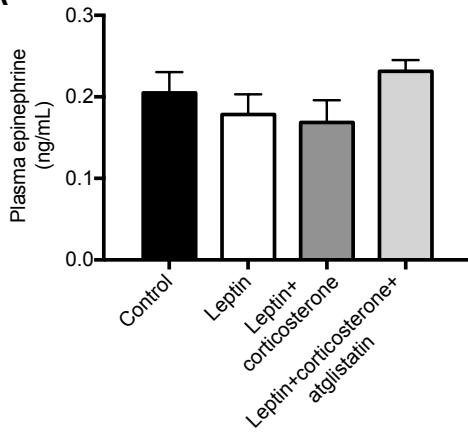
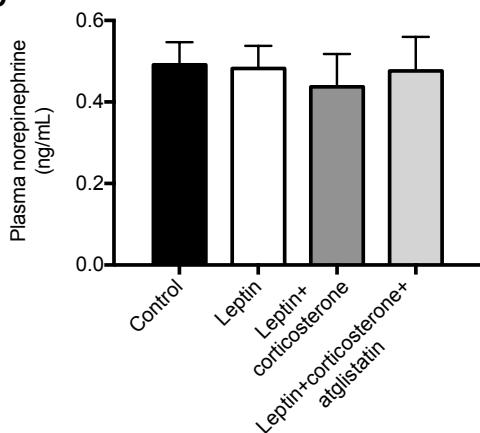


Figure S1

A



B



C

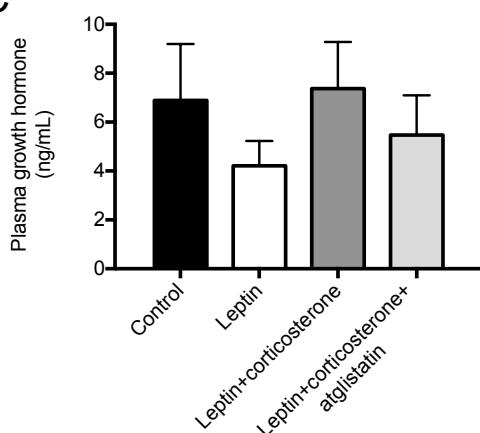
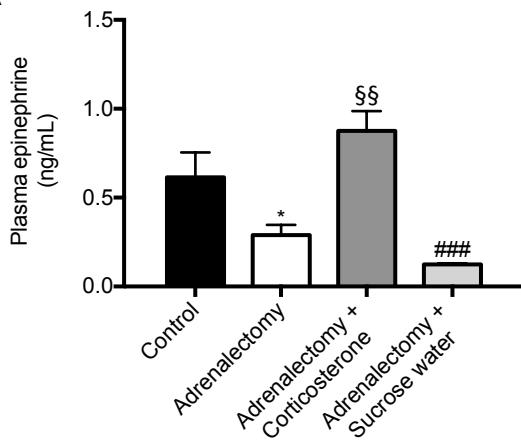


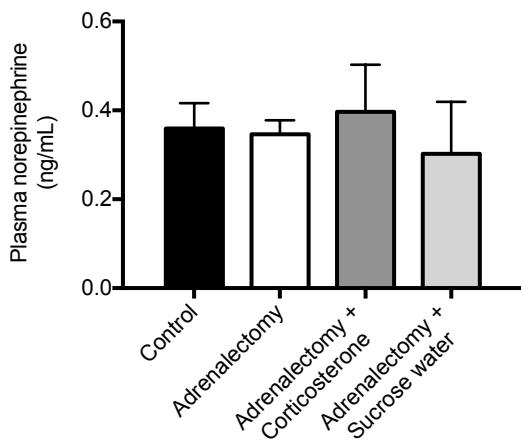
Fig. S1. Leptin's acute effect to reverse DKA results from suppression of hypercorticosteronemia. (A)-(C) Plasma epinephrine, norepinephrine, and growth hormone concentrations after a 6 hr infusion of leptin \pm corticosterone \pm atglistatin. There were no differences between groups by ANOVA with Bonferroni's multiple comparisons test. Data are the mean \pm S.E.M. of n=7 (control), 7 (leptin), 10 (leptin+corticosterone), and 6 (leptin+corticosterone+atglistatin).

Figure S2

A



B



C

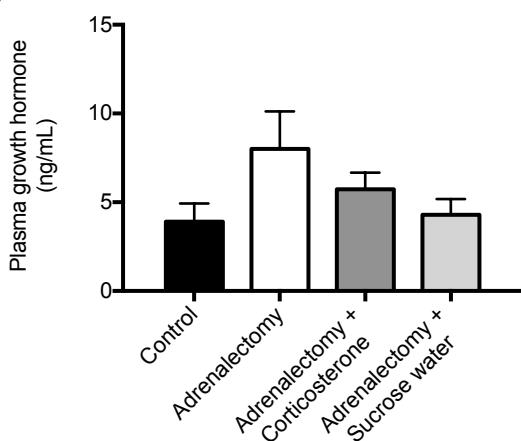


Fig. S2. Hypercorticosteronemia is necessary for DKA in fasted rats. (A)-(C) Plasma epinephrine, norepinephrine, and growth hormone concentrations. In all panels, data are the mean \pm S.E.M. of n=8 (control), 11 (adrenalectomy), 8 (adrenalectomy+corticosterone), and 6 (adrenalectomy+ sucrose water) per group. *P<0.05, **P<0.01, ***P<0.001 vs. adrenalectomized rats by ANOVA with Bonferroni's multiple comparisons test.

Figure S3

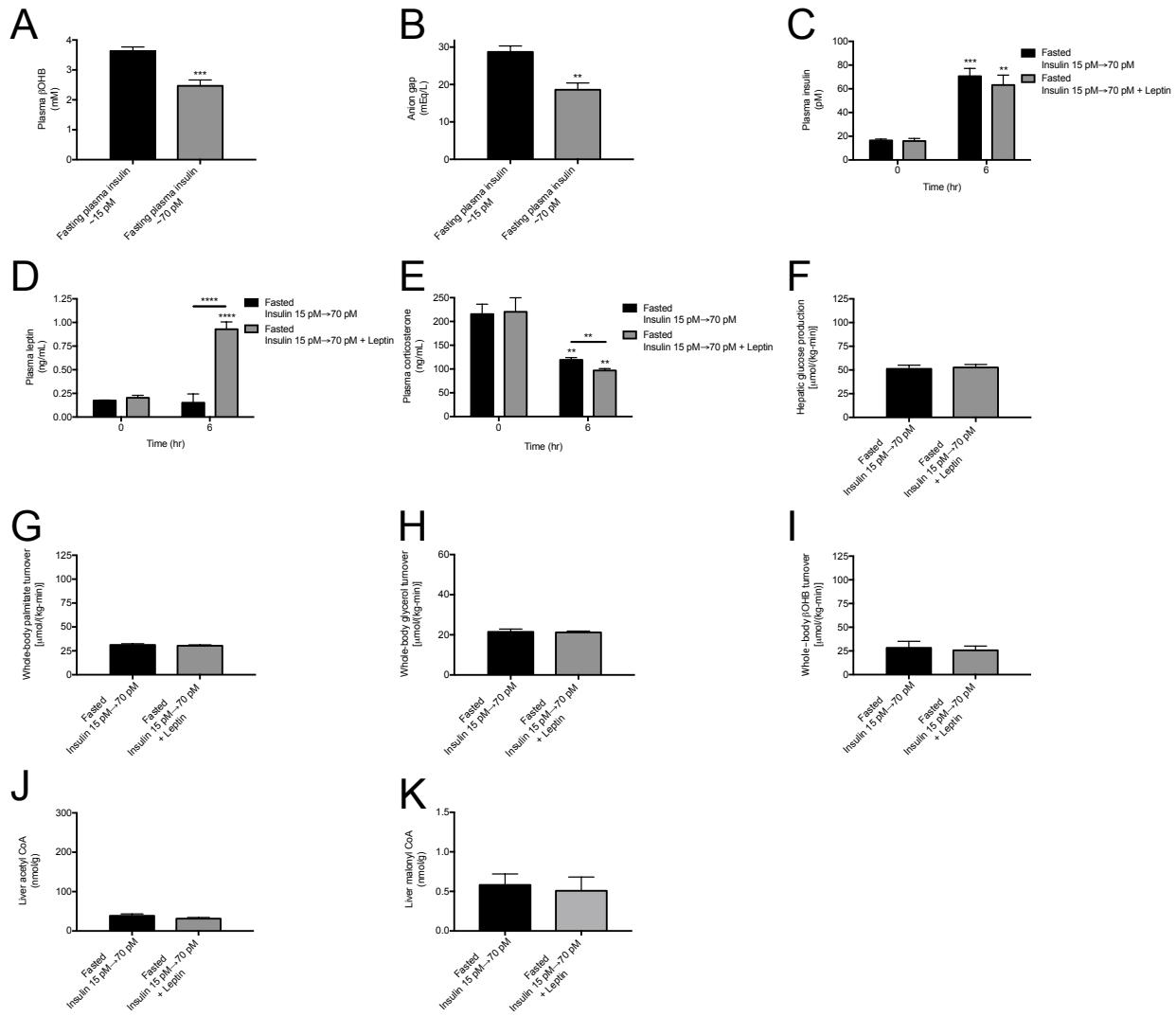
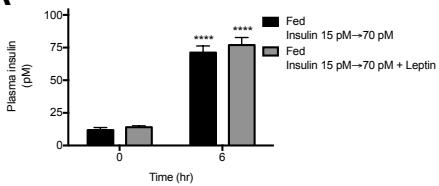


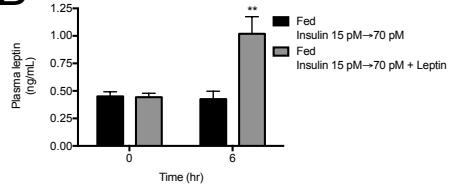
Fig. S3. Leptin has little to no acute effect in rats with plasma insulin ~70 pM. (A)-(B) Plasma β OHB concentrations and anion gap in rats with endogenous fasting plasma insulin concentrations ~15 pM and ~70 pM. (C)-(E) Plasma insulin, leptin, and corticosterone concentrations in T1D rats infused with insulin to achieve plasma insulin concentrations ~70 pM. (F)-(I) Hepatic glucose production, palmitate, glycerol, and β OHB turnover. (J)-(K) Liver acetyl and malonyl CoA concentrations. In all panels, data are the mean \pm S.E.M. of n=6 per group. **P<0.01, ***P<0.001, ****P<0.0001, with asterisks directly over the bars representing comparisons to the same group at time zero by the 2-tailed paired Student's t-test, and asterisks spanning two bars representing comparisons of the two groups at the 6 hr time point by the 2-tailed unpaired Student's t-test.

Figure S4

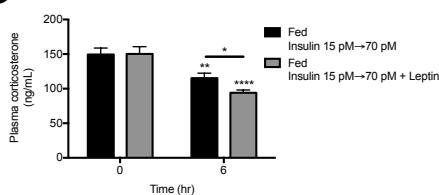
A



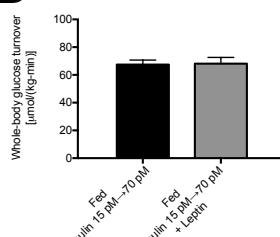
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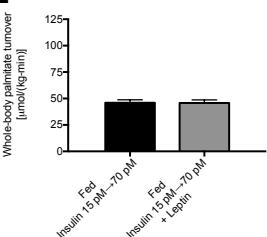
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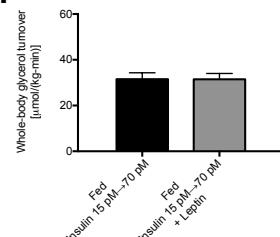
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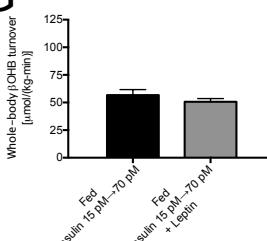
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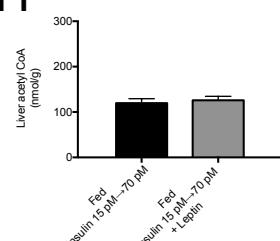
F



G



H



I

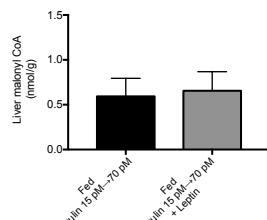


Figure S4. Leptin does not lower plasma glucose concentrations in fed rats with plasma insulin ~70 pM. (A)-(C) Plasma insulin, leptin, and corticosterone concentrations. (D)-(G) Whole-body glucose, palmitate, glycerol, and β OHB turnover. (H)-(I) Liver acetyl and malonyl CoA concentrations. In all panels, data are the mean \pm S.E.M. of n=10-11 per group. *P<0.05, **P<0.01, ***P<0.0001, with asterisks directly over the bars representing comparisons to the same group at time zero by the 2-tailed paired Student's t-test, and asterisks spanning two bars representing comparisons of the two groups at the 6 hr time point by the 2-tailed unpaired Student's t-test.

Figure S5

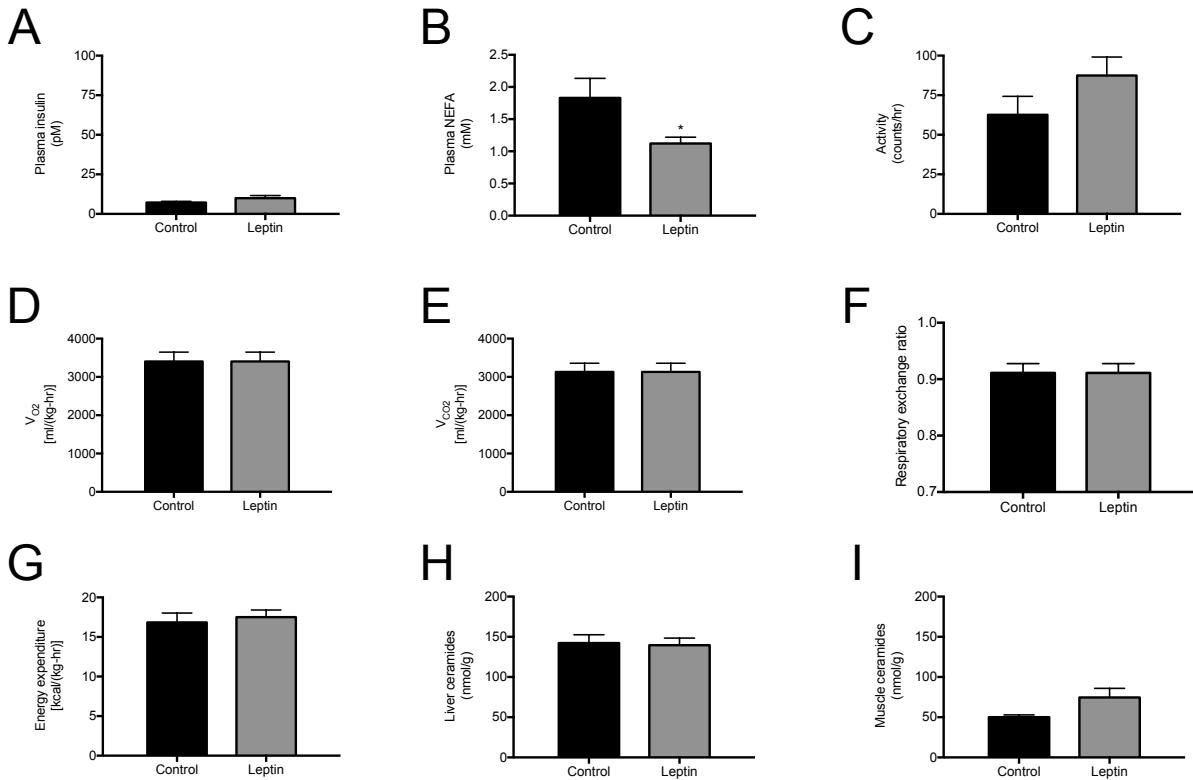


Fig. S5. The chronic effect of leptin to suppress hyperglycemia in T1D mice is pleiotropic. (A)-(B) Plasma insulin and NEFA concentrations in chronic leptin-treated mice. * $P < 0.05$ by the 2-tailed unpaired Student's t-test. (C)-(E) Activity, \dot{V}_{O_2} , and \dot{V}_{CO_2} . (F) Respiratory exchange ratio. (G) Energy expenditure. (H)-(I) Liver and skeletal muscle ceramide concentrations. Data are the mean \pm S.E.M. of $n=8$ (control) or 10 (leptin-treated) per group.