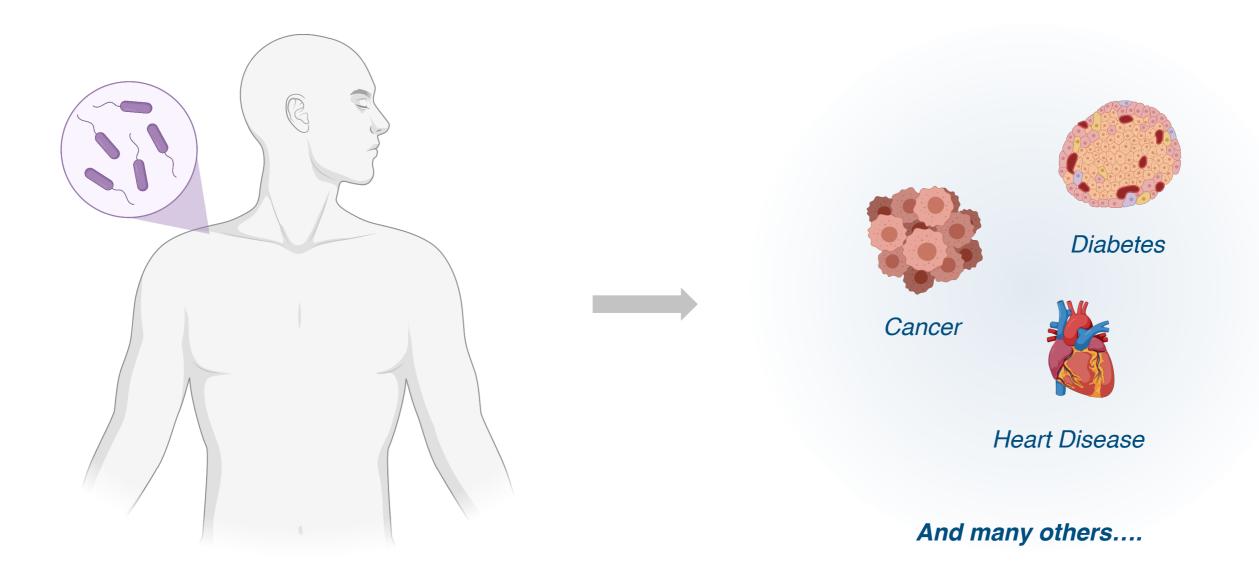


Gut Microbiota in Human Metabolic Health and Disease

Olivia Garry MacMillan Group Meeting March 16th, 2021

Gut Microbiome is Important for Human Health

Considerable part of the environmental influence on human health and disease risk *may be mediated or modified by microbial communities*



Outline

Overview of Gut Microbiome

Microbial Metabolites and Metabolic Health

BCAAs

Imidazole Propionate

SCFAs

Gut Microbiome and Metabolic Disease

Obesity Cardiovascular Disease

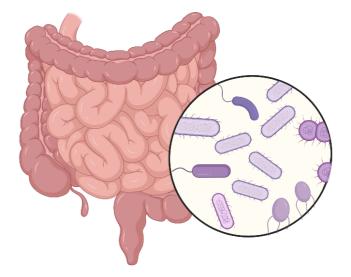
Interventions

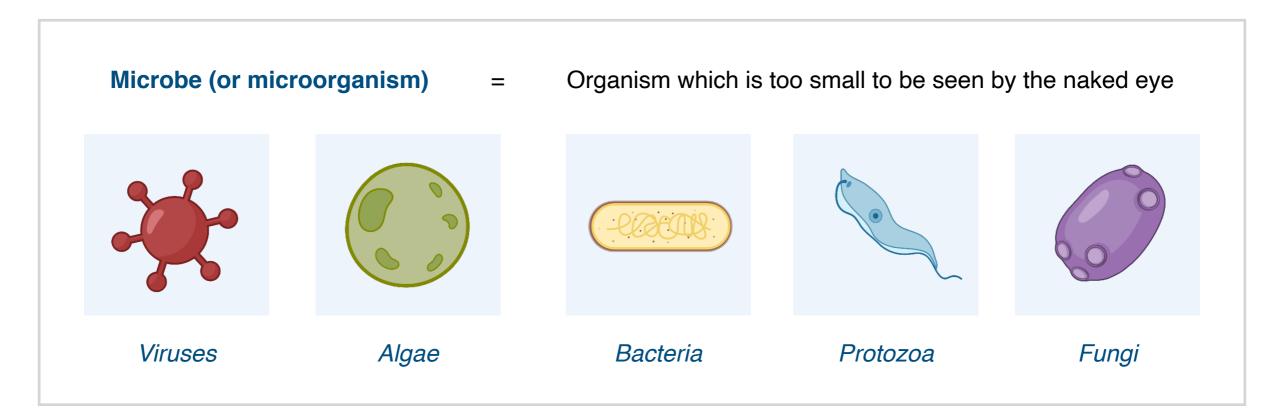
Diet

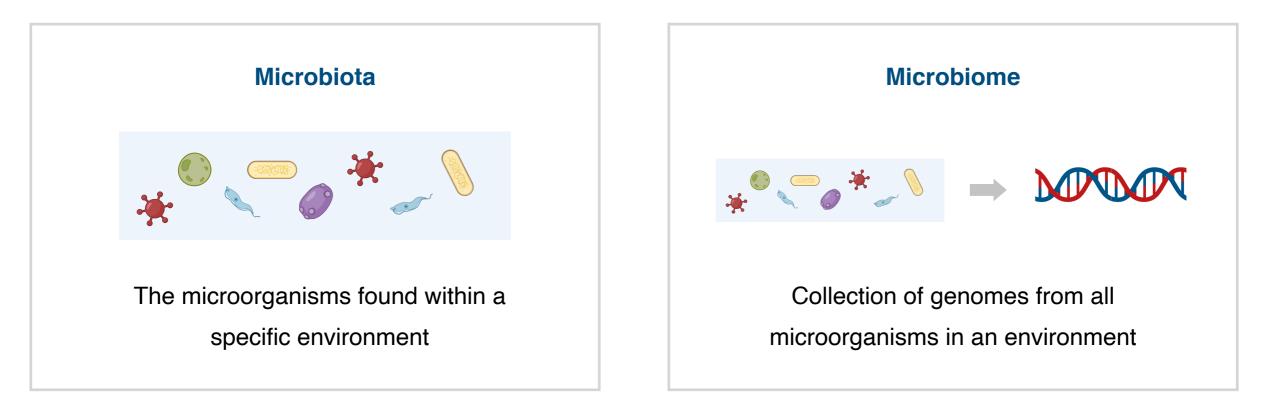
Drugs and Pre/Pro/Postbiotics

Bioengineered Commensals

Fecal Microbiota Transplantation

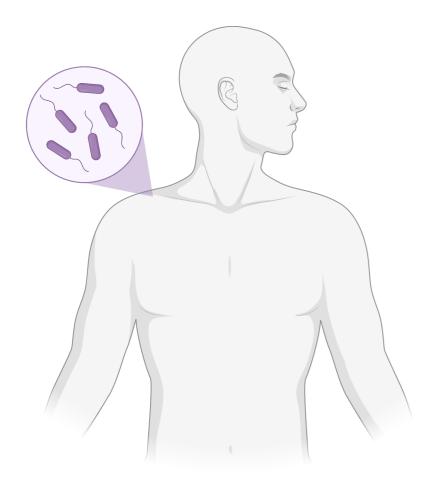




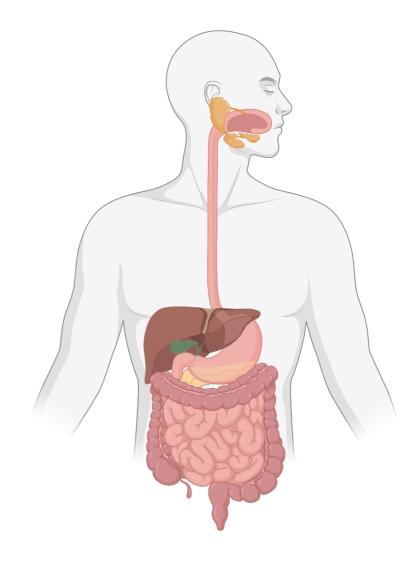


Pedersen, O.; Fan, Y. Nat. Rev. Microbiol. 2021, 19, 55

Gut Microbiota



vast majority of our microbes reside in the gut

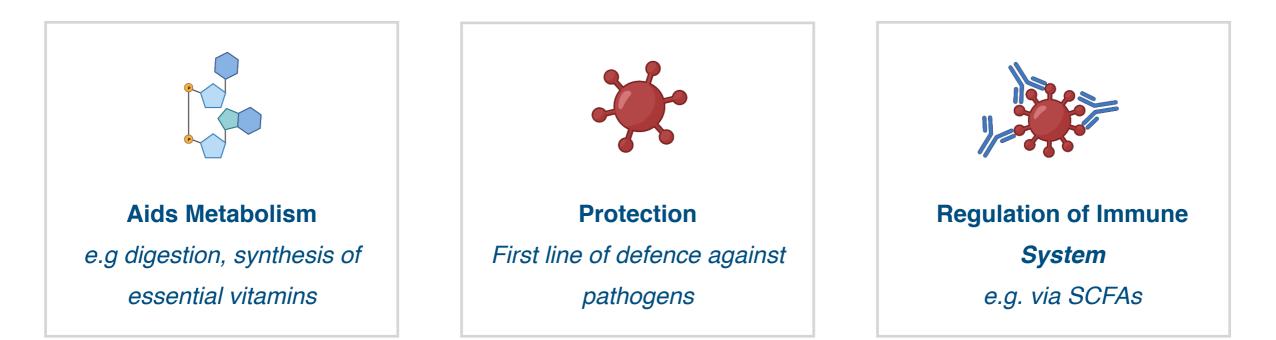


Human Microbiota

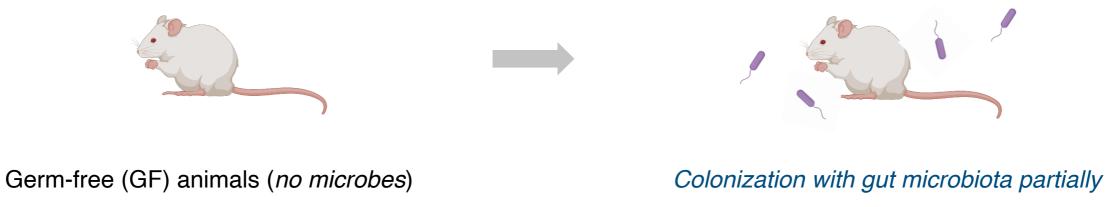
Microbes on a human comprise about 1–3% of body mass

Gut Microbiota

Microorganisms found in the gut (mouth to anus) What does the Gut Microbiota do?



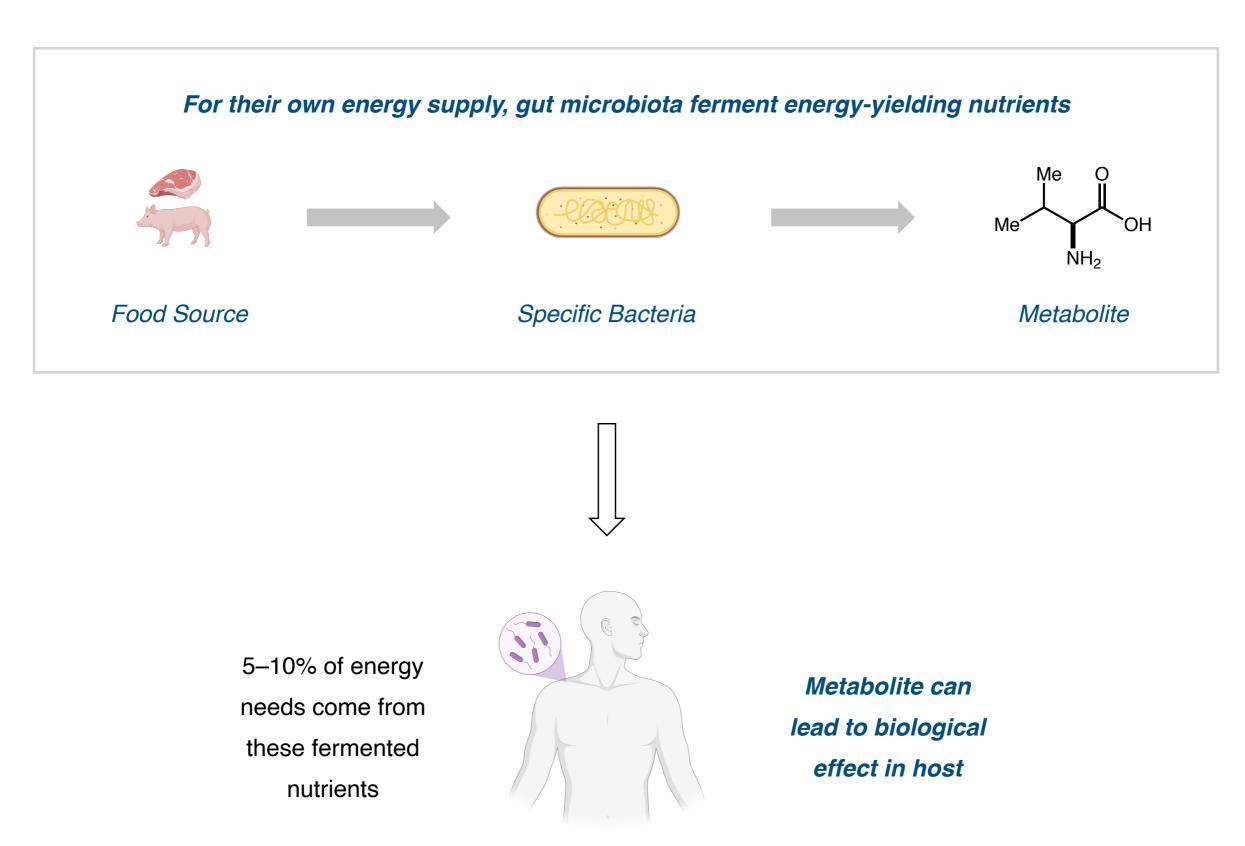
A healthy gut microbiome is essential for human health



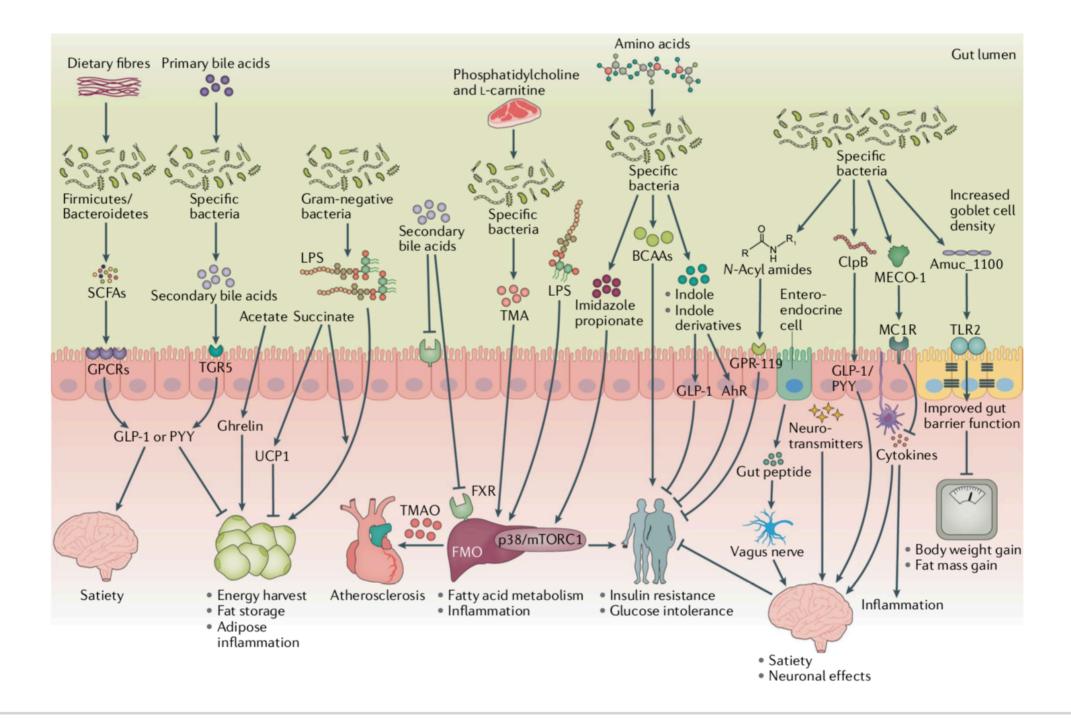
have multiple abnormalities

resolves abnormalities

Gut Microbiota Metabolism



Gut Microbiota Metabolism



Key Takeaway: Gut microbiota metabolism leads to microbial metabolites which affect the host

What does a Healthy Gut Microbiome look like?

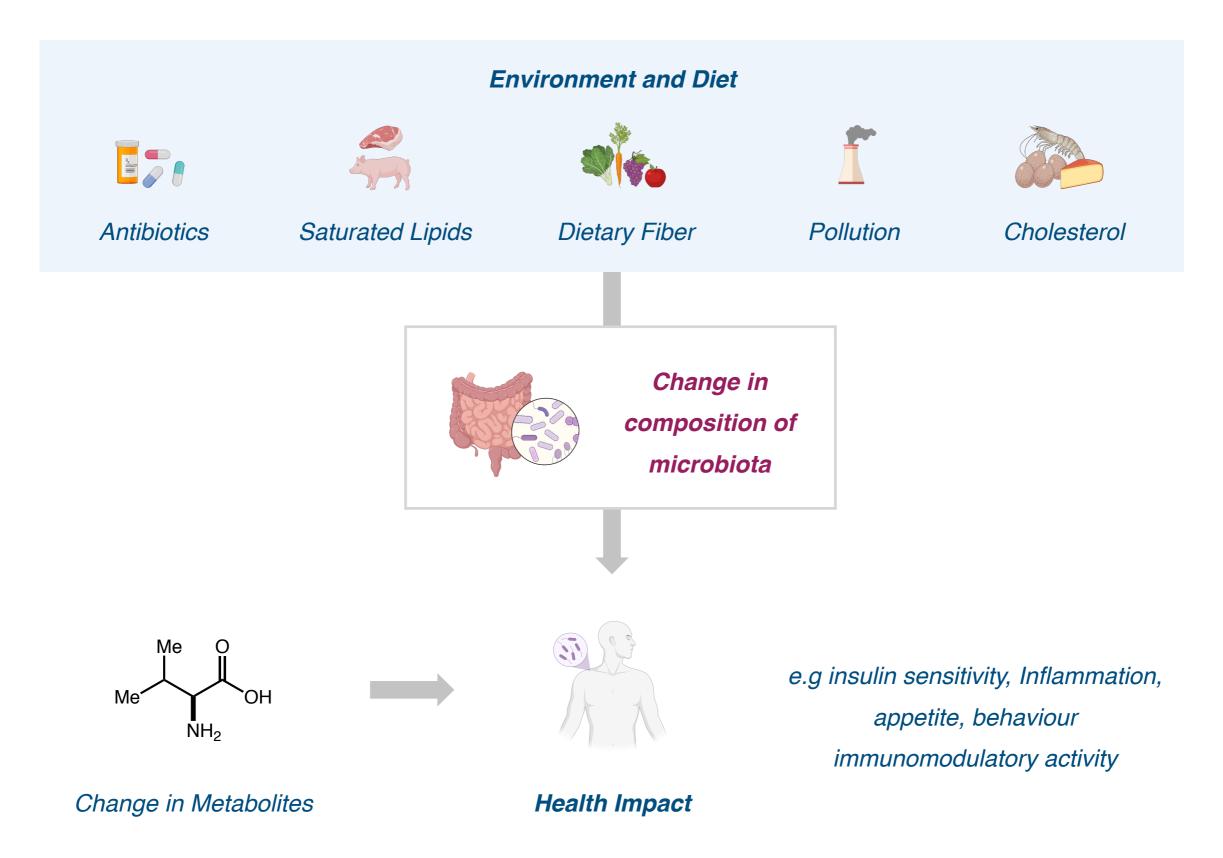


Stable microbiome functional cores

Genes encoding glycosaminoglycan degradation, production of SCFAs, biosynthesis of essential amino acids and vitamins

Huge variation between individuals - No golden standard

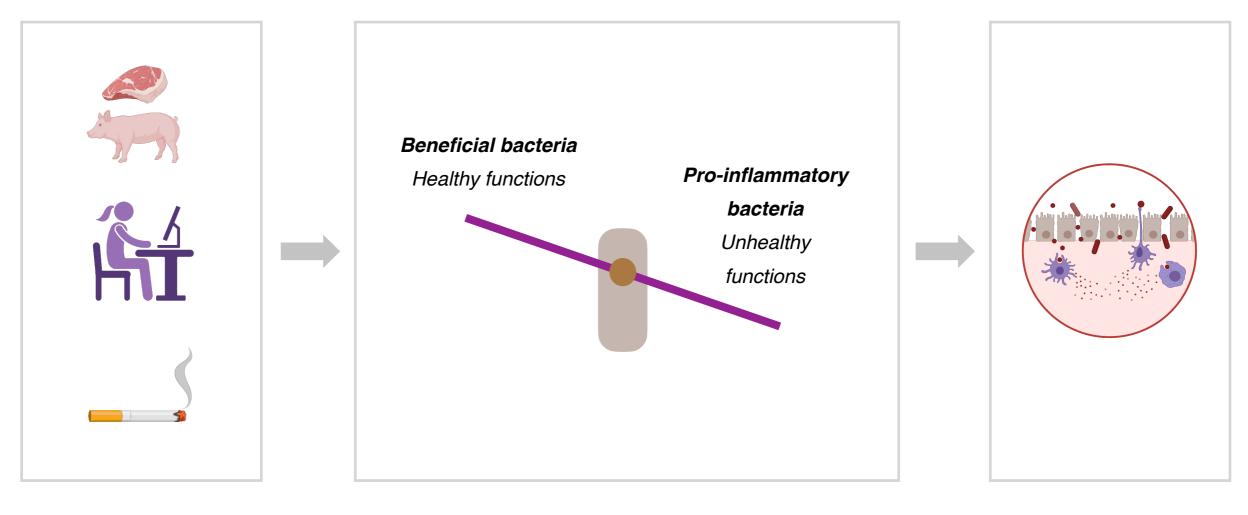
Huttenhower, C. et al. Nature 2012, 486, 207



Gut Dysbiosis



Disturbance to gut microbiota homeostasis due to an *imbalance in microbiota, changes in their metabolic activity or changes in their local distribution*

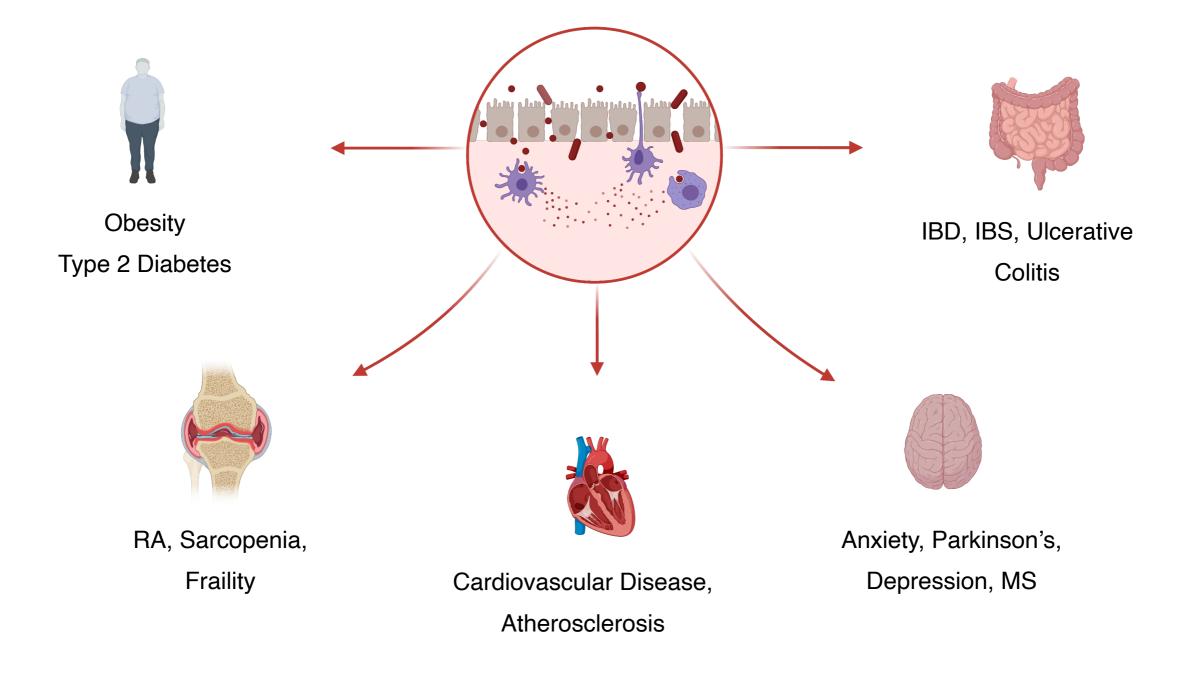


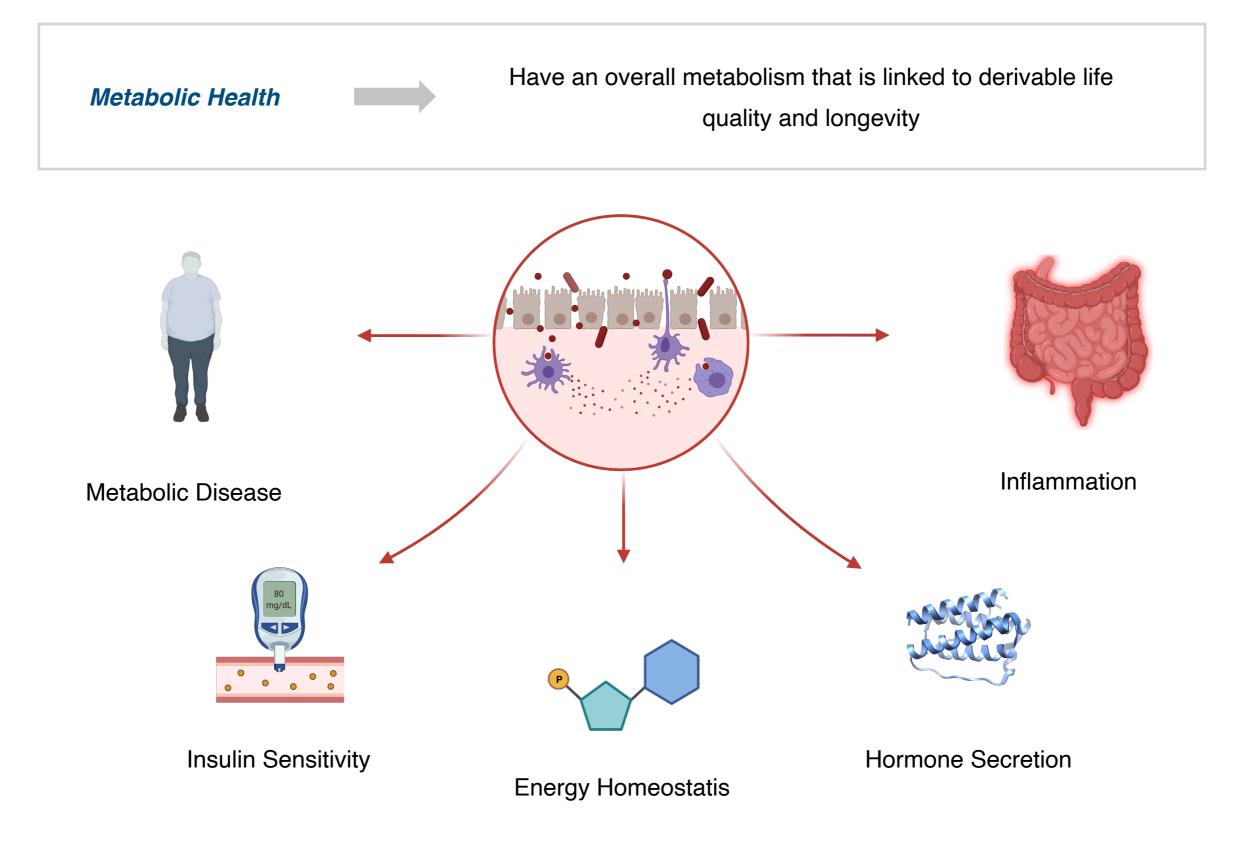
Trigger

Out-of-Balance Gut Microbiome

Gut Dysbiosis

Gut dysbiosis has been associated with many diseases although causation proved for few of them





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SCFAs

BCAAs

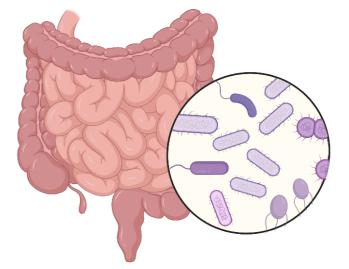
Imidazole Propionate

Gut Microbiome and Metabolic Disease

Obesity Cardiovascular Disease

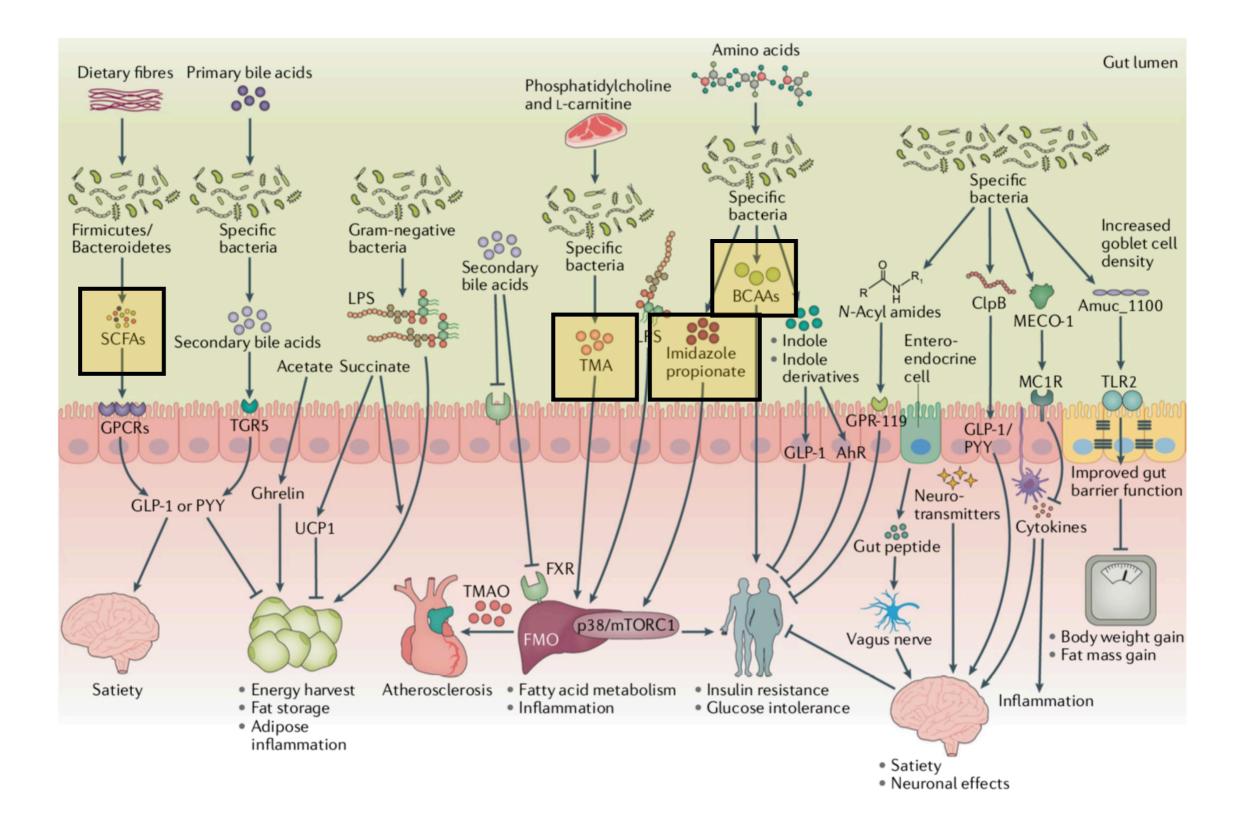
Interventions

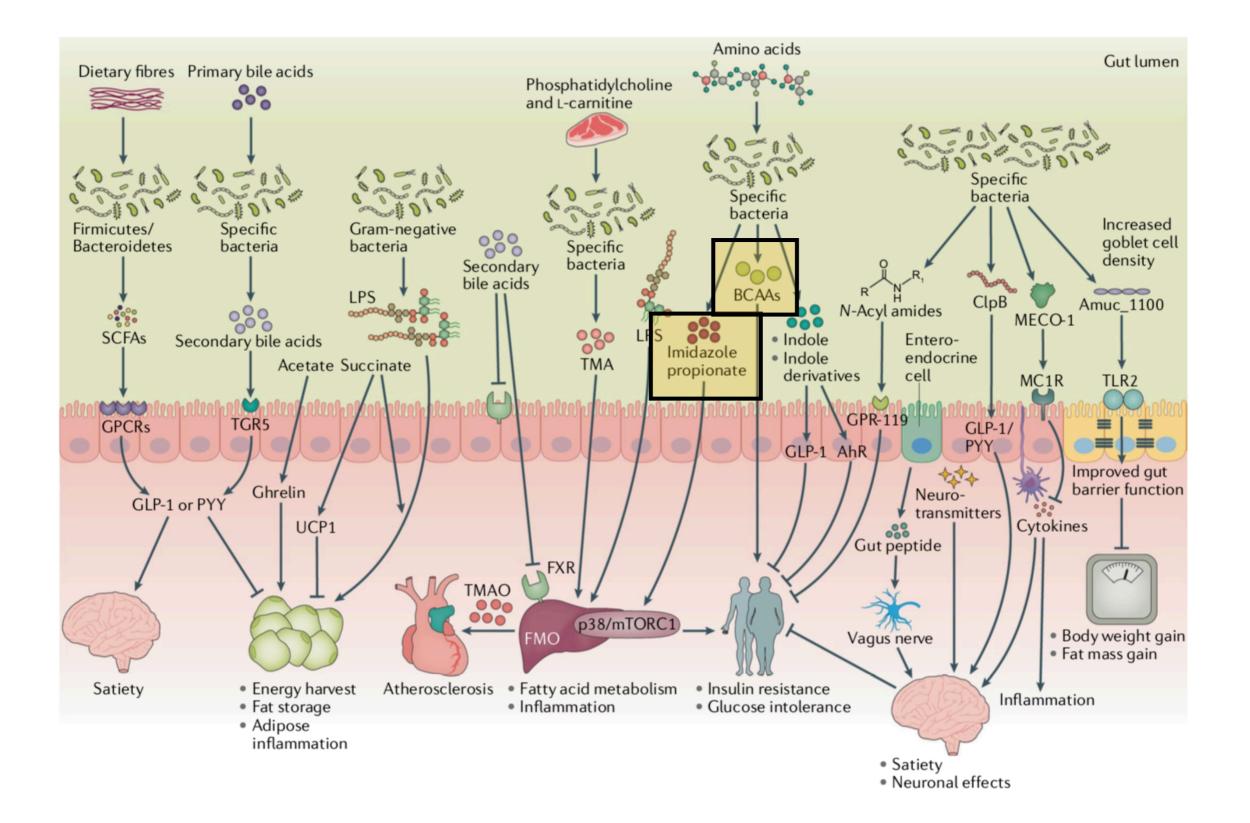
Diet Drugs and Pre/Pro/Postbiotics Bioengineered Commensals Fecal Microbiota Transplantation



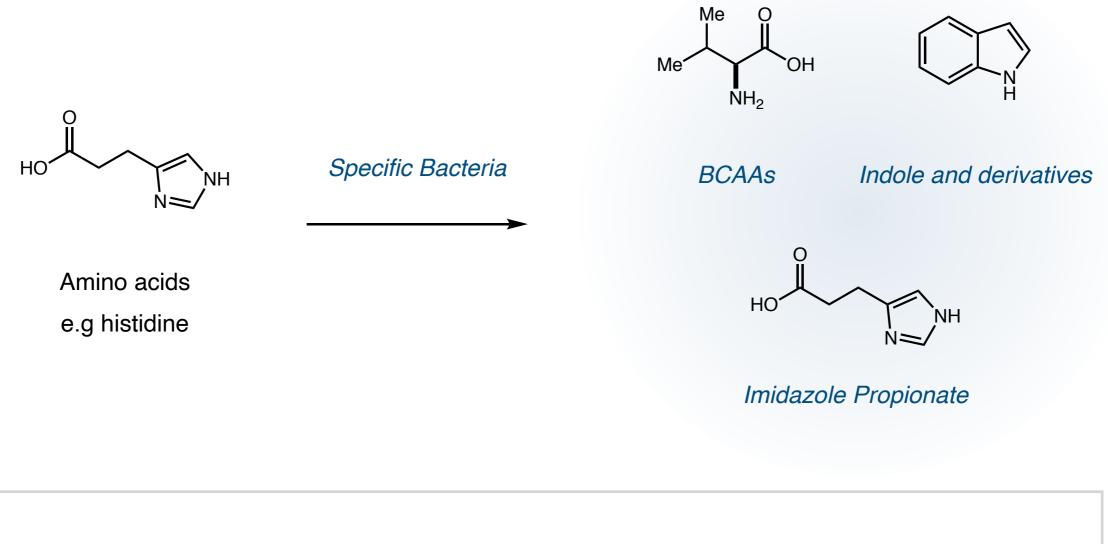
Microbial Metabolites affect Metabolic Health

Intestinal microbial products affect host energy homeostasis, body adiposity, glucose tolerance, insulin sensitivity, inflammation and endocrine regulation Phosphatidylcholine **Dietary fibres** Amino acids Bile acids and L-carnitine Firmicutes/ Specific bacteria **Bacteroidetes** Me Me Me-N .R ЪН Me H_3C R Me NH_2 Secondary e.g LPS, N-acyl amides, **Branched Chain Short Chain** TMA **Amino Acids Bile Acids** Fatty Acids ClpB, MECO-1

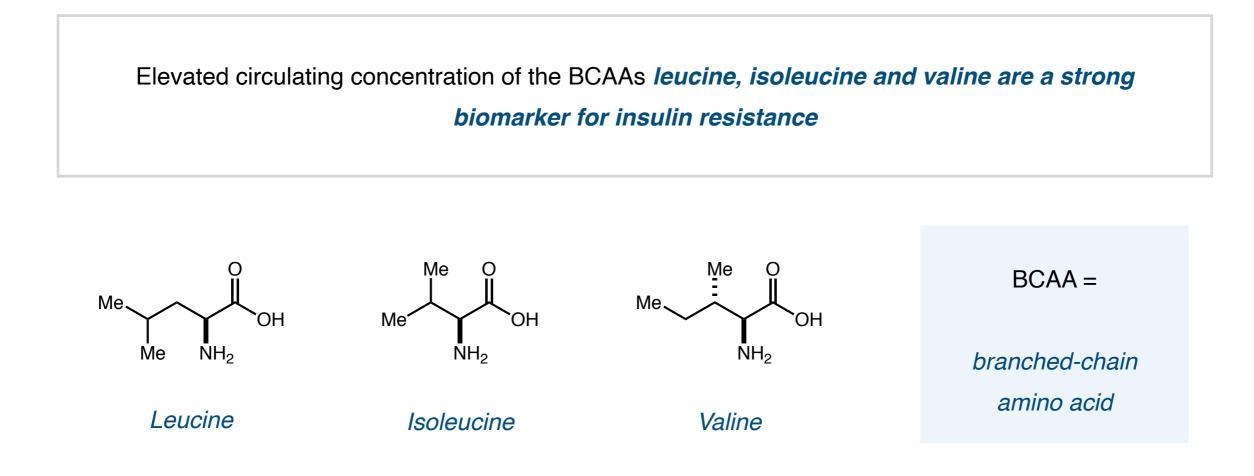




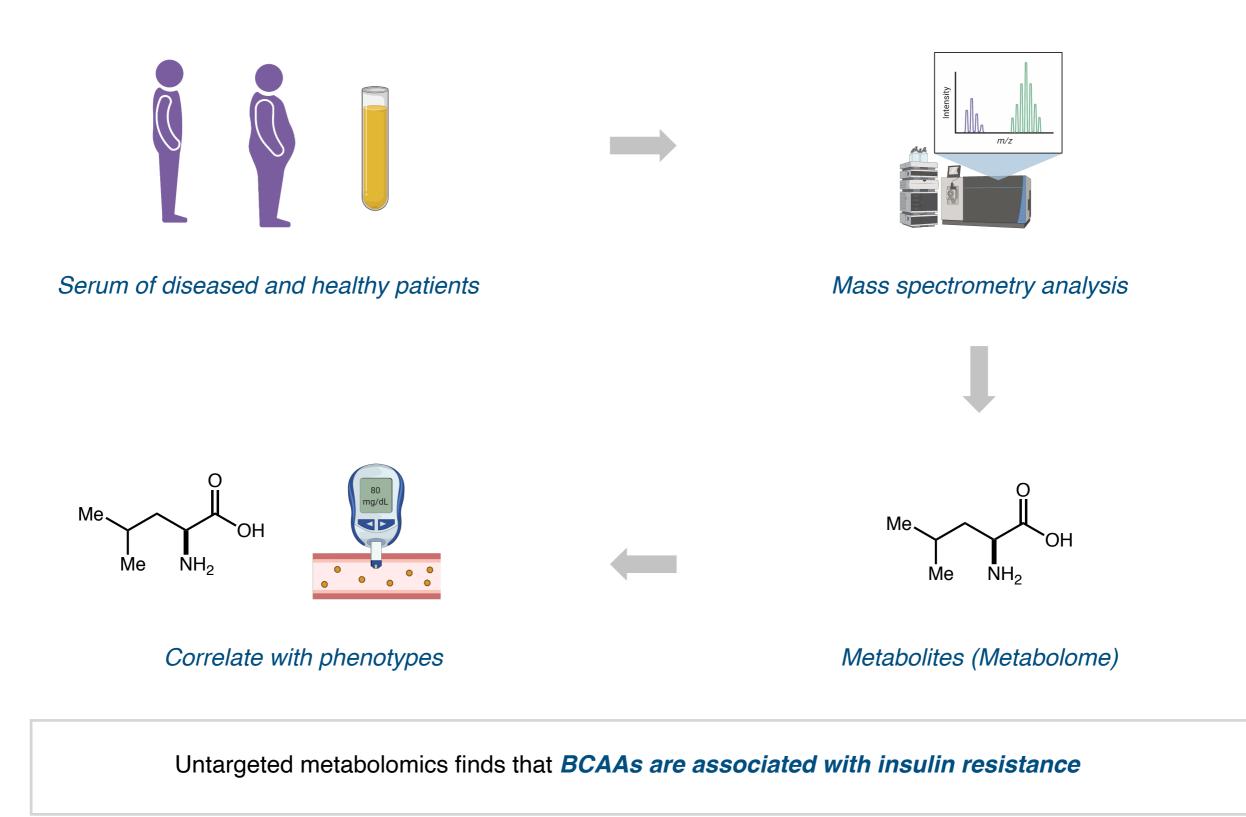
Amino Acid Derived Metabolites Linked in Insulin Resistance

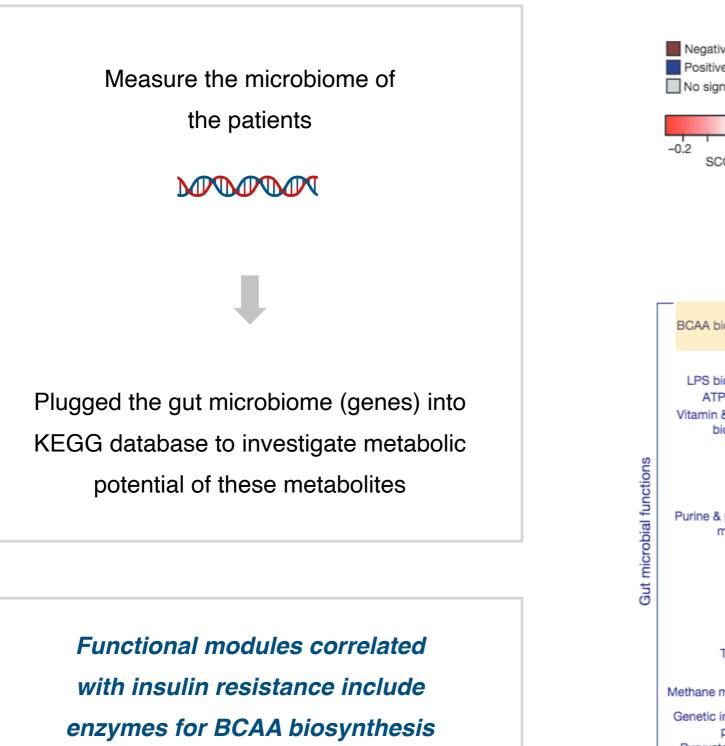


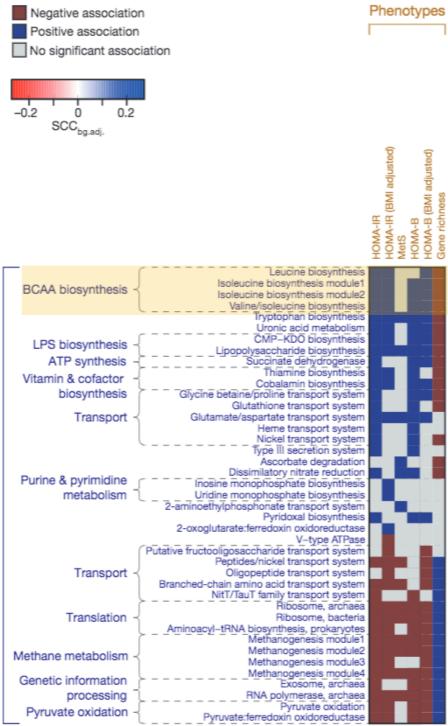
Amino acid-derived microbial metabolites play a role in insulin resistance

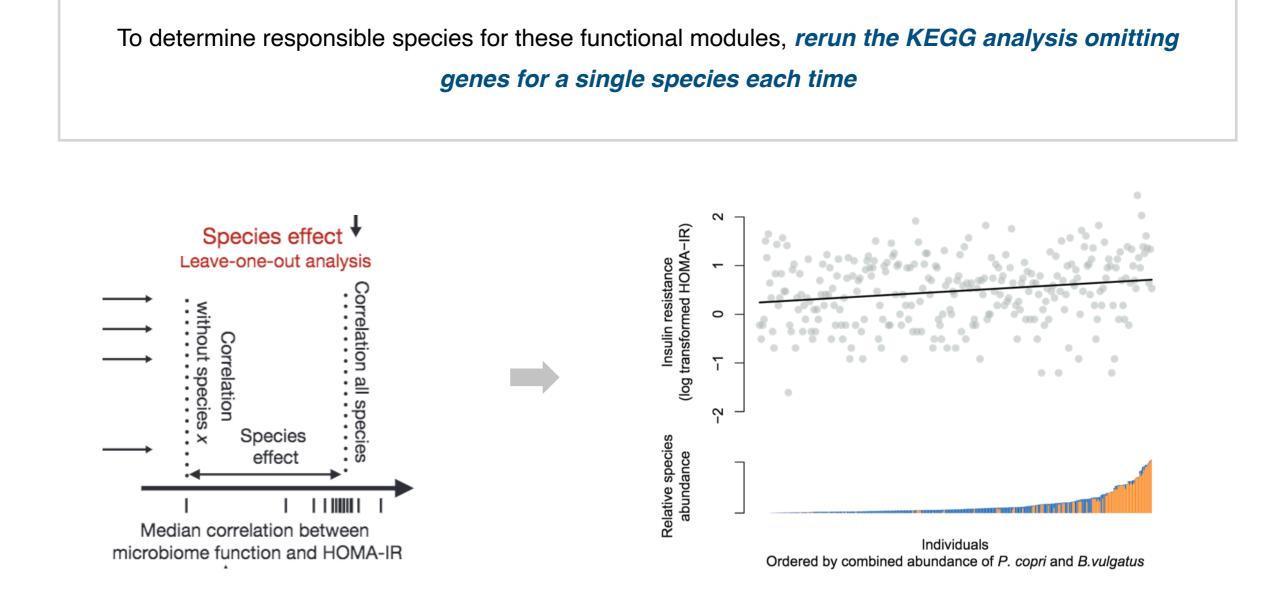


				-		
Model	Isoleucine	Leucine	Valine	Tyrosine	Phenylalanine	lsoleucine, tyrosine and phenylalanine
Models adjusting for a	age, sex, BMI and fasting	glucose (<i>n</i> = 378)				
Metabolite as continu	ous variable					
Per s.d.	1.70 (1.27-2.28)	1.62 (1.20-2.17)	1.57 (1.17-2.09)	1.85 (1.35–2.55)	2.02 (1.40-2.92)	2.42 (1.66–3.54)
P	0.0004	0.001	0.002	0.0001	0.0002	< 0.0001
Metabolite as categori	ical variable					
First quartile	1.0 (referent)	1.0 (referent)	1.0 (referent)	1.0 (referent)	1.0 (referent)	1.0 (referent)
Second quartile	1.11 (0.58-2.10)	2.40 (1.24-4.68)	1.49 (0.75–2.94)	1.89 (0.94–3.81)	1.39 (0.74–2.59)	3.48 (1.68–7.23)
Third quartile	2.14 (1.07-4.27)	3.15 (1.46-6.84)	2.15 (1.05-4.42)	3.26 (1.56-6.84)	2.12 (1.04-4.32)	2.82 (1.25-6.34)
Fourth quartile	3.14 (1.51-6.55)	3.66 (1.61-8.29)	3.14 (1.43-6.86)	2.82 (1.25-6.34)	2.28 (1.00-5.20)	5.99 (2.34–15.34)
P for trend	0.001	0.004	0.003	0.010	0.035	0.0009

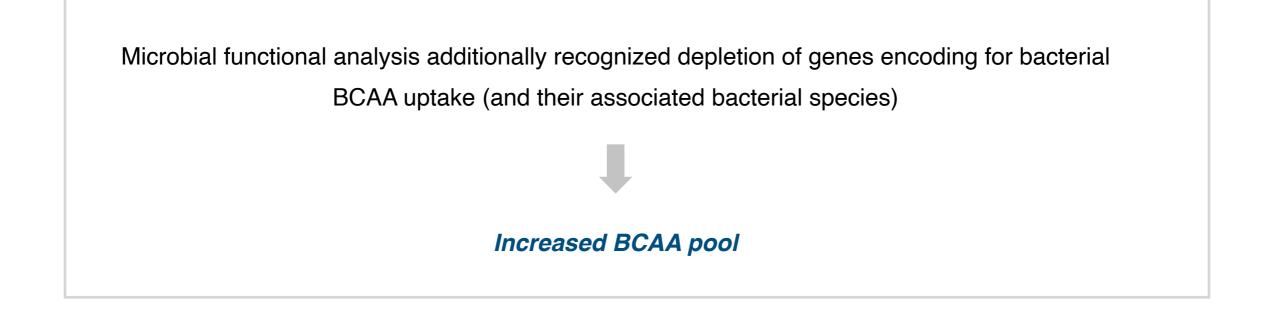


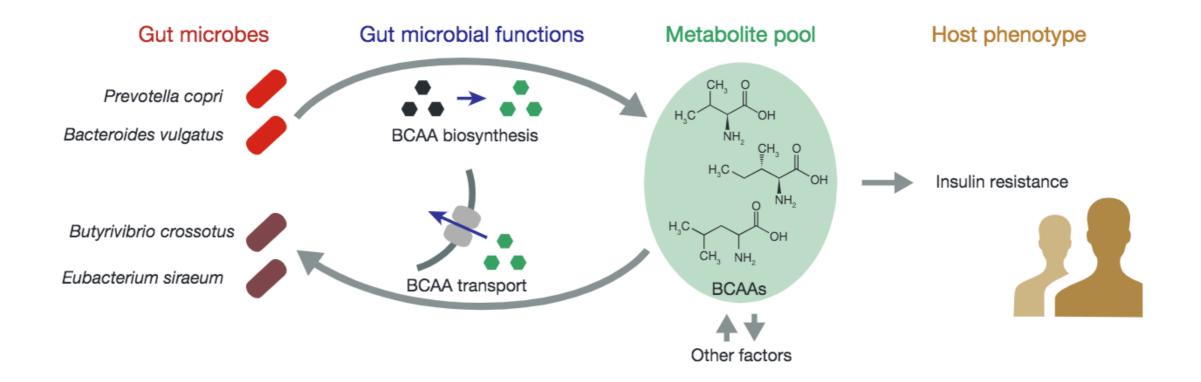






P. copri and B. Vulgatus largely drive the association between insulin resistance and BCAA biosynthetic modules





Pedersen, H. K. et al. Nature, 2016, 535, 376

Increased BCAA levels

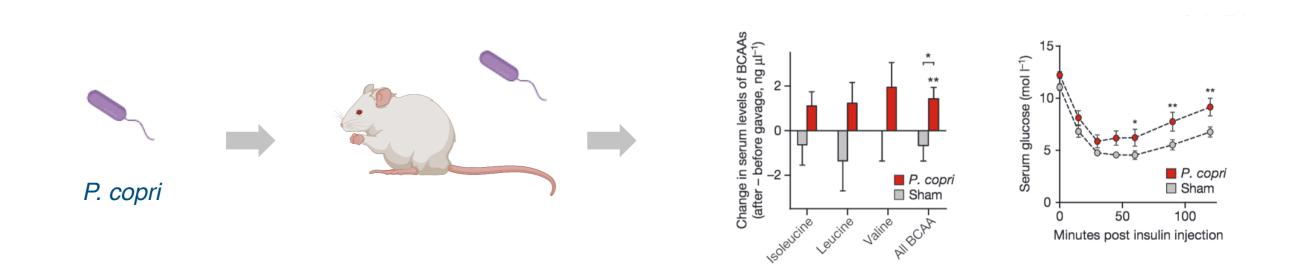
in mice following fecal transplantation from insulin-resistant individuals



take fecal sample from IR patient



feed fecal sample to mouse



Reduced insulin sensitivity and increased levels of BCAA when mice fed P. copri

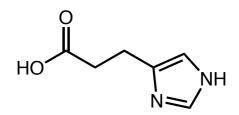
Ridaura, V. K. et al. *Science* **2013**, *341*, 1241214 Pedersen, H. K. et al. *Nature*, **2016**, *535*, 376

Case Study: Imidazole Propionate and Insulin Resistance

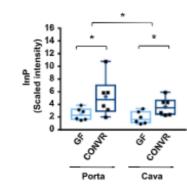
Imidazole propionate has been shown to impair insulin signaling

THE REAL PROPERTY AND A DECIMAL PROPERTY AND

Perform untargeted metabolomics on plasma of patients with and without T2D



Find four AA-derived metabolites in higher concentrations in T2D patients

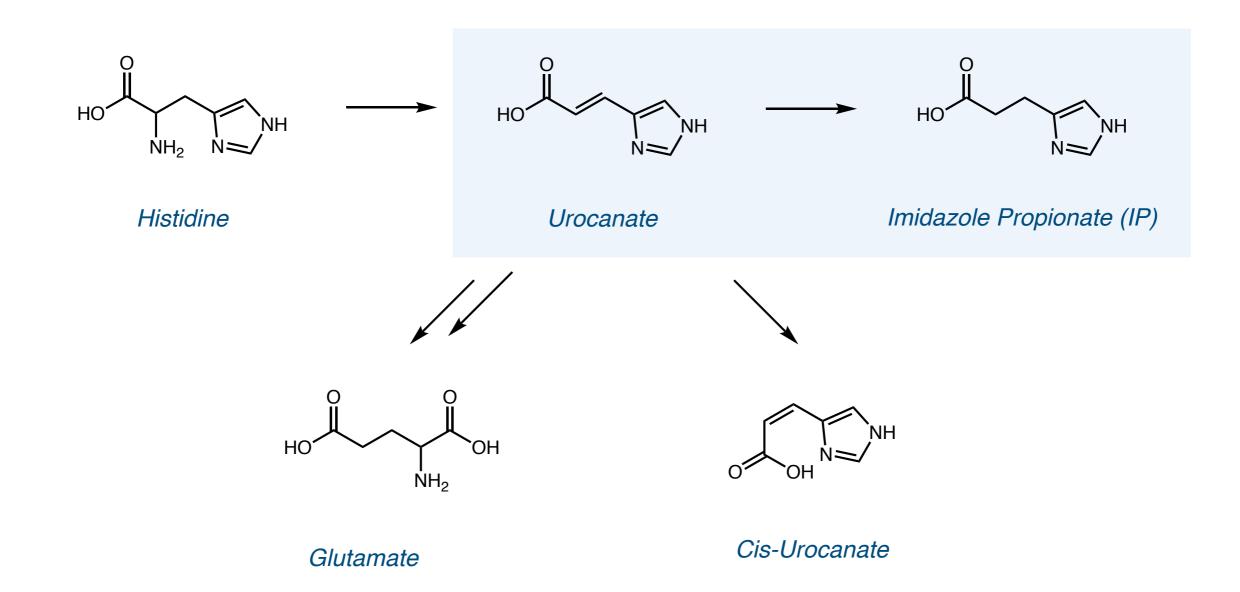


Only imidazole propionate is present in higher concentrations

To focus on microbial metabolites only, repeat metabolomics on germ-free and conventional mice

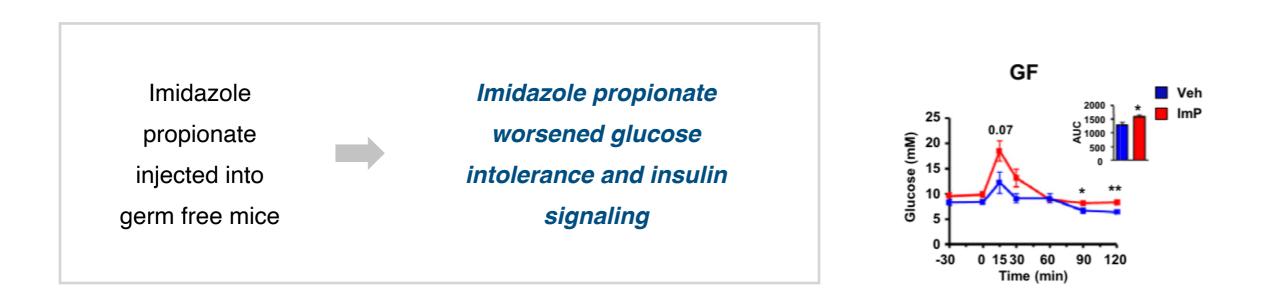
Case Study: Imidazole Propionate and Insulin Resistance

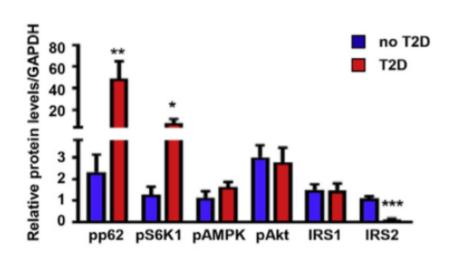
Put histidine in an *in vitro* gut simulator, *see IP only with T2D microbes* Suggests type 2 diabetes-associated microbiota shunts urocanate to a lesser-known pathway to produce imidazole propionate



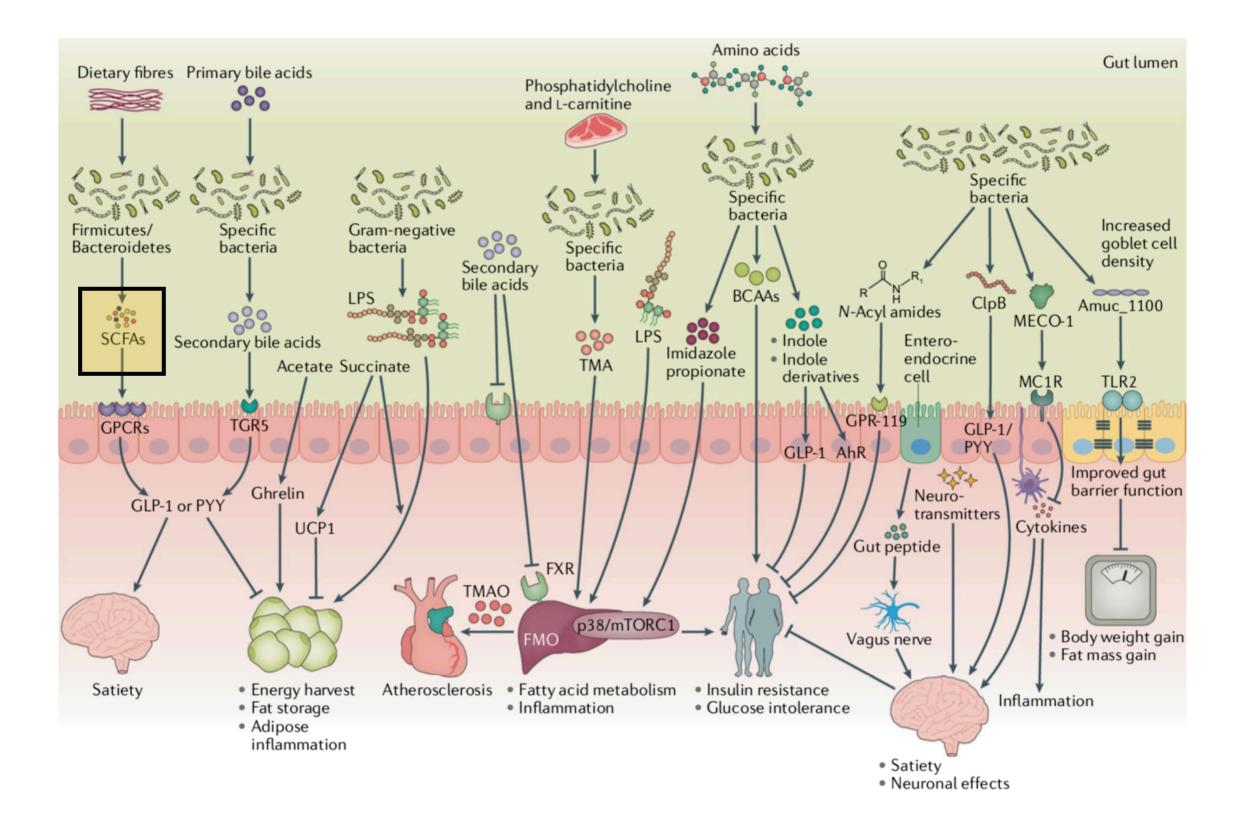
Koh, A. et al. Cell 2018, 175, 947

Case Study: Imidazole Propionate and Insulin Resistance

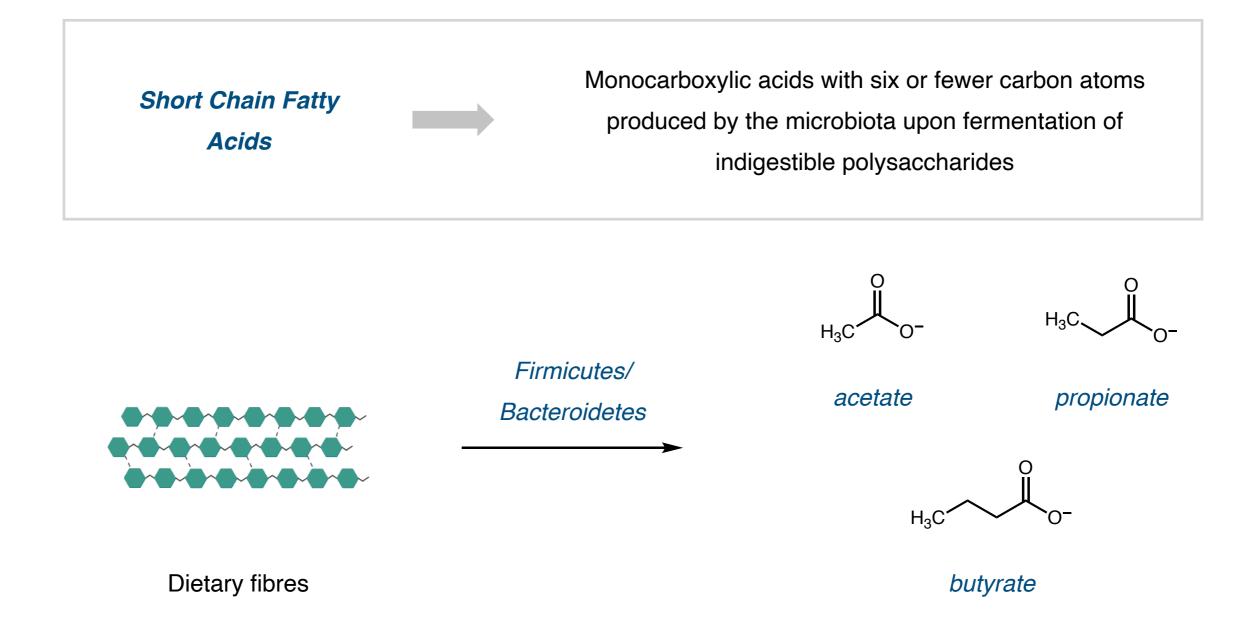




Overexpression of the mTORC1-mediated insulin signaling pathway was found in liver tissue of T2D individuals Show that IP inhibits insulin signalling through mTOR (rapamycin inhibits this effect)

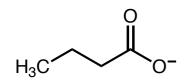


SCFAs and Energy Homeostasis and Body Adiposity

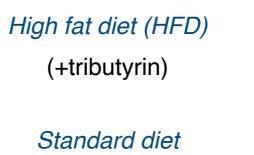


Short chain fatty acids have effects on satiety, energy harvest, glucose homeostatis, fat storage and inflammation

Case Study: SCFAs and Energy Homeostasis and Body Adiposity



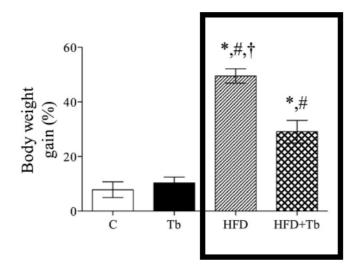
Tributyrin butyrate precursor drug



(+tributyrin)

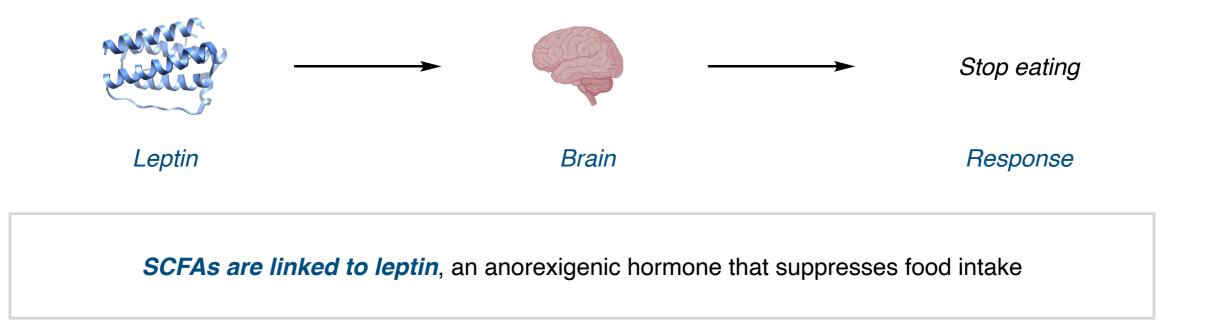


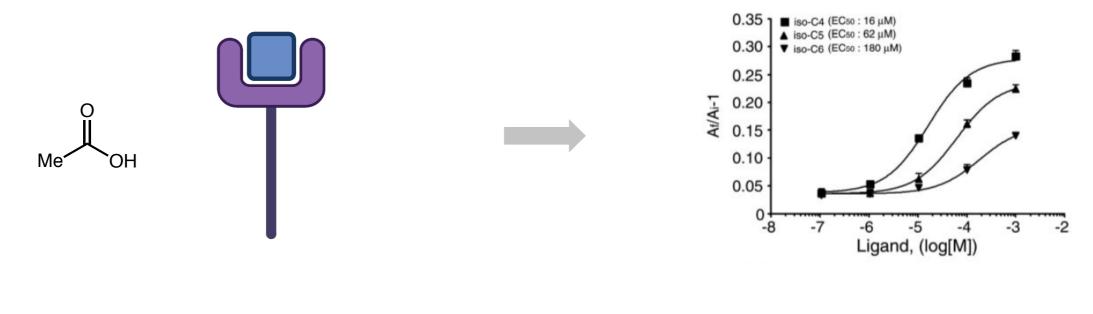
Mice treated with butyrate precursor drug (tributyrin) are *protected from diet-induced obesity and insulin resistance*



	С	Tb	HFD	HFD+Tb
Triglycerides, mg/dl	43.2 ± 2.6	45.3 ± 3.7	56.7 ± 3.8*#	50.4 ± 4.5
Cholesterol, mg/dl	132.2 ± 6.8	129.8 ± 4.8	183.0 ± 8.3*#	161.2 ± 6.8
LDL cholesterol, mg/dl	67.3 ± 5.5	63.6 ± 6.1	$111.3 \pm 6.4*#$	97.1 ± 9.4
HDL cholesterol, mg/dl	63.3 ± 3.7	58.1 ± 2.1	62.1 ± 3.8	58.2 ± 3.1
NEFA, mM	0.30 ± 0.03	0.32 ± 0.03	$0.45 \pm 0.05^{*}$ #†	0.27 ± 0.03
AST, U/ml	111.8 ± 15.9	114.3 ± 9.9	103.8 ± 15.0	102.9 ± 15.1
ALT, U/ml	30.2 ± 10.0	36.5 ± 9.2	34.0 ± 6.5	29.9 ± 4.4
Leptin, pg/ml	$4,061 \pm 744$	$6,512 \pm 786$	20,944 ± 2145*#†	$15,642 \pm 1,178*$
Resistin, pg/ml	$3,788 \pm 391$	$3,950 \pm 353$	7871 ± 595*#†	$6,024 \pm 447*\#$
Fasting glucose, mM	9.48 ± 0.40	8.86 ± 0.34	$10.86 \pm 0.35^{*}$ #†	9.48 ± 0.35
Insulin, ng/ml	0.37 ± 0.04	0.47 ± 0.07	$1.01 \pm 0.08 * # \dagger$	0.75 ± 0.09*#
HOMA-IR	21.92 ± 3.38	26.84 ± 3.85	75.70 ± 5.80*#†	45.77 ± 6.31

Case Study: SCFAs and Leptin

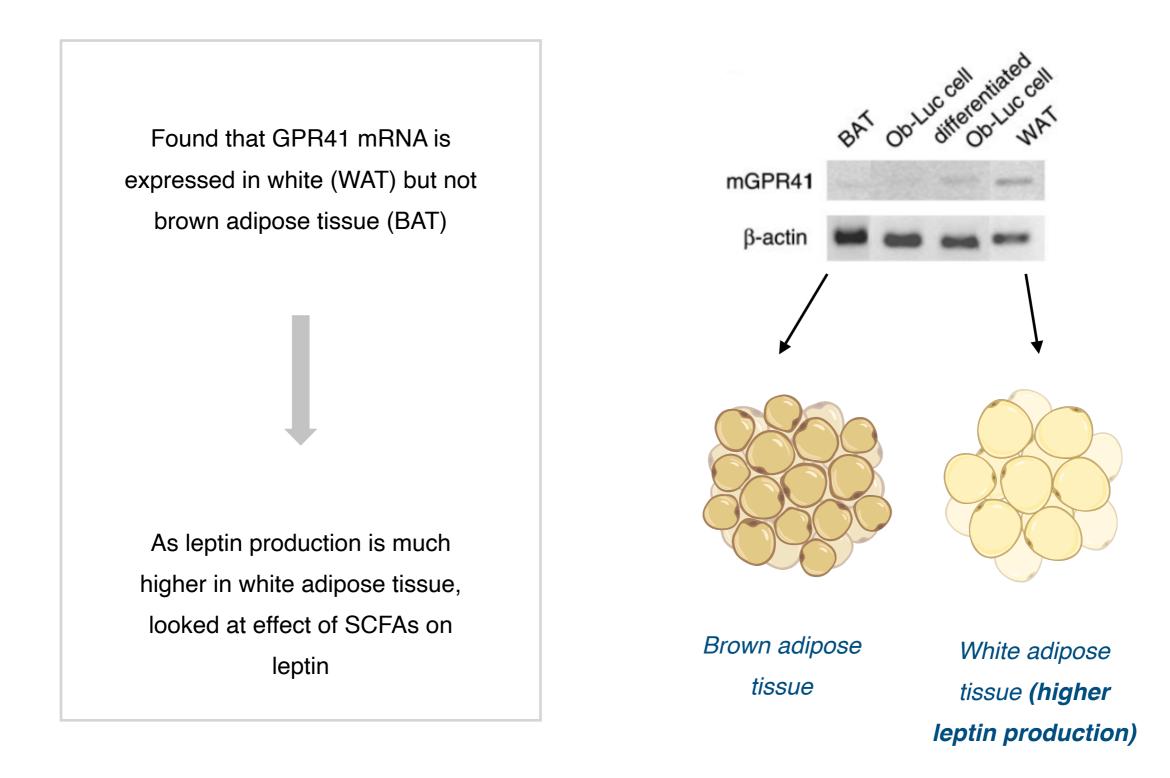




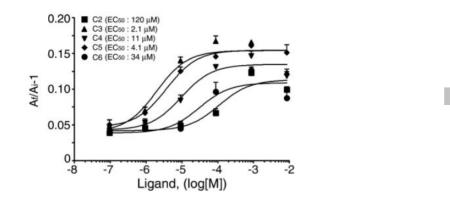
Unexpectedly find that acetic acid (solvent) during ligand screening for human GPR41 receptor

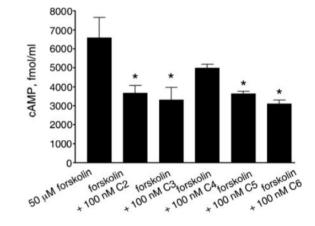
Find that C2-C6 SCFAS can bind to GPR41

Case Study: SCFAs and Leptin



Case Study: SCFAs and Leptin





Using a luciferase assay, find that SCFAs stimulate leptin production in Ob-Luc cells

Increased luciferase activity with propionic acid in cells overexpressing GPR41



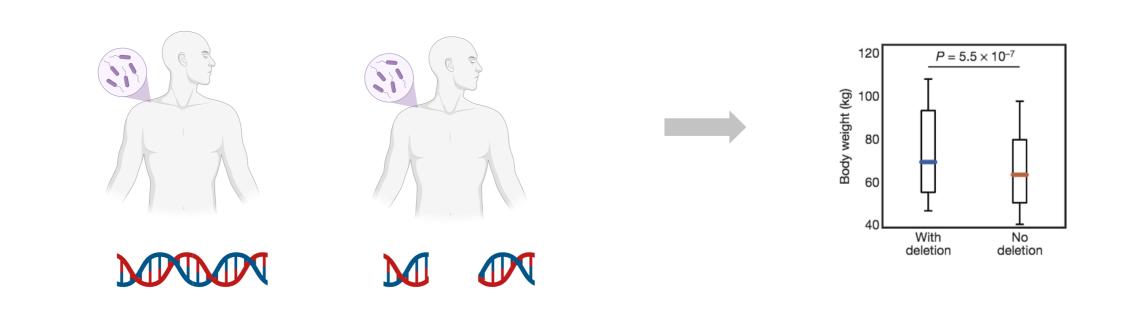
Oral administration of propionate increases circulating leptin levels in vivo

Case Study: SCFAs and Energy Homeostasis and Body Adiposity

Look for DNA segments that are deleted from bacteria in some individuals or present in a variable number of copies in others



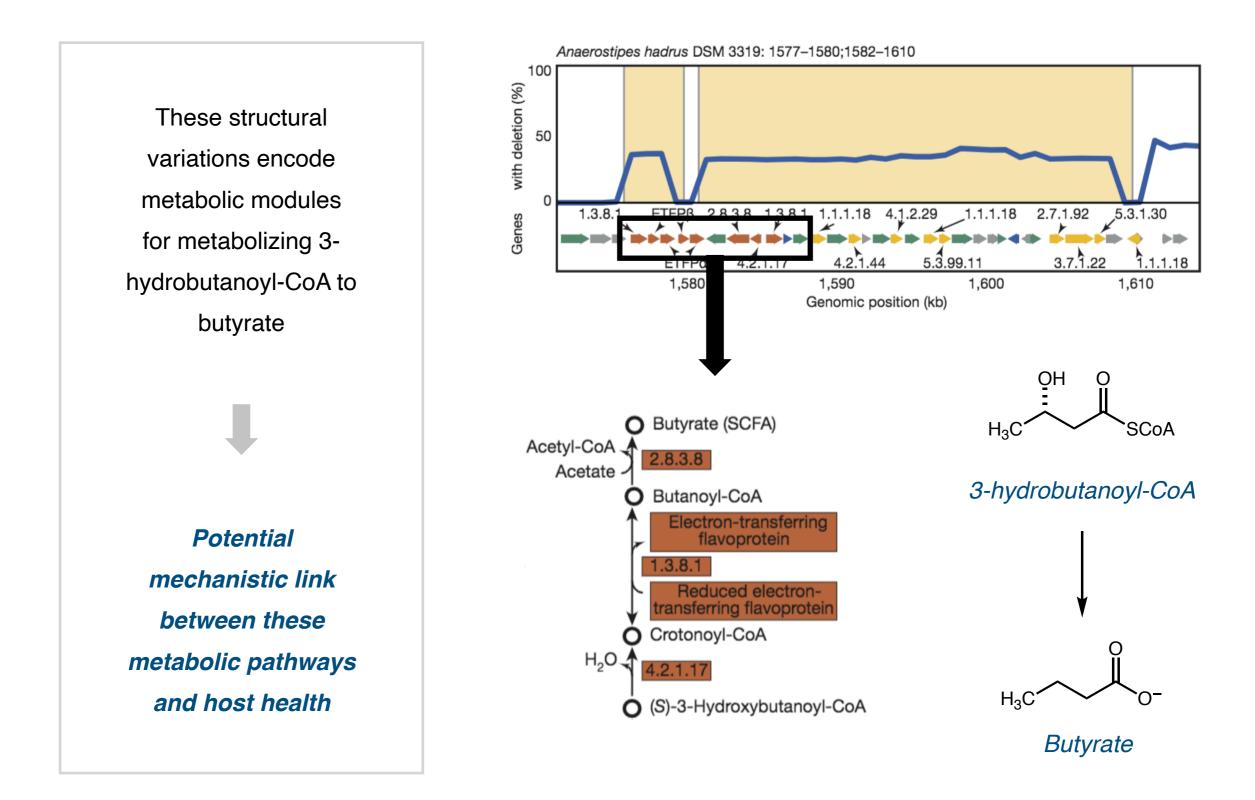
Look for associations between these structural variations



Structural variations in *Anaerostipes Hadrus* genome shows inverse relationship with body weight, waist circumference and BMI

Zeevi, D. et al. Nature 2019, 568, 43

Case Study: SCFAs and Energy Homeostasis and Body Adiposity



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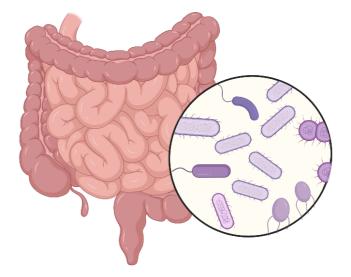
Interventions

Diet

Drugs and Pre/Pro/Postbiotics

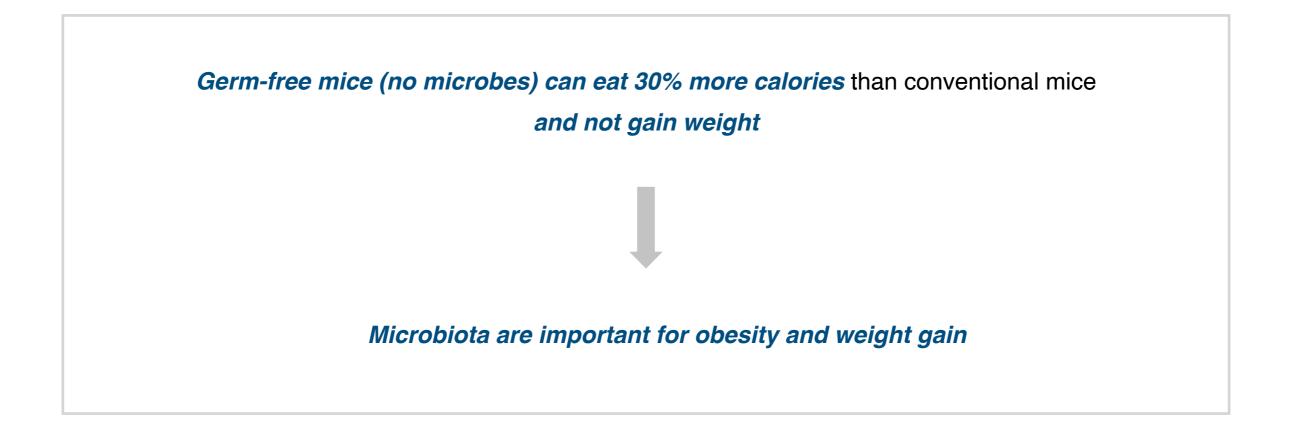
Bioengineered Commensals

Fecal Microbiota Transplantation



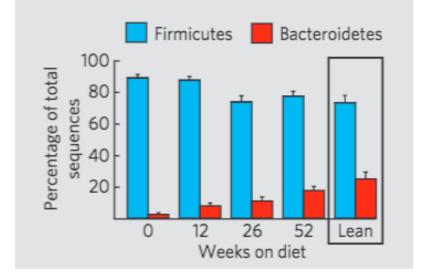
Weight of Germ-Free Mice vs. Conventional Mice





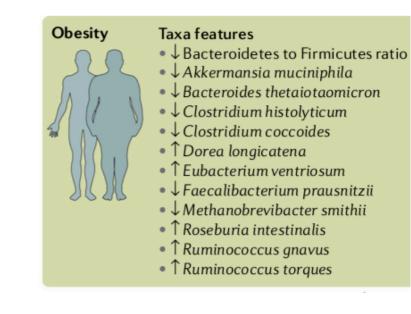
Composition of the Microbiome differs between Obese and Lean Individuals

The composition of the microbiome differs between obese and lean individuals in humans



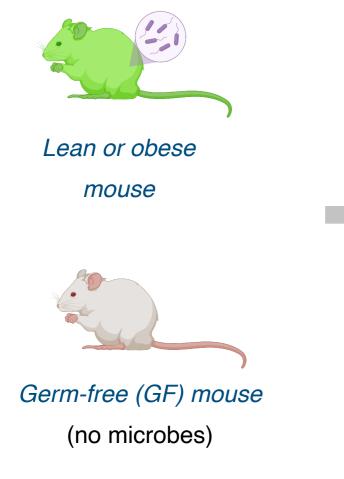
Firmicutes:Bacteroidetes ratio decreases with weight loss

At the species level, levels of multiple gut microbiota change between obese and lean individuals



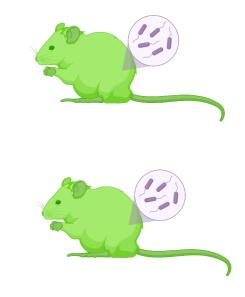
Ley, R. E.; Turnbaugh, P. J.; Klein, S.; Gordon, J. I. *Nature* **2006**, *444*, 1022 Pedersen, O.; Fan, Y. *Nat. Rev. Microbiol.* **2021**, *19*, 55

Transfer of Obese Mouse Microbiota



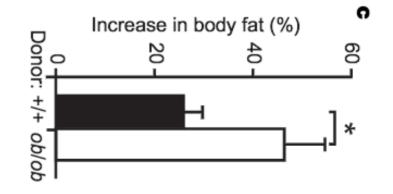


Colonization of GF mouse with lean or obese mouse microbes



Compare GF mice colonized with lean or obese microbes

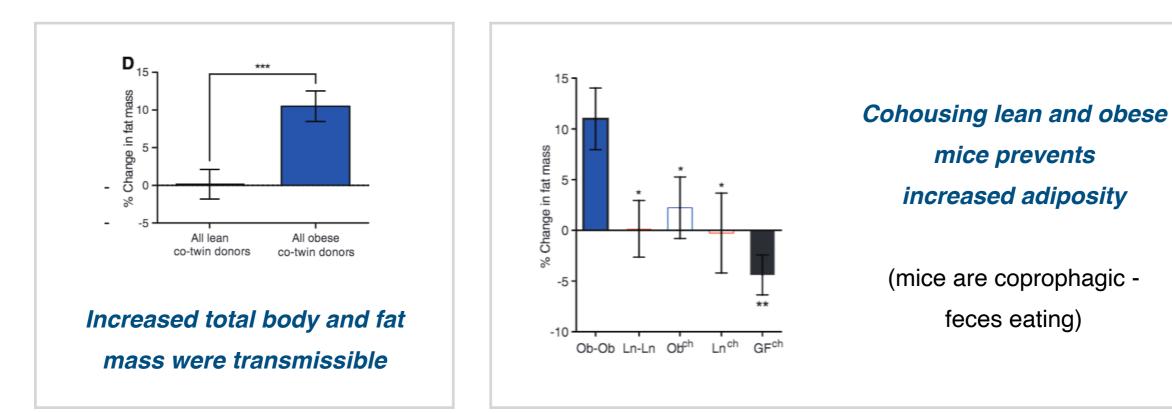
Colonization with obese mouse microbes over lean mouse leads to significant increase in body fat%



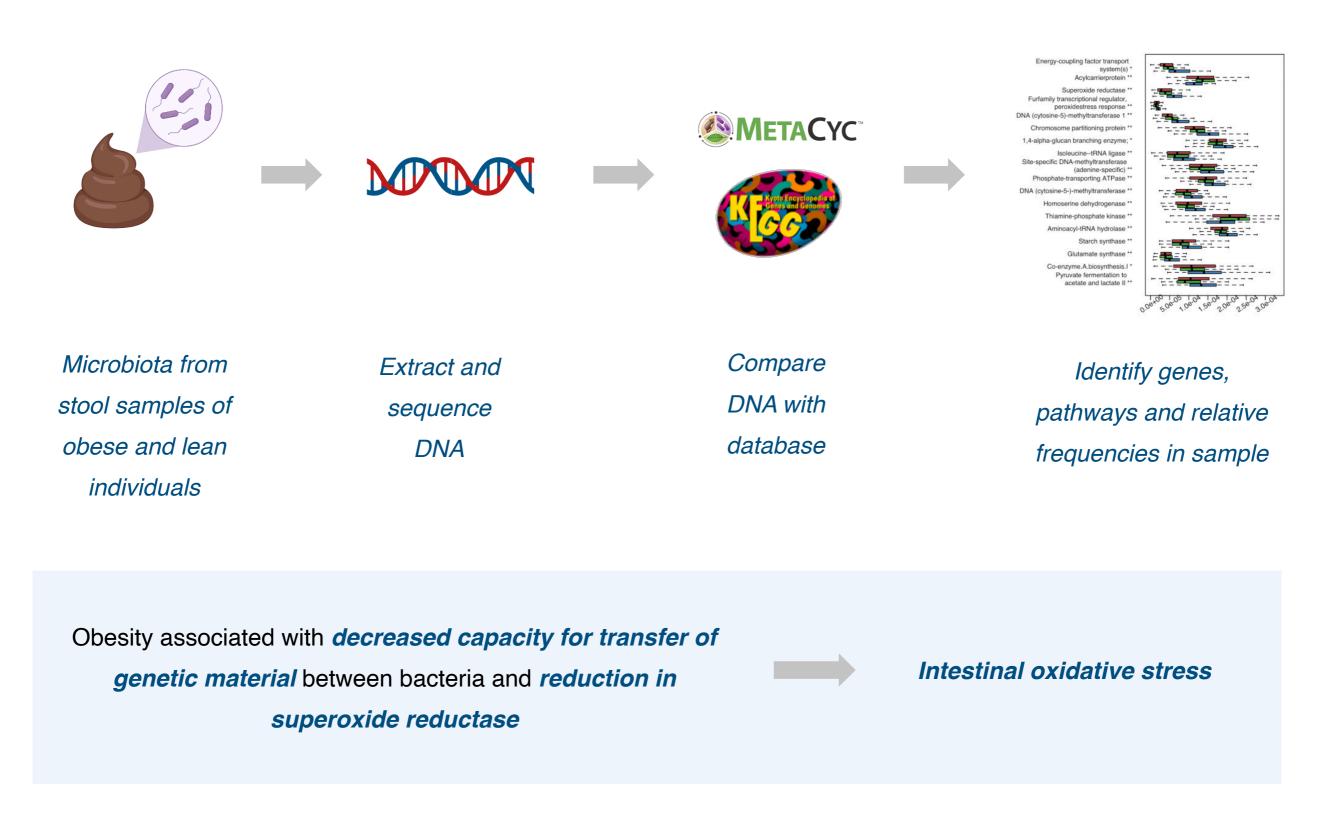
Effect of Fecal Transplant



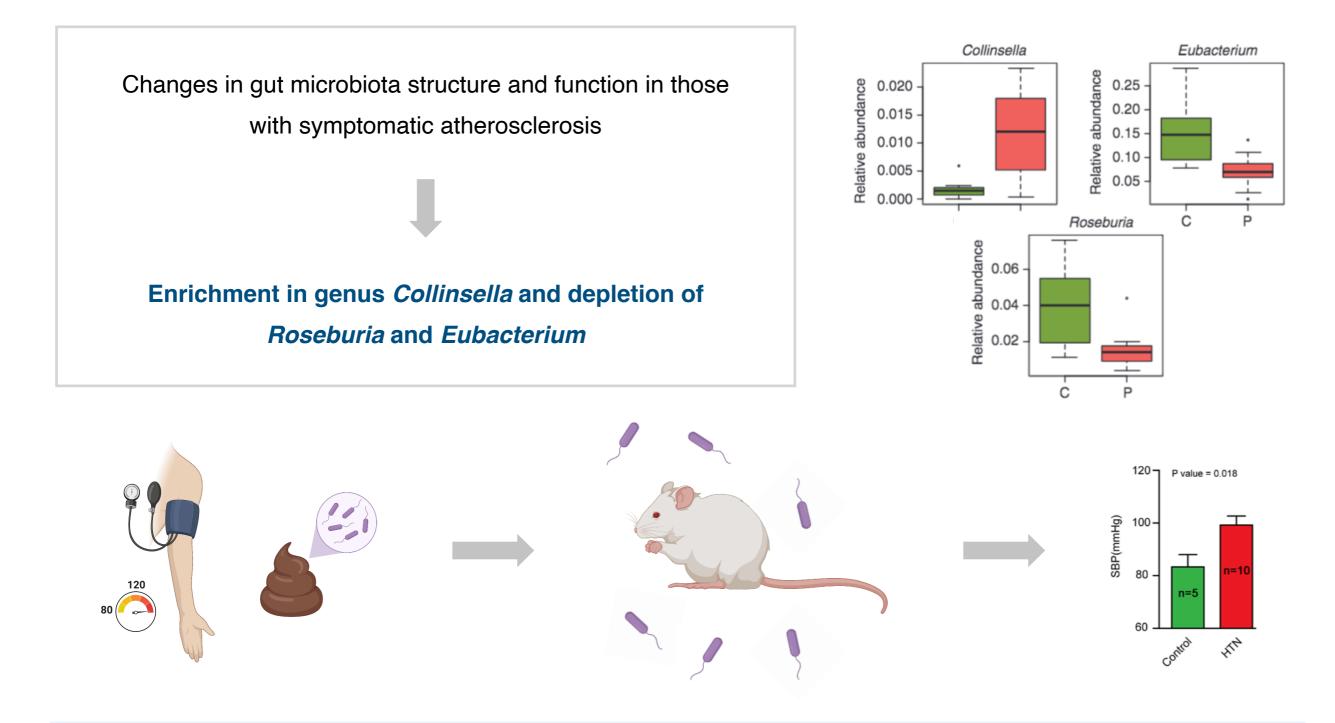
Took fecal samples from lean and obese twin Colonized GF mice with these microbiota by fecal transplantation



Obesity is associated with a Decreased Capacity for Unidirectional Conjugation

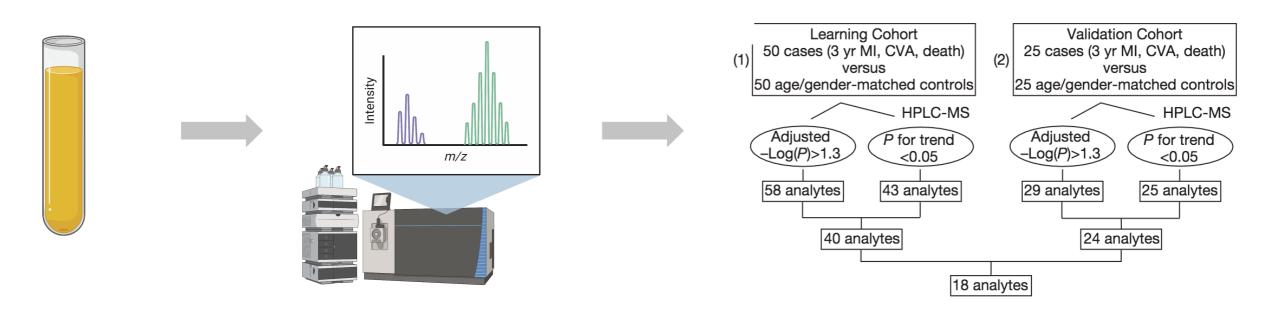


Cardiovascular Disease



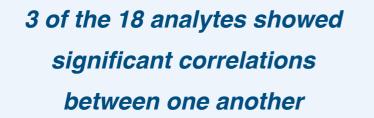
Fecal microbiota transplantation from hypertensive patients to GF mice leads to elevated blood pressure

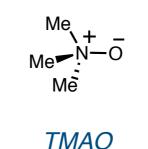
TMAO and Cardiovascular Disease

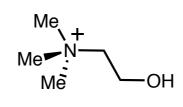


Blood plasma from controls and CVD patients LC/MS analysis to define analyses associated with cardiac risk

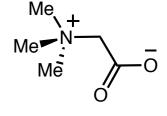






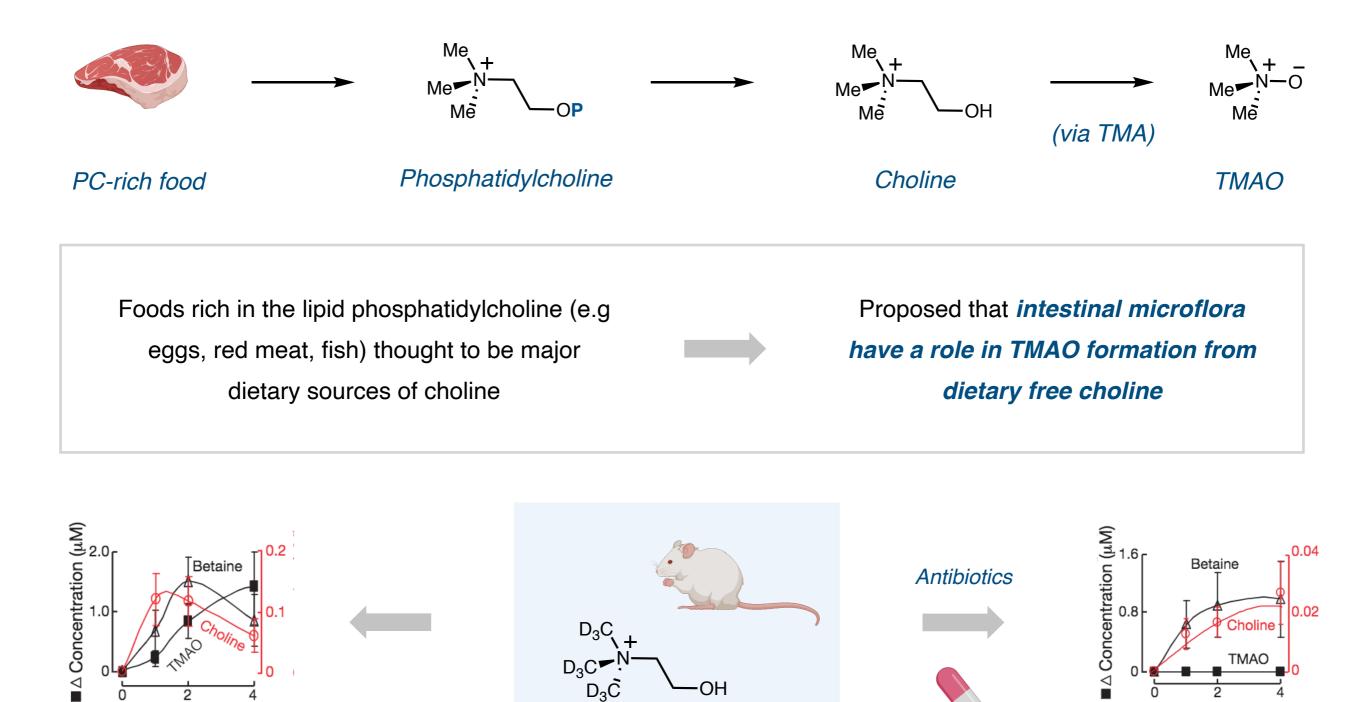






Betaine

TMAO and Cardiovascular Disease



Wang, Z. et al. Nature 2011, 472, 57

Mouse fed d⁹-choline

OH

2

Time (h)

No d⁹-TMAO

 D_3C

0

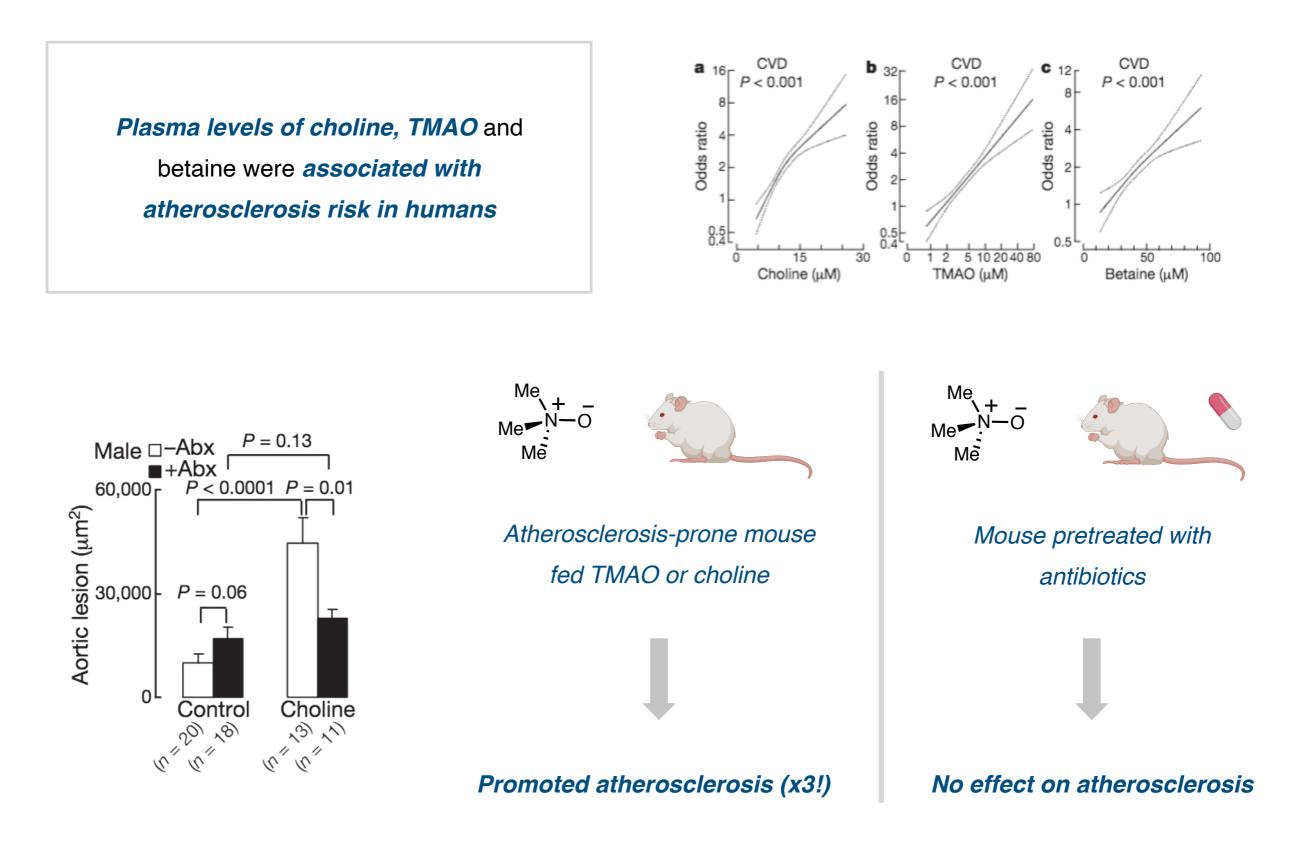
0

2

Time (h)

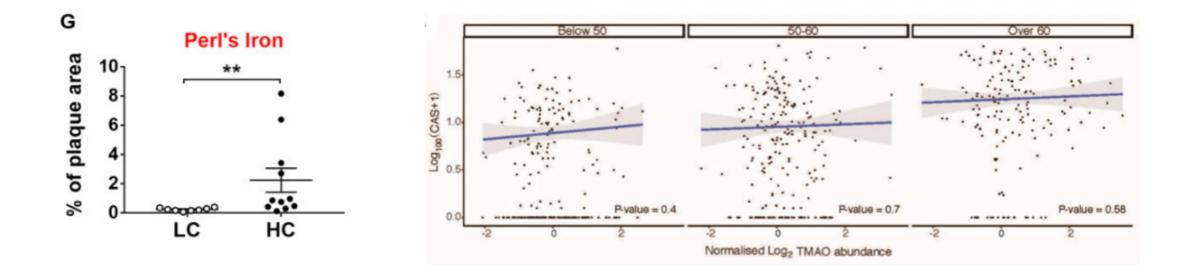
d⁹-TMAO formation

TMAO and Cardiovascular Disease



Wang, Z. et al. Nature 2011, 472, 57





Choline-rich diet led to *plaque instability* in prone mice *but not atherosclerosis*

TMAO aggravates atherogenesis in prone individuals primarily though plaque instability

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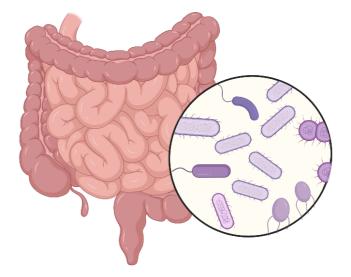
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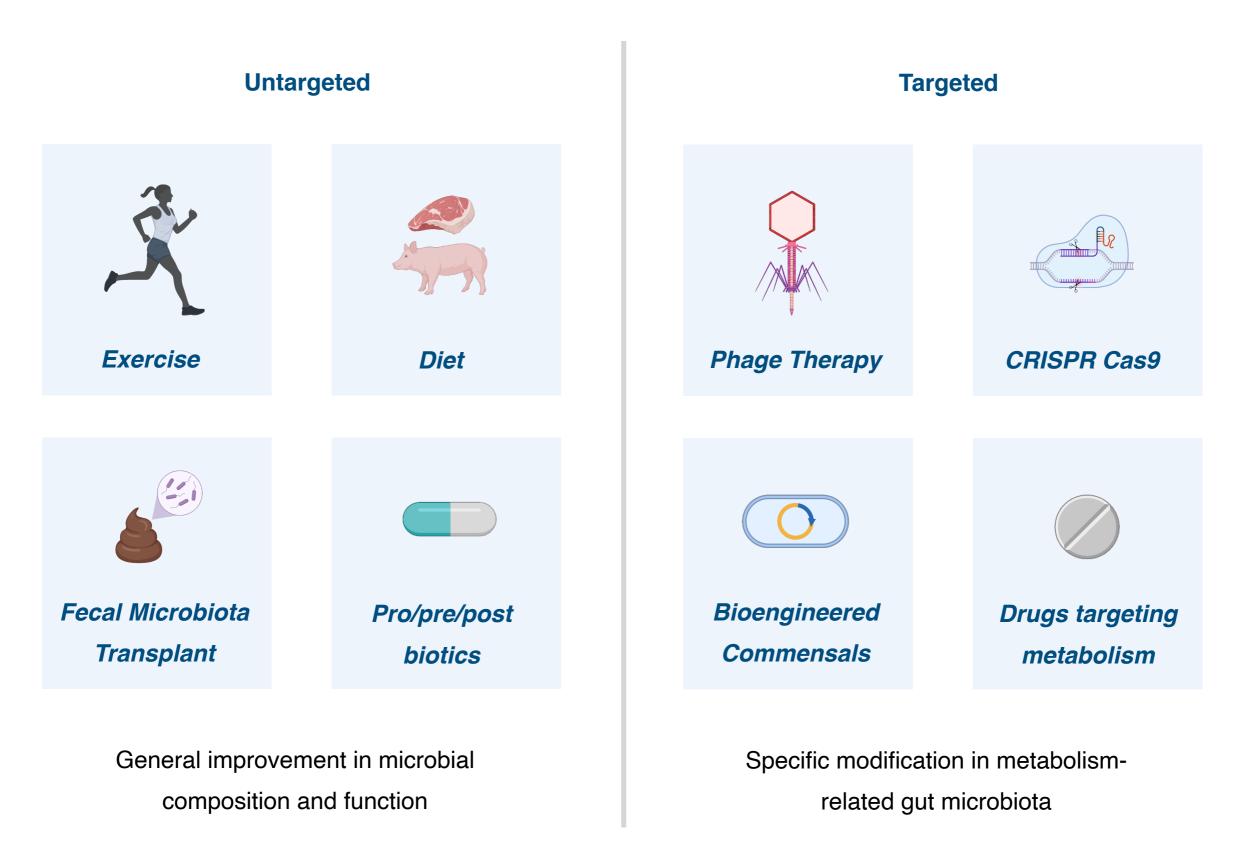
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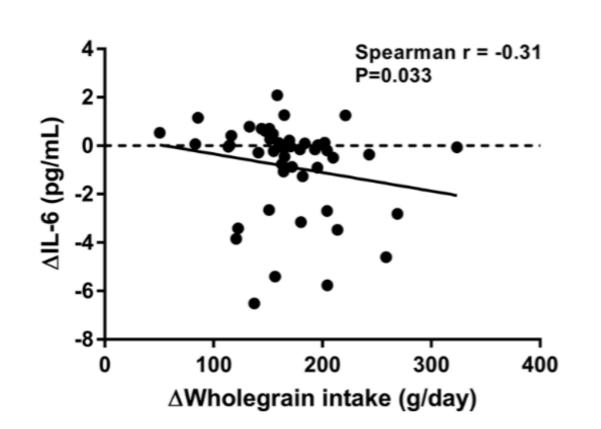
Interventions



Diet

Diets high in saturated or monounsaturated fat negatively influence the microbiota whereas diets high in polyunsaturated fat are neutral





High polysaccharide diets are beneficial and lead to:

- altered gut microbiota with increased faecal, serum of urine concentrations of SCFAs
- weight loss
- improvements of cytokine and metabolome profiles

Diet



Diet high in vegetable fibers (low in animal fat/protein)

Indigestable polysaccharides

Fermented by beneficial bacteria

Short chain fatty acids (SCFAs)

Beneficial effects to host



Diet high in animal fat/protein (low in vegetable fibers)

No fermentable polysaccharides, microbes switch to *amino acids*

Fermented by harmful bacteria

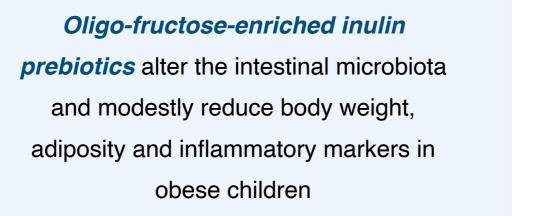
Acidic products => increase in pH

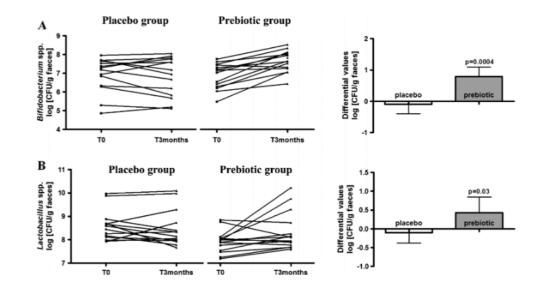
Causes leakage of molecules into blood triggering inflammation and IR

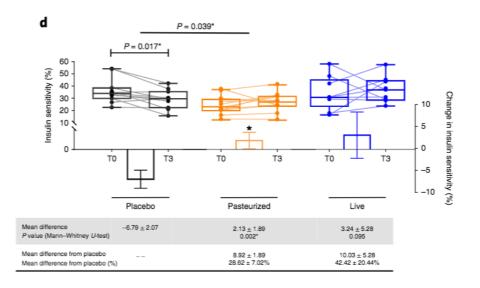
Pre-, Pro-, Postbiotics

Pre-, pro- and postbiotics deliver microorganisms or substrates that provide health benefit to host Me Me OΗ $\bar{N}H_2$ **Prebiotics Probiotics Postbiotics** Substrate Micro-organisms **Metabolites** (+ microbes sometimes) Probiotic strains Lactobacillus, Clinical indications for multiple diseases (e.g IBS, **Bifidobacterium and** H.pylori) although more Saccharomyce have a long history of safe and effective studies needed (no official recommendation) use

Prebiotic and post studies lag behind probiotic studies, although many promising studies







Pasteurized A.muciniphila and its membrane protein Amuic_1100 demonstrated positive effects on markers of human metabolism

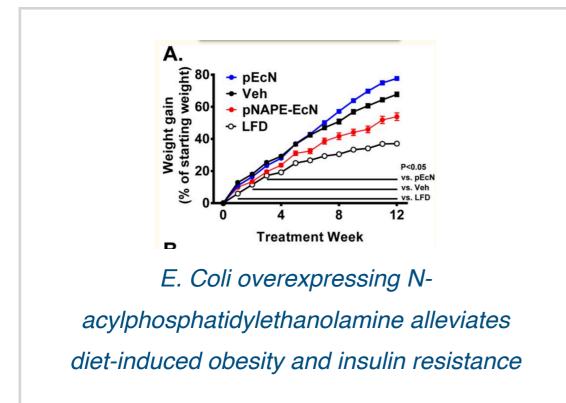
Bio-engineered Commensals

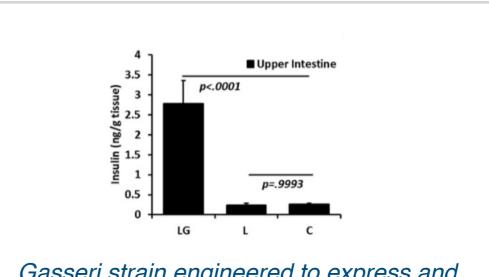
Bio-engineered commensals

Genetically modified microbes



Recent promising examples:



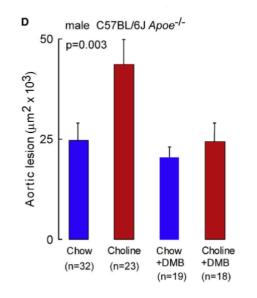


L. Gasseri strain engineered to express and secrete GIP-1 increased insulin release and reduced hyperglycemia in diabetic mice

Is delivering genetically modified organisms carrying microbial genes to the human gut acceptable?

Targeting specific microbial-synthesized metabolites by delivering tailored drugs - an emerging frontier

TMA inhibition - an early success:



DMB, an inhibitor of TMA, inhibited choline diet-enhanced atherosclerosis in mice

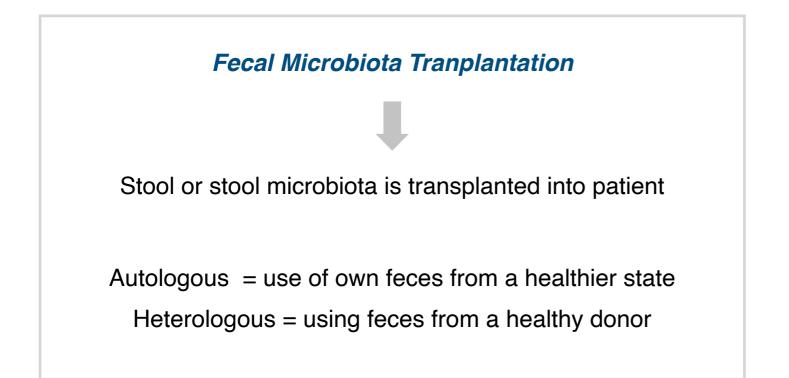
Metabolite	Major physiological effect	Reference for basic science study	Clinical trial (condition, intervention, stage)	Reference for clinical trial
TMAO	Alterations of cholesterol, sterol metabolism and bile acid pool size and composition	[11,14]	Chronic kidney disease, Rifaximin antibiotic, phase 4	NCT03718988
	Platelet hyperreactivity and thrombosis risk	[13,18]	Heart failure, Rifaximin vs S. boulardii, phase 2	NCT02637167
			Chronic kidney disease, Sevelamer Carbonate, phase 3	NCT03596749
			Chronic Kidney Disease, AXOS vs Maltodextrine, phase 2	NCT02141815
SCFAs	Hematopoietic alterations through HDACs, gut-brain axis	[24,30,41,42]	Stress and attention, SCFA oral supplementation, N/A	NCT03688854
Butyrate	Epigenetic modulation of inflammation		Schizophrenia	NCT03010865
	Increased fatty acid oxidation	[124]	Childhood Obesity: Liver damage and insulin resistance, dietary supplement, Phase 2 and 3	NCT02721953
	Inflammation and oxidative stress	[124,125]	Minor effects on oxidative stress, enemas sodium butyrate, N/A	NCT00696098
Conjugated linoleic acid (CLA)	Fortification of epithelial barrier integrity	[48,49]	obesity, oral supplementation, N/A	PMID: 115927
N-3 long chain fatty acid	Attenuation of inflammation	[126]	Ulcerative Colitis, oral supplement, Phase 3	PMID: 158220
Indole-3-carbinol	Ahr mediated control of intestinal epithelial cells proliferation and differentiation	[58]	Squamous Cell Head and Neck Cancer, SCB01A, phase 2	NCT03020823
			Prostate cancer, phase 2/3	NCT00579332
			Breast Cancer, DIM supplementation, phase 3	NCT02525159
Indole	Ahr mediated mucosal immunity	[59,61]	Healthy, L. reuteri recolonization, N/A	NCT03501082
Indole-3-carbinol	Ahr mediated immunoregulatory effects	[127]	Systemic Lupus Erythematosus, DIM supplementation, phase 1	NCT02483624
			Obesity, Indole 3 carbinol supplementation, phase 2	NCT00988845
Indole-3-propionic acid			Friedreich's Ataxia, VP 20629, phase1	NCT01898884
Indoxyl sulfate	Uremic and vascular toxin	[67]	Chronic kidney disease, AST-120 (Kremezin®), phase 4	NCT01157260
p-cresol	Uremic toxin altering of endothelial cells function		Chronic Kidney Disease, BENEO synergy1	NCT00695513
	and promoting vascular calcification		(inulin/oligofructose), Phase1/2	
			Chronic Renal Failure, Synbiotic Probinul-Neutro®, phase 4	NCT02008331
Taurine	Modulation of gut bile acid metabolism,	[79,80]	Diabetes, oral supplement, N/A	NCT03410537
	anti-inflammatory, oxidative stress			NCT01226537
Imidazole propionate	Impairment of the insulin signaling	[84]	type 2 diabetes, high vs low protein diets, N/A	NCT03732690
Retinoic Acid	T-Cell development	[93]	Primary immune thrombocytopenia, ATRA supplement, phase 2	NCT01667263
UDCA	Ameliorate insulin insensitivity		Type 2 diabetes, Ursodiol, phase 2	NCT02033876
	Inhibition of Clostridium difficile spore germination and vegetative growth	[105]	Diarrhea, Ursodiol, phase 4	NCT02748616
DCA	Colonic crypt regeneration	[106]	Esophageal Carcinoma, Ursodiol, phase 2	NCT01097304
Flavonoid	Antioxidant and anti-inflammatory properties	[116,117]	Autism Spectrum Disorders, Luteolin, Quercetin and Rutin dietary supplement, phase 2	NCT01847521
			Metabolic Syndrome, chlorogenic acid and luteolin, N/A	NCT03444558
			Alzheimer's diseases or T2DM, polyphenolic extract, phase 1	NCT02502253
N-acyl amides	Ligand of G-protein coupled receptor	[120,121]	Type 2 Diabetes Mellitus, dietary supplementation, phase 1	NCT01453842

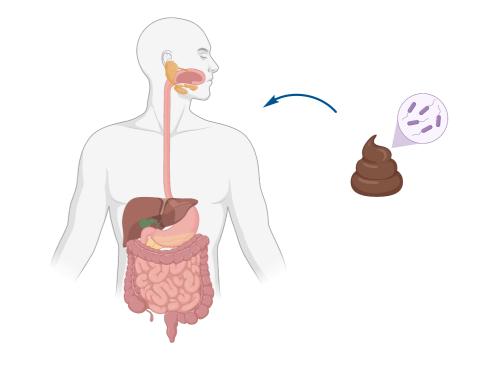
Function of metabolites is highly context-dependent making therapeutic use challenging

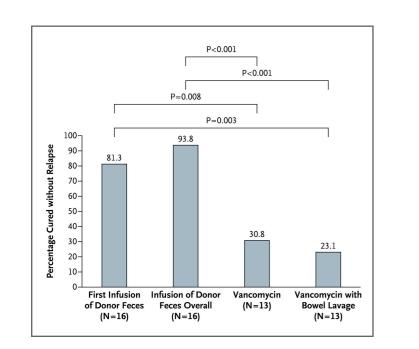
Wang, Z. et al. *Cell*, **2015**, *163*, 1585 Descamps, H. C.; Herrman, B.; Wiredu, D.; Thaiss, C. A. *EBioMedicine*, **2019**, *44*, 747

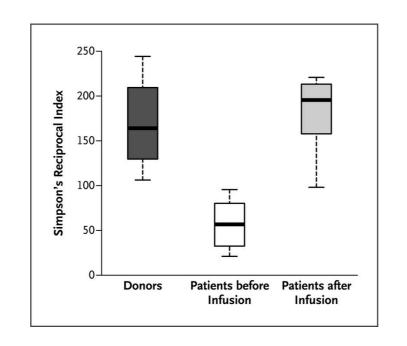
Ongoing clinical trials:

Heterologous and Autologous Fecal Microbiota Transplantation









For recurrent C. difficule infection, FT is the only true effective treatment!

Heterologous and Autologous Fecal Microbiota Transplantation

Unknown whether heterologous FMT will be an option in preventing or treating more complex diseases



Potential indications examples:

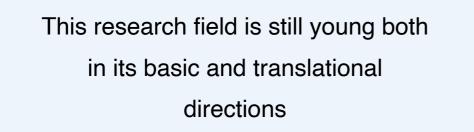
IBD, IBS, Crohn's, T2D, Obesity, Autoimmune Disorders, Parkinson's

Multiple challenges for heterologous FMT:

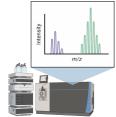


Autologous FMT would be much less complicated, but feasibility and efficacy unknown

Conclusions



Little of the novel knowledge has been validated or has matured to a stage where it can guide public health or clinical practice



Need to find the hundreds of unknown microbial-derived chemical compounds, and investigate their significance



Incomplete microbial genome databases and lack of functional annotation for most microbial genes makes interpretation of metabolome profiling challenging

Questions?



Gut microbiota in human metabolic health and disease Pedersen, O.; Fan, Y. *Nat. Rev. Microbiol.* **2021**, *19*, 55

Figures created with BioRender.com

Case Study: SCFAs and Energy Homeostasis and Body Adiposity

