



UNCOVERING CIRCULATING FACTORS LINKING PREDIABETES TO DIABETES

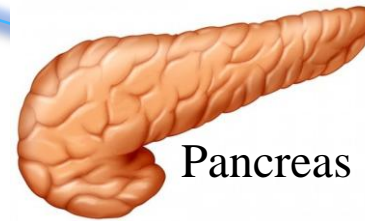
Ying Liu PhD
Mar.07/2017

DIABETES MELLITUS: A MULTI-ORGAN DISEASE

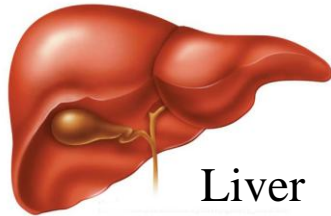
Initiation Stage



Brain

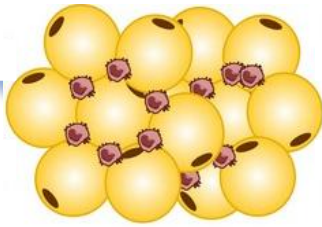


Pancreas



Liver

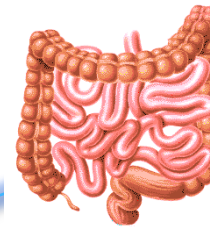
Disrupted Metabolic Homeostasis



Adipose Tissue

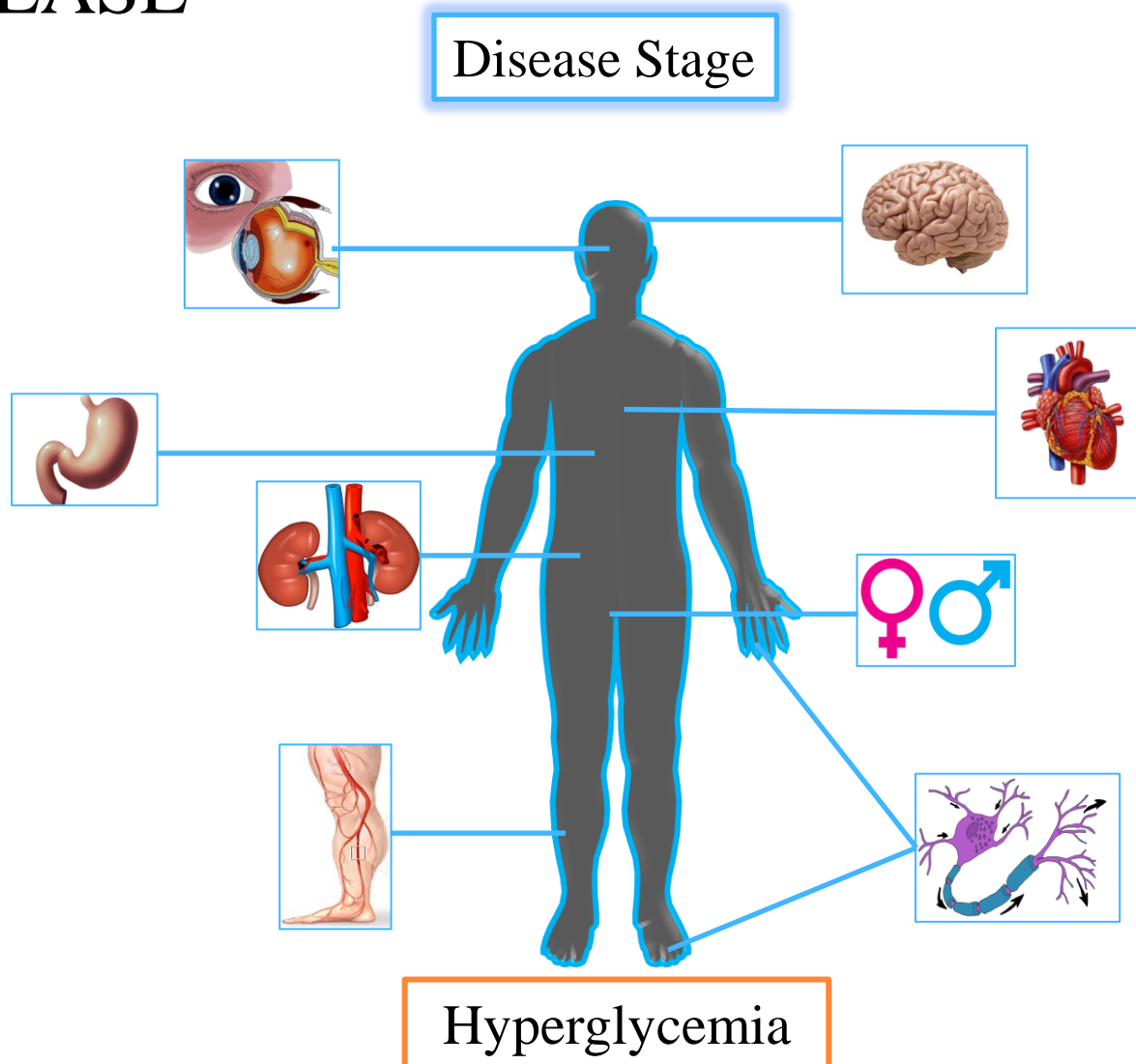


Skeletal Muscle



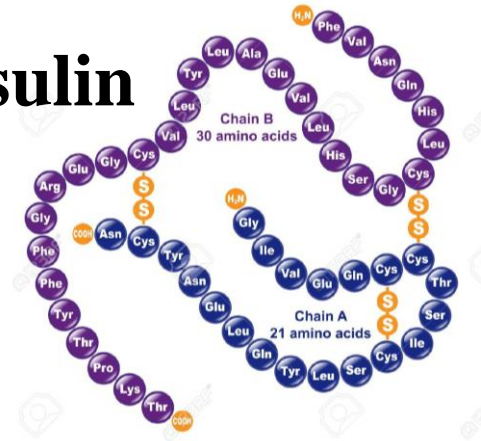
Gut

DIABETES MELLITUS: A MULTI-ORGAN DISEASE

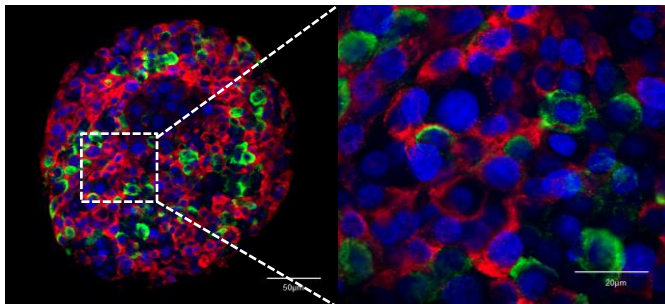


DIABETES MELLITUS

Insulin

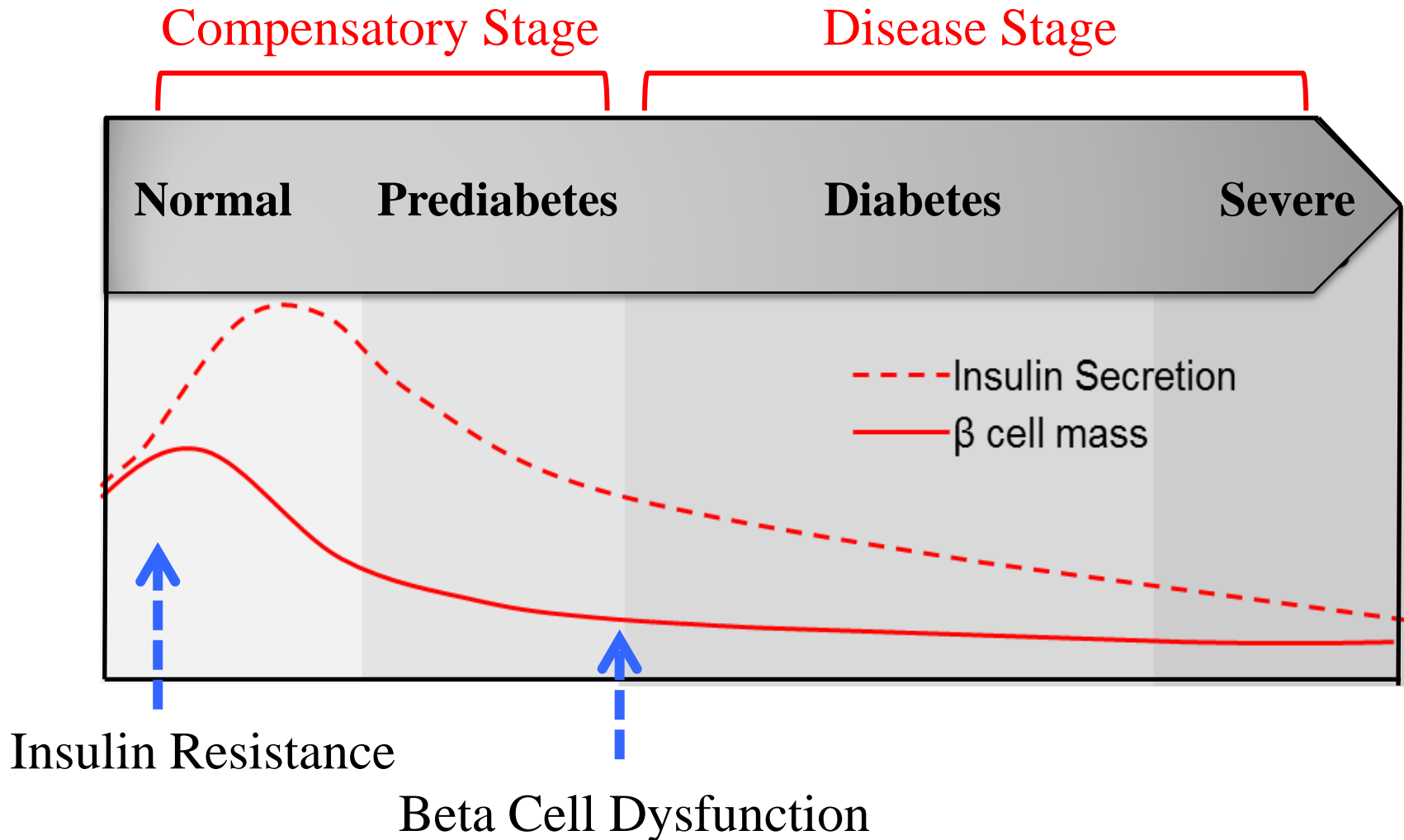


- Type 1 Diabetes: beta cell destruction
- Type 2 Diabetes: beta cell failure in response to peripheral metabolic demands
- Gestational Diabetes: Insufficient beta cell function in pregnancy

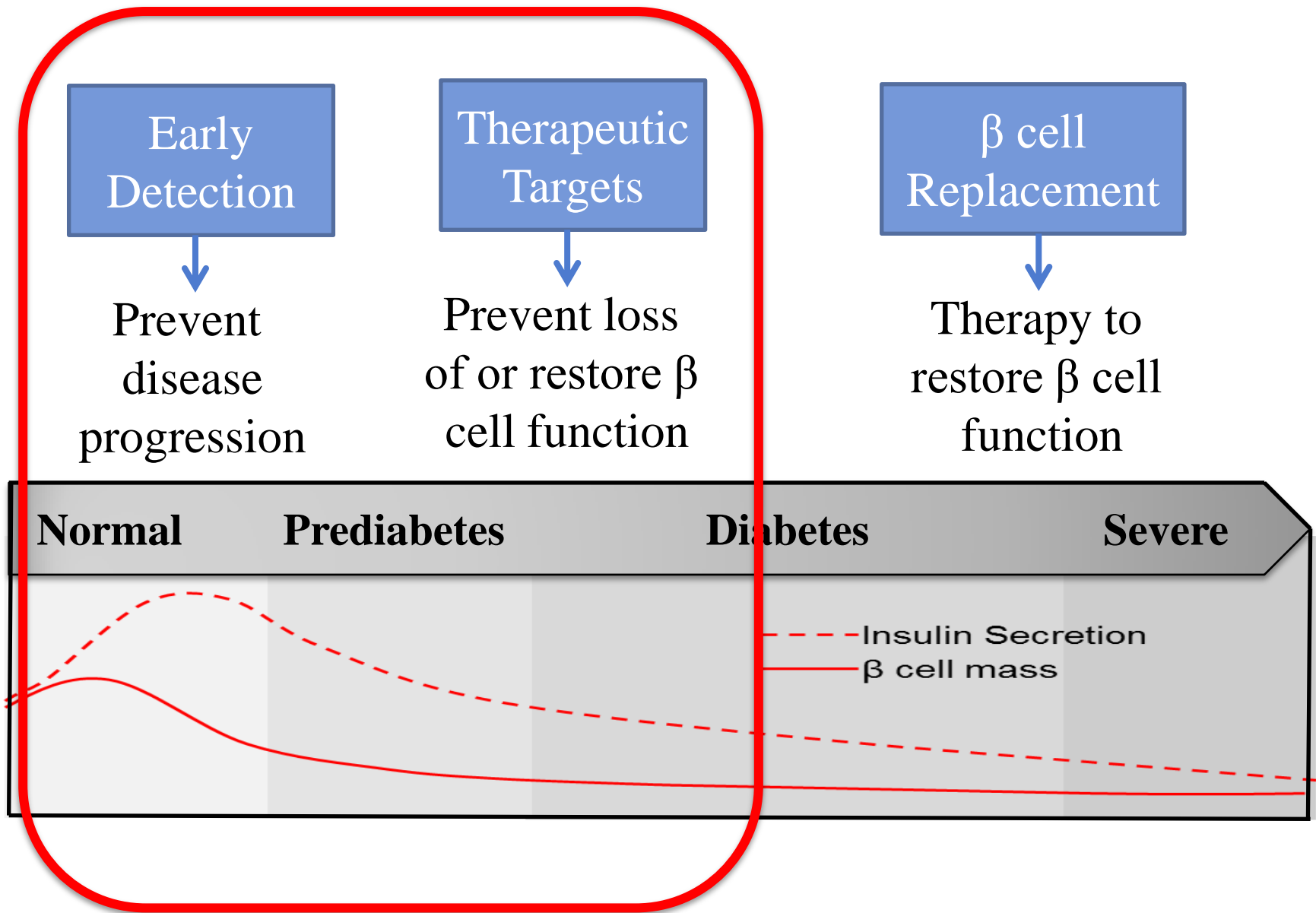


Red: Insulin (β cells)
Green: Glucagon (α cells)
Blue: Nucleus

DIABETES MELLITUS: A PROGRESSIVE DISEASE



WHAT CAN WE DO???



WHAT CAN WE DO???

Early
Detection

Therapeutic
Targets



1. DISCOVER

Discover novel metabolites which cause β cell failure

2. PREDICT & DETECT

Establish novel and sensitive biomarkers to predict and detect Diabetes

DISCOVER NOVEL METABOLITE

Cohort 1

GDM: Toronto/Canada
BMI, Age, Race Matched

3rd trimester

One Step Diagnosis

NGT: 24

75g OGTT:

GDM: 24

- fasting > 5.1 mmol/L
- 1hr > 10.0 mmol/L
- 2hr > 8.5 mmol/L

Newly Diagnosed Diabetes, No Drug Intervention

Cohort 2

T2D: Shanghai/China
BMI, Age, Sex Matched

Prospective Cohort
(2007,2008 → 2011,2012)

Pre-diabetes Diagnosis

Normal: 50

- fasting: 5.6-6.9 mmol/L or
- Pre-diabetes: 75
- 75g OGTT 2hr: 7.8-11
- Diabetes: 71 mmol/L

Diabetes Diagnosis

- Fasting \geq 7.0 mmol/L or

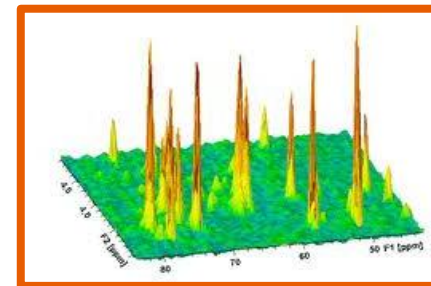
Newly Diagnosed Diabetes, No Drug Intervention

mmol/L

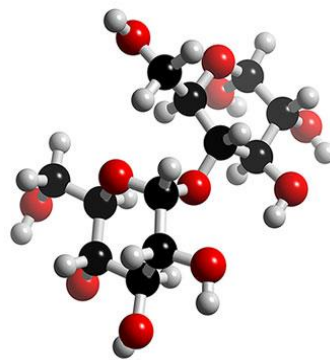
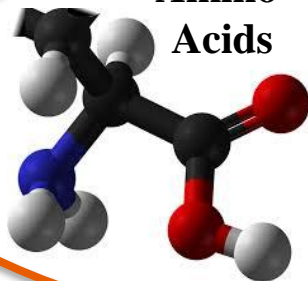
DISCOVER NOVEL METABOLITE

Metabolomics: Advancing Technology for Biological Discovery

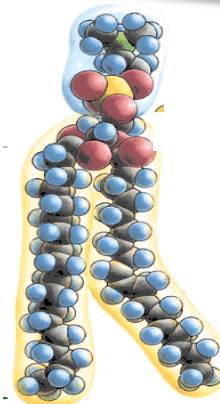
Blood Sample



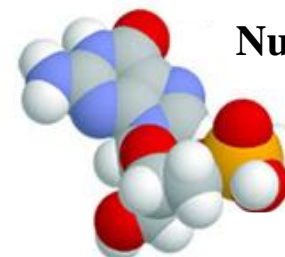
Amino Acids



Carbohydrate



Lipids



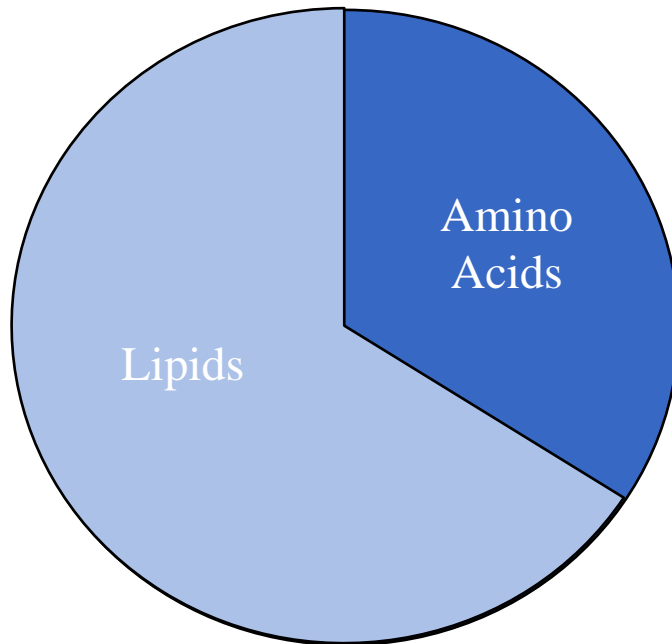
Nucleotides

DISCOVER NOVEL METABOLITE

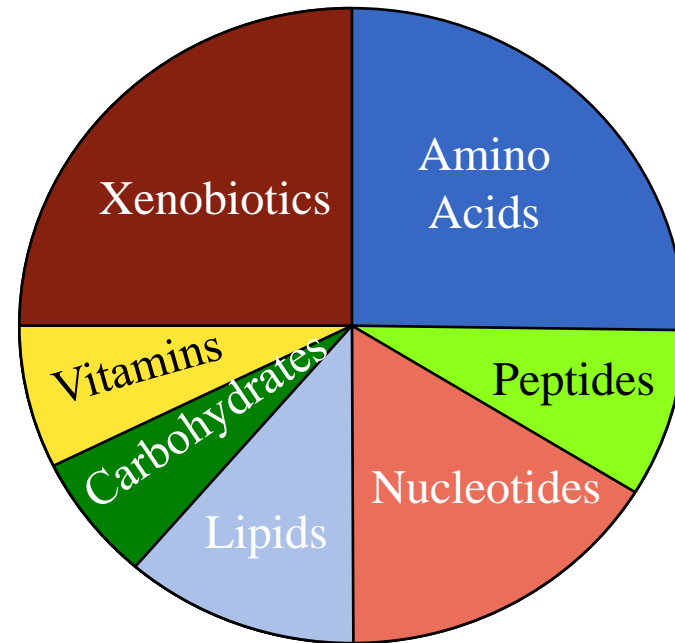
Cohort 1: Toronto – GDM & Cohort 2: Shanghai – T2D

342 metabolites

Up-regulation



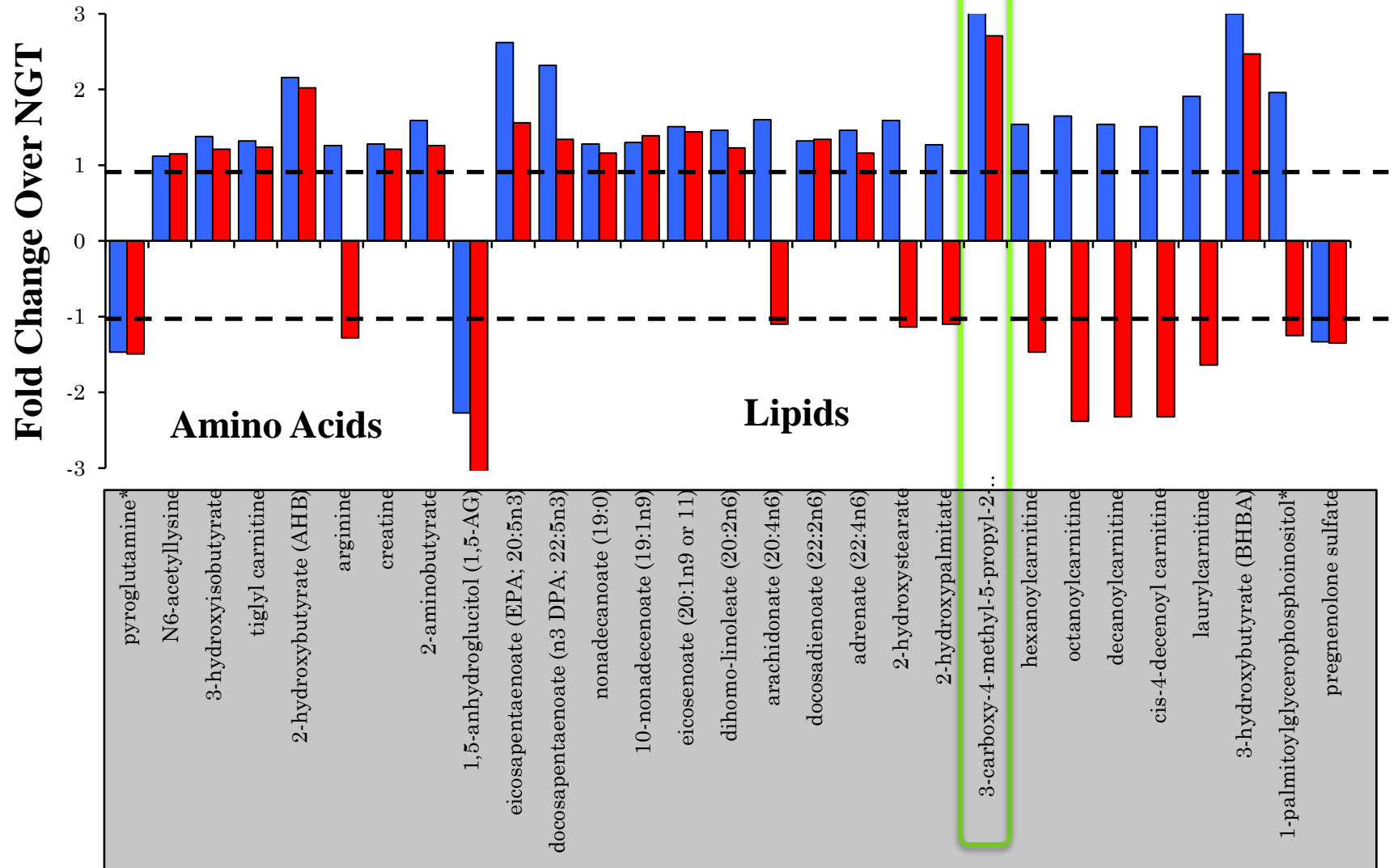
Down-regulation



DISCOVER NOVEL METABOLITE

■ **Cohort 1: Toronto - GDM**

■ **Cohort 2: Shanghai – T2D**



WHAT IS CMPF? FURAN FATTY ACID METABOLITE 3-CARBOXY-4-METHYL-5-PROPYL-2-FURANPROPANOIC ACID

Occurrence of Furan FA in Different Organs and Blood of Lipid Fractions in Animals^a

Organism	Organ/blood	PL	CLE	TG	References
Fish	Liver	—	++++	++	26,28–34
Fish	Testes	++	++	++++	23,26,28–34
Fish	Ovaries	—	++++	—	35
Fish	Sperm	—	—	—	35
Fish	Egg	—	—	—	35
Fish	Roe	++	+	—	31
Fish	Muscle	+	++++	—	26,33,34
Fish	Blood	—	++++	—	26
Crayfish	Hepatopancreas	+	+++	+	39,40
Crayfish	Muscle	+++	+	—	41
Sponges		—	++	—	42
Beef	Liver	—	+	+	53
Beef	Blood	+++	+	+	53
Humans	Blood	++	+	+	54–56
Plants	Grasses, dandelion, olive				48–50,52
Plants	Cell culture	+++	+	+	50
Algae					46,47

^aPL, phospholipid, CLE, cholesterol ester. The symbols +, ++, +++, and ++++ indicate relative abundances of furan FA (F-acids) in the different species. PL containing F-acids readily undergo oxidative decomposition during chromatographic separation on silica gel columns. Therefore, the absence of F-acids in the PL fraction may be due to complete decomposition (31).

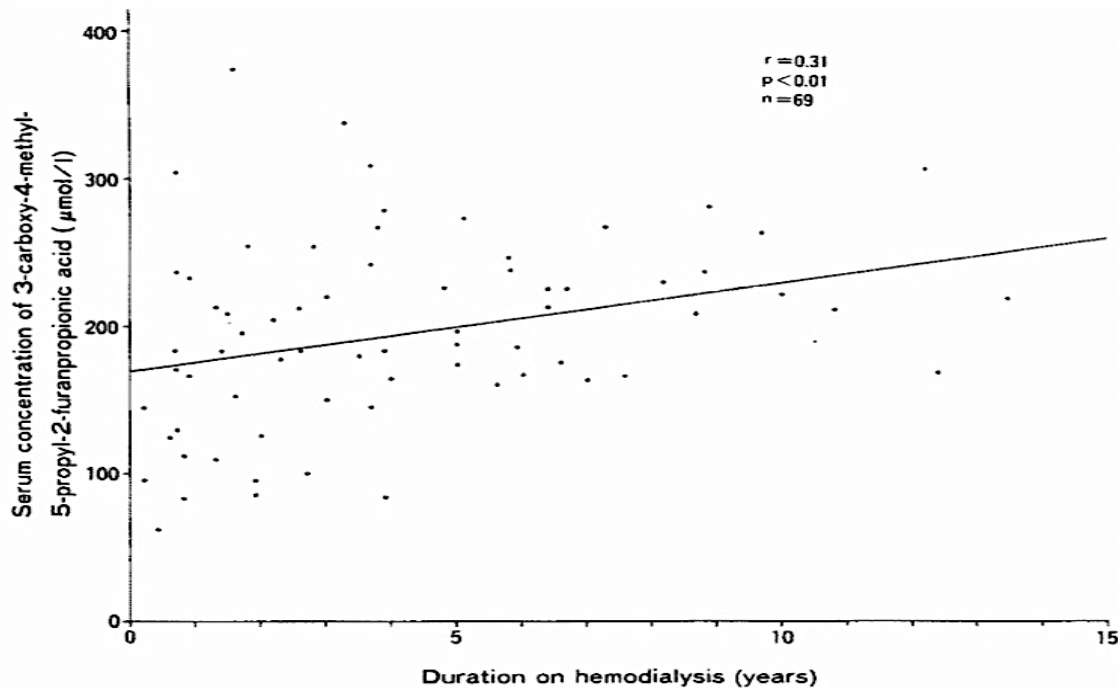
CMPF IN UREMIC PATIENTS

Clinica Chimica Acta, 173 (1988) 127-138

Elsevier

Accumulation of furancarboxylic acids in uremic serum as inhibitors of drug binding

Toshimitsu Niwa ^a, Naohito Takeda ^b, Kenji Maeda ^a, Masao Shibata and Akira Tatematsu ^b



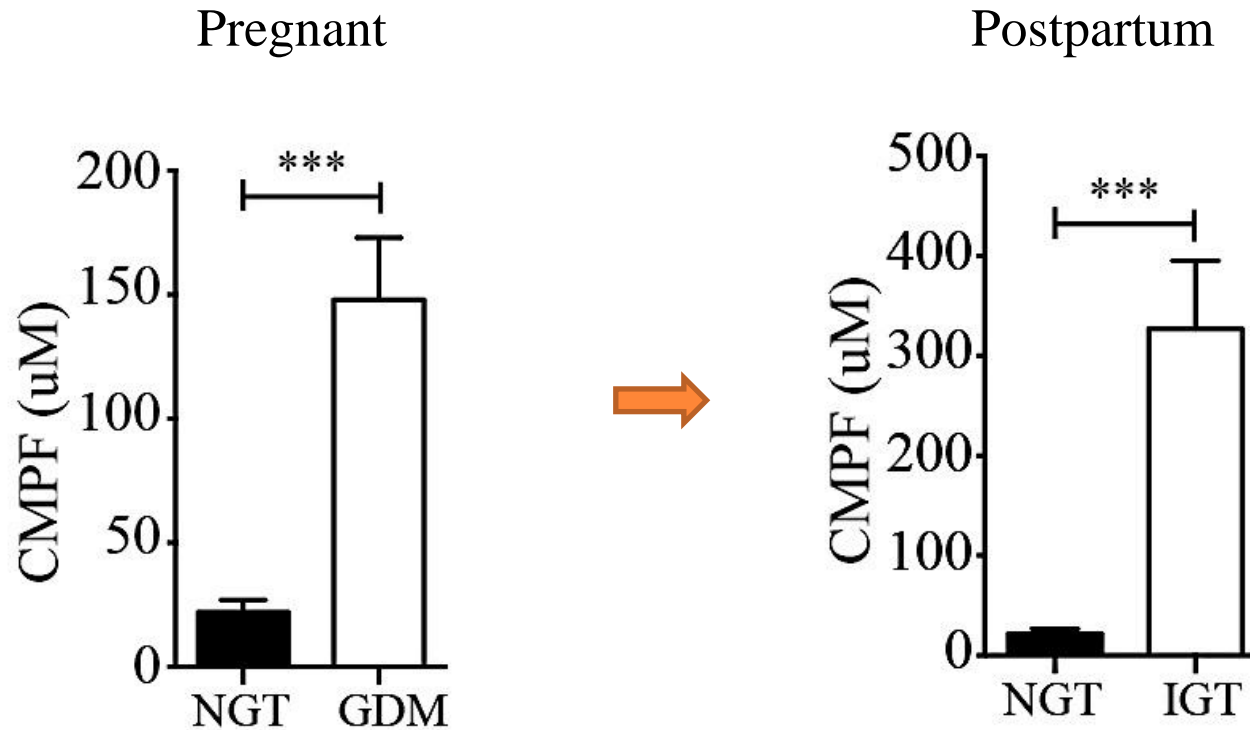
Uremia Patients
↕
Impaired
Insulin Secretion

CMPF ↔ Diabetes

Fig. 4. Correlation between serum level of 3-carboxy-4-methyl-5-propyl-2-furanpropionic acid and duration on hemodialysis.

DISCOVER NOVEL METABOLITE

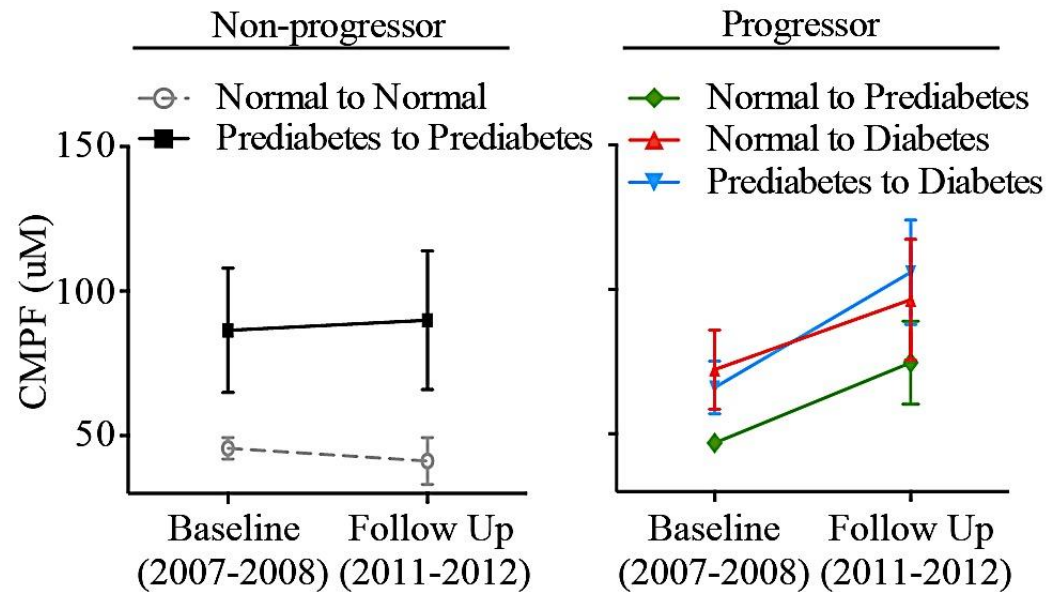
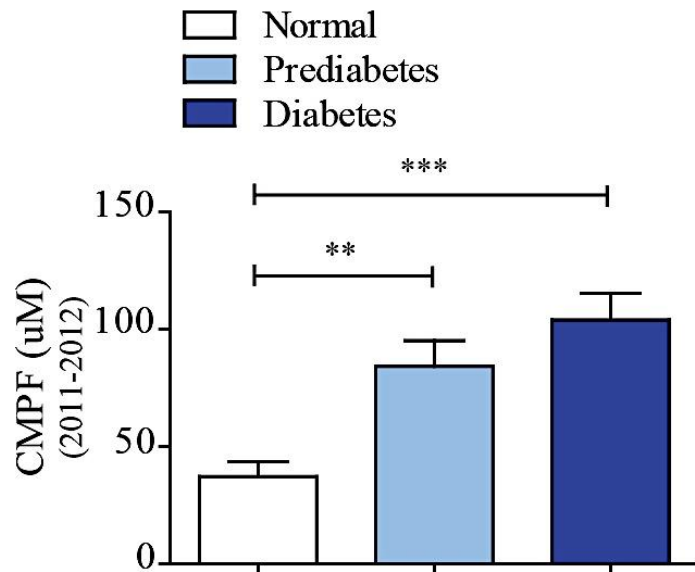
Cohort 1: Toronto - GDM



DISCOVER NOVEL METABOLITE

Cohort 2: Shanghai – T2D

Prospective Cohort
(2007,2008 → 2011,2012)



DISCOVER NOVEL METABOLITE

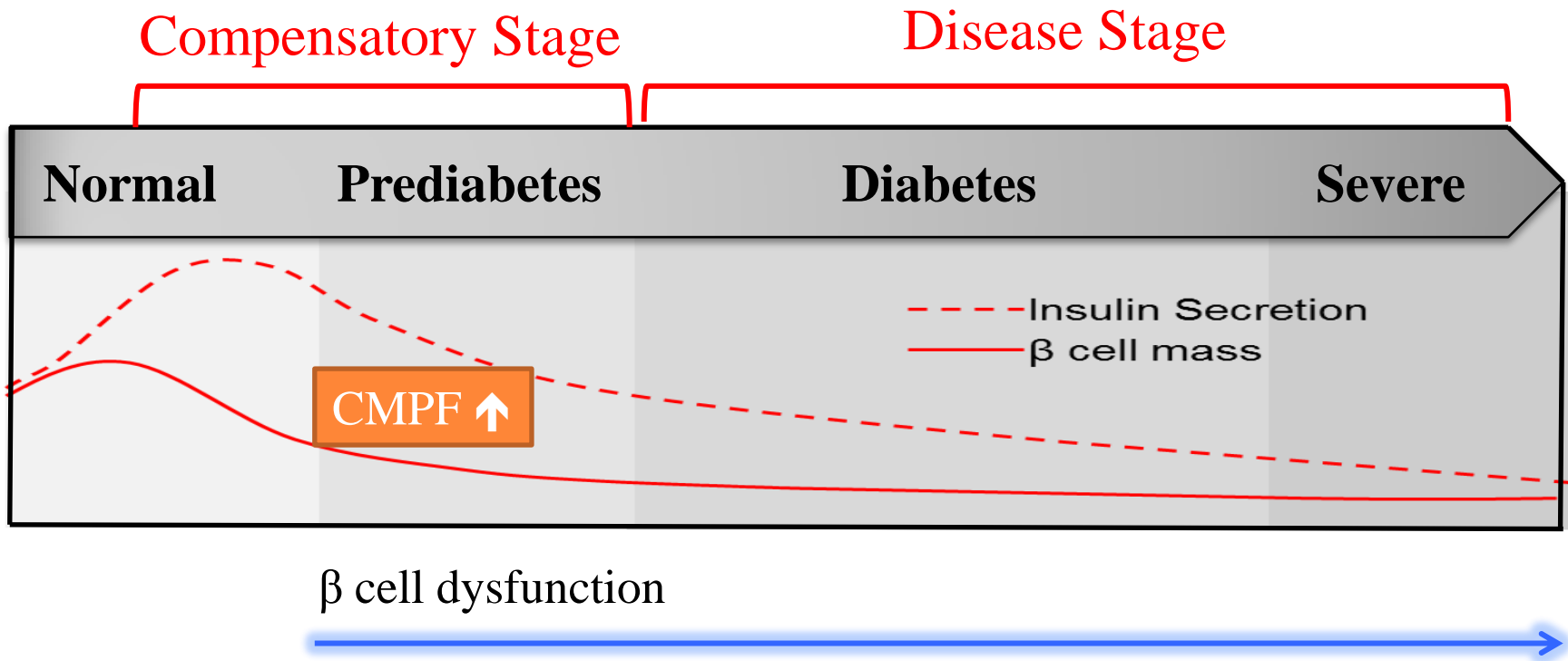
Cohort 2: Shanghai – T2D

Relation between the change in CMPF levels and the risk of future diabetes development, with adjustment for Age, Sex, BMI and estimated glomerular filtration rate

Change in CMPF levels during 4-5 years follow up period	Development of diabetes compared to the maintenance of a non-diabetic state	
	Likelihood Ratio	P-value
1 st quartile	Base line	-----
2 nd quartile	1.74	0.188
3 rd quartile	5.41	0.02
4 th quartile	7.35	0.00669
Continuous	9.57	0.00198

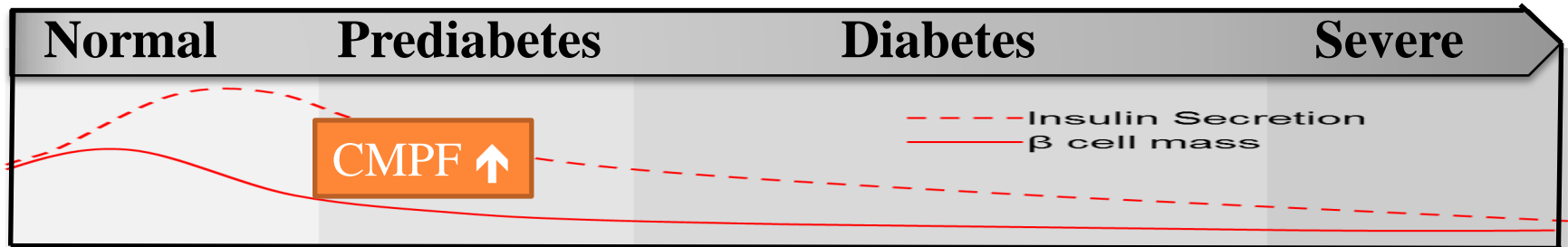
A large elevation in circulating CMPF concentrations is associated with increased risk of diabetes development

DIABETES MELLITUS: A PROGRESSIVE DISEASE



What role does CMPF play during the progression of diabetes?

CMPF AND BETA CELL FUNCTION



Diet Predisposed Model (DIO)



Genetic Predisposed Model (Ob/Ob)

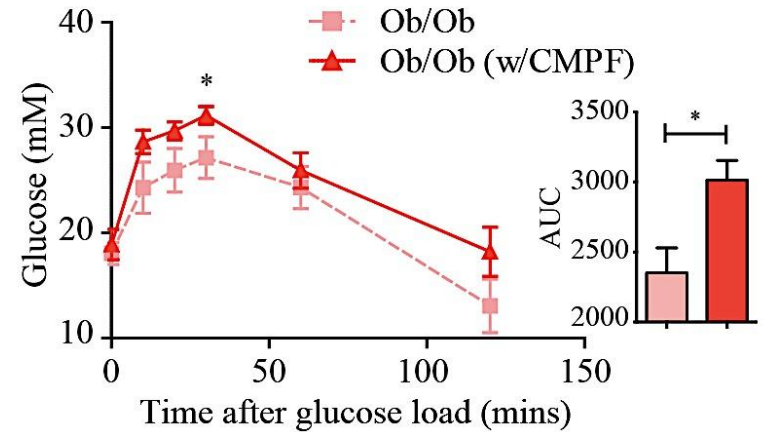
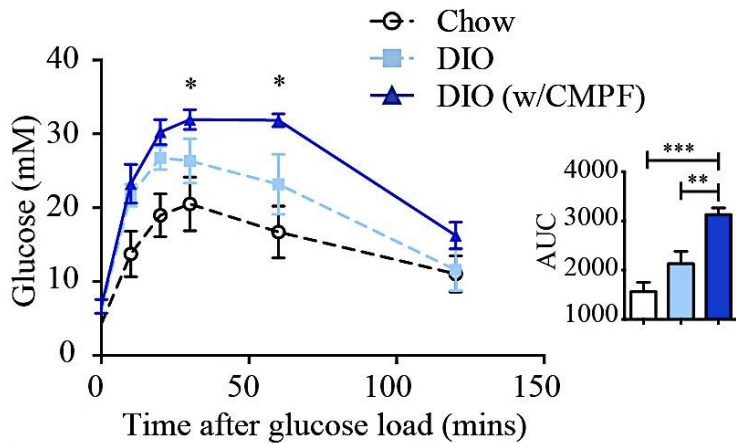


Sucrose matched chow — Vehicle — Chow
 60% high fat diet — Vehicle — DIO
 60% high fat diet — CMPF (6mg/kg/day) — DIO (w/CMPF)
 6wk 2wk i.p. injection

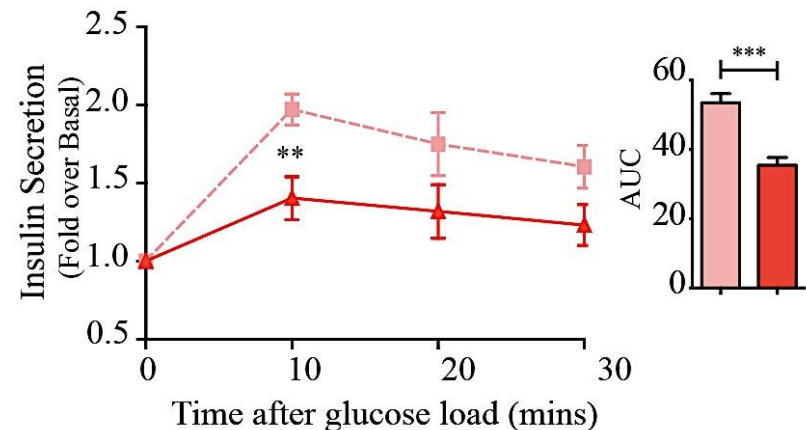
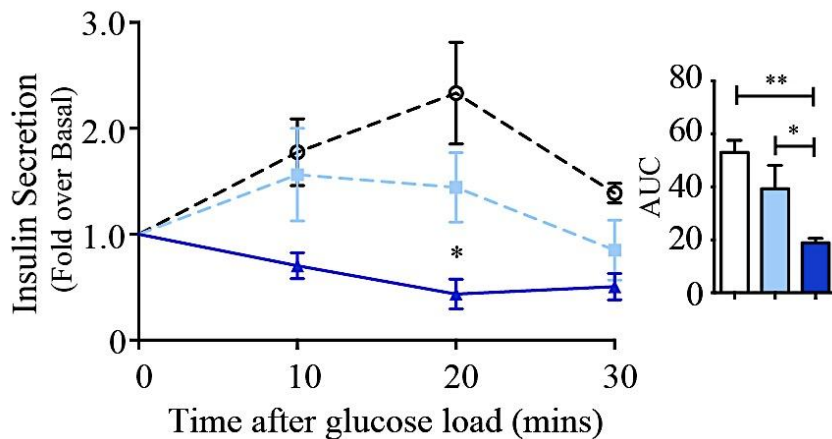
Vehicle — Ob/Ob
 CMPF (6mg/kg/day) — Ob/Ob (w/CMPF)
 2wk i.p. injection

CMPF AND BETA CELL FUNCTION

Glucose Tolerance Test

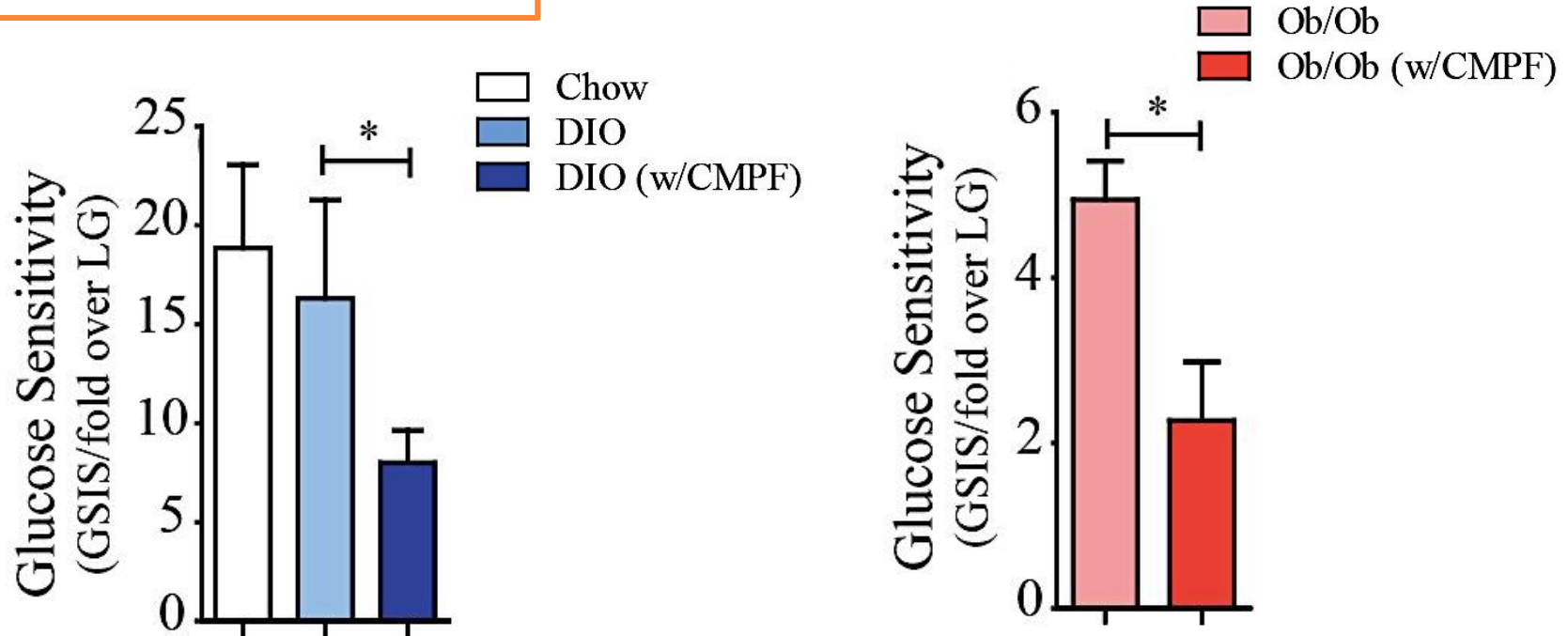


Insulin Secretion *in-vivo*



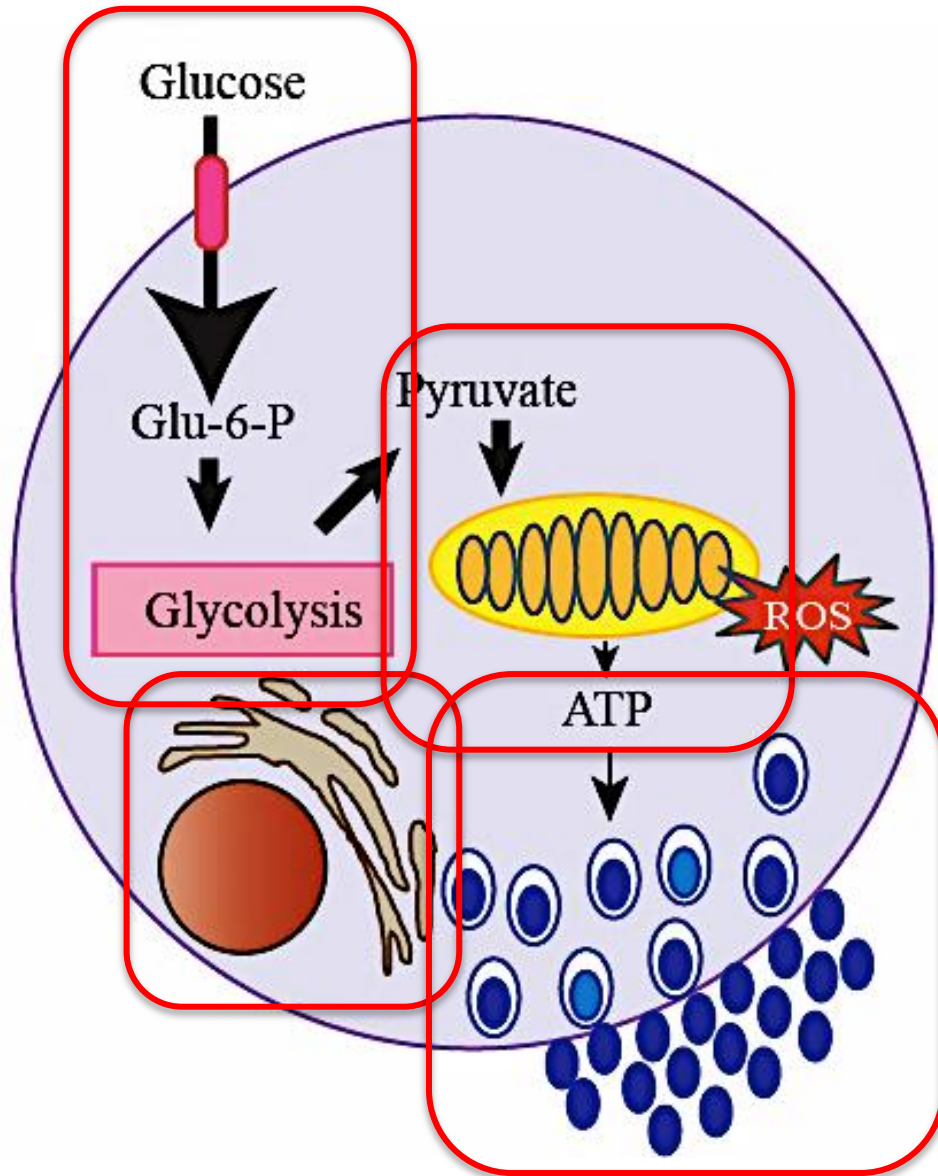
CMPF AND BETA CELL FUNCTION

Insulin Secretion *ex-vivo*



Elevated CMPF Impairs Glucose-Stimulated Insulin Secretion and may Potentiate the Development of Diabetes in Rodent Models

INSULIN SECRETION IN BETA CELL

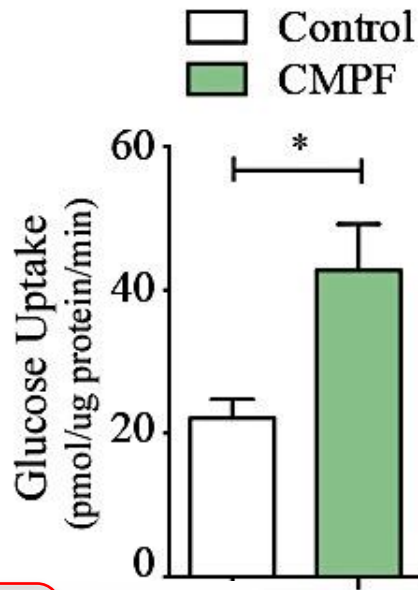


Glucose Sensing
(Glycolysis) X
Metabolism X
ATP production X
Insulin
Biosynthesis X
Exocytosis X

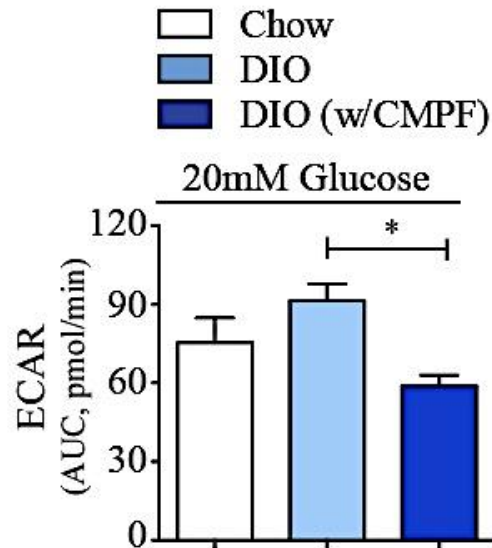
↑
CMPF

CMPF: GLUCOSE SENSING (GLYCOLYSIS)

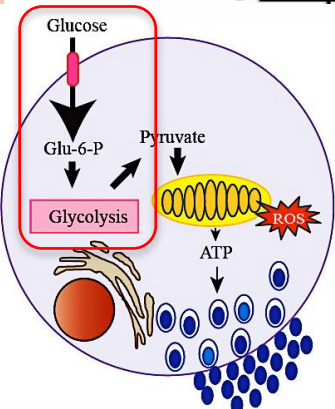
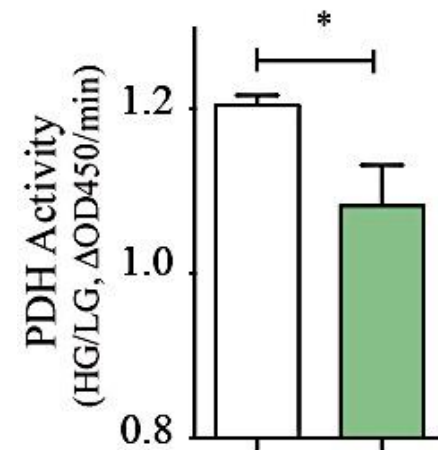
Glucose Uptake



Glycolysis



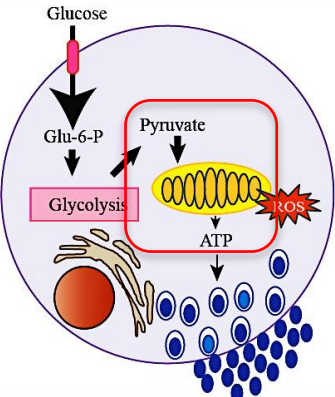
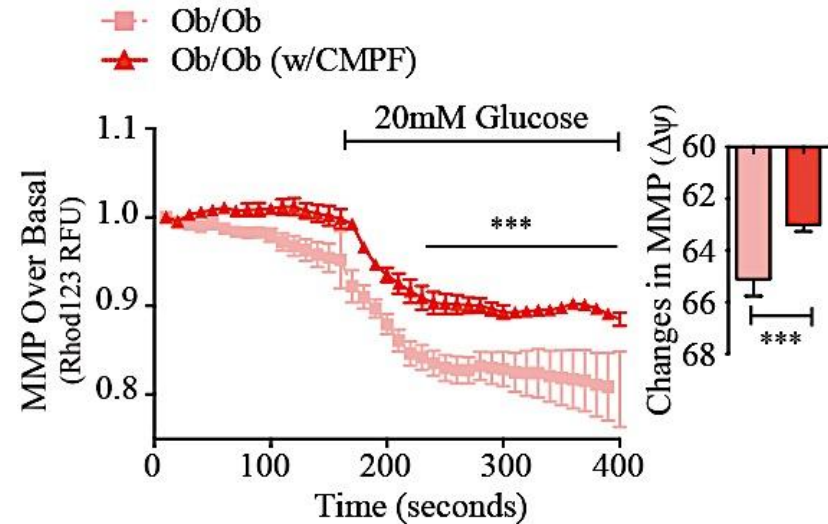
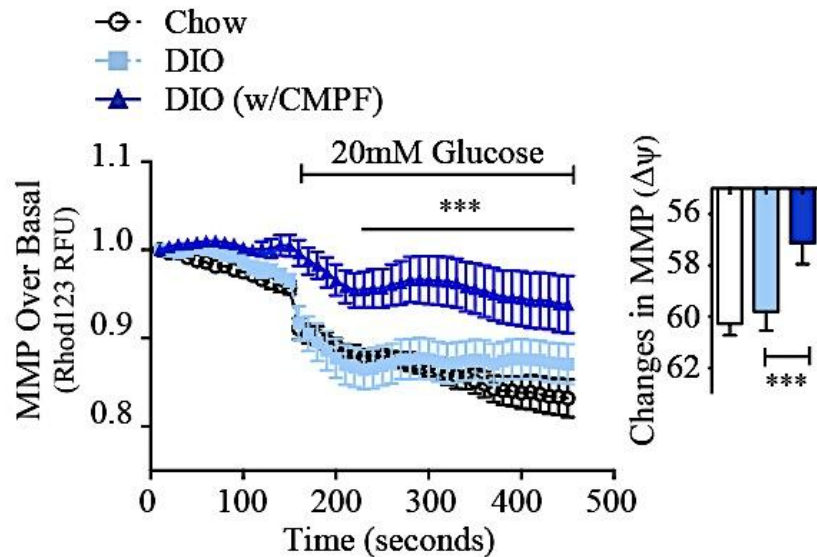
Pyruvate Dehydrogenase (PDH)



CMPF Impairs Glycolysis

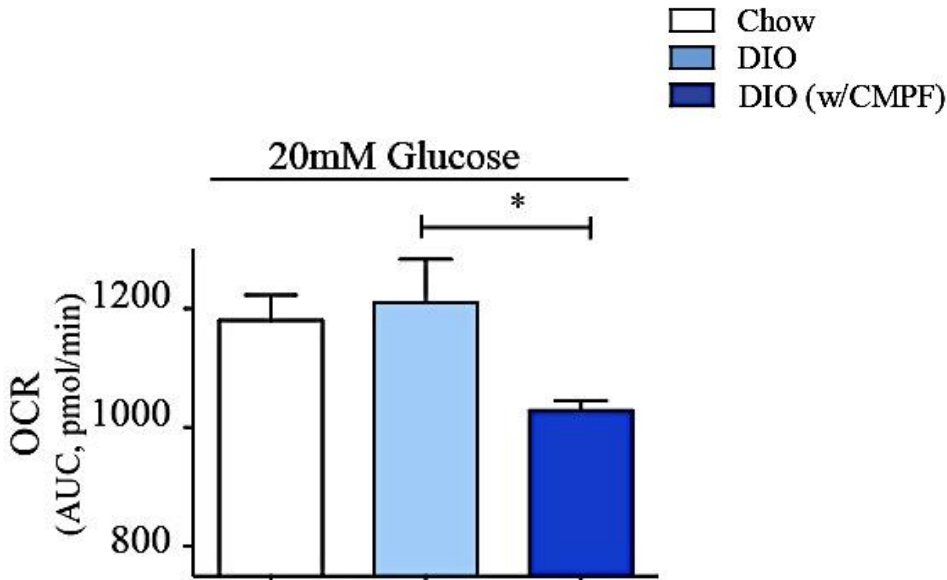
CMPF: MITOCHONDRIAL METABOLISM

Mitochondrial Membrane Potential (MMP)

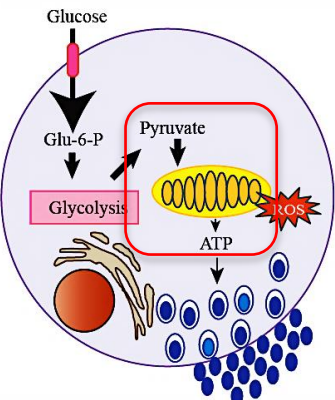
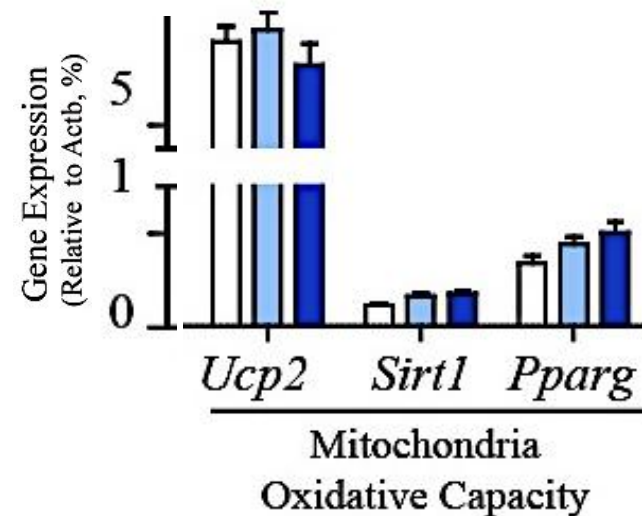


CMPF: MITOCHONDRIAL METABOLISM

Glucose Oxidation



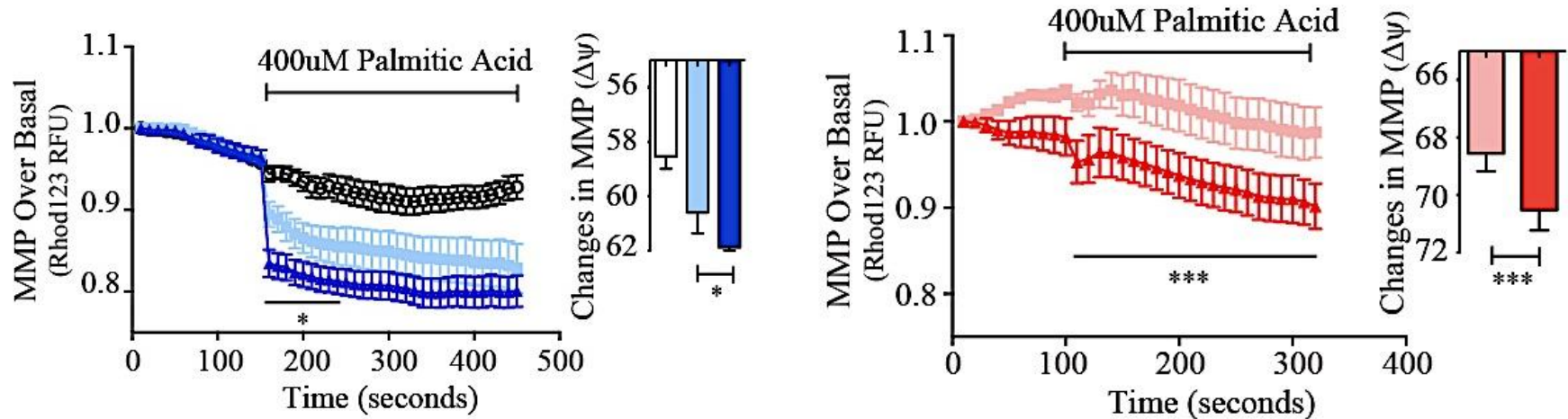
Mitochondrial Biogenesis



**CMPF Impairs Glucose Metabolism
without affect Mitochondrial Biogenesis**

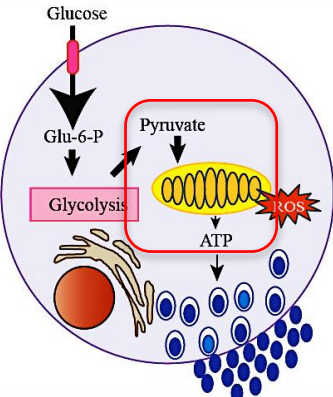
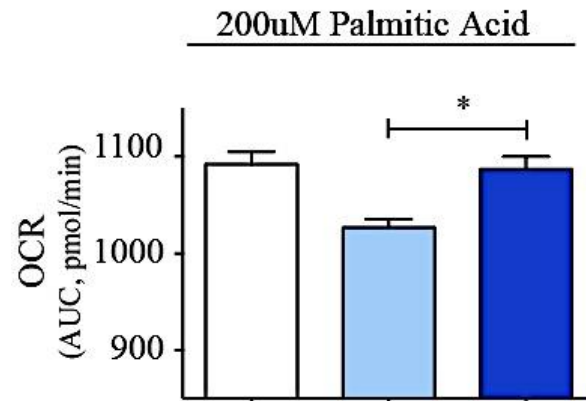
CMPF: MITOCHONDRIAL METABOLISM

Mitochondrial Membrane Potential (MMP)



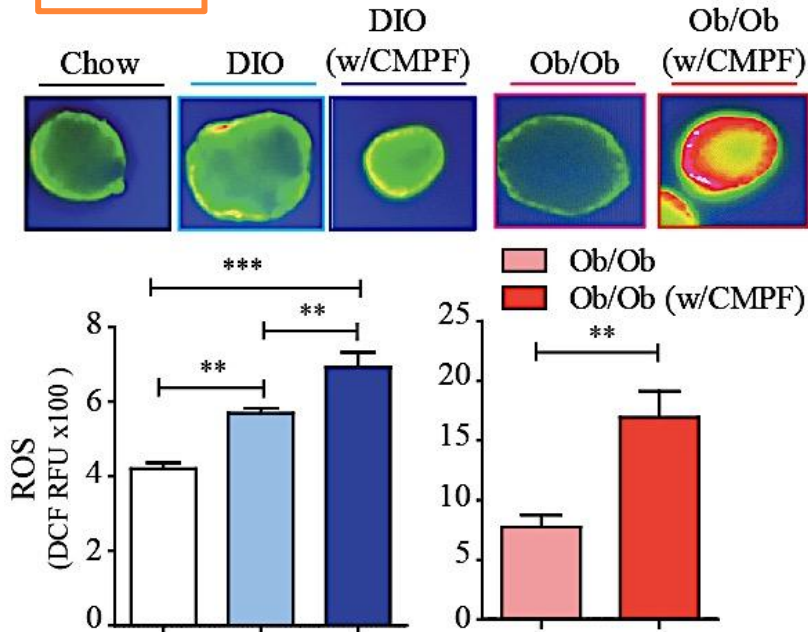
CMPF Impairs Glucose Metabolism by Metabolic Remodeling to Enhance Fatty Acid Metabolism

Fatty Acid Oxidation

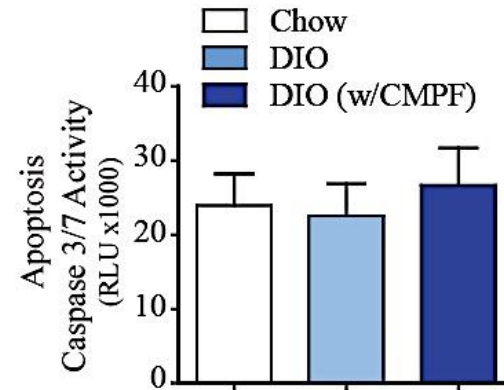


CMPF: METABOLIC REMODELING

ROS

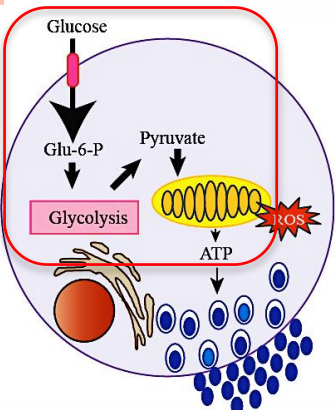
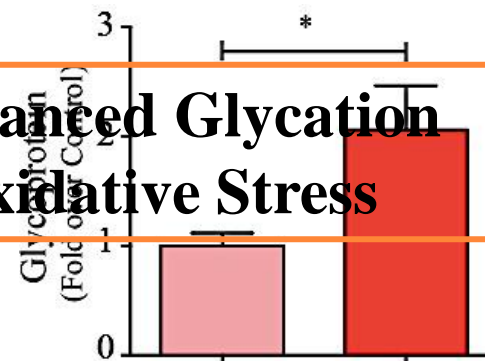


Apoptosis

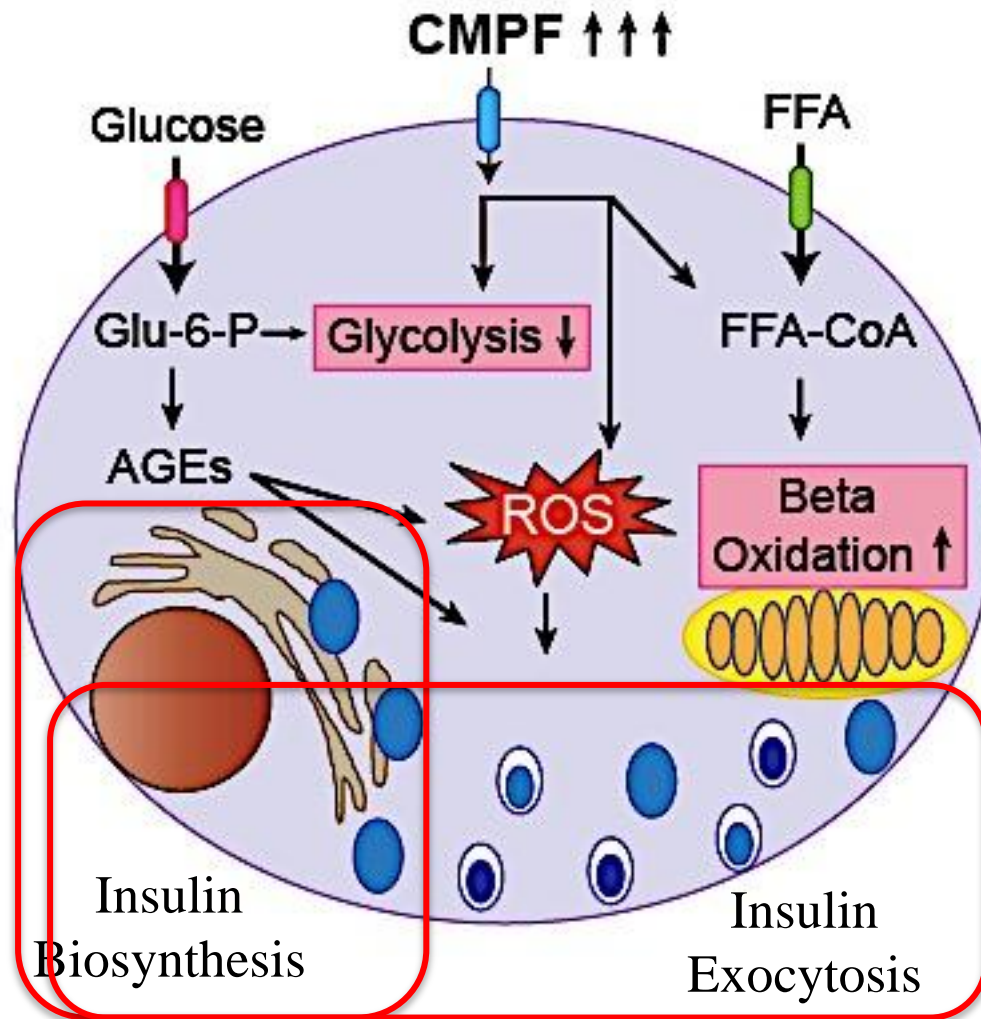


Advanced Glycation End-products (AGEs)

CMPF Increases Advanced Glycation End-Products and Oxidative Stress



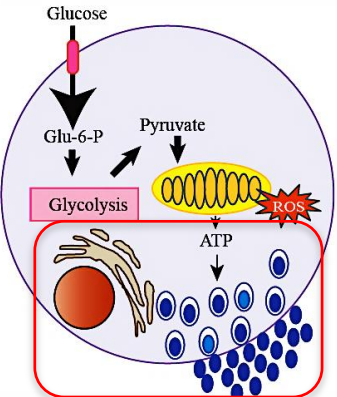
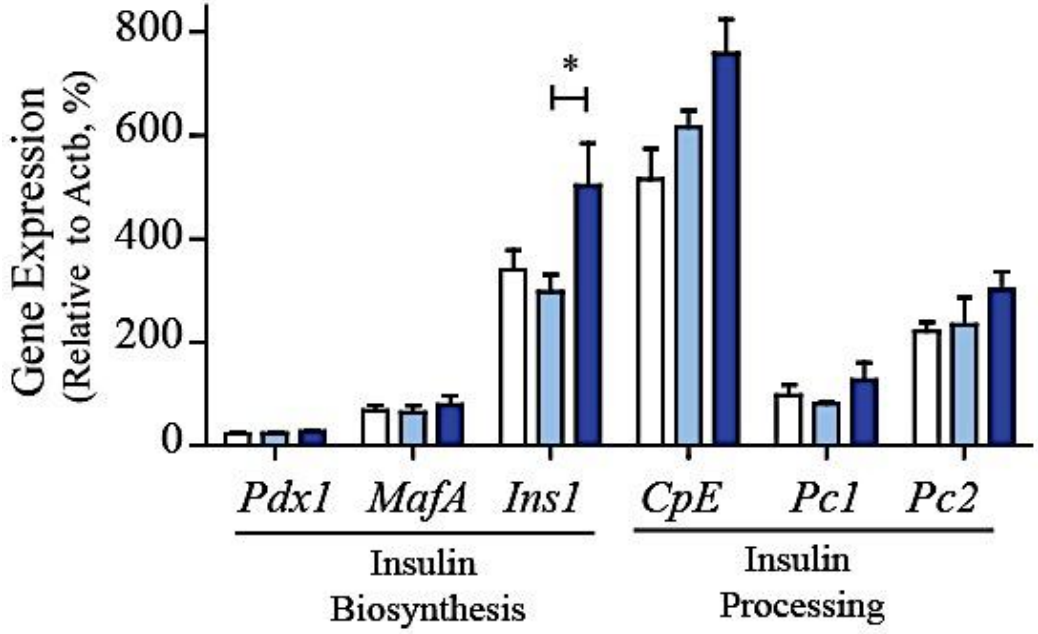
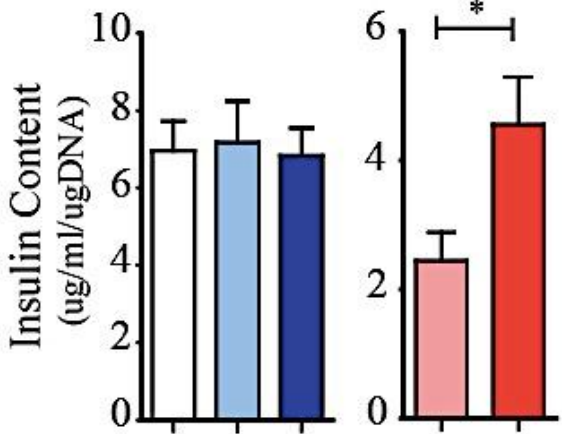
CMPF: INSULIN SECRETION IN BETA CELL



CMPF: INSULIN BIOSYNTHESIS & EXOCYTOSIS

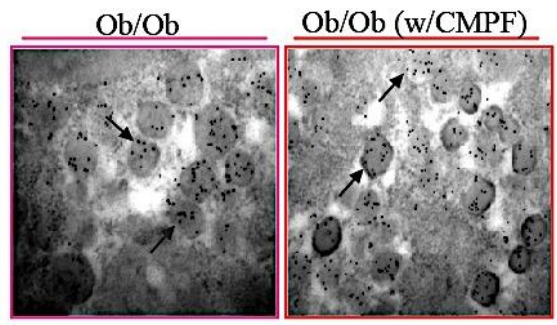
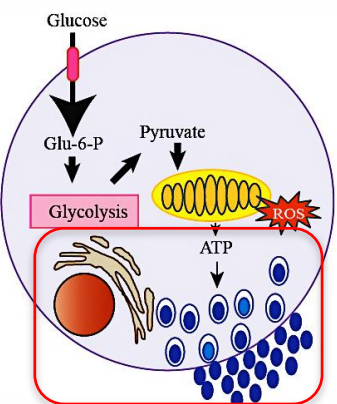
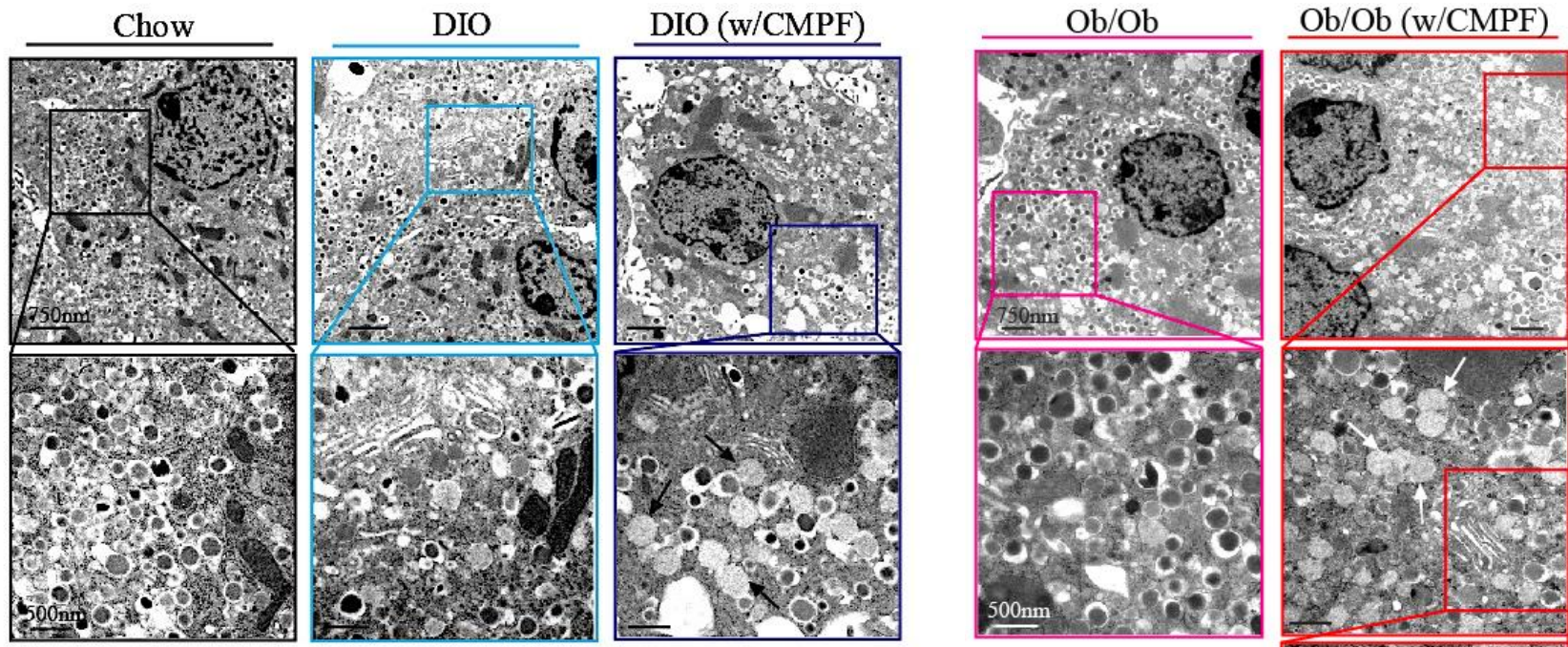
Insulin Content

■ Ob/Ob ■ Ob/Ob (w/CMPF)
■ Chow ■ DIO
■ DIO (w/CMPF)

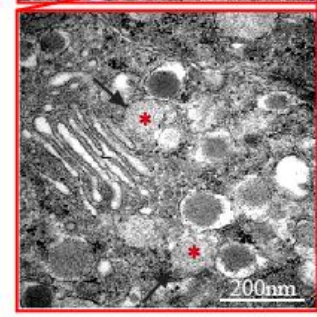


CMPF: INSULIN BIOSYNTHESIS & EXOCYTOSIS

Transmitted Electron Microscopy (TEM)

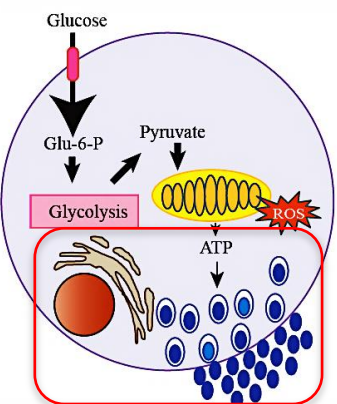
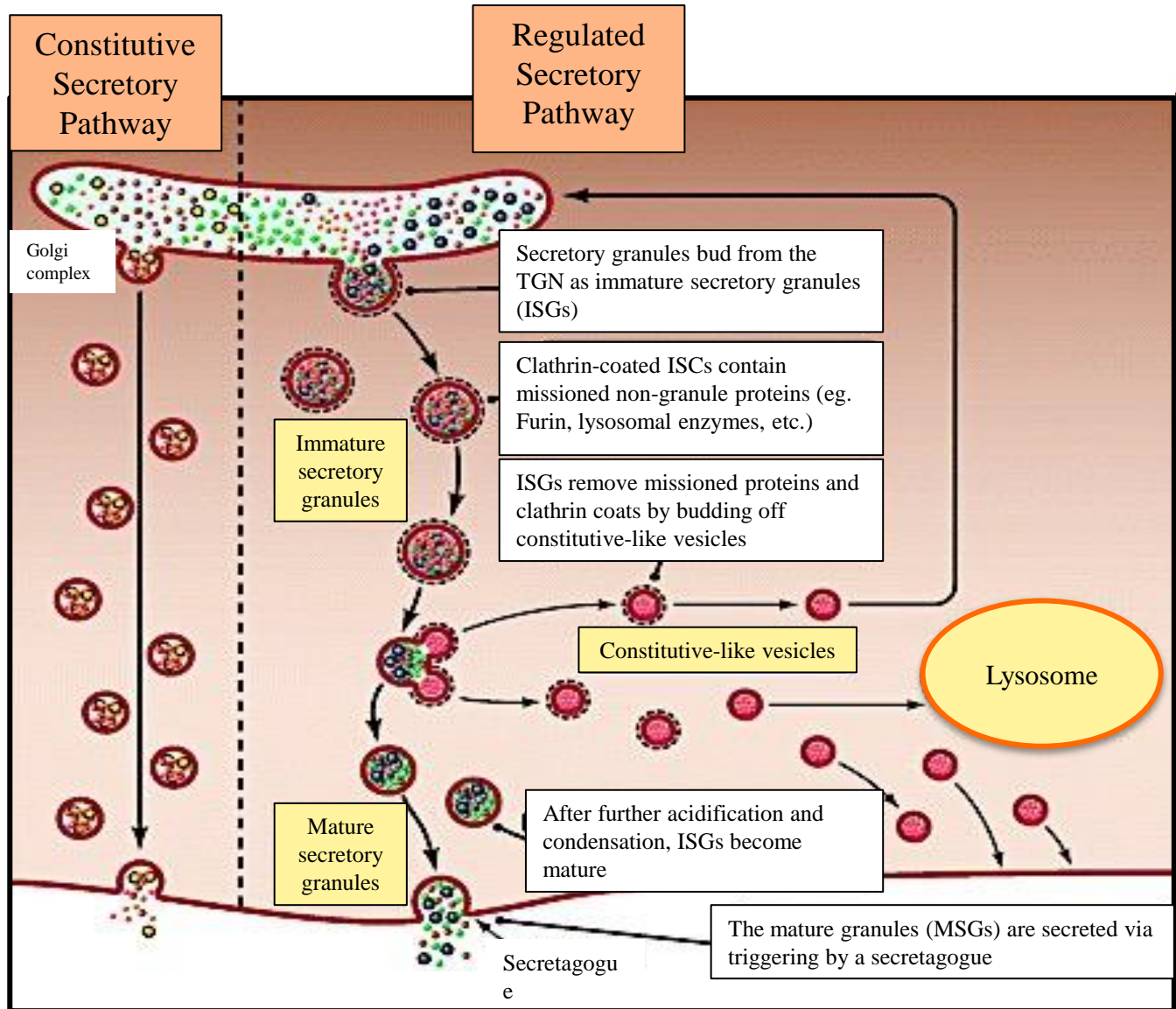


Immuno-Gold Insulin Staining



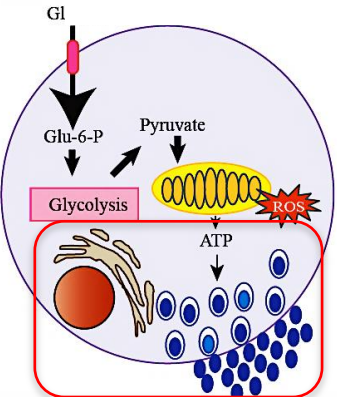
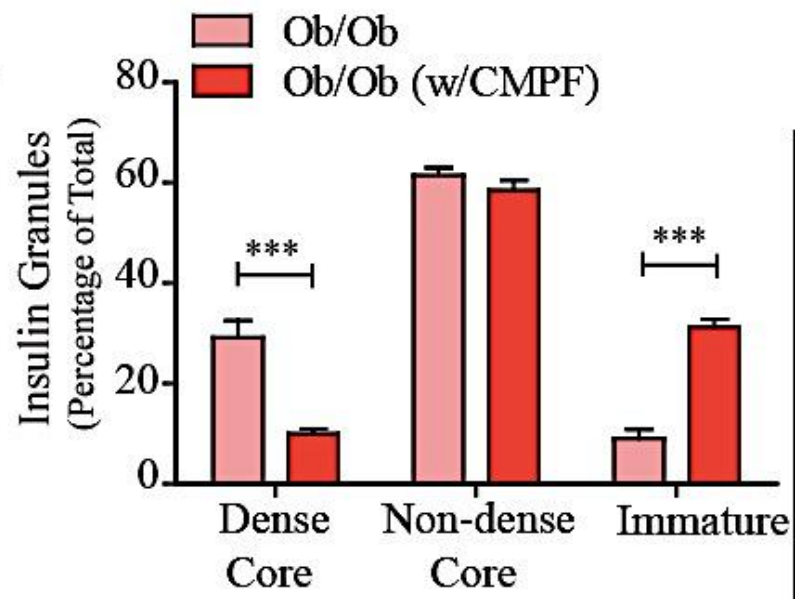
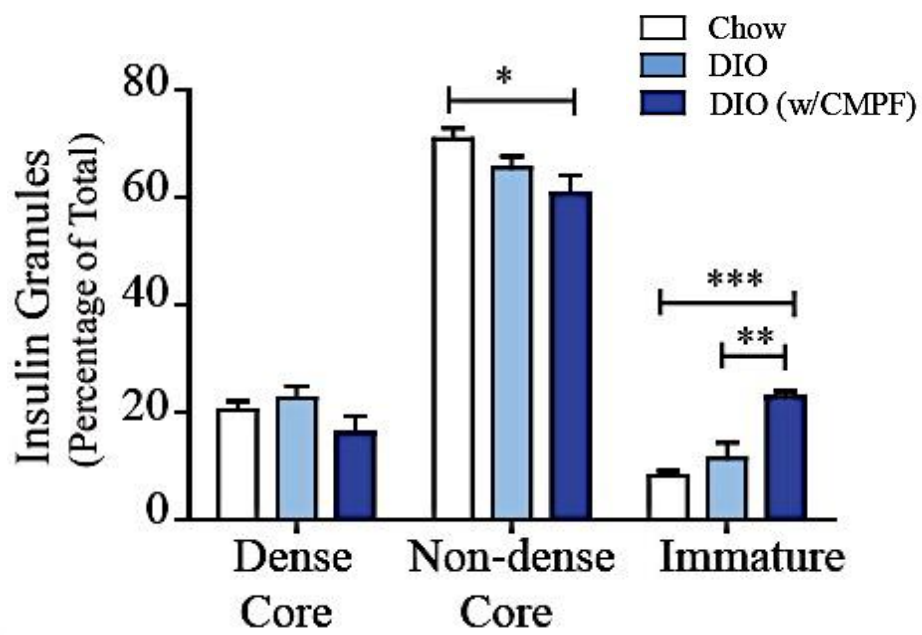
CMPF: INSULIN BIOSYNTHESIS & EXOCYTOSIS

The constitutive secretory pathway present in all cell types does not require stimulation for exocytosis



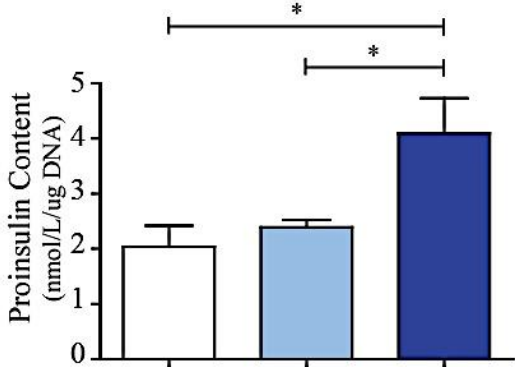
CMPF: INSULIN BIOSYNTHESIS & EXOCYTOSIS

Transmitted Electronic Microscopy (TEM)

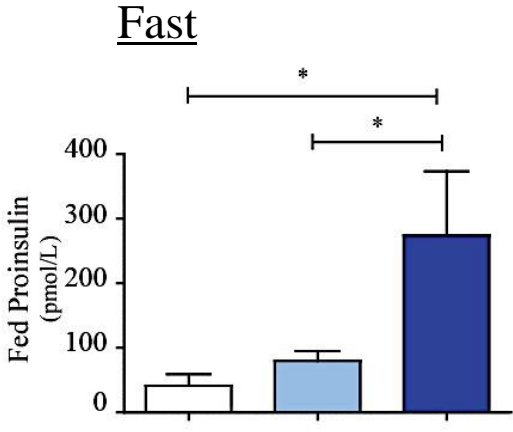
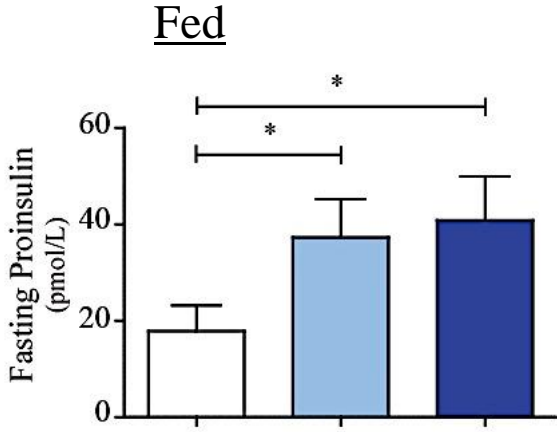


CMPF: INSULIN BIOSYNTHESIS & EXOCYTOSIS

Cellular

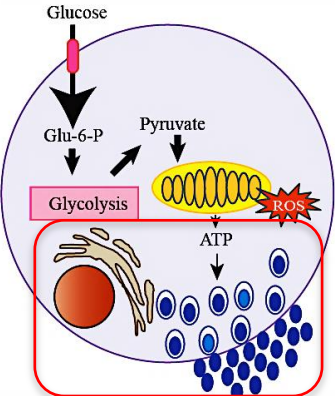


Exocytosis: Secretion



- Chow
- DIO
- DIO (w/CMPF)

CMPF Increases Proinsulin and Impairs Insulin Granule Maturation

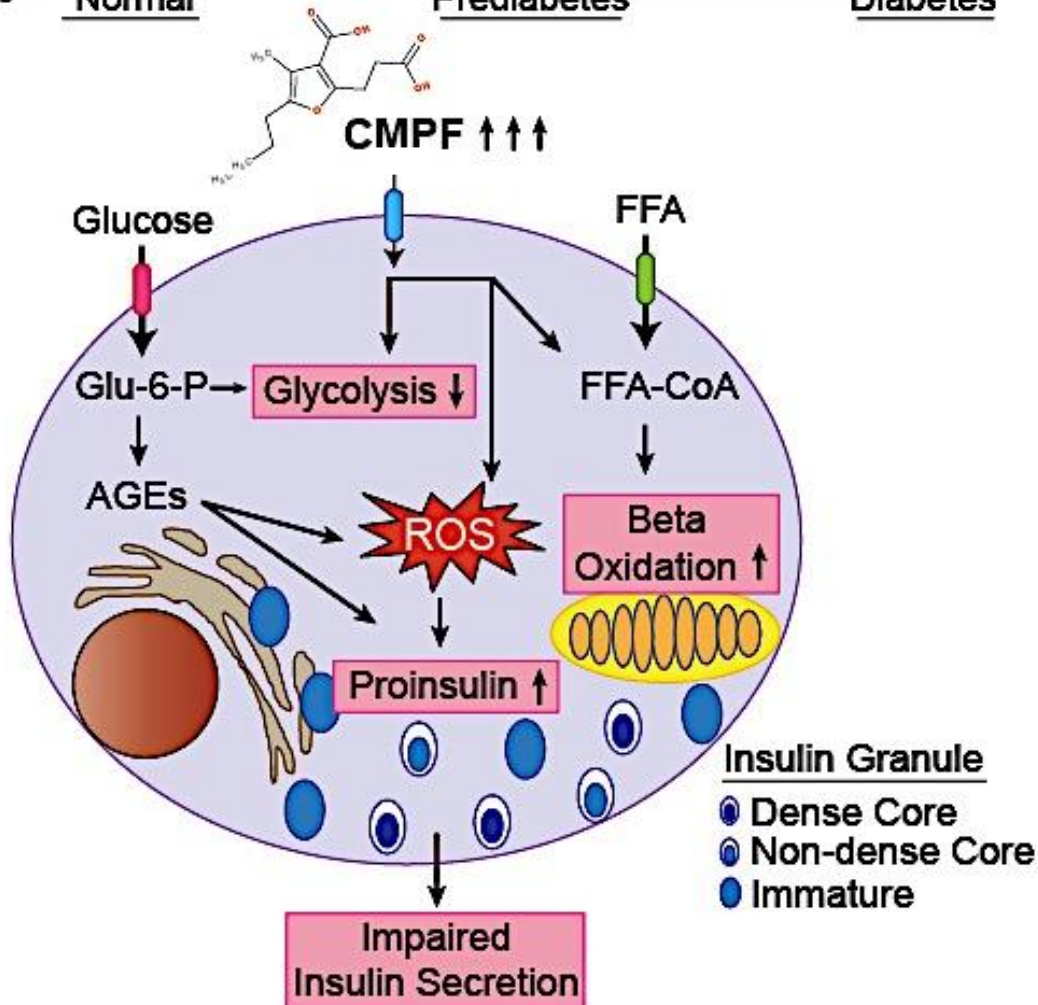


Fasting
Glucose

Normal

Prediabetes

Diabetes



Human Study

1. CMPF significantly elevated in Prediabetes and Diabetes population.
2. Rapid elevation may be a high risk for future diabetes development

Animal Study

1. CMPF impairs glucose metabolism by introducing preferential fatty acid oxidation
2. CMPF induces beta cell dysfunction shown as impaired insulin secretion

Rapid Elevation of CMPF May Act as a Tipping Point Towards β Cell Dysfunction During Diabetes Development

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Dr. Kacey Prentice
Amina Allalou
Andrea Eversley
Dr. Feihan Dai**

**Kaiser Permanente
Oakland, USA
Dr. Erica Gunderson**

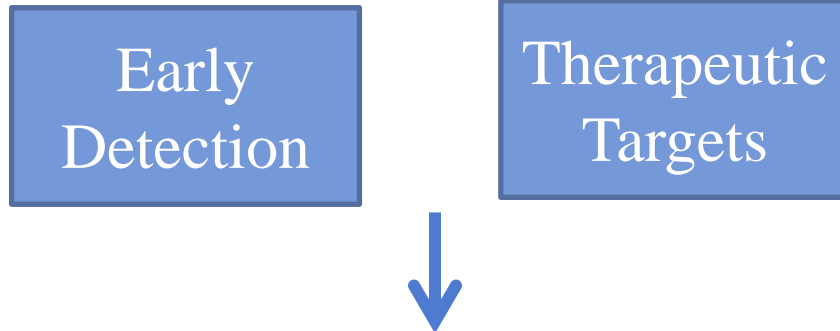
**Hospital for Sick Children
Toronto, Canada
Analytical Facility for
Bioactive Molecules**



**6th People's Hospital,
Shanghai, China
Dr. Weiping Jia
Dr. Wei Li
Dr. Cheng Hu**



WHAT CAN WE DO???



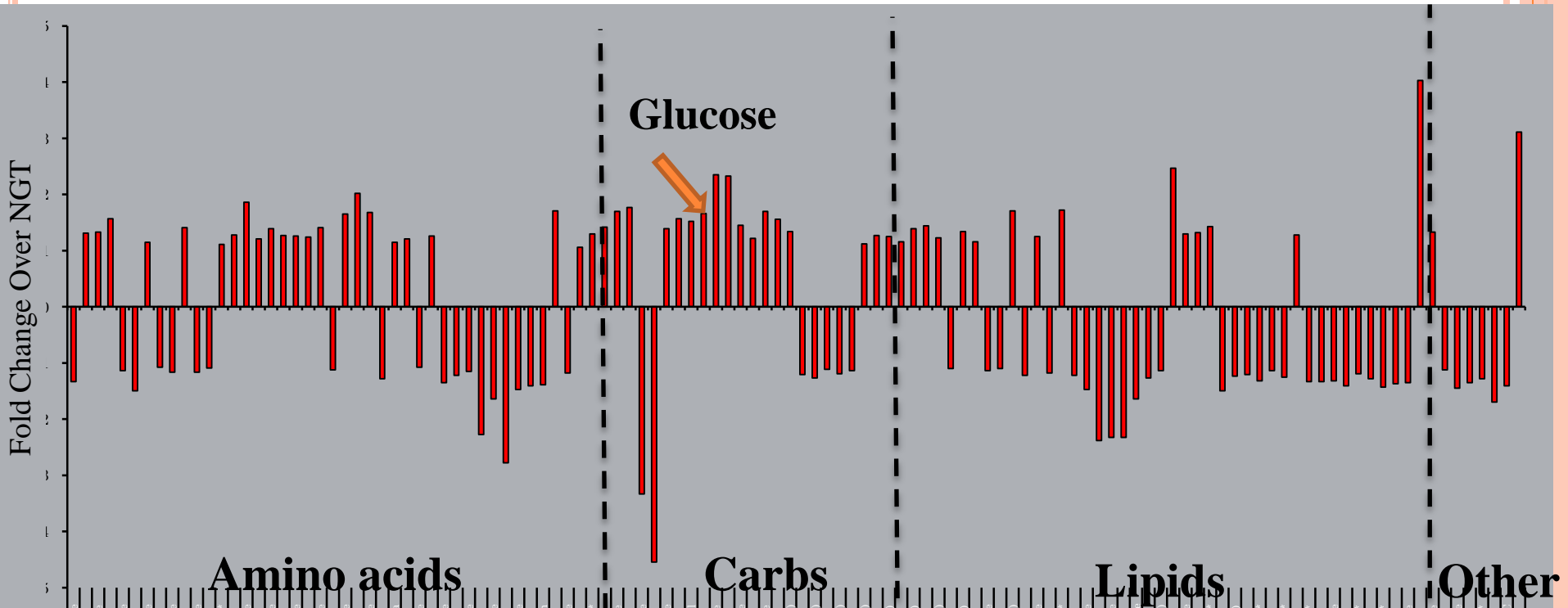
1. DISCOVER ✓ CMPF

Discover novel metabolites which cause β cell failure

2. PREDICT & DETECT

Establish novel and sensitive biomarkers to predict and detect Diabetes

ESTABLISH BIOMARKERS TO PREDICT AND DETECT DIABETES

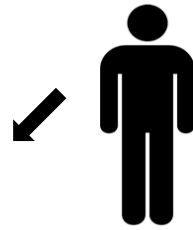


Metabolomic Signature: it is more than just hyperglycemia

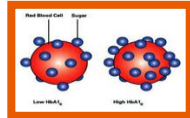
What can we do with this data???

ESTABLISH SIGNATURE PANELS TO PREDICT AND DETECT DIABETES

**Fasting Blood
Glucose/OGTT**



HbA1c



**Clinical Practice
Guidelines**



NGT

IGT



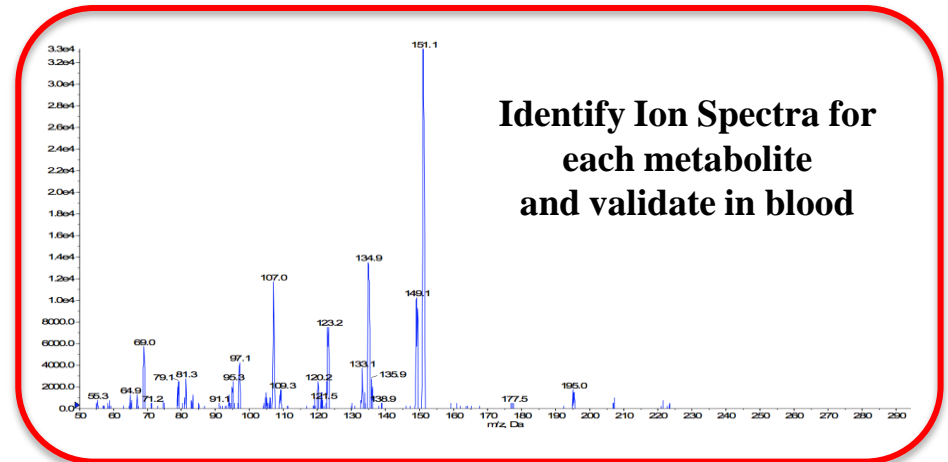
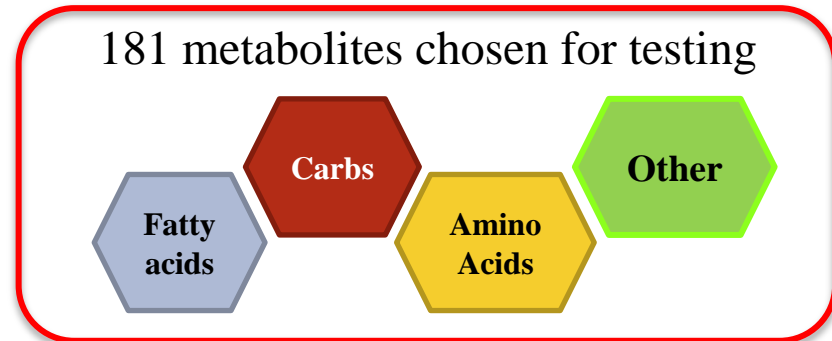
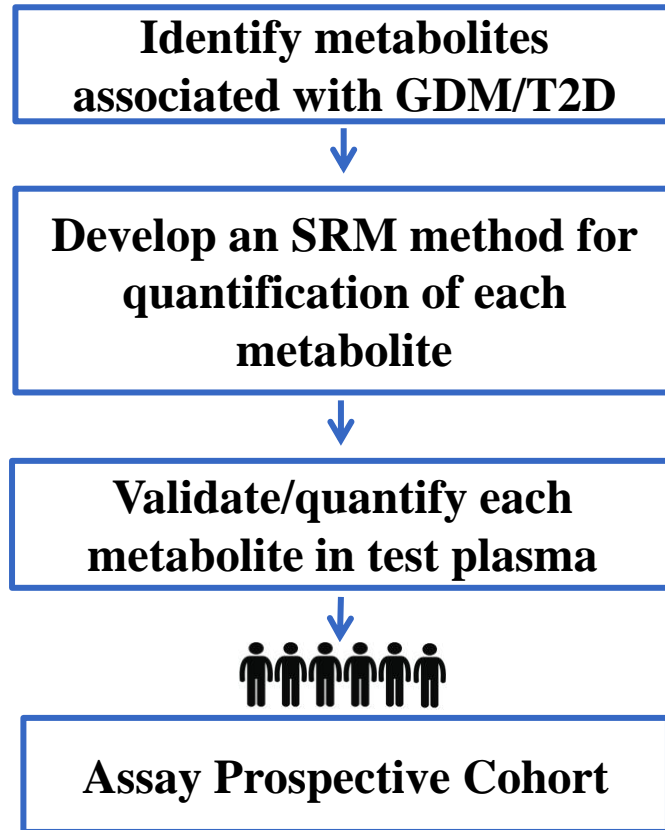
Population Risk

10%

40-50%

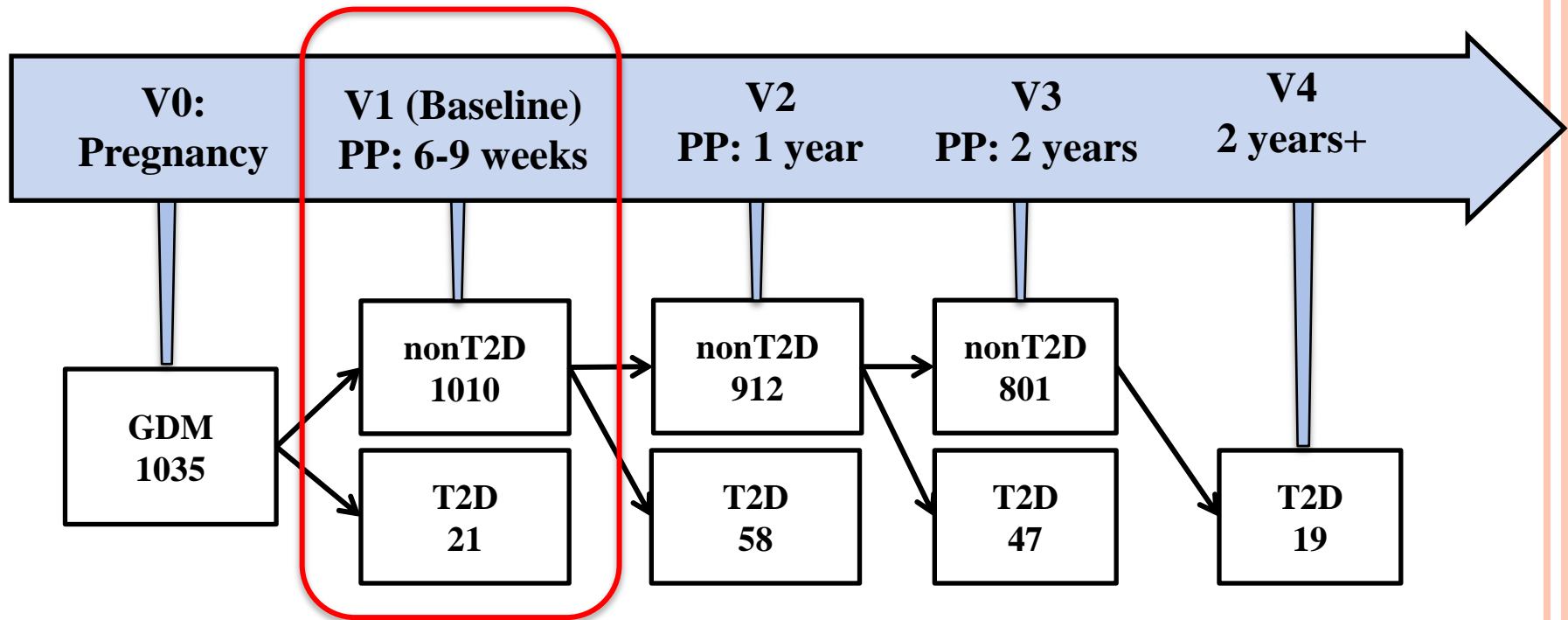
**Prediction of
Future DM
Within 5 Years**

ESTABLISH SIGNATURE PANELS TO PREDICT AND DETECT DIABETES



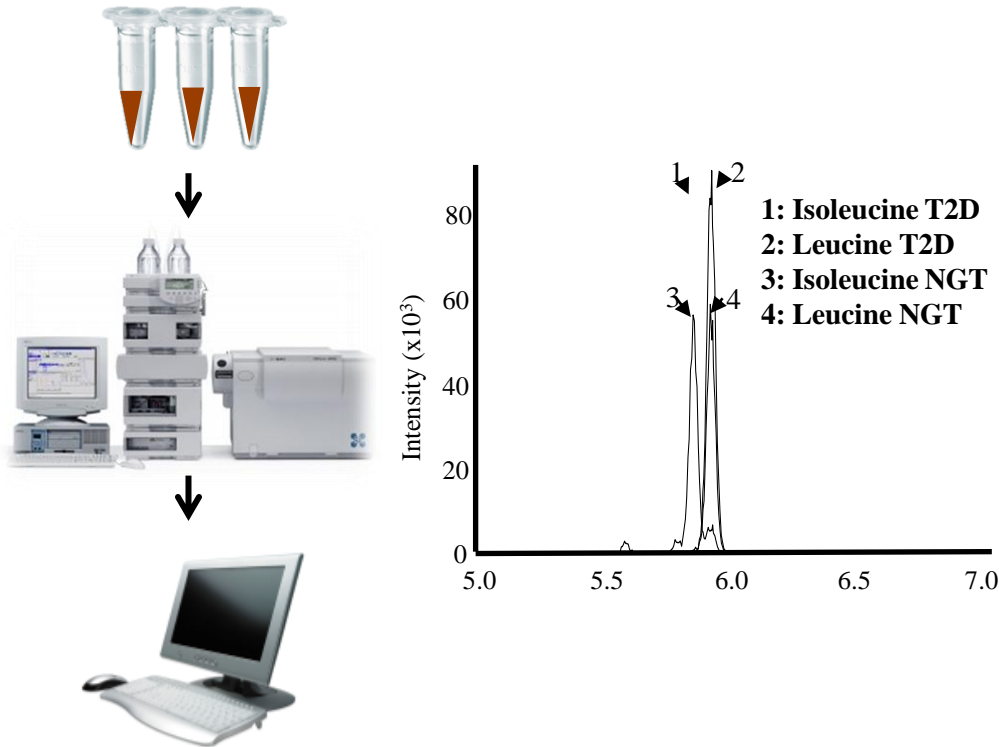
ESTABLISH SIGNATURE PANELS TO PREDICT AND DETECT DIABETES

SWIFT Prospective GDM Cohort



By 2.5 years postpartum, 124 women (10.3%) have developed T2D

ESTABLISH SIGNATURE PANELS TO PREDICT AND DETECT DIABETES

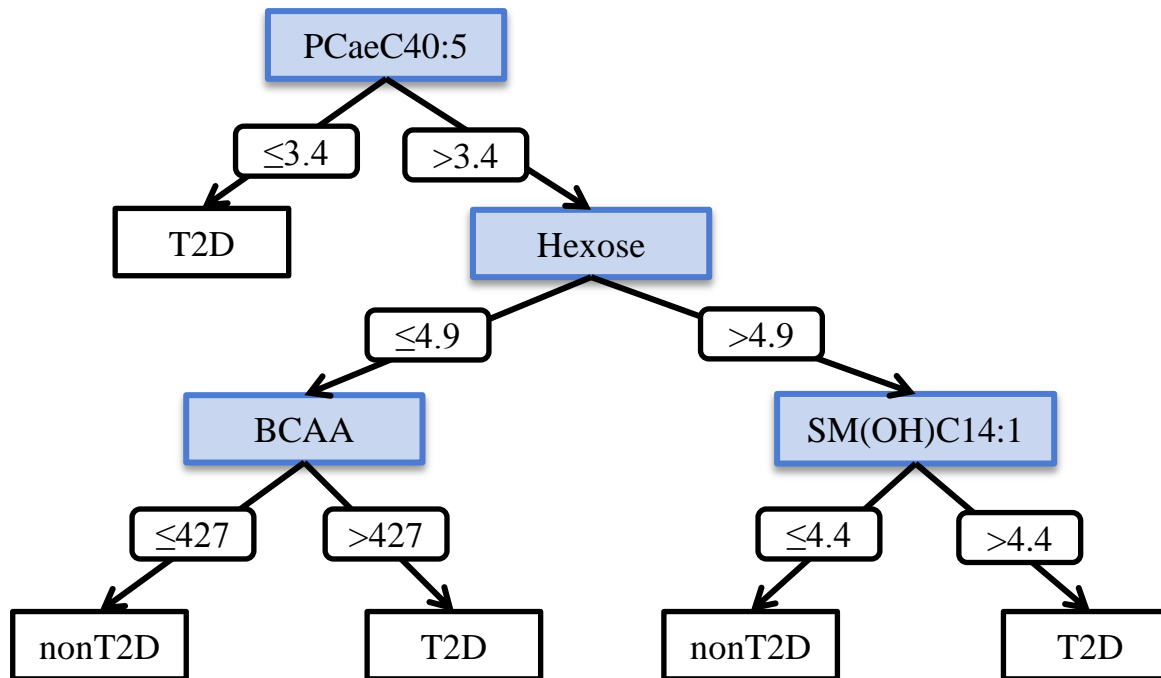


	Metabolite	Class	Fold Change	P value
Metabolites				
1	Hexose	Carbs	1.097	<0.000001
2	SMC20:2	SMs	0.819	<0.001
3	Tyr	AAs	1.121	<0.001
4	Val	AAs	1.094	<0.01
5	SMC18:1	SMs	0.891	<0.01
6	Leu	AAs	1.098	<0.01
7	2-AAA	AAs	1.20	<0.01
8	Ile	AAs	1.095	<0.01
9	SMC24:1	SMs	0.913	<0.05
10	Trp	AAs	1.057	<0.05
11	Thr	AAs	1.097	<0.05
12	PCaeC42:5	PCs	0.916	<0.05
13	SMC18:0	SMs	0.919	<0.05
14	Gly	AAs	0.897	<0.05
15	C16:1n9	FFAs	0.890	<0.05
16	SM(OH)C16:1	SMs	0.914	<0.05
17	SM(OH)C22:2	SMs	0.977	<0.05
18	PCaeC40:5	PCs	0.906	<0.05
19	PCaeC44:5	PCs	0.922	<0.05
20	AC3	ACs	1.104	<0.05
21	AC10	ACs	0.907	<0.05

Over 20 metabolites associated with future T2D status

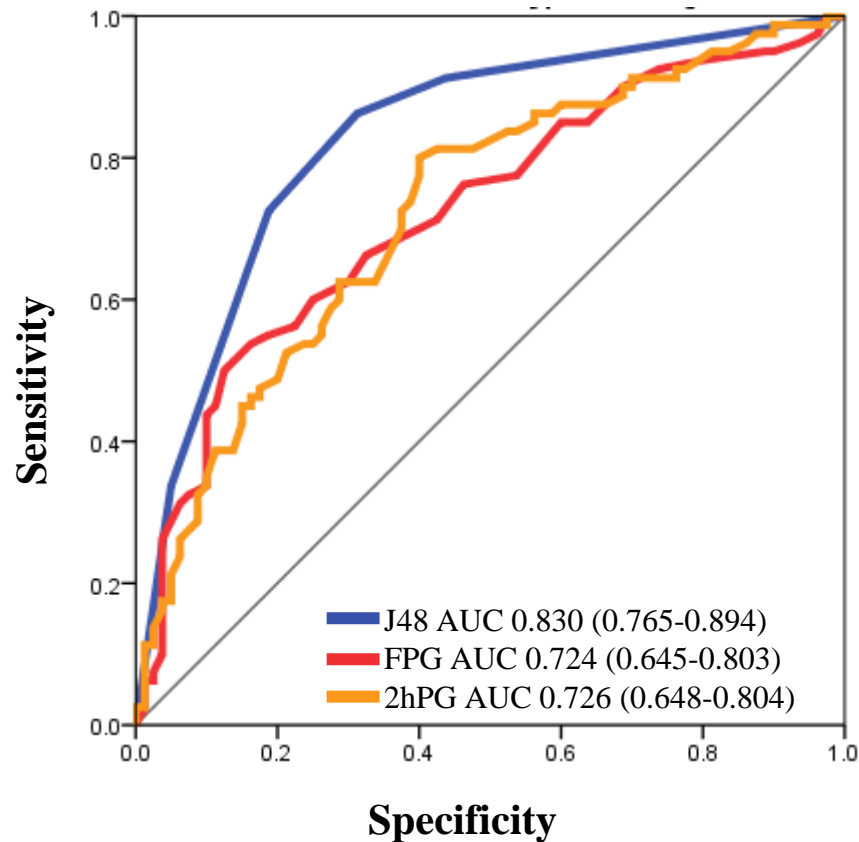
ESTABLISH SIGNATURE PANELS TO PREDICT AND DETECT DIABETES

Machine Learning: Decision Tree Algorithm



ESTABLISH SIGNATURE PANELS TO PREDICT AND DETECT DIABETES

SWIFT Prospective GDM Cohort



**Machine Learning
Algorithm Accurately
Predicts Future T2D**

WHAT WE HAVE ACHIEVED SO FAR???

Early
Detection

Therapeutic
Targets



1. DISCOVER ✓ CMPF

Discover novel metabolites which cause β cell failure

2. PREDICT & DETECT

Establish novel and sensitive biomarkers to predict and detect Diabetes

✓ Predictive Signature Panel

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Bioactive Molecules**



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Shanghai, China
Dr. Weiping Jia
Dr. Wei Li
Dr. Cheng Hu**



**We need more prospective cohort to
test our signature metabolite panel for
future diabetes prediction!!!**

INTERESTED???