

Metabolomics Studies Reveal New Pathways in Cardiovascular Disease with Potential for Diagnostics and Therapeutic Targeting

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How red meat promotes atherosclerosis
Analysis of brown fat in humans
Maturing research on aging

Disclosure Information

Stanley L. Hazen, MD, PhD

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Mass spectrometry equipment used is housed in a core facility partially supported by a Center of Innovation Award by AB SCIEX

Phase 1: Discovery-based investigations

Metabolomics screening and structural identification

Phase 2: Clinical validation

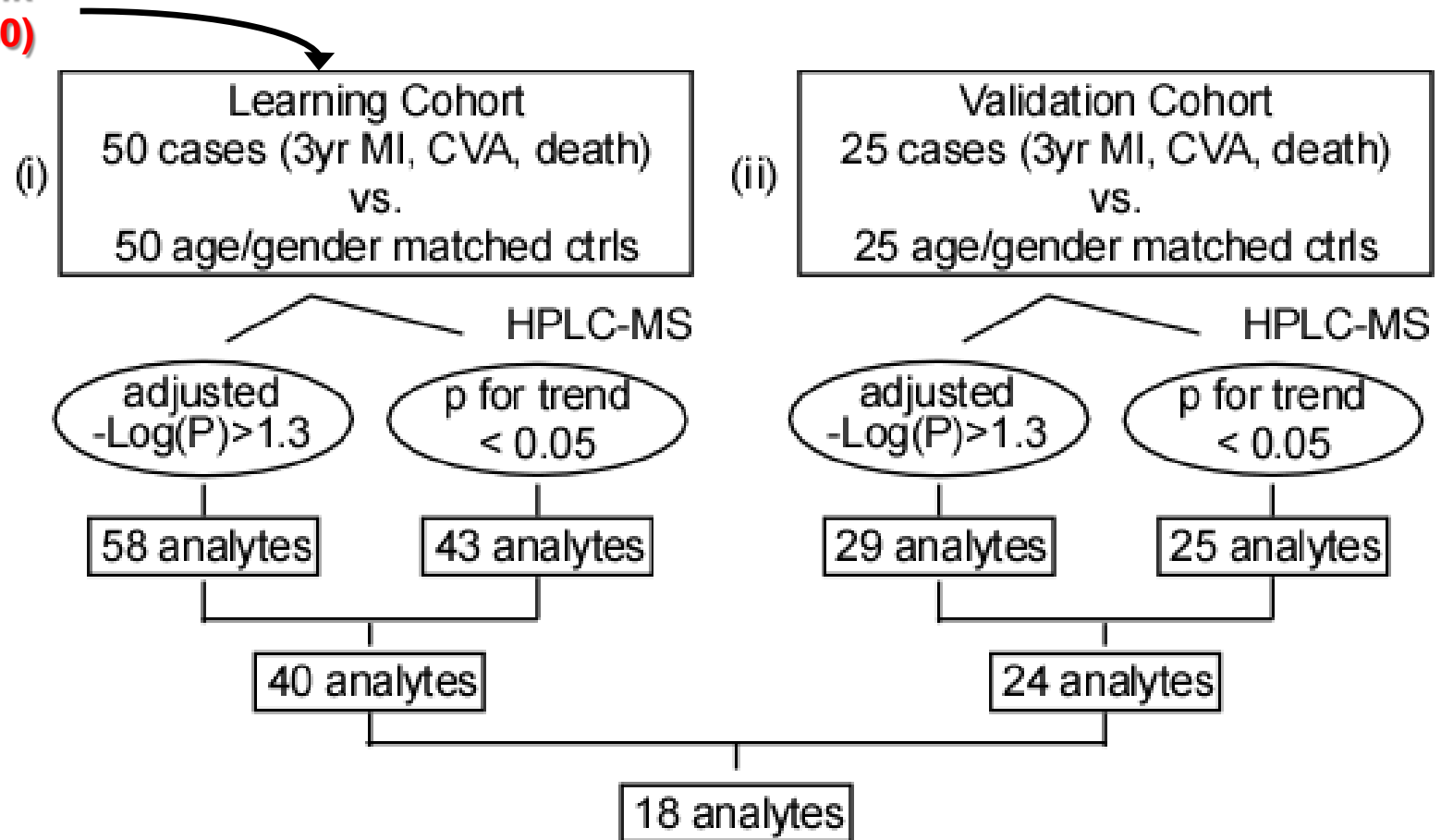
Replication and demonstration of clinical utility

Phase 3: Mechanistic studies

Demonstration of causality for a novel pathway

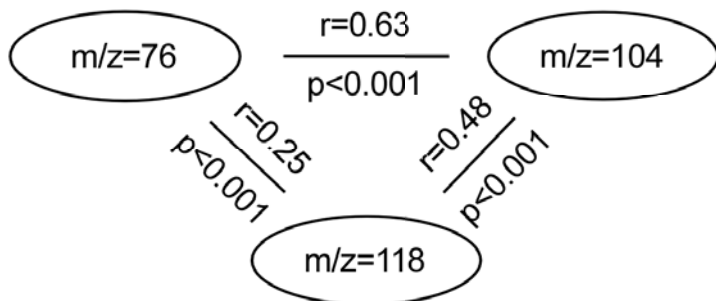
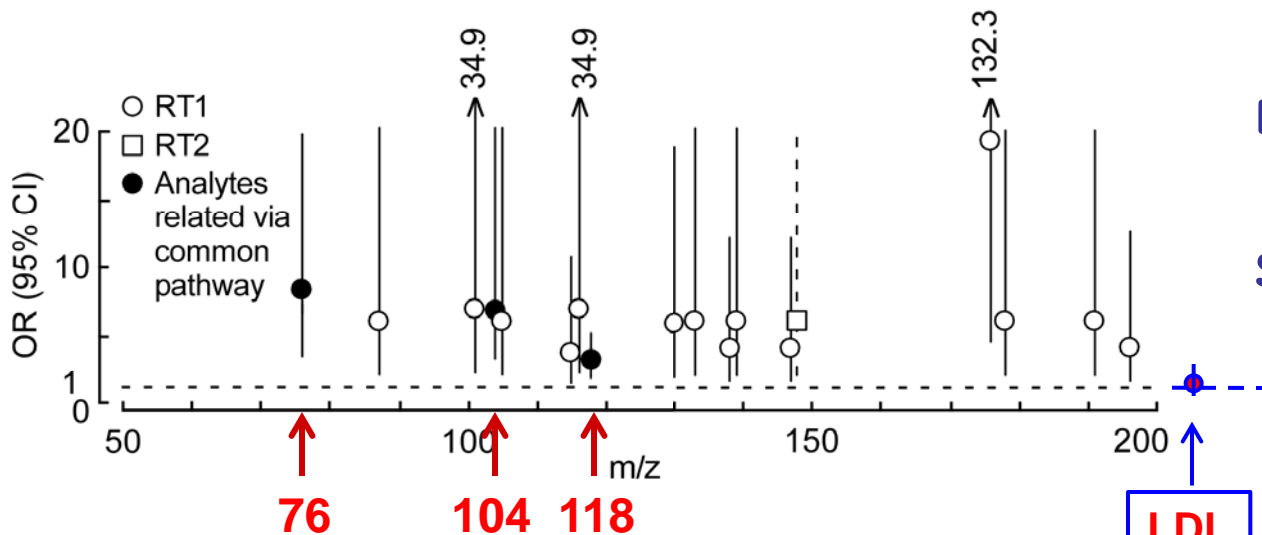
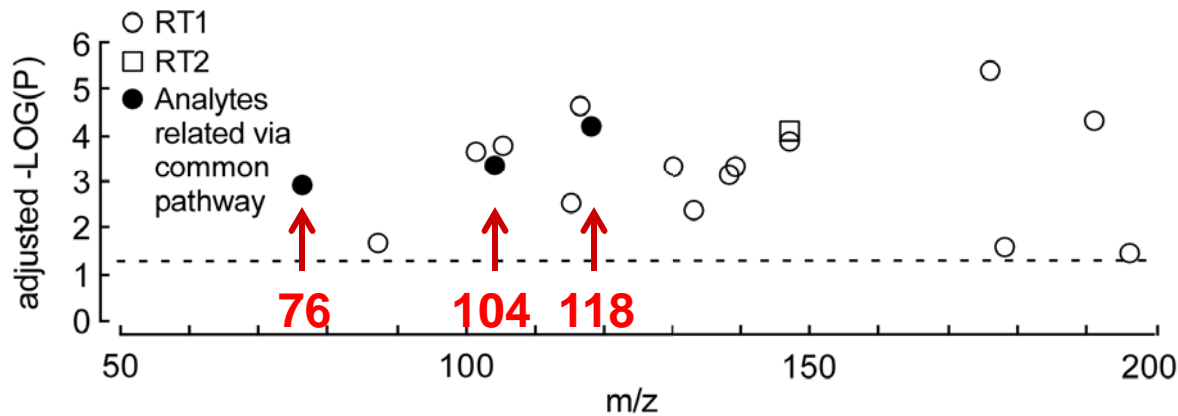
Strategy of metabolomics study design for identifying unbiased small molecule profiles predictive of incident risks for major adverse cardiovascular events

GeneBank
(N=10,000)



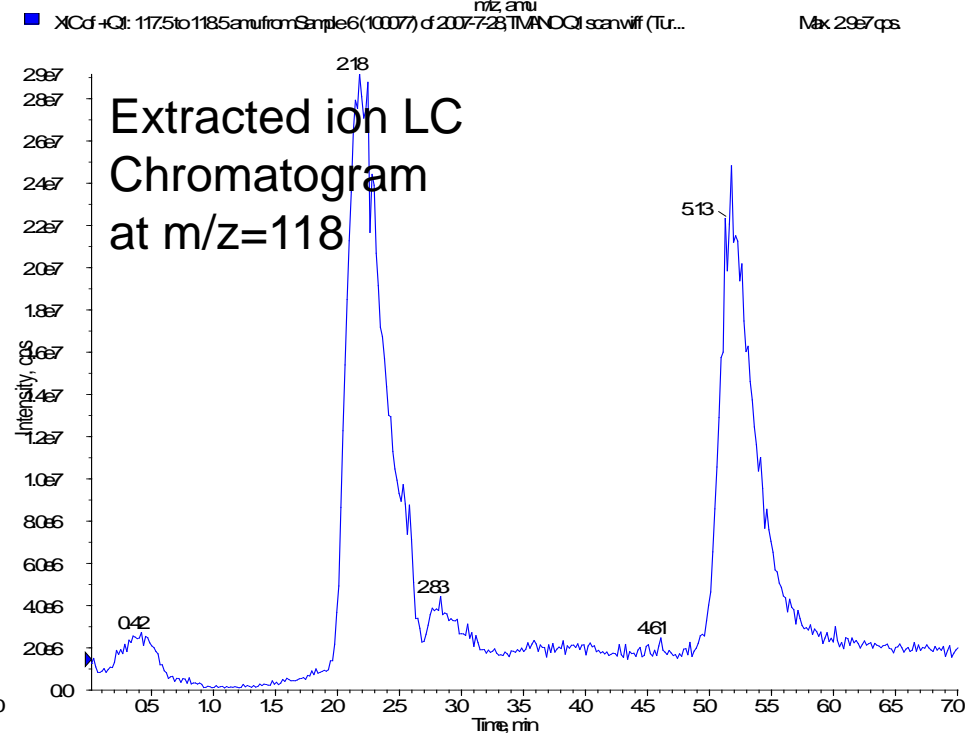
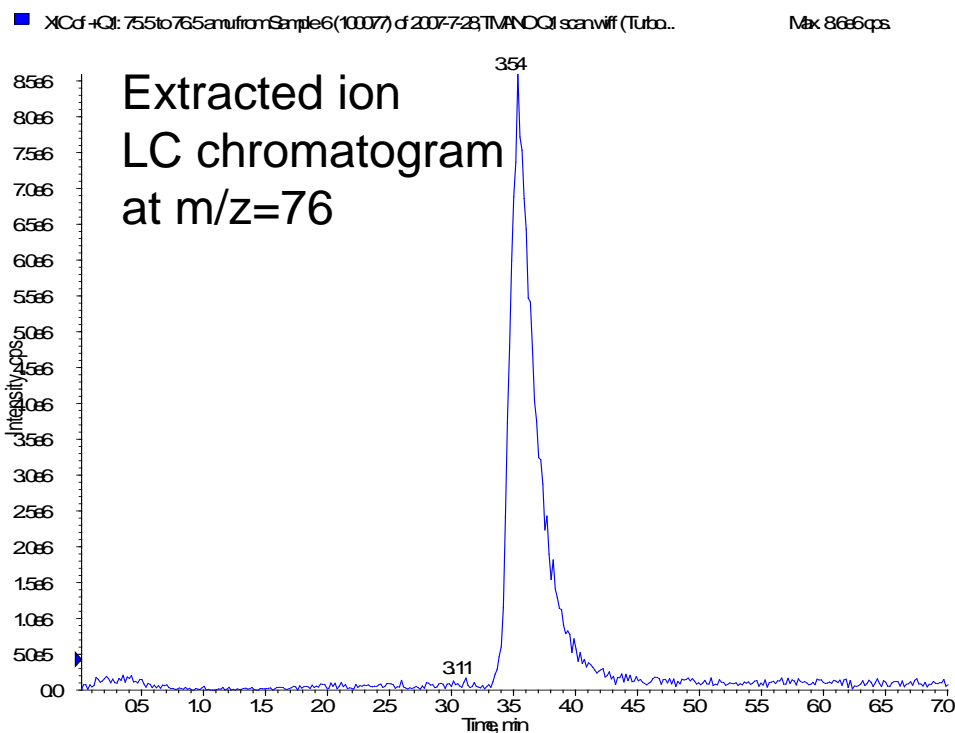
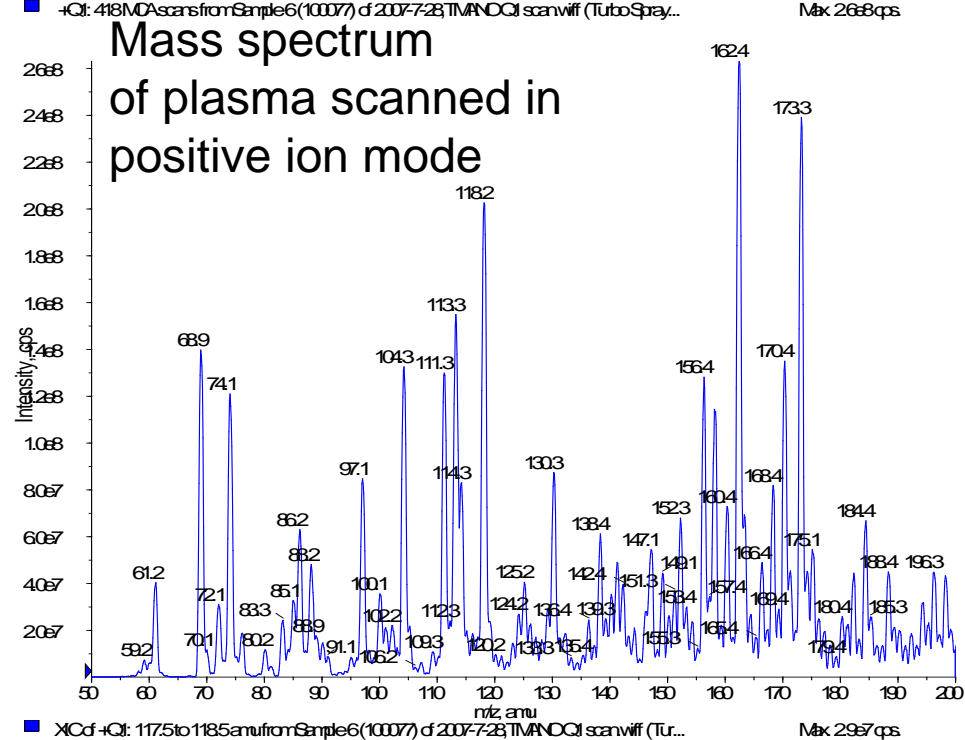
(ii) Structural identification of analytes

(iv) Confirm clinical prognostic utility in Independent Prospective Cohort (N>1000)



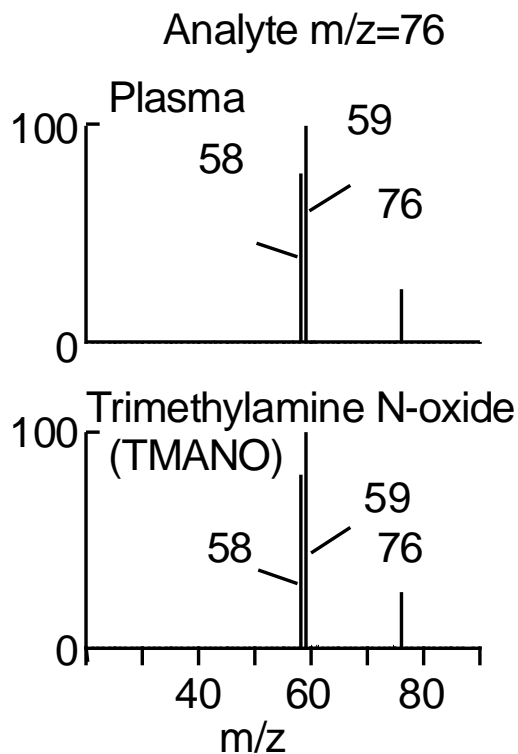
Plasma analytes with m/z 76, 104, and 118 are associated with CVD, show a dose-response relationship with MACE (3yr MI stroke or death) and are correlated, suggesting participation in a common pathway

Example data from metabolomics study

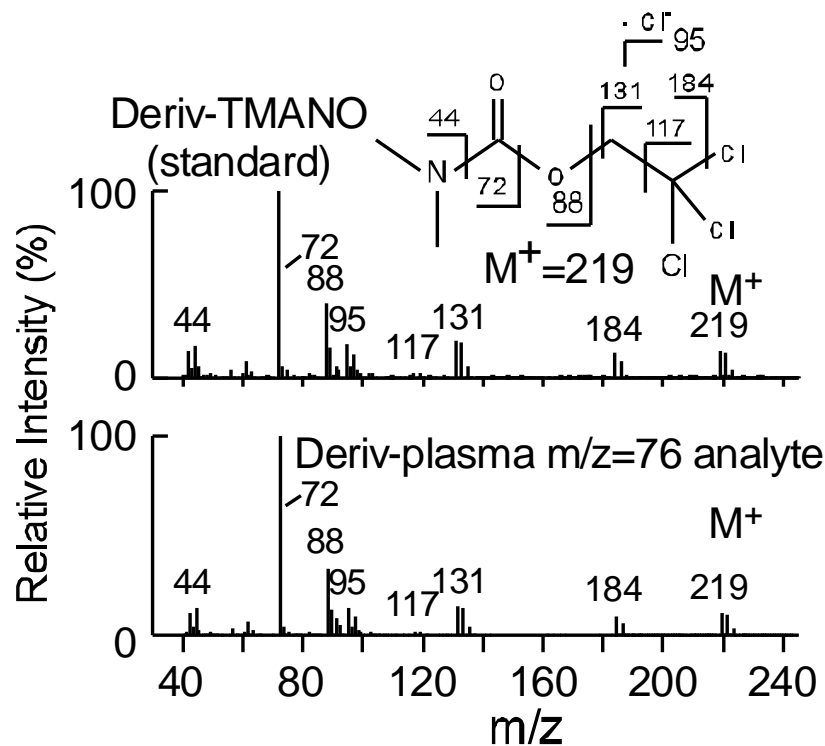


Structural identification/validation of plasma analyte at $m/z=76$ as TMANO (trimethylamine N-oxide)

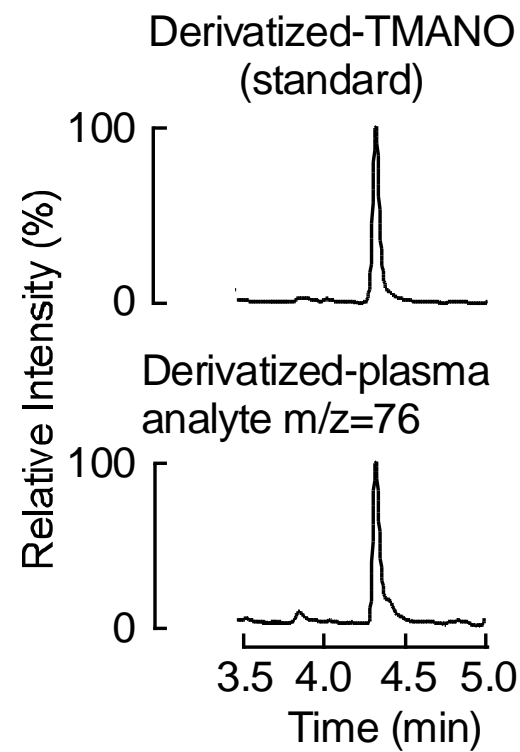
CID MS Spectrum



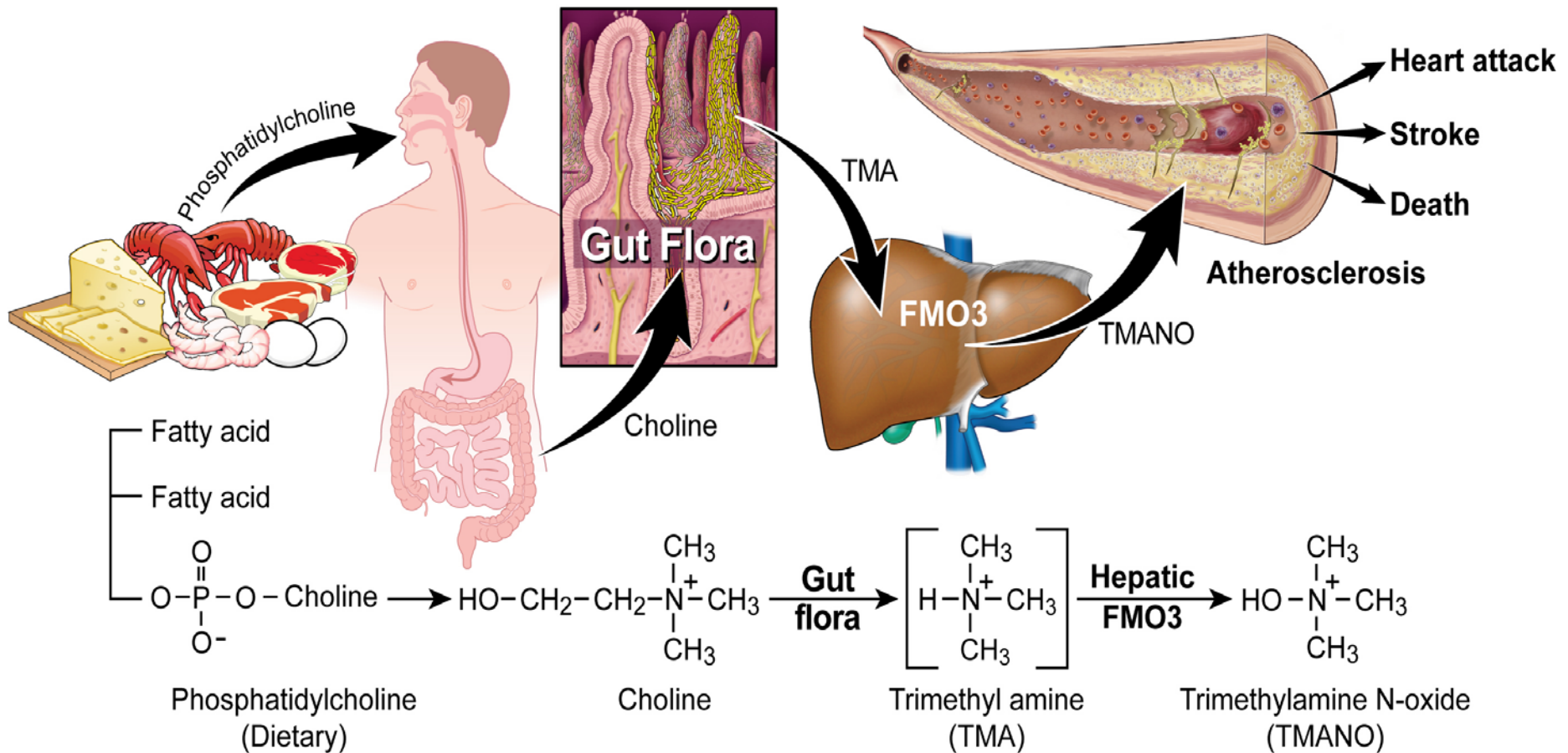
MS Deriv of TCEF



GC Chromatogram Of Deriv of TCEF



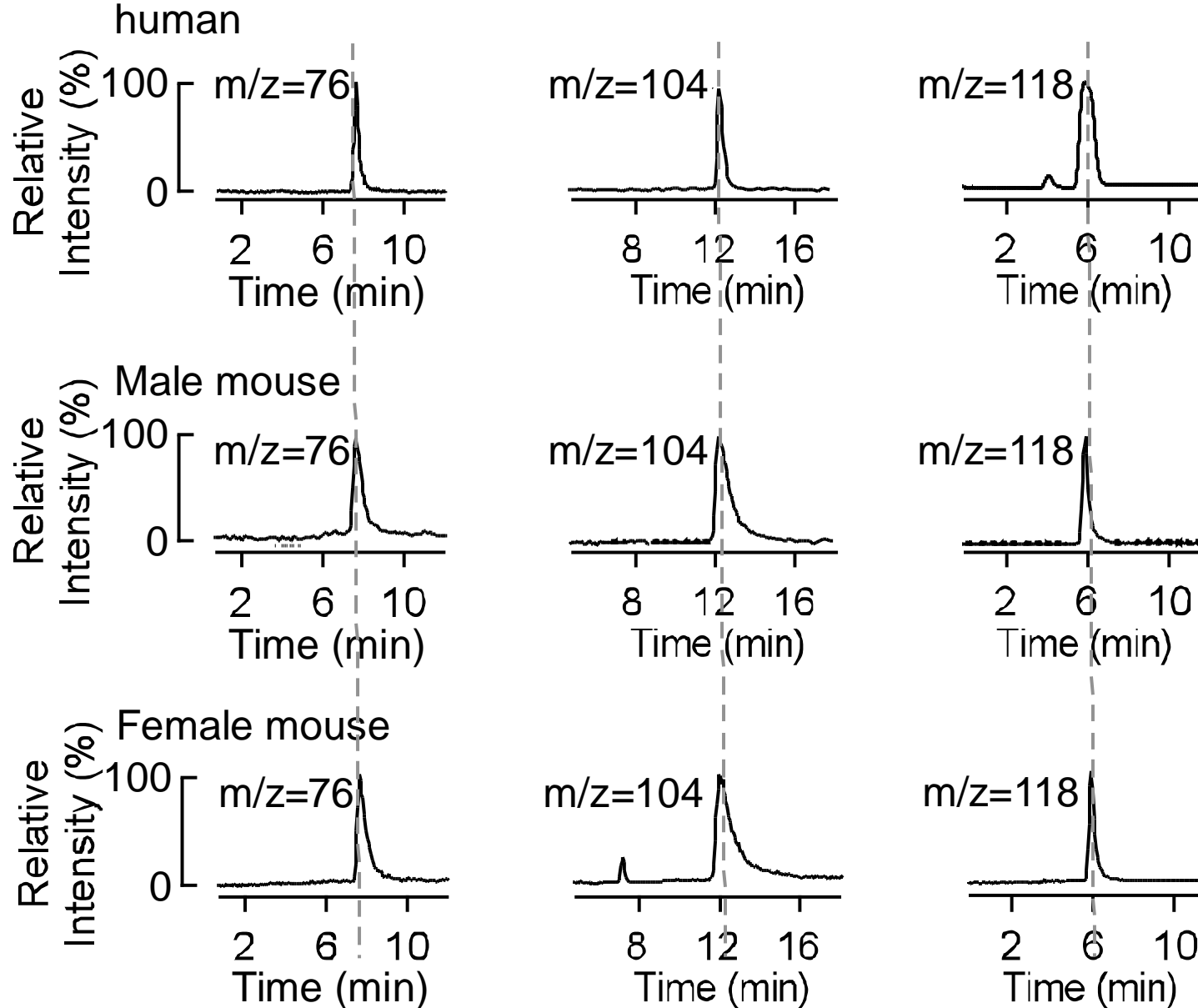
What is TMANO? - It is proposed to be a gut flora-dependent metabolite of dietary lecithin (phosphatidylcholine, PC)



Wang Z et al, *Nature* (2011)

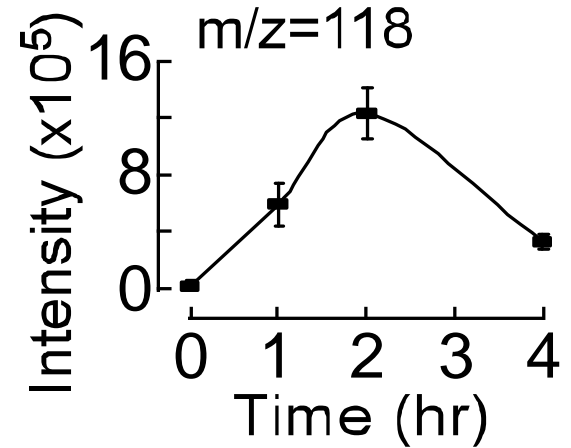
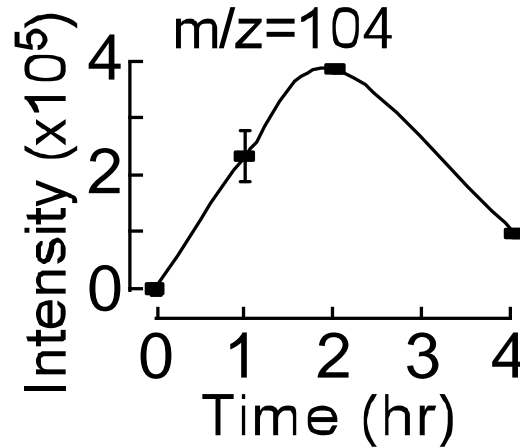
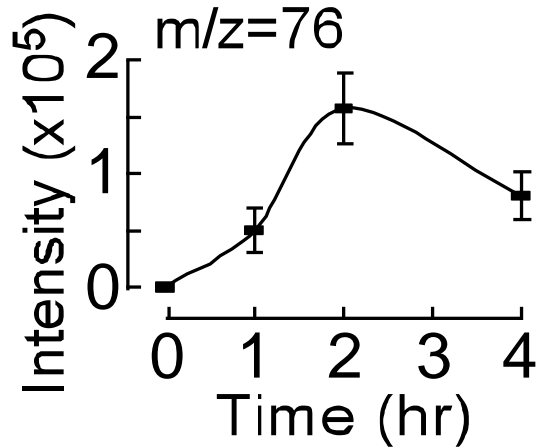
m/z 76

Dietary egg yolk PC produces increases in analytes with m/z 76, 104, and 118 in both human and mouse plasma

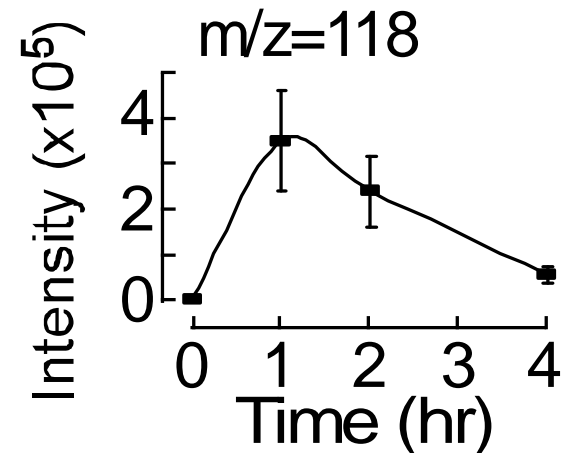
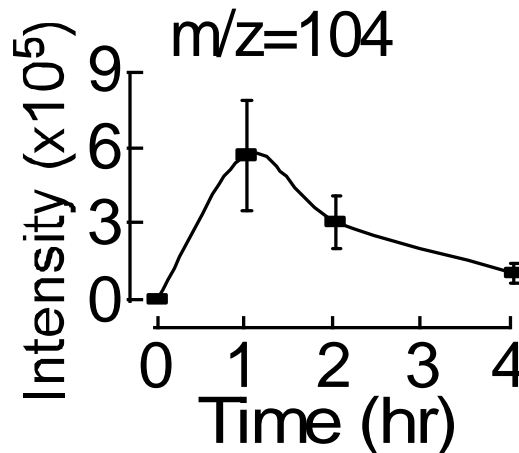
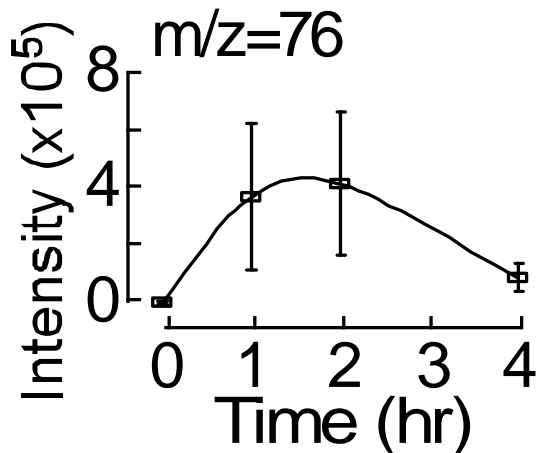


Dietary phosphatidylcholine enhances levels of the 3 analytes, indicating they are metabolites of PC

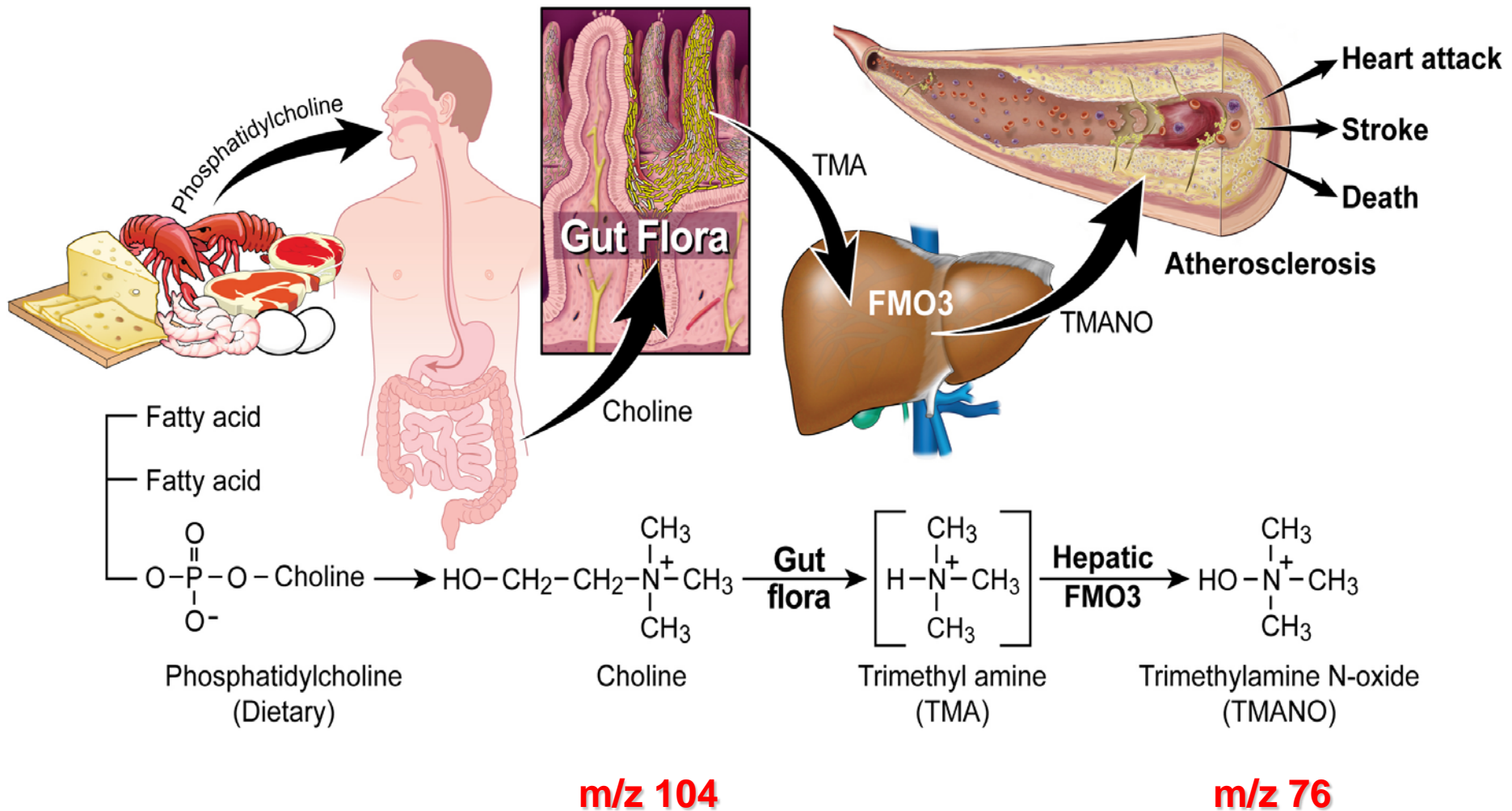
Male mouse, 1.5 mg PC gavage



Female mouse, 1.5 mg PC gavage



Maybe choline is the plasma analyte associated with CVD with m/z 104

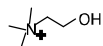


MH⁺

MS1, m/z=104

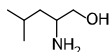
Plasma analyte m/z=104

choline



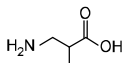
104

2-amino-3-methyl-1-butanol



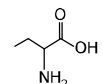
104

3-aminoisobutyric acid



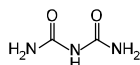
104

2-aminobutyric acid



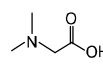
104

biuret



104

N,N-dimethyl glycine



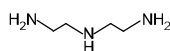
104

benzonitrile



104

diethylenetriamine



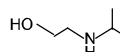
104

ethyl-N-hydroxyl acetimidate



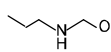
104

2-isopropyl-aminoethanol



104

2-propyl-aminoethanol

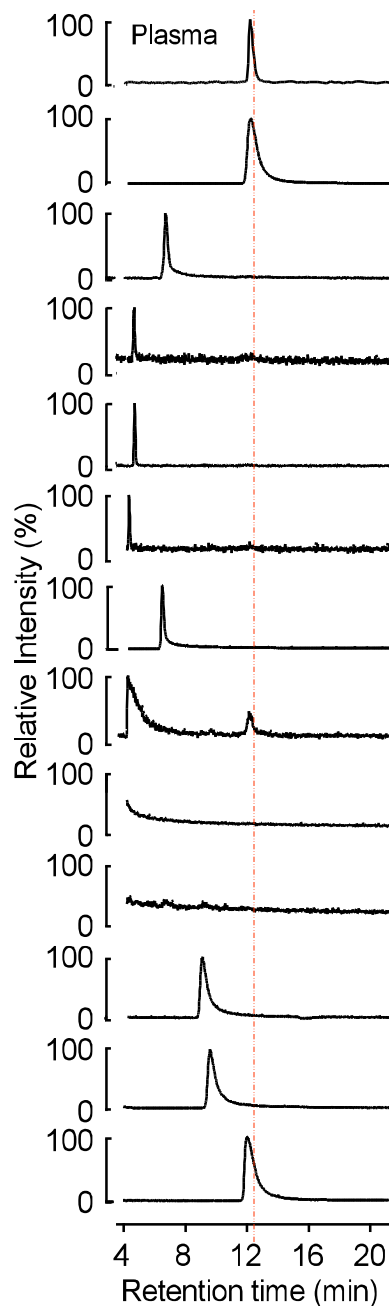


104

1-dimethyl-amino-2-propanol



104



Candidate plasma analytes linked to CVD risks with m/z 104

Identity as Choline was confirmed by:

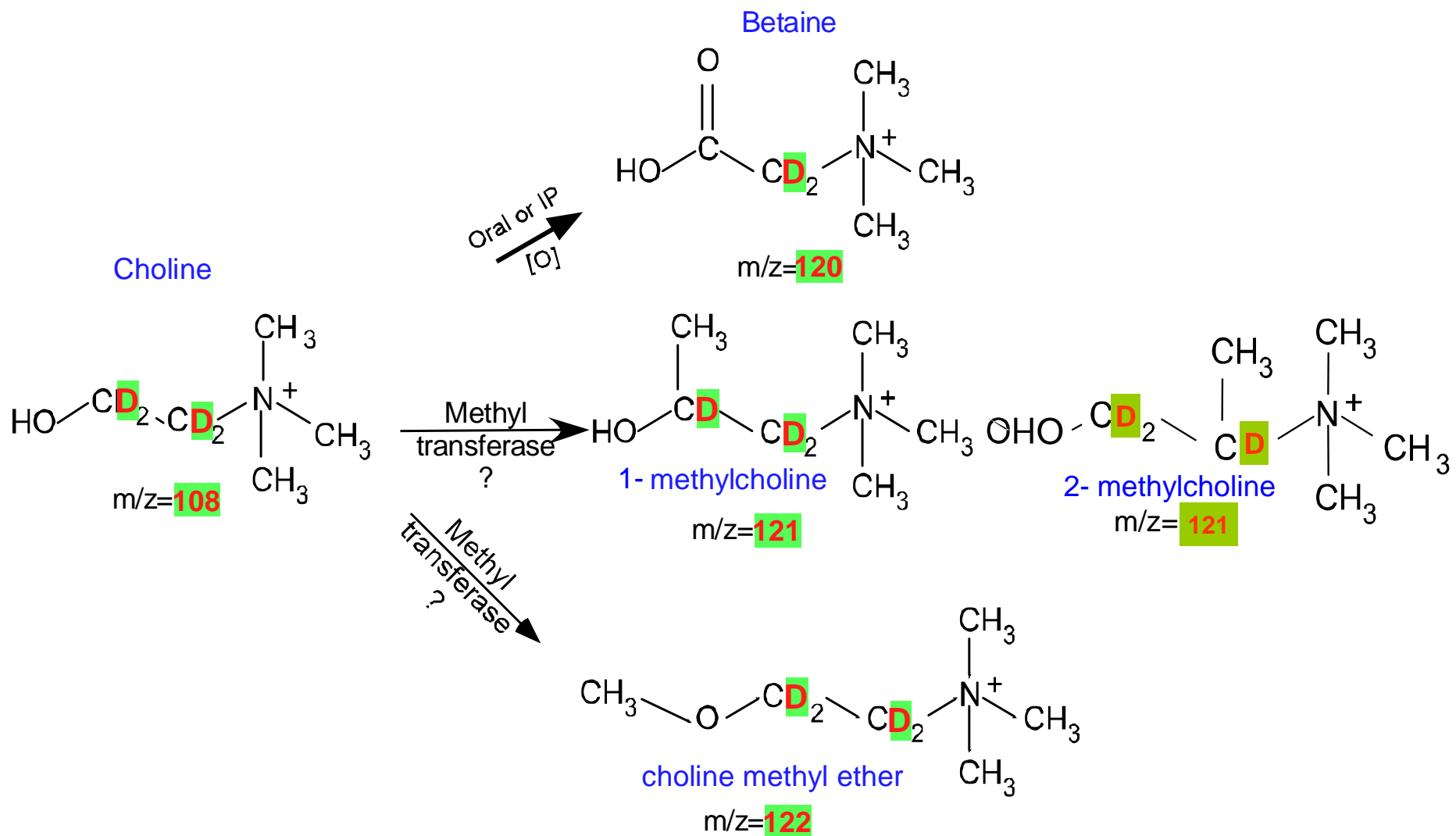
LC-MSⁿ

GC/MS/MS

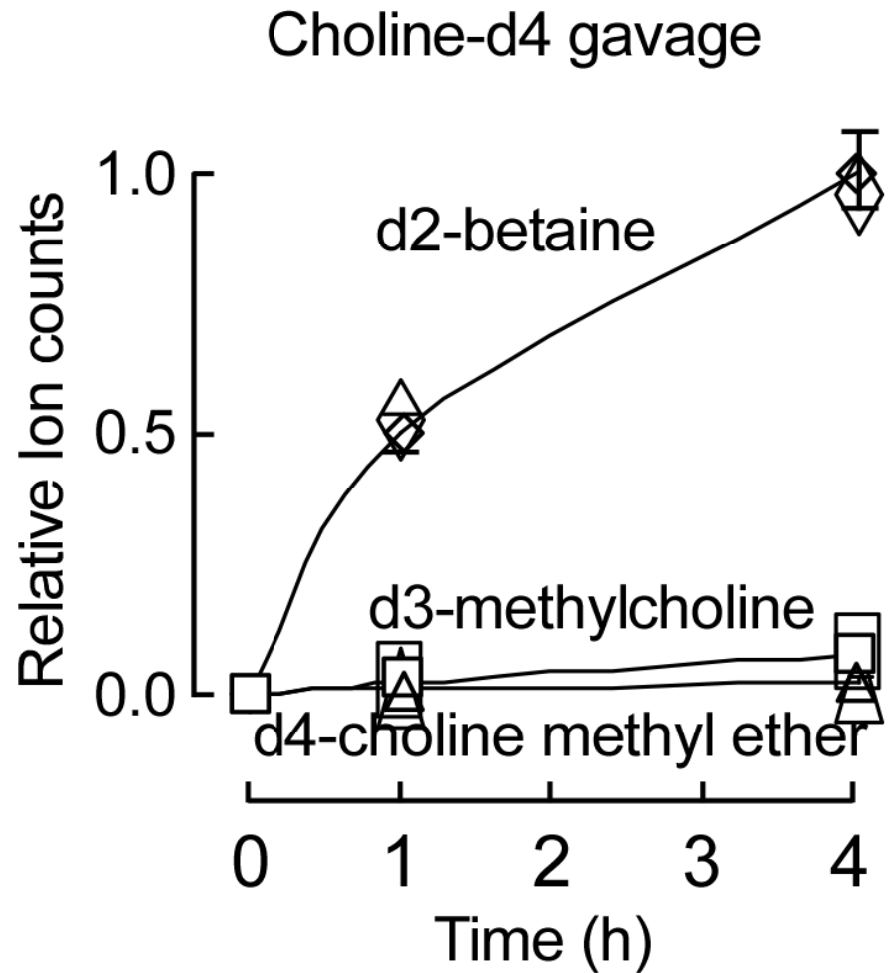
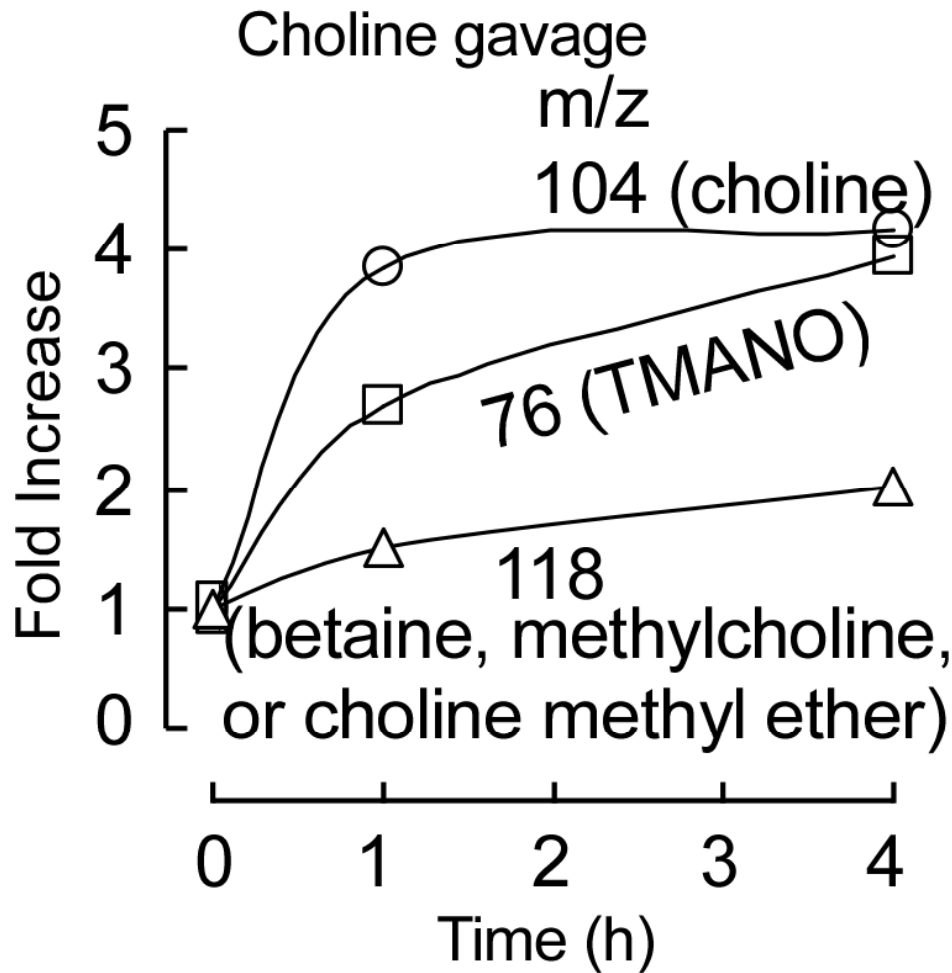
NMR

Isotope tracer studies: d9-choline and d4-choline

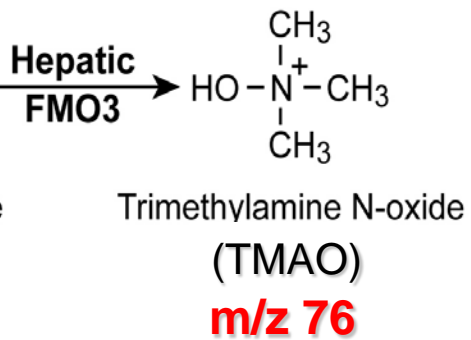
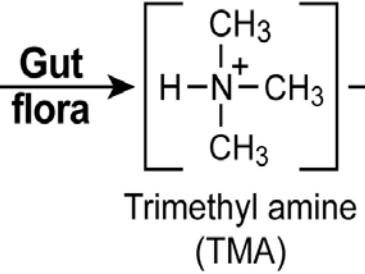
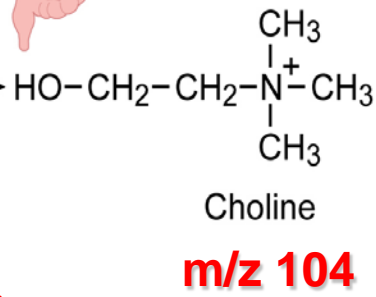
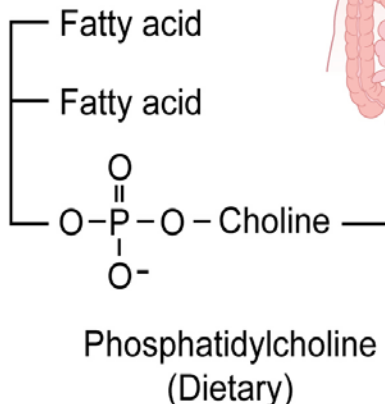
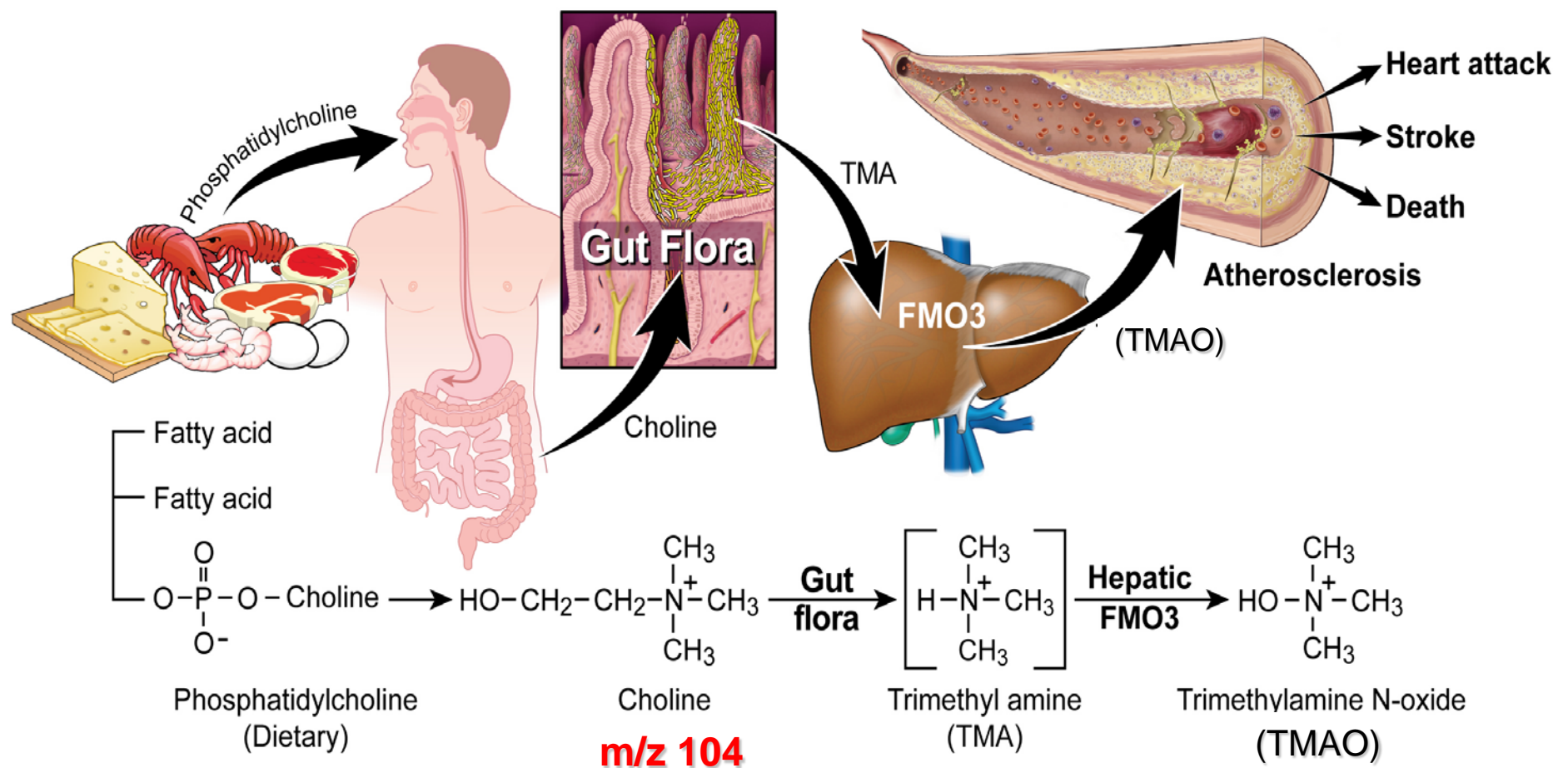
Strategy to determine the analyte at m/z=118 by choline deuterated isotopologue feeding study



Isotope challenge studies confirm the identities of TMAO, choline and betaine as the plasma analytes predicting CVD risk



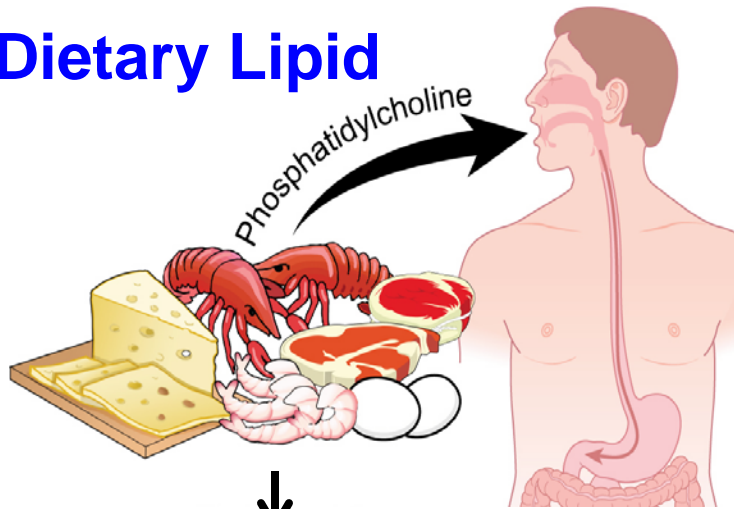
Choline, betaine and trimethylamine-N-oxide are plasma analytes associated with CVD



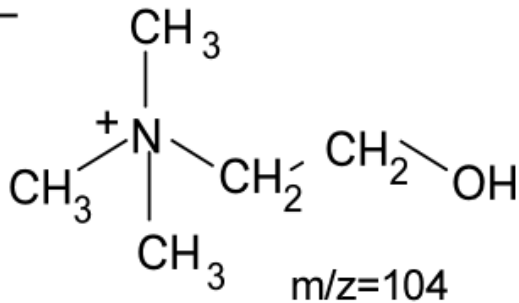
Identities confirmed by:
 LC-MSⁿ, ¹H, ¹³C, ¹⁵N NMR
 GC/MS/MS, Isotope tracer studies

Dietary Lipid

What is the role of gut flora?



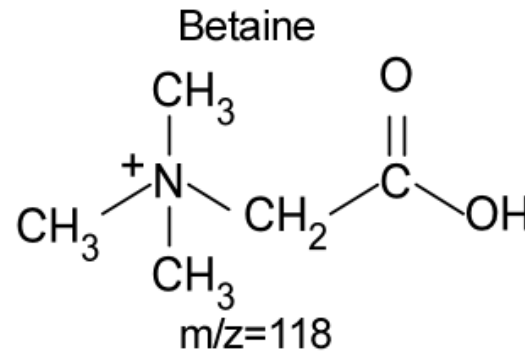
Choline



d4-choline: $(\text{CH}_3)_3^+\text{NCD}_2\text{CD}_2\text{OH}$

d9-choline: $(\text{CD}_3)_3^+\text{NCH}_2\text{CH}_2\text{OH}$

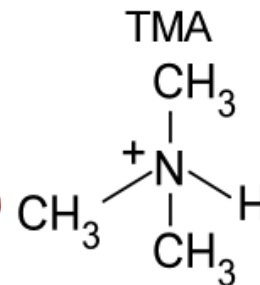
Oral or i.p.
[O]



d4 metabolite $m/z=120$

d9 metabolite $m/z=127$

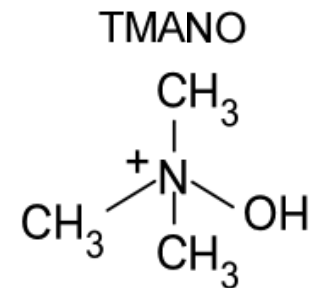
Oral only
Gut Flora



d4 metabolite $m/z=60$

d9 metabolite $m/z=69$

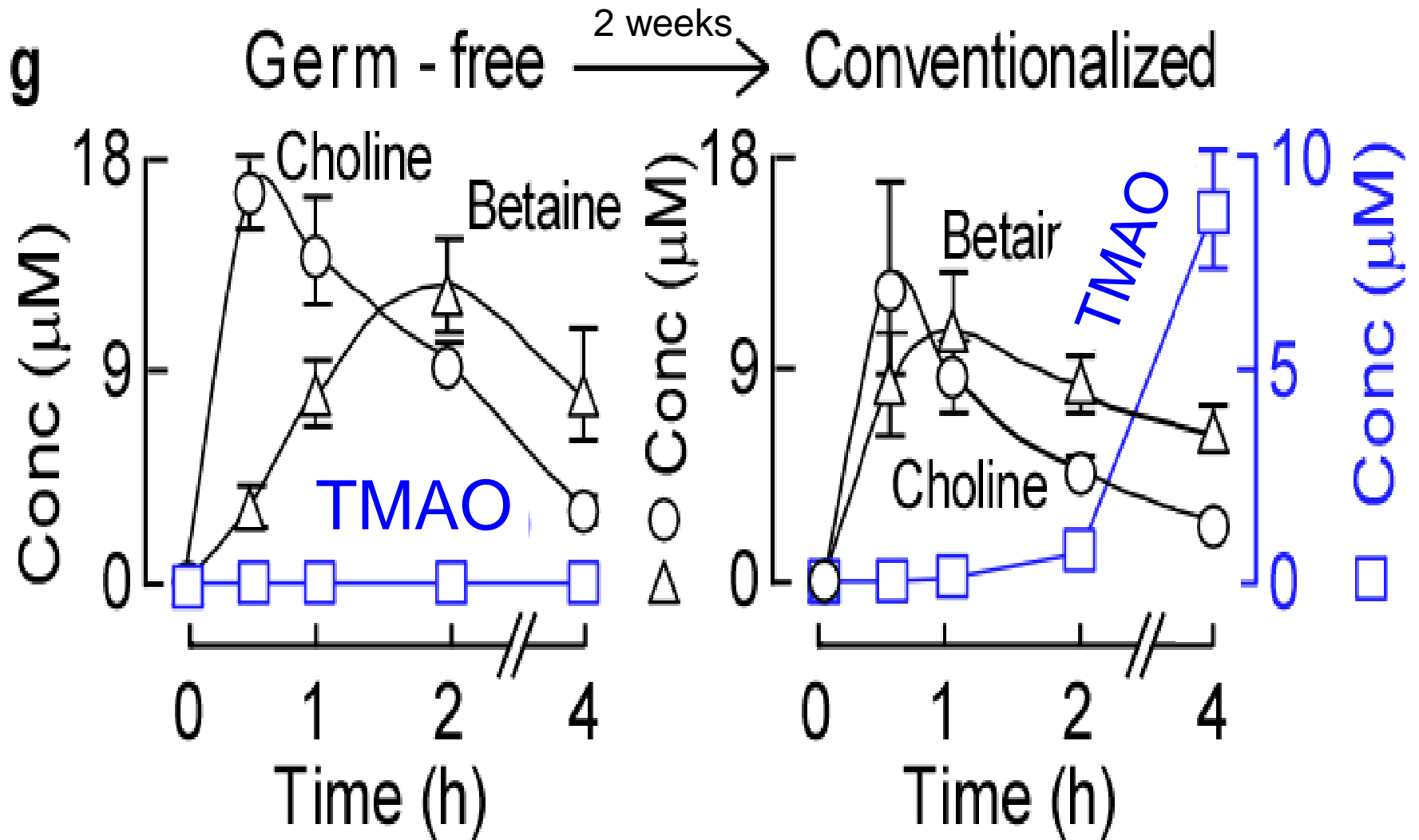
FMO3
[O]



d4 metabolite $m/z=76$

d9 metabolite $m/z=85$

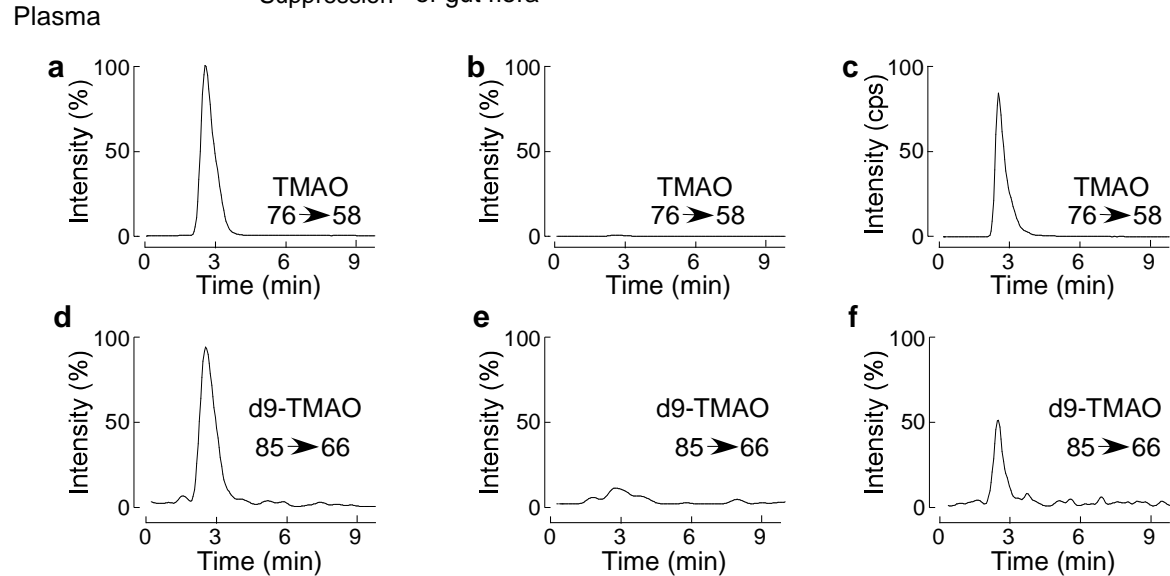
Intestinal Microbial Organisms Play an Obligatory Role in TMAO Generation from Dietary Egg Yolk PC in Mice



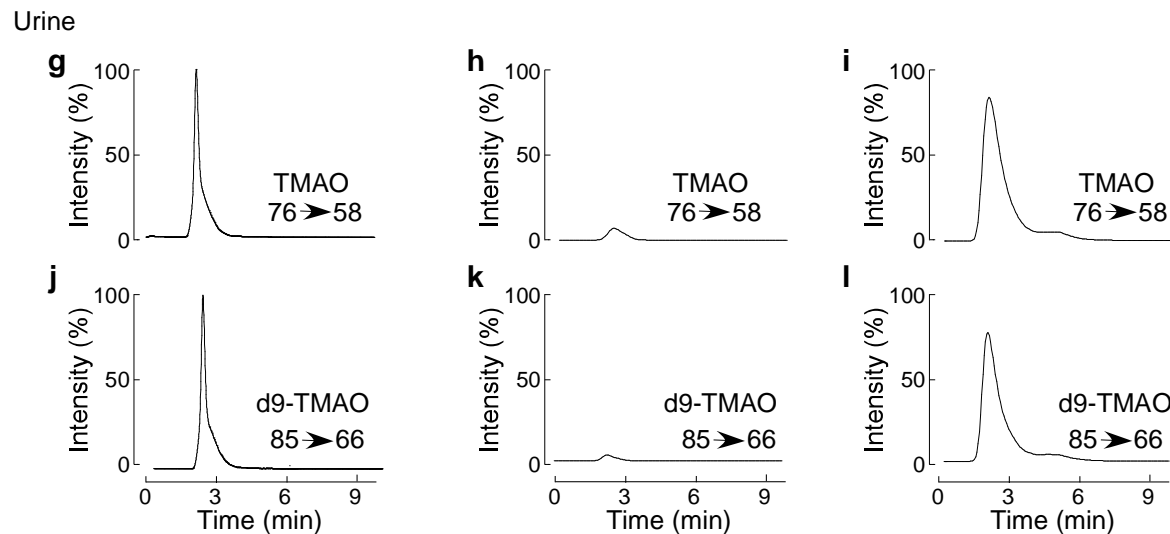
TMAO is a gut flora dependent metabolite in humans : PC challenge - Oral d9-PC and 2 hard boiled eggs at each visit

Pre-antibiotics (visit 1) → Antibiotics (Suppression of gut flora) → Post-antibiotics (visit 2) → Acquisition of gut flora → visit 3

6 h post
PC challenge



24 h post
PC challenge



Phase 1: Discovery-based investigations

Metabolomics screening and structural identification

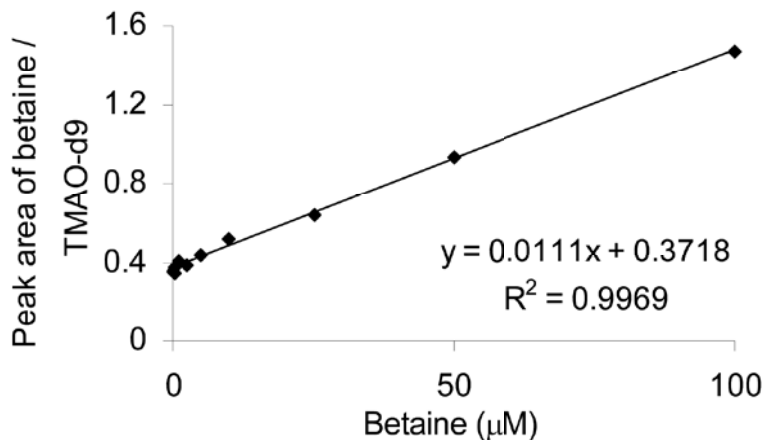
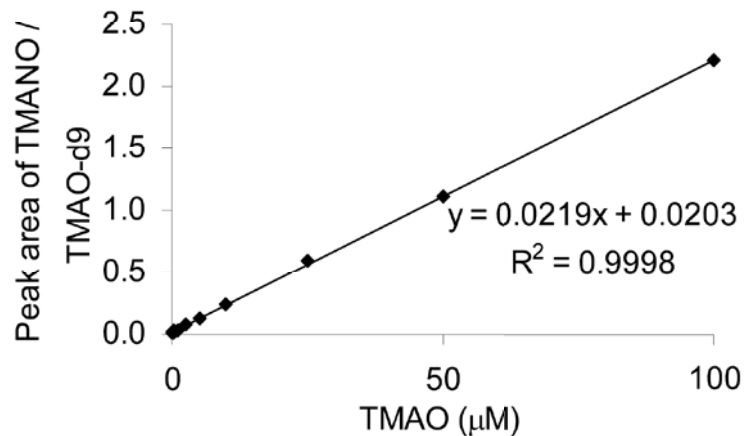
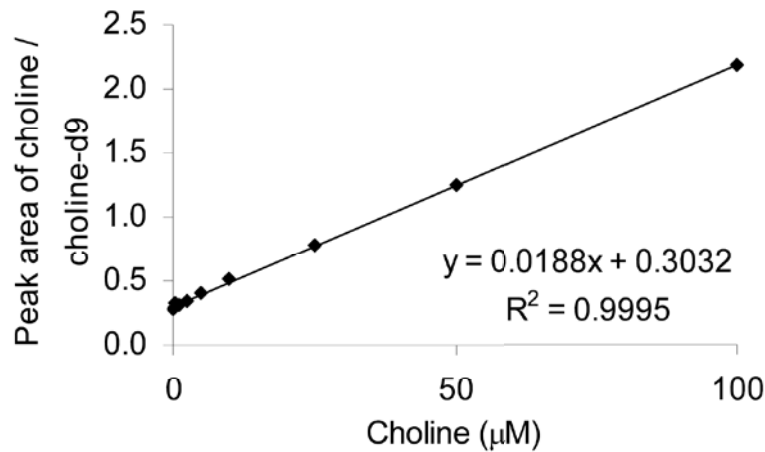
Phase 2: Clinical validation

Replication and demonstration
of clinical prognostic utility

Phase 3: Mechanistic studies

Demonstration of causality for a novel pathway

Development of stable isotope dilution LC/MS/MS assays for choline, TMAO and betaine using d9(trimethyl) isotopologues as internal standards

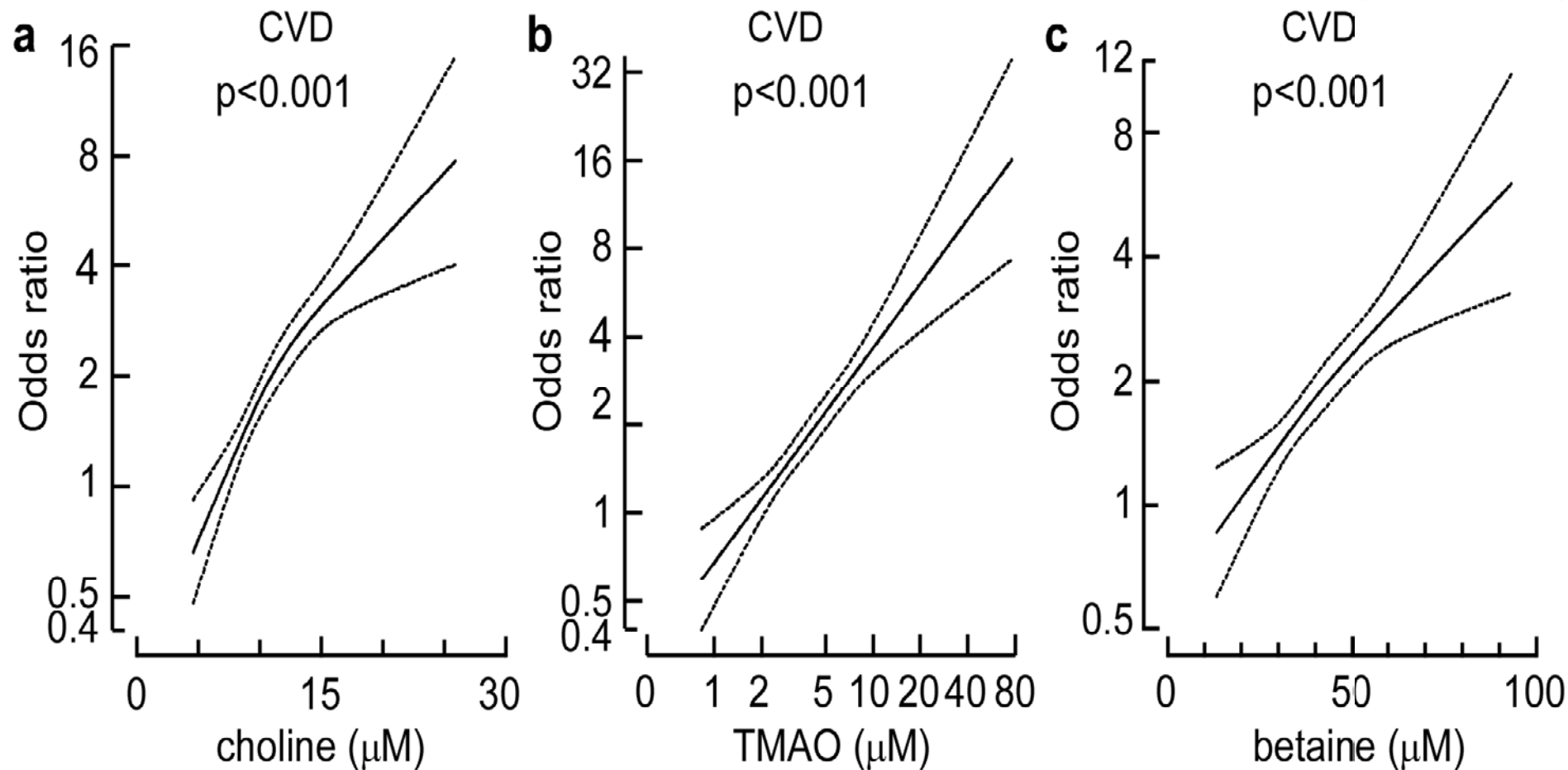


	(controls)	Intraday CV	Interday CV
TMAO (low)		4.7	4.9
(high)		3.1	4.4
Betaine (low)		5.2	5.4
(high)		3.0	6.1
Choline (low)		4.8	6.9
(high)		3.4	3.9

Prospective Cohort: N=1865 Sequential Cardiology Patients

Plasma choline, TMAO and betaine levels predict CVD risks

(N=1865)

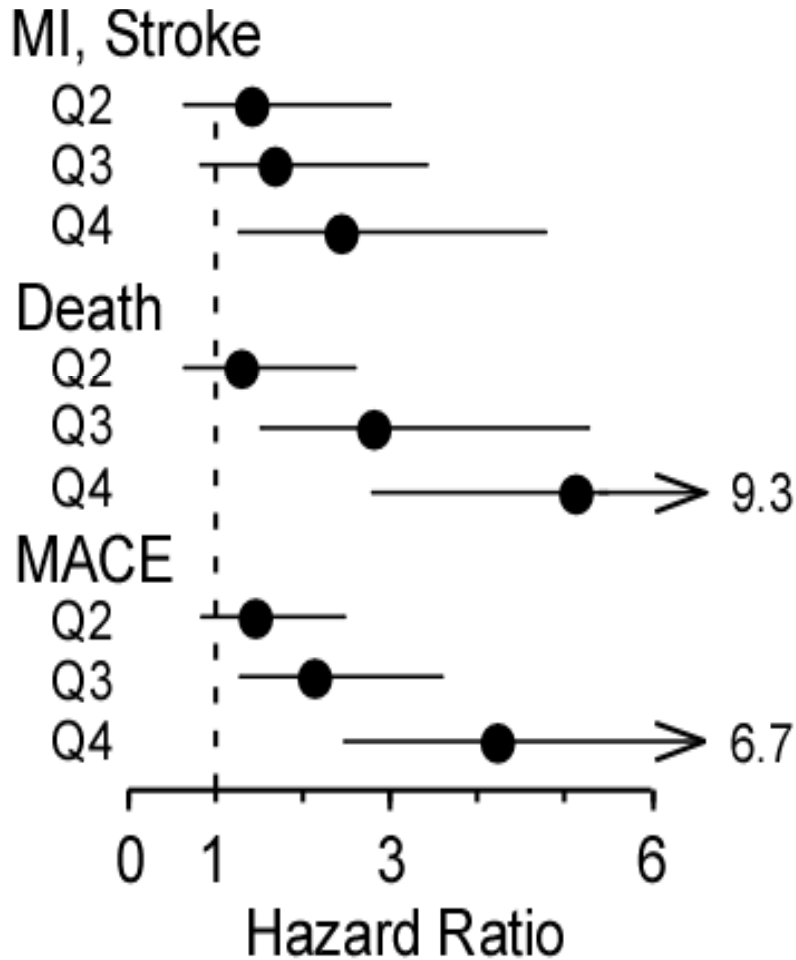


Odds ratio (95%CI) adjusted for age, sex, DM, HTN, smoking, LDL, HDL, TG, CRP, eGFR

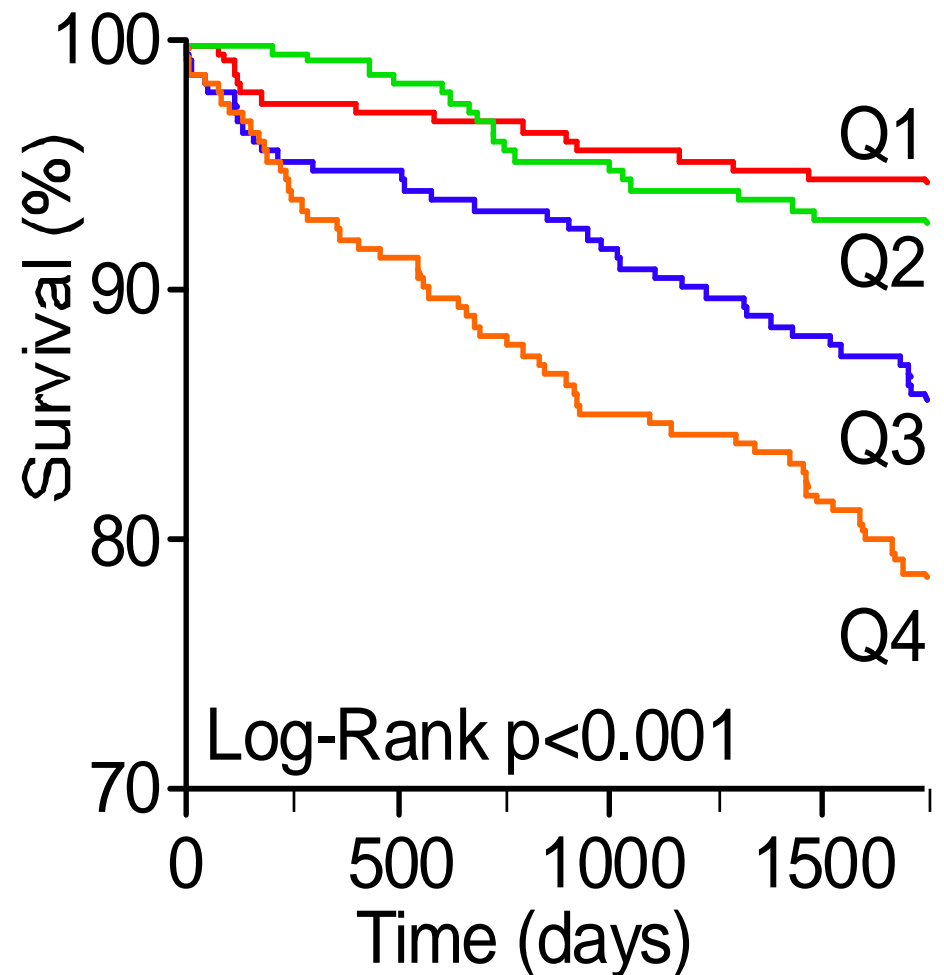
Plasma levels of the gut flora dependent metabolite TMAO predict incident (3 year) CVD risks

New Independent Cohort: N=4007 Sequential Subjects

TMAO



TMAO



Adjusted for age, sex, DM, HTN, smoking, LDL, HDL, TG, CRP, eGFR

Phase 1: Discovery-based investigations

Metabolomics screening and structural identification

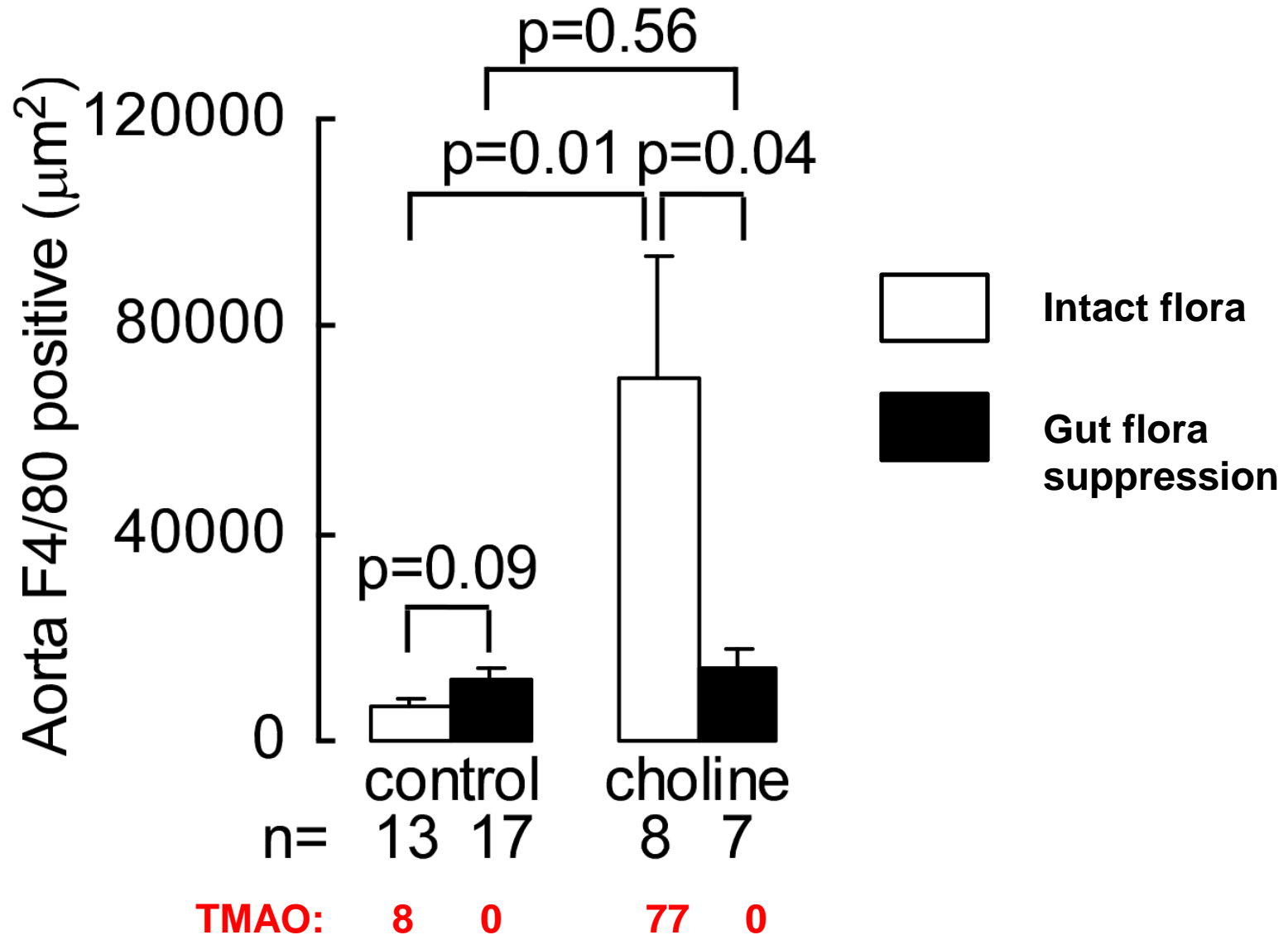
Phase 2: Clinical validation

Replication and demonstration of clinical utility

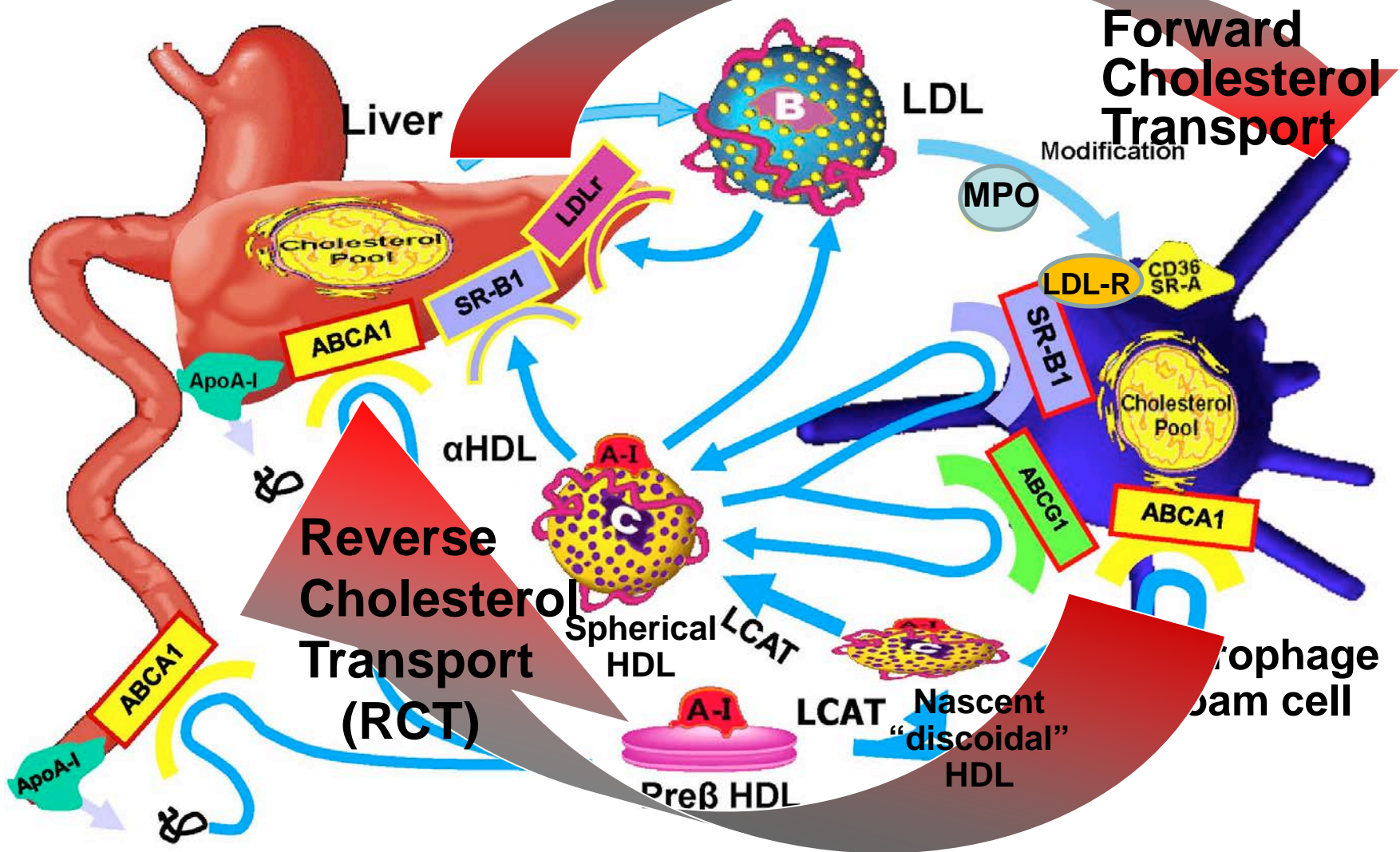
Phase 3: Mechanistic studies

Demonstration of causality for a novel pathway

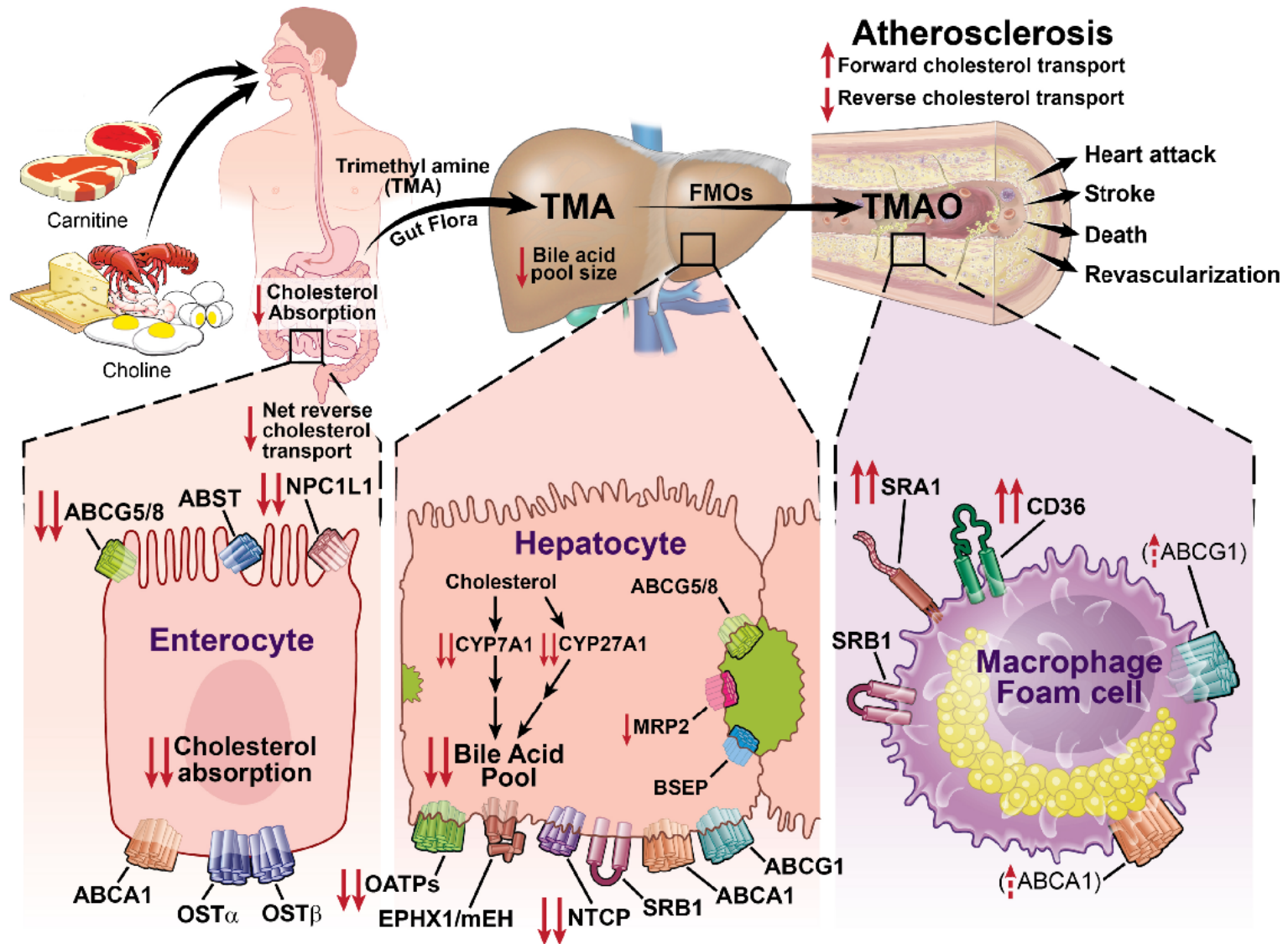
Suppression of gut flora inhibits TMAO formation and dietary choline induced atherosclerosis



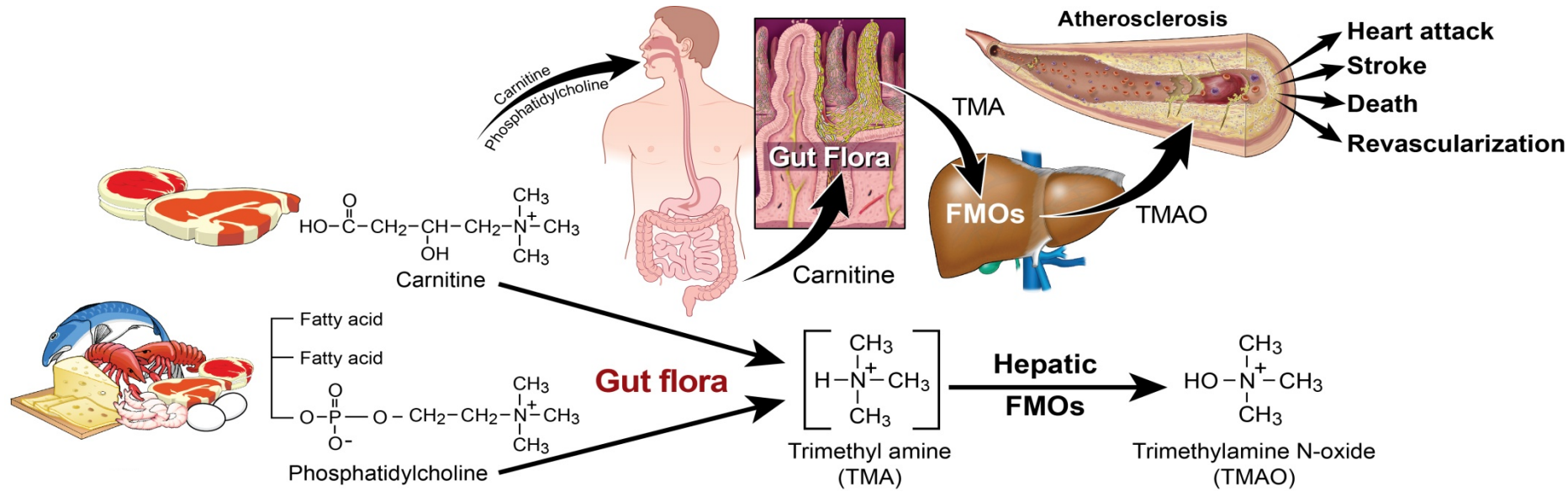
Cholesterol metabolism in cells of the artery wall:



TMAO alters cholesterol and sterol metabolism in multiple compartments - net effect - increased atherosclerosis

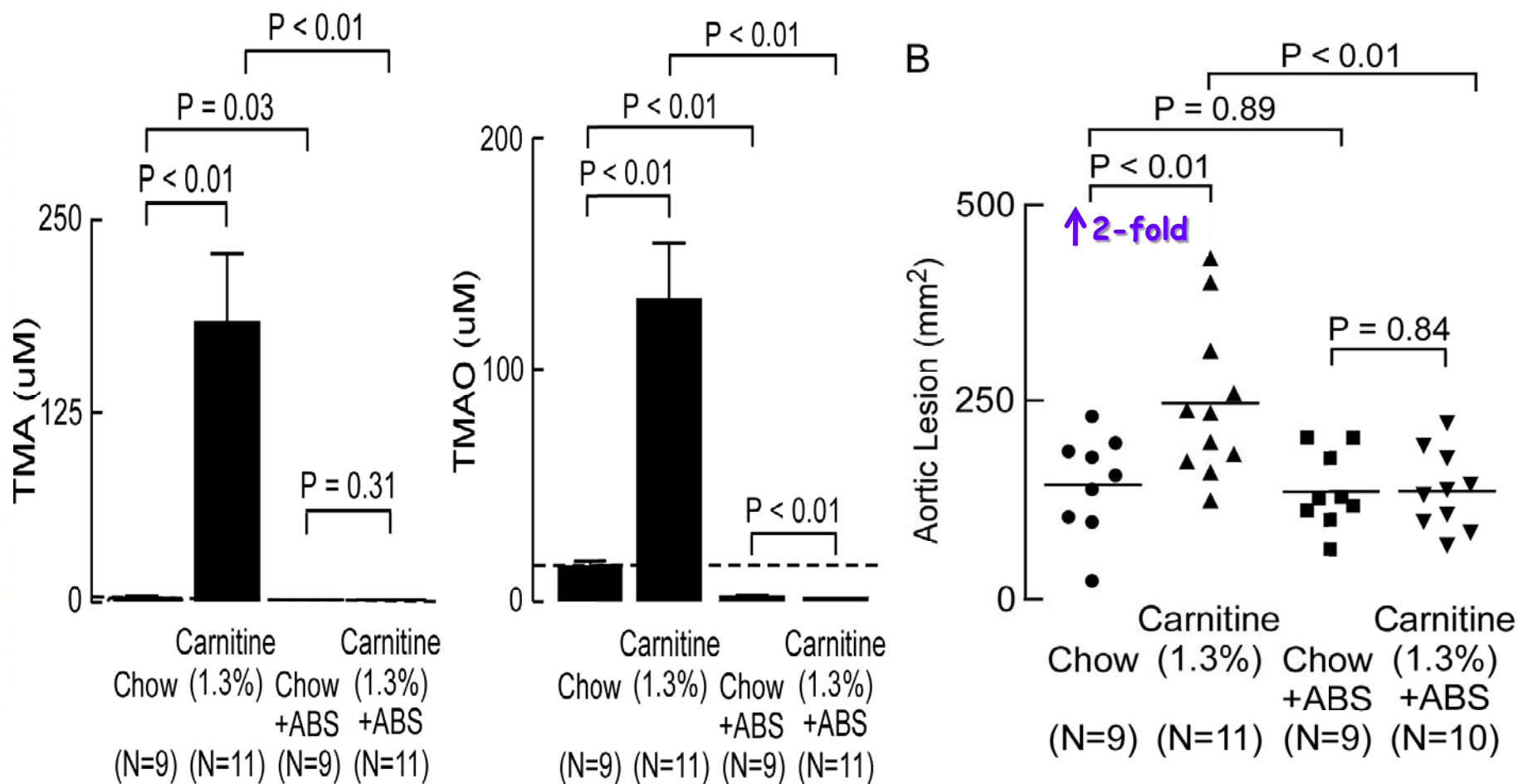


Carnitine, an abundant nutrient in red meat, is pro-atherogenic too



Robert Koeth et al, Nature Medicine (2013)

Carnitine supplementation accelerates atherosclerosis in apoE^{-/-} mice, but not with suppression of intestinal flora (and suppression of TMA/TMAO formation)



Human carnitine tolerance study: There is an obligatory role for gut flora in TMAO production from oral carnitine

Visit 1

Steak
+
d3-Carnitine

gut flora
suppression

→

**Human
Visit 2**

Steak
+
d3-Carnitine

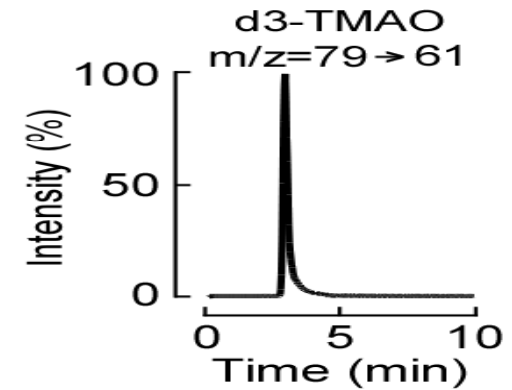
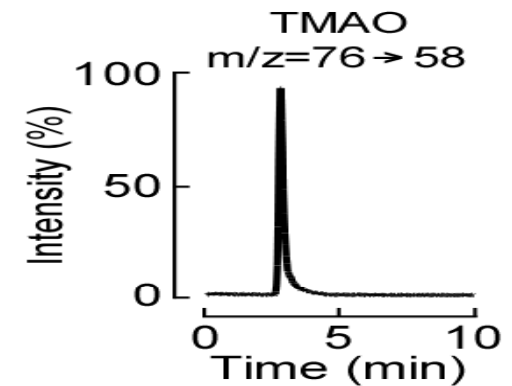
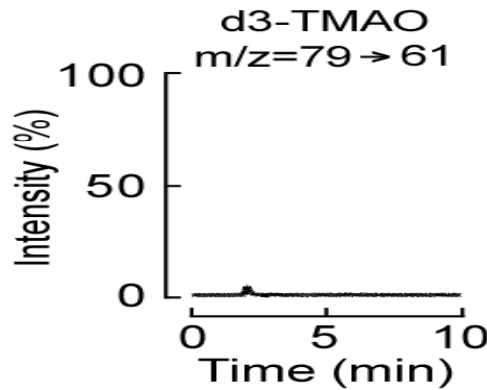
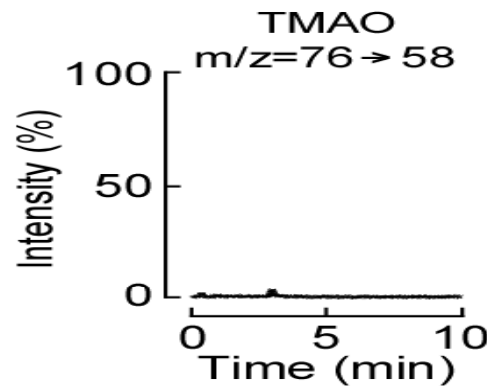
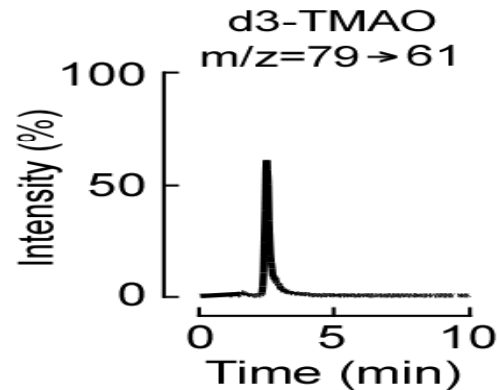
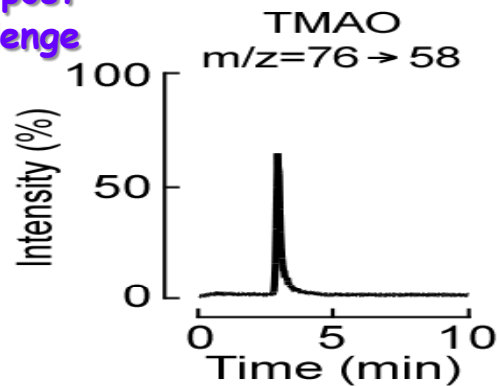
Reacquisition
of gut flora

→

Visit 3

Steak
+
d3-Carnitine

12h post
challenge



Hypothesis: Dietary patterns alter the composition of the gut microbial community

N=30



N=23



Omnivore and Vegans/Vegetarians

Stool Collected



Gut Microbiota
Composition



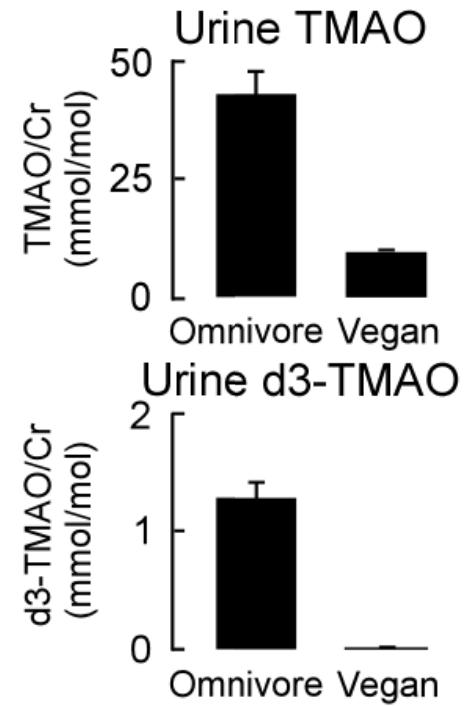
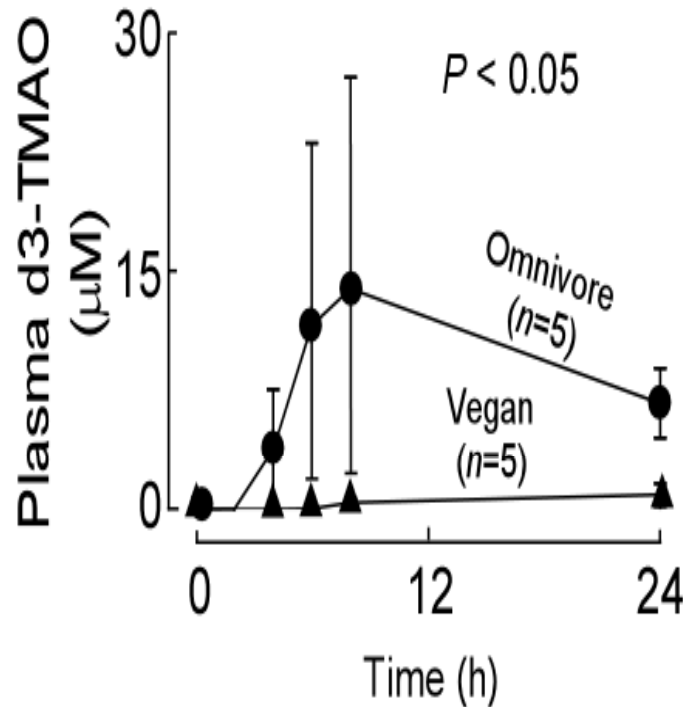
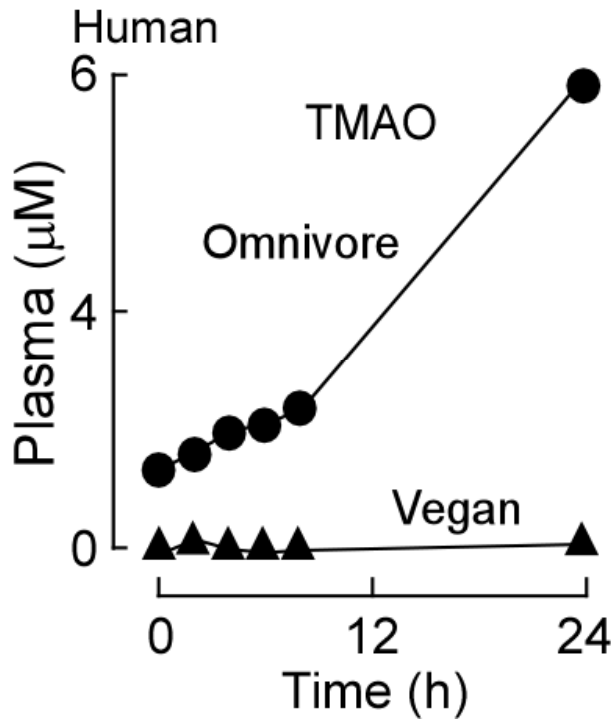
Blood Collected

TMAO measured by
mass spectrometry

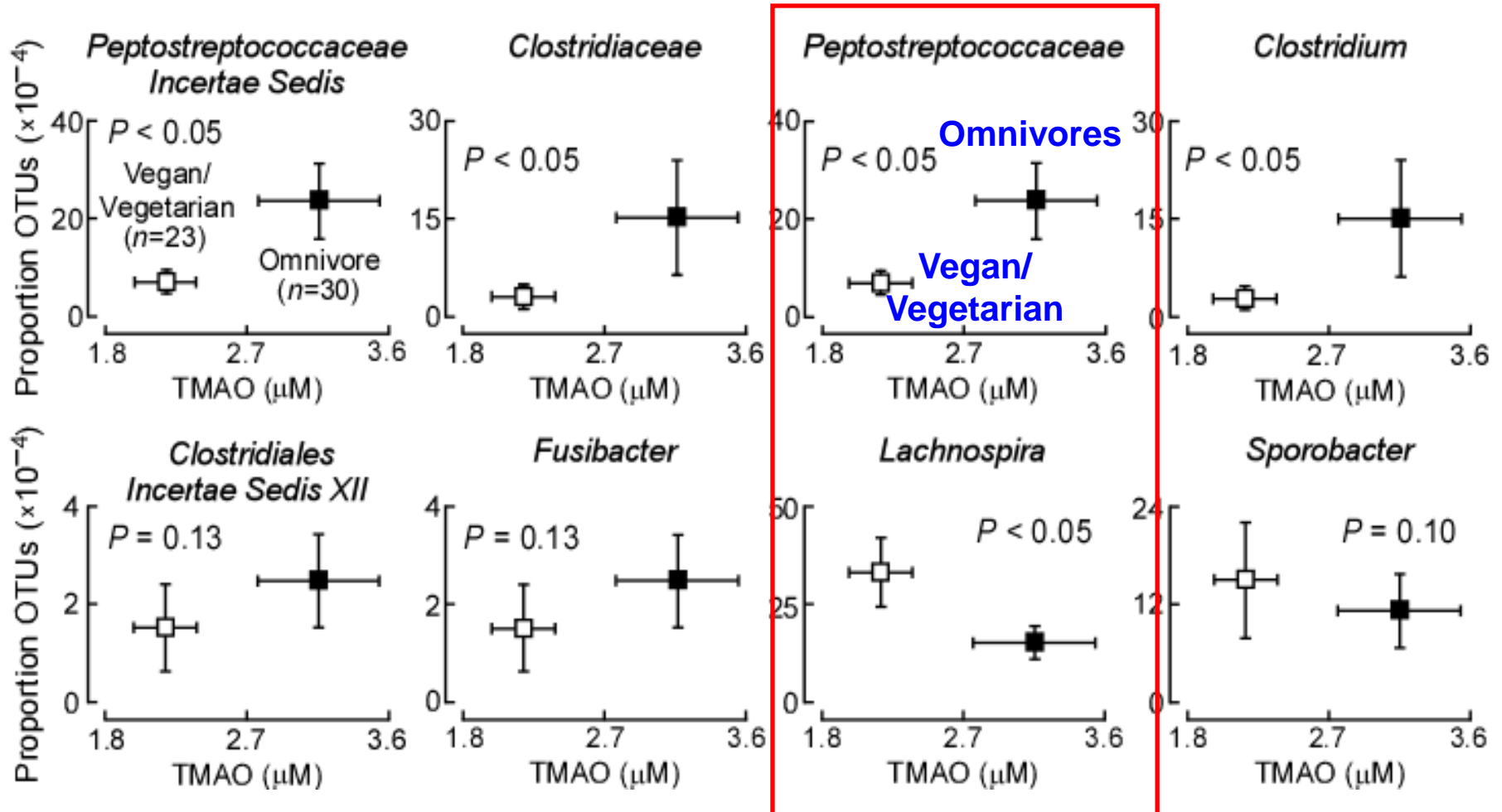
TMAO is formed from dietary carnitine in omnivores, but minimally in vegans

Carnitine challenge:
8oz tenderloin
+d3(methyl)-carnitine

Carnitine challenge:
d3(methyl)-carnitine

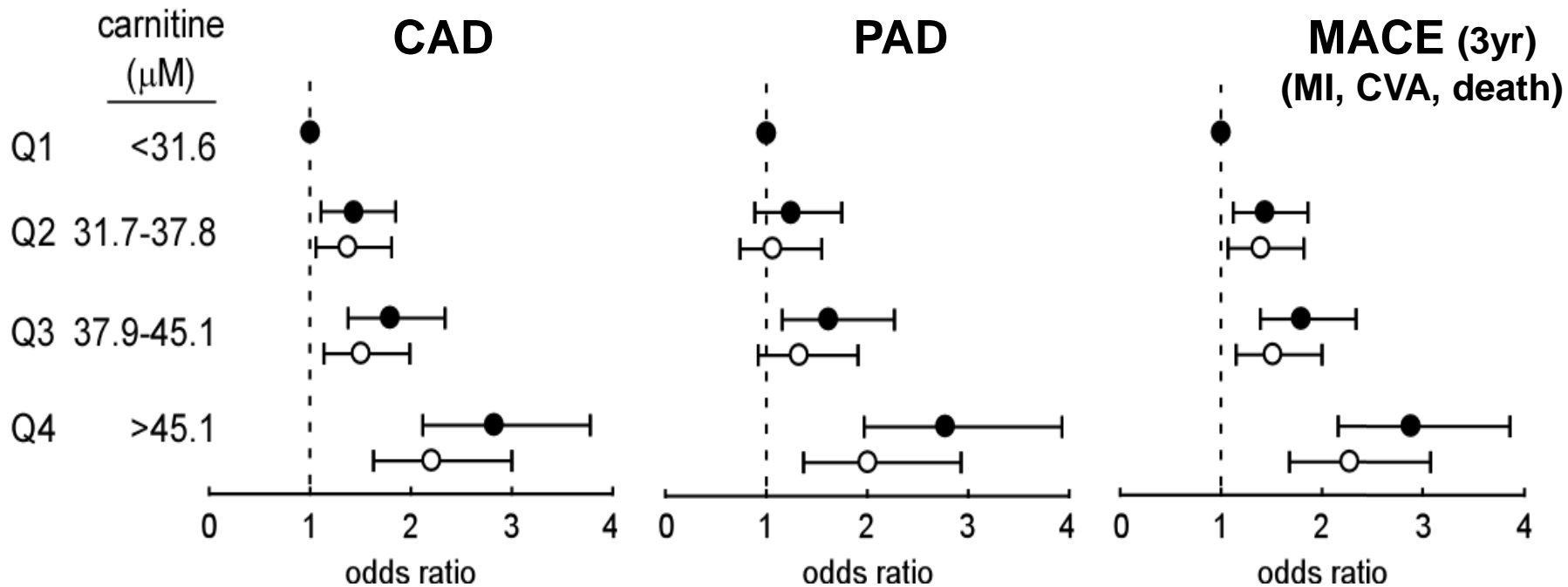


Specific microbiota taxa are associated with long-term dietary patterns and plasma TMAO levels



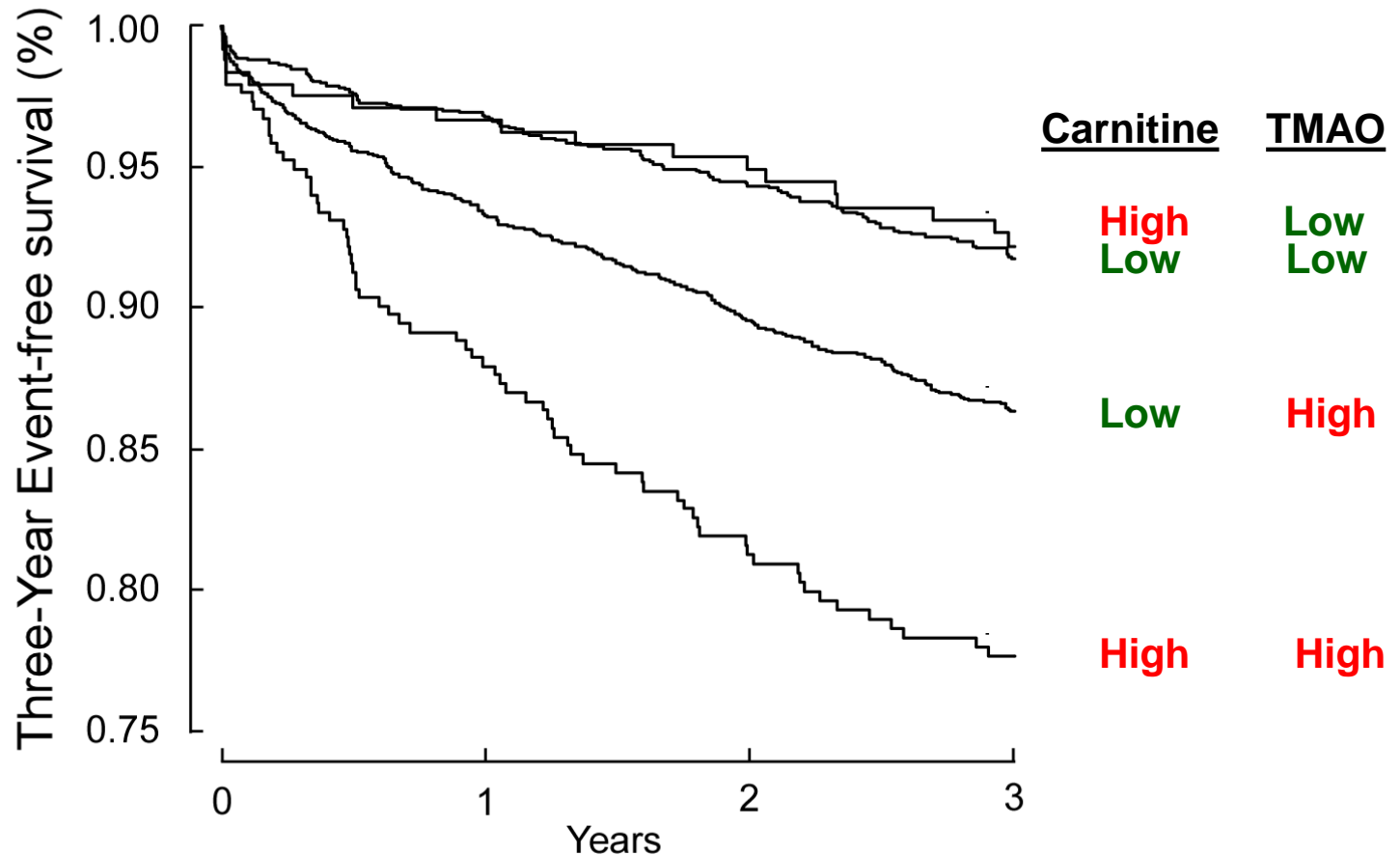
Plasma levels of carnitine in subjects predict cardiovascular risks

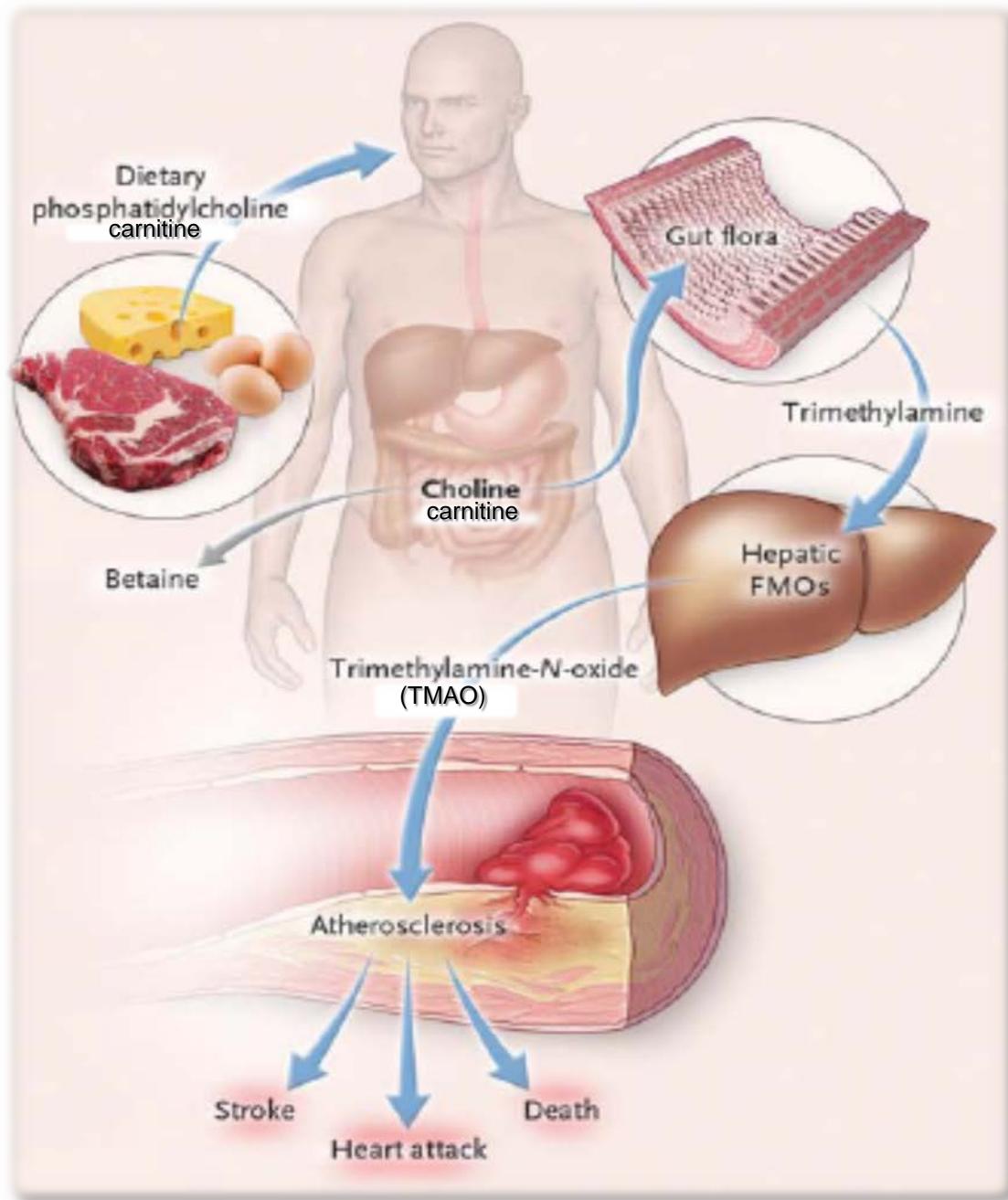
Sequential subjects (N=2595) undergoing cardiac evaluation at the Cleveland Clinic Preventive Cardiology Clinic



Plasma levels of carnitine in subjects predict cardiovascular risks - only if TMAO is high

Sequential subjects (N=2595) undergoing cardiac evaluation at the Cleveland Clinic Preventive Cardiology Clinic





Metabolomics studies are a powerful tool for discovery of new diagnostic and therapeutic targets

Gut flora contributes to atherosclerotic heart disease

Wang Z et al (2011) *Nature*

Bennett B et al (2013) *Cell Metab*

Koeth RA et al (2013) *Nature Medicine*

Tang WHW et al (2013) *NEJM*

Wang Z et al (2014) *Euro Heart J (in press)*

Tang WHW et al (2014) *JACC (in press)*

Acknowledgments

The Cleveland Clinic

Zeneng Wang

Beth Klipfell

Robert Koeth

Bruce Levison

Jonathan Smith

Wilson Tang

Joe DiDonato

UCLA

Brian Bennett

Jake Lusic

Elin Org

U Penn

Rick Bushman

Jun Chen

Gary Wu

James Lewis

Hongzhe Li

USC

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