



**PennCHOP**  
MICROBIOME PROGRAM



# **“YOU ARE WHAT YOUR BUGS EAT!”**

*Diet, the Gut Microbiota and its Metabolome in Human Health and Disease*

**Gary D. Wu, M.D.**

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Perelman School of Medicine  
University of Pennsylvania

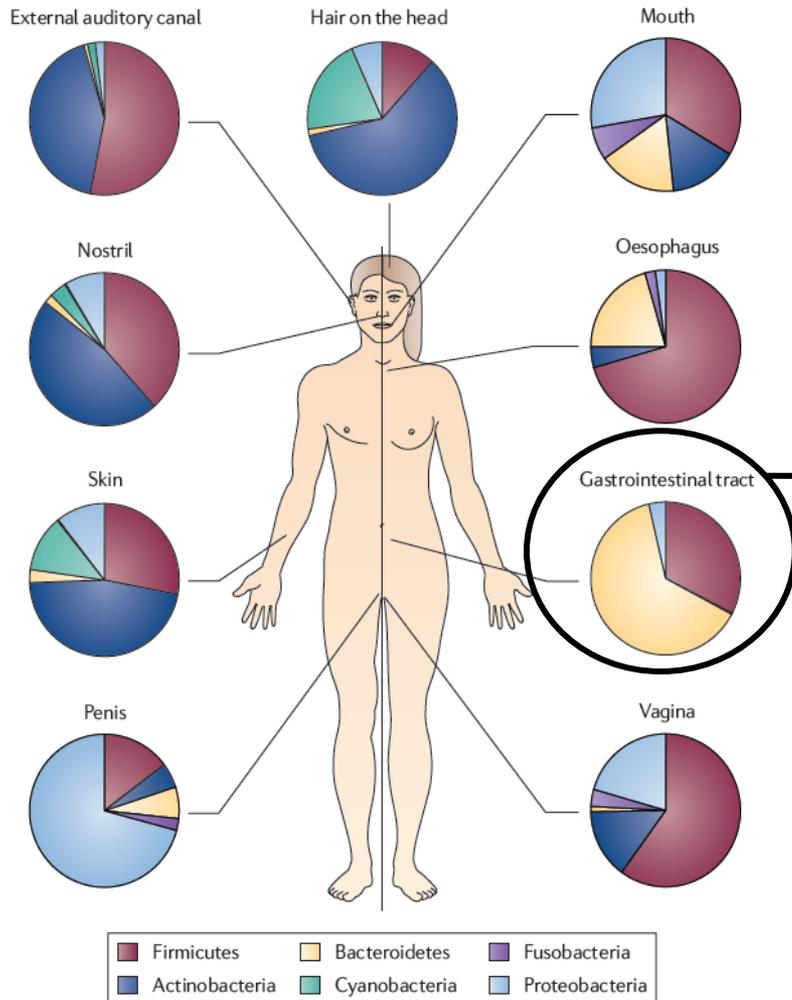
# Agenda

**The Intestinal Microbiome, Early Life Events, and Association with Disease (Asthma)**

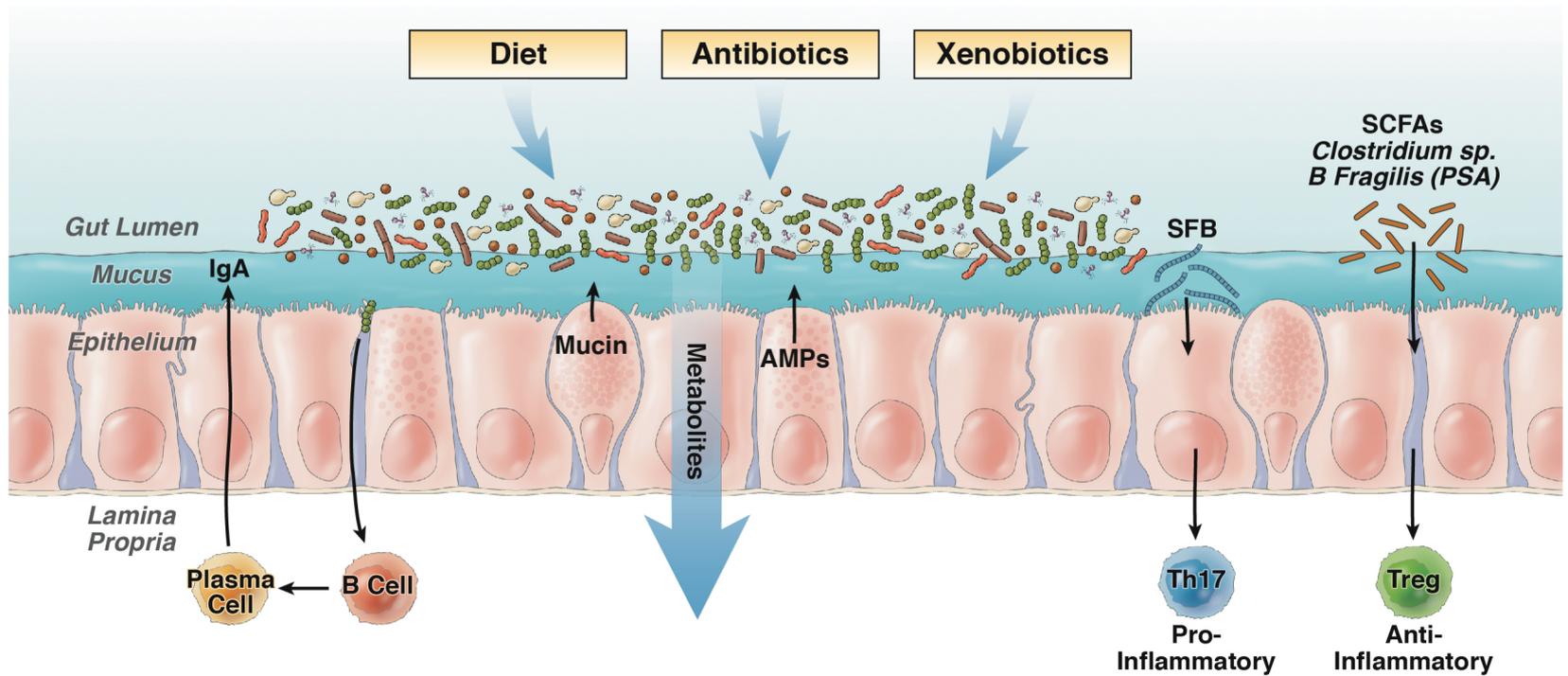
**Diet and the Gut Microbiome and its Metabolome in Health and Disease**

**Current and Future Status of the Microbiome Field: Fecal Microbiota Transplantation (FMT) and Beyond**

# The Human Microbiome



- Comprised of Bacteria, Viruses, others (Archaea, Eukaryotes)
  - Distinctive microbiomes at each body site (gut, lung, skin, mucosa etc.)
- The Gut Microbiota**
- Human gut is home to ~ 100 trillion bacterial cells
  - Density of  $10^{11}$  to  $10^{12}$  per gram in the colon
  - Large numbers of species present, many uncultured



**Diabetes:** Type 1 DM (MyD88-dependent in NOD Mice); Type 2 DM (TLR4 and TLR5 KOs)

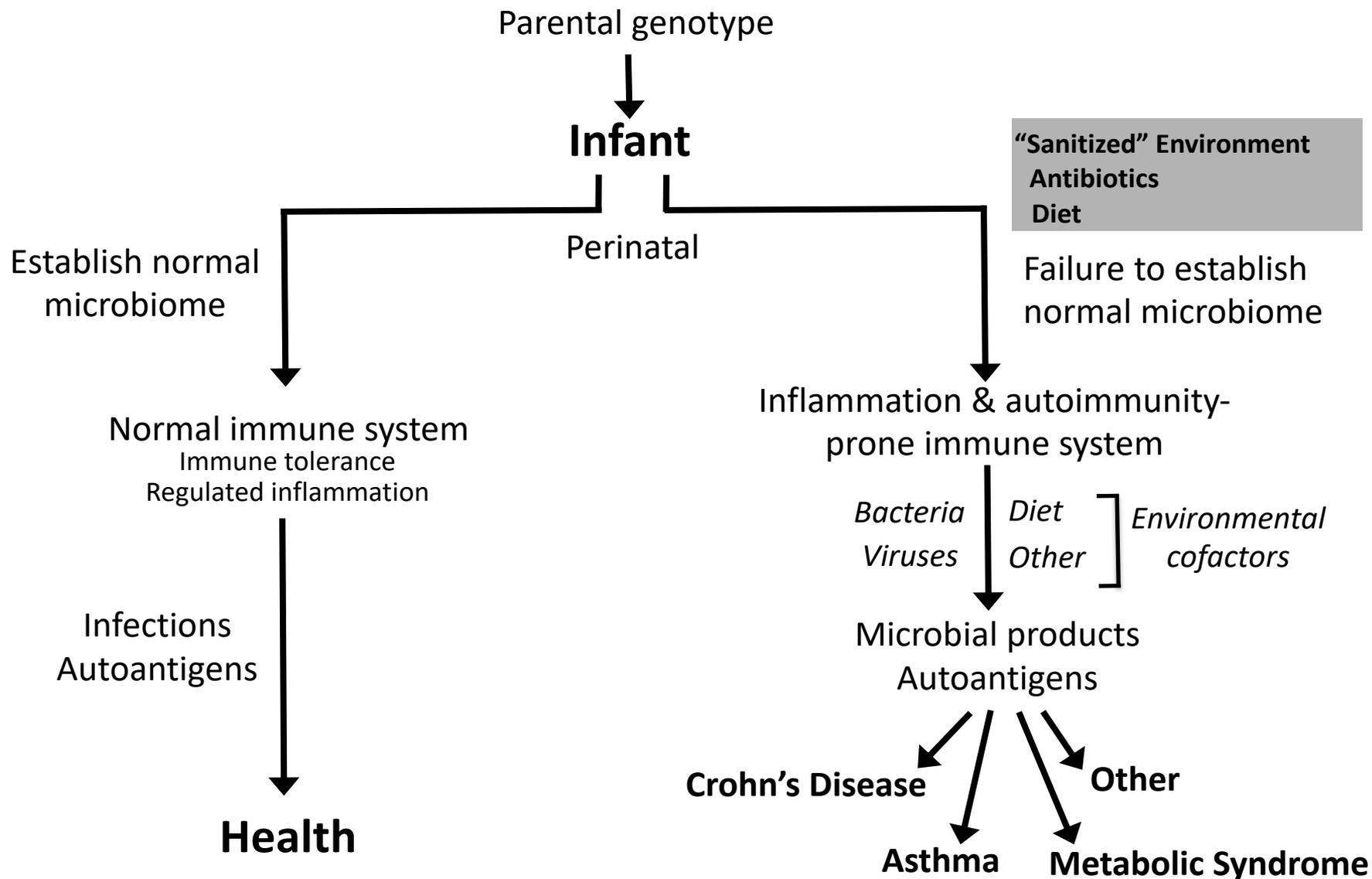
**Atherosclerosis:** Oral, gut and plaque microbiota; Microbial metabolism of choline to TMA

**Asthma:** Sanitized environment

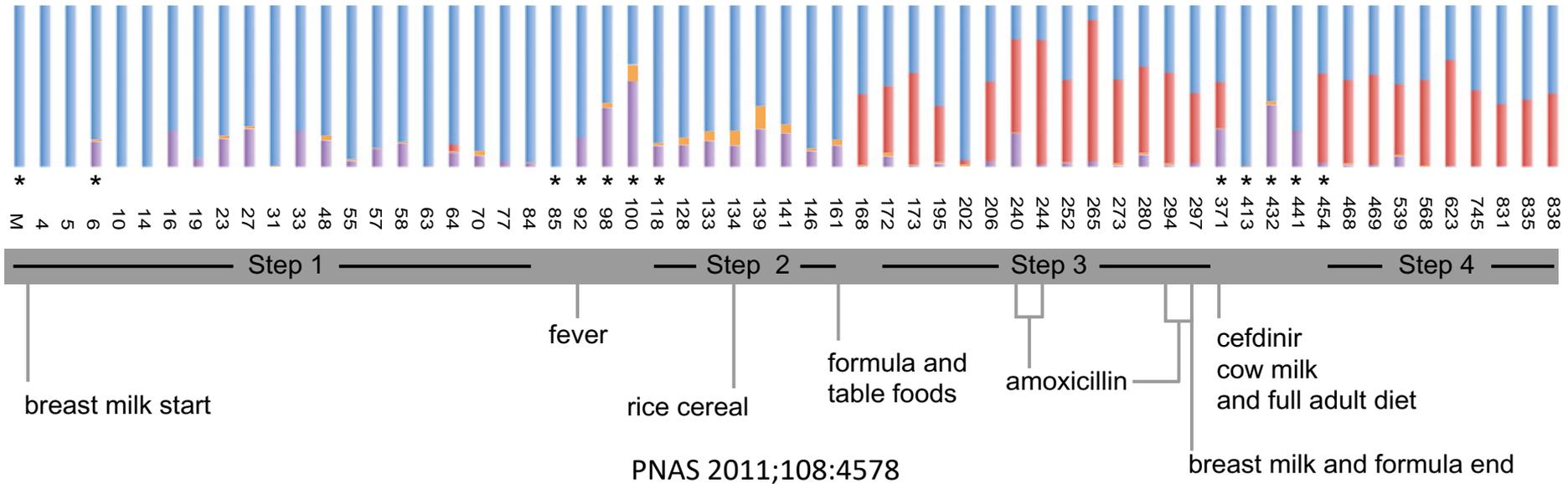
**Colon Cancer:** Enterotoxigenic *Bacteroides fragilis* and *Fusobacterium*

**Inflammatory Bowel Disease:** Dysbiosis

# Host Gene-Microbial Interactions in the Pathogenesis of Immune-Mediated Diseases in “Modern Society”



# The Early Human Gut Microbiota



Innate Immunity and Asthma Risk in Amish and Hutterite Farm Children

Michelle M. Stein, B.S., Cara L. Hrusch, Ph.D., Justyna Gozdz, B.A., Catherine Igartua, B.S., Vadim Pivniouk, Ph.D., Sean E. Murray, B.S., Julie G. Ledford, Ph.D., Mauricius Marques dos Santos, B.S., Rebecca L. Anderson, M.S., Nervana Metwali, Ph.D., Julia W. Neilson, Ph.D., Raina M. Maier, Ph.D., Jack A. Gilbert, Ph.D., Mark Holbreich, M.D., Peter S. Thorne, Ph.D., Fernando D. Martinez, M.D., Erika von Mutius, M.D., Donata Vercelli, M.D., Carole Ober, Ph.D., and Anne I. Sperling, Ph.D.

- Asthma was 4 and 6 times lower in the Amish relative to Hutterites.
- Differences in microbial composition were also observed in dust samples from Amish and Hutterite homes.
- Profound differences functions immune cells were also found between the two groups of children.
- In a mouse model of experimental allergic asthma, dust extracts from Amish but not Hutterite homes significantly inhibited airway hyperractivity and eosinophilia.

➤ Analogies to peanut allergies.

	Conventionally Housed	Germ-free	Adult Microbial Colonization	Perinatal Microbial Colonization
Colonic and Lung iNKT Cells	+	++++	++++	+
Oxazolone Colitis and Asthma	+	++++	++++	+

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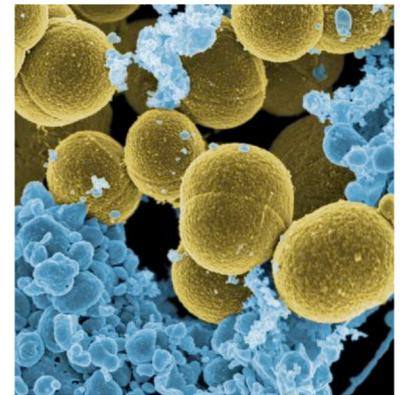
# Host-Microbial Mutualism the Gut

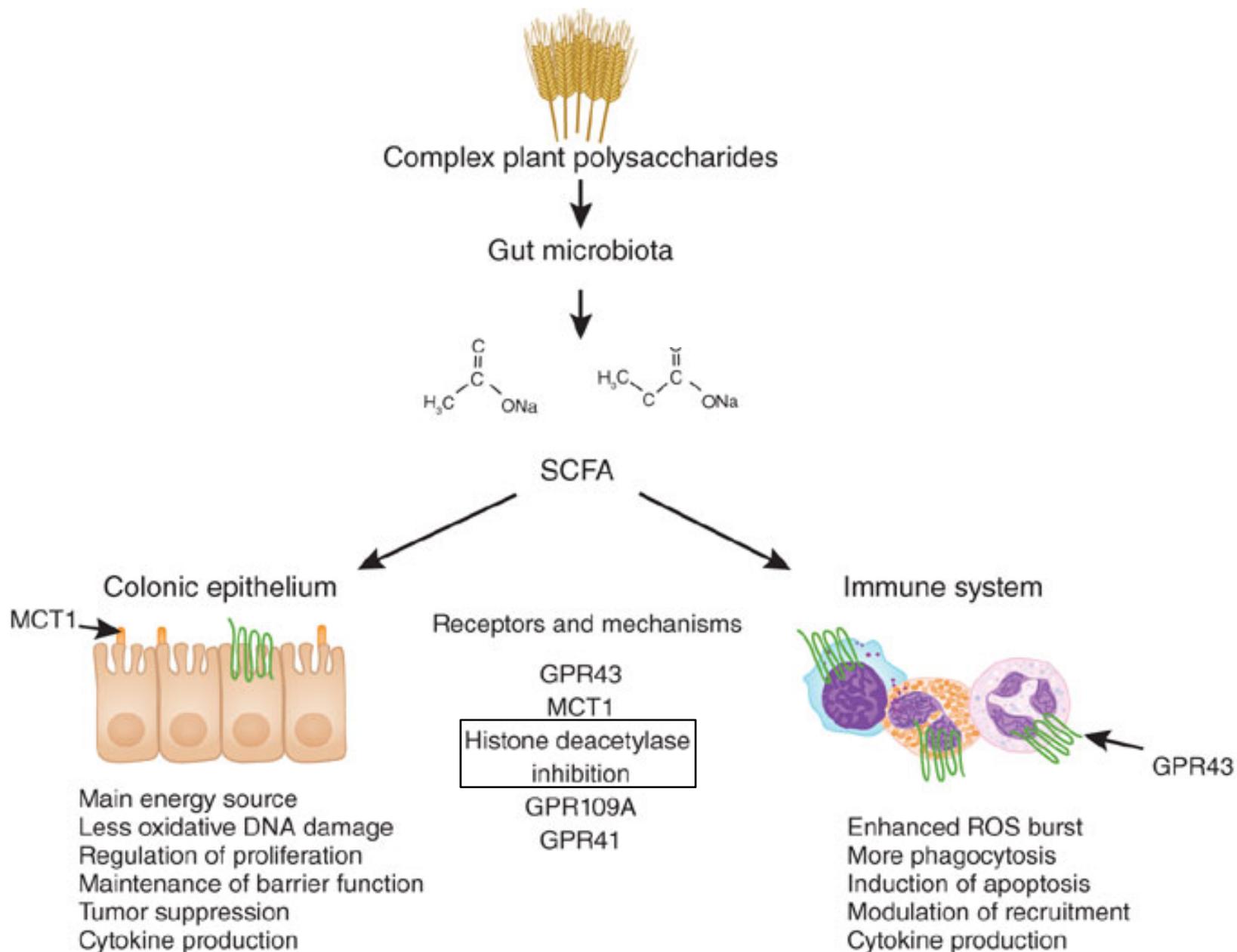
## Host benefits to bacteria

- Provides a unique niche
- Intestinal mucus provides a source of nutrition

## Bacteria benefits the host

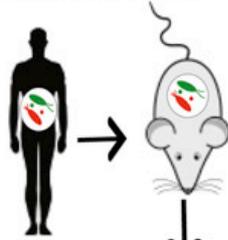
- Fermentation of indigestible carbohydrates and the production of SCFAs
- Biotransformation of conjugated bile acids
- Urease activity participates in nitrogen balance
- Synthesis of certain vitamins
- Metabolize drugs
- Education of the mucosal immune system





# Dietary Fiber and the Intestinal Mucus Barrier

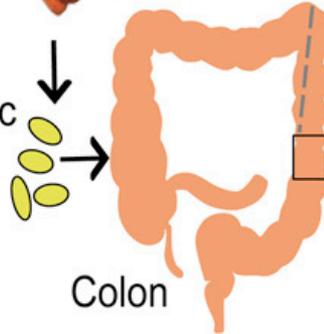
Gnotobiotic mice with characterized human gut microbiota



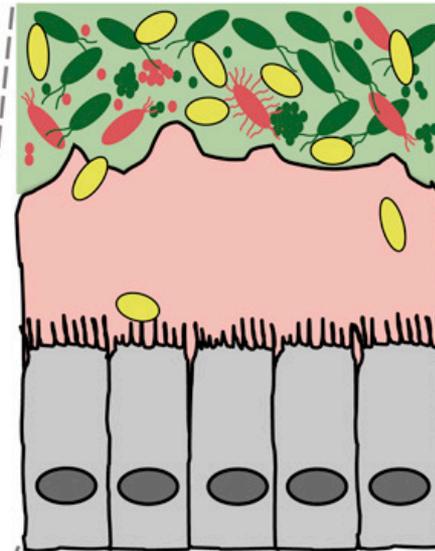
Dietary fiber deprivation



Infection with enteric pathogen

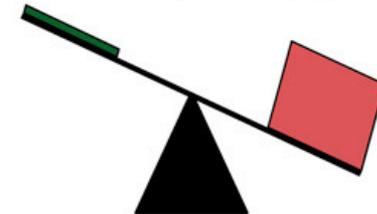
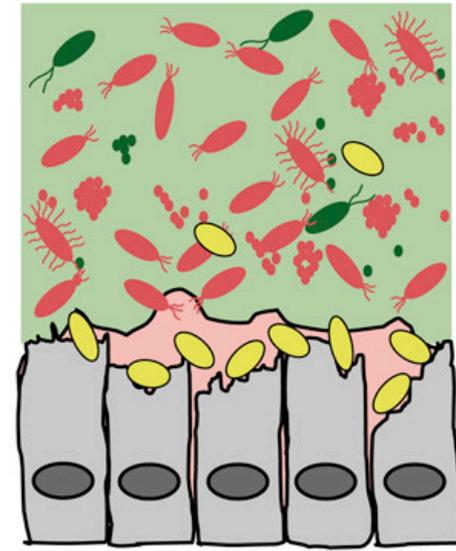


Fiber-rich diet

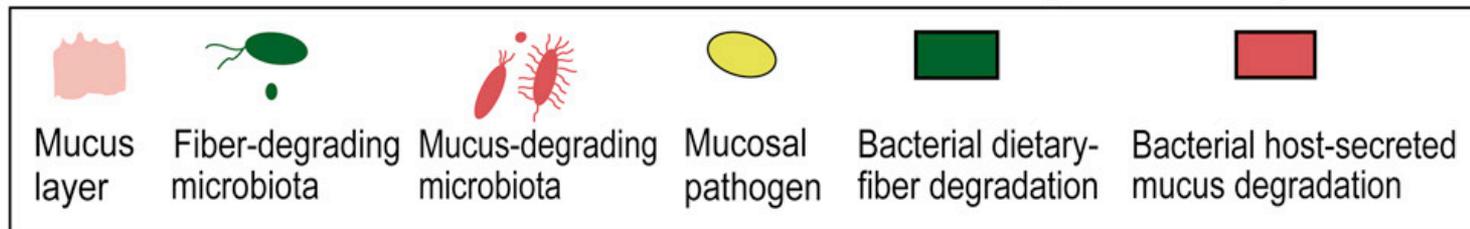


Mature mucus layer:  
intact barrier function

Fiber-free diet



Microbiota eroded mucus  
layer: barrier dysfunction



# Dietary Effects on Human Gut Microbiome and its Association with Disease

ARTICLE

LETTER

doi:10.1038/nature12596

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## Richness of human gut microbiome correlates with metabolic markers

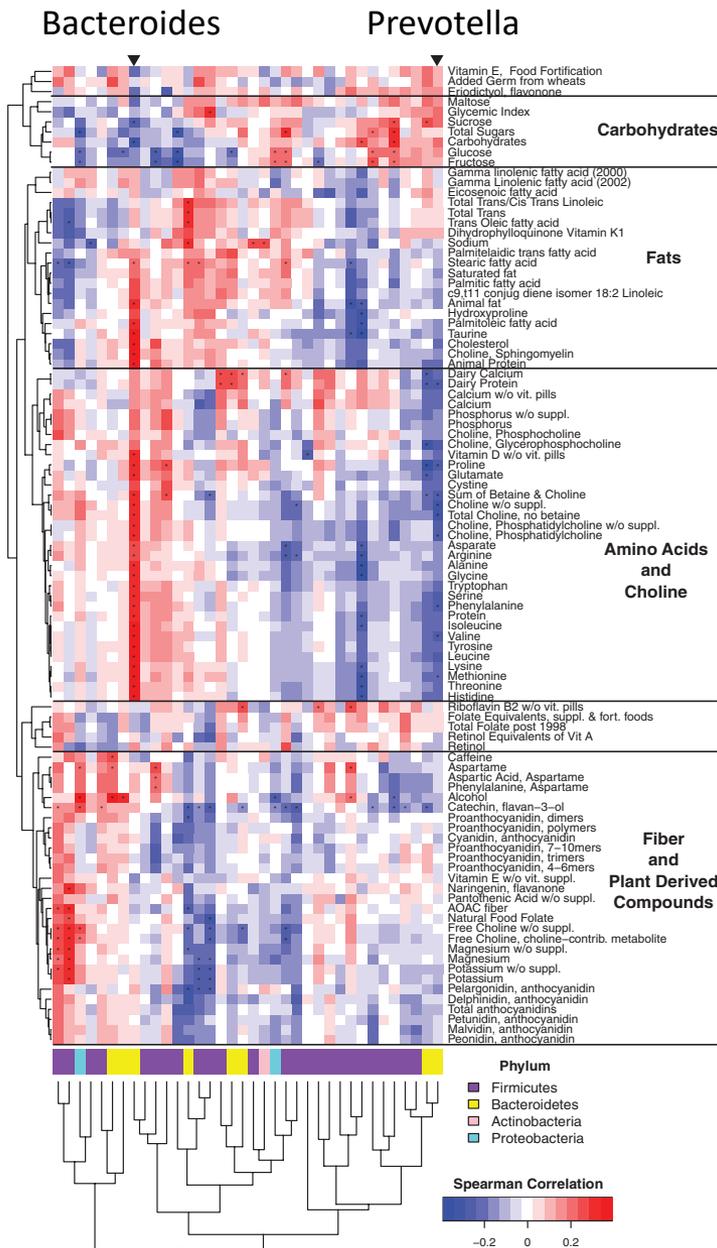
Emmanuelle Le Chatelier<sup>1,2,4</sup>, Trine Nielsen<sup>5,6</sup>, Junjie Qin<sup>7,8</sup>, Edi Prifti<sup>9</sup>, Falk Hildebrand<sup>10</sup>, Gwen Falony<sup>10</sup>, Mathieu Almeida<sup>1</sup>, Manjushriyan Arumugam<sup>11,12</sup>, Jean-Michel Batto<sup>1</sup>, Sean Kennedy<sup>13</sup>, Pierre Leouard<sup>7</sup>, Bahasa Li<sup>14</sup>, Kristoffer Bragford<sup>15</sup>, Niels Grarup<sup>16</sup>, Torben Jorgensen<sup>17,18</sup>, Ivan Bratandstad<sup>19,20</sup>, Henrik Bjern Nielsen<sup>21</sup>, Agnieszka S. Junckes<sup>22</sup>, Marcelo Bertalan<sup>23</sup>, Florence Levenez<sup>24</sup>, Nicolas Pons<sup>25</sup>, Simon Rasmussen<sup>26</sup>, Shinichi Sunagawa<sup>27</sup>, Julien Tap<sup>28</sup>, Sebastian Tims<sup>29</sup>, Edwin G. Zoetendal<sup>30</sup>, Søren Branaak<sup>31</sup>, Karine Clément<sup>1,30,31</sup>, Joel Doré<sup>32</sup>, Michiel Kleerebezen<sup>33</sup>, Karsten Kristiansen<sup>34</sup>, Pierre Renault<sup>35</sup>, Thomas Sicheritz-Ponten<sup>36</sup>, Willem M. de Vos<sup>37,38</sup>, Jean-Daniel Zucker<sup>39,40,41</sup>, Jeroen Raes<sup>42</sup>, Torben Hansen<sup>27</sup>, MetaHIT consortium<sup>1</sup>, Peer Bork<sup>43</sup>, Jun Wang<sup>44,45,46,47</sup>, S. Dusko Ehrlich<sup>48</sup> & Oluf Pedersen<sup>29,49,50</sup>

## Dietary intervention impact on gut microbial gene richness

Aurélie Cottillard<sup>1,2,4</sup>, Sean P. Kennedy<sup>2,4</sup>, Ling Chun Kong<sup>2,4,4</sup>, Edi Prifti<sup>1,2,3,4</sup>, Nicolas Pons<sup>2,4</sup>, Emmanuelle Le Chatelier<sup>1</sup>, Mathieu Almeida<sup>1</sup>, Benoit Quinquis<sup>2,5</sup>, Florence Levenez<sup>2,5</sup>, Nathalie Galleron<sup>1</sup>, Sophie Gougis<sup>1</sup>, Salwa Rizkalla<sup>1,2,4</sup>, Jean-Michel Batto<sup>1,2</sup>, Pierre Renault<sup>1</sup>, ANR MicroObs consortium<sup>1</sup>, Joel Doré<sup>2,5</sup>, Jean-Daniel Zucker<sup>1,2,5</sup>, Karine Clément<sup>1,2,4</sup> & Stanislas Dusko Ehrlich<sup>1</sup>

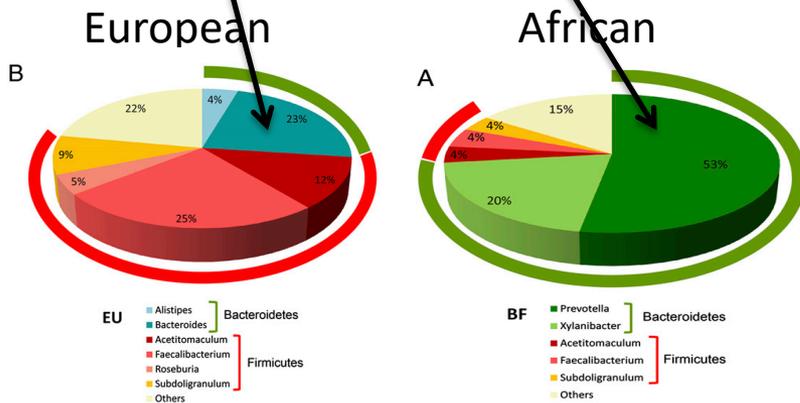
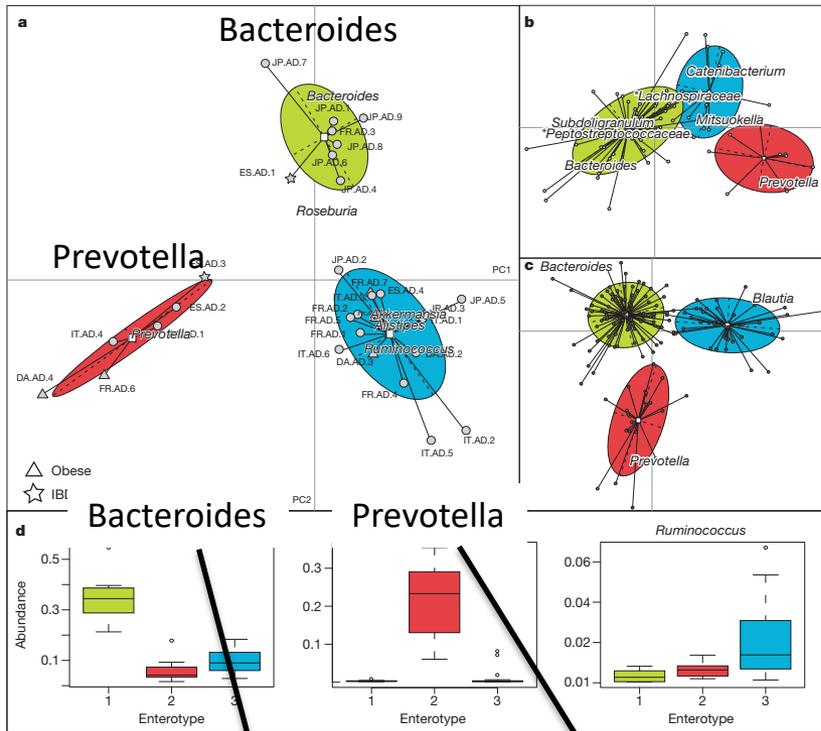
Decrease gut microbiome “richness” (decreased number of various bacteria and their genes) is associated with both disease states and the consumption of a Westernized diet

- Individuals with marked obesity, insulin resistance, dyslipidemia, and inflammatory phenotype have low bacterial richness
- Increased consumption of an agrarian diet, rich in fruits and vegetables with higher fiber, is associated with increased bacterial gene richness
- Energy-restricted diets increase bacterial gene richness



## Enterotypes of the human gut microbiome

Manimozhyan Arumugam<sup>1\*</sup>, Jeroen Raes<sup>2,2a</sup>, Eric Pelletier<sup>3,4,5</sup>, Denis Le Paslier<sup>3,4,5</sup>, Takuji Yamada<sup>1</sup>, Daniel R. Mende<sup>1</sup>, Gabriel R. Fernandes<sup>1,6</sup>, Julien Tap<sup>1,7</sup>, Thomas Bruns<sup>3,4,5</sup>, Jean-Michel Batto<sup>7</sup>, Marcelo Bertalan<sup>8</sup>, Natalia Borrueal<sup>9</sup>, Francesc Casellas<sup>10</sup>, Leyden Fernandez<sup>11</sup>, Laurent Gautier<sup>12</sup>, Torben Hansen<sup>12,13</sup>, Masahira Hattori<sup>14</sup>, Tetsuya Hayashi<sup>14</sup>, Michiel Kleerebezem<sup>15</sup>, Kenji Kurokawa<sup>16</sup>, Marion Leclercq<sup>17</sup>, Florence Levenez<sup>17</sup>, Chhayavanh Manichanh<sup>18</sup>, H. Bjorn Nielsen<sup>9</sup>, Trine Nielsen<sup>11</sup>, Nicolas Pons<sup>7</sup>, Julie Poulain<sup>7</sup>, Junjie Qin<sup>17</sup>, Thomas Sicheritz-Ponten<sup>18,19</sup>, Sebastian Tims<sup>18</sup>, David Torrents<sup>10,19</sup>, Edgardo Ugarte<sup>9</sup>, Erwin G. Zoetendal<sup>10</sup>, Jun Wang<sup>20</sup>, Francisco Guarner<sup>21</sup>, Oluf Pedersen<sup>18,22,23</sup>, Willem M. de Vos<sup>10,24</sup>, Søren Brunak<sup>4</sup>, Joel Doré<sup>2</sup>, MetaHIT Consortium<sup>1</sup>, Jean Weissenbach<sup>3,4,5</sup>, S. Dusko Ehrlich<sup>7</sup> & Peer Bork<sup>1,25</sup>

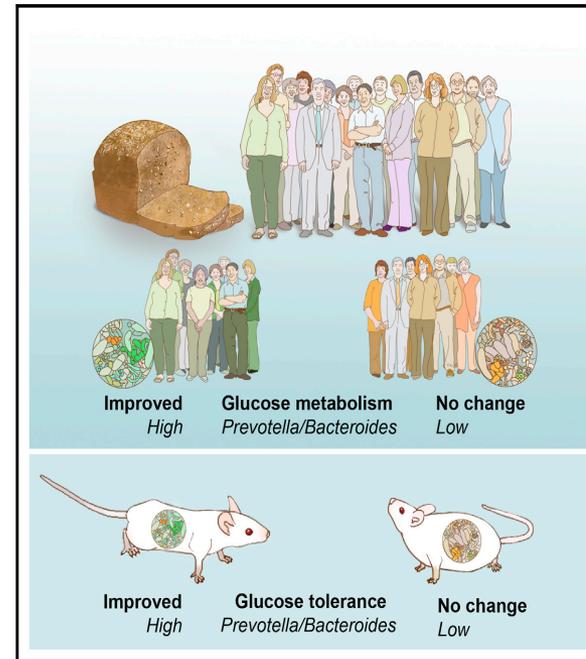


PNAS 2010;107:14691–14696

## Cell Metabolism

Dietary Fiber-Induced Improvement in Glucose Metabolism Is Associated with Increased Abundance of *Prevotella*

## Graphical Abstract



## Authors

Petia Kovatcheva-Datchary, Anne Nilsson, Rozita Akrami, ..., Eric Martens, Inger Björck, Fredrik Bäckhed

## Correspondence

fredrik.backhed@wlab.gu.se

## In Brief

Diet affects the gut microbiota composition, though large inter-individual variations exist. Kovatcheva-Datchary et al. reveal that subjects with improved glucose metabolism after barley kernel supplementation have increased *Prevotella* in their gut microbiota. *Prevotella* plays a direct role in the beneficial response, supporting the importance of personalized approaches to improve metabolism.

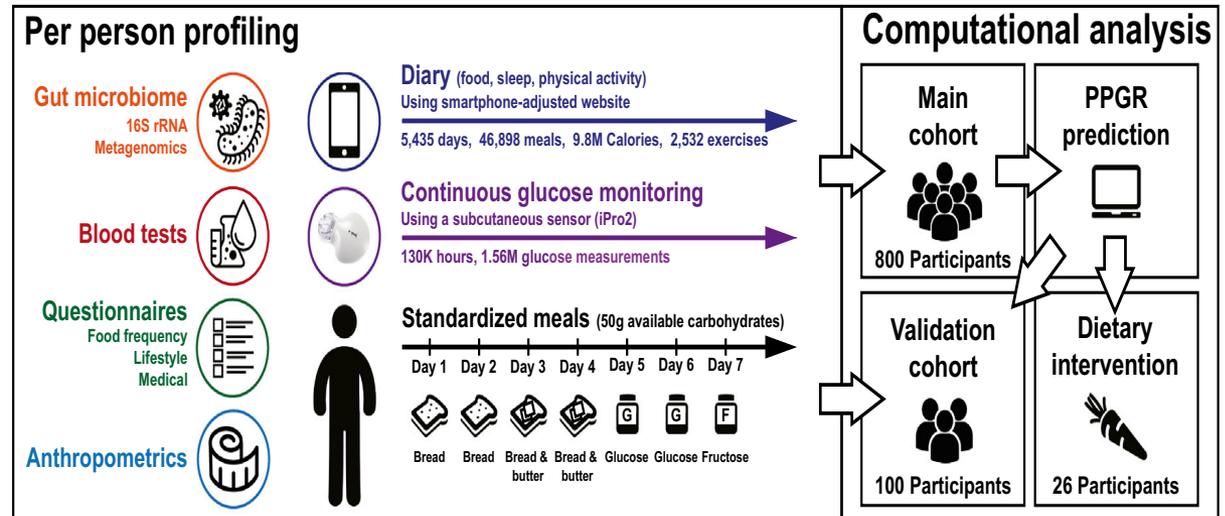
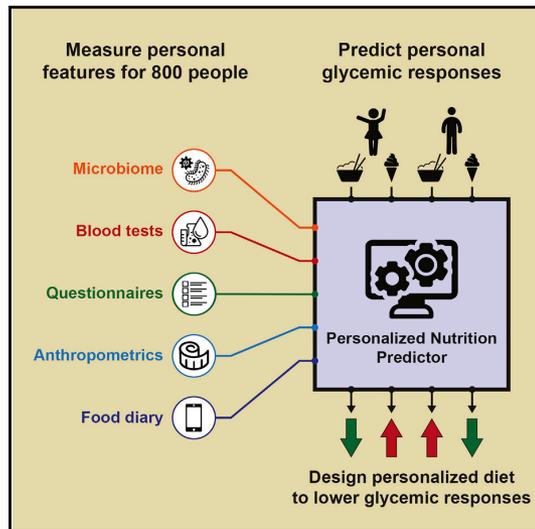
## Highlights

- *Prevotella/Bacteroides* is associated with a beneficial response to barley kernels
- *Prevotella*-enriched microbial interactions are higher in barley kernel responders
- *Prevotella* protects against *Bacteroides*-induced glucose intolerance
- *Prevotella* promotes increased hepatic glycogen storage in mice

# Personalizing Responses to Diet Using the Gut Microbiome

## Personalized Nutrition by Prediction of Glycemic Responses

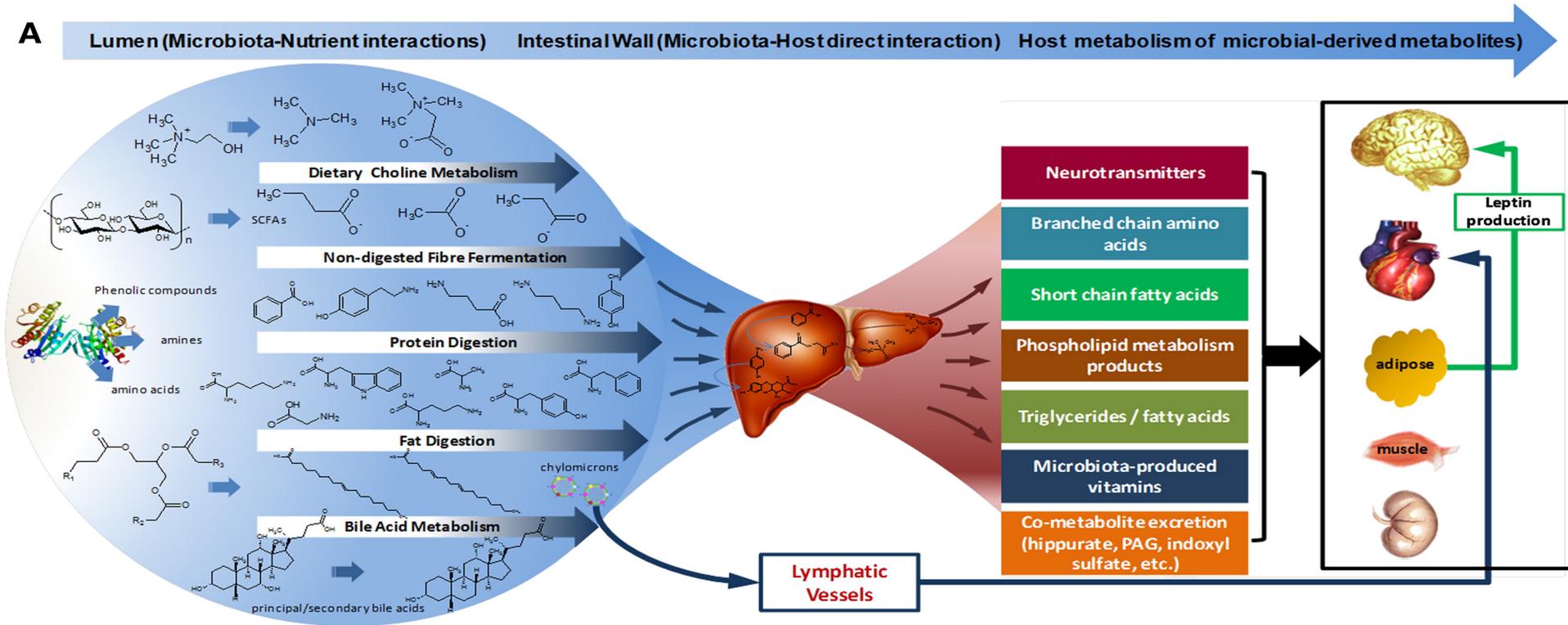
David Zeevi,<sup>1,2,8</sup> Tal Korem,<sup>1,2,8</sup> Niv Zmora,<sup>3,4,5,8</sup> David Israeli,<sup>6,8</sup> Daphna Rothschild,<sup>1,2</sup> Adina Weinberger,<sup>1,2</sup> Orly Ben-Yacov,<sup>1,2</sup> Dar Lador,<sup>1,2</sup> Tali Avnit-Sagi,<sup>1,2</sup> Maya Lotan-Pompan,<sup>1,2</sup> Jotham Suez,<sup>3</sup> Jemal Ali Mahdi,<sup>3</sup> Elad Matot,<sup>1,2</sup> Gal Malka,<sup>1,2</sup> Noa Kosower,<sup>1,2</sup> Michal Rein,<sup>1,2</sup> Gili Zilberman-Schapira,<sup>3</sup> Lenka Dohnalová,<sup>3</sup> Meirav Pevsner-Fischer,<sup>3</sup> Rony Bikovsky,<sup>1,2</sup> Zamir Halpern,<sup>5,7</sup> Eran Elinav,<sup>3,9,\*</sup> and Eran Segal<sup>1,2,9,\*</sup>



### Highlights

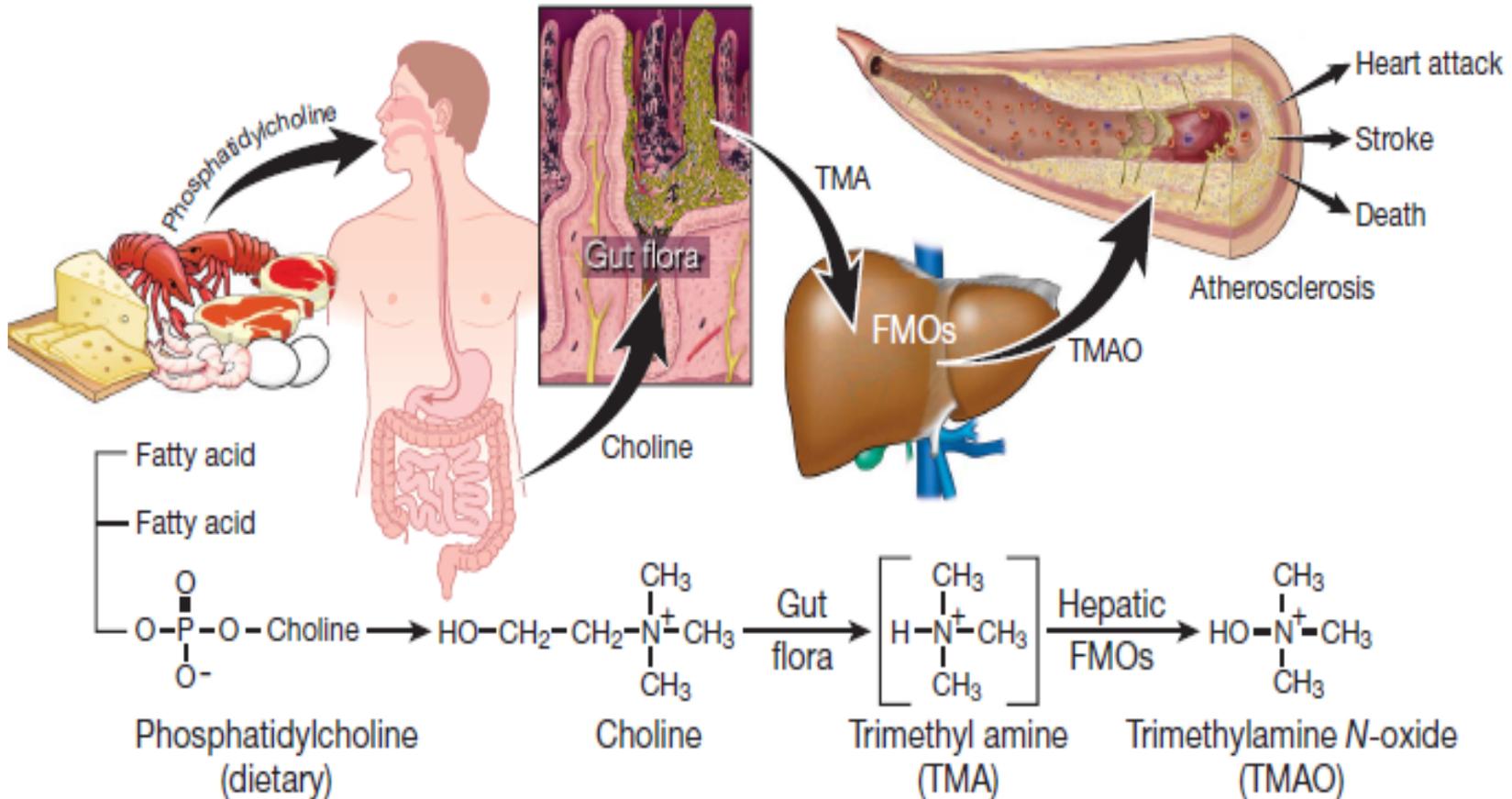
- High interpersonal variability in post-meal glucose observed in an 800-person cohort
- Using personal and microbiome features enables accurate glucose response prediction
- Prediction is accurate and superior to common practice in an independent cohort
- Short-term personalized dietary interventions successfully lower post-meal glucose

# Diet, the Gut Microbiome, and its Metabolome

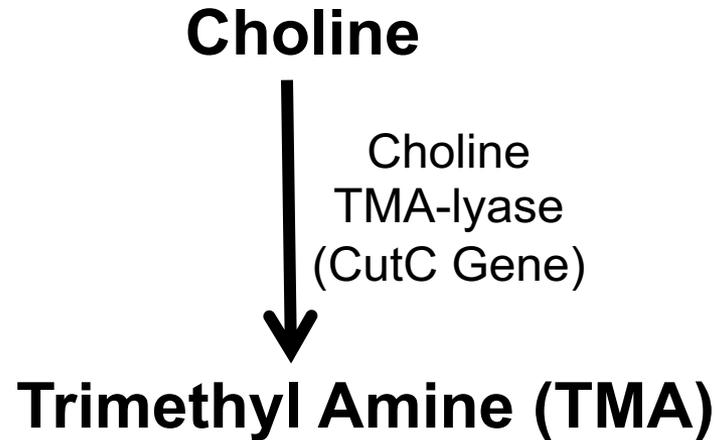


Holmes et al. *Cell Met.* 2012;16:559

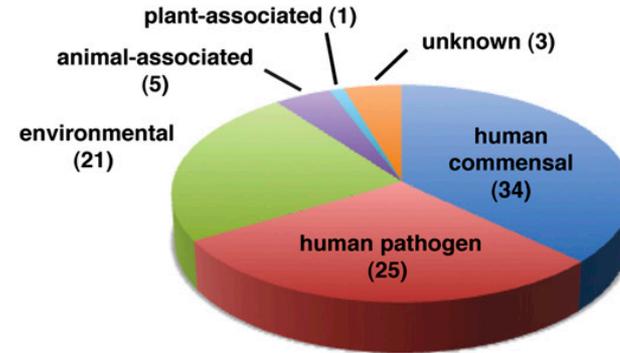
# Effect of Diet on Metabolite Production by the Gut Microbiota and its Impact on Disease



# The CutC Bacterial Gene Converts Choline into TMA: Implications for Human Health



Bacteria that have the CutC gene



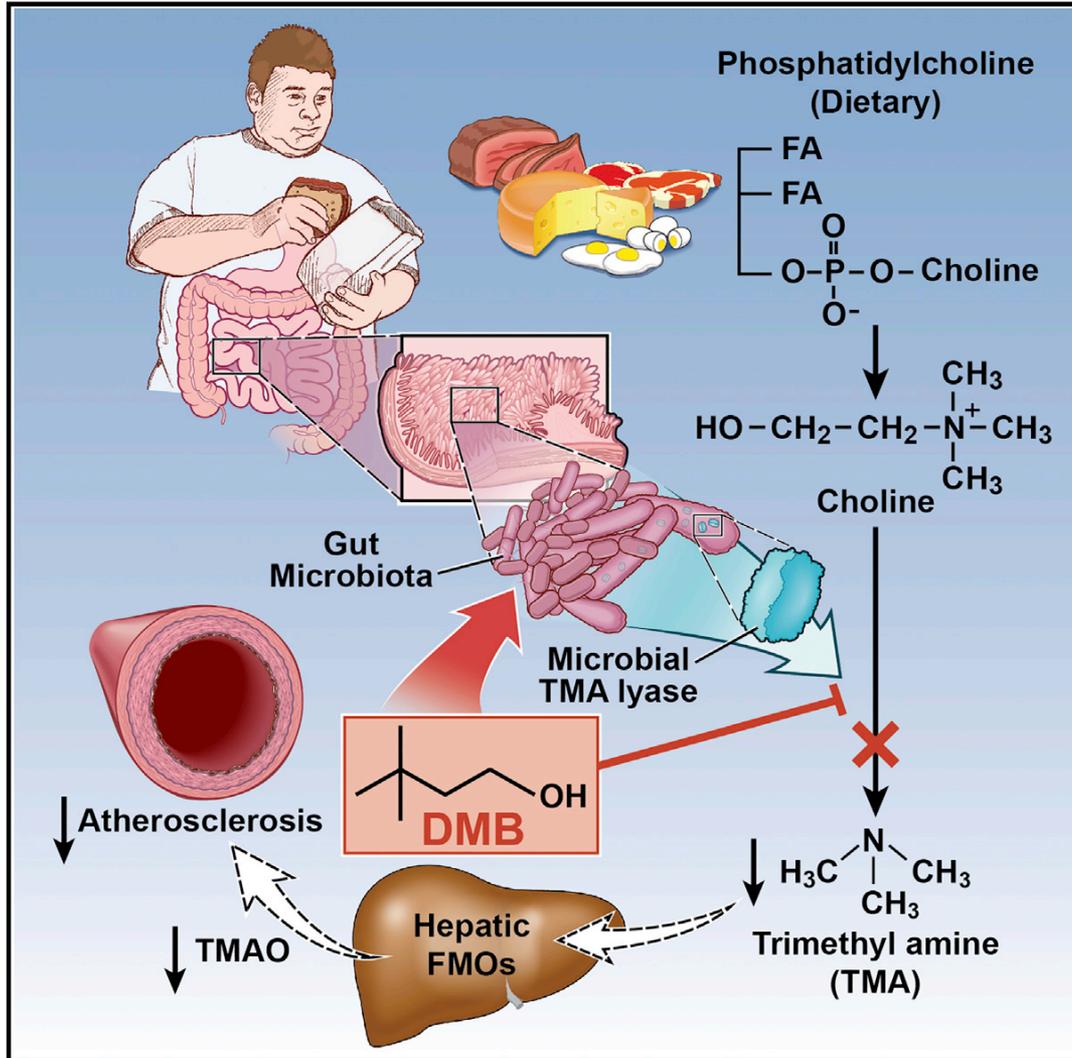
Craciun S , and Balskus E P  
PNAS 2012;109:21307-21312

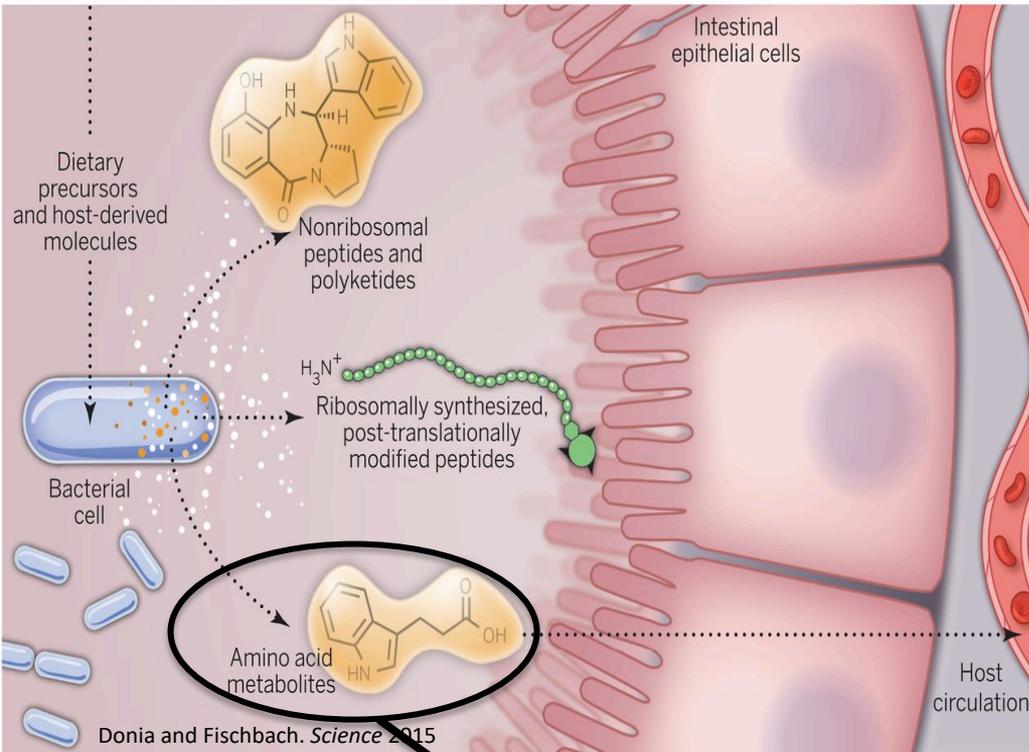
## Developing Innovative Strategies to Prevent and Treat Human Disease

- Quantify the risk for heart disease by characterizing the abundance of bacteria in the gut that have a CutC gene.
- Develop “medical foods” to reduce the production of TMA by bacteria from the diet.
- Reduce CutC expressing bacteria in the gut or develop drugs to inhibit CutC activity in bacteria.

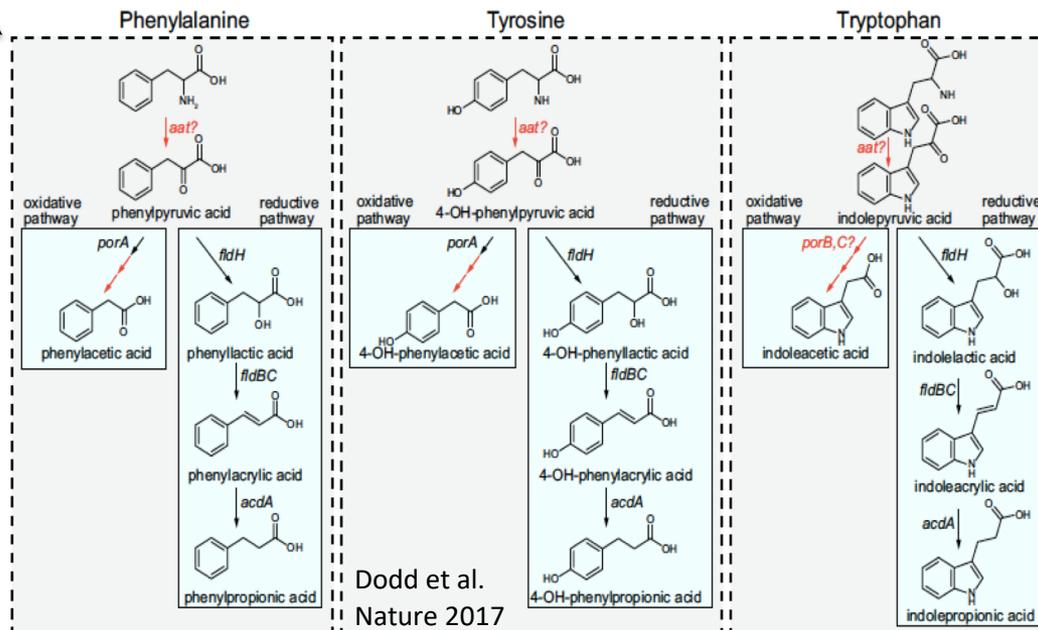
# Non-lethal Inhibition of Gut Microbial Trimethylamine Production for the Treatment of Atherosclerosis

Zeneng Wang,<sup>1,\*</sup> Adam B. Roberts,<sup>1</sup> Jennifer A. Buffa,<sup>1</sup> Bruce S. Levison,<sup>1</sup> Weifei Zhu,<sup>1</sup> Elin Org,<sup>2</sup> Xiaodong Gu,<sup>1</sup> Ying Huang,<sup>1</sup> Maryam Zamanian-Daryoush,<sup>1</sup> Miranda K. Culley,<sup>1</sup> Anthony J. DiDonato,<sup>1</sup> Xiaoming Fu,<sup>1</sup> Jennie E. Hazen,<sup>1</sup> Daniel Krajcik,<sup>1</sup> Joseph A. DiDonato,<sup>1</sup> Aldons J. Lusis,<sup>2</sup> and Stanley L. Hazen<sup>1,3,\*</sup>

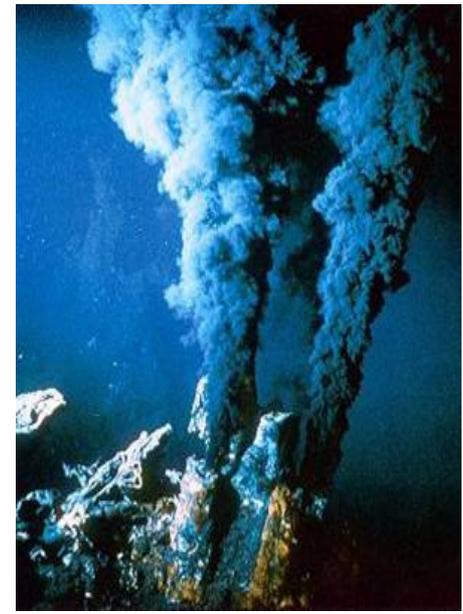
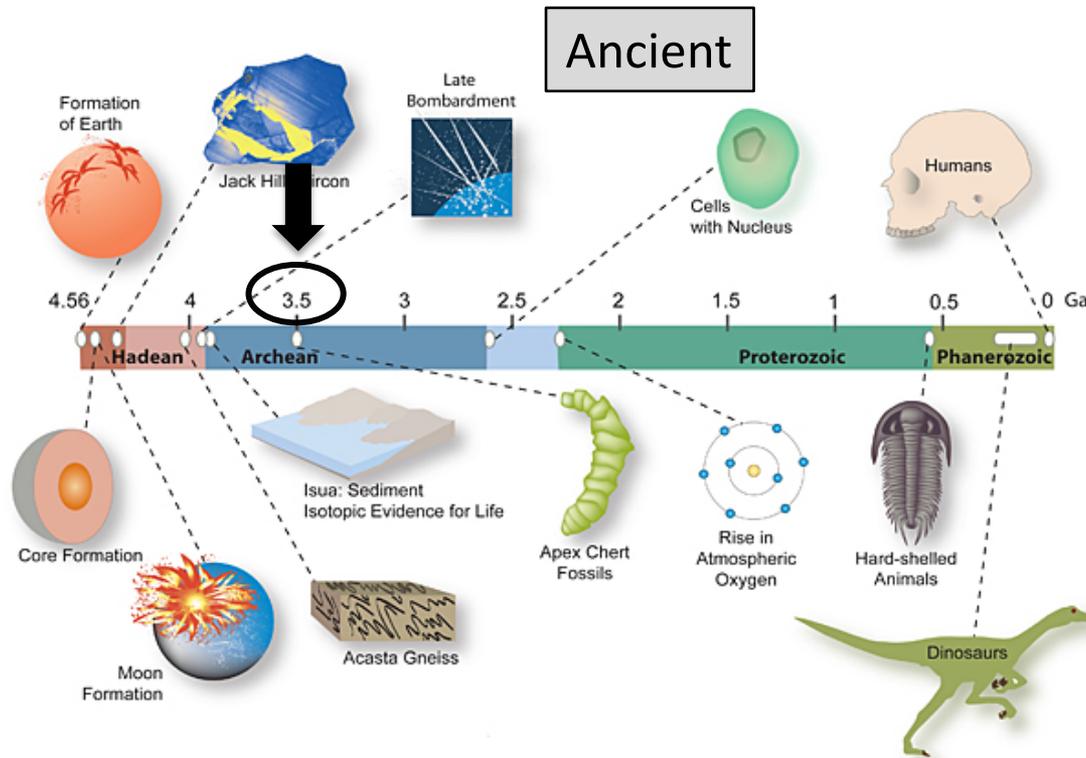




- Antibiotics
- Neurotransmitters
- Immune Modulators
- Siderophores
- Nuclear Hormone Receptor Agonists
- GPCR Agonists

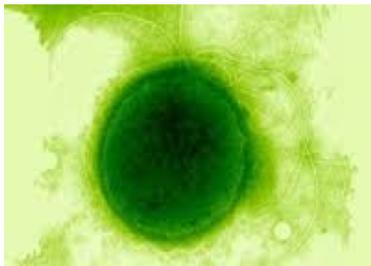


# *Methanobrevibacter smithii* is the Archaeon in the gut that produces methane. Archaea are:

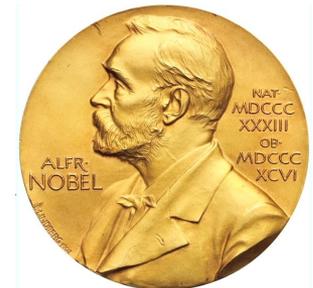
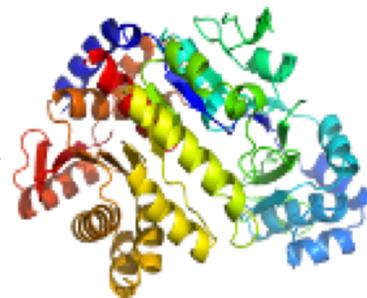


Very helpful in science!

*Thermus aquaticus*



PCR



1993 NOBEL PRIZE IN CHEMISTRY AWARDED TO KARY MULLIS

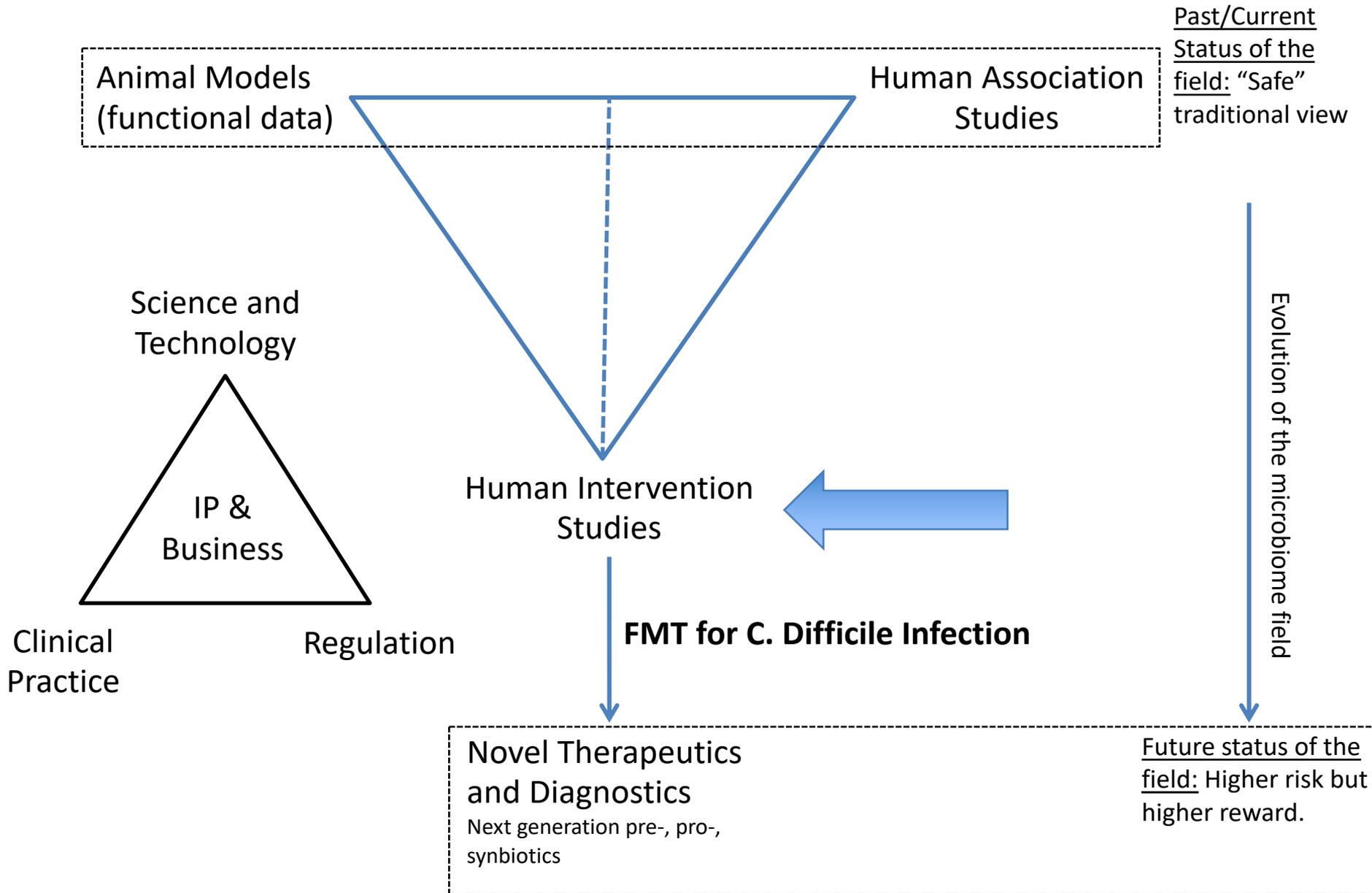
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**Diet and the Gut Microbiome and its Metabolome in Health and Disease**

**Current and Future Status of the Microbiome Field: Fecal Microbiota Transplantation (FMT) and Beyond**

# Evolution of the Microbiome Field

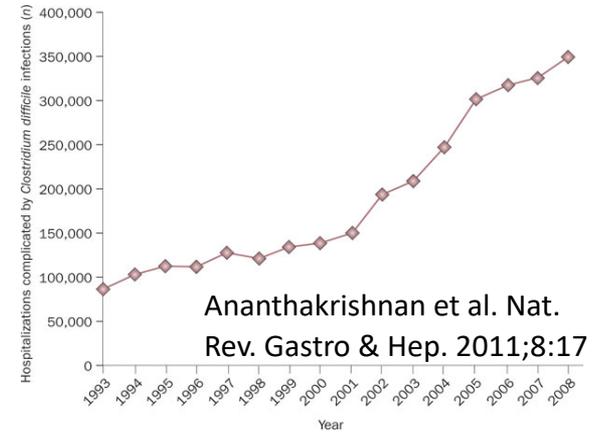


# *Clostridium difficile* infection (CDI)

- Overgrowth of a toxin producing bacterium
- Caused by a disruption of the normal gut microbiota through the use of antibiotics



Medscape C. Diff Colitis



## Fecal Microbiota Transplantation (FMT): A success story for the Treatment of Refractory CDI

- Prescreening of donors to prevent transmission of currently known pathogens
- Homogenization, filtration, and administration usually through a colonoscope



**Success rate of around 90% when fecal microbiota transplantation (FMT) is used to treat CDI**

# FMT: Clinical trials

- ***C difficile* infection (38)**
- **Crohn's (5)**
- **Ulcerative Colitis (15)**
- Pouchitis (3)
- IBD (9)
- IBS (6)
- Constipation (4)
- NAFLD/NASH (3)
- PSC
- Intestinal pseudo-obstruction
- Autologous FMT (preventative)
- Obesity/metabolic syndrome (5)
- HIV
- DM-II (2)
- Pancreatitis (2)
- Hepatitis B
- MRSA enterocolitis
- Drug-resistant organisms (4)
- Hepatic encephalopathy (2)
- Post-stem cell transplant (2)

# You Shouldn't Do it Just Because You Can—Caution about FMT and the Need for Regulation

Although the short-term infectious risks of FMT seem to be definable and quantifiable, we should remember the entire generation of patients infected with HCV by blood transfusion before this pathogen was identified.

The field should move cautiously because the long-term consequences of FMT in humans are unknown.

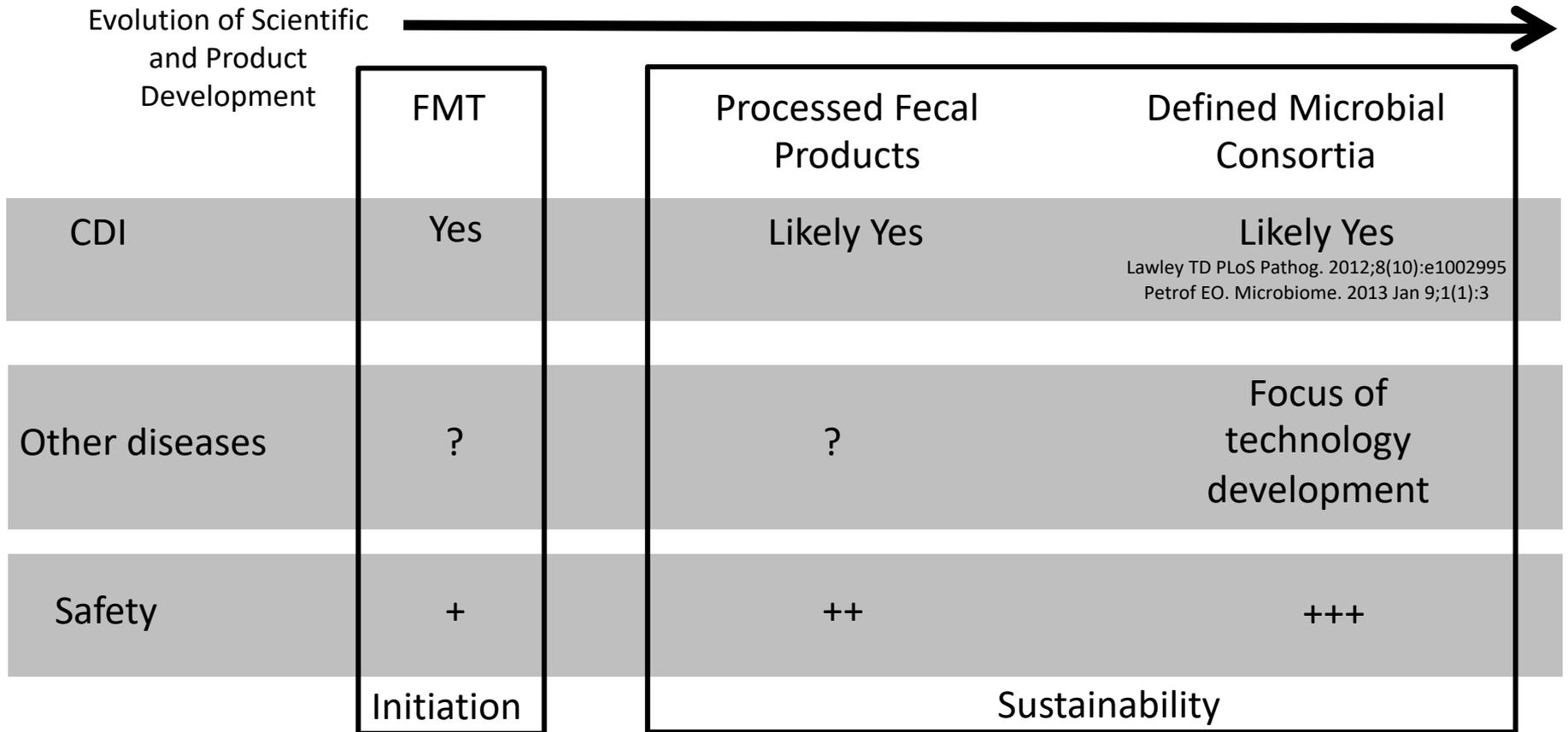
- The gut microbiome contains a highly complex and dense community of microbes that include bacteria, fungi and viruses, many of which have not been fully characterized.
- It is a dynamic and living consortium that can change over time in ways that scientists cannot currently fully predict.
- Animal model data suggests that the gut microbiome may play a role in the pathogenesis of several human diseases.

FDA regulation of FMT by requiring a Investigator New Drug application (IND):

4/25/13: FDA Center for Biologics Evaluation and Research (CBER): Publically announces the need for an IND.

6/17/13: “Discretionary Oversight” announced by CBER.

# The Progression of Science, Reduction to Practice, and Development of New Gut Microbiota-Based Products



# The human small intestinal and colonic microbiota *in vitro*: Community structure and function

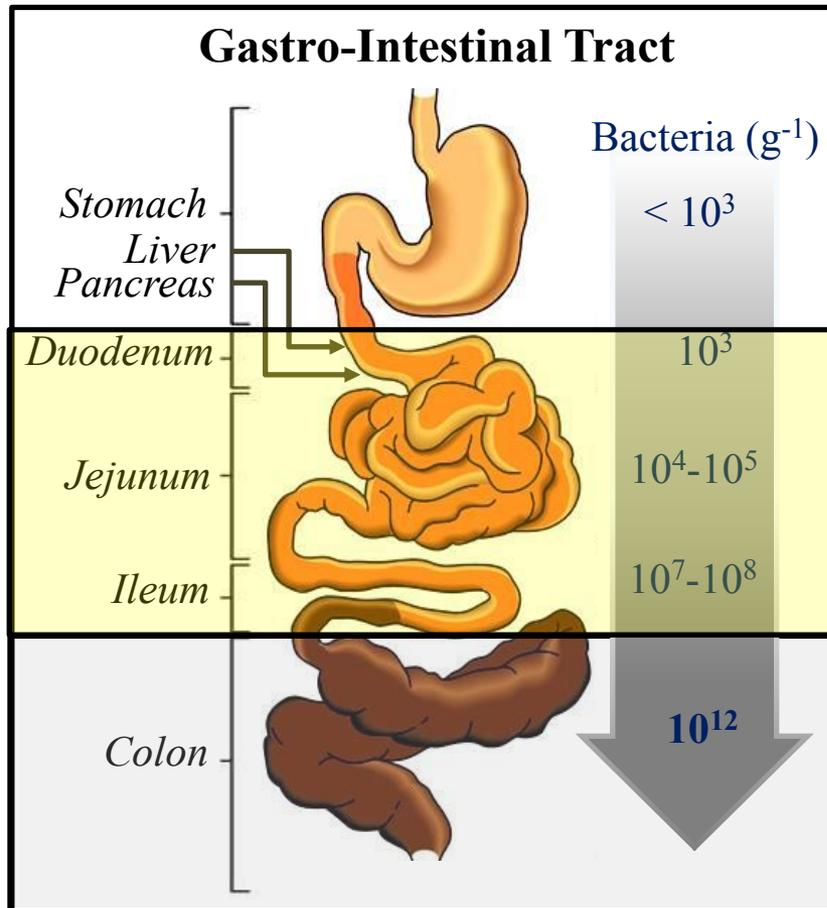


The Children's Hospital  
of Philadelphia®

Jenni Firrman\*, Elliot S. Friedman\*, William C. Strange,  
Jung-Jin Lee, Kyle Bittinger, LinShu Liu, Gary D. Wu

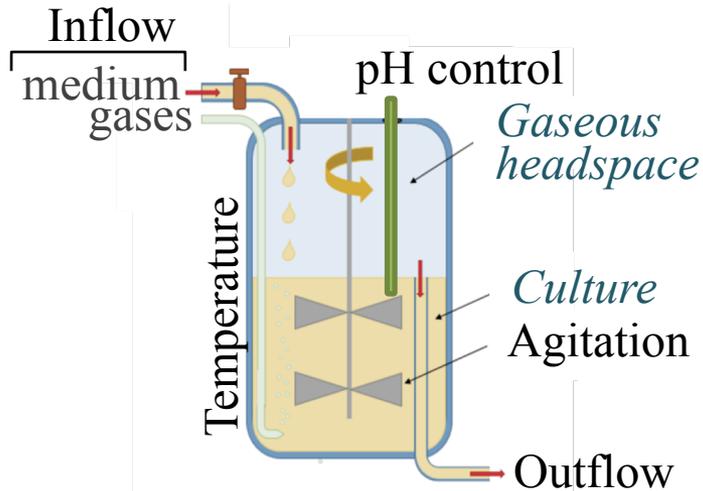
\* Authors contributed equally to this work

# The human gut microbiota



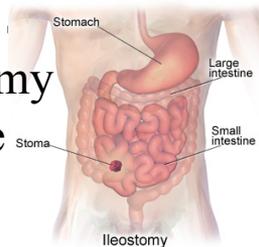
- Complex community of micro-organisms
  - Present in the Gastro-Intestinal Tract (GIT)
    - Density changes longitudinally
    - Maximal concentration in the colon
- Large amount of information on the colon microbiota; only limited information on the small intestine microbiota*
- Small intestine contains a complex microbial community
    - Distinct from the colon microbiota
    - Less diverse with lower biomass
    - Due to functional and anatomical differences

# Experimental design



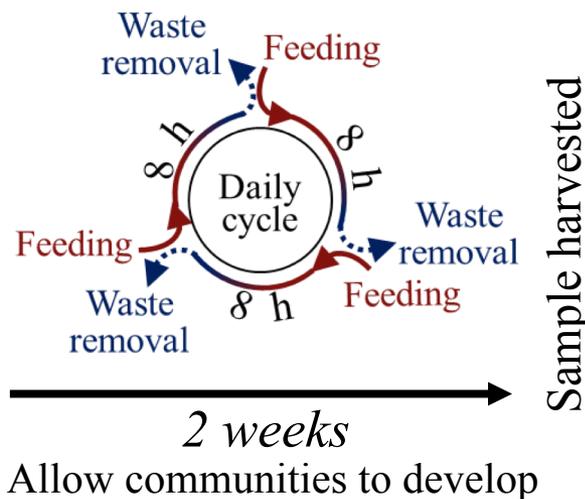
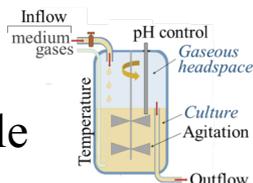
- Limited access to the small intestine *in vivo*
  - Difficult to study
    - Static composition (Single time point)
    - Dynamic response to stimuli
- Develop a small intestine *in vitro* model
  - Glass cultivars/bioreactors
  - Mimic physiological conditions
    - Temperature, pH control, Agitation
    - Inflow → outflow

## Small Intestine



## Colon

Fecal Sample



- Metagenomics
- Shotgun sequencing
- Functional Analysis

1. Similarity of community to inoculum
2. Compare functionality to *in vivo* reports
3. Gain a deeper understanding on the differences between these communities

# Diet

Composition

*Medical Foods*

Short-term

Long-term

*Next Generation*

*Prebiotics*

*Synbiotics*

*Next Generation*

*Probiotics*

Composition

# Microbiota

# Host

Metabolome

Bacteria (Enterotype, CAG  
Richness/Diversity)

Viruses

Archaea

Fungi