

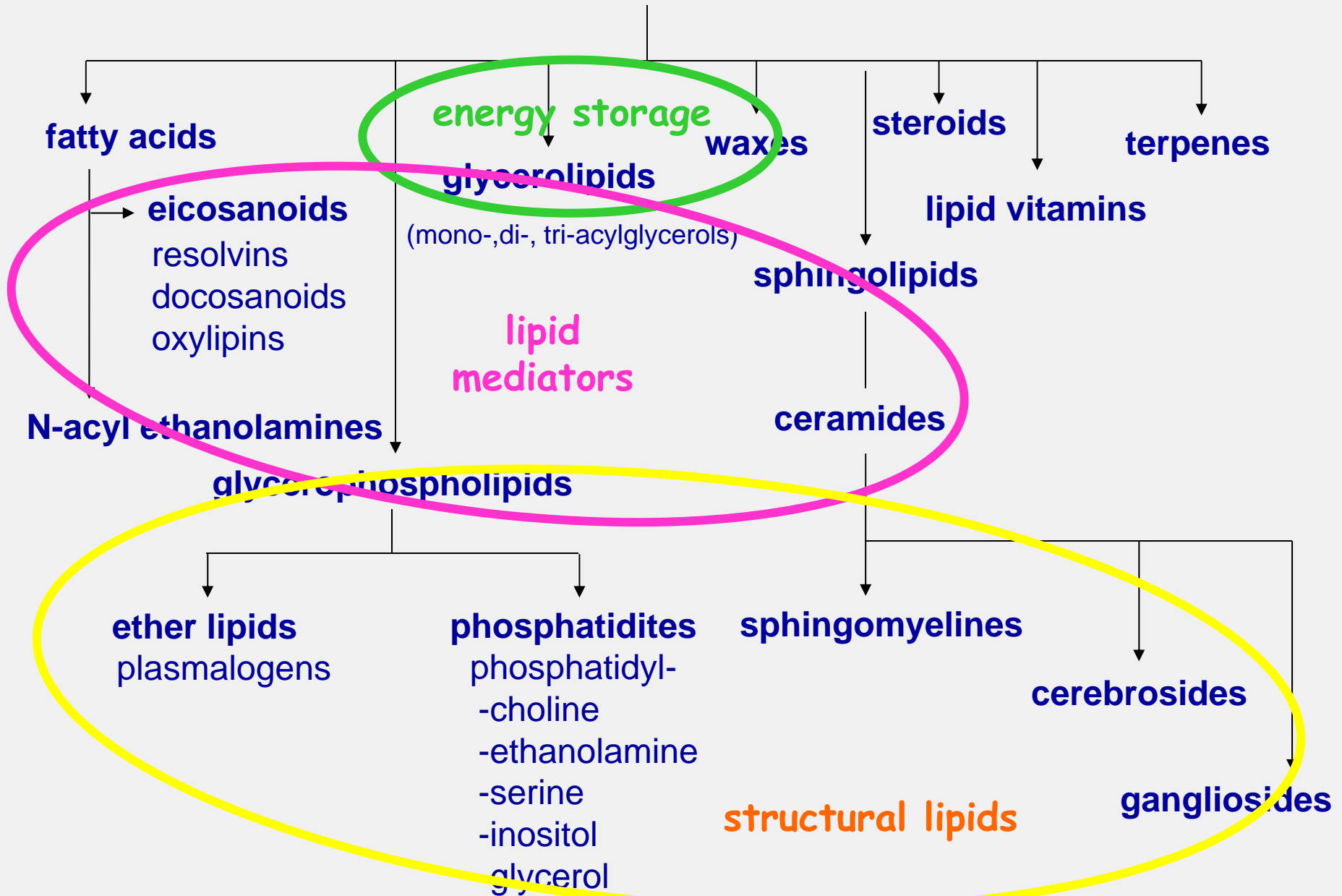
Mediator Lipidomics: dissecting the role of PUFA-derived metabolites

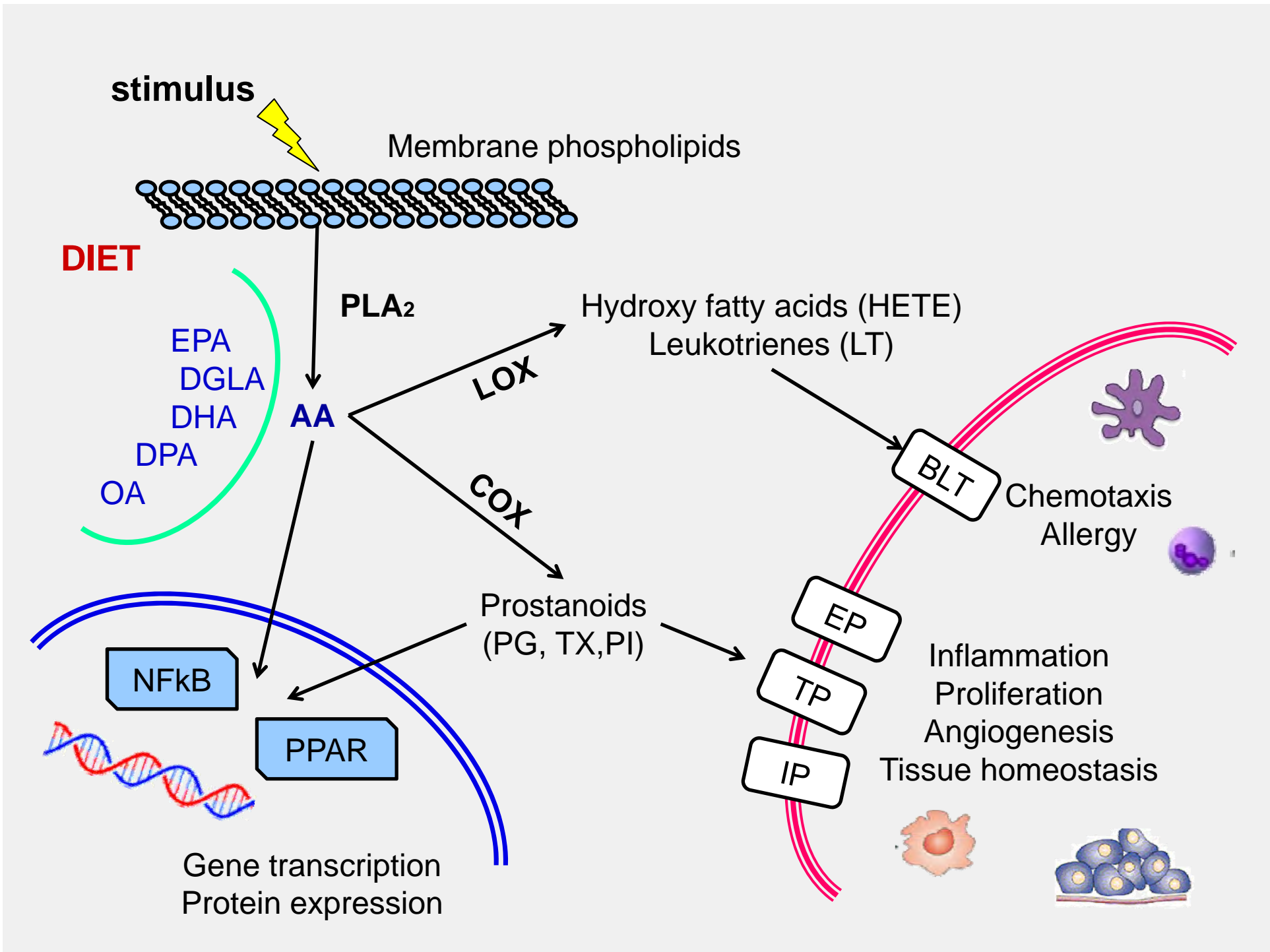
Anna Nicolaou, PhD FRSC
Professor of Biological Chemistry

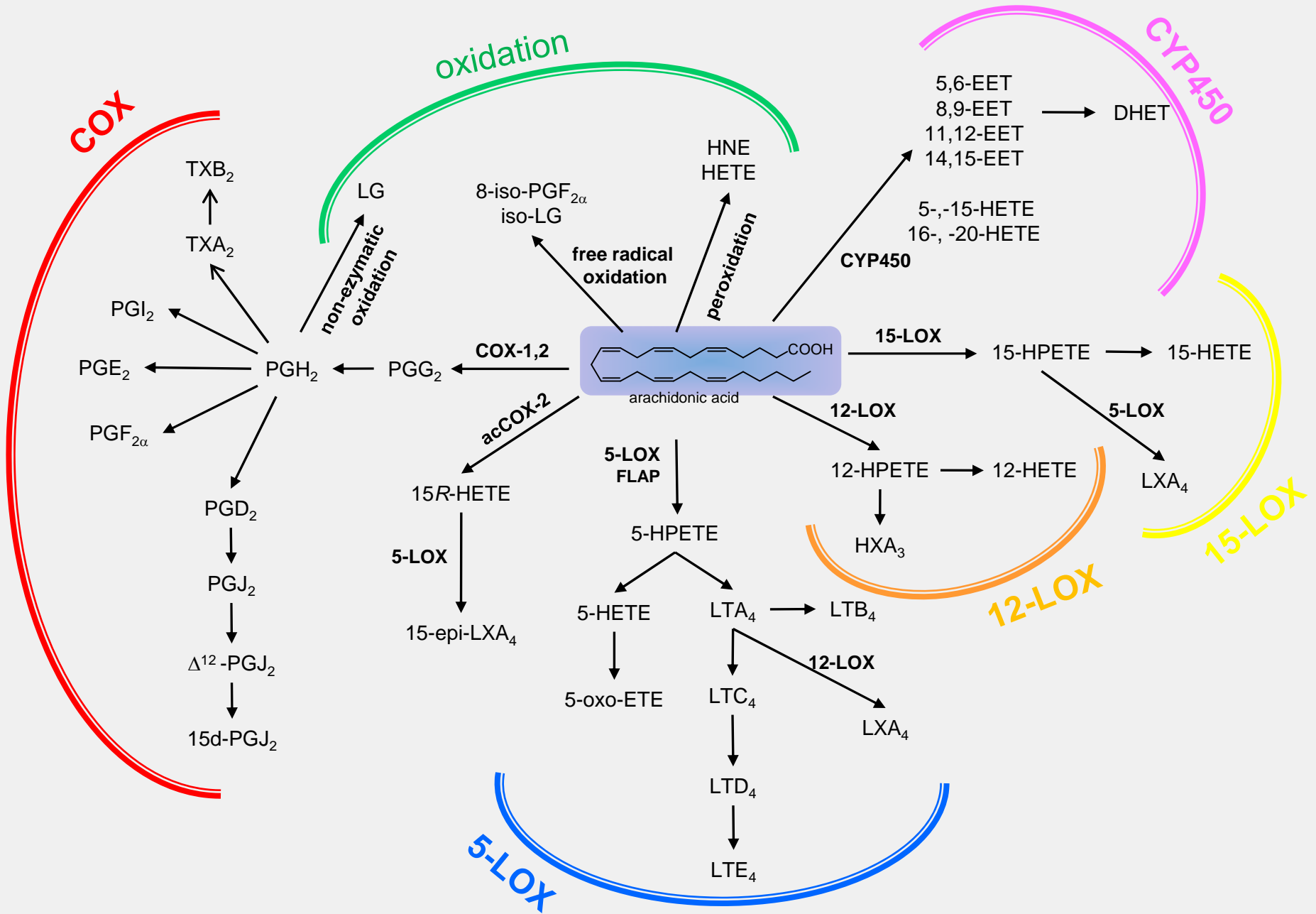
Compositional Analysis of Lipids
21 June 2013, Ghent

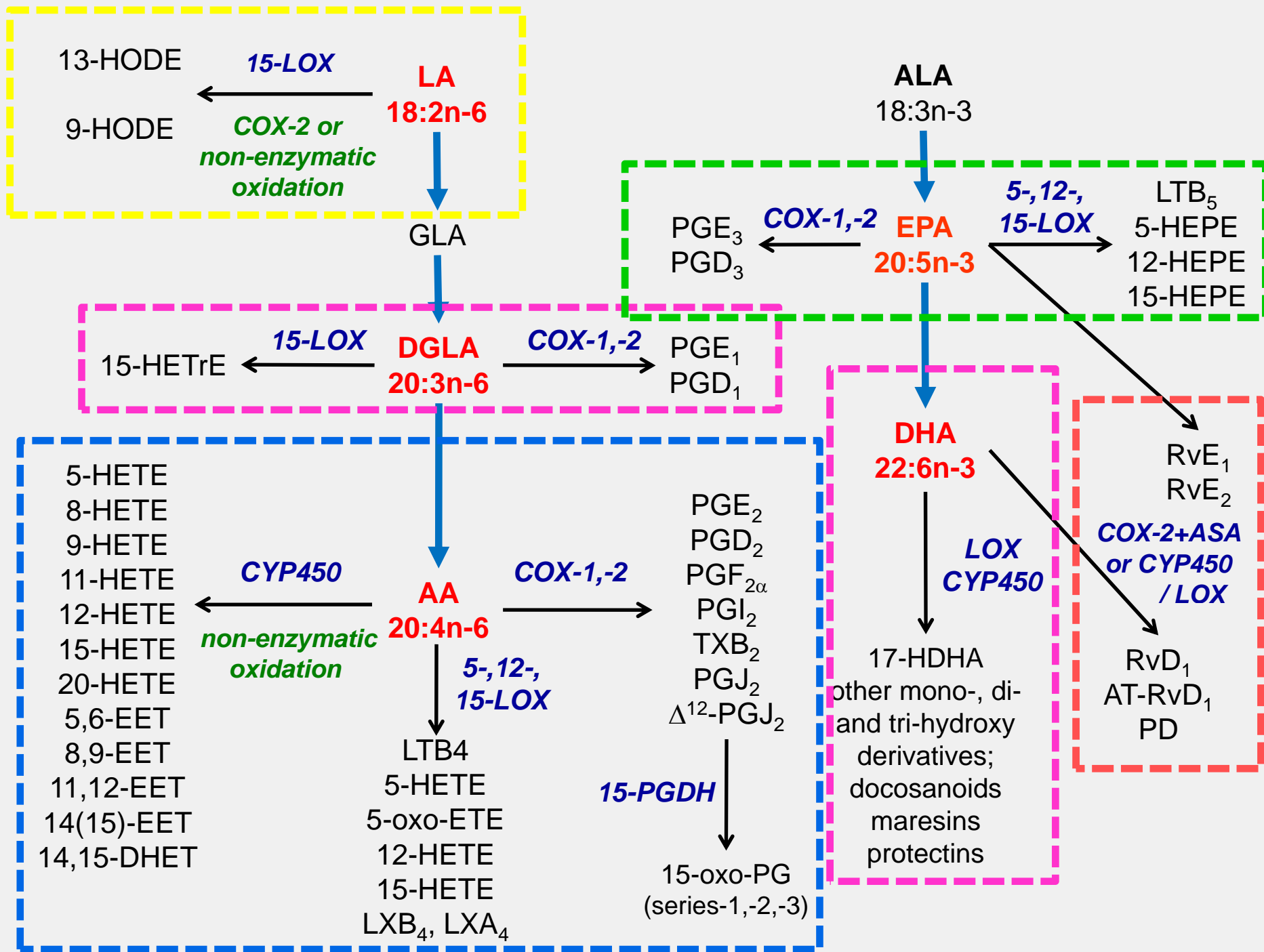


BIOACTIVE LIPIDS

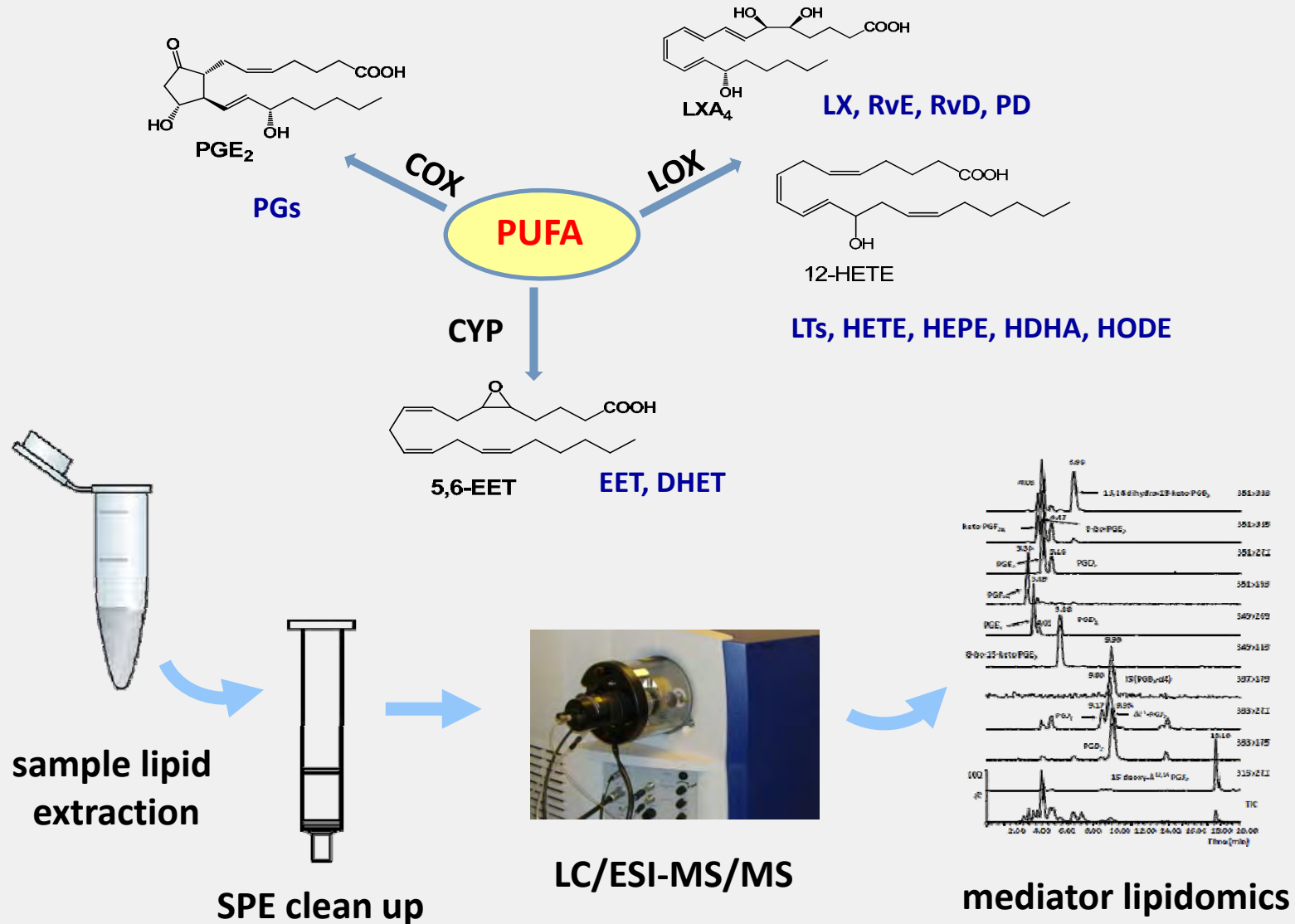






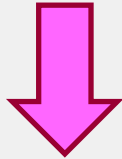


Mediator Lipidomics: array of >80 lipids



Mediator lipidomics workflow

Sample preparation



Solid: Homogenise in 15 % (v/v) methanol in water
Liquid: Adjust to 15 % (v/v) methanol
Add internal standard(s)

Solid phase extraction



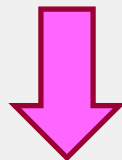
Remove precipitated proteins
Acidify sample (pH 3.0)
Load on C18 SPE cartridge
Elute lipids with methyl formate

Lipid extract preparation & storage



Remove solvents under N₂
Reconstitute extract in small solvent volume
If needed, store at -20 °C and for up to 1 week

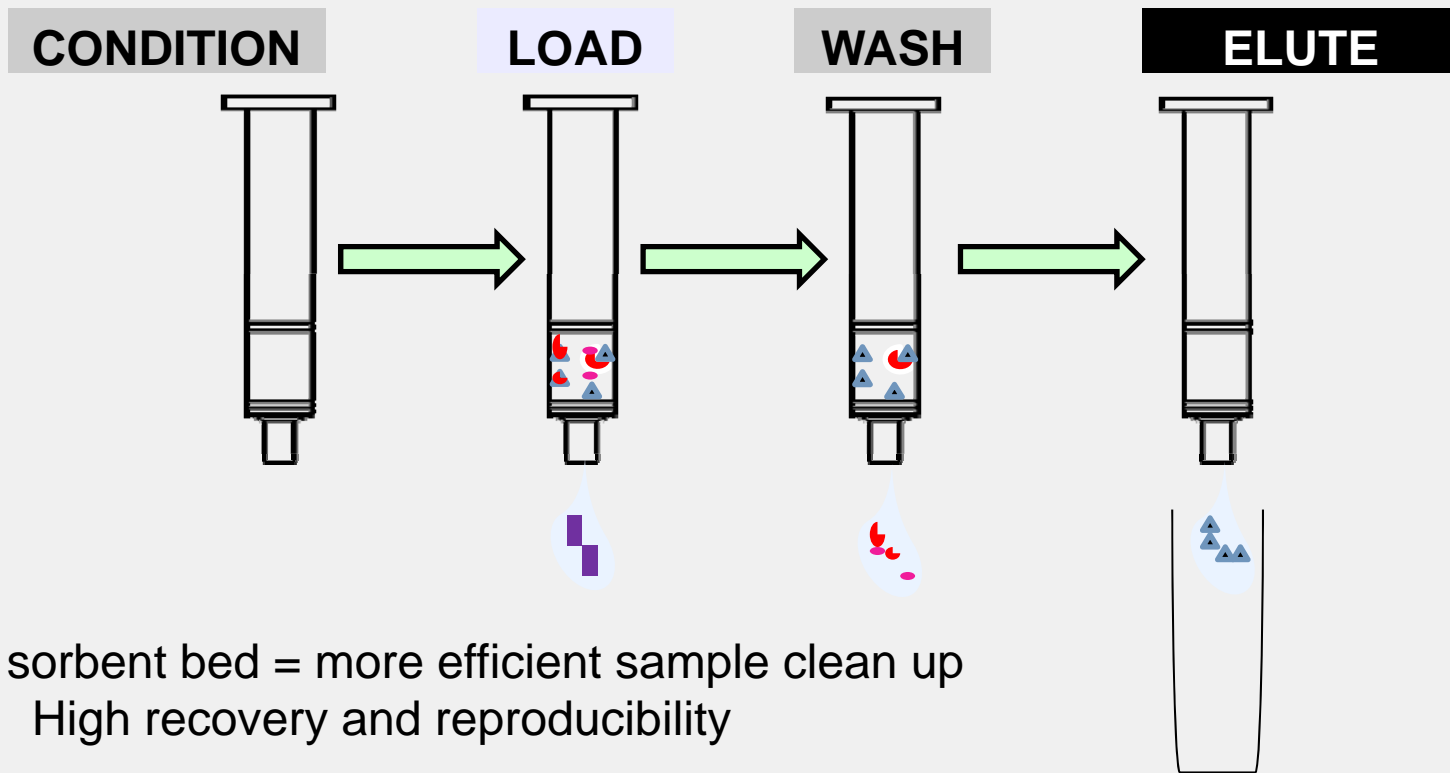
LC/ESI-MS/MS



Prepare fresh calibration standards
Check baseline and instrument sensitivity
Run **COX** assay or
Run **LOX/CYP** assay or
Run **chiral** assay

Data processing and calculations

Solid phase extraction (SPE) clean up



Selective sorbent bed = more efficient sample clean up
High recovery and reproducibility

1. **Condition SPE:** Prepare C18 sorbent bed

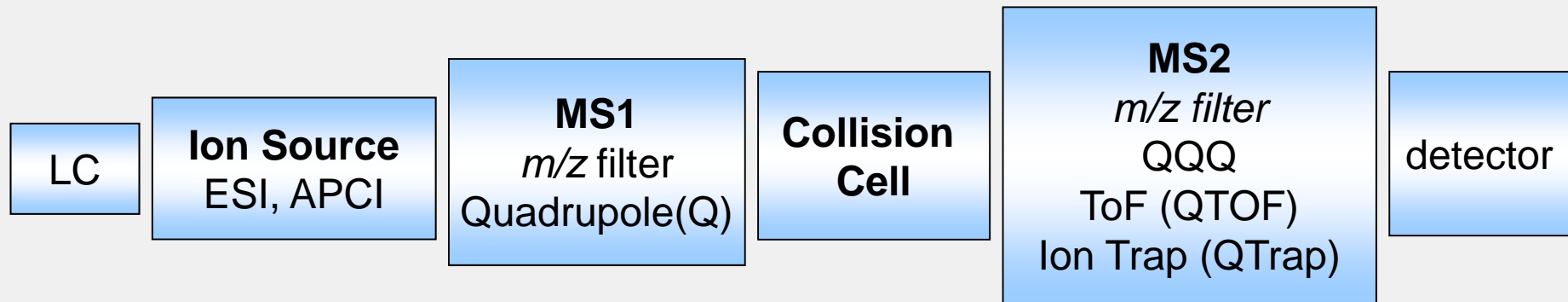
2. **Load extract:**

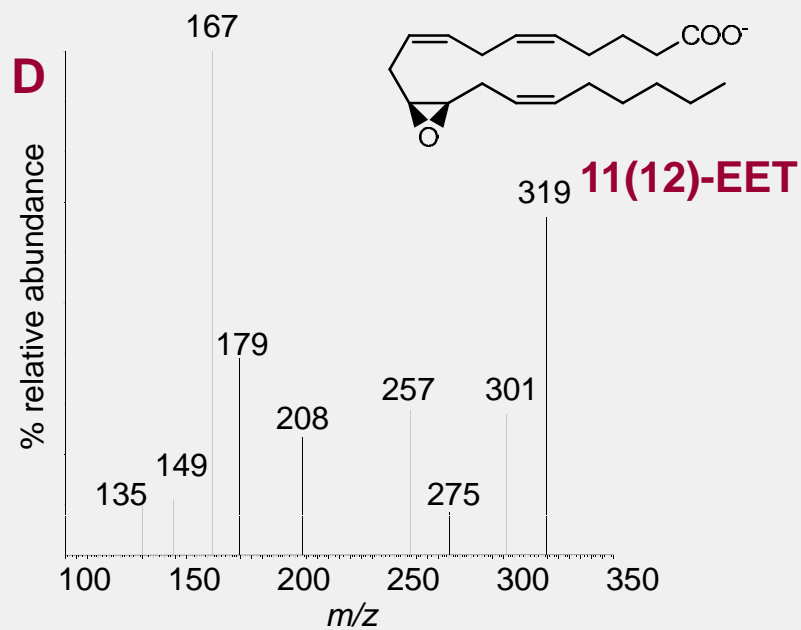
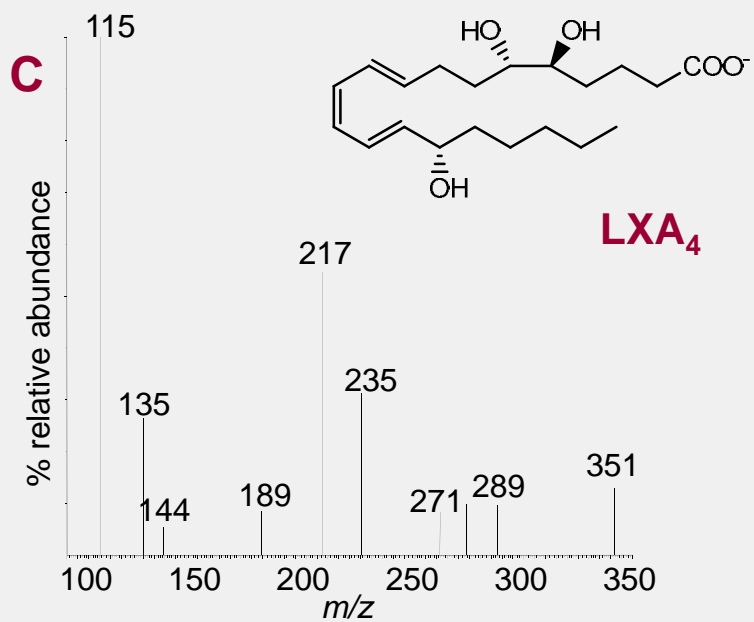
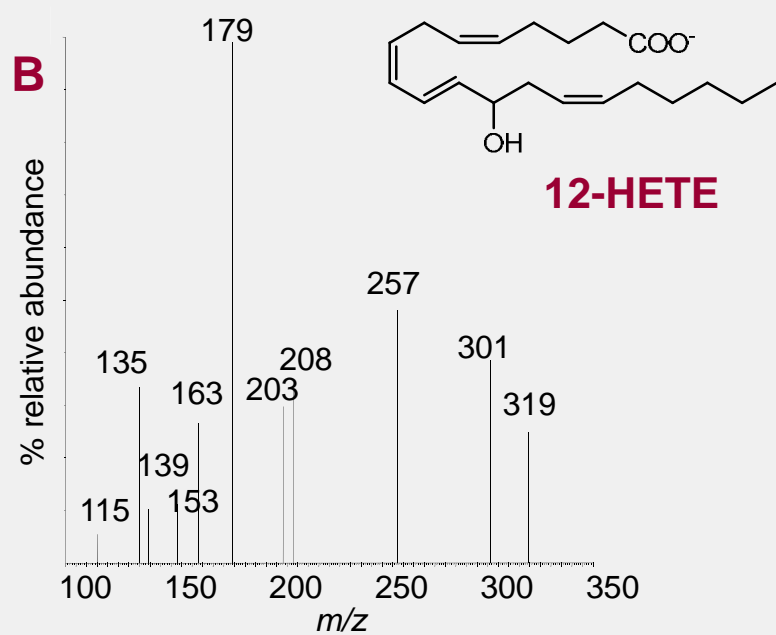
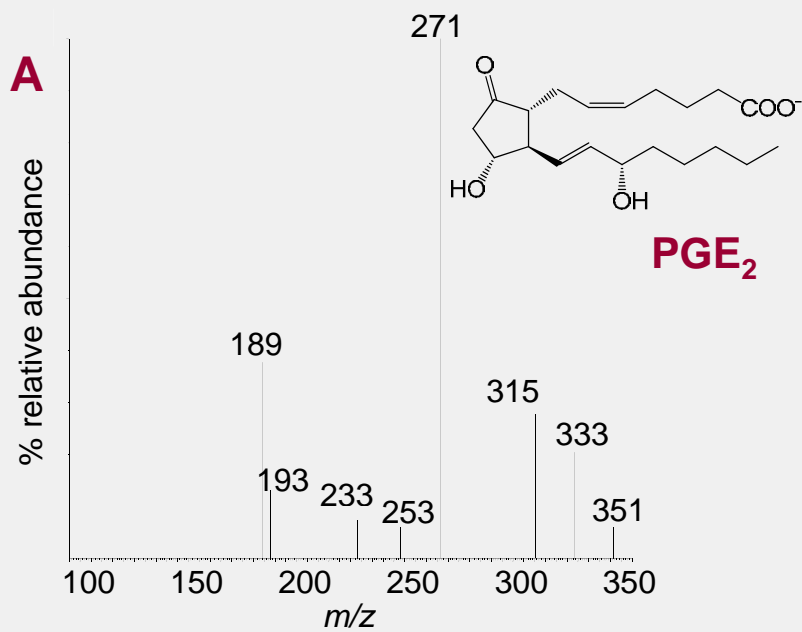
3. **Wash:** Remove weakly bound impurities, then wash with hexane to remove water

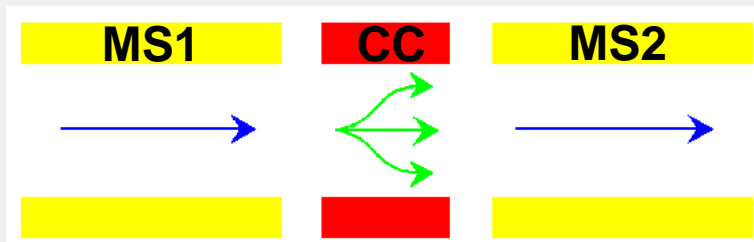
Reduce matrix effects

4. **Elute:** Selectively desorb lipid mediators

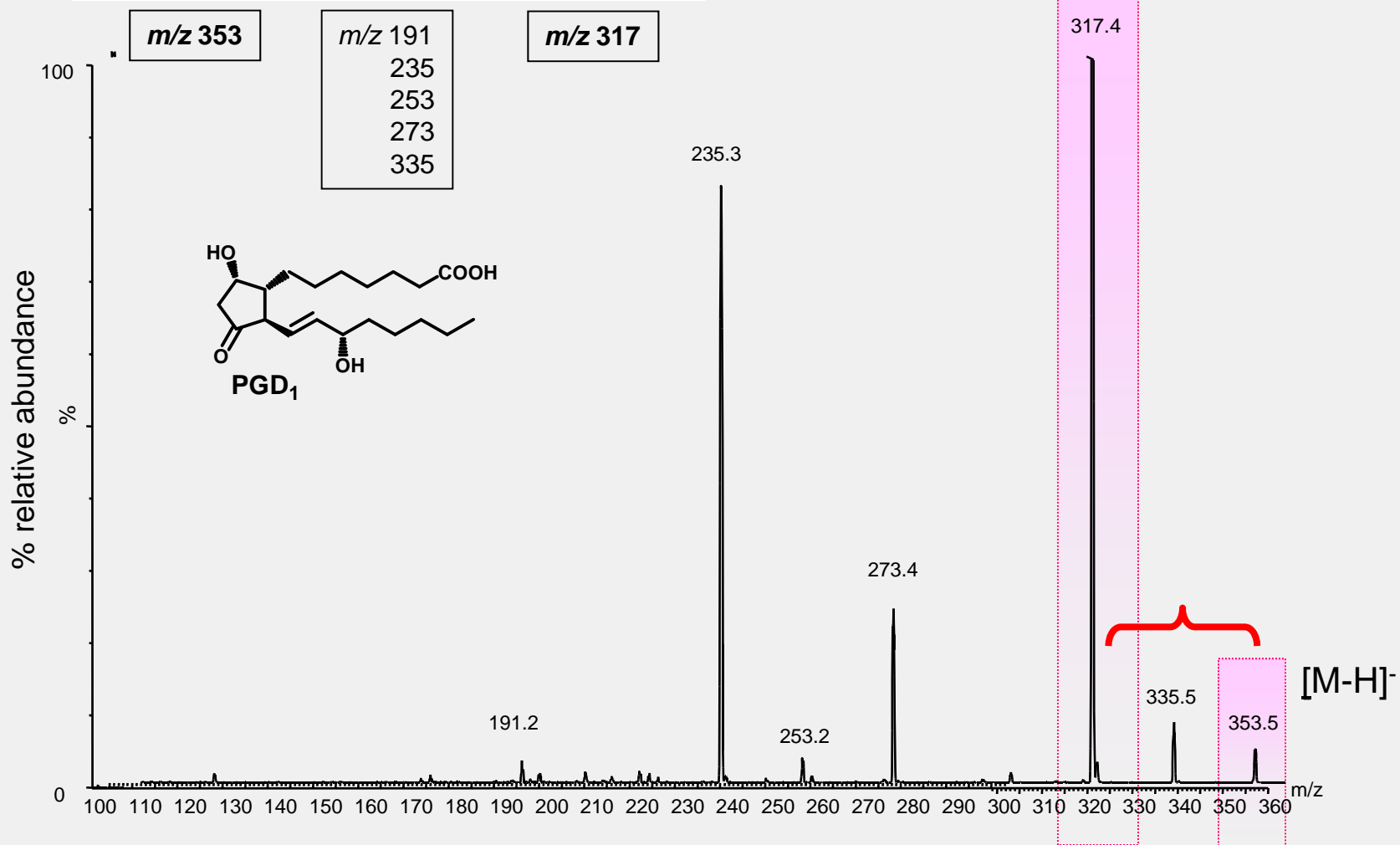
tandem mass spectrometer typical lipidomics platform



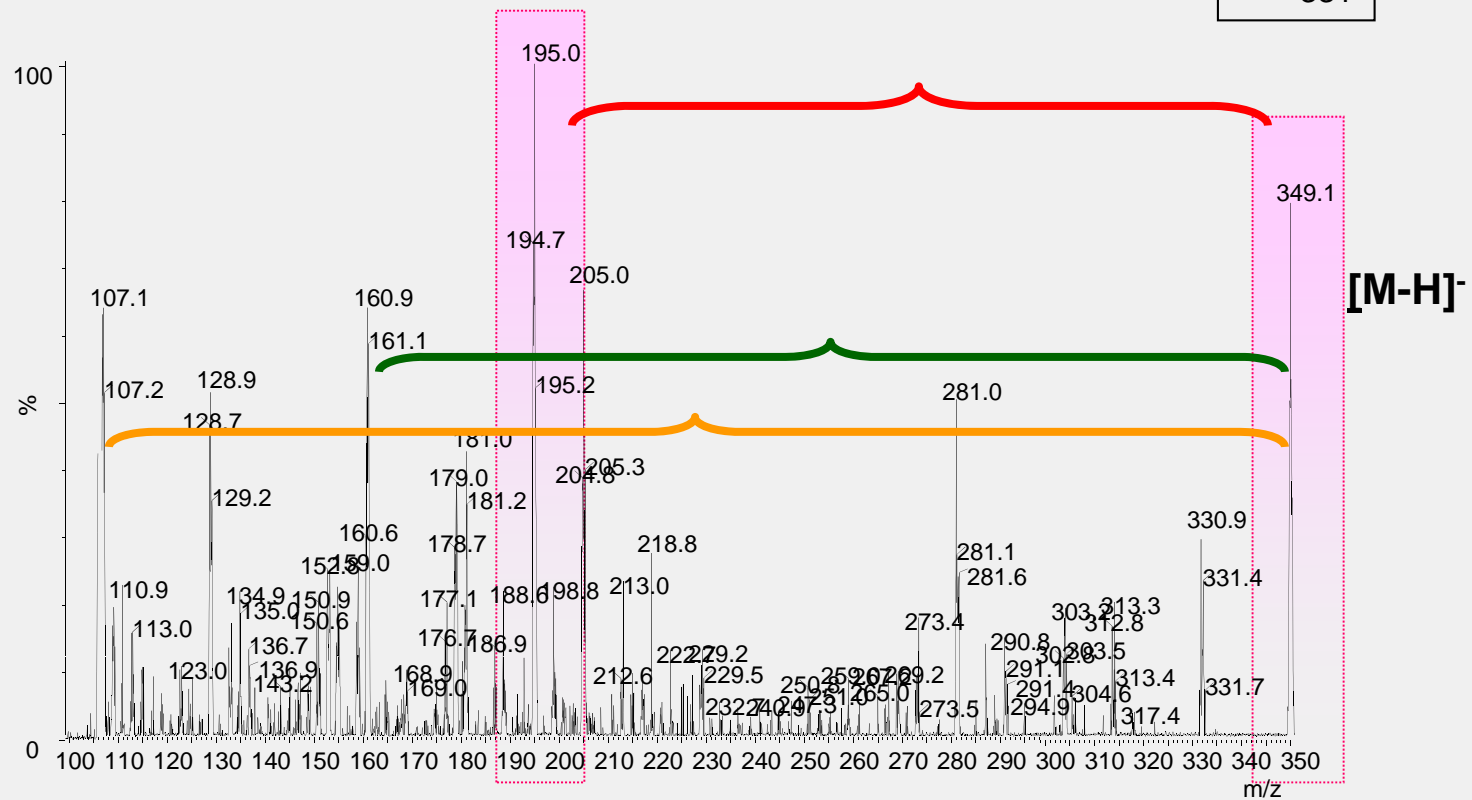
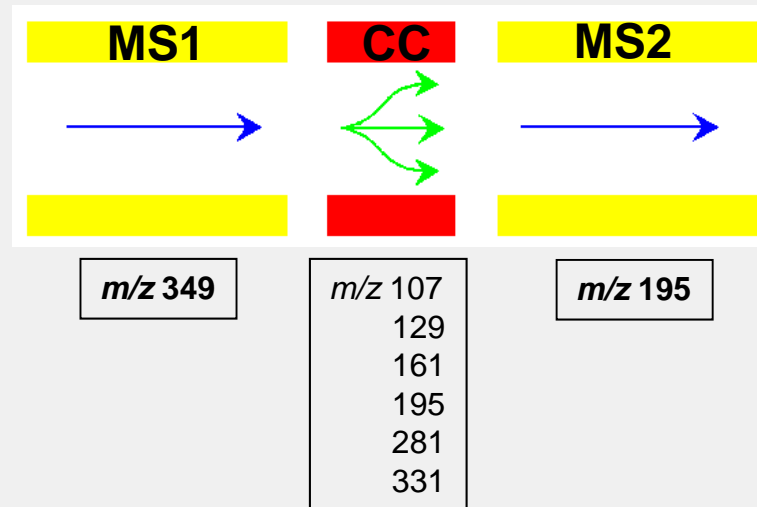
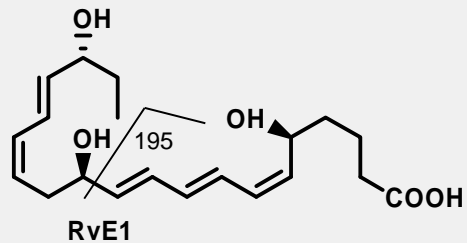




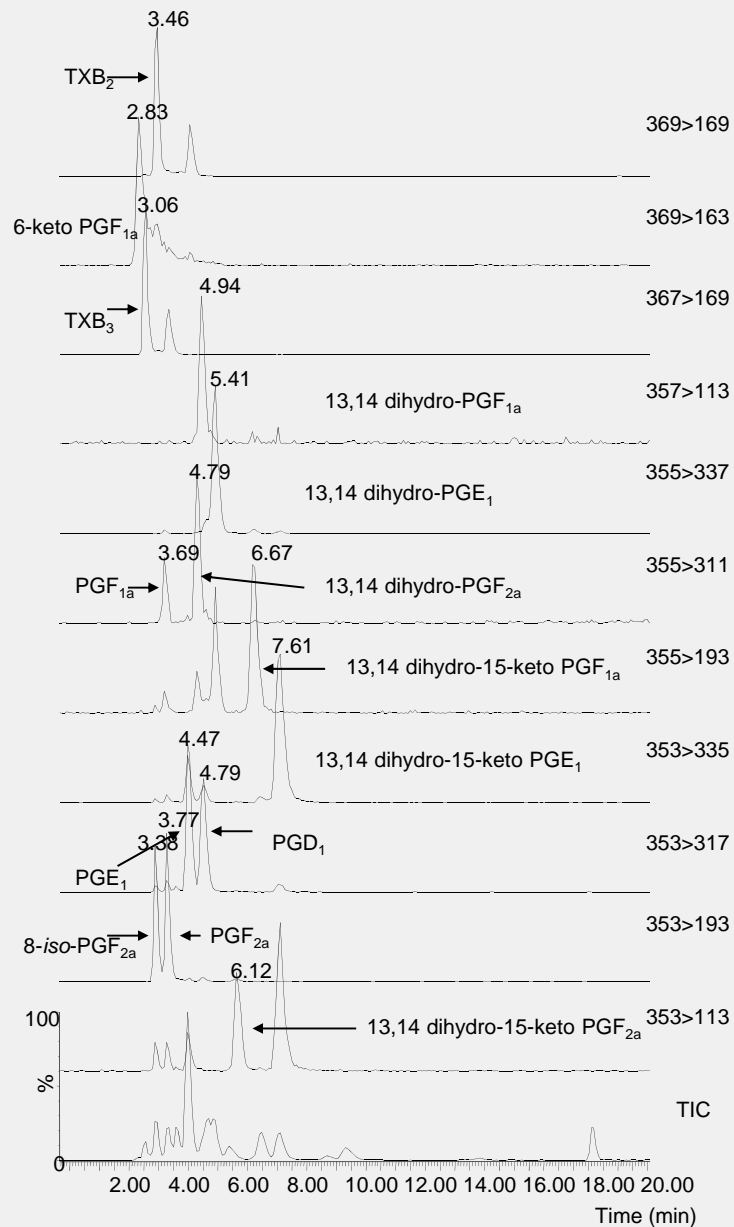
PGD₁: m/z 353 > 317
ce 15 eV



RvE1: m/z 349 > 195
 ce 17 eV



LC/ESI-MS/MS (ESI-)



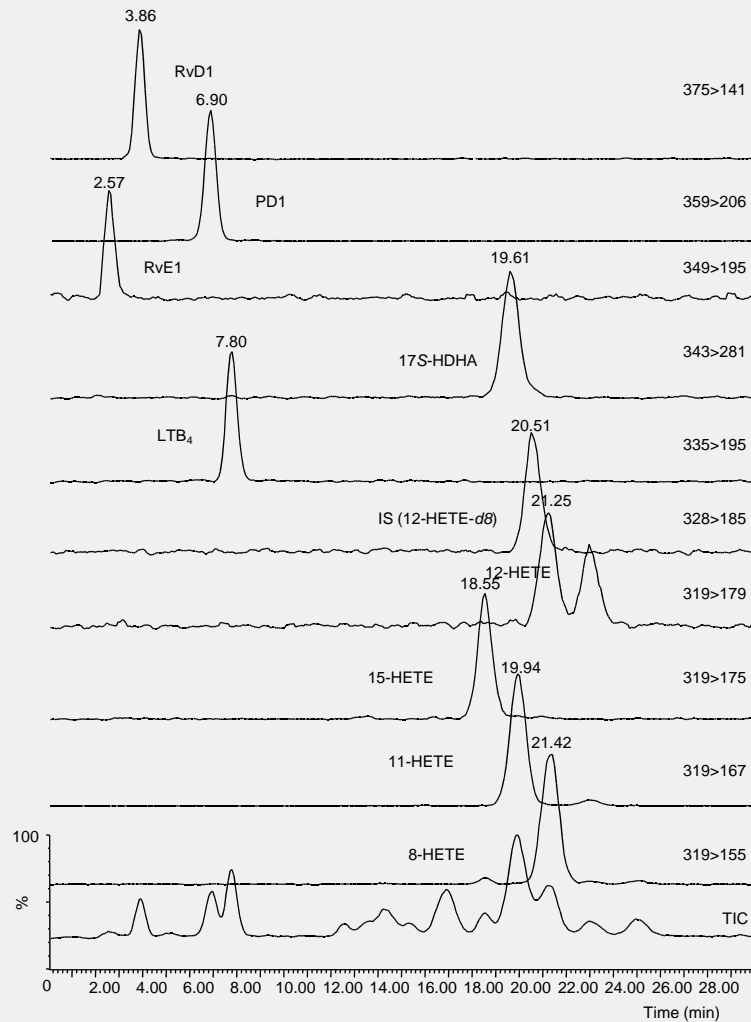
Liquid chromatography: reverse phase

Lipid mediators typically separated by hydrophobic moiety (C18, e.g. Luna ®)

Prostanoids:

isobaric species e.g. PGE and PGD
optimal separation: acetonitrile-based
gradient elution system

LC/ESI-MS/MS (ESI-)



Liquid chromatography: reverse phase

Lipid mediators typically separated by hydrophobic moiety (C18, e.g. Luna ®)

Hydroxy fatty acids:

poor resolution with acetonitrile
strong interaction with C18 column
improved elution with methanol

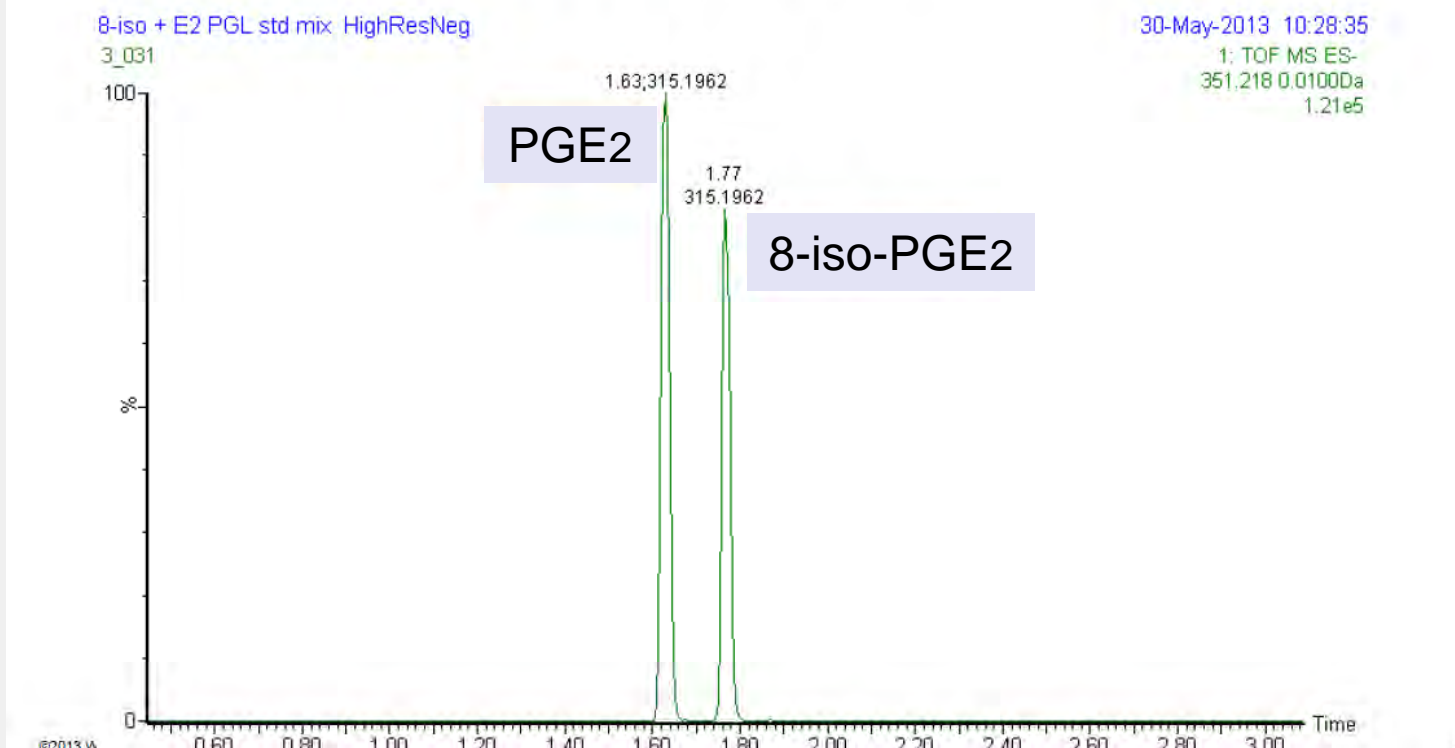
Core shell columns: behave like UPLC columns (pore size 2.5µm)
improved peak resolution and better sensitivity

Very fast even better separation of isobaric compounds with different RP UPC2 column

PGL-E2 Chromatographic separation BEH-2EP column

Waters
THE SCIENCE OF WHAT'S POSSIBLE™

- Significantly better chromatographic resolution (1.65 measures as R_s half-height) was achieved on a BEH-2EP column:



Chiral separation by LC

Stationary phases:

Amylose: 18(S)-E Resolvins (Oh et al., J Clin Invest. 2011;121)

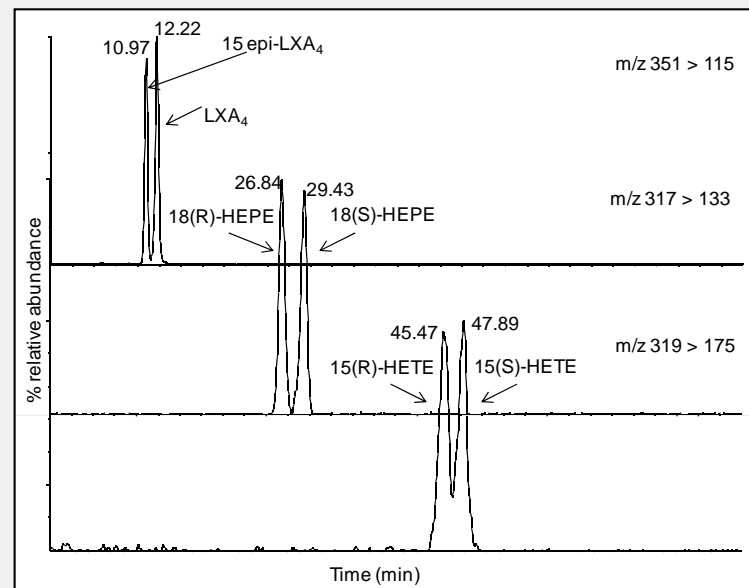
Cellulose: 12(S)-HETE in blister fluid (Massey and Nicolaou, FRBM. 2012)

Reverse or normal phase solvents

Cellulose (Lux-1)

more stable stationary phase

improved separation of enantiomers

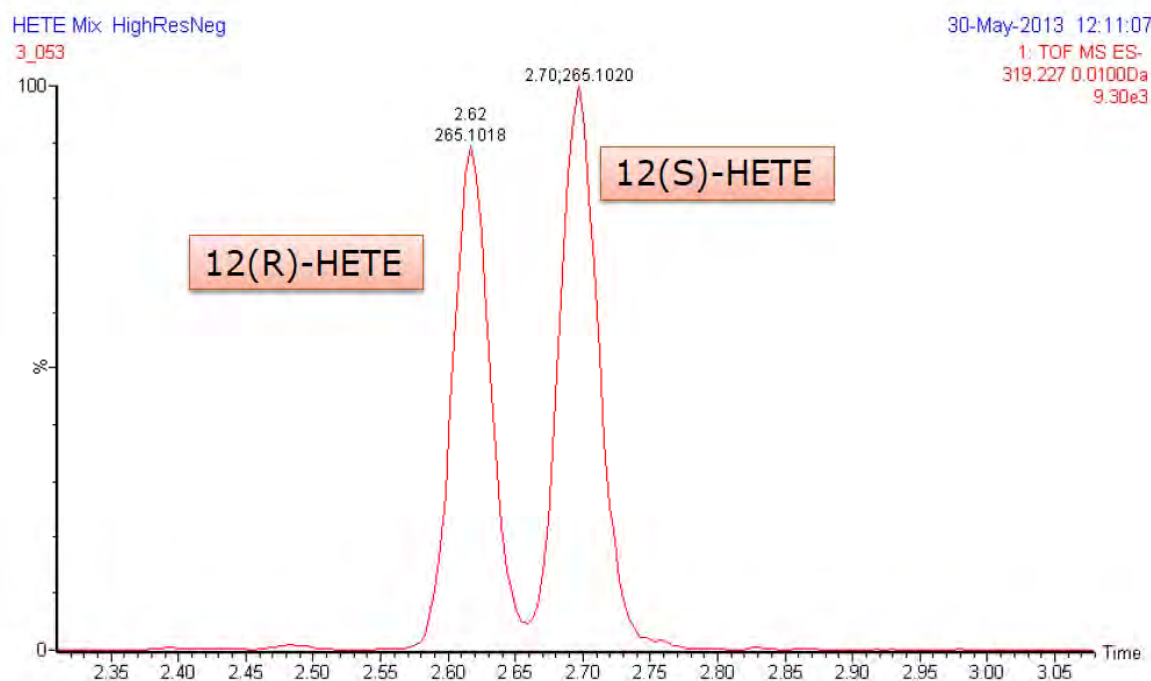


Very fast separation of isobaric compounds with chiral UPC2 column

Chromatographic separation Chiral column IA-3

Waters
THE SCIENCE OF WHAT'S POSSIBLE.™

- UPC²-SYNAPT G2-S analysis of eicosanoids



mediator lipidomics protocol

- Solid phase extraction clean-up step (matrix effects).
- Multiple Reaction Monitoring (MRM) assays.
for > 80 lipid mediators; LoD/LoQ 1-10 pg.
- LC/ESI-MS/MS (Q³); calibration lines; *d*-internal standards.

Biological material

- **Solids:** skin, tumours, liver, brain, uterine, ocular, nerve tissues, cells, etc.
- **Liquids:** plasma, urine, seminal plasma, follicular fluid, blister fluid, cell culture media, etc.
- Samples snap-frozen; extracted/run within days; dark/cold.

**lipid mediators in skin
inflammation:
the sunburn response**

inflammation in cutaneous disease

psoriasis



photoageing



sunburn



atopic dermatitis



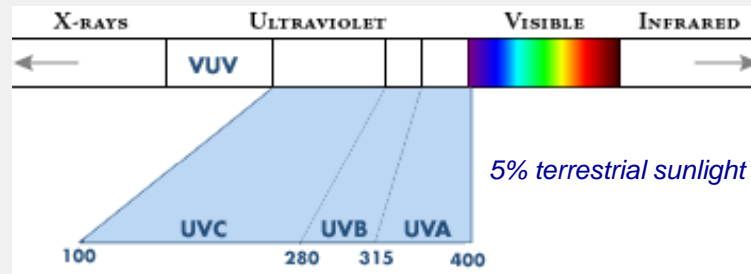
wound healing



squamous cell
skin cancer

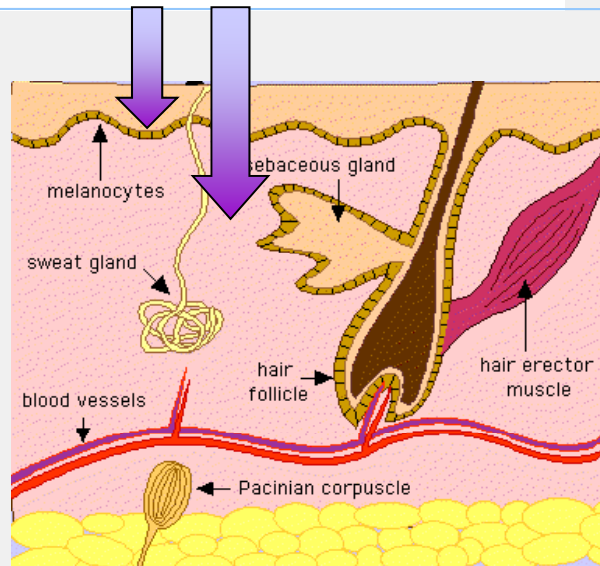


UV radiation and human skin



UVA: 320-400 nm
dermis

UVB: 280-320 nm
epidermis: *inflammation*



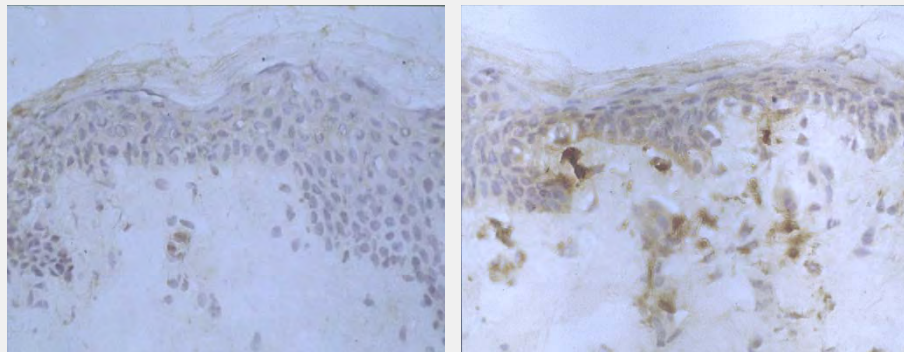
epidermis
protection: radiation, xenobiotics, trauma

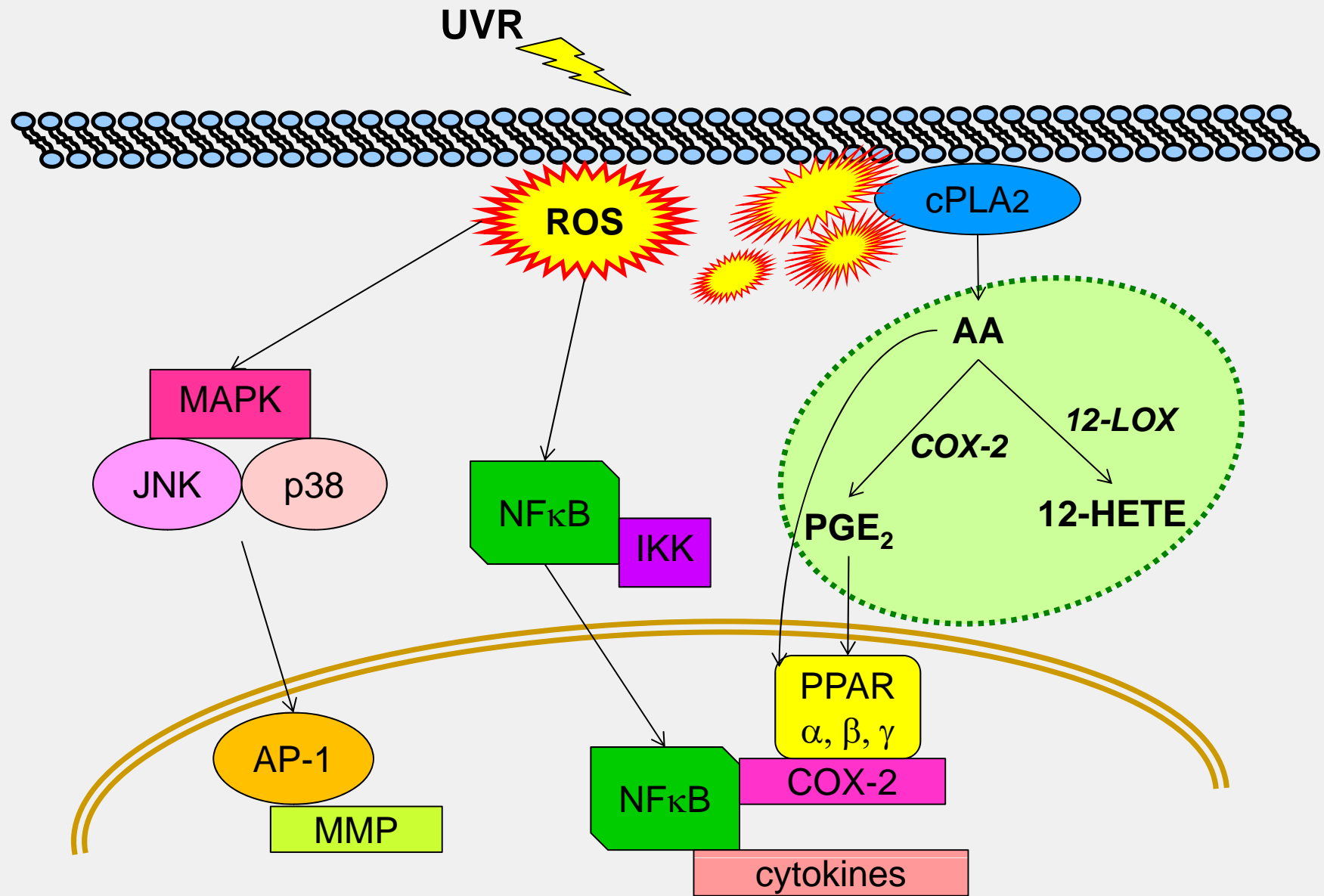
dermis
elasticity; immuno- & biochemical support

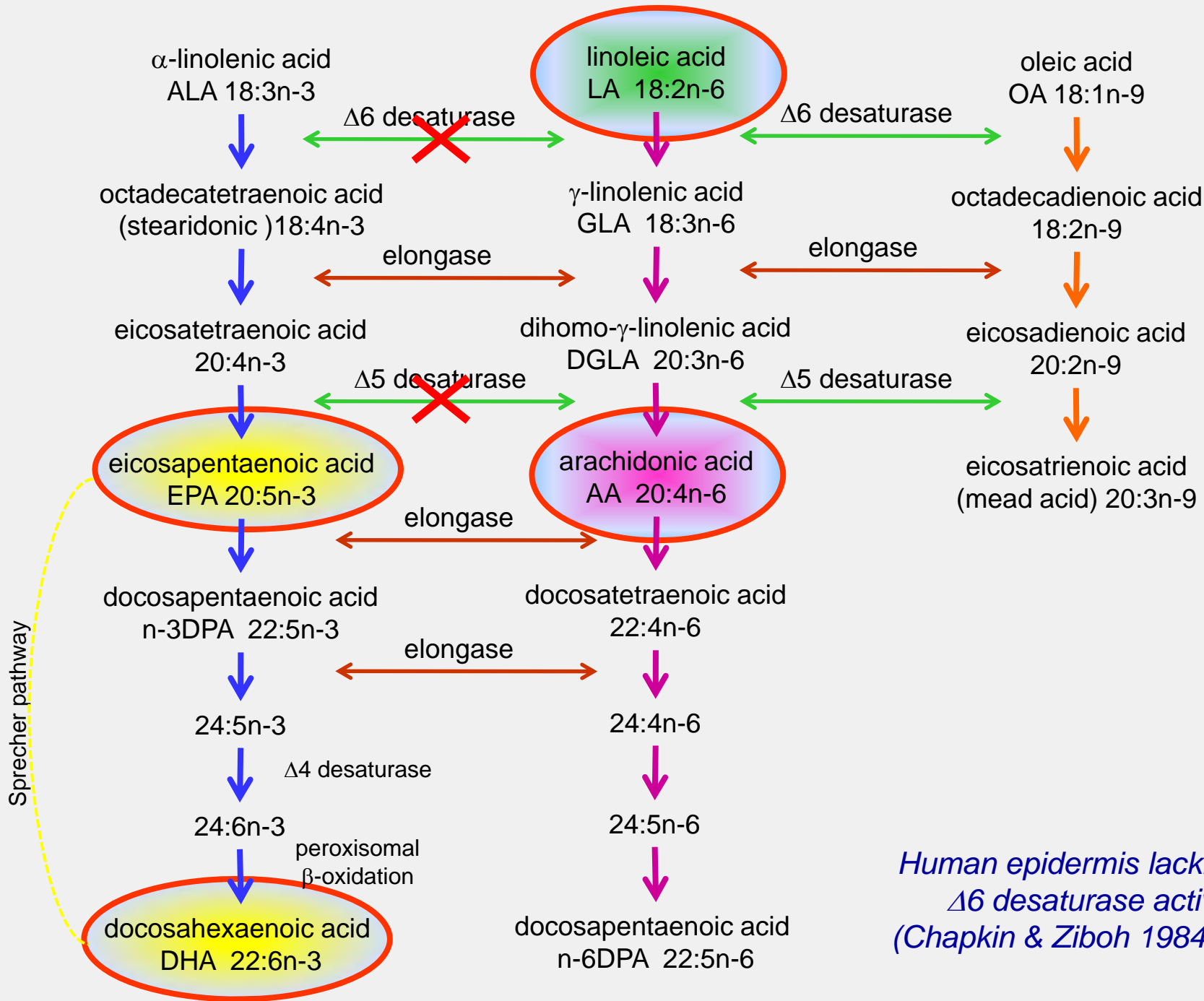
UVR: immunosuppression; photosensitivity; photoageing; photocarcinogenesis

UVR-induced skin inflammation (sunburn)

- Acute inflammatory response
- Erythema, pain, oedema (vasodilatation)
- Leukocytic infiltration
- Sunburn (apoptotic) cells

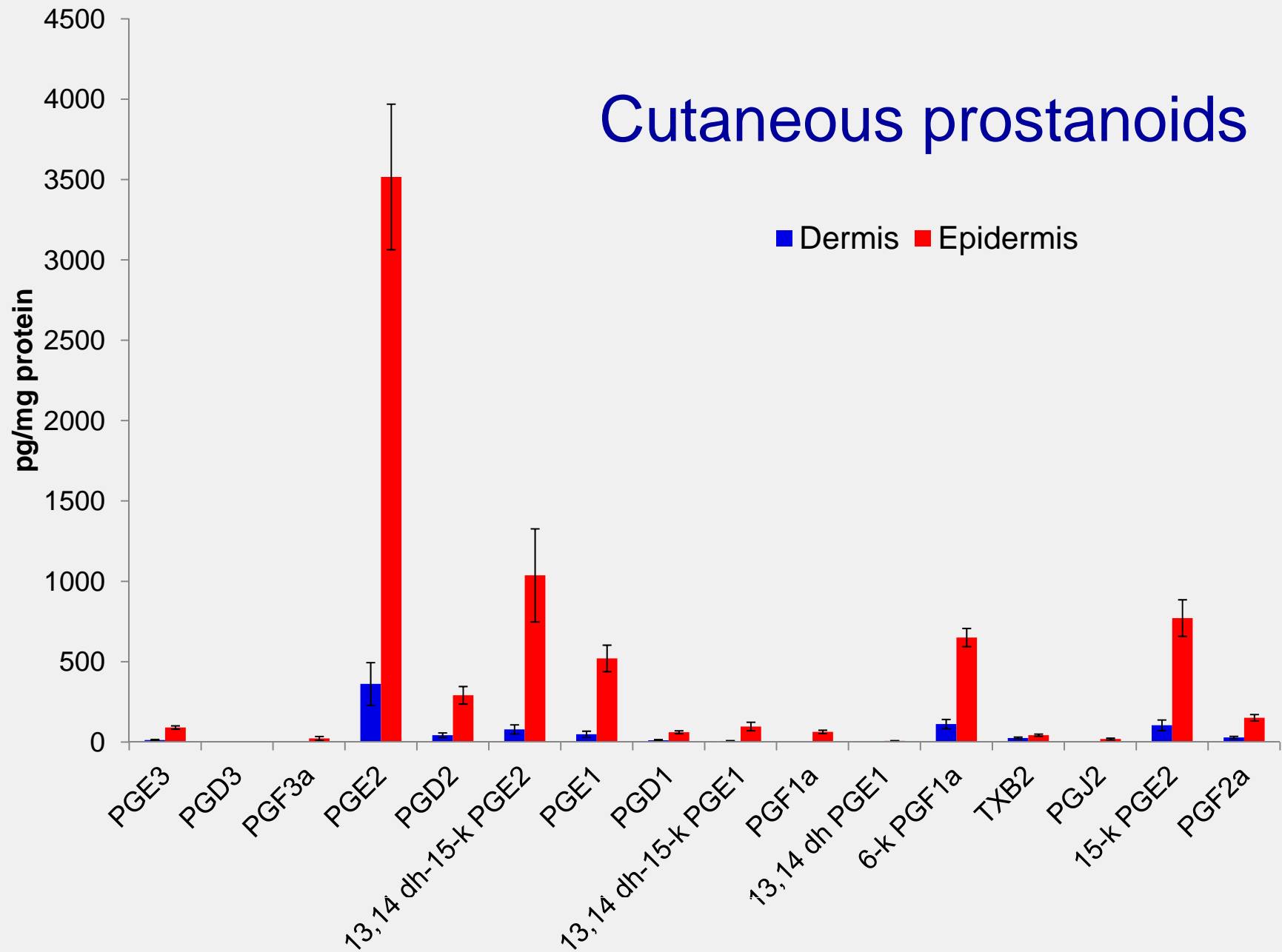






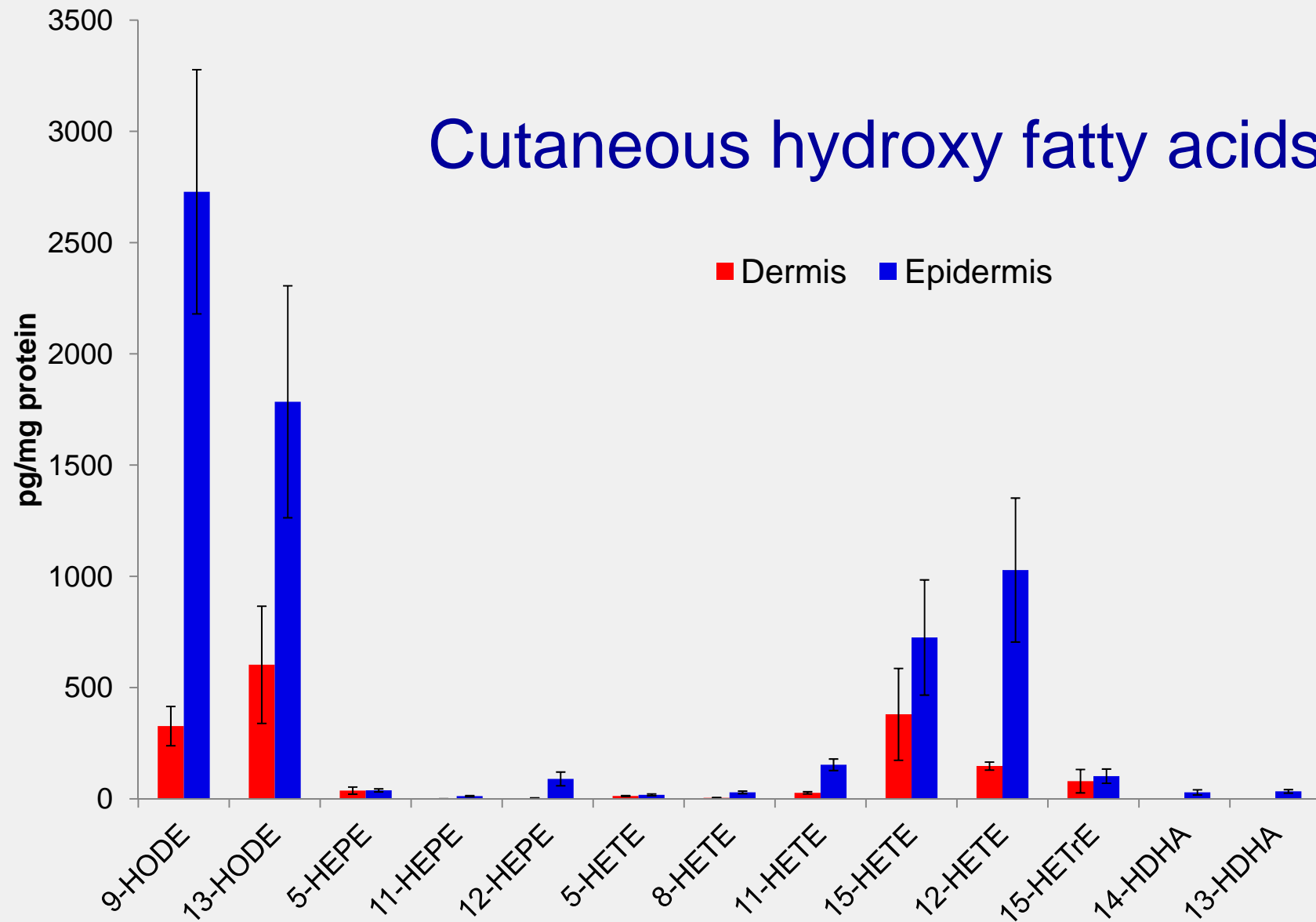
*Human epidermis lacking Δ 5,
 Δ 6 desaturase activity
 (Chapkin & Ziboh 1984, 1988)*

Cutaneous prostanoids



human skin samples: ethical tissue; 3 mm punch biopsies; ~20 mg; n=8; LC/ESI-MS/MS

Cutaneous hydroxy fatty acids

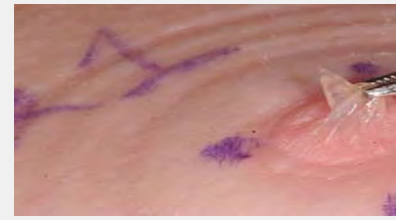


human skin samples: ethical tissue; 3 mm punch biopsies; ~20 mg; n=8; LC/ESI-MS/MS

sunburn: experimental model

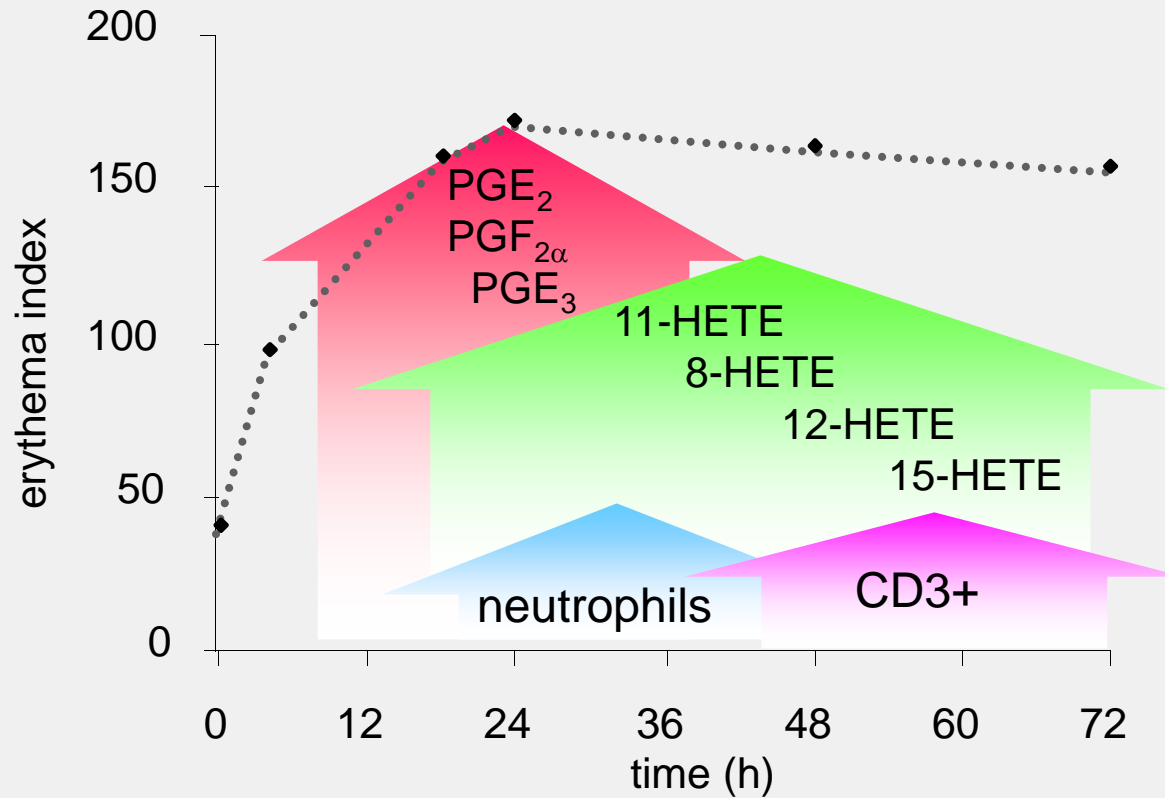


- healthy adult volunteers, skin type I-IV
- skin exposed to UVR
(UV6; 280-400 nm; 23% UVB :77% UVA)
- 3-4 minimal erythema doses (MED)



Suction blisters and skin sections (0 -72 h post UVR)

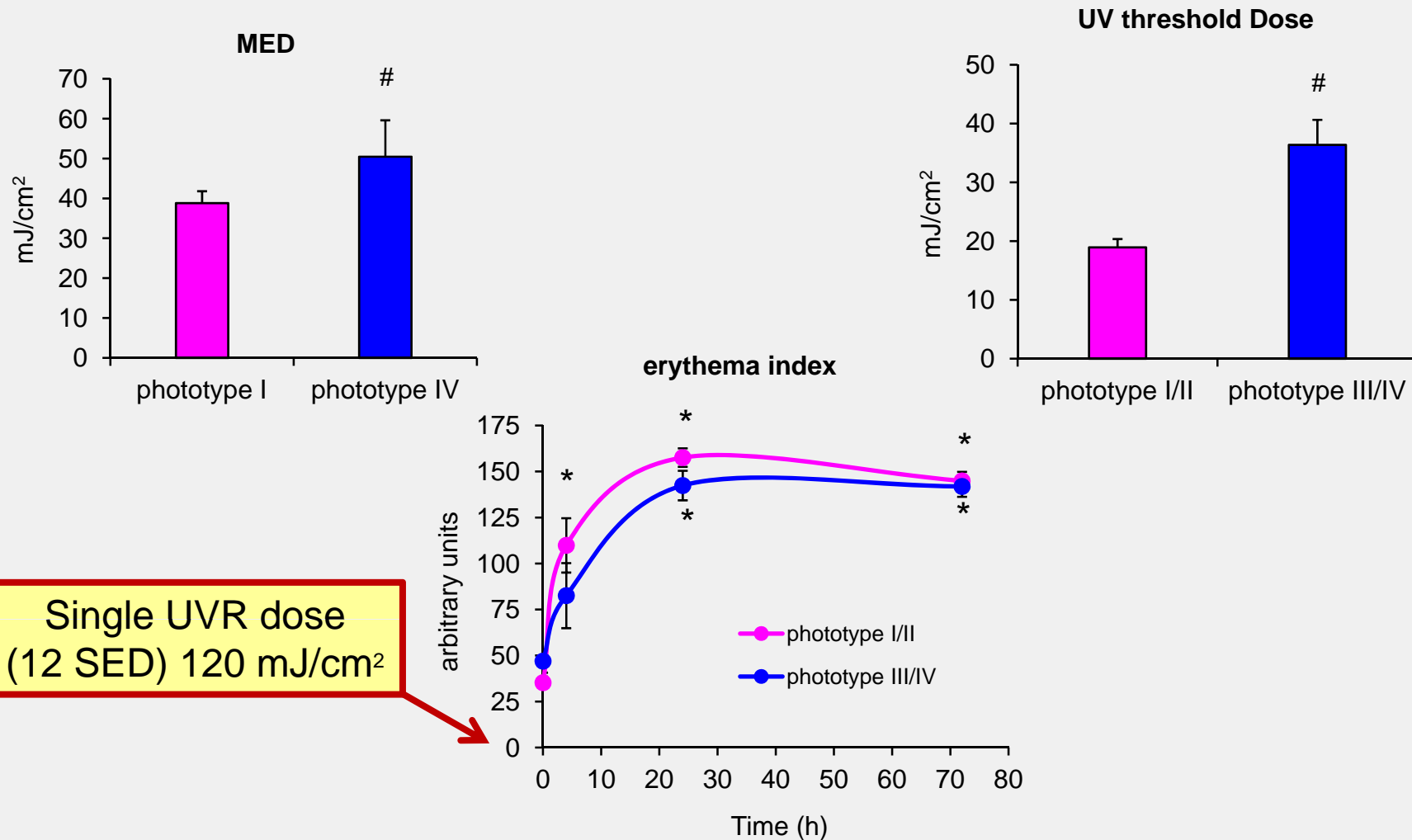
Overlapping sequential eicosanoid profiles may mediate the early and late phases of sunburn response



early: inflammation
vasodilatation, chemotaxis

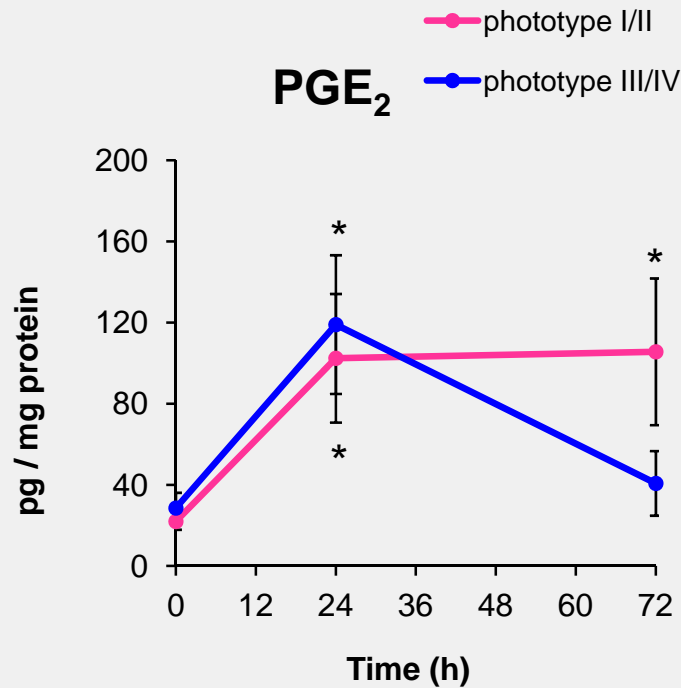
late: resolution
repair

erythema in skin types I/II and III/IV post single high UVR dose (12 SED)



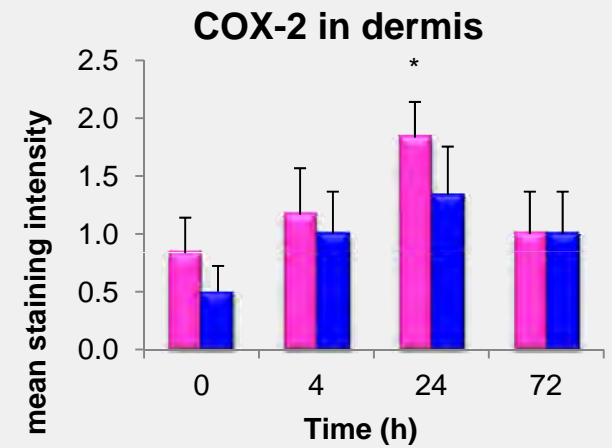
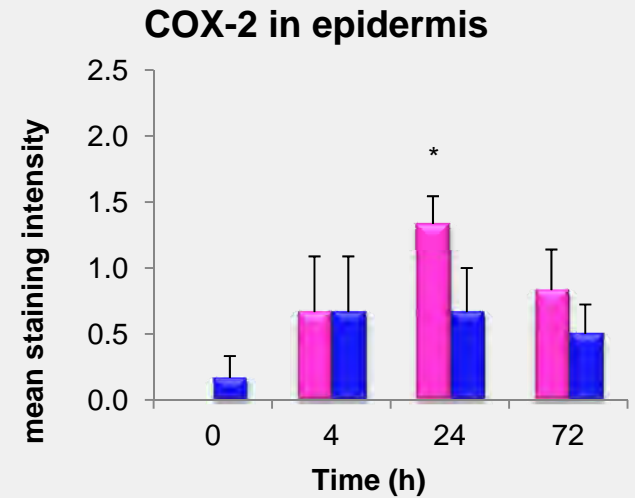
n=16; #p<0.05; *p<0.01

PGE₂ higher in subjects prone to sunburn



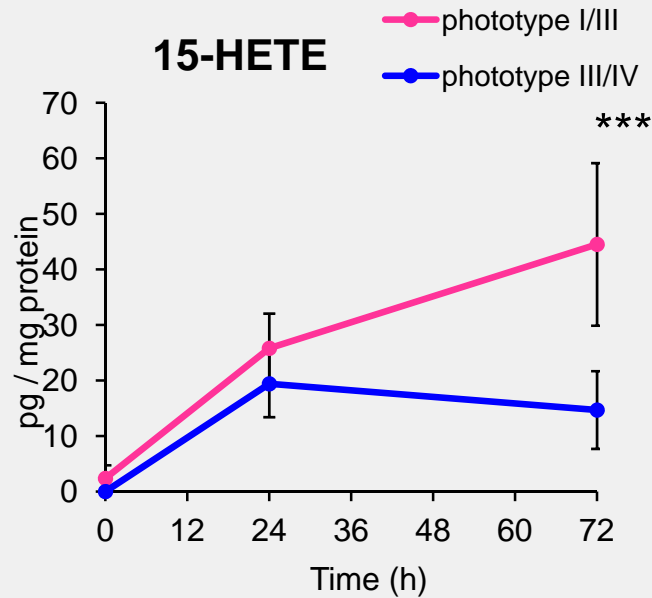
pro-inflammatory
vasodilatation

n=9; p<0.05

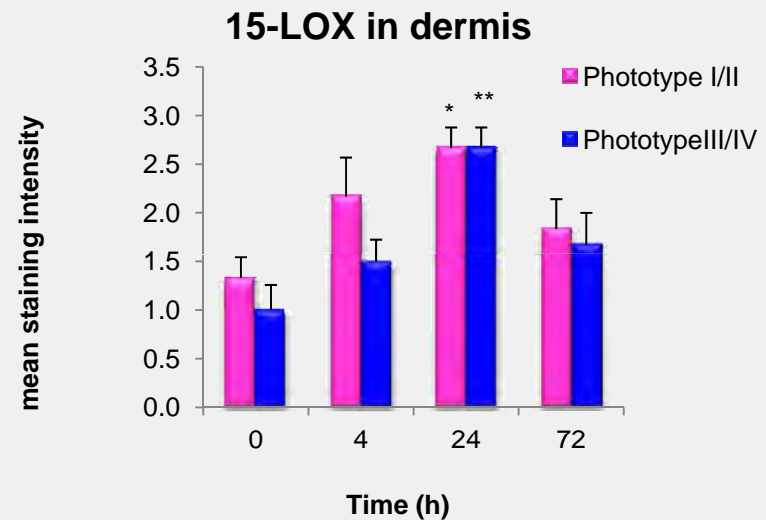
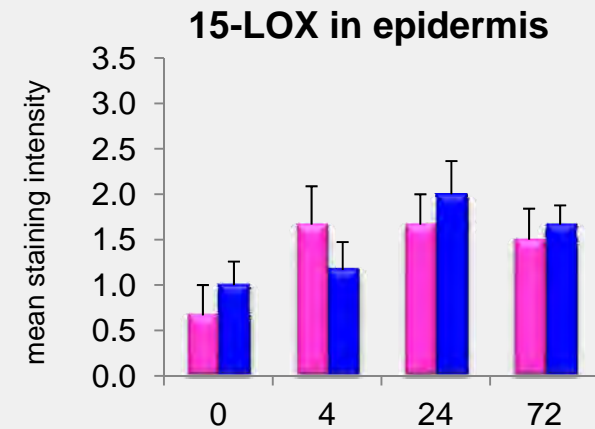


Nicolaou et al *Photochem Photobiol Sci* 2012

15-HETE higher in subjects prone to sunburn



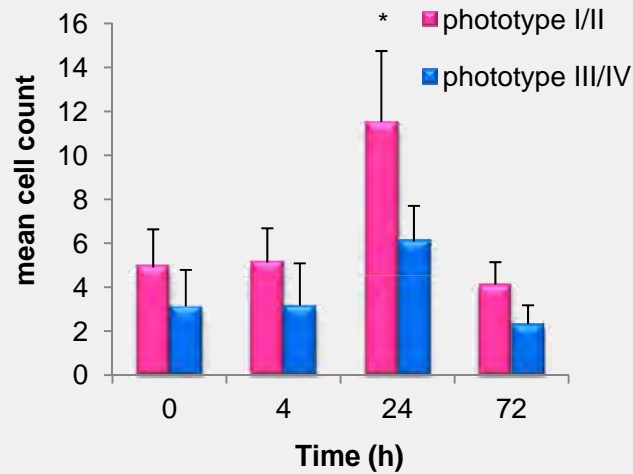
anti-inflammatory precursor to lipoxins



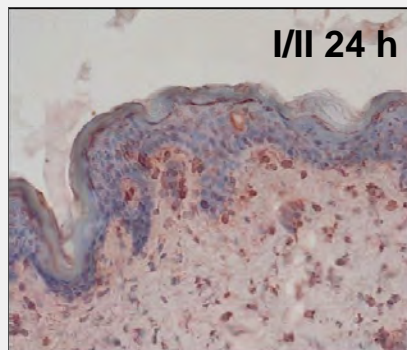
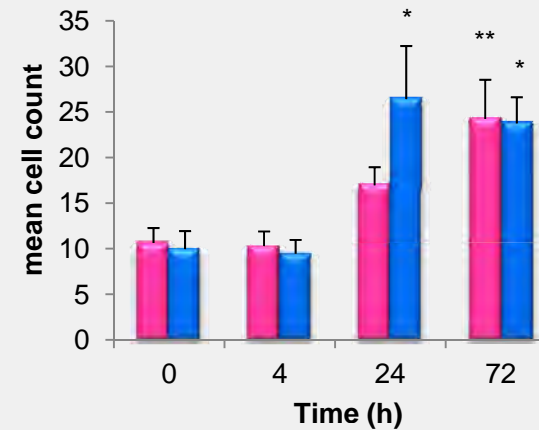
n=9; *p<0.05, ***p<0.001

higher neutrophil infiltrate in subjects prone to sunburn

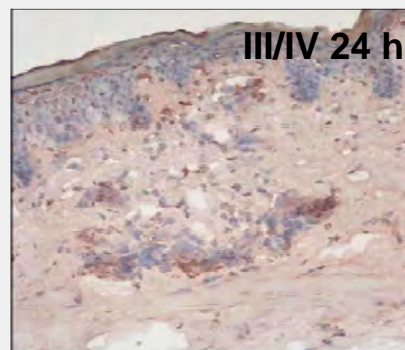
neutrophils in dermis



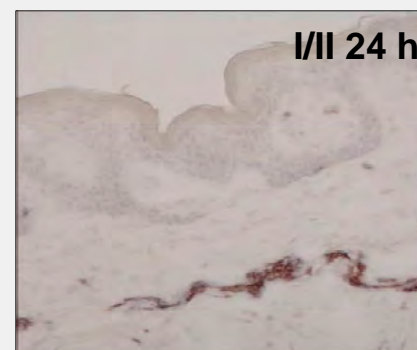
CD3+ cells in dermis



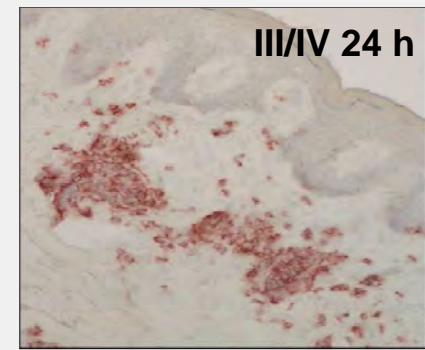
I/II 24 h



III/IV 24 h



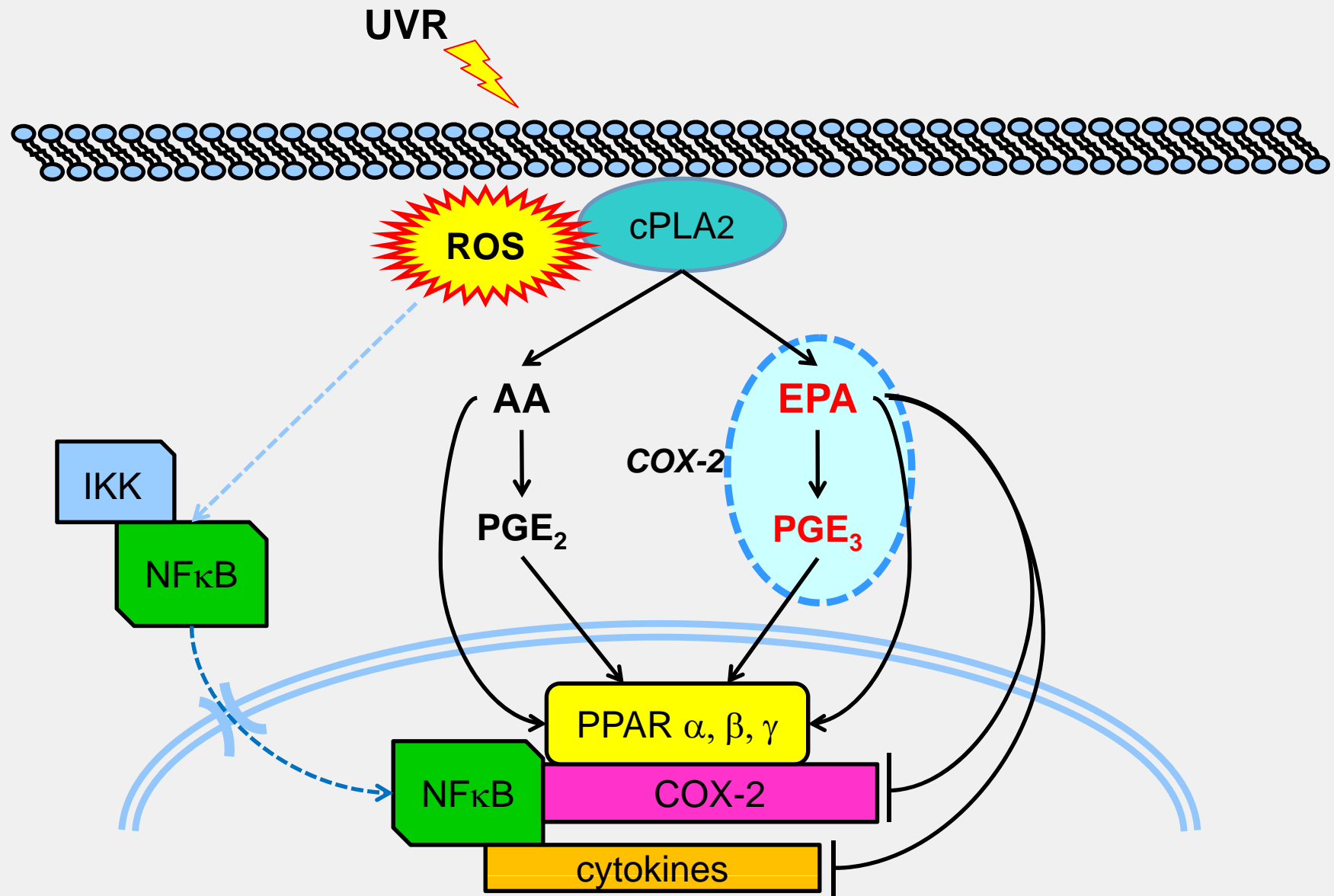
I/II 24 h



III/IV 24 h

n=6; * p<0.05; ** p<0.01

**lipid biomarkers of skin
inflammation in human
nutritional studies**

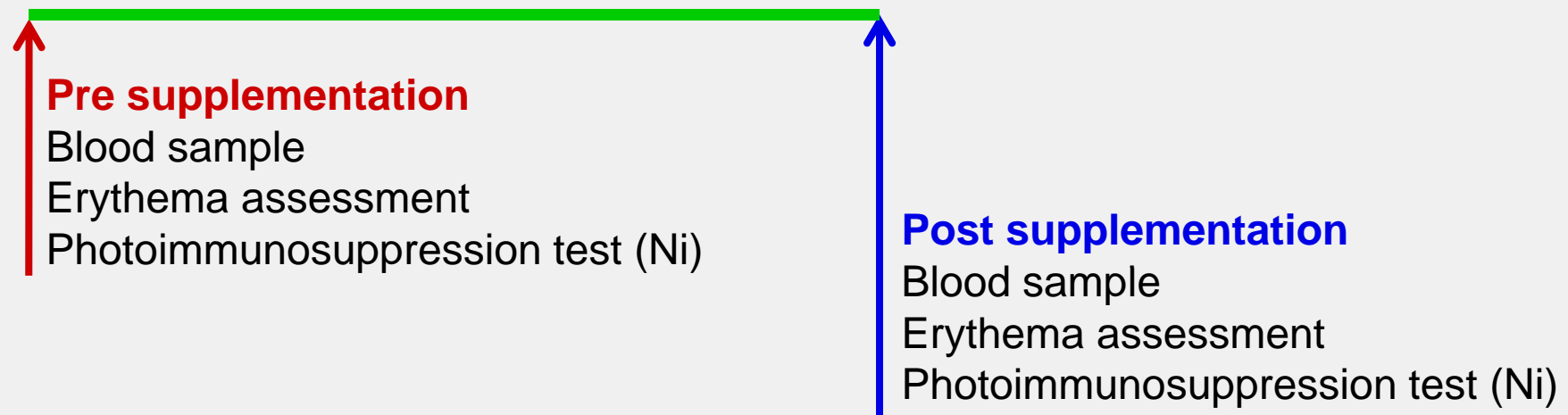


n-3PUFA in skin inflammation and immunity: photoimmunosuppression

Randomised double-blind study (n=79 subjects)

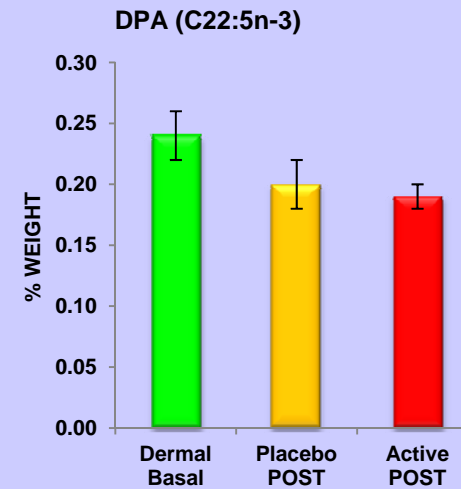
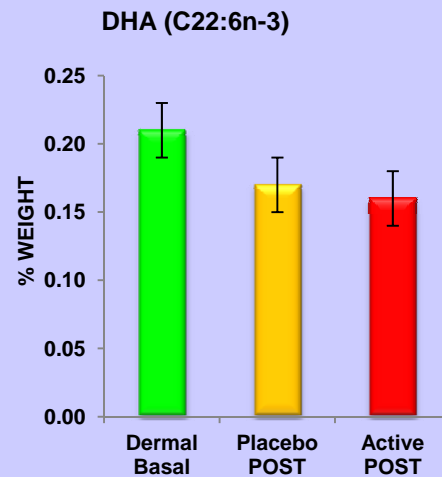
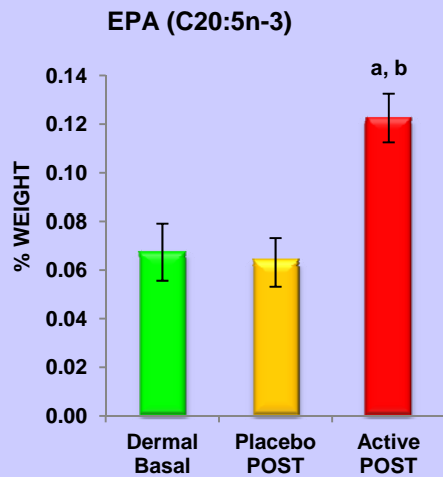
control: GTCC

active: 1g capsule ~70% EPA&10% DHA; 5 cps/day; 12 weeks

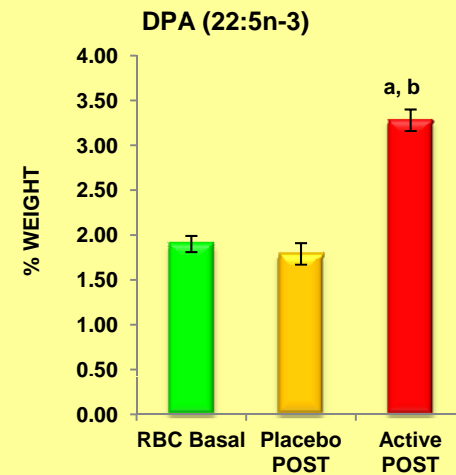
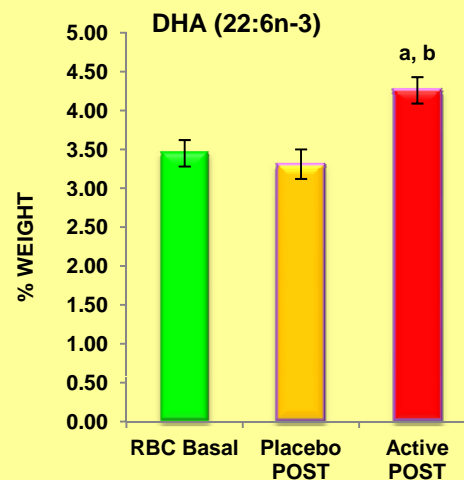
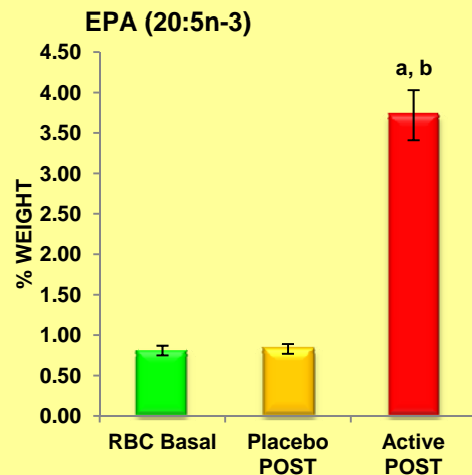


EPA supplementation did not increase skin DPA or DHA levels

skin



r.b.c.

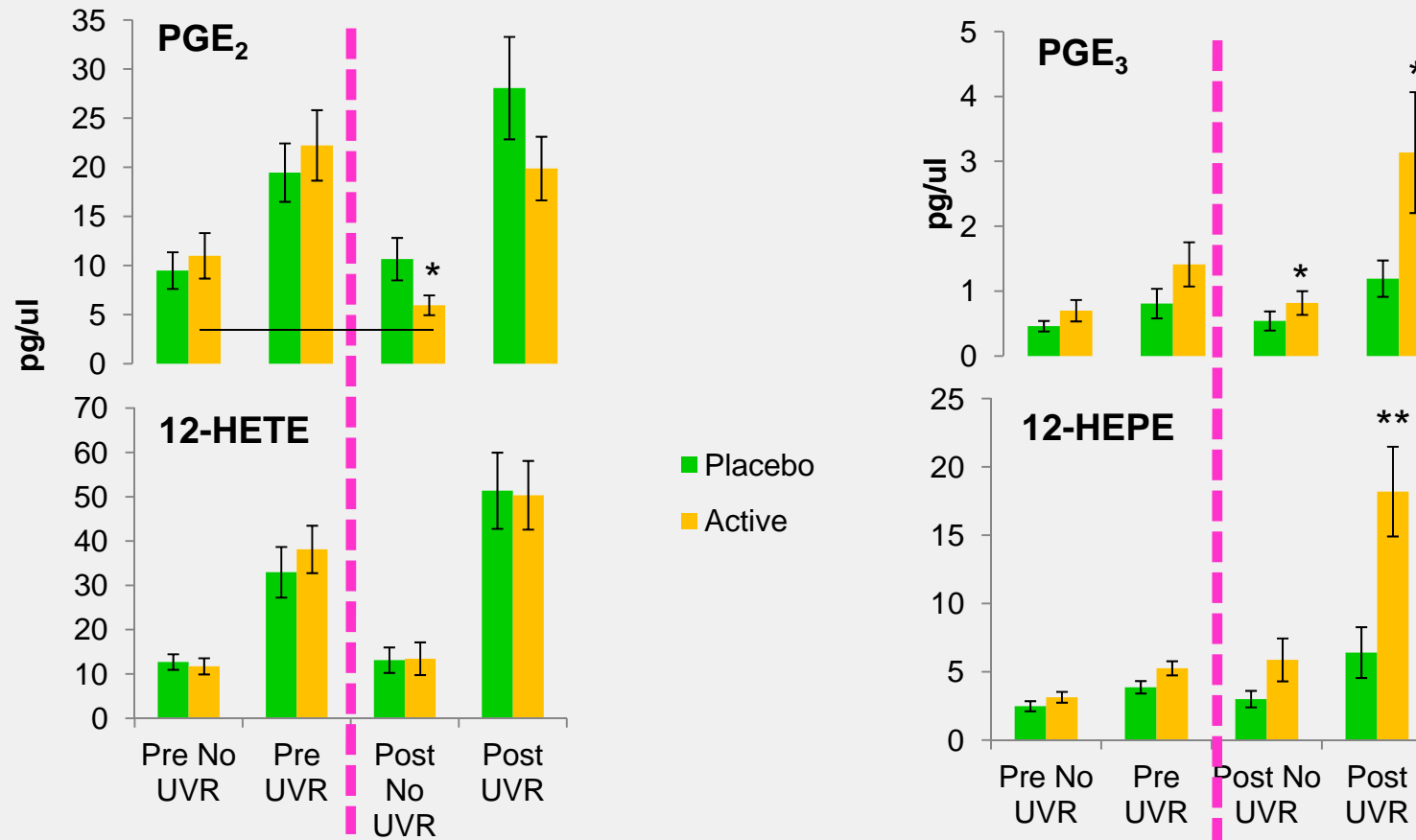


a: $p < 0.001$ comparing to basal; b: $p < 0.001$ comparing to placebo

AA, EPA, OA mediators in cutaneous blister fluid

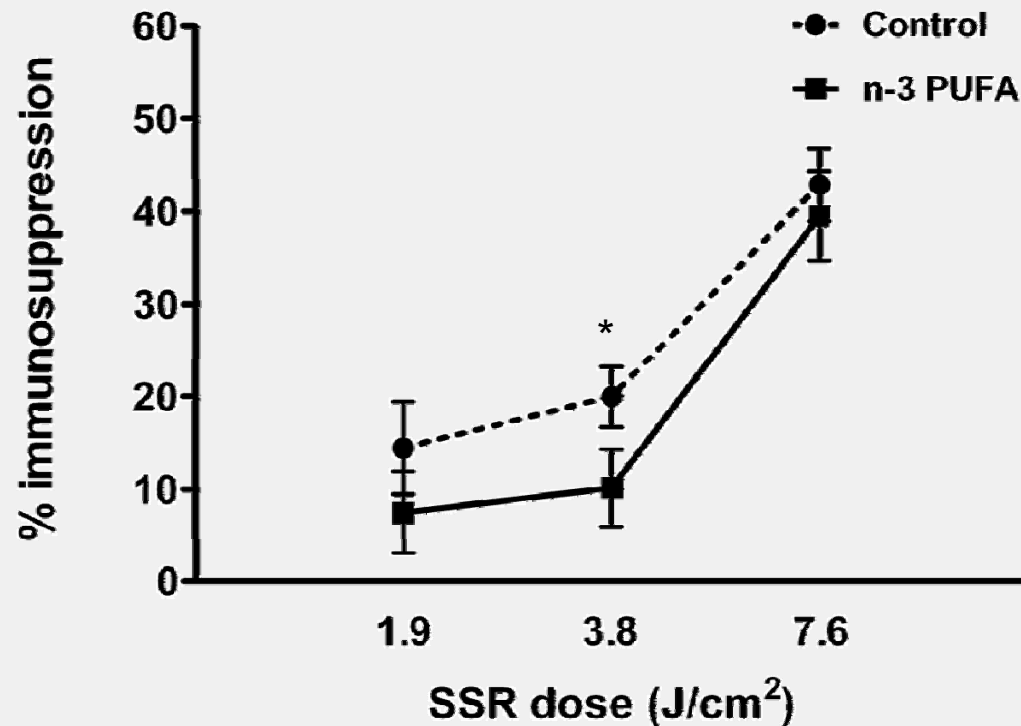
	Mean (SEM) (pg/μl)							
	Baseline				12 weeks			
	Control (n=19)		EPA (n=17)		Control (n=19)		EPA (n=17)	
	Unexposed	UVR-exposed	Unexposed	UVR-exposed	Unexposed	UVR-exposed	Unexposed	UVR-exposed
PGE₂	9.5 (1.9)	19.5 (3.1) ⁺⁺⁺	11.0 (2.4)	22.2 (3.8) [†]	10.7 (2.2)	28.1 (5.4) ^{††}	6.0 (1.1) [*]	19.9 (3.4) ⁺⁺⁺
PGE₃	0.5 (0.1)	0.8 (0.2)	0.7 (0.2)	1.6 (0.4) [†]	0.6 (0.2)	1.2 (0.3) [†]	0.8 (0.2)	3.1 (1.0) [†]
PGE₁	2.7 (0.7)	6.2 (1.2) ⁺⁺⁺	2.6 (0.6)	7.0 (1.2) ^{††}	3.5 (1.4)	8.7 (2.0) ^{††}	1.6 (0.4)	6.7 (1.4) ⁺⁺⁺
13,14 dh-15k-PGE₂	4.6 (1.1)	1.2 (0.4) ⁺⁺⁺	8.1 (2.2)	1.5 (0.4) ⁺⁺⁺	4.8 (1.3)	1.4 (0.4) ⁺⁺⁺	4.9 (1.4)	1.9 (0.4)
12-HETE	12.7 (1.8)	33.0 (5.7) ⁺⁺⁺	11.7 (1.9)	38.1 (5.7)	13.1 (2.9)	51.4 (8.6) ⁺⁺⁺	13.4 (3.9)	50.3 (8.2) ⁺⁺⁺
11-HETE	1.6 (0.2)	3.7 (0.6) ⁺⁺⁺	1.6 (0.2)	4.3 (0.5) ⁺⁺⁺	1.4 (0.2)	4.8 (0.5) ⁺⁺⁺	1.3 (0.3)	4.3 (0.6) ⁺⁺⁺
15-HETE	3.4 (0.5)	4.6 (0.6)	3.3 (0.5)	6.0 (0.7) ^{††}	3.0 (0.5)	6.3 (1.3) ^{††}	4.5 (0.9)	6.1 (0.9) [†]
15-HETrE	0.9 (0.1)	2.4 (0.5) ^{††}	1.3 (0.3)	2.2 (0.5) [†]	0.9 (0.1)	5.4 (2.4) ^{††}	0.9 (0.2)	1.9 (0.3) ^{††}
12-HEPE	2.5 (0.4)	3.9 (0.5) [†]	3.1 (0.4)	5.3 (0.5)	3.0 (0.6)	6.4 (1.9) [†]	5.9 (1.7)	18.2 (3.5) ^{+++**}
11-HEPE	ND	0.4 (0.14) ^a	1.7 (0.9) ^b	1.7 (0.6) ^f	7.4 (4.5) ^b	0.4 (0.05) ^c	0.6 (0.3) ^c	4.1 (2.0) ^g
15-HEPE	ND	ND	ND	ND	ND	ND	3.4 (0.9) ^d	5.0 (2.2) ^e
9-HODE	34.3 (5.6)	46.3 (9.6)	45.9 (10.6)	63.7 (7.7) [†]	26.1 (4.8)	51.1 (9.0) [†]	32.6 (11.0)	56.1 (9.3) ^{††}
13-HODE	36.6 (7.0)	32.6 (5.2)	32.3 (4.4)	55.5 (8.4) [†]	30.5 (5.9)	33.2 (4.7)	26.3 (5.2)	38.5 (5.9)

systemic EPA alters skin eicosanoids



RCT: n=16-19 volunteers per group; skin type I/II;
n-3 LC-PUFA (EPA: 70%; DHA: 10%) 5 cps/d, 3 months

oral n-3 PUFA supplement protects against UVR-induced immunosuppression

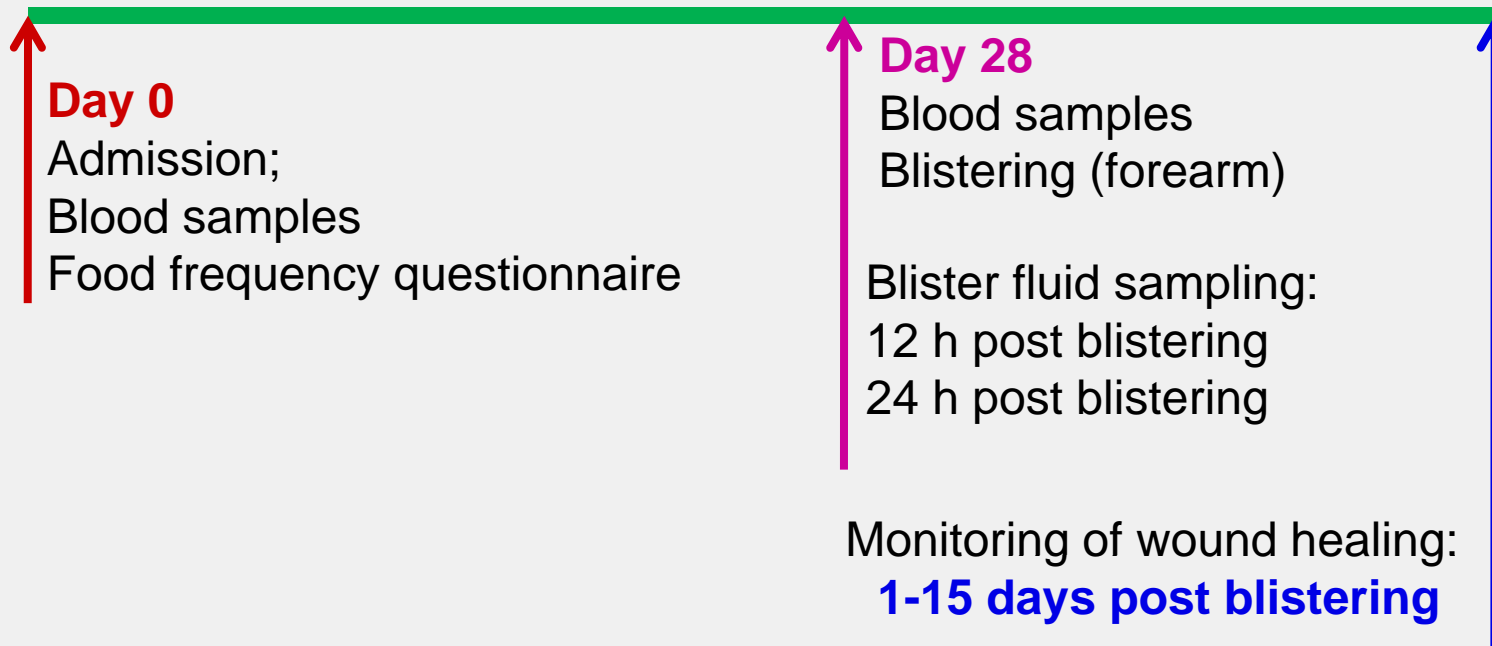


Protection at 3.8 J/cm² – 15 min summer midday sun at Manchester

SSR: Solar simulator; nickel allergy; n=33-36 per group; p=0.04

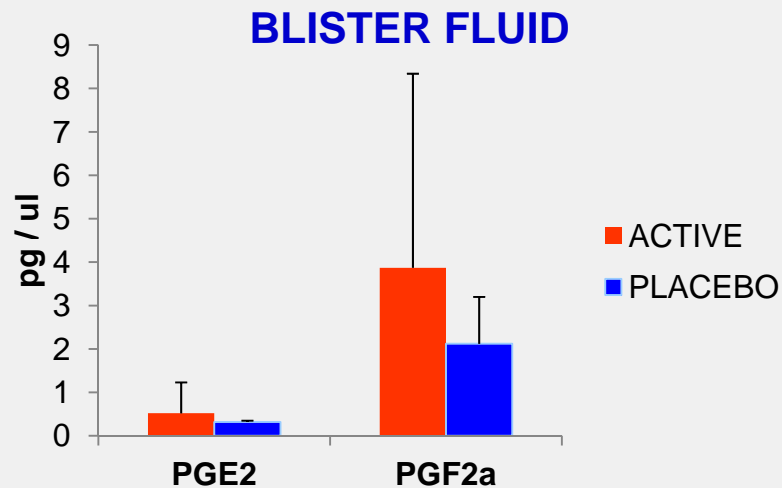
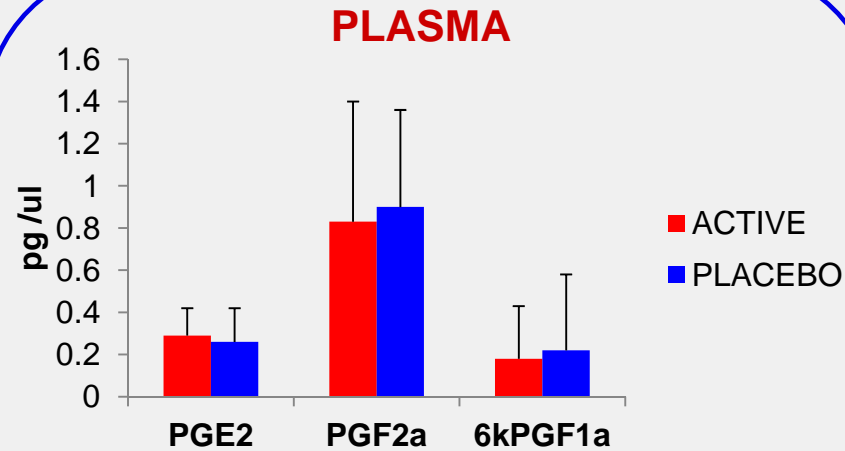
n-3PUFA in wound healing

- Randomised double blind study (n=18 subjects)
 - **placebo** (mineral oil) or
 - **active** (1.6 g EPA+1.2 g DHA/day, 81 mg aspirin) 28 days

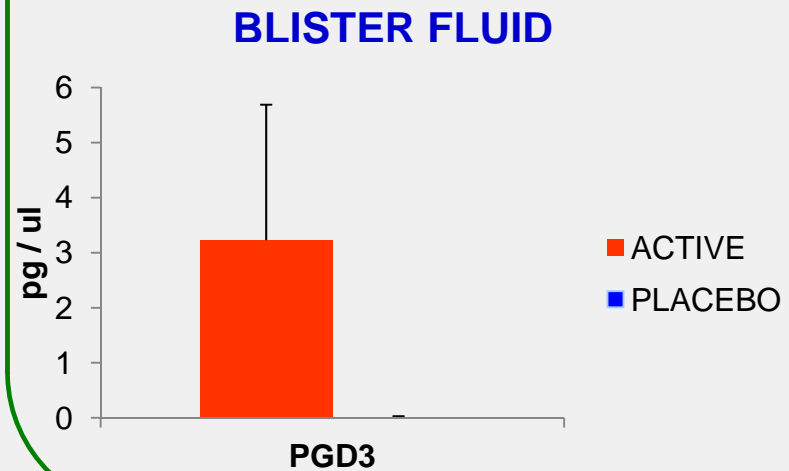
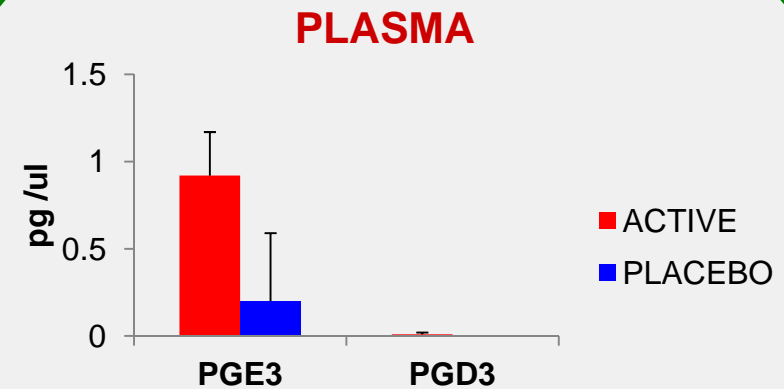


n-3PUFA supplement and COX-mediators

AA (20:4n-6)-derived

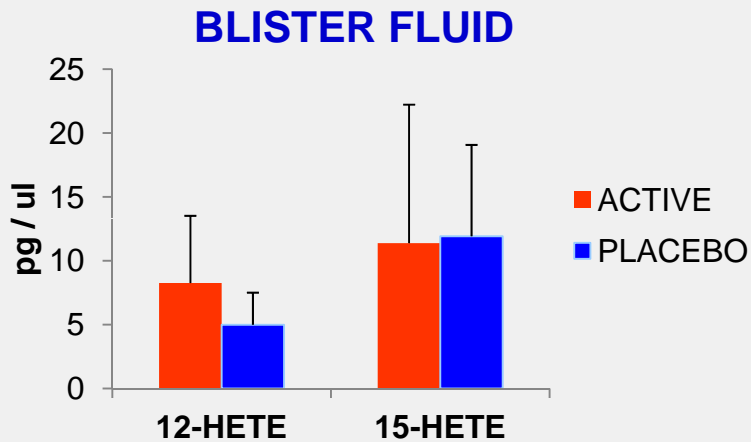
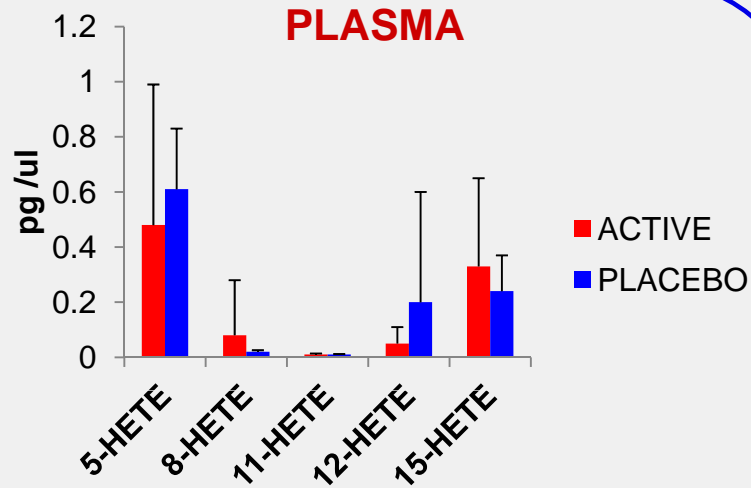


EPA(20:5n-3)-derived

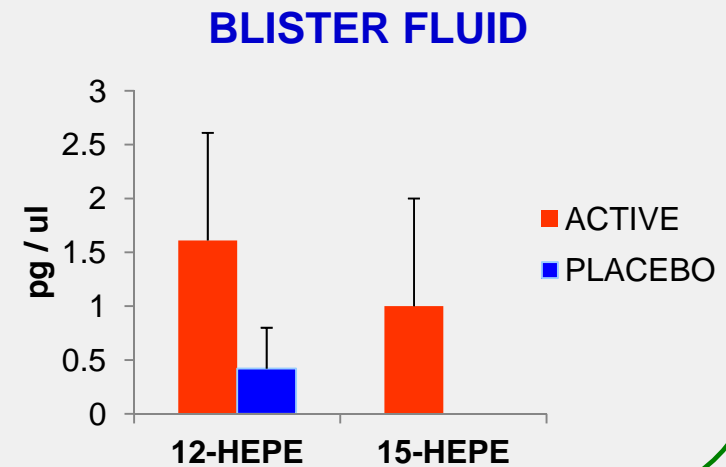
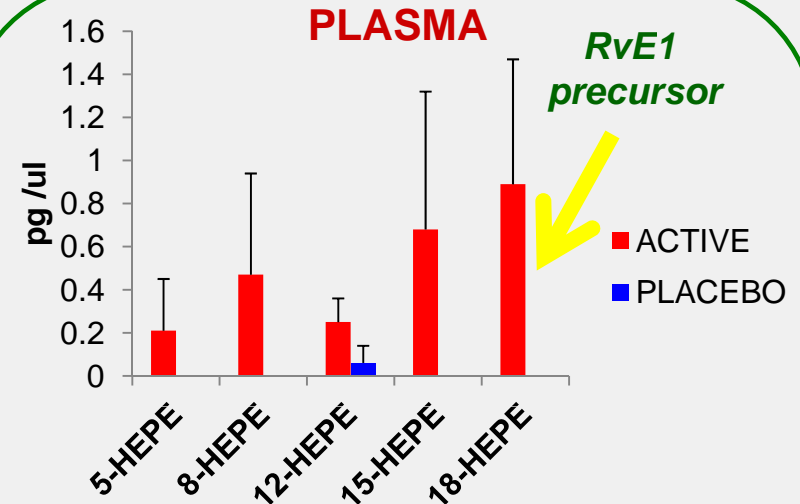


n-3PUFA supplement and LOX-mediators

AA (20:4n-6)-derived

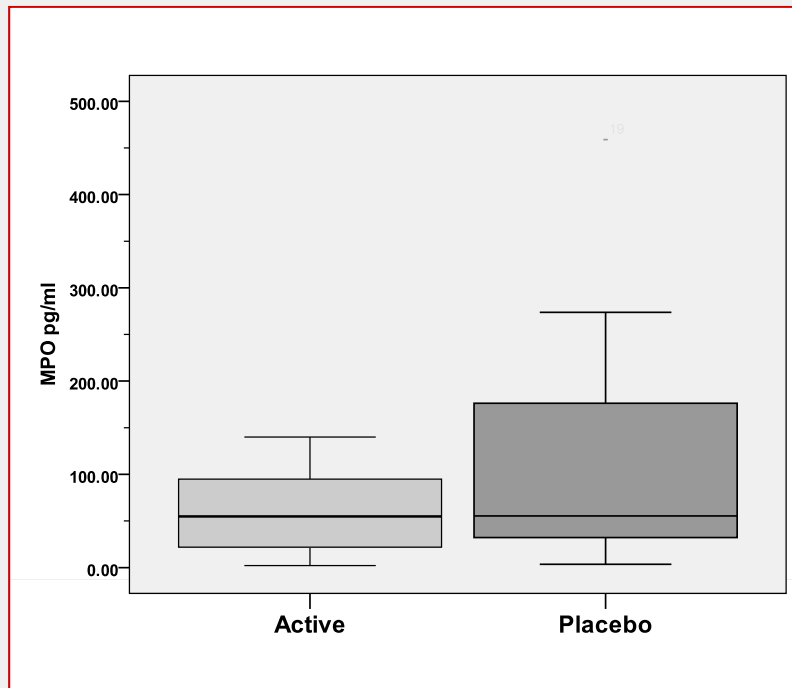


EPA(20:5n-3)-derived

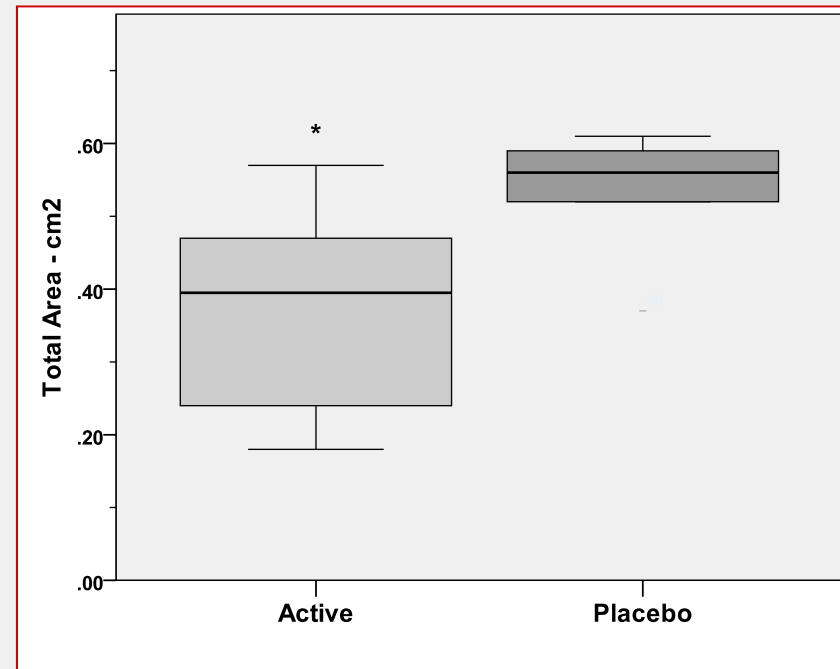


N-3 PUFA reduced wound area (improved healing)

myeloperoxidase (MPO) levels,
(leukocyte marker enzyme)

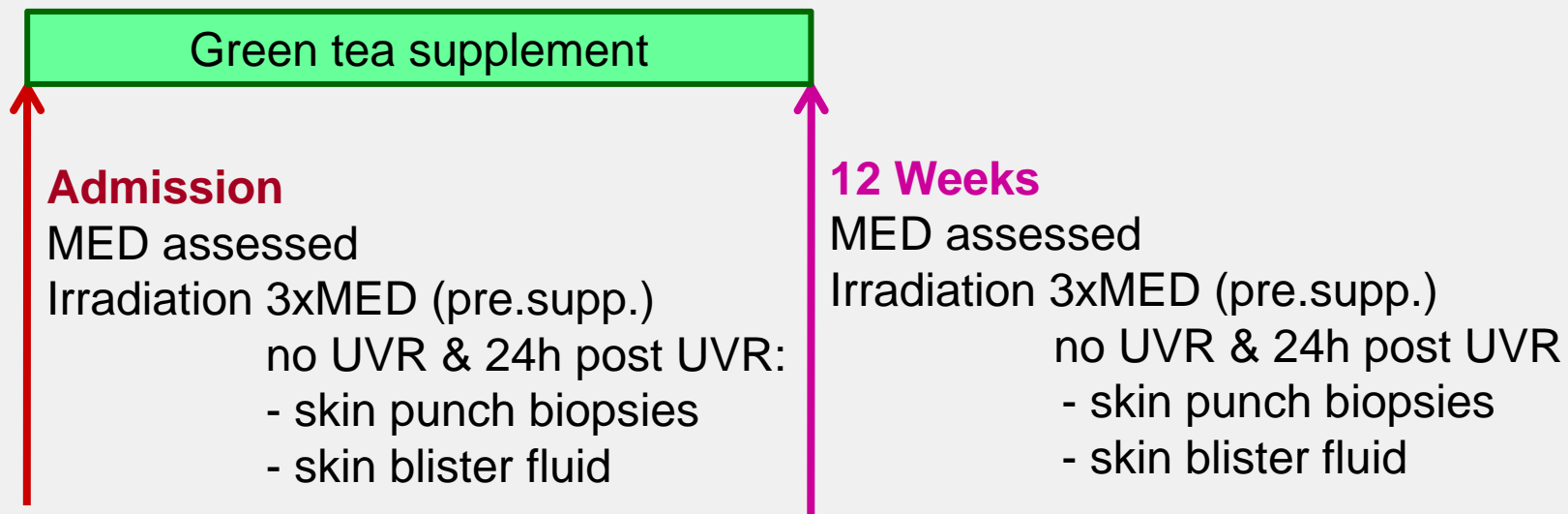


Area of wound (blisters) remaining
to re-epithelialize on Day 5



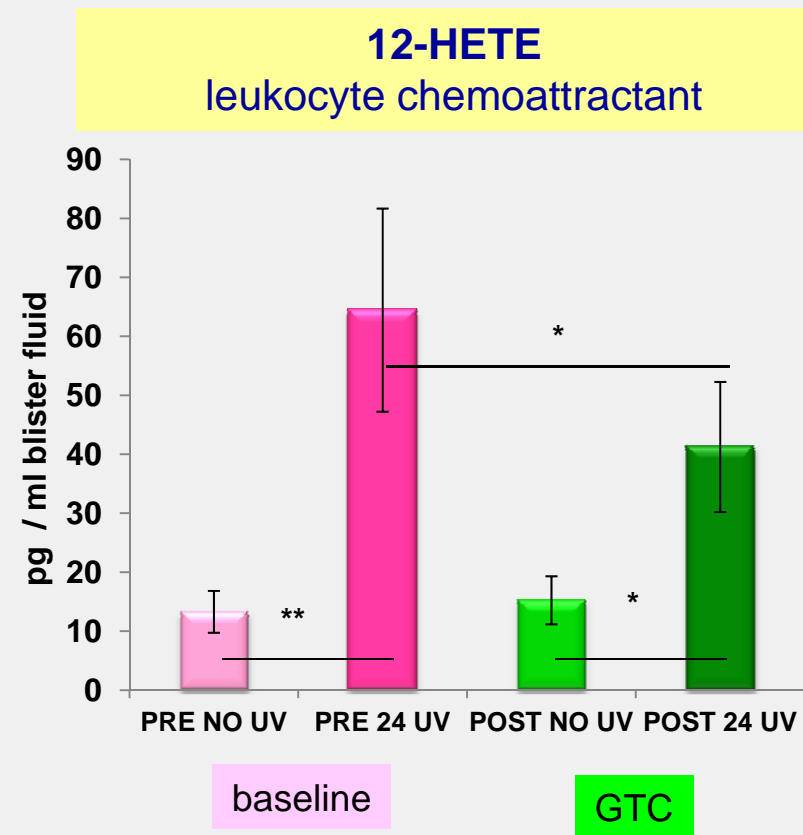
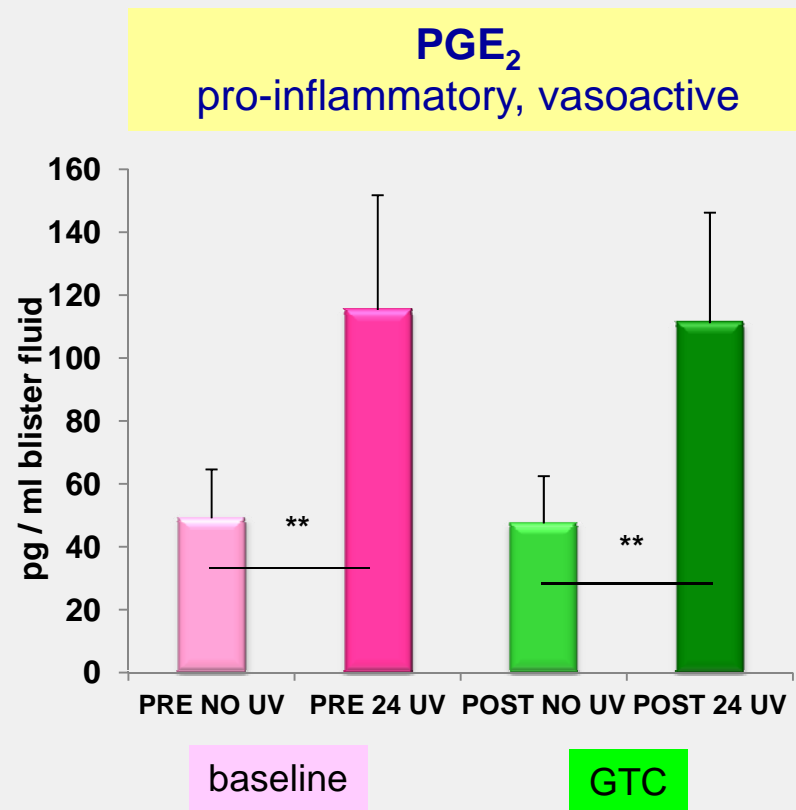
Green Tea Catechins (GTC) and UVR-induced cutaneous inflammation

Healthy human volunteers: n=14, 27-56 yrs; all female; phototype I/II (tend to burn not tan)
Supplement: GTC 550 mg/day + 50mg/day vit.C
Study period: 12 weeks



urine samples: compliance

Effect of low dose GTC on cutaneous eicosanoids



* p<0.05 ** p<0.001

A Consideration of Biomarkers to be used for Evaluation of Inflammation in Human Nutritional Studies

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Table 2. Lipid mediators associated with inflammation*

Class	Mediator	Substrate	Receptor(s)	
Prostanoids	PGD ₂	Arachidonic acid via COX	DP1, DP2	
	PGE ₂	Arachidonic acid via COX	EP1, EP2, EP3, EP4	
	PGF _{2α}	Arachidonic acid via COX	FP	
	PGI ₂	Arachidonic acid via COX	IP	
	TXA ₂	Arachidonic acid via COX	TP	
	PGE ₁	Dihomo-γ-linolenic acid via COX	EP1, EP2, EP3, EP4	
	PGD ₃	EPA via COX	DP1, DP2	
	PGE ₃	EPA via COX	EP1, EP2, EP3, EP4	
	Leukotrienes	5-HETE	Arachidonic acid via 5-LOX	BLT2
		5-HPETE	Arachidonic acid via 5-LOX	OXE
LTB ₄		Arachidonic acid via 5-LOX	BLT1, BLT2	
LTC ₄ , D ₄ , E ₄ (termed cys-LT)		Arachidonic acid via 5-LOX	CysLT1, CysLT2	
15-HETE		Arachidonic acid via 15-LOX	BLT2	
15-HPETE		Arachidonic acid via 15-LOX	BLT2	
12-HETE		Arachidonic acid via 12-LOX	BLT2	
LXB ₅		EPA via 5-LOX	BLT1, BLT2	
Lipoxins	LXA ₄	Arachidonic acid via 15-LOX and 5-LOX or 5-LOX and 12-LOX (transcellular)	FPR2/ALX	
Endocannabinoids	2-Arachidonoylglycerol	1,2-Diacylglycerol with arachidonic acid at the sn-2 position	CB1, CB2	
	Anandamide	N-arachidonoylphosphatylethanolamide via phospholipase D; in turn, N-arachidonoylphosphatylethanolamide is formed from phosphatidylcholine with arachidonic acid at the sn-1 position and phosphatidylethanolamine	CB1, CB2	
Resolvins, protectins and maresins	RvE1	EPA via acetylated COX-2 and 5-LOX (transcellular)	RvE1 (ChemR23), BLT1	
	RvD1	DHA via acetylated COX-2 and 5-LOX or via 15-LOX and 5-LOX (transcellular)	RvD1 (GPR32), ALX/FPR2	
	PD1 (NPD1)	DHA via 15-LOX and LOX (transcellular)	Not yet known	
Lysipids	MaR1	DHA via 15-LOX and 12-LOX (transcellular)	Not yet known	
	PAF	Phosphatidylcholine with diethyl ether link at the sn-1 position	PAF-R	
	Lyso-PA	Phosphatidic acid, which in turn is synthesised from phosphatidylcholine	LPA1, LPA2, LPA3, LPA4, LPA5, LPA6	
	Sphingosine-1-phosphate	Sphingosine, which in turn is synthesised from ceramide	S1P1, S1P2, S1P3, S1P4, S1P5	

Mediator Lipidomics

- LC/ESI-MS/MS mediator lipidomics: versatile, sensitive approach.
- Role of lipid mediators in health and disease.
- Discovery of novel mediators and biomarkers; development of therapeutics.
- Contribution to systems biology.

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