

## Toxicity Study of Oral Vanadyl Sulfate by NMR-based Metabonomic

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### Abstract

Vanadium compounds have been believed to be ideal drugs for diabetes biological therapy in future, but they suffer setback for the potential toxicity now. Toxicity study is necessary for vanadyl drugs development. This paper investigated the toxicity effects of vanadyl sulfate ( $VOSO_4$ ) oral administration in male Wistar rats using  $^1H$  NMR-based metabonomic analysis and clinical biochemical analysis. Rat urine were collected and their  $^1H$  NMR spectra were acquired, and then subjected to multi-variable statistical analysis. Compared to control groups, urinary excretion of lactate, TMAO, creatinine, taurine and hippurate increased following  $VOSO_4$  dosing, with concomitant decrease in the level of acetate and succinate. The dosed groups can be readily discriminated from the control groups by principle component analysis. The results showed that  $VOSO_4$  can affect energy metabolism process, interrupted intestinal microfloral metabolism, and induced liver and kidney injury. NMR-based metabonomic can offer additional information to traditional clinical chemistry in the sensitivity and specificity of results obtained.

### 1. Introduction

The anti-diabetic effects of vanadium compounds, such as vanadyl sulfate ( $VOSO_4$ ), are well-documented in both type 1 and type 2 diabetes in the past decades [1]. Unfortunately, the potential toxicity has been the major problem of vanadium treatment of diabetic animals. Vanadium salts may cause the decrease of food intaking, diarrhea and weight loss. Hematological and biochemical changes, reproductive and developmental toxicity, hepatotoxicity, nephrotoxicity, as well as a number of miscellaneous toxic effects have been also found in healthy rats and mice following vanadium exposure[1]. However, their toxic mechanism, especially the changes in metabolic profiling, is unclear.

Biochemical items detection is a conventional

method for the toxicological analysis. But the conventional biochemical method is limited since only a small number of endogenous markers or key enzymes can be monitored routinely. Recently, NMR-based metabonomics has brought a new systematic analysis method to identify the site and possible mechanism of toxicity and offered much information of endogenous metabolites and their variation in pathological states [2]. The biochemical composition of biofluids, such as urine and serum, reflects the toxin- or disease-induced changes of organism. NMR spectroscopy of biofluids can present comprehensive biochemical profiles of low-molecular-weight metabolites reflecting the biochemical elects caused by xenobiotics. And then, through pattern recognition to classify NMR-derived data and multivariate statistical analysis methods, much information of endogenous metabolites and their variation in pathological states can be obtained. NMR-based metabonomics technology in biofluids has shown strong potential to the identification of biomarkers of toxicity and disease, monitoring sequential metabolic perturbations in biofluids and tissues following toxic insult [3,4,5,6].

In this study,  $VOSO_4$ , as an example of inorganic vanadium compounds, was investigated for the acute biochemical profiles in urine to further understand the biochemical effects of  $VOSO_4$  using NMR-based metabonomic approaches. Significant changes of urinary metabolites were observed, which indicated that  $VOSO_4$  treatment affected energy metabolism process, interrupted intestinal microfloral metabolism, and induced liver and kidney injury.

### 2. Materials and methods

#### 2.1. Animal handling and sample collecting

$VOSO_4$  were purchased from Sigma company. Male Wistar rats were bred in the animal room of the Xiamen University Medical College Laboratory Animal Center (temperature:  $25 \pm 3^\circ C$ ; humidity:  $50 \pm 10\%$ , 12 h light/12 h dark cycle). Fifteen Male Wistar

rats (weighing 200 ~ 250g) were divided into three groups (nD5) and housed individually in metabolism cages which allowed free access to food and water under controlled conditions. Each rat received an oral dose of either VOSO<sub>4</sub> (15mg/kg body weight), VOSO<sub>4</sub> (30 mg/kg body weight), or saline (0.9%, 10ml/ kg body weight). After 16 days, urine samples were collected overnight (24 h) in metabolism cages at ambient temperature. Then samples collected were stored frozen at -20°C until NMR analysis. For each blood sample, serum was obtained by centrifugation (3000 rpm, 15 min), and was retained frozen at -80°C until clinical chemistry analysis. One part of each liver and kidney samples was fixed in 10% formalin for histopathological assessment.

## 2.2. Clinical chemistry and histopathology

Serum samples were characterized on HITACHI 7170 analyzer to obtain clinical chemical parameters: blood urea nitrogen (Urea), creatinine (CRE), alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), total protein (TP), albumin (ALB), and uric acid (UA). Histological sections of VOSO<sub>4</sub>-treated and control rats were prepared and stained with hematoxylin and eosin (H and E) and examined by light microscopy.

## 2.3. <sup>1</sup>H NMR spectroscopy of urine samples

200 microlitres of phosphate buffer (0.2M Na<sub>2</sub>HPO<sub>4</sub>/0.2M NaH<sub>2</sub>PO<sub>4</sub>, pH7.0, 100% D<sub>2</sub>O) was added into 400 microlitres urine samples to minimize variations in the pH of the urine samples. 0.3mM DSS was used as an internal reference standard (d 0.00). The mixture was pipetted into 5 mm NMR tubes. <sup>1</sup>H NMR spectra were recorded on Varian Unity plus 500 MHz at 300K. Water signals were suppressed by presaturation pulse sequence. 128 FIDs were collected into 8K data points with relaxation delay 5s and flip angle 90 degree. The spectral width was 5 KHz.

## 2.4. Data preprocessing

All NMR spectra were phased, baseline corrected and integrated into region of 0.04 ppm width in the region of 0.5 ~ 9.5 ppm. The region of 4.5 ~ 5.0 ppm in the urine and serum spectra for all groups was excluded prior to pattern recognition analysis to refrain from the variation in water suppression efficiency. For urine spectra, the region containing urea (5.2 ~ 6.0 ppm) was also excluded to eliminate any cross-relaxation effects on the urea signal. The remaining spectral segments were scaled to total integrated area

of each spectrum. The data set was mean-centered prior to principal components analysis (PCA). The NMR spectral processing, PCA of NMR data were performed using in house software.

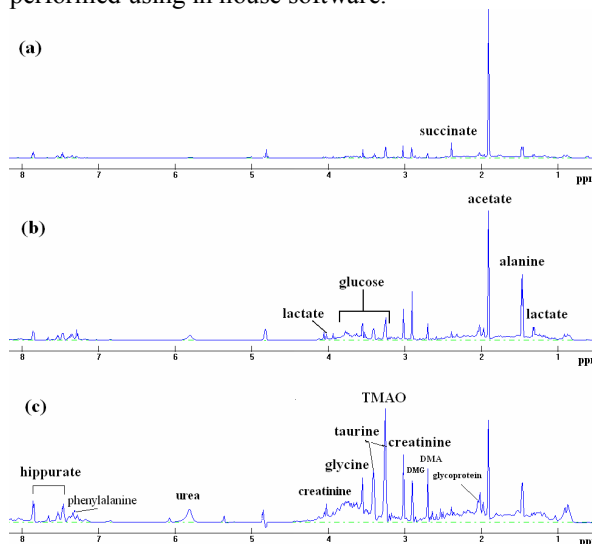


Fig.1 <sup>1</sup>H NMR spectra of urine of control and VOSO<sub>4</sub>-dosed rats. (a) control rat; (b) dosage of 15 mg/kg; (c) dosage of 45 mg/kg.

## 3. Results and discussion

### 3.1. Spectral analysis of rat urine samples

A typical <sup>1</sup>H NMR spectra of urine sample of three groups were illustrated in Fig.1. The assignments of important metabolites in urine samples are presented in Table1. A number of alterations were identified in urine samples of VOSO<sub>4</sub>-fed groups compared to control group, with a dose-dependent variability. Following VOSO<sub>4</sub> dosing, there were increases in alanine, TMAO, taurine, creatinine, DMA, DMG, glycine, urea, hippurate, phenylalanine and lactate, together with decreases in succinate, acetate. <sup>1</sup>H NMR urinalysis identified a rise in creatine and taurine. These are well-known urinary biomarkers of liver injury [7], and this pattern of changes in creatine and taurine is indicative of hepatic necrosis. Creatine is synthesized and metabolized in the liver, with the kidney providing the necessary synthetic precursor. Guanidinoacetate, formed in the kidney, is transported through the blood, undergoing methylation in the liver to form creatine, which enters the blood for use in peripheral tissues [8]. Therefore, the observed increases in liver, kidney, plasma, and urine suggest leakage from necrotic cells or upregulated creatine biosynthesis.

Damage to the proximal tubule is characterized by marked increases in the relative concentrations of

highly abundant metabolites in serum, due to a lack of reabsorption: glucose, lactate, alanine, and several other amino acids such as lysine, glutamine, glutamate, and valine. Glomerular toxicity hinders the filtration process and thus also produces the appearance of serum constituents in urine. Considerable increase of the concentration of amino acids (glycine and alanine) and glucose in the urine from VOSO<sub>4</sub>-treated rats indicated the decline of reabsorption ability of the renal tubule. The elevated urinary TMAO, DMG and DMA are the known markers of renal papillary lesion [9]. These findings implied the VOSO<sub>4</sub>-induced renal papillary lesion which was also confirmed by the alterations of biochemical parameters, the elevated creatinine level in serum.

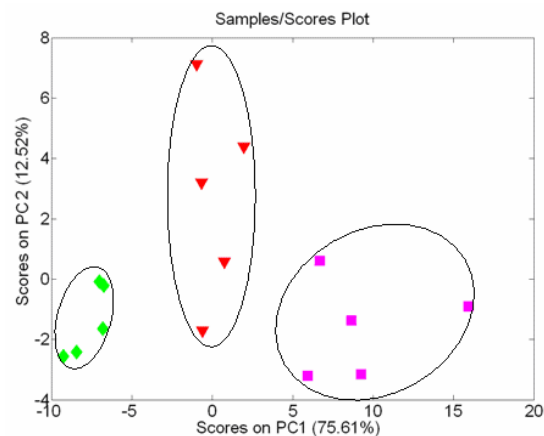
Table 1. Characteristic urinary metabolites of oral VOSO<sub>4</sub> treatment in Wistar rats.

Metabolites	NMR chemical shift or *loading region(s) <sup>a</sup>	VOSO <sub>4</sub> dosed	
		15mg/kg	45mg/kg
lactate	1.33 (d)	↑	—
alanine	1.48(d)	↑↑	↑
acetate	1.93(s),4.08(q)	↓	↓↓
succinate	2.42 (s)	↓	↓
glycoprotein	2.06	↑	↑↑
DMA	2.70 (s)	↑	↑↑
DMG	2.98 (s)	↑	↑
creatinine	4.05 (s), 3.05 (s)	↑	↑↑
TMAO	3.26 (s)	↑	↑↑
taurine	3.43 (t), 3.26 (t)	↑	↑↑
glycine	3.54 (s)	↑	↑↑
glucose	3.5~4.0	↑	↑↑
urea	5.80(br)	↑	↑↑
phenylalanine	7.35(m),7.42(m)	—	↑
hippurate	7.73 (d), 7.64 (t), 7.55 (t)	—	↑

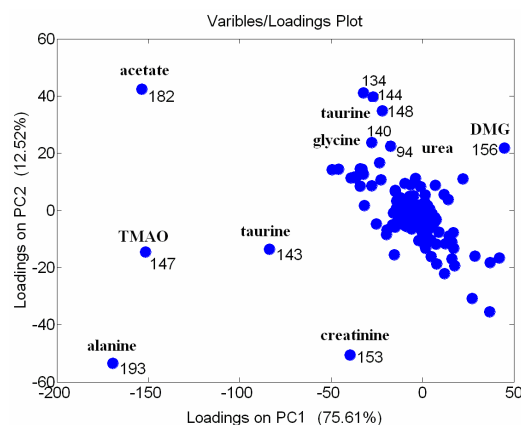
Note. a Letters in parentheses indicate the peak multiplicities: s, singlet; d, doublet; t, triplet; q, quartet; m, complex multiplet; br, broad peak; “—”, the concentration is the same as the control; “↑” and “↓”, the amount is higher or lower; “↑↑” and “↓↓”, the amount is much higher or much lower respectively, compared with that of the control

Decreases in acetate and an increase in lactate glycoprotein were evident in both low and high dose groups. These observations were suggestive of changes in carbohydrate and energy metabolism. This is supported by the progressive loss in body weight

observed after dosing, likely to result from reduced feeding [10]. The different urinary excretion of hippurate, phenylalanine were also observed. These species are present in urine as products of intestinal microfloral metabolism. This implies that VOSO<sub>4</sub> affected the symbiotic gut microflora and the enzyme systems induced by diarrhea [11].



(a) PC1-PC2 score plot (■: control group; ▼: 15 mg/kg; □: 45 mg/kg)



(b) PC1-PC2 loading plot.

Fig.2 PCA results of control and dosed group.

### 3.2. Multivariable Statistical Analysis

Principal components analysis (PCA) is a widely used dimension–reduction method, in which the NMR spectra can be reduced to a set of peak intensity descriptors, and used to detect toxicity and disease based on NMR biomarkers as well as identify similarities or differences between the samples from control and that from toxin-treated animals.

The dose-dependent toxicity of VOSO<sub>4</sub> was investigated by applying PCA to the data sets containing NMR spectra urine samples (Fig.2), The scores plots of the NMR spectra of urine samples

(Fig.2a) highlighted separation in the control group, low dose group and high dose group. This probably implied that the degree of energy metabolism disturbance dose induced by 15mg/kg body weight was different from that induced by 45mg/kg body weight. The loadings plot of the PCA result for urine samples (Fig.2b) shows those spectral regions that contribute the most to the separation of samples in scores plot. Based on the analysis of this plot, biomarkers could be identified. These included creatinine, taurine, TMAO, alanine, acetate, glycine, *etc.*. And hence, they may provide potential biomarkers for VOSO<sub>4</sub> toxicity response. Further studies are in progress to identify these metabolites as VOSO<sub>4</sub> toxicity biomarker.

### 3.3. Biochemical characteristics and histopathology

Compared to control group, the VOSO<sub>4</sub>-fed group showed external signs of toxicity after 3~5 day VOSO<sub>4</sub> administration, including diarrhea, decreased locomotor activity and general weakness. A significant decrease in weight gain was observed in both low dose group (15mg/kg body weight) and high dose group (45mg/kg body weight). These showed gastrointestinal toxic effects were main toxicity of VOSO<sub>4</sub>. VOSO<sub>4</sub> entered digestive tract and induced diarrhea by restraining involved enzymic activity and promoting gastrointestinal movement. Reduction in group mean body weight following dosing with VOSO<sub>4</sub> may be mainly induced by diarrhea which resulted in serious dehydration.

However, no substantial variations were observed in the biochemical parameter besides the elevation of creatine in VOSO<sub>4</sub>-fed group. Liver and kidney histopathology examinations were taken to check the changes in tissues. No microscopic abnormalities were observed in any of the animals killed after 16-day dosing (data not shown). These may imply VOSO<sub>4</sub> only induce slight alterations of liver and kidney function in clinical chemistry and histopathology. However, metabonomic approach may offer subtler information prior to conventional biochemical methods, which is more meaningful in early toxicological assessment.

### 4. Conclusion

NMR-based metabonomic has been used to assess toxicological effects of VOSO<sub>4</sub>. Significant changes of creatinine, taurine, TMAO, DMA, DMG, alanine, acetate, glycine and lactate indicated that VOSO<sub>4</sub> treatment affected energy metabolism process, interrupted intestinal microfloral metabolism, and

induced liver, kidney injury. The greater magnitude of toxic response in the rat was highlighted in the metabolic trajectories of the scores from PCA of the urinary data. But no substantial variations were obtained in blood biochemical analysis and histopathological examination, which showed that NMR-based metabonomic can offer advantages to traditional clinical chemistry in the sensitivity and specificity of results obtained. And it is proved to be of value in resolving the mechanistic complexity of drug toxicity as well as the benefits of frontloading this approach in drug safety evaluation and biomarker discovery.

### 5. Acknowledgment

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