The effect of gut metabolites on cancer: Intermittent fasting-mediated changes in ursodeoxycholic acid, deoxycholic acid, and isovaleric acid

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Abstract

Diet has been shown to shape gut microbes which hold implications for human health, including cancer prevention. Preliminary results from a feasibility trial found significant changes in the secondary bile acids, ursodeoxycholic acid (UDCA) and deoxycholic acid (DCA), and a branched-chain fatty acid, isovaleric acid (IVA), after intermittent fasting (IF) (limiting eating to an 8-hour window per day) for 3 months in a subset of patients with stage 0 chronic lymphocytic leukemia/ small lymphocytic lymphoma. It is unknown, however, what role these metabolites may play in the cancer process. The aim of this study was to conduct a preliminary literature review to support the trial's findings and answer, "What effect do IF-mediated changes in the gut microbiota associated with the production of metabolites UDCA, DCA, and IVA have on cancer?" MEDLINE and grey literature (ex. Google Scholar) were searched using a combination of subject headings and keywords such as, "UDCA", "DCA", "IVA", "bile acids" and "cancer." No literature was found directly answering the research question; however, 31 articles were identified as relevant. Pertinent information was extracted using a data extraction form describing the metabolites' origin, potential cancer crosstalk, and associations with IF. **Understanding the impact of IF on the gut microbiome and the resulting metabolites may provide new insights into cancer treatment and/or prevention.** To our knowledge, this is the first study to describe and investigate these metabolites together which, based on preliminary research findings, may be modified by IF and play a potential role in the cancer process.

Background

- Cancer is the leading cause of death in Canada, responsible for 28.2% of all deaths in 2019[1].
- Diet and eating patterns influence cancer incidence and survivorship[2].
- The effectiveness of different dietary pattern depends on individual risk factors
  - E.g. family history, sex, age, gut microbiota profiles and metabolites[3].

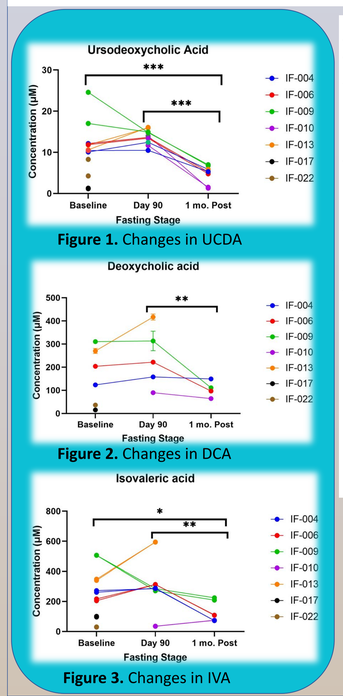

Figure 1. Changes in UCDA

Figure 2. Changes in DCA

Figure 3. Changes in IVA

A feasibility trial of intermittent fasting was conducted in 15 patients with early stage CLL/SLL at BC Cancer- Victoria (ClinicalTrials.gov registration: NCT04626843) to assess for changes in lymphocyte count (tumor burden), autophagy activation, inflammation, quality of life, and the gut microbiome. Preliminary metabolomic analysis was conducted on samples from seven participants which demonstrated significantly changes in concentrations of UDCA, DCA, and IVA (Figures 1-3). It is unclear, however, what role these metabolites may play in the cancer process.

Research Question:
What effects do IF-mediated changes in the gut microbiota associated with the production of metabolites UCDA, DCA, and IVA have on cancer?

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Methods

A rapid literature review was conducted in MEDLINE and grey literature (ex. Google Scholar) using subject headings and keywords such as, "UDCA," "DCA," "IVA," "bile acids," and "cancer." Articles were included if relevant to the research question, available in English, original research or a literature review. Emphasis was placed on human trials and no limiter was placed on publication dates. A data extraction sheet was created in Excel, informed by the research question, and used to guide the data extraction.

Results

Thirty-one articles were identified that met the inclusion criteria (Table 1). Key findings from the data extraction sheet are shown in Table 2.

- Secondary bile acids (BAs) are products of the gut microbiota (Fig 4):
  - can directly or indirectly regulate microbial composition[4].
  - can act as cancer activators or inhibitors, through various pathways[5,17].
  - Most are promoters of oxidative stress, inflammation and DNA damage[6], including DCA which is cancer inducing[7].
- Short and branch chain fatty acids are produced by bacterial fermentation[10]

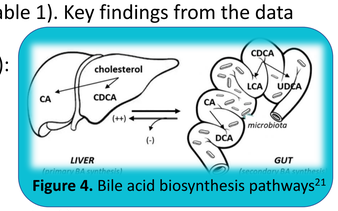

Figure 4. Bile acid biosynthesis pathways[21]

Table 2. Characteristics of ursodeoxycholic acid, deoxycholic acid, and isovaleric acid related to diet and cancer.

	Ursodeoxycholic acid (UDCA)	Deoxycholic acid (DCA)	Isovaleric acid (IVA)
Description & Production	-Hydrophilic, secondary bile acid formed from chenodeoxycholic acid (CDCA) through epimerization by intestinal bacteria[17,18,19,20] -Comprises 3-5% of bile acid pool in humans [18, 21]	-Hydrophobic, secondary bile acid derived from cholic acid through deconjugation and dehydroxylation by intestinal bacteria[7]	-A five-carbon, branched chain fatty acid acquired from the fermentation of leucine by gut bacteria [22]
Associated diet	-Increased with high fat, low fibre diets [23]: • High fat diet elevated fecal UDCA concentration[24]	-Increased with high fat , low fibre diets[24]: • Vegans (low fat, high fiber diet) have ~¼ the DCA fecal concentration than omnivores[11] • Normal diets average 100µm fecal DCA while high fat diets (e.g. Western diet) results in 200-700+µm fecal DCA[25]	-Foods high in protein[19]: • Most abundant in animal protein (ie. meat, cheese, and fish)[19] -Present in fermented foods[22] -No association between fecal IVA and 14 assessed foods[26]
Cancer effect	Inhibitor [8,9,21,27]	Activator[7,23,28]	Inhibitor[22,29]
Potential mechanism in cancer	-Regulates oxidative to prevent cancer cell proliferation[8,9] -Potent inhibitor of apoptosis[8,21] -Inhibits BA synthesis in liver, alters colonic BA composition, and reduce toxic BAs in blood[27] -Positive impact on glucose homeostasis[21] -Counteract, suppresses cancer proliferation generated by DCA[8,9]	-High DCA concentration forms reactive oxygen and nitrogen species, inducing stress on body cells and increasing risks of mutation[7,23] -Induced cancer stem cells[27] -Stimulates expression of pro-inflammatory IL-8 cytokine[27]	-IVA uses macrophages to regulate inflammatory mediator production[10] -Enhances the production of anti-inflammatory cytokine[10] -May contribute to oncogenesis at high concentrations[11]
Example	-Approved drug for cholesterol gallstone dissolution and primary biliary cholangitis -Off-label use or clinical trials for 16 other conditions[21] -Long term side effects for consumption of UDCA requires further research and data[17]	-Primarily researched as a risk factor for colon cancer[7,16] -Risk factor for esophageal cancer as GERD refluxate contains increased concentrations of bile salts, repeated exposure to DCA triggers inflammation and carcinogenesis[30]	-In n=52 with solid tumors on immune checkpoint inhibitors (PD-1i), high serum IVA concentration was associated with 38% longer progression-free survival, suggesting a link between PD-1i efficacy and the gut microbiota[26]

Discussion

Dietary intake plays a crucial role in metabolism, the gut microbiome and resulting metabolites. For example, Trefflick et al. found a vegan diet with matching energy levels of an omnivore diet, containing one-quarter the fat content and nearly double the grams of fibre, resulted in notably lower levels of total fecal bile acids and secondary bile acids[11]. In particular, DCA, a cancer inducer, was found at a significantly lower fecal concentration in vegan eaters compared to omnivores[11].

Recent studies suggest that the effect of IF and feeding patterns on metabolism can be closely associated with alterations in the gut microbiota[12,13,14], as observed in Stringer's preliminary metabolomic findings (Fig. 1-3). Altering the metabolome can influence the cancer process through a variety of mechanisms, shown in Fig. 5.

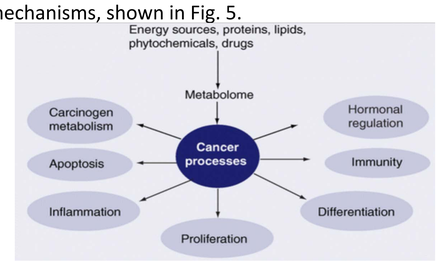

Figure 5. Associations of the metabolome with cancer processes[16].

Our literature review highlights that UDCA, DCA, and IVA undermine many pathways that can influence the development of cancer, including the regulation of oxidative stress[8,9], developing apoptosis resistance[7], and prompting the development of anti-inflammatory cytokines[10]. Additionally, given that UDCA holds the capacity to suppress DCA-induced cell apoptosis[8], there is value to studying the interaction amongst different combinations of metabolites. By understanding the metabolomic shifts in cancer, one may identify metabolic changes that underlie cancer processes, such as metastases, and elucidate new biomarkers and/or therapeutic targets for cancer treatment[15,16].

Limitations: This study was based on preliminary results; complete results may differ (anticipated Fall 2023). A formal literature review methodology was not followed, limiting the comprehensiveness of findings.

Conclusions

More research is needed to understand how the timing of eating influences the gut microbiome, associated metabolites and, ultimately, the cancer process.
Full results of the "IF in CLL/SLL Study" are anticipated by the end of 2023 and will be shared on ClinicalTrials.gov. Questions can be directed to Eleah Stringer.

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References

1. Canadian Cancer Statistics Advisory Committee.(2019). Canadian Cancer Statistics 2019. Toronto, ON: Canadian Cancer Society; 2019.
2. *Cancer Prevention*. American Institute for Cancer Research. (2023). Retrieved February 24, 2023, from https://www.aicr.org/
3. Steck, S. E., & Murphy, E. A. (2020). Dietary patterns and cancer risk. *Nature Reviews Cancer*, *20*(2), 125-138.
4. Yang, R., & Qian, L. (2022). Research on Gut Microbiota-Derived Secondary Bile Acids in Cancer Progression. *Integrative Cancer Therapies*, *21*, 15347354221114100. MEDLINE with Full Text. https://doi.org/10.1177/15347354221114100
5. Chattopadhyay, I., Gundamaraju, R., Jha, N. K., Gupta, P. K., Dey, A., Mandal, C. C., & Ford, B. M. (2022). Interplay between Dysbiosis of Gut Microbiome, Lipid Metabolism, and Tumorigenesis: Can Gut Dysbiosis Stand as a Prognostic Marker in Cancer? *Disease Markers*, *2022*, 2941248. MEDLINE with Full Text. https://doi.org/10.1155/2022/2941248
6. Wolf, P., Byrd, D. A., Cares, K., Dai, H., Odoms-Young, A., Gaskins, H. R., Radlon, J. M., & Tussing-Humphreys, L. (2022). Bile Acids, Gut Microbes, and the Neighborhood Food Environment—a Potential Driver of Colorectal Cancer Health Disparities. *MSystems*, *7*(1). https://doi.org/10.1128/msystems.01174-21
7. Bernstein, Carol., Holubec, Hana., Bhattacharyya, Ashraf. R., Nguyen, Hby., Payne, Claire. M., Zaitlin, Beryl., Bernstein, Harris. (2011). Carcinogenicity of deoxycholate, a secondary bile acid. *Arch Toxicol*, *85*(8), 863-871. https://doi.org/10.1007/s00204-011-0648-7
8. Im, E., & Martinez, J. D. (2004). Ursodeoxycholic Acid (UDCA) Can Inhibit Deoxycholic Acid (DCA)-induced Apoptosis via Modulation of EGFR/Raf-1/ERK Signaling in Human Colon Cancer Cells. *The Journal of Nutrition*, *134*(2), 483–486. https://doi.org/10.1093/jn/134.2.483
9. Shah, S. A., Volkov, Y., Arfin, Q., Abdel-Latif, M. M., & Kelleher, D. (2006). Ursodeoxycholic acid inhibits interleukin beta 1 and deoxycholic acid-induced activation of NF-κB and AP-1 in human colon cancer cells. *International journal of cancer*, *118*(3), 532-539.
10. Nakkarach, A., Foo, H. L., Song, A. A. L., Mutalib, N. E. A., Nitisinprasert, S., & Withayagiat, U. (2021). Anti-cancer and anti-inflammatory effects elicited by short chain fatty acids produced by Escherichia coli isolated from healthy human gut microbiota. *Microbial Cell Factories*, *20*(1). https://doi.org/10.1186/s12934-020-01477-z
11. Trefflich, Ivon., Marschall, Hanns-Ulrich., Giuseppe, Romina. D., Stähman, Marcus., Michalsen, Andreas., Lampen, Alfonso., Abraham, Klaus., Weikert, Cornelia. (2020) Associations between Dietary Patterns and Bile Acids—Results from a Cross-Sectional Study in Vegans and Omnivores. *Nutrients*, *12*(1), 47. https://doi.org/10.3390/nu12010047
12. Angoorani, P., Ejtahed, H., Hasani-Ranjbar, S., Siadat, S. D., Soroush, A., & Larijani, B. (2021). Gut microbiota modulation as a possible mediating mechanism for fasting-induced alleviation of metabolic complications: a systematic review. *Nutrition & Metabolism*, *18*(1). https://doi.org/10.1186/s12986-021-00635-5
13. Zarrinpar, A., Chaix, A., Yooseph, S., & Panda, S. (2014). Diet and Feeding Pattern Affect the Diurnal Dynamics of the Gut Microbiome. *Cell Metabolism*, *20*(6), 1006–1017. https://doi.org/10.1016/j.cmet.2014.11.008
14. Özkul, C., Yalinay, M., & Karakan, T. (2020). Structural changes in gut microbiome after Ramadan fasting: a pilot study. *Beneficial Microbes*, *11*(3), 227–233. https://doi.org/10.3920/bm2019.0039
15. Kim, Y. H., Maruvada, P., & Milner, J. A. (2008). Metabolomics in biomarker discovery: future uses for cancer prevention. *Future Oncology*, *4*(1), 93–102. https://doi.org/10.2217/14796694.4.1.93
16. Melo, L. M. N., Lesner, N. P., Sabatier, M., Ubellacker, J. M., & Tasdogan, A. (2022). Emerging metabolomic tools to study cancer metastasis. *Trends in Cancer*, *8*(12), 988–1001. https://doi.org/10.1016/j.trecan.2022.07.003
17. Achufini, T. G. O, Safadi, A. O., & Mahabadi, N. (2022). *Ursodeoxycholic Acid*. StatPearls - NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK545303/
18. Kheirly, Stephen J., Steer, Clifford J., Lajczak-McGinley, Natalia K. (2019) Ursodeoxycholic acid: a promising therapeutic target for inflammatory bowel diseases? *American journal of physiology. Gastrointestinal and liver physiology*. *317*(6), G872-G881. https://doi.org/10.1152/ajpgi.00163.2019
19. Rondanelli, M., Nichetti, M., Perna, G., Faliva, M. A., Naso, M., Gasparri, C., Perna, S., Oberto, L., Di Paolo, E., Riva, A., Petrangolini, G., Guerreschi, G., & Tartara, A. (2021). Where to Find Leucine in Food and How to Feed Elderly With Sarcopenia in Order to Counteract Loss of Muscle Mass: Practical Advice. *Frontiers in Nutrition*, *7*. https://doi.org/10.3389/fnut.2020.622391
20. Shen, Y., Lu, C., Song, Z., Qiao, C., Wang, J., Chen, J., ... & Cai, Z. (2022). Ursodeoxycholic acid reduces antitumor immunosuppression by inducing CHIP-mediated TGF-β degradation. *Nature Communications*, *13*(1), 3419.
21. Goossens, J. F., & Bailly, C. (2019). Ursodeoxycholic acid and cancer: From chemoprevention to chemotherapy. *Pharmacology & therapeutics*, *203*, 107396.
22. Blakeney, B. A. (2018). Branched Short Chain Fatty Acid Isovaleric Acid Causes Smooth Muscle Relaxation via cAMP/PKA Pathway, Inhibits Gastrointestinal Motility, and Disrupts Peristaltic Movement.
23. Pai, R., Tarnawski, A. S., & Tran, T. (2004). Deoxycholic acid activates beta-catenin signaling pathway and increases colon cell cancer growth and invasiveness. Molecular Biology of the Cell, 15(5), 2156-2163. https://doi.org/10.1091/mbc.E03-12-0894
24. Nomura, M., Nagatomo, R., Doi, K., Shimizu, J., Baba, K., Saito, T., ... & Muto, M. (2020). Association of short-chain fatty acids in the gut microbiome with clinical response to treatment with nivolumab or pembrolizumab in patients with solid cancer tumors. *JAMA network open*, *3*(4), e202895-e202895.
25. Nguyen, T. T., Ung, T. T., Kim, N. H., & Do Jung, Y. (2018). Role of bile acids in colon carcinogenesis. *World journal of clinical cases*, *6*(13), 577.
26. Milovic, V., Teller, I. C., Faust, D., Caspary, W. F., & Stein, J. (2002). Effects of deoxycholate on human colon cancer cells: apoptosis or proliferation. *European journal of clinical investigation*, *32*(1), 29-34.
27. Zeng, H., Umar, S., Rust, B., Lazarova, D., & Bordonaro, M. (2019). Secondary Bile Acids and Short Chain Fatty Acids in the Colon: A Focus on Colonic Microbiome, Cell Proliferation, Inflammation, and Cancer. *International Journal of Molecular Sciences*, *20*(5), 1214. https://doi.org/10.3390/ijms20051214
28. Abdel-Latif, M. M., Inoue, H., & Reynolds, J. V. (2016). Opposing effects of bile acids deoxycholic acid and ursodeoxycholic acid on signal transduction pathways in oesophageal cancer cells. European Journal of Cancer Prevention, 25(5), 368-379. https://doi.org/10.1097/CEJ.0000000000000198
29. Kim, S. H., Roszik, J., Grimm, E. A., Ekmekcioglu, S., & Woodman, S. E. (2018). Androgen receptor to the stage: the evolving role of androgen receptor signaling in melanoma. *Current oncology reports*, *20*(12), 1-8.
30. Ajouz, H., Mukherji, D., & Shamseddine, A. (2014). Secondary bile acids: an underrecognized cause of colon cancer. *World journal of surgical oncology*, *12*(1), 1-8.
31. Reid, B. J. (2016). Premalignant evolution in Barrett's esophagus. *Science translational medicine*, *8*(361), 361ps16-361ps16.

Table 1. References for 31 identified articles.

Blakeney, B. A. (2018). Branched Short Chain Fatty Acid Isovaleric Acid Causes Smooth Muscle Relaxation via cAMP/PKA Pathway, Inhibits Gastrointestinal Motility, and Disrupts Peristaltic Movement.**Han, Y., Haraguchi, T., Iwanaga, S., Tomotake, H., Okazaki, Y., Mineo, S., ... & Kato, N. (2009). Consumption of green tea polyphenols reduces fecal deoxycholic acid and lithocholic acid, the secondary bile acids of risk factors of colon cancer. Journal of agricultural and food chemistry, 57(18), 8587-8590.*Pai, R., Tarnawski, A. S., & Tran, T. (2004). Deoxycholic acid activates beta-catenin signaling pathway and increases colon cell cancer growth and invasiveness. Molecular Biology of the Cell, 15(5), 2156-2163. https://doi.org/10.1091/mbc.E03-12-0894**Milovic, V., Teller, I. C., Faust, D., Caspary, W. F., & Stein, J. (2002). Effects of deoxycholate on human colon cancer cells: apoptosis or proliferation. European journal of clinical investigation, 32(1), 29-34.**Sterman, L. K., Holma, R., & Korpela, R. (2012). High-fat-induced intestinal permeability dysfunction associated with altered fecal bile acids. World journal of gastroenterology: WJG, 18(9), 923.**Naumann, S., Schweigert-Weisz, U., Eglmeier, J., Haller, D., & Eisner, P. (2019). In vitro interactions of dietary fibre enriched food ingredients with primary and secondary bile acids. Nutrients, 11(6), 1424.**Abdel-Latif, M. M., Inoue, H., & Reynolds, J. V. (2016). Opposing effects of bile acids deoxycholic acid and ursodeoxycholic acid on signal transduction pathways in oesophageal cancer cells. European Journal of Cancer Prevention, 25(5), 368-379. https://doi.org/10.1097/CEJ.0000000000000198**Bell, E., Yan, Y., Moldovan, I., Vieira, C. P., Gao, R., Duan, Y., ... & Grant, M. B. (2018). Restructuring of the gut microbiome by intermittent fasting prevents retinopathy and prolongs survival in db/db mice. Diabetes, 67(9), 1867-1879.**Nguyen, T. T., Ung, T. T., Kim, N. H., & Do Jung, Y. (2018). Role of bile acids in colon carcinogenesis. World journal of clinical cases, 6(13), 577.**Mirzaei, R., Afaghi, A., Babakhani, S., Sohrabi, M. R., Hosseini-Fard, S. R., Babolhavaeji, K., ... & Karampoor, S. (2021). Role of microbiota-derived short-chain fatty acids in cancer development and prevention. Biomedicine & Pharmacotherapy, 139, 111619.**Alvandi, E., Wong, W. K., Joglekar, M. V., Spring, K. J., & Hardikar, A. A. (2022). Short-chain fatty acid concentrations in the incidence and risk-stratification of colorectal cancer: a systematic review and meta-analysis. BMC medicine, 20(1), 1-11.**Huang, W. K., Hsu, H. C., Liu, J. R., Yang, T. S., Chen, J. S., Chang, J. W. C., ... & See, L. C. (2016). The association of ursodeoxycholic acid use with colorectal cancer risk: a Nationwide Cohort Study. Medicine, 95(11).**Keely, S. J., Steer, C. J., & Lajczak-McGinley, N. K. (2019). Ursodeoxycholic acid: a promising therapeutic target for inflammatory bowel diseases?. American Journal of Physiology-Gastrointestinal and Liver Physiology, 317(6), G872-G881.**Goossens, J. F., & Bailly, C. (2019). Ursodeoxycholic acid and cancer: From chemoprevention to chemotherapy. Pharmacology & therapeutics, 203, 107396.**Kim, E. K., Cho, J. H., Kim, E., & Kim, Y. J. (2017). Ursodeoxycholic acid inhibits the proliferation of colon cancer cells by regulating oxidative stress and cancer stem-like cell growth. PLoS One, 12(7), e0181183.**Rodrigues, C. M., Ma, X., Linehan-Stieers, C., Fan, G., Kren, B. T., & Steer, C. J. (1999). Ursodeoxycholic acid prevents cytochrome c release in apoptosis by inhibiting mitochondrial membrane depolarization and channel formation. Cell Death & Differentiation, 6(9), 842-854.**Han, R., Nusbaum, O., Chen, X., & Zhu, Y. (2020). Valeric acid suppresses liver cancer development by acting as a novel HDAC inhibitor. Molecular Therapy-Oncolytics, 19, 8-18.**Quilty, F., Freeley, M., Gargan, S., Gilmer, J., & Long, A. (2021). Deoxycholic acid induces proinflammatory cytokine production by model oesophageal cells via lipid rafts. The Journal of Steroid Biochemistry and Molecular Biology, 214, 105987.**Chattopadhyay, I., Gundamaraju, R., Jha, N. K., Gupta, P. K., Dey, A., Mandal, C. C., & Ford, B. M. (2022). Interplay between dysbiosis of gut microbiome, lipid metabolism, and tumorigenesis: can gut dysbiosis stand as a prognostic marker in cancer?. Disease Markers, 2022.**Powell, A. A., Akare, S., Qi, W., Herzer, P., Jean-Louis, S., Feldman, R. A., & Martinez, J. D. (2006). Resistance to ursodeoxycholic acid-induced growth arrest can also result in resistance to deoxycholic acid-induced apoptosis and increased tumorigenicity. BMC cancer, 6, 1-9.**Nomura, M., Nagatomo, R., Doi, K., Shimizu, J., Baba, K., Saito, T., ... & Muto, M. (2020). Association of short-chain fatty acids in the gut microbiome with clinical response to treatment with nivolumab or pembrolizumab in patients with solid cancer tumors. JAMA network open, 3(4), e202895-e202895.**Reid, B. J. (2016). Surrogate Markers: Lessons from the Next Gen?. Cancer Prevention Research, 9(7), 512-517.**Shen, Y., Lu, C., Song, Z., Qiao, C., Wang, J., Chen, J., ... & Cai, Z. (2022). Ursodeoxycholic acid reduces antitumor immunosuppression by inducing CHIP-mediated TGF-β degradation. Nature Communications, 13(1), 3419.