Advances in Our Understanding of Oxylipins Derived from Dietary PUFAs^{1,2}

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ABSTRACT

Oxylipins formed from polyunsaturated fatty acids (PUFAs) are the main mediators of PUFA effects in the body. They are formed via cyclooxygenase, lipoxygenase, and cytochrome P450 pathways, resulting in the formation of prostaglandins, thromboxanes, mono-, di-, and tri-hydroxy fatty acids (FAs), epoxy FAs, lipoxins, eoxins, hepoxilins, resolvins, protectins (also called neuroprotectins in the brain), and maresins. In addition to the well-known eicosanoids derived from arachidonic acid, recent developments in lipidomic methodologies have raised awareness of and interest in the large number of oxylipins formed from other PUFAs, including those from the essential FAs and the longer-chain n-3 (ω-3) PUFAs. Oxylipins have essential roles in normal physiology and function, but can also have detrimental effects. Compared with the oxylipins derived from n–3 PUFAs, oxylipins from n–6 PUFAs generally have greater activity and more inflammatory, vasoconstrictory, and proliferative effects, although there are notable exceptions. Because PUFA composition does not necessarily reflect oxylipin composition, comprehensive analysis of the oxylipin profile is necessary to understand the overall physiologic effects of PUFAs mediated through their oxylipins. These analyses should include oxylipins derived from linoleic and α -linolenic acids, because these largely unexplored bioactive oxylipins constitute more than one-half of oxylipins present in tissues. Because collated information on oxylipins formed from different PUFAs is currently unavailable, this review provides a detailed compilation of the main oxylipins formed from PUFAs and describes their functions. Much remains to be elucidated in this emerging field, including the discovery of more oxylipins, and the understanding of the differing biological potencies, kinetics, and isomer-specific activities of these novel PUFA metabolites. Adv Nutr 2015;6:513-40.

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Introduction

Oxylipins are PUFA oxidation products formed via one or more mono- or dioxygen-dependent reactions. They are major mediators of PUFA effects in the body, with the most well-known oxylipins being the eicosanoids formed from arachidonic acid $(AA)^4$ (20:4n–6). Oxylipins also can

be formed from other PUFAs, with the more common ones being octadecanoids derived from linoleic acid (LA) (18:2n–6) and α -linolenic acid (ALA) (18:3n–3), eicosanoids derived from dihomo-g-linolenic acid (DGLA) (20:3n–6) and EPA (20:5n–3), and docosanoids derived from adrenic acid (AdA) (22:4n–6) and DHA (22:6n–3). The PUFA precursors to oxylipins can be obtained directly from the diet or from the elongation and desaturation of LA and ALA into longer-chain PUFAs. Hence, a high n–6 PUFA intake is generally associated with a high concentration of n–6 PUFA-derived oxylipins and a high n–3 PUFA intake is generally associated with a high concentration of n–3 PUFA-derived oxylipins.

However, the types of oxylipins produced from tissue PUFAs not only depend on the amount of dietary PUFAs consumed, but also on the amounts of competing PUFAs for incorporation into phospholipids and for elongation and desaturation to longer-chain PUFAs. Further, the oxygenases present for metabolizing these PUFAs into oxylipins in each tissue, as well as enzyme preferences for specific

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 4 Abbreviations used: AA, arachidonic acid; AdA, adrenic acid; ALA, α -linolenic acid; COX, cyclooxygenase; cPLA₂, cytosolic phospholipase A₂; CYP, cytochrome P450; DGLA, dihomo-g-linolenic acid; DiHDoHE, dihydroxy-docosahexaenoic acid; DiHETE, dihydroxy-eicosatetraenoic acid; DiHETrE, dihydroxy-eicosatrienoic acid; EpDPE, epoxy-docosapentaenoic acid; EpETE, epoxy-eicosatetraenoic acid; EpETrE, epoxy-eicosatrienoic acid; EpOME, epoxy-octadecenoic acid; FLAP, 5-lipoxygenase activating protein; GLA, γ -linolenic acid; HDoHE, hydroxy-docosahexaenoic acid; HEPE, hydroxy-eicosapentaenoic acid; HETE, hydroxy-eicosatetraenoic acid; HETrE, hydroxy-eicosatrienoic acid; HODE, hydroxy-octadecadienoic acid; HOTrE, hydroxy-octadecatrienoic acid; HpDoHE, hydroperoxy-docosahexaenoic acid; HpETE, hydroperoxy-eicosatetraenoic acid; LA, linoleic acid; LOX, lipoxygenase; oxo-ETE, oxo-eicosatetraenoic acid; PMN, polymorphonuclear leukocyte; sEH, soluble epoxide hydrolase.

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PUFAs, influence oxylipin production. Hence, the tissue oxylipin profile does not necessarily mimic dietary PUFA intake or tissue PUFA profile, necessitating the direct assessment of tissue oxylipins in order to understand the effects of PUFAs that are mediated via oxylipins. The recent advent of lipidomics methodologies has enabled the analyses of oxylipin profiles from all PUFA substrates simultaneously, raising awareness of the vast number of oxylipins in the body. Indeed, these analyses have shown that AA oxylipins comprise less than one-half of all oxylipins. Other studies have shown that oxylipins derived from PUFAs besides AA also have significant biological activity. This necessitates the investigation of the entire oxylipin profile in order to understand the overall effects of dietary PUFAs via their metabolism to oxylipins. Therefore, because there is currently no collated data on oxylipins in mammalian tissue, the purpose of this review is to provide a detailed compilation of the main oxylipins formed from the various PUFAs, and to provide a general overview of their functions.

Oxylipin Formation

Oxylipins are found throughout the body in all tissues, urine, and blood. Classically, they have been described as having a short half-life, acting locally, and not being stored, but being synthesized in situ when needed. However, not all oxylipins are short-lived, as evidenced by the steadystate concentrations of both free and esterified oxylipins in tissues such as the liver, adipose tissue, the kidney, and ileum (1–3). The free forms are presumably the biologically active oxylipins, but the functions of those that are found esterified to phospholipid are not known. It is possible that they may alter membrane properties or act as a storage reservoir.

Oxylipin formation begins with cell activation, which results in precursor PUFAs in the sn-2 position of membrane phospholipids being liberated by cytosolic phospholipase A_2 (cPLA₂) (4). Evidence for the importance of this enzyme is provided by findings from a patient lacking this enzyme, in whom liberation of free PUFAs and subsequent oxylipin formation is reduced compared with healthy controls (5, 6). However, although only AA oxylipins were examined in these studies, lack of $cPLA₂$ did not completely block oxylipin formation. A recent study showed that inhibition of adipose TG lipase in mast cells also reduced oxylipin formation (7). Because TGs typically contain only small amounts of AA, this raises the question of whether non-AA PUFAs might be released in greater amounts via alternate pathways, such as adipose TG lipase. Further studies examining whether PUFA liberation via this enzyme is a direct source of PUFAs for oxylipin biosynthesis, or whether TG lipase indirectly provides PUFAs for incorporation into phospholipid before liberation via $cPLA₂$ activity, remain to be carried out. Once formed, free oxylipins can mediate their biological effects via interactions with receptors or intracellular effectors, or can be re-esterified into lipids. In addition, small amounts of PUFAs esterified to phospholipid or cholesterol can be converted into oxylipins in situ (8, 9).

PUFA metabolism into oxylipins occurs by 3 main pathways, which are briefly described below. For more details on specific oxylipin generating enzymes, oxylipin receptors, and breakdown products of oxylipins, there are several excellent reviews (10–21).

Cyclooxygenase

The first oxylipin generation pathway involves cyclooxygenase (COX) enzymes, which convert PUFAs into prostanoids, i.e., PGs and thromboxanes (10–12). Prostanoids have one or more double bonds and a characteristic five-carbon ring structure at the 8- to 12-carbon positions of 20-carbon PUFA-derived oxylipins. COX converts DGLA, AA, EPA, and AdA into 1-, 2-, 3- and dihomo-2-series prostanoids, such as prostaglandin D_1 (PGD₁), PGD₂, PGD₃, and dihomo-PGD₂, respectively $(22, 23)$. After the prostanoids are produced and released, they mediate their effects via binding to G protein–coupled receptors on the surface of cells, or other intracellular effectors, such as PPAR γ (10, 12). The number of double bonds and the type of ring structure of a prostanoid determines its receptor specificity. There are 5 classes of prostanoid receptors, including receptors for PGD, PGE, PGI, PGF, and thromboxane A. Each of these receptors can have several isoforms, which may themselves have differing effects. They are characterized by their most potent biological ligand, but there is also some ligand crossreactivity with these receptors (12). In addition to the prostanoids, COX also can produce select hydroxy FAs [e.g., 11-hydroxy-eicosatetraenoic acid (11-HETE) from AA, 13-hydroxy-docosahexaenoic acid (13-HDoHE) from DHA, and 9-hydroxy-octadecadienoic acid (9-HODE) from LA] (24–27).

Lipoxygenase

The second pathway of oxylipin formation involves lipoxygenases (LOXs) that catalyze the formation of hydroxy FAs and their metabolites (including leukotrienes, lipoxins, resolvins, protectins, maresins, hepoxilins, and eoxins). There are multiple LOX enzymes that have traditionally been classified by the position of the hydroperoxy and hydroxy FAs they form from AA [e.g., 5-hydroperoxy-eicosatetraenoic acid (5-HpETE) and 5-HETE are formed from AA by 5- LOX activity]. This nomenclature has limitations because the position is different with PUFAs of differing chain length, some enzymes act at multiple positions, and there can be differences in the positional specificities of the same homolog in different species (11, 15). An alternative nomenclature is to use the gene names to describe the LOX enzymes (15).

Hydroxy FAs (e.g., 5-HETE) produced via LOX are further metabolized to their keto [(e.g., oxo-eicosatetraenoic acid (oxo-ETE)] or dihydroxy derivatives [e.g., 5,15-dihydroxy-eicosatetraenoic acid (5,15-DiHETE)]. 5-LOX activated by 5-lipoxygenase activating protein (FLAP) results in the production of leukotrienes, including leukotriene B_4 and those previously known as the slow reacting substance of anaphylaxis, the cysteinyl leukotrienes (19). Combinations of sequential LOX activities (and sometimes including epoxygenase and hydrolase activities) results in the formation of di- and tri-hydroxy FAs, which includes the lipoxins, resolvins, protectins, and maresins (14, 16). Hepoxilins also are formed from 12-HpETE (21) and eoxins from 15-HpETE (28). As with prostanoids, the LOXderived oxylipins also appear to mediate their effects by binding to G protein–coupled receptors and intracellular effectors, although receptors for all oxylipins have not been identified.

Cytochrome P450

The third pathway of PUFA metabolism to oxylipins involves a diverse array of membrane-bound cytochrome P450 (CYP) enzymes that are so named because of their unique absorbance at 450 nm when reduced and bound by carbon monoxide. Originally known for their roles in xenobiotic metabolism, there are over 50 CYP enzymes expressed in humans, divided into multiple families and subfamilies based on amino acid identity (11). CYP enzymes that form oxylipins can have epoxygenase or ω -hydroxylase activity. For example, they can convert AA, EPA, and DHA into epoxy-eicosatrienoic acid (EpETrE), epoxy-eicosatetraenoic acid (EpETE), and epoxydocosapentaenoic acid [(EpDPE), sometimes abbreviated EDP] respectively, via epoxygenase, and HETE, hydroxyeicosapentaenoic acid (HEPE), and HDoHE, respectively, via ω-hydroxylase activity. Epoxygenase products are rapidly metabolized via soluble epoxide hydrolase (sEH) to form dihydroxy FAs such as the AA, EPA, and DHA metabolites dihydroxy-eicosatrienoic acid (DiHETrE), DiHETE, and dihydroxy-docosapentaenoic acid, respectively. Similar to oxylipins formed via the other pathways, these oxylipins also mediate their effects via specific receptors or by crossreacting with other oxylipin receptors (11, 13, 17, 18). In addition, they may also enter cells and mediate effects intracellularly by modulating transcription factors and ion channels (13).

PUFA Substrates for Oxylipin Formation

Oxylipins are formed from a number of n–3 and n–6 PUFA precursors, such as the n–6 PUFAs AA, LA, γ -linolenic acid (GLA), DGLA, and AdA, and the n–3 PUFAs ALA, stearidonic acid, EPA, and DHA. Although studies indicate that $cPLA_2$ exhibits preference for AA and EPA (29, 30), the presence of oxylipins from other PUFAs demonstrates that they can be released in sufficient quantities for oxylipin production. Pathways are shown in the figures and are described by the PUFA precursors below.

N–6 PUFAs

Arachidonic acid. AA produces 2-series oxylipins (Figure 1) via the COX pathway, initially resulting in the formation of $PGG₂$ and subsequently to $PGH₂$, which is then rapidly converted to other PGs (e.g., $PGF_{2\alpha}$) and thromboxanes (e.g., thromboxane A_2) via specific PG and thromboxane synthases (20). As is the case with the other oxylipins, prostanoids

are then rapidly degraded to numerous inactive and active metabolites, some of which can be used as markers of the parent compound, whereas others can mediate the same or opposite effects ascribed to the parent compounds $(31-33)$.

AA also produces oxylipins via the LOX pathway, resulting in HpETEs, (e.g., 12-HpETE), which are further rapidly converted to hydroxy FAs via glutathione peroxidase (34). 5-, 12-, and 15-HETE are the most commonly described HETEs in mammals, although 8-, 9-, and 11-HETE also are produced, and sometimes in greater amounts (35, 36). The 11- or 15-HETE isomers also can be produced via COX activity, as indicated above (24, 25). HETE can be further converted to oxo-ETE via dehydrogenase activity (37, 38), or to DiHETE via further COX (e.g., 5,11-DiHETE), LOX (e.g., 5,15-DiHETE), or CYP ω -hydroxylase (e.g., 5,20-DiHETE) activity (39, 40). In addition, the HpETE formed via LOX can be metabolized via several other routes: 5-HpETE can be further converted to 4-series leukotrienes (e.g., leukotriene C_4) via 5-LOX after activation by FLAP; 12-HpETE can be isomerized to hepoxilins (e.g., hepoxilin B_3) and subsequently converted to trioxilins (e.g., trioxilin B_3) (21, 41); and 15-HpETE can be converted to eoxins (e.g., eoxin C_4) (28). Moreover, lipoxins (e.g., lipoxin A_4) can be formed from 5- or 15-HpETE via further LOX activity (42-44). Epi-lipoxin (e.g., 15-epi-lipoxin A_4) formation can also be initiated by aspirin-acetylated or nitrosylated COX2 and 5-LOX (45–47). AA also can be converted nonenzymatically to HETE (48) and isoprostanes (e.g., iso-PGF_{2 α}) (49). The latter are often used as a marker of oxidative stress in vivo; for further discussion of these nonenzymatic oxylipins, see the review by Musiek et al. (49).

AA metabolism via CYP ω -hydroxylase activity results in the formation of HETE with the hydroxy group being at the omega or methyl end of the FA (e.g., 20-HETE), whereas CYP epoxygenase activity yields epoxy FAs (e.g., 14,15-EpETrE), which can be converted to dihydroxy FAs (e.g., 14,15-DiHETE) via sEH activity, as reviewed in several articles (13, 17, 18). Formation of other HETEs (e.g., 13-HETE) may be mediated via CYP bisallylic hydroxylase activity (50–52), but the importance of this pathway is less known.

Linoleic acid. Although the size of the literature for LA oxylipins (Figure 2) is markedly smaller than that for most other oxylipins (especially AA oxylipins), LA oxylipins are usually present in tissues and blood in higher amounts than oxylipins derived from any other PUFA (53–55). LA produces oxylipins through the LOX pathway, resulting in hydroperoxy FAs, which are rapidly converted to hydroxy FAs (e.g., 13-HODE), which can be further metabolized to keto FAs (e.g., 13‑oxo-octadecadienoic acid) (56, 57). LA also can be metabolized via the epoxygenase activity of CYP, resulting in epoxygenated FAs [e.g., 9,10-epoxy-octadecenic acid (9,10-EpOME)], which are metabolized via sEH activity to form dihydroxy FAs (e.g., 9,10-dihydroxy-octadecenoic acid) (58). Further, LA can be FIGURE 1 Arachidonic acid–derived oxylipins. There is also evidence for thromboxane synthase– independent production of HHTrE (416). 11-HETE and 15-HETE are also produced via the COX pathway (24, 25). ASA, acetylsalicylic acid; COX, cyclooxygenase; CYP, cytochrome P450; DiHETE, dihydroxyeicosatetraenoic acid; DiHETrE, dihydroxyeicosatrienoic acid; EpETrE, epoxy-eicosatrienoic acid; Ex, eoxin; HETE, hydroxyeicosatetraenoic acid; HHTrE, hydroxyheptadecatrienoic acid; HpETE, hydroperoxyeicosatetraenoic acid; Hx, hepoxilin; LOX, lipoxygenase; Lt, Leukotriene; Lx, lipoxin; oxo-ETE, oxoeicosatetraenoic acid; PGEM, prostaglandin E metabolite; Trx, trioxilin; Tx, thromboxane.

converted to trihydroxy FAs (e.g., 9,10,13-trihydroxy-octadecenoic acid) potentially by sequential metabolism of LOX and epoxygenase activity and/or auto-oxidation (59). Several other LA oxylipins also can be produced nonenzymatically (e.g., 9-HODE) (60). There also are reports that the formation of a small amount of the LA oxylipins may be mediated via COX (e.g., 9-HODE) (27, 61) or CYP bisallylic hydroxylation (e.g., 17-HODE) (50–52) activity; the relative importance of these pathways remains to be elucidated.

 γ -Linolenic acid. GLA can be converted via LOX to 10- and 13-hydroxy-octadecatrienoic acid(γ) [13-HOTrE(γ)] (62) in human platelets and via CYP to γ -6,7-, γ -9,10-, and γ -12,13epoxy-octadecadienoic acid by human CYP enzymes in vitro (63). Other oxylipins derived from GLA (e.g., $6-\text{HOTrE}\gamma$) have been reported to be synthesized in vitro in a patent application (64). Note that oxylipins derived from GLA are distinguished from ALA oxylipins with the use of the γ notation.

Dihomo- γ -linolenic acid. DGLA (Figure 3) can be converted via COX to 1-series PGs (e.g., $PGI₁$) and thromboxanes (e.g., thromboxane A_1) (22, 65, 66) via LOX to yield hydroperoxy (e.g., 15-hydroperoxy-eicosatrienoic acid) and hydroxy FAs [e.g., 15-hydroxy-eicosatrienoic acid (15- HETrE)] (67–72), and via CYP epoxygenase and sEH to epoxy-eicosadienoic acid (e.g., 8,9-epoxy-eicosadienoic acid) and dihydroxy-eicosadienoic acid (e.g., 8,9- dihydroxyeicosadienoic acid) (68, 69, 73).

Adrenic acid. AdA (Figure 4) can be metabolized by COX into dihomo-prostaglandins such as dihomo- PGE_2 , dihomothromboxane B_2 , and dihomo-PGI₂ (74–79). Metabolism via the LOX pathway generates hydroxy-docosatetraenoic acids (also referred to as dihomo-HETE) such as 17-hydroxydocosatetraenoic acid (dihomo-17-HETE), which can be further converted to dihydroxy compounds (e.g., dihomo-10,17-DiHETE) (76–78), and via the CYP pathway to dihomo-EpETrE (epoxy-docosatrienoic acids) such as dihomo-16,17-EpETrE, which can be further converted to their respective dihydroxy compounds e.g., (dihomo-16,17-DiHETrE) (76).

n–3 PUFAs

 α -Linolenic acid. ALA produces oxylipins (Figure 5) via the LOX pathway, resulting in hydroxy FAs (e.g., 9-HOTrE), which can be further metabolized to keto FAs (e.g., 9-oxooctadecatrienoic acid) (80). As with LA, there are reports that indicate that HOTrE may be formed via COX activity, but the importance of this pathway in vivo remains to be determined (27). ALA also can be metabolized via CYP epoxygenase activity, resulting in epoxygenated FAs, (e.g., 12,13-epoxy-octadecadienoic acid) (63), which can be

FIGURE 2 Linoleic acid-derived oxylipins. 9-HODE and 13-HODE are also produced via the COX pathway (27, 61). COX, cyclooxygenase; CYP, cytochrome P450; DiHOME, dihydroxyoctadecenoic acid; EpOME, epoxyoctadecenoic acid; HODE, hydroxy-octadecadienoic acid; HpODE, hydroperoxy-octadecadienoic acid; LOX, lipoxygenase; oxo-ODE, oxo-octadecadienoic acid; TriHOME, trihydroxy-octadecenoic acid.

further converted to dihydroxy FAs (e.g., 12,13-dihydroxyoctadecadienoic acid) via sEH activity (54). Other ALA metabolites that have been reported include 18-HOTrE from ALA via CYP activity (18), 9,16-dihydroxy-octadecatrienoic acid via LOX activity (80), and 12-HOTrE via COX2 activity (27).

Stearidonic acid. Oxylipins derived from stearidonic acid (e.g., 13-hydroxy-octadecatetraenoic acid) have been reported to be produced in vitro in a patent application (64).

Eicosapentaenoic acid. Similarly to AA, EPA produces oxylipins (Figure 6) via the COX pathway, yielding 3-series PGs (e.g., PGE₃) and thromboxanes (e.g., thromboxane A3) (23). Compared with AA, EPA is generally a poorer substrate for COX, particularly for the COX1 isoform (81). EPA can produce hydroperoxy FAs (e.g., 5-hydroperoxyeicosapentaenoic acid), which can be further converted to hydroxy FAs (e.g., 5-HEPE) by LOX activity (23, 82, 83), and 5-series leukotrienes (e.g., leukotriene B_5) via combined 5-LOX and FLAP activity (83, 84). HEPE such as 5-HEPE also can be metabolized to dihydroxy-eicosapentaenoic acids such as 5,12-dihydroxy-eicosapentaenoic acid (85) or to keto FAs such as 5-oxo-eicosapentaenoic acid (86). Metabolites of other HEPE isomers are likely to be present, but few have been identified. Hydroxy FAs from EPA with hydroxy groups on the 18–20-carbon positions also are

formed via ω -hydroxylase activity of the CYP pathway (e.g., 18-HEPE) (87, 89). The 18-HEPE formed via this pathway (as well as by acetylated COX2) can be further converted to the E-series resolvins (e.g., resolvin E1) via 5-LOX activity (40, 43, 89). EPA can also produce epoxy FAs (e.g., 14,15-EpETE) via CYP epoxygenase activity (90), which can be further converted to dihydroxy FAs (e.g., 14,15-DiHETE) by sEH (91). As with AA and LA, bisallylic hydroxylation of EPA can also yield HEPEs, such as 10-HEPE (92).

Docosahexaenoic acid. DHA (Figure 7) can be metabolized via the LOX pathway to hydroxy FAs (e.g., 4-HDoHE) with a hydroperoxy intermediate [e.g., 4-hydroperoxydocosahexaenoic acid (4-HpDoHE) (93)]. 14-HpDoHE can be further metabolized to form maresins (e.g., maresin 1) (94), and 17-HpDoHE can be metabolized to 17-HDoHE, or to resolvins (e.g., resolvin D1) and protectins (e.g., protectin D1) via further LOX and epoxygenation steps. Protectin D1 is produced via LOX, epoxide formation from the hydroperoxide product, and epoxide hydrolase activity (95) while protectin DX is formed via double LOX activity (96). 17- HpDoHE derived from DHA also can be produced via aspirin-acetylated COX2, yielding the aspirin-triggered resolvins (e.g., aspirin-triggered resolvin D1) and aspirintriggered protectins (e.g., aspirin-triggered protectin D1) (26, 97, 98). DHA also has been shown to yield hydroxy

FIGURE 3 Dihomo-y-linolenic acid-derived oxylipins. COX, cyclooxygenase; CYP, cytochrome P450; DiHEDE, dihydroxyeicosadienoic acid; EpEDE, epoxyeicosadienoic acid; HETrE, hydroxy-eicosatrienoic acid; HpETrE, hydroperoxy-eicosatrienoic acid; LOX, lipoxygenase; Tx, thromboxane.

FAs nonenzymatically (e.g., 8-HDoHE) (99, 100), and 13- HDoHE can be formed via COX2 (26). Recent studies provide evidence that HDoHE also can be metabolized to dihydroxy-docosahexaenoic acid (DiHDoHE) (e.g., 14,20- DiHDoHE) (101) and keto FAs (e.g., 7-oxo-docosahexaenoic acid) (102), with more likely to be demonstrated in the future. Oxylipins can be produced from DHA via CYP epoxygenase activity, yielding epoxy FAs (e.g., 16,17- EpDPE) (90, 93), which can be converted to dihydroxy FAs (16,17-dihydroxy-docosapentaenoic acid) via sEH (91). CYP ω -hydroxylase activity produces HDoHE with hydroxy groups near the methyl end of DHA (e.g., 21-HDoHE) (93).

Oxylipin Functions

Oxylipins have a wide range of functions, many of which are still being elucidated. In addition, oxylipins derived from different pathways, as well as different substrate PUFAs,

can have similar or opposing effects, necessitating knowledge of the overall oxylipin profile in order to understand their overall biological effects. Their functions are many, including apoptosis, tissue repair, blood clotting, cell proliferation, blood vessel permeability, pain, inflammation, immune actions, and blood pressure regulation (11, 87). General functions of oxylipins are described below and examples of functions are provided in Tables 1–7.

n–6 PUFA oxylipin functions

COX oxylipins. The most well known oxylipins are eicosanoids derived from the n–6 PUFA AA (Table 1). COXderived prostanoids are involved in the regulation of blood pressure, reproduction, diuresis, blood platelet aggregation, modulation of the immune and nervous systems, gastric secretions, cancer, inflammation, and the stimulation of

smooth muscle contraction, among other effects, as reviewed in several articles (10, 12, 338–340). Within these COX metabolites there can be similar and differing effects on these functions. For example, $PGI₂$ is an antiaggregatory factor for platelets (341), whereas thromboxane A_2 serves as a proaggregatory factor (342). Another example is the vasodilatory effect of $PGI₂$ and $PGE₂$, and the vasoconstrictory effect of PGF_{2 α} in some vascular beds (135, 343). PGE₂ also can have effects on thrombosis that vary depending on the receptor it interacts with. For example, PGE_2 can bind either the EP3 receptor, which makes PGE_2 a prothrombotic mediator, or EP4, which makes PGE_2 an antithrombotic mediator (344). Similarly, $PGD₂$ and its metabolites can be both proinflammatory and be involved in the resolution of inflammation (32). Compared with COX products formed from AA, those derived from DGLA (Table 3) are usually, but not always, less active or produced less efficiently (345). For example, $PGE₁$ is less

acid; HpDoHE, hydroperoxy-docosahexaenoic acid; LOX, lipoxygenase; MaR, maresin; oxo-DoHE, oxo-docosahexaenoic acid; PD, protectin; Rv, resolvin.

TABLE 1 Examples of arachidonic acid-derived oxylipin functions¹

TABLE 1 (Continued)

(Continued)

Arachidonic acid–derived oxylipin functions

TABLE 1 (Continued)

¹ ADP, adenosine diphosphate; ATPase, adenosine triphosphatase; BK, big potassium; COX, cyclooxygenase; CYP, cytochrome P450; DiHETE, dihydroxy-eicosatetraenoic acid; DiHETrE, dihydroxy-eicosatrienoic acid; EpDPE, epoxy-docosapentaenoic acid; EpETE, epoxy-eicosatetraenoic acid; EpETrE, epoxy-eicosatrienoic acid; HEPE, hydroxy-eicosapentaenoic acid; HETE, hydroxy-eicosatetraenoic acid; HpEPE, hydroperoxy-eicosapentaenoic acid; HpETE, hydroperoxy-eicosatetraenoic acid; Hx, hepoxilin; LOX, lipoxygenase; Lt, leukotriene; Lx, lipoxin; oxo-ETE, oxo-eicosatetraenoic acid; PMN, polymorphonuclear leukocyte; Th, T-helper; Tx, thromboxane.

stimulatory of aortic smooth muscle cell proliferation than PGE_2 (346). The AdA metabolites (Table 4) dihomo- PGE_2 and dihomo- PGI_2 also are inactive or much less active compared with their AA analogs with respect to their platelet aggregating activity and contractile properties in both vascular and nonvascular smooth muscle (77, 347).

LOX oxylipins. LOX products such as 5-, 12-, and 15-HETE derived from AA and secreted by epithelial cells and leukocytes are involved in many chronic diseases such as inflammation, obesity, cardiovascular disease, kidney disease, and cancer (348–352) (Table 1). As is the case with COX metabolites, AA-derived LOX products can have effects that are both similar to and differing from each other, as well as from those derived via the COX and CYP pathways. For example, 12-HETE has been shown to have both proand antithrombotic effects (179, 353, 354), whereas thromboxane A_2 is prothrombotic (342) and PGI₂ is antithrombotic (341). LOX-derived HETEs and their oxo-ETE metabolites appear to be primarily proinflammatory; e.g., 5-HETE has chemotactic roles in polymorphonuclear leukocytes (PMNs) and rabbit alveolar macrophages (162, 355, 356) and stimulates specific granule release from human neutrophils (161). Both 5-oxo-ETE and 12-oxo-ETE also can stimulate eosinophils and neutrophils, but appear to have less activity than their corresponding HETEs (154, 357). 5-HETE can also be further converted to 4-series leukotrienes (e.g., leukotriene C_4) that play an important role in inflammation, asthma, and allergies (358). Eoxins formed from 15-HpETE also have proinflammatory effects (28), and hepoxilins and their metabolites (trioxilins) are another group of oxylipins derived from 12-HpETE that are involved in neutrophil migration and intracellular calcium release (195, 196).

It is important to note, however, that some AA-derived oxylipins also display anti-inflammatory and anticancer activity. For example, 15-HETE can inhibit degranulation of

TABLE 2 Examples of linoleic acid–derived oxylipin functions¹

¹ CYP, cytochrome P450; DiHOME, dihydroxy-octadecenoic acid; EpOME, epoxy-octadecenoic acid; HODE, hydroxy-octadecadienoic acid; HpODE, hydroperoxy-octadecadienoic acid; LOX, lipoxygenase; Lt, leukotriene; oxo-ETE, oxo-eicosatetraenoic acid; oxo-ODE, oxo-octadecadienoic acid.

PMNs, superoxide production, and endothelial PMN interaction (187, 188). In addition, 15-HETE can be metabolized to lipoxins, which can be synthesized by epithelial cells and leukocytes and modulate response to injury by mediating apoptosis and resolution of inflammation, in addition to decreasing pain, angiogenesis, and cell proliferation (14, 42, 359). Aspirin-triggered lipoxins (e.g., 15-epi-lipoxin A_4) are formed via aspirin-acetylated COX2 and 5-LOX and have similar properties to the lipoxins (360, 361).

In addition to AA metabolites, LOX also metabolizes other n–6 PUFAs, including LA, GLA, DGLA and AdA (Tables 2–4). As with AA oxylipins, 9-HODE and 13-HODE derived from LA mostly have been related to pathologic conditions such as atherosclerosis, nonalcoholic steatohepatitis, and Alzheimer disease (362–364), but there are also instances in which HODEs and their oxo-octadecadienoic acid metabolites are anti-inflammatory and antiproliferative (176, 271, 365). Although no functions for GLA oxylipins have been reported, DGLA oxylipins also tend to antagonize the analogous LOX-derived AA oxylipins. For example, $PGE₁$ and 15-HETrE from DGLA have antiproliferative effects, inhibit cancer cell growth, and inhibit bleomycininduced lung fibrosis (366–368), whereas 15-HETrE has anti-inflammatory effects on skin (271). Three-series leukotrienes derived from DGLA may also reduce inflammation and broncho-constriction because of their relatively lower production compared with 4-series leukotrienes from AA and possibly lower bioactivity (369, 370).

CYP oxylipins. Oxylipins derived via the CYP pathway from AA include EpETrE and HETE, which have vascular, cardiac and renal functions (13, 371, 372). The effects of these oxylipins also are unique and can be opposing. For example, AA-derived EpETrEs formed via CYP epoxygenase have hypotensive effects, which is opposite to the hypertensive effects of 20-HETE formed via ω -hydroxylase activity (237, 373). In addition, 16-, 18-, and 19-HETE, as well as 20-HETE metabolites (20-COOH-AA and 20-OH-PGE₂), also can promote vasodilation (234, 237, 374, 375). In some cases, the DiHETrE metabolites of EpETrE formed

¹ AA, arachidonic acid; COX, cyclooxygenase; HETrE, hydroxy-eicosatrienoic acid; LOX, lipoxygenase; Lt, leukotriene.

via sEH activity have less activity (232), but in other cases the DiHETrE have similar or even greater potency (220, 222). Interestingly, sEH inhibitors are currently being used to treat hypertension pharmacologically by prolonging the effects of the epoxy FAs on vasodilation (376), but polymorphisms in the CYP enzymes that produce EpETrE do not consistently correlate with effects on hypertension, as reviewed in Bellien and Joannides (377). In addition, EpETrEs also play roles in many other biological functions, such as insulin sensitivity (378), hyperalgesia (91), and tumor angiogenesis and metastasis (225, 231).

CYP oxylipins formed from LA appear to have effects similar to those derived from AA. For example, 9,10- and 12,13-EpOME derived from LA are produced by neutrophils and macrophages, mediating inflammatory effects (379, 380) (Table 2). These oxylipins were originally referred to as leukotoxin and isoleukotoxin, respectively, but later studies indicate that their toxic effects may be due to conversion by sEH to their diol metabolites (381). Elevated EpOME also has been related to extensive burns, respiratory syndrome, and systemic organ failure in burned skin of humans and lung (382).

n–3 PUFA oxylipin functions

In general, but not always, oxylipins formed from n–3 PUFAs have lesser biological potency when compared with those derived from n–6 PUFAs, and often compete for the same receptor, further dampening the biological effect (383). In addition, because they also compete with n–6 PUFAs for the same oxylipin biosynthetic enzymes, they may reduce biological activity by reducing the amount of total and n–6 PUFA–derived oxylipins produced and increasing concentrations of less active n–3 PUFA–derived oxylipins (286, 384).

COX oxylipins. With respect to COX oxylipins, those derived from EPA are similar to DGLA oxylipins, generally

¹ COX, cyclooxygenase; CYP, cytochrome P450; EpEPE, epoxy-eicosapentaenoic acid; EpETE, epoxy-eicosatrienoic acid; EpETrE, epoxy-eicosatrienoic acid; Tx, thromboxane.

TABLE 5 Examples of α -linolenic acid–derived oxylipin functions¹

α -Linolenic acid-derived oxylipin functions	
COX oxylipins	
9-HOTrF	Associated with glomerular hypertrophy in obese rats (55)
9,16-diHOTrE	Inhibits PG synthesis from COX1 and collagen-induced human platelet aggregation (80)
13-HOTrE	Suppresses IL-1B-induced expression of matrix metalloproteinases in human chondrocytes in vitro (273) Associated with glomerular hypertrophy in obese rats (55)
13-HpOTrE	Causes moderate and reversible depression in action potential markers in rat cardiomyocytes (274)
$13 - 0x - 0$ TrF	Induces glucose uptake and promotes adipocyte differentiation in murine model (275)
CYP oxylipins	
9.10-DIHODE	Lower in blood of hyperlipidemic vs. normolipidemic persons (54)
12,13-DiHODE	Lower in blood of hyperlipidemic vs. normolipidemic persons (54)
\sim \sim \sim \sim \sim	

¹ COX, cyclooxygenase; CYP, cytochrome P450; diHODE, dihydroxy-octadecadienoic acid; diHOTrE, dihydroxy-octadecatrienoic acid; HOTrE, hydroxy-octadecatrienoic acid; HpOTrE, hydroperoxy-octadecatrienoic acid; oxo-OTrE, oxo-octadecatrienoic acid.

being less potent or produced less efficiently (286) than the analogous oxylipins derived from AA (Table 6). Hence, compared with PGE_2 , PGE_3 binds to the EP4 receptor with less affinity and activity in colorectal cancer cells (383) and demonstrates less mitogenetic and inflammatory activity in fibroblasts and monocytes (280, 383, 385). Compared with thromboxane A_2 , thromboxin A_3 is produced less efficiently and was reported to have less vasoconstrictory and aggregatory activity (286), but a later study has attributed this reduced biological effect to the presence of $PGD₃$ in the incubations and found that thromboxane A_2 and thromboxane A_3 have similar aggregatory activities (81). PGI_3 and PGI_2 also have similar vasodilatory and antiaggregatory effects on platelets (286) and thromboxane A_2 and thromboxane A_3 have a similar ability to elevate plasma catecholamines in rats or to activate the thromboxane receptor (81, 283, 286, 384).

LOX oxylipins. LOX also metabolizes the n-3 PUFAs, ALA to HOTrE, EPA to HEPE and DHA to HDoHE, oxylipins that also tend to have less inflammatory activity or to be anti-inflammatory (Tables 5–7). There is very little information on ALA-derived oxylipins, but recent findings indicate that 9,16-dihydroxy-octadecatrienoic acid has antiinflammatory and antiaggregatory effects by reducing PG production (80), and that 9- and 13-HOTrE are associated with reduced glomerular hypertrophy in obese rats (55). An earlier paper indicates that 13-HOTrE may have antiinflammatory effects in chondrocytes (273), and a recent paper showed that 13-oxo-octadecatrienoic acid can stimulate glucose uptake and differentiation in adipocytes (275). EPA oxylipins have been investigated much more and are primarily anti-inflammatory; for example, 5-hydroperoxyeicosapentaenoic acid can be metabolized to leukotriene B5, which has less activity and also competes with leukotriene B_4 and therefore reduces inflammation and bronchoconstriction (386–388). 5-oxo-eicosapentaenoic acid derived from 5-HEPE is 10% as potent in stimulating neutrophils than the AA oxylipin (5-oxo-ETE) derived from 5-HETE (86). 15-HEPE derived from EPA also exhibits anticancer effects. For example, in human prostatic adenocarcinoma cells, 15-HEPE can inhibit cancer cell growth and inhibit production of AA oxylipins (272).

duction of HDoHE, which also generally exhibits beneficial effects. For example, 4-HDoHE has been reported to inhibit proliferative retinopathy and retinal endothelial cell proliferation (315) and 14-HDoHE can antagonize platelet activation and smooth muscle constriction (180, 389). The functions of 14-HDoHE may be mediated via maresins, given that they have been shown to be involved in resolution of inflammation, tissue regeneration, and analgesia (94, 390), or via other DiHDoHEs, which have similar protective effects, such as the wound healing properties of 14,21-DiHDoHE in mice (313) and the inhibition of PMN infiltration in a mouse peritonitis model by 14,20-DiHDoHE (101). Similarly, 17-HDoHE inhibits 5-LOX in rat leukemia cells (82), reduces inflammation and oxidative damage in murine hepatocyte injury (316), and has antihyperalgesic properties in a rat model of arthritis (318). Some of these actions may be via the D-series resolvins and protectins derived from 17-HpDoHE. Resolvins have been shown to have protective actions in inflammatory diseases (97, 391, 392), whereas the effects of protectins vary by isomer—protectin DX has antiaggregatory effects (326, 393) and can restore insulin sensitivity in obese mice (329), but protectin D1 does not exhibit these activities (329, 394). Both can inhibit influenza virus replication (395, 396), reduce inflammation, and accelerate the resolution of inflammation (392), with the latter study indicating that protectin D1 has greater potency in this regard. Helpful reviews delineating differences in structure and functions of the protectins can be found in 2 articles (18, 97).

DHA also is metabolized via LOX, resulting in the pro-

CYP oxylipins. n–3 PUFA oxylipins derived via the CYP pathway also have some similar and some differing effects compared with their n–6 PUFA–derived counterparts (Tables 5–7). EpETEs derived from EPA have vasodilatory and anti-inflammatory effects (339, 399, 400), which is similar to EpETrE derived from AA, with the vasodilatory effects of EpETE possibly exceeding those of EpETrE in some vascular beds (337, 398). In addition, several CYP isoforms preferentially metabolize n–3 over n–6 PUFAs, as reviewed in 2 articles (87, 399). EpETE can also inhibit $Ca²⁺$ and isoproterenol-induced contractility of neonatal cardiomyocytes, suggesting that they have antiarrhythmic

TABLE 6 Examples of EPA-derived oxylipin functions¹

(Continued)

¹ AA, arachidonic acid; COX, cyclooxygenase; CYP, cytochrome P450; diHETE, dihydroxy-eicosatetraenoic acid; EpETE, epoxy-eicosatetraenoic acid; EpETrE, epoxy-eicosatrienoic acid; HEPE, hydroxy-eicosapentaenoic acid; HETE, hydroxy-eicosatetraenoic acid; HpEPE, hydroperoxy-eicosapentaenoic acid; HpETE, hydroperoxy-eicosatetraenoic acid; LOX, lipoxygenase; Lt, leukotriene; Lx, lipoxin; oxo-EPE, oxo-eicosapentaenoic acid; oxo-ETE, oxo-eicosatetraenoic acid; PMN, polymorphonuclear leukocyte; Rv, resolvin; Tx, thromboxane.

effects (400). EpDPE derived from DHA has anti-inflammatory, vasodilatory, and anticancer effects, similar to EpETE (231, 299, 337). EpDPE also can inhibit angiogenesis and metastasis (231), unlike the AA derived EpETrE, which promote these functions (225). 18-HEPE derived from EPA via ω -hydroxylase also appears to have an anticancer role by downregulating proinflammatory and pro-proliferative factors (304), possibly via conversion to E-series resolvins. These resolvins have effects similar to the D-series resolvins, markedly reducing PMN infiltration, decreasing proinflammatory cytokines, and enhancing the resolution of inflammation (359, 401, 402).

In summary, oxylipins have important biological effects that mediate normal physiology and function. However, compared with oxylipins derived from n–3 PUFAs, those derived from n–6 PUFAs have more inflammatory, vasoconstrictory, and proliferative effects, with the exception of several examples, such as some prostanoids and/or their metabolites, lipoxins, some oxylipins from DGLA and LA, EpETrE, and some CYP-derived HETEs. But most oxylipins derived from n–3 PUFAs tend to have less activity or be antiinflammatory, proresolving, vasodilatory, and antiproliferative. In addition, some of the anti-inflammatory and vasodilatory CYP oxylipins derived from EPA and DHA have even greater potency than their AA counterparts.

Future Developments in Nutrition and Oxylipin Research

Given the vastly differing and often opposing functions, it is critical that comprehensive analyses of the oxylipin profile be performed in order to gain an overall understanding of the biological effects. To date, few studies have examined the whole range of PUFA-derived oxylipins, but the recent development of MS-based methods is enabling this possibility (403). The number of oxylipins being measured by these methods continues to grow (e.g., novel protectin- and maresinlike products from both the n–3 and n–6 docosapentaenoic acid isomers) (18, 97). Recently, several reports have described the oxylipin profile in human blood (53, 404) and a small number of studies have examined the serum oxylipin profile

in response to fish oil supplementation in healthy individuals (405–408), as well as in those who have asthma (409). These analyses and other studies that have increased dietary LA or ALA have revealed that the type of dietary fat significantly alters oxylipin profiles (55, 410–412). Furthermore, these studies have demonstrated that the oxylipins derived from LA and ALA make up more than one-half of the total oxylipin content measured. Despite this, much less is known about these oxylipins, and future studies characterizing concentrations, as well as determining their biological activities, will greatly increase our understanding of the effects of nutritional interventions in health and disease.

In this regard, there are some studies that have examined oxylipin activities side-by-side, such as for those derived from EPA or DHA compared with those derived from AA (see Tables 6 and 7), which generally, but not always, exhibit less activity in the former than the latter. However, comparisons of the biopotencies of most of the LA and ALA oxylipins are unknown, either to each other, or to their elongation counterparts. These comparisons and other studies that examine the relative biological activities of oxylipins are needed in order to further our understanding of the physiologic effects of the entire oxylipin profile. In addition, although some studies have compared the effects of oxylipin stereoisomers, much more knowledge in this area also is required. Differentiation between enzyme-mediated and autooxidation products and their potential effects in biology will also be facilitated by these studies.

It is important to note that tissue PUFA composition cannot be used to reliably predict the oxylipin content of tissues, despite the fact that this has routinely been done in the past literature. This was illustrated in a recent targeted lipidomic analysis of renal oxylipins in obese rats, which demonstrated that although the PUFA content generally reflected oxylipin content, there were notable discrepancies. For example, with 9-fold differences in the amounts of LA in the diets of these rats, the AA content of the renal phospholipid was the same, but the concentrations of several AA-derived oxylipins were different (55). This has important implications for the current debate surrounding the dietary recommendations for

TABLE 7 Examples of DHA-derived oxylipin functions¹

¹ AA, arachidonic acid; AT, aspirin-triggered; COX, cyclooxygenase; CYP, cytochrome P450; DiHDoHE, dihydroxy-docosahexaenoic acid; DiHDPE, dihydroxy-docosapentaenoic acid; EpDPE, epoxy-docosapentaenoic acid; EpEPE, epoxy-eicosapentaenoic acid; EpETE, epoxy-eicosatetraenoic acid; EpETrE, epoxy-eicosatrienoic acid; HDoHE, hydroxy-docosahexaenoic acid; HpDoHE, hydroperoxy-docosahexaenoic acid; LOX, lipoxygenase; MaR, maresin; PMN, polymorphonuclear leukocyte; Rv, resolvin.

LA (413). Furthermore, this study indicated that PUFA conversion to oxylipins varies by as much as 10-fold between PUFAs, with ALA being metabolized to oxylipins at a greater rate than LA, AA, or EPA. This may be due to differences in incorporation and release of phospholipid FAs, as well as differences in conversion to metabolites, which may be less, more, or equally active. ALA also increased the concentration of oxylipins derived from EPA and DHA, although no EPA or DHA was present in the diets, demonstrating that PUFAs also may mediate some of their effects via oxylipins derived from PUFAs formed via elongation and desaturation of the shorter PUFAs (55). Hence, there is also a need for kinetic analysis of oxylipin formation and turnover [also referred to as fluxolipidomics (414, 415)], which also will improve our understanding of the physiologic effects of oxylipins in vivo. Comprehensive analyses that include the LA and ALA oxylipins in differing tissues in response to dietary interventions promises to yield significant novel information on the large numbers of these bioactive compounds.

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