Glucosylceramide and Lysophosphatidylcholines as Potential Blood Biomarkers for Drug-Induced Hepatic Phospholipidosis

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ABSTRACT

Drug-induced phospholipidosis is one of the major concerns in drug development and clinical treatment. The present study involved the use of a nontargeting lipidomic analysis with liquid chromatography-mass spectrometry to explore noninvasive blood biomarkers for hepatic phospholipidosis from rat plasma. We used three tricyclic antidepressants [clomipramine [CPM], imipramine [IMI], and amitriptyline [AMT]] for the model of phospholipidosis in hepatocytes and ketoconazole (KC) for the model of phospholipidosis in cholangiocytes and administered treatment for 3 and 28 days each. Total plasma lipids were extracted and measured. Lipid molecules contributing to the separation of control and drug-treated rat plasma in a multivariate orthogonal partial least squares discriminant analysis were identified. Four lysophosphatidylcholines (LPCs) (16:1, 18:1, 18:2, and 20:4) and 42:1 hexosylceramide (HexCer) were identified as molecules separating control and drug-treated rats in all models of phospholipidosis in hepatocytes. In addition, 16:1, 18:2, and 20:4 LPCs and 42:1 HexCer were identified in a model of hepatic phospholipidosis in cholangiocytes, although LPCs were identified only in the case of 3-day treatment with KC. The levels of LPCs were decreased by drug-induced phospholipidosis, whereas those of 42:1 HexCer were increased. The increase in 42:1 HexCer was much higher in the case of IMI and AMT than in the case of CPM; moreover, the increase induced by IMI was dose-dependent. Structural characterization determining long-chain base and hexose delineated that 42:1 HexCer was d18:1/24:0 glucosylceramide (GluCer). In summary, our study demonstrated that d18:1/24:0 GluCer and LPCs are potential novel biomarkers for drug-induced hepatic phospholipidosis.

Key words: phospholipidosis; biomarker; lipidomics; tricyclic antidepressant; ketoconazole
Pick disease type C and Gaucher disease, represents neuronal symptoms and hepatomegaly (James et al., 1981; Turpin et al., 1991). Therefore, drug-induced phospholipidosis is one of the concerns of risk management in clinical treatment and drug development.

The gold standard method to determine drug-induced phospholipidosis is the observation of lamellar body structures by electron microscopy (Reasor, 1989). However, the evaluation by electron microscopy requires a tissue biopsy, making this approach unsuitable for high-throughput evaluation of drug-induced phospholipidosis. Recently, a metabolomics approach, which involves the measurement of a large number of metabolites in blood plasma, serum, and urine, has emerged as a useful tool for exploring surrogate biomarkers for diseases and toxicities in vivo (Bu et al., 2012; Gowda et al., 2008; Spratlin et al., 2009). Although no human study has confirmed this yet, bis(monoglycerol)phosphate (BMP) and phenylacetylglucose (PAG) have been identified as potential specific biomarkers for phospholipidosis using a rodent model of amiodarone-induced phospholipidosis (Delaney et al., 2004; Mortuza et al., 2003). The levels of BMP (also known as lysobisphosphatidic acid) were increased in the serum of an amiodarone-treated rat with unregulated its levels in liver, lung, and kidney. BMP levels were also upregulated in the urine of a rat treated with amiodarone or gentamycin (Baronas et al., 2007; Thompson et al., 2012). On the other hand, increased levels of PAG were demonstrated in the urine and plasma of an amiodarone-treated rat. However, drug-induced phospholipidosis occurs in many different organs and tissues, including the liver, kidney, lung, and lymphoid, and its occurrence varies among CADs (Halliwell, 1997; Kodavanti and Mehendale, 1990; Reasor, 1989). Thus, it remains unclear whether BMP and PAG could be useful biomarkers for all types of drug-induced phospholipidosis caused by many different CADs.

The liver plays a central role in many physiological processes such as xenobiotic metabolism and lipid and glucose homeostasis (Jungermann, 1986). The Japanese Toxicogenomics and Toxicogenomics Informatics Projects (TGP/TGP2) have created a transcriptome database of a broad range of toxic effects in the liver, including phospholipidosis, induced by about 150 drugs and biochemicals (Urushidani and Nagao, 2005). The project has used the rat liver as a model of drug-induced phospholipidosis and demonstrated that three triglyceride antidepressants (clomipramine [CPM], IMI, and amitriptyline [AMT]) induced phospholipidosis in hepatocytes and an antibiotic (ketocanazole [KC]) induced phospholipidosis in cholangiocytes (Hirode et al., 2008). By profiling gene expressions in the liver of a rat treated with phospholipidosis-inducing drugs, the authors revealed that scoring of the change in 25 transcripts allows evaluation of drug-induced phospholipidosis with an accuracy of 82% (Yudate et al., 2012). Although the transcriptomic approach using liver tissues can be used to assess the risk of drug-induced phospholipidosis, this approach requires liver biopsy, and thus would not be suitable for a high-throughput evaluation of phospholipidosis in vivo.

Because lipid molecules, such as phospholipids and sphingolipids, are not only the major components of the cellular membrane but also the signaling molecules of important biological functions of the cell, they have emerged as useful biomarkers of the biological state of the cells, organs, and tissues (Maekawa et al., 2013; Tajima et al., 2013). Therefore, we used a lipidomic approach, which provides a comprehensive analysis of the lipid profile, to explore common plasma biomarkers for hepatic phospholipidosis. First, we used plasma obtained from rats treated with CPM, IMI, and AMT, which induce phospholipidosis in hepatocytes. Subsequently, we analyzed plasma obtained from rats treated with KC, which induces phospholipidosis in cholangiocytes, to examine whether the potential biomarker for phospholipidosis induced in hepatocytes would also be useful in that induced in cholangiocytes. Using a nontargeting lipidomic approach with liquid chromatography (LC) and time-of-flight mass spectrometry (TOFMS), we determined the ion peak levels of lipid molecules including PC, sphingolipids, and neutral lipids. The levels of lipid molecules were subjected to multivariate statistics using an orthogonal partial least squares discriminant analysis (OPLS-DA) as models to identify potential blood biomarkers for hepatic phospholipidosis induced by each drug. We found that all three antidepressants increased the levels of hexosylceramide (HexCer) and decreased the levels of lysophosphatidylcholines (LPCs) in plasma, and those observations were consistent with KC treatment at early time point. Here, through determination of the structural features of the identified HexCer, we present experimental data to propose glucosylceramide (GluCer) and LPCs as potential low-invasive biomarkers for hepatic phospholipidosis.

**MATERIALS AND METHODS**

Animal specimens. The rat plasma samples used in the present study were from the TGP/TGP2 project and our previous study (Hirode et al., 2008). The drug treatment and histological findings are summarized in Supplementary table 1. In brief, six-week-old male Crl:CD(SD) rats (Charles River Japan, Kanagawa, Japan) were subjected to continuous treatment with CPM, IMI, AMT, and KC for 3 or 28 days. Each drug-treatment group (n = 5, except for the 28-day IMI- and AMT-treatment groups [n = 4], see Supplementary table 1) had its own corresponding control group that was treated with vehicle (n = 5). For the study of the dose-dependent effects of IMI on the levels of 42:1 HexCer in plasma, the rats were divided into four groups (control and 10-, 30-, and 100-mg/kg/day IMI treatment) and treated with IMI for 28 days. The doses of the drugs that were used in the present study were shown to be the most effective doses for hepatic phospholipidosis induction in our previous study (Hirode et al., 2008), except for the study examining the dose-dependent effects of IMI. The use of animal specimens was approved by the Ethics Review Committee for Animal Experimentation of the National Institute of Biomedical Innovation (Osaka, Japan) and National Institute of Health Sciences (Tokyo, Japan).

Lipid extraction. Lipid extraction was performed with the Bligh and Dyer (BD) method with minor modification. Ninety microliters of plasma was mixed with 3.8 ml of chloroform/methanol/20 mM Kpi (1:2:0.8) for 5 min and with the following internal standards: 10 nmol of 12:0/12:0 phosphatidylethanolamine (PE, Avanti Polar Lipids, Inc., Alabaster, AL) and 2 nmol of 8:0/8:0/18:2 triglyceride (TG, Larodan Fine Chemicals AB, Malmo, Sweden). After mixing, 1 ml each of chloroform and 20 mM Kpi was added, mixed for 5 min, and centrifuged at 1000 g for 10 min. After discarding upper layers, 3 ml of chloroform/methanol/100 mM KCl (3:8:47) were added, mixed, and centrifuged at 1000 g for 10 min to separate the lower organic layers. The lower organic layers (BD sample) were collected, dried, dissolved in chloroform/methanol (1:1), and stored at a temperature of −80°C until use.

**Lipid molecule measurements and data processing.** Lipid molecule measurements were performed as described previously using LC (Acquity UPLC System, Waters, Milford, MA)-TOFMS (LCT
**RESULTS**

**Screening for Common Biomarkers for Hepatic Phospholipidosis in Hepatocytes**

To screen a broad range of lipid molecules, we used the non-targeting lipidomic approach. Phospholipids and sphingolipids were measured by LC-TOFMS with the negative-ion mode with an RT of 2.0–38.0 min, in which both classes of lipids were eluted by LC. Neutral lipids were measured by LC-TOFMS with the positive-ion mode with an RT of 38.0–60.0 min, in which neutral lipids were eluted. In total, 312 and 847 ion peaks were extracted by negative- and positive-ion modes, respectively, in plasma obtained from control or drug-treated rats. First, we employed the data set obtained from the plasma of rats treated with tricyclic antidepressants (CPM, IMI, and AMT) to identify common biomarkers for hepatic phospholipidosis in hepatocytes. The data set of extracted ion peaks from control and each of the tricyclic antidepressants were subjected to OPLS-DA, and the score of the loading s-plot was calculated to identify ion peaks that contributed to the separation of control and drug-treated samples of plasma ([w1] > 0.05 and [p (corr)] > 0.6 were used as threshold values). The ion peaks were subjected to identification of lipid molecules (Supplementary table 2 for lysophospholipids, phospholipids, and sphingolipids, and Supplementary table 3 for neutral lipids). The number of identified lipid molecules is listed in Table 1. In total, 64, 56, and 42 lipid molecules (95 in total) were identified as contributing to the separation of the two groups in the plasma of rats receiving 3-day treatment with CPM, IMI, and AMT, respectively, whereas 19, 69, and 67 lipid molecules (88 in total) were identified in the plasma of rats receiving 28-day treatment with CPM, IMI, and AMT, respectively. Subsequently, we explored lipid molecules that were commonly identified in the studies of all three tricyclic antidepressants. In plasma, 22 lipid molecules were commonly identified for either 3- or 28-day treatments (Table 1). These lipid molecules include 16:1 LPC, 18:1 LPC, 18:2 LPC, 20:2 LPC, 20:4 LPC, 22:6 LPC, 32:1 PC, 32:2 PC, 38:5 PC, 38:6 PC, 40:7 PC, 40:8 PC, 34:2 PE, 36:2 PI, 34:1 SM, 42:1 HexCer, 42:2 HexCer, 54:5 TG, 56:6 TG, 56:7 TG, 56:8 TG, and 58:8 TG (Table 2). Of these lipid molecules, LPCs (16:1, 18:1, 18:2, 20:2 LPC) and 42:1 HexCer were identified as separating the control and treated rats in both 3- and 28-day treatments. In addition, 42:1 and 42:2 HexCers showed more than a twofold increase induced by all three tricyclic antidepressants when treated for 28 days. Thus, we focused on LPCs and...
TABLE 1. The Number of Identified and Qualified Lipid Molecules from OPLS-DA of Tricyclic Antidepressants

<table>
<thead>
<tr>
<th>Drugs</th>
<th>LPLs</th>
<th>PLs</th>
<th>SLs</th>
<th>NLs</th>
<th>Total</th>
<th>LPLs</th>
<th>PLs</th>
<th>SLs</th>
<th>NLs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPM</td>
<td>7</td>
<td>14</td>
<td>6</td>
<td>37</td>
<td>64</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>IMI</td>
<td>5</td>
<td>19</td>
<td>4</td>
<td>28</td>
<td>56</td>
<td>7</td>
<td>22</td>
<td>11</td>
<td>29</td>
<td>69</td>
</tr>
<tr>
<td>AMT</td>
<td>5</td>
<td>16</td>
<td>6</td>
<td>15</td>
<td>42</td>
<td>8</td>
<td>21</td>
<td>4</td>
<td>34</td>
<td>67</td>
</tr>
<tr>
<td>Common</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>14</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
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<td>11</td>
<td>44</td>
<td>95</td>
<td>8</td>
<td>29</td>
<td>12</td>
<td>39</td>
<td>88</td>
</tr>
</tbody>
</table>

LPL, lysophospholipid; PL, phospholipid; SL, sphingolipid; NL, neutral lipid; CPM, chlorpromazine; IMI, imipramine; AMT, amitriptyline.

TABLE 2. Fold Changes of Lipid Molecules Commonly Qualified OPLS-DA in All Three Tricyclic Antidepressants

<table>
<thead>
<tr>
<th>Lipid classes</th>
<th>Lipid molecules</th>
<th>Commonality</th>
<th>Average fold changes (control)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>3 days</td>
<td>28 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CPM</td>
<td>IMI</td>
</tr>
<tr>
<td>LPC</td>
<td>16:1 LPC</td>
<td>+</td>
<td>0.49</td>
</tr>
<tr>
<td></td>
<td>18:1 LPC</td>
<td>+</td>
<td>0.72</td>
</tr>
<tr>
<td></td>
<td>18:2 LPC</td>
<td>+</td>
<td>0.74</td>
</tr>
<tr>
<td></td>
<td>20:2 LPC</td>
<td>-</td>
<td>1.02</td>
</tr>
<tr>
<td></td>
<td>20:4 LPC</td>
<td>+</td>
<td>0.80</td>
</tr>
<tr>
<td></td>
<td>22:6 LPC</td>
<td>-</td>
<td>0.73</td>
</tr>
<tr>
<td>PC</td>
<td>32:1 PC</td>
<td>+</td>
<td>0.47</td>
</tr>
<tr>
<td></td>
<td>38:5 PC</td>
<td>+</td>
<td>0.72</td>
</tr>
<tr>
<td></td>
<td>38:6 PC</td>
<td>-</td>
<td>0.87</td>
</tr>
<tr>
<td>PE</td>
<td>40:7 PC</td>
<td>-</td>
<td>0.81</td>
</tr>
<tr>
<td></td>
<td>40:8 PC</td>
<td>-</td>
<td>0.86</td>
</tr>
<tr>
<td>PI</td>
<td>36:2 PI</td>
<td>-</td>
<td>1.06</td>
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<tr>
<td>SM</td>
<td>34:1 SM</td>
<td>+</td>
<td>1.14</td>
</tr>
<tr>
<td>HexCer</td>
<td>42:1 HexCer</td>
<td>+</td>
<td>2.30</td>
</tr>
<tr>
<td></td>
<td>42:2 HexCer</td>
<td>+</td>
<td>2.98</td>
</tr>
<tr>
<td>TG</td>
<td>54:5 TG</td>
<td>-</td>
<td>0.88</td>
</tr>
<tr>
<td></td>
<td>56:6 TG</td>
<td>+</td>
<td>0.28</td>
</tr>
<tr>
<td></td>
<td>56:7 TG</td>
<td>+</td>
<td>0.45</td>
</tr>
<tr>
<td></td>
<td>56:7 TG</td>
<td>+</td>
<td>0.39</td>
</tr>
<tr>
<td></td>
<td>56:8 TG</td>
<td>+</td>
<td>0.55</td>
</tr>
<tr>
<td>TG</td>
<td>58:8 TG</td>
<td>+</td>
<td>0.55</td>
</tr>
</tbody>
</table>

Bold letter indicates that the differences in levels of specific lipid molecule between control and drug-treatment exceeded the threshold of OPLS-DA in both 3- and 28-day drug treatment. LPC, lysophosphatidylcholine; PC, phosphatidylcholine; PE, phosphatidylethanolamine; PI, phosphatidylinositol; SM, sphingomyeline; HexCer, hexosylceramide; TG, triacylglyceride; CPM, chlorpromazine; IMI, imipramine; AMT, amitriptyline.

HexCers as potential novel plasma biomarkers for hepatic phospholipidosis and included them in the statistical analysis.

Decrease in Plasma LPCs by Drug-Induced Phospholipidosis in Hepatocytes

As shown in Figure 1A, significantly lower levels of selected LPCs (16:1, 18:1, 18:2, and 20:4), except for 20:4 LPC with AMT treatment, were observed after 3-day treatment with CPM, IMI, and AMT. In line with this finding, the levels of all four LPCs were observed to be significantly lower after 28-day treatment with CPM, IMI, and AMT when compared with controls (Fig. 1B). The extent of changes in LPCs induced by treatment was similar for all three tricyclic antidepressants and consistent between 3- and 28-day treatments. In addition, other four LPCs (16:0, 20:2, 20:5, and 22:6 LPC) tended to decrease (but not always significantly) both after 3- and 28-day treatments with all tricyclic antidepressant.

Increase in Plasma 42:1 HexCer Levels by Drug-Induced Phospholipidosis in Hepatocytes

As shown in Figure 2, significantly higher levels of 42:1 HexCer were observed for 3-day treatment only with AMT (Fig. 2A) but for 28-day treatment with all three tricyclic antidepressants (Fig. 2B). The changes in 42:1 HexCer levels were much greater with IMI and AMT than with CPM using a 28-day treatment, when phospholipidosis can be detected in a histological study. In addition, an increase in 42:1 HexCer was strengthened from 3-day to 28-day drug treatment of IMI and AMT. We also investigated a dose-dependent change of plasma 42:1 HexCer levels induced by IMI. As shown in Figure 3, 42:1 HexCer levels increased in a
FIG. 1. Plasma levels of LPCs in rats treated with tricyclic antidepressants. Lipid extracts were prepared from the plasma of rats treated with indicated drugs (black) or control solvents (white) for 3 (A) or 28 days (B). The determined ion peak levels of the identified LPCs were normalized to that of the internal standard (12:0/12:0 PE). All data presented were normalized to the average of each control (adjusted average control value as 1). Each spot indicates the level of lipid molecules in each individual animal (n = 5 for the control group and n = 4 or 5 for the drug-treatment groups). The bar indicates the medians of each group. *p < 0.05; **p < 0.01 for control versus drug-treated rats. LPC, lysophosphatidylcholine; C, control; T, drug-treated; CPM, clomipramine; IMI, imipramine; AMT, amitriptyline.

Dose-dependent manner. Moreover, the increasing trend of 42:1 HexCer induced by tricyclic antidepressants was also observed for other HexCers identified in our study, namely, 42:2 and 40:1 (Supplementary fig. 2).

Decreased LPC and Increased HexCer Levels in Plasma by Drug-Induced Phospholipidosis in Cholangiocytes

Because we found that decreased plasma LPC levels and increased plasma HexCer levels were common for the treatment with all three tricyclic antidepressants that induce hepatic phospholipidosis in hepatocytes, we investigated whether similar
changes could be observed for the treatment with KC, which induces hepatic phospholipidosis in cholangiocytes. Thus, we employed the data set obtained from the plasma of rats receiving 3- and 28-day treatment with KC. OPLS-DA and the same threshold values for the score of the loading s-plot led to obtain ion peaks separating control and KC-treated plasma samples. The ion peaks were subjected to the identification of lipid molecules. The determined ion peak levels of 42:1 HexCer were normalized to that of the internal standard (12:0 PE). All data presented were normalized to the average of each control (adjusted average control value as 1). Each spot indicates the level of lipid molecules in each individual animal (n = 5 for the control group and n = 4 or 5 for the drug-treatment groups). The bar indicates the medians of each group. *p < 0.05 for control versus drug-treated rats. HexCer, hexosylceramide; C, control; T, drug treated; CPM, chlomipramine; IMI, imipramine; AMT, amitriptyline.

FIG. 3. Dose-dependent effect of imipramine treatment on plasma 42:1 HexCer levels. Lipid extracts were prepared from the plasma of rats treated with an indicated dose of imipramine for 28 days. The determined ion peak levels of 42:1 HexCer were normalized to that of the internal standard (12:0/12:0 PE). All data presented were normalized to the average of control (0 mg/kg/day) (adjusted average control value as 1). Each group indicates the medians of each group. HexCer, hexosylceramide; IMI, imipramine.

Determination of Fatty Acid Side Chains of 42:1 HexCer
Because our nontargeting assay platform could only determine the total number of carbon atoms and the double-bond contents of lipid molecules, we next characterized the long-chain base and acyl-side chain of 42:1 HexCer. We determined the fatty acid side chain of sphingolipids by performing positive MS/MS analysis and characterizing the long-chain base (Ishikawa et al., 2014). Because the amount of 42:1 HexCer in sample solution for lipid molecule measurements was too low to perform MS/MS/MS, we fractionized and concentrated 42:1 HexCer using LC. As shown in Figures 5A and 5B, the collection of 42:1 HexCer was verified by chromatography and mass spectrometry. The MS/MS/MS product demonstrated fragments of d18:1 long-chain base and neutral (hexose and hexose+H2O) loss (Fig. 5C). This result indicates that the side chains of 42:1 HexCer are 18:1 long-chain base (d18:1) and 24:0 acyl-side chain.

Determination of Hexose of 42:1 HexCer
Because there are two HexCers in the body, glucosylceramide and galactosylceramide, we next tried to determine the hexose residue of the identified 42:1 HexCer. Glucosylceramide and galactosylceramide show the same molecular mass and mobility in typical reverse-phase chromatography. Thus, we employed borate-impregnated TLC (Kern, 1966), which allowed to separate glucosylceramide and galactosylceramide by preference of forming a complex with borate (Fig. 6A). Separation and collection of the GluCer and GalCer fraction were confirmed by measuring internal standards both in the GluCer and in GalCer fractions (Fig. 6B). As shown in Figure 6C, 42:1 GluCer rather than 42:1 GalCer is the major component of 42:1 HexCer in plasma. In addition, only 42:1 GluCer was increased after IMI treatment. This result indicates that 42:1 GluCer, but not GalCer, was increased by drug-induced hepatic phospholipidosis.
FIG. 4. Plasma levels of LPCs and 42:1 HexCers in rats treated with ketoconazole. Lipid extracts were prepared from rat plasma treated with ketoconazole (black) or control solvents (white) for 3 (A) or 28 days (B). The determined ion peak levels of indicated LPCs and 42:1 HexCer were normalized to that of the internal standard (12:0/12:0 PE). All data presented were normalized to the average of each control (adjusted average control value as 1). Each spot indicates the level of lipid molecules in each individual animal (n = 5 for the control group and n = 5 for the drug-treatment group). The bar indicates the medians of each group. *p < 0.05; **p < 0.01; ***p < 0.005 for control versus drug-treated rats. LPC, lysophosphatidylcholine; HexCer, hexosylceramide; C, control; T, drug treated; KC, ketoconazole.

DISCUSSION

In the present study, we used the nontargeting lipidomic approach followed by structural characterization to identify biomarkers for drug-induced hepatic phospholipidosis. We used three tricyclic antidepressants (CPM, IMI, and AMT) as the model.
FIG. 6. Differentiation of GluCer from GalCer to the 42:1 HexCer identity. (A) Scheme for separation of GluCer and GalCer by borate-impregnated TLC. Dotted circle indicates a putative site forming the borate complex. (B) Ion chromatograms of the standards of the GluCer and GalCer fractions. (C) Ion chromatogram of 42:1 HexCer in the separated GluCer and GalCer fractions.
of hepatic phospholipidosis in hepatocytes and an antibiotic (KC) as the model of hepatic phospholipidosis in cholangiocytes. Our experiments revealed d18:1/24:0 GluCer and LPCs (especially 16:1 and 18:2 LPC) as putative blood biomarkers for drug-induced hepatic phospholipidosis. The plasma levels of d18:1/24:0 GluCer were increased by drug-induced hepatic phospholipidosis, whereas those of LPCs were decreased. These observations are a common feature of hepatic phospholipidosis among hepatocytes and cholangiocytes. However, no LPCs or d18:1/24:0 GluCer were significantly altered by 28-day treatment with KC, although d18:1/24:0 GluCer was identified to be a lipid molecule contributing to the separation of control and KC-treated rats after 28-day treatment. Thus, the application of d18:1/24:0 GluCer and LPCs as biomarkers for hepatic phospholipidosis in cholangiocytes might be limited in the early stage.

LPCs are lysosphospholipids that are generally derived from PCs by the enzymatic action of phospholipase A2. Recently, LPCs have been described as blood biomarkers for several diseases and adverse drug/food effects. For example, plasma levels of 18:1 and 18:2 LPCs compared with total saturated LPC levels have been proposed as potential biomarkers for colorectal cancer (Zhao et al., 2007). In addition, serum levels of 18:2 LPC have been inversely associated with the risk of diabetes (Floegel et al., 2013). Moreover, acetaminophen- and o-galactosamine-induced liver injuries lead to a decrease in LPC levels, such as those of 20:4 LPC, in serum (Cheng et al., 2009; Ma et al., 2014). Therefore, the single use of one LPC for the diagnosis of phospholipidosis might not fully exclude other possibilities, such as colon cancer, diabetes, and liver injuries. Thus, a combinatorial application of d18:1/24:0 GluCer and 16:1 and 18:2 LPCs would be more effective for diagnosing hepatic phospholipidosis.

To date, the mechanisms underlying the decrease in LPCs in plasma remain unclear. However, it has been proposed that CADs inhibit lysosomal enzymes, including phospholipase A2, resulting in the accumulation of phospholipids in the lysosome (Abe et al., 2007; Hiraoka et al., 2006). Because the secretion of LPCs from the liver is quantitatively important for plasma LPC levels (Sekas et al., 1985), the inhibition of hepatic phospholipase A2 might result in a decrease in the levels of LPCs in the plasma.

GluCer is a glyosphingolipid metabolized by glucocerebrosidase in lysosome (Carroll, 1981). When metabolically inert L-GluCer is injected intravenously, it is rapidly removed from the blood and most of it is taken up by the liver (Tokoro et al., 1987). Subsequently, hepatic L-GluCer is excreted through the bile duct with a 3.5-day half-time. These observations suggest that blood GluCer is predominantly taken up by the liver to be metabolized by glucocerebrosidase to ceramide or be excreted from the bile duct. Thus, one possible explanation for the increased plasma d18:1/24:0 GluCer levels in drug-induced hepatic phospholipidosis is decreased GluCer clearance in the liver via the inhibition of hepatic lysosomal glucocerebrosidase in hepatocytes or biliary excretion of GluCer in cholangiocytes.

Although all tricyclic antidepressants used in the present study induced hepatic phospholipidosis, the severity of phospholipidosis varied between the drugs. All rats treated with IMI and AMT for 28 days showed hepatic phospholipidosis, with considerable severity in the case of AMT treatment, whereas only two of five rats treated with CPM for 28 days showed symptoms of hepatic phospholipidosis (Supplementary table 1). The increases in the plasma levels of d18:1/24:0 GluCer and its related HexCers (42:2 and 40:1 HexCer) were more drastic by IMI and AMT than by CPM. In addition, the dose-dependent increase in the plasma levels of d18:1/24:0 GluCer by IMI was consistent with the dose-dependent severity of the phospholipidosis that was induced by IMI treatment (Hirode et al., 2008). These findings may indicate that the extent of elevation of d18:1/24:0 GluCer could reflect the severity of drug-induced hepatic phospholipidosis in hepatocytes. However, each CAD has a different preference for the formation of phospholipidosis in the tissues, and it remains unclear whether phospholipidosis progressing in the tissues other than the liver would modulate the plasma levels of d18:1/24:0 GluCer.

Unlike severity-dependent increase in d18:1/24:0 GluCer, a decrease in plasma LPC levels induced by 28-day treatment with tricyclic antidepressants was irrespective of the type of the drug. In addition, all tricyclic antidepressants resulted in a similar decrease of LPC levels irrespective of whether it was a 3- or 28-day drug treatment. Thus, the decrease in LPCs might not correlate with the severity as well as progression of drug-induced hepatic phospholipidosis in hepatocytes. The levels of LPCs (except for 20:4 LPC in AMT treatment) were significantly decreased even after 3-day treatment with all tricyclic antidepressants. Decreased LPC levels with a 3-day treatment of KC were also observed. Thus, LPCs could be useful to predict the risk of hepatic phospholipidosis.

In conclusion, d18:1/24:0 GluCer and LPCs are putative plasma biomarkers for hepatic phospholipidosis. Because a single marker, especially one LPC, is not specific for hepatic phospholipidosis, a combinatorial application of d18:1/24:0 GluCer and 16:1 and 18:2 LPCs would be more effective for diagnosing hepatic phospholipidosis. In addition, d18:1/24:0 GluCer could reflect the severity of drug-induced hepatic phospholipidosis in hepatocytes, whereas LPCs could be useful to predict the risk of both types of hepatic phospholipidosis. Future research and validation of d18:1/24:0 GluCer and LPCs as plasma biomarkers for hepatic phospholipidosis are needed to extrapolate these findings to humans.

**SUPPLEMENTARY DATA**

Supplementary data are available online at http://toxsci.oxfordjournals.org/.

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**REFERENCES**


CYP3A4 induction enhance acetaminophen-induced toxicity. Drug Metab. Dispos. 37, 1611–1621.