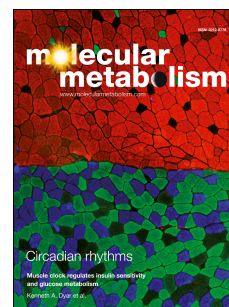


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# Dietary PUFA drives diverse systems-level changes in lipid metabolism

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## Objective

Poly-unsaturated fatty acid (PUFA) supplements have been trialled as a treatment for a number of conditions, and produced a variety of results. This variety is ascribed to both the supplements, often comprising mixtures of fatty acids and to different effects in different organs. Here, we tested the hypothesis that supplementation of individual PUFAs has diverse system-level effects that are dependent on the molecular structure of the PUFA.

## Methods

We undertook a network analysis using Lipid Traffic Analysis to identify both local and systems-level changes in lipid metabolism using publicly available lipidomics data from a mouse model of supplementation with FA(20:4n-6), FA(20:5n-3) and FA(22:6n-3); arachidonic acid, eicosapentaenoic acid and docosahexaenoic acid, respectively. Lipid Traffic Analysis is a new bioinformatics tool that uses the spatial distribution of lipids to pinpoint changes or differences in control of metabolism, thereby suggesting mechanistic reasons for differences in observed lipid metabolism.

## Results

There was strong evidence for changes to lipid metabolism being dependent on the structure of the supplemented PUFA. Phosphatidylcholine and triglycerides showed a change in the variety more than the number of variables, whereas phosphatidylethanolamine and phosphatidylinositol showed considerable change in both which variables and the number of them, in a highly PUFA-dependent manner. There was also evidence for changes to endogenous biosynthesis of fatty acids and to both elongation and desaturation of fatty acids.

## Conclusions

These results show that the full biological impact of PUFA supplementation is far wider than any single-organ effect and implies that supplementation and dosing with PUFAs requires a system-level assessment.

## Introduction

Dietary interventions are an attractive means for treating metabolic disease. They are drug-free, pain-free and are easy to personalise. Foods are typically a mixture of a variety of molecular species across several nutrient groups, meaning that with judicious use of foods, several nutrients can be administered in one intervention. This can be helpful in studying and treating deficiencies such as those of poly-unsaturated fatty acids (PUFAs). Foods such as fish or plant oils comprise a mixture of PUFAs, which can be used to meet the dietary needs of humans. Several PUFAs are considered essential as these cannot be made either *de novo* or from other FAs endogenously, and these PUFAs can be administered in excess and at once, and the effects studied at once. Indeed, such mixtures have been used to study effects in several different organs in Randomised Controlled Trials (*Table 1*).

These studies (*Table 1*) show that the administration of PUFA mixtures on a population often aimed one organ in particular. Specifically, the evidence from these trials suggests that FA(22:6n-3) has an important role in a number of conditions, with FA(20:5n-3) and FA(18:3n-3) important in others. The evidence from RCTs also shows that there are differences between organs. For example, there is no effect of FA(20:5n-3) in reducing heart rate but it does improve mood disorders and reduces risk of stroke. This shows that several organs are affected simultaneously, although presently there are no studies that measure the effects of PUFAs simultaneously across all these different outcomes in the same cohort and at a system-wide level. Evidence from lambs shows that PUFA supplementation using flaxseed leads to uneven accumulation of FA(18:3n-3) in muscle, liver and heart, and FA(20:5n-3) and FA(22:6n-3) accumulated in liver and kidney [1], suggesting that the traffic of FAs in mammals may be controlled. It is expected that the traffic and accumulation of PUFAs would also vary in humans. PUFA metabolism may also be shaped as dietary intake of this nutrient class differs by geographical region [2]. One negative effect has been suggested with PUFA supplementation. PUFA deficiency can reverse the effects of alcohol on mitochondrial energy metabolism[3], which complicates the use of PUFAs for treating liver related disease [4; 5]. Lastly, it is generally assumed that there is an interdependency between organs for lipid metabolism.

Organs such as the liver, spleen, heart etc all absorb and/or secrete different FAs into the circulation and thus all contribute to the supply of FAs *in circulo* [6-9]. Studies show that for FA metabolism there is interdependency between liver-intestine-heart [6], liver-adipose-muscle [7], liver-adipose-testes [8] and across the CNS [9], and thus hints at the presence of a metabolic network whose activity is shaped by factors such as dietary intake. Thus the effects of supplementing PUFAs not only imply that several organs can be affected simultaneously but also that there are general, systemic effects dependent on inter-organ traffic. However, a full systemic analysis of PUFA supplementation has not yet been carried out. Furthermore, the questions of which PUFAs have what effect(s) and where, whether unintended or undesired effects can be avoided and how rapidly and specifically the desired effect can be achieved on the target organ remain unresolved. The evidence for several possible effects of PUFAs, on

several organs and throughout a system motivated us to investigate the relationship between supplementation of individual PUFAs and changes to system-wide lipid metabolism.

We therefore tested the hypothesis that supplementation of individual PUFAs affects several organs simultaneously and has system-level effects that are dependent on the molecular structure of the PUFA. Publicly available lipidomics data collected from a mouse model of dietary supplementations of FA(20:4n-6), FA(20:5n-3) and FA(22:6n-3) (arachidonic acid, eicosapentaenoic acid and docosahexaenoic acid, respectively) [10] was used to investigate the particular effects of each PUFA throughout the organism. Fortunately, as there is no evidence for increased FA oxidation on supplementation with PUFAs [11], supplementation reflects changes in control of metabolism rather than oxidation.

In order to identify and characterise systemic effects, we used a Lipid Traffic Analysis (LTA) [12-14]. The network of tissues used in the LTA of the mouse model of PUFA supplementation network used in the present study is shown in *Fig. 1*. This network shows several aspects of lipid metabolism, including storage, biosynthesis, structure and oxidation. LTA is a relatively new tool for analysing metabolomics data that uses the distribution of metabolites to determine how the control of metabolism differs between groups. Several studies have used LTA for determining the effects of dietary intake, including finding that paternal nutritional programming is associated with changes in the control of lipid traffic [12] and obese-gestational diabetes (GDM) is associated with altered timing of changes in lipid metabolism in pregnancy [13] and changes in lipid metabolism that outlast pregnancy [14].

For example, LTA has also shown that lipids found only in the liver of post-weaning dams who had had GDM were also found in the heart of post-weaning dams who did not develop GDM [14]. This difference in metabolite distribution must mean the two systems were being controlled differently. Although the difference could be effected through several possible mechanisms (absorption, oxidation, transport, etc.) only by using LTA was it possible to show that accumulation of lipid molecules in the livers of obese-GDM post-weaning dams was matched by an appearance in other compartments in the control group, representing transport. These changes in the control of lipid metabolism offer an entirely different type of analysis to other approaches such as biomarker discovery or tissue-tissue comparisons. Indeed, the results described above are not obtainable through tissue-tissue comparisons. However, tissue-tissue comparisons are useful especially for assessing local effects, and these have been done for PUFA supplementation [10]. This provided a valuable insight into the effects of PUFA supplementations within each organ/compartment, however the use of LTA as a system-level analysis, will plot the metabolism through a system, pinpointing where metabolic changes occur (*e.g.* transport from the liver into the circulation) and thus providing mechanistic explanations for changes in the behaviour of the system, something not achieved in the original study. LTA therefore deepens biomarker discovery results as it is capable of contextualising and even identifying roles for metabolites both within organs and through the system. This makes LTA an ideal tool to identify and characterise both systemic and local effects of nutrients known to modulate metabolism in several organs.

It is important to test this hypothesis using a system-level analysis because effects of nutrient supplementation over the whole organism are inevitable but poorly understood, and useful to know so that deficiencies can be treated accurately. The current limited understanding makes judging the dose and timing of a given supplement difficult.

Target organ	FA supplemented	Species	Result	Ref
Liver	FA(22:6n-3)	Human (obese, NAFLD diag.)	Decreased liver fat	[4]*
Liver	Mixed	Human (obese, NAFLD diag.)	Improved NAFLD	[5]*
Liver	Deficient in PUFAs	Piglets	Protection of eFA-containing PEs	[15]
Lungs	n-3 and fish oil	Human (smokers)	Reduced emphysema and chronic bronchitis, and low spirometry values	[16]*
Heart	FA(22:6n-3) and FA(20:5n-3)	Human	Reduced heart rate with FA(22:6n-3) but not FA(20:5n-3)	[17]*
CVS	Fish oil	Human	Effects unclear, may be some benefit	[18]*
CVS	FA(22:6n-3)	Human	Can improve risk of factors for CVD post-menopause	[19]
CVS	FA(20:5n-3, 22:6n-3)	Human	Decreased hospitalisations with CHD	[20]*
Circulation	FA(18:3n-3)**	Human (infant)	Some, but not much, FA(22:6n-3) is made from FA(18:3n-3)	[21]
Circulation	Fish oil	Human (infant, malnourished)	Increase in circulating PUFAs but no short-term effects on development	[22]
Brain, liver, heart, lung	Mixed/fish oils	Rats	No increase in oxidation	[11]
Skin	PUFA intake	Human (transplant recip.)	Reduced risk of squamous cell carcinoma	[23]
Skin	FA(18:3n-3)** intake	Human (transplant recip.)	Reduced risk of basal cell carcinoma	[23]
CNS	FA(20:5n-3, 22:6n-3)	Human	Lower risk of stroke	[20]*
CNS	FA(20:5n-3)	Human	Improvement in mood disorders	[24]*
CNS	FA(22:6n-3)	Human	Reduced cognitive decline	[24]*
CNS	LPC(22:6n-3)	Mice	Improves memory	[25]
CNS	Fish oil	Human (healthy adults)	little effect on mood or cognition	[26]
CNS (ADHD)	N/A	Human	high ratio of FA(20:4) to FA(22:6) assoc. with ADHD DHA assoc. with behaviour not cognition	[27]
CNS (Alzheimer's)	N/A	Human	loss of FA(20:4, 22:4, 22:6) in PE, increase in FA(14:0, 16:0, 18:0) in PE. PC stable	[28]

**Table XX.** Summary of meta-analyses and original research investigating the relationship between FA supplementation or concentration and physiological or clinical effects. Fish oil typically comprises FA(22:6n-3), FA(20:5n-3) but no FA(20:4n-6).

\*Meta-analysis; \*\* $\alpha$ -Linolenic acid; ADHD, attention deficit hyperactivity disorder; CHD, coronary heart disease; CNS, central nervous system; CVS, cardio-vascular system; NAFLD, non-alcoholic fatty liver disease.

## Materials and Methods

**Animal model and Lipidomics data.** The animal model used to generate the lipidomics data were C57BL/6J males, fed the modified diet for 14d from around 10w[10]. Lipidomics data for this study were collected using LCMS and made publicly available through OA publication of the original study[10]. Up to 1200 lipid variables were identified in liver, brain, heart, lung, adipose, spleen, kidney, small intestine, vastus muscle and in plasma. Lipidomics data were reformatted for the present study, but not reprocessed.

**Lipid Traffic Analysis.** The analysis of the present study was based on a known map of the tissues as a biological/metabolic network (Fig. 1). Categories for the Switch Analysis were **A**, **B** and **U** lipids[12]. **A**-type lipids were found throughout the system, **U**-type lipids were found in only one compartment and **B**-type lipids were found in pairs of adjacent compartments, such as liver-serum. These lipid types show that, for example, a lipid may be found throughout the system in one group (an **A**-type lipid) but may only found in part of the network in another (e.g. **B**-type for liver-serum, serum-heart and serum-brain). **U**-type lipids are isolated, implying they are synthesised locally and not transported. Categorisation of lipids in this way shows how transport, accumulation and endogenous biosynthesis differs between phenotypes, and, importantly, where this occurs.

Jaccard-Tanimoto Coefficients (JTCs,  $J$ ) and associated  $p$  values were used as a non-parametric measure of the distinctions between lipid variables associated with phenotype(s). These were used to calculate the overlap between the identities of the variables and the probability that this occurred by random chance, respectively. Where the probability is 1.0, the variables in one group all appear in the other group. The  $p$  value associated with each  $J$  represents the probability that the difference between the lists of variables for the two phenotypes occurred by random chance. It represents both the number of variables only found in either of the two groups and the order of the binary list. When the  $p$  is below 0.5 there are some shared variables, but at least one variable that only appears in one each of the two groups. When the probability is 0, there is no overlap between the lists of variables at all. Variables were regarded as present if they had a signal strength  $>0$  in  $\geq 66\%$  of samples per group. The original data was reformatted for LTA and can be found in Supplementary Information (SI2 -- *Original data formatted for LTA*). The Switch Analysis outputs from the LTA were combined into one document and also included in the Supplementary Information (SI3 - *Switch analysis (PE, PC, TG, PI)*).

**Statistical methods.** Univariate and bivariate statistical calculations were done in Microsoft Excel 2016. Graphs were prepared in Excel 2016 or OriginLab2018. The activity of enzymes that modify the structure of FAs can be inferred from their activity index, calculated from the ratio of the abundance of the product and substrate of that reaction [29; 30]. Lipid Traffic Analysis v2.3 was used for this study[13]. The code was executed in RStudio(v1.2.5x) using R v3.9. The full code for Lipid Traffic Analysis v2.3 used in this study can be found in the *Supplementary Information file 1* and via Github (<https://doi.org/10.5281/zenodo.5499760>).

## Results & Discussion

### *Phospholipid traffic is modulated by supplementation with PUFAs*

LTA was used in this study to investigate the consequences of PUFA supplementation across all lipid classes. We began with the two most abundant phospholipids, phosphatidylethanolamine (PE) and phosphatidylcholine (PC). LTA begins by categorising lipids into **A**-, **B**- or **U**-types, ones that were found in all compartments, in adjacent compartments and only in one compartment, respectively (see *Methods*). 74 PE species (configurations) were detected across the 10 tissues, with only 6 found as **B**-type lipids (Fig. 2A). This means that fewer than 10% of PE variables were trafficked through the system. Moreover, nearly half the PE variables were **U**-type. This suggests that PE is configured locally from only a small number of PEs (**B**-type PEs). Around a quarter of PCs were trafficked

through the system, 57 PCs were detected across the 10 tissues, with 25 *B*-type and 44 *C*-type variables (Fig. 2B).

This is considerably more than for PE but is consistent with PC's role as a major structural lipid and also with the delivery of PUFAs such as FA(20:4)[31]. Despite there being 4-5 *B*-type configurations of PE in the control group, only PE(16:0/22:6) was found throughout the network on supplementation with FA(20:5n-3) (Fig. 2A). FA(22:6n-6)-containing PE is therefore maintained and protected across all tissues, consistent with low-PUFA feeding studies in which it was also protected[15]. PE(16:0/22:6) is also found in spermatozoa from a range of mammals, including herbivores whose diet is FA(22:6)-poor[32]. The evidence for wide distribution of PE(16:0/22:6) in the present analysis, alongside existing evidence of its importance and presence irrespective of dietary intake, shows that the control of this lipid must be maintained under all circumstances across the whole system. LTA shows that the supply of this lipid is constant and maintained throughout the system.

Like PE, PC is known to have a key structural role but is also known to be important in the storage and transport of FA(20:4)[31]. LTA showed that the supplementation of PUFAs drove several changes in the molecular profile of the PC fraction, Fig. 2B. PC(16:0/20:4) and PC(18:0/20:4) were maintained throughout all compartments with all treatments, consistent with the long-established concept that PCs were crucial for the storage and transport of FA(20:4)[31]. PC(18:2/20:4) was detected almost throughout the entire control, FA(20:4n-6)- and FA(20:5n-3)-supplemented systems, but not found at all in FA(22:6n-3)-supplemented mice. LTA therefore shows that PC's role as a store/transport vehicle for FA(20:4) is system-wide and can be modulated by supplementation with FA(22:6n-3). The prominence of FA(20:4) distribution in PC may explain some of the results of PUFA feeding trials in humans.

Feeding of fish oils (high in FA(20:5n-3) and FA(22:6n-3) but typically low in FA(20:4n-6)), has shown neutral or mixed effects on cognition in children[33], been associated with poor prosocial behaviour and language skills[34] and shown to have little effect on mood or cognition in healthy adults[26]. A study of Attention-Deficit Hyperactivity Disorder found that the plasma concentration of FA(20:4) and FA(22:6) were positively correlated with cognition, and a high ratio of FA(20:4) to FA(22:6) was the most important for behaviour[27]. A study of neurodegeneration found loss of both FA(22:6) and FA(20:4) in the CNS in Alzheimer's disease[28]. This suggests that a good supply of both FA(20:4) to FA(22:6) is associated with optimum CNS activity, which is consistent with around 12% of the dry mass of the human brain being FA(20:4) and FA(22:6) together, and evidence for specific transporters of both FA(20:4n-6) and FA(22:6n-3) into the CNS[35]. Therefore, supplementation with FA(22:6n-3) and FA(20:5n-3) alone will result in a proportional reduction of FA(20:4n-6) and thus potentially a limiting of the positive effect on CNS-related outcomes. Evidence from the traffic analysis done in the present study shows that there are at least two protected phospholipid isoforms comprising FA(20:4) that are found throughout the system, viz. (PC(16:0/20:4) and PC(18:0/20:4). This is expanded when dietary supply of FA(20:4) is higher, with PC(18:2/20:4) being found throughout the system, except for adipose, in the FA(20:4n-6) group, appearing to replace other variables, e.g. PC(16:0/20:5). This explains how FA(20:4n-6) is trafficked to reach all parts of the body and even to the CNS where it likely has a under-appreciated developmental role.



Other lipid pathways were also affected. There were 32 configurations of PI, of which 15 were **B**-type and 15 **U**-type, Fig. 3A. Thus 28/32 variables were **U**- or **B**-type variables. The number of configurations of PI increased on supplementation with FA(20:5n-3) and more so with FA(22:6n-3), and was generally lower with FA(20:4n-6), which contrasts with PE in which the control group showed the greatest variety of **B**-type variables, with the FA(20:5n-3) supplement group showing the narrowest variety. PE and PI provide contrasting but complimentary routes for distribution of PUFAs. There was also commonality between PI and PE; PI(18:1/18:2) was found in the small intestine, spleen, liver and heart of control mice but was not found in supplemented mice at all, similar to PE. PE(16:0/18:2) was not found on supplementation and PE(18:0/18:2) was lost from all but two of the compartments in the supplemented groups. These changes across phospholipid pathways demonstrate the far reach of PUFA supplementation; there are routes for all supplemented PUFAs to all compartments, and at least one derivative, and also changes in FA(16:0) and FA(18:2) supply.

#### *PUFA supplementation drives changes to the distribution and supply of energy stored in TGs*

The pattern of alterations in the TGs was similar to those of PC, with little change to the number of variables detected but some change to the profile (Fig. 3B). Changes in the TG composition was noted in all compartments, with both **B**- and **U**-type TG variables differing in virtually all compartments on supplementation with any of the three PUFAs. This raises the question of which PUFAs were affecting what mechanisms and through which routes, e.g. biosynthesis of TG from PC transferred to the liver is a known phenomenon [36], suggesting cross over of FAs through this route.

One important contributor to the profile of TGs is endogenous synthesis (*de novo* lipogenesis, DNL) and thus possible changes to the biosynthesis of palmitic acid were tested for. TG markers for DNL, TG(46:0, 46:1, 48:0, 48:1, 48:2, 50:1) [37], were largely unchanged in several tissues of the supplementation groups (vastus, adipose, lung, brain, small intestine), or lower (spleen, liver, kidney, heart, plasma) in them. Perhaps the clearest example of reduced abundance is the plasma, providing evidence that the supply of DNL variables through the circulation is weaker in all supplemented groups (Fig. 4A).

The considerable change in abundance of biomarkers for DNL across much of the system shows that endogenous production of palmitic acid is suppressed by supplementation with PUFAs within 14 d of supplementation commencing, and thus shows how PUFA-driven suppression of DNL in the liver affects the supply of lipids to other tissues. However, as seen in sheep [1], the magnitude of changes in lipid species reflected the half-life of FAs in different organs. In mice FAs have a half-life of around 12-24 h in liver, whereas in adipose it is closer to 14 d [38] and 36-40 d in brain [39]. This suggests that while most of the FAs in the system will have been turned over during the supplementation period of this model, this occurs only unevenly across tissues. The half-lives of FAs were consistent with the magnitude of the changes observed on supplementation but also with the concept that there is evidence that DNL is modulated observable in every tissue. However, DNL is a complicated process involving a number of enzymes in different cell compartments. In order to deepen the effects of PUFA supplementation on endogenous FA metabolism, we also looked at local FA metabolism across the network.



### *Alteration to long-chain FA supply driven by PUFA supplementation*

The activity index of elongases ELOVL2 and 5 on FA(20:5n-3) can be calculated using the ratio between PC(16:0/20:5) and PC(16:0/22:5), and PC(18:0/20:5) and PC(18:0/22:5). ELOVL2/5 activity based on PC(16:0/22:5)/PC(16:0/20:5) showed that activity was higher in lung, heart and vastus muscle on supplementation with FA(20:4n-6) but lower on supplementation with FA(22:6n-3), *Fig. 4B*. The supplementation of FA(20:5n-3) makes the measurement of ELOVL2/5 activity by this method impossible. However, the activity ratio calculated from PC(18:0/20:5) and PC(18:0/22:5) was unchanged in liver and small intestine after FA(20:4n-6) supplementation, unchanged in lung after FA(22:6n-3) supplementation, lower in lung, spleen, serum and kidney after FA(20:4n-6) supplementation and lower in kidney, small intestine, lung and liver after FA(22:6n-3) supplementation. These results are surprising as they show not only that the biosynthesis of FA(22:5n-3) was much greater in certain compartments, but also that its distribution and synthesis was tightly controlled and was independent of the liver. Specifically, supplementation of FA(20:4n-6) and FA(22:6n-3) leads to an increase in PC(16:0/22:5) in lung, heart and muscle but a decrease in other tissues, with no change or a reduction in PC(18:0/22:5) throughout the system. This suggests first that metabolism of PCs is more tightly controlled and more organ specific than expected, and second that when intake is low, PUFAs are used to substitute one another.

Leg muscle and spleen in pigs have been found to produce FA(22:5)[40], an observation that is consistent with evidence of this FA in several tissues and lipid classes in mice. Some FA(22:5)-containing lipids were organ-specific in mice, PE(18:2/22:5) was only found in the heart and PE(22:5/22:6) was only found in vastus, whereas some compartments were pathway-specific, *e.g.* almost all of the FA(22:5) in the liver was in triglycerides (TGs). The present study therefore suggests that FA(22:5) is produced in at least two separate ways, one resulting in FA(22:5)-containing TGs mainly in the liver and the other in PLs mainly in muscular tissue. These results are important because they show that some tissues are more independent in FA modification than previously known. Furthermore, as FA(22:5) is required for producing protectins and D-series resolvins[41], the evidence for biosynthesis of this compound in the lung, kidney, vastus and heart suggests a role for supplementation in the resolution of acute kidney and lung injury by resolvins[42], resolution of acute inflammation in the heart initiated by myocardial infarction[43] and the biosynthesis of lipokines in skeletal muscle during and after exercise[44]. These results also show that the conversion of FA(20:5n-3) to FA(22:5n-3) on supplementation with FA(20:4n-6) occurs in localised areas of the organism (*Fig. 4B*), with a possible role in controlling inflammation.

The untargeted nature of the systemic LTA also shows how the metabolism of saturated FAs such as FA(22:0) and FA(24:0) is modified by supplementation with PUFAs. In pigs, there is a significant release of FA(22:0) and FA(24:0) from lung tissue[40], unlike mice in whom FA(22:0)-containing PCs and PEs were found in the CNS and FA(24:0)-containing PCs in both the brain and spleen (as PC(24:00/18:01) and PC(24:00/20:04), respectively). The clear difference in the profile of FA(22:0)- and FA(24:0)-containing lipids in mice suggests that saturated long-chain FAs were produced independently in at least two places in this model. Biosynthesis of FA(22:0) and FA(24:0) relies upon

ELOVL1[45], suggesting that this enzyme is expressed in the CNS and periphery. Furthermore, there was almost no change in traffic according to PUFA supplementation, suggesting little effect of PUFA on ELOVL1 supplementation.

## Conclusions

It is evident from the applications of LTA to lipidomics data from the model of PUFA supplementation reported here that there are systemic effects in different pathways as well as different effects in different tissues, due to PUFA supplementations. The hypothesis that system-level and local changes in lipid metabolism were associated with PUFA supplementations was therefore correct. Specifically, these affected different lipid pathways differently, with the profile of the PI and PE fractions changing considerably according to the PUFA supplement, with more subtle reorganisations in PCs and TGs. Which FAs were made and elaborated was also PUFA-dependent. This provides a mechanistic basis for interpreting results of clinical trials in which PUFAs were administered and shows that all tissues are affected by PUFA supplementation. The present study shows that it is not clear what the therapeutic window is or should be for these PUFAs. These results therefore raise important questions about the relevance of PUFA supplementation trials aimed at improving metabolic health, as the metabolic response is tissue-dependent and not uniform. The results of this study show that a network analysis is essential for understanding the effects of nutrient supplementation on whole organisms as it is the only type of analysis capable of uncovering effects throughout the system.

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## Author contributions

SF conceived the research question with AK. SF carried out all lipid analyses and wrote the manuscript. SF, SV, SGS and AK interpreted data. DC conceived improvements to previous code with SF, wrote all code, contributed to data analysis and figure preparation. AK and DC wrote the original grant proposals. SF and AK revised the manuscript with comments from all authors. All authors commented on the manuscript and approved the final version.

## Conflicts of Interest

The authors have no conflicts of interest.

## Data availability statement

The R code used in the present study for Lipid Traffic Analysis v2.3 is publicly available through the original paper [13], as is v1.0[12], and via Github (<https://doi.org/10.5281/zenodo.5499760>) [46], offered with a CC-BY licence. The data used in the present study were made publicly available by the authors [10]. The original data was reformatted for LTA and can be found in Supplementary Information (SI2 -- *Original data formatted for LTA*). The Switch Analysis

outputs from the LRA were combined into one document and also included in the supplementary information (S3 - Switch analysis (PE, PC, TG, PI)).

## References

- [1] Van Le, H., Nguyen, D.V., Vu Nguyen, Q., Malau-Aduli, B.S., Nichols, P.D., Malau-Aduli, A.E.O., 2019. Fatty acid profiles of muscle, liver, heart and kidney of Australian prime lambs fed different polyunsaturated fatty acids enriched pellets in a feedlot system. *Scientific Reports* 9(1):1238.
- [2] Stark, K.D., Van Elswyk, M.E., Higgins, M.R., Weatherford, C.A., Salem, N., 2016. Global survey of the omega-3 fatty acids, docosahexaenoic acid and eicosapentaenoic acid in the blood stream of healthy adults. *Progress in Lipid Research* 63:132-152.
- [3] Piquet, M.-A., Roulet, M., Nogueira, V., Filippi, C., Sibille, B., Hourmand-Ollivier, I., et al., 2004. Polyunsaturated fatty acid deficiency reverses effects of alcohol on mitochondrial energy metabolism. *Journal of Hepatology* 41(5):721-729.
- [4] Yan, J.-H., Guan, B.-J., Gao, H.-Y., Peng, X.-E., 2018. Omega-3 polyunsaturated fatty acid supplementation and non-alcoholic fatty liver disease: A meta-analysis of randomized controlled trials. *Medicine* 97(37):e12271.
- [5] Lee, C.H., Fu, Y., Yang, S.J., Chi, C.C., 2020. Effects of Omega-3 Polyunsaturated Fatty Acid Supplementation on Non-Alcoholic Fatty Liver: A Systematic Review and Meta-Analysis. *Nutrients* 12(9).
- [6] Ito, M., Adachi-Akahane, S., 2013. Inter-organ Communication in the Regulation of Lipid Metabolism: Focusing on the Network Between the Liver, Intestine, and Heart. *Journal of Pharmacological Sciences* 123(4):312-317.
- [7] Frayn, K.N., Arner, P., Yki-Järvinen, H., 2006. Fatty acid metabolism in adipose tissue, muscle and liver in health and disease. *Essays in Biochemistry* 42:89-103.
- [8] Wang, L.-Y., Le, F., Wang, N., Li, L., Liu, X.-Z., Zheng, Y.-M., et al., 2013. Alteration of fatty acid metabolism in the liver, adipose tissue, and testis of male mice conceived through assisted reproductive technologies: fatty acid metabolism in ART mice. *Lipids in Health and Disease* 12(1):5.
- [9] Panov, A., Orynbayeva, Z., Vavilin, V., Lyakhovich, V., 2014. Fatty Acids in Energy Metabolism of the Central Nervous System. *BioMed Research International* 2014:472459.
- [10] Naoe, S., Tsugawa, H., Takahashi, M., Ikeda, K., Arita, M., 2019. Characterization of Lipid Profiles after Dietary Intake of Polyunsaturated Fatty Acids Using Integrated Untargeted and Targeted Lipidomics. *Metabolites* 9(10):241.
- [11] Ando, K., Nagata, K., Yoshida, R., Kikugawa, K., Suzuki, M., 2000. Effect of n-3 polyunsaturated fatty acid supplementation on lipid peroxidation of rat organs. *Lipids* 35(4):401-407.
- [12] Furse, S., Watkins, A.J., Hojat, N., Smith, J., Williams, H.E.L., Chiarugi, D., et al., 2021. Lipid Traffic Analysis reveals the impact of high paternal carbohydrate intake on offsprings' lipid metabolism. *Communications Biology* 4(1):163.
- [13] Furse, S., Fernandez-Twinn, D.S., Chiarugi, D., Koulman, A., Ozanne, S.E., 2021. Lipid Metabolism Is Dysregulated before, during and after Pregnancy in a Mouse Model of Gestational Diabetes. *International Journal of Molecular Sciences* 22(14):7452.
- [14] Furse, S., Fernandez-Twinn, D.S., Beeson, J.H., Chiarugi, D., Ozanne Susan, E., Koulman, A., 2021. A mouse model of gestational diabetes shows dysregulated lipid metabolism post-weaning, after return to euglycaemia. Revisions submitted.
- [15] Menguy, L., Christon, R., Van Dorsselaer, A., Léger, C.L., 1992. Apparent relative retention of the phosphatidylethanolamine molecular species 18:0–20:5(n-3), 16:0–22:6(n-3) and the sum 16:0–20:4(n-6) plus 16:0–20:3(n-9) in the liver microsomes of pig on an essential fatty acid deficient diet. *Biochimica et Biophysica Acta (BBA) - Lipids and Lipid Metabolism* 1123(1):41-50.
- [16] Schwartz, J., 2000. Role of polyunsaturated fatty acids in lung disease. *Am J Clin Nutr* 71(1 Suppl):393S-396S.
- [17] Hidayat, K., Yang, J., Zhang, Z., Chen, G.-C., Qin, L.-Q., Eggersdorfer, M., et al., 2018. Effect of omega-3 long-chain polyunsaturated fatty acid supplementation on heart rate: a meta-analysis of randomized controlled trials. *European Journal Of Clinical Nutrition* 72(6):805-817.
- [18] Abdelhamid, A.S., Martin, N., Bridges, C., Brainard, J.S., Wang, X., Brown, T.J., et al., 2018. Polyunsaturated fatty acids for the primary and secondary prevention of cardiovascular disease. *Cochrane Database of Systematic Reviews*(7).
- [19] Stark, K.D., Holub, B.J., 2004. Differential eicosapentaenoic acid elevations and altered cardiovascular disease risk factor responses after supplementation with docosahexaenoic acid in postmenopausal women receiving and not receiving hormone replacement therapy. *The American Journal of Clinical Nutrition* 79(5):765-773.

- [20] Biscovick, D.S., Buringer, H.A., Hertz, A.M., Wu, J.H., Lichtenstein, A.H., Costello, K.B., et al., 2017. Omega-3 Polyunsaturated Fatty Acid (Fish Oil) Supplementation and the Prevention of Clinical Cardiovascular Disease. *Circulation* 135(15):e867-e884.
- [21] Brenna, J.T., Salem, N., Sinclair, A.J., Cunnane, S.C., 2009.  $\alpha$ -Linolenic acid supplementation and conversion to n-3 long-chain polyunsaturated fatty acids in humans. *Prostaglandins, Leukotrienes and Essential Fatty Acids* 80(2):85-91.
- [22] van der Merwe, L.F., Moore, S.E., Fulford, A.J., Halliday, K.E., Drammeh, S., Young, S., et al., 2012. Long-chain PUFA supplementation in rural African infants: a randomized controlled trial of effects on gut integrity, growth, and cognitive development. *The American Journal of Clinical Nutrition* 97(1):45-57.
- [23] Miura, K., Way, M., Jiyad, Z., Marquart, L., Plasmeijer, E.I., Campbell, S., et al., 2021. Omega-3 fatty acid intake and decreased risk of skin cancer in organ transplant recipients. *European Journal of Nutrition* 60(4):1897-1905.
- [24] Dyall, S.C., 2015. Long-chain omega-3 fatty acids and the brain: a review of the independent and shared effects of EPA, DPA and DHA. *Frontiers in Aging Neuroscience* 7:52-52.
- [25] Sugasini, D., Thomas, R., Yalagala, P.C.R., Tai, L.M., Subbaiah, P.V., 2017. Dietary docosahexaenoic acid (DHA) as lysophosphatidylcholine, but not as free acid, enriches brain DHA and improves memory in adult mice. *Scientific Reports* 7(1):11263.
- [26] Giles, G.E., Mahoney, C.R., Urry, H.L., Brunyé, T.T., Taylor, H.A., Kanarek, R.B., 2015. Omega-3 fatty acids and stress-induced changes to mood and cognition in healthy individuals. *Pharmacology Biochemistry and Behavior* 132:10-19.
- [27] Crippa, A., Agostoni, C., Mauri, M., Molteni, M., Nobile, M., 2016. Polyunsaturated Fatty Acids Are Associated With Behavior But Not With Cognition in Children With and Without ADHD: An Italian study. *Journal of Attention Disorders* 22:971-983.
- [28] Söderberg, M., Edlund, C., Kristensson, K., Dallner, G., 1991. Fatty acid composition of brain phospholipids in aging and in Alzheimer's disease. *Lipids* 26(6):421.
- [29] Olga, L., van Diepen, J.A., Bobeldijk-Pastorova, I., Gross, G., Prentice, P.M., Snowden, S.G., et al., 2021. Lipid ratios representing SCD1, FADS1, and FADS2 activities as candidate biomarkers of early growth and adiposity. *EBioMedicine* 63.
- [30] Yew Tan, C., Virtue, S., Murfitt, S., Roberts, L.D., Phua, Y.H., Dale, M., et al., 2015. Adipose tissue fatty acid chain length and mono-unsaturation increases with obesity and insulin resistance. *Scientific Reports* 5(1):18366.
- [31] Furse, S., de Kroon, A.I.P.M., 2015. Phosphatidylcholine's functions beyond that of a membrane brick. *Molecular Membrane Biology* 32(4):117-119.
- [32] LeBis, J., Gey, C., Süß, R., Schiller, J., Glander, H.-J., Arnhold, J., 2004. Analysis of the lipid composition of human and boar spermatozoa by MALDI-TOF mass spectrometry, thin layer chromatography and <sup>31</sup>P NMR spectroscopy. *Comparative Biochemistry and Physiology Part B: Biochemistry and Molecular Biology* 137(2):265-277.
- [33] Cheatham, C.L., Nerhammer, A.S., Asserhøj, M., Michaelsen, K.F., Lauritzen, L., 2011. Fish Oil Supplementation During Lactation: Effects on Cognition and Behavior at 7 Years of Age. *Lipids* 46(7):637-645.
- [34] Nyaradi, A., Li, J., Hickling, S., Foster, J., Oddy, W., 2013. The role of nutrition in children's neurocognitive development, from pregnancy through childhood. *Frontiers in Human Neuroscience* 7(97).
- [35] Liu, J.J., Green, P., John Mann, J., Rapoport, S.I., Sublette, M.E., 2015. Pathways of polyunsaturated fatty acid utilization: Implications for brain function in neuropsychiatric health and disease. *Brain Research* 1597:220-246.
- [36] Vance, D.E., 2008. Role of phosphatidylcholine biosynthesis in the regulation of lipoprotein homeostasis. *Current Opinion in Lipidology* 19(3).
- [37] Sanders, F., Acharjee, A., Walker, C., Marney, L., Roberts, L., Imamura, F., et al., 2018. Hepatic steatosis risk is partly driven by increased de novo lipogenesis following carbohydrate consumption. *Genome Biology* 19:79.
- [38] Harris, C., Roohk, D.J., Fitch, M., Boudignon, B.M., Halloran, B.P., Hellerstein, M.K., 2013. Large increases in adipose triacylglycerol flux in Cushingoid CRH-Tg mice are explained by futile cycling. *American Journal of Physiology-Endocrinology and Metabolism* 304(3):E282-E293.
- [39] Lacombe, R.J.S., Lee, C.-C., Bazinet, R.P., 2020. Turnover of brain DHA in mice is accurately determined by tracer-free natural abundance carbon isotope ratio analysis. *Journal of Lipid Research* 61(1):116-126.
- [40] Jang, C., Hui, S., Zeng, X., Cowan, A.J., Wang, L., Chen, L., et al., 2019. Metabolite Exchange between Mammalian Organs Quantified in Pigs. *Cell Metabolism* 30(3):594-606.e593.
- [41] Ferguson, B., Bokka, N.R., Maddipati, K.R., Ayilavarapu, S., Weltman, R., Zhu, L., et al., 2020. Distinct Profiles of Specialized Pro-resolving Lipid Mediators and Corresponding Receptor Gene Expression in Periodontal Inflammation. *Frontiers in Immunology* 11(1307).

- [42] Muro, K., Nagashima, M., Ramakrishna, K., Takabe, K., Wakui, T., 2018. Resolvins and omega three polyunsaturated fatty acids: Clinical implications in inflammatory diseases and cancer. *World journal of clinical cases* 4(7):155-164.
- [43] Kain, V., Ingle, K.A., Colas, R.A., Dalli, J., Prabhu, S.D., Serhan, C.N., et al., 2015. Resolvin D1 activates the inflammation resolving response at splenic and ventricular site following myocardial infarction leading to improved ventricular function. *Journal of Molecular and Cellular Cardiology* 84:24-35.
- [44] Vella, L., Markworth, J.F., Farnfield, M.M., Maddipati, K.R., Russell, A.P., Cameron-Smith, D., 2019. Intramuscular inflammatory and resolving lipid profile responses to an acute bout of resistance exercise in men. *Physiological Reports* 7(13):e14108.
- [45] Ohno, Y., Suto, S., Yamanaka, M., Mizutani, Y., Mitsutake, S., Igarashi, Y., et al., 2010. ELOVL1 production of C24 acyl-CoAs is linked to C24 sphingolipid synthesis. *Proceedings of the National Academy of Sciences* 107(43):18439-18444.
- [46] Furse, S., Watkins, A.J., Hojat, N., Smith, J., Williams, H.E.L., Chiarugi, D., et al., 2021. Code for: Lipid traffic analysis reveals the impact of high paternal carbohydrate intake on offsprings' lipid metabolism.

## Figure captions

**Fig. 1. The mouse model of PUFA supplementation used in the present study.** This shows the tissue network of the mouse model of PUFA supplementation. The arrows show the metabolic connections between compartments.

**Fig. 2. Traffic analysis of phospholipids in a mouse model of PUFA supplementation.** Panel **A**, Switch analysis of phosphatidylethanolamine (PE) variables. Panel **B**, Switch analysis of phosphatidylcholine (PC) variables. Pie charts show the number of variables of the appropriate head group in the relevant tissue(s). Large inset pie charts show the **B**-type species (lipids found in two neighbouring compartments) whereas **U**-type lipids (lipids found only in one compartment) are depicted with smaller pie charts. The Jaccard-Tanimoto coefficients (*J*) and probability (*p*) values that describe the similarity between sets of variables. Translucent pie charts indicate those in which only the number of variables differs between groups.

**Fig. 3. Traffic analysis of lipids in a mouse model of PUFA supplementation.** Panel **A**, Switch analysis of phosphatidylinositol (PI) variables; Panel **B**, Switch analysis of triglyceride (TG) variables. Pie charts show the number of variables of the appropriate head group in the relevant tissue(s). Large inset pie charts show the **B**-type species (lipids found in two neighbouring compartments) whereas **U**-type lipids (lipids found only in one compartment) are depicted with smaller pie charts. The Jaccard-Tanimoto coefficients (*J*) and probability (*p*) values that describe the similarity between sets of variables. Translucent pie charts indicate those in which only the number of variables differs between groups.

**Fig. 4. Modifications to FA metabolism associated with supplementation with PUFAs.** Panel **A**, Abundance of TGs associated with *de novo* lipogenesis [37], TG(46:0, 46:1, 48:0, 48:1, 48:2, 50:1), shown as the mean with 1.5 IQR. Panel **B**, the activity of elongases ELOVL2/5 on FA(20:5) expressed as the ratio of the abundance of PC(18:0/22:5) over PC(18:0/20:5) and PC(16:0/22:5) over PC(16:0/20:5), with the latter marked \*. The box plots represent the values for mean, standard deviation and spread for *n* = 4 or 5 per group.

## Supplementary Materials

1. Supplementary information file S1. Lipid traffic Analysis v2.3 (R code for conducting Lipid Traffic analysis.)
2. Supplementary information file S2. Data files of lipid abundance for running of the LTA used in the present study
3. Supplementary information file S3. Switch Analysis from the LTA

## Figures

A

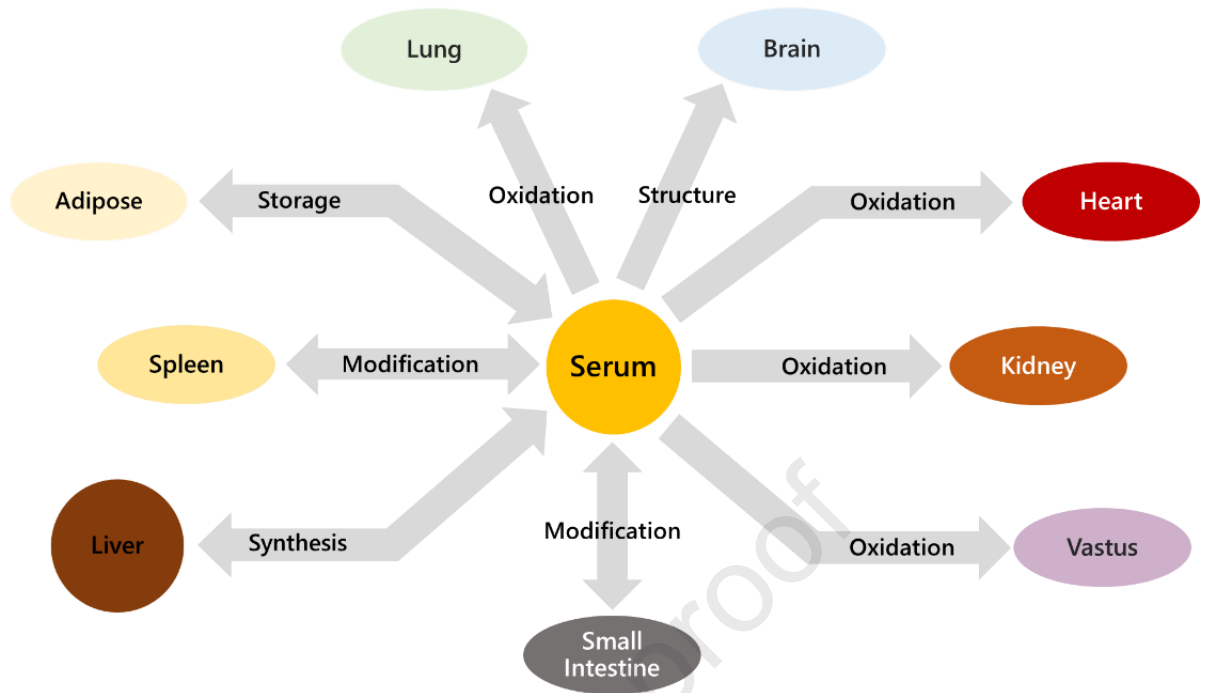


Fig. 1.



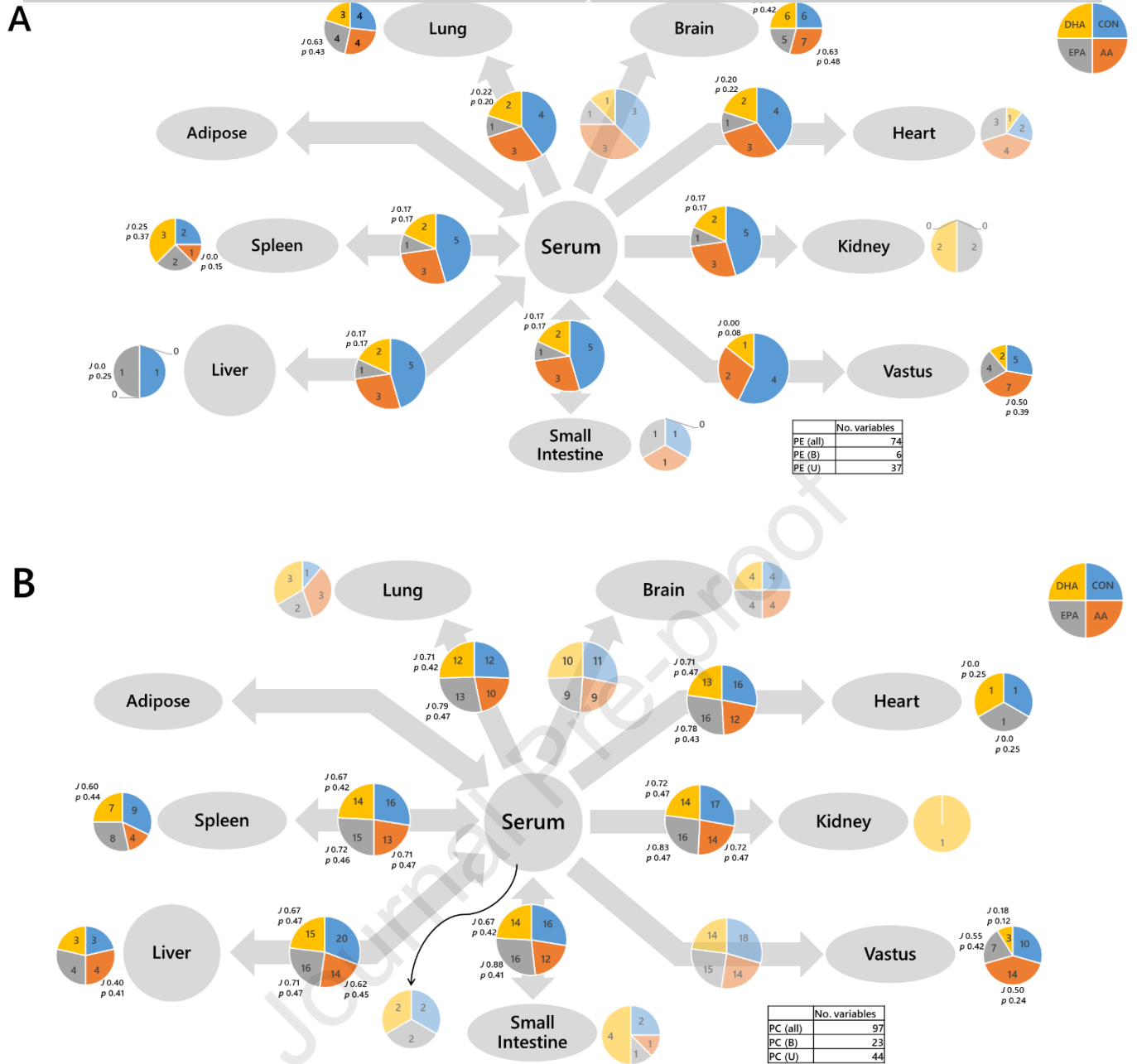
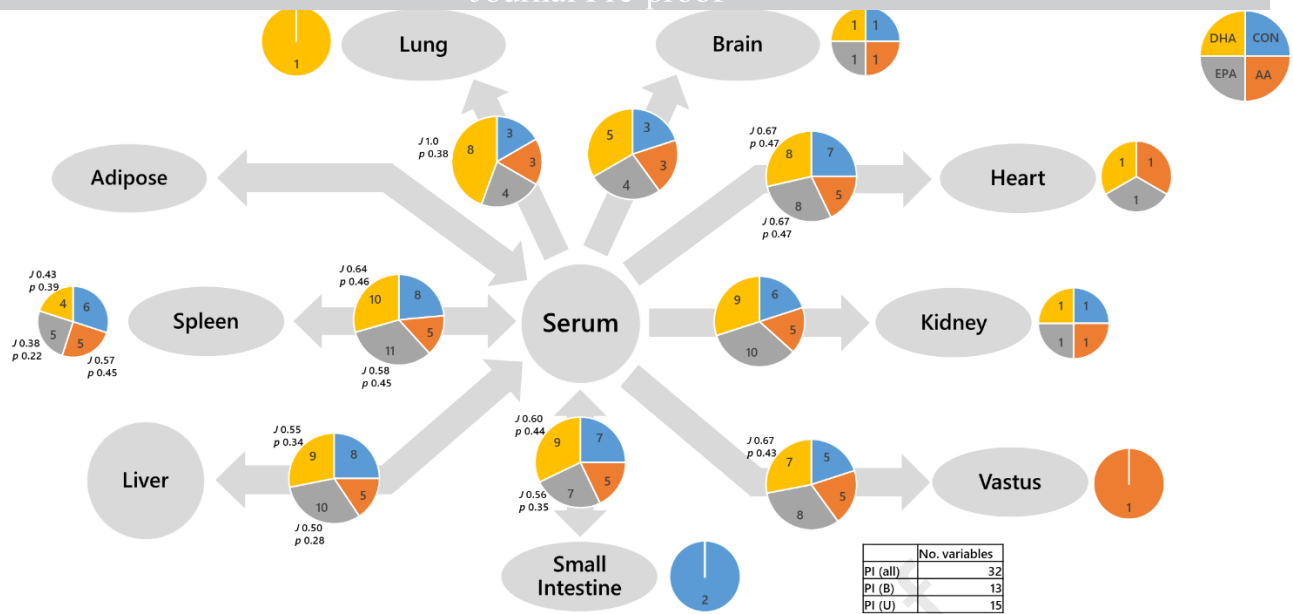


Fig. 2.

A



B

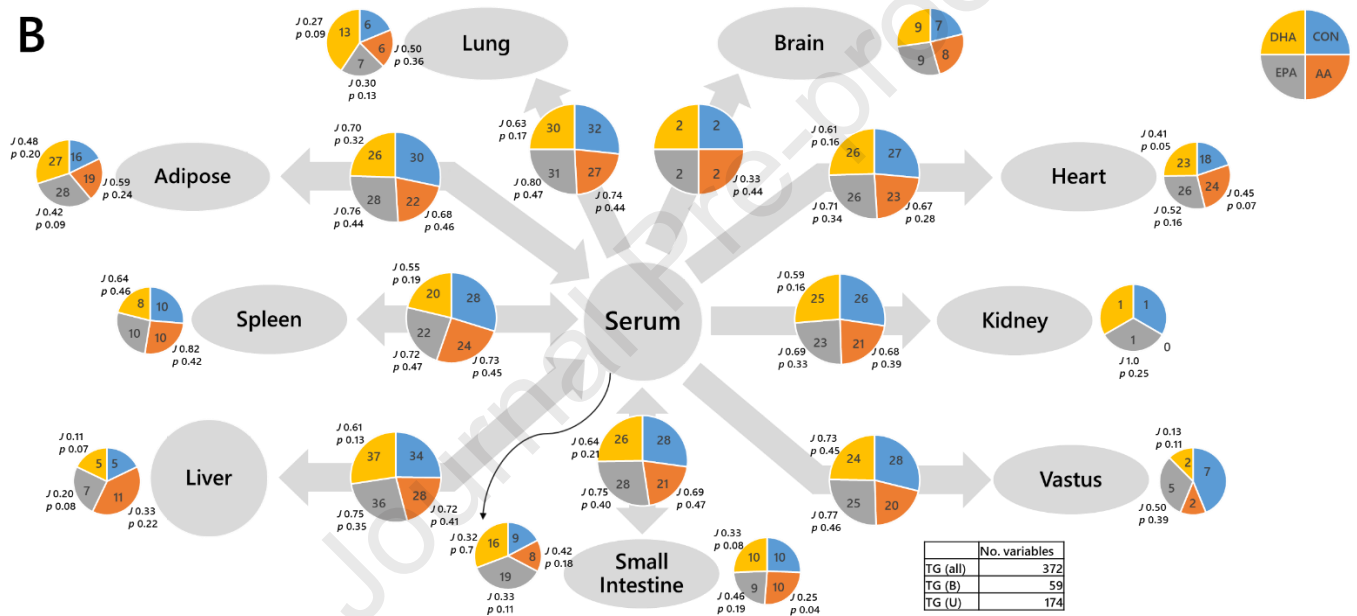


Fig. 3.

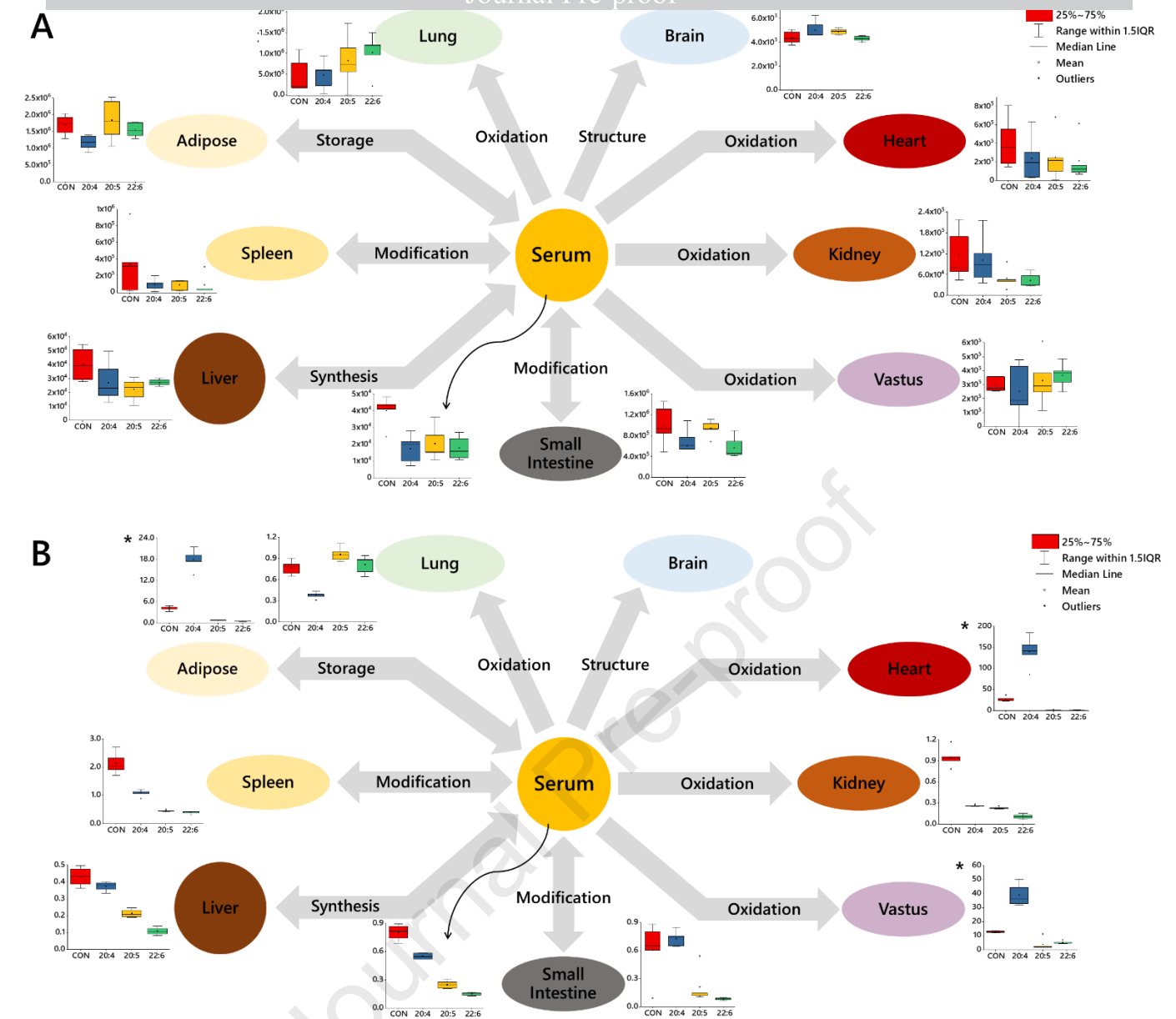
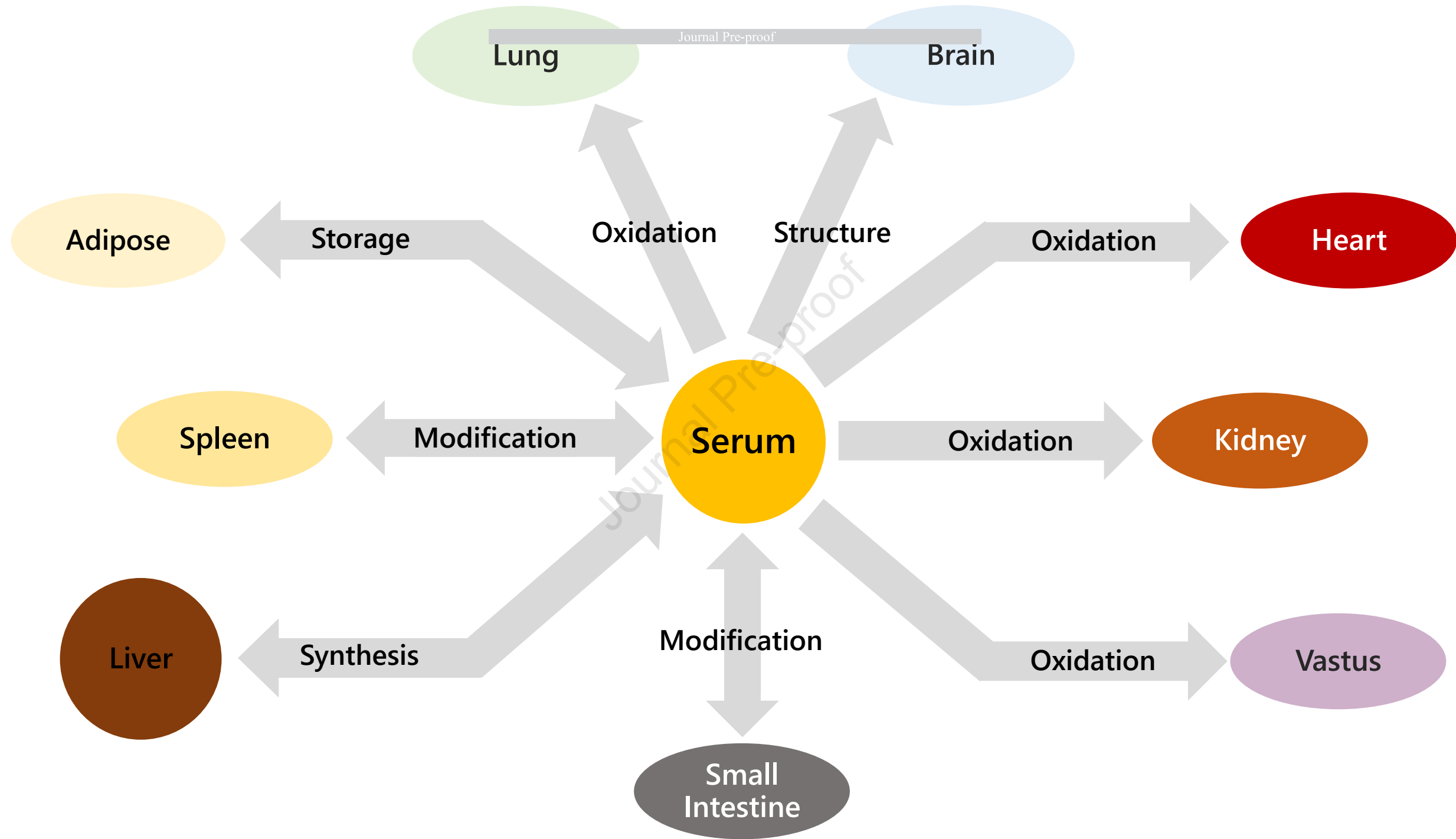
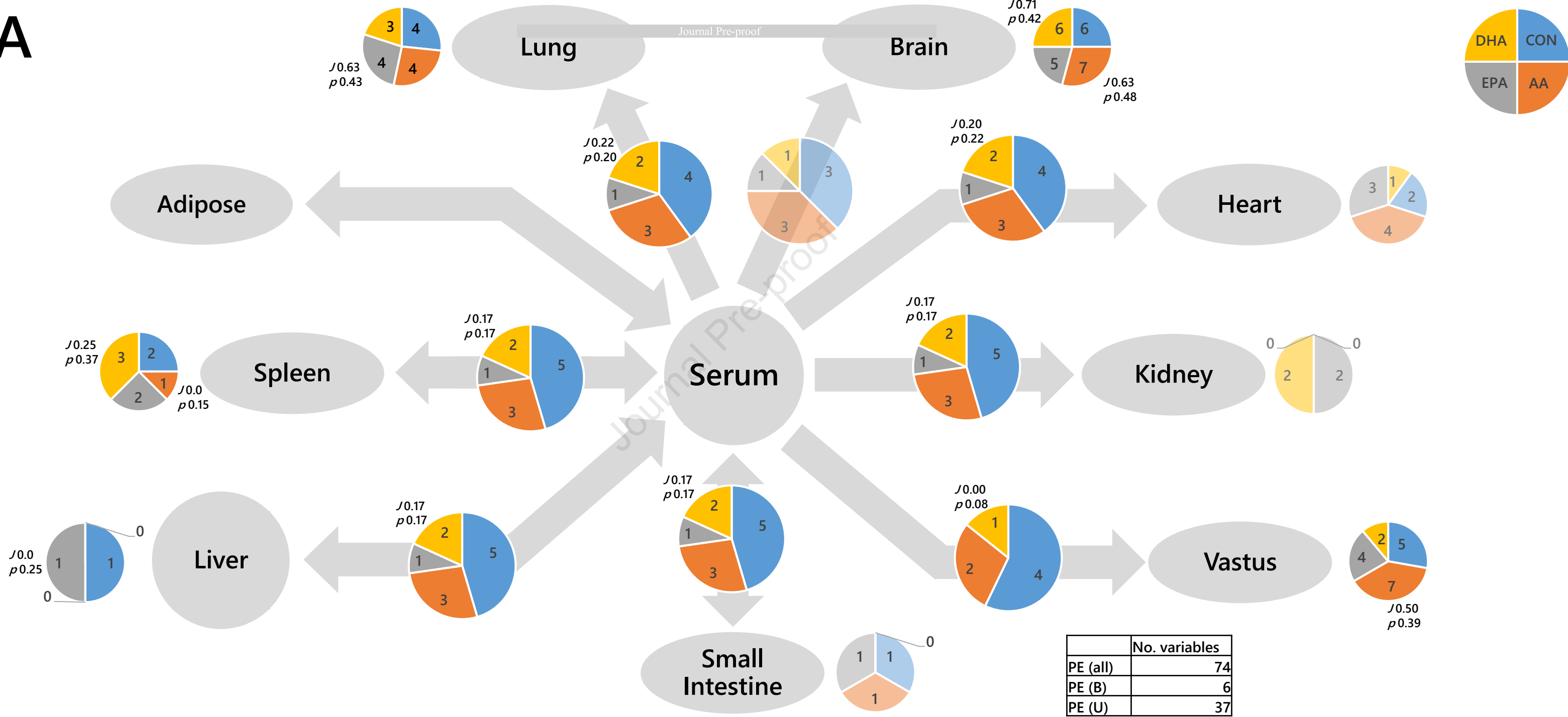


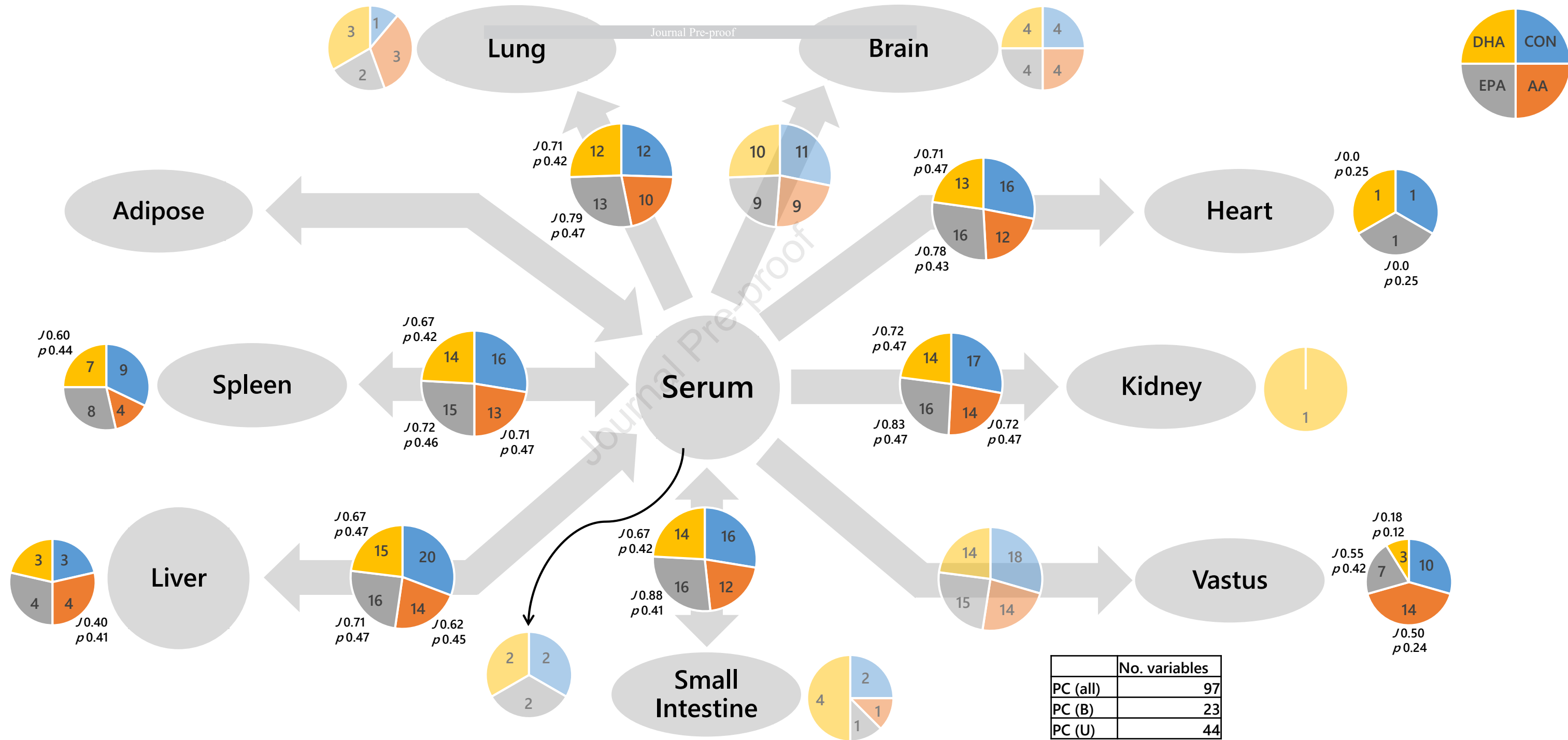
Fig. 4.



A

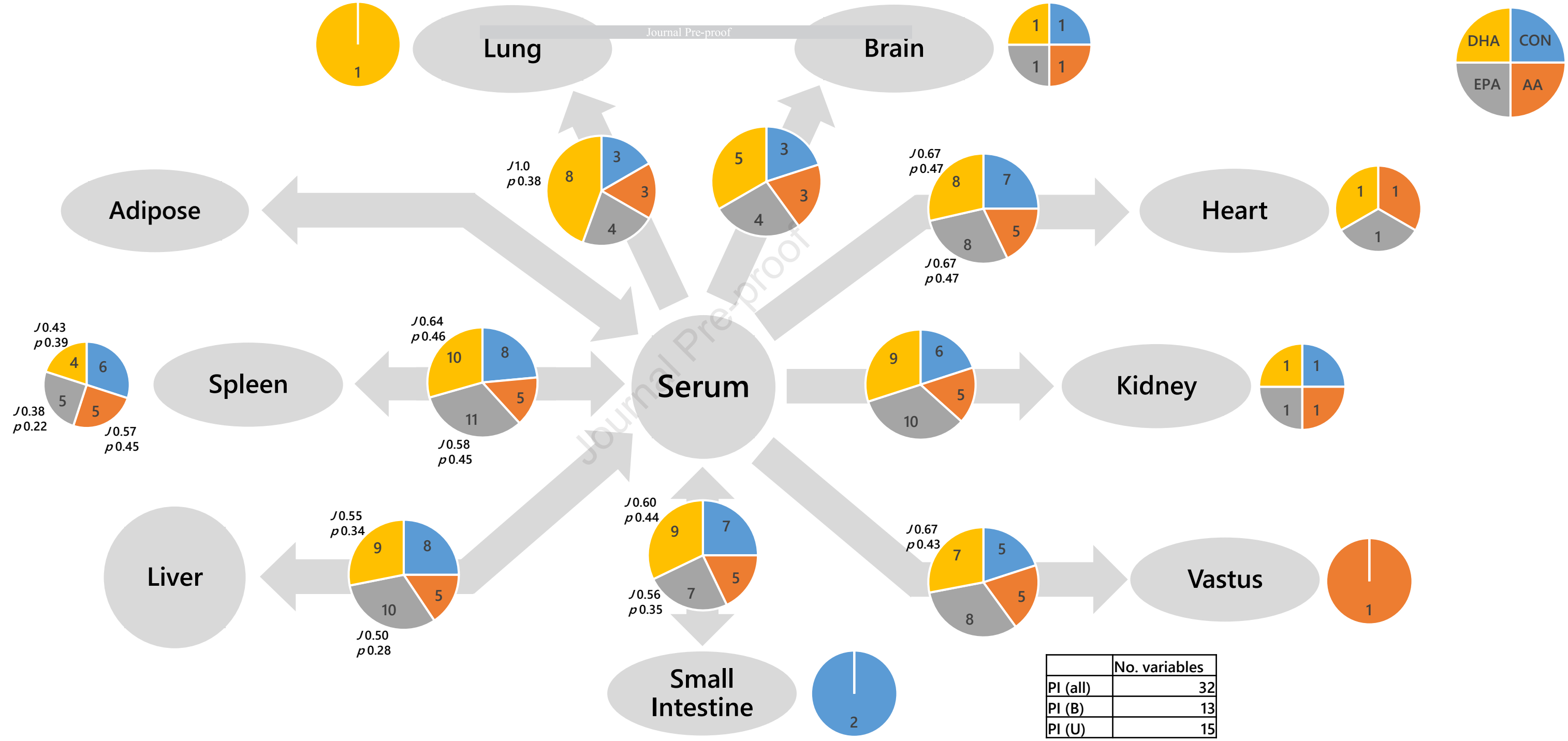


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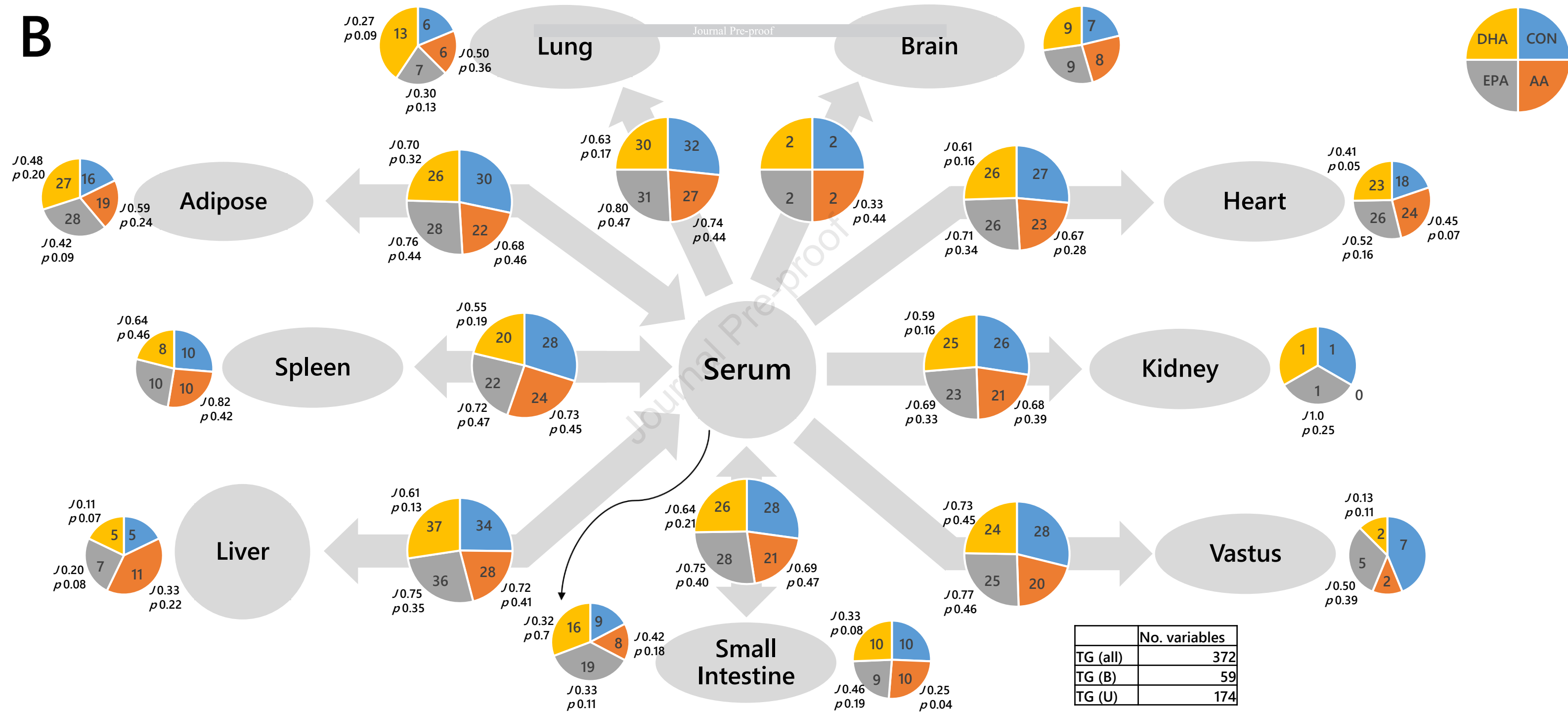




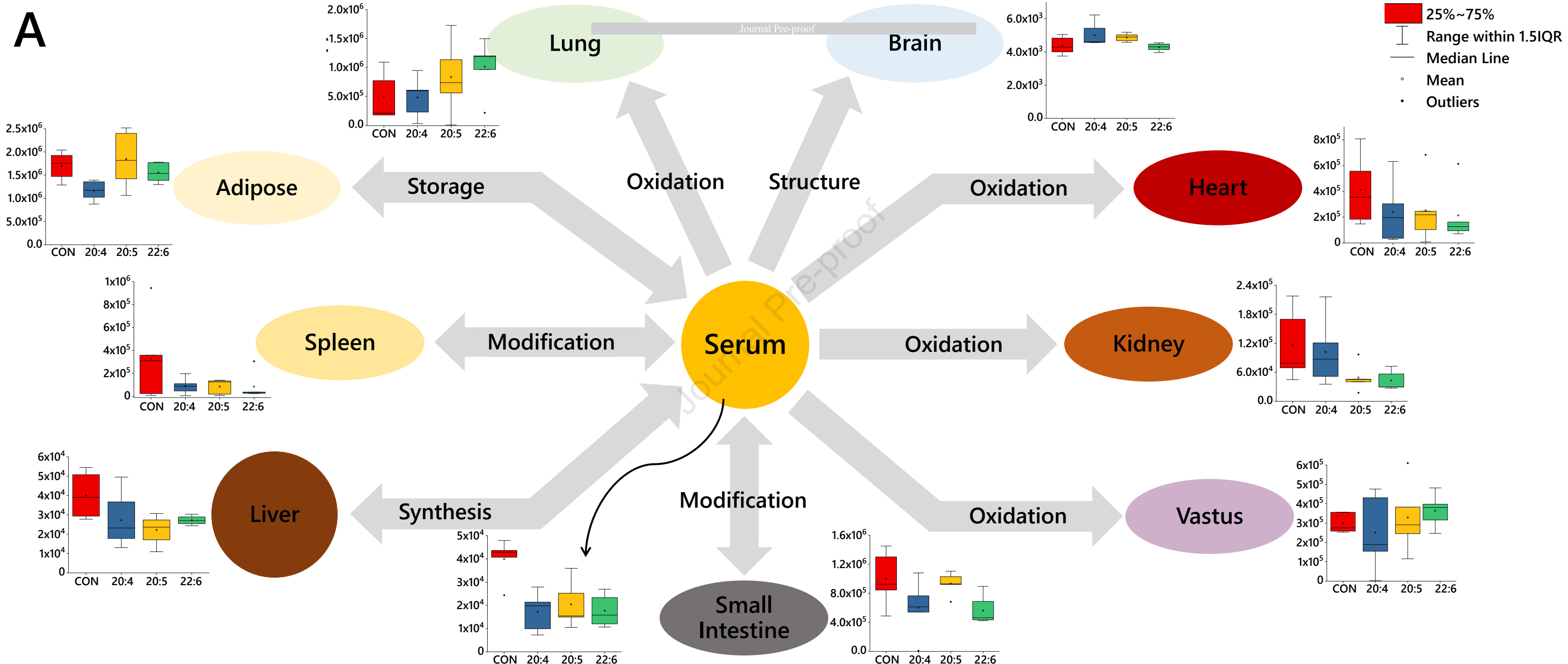
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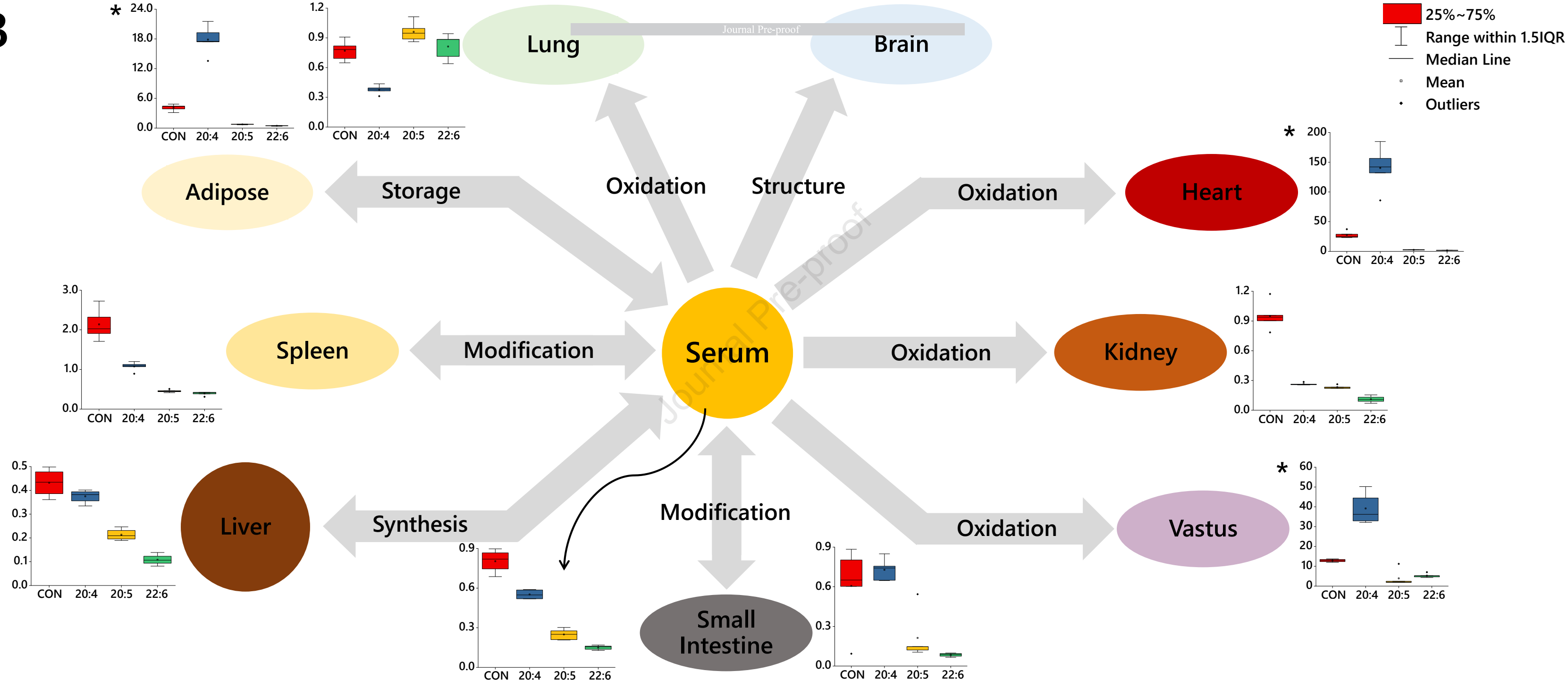


**B**



A



**B**

# Dietary PUFA drives diverse systems-level changes in lipid metabolism

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## Highlights

- PUFA supplementation drives system-level effects in a mouse model of supplementation
- System-level effects are only obtainable through a network analysis such as LTA
- The spatial redistribution of lipids uncovers mechanistic bases for changes
- Lipid Traffic Analysis is the ideal tool for mechanistic studies of lipid metabolism

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## Conflicts of Interest

The authors have no conflicts of interest.