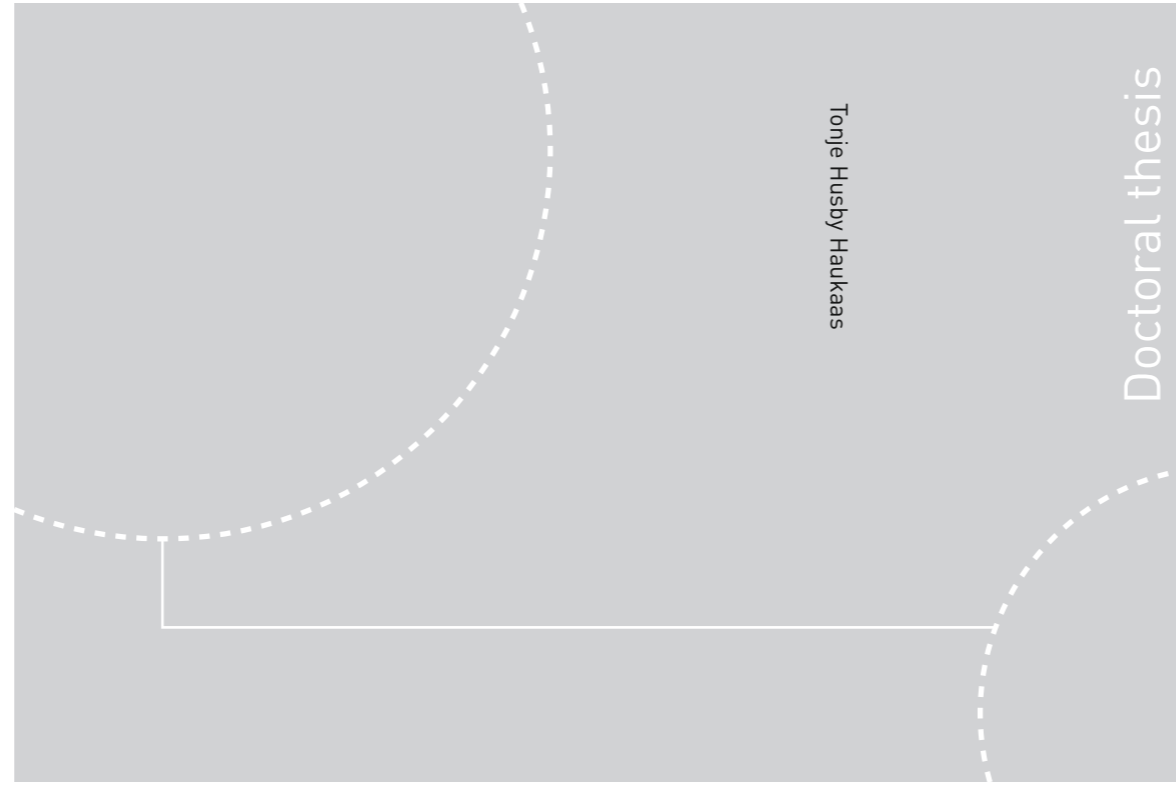


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Tonje Husby Haukaas

Doctoral thesis

Doctoral theses at NTNU, 2016:110

Tonje Husby Haukaas

# Metabolic profiling of breast cancer using *ex vivo* MR spectroscopy

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**NTNU**  
Norwegian University of  
Science and Technology  
Thesis for the Degree of  
Philosophiae Doctor  
Faculty of Medicine  
Department of Circulation  
and Medical Imaging

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Norwegian University of  
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Tonje Husby Haukaas

**Metabolic profiling of breast  
cancer using *ex vivo*  
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Thesis for the Degree of Philosophiae Doctor

Trondheim, April 2016

Norwegian University of Science and Technology  
Faculty of Medicine  
Department of Circulation and Medical Imaging



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## Metabolsk profilering av brystkreft ved hjelp av *ex vivo* MR spektroskopi

Til tross for tidligere oppdagelse og forbedret behandling er brystkreft fortsatt den nest hyppigste årsaken til kreftrelatert død blant kvinner på verdensbasis. Årlig blir over 3000 kvinner diagnostisert med brystkreft i Norge. Det forskes mye for å finne underliggende mekanismer som bidrar til den komplekse heterogeniteten observert i brystkreft. Dette har ført til oppdagelsen av flere subtyper av brystkreft, inkludert histologiske og genetiske subtyper, med forskjellige egenskaper og prognose, noe som forsterker hypotesen om at brystkreft ikke er én, men en samling av flere sykdommer.

Kreftceller må være i stand til å omdanne næringsstoffer til biomasse samtidig som energi produseres, noe som krever reprogrammering av sentrale metabolske prosesser i cellene. Dette fenomenet er foreslått som et potensielt mål for behandling, samtidig som det kan være en kilde til biomarkører som kan forutsi prognose og risiko og brukes til å overvåke behandlingsrespons. MR metabolomikk er et mye brukt verktøy som kan identifisere klinisk relevante metabolske markører og gi ny forståelse for den molekylære biologien i svulstene. *Ex vivo* proton høy-oppløsning MR spektroskopi (HR MAS MRS) er en ikke-destruktiv metode som gir høyoppløselige MR spektra fra biologisk vev: Prøven forblir intakt for videre analyser som genetiske analyser, genuttrykksanalyser og/eller histopatologi. HR MAS MRS er mye brukt til å studere sentrale metabolske prosesser som er relatert til kreftprogresjon, inkludert fosfolipidmetabolisme, glykolyse og metabolismen av aminosyrer og polyaminer. Mer enn 30 metabolitter kan detekteres samtidig i et HR MAS spektrum fra brystkreftvev og de metabolske profilene målt ved hjelp av denne metoden har blitt vist å korrelere med tumorgrad, lymfeknute- og hormonreseptorstatus, behandlingsrespons og pasientoverlevelse.

For å oppnå robuste data med høy kvalitet krever MR metabolomikk bevissthet rundt eksperimentelle detaljer. Det er svært viktig at prøvene behandles og prepareres på en optimal måte for å oppnå kvalitetssikre resultater. I artikkel I ble tumorvev fra xenograftmodeller brukt for å vurdere de metabolske endringene forårsaket av tidsintervallet fra tumorene fjernes frem til de hurtigfryses for lagring (frysetid-forsinkelse). Studien viste at de metabolske profilene var robuste for forsinkelser på opp til 30 minutter. Videre viste den metabolske effekten av

---

langvarig MR analyse viktigheten av standardiserte protokoller og begrensning i analysetid.

I artikkel II avslørte analyse av metabolske profiler tre naturlige metabolske grupper av brystkrefttumorer. Når gruppene ble kombinerte med data fra genuttrykk- og proteinuttryksanalyser, viste de i tillegg forskjeller i nivået av gener og proteiner involvert i ekstracellulær matrix. Forskjellene i genuttrykk kunne også forklare noen av de metabolske forskjellene observert mellom gruppene. De etablerte genetiske subtypene var jevnt fordelt blant de tre gruppene, noe som dermed betyr at de metabolske gruppene kan bidra med tilleggsinformasjon som kan forklare noe av heterogeniteten observert i brystkreft.

I artikkel III ble de metabolske effektene av neoadjuvant kjemoterapi med eller uten angiogenesehemmeren bevacizumab undersøkt hos brystkreftpasienter. Tydelige metabolske endringer som et resultat av behandlingen ble observert. I tillegg kunne de metabolske profilene i tumorene ved operasjon skille pasienter som hadde oppnådd patologisk minimal residual sykdom fra pasienter med ikke-responderende tumorer. Selv om administrering av bevacizumab ikke viste noe tydelig metabolsk endring ble det observert at metabolismen av glutation antakelig ble påvirket. Samlet viser dette at metabolske profiler kan komplementere andre molekylære nivå for kartlegging av underliggende mekanismer som påvirker patologisk respons, og i tillegg gi informasjon om tumorens metabolske respons på behandling.

Totalt sett har arbeidet i denne avhandlingen vist at metabolske profiler bestemt ved hjelp av MR spektroskopi av tumorvev kan bidra til å karakterisere heterogenitet utover genetiske subtyper, så vel som å bidra med verdifull informasjon under overvåking av respons på neoadjuvant behandling. Ved å kombinere metabolsk data med andre plattformer (f.eks. genuttrykk- og proteinuttryksanalyser) kan man finne nye molekylære mål som kan brukes til å utvikle behandlingsstrategier som angriper på flere molekylære nivå.

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*Tonje Husby Haukaas*

Tonje Husby Haukaas  
Trondheim, April 2016

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## Summary

Despite progress in early detection and therapeutic strategies, breast cancer remains the second leading cause of cancer-related death among women globally. Annually, more than 3000 women are diagnosed with breast cancer in Norway. Much effort has been made to find underlying mechanisms contributing to the complex heterogeneity observed in breast cancer. This has led to the discovery of several subtypes of breast cancer, for example histological and genetic subtypes, with different traits and prognosis, supporting that breast cancer is not one disease but in fact multiple diseases.

Cancer cells must be able to convert nutrients to biomass while maintaining energy production, which requires reprogramming of central metabolic processes in the cells. This phenomenon is increasingly recognized as a potential target for treatment, but also as a source for biomarkers that can be used for prognosis, risk stratification and therapy monitoring. MR metabolomics is a widely used approach in translational research, aiming to identify clinically relevant metabolic biomarkers or generate novel understanding of the molecular biology of tumors. *Ex vivo* proton high-resolution magic angle spinning (HR MAS) MR spectroscopy is a non-destructive and high-throughput technique that provides highly resolved MR spectra from biological tissue, leaving the sample intact for further analysis, such as genomics, transcriptomics and/or histopathology. HR MAS MRS is widely used to study central metabolic processes related to cancer progression, including choline phospholipids metabolism, glycolysis and metabolism of amino acids, lipids and polyamines. More than 30 metabolites can be detected and assigned simultaneously in a HR MAS spectrum of breast cancer tissue. The metabolic profiles acquired by HR MAS MRS have shown to correlate to tumor grade, lymph node and hormone receptor status, treatment response and patient survival in breast cancer.

Generating robust and valid data using MR metabolomics requires close attention to experimental details. For valid interpretation of the results, consistent sample collection and preparation is crucial. In paper I, tumor tissue from xenograft models were used to evaluate the metabolic changes caused by the time interval from surgical removal of a tumor until it is snap-frozen for storage (freezing delay time). The study showed that the metabolic profile was robust to freezing delay times up to 30 minutes. Furthermore, the metabolic effect of prolonged MR analysis demon-

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strated the importance of using standardized protocols and limiting the analytical time.

In paper II, analysis of tumor metabolic profiles revealed three naturally occurring metabolic clusters of breast cancer tumors. When combined with transcriptomic and proteomic data, the clusters showed differences in expression of genes and proteins involved in the extracellular matrix. Additional gene expression differences explaining some of the observed metabolic differences between the clusters were also observed. Interestingly, genetic subtypes were evenly distributed among the three metabolic clusters, which therefore could contribute additional information beyond the intrinsic gene sets for understanding breast cancer heterogeneity.

In paper III, the metabolic effects of neoadjuvant chemotherapy with or without the antiangiogenic agent bevacizumab in breast cancer patients were explored. Distinct metabolic alterations due to treatment could be observed. In addition, tumor metabolic profiles at surgery could discriminate patients achieving pathological minimal residual disease from non-responders. Although bevacizumab administration did not show any prominent metabolic differences, glutathione metabolism was found to possibly be affected. Together, this shows that metabolic profile may complement other molecular levels for the elucidation of the underlying mechanisms affecting pathological response, and may additionally provide information on tumor metabolic response to treatment.

In conclusion, MR determined metabolic profiles of tumor tissue have been shown to characterize breast cancer heterogeneity beyond genetic subtypes as well as to provide valuable information when monitoring response to neoadjuvant chemotherapy. The approach of combining metabolic data with other platforms (e.g. transcriptomics and proteomics) may further provide targets for investigation of new treatment strategies at different molecular levels.

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## Symbols & Abbreviations

Symbol	Description	Page
2DG	2-deoxy-D-glucose	59
$\mu$	Magnetic momentum of a precessing nucleus	13
$\gamma$	Gyromagnetic ratio	13
$B_0$	External static magnetic field	13
ATP	Adenosine triphosphate	10
CHKA	Choline kinase alpha	54
CDP	Cytidyldiphosphate	11
CPMG	Carr-Purcell-Meiboom-Gill pulse sequence	15
CT	Computed tomography	62
DAG	Diacylglycerol	11
ECM	Extracellular matrix	57
ER	Estrogen receptor	5
HER2	Human epidermal growth factor 2	5
HES	Hematoxylin-Eosin-Safron	34
HKs	Hexokinases	59
GLS	Glutaminase	55
GPC	Glycerophosphocholine	11
GR	Good response	37
GSEA	Gene set enrichment analysis	41
I	Nuclear spin number	13
IDC	Invasive ductal carcinoma	4
ILC	Invasive lobular carcinoma	4
LMM	Linear mixed model	29
LV	Latent variable	25
MAS	Magic angle spinning	17
MICE	Multivariate imputation by chained equation	40
MRI	Magnetic resonance imaging	37
MRS	Magnetic resonance spectroscopy	13
MS	Mass spectrometry	63
NOESY	Nuclear Overhauser effect spectroscopy	15
NR	No response	37

---

FFT	Fast fourier transformation	20
FID	Free induction decay	14
PBS	Phosphate buffered saline	38
PCA	Principal component analysis	23
PCho	Phosphocholine	11
pCR	pathological complete response	37
PET	Positron emission tomography	52
PgR	Progesteron receptor	5
PLD	PtdCho-spesific phospholipase D	54
PLS-DA	Partial least squares	25
pMRD	pathological minimal residual disease	37
pNR	pathological non-responder	37
PtdCho	Phosphatidylcholine	11
ppm	Parts per million	14
PQN	Probabilistic quotient normalization	20
RECIST	Response evaluation criteria for solid tumours	6
RF	Radio frequency	14
ROS	Reactive oxygen species	56
RPPA	Reverse phase protein array	9
SAM	Significance analysis of microarrays	41
$T_1$	Longitudinal relaxation	14
$T_2$	Transverse relaxation	14
TCA	Tricarboxylic acid	10
tCho	Total-choline	54
TNBC	Triple negative breast cancer	8
TNM	Tumor size (T), degree of spread to lymph nodes (N), distant metastasis (M)	4
TSP	Trimethylsilyl propionic acid	38
VEGF	Vascular endothelial growth factor	6

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## List of Papers

### Paper I

**Impact of freezing delay time on tissue samples for metabolomic studies.**

Haukaas TH\*, Moestue SA\*, Vettukattil R, Sitter B, Lamichhane S, Segura R, Giskeødegård GF, Bathen TF (2016). \*Shared first authorship

*Frontiers in Oncology 6(17): doi: 10.3389/fonc.2016.00017*

### Paper II

**Metabolic clusters of breast cancer in relation to gene- and protein expression subtypes.**

Haukaas TH, Euceda LR, Giskeødegård GF, Lamichhane S, Krohn M, Jernström S, Aure MR, Lingærde OC, Schlichting E, Garred Ø, Due EU, OSBREAC, Mills GB, Sahlberg KK, Børresen-Dale A-L, Bathen, TF

*Submitted to Cancer & Metabolism 2016.*

### Paper III

**Evaluation of metabolomic changes during neoadjuvant chemotherapy combined with bevacizumab in breast cancer using MR spectroscopy.**

Euceda LR, Haukaas TH, Giskeødegård GF, Vettukattil R, Engel J, Silwal-Pandit L, Lundgren S, Postma G, Buydens LMC, Børresen-Dale A-L, Bathen TF

*Submitted to Neoplasia 2016*

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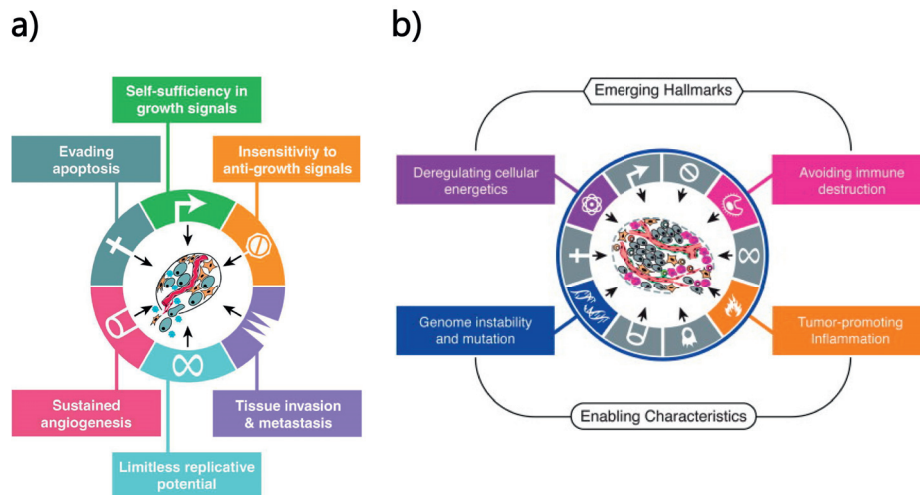


## 1 Introduction

### 1.1 Cancer

Cancer is a collection of over 100 diseases where genetic alterations (mutations) cause cells to grow and divide uncontrollably and lose regulation of important cellular processes. These characteristics and accumulating mutations can potentially lead to cancer cells invading nearby or distant areas from the cancer's primary site [1]. Invasion of distant locations, also known as metastasis, can happen through blood or lymph vessels and is the main reason for cancer death due to disruption of important and essential functions of the organs it metastasizes to. Based on the most recently reported cancer statistics, it was estimated that 14.1 million new cancer cases were diagnosed in 2012 world wide [2]. The same year, cancer was the leading cause of 8.2 million deaths.

Although there is huge complexity and variety in characteristics among the different cancer types as well as within distinct cancer types, there has been proposed six essential alterations necessary for malignant growth [1] illustrated in Figure 1.1a. During tumor development cancer cells establish characteristics of avoiding apoptosis (programmed cell death), they become self-sufficient of growth signals and insensitive to anti-growth signals, they can potentially invade tissue and metastasize, they have limitless replicative potential and they sustain angiogenesis (blood vessel supply). More recently, two emerging hallmarks were suggested including deregulation of cellular energetics and avoiding immune destruction as illustrated in Figure 1.1b [3].



**Figure 1.1: Hallmarks and enabling characteristics of cancer.** a) The six biological characteristics of cancers acquired during development of human tumors. b) The two emerging hallmarks and enabling characteristics of cancer. The figure is adapted from [1] and [3] with permission.

## 1.2 Breast Cancer

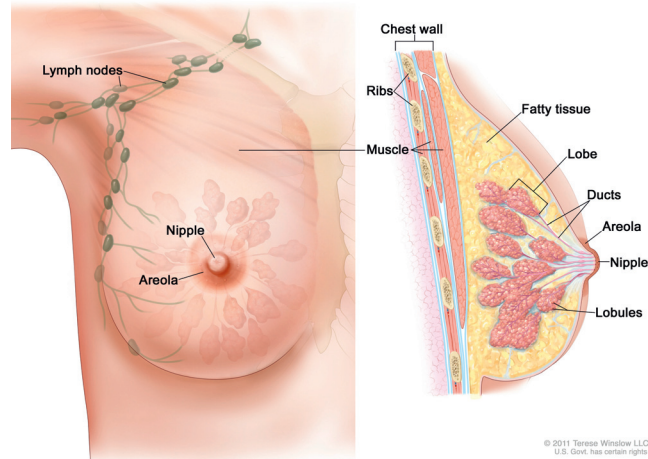
Breast cancer is the most frequently diagnosed cancer among women worldwide [4] and in Norway it has been estimated that one out of twelve women will develop this disease by the age of 75 [5]. Although trends show decreasing mortality in several countries [4] and almost 90 % of women diagnosed in Norway still are alive 5 years after the diagnosis [5], it is difficult to predict each breast cancer patient's outcome. Patients with the same diagnosis of breast cancer may have different response to treatment, underpinning the need to further characterize breast cancer heterogeneity.

### 1.2.1 Etiology and screening

Although there still is a lack of knowledge regarding the direct etiology for developing breast cancer, known risk factors are hereditary, age, hormonal circumstances (early menarche, late first-time birth, nulliparity, late menopause, estrogen use before the age of 35, longterm post-menopausal estrogen therapy), obesity and alcohol consumption. Factors reducing the risk include early first pregnancy, multiple pregnancies, breastfeeding and regular exercise [6, 7]. In addition, there are higher incidence rates in developed countries, believed to be due to environmental factors [4] as well as increased screening [5]. In Norway, all women in the age of 50-69 are advised to take part in a program with mammography screening every second year aiming to detect breast cancer at an early stage and thereby reducing the mortality. This program was gradually implemented within the years of 1995-2005. Based on a prospective cohort study evaluating the effectiveness of mammography screening, it was reported that such a program could reduce breast cancer mortality by about 28% [8].

### 1.2.2 Anatomy and pathology

The female breast consists of fatty tissue, connective tissue, lobes, lobules, ducts and lymph nodes (Figure 1.2). Each of the 15 to 20 lobes is made up by several small lobules, the functional unit of the breast which produce milk in nursing women. These lobes are connected to ducts that transport the milk from the lobule to the nipple. Lymph nodes and lymph vessels containing immune system cells surround the breast and contribute to removing waste products.



**Figure 1.2: The anatomy of the female breast.** The female breast consists of nipple, areola and lymph nodes (left) and fatty tissue, lobe, ducts and lobules (right). Reproduced with permission from Terese Winslow LLC.

In some rare cases (less than 1%) the cancer arises from stromal components (connective tissue) within the breast (i.e. sarcomas) [9], however, breast cancer normally originates from epithelial cells and are thus called breast carcinomas. The premalignant changes where the epithelial cells have not broken through the basement membrane, are classified into hyperplasia (atypical or non-atypical) or carcinoma in situ. If cancer cells have broken the basement membrane and invaded surrounding tissue, it is classified as invasive carcinoma [10]. Invasive carcinomas are the most common type of breast cancer [11], where between 72-80% are invasive ductal carcinomas (IDC) and 5-15% are invasive lobular carcinomas (ILC) [12]. Other important subtypes of invasive breast carcinomas include medullary carcinoma, mucinous carcinoma, intracystic and tubular carcinoma [11].

### 1.2.3 Diagnosis and treatment

During the diagnostic process, breast cancer patients in Norway are examined by three main strategies [10]; clinical examination, image diagnostics and needle biopsy. This is followed by classification into stage I-IV using the TNM-system where tumor size (T), degree of spread to lymph nodes (N) and existence of distant metastasis (M) are considered. T0 is used for cases where no primary tumor is classified, Tis represents carcinoma in situ and T1-T4 reports increasing size of the tumor. N0-

N3 report the number and location of detected lymph node metastasis and finally, the status of detected distant metastasis is reported as either M0 (no apparent metastasis) or M1 (metastasis). Based on the TNM classification, the tumor is defined as primary operable or inoperable [10].

In addition to finding anatomical features of the tumor, histopathological grade gives information of the tumor cells degree of differentiation, a measure that has well-established prognostic value [13]. Grade 1-3 tumors consist of well, moderately and poorly differentiated cancer cells, respectively. The growth and function of the tumor is a result of several factors. Thus, histopathological examination also include assessment of the tumor's expression of estrogen receptor (ER), progesterone receptor (PgR), human epidermal growth factor 2 (HER2) and, in some cases, proliferation (by the Ki67 marker). The hormone receptors ER and PgR are transcription factors depending on binding of their ligand (the hormones estrogen and progesterone, respectively) for activation of important proliferation processes and production of growth factors [14]. As ER activation also regulates the PgR-gene, less than 1% of PgR-positive (PgR+) cases are ER-negative (ER-) [15]. Over-expression of ER and/or PgR are found in approximately 70-80% of all breast cancer cases [16, 17], which due to their dependency of hormonal stimuli can be treated with validated treatment targets, and have a better prognosis than hormone receptor negative patients [16]. Over-expression of the tyrosine kinase associated receptor HER2, and amplification of its gene *ERBB2*, is found in 15-23% of all breast cancers [18]. HER2 over-expression is associated with aggressiveness and poorer prognosis, however, targeted anti-HER2 treatment improves the progression free survival and overall survival [19]. In addition to these well-establish molecular characteristics, Ki67 is an emerging biomarker for proliferation, present in cells preparing for division [15].

The main treatment strategy for patients with primary operable tumors is surgical removal of the tumor followed by adjuvant treatment according to clinical findings. Patients undergoing breast conserving surgery, that have unclear margins after mastectomy or findings of lymph node involvement are recommended to be treated with local radiotherapy. Depending on age, hormone receptor-, HER2- and Ki67 status, the treatment regimen can also include systemic treatment in form of endocrine treatment for receptor positive cancers, anti-HER2 treatment for HER2-positive (HER2+) and chemotherapy. Tamoxifen is a well-established anti-estrogen treatment where an antagonist of estrogen will compete with estrogen for receptor



binding, and thereby inhibit its activation. For post-menopausal women with ER+ tumors, aromatase inactivator or inhibitor is given, to block the formation of estrogen. Patients with HER2+ tumors are given treatment with monoclonal antibody Herceptin®(trastuzumab). This antibody binds to the extracellular domain of the HER2-receptor resulting in inhibition of cell growth.

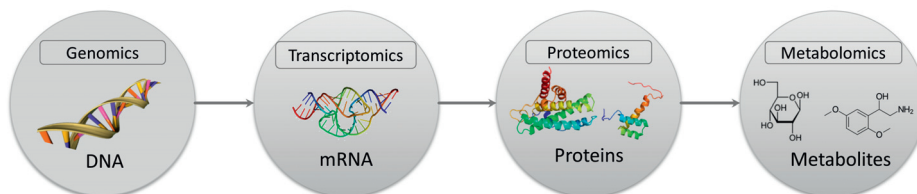
Chemotherapy is given to kill rapidly dividing cells by attacking DNA and thereby impair cell division. In general, three different regimens of chemotherapy are used [10]; CMF combination (cyclophosphamide, metotrexate and fluorouracil), anthracycline chemotherapy and regimens combining taxanes and anthracycline chemotherapy. In Norway, the Norwegian Breast Cancer Group have concluded that the general basis for adjuvant chemotherapy should be anthracycline chemotherapy, usually by FEC (fluorouracil, epirubicin and cyclophosphamide). Anti-angiogenic agents that attacks the formation of new blood vessels into the tumor (i.e. angiogenesis) are being studied for possible improvement of treatment when included in existing regimens. The blood supply will give tumors nutrients and oxygen required to grow beyond a few millimeters in size in addition to enabling metastasis. Due to this, angiogenesis is an established hallmark of cancer [1] and attractive target for cancer treatment. One example is bevacizumab, also known as Avastin®, which blocks the binding of vascular endothelial growth factor (VEGF) to its receptors [20].

Patients diagnosed with primary inoperable tumors are treated with neoadjuvant therapy prior to surgery. The treatment regimens discussed above may then be used pre-surgery to make the tumor operable or to allow for breast conserving surgery. During or after neoadjuvant treatment, the tumor response can be evaluated by physicians. The two most commonly used guidelines for assessing the response are the Response Evaluation Criteria for Solid Tumours (RECIST) and the guidelines from World Health Organization (WHO) [21]. These guidelines are used to classify the response into complete response, partial response progressive disease or stable disease. Studies have shown a association between tumor response and clinical outcome where pathological complete response where a prognostic indicator for overall survival, disease-free survival and relapse-free survival [22].

### 1.3 The omics of breast cancer

In normal cells, biological processes necessary for cellular function, including DNA repair, cell cycle, differentiation, growth, proliferation, apoptosis, cell migration and cell-to-cell contact, are tightly regulated by complex molecular networks. In cancer, many networks are dysregulated, causing rapid cell proliferation and potentially metastasis. The loss of control is caused by a multistep process where genetic mutations accumulate, predominantly in somatic cells, making cancer an age-related genetic disease [23]. Of all breast cancer cases, approximately 5% are due to inherited mutation in tumor suppressor genes *BRCA1* or *BRCA2*. These mutations will increase the lifetime risk for developing breast and ovarian cancer with over 80% and 40-60%, respectively [24]. Examples of other important inheritable mutations increasing the risk of developing breast cancer are *TP53* and *PTEN*.

Both in normal cells and cancer cells, DNA is transcribed into mRNA transcripts which further can be translated into proteins taking part in molecular pathways and thus controlling the level of metabolites, which will be described in more detail in section 1.3.3. Although additional factors, such as epigenetic alterations, affect and further complicate the flow of this process, the basic principle can be summarized in Figure 1.3.



**Figure 1.3: Illustration of the omics cascade.** The omics flow of information from DNA and genomics to metabolites and metabolomics

#### 1.3.1 Transcriptomics and intrinsic genetic subtypes

The field of transcriptomics studies gene expression through measuring the transcripts of DNA called mRNA. It has been estimated that between 20 000-25 000 protein coding genes exist within the human DNA [25]. However, which genes are transcribed into protein coding transcripts at a given time is dependent on several factors, e.g. cell type, cell function, epigenetic events and existing mutations.

Depending on the tumor mRNA levels from a set of intrinsic genes with high inter-patient and low intra-patient variation before and after treatment of breast cancer patients, five genetic subtypes have been reported [26, 27]. The intrinsic subtypes, luminal A, luminal B, HER2-enriched, basal-like and normal-like, have characteristic differences in gene expression pattern that correlate with tumor characteristics and clinical outcome [27]. The frequencies of the subtypes varies among ethnicity and age, but in general, luminal A is the most common subtype followed by basal-like, HER2-enriched and luminal B [28].

Both of the luminal subtypes are typically hormonal receptor positive with important differences in the proliferation signature and the rate of relapse-free survival. Luminal A cancers are considered a good prognosis group because of the association with lower expression of proliferating genes and longer relapse-free survival than luminal B cancers. Although the majority of luminal cases are HER2-, approximately 9% and 21% of luminal A and luminal B, respectively are HER2+ [29]. Basal-like and HER2-enriched subtypes have been associated with poorer prognosis and shorter survival times [27]. Most of basal-like cancers are triple negative breast cancers (TNBC), i.e. ER-/PgR-/HER2-, but also here there are variability with 6-29% being ER+ and 9-13% being HER2+ [27]. An additional rare gene expression subtype called claudin-low has been suggested [30], with several similarities to the genetic profile of basal-like, but with lower expression of a set of cell-to-cell adhesion proteins and higher expression of genes linked to immune system response. One of the main characteristics of the HER2-enriched subtype is over-expression of *ERBB2* and a group of adjacent located genes, although this is not the case for all tumors classified within this subtype [28]. The normal-like subtype resembles the gene expression of tissue samples from normal breast cancer samples. A centroid based identifier called PAM50 has been developed where prediction analysis of microarrays (PAM) of 50 genes is used to predict and classify breast cancer into one of the five subtypes [31].

### 1.3.2 Proteomics and protein expression subtypes

Proteins are the functional product of genes and become the workers of cellular pathways and networks controlling cell function as well as cell malignancy [23]. Genetic alterations could possibly affect the activity, function or abundance of proteins directly. Additionally, protein expression and activity are not solely results of gene expression level (i.e. mRNA level), but a product of several ongoing processes,

e.g. post-transcription modification processes. Studies of proteomic profiles within breast cancer as well as cancer in general may thus further increase the understanding of the complex heterogeneity and pathogenesis [32]. As previously described, the expression of hormone receptors ER and PgR and expression of HER2 are valuable targets for current treatment regimens. Further proteomic characterization may identify new pathological biomarkers and therapeutic targets.

Based on the expression of 171 breast cancer related proteins, six subtypes have been proposed; basal, Her2, luminal A, luminal A/B, reactive I and reactive II [33]. These subtypes were found to overlap tightly with the intrinsic genetic subtypes thus providing information about existing differences at the protein expression level. As the proteins are measured by reverse phase protein array (RPPA), the subtypes referred are to as RPPA subtypes.

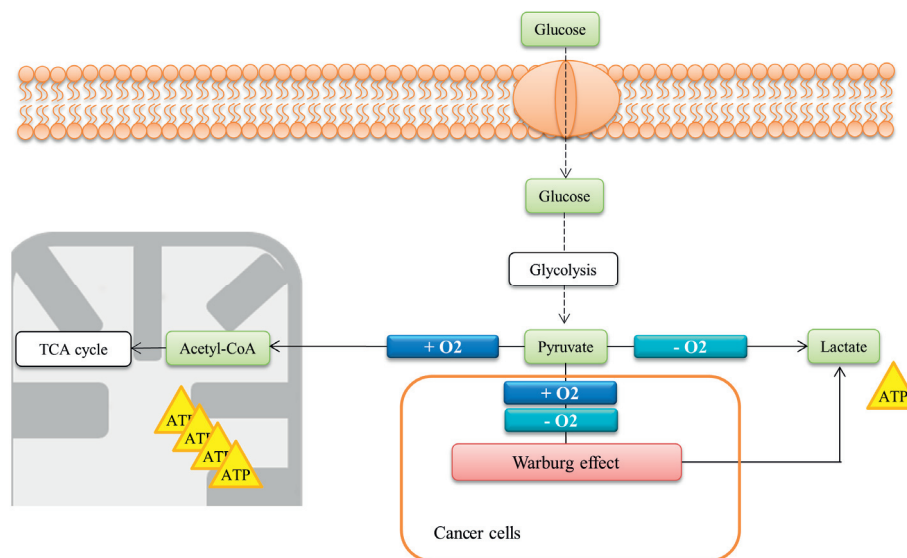
### 1.3.3 Metabolomics and breast tumors metabolism

Downstream genomics, transcriptomics and proteomics is metabolomics, a relatively new field that studies small-molecular compounds called metabolites. These compounds are end products or intermediates of chemical processes needed for cell viability, e.g synthesis of building blocks, energy production and cell signaling. The metabolic profile of a cell, tissue or living organism depends on the preceding 'omics' levels as well as environmental factors like diet and drugs [34]. Small alterations in gene expression levels or in the activity of enzymes could have large impact on the concentration of metabolites which can be viewed as an amplified output of ongoing cellular activity [35]. Due to the accumulated alterations within the cancer cells that contributes to their characteristic uncontrollable growth, they exhibit important metabolic differences compared to normal cells. When presenting the emerging hallmarks of cancer, Hanahan and Weinberg suggested a crucial event of tumor development to be deregulation of cellular energetics [3]. Altered metabolic activity is thus becoming an established characteristic of malignancy. Further elucidation for better understanding of metabolic reprogramming and changes observed in cancer may contribute to revealing dependencies and therapeutic targets (discussed in more detail in 5.1) [36].

In the following sections, altered glucose, choline and amino acid metabolism in relation to cancer are introduced.

### Glucose metabolism

Glucose is the main source of energy in living cells. During glycolysis, a small amount of adenosine triphosphate (ATP), the chemical energy transporter essential for cellular processes, is formed when glucose is converted to pyruvate. If oxygen is present, pyruvate can be oxidized in the tricarboxylic acid (TCA) cycle followed by oxidative phosphorylation to produce ATP. In hypoxic situations, i.e. low oxygen concentrations, pyruvate is used to make lactate yielding only 2 ATP molecules per glucose compared to 36 in aerobic conditions.



**Figure 1.4: Glucose metabolism in normal and cancer cells.** Glucose enters the cell and is converted to pyruvate through the process called glycolysis. In normal cells, pyruvate is converted to acetyl-CoA or lactate depending on the level of oxygen present. In cancer cells, most of the pyruvate is converted to lactate, independently of the level of oxygen, an event called the Warburg Effect.

For most cancer cells glucose metabolism is altered and even if oxygen is present, most of the pyruvate is converted to lactate (Figure 1.4). This characteristic, discovered in the 1950's, is referred to as the Warburg effect [37]. In addition, cancer cells inside solid tumors often experience hypoxia due to the low blood supply, causing production of lactate from pyruvate to be the only possibility to make ATP.

The reduced efficacy to generate ATP has been suggested to be an adaption to facilitate the uptake and incorporation of nutrients into biomass needed to produce a new cell [38]. It is also suggested that the production of lactate favors tumor cells, making them more resistant to the immune system and also by generating an acidic microenvironment which is hostile to surrounding normal tissue and promotes metastasis [39]. To compensate for the inefficient ATP production, most tumors have an increased rate of glucose uptake.

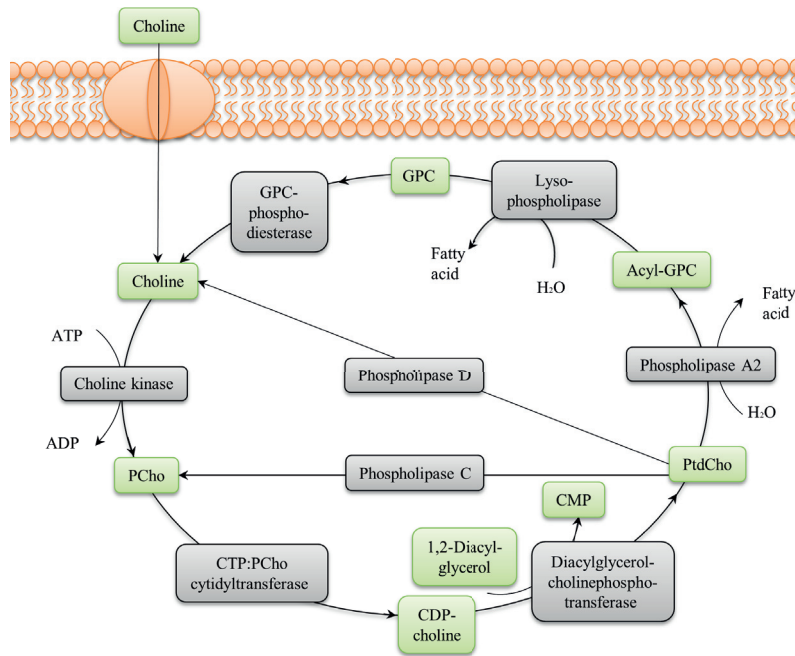
### **Choline metabolism**

Choline is an essential organic compound functioning as a precursor for phosphatidylcholine (PtdCho), one of the most abundant phospholipid in eukaryotic cellular membranes [40]. PtdCho is formed *de novo* from choline by the Kennedy pathway shown in Figure 1.5. Choline is first transported into the cell and phosphorylated to phosphocholine (PCho) by the enzyme choline kinase. PCho is then added a cytidyldiphosphate (CDP) group forming the high-energy donor CDP-Choline. To synthesize PtdCho, a lipid anchor such as diacylglycerol (DAG) is used by the enzyme called DAG-cholinephosphotransferase [40]. The breakdown products of PtdCho are glycerophosphocholine (GPC) and 1-acylglycerophosphocholine.

Tumor cells grow rapidly and therefore require high production of phospholipids like PtdCho. The abnormal high production of PtdCho from choline and choline-containing compounds has therefore been studied for examination of cancer metabolism in several decades [41] and is an emerging metabolic hallmark for tumor progression [42].

### **Amino acid metabolism**

Although over 300 different amino acids exist, only 20 commonly serve as building blocks for proteins in the human body [43]. Amino acids also have roles as regulators or intermediate metabolites for several important metabolic pathways necessary for cellular maintenance and growth. The anabolic processes that are active during cancer development thus rely on altered flow of amino acid compared to normal cells. Although glucose is considered the main energy source in human cells, amino acids such as glutamine can be utilized to produce ATP through refilling of intermediates to the TCA cycle. Glutamine is normally considered a non-essential amino acid, however studies have shown that in rapidly dividing cells, including both normal



**Figure 1.5: Choline metabolism.** Choline is transported into the cell and used for synthesis of PtdCho by choline conversion to first PCho followed by CDP-Choline synthesis. PtdCho can further be catabolized directly to choline or PCho, or to GPC through acyl-GPC production. Choline metabolism is frequently observed to be altered in cancers. PCho: phosphocholine, CTP: cytidyltriphosphate, CDP: cytidyldiphosphate, CMP: cytidylmonophosphate, PtdCho: phosphatidylcholine, GPC: glycerophosphocholine.

and cancer cells, it is conditional essential [44]. It is important for the biosynthesis of nucleic acids and can be converted, by glutaminase, to glutamate which further can be used for production of other amino acids or function as a precursor for the important antioxidant glutathione [45]. In addition, glutamate is a precursor for  $\alpha$ -ketoglutarate, a TCA intermediate and substrate for dioxygenases (i.e enzymes that modify DNA and proteins) [44].

### 1.4 Metabolic detection through magnetic resonance spectroscopy (MRS)\*

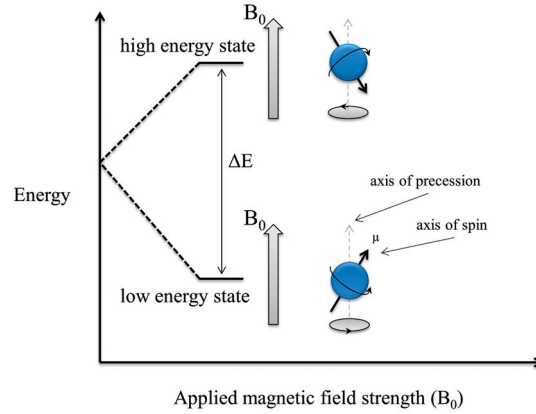
Magnetic resonance spectroscopy (MRS) can be used to identify and quantify metabolites by using the magnetic properties that some atomic nuclei possess. For nuclei with an uneven number of protons and/or neutrons, i.e. spin quantum number  $I \neq 0$ , the nucleus generates the magnetic momentum ( $\mu$ ) used in MRS given by  $\mu = \gamma I$ , where  $\gamma$  is the gyromagnetic ratio (unit: MHz/Tesla) dependent on the type of nucleus. Examples of nuclei that all possess this magnetic property and occur naturally in the body are  $^1\text{H}$ ,  $^{13}\text{C}$ ,  $^{23}\text{Na}$ ,  $^{31}\text{P}$ . If such nuclei are placed in an external static magnetic field ( $\mathbf{B}_0$ , unit: Tesla) they will orient in  $2I+1$  possible spin states. For the highly abundant and most commonly used nucleus in MRS, proton ( $^1\text{H}$ ), with  $I = 1/2$  and  $\gamma = 42.6$  MHz/Tesla, there exists two spin states for the nuclei at equilibrium when placed in a magnetic field; a low energy state where the magnetic momentum aligns with the applied field and a high energy state where the magnetic momentum aligns against the applied magnetic field (Figure 1.6). The energy differences between these two states are proportional to the strength of the magnetic field.

The nuclei will spin around its own axis and around the axis of the magnetic field in an motion called precession. The frequency  $\omega$  of this motion is given by the Larmor equation:  $\omega = \gamma \mathbf{B}_0$

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\*This section is based on [46] unless otherwise stated





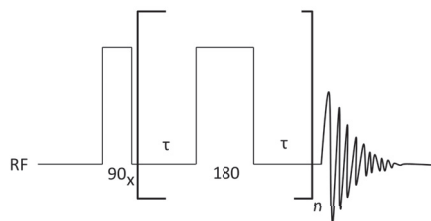
**Figure 1.6: The basic principle of magnetic resonance.** Atomic nuclei with spin number  $1/2$  will orient with or against an applied magnetic field ( $\mathbf{B}_0$ ). The nuclei spin around their axis creating a magnetic momentum ( $\mu$ ) that precess about  $\mathbf{B}_0$ . The anti-parallel spin state is referred to as the high energy state (top) while the parallel spin state has a lower energy state (bottom). With increasing strength of the applied magnetic field, the difference in energy states ( $\Delta E$ ) increases.

In the applied magnetic field  $\mathbf{B}_0$ , a slight excess of nuclei will align in the low energy state causing an net magnetization pointing along  $\mathbf{B}_0$ 's direction. It is this magnetization that MR techniques manipulate to get the MR signal. By applying an external radio frequency (RF) pulse equal or close to the nuclei's Larmor frequency, nuclei will excite to the high energy state. When the RF pulse is turned off, the spins returns back to the original low state through longitudinal ( $T_1$ ) and transverse ( $T_2$ ) relaxation. At the same time as the relaxation occurs, the nuclei emit energy that can be detected as a signal called free induction decay (FID). A Fourier transformation of the time dependent FID will result in a frequency dependent spectrum known as the MR spectrum. Due to slight differences in their chemical environment caused by metabolites chemical structure and electrons shielding the nuclei from the magnetic field, peaks will appear at different positions in the spectra, known as chemical shifts reported in parts per million (ppm).

#### 1.4.1 MRS acquisition

Due to the large amount of water within biological tissues, water suppression is needed to increase the signal from small metabolites found in much lower con-

centrations. A variety of pulse sequences exist, but the two most common metabolomics experiments are Nuclear Overhauser Effect Spectroscopy (NOESY) and Carr-Purcell-Meiboom-Gill (CPMG). These methods use a pre-saturation of water molecules by exposing the sample to a relatively long, low power RF pulse. CPMG sequences are additionally designed to decrease the signals from macromolecules and lipids that cause broad peaks possibly overlapping with important metabolites. To accomplish this, CPMG experiments take advantage of the short  $T_2$  relaxation large molecules have and filter them out using a long echo-time (TE) prior to the acquisition. More specific, after pre-saturation of the water signal and a  $90^\circ$  pulse, there is a following repeated loop of  $180^\circ$  pulses with delay  $\tau$  between each (Figure 1.7). This loop will refocus and preserve the signals from small molecules with long  $T_2$ , consequently reducing signals from macromolecules.

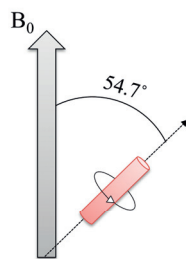


**Figure 1.7:** Schematic illustration of CPMG pulse sequence. RF: radio frequency,  $\tau$ : time delay



## 1.5 High Resolution Magic Angle Spinning MRS

The quality of MR spectra is highly dependent on the molecular orientation and their possibility to reorient. Within semi-solid material (e.g. tissue), molecules are less mobile leading to anisotropic interactions between nuclei, which give rise to broad peaks, possibly concealing relevant spectral information [41]. After its discovery, the use of MRS was thus strictly limited to dissolved or melted solid samples or liquid samples [47]. Within these samples the anisotropic interactions are averaged out by the rapid isotropic movement of molecules resulting in MR spectra with narrow line width. Andrew and Lowe were the first to describe a solution to the problem of semi-solid samples in 1958 [48,49]. By imposing nuclei motion with rapid spinning (4-6kHz) of the sample angled  $54.7^\circ$  (the magic angle) to the static magnetic field  $\mathbf{B}_0$  (Figure 1.8), referred to as magic angle spinning (MAS), line broadening is reduced and MR spectra of high resolution are produced.

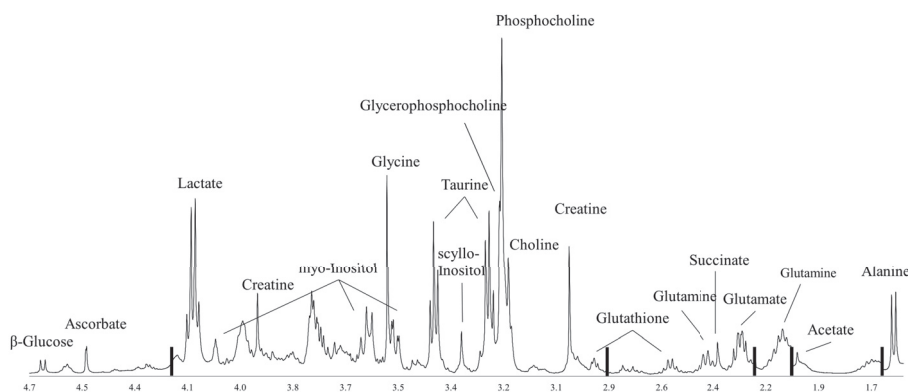


**Figure 1.8: Magic angle spinning (MAS).** Rapidly spinning the sample at the magic angle of  $54.7^\circ$  to the magnetic field  $\mathbf{B}_0$  produces high resolution spectra with line width that resemble spectra obtained from liquid samples.

### 1.5.1 $^1\text{H}$ HR MAS MRS analysis of breast cancer tissue

*Ex vivo* high resolution magic angle spinning MR spectroscopy (HR MAS MRS) gives qualitative and quantitative metabolic information from biological tissue with minimal sample preparations. It is also a non-destructive technique allowing subsequent analysis, for example histopathological examination or gene expression profiling, of the tissue after MRS [50]. Metabolic profiling alone and in combination with complementary methods is important for assessment of cancer biology, thus making HR MAS MRS an attractive method [41].

HR MAS MRS is widely used to study central metabolic processes related to cancer progression, including glycolysis, choline phospholipid metabolism and amino acid metabolism. Analyzing breast cancer tissue,  $^1\text{H}$  HR MAS MRS has identified more than 30 metabolites [51]. A representative breast cancer spectra is illustrated in Figure 1.9.



**Figure 1.9:** A representative  $^1\text{H}$  HR MAS MRS breast cancer spectra. Black bars represents excluded lipid regions.

To explore metabolic changes in relation to alterations in glycolysis and glucose metabolism, both glucose and lactate are detectable with  $^1\text{H}$  HR MAS MRS, and can thus be evaluated. A general hypothesis is that decreasing levels of glucose reflects that the tumor has an increasing energy demand while the degree of lactate production might indicate whether the glucose is guided towards TCA cycle or used for aerobic glycolysis. In accordance with a higher energy demand and thereby higher glucose demand in tumors with actively proliferating cells, a previous study reported glucose levels to be negatively correlated to proliferation index (MIB-1) [52]. If glucose is metabolized through aerobic glycolysis, regardless of oxygen availability, lactate will be produced. Lactate has been suggested a key player for cancer development and metastasis [39] and high levels of this metabolite, together with high glycine levels, has been associated with poor-prognosis for patients with ER+ invasive ductal carcinoma [53]. Accumulation of lactate in tissue extracts analyzed by MRS has previously shown to be correlated to metastasis [54,55]. Furthermore, in a study of patients diagnosed with locally advanced breast cancer, higher lactate levels prior to treatment start was observed for those who did not survive (5 year), supporting it as a poor-prognosis marker [56]. Non-survivors also

had higher levels of choline containing metabolites prior to treatment. These metabolites are associated to the synthesis and degradation of the phospholipid PtdCho, referred to as choline metabolism (see section 1.3.3), often observed to be altered in cancers [42]. With HR MAS MRS, several choline metabolites can be detected, including choline, PCho and GPC. Increased amounts of these metabolites have been detected when comparing breast cancer tissue to non-involved breast tissue, both in surgery-excised tissue [51, 57] and in core needle biopsies from breast cancer patients [58]. The altered choline metabolism is also found in xenograft models, and shown to differ between different breast cancer subtypes [59]. Basal-like tumor xenografts, which have a more aggressive breast cancer phenotype, are characterized with higher GPC concentration relative to PCho than the less aggressive phenotype of luminal-like xenograft models.

Changes in the levels of several amino acids have also been observed by  $^1\text{H}$  HR MAS MRS in breast cancer tumors. Higher levels of glycine has been observed in tumors larger than 2 cm compared to smaller tumors [57] and a trend of higher glycine in samples from poor prognosis patients [52]. Additionally, as a response to neoadjuvant chemotherapy, a significant decrease in glycine levels was found in samples from long-term survivors ( $> 5$  years) [56, 60]. Other amino acids that can be elucidated using  $^1\text{H}$  HR MAS MRS are taurine, which have been linked to lymph node metastasis [57], and glutamine, that were found to be significantly lower in TNBCs compared to triple positive breast cancer [61].

### 1.5.2 Pre-processing of MRS spectra<sup>†</sup>

The acquired HR MAS MRS spectra are highly complex, typically consisting of thousands of variables. To extract useful information and obtain high quality and comparable spectra eligible for statistical analysis, different pre-processing operations are performed to remove irrelevant sources of variance. These operations may include baseline correction, deletion of irrelevant noise regions, peak alignment, normalization and scaling. Each step is conducted simultaneously on the whole data set to ensure identical protocol for all samples.

Baseline correction is performed to remove unevenness in what should be a flat baseline. Without correction, baseline additives will cause errors when performing statistical tests and during quantification as signal intensities, and thereby metabo-

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<sup>†</sup>This section is based on [62, 63] unless otherwise stated

lite concentrations, are influenced and will be incorrect. Different algorithms can be performed on either time domain or frequency domain to correct for uneven baseline caused by noise, macromolecules or alternations in the first points of the FID. One of the most common approaches is estimating a base line which is subtracted from the spectral data. When the optimal baseline is achieved, the next step is often to remove areas with no metabolic information or areas that contain pollutions such as chemicals from sample preparation. This can be followed by peak alignment which has the intention to correct for chemical shift differences between the samples, normally caused by changes in pH, temperature, instrumental factors or molecular interactions. Different approaches can be used, that either align the entire spectra (global alignment) or separate segments (local alignment). Icoshift [64] is one of the approaches recommended for HR MAS MRS data [65]. Here, user defined segments of optional sizes are shifted to optimize their cross correlation to the same segment of a selected reference spectra using Fast Fourier Transformation (FFT). The reference spectra can be a spectrum from the original data set or can be generated by the user (e.g. mean or median spectra of the data set). After alignment, normalization ensures comparable spectra by removing variation in signal intensities caused by sample size or dilution. Area normalization, where each variable of the samples is divided by the sum or average of all its variables, can be considered a standard normalization approach for MRS metabolic data. Examples of other approaches are range normalization and probabilistic quotient normalization (PQN). The latter uses a method where the estimated most probable 'dilution factor' caused by sample size of each spectra is calculated based on comparison to a reference spectrum [66].

The signal intensities of metabolites are proportional to their abundance within the sample. Although fluctuations within metabolites of low concentrations might be of biological importance, their variation might be masked by metabolites of higher concentrations. The pre-processing step of scaling aims to balance the importance of each variable making them more comparable. Scaling methods are thus variable-based, and not sample-based as normalization. Prior to other scaling procedures, mean centering is often applied. Here, each variable within the data set is divided by its own mean resulting in a values that vary around zero. Depending on the nature of the data, following scaling approaches can be autoscaling (dividing each variable on its standard deviation), pareto scaling (dividing each variable on the

square root standard deviation) or variable stability scaling (dividing each variable on its standard deviation and coefficient of variation).

Additional pre-processing operations such as variable selection might also be included. Since decisions on what pre-processing procedures to include will affect the result of multivariate analysis, each step should be carefully evaluated and optimized for the specific data it will be applied to.



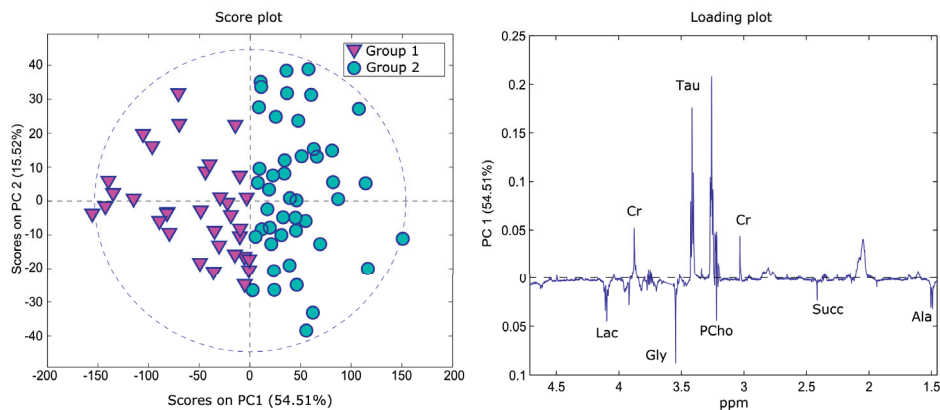


## 1.6 Multivariate analysis

Analyzing data sets with pre-processed spectral information requires statistical methods that handle a high number of variables. Additionally, many of the variables obtained by MR spectroscopy are collinear, ruling out standard statistical methods. Two approaches are used to extract and maximize the information recovery from such data sets; unsupervised and supervised methods. Unsupervised methods are exploratory, with no other information than the spectral data set as input. These methods can be used to visualize the data in a few dimensions to reveal hidden structures or groups within the data set. Supervised methods require a priori knowledge about the objects, referred to as response variable(s), with either categorical or continuous information. The independent variables, i.e. spectral intensities, are then used to build models that can classify or predict the response.

### 1.6.1 Principal Component Analysis (PCA)

Principal component analysis is an unsupervised multivariate method that aims to reduce noise and emphasize systematic data structures. By taking advantage of the many collinear variables within most multivariate data sets, linear combinations are used to reduce the number of variables into new variables called principal components (PCs). Here, the first PC explains the largest amount of the variance within the data set, while the following and subsequent PCs explain as much of remaining variation as possible. The PCs become axes of a new coordinate system and each sample is given score values to mark their position. Plotting samples in a scores plot defined by the PCs is a good tool for visualizing high dimensional data, find underlying patterns and for identifying outliers. Each PC will have a corresponding loading vector which describes how important each of the original variables have been in construction of the specific PC. Together the score and loading plot will give new information and help in the interpretation of the data set. Figure 1.10 shows one example of a PCA score plot and the corresponding first loading. Here, the samples have been colored according to their PC1 scores (positive or negative). By observing samples distribution in the scores plot combined with the corresponding loading plot, variables important for separating the samples in the new coordinate system (i.e PCs) can be found.



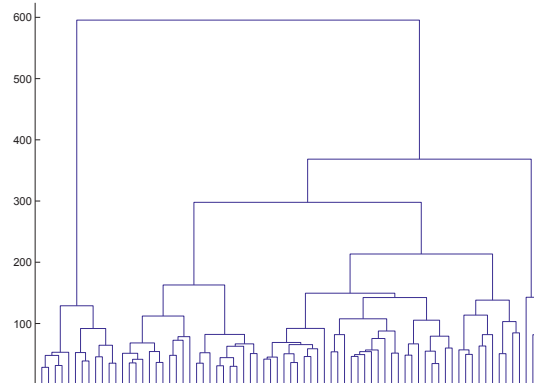
**Figure 1.10: Principal component analysis (PCA) for two groups of patients.** In the score plot (left), similar samples cluster close to each other. The loading plot (right) shows what variables were important for separating samples on the chosen principal component, here PC 1. Lac: lactate, Cr: creatine, Gly: glycine, Tau: taurine, PCho: phosphocholine, Succ: succinate, Ala: alanine.

### 1.6.2 Hierarchical Cluster Analysis

Hierarchical cluster analysis is an unsupervised method that can be used to find natural groups of samples within a data set, typically used for genomic and transcriptomic data. Complementary to the score plot from PCA, grouping of samples is visualized in a dendrogram, also known as a hierarchical tree. This tree is built with a bottom-up approach and illustrates the grouping of samples according to their pairwise similarity or dissimilarity. At the initial stage, and bottom of the dendrogram, all objects are considered individual clusters. After calculating similarity measurements between every possible pair of objects, the two closest are joined by a branch at the first level. For the next and following levels the process is repeated until only one cluster remains, as illustrated in Figure 1.11. Clusters more similar to each other will thus be connected by shorter branches than clusters less similar.

Several metrics for calculating the similarity between objects exists. Common approaches include Euclidean distance and correlation distance. The Euclidean distance between two points  $A(a, b, c)$  and  $W(x, y, z)$  is defined in equation (1)

$$d(A, W) = [(a - x)^2 + (b - y)^2 + (c - z)^2]^{1/2} \quad (1)$$



**Figure 1.11:** Dendrogram obtained by hierarchical cluster analysis.

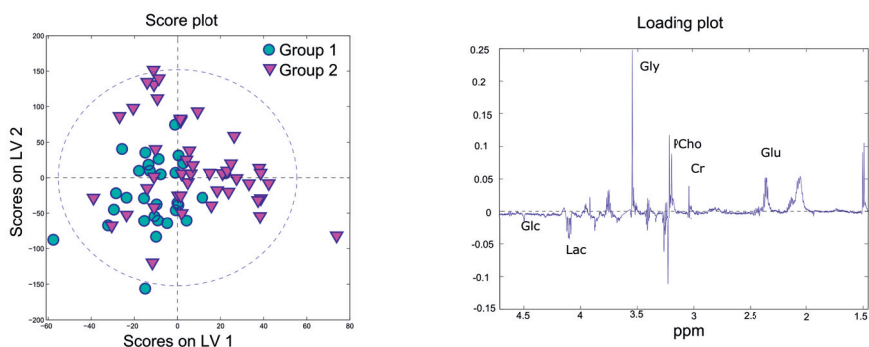
When two objects are joined into a cluster, their new distance measurements to other clusters are decided by the chosen algorithm, typically single or complete linkage, or Wards method. Single linkage defines the distance as the distance between the two closest objects of the two clusters, while complete linkage does the opposite; the distance is defined as the longest possible distance. Wards method calculates the variance within each cluster and the total variance summing all cluster variances. The two clusters that will cause the smallest change in total variance will be fused into a larger cluster.

The resulting dendrogram can in the final step of cluster analysis be used to divide the original data set into groups by deciding a cutoff level. All objects linked by a branch at the cutoff level will belong to one cluster. An alternative approach is deciding the number of clusters and cutting the dendrogram where this criteria is fulfilled.

### 1.6.3 Partial Least Squares (PLS)

Similar to PCA, partial least squares aims to find linear relationships within a multivariate data matrix,  $X$ , to reduce its complexity. However, PLS uses a supervised approach by including the response variable(s)  $Y$  with relevant information, e.g. clinical data or class membership, to construct the descriptive model. The method aims to find latent variables (LVs) that explains the variation of the data while maximizing the covariance between the  $X$  and  $Y$ . More specifically, the LVs will give

information about which variables within  $X$  that are most important for separating levels or groups within  $Y$ . In cases where  $Y$  is a categorical variable, the method is called PLS discriminant analysis (PLS-DA). Figure 1.12 shows a constructed example of PLS-DA discrimination between two groups of samples. The resulting model consists of new score values for each sample, and loading vectors corresponding to each LV, and can be interpreted similar to PCA models.

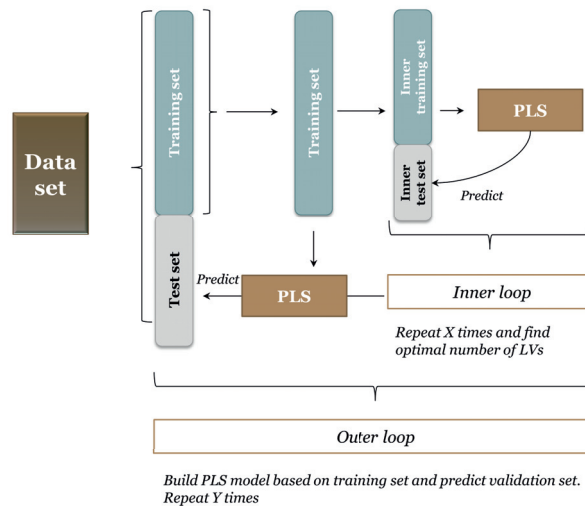


**Figure 1.12: Partial least squares discriminant analysis (PLS-DA) example.** Similar to PCA, the score plot (left) will cluster similar samples close to each other. The loading plot (right) shows what variables were important for separating samples on the chosen principal component, here PC 1. The corresponding loading plot shows which variables were most important for the PC. Glc: glucose, Lac: lactate, Gly: glycine, PCho: phosphocholine, Glu: glutamate.

#### 1.6.4 Validation of multivariate models

One of the goals when building classification models using methods like PLS-DA is to find variables important for discriminating groups of samples. Additionally, the model could potentially be used for predicting the status of new samples. Prior to such interpretation and classification, proper validation of the model is needed. If it is over-fitted to the data used to build the model, it will not describe the population wide relationships between  $X$  and  $Y$ . To assess the models robustness and evaluate its performance, common validation approaches include the use of independent data, cross validation and permutation testing. The preferred method for validation is using an independent data set, however this is often not possible due to lack of a validation cohort or a small number of samples. In such cases cross validation can be used. Here, the cohort is divided into training and test sets. The

training set is used to build a model that subsequently is used to classify the objects within the test set. This procedure can be repeated for several training and test sets, measuring the performance (e.g. number of correct and incorrect classifications, sensitivity and specificity, respectively) based on the predicted classification for the test sets. The size of the test and training set depends on the cohort. For small sample cohorts ( $n=20$ ) leave-one-out cross validation can be used, where each sample is left out once. However, this could possibly lead to an over-fitted model. For bigger cohorts, the test set can include a specific percentage of samples leaving the remaining samples within the training set. Further extension of cross validation to double cross validation can be used to optimize the model. This approach will have two loops: one outer and one inner loop. The outer loop is identical to the cross validation structure described above. For each round of outer loop validation, there is further an inner loop where the training set is divided into an optimization and second test sets (Figure 1.13). This is repeated for a specific number of times before a new round of the outer loop is repeated. The inner loop is used to decide the optimal number of LVs in PLS.



**Figure 1.13: An illustration of double cross validation.** The data is divided into a training and a test set. In the inner loop, model parameters, here for a partial least squares (PLS) model, are optimized and used for predicting samples in the test set of the outer loop. Single cross validation is performed using only the outer loop.

Permutation testing is a way of testing whether the model achievements are better than random classification. This technique permutes, or shuffles, the response variable  $Y$  before building the model. Consequently, the result obtained from this permuted model represents the result that could be obtained by chance. Comparing the real- and permuted models classification results will tell whether the real model can be regarded as significant.

## 1.7 Linear Mixed Models (LMM)

In the previous sections, methods to analyze different metabolites or complete spectral profiles simultaneously have been described. Another approach is to build separate multilevel statistical models for each individual metabolite. Such is the case with linear mixed-effects models (LMM), which describe relationships between a particular outcome, e.g. a metabolite concentration, and different categorical or continuous factors, e.g. response group or sample tumor cell percentage, respectively. These factors are regarded as fixed, because they can affect the outcome variable but have known, fixed values and therefore one has modeling control over them. Random effects are also incorporated in LMM, thus the name mixed model. These take into account the variation that cannot be controlled for experimentally and arise due to individual patient differences that are unknown, e.g. unrecorded diet and physical fitness level.

LMM can be applied in a variety of settings, most notably to account for intra-subject correlation that occurs when multiple observations or measurements are included for a single patient. This occurs in longitudinal studies, which are designed to follow up subjects and remeasure the same variables repeatedly at different time points. This allows tracking of individual changes in the measured variables with time. In addition, LMM can handle incomplete data, which is statistically challenging and is typical in longitudinal studies since it is difficult to obtain measurements from all patients at every time point [67].





## 2 Aims

### Overall aim

The main aim of the thesis work was to further characterize breast cancer through metabolic profiling using HR MAS MRS.

### Specific objectives

- To identify an optimal sample handling protocol for metabolic studies of tumor tissue with respect to freezing delay time and experiment durability.
- To determine naturally occurring metabolic clusters of primary operable breast tumors and further integrate the metabolic characteristics with gene and protein expression data.
- To investigate the metabolic effect of neoadjuvant treatment with respect to treatment response and the effect bevacizumab treatment.



### 3 Materials and Methods

A summary of materials and methods used for the present thesis is given in Table 3.1

**Table 3.1:** Materials and methods used in paper I-III

		Paper I	Paper II	Paper III
Materials	Human tissue samples	n = 14	n = 228	n = 270(122 patients)
	Xenograft samples	n = 42		
Methods	Metabolomics	<sup>1</sup> H HR MAS MRS	<sup>1</sup> H HR MAS MRS	<sup>1</sup> H HR MAS MRS
	Proteomics		RPPA	
	Transcriptomics		microarray	microarray
	Other methods	HES Nile Red	HES	HES
Data analysis	Multivariate analysis	PCA	PCA Hierarchical cluster analysis PLS-DA	PCA PLS-DA
	Metabolite level calculation	Integration	Integration	Integration Imputation
	Longitudinal data analysis	LMM		LMM
	Gene and protein expression		SAM, DAVID, GSEA PAM50-subtyping RPPA-subtyping	PAM50-subtyping
	Combing data levels		Integrated pathway analysis	

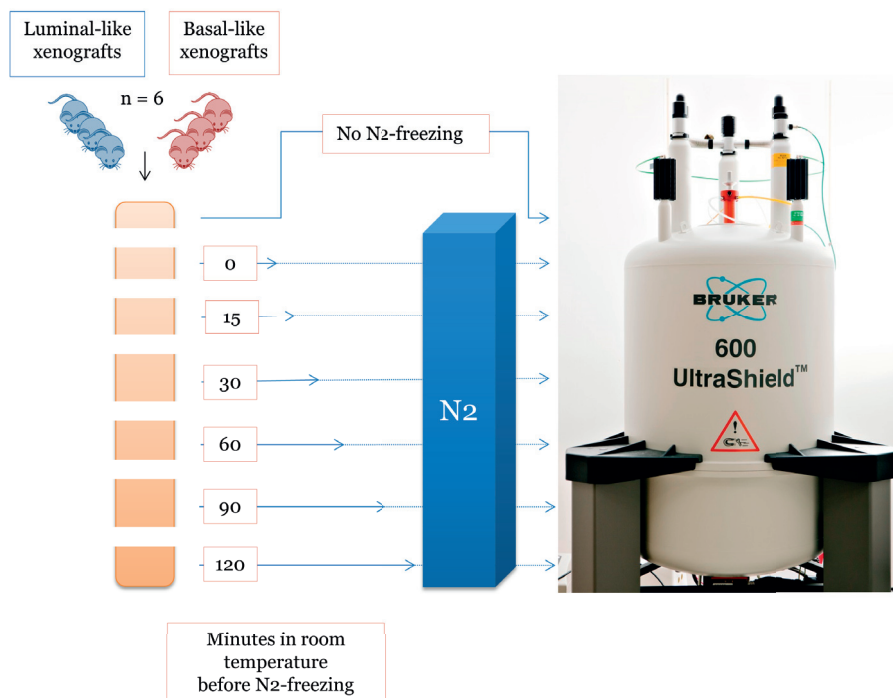
<sup>1</sup>H HR MAS MRS: proton high resolution magic angle spinning MR spectroscopy, RPPA: reverse phase protein array, HES: hematoxylin-eosin-safron, PCA: principal component analysis, PLS-DA: partial least square discriminant analysis, LMM: linear mixed model, SAM: significance analysis of microarrays, DAVID: database for annotation, visualization and integrated discovery, GSEA: gene set enrichment analysis

#### 3.1 Patients and xenograft models

##### 3.1.1 Breast cancer xenograft models

The xenograft models MAS98.06 and MAS98.12 used for paper I was established as described in [68] by implanting primary breast tumors specimens from patients into the fat pad of immunodeficient mice. Passages of tumors to new animals were conducted when tumors reached a diameter of 15 mm. Ethical guide lines from European Convention for the Protection of Vertebrates used for Scientific Purposes were followed during the animal work. Gene expression analysis have shown that these pre-clinical models have a luminal-like and basal-like phenotype respectively. Furthermore, these models have been characterized by MRS [59, 69] showing similarities between metabolic profiles of these models and the profiles

from corresponding patient tumors [59]. Xenografts were established and grown at the Oslo University Hospital, Radiumhospitalet, and transported from Oslo to Trondheim prior to HR MAS MRS analysis. The mice were sacrificed by cervical dislocation and tumors ( $n=6$ ) were harvested immediately. The tumors were split into seven before following the work flow illustrated in Figure 3.1. One sample was analyzed without snap-freezing, while the remaining were exposed to freezing time delays of 0, 15, 30, 60, 90 and 120 minutes.



**Figure 3.1:** Study design for evaluating effect of freezing time delay on tissue samples in paper I.

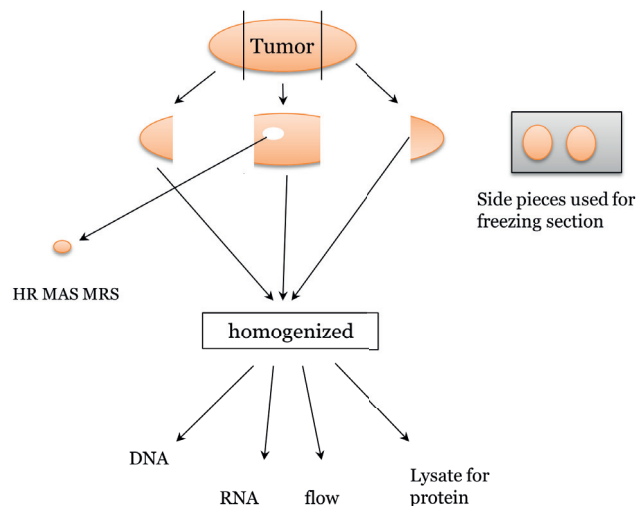
After HR MAS MRS analysis, samples were immediately frozen and stored (2 years) in liquid nitrogen before sectioning in  $4 \mu\text{l}$  and  $10 \mu\text{l}$  and staining with hematoxylin-eosin-safron (HES) and Nile Red as described in (21), respectively.

### 3.1.2 Patients cohorts

All three papers included samples from female patients diagnosed with breast cancer.

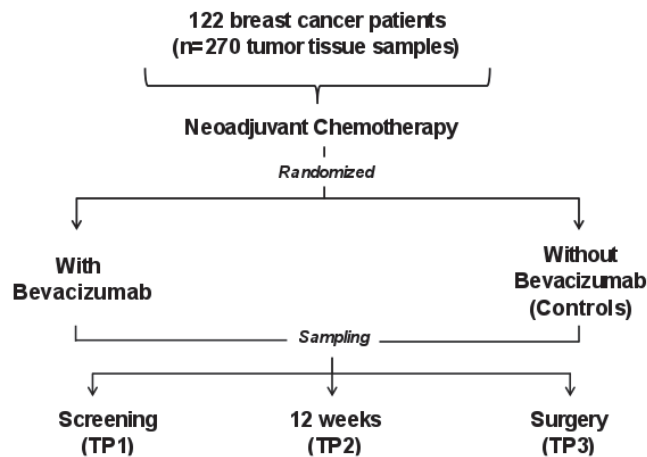
For paper I, samples (n=14) were collected during surgery at St Olav's Hospital (Trondheim, Norway) and Molde Hospital (Molde, Norway). Written informed consent was obtained from all patients and the study was approved by the Regional Ethics Committee, Central Norway. Immediately after surgical removal the samples were snap-frozen and stored in liquid nitrogen.

For paper II, tumor samples (n=228) obtained from the Oslo2 breast cancer cohort were included. This is a cohort of patients diagnosed with primary operable disease where patient material (clinical data, tumor material, serum) have been collected at several hospitals in south-eastern Norway. Written informed consent was obtained from all patients and the study is approved by the Regional Committee for Medical and Health Research Ethics (REC South East). The samples for paper II were collected in the time period 2006-2009 from patients operated at the Oslo University Hospital (Radium Hospital and Ullevål Hospital, Norway). Tumor material was fresh frozen after surgery and stored at -80 °C. Depending on tumor size, one sample from each tumor was divided in three (Figure 3.2). The two side parts were sectioned for hormone receptor analysis and histological evaluation performed by a pathologist. Sample material from the mid part was used for HR MAS MRS while the tumor remnants were pooled and used for extraction of RNA (n=201) and/or protein (n=217) for analysis of gene and protein expression (RPPA) respectively.



**Figure 3.2:** Flow chart for division of tumor material in paper II.

For paper III, tumor samples (n=270) obtained from 122 patients (age  $\geq 18$  years) within the Neo-Ava breast cancer cohort (Neoadjuvant Avastin in Breast Cancer) were included. This is a randomized phase 2 trial including patients with large (size  $\geq 2.5$  cm) and HER2– tumors that followed the neoadjuvant treatment regimens described below. Written informed consent was obtained from all patients and the study was approved by Regional Ethics Committee and the Norwegian Medical Agency. Ultrasound guided core needle-biopsies were harvested at treatment start (TP1) and 12 weeks into treatment (TP2) before surgical removal of the tumor 25 weeks after TP1 (TP3) (Figure 3.3). The surgeries were performed at Oslo University Hospital (Radium Hospital and Ullevål Hospital, Norway) and St Olav’s Hospital (Trondheim, Norway). Tumor material from TP1 was used for evaluation of hormone receptors status and histopathological diagnosis. For TP1 and TP2, a mid part from a first core-needle biopsy was separated for HR MAS MRS, before pooling the remnants with a second core-needle biopsy for further molecular analysis. For the surgical samples taken at TP3, a similar approach as for tumor preparation in paper II was used (Figure 3.2), where the two side parts were sent for histopathological analysis and a mid part was obtained for HR MAS MRS. The remnants were pooled and used for molecular analysis.



**Figure 3.3:** Flow chart for randomized neoadjuvant chemotherapy with or without bevacizumab in paper III. Reproduced with permission from Leslie R. Euceda.

### 3.1.3 Patient treatment protocols and response measurements

In paper III, all patients received neoadjuvant chemotherapy according to Norwegian guidelines and were randomized to additionally receive bevacizumab. The chemotherapy regimen consisted of 12 weeks with anthracyclines treatment (four three-weekly cycles of FEC100; epirubicin 100 mg/m<sup>2</sup>, 5-fluorouracil 600 mg/m<sup>2</sup>, cyclophosphamide 600 mg/m<sup>2</sup>) followed by 12 weeks of taxane-based therapy (four three-weekly cycles of paclitaxel 80 mg/m<sup>2</sup> or docetaxel 100 mg/m<sup>2</sup>). For patients receiving bevacizumab, this was administered in three-weeks cycles (15 mg/kg) during the anthracyclines and docetaxel treatment. Due to toxicity issues, docetaxel treatment was exchanged with paclitaxel for a majority of the patients. For those receiving bevacizumab, the dose was changed to 10 mg/kg every two-weeks.

Tumor size was measured by radiologist at TP1 using MR imaging (MRI), ultrasound and/or mammography and by a pathologist at TP3 when the tumor was surgically removed. To evaluate response of treatment, two characteristics were used; pathological tumor diameter at TP3 and response ratio calculated by pathological tumor diameter at TP3/tumor diameter at TP1. In cases where no MRI was available at TP1, the biggest diameter from ultrasound and/or mammography was used. To prevent the loss of patients experiencing good treatment response, but not qualifying for pathological complete response (pCR) where no invasive cells are detected (in breast nor lymph nodes), a cut-off of tumor diameter < 1 cm was set to classify pathological minimal residual disease (pMRD). Criteria for response classification are summarized in Table 3.2.

**Table 3.2:** Tumor response classification criteria used in paper III

Pathological response		Response ratio	
Response class	Tumor size at TP3		
pathological minimal residual disease (pMRD)	< 1 cm	Good response (GR)	$\leq 0.10$
		Intermediate response (IR)	$<0.10, 0.90>$
pathological non-responder (pNR)	> 1 cm	No response (NR)	$\geq 0.90$

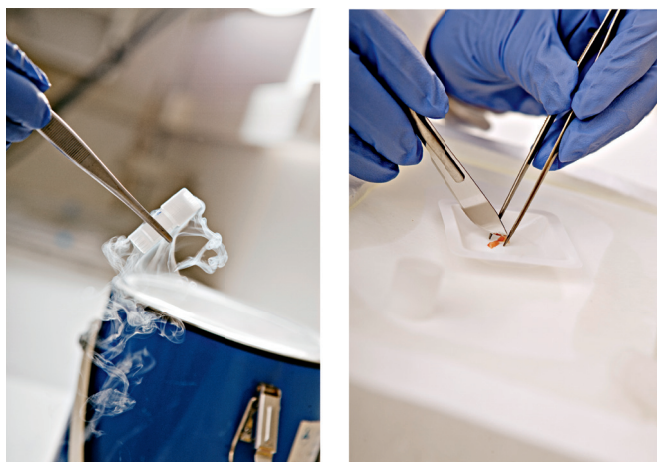
## 3.2 $^1\text{H}$ HR MAS MRS experiments

### 3.2.1 Sample preparation

For human samples included in paper I, biopsies were kept frozen on an ice block during preparation (Figure 3.4) and cut to fit leak-proof disposable 30  $\mu\text{l}$  inserts



(Bruker, Biospin Corp, USA) containing 3  $\mu\text{l}$  of phosphate buffered saline (PBS) based on  $\text{D}_2\text{O}$  with Trimethylsilyl propionic acid (TSP, 1 mM) and sodium formate (1 mM). The insert were placed in a 4-mm diameter zirconium MAS rotor and samples analyzed immediately.



**Figure 3.4: Sample preparation before HR MAS MRS experiments.** The samples are stored in liquid nitrogen until analysis (left). The samples are kept frozen during preparation and cut to fit inserts MAS rotors prior to analysis. Photo: Geir Mogen/NTNU

For xenograft samples in paper I and human samples in paper II and III, samples were kept frozen on a metal block bathed in liquid nitrogen during preparation and cut to fit leak-proof disposable 30  $\mu\text{l}$  inserts (Bruker, Biospin Corp, USA) containing 3  $\mu\text{l}$  cold sodium formate in  $\text{D}_2\text{O}$  (24.29 mM). The insert were placed in a 4-mm diameter zirconium MAS rotor and samples kept  $-20^\circ\text{C}$  and for maximum 6-8 hours before the experiments.

### 3.2.2 Acquisition protocol

Samples were analyzed on a Bruker Avance DRX600 spectrometer (Bruker, Biospin GmbH, Germany) equipt with a  $^1\text{H}/^{13}\text{C}$  MAS probe with gradient. Before acquisition, samples were spun for 5 minutes to allow for temperature acclimation. CPMG experiments (cpmgpr1D, Bruker) were run using acquisition parameters as specified in Table 3.3.

**Table 3.3:** Acquisition parameters

	Paper I		Paper II & III
	Human samples	Xenograft samples	Human samples
Temperature	4°C	5°C	5°C
Spin rate	5 kHz	5 kHz	5 kHz
Relaxation delay	4 s	4 s	4 s
Delay( $\tau$ )	1 ms	0.3 ms	0.3 ms
Echo time	273.5 ms	78 ms	78 ms
Number of loops	136	126	126
Number of scans	128	64	256

### 3.3 Spectral pre-processing and analysis

The acquired spectral data was Fourier transformed into 64k real points by multiplying the FID with a 0.30 Hz exponential function. Each spectrum was automatically phase corrected in TopSpin 3.1 (Bruker Biospin). Spectral data was further pre-processed in Matlab R2013b (The Mathworks, Inc., Natick, USA); chemical shifts were referenced to TSP at 0 ppm (human samples, paper I) or formate at 8.46 ppm (xenograft samples, paper I and human samples, paper II and III), additional baseline correction was achieved by subtracting each spectrum with the lowest value, and peak alignment was performed using `icoshift` [64]. Pre-processed spectral data from human samples were normalized by mean normalization (paper I and II) or PQN (paper III), while spectral data from xenograft samples (paper I) were normalized to sample weights.

#### 3.3.1 Multivariate analysis

PCA and PLS-DA were performed in Matlab using PLS toolbox version 7.5.2 (Eigenvector Research, Wenatchee, USA) on mean centered data performed by subtracting the average spectrum from each spectra. Hierarchical cluster analysis (paper II) was performed on pre-processed spectral data in Matlab using the Statistical toolbox (Matlab R2013b, The Mathworks, Inc., USA). Euclidean distance was set as distance parameter and Ward's method as the clustering distance.

PLS-DA models were validated using double cross validation where each round of the outer loop divided the data set into a training set consisted of 80 % (paper

II) or 90 % (paper III) of the samples and a test set with the remaining samples. In the inner loop, the training set was equally divided into a new test and training set using the same percentages. For each outer loop (repeated in total 20 times) the inner loop were repeated 20 times. The optimal number of LVs were decided based on the inner loop, while classification result (sensitivity, specificity and classification error) were calculated using the performance of the models during the outer loop of the double cross validation. Permutation testing was performed by building models on data where the response variable (Y) had been shuffled (paper II and III). This was repeated 1000 times before comparing the classification result of the permuted model with the original model. P-values  $\leq 0.01$  (paper II) and  $\leq 0.05$  (paper III) were considered significant.

### 3.3.2 Univariate and multilevel analysis

Metabolite identification was based on previously published HR MAS MRS analyses of human breast cancer [51]. Metabolite levels were calculated using integration of peaks (Matlab). Due to overlapping lipid peaks in the 4.1 ppm lactate region for 116 samples in paper III, the levels were imputed. This was performed in R 3.1.1 [70] using the method of multivariate imputation by chained equation (MICE) [71] and was validated using a resampling procedure.

LMM was performed in R 3.1.1 using the ‘nlme’ package [72].

## 3.4 Gene and protein experiments

### 3.4.1 Gene expression and genetic subtypes

In paper II and III, total RNA was isolated using TRIzol® reagent (Invitrogen, Carlsbad, CA, USA). The RNA purity and concentration was determined with a NanoDrop spectrophotometer (Thermo Fisher scientific, Waltham, MA, USA). Gene expression analysis with 100 ng RNA as input for labeling was performed using SurePrint G3 Human GE 8x60K (Agilent Technologies) according to the manufacturer’s protocol (One-Color Microarray-Based Gene expression Analysis, Low Input Quick Amp Labeling, v.6.5, May 2010). For paper II, microarray signals were log2-transformed, quantile normalized and hospital adjusted. The gene specific expression was calculated by taking the average of values from probes with identical Entrez ID. For paper III, all values were log2-transformed and quantile

normalized before adjustment for batch effect from array design, centre differences and correlations to RIN value and background signal. For both paper II and III, the PAM50 subtype algorithm [31] was used to classify samples into luminal A, luminal B, HER2-enriched, basal-like or normal-like. The claudin-low subtype was not included within the studies of this thesis and will thus not be further discussed.

### 3.4.2 Protein expression and proteomic subtypes

In paper II, measurements of protein expression was performed using the high throughput technique reverse phase protein array (RPPA). Here, protein lysates from up to 1000 samples are printed in dilutions on slides followed by hybridization to specific antibodies. This enables direct comparison of the expression of protein between samples. The expression of breast cancer related proteins were detected using 150 primary antibodies for protein extracts of 217 samples in paper II. The samples were diluted in five 2-fold series. Signal intensity was measured using a biotin conjugated secondary antibody and amplified with DakoCytomation-catalyzed system (Dako, Glostrup, Denmark). MicroViegene software (Vigene Inc., Carlisle, MA) was used to measure spot signal intensities before protein expression was quantified using a standard curve from the serial dilutions. The expression levels were log<sub>2</sub>-transformed and normalized by mean centering of the samples for each of the antibodies.

Samples were classified to their RPPA-subtype using consensus clustering with an option of 4 or 5 groups. The best fit was 5 groups; luminal, HER2, basal, reactive I and reactive II as defined in The Cancer Genome Atlas Network data set [33].

### 3.4.3 Analysis of gene expression data

In paper II, Significance Analysis of Microarrays (SAM) [73] was performed in R 2.15.2 [70] on expression levels of 21851 genes (found based on 42405 mRNA probes) to identify differences between the metabolic clusters. To validate the findings, a total of 100 permutations were performed.

For functional annotation of genes differently expressed between the metabolic clusters in paper II, Database for Annotation, Visualization and Integrated Discovery (DAVID), an online network analysis tool was used [74]. Additionally, enrichment of sets of genes were identified using Gene Set Enrichment Analysis (GSEA) [75].

**3.4.4 Integrated pathway analysis**

The online available tool 'Integrated pathway analysis' in MetaboAnalyst 3.0 software ([www.metaboanalyst.ca](http://www.metaboanalyst.ca)) [76] was used to combine data of differently expressed genes and metabolites of metabolic clusters in paper II.

## 4 Summary of papers

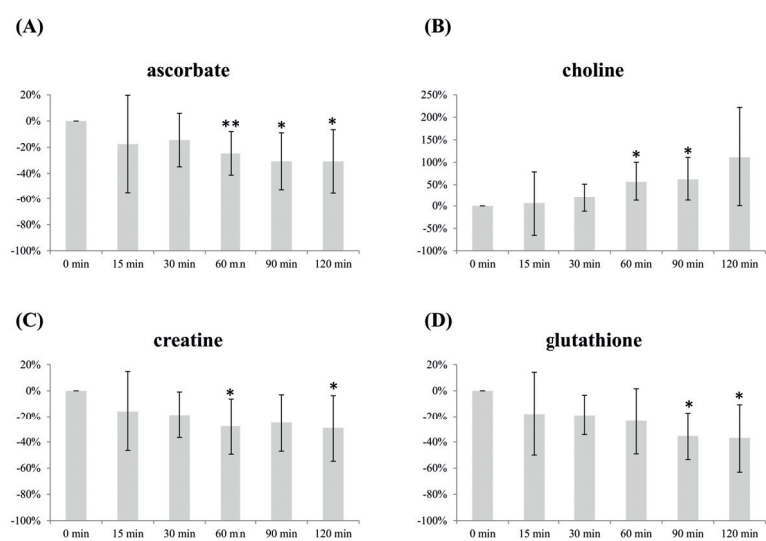
### 4.1 Paper I

#### **Impact of freezing delay time on tissue samples for metabolomic studies**

Metabolic profiling of intact tumor tissue by high resolution magic angle spinning MR spectroscopy (HR MAS MRS) provides important biological information possibly useful for clinical diagnosis and development of novel treatment strategies. However, generation of high-quality data requires that sample handling from surgical resection until analysis is performed using systematically validated procedures. In this study, we investigated the effect of post-surgical freezing delay time on global metabolic profiles and stability of individual metabolites in intact tumor tissue.

Tumor tissue samples collected from two patient derived breast cancer xenograft models (n=3 for each model) were divided into pieces that were snap-frozen in liquid nitrogen at 0, 15, 30, 60, 90, and 120 minutes after surgical removal. In addition, one sample was analyzed immediately, representing the metabolic profile of fresh tissue exposed neither to liquid nitrogen nor to room temperature. We also evaluated the metabolic effect of prolonged spinning during the HR MAS experiments in biopsies from breast cancer patients (n=14). All samples were analyzed by  $^1\text{H}$  HR MAS MRS on a Bruker Avance DRX600 spectrometer, and changes in metabolic profiles were evaluated using multivariate analysis and linear mixed modeling (LMM).

Multivariate analysis showed that the metabolic differences between the two breast cancer models were more prominent than variation caused by freezing delay time. No significant changes in levels of individual metabolites were observed in samples frozen within 30 minutes of resection. After this time point, levels of choline increased whereas ascorbate, creatine and glutathione (GS) levels decreased. Freezing had a significant effect on several metabolites, but is an essential procedure for research and biobank purposes. Furthermore, four metabolites (glucose, glycine, glycerophosphocholine and choline) were affected by prolonged HR MAS experiment time possibly caused by physical release of metabolites caused by spinning or due to structural degradation processes. In conclusion, the MR metabolic profiles of tumor samples are reproducible and robust to variation in post-surgical freezing delay up to 30 minutes.



**Figure 4.1: Impact of freezing delay time on level of (A) ascorbate, (B) choline, (C) creatine and (D) glutathione.** Metabolite integrals from samples subject to 15, 30, 60, 90 and 120 minutes freezing delay time compared with samples frozen immediately (0 minutes). \* and \*\* indicates that the level is significantly different from the sample frozen after 0 minutes (\* $p < 0.05$ , \*\* $p < 0.01$ ).

## 4.2 Paper II

### Metabolic clusters of breast cancer in relation to gene- and protein expression subtypes

The heterogeneous biology of breast cancer leads to high diversity in prognosis and response to treatment, even for patients with similar clinical diagnosis, histology and stage of disease. Identifying mechanisms contributing to this heterogeneity may reveal new cancer targets or clinically relevant subgroups for treatment stratification. In this study metabolite, protein and gene expression data from breast cancer patients were combined to examine the heterogeneity at a molecular level.

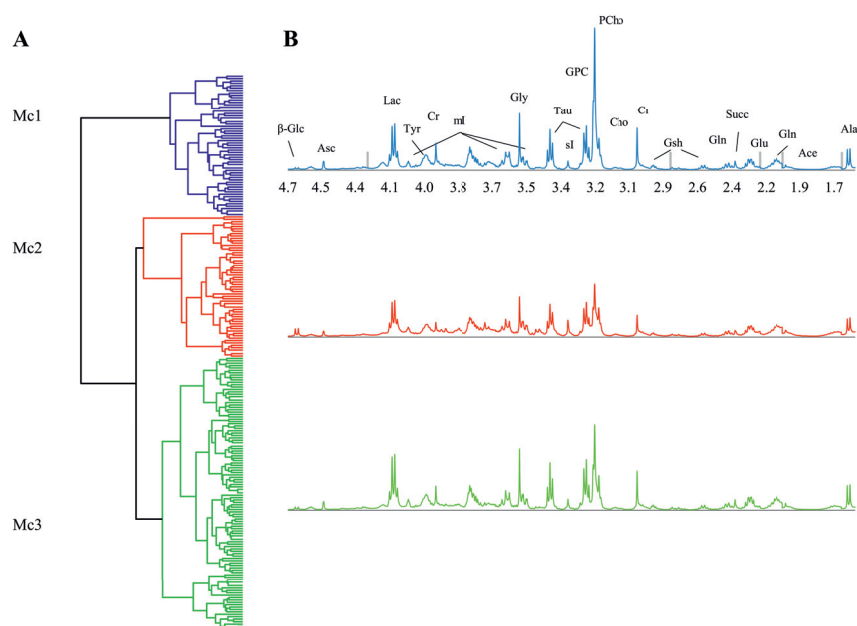
The study included primary tumor samples from 228 non-treated breast cancer patients. High resolution magic angle spinning magnetic resonance spectroscopy (HR MAS MRS) was performed to extract the tumors metabolic profiles further used for hierarchical cluster analysis resulting in three significantly different metabolic clusters (Mc1, Mc2 and Mc3). The clusters were further combined with gene and protein expression data.

The result revealed distinct differences in the metabolic profile of the three metabolic clusters. Among the most interesting differences, Mc1 had the highest levels of glycerophosphocholine (GPC) and phosphocholine (PCho), Mc2 had the highest levels of glucose and Mc3 the highest levels of lactate and alanine. Integrated pathway analysis of metabolite and gene expression data uncovered differences in glycolysis/gluconeogenesis and glycerophospholipid metabolism between the clusters. All three clusters had significant differences in the distribution of protein subtypes classified by the expression of breast cancer related proteins. Genes related to collagens and extracellular matrix were downregulated in Mc1 and consequently upregulated in Mc2 and Mc3, underpinning the differences in protein subtypes within the metabolic clusters. Genetic subtypes were evenly distributed among the three metabolic clusters and could therefore contribute to additional explanation of breast cancer heterogeneity.

In conclusion, three naturally occurring metabolic clusters of breast cancer were detected among primary tumors from non-treated breast cancer patients. The clusters expressed differences in breast cancer related protein as well as genes related to extracellular matrix and metabolic pathways known to be aberrant in cancer. Analysis of metabolic activity combined with gene and protein expression provides new information about the heterogeneity of breast tumors and, importantly, the meta-



bolic differences infer that the clusters may be susceptible to different metabolically targeted drugs.



**Figure 4.2: Metabolic subtyping of breast cancer tissue samples using HCA.**

(A) The HRMAS  $^1\text{H}$  MRS spectra for 228 samples was clustered using Euclidean distance and Wards linkage as similarity measure which separated the samples into three metabolic clusters (Mc); Mc1, Mc2 and Mc3. (B) Mean spectra for the three metabolic clusters.  $\beta$ -Glc:  $\beta$ -glucose, Asc: ascorbate, Lac: lactate, Tyr: tyrosine, Cr: creatine, ml: myoinositol, Gly: glycine, Tau: taurine, sI: scylloinositol, GPC: glycerophosphocholine, PCho: phosphocholine, Cho: choline, Gsh: glutathione, Gln: glutamine, Succ: succinate, Glu: glutamate, Ace: acetate, Ala: alanine. Grey bars indicate removed spectral regions (containing lipid peaks).

### 4.3 Paper III

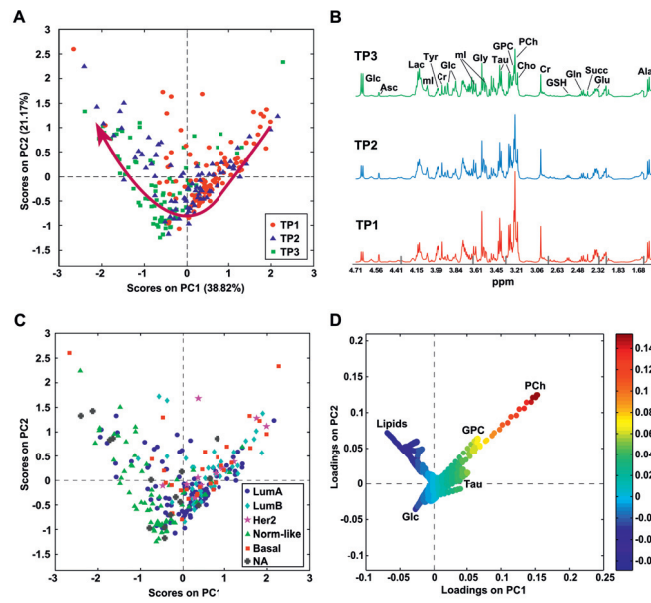
#### **Evaluation of metabolomic changes during neoadjuvant chemotherapy combined with bevacizumab in breast cancer using MR spectroscopy**

Metabolomics investigates biochemical processes directly, potentially complementing transcriptomics and proteomics in providing insight into treatment outcome. This study aimed to use magnetic resonance (MR) spectroscopy on breast tumor tissue to explore the effect of neoadjuvant therapy on metabolic profiles, determine metabolic effects of the antiangiogenic drug bevacizumab, and to investigate whether responders could be discriminated from non-responders at the metabolic level.

The metabolic profiles of 122 tumors from breast cancer patients were determined by high resolution magic angle spinning MR spectroscopy (HR MAS MRS). All patients received neoadjuvant chemotherapy, while they were randomized to receive bevacizumab or not. Biopsies were sampled prior, during, and after treatment. Multivariate strategies were used to analyze the metabolic profiles. The levels of 16 metabolites were calculated by peak integration and analyzed by linear mixed models (LMM).

Principal component analysis showed clear metabolic changes as an effect of chemotherapy, pointing to a decline in glucose consumption and a transition to normal breast adipose tissue with treatment progression. Partial least squares-discriminant analysis (PLS-DA) revealed metabolic differences between pathological minimal residual disease (pMRD) patients and pathological non-responders (pNRs) after treatment, but not before or during treatment, with an accuracy of 77 % ( $p < 0.001$ ). Furthermore, metabolic profiles before and after treatment discriminated patients exhibiting a good response ( $\geq 90$  % tumor reduction) from those with no response ( $\leq 10$  % tumor reduction) with a classification accuracy of 76 % ( $p = 0.001$ ) and 75 % ( $p = 0.002$ ), respectively. Lower glucose and higher lactate was observed in the good response group before treatment, while the opposite was observed after treatment. Bevacizumab-receiving and chemotherapy-only patients could not be discriminated at any time point. LMM revealed significant differences during treatment for 11/16 metabolites, while 8/16 metabolites differed between pMRD and pNRs. A significant interaction between time and bevacizumab for glutathione revealed higher levels of this antioxidant in chemotherapy-only patients than in bevacizumab receivers after treatment.

In conclusion, MR based metabolic profiles reflected changes as an effect of chemotherapy and successfully discriminated pMRD patients from pNRs after treatment, showing potential for assessment of metabolic response to treatment and to improve the understanding of underlying mechanisms affecting pathological response.



**Figure 4.3: PCA score plot, mean spectra from time points and loading plot.**

(A) The scores plot shows a trend in the direction of the arrow with increasing time point. (B) PQN-normalized mean spectra at each time point. Gray bars indicate removed spectral regions. (C) The normal-like gene expression subtype is most clearly separated from the rest in the scores plot, showing a similar distribution as TP3 in A. (D) The loadings plot indicates higher phosphocholine, glycerophosphocholine, and taurine at TP1 and increasing glucose and lipids with increasing time of treatment and in normal-like samples. Loadings are colored according to LV1. LumA: luminal A, LumB: luminal B, Norm-like: normal-like, NA: not available, Glc: glucose, Asc: ascorbate, Lac: lactate, mI: myo-inositol, Tyr: tyrosine, Cr: creatine, Gly: glycine, Tau: taurine, GPC: glycerophosphocholine, PCh: phosphocholine, Cho: choline, GSH: glutathione, Gln: glutamine, Succ: succinate, Glu: glutamate, Ala: alanine

## 5 Discussion

The main objective of this thesis was to characterize the metabolism of breast cancer in untreated and treated patients as well as to evaluate the metabolic effects of sample handling prior to and during HR MAS experiments. Altogether, this work demonstrates the potential of MR metabolomics in complementing gene and protein expression data to provide insight into breast cancer heterogeneity and treatment outcome, at the same time also gaining insight in how to design sample handling for safe and reproducible measurements.

In paper I, the metabolic effects of sample handling, with a focus on freezing time delay and prolonged experiment time, were evaluated. Tumor samples snap-frozen within 30 minutes after excision did not express significant changes in metabolite levels as measured with  $^1\text{H}$  HR MAS MRS. However, in the time frame of 60-120 minutes, and prolonged experiment time for 90 minutes, several metabolite levels were altered. Optimal sample handling protocols are important when designing and interpreting results from metabolomics studies, such as those conducted in paper II and III. Sample handling regimens in these studies were within the time limits indicated in paper I. In paper II, three naturally occurring metabolic clusters of untreated breast cancer were discovered. These were found to have distinct differences in metabolic profiles and in the distribution of protein subtypes, but no significant association to the distribution of gene expression subtypes. In paper III, the tumor metabolic responses in patients undergoing neoadjuvant chemotherapy with or without bevacizumab were evaluated and related to treatment response. Metabolic effects of the treatment were observed as well as differences in the metabolic profiles of responders compared to non-responders. Furthermore, a metabolic effect possibly linked to bevacizumab treatment was observed.

### 5.1 Metabolic profiles of breast cancer

Metabolic reprogramming is now widely accepted as an independent hallmark of cancer [3]. Genomic and transcriptomic characterization of breast cancer have been extensively performed in the past few decades, while the metabolic level has been less thoroughly explored. Importantly, cancer cells must convert nutrients to biomass while maintaining energy production, which requires reprogramming of central metabolic processes in the cells. This phenomenon is increasingly recognized

as a potential target for treatment, but also as a source for biomarkers that can be used for prognosis, risk stratification and therapy monitoring. The metabolic pathways of interest in the current thesis are summarized in Figure 5.1.

### Metabolic characterization of breast cancer

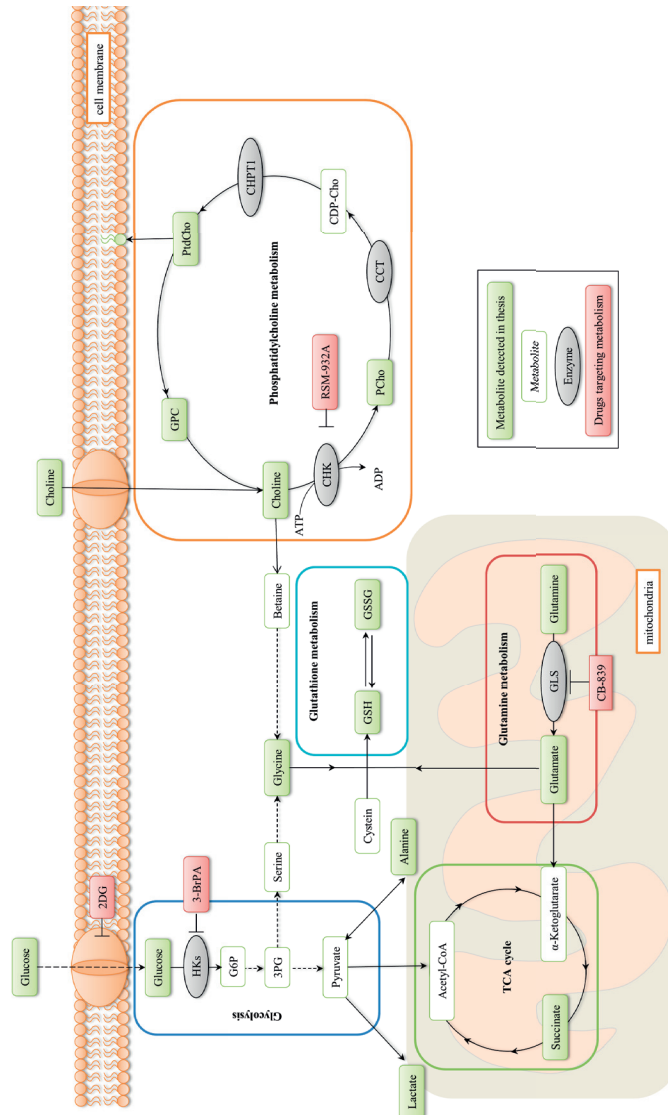
With its limited need of sample preparation and its high reproducibility, HR MAS MRS can give important metabolic information of cancer samples prior to additional analysis. This can improve current breast cancer characterization and, when combined with data from other molecular levels, solve some of the challenges linked to breast cancer heterogeneity.

A short summary of the main metabolic findings of the current thesis is given in Table 5.1.

**Table 5.1:** Summary of metabolic findings in paper I-III

Summary of results	Samples	n	Sample group	↑ Metabolites increased	↓ Metabolites decreased
Paper I	Basal-like and luminal-like xenografts	14	Freezing delay > 30 min	Cho	Asc, Cr
			Freezing delay > 60 min		GS
	Human samples, primary operable tumors	6	Exp. time > 90 min	Glc, Gly, Cho	GPC
Paper II	Primary operable tumors	228	Mc1	GPC, PCho	mI, Glc, Glu, Ace
			Mc2	Glc, Ace	Lac, Asc, Tyr, Gly, GPC, PCho, Ala
			Mc3	Lac, Gly, Tau, Ala	Glc
Paper III	Primary inoperable tumors, HER2–	122	Neoadjuvant Chemotherapy	Glc, Lac, Gln	Cho, PCho, GPC, Tyr, Cr
			pMRD compared to pNR	Glc, Lac	Cho, PCho, GPC, GSH, Succ, Tyr, Cr
			GR compared to NR	Glc,	Lac, Cho, PCho, GPC, GSH, Succ, Tau, Tyr, Cr
			Bevacizumab		GSH

Cho: choline, Asc: ascorbate, Cr: creatine, GS: glutathione (total), Glc: glucose, Gly: glycine, Cho: choline, GPC: glycerophosphocholine, PCho:phosphocholine, mI: myoinositol, Glu: glutamate, Ace: acetate, Lac: lactate, Tyr: tyrosine, Ala: alanine, Tau: taurine, pMRD: pathological minimal residual disease, pNR: pathological non-responder, GSH: glutathione (reduced), GR: good response, NR: no response, Succ: succinate.



**Figure 5.1:** An overview of the most relevant metabolites discussed in this thesis. 2DG:2-deoxy-D-glucose, HKs: hexokinases, G6P: glucose 6-phosphate, 3PG:3-Phosphoglyceric acid, GSH; reduced glutathione, GSSG: oxidized glutathione, GLS: glutaminase, CHK: choline kinase, PCho: phosphocholine, CCT: cytidyltransferase, CHPT1: choline phosphotransferase 1, PtdCho: phosphatidylcholine, GPC: glycerophosphocholine

### **Glucose metabolism**

Cancer cells divide and grow uncontrollably with high demand for energy and molecular building blocks. Although energy production through mitochondrial oxidative phosphorylation is much more efficient, most cancer cells tend to convert glucose to lactate regardless of oxygen availability, the phenomenon known as the Warburg effect. Consequently, an increased glycolytic rate has been observed as a characteristic of many tumors [77]. This is frequently utilized in tumor detection through positron emission tomography (PET) [78] where the glucose analog fludeoxyglucose is injected into cancer patients and used to detect tumors with high glucose uptake. Among genetic subtypes, luminal-like xenograft tumors express a higher glycolytic rate compared to the more aggressive and fast growing tumors of basal-like xenografts [69]. Further exploration of luminal A tumors from patients has revealed three subgroups within this subtype, with one exhibiting higher energy consumption [50]. Glucose metabolism does not necessarily behave similarly within each genetic subtype, but could possibly contribute to important characteristics of the heterogeneity within breast cancer metabolism.

Among the three metabolic clusters described in paper II, Mc2 was characterized by high levels of glucose indicative of lower glycolytic rate, while Mc3 had evidence of higher Warburg effect with low levels of glucose and higher levels of lactate and alanine. The genetic subgroups were evenly distributed among these clusters, underpinning that metabolic differences may add information on breast cancer heterogeneity. Due to its low glucose levels combined with other findings that will be discussed later, Mc2 was suggested to be a group with less aggressive tumors compared to Mc1. Lactate has been linked to tumor aggressiveness and metastasis and has been suggested as a key player in cancer metabolism [39, 79]. Expressing the highest lactate level among the three clusters, Mc3 exhibited metabolic features associated with aggressiveness. For ER+ breast cancer patients, higher levels of lactate and glycine have been found to be associated with lower survival rates [53]. The distribution of ER+ patients among the metabolic clusters were found to be equal, and therefore not the reason for higher lactate in Mc3. No differences in gene expression among the clusters could explain these metabolic differences in glucose metabolism, however, significant differences in the distribution of protein expression subtypes were discovered among the clusters. For Mc2, where high levels of glucose imply a low proliferative rate, 44 % belonged to RPPA subtype reactive-I,

known to have features related to stromal activity; this was in accordance with gene expression findings for this cluster and would be of interest to investigate further.

Although metabolic prediction of treatment response prior to onset of neoadjuvant treatment in breast cancer patients currently has not been achieved [56, 60], increase in glucose levels during treatment for responders (paper III) and for 5 year survivors have been observed [60]. For paper III, the main criteria for evaluation of treatment was tumor size reduction. Pathological responders' metabolic profile after treatment (TP3) showed higher lactate in addition to higher glucose compared to pathological non-responders (pNR). While high glucose could be explained by a lower energy demand in accordance with tumor reduction, the high level of lactate was more unexpected. For many of the samples (116 of 270) lactate levels were imputed due to overlapping lipid residuals, however, this calculation was validated using a resampling procedure and is unlikely to have caused the observed increased lactate levels. This finding could support the suggested dual metabolic effect of cancer cells, where glucose consumption decreases due to a non-glycolytic phenotype caused by lactic acidosis [80], or simply by morphological changes in the cancer tissue, limiting cell lactate secretion and removal.

When assessing tumor response using the defined response ratio, patients classified with good response showed a more prominent metabolic shift from lower glucose and higher lactate prior to treatment towards higher glucose and lower lactate after treatment compared to patients with no response. This indicated that tumors with high Warburg effect were targeted more effectively by the current chemotherapy treatment. Due to the exclusion of the high number of patients with intermediate response in this comparison (69 of 122 patients), the model was limited by a lower sample size therefore not valid for prediction, but the glycolytic response of good responders showed similarities to those observed for long-term survivors of locally advanced breast cancer [60]. When intermediate response patients were included, however, increasing lactate correlating with clinically better response ratio was observed, similar to the finding for pathological minimal residual disease. Whether this increase in lactate is a predictor of poorer outcome for patients in paper III regardless of good pathological response still needs to be elucidated. If so, previous findings showed that 5 year survival, but not clinical response to treatment, is predicted from metabolic profiles measured prior to treatment with lower lactate levels in 5 year survivors [56].



### Choline metabolism

Suggested as an emerging hallmark of cancer, abnormal choline metabolism has been associated with proliferation, tumor progression and oncogenic signaling through the production and degradation of the phospholipid phosphatidylcholine (PtdCho) [42]. This phospholipid is an essential constituent of cellular membranes and consequently needed during cancer cell proliferation and tumor growth. Normal proliferating mammary cells do not show the same characteristics [81], linking this feature to malignancy. The three key intermediates of PtdCho metabolism, choline, phosphocholine (PCho), and glycerophosphocholine (GPC) or tCho when summed together, are detectable using  $^1\text{H}$  HR MAS MRS and are found to be altered in several types of cancer. In breast cancer tissue, these choline containing metabolites have been found to be expressed at higher levels than in normal or adjacent breast tissue [52, 57, 82]. These findings can be correlated with detected upregulation of expression and activity of specific enzymes in breast cancer, presented in a recent review of choline metabolism in malignant transformation by Glunde et al [42]. More specifically, several choline metabolism enzymes such as choline kinase  $\alpha$  (CHKA) and PtdCho-specific phospholipase D (PLD) are found to be overexpressed in cancer and are associated with altered choline metabolism. The distinct differences in choline metabolite profiles observed in luminal-like and basal-like xenografts have also been found to correlate with gene expression differences [59, 83] further supporting the need to combine data levels for better breast cancer stratification.

The results of paper I, where the effect of freezing time delay on cancer metabolites was studied, showed that choline significantly increased in the time interval of 30-60 minutes at room temperature. For GPC and PCho no significant effect was observed, however, a trend towards increased levels was observed. Although proper sample handling whereby samples are stored in liquid nitrogen within 30 minutes from collection should both be possible and standard for metabolic studies, it is important to consider this effect while planning and controlling the study design. Limited time at room temperature will improve the sample quality and enable valid interpretation of findings related to choline metabolism.

Of the three metabolic clusters obtained in paper II, Mc1 was found to have significantly higher levels of PCho and GPC. Differences in PCho/GPC ratio is a common metabolic characteristic distinguishing luminal-like and basal-like xenograft tumors [69], and high PCho has been suggested as a biomarker of breast cancer [84]. While 5 year survivors of locally advanced breast cancer were found to have higher

levels of tCho compared to non-survivors, their lactate levels were lower [56]. Combined with findings related to glucose metabolism in addition to its gene expression profile, we hypothesize that patients classified into Mc1 have the worst prognosis of the three clusters. This hypothesis will be tested once long-term follow up data is available.

Differences in the gene expression level of choline metabolism related enzymes have been observed when exploring differences between basal-like and luminal-like xenograft model [59]. These findings could possibly explain the higher GPC concentration relative to PCho observed in basal-like xenograft tumors, which is found to be a more aggressive phenotype. This suggests that the differences in metabolic profiles together with gene expression data could improve characterization of breast cancer heterogeneity. Several genes linked to choline metabolism were found to be down-regulated in the Mc1-tumors compared to the two other clusters. Although none of these genes code for enzymes directly linked to PCho or GPC formation, they are involved in PtdCho metabolism. The high tCho observed in Mc1 has been detected in other breast cancer cohorts *in vivo* and its reduction has been used as a marker for response to neoadjuvant therapy measured by *in vivo* MRS [77, 85, 86]. This reduction was in accordance with the findings of paper III, where a general trend was decreased levels of choline, PCho, and GPC with treatment time. Additionally, levels of choline and PCho were found to be lower in patients with pathological minimal residual disease compared to non-responders at the end of treatment. Patients with good or poor prognosis according to TNM classification system, however, did not show the same difference in tCho levels [52], in agreement with the metabolic response seen in 5 year survivors [60].

### Amino acid metabolism

A number of amino acids are found to be elevated in cancers [41]. Following abnormal cell growth there is an increased requirement for energy and building blocks to support the synthesis of proteins and other important molecular components; amino acid metabolism can help cancer cells fulfill this need [87]. When glucose supply is limited or directed towards lactate production, cancer cells can use some amino acids to refuel the TCA cycle. Glutamine metabolism, where glutamine can be converted to glutamate, is one possibility to refuel  $\alpha$ -ketoglutarate into the TCA cycle. The conversion from glutamine to glutamate is catalyzed by glutaminase (GLS), an enzyme that has been found to be overexpressed in several cancer types

and cancer cell lines [88]. When comparing Mc1 to the two remaining clusters (paper II) significant lower levels of both *GLS* and glutamate in Mc1 tumors were observed, while no differences in glutamine levels could be detected between the clusters. This could indicate more glutamate being guided into other pathways, or simply that glutamine metabolism is less active within these tumors. The latter is also hypothesized to be a general effect of chemotherapy for patients in paper III, which was attributed to increased glutamine levels from TP2 to TP3, independent of response to treatment.

Elevated levels of glycine has repeatedly been linked to tumor aggressiveness and poor prognosis [52, 53, 57, 89], however, to find its role in breast cancer, this has not been fully elucidated. Glycine can be synthesized from different routes including intermediates from the glycolysis pathway and from choline degradation. It can be used for production of DNA and RNA building blocks as well as the important antioxidant, glutathione [90]. In paper II, Mc2 patients exhibited lower levels of glycine than Mc3 patients. Combined with high levels of glucose within Mc2 tumors, this was found to be in accordance to the assumption that Mc2 is associated with better prognosis than the two other clusters. Mc3 on the other hand, expressed higher levels of both glycine and lactate, which for ER+ patients were found to be related to poor prognosis [53]. Higher expression of genes involved in choline metabolism, previously suggested to be linked to increased glycine levels [59], could explain this glycine profile of Mc3. There was no evidence of glycine predicting pathological treatment response (paper III), however, when comparing patients with good and no response according to response ratio, a trend of higher glycine was observed for non-responders at the end of treatment. This finding was not further evaluated in paper III, but underpins the need to evaluate glycine when clinical survival data becomes available for this cohort.

Glycine, together with glutamate and cysteine, can be directed towards synthesis of glutathione, whose modulation has been described as a double-edged sword [91]. While important for protection against cancer development by reducing reactive oxygen species (ROS) and maintaining redox homeostasis, high glutathione levels have been linked to malignancy in cancer development. It has been hypothesised that high levels of glutathione could contribute to treatment resistance by reducing the effectiveness of drugs intended to damage cancer cells [91]. Additionally, cancer cells with lower levels of glutathione are found to be more sensitive to radiation therapy, therefore glutathione is important to consider when designing the opti-

mal treatment regimen. Furthermore, in a chemo-resistant breast cancer cell line, decreased glutathione levels were suggested to be an essential event in treatment-induced reduction of their resistant properties [92]. Importantly, glutathione levels are dependent on sample handling and should only be interpreted in studies where the samples were frozen within 60 minutes from collection (paper I). After this time point, its levels were found to be significantly decreased, possibly a result of oxidative stress within the tumors. Decreased glutathione levels were also observed as a possible effect of bevacizumab observed at the end of treatment (paper III). Based on previous findings, this could indicate that these tumors are less likely to continue to avoid apoptosis and more likely to be sensitive to chemotherapy. Low levels of glutathione could indicate that Mc2 patients are more sensitive to chemotherapy than Mc3, which had the highest glutathione levels of those two groups (paper II).

### **Metabolism and tumor microenvironment**

Emerging evidence suggests that cancer cell progression and metastasis is dependent on the tumor microenvironment [93]. Cancer cells and their surrounding stroma, including blood vessels, cancer-associated fibroblasts, immune cells, fat, extracellular matrix (ECM) and extracellular molecules, will together affect the tumor microenvironment with cellular interactions and molecular crosstalk. Although not malignant themselves, stromal cells within the tumor microenvironment can contribute to the malignant phenotype of cancer cells, for example through production of growth factors and cytokines [94]. Metabolic profiling and combination of data from several omics levels therefore have the potential to unveil biomarkers within tumor microenvironment for metastatic disease and new metabolic targets for treatment [95].

The metabolic clusters of paper II exhibited gene expression differences linked to changes in stromal activity. More specifically, Mc2 and Mc3 had significantly up-regulated genes compared to Mc1. Gene annotation and enrichment tools showed that a significant number of these genes were linked to alternations in the ECM, cell adhesion, and basement membrane. Interestingly, when compared to Mc1, both of these clusters were also found to have higher amounts of the protein expression-defined subtypes, reactive I and reactive II. Since the two 'reactive' subtypes are thought to be produced by stromal/microenvironmental elements [96], this finding is in accordance with the gene expression characteristics, suggesting a correlation between metabolic phenotype and stromal activity. The tumor microenvironment is important for tumor progression, metastasis and redox status. Thus, these charac-

teristics might be a result of the cancer cells promoting changes in the extracellular conditions needed for growth [97].

### **Targeting dependencies in cancer metabolism**

All cancer cells exhibit altered metabolism to facilitate the energy demand and synthesis of biomass needed for rapid proliferation. Distinct differences between the three metabolic clusters in paper II were identified. This is interesting, as therapeutic agents that target metabolic dependencies are considered to be a promising anti-cancer strategy. One of the biggest obstacles for the success of this approach is the similarity between cancer cells and normal rapid proliferating cells [95]. This is also an existing well-known challenge in more traditional cancer therapies, resulting in multiple and undesired side effects. An additional obstacle for successful outcome when targeting metabolic dependencies is the redundant nature of metabolic pathways. Alternative routes for the same metabolic end product might exist, impairing the effect of targeted drugs [95]. Despite these issues, several drugs that target metabolic pathways have shown promising results leading to clinical trials [98]. In fact, some of the conventional drugs against cancer are inhibitors of metabolic enzymes, including 5-fluorouracil and methotrexate [97]. After finding evidence of asparagine supply dependency in the acute lymphocytic leukemia (ALL) cancer cells, these patients now benefit from L-asparaginase treatment [99], showing the importance of metabolic characterization in cancer. Metformin, a drug initially intended to lower blood glucose levels for type 2 diabetics, has shown anti-neoplastic effects and has been tested in clinical trials for several cancer types [100], including breast cancer, where the drug was linked with decreased proliferation [101]. Metformin has been observed to reprogram tumor cell metabolism, making chemoresistant breast cancer cells more similar to their chemosensitive counterparts [92], where metformin not only altered the metabolism of glucose, but was also suggested to reprogram glutathione metabolism. Since the sensitivity to radiation and chemotherapy has been found to be associated with glutathione levels in cells and neoplastic tissues, respectively [91], this link should further be investigated. Metformin, or other drugs that alter glutathione metabolism, could potentially be used when targeting tumors found to have high glutathione levels like those observed for the metabolic cluster Mc3.

Mc3 had evidence of high aerobic glycolytic activity, observed as low glucose levels combined with high levels of lactate, a characteristic that is being targeted

using different approaches [102]. Direct inhibition of glucose metabolism using the glucose analogue 2-deoxy-D-glucose (2DG) has been extensively studied in cancer cells, especially in combination with other treatments [103, 104]. Although preclinical toxicity issues have been a concern regarding this drug, it has been reported as well tolerated by patients [105]. By binding to the glucose transporters, 2DG inhibits glucose uptake and thereby all downstream pathways that rely on glucose to contribute with intermediates in both glycolysis and mitochondrial oxidative phosphorylation. Other possible glycolytic targets includes the hexokinases (HKs) where the use of 3-bromopyruvate (3-BrPA) have been found to induce autophagy in breast cancer cell lines [106, 107].

Altered choline metabolism is considered an attractive cancer therapy target and was found to be one of the main characteristics of Mcl. One of the key enzymes in altered choline metabolism is CHKA [108], the first enzyme in the choline pathway. Inhibition of this enzyme (RSM-932A) induced antiproliferative effects, which were detected both in cancer cell lines and xenograft models of human tumors [109]. These promising results combined with low toxicity profiles have led to the drug being tested in phase I clinical trials [109]. One of the benefits of targeting choline metabolism is the possibility of detecting and monitoring treatment response by observing the tCho signal using *in vivo* MRSI [86]. *Ex vivo* monitoring, using HR MAS MRS of fine needle biopsies, could also be valuable tool. Using this approach, a transient increase in choline containing metabolites has been found to be an early marker for docetaxel sensitivity in a BRAC1-mutated mice model [110]. For treatment strategies targeting choline metabolism directly, several metabolic enzymes with altered expression and activity could potentially be used such as choline transporter-like protein 1 (CLT1) and CTP:phosphocholine cytidylyltransferase (CCT) [42].

Targeting amino acid metabolism has been suggested as a promising strategy in cancer therapy [111]. Glutamine, with its potential of providing both carbon and nitrogen to cellular building blocks, is considered to be essential in rapidly dividing cells [44]. However, with the possibility of *de novo* synthesis of glutamine together with a potential supply of glutamine from other glutamine producing cells [112], information about the variety of and degree of glutamine reprogramming among cancer subtypes is still lacking. If better characterized, prediction of which tumors are more likely to benefit from glutamine targeted treatment could be promising [44]. Glutaminase has been found to be upregulated in several types of cancer [113]

making it a promising target. The glutaminase inhibitor CB-839 is currently being investigated in phase I trials [114] and could potentially be used for tumors found to be glutamine dependent. Among the genetic subtypes of breast cancer, basal-like epithelial cells were found to be more dependent on glutamine supply compared to luminal-like [112]. Targeted investigation into both gene and protein expression differences related to glutamine metabolism could possibly clarify these metabolic differences and predict which are more likely to benefit from targeted treatment. For the metabolic clusters in paper II, Mc1 is reprogrammed in such a way that the glutamate produced is more rapidly guided towards production of proliferative building blocks, or simply that glutamine supply of Mc2 and Mc3 tumors is higher, and converted to glutamate more rapidly due to higher availability of the GLS enzyme.

## 5.2 Methodological considerations

In a research setting, the study design and choice of methods, both at the experimental stage and during data analysis, is important as it can influence the results. In the following sections, methods used within the current thesis are discussed.

### Patients and tumor tissue samples

In this work, both breast cancer xenograft tissue and patient tissue were analyzed. Samples from the patient-derived xenograft models, MAS98.08 and MAS98.12, were used to study the metabolic effects of prolonged time at room temperature prior to freezing (freezing time delay) (paper I) [68]. These models were established by implementing bulk tumor tissue, harvested from breast cancer patients, directly into the mammary fat pad of immunodeficient mice. By using direct grafting of tumor tissue, in contrast to injection of cell lines or using genetically engineered mice, more of the human tumor characteristics are captured. Additionally, injection into the mammary fat pad provides a tumor microenvironment that is more similar to the tumors original surrounding compared subcutaneous injection. Although a tumor model will never be able to capture all properties and aspects of the human cancer, it was considered to be good model system for the methodological purpose of paper I - detecting metabolites affected by sample handling differences. Performing a similar study using patient material would also be valuable, it could however, be influenced to a higher degree by tumor heterogeneity. The models used have been characterized both at the genetic [68] and metabolic [69] level showing small inter- and intra-tumor variability. Metabolic effects detected in paper I should thus be representative for the ongoing degradation processes in human tumor tissue caused by freezing time delay.

Tumor tissue from breast cancer patients can be harvested through needle biopsies or during surgery. From the moment blood supply is cut, the tumor is prone to degradation processes. To minimize metabolic alterations, as well as ischemic influence on other cellular processes, samples for HR MAS MRS analysis should be snap-frozen in liquid nitrogen as soon as possible [115]. Although the snap-freezing might have metabolic consequences [116], as observed in paper I, the alternative approach of analyzing samples directly after harvesting is often inconvenient. The human samples utilized in paper I and II were obtained from untreated patients during final surgery, while samples in paper III were collected prior to, during and



after neoadjuvant treatment of HER2 negative (HER2-) breast cancer patients. After surgical removal, samples in paper I were immediately ( $\sim 5$  min) snap-frozen and stored for a maximum of 3 years in liquid nitrogen until HR MAS MRS analysis. Surgical samples in paper II and III were evaluated by a pathologist within 30-60 minutes prior to storage in  $-80^{\circ}\text{C}$ , and stored for a maximum of 5 or 3 years, respectively. The samples were transferred to storage in liquid nitrogen minimum 6 months prior to analysis. The metabolic effect of long-term storage prior to HR MAS analysis was found to be insignificant for prostate tissue stored for 3 years at  $-80^{\circ}\text{C}$  [117]. In a more recent study however, significant changes in both breast cancer tissue and adjacent healthy tissue were reported after 12 months of storage [118]. Choline increased significantly for both groups while levels of PCho decreased significantly in 'healthy' samples. Despite these findings, metabolic differences between neoplastic and healthy tissue were considered sufficient for discrimination. The metabolic changes thought to be related to storage could, however, be influenced by degradation processes caused by the repeated freezing and thawing (to  $5^{\circ}\text{C}$  inside HR MAS MRS magnet) needed to reanalyze the same sample after prolonged storage.

### **Tumor size for treatment response assessment**

In paper III, exploring the association between metabolic profile and treatment response was a major objective. The RECIST criteria are commonly used to assess treatment response in solid tumors [119]. However, due to the lack of MRI measurements for some patients before treatment, which in addition to computed tomography (CT) is a recommended method in the RECIST guidelines, we chose to look into alternative measures of treatment response. Pathological complete response, where a total eradication of the invasive cancer cells in the breast and lymph nodes are achieved, would have been a good option for defining responders and non-responders in this cohort, especially since pathological complete response is known to be a prognostic factor after neoadjuvant chemotherapy [24]. However, pathological complete response was only achieved for 20 of 122 patients in our study. If this criterion was to be used for response assessments, valuable information from the cases where the tumors had shrunk significantly with treatment, but not fulfilling pathological complete response criteria, would be lost. Tumor size reduction as a measure of treatment response may have limitations for the evaluation of drugs that do not cause tumor shrinkage [120], which is the case for some antiangiogenic drugs like

bevacizumab [121]. However, since the main purpose of neoadjuvant chemotherapy is to make the tumor operable, pathological minimal residual disease (pathological tumor size  $< 1$  cm) was considered a good choice for classifying responders. An additional response assessment measure was also defined, which described tumor reduction from treatment onset until final surgery.

### Metabolomics analysis

Magnetic resonance spectroscopy (MRS), can be considered one of the two main approaches employed for metabolic profiling together with mass spectrometry (MS) [34]. Although neither of these methods can independently identify and quantify the entire metabolome (i.e all metabolites present within the cell/tissue/organ etc), they give high quality data, which is valuable for metabolomics studies. MS methods have high sensitivity, but require more sample preparation, thus reducing its reproducibility. More specifically, prior to analysis, tissue samples have to be extracted, introducing analytical steps that might lead to loss of metabolic information. In contrast, HR MAS MRS is a non-destructive technique requiring minimal sample preparation resulting in data with high specificity and reproducibility. The main disadvantage is its relatively low sensitivity (micromolar range compared to picomolar range for some MS based methods), however, in breast cancer tissue, more than 30 metabolites involved in important cancer related pathways have been detected [51] and distinctive differences have been characterized between normal adjacent tissue and cancer tissue (reviewed in [41]).

As described, sufficient tumor material for the HR MAS MRS analysis in paper II and III were separated from the main sample prior to other molecular analyzes. HR MAS is non-destructive and allows for further subsequent analysis, and previous studies report high RNA integrity after HR MAS MRS [122]. However, this opportunity was not utilized in the current thesis due to the study design involving collection of a high number of samples which were analyzed using several molecular platforms. Furthermore, performing HR MAS MRS studies prior to the remaining methods would be time consuming and lead to logistical challenges due to geographical distances between the collaborating laboratories in this work. Depending on the original tumor size and degree of intratumoral heterogeneity, it could be questioned whether the analyzed part of the tumor is representative of the tumor as a whole. However, as extraction of DNA, RNA and proteins (if applicable) for

the combined molecular analysis were performed in closely adjacent material, we consider the metabolic profiles to be representative.

### Metabolic quantification

Due to the anatomy of the female breast, tumor biopsies obtained from breast cancer patients might contain fractions of adipose tissue. The aliphatic side chains of fatty acids within this tissue can give rise to large and broad peaks in MR spectra, potentially overlapping with and influencing signals from important small metabolites. To limit this effect, HR MAS MRS acquisition within the current thesis was performed using a CPMG sequence. As previously described, this takes advantage of the short  $T_2$  relaxation of larger molecules, like fatty acids, and selectively suppresses their signal, consequently enhancing signals from small metabolites. Because of small differences in  $T_2$  relaxation, absolute quantification would be unreliable without proper and time-consuming  $T_2$  measurements. However, the signal intensities and therefore the metabolite levels, are still comparable between the spectra obtained from the samples. Thus, spectral integration of metabolite regions were used to obtain the levels of metabolites identified in the spectra. Overlapping metabolites can cause inaccuracy in these measurements, but integrals were still considered sufficient when used in combination with multivariate approaches within the exploratory studies of this thesis. An alternative approach that could be used to quantify metabolites is manual peak fitting. Manual peak fitting would better correct for overlapping metabolites than integration, however it would be prone to subjective judgment and for big sample cohorts it is extremely time consuming. Automatic peak fitting in tools such as LCModel [123] have been used to quantify metabolites in brain [124] and prostate tissue [125]. In spite of efforts to develop the same automatic method for breast tissue in this thesis, problems caused by the broad lipids peaks has limited its success so far.

An additional alternative to absolute quantification is the use of metabolic ratios rather than concentrations, typically ratios given relative to creatine levels [110, 126, 127]. However, since we observed a significant decrease in creatine levels with freezing time delay (paper I), such ratios should only be used if samples were frozen within 30 minutes after collection. Other ratios could also give valuable information, e.g. GPC/PCho or glucose/lactate, but would not carry information if both metabolites in the ratio increase or decrease simultaneously.

### Pre-processing and multivariate analysis

Prior to quantification and multivariate analysis, appropriate pre-processing methods are important to obtain valid and interpretable results. In this thesis, established pre-processing protocols were applied to all data. Baseline correction and alignment of peaks was visually evaluated before performing normalization, which was done to minimize the effect from variations in sample size. The choice of normalization method can largely affect the result and should be carefully chosen. In paper I and II, spectral data obtained from breast cancer patients were normalized to equate areas under the curves after excluding lipid regions. As previously discussed, spectra obtained from patient samples can be largely influenced by fatty acids found in adipose tissue surrounding the tumor. In contrast, tumor tissue from xenografts are found to be more homogenous, with lipid droplets distributed inside the tumor. Lipid regions in spectra from xenografts (paper I) were thus not excluded, but included for statistical analysis. The spectra were normalized to sample weight to account for differences in sample size. In paper III, probabilistic quotient normalization (PQN) [66] was applied. Here, the most probable sample dilution or amount of sample is calculated. As this method is more robust to variance in individual metabolites, it was chosen in paper III because many pre-surgery samples were contaminated with the local anesthetic lidocaine. Although these regions later were removed from the spectra, PQN is more robust for analysis of spectra containing significant amounts of unwanted metabolites.

Absolute quantification enables direct comparisons of metabolic concentrations between studies, but there are also important benefits using multivariate approaches, where the entire spectral data are analyzed as a whole. From complex metabolic data, such statistical methods can be used to extract differences in metabolic profiles and patterns of several metabolites simultaneously, rather than single metabolites. Although these approaches are not quantitative, they are valuable for interpretation as well as validation of complex data. In the current thesis, multivariate methods were used to identify differences in metabolic features between groups of patients. PCA was used for exploratory purposes to look for the main differences within each study sample cohort and to detect outliers. For paper II, unsupervised hierarchical cluster analysis grouped breast cancer tumors into three metabolic clusters, before PLS-DA was performed to evaluate the robustness of these groups. In paper III, PLS-DA models were used to identify metabolic differences between different

groups of patients, e.g. responders versus non-responders. To ensure the quality of the metabolic clusters in paper II and the PLS-DA models built in paper III, proper validation was essential. The optimal choice for validation would always be to use independent test sets, for many studies, however, including the ones in the current thesis, sample size was a limiting factor.

Double cross validation was considered to be the best alternative to independent test sets for validation of multivariate models, thereby also finding the optimal number of LVs. Here, the models were built using a subset of the samples, 80 % and 90 % for paper II and paper III, respectively, while the remaining were used to test each model's performance. Based on the performance of each model (i.e. classification results) and whether it performed better than random classification obtained by permutation tests, each model's metabolic interpretation was evaluated. Still, regardless of each model's performance, it is important to keep in mind that the model built cannot be any better than the cohort used to build it, meaning that cohorts that do not represent the real variability within a population may produce over-optimistic results.

To further investigate how generic findings are, i.e. the metabolic clusters defined in paper II, comparison with data from similar cohorts should be performed. However, we were not able to identify any published cohort with similar patient characteristics (primary operable tumor) where both metabolic and transcriptomic data were made public. There are still relatively few public metabolomics data bases compared to transcriptomic and proteomic data bases and no general standard for how to report metabolite values. In addition, journals do not require submission of metabolic data to the same extent [128]. An obstacle and possible reason for the establishment of metabolic data bases is the high variety of data structure. Differences in metabolic methods, raw data, choice of pre-processing approaches and quantification make it hard to find ways to design a user friendly data base.

### **Combining omics**

Metabolomics has proven to be an important tool for the identification of new biomarkers for targeted treatment, treatment evaluation and prediction of cancer survival [129–132]. Previous studies have also shown the potential and benefit of combining different omics approaches (e.g. transcriptomics and metabolomics) for better molecular characterization and stratification of breast cancer [50, 133, 134]. Breast cancer molecular profiling using combined omics data may thus provide mul-

multiple targets at different molecular levels and possibly improve breast cancer subtyping. Targeting metabolic reprogramming is considered a promising approach for cancer therapy, and in combination with genetic characteristics could lead to more effective treatments [95].

In this work, specifically paper II, combined analysis of transcriptomic, proteomic and metabolic data was performed, employing a similar approach to the discovery of genetic subgroups of breast cancer [26]. Breast tumors were classified into three metabolic clusters by hierarchical clustering. Although both types of data are multivariate, their information structure is different. Each data point from gene expression microarrays represents measurements from a single probe, while when pre-processed spectra are input, multiple variables together make up the signal from one metabolite. When applied to gene expression data, two dimensional clustering is frequently performed (i.e. both samples and probes are set to be clustered), resulting in groups of probes as well as samples. This is a helpful tool for identifying probes with similar expression profiles within a highly complex data set. Due to the well-known collinearity of MR spectra, two dimensional clustering of spectral data would not have the same utility. Despite these differences, the one dimensional clustering approach, as performed in paper II, will help to reduce data complexity and identify metabolic patterns within the data cohort. Samples clustered together have important similarities with each other and dissimilarities with samples clustered further apart. Established in an unsupervised manner, they thus reflect the metabolic variety within the data set used for analysis. A similar approach has previously been used to define metabolic clusters within the genetic subtype luminal A [50]. With a higher number of samples and a more heterogeneous sample cohort in paper II, the statistical power is improved from the previously defined metabolic clusters. The metabolic clusters were combined with available gene expression data for evaluation of transcriptomic differences using available tools (SAM, DAVID, GSEA) and with protein expression subgroups (RPPA-subtype). Furthermore, significantly different expressed genes and metabolites were combined to look for possible biological connections between the two omic levels using online available integrated analysis. The aim of using this approach was to better understand the underlying mechanisms for the metabolic phenotype as well as its link to clinical parameters. The findings emphasize that the metabolic properties of tumors is a result of a complex network of pathways that cannot solely be explained by gene and protein expression levels.



## 6 Conclusion and future perspectives

In this thesis, MR metabolic profiling of tumor tissue from breast cancer patients was used to assess metabolic heterogeneity of primary operable tumors and metabolic response to neoadjuvant chemotherapy within primary inoperable tumors. Furthermore, optimal sample handling for metabolomic studies was evaluated using tissue samples from xenograft models, as well as breast cancer patients.

The metabolic profile of tumor samples were found to be robust to freezing delay times of up to 30 minutes prior to sample storage in liquid nitrogen. Longer freezing delay times were found to significantly affect the levels of choline, creatine and important antioxidants. As MR metabolomics is a widely used approach in translational research where metabolic profiles can be linked to other disease parameters and, ultimately, patient outcome, consistent sample collection and preparation is crucial for valid interpretation of the resulting data. Paper I elucidated the importance of minimizing both time prior to storage and experimental duration.

In paper II, three novel metabolic clusters of breast cancer were identified and found to have differences in metabolic pathways known to be aberrant in cancer. Furthermore, the metabolic clusters were found to express differences in breast cancer related proteins as well as genes related to the extracellular matrix. Interestingly, genetic subtypes were evenly distributed among the three metabolic clusters, thus metabolomics contribute with additional information beyond the intrinsic gene sets for understanding breast cancer heterogeneity. Based on previous metabolic findings, one of the clusters was expected to have a worse prognosis. 5-year survival data will, when available, be used to evaluate the prognostic potential of the clusters. In addition, available data from other platforms including DNA methylation, copy number aberrations and expression of miRNA could potentially lead to deeper understanding of the mechanisms for the metabolic reprogramming taking place in the individual clusters.

In paper III, changes in the metabolic profiles as an effect of chemotherapy were detected. In addition, successful discrimination of responders and non-responders after treatment was obtained. Together, this shows potential for MR metabolomics in providing insight into metabolic response to treatment, and to increase the understanding of the underlying mechanisms affecting pathological response. Furthermore, tumors obtained from patients receiving the antiangiogenic drug bevacizumab were found to have alterations in glutathione metabolism, a characteristic



that should be further investigated. In accordance with previous findings, metabolic prediction of response prior to treatment start was not possible. The metabolic data should thus be combined with survival data when available. This could further be used to obtain the prognostic value of metabolic profiles prior to, during and after neoadjuvant chemotherapy.

Altogether, the findings of this thesis have clarified the metabolic consequences of sample handling procedures, and contributed to further improvement of characterization of breast cancer metabolism. As the metabolites may serve as phenotypic markers resulting from both genome and proteome alterations, MR metabolomics can potentially be used to provide important predictive and prognostic information. Future studies combining metabolic profiles with data from other platforms could potentially lead to an improvement in patient stratification and treatment strategies targeting metabolic pathways.

## References

- [1] D. Hanahan and R. Weinberg, "The hallmarks of cancer," *Cell*, vol. 100, no. 1, pp. 57–70, 2000.
- [2] J. Ferlay, I. Soerjomataram, R. Dikshit, S. Eser, C. Mathers, M. Rebelo, D. Parkin, D. Forman, and F. Bray, "Cancer incidence and mortality worldwide: sources, methods and major patterns in GLOBOCAN 2012," *Int J Cancer*, no. 5, pp. E359–86, 2014.
- [3] D. Hanahan and R. Weinberg, "Hallmarks of cancer: the next generation," *Cell*, vol. 144, no. 5, pp. 646–74, 2011.
- [4] J. Ferlay, I. Soerjomataram, R. Dikshit, S. Eser, C. Mathers, M. Rebelo, D. Parkin, D. Forman, and F. Bray, "Cancer incidence and mortality worldwide: sources, methods and major patterns in GLOBOCAN 2012," *Int J Cancer*, vol. 136, no. 5, pp. E359–86, 2015.
- [5] Cancer Registry of Norway, "Cancer in norway 2013 - cancer incidence, mortality, survival and prevalence in norway," tech. rep., 2015.
- [6] T. Key, P. Verkasalo, and E. Banks, "Epidemiology of breast cancer," *Lancet Oncol*, vol. 2, no. 3, pp. 133–40, 2001.
- [7] K. McPherson, C. Steel, and J. Dixon, "Breast cancer-epidemiology, risk factors, and genetics," *Br Med J*, vol. 321, no. 7261, p. 624, 2000.
- [8] H. Weedon-Fekjær, P. Romundstad, and L. Vatten, "Modern mammography screening and breast cancer mortality: population study," *BMJ*, vol. 348, p. g3701, 2014.
- [9] G. Lahat, D. Lev, F. Gerstenhaber, J. Madewell, H. Le-Petross, and R. Pollock, "Sarcomas of the breast," *Expert Rev Anticancer Ther*, vol. 12, no. 8, pp. 1045–51, 2012.
- [10] Norsk Bryst Cancer Gruppe (NBCG), "Nasjonalt handlingsprogram med retningslinjer for diagnostikk, behandling og oppfølging av pasienter med brystkreft," *Helsedirektoratet (Norway)*, vol. 6, 2015.
- [11] F. Tavassoli and P. Devilee, *WHO Classification of Tumours. Pathology and genetics of tumours of the breast and female genital organs*, vol. 4. IARC, Lyon 2003.
- [12] D. Arps, P. Healy, L. Zhao, C. Kleer, and J. Pang, "Invasive ductal carcinoma with lobular features: a comparison study to invasive ductal and invasive lobular carcinomas of the breast," *Breast Cancer Res Treat*, vol. 138, no. 3, pp. 719–26, 2013.
- [13] E. Rakha, J. Reis-Filho, F. Baehner, D. Dabbs, T. Decker, V. Eusebi, S. Fox, S. Ichihara, J. Jacquemier, S. Lakhani, J. Palacios, A. Richardson, S. Schnitt, F. Schmitt, P. Tan, G. Tse, S. Badve, and I. Ellis, "Breast cancer prognostic classification in the molecular era: the role of histological grade," *Breast Cancer Res*, vol. 12, no. 4, p. 207, 2010.
- [14] L. Bernstein and M. Press, "Does estrogen receptor expression in normal breast tissue predict breast cancer risk?," *J Nat l Cancer Inst*, vol. 90, no. 1, pp. 5–7, 1998.

- [15] M. Weigel and M. Dowsett, "Current and emerging biomarkers in breast cancer: prognosis and prediction," *Endocr Relat Cancer*, vol. 17, no. 4, pp. R245–R262, 2010.
- [16] L. Dunnwald, M. Rossing, and C. Li, "Hormone receptor status, tumor characteristics, and prognosis: a prospective cohort of breast cancer patients," *Breast Cancer Res*, vol. 9, no. 1, p. R6, 2007.
- [17] M. Engstrøm, S. Opdahl, A. Hagen, P. Romundstad, L. Akslen, O. Haugen, L. Våtten, and A. Bofin, "Molecular subtypes, histopathological grade and survival in a historic cohort of breast cancer patients," *Breast Cancer Res Treat*, vol. 140, no. 3, pp. 463–73, 2013.
- [18] W. Wang, Y. Lei, J. Mei, and C. Wang, "Recent progress in HER2 associated breast cancer," *Asian Pac J Cancer Prev*, vol. 16, no. 7, pp. 2591–600, 2015.
- [19] M. Figueroa-Magalhães, D. Jelovac, R. Connolly, and A. Wolff, "Treatment of HER2-positive breast cancer," *Breast*, vol. 23, no. 2, pp. 128–36, 2014.
- [20] N. Ferrara, K. Hillan, H.-P. Gerber, and W. Novotny, "Discovery and development of bevacizumab, an anti-VEGF antibody for treating cancer," *Nature Rev Drug Discov*, vol. 3, no. 5, pp. 391–400, 2004.
- [21] M. Lobbes, R. Prevos, and M. Smidt, "Response monitoring of breast cancer patients receiving neoadjuvant chemotherapy using breast MRI - a review of current knowledge," *J Cancer Ther Res*, vol. 1, no. 1, p. 34, 2012.
- [22] X. Kong, M. Moran, N. Zhang, B. Haffty, and Q. Yang, "Meta-analysis confirms achieving pathological complete response after neoadjuvant chemotherapy predicts favourable prognosis for breast cancer patients," *Eur J Cancer*, vol. 47, no. 14, pp. 2084–90, 2011.
- [23] D. Snustad and M. Simmons, *Principles of genetics (5th Edition)*. Wiley New Jersey, 2010.
- [24] M.-C. King, J. Marks, and J. Mandell, "Breast and ovarian cancer risks due to inherited mutations in *BRCA1* and *BRCA2*," *Science*, vol. 302, no. 5645, pp. 643–6, 2003.
- [25] International Human Genome Sequencing Consortium, "Finishing the euchromatic sequence of the human genome," *Nature*, vol. 431, no. 7011, pp. 931–45, 2004.
- [26] C. Perou, T. Sørlie, M. Eisen, M. van de Rijn, S. Jeffrey, C. Rees, J. Pollack, D. Ross, H. Johnsen, and L. Akslen, "Molecular portraits of human breast tumours," *Nature*, vol. 406, no. 6797, pp. 747–52, 2000.
- [27] T. Sørlie, C. Perou, R. Tibshirani, T. Aas, S. Geisler, H. Johnsen, T. Hastie, M. Eisen, M. van de Rijn, and S. Jeffrey, "Gene expression patterns of breast carcinomas distinguish tumor subclasses with clinical implications," *Proc Natl Acad Sci U S A*, vol. 98, no. 19, pp. 10869–74, 2001.
- [28] C. Perou and A.-L. Børresen-Dale, "Systems biology and genomics of breast cancer," *Cold Spring Harb Perspect Biol*, vol. 3, no. 2, p. a003293, 2011.
- [29] A. Prat and C. M. Perou, "Deconstructing the molecular portraits of breast cancer," *Mol Oncol*, vol. 5, no. 1, pp. 5–23, 2011.

- [30] J. Herschkowitz, K. Simin, V. Weigman, I. Mikaelian, J. Usary, Z. Hu, K. Rasmussen, L. Jones, S. Assefnia, and S. Chandrasekharan, "Identification of conserved gene expression features between murine mammary carcinoma models and human breast tumors," *Genome Biol*, vol. 8, no. 5, p. R76, 2007.
- [31] J. Parker, M. Mullins, M. Cheang, S. Leung, D. Voduc, T. Vickery, S. Davies, C. Fauron, X. He, and Z. Hu, "Supervised risk predictor of breast cancer based on intrinsic subtypes," *J Clin Oncol*, vol. 27, no. 8, pp. 1160–7, 2009.
- [32] R. Sallam, "Proteomics in cancer biomarkers discovery: Challenges and applications," *Dis Markers*, vol. 2015, 2015.
- [33] T. C. G. A. Network, "Comprehensive molecular portraits of human breast tumours," *Nature*, vol. 490, no. 7418, pp. 61–70, 2012.
- [34] J. T. Bjerrum, "Metabonomics: Analytical techniques and associated chemometrics at a glance," in *Metabonomics: Methods and Protocols* (J. T. Bjerrum, ed.), pp. 1–14, Humana Press, 2015.
- [35] C. Denkert, E. Bucher, M. Hilvo, R. Salek, M. Oresic, J. Griffin, S. Brockmoller, F. Klauschen, S. Loibl, and D. Barupal, "Metabolomics of human breast cancer: new approaches for tumor typing and biomarker discovery," *Genome Med*, vol. 4, no. 4, p. 37, 2012.
- [36] A. Schulze and A. Harris, "How cancer metabolism is tuned for proliferation and vulnerable to disruption," *Nature*, vol. 491, no. 7424, pp. 364–73, 2012.
- [37] O. Warburg, "On the origin of cancer cells," *Science*, vol. 123, no. 3191, pp. 309–14, 1956.
- [38] M. Vander Heiden, L. Cantley, and C. Thompson, "Understanding the Warburg effect: the metabolic requirements of cell proliferation," *Science*, vol. 324, no. 5930, pp. 1029–33, 2009.
- [39] F. Hirschhaeuser, U. Sattler, and W. Mueller-Klieser, "Lactate: a metabolic key player in cancer," *Cancer Res*, vol. 71, no. 22, pp. 6921–5, 2011.
- [40] F. Gibellini and T. Smith, "The Kennedy pathway-de novo synthesis of phosphatidylethanolamine and phosphatidylcholine," *IUBMB Life*, vol. 62, no. 6, pp. 414–28, 2010.
- [41] S. Moestue, B. Sitter, T. Bathen, M.-B. Tessem, and I. Gribbestad, "HR MAS MR spectroscopy in metabolic characterization of cancer," *Curr Top Med Chem*, vol. 11, no. 1, pp. 2–26, 2011.
- [42] K. Glunde, Z. Bhujwala, and S. Ronen, "Choline metabolism in malignant transformation," *Nat Rev Cancer*, vol. 11, no. 12, pp. 835–48, 2011.
- [43] P. Champe, R. Harvey, and D. Ferrier, *Biochemistry*. Lippincott Williams & Wilkins, 3 ed., 2005.
- [44] C. Hensley, A. Wasti, and R. DeBerardinis, "Glutamine and cancer: cell biology, physiology, and clinical opportunities," *J Clin Invest*, vol. 123, no. 9, p. 3678, 2013.

- [45] W. Lu, H. Pelicano, and P. Huang, "Cancer metabolism: is glutamine sweeter than glucose?," *Cancer Cell*, vol. 18, no. 3, pp. 199–200, 2010.
- [46] P. Rinck, "Magnetic resonance in medicine: the basic textbook of the european magnetic resonance forum," *Clin Radiol*, vol. 49, no. 11, p. 842, 1994.
- [47] J. Hennel and J. Klinowski, *Magic-angle spinning: a historical perspective*, pp. 1–14. Springer, 2005.
- [48] E. Andrew, A. Bradbury, and R. Eades, "Nuclear magnetic resonance spectra from a crystal rotated at high speed," *Nature*, vol. 182, no. 4650, p. 1659, 1958.
- [49] I. Lowe, "Free induction decays of rotating solids," *Physical Review Letters*, vol. 2, no. 7, pp. 285–7, 1959.
- [50] E. Borgan, B. Sitter, O. Lingjærde, H. Johnsen, S. Lundgren, T. Bathen, T. Sørli, A.-L. Børresen-Dale, and I. Gribbestad, "Merging transcriptomics and metabolomics-advances in breast cancer profiling," *BMC Cancer*, vol. 10, no. 1, p. 628, 2010.
- [51] B. Sitter, U. Sonnewald, M. Spraul, H. Fjøsne, and I. Gribbestad, "High-resolution magic angle spinning MRS of breast cancer tissue," *NMR Biomed*, vol. 15, no. 5, pp. 327–37, 2002.
- [52] B. Sitter, T. Bathen, T. Singstad, H. Fjøsne, S. Lundgren, J. Halgunset, and I. Gribbestad, "Quantification of metabolites in breast cancer patients with different clinical prognosis using HR MAS MR spectroscopy," *NMR Biomed*, vol. 23, no. 4, pp. 424–31, 2010.
- [53] G. Giskeødegård, S. Lundgren, B. Sitter, H. Fjøsne, G. Postma, L. Buydens, I. Gribbestad, and T. Bathen, "Lactate and glycine—potential MR biomarkers of prognosis in estrogen receptor-positive breast cancers," *NMR Biomed*, vol. 25, no. 11, pp. 1271–9, 2012.
- [54] U. Sharma, A. Mehta, V. Seenu, and N. Jagannathan, "Biochemical characterization of metastatic lymph nodes of breast cancer patients by in vitro  $^1\text{H}$  magnetic resonance spectroscopy: a pilot study," *Magn Reson Imaging*, vol. 22, no. 5, pp. 697–706, 2004.
- [55] V. Seenu, M. Kumar, U. Sharma, S. Gupta, S. Mehta, and N. Jagannathan, "Potential of magnetic resonance spectroscopy to detect metastasis in axillary lymph nodes in breast cancer," *Magn Reson Imaging*, vol. 23, no. 10, pp. 1005–10, 2005.
- [56] M. Cao, B. Sitter, T. Bathen, A. Bofin, P. Lønning, S. Lundgren, and I. Gribbestad, "Predicting long-term survival and treatment response in breast cancer patients receiving neoadjuvant chemotherapy by MR metabolic profiling," *NMR Biomed*, vol. 25, no. 2, pp. 369–78, 2012.
- [57] B. Sitter, S. Lundgren, T. Bathen, J. Halgunset, H. Fjøsne, and I. Gribbestad, "Comparison of HR MAS MR spectroscopic profiles of breast cancer tissue with clinical parameters," *NMR Biomed*, vol. 19, no. 1, pp. 30–40, 2006.
- [58] M. Li, Y. Song, N. Cho, J. Chang, H. Koo, A. Yi, H. Kim, S. Park, and W. Moon, "An HR-MAS MR metabolomics study on breast tissues obtained with core needle biopsy," *PloS one*, vol. 6, no. 10, p. e25563, 2011.

- [59] S. Moestue, E. Borgan, E. Huuse, E. Lindholm, B. Sitter, A.-L. Børresen-Dale, O. Engebraaten, G. Mælandsmo, and I. Gribbestad, "Distinct choline metabolic profiles are associated with differences in gene expression for basal-like and luminal-like breast cancer xenograft models," *BMC Cancer*, vol. 10, no. 1, p. 433, 2010.
- [60] M. Cao, G. Giskeødegård, T. Bathen, B. Sitter, A. Bofin, P. Lønning, S. Lundgren, and I. Gribbestad, "Prognostic value of metabolic response in breast cancer patients receiving neoadjuvant chemotherapy," *BMC Cancer*, vol. 12, no. 1, pp. 12–39, 2012.
- [61] M. Cao, S. Lamichhane, S. Lundgren, A. Bofin, H. Fjøsne, G. Giskeødegård, and T. Bathen, "Metabolic characterization of triple negative breast cancer," *BMC Cancer*, vol. 14, no. 1, p. 941, 2014.
- [62] L. Euceda, G. Giskeødegård, and T. Bathen, "Preprocessing of NMR metabolomics data," *Scand J Clin Lab Invest*, vol. 75, no. 3, pp. 193–203, 2015.
- [63] R. Vettukattil, "Preprocessing of raw metabonomic data," in *Metabonomics: Methods and Protocols* (J. T. Bjerrum, ed.), vol. 1277 of *Methods in Molecular Biology*, pp. 123–36, Springer New York, 2015.
- [64] F. Savorani, G. Tomasi, and S. Engelsen, "icoshift: A versatile tool for the rapid alignment of 1D NMR spectra," *J Magn Reson*, vol. 202, no. 2, pp. 190–202, 2010.
- [65] G. Giskeødegård, T. Bloemberg, G. Postma, B. Sitter, M.-B. Tessem, I. Gribbestad, T. Bathen, and L. Buydens, "Alignment of high resolution magic angle spinning magnetic resonance spectra using warping methods," *Anal Chim Acta*, vol. 683, no. 1, pp. 1–11, 2010.
- [66] F. Dieterle, A. Ross, G. Schlotterbeck, and H. Senn, "Probabilistic quotient normalization as robust method to account for dilution of complex biological mixtures. application in  $^1\text{H}$  NMR metabonomics," *Anal Chem*, vol. 78, no. 13, pp. 4281–90, 2006.
- [67] J. Ibrahim and G. Molenberghs, "Missing data methods in longitudinal studies: a review," *Test*, vol. 18, no. 1, pp. 1–43, 2009.
- [68] A. Bergamaschi, G. Hjortland, T. Triulzi, T. Sørli, H. Johnsen, A. Ree, H. Russnes, S. Tronnes, G. Mælandsmo, and Ø. Fodstad, "Molecular profiling and characterization of luminal-like and basal-like *in vivo* breast cancer xenograft models," *Mol Oncol*, vol. 3, no. 5, pp. 469–82, 2009.
- [69] M. Grinde, S. Moestue, E. Borgan, Ø. Risa, O. Engebraaten, and I. Gribbestad, " $^{13}\text{C}$  high-resolution-magic angle spinning MRS reveals differences in glucose metabolism between two breast cancer xenograft models with different gene expression patterns," *NMR Biomed*, vol. 24, no. 10, pp. 1243–52, 2011.
- [70] R Core Team, *R: A Language and Environment for Statistical Computing*. R Foundation for Statistical Computing, Vienna, Austria, 2014.
- [71] S. Buuren and K. Groothuis-Oudshoorn, "mice: Multivariate imputation by chained equations in R," *J Stat Softw*, vol. 45, no. 3, 2011.

- [72] J. Pinheiro, D. Bates, S. DebRoy, and D. Sarkar, “nlme: Linear and nonlinear mixed effects models. R package version 3.1-117.” URL: <http://CRAN.R-project.org/package=nlme>, 2014.
- [73] V. Tusher, R. Tibshirani, and G. Chu, “Significance analysis of microarrays applied to the ionizing radiation response,” *Proc Natl Acad Sci U S A*, vol. 98, no. 9, pp. 5116–21, 2001.
- [74] W. Huang da, B. Sherman, and R. Lempicki, “Systematic and integrative analysis of large gene lists using DAVID bioinformatics resources,” *Nat Protoc*, vol. 4, no. 1, pp. 44–57, 2008.
- [75] A. Subramanian, P. Tamayo, V. Mootha, S. Mukherjee, B. Ebert, M. Gillette, A. Paulovich, S. Pomeroy, T. Golub, and E. Lander, “Gene set enrichment analysis: a knowledge-based approach for interpreting genome-wide expression profiles,” *Proc Natl Acad Sci U S A*, vol. 102, no. 43, pp. 15545–50, 2005.
- [76] J. Xia, R. Mandal, I. Sinelnikov, D. Broadhurst, and D. Wishart, “Metaboanalyst 2.0—a comprehensive server for metabolomic data analysis,” *Nucleic Acids Res*, vol. 40, no. Web Server issue, pp. W127–33, 2012.
- [77] R. Gillies and D. Morse, “In vivo magnetic resonance spectroscopy in cancer,” *Annu Rev Biomed Eng*, vol. 7, pp. 287–326, 2005.
- [78] D. Mankoff, J. Eary, J. Link, M. Muzi, J. Rajendran, A. Spence, and K. Krohn, “Tumor-specific positron emission tomography imaging in patients:[<sup>18</sup>F] fluorodeoxyglucose and beyond,” *Clin Cancer Res*, vol. 13, no. 12, pp. 3460–9, 2007.
- [79] S. Walenta, T. Schroeder, and W. Mueller-Klieser, “Lactate in solid malignant tumors: potential basis of a metabolic classification in clinical oncology,” *Curr Med Chem*, vol. 11, no. 16, pp. 2195–204, 2004.
- [80] J. Xie, H. Wu, C. Dai, Q. Pan, Z. Ding, D. Hu, B. Ji, Y. Luo, and X. Hu, “Beyond Warburg effect-dual metabolic nature of cancer cells,” *Sci Rep*, vol. 4, 2014.
- [81] E. Aboagye and Z. Bhujwala, “Malignant transformation alters membrane choline phospholipid metabolism of human mammary epithelial cells,” *Cancer Res*, vol. 59, no. 1, pp. 80–4, 1999.
- [82] R. Katz-Brull, D. Seger, D. Rivenson-Segal, E. Rushkin, and H. Degani, “Metabolic markers of breast cancer enhanced choline metabolism and reduced choline-ether-phospholipid synthesis,” *Cancer Res*, vol. 62, no. 7, pp. 1966–70, 2002.
- [83] M. Grinde, N. Skrbo, S. Moestue, E. Rødland, E. Borgan, A. Kristian, B. Sitter, T. Bathen, A.-L. Børresen-Dale, G. Mælandsmo, O. Engebraaten, T. Sørli, E. Marangoni, and I. Gribbestad, “Interplay of choline metabolites and genes in patient-derived breast cancer xenografts,” *Breast Cancer Res*, 2014.
- [84] G. Eliyahu, T. Kreizman, and H. Degani, “Phosphocholine as a biomarker of breast cancer: molecular and biochemical studies,” *Int J Cancer*, vol. 120, no. 8, pp. 1721–30, 2007.
- [85] N. Jagannathan, M. Kumar, V. Seenu, O. Coshic, S. Dwivedi, P. Julka, A. Srivastava, and G. Rath, “Evaluation of total choline from in-vivo volume localized proton MR spectroscopy

- and its response to neoadjuvant chemotherapy in locally advanced breast cancer,” *Br J Cancer*, vol. 84, no. 8, p. 1016, 2001.
- [86] H.-M. Baek, J.-H. Chen, K. Nie, H. Yu, S. Bahri, R. Mehta, O. Nalcioglu, and M.-Y. Su, “Predicting pathologic response to neoadjuvant chemotherapy in breast cancer by using MR imaging and quantitative  $^1\text{H}$  MR spectroscopy,” *Radiology*, vol. 251, no. 3, pp. 653–62, 2009.
- [87] J. Locasale, “Serine, glycine and one-carbon units: cancer metabolism in full circle,” *Nat Rev Cancer*, vol. 13, no. 8, pp. 572–83, 2013.
- [88] R. J. DeBerardinis and T. Cheng, “Q’s next: the diverse functions of glutamine in metabolism, cell biology and cancer,” *Oncogene*, vol. 29, no. 3, pp. 313–24, 2010.
- [89] M. Jain, R. Nilsson, S. Sharma, N. Madhusudhan, T. Kitami, A. Souza, R. Kafri, M. Kirschner, C. Clish, and V. Mootha, “Metabolite profiling identifies a key role for glycine in rapid cancer cell proliferation,” *Science*, vol. 336, no. 6084, pp. 1040–4, 2012.
- [90] I. Amelio, F. Cutruzzola, A. Antonov, M. Agostini, and G. Melino, “Serine and glycine metabolism in cancer,” *Trends Biochem Sci*, vol. 39, no. 4, pp. 191–8, 2014.
- [91] N. Traverso, R. Ricciarelli, M. Nitti, B. Marengo, A. Furfaro, M. Pronzato, U. Marinari, and C. Domenicotti, “Role of glutathione in cancer progression and chemoresistance,” *Oxid Med Cell Longev*, vol. 2013, 2013.
- [92] M. Cioce, M. Valerio, L. Casadei, C. Pulito, A. Sacconi, F. Mori, F. Biagioni, C. Manetti, P. Muti, and S. Strano, “Metformin-induced metabolic reprogramming of chemoresistant ALDH<sup>bright</sup> breast cancer cells,” *Oncotarget*, vol. 5, no. 12, p. 4129, 2014.
- [93] D. Quail and J. Joyce, “Microenvironmental regulation of tumor progression and metastasis,” *Nat Med*, vol. 19, no. 11, pp. 1423–37, 2013.
- [94] H. Li, X. Fan, and J. Houghton, “Tumor microenvironment: the role of the tumor stroma in cancer,” *J Cell Biochem*, vol. 101, no. 4, pp. 805–15, 2007.
- [95] M. Vander Heiden, “Targeting cancer metabolism: a therapeutic window opens,” *Nat Rev Drug Discov*, vol. 10, no. 9, pp. 671–84, 2011.
- [96] Y. Chae and A. Gonzalez-Angulo, “Implications of functional proteomics in breast cancer,” *Oncologist*, vol. 19, no. 4, pp. 328–35, 2014.
- [97] P. Ghaffari, A. Mardinoglu, and J. Nielsen, “Cancer metabolism: a modeling perspective,” *Front Physiol*, vol. 6, 2015.
- [98] L. Galluzzi, O. Kepp, M. Vander Heiden, and G. Kroemer, “Metabolic targets for cancer therapy,” *Nat Rev Drug Discov*, vol. 12, no. 11, pp. 829–46, 2013.
- [99] R. Pieters, S. Hunger, J. Boos, C. Rizzari, L. Silverman, A. Baruchel, N. Goekbuget, M. Schrappe, and C. Pui, “L-asparaginase treatment in acute lymphoblastic leukemia,” *Cancer*, vol. 117, no. 2, pp. 238–49, 2011.
- [100] D. Tennant, R. Durán, and E. Gottlieb, “Targeting metabolic transformation for cancer therapy,” *Nat Rev Cancer*, vol. 10, no. 4, pp. 267–77, 2010.



- [101] S. Hadad, P. Coates, L. Jordan, R. Dowling, M. Chang, S. Done, C. Purdie, P. Goodwin, V. Stambolic, and S. Moulder-Thompson, "Evidence for biological effects of metformin in operable breast cancer: biomarker analysis in a pre-operative window of opportunity randomized trial," *Breast Cancer Res Treat*, vol. 150, no. 1, pp. 149–55, 2015.
- [102] S. Elf and J. Chen, "Targeting glucose metabolism in patients with cancer," *Cancer*, vol. 120, no. 6, pp. 774–80, 2014.
- [103] J. Islamian, F. Aghae, A. Farajollahi, B. Baradaran, and M. Fazel, "Combined treatment with 2-Deoxy-D-glucose and doxorubicin enhances the in vitro efficiency of breast cancer radiotherapy," *Asian Pac J Cancer Prev*, vol. 16, no. 18, pp. 8431–8, 2014.
- [104] S. Ma, R. Jia, D. Li, and B. Shen, "Targeting cellular metabolism chemosensitizes the doxorubicin-resistant human breast adenocarcinoma cells," *Biomed Res Int*, vol. 2015, 2015.
- [105] D. Zhang, J. Li, F. Wang, J. Hu, S. Wang, and Y. Sun, "2-Deoxy-D-glucose targeting of glucose metabolism in cancer cells as a potential therapy," *Cancer Lett*, vol. 355, no. 2, pp. 176–83, 2014.
- [106] Z. Liu, Y.-Y. Zhang, Q.-W. Zhang, S.-R. Zhao, C.-Z. Wu, X. Cheng, C.-C. Jiang, Z.-W. Jiang, and H. Liu, "3-bromopyruvate induces apoptosis in breast cancer cells by downregulating Mcl-1 through the PI3K/Akt signaling pathway," *Anticancer Drugs*, vol. 25, no. 4, pp. 447–55, 2014.
- [107] Q. Zhang, Y. Zhang, P. Zhang, Z. Chao, F. Xia, C. Jiang, X. Zhang, Z. Jiang, and H. Liu, "Hexokinase II inhibitor, 3-BrPA induced autophagy by stimulating ROS formation in human breast cancer cells," *Genes Cancer*, vol. 5, no. 3-4, p. 100, 2014.
- [108] K. Glunde, L. Jiang, S. Moestue, and I. Gribbestad, "MRS and MRSI guidance in molecular medicine: Targeting and monitoring of choline and glucose metabolism in cancer," *NMR Biomed*, vol. 24, no. 6, pp. 673–90, 2011.
- [109] J. Lacal and J. Campos, "Preclinical characterization of RSM-932A, a novel anticancer drug targeting the human choline kinase alpha, an enzyme involved in increased lipid metabolism of cancer cells," *Mol Cancer Ther*, vol. 14, no. 1, pp. 31–9, 2015.
- [110] J. van Asten, R. Vettukattil, T. Buckle, S. Rottenberg, F. van Leeuwen, T. Bathen, and A. Heerschap, "Increased levels of choline metabolites are an early marker of docetaxel treatment response in BRCA1-mutated mouse mammary tumors: an assessment by *ex vivo* proton magnetic resonance spectroscopy," *J Transl Med*, vol. 13, no. 1, p. 114, 2015.
- [111] E. Ananieva, "Targeting amino acid metabolism in cancer growth and anti-tumor immune response," *World J Biol Chem*, vol. 6, no. 4, p. 281, 2015.
- [112] H.-N. Kung, J. Marks, and J.-T. Chi, "Glutamine synthetase is a genetic determinant of cell type-specific glutamine independence in breast epithelia," *PLoS Genet*, vol. 7, no. 8, p. e1002229, 2011.
- [113] W. Katt and R. Cerione, "Glutaminase regulation in cancer cells: a druggable chain of events," *Drug Discov Today*, vol. 19, no. 4, pp. 450–7, 2014.

- [114] B. Ratnikov, Y. Jeon, J. Smith, and Z. Ronai, "Right on TARGET: glutamine metabolism in cancer," *Oncoscience*, vol. 2, no. 8, p. 681, 2015.
- [115] G. Giskeødegård, M. Cao, and T. Bathen, "High-resolution magic-angle-spinning NMR spectroscopy of intact tissue," in *Metabonomics: Methods and Protocols* (J. T. Bjerrum, ed.), vol. 1277 of *Methods in Molecular Biology*, pp. 37–50, Springer New York, 2015.
- [116] C.-L. Wu, J. Taylor, W. He, A. Zepeda, E. Halpern, A. Bielecki, R. Gonzalez, and L. Cheng, "Proton high-resolution magic angle spinning NMR analysis of fresh and previously frozen tissue of human prostate," *Magn Reson Med*, vol. 50, no. 6, pp. 1307–11, 2003.
- [117] K. Jordan, W. He, E. Halpern, C.-L. Wu, and L. Cheng, "Evaluation of tissue metabolites with high resolution magic angle spinning MR spectroscopy human prostate samples after three-year storage at  $-80^{\circ}\text{C}$ ," *Biomark Insights*, vol. 2, p. 147, 2007.
- [118] V. Righi, L. Schenetti, A. Maiorana, E. Libertini, S. Bettelli, L. Bonetti, and A. Mucci, "Assessment of freezing effects and diagnostic potential of biobank healthy and neoplastic breast tissues through HR-MAS NMR spectroscopy," *Metabolomics*, vol. 11, no. 2, pp. 487–98, 2015.
- [119] E. Eisenhauer, P. Therasse, J. Bogaerts, L. Schwartz, D. Sargent, R. Ford, J. Dancey, S. Arbuck, S. Gwyther, and M. Mooney, "New response evaluation criteria in solid tumours: revised RECIST guideline (version 1.1)," *Eur J Cancer*, vol. 45, no. 2, pp. 228–47, 2009.
- [120] K. Brindle, S. Bohndiek, F. Gallagher, and M. Kettunen, "Tumor imaging using hyperpolarized  $^{13}\text{C}$  magnetic resonance spectroscopy," *Magnetic Resonance in Medicine*, vol. 66, no. 2, pp. 505–19, 2011.
- [121] P. Boonsirikamchai, M. Asran, D. Maru, J.-N. Vauthey, H. Kaur, S. Kopetz, and E. Loyer, "CT findings of response and recurrence, independent of change in tumor size, in colorectal liver metastasis treated with bevacizumab," *Am J Roentgenol*, vol. 197, no. 6, pp. W1060–6, 2011.
- [122] H. Bertilsson, M.-B. Tessem, A. Flatberg, T. Viset, I. Gribbestad, A. Angelsen, and J. Halgunset, "Changes in gene transcription underlying the aberrant citrate and choline metabolism in human prostate cancer samples," *Clinical Cancer Research*, vol. 18, no. 12, pp. 3261–9, 2012.
- [123] S. W. Provencher, "Estimation of metabolite concentrations from localized in vivo proton NMR spectra," *Magn Reson Med*, vol. 30, no. 6, pp. 672–9, 1993.
- [124] K. Opstad, A. Wright, B. Bell, J. Griffiths, and F. Howe, "Correlations between in vivo  $^1\text{H}$  MRS and ex vivo  $^1\text{H}$  HRMAS metabolite measurements in adult human gliomas," *J Magn Reson Imaging*, vol. 31, no. 2, pp. 289–97, 2010.
- [125] G. Giskeødegård, H. Bertilsson, K. Selnæs, A. Wright, T. Bathen, T. Viset, J. Halgunset, A. Angelsen, I. Gribbestad, and M.-B. Tessem, "Spermine and citrate as metabolic biomarkers for assessing prostate cancer aggressiveness," *PloS one*, vol. 8, no. 4, p. e62375, 2013.

- [126] J. Choi, H.-M. Baek, S. Kim, M. Kim, J. Youk, H. Moon, E.-K. Kim, K. Han, D.-H. Kim, and S. Kim, "HR-MAS MR spectroscopy of breast cancer tissue obtained with core needle biopsy: Correlation with prognostic factors," *PLoS one*, vol. 7, no. 12, p. e51712, 2012.
- [127] J. Choi, H.-M. Baek, S. Kim, M. Kim, J. Youk, H. Moon, E.-K. Kim, and Y. Nam, "Magnetic resonance metabolic profiling of breast cancer tissue obtained with core needle biopsy for predicting pathologic response to neoadjuvant chemotherapy," *PLoS one*, 2013.
- [128] A. Carroll, P. Zhang, L. Whitehead, S. Kaines, G. Tcherkez, and M. Badger, "Phenometer: a metabolome database search tool using statistical similarity matching of metabolic phenotypes for high-confidence detection of functional links," *Front Bioeng Biotechnol*, vol. 3, 2015.
- [129] A. Nordström and R. Lewensohn, "Metabolomics: moving to the clinic," *J Neuroimmune Pharmacol*, vol. 5, no. 1, pp. 4–17, 2010.
- [130] T. Bathen, B. Geurts, B. Sitter, H. Fjøsne, S. Lundgren, L. Buydens, I. Gribbestad, G. Postma, and G. Giskeødegård, "Feasibility of MR metabolomics for immediate analysis of resection margins during breast cancer surgery," *PLoS One*, vol. 8, no. 4, p. e61578, 2013.
- [131] W. Claudino, P. Goncalves, A. di Leo, P. Philip, and F. Sarkar, "Metabolomics in cancer: a bench-to-bedside intersection," *Crit Rev Oncol Hematol*, vol. 84, no. 1, pp. 1–7, 2012.
- [132] O. Aboud and R. Weiss, "New opportunities from the cancer metabolome," *Clin Chem*, vol. 59, no. 1, pp. 138–46, 2013.
- [133] M. Cuperlovic-Culf, I. Chute, A. Culf, M. Touaibia, A. Ghosh, S. Griffiths, D. Tulpan, S. Léger, A. Belkaid, and M. Surette, "<sup>1</sup>H NMR metabolomics combined with gene expression analysis for the determination of major metabolic differences between subtypes of breast cell lines," *Chem Sci*, vol. 2, no. 11, pp. 2263–70, 2011.
- [134] U. Martinez-Outschoorn, M. Prisco, A. Ertel, A. Tsirigos, Z. Lin, S. Pavlides, C. Wang, N. Flomenberg, E. Knudsen, and A. Howell, "Ketones and lactate increase cancer cell "stemness," driving recurrence, metastasis and poor clinical outcome in breast cancer: achieving personalized medicine via Metabolo-Genomics," *Cell Cycle*, vol. 10, no. 8, pp. 1271–86, 2011.

# Paper I





# Impact of Freezing Delay Time on Tissue Samples for Metabolomic Studies

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**Introduction:** Metabolic profiling of intact tumor tissue by high-resolution magic angle spinning (HR MAS) MR spectroscopy (MRS) provides important biological information possibly useful for clinical diagnosis and development of novel treatment strategies. However, generation of high-quality data requires that sample handling from surgical resection until analysis is performed using systematically validated procedures. In this study, we investigated the effect of postsurgical freezing delay time on global metabolic profiles and stability of individual metabolites in intact tumor tissue.

**Materials and methods:** Tumor tissue samples collected from two patient-derived breast cancer xenograft models ( $n = 3$  for each model) were divided into pieces that were snap-frozen in liquid nitrogen at 0, 15, 30, 60, 90, and 120 min after surgical removal. In addition, one sample was analyzed immediately, representing the metabolic profile of fresh tissue exposed neither to liquid nitrogen nor to room temperature. We also evaluated the metabolic effect of prolonged spinning during the HR MAS experiments in biopsies from breast cancer patients ( $n = 14$ ). All samples were analyzed by proton HR MAS MRS on a Bruker Avance DRX600 spectrometer, and changes in metabolic profiles were evaluated using multivariate analysis and linear mixed modeling.

**Results:** Multivariate analysis showed that the metabolic differences between the two breast cancer models were more prominent than variation caused by freezing delay time. No significant changes in levels of individual metabolites were observed in samples frozen within 30 min of resection. After this time point, levels of choline increased, whereas ascorbate, creatine, and glutathione (GS) levels decreased. Freezing had a significant effect on several metabolites but is an essential procedure for research and biobank purposes. Furthermore, four metabolites (glucose, glycine, glycerophosphocholine, and choline) were affected by prolonged HR MAS experiment time possibly caused by physical release of metabolites caused by spinning or due to structural degradation processes.

**Conclusion:** The MR metabolic profiles of tumor samples are reproducible and robust to variation in postsurgical freezing delay up to 30 min.

**Keywords:** cancer, freezing time delay, HR MAS, metabolic profile, MR spectroscopy, metabolomics, snap-freezing, degradation

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## INTRODUCTION

The field of metabolomics has the potential to fill important gaps within the knowledge of cancer biology (1). Within this field, molecular pathways and interactions are studied through the expression of small molecular compounds called metabolites. These compounds are intermediates or end products of ongoing biochemical processes, and the overall metabolic profile represents a unique fingerprint of the cellular state at a specific time point. Metabolites constitute the final level in the -omics cascade, downstream to genomics, transcriptomics, and proteomics, reflecting the combined effect of all the upstream molecular levels (2). However, the metabolic snapshot obtained from a tumor tissue specimen depends on additional factors, such as the tumor microenvironment and the polyclonality frequently observed in cancer, which introduces additional complexity for the interpretation of the metabolic information. Nevertheless, metabolic profiling of intact fresh frozen tissue is gaining popularity in clinical research, as it potentially can identify novel prognostic or predictive metabolic biomarkers or explore the abnormal biochemical activity aiming to identify novel therapeutic approaches.

Metabolomic studies using high-resolution magic angle spinning MR spectroscopy (HR MAS MRS) enables investigation of tumor tissue with minimal sample preparation, thus limiting loss of information through tissue extraction and maintaining high reproducibility (3). HR MAS MRS is also a non-destructive technique (4) shown to retain histopathological characteristics (5) and high RNA quality (6) of analyzed tissue. This technology has been used to discriminate between tumor and normal tissues in several cancers (7), but is increasingly used to explore the role of metabolomics in patient stratification for personalized oncology (8–10). In these studies, biobanks have been established after collecting tumor tissue from large patient cohorts and the association between metabolic characteristics and disease outcome has been investigated. The quality of data from such studies requires a high degree of analytical accuracy and precision, as well as highly standardized and validated protocols for sample collection, storage, and handling prior to analysis.

One of the critical points during sample collection, especially in a clinical setting, is the time period from blood supply cutoff during surgical resection until the sample is frozen for storage (freezing delay time). This interval may vary depending on the difficulty of the surgical procedure and the required tissue processing procedures, while cellular enzymatic and chemical reactions will take place and potentially cause alterations in the tissue metabolomic profile. Therefore, it is important to assess the susceptibility of these profiles to systematic variability resulting from sample handling and analysis. The main objective of this study was to investigate the metabolic effects of freezing delay time, aiming to validate the sample collection protocols normally used in biobanking for MR metabolomics studies. To minimize the impact of inter- and intratumor variability, tumor tissue was obtained from two well-characterized breast cancer xenograft models (11, 12). Furthermore, we describe the metabolic effects of snap-freezing tumor samples and the degradation pattern caused by prolonged HR MAS MRS acquisitions using human

breast cancer samples. Finally, sample collection and handling procedures that ensure optimal data quality in metabolomic studies of cancer tissue are suggested.

## MATERIALS AND METHODS

### Tissue Samples

#### Animal Model

The two orthotopic xenograft models MAS98.12 and MAS98.06 were established by direct transplantation of biopsy tissue from primary mammary carcinomas in immunodeficient SCID mice and thereafter passaged as previously described (11). These models have been characterized by unsupervised hierarchical clustering of intrinsic genes (13, 14) to represent basal-like (poor prognosis) and luminal-like (better prognosis) breast cancer phenotype respectively (11), and they also have distinct metabolic profiles (12, 15). Mice carrying xenograft tumors [basal-like ( $n = 3$ ) and luminal-like ( $n = 3$ )] were sacrificed by cervical dislocation and tumor tissue was harvested and snap-frozen in liquid nitrogen according to the protocol below. All procedures and experiments involving animals were approved by the National Animal Research Authority and carried out according to the European Convention for the Protection of Vertebrates used for Scientific Purposes.

#### Patient Material

Breast cancer tissue samples from 14 female patients undergoing surgery at St. Olav's Hospital (Trondheim, Norway) and Molde Hospital (Molde, Norway) were included in the study. Patients were chosen without any other prior clinical information. The biopsies were snap-frozen immediately after excision during the surgical procedure and further stored in liquid nitrogen until subsequent analyses. All patients have signed a written informed consent, and the study was approved by the Regional Ethics Committee, Central Norway.

### Experimental Design and HR MAS MRS

#### Experiments

##### Effect of Freezing Delay Time

One tumor from each mouse was divided into pieces and left at room temperature for 0, 15, 30, 60, 90, and 120 min, prior to snap-freezing in liquid nitrogen. This procedure covers both realistic and extreme freezing time delays, which could occur in tissue harvesting procedures during breast cancer surgery. In addition, one sample was analyzed immediately after excision representing the metabolic profile of the tumor tissue without exposure to liquid nitrogen or freezing. The total number of samples analyzed for this study was 42.

Before HR MAS MRS experiments, 3  $\mu$ L cold sodium formate in D<sub>2</sub>O (24.29 mM) was added to a leak-proof disposable 30- $\mu$ L insert (Bruker, Biospin GmbH, Germany) as a shimming reference. Tissue samples were cut to fit the insert (mean sample weight 9.8 mg) on a dedicated work station designed to keep the samples frozen (16) during preparation. The insert containing the frozen sample was placed in a 4-mm diameter zirconium rotor (Bruker, Biospin GmbH, Germany) and kept at  $-20^{\circ}\text{C}$  for 6–8 h before the experiments to minimize degradation.

HR MAS MRS experiments were performed on a Bruker AvanceDRX600 spectrometer (Bruker, Biospin GmbH, Germany) equipped with a  $^1\text{H}/^{13}\text{C}$  MAS probe with gradient aligned with the magic angle (Bruker, Biospin GmbH, Germany). Samples were spun at 5000 Hz and experiments run at 5°C. The samples were allowed 5 min temperature acclimatization before shimming and spectral acquisition.

Spin-echo spectra were recorded using a Carr–Purcell–Meiboom–Gill (cpmg) pulse sequence (cpmgpr1D; Bruker, L4 = 126).  $T_2$  filtering was obtained using a delay of 0.6 ms between each 180° pulse to suppress macromolecules and lipid signals and enhance signal from small molecules. This resulted in a total echo time (TE) of 77 ms. The total number of scans (NS) were 64 over a spectral width of 20 ppm (–5 to 15 ppm) with an acquisition time of 3.07 s.

### Degradation during Prolonged HR MAS MRS Analysis

Frozen human breast cancer tissue samples were cut to fit a leak-proof 30- $\mu\text{L}$  disposable insert (mean sample weight: 8.8 mg) added 3  $\mu\text{L}$  of phosphate-buffered saline (PBS) based on  $\text{D}_2\text{O}$  with trimethylsilyl propionate (TSP, 1 mM) and sodium formate (1 mM). The insert was placed in a 4-mm diameter zirconium rotor (Bruker, Biospin GmbH, Germany). Spin-echo experiments (cpmgpr1D; Bruker, L4 = 136) were run with 2 ms delay between 180° pulses, TE of 273.5 ms, spectral width of 20 ppm (–5 to 15 ppm) and NS of 256 scans (17). To evaluate the effect of prolonged HR MAS MRS experimental time, data acquisition was repeated after 1.5 h. The sample was kept spinning (5000 Hz) within the magnet at 5°C in this time interval.

### Data Preprocessing and Statistical Analysis

The FIDs were multiplied by a 0.30 Hz exponential function and Fourier transformed into 64k real points. Phase correction was performed automatically for each spectrum using TopSpin 3.1 (Bruker). Further preprocessing of the HR MAS spectra was performed in Matlab R2013b (The Mathworks, Inc., USA). Due to unavailability of a stable internal reference, human spectra were referenced to the TSP peak (0 ppm) while xenograft spectra were referenced to formate (8.46 ppm). Baseline correction was achieved by setting the minimum value of each spectrum to 0 and subtracting the lowest value. Peak alignment was performed using *icoshift* (18). The spectral region of interest in the human samples (2.89–4.73 ppm), which excludes the main lipid peaks, was normalized to equal total mean area, while the total spectral region (0.62–4.70 ppm) was normalized to sample weight in the xenograft spectra. In human tissue, lipid signals mainly originate from adipose tissue, and the lipid peaks may be very dominant in samples with low tumor content. Thus, the normalization accounts for differences in sample size and tumor cell content, the latter not necessary in xenograft samples with homogenous distribution of cancer cells.

To find underlying structure and main differences in the dataset, the unsupervised multivariate method principal component analysis (PCA) was used. PCA is a powerful method to decrease

the complexity of collinear multivariate data, such as MR spectra, into a few principal components (PCs). PCA was performed (using *PLS\_Toolbox* 7.5.2, Matlab, Eigenvector Research, Inc., Wenatchee, WA, USA) on xenograft spectra and human breast cancer spectra to explore the metabolic variation within samples exposed to increasing delays in postsurgical freezing and prolonged experiment time respectively.

For both cohorts, metabolite assignment was based on previous published data from HR MAS MRS analyses of breast tumors (19). Furthermore, metabolite levels were determined by integrating fixed spectral regions (performed in Matlab R2013b) corresponding to the metabolites of interest and used for univariate analysis. For metabolites with baseline strongly affected by closely resonating lipids, a linear baseline ranging from the first to the last point of the integral area was used.

Linear mixed models (LMM), an extension of linear regression, can be used to model data where several measurements from the same object are available. LMM accounts for both fixed and random effects in the modeling of the metabolite levels. Fixed effects are those that are of particular interest, e.g., effect of freezing delay time, while random effects are often not of interest but cannot be adjusted for prior to the modeling, e.g., effects originating from between subjects variation. In the current study, freezing delay time as well as type of xenograft model (basal-like or luminal-like) were set as fixed effects (continuous and categorical variable respectively), while xenograft subject was set as a random effect (without interaction term). The modeling was performed in R (20) using the “nlme” package (21).

Paired *t*-test was used to find time points where the metabolic levels had changed compared to baseline and to evaluate the effect of snap-freezing. Wilcoxon signed-rank test were performed to test the effect of prolonged experiment time on metabolite levels in human tumor tissue.

To adjust for the multiple metabolites tested, calculated *p* values were corrected for using The Benjamini Hochberg false discovery rate (FDR) in Matlab R2013b (The Mathworks, Inc., USA), and the differences were considered statistically significant for adjusted *p*-values  $\leq 0.05$ .

### Histopathology and Nile Red Staining

Histopathological analysis was performed in order to evaluate the presence of viable tumor tissue and mobile lipid droplets in each individual xenograft sample. After HR MAS MRS analysis, samples were immediately frozen in liquid nitrogen. About 4 and 10  $\mu\text{m}$  frozen sections were stained with hematoxylin–eosin–safran (HES) and Nile Red as described in Ref. (22), respectively.

## RESULTS

### Effect of Freezing Delay Time in Xenograft Tumor Tissue

To examine the metabolic effect of delayed freezing, samples from the same xenograft tumor were left in room temperature for 0, 15, 30, 60, 90, and 120 min prior to freezing. A PCA score plot of the spectra from all 42 samples revealed a clear separation of



basal-like and luminal-like xenograft model samples (Figure 1A). The variability between samples was predominantly attributed to the lipid content (PC1), whereas the levels of taurine, glycerophosphocholine, and phosphocholine (PC2) contributed to discrimination between the two xenograft models (Figure 1B).

A trajectory PCA score plot suggests that freezing delay time had no systematic effect on metabolic profiles (Figure 1C).

### The Impact of Freezing Delay Time on Individual Metabolites in Xenograft Samples

The LMM result for glucose was excluded due to non-normally distributed residuals. The percentage change in levels of 15 metabolites measured by HR MAS MRS in samples subject to increasing delays before freezing ( $n = 36$ ) are shown in Table 1. After adjusting  $p$ -values for multiple testing, LMM revealed that three metabolites were significantly affected by type of xenograft model (basal-like and luminal-like) and four metabolites were significantly affected by delayed freezing (Table 2).

Figure 2 illustrates the change in average level of ascorbate, choline, creatine, and glutathione (GS) with increasing freezing delay time. The levels of ascorbate, creatine, and GS decreased with time. Both ascorbate and creatine levels decreased with approximately 30% within the 120 min time frame, while levels of GS were approximately 40% lower. The choline levels increased with time, reaching a level approximately 110% higher than baseline at freezing delay time of 120 min.

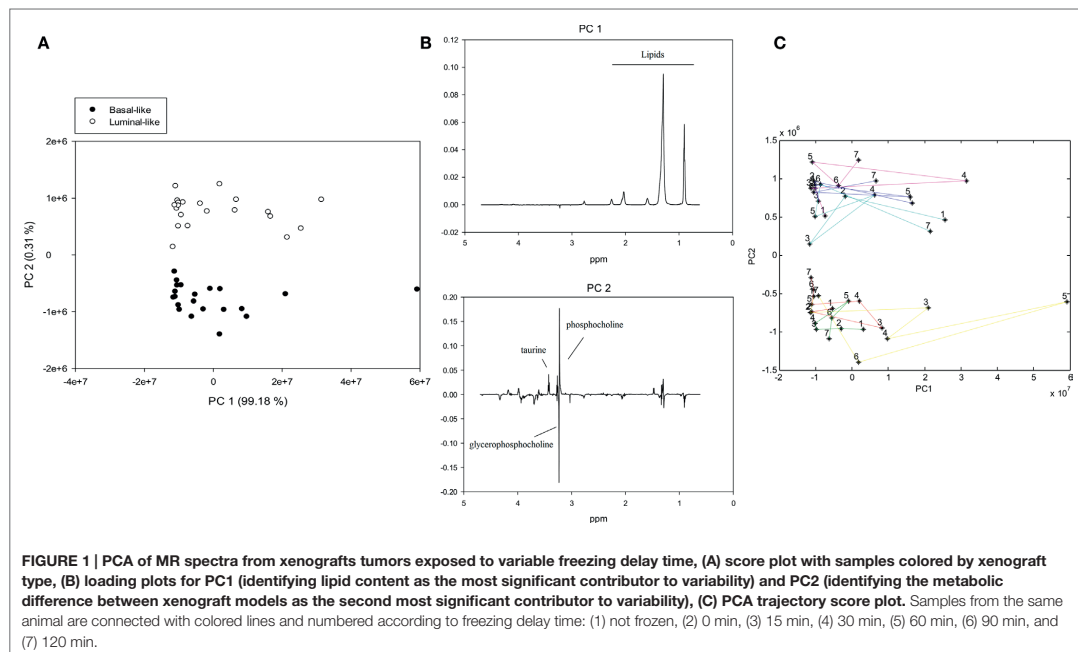
Ascorbate, choline, and creatine levels were significantly different from baseline sample (frozen immediately) after 60 min freezing delay time while the same was observed for GS levels after 90 min (Figure 2).

### Metabolic Effect of Freezing

Immediately snap-frozen samples (0 min,  $n = 6$ ) were compared to samples analyzed directly after excision (not frozen, 0 min,  $n = 6$ ). A clear effect of freezing compared to unfrozen tissue was seen for 12 of 16 metabolites (Figure 3). Increased levels were observed for all of these metabolites after snap-freezing.

### Histopathology

Visual inspection of HES-stained sections of xenograft samples analyzed by HR MAS MRS confirmed that the samples predominantly consisted of viable tumor tissue without significant necrosis or fibrosis. No adipose tissue or normal mammary gland tissue was observed. Due to the observed heterogeneity in lipid content of samples obtained from the same xenograft, we examined whether the lipids detected were located in adipose cells lining the tumor or in lipid droplets within the tumor. Visual inspection of the Nile Red stained histological sections showed good correlation between lipid signal intensity in spectral data and the amount of lipid detected by Nile Red staining (Figures S1 and S2 in Supplementary Material). The lipids were also observed to be located inside tumors and were therefore considered to represent mobile lipids in the cancer cells and not adipose tissue adjacent to the tumors. No systematic difference in lipid content



**TABLE 1 | Metabolic effect of freezing delay time.**

Metabolite	ppm	15 min	30 min	60 min	90 min	120 min
Glucose	4.65	22 ± 107%	-8 ± 19%	31 ± 41%	6 ± 50%	26 ± 71%
Ascorbate	4.53	-18 ± 37%	-15 ± 20%	-25 ± 17%	-31 ± 22%	-31 ± 24%
Lactate	4.13	4 ± 44%	10 ± 24%	12 ± 29%	16 ± 27%	19 ± 45%
Tyrosine	3.99	-8 ± 32%	-10 ± 21%	-13 ± 19%	-15 ± 22%	-17 ± 29%
Glycine	3.55	-7 ± 45%	-4 ± 22%	-5 ± 25%	1 ± 45%	6 ± 62%
Myoinositol	3.53	12 ± 49%	11 ± 19%	26 ± 28%	26 ± 27%	43 ± 64%
Taurine	3.42	-7 ± 38%	-7 ± 15%	-8 ± 16%	-8 ± 20%	-4 ± 31%
Glycerophosphocholine	3.23	-9 ± 22%	-10 ± 18%	-3 ± 25%	0 ± 34%	28 ± 40%
Phosphocholine	3.22	-19 ± 24%	-7 ± 16%	1 ± 32%	7 ± 25%	34 ± 63%
Choline	3.21	6 ± 72%	20 ± 31%	56 ± 44%	62 ± 49%	111 ± 111%
Creatine	3.03	-16 ± 31%	-19 ± 18%	-28 ± 22%	-25 ± 22%	-29 ± 26%
Glutathione (GS)	2.55	-18 ± 32%	-19 ± 15%	-24 ± 25%	-35 ± 18%	-37 ± 26%
Succinate	2.41	-5 ± 35%	-13 ± 22%	-2 ± 33%	-13 ± 29%	-15 ± 38%
Glutamine	2.44	5 ± 49%	-1 ± 40%	28 ± 55%	-1 ± 22%	7 ± 54%
Glutamate	2.37	-10 ± 35%	-11 ± 17%	-20 ± 17%	-16 ± 25%	-14 ± 37%
Alanine	1.49	-7 ± 42%	9 ± 40%	2 ± 42%	17 ± 72%	23 ± 108%

Percentage (average ± SD) increase or decrease of metabolite level in samples exposed to freezing delay time compared to samples frozen immediately after tumor collection.

**TABLE 2 | LMM-results reporting the effect of xenograft model and freezing delay time on levels of 15 metabolites.**

Metabolite	Xenograft model			Freezing time delay		
	Adj. p-value	Est. effect	SD	Adj. p-value	Est. effect	SD
Ascorbate	0.628	1.6	2.2	<b>0.037*</b>	-1.2	0.4
Lactate	0.849	-2.5	12.2	0.281	4.5	3.0
Tyrosine	0.059	128.3	33.4	0.343	-7.1	5.6
Glycine	0.649	-9.4	16.9	0.838	1.2	2.8
Myoinositol	0.373	-4.8	3.9	0.072	2.7	1.1
Taurine	<b>0.025*</b>	240.9	37.9	0.838	-2.2	7.0
Glycerophosphocholine	<b>0.017*</b>	-477.3	56.6	0.255	23.9	14.6
Phosphocholine	<b>0.040*</b>	470.3	94.3	0.255	22.7	13.8
Choline	0.068	43.5	12.5	<b>0.002**</b>	16.2	3.7
Creatine	0.059	-41.6	10.3	<b>0.037*</b>	-8.4	3.0
Glutathione (GS)	0.649	-4.1	7.3	<b>0.005**</b>	-6.0	1.6
Succinate	0.112	8.7	3.1	0.301	-1.0	0.7
Glutamine	0.194	12.3	6.2	0.838	0.3	0.9
Glutamate	0.322	-20.9	14.4	0.348	-3.7	3.1
Alanine	0.194	17.1	8.4	0.838	0.4	1.6

The estimated effect (Est. effect) reports each fixed factors (i.e., xenograft model or freezing time delay) influence on metabolite levels. Adjusted p-values in bold indicates that the level is significantly different from the sample frozen after 0 min (\*adjusted p < 0.05, \*\*adjusted p < 0.01).

due to delayed freezing time was observed. While Figure S1 in Supplementary Material shows a pattern of decreasing Nile Red signal with increased delay before freezing, Figure S2 in Supplementary Material shows an example where the same pattern was not observed.

## Degradation during Prolonged HR MAS Analysis

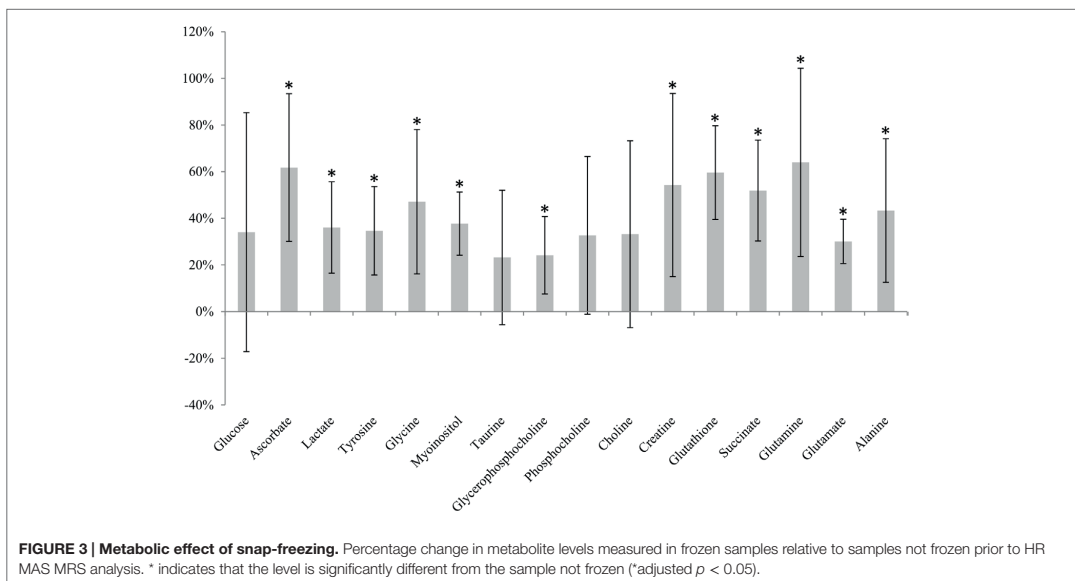
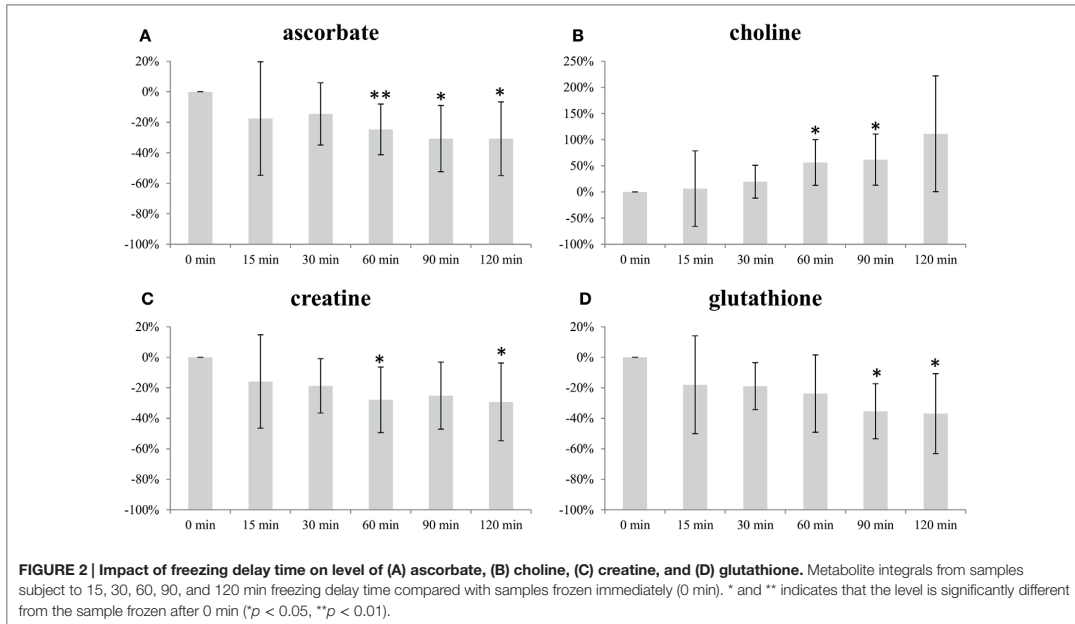
Repeated HR MAS MRS analysis of 14 human breast cancer samples was performed with 1.5 h interval to observe the metabolic effect of prolonged time in the magnet. The levels of glucose, glycine, glycerophosphocholine, and choline were found to significantly change from the first to the second acquisition (Table 3). While glucose, glycine, and choline increased, levels of glycerophosphocholine decreased with prolonged experiment time. A PCA score

plot of all spectra showed that the metabolic variation between samples was higher than variation in spectra obtained from the same sample (Figure S3 in Supplementary Material).

## DISCUSSION

In this study, we evaluated the metabolic effect of freezing delay time, snap-freezing in liquid nitrogen and prolonged experimental time using HR MAS MRS. The results show that levels of HR MAS MRS visible metabolites in breast tumors are not subject to significant degradation if snap-frozen within 30 min after surgical excision.

Principal component analysis showed that differences in lipid content explained most of the variance between the samples from the two different breast cancer xenograft models. This was



further examined by histopathological staining of frozen sections with Nile Red, which showed no correlation between lipid content and freezing delay time. Hence, the variability explained by lipid content most likely reflects tumor heterogeneity rather

than the sample handling conditions. Furthermore, PCA clearly discriminated between samples from the two xenograft models (i.e., basal-like or luminal-like breast cancer subtype). Basal-like xenografts had higher levels of glycerophosphocholine, while

**TABLE 3 | Metabolic effect of prolonged experiment time.**

Metabolite	ppm	1.5 h	Adj. p-value
Glucose	4.65	21 ± 20%	<b>0.006**</b>
Ascorbate	4.53	-4 ± 6%	0.078
Lactate	4.15	0 ± 7%	0.903
Tyrosine	3.98	3 ± 6%	0.08
Glycine	3.56	8 ± 7%	<b>0.006**</b>
Myoinositol	3.54	7 ± 11%	0.08
Taurine	3.42	0 ± 5%	0.903
Glycerophosphocholine	3.23	-15 ± 12%	<b>0.001**</b>
Phosphocholine	3.22	-4 ± 6%	0.08
Choline	3.21	11 ± 13%	<b>0.011*</b>
Creatine	3.03	0 ± 6%	0.903

Percentages (average ± SD) were calculated relative to the metabolite levels (integrals) from the initial experiment. Adjusted p-values in bold indicates that the level is significantly different from the sample frozen after 0 min (\*adjusted  $p < 0.05$ , \*\*adjusted  $p < 0.01$ ).

luminal-like xenografts had higher levels of phosphocholine and taurine, in accordance with previously published data from these xenograft models (15). The same metabolic differences between the xenograft models were observed in LMM.

Discrimination between the two xenograft models based on overall metabolic profile did not depend on freezing delay time. Furthermore, no significant changes in individual metabolite levels were observed at 30 min past tumor excision. At 60 min, levels of three metabolites had significantly changed from baseline measurements. Thus, samples should be frozen within 30 min of resection, which in general should be sufficient when obtaining tissue biopsies during surgical procedures. Ascorbate, choline, creatine, and GS were the only metabolites exhibiting significant changes within the time frame (0–120 min) used in the current study. For the majority of metabolites, no systematic dependency on freezing time delay was observed, suggesting that intratumor heterogeneity is the predominant source of variability.

Ascorbate, also known as vitamin C, and GS are important antioxidants in animal cells that, together with other antioxidants, are responsible for eliminating reactive oxygen species (ROS) from oxidative stress (23, 24). As a consequence of high ROS levels in cancer cells, GS levels are often elevated compared to normal tissue (25). GS has also been reported to be increased in estrogen receptor (ER) negative tumors compared to ER-positive (26). ROS levels can increase as a consequence of ischemia, potentially leading to oxidative damage. It is therefore plausible that the decreased levels of GS and ascorbate reflect oxidative stressed caused by prolonged ischemia. Ascorbate levels obtained from samples frozen 60, 90, and 120 min after excision were significantly lower than the levels from samples frozen immediately. The same was observed for GS levels at 90 and 120 min of freezing delay. Consequently, biological interpretation of the levels of these antioxidants should only be considered if the experimental design of the study includes a controlled freezing delay time of <30 min.

The levels of choline increased with increasing freezing delay time. Although not significant, a similar trend was observed for the choline-containing metabolites phosphocholine and glycerophosphocholine, suggesting that ischemia affects choline metabolism. Studying the effect of hypoxia in human

MDA-MB-231 breast cancer cell and tumors, Jiang et al. detected higher concentrations of total choline-containing metabolites (tCho; composed of phosphocholine, glycerophosphocholine, and free choline), mainly contributed by phosphocholine, in hypoxic regions (27). Altered choline metabolism is considered an emerging hallmark in malignant transformation (28). A major component of mammalian cell membranes, phosphatidylcholine (PtdCho), is synthesized from choline, thus making choline and choline-containing intermediates essential for the increased proliferation observed in tumor cells. Several *ex vivo* breast cancer studies using HR MAS MRS have detected increased concentrations of choline, phosphocholine, and glycerophosphocholine in tumor tissue compared to non-involved breast tissue (19, 29, 30). Differences in tCho have been found to have predictive value for the 5-year survival of breast cancer patients receiving neoadjuvant chemotherapy (31) and higher choline concentrations have been found in core needle biopsies from patients that are ER- and/or PgR-negative compared to ER- and/or PgR-positive patients (10). Delays in freezing time up to 30 min had no significant impact on choline levels. While choline levels at 60 and 90 min delay were significantly increased, this was not observed at 120 min ( $p = 0.065$ ), probably due to variability within these last measurements. However, because of the biological relevance of choline metabolism in cancer, this trend of increasing levels with freezing delay time emphasize the importance of reporting and controlling sample handling to limit possible effects.

Levels of creatine significantly decreased as a result of prolonged time before freezing, where 60 min was found to be the first time point significantly different from samples frozen directly after exiting. Creatine is involved in energy storage through formation of phosphocreatine and thus functions as a carrier of energy within cells. Decreasing levels of creatine (or phosphocreatine) could be suggestive of energy depletion caused by ischemia. Several studies use creatine for calculation of metabolic ratios to allow for comparable quantities between samples (10, 32–34) and in studies of breast cancer tissue, higher level of this metabolite have been correlated to ER-positive (35) and PgR-positive tumors (15). As the tendency of decreasing levels is seen from the initial time point, it is important to keep the time before freezing minimal to allow the usage of ratios involving creatine.

Rapid metabolic phenotyping in operating theaters of unfrozen tissue has been proposed to facilitate real-time diagnostics and further aid decision making during surgery (36). To evaluate the metabolic effect of snap-freezing, tumor tissue was analyzed by HR MAS MRS without any exposure to liquid nitrogen and compared to tissue from the same xenografts that were immediately frozen after excision. Freezing was found to significantly increase the level of 12 metabolites. In previous studies, the freezing of rat kidney and liver tissue has reportedly led to increased amounts of amino acids (37, 38) and decreased contents of choline, glycerophosphocholine, glucose, myoinositol, trimethylamine N-oxide (TMAO), and taurine (38) using HR MAS MRS. The increased levels of multiple metabolites observed in the current study might be caused by intracellular lysis releasing metabolites. Metabolites bound to cellular molecules or compartments are more restricted and thus less MR-visible. If these metabolites are released as a consequence of freezing, HR MAS MRS will detect higher levels

than in unfrozen tissue as found here. The findings underpin that studies of fresh and frozen tissue are not directly comparable. Although the effect of freezing was significant for the majority of metabolites, we believe that analyzing fresh tissue samples is neither feasible nor optimal in the current clinical and research setting. Care must therefore be taken not to compare metabolic information obtained in unfrozen samples with data from frozen biobank tissue.

We also examined the effect on the metabolic profile of prolonged HR MAS MRS analysis. After the first acquisition, the sample was kept spinning inside the magnet and reanalyzed after 1.5 h. The level of four metabolites was found to differ significantly from the initial acquisition. Glucose, glycine, and choline were found to increase with time, while glycerophosphocholine decreased. Similar effects on glycine, choline, and glycerophosphocholine levels have been observed in lung cancer tissue (39) and in brain tumor tissue (40) supporting the current findings. As Rocha et al. describe, the changes might be caused by spinning effects causing release of bound metabolites or due to ongoing metabolic activity (39). Importantly, these metabolic effects should be considered for quantitative two-dimensional HR MAS MRS studies where long acquisition time is required.

In conclusion, this study confirms that HR MAS MRS metabolic profiles are robust to metabolic changes due to delayed freezing within a timeframe of 30 min. This allows biological interpretation of metabolic profiles, including metabolites involved in protection against ROS formation/oxidative stress, such as GS and ascorbate, as well as evaluation of the levels of creatine and choline-containing metabolites. Within the 30 min freezing delay time window, the effect of structural or biochemical degradation on metabolic profiles is insignificant. A clear effect of freezing was observed for most of the detected metabolites. However, this step in sample handling is considered essential for biobanking and research purposes. The study also identified moderate metabolic consequences of prolonged HR MAS experiment time, and thus, the protocol should be designed to keep experiment time to a minimum.

## REFERENCES

- Patel S, Ahmed S. Emerging field of metabolomics: big promise for cancer biomarker identification and drug discovery. *J Pharm Biomed Anal* (2015) **107**:63–74. doi:10.1016/j.jpba.2014.12.020
- Zhang A-H, Sun H, Qiu S, Wang X. Metabolomics in noninvasive breast cancer. *Clin Chim Acta* (2013) **424**:3–7. doi:10.1016/j.cca.2013.05.003
- Pan Z, Raftery D. Comparing and combining NMR spectroscopy and mass spectrometry in metabolomics. *Anal Bioanal Chem* (2007) **387**(2):525–7. doi:10.1007/s00216-006-0687-8
- Bathen TF, Sitter B, Sjøbakk TE, Tessem M-B, Gribbestad IS. Magnetic resonance metabolomics of intact tissue: a biotechnological tool in cancer diagnostics and treatment evaluation. *Cancer Res* (2010) **70**(17):6692–6. doi:10.1158/0008-5472.CAN-10-0437
- Bathen T, Geurts B, Sitter B, Fjøsne H, Lundgren S, Buydens L, et al. Feasibility of MR metabolomics for immediate analysis of resection margins during breast cancer surgery. *PLoS One* (2013) **8**(4):e61578. doi:10.1371/journal.pone.0061578
- Bertilsson H, Tessem M-B, Flatberg A, Viset T, Gribbestad I, Angelsen A, et al. Changes in gene transcription underlying the aberrant citrate and choline metabolism in human prostate cancer samples. *Clin Cancer Res* (2012) **18**(12):3261–9. doi:10.1158/1078-0432.CCR-11-2929

## AUTHOR CONTRIBUTIONS

Author contributions included: study design (TH, SM, BS, and TB), data acquisition (SM, TH, and SL), data analysis (TH, SM, RV, SL, and RS), data interpretation (TH, SM, GG, and TB), and drafting the manuscript (TH, SM, and TB). All authors contributed in revising the manuscript.

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## SUPPLEMENTARY MATERIAL

The Supplementary Material for this article can be found online at <http://journal.frontiersin.org/article/10.3389/fonc.2016.00017>

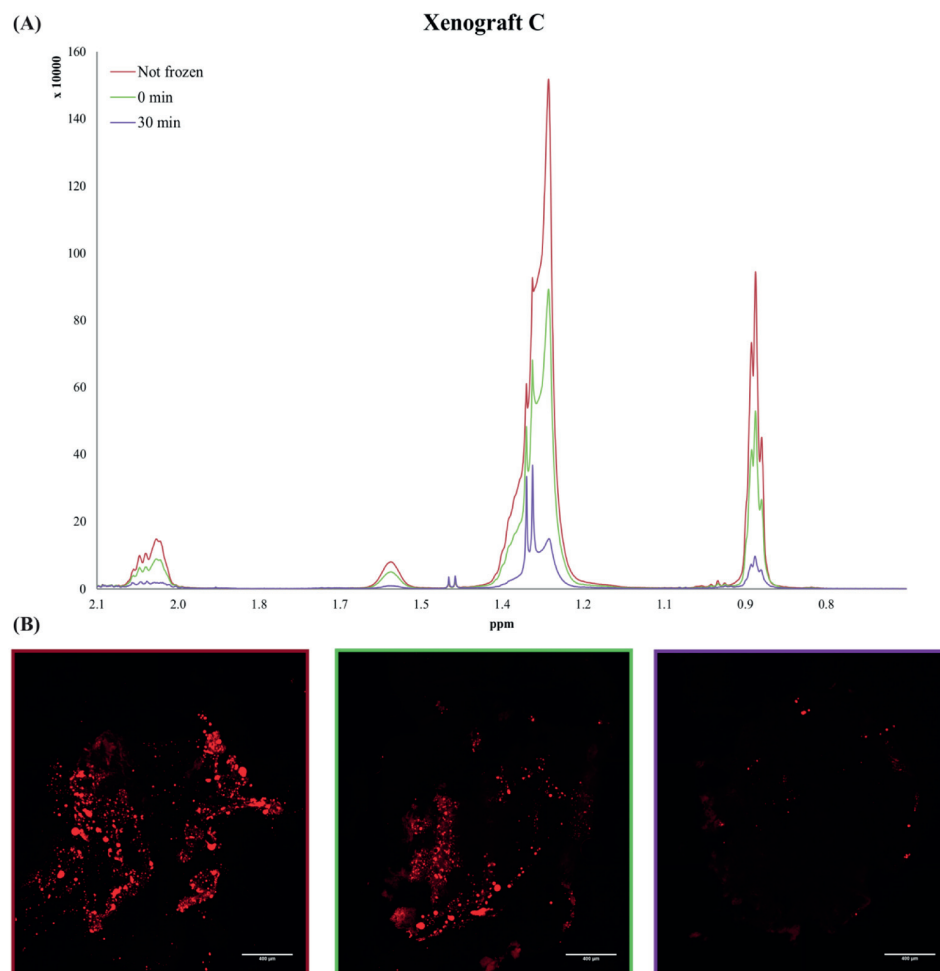
- Moestue S, Sitter B, Bathen T, Tessem M-B, Gribbestad I. HR MAS MR spectroscopy in metabolic characterization of cancer. *Curr Top Med Chem* (2011) **11**(1):2–26. doi:10.2174/156802611793611869
- Giskeødegard GF, Bertilsson H, Selnes KM, Wright AJ, Bathen TF, Viset T, et al. Spermine and citrate as metabolic biomarkers for assessing prostate cancer aggressiveness. *PLoS One* (2013) **8**(4):e62375. doi:10.1371/journal.pone.0062375
- Giskeødegard G, Lundgren S, Sitter B, Fjøsne HE, Postma G, Buydens L, et al. Lactate and glycine – potential MR biomarkers of prognosis in estrogen receptor-positive breast cancers. *NMR Biomed* (2012) **25**(11):1271–9. doi:10.1002/nbm.2798
- Choi J, Baek H-M, Kim S, Kim M, Youk J, Moon H, et al. HR-MAS MR spectroscopy of breast cancer tissue obtained with core needle biopsy: correlation with prognostic factors. *PLoS One* (2012) **7**(12):e51712. doi:10.1371/journal.pone.0051712
- Bergamaschi A, Hjortland G, Triulzi T, Sorlie T, Johnsen H, Ree A, et al. Molecular profiling and characterization of luminal-like and basal-like *in vivo* breast cancer xenograft models. *Mol Oncol* (2009) **3**(5):469–82. doi:10.1016/j.molonc.2009.07.003
- Grinde MT, Moestue SA, Borgan E, Risa Ø, Engebraaten O, Gribbestad IS. <sup>13</sup>C High-resolution-magic angle spinning MRS reveals differences in glucose metabolism between two breast cancer xenograft models with different gene

- expression patterns. *NMR Biomed* (2011) **24**(10):1243–52. doi:10.1002/nbm.1683
13. Sorlie T, Perou C, Tibshirani R, Aas T, Geisler S, Johnsen H, et al. Gene expression patterns of breast carcinomas distinguish tumor subclasses with clinical implications. *Proc Natl Acad Sci U S A* (2001) **98**(19):10869–74. doi:10.1073/pnas.191367098
  14. Sorlie T, Tibshirani R, Parker J, Hastie T, Marron J, Nobel A, et al. Repeated observation of breast tumor subtypes in independent gene expression data sets. *Proc Natl Acad Sci U S A* (2003) **100**(14):8418–23. doi:10.1073/pnas.0932692100
  15. Moestue S, Borgan E, Huuse E, Lindholm E, Sitter B, Børresen-Dale A-L, et al. Distinct choline metabolic profiles are associated with differences in gene expression for basal-like and luminal-like breast cancer xenograft models. *BMC Cancer* (2010) **10**(1):433. doi:10.1186/1471-2407-10-433
  16. Giskeødegård G, Cao M, Bathen T. High-resolution magic-angle-spinning NMR spectroscopy of intact tissue. In: Bjerrum, Jacob T, editor. *Metabonomics: Methods and Protocols*. New York: Springer (2015). p. 37–50.
  17. Cao M, Lamichhane S, Lundgren S, Bofin A, Fjøsne H, Giskeødegård G, et al. Metabolic characterization of triple negative breast cancer. *BMC Cancer* (2014) **14**(1):941. doi:10.1186/1471-2407-14-941
  18. Savorani F, Tomasi G, Engelsen S. icoshift: a versatile tool for the rapid alignment of 1D NMR spectra. *J Magn Reson* (2010) **202**(2):190–202. doi:10.1016/j.jmr.2009.11.012
  19. Sitter B, Sonnewald U, Spraul M, Fjøsne H, Gribbestad I. High-resolution magic angle spinning MRS of breast cancer tissue. *NMR Biomed* (2002) **15**(5):327–37. doi:10.1002/nbm.775
  20. R Core Team. *R: A Language and Environment for Statistical Computing*. Vienna: R Foundation for Statistical Computing (2012).
  21. Pinheiro J, Bates D, DebRoy S, Sarkar D, R Core Team. *nlme: Linear and Nonlinear Mixed Effects Models*. R Package Version 3.1-117 (2014). Available from: <http://CRAN.R-project.org/package=nlme>
  22. Opstad KS, Bell BA, Griffiths JR, Howe FA. An investigation of human brain tumour lipids by high-resolution magic angle spinning 1H MRS and histological analysis. *NMR Biomed* (2008) **21**(7):677–85. doi:10.1002/nbm.1239
  23. Gorrini C, Harris IS, Mak TW. Modulation of oxidative stress as an anticancer strategy. *Nat Rev Drug Discov* (2013) **12**(12):931–47. doi:10.1038/nrd4002
  24. Bánhegyi G, Braun L, Csala M, Puskás F, Mandl J. Ascorbate metabolism and its regulation in animals. *Free Radic Biol Med* (1997) **23**(5):793–803. doi:10.1016/S0891-5849(97)00062-2
  25. Gamcsik MP, Kasibhatla MS, Teeter SD, Colvin OM. Glutathione levels in human tumors. *Biomarkers* (2012) **17**(8):671–91. doi:10.3109/1354750X.2012.715672
  26. Tang X, Lin C-C, Spasojevic I, Iversen ES, Chi J-T, Marks JR. A joint analysis of metabolomics and genetics of breast cancer. *Breast Cancer Res* (2014) **16**(4):415. doi:10.1186/s13058-014-0415-9
  27. Jiang L, Greenwood TR, Artemov D, Raman V, Winnard PT, Heeren RM, et al. Localized hypoxia results in spatially heterogeneous metabolic signatures in breast tumor models. *Neoplasia* (2012) **14**(8):732–41. doi:10.1593/neo.12858
  28. Glunde K, Bhujwala Z, Ronen S. Choline metabolism in malignant transformation. *Nat Rev Cancer* (2011) **11**(12):835–48. doi:10.1038/nrc3162
  29. Sitter B, Lundgren S, Bathen T, Halgunset J, Fjøsne H, Gribbestad I. Comparison of HR MAS MR spectroscopic profiles of breast cancer tissue with clinical parameters. *NMR Biomed* (2006) **19**(1):30–40. doi:10.1002/nbm.992
  30. Gribbestad IS, Sitter B, Lundgren S, Krane J, Axelson D. Metabolite composition in breast tumors examined by proton nuclear magnetic resonance spectroscopy. *Anticancer Res* (1998) **19**(3A):1737–46.
  31. Cao M, Sitter B, Bathen T, Bofin A, Lønning P, Lundgren S, et al. Predicting long-term survival and treatment response in breast cancer patients receiving neoadjuvant chemotherapy by MR metabolic profiling. *NMR Biomed* (2012) **25**(2):369–78. doi:10.1002/nbm.1762
  32. Choi JS, Baek H-M, Kim S, Kim MJ, Youk JH, Moon HJ, et al. Magnetic resonance metabolic profiling of breast cancer tissue obtained with core needle biopsy for predicting pathologic response to neoadjuvant chemotherapy. *PLoS One* (2013) **8**(12):e83866. doi:10.1371/journal.pone.0083866
  33. van Asten JJ, Vettukattil R, Buckle T, Rottenberg S, van Leeuwen F, Bathen TF, et al. Increased levels of choline metabolites are an early marker of docetaxel treatment response in BRCA1-mutated mouse mammary tumors: an assessment by ex vivo proton magnetic resonance spectroscopy. *J Transl Med* (2015) **13**(1):114. doi:10.1186/s12967-015-0458-4
  34. Vettukattil R. Preprocessing of raw metabolomic data. *Methods Mol Biol* (2015) **1277**:123–36. doi:10.1007/978-1-4939-2377-9\_10
  35. Giskeødegård G, Grinde M, Sitter B, Axelson D, Lundgren S, Fjøsne H, et al. Multivariate modeling and prediction of breast cancer prognostic factors using MR metabolomics. *J Proteome Res* (2010) **9**(2):972–9. doi:10.1021/pr9008783
  36. Kinross JM, Holmes E, Darzi AW, Nicholson JK. Metabolic phenotyping for monitoring surgical patients. *Lancet* (2011) **377**(9780):1817–9. doi:10.1016/S0140-6736(11)60171-2
  37. Middleton DA, Bradley DP, Connor SC, Mullins PG, Reid DG. The effect of sample freezing on proton magic-angle spinning NMR spectra of biological tissue. *Magn Reson Med* (1998) **40**(1):166–9. doi:10.1002/mrm.1910400122
  38. Waters N, Garrod S, Farrant R, Haselden J, Connor S, Connelly J, et al. High-resolution magic angle spinning 1 H NMR spectroscopy of intact liver and kidney: optimization of sample preparation procedures and biochemical stability of tissue during spectral acquisition. *Anal Biochem* (2000) **282**(1):16–23. doi:10.1006/abio.2000.4574
  39. Rocha CM, Barros AS, Gil AM, Goodfellow BJ, Humpfer E, Spraul M, et al. Metabolic profiling of human lung cancer tissue by 1H high resolution magic angle spinning (HRMAS) NMR spectroscopy. *J Proteome Res* (2009) **9**(1):319–32. doi:10.1021/pr9006574
  40. Opstad KS, Bell BA, Griffiths JR, Howe FA. An assessment of the effects of sample ischaemia and spinning time on the metabolic profile of brain tumour biopsy specimens as determined by high-resolution magic angle spinning 1H NMR. *NMR Biomed* (2008) **21**(10):1138–47. doi:10.1002/nbm.1296

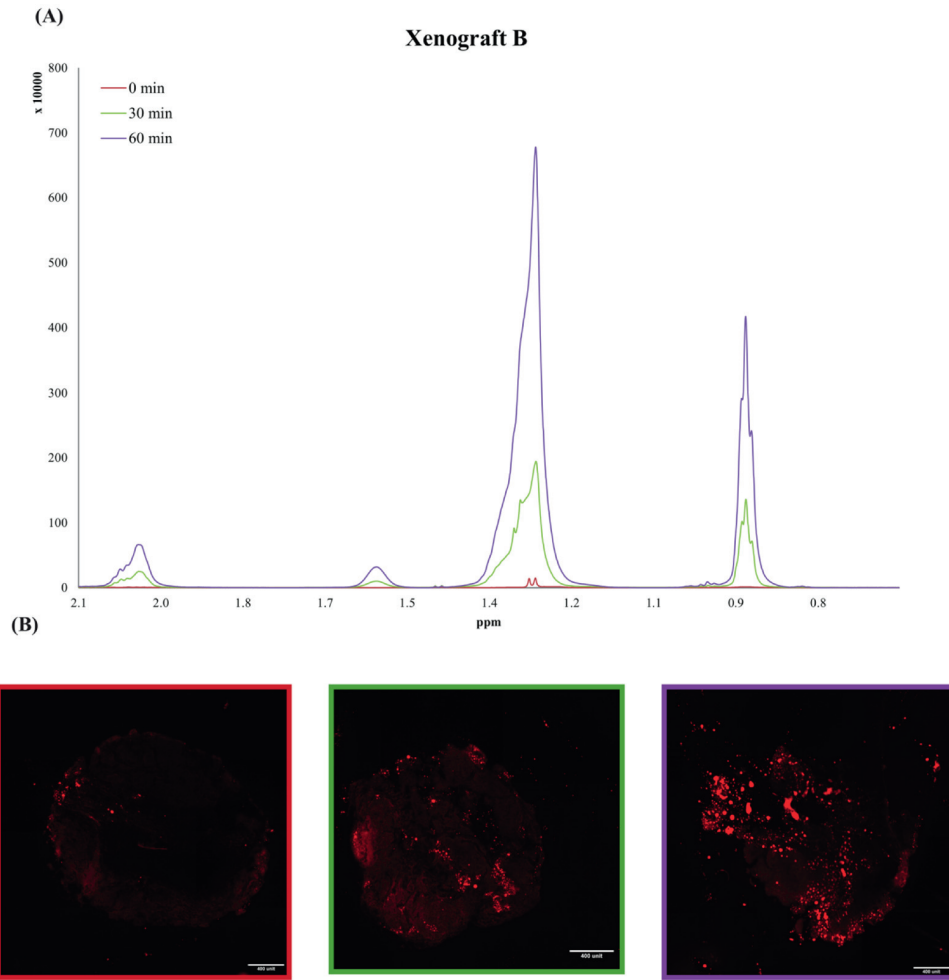
**Conflict of Interest Statement:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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## Supplementary figures

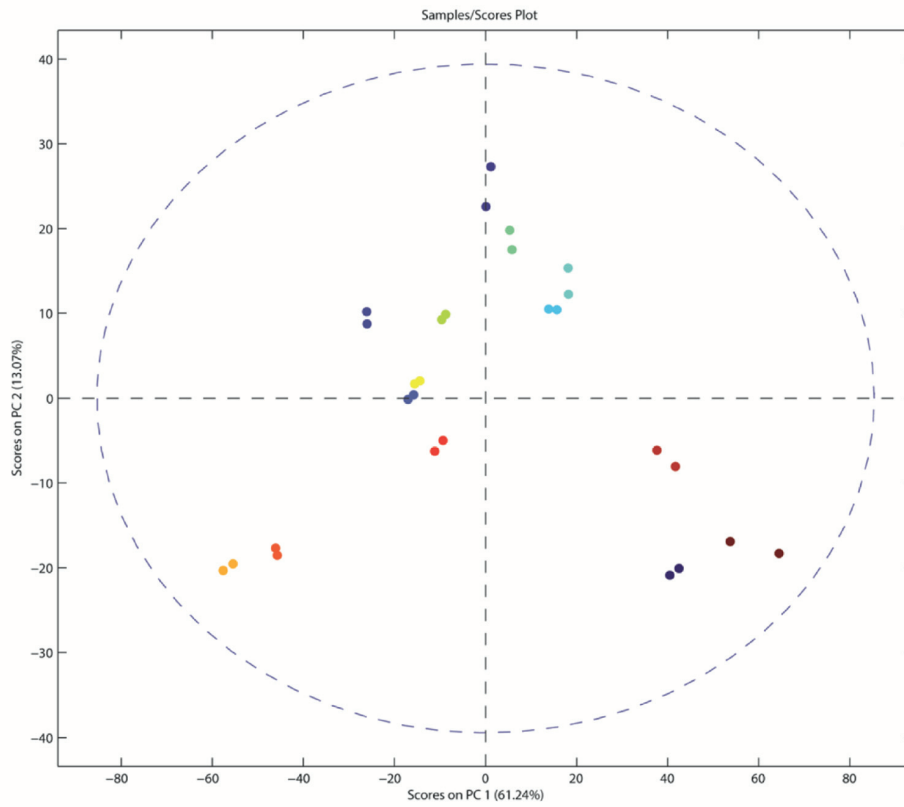


**Supplementary Figure 1: Example lipid heterogeneity within samples from the same tumor (A) Xenograft HR MAS spectra (2.1 - 0.8 ppm) from sample not frozen and samples with freezing time delay of 0 and 30 minutes (B) The samples corresponding Nile Red fluorescent-stained images showing lipid droplets within the tumor samples.**



**Supplementary Figure 2: Example lipid heterogeneity within samples from the same tumor (A) Xenograft HR MAS spectra (2.1 - 0.8 ppm) from freezing time delay of 0, 30 and 60 minutes (B) The samples corresponding Nile Red fluorescent-stained images showing lipid droplets within the tumor samples.**





**Supplementary Figure 3: PCA score plot for samples analyzed with 1.5 hour time interval.** Spectra acquired from the same sample are colored accordingly.

# Paper II



# Metabolic clusters of breast cancer in relation to gene- and protein expression subtypes

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## **Abstract**

**Background:** The heterogeneous biology of breast cancer leads to high diversity in prognosis and response to treatment, even for patients with similar clinical diagnosis, histology and stage of disease. Identifying mechanisms contributing to this heterogeneity may reveal new cancer targets or clinically relevant subgroups for treatment stratification. In this study we have merged metabolite, protein and gene expression data from breast cancer patients to examine the heterogeneity at a molecular level.

**Methods:** The study included primary tumor samples from 228 non-treated breast cancer patients. High resolution magic angle spinning magnetic resonance spectroscopy (HR MAS MRS) was performed to extract the tumors metabolic profiles further used for hierarchical cluster analysis resulting in three significantly different metabolic clusters (Mc1, Mc2 and Mc3). The clusters were further combined with gene and protein expression data.

**Results:** Our result revealed distinct differences in the metabolic profile of the three metabolic clusters. Among the most interesting differences, Mc1 had the highest levels of glycerophosphocholine (GPC) and phosphocholine (PCho), Mc2 had the highest levels of glucose and Mc3 the highest levels of lactate and alanine. Integrated pathway analysis of metabolite and gene expression data uncovered differences in glycolysis/gluconeogenesis and glycerophospholipid metabolism between the clusters. All three clusters had significant differences in the distribution of protein subtypes classified by the expression of breast cancer related proteins. Genes related to collagens and extracellular matrix were downregulated in Mc1 and consequently upregulated in Mc2 and Mc3, underpinning the differences in protein subtypes within the metabolic clusters. Genetic subtypes were evenly distributed among the three metabolic clusters and could therefore contribute to additional explanation of breast cancer heterogeneity.

**Conclusions:** Three naturally occurring metabolic clusters of breast cancer were detected among primary tumors from non-treated breast cancer patients. The clusters expressed differences in breast cancer related protein as well as genes related to extracellular matrix and metabolic pathways known to be aberrant in cancer. Analyses of metabolic activity combined with gene and protein expression provides new

information about the heterogeneity of breast tumors and, importantly, the metabolic differences infer that the clusters may be susceptible to different metabolically targeted drugs.

**Key Words:** Metabolomics, HR MAS MRS, breast cancer subgroups, metabolic cluster, extracellular matrix

## **Background**

Breast cancer accounts for 25% of newly diagnosed cancers and 15% of cancer deaths among women worldwide [1]. It is a heterogeneous disease [2] with high diversity in prognosis and response to treatment. Identification of underlying mechanisms contributing to this heterogeneity may reveal new cancer targets and clinically relevant subgroups and has thus been the focus of many recent studies [3-5].

Searching for genetic features causing the variation in breast cancers, Perou et al. used gene expression analyses followed by hierarchical clustering and defined naturally occurring molecular subtypes [4, 6]. These subtypes are named basal-like, luminal A, luminal B, Erb-B2+ (Her2 enriched), and normal-like, and are found to be associated with tumor characteristics and clinical outcome; patients with basal-like tumors having the shortest and luminal A the longest relapse-free survival [6]. A centroid based method called prediction analysis of microarrays 50 (PAM50), which uses the expression of 50 genes to classify breast cancer into these five intrinsic subtypes was later established and is now broadly implemented [7].

Proteins are the ultimate cellular effectors of pathways and networks within cells, tissues and organisms. Although protein levels are dependent on mRNA expression, not all mRNA will be translated into protein and further protein levels are also influenced by protein stability. In a study by Myhre et al. only 22 of 52 quantified breast cancer related proteins were found to correlate with mRNA expression levels [8] and similar low levels of correlation have been seen in large scale studies [9, 10]. Protein expression subtypes of breast cancer could give further understanding of underlying mechanisms causing heterogeneity [11]. Based on the expression of 171 breast cancer- associated proteins detected by reverse phase protein array (RPPA), six breast cancer subtypes, called RPPA-subtypes, have been defined [5]. Four of these subgroups were in high accordance with the gene expression profiles of the PAM50 subtypes and named accordingly; Basal, Her2, Luminal A and Luminal A/B. In addition, two new subgroups were defined; reactive I and reactive II, based on expression of proteins possibly produced by the surrounding microenvironment.



The chemical processes controlled by proteins involve metabolites as intermediates or end- products. In metabolomics, metabolite levels are measured to gather the final downstream information of ongoing cellular processes. Which processes are active at a specific time point, is strongly influenced by environmental factors like diet and drugs as well as disease state. Well-established metabolic differences have been observed when comparing cancer cells to normal cells. Cancer cell energy production frequently depends on increased glycolysis and production of lactate from glucose regardless of access to oxygen, in contrast to normal cells which produce pyruvate and lactate in aerobic conditions [12]. Also, to produce macromolecules/biomass, mitochondrial metabolism is reprogrammed [13]. Altered metabolism has therefore been included as one of the emerging hallmarks of cancer [14]. In breast cancer, metabolic differences between cancer tissue and normal adjacent tissue have been studied by the magnetic resonance spectroscopy (MRS) method high resolution magic angle spinning (HRMAS) MRS [15]. Using this technique, metabolic profiles and biomarkers predicting long-term survival for locally advanced breast cancer [16], node involvement of patients with infiltrating ductal carcinoma [17] and 5-year survival for ER positive patients [18] have been identified.

Merging transcriptomics and metabolomics led to the discovery of three luminal A subgroups with distinct metabolic profiles and significant differences within gene set expression in a study by Borgan et al. [19]. The aim of the current study was to establish clusters of breast cancer based on the metabolic expression using an approach similar to Borgan et al., but in a larger cohort of patients including all PAM50 subgroups. This approach reveals the main metabolic differences between untreated breast tumors. In addition, the combination of the metabolic clusters with transcriptomics and protein expression data provide an opportunity for information gain from each -omics technology, giving further characterization of the defined metabolic clusters.

## **Methods**

### **Patients and tissue samples**

Primary breast carcinoma samples from 228 patients at the Oslo University Hospital (Radium Hospital and Ullevål Hospital) were collected in the time period 2006 – 2009 as part of the Oslo2 study. The study is approved by the Norwegian Regional Committee for Medical Research Ethics (Biobank approval 1.2006.1607), and all patients have given written consent for the use of material for research purposes. The samples were fresh frozen after surgery and stored at -80°C. The tumors were divided into smaller pieces depending on their size and one of them was selected for this study. The samples were cut into three sections where the edges of the two outer pieces were used for histological evaluation and an adequate part of the mid pieces were used for HR MAS MRS experiments to obtain metabolic profiles. The remnants of all three pieces were pooled and cut into smaller pieces with scalpel, and depending on the size of the tumor divided into fractions used for extraction of DNA, RNA and protein. Due to high lipid content, HR MAS MRS was performed on a second piece from the same tumor for 13 of the samples. A total of 228 samples were analyzed by MR spectroscopy, of which 201 and 217 were analyzed for gene expression by arrays and protein expression using RPPA, respectively, leaving a total of 191 samples analyzed by all three methods. Patient and tumor characteristics are shown in Table 1.

### **HR MAS MRS Spectra**

HR MAS MRS spectra were acquired from tissue samples (mean sample weight: 7.3 mg) on a Bruker Avance III 600MHz/54 mm US (Bruker, Biospin GmbH, Germany) equipped with a 1H/13C MAS probe with gradient aligned with the magic angle (Bruker, Biospin GmbH, Germany). Spin-echo spectra were recorded using a Carr-Purcell-Meiboom-Gill (cpmg) pulse sequence (cpmgpr1d; Bruker). For experimental details and information about data processing, see Additional file 1.

43 samples were excluded from the original sample cohort of 271 samples due to large lipid content. The spectral region between 1.40 and 4.70 ppm was chosen for further analysis excluding lipid peaks at 4.36-4.27, 2.88-2.70, 2.30-2.20, 2.09-1.93 and 1.67-1.50 ppm. After removal of the lipid residuals, the spectra

were mean normalized to account for differences in tumor cell percentage and sample weight, as it can be assumed that most of the lipid signals from breast samples do not originate from cancer cells.

### **Protein experiments and protein expression subtyping**

Protein levels were determined using Reverse Phase Protein Array (RPPA), a platform where single protein levels can be measured across a series of samples simultaneously [20]. 150 primary antibodies were used to detect breast cancer related proteins (Additional file 2, Add. Table 1). For analytical details, see Additional file 1.

The samples underwent consensus clustering with an option for 4 or 5 groups. The best fit on consensus clustering identified 5 groups, luminal, HER2, basal and reactive I and II subsets as defined in The Cancer Genome Atlas Network data set [5].

### **mRNA expression profiling and gene expression subtyping**

Total RNA was isolated with TRIzol (Invitrogen, Carlsbad, CA, USA). Expression of mRNA was measured using SurePrint G3 Human GE 8x60K (Agilent Technologies) according to the manufacturer's protocol (One-Color Microarray-Based Gene expression Analysis, Low Input Quick Amp Labeling, v.6.5, May 2010) and 100 ng RNA was used as input for labeling. Arrays were log<sub>2</sub>-transformed, quantile normalized and hospital adjusted [21]. Values corresponding to probes with identical Entrez ID were averaged to form a single expression value per gene.

The PAM50 subtype algorithm [7] was used to assign a subtype label to each sample as previously described [22].

### **Statistical analysis**

#### Subgrouping with cluster analysis of metabolic data

Hierarchical cluster analysis (HCA) was performed with Euclidean distance as the distance parameter and Ward's method (furthest inner square distance) as the clustering distance (Statistical toolbox, Matlab

R2013b, The Mathworks, Inc., USA) on the preprocessed metabolic spectra. Similar spectra based on the distance measures cluster together. The dendrogram was cut to give three clusters. To evaluate the robustness of the three HCA clusters, Partial Least Square Discriminant analysis (PLS-DA) model, using the cluster group for classification was carried out and classification accuracy was evaluated. For details, see Additional file 1.

#### Analysis of metabolic profiles

Metabolite assignments were performed based on literature values [23] and metabolite levels were calculated as the integral of fixed regions corresponding to the metabolite of interest. Kruskal-Wallis test was performed to compare metabolite levels between clusters. Calculated p values were corrected for multiple testing by The Benjamini Hochberg false discovery rate (FDR) in Matlab, and the differences were considered statistically significant for adjusted  $p \leq 0.05$ .

#### Analysis of subtype and clinical distributions

Differences in the distributions of RPPA and PAM50 subtype as well as that of other clinical characteristics of the tumors between the different metabolic clusters were tested for significance using Fisher's Exact Test for Count Data (R 2.15.2). Calculated p values were corrected for multiple testing by The Benjamini Hochberg FDR, and the differences were considered statistically significant for adjusted  $p < 0.05$ .

#### Analysis of gene expression data

Significance Analysis of Microarrays (SAM) was used to identify differentially expressed gene between the metabolic clusters [24]. SAM analysis was performed using 21851 genes from 42405 mRNA probes. The expression analysis was performed in R 2.15.2 [25] with the cluster group as the dependent variable and a total of 100 permutations. T-statistics/Wilcoxon statistics were calculated using multiclass comparisons and two-class unpaired tests while comparing two clusters. The differences were considered statistically significant for adjusted  $p < 0.01$ .

DAVID, an online network analysis tool [26], was used to search for biological functions within gene sets. DAVID was performed on the gene list over for each of the class comparisons produced by SAM. Official gene symbol was selected as gene identifier. The Functional Annotation Clustering report of this software reports similar annotations together, where the member of a cluster have similar biological meaning due to sharing of similar gene members.

Gene Set Enrichment Analysis (GSEA) was used to identifying sets of genes that were enriched in the metabolic clusters [27, 28]. During each cluster comparison genes were ranked depending on calculated absolute signal to noise-ratio (eq.1), where  $\mu$  and  $\sigma$  are the mean and standard deviation, respectively.

$$abs\left(\frac{\mu_A - \mu_B}{\sigma_A + \sigma_B}\right) \quad (\text{eq. 1})$$

High absolute signal to noise -ratio will represent genes that are more likely to be “class markers” in the comparison because of high difference in expression.

The gene set C5 (Gene Ontology (GO) gene sets) available from the Molecular Signatures Database (MSigDB) [29] from The Broad Institute was chosen for evaluation of enrichment. 1004 (of 1454) gene sets from this data base passed the filtering of lacking any gene from the expression data followed by minimum and maximum size of 15 and 500 genes, respectively. For each comparison, 1000 permutations on phenotypes were performed and FDR cutoff was set to 25% (recommended in the manual).

#### Integrated Pathway Analysis

To combine transcriptomics and metabolic data the ‘Integrated pathway analysis’ tool in MetaboAnalyst 3.0 software was used [30]. Genes with adjusted  $p < 0.05$  from SAM analysis and metabolites differently expressed between the clusters were used as input. Pathways with  $p$  values  $\leq 0.05$  were interpreted as significant.

## Results

### Three main metabolic clusters of breast cancer

From the spectral data of 228 breast tumors, hierarchical clustering gave a dendrogram divided in three metabolic clusters (Mc) (Figure 1A) Mc1, Mc2 and Mc3. The mean spectra of the clusters are illustrated in Figure 1B.

Prediction of the metabolic clusters by PLS-DA resulted in a model with two valid latent variables LVs (Figure 2A). The clusters Mc1 and Mc2 were well separated in the score plot of LV1 and LV2, while most Mc3 samples had low values of LV2. Classification accuracy was found to be 91.1%, 88.7% and 69.9%, respectively, for the three clusters. Permutation testing showed that all three clusters had significantly different metabolic profiles ( $p < 0.001$ ). The regression vectors for each of the clusters (Figure 2B) indicate each metabolite's influence on the cluster prediction. The regression vector for Mc1 showed that high levels of glycerophosphocholine (GPC) and phosphocholine (PCho) and low levels of lactate (Lac), taurine (Tau) and alanine (Ala) were important for the class prediction result. For Mc2, high levels of  $\beta$ -glucose ( $\beta$ -Glc) were important as well as low levels of Lac, creatine (Cr), glycine (Gly), Tau, GPC, PCho and Ala. Mc3 had a regression profile with low  $\beta$ -Glc, GPC and PCh levels, and high Lac, Gly, Tau, Cr and Ala levels. Univariate comparison of metabolite levels between the three clusters revealed that 15 out of 18 metabolites analyzed were found to be significantly different (adjusted  $p < 0.05$ ) between at least two of the clusters (Table 2). Combination of metabolic cluster labels and heatmap of metabolite fold change further illustrate this (Figure 3).

Clinical parameters (tumor size, histology, grade, node status, hormone receptor status) were analyzed for differences in distribution among the metabolic clusters. Only histology was found to be significantly different between the clusters (adjusted  $p = 0.0144$ ), where 11 of 21 lobular tumors and all ductal carcinoma in situ (DCIS) ( $n = 4$ ) were classified as Mc2 (Table 1).

### **Protein expression subtype (RPPA) distribution differs between the three metabolic clusters**

The metabolic clusters were investigated for differences in distribution of PAM50- and RPPA subtypes. While PAM50 subtypes did not show increased frequency of occurrence in any of the metabolic clusters, (Figure 3C, adjusted  $p = 0.138$ ), RPPA distribution was significantly different (Figure 3D, adjusted  $p = 1.43E-04$ ) with only 9% of the RPPA reactive I and II samples being classified as Mc1, and 44% of Mc2 samples subtyped as reactive I. The complete distribution of PAM50- and RPPA subtypes is listed in Table 3.

### **SAM reveals only one metabolic cluster to have differences in gene expression**

SAM was performed to identify expression differences between the metabolic clusters. Of the 21851 genes, multiclass SAM showed that 696 were differently expressed between the metabolic clusters with adjusted  $p < 0.01$  (Figure 3E, Additional file 2, Add. Table 2). Further investigation through two-class SAM revealed that Mc2 and Mc3 did not have significant differences in mRNA expression, while they had 413 and 617 genes upregulated, respectively, compared to Mc1 (Additional file 2, Add. Table 3 and 4, respectively). Out of these, 277 genes were found in both comparisons and upregulated compared to Mc1. DAVID software was used to investigate the biological interactions between genes that were found to be significantly differentially expressed between the metabolic clusters.

A total of 404 of the 413 significant genes from SAM between Mc1 and Mc2 were identified by DAVID. Functional Annotation Clustering resulted in 117 clusters (Top 10 in Additional file 2, Add. Table 5), where the clusters with the highest enrichment scores were linked to signaling, extracellular region and cell adhesion.

A total of 653 of the 671 significant genes from SAM between Mc1 and Mc3 were identified by DAVID. Functional Annotation Clustering resulted in 236 clusters (Top 10 in Additional file 2, Add. Table 6), where the clusters with the highest enrichment scores were linked to extracellular matrix (ECM), cell adhesion and basement membrane.

### **Enrichment analysis shows gene expression differences to be related to extracellular matrix (ECM) activity**

Since Mc1 was found to have a gene expression pattern different from both Mc2 and Mc3 and these two clusters lacked statistically significant gene expression differences, Mc1 was compared to Mc2 and Mc3 combined in GSEA. This resulted in 146 of the gene ontology gene sets altered in Mc1 compared to Mc2 and Mc3 (Additional file 2, Add. Table 7). Gene sets with the highest significance were classified with functions within collagen, ECM and integrin binding. None of the gene ontology sets were significantly different when comparing Mc2 to Mc1 combined with Mc3, but 44 gene sets were significantly enriched when comparing Mc2 to Mc1 alone, with gene ontology terms relevant to ECM dominating the result (Additional file 2, Add. Table 8). 11 gene sets were significantly altered between Mc3 and Mc1 combined with Mc2 (Additional file 2, Add. Table 9) and also here ECM related findings were reported. 114 gene sets were significantly different between Mc1 and Mc3, while none were significant between Mc2 and Mc3 (results not shown).

### **Joint analysis of gene and metabolite expression shows differences in metabolic pathways**

Integrated Pathway Analysis resulted in 12 significantly different metabolic pathways (p value < 0.05) between Mc1 and Mc2 (Additional file 2, Add. Table 10). The most significant pathway was 'Tyrosine metabolism' with 8 hits of genes and metabolites, but also 'D-Glutamine and D-glutamate metabolism', 'Glycolysis / Gluconeogenesis' (Figure 4A) and 'Glycerophospholipid metabolism' (Figure 4B) were among the significant pathways. Integrated Pathway Analysis resulted in 4 significantly different metabolic pathways (p value < 0.05) between Mc1 and Mc3 (Additional file 2, Add. Table 11). The most significant pathway was 'Glycerophospholipid metabolism' with 9 hits, succeeded by 'D-Glutamine and D-glutamate metabolism'.



## Discussion

In the present work, metabolite, protein and gene expression data from 228 breast tumors were combined to search for new insight into the heterogeneity of breast cancer. MR metabolite data was used to derive naturally occurring metabolic clusters, which were further combined with data from the proteomics and transcriptomics levels. We identified three significantly different metabolic clusters, Mc1, Mc2, and Mc3, with significant differences in gene expression and protein expression profiles, but not within PAM50 subgroups. The metabolic clusters could therefore contribute with additional information beyond the intrinsic gene sets for understanding breast cancer heterogeneity.

Of the three metabolic clusters, Mc1 was on a separate branch in the dendrogram indicating that the metabolic profile of this cluster was the most different. This cluster is defined by significantly higher levels of GPC and PCho, two choline-containing metabolites involved in the synthesis and degradation of phosphatidylcholine (PtdCho), a major component of cell membranes [31]. Altered choline metabolism has been considered an emerging hallmark for malignant transformations, and has been detected in several cancer types including breast cancer [32]. PCho in particular has been suggested a biomarker of breast cancer [33]. Both GPC and PCho are confirmed elevated in tumor tissue compared to adjacent non-involved tissue from breast cancer patients [17] and a higher GPC/PCho-ratio has been reported in ER negative tumors [34, 35]. The latter was also observed for our cohort (results not shown), however, there was no significant difference in ER status between the three metabolic clusters. Thus, the high level of GPC and PCho is not resulting from differences in the distribution of estrogen receptor (ER) status. Interestingly, integrated pathway analysis showed that ‘Glycerophospholipid metabolism’ was the most significant pathway, when comparing Mc1 to Mc2. This metabolic pathway had eight hits including the metabolites GPC and PCho and genes *LCAT*, *LPCAT2*, *PPAP2A*, *PPAP2B*, *PLD1* and *AGPAT4*. Downregulation of the expression of these genes in Mc1 indicate a less active degradation of PtdCho causing an accumulation of GPC and PCho, thus explaining the higher levels of GPC and PCho in Mc1. Furthermore, *LPCAT2* is involved in the reaction where the GPC precursor (acyl-GPC) is converted into

PtdCho. Lower expression of this gene may explain why the GPC precursor is directed to the production of GPC instead of PtdCho. The same hits were obtained when Mc1 was compared to Mc3. In addition, *PLA2G5*, one of the enzymes degrading PtdCho to acyl-GPC, is downregulated in Mc1 compared to Mc3, further supporting that Mc1 has an altered PtdCho metabolism.

For Mc1 compared to Mc2 through integrated pathway analysis, 'D-glutamine and D-glutamate metabolism' has only two hits, but comes out as significant because of the small number of genes and metabolites within this pathway. Interestingly, the gene *GLS* which catalyzes the conversion of glutamine to glutamate is downregulated in Mc1, the cluster with lowest levels of glutamate. Glutamine metabolism is considered a therapeutic target as some cancer cells exhibit high uptake and addiction to this nonessential amino acid [36]. Since there were no differences in glutamine levels of Mc1 and Mc2, less glutamate in Mc1 could indicate that more glutamine is directed towards other metabolic pathways necessary for proliferation, glutathione needed for reducing power or further that glutamate is rapidly metabolized in cells through the TCA cycle or other mechanisms.

The distribution of protein subtypes (RPPA) was significantly different between the metabolic clusters, whereas no significant differences in the distribution of PAM50 subtypes were found. Thus, the metabolic difference between Mc1, Mc2 and Mc3 is not a result of intrinsic subtypes and might therefore contain additional information for understanding breast cancer heterogeneity. Among the tumors clustered in Mc1, 12% were classified as RPPA-reactive (either I or II) while 49% were classified as RPPA-luminal. The reactive RPPA subtypes have a characteristic protein expression pattern probably produced by the microenvironment [5], indicating less microenvironmental activity within Mc1. Mc1 also had downregulation of several genes involved in processes within the ECM of the stroma compared to both Mc2 and Mc3. As ECM changes can drive cancer behavior [37], these genetic differences between Mc1 and Mc2 might be of prognostic relevance. In fact, differences in expression of ECM-related genes have been used to stratify breast carcinomas into four groups, where the subgroup ECM1 have the worst prognosis [38]. ECM-classification was not performed on this cohort. However, 34 of 43 genes that

clustered with a tendency of being downregulated in ECM1 and ECM2 were also found to be downregulated in Mc1. In addition, only 5 of 46 genes reported to be downregulated in ECM2 compared to ECM1 were downregulated in Mc1 (results extracted from SAM analyses, Additional file 2, Add. Table 5-6). These results support the contention that Mc1 tumors have an ECM signature similar to the reported ECM2 tumors. ECM2 did not show significant difference in disease outcome compared to ECM3 and ECM4, but had better prognosis than ECM1 tumors [38].

Mc2 has a metabolic profile with significant higher glucose level and at the same time lower levels of most of the other metabolites compared to one or both of the remaining clusters. High glucose level could reflect lower glucose consumption, inferring a lower demand for energy within these tumors. 'Glycolysis / Gluconeogenesis' came out as a significant pathway when Mc1 was compared to Mc2 during integrated pathway analysis with two metabolite hits and five gene hits. For the most significant metabolite, glucose, the levels are higher in Mc2 compared to Mc1. Glucose is the main source of energy for mammalian cells, either through aerobic glycolysis (production of lactate even in the presence of oxygen) or tricarboxylic acid (TCA) cycle and oxidative phosphorylation. For normal proliferating cells and cancer cells, which both have an increased energy demand, a glycolytic switch is often observed (higher glycolytic rate) [12]. The increased glycolysis is followed by fermentation of the pyruvate to lactate (Warburg effect), in contrast to the conversion of acetyl CoA through the TCA cycle that occurs in normal non-proliferating cells. Increased glucose consumption is commonly used in tumor detection using a glucose analogue and positron emission tomography (PET) [39] and has shown to correlate with poor prognosis and tumor aggressiveness [12]. However, not all breast cancers are detected by PET. Here we expect lower sensitivity in detection of Mc2 tumors due to the possible difference in glycolytic rate. None of the genes with hits in 'Glycolysis / Gluconeogenesis' for the comparison of Mc1 and Mc2 could directly explain the high glucose levels of Mc2 tumors, but altered expression of the genes indicate pyruvate being guided towards the TCA cycle rather than lactate production. Two of the alternative fates of pyruvate showed significantly higher levels (alanine) or levels approaching significance (lactate, adjusted  $p = 0.056$ ),

supporting a higher glycolytic rate in Mc1 and that the pyruvate produced is not directed to metabolism in the TCA cycle. The significantly lower acetate levels in Mc1 compared to Mc2 could be linked to *ALDH1A3* and *ALDH2* downregulation, since the enzymatic product of these genes catalyzes the reversible reaction where acetaldehyde is converted to acetate.

Both DAVID and GSEA showed that many of the genes found to be downregulated in Mc1 and consequently upregulated in Mc2 were related to ECM activity. Mc2 had the highest percentage of RPPA-reactive I with 44% of Mc2 tumors classified as this protein subtype, also related to stromal changes. Together with the metabolic finding, this implies that Mc2 tumors have cancer cells with low proliferating rate and at the same time ongoing changes within the ECM of the stroma. Mc2 tumors also had a higher frequency of lobular and ductal carcinoma in situ, indicating metabolic differences between histological subtypes of breast cancer which should be further investigated.

Mc3 has the highest lactate levels of all three clusters and higher glycine level than Mc2. These metabolites have been related to poor prognosis in ER positive patients [18] and higher levels of glycine is also associated with poor prognosis in a study irrespective of ER status [40]. Although the ER-positive patients are equally distributed among our reported metabolic clusters, Mc3 expressed higher levels of both of these metabolites compared to Mc2. Moestue et al. detected differences in the expression of genes involved in choline degradation that could explain higher glycine concentrations in the poor-prognosis basal-like breast cancer xenograft model compared to luminal-like [41]. Five of the genes described by Moestue et al. were significantly upregulated in Mc3 compared to Mc1; *AGPAT4*, *PPAP2B*, *PPAP2A*, *LCAT* and *PLD1*. Of these, *LCAT* and *PLD1* are directly involved in choline metabolism. *LCAT* catalyze the conversion of PtdCho to acyl-GPC while *PLD1* catalyzes the conversion of PtdCho to choline. Higher GPC levels, but no difference in choline levels in Mc3 compared to Mc1 indicates that a higher amount of GPC is converted to choline in Mc3, and further contributing to higher glycine levels through choline degradation.

Mc3 share similarities with a previously reported metabolic subgroup of luminal A tumors with significantly lower levels of glucose, higher levels of alanine and nearly significantly higher lactate levels [19]. In Mc3 we also see a significant higher level of lactate. Since one of the main sources of alanine is pyruvate, which also is the source for lactate, it appears that Mc3 is a cluster with a switch in glycolytic activity.

The majority of Mc3 tumors were classified as RPPA-luminal, similar to Mc1. In contrast to Mc1, Mc3 had a higher percentage of RPPA-reactive II tumors, probably linked to changes in stromal content. Also gene expression wise this was observed by significantly different gene expressions linked to ECM activity and the gene expression profile of Mc3 was found similar to the previously reported ECM3 or ECM4 subtypes [38].

In this study, information flow between the transcriptomics, proteomics and metabolomics levels is illustrated; at the transcriptomics level only one of the metabolic clusters shows difference in gene expression compared to the two others, while at the proteomics level there is difference between all three clusters. Combining these findings, Mc1 is expected to have the worst prognosis due to the distinct gene expression profile and the alterations in both glycerophospholipid metabolism and evidence of increased glycolytic rate. However, this has to be validated when 5-years follow-up of this cohort is available. The main metabolic characteristics, especially of Mc1 and Mc3, have been proposed as treatment targets that could improve the therapeutic effect [42]. Cancer therapy targeting choline kinase alpha (CHK- $\alpha$ ), the enzyme responsible for PCho production from choline, cause tumor growth arrest and apoptosis in preclinical models [43], while treatment targeting glycolytic enzymes in combination with chemotherapy has been shown to re-sensitize cancer cells that had become resistant to treatment [42]. Metabolic classification as illustrated here could therefore be relevant for developing a more targeted treatment plan. Importantly, the prognostic value of the clusters should be evaluated once 5-year follow-up is available.

## **Conclusion**

We have here identified three metabolic clusters of breast cancer, also characterized with differences at the proteomic and transcriptomic level. The metabolic clusters are not reflecting the intrinsic genetic subtypes and may give important additional information for understanding breast cancer heterogeneity. Gene enrichment analysis revealed diverse ECM characteristics among these clusters in accordance with RPPA-subtyping. The approach of combining information from several -omics levels in the same tumor shows promise in improving the understanding of breast cancer heterogeneity potentially leading to more patient specific treatment.

## **Abbreviations**

Ala: alanine; Cr: creatine; DCIS: ductal carcinoma in situ; ER: Estrogen receptor; ECM: extracellular matrix; FDR: False discovery rate; GSEA: Gene Set Enrichment Analysis; GPC: glycerophosphocholine; Gly: glycine; HCA: Hierarchical cluster analysis; HR MAS MRS: High resolution magic angle spinning magnetic resonance spectroscopy; Lac: lactate; MRS: Magnetic resonance spectroscopy; Mc: Metabolic cluster; MSigDB: Molecular Signatures Database; PLS-DA: Partial Least Square Discriminant analysis; PtdCho: phosphatidylcholine (PtdCho); PCho: phosphocholine; PET: positron emission tomography; PAM50: prediction analysis of microarrays 50; RPPA: reverse phase protein array; SAM: Significance Analysis of Microarrays; Tau: taurine; TCA: tricarboxylic acid;  $\beta$ -Glc:  $\beta$ -glucose.

## **Competing interests**

The authors disclose no potential competing interest.

## **Authors' contributions**

THH, LRE, GFG, OLC, ES, ØG, OSBREAC, KKS, ALBD and TFB participated in the design of the study. KKS, ALDB and TFB conceived the study. THH, LRE, GFG, KKS, ALDB and TFB interpreted the data. SL and THH performed the HR MAS MRS acquisition. THH performed statistical analysis and

drafted the manuscript. MK, SJ, MRA, OCL, ES, ØG, EUD, OSBREAC, GBM, KKS, ALDB and TFB participated in acquisition of the data. All authors have read and helped to revise the manuscript. The final manuscript is approved by all the authors.

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## References

1. Ferlay J, Soerjomataram I, Ervik M, Dikshit R, Eser S, Mathers C, et al. GLOBOCAN 2012 v1.0, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11. 2013. <http://globocan.iarc.fr>. Accessed:04/01 2015.
2. Polyak K. Heterogeneity in breast cancer. *J Clin Invest*. 2011;121(10):3786-8.
3. Wang Y K and Crampin E J. Biclustering reveals breast cancer tumour subgroups with common clinical features and improves prediction of disease recurrence. *BMC genomics*. 2013;14(1):102.
4. Perou C M, Sørlie T, Eisen M B, van de Rijn M, Jeffrey S S, Rees C A, et al. Molecular portraits of human breast tumours. *Nature*. 2000;406(6797):747-52.
5. The Cancer Genome Atlas Network. Comprehensive molecular portraits of human breast tumours. *Nature*. 2012;490(7418):61-70.
6. Sørlie T, Perou C M, Tibshirani R, Aas T, Geisler S, Johnsen H, et al. Gene expression patterns of breast carcinomas distinguish tumor subclasses with clinical implications. *Proc Natl Acad of Sci U S A*. 2001;98(19):10869-74.
7. Parker J S, Mullins M, Cheang M C, Leung S, Voduc D, Vickery T, et al. Supervised risk predictor of breast cancer based on intrinsic subtypes. *J Clin Oncol*. 2009;27(8):1160-7.
8. Myhre S, Lingjærde O-C, Hennessy B T, Aure M R, Carey M S, Alsner J, et al. Influence of DNA copy number and mRNA levels on the expression of breast cancer related proteins. *Mol Oncol*. 2013;7(3):704-18.
9. Akbani R, Ng P K S, Werner H M, Shahmoradgoli M, Zhang F, Ju Z, et al. A pan-cancer proteomic perspective on The Cancer Genome Atlas. *Nat Commun*. 2014;5.
10. Zhang B, Wang J, Wang X, Zhu J, Liu Q, Shi Z, et al. Proteogenomic characterization of human colon and rectal cancer. *Nature*. 2014;513(7518):382-7.
11. Hennessy B T, Lu Y, Gonzalez-Angulo A M, Carey M S, Myhre S, Ju Z, et al. A technical assessment of the utility of reverse phase protein arrays for the study of the functional proteome in non-microdissected human breast cancers. *Clin Proteomics*. 2010;6(4):129-51.
12. Gatenby R A and Gillies R J. Why do cancers have high aerobic glycolysis? *Nat Rev Cancer*. 2004;4(11):891-9.
13. Ward P S and Thompson C B. Metabolic reprogramming: a cancer hallmark even warburg did not anticipate. *Cancer cell*. 2012;21(3):297-308.
14. Hanahan D and Weinberg R A. Hallmarks of cancer: the next generation. *Cell*. 2011;144(5):646-74.
15. Bathen T F, Geurts B, Sitter B, Fjøsne H E, Lundgren S, Buydens L M, et al. Feasibility of MR metabolomics for immediate analysis of resection margins during breast cancer surgery. *PLoS One*. 2013;8(4):e61578.
16. Cao M D, Sitter B, Bathen T F, Bofin A, Lønning P E, Lundgren S, et al. Predicting long-term survival and treatment response in breast cancer patients receiving neoadjuvant chemotherapy by MR metabolic profiling. *NMR Biomed*. 2012;25(2):369-78.
17. Sitter B, Lundgren S, Bathen T F, Halgunset J, Fjøsne H E, and Gribbestad I S. Comparison of HR MAS MR spectroscopic profiles of breast cancer tissue with clinical parameters. *NMR Biomed*. 2006;19(1):30-40.
18. Giskeødegård G F, Lundgren S, Sitter B, Fjøsne H E, Postma G, Buydens L, et al. Lactate and glycine—potential MR biomarkers of prognosis in estrogen receptor-positive breast cancers. *NMR Biomed*. 2012;25(11):1271-9.
19. Borgan E, Sitter B, Lingjærde O C, Johnsen H, Lundgren S, Bathen T F, et al. Merging transcriptomics and metabolomics—advances in breast cancer profiling. *BMC Cancer*. 2010;10(1):628.



20. Tibes R, Qiu Y, Lu Y, Hennessy B, Andreeff M, Mills G B, et al. Reverse phase protein array: validation of a novel proteomic technology and utility for analysis of primary leukemia specimens and hematopoietic stem cells. *Mol Cancer Ther.* 2006;5(10):2512-21.
21. Aure M R, Jernström S, Krohn M, Vollan H K M, Due E U, Rødland E, et al. Integrated analysis reveals microRNA networks coordinately expressed with key proteins in breast cancer. *Genome Med.* 2015;7(1).
22. Nilsen G, Vollan H K M, Pladsen A V, Borgan Ø, Liestøl K, Vitelli V, et al., Dissecting genome aberration patterns in tumors, Submitted 2015.
23. Sitter B, Sonnewald U, Spraul M, Fjøsne H E, and Gribbestad I S. High-resolution magic angle spinning MRS of breast cancer tissue. *NMR Biomed.* 2002;15(5):327-37.
24. Tusher V G, Tibshirani R, and Chu G. Significance analysis of microarrays applied to the ionizing radiation response. *Proc Natl Acad Sci U S A.* 2001;98(9):5116-21.
25. R Core Team. R: A language and environment for statistical computing. 2012. <http://www.R-project.org>.
26. Da Wei Huang B T S and Lempicki R A. Systematic and integrative analysis of large gene lists using DAVID bioinformatics resources. *Nat Protoc.* 2008;4(1):44-57.
27. Subramanian A, Tamayo P, Mootha V K, Mukherjee S, Ebert B L, Gillette M A, et al. Gene set enrichment analysis: a knowledge-based approach for interpreting genome-wide expression profiles. *Proc Natl Acad Sci U S A.* 2005;102(43):15545-50.
28. Mootha V K, Lindgren C M, Eriksson K-F, Subramanian A, Sihag S, Lehar J, et al. PGC-1 $\alpha$ -responsive genes involved in oxidative phosphorylation are coordinately downregulated in human diabetes. *Nat Genet.* 2003;34(3):267-73.
29. Liberzon A, Subramanian A, Pinchback R, Thorvaldsdóttir H, Tamayo P, and Mesirov J P. Molecular signatures database (MSigDB) 3.0. *Bioinformatics* 2011. <http://www.broadinstitute.org/gsea/msigdb/index.jsp>. Accessed:08/10 14.
30. Xia J, Mandal R, Sinelnikov I V, Broadhurst D, and Wishart D S. MetaboAnalyst 2.0--a comprehensive server for metabolomic data analysis. *Nucleic Acids Res.* 2012;40(Web Server issue):W127-33.
31. Gibellini F and Smith T K. The Kennedy pathway--de novo synthesis of phosphatidylethanolamine and phosphatidylcholine. *IUBMB Life.* 2010;62(6):414-28.
32. Glunde K, Bhujwala Z M, and Ronen S M. Choline metabolism in malignant transformation. *Nat Rev Cancer.* 2011;11(12):835-48.
33. Eliyahu G, Kreizman T, and Degani H. Phosphocholine as a biomarker of breast cancer: molecular and biochemical studies. *Int J Cancer.* 2007;120(8):1721-30.
34. Grinde M T, Skrbo N, Moestue S A, Rødland E A, Borgan E, Kristian A, et al. Interplay of choline metabolites and genes in patient-derived breast cancer xenografts. *Breast Cancer Res.* 2014.
35. Giskeødegård G F, Grinde M T, Sitter B, Axelson D E, Lundgren S, Fjøsne H E, et al. Multivariate modeling and prediction of breast cancer prognostic factors using MR metabolomics. *J Proteome Res.* 2010;9(2):972-79.
36. Wise D R and Thompson C B. Glutamine addiction: a new therapeutic target in cancer. *Trends Biochem Sci.* 2010;35(8):427-33.
37. Tlsty T D and Hein P W. Know thy neighbor: stromal cells can contribute oncogenic signals. *Curr Opin Genet Dev.* 2001;11(1):54-9.
38. Bergamaschi A, Tagliabue E, Sørli T, Naume B, Triulzi T, Orlandi R, et al. Extracellular matrix signature identifies breast cancer subgroups with different clinical outcome. *J Pathol.* 2008;214(3):357-67.
39. Mankoff D A, Eary J F, Link J M, Muzi M, Rajendran J G, Spence A M, et al. Tumor-specific positron emission tomography imaging in patients:[18F] fluorodeoxyglucose and beyond. *Clin Cancer Res.* 2007;13(12):3460-9.

40. Sitter B, Bathen T F, Singstad T E, Fjøsne H E, Lundgren S, Halgunset J, et al. Quantification of metabolites in breast cancer patients with different clinical prognosis using HR MAS MR spectroscopy. *NMR Biomed.* 2010;23(4):424-31.
41. Moestue S A, Borgan E, Huuse E M, Lindholm E M, Sitter B, Børresen-Dale A-L, et al. Distinct choline metabolic profiles are associated with differences in gene expression for basal-like and luminal-like breast cancer xenograft models. *BMC Cancer.* 2010;10(1):433.
42. Zhao Y, Butler E, and Tan M. Targeting cellular metabolism to improve cancer therapeutics. *Cell Death Dis.* 2013;4(3):e532.
43. Glunde K, Jiang L, Moestue S A, and Gribbestad I S. MRS and MRSI guidance in molecular medicine: targeting and monitoring of choline and glucose metabolism in cancer. *NMR Biomed.* 2011;24(6):673-90.

Tables

<b>Table 1. Patient and tumor characteristics</b>				
	<b>Total</b>	<b>Mc1</b>	<b>Mc2</b>	<b>Mc3</b>
Number of patients	228	58	58	112
Age (years)				
Mean (range)	55.5 (31.8 – 81.1)	58.0 (33.2 - 80.8)	58.6 (40.9 - 81.1)	52.7 (31.8 - 73.9)
<b>Clinical classification</b>				
<b>Histology</b>				
Ductal	186	52	37	97
Lobular	21	4	11	6
Medullary	0	0	0	0
Ductal carcinoma in situ (DCIS)	4	0	4	0
Metaplastic	1	0	1	0
Mucinous	4	0	2	2
Tubular	4	1	1	2
Mixed	2	1	0	1
Papillary	0	0	0	0
NA	6	0	2	4
<b>Primary tumor</b>				
Tx or NA	9	1	3	5
T0	0	0	0	0
pTis	4	0	4	0
T1	113	31	28	54
T2	93	24	21	48
T3	9	2	2	5
T4	0	0	0	0
<b>Grade</b>				
I	31	8	10	13
II	93	20	24	49
III	97	30	21	46
NA	7	0	3	4
<b>Node status</b>				
N0	133	34	36	63
N1(mi)	8	3	3	2
N1	59	17	13	29
N2	14	2	3	9
N3	8	2	1	5
NA	6	0	2	4
<b>Receptor status</b>				
HER2+	26	7	7	12
HER2-	192	51	45	96
ER+	178	49	42	87
ER-	40	9	10	21
PR+	155	39	36	80
PR-	63	19	16	28
NA	10	0	6	4

NA: not available

Metabolite name	Mc1 (n=58)			Mc2 (n=58)			Mc3 (n=112)			Adjusted P value	Significant between
	Mean	SE		Mean	SE		Mean	SE			
	Beta-D-Glucose	30.0	27.7		71.7	55.2		32.3	16.3		
Ascorbate	40.0	17.1		28.8	8.6		38.3	13.6		1.02E-05	Mc2 vs rest
Lactate	259.5	73.0		229.4	57.6		303.6	76.7		4.98E-09	Mc3 vs rest
L-Tyrosine	407.5	56.5		352.8	82.6		405.9	62.4		1.22E-04	Mc2 vs rest
Glycine	187.0	80.8		152.3	41.9		195.7	68.8		1.04E-04	Mc2 vs Mc3
Myoinositol	163.7	47.0		217.7	53.5		196.1	54.3		9.44E-07	all
Taurine	332.2	122.7		330.2	84.0		369.3	99.3		0.017	Mc1 vs Mc3
Scylloinositol	55.0	16.2		94.7	186.5		62.5	32.1		0.138	NS
Glycerophosphocholine	210.0	91.6		107.9	33.6		151.2	48.4		4.44E-12	all
Phosphocholine	552.0	131.1		216.8	66.8		327.2	69.9		9.59E-33	all
Choline	135.2	44.6		120.3	37.7		132.9	42.2		0.128	NS
Creatine	149.9	64.2		93.2	33.7		136.0	52.1		1.41E-09	Mc2 vs rest
Glutathione	57.5	13.8		50.9	13.9		58.1	14.5		0.011	Mc2 vs Mc3
Glutamine	134.4	41.3		134.3	30.2		145.4	43.6		0.223	NS
Succinate	58.0	15.7		53.6	10.6		62.2	15.7		0.003	Mc2 vs Mc3
Glutamate	237.9	61.3		266.2	63.3		277.5	61.2		1.95E-04	Mc1 vs rest
Acetate	32.7	9.0		48.4	17.2		40.3	13.1		7.89E-08	all
Alanine	82.6	36.6		66.0	24.9		95.1	33.8		6.56E-07	all

The values are calculated by integrated peak areas from normalized spectra to equal total areas. Kruskal-Wallis test was performed to compare metabolite levels between clusters and P values were adjusted for multiple testing by The Benjamini Hochberg false discovery rate. NS: not significant (adjusted p > 0.05)

<b>Table 3: Distribution of PAM50 and RPPA subtype among the metabolic clusters. Values in brackets are each subtype's percentage distribution within the metabolic clusters.</b>				
<b>PAM50 subtype</b>	<b>Total</b>	<b>Metabolic cluster</b>		
		<b>Mc1</b>	<b>Mc2</b>	<b>Mc3</b>
Luminal A	85	19 (35)	18 (43)	48 (46)
Luminal B	56	23 (42)	5 (12)	28 (27)
Basal	24	6 (11)	5 (12)	13 (13)
Her2-enriched	22	5 (9)	7 (17)	10 (10)
Normal-like	14	2 (4)	7 (17)	5 (5)
<i>NA</i>	27	4	15	8
<b>Total</b>	201	55	42	104
<b>RPPA subtype</b>				
Reactive I	43	4 (7)	24 (44)	15 (14)
Reactive II	36	3 (5)	8 (15)	25 (23)
Basal	47	16 (29)	8 (15)	23 (21)
Her2	18	5 (9)	4 (7)	9 (8)
Luminal	73	27 (49)	11 (20)	35 (33)
<i>NA</i>	11	3	3	5
<b>Total</b>	217	55	55	107

*NA*: not available

## Figure legends

**Figure 1: Metabolic subtyping of breast cancer tissue samples using HCA.** (A) The HRMAS 1H MRS spectra for 228 samples was clustered using Euclidean distance and Wards linkage as similarity measure which separated the samples into three metabolic clusters (Mc); Mc1, Mc2 and Mc3. (B) Mean spectra for the three metabolic clusters.  $\beta$ -Glc;  $\beta$ -glucose, Asc; ascorbate, Lac; lactate, Tyr; tyrosine, Cr; creatine, mI; myoinositol, Gly; glycine, Tau; taurine, sI; scylloinositol, GPC; glycerophosphocholine, PCho; phosphocholine, Cho; choline, Gsh; glutathione, Gln; glutamine, Succ; succinate, Glu; glutamate, Ace; acetate, Ala; alanine. Grey bars indicate removed spectral regions (containing lipid peaks).

**Figure 2: Results from PLS-DA of metabolic clusters.** (A) Score plot of the two first latent variables explaining 42.2% of the X-variance and 28.2% of the Y-variance; (B) Regression vectors for the three metabolic clusters (Mc)

**Figure 3: Main differences between metabolic subtypes** (A) Metabolic cluster label from hierarchical clustering with Euclidean distance and Wards linkage of HR MAS MR spectra of samples. The samples clustered in three groups called Mc1, Mc2 and Mc3. (B) Fold change in expression levels of (1) scylloinositol, (2) GPC, (3) PCho, (4) creatine, (5) ascorbate, (6) taurine, (7) GSH, (8) tyrosine, (9) lactate, (10) glutamate, (11) succinate, (12) glutamine, (13) glycine, (14) alanine, (15) choline, (16) myoinositol, (17) acetate, (18) glucose. Blue regions in the heat map represent decreased levels while red levels represent increased metabolite levels. (C) PAM50-subtypes (D) RPPA-subtype (E) Gene expression levels (quantile normalized, log<sub>2</sub> transformed) for the 277 overlapping significant genes (SAM, adjusted  $p < 0.01$ ) between Mc1 and Mc3. The genes have been clustered.

**Figure 4: Illustration of metabolic pathways reported to have altered gene and metabolite expression by Integrated Pathway Analysis (MetaboAnalyst)** (A) Result within 'Glycolysis/Glutaminolysis' genes and metabolites differently expressed in metabolic cluster (Mc) Mc2 compared to Mc1. Adapted from KEGG ID: hsa00010. LDHB: lactate dehydrogenase B;

ADH1A/ADH1B/ADH1C: Alcohol dehydrogenase 1A/ 1B/ 1C; ALDH1A3: Aldehyde dehydrogenase 1 family member A3; ALDH2: Aldehyde dehydrogenase 2 family; ACSS1: Acetate CoA ligase; TCA cycle: tricarboxylic acid cycle.

**(B)** Result within 'Glycerophospholipid metabolism' of genes and metabolites differently expressed in Mc1 compared to Mc2. Adapted from KEGG ID: hsa00564. CHKA: Choline kinase alpha; PCYT1A: Phosphate cytidyltransferase 1; CEPT1: Choline/ethanolamine phosphotransferase 1; PLA2G5: phospholipase A2; LCAT: Lecithin-cholesterol acyltransferase; LPCAT2: Lysophosphatidyl-choline acyltransferase; PC-PLD: Phospholipase D; Lyso-PLA1: Lysophospholipase I; GPC-PDE: Glycerophosphocholine phosphodiesterase; PLC: Phospholipase C; PLD1: Phospholipidase D1; PPAP2A, PPAP2B: phosphatidate phosphatase LPIN; AGPAT4: 1-acylglycerol-3-phosphate O-acyltransferase.

**Figure 1**

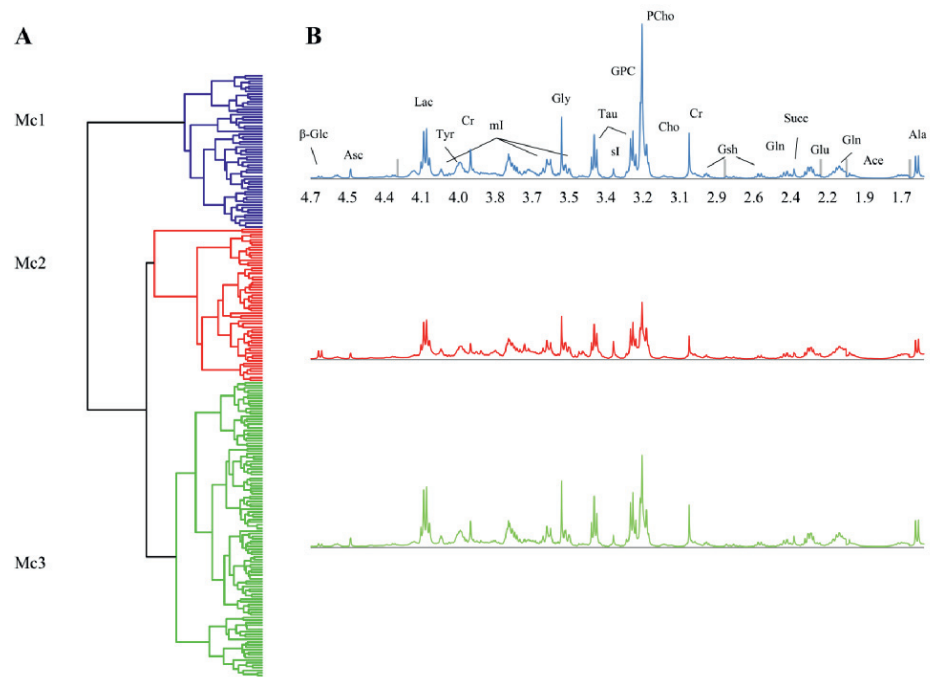




Figure 2

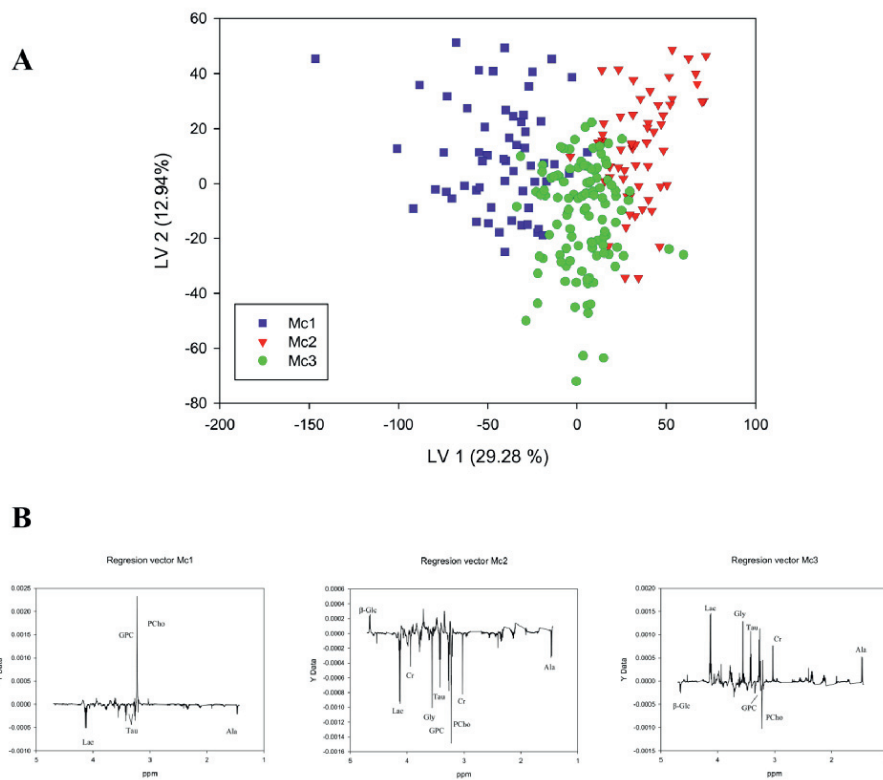


Figure 3

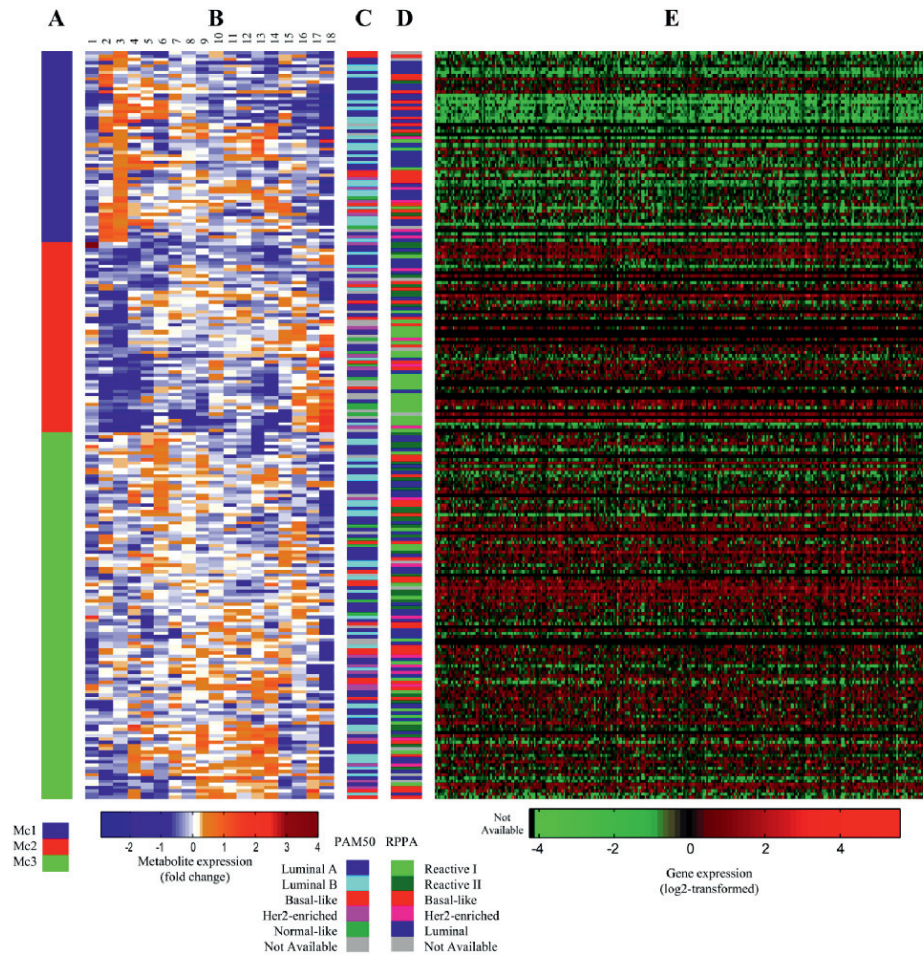
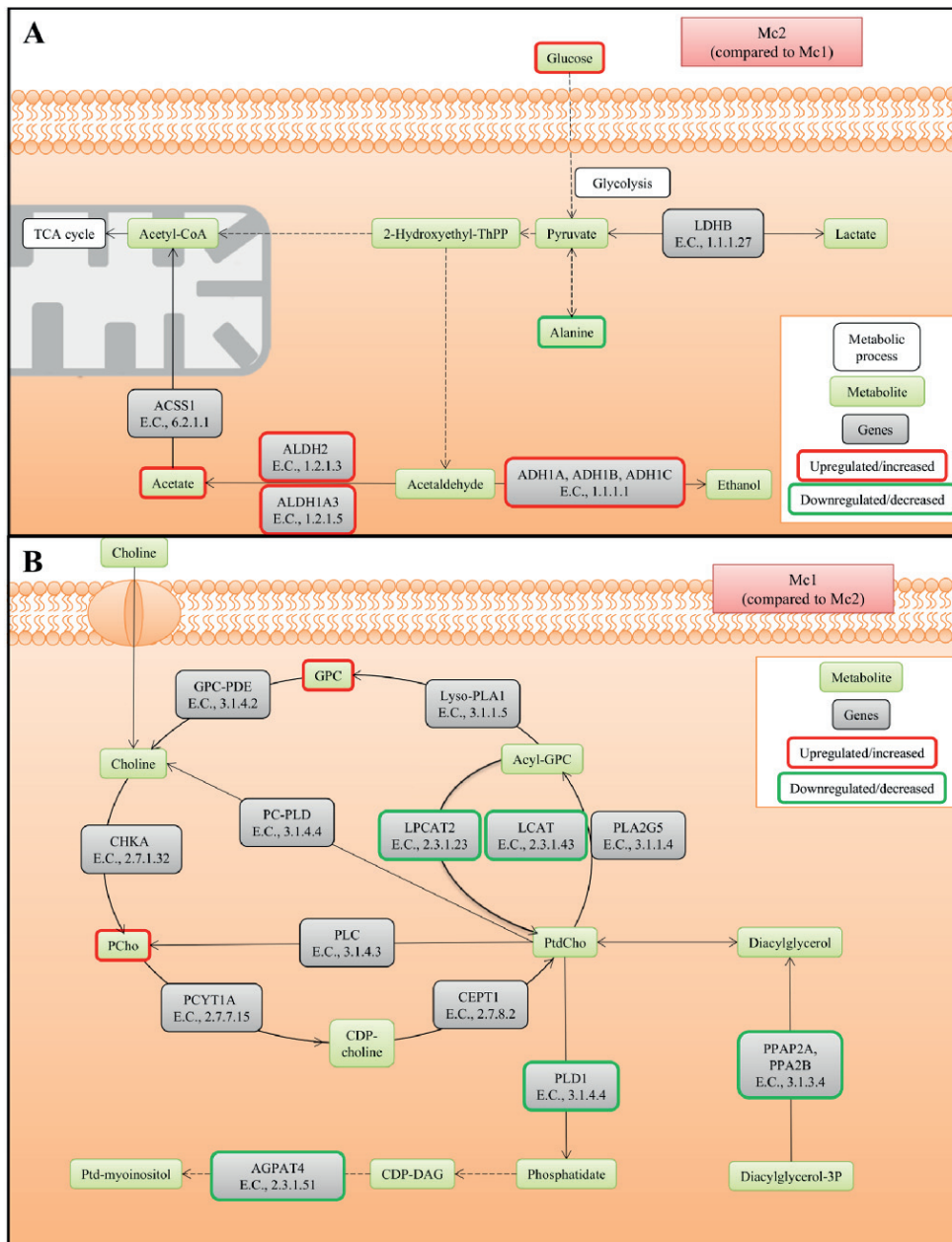


Figure 4



**Additional Information to:**

## **Metabolic clusters of breast cancer in relation to gene- and protein expression subtypes**

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#### **Additional Methods**

**HR MAS MRS acquisition and data processing.** Before HR MAS MRS experiments, 3  $\mu$ L cold sodium formate in D<sub>2</sub>O (24.29mM) was added to a leak-proof disposable 30 $\mu$ L insert (Bruker, Biospin GmbH, Germany) as a chemical shift reference. Tissue samples were cut to fit the insert on a dedicated work station designed to keep the samples frozen [1]. The insert containing the frozen sample was placed in a 4-mm diameter zirconium rotor (Bruker, Biospin GmbH, Germany) and kept at -20 °C for maximum 8 hours before the experiments. Samples were spun at 5000 Hz and experiments run at 5 °C. The samples were allowed 5 minutes temperature acclimatization before shimming and spectral acquisition. Spin-echo spectra were recorded using a Carr-Purcell-Meiboom-Gill (cpmg) pulse sequence (cpmgpr1d; Bruker) with 4s water suppression prior to a 90° excitation pulse. T<sub>2</sub> filtering was obtained using a delay of 0.6 ms between each 180° pulse to suppress macromolecules and lipid signals and enhance signal from small molecules. This resulted in an effective TE of 77 ms. A total of 256 scans over a spectral region of 12 kHz was collected into 72k complex data points with an acquisition time of 3.07 s. The FIDs were multiplied by a 0.30 Hz exponential weighting function and Fourier transformed into 64k real points. Phase

correction was performed automatically for each spectrum using TopSpin 3.1 (Bruker). Further preprocessing of the HR MAS spectra were performed in Matlab R2013b (The Mathworks, Inc., USA). Chemical shifts were referenced to the creatine peak at 3.92 ppm. Baseline correction was performed using asymmetric least squares [2] with parameters  $\lambda = 1e7$  and  $p = 0.0001$ , and baseline offset was adjusted by setting the minimum value of each spectrum to zero by subtracting the lowest value. Peak alignment was performed using icoshift [3].

**Reverse Phase Protein Array (RPPA).** Tumor tissue was lysed by homogenization in lysis buffer containing proteinase inhibitors and phosphatase inhibitors. The tumor lysates were diluted in 1.33 mg/ml concentration as assessed by bicinchonic acid assay (BCA) and boiled in 1% SDS and 2-mercaptoethanol. Supernatants were manually diluted in five serial 2-fold dilutions with lysis buffer. The samples were spotted onto and immobilized on nitrocellulose-coated FAST slides. The slides were probed with 151 primary antibodies (Supplementary Table 1) in appropriate dilutions. The signal intensity was captured by a biotin conjugated secondary antibody and was amplified by Dako Cytomation-catalysed system (Dako, Glostrup, Denmark). Slides were scanned, analyzed and quantitated using MicroVigene software (VigeneTech Inc., Carlisle, MA, USA) to generate spot signal intensities. These were then processed by the R package SuperCurve /version 1.01. The protein concentrations were derived from the supercurve for each sample by curve fitting, log<sub>2</sub>-transformed, and the relative concentrations were normalized by median centering of the samples for each of the antibodies [4].

**Statistical analysis.** PLS-DA was performed on mean centered spectra using double cross validation [5]. The model was built on randomly chosen training samples (80 % of the spectra) and used to predict the class of the remaining independent test samples (20 % of the spectra). This was repeated 20 times before average classification results were calculated. To validate that the result is not achieved simply by random predictions, permutation testing was performed. Here Y-data (class labels for the samples) are permuted to resemble random classification. For each permutation 20 random training and test sets are chosen as described for the PLS-DA model. This was repeated 1000 times before the error distribution was

compared with the classification error for the original data. P values  $\leq 0.01$  were considered significant.

PCA and PLS-DA were performed in Matlab using PLS\_Toolbox 7.5.2 (Eigenvector Research, Inc.,

Wenatchee, USA).

### Additional References

1. Giskeødegård, G.F., M.D. Cao, and T.F. Bathen, *High-Resolution Magic-Angle-Spinning NMR Spectroscopy of Intact Tissue*, in *Metabonomics: Methods and Protocols*, J.T. Bjerrum, Editor 2015, Springer New York. p. 37-50.
2. Eilers, P.H., *Parametric time warping*. *Anal Chem*, 2004. **76**(2): p. 404-411.
3. Savorani, F., G. Tomasi, and S.B. Engelsen, *icoshift: A versatile tool for the rapid alignment of 1D NMR spectra*. *J Magn Reson*, 2010. **202**(2): p. 190-202.
4. Aure, M.R., et al., *Integrated analysis reveals microRNA networks coordinately expressed with key proteins in breast cancer*. *Genome Med*, 2015. **7**(1).
5. Smilde, A.K., et al., *Data processing in metabolomics*, in *Metabolomics in practice: successful strategies to generate and analyze metabolic data*, M. Lämmerhofer and W. Weckwerth, Editors. 2013, John Wiley & Sons.



**Additional Table Legends:**

**Add. Table 1:** Antibodies used for reverse phase protein array (RPPA)

**Add. Table 2:** Significantly different expressed genes between the three metabolic clusters

**Add. Table 3:** Significantly different expressed genes between the metabolic clusters Mc1 and Mc2

**Add. Table 4:** Significantly different expressed genes between the metabolic clusters Mc1 and Mc3

**Add. Table 5:** Statistically over-represented annotation terms, according to DAVID, of differently expressed genes between metabolic cluster Mc1 and Mc2

**Add. Table 6:** Statistically over-represented annotation terms, according to DAVID, of differently expressed genes between metabolic cluster Mc1 and Mc3

**Add. Table 7:** Gene set enrichment analysis (GSEA) result for Gene Ontology (GO) gene sets. Metabolic cluster Mc1 was compared with Mc2 and Mc3.

**Add. Table 8:** Gene set enrichment analysis (GSEA) result for Gene Ontology (GO) gene sets. Metabolic cluster Mc1 was compared with Mc2.

**Add. Table 9:** Gene set enrichment analysis (GSEA) result for Gene Ontology (GO) gene sets. Metabolic cluster Mc3 was compared with Mc1 and Mc2.

**Add. Table 10:** Integrated pathway analysis result from comparison of the metabolic clusters Mc1 compared to Mc2

**Add. Table 11:** Integrated pathway analysis result from comparison of the metabolic clusters Mc1 compared to Mc3

**Add. Table 1:** Antibodies used for reverse phase protein array (RPPA)

RPPA Antibody	Company	Catalog #	Dilution used	Validation status	Species
14-3-3_epsilon	Santa Cruz	sc-2395		250 C- use with caution	Mouse
4E-BP1	CST	9452		100 V - validated	Rabbit
4E-BP1_pS65	CST	9456		250 V - validated	Rabbit
53BP1	CST	4937		400 C- use with caution	Rabbit
A-Raf_pS299	CST	4431		100 NA	Rabbit
ACC_pS79	CST	3661		200 V - validated	Rabbit
ACC1	Epitomics	1768-1		300 C- use with caution	Rabbit
AIB1	BD	611105		100 V - validated	Mouse
Akt	CST	9272		250 V - validated	Rabbit
Akt_pS473	CST	9271		100 V - validated	Rabbit
Akt_pT308	CST	9275		50 V - validated	Rabbit
alpha-Catenin	Calbiochem	CA1030		750 V - validated	Mouse
AMPK_alpha	CST	2532		200 C- use with caution	Rabbit
AMPK_pT172	CST	2535		100 V - validated	Rabbit
Annexin_I	Invitrogen	71-3400		90000 V - validated	Rabbit
AR	Epitomics	1852-1		50 V - validated	Rabbit
B-Raf	Santa Cruz	sc-5284		500 NA	Mouse
Bak	Epitomics	1542-1		50 C- use with caution	Rabbit
Bax	CST	2772		300 V - validated	Rabbit
Bcl-2	Dako	M0887		50 V - validated	Mouse
Bcl-X	Epitomics	1018-1		100 C- use with caution	Rabbit
Bcl-xL	CST	2762		50 V - validated	Rabbit
Beclin	Santa Cruz	sc-10086		200 V - validated	Goat
beta-Catenin	CST	9562		800 V - validated	Rabbit
Bid	Epitomics	1008-1		50 C- use with caution	Rabbit
Bim	Epitomics	1036-1		50 V - validated	Rabbit
c-Jun_pS73	CST	9164		50 C- use with caution	Rabbit
c-Kit	Epitomics	1522		50 V - validated	Rabbit
c-Met	CST	3127		500 C- use with caution	Mouse
c-Met_pY1235	CST	3129		500 C- use with caution	Rabbit
c-Myc	CST	9402		200 C- use with caution	Rabbit
C-Raf	Millipore	05-739		1000 V - validated	Rabbit
C-Raf_pS338	CST	9427		300 C- use with caution	Rabbit
Caspase-3_active	Epitomics	1476-1		200 C- use with caution	Rabbit
Caspase-7_cleavedD198	CST	9491		50 C- use with caution	Rabbit
Caspase-8	CST	9746		250 C- use with caution	Mouse
Caspase-9_cleavedD330	CST	9501		250 C- use with caution	Rabbit
Caveolin-1	CST	3238		500 V - validated	Rabbit
CD31	Dako	M0823		50 V - validated	Mouse
CDK1	CST	9112		250 V - validated	Rabbit
Chk1	CST	2345		100 C- use with caution	Rabbit
Chk1_pS345	CST	2348		50 C- use with caution	Rabbit
Chk2	CST	3440		300 C- use with caution	Mouse
Chk2_pT68	CST	2197		150 C- use with caution	Rabbit
cIAP	Millipore	07-759		250 V - validated	Rabbit
Claudin-7	Novus	NB100-91714		1000 V - validated	Rabbit
Collagen_VI	Santa Cruz	sc-20649		250 V - validated	Rabbit
COX-2	Epitomics	2169-1		150 C- use with caution	Rabbit
Cyclin_B1	Epitomics	1495-1		500 V - validated	Rabbit
Cyclin_D1	Santa Cruz	sc-718		150 V - validated	Rabbit
Cyclin_E1	Santa Cruz	sc-247		150 V - validated	Mouse
DJ-1	Abcam	ab76008		10000 C- use with caution	Rabbit
Dvl3	CST	3218		1000 V - validated	Rabbit
E-Cadherin	CST	4065		750 V - validated	Rabbit
eEF2	CST	2332		100 V - validated	Rabbit
eEF2K	CST	3692		250 V - validated	Rabbit
EGFR	Santa Cruz	sc-03		350 C- use with caution	Rabbit
EGFR_pY1068	CST	2234		50 V - validated	Rabbit
EGFR_pY1173	Epitomics	1124		50 C- use with caution	Rabbit
EGFR_pY992	CST	2235		50 V - validated	Rabbit
eIF4E	CST	9742		250 V - validated	Rabbit
ER-alpha	Lab Vision	RM-9101-S		200 V - validated	Rabbit
ER-alpha_pS118	Epitomics	1091-1		150 V - validated	Rabbit
ERCC1	Lab Vision	MS-671-PO		100 C- use with caution	Mouse
FAK	Epitomics	1700-1		75 C- use with caution	Rabbit
Fibronectin	Epitomics	1574-1		5000 C- use with caution	Rabbit
FOXO3a	CST	9467		50 C- use with caution	Rabbit
FOXO3a_pS318_S321	CST	9465		75 C- use with caution	Rabbit
GAB2	CST	3239		250 V - validated	Rabbit
GATA3	BD	558686		100 V - validated	Mouse
GSK3_pS9	CST	9336		250 V - validated	Rabbit
GSK3-alpha-beta	Santa Cruz	sc-7291		2000 V - validated	Mouse
GSK3-alpha-beta_pS21_S9	CST	9331		250 V - validated	Rabbit
HER2	Lab Vision	MS-325-P1		250 V - validated	Mouse
HER2_pY1248	R&D	AF1768		350 NA	Rabbit

RPPA Antibody	Company	Catalog #	Dilution used	Validation status	Species
HER3	Santa Cruz	sc-285		250 V - validated	Rabbit
HER3_pY1298	CST	4791		250 C- use with caution	Rabbit
IGF-1R-beta	CST	3027		250 C- use with caution	Rabbit
IGFBP2	CST	3922		50 V - validated	Rabbit
INPP4B	Santa Cruz	sc-12318		250 C- use with caution	Goat
IRS1	Millipore	06-248		2000 V - validated	Rabbit
JNK2	CST	4672		50 C- use with caution	Rabbit
K-Ras	Santa Cruz	sc-30		75 C- use with caution	Mouse
MAPK_pT202_Y204	CST	4377		100 V - validated	Rabbit
MEK1	Epitomics	1235-1		5000 V - validated	Rabbit
MEK1_pS217_S221	CST	9121		500 V - validated	Rabbit
MIG-6	Sigma	WH0054206M1		100 V - validated	Mouse
Mre11	CST	4847		250 C- use with caution	Rabbit
MSH2	CST	2850		50 C- use with caution	Mouse
MSH6	SDI	2203.00.02		1000 C- use with caution	Rabbit
N-Cadherin	CST	4061		50 V - validated	Rabbit
NF-kB-p65_pS536	CST	3033		100 C- use with caution	Rabbit
NF2	SDI	2271.00.02		500 C- use with caution	Rabbit
Notch1	CST	3268		50 V - validated	Rabbit
Notch3	Santa Cruz	sc-5593		600 C- use with caution	Rabbit
P-Cadherin	CST	2130		50 C- use with caution	Rabbit
p21	Santa Cruz	sc-397		100 C- use with caution	Rabbit
p27	Epitomics	1591-1		50 V - validated	Rabbit
p27_pT157	R&D	AF1555		500 C- use with caution	Rabbit
p27_pT198	Abcam	ab64949		75 V - validated	Rabbit
p38_MAPK	CST	9212		100 C- use with caution	Rabbit
p38_pT180_Y182	CST	9211		50 V - validated	Rabbit
p53	CST	9282		2500 V - validated	Rabbit
p70S6K	Epitomics	1494-1		750 V - validated	Rabbit
p70S6K_pT389	CST	9205		50 V - validated	Rabbit
p90RSK_pT359_S363	CST	9344		50 C- use with caution	Rabbit
PARP_cleaved	CST	9546		50 C- use with caution	Mouse
Paxillin	Epitomics	1500-1		500 V - validated	Rabbit
PCNA	Abcam	ab29		500 V - validated	Mouse
PDK1_pS241	CST	3061		500 V - validated	Rabbit
PI3K-p110-alpha	CST	4255		150 C- use with caution	Rabbit
PI3K-p85	Millipore	06-195		10000 V - validated	Rabbit
PKC-alpha	Millipore	05-154		1000 V - validated	Mouse
PKC-alpha_pS657	Millipore	06-822		750 V - validated	Rabbit
PR	Epitomics	1483-1		200 V - validated	Rabbit
PRAS40_pT246	Biosource	441100G		1000 V - validated	Rabbit
PTCH	SDI	2113.00.02		1000 C- use with caution	Rabbit
PTEN	CST	9552		750 V - validated	Rabbit
Rab11	CST	3539		250 V - validated	Rabbit
Rab25	Covance	Custom		2500 C- use with caution	Rabbit
Rad50	Millipore	05-525		100 C- use with caution	Mouse
Rad51	Chem Biotech	na 71		125 C- use with caution	Mouse
Rb	CST	9309		200 V - validated	Mouse
Rb_pS807_S811	CST	9308		250 V - validated	Rabbit
S6_pS235_S236	CST	2211		3000 V - validated	Rabbit
S6_pS240_S244	CST	2215		2000 V - validated	Rabbit
Shc_pY317	CST	2431		50 NA	Rabbit
Smac	CST	2954		250 V - validated	Mouse
Smad1	Epitomics	1649-1		250 V - validated	Rabbit
Smad3	Epitomics	1735-1		750 V - validated	Rabbit
Smad4	Santa Cruz	sc-7866		50 V - validated	Mouse
Snail	CST	3895		100 C- use with caution	Mouse
Src	Millipore	05-184		200 V - validated	Mouse
Src_pY416	CST	2101		125 C- use with caution	Rabbit
Src_pY527	CST	2105		250 V - validated	Rabbit
STAT3_pY705	CST	9131		50 V - validated	Rabbit
STAT5-alpha	Epitomics	1289-1		250 V - validated	Rabbit
Stathmin	Epitomics	1972-1		150 V - validated	Rabbit
Syk	Santa Cruz	sc-1240		250 V - validated	Mouse
Tau	Millipore	05-348		100 C- use with caution	Mouse
TAZ_pS89	Santa Cruz	sc-17610		75 C- use with caution	Rabbit
Tuberin	Epitomics	1613-1		500 C- use with caution	Rabbit
VASP	CST	3112		50 C- use with caution	Rabbit
VEGFR2	CST	2479		5000 V - validated	Rabbit
XIAP	CST	2042		50 C- use with caution	Rabbit
XRCC1	CST	2735		50 C- use with caution	Rabbit
YAP	Santa Cruz	sc-15407		300 V - validated	Rabbit
YAP_pS127	CST	4911		350 C- use with caution	Rabbit
YB-1	SDI	1725.00.02		200 V - validated	Rabbit
YB-1_pS102	CST	2900		150 V - validated	Rabbit















Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	contrast 1	contrast 2	contrast 3	adjusted P value (%)	Direction
COG2	3953	0.44	0.052	0.118	1.933	-1.077	-0.587	0.833	Up
LHFPL2	9644	0.439	0.062	0.142	-1.913	0.864	0.663	0.833	Up
LY96	11899	0.439	0.072	0.163	-1.879	0.966	0.603	0.833	Up
OSGIN2	14363	0.439	0.047	0.107	1.98	-0.668	-0.777	0.833	Up
CDKL5	3408	0.439	0.065	0.147	-1.889	1.03	0.583	0.833	Up
ADPRH	346	0.439	0.058	0.132	-1.915	0.998	0.61	0.833	Up
PYGO2	16044	0.439	0.034	0.077	2.074	-1.06	-0.669	0.833	Up
sep.10	17341	0.439	0.065	0.148	-1.728	1.562	0.283	0.833	Up
EGFL6	5387	0.438	0.125	0.286	-1.821	0.771	0.652	0.833	Up
IQCJ-SCHIP1	8647	0.438	0.066	0.15	-1.768	1.46	0.345	0.833	Up
SPATS2L	18389	0.438	0.07	0.16	-1.831	1.155	0.905	0.833	Up
VEGFB	20656	0.438	0.047	0.108	-1.944	1.105	0.582	0.833	Up
P2RY1	14425	0.438	0.049	0.112	-1.938	1.069	0.593	0.833	Up
SVZB	18522	0.438	0.08	0.183	-1.558	1.754	0.116	0.833	Up
SLAMF9	17652	0.437	0.061	0.141	-1.708	-0.325	1.034	0.833	Up
COL14A1	3966	0.437	0.098	0.224	-1.731	1.363	0.365	0.833	Up
PLEKH2	15184	0.437	0.051	0.116	-1.949	0.764	0.722	0.833	Up
KLHL12	9226	0.437	0.037	0.085	1.923	-1.508	-0.408	0.833	Up
NPC	13617	0.437	0.061	0.14	-1.795	1.411	0.379	0.833	Up
COL4A2	3985	0.437	0.073	0.167	-1.874	0.556	0.766	0.833	Up
EBF1	5293	0.436	0.048	0.111	-1.899	1.248	0.501	0.833	Up
LGALS1	9618	0.436	0.075	0.172	-1.858	0.448	0.802	0.833	Up
TWIST1	20277	0.436	0.057	0.13	-1.866	1.211	0.498	0.833	Up
S1PR1	17046	0.436	0.071	0.162	-1.557	1.776	0.106	0.833	Up
DNA2	4986	0.436	0.046	0.105	1.965	-0.862	-0.691	0.833	Up
STK17B	18691	0.435	0.058	0.134	-1.864	1.181	0.509	0.833	Up
KLK4	9266	0.435	0.056	0.128	-1.917	0.611	0.767	0.833	Up
MMP7	12547	0.435	0.195	0.449	-1.766	0.914	0.564	0.833	Up
PKIA	15079	0.435	0.091	0.209	-1.341	1.934	-0.072	0.833	Up
SEMA4G	17316	0.435	0.033	0.077	2.063	-0.581	-0.856	0.833	Up
HYMAI	8289	0.435	0.071	0.162	-1.867	0.904	0.622	0.833	Up
FAM189B	5978	0.435	0.046	0.106	1.867	-1.396	-0.423	0.833	Up
FAM203A	6007	0.435	0.065	0.148	1.889	-0.765	-0.69	0.833	Up
CDH13	3350	0.435	0.067	0.154	-1.837	0.217	0.883	0.833	Up
SDHC	17243	0.435	0.047	0.108	1.931	-1.097	-0.578	0.833	Up
LOC728875	11559	0.435	0.082	0.189	-1.842	0.476	0.782	0.833	Up
GRID1	7502	0.435	0.023	0.053	-2.136	1.658	0.46	0.833	Up
FAM69A	6085	0.435	0.045	0.103	-1.921	0.236	0.921	0.833	Up
PDE1B	14728	0.434	0.042	0.097	-1.888	1.408	0.43	0.833	Up
PRR19	15746	0.434	0.056	0.129	1.816	-1.363	-0.41	0.833	Up
LIXIL	9715	0.434	0.04	0.092	-1.81	1.646	0.293	0.833	Up
PALMD	14494	0.434	0.073	0.167	-1.452	1.873	0.011	0.833	Up
DNM1P46	5067	0.434	0.053	0.123	-1.674	1.698	0.2	0.833	Up
LOC100131826	10220	0.433	0.048	0.11	-1.923	0.379	0.864	0.833	Up
C13orf33	1846	0.433	0.093	0.215	-1.768	1.197	0.451	0.833	Up
GABARAPL1	6854	0.433	0.055	0.126	-1.913	0.79	0.693	0.833	Up
ARFGAP2	897	0.433	0.035	0.081	2.026	-0.482	-0.877	0.833	Up
S1PR2	17047	0.433	0.054	0.125	-1.83	1.321	0.434	0.833	Up
ACTBL2	204	0.433	0.069	0.159	-1.801	1.24	0.452	0.833	Up
ANKH	647	0.432	0.069	0.16	-1.863	0.825	0.652	0.833	Up
EPB41L2	5587	0.432	0.058	0.133	-1.884	0.975	0.602	0.833	Up
AZM	5	0.432	0.084	0.195	-1.821	0.959	0.576	0.833	Up
TPST1	19574	0.432	0.067	0.155	-1.803	0.118	0.906	0.833	Up
SYPL2	18871	0.432	0.04	0.092	-1.744	1.747	0.217	0.833	Up
PCDH18	14608	0.432	0.052	0.12	-1.919	0.661	0.748	0.833	Up
MRPL21	12671	0.432	0.06	0.139	1.864	-0.363	-0.839	0.833	Up
LATS2	9526	0.432	0.043	0.1	-1.922	1.192	0.535	0.833	Up
FAM101B	5825	0.432	0.074	0.171	-1.836	0.417	0.803	0.833	Up
CSDC2	4233	0.432	0.042	0.097	-1.895	1.334	0.463	0.833	Up
HAX1	7724	0.431	0.045	0.105	1.949	-0.804	-0.706	0.833	Up
COL7A1	4000	0.431	0.093	0.216	-1.755	0.111	0.883	0.833	Up

Add. Table 3: Significantly differentially expressed genes between the metabolic clusters L\_c3 and L\_c0

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (+s0)	Fold Change	adjusted P value (%)	Direction
CAL	D28	801D	15 03	151D	715 88	1	4U
pT2	38038	-5 30	15N2	15N	715B2	1	4U
G9 p0	3DF2-	-5N8	15F3F	150F	715 D	1	4U
E6 CTR	3N -	-5ND	353	151D	715NF	1	4U
TL MP 3	-D2	-5NF8	15 FD	151 F	715 -	1	4U
pTX -	3-D8	-5D 8	1588	153N	715-0	1	4U
ACY0	82 D	-5E8	15N0	15D	715- D	1	4U
SOH2D	--2D	-5FD	15F28	152F	73082	1	4U
IAYL E0	F203	-5F- 8	15NN	150D	715 8N	1	4U
6 SE6 0	010	-5F23	3528	150-	715F2N	1	4U
CGR	D88N	-58N8	15FD	15- D	715FN	1	4U
SVYF3	-80N	-58N	3503	1502	715 83	1	4U
TX_G0	FN	-58-	15F1-	1522	715883	1	4U
S6 TP 3	0N08	-580N	15D2	15D2	715 -0	1	4U
Ko To A-3	381D	-5813	1583	15N	715 2	1	4U
ACY3	82 F	-5F3	3583	158N	715 0	1	4U
S6 r 0	0 -	-5 2	15 - F	15	715F80	1	4U
1MOMB	FD80	-5 28	1588	153N	7158 3	1	4U
XL 3	NF F	-5	15 23	1530	715838	1	4U
SRR3	2 11	-52N0	3580	15NF	715F-	1	4U
SECI	-202	-52F0	15 F2	1503	715 N	1	4U
SP011	200N	-5283	15 3D	151 F	7152N0	1	4U
1L M0	FF2	-5212	3518	15N	715F1D	1	4U
STPR33	2D8N	-51 -	15 1-	1533	715F33	1	4U
RAOR	322 8	-508	1588F	1523	7152N	1	4U
ECI K3X8	3 0 -	-50F	15F13	15- 0	715 FD	1	4U
pYMG3	38D80	-500	15 22	1512	715230	1	4U
6 9 6 p30	-F8	-50	15F D	158F	7158N0	1	4U
L GYK2	30DF	-501N	150F	151 F	715 82	1	4U
TEKp0	33NF0	-58 8	1522	150D	7152FD	1	4U
S31H31	3FN8	-5NF	15NN	15NN	715 N8	1	4U
SSPSN	21 .	-5N8	15D	15DD	715F3D	1	4U
CY6 Gp	D N	-5F8	15N	15- 3	715 38	1	4U
1 Af 3	F20F	-58N	15 FN	1532	71D	1	4U
Yo M0	3F8-0	-583	15N	15- 3	715 10	1	4U
L VT9	30 8N	-58 F	15N8	1530	71582	1	4U
SGyp3	-01F	-58	15 1N	151	71582	1	4U
6 YYP S2	31 F	-50	1588	1528	715F2	1	4U
pEpR03	38 8	-532	15F-	158F	715F0	1	4U
SP 2F	2088	-512	3588	158N	7158 3	1	4U
YCG0	38F10	-51 D	15 8	1520	715 28	1	4U
L YF 38	30D2	-51 D	1582	153D	715 - 0	1	4U
6R06 3	D8	-51 -	15N0	1510	715 1D	1	4U
RFR	320N0	-51 2	15F 3	15F	715	1	4U
10VPF	FN02	-51F	158	1528	73213	1	4U
S_H308	0FN	-51F	1512	150-	715 1	1	4U
GI116 31	3D08	-51F	15F 8	15D8	715 D8	1	4U
AEQ0	8D8D	-51F	15 D8	153D	715 8	1	4U
AL p3	880	-580	15D0	15D	715F-2	1	4U
S8H30	081	-51 -	15D3	15D	715 D2	1	4U
1MCK	FFD	-51 D	3582	153	7151F	1	4U
pT9 2	38012	-51 -	15 .	1502	71580	1	4U
pEY1	38 1	-52N	15 03	151-	715 1	1	4U
L_X311o C	30-F2	-52-	15D	152	71521F	1	4U
PpVGT2	8381	-50	15N	153	715 3-	1	4U
ES1 -	3 330	-508	15F1F	158	7158	1	4U
S6 r 3	0 - 2	-50	158D	15NN	7158	1	4U
STL p	2N21	-50	15D3	15D	7158-F	1	4U
P TS 3	- 2F	-513	1582	15NN	71520-	1	4U
Y6 GP 3	3F083	-513	35NN	15D8	715 D0	1	4U
P 9 2	- 20	-518	15D8	15- 0	715 2-	1	4U
SRR0	2 13	25 8	15N	1510	715 - N	1	4U
1MG	FFD8	25 -	3588	15N0	715F3N	1	4U
Gr Ap3	3N0-	25 .	15 3N	1518	715F	1	4U
CpON	D D	25 ND	15F D	15D8	715D8	1	4U
R6 p3T2	321FF	25 N	15 F	150-	715N-	1	4U
P 6 SE2	- 888	25 F	15D	15 D	715 3D	1	4U
Y6 YYAG0	3F0-1	25 8N	15 13	150N	7152D	1	4U
6 pSPP 3	N1	25 D	158	151D	715F-D	1	4U
pTX 2	3-DD	25 F	15ND	15D	7158N	1	4U
L K03P0	303-N	25 2D	15 D2	150	735 N8	1	4U
pMPR	380 F	25 0-	1580	15- 3	715 8	1	4U
6 P o 3S	20-	25 1F	35F	15D	715D8	1	4U
1RPS-	FF8N	25 1-	15 N8	150-	715D-	1	4U
L VT	30 8F	25 13	15D8	15 8	715883	1	4U
GoMO0	3D8FF	25N 3	15 NN	1508	7152-	1	4U
6 YT-S	. F	25N	15F	15D2	715F0	1	4U
o CpK0	N022	25NF	1588	1533	715F-	1	4U
C6 PP - 8K	FN2	25NF	15D	158	715 3N	1	4U
ERG3	3 DN0	258F	15 20	1530	71522	1	4U
1KTR8	F011	25N 8	15D	15 0	715D8	1	4U
1M01 0	FF -	25N 3	15D	151	715N	1	4U
L pFT0	30F2-	25N2	15D	15N	73521F	1	4U
PpVGT0	83 -	252D	15D	158	715 2	1	4U
RpS0	32F3D	258N	15 1N	151D	715F-0	1	4U
o 3	DF2	258D	15N -	1503	715D2	1	4U
pY9 P 3	38FF1	2583	15 F	1500	715883	1	4U
SATI 0	2-DN	258	15 20	1532	715NN	1	4U
GC 9 3	3D D8	25N 8	15F0	158N	715 2D	1	4U
RRL E	32888	25D N	15NN	1532	71582	1	4U
pCL 8	3-N F	25D D	15F8	151 F	715F	1	4U
GApPC3	3D 10	25D F	15D	150F	715D	1	4U
1KTR0	F3-	25D	1582	1522	715 0	1	4U
GAL 6 86	3D2D	25N	15D	15D	715 23	1	4U
GR6 X0	382D	25N8	151N	152-	715F0	1	4U
Q Yp-	3D -	25D	15NF	150	715 22	1	4U
TX_G2T	FN	25F0	15 13	151D	715 0	1	4U
pY9S6	38F-	258N	15D	15D	71583	1	4U
K6So 0	32FF	258F	15D	15D	715F0N	1	4U
pX 3	3- N0	258	15F -	15D8	715D0	1	4U
P-G02-A	-8-8	2583	15F-	15D8	735 -	1	4U

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
L.L.p3	3082F	25D	1520	15N	715D	1	4U
ERI YG 31P	3.D02	25D	150F	15-	715N8	1	4U
r AC1 S	01F8D	252N	15..	1522	715F8	1	4U
X1 Kp2	N.18	252D	151N	15F2	715D8	1	4U
pMP RT3	380.D	2520	1528	15-2	715N8	1	4U
9 YE3D	.23.	25D.	358N	15-3N	715D	1	4U
Gr OK	3N00	25D8	15F8	1580	715F0	1	4U
pECXG	38.00	25D2	15F.D	15ND	715F00	1	4U
S1X	28FN	25D0	15D0	1588	7158	1	4U
L.MOP3	30F12	2528	15D2	15.8	715F03	1	4U
r ST	01F.F	2528	15-8-	1500	715213	1	4U
9 YE3-	.238	25283	3532	15-28	715D.3	1	4U
9 YE3Fp0	.23N	25D8	3512	15-1F	715D2	1	4U
PMS9 33	81N	25D2	158	1528	715-1F	1	4U
I6 L.N 6	F32.	25D0	15F10	15F2	7151F	1	4U
pP TX.D	3-DDD	25D3	153.	15-	715FF	1	4U
YRP 2	3FF0N	25F.F	158	1503.	7158-	1	4U
pTGSY-	3803.	25F0	1530	152.	715F-F	1	4U
TPS6 E0	33F.8	25FD	1523	15.	715.8	1	4U
PGE	83N	25FD	1533	15FF	715F0	1	4U
S6 PL.2	0N82	25FD	15-13	151.	715.F	1	4U
YR13D8	3FFD	25FF	151N	15N	7152D	1	4U
T6 VR	.80N	25FF8	15-8	15-	715F2	1	4U
GAPXR13	3D.11	25FF2	15D0	15.D	7152N	1	4U
I6 Kp-	8N1-	25FF0	15N	150-	715-2	1	4U
9 YE-0p	.2-F	25F80	158D	1580	715-0-	1	4U
SOST0	--12	25F83	15.2.	150D	715--	1	4U
S PM8	2-03	25F8	15FF	153	715FD	1	4U
Xep Yp	NDF3	25F.	151.	15-	7151D	1	4U
9 TI0	.01-	25F.	15D	158.	715-1-	1	4U
GW6 pDI	3N0.	25F-	15D	151-	715N8	1	4U
ECl KY0	3.0.-	25F-	158N	1582	715F-	1	4U
SSPS 2	2182	252N	15B2	15.F	715.2	1	4U
GR2K	3D8.0	2522	1518	152.	715D0	1	4U
T2L KE T2	-.1E	2522	152D	15.2	7150N	1	4U
Qp6 YS T3	3N2F2	2520	1523	150.	715FD	1	4U
I MQQ3	FDB.	25F0.	15N8	152N	715F.	1	4U
6 MS2	DD	25F00	15D0	1518	715-3N	1	4U
To Ip	.1F-0	25F0	15FD	158F	715.3	1	4U
6 Y6 p2	ND	253N	15.D	152D	715F0	1	4U
C6 GB	F.-0	2532	15DB	1532	7150F	1	4U
L.6 TT	30118	253	1502	158F	71508	1	4U
6 X.3	--F	25F10	15DB	1538	71528	1	4U
L I6 p-	302.-D	25F10	35.F	151-	7151N	1	4U
F1 p2F	033.3	25F10	15F.	15NF	715FD	1	4U
EGS00P2	011F.	25F	158N	150D	715F0	1	4U
EGa f0	011N8	258.8	15.N	152N	715.0	1	4U
GMP	3N0DF	258.8	1503	15N	7150D	1	4U
oMO6.2	N1N	258.3	15DN	15.D	715-2N	1	4U
L.L.p02K	308.-1	258N	153N	15D0	715DF	1	4U
pY9 SP Kp	38F80	258N	1520	15DF	715-	1	4U
Qp YV0	3N ND	258F.	15F8	15NF	715.23	1	4U
L.VMBK	30.D0	258F8	1528	151N	715.D	1	4U
GI2E	3N12F	258F2	15D.	15.	715DF	1	4U
TYR-S T	33N23	258F0	15.D	1528	715-3N	1	4U
SFH8-8	0822	258F	153D	15-8	715NFN	1	4U
SS T3-	2320	2588D	15.N	15N8	715F	1	4U
SL.EL.2	2ND	2588F	1520	158	7158N	1	4U
S3G	0322	25880	15F-	15ND	71521.	1	4U
6RO6.2	DF3	25883	15..	15N8	715.F	1	4U
oMO6-	N1.1	258.F	15F3	1510	71521.	1	4U
pAS.6.L.3	3-N81	258.F	158D	150.	7152.	1	4U
I0YT3	8DND	258-0	152-	1583	715DN	1	4U
I6 G	F3N	258-3	1588	15	7158.	1	4U
L.AEETD6	30228	25820	15ND	152D	7158	1	4U
pY9 P.2	38FF0	2580-	153N	15-D	715F	1	4U
6 P o 36	200	2580-	15D	15-N	715.-	1	4U
YKp-	3F282	2580	350-	15.3	715	1	4U
E4 KKF	01083	2583D	15F8	15N	715282	1	4U
APR3	822-	25832	15F8	153N	715D0	1	4U
r GR T3	01D.1	25833	15F.0	15.D	715F.D	1	4U
L.E30	30D.N	2583	15F0	15.-	7158-	1	4U
STP RN	2DD	2583	152N	15N0	7152NF	1	4U
o X3	DD	2581.	15F2	1520	715F8	1	4U
CpY30-	DEFD	25..	1588-	158N	715D13	1	4U
SSPS N1	2311	25.N	15F	15N	71528	1	4U
6 P 6 L.EGB	0F.	25.D	15FF0	15N	715FF	1	4U
S3Y	0323	25.F	15F-N	15N8	7153N	1	4U
1 XCR	F2N	25.F	15F-F	15N8	7152N2	1	4U
6 Y T-6	.8	25.-	15FN	1518	715N	1	4U
pYX9 TA3	38F0D	25-NN	15D	150F	71528	1	4U
EX.p0	3.2.-	25-NF	15D	1512	715N	1	4U
pYATp	38F3-	25-N2	15D	15-	715-2	1	4U
Ap P0	8-12	25-D0	151F	15-F	7152N8	1	4U
SpOL 3	-32D	25.D	15F	158D	7158-8	1	4U
QpR	38N2	25-FD	15F.	15D0	715.N	1	4U
CR C33	D0-3	25-F8	15D	15D0	7152D	1	4U
S1o	28F0	25-F3	15D8	15FF	715D	1	4U
XQJX8o X3	NF-D	25-8F	15--	150N	715F.	1	4U
EpL0	3.N82	25-8F	15N	15D	71512	1	4U
6 P P.2	203	25.8	15N	15.D	715F8	1	4U
9 TI 30	.3.N	25-0	152F	150D	715F0	150-	4U
6 R9 YP.28	F.8	25.-	15N8	152-	715F2	150-	4U
R3P.3	32-8F	25-2N	158N	153N	7158-8	150-	4U
9 YES	-2.D	25-20	352F	15N	715-N	150-	4U
EL.AL.0116	3.88-	25.23	15.-	1523	715288	150-	4U
I6 L.-26	F1-1	25.2	15N8	15-3	7151N	150-	4U
EWXE0	010DN	25.2	1588	15.3	715DN	150-	4U
S33HBF	3DND	25OF	15F-0	15ND	715-3-	150-	4U
9 X OF6	-383	25OF8	15D0	1530	715N8	150-	4U
oMO6D	N1.2	25OF2	150F	15-3	715D	150-	4U
I GET3	DFDF	25OF0	15D8	153N	715F.	150-	4U

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
ARpp0	38F0	25 3N	15F-3	1588N	7158-2	150-	4U
Cvp	182D	25 38	350F	152	715D	150-	4U
pP C1 Y6	3-18-	25 1D	15F-D	1518	71520	150-	4U
fS2a30K	03312	25 1D	15082	151D	7152-F	150-	4U
WP YNF	01N8F	25 1F	158D	150-	7150F	150-	4U
pPA06	3-121	25 18	1503	15N0	7153F	150-	4U
1TR6	FF3D	25 18	152NF	1532	7158-	150-	4U
p9 P0	381D8	25 1-	15-0	152	71503	150-	4U
STP R8	21D	25 13	15D-	150	715FFN	150-	4U
GMP 2	3N0NF	252.	15N8	150F	7350-	150-	4U
GIS306-	31FFF	252. D	152N	1532	7158D	150-	4U
6 Y3S3	-N	252. F	15F3	158. 8	715ND	150-	4U
TYS0 0	33D8D	252. -	150D8	15N8	7152N	150-	4U
ppp3Y386	38-. 0	252. -	152F.	151.	7158D	150-	4U
Y4RO3E3	3F. .	252. 2	15F1N	15D	71521D	150-	4U
CY3 3	D810	252. 3	15888	151-F	71523	150-	4U
GS6 YR63D	318- D	252NN	158N	15. -	7152E	150-	4U
o AC3	DN1.	252N	15833	15833	71583.	150-	4U
WE3	01. 2N	252IN	1582	15F-	71N	150-	4U
ESA6 TD	3. 1. 0	2521D	15-3	1523	735F3	150-	4U
o 6 Kp-	DFN8	2521F	15-N	1522	7152-D	150-	4U
L L A	3080-	2521F	158N	15D	7152. 2	150-	4U
SMT3-6 3	2. FF	2521F	158-	15. -	71532	150-	4U
RMr	328. N	25218	152-	153N	71502	150-	4U
9 X6 1- 1N	. 10D	2521E	152-F	1512	7152	150-	4U
fRI 211p3	032. 1	252F.	156-D	15F0	7152-F	150-	4U
P 4 Cp3	803D	252F.	15FF.	15. N	715D	150-	4U
GR02	3N0F2	2528.	150N	15N	735 0-	150-	4U
6 Y0 C6 p0N	. 0F	2528.	15D	1532	71582	150-	4U
6 Y3K3	-NF	2528N	151F	1583	715 2.	150-	4U
MP f-	32N-	2528-	15088	151F	715. -	150-	4U
GRS6	3N80	252. .	152--	1512	715N-	150-	4U
SRER6 p2	2. -1	2522N	158-8	15F2	7152N	150-	4U
PRL 3p-F	81FD	2522F	152D	1530	7158-0	150-	4U
TYX2	331E1	2522F	158D	15DE	7152F	150-	4U
PSR	-F2-	25228	1528	158	71502	150-	4U
9 T9 N	. 0D	25228	352F	15 F3	735D	150-	4U
S33H2	3DN	25220	1521-	151. 3	715-2	150-	4U
J4 R	NN1	25208	15F-3	15. 2	715-0	150-	4U
Ro G	32-8D	25200	150. F	15N	7151D	150-	4U
r X	01F2	25203	1583	1588	71518	150-	4U
6 T9 0	8F.	2520	158D	15N8	73530	150-	4U
EG0 f2	011NF	2523.	1523.	15F	7153N	150-	4U
SMT3N6 3	2. 1D	2523N	158. 2	15D	715F	150-	4U
J6 L 0	ND2	2523F	15-2	1522	7152	150-	4U
f AK3	033FF	2521D	1502	158N	7158.	150-	4U
G3pY3	31D-F	2521F	15. D	158	715F-N	150-	4U
Go 2p0P06	3180N	25210	15 F	152.	71523N	150-	4U
SP9 R3S	2- 33	25213	15F1-	15N2	7151D	150-	4U
GS C8	318F8	2521.	1523	15F3	715. -	150-	4U
GS0 X3	3181D	2521. 2	15F33	15N8	7152-D	152F	4U
9 SRoN	NN8	2521. 0	15 F-	15-3	715D8	152F	4U
L L p0	3082D	2521N	15F0	151D	715-F	152F	4U
TMV	33FD	2521D	1508	15FN	715D 3	152F	4U
SRVY3	2. 08	25218	150D	15N2	7151D	152F	4U
L YS0	30F- 3	2521N	158D	150	715F.	152F	4U
pER	38. 2	2521E	35NN	1520	715D	152F	4U
SSRP 0	23F2	25210	15 N8	15-D	715F.	152F	4U
EYpS 3	0112N	25210	15 F.	15-2	7158D	152F	4U
X2	N230	2521N	150F	152	715N8	152F	4U
Ae0 A3	8D82	2521N	152D	1538	73022	152F	4U
TMS381F00	31FDF	2521D	152. D	1500	703D-F	152F	4U
1 o 6 P 3	F2D	2521.	151N	15F-	715N0	152F	4U
XGY	NF. -	2521.	15NF	1533	7152F	152F	4U
6 TMD8	8F-	25218N	1521N	151. 8	732F8	152F	4U
S3- H22.	3NF8	2521F	150-	152	7152N	152F	4U
1 C1 3	F2-3	25210	1510	15F0	7150F	152F	4U
pSGD	3-F. .	2521-N	1523	15D8	7152.	152F	4U
pECO	38. 0D	2521-F	1521N	151. 8	715D	152F	4U
p9 X	381D	2521-	15F-2	15. N	7300F	152F	4U
SVE0 2	- 828	2521-	158F8	15D	7150F-	152F	4U
Al o 6 0	82FF	2521N	152N	153N	715--	152F	4U
9 SRL K-	N 0-	2521N	158D	15D	71520	152F	4U
Gyp0	3N8- F	2521N	1583	1513	7153.	152F	4U
S1 o Y2	28F8	2521D	1581D	158D	715233	152F	4U
GvpT0	3NND8	2521F	15D	15N8	735. 3	152F	4U
Cp02	D-F.	2521F	1528	15. F	715F-0	152F	4U
J6 C3	ND	25218	152. D	1502	715D	152F	4U
YpCF9 6 2	3FN N	25212	152D	150	7152.	152F	4U
SAG	28- 8	25210N	151D	15-N	7158D	152F	4U
XECK3	ND0D	25210D	152F-	1532	7153F	152F	4U
p6 TL P	3- . -	2520F	153-	158.	71528	152F	4U
1 f P D	FN2F	2520F	152.	15. N	7153.	152F	4U
RY01 3	32FDF	25208	15 F	150. N	715F-	152F	4U
SMT386 3	2. FD	25208	15 N	1580	7150F	152F	4U
1 OVP 3	FN8	25202	15 3.	152	7150F	152F	4U
YSKEK0	3F2FD	25203	15283	151.	715-D	152F	4U
S31H3	0111	25203	150D	1522	71528	152F	4U
J6 f1 3	NDNF	2520	1528F	1533	71530	152F	4U
X1 KpF	N-1N	2520	152N	15FD	715-D	152F	4U
pAT0	3-N8D	25203N	151E	15-D	71502	152F	4U
S9 L E0	21E.	252030	150.	151. 2	715. 3	152F	4U
r S6 R	01F- 8	25203	15D	150F	7152F	152F	4U
L 6 ER0	1032N	25201	1533	15.	715D	152F	4U
6 QpD3	ND	25201D	15-2.	1528	715-N	152F	4U
EL AL - 8K	3. F33	25201F	1502	15NN	730D	152F	4U
GIS06 3-	31D0.	25201-	152N	1503	715NF	152F	4U
Cl Yp0	3D-N	252012	15ND	15D8	715 2	152F	4U
9 6 R9 0	NN8	252012	15 3N	1523	71510	152F	4U
6 RCpE10	F22	252010	15F1N	15.	7152N	152F	4U
6 REOY0	D83	252013	1523	151. D	715D	152F	4U
CTX	D8-.	2521. N	1538	15F3	715F. N	152F	4U

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (+s+0)	Fold Change	adjusted P value (%)	Direction
TX3T	D8	2S, D	15D	15NF	7132	132F	4U
L 6 pDP2	301D0	2S, F	15D8	15N	71208	132F	4U
1 6 E-	F3, 3	2S, F	1500	15D	7121	132F	4U
6 TP o 36 2	832	2S, F	15D3	15D28	7122	132F	4U
G11 R32	3N10	2S, 8	1530	15F	712ND	132F	4U
1 6 E3	F3NN	2S, -	15F2	151-	715 8	132F	4U
pS G9 8	3- F, D	2S, 2	15D8	15NF	71333	132F	4U
GL 6 P.	3N1F0	2S, 0	15D2N	15D8	712-	132F	4U
S03H2Z	00, F	25N	15D	15, 0	715-N	132F	4U
pP A3K	3-D0N	25NF	15D0	15ND	7128	132F	4U
Ep822	3, N21	25NF	15 8	15--	712N1N	132F	4U
TGp3	33N8D	25N	15 3	150	7133N	132F	4U
EL AL 31.	3, -83	25N	15 22	152F	7388D	132F	4U
1 2	8D 1	25N0	15F	152	7128F	132F	4U
1 C1D	F2F1	25N	152F	153F	71328	132F	4U
T6 L 6 -	..-N	25DF	152F8	1538	7128F	132F	4U
TS 6 E	. 82F	25D2	152D	153D	715, 0	132F	4U
pT6 S.	3830-	25F0	15- 2	15-	7128-	132F	4U
SMI3F6 3	2, FN	25F	15 3N	1520	71203	132F	4U
EYXL 0.	3, . 8N	2588	15- 2	15D.	731 12	132F	4U
X10	N2, F	2582	15 38	1520	715 00	132F	4U
P 6 K0	- 8.	25-	15 8N	15- 8	7130	132F	4U
L YCpYI	30F-N	25-N	15D, 2	15L, 2	7128	132F	4U
KCR	3811	25- 8	151N	15F3	715 D	132F	4U
pPpR	3- D8	25--	15F8	15N	715 83	132F	4U
YR1 3-- 6	3FF82	25--	152.	150-	7122	132F	4U
TMS3113. 1, 2.	312F2	25- 2	15 D0	1580	712- D	132F	4U
SQP S 0	-022	25- 2	15D0	15ND	715 20	132F	4U
RL K	32822	25- 0	15.	15, 3	7120D	132F	4U
ERRX0	3, DFF	25- 3	15 3	15D.	712.	132F	4U
S2	02N	25-	15- N	151F	71202	132F	4U
J6 L 2	N2N	252N	15- 0	151.	71202	132F	4U
6 SEKT0	01-	252N	15 --	15- 3	71288	132F	4U
YS6 R 0	3F2F-	252-	1528F	153-	715 8F	132F	4U
GTS 2N6 0	3D3 3	2522	1520	151F	71288	132F	4U
L Y6 G	30F2.	2522	1528	15ND	715 03	132F	4U
L 6 p3K	30122	2520	15 13	150N	712D	132F	4U
GpYV3	3N N0	2520	158-	15D0	715 82	132F	4U
r pG2F	01D8	250N	150	1510	715 N2	132F	4U
EL AL 33.	3, - 8.	250N	15-	1518	712F	132F	4U
SE0	- 282	250N	152-	1508	715 0D	132F	4U
GpR0	3N -	250N	15D0	1528	7128F	132F	4U
EL AL - 2	3, FIN	250F	15DF	1528	7128N	132F	4U
RA1L	32282	2508	15D0	15.	7122	132F	4U
YKL GB	3F22N	2508	15 D0	1583	712N	132F	4U
QPpY	3D0- D	2508	153	15, 8	7123F	132F	4U
RA1o	32283	250-	150D	15D0	7120	132F	4U
L 6 CAT0	33, 3	2502	15 0F	152F	71212	132F	4U
ESI D	3, 332	2502	15 1-	150.	735 23	132F	4U
6 KS6 F	- 0	2500	1528	15D8	715, 8	132F	4U
L E3L	30D D	253N	15N.	1508.	7150.	132F	4U
PR6 JK8	813N	253D	152D	151N	712.	132F	4U
So 08o	28N8	253	152-	151-	71222	132F	4U
CC8E	D0D	251.	152F	15D0	71222	132F	4U
SOST30	- 2, N	251F	15 0D	152N	7120D	132F	4U
f1 p2FT0	033, 2	251F	151D	15F2	7128F	132F	4U
6 Yo C6 p01	. 3N	251-	1522	151D	712, F	132F	4U
Gyp00	3N8- D	2512	1523	1512	71202	132F	4U
seL81	3D2- 3	2512	15- 8	15- 2	715, -	132F	4U
YMKM2	3F22	2510	1523F	1510	71282	132F	4U
XN	N828	25NF	15D-	15D	732-	132F	4U
L OY6 8	30, 13	25N8	15 2	152.	7120D	132F	4U
6 Cp6 E-	- 1-	25N	1523	151D	712D	132F	4U
YQpM2	3F, F2	25N0	15 18	1523	712, F	132F	4U
CTENP 0	D8N0	25N0	152D	153F	715- 3	132F	4U
6 9 Y3K38	- NN	25N	15D0	1522	70820	132F	4U
Go 1	3D881	25N	152D	152N	732N	132F	4U
6 9 6 p32	- FF	25D0	15D0	15L, 2	7122N	132F	4U
L AC2	300D8	25D	15 1N	1522	71208	132F	4U
pYRp	38FNN	25D	152F	15N.	71208	132F	4U
EpL -	3, N88	25F.	15 82	15- D	712	132F	4U
6 P YK0	28F	25F.	1528	15D.	712NF	132F	4U
6 REOV3	D81	25F8	15-	15DF	715 N8	132F	4U
4 6 S6	01202	25F.	1522	1538	7121F	132F	4U
f1 o O-	033N8	25F.	1508	15D8	71208	132F	4U
P 6 SE3	- 882	25F0	15F0-	151-	715 12	132F	4U
AI RK0	82D0	25F0	15 F0	1583	712N2	132F	4U
fS So S 0-	03321	25F	1530	15FD	712	132F	4U
p6 TTP	3-- 1	25F	15N	150F	71222	132F	4U
L VML 3	30, -	2588	1512	15L.	712D	132F	4U
YMY3	3FD 2	2588	15D, N	15L, N	7120D	132F	4U
6 6 GG	0D	2582	15D8	1503	712F.	132F	4U
9 TIF	. 01N	2582	153N	151-	715 FD	132F	4U
Ko To A00	381-	258	151N	15FD	715 2.	132F	4U
RE8A	32D D	25- 8	158-	153F	712N	132F	4U
XAY0	N20N	25- 8	15- D	15- D	71208	132F	4U
pP C1 YK	3- D88	25- 8	150-	15D0	7120.	132F	4U
L Y6 p0	30F2N	25- 3	15N	1508	7323.	132F	4U
ApCR	88.	2523	15, F	15F8	712D	132F	4U
L P1 X8	3003N	25D0	15-	1538	7123F	132F	4U
6 0L	8	25D0	151F	15FD	712N	132F	4U
SMIF6 0	2, . 8	25D2	1528	151-	715 F8	132F	4U
6 E12	33- D	25D2	15 2N	15F	7120N	132F	4U
KKM03	3- 31	25D0	15N	1528	715 2N	132F	4U
6 RC3ET-	F28	25D0	15D0	15D0	712N	132F	4U
1 o T2	F2N	25D0	15- N	15D0	73D0	132F	4U
CpY6 Gp3	D 81	25D3	15 1-	152-	7122N	132F	4U
PPY0	- FD	25D	15 3D	152N	7122.	132F	4U
S3QER1-	030-	253.	15-	1532	7122	132F	4U
SP9 T8	2- 1N	253.	15, 0	152	7128F	132F	4U
S01H212	002-	253N	15, D	1523	715, N	132F	4U
Spf	- 32.	253D	15 D8	158F	7121N	132F	4U

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (+s+0)	Fold Change	adjusted P value (%)	Direction
GpMR3	3N 8F	293F	1583	130D	712-8	198	4U
TMS0N22_0	31D 8	2930	15 3	152	7101	198	4U
L CS0-312	302_D	2930	15F0N	1501	71502	198	4U
STp2	2N03	2933	152-2	153-	7158-	198	4U
RC1Y	32-2D	293	152N	15D	71302	198	4U
G6 6 3	3D183	291N	350D	15 0N	7130D	198	4U
XCI KpD	N 1	291N	15_ F	15F8	71812	3032	4U
S32H22	3N F	2918	15F13	150	718-	3032	4U
seL53	312-0	291-	15 D	158N	7152	3032	4U
S Vp04 3	- 812	2912	1522	1533	713018	3032	4U
o TI	D . .	2910	15F83	1503D	715 82	3032	4U
Y6 YK	3F02D	2910	1501F	15F	753 F	3032	4U
L AE	3021-	05 . .	158	148	715 18	3032	4U
P GA	83N1	05 . .	152 .	1522	71583	3032	4U
6 P6 L EG8	0N2	05_ F	158_ F	15 . .	71503	3032	4U
1 MOR2	F81	05_ F	1508	151N	71580	3032	4U
pSMIS A0	3- FNN	05_ F	1502	15028	7152F	3032	4U
YR12	3FD0	05_ 8	1520	1503	715N-	3032	4U
SSP S81	21FN	05_ -	1500	151N	715 NF	3032	4U
TMS8D88N	330_ 2	05_ 2	1503	15D	7138-	3032	4U
9 T9 D	. 0F.	05_ 2	3502	152-0	752- D	3032	4U
AKI 3	80_ 2	05_ 0	153	151-	7130D	3032	4U
T6 EGO	. 80F	05_ 3	150D	15 .	7183N	3032	4U
9 YEFS	. 281	05_ 3	1508	150F2	753_ 3	3032	4U
S2H2D	0-02	05 NN	151N	150D	715 88	3032	4U
GIS06 2	31D23	05 ND	15_ N	151FF	1513F	3032	4U
RpY0	32F-0	05 ND	152D	152	71300	3032	4U
CI pE0	D18-	05 NF	1512	15F	713- N	3032	4U
9 YEFK	. 2 . .	05 NF	352	15 F2	7130D	3032	4U
S_ H22	0D0	05 N	15F2-	1500	7128	3032	4U
f AK0	033FN	05 N	152-	1538	713_ D	3032	4U
P f p3	80FD	05 N	15 33	152N	715 0D	3032	4U
L Vo 33	30_ 20	05 N	15 FD	150-	7130	3032	4U
SY0	- 3-0	05 1N	15F- 3	1508	7030D	3032	4U
P f p3 T	80FD	05 1N	153	151D	713-	3032	4U
GVRpM	3NF-	05 1D	152-	153-	715 0-	3032	4U
Apo KF	8F32	05 1F	15 2N	158- D	713N	3032	4U
X13	N2 -	05 1F	15F3-	1501F	715 1F	3032	4U
o X36	DND	05 1F	15 1F	152F	7153-	3032	4U
S Gyp0	-01D	05 D	1502	151F	715 18	3032	4U
T6 L 6 3	- -NF	05 D	1530	1518	71300	3032	4U
f1 p2F13	033_ 0	05 FD	15 FN	158N	7158- D	3032	4U
L L VR3	30881	05 F8	15 F3	1588	753-0	3032	4U
CpX Kp3	12- -	05 F8	15F- D	153N	7130	3032	4U
1 Xp3 T	F2 -	05 F8	151F	1512	75308	3032	4U
P AI K3	-12F	05 F-	15N1	1502	715ND	3032	4U
GMSGR	3N08	05 F2	151D	151-	715 3	3032	4U
9 SEP 30	N -	05 8	15 8	1580	7130D	3032	4U
Go 2pOP0K	3180	05 8N	15 2	158- N	715 2	3032	4U
GRS6 X	3N82	05 88	15FD	151F	71508	3032	4U
AL 00MG	882N	05 88	15 F8	158D	7152F	3032	4U
p0YV3	3- -08	05 8-	150	1513	7152D	3032	4U
EKO38	3_ 1FN	05 . .	1588	15ND	71523	3032	4U
GMSCO	3N0DN	05_ N	158	1508	715 F8	3032	4U
16 p	F3D	05_ D	15F 0	15028	71508	3032	4U
16 L 31D6	8N28	05_ F	15F1-	15018	715F- N	3032	4U
o MO6 3376 G3	N1NF	05_ 8	15 1-	152D	71530	3032	4U
9 TI D	. 01.	05_ 3	152N	150	715 0D	3032	4U
p6 Yr 6	3- 88D	05_ -	15D	150F	7158N	3032	4U
L 6 p- 9	301F8	05 2N	151F	151-	7152F	3032	4U
SMT26 3	2_ N2	05 28	15D	150F0	7150F	3032	4U
X22	N83D	05 28	158 .	1501-	753- F	3032	4U
6 SER3	03-	05 2-	15 N	15F8	71522	3032	4U
SYGpTP0	-3N2	05 20	15D8	150D	71510	3032	4U
SYV6 K	-01.	05 0	350	152- N	715 2	3032	4U
TRXCM0	. F F	05 0F	153	151F	753- 8	3032	4U
S3QER1 8	0308	05 02	158- 2	15NF	715F1N	3032	4U
JP p0	NND	05 02	152_ F	1528	71502	3032	4U
GE6 YPN	3NF3	05 0	150D	15_ N	71502N	3032	4U
6 Yo C6 p31	. 31	05 3	158	1502	715F- D	3032	4U
S VTP	- - F.	05 3F	150D	151_ 2	7153_ -	3032	4U
GE9 3DK	3NF_ 3	05 38	15FN	150F	71510	3032	4U
pp6 pP S2	38- 0-	05 3-	1508	151_ 2	7151D	3032	4U
CR 6 X	D01	05 3-	15	152D	715N	3032	4U
S3H28TKT3	03F2	05 32	150D	15_ F	71523-	3032	4U
EA9	3_ 3D	05 30	15 - -	1582	715 8F	3032	4U
S3QER1 3	0303	05 3	153	151D	713F3	3032	4U
o MO6 .	N1 -	05 1.	15 1.	153- 3	7128	3032	4U
GEOD	3N83	05 1F	158	15NF	715- 2	3032	4U
S01H28-	008N	05 1-	1502	151_ D	7130	3032	4U
G1 R33	3N0F	05 1-	158-	158-	71522	3032	4U
TV_ F	33N .	05 12	15 0	158- N	7152N	3032	4U
YS6 R 3	3F2F2	05 12	15F3	1502	7130	3032	4U
S T X-	2ND0	05 10	15 30	158- 0	71303	3032	4U
Y6 GCYp0	3F0F1	05N D	1582	1582	75303	3032	4U
Eq6 R3N	01318	05N 8	1588	1502	7151N	3032	4U
GpMR0	3N 8D	05N -	152- D	150	7152 .	3032	4U
f L 6 E2	030- 2	05N 2	150F-	151_ 3	7130D	3032	4U
RSM6 D	323- D	05N 3	15NF	15012	71383	3032	4U
6 P6 L EGN	0NF	05NF	158-	158N	713F2	3032	4U
J4 RK	N83	05NF	152N	1582	713D 8	3032	4U
ppX	38- -	05N8	15 18	15F2	7130F	3032	4U
R4 P E_ p3	32N2	05N0	1508	151_ 8	7153_ 0	3032	4U
TL MD	128	05N8	152- 3	153-	7158	3032	4U
YCL 6	3F_ N2	05N8	1502	1503F	7151F	3032	4U
STAS 36	2D_ 1	05N8	152- D	150	7152_ -	3032	4U
SP_ 2	20_ 8	05NF	152	152F	715ND	3032	4U
L OV6 N	30 12	05NF	15D	1513	71582	3032	4U
6 Sr Y06	02-	05ND	1508	151_ F	71508	3032	4U
S H28D	08- 8	05ND	152- 8	150	715F-	35 F	4U
Yp103p--	3FD 0	05ND	15 8	158D	753N	35 F	4U
G6 SG	3D18N	05ND	1510	1518	7158N	35 F	4U

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+0)	Fold Change	adjusted P value (%)	Direction
L OY6 D	30 10	0ND	153D	153	715 2	35 F	4U
pY4 RA0	38NN	0ND	150D	151 8	7183	35 F	4U
STS6 0	2D 0	0ND	15F0	150FF	705 8F	35 F	4U
L MK9 TOK	308FF	0ND	1521N	1511D	7152N	35 F	4U
SSP S N0	2310	0ND	15 -	158D	7152F	35 F	4U
AL XTR3	8801	0NF	15 -	15D	7152	35 F	4U
Ap6 G8	88N	0NF	15 N2	15FN	7158	35 F	4U
XE6 8	ND -	0NF	150N	151 8	715D8	35 F	4U
pTP 3	38380	0NF8	15D	151 D	715 -	35 F	4U
6 ET3	33D	0NF	15 12	151 3	7151 N	35 F	4U
o EY6 3	N0D	0NF	15D	150N	715D	35 F	4U
S6 pR8	0NF	0NF0	15 -	1588	715F	35 F	4U
TC6 TG2	F0	0NF	15D	1523	71500	35 F	4U
SX A6	2D F	0NF	1502	1512	7158 -	35 F	4U
Ar S0	8DD	0NF8	15D8	15D8	7151 2	35 F	4U
6 R9 YP2D	D1	0NF8	1528	1580	71500	35 F	4U
TX6	D10	0NF	15D	150D	715 -	35 F	4U
IRP S3	FF88	0NF2	15F8	15030	715F13	35 F	4U
TMS311818 22	311 F3	0NF0	1500	151D	715FD	35 F	4U
GVP A3	3NN 3	0NF3	151	15D	7150	35 F	4U
TP K0	8D	0NF	150 F	151 -	7158	35 F	4U
K2C6 E3	3222	0NF	150	15N2	7158 8	35 F	4U
pP9 -	3 DDB	0NF N	15DD	15DD	715 2D	35 F	4U
pP C1YT	3 DDF	0NF D	15DD	15088	715D	35 F	4U
pYY00	38DD	0NF D	153	15N0	715 1F	35 F	4U
Gp6 YS	3NDF0	0NF D	15F	1528	7153F	35 F	4U
L ASML	3002F	0NF -	153D	1530	7153N	35 F	4U
RI X	32 32	0NF -	15D8	1513	7150	35 F	4U
pp6 p06	38 3N	0NF 2	15	152D	715D2	35 F	4U
p0YV3 -	3 - 0	0NF 0	15DD	1522	715	35 F	4U
o Gp6 30K	N03N	0NF	150N	1583	715DD	35 F	4U
TMS311321DDF	311	0NF2N	1508	151 3	715F8N	35 F	4U
EpE3	3 NDF	0NF2	152 2	1503	7158 -	35 F	4U
Aer 3	8DN	0NF2	1508	15N	71503	35 F	4U
G Yp3	3D - D	0NF22	15 D	152 2	715F0N	35 F	4U
S VG8	- 80	0NF22	15 D	151 2	71538	35 F	4U
pTOP S3	3800	0NF20	1513	151F	71523	35 F	4U
pAY3	3 N0	0NF20	15 -	1588	715FF	35 F	4U
pMEAI	382N	0NF20	15 -	1503	7151 3	35 F	4U
6 AKp3	2F	0NF20	15N	1508	715D8	35 F	4U
6 R06 NT0	DF	0NF23	15N8	15 3	715	35 F	4U
9 X6 6 3 F0	1ND	0NF23	15 3	15N	715D8	35 F	4U
1 YAL 3	FDD	0NF20	15D	151 8	715 D	35 F	4U
TMO	33FN	0NF20	15DF	15D	715 D	35 F	4U
Y6 KDF3	3F32N	0NF	15D	152 -	715F3	35 F	4U
9 XYAT	3N0	0NF08	15FN	152	71583	35 F	4U
S3 - HZD	3N 0	0NF08	15F3	150N	715D2	35 F	4U
PST9 0	F0	0NF00	15D	151 D	715 18	35 F	4U
9 T9 8	0FD	0NF0	15D	15FD	715F 0	35 F	4U
TVT3	33 12	0NF8	15D	15D	71521	35 F	4U
CTXY3	D82	0NF8N	150	151 -	7151F	35 F	4U
6 SER2	03F	0NF8D	150 -	151 -	715NF	35 F	4U
XEL 06	ND	0NF88	15F	15DD	715388	35 F	4U
GpY0	3D - D	0NF8	1588	150F	715 8F	35 F	4U
TMS22 80 -	33113	0NF82	150 3	15NF	71503	35 F	4U
ECL 8	3 08	0NF83	15 -	1583	7158FF	35 F	4U
SDFZ1	08N0	0NF8	152 2	1500	71503N	35 F	4U
pT6 CT3	3830F	0NF2	15D	1513	71523	35 F	4U
YAS9	3F2 8	0NF0	150	153 -	715033	35 F	4U
L L pD	308 - D	0NF3	15FN	15 3D	715 8	35 F	4U
S6 SR6 0P3	0D 2	0NF	150D	15N	1588	35 F	4U
K6 So 3	32F8	0NF	15D	15D	715N	35 F	4U
f1 pL 0	0301F	0NF F	15 18	151 8	71538	35 F	4U
6 PpYo	2 F	0NF F	15 F	150 -	715018	35 F	4U
pTA9 o o 0	383N	0NF F	15D	1513	71502	35 F	4U
TYYS20	33DD	0NF 8	151 -	15N	715 1	35 F	4U
GVR0	3NN D	0NF	152	153N	71500	35 F	4U
RMS0 -	328 8	0NF	15N	152F	7150 0	35 F	4U
TMSD0N 0	33820	0NF 0	150F	1580	7158F	35 F	4U
GISD6 31	3D N0	0NF	15 F	15FF	71538	35 F	4U
SPS3 - K	221F	0NF	15 F	15D	715D2	35 F	4U
pr YT2	3F13N	0NF	15FN	151 F	15DF	35 F	4U
CVpS	DF82	0NF6	15D	15D	7153	35 F	4U
r AC1K	01F8F	0NF6	150 3	151 -	715 2F	35 F	4U
6 P XMQ	220	0NF	153D	1500	715 1	35 F	4U
p6 03	3 8D	0NF	1580	15F2	715	35 F	4U
L AC1 F	300D	0NF	15 F	15FF	715D2	35 F	4U
Y6 K02	3F1 0	0NF	15N	15 -	7152 D	35 F	4U
GIS0F6 2	3DN -	0NF	15D	15	715N	35 F	4U
P6 YS	- 8D	0NF	15 1	15N	7150F	35 F	4U
10Y	8DN	0NF	15D	1530	71508F	35 F	4U
EL AL 01 -	3 8F1	0NF	15N8	152	7152 0	35 F	4U
SVVY3	- 82	0NF0	15D	1533	715F	35 F	4U
AL 00	882D	0NF3	150	151 D	715 32	35 F	4U
GIS3F6 D	3DF 8	0NF3	15D	15D	7158 -	35 F	4U
P 4 GpF	802N	0NF	152N	151 8	7152 -	35 F	4U
TMS311521NF	31331	0NF	152F	151 -	715N	35 F	4U
GSR0K	3D8 1	0NF	150F	151 F	7150	35 F	4U
EKS3P 0	3 103	0NF	152D	1522	71513	35 F	4U
fP o o S2	0338N	0NF	1508	151 3	71538	35 F	4U
6 9 Y3K31	ND	0NF	15D	150F	715F2	35 F	4U
L E3T	30D F	0NF	158 8	15N	715D	35 F	4U
o VL 6 X	N0N	0NF	158	158	7153N	35 F	4U
6 Y6 CA1 - 1	- F8	0NF	15 3	15 -	71538	35 F	4U
9 T1 31	3 F	0NF8	151 8	152	715 82	35 F	4U
SS102	23 0	0NF88	151	15DF	715FN	35 F	4U
I 31	8DD	0NF	15 -	1580	7150 -	35 F	4U
EL AL 311	3 - 3	0NF80	151 8	150F	715D	08 8	4U
SMF3D 3	2 F	0NF D	15 D	158 -	7152N	08 8	4U
L 6 L PS0	3011D	0NF N	1528	1500	715 D	08 8	4U
pA6 9 3	3 NDF	0NF D	1530	153 -	7150 -	08 8	4U
EWXCE3	010DD	0NF D	15F0	1520	71520	08 8	4U











Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
4oL93	01-F8	7-81F	715-3-	1S1-D	71F3	35-F	P Hwn
So6PT	28N	7-81-	713F8	1S1N	71F08	35-F	P Hwn
Yp4GP3	3F-3-	7-81D	715-2-	1S18	718D	35-F	P Hwn
pGLP-	38NFN	7-81FF	7120	1S1D	71F-	35-F	P Hwn
YpYP0	3F8F	7-81-	71238	1S1N	713N0	0S1-8	P Hwn
9YES6p2	-8-	725-82	71F-3	1S10	718NN	0S1-8	P Hwn
pVSY0	3F12F	725-2D	71208	1S12	713F0	0S1-8	P Hwn
S3H3N0	031D	725-2F	715-20	1S13	715-D	0S1-8	P Hwn
pCLK-	38N-D	72NN2	712F-	1S1-	715-0F	05-18	P Hwn
ELpYGGF	3-F-1	72N-0	71888	1S-8	71S1-	05-18	P Hwn
GRYRp28	3N03N	72D-D	7120-	1S1D	71F28	28D	P Hwn
TMS0N-.2	31N-1	72F8D	713D-	1S1-0	735-0-	28D	P Hwn
RXE3	32-DF	72F1-	712-	1S1-D	71F2N	28D	P Hwn
TVGLP3	33-03	72F18	715-3-	1S3F	713D-	28D	P Hwn
E6YD	3N1D	7281D	7130F0	1S12	715-23	28D	P Hwn
S3H3D	0023	7288-	715-N	1S2F	715-FN	28D	P Hwn
G86Lp2	31D0N	7288	7122-	1S1-	7183D	28D	P Hwn
ERIYGI3N	3-123	728-D	71F2N	1S1N	73S-	28D	P Hwn
fR1F-F	03F0-	728-2	71SD	1S1-	713FN	28D	P Hwn

Add. Table 4: Sif gllhccat y llfrdgdde Trbdol y dgdysdd ddegwydh dds othymmdroG nlyeg yG nU

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
CALD1	2825	5025	.07	.028	4 0B5	.	pT
GNC2	12-71	5011	.08B	.077	4 0P9	.	pT
66GF	11555	5053	.021	.0-	4 0723	.	pT
Np6E2	13...	5078	.091	.085	4 052	.	pT
CRL18A1	193	5037	.023	.028	4 021	.	pT
MPNGF2	-121	50-8	.05U	.097	4 015	.	pT
DXYSLU	515	5033	.037	.053	4 07.7	.	pT
FAOL6	18979	505B	.035	.058	4 0B7	.	pT
CFOM	712U	5023	.09-	.0-2	4 0L8	.	pT
OMF2	3.57	505.3	.01	.029	4 0738	.	pT
FSHZU	2..8-	505.2	.037	.022	4 0B7	.	pT
OXE8	3737	50737	.032	.071	4 07.8	.	pT
SNXE2	18573	50758	.012	.079	4 0-19	.	pT
CLGX	18U	50753	.058	.019	4 0219	.	pT
MAX	-132	50B-	.027	.032	4 0B1-	.	pT
BCA6	2.-75	501-5	.095	.0-3	4 0-97	.	pT
LREL2	11-8U	50175	.097	.079	4 0-29	.	pT
6PE6	11195	5011-	.025	.098	4 01-	.	pT
FIGX2	19177	50297	.09	.079	4 0712	.	pT
LRE	11-8.	5012	.011	.055	4 083	.	pT
CRL1U1	198U	50U	10 11	.093	4 071	.	pT
XENM	1599	5085	.025	.082	4 021	.	pT
PGIL161	552	5087	.019	.019	4 0713	.	pT
A6OXFL2	-U	50-5	.0-U	.078	4 0728	.	pT
SLIFU	18.U	50-	.099	.055	4 072-	.	pT
XDOMNV	17355	5071	.058	.028	4 071-	.	pT
GSNVU	1233-	5071	.07-	.075	4 011U	.	pT
SXANC	18U-2	507	.092	.037	4 0788	.	pT
6ID1	1175-	5012	.025	.071	4 071	.	pT
DACFU	7555	5083	.05	.073	4 01-2	.	pT
ML62	-199	5083	.093	.03-	4 0717	.	pT
6RE7	1U.U	50-3	.05U	.0-	4 089	.	pT
C662	19.1	5053	.05U	.079	4 078	.	pT
FOM111	19277	5029	.055	.01	4 057	.	pT
FCM7	19112	5018	.08-	.013	4 01-	.	pT
HFNAU	8232	50.8	.039	.01-	4 081-	.	pT
GOC271.U	12193	50.U	.01	.0-2	4 078	.	pT
XD1G3	17333	7091	.099	.0	4 05.7	.	pT
FXG7	19855	7088	.035	.015	4 0525	.	pT
FGPG2.A	19557	7031	.039	.09-	4 077-	.	pT
GENA5	129.1	70--	.027	.0-	4 0559	.	pT
OLF8D2	3182	7058	.052	.091	4 077	.	pT
SHRE2	135--	705-	.011	.0.U	4 093	.	pT
CRL5A1	1991	7095	.083	.019	4 08-2	.	pT
OPG	3.15	7095	.02U	.07-	4 072	.	pT
XALLD	1779	707-	.07U	.09	4 05U-	.	pT
16HVA	853U	709B	.073	.032	4 0232	.	pT
S6A12	181U	7092	.05U	.0.8	4 023	.	pT
M6L1	-33-	709.9	.099	.0-U	4 07-8	.	pT
XRDL1	15293	709.8	.05U	.0.9	4 08	.	pT
CRL1A2	193U	7082	.03-	.0	4 0818	.	pT
CRL5A2	1992	7081	.0-7	.098	4 0827	.	pT
ZPV1	211--	703U	.0.8	.025	4 075	.	pT
N6M77A	1--5U	7031	.01	.0.5	4 0B5	.	pT
XRDL6	1529-	708-8	.05U	.011	4 01-	.	pT
DSP	518.	7075	.05.U	.0.7	4 0752	.	pT
SCO5	131-5	708U	.02U	.029	4 082	.	pT
FHY1	19111	7028	.09-	.077	4 082	.	pT
DZ1XL	5233	7028	.07.3	.087	4 075-	.	pT
F6MAX-	19315	702-	.07-	.055	4 09U	.	pT
APVX1	1U-7	7011	.081	.08U	4 08.3	.	pT
XR5F6	1518U	708.5	10 2-	.017	4 08.U	.	pT
XLKU	152.U	7091	.07-	.09U	4 0119	.	pT
VO6	15..	7087	.082	.022	4 087	.	pT
HFNA1	823.	7082	.088	.08-	4 099	.	pT
GIN1..HO	127-U	7038	.0	.073	4 02B	.	pT
DACF1	755U	708--	.01U	.05	4 0.U	.	pT
CDH11	1U78	7078	.01	.0.3	4 0-1	.	pT
FPAD1	19159	707-	.01	.08-	4 05U	.	pT
SPNX16M	137..	7075	.099	.073	4 023-	.	pT
ACFA2	2.2	708U	.08.2	.0-9	4 02-9	.	pT
M61	-2.2	708U	.021	.011	4 01-	.	pT
FNXC1	2..18	7082	.05.U	.0-	4 027	.	pT
IOMXU	87.5	708U	.019	.015	4 01U-	.	pT
ANHOAX28	92-	7027	.0--	.099	4 0719	.	pT
IFXNIX	83-1	7022	.019	.01	4 012	.	pT
LGRD1	9319	7019	.081	.081	4 038	.	pT
SL..A1.	13.25	7012	.01	.029	4 095	.	pT
OMN127	3U-3	7011	.031	.021	4 027	.	pT
BIG	2.-3U	708.U	.051	.013	4 02-9	.	pT
CRL1A1	1932	7095	.079	.02.2	4 09U	.	pT
FHVS2	1928.	709	.015	.038	4 092	.	pT
ADAGFS-	287	70-9	.01-	.0-8	4 0-2	.	pT
CYN-1	7528	70-7	.02U	.03-	4 013	.	pT
DKKU	7912	7053	.07	.01-	4 055	.	pT
XNKCDVX	15-52	7018	.089	.023	4 052	.	pT
XNNE1	15337	701U	.095	.05	4 067	.	pT
XL5U	15215	7027	.051	.071	4 02-2	.	pT
LAGA7	9789	70-1	.075	.09-	4 0712	.	pT
GANBPLD1	1212.	7015	.09-	.029	4 06-1	.	pT
G GX17	12512	70.7	.013	.05-	4 0-9	.	pT
LIGS2	9-87	70.U	.079	.093	4 051	.	pT
MV16	-189	70.2	.053	.07U	4 07.-	.	pT
GNB11	12319	7093	.095	.029	4 099	.	pT
C5orf-2	25.9	7093	.021	.015	4 02-9	.	pT

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
DC6	7-U	7039	.031	.09	4.031	.	pT
ISG1	8-9	7039	.037	.09	4.02	.	pT
XCSK5	17-93	703U	.012	.0--	4.029	.	pT
NANNPS2	1-27	7058	.08	.035	4.021	.	pT
KC6GV7	8927	7053	.093	.05U	4.073	.	pT
SNXE	1857	7075	.039	.079	4.0-3	.	pT
A6FEN1	35	7077	.09	.07	4.031	.	pT
ISLN	8-97	7072	.0U9	.0-U	4.0713	.	pT
G GXI9	125U	7025	.07U	.03-	4.01.3	.	pT
FXG2	1985U	7018	.099	.012	4.072-	.	pT
CYS1	7529	7018	.031	.079	4.0791	.	pT
XD1G7	17335	705.3	.0718	.09U	4.023	.	pT
SPNX6 O1	137.2	7079U	.0718	.09U	4.02.7	.	pT
LFVX2	118-3	70785	.0793	.011	4.0235	.	pT
XXAXDCU	15727	70733	.072	.03-	4.01-2	.	pT
G YL9	1295-	70731	.077	.077	4.01-	.	pT
XXC	15779	70731	.05-	.027	4.0518	.	pT
CRL-AU	U99-	707-8	.097	.0U	4.051	.	pT
G ENA8	129.U	707--	.083	.057	4.0783	.	pT
OS6	3558	707-	.099	.012	4.01U	.	pT
CMH	15-2	70752	.07-	.02U	4.02-	.	pT
Fp VV-	2.251	707-	.0--	.05	4.05-	.	pT
G GX2	125L8	7077	.089	.055	4.0759	.	pT
CRL-A1	U997	707L5	.05	.0-9	4.075	.	pT
XNICKLP1	15-23	70725	.023	.0-7	4.071U	.	pT
SMR61	1875-	70718	.021	.09	4.0753	.	pT
GPOU	12235	70712	.073	.01.3	4.0795	.	pT
C1S	21U	707.U	.0U-	.077	4.0257	.	pT
MM	-U71	707.1	.072	.055	4.051U	.	pT
GDMC	12218	7078-	.093	.091	4.057	.	pT
NVG S1	1-U8	70785	.0788	.011	4.0228	.	pT
ADAG12	273	70787	.0712	.097	4.0533	.	pT
SLC2AU	138U	70782	.055	.058	4.023	.	pT
M61	--79	707-9	.089	.02.7	4.0757	.	pT
OAS1	-972	707-7	.085	.053	4.05-	.	pT
G OC7297	1271.	70759	.033	.012	4.0815	.	pT
xdH1	13U72	70753	.099	.015	4.07.U	.	pT
SODC	1373.	7075U	.07-9	.01.8	4.0515	.	pT
F6 S1	19382	70752	.09U	.09	4.01U	.	pT
LIG S1	9-8U	7077U	.07	.038	4.0781	.	pT
Lp G	11839	70772	.088U	.02.U	4.015	.	pT
PBC2	5323	707U	.05U	.058	4.0285	.	pT
LCAF	951-	7072	.089	.088	4.0218	.	pT
MPZ1	-12-	707-	.057	.083	4.01	.	pT
FVE15	19--8	70717	.091	.0-3	4.0288	.	pT
PMIA2	5U-	70715	.091	.091	4.0-5	.	pT
C1N	21U	707U	.012	.072	4.075	.	pT
SMX2	13778	7071	.07	.01	4.07--	.	pT
C1orf1546 VL1	21-U	70793	.05	.051	4.079U	.	pT
CLIXU	U821	7079	.085	.083	4.02-7	.	pT
A6 EA1	357	70789	.0U	.073	4.0-9	.	pT
6ID2	1U753	70788	.01-2	.087	4.05U	.	pT
KIAA17-2	9.83	70788	.0738	.011	4.075	.	pT
CRXZ2	7.U9	70782	.02	.075	4.05U8	.	pT
XXAXDC1A	15721	70781	.053	.02	4.05U	.	pT
OADD75V	-88U	7078	.022	.022	4.028U	.	pT
AOXAF7	7.7	70739	.01-	.087	4.023-	.	pT
XG PXA1	15271	7073U	.088	.018	4.0513	.	pT
NHRu	1-572	70759	.053	.01.3	4.093	.	pT
SPNX6 HI	137.U	7075-	.052	.05U	4.08.7	.	pT
CRL-A2	U995	70757	.053	.057	4.05-U	.	pT
NME8	1-731	70779	.085	.088	4.017	.	pT
XLEDCl	15227	70779	.018	.089	4.0228	.	pT
ANSI	1-5-	707U1	.085	.089	4.09-	.	pT
BOLLU	2--3	70725	.083	.0-8	4.012-	.	pT
XCRICP	17-83	70727	.032	.015	4.0752	.	pT
XDOMWA	17357	70719	.099	.0--	4.02U5	.	pT
CRL12A1	U9-7	70718	.01U	.09U	4.053	.	pT
D6 AuV5	5.18	7071-	.089	.085	4.083	.	pT
GMAX5	12U78	7071U	.0U	.03U	4.08-9	.	pT
IKVIX	87U	7071U	.088	.0-8	4.0517	.	pT
6D6	1U282	707.8	.058	.0U	4.021	.	pT
V6 C2	15-2	70795	.07.7	.09-	4.0781	.	pT
HIMA	3837	70795	.07-5	.011	4.0233	.	pT
XNNE2	15335	70791	.06-9	.0U-	4.019	.	pT
CYFHU	7515	7078-	.022	.025	4.01-8	.	pT
XDOMNL	1735-	70785	.015	.095	4.083	.	pT
NAV2U	1--92	70781	.091	.013	4.08.1	.	pT
XDx6	17381	7078	.097	.072	4.022-	.	pT
C17orfL8	1892	70739	.029	.01.U	4.0789	.	pT
LNXI	11315	70739	.088	.0-9	4.0235	.	pT
SPG A5A	13U13	70735	.01	.07-	4.0293	.	pT
CRL8A2	7.-2	7073	.095	.01-3	4.029	.	pT
SKAX2	13-U7	7073	.055	.01.9	4.089	.	pT
G AX7K7	12--5	70757	.025	.038	4.098	.	pT
XED6	1--23	7075U	.0-8	.01-	4.08.9	.	pT
DAV2	7579	70773	.07-	.01.3	4.039	.	pT
ASX6	1122	707U8	.058	.025-	4.02	.	pT
CCDC8	U1.	707U-	.01.3	.073	4.072	.	pT
SLC2A17	13829	707U-	.0757	.01	4.023	.	pT
GANCK5	12111	707U	.0--	.01U	4.091	.	pT
PHD2	57.U	70729	.0-	.011	4.0253	.	pT
DLC1	79U	70728	.01-	.037	4.078	.	pT
XBNLU	1--18	70723	.05U	.08-	4.0215	.	pT
6 AX1LU	1U--	70725	.0U9	.082	4.02U	.	pT
ONASX	3787	70722	.0--	.01U	4.021	.	pT

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
CLPCI1A	1582	70.19	.0-1	.07-	4.058	.	pT
XHLDV1	17979	70.11	.07	.08U	4.077	.	pT
C3orf1.	2582	70.3	.072	.0.8	4.05-9	.	pT
PONI	509	70.5	.085	.02.U	4.0.U1	.	pT
SHUXE-D2A	13528	70.2	.07-7	.01U	4.028	.	pT
XXMVX1	15772	70.2	.085	.091	4.07UU	.	pT
XLED2C2	15225	70.90	.021	.023	4.021	.	pT
LHMK	9-72	70.92	.039	.071	4.0.3	.	pT
PFB1	5318	70.89	.0281	.0-9	4.073	.	pT
OEYLF2	3-7	70.59	.035	.091	4.0-13	.	pT
SLM6.11	18-2	70.58	.07-3	.015	4.082	.	pT
G.YLK	12958	70.5-	.038	.0-3	4.0-5	.	pT
KINNP.L	9182	70.5-	.099	.098	4.0273	.	pT
RLMG.L2V	11913	70.55	.081	.019	4.0-77	.	pT
CF.SK	715U	70.75	.015	.082	4.0789	.	pT
FSXR2	2.12.	70.71	.015	.08U	4.0-17	.	pT
IFOA11	8311	70.7	.01U	.081	4.055	.	pT
XNDG1	15591	70.18	.083	.021	4.0787	.	pT
M6DC1	--55	70.1-	.03	.0--	4.031	.	pT
CIWF6.M5	2125	70.17	.07	.017	4.0	.	pT
CRL1-A1	19-1	70.2-	.037	.072	4.073	.	pT
CAC6.A2D1	239U	70.25	.092	.03U	4.0218	.	pT
ADAG.FS17	23U	70.27	.012	.033	4.017	.	pT
SOIX1	13737	70.18	.0713	.0.7	4.0.U2	.	pT
C9orf125	2-87	70.8	.0712	.0.U	4.057	.	pT
p.ACA	2.U2U	70.-	.087	.09-	4.02.7	.	pT
PGC2	5U-	70.7	.017	.038	4.03U	.	pT
ML6.5	-2.	70.2	.0.12	.05U	4.0.U9	.	pT
HG.C6.1	8.-5	U095	.0.12	.05U	4.0555	.	pT
FG.PG.75A	19-1.	U087	.0U-	.085	4.07-8	.	pT
ONPG.1	3792	U039	.059	.07	4.02U	.	pT
MRE.M2	--97	U03	.0285	.032	4.01-7	.	pT
SXR6.2	18753	U03	.01-2	.091	4.0753	.	pT
C11orf9-	1383	U0-5	.05	.019	4.021U	.	pT
6.PM	11U1	U059	.093	.051	4.019	.	pT
VP6.D-	178U	U05-	.02-	.053	4.05-5	.	pT
NPCK	1-U95	U052	.01-7	.092	4.053	.	pT
SSCS.D	18533	U073	.0--	.0-9	4.0785	.	pT
AKAX1.2	7-5	U07-	.073	.019	4.0-8	.	pT
LP.XNP1	9-3	U077	.0235	.03	4.0--	.	pT
ADAG.FS5	28U	U072	.0.5	.057	4.01U9	.	pT
CRL1-A1	19-8	U072	.0715	.0.5	4.017	.	pT
KDPLC2	89-8	U018	.052	.089	4.0729	.	pT
XNKD1	15--	U015	.055	.09	4.088	.	pT
ANL7C	99-	U023	.0518	.012	4.02.2	.	pT
ACF6.1	217	U025	.073	.02	4.0789	.	pT
DDN2	7-37	U019	.0715	.0-	4.02-	.	pT
HRE.A114AS1	8-8	U03	.071	.018	4.0788	.	pT
Q6.F2	2.911	U02	.07U	.01	4.0-75	.	pT
XF.NND	15932	U02	.092	.052	4.0519	.	pT
XFOIN	15922	U089-	.055	.091	4.0695	.	pT
CMIN.U	15-5	U089	.0757	.013	4.035	.	pT
HAVX7	3-85	U088	.01-8	.095	4.01.-	.	pT
FG.PG.2	19552	U088	.021	.08U	4.05-8	.	pT
LAG.V1	9791	U088	.022U	.053	4.01.1	.	pT
6.CN6.A..271	112.7	U083	.07U	.012	4.013	.	pT
SSX6	1858U	U039	.025	.015	4.0212	.	pT
ONX	3518	U03-	.07	.07U	4.0-71	.	pT
XNRS1	15312	U032	.01-2	.09U	4.0-9-	.	pT
IFOA1	83.9	U03	.03	.09-	4.0777	.	pT
CD99	1298	U08-9	.01.U	.038	4.0199	.	pT
CPS1	1575	U08-3	.075U	.013	4.01.1	.	pT
CCDC8	1199	U08-	.0518	.019	4.03-	.	pT
G.FIG	12393	U08-5	.08-8	.099	4.031	.	pT
XNDG-	15-2	U0851	.079	.091	4.018	.	pT
VHLHP71	15.3	U0851	.079	.0-9	4.093	.	pT
SXRCK1	1875U	U073	.095	.081	4.08.2	.	pT
PON2	5193	U075	.0.U	.053	.0.11	.	pT
CG.FG.U	1837	U018	.07-3	.022	4.019U	.	pT
HPYL	3879	U015	.097	.029	4.023	.	pT
C6.6.1	19.	U01U	.015	.021U	4.079	.	pT
FQ.ISF2	2.238	U023	.0.U	.053	4.087	.	pT
LRC1..12997.	9999	U02	.088	.0.1	4.05.-	.	pT
LSX1	11853	U08.3	.01-8	.093	4.09U	.	pT
ACSL7	189	U08-	.01.2	.039	4.099	.	pT
CRL5AU	199U	U08-	.02-	.018	4.0895	.	pT
SHUXE.D2V	13529	U08.7	.07-	.021	4.05.-	.	pT
SALL7	13.-3	U08	.0-7	.035	4.0918	.	pT
SRVX	1823-	U099	.028	.037	4.058	.	pT
IFOA5	831-	U099	.07U	.011U	4.05-	.	pT
CF.SV	717-	U095	.0718	.015	4.0-2	.	pT
Q.ISX1	2.893	U09U	.017	.08U	4.0-97	.	pT
NVG.SU	1-17-	U091	.0218	.0-1U	4.039	.	pT
M.6.A	--13	U09	.015	.08U	4.02-9	.	pT
Z6.M-9	21783	U088	.0-	.037	4.012	.	pT
KLM8	92.9	U088	.0188	.0.2	4.0758	.	pT
LNNCL2	11337	U085	.082	.023	4.078	.	pT
C9orf5U	2329	U085	.0-9	.033	4.0725	.	pT
LNCH2	11313	U085	.071	.0-7	4.0253	.	pT
CRGX	7.2.	U03U	.038	.02U	4.08.9	.	pT
M.F	-335	U08-	.03-	.02-	4.05.-	.	pT
Q.ISX2	2.898	U08-	.082	.02-1	4.059	.	pT
ZMKU	21191	U08-U	.05U	.071	4.085	.	pT
SBPX1	18827	U08-2	.02-	.083	4.0-	.	pT
uDX2	8383	U08-1	.015	.07U	4.077	.	pT
MRE.W1	-319	U08-	.08-5	.02.7	4.0799	.	pT



Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
SCAN6 A13	13173	UB58	.07	.077	4.028	.	pT
NAV3L1	1-118	UB58	.071	.013	4.031	.	pT
NASAU	1-27-	UB53	.085	.0 U	4.085	.	pT
6 FG	1155U	UB55	.029	.088	4.021	.	pT
LGCD1	9323	UB73	.099	.0U	4.075-	.	pT
OLIXN2	315-	UB72	.098	.0U	4.011-	.	pT
ZMHE7	21181	UBU	.098	.0U	4.058	.	pT
SF-OAL2	18-13	UBU	.033	.028	4.035	.	pT
LRC1. 1U2891	1.297	UB25	.0-1	.07U	4.07U	.	pT
DXF	51U	UB25	.073	.02.1	4.0-7	.	pT
AXCDD1	8.9	UB22	.088	.058	4.08U	.	pT
uAO1	8337	UB19	.07.3	.0.9	4.07.7	.	pT
Sp LM	18337	UB18	.0-8	.08	4.0975	.	pT
PI6A2	57-8	UB13	.08U	.03-	4.0U	.	pT
C12orf3.	18U	UB.8	.0715	.012	4.0535	.	pT
LREL1	11-82	UB.8	.0697	.0-	4.0U	.	pT
6E6	1187U	UB.3	.077	.09U	4.078-	.	pT
AFMU	1173	UB92	.0731	.028	4.09-	.	pT
EO	2.953	UB9	.05-	.093	4.091	.	pT
6HS	11752	UB88	.052	.0-8	4.057	.	pT
BPOMC	2.-53	UB83	.08U	.0.7	4.097	.	pT
ZPV2	211-8	UB33	.072	.09U	4.09	.	pT
IFOVL1	83U9	UB33	.032	.08U	4.0522	.	pT
CRL8A1	7.-1	UB37	.072	.02.2	4.059	.	pT
ANHOPM.	9.5	UB3U	.07.8	.011	4.02.1	.	pT
C21orfU7	229-	UB3	.032	.037	4.0-2	.	pT
G FIE	12398	UB-9	.08	.058	4.0-3	.	pT
G YR1V	12932	UB-7	.012	.085	4.012	.	pT
PMPG X2	5U-7	UB59	.0722	.015	4.0788	.	pT
XD1LIG U	17337	UB58	.07-3	.028	4.0-3	.	pT
IFOVU	83U2	UB53	.02-	.077	4.07U	.	pT
SLC12A7	13- --	UB5-	.092	.08	4.09U	.	pT
ACBNA2	2U7	UB55	.02-7	.032	4.02U	.	pT
LRC1. 1U 83-	1.11.	UB73	.038	.059	4.033	.	pT
GAGDC2	12.-3	UB73	.072	.097	4.03U	.	pT
MKVX9	-719	UB72	.088	.052	4.0755	.	pT
LXCAF2	11-95	UBU9	.031	.037	4.072	.	pT
C5orf1U	2733	UBU9	.01-	.0.1	4.0887	.	pT
LNIOU	113U	UBU8	.082	.012	4.01U	.	pT
CD2.	1028	UBU5	.017	.092	4.01.-	.	pT
SXSV1	1879.	UB27	.08U	.0U	4.07-	.	pT
GENA3	129.2	UB2	.017	.083	4.0717	.	pT
XF3621	15959	UB18	.07-U	.028	4.032	.	pT
C13orf51	2.-	UB12	.028	.018	4.018	.	pT
KLM2	9198	UB11	.07	.097	4.083	.	pT
CPLM2	U738	UB.8	.07-	.09-	4.0UU	.	pT
MAG3A1	-115	UB.3	.02-1	.032	4.073U	.	pT
LAY6	9528	UB	.099	.011	4.018	.	pT
XFOMN6	15921	UB	.098	.01	4.098	.	pT
SY6 DIO1	18851	UB99	.07-	.02.3	4.08U	.	pT
SCHIX1	13133	UB87	.06.8	.072	4.021	.	pT
NPCWL	1-19-	UB8	.031	.078	4.098	.	pT
OOF5	3.32	UB33	.075-	.028	4.0U7	.	pT
MM8	-U.	UB33	.027	.09	4.085	.	pT
MRER1	-312	UB3	.012	.09U	4.0.-	.	pT
MAG2. A	-.-9	UB3	.07.1	.012	4.089	.	pT
Q DN8-	2.85-	UB-3	.08.3	.098	4.02U	.	pT
ZMG2	212.-	UB5-	.085	.0.5	4.07.2	.	pT
LRC571731	11281	UB-7	.052	.023	4.031	.	pT
G FIP	12391	UB-	.087	.07-7	4.01.2	.	pT
KLM2	92.7	UB59	.031	.012	4.077	.	pT
LAGA1	978-	UB53	.013	.08-	4.02U	.	pT
G AX7K5	12.--	UB5-	.079	.03	4.05-	.	pT
CPNCAG	15U	UB57	.073	.098	4.032	.	pT
DZIX1	523-	UB52	.082	.0.5	4.09	.	pT
OLIS1	3153	UB5	.029	.021	4.09-	.	pT
uAGU	8387	UB5	.022	.091	4.0275	.	pT
SLC2-A1.	138.1	UB73	.015	.0U	4.07-U	.	pT
NRN1	1-37U	UB75	.015	.08-	4.057	.	pT
CFHNC1	7U25	UB72	.0-3	.088	4.027	.	pT
XKD2	15.31	UB72	.057	.0	4.0U-	.	pT
SLCU-A1	1388.	UBU-	.059	.02	4.029	.	pT
OLIS2	3158	UBU5	.095	.07	4.05U7	.	pT
GIFM	12731	UBU2	.01U	.08-	4.018	.	pT
6 XN2	1U-72	UB2-	.088	.01	4.025-	.	pT
OUv2	312.	UB2-	.08U	.08	4.078	.	pT
ZM6 D5	21137	UB22	.02-U	.035	4.052	.	pT
OXC-	3UU	UB19	.07U	.027	4.083	.	pT
C6 NIX1	U925	UB19	.023	.0-5	4.075	.	pT
C6 IHU	U895	UB1-	.071	.025	4.099	.	pT
SOG S2	1378U	UB17	.02-	.09U	4.073U	.	pT
SFAND8	18--1	UB17	.03U	.038	4.039	.	pT
XNY1	17725	UB17	.052	.032	4.01-1	.	pT
Np 6 E1F1	1-999	UB17	.06.9	.075	4.095	.	pT
uAZM	838-	UB12	.012	.089	4.02U5	.	pT
HSXV2	82UU	UB.3	.06-7	.0-1	4.01U9	.	pT
6 KD2	1U78-	UB-	.08-	.01	4.0783	.	pT
CRL15A1	U9-3	UB5	.025	.021	4.0U	.	pT
CD278	U2U	UB.7	.081	.0-	4.0U	.	pT
HPO1	38.9	UB.2	.07.7	.015	4.02.2	.	pT
G YR1D	12937	UB.2	.097	.087	4.077	.	pT
MN	538-	UB99	.012	.089	4.02-5	.	pT
XPLI2	17813	UB93	.025	.021	4.089	.	pT
ALDH1L2	51-	UB9U	.021	.021	4.05U	.	pT
LIG5L	9-8-	UB89	.051	.0.1	4.0279	.	pT
HHXL1	38-U	UB35	.05	.0.1	4.0.5	.	pT

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
ZCH12V	211_U	U035	.09	.05	4 0 82	.	p T
AVCA	72	U0-1	.039	.018	4 0 19	.	p T
GFIL	1239-	U05-	.0517	.079	4 0 1-	.	p T
ANAXU	883	U05-	.032	.0 8	4 0 97	.	p T
ADAGFS12	231	U051	.025-	.037	4 0 1	.	p T
XNKCA	15-79	U051	.077-	.029	4 0 5	.	p T
MAS	-18-	U072	.029	.087	4 0 U	.	p T
VGXI	1571	U071	.09-	.053	4 0 98	.	p T
ORLOA3V	3283	U07	.013	.0 3	4 0 58	.	p T
CLIX7	1822	U07	.018U	.0 8	4 0 7	.	p T
LOALS1	9-18	U0723	.02U	.027	4 0 1U	.	p T
C2_orf1_U	22U7	U0725	.0 3	.0 2-	4 0 19	.	p T
GPI82	1228-	U0713	.017	.0 3	4 0 -	.	p T
MAG7UA	-7-	U071-	.018U	.0 9	4 0 -	.	p T
KA6K2	8818	U071U	.07	.0 1	4 0 21	.	p T
AKAXIU	7--	U0712	.025-	.035	4 0 98	.	p T
SLAGM9	13-52	U07-	.0151	.0 U	4 0 3U	.	p T
HSX02	8275	U07_2	.02-U	.033	4 0 29	.	p T
FGPG7U	19- 8	U0199	.0238	.0 2	4 0 15	.03	p T
POML	5183	U019-	.035	.099	4 0 93	.03	p T
C1_orfL	1-81	U0195	.03-	.03	4 0 82	.03	p T
G AOP12	11991	U019U	.01U	.0 3	4 0 81	.03	p T
MAF7	-191	U0189	.0189	.05-	4 0 15	.03	p T
HIC1	3832	U018-	.079	.0 U	4 0 77	.03	p T
C2_orf197	2258	U0185	.011	.0 89	4 0 11	.03	p T
IDU	8U12	U0185	.019	.0 1	4 0 59	.03	p T
CECL12	7198	U0187	.0 8	.012	4 0 23	.03	p T
SXAFS2L	18U89	U0182	.07_7	.019	4 0 3U	.03	p T
G GX11	12529	U0181	.01-	.021	4 0 3-	.03	p T
FXXF1	19837	U0188	.0185	.017	4 0 1	.03	p T
G AXIV	12_UU	U0182	.071	.0 1	4 0 U	.03	p T
LRC1_1U182-	1_22-	U0182	.0231	.0 8	4 0 7_7	.03	p T
A6FEN2	351	U018	.01-	.0 3	4 0 73	.03	p T
KLK7	92--	U01-	.019	.0 2	4 0 78	.03	p T
XPAK1	178-	U0159	.0 8	.0 8U	4 0 93	.03	p T
ANH0AX2	918	U0151	.0238	.0 8U	4 0 8U	.03	p T
DRCK11	5_87	U0173	.0155	.0 -	4 0 3	.03	p T
SXPCC1	187_7	U0171	.02-1	.038	4 0 72	.03	p T
SXHK1	18718	U017	.017	.0 9	4 0 71-	.03	p T
6p AK1	118-3	U0119	.01U	.0 91	4 0 58	.03	p T
FGPG2_7	195-	U011U	.0195	.019	4 0 13	.03	p T
CRL3A1	7_...	U0129	.015	.01-	4 0 2U	.03	p T
MZD3	-8U-	U0125	.05_1	.051	4 0 19U	.03	p T
HRGPN1	8_32	U0121	.027U	.03U	4 0 5_1	.03	p T
DSF	5189	U0121	.0752	.01-	4 0 3	.03	p T
ADAG19	251	U012	.0232	.0 2	4 0 18	.03	p T
O6O11	3271	U0118	.051	.01-	4 0 1	.03	p T
SMX7	13779	U011U	.0 8	.035	4 0 97	.03	p T
VACH2	1U--	U011	.0 9	.053	4 0 -U	.03	p T
LRC28--8	1_952	U011	.059	.0 78	4 0 21	.03	p T
FIGXU	19U75	U011	.0 8	.035	4 0 -	.03	p T
PM6V2	5188	U011	.0712	.025	4 0 711	.03	p T
IFOV1	8323	U011	.01U	.0 2	4 0 2-7	.03	p T
MAG1_1V	5825	U011	.0718	.023	4 0 5_7	.03	p T
XTHAU	177U-	U011	.0 3	.0 2	4 0 28	.03	p T
ANXC2	1_12	U0293	.0 5	.03-	4 0 72	.03	p T
SOK1	13735	U0293	.0722	.028	4 0 -	.03	p T
Z6MI_X1	2119-	U0292	.071U	.015	4 0 1U	.03	p T
KCFD12	8979	U0291	.018-	.017	4 0 2-	.03	p T
MRSV	-3-	U0291	.05U	.029	4 0 95	.03	p T
G GXIU	125U1	U029	.077	.02-	4 0 1U	.03	p T
SLIF2	18_15	U0289	.015	.011	4 0 239	.03	p T
PD6NA	5118	U028-	.01	.0 97	4 0 592	.03	p T
CND1	172U	U0281	.023	.0 9	4 0 25-	.03	p T
LZFS1	11917	U0238	.021	.0 8	4 0 35	.03	p T
CDH1U	115	U0233	.018U	.013	4 0 78-	.03	p T
MAG-9A	-85	U0232	.0258	.039	4 0 73	.03	p T
IOMX3	87_9	U0232	.023	.011	4 0 97	.03	p T
VGXN2	155-	U0231	.0 5	.0-U	4 0 18	.03	p T
XLE6C1	152UU	U0231	.0 1	.0 1	4 0 59	.03	p T
XN6X	15-88	U023	.098	.052	4 0 1U	.03	p T
SPC2UA	1323-	U023	.072	.0 5	4 0 31	.03	p T
C12orf35	18U7	U02-	.058	.0 7	4 0 17	.03	p T
SFOCU	18-8-	U02-U	.01	.031	4 0 17	.03	p T
CNISXLD2	718U	U02-2	.07-	.0 -	4 0 7_1	.03	p T
XLPKHO2	1513-	U0253	.0258	.039	4 0 22	.03	p T
IFOAB	8325	U025-	.015	.015	4 0 22	.03	p T
CRL7A2	1985	U025	.07_3	.025	4 0 11-	.03	p T
FSXA6_18	2_1_5	U0279	.071	.0 5	4 0 25	.03	p T
LVD2	9537	U0278	.0231	.0 8U	4 0 -1	.03	p T
AH6AK2	7U1	U0273	.0755	.0 7	4 0 12	.03	p T
Dp SX1	5213	U027-	.0 6	.057	4 0 27	.03	p T
CMEG1	7118	U0275	.0717	.028	4 0 32	.03	p T
XL D1	15152	U027U	.025-	.039	4 0 2-	.03	p T
DDE7U	73_2	U0272	.0781	.078	4 0 28U	.03	p T
C_orf137	2575	U0271	.019	.0 98	4 0 1-	.03	p T
PG E2RS	5518	U0218	.0717	.028	4 0 2_8	.03	p T
KLKX1	923U	U021-	.015-	.01	4 0 52	.03	p T
PDILU	511U	U021	.018	.091	4 0 89	.03	p T
PG XI	5529	U028	.077-	.018	4 0 15	.03	p T
CCDC88A	111-	U025	.092	.0 9	4 0 92	.03	p T
CDK61A	17_9	U025	.01U	.032	4 0 15	.03	p T
LHML2	9-77	U0219	.017	.0 7	4 0 8	.03	p T
XCDH18	17- 8	U0213	.085	.0 89	4 0 8U	.03	p T
XLPKHH2	15187	U02_9	.0233	.08-	4 0 3	.03	p T
SXANCL1	18U-U	U02_9	.019	.09U	4 0 9U	.03	p T

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
CNCL1	U9-	U2.9	.072	.011	4.028	.03	pT
A6 KH	-73	U2.3	.03	.01	4.035	.03	pT
XP6 K	17822	U2.3	.058	.08	4.055	.03	pT
LRC328835	11559	U2	.07-U	.075	4.02U	.03	pT
XANBA	17553	U099	.01-	.09-	4.028-	.03	pT
CAX6 5	283-	U099	.0718	.011	4.091	.03	pT
XRFFPM	15189	U098	.0282	.088	4.02-U	.03	pT
IOM2	809-	U097	.025	.02	4.017	.03	pT
pC6 2	2.7U-	U09U	.0735	.079	4.059-	.03	pT
SY6 XR	188-7	U09U	.0232	.085	4.018	.03	pT
M6 DC7	--58	U09U	.013	.099	4.017	.03	pT
XLAF	15128	U09	.013	.05-	4.079	.03	pT
uAG2	838U	U09	.012	.07	.0.U	.03	pT
IMR1	8UU	U08-	.02	.07	4.0212	.03	pT
MF1	-188	U087	.05.9	.0-	4.01U	.03	pT
LRC1..283221	1.183	U08	.08U	.013	4.09.3	.03	pT
N6 M35	1--3.	U039	.01	.0--	4.01-	.03	pT
NME2	1-7-5	U033	.018	.0	4.01	.03	pT
LNNCL3	11359	U03-	.0537	.081	4.0752	.03	pT
BS6 L1	2.37.	U03-	.052-	.0--	4.0291	.03	pT
LY9-	11899	U03-	.057	.018	4.01-3	.017	pT
G F1V	12389	U05	.0732	.079	4.087	.017	pT
XHACFN2	179.-	U0-U	.02	.08U	4.039	.017	pT
SXNY2	1878U	U0-1	.051	.07U	.0.U	.017	pT
KLM	92.8	U055	.073	.038	4.018	.017	pT
PM6 V1	5183	U051	.05	.011	4.079	.017	pT
CXZ	71U	U07-	.08-	.02U	4.018	.017	pT
XYOR1	1-.7U	U075	.02--	.085	4.083	.017	pT
FHV1	19239	U05	.092	.025	4.0518	.017	pT
SXNY1	18782	U07	.072	.017	4.01.1	.017	pT
ADAG FS1	2-9	U012	.0732	.051	4.01-	.017	pT
A6 OXF2	-U	U011	.099	.023	4.09.8	.017	pT
NHRW	1-57U	U0U	.022-	.032	4.081	.017	pT
CAB2	2977	U029	.077-	.039	.088	.017	pT
XCSK3	17-99	U023	.038	.053	4.02-1	.017	pT
CCDC82	U1.2	U021	.03-	.02	4.013	.017	pT
XLAC9	15127	U015	.052	.01U	4.035	.017	pT
G S6	12332	U0-	.058	.015	4.02.7	.017	pT
CYX2p 1	75.U	U0.U	.023-	.089	.0.1	.017	pT
A6 KNDU5	-95	U02	.082	.088	4.058	.017	pT
G PFN6 L	12U 9	U09-	.027	.05	4.087	.017	pT
G MOP8	12U5.	U097	.07	.035	4.029	.017	pT
OAS-	-978	U097	.058	.022	4.025-	.017	pT
CM	15-8	U09	.081	.02U	4.027	.017	pT
DCLK2	7-29	U089	.057	.082	4.01	.017	pT
6 PMG	1115U	U085	.02-	.087	4.05.1	.017	pT
NOS2	1-5.2	U081	.025	.031	4.03	.017	pT
NRCK2	1-3U-	U081	.077	.039	4.02-	.017	pT
HYG AI	8289	U08	.032	.021	4.0-3	.017	pT
BG XI	2.-85	U08	.09	.023	4.02-2	.017	pT
MUA1	538U	U038	.033	.022	4.0722	.017	pT
HRE A7	8.9.	U033	.023-	.09	.	.017	pT
SFK13V	18-91	U03U	.0283	.09U	4.015	.017	pT
LRC7.1.93	111-7	U0-U	.02.7	.0-3	4.071U	.017	pT
ANNDCU	1.7-	U0-1	.017	.019	4.01.7	.017	pT
LRC1..1289.5	9881	U0-1	.013	.018	4.01-1	.017	pT
S1..A7	13.UU	U0-	.0715	.072	4.0775	.017	pT
F6 M8M1	19372	U0-	.02U-	.033	4.095	.017	pT
HREAU	8.89	U059	.0737	.055	.0U-	.017	pT
N6 M22	1--19	U057	.012	.02	4.0292	.05-U	pT
H19	3--U	U05U	.057	.082	4.012	.05-U	pT
6NX2	11811	U05U	.02-	.08	4.017	.05-U	pT
MGRD	--75	U052	.053	.08U	4.081	.05-U	pT
OAVANAXL1	-857	U051	.09-	.093	4.055	.05-U	pT
GGX3	12573	U051	.01-	.01U	4.02.8	.05-U	pT
QFIX	2.918	U05	.058	.027	4.0291	.05-U	pT
FSHZ2	2..85	U07-	.01U	.09	.079	.05-U	pT
ACFV12	2.7	U072	.029	.08	4.022-	.05-U	pT
SC6 UV	13192	U071	.012	.01-	4.012	.05-U	pT
Sp LM2	18335	U071	.058	.033	4.05.-	.05-U	pT
D6 AuV7	5.13	U071	.08	.092	4.08-	.05-U	pT
VACP2	1U-7	U07	.05	.081	4.0229	.05-U	pT
M6C 1	-3-5	U09	.055	.05	4.07-8	.05-U	pT
XNKDU	15--2	U08	.077	.01U	4.01-9	.05-U	pT
ORLIG7	329U	U08	.01U	.0U	4.073	.05-U	pT
XHLDAU	17978	U08	.021	.0-	4.01-9	.05-U	pT
FQ SO1	2.28.	U08	.097	.093	4.083	.05-U	pT
NASL11V	1-2-3	U0U-	.0759	.051	4.071U	.05-U	pT
MJ	539.	U012	.053-	.09	4.039	.05-U	pT
CRL7A1	1987	U0U	.09-	.011	4.078	.05-U	pT
CAB1	297U	U029	.075U	.05	.079	.05-U	pT
BPOW	2.-5-	U027	.071	.08	4.019	.05-U	pT
ANSP	1.52	U018	.081	.09U	4.075	.05-U	pT
XLAp	15129	U018	.079	.082	4.039	.05-U	pT
VCAF1	17U	U017	.02-	.08	4.08-9	.05-U	pT
WKI	1--57	U01U	.025	.035	4.038	.05-U	pT
SYDP1	18871	U0-	.053	.052	4.02.2	.05-U	pT
M6 DCU	--53	U07	.021	.09	4.058	.05-U	pT
GAXDU	12.32	U02	.02.U	.08	4.05-	.05-U	pT
CSNX2	7233	U01	.025	.072	4.099	.05-U	pT
RLMG L2A	1191-	U	.019	.08	4.05U	.05-U	pT
GRE D1	12-.U	U	.0-	.05U	4.011	.05-U	pT
CDKL5	U7.8	20999	.012	.011	4.07.U	.05-U	pT
LAFS2	952-	2098	.01U	.031	4.098	.05-U	pT
CCDCU	U5U	2095	.07-5	.055	.02-	.05-U	pT
DAXKU	753.	2095	.057	.085	4.09-3	.05-U	pT

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
CDK-	LD9	209	.093	.01	4.038	0.58	pT
DRCK7	5.83	209	.099	.01	4.071	0.58	pT
ADXNH	U7-	2088	.01	.01	4.077	0.58	pT
GGD	12522	208-	.031	.027	4.01.8	0.58	pT
NML14AS1	1-75U	2082	.025	.039	4.087	0.58	pT
FOMNI	19278	2081	.035	.092	4.09-	0.58	pT
LXH62	113. .	2033	.025	.035	4.03U	0.58	pT
LRC7. 11-7	111-8	203-	.01U	.038	4.03U	0.58	pT
CLD6 11	1858	203U	.077	.08U	.012	0.58	pT
LAGC1	979-	20-8	.038	.023	4.0719	0.58	pT
IOMX-	87. 8	20-7	.095	.01U	4.0-2	0.58	pT
GGP	12527	20-7	.01U	.022	.07	0.58	pT
LNNC15	1135-	2053	.01	.07	4.01U	0.58	pT
S1. .A2	13. U1	2053	.015	.072	4.081	0.58	pT
Op LXI	3- U8	205U	.017	.01U	4.055	0.58	pT
Z6 M21	21525	205U	.07. U	.01-	4.01	0.58	pT
FG PG 119	19759	2079	.037	.01	4.02U	0.58	pT
6 AGXF	1U 5-	2078	.085	.01	4.051	0.58	pT
KDPLC1	89-3	2078	.09	.098	4.081	0.58	pT
LRC1. .129L93	9972	2073	.029	.038	4.05-7	0.58	pT
MREL1	-3. 5	2075	.015	.017	4.01-7	0.58	pT
Op CY1VU	3- U	2077	.012	.032	4.081	0.58	pT
KIAA. 7. 8	9. 23	20U9	.079	.085	.0-7	0.58	pT
CILX	1311	20U8	.083	.085	4.07-	0.58	pT
OLIXN1	315U	20U-	.07	.082	4.025	0.58	pT
6 NXI	1151.	20U-	.08U	.093	4.073	0.58	pT
ADLIG 2	1733U	20U-	.05U	.052	4.023	0.58	pT
Mu723. 9	-53.	20UU	.02-8	.092	4.01-	0.58	pT
LPXNPL1	9- 8	20UU	.053	.05-	4.0U-	0.58	pT
A2G	5	20U2	.07U	.079	4.011	0.58	pT
CDKL1	U7. 7	2029	.021	.035	4.083	0.58	pT
ADG	UU-	2028	.099	.02. 7	4.098	0.58	pT
Mu7113.	-55.	2028	.033	.0-	4.091	0.58	pT
PD6 1	5U7	202-	.03U	.01-	4.097	0.58	pT
AMAXL1	U8.	2025	.031	.092	4.08-	0.58	pT
FG PG 213	19532	2027	.012	.01	4.085	0.58	pT
CAND-	2898	202	.02-	.011	4.051	0.58	pT
CAXZV	2891	202	.01U	.073	4.028	0.58	pT
ACFV	2. U	2019	.097	.0-3	4.058	0.58	pT
ADC	U 1	2013	.058	.089	4.051-	0.58	pT
VACP1	1U-U	2015	.019	.082	4.072	0.58	pT
FQ ISF1	2. 233	2015	.038	.095	4.033	0.58	pT
PXN7112	5583	2017	.01	.01U	4.0-5	0.58	pT
XAE1	1753.	2012	.058	.053	4.0-9	0.58	pT
MZD1	-829	20-9	.08-	.01U	4.023	0.58	pT
OX6 G V	3U52	20-8	.02-1	.0-9	4.02. 1	0.58	pT
NAVUL1	1- 119	20-3	.01U	.081	4.078	0.58	pT
ADDU	U21	20-3	.08U	.0--	4.072	0.58	pT
HSXA12V	8218	20-.	.057	.022	4.0U8	0.58	pT
ICAG 7	8U-U	20-7	.01	.032	4.097	0.58	pT
MNL1	5383	20-7	.01U	.01-	4.081	0.58	pT
OLI2	315.	20- U	.015	.07-	4.01-	0.58	pT
LRC1. .1U727.	1. U7.	20- 1	.033	.01U	4.011	0.58	pT
616 u2	1U7-2	209	.08	.01	4.05. 2	0.58	pT
A6 EA2XU	3- .	209	.073	.02	4.01-9	0.58	pT
XIFE2	15. 59	2089	.027	.012	4.055	0.58	pT
XTHA2	177U5	2087	.02-8	.092	4.08-1	0.58	pT
RDZ7	1U897	2087	.05-	.089	4.05. 2	0.58	pT
A6 KNDUB	3. .	2082	.017	.015	4.098	0.58	pT
OXE3	373U	2081	.012	.08	4.0U9	0.58	pT
NRVR1	1-3U1	2088	.019	.03-	4.07--	0.58	pT
CSDC2	72U1	208-	.099	.0-9	4.0711	0.58	pT
MRS	--35	2082	.012	.019	.091	0.58	pT
GMAX2	12U7	2083	.088	.01-9	4.02. 8	0.58	pT
PVM	529U	2033	.01U	.082	.028	0.58	pT
AASS	23	203-	.035	.0-9	4.0215	0.58	pT
SF5	18-15	2032	.02-7	.092	4.07-7	0.58	pT
MKVX3	-713	208-8	.013	.011	4.051	0.58	pT
LRC-751--	11U83	208-3	.01U	.02U	4.071	0.58	pT
ADP1V	17328	208-U	.095	.0-8	.051	0.58	pT
GGX2UW	1257.	208-U	.01U	.077	4.037	0.58	pT
LRC1. .1U 33-	1. .99	208-1	.098	.0-9	4.032	0.58	pT
NAV3V	1-1U8	2085	.07-	.05-	4.028	0.58	pT
CSNXI	723-	2083	.01U	.081	4.02U	0.58	pT
FOMI	19273	208-	.07	.057	4.022	0.58	pT
CIWF6 M	212-	208-	.02U	.038	4.079	0.58	pT
SFR6 1	18313	208-	.023	.015	4.025-	0.58	pT
MG6 LU	--U8	2087	.051	.05U	4.073	0.58	pT
6 RFCHU	1U597	208U	.013	.011	4.01-	0.58	pT
SACS	13. 58	2085	.02-1	.092	4.083	0.58	pT
ARCU	33.	2079	.035	.0-3	.091	0.58	pT
ACF6 U	21-	2073	.079	.083	4.072-	0.58	pT
DKMXS8-K152.	7912	2073	.033	.0-2	4.01-	0.58	pT
ML6 1	-198	2072	.073	.053	4.023-	0.58	pT
DSPL	5181	2071	.075	.021	4.055	0.58	pT
SHUKVXI	13523	2087	.02-	.092	4.022	0.58	pT
FNR	2. .U7	20U8	.01U	.01	4.05U8	0.58	pT
XFHIN	15929	20U7	.01-9	.0U8	4.089	0.58	pT
PONU	5U98	20U7	.09	.08	4.072	0.58	pT
SPNX6 P1	13U93	20U1	.012	.082	4.02-2	0.58	pT
XLRD2	152. 9	20U	.019	.055	4.02U	0.58	pT
FG PG 158	195. 2	2023	.018	.08U	4.0U8	0.58	pT
A6 EA2	358	2023	.072	.021	4.08U	0.58	pT
MGR2	--U9	2023	.01	.078	.0-5	0.58	pT
LNCH1	1131-	2025	.057	.055	4.091	0.58	pT
DXYSL2	5179	202U	.01U	.013	4.0U	0.58	pT

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
GGXU	1257-	2022	.018	.02-	4.0737	10.9-	pT
HRE A3	8.9U	2021	.0588	.02.9	4.073	10.9-	pT
GF1A	12388	2021	.01-	.01U	4.025	10.9-	pT
NRVRU	1-3UU	2019	.02.U	.032	4.013	10.9-	pT
6 DPL1	1U239	2019	.082	.0-5	4.013-	10.9-	pT
KNF13	9U19	2013	.09-2	.072	4.011	10.9-	pT
6CKAXSL	1U1U5	201-	.021	.07U	4.017	10.9-	pT
NCA6 2	1-U7	2015	.052	.089	4.029	10.9-	pT
LNN6 7CL	118U	2011	.02U	.015	4.075	10.9-	pT
LRC28U8-3	1.8U7	208.9	.072	.05	4.071	10.9-	pT
DRCK-	5.89	208.8	.02-1	.09U	4.011	10.9-	pT
AKFU	5.2	208.-	.015-	.023	4.091	10.9-	pT
F6 MNSM2A	1932-	208.-	.0758	.0-U	4.078-	10.9-	pT
C1UbrRU	187-	208.7	.075	.0-	4.01-	10.9-	pT
CASF	29U7	20893	.015	.087	4.019	10.9-	pT
XNICKLP2	15-28	20893	.0153	.028	4.02	10.9-	pT
N6 M75	1--55	2089-	.02-7	.097	4.099	10.9-	pT
FGPG1LDP	1973-	20897	.015	.01U	4.088	10.9-	pT
ZMLL1.1	21192	20892	.013	.021	4.015	10.9-	pT
G YR5A	12981	20889	.077	.083	4.06	10.9-	pT
XFXNO	15935	2088-	.017-	.052	4.072	10.9-	pT
CSDA	7212	20885	.03-	.031	4.027	10.9-	pT
F6 MNSMA	1931U	20882	.012	.03-	4.017	10.9-	pT
CDC17V	1U-	2088	.01-8	.0-1	4.058	10.9-	pT
GRVKL2V	125--	20839	.07-	.089	4.031	10.9-	pT
Z6 M12	215UU	20837	.038	.0	4.012	10.9-	pT
DXX7	512-	2083U	.07.1	.075	4.015-	10.9-	pT
C8orf7	2-U9	2083U	.07	.02-3	4.0-	10.9-	pT
FVE5	19.33	2083	.0158	.053	4.09-	10.9-	pT
HSUSFU1	81--	2083	.01-8	.0-1	4.088	10.9-	pT
A6 R-	3U9	208-9	.07U	.052	4.017	10.9-	pT
XPcAG 1	1781.	208-3	.0233	.0	4.052	10.9-	pT
FOMU	1927-	208-3	.0751	.0-U	4.09U	10.9-	pT
C6 F6 AXU	U97.	208-5	.0182	.015	4.018	10.9-	pT
C1WF6 M	2121	208-7	.072	.088	4.02-7	10.9-	pT
C1WF6 M8	2123	208-2	.02-	.035	4.015	10.9-	pT
DIR2	7839	208-	.02-3	.093	4.09U	10.9-	pT
PYA2	5332	20859	.0783	.033	4.018	10.9-	pT
GMAX7	12U73	20859	.012	.02-5	4.0.8	10.9-	pT
HAS2	331.	2085-	.073	.05U	4.077	10.9-	pT
G YR1P	12935	20855	.08U	.01.U	4.015	10.9-	pT
CCDCU-	11.53	20857	.098	.032	4.071	10.9-	pT
HRE A9	8.97	2085	.018	.02U	4.011-	10.9-	pT
pSF	2.599	20878	.05-	.09U	4.0257	10.9-	pT
MIAD1	-189	20878	.01U	.073	4.03-	10.9-	pT
SC6 2V	1319.	2087-	.02.9	.03-	4.021	10.9-	pT
6 F5P	1U573	20871	.02-U	.09-	4.052	10.9-	pT
S6 A11	181U2	2087	.012	.017	4.099	10.9-	pT
CRN16	7.79	2087	.02-1	.095	4.083	10.9-	pT
AFX1V	1188	2087	.019	.01U	4.011	10.9-	pT
SFUOAL2	18-1.	2087	.022-	.082	4.087	10.9-	pT
KNF5	9U73	208U8	.08-7	.01-	4.0-5	10.9-	pT
6 KEU0	1U5.U	208U5	.018	.019	4.029	10.9-	pT
ACRF9	1-3	208U7	.0257	.09U	4.021	10.9-	pT
S1XN2	13.73	208UU	.0255	.09U	4.07-	10.9-	pT
DND7	51-1	208U1	.09-	.075	4.028	10.9-	pT
VHG F2	15.9	208U1	.015	.08-	4.0-2	10.9-	pT
PFHP1	531U	20829	.077	.09	4.075	10.9-	pT
XANX7	17551	20829	.01-7	.0-	4.01U	10.9-	pT
OuC1	312-	20829	.0189	.019	4.039	10.9-	pT
XNPLX	15-17	20823	.01.8	.07	4.059	10.9-	pT
NALV	1-195	2082-	.075	.09	4.06	10.9-	pT
GF1H	12397	20827	.013	.01U	4.012	10.9-	pT
CH25H	1585	20827	.07-8	.032	4.013	10.9-	pT
KNF17	9U15	2082U	.08-	.01-2	4.095	10.9-	pT
CHN6 A3	U-3	2082U	.02	.081	4.015	10.9-	pT
A6 EA8L2	3--	2082	.01U	.072	4.088	10.9-	pT
ORLOA8P	3289	20819	.022	.09U	4.018	10.9-	pT
SPNX6 P2	13U98	20818	.07.1	.078	4.09-	10.9-	pT
KNF1-X2	9U18	2081-	.03	.02	4.012	10.9-	pT
C1orf57	2211	20815	.019	.088	4.0U-	10.9-	pT
CC6 R	U139	2081U	.01-	.01U	4.083	10.9-	pT
CDK6 1C	U711	20812	.07	.078	4.075	10.9-	pT
HSD13V11	8182	20812	.012	.018	4.01U	10.9-	pT
SLC1-A3	13-95	208.8	.018	.0--	4.053	10.72	pT
NXS-KAU	1-898	208.8	.02-8	.099	4.012	10.72	pT
CRL17A1	U9--	208.8	.07U	.01-7	4.092	10.72	pT
6 PDD9	1U15.	208.8	.097	.01.9	4.077	10.72	pT
ANHOPM	9-7	208.5	.01U	.08-	4.078	10.72	pT
KA6 K7	882.	208.1	.095	.02	4.012	10.72	pT
MLX1L	-199	2099	.02.8	.033	4.078	10.72	pT
OSFXI	3538	2098	.02U	.097	4.051	10.72	pT
G PMA	122-9	209-	.02-U	.098	4.07U	10.72	pT
LNX12	113U8	2092	.01-	.018	4.031	10.72	pT
XCDHOA8	17-52	2091	.09-	.03U	4.01U	10.72	pT
IWCuSCHIX1	8-73	2091	.091	.01.8	4.012	10.72	pT
XID1	17982	2091	.011	.018	4.01U	10.72	pT
G PCRG	122U	2089	.02.9	.038	4.072	10.72	pT
CFIM	7U2-	2083	.092	.01.9	4.093	10.72	pT
IFOW-	83U-	208-	.05U	.02	4.02-7	10.72	pT
CYLD	77-9	208-	.015	.08	4.05-	10.72	pT
KLM9	9211	208U	.01-1	.01U	4.079	10.72	pT
XDP3V	1737-	2082	.027	.08U	4.079	10.72	pT
Z6 M8.	2138U	2081	.017	.08	4.051	10.72	pT
F6 C	1931.	208	.08	.021-	4.013	10.72	pT
MRSL2	--38	203-	.07.U	.051	4.032	10.72	pT

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
	SOCV	137.9	.057	.95	4.038	10.72	pT
	GAMV	11955	.097	.01	4.09	10.72	pT
	Z6M99	21-U	.018	.051	4.071	10.72	pT
	LRC1. .5. 58. -	1.757	.025	.059	4.022	10.72	pT
	KLM.	919	.01	.018	4.0-2	10.72	pT
	ORLOA-L1.	3281	.01	.017	4.028	10.72	pT
	ONID1	35.2	20-9	.0	.021	10.72	pT
	CDHN2	UL8	20-8	.027	4.05-5	10.72	pT
	SLC8A2	13891	20-3	.015	4.01.1	10.72	pT
	PGE2	5518	20-3	.013	4.071	10.72	pT
	6RFCH7	11595	20--	.018	4.0.8	10.72	pT
	NCVFV2	1-U-3	20--	.025	.03	10.72	pT
	RDZ2	11892	20-7	.025	4.03-	10.72	pT
	LRC328. -1	115.-	20-1	.081	4.09U	10.72	pT
	6N6.1	118.8	20-1	.012	4.0219	10.72	pT
	SXAF9	18185	20-1	.012	4.028	10.72	pT
	GNAS	12-U9	20-59	.087	.0-3	10.72	pT
	XFX6.17	15957	20-59	.012	4.0232	10.72	pT
	up.6	881.	20-53	.01U	.082	10.72	pT
	NRNA	1-375	20-53	.018	4.02.U	10.72	pT
	CILX2	1812	20-5-	.038	4.0878	10.72	pT
	BDN	2.-57	20-5U	.09U	4.0197	10.72	pT
	F6MIX8	1931-	20-73	.032	4.0-2	10.72	pT
	CDH2	UL8-	20-73	.085	40.18	10.72	pT
	NASD1	1-251	20-7U	.06-	4.01-	10.72	pT
	pVP2W2XI	2.LBU	20-U	.019	4.01.5	10.72	pT
	SGAD9	18.-2	20-U	.0-2	.08U	10.72	pT
	EYLF1	2.99-	20-U7	.0U	4.018	10.72	pT
	D6AtC18	5.12	20-U7	.039	4.0-8	10.72	pT
	LRC7. .7-7	1111U	20-U	.097	4.097	10.72	pT
	XPNI	17827	20-28	.079	4.08U	10.72	pT
	Np.6E1	1-998	20-2-	.097	4.02U	10.72	pT
	MAG.2.C	-.11	20-25	.028	4.09-	10.72	pT
	LANX-	9513	20-25	.015	4.088	10.72	pT
	Xp.NO	1-.-	20-2U	.028	4.07.7	10.72	pT
	MAVX5	58.5	20-21	.01U	4.018	10.72	pT
	C1Ubrf15	1818	20-18	.017	4.081	10.72	pT
	ADAGFSL2	289	20-13	.031	4.0935	10.72	pT
	PHDU	57.7	20-13	.093	4.029	10.72	pT
	SDC1	1322-	20-15	.078	4.0813	10.72	pT
	FSC22DU	2.-9	20-15	.02U	4.01-7	10.72	pT
	XC6.E	17-87	20-15	.0U	4.019	10.72	pT
	MAG.7U	-.71	20-11	.0-8	4.011	10.72	pT
	CHSF12	U-39	20-11	.02	4.0U	10.72	pT
	NC6.1	1-187	20-1	.017	4.02U	10.72	pT
	MAG.89A	-119	20-9	.017	.0-7	10.72	pT
	CECL2	77.U	20-3	.098	.08	10.72	pT
	GIAF	127U	20-	.0-8	4.051-	10.72	pT
	KC6.ii5	889-	20-5	.012	4.08U	10.72	pT
	6XHXU	1U-2-	20-U	.0U	4.01-	20	pT
	LRC1. .19. 9U9	1.U-U	20-1	.073	4.093	20	pT
	IMI-	8U5	20-99	.027	4.051	20	pT
	PGIL16.2	5521	20-98	.015	4.0U	20	pT
	CXP	7.98	20-98	.025	4.09U	20	pT
	LRC1. .1U. . .	1. . .5	20-93	.0-8	4.093	20	pT
	IL7N	8523	20-97	.075	4.03U	20	pT
	CRE3A1	7.39	20-9U	.059	4.083	20	pT
	ZCCHC11	21121	20-92	.01-	4.0U	20	pT
	C-orf175	251U	20-9	.01	4.088	20	pT
	XLAOL1	1512-	20-89	.012	4.0-2	20	pT
	AMAXI	U-8	20-89	.08-	4.06	20	pT
	CSX07	72-8	20-88	.019	4.062	20	pT
	CD99XI	1U.	20-88	.012	4.0895	20	pT
	A6.KS-	329	20-83	.013	4.0-3	20	pT
	p.VFD2	2.717	20-83	.013	4.019	20	pT
	G.AOPH1	1199.	20-85	.012	4.0225	20	pT
	FXSUU	198U	20-85	.039	4.0	20	pT
	CHSF11	U-38	20-85	.0-7	4.079	20	pT
	ANHOAXI.	91.	20-8U	.037	4.0253	20	pT
	ORXC	3U.	20-8	.089	4.05U	20	pT
	C9orfU	231-	20-8	.081	4.025	20	pT
	KAF6AL1	88U	20-39	.077	4.07.3	20	pT
	VACH1	1U-5	20-39	.0-U	4.019	20	pT
	LVH	9529	20-39	.0-9	4.015	20	pT
	IODCC7	819U	20-39	.095	4.072	20	pT
	FFC2U	2.153	20-39	.019	4.099	20	pT
	HRRKU	8.38	20-38	.071	4.019	20	pT
	P6FXD1	553.	20-33	.01	4.039	20	pT
	RLMG.L1	11915	20-33	.03-	4.018	20	pT
	LG.6.A	931U	20-3-	.01-	4.05-	20	pT
	G.YH9	12977	20-3-	.08	4.01-U	20	pT
	HIBPX2	39-7	20-3-	.08U	4.07-	20	pT
	XAXXA	1751-	20-35	.092	4.08-	20	pT
	MIRDU	-183	20-31	.07.7	4.072	20	pT
	CLPCUV	1893	20-8	.088	4.09	20	pT
	ADCY3	117	20-3	.03U	4.05.2	20	pT
	FOMN2	19279	20-U	.09-	.017	20	pT
	IL11	8751	20-	.0U	4.029U	20	pT
	ANPO	89.	20-	.015	4.0U	20	pT
	Q.DN-U	2.818	20-5-	.032	4.011	20	pT
	VHLHP22	15.7	20-55	.05	.0.8	20	pT
	AS6.S	1111U	20-57	.01.1	4.098	20	pT
	OAL6FL2	-919	20-57	.08-	4.012	20	pT
	Q.IXM	2.892	20-79	.03	4.031	20	pT
	SFE2	1837-	20-79	.098	4.011	20	pT
	GF2A	12399	20-78	.09-	4.037	20	pT

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
Dp SX	5218	20578	.018U	.051	.072	200	p T
Z6 ML8	217-9	2057	.085	.03U	4 02U	200	p T
AMAXL2	131	20577	.012	.01U	4 017	200	p T
V6 IXL	15--	2057U	.025	.09U	4 02	200	p T
6 XC2	1U-13	2057	.023	.09	4 011U	200	p T
OAVNV2	-8-8	2057	.05-	.02	4 059	200	p T
XNSL	15359	20512	.028	.09	4 015	200	p T
XCDHV17	17-U7	205U	.05U	.019	4 013	200	p T
MRE6 U	-31.	20529	.022	.088	4 01U	200	p T
LRCl . 5. 35. 3	1. 5U7	20528	.02U	.097	4 011	200	p T
LRCl75-97	1. -72	2052	.01U	.027	4 098	200	p T
CLIC7	U815	20518	.05-	.02	4 055	200	p T
p6 CSV	2. 791	20518	.082	.052	40093	200	p T
CLD6 5	U837	20513	.0711	.0-U	.087	200	p T
LRCl-5U1.35	11787	2051	.012	.027	.07	200	p T
CX6 P8	711-	2051	.083	.035	4 029	200	p T
FMI	19215	205.8	.08U	.01U	.05-	200	p T
PNG6	5-3.	205.7	.0-	.0-7	4 015	U0-7	p T
BCL	2. -7.	205. U	.073	.099	4 051	U0-7	p T
XCDHV1-	17-U	205. U	.085	.05	4 0-9	U0-7	p T
ANHOAXL1	929	205. 2	.073	.059	4 075	U0-7	p T
XXXLC	1551U	205. 1	.09-	.039	4 015-	U0-7	p T
F6 AX	193. 9	205. 1	.053	.0-U	.072	U0-7	p T
KNF72X	9U7-	20599	.0U	.012	4 017	U0-7	p T
CubrF 7	2723	20599	.07U	.053	4 095	U0-7	p T
FSXA6.2	2. 1. 3	20593	.039	.032	4 093	U0-7	p T
OLO1	3178	2059-	.0	.08	4 02U	U0-7	p T
XLPHO1	15135	20595	.078	.099	4 09	U0-7	p T
SY62	18873	20597	.0-U	.0-	.027	U0-7	p T
FGPG113	19758	20597	.018	.088	4 07.8	U0-7	p T
NAX2V	1-225	2059U	.031	.0-9	4 01-2	U0-7	p T
SLCU9A1U	139. U	2059	.039	.032	4 0512	U0-7	p T
Cubr53	272U	20583	.088	.03-	.023	U0-7	p T
ZSQ1G7	218U7	20583	.078	.07	4 031	U0-7	p T
XLSCN7	15219	20583	.011	.021	.0U	U0-7	p T
NAXPM2	1-228	2058-	.059	.0-7	4 072	U0-7	p T
CYX23C1	7788	20587	.085	.051	4 095	U0-7	p T
FVC1D2	19. 21	20587	.07U	.098	4 052-	U0-7	p T
ANSV	1. 5.	2058U	.031	.0-9	4 082	U0-7	p T
6 IXAL7	1U73.	2058U	.018	.01-	4 019	U0-7	p T
VFVD19	1-71	20582	.017	.07-	4 095	U0-7	p T
ZVfV1	21. -.	20581	.01	.081	4 019	U0-7	p T
MNF2	--2U	20581	.03	.0-8	4 058	U0-7	p T
XDOMA	1735.	20581	.02	.089	4 093	U0-7	p T
xH11	13U71	20538	.032	.01	4 019	U0-7	p T
XFOIS	1592U	2053U	.0	.0-2	.0-9	U0-7	p T
XAVXC7L	17778	20532	.028	.092	4 098	U0-7	p T
NAVAC1	1-177	2053	.09	.033	4 09.1	U0-7	p T
CF6 6 V1	7U12	205-9	.019	.093	4 029	U0-7	p T
FHSD3A	19U5	205-3	.07-	.0	4 082	U0-7	p T
BXSU	2. 315	205-5	.08	.087	4 08-	U0-7	p T
XFOHIX	1599-	205-7	.082	.037	4 0515	U0-7	p T
FCPAL3	19. 92	205-2	.0U	.09U	4 025	U0-7	p T
CH6 1	U71	205-1	.0--	.08	4 08	U0-7	p T
CEorf53	77U3	205-1	.0-2	.0-	.031	U0-7	p T
XXXIN1U	15783	2058	.071	.098	4 075-	U0-7	p T
MuL. U1	-51U	2058	.035	.012	4 0.1	U0-7	p T
LOALS3	9-23	2058	.0.5	.07-	4 029	U0-7	p T
M6	-823	205-	.01U	.023	4 083	U0-7	p T
ZCHC9	211U8	2055	.02-	.051	4 021U	U0-7	p T
Q DN71	2. 813	2057	.09	.033	4 085	U0-7	p T
SXO2.	18717	2057	.022	.09	4 033	U0-7	p T
OLS	3135	205U	.019	.098	4 031	U0-7	p T
SFE3	18351	205U	.033	.032	4 022	U0-7	p T
IL1-	87-2	205	.057	.0-U	4 0-3	U0-7	p T
XXAX2V	15719	20579	.023	.017	4 0-	U0-7	p T
SFG 6.2	1831.	20573	.031	.09U	4 062	U0-7	p T
SLC2. A1	1332.	2057-	.099	.081	40071	U0-7	p T
ID1	8U1.	2057U	.012	.0-9	4 017	U0-7	p T
XXXIN15A	15792	20572	.0.3	.085	4 093	U0-7	p T
G AF6 U	12119	20571	.028	.035	4 058	U0-7	p T
A6 OXFL7	-15	2057	.083	.07	.031	U0-7	p T
XDG 5	1789-	2057	.01	.08-	.08	U0-7	p T
CCDC1. 2A	2982	205U9	.053	.05	4 02U9	U0-7	p T
NASONM2	1-258	205U9	.029	.097	4 07--	U0-7	p T
HPCQ 2	38. 8	205U-	.097	.021	4 028	U0-7	p T
XXAX2A	15718	205U-	.03U	.012	.019	U0-7	p T
ACAA2	11-	205U5	.089	.019	4 0-U	U0-7	p T
CLIX2	U82.	205U5	.0-U	.0-3	4 07--	U0-7	p T
G YL12V	12978	205U7	.03U	.031	4 08. U	U0-7	p T
CRO-	U953	205U7	.021	.05	4 02U	U0-7	p T
LRCl. . 12398U	93-9	205U2	.097	.08	4 05U	U0-7	p T
LRCl. . 128252	98. 1	205U2	.088	.05-	4 029	U0-7	p T
ILINAX	8787	205U2	.023	.097	4 015	U0-7	p T
LIE1L	9315	205U	.0-3	.0-9	.08	U0-7	p T
CNYAV	72. 9	20529	.087	.082	.071	U0-7	p T
LNCSA	1181U	20529	.091	.039	4 035	U0-7	p T
ZYE	21873	20523	.05U	.07	4 078	U0-7	p T
M6 C	--19	2052U	.07-	.0-	4 07-3	U0-7	p T
KLHL28	927.	20521	.09-	.081	4 059	U0-7	p T
HRE A-	8. 92	20518	.0U2	.038	4 011	U0-7	p T
PLKU	5783	20513	.075	.0-	4 025	U0-7	p T
CRL11A1	U9-2	20517	.0U7	.093	4037	U0-7	p T
LRCl519-	11. 5U	2051U	.012	.029	4 02U	U0-7	p T
XLFX	15221	20512	.017	.02-	4 0.8	U0-7	p T
SINXA	13-1.	205.9	.039	.01-	.015	U0-7	p T

Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
REF	1771-	207.9	.038	.037	4.018	10-7	pT
LRCL1_129-35	99-9	207.8	.023	.08-	4.01U	10-7	pT
ADAGFS9	283	207.8	.019	.028	4.02-	10-7	pT
XL2A05	1511U	207.5	.021	.087	4.03-	70718	pT
ANL15	988	207.7	.021U	.089	4.025	70718	pT
VAO2	1U-9	207.U	.015	.023	4.087	70718	pT
XCDH3	17-11	207.U	.099	.027	4.07-	70718	pT
OYXC	3-5U	207.1	.0-U	.0-8	.037	70718	pT
FFC3A	2.18U	207.1	.019	.091	4.012	70718	pT
XDP7DIX	173UB	207.1	.032	.032	4.08	70718	pT
A6EA5	3-U	207	.021	.092	4.077	70718	pT
F66I2	193--	207.98	.019	.021-	.097	70718	pT
GALL	12..5	207.98	.07.U	.0-8	.073	70718	pT
CCI6	U125	207.98	.077	.0-	4.055U	70718	pT
QVX5	2.38U	207.93	.019	.071	4.09-	70718	pT
FFC28	2.1-U	207.9-	.012	.055	4.021	70718	pT
CR13A1	U9-9	207.9-	.077	.023	4.077	70718	pT
CECN3	7715	207.9-	.09U	.0-7	4.075	70718	pT
SRCSU	18239	207.97	.017	.052	4.0U	70718	pT
SALL1	13.-7	207.9U	.093	.071	4.07-9	70718	pT
Z6M35	2153.	207.92	.0-8	.03	4.0-	70718	pT
CALp	2819	207.91	.02-	.011	4.019	70718	pT
SOFV	13797	207.91	.08	.035	4.0-7	70718	pT
CAC6A1C	2385	207.91	.087	.033	4.099	70718	pT
6AALADL1	1U12	207.91	.011	.07-	4.0-	70718	pT
CLPC2V	U9U	207.9	.032	.017	4.019	70718	pT
SLC8A5	13897	207.88	.073	.0.U	4.09U	70718	pT
XPXNV	159-9	207.83	.029	.09-	4.029	70718	pT
GYL12A	12973	207.83	.0U	.099	4.072	70718	pT
CHSYU	U9U	207.83	.0U1	.055	4.021	70718	pT
Z6M55	21579	207.8-	.087	.033	4.07UB	70718	pT
XXG1K	15732	207.87	.05U	.078	4.025	70718	pT
XIQ1L7	15.-7	207.8U	.035	.015	4.089	70718	pT
SYXL2	18831	207.82	.055	.0-5	4.037	70718	pT
ADAGFS1-	235	207.88	.02-	.0UB	4.055	70718	pT
C-orf2.7	255U	207.88	.021	.051	.0.2	70718	pT
GA61A1	12.17	207.88	.018	.029	4.01	70718	pT
C1orf12U	2173	207.88	.03	.031	4.083	70718	pT
PDA2N	5122	207.85	.035	.037	4.029	70718	pT
KIAA_922	9.51	207.85	.05-	.08	4.012	70718	pT
IL8	8515	207.87	.01U	.05-	4.01-9	70718	pT
LPXNPL2	9.-9	207.8U	.088	.059	4.017	70718	pT
XHC2	1791U	207.82	.07U	.0-	4.019	70718	pT
SLC5V7	138-7	207.9	.083	.039	4.07U	70718	pT
XLK2	152.2	207.9	.072	.037	4.098	70718	pT
PBI2A	5328	207.8	.082	.019	4.027-	70718	pT
ADAGFS1.	23.	207.-	.019	.07U	4.01U	70718	pT
O6XFAV	32-7	207.-	.088	.039	4.01U	70718	pT
NAV27	1.-9U	207.U	.021	.09U	4.09U	70718	pT
SFAND9	18--2	207.2	.0U	.053	4.075	70718	pT
C6F61	U9U	207.1	.012	.09	4.013	70718	pT
OAS3	-979	207.	.02-	.09-	4.077	70718	pT
QLS	2.9.1	207.	.01U	.012	4.093	70718	pT
CNPVU2	7153	207.9	.0U	.098	4.081	70718	pT
KX6AU	929U	207.9	.05-	.0--	4.075	70718	pT
FVE18	19.-9	207.8	.052	.0-5	4.0-5	70718	pT
GGL	12528	207.5-	.07-5	.098	4.091	70718	pT
XNDG8	15.-U	207.55	.03	.032	.075	70718	pT
CYX1V1	7738	207.51	.075	.09U	4.0-9	70718	pT
LRCL1_288-15	1.7.-	207.5	.028	.089	4.083	70718	pT
VUQALFL	1U12	207.5	.01B	.01	4.098	70718	pT
SLC19A17	139.7	207.8	.082	.038	4.052	70718	pT
CRNR1C	7.52	207.73	.02U	.095	4.022	70718	pT
LR28U92	1.395	207.-	.07-	.078	.0.2	70718	pT
D6G1X7-	5.-3	207.-	.023	.088	.07U	70718	pT
NAVU	1-1.2	207.5	.028	.08U	4.077	70718	pT
ANNDC7	1.73	207.7	.01	.012	4.018	70718	pT
M.u25U	-75-	207.2	.083	.0-5	4.058	70718	pT
LAGVU	9797	207.1	.058	.018	.019	70718	pT
HPY1	3873	207	.012	.01U	4.015	70718	pT
XF6	159U	207.9	.06-3	.072	.038	70718	pT
O6O2	3277	207.U	.039	.033	.079	70718	pT
CYV5NU	775U	207.2	.055	.0-3	4.07.3	70718	pT
DLE5	79-2	207.2	.029	.071	4.019	70718	pT
SLC27AU	13351	207.U	.06.1	.015	4.052	70718	pT
NOL1	1-739	207.U	.032	.013	.0.1	70718	pT
ABXN1A	1U18	207.8	.03U	.037	4.03-	70718	pT
XDP2A	173U	207.8	.013	.0U-	.023	70718	pT
SRE13	18U1	207.8	.01-	.01U	.0.U	70718	pT
G YH1.	129U1	207.8	.097	.087	4.01U	70718	pT
LRCL1_7U.5.	11U1-	207.3	.07.9	.03-	4.01	70718	pT
DPXDC3	739U	207.5	.01U	.0	4.073	70718	pT
Z6M2U	21753	207.5	.01U	.092	4.02-	70718	pT
SLC1-AU	13-91	207.7	.097	.0-9	4.072	70718	pT
CC6D2	U1-U	207.U	.08	.021	.028	70718	pT
KIM-V	9152	207.2	.055	.0-3	4.01.2	70718	pT
MHL2	-18U	207.1	.027	.019	4.02.1	70718	pT
FFCUB	2.135	207	.0-9	.03U	4.015	70718	pT
LRN	11-39	207	.01B	.059	4.092	70718	pT
CpV6	7U-9	207.9	.082	.015	4.017	70718	pT
AFX1.A	1187	207.3	.089	.082	4.052	70718	pT
CR1U1A1	U9-5	207.-	.018	.01U	4.055	70718	pT
CAGK261	2878	207.-	.07-1	.099	4.057	70718	pT
HAXL6U	33.2	207.5	.0U	.029	4.012	70718	pT
GXZLU	12-15	207.5	.039	.033	4.01B	70718	pT
C5orf7-	2793	207.U	.02	.018	4.08U	70718	pT



Gene ID	Gene Name	Score (d)	Numerator (r)	Denominator (s+s0)	Fold Change	adjusted P value (%)	Direction
DRCK5	5.88	2012	.01	.091	4.05	7018	p T
LRC28U17U	1.383	2012	.011	.079	4.089	7018	p T
NAH7	1.192	201	.051	.09	4.022	7018	p T
SDXN	13273	2019	.080	.01	.09	7018	p T
ORLOA8A	3288	2018	.079	.08	4.07	7018	p T
MVG79A	-.57	2018	.010	.01	4.021	7018	p T

**Add. Table 5:** Statistically over-represented annotation terms, according to DAVID, of differently expressed genes between metabolic cluster Mc1 and Mc2

Annotation Cluster	Enrichment Score	Count	P Value	Benjamini
Annotation Cluster 1	12.55	SP_PIR_KEYWORDS	signal	139 3.60E-19 1.40E-16
		UP_SEQ_FEATURE	signal peptide	139 6.30E-19 9.00E-16
		GOTERM_CC_FAT	extracellular region part	71 1.60E-18 4.00E-16
		SP_PIR_KEYWORDS	Secreted	83 6.40E-14 1.30E-11
		GOTERM_CC_FAT	extracellular region	99 6.70E-14 8.30E-12
		SP_PIR_KEYWORDS	disulfide bond	113 5.50E-12 7.30E-10
		UP_SEQ_FEATURE	disulfide bond	109 2.30E-11 1.70E-08
		GOTERM_CC_FAT	extracellular space	43 7.10E-09 3.50E-07
		SP_PIR_KEYWORDS	glycoprotein	137 1.30E-08 1.00E-06
		UP_SEQ_FEATURE	glycosylation site:N-linked (GlcNAc...)	129 1.70E-07 8.40E-05
Annotation Cluster 2	10.65	GOTERM_CC_FAT	extracellular region part	71 1.60E-18 4.00E-16
		GOTERM_CC_FAT	extracellular matrix	34 4.40E-12 3.70E-10
		SP_PIR_KEYWORDS	extracellular matrix	26 2.70E-11 2.70E-09
		GOTERM_CC_FAT	proteinaceous extracellular matrix	31 7.30E-11 4.50E-09
		GOTERM_CC_FAT	extracellular matrix part	11 3.90E-04 6.40E-03
Annotation Cluster 3	8.78	GOTERM_BP_FAT	cell adhesion	46 8.80E-11 9.00E-08
		GOTERM_BP_FAT	biological adhesion	46 9.10E-11 6.20E-08
		SP_PIR_KEYWORDS	cell adhesion	27 5.90E-07 3.90E-05
Annotation Cluster 4	7.45	GOTERM_BP_FAT	vasculature development	25 1.60E-09 6.70E-07
		GOTERM_BP_FAT	blood vessel development	23 2.50E-08 7.50E-06
		GOTERM_BP_FAT	angiogenesis	17 1.70E-07 2.90E-05
		GOTERM_BP_FAT	blood vessel morphogenesis	20 2.20E-07 3.50E-05
Annotation Cluster 5	6.23	GOTERM_BP_FAT	regulation of locomotion	22 1.60E-09 8.10E-07
		GOTERM_BP_FAT	regulation of cell migration	19 3.60E-08 9.30E-06
		GOTERM_BP_FAT	regulation of cell motion	19 2.80E-07 4.10E-05
		GOTERM_BP_FAT	positive regulation of locomotion	13 1.60E-06 2.00E-04
		GOTERM_BP_FAT	positive regulation of cell migration	11 2.60E-05 2.30E-03
		GOTERM_BP_FAT	positive regulation of cell motion	11 6.00E-05 4.30E-03
Annotation Cluster 6	6.11	GOTERM_BP_FAT	regulation of response to external stimulus	23 6.00E-12 1.20E-08
		GOTERM_BP_FAT	regulation of inflammatory response	13 9.60E-08 2.00E-05
		GOTERM_BP_FAT	negative regulation of defense response	9 9.20E-07 1.20E-04
		GOTERM_BP_FAT	negative regulation of inflammatory response	7 5.10E-05 3.90E-03
		GOTERM_BP_FAT	negative regulation of response to stimulus	11 7.20E-05 4.90E-03
		GOTERM_BP_FAT	negative regulation of response to external stimulus	8 1.10E-04 6.00E-03
Annotation Cluster 7	5.56	GOTERM_MF_FAT	polysaccharide binding	18 8.00E-08 4.00E-05
		GOTERM_MF_FAT	pattern binding	18 8.00E-08 4.00E-05
		GOTERM_MF_FAT	glycosaminoglycan binding	17 1.20E-07 3.00E-05
		GOTERM_MF_FAT	heparin binding	12 2.20E-05 1.60E-03
		SP_PIR_KEYWORDS	heparin-binding	9 5.00E-05 1.80E-03
		GOTERM_MF_FAT	carbohydrate binding	20 5.00E-04 2.30E-02
Annotation Cluster 8	5.22	GOTERM_CC_FAT	actin cytoskeleton	22 1.20E-06 5.10E-05
		GOTERM_MF_FAT	cytoskeletal protein binding	30 4.40E-06 7.40E-04
		SP_PIR_KEYWORDS	actin-binding	18 1.30E-05 6.50E-04
		GOTERM_MF_FAT	actin binding	22 1.90E-05 1.90E-03
Annotation Cluster 9	4.96	GOTERM_BP_FAT	cytoskeleton organization	27 4.40E-06 4.70E-04
		GOTERM_BP_FAT	actin cytoskeleton organization	18 1.10E-05 1.10E-03
		GOTERM_BP_FAT	actin filament-based process	18 2.60E-05 2.40E-03
Annotation Cluster 10	4.2	INTERPRO	EGF-like calcium-binding	14 1.40E-07 9.10E-05
		INTERPRO	EGF-like calcium-binding, conserved site	14 1.40E-07 9.10E-05
		INTERPRO	EGF-type aspartate/asparagine hydroxylation conserved site	14 1.60E-07 5.20E-05
		SMART	EGF_CA	14 1.10E-06 1.80E-04
		INTERPRO	EGF	14 3.60E-06 7.90E-04
		INTERPRO	EGF-like, type 3	17 4.90E-06 7.90E-04
		SP_PIR_KEYWORDS	egf-like domain	18 5.10E-06 2.90E-04
		INTERPRO	EGF-like region, conserved site	21 6.00E-06 7.80E-04
		INTERPRO	EGF-like	16 3.10E-05 3.40E-03
		UP_SEQ_FEATURE	domain:EGF-like 1	12 3.60E-05 1.00E-02
		UP_SEQ_FEATURE	domain:EGF-like 3; calcium-binding	7 9.60E-05 2.00E-02
		INTERPRO	EGF calcium-binding	9 1.50E-04 1.30E-02
		SMART	EGF	16 2.40E-04 1.90E-02
		UP_SEQ_FEATURE	domain:EGF-like 2	9 4.40E-04 6.20E-02
		UP_SEQ_FEATURE	domain:EGF-like 5; calcium-binding	6 8.90E-04 9.40E-02
		UP_SEQ_FEATURE	domain:EGF-like 4	7 1.20E-03 1.10E-01
		UP_SEQ_FEATURE	domain:EGF-like 6; calcium-binding	5 1.60E-03 1.20E-01
		UP_SEQ_FEATURE	domain:EGF-like 4; calcium-binding	5 4.40E-03 2.00E-01
		UP_SEQ_FEATURE	domain:EGF-like 2; calcium-binding	6 6.10E-03 2.30E-01
		UP_SEQ_FEATURE	domain:EGF-like 7; calcium-binding	4 1.70E-02 4.10E-01
		UP_SEQ_FEATURE	domain:EGF-like 10; calcium-binding	3 2.80E-02 5.00E-01

**Add. Table 6:** Statistically over-represented annotation terms, according to DAVID, of differently expressed genes between metabolic cluster Mc1 and Mc3

Annotation Cluster 1			Enrichment Score: 39.49	Count	P Value	Benjamini
	SP_PIR_KEYWORDS	signal		270	8.60E-56	3.90E-53
	UP_SEQ_FEATURE	signal peptide		270	3.10E-55	6.70E-52
	SP_PIR_KEYWORDS	extracellular matrix		77	4.20E-54	9.60E-52
	GOTERM_CC_FAT	extracellular matrix		90	3.40E-50	1.10E-47
	GOTERM_CC_FAT	proteinaceous extracellular matrix		86	5.30E-49	8.50E-47
	GOTERM_CC_FAT	extracellular region part		132	5.90E-41	6.30E-39
	SP_PIR_KEYWORDS	Secreted		166	3.00E-40	4.60E-38
	GOTERM_CC_FAT	extracellular region		191	1.40E-37	1.10E-35
	SP_PIR_KEYWORDS	glycoprotein		272	5.90E-33	6.70E-31
	GOTERM_CC_FAT	extracellular matrix part		42	4.00E-29	2.60E-27
	UP_SEQ_FEATURE	glycosylation site:N-linked (GlcNAc...)		251	8.10E-27	8.70E-24
	SP_PIR_KEYWORDS	disulfide bond		197	1.20E-25	1.10E-23
	UP_SEQ_FEATURE	disulfide bond		192	3.90E-25	2.80E-22
Annotation Cluster 2			Enrichment Score: 29.11	Count	P Value	Benjamini
	GOTERM_BP_FAT	cell adhesion		98	1.40E-33	3.20E-30
	GOTERM_BP_FAT	biological adhesion		98	1.60E-33	1.80E-30
	SP_PIR_KEYWORDS	cell adhesion		61	2.00E-22	1.50E-20
Annotation Cluster 3			Enrichment Score: 19.86	Count	P Value	Benjamini
	GOTERM_CC_FAT	extracellular matrix part		42	4.00E-29	2.60E-27
	GOTERM_CC_FAT	basement membrane		27	2.90E-18	1.60E-16
	SP_PIR_KEYWORDS	basement membrane		17	2.20E-14	9.20E-13
Annotation Cluster 4			Enrichment Score: 17.3	Count	P Value	Benjamini
	GOTERM_BP_FAT	extracellular matrix organization		34	2.50E-23	1.90E-20
	GOTERM_BP_FAT	extracellular structure organization		36	1.50E-18	4.70E-16
	GOTERM_BP_FAT	collagen fibril organization		14	3.40E-12	7.00E-10
Annotation Cluster 5			Enrichment Score: 15.2	Count	P Value	Benjamini
	GOTERM_BP_FAT	vasculature development		47	4.80E-21	2.70E-18
	GOTERM_BP_FAT	blood vessel development		44	5.30E-19	2.40E-16
	GOTERM_BP_FAT	blood vessel morphogenesis		34	2.70E-13	6.60E-11
	GOTERM_BP_FAT	angiogenesis		25	2.40E-10	2.80E-08
Annotation Cluster 6			Enrichment Score: 11.76	Count	P Value	Benjamini
	GOTERM_CC_FAT	extracellular matrix part		42	4.00E-29	2.60E-27
	GOTERM_MF_FAT	extracellular matrix structural constituent		28	1.00E-18	5.80E-16
	SP_PIR_KEYWORDS	hydroxylation		24	2.10E-17	1.30E-15
	GOTERM_CC_FAT	collagen		19	4.50E-17	2.10E-15
	SP_PIR_KEYWORDS	collagen		25	2.50E-15	1.30E-13
	INTERPRO	Collagen triple helix repeat		23	4.60E-14	5.40E-12
	SP_PIR_KEYWORDS	trimer		14	2.60E-13	9.90E-12
	SP_PIR_KEYWORDS	triple helix		14	4.50E-12	1.50E-10
	SP_PIR_KEYWORDS	hydroxylysine		14	4.50E-12	1.50E-10
	UP_SEQ_FEATURE	region of interest:Triple-helical region		12	3.80E-11	1.30E-08
	SP_PIR_KEYWORDS	hydroxyproline		14	6.50E-11	2.00E-09
	SP_PIR_KEYWORDS	pyroglutamic acid		9	1.00E-04	1.30E-03
	GOTERM_CC_FAT	anchoring collagen		5	2.20E-04	2.90E-03
	UP_SEQ_FEATURE	domain:VWFA 1		5	1.50E-03	5.70E-02
	UP_SEQ_FEATURE	domain:VWFA 2		5	1.90E-03	6.70E-02
Annotation Cluster 7			Enrichment Score: 11.42	Count	P Value	Benjamini
	GOTERM_BP_FAT	skeletal system development		50	5.60E-19	2.10E-16
	GOTERM_BP_FAT	bone development		21	7.20E-09	7.10E-07
	GOTERM_BP_FAT	ossification		20	1.30E-08	1.20E-06
Annotation Cluster 8			Enrichment Score: 11.3	Count	P Value	Benjamini
	GOTERM_BP_FAT	cell motion		55	7.40E-15	2.10E-12
	GOTERM_BP_FAT	cell migration		37	5.60E-12	9.60E-10
	GOTERM_BP_FAT	localization of cell		37	1.20E-10	1.70E-08
	GOTERM_BP_FAT	cell motility		37	1.20E-10	1.70E-08
Annotation Cluster 9			Enrichment Score: 10.46	Count	P Value	Benjamini
	INTERPRO	EGF-like calcium-binding, conserved site		28	7.10E-18	5.90E-15
	INTERPRO	EGF-like region, conserved site		45	7.40E-17	4.60E-14
	INTERPRO	EGF-like calcium-binding		27	8.10E-17	3.10E-14
	SP_PIR_KEYWORDS	egf-like domain		38	6.20E-16	3.80E-14
	INTERPRO	EGF-type aspartate/asparagine hydroxylation conserved site		25	1.30E-14	2.60E-12
	INTERPRO	EGF calcium-binding		22	1.60E-14	2.70E-12
	INTERPRO	EGF-like, type 3		34	1.80E-14	2.50E-12
	SMART	EGF_CA		27	7.60E-14	1.50E-11
	INTERPRO	EGF		25	6.90E-12	7.20E-10
	INTERPRO	EGF-like		31	9.30E-12	8.60E-10
	UP_SEQ_FEATURE	domain:EGF-like 3; calcium-binding		14	7.00E-11	2.20E-08
	UP_SEQ_FEATURE	domain:EGF-like 2; calcium-binding		16	2.60E-10	6.90E-08
	UP_SEQ_FEATURE	domain:EGF-like 1		22	2.80E-10	6.80E-08
	UP_SEQ_FEATURE	domain:EGF-like 5; calcium-binding		13	1.10E-09	2.40E-07
	UP_SEQ_FEATURE	domain:EGF-like 4; calcium-binding		12	4.00E-09	7.80E-07
	SMART	EGF		31	8.40E-09	8.40E-07
	UP_SEQ_FEATURE	domain:EGF-like 6; calcium-binding		9	8.00E-07	1.30E-04
	UP_SEQ_FEATURE	domain:EGF-like 4		11	1.60E-05	1.80E-03
	UP_SEQ_FEATURE	domain:EGF-like 2		13	2.70E-05	2.70E-03
	UP_SEQ_FEATURE	domain:EGF-like 3		12	2.90E-05	2.70E-03
	UP_SEQ_FEATURE	domain:EGF-like 7; calcium-binding		7	1.90E-04	1.10E-02
Annotation Cluster 10			Enrichment Score: 9.06	Count	P Value	Benjamini
	UP_SEQ_FEATURE	domain:VWFC		12	1.00E-12	4.40E-10
	INTERPRO	von Willebrand factor, type C		13	5.10E-09	3.90E-07
	SMART	VWC		13	1.30E-07	6.40E-06



NAME	SIZE	ES	NES	NOM p-val	FDR q-val	FWER p-val	RANK AT MAX	LEADING EDGE
OXIDOREDUCTASE_ACTIVITY_ACTING_ON_NADH_OR_NADPH	25	0.5327	1.4416	0.0221	0.1921	0.9990	6672	tags=64%, list=31%, signal=92%
NEGATIVE_REGULATION_OF_CELLULAR_COMPONENT_ORGANIZATION_AND_BIOGENESIS	26	0.5243	1.4385	0.0190	0.1958	0.9990	2745	tags=31%, list=13%, signal=35%
POSITIVE_REGULATION_OF_TRANSCRIPTION_FROM_RNA_POLYMERASE_II_PROMOTER	57	0.4909	1.4355	0.0040	0.1998	1.0000	4266	tags=35%, list=20%, signal=43%
TRANSPORT_VESICLE	29	0.5150	1.4181	0.0180	0.2030	1.0000	4937	tags=38%, list=23%, signal=49%
REGULATION_OF_NUCLEOCYTOPLASMIC_TRANSPORT	19	0.5413	1.4151	0.0322	0.2031	1.0000	4825	tags=37%, list=22%, signal=47%
DNA_HELICASE_ACTIVITY	22	0.5435	1.4325	0.0332	0.2036	1.0000	6302	tags=55%, list=29%, signal=77%
ELECTRON_CARRIER_ACTIVITY	75	0.4780	1.4185	0.0020	0.2040	1.0000	5315	tags=44%, list=24%, signal=58%
NEGATIVE_REGULATION_OF_TRANSCRIPTION_FROM_RNA_POLYMERASE_II_PROMOTER	78	0.4714	1.4165	0.0000	0.2042	1.0000	7409	tags=46%, list=34%, signal=70%
KERATINOCYTE_DIFFERENTIATION	15	0.5781	1.4152	0.0462	0.2048	1.0000	6886	tags=53%, list=32%, signal=78%
TUBE_DEVELOPMENT	18	0.5542	1.4104	0.0445	0.2050	1.0000	1962	tags=33%, list=9%, signal=37%
COPPER_ION_BINDING	15	0.5645	1.4189	0.0324	0.2052	1.0000	1565	tags=27%, list=7%, signal=29%
NUCLEOTIDE_BIOSYNTHETIC_PROCESS	19	0.5430	1.4090	0.0456	0.2056	1.0000	4828	tags=42%, list=22%, signal=54%
MEMBRANE_FUSION	27	0.5163	1.4128	0.0320	0.2058	1.0000	3927	tags=37%, list=18%, signal=45%
TRANSFORMING_GROWTH_FACTOR_BETA_RECEPTOR_SIGNALING_PATHWAY	36	0.5086	1.4288	0.0130	0.2063	1.0000	7420	tags=56%, list=34%, signal=84%
PROTEIN_BINDING_BRIDGING	59	0.4886	1.4106	0.0070	0.2065	1.0000	7526	tags=46%, list=34%, signal=70%
REGULATION_OF_CELL_DIFFERENTIATION	55	0.4901	1.4189	0.0040	0.2070	1.0000	2911	tags=29%, list=13%, signal=33%
PROTEIN_DNA_COMPLEX_ASSEMBLY	37	0.4978	1.4111	0.0171	0.2071	1.0000	8969	tags=68%, list=41%, signal=114%
CONTRACTILE_FIBER_PART	23	0.5362	1.4196	0.0332	0.2076	1.0000	1468	tags=26%, list=7%, signal=28%
SERINE_TYPE_ENDOPEPTIDASE_ACTIVITY	39	0.5094	1.4268	0.0190	0.2080	1.0000	2788	tags=28%, list=13%, signal=32%
RESPONSE_TO_HYPOXIA	27	0.5217	1.4289	0.0100	0.2083	1.0000	7014	tags=59%, list=32%, signal=87%
AXONOGENESIS	43	0.5047	1.4210	0.0070	0.2087	1.0000	3671	tags=30%, list=17%, signal=36%
ACTIN_FILAMENT	17	0.5527	1.4200	0.0515	0.2088	1.0000	4742	tags=35%, list=22%, signal=45%
RNA_DEPENDENT_ATPASE_ACTIVITY	15	0.5695	1.4246	0.0483	0.2099	1.0000	7365	tags=73%, list=34%, signal=111%
ENZYME_INHIBITOR_ACTIVITY	115	0.4685	1.4211	0.0000	0.2107	1.0000	4713	tags=34%, list=22%, signal=43%
REGULATION_OF_ANATOMICAL_STRUCTURE_MORPHOGENESIS	23	0.5341	1.4227	0.0272	0.2119	1.0000	3035	tags=35%, list=14%, signal=40%
CELL_CELL_ADHESION	81	0.4783	1.4215	0.0020	0.2120	1.0000	6050	tags=44%, list=28%, signal=61%
CELL_PROJECTION_PART	18	0.5419	1.3966	0.0406	0.2174	1.0000	6415	tags=56%, list=29%, signal=79%
POSITIVE_REGULATION_OF_RNA_METABOLIC_PROCESS	102	0.4592	1.3983	0.0010	0.2175	1.0000	4266	tags=32%, list=20%, signal=40%
ENZYME_LINKED_RECEPTOR_PROTEIN_SIGNALING_PATHWAY	135	0.4501	1.3957	0.0000	0.2175	1.0000	4274	tags=34%, list=20%, signal=42%
CELL_JUNCTION	76	0.4747	1.3998	0.0050	0.2183	1.0000	6471	tags=47%, list=30%, signal=67%
NEGATIVE_REGULATION_OF_TRANSCRIPTION	167	0.4474	1.4007	0.0000	0.2183	1.0000	7227	tags=43%, list=33%, signal=64%
BIOGENIC_AMINE_METABOLIC_PROCESS	16	0.5563	1.4015	0.0427	0.2184	1.0000	4828	tags=44%, list=22%, signal=56%
CELLULAR_MORPHOGENESIS_DURING_DIFFERENTIATION	49	0.4909	1.3987	0.0090	0.2186	1.0000	3035	tags=27%, list=14%, signal=31%
ION	42	0.4842	1.3966	0.0190	0.2191	1.0000	3309	tags=29%, list=15%, signal=34%
LEADING_EDGE	39	0.4973	1.3925	0.0240	0.2224	1.0000	4460	tags=38%, list=20%, signal=48%
PHOSPHOLIPID_BINDING	100	0.4568	1.3902	0.0010	0.2253	1.0000	4266	tags=32%, list=20%, signal=40%
POSITIVE_REGULATION_OF_TRANSCRIPTIONDNA_DEPENDENT	356	0.4361	1.3832	0.0000	0.2258	1.0000	5963	tags=39%, list=27%, signal=53%
ANATOMICAL_STRUCTURE_MORPHOGENESIS	72	0.4643	1.3855	0.0040	0.2264	1.0000	7241	tags=49%, list=33%, signal=72%
CELL_SURFACE	178	0.4479	1.3821	0.0080	0.2264	1.0000	6311	tags=41%, list=29%, signal=57%
RESPONSE_TO_WOUNDING	34	0.4972	1.3887	0.0150	0.2267	1.0000	5214	tags=41%, list=24%, signal=54%
RECEPTOR_SIGNALING_PROTEIN_SERINE_THREONINE_KINASE_ACTIVITY	101	0.4543	1.3869	0.0010	0.2268	1.0000	3500	tags=30%, list=16%, signal=35%
ACTIN_CYTOSKELETON_ORGANIZATION_AND_BIOGENESIS	18	0.5382	1.3834	0.0455	0.2271	1.0000	4705	tags=44%, list=22%, signal=57%
POSITIVE_REGULATION_OF_JNK_ACTIVITY	120	0.4520	1.3875	0.0010	0.2273	1.0000	6739	tags=43%, list=31%, signal=62%
POSITIVE_REGULATION_OF_TRANSCRIPTION	15	0.5559	1.3856	0.0462	0.2278	1.0000	1962	tags=33%, list=9%, signal=37%
TUBE_MORPHOGENESIS	36	0.4904	1.3838	0.0200	0.2278	1.0000	4951	tags=39%, list=23%, signal=50%
REGULATION_OF_TRANSCRIPTION_FACTOR_ACTIVITY	98	0.4512	1.3749	0.0040	0.2311	1.0000	2978	tags=27%, list=14%, signal=31%
CELL_PROJECTION	56	0.4723	1.3791	0.0100	0.2311	1.0000	6484	tags=45%, list=30%, signal=63%
GTPASE_ACTIVATOR_ACTIVITY	19	0.5307	1.3755	0.0676	0.2316	1.0000	4923	tags=47%, list=23%, signal=61%
DNA_DEPENDENT_ATPASE_ACTIVITY	233	0.4436	1.3766	0.0000	0.2326	1.0000	3568	tags=28%, list=16%, signal=33%
EXTRACELLULAR_SPACE	30	0.5084	1.3773	0.0311	0.2329	1.0000	4878	tags=40%, list=22%, signal=51%
NEGATIVE_REGULATION_OF_MULTICELLULAR_ORGANISMAL_PROCESS	25	0.5071	1.3756	0.0302	0.2330	1.0000	5625	tags=44%, list=26%, signal=59%
REGULATION_OF_ANGIOGENESIS	27	0.5095	1.3679	0.0340	0.2434	1.0000	1501	tags=26%, list=7%, signal=28%
REGULATION_OF_NEUROTRANSMITTER_LEVELS	22	0.5257	1.3657	0.0493	0.2463	1.0000	4964	tags=45%, list=23%, signal=59%
TRANSCRIPTION_INITIATION_FROM_RNA_POLYMERASE_II_PROMOTER	18	0.5264	1.3646	0.0487	0.2470	1.0000	5685	tags=56%, list=26%, signal=75%

Add. Table 8: Gene set enrichment analysis (GSEA) result for Gene Ontology (GO) gene sets. Metabolic cluster Mcl1 was compared with Mc2.

NAME	SIZE	ES	NES	NOM p-val	FDR q-val	FWER p-val	RANK AT MAX	LEADING EDGE
INTEGRIN_BINDING	30	0.7361	2.0381	0.0000	0.0110	0.0110	2319	tags=60%, list=11%, signal=67%
CELL_MATRIX_JUNCTION	16	0.7521	1.9300	0.0000	0.0360	0.0460	1814	tags=56%, list=8%, signal=61%
ADHERENS_JUNCTION	21	0.6979	1.8518	0.0000	0.0620	0.1030	1814	tags=48%, list=8%, signal=52%
PROTEINACEOUS_EXTRACELLULAR_MATRIX	94	0.5094	1.7481	0.0050	0.0954	0.2720	5379	tags=55%, list=25%, signal=73%
EXTRACELLULAR_MATRIX	96	0.5096	1.7493	0.0050	0.1095	0.2680	3162	tags=45%, list=14%, signal=52%
COLLAGEN	23	0.6382	1.7129	0.0384	0.1243	0.3630	6011	tags=78%, list=28%, signal=108%
TRANSMEMBRANE_RECEPTOR_PROTEIN_KINASE_ACTIVITY	51	0.5924	1.7532	0.0010	0.1253	0.2550	3358	tags=45%, list=15%, signal=53%
EXTRACELLULAR_MATRIX_STRUCTURAL_CONSTITUENT	26	0.6175	1.7028	0.0051	0.1254	0.3980	2994	tags=50%, list=14%, signal=58%
EXTRACELLULAR_MATRIX_PART	55	0.5969	1.7696	0.0130	0.1265	0.2220	5379	tags=58%, list=25%, signal=77%
GROWTH_FACTOR_BINDING	32	0.6009	1.6675	0.0010	0.1309	0.5230	5615	tags=66%, list=26%, signal=88%
CELL_SUBSTRATE_ADHESION	37	0.5911	1.6695	0.0000	0.1383	0.5160	3072	tags=46%, list=14%, signal=53%
LIPID_HOMEOSTASIS	16	0.6659	1.6505	0.0020	0.1391	0.5820	2598	tags=44%, list=12%, signal=50%
SERINE_TYPE_ENDOPEPTIDASE_ACTIVITY	39	0.5827	1.6553	0.0000	0.1393	0.5630	3056	tags=36%, list=14%, signal=42%
BASEMENT_MEMBRANE	35	0.5880	1.6724	0.0060	0.1458	0.4990	5379	tags=54%, list=25%, signal=72%
NEGATIVE_REGULATION_OF_DNA_BINDING	16	0.6452	1.6274	0.0031	0.1503	0.6830	3270	tags=44%, list=15%, signal=51%
BASOLATERAL_PLASMA_MEMBRANE	31	0.5887	1.6307	0.0000	0.1532	0.6660	1814	tags=35%, list=8%, signal=39%
SERINE_HYDROLASE_ACTIVITY	44	0.5650	1.6203	0.0000	0.1541	0.7100	3056	tags=34%, list=14%, signal=40%
PROTEIN_COMPLEX_BINDING	54	0.5525	1.6153	0.0010	0.1541	0.7320	3878	tags=43%, list=18%, signal=52%
SERINE_TYPE_PEPTIDASE_ACTIVITY	43	0.5853	1.6741	0.0000	0.1565	0.4930	3056	tags=35%, list=14%, signal=40%
HOMOSTASIS	47	0.5537	1.6083	0.0000	0.1582	0.7580	2123	tags=36%, list=10%, signal=40%
CELL_MATRIX_ADHESION	36	0.5787	1.6323	0.0000	0.1606	0.6600	3072	tags=44%, list=14%, signal=52%
EPIDERMIS_DEVELOPMENT	70	0.5423	1.5873	0.0010	0.1666	0.8300	3565	tags=37%, list=16%, signal=44%
NEURON_PROJECTION	19	0.6006	1.5887	0.0030	0.1711	0.8270	2527	tags=42%, list=12%, signal=48%
TRANSMEMBRANE_RECEPTOR_PROTEIN_TYROSINE_KINASE_ACTIVITY	43	0.5487	1.5957	0.0040	0.1735	0.8050	3358	tags=40%, list=15%, signal=47%
REGULATION_OF_MAPKK_CASCADE	19	0.6113	1.5904	0.0091	0.1757	0.8230	3372	tags=42%, list=15%, signal=50%
NEGATIVE_REGULATION_OF_BINDING	17	0.6147	1.5664	0.0061	0.1798	0.8970	3270	tags=41%, list=15%, signal=48%
MUSCLE_DEVELOPMENT	89	0.5286	1.5750	0.0000	0.1826	0.8690	4652	tags=47%, list=21%, signal=60%
COAGULATION	43	0.5457	1.5666	0.0010	0.1857	0.8950	2123	tags=35%, list=10%, signal=39%
BLOOD_COAGULATION	42	0.5462	1.5666	0.0010	0.1924	0.8950	2123	tags=36%, list=10%, signal=39%
ECTODERM_DEVELOPMENT	79	0.5244	1.5467	0.0020	0.2059	0.9310	3173	tags=34%, list=15%, signal=40%
STRUCTURAL_CONSTITUENT_OF_CYTOSKELETON	55	0.5388	1.5494	0.0040	0.2068	0.9260	5410	tags=45%, list=25%, signal=60%
ACTIVATION_OF_PROTEIN_KINASE_ACTIVITY	24	0.5706	1.5224	0.0071	0.2084	0.9700	2429	tags=38%, list=11%, signal=42%
CELL_MIGRATION	92	0.5099	1.5270	0.0010	0.2102	0.9640	2625	tags=34%, list=12%, signal=38%
KINASE_INHIBITOR_ACTIVITY	25	0.5648	1.5227	0.0020	0.2134	0.9700	5182	tags=44%, list=24%, signal=58%
SKELETAL_DEVELOPMENT	99	0.4977	1.5271	0.0080	0.2156	0.9640	4851	tags=42%, list=22%, signal=54%
REGULATION_OF_BODY_FLUID_LEVELS	56	0.5194	1.5323	0.0010	0.2168	0.9560	2123	tags=34%, list=10%, signal=37%
PROTEIN_KINASE_INHIBITOR_ACTIVITY	24	0.5736	1.5351	0.0030	0.2175	0.9530	5182	tags=46%, list=24%, signal=60%
TRANSFORMING_GROWTH_FACTOR_BETA_RECEPTOR_SIGNALING_PATHWAY	36	0.5409	1.5151	0.0060	0.2186	0.9780	7287	tags=58%, list=33%, signal=87%
TRANSMEMBRANE_RECEPTOR_PROTEIN_SERINE_THREONINE_KINASE_SIGNALING_PATHWAY	47	0.5338	1.5276	0.0010	0.2205	0.9620	7287	tags=57%, list=33%, signal=86%
STRUCTURAL_CONSTITUENT_OF_MUSCLE	32	0.5553	1.5352	0.0040	0.2242	0.9530	2760	tags=41%, list=13%, signal=46%
EXTRACELLULAR_REGION_PART	322	0.4756	1.5086	0.0030	0.2281	0.9810	6443	tags=46%, list=29%, signal=64%
WOUND_HEALING	53	0.5178	1.5040	0.0020	0.2328	0.9810	2935	tags=38%, list=13%, signal=43%
EXTRACELLULAR_STRUCTURE_ORGANIZATION_AND_BIOGENESIS	29	0.5388	1.5001	0.0313	0.2359	0.9840	4817	tags=48%, list=22%, signal=62%
LIPID_TRANSPORT	28	0.5511	1.4774	0.0080	0.2488	0.9940	7203	tags=54%, list=33%, signal=80%

**Add. Table 9:** Gene set enrichment analysis (GSEA) result for Gene Ontology (GO) gene sets. Metabolic cluster Mc3 was compared with Mc1 and Mc2.

NAME	SIZE	ES	NES	NOM p-val	FDR q-val	FWER p-val	RANK AT MAX	LEADING EDGE
EXTRACELLULAR_MATRIX_PART	55	0.7515	2.1854	0.0000	0.0020	0.0040	1682	tags=47%, list=8%, signal=51%
COLLAGEN	23	0.8417	2.2165	0.0000	0.0040	0.0040	1682	tags=70%, list=8%, signal=75%
EXTRACELLULAR_MATRIX	96	0.6787	2.0428	0.0000	0.0055	0.0170	1682	tags=43%, list=8%, signal=46%
PROTEINACEOUS_EXTRACELLULAR_MATRIX	94	0.6836	2.0553	0.0000	0.0063	0.0160	1682	tags=43%, list=8%, signal=46%
INTEGRIN_BINDING	30	0.7168	1.9587	0.0000	0.0098	0.0330	2692	tags=50%, list=12%, signal=57%
EXTRACELLULAR_MATRIX_STRUCTURAL_CONSTITUENT	26	0.7268	1.9400	0.0000	0.0113	0.0440	1997	tags=54%, list=9%, signal=59%
BASEMENT_MEMBRANE	35	0.6598	1.8425	0.0000	0.0345	0.1170	703	tags=31%, list=3%, signal=32%
BASAL_LAMINA	19	0.6669	1.7255	0.0000	0.1232	0.3500	703	tags=32%, list=3%, signal=33%
CELL_MATRIX_ADHESION	36	0.5977	1.6720	0.0000	0.1718	0.5340	2695	tags=39%, list=12%, signal=44%
CELL_SUBSTRATE_ADHESION	37	0.5963	1.6740	0.0010	0.1877	0.5230	2695	tags=38%, list=12%, signal=43%
PROTEASE_INHIBITOR_ACTIVITY	40	0.5840	1.6425	0.0000	0.2111	0.6390	1497	tags=20%, list=7%, signal=21%

Addl. Table 10: Integrated pathway analysis result from comparison of the metabolic clusters Me1 compared to Me2

Pathway	Total	Expected	Hits	P.Value	Metabolite hits	Gene hits
Tyrosine metabolism	80	1.9872	8	0.0066125	L-Tyrosine	AOC3, ALDH1A3, AOX1, ADH1C, MAOA, MAOB, PNMT, AKR1B1, AKR1B10, ALDH2, ACPAT4, PPAP2A, PPAP2B, PNLI, PRP3
Glycerolipid metabolism	72	1.7885	7	0.0017364		ACSL4, ACSL1, ACAC2, ADH1A, ADH1B, ADH1C, ALDH2
Fatty acid metabolism	83	2.0617	7	0.003944		ADH1A, ADH1B, ADH1C, ALDH2, ALDH1A3
Glycolysis / Gluconeogenesis	91	2.2604	7	0.0065727	Beta-D-glucose, Acetate	LPCAT2, ENPP2, PLD1, PPAP2A, PPAP2B
Ether lipid metabolism	51	1.2668	5	0.0078844		LPCAT, LPCAT2, PPAP2A, PPAP2B, PLD1, ACPAT4
Glycerophospholipid metabolism	119	2.956	8	0.0082917	Glycerophosphocholine, Phosphocholine	CYP2U1, ALOX5, GPF3, GGT5, PTGS2, PTGIS, AKR1C3
Arachidonic acid metabolism	100	2.484	7	0.010899		AOX1, NNMT, NAMPT, NTF5
Nicotinate and nicotinamide metabolism	39	0.96876	4	0.014869		GLS
D-Glutamine and D-glutamate metabolism	9	0.22356	2	0.01955	Glutamate	AOC3, ALDH1A3
Phenylalanine metabolism	29	0.72036	3	0.033755	L-Tyrosine	AOX1, ALDH1A3, ADH1A, ADH1B, ADH1C, GSTP1, FMO2
Drug metabolism - cytochrome P450	127	3.1547	7	0.035916		
Mucin type O-Glycan biosynthesis	32	0.79488	3	0.043479		ST3GAL2, GALNT12, GALNT2



**Add. Table 11:** Integrated pathway analysis result from comparison of the metabolic clusters Mc1 compared to Mc3

Pathway	Total	Expected	Hits	P.Value	Metabolite hits	Gene hits
Glycerophospholipid metabolism	119	2.5977	9	0.0009	Glycerophosphocholine, Phosphocholine	<i>LCAT, PLA2G5, LPCAT2, PPAP2A, PPAP2B, PLD1, AGPAT4</i>
Ether lipid metabolism	51	1.1133	5	0.0045		<i>PPAP2A, PPAP2B, PLA2G5, PLD1, LPCAT2</i>
D-Glutamine and D-glutamate metabolism	9	0.19646	2	0.0153	Glutamate	<i>GLS</i>
Glycosaminoglycan biosynthesis - chondroitin sulfate	14	0.30561	2	0.0360		<i>XYLT1, CHSY3</i>

# Paper III

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