

Automated Data Processing and Annotation for Untargeted Plasma Metabolomics in TKI-Associated ADR Research

Sirois, J.P.¹, Scherf-Clavel, O.¹

¹ Department of Pharmacy, Clinical Pharmacy and Pharmacotherapy, Ludwig-Maximilians-Universität München, Munich, Germany

1 Abstract

- **Background:** Tyrosine kinase inhibitors (TKIs) are widely used in cancer therapy but frequently induce adverse drug reactions (ADRs) that limit treatment efficacy and adherence (1)
- **Objective:** Establishment of an untargeted serum metabolomics workflow to identify predictive biomarkers of ADR frequency and severity during TKI therapy
- **Analytical workflow:** protein-precipitation sample preparation optimized for metabolite recovery; UHPLC-HRMS with SWATH/DIA
- **Data processing:** R-based pipeline for automated data preprocessing, feature detection, annotation and analysis
- **Application/Impact:** Method will be applied to longitudinal serum samples from RCC patients, enabling early ADR risk stratification and supporting personalized TKI therapy

2 Experimental Setup

- **Samples:** Human plasma aliquots
- **Instrumentation:** UHPLC-QTOF, HILIC/CSH C18 column
- **Acquisition:** Data-independent acquisition (DIA/SWATH)
- **Data format:** .mzML (converted via MSConvert)
- **Software environment:** R 4.5.1

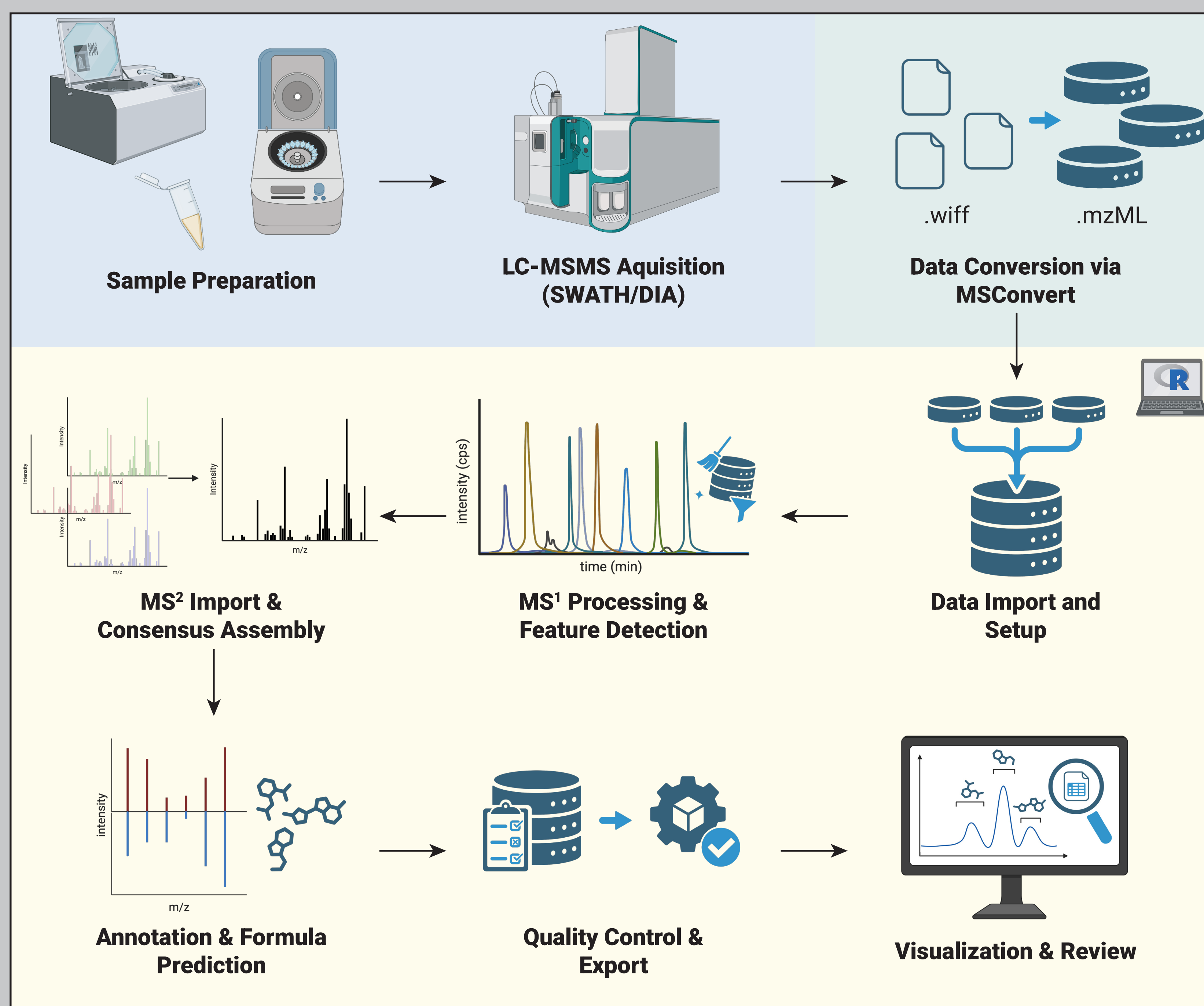


Figure 1: Overview of the plasma metabolomics workflow, highlighting the automated data processing and annotation pipeline performed in R. (Figure created with illustrations from <https://BioRender.com>)

3 Data Processing and Annotation Pipeline in R

1. **Data Import and Setup:** All converted mzML files are automatically detected, categorized by ionization polarity and chromatographic mode (HILIC/CSH C18) → **avoids manual data sorting, and contains metadata structure**
2. **MS¹ Preprocessing and Feature Detection:** Feature detection with XCMS using the CentWave algorithm; RT-alignment using the *obiwarp* method; grouping of features across samples using a density-based approach → **batch-consistent XCMS processing with integrated logging and standardized RDS**
3. **MS² Import and Consensus Assembly:** Import using Spectra; custom indexing step (m/z, RT) to enable fragment-to-feature mapping; normalization and filtering → **aggregation of DIA fragments dynamically per feature across samples + normalization and standardization of peak intensities enable consistent downstream matching**
4. **Library Matching and Annotation:** Consensus spectra are compared against public spectral libraries (e.g. MoNA, HMDB, MassBank) in a first step using *MetaboAnnotation* → **simultaneous multi-library matching, allowing in-house libraries + theoretical formula generation**
5. **Quality Control and Export:** QC metrics (dot-product distribution, explained intensity, hit rate) are computed to assess spectral match quality; export of the results in both .rds and .csv files → **reproducible, object-based data layer; reloadable, script-accessible, and version-consistent computational states in the form of .rds objects**
6. **Interactive Visualization and Curation (Shiny App):** Interactive interface that enables multi-sample EIC visualization per feature, mirror plots comparing query vs. library MS² spectra, and feature table filtering by mode, column and annotation score → **dynamic exploration of annotation results directly linked to the pipeline's outputs**

4 Outlook

- Creation of an in-house metabolomics library
- Metabolomics analysis of longitudinally collected plasma samples from patients with renal cell carcinoma (RCC) treated with axitinib and cabozantinib
- Integration of the metabolomics data with drug plasma concentrations, individual patient data, clinical parameters, proteomics measurements, and ADR occurrence for a TDM approach

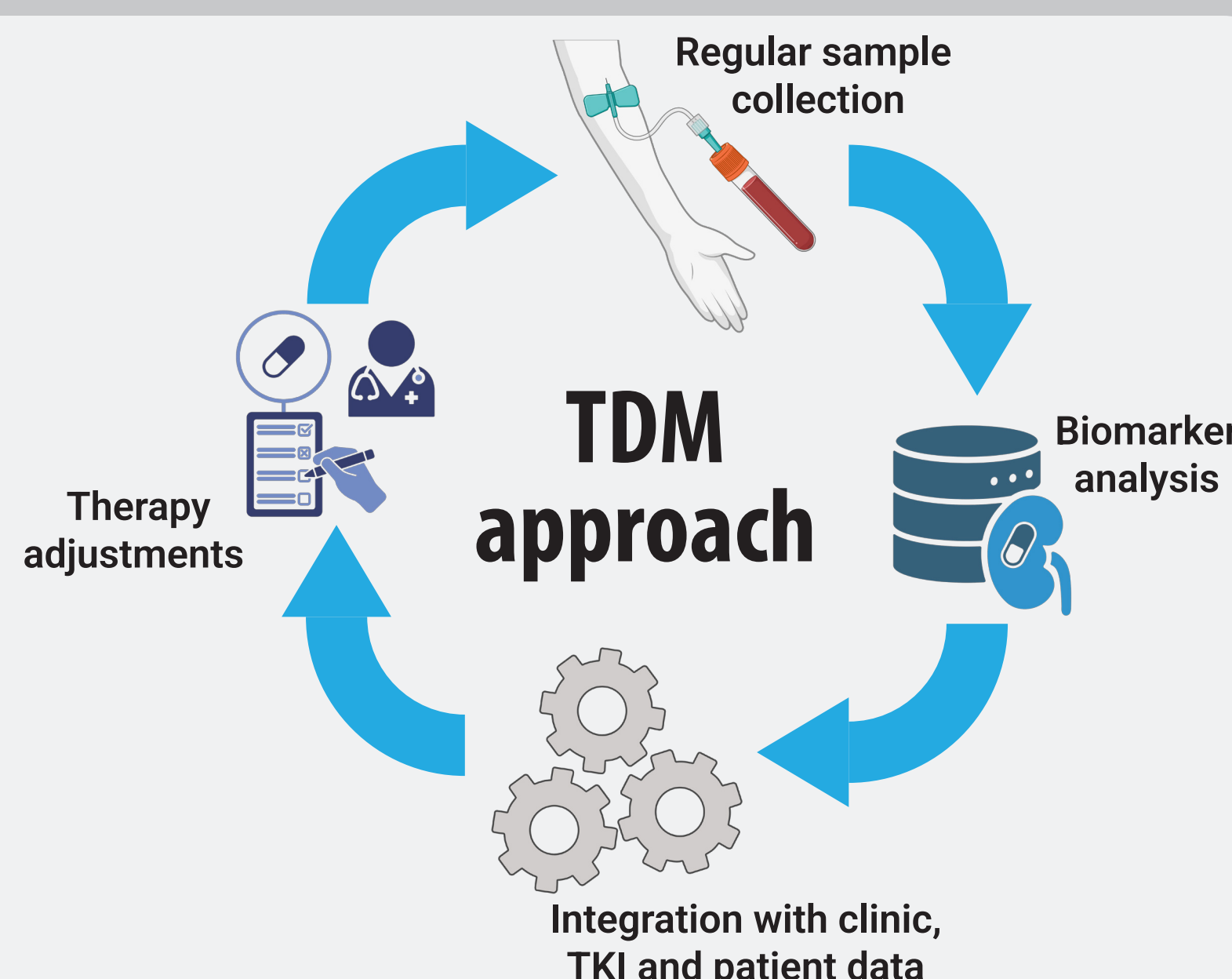


Figure 2: Proposal for a Therapeutic Drug Monitoring Regimen, incorporating biomarker data. (Figure created with illustrations from <https://BioRender.com>)

5 References

- (1) Shyam Sunder S, Sharma UC, Pokharel S. Adverse effects of tyrosine kinase inhibitors in cancer therapy: pathophysiology, mechanisms and clinical management. *Signal Transduct Target Ther.* 2023;8(1):262.

TALK
TO THE
AUTHOR



SCAN ME