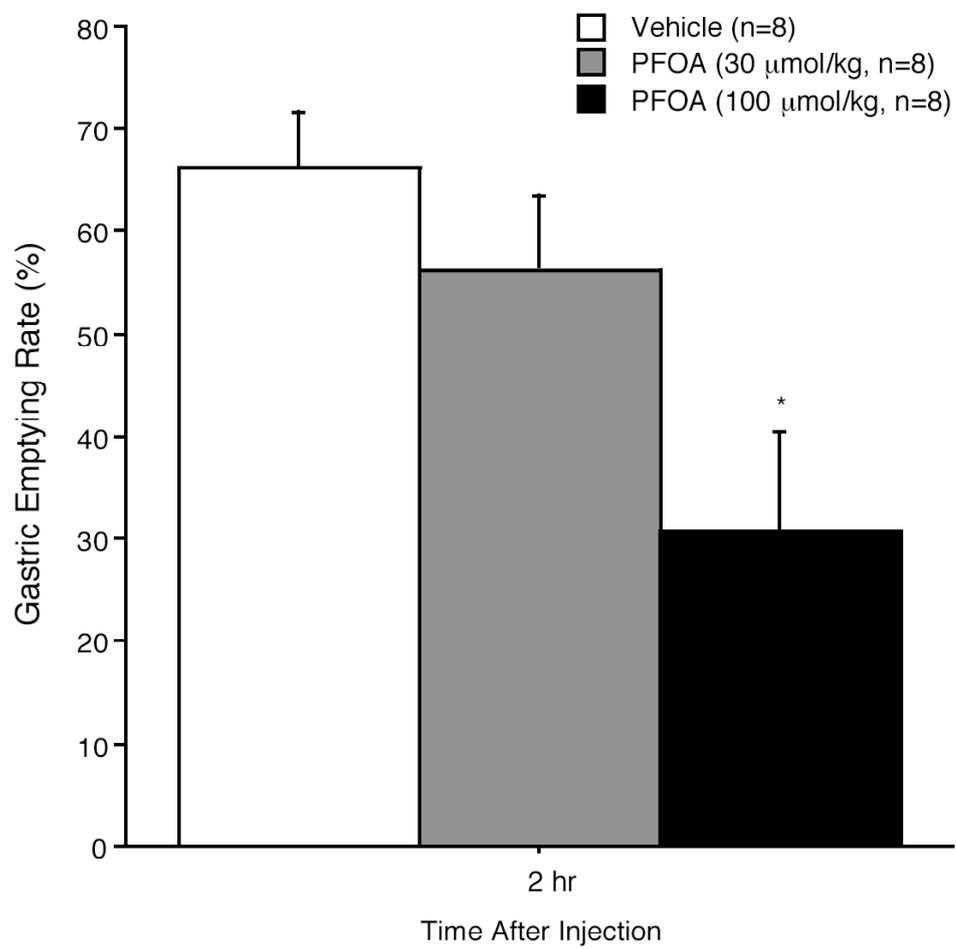


Fig. 2A

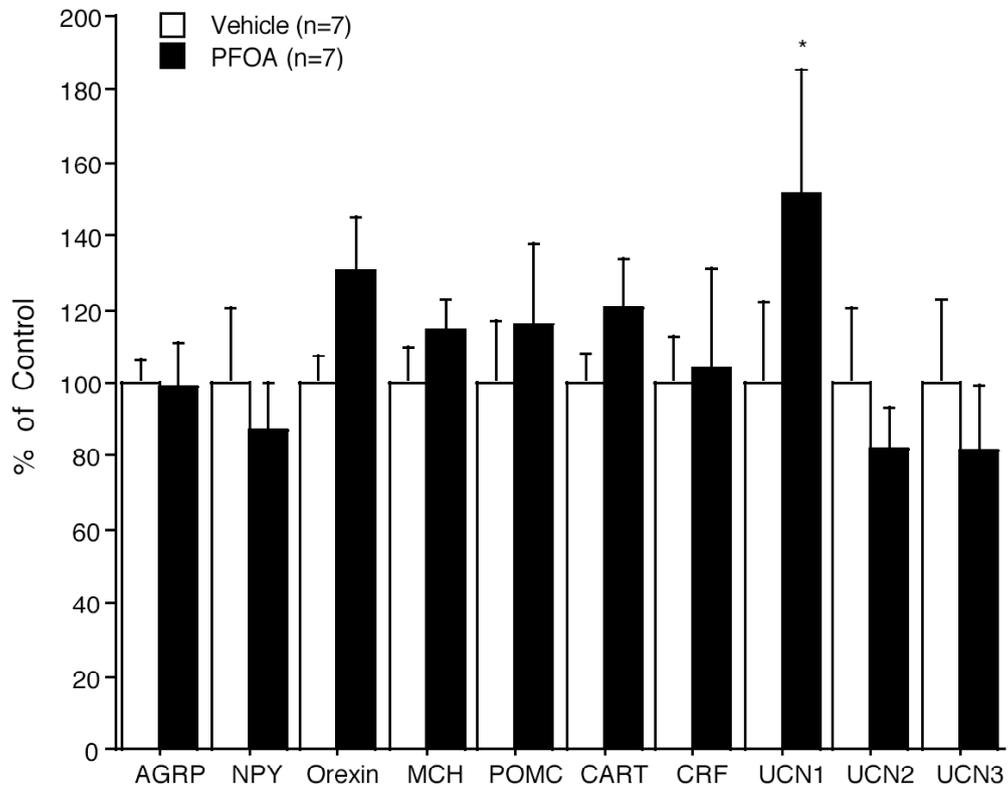


Fig. 2B

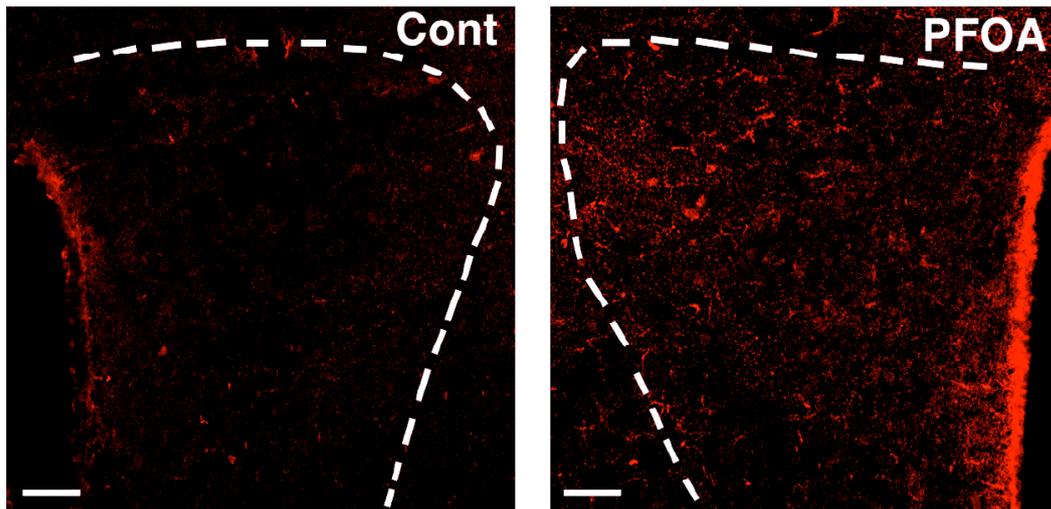


Fig. 3A

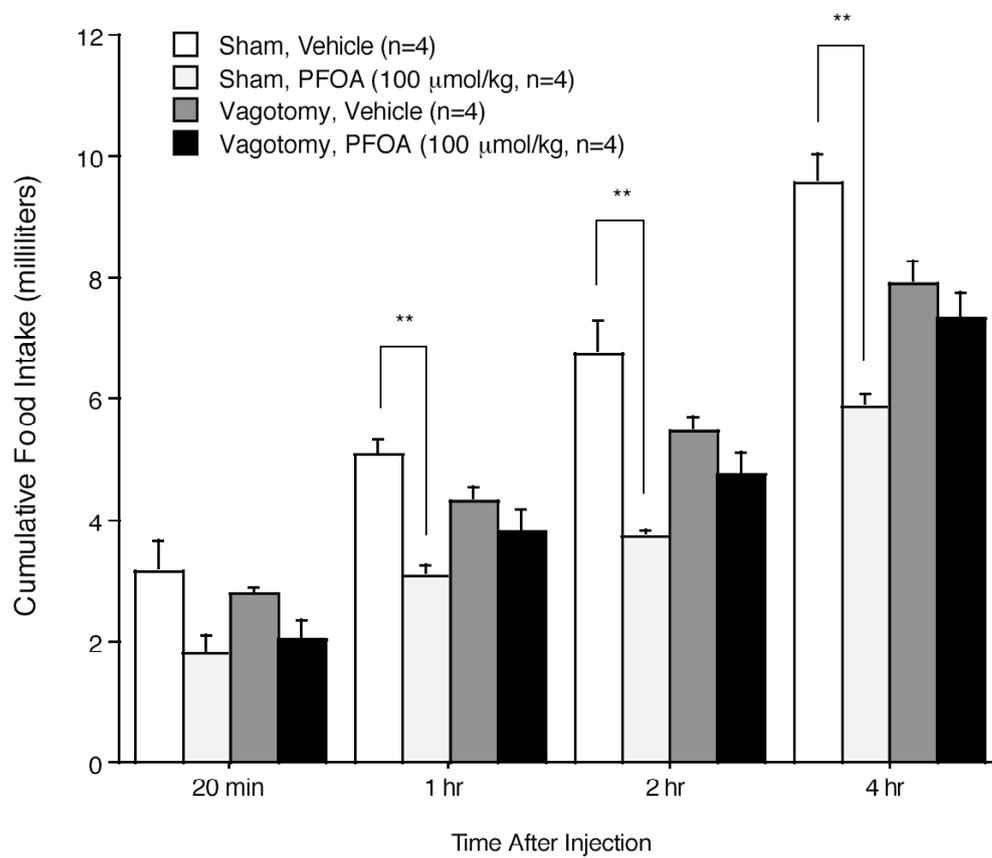


Fig. 3B

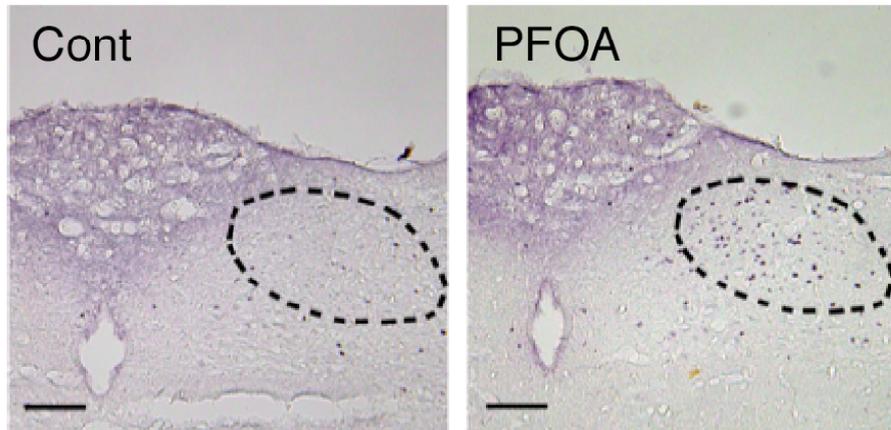


Fig. 4A

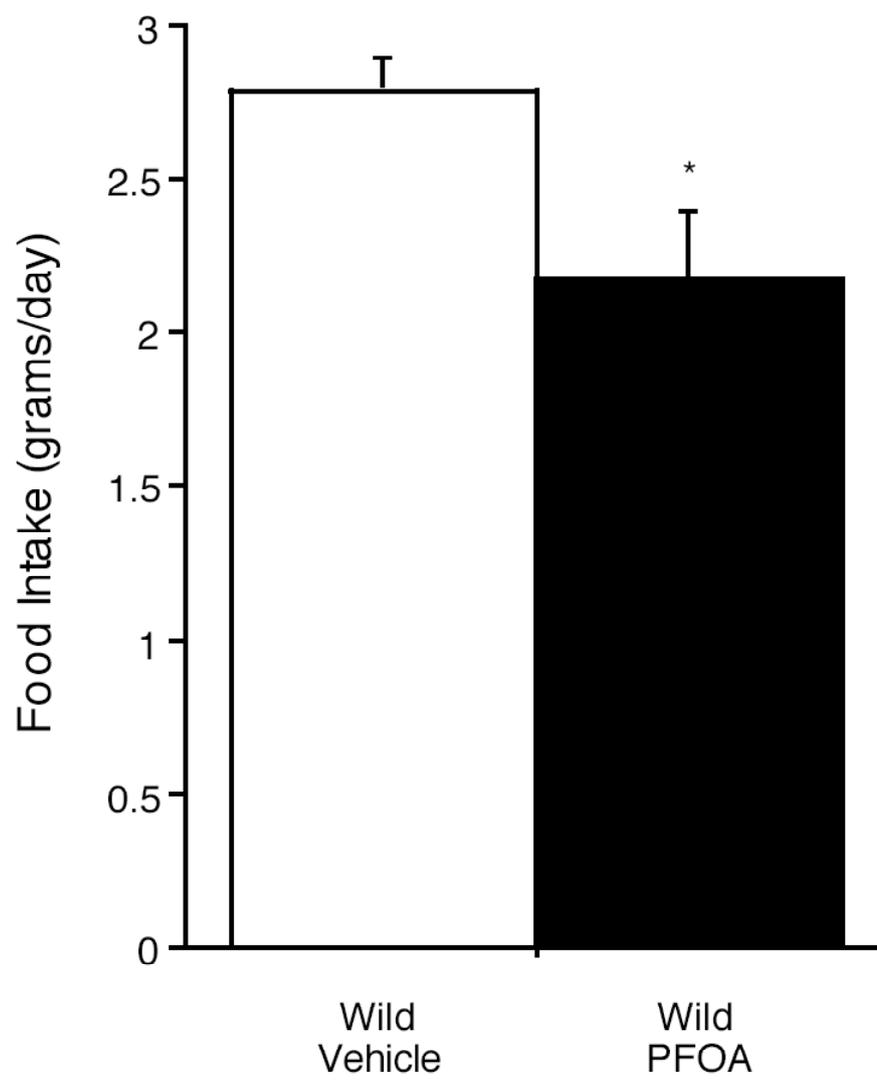


Fig. 4B

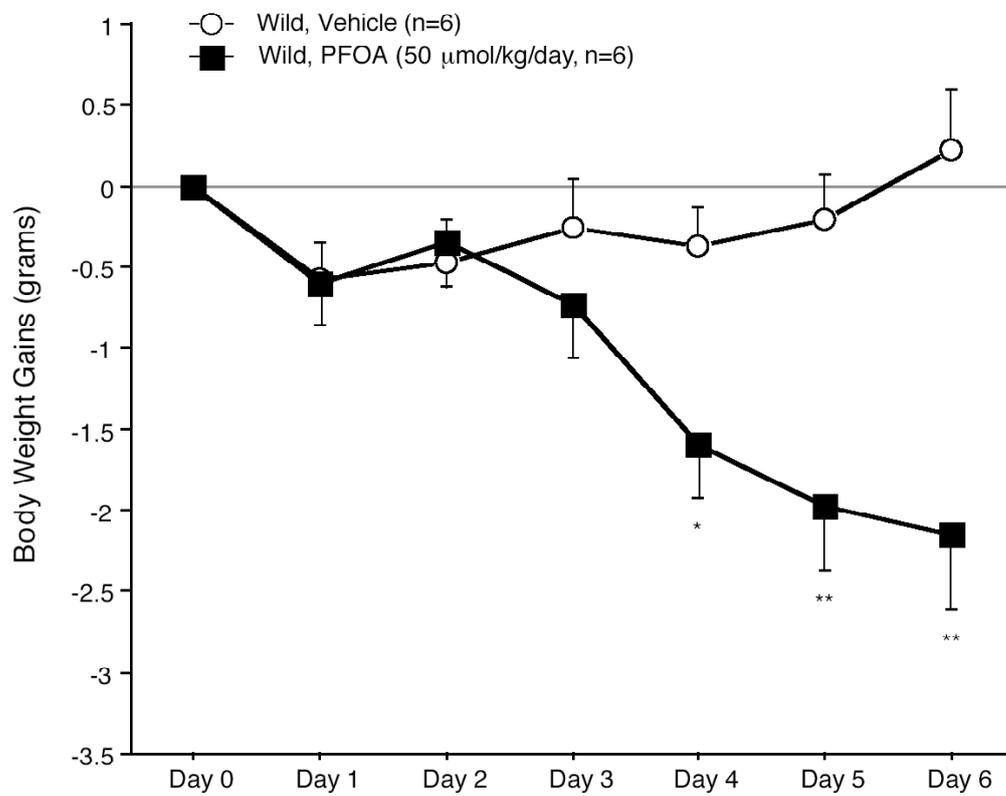


Fig. 4C

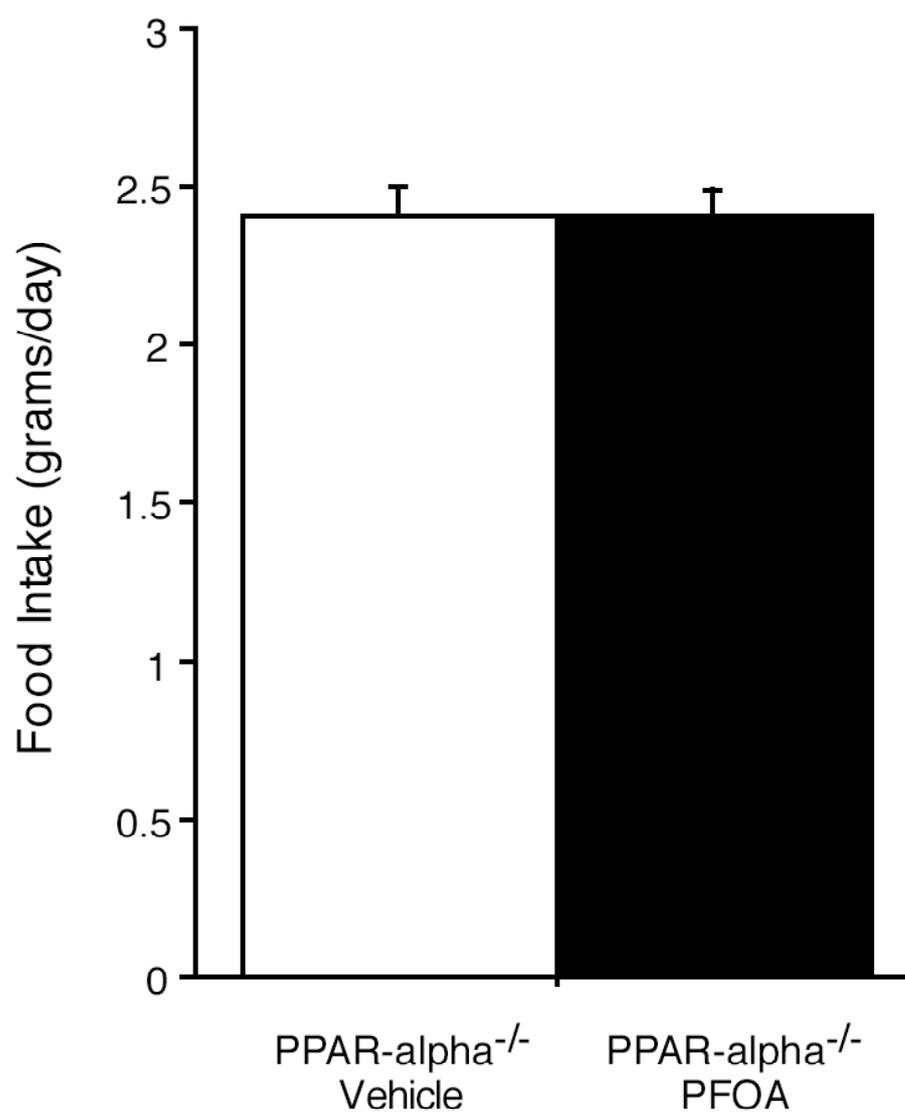


Fig. 4D

