

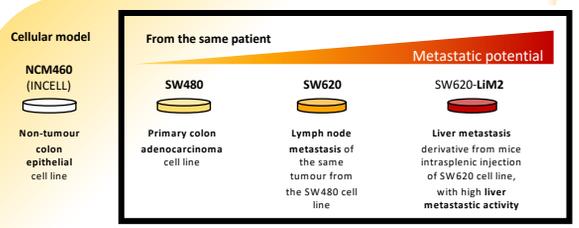
Josep Tarragó-Celada^{1,2*}, Carles Foguet^{1,2,3*}, Míriam Tarrado-Castellarnau^{1,2,3}, Silvia Marin^{1,2,3}, Xavier Hernández-Álias^{1,4}, Jordi Perarnau^{1,2}, Fionnuala Morrish⁴, David Hockenbery⁴, Roger R. Gomis^{5,6,7,8}, Eytan Ruppín⁹, Mariia Yuneva¹⁰, Pedro de Atauri^{1,2,3} and Marta Casanueva^{1,2,3,5}

¹Department of Biochemistry and Molecular Biomedicine, Faculty of Biology, Universitat de Barcelona, 08028 Barcelona. ²Institute of Biomedicine of the Universitat de Barcelona (IBUB), 08028 Barcelona. ³Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas (CIBEREHD) and Metabolomics Node at Spanish National Bioinformatics Institute (INB-ISCIII-ES-ELIXIR), Instituto de Salud Carlos III (ISCIII), 28002 Madrid. ⁴Fred Hutchinson Cancer Research Center, Seattle, WA 98109 USA. ⁵ICREA, 08010 Barcelona. ⁶Institute for Research in Biomedicine Barcelona (IRB Barcelona) and The Barcelona Institute of Science and Technology, 08028 Barcelona. ⁷CIBERONC, Instituto de Salud Carlos III (ISCIII), 28002 Madrid, Spain. ⁸Department of Medicine, Faculty of Medicine, Universitat de Barcelona, 08036 Barcelona. ⁹Center for Cancer Research, Cancer Data Science Laboratory, National Cancer Institute, Bethesda, MD 20892, USA. ¹⁰Oncogenes and Tumour Metabolism Laboratory, The Francis Crick Institute, London NW1 1AT, UK. *These authors contributed equally.

INTRODUCTION AND OBJECTIVES

Metastasis is the main cause of cancer death and its mechanisms are still poorly understood. A better comprehension of the process of how the disseminated tumour cells manage to survive in the circulation and initiate new tumours would help to develop new therapies. Colorectal cancer is the second leading cancer in mortality, with the vast majority of deaths attributable to distant metastasis (Zarour et al., 2017). Genetic alterations seem to be the main driving force for tumorigenesis, however, few genetic changes have been identified during the metastatic process and epigenetic or metabolic changes have emerged as hallmarks of metastasis (Kreuzaler et al., 2019). Prior research in this field has focused more on breast cancer metastasis (Davis et al., 2020; Elia et al., 2019) than on other types of cancer metastases. Colorectal carcinogenesis is commonly driven by the inactivation of the adenomatous polyposis coli (*APC*) tumour suppressor gene and the activating mutation of the oncogene *KRAS*. Metastasis frequently occurs in the dose lymph nodes and in the liver through the portal system, and also in the lung, bone or brain. The mechanisms that allow liver and lung colonisation are starting to be elucidated (Urošević et al., 2014) and we still lack therapies that specifically target cells that have acquired metastasis capacities. In the present study we hypothesise that a **thorough metabolic characterisation of the lymph node and liver derived metastatic colorectal cancer cell lines** will reveal **specific metabolic fingerprints** that colorectal cancer cells need to acquire in order to generate distant metastases. A multi-omics integration approach using **genome-scale metabolic modelling (GSMM)** (Nilsson et al., 2017) is applied in order to find possible metabolic vulnerabilities of our model that could be **potential targets for metastatic colorectal cancer therapies**.

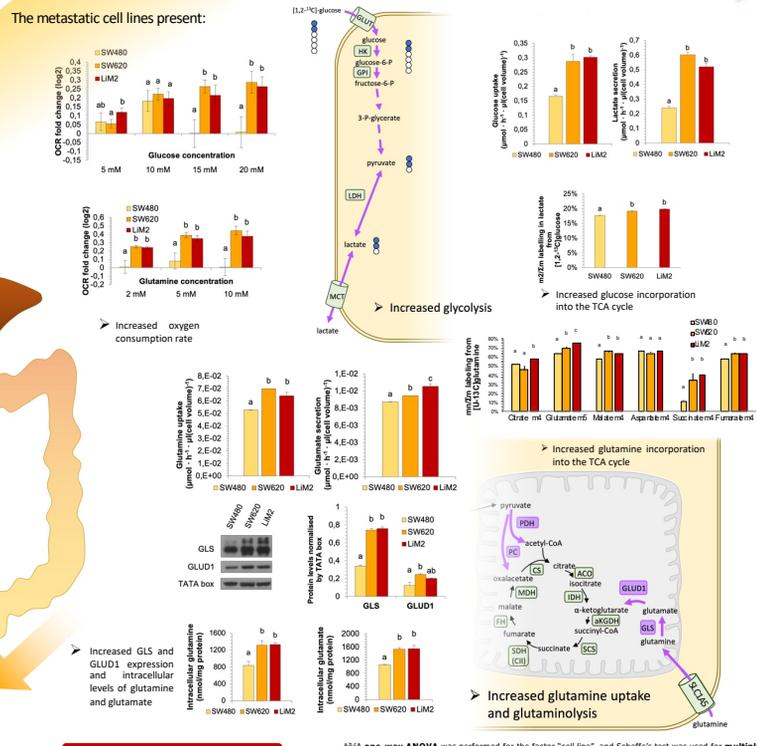
METHODOLOGY



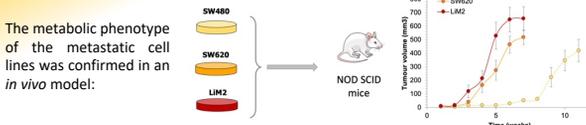
To characterise the metabolic signature of colon cancer metastasis we use the **highly-valuable same patient-derived SW480** (primary), **SW620** (metastatic) together with the metastatic-enriched colon cancer cell subpopulation **SW620-LIM2** (Urošević et al., 2014).

A full metabolic characterisation is performed including **respirometry assays**, metabolite consumption and production rates, **¹³C-based metabolomics** using GC-MS, **targeted metabolomics** using UHPLC-MS/MS, together with other molecular biology techniques.

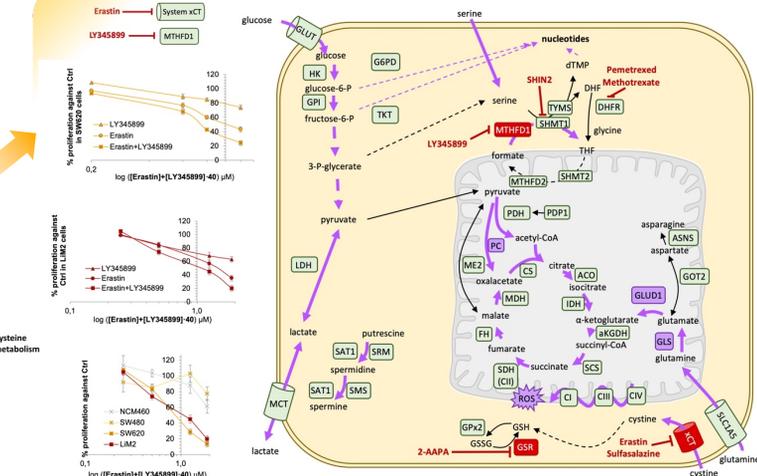
FULL METABOLIC CHARACTERISATION



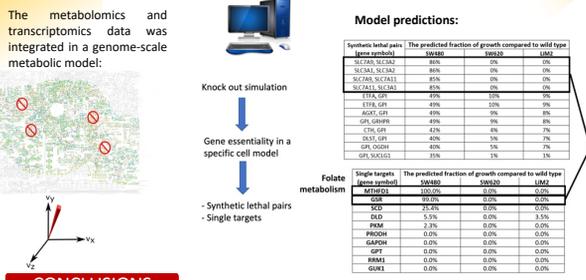
IN VIVO VALIDATION



TARGET VALIDATION



COMPUTATIONAL MODEL FOR TARGET PREDICTION



CONCLUSIONS

- Cells from metastatic sites SW620 and LIM2 have a metabolic reprogramming characterised by **enhanced Warburg effect, glutaminolysis, TCA and mitochondrial activity**.
- The metastatic and metabolic characteristics observed in the cell lines *in vitro* are **maintained in an in vivo** scenario, which gives more clinical value to such findings.
- A **systems biology approach** based on the integration of metabolite and transcriptomic data in cell line-specific GSMM was a **successful strategy to predict putative drug targets**.
- Inhibitors of the predicted targets in the **cysteine transport and folate metabolism** have been experimentally validated and the combination of specific inhibitors against system xCT and MTHFD1 is **synergistic and specifically affects the metastatic colon cancer cell lines**.

REFERENCES

Zarour L. R. et al. (2017). Colorectal Cancer Liver Metastasis: Evolving Paradigms and Future Directions. *Cell. Mol. Gastroenterol. Hepatol.*, 3, 163-173.

Kreuzaler P. et al. (2019). Adapt and conquer: Metabolic flexibility in cancer growth, invasion and evasion. *Mol. Metab.*, 1-19.

Davis R. T. et al. (2020). Transcriptional diversity and bioenergetic shift in human breast cancer metastasis revealed by single-cell RNA sequencing. *Nat. Cell Biol.* (3):310-320.

Elia I. et al. (2019). Breast cancer cells rely on environmental pyruvate to shape the metastatic niche. *Nature*. 568(7770):117-121.

Urošević J. et al. (2014). Colon cancer cells colonize the lung from established liver metastases through p38 MAPK signalling and PTHLH. *Nature cell biology*, 16(7):685-94.

Nilsson A. et al. (2017). Genome scale metabolic modelling of cancer. *Metab. Eng.* 43, 103-112.

ACKNOWLEDGMENTS

M.C.: AGAUR (2017SGR1033) from Catalan Government, ICREA Academia, MCIU/AEI/FEDER, UE (SAF2017-89673-R), MINECO/FEDER, UE (SAF2015-70270-REDT) and Instituto de Salud Carlos III (CIBEREHD, CB17/04/00023). M.Y.: The Francis Crick Institute, Cancer Research UK, the UK Medical Research Council and Wellcome Trust (FC001223). F.M. and D.H.: National Institute of Health / National Cancer Institute (SR01 CA158921-04)

