



Metabolomics in Alzheimer's Disease

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ALZHEIMER'S DISEASE (AD)

■ Epidemiology

- 30-35 million people worldwide, main cause of dementia
- Early versus late onset AD
- Monogenic versus multifactorial disease

■ Diagnostic

- AD vs Mild Cognitive Impairment (MCI) vs Cognitively Normal (CN)
- Cognitive assessment
- A β , Tau and p-Tau levels
- MRI, PET (atrophy of brain regions, white matter hyperintensities)

METABOLOMICS IN DISEASES

■ Why should we focus on metabolomics ?

- Analysis of metabolomic signatures and their components can potentially provide information with regard to disease pathophysiology
- Disease states perturb biochemical network -> new metabolomic signature
- New diagnostics markers

■ Analyses

- Association
- Classification/Prediction

APPLICATION OF METABOLOMICS IN AD

■ Many studies

■ But ...

- Several different platforms
- Many different panels
- Many different sample types (blood, brain, CSF, saliva)
- Most studies with few samples (~50-200 samples)

■ Interpretation not reliable

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Association studies

ASSOCIATION STUDIES

Toledo et al., 2017

- Sample type: Serum
- Platform: HPLC-MS/FIA-MS
- N metab. = 186
- Samples: 175 AD
199 controls

Van der Lee et al., 2018

- Sample type: Plasma
- Platform: NMR
- N metab. = 15*
- Samples: 1,405 AD
25,972 controls

Tynkkynen et al., 2018

- Sample type: Serum
- Platform: NMR
- N metab. = 299
- Samples: Discovery:
178 AD
14,654 controls
Replication:
466 AD
6,330 controls

Mahmoudian-Dehkordi et al., 2019

- Sample type: Serum
- Platform: LC-MS
- N metab. = 15 (BA)
- Samples: 305 AD
370 controls

Varma et al., 2018

- Sample type: Serum
- Platform: HPLC-MS/FIA-MS
- N metab. = 188
- Samples: 92 converters
115 non-converters

BA: Bile acids

* Found as associated with general cognitive decline in the same study

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ASSOCIATION STUDIES: WHAT DO WE KNOW?

Cholesterols sub-fractions

S-HDL-FC
 M-HDL-PL
 L-HDL-CE

Amino acids

Glutamine
 Isoleucine
 Leucine
 Valine

Phospholipids

SM C16:0
 SM C16:1
 SM (OH) C14:1
 SM C18:1
 PC aa C38:4
 PC ae C34:2

Bile acids

CA ; DCA
 GDCA ; TDCA
 GLCA ; TLCA

Other classes

DHA

Cholesterols sub-fractions: HDL: High density lipoprotein; S-HDL-FC: *Free cholesterol in small HDL*; M-HDL-PL: Phospholipids in medium HDL; L-HDL-CE: *concentration of cholesterol esters relative to total lipids in large HDL*

Phospholipids: SM: Sphingomyelin; SM (OH): Hydroxysphingomyelin; PC aa: Phosphatidylcholine with diacyl residue; PC ae: Phosphatidylcholine with acyl-alkyl residue

Bile acids: CA: *Cholic acid*; DCA: *Deoxycholic acid*; GDCA: *Glycodeoxycholic acid*; TDCA: *Taurodeoxycholic acid*; GLCA: *Glycolithocholic acid*; TLCA: *Taurolithocholic acid*

Other classes: DHA: *Docosahexaenoic acid*

ASSOCIATION STUDIES: WHAT'S NEXT?

■ Roles of identified metabolites in AD?

- Etiologic roles in development in AD
- Early biomarkers of the pathology

■ Identified metabolites as readouts for preventive and therapeutic interventions?

■ Prevention of AD by selective interventions targeting metabolites

■ Needs for a further investigation of the possible role of gut-liver-brain axis in AD pathogenesis

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Classification/Prediction

CLASSIFICATION/PREDICTION: STUDIES

Ibanez et al., 2012

- Sample type:
CSF
- Platform:
CE-MS
- N metab. = 160
- Samples:
Training:
23 AD
9 MCI-AD
41 non-AD
Testing:
2 AD
4 MCI-AD
6 non-AD

Koal et al., 2015

- Sample type:
CSF
- Platform:
HPLC-MS/FIA-MS
- N metab. = 185
- Samples:
50 AD-like
50 CN

Fiandaca et al., 2015

- Sample type:
Plasma
- Platform:
UPLC-MS
- N metab. = 184
- Samples:
Training:
23 pheno-converters
53 CN
Testing:
10 pheno-converters
20 CN

Varma et al., 2018

- Sample type:
Brain
- Platform:
HPLC-MS/FIA-MS
- N metab. = 187
- Samples:
15 AD
15 ASYMAD
14 CN

Yilmaz et al., 2019

- Sample type:
Saliva
- Platform:
NMR
- N metab. = 57
- Samples:
9 AD
8 MCI
12 CN

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CLASSIFICATION/PREDICTION: RESULTS

- Panels from 1 to 26 metabolites use to discriminate AD, MCI and CN samples
- Performance of the models
 - Accuracy from 69% to 95%
 - Sensitivity from 90% to 100%
 - Specificity from 59% to 95%
 - AUC from 0.83 to to 0.90
- But, some weaknesses:
 - Small sample sizes
 - Training/Testing validation not always done
 - Validation in larger and independent dataset never done
 - Overestimation of models performance

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Conclusions

CONCLUSIONS

- Identification of metabolites associated with AD
- Role of the gut-liver-brain axis in AD
- Classification/prediction models still at their beginning
 - Multi-omics models
- Requires significant effort to define biomarkers that are predictive and disease-specific
 - Concomitant disease could affect metabolic profile

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Thank you!