Dietary lipids, not ketone body metabolites, influence intestinal tumorigenesis in a

ketogenic diet

Jessica E.S. Shay[1,2,#], Fangtao Chi[1,#], Constantine N. Tzouanas[1,3-5], Johanna Ten Hoeve[6],

Kevin J. Williams[7], Tolga Sever[1], Isabela Fuentes[8,9], Ömer H. Yilmaz[1,2-4,9-11]

[1]David H. Koch Institute for Integrative Cancer Research, MIT, Cambridge, MA 02139, USA

[2]Gastrointestinal Unit, Department of Medicine, Massachusetts General Hospital, Harvard

Medical School, Boston, MA 02114, USA

[3]Broad Institute of MIT and Harvard, Cambridge, MA 02142, USA

[4]Ragon Institute of MGB and MIT, Cambridge, MA 02142, USA

[5]Institute for Medical Engineering and Science, MIT, Cambridge, MA 02139, USA

[6]UCLA Metabolomics Center, Department of Molecular and Medical Pharmacology, University

of California, Los Angeles, Los Angeles, CA 90095, USA

[7]UCLA Lipidomics Core, University of California, Los Angeles, Los Angeles, CA 90095, USA

[8]Cancer Biology Program, Stanford Medicine, Stanford University, Stanford, CA 94305, USA

[9]Department of Biology, Massachusetts Institute of Technology, Cambridge, MA 02139, USA

[10]Department of Pathology, Massachusetts General Hospital and Beth Israel Deaconness

Medical Center, Boston, MA 02139, USA

[11]Correspondence to ohyilmaz@mit.edu

[#]These authors contributed equally

Abstract

Diet composition shapes tissue function and disease risk by modulating nutrient availability, metabolic state, and cellular dynamics. In the gastrointestinal tract, obesogenic high-fat diets enhance intestinal stem cell activity and tumorigenesis. However, the impact of ketogenic diets (KD), which contain even higher lipid content but induce ketogenesis, remains poorly understood. This is particularly relevant for patients with familial adenomatous polyposis (FAP), who face a high risk of small intestinal tumours. Here, we combine dietary, genetic, and metabolic manipulations in mouse models of spontaneous intestinal adenoma formation to dissect the role of systemic and epithelial ketogenesis in intestinal cancer. We show that KD accelerates tumour burden and shortens survival, independent of ketone body production. Through genetic manipulation of the ketogenic pathway, we modulate local and systemic ketone body production; however, neither inhibition nor augmentation of the ketogenic enzyme HMGCS2 nor disruption of ketolysis altered tumour progression. In contrast, inhibition of fatty acid oxidation did limit adenomatous formation. These findings reveal that dietary lipid content, through FAO rather than ketone body metabolism, influences intestinal tumorigenesis and highlight the need for nuanced consideration of dietary strategies for cancer prevention in genetically susceptible populations.

Introduction

The influence of diet on tissue homeostasis and cancer risk is a growing concern [1]. The intestinal epithelium is among the most metabolically dynamic tissues in the body, renewing every 4-5 days under homeostatic conditions [2]. This regenerative process is orchestrated, in large part, through Lgr5+ intestinal stem cells (ISCs) residing at the base of the small intestinal and colonic crypts [3,4]. Nutrient availability and dietary composition are increasingly recognized as critical modulators of ISC behavior, with growing evidence indicating ISC metabolism influences both cell fate and tumorigenic potential [5,6]. Obesogenic high-fat diets (HFD), emblematic of Western dietary patterns, have been shown to exert pleiotropic and tumorigenic effects throughout the intestinal epithelium [7–10]. HFD promotes the expansion of Lgr5+ ISCs, enhances their clonogenic potential, and increases the likelihood of malignant transformation with additional effects through PPAR-mediated fatty acid oxidation (FAO) and immune evasion [11–16].

Dietary interventions like caloric restriction (CR) and short-term 24 hour fasting confer protective effects against age-associated ISC decline and boost stem cell-mediated repair[17–24]. With respect to tumorigenicity, we recently found that post-fast refed ISCs and early progenitors initiate greater numbers of tumours in the small intestine and colon upon loss of the *Apc* tumour suppressor gene compared to the ad libitum or fasted states [24]. Ketogenic diets (KDs), while distinct from CR and fasting due to high fat and minimal carbohydrate content, similarly prolong healthspan in mice and demonstrate anti-tumorigenic effects in models of colorectal tumorigenesis; yet, their effects on small intestinal tumorigenesis is less understood [25–27].

Nutrient availability, metabolic adaptation, and stem cell function are intimately intertwined, with dietary interventions exerting profound effects on tissue homeostasis, regeneration, and tumorigenesis. The effects of KD on tumorigenesis are somewhat mixed. In an acute myeloid leukemia model, KD accelerated disease progression and reduced survival [28]. Similarly, in BRAF V600E mutant melanoma, elevated acetoacetate ketone metabolite levels associated with KD enhanced tumour growth [29]. In a pancreatic cancer allograft model, caloric

restriction suppressed tumour growth, whereas KD had no effect [30]. However, KD has

demonstrated significant anti-tumorigenic effects in models of colorectal tumorigenesis. Recent

work suggests these protective effects are mediated specifically by ketone body metabolites,

particularly beta-hydroxybutyrate (BHB), which acts through the hydroxycarboxylic acid receptor

2 (HCAR2) to suppress colorectal cancer development. The therapeutic potential of these findings

is further highlighted by ongoing clinical investigation of beta-hydroxybutyrate as a

chemopreventive agent in Familial Adenomatous Polyposis (FAP) syndrome (NCT06578637), an

autosomal dominant hereditary condition characterized by the development of hundreds to

thousands of adenomatous polyps in the colon and rectum with near-certain progression to

colorectal cancer if left untreated, as well as an increased risk of small intestinal adenomas and

cancer [31].

3-hydroxy-3-methylglutaryl-CoA synthase 2 (HMGCS2), the rate-limiting mitochondrial

enzyme in ketogenesis, catalyzes the condensation of acetyl-CoA and subsequent downstream

production of the ketone bodies acetoacetate and beta-hydroxybutyrate (BHB) [32]. While the liver

is the principal site of systemic ketone body production, HMGCS2 is also highly expressed in

small intestinal ISCs. It is further induced by fasting and ketogenic diets, facilitating the local

production of ketone bodies that promote ISC maintenance, proliferation, and regenerative

responses through mechanisms such as histone deacetylase inhibition and Notch activation [17,18].

However, in the context of FAP, where germline APC mutations drive ISC-mediated adenoma

formation, the consequences of enhanced ISC function are not straightforward. This is particularly

concerning given that, despite prophylactic colectomy mitigating CRC risk in FAP, extracolonic

malignancies have become the leading source of morbidity, with small intestinal, especially

duodenal, adenomas and cancer developing in 90% and 10% of patients, respectively [33–37].

Understanding the differential impact of ketogenic diets on small intestinal versus colonic

tumorigenesis is therefore warranted, especially for FAP patients. While evidence suggests

ketone body metabolites like BHB may suppress colorectal cancer development, their role in the

small intestine - where FAP patients face the highest cancer risk after prophylactic colectomy -

remains undefined. This knowledge gap is particularly significant as dietary interventions,

including ketogenic approaches, are increasingly considered as adjunctive strategies in cancer

management [38]. Thus, a paradox exists between the lipid-driven enhancement of stemness and

the proposed ketone-mediated suppression of tumours [27]. To explore this dichotomy, we combine

dietary, genetic, and metabolic manipulations of ketone body metabolite production with inducible

Apc loss to determine how modulation of epithelial and systemic ketone body production and

utilization impacts tumorigenesis.

Results

<u>Ketogenic diet augments ISC function and increases tumorigenesis</u>

To study the effects of ketogenesis and ketone body metabolites on the small intestine,

we took advantage of a previously defined and characterized purified 80% lard-based ketogenic

diet (KD) (**Fig. 1a, Extended Data Fig. 1a, Table 1**). In keeping with prior findings, mice on a KD

exhibited modest weight changes (**Fig. 1b, Extended Data Fig. 1b, c**) and significantly higher

circulating ketones compared to mice on a purified control diet (CD) (**Fig. 1c**). Although no

significant changes in glucose were noted (**Fig. 1d**), KD mice had decreased circulating insulin

when compared to CD mice (**Fig. 1e**). Using the novel Lgr5-2A-EGFP-2A-CreERT2 reporter

mouse with GFP expression in all intestinal crypt stem cells, we observed an increase in Lgr5

GFP$^+$ crypt base cells and augmented proliferation as seen by BrdU$^+$ staining (**Fig. 1f, g**) [39]. Niche-

promoting Paneth cells were decreased (**Extended Data Fig. 1d, e**), indicating that KD ISCs

acquire niche independence as observed in an obesogenic HFD model [11]. Supporting this notion

further, *in vitro* organoid-forming ability was significantly increased in mice exposed to KD (**Fig.**

1h, i), and isolated GFP-expressing stem cells exhibited increased *in vitro* clonogenic growth

(**Extended Data Fig. 1f-h**). Lastly, a KD also significantly increased tissue beta-hydroxybutyrate

(BHB) levels and the expression of key ketogenic enzymes, such as HMGCS2 (**Fig. 1j, Extended**

Data Fig. 1i).

To directly assess the impact of dietary lipid content and ketogenesis on intestinal

tumorigenesis, we utilized Vil-CreERT2 mice that also carry a single Apc floxed allele, allowing

for the timed loss of a single copy of Apc upon exposure to tamoxifen. The spontaneous loss of

the second Apc allele via loss of heterozygosity leads to adenoma formation. After receiving the

tamoxifen injection, mice were then placed on either CD or KD for approximately 150 days (**Fig.**

1k). During this period, a notable increase in premature death was observed, which correlated

with the dietary lipid content. KD-exposed mice have shortened survival curves when compared

to CD mice (**Fig. 1l**). Tumour burden was increased in KD (**Fig. 1m, n, Extended Data Fig. 1l-**

o). Regardless of diet, a higher tumour burden exhibited a positive association with serum ketone

measurements and a negative association with serum glucose levels measured at the time of

tissue collection (**Extended Data Fig. 1j, k**). The pro-tumorigenic effect of KD was even more

pronounced at 90 days before the survival curves diverged, indicating that tumour burden likely

has a direct effect on mouse survival (**Extended Data Fig. 1l-n**). Hydroxycarboxylic acid receptor

2 (HCAR2) has been previously implicated as a BHB receptor that drives the anti-tumorigenic

effects of ketone body metabolites in the colon [27]. Interestingly, HCAR2 expression appeared

restricted and was absent from early adenomas where nuclear beta-catenin, a hallmark of APC

loss and adenoma development, does not co-localize with HCAR2 (**Fig. 1o, Extended Data Fig.**

2a-b). We sought to examine which cell types expressed Hcar2. In a single-cell RNA sequencing

(scRNA-seq) dataset of mouse small intestinal epithelial cells (Aliluev et al; four mice on a high-

fat high-sucrose diet, 4205 cells) Hcar2 was detected in 0.2-0.5% of goblet and enteroendocrine

cells, respectively, but not in stem cells (**Extended Data Fig. 2c-g**). Hcar2 was also not detected

in a separate mouse scRNA-seq intestinal epithelial cell dataset (Mana et al.; eight mice, 62,687

cells), and only a single Hcar2 transcript was detected across 15,053 cells in our scRNA-seq of

mice on ketogenic vs. control diets (this study). As such, in the small intestine, a ketogenic diet

likely exerts tumour-modulating effects in an HCAR2-independent manner in contrast to what has

been proposed in the colon.

<u>Ketone body metabolites are dispensable for the tumorigenic effects of KD</u>

To further characterize how KD exposure modulates intestinal epithelial biology, we

performed scRNAseq on intestinal epithelial cells isolated from control diet (CD) and KD-treated

mice. A total of 15,053 cells were captured and analyzed across conditions (**Fig. 2a, Extended**

Data Fig. 3a). Among the differentially expressed genes, 3-hydroxymethylglutaryl-CoA synthase

2 (*Hmgcs2*) – the rate-limiting enzyme in ketogenesis – was markedly upregulated in ISCs from

KD-fed mice (**Fig. 2b, c**). This finding is consistent with prior observations that *Hmgcs2* expression

is enriched within Lgr5+ ISCs, with expression declining as cells exit the stem cell compartment

and differentiate, and that loss of *Hmgcs2* impairs ISC differentiation and regenerative capacity,

effects that can be partially rescued by KD exposure or exogenous beta-hydroxybutyrate (BHB)

administration [18].

To directly investigate the contribution of epithelial-derived ketone bodies, we generated

an inducible intestinal-specific Hmgcs2 knockout model (iKO) by crossing Vil-CreERT2 mice with

Hmgcs2$^{fl/fl}$ mice, enabling deletion of Hmgcs2 in all intestinal epithelial cells following tamoxifen

administration (**Fig. 2d, e**). KD-induced upregulation of epithelial HMGCS2 was abolished in iKO

mice, confirming efficient deletion (**Fig. 2f**). Loss of epithelial HMGCS2 significantly reduced

intestinal BHB production without appreciably altering local lipid species, indicating that a

substantial fraction of ketone bodies within the intestinal epithelium are produced locally rather

than being derived from the circulation and that lipid flux was unlikely to be significantly impacted

(**Fig. 2g, Extended Data Fig. 2b**). To complement these findings and examine systemic

contributions, we utilized Alb-Cre mice, which constitutively express Cre recombinase under the

Albumin promoter, to delete Hmgcs2 specifically in hepatocytes, generating liver-specific

knockout (LiKO) mice (**Fig. 2h, i, Extended Data Fig. 3c–f**). LiKO mice exhibited dramatically

decreased circulating ketone levels under both fasting and ketogenic dietary conditions (**Fig. 2j**),

thereby enabling us to model reductions in systemic ketogenesis.

To specifically evaluate the role of local and systemic ketogenesis on tumour development

with KD feeding, we crossed both Hmgcs2 iKO and LiKO models into the established Apc$^{fl/wt}$

heterozygous background, which sensitizes mice to intestinal adenoma formation following single

allele loss of Apc (**Fig. 2k**). As expected, the liver exhibited no significant histopathologic changes

following loss of a single Apc allele, likely due to differences in proliferative kinetics between

hepatic and intestinal tissues. Based on prior work suggesting a tumor-suppressive effect of BHB,

we hypothesized that loss of ketogenesis would exacerbate KD-induced tumour burden.

Surprisingly, however, neither intestinal (iKO) nor systemic (LiKO) loss of ketone body production

mitigated the pro-tumorigenic effects of a ketogenic diet (**Fig. 2l-m**).

Given that ketone body metabolites can also serve as energetic substrates via ketolysis

(i.e. a process whereby ketone bodies are converted to acetyl-CoA), we next investigated whether

impairing ketone body utilization would affect tumour burden. BHB is oxidized to acetoacetate

(AcAc) by the mitochondrial enzyme 3-hydroxybutyrate dehydrogenase 1 (BDH1) and further

activated to acetoacetyl-CoA by the enzyme succinyl-CoA:3-ketoacid CoA transferase 1

(OXCT1), enabling entry into the tricarboxylic acid (TCA) cycle for energy production. Unlike

HMGCS2, which displays a restricted expression profile, both BDH1 and OXCT1 were found to

be broadly expressed throughout the intestinal epithelium (**Extended Data Fig. 4a-b**). Loss of

BDH1 and OXCT1 allows manipulation of the ketogenic/ketolytic pathways without altering KD-

induced HMGCS2 expression (**Extended Data Fig. 4c**). To disrupt ketolytic capacity, we crossed

Bdh1$^{fl/fl}$ and Oxct1$^{fl/fl}$ mice into the Apc$^{fl/wt}$ background (**Extended Data Fig. 4d**).

Consistent with observations from the HMGCS2 iKO models, loss of BDH1 or OXCT1 did

not significantly impact tumour burden (**Extended Data Fig. 4d-f**). These data further

demonstrate that neither canonical ketogenesis nor ketolytic pathways in epithelial cells or

systemically are required to promote intestinal tumorigenesis in the context of a ketogenic diet.

Together, these findings highlight that the pro-tumorigenic effects associated with KD feeding are

likely mediated through lipid-driven mechanisms independent of local or systemic ketone body

metabolism.

<u>Induction of ectopic ketogenesis is insufficient to modulate intestinal tumorigenesis</u>

A ketogenic diet is characterized by low carbohydrate content and is primarily defined by

its high fat composition. To isolate the effects of increased ketone body production from the

confounding influence of high dietary lipid intake, we generated a novel Rosa26-LSL-Hmgcs2-

2A-mCherry mouse model (hereafter referred to as HMGCS2 iOE), wherein Hmgcs2 expression

is placed under Cre recombinase control (**Fig. 3a, Extended Data Fig. 5a**). By crossing these

mice to the tamoxifen-inducible Vil-CreERT2 line, we achieved spatial and temporal control of

Hmgcs2 expression specifically within the intestinal epithelium, thereby allowing modulation of

ketone body production independent of dietary manipulation. Upon tamoxifen

induction, HMGCS2 iOE mice exhibited robust and widespread expression of both HMGCS2

protein and the linked mCherry reporter in intestinal epithelial cells (**Fig. 3b, Extended Data Fig.**

5b).

Importantly, ectopic overexpression of Hmgcs2 in the intestinal epithelium led to a

significant elevation of local BHB concentrations compared to control animals, despite

maintenance on a standard control diet (**Fig. 3c, Extended Data Fig. 5c**). These findings confirm

that tissue-specific overexpression of HMGCS2 is sufficient to drive augmented ketone body

production *in vivo* without the need for a lipid-enriched or carbohydrate-restricted diet. Thus,

the HMGCS2 iOE model enables dissection of the epithelial-intrinsic effects of increased ketone

metabolism in the absence of systemic metabolic alterations associated with ketogenic or high-

fat diets.

To determine whether enhanced epithelial ketone body production influences

tumorigenesis, we next assessed spontaneous adenoma formation in Vil-CreERT2; Apc$^{fl/wt}$ mice

with or without concurrent Hmgcs2 overexpression, all maintained on a purified control diet.

Surprisingly, enforced Hmgcs2 expression, which increased intestinal ketone levels (**Fig. 3c**) did

not significantly alter tumour numbers, tumour sizes, or survival compared to wild-type littermates

(**Fig. 3d-f**). These data indicate that while epithelial ketone body production can be augmented

independently of dietary fat intake, such augmentation alone is insufficient to modify basal

intestinal tumorigenesis or clonogenic potential under homeostatic conditions.

PPAR-mediated long-chain FAO contributes to KD-associated intestinal tumorigenesis

To define the impact of a KD on ISC molecular states and metabolism, we conducted

transcriptomic analyses of ISCs from mice maintained on either a KD or a control diet (CD). Using

CollecTRI, we aimed to identify transcription factors whose genome-wide targets changed in

expression with KD. KD exposure significantly increased activation of multiple peroxisome

proliferator-activated receptors (PPARs) and PPAR gamma coactivator 1-beta (Ppargc1b) (**Fig.

4a**). Additionally, we found that SMADs and SREBF2 were predicted to have increased activity.

In contrast, RFXAP/RFANK were predicted to have less activity, suggesting a potential tradeoff

with the upregulation of programs involved in lipid metabolism and stem cell maintenance at the

expense of MHC II expression. Gene set enrichment analysis (GSEA) revealed robust enrichment

of lipid catabolism and fatty acid oxidation (FAO) pathways, including a marked induction of genes

involved in mitochondrial long-chain fatty acid transport and β-oxidation with corresponding

downregulation in antigen presentation (**Fig. 4b, Extended Data 6a**). We complemented these

findings by specifically scoring for markers of PPARs from multiple sources (**Fig. 4c-e**). Among

FAO-associated transcripts, carnitine palmitoyltransferase 1A (*Cpt1a*), which catalyzes the rate-

limiting step in mitochondrial import of long-chain fatty acids for downstream oxidation, was

significantly elevated in KD ISCs compared to CD ISCs (**Fig. 4f**). Immunoblotting confirmed

increased CPT1a protein expression in crypt epithelial isolates following KD feeding (**Extended

Data Fig. 1i**).

To determine the functional relevance of FAO in KD-associated tumorigenesis, we

crossed Cpt1a$^{fl/fl}$ mice to Vil-CreERT2;Apc$^{fl/wt}$ mice to generate inducible intestinal-specific Cpt1a

knockout (Cpt1a iKO) animals (**Fig. 4g,h**). Following tamoxifen-induced recombination, cohorts

were maintained on KD or CD diets, and spontaneous tumour formation was assessed over time.

In the Apc-het background, Cpt1a deletion significantly reduced tumour burden in KD-fed mice

compared to WT controls. Quantitative analyses revealed a reduction in the total number of

tumours in the Cpt1a iKO cohort in the presence of KD but not CD (**Fig. 4i-j, Extended Data Fig.**

6b-e). Together, these findings indicate that ketogenic diet-induced PPAR activation enhances

ISC function through an FAO-dependent mechanism, with CPT1a acting as a critical metabolic

effector. Loss of CPT1a disrupts this pathway, attenuating the KD-associated increase in

tumorigenesis. Of note, similar findings are seen when Cpt1a$^{fl/fl}$; Apc$^{fl/wt}$; Lgr5-EGFP-IRES-

CreERT2 mice are exposed to a diet with high lipid content [13]. These data highlight mitochondrial

FAO rather than ketogenesis or ketone body metabolites as a key node linking dietary lipid

exposure, ISC metabolic adaptation, and intestinal cancer risk.

Discussion

Here, we demonstrate that a ketogenic diet (KD), despite its physiologic and hormonal

profile as distinct from an obesogenic high-fat diet (HFD), shares key tumorigenic features.

Through a series of genetic and dietary manipulations, we dissect the contributions of ketogenesis

and ketone body metabolism to intestinal tumorigenesis, revealing that dietary lipid and resulting

PPAR-mediated FAO, rather than ketone body production, is the principal influencer for KD

effects on intestinal tumorigenesis. These findings indicate that while ketone body production is

modifiable through diet and genetic perturbation, ketone body metabolites are neither necessary

nor sufficient to mediate KD-induced tumorigenesis.

In the mouse colon, HMGCS2 expression and ketogenesis are additionally influenced by

the resident microbiome (**Extended Data 7a**) [40]. When compared to a purified control diet

however, a ketogenic diet increases epithelial beta-hydroxybutyrate (**Extended Data 7b**). This

can also be modulated through overexpression of HMGCS2 as with the iOE mouse (**Extended**

Data 7c-d). The dietary influence of KD on colonic tumour burden in this model is the opposite of

the small intestine and yet remains independent of ketone bodies: a KD results in fewer colonic

tumours and genetic modulation of epithelial ketones has no discernible anti-tumorigenic effects

(**Extended Data 7e-f**). Again, the G-protein coupled receptor HCAR2 has been previously

postulated as a key intermediary however, expression appears largely restricted to normal

epithelium and is absent from both CD and KD colonic tumours (**Extended Data 7g**). Although

beyond the scope of this work, there are numerous changes that occur in the colonic milieu when

exposed to high lipid content and these could, in combination, explain some of the observed

effects. This work challenges the prevailing notion that ketone bodies are uniformly beneficial or

protective against cancer, revealing that in the intestinal epithelium, their effects are diet-

modulated yet context-dependent.

Importantly, our observations reconcile previous paradoxes in the field. Dietary

interventions, such as fasting, caloric restriction, and exogenous ketone supplementation have

been associated with enhanced ISC regenerative capacity and reduced tumorigenesis. However,

they differ fundamentally from KD in that they lack sustained lipid overload. In a similar manner,

the post-fast refeeding exists as a distinct state that can also lead to increased tumour incidence

[24] . Thus, the diet composition and systemic metabolic effects must be considered when

comparing opposing influences on tumorigenesis such as chronic lipid-induced FAO engagement

seen with KD. In conclusion, our findings reveal that a high-fat ketogenic diet influences intestinal

tumorigenesis through lipid-driven metabolic reprogramming rather than ketone body signaling,

stimulating FAO activation at the earliest stages of tumour initiation. These insights have

important implications for dietary interventions in cancer prevention and treatment, particularly in

individuals with hereditary cancer predisposition syndromes such as FAP who are prone to small

intestinal tumorigenesis, and highlight the complex interplay between metabolism and
oncogenesis in the intestinal epithelium.

Author Contributions

J.E.S.S. and F.C. initiated the project, conceived, designed, performed, and interpreted all
experiments and wrote the manuscript with help from O.H.Y.. C.T., J.T.H.S., K.J.W., T.S., and
I.F. performed experiments, assisted with data collection and interpretation. J.T.H.S. assisted with
intestinal tissue metabolomic analysis. K.J.W. assisted with intestinal tissue lipidomic analysis. All
authors assisted in interpreting experiments, writing, and editing the manuscript.

Ethics Declaration

Competing interests: The authors declare no competing interests.

Acknowledgements

We thank the Swanson Biotechnology Center at the Koch Institute, including the Flow Cytometry,
Histology, and ES Cell and Transgenics core facilities; the Department of Comparative Medicine
for mouse husbandry support; S. Holder and members of the Hope Babette Tang (1983) Histology
Facility for substantial histological support; all the members of the Yilmaz laboratory for
discussions; K. Kelley for laboratory management; and L. Galoyan for administrative assistance.
Ö.H.Y. is supported by the National Institutes of Health (5R01CA245314, R01CA211184,
R01CA034992, R01CA257523, R01DK126545, U01CA250554 and U54CA224068); a Pew-
Stewart Trust scholar award; the Kathy and Curt Marble cancer research award; a Koch Institute–
Dana-Farber/Harvard Cancer Center Bridge project grant; and AFAR. Ö.H.Y. receives support
from the MIT Stem Cell Initiative. J.E.S. is supported by an American Gastroenterological
Association Research Scholar Award (AGA2025-13-05). F.C. is supported by a Damon Runyon
Postdoctoral Fellowship Award (DRG-2463-22).

Methods

Mouse Strains

Mice were under the husbandry care of the Department of Comparative Medicine at the Koch Institute for Integrative Cancer Research at Massachusetts Institute of Technology. All procedures were conducted according to AALAC guidelines and approved by the MIT Committee on Animal Care. Lgr5-2A-EGFP-2A-CreERT2 were created and previously described [39]. Lgr5-eGFP-IRES-CreERT2 (strain name: B6.129P2-Lgr5$^{tm1(cre/ERT2)Cle}$/J; stock number 008875) mice were purchased from Jackson Laboratory. Apc-het mice were created by crossing the previously described Apc^{loxp} exon 14 (Apc$^{fl/fl}$) mice to mice carrying a wild type Apc allele [41]. Villin-CreERT2 (Vil-CreERT2) mice were a gift from S. Robine and previously described [42]. Hmgcs2$^{fl/fl}$ were originally generated and described previously [18]. Albumin-Cre mice (strain name B6.Cg-*Speer6-ps1*$^{Tg(Alb-cre)21Mgn}$/J; stock number #003574) were purchased from Jackson Laboratory. Bdh1$^{loxp/loxp}$ mice were a gift from Daniel Kelly and described previously [43]. Oxct1$^{fl/fl}$ mice were a gift from Peter Crawford and previously described [44]. Rosa26-LSL-Hmgcs2-mCherry mice were created by co-injecting Cas9 mRNA and a donor vector containing "CAG promoter-loxP-3*polyA-loxP-Kozak-mHmgcs2 CDS-2A-mCherry-polyA" cassette into fertilized eggs to generate targeted conditional knockin offspring. Cpt1a$^{fl/fl}$ mice were a gift from Peter Carmeliet and described previously [45]. The following strains were bred in-house: 1) Lgr5-2A-EGFP-2A-CreERT2 , 2) Lgr5-eGFP-IRES-CreERT2, 3) Apc$^{fl/wt}$; Villin-CreERT2, 4) Hmgcs2$^{fl/fl}$; Villin-CreERT2, 5) Hmgcs2$^{fl/fl}$; Albumin-Cre, 6) Hmgcs2$^{fl/fl}$; Apc$^{fl/wt}$; Villin-CreERT2, 7) Hmgcs2$^{fl/fl}$; Apc$^{fl/wt}$; Villin-CreERT2; Albumin-Cre, 8) Bdh1$^{fl/fl}$; Apc$^{fl/wt}$; Villin-CreERT2, 9) Oxct1$^{fl/fl}$; Apc$^{fl/wt}$; Villin-CreERT2, 10) Rosa26-LSL-Hmgcs2-mCherry; Villin-CreERT2, 11) Rosa26-LSL-Hmgcs2-mCherry; Apc$^{fl/wt}$; Villin-CreERT2, 12) CPT1a$^{fl/fl}$; Apc$^{fl/wt}$; Villin-CreERT2. All mice were age and sex-matched with both male and female mice used. Food was provided *ad libitum*. Control diet with 10% fat (Research Diet D12450J) and ketogenic diet with 80% fat (Research Diet D06040601) were used throughout experimental

conditions with the exception of metabolomic profiling of conventional (CONV) and Hmgcs2 iOE

mice where standard chow (LabDiet, 5P76) was used.

In vivo treatments

Tamoxifen-induced Cre activation was obtained through intraperitoneal tamoxifen

injection suspended in 1 part 100% ethanol to 9 parts sunflower seed oil (Spectrum S1929) at a

concentration of 10mg/mL and dosed at 100mg/kg. For tumour studies, mice harboring

conditional alleles plus $Apc^{fl/wt}$ were administered tamoxifen two times within one week. For

additional non-tumor studies, mice were administered tamoxifen three times within one week.

BrdU (sigma Aldrich, 19-160) was prepared at 10mg/mL in PBS and injected at 100mg/kg 4 hours

prior to tissue collection.

Tumor analysis

Intestine was dissected out and flushed with 4°C PBS before being placed in histology

cassettes and fixed overnight in 10% formalin. Tissue was then transferred to 70% ethanol before

additional dehydration steps and embedding. 4-5μm sections were stained with hematoxylin and

eosin and scanned in at 20x magnification using Leica Aperio Slide Scanner. SVS files were then

analyzed using QuPath in a blinded manner.

Serum measurements

Circulating glucose and ketones were measured by collecting tail vein blood and using

FreeStyle Precision Neo System Kit with Blood Glucose and Ketone Test Strips (Abbott). Plasma

was collected via cardiac puncture into capillary blood collection vial (Microvette 20.1292.100)

before separation via centrifugation. Circulating insulin was then quantified via wide-range ultra

sensitive ELISA (Crystal Chem #90080).

For metabolomics, intestine tissue was quickly dissected out, washed twice with 150mM Ammonium acetate, and snap-frozen into liquid nitrogen. The snap-frozen tissue was then homogenized into powder using mortar-pestle in liquid nitrogen. About 50mg of the tissue powder was used for metabolites extraction in 80% MeOH with OMNI bead homogenizer. The tissue/80%MeOH mixture was incubated for 24 hours at −80°C and then centrifuged (16,000 g) for 20 minutes at 4°C. The MeOH supernatants were transferred into new tubes and placed on ice. The sample pellets were resuspended in 500µl 0.2M NaOH, heated at 95°C for 10 minutes, and the protein concentration was measured by BCA assay using 1:10 dilution. Finally, the 500 µg protein equivalent of MeOH supernatants were dried using multivap nitrogen evaporator. Dried metabolites were resuspended in 50% ACN:water at 50 mg tissue extract/ml. 5µl was loaded onto a Luna NH2 3um 100A (150 × 2.0 mm) column (Phenomenex) using a Vanquish Flex UPLC (Thermo Scientific). The chromatographic separation was performed with mobile phases A (5 mM NH_4AcO pH 9.9) and B (ACN) at a flow rate of 200 µl/min. A linear gradient from 15% A to 95% A over 18 min was followed by 7 min isocratic flow at 95% A and reequilibration to 15% A. Metabolites were detected with a Thermo Scientific Q Exactive mass spectrometer run with polarity switching in full scan mode using a range of 70-975 m/z and 70.000 resolution. Maven (v 8.1.27.11) was used to quantify the targeted polar metabolites by AreaTop, using expected retention time and accurate mass measurements (< 5 ppm) for identification. Data analysis, including principal component analysis and heat map generation was performed using in-house R scripts.

For lipidomics, isolated intestine tissue was snap frozen in liquid nitrogen. 50mg of homogenized tissue was then sent to UCLA Lipidomics in 2mL homogenizer tubes pre-loaded with (6) 2.8mm ceramic beads (Omni #19-628). 750ul PBS was added to the tube and homogenized in the Omni Bead Ruptor Elite (3 cycles of 10 seconds at 5 m/s with a 10 second

dwell time). Homogenate containing 1-8mg of original tissue was transferred to a glass tube for

extraction. A modified Bligh and Dyer extraction was carried out on all samples [46] . Prior to

biphasic extraction, a standard mixture of 75 lipid standards based on Avanti Ultimate Splash

ONE mix was used (Avanti 330820, 861809, 330729, 330727, 791642, 330726). Following two

successive extractions, pooled organic layers were dried down in a Thermo SpeedVac

SPD300DDA using ramp setting 4 at 35 degrees C for 45 minutes with a total run time of 90

minutes.   Lipid samples were resuspended in 1:1 methanol/dichloromethane with 10mM

Ammonium Acetate and transferred to robovials (Thermo 10800107) for analysis. Samples were

analyzed on the Sciex 6500+ with DMS device with an expanded targeted acquisition list

consisting of 1450 lipid species across 17 subclasses. Differential Mobility Device was tuned with

EquiSPLASH LIPIDOMIX (Avanti 330731). Data analysis performed on an in-house data analysis

platform comparable to the Lipidyzer Workflow Manager with instrument method including

settings, tuning protocol, and MRM list as described [47]. Quantitative values were normalized to

mg of tissue.

Crypt and ISC isolation and culturing

Intestine was removed and flushed with 4°C PBS (no calcium, no magnesium), opened

laterally and gently cleaned and cut into sections before rinsing and incubation at 4°C in 10mM

EDTA for 40 minutes. Crypts were then mechanically separated by shaking and filtering through

70um mesh to remove villi and tissue fragments. Isolated crypts and flow isolated ISCs were

counted and embedded in Matrigel (Corning 356231) as previously described [13].

Flow cytometry

Following crypt isolation, crypt suspensions were pelleted (100g, 5 min, 4°C) and

supernatant was discarded. Crypts were resuspended in TrypLE (GIBCO, no phenol red,

1264039) and dissociated into individual cells by warming crypts in a 32°C water bath for 60

seconds. Dissociated single cells were incubated with the following antibodies for flow cytometry

analysis: CD45-PE (eBioscience, 12-0451-83), CD31-PE (BioLegend, 102514), Ter-119PE

(Biolegend, 116208), CD24-Pacific Blue (Biolegend, 101820), CD117-APC/Cy7 (Biolegend,

105826), and EpCAM-APC (eBioscience, 17-5791-82). 7AAD (Invitrogen, A1310) was used as a

viability dye to exclude dead cells from analysis. Intestinal stem cells (ISCs) and progenitors were

isolated as Lrg5-eGFP^{hi}EpCAM^{+}CD24$^{low/-}$CD31^{-}Ter119^{-}CD45^{-}7AAD^{-} and Lrg5-

eGFP^{low}EpCAM^{+}CD24$^{low/-}$CD31^{-}Ter119^{-}CD45^{-}7AAD^{-}, respectively. Cells were sorted using a BD

FACS II SORP cell sorter.

scRNA-seq processing

Cells were sorted with the same parameters as described above for flow-cytometry into

an Eppendorf tube containing 50ml of 0.4% BSA-PBS and stored on ice until proceeding to the

Chromium Single Cell Platform. Single cells were processed through the Chromium Single Cell

Platform using the Chromium Single Cell 3' Library, Gel Bead and Chip Kits (10X Genomics,

Pleasanton, CA), following the manufacturer's protocol. Briefly, an input of 7,000 cells was added

to each channel of a chip with a recovery rate of 1,500-2,500 cells. The cells were then partitioned

into Gel Beads in Emulsion (GEMs) in the Chromium instrument, where cell lysis and barcoded

reverse transcription of RNA occurred, followed by amplification, tagmentation and 50 adaptor

attachment. Libraries were sequenced on an Illumina NextSeq 500.

The CellRanger pipeline was used to align sequencing reads to the mm10 genome

according to manufacturer recommendations. Cells were pre-processed to remove cells with

fewer than 1,750 UMIs detected (likely corresponding to detection of ambient RNA or low-quality

cells) or more than 75,000 UMIs (likely corresponding to doublets). Data was then analyzed using

Seurat in R with normalization implemented via SCTransform's regularized negative binomial

regression. For downstream visualization and clustering, principal component analysis was

performed on the highly variable genes returned from SCTransform, with the number of principal

components made by examining the elbow plot of variance explained by each principal

component (results robust against alternate choices of QC and visualization parameters). UMAP

visualization was implemented using the "uwot" R package. Stem cells were identified using a

module score of core intestinal stem cell genes calculated with Seurat's "AddModuleScore"

function (*Lgr5*, *Axin2*, *Olfm4*, *Lrig1*, *Fzd7*), as previously described [13]. Stem cells were additionally

scored for modules of PPAR target genes (*Hmgcs2*, *Angptl4*, *Pdk4*, *Acsl3*, *Me1*, *Acot1*, *Reg3g*,

Plin2), fatty acid oxidation-related genes regulated by PPAR (*Cpt1a*, *Acadvl*, *Cact*, *Acadl*, *Hadha*,

Hadhb, *Eci2*), and the WikiPathways PPAR Signaling gene set, as previously described [13]. GSEA

was run through the fgsea package [48] . CollecTRI was run through the decoupleR package, and

effect sizes were calculated as signed Cohen's D effect sizes [49]. Statistical significance was

calculated for differential gene expression, differential module scores, and differential

transcription factor activities using the non-parametric Mann-Whitney test and adjusted for

multiple hypothesis testing using the Benjamini-Hochberg correction.

Immunohistochemistry and Immunofluorescence

Tissue was fixed in 10% normal buffered formalin prior to paraffin-embedding. 4-5μm micron

sections underwent deparaffinization and rehydration prior to antigen retrieval using Borg

Decloacker RTU solution (Biocare Medical, BD1000G1) and a pressurized Decloaking Chamber

(Biocare Medical, NxGen). Antibodies and respective dilutions used for immunohistochemistry

are as follows: goat polyclonal anti-GFP (1:1000, Abcam, ab6673), rat anti-BrdU (1:2000, Abcam,

6326), rabbit polyclonal anti-lysozyme (1:2000, ThermoFisher, RB-372-A1), rabbit monoclonal

anti-HMGCS2 (1:2000, Abcam, ab137043), rabbit polyclonal anti-OXCT1 (1:1000, Sigma-Aldrich,

HPA012047), rabbit polyclonal anti-BDH1 (1:500, Proteintech, 15417-1-AP), with dilutions

performed in Signalstain Antibody Diluent (Cell Signaling Technology, #8112). Biotin conjugated

secondary donkey anti-rabbit antibodies (1:500, Jackson ImmunoResearch) were used prior to

Vectastain Elite ABC immunoperoxidase detection kit (Vector Laboratories, PK6100).

Visualization was performed using Signalstain DAB substrate kit (Cell Signaling Technology,

#8049). Counterstaining was performed with 50% Gill No. 1 hematoxylin solution (Sigma-Aldrich,

GHS116). Images were acquired using an Olympus BX43 microscope with 4x and 10x objectives

(Olympus UPlanSApo). The following primary antibodies were used for immunofluorescence:

rabbit polyclonal anti-HCAR2 (1:200, ThermoFisher, PA5-50671) and mouse monoclonal anti-

beta-catenin (1:200, BD Biosciences, 610164). Alexa Fluor secondary antibodies, anti-mouse 488

and anti-rabbit 568 were use for visualization. Tissue was mounted using Invitrogen Prolong Gold

mounting medium containing DAPI. Images were acquired using an Olympus FV1200 Laser

Scanning Confocal Microscope.

Immunoblotting

Snap frozen tissue was crushed into a fine powder before elution with RIPA buffer and tissue

homogenizer. Isolated crypts were resuspended in RIPA buffer for lysis. In both cases, after

centrifuging at 10,000 rpm for 15 minutes at 4°C, the resulting supernatant was quantified using

the Pierce BCA protein assay kit (23225, Thermo Fisher Scientific) then suspended in Laemmli

SDS sample buffer (J61337-AC, VWR) at a concentration of 2ug/ul and boiled for 5 minutes at

95°C. 20ug protein per sample was separated on 4-12% gradient gel (NuPAGE Bis-Tris Mini

Protein, Invitrogen, NP0336BOX) and transferred onto a 0.45 micron PVDF membrane

(Immobilon-P transfer, Millipore, ipvh00010) and analyzed by immunoblotting using rabbit

monoclonal anti-HMGCS2 (1:1000, Abcam, ab137043), mouse monoclonal anti-CPT1a (1:1000,

Abcam, ab128568), rabbit polyclonal anti-BDH1 (1:1000, Proteintech, 15417-1-AP), rabbit

polyclonal anti-OXCT1 (1:1000, Sigma-Aldrich, HPA012047), rabbit monoclonal anti-vinculin

(1:1000, Cell Signaling Technology, #13901) followed by horseradish peroxidase (HRP)-

conjugated IgG secondary antibodies (1:3000, Cell Signaling Technology, #7076, #7074) and

ECL detection kit (ECL K-12045-D20 and Sirius K-12043-D20, Advansta). Quantitative

chemiluminescent imaging was performed using the ImageQuant LAS 4000 (GE Healthcare).

Statistics and Reproducibility

Unless otherwise specified in the main text or figure legends, all experiments reported in this study

were repeated at least three independent times. Unless otherwise specified in the main text or

figure legend, all sample numbers (n) represent biological replicates. No sample or animals were

excluded from analysis, and sample size estimates were not used. Studies were not conducted

blind with the exception of all histological analyses. Age-matched and sex-matched mice were

randomly assigned to groups. All values are presented as mean ± s.d. Unless otherwise specified

in the figure legend, intergroup comparison was performed using unpaired two-tailed t-tests. In

the case of more than two comparison groups, ANOVA with Tukey's was performed. Statistical

analysis was performed using GraphPad Prism 10. Statistical details can be found in the figure

legends.

Data availability

Datasets generated in this study will be made publicly available upon publication.

References

1. Willett, W. C., Stampfer, M. J., Colditz, G. A., Rosner, B. A. & Speizer, F. E. Relation of Meat, Fat, and Fiber Intake to the Risk of Colon Cancer in a Prospective Study among Women. *New England Journal of Medicine* **323**, 1664–1672 (1990).

2. Haber, A. L. *et al.* A single-cell survey of the small intestinal epithelium. *Nature* **551**, 333–339 (2017).

3. Barker, N. *et al.* Identification of stem cells in small intestine and colon by marker gene Lgr5. *Nature* **449**, 1003–1007 (2007).

4. Sato, T. *et al.* Single Lgr5 stem cells build crypt-villus structures in vitro without a mesenchymal niche. *Nature* **459**, 262–5 (2009).

5. Shay, J. E. S. & Yilmaz, Ö. H. Dietary and metabolic effects on intestinal stem cells in health and disease. *Nature Reviews Gastroenterology & Hepatology* (2024) doi:10.1038/s41575-024-00980-7.

6. Lien, E. C. & Heiden, M. G. V. A framework for examining how diet impacts tumour metabolism. *Nature Reviews Cancer* **19**, 651–661 (2019).

7. Mehta, R. S. *et al.* Dietary Patterns and Risk of Colorectal Cancer: Analysis by Tumor Location and Molecular Subtypes. *Gastroenterology* **152**, 1944-1953.e1 (2017).

8. Zaborowski, A. M. *et al.* Characteristics of Early-Onset vs Late-Onset Colorectal Cancer. *JAMA Surgery* **156**, 865 (2021).

9. Collaborators, undefined T. G. 2015 O. Health Effects of Overweight and Obesity in 195 Countries over 25 Years. *New England Journal of Medicine* **377**, 13–27 (2017).

10. Ng, M. *et al.* Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet* **384**, 766–781 (2014).

11. Beyaz, S. *et al.* High-fat diet enhances stemness and tumorigenicity of intestinal progenitors. *Nature* **531**, 53–58 (2016).

12. Beyaz, S. *et al.* Dietary suppression of MHC class II expression in intestinal epithelial cells enhances intestinal tumorigenesis. *Cell Stem Cell* **28**, 1922-1935.e5 (2021).

13. Mana, M. D. *et al.* High-fat diet-activated fatty acid oxidation mediates intestinal stemness and tumorigenicity. *Cell Reports* **35**, 109212 (2021).

14. DeClercq, V., McMurray, D. N. & Chapkin, R. S. Obesity promotes colonic stem cell expansion during cancer initiation. *Cancer Letters* **369**, 336–343 (2015).

15. Wasan, H. S., Novelli, M., Bee, J. & Bodmer, W. F. Dietary fat influences on polyp
phenotype in multiple intestinal neoplasia mice. *Proceedings of the National Academy of*
Sciences of the United States of America **94**, 3308–3313 (1997).

16. Newmark, H. L. *et al.* A Western-style diet induces benign and malignant neoplasms in the
colon of normal C57Bl/6 mice. *Carcinogenesis* **22**, 1871–1875 (2001).

17. Mihaylova, M. M. *et al.* Fasting Activates Fatty Acid Oxidation to Enhance Intestinal Stem
Cell Function during Homeostasis and Aging. *Cell Stem Cell* **22**, 769-778.e4 (2018).

18. Cheng, C.-W. *et al.* Ketone Body Signaling Mediates Intestinal Stem Cell Homeostasis and
Adaptation to Diet. *Cell* **178**, 1115-1131.e15 (2019).

19. Pak, H. H. *et al.* Fasting drives the metabolic, molecular and geroprotective effects of a
calorie-restricted diet in mice. *Nature Metabolism* **3**, 1327–1341 (2021).

20. Bruens, L. *et al.* Calorie Restriction Increases the Number of Competing Stem Cells and
Decreases Mutation Retention in the Intestine. *Cell Reports* **32**, 107937 (2020).

21. Mai, V. *et al.* Calorie restriction and diet composition modulate spontaneous intestinal
tumorigenesis in Apc(Min) mice through different mechanisms. *Cancer Res.* **63**, 1752–5 (2003).

22. Mitchell, S. J. *et al.* Daily Fasting Improves Health and Survival in Male Mice Independent of
Diet Composition and Calories. *Cell Metabolism* **29**, 221-228.e3 (2019).

23. Yilmaz, Ö. H. *et al.* MTORC1 in the Paneth cell niche couples intestinal stem-cell function to
calorie intake. *Nature* **486**, 490–495 (2012).

24. Imada, S. *et al.* Short-term post-fast refeeding enhances intestinal stemness via polyamines.
Nature **633**, 895–904 (2024).

25. Roberts, M. N. *et al.* Short Article A Ketogenic Diet Extends Longevity and Healthspan in
Adult Mice Short Article A Ketogenic Diet Extends Longevity and Healthspan in Adult Mice. *Cell*
Metabolism **26**, 539-546.e5 (2017).

26. Newman, J. C. *et al.* Ketogenic Diet Reduces Midlife Mortality and Improves Memory in
Aging Mice. *Cell Metabolism* **26**, 547-557.e8 (2017).

27. Dmitrieva-Posocco, O. *et al.* β-Hydroxybutyrate suppresses colorectal cancer. *Nature* **605**,
160–165 (2022).

28. Hopkins, B. D. *et al.* Suppression of insulin feedback enhances the efficacy of PI3K
inhibitors. *Nature* **560**, 499–503 (2018).

29. Xia, S. *et al.* Prevention of Dietary-Fat-Fueled Ketogenesis Attenuates BRAF V600E Tumor
Growth. *Cell Metabolism* **25**, 358–373 (2017).

30. Lien, E. C. *et al.* Low glycaemic diets alter lipid metabolism to influence tumour growth.
Nature **599**, 302–307 (2021).

31. Galiatsatos, P. & Foulkes, W. D. Familial Adenomatous Polyposis. *Am. J. Gastroenterol.*
101, 385–398 (2006).

32. Puchalska, P. & Crawford, P. A. Multi-dimensional Roles of Ketone Bodies in Fuel
Metabolism, Signaling, and Therapeutics. *Cell Metabolism* **25**, 262–284 (2017).

33. Nugent, K. P., Spigelman, A. D. & Phillips, R. K. S. Life expectancy after colectomy and
ileorectal anastomosis for familial adenomatous polyposis. *Dis. Colon Rectum* **36**, 1059–1062
(1993).

34. Jagelman, D. G., Decosse, J. J., Bussey, H. J. R. & GROUP, T. L. C. P. UPPER
GASTROINTESTINAL CANCER IN FAMILIAL ADENOMATOUS POLYPOSIS. *Lancet* **331**,
1149–1151 (1988).

35. Groves, C. J., Saunders, B. P., Spigelman, A. D. & Phillips, R. K. S. Duodenal cancer in
patients with familial adenomatous polyposis (FAP): results of a 10 year prospective study. *Gut*
50, 636 (2002).

36. Weiss, J. M. *et al.* NCCN Guidelines® Insights: Genetic/Familial High-Risk Assessment:
Colorectal, Version 1.2021. *J. Natl. Compr. Cancer Netw. : JNCCN* **19**, 1122–1132 (2021).

37. Karstensen, J. G. *et al.* Cancer in Patients With Familial Adenomatous Polyposis:
A Nationwide Danish Cohort Study With Matched Controls. *Gastroenterology* **165**, 573-581.e3
(2023).

38. Taylor, S. R., Falcone, J. N., Cantley, L. C. & Goncalves, M. D. Developing dietary
interventions as therapy for cancer. *Nat. Rev. Cancer* **22**, 452–466 (2022).

39. Goto, N. *et al.* Lymphatics and fibroblasts support intestinal stem cells in homeostasis and
injury. *Cell Stem Cell* **29**, 1246-1261.e6 (2022).

40. Crawford, P. A. *et al.* Regulation of myocardial ketone body metabolism by the gut
microbiota during nutrient deprivation. *Proceedings of the National Academy of Sciences of the*
United States of America **106**, 11276–11281 (2009).

41. Colnot, S. *et al.* Colorectal cancers in a new mouse model of familial adenomatous
polyposis: influence of genetic and environmental modifiers. *Lab. Investig.* **84**, 1619–1630
(2004).

42. Marjou, F. E. *et al.* Tissue-specific and inducible Cre-mediated recombination in the gut
epithelium. *genesis* **39**, 186–193 (2004).

43. Horton, J. L. *et al.* The failing heart utilizes 3-hydroxybutyrate as a metabolic stress defense.
JCI insight **4**, (2019).

44. Cotter, D. G., Schugar, R. C., Wentz, A. E., D'Avignon, D. A. & Crawford, P. A. Successful
adaptation to ketosis by mice with tissue-specific deficiency of ketone body oxidation. *American*
journal of physiology. Endocrinology and metabolism **304**, E363-74 (2013).

45. Schoors, S. *et al.* Fatty acid carbon is essential for dNTP synthesis in endothelial cells.
Nature **520**, 192–197 (2015).

46. Hsieh, W.-Y., Williams, K. J., Su, B. & Bensinger, S. J. Profiling of mouse macrophage
lipidome using direct infusion shotgun mass spectrometry. *STAR Protoc.* **2**, 100235 (2021).

47. Su, B. *et al.* A DMS Shotgun Lipidomics Workflow Application to Facilitate High-Throughput,
Comprehensive Lipidomics. *J. Am. Soc. Mass Spectrom.* **32**, 2655–2663 (2021).

48. Korotkevich, G. *et al.* Fast gene set enrichment analysis. *bioRxiv* 060012 (2021)
doi:10.1101/060012.

49. Müller-Dott, S. *et al.* Expanding the coverage of regulons from high-confidence prior
knowledge for accurate estimation of transcription factor activities. *Nucleic Acids Res.* **51**,
10934–10949 (2023).

Table 1

Class Description	Ingredient	D12450J	D06040601
Protein	*Casein, Lactic, 30 Mesh*	200.00g	151.00g
Protein	*Cystine, L*	3.00g	1.50g
Carbohydrate	*Starch, Corn*	506.20g	40.00g
Carbohydrate	*Lodex 10*	125.00g	0.00g
Carbohydrate	*Sucrose, Fine Granulated*	72.80g	4.00g
Fiber	*Solka Floc, FCC200*	50.00g	50.00g
Fat	*Soybean Oil, USP*	25.00g	25.00g
Fat	*Lard*	20.00g	336.00g
Mineral	*S10026B*	50.00g	50.00g
Vitamin	*Choline Bitartrate*	2.00g	2.00g
Vitamin	*V10001C*	1.00g	1.00g
Dye	*Dye, Yellow FD&C #5, Alum. Lake 35-42%*	0.04g	0.03g
Dye	*Dye, Blue FD&C #1, Alum. Lake 35-42%*	0.01g	0.03g
		1055.05g	660.55g

Figure 1. Ketogenic diet enhances intestinal stem cell activity and promotes
tumorigenesis
(a) Schematic of experimental design utilizing ketogenic diet (KD) in Lgr5-2A-EGFP-2A-
CreERT2 mice.
(b) Body weight of control diet (CD) and KD-fed mice over the study period.
(c) Circulating β-hydroxybutyrate (BHB) levels in KD-fed mice compared to CD-fed controls.
(d) Blood glucose levels in CD- and KD-fed mice.
(e) Circulating insulin levels in KD-fed mice relative to CD-fed mice.
(f) Representative immunohistochemistry images of Lgr5-GFP+ crypt base cells and BrdU+
cells in CD- and KD-fed mice.
(g) Quantification of BrdU+ proliferative cells in the intestinal crypt.
(h) Representative images and (i) quantification of *in vitro* organoid-forming assays from crypts
isolated from CD- and KD-exposed mice.
(j) Intestinal tissue BHB levels in CD- and KD-fed mice.
(k) Schematic of tumorigenesis protocol using Vil-CreERT2;Apc$^{fl/wt}$ mice following tamoxifen
induction and dietary randomization.
(l) Kaplan-Meier survival curves with log-rank Mantel-Cox test comparing CD- and KD-fed
cohorts.
(m) Representative images and (n) quantification of tumour burden in KD-fed mice relative to
CD-fed mice.
(o) Immunofluorescence of nuclear β-catenin, HCAR2 and DAPI in early adenomas.
Data are mean ± s.d.
663

Extended Data Figure 1. Metabolic and histological alterations in intestinal tissue
following ketogenic diet exposure.
(a) Composition of the 80% lard-based ketogenic diet (KD).
(b-c) Detailed body weight measurements of CD- and KD-fed male and female mice across the
experimental timeline.
(d) Representative image and (e) quantification of Paneth cell numbers in crypts of CD- and KD-
fed mice.
(f) Representative sorting plot of Lgr5-IRES-EGFP-CreERT2 mice fed CD or KD and (g)
corresponding quantification of Paneth, GFP-hi, and GFP-lo populations.
(h) *In vitro* clonogenicity of GFP+ ISCs isolated from CD- and KD-fed mice.
(i) Immunoblot of isolated crypts from CD- and KD-fed mice probed for HMGCS2, CPT1a,
BDH1, OXCT1, and vinculin as a loading control.
(j) Correlation analyses between tumour burden and serum ketone levels and (k) serum glucose
at the time of sacrifice.
(l) cartoon schematic of 90 day Apc-het model
(m) Tumour burden in KD- and CD-fed mid with (n) representative H&E images.
Data are mean ± s.d.
681

Extended Data Figure 2. HCAR2 expression in intestinal tissues and early adenomas.
(a) Representative immunohistochemistry staining for HCAR2 in early intestinal adenomas in
CD- and KD-fed mice.
(b) Immunofluorescent co-stianing for β-catenin and HCAR2 around early adenomas in CD- and
KD-fed mice.
(c) UMAP of mouse intestine populations from Aliluev dataset
(d) Gene expression of Hcar2 in characterized cell populations annotated in Aliluev dataset with
corresponding marker gene dotplot visualization and number of detected genes (f) and UMIs (g)
split by cell type.
Data are mean ± s.d.
692
693

Figure 2. Loss of epithelial or systemic ketogenesis does not mitigate the pro-
tumorigenic effects of a ketogenic diet.
(a) UMAP visualization of 15,053 single cells isolated from the intestinal epithelium of control
diet (CD) and ketogenic diet (KD) mice, colored by cell type.
(b) Differential gene expression of ISCs from KD- and CD-fed mice
(c) Hmgcs2 expression in ISCs from CD and KD mice.
(d,e) Schematic of beta-oxidation and ketogenesis with inducible Hmgcs2 knockout (iKO)
models
(f) Confirmation of Hmgcs2 deletion in the intestinal epithelium of iKO mice by
immunohistochemistry.
(g) Quantification of beta-hydroxybutyrate (BHB) levels in intestinal tissue of KD-fed WT and
iKO mice.
(h) Schematic of hepatocyte-specific Hmgcs2 knockout (LiKO) mice.
(i) Immunohistochemistry for HMGCS2 demonstrating hepatocyte-specific loss of HMGCS2
expression in LiKO mice.
(j) Serum ketone levels under KD conditions in LiKO and control mice.
(k) Breeding scheme to generate WT, iKO, and LiKO mice for tumorigenesis studies.
(l) Quantification of tumour number and tumour burden across CD and KD conditions in wild-
type, iKO, and LiKO mice with (m) representative H&E images.
Data are mean ± s.d.
714

715 ***Extended Data Figure 3. Characterization of ketogenesis and ketolysis knockout models.***
716 (a) Quality control metrics for scRNAseq datasets with marker gene dotplot visualization.
717 (b) Lipidomic profiling of intestinal tissue upon epithelial Hmgcs2 deletion under KD conditions.
718 (c) Characterization of LiKO mouse (d) weights, (e) serum glucose, and (f) serum insulin.
719
720 Data are mean ± s.d.
721

Extended Data Figure 4. Characterization of ketogenesis and ketolysis knockout models.
(a) Immunoblot and (b-c) immunohistochemistry validation of BDH1 iKO and OXCT1 iKO
cohorts.
(d) Breeding strategy for tumor cohorts
(e) Tumour burden quantification for BDH1 iKO and OXCT1 iKO with (f) representative H&E
images.
Data are mean ± s.d.
729

Figure 3 | Tissue-specific Hmgcs2 overexpression elevates intestinal ketone body levels
without affecting spontaneous tumorigenesis.
(a) Schematic of the Rosa26-CAG-Hmgcs2-2A-mCherry-LSL (HMGCS2 iOE) mouse
(b) Representative immunofluorescence images showing expression of HMGCS2 and mCherry
throughout the intestinal epithelium following Vil-CreERT2-mediated induction.
(c) Quantification of β-hydroxybutyrate (BHB) levels in intestinal tissue lysates from control diet-
fed HMGCS2 iOE mice and WT controls.
(d) Breeding scheme to generate mice for tumorigenesis studies with or without concurrent
Hmgcs2 overexpression maintained on control diet.
(e) Tumour burden quantification for WT and iOE mice.
(f) Representative images of tumour burden along the intestinal tract.
Data are mean ± s.d.
742
743

Extended Data Figure 5 | Characterization of intestinal HMGCS2 overexpression and its
impact on epithelial clonogenicity.
(a) Diagram for Rosa26 targeting and Hmgcs2 iOE construct
(b) Immunoblot of iOE organoids treated with 4-hydroxytamoxifen in vitro
(c) Lipidomics of WT and iOE small intestine
Data are mean ± s.d.

Figure 4. Ketogenic diet enhances PPAR signaling, fatty acid oxidation gene expression,
and ISC function via CPT1a activity.
(a) Transcription factor activity inference for ISCs in CD- and KD-fed mice
(b) Gene set enrichment analysis (GSEA) of most increased pathways in ISCs isolated from
KD- and CD-fed mice
(c-e) PPAR signature scoring for CD- and KD- ISCs
(f) Cpt1a expression in CD- and KD- ISCs
(g,h) Schematic of beta-oxidation and ketogenesis with inducible CPT1a knockout models
(i) Representative H&E images with (j) quantification of total tumour number in WT and CPT1a
iKO mice.
Data are mean ± s.d.
761

Extended Data Figure 6. Augmented fatty acid oxidation signature and mechanistic
consequences of Cpt1a deletion in KD-exposed intestinal stem cells.
(a) Gene set enrichment analysis (GSEA) of most decreased pathways in ISCs isolated from
KD- and CD-fed mice
(b) Breeding schematic for inducible CPT1a knockout tumorigenesis models
(c) Quantification of tumour burden in WT and CPT1a iKO mice on CD.
(d) Representative H&E images.
Data are mean ± s.d.
770
771

Extended Data Figure 7. KD and ketone bodies exhibit differential effects in the colon.
(a) Quantification of β-hydroxybutyrate (BHB) levels in proximal colon (pCO) and distal colon (dCO) tissue lysates from conventionally housed and germ-free mice.
(b) Quantification of β-hydroxybutyrate (BHB) levels in proximal colon (pCO) and distal colon (dCO) tissue lysates from CD and KD fed mice.
(c) Immunoblot of snap frozen pCO and dCO from WT, HMGCS2 iKO and HMGCS2 iOE mice probed for HMGCS2 and vinculin as a loading control.
(d) Quantification of β-hydroxybutyrate (BHB) levels in proximal colon (pCO) and distal colon (dCO) tissue lysates from WT and HMGCS2 iOE mice.
(e) Quantification of total tumour number from colons of CD, KD and HMGCS2 iOE (on CD) mice.
(f) Representative H&E images corresponding to (e)
(g) Representative immunohistochemistry staining for HCAR2 in colon adenomas in CD- and KD-fed mice.
Data are mean ± s.d.

Figure 1

Figure 2

Figure 3

a CD

Rosa26-LSL-Hmgcs2-mCherry;VilCreERT2⁺
(iOE)

b WT iOE

Small Intestine

IHC: HMGCS2   IHC: RFP

c
0.0036

BHB (normalized amounts/0.1mg tissue)

WT   iOE

d CD

Apcᶠˡ/ʷᵗ;VilCreERT2⁺ (WT)
Rosa26-LSL-Hmgcs2-mCherry;
Apcᶠˡ/ʷᵗ;VilCreERT2⁺ (iOE)

Tamoxifen — ~150 days — Sacrifice

e
WT   2mm   200µm
iOE   2mm   200µm

f
0.7396

Tumor Number

WT   iOE

Figure 4

a Transcription Factor Activity Inference
Stem Cells: KD vs. CD

Transcription Factor Activity Cohen's D

← Higher in CD   Higher in KD →

b Gene Set Enrich. Analysis
Stem Cells: Keto Diet vs. Control

Signed log₁₀(B.H.–Adj. P–Value)

|Net Enrich. Score| Net Enrich. Score

c PPAR Signature Mana et al.

d PPAR & FAO Signature. Mana et al.

e PPAR Signal. Signature WikiPathways

f *Cpt1a*

g β-oxidation

h KD

Apc^fl/wt;VilCreERT2⁺
Cpt1a^fl/fl;Apc^fl/wt;VilCreERT2⁺

Tamoxifen ~150 days Sacrifice

i Tumor Number 0.0213 WT / CPT1a iKO

j WT / CPT1a iKO