

to normal tissues and used this to find reactions specific to cancer. We finally discuss the implications of our findings in terms of mechanistic understanding of cancer.

2 Material and Methods

2.1 Flux Balance Analysis

For flux balance analysis, MATLAB was used and gpSampler function from the COBRA package [11] was used.

3 Result

3.1 Metabolic networks of cancer tissues and normal tissues

We used the study by Yizhak et al. [9] to obtain the metabolic networks of cancer of different tissue types. We also obtained the metabolic networks of normal tissue types from Thiele et al. [10]. In total, we obtained 60 cancer metabolic networks across 9 tissue types and 8 normal metabolic **networks** for 8 tissue types.

3.2 Flux balance analysis on metabolic networks

We used an established methodology of flux balance analysis [12] to find the rates of each of the reactions present in the metabolic networks of normal and cancer cells. Briefly it solves the equation :

$$S.v = 0 \quad (3.1)$$

where, S is the stoichiometric matrix of size $m \times n$, m is the number of metabolites and n is the number of the reactions present in the metabolic network. Each element of the matrix contains the stoichiometric coefficient of the metabolites participating in a reaction. V is a $n \times 1$ matrix consisting of the flux value of the reactions and each component V_i satisfies $V_{i_{min}} \leq V_i \leq V_{i_{max}}$ and the bounds in the rate of each reaction $(V_{i_{min}}, V_{i_{max}})$ given in the models. This is done for the case of normal cells.

In cancer cells the requirement of proteins, lipids, nucleotides and **energies** were found to be very high for enhanced growth and proliferation [13, 14]. For the case of cancer cells, an additional objective function is added where the growth rate of cancer cells is maximized as done in [9].

Since the solution to Eq. 1 is not unique, a distribution of flux values of each reaction in each **network** is obtained and **mean values are** used. This way, we obtain the flux values of each reaction across all metabolic networks. A heat map of the flux values in cancer networks is shown in Fig. 1A and for normal networks in Fig. 1B .

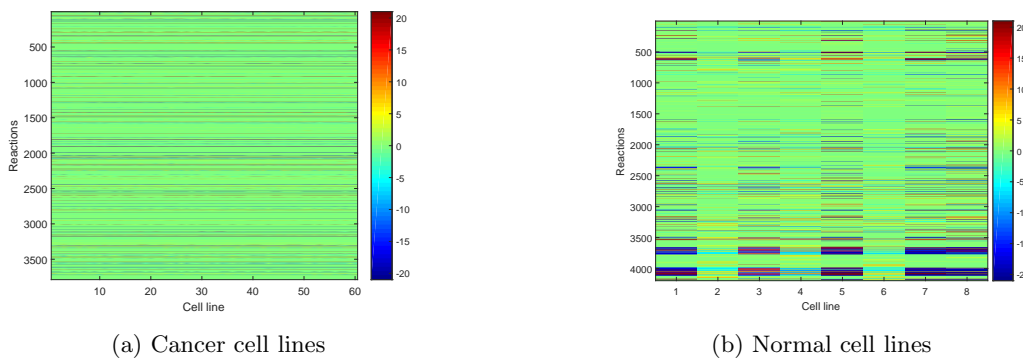


Fig. 1: Heat map of the flux values of reactions in (A) cancer networks and in (B) normal tissue networks.

3.3 Finding reactions specific to cancer

To find reactions specific to cancer, we reasoned that reaction with high flux across all cancer cell lines and same reaction shows zero flux across all normal cell lines could be important. The reactions with high flux across all cancer cell lines and varying flux across normal tissues could also be important. To systematically find such reactions, we calculated the mean flux value and standard deviation of flux values of each reaction across all cancer metabolic networks and plotted them in Fig. 2A . We repeated the same exercise for networks of normal cell lines as shown in Fig. 2B .

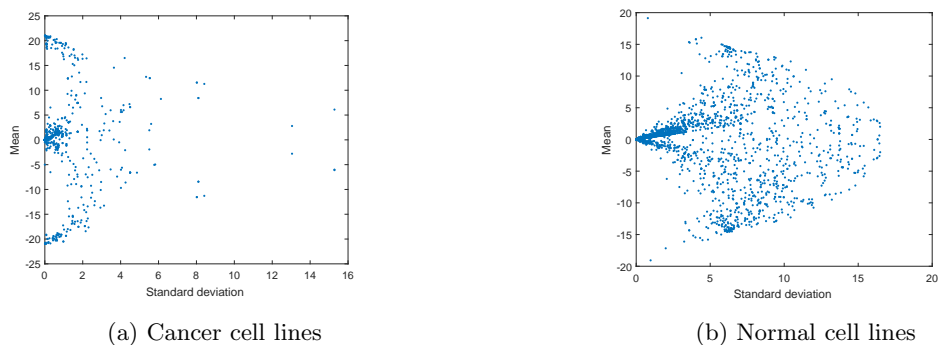


Fig. 2: Mean vs Standard deviation plot of each reaction across (A) cancer cell lines and (B) normal cell lines.

From, here the reactions with high absolute mean in cancer cells (absolute values greater than 15) and standard deviation less than 0.5 were considered as **the** reaction with high absolute flux across cancer cells. There are 89 reactions. These are highlighted in mean vs standard deviation plot of cancer cells Fig. 2A and shown in Fig. 3A . Out of these 89 cancer reactions, 74 reactions were present in normal cell lines. To know these reactions behavior in **the** normal cells, we highlighted these reactions in **the** mean vs standard deviation plot of normal cells Fig. 2B and **showed** in Fig. 3B .

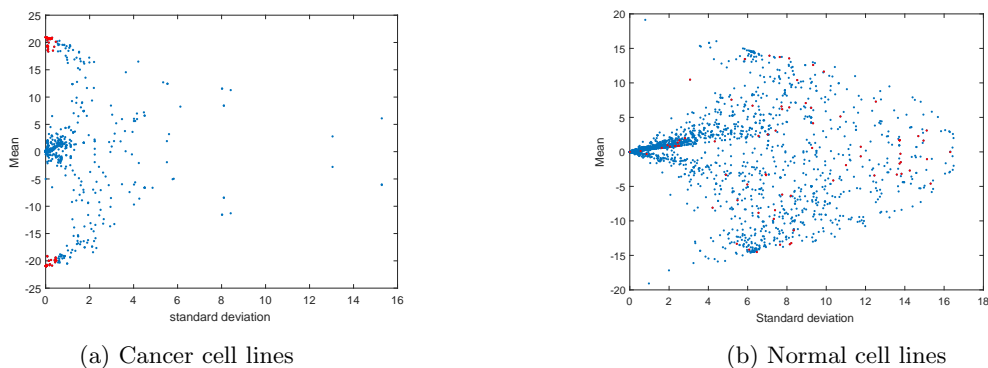


Fig. 3: Mean vs Standard deviation plot of the (A) 89 number of reactions across cancer cell lines and of the (B) 74 number of reactions in normal cell lines which represent by the red dots in the picture.

Now from these set of reactions using a threshold value cut off of 1 on standard deviation of flux values in normal cell **lines**, we got 3 reactions whose standard deviation of flux values lie below the cutoff value. Interestingly, we show that these 3 reactions have very low flux values in the normal cell lines. So, we obtained 3 reactions that shows high flux values across all cancer cell lines and very low values in all normal cell lines. The **names** of the reactions are given in Table 1.

Table 1: Reactions having high flux in all cancer cell lines but negligible in all normal cell lines.

acetyl-CoA C-acetyltransferase
fatty-acid-CoA ligase (or synthetase)
phosphate transport in/out via two Na ⁺ symporter

A heat map of the flux distribution of the above mentioned three reactions in cancer cell lines is shown in Fig. 4A and for normal cell lines in Fig. 4B.

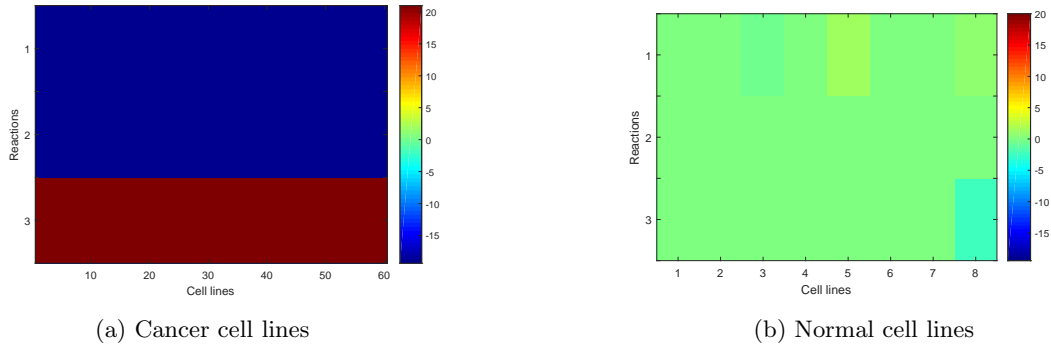


Fig. 4: Heat map of the flux distribution of the 3 number reactions in (A) cancer cell lines and (B) normal cell lines

Further, from the set of 74 number of reactions we found 18 reactions whose standard deviation of flux values in **the** normal cell lines are above a high value, say 12. These 18 reactions shows high flux values in all cancer cell lines but in normal cell lines the flux values are varying. The name of the reactions are given in Table 2.

Table 2: The reactions which show high flux in cancer cell lines but show fluctuations in normal cell lines.

acetyl-CoA transport, nuclear
Acetylcholin transport, nuclear through pores
L-ascorbate transport via facilitated diffusion
L-ascorbate transport via proton symport
Choline O-acetyltransferase(cytoplasmic)
Choline O-acetyltransferase' (nucleus)
Choline transport, nuclear through pores
citrate transport via sodium symport
coenzyme A transport, nuclear
cytidylate kinase (CMP,dGTP),nuclear
cytidylate kinase (dCMP,dGTP),nuclear
cytidylate kinase (dCMP),nuclear
bile acid intracellular transport
Na+ / iodide cotransport
nucleoside-diphosphate kinase (ATP:GDP), mitochondrial
nucleoside-diphosphate kinase (ATP:dGDP), nuclear
bile acid intracellular transport
UMP kinase (dGTP),nuclear

A heat map of the flux distribution of the 18 reactions in cancer cell lines is shown in Fig. 5A and for normal cell lines in Fig. 5B .

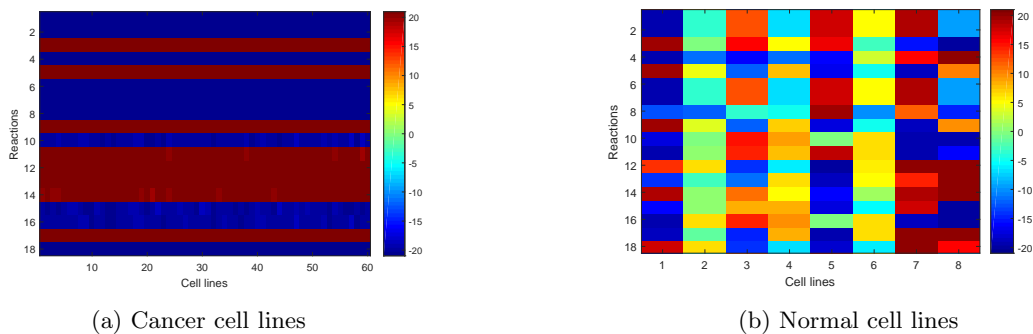


Fig. 5: Heat map of the flux distribution of the 18 number of reactions in (A) cancer cell lines and (B) normal cell lines.

4 Discussion

Cancer is a growing disease affecting a huge population. The existing treatments have lots of side effects. To minimize the side effects it is very important to systematically understand the mechanisms causing cancer. With the growing evidence that metabolism is perturbed in cancer [8], we used the existing metabolic models of cancer tissues and normal tissues and asked the question whether we can find reactions common across all cancer tissue types. Finding reactions with high flux across all cancer tissue types could be involved in cancer in all tissues or could just be normal tissues homeostasis mechanisms. For this, we analyzed the corresponding normal tissue metabolic networks and found reactions with high flux across cancer tissues and zero flux across normal tissues. These could possibly be involved with cancer in all tissue types.

The reactions we have found **during** the study could be important in causing cancer in a tissue dependent way or independent way and could be **the** hypothesis to be tested experimentally. We found some reactions with **continuous** high flux throughout cancer cell lines and **continuous** low flux throughout normal cell lines. They could be playing an important role in cancer. For example it is known that **cancer cells divide rapidly** and hence, **they** would need fatty acids for **their divisions; which is also mentioned** in [15–18]. Here also we observe acetyl-CoA C-acetyltransferase (ACAT) and fatty-acid-CoA ligase (ACSL) to be an important regulatory point in the cancer metabolic network, see Table 1. **This result is observed partially in different cancer cell line experiments. In a study [19], it was observed that ACAT1 is commonly up-regulated in diverse human leukemia, lung cancer, head and neck cancer, and prostate cancer cells in compare to corresponding normal cell type. There are studies that found that ACAT1, along with other ketogenic pathway enzymes, behaved functionally as a metabolic oncogene, as breast cancer cells over-expressing these enzymes had increased tumor growth and metastatic potential [20, 21]. There are clinical data which makes ACAT1 as potential prognosis marker for the pancreatic cancer [22]. There are literature which shows that other enzyme ACSL is also important in some cancer cells. ACSL showed to be over-expressed in colon and liver cancer cells [23, 24].**

On the other side, we would find some reactions show same behavior in all cancer tissue but varying behavior across normal tissue. However, we could not find any available literature would show the tissue specific behavior of the reactions. The reactions could be playing tissue specific roles. **Our results could help in understanding in details the mechanistic insights into how a normal tissue becomes cancerous at metabolism level as well as how a normal tissue become cancerous faster than others.**

References

- [1] Stewart, BWKP and Wild, Christopher P and others. World cancer report 2014. *Health*, 2017.
- [2] Fitzmaurice, Christina and Allen, Christine and Barber, Ryan M and Barregard, Lars and Bhutta, Zulfiqar A and Brenner, Hermann and Dicker, Daniel J and Chimed-Orchir, Odgerel and Dandona, Rakhi and Dandona, Lalit and others. Global, regional, and national cancer incidence, mortality, years of life lost, years lived with disability, and disability-adjusted life-years for 32 cancer groups, 1990 to 2015: a systematic analysis for the global burden of disease study. *JAMA oncology*, 3(4): 524–548, 2017.
- [3] Maruthappu, Mahiben and Head, Michael G and Zhou, Charlie D and Gilbert, Barnabas J and El-Harasis, Majd A and Raine, Rosalind and Fitchett, Joseph R and Atun, Rifat. Investments in cancer research awarded to UK institutions and the global burden of cancer 2000–2013: a systematic analysis. *BMJ open*, 7(4):e013936, 2017.
- [4] Fu, Hai Ying and Mukai, Mikio and Awata, Nobuhisa and Sakata, Yasushi and Hori, Masatsugu and Minamino, Tetsuo. Protein quality control dysfunction in cardiovascular complications induced by anti-cancer drugs. *Cardiovascular drugs and therapy*, 31(1):109–117, 2017.
- [5] David A Gewirtz, Molly L Bristol, and Jack C Yalowich. Toxicity issues in cancer drug development., 2010.
- [6] Werner, Henrica MJ and Mills, Gordon B and Ram, Prahlad T. Cancer systems biology: a peek into the future of patient care? *Nature reviews Clinical oncology*, 11(3):167–176, 2014.
- [7] Yizhak, Keren and Chaneton, Barbara and Gottlieb, Eyal and Ruppin, Eytan. Modeling cancer metabolism on a genome scale. *Molecular systems biology*, 11(6):817, 2015.
- [8] Douglas Hanahan and Robert A Weinberg. Hallmarks of cancer: the next generation. *cell*, 144(5):646–674, 2011.
- [9] Keren Yizhak, Edoardo Gaude, Sylvia Le Dévédec, Yedael Y Waldman, Gideon Y Stein, Bob van de Water, Christian Frezza, and Eytan Ruppin. Phenotype-based cell-specific metabolic modeling reveals metabolic liabilities of cancer. *Elife*, 3:e03641, 2014.
- [10] Ines Thiele, Neil Swainston, Ronan MT Fleming, Andreas Hoppe, Swagatika Sahoo, Maike K Aurich, Hulda Haraldsdottir, Monica L Mo, Ottar Rolfsson, Miranda D Stobbe, et al. A community-driven global reconstruction of human metabolism. *Nature biotechnology*, 31(5):419–425, 2013.
- [11] Scott A Becker, Adam M Feist, Monica L Mo, Gregory Hannum, Bernhard Ø Palsson, and Markus J Herrgard. Quantitative prediction of cellular metabolism with constraint-based models: the cobra toolbox. *Nature protocols*, 2(3):727–738, 2007.
- [12] Jeffrey D Orth, Ines Thiele, and Bernhard Ø Palsson. What is flux balance analysis? *Nature biotechnology*, 28(3): 245–248, 2010.
- [13] Matthew G Vander Heiden, Lewis C Cantley, and Craig B Thompson. Understanding the warburg effect: the metabolic requirements of cell proliferation. *science*, 324(5930):1029–1033, 2009.
- [14] Ralph J DeBerardinis, Nabil Sayed, Dara Ditsworth, and Craig B Thompson. Brick by brick: metabolism and tumor cell growth. *Current opinion in genetics & development*, 18(1):54–61, 2008.
- [15] Punit Saraon, Dominique Trudel, Ken Kron, Apostolos Dimitromanolakis, John Trachtenberg, Bharati Bapat, Theodorus van der Kwast, Keith A Jarvi, and Eleftherios P Diamandis. Evaluation and prognostic significance of acat1 as a marker of prostate cancer progression. *The Prostate*, 74(4):372–380, 2014.

- [16] Zhengtong Pei, Peter Fraisl, Xiaohai Shi, Edward Gabrielson, Sonja Forss-Petter, Johannes Berger, and Paul A Watkins. Very long-chain acyl-coa synthetase 3: overexpression and growth dependence in lung cancer. *PLoS one*, 8(7):e69392, 2013.
- [17] Marie E Monaco, Chad J Creighton, Peng Lee, Xuanyi Zou, Matthew K Topham, and Diana M Stafforini. Expression of long-chain fatty acyl-coa synthetase 4 in breast and prostate cancers is associated with sex steroid hormone receptor negativity. *Translational oncology*, 3(2):91–98, 2010.
- [18] Xinyu Wu, Yirong Li, Jinhua Wang, Xin Wen, Max T Marcus, Garrett Daniels, David Y Zhang, Fei Ye, Ling Hang Wang, Xinxin Du, et al. Long chain fatty acyl-coa synthetase 4 is a biomarker for and mediator of hormone resistance in human breast cancer. *PLoS One*, 8(10):e77060, 2013.
- [19] Jun Fan, Ruiting Lin, Siyuan Xia, Dong Chen, Shannon E Elf, Shuangping Liu, Yaozhu Pan, Haidong Xu, Zhiyu Qian, Mei Wang, et al. Tetrameric acetyl-coa acetyltransferase 1 is important for tumor growth. *Molecular Cell*, 64(5):859–874, 2016.
- [20] **Martinez-Outschoorn, Ubaldo E and Lin, Zhao and Whitaker-Menezes, Diana and Howell, Anthony and Lisanti, Michael P and Sotgia, Federica. Ketone bodies and two-compartment tumor metabolism: stromal ketone production fuels mitochondrial biogenesis in epithelial cancer cells. *Cell cycle*, 11(21):3956–3963, 2012.**
- [21] **Martinez-Outschoorn, Ubaldo E and Lin, Zhao and Whitaker-Menezes, Diana and Howell, Anthony and Sotgia, Federica and Lisanti, Michael P. Ketone body utilization drives tumor growth and metastasis. *Cell cycle*, 11(21):3964–3971, 2012.**
- [22] Junjie Li, Dongsheng Gu, S SY Lee, Bing Song, Shovik Bandyopadhyay, Shaoxiong Chen, Stephen F Konieczny, Timothy L Ratliff, Xiaoqi Liu, Jingwu Xie, et al. Abrogating cholesterol esterification suppresses growth and metastasis of pancreatic cancer. *Oncogene*, 35(50):6378–6388, 2016.
- [23] **Cao, Yang and Dave, Kavita B and Doan, Thao P and Prescott, Stephen M. Fatty acid CoA ligase 4 is up-regulated in colon adenocarcinoma. *Cancer research*, 61(23):8429–8434, 2001.**
- [24] **Sung, Young Kwan and Park, Mi Kyung and Hong, Su Hyung and Hwang, Sun Young and Kwack, Mi Hee and Kim, Jung Chul and Kim, Moon Kyu. Regulation of cell growth by fatty acid-CoA ligase 4 in human hepatocellular carcinoma cells. *Experimental & molecular medicine*, 39(4):477–482, 2007.**