

1 **Cold-induced serum short-chain fatty acids act as markers of brown adipose tissue**  
2 **metabolism in humans**

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5 **Declaration of interests**

6 The authors declare no competing interests.

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## 1 Abstract

2 **Background:** Short-chain fatty acids (SCFAs) produced from dietary fibre fermentation can  
3 regulate adipose tissue metabolism through signalling pathways involving G-protein-coupled  
4 receptors and histone deacetylase inhibition. While preclinical studies suggest they enhance  
5 thermogenesis, their role in human brown adipose tissue (BAT) under different thermal  
6 conditions remains unclear. **Objective:** This study explores the associations between circulating  
7 SCFAs and human BAT metabolism at room temperature and after cold exposure. **Methods:**  
8 This cross-sectional study included data from 71 adults (20–55 years, BMI 19–44 kg/m<sup>2</sup>).  
9 Dynamic [<sup>15</sup>O]O<sub>2</sub>, [<sup>15</sup>O]H<sub>2</sub>O, [<sup>18</sup>F]FDG, and [<sup>18</sup>F]FTHA PET/CT scans were used to assess BAT  
10 metabolism. Serum SCFAs were quantified using LC-MS, and gene expression in biopsy-  
11 excised BAT samples (n=14) was analysed. Participants were stratified into low- and high-BAT  
12 groups based on [<sup>18</sup>F]FDG or [<sup>18</sup>F]FTHA uptakes. **Results:** Cold-induced acetate and propionate  
13 were positively associated with key in vivo BAT metabolism indicators, namely non-esterified  
14 fatty acids (NEFA) uptake and oxygen consumption. Only in the high-BAT group were  
15 circulating SCFAs maintained after cold exposure. BAT transcriptome revealed that genes  
16 involved in SCFA metabolism (such as conversion to acetyl-CoA) correlated with thermogenic  
17 and lipid metabolism genes exclusively in the high-BAT group, suggesting a distinct molecular  
18 link between SCFA pathways and BAT function. **Conclusion:** Circulating SCFAs are linked with  
19 BAT oxidative metabolism and NEFA uptake during cold exposure. The observed correlations  
20 between SCFA catabolic genes and thermogenic markers suggest that metabolically active BAT  
21 may selectively engage SCFA-related pathways, pointing to a potential mechanistic role of  
22 SCFAs in supporting BAT function in humans.

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## 2 ***Introduction***

3 It has long been known that fibre intake is associated with favourable metabolic outcomes  
4 (1,2), though only recently have some of these effects been linked to the actions of short-chain  
5 fatty acids (SCFAs) (2,3). Acetate, propionate, and butyrate are produced in the colon by  
6 various bacterial families through the fermentation of dietary fibre, including resistant starch and,  
7 to a lesser extent, proteins (3–5). Although less than 10% of these SCFAs enter systemic  
8 circulation, they can still act as substrates or signalling molecules regulating diverse metabolic  
9 processes (3,5).

10 The beneficial effects of SCFA are shown to be primarily mediated by SCFAs functioning as  
11 ligands for G-protein coupled receptors (GPCRs), particularly GPR43 and GPR41 (3,6,7).  
12 Among them, there is evidence that butyrate can enhance whole-body insulin sensitivity by  
13 promoting glucose uptake in muscle and adipose tissue and suppressing hepatic glucose  
14 production, thereby supporting glycemic control (8). Acetate, conversely, serves as a substrate  
15 for cytosolic acetyl-CoA synthesis, contributing to lipogenesis and other acetyl-CoA-dependent  
16 processes critical for adipose tissue metabolism and function (9). Emerging evidence points to  
17 the fact that butyrate and acetate influence the secretion of gut-derived hormones such as  
18 peptide YY (PYY) and glucagon-like peptide-1 (GLP-1) by activating GPCRs (3,6,10,11). These  
19 SCFAs also act as signalling molecules, exerting systemic effects across various tissues (12).  
20 Notably, acetate has been linked to reduced food intake and suppressed orexin neuronal  
21 activity in ob/ob mice (13). Beyond metabolic regulation, SCFAs are linked to anti-inflammatory  
22 effects, as they can inhibit the production of pro-inflammatory cytokines and reduce systemic  
23 inflammation (6,14). These immunomodulatory actions are thought to be mediated in part by

1 SCFA-induced inhibition of histone deacetylases (HDACs), particularly via GPR41 and GPR43  
2 signalling—a mechanism considered central to the regulatory role of SCFAs (6,11,15).

3 Unlike white adipose tissue (WAT), which primarily serves as an energy reservoir, brown  
4 adipose tissue (BAT) dissipates energy as heat, positioning it as a promising target for  
5 cardiometabolic disease treatments (16–19). While the interaction between SCFAs and BAT  
6 function in humans remains underexplored, SCFAs are known to modulate adipose tissue  
7 metabolism by regulating lipolysis and lipogenesis (2,5,20). In vitro studies indicate that butyrate  
8 and propionate can induce WAT browning, enhance mitochondrial function, and boost energy  
9 expenditure via activation of AMP-activated protein kinase (AMPK) and peroxisome proliferator-  
10 activated receptor gamma (PPAR- $\gamma$ ) pathways (21–23). The thermogenic effects of SCFAs also  
11 occur via the sympathetic nervous system, which leads to enhanced WAT browning and non-  
12 shivering thermogenesis (5,8). Some studies show that SCFAs can also inhibit adipogenesis by  
13 suppressing lipogenic enzymes and promoting lipolysis, thereby preventing excessive fat  
14 accumulation (14,24). Additionally, experimental data indicate that acetate and butyrate  
15 enhance BAT activity by upregulating thermogenic genes such as UCP1 (5,25), alongside  
16 improvements in overall energy metabolism by increasing fatty acid oxidation in BAT (15).  
17 Indeed, in rodents, acetate injections have been shown to reduce lipid accumulation in BAT  
18 while increasing the expression of lipolytic genes (25).

19 SCFAs exert beneficial metabolic effects through mechanisms involving the activation of  
20 GPCRs in different tissues (3,6,10). Rodent studies further highlight the crucial role of SCFAs in  
21 regulating WAT and BAT metabolism (5,8,25). However, the interaction between SCFAs and  
22 brown adipose tissue (BAT), particularly under cold exposure and thermoneutrality conditions,  
23 remains poorly understood in humans. To address this gap, the present study investigated the  
24 associations between circulating SCFAs—acetate, propionate, and butyrate—and BAT  
25 metabolism in adult humans at room temperature and after acute cold exposure. Even though

1 there are no standard thresholds to classify individuals as low or high-BAT, we stratified our  
2 sample into low and high-BAT to better understand how having more active BAT affects  
3 circulating SCFAs and gene expression profiles. Lastly, we explored the correlations between  
4 genes involved in SCFAs signalling pathways (such as components of the SCFA utilisation  
5 pathway, encompassing SCFA transport, mitochondrial conversion, and downstream metabolic  
6 regulation in BAT) and those regulating thermogenesis, lipolysis, and lipogenesis in BAT.

## 7 **Material and Methods**

### 8 *Study design and participants*

9 This cross-sectional data included seventy-one subjects from studies conducted at the Turku  
10 PET Centre between 2009 and 2018 (26–29). Imaging and biological data are derived from  
11 previous studies investigating human BAT metabolism. These cohorts' inclusion and exclusion  
12 criteria have been previously published (27,29)

13 Twenty-two males and 49 females were included in this study. The group had an age range of  
14 20–55 years and a body mass index (BMI) range of 18.9–43.7 kg/m<sup>2</sup>. All participants were  
15 clinically assessed before recruitment into the respective studies, and those presenting an  
16 overall healthy metabolic profile with no diabetes and/or cardiovascular diseases were included.  
17 A metabolic health profile was assessed and determined based on available medical records, a  
18 2-h oral glucose tolerance test (OGTT), an electrocardiography (ECG) assessment, circulating  
19 lipids, and hepatic enzymes profile. All recruited study subjects provided written informed  
20 consent for volunteering in the clinical research studies. The Hospital District of Southwest  
21 Finland Ethics Committee gave their favourable opinion for the study protocols, and the studies  
22 were conducted according to the principles of the Declaration of Helsinki (27–29).

23 All PET/CT imaging and blood samples were collected after an overnight fast. The subjects  
24 were instructed to refrain from consuming alcoholic and caffeinated beverages for 12 hours

1 before the metabolic assessments. Additionally, participants were advised to avoid strenuous  
2 physical activity for 24 hours before the study.

### 3 *Biochemical data*

4 As previously described, fasting blood samples were used for biochemical analyses to measure  
5 plasma total cholesterol, HDL, and triglycerides photometrically (ModularP800, Roche  
6 Diagnostics). LDL cholesterol was calculated using the Friedewald equation. Whole-body insulin  
7 sensitivity was assessed using hyperinsulinemic-euglycemic clamp (M-value) (27–29).

### 8 *PET/CT imaging*

9 The scanning protocol was conducted during cold exposure using a personalised cooling  
10 protocol for both studies: For study one, on the cold exposure day, the subjects spent two hours  
11 wearing light clothing in a room with an ambient temperature of 17°C before the PET imaging.  
12 During the imaging (ambient temperature of 23°C), cold exposure was induced by placing one  
13 foot intermittently (5 min in/5 min out) in water at a temperature of 8°C on average (26). For  
14 study 2, the cooling was 2 hours before the PET scan using cooling blankets, 6°C water, and  
15 then increased water temperature when shivering was observed (objective observation by a  
16 researcher). During the imaging, the cooling protocol was maintained (27).

17 The PET imaging of the supraclavicular region was carried out while the subject was in a supine  
18 position. For study one, the glucose uptake rate in the target tissues (BAT, WAT) was measured  
19 using the [<sup>18</sup>F]FDG radiotracer. For study 2, the non-esterified fatty acids (NEFA) uptake rate  
20 ( $\mu\text{mol}/100\text{ g}/\text{min}$ ) was analysed using the [<sup>18</sup>F]FTHA radiotracer. Tissue perfusion at room  
21 temperature and after cold exposure was assessed using [<sup>15</sup>O]H<sub>2</sub>O ( $\text{mL}/100\text{g}/\text{min}$ ), whereas  
22 metabolic rate of oxygen (MRO<sub>2</sub>) was analysed using [<sup>15</sup>O]O<sub>2</sub> ( $\text{mL}/100\text{g}/\text{min}$ ) (27). As previously  
23 described, BAT radiodensity (measured with Hounsfield Units – HU) was analysed using CT

1 images (30). All PET scans were performed using a dynamic acquisition protocol as previously  
2 described (27,30).

### 3 *PET/CT imaging analysis*

4 PET/CT imaging data were analysed using Carimas software (version 2.8, Turku PET Centre,  
5 Finland) and Vinci 2.54.0 software (Max-Planck Institute, Cologne, Germany). Glucose and  
6 NEFA uptake were analysed using the Patlak-Gjedde plot (31,32). Subjects were categorised  
7 as high-BAT or low-BAT based on substrate uptake rates ( $^{18}\text{F}$ -FDG and/or  $^{18}\text{F}$ -FTHA) in  
8 supraclavicular BAT depot. Specifically, individuals were classified as high-BAT if they had a  
9 glucose uptake rate of  $\geq 3.0 \mu\text{mol}/100 \text{ g}/\text{min}$  or a non-esterified fatty acid (NEFA) uptake rate of  
10  $\geq 0.7 \mu\text{mol}/100 \text{ g}/\text{min}$ . The threshold for the glucose uptake rate of  $3.0 \mu\text{mol}/100 \text{ g}/\text{min}$  is based  
11 on a 3-fold increase during cold exposure compared to resting, room temperature  
12 measurements ( $1.0 \mu\text{mol}/100 \text{ g}/\text{min}$ ) (29). The threshold aligns with a standardised uptake value  
13 (SUV) of 1.5 g/mL (30), the recommended SUV for BAT detection according to the BARCIST  
14 1.0 criteria (33). The NEFA uptake rate of  $0.7 \mu\text{mol}/100 \text{ g}/\text{min}$  is equivalent to the energy  
15 content of glucose following complete oxidation.

### 16 *White and brown adipose tissue biopsies and RNA sequencing*

17 The biopsy of supraclavicular adipose tissue for WAT and BAT was taken from 14 volunteers  
18 (30). BAT depots in this region were identified using available imaging data, such as MRI or  
19 cold-exposed [ $^{18}\text{F}$ ]FDG PET and [ $^{18}\text{F}$ ]FTHA PET/CT scans. A subcutaneous adipose tissue  
20 sample was collected from the same incision site as a WAT reference. The procedure was  
21 conducted at room temperature ( $\sim 22^\circ\text{C}$ ) under local anaesthesia with lidocaine-epinephrine and  
22 performed by a plastic surgeon. Immediately after extraction, tissue samples were frozen in  
23 liquid nitrogen to preserve their integrity.

1 Deep-frozen adipose tissues (30–120 mg) were homogenised in TRIsure, and RNA was  
2 extracted, purified using spin columns, and eluted in water. RNA concentration was measured  
3 (Nanodrop ND-1000), diluted (25–500 ng/mL), denatured (70°C, 2 min), and assessed for  
4 integrity (Bioanalyzer 2100). Coding RNA was enriched (TruSeq RNA Access) to compensate  
5 for degradation, and sequencing was performed (HiSeq 2500, Illumina). Gene expression levels  
6 were quantified as RPKM (27,28).

### 7 *SCFA quantification*

8 Targeted quantification of short-chain fatty acids (SCFAs: acetate, propionate, butyrate) and  
9 succinate was performed using an LC-MS method developed and validated at Chalmers  
10 University of Technology (34). Standards were sourced from Honeywell (acetate), Alfa Aesar  
11 (propionate), Sigma Aldrich (butyrate), and Acros (succinate). Derivatisation reagents (3-NPH,  
12 EDC-6, quinic acid, pyridine, methanol, water) were from Sigma Aldrich; acetonitrile was from  
13 Fisher Scientific. A  $^{13}\text{C}_6$ -3NPH-HCl internal standard, synthesised by IsoSciences Inc., was  
14 used for quantification. Stock solutions of standards were prepared in 75% methanol at  
15 specified concentrations and diluted 1:10 in 10% methanol. Calibration curves ranged 3.2  $\mu\text{M}$ –  
16 0.63 nM (acetate), 3.2  $\mu\text{M}$ –0.31 nM (propionate), and 0.8  $\mu\text{M}$ –0.16 nM (butyrate, succinate).  
17 Samples were analysed in batches, and each batch included five blanks and three triplicate  
18 quality control samples (two long-term pooled plasma samples; one cohort-specific plasma  
19 sample).

### 20 *Statistical analysis*

21 All statistical analyses were performed using IBM SPSS Statistics 28.0.1. Figures were drawn  
22 using GraphPad Prism and Python. Data are presented as mean and standard deviation or  
23 standard error of the mean. The normality of data was checked using the Kolmogorov-Smirnov  
24 test. Because most variables were not normally distributed, the Spearman correlation  
25 coefficients were used for correlation analyses, and a false discovery rate (FDR) test for multiple

1 comparisons was applied (correlation heat maps). For the correlations between circulating  
2 SCFA and imaging parameters, the variables were log-transformed, and the Pearson coefficient  
3 was employed. Low-BAT and high-BAT correlation coefficients were compared using the Fisher  
4 r-to-z test. An independent t-test (or Mann-Whitney U) was also used to compare low-BAT and  
5 high-BAT groups. For paired analysis (WAT versus BAT gene expression in the same group of  
6 individuals), a paired-sample t-test (or Wilcoxon) was employed.

7

8

## 9 **Results**

### 10 *Characteristics of the sample*

11 The main characteristics of the sample are presented in Table 1. As previously mentioned, the  
12 cutoff used to categorise volunteers as low and high-BAT aligns with an SUV of 1.5 g/mL, and  
13 its application allowed for the detection of significant group differences, supporting its utility in  
14 this context. Therefore, Table 1 shows the volunteers' baseline characteristics according to low-  
15 or high-BAT groups. Predictably, the high-BAT group consisted of younger, leaner individuals  
16 with better metabolic profiles, such as lower concentrations of total and LDL-cholesterol and  
17 triglycerides (TG), higher HDL levels, and higher insulin sensitivity, as assessed by the M-value  
18 ( $p < 0.05$  for all). Only body fat percentage was similar between the groups. It is important to  
19 emphasise that this data has been previously shown by our group (30).

20 No differences between the two groups were detected regarding circulating SCFAs at room  
21 temperature (RT). However, we observed higher concentrations of cold-induced (CI) propionate  
22 ( $p = 0.02$ ) and a trend of higher concentrations of CI-acetate in the high-BAT group when  
23 compared to low-BAT ( $p = 0.06$ ), suggesting that these SCFAs could be modulated by acute cold  
24 exposure. Differences in BAT-imaging data between groups were expected because we used

1 CI-NEFA uptake and glucose uptake rate (GUR) to stratify the groups. Still, no differences were  
2 detected for GUR and oxygen metabolic rate ( $MRO_2$ ) at RT and CI- $MRO_2$  ( $p=0.078$ ), most likely  
3 due to the small sample size for these measurements.

#### 4 *Associations between imaging data, circulating cardiometabolic markers, and SCFA*

5 Next, we sought to understand how SCFAs were associated with BAT function. Therefore, we  
6 analysed the correlations between RT and CI-SCFAs with BAT variables (GUR, NEFA uptake  
7 rate, and  $MRO_2$  in BAT) under RT and cold-induced conditions (Figure 1 and Supplementary  
8 Table 1)(35). Interestingly, CI-acetate was directly correlated with CI-NEFA uptake ( $r = 0.62$ ;  
9  $p<0.01$ ), whereas CI-propionic acid was associated with the CI- $MRO_2$  ( $r=0.62$ ;  $p<0.01$ ).  
10 Moreover, CI-acetate correlated with RT and CI circulating free fatty acids (CI-FFA) ( $p<0.01$ ,  
11 Supplementary Table 1) (35). In contrast, RT-acetate was associated with CI-FFA, BAT  
12 radiodensity, and CI-BAT NEFA uptake (Supplementary Table 1) (35). Nevertheless, after FDR  
13 correction, only the associations between FFAs and acetate remained significant  
14 (Supplementary Table 1) (35). In addition, RT and CI-butyrate were associated with BAT  
15 radiodensity. In contrast, CI-acetate concentrations were inversely correlated with clinical  
16 markers such as body weight, BMI, and waist and hip circumference. At the same time, RT  
17 acetate was associated with M-value ( $p<0.01$ , not significant after FDR correction). RT and CI-  
18 butyrate were also inversely correlated with waist circumference, while CI-butyrate was also  
19 associated with M-value (Supplementary Table 1) (35).

#### 20 *Changes in acetate, butyrate and propionate after cold exposure*

21 Because we observed correlations between CI-SCFA and imaging data and cold stress could  
22 affect SCFA levels (36), (18), we investigated how acetate, propionate, and butyrate levels were  
23 modulated during acute cold exposure. We observed that propionate and butyrate levels were  
24 lower after cold exposure than RT (Figures 1H and 1I), but no significant changes were  
25 detected in acetate concentrations (Figure 1G).

## 1 *Differences between low-BAT and high-BAT groups*

2 To better understand how changes in SCFA were affected by having a higher or lower BAT  
3 metabolism, we investigated whether cold-induced changes in SCFA were different when  
4 comparing low-BAT and high-BAT volunteers. Even though acetate concentrations were similar  
5 between low and high-BAT groups (Figure 2A), in the high-BAT group, propionate and butyrate  
6 levels were maintained after two hours of cold exposure (Figures 2B, 2C). We only observed  
7 reductions in serum propionate (Figure 2B) and butyrate (Figure 2C) after cold exposure in the  
8 low-BAT group. Moreover, the low-BAT group showed lower propionate concentrations after  
9 cold exposure (Figure 2B).

10 Differences between the low-BAT and high-BAT groups were also observed when analysing the  
11 correlations between SCFA and clinical variables (Figure 2D-2G and Supplementary Table 2)  
12 (35). Positive associations between BAT NEFA uptake and CI-acetate were only detected in the  
13 high-BAT group ( $\rho=0.781$ ;  $p<0.01$ ) (Figure 2G), whereas CI-propionate was associated with  
14 the  $MRO_2$  in BAT ( $\rho = 0.857$ ;  $p<0.05$ ) only in the low-BAT group (Figure 2F). On the other  
15 hand, RT propionate and butyrate were inversely associated with cold-induced NEFA uptake in  
16 the low-BAT but not in the high-BAT group (Figures 2D, 2E). A significant association between  
17 CI acetate and CI-FFAs was only found for the latter group (Figure 2G). Concerning clinical  
18 variables, RT-butyrate correlated with M-value ( $\rho = 0.703$ ;  $p<0.01$ ) and CI-butyrate with HDL  
19 only in the high-BAT group. Conversely, RT-acetate was inversely correlated with body weight,  
20 while CI-propionate was associated with LDL and total cholesterol in the low-BAT group (Figure  
21 2D-2G and Supplementary Table 2) (35).

## 22 *Gene expression associations between SCFA metabolic pathways with $\beta$ -oxidation, de novo* 23 *lipogenesis (DNL) and thermogenic markers*

24 Because SCFAs have been shown to act as substrates for BAT function via *de novo* lipogenesis  
25 (DNL), converted into acetyl-CoA for the TCA cycle during acute cold exposure, and influence

1 HDACs, we sought to investigate how thermogenic genes were correlated to SCFA metabolic  
2 pathway (i.e. enzymes promoting de novo lipogenesis from SCFA and catabolic pathways) gene  
3 expression in BAT samples. When we analysed the entire sample (Supplementary Figure 1)  
4 (35), we observed strong associations between *ACSS1* with *SIRT3* and *ACSS3* with *HADH*,  
5 *FASN*, and *CEBPA*. Other genes associated with the SCFA catabolic pathways (*PCCA*, *PCCB*,  
6 *MUT*, *HADH*, *HADHA*, *HADHB*, and *ECSH1*) were correlated both to  $\beta$ -oxidation genes (such  
7 as *AKT2*, *CPT2*, and *PRKAKA*) and to the genes in the DNL/FA synthesis pathways (*ACACA*,  
8 *ACLY*, *ELOVL6*). In addition, these genes showed strong positive associations with thermogenic  
9 markers (*UCP-1*, *CIDEA*, *DIO2*, and *PPARGC1A*,  $p < 0.05$  after FDR correction, Supplementary  
10 Figure 1) (35). Remarkably, when we analyzed the association of those genes with DNL/FA  
11 synthesis, *ACLY*, *ACACA*, *ELOVL6*, *FASN*, *MLXIPL*, and *SCD* were correlated with *ACSS2* and  
12 *ACSS3*, but *ACSS1* was inversely associated with *SREBF1* and *MLXIPL*, suggesting a different  
13 role of the two enzymes in BAT.

#### 14 *Gene expression associations in low-BAT and high-BAT groups – browning/thermogenic* 15 *markers and $\beta$ -oxidation*

16 We observed discrepancies between the groups when we investigated how these genes  
17 differentially correlated in low-BAT and high-BAT individuals (Figure 3A, 3B), as highlighted on  
18 the split-tilde heat map (Figure 3C). The two groups differed in their associations between *SIRT1*,  
19 *SIRT3*, *ACSS1*, and *ACSS2* with SCFA catabolic pathway genes and thermogenic/browning  
20 genes (Figures 3A, 3B, and 3C). Only in the high-BAT group, positive associations between  $\beta$ -  
21 oxidation genes and genes from the SCFA catabolic pathways were detected (Figure 3B). In the  
22 low-BAT group, *PCCA*, *PCCB* and *MUT*, for example, were not associated with  $\beta$ -oxidation  
23 genes, which could suggest different SCFA handling. Moreover, positive associations were  
24 observed between *ACSS1* and *SIRT3* in high-BAT volunteers with thermogenic/browning  
25 markers (such as *UCP1*, *PRDM16*, *DIO2*, *CIDEA*, and *PPARGC1A*). After FDR correction,

1 some associations between *SIRT3* and *ACSS1* with these markers remained significant. In the  
2 low-BAT group, only *SIRT1* was associated with thermogenic markers. Moreover, in the high-  
3 BAT group, *SIRT3* was associated with *PCCB*, *ECSH1*, *HADH*, and *HADHA*, all of which were  
4 also linked to *CIDEA*. Other genes, such as *HADHA*, *HADHB*, and *ECSH1*, correlated with  
5 *UCP1* and/or *TMEM26* in the high-BAT group but not in the low-BAT group. In contrast, in the  
6 low-BAT group, *SIRT3* and *ACSS1* were negatively associated with browning/thermogenic  
7 genes (*UCP-1*, *PRDM16*, *DIO2*, and *CEBPA*). Using the Fisher r-to-z test, we found that  
8 correlations of *SIRT1* and *SIRT3* with thermogenic markers (*UCP1*, *DIO2*, *PRDM16*) differed  
9 significantly between high-BAT and low-BAT individuals. In high-BAT, associations between  
10 *SIRT3* were predominantly positive. In contrast, they were weak or negative in low-BAT,  
11 suggesting distinct regulatory interactions between mitochondrial/SCFA pathways and  
12 thermogenic gene expression across groups (Supplementary Figure 2) (35). The opposite was  
13 detected for *SIRT1* and thermogenic genes (positive associations in the low-BAT group versus  
14 negative associations in the high-BAT group).

#### 15 *Gene expression associations in low-BAT and high-BAT groups – DNL and fatty acid synthesis*

16 Regarding the associations of SCFA catabolic genes and DNL/FA synthesis genes, the *ACSS2*  
17 gene was directly associated with DNL genes in both groups. However, only in the high-BAT  
18 group was *ACSS1* inversely correlated with *MLXIPL*. In addition, in the low-BAT group, the  
19 *ACSS1* gene was negatively correlated with *AKT2*, *CPT2*, and *MUT* genes (Supplementary  
20 Figure 3) (35). Contrary to the findings from the high-BAT group, positive associations between  
21 *ECHS1* with DNL and FA synthesis genes were observed in the low-BAT group, which could  
22 suggest that these SCFAs are more easily used for DNL in BAT of volunteers with higher BAT  
23 metabolism (high-BAT group).

#### 24 *Comparisons between WAT and BAT gene expression*

1 We compared the expression of thermogenic, DNL, and SCFA pathway genes in BAT and WAT  
2 according to low- and high-BAT groups. The expressions of *PCCB* (Figure 3I) and *MUT* (Figure  
3 3J) were shown to be higher in BAT than in WAT for both groups, whereas only in the high-BAT  
4 group did we detect higher expressions of *SIRT3* (Figure 3D) and *ACSS2* (Figure 3F) and a  
5 trend of higher expression of *ACSS1* (Figure 3E), *PCCA* (Figure 3H) compared to WAT. The  
6 comparisons between the expression of genes related to SCFA metabolism,  $\beta$ -oxidation, and  
7 DNL in BAT versus WAT in the whole sample are depicted in Supplementary Table 3 (35).  
8 When comparing low-BAT and high-BAT groups, only *ACSS3* in WAT was significantly higher in  
9 the high-BAT group ( $p = 0.029$ , data not shown), whereas *SIRT1* reached borderline  
10 significance ( $6.6 \pm 1.1$  in the low-BAT group versus  $7.7 \pm 0.9$  in the high-BAT group,  $p = 0.053$ ,  
11 data not shown). Even though it would be expected to have higher *ACSS1* and *ACCS2*  
12 expression in BAT of high-BAT individuals, the difference between groups was not significant  
13 ( $p=0.16$ , data not shown). Moreover, when comparing groups, no differences were detected for  
14 *FFAR2* in WAT or BAT.

15 Lastly, Figure 4 depicts the proposed mechanisms by which circulating SCFA may function as  
16 markers of proper BAT function, especially concerning the uptake of fatty acids during cold  
17 exposure.

## 18 **Discussion**

19 Compelling evidence highlights the role of microbiota-derived metabolites in energy balance and  
20 adipose tissue function. Yet, research on the crosstalk between circulating SCFAs and BAT  
21 function in humans is limited. Our study aimed to explore the relationship between circulating  
22 SCFAs and BAT metabolism in adults. Cold-induced circulating acetate was associated with CI-  
23 NEFA uptake in BAT, while CI-propionate correlated with CI-BAT metabolic rate of oxygen.  
24 These results support the idea that circulating SCFAs may be valuable markers for proper BAT  
25 function. Supporting these findings, individuals in the high-BAT group had higher CI, but not RT,

1 SCFA levels. In BAT samples from this group, thermogenic genes like *UCP1*, *CIDEA*, and  
2 *PRDM16* correlated with genes involved in SCFA catabolism. Additionally, propionate-related  
3 genes (*PCCA*, *PCCB*, and *MUT*) were linked to  $\beta$ -oxidation markers, reinforcing the potential of  
4 SCFAs to indicate BAT function and facilitate FA uptake.

5 Several rodent studies have demonstrated SCFAs' role in adipose tissue by modulating  
6 lipolysis, lipogenesis, and thermogenesis (3,6,10,15). SCFAs serve as lipid synthesis substrates  
7 and signalling molecules that regulate adipose metabolism (6,24,37). Acetate and butyrate are  
8 readily converted into acetyl-CoA, a precursor for fatty acid and cholesterol synthesis (3), fuel  
9 for BAT and WAT under nutrient deprivation (38,39), or HDAC inhibitors affecting gene  
10 transcription (14,38,40). Still, acetate's direct effects in brown adipocytes remain contradictory  
11 (41,42). Our study showed associations between CI-acetate, circulating FFA, and CI-NEFA  
12 uptake in BAT, suggesting that acetate could be a marker of FFA uptake in BAT. Notably, this  
13 correlation was present only in individuals in the high-BAT group. No associations were seen  
14 between CI-SCFAs and CI-glucose uptake, which aligns with the understanding that BAT relies  
15 primarily on triglyceride-derived fatty acids over glucose during its activation, with SCFAs  
16 supporting this function either as energy sources or HDAC inhibitors (6,12,24,37,43). Moreover,  
17 BAT can use intracellular and extracellular lipids during cold exposure (44).

18 The metabolic relevance of SCFAs has also been linked to their contribution to the acetyl-CoA  
19 pool (9,38). Current evidence suggests that acetate and acetyl-CoA levels may function as  
20 metabolic sensors, connecting nutrient availability to stress responses and gene regulation  
21 (38,39). Elevated intracellular acetyl-CoA modulates histone acetylation and thus metabolic  
22 gene expression (24,38,39). While butyrate more strongly influences histone acetylation (24,45),  
23 we observed no correlation between circulating butyrate and BAT function. This may result from  
24 rapid butyrate conversion to acetyl-CoA or its use in histone acetylation during thermogenesis

1 (38,39). Contrary to this idea, one *in vitro* study reported that acetate inhibited thermogenic  
2 machinery in brown adipocytes, reducing mitochondrial uncoupling and fatty acid oxidation (42).  
3 Interestingly, we also detected a strong correlation between CI-propionate and the CI-MRO<sub>2</sub> in  
4 BAT, observed only in the low-BAT group after stratifying the sample. *In vitro* evidence suggests  
5 that propionate activates the sympathetic nervous system, increasing heart rate, thermogenesis,  
6 and energy expenditure (46), and induces WAT browning (24,46). The absence of a similar  
7 correlation in the high-BAT group may reflect distinct mechanisms of BAT fuel utilisation and  
8 activation across groups. Although somewhat paradoxical, the correlation between CI-  
9 propionate and MRO<sub>2</sub> in the low-BAT group might indicate increased sympathetic activity or  
10 muscle shivering, potentially explaining the observed serum propionate reductions after cold  
11 exposure. In contrast, individuals with high BAT activity may possess more efficient metabolic  
12 machinery to utilise SCFAs, whether as oxidative fuel, substrates for de novo lipogenesis, or  
13 regulators of gene transcription via histone acetylation (24,25,38,39).

14 Stratification of the sample also revealed distinct CI-SCFA patterns: while SCFA levels  
15 remained stable after cold in the high-BAT group, propionate and butyrate concentrations  
16 decreased in the low-BAT group. Since SCFAs can act as nutrient sensors, the stable levels in  
17 high-BAT individuals may reflect enhanced regulation of SCFA production or utilisation (possibly  
18 hepatic) to sustain thermogenesis (25,38). Cold exposure activates gut-brain communication via  
19 transient receptor potential (TRP) channels, stimulating norepinephrine release and BAT  
20 thermogenesis, while promoting WAT browning (47). In the low-BAT group, the SCFA reduction  
21 may suggest preferential use of SCFAs as readily absorbed and metabolised oxidative  
22 substrates for thermogenesis. Yet, the specific mechanisms remain uncertain. Indeed, cold-  
23 induced SCFA alterations are not well defined in humans (36,48). This means that, during cold  
24 exposure, high-BAT individuals maintain stable levels of circulating acetate and propionate—  
25 associated with BAT fatty acid uptake —while low-BAT individuals show a drop in these SCFAs,

1 suggesting that SCFA stability supports efficient thermogenesis and substrate handling under  
2 cold stress. However, because the effects of cold on SCFA production are controversial and not  
3 well explored in humans (36,48), intervention studies are necessary to confirm this hypothesis.  
4 A 10-day cold challenge study in mice reported impaired gut microbiota and diminished SCFA  
5 levels (36), though other studies have shown variable responses depending on exposure  
6 duration and intensity (36,48,49).

7 Remarkably, the absence of gut microbiota reduces rodent thermogenic capacity—a defect  
8 reversed by butyrate supplementation (48). Elevated circulating butyrate may confer a metabolic  
9 advantage by boosting mitochondrial activity and fatty acid oxidation in BAT, as shown in mice  
10 (6). Both butyrate and acetate also promote WAT browning by upregulating genes such as  
11 *UCP1*, *PRDM16*, and *PGC-1 $\alpha$* , leading to browning (15,21,23). Additionally, SCFAs—  
12 particularly acetate and butyrate—act as potent HDAC inhibitors, enhancing histone acetylation  
13 and transcription of genes involved in cell differentiation, metabolism, and anti-inflammatory  
14 pathways (15,24). In adipose tissue, HDAC3 inhibition has been linked, for example, to  
15 increased expression of PPAR $\gamma$  targets, improving insulin sensitivity (24). Nevertheless, the cell-  
16 and gene-specific pathways of SCFA-mediated HDAC inhibition remain only partially  
17 understood.

18 We also observed positive associations between serum RT and CI-acetate and propionate with  
19 the insulin sensitivity marker (M-value) and HDL cholesterol, alongside inverse correlations  
20 between RT-acetate and body weight, BMI, and waist circumference. These findings support  
21 previous associations between higher circulating SCFAs and improved lipid and glucose  
22 metabolism (2,11,50,51). SCFAs play an essential role in glucose regulation by acting on  
23 GPCRs, especially FFAR2 (GPR43), which is expressed in enteroendocrine cells and  
24 pancreatic islets (2). FFAR2 activation stimulates GLP-1 release, enhancing insulin secretion  
25 and suppressing glucagon, improving postprandial glucose control (6,24). SCFAs also regulate

1 energy metabolism through AMPK signalling (6,21,22), promoting mitochondrial biogenesis and  
2 glucose uptake via PGC-1 $\alpha$ , particularly in muscle and adipose tissue (6). Unexpectedly, we  
3 detected no differences in FFAR2 expression between low- and high-BAT groups. Interestingly,  
4 most SCFA-clinical parameter associations were detected only in the high-BAT group,  
5 emphasising the relevance of elevated circulating SCFA. We hypothesise that acetate may be  
6 converted into acetyl-CoA for DNL, with newly synthesised fatty acids possibly activating UCP1  
7 instead of being stored as triglycerides. Indeed, our transcriptome results linking the SCFAs  
8 catabolic pathway and thermogenic genes in BAT samples add significant insights to this  
9 narrative.

10 In high-BAT individuals, ACSS1 positively correlated with SIRT3, PGC1- $\alpha$ , and UCP1, and  
11 SIRT3 with all  $\beta$ -oxidation genes, indicating robust thermogenic capacity under cold exposure.  
12 SCFA, mainly acetate, is converted to acetyl-CoA by ACSS1, supporting energy homeostasis  
13 and mitochondrial function during fasting or ketogenic states (38,52). This means ACSS1  
14 provides an alternative route for generating acetyl-CoA from SCFAs, mainly when nutrient  
15 availability is limited or during thermogenic events (38,52), and may influence epigenetic  
16 regulation via SIRT3-mediated deacetylation (53,54). Mice lacking ACSS1 develop hypothermia  
17 during fasting or under low-carbohydrate diets, while wild-type mice increase ACSS1 expression  
18 under similar conditions (38,55). Experimental data support the hypothesis that cold exposure  
19 and caloric restriction activate SIRT3 expression in white and brown adipose tissues (53), and  
20 SIRT3 knockout mice exhibit impaired lipid metabolism (56). Thus, in our samples, SIRT3 and  
21 ACSS1 seem to support the metabolic needs of BAT, ensuring that energy can be produced  
22 efficiently, even when substrate availability is scarce (53,57), like using SCFA during cold  
23 exposure.

24 We also found correlations between CIDEA and TMEM26 with SCFA-pathway catabolic genes  
25 in the high-BAT group, especially those in propionate metabolism. CIDEA was associated with

1 PCCA, PCCB, and MUT, which are involved in propionate catabolism. CIDEA regulates lipid  
2 droplet dynamics, controlling fatty acid availability for  $\beta$ -oxidation (58,59), and supports energy  
3 balance during cold or fasting (58,59). By controlling lipid droplet formation and turnover, CIDEA  
4 modulates the substrates accessible to  $\beta$ -oxidation enzymes (58,59). This regulation is essential  
5 for maintaining the energy balance within BAT, particularly during periods of increased energy  
6 demand, such as cold exposure or fasting (58,59). On the other hand, by deacetylating key  
7 enzymes involved in  $\beta$ -oxidation, SIRT3 directly enhances their metabolic efficiency,  
8 counterbalancing the lipid storage function of CIDEA (54,56,57,60). The interconnected roles of  
9 CIDEA, SIRT3, and ACSS1 in our high-BAT volunteers suggest a finely tuned regulatory  
10 network within BAT that balances energy storage and expenditure, maintaining metabolic  
11 flexibility required for effective thermogenesis, and allowing BAT to respond dynamically to  
12 physiological. Conversely, the low-BAT group showed negative associations of SIRT3 with  
13 UCP1, and ACSS1 with MUT and FFAR2, hinting at a less efficient thermogenic system. Recent  
14 findings show that adding propionate to mature adipocytes increases UCP1 and PGC1 $\alpha$ ,  
15 especially from mesenteric fat, enhancing mitochondrial respiration and ATP output (61)

16 In high-BAT individuals, ACSS2 expression also correlated with DNL genes like ACACA and  
17 ACLY, suggesting a coordinated balance between lipolysis and lipogenesis. Mice exposed to  
18 mild cold increase DNL gene expression via the AKT2-ChREBP pathway, which stimulates  
19 ACSS2 to convert acetate into acetyl-CoA for BAT utilisation (62). ACSS2 also recycles acetate  
20 from nuclear deacetylation reactions, such as HDAC activity (63–65) and can bind acetylated  
21 PPAR $\gamma$ , recruiting SIRT1 and PRDM16 to activate UCP1 transcription (65).

22 When comparing BAT and WAT depots, differences in the expression of ACSS1, ACSS2, and  
23 SIRT3 were observed only in the high-BAT group, suggesting a more metabolically flexible BAT  
24 capable of efficient substrate utilisation. Fatty acids not only fuel thermogenesis but also  
25 contribute to its activation in BAT (43,44,66). Interestingly, cold exposure simultaneously

1 induces  $\beta$ -oxidation and lipogenesis in BAT—two typically opposing pathways—highlighting  
2 BAT's unique metabolic coordination (44). In our study, high-BAT individuals displayed a more  
3 orchestrated metabolic profile linking SCFA signalling with lipolysis and lipogenesis, as  
4 observed from circulating SCFA associations and gene expression analysis. We also found  
5 correlations between SCFA pathway genes and AKT2 in high-BAT individuals and Elovl6 in  
6 both groups. AKT2 is a cold-inducible kinase that promotes ChREBP-mediated DNL, supplying  
7 fatty acids essential for mitochondrial heat production (62), whereas Elovl6 influences long-  
8 chain fatty acid composition, regulating mitochondrial efficiency and thermogenic adaptation.  
9 Elovl6 deficiency impairs lipid oxidation and cold response in BAT, emphasising its role in fuel  
10 management (66). These insights underscore the complexity of metabolic regulation in BAT and  
11 suggest that modulating lipid-derived signals and metabolic enzymes may offer therapeutic  
12 potential for metabolic disorders.

13 Our study does have limitations. Its cross-sectional design prevents causal inference, and  
14 differences between the two cohorts (such as in age and BMI) may have impacted BAT  
15 metabolic responses. While the sample size for gene expression analysis ( $n=14$ ) is modest, it  
16 remains acceptable for human studies, and most blood markers and imaging data were  
17 collected from more individuals. The lack of dietary and microbiota data limits our conclusions  
18 on gut-derived SCFA production. Nonetheless, using two PET/CT radiotracers allowed a  
19 multidimensional assessment of BAT metabolism—including glucose and NEFA uptake,  
20 perfusion, and  $MRO_2$ —in relation to serum SCFAs. Although most of the genes are not  
21 exclusively involved in SCFA pathways, the integration of imaging data with serum SCFA levels  
22 and transcriptomic correlations suggests that these genes may act in concert to orchestrate  
23 SCFA handling and utilization within metabolically active BAT.

24 Our findings suggest that circulating SCFAs are not only markers but potential modulators of  
25 BAT function, especially under cold stress. During cold exposure, high-BAT individuals

1 maintained higher levels of circulating SCFAs while low-BAT individuals exhibited a drop in  
2 these metabolites. These differences were absent at room temperature, suggesting a specific  
3 SCFA resilience mechanism during thermal stress. Moreover, circulatory acetate levels  
4 correlated with BAT fatty acid uptake, and propionate with oxygen consumption, implying that  
5 stable SCFA levels support thermogenic substrate handling. These results support the  
6 hypothesis that maintaining SCFA availability—possibly through dietary fibre or microbiota-  
7 targeted interventions—may enhance BAT thermogenesis and systemic metabolic flexibility.  
8 Future clinical trials aimed at increasing endogenous SCFA production could help clarify the  
9 therapeutic potential of SCFA modulation in promoting BAT activity and metabolic health.

#### 10 **Data availability statement**

11 The data that support the findings of this study are available from the corresponding author  
12 upon reasonable request and will be provided within a reasonable timeframe.

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37 [chain\\_fatty\\_acids\\_act\\_as\\_markers\\_of\\_brown\\_adipose\\_tissue\\_metabolism\\_in\\_humans\\_b\\_/3038](https://figshare.com/articles/dataset/_b_Supplementary_file_for_b_b_Cold-induced_serum_short-chain_fatty_acids_act_as_markers_of_brown_adipose_tissue_metabolism_in_humans_b_/30383371?file=58827145)  
38 [3371?file=58827145](https://figshare.com/articles/dataset/_b_Supplementary_file_for_b_b_Cold-induced_serum_short-chain_fatty_acids_act_as_markers_of_brown_adipose_tissue_metabolism_in_humans_b_/30383371?file=58827145)

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## 1 **Figure legends**

2 **Figure 1.** Correlations between NEFA uptake (A), metabolic rate of oxygen (B), and glucose  
3 uptake rate in cold-stimulated BAT (C) with cold circulating acetate, and propionate (D, E, F  
4 respectively), and circulating acetate (G), propionate (H), and butyrate (I), at room temperature  
5 (RT) and after 2 hours of cold exposure (Cold) (log-transformed data). Sample sizes differed for  
6 different tracers. Cold-stimulated NEFA uptake (A and D; n=35); metabolic rate of oxygen (B  
7 and E; n = 19), and glucose uptake rate (C and F; n=35). For the comparisons between RT and  
8 CI-SCFA (Panels G-I) n = 33.

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10 **Figure 2.** Circulating acetate (A), propionate (B), and butyrate (C) at room temperature and  
11 after 2 hours of cold exposure in low- versus high-BAT volunteers and Spearman's correlations  
12 between circulating room temperature (D, E) and cold-induced (F, G) SCFA with clinical  
13 variables. Bigger circles indicate stronger correlation analysis or lower p-values. Circulating  
14 SCFA (RT: n = 33, CI: n = 72). RT-BAT NEFA uptake (n = 18), RT-BAT glucose uptake (n =  
15 18), RT-BAT perfusion (n = 25), RT-BAT MRO2 (n = 6), CI-BAT NEFA uptake (n = 35), CI-BAT  
16 glucose uptake (n = 35), CI-BAT perfusion (n = 54), CI-BAT MRO2 (n = 19).

17 **Figure 3.** Heat map of correlations between BAT markers with genes from SCFA pathway and  
18 *de novo* lipogenesis genes according to low- (panel A, n = 5) and high-BAT (panel B, n = 9) and  
19 heat map with split tiles (Low-bAT versus high-BAT, panel C) and differences in gene  
20 expression in WAT and BAT according to the same groups (D-K).

21 **Figure 4. Proposed mechanism linking SCFA metabolism to BAT function.**

22 Cold exposure modulates SCFAs—acetate, butyrate, and propionate—which support BAT  
23 thermogenesis. In high-BAT individuals, SCFAs are preserved during cold and correlate with  
24 NEFA uptake. Upon entering brown adipocytes, acetate is converted by ACSS2 to acetyl-CoA,

1 fueling lipogenesis (via *ACC*, *FASN*, *SCD1*) and histone acetylation, which promotes  
2 thermogenic gene expression (*PGC-1 $\alpha$* ). Fatty acids are mobilised (HSL) and imported via  
3 *CD36*, *FABP4*, and *FATP*. Butyrate enhances mitochondrial biogenesis and browning by  
4 inhibiting HDACs and increasing acetyl-CoA via *ACSS1*. Propionate is metabolised to succinyl-  
5 CoA (via *ACSS3*, *PCCA*, *PCCB*, and *MUT*), enters the TCA cycle, and activates *SIRT3* to boost  
6 NAD<sup>+</sup> and ETC activity. Cold and  $\beta$ -adrenergic signalling (NE,  $\beta$ -AR) further promote SCFA  
7 uptake and acetate production. Genes involved in SCFA catabolism are enriched in BAT and  
8 associate with thermogenesis (*UCP1*, *PRDM16*),  $\beta$ -oxidation (*HADHA/B*, *ECHS1*), and  
9 lipogenesis (*FASN*, *ACLY*), linking SCFA availability to metabolic and epigenetic control of  
10 browning. Abbreviations: *ACSS1/2/3* – acyl-CoA synthetase short-chain family members 1–3;  
11 *ACC* – acetyl-CoA carboxylase; *FASN* – fatty acid synthase; *SCD1* – stearoyl-CoA desaturase  
12 1; *HSL* – hormone-sensitive lipase; *CD36*, *FABP4*, *FATP* – fatty acid transporters; *PGC-1 $\alpha$*  –  
13 peroxisome proliferator-activated receptor gamma coactivator 1-alpha; *UCP-1*: uncoupling  
14 protein 1; *PCCA/PCCB* – propionyl-CoA carboxylase subunits; *MUT* – methylmalonyl-CoA  
15 mutase; *SIRT3*- sirtuin 3; *ETC* – electron transport chain; *TCA* – tricarboxylic acid cycle; *TAG* –  
16 triacylglycerol; *FA* – fatty acid; *DNL* – de novo lipogenesis; *HDAC* – histone deacetylase; *NE* –  
17 norepinephrine;  $\beta$ -AR – beta-adrenergic receptor; *FFAR2/3* – free fatty acid receptors 2 and 3  
18 (Created in BioRender. Pires, M. (2025) <https://BioRender.com/js8rqie>).

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2 **Table 1.** Clinical data and circulating short-chain fatty acids in low-BAT and high-BAT

3 individuals.

	Low-BAT (n=32)	High-BAT (n=39)	p-value	Total sample
<b>Clinical data</b>				
Female participants (n; %)	17 (53%)	32 (82%)	<0.01	49
Age (years) <sup>#</sup>	43.7 ± 7.5	35.9 ± 10.7	<0.01	39.4 ± 10.1
Weight (kg)	88.7 ± 19.1	70.6 ± 12.4	<0.01	78.7 ± 18.1
BMI (kg/m <sup>2</sup> )	29.8 ± 6.5	24.8 ± 3.8	<0.01	27.1 ± 5.7
Body Fat (%)	33.5 ± 11.3	31.8 ± 8.1	0.46	32.5 ± 9.6
Waist circumference (cm)	98.2 ± 18.7	84.2 ± 12.9	<0.01	90.7 ± 17.2
Hips circumference (cm) <sup>#</sup>	106.6 ± 14.3	97.9 ± 9.8	<0.01	101.9 ± 12.8
Insulin sensitivity (M-value) (μmol/kg/min)	30.3 ± 17.7	47.1 ± 20.2	<0.01	39.8 ± 20.8
HDL-c (mmol/L)	1.5 ± 0.3	1.7 ± 0.4	0.04	1.6 ± 0.4
Total cholesterol (mmol/L)	5.0 ± 0.8	4.4 ± 0.9	<0.01	4.7 ± 0.9
LDL-c (mmol/L) <sup>#</sup>	3.0 ± 0.8	2.5 ± 0.7	<0.01	2.7 ± 0.8
Triglycerides (mmol/L) <sup>#</sup>	1.2 ± 0.7	0.8 ± 0.3	<0.01	1.0 ± 0.5
<b>Serum SCFA (RT) (n = 33)</b>				
Fasting acetate (μM) <sup>#</sup>	103.2 ± 63.0	125.6 ± 75.5	0.47	124.7 ± 84.0
Fasting propionate (μM) <sup>#</sup>	1.4 ± 0.6	1.5 ± 0.8	0.78	1.4 ± 0.7
Fasting butyrate (μM) <sup>#</sup>	0.4 ± 0.3	0.4 ± 0.17	0.37	0.4 ± 0.2
<b>Serum SCFA (cold stimulation – CI) (n = 72)</b>				
Fasting acetate (μM) <sup>#</sup>	91.1 ± 50.7	121.3 ± 80.0	0.06	106.0 ± 69.3

Fasting propionate ( $\mu\text{M}$ )	$0.9 \pm 0.5$	$1.2 \pm 0.6$	0.02	$1.1 \pm 0.5$
Fasting butyrate ( $\mu\text{M}$ ) <sup>#</sup>	$0.2 \pm 0.1$	$0.4 \pm 0.4$	0.13	$0.3 \pm 0.3$

**BAT-imaging data (Room temperature)**

Glucose uptake rate ( $\mu\text{mol}/100 \text{ g}/\text{min}$ )	$1.0 \pm 0.2$	$1.0 \pm 0.6$	0.48	$1.0 \pm 0.4$
NEFA uptake rate ( $\mu\text{mol}/100 \text{ g}/\text{min}$ )	$0.3 \pm 0.2$	$0.9 \pm 0.7$	<0.01	$0.6 \pm 0.6$
Perfusion ( $\text{mL}/100\text{g}/\text{min}$ )	$4.9 \pm 3.7$	$8.1 \pm 4.0$	0.02	$6.7 \pm 4.1$
Metabolic rate of oxygen ( $\text{MRO}_2$ ) ( $\text{mL}/100\text{g}/\text{min}$ )	$0.5 \pm 0.1$	$0.7 \pm 0.1$	0.13	$0.6 \pm 0.1$

**BAT-imaging data (after Cold-stimulation - CI)**

Glucose uptake rate ( $\mu\text{mol}/100 \text{ g}/\text{min}$ )	$1.1 \pm 0.6$	$8.1 \pm 5.5$	<0.01	$4.9 \pm 5.3$
NEFA uptake ( $\mu\text{mol}/100 \text{ g}/\text{min}$ )	$0.4 \pm 0.1$	$1.4 \pm 1.1$	<0.01	$1.0 \pm 0.9$
Perfusion ( $\text{mL}/100\text{g}/\text{min}$ )	$9.8 \pm 4.0$	$14.8 \pm 6.6$	<0.01	$12.9 \pm 6.2$
Metabolic rate of oxygen ( $\text{MRO}_2$ )	$1.3 \pm 0.4$	$1.8 \pm 0.6$	0.076	$1.6 \pm 0.6$

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1 Independent-samples t-test<sup>#</sup>/non-parametric test (Mann-Whitney U)

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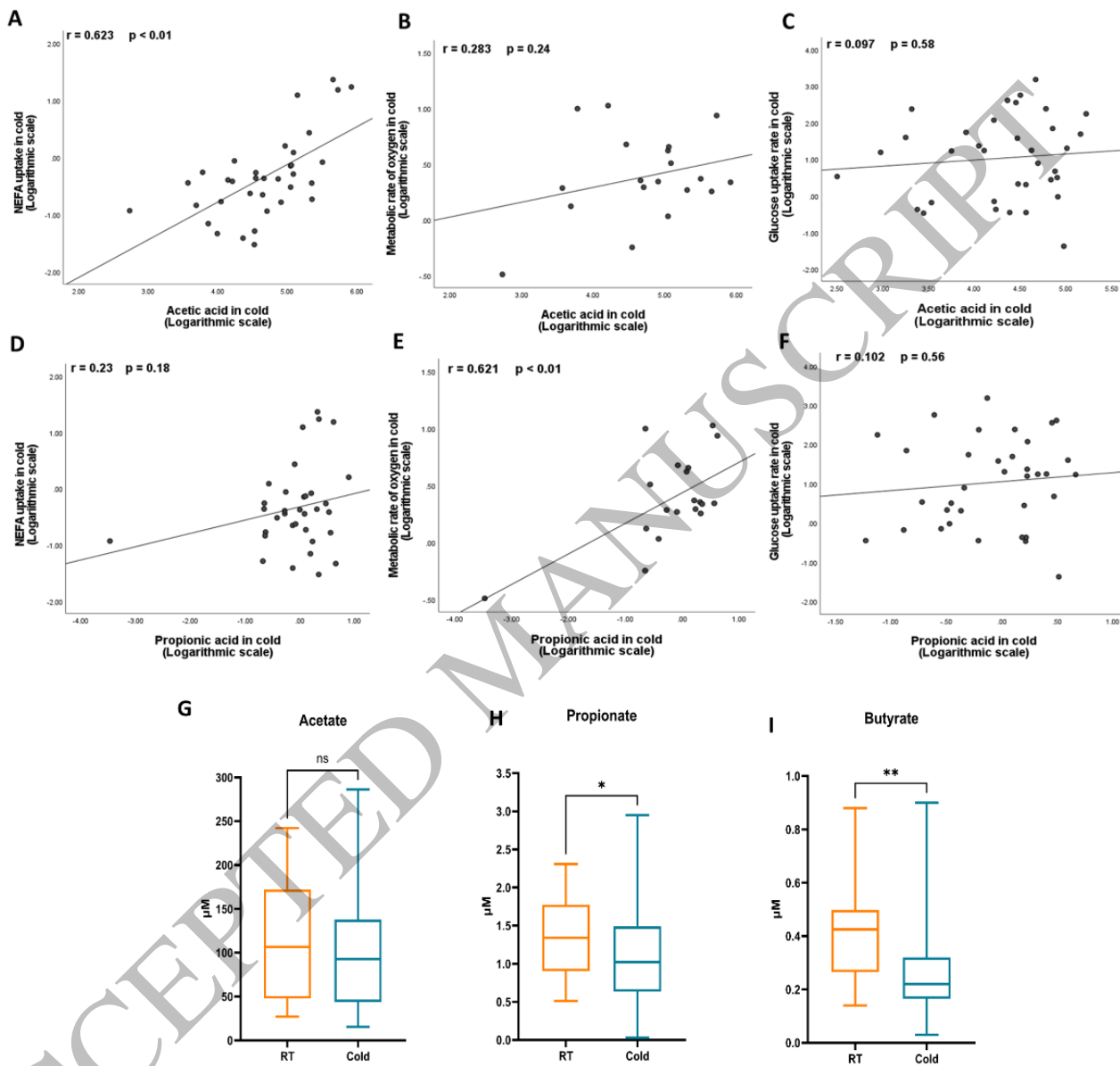
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1 **Figure 1.**

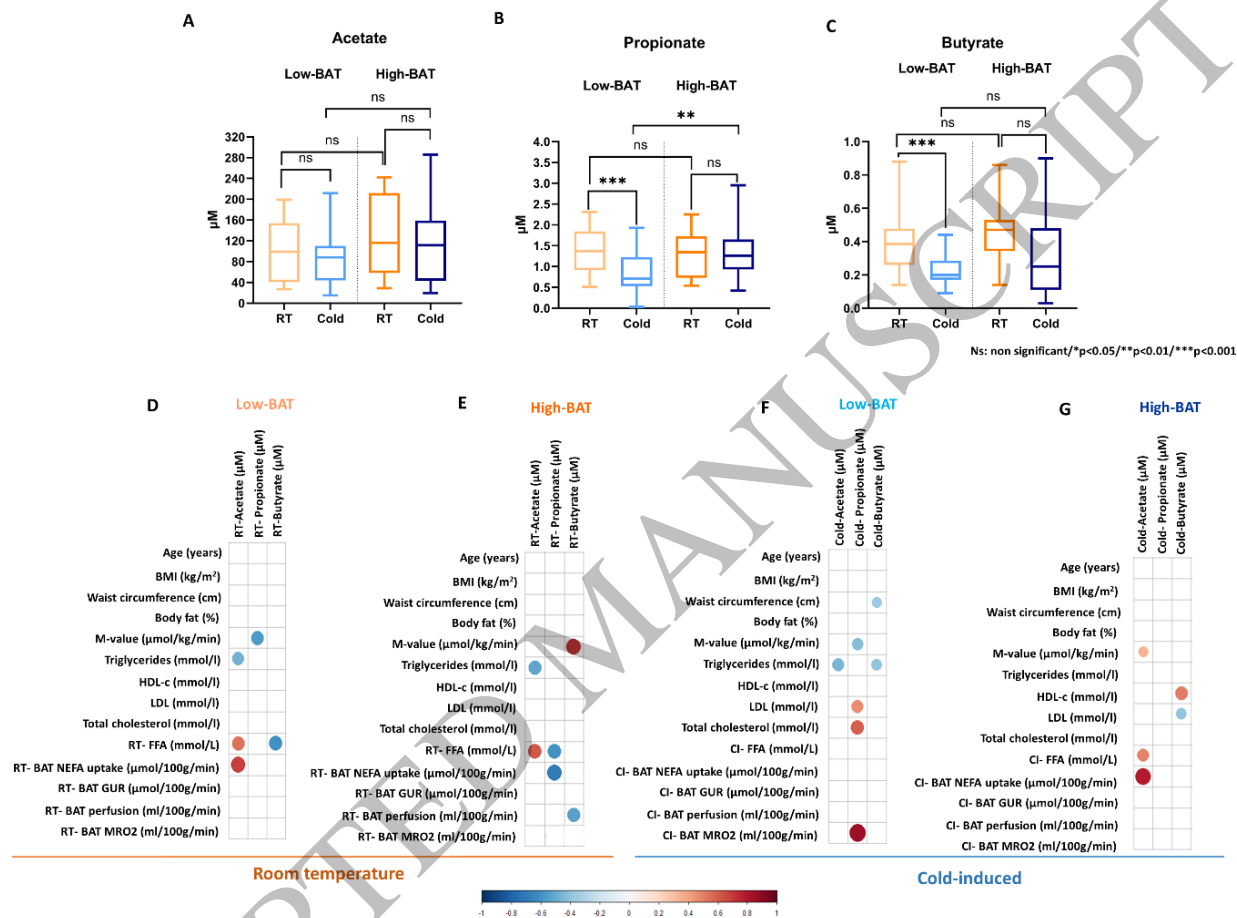


Ns: non significant /\* $p < 0.05$  /\*\* $p < 0.01$  /\*\*\* $p < 0.001$  \*\*\*\* $p < 0.0001$

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2 **Figure 2.**



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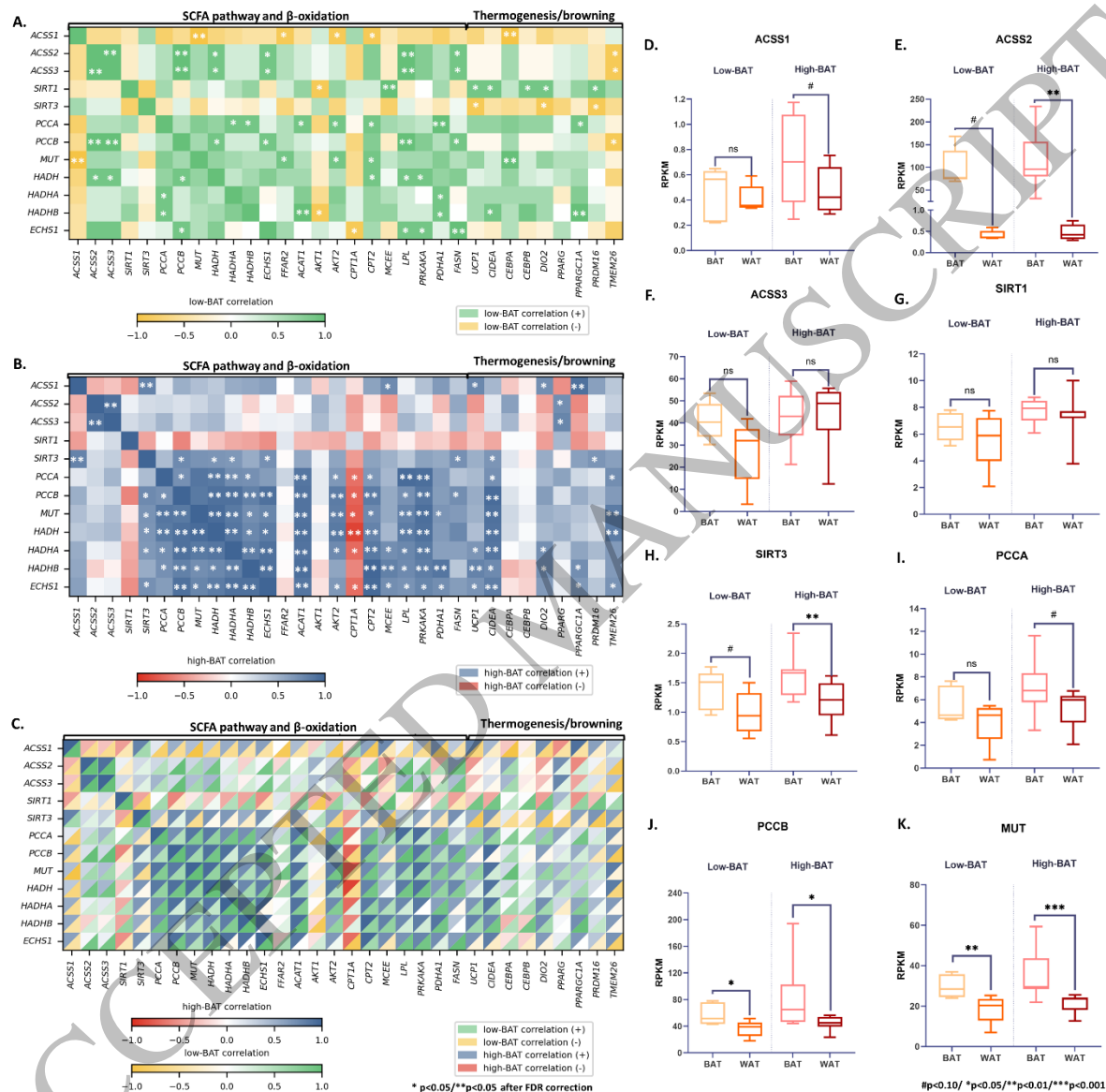
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2 **Figure 3.**



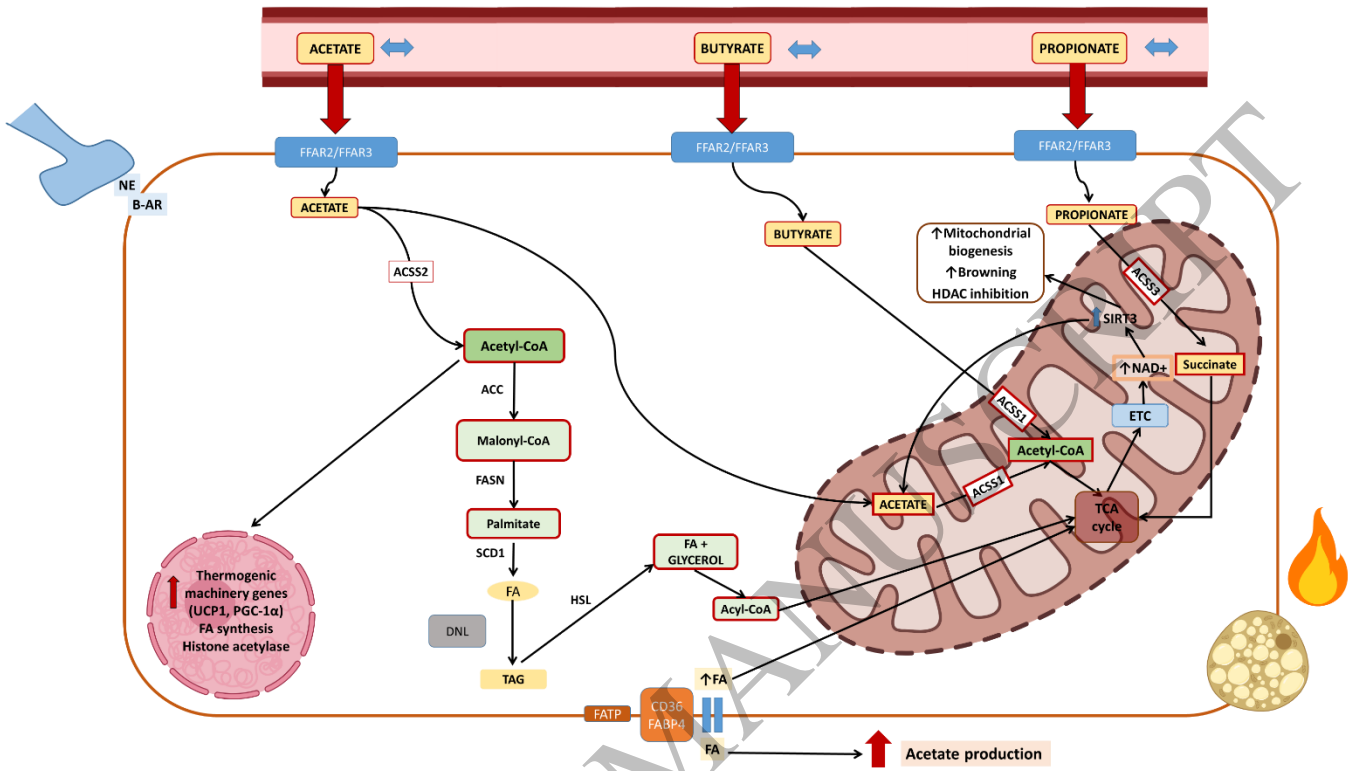
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1 **Figure 4.**



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