



Centrum pro výzkum  
toxických látek  
v prostředí

# BIOMARKERS AND TOXICITY MECHANISMS

## 13 – BIOMARKERS

### Summary and final notes

Luděk Bláha, PŘF MU, RECETOX  
[www.recetox.cz](http://www.recetox.cz)

Tento projekt je spolufinancován Evropským sociálním fondem a státním rozpočtem České republiky.



INVESTICE DO ROZVOJE VZDĚLÁVÁNÍ

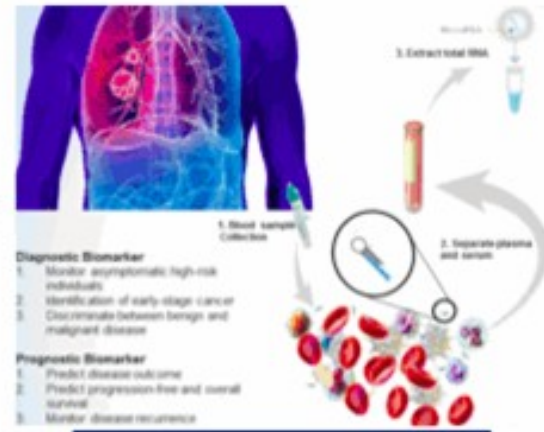
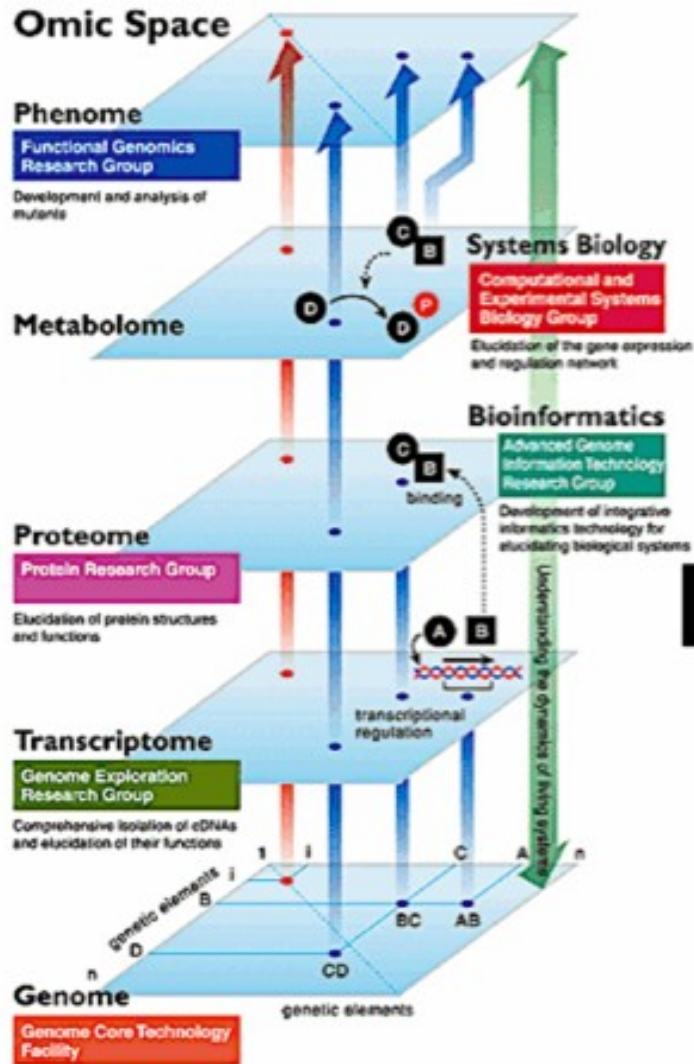
# Topics covered in the final presentation

- Biomarkers at different levels
  - *Omics*
  - *... and beyond*
- Biomarkers in human medicine and drug development
  - Strategy and steps in development
  - Application examples



# Biomarkers at various levels “omics”

# Biomarkers at different biological levels – „omics“ approach

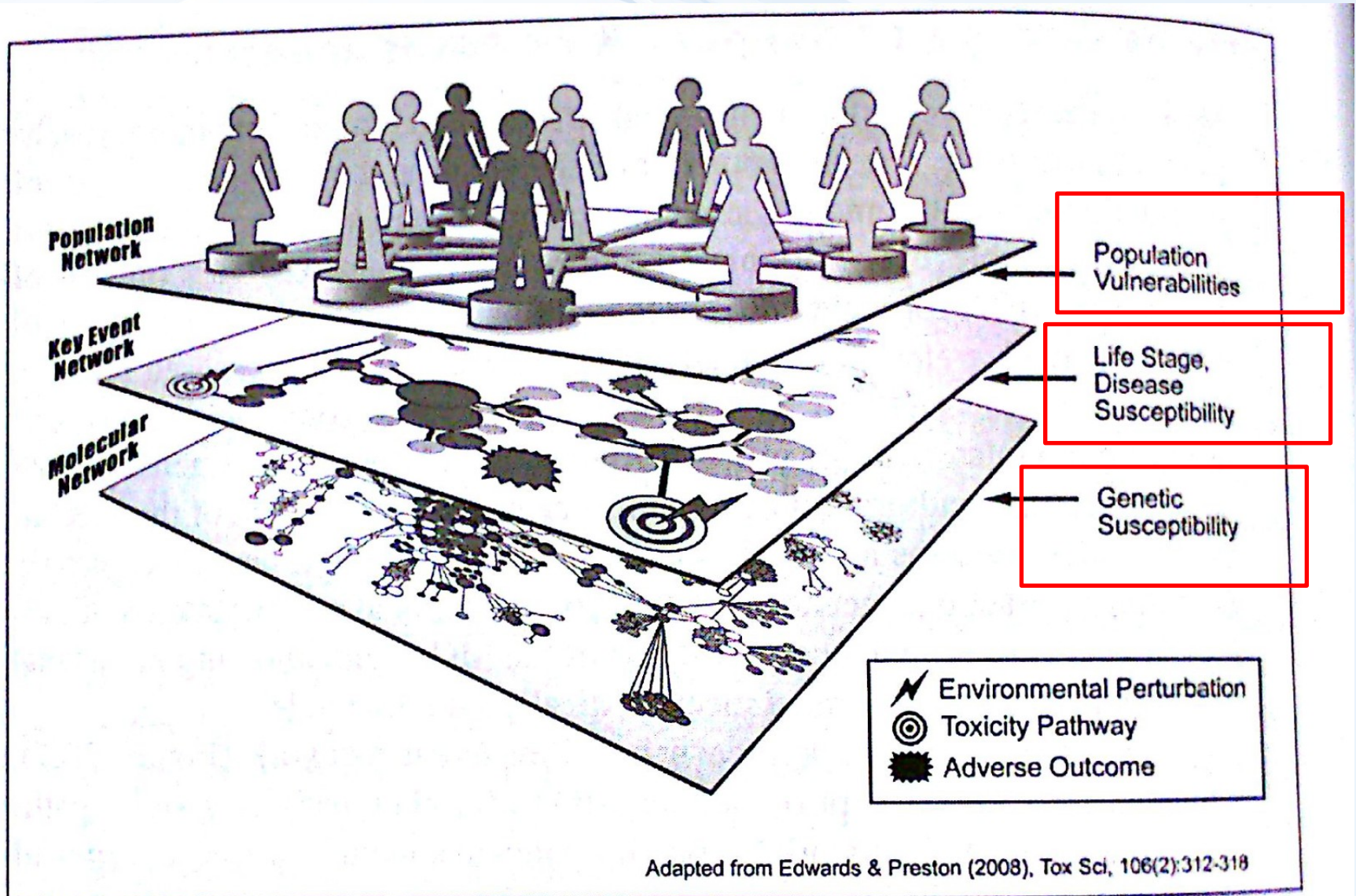


**Biomarker Identification**

# Biomarkers at different biological levels

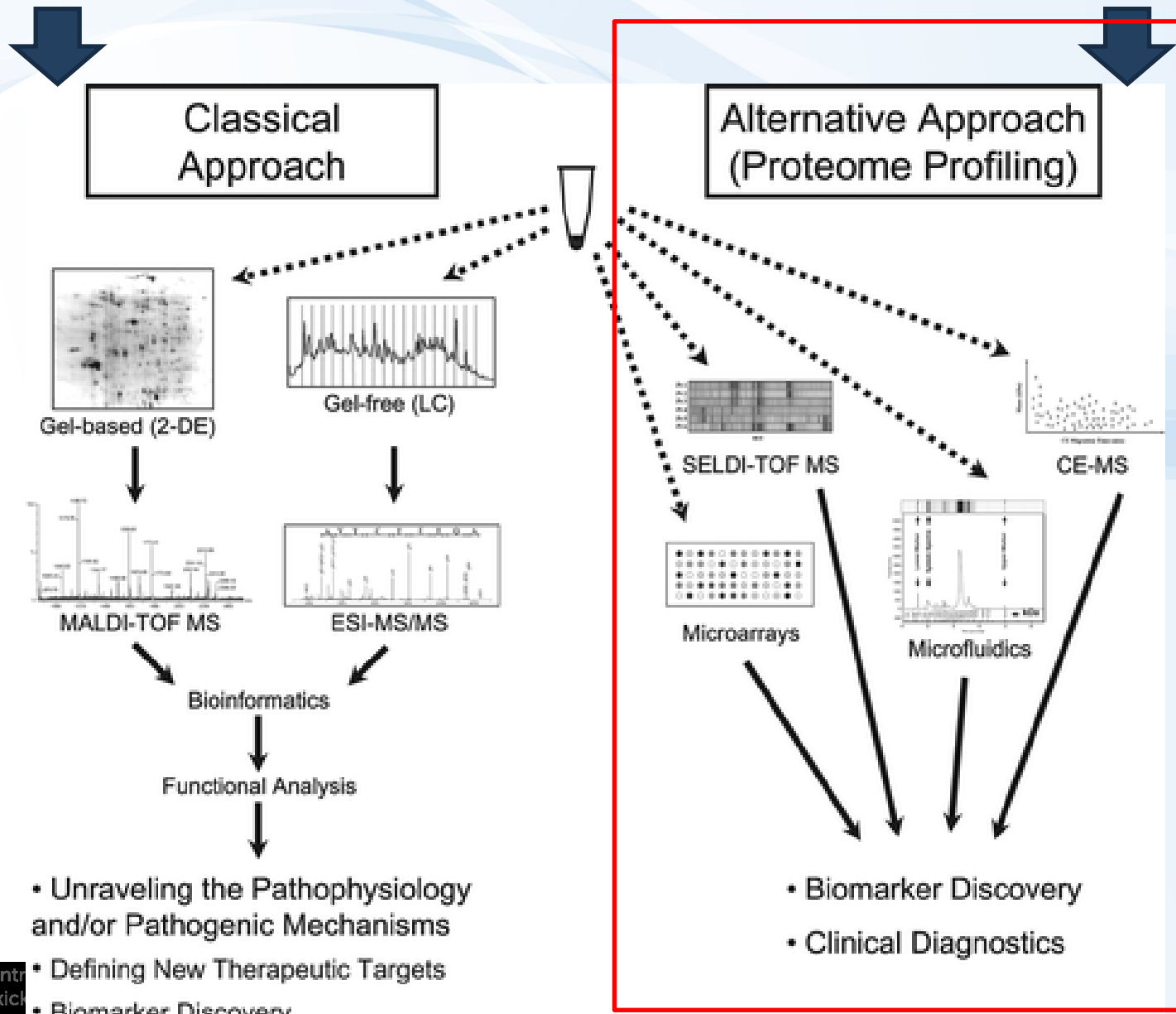
- “Omics” techniques
  - Systems biology research
  - Screenings of responses (differences) at all levels of biological organization
- GENOMICS
  - Relatively stable
    - not responding to environmental changes (e.g. Toxicants)
  - Can be used as “biomarkers of susceptibility” (SNPs and personalized medicine)
- OTHER “OMICS” (Transcripts, Proteins, Metabolites...)
  - Responsive to environmental stress (including toxicants, therapy etc.)

# Biomarkers at different biological levels

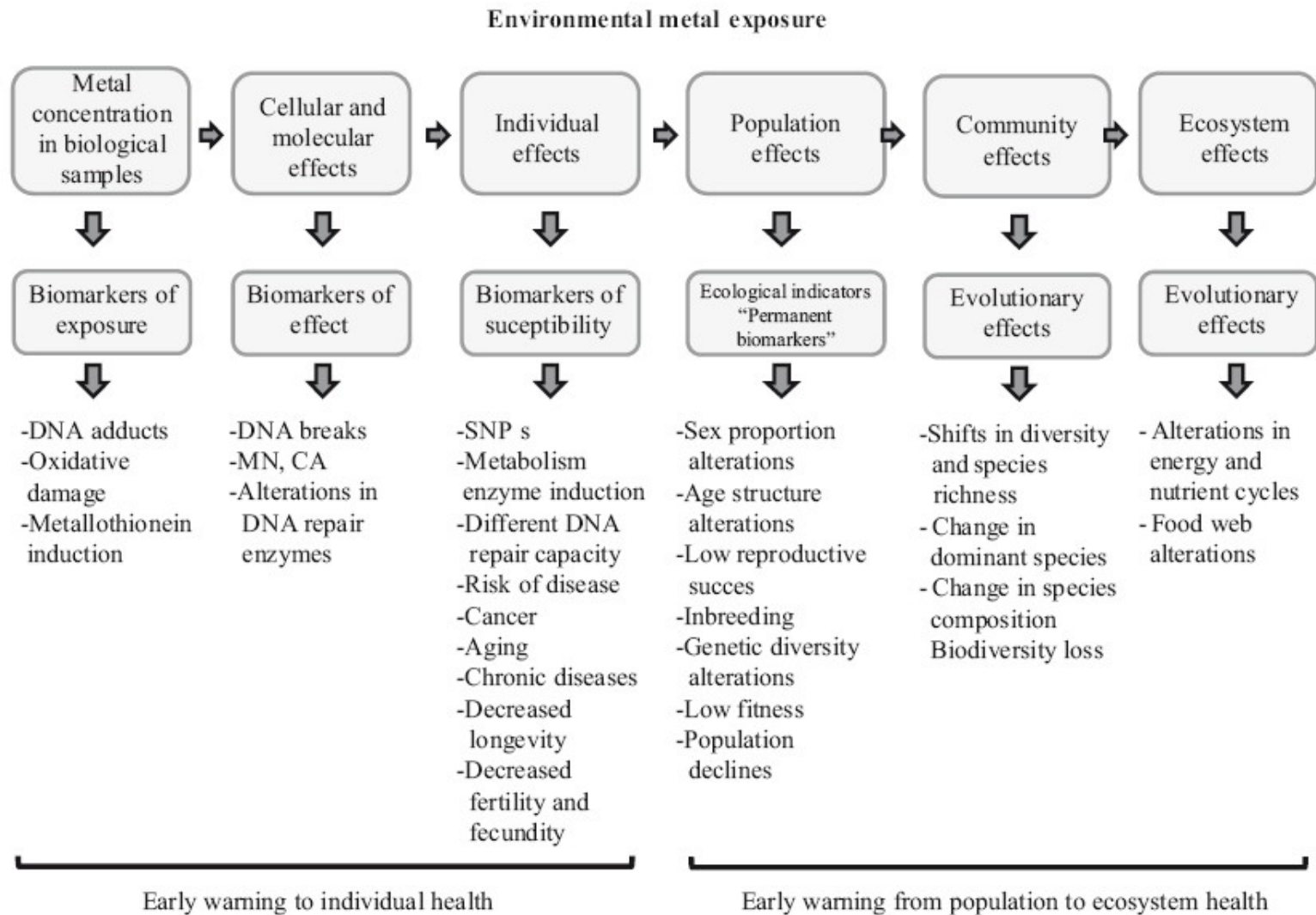


# Hypothesis driven research (focus on pathways)

# Data driven research (omics & profiling)



# Biomarkers at **even higher levels** – example: toxic metals



**Fig. 1.** Environmental pollutants –such as metals– can exert their effects at all levels of biological organization. Most used biomarkers for assessing toxic responses are listed in each level. MN= micronuclei, CA= chromosome aberrations, SNPs= single nucleotide polymorphisms.

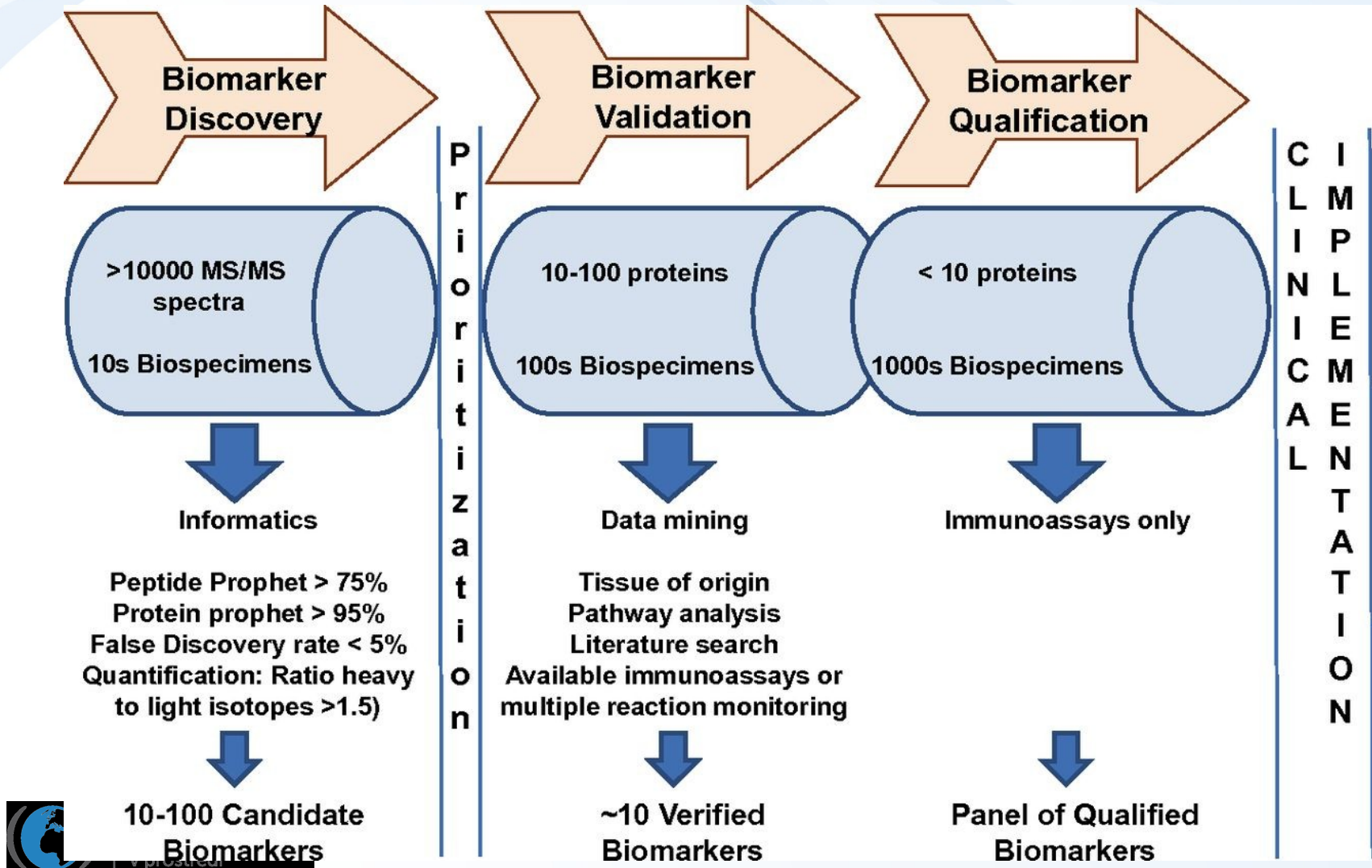




# Developments and applications of biomarkers

# 3 key steps towards the biomarker establishment

*An example of protein-based biomarkers*



## 3 key steps towards the biomarker establishment

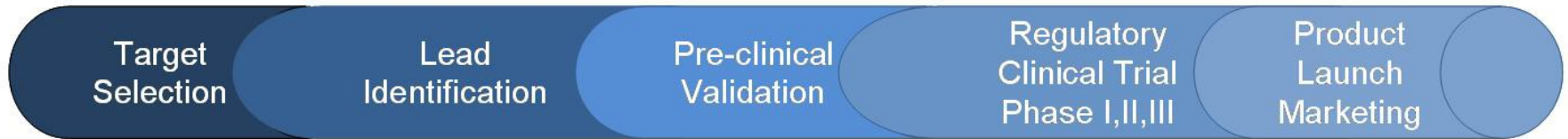
- Biomarker development
  - High numbers of endpoints (e.g. proteins)
  - Low numbers of samples compared (e.g. 10 controls vs 10 “treatments”)
- Biomarker validation
  - Decreasing number of markers
  - Increasing numbers of specimens (biological samples)
- Biomarker qualification and approval
  - Individual markers
  - Analytical methods validated and well established

# More detailed view: 5 steps leading to biomarker use in practice

DISCOVERY →

VALIDATION STEPS →

APPROVAL



- Proteomics
- Genomics
- Metabolomics
- Imaging Technologies

- Integrated Technologies
- Multi-analyte assays

- Robust validated high-throughput assays
- Development of a Clinical Assay

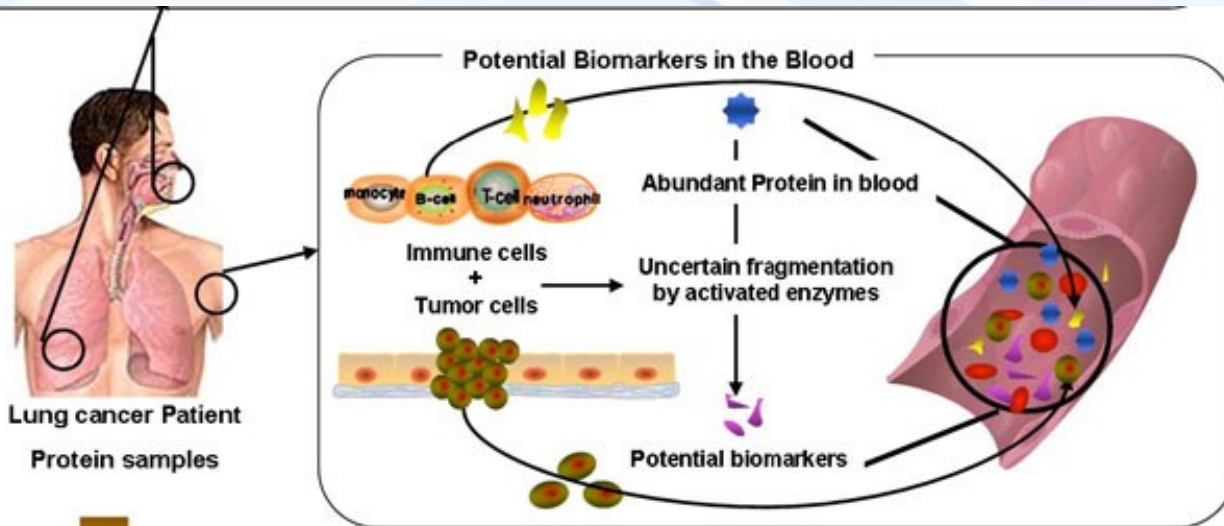
• Clinical Assay

Number of Analytes

Number of Samples  
Large cohorts, quality assured samples



# EXAMPLE process of biomarker establishment – lung cancer diagnosis



**Protein preparation and separation**

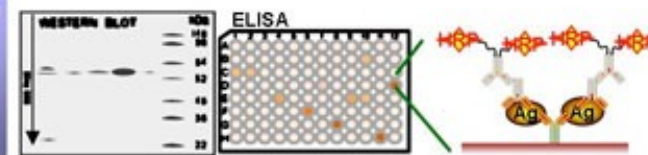
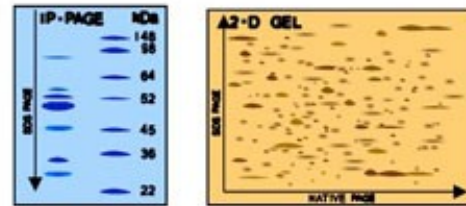
- Protein Enrichment: Glycoproteome  
Phosphoproteome
- SDS-PAGE: 1-DE, 2-DE
- In-gel trypsin digestion

**Biomarker discovery**

- LC-ESI-MS/MS
- MALDI-TOF/MS

**Biomarker candidates verification & validation**

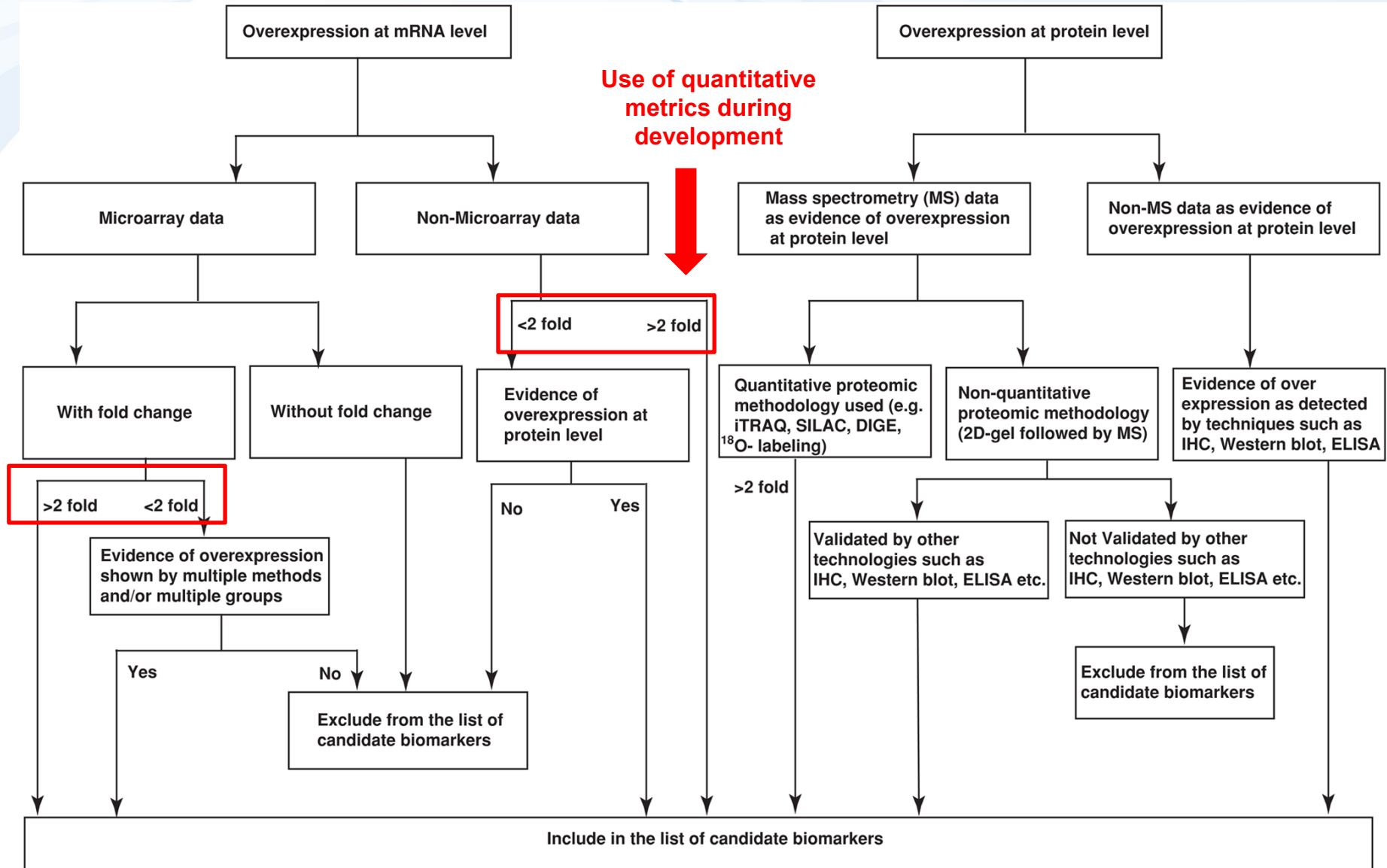
- MRM (Multiple Reaction Monitoring)
- Western Blot
- ELISA



Which of the many changes are “significant” ?

→ Use quantitative metrics (see Following slide)

# What is (what is not) a candidate biomarker: example flowchart



# Biomarkers have MANY APPLICATIONS ... such as:

- **Biomarkers in research**

- Search of “potential” therapies/drugs
  - Changes in biochemical responses provide information on efficiency and mechanism of action
- Identification of “early markers” of chronic diseases
  - Early diagnosis (e.g. identification of developing cancer, coronary disease...)

- **Biomarkers in medicine**

- Identification of **status** of an individual
  - Healthy vs Disease
- Assessment of therapy/treatment
  - Efficiency – Did treatment improved situation? (improvements in biomarker responses)
  - Adverse or side effects of therapy

- **Biomarkers in toxicology**

- Identification of status
  - Intoxicated (exposed) vs Controls
  - Forensic toxicology (e.g. consumption of drugs of abuse, alcohol etc)
- Early warnings of future health consequences
  - Biochemical changes are detectable before the actual health problems

# Derivation , Validation and Application of Biomarkers In the Drug/Therapy development process

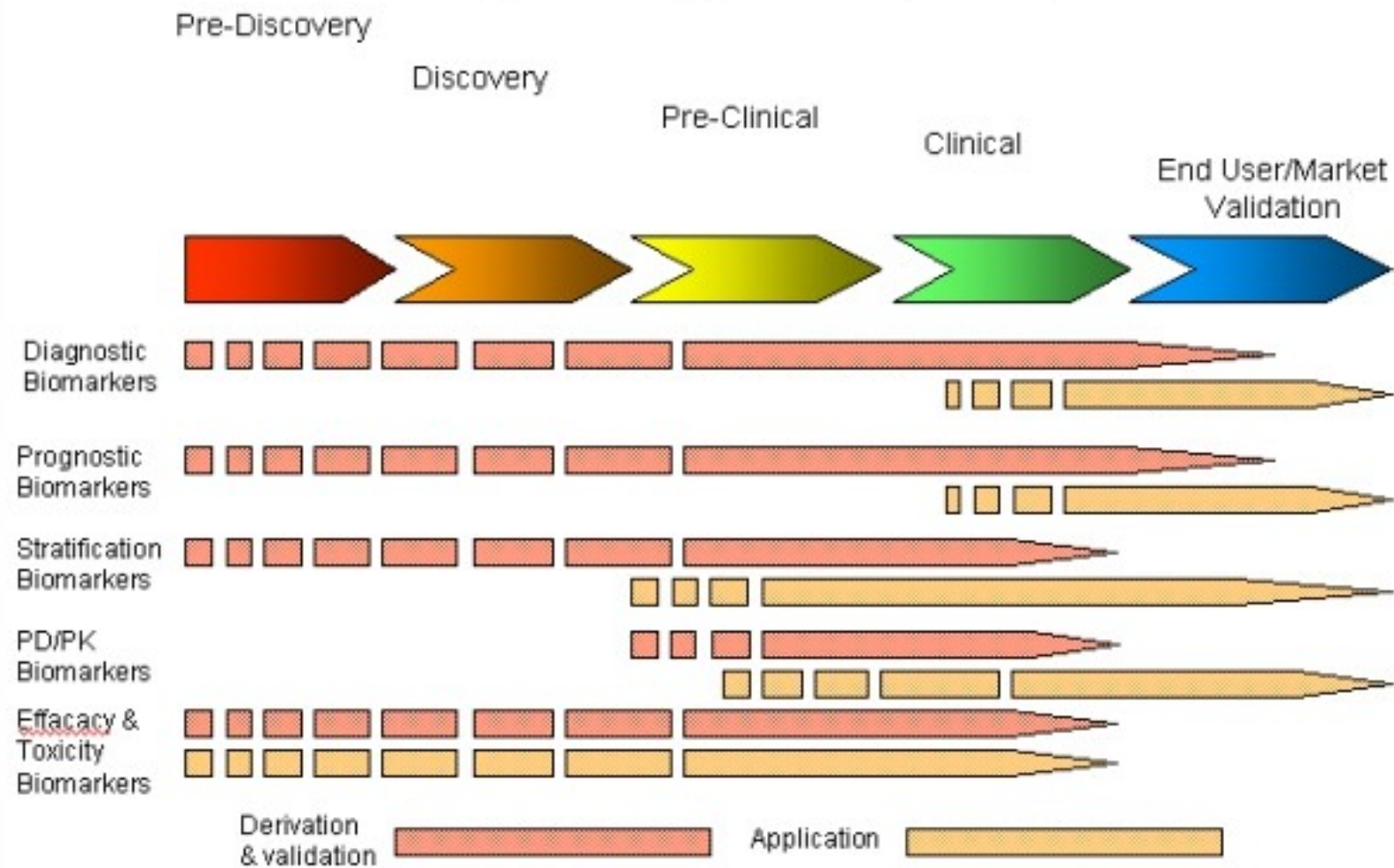
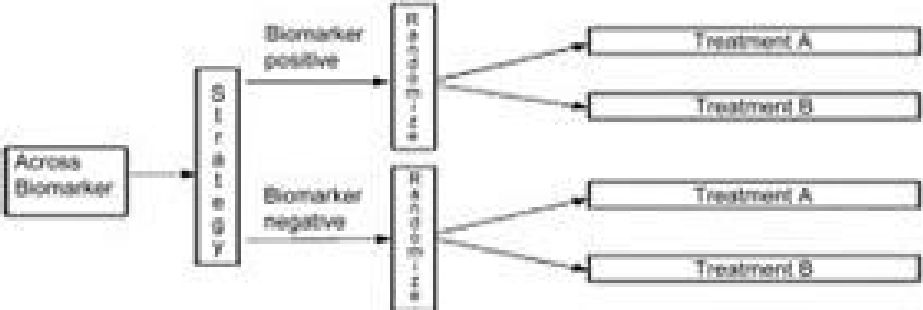
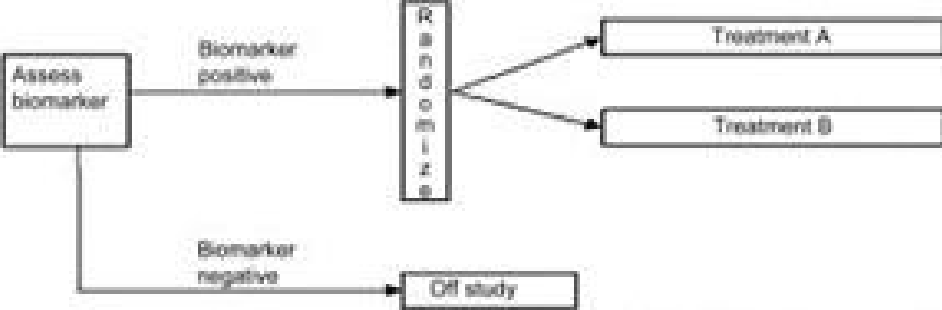
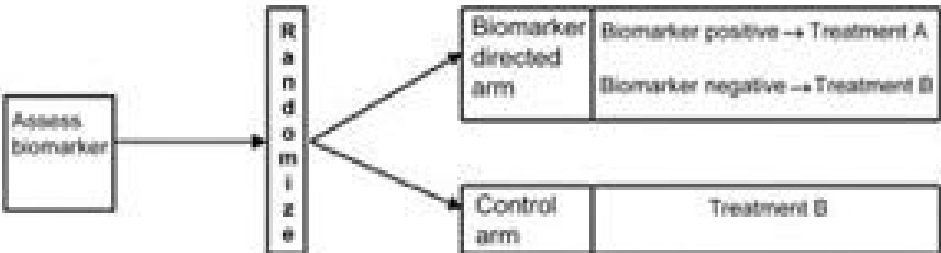


Fig 1 Development and application of biomarkers to the drug development process



# Various designs to search for biomarkers of different therapies

BIOMARKER STUDY DESIGNS	PROS/CONS
<p style="text-align: center;"><b>BIOMARKER STRATIFIED DESIGN</b></p> 	<p style="text-align: center;"><b>PROS</b></p> <ul style="list-style-type: none"> <li>• Modest a priori data</li> <li>• All patients randomized to same therapy</li> <li>• Results analyzed according to biomarker values</li> </ul> <p style="text-align: center;"><b>CONS</b></p> <ul style="list-style-type: none"> <li>• Prospective: results not definitive</li> <li>• Difficult when multiple treatment options</li> </ul>
<p style="text-align: center;"><b>ENRICHMENT DESIGN</b></p> 	<p style="text-align: center;"><b>PROS</b></p> <ul style="list-style-type: none"> <li>• Addresses question about best therapy for biomarker positive group</li> </ul> <p style="text-align: center;"><b>CONS</b></p> <ul style="list-style-type: none"> <li>• Requires strong a priori data</li> <li>• Therapy efficacy in biomarker negative cohort remains unknown</li> </ul>
<p style="text-align: center;"><b>BIOMARKER STRATEGY DESIGN</b></p> 	<p style="text-align: center;"><b>PROS</b></p> <ul style="list-style-type: none"> <li>• Most definitive study design</li> <li>• Can be used with multiple therapies</li> </ul> <p style="text-align: center;"><b>CONS</b></p> <ul style="list-style-type: none"> <li>• Inefficient especially when considering a number of biomarkers</li> <li>• Patients and physicians are unblinded to biomarker levels</li> </ul>



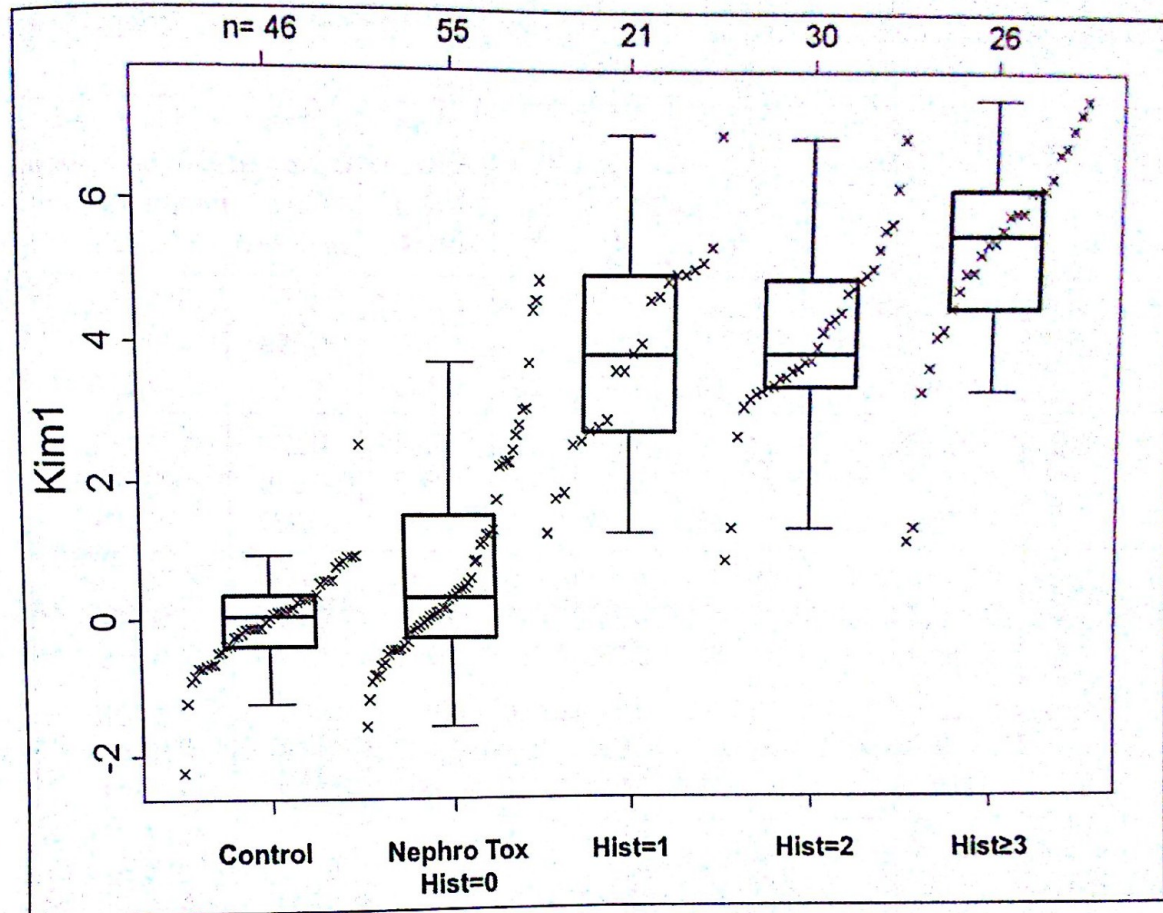
# Biomarker applications in CLASSIFICATION OF CARCINOGENS

**TABLE 20.1** Summary of IARC changes in carcinogenicity status based on biomarker data.

Change	Number of Chemicals
Mechanistic evidence used to upgrade hazards from 2A (probably carcinogenic to humans) to 1 (carcinogenic to humans)	3
Mechanistic evidence used to upgrade hazards from 2B (possibly carcinogenic to humans) to 2A (probably carcinogenic to humans)	36
Mechanistic evidence used to upgrade hazards from 3 (not classifiable as to carcinogenicity to humans) to 2B (possibly carcinogenic to humans)	4
Mechanistic evidence used to downgrade hazards from 2B (possibly carcinogenic to humans) to 3 (not classifiable as to carcinogenicity to humans)	8
Total	51

# Biomarker validation EXAMPLE

Kim-1 protein levels and kidney clinical signs (histopathology grades 0-3)

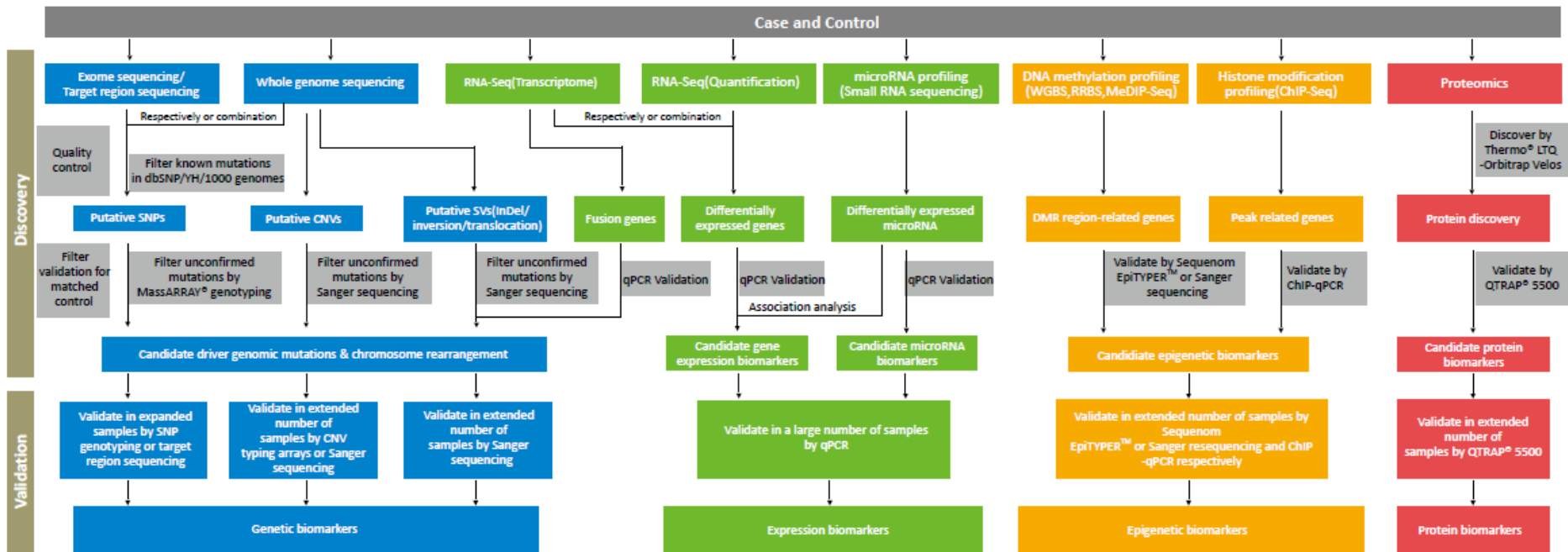


**FIGURE 22.4** Boxplots of Kim-1 values by kidney histopathology injury grade. A plot of the individual values sorted by Kim-1 value is superimposed over each, giving a finer scaled picture of the distribution of the data. The figure indicates that median Kim-1 values generally increase with an increased histopathology score. Also, some samples in the group of animals treated with a nephrotoxicant but with histopathology scores of zero have elevated Kim-1 levels. (See color insert for a full color version of this figure.)



# OMICS biomarkers in discovery and validation

## Overview of Multi-omic Approaches Applied in Biomarker Discovery



toxicity mechanisms (MoA)  
and biomarkers

overall summary



# Molecular effects of toxicants (1)

→ Propagate to higher levels (2),

→ here they induce various “responses” detectable as (3) biomarkers

1

## MoAs

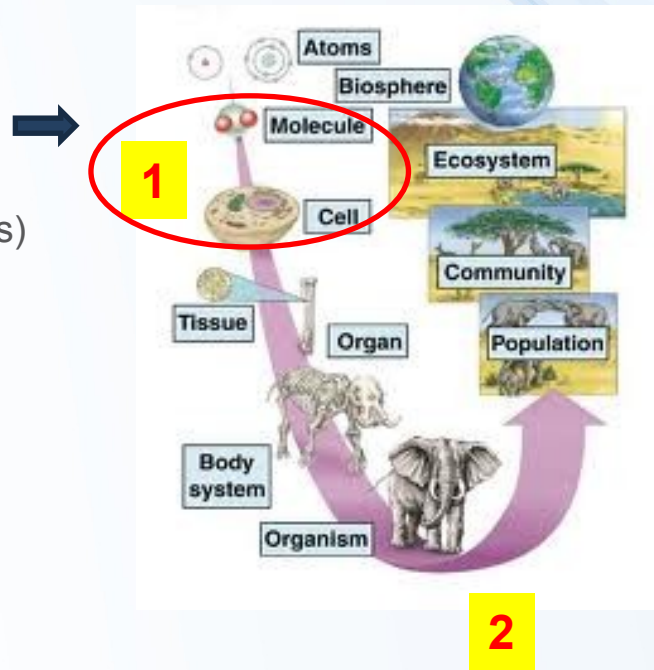
\* Molecular interactions

\* Key targets ...:

- DNA, RNAs
- proteins (and their functions)
- membranes

\* Complex mechanisms

- Oxidative stress
- Signalling and hormones
- Detoxification



3

## Biomarkers

- types
- examples
- methods

Biological organization