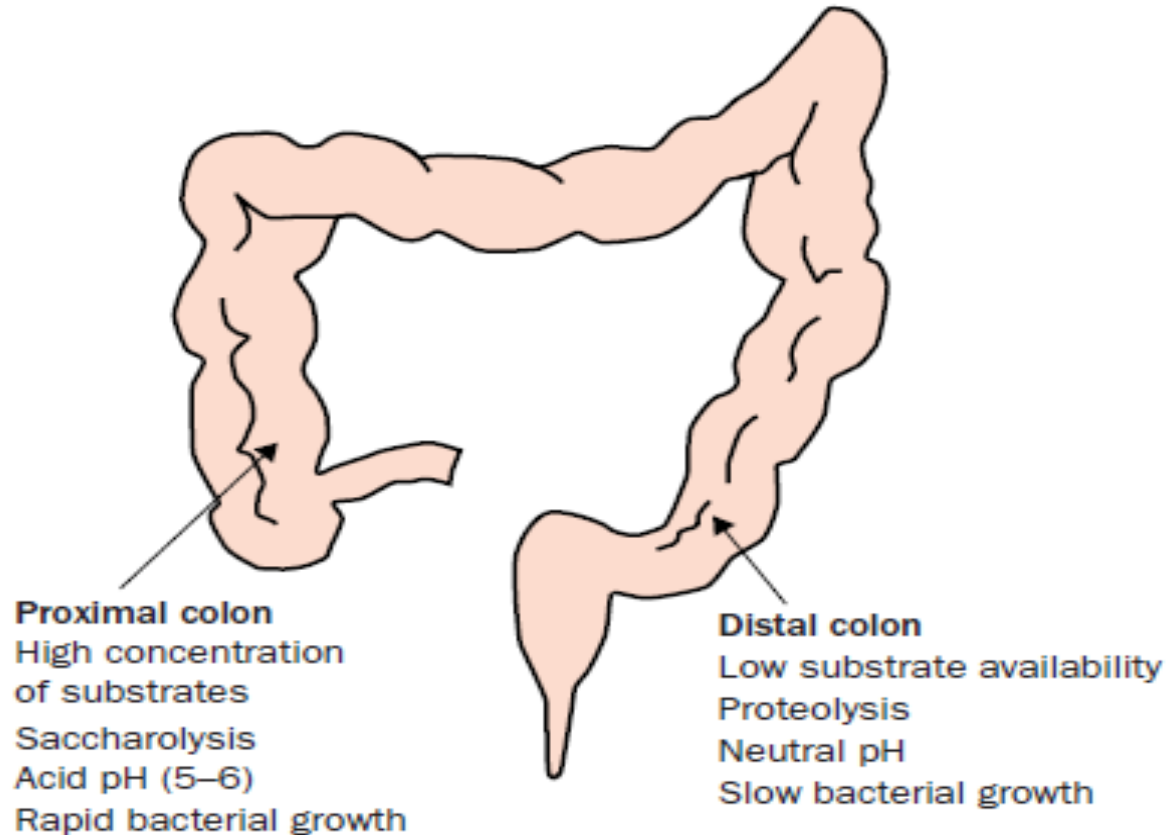


# Introducció

**Francisco Guarner**  
Vall d'Hebron Institut de Recerca  
Barcelona

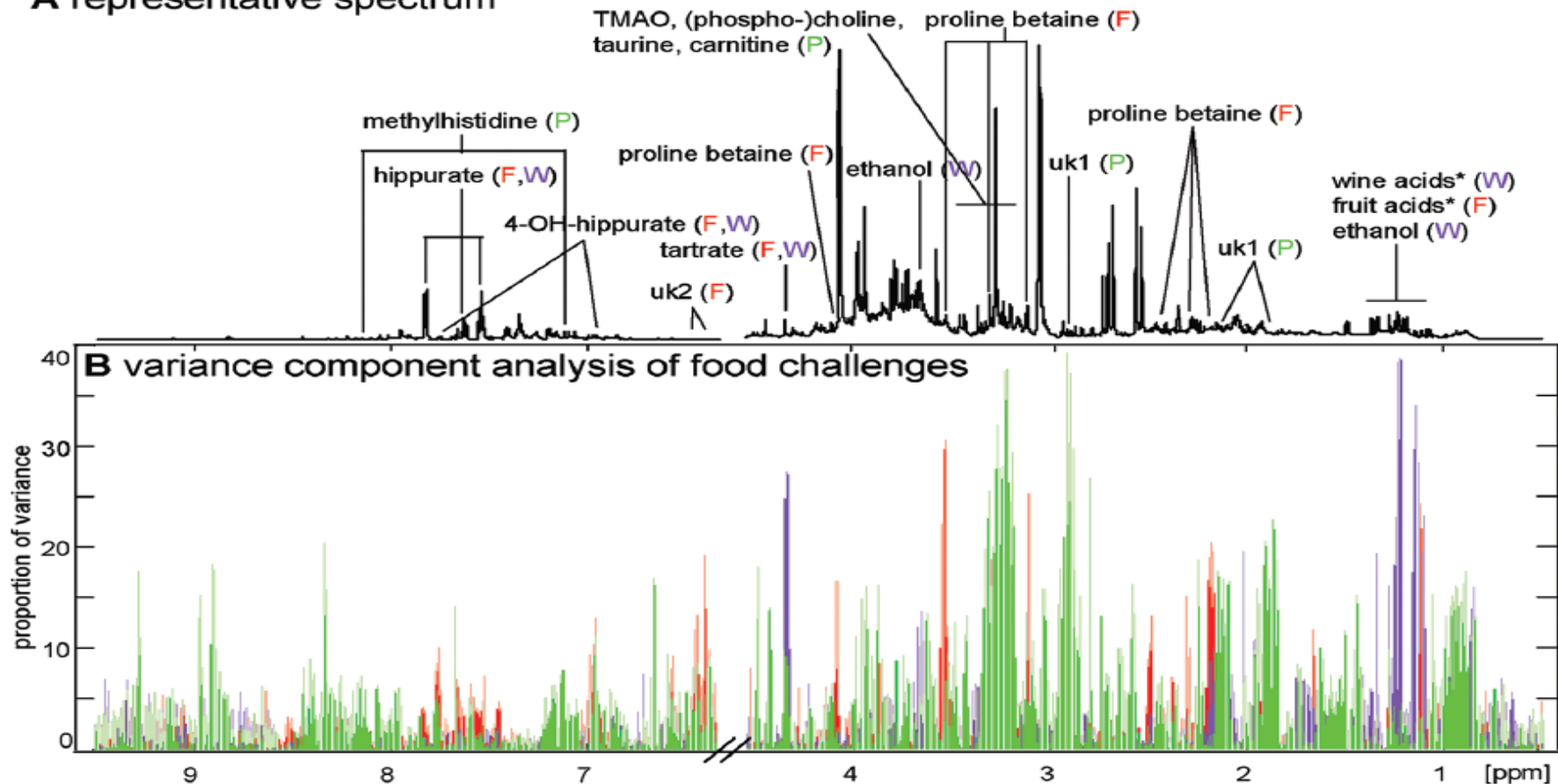


# Physiological Role of the Human Colon



# Microbiota Impact on Human Metabolic Phenotype

## A representative spectrum



# The Human

# Database

Number of

Human Fluids

## Fluid

## % Microbial origin

Blood

3,3

Saliva

4,8

Urine

5,2

CSF

8,0

Breast milk

8,3

Bile

27,8

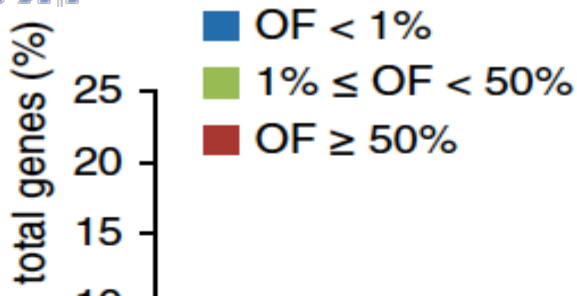
animum  
enrichment?

A gene catalogue  
of the human gut  
microbiome

[www.hmdb.ca](http://www.hmdb.ca)



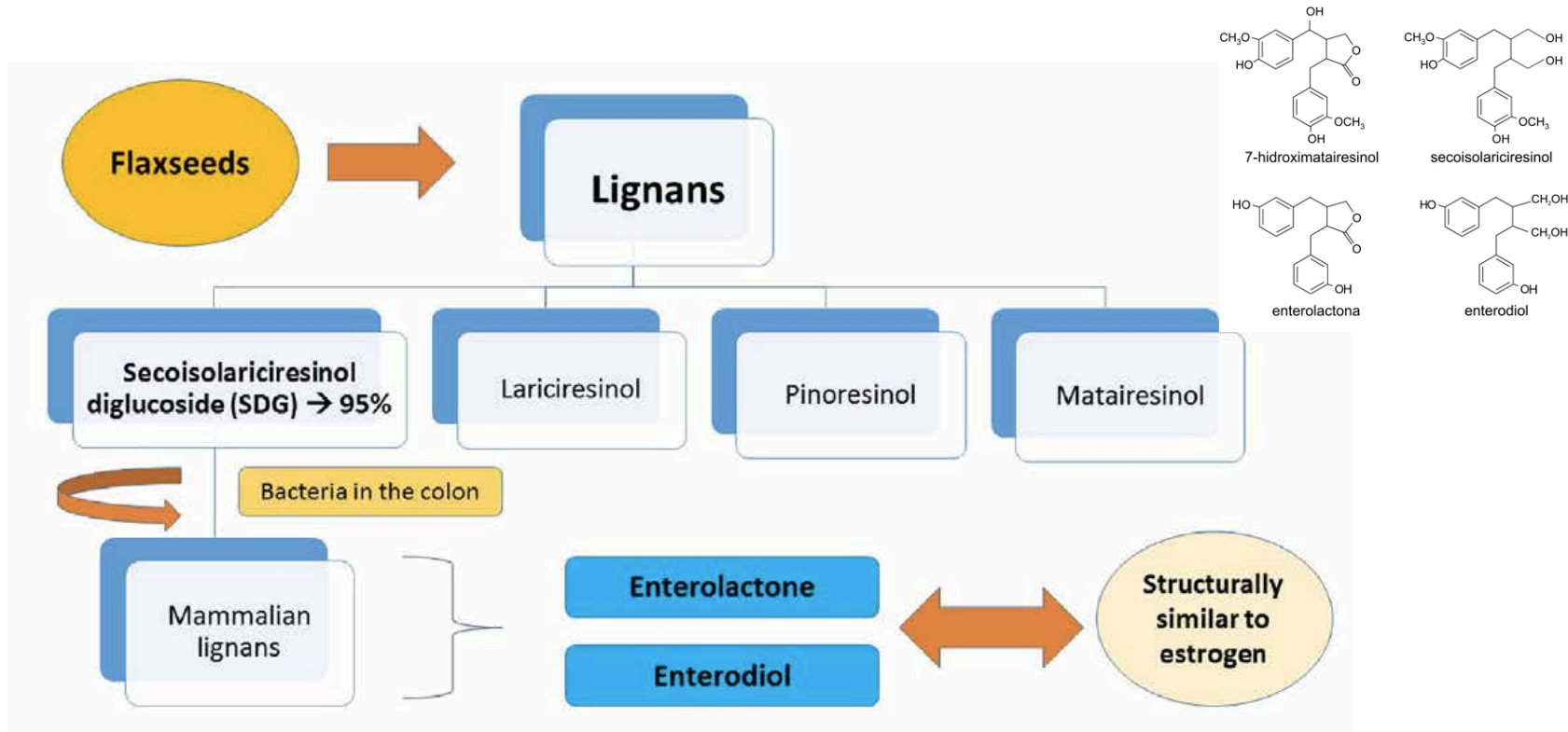
# Gene Catalogue of the Human Gut Microbiome



	# of genes
Average gene set per individual	590,384
Common (>50% of individuals)	294,110

Cell cycle contr  
chromosc  
Cell wall/membrane/envel  
Posttranslational modifi  
turnov  
Signal transductio  
Intracellular trafficking,  
ves  
Defens  
Translation, ribosoma  
Replication, recombina  
Energy productio  
Amino acid transport a  
Nucleotide transport a  
Carbohydrate transport a  
Coenzyme transport a  
Lipid transport a  
Inorganic ion transport a  
Secondary metabolite  
transport  
General function  
Fur

# Flaxseeds have an important role in decreasing breast cancer risk



Calado A et al. The effect of flaxseed in breast cancer: a literature review. Front Nutr 2018

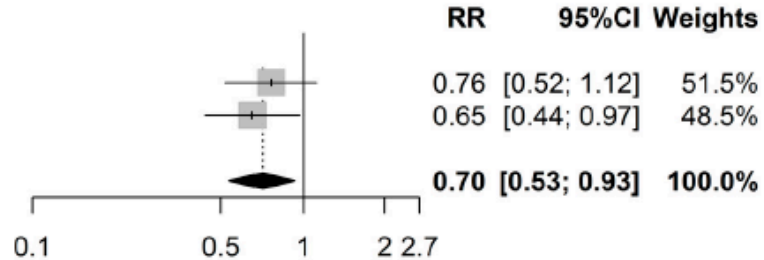
# Polyphenol Biomarkers and Cardiovascular Disease and Mortality Risk

## (a) Enterolactone and all-cause mortality

Vanharanta et al. (2003) [25]  
Reger et al. (2016) [23]

### Random effects model

Heterogeneity:  $I^2 = 0\%$ ,  $p = 0.58$

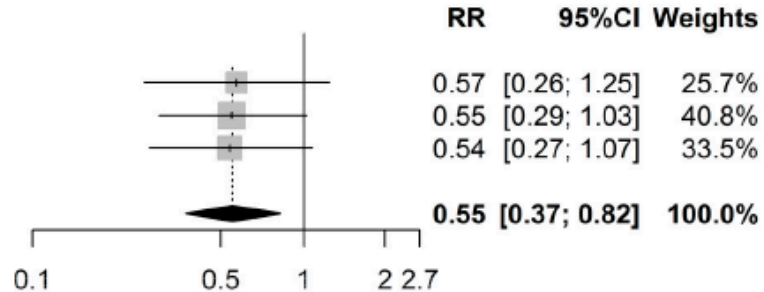


## (b) Enterolactone and CVD mortality

Kilkinen et al. (2006) [21]  
Vanharanta et al. (2003) [25]  
Reger et al. (2016) [23]

### Random effects model

Heterogeneity:  $I^2 = 0\%$ ,  $p = 0.99$

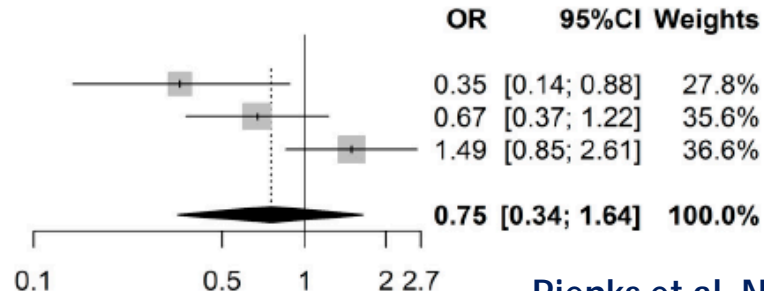


## (c) Enterolactone and non-fatal MI

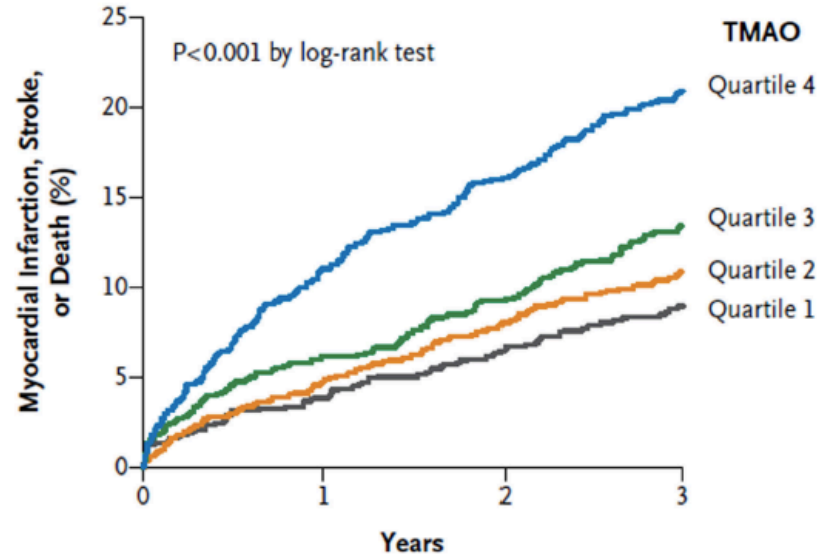
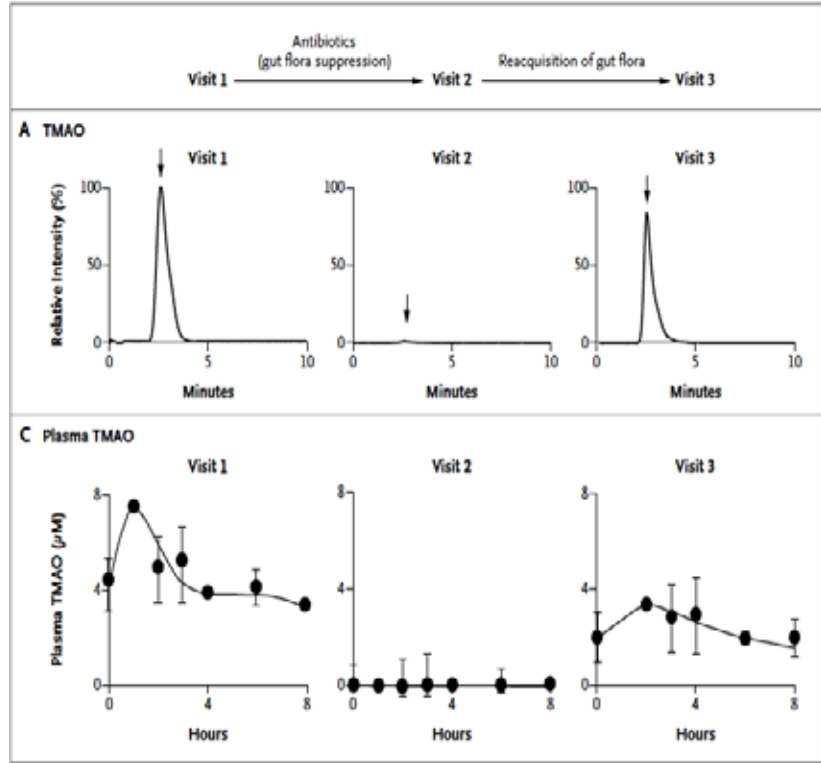
Vanharanta et al. (1999) [22]  
Kilkinen et al. (2006) [21]  
Kuijsten et al. (2009) [24]

### Random effects model

Heterogeneity:  $I^2 = 75\%$ ,  $p = 0.02$



# Microbial Metabolism of Phosphatidylcholine and Carnitine: Cardiovascular Risk and Mortality

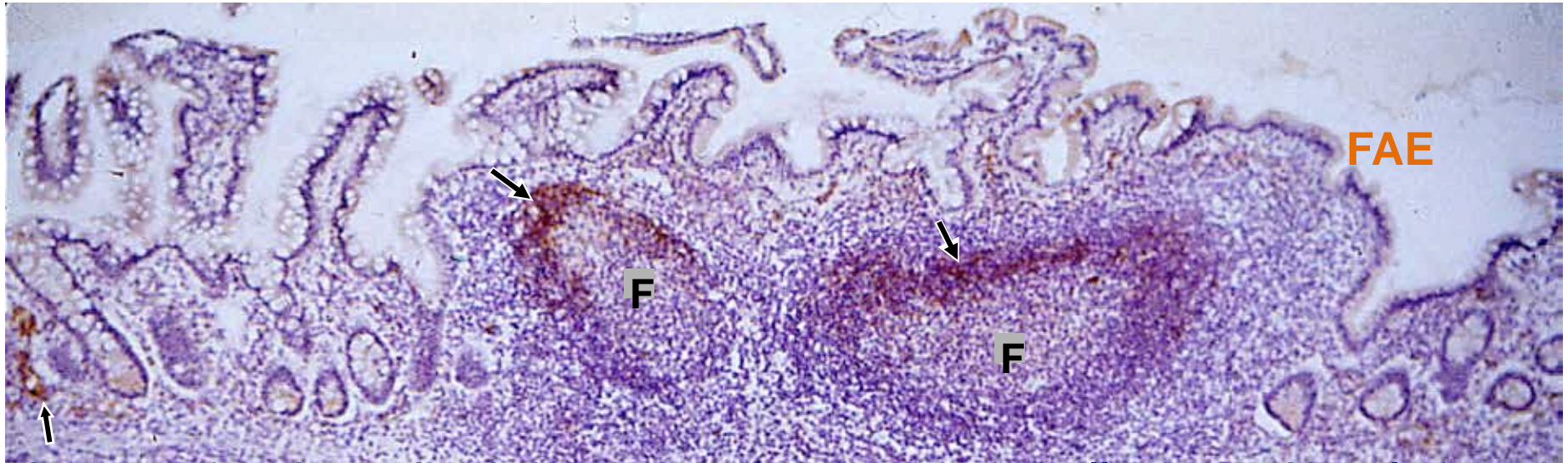


**No. at Risk**

Quartile 1	1001	933	869	827
Quartile 2	998	940	884	843
Quartile 3	1003	938	888	835
Quartile 4	1005	913	849	791



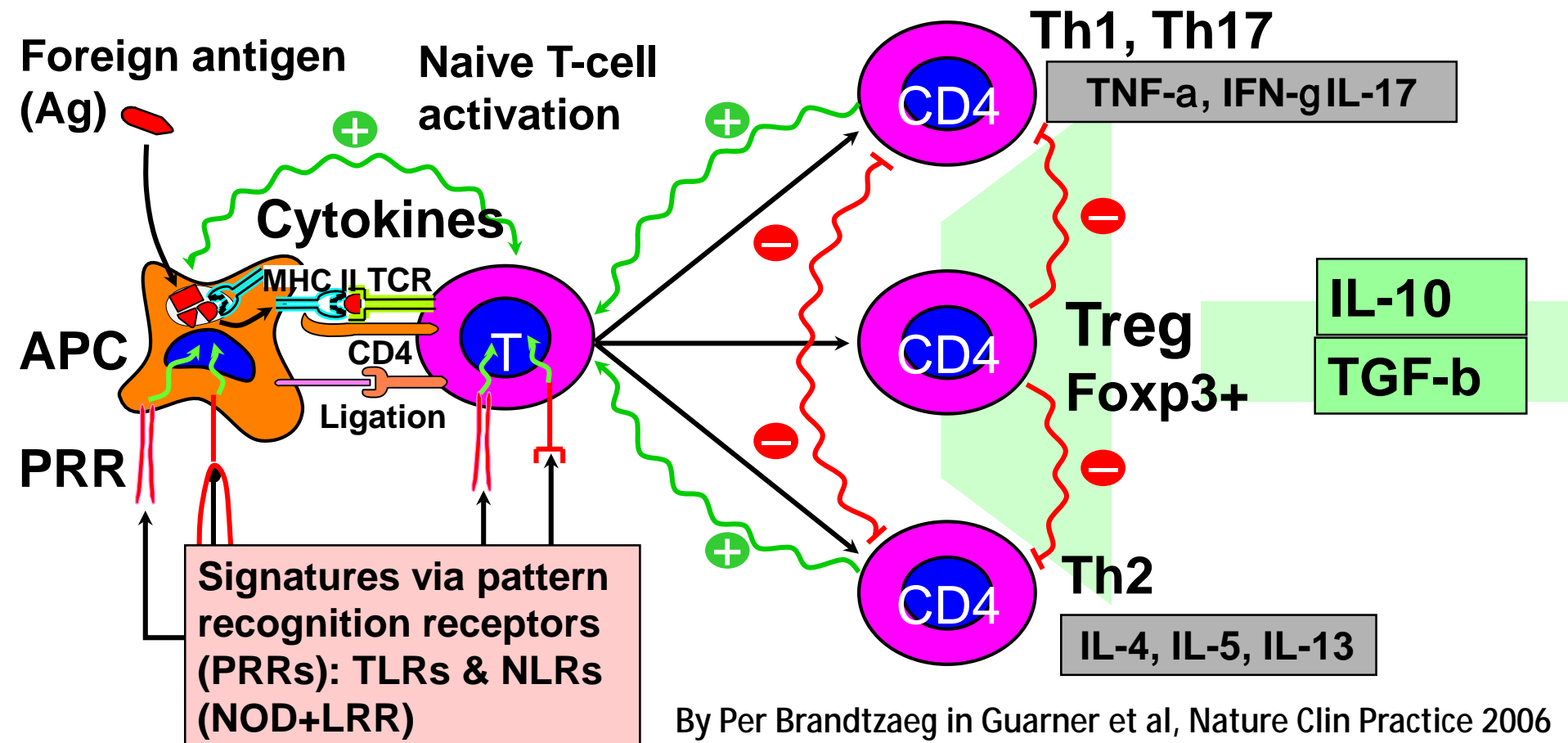
# Induction of Adaptive Immunity



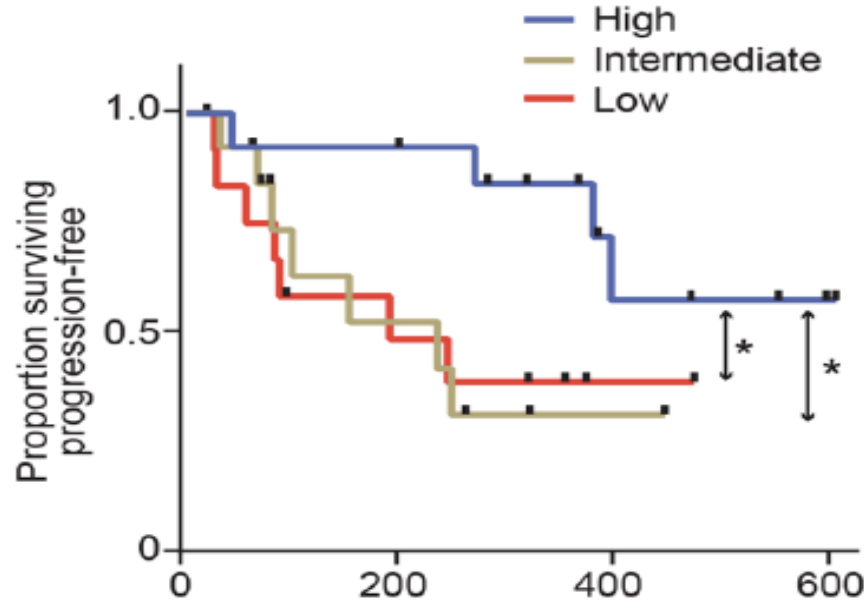
Gut-Associated Lymphoid Tissue structures are strategically situated in relation to the greatest concentration of microbiota

- **Peyer's patches:**  
distal ileum (nos. 100-250)
- **Isolated lymphoid follicles (ILFs):**  
large bowel (nos. ~ 30 000)

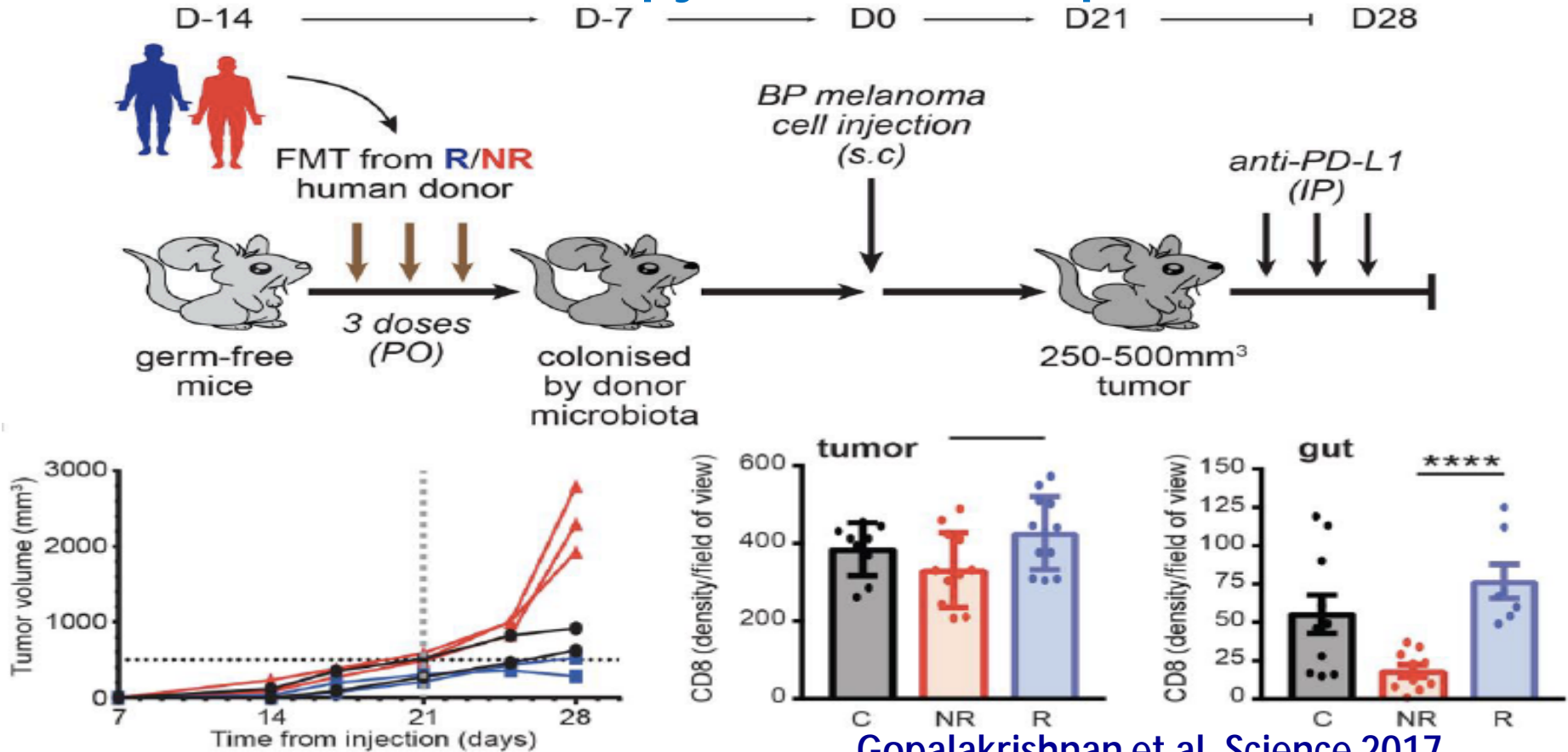
# Decision making in the adaptive (acquired) immune system is instructed by the microbial impact on APCs and T cells



# Gut microbes modulate response to immunotherapy in melanoma patients

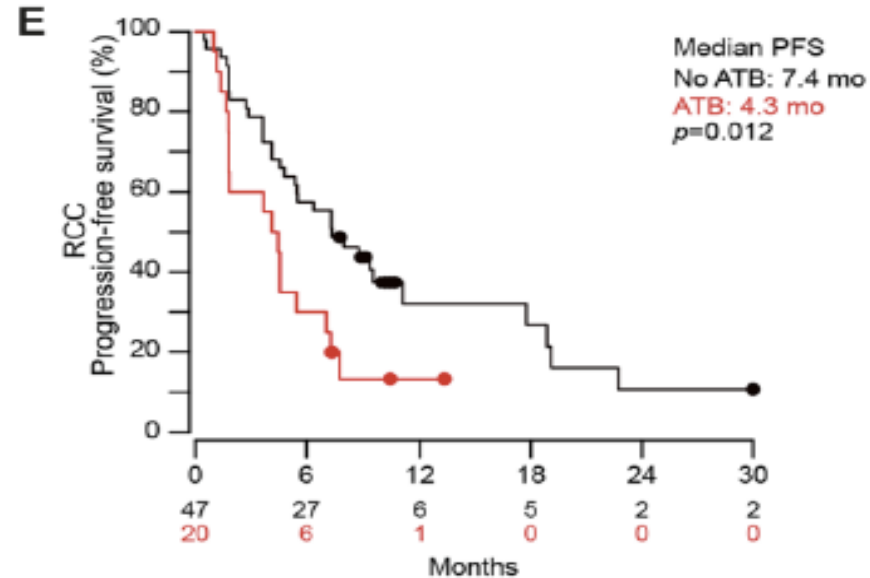
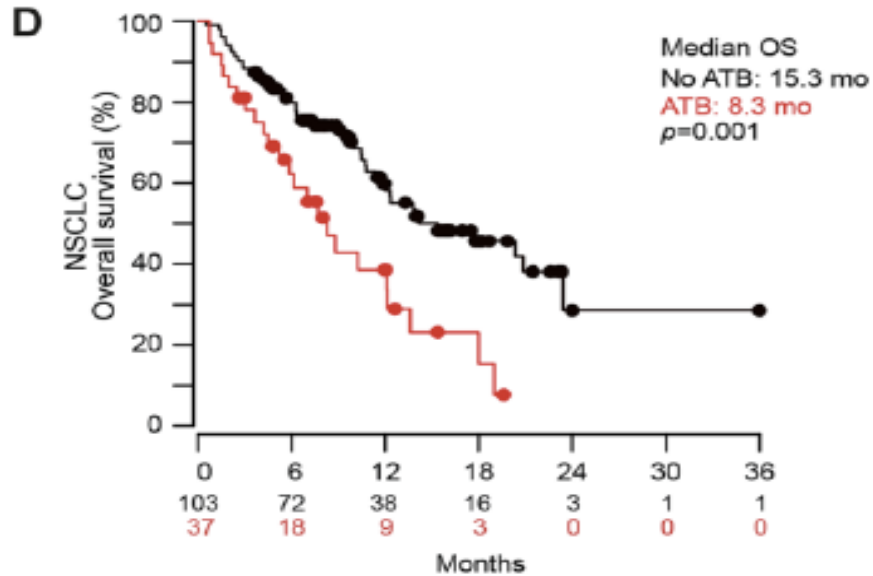


# Gut microbes modulate response to immunotherapy in melanoma patients



Gopalakrishnan et al, Science 2017

# Gut microbes modulate response to Immunotherapy against epithelial tumors





# Gut Microbiota Dysbiosis and Disease

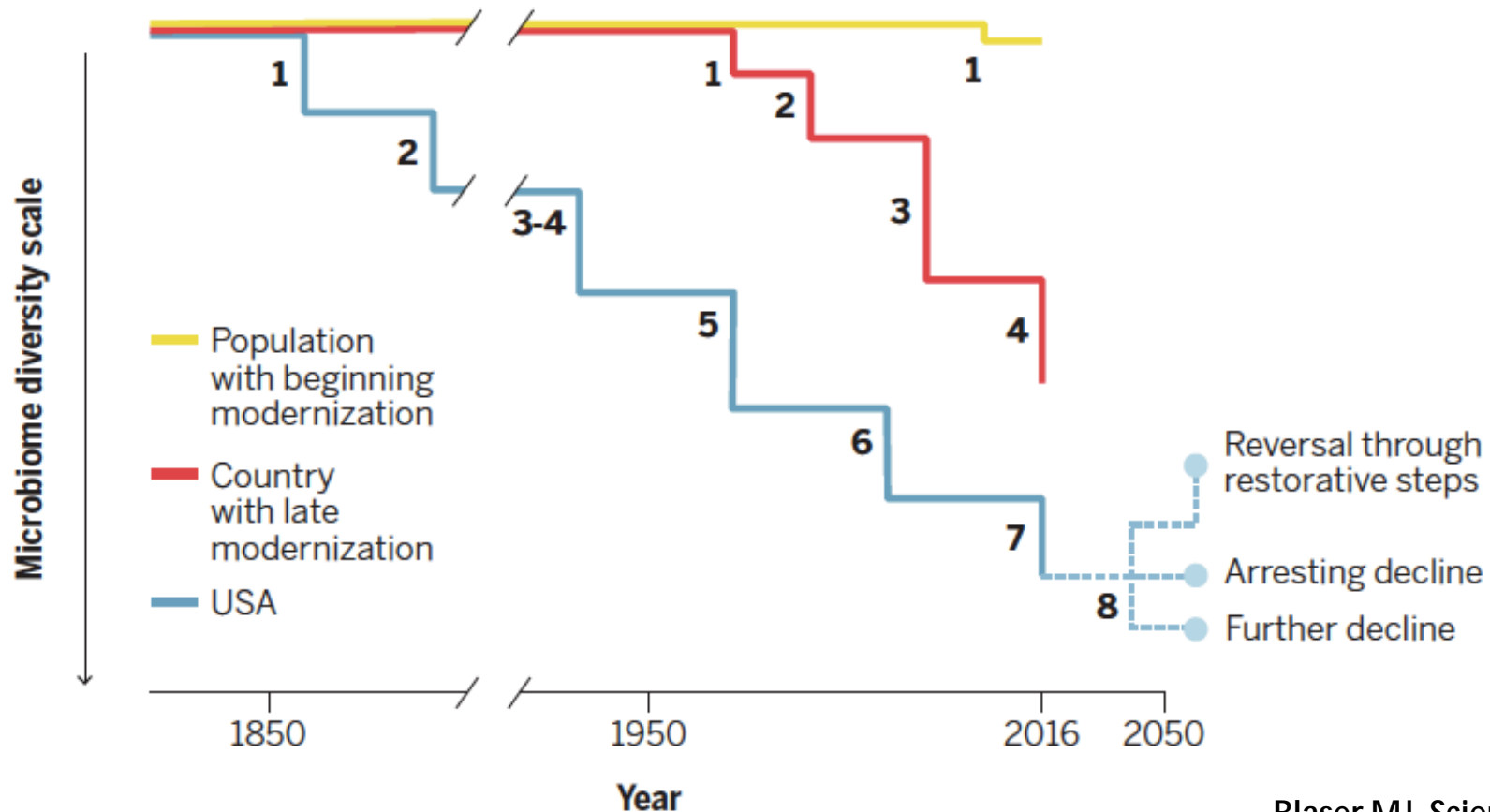
Disorders associated with altered composition of the gut microbiota:

- Nutrition-related disorders (obesity, type 2 diabetes and the metabolic syndrome)
- Inflammatory bowel diseases (UC and CD)
- Celiac disease

**Loss of microbial richness is a common feature of chronic non-communicable disease of modern society**

- Certain allergies
- Certain mental and neuro-developmental conditions, such as autism spectrum disorders

# Microbiota Changes in Different Societies



# Antibiotic use and risk of early onset IBD

**Table 2** Rate ratios of inflammatory bowel diseases according to antibiotic use among Danish children born 1995–2003 followed from birth until 1 January 2005

	Inflammatory bowel diseases			Crohn's disease			Ulcerative colitis		
	Number of cases	RR*	95% CI	Number of cases	RR*	95% CI	Number of cases	RR*	95% CI
<b>Antibiotic use</b>									
No courses	33	1	Reference	11	1	Reference	22	1	Reference
At least 1 course	84	1.84	(1.08 to 3.15)	39	3.41	(1.45 to 8.02)	45	1.21	(0.61 to 2.38)
Use in last 3 months	26	2.39	(1.36 to 4.19)	14	4.43	(1.88 to 10.44)	12	1.49	(0.69 to 3.19)
Use >3 months previously	58	1.42	(0.79 to 2.53)	25	2.27	(0.88 to 5.84)	33	1.04	(0.50 to 2.16)
<b>Number of courses</b>									
1–2	32	1.63	(0.92 to 2.91)	14	2.94	(1.18 to 7.31)	18	1.11	(0.54 to 2.32)
3–4	21	2.07	(1.03 to 4.18)	11	5.12	(1.69 to 15.53)	10	1.12	(0.45 to 2.80)
5–6	15	2.76	(1.27 to 5.97)	6	5.30	(1.49 to 18.87)	9	1.86	(0.71 to 4.87)
7+	16	2.93	(1.34 to 6.40)	8	7.32	(2.14 to 24.99)	8	1.59	(0.57 to 4.39)
Increase in RR per course		1.12	(1.04 to 1.21)		1.18	(1.06 to 1.32)		1.08	(0.97 to 1.19)

\*Adjusted for age and calendar period.



## ORIGINAL ARTICLE

## Antibiotic and acid-suppression medications during early childhood are associated with obesity

Christopher M Stark,<sup>1,2</sup> Apryl Susi,<sup>3</sup> Jill Emerick,<sup>2,3</sup> Cade M Nylund<sup>2,3</sup>

**Results** 333 353 children met inclusion criteria, with 241 502 (72.4%) children prescribed an antibiotic, 39 488 (11.8%) an H2RA and 11 089 (3.3%) a PPI. Antibiotic prescriptions were associated with obesity (HR 1.26; 95% CI 1.23 to 1.28). This association persisted regardless of antibiotic class and strengthened with each

**Conclusions** Antibiotics, acid suppressants and the combination of multiple medications in the first 2 years of life are associated with a diagnosis of childhood obesity. Microbiota-altering medications administered in early childhood may influence weight gain.

**Table 2** Total obese, incidence density, unadjusted and adjusted HRs of obesity for sex, caesarean section, military rank and those prescribed histamine-2 receptor antagonists (H2RAs), proton pump inhibitors (PPIs) and antibiotics

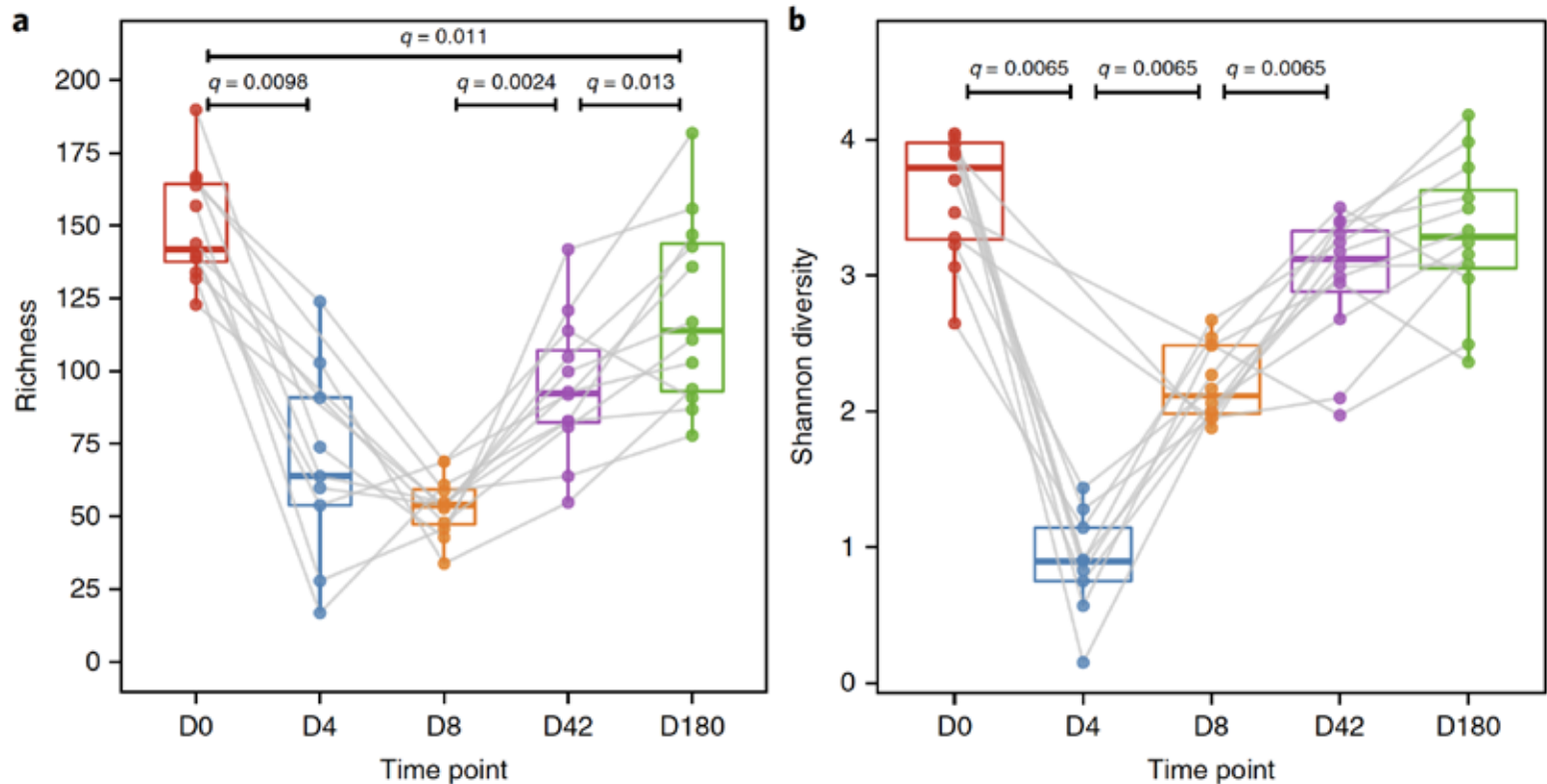
	Number of obese (%)	Incidence density (per 100 person-years)	Unadjusted HR (95% CI)	Adjusted HR (95% CI)
PPI prescription	1841 (16.6)	3.85	1.04 (1.03 to 1.05)	1.02 (1.01 to 1.03)
H2RA prescription	5955 (15.1)	3.64	1.03 (1.02 to 1.03)	1.01 (1.004 to 1.02)
Antibiotic class prescriptions	36 899 (15.3)	3.54	1.26 (1.23 to 1.28)	–
0	10 094 (11.0)	2.71	Ref	Ref
1	13 852 (13.3)	3.17	1.14 (1.11 to 1.17)	1.12 (1.09 to 1.15)
2	10 882 (15.4)	3.56	1.26 (1.23 to 1.30)	1.23 (1.20 to 1.26)
3	7457 (17.4)	3.93	1.38 (1.34 to 1.42)	1.33 (1.29 to 1.37)
4+	4708 (19.4)	4.27	1.48 (1.43 to 1.53)	1.42 (1.37 to 1.46)

# Antibiotic use and risk of colorectal Adenoma

**Table 2** Antibiotic use at age 20–39 and risk of colorectal adenoma, Nurses' Health Study 2004–2010

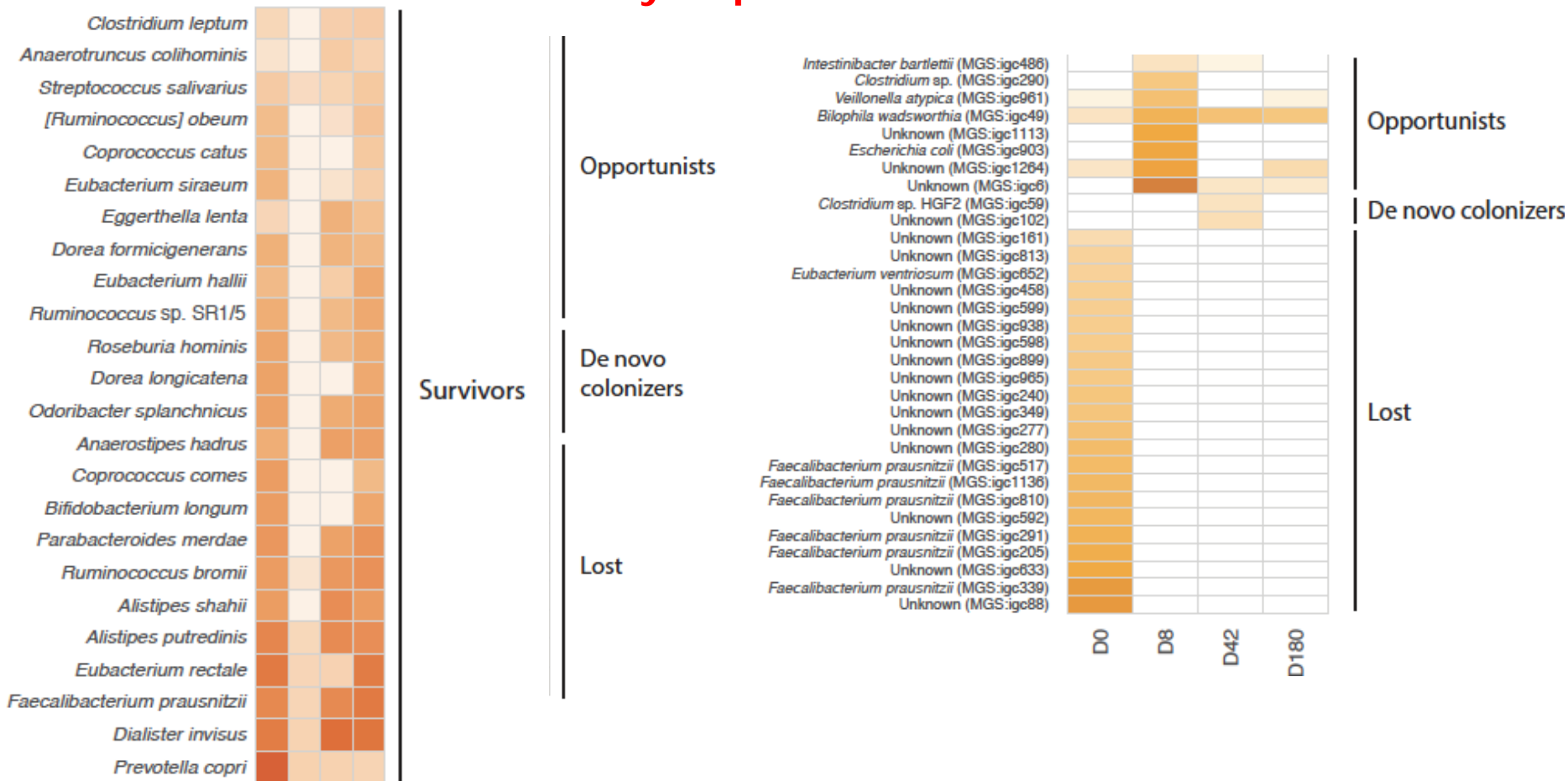
	Antibiotic use at age 20–39				P <sub>trend</sub>
	None	1–14 days	15 days to 2 months	2 months+	
<b>Total adenoma</b>					
No. of cases (n=1195)	141	653	296	105	
Age-adjusted* OR (95% CI)	1 (referent)	1.13 (0.93–1.37)	1.40 (1.13–1.74)	1.36 (1.04–1.79)	0.001
Multivariable† OR (95% CI)	1 (referent)	1.12 (0.92–1.36)	1.41 (1.13–1.75)	1.36 (1.03–1.79)	0.002
<b>High risk‡</b>					
No. of cases (n=436)	51	251	100	34	
Age-adjusted* OR (95% CI)	1 (referent)	1.25 (0.92–1.71)	1.40 (0.99–2.00)	1.35 (0.86–2.11)	0.22
Multivariable† OR (95% CI)	1 (referent)	1.23 (0.90–1.68)	1.43 (1.00–2.05)	1.37 (0.86–2.16)	0.14
<b>Low risk</b>					
No. of cases (n=630)	73	331	167	59	
Age-adjusted* OR (95% CI)	1 (referent)	1.08 (0.83–1.40)	1.47 (1.10–1.96)	1.40 (0.97–2.00)	0.002
Multivariable† OR (95% CI)	1 (referent)	1.08 (0.82–1.41)	1.47 (1.09–1.97)	1.42 (0.98–2.05)	0.002
<b>Proximal</b>					
No. of cases (n=709)	82	391	176	60	
Age-adjusted* OR (95% CI)	1 (referent)	1.18 (0.92–1.51)	1.46 (1.11–1.92)	1.36 (0.96–1.93)	0.02
Multivariable† OR (95% CI)	1 (referent)	1.17 (0.91–1.51)	1.46 (1.10–1.93)	1.43 (1.00–2.04)	0.01
<b>Distal</b>					
No. of cases (n=509)	67	271	128	43	
Age-adjusted* OR (95% CI)	1 (referent)	0.99 (0.75–1.30)	1.29 (0.94–1.76)	1.20 (0.81–1.79)	0.04
Multivariable† OR (95% CI)	1 (referent)	0.98 (0.74–1.30)	1.31 (0.96–1.81)	1.18 (0.78–1.78)	0.04

# Recovery of Human Gut Microbiome after Antibiotic Exposure



Oral vancomycin, gentamicin and meropenem from D0 to D4

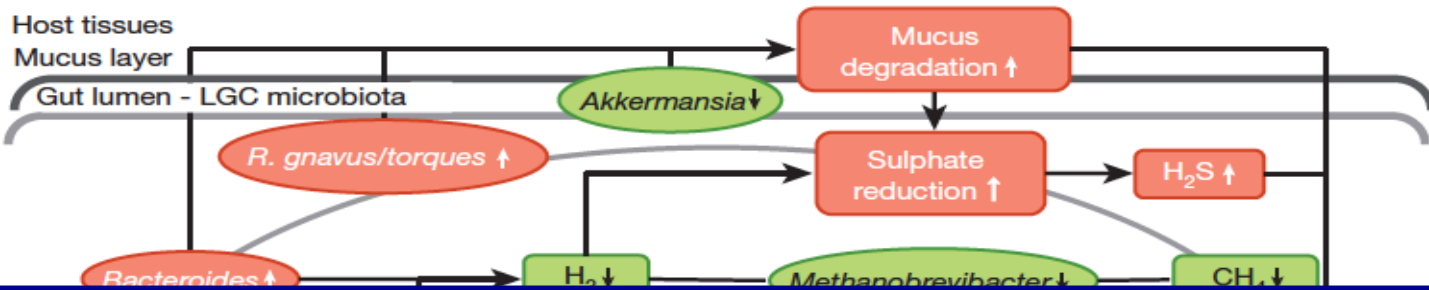
# Different Recovery Capacities between Strains



Oral vancomycin, gentamicin and meropenem from D0 to D4

Palleja et al, Nat Microbiol 2018

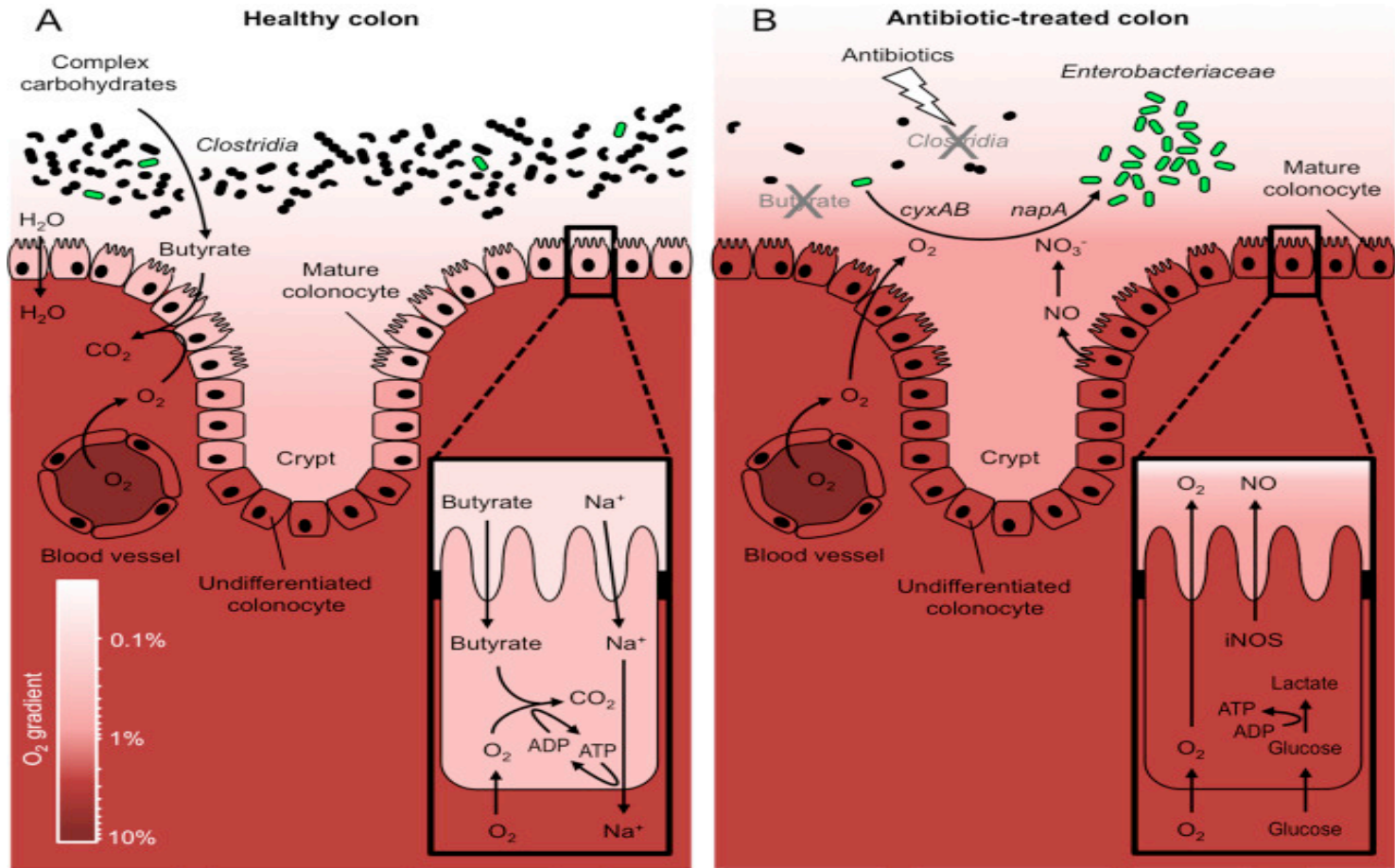
# Functional Dysbiosis



## Dysbiosis:

Rupture of the symbiotic balance  
between microbiota and host



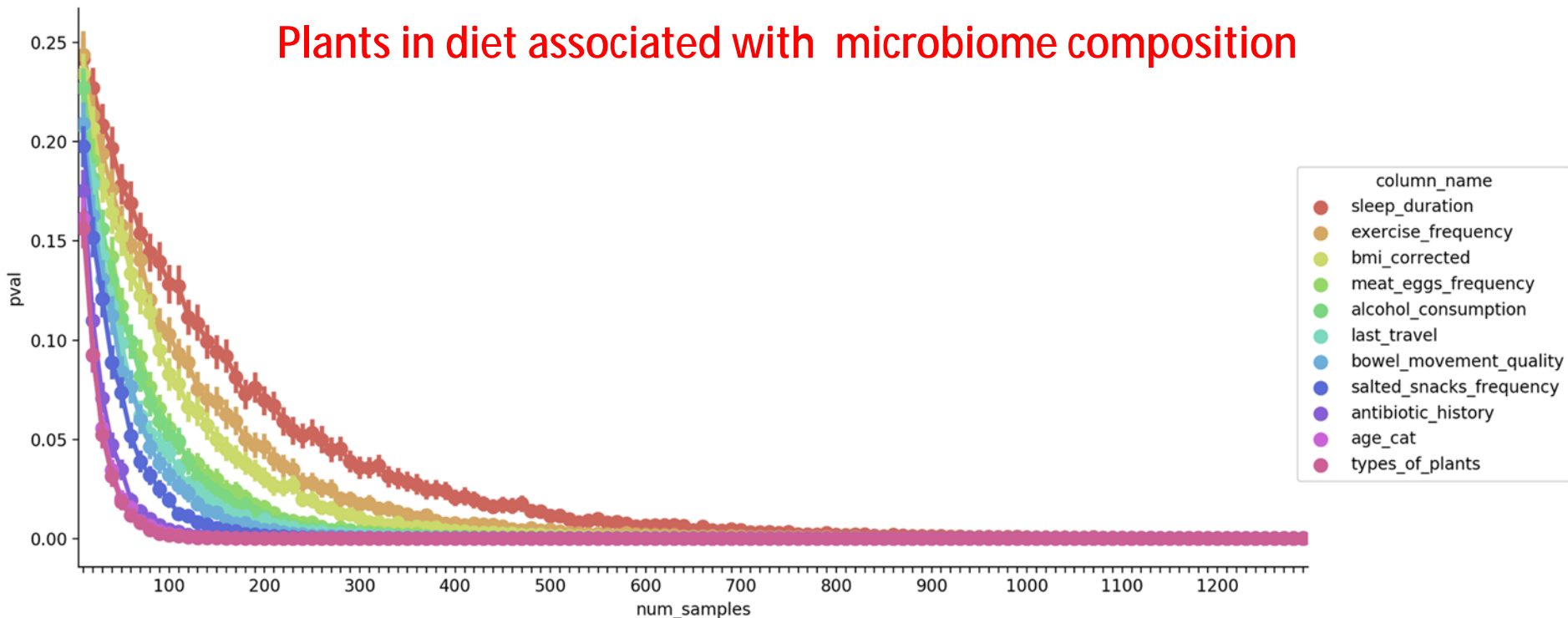


Oxygen as a driver of gut dysbiosis. Rivera-Chávez et al. Free Radic Biol

# American Gut Project

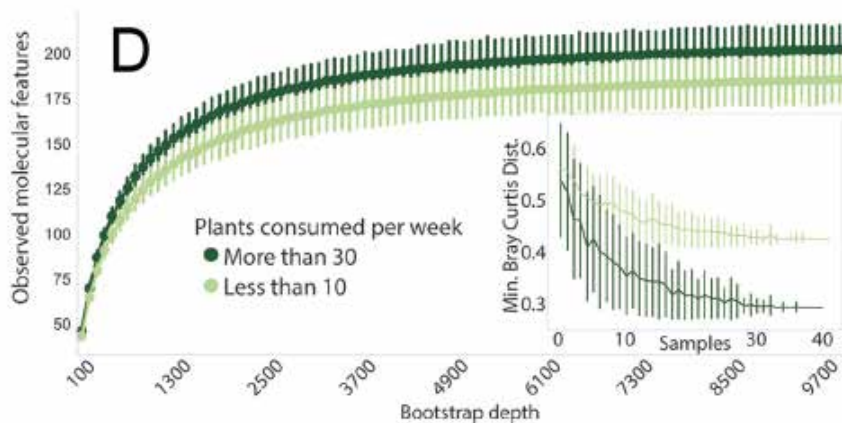
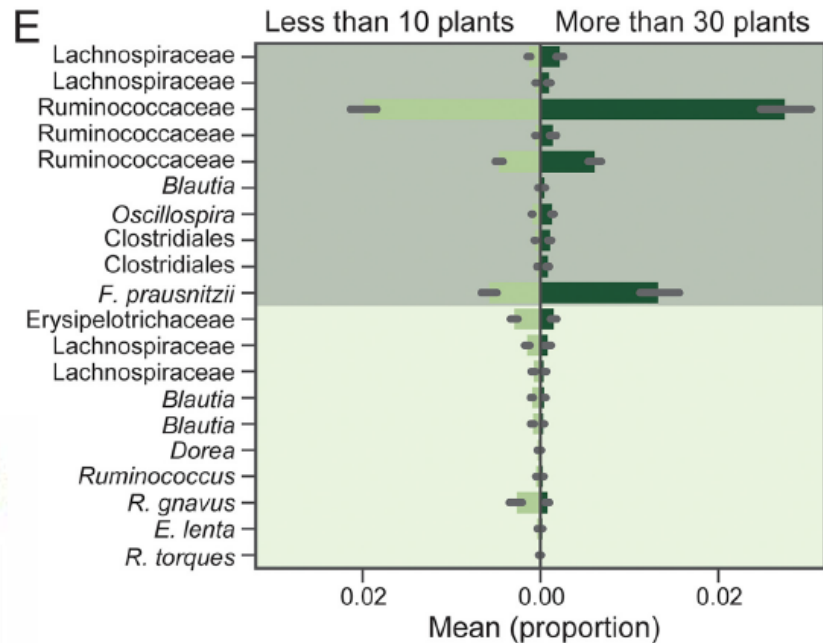
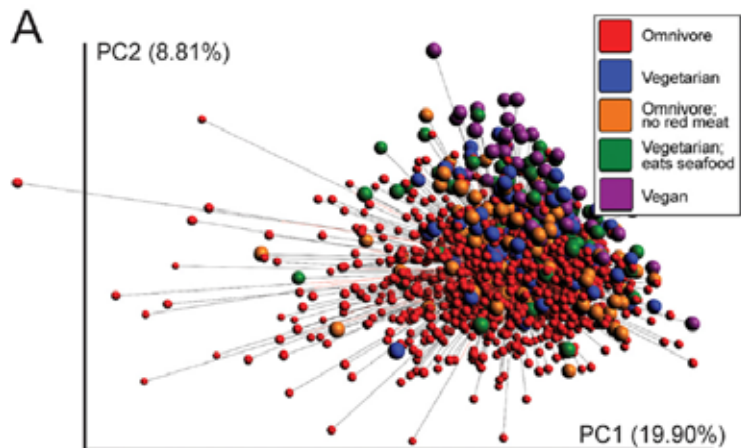
Microbial sequence data from 15,096 samples from 11,336 human participants

Plants in diet associated with microbiome composition



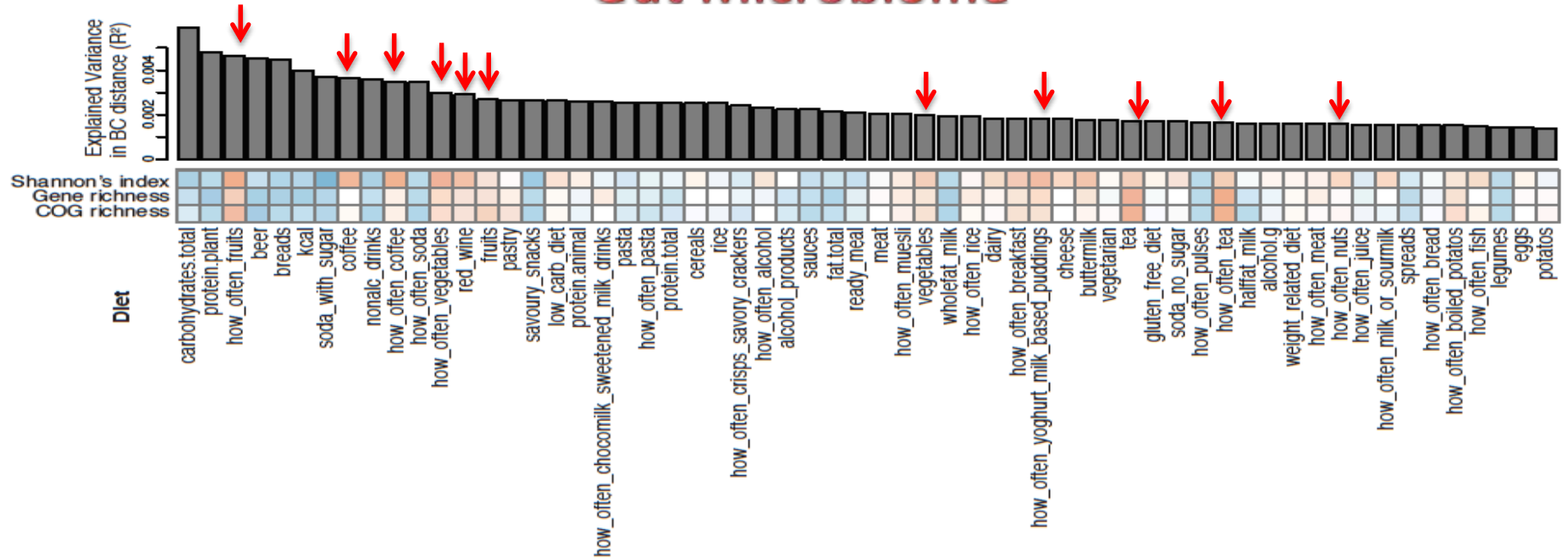
McDonald et al, mSystems 2018

# Diversity of plants in diet associated with microbiome composition



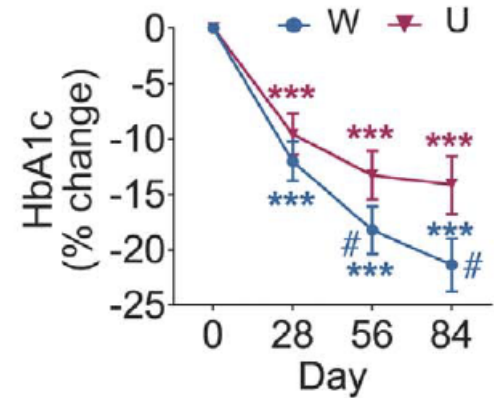
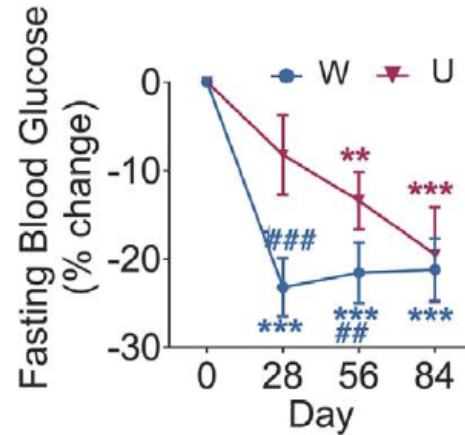
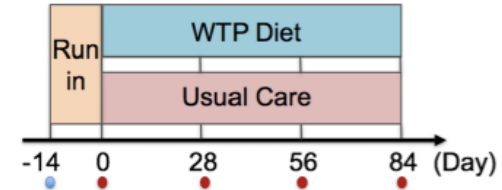


# Dietary Factors associated with interindividual variation of Gut Microbiome



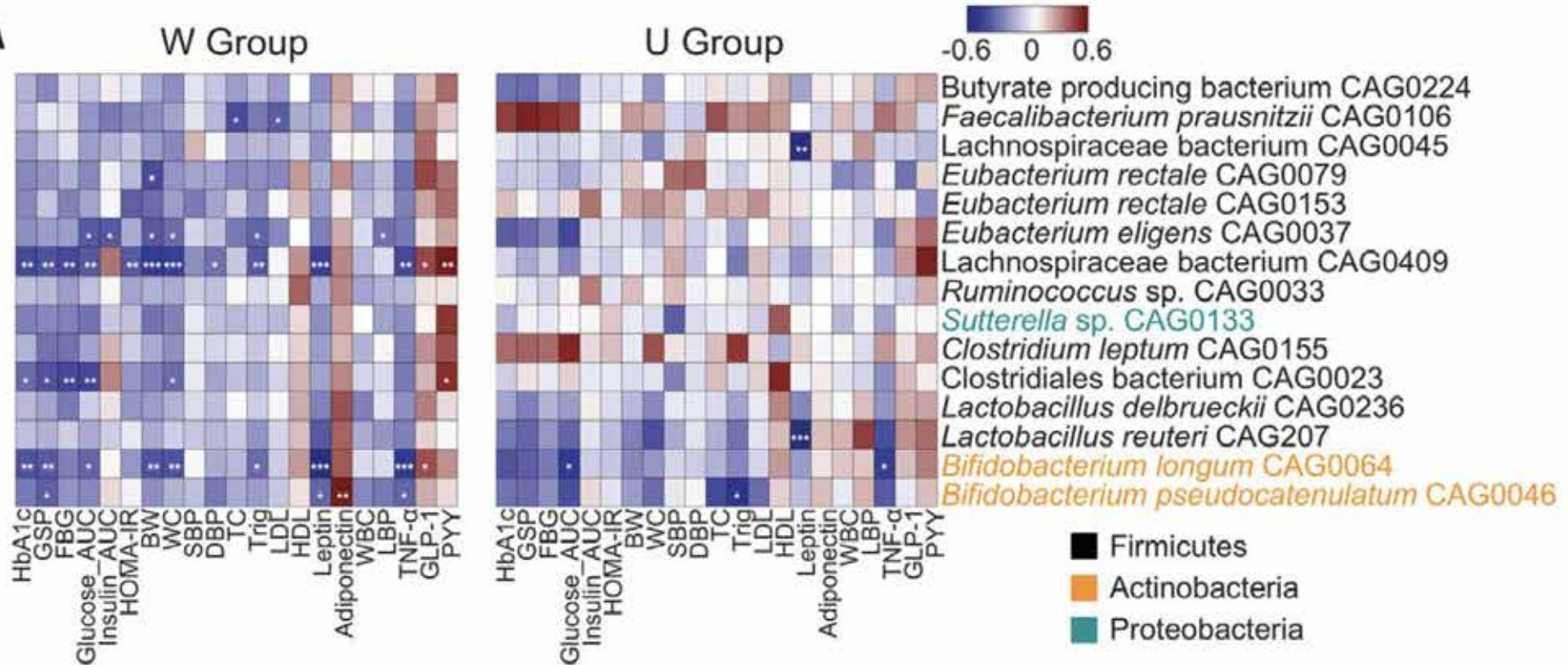
# Gut bacteria selectively promoted by dietary fibers alleviate type 2 diabetes

Group	Daily intake	Day 0	Day 84
W (N=24)	Total Energy (kcal)	1924.93±129.67	1874.87±71.10
	Fat (g)	63.48±4.57	58.32±4.04
	Fat %	31.03±1.86	27.54±1.07
	Protein (g)	81.52±5.90	74.58±3.67
	Protein %	16.94±0.63	15.88±0.49
	Total carbohydrate (g)	268.77±25.67	282.72±9.63
	Total carbohydrate %	52.03±2.16	56.58±1.09
	Total fiber (g)	12.12±1.24	37.10±1.90 <sup>***###</sup>
	Soluble fiber (g)	4.59±0.47	14.61±0.69 <sup>***###</sup>
U (N=14)	Total Energy (kcal)	2063.54±161.42	1954.48±142.80
	Fat (g)	70.44±8.30	62.41±5.14
	Fat %	30.70±2.39	29.16±1.57
	Protein (g)	87.31±9.14	79.32±9.00
	Protein %	16.65±0.88	15.76±0.86
	Total carbohydrate (g)	285.53±24.85	284.94±21.45
	Total carbohydrate %	52.65±2.44	55.08±1.63
	Total fiber (g)	15.43±2.43	16.06±1.95
	Soluble fiber (g)	5.85±0.92	6.09±0.74

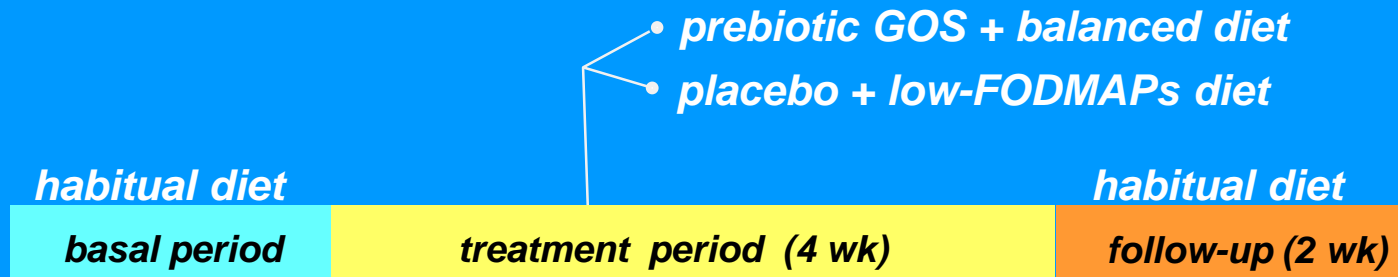


# Gut bacteria selectively promoted by dietary fibers alleviate type 2 diabetes

A

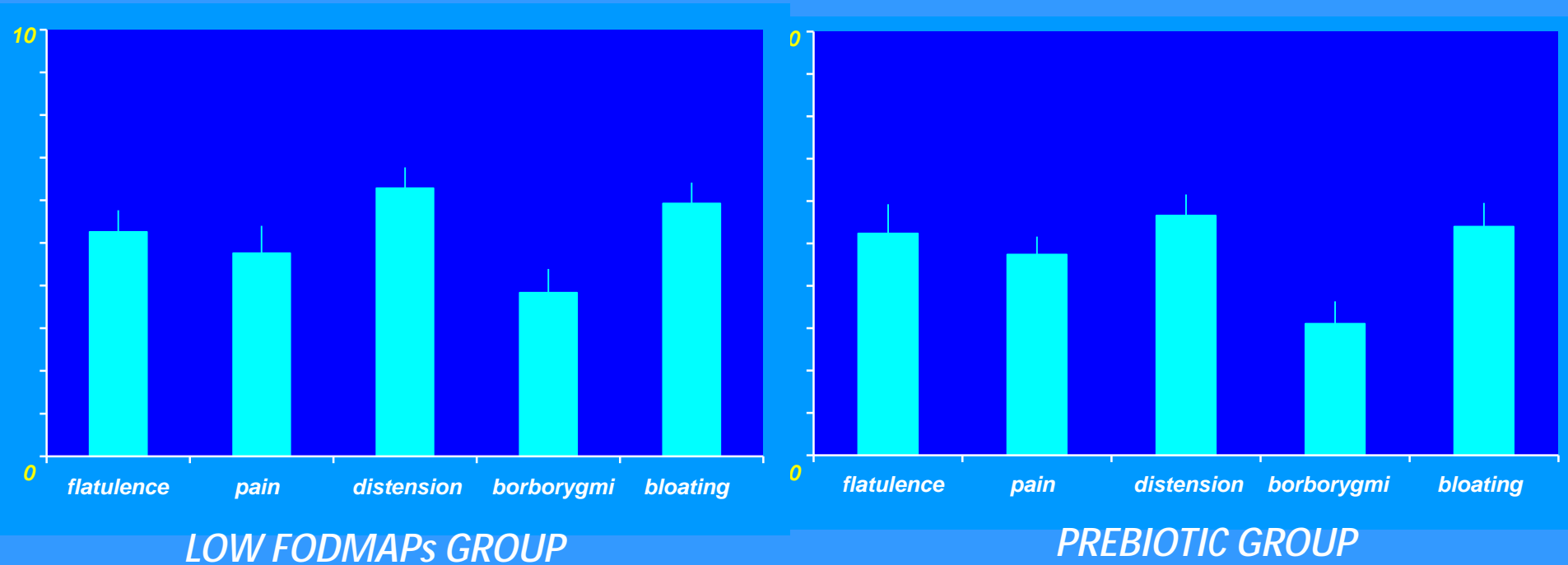


# *Bimuno GOS versus low FODMAPs diet in patients with FGD complaining of excessive gas: experimental design*



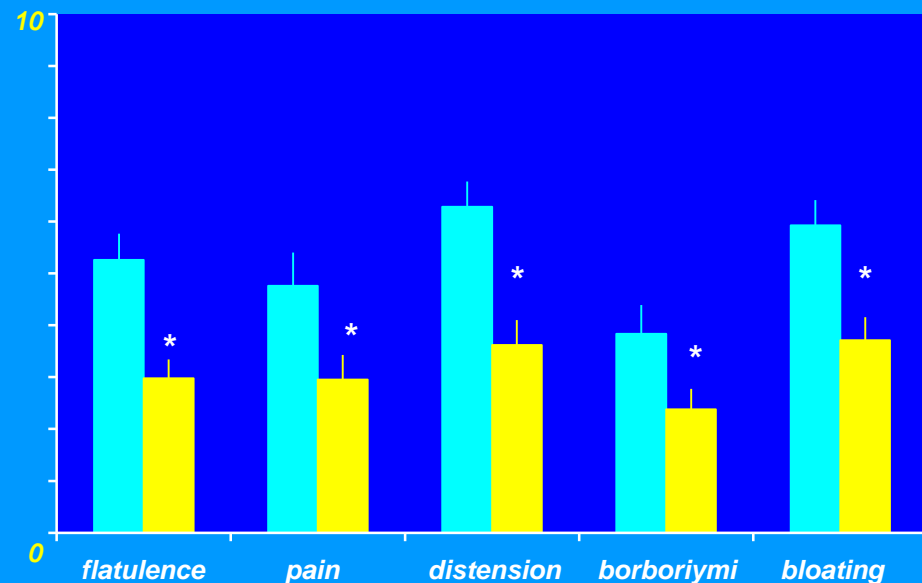
# Digestive symptoms

■ pre-treatment

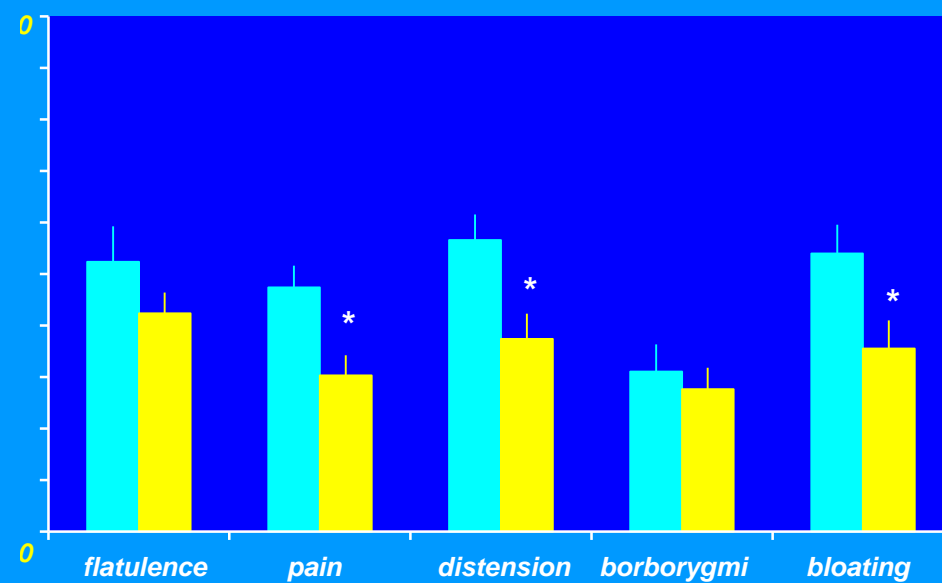


# Digestive symptoms

pre-treatment treatment



LOW FODMAPs GROUP

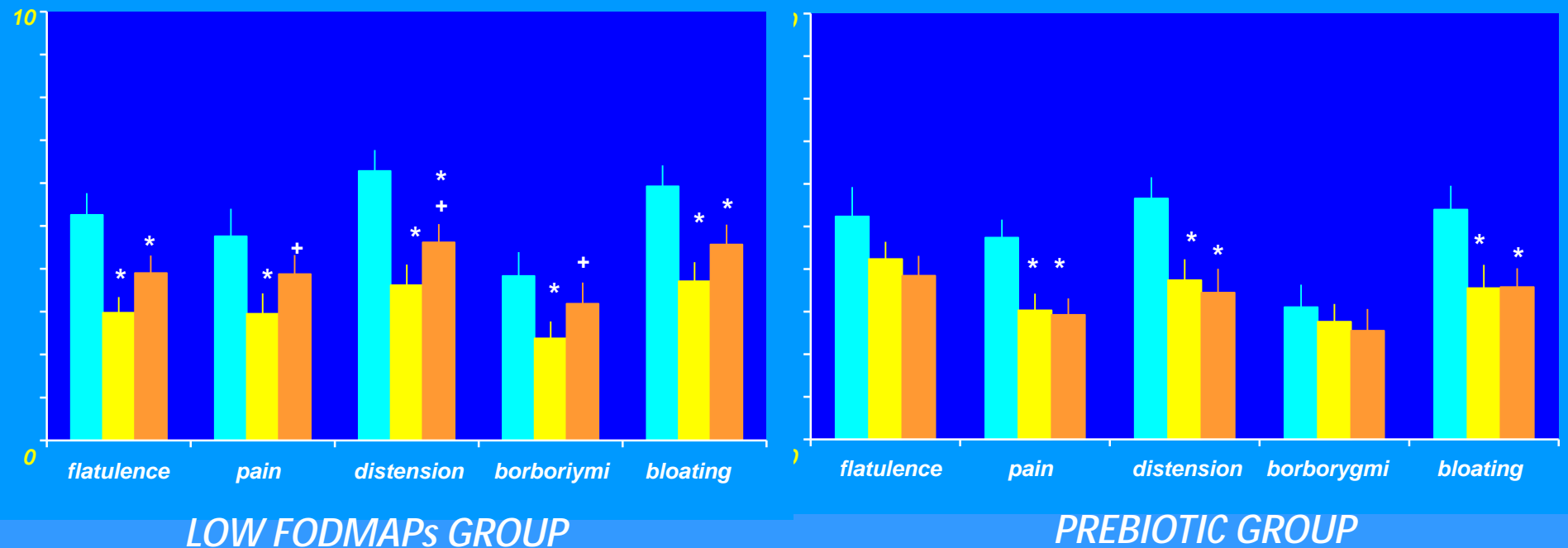


PREBIOTIC GROUP

\*  $p < 0,05$  vs basal

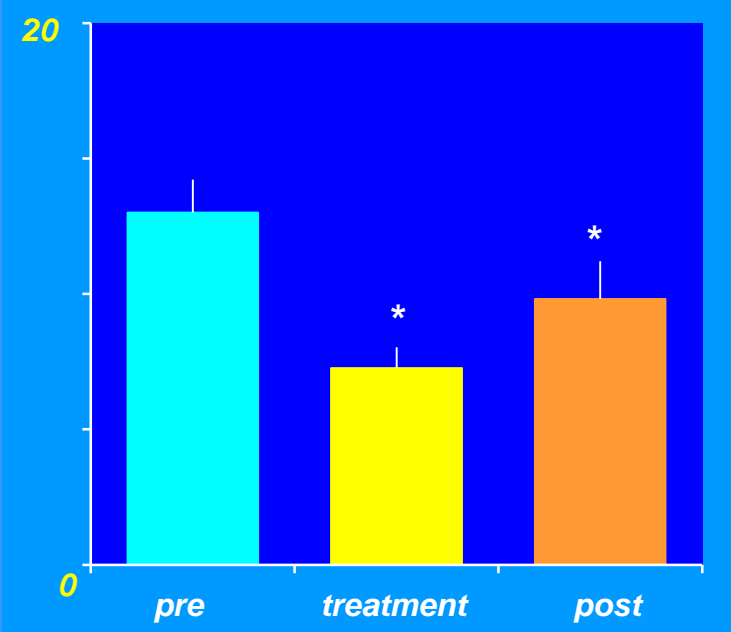
# Digestive symptoms

pre-treatment treatment post-treatment

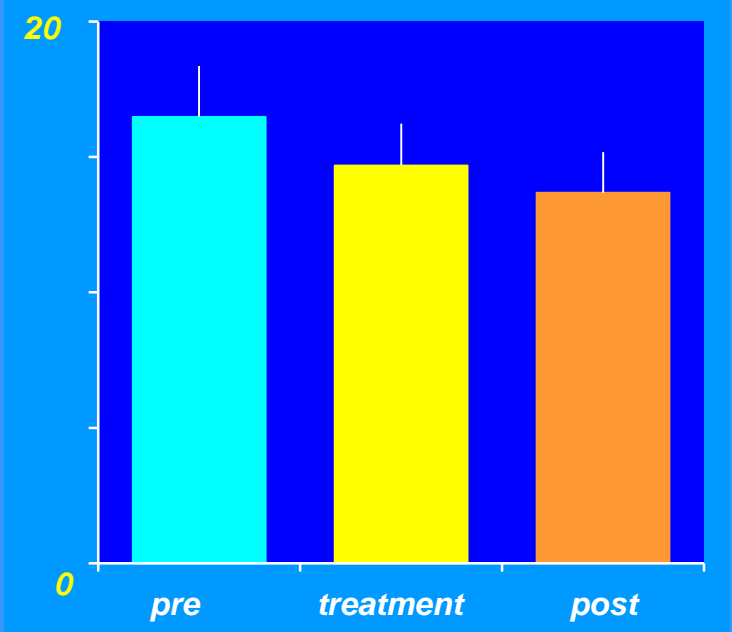


\*  $p < 0,05$  vs basal +  $p < 0,05$  vs treatment

# Number of daytime anal gas evacuation



LOW FODMAPs GROUP



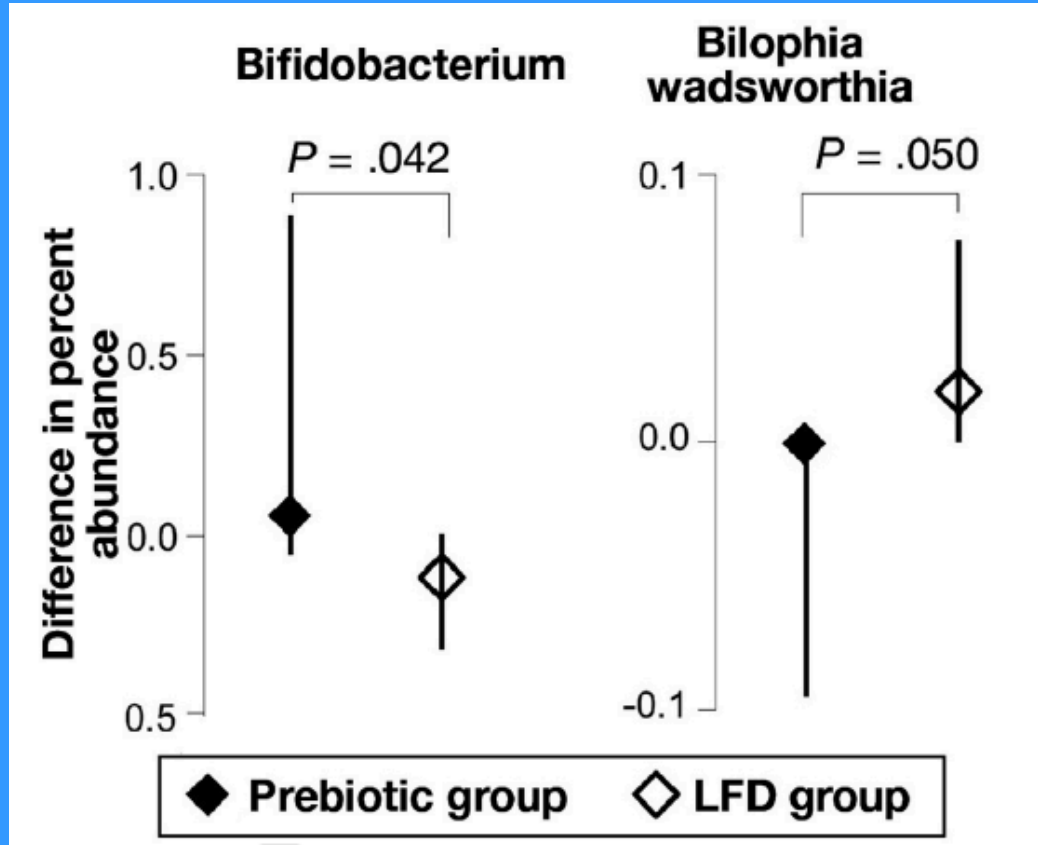
PREBIOTIC GROUP

Huaman et al, Gastroenterology 2018

\*  $p < 0.05$  vs pre-treatment



# Changes in luminal bacteria during treatment



# Functional gut symptoms: treatment strategies

