

Deciphering Genetically Influenced Metabotypes for Gastric Cancer Risk Stratification and Targeted Primary Prevention

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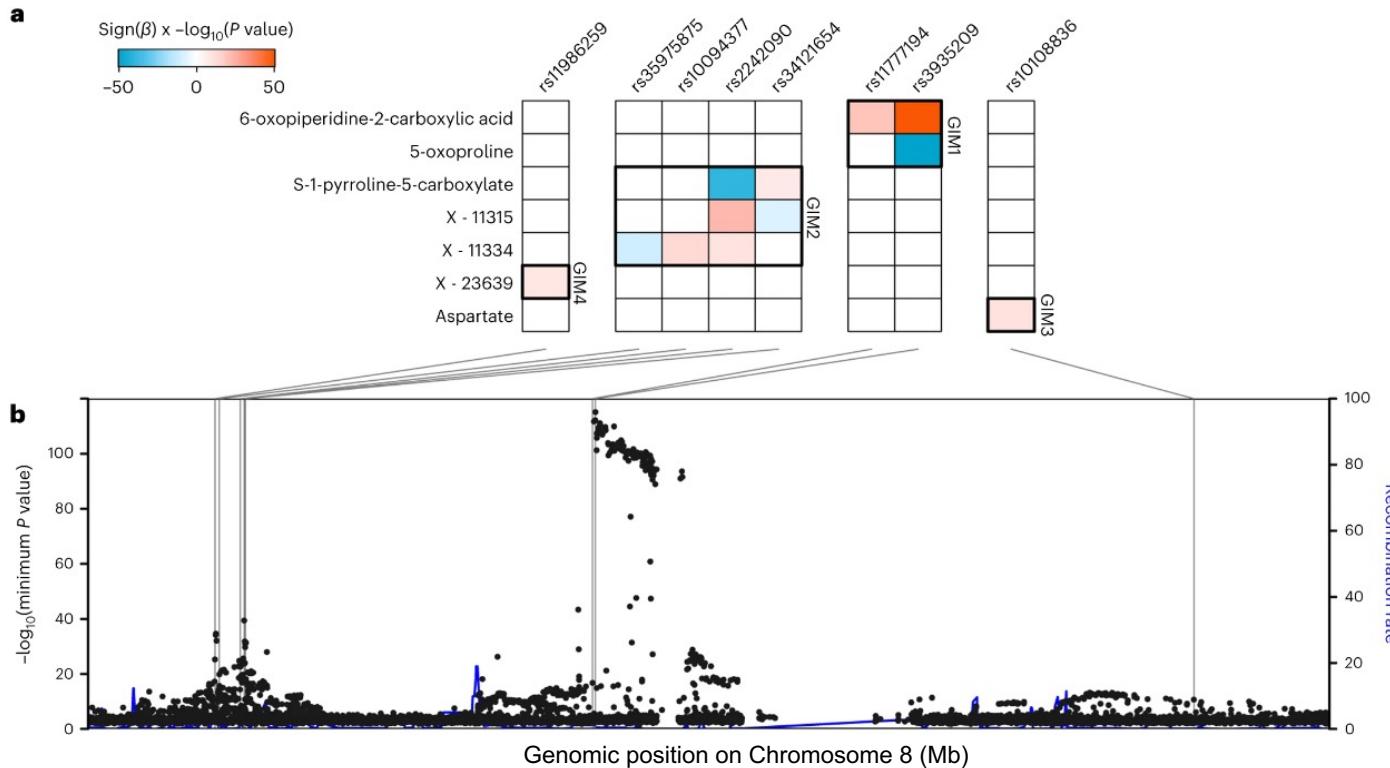
Peking University Cancer Hospital & Institute, China



Genetically influenced metabotypes (GIMs)

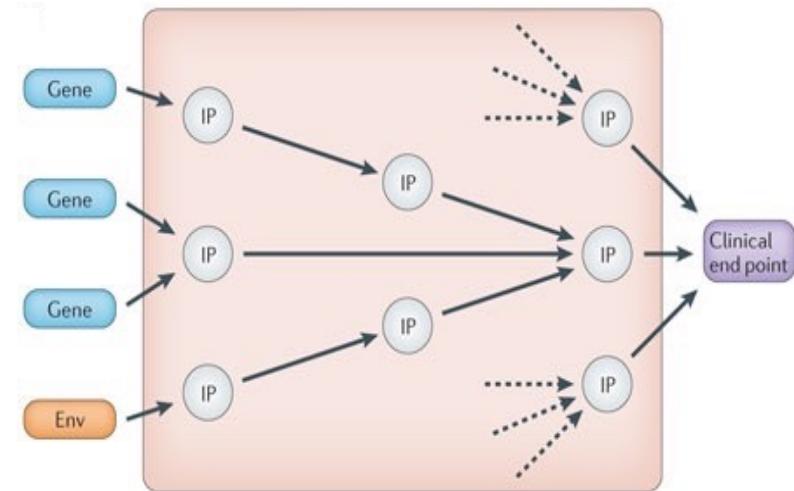
Definition of GIMs

Nat Med 28, 2321–2332 (2022).



Intermediate phenotypes

Nat Rev Genet 13, 759–769 (2012).

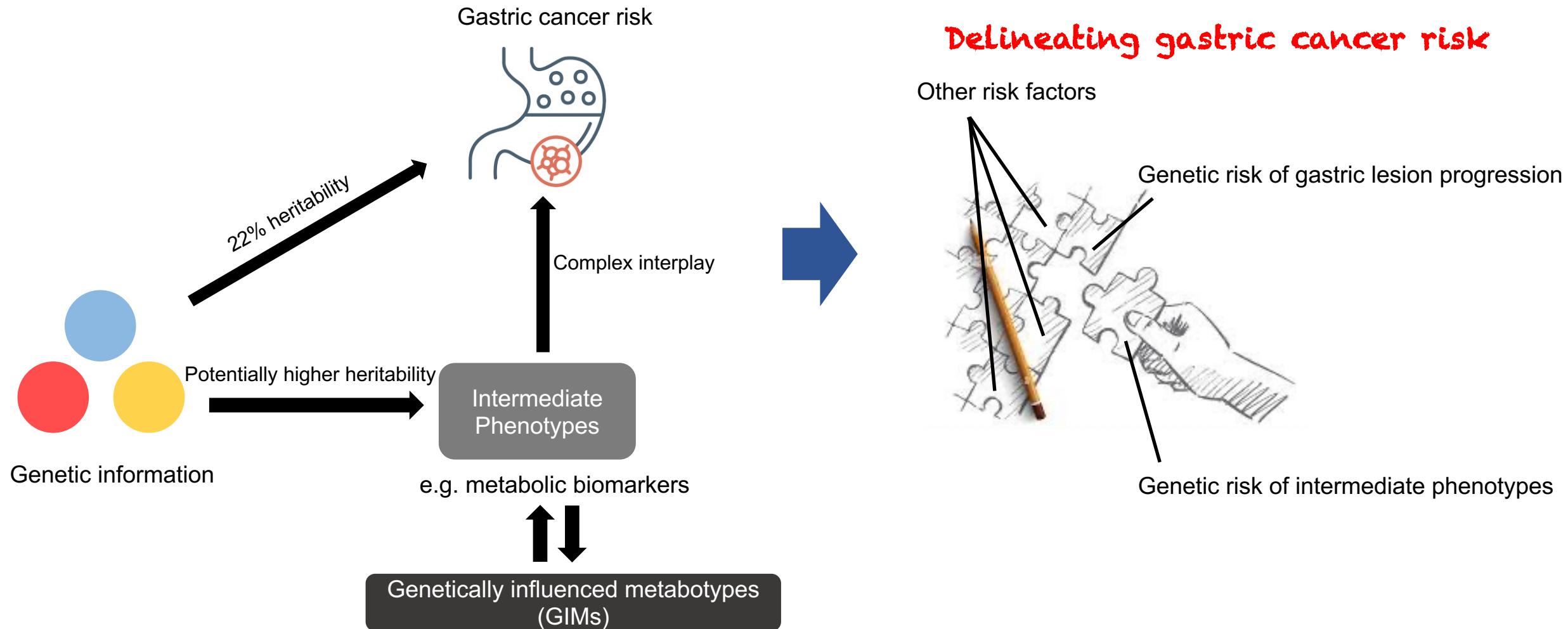


- Metabolic biomarkers are important intermediate phenotypes before diseases occur
- GIMs can be derived from metabolome GWAS

Genetically Influenced Metabotypes (GIMs) are defined by various groups of metabolite quantitative trait loci (mQTLs)

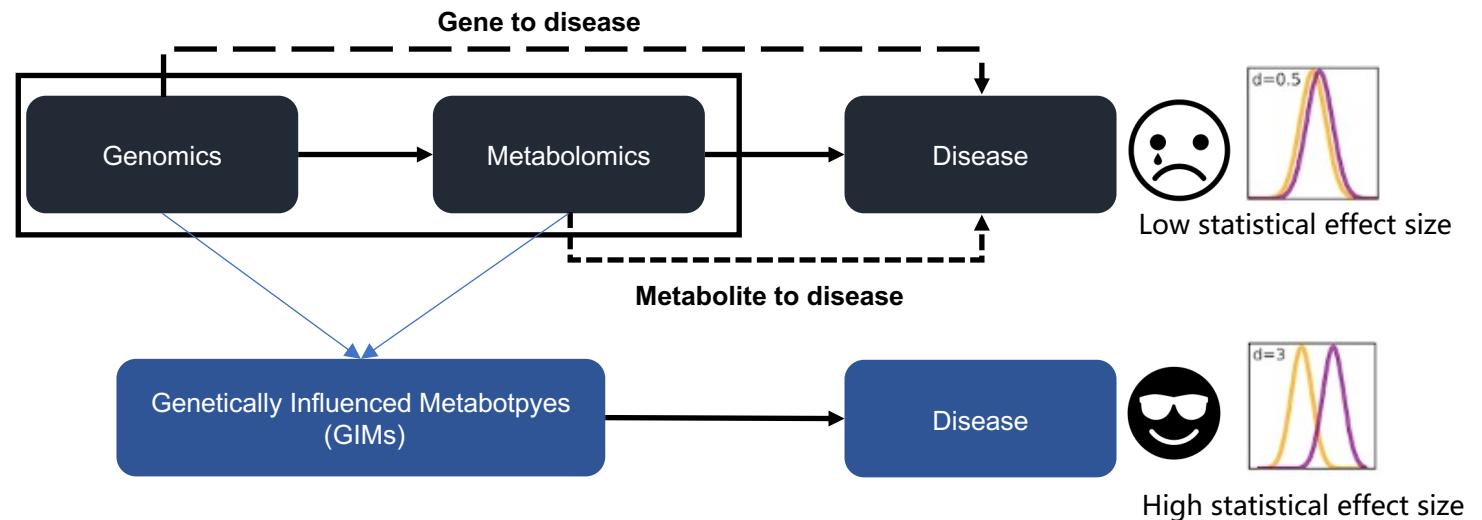
Hum Mol Genet 24(R1):R93-R101 (2015).

A different avenue for gastric cancer risk stratification



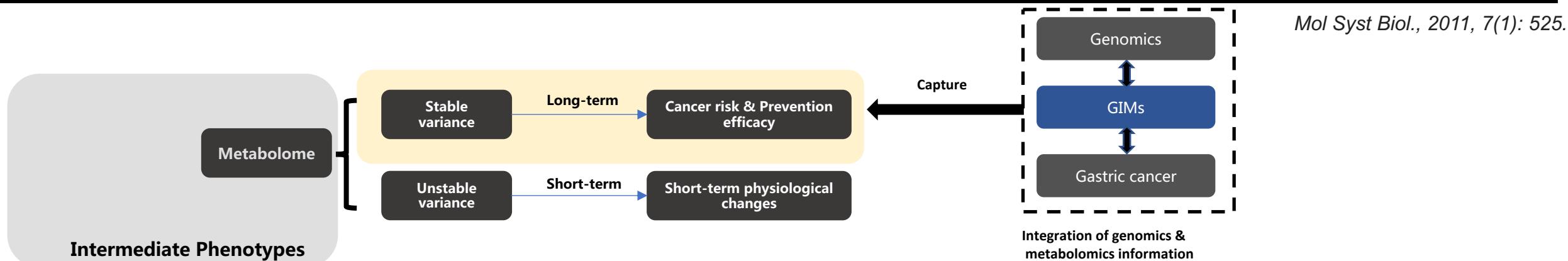
Why GIMs

GIMs may exhibit higher statistical power than traditional disease trait loci



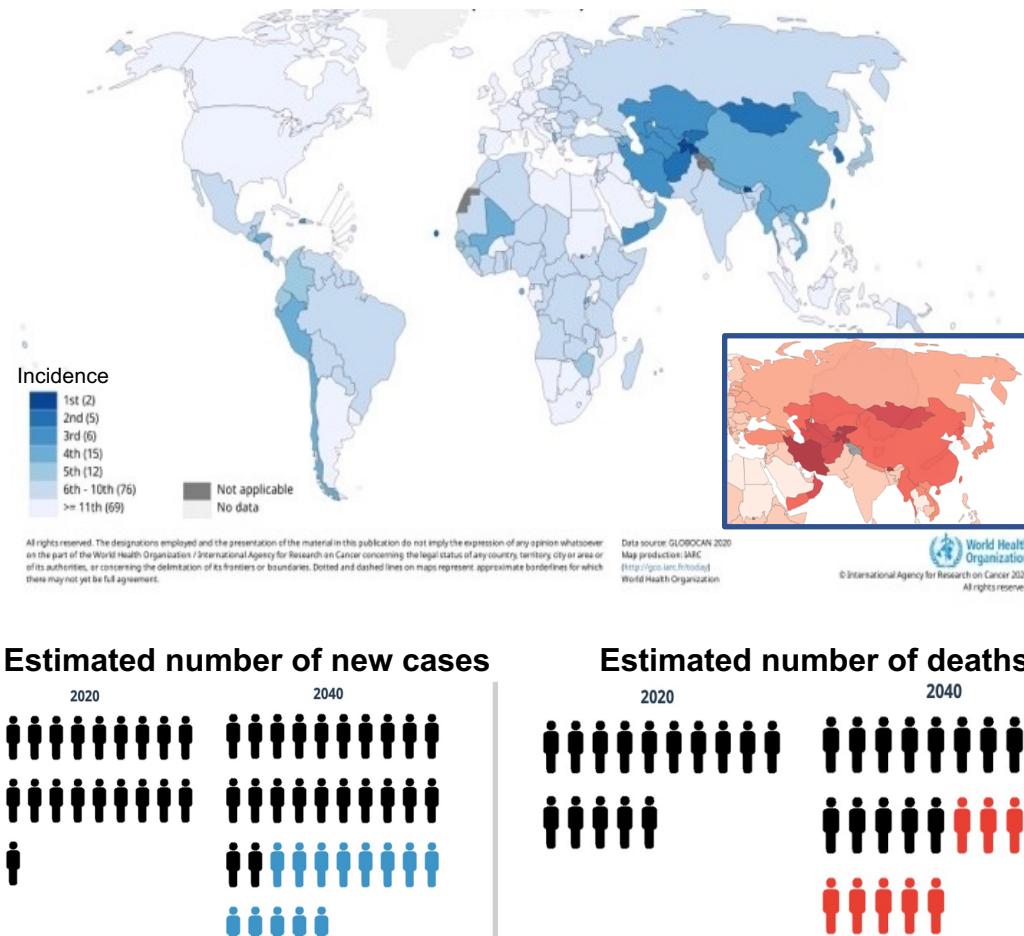
Nat Genet 46, 543–550 (2014)
Nat Med 28, 2321–2332 (2022)

GIMs may capture stable variance of metabolic profiles



Gastric cancer

Epidemiologic characteristics

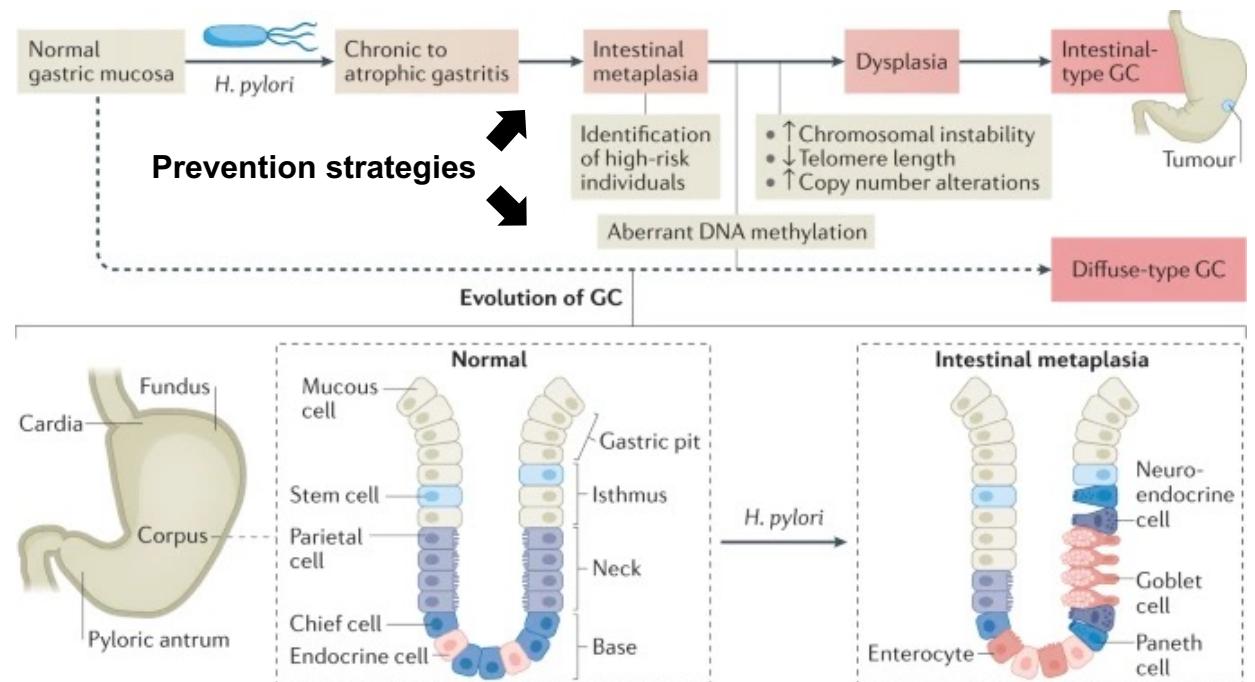


Risk factors

- *Helicobacter pylori* (*H. pylori*) infection
- Smoking
- Alcoholic consumption
- Low intake of fruit & vegetables
- High salt diet
- High intake of red & processed meats



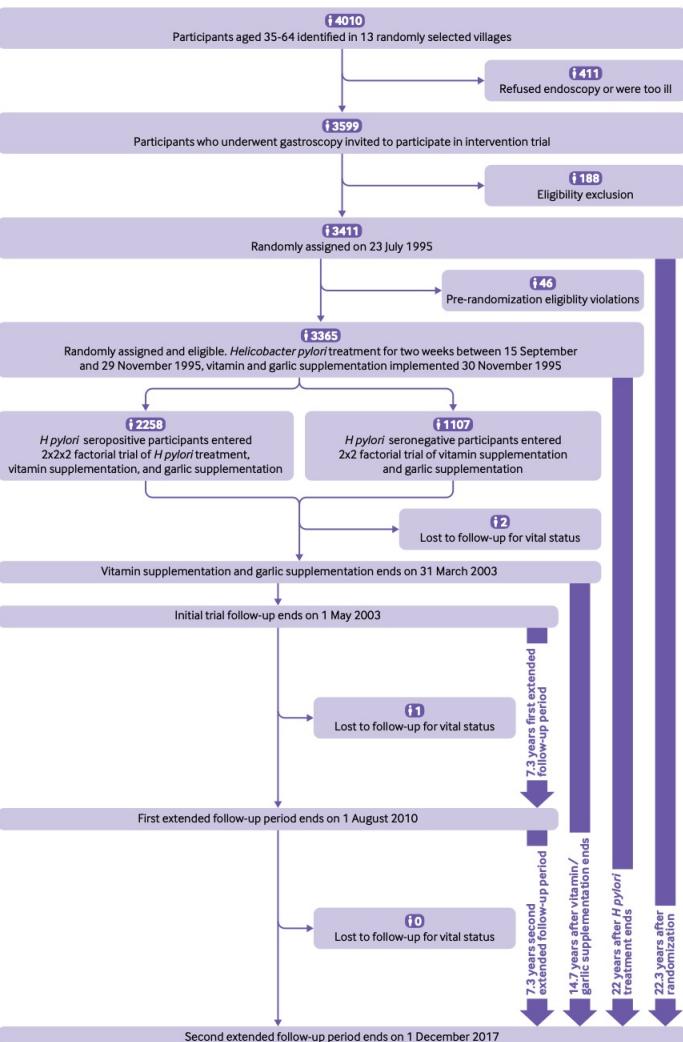
Evolution of gastric cancer (GC)



Nature reviews cancer, 22(2), 71-84..

Efforts towards gastric cancer prevention

The Shandong Intervention Trial (SIT) Study



***H. pylori* positive**
 (n=2,258)
 2 x 2 x 2 factorial design

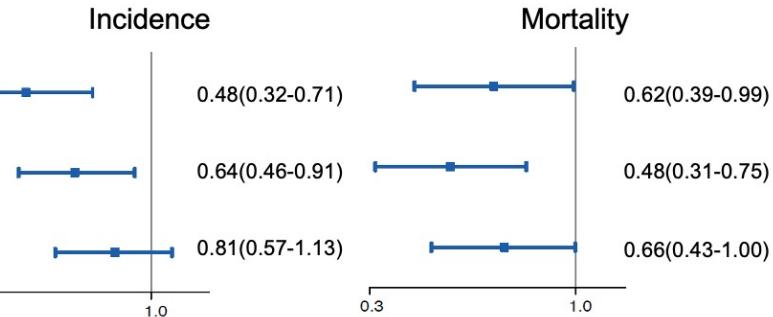
- 2 weeks *H. pylori* treatment
- Vitamin supplementation 7.3 years
- Garlic supplementation 7.3 years

***H. pylori* negative**
 (n=1,107)
 2 x 2 factorial design

- Vitamin supplementation 7.3 years
- Garlic supplementation 7.3 years

- High-risk area based
- N=3,365, 2x2x2 factorial design
- 2 weeks of *H. pylori* treatment
- 22.3 years of follow-up

BMJ 2019, 366.



Implications

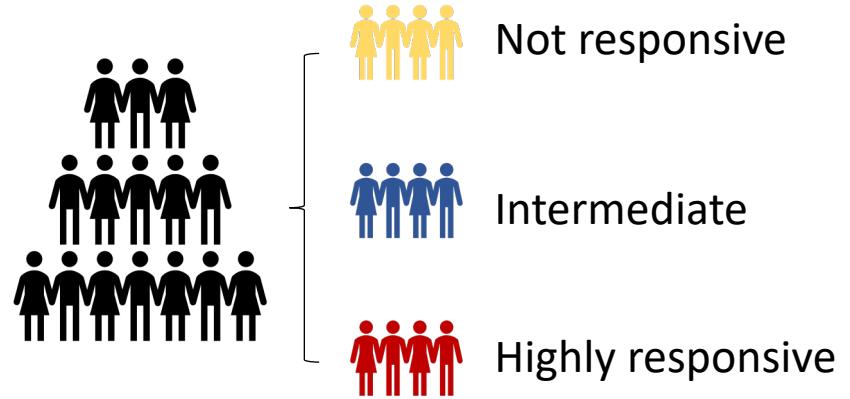
- ✓ ***H. pylori* eradication (2 weeks)**
- ✓ Vitamin supplementation (7 yrs)
- ✓ Garlic supplementation (7 yrs)

Incidence

Mortality

H. pylori treatment for two weeks and vitamin or garlic supplementation for seven years were significantly associated with a reduced **incidence** of GC, as well as a reduced risk of **death** due to GC for more than **22 years**.

Problems still exist



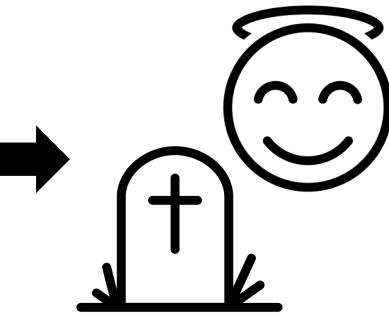
Not all of the subjects are completely responsive !

e.g.

- There's still a possibility of failure in *H.pylori* eradication.
- Long-term effects of gastric cancer prevention is only evident in certain subgroups.



"One-size-fits-all" prevention strategies



Fine-tuned personalized prevention strategies



- Under high risk of gastric cancer
- Benefits most from prevention

Identification of the target population

Research aim

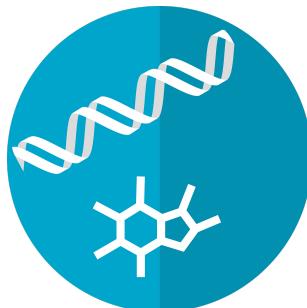
Profile and identify the high-risk target population that might benefit most from early interventions

What kind of profiles are we going to depict?

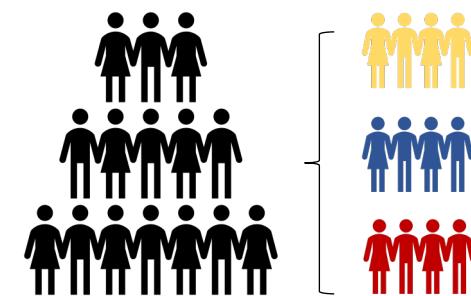
- Genetically Influenced metabotypes (GIM)

How do we derive the profiles?

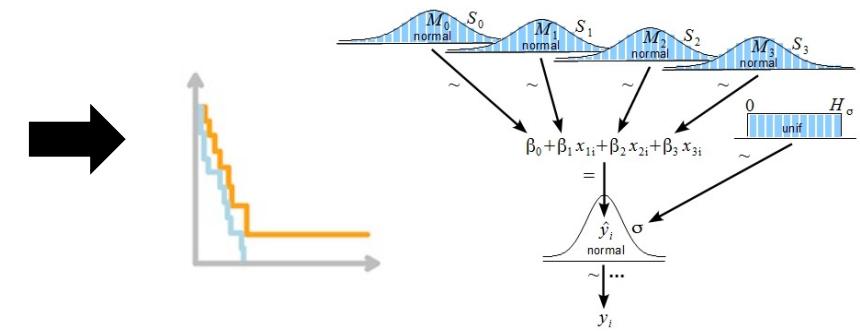
- Integration of genomics and metabolomics information from large-scale datasets
- External validation in disease-specific cohorts



**Integration of
genomics & metabolomics**

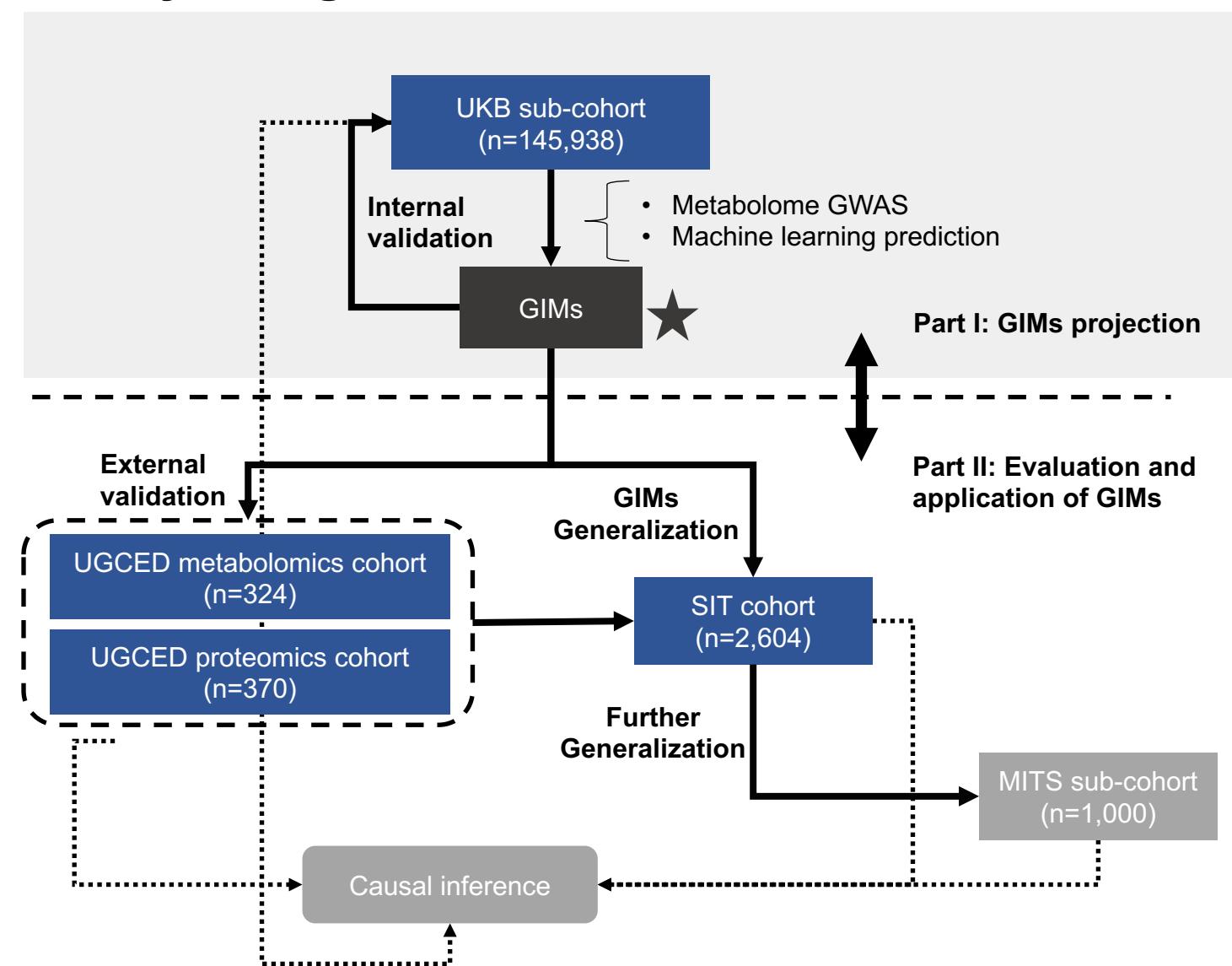


**Projection of genetically
Influenced metabotypes (GIMs)**



**Application & evaluation of GIMs
for the primary prevention of GC**

Study design & Methods

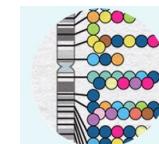


Establishing a cohort for gastric cancer research

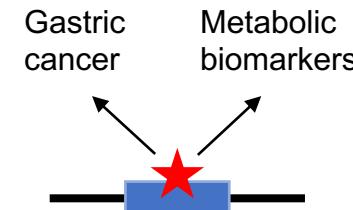
- Must have both metabolomics and genotype data with quality control
- Match with ICD-10; Gastric cancer must be primary
- Exclude cases with specified diseases and pregnancy

mGWAS & genowide pleiotropic analysis

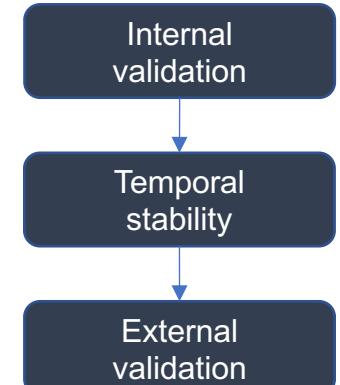
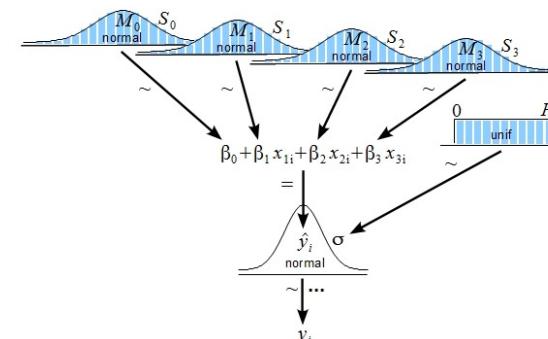
- Metabolome GWAS adjusted by multiple potential confounders
- Public available GWAS data



- Nat Genet 53, 1616–1621 (2021).
- Nat Genet 53, 1415–1424 (2021).
- Nat Commun 11, 4423 (2020).



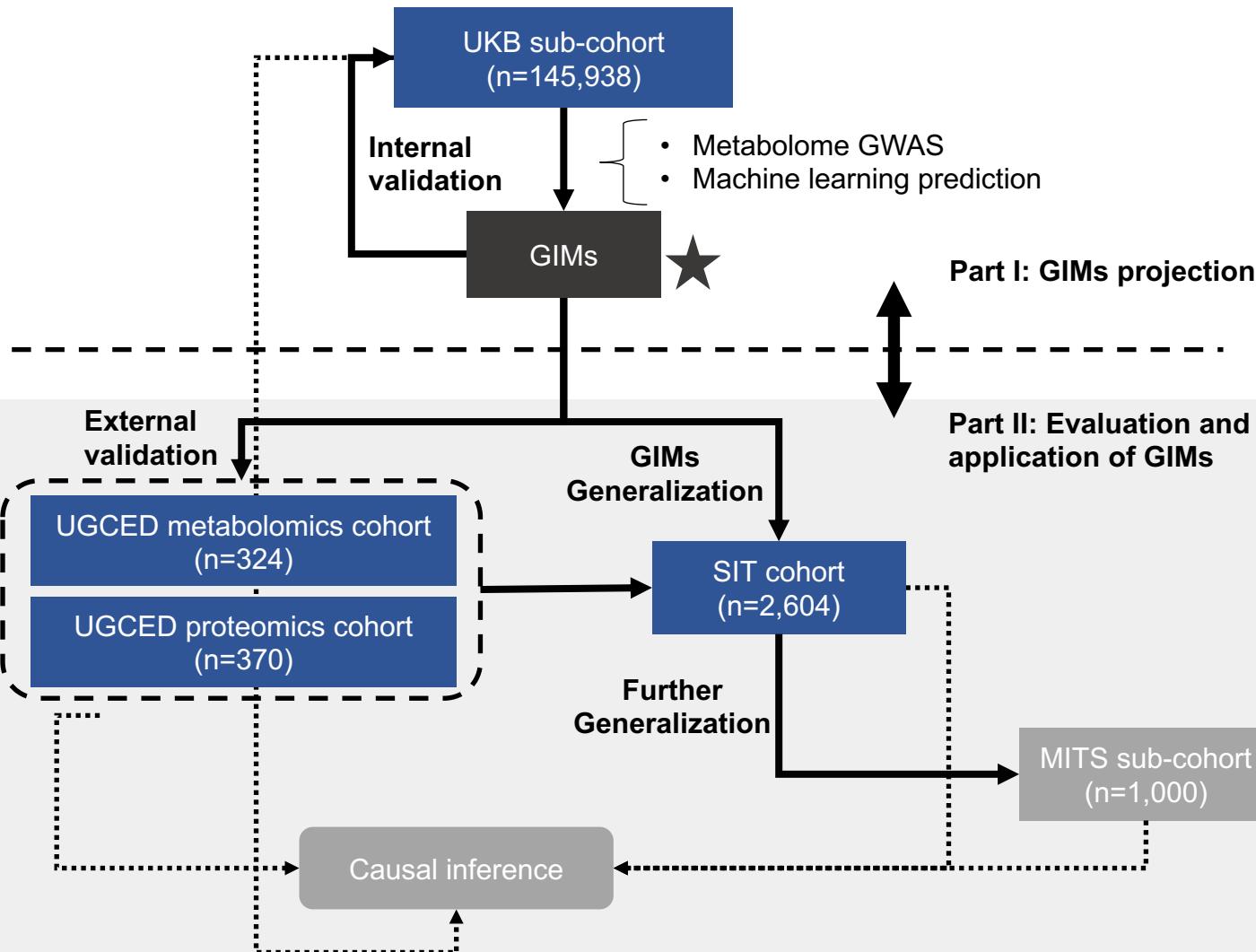
Projecting GIMs: Model training and evaluation



Machine learning predictions

^{*}Genotypic information is available in the UGCED and SIT and MITS sub-cohort

Study design & Methods



- BMJ 2019, 366.*
JAMA Network Open, 2021, 4(6)
EBioMedicine, 2021, 74.
Theranostics, 2022, 12(10)

- **UGCED:** Upper Gastrointestinal Cancer Early Diagnosis
- **SIT:** Shandong Intervention Trial
- **MITs:** Mass Intervention Trial in Shandong

UGCED Cohort :

- LC-MS metabolomics (n=324) & Proteomics data (n=370)
- Multiple cases of precancerous lesions and early cancer
- Prospective endoscopic follow-up at multiple time points

SIT Cohort:

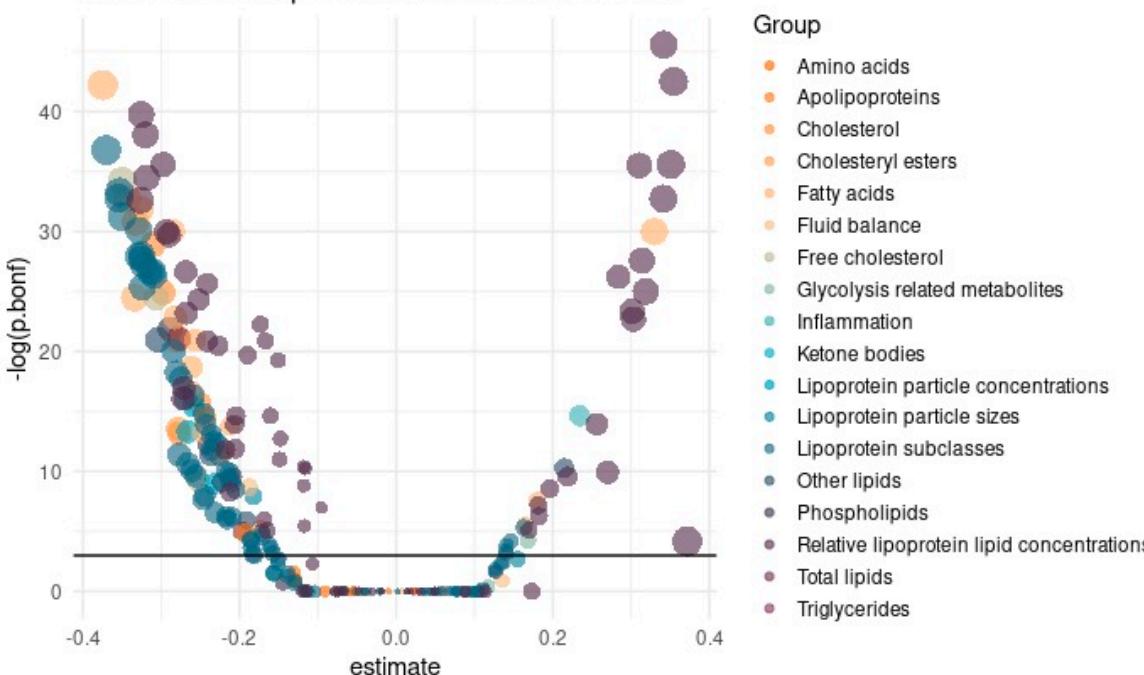
- Randomized, 2x2x2 factorial intervention trial (NCT00339768)
- Based on a high-risk area of gastric cancer
- N=3,365, 2x2x2 factorial design
- 2 weeks of treatment
- 22.3 years of follow-up

[°]Genotypic information is available in the UGCED and SIT and MITs sub-cohort

Metabolic biomarkers & polygenic insights

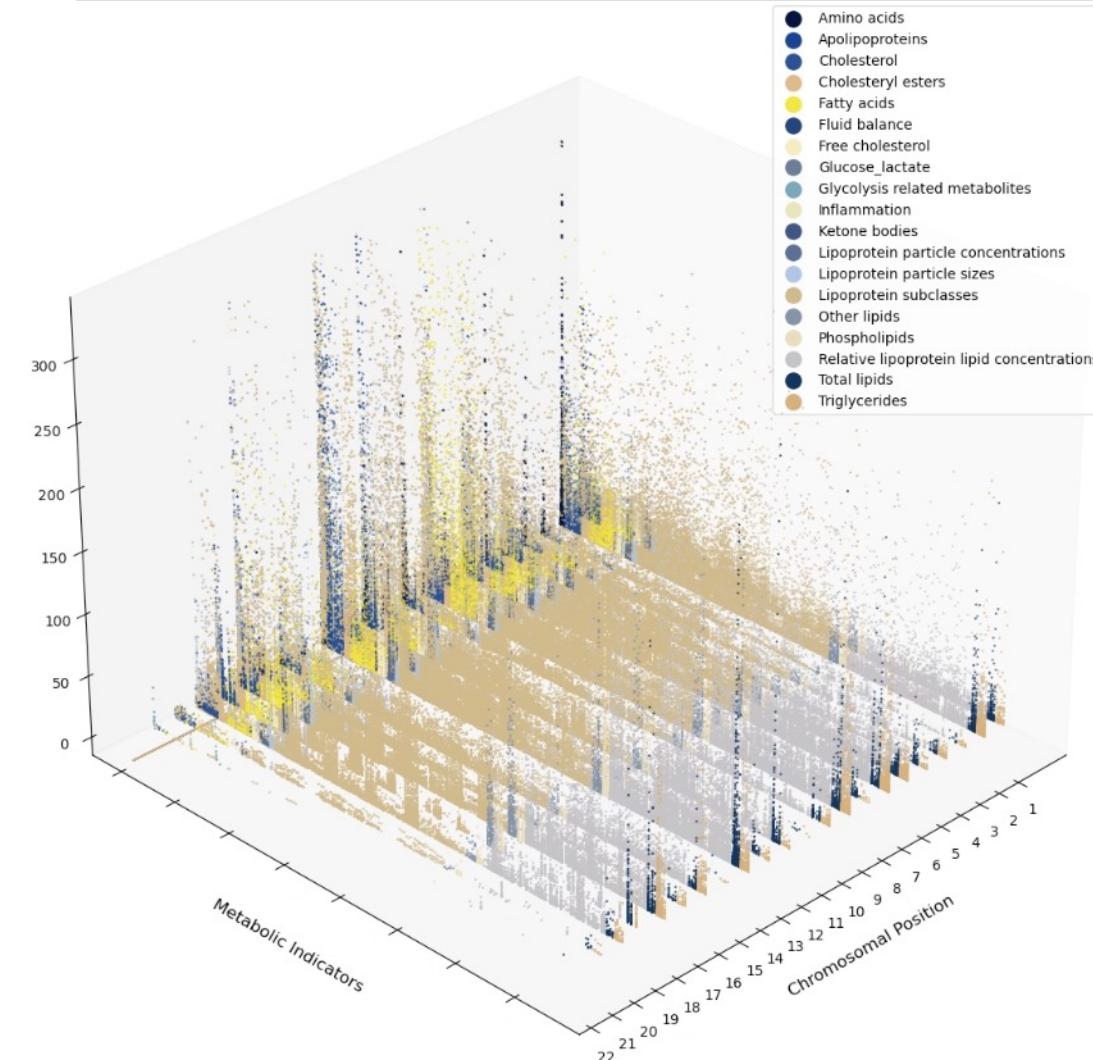
True metabolic profiles are associated with gastric cancer risk

NMR metabolic profiles: GC vs health control



- Blood metabolic profiles are associated with gastric cancer risk
- 70k+ significant variants are identified for variation of 249 biomarkers
- Polygenic effects exist for multiple metabolic biomarkers (traits)

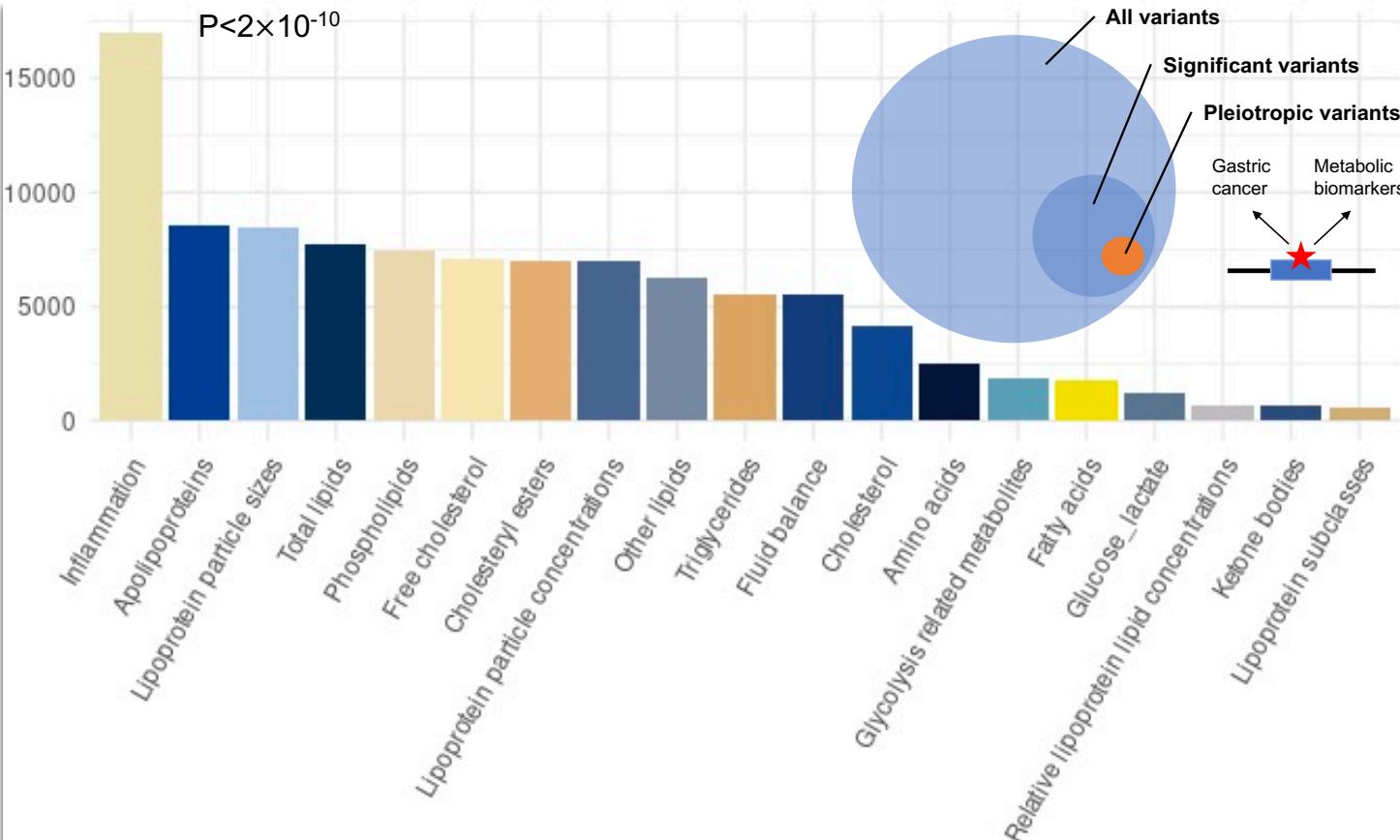
mGWAS for 249 NMR metabolic indicators



Amino acids
Apolipoproteins
Cholesterol
Cholestryl esters
Fatty acids
Fluid balance
Free cholesterol
Glucose_lactate
Glycolysis related metabolites
Inflammation
Ketone bodies
Lipoprotein particle concentrations
Lipoprotein particle sizes
Lipoprotein subclasses
Other lipids
Phospholipids
Relative lipoprotein lipid concentrations
Total lipids
Triglycerides

Genetic associations with metabolic profiles

Average number of mGWAS significant variants by metabolic categories

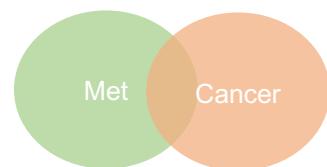


Genome-wide pleiotropic analysis



$$H_0: \beta_1 * \beta_2 = 0$$

$$H_1: \beta_1 * \beta_2 \neq 0$$



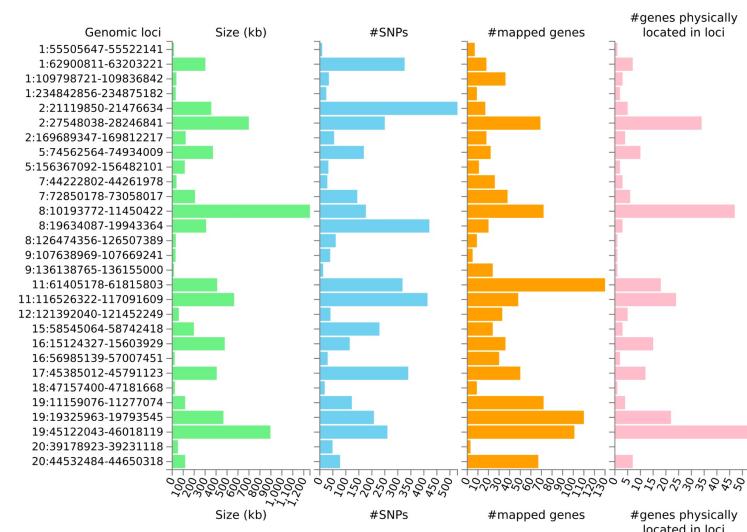
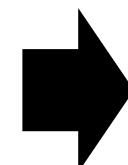
- De-correlate Z values if sample overlap issues exist
- Genome-wide significance threshold: $P < 5 \times 10^{-8}$

Pleiotropic variants and genes

Summary of pleiotropic variants

# Genomic risk loci	29
# Lead SNPs	72
# Ind. Sig. SNPs	166
# Candidate SNPs	4540
# Candidate GWAS tagged SNPs	535

48 potentially pleiotropic genes



Test for phenotypic specificity of the pleiotropic genes

	Alimentary and digestive phenotypes	Non-alimentary and digestive phenotypes
Potentially pleiotropic genes	A1	A2
Non-pleiotropic	A3	A4

- H_0 : Pleiotropic genes do not have phenotype specificity
- H_1 : Pleiotropic genes have phenotype specificity

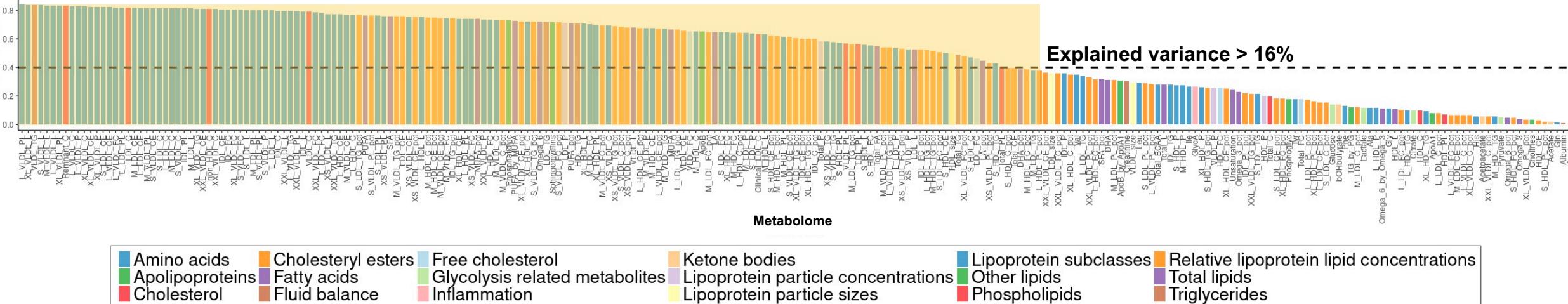


When using digestive/alimentary phenotype (MP:0005381) as the target phenotype:

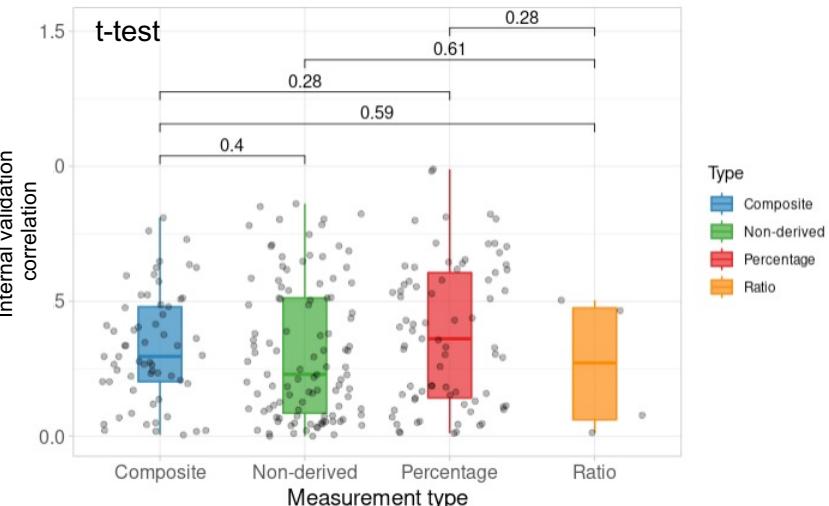
The odds ratio (OR) for the potentially pleiotropic gene set associated with digestive tract disease phenotype is **2.35 (95% CI: 1.10-4.64)**.

Machine learning models predicting GIMs

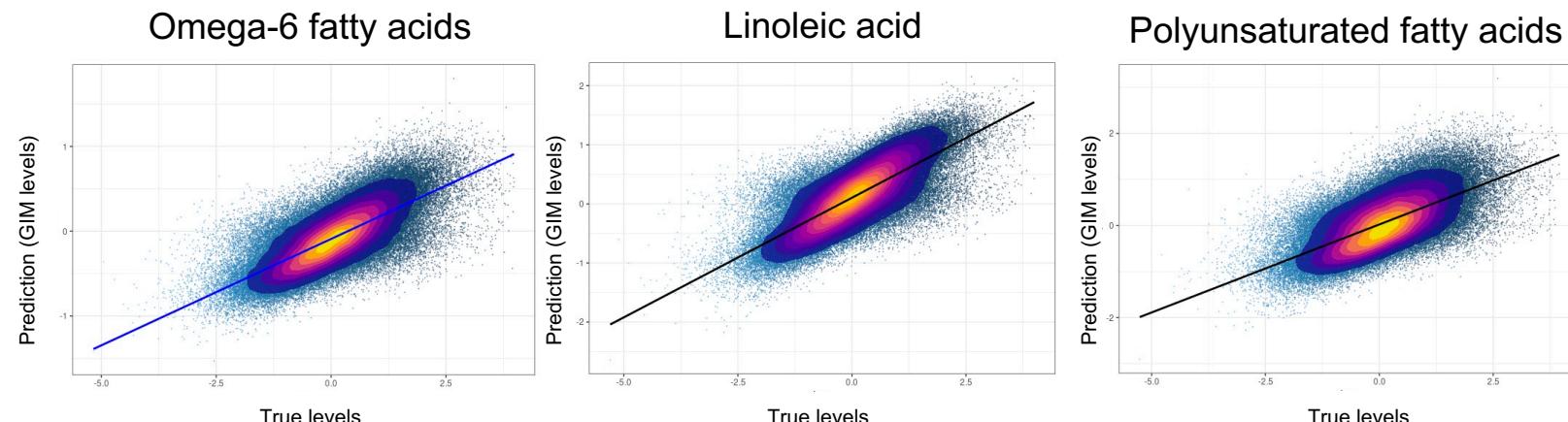
Overall performance



Performance by measurement types



Performance by individual biomarkers (e.g. for fatty acids)



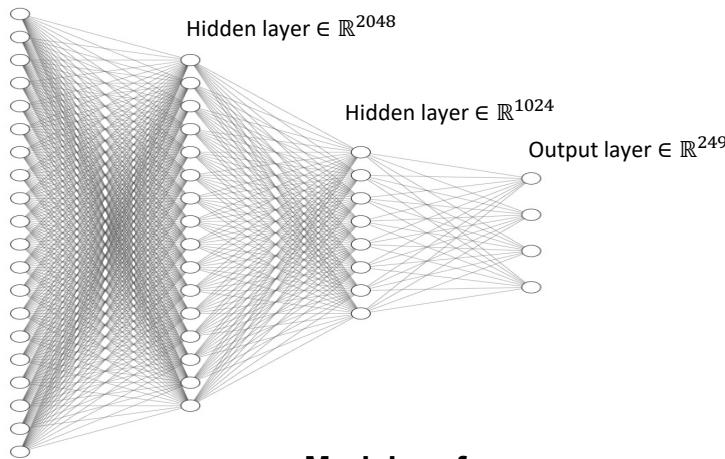
Machine learning models predicting GIMs

Input layer $\in \mathbb{R}^{6798}$

Hidden layer $\in \mathbb{R}^{2048}$

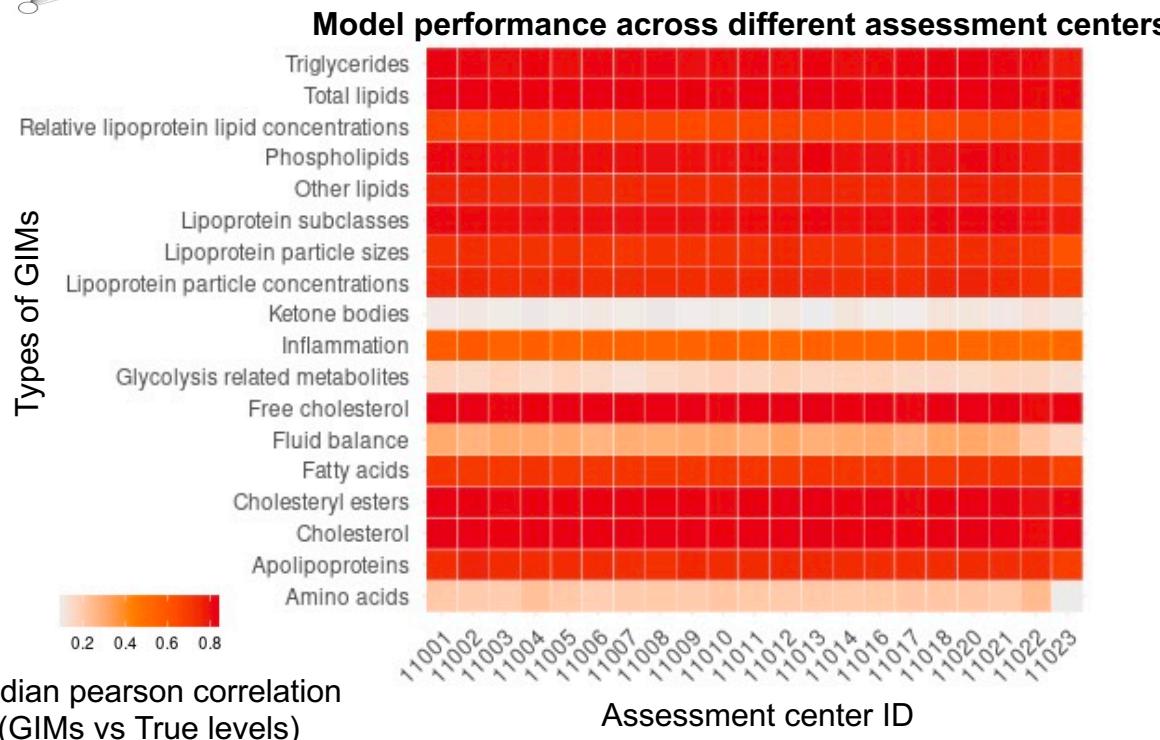
Hidden layer $\in \mathbb{R}^{1024}$

Output layer $\in \mathbb{R}^{249}$

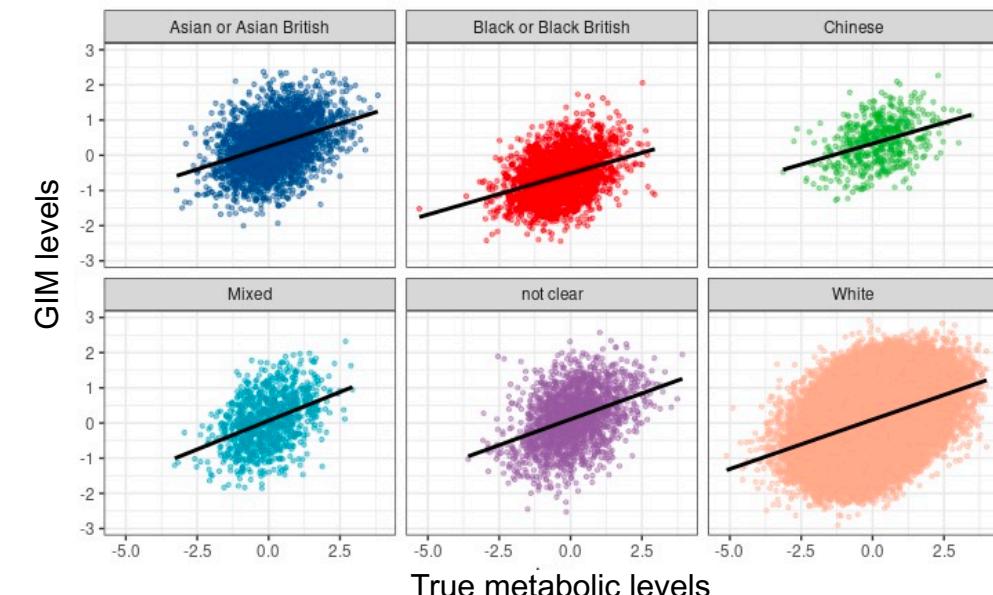


Why neural networks

- Capable of capturing potential interaction effects
- Theoretically can fit any function in nature
- 2048 and 1024 neurons in the 1st and 2nd hidden layer, respectively
- Batch normalization and dropout techniques were applied to reduce overfit

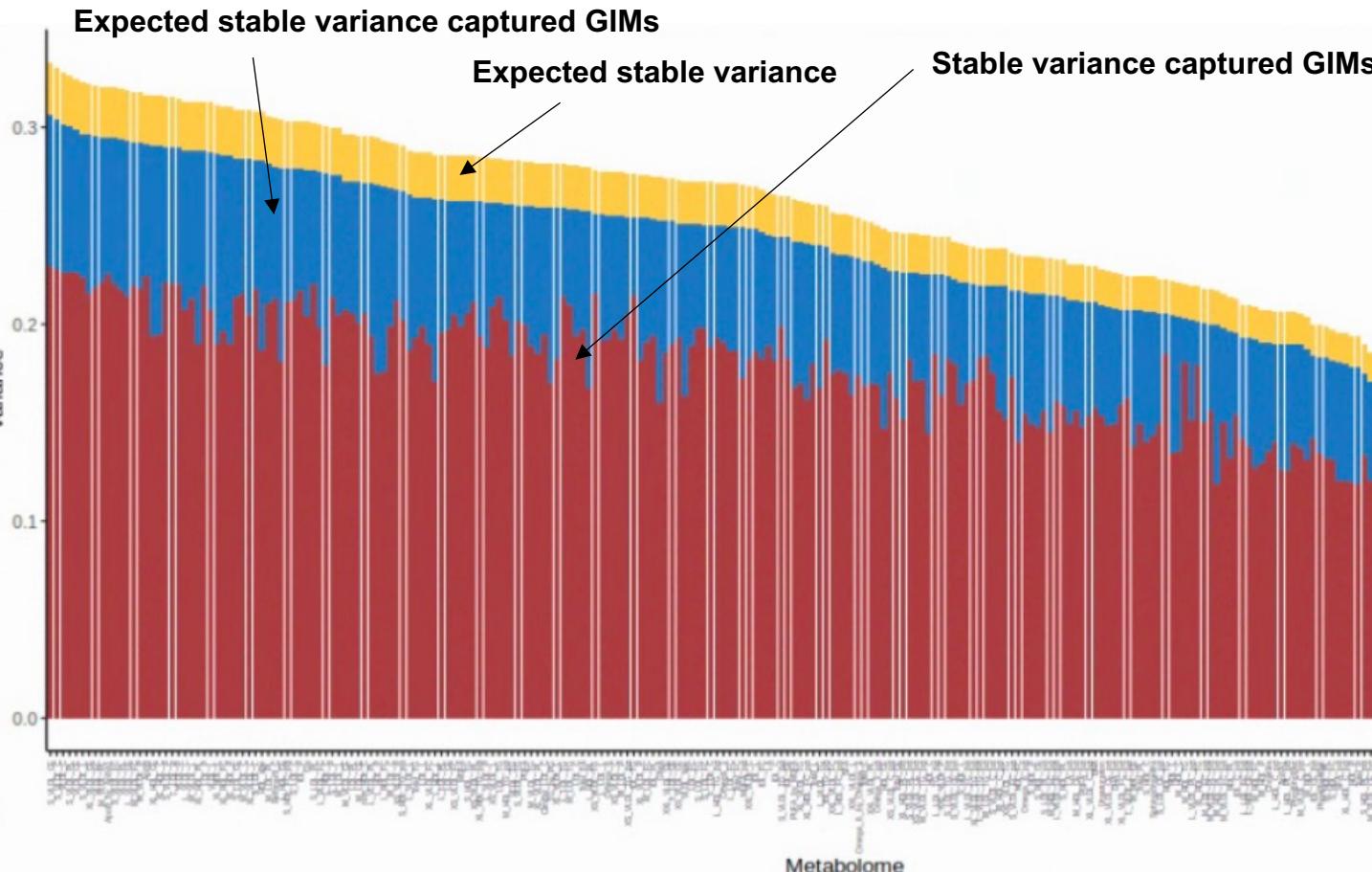


Model performance across different ethnic groups (e.g. for Omega-6 fatty acids)



GIMs are temporarily stable for long-term cancer risk indication

Evaluation on the temporal stability of GIMs

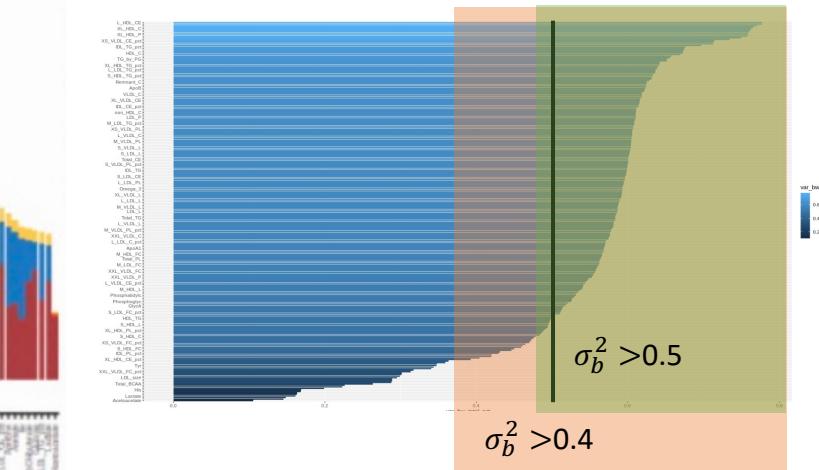


Estimation of stable variance from GIMs

Step 1: estimate the biological variation of each metabolic trait
Step 2: estimate the stable variance of the biological variation
Step 3: estimate the stable variance accounted by genetics

Linear mixed effect model was used for variance decomposition

- Biological variance = $\sigma_{between}^2 + \sigma_{within}^2$
- Stable variance = 60% * ($\sigma_{between}^2 + \sigma_{within}^2$)
- Stable variance accounted by genetics = 42~50% * ($\sigma_{between}^2 + \sigma_{within}^2$)



Good sign of the ability
for risk stratification

GIMs are temporarily stable for long-term cancer risk indication

UKB metabolic biomarker measurements

Time point 1

Year: 2006-2010

True
levels

Time point 2

Year: 2012-2013

True
levels

+



Estimation of true stable variance

Time point 1

Year: 2006-2010

GIMs
levels

Time point 2

Year: 2012-2013

True
levels

+



Estimation of GIMs-captured stable variance

Estimation of stable variance from GIMs

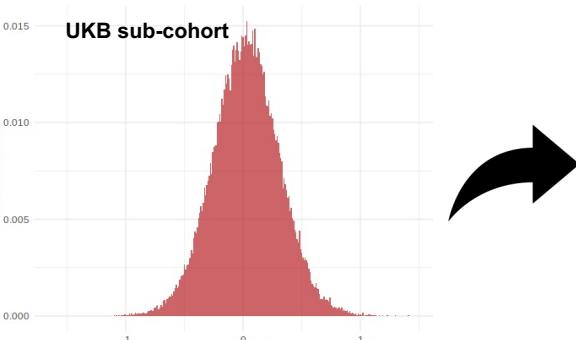
- Step 1: estimate the biological variation of each metabolic trait
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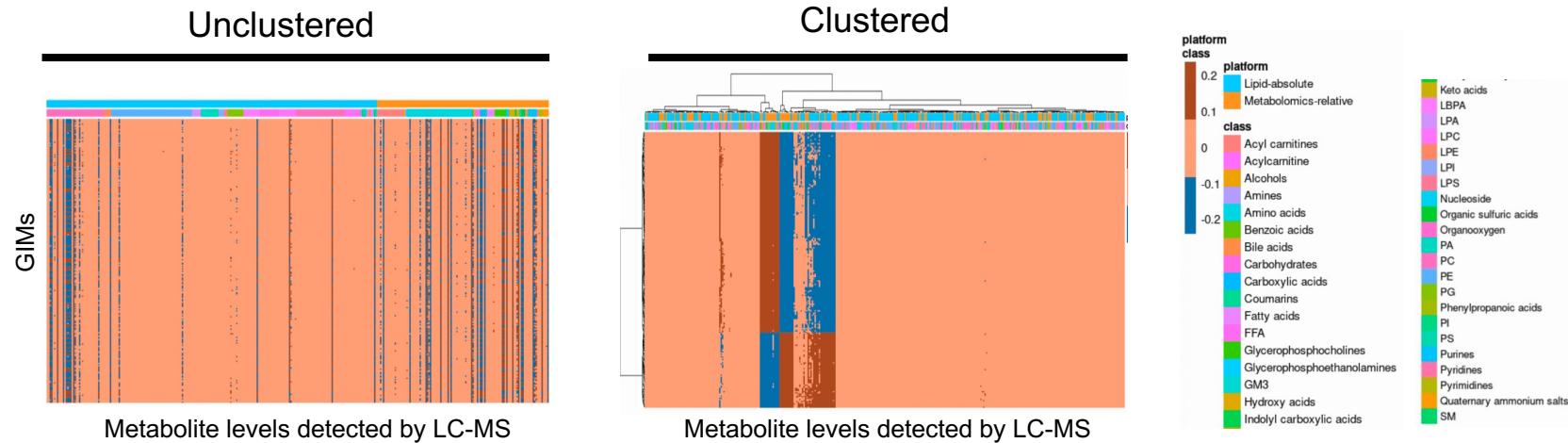
- Biological variance = $\sigma_{between}^2 + \sigma_{within}^2$
- Stable variance = 60% *($\sigma_{between}^2 + \sigma_{within}^2$)
- Stable variance accounted by genetics = 42~50% *($\sigma_{between}^2 + \sigma_{within}^2$)

GIMs coincide with external metabolomics and proteomics profiles

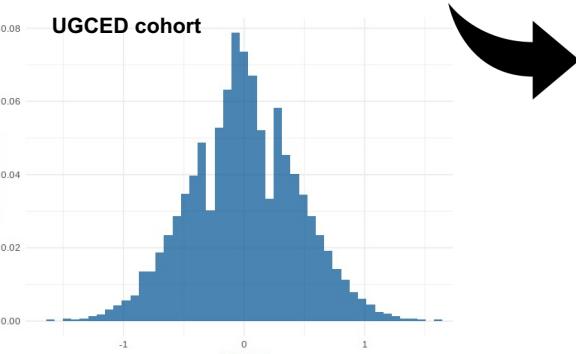
GIMs projection



GIMs display associations with the metabolomic profiles in UGCED cohort



Protein-coding pleiotropic genes associated with risk of early gastric cancer



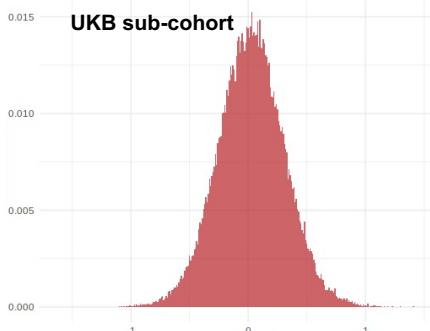
Gene Symbol	OR (95% CI) ^a	nominal p-value	FDR q-value ^b
KPNB1	5.00 (2.23-14.04)	<0.001	0.011
NPEPPS	2.63 (1.34-5.77)	0.008	0.033
APOB	3.11 (1.78-6.84)	0.001	0.011
PDXDC1	2.49 (1.32-5.14)	0.007	0.032
TOMM40	4.02 (1.98-10.70)	0.001	0.012
UBE2L3	0.32 (0.10-0.79)	0.029	0.078
KANK2	2.16 (1.15-4.50)	0.026	0.073

^aOdds ratios were calculated by multivariate logistic regression comparing early gastric cancer and chronic atrophic gastritis

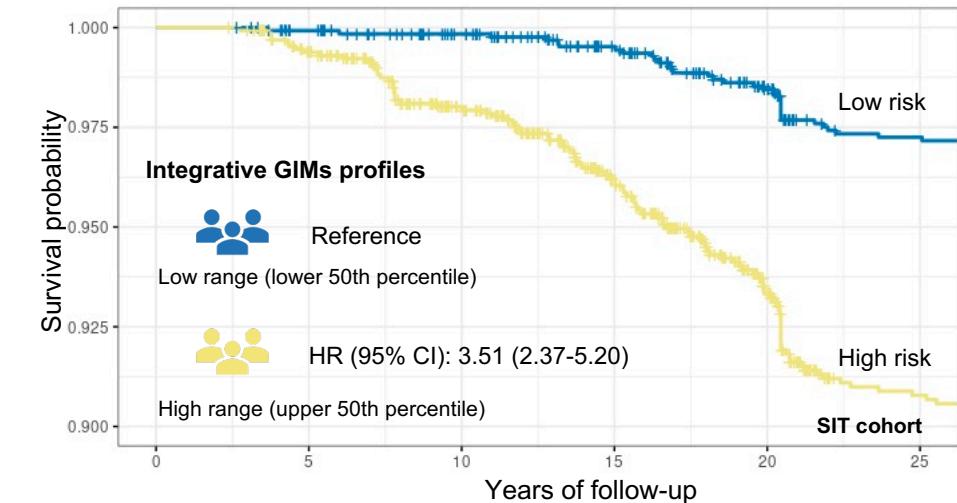
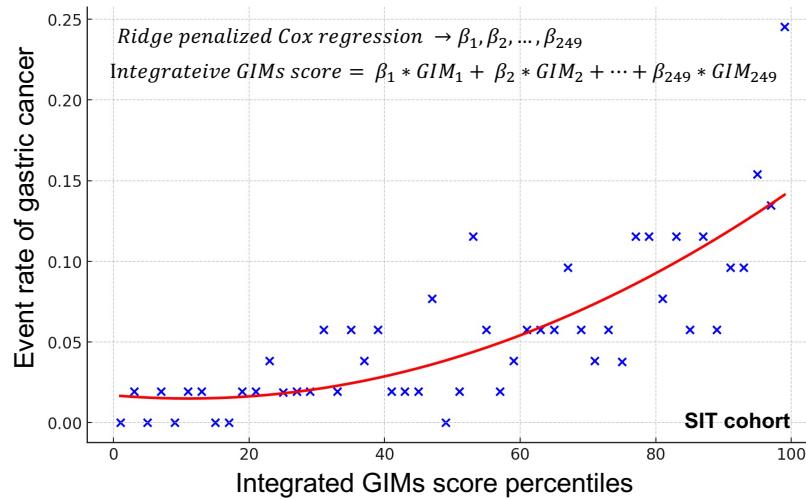
^bFDR was controlled for the statistical testing procedure for 2682 proteins

GIMs stratify gastric cancer risk with biological consistency

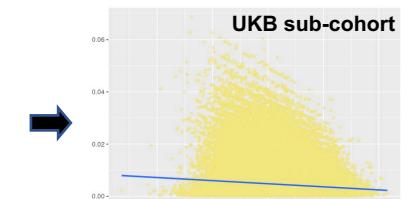
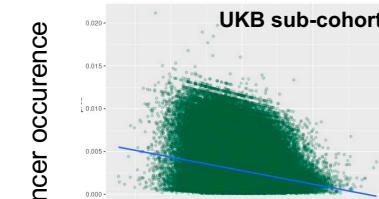
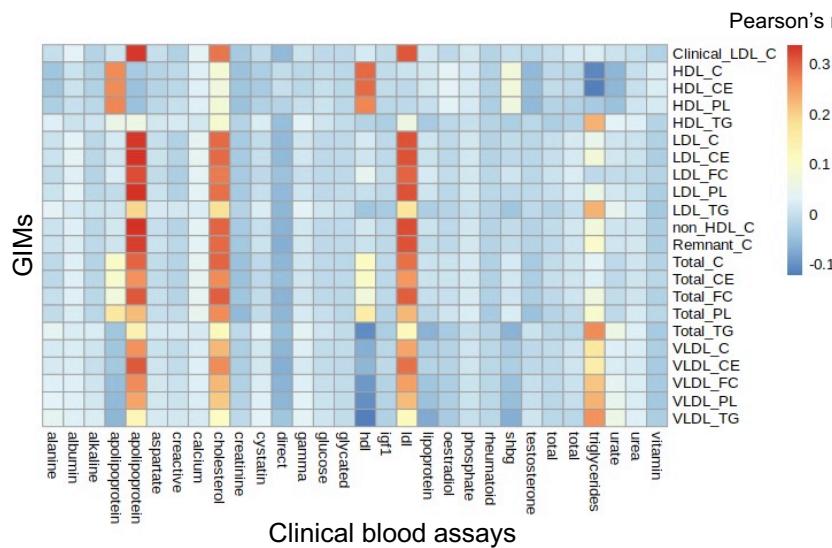
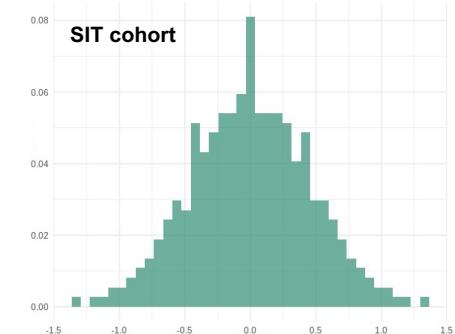
GIMs projection



Risk stratification

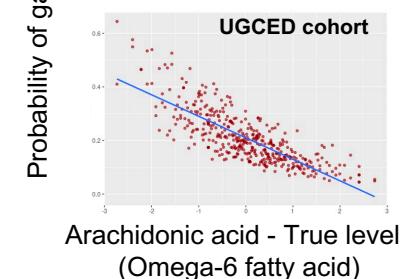


Biological consistency

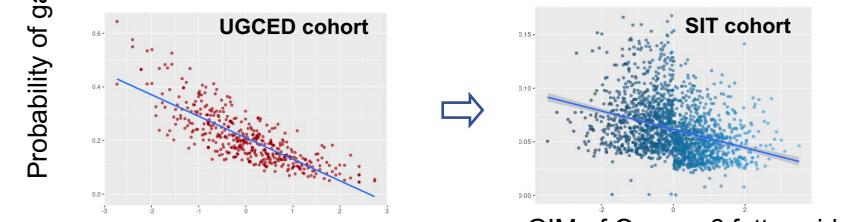


Omega 6 fatty acids - True levels

GIM of Omega-6 fatty acids



SIT cohort



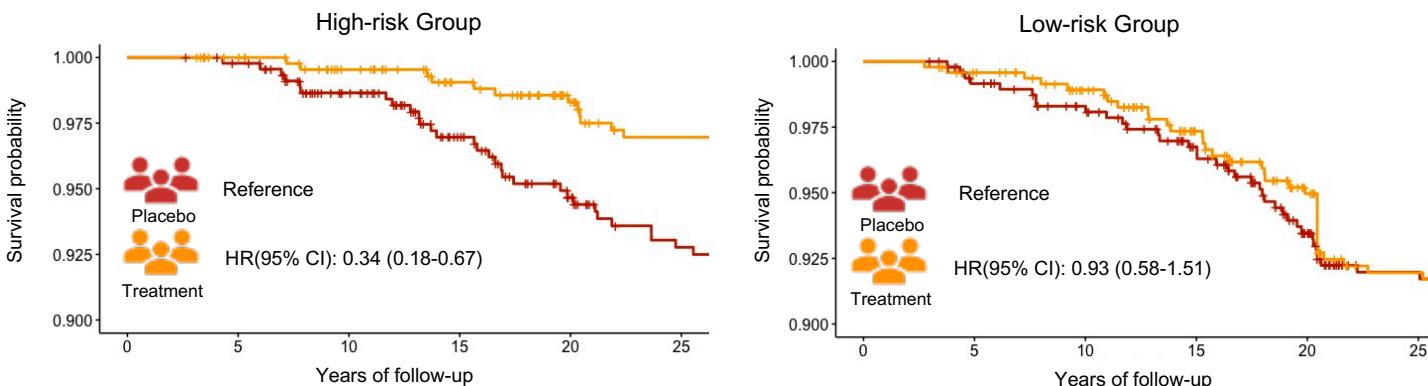
Arachidonic acid - True levels (Omega-6 fatty acid)

GIMs identify target population for gastric cancer prevention

Efficacy of interventions in preventing gastric cancer across GIMs-defined risk subgroups

Risk group	No. of cancer (Person-years)		HR	95%CI	P for interaction
	Placebo	Treatment			
<i>H.pylori</i> eradication					
High-risk	35(11282)	12(10876)	0.34	0.18-0.67	0.02
Low-risk	36(113645)	31(10705)	0.93	0.58-1.51	
Vitamin supplementation					
High-risk	28 (15493)	16 (15192)	0.57	0.30-1.03	0.19
Low-risk	48 (15862)	47 (15574)	0.99	0.69-1.55	
Garlic supplementation					
High-risk	28 (15520)	16 (15096)	0.58	0.32-1.08	0.19
Low-risk	48 (15863)	47 (15642)	0.96	0.64-1.44	

For *H.pylori* treatment



- Similar eradication rates noted between the high and low-risk subgroups.
- Higher responsiveness to *H. pylori* treatment for gastric cancer prevention observed in high-risk subjects.

Summary

Conclusion

- GIMs may be indicators of the risk of developing GC, offering new insights into understanding GC etiology.
- GIMs may be an effect modifier for *H.pylori* treatment, thus serving as biomarkers for targeted populations of GC primary prevention.

Ongoing efforts

- Extra external validation by independent cohorts (sub-cohort from MITS)
- Development of causal learning framework for causal inference between the key genetic variants and GIMs

PERSPECTIVE

<https://doi.org/10.1038/s42256-022-00445-z>

nature
machine intelligence

**Stable learning establishes some common ground
between causal inference and machine learning**

Acknowledgement

We gratefully thank the people contributing to this project



北京大学
PEKING UNIVERSITY

北京大学肿瘤医院
BEIJING CANCER HOSPITAL



“奋斗四十年”临朐胃癌防治四十年座谈会合影留念

2023.09.15



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- Kai-Feng Pan, Ph.D.
- Wei-Cheng You, M.D.
- Lian Zhang Ph.D.
- Jun-Ling Ma, B. S.

Current lab students with contribution:

- Heng-Min Xu, Ph.D. candidate
- Meng-Yuan Wang, Master's student

Collaborators:

- Peng Cui, Ph.D. (Tsinghua University)
- Yue He, Ph.D. (Tsinghua University)
- Wei-Dong Liu, B.S. (Linqu County Public Health Bureau, Shandong, China)



Best Oral Presentation Award
in 2023 AACR-KCA Joint Conference
on Precision Medicine in Cancer



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Q & A