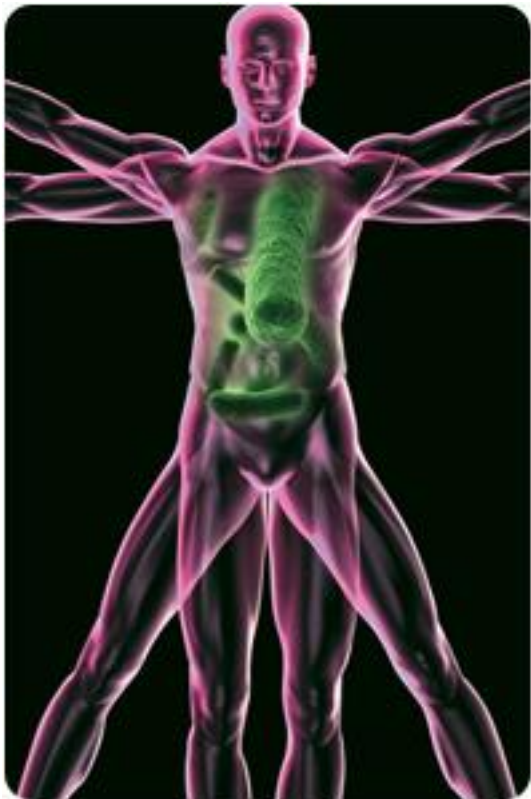


Antibiotic use and the gut microbiota: damage control

Emma Allen-Vercoe
Professor,
University of Guelph



IPAC workshop
April 27th 2018



Presenter disclosure

- **I am co-founder and CSO of Nubiyota LLC,** a company founded to commercialize Microbial Ecosystem Therapeutics, which I will mention in this talk



We are not human!



We are *super-organisms* of human and microbial cells
We exist in a delicate host : microbe equilibrium

How human *are* we?

- 'Reference human'
 - 70 kilograms, 20–30 years old, 1.7 metres tall
- ~30 trillion human cells
- 39 trillion bacterial cells

Human **1 : 1.3** Bacteria

Most of these microbes live in our gut

The gut microbiome



- Each gram of feces contains
~ 10^{11} bacterial cells
 - ~200 species

That's 10 trillion cells in the average bowel movement!

Everyone is different



<http://farm9.staticflickr.com>

Gut microbial ecosystems are highly variable in composition and abundance profiles between people

Ecosystem biodiversity drives overall health

High diversity of species:

- Healthy ecosystem
- Balance
- Functional redundancy
 - High gene count
- Resistance to damage



Low diversity of species:

- Sick ecosystem
- Imbalance
- Functional disability
 - Low gene count
- Susceptibility to damage



This is also true at the microbial scale

Remarkably...

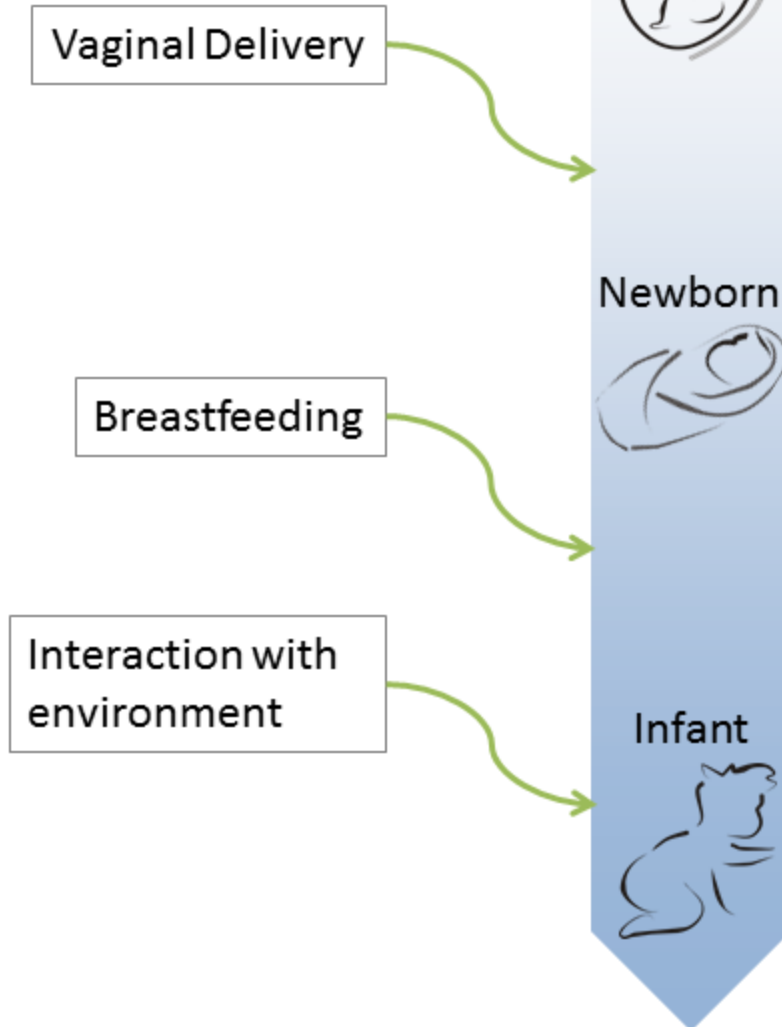
The bacterial community in your gut remains stable from

- weaning...
- ...to old age



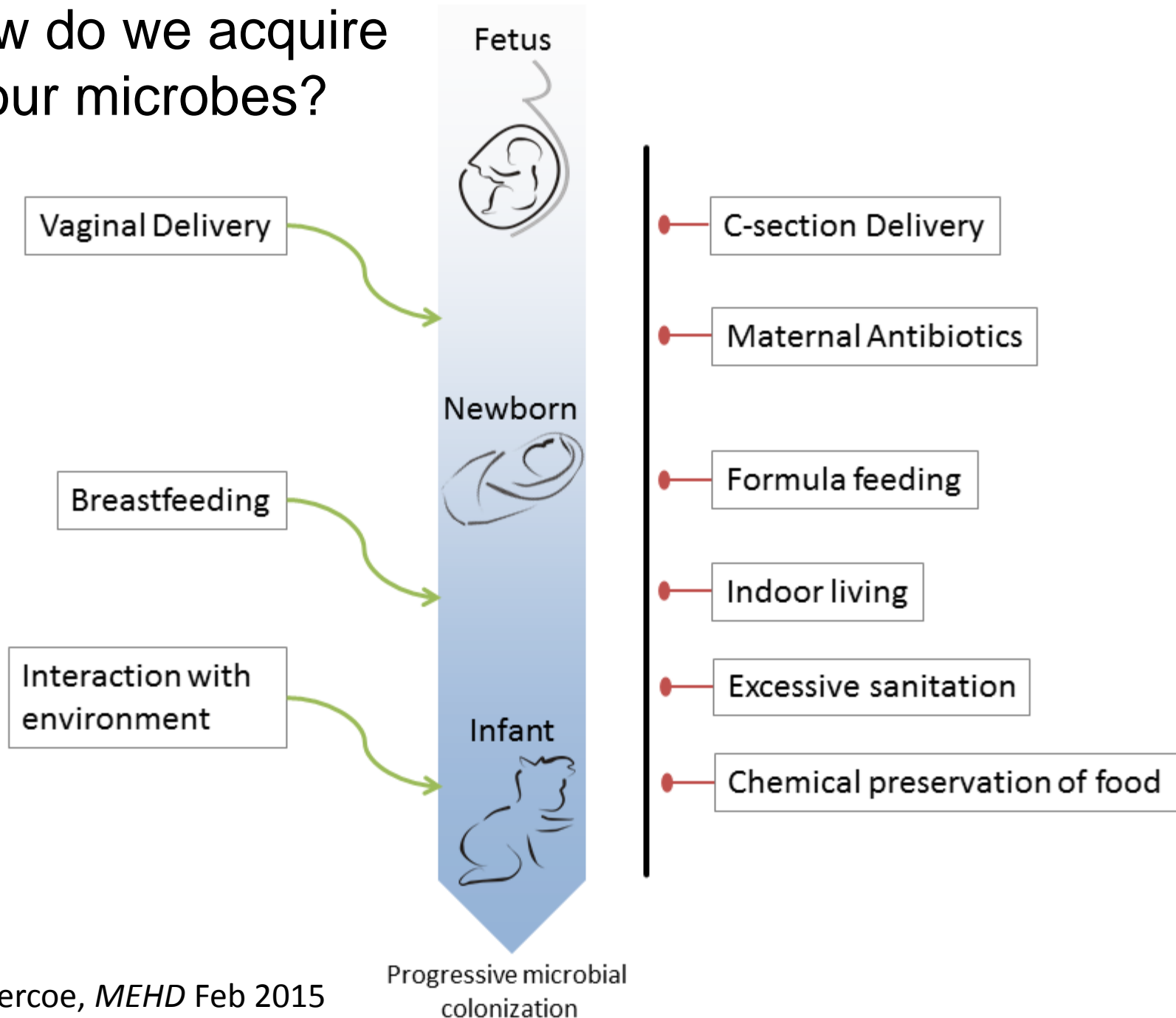
And we are only just starting to understand this homeostasis

How do we acquire our microbes?



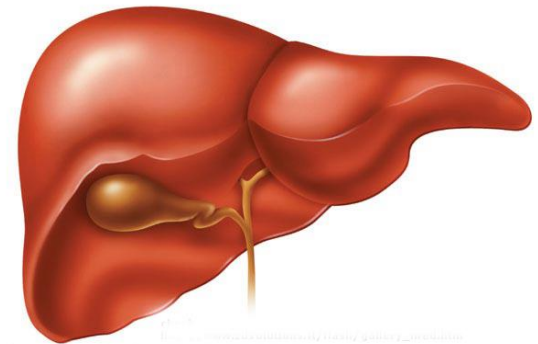
Progressive microbial
colonization

How do we acquire our microbes?



What do our gut microbes do for us?

- Immune system regulation
 - Calorie extraction from foods
 - Crowd out potential pathogens
 - Make some vitamins and cofactors
 - Improve intestinal function
 - Remove toxins and carcinogens
-
- As important to us as a liver
 - A virtual organ



Our microbes are vitally important...

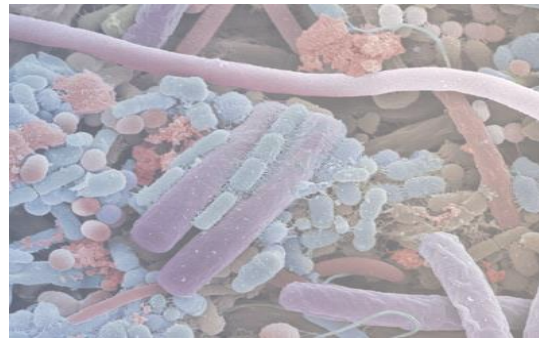
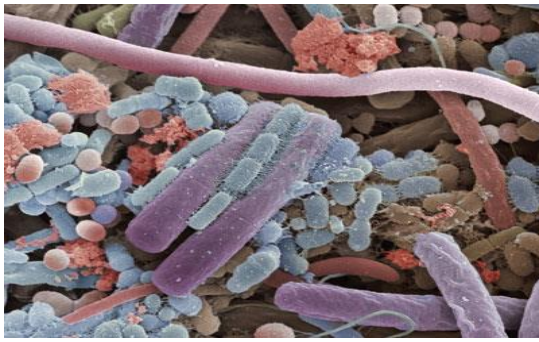
- But we are working very hard to exterminate them!



Are we damaging our health by eroding microbiome diversity?

- Hygiene hypothesis (Strachan, 1989)
 - Lack of exposure to certain infectious agents during childhood drives allergic disease
- Old friends hypothesis (Rook, 2003)
 - Humans are dependent on a co-evolved microbiome to educate the immune system and prevent inflammatory disease
- Missing microbiota hypothesis (Blaser & Falkow, 2009)
 - Loss of microbiota generally compounds over generations, and *recent changes in lifestyle* have greatly exacerbated this loss





- Many studies have shown:
 - Gut microbiota changes significantly with antibiotic use
 - Takes a long time afterwards to return to baseline
 - Sometimes does not return to baseline at all
 - Repeated 'hits' cause vast changes from which the ecosystem does not recover

The average person in the U.S. will receive 10-20 courses of antibiotics by the time he or she is 18 years old



Examples of diseases associated with reduced gut microbiota diversity (published research)

Infant colic **Inflammatory bowel diseases**

Autism **Eczema** **Colorectal cancer**

Allergic asthma **Celiac disease** **Obesity**

Neonatal necrotizing enterocolitis

Irritable Bowel Syndrome

***Clostridioides difficile* infection**

- Lack of microbial diversity
- Loss of 'keystone' species
- Overgrowth of opportunistic pathogens
- Poor diet/lifestyle
- Drug interactions



“Dysbiosis”



Looking inside the black box is the key to understanding disease

DISEASE

The human gut microbiota is a complex microbial ecosystem

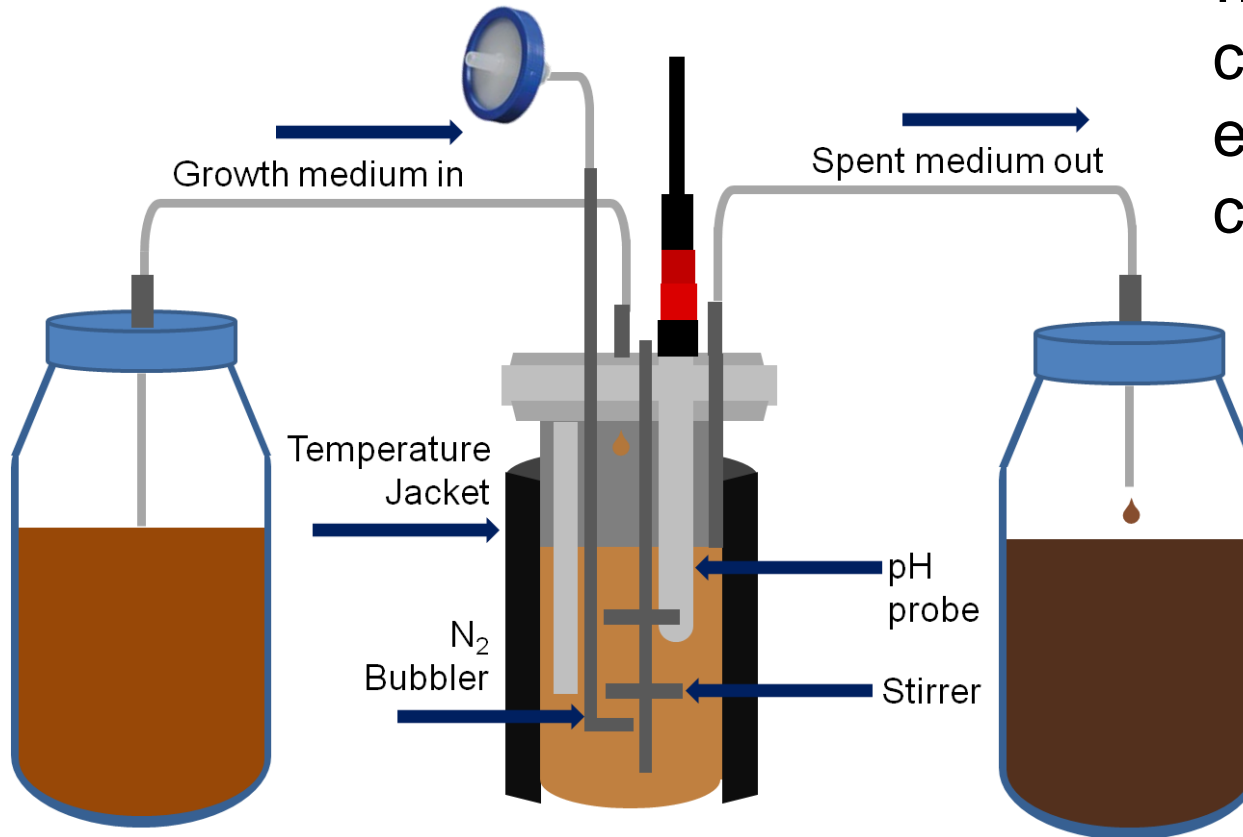


Its function and behaviour
is *best studied as a whole*



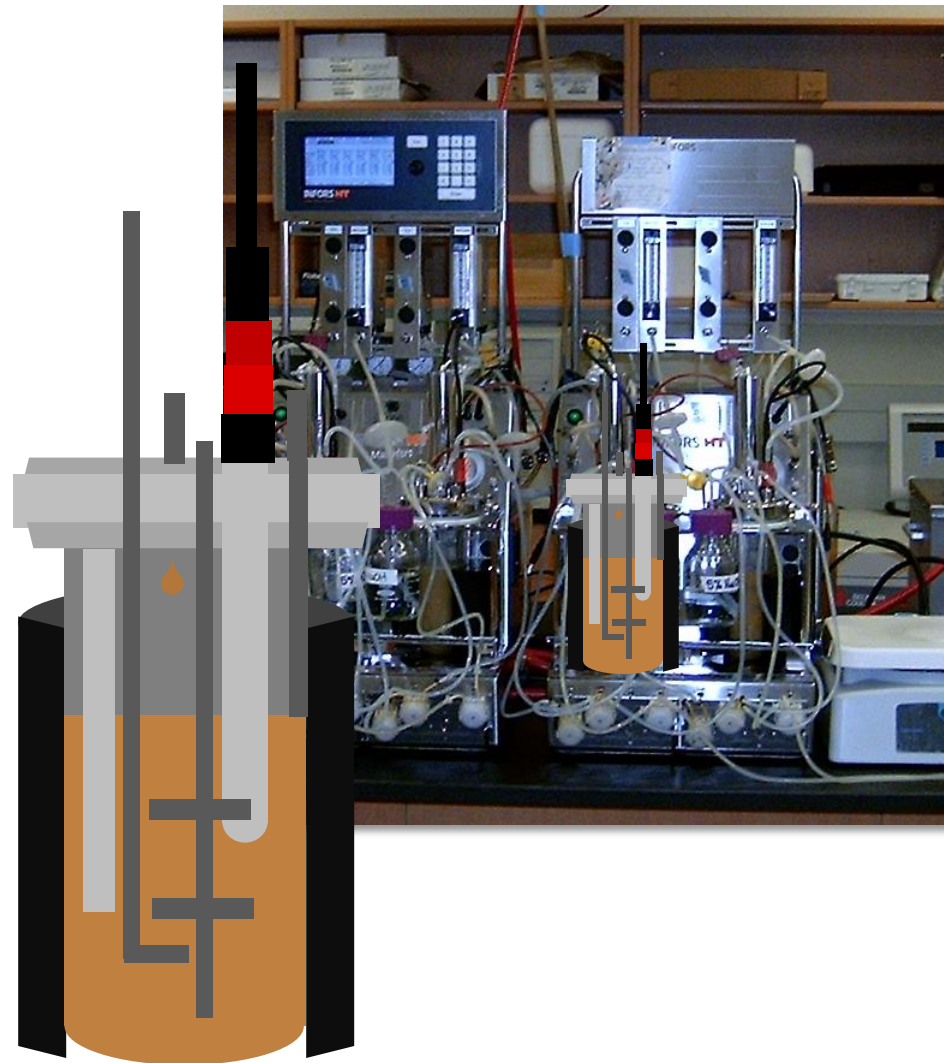
The human colon is a type of 'bioreactor'...

...thus, bioreactors can be used to emulate the human colonic environment



- Seeded with fresh feces or defined communities and set to model the ecosystem of the colon
- Host-free system
- Can be used to 'culture the unculturable'
- Can support whole gut microbial ecosystems for several weeks at a time

- We can model the gut microbiota under different stress conditions
- We can try to protect against the effects of stress



When most people think of gut microbes, they think of the good and the bad...

- **The Good**

- Lactic Acid Bacteria (LAB)
 - E.g. *Bifidobacterium* and *Lactobacillus* spp.
- Butyrate-producing bacteria
 - E.g. *Faecalibacterium prausnitzii*, *Roseburia* spp.

- **The Bad**

- Opportunistic pathogens
 - *E. coli*
 - *Clostridioides difficile*
 - *Bacteroides fragilis*
- Sulfate-reducing bacteria
 - E.g. *Desulfovibrio* spp.

The Ugly: it really is not that clear-cut!

Some microbes are like bad teenagers in a subway station...



In a crowded environment they tend to behave well

When the crowds are gone, they tend to start behaving in antisocial ways



Fixing dysbiosis with probiotics

- If you take an antibiotic, you can just cancel the negative effects out by using a probiotic, right?
 - Nope!
- Many types and strains of probiotics
- Many manufacturers, some legitimate, most not
- Many over-inflated claims
- Very little actual science

From a typical probiotic website: “There are over 100 different types of bacteria in the digestive system; the two most prevalent are Lactobacilli and Bifidobacterium. Bifidobacterium is the most prevalent bacteria in the large intestine, while Lactobacilli are most prevalent in the small intestine. As we age, studies show that levels of Bifidobacterium decline, while harmful pathogenic bacteria increase. This is one of the main reasons that intestinal ailments increase as we age.”

WRONG, WRONG, WRONG!!!

The layperson's view of probiotics...



Myth 1:
Probiotics found in food
are the same kinds of
species that are found in
the gut

Myth 2:
Probiotics colonize the
gut

The microbial ecologist's view of probiotics



Normal gut microbiota

Colon: 100 billion to 1 trillion cells per gram of poop

vs.



Probiotic

2-15 billion cells per capsule

My advice: do careful research or consult reputable sources for info

<http://www.probioticchart.ca/>

3

NEW
INDICATIONS
FOR 2015



Clinical Guide to **PROBIOTIC SUPPLEMENTS**

AVAILABLE IN CANADA: 2015 Edition

Indications, Dosage Forms, and Clinical Evidence to Date

Author: Dragana Skokovic-Sunjic BScPhm RPh NCMP

Reviewers: Dr. Vivien Brown MDCM CCFP FCFP NCMP,
Dr. Bradley C. Johnston PhD, Iris Krawchenko BScPhm RPh,
Dr. John Marshall MD MSc FRCPC AGAF, Dr. Tom Smiley BScPhm PharmD

Medical Editor: Ivana Sunjic BSc

Download for free **PROBIOTIC mobile app**

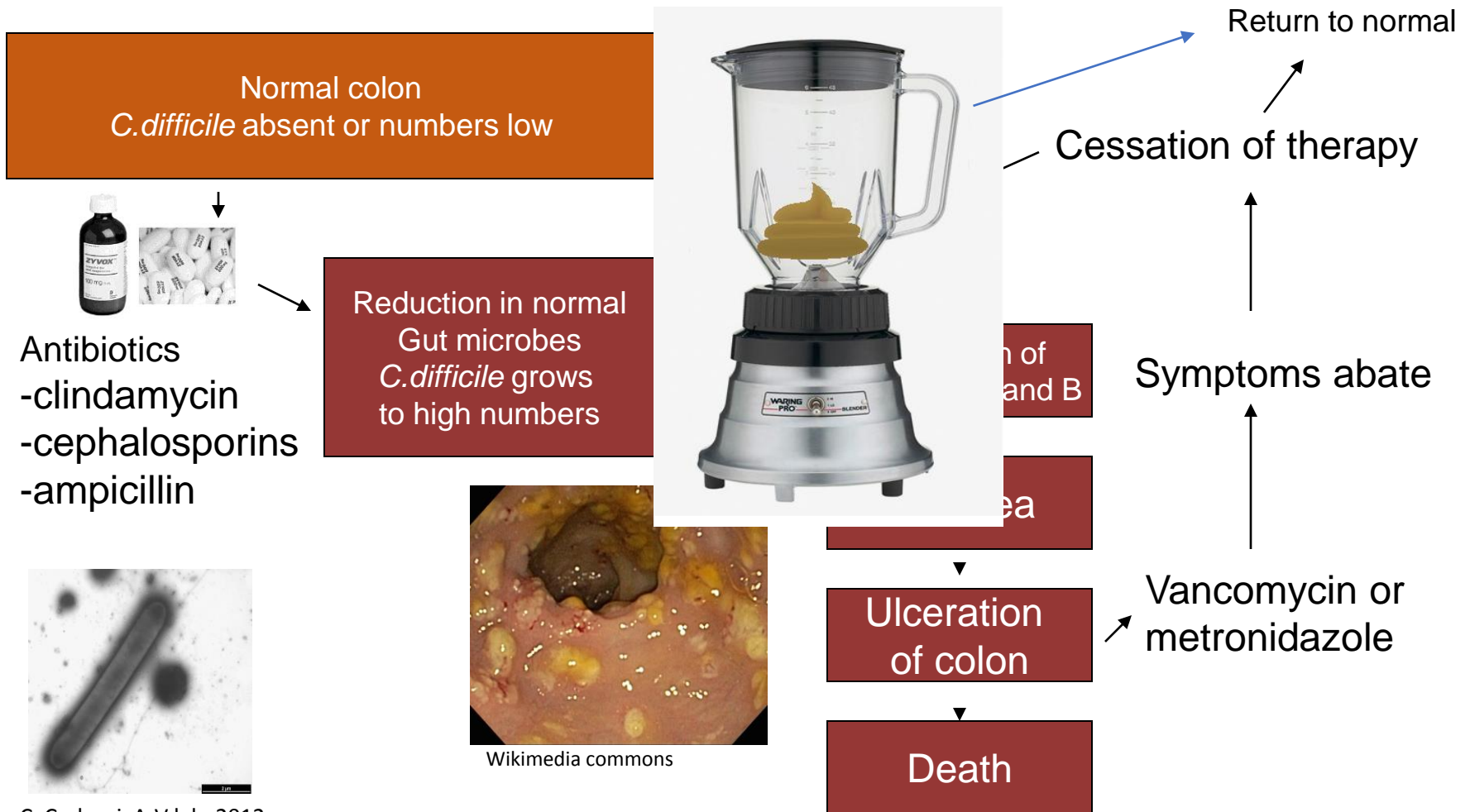


Prebiotics

- ‘Food’ for your gut microbes
- Typically non-digestible* fibre compounds
 - *your microbes digest them just fine!
- Not a one-size-fits-all approach
 - But sold that way!
 - No simple solution – fibre supplements not diverse enough
 - Could be used more cleverly
- Are we entering the era of matching foods to gut microbiota ‘types’?
- *How* do we do that?



C. difficile infection: a man-made disease



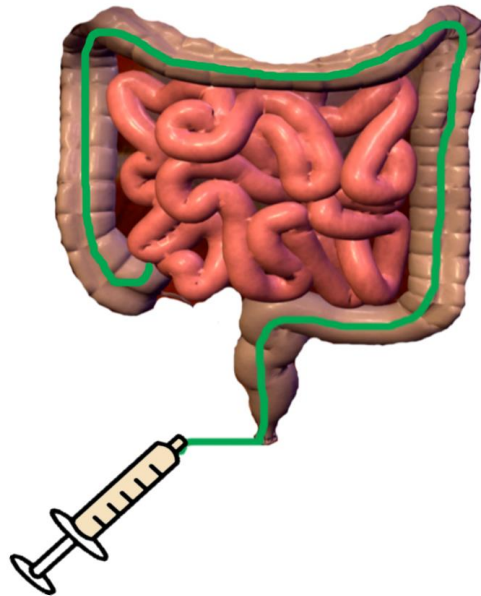
But poop does not make great medicine, so...

METHODOLOGY

Open Access

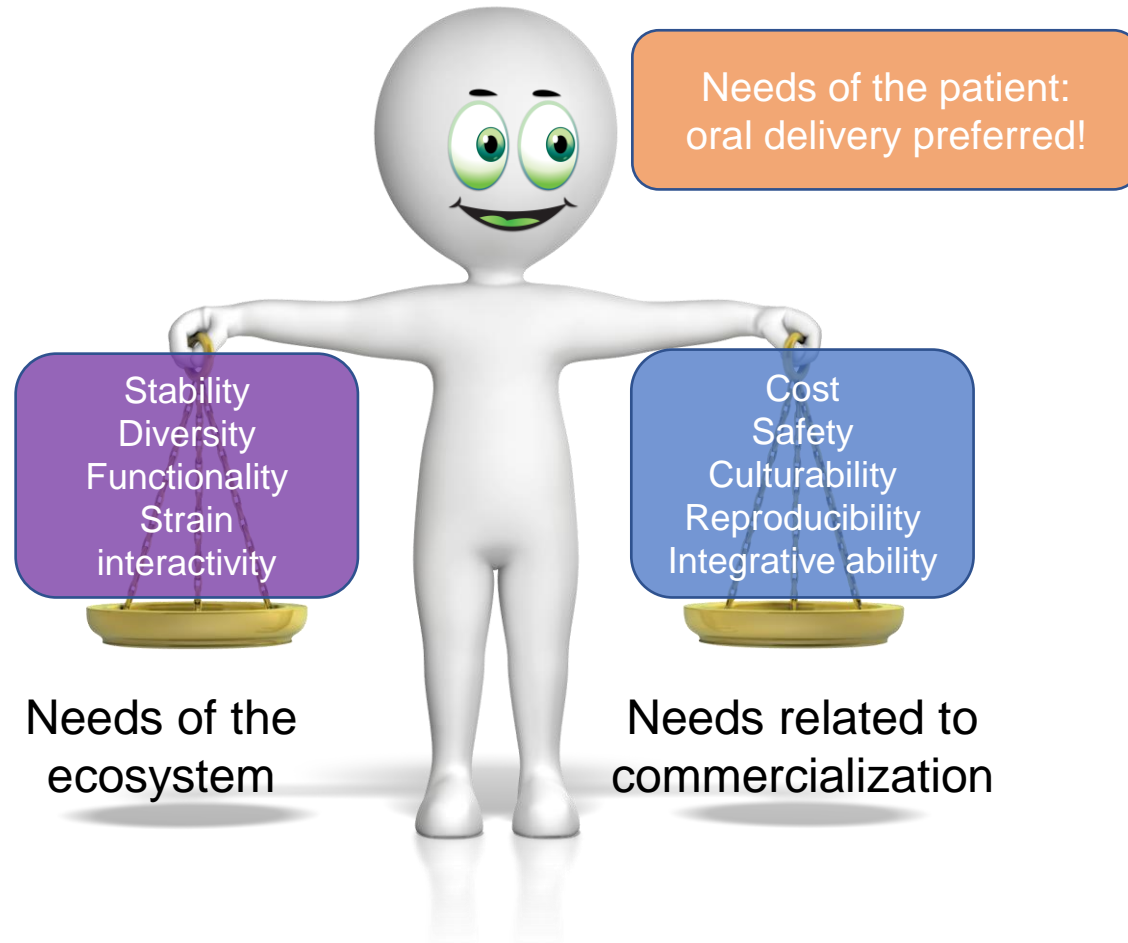
Stool substitute transplant therapy for the eradication of *Clostridium difficile* infection: 'RePOOPulating' the gut

Elaine O Petrof^{1†}, Gregory B Gloor^{2†}, Stephen J Vanner¹, Scott J Weese³, David Carter⁴, Michelle C Daigneault⁵, Eric M Brown⁵, Kathleen Schroeter⁵ and Emma Allen-Vercoe⁵



- **MET-1 = 33 bacterial strains**
 - 1x100 mL dose via colonoscopy
 - Two cases of severe recurrent CDI treated
 - Both patients recovered within 48 h (and have remained *C. difficile*-free to date)
- Same concept as a 'fecal transplant'
- But instead of poop, we used a complex, **defined** ecosystem of *pure microbes*
 - Logical next step
- Because it's defined, we can monitor long-term effects

Which microbial species should be chosen?



Making a better MET



MET-1

Trialed as a novel probiotic

33 bacterial strains, 25 species

4 bacterial phyla included

Pure culture as a suspension of microbes for delivery via colonoscope

Making a better MET



MET-1	MET-2
Trialed as a novel probiotic	Developed as a first-in-class biologic drug
33 bacterial strains, 25 species	40 bacterial strains, 40 species
4 bacterial phyla included	5 bacterial phyla included
Pure culture as a suspension of microbes for delivery via colonoscope	Pure culture as stabilized, lyophilized capsules for oral delivery

Enhanced safety

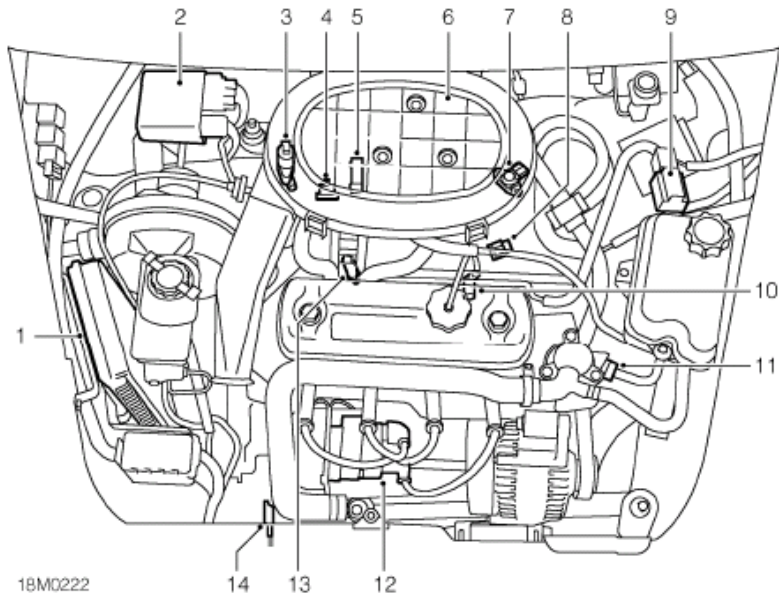
- Fecal transplants cannot be undone!
- Microbial species used for MET are confirmed generally sensitive to selected antibiotics
 - Can be removed if required
- Genomes are sequenced to check for absence of known virulence genes
- Because they are well-characterized, we can track each strain during and after treatment of a patient

Phase 1A trial currently underway

- For the treatment of recurrent *C. difficile* infection that has repeatedly failed to be resolved using antibiotic therapy



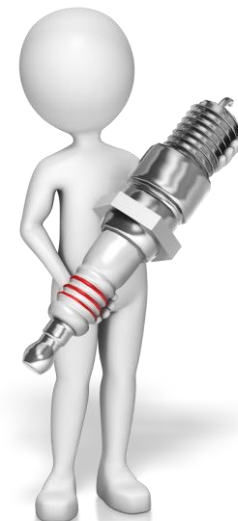
Moving towards the future: How should we approach development of novel METs?



We need to look at the 'emissions'

We need to look at the
gut microbial 'engine'

We need to replace the faulty parts to get
the engine running optimally again



Acknowledgements



EA-V lab members

Christian Ambrose
Michelle Daigneault
Caroline Ganobis
Connor Giannetto-Hill
Kaitlyn Oliphant
Simone Renwick
Avery Robinson
Kurt Schroeter
Sandi Yen



Christian Carlucci
Joseph Ciufu
Kathleen Schroeter
Rafael Peixoto
Alexander Stirling
Co-founders
Shawn Langer
Nissim Mashiach
Elaine Petrof



Canadian Institutes of Health Research

Instituts de recherche en santé du Canada



CANADA FOUNDATION FOR INNOVATION | FONDATION CANADIENNE POUR L'INNOVATION



National Institutes of Health



MINISTRY OF RESEARCH AND INNOVATION