

Metabolic signatures of colorectal cancer in biofluids: NMR-based metabolomics of fecal extracts

Yan Lin¹, Changchun Ma², Zhiwei Shen¹, zhening wang¹, and Renhua Wu¹

¹Radiology Department, Second Affiliated Hospital, Shantou University Medical College, Shantou City, Guangdong Province, China, ²Radiation Oncology, Cancer Hospital, Shantou University Medical College, Guangdong Province, China

Introduction Colorectal cancer (CRC) is one of the most prevalent types of cancer death worldwide. Identifying reliable biomarkers would facilitate the development of novel technologies for CRC screening and early diagnosis, as well as improving therapeutic intervention and prognosis of this disease. Global proton nuclear magnetic resonance (¹H NMR)-based metabolomics on stool specimens opens up new possibilities for screening new, efficient and high-throughput CRC screening biomarkers[1-4]. Given that our previous study was exploratory and laboratory due to the limited number of samples [4], the purpose of this present study was to validate the ability of NMR-based metabolomics approaches coupled with orthogonal projection to least squares discriminant analysis (OPLS-DA) to characterize the

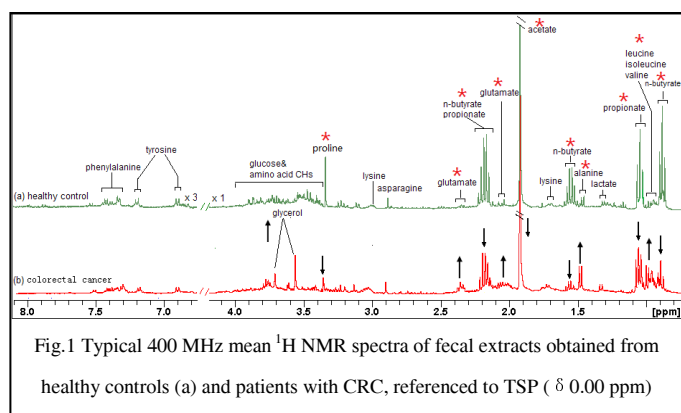


Fig.1 Typical 400 MHz mean ¹H NMR spectra of fecal extracts obtained from healthy controls (a) and patients with CRC, referenced to TSP (δ 0.00 ppm)

metabolic “fingerprint” of fecal extracts for CRC routine screening on larger patient cohorts.

Materials and Methods Stool samples were collected from healthy individuals (n=36, 21M, 15F, age 50 ± 12) and CRC patients (n=58, 31M, 27F, age 54 ± 13). Samples were extracted with PBS/D₂O buffer. A stock solution of TSP/D₂O was added to supernatant prior to analysis by ¹H NMR spectroscopy. Spectra of the fecal extracts were recorded with a 400MHz Bruker Advance system at 300K using 1D NOESY pulse sequence. Water suppression was achieved by irradiation of the water peak during the recycle delay (RD) and mixing time (t_m), with the following acquisition parameters: RD=1.5s; t₁=3μs; t_m=100ms; 90° pulse width=7.3us; NS=64; TD=16380; SW=5000Hz; AQ=1.47s. All spectra were preprocessed and then bucketed with the

equal width of 0.02ppm. The region of δ 4.4~ 5.6 was discarded to eliminate the effects of imperfect water suppression. Each bucket was normalized to the total integral of the spectrum prior to OPLS-DA using the SIMCA-P+ package (V.13, Umetrics AB, Sweden).

Results There were clear metabolic differences of fecal extracts between healthy controls and CRC patients (Fig.1). Good discrimination between cancer and control groups was achieved by OPLS-DA scores plot generated from ¹H NMR spectra of fecal extracts (Fig.2(a)). Validation of this regression model produces R²=0.842, Q²=0.646, which suggests the model possessed a satisfactory fit with good predictive power. The main metabolites contributing to this discrimination, were short-chain fatty acids (including acetate, propionate and butyrate), praline, leucine, valine, glutamate, glycerol (Fig.2(b)). A random permutation test with 200 permutations was performed with OPLS-DA to further evaluate the robustness of this method and validate the biomarkers. As shown in Fig. 2(c), the validation plots assured that our original OPLS-DA models were not random and over fitting because both the permuted R² and Q² values to the left were significantly lower than the original points to the right and Q² regression lines have a negative intercepts.

Conclusion The most significant metabolites for classification include SCFA (butyrate, acetate, propionate), Proline, Glycerol, Valine and Glutamate, suggesting changes in the gut microbial community and malabsorption of nutrients [5]. These present results show the valuable potential of NMR-based metabonomics of fecal extracts to characterize the systemic metabolic disturbances underlying CRC and to identify possible early biomarkers for clinical prognosis.

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References [1] T. Bezabeh, et al, NMR Biomed. 2009. [2] D Monleon, et al. NMR Biomed. 2009. [3] Y Lin, et al. ISMRM.21 (2013). [4] Y Lin, et al. ISMRM.22 (2014). [5] Julian R. et al, J Proteome Res 2007

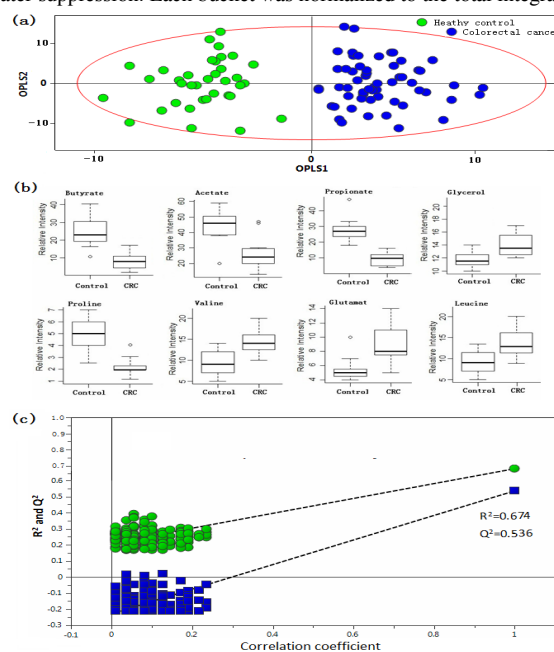


Fig 2. (a) OPLS-DA scores plot of fecal extracts based on 36 healthy controls (green dots) versus 58 CRC group (blue dots). (b) Box-and-whisker plots illustrating discrimination among the groups. (c)