

Red Blood Cell Metabolism in Down Syndrome: hints on metabolic derangements in aging, inflammation and cognitive impairment

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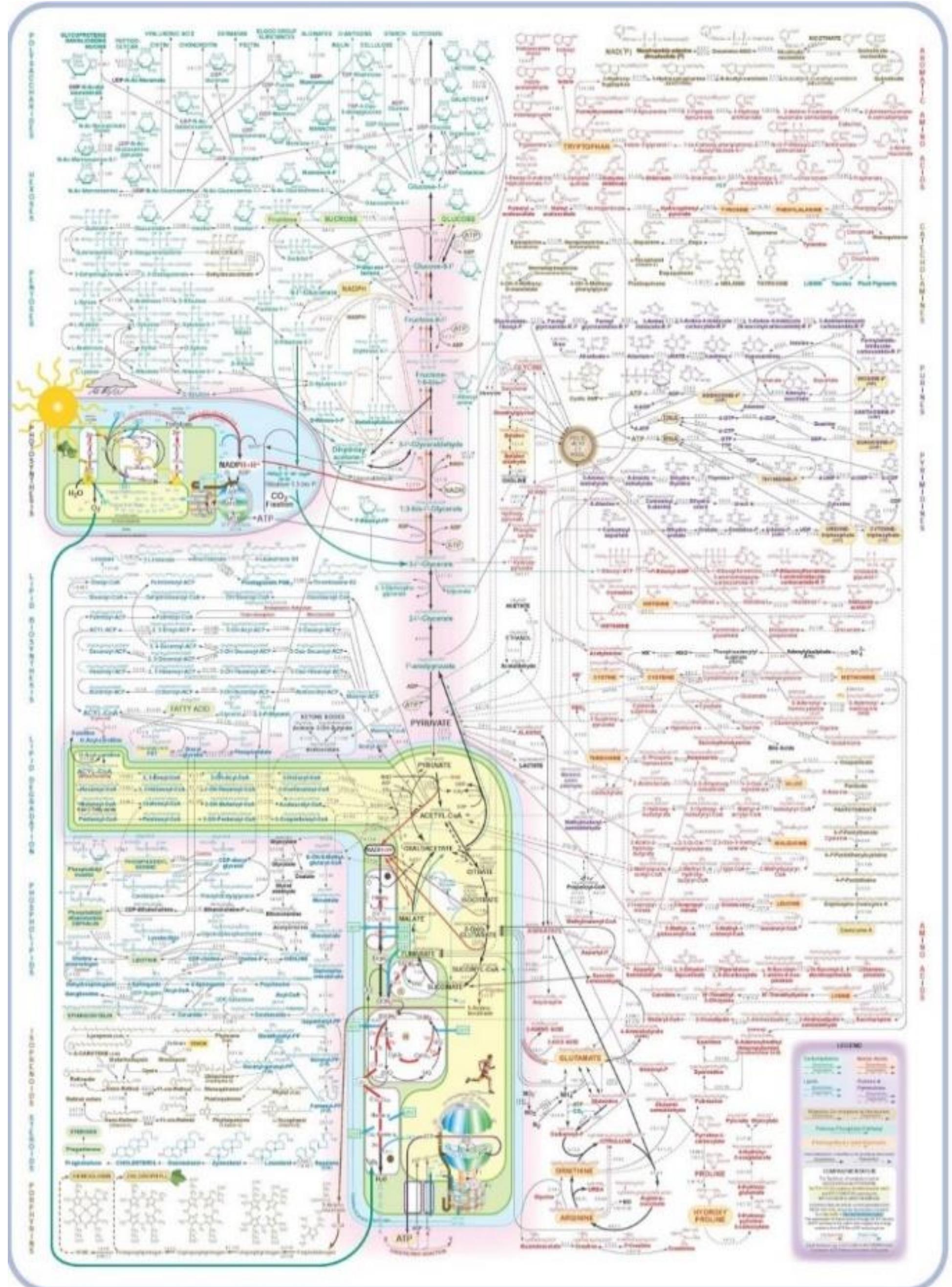
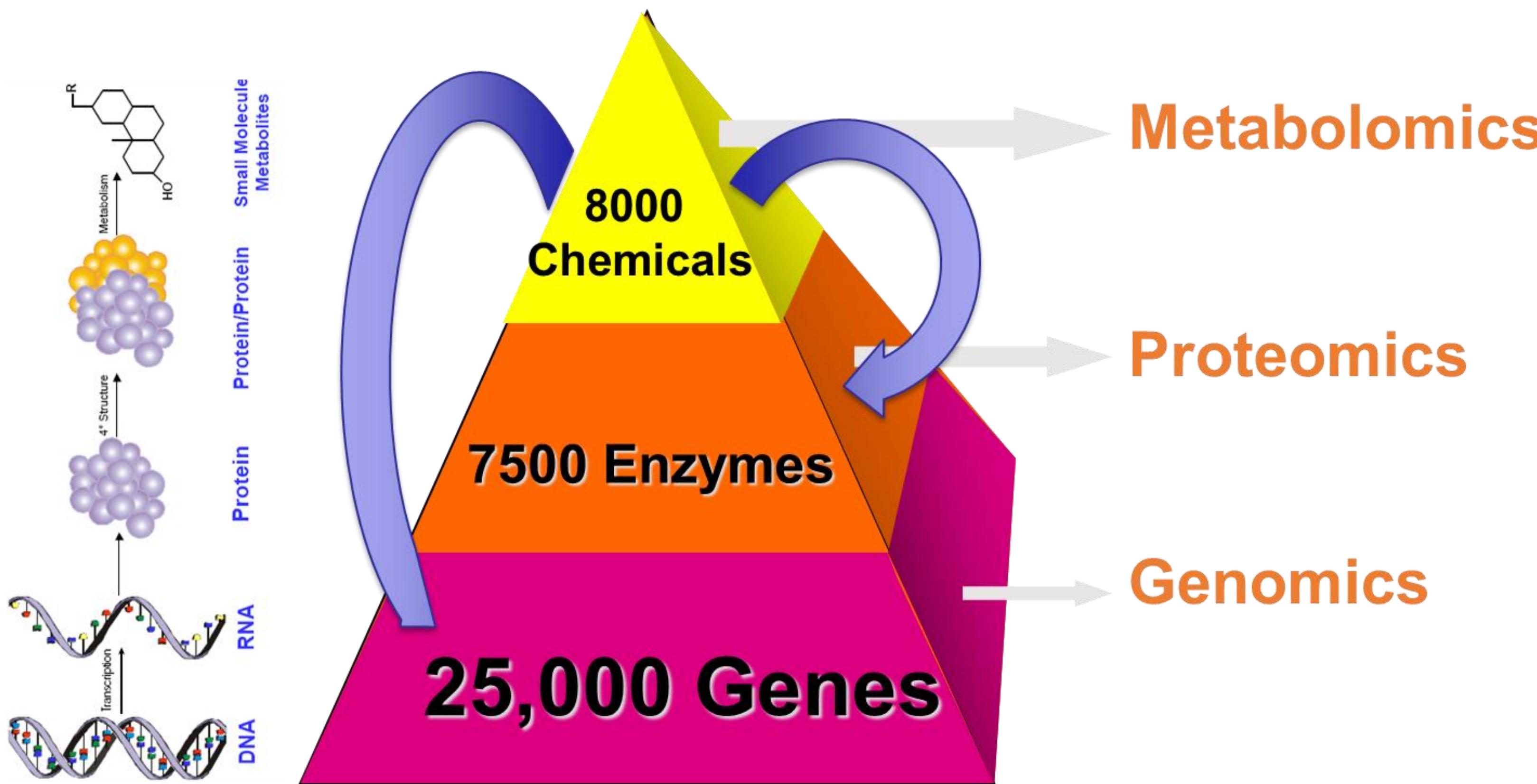
METABOLOME: complex and close to the phenotype

Metabolome = total metabolite pool

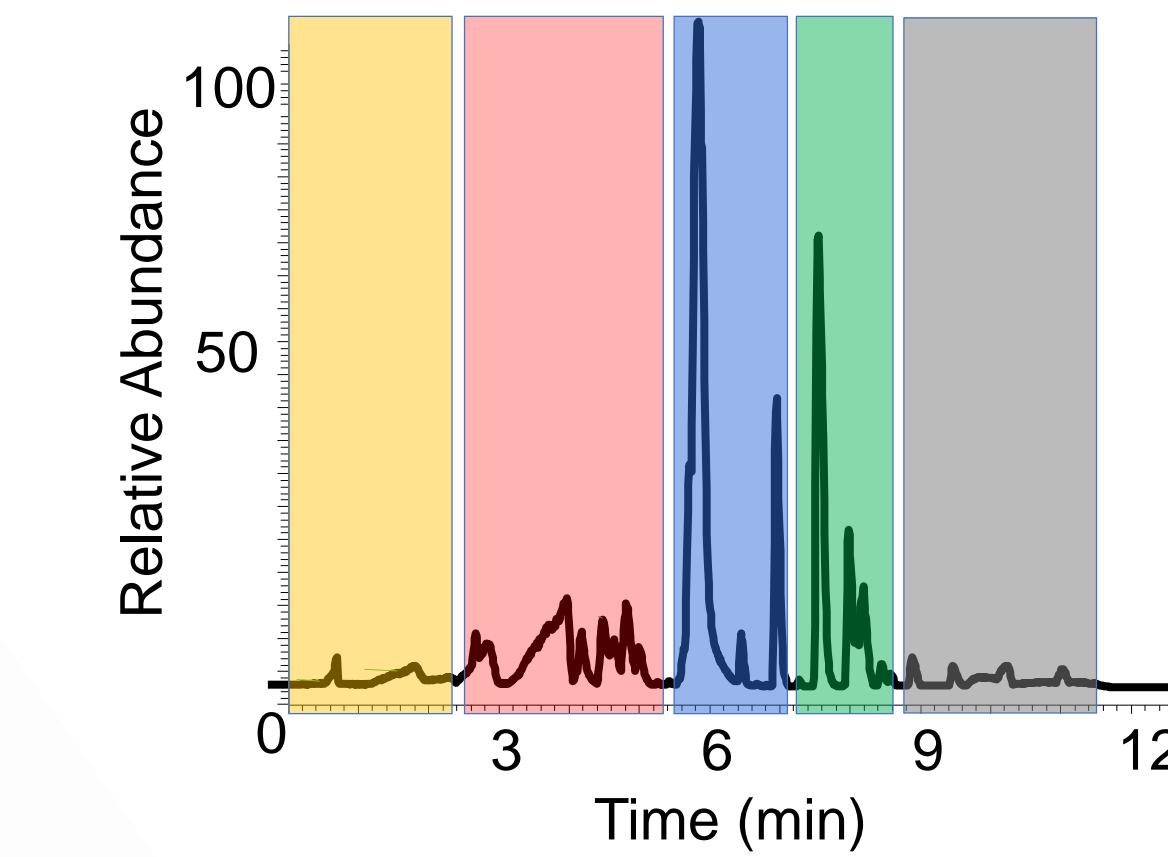
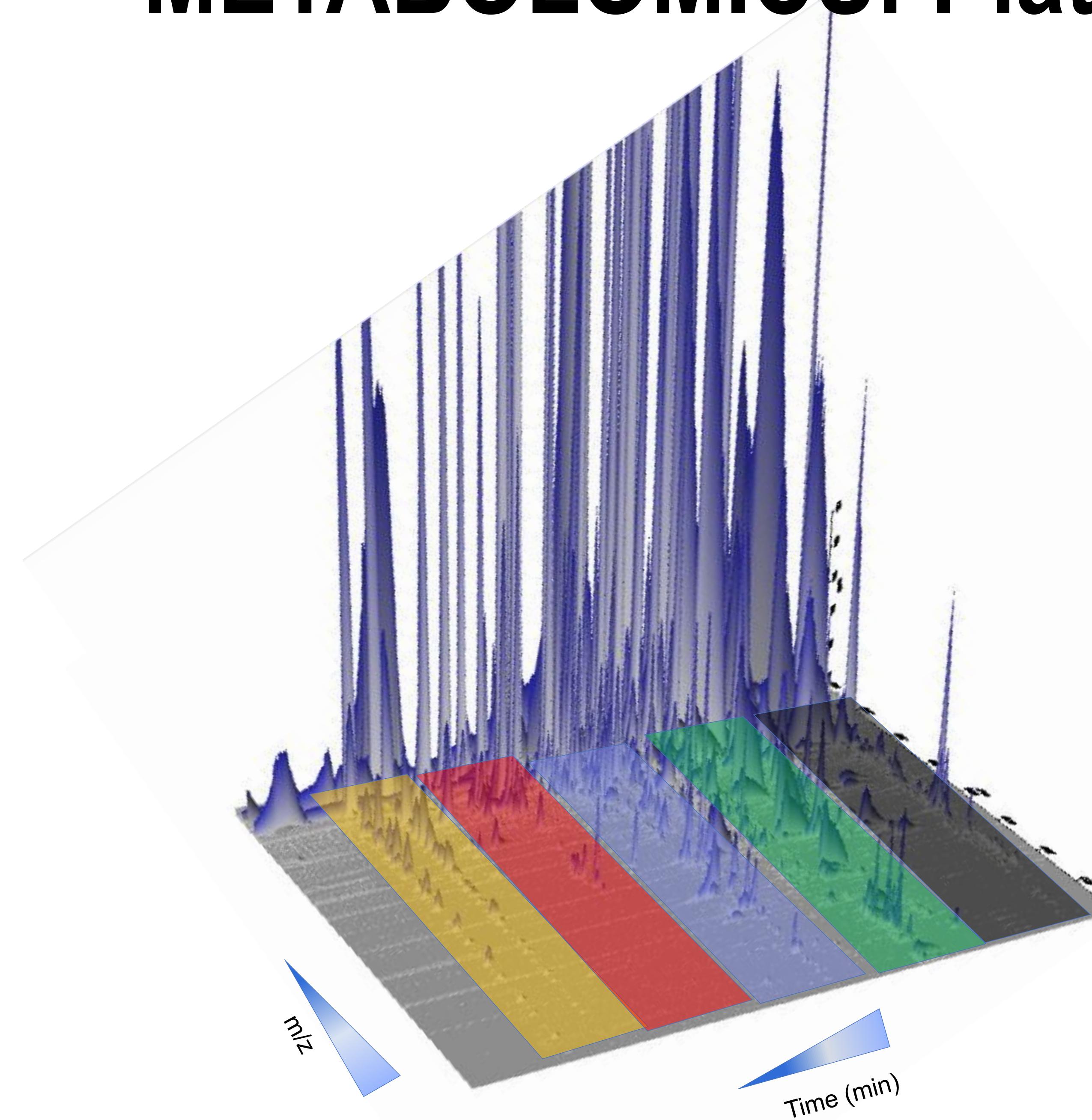
All low molecular weight (< 1500 Da)

Sugars, Nucleosides, Organic acids,
Ketones, Aldehydes, Amines, Amino acids,
Small peptides, Lipids, Steroids, Terpenes,
Alkaloids
Drugs (xenobiotics)

- >95% of all diagnostic clinical assays test for small molecules
- 89% of all known drugs are small molecules
- 50% of all drugs are derived from pre-existing metabolites
- 30% of identified genetic disorders involve metabolic disease
- Small molecules are cofactors and signaling molecules



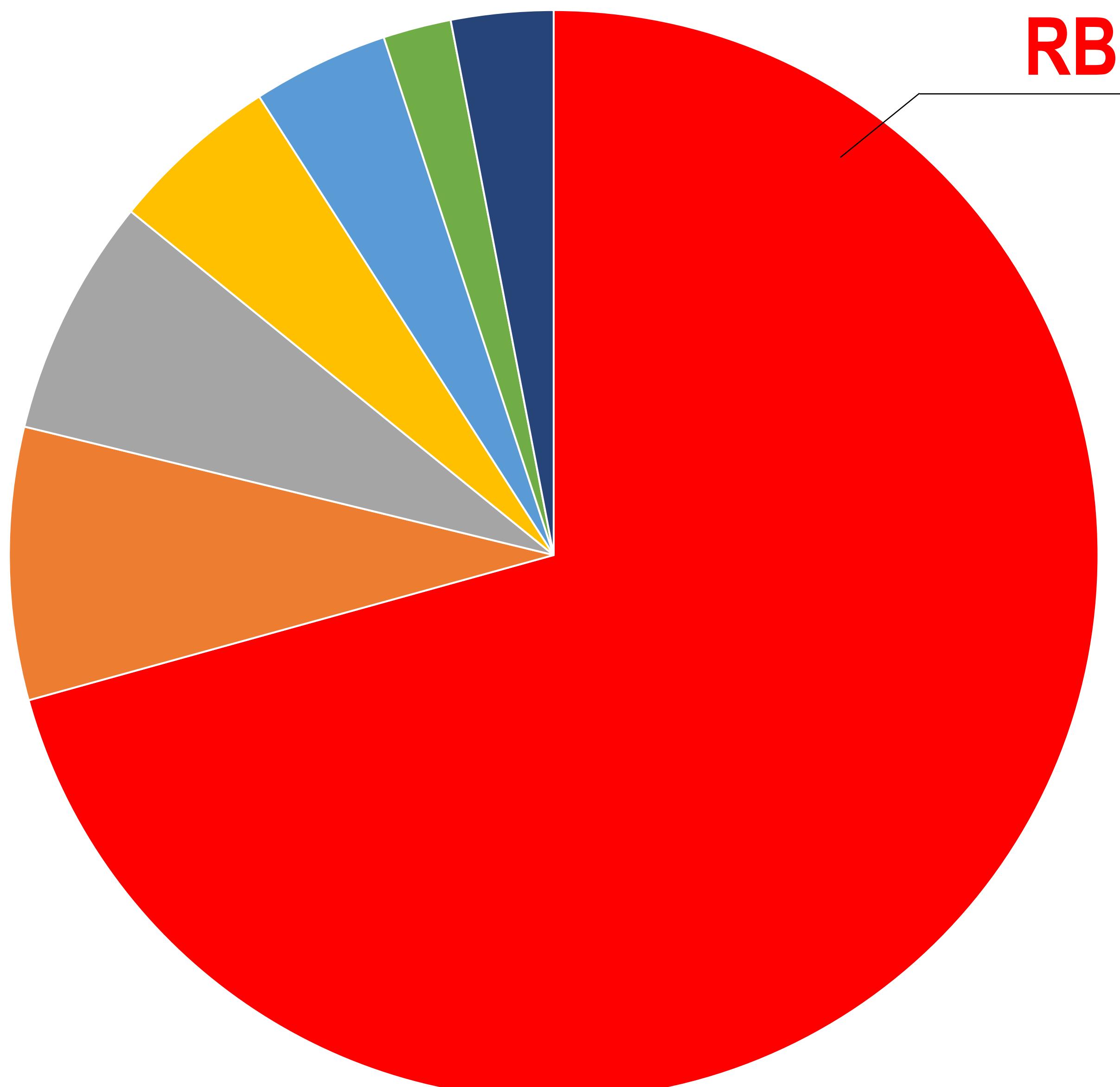
METABOLOMICS: Platform at UC Denver



- Polyamines and basic AAs
- Sugars and Carboxylic acids
- Aromatic AAs and Small Peptides
- Phosphate and Nucleosides
- Fatty acids

>17,000 features
~800 in house standard library
~100 in house heavy internal std.

Why study RBCs? Most abundant host cell in human body



RBCs

- Lifespan of ~120 days
- ~0.2 Trillion RBCs made everyday
- Significant daily energy expenditure in embryonic and adult life



SIMPLE

- Lose nuclei and organelles during maturation;
- No ribosomes: devoid of *de novo* protein synthesis capacity;
- 98% of cytosol is hemoglobin!

YET COMPLEX

- They still preserve the proteasome;
- The 2% of the proteome that is not Hb includes more than 2900 proteins (as of now) – including hundreds of transporters

■ RBCs
■ Glya
■ Derm
■ PLTs
■ Other

■ Endothelium
■ Bone Marrow

Metabolic Derangements of Down Syndrome

- Trisomy 21 (T21) = etiological factor of Down Syndrome
- T21 is a model of accelerated aging
 - Premature skin wrinkling
 - Hypothyroidism
 - Declining immune function
 - Alzheimer's disease/cognitive impairment
- T21 is a model of chronic inflammation
 - Autoimmune disorders
 - Leukemias
 - Celiac disease
 - Autoimmune chronic hepatitis

F, D21

n = 44

M, D21

n = 23

F, T21

n = 17

M, T21

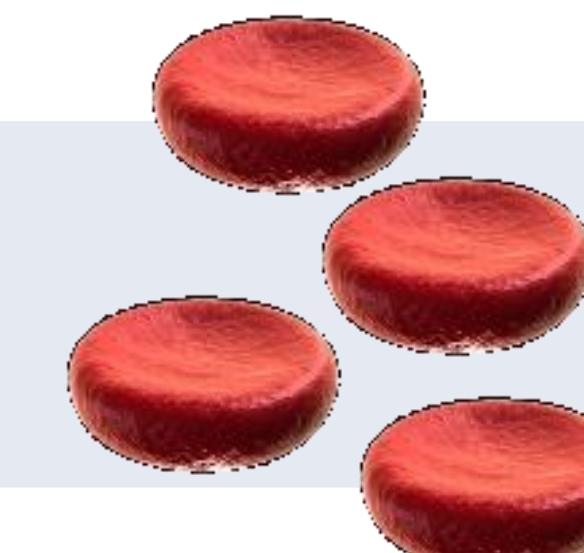
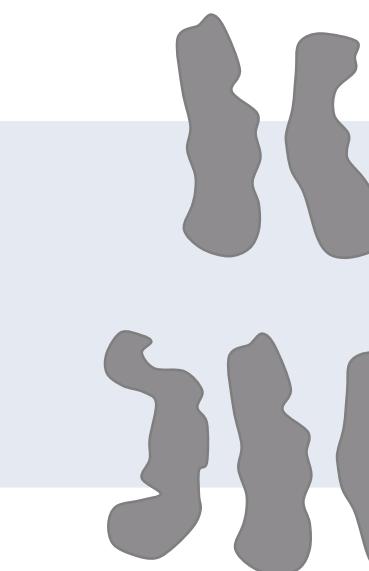
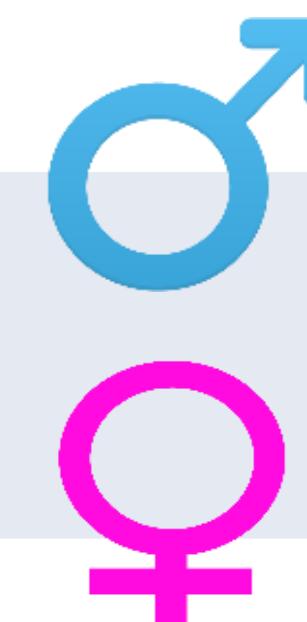
n = 13



0.5 yr

Age

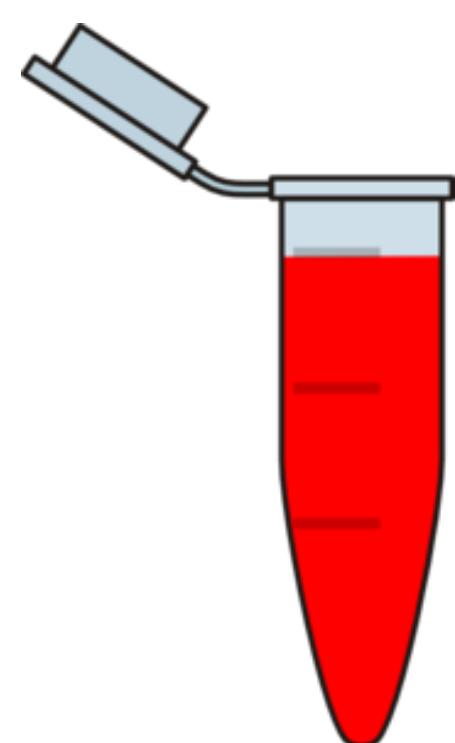
76.5 yrs



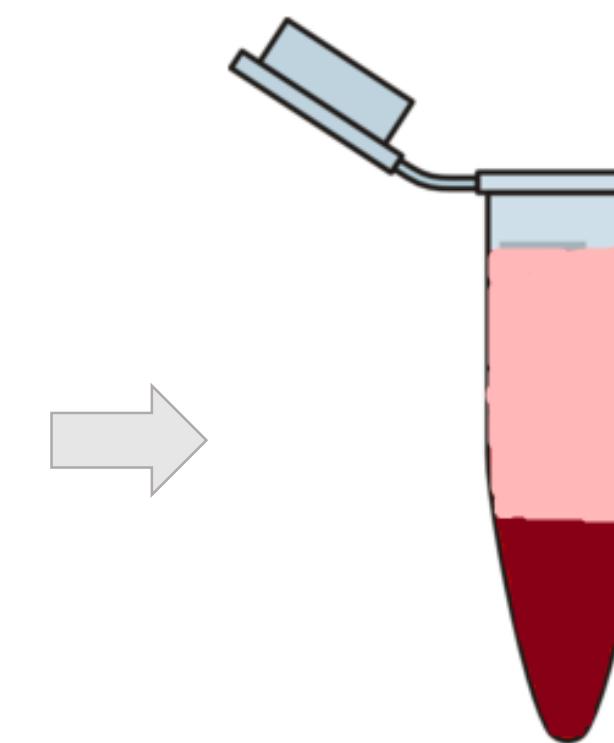
Trisomy 21

RBCs

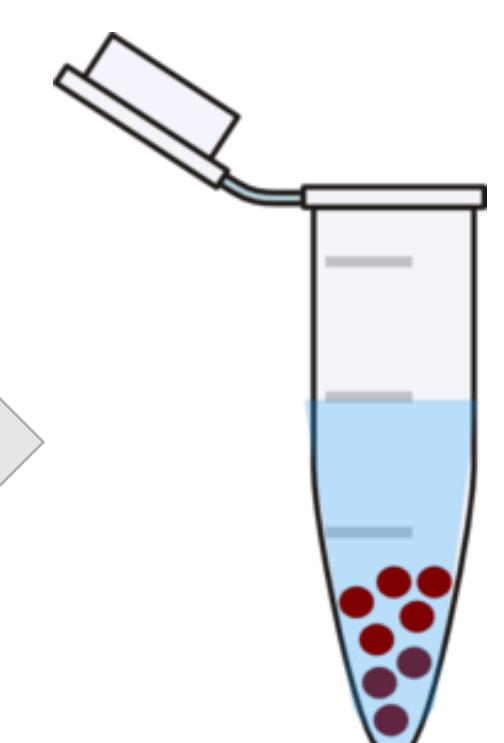
Metabolomics



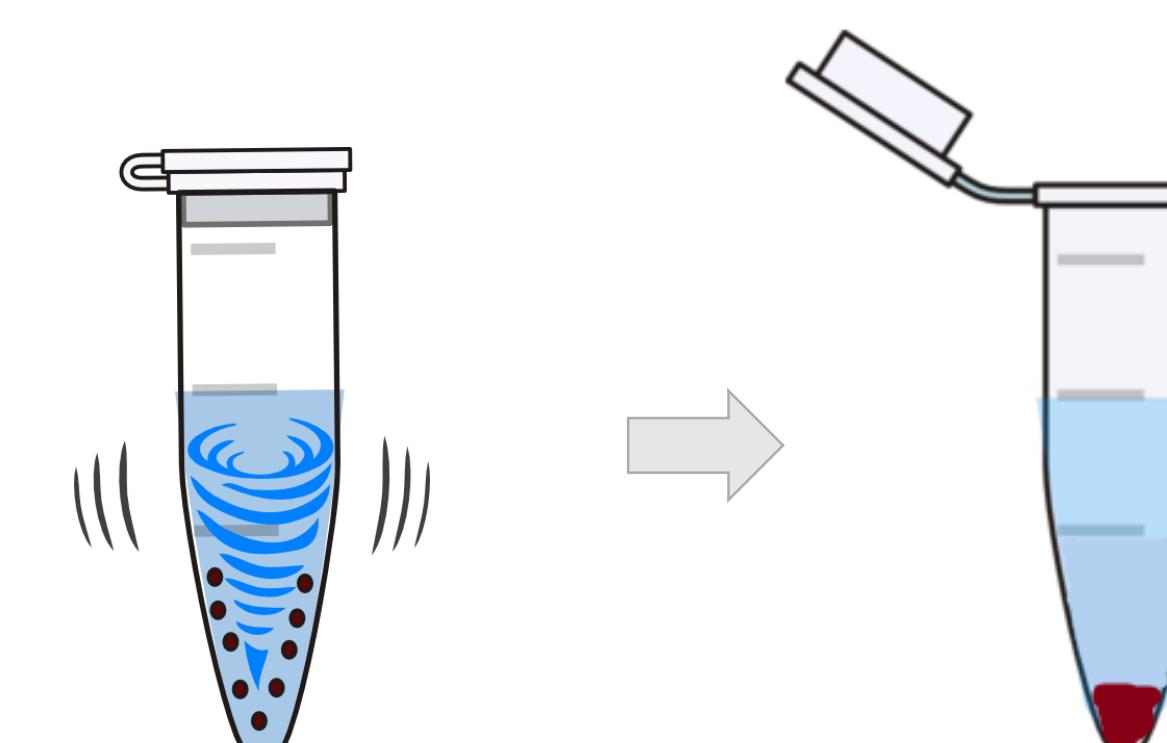
Whole blood
collected
from donors



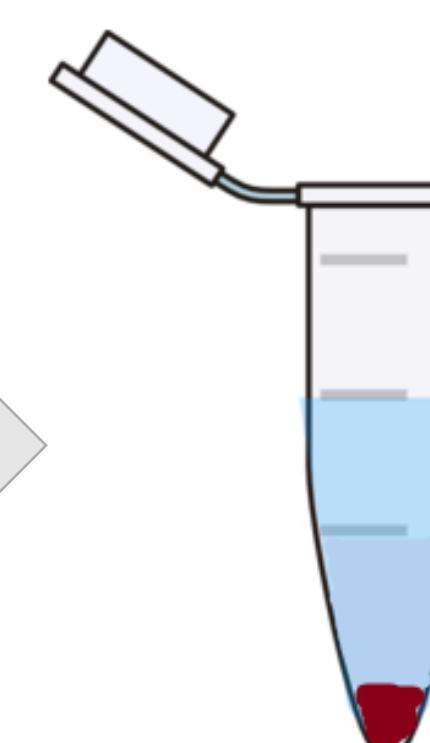
RBCs sorted
through
centrifugation



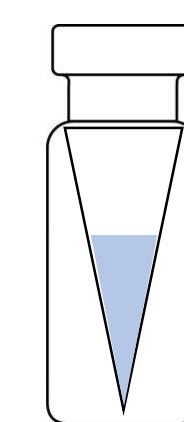
Extracted 1:10
in lysis buffer
w/ heavy stds



Vortexed for
30 min @
4°C

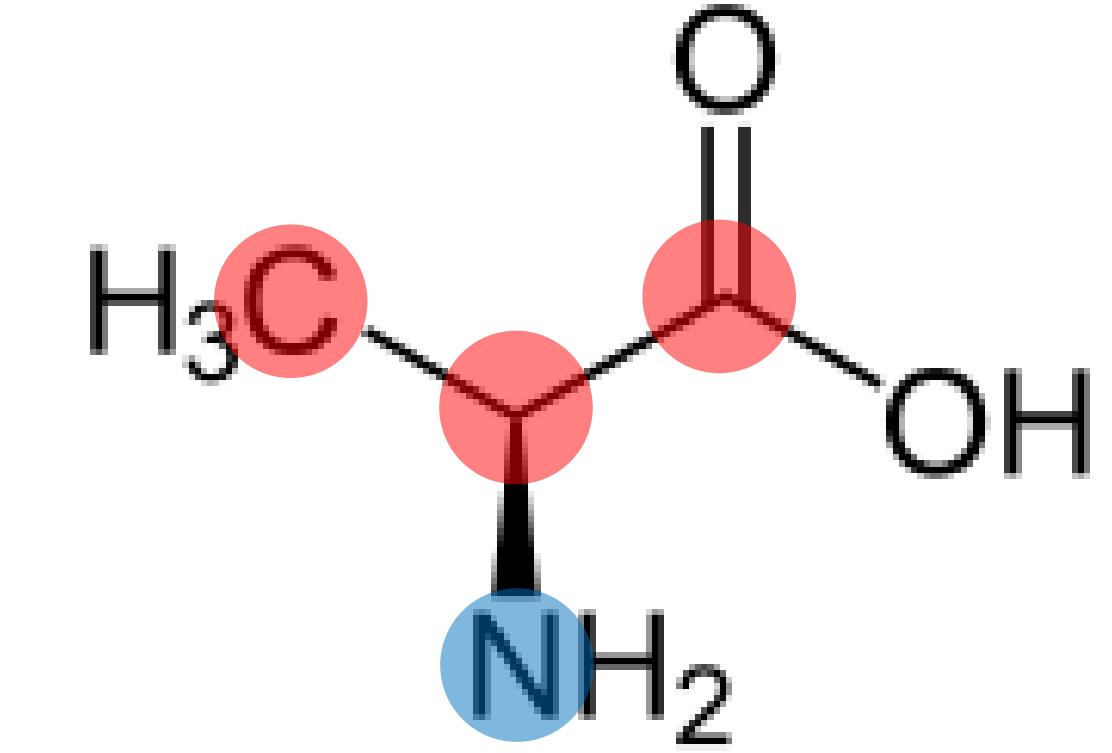
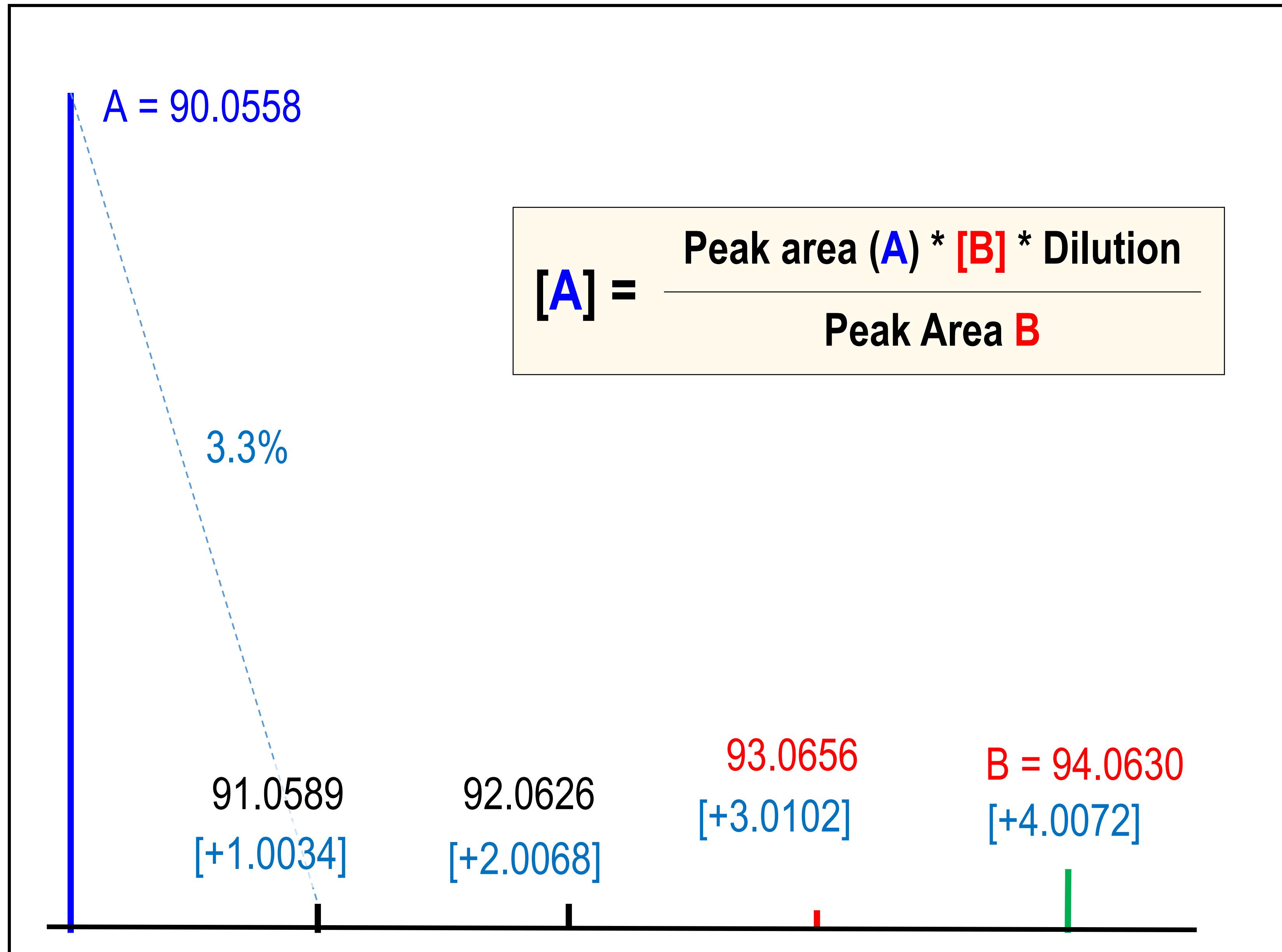
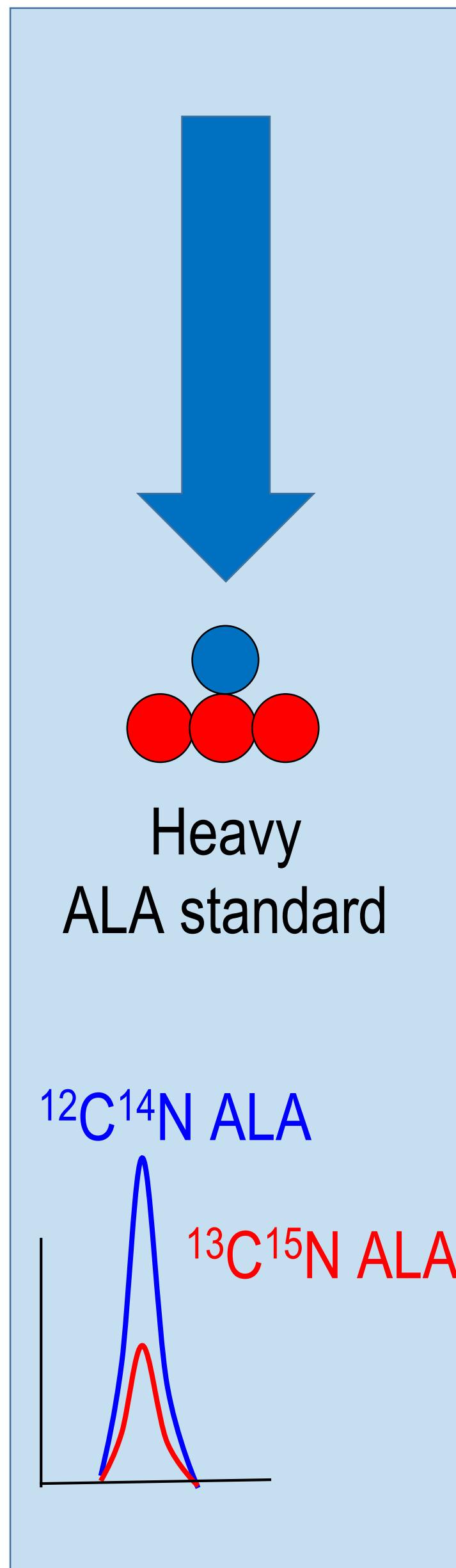


RBCs
separated by
centrifugation



Extraction sol'n
analyzed via
UHPLC-MS

Scheme for Absolute Quant



Mass of ^{13}C =
1.0034 m/z

Mass of ^{15}N =
0.997 m/z

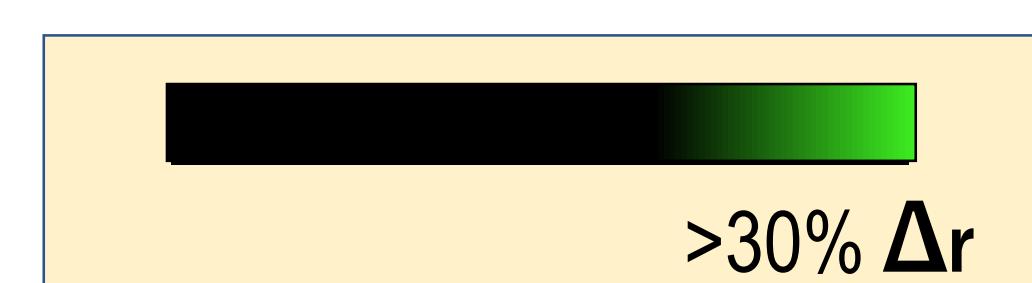
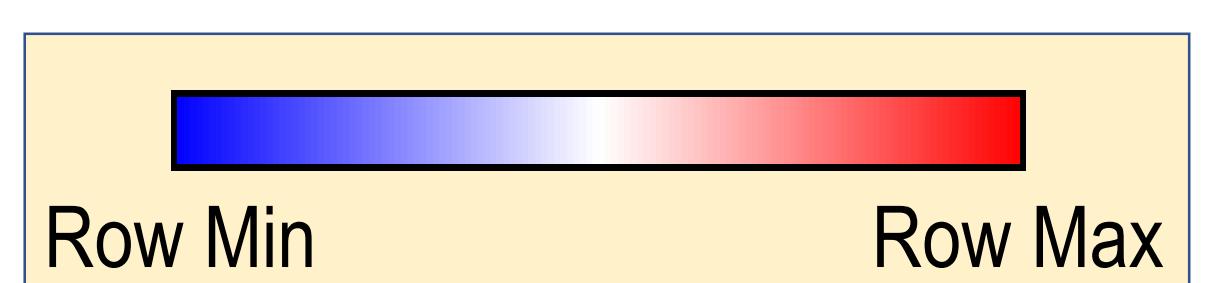
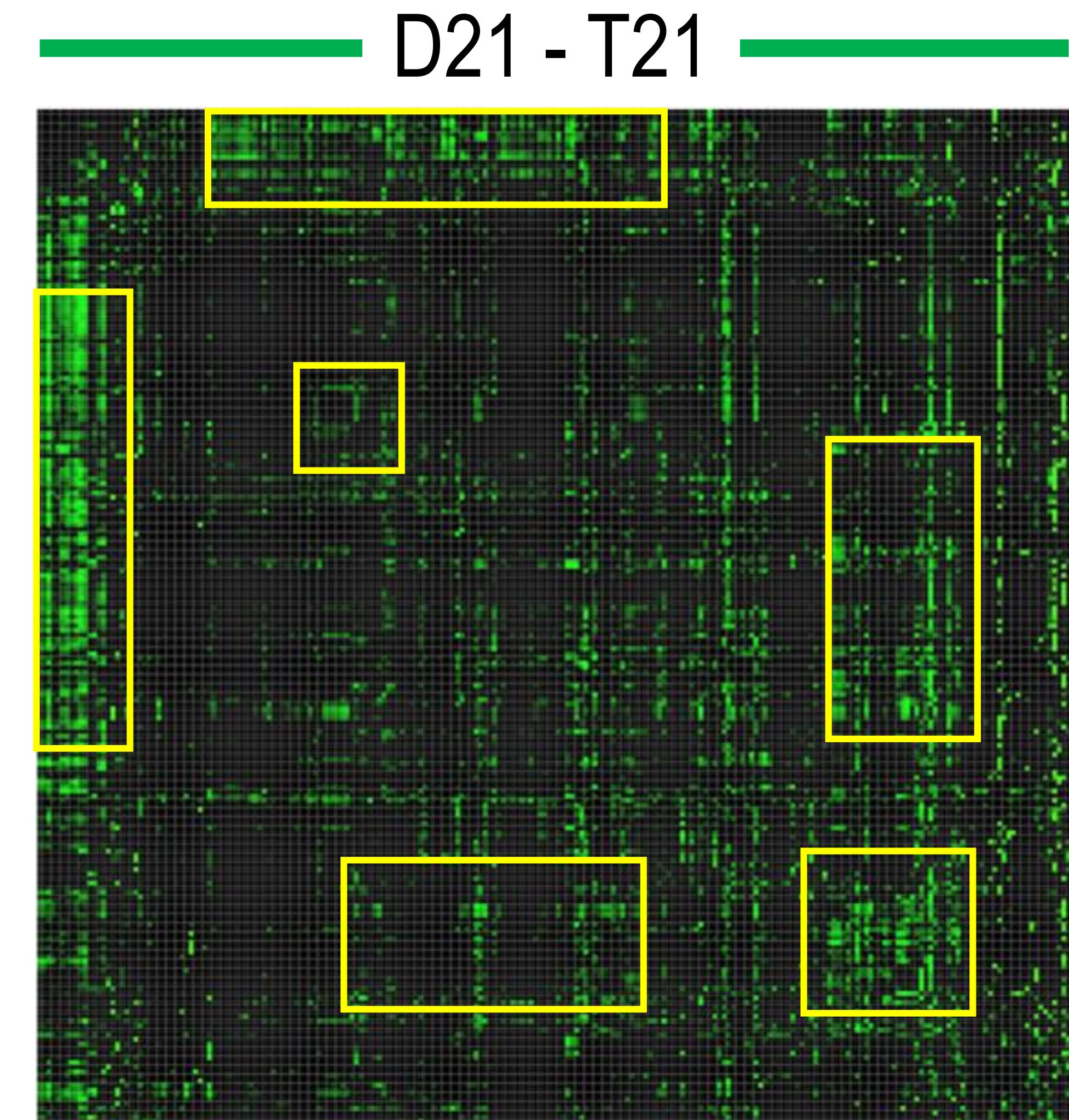
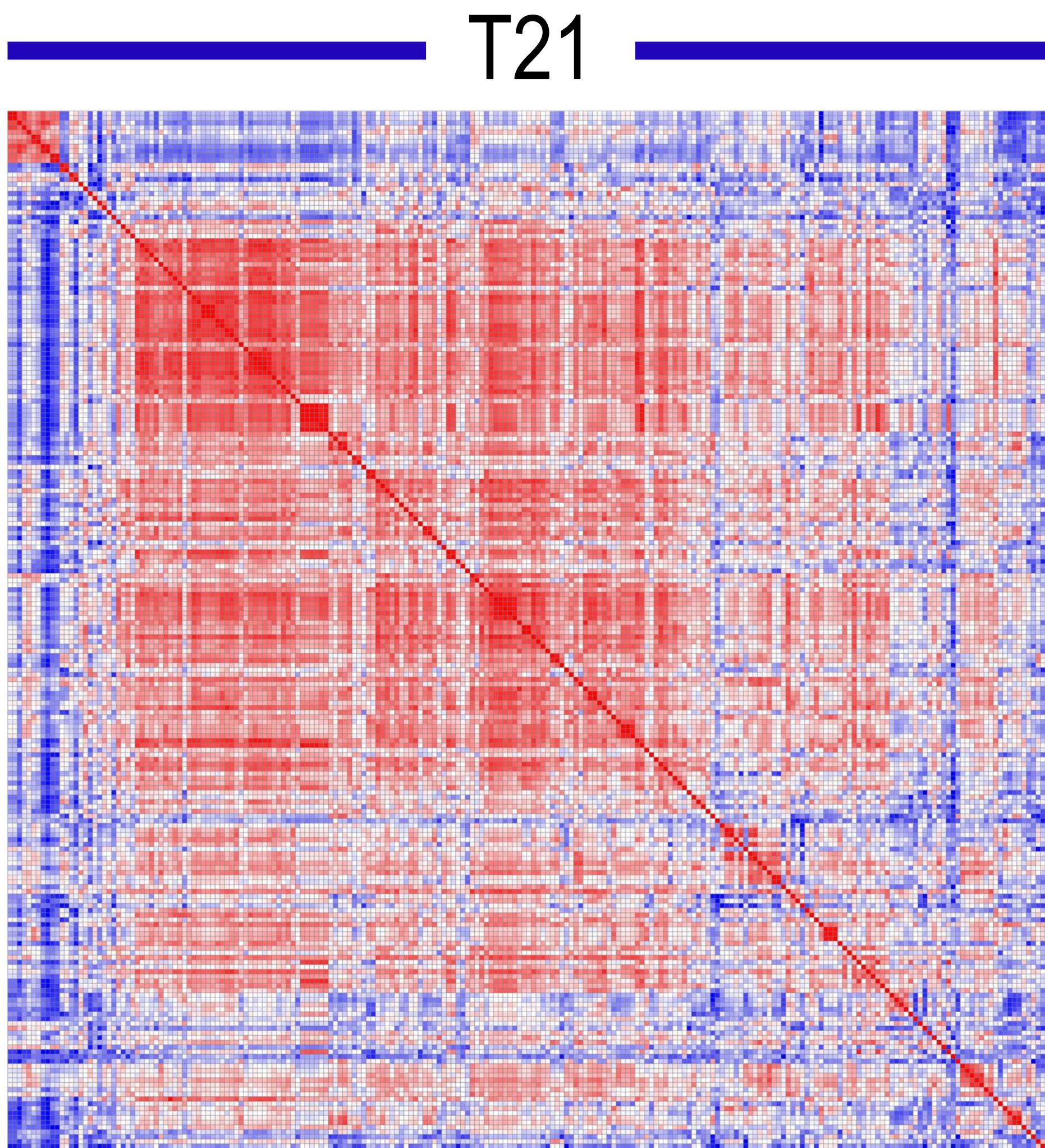
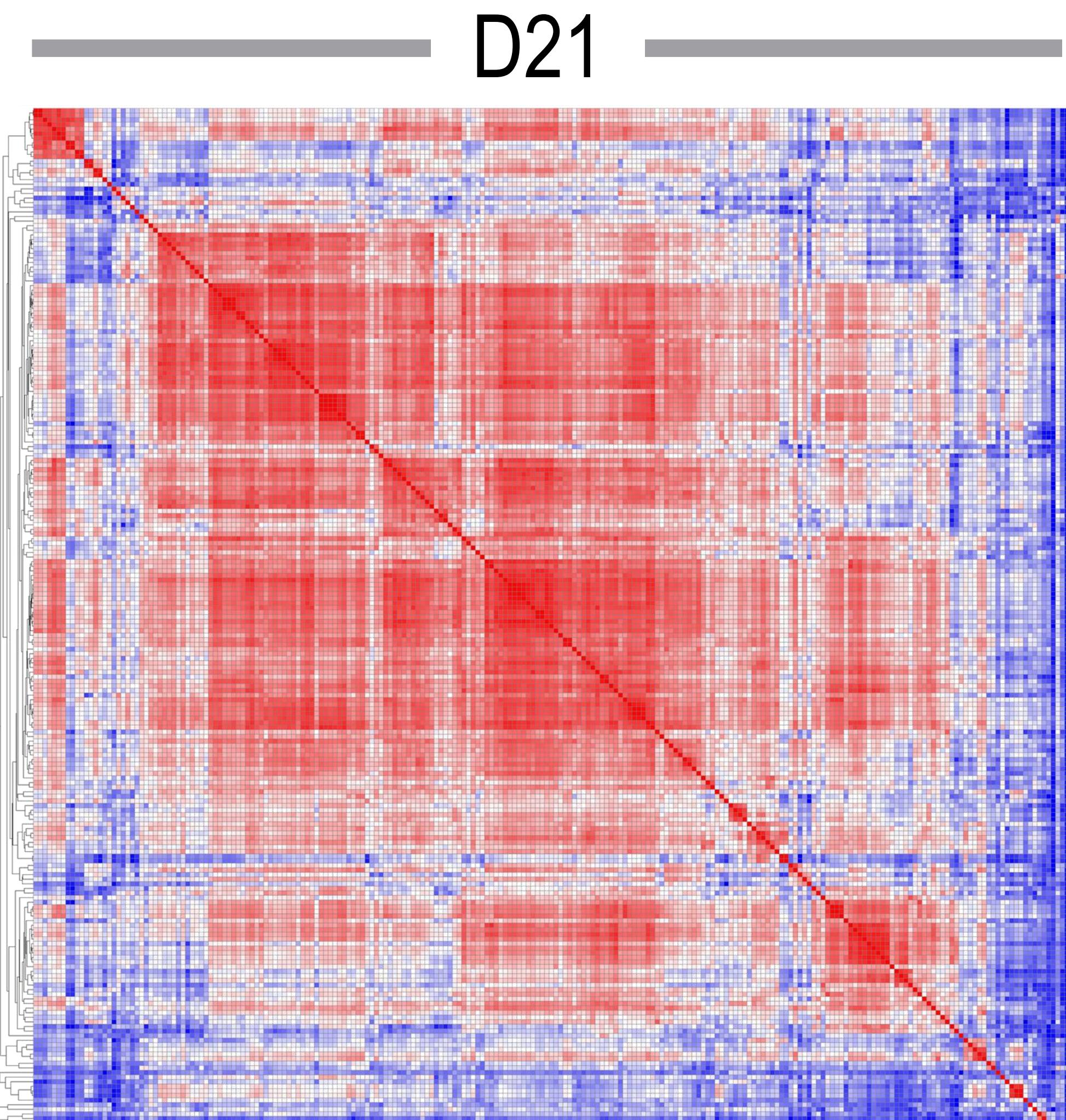
Isotopic standards used

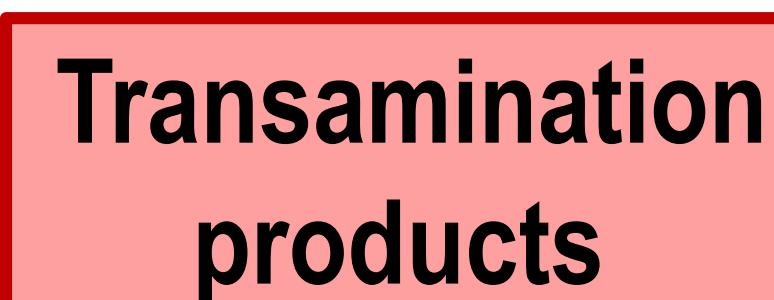
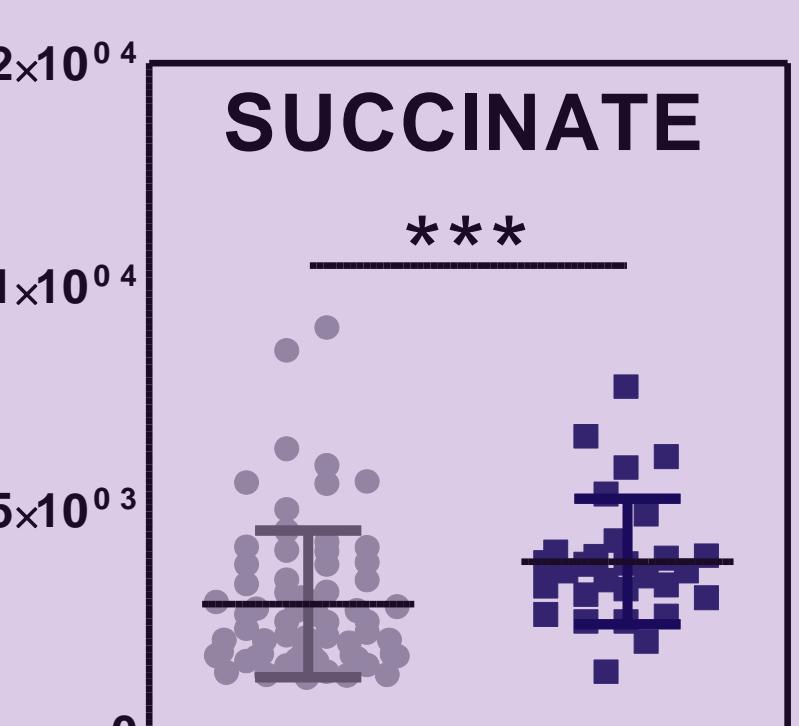
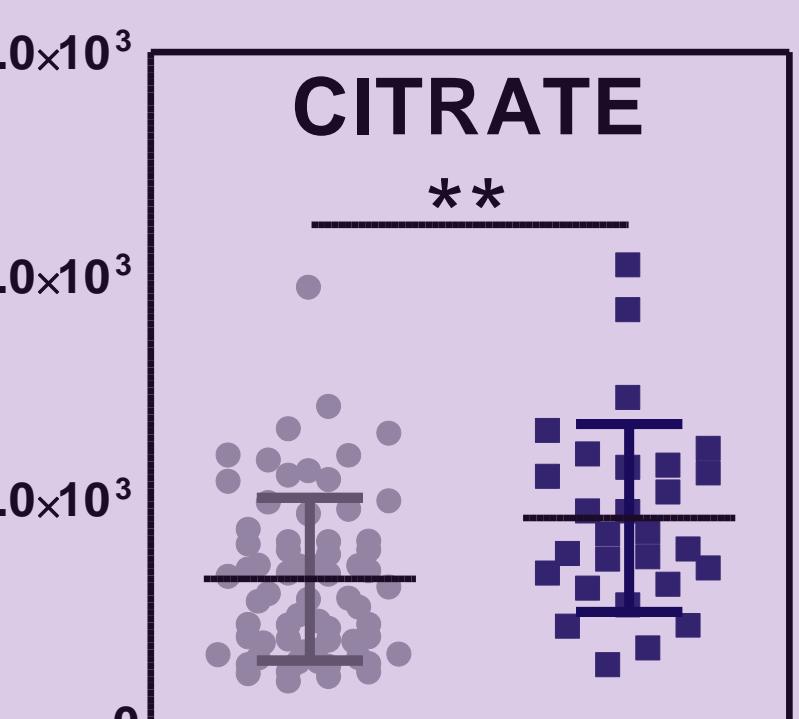
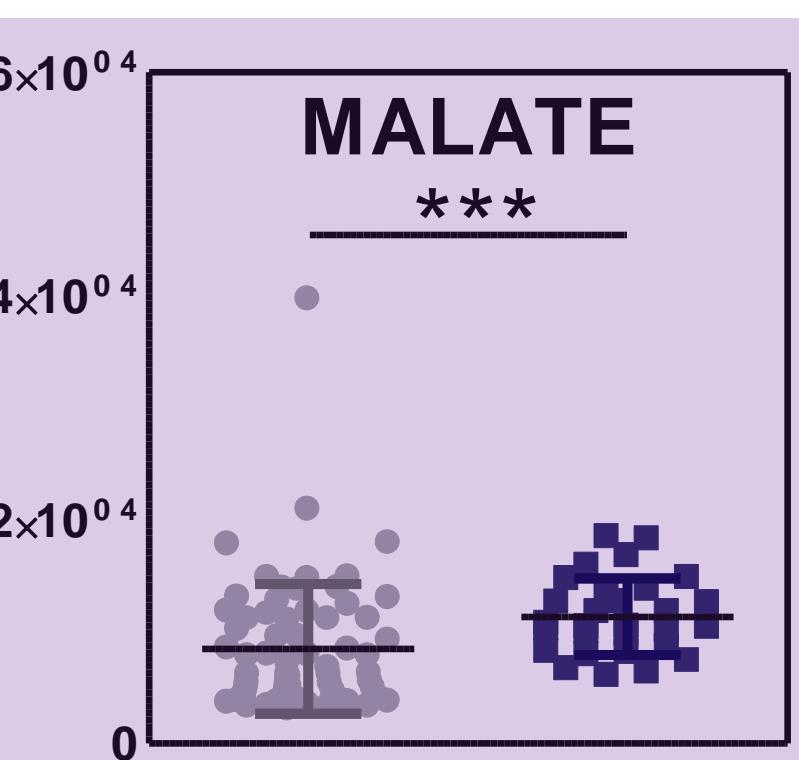
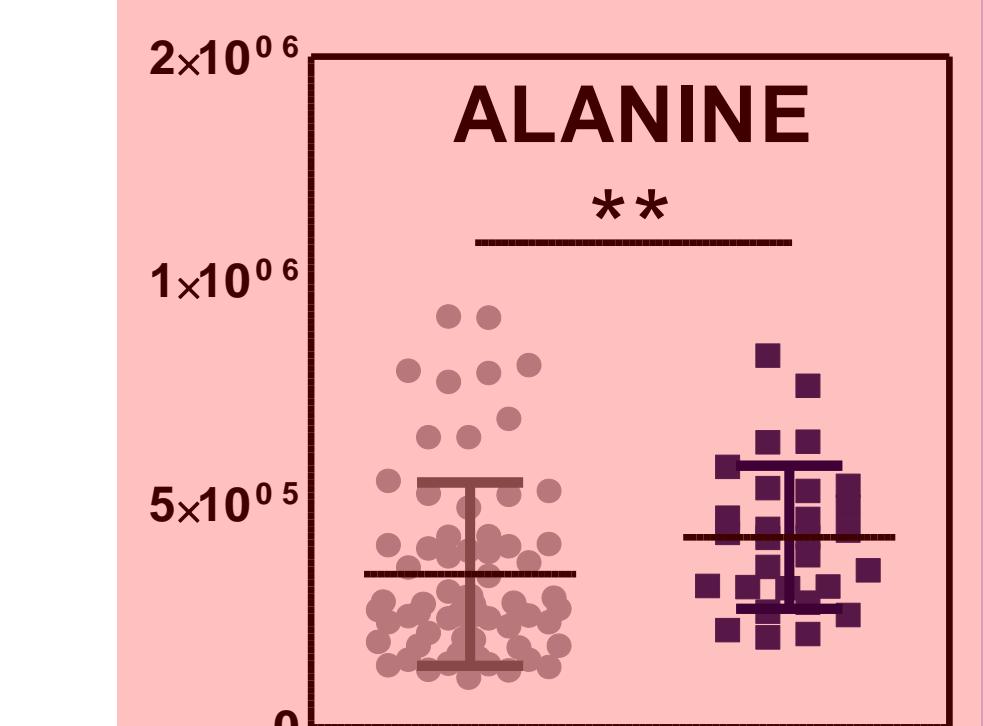
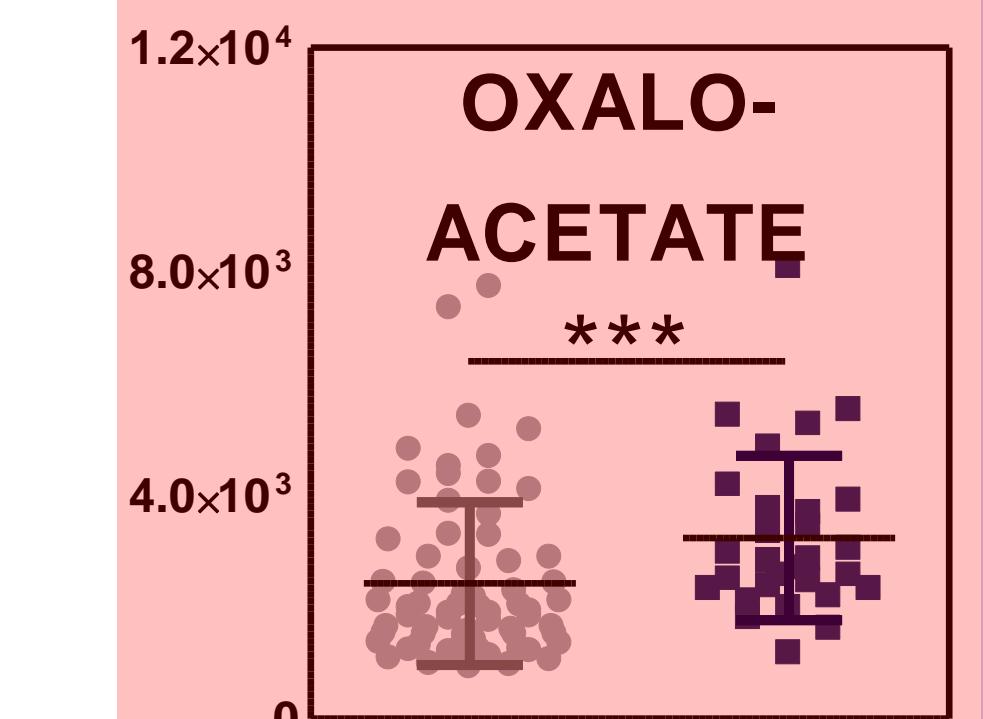
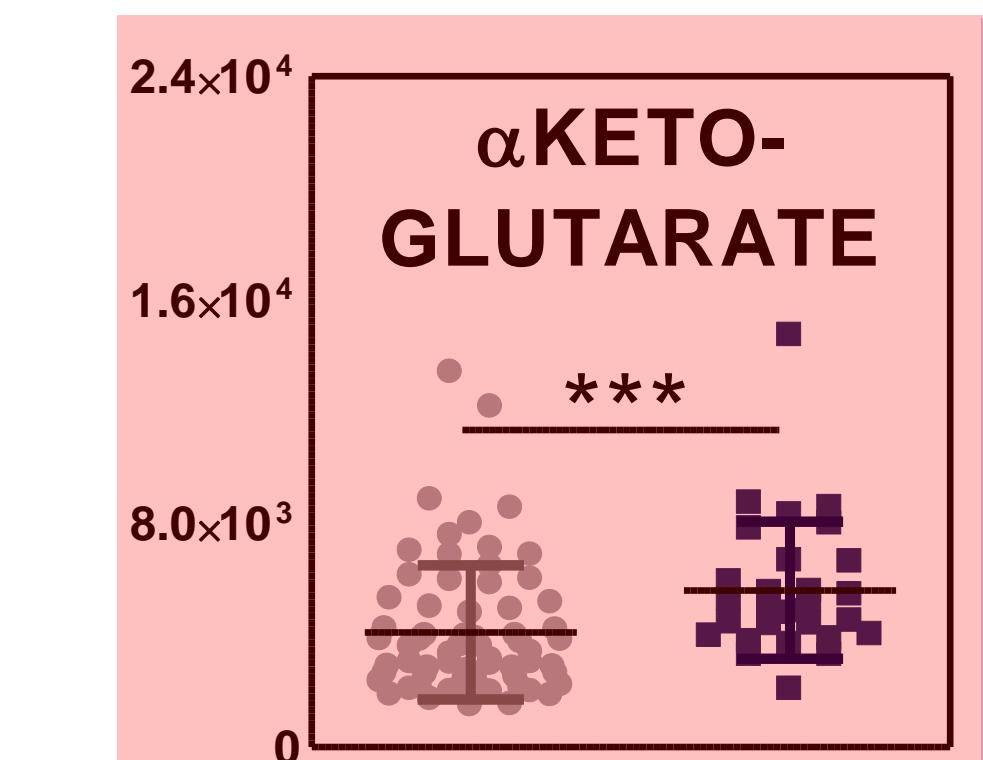
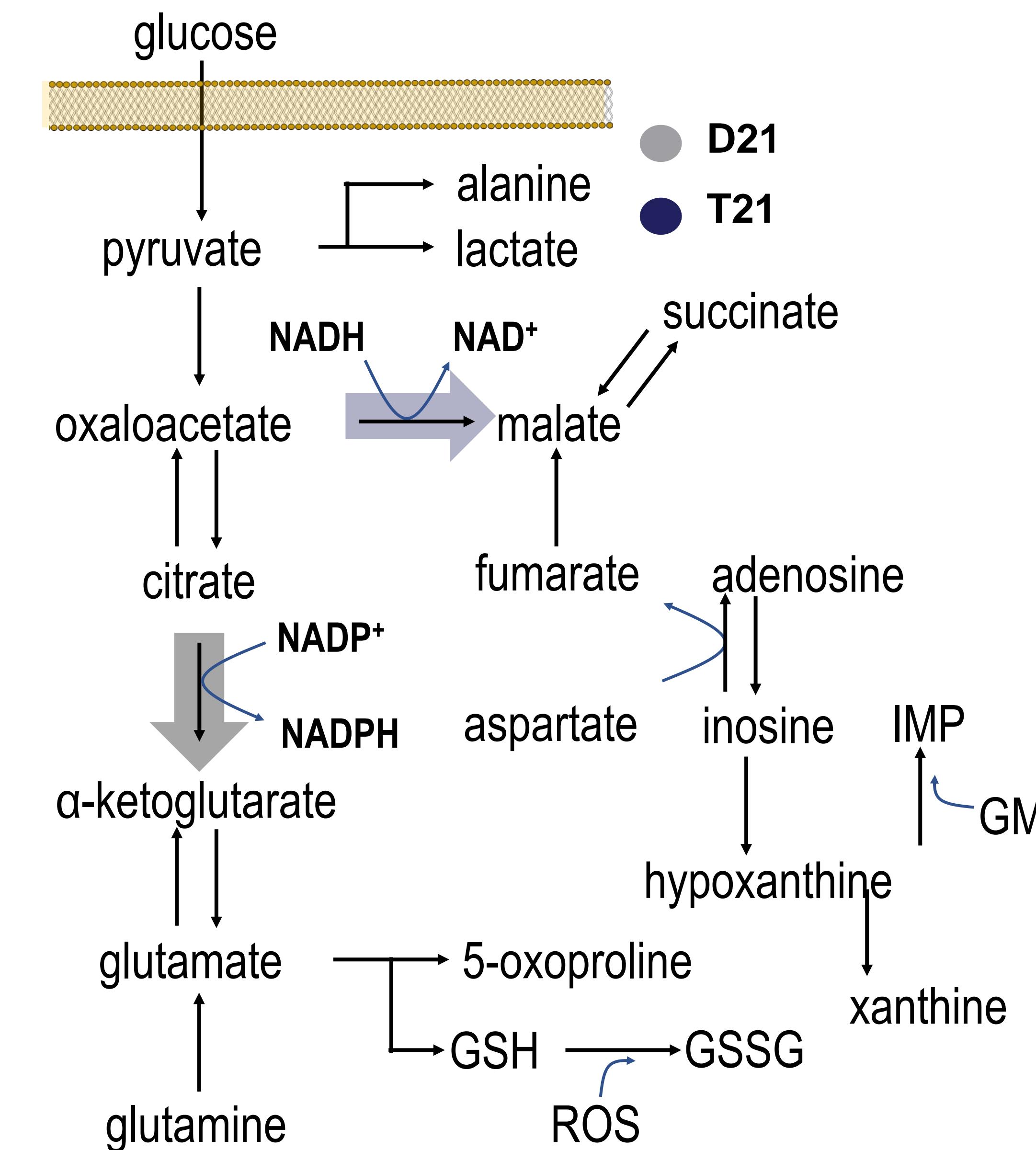
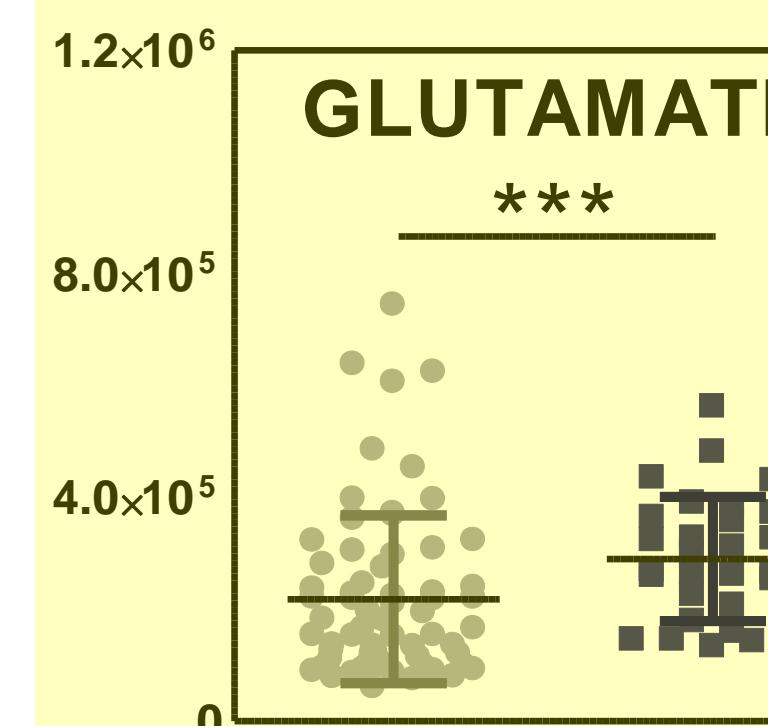
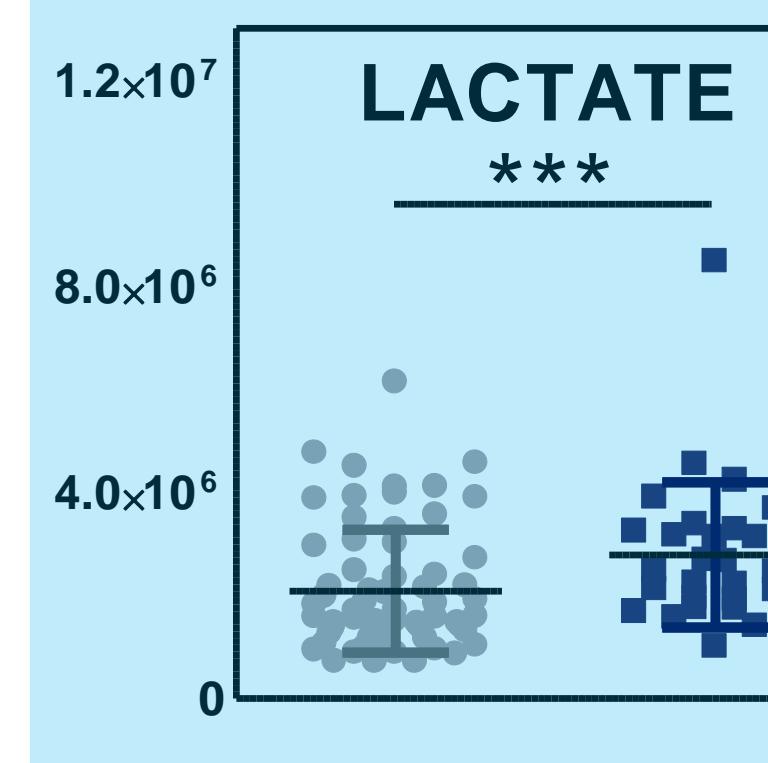
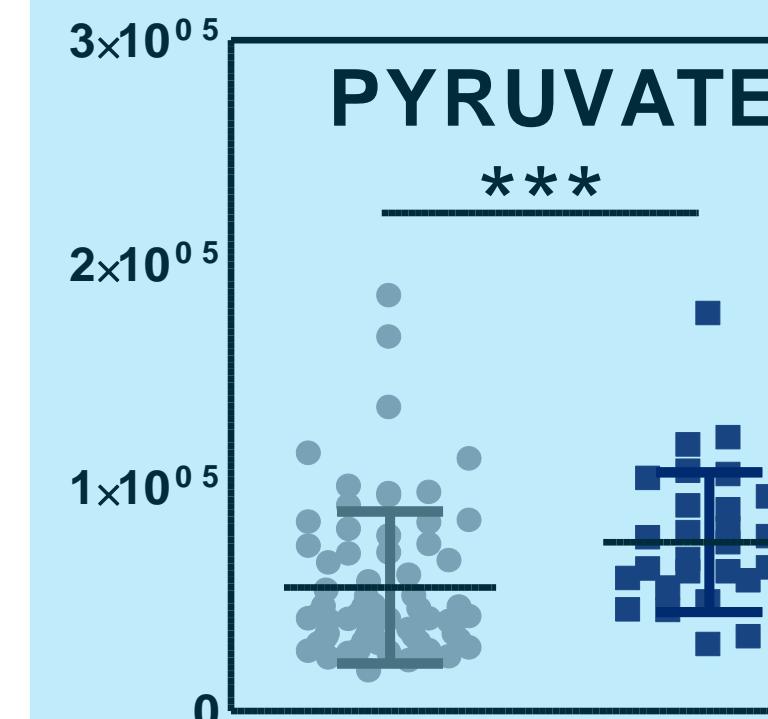
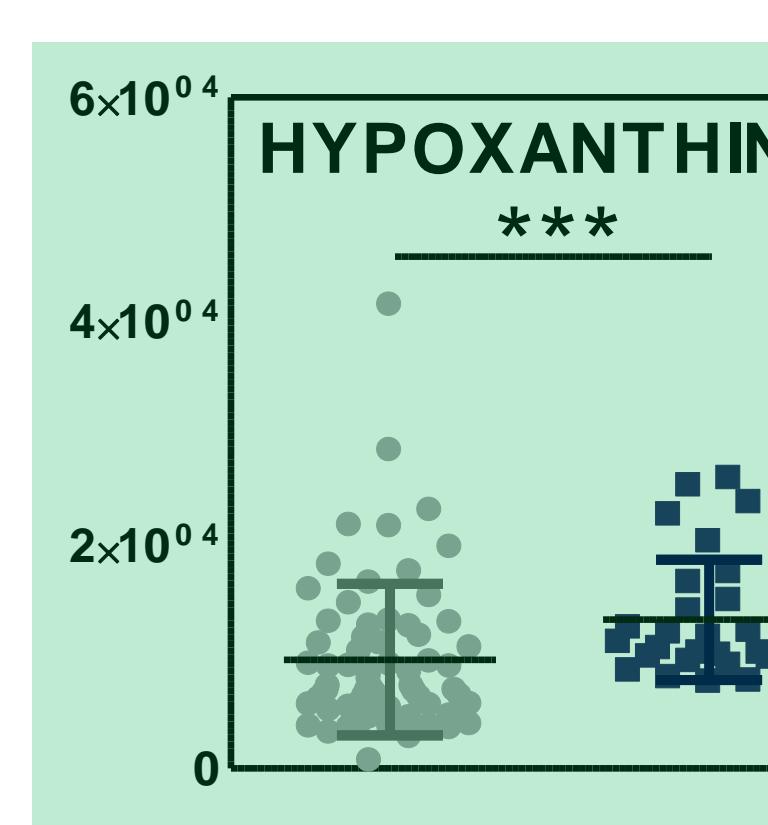
Amino Acids	2.5 uM	Alanine
	2.5 uM	Arginine
	2.5 uM	Aspartate
	1.25 uM	Cystine
	2.5 uM	Glutamate
	2.5 uM	Histidine
	2.5 uM	Isoleucine
	2.5 uM	Leucine
	2.5 uM	Lysine
	2.5 uM	Methionine
	2.5 uM	Phenylalanine
	2.5 uM	Proline
	2.5 uM	Serine
	2.5 uM	Threonine
	2.5 uM	Tyrosine
	2.5 uM	Valine
	2.5 uM	Glycine

Acyl-Carnitines	729.6 nM	Carnitine
	182.4 nM	Acetyl-carnitine
	38.4 nM	Propionyl-carnitine
	38.4 nM	Butyryl-carnitine
	38.4 nM	Isovaleryl-carnitine
	38.4 nM	Octanoyl-carnitine
	38.4 nM	Myristoyl-carnitine
	76.8 nM	Palmitoyl-carnitine
	25 nM	Taurodeoxycholate
	25 nM	/Taurochendeoxycholate
	25 nM	Tauroursodeoxycholate
	25 nM	Taurocholate
	25 nM	Taurolithocholate
	25 nM	Cholate
	25 nM	Deoxycholate
	25 nM	Glycocholate
	25 nM	Glycochenodeoxycholate

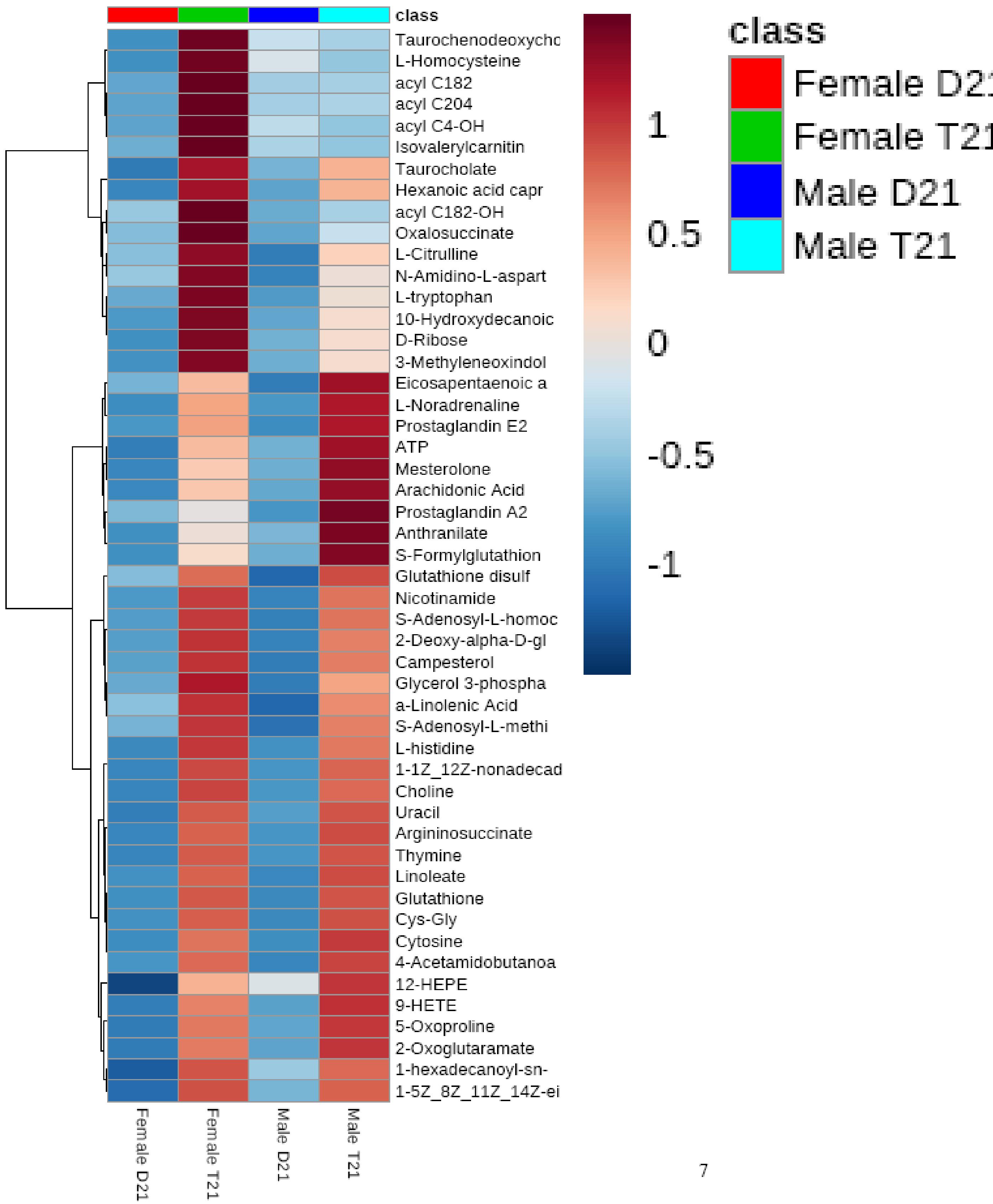
1 uM	Citrate
1 uM	Fumarate
1 uM	Succinate
1 uM	α -Ketoglutarate
10 uM	Glucose
1 uM	Pyruvate
40 uM	Lactate
0.5 uM	Glutathione
2.5 uM	Adenosine
1 uM	Urate
1 uM	Palmitate

Correlation \neq causation, but reveals disruption

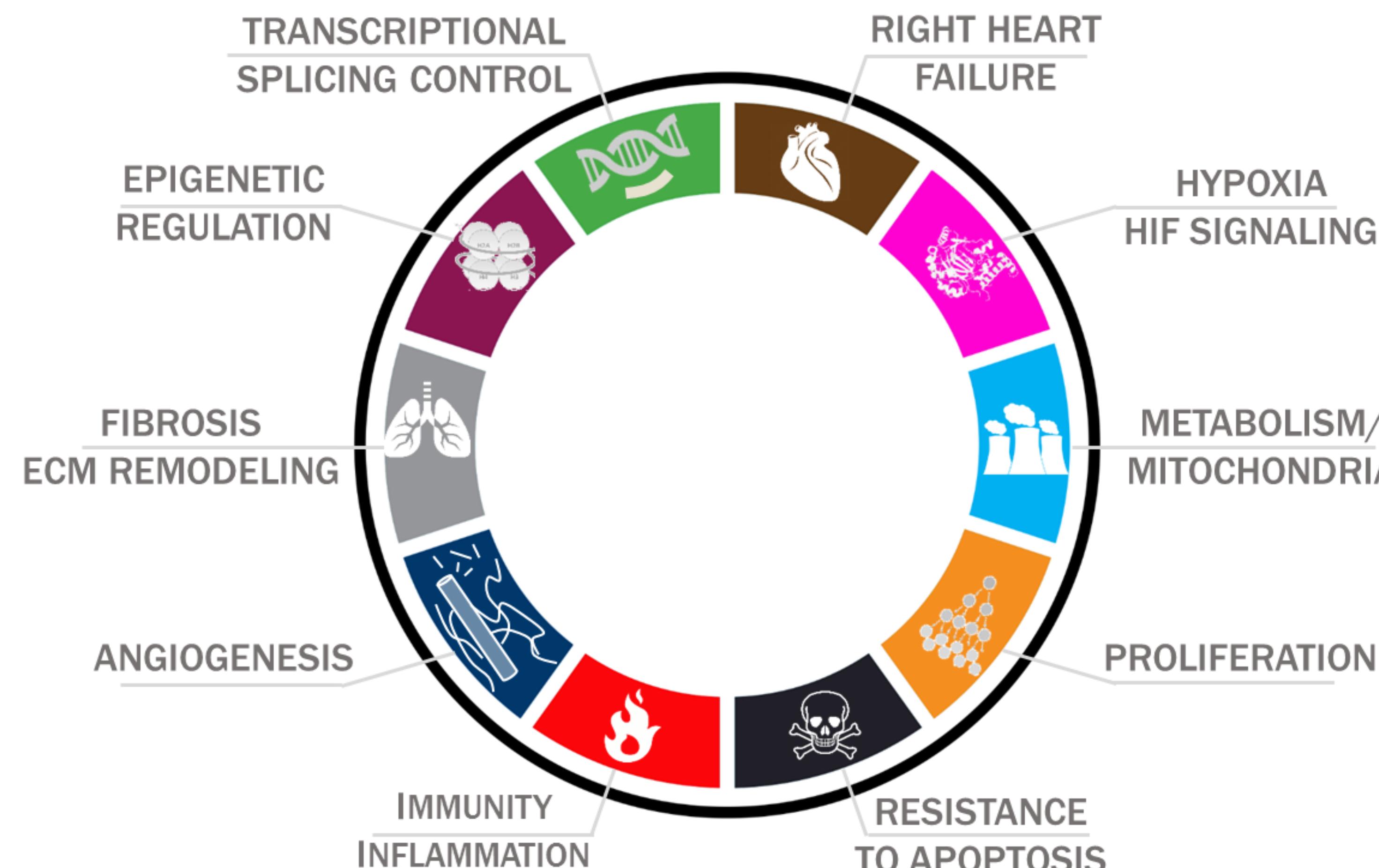




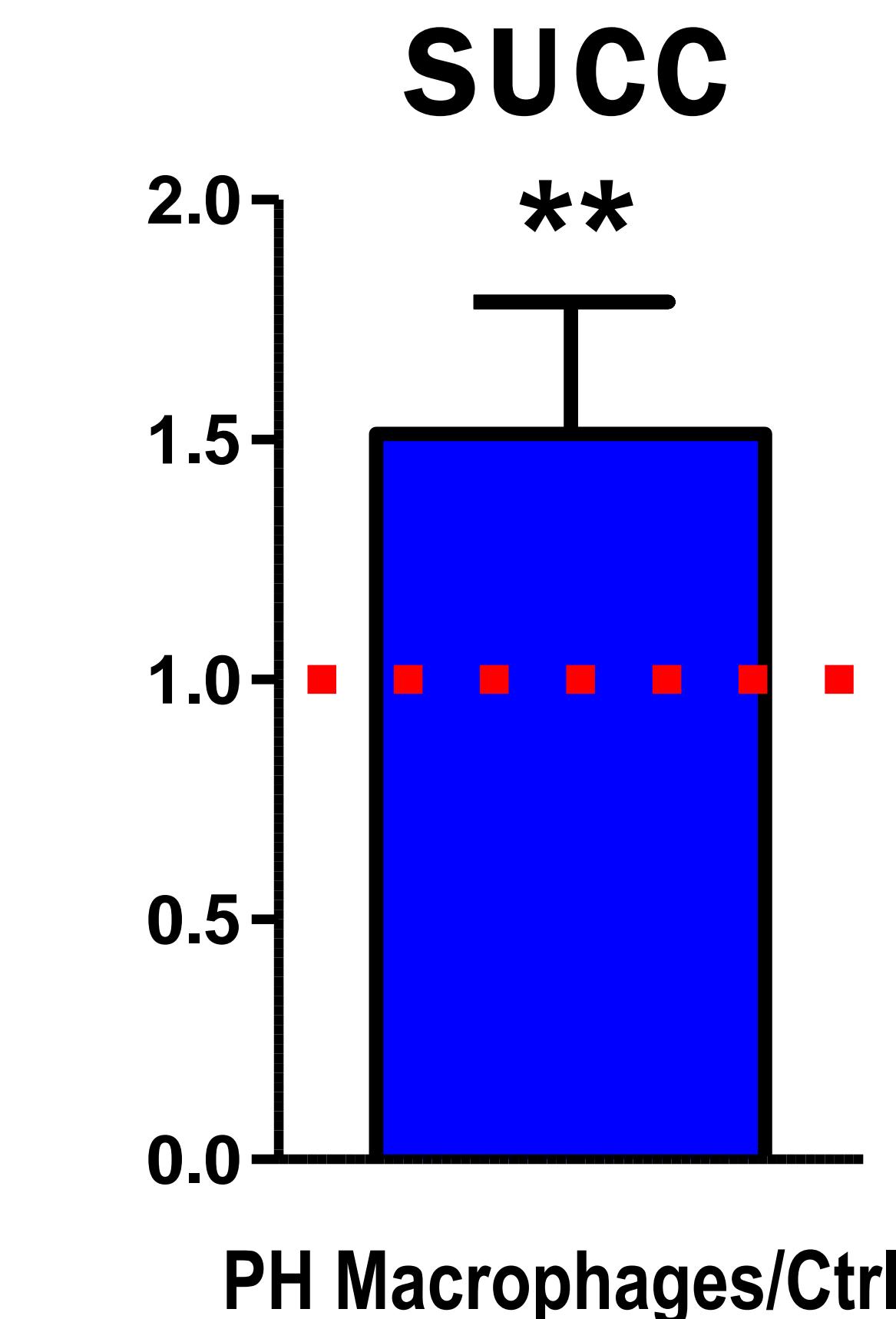
Heat map – top 50 significant metabolites by ANOVA in age-matched D21 v. T21 donors



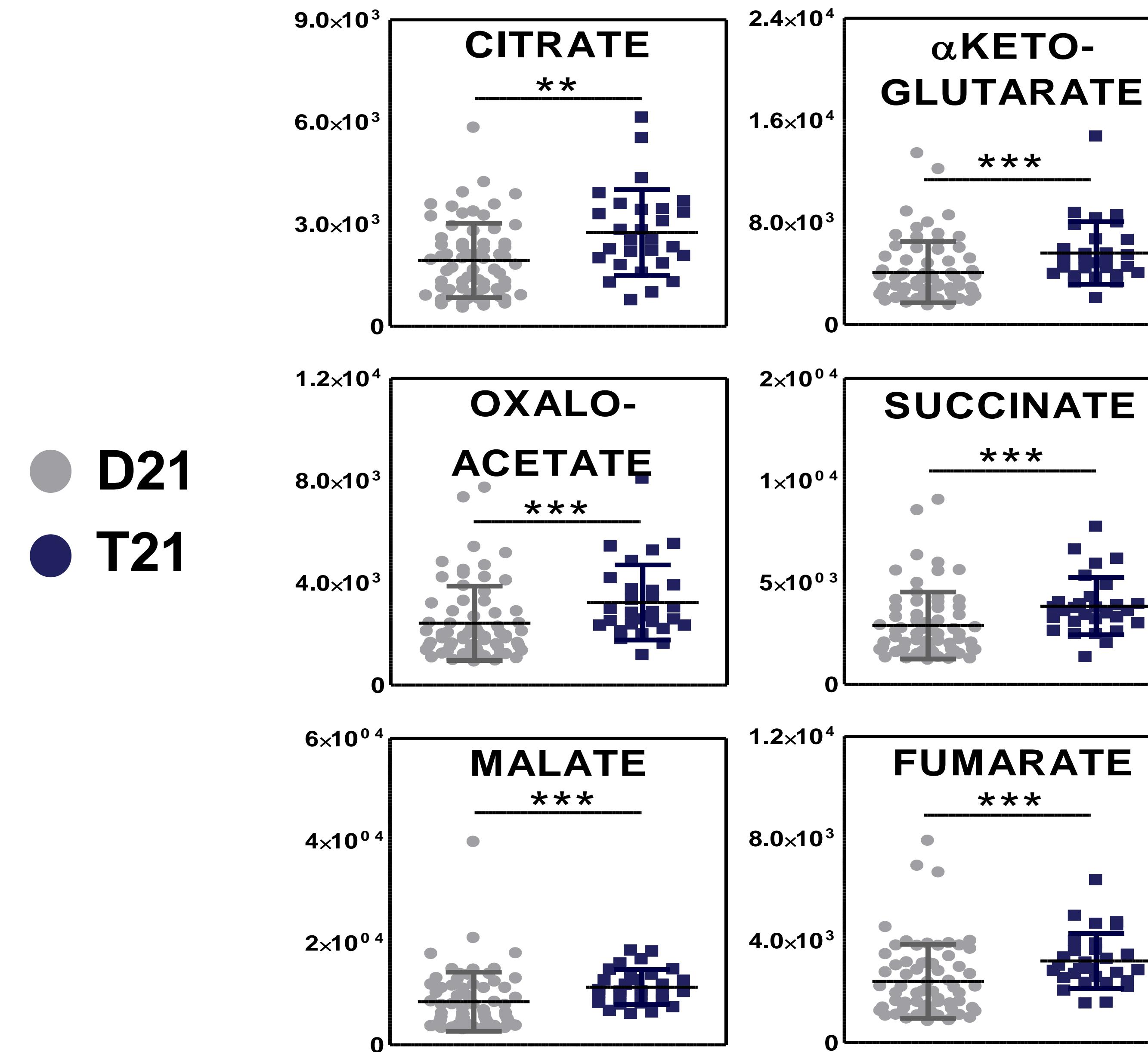
Metabolic reprogramming (involving succinate) is a hallmark of Pulmonary Hypertension – comorbidity in T21



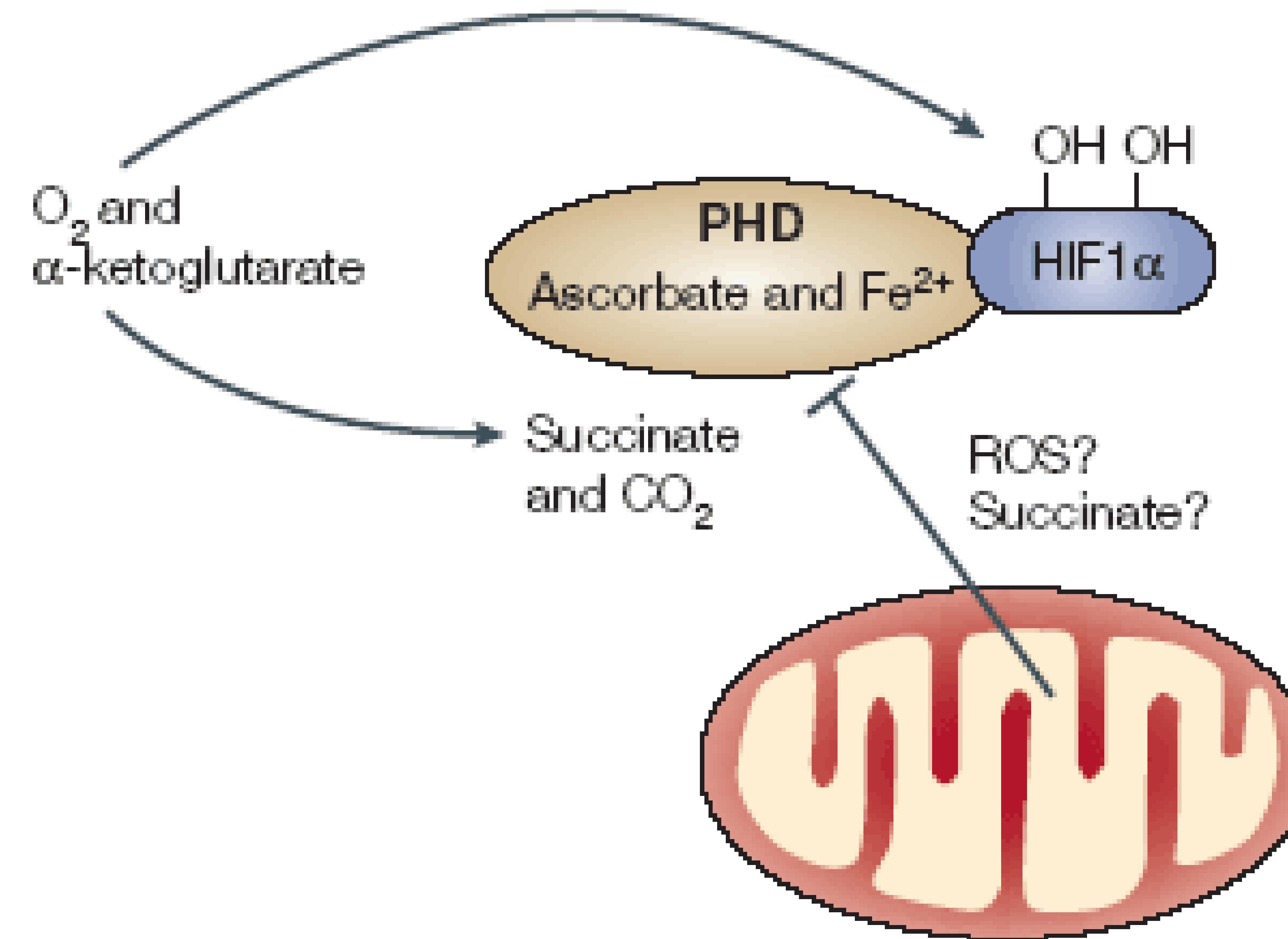
Hallmarks of Pulmonary Hypertension



T21 is characterized by increased plasma and RBC carboxylic acids, especially succinate



Increased plasma and RBC succinate: a pro-inflammatory marker associated with hypoxia



Succinate: a marker of hypoxia and inflammation

Review

CellPress

Succinate: a metabolic signal in inflammation

Evanna Mills and Luke A.J. O'Neill

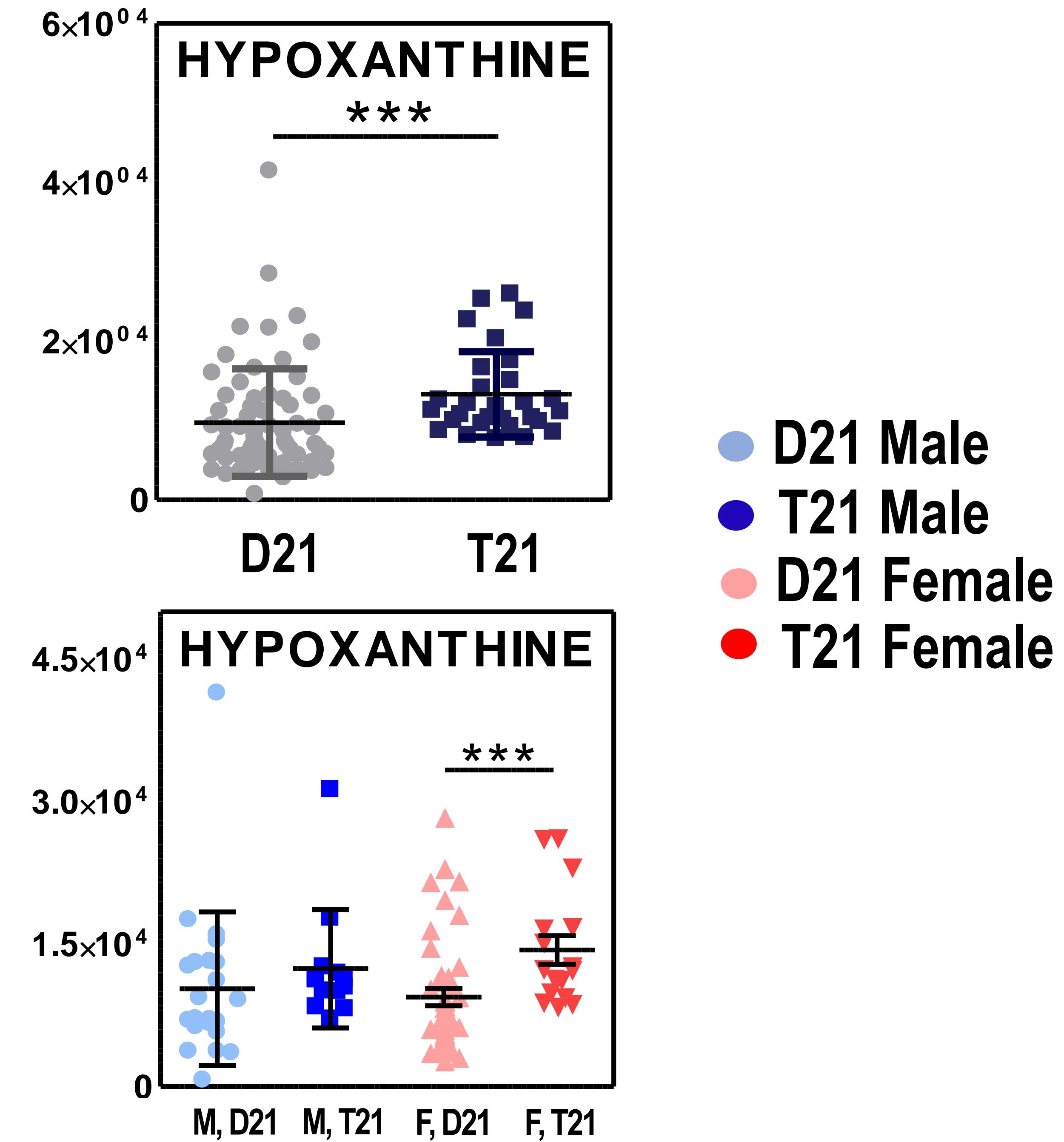
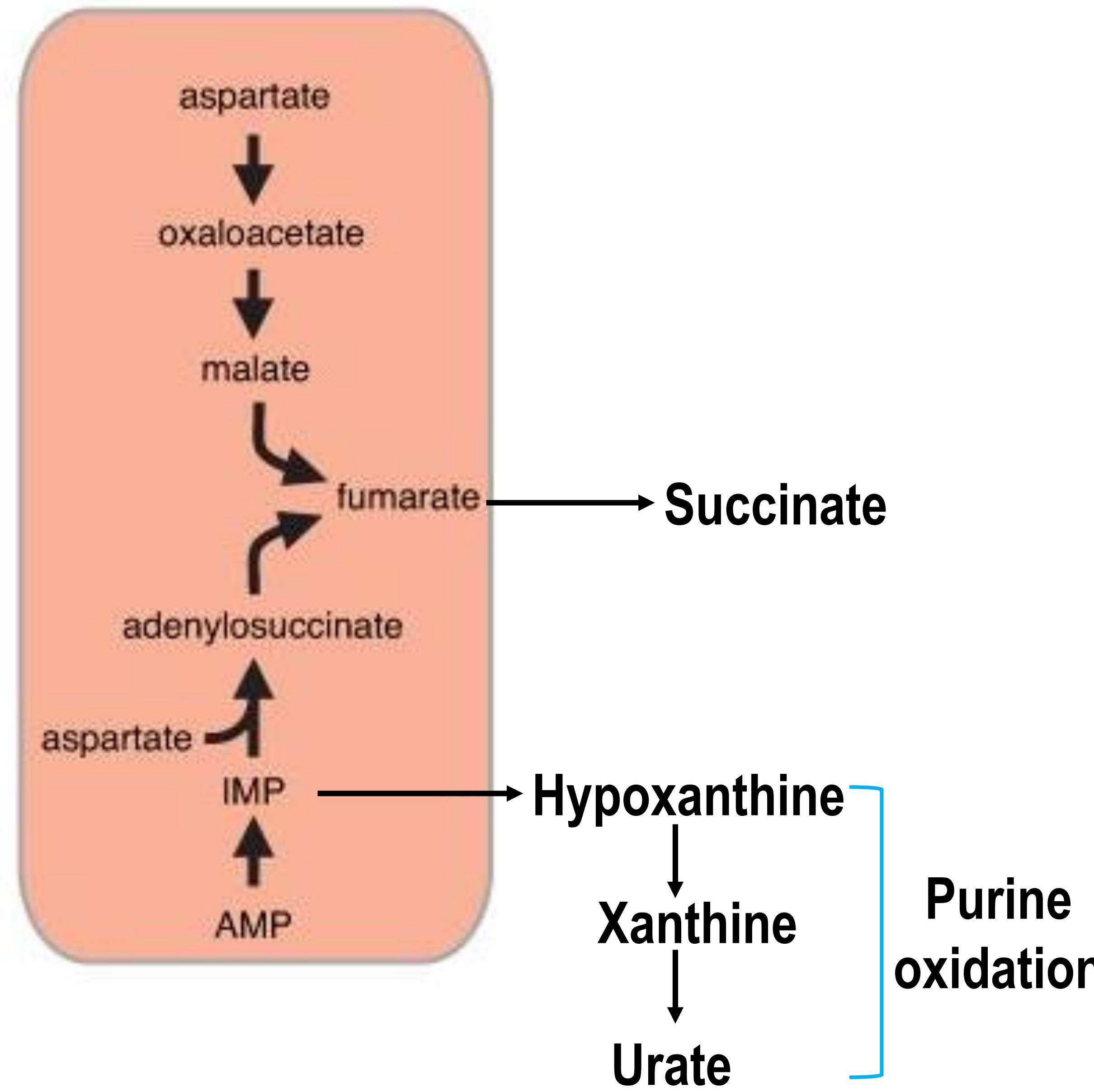
LETTER

doi:10.1038/nature11986

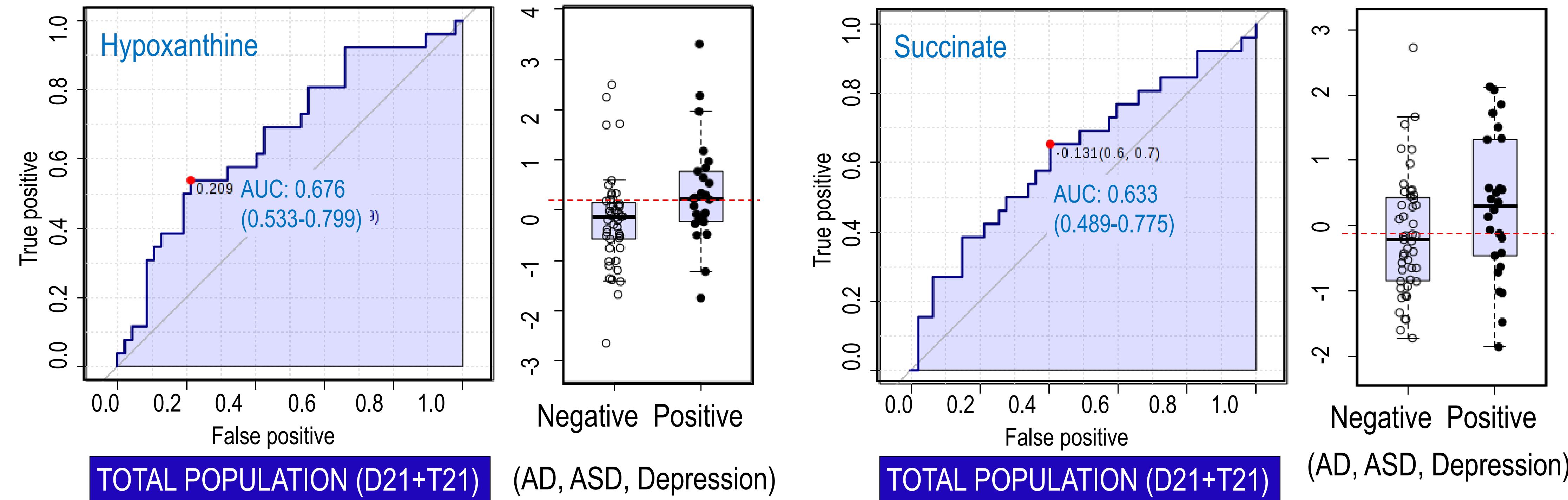
Succinate is an inflammatory signal that induces IL-1 β through HIF-1 α

Succinate → PHD → HIF-1 α → IL-1 β → Inflammation

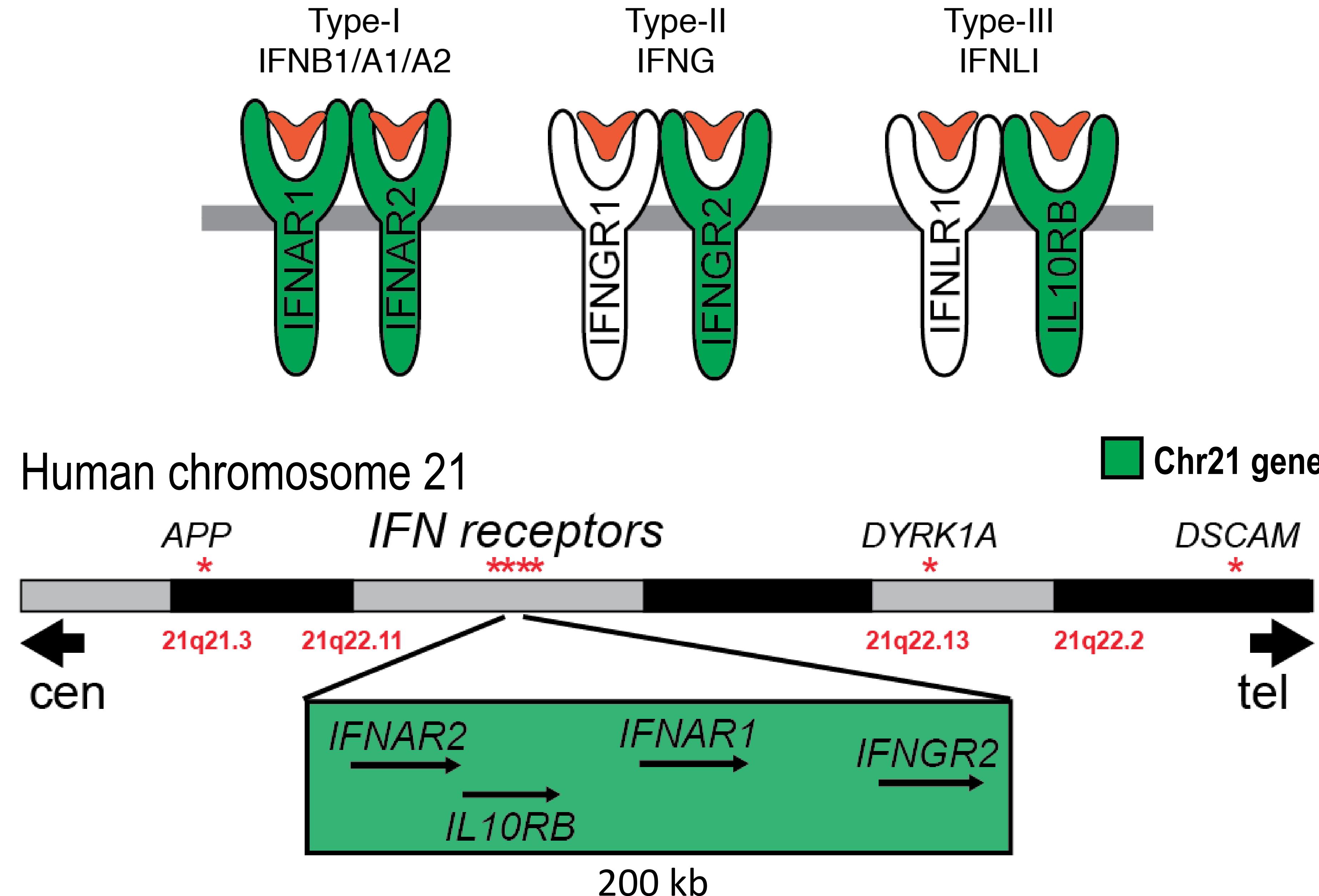
...and is coupled to purine oxidation



Succinate and purine oxidation are higher in adults and children with T21 and predict cognitive impairment in D21 and T21

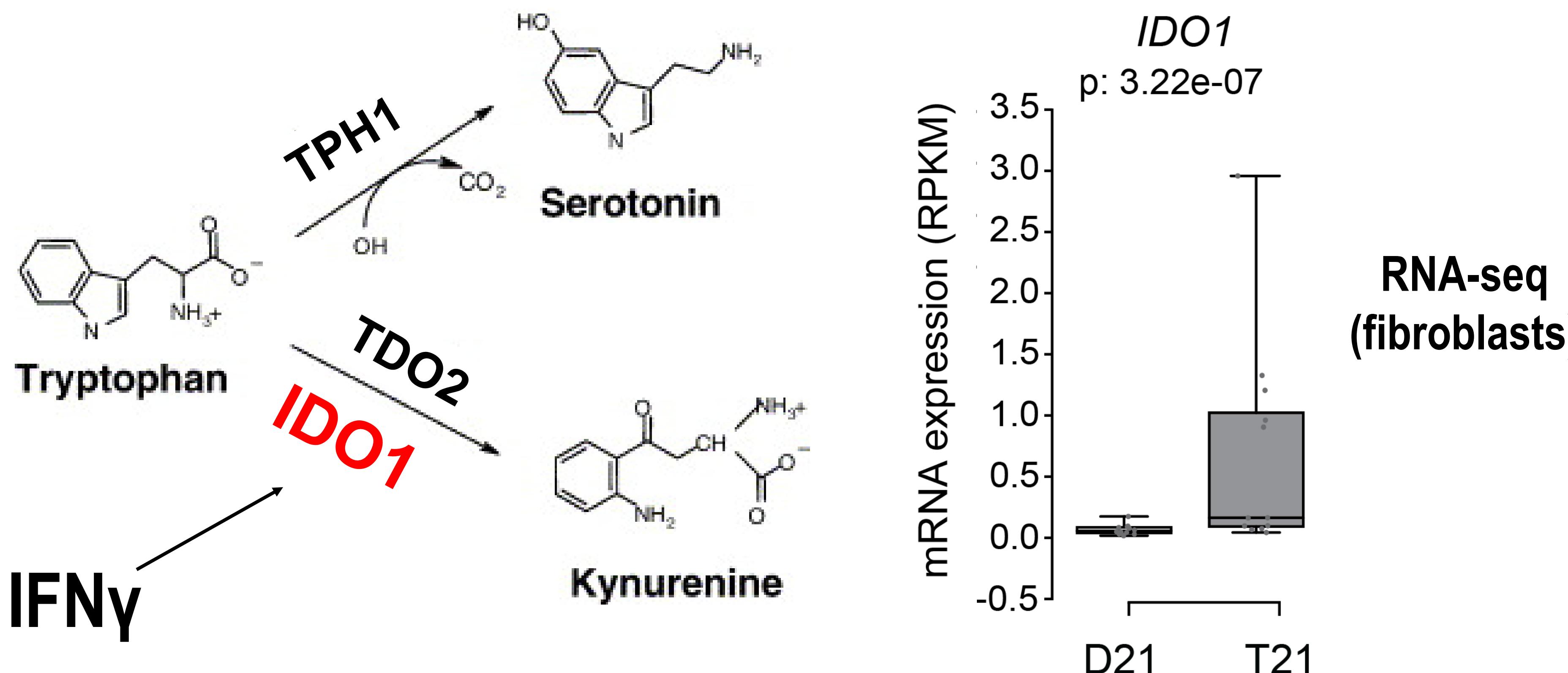


4 of the 6 IFN receptors are encoded on chr21



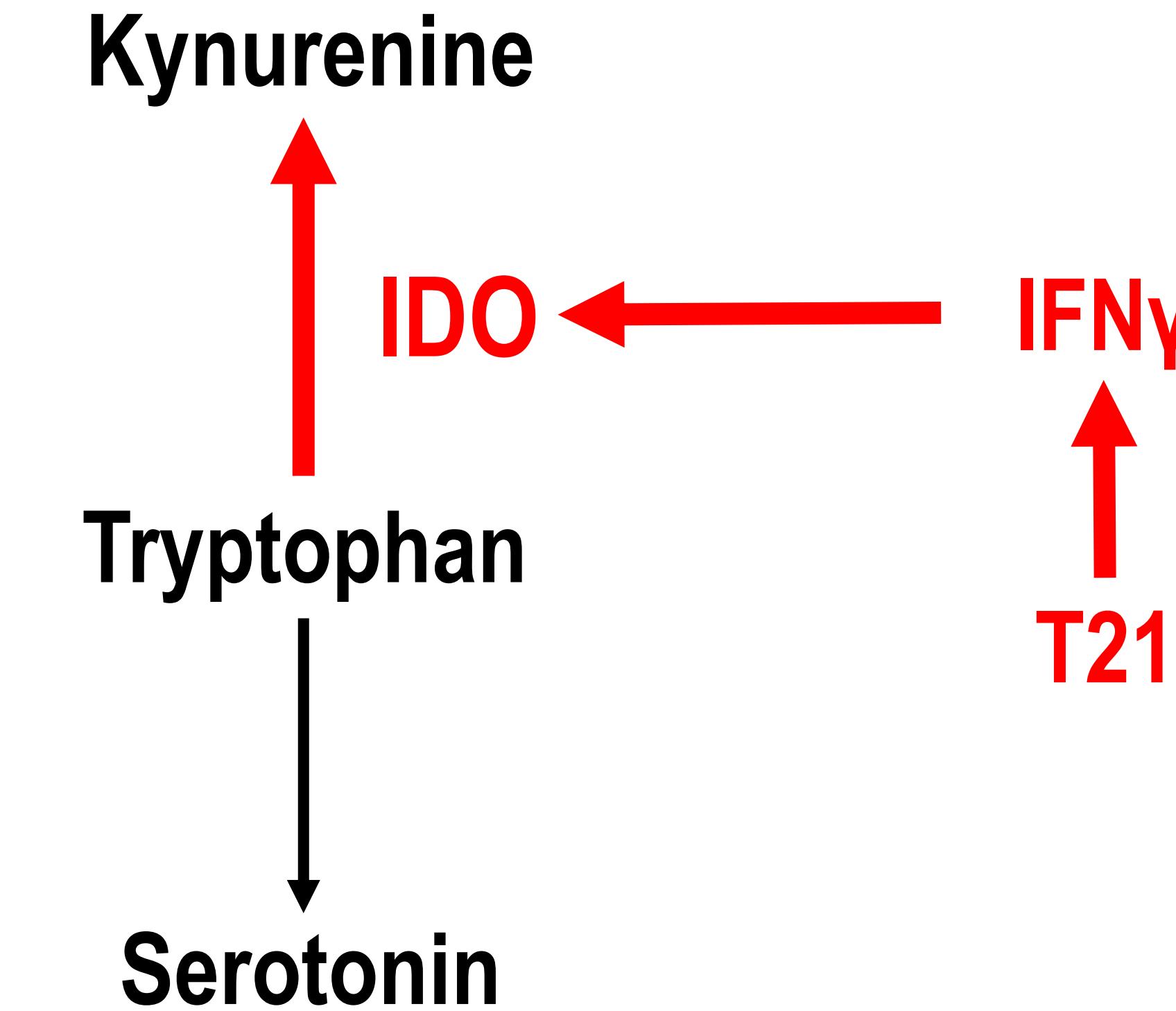
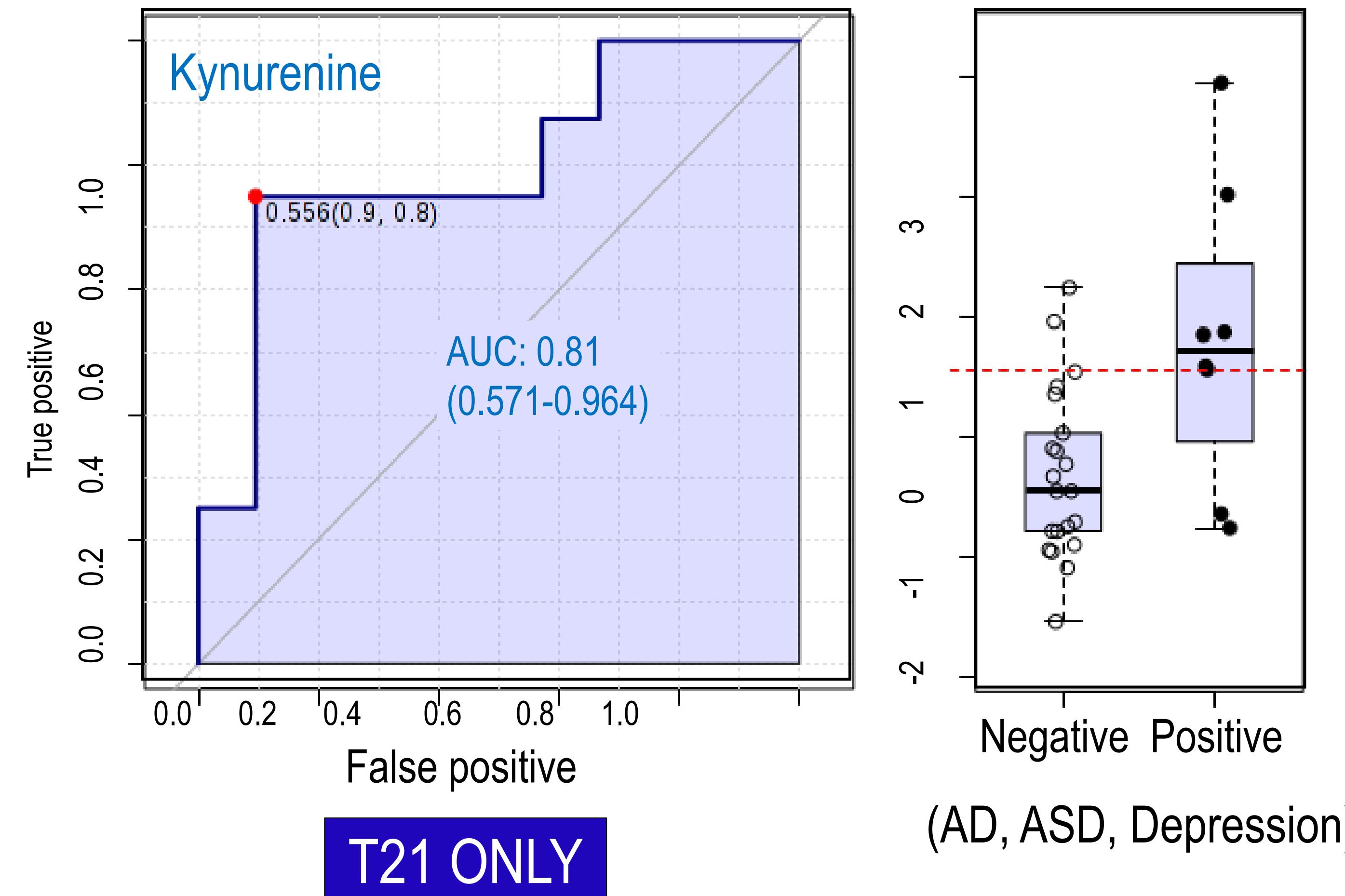
Plasma metabolomics reveals strong dysregulation of tryptophan metabolism

IDO1, the key enzyme required to shunt tryptophan into the kynurenine > quinolinic acid pathway,
is a well known Interferon Stimulated Gene!

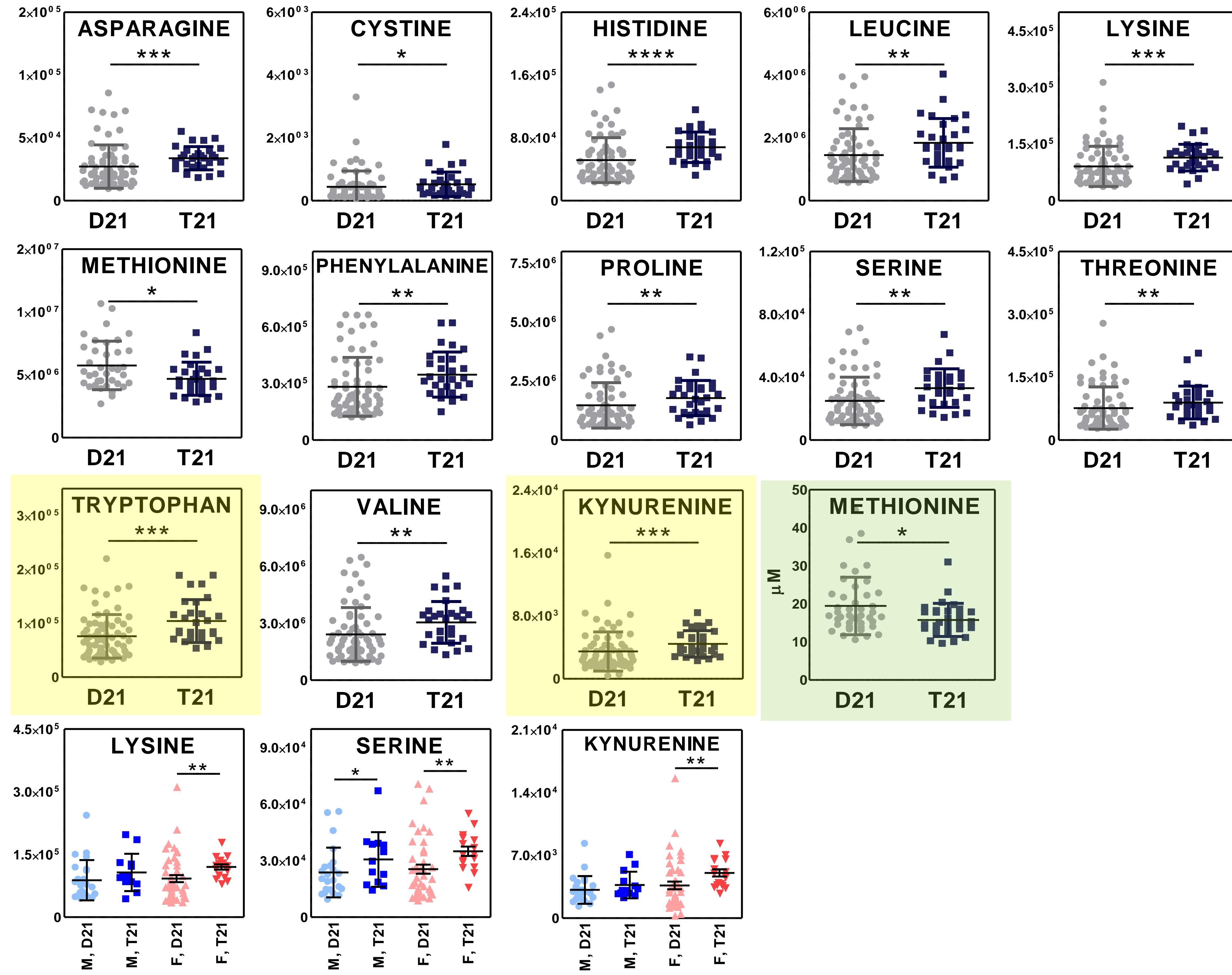


IDO1 is expressed by a variety of cells and is induced preferentially by $\text{IFN-}\gamma$
IDO1 expression is much increased in cells from people with Down syndrome

Tryptophan metabolism and kynurenine predict cognitive impairment in Down Syndrome

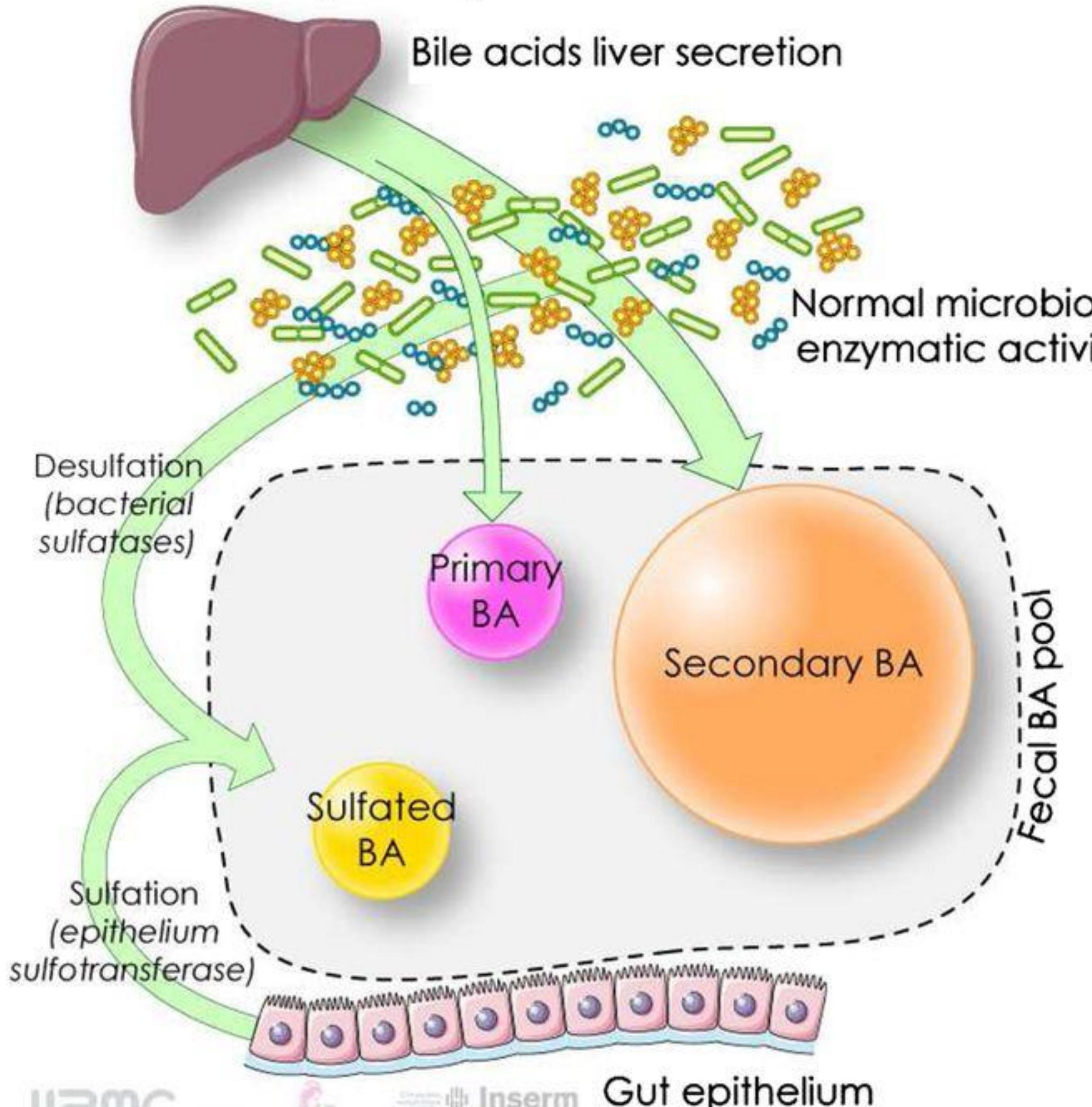


Increased free amino acids: a marker of inflammation- induced proteolysis

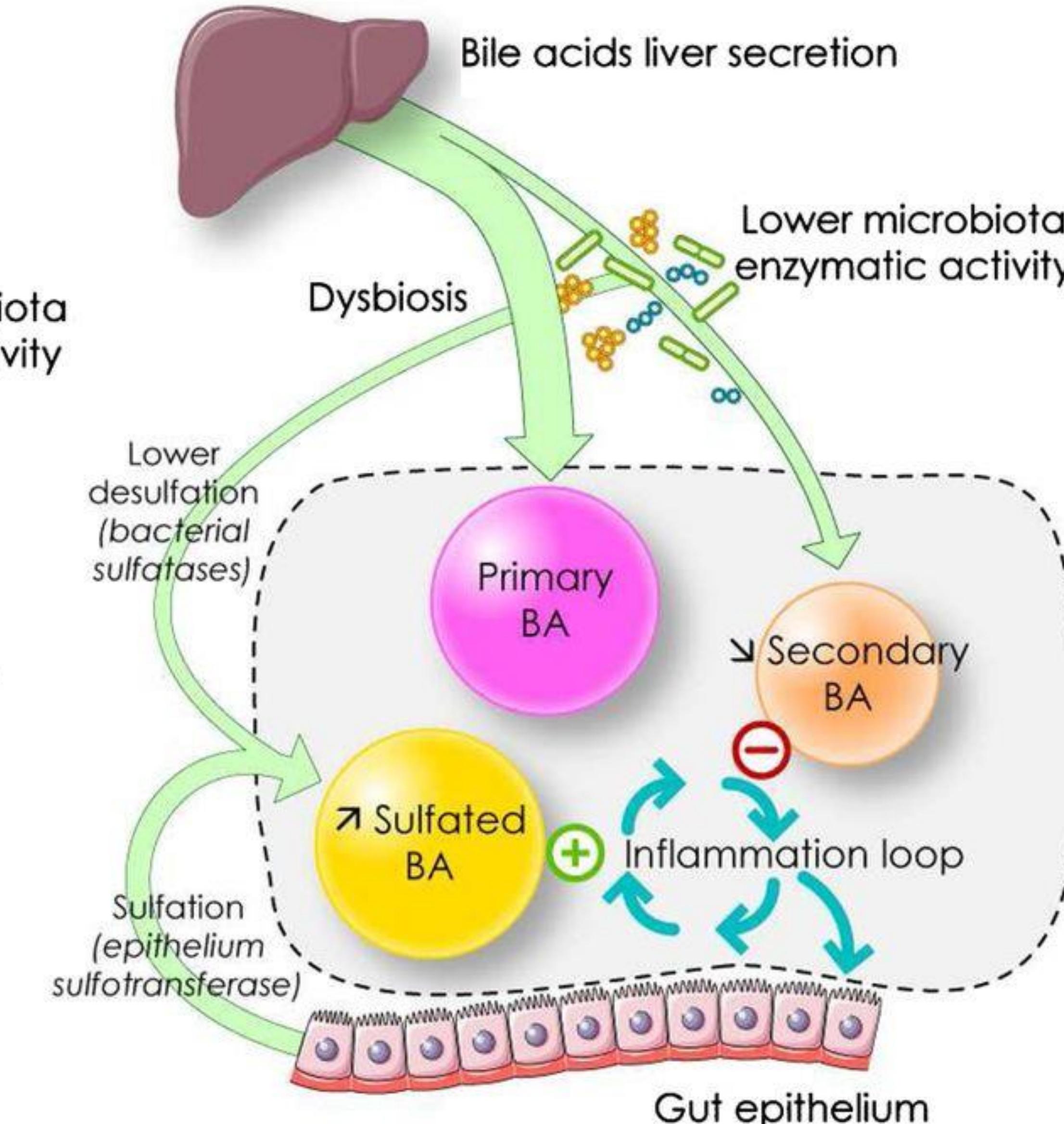


Bile acids are deconjugated by the gut microbiome: link to the GI autoimmune comorbidities in T21

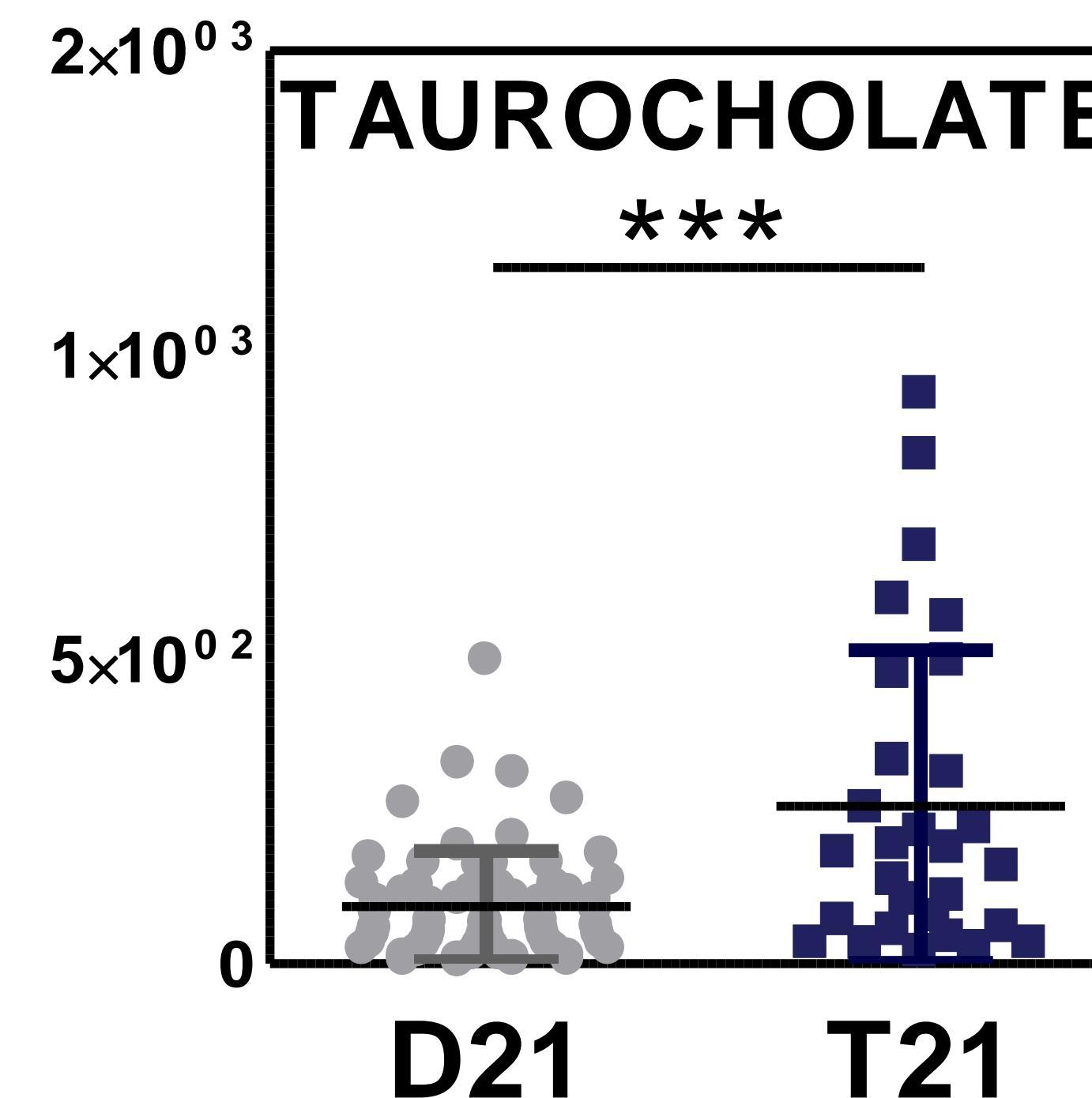
Healthy subjects



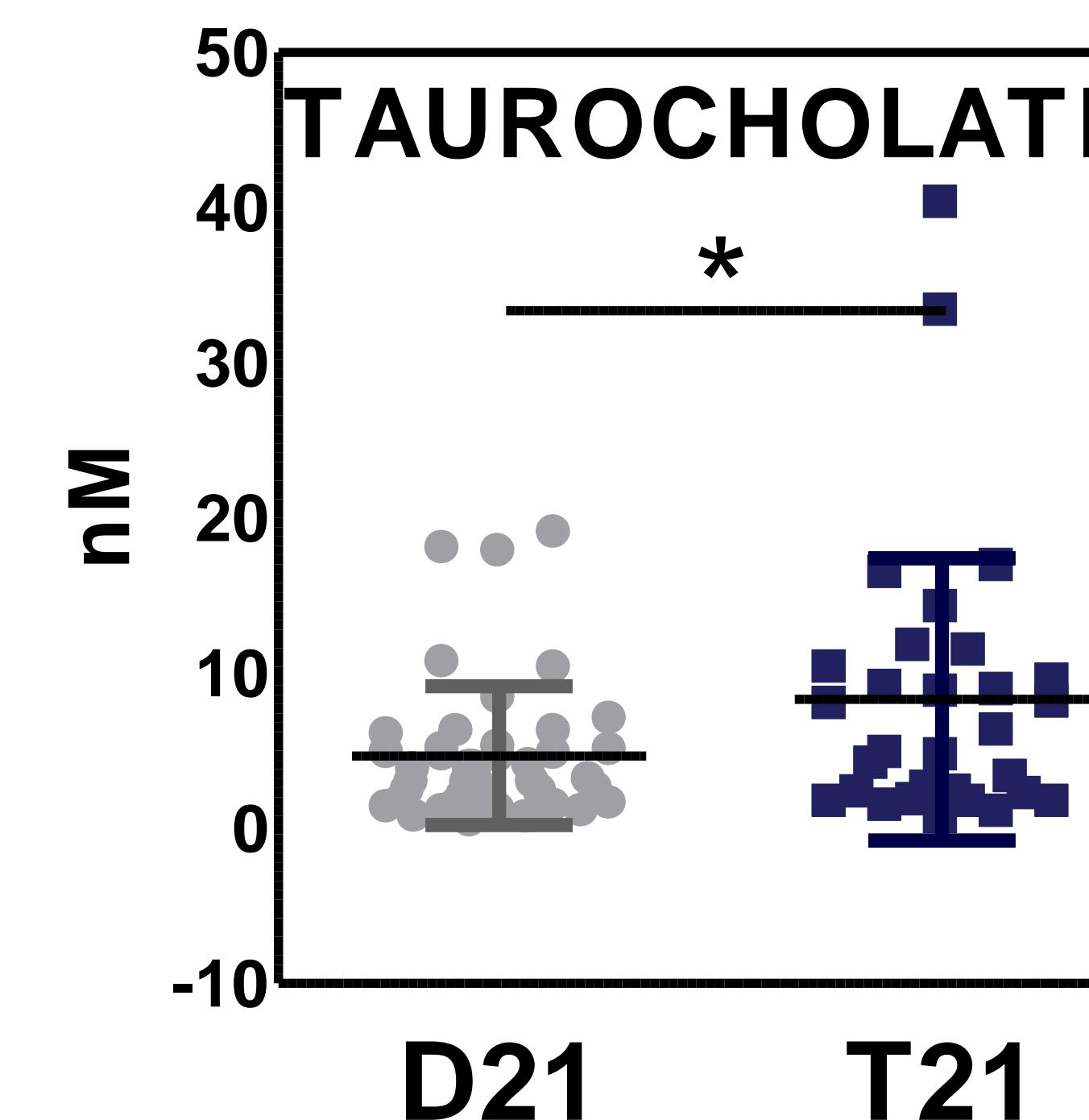
IBD (Inflammatory Bowel Syndrome)



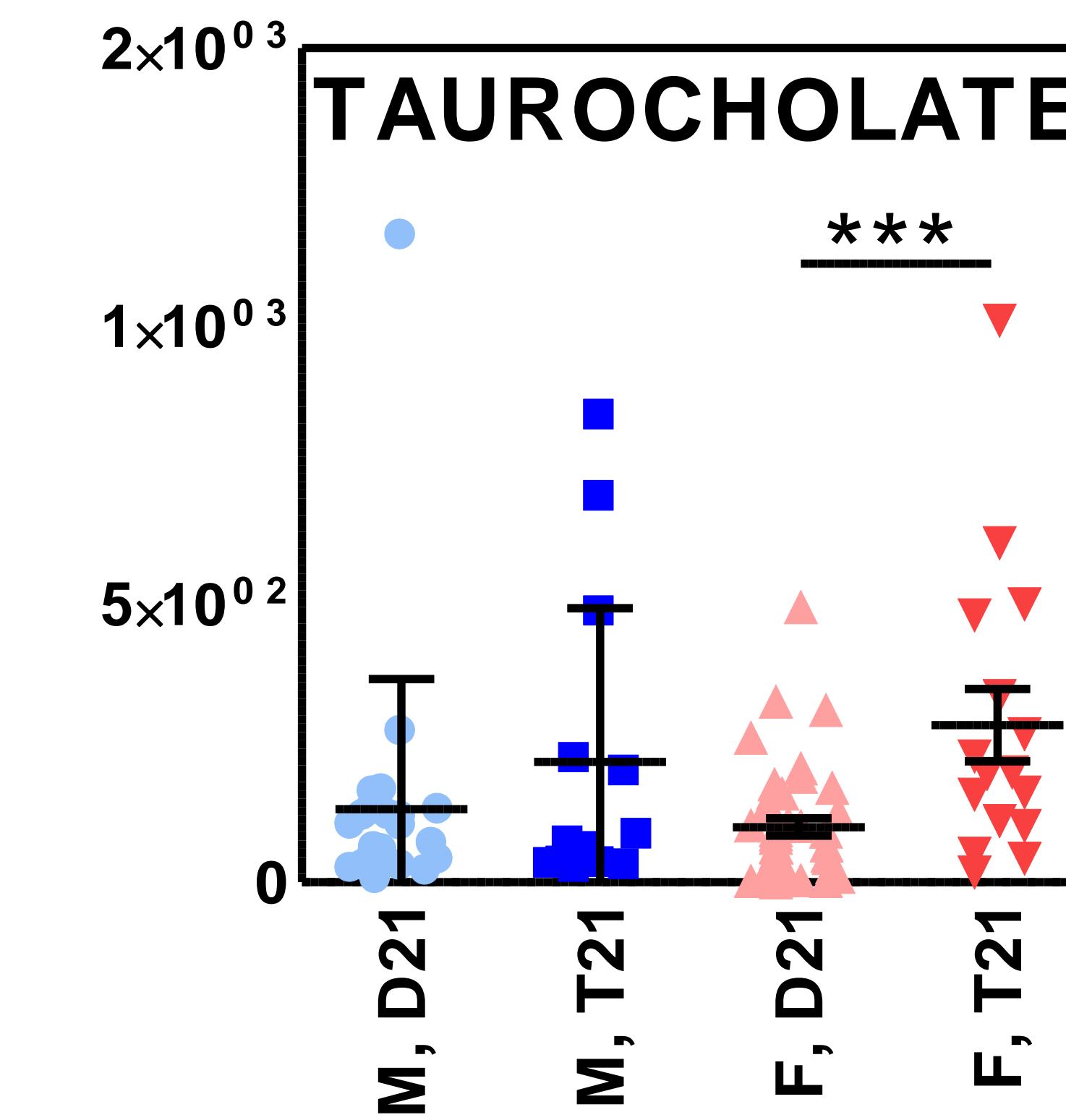
Conjugated bile acids accumulate in RBCs from adults and children with T21, especially in women



Relative quant

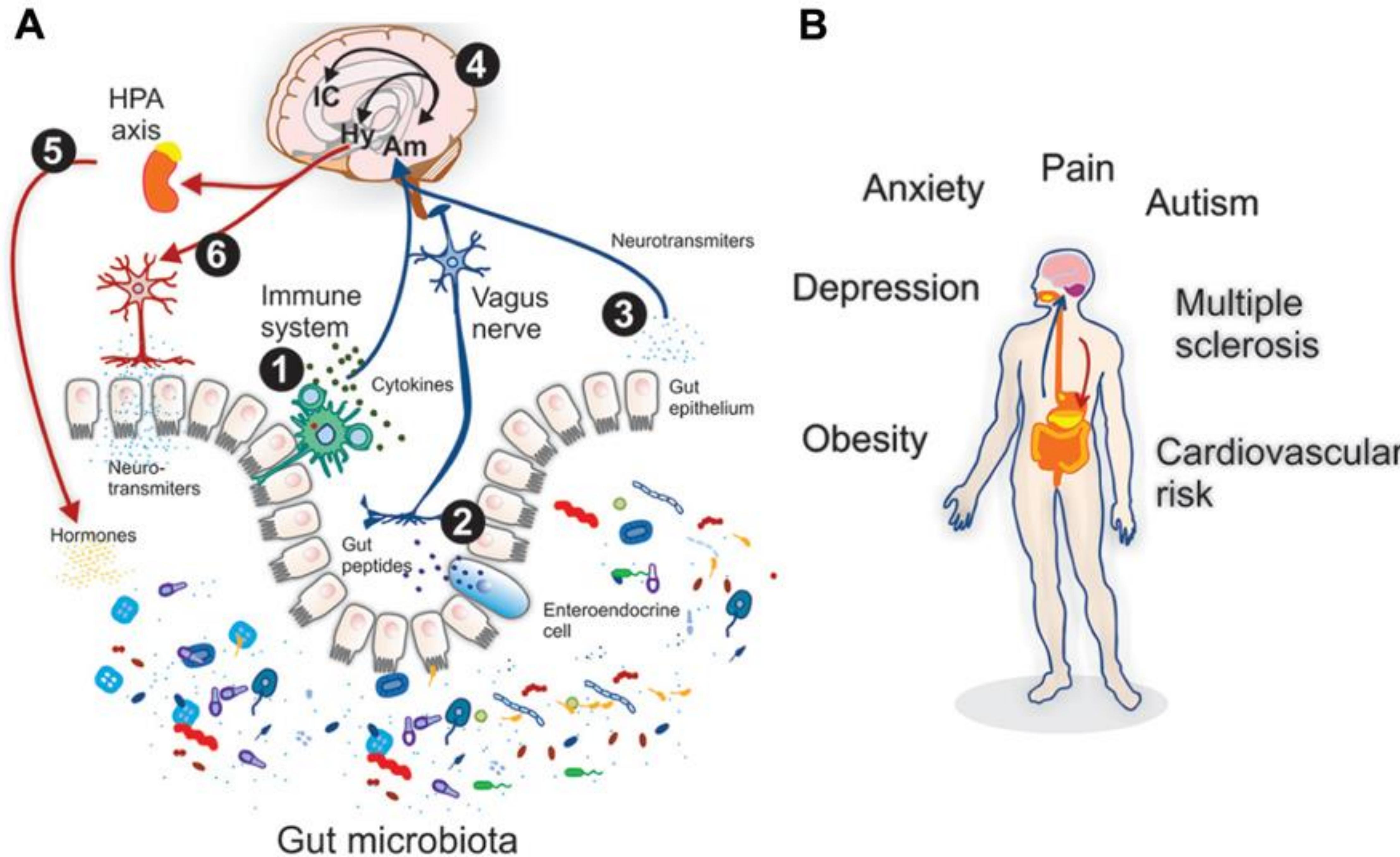


Absolute quant



Gender-bias

Microbiome dysbiosis and autism

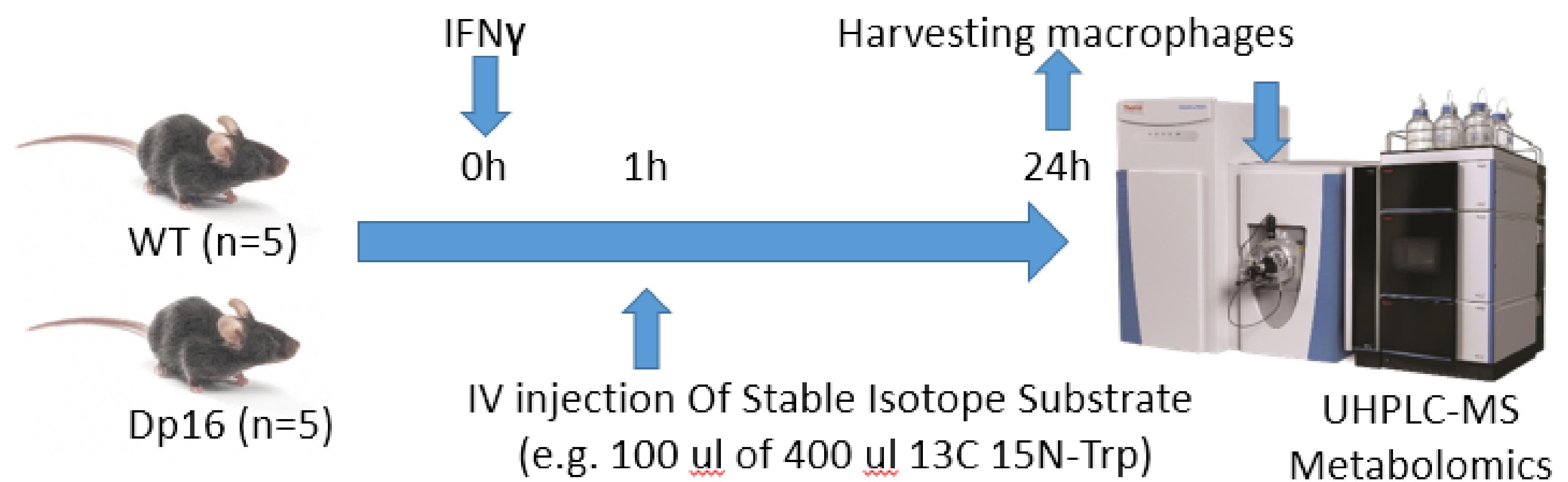


Take home messages

- Succinate, hypoxanthine: hypoxia, pulmonary hypertension and inflammation
- Tryptophan metabolism: inflamming and cognitive impairment
- Bile acids: (gut) inflammation, microbiome dysbiosis and autism spectrum disorders

Future Directions

- Use of dp10, dp16, dp17 mouse models for recapitulation of human findings
- Metabolic tracing experiments in vitro and in vivo with stable isotope tracers (Espinoza lab)
- More isotopic standards for absolute quantification (Kyn, Trp)
- Obtain larger cohort for validation of metabolic markers of comorbidities
- Metabolic interventions with drugs and diet in animal models
- Bioinformatics (Costello lab)





Joaquin Espinoza
Tom Blumenthal
Kelly Sullivan

Angela Rachubinski
Keith Smith
Rani Powers

James Costello
Ken MacLean



