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Understanding Human Diseases Through Metabolomics: Interactions Among the Genome, Proteome, Gut Microbiome and Nutrition February 3-8,2019 Metabolites, genomics, epigenomics, exposomics and health: Focus on serum bilirubin concentrations in subjects with metabolic syndrome from a Mediterranean population



Oscar Coltell<sup>1,2</sup>, Eva M. Asensio<sup>2,3</sup>, Rocío Barragán<sup>2,3</sup>, José V. Sorlí<sup>2,3</sup>, Dolores Corella<sup>2,3</sup>

1: Department of Computer Languages and Systems, University Jaume I, 12071 Castellón, Spain. <sup>2</sup>: CIBEROBN. Instituto de Salud Carlos III, 28029 Madrid, Spain. 3: Department of Preventive Medicine, University of Valencia, Valencia, Valencia, Spain.

## Introduction

Although metabolomics aims at the measurement of small molecules (metabolites) in a biological sample, this knowledge requires additional information on the related genetic variants, epigenetic regulators and environmental factors (diet, smoking, physical activity, etc.) in order to translate the knowledge into actionable therapeutic or preventive evidence for complex disease outcomes. We focused on serum bilirubin, a metabolite generated when heme oxygenase catalyzes the degradation of heme (Figure 1). This produces biliverdin, which is converted into bilirubin by biliverdin reductase. Bilirubin is further processed in hepatocytes, where unconjugated bilirubin is conjugated by uridine diphosphate-glucuronosyltransferase (UDP-GT) to a water-soluble form for excretion. For decades, increased serum bilirubin concentrations were considered a threatening sign of underlying liver disease and had been associated with neonatal jaundice. However, data from recent years show that bilirubin is a powerful antioxidant and suggest that slightly increased serum bilirubin concentrations are protective against oxidative stress-related diseases.



In subjects with Gilbert syndrome, the UDP-GT activity is reduced to 30% of the normal, resulting in hyperbilirubinemia. Several polymorphisms in the UDP-GT family 1 member A1 (UGT1A1) gene, on chromosome 2, have been associated with the Gilbert's syndrome, but the most common one is a TATA box polymorphism (rs8175347). The UGT1A cluster includes 9 similar protein-coding (Figure 2).



AIMS: To examine the genetic, epigenetic and environmental factors associated with serum bilirubin concentrations in subjects with metabolic syndrome from a Mediterranean population using genomics, epigenomics and exposomics approaches.

## Methods

We analyzed subjects with metabolic syndrome from a Mediterranean population (n=430) recruited in the PREDIMED PLUS-Valencia trial. Table 1 shows the main characteristics of these participants.

	Total (n+430)	Men (n=188)	Women (n=242)	P
Age (years)	65.1+0.2	63.942.4	66.1+0.3	<0.001
Weight (Kg) BMI (Kg/m²)	84.5+0.7 32.4+0.2	92.8+1.0 32.3+0.2	78.0+0.6	<0.001
Waist circumference (cm) SBP (mm Hg)	106.1+0.5	111.2+0.6 143.8+1.3	102.0+0.6	<0.001
DBP (mm Hg) Total cholesterol (mg/dL)	81.0+0.5 196.4+1.8	82.6+0.7 188.3+2.8	79.7±0.6 202.6±2.3	0.002
LDL-C (mg/dL) HDL-C (mg/dL)	125.0x1.5 51.5x0.5	121.6+2.4 47.5+2.8	127.7±1.9 54.7±0.7	0.044
Triglycerides (mg/dL) Fasting glucose (mg/dL)	141.6+2.9 112.5+1.3	138.2+3.8 112.8+2.0	144.3±4.2 112.3±1.7	0.296
Bilirubin (mg/dL) AST (U/L)	0.58+0.01 26.4+0.4	27.7.42.7	0.53+0.01 25.4+0.5	<0.001
ALT (UIL) Type2 diabetes: n, %	28.4+0.8 169 (39.3)	30.8+1.2 74 (39.4)	26.6+1.0 95 (393)	0.008
Current smokers: n, % Medications: n, %	49 (11.4)	30 (16.0)	19 (7.9)	<0.001
Antihypertensive drugs Hypolipidemic drugs	339 (78.8) 278 (64.7)	148 (78.7) 125 (66.5)	791 (78.9) 153 (63.2)	0.959 0.482
Insulin Physical Activity	22 (5.1)	11 (5.9)	11 (4.5)	0.542
(MET.min/wk) Adherence to MedDiet (P17)1	1715+77 7.97+0.13	1940±134 7.79±0.20	1539489 8.1240.18	0.227
Values are means SE for continues body mass index MedDiet, MedB male and female individuals; AST: Equivalent: 1 MET is equivalent of the set of the set of the set of the	as variables and no errans and let; P. P. Aspartale transam Liokcal-kg - h -; Ih	amber (%) for cale value for the com inate: ALT: Alanin e oxygen cost of si	porical variables. BM parisons (means or %) e transaminase; MET tring quietly measures	indicates between Metabolic d as 15 47040

DNA was isolated from blood. Genome-wide genotyping was carried out using the Infinium OmniExpress genotyping array and both genome-wide association analyses (GWAS) and candidate gene analyses were undertaken. Epigenome-wide methylation analysis (EWAS) was carried out using the Infinium MethylationEPIC array (in a subsample). Serum total bilirubin levels were measured by a colorimetric method using the timed-endpoint diazo method with 2,5-dichlorophenyl diazonium. Adherence to the Mediterranean diet (MedDiet), smoking and physical activity were analyzed as environmental factors. Statistical analysis, including adjustment for covariates were carried out with PLINK. Partek Genomics Suite and R.

## Results

Total serum bilirubin concentrations were higher in men than in women, but in both groups, the mean value of bilirubin concentrations was within the normal limit (<=1 mg/dL generally proposed as reference). Figure 3 shows adjusted means for total serum bilirubin concentrations in men and women after adjustment for age, diabetes, BMI, medications, smoking, physical activity and adherence to the MedDiet.



Table 2 shows GWAS results for total bilirubin in the whole sample including both men and women. Included in the Table are the 59 topranked SNPs with P-values for association with bilirubin concentrations at the genome-wide level (P<5x10-8) o significance in the crude model and/or in the model adjusted for sex and age.





Figure 5 shows linkage disequilibrium among SPNs in the UGT1-cluster.  $$_{\mbox{Figure 5}}$$ 



We found that the UGT1A gene cluster was the locus most significantly associated with bilirubin levels (the rs4148325-UGT1A1SNP; P=9.25×10-24, being the top ranked). We also found the MROH2A at the GWAS level. Other candidate SNPs (SLCO1B1 [solute carrier organic anion transporter family member 1B1] and HMOX1 [heme oxygenase (decycling) 1]), were associated at the nominal P-value. In the exposomic analysis, we found an interaction between adherence to MedDiet and the genotype at the GWAS level. The SNP involved was in the IL17B gene (P=3.14x10<sup>-8</sup>). Table 3 shows the gene\*diet interaction results (top-ranked SNPs).



We also analyzed the interaction between smoking and the genome on serum bilirubin at the GWAS level. We obtained an interaction with the rs17688326 (intergenic in chromosome 17 at P = 8.21E-9). The following top-ranked SPNs were located at NAPEPLD, ZNF154, TASP1, ITSN1 genes (Table 4).

Table 4: GWAS results for the interaction between smoking and the corresponding SM for bilirubin concentrations (top-ranked interactions)



In the EWAS analysis we detected significant associations between methylation in several CpGs in candidate genes for bilirubin and bilirubin concentrations (i.e.:cg23938283 in SLC01B1:cg21620495 in UGT1A10:cg05357229 in UGT1A6: and cg01764553 in UGT1A1). However, these CpGs were not among the top-ranked methylated signals in the EWAS for bilirubin concentrations. Finally, in a pilot study, we explored the interactions between genomics, epigenomics and environmental factors on serum bilirubin, revealing several modulations. Our results show the multiomics contribution to bilirubin and support the integration of metabolomics with other omics to better understand the associations between metabolites and health.

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