

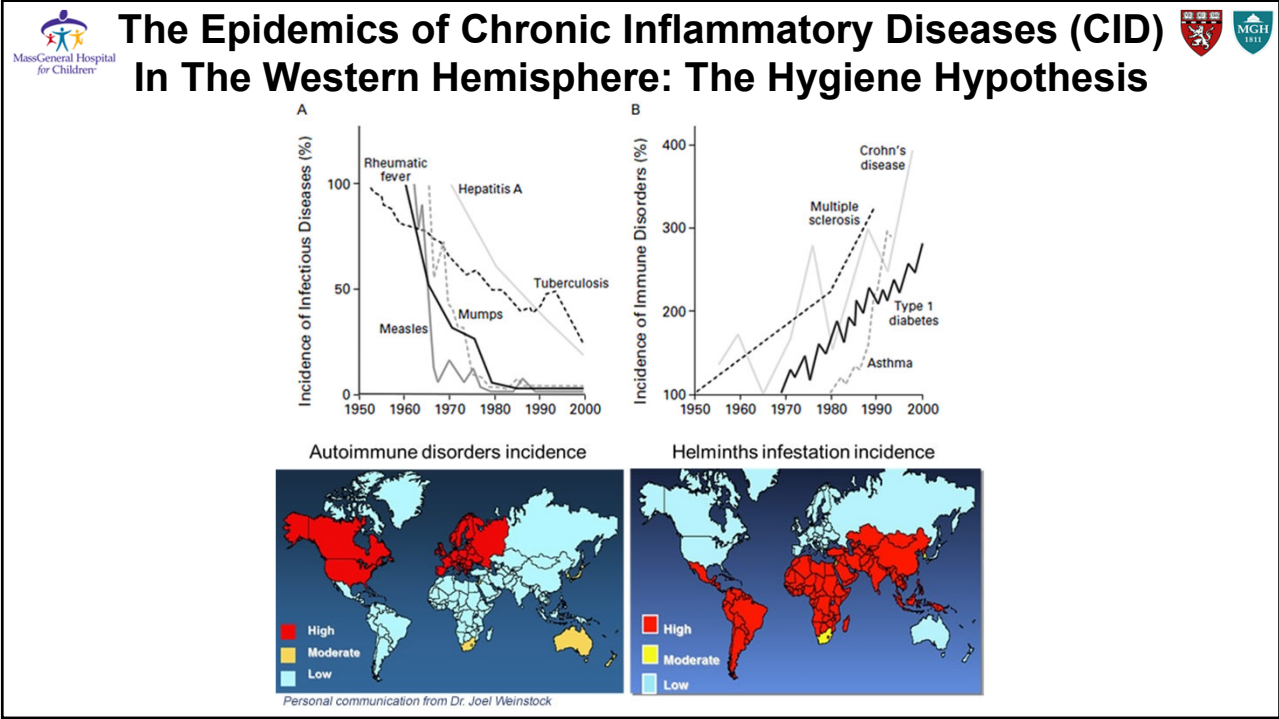
The Intestinal Microbiome And The Developing Immune System.

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 W. Allan Walker Chair in Pediatric Gastroenterology and Nutrition
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GUT FEELINGS
The Microbiome and Our Health
 ALESSIO FASANO
 SUSIE FLAHERTY

Logos: GEMM, Mass General Hospital for Children, EBRIS, Harvard Medical School, European Union, GEMMA

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Pathogenesis CID

We May Be “Predisposed”, but Are Not Born “Destined” to Develop Chronic Inflammatory Diseases

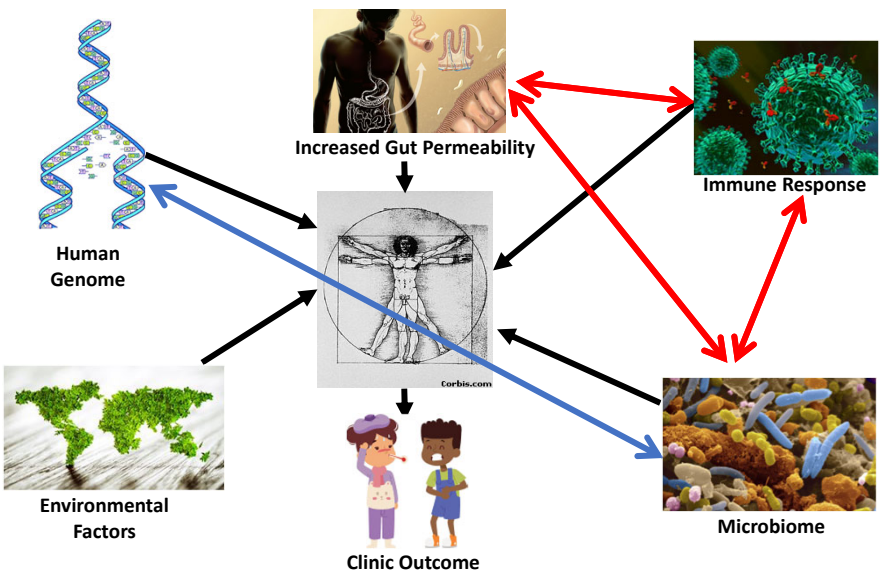


MGH 1881

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The Yin and Yang Between Tolerance and Immune Response Leading To CID



Human Genome

Environmental Factors

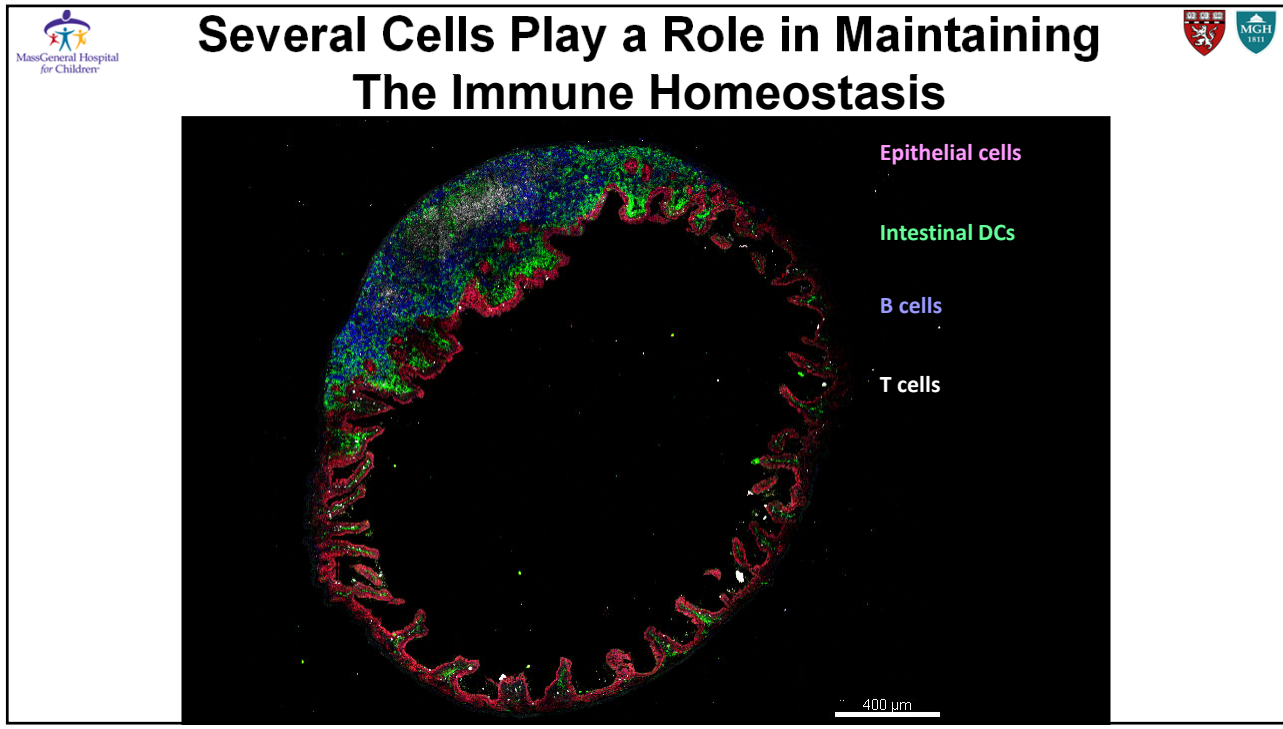
Increased Gut Permeability

Immune Response

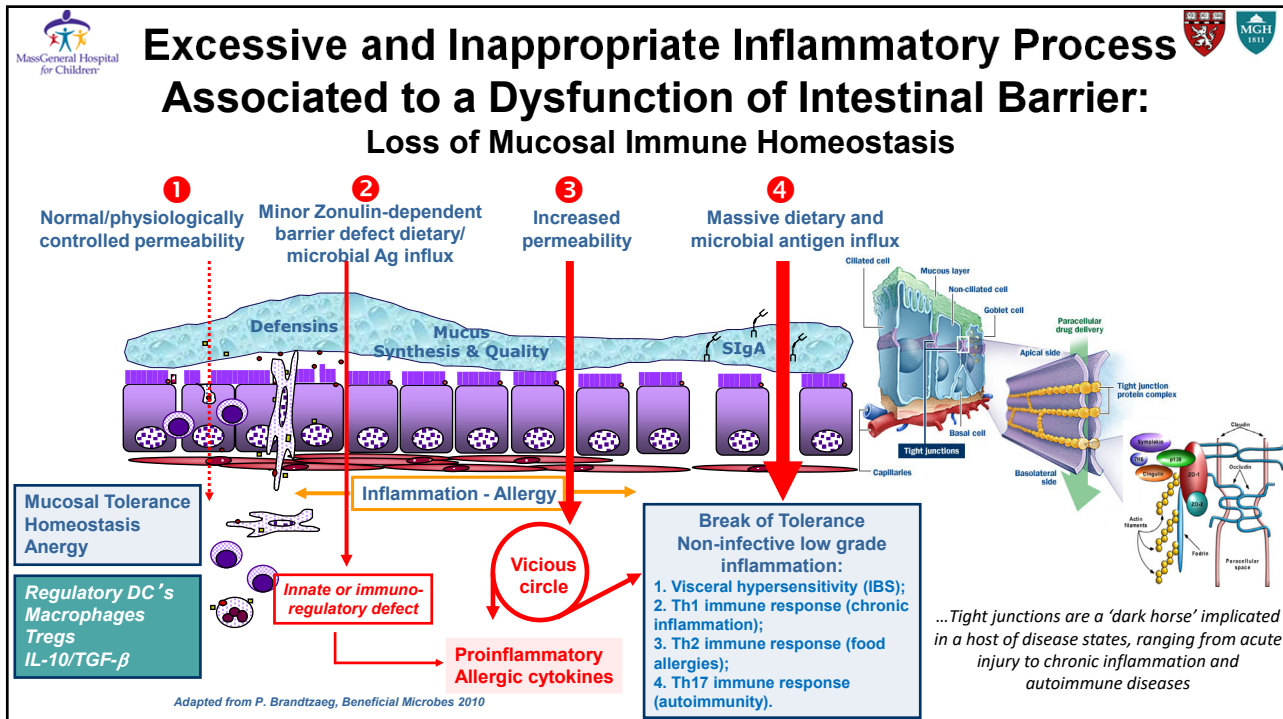
Microbiome

Clinic Outcome

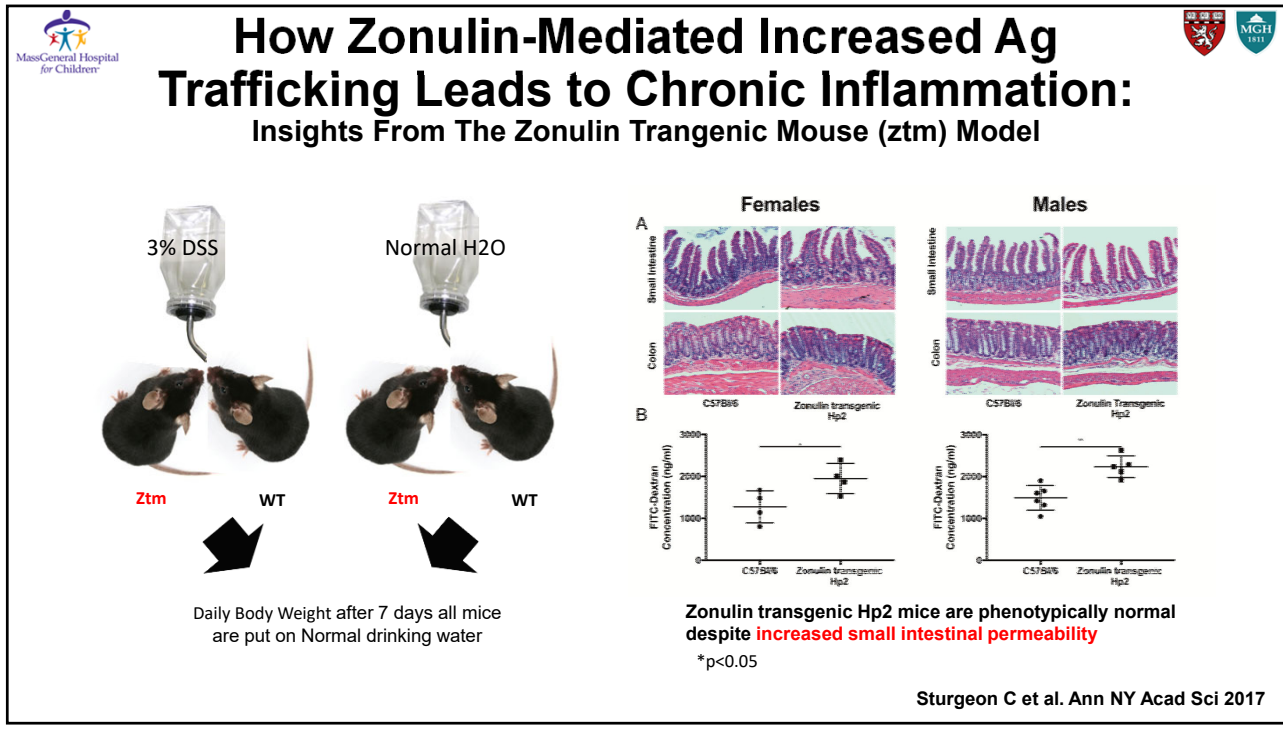
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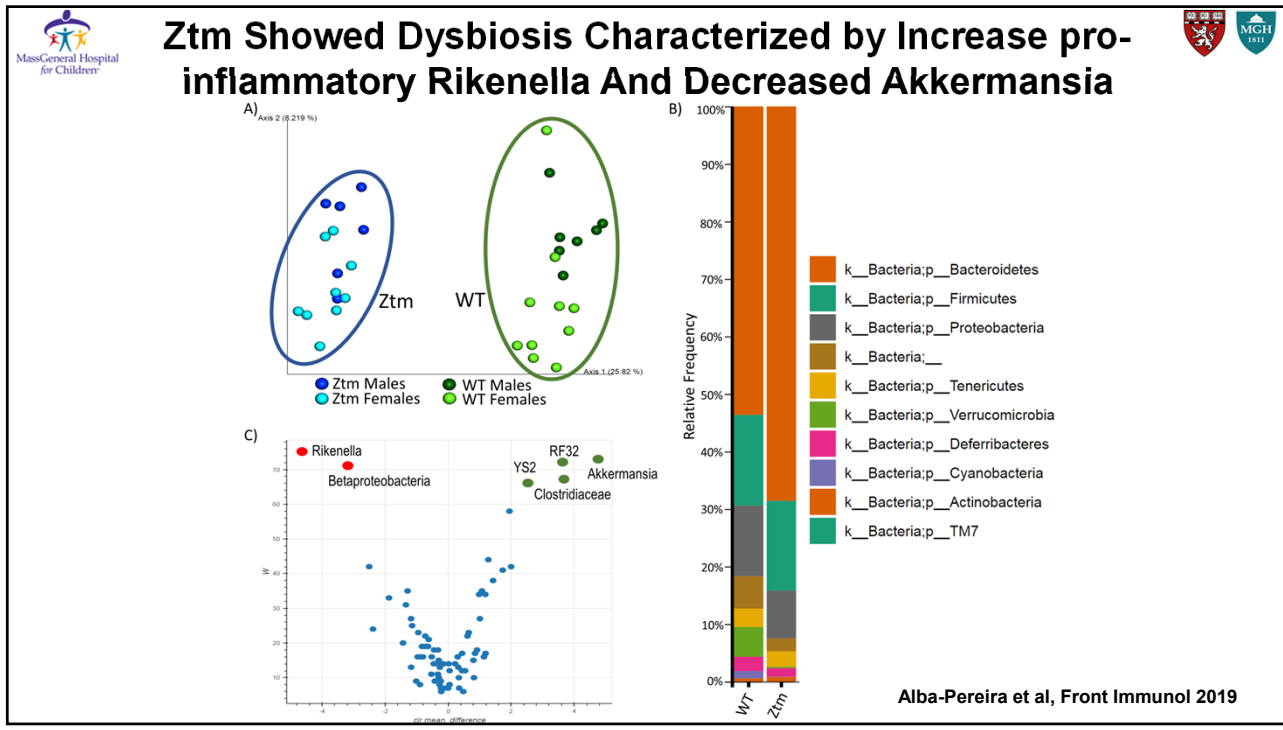
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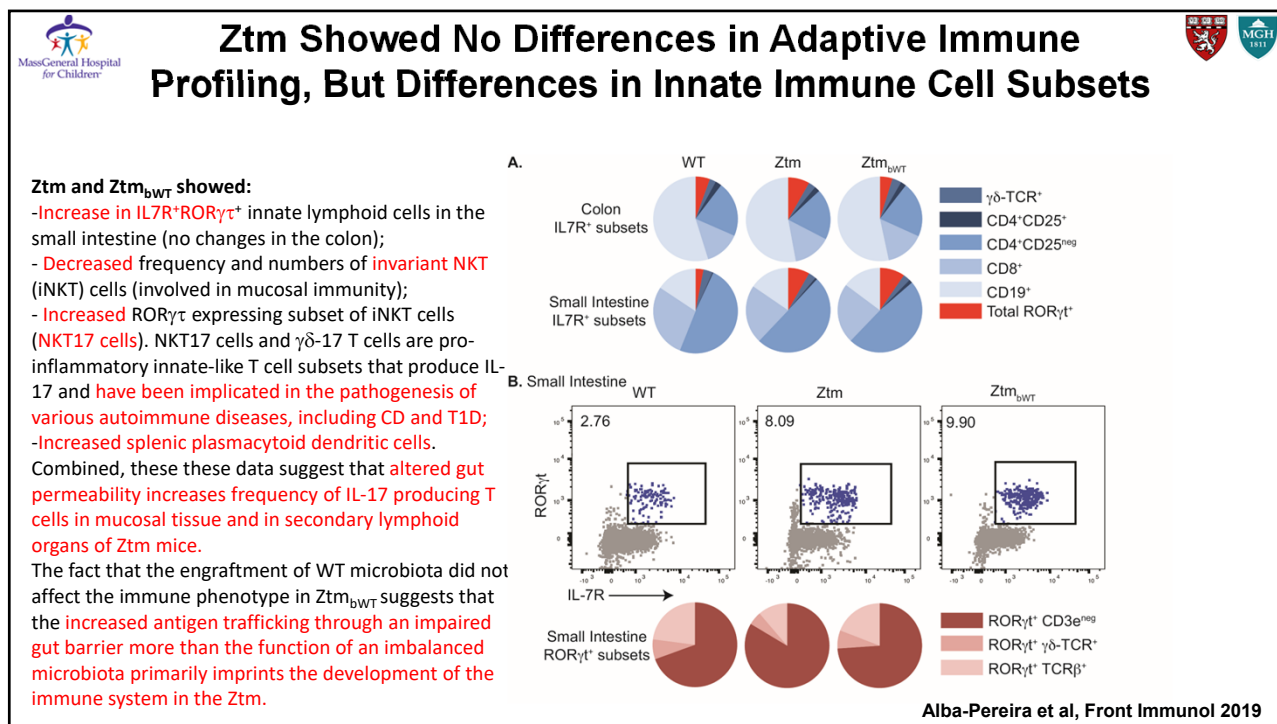
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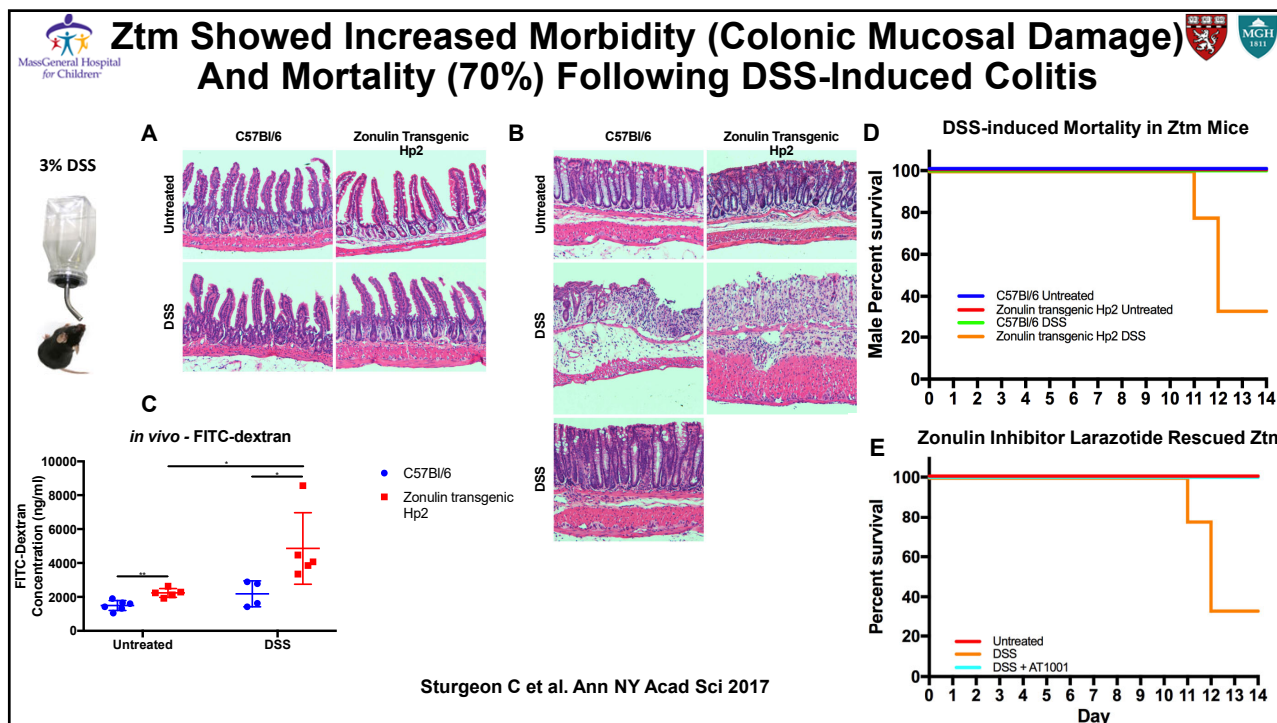
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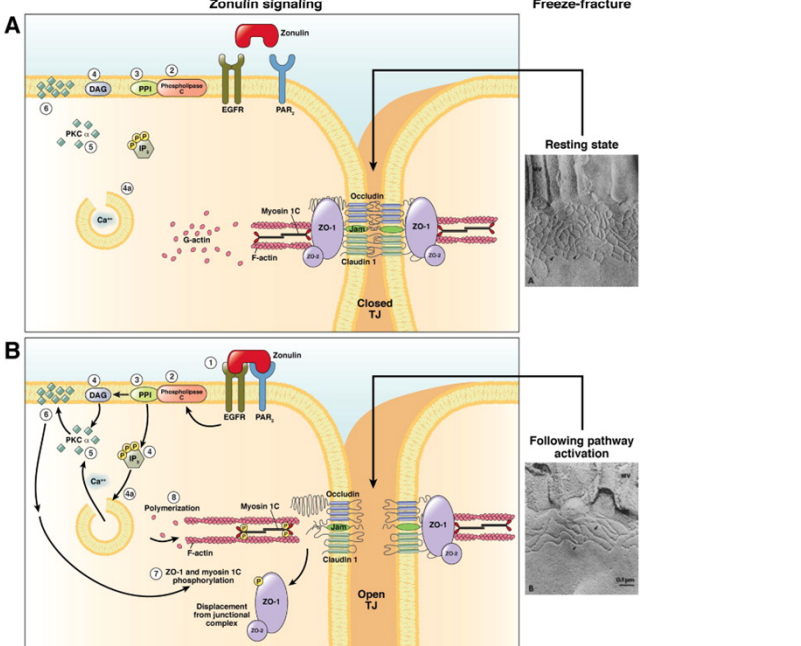


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Literature Report On Zonulin Association With CID



Disease	Model	Zonulin Shown to be Involved
ADHD	Human	YES
Aging	Human	YES
Ankylosis spondylitis	Human	YES
Autism	Human	YES
Bipolar Disorders	Human	YES
Celiac Disease	Human	YES
Colitis/IBD (Crohn's disease)	Human	YES
Colitis	Mouse	YES
Depressive Disorders	Human	YES
Fe metabolism in heart transplant	Human	NO
Glioma	Human	YES
Glioma	Cell	YES
Irritable bowel syndrome	Human	YES
HIV	Human	YES
Multiple sclerosis	Mouse	YES
Necrotizing Enterocolitis (NEC)	Rat	YES
Nonalcoholic fatty liver disease	Human	YES
Non-Celiac Gluten Sensitivity	Human	YES
Obesity/Insulin resistance	Human	YES
Post-surgery Sepsis	Human	YES
Post-surgery Sepsis	Mouse	YES
Psoriasis	Human	NO
Sepsis	Human	YES
Type 1 diabetes	Human	YES
Type 2 diabetes	Human	YES



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The Changing Face Of Gut Microbes







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The Microbiome Is Essential To Health

100 TRILLION


The human microbiome is made up of more than 100 trillion bacteria, fungi, protozoa, and viruses that live in and on the human body
 >10,000 different species of bacteria are resident in the human intestinal microbiota (400-500/person)

2-5x More

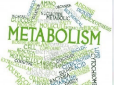
Microbial cells than human cells and the majority live in our gut

150x More

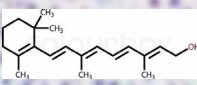
Genes than the human genome




Energy From Food




Regulates Metabolism




Producing Essential Vitamins




Regulate Immune System



Protection from pathogenic bacteria

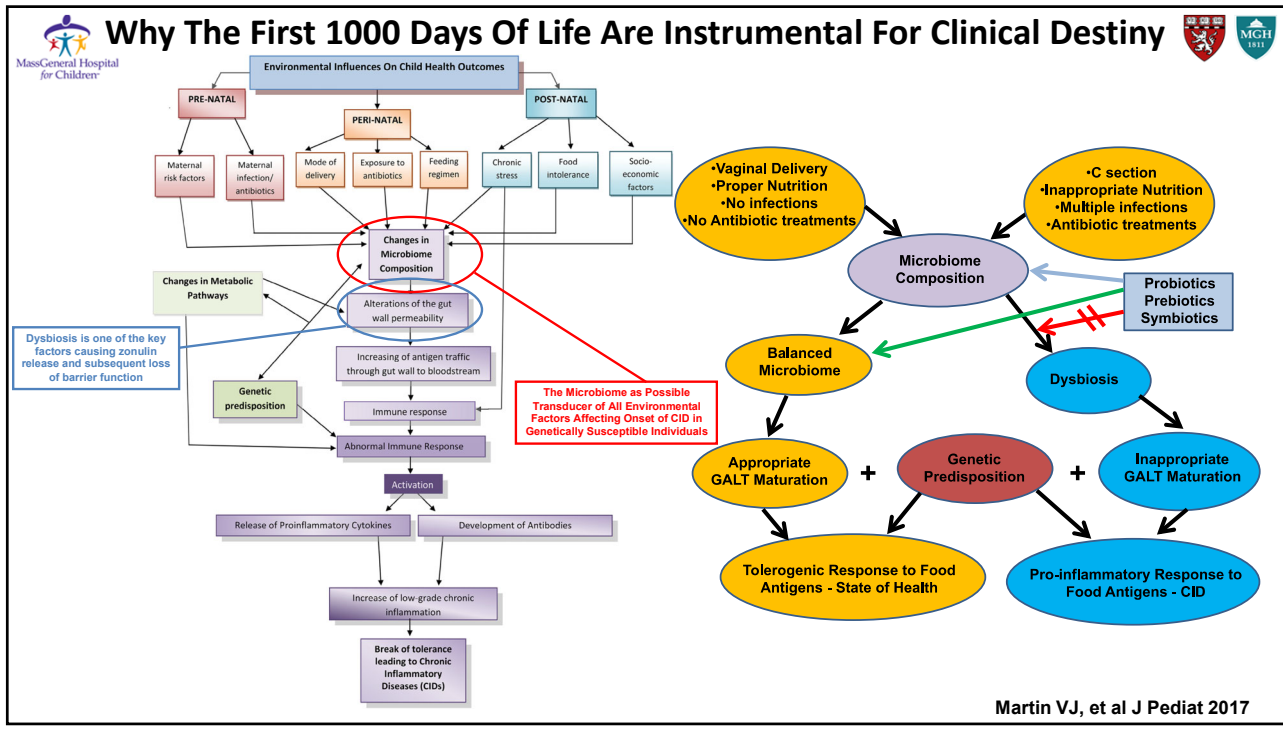


Symbiotic



Personalized

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Role of Breastmilk

Maternal Milk:

- Antigen
- Free
- Complexed to IgA
- Complexed to IgG
- Tolerogenic immune mediators
- TGF- β , IL10, Vit A, ...
- Microbiota modulating factors
- Prebiotics (oligosaccharides, glycoproteins)
- Antimicrobial (lysozyme, lactoferrin, IgA, ...)
- Gut growth factors (EGF, TGF- β , ...)

Impact of human milk glyco-biome on the infant intestinal microbiota

Component	Concentration (g/L)	Percentage
Lactose	70	20%
Lipids	40	17%
Proteins	8	11%
HMO	5-15	8%
Other	-	23%
1585.6	-	5%
1877.7	-	4%
2096.7	-	3%
1731.6	-	6%
1074.4	-	3%
1366.5	-	1%
1511.6	-	1%
655.3	-	1%
709.3	-	1%
1220.4	-	20%

<http://www.nature.com>

Zivkovic AM, et al. *PNAS* 2011;108: 4653-58

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Cycle of Microbiota Transmission

Girl

Woman

Gravid woman

Birth

Infant

Girl

Conception → Vaginal-rectal transmission → Starts cycle over

Skin-mouth, breast, GI transmission

Boy

Man

Interferences

Antibiotics	C-section	Washing of skin with antibacterials	Oral ingestion of antibacterials
Taken by girl and boy, gravid woman, prepartum and postpartum, infant	Baby does not go through birth canal	Intrapartum, baby (vernix), baby, girls, women	Children, women, men


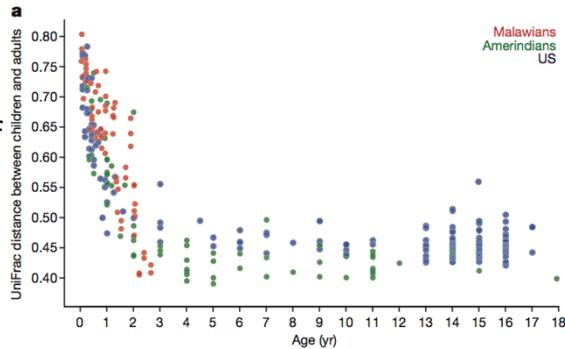
Dominguez-Bello et al Science Trans Med 2015;7:307-39
Fischbach et al Cell 2016;164:1288-1300

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Baby's first bacteria

THE WOMB WAS THOUGHT TO BE STERILE. SOME SCIENTISTS ARGUE IT'S WHERE THE MICROBIOME BEGINS.

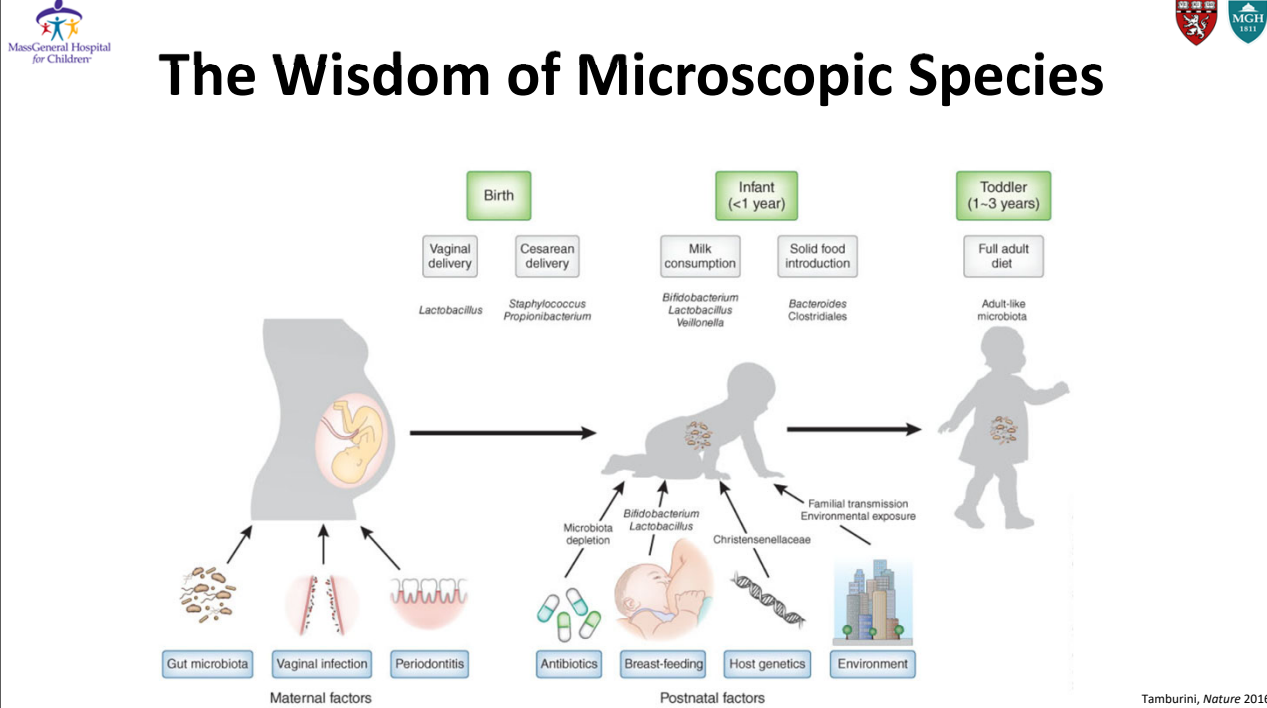
- Exactly when an infant is first exposed to microbes is still under debate
- Largest microbial transfer occurs at birth
- Microbial colonization of the newborn intestine contributes to the development of the host's immune function
- The first 1-3 years of an infant's microbiome development is characterized by chaotic and dramatic shifts until stabilization at approximately age 3

Nature, News Feature 1/18/2018
Yatsunenکو, Nature ,2012

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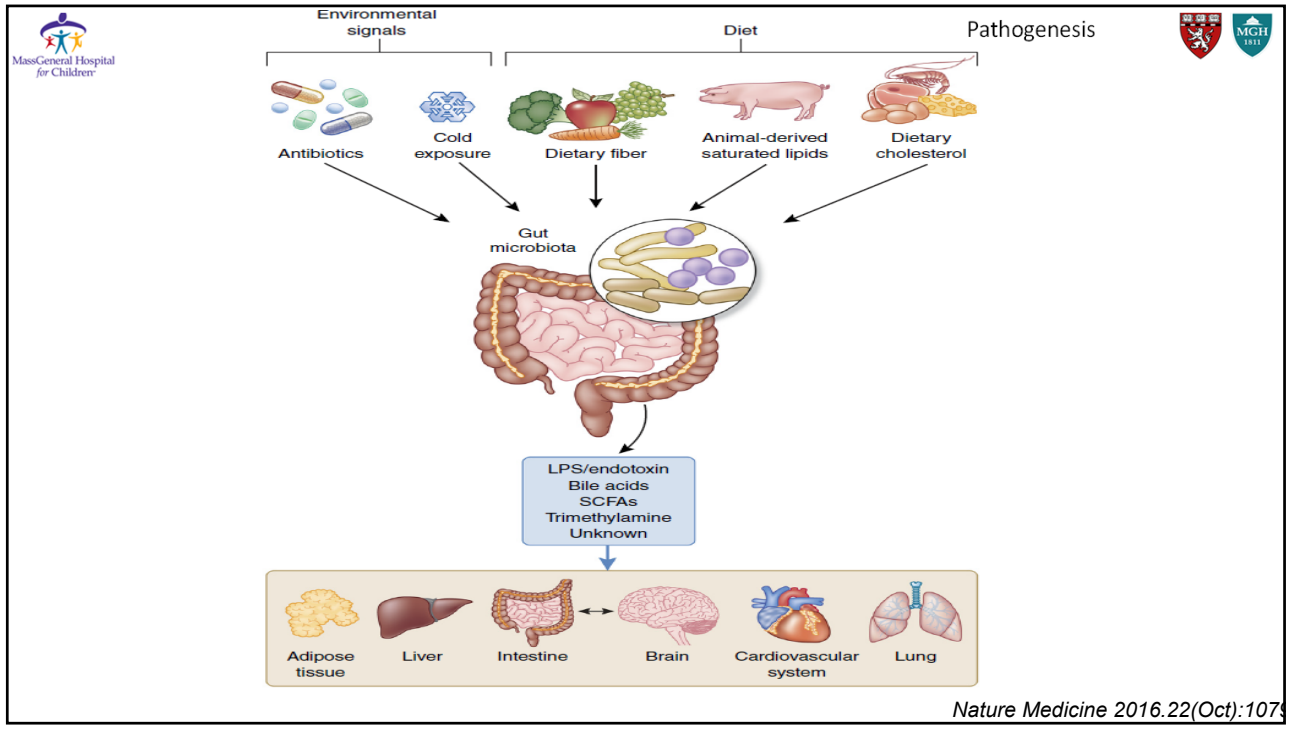
The Wisdom of Microscopic Species



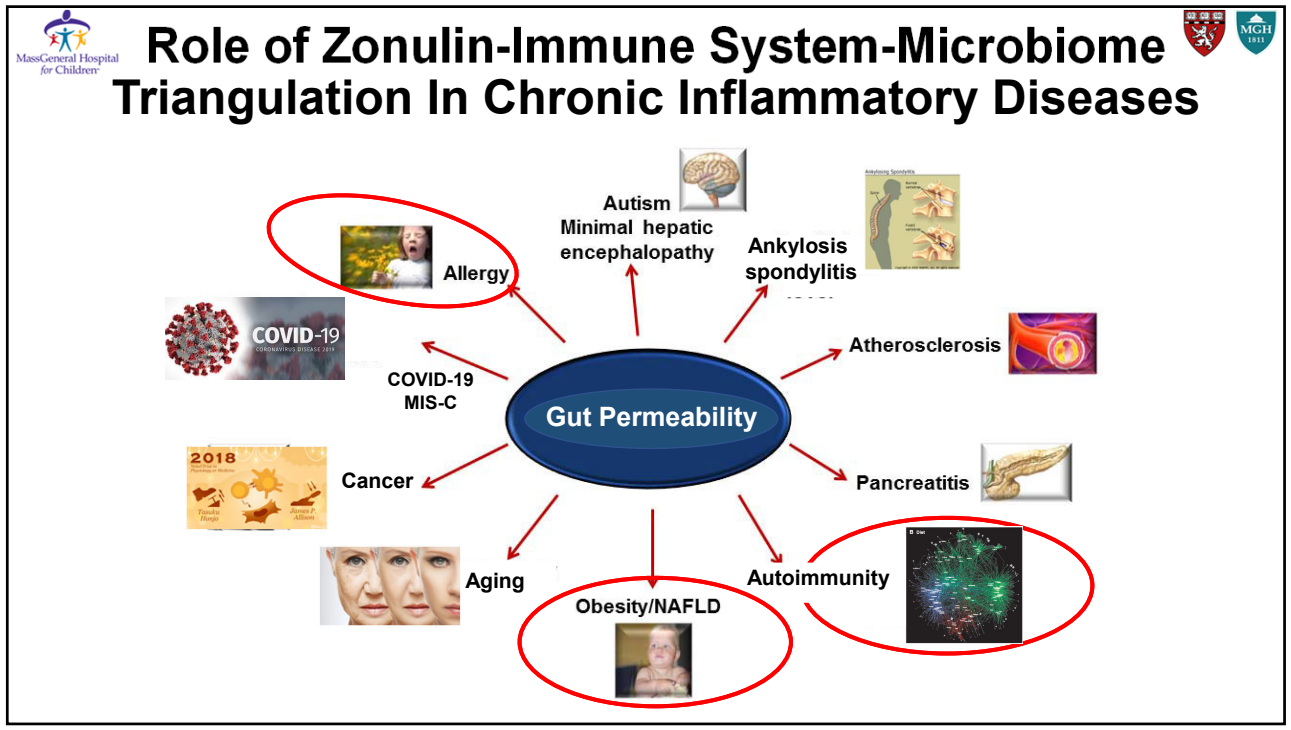
Tamburini, Nature 2016.

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The Intestinal Microbiome and the Developing Immune System



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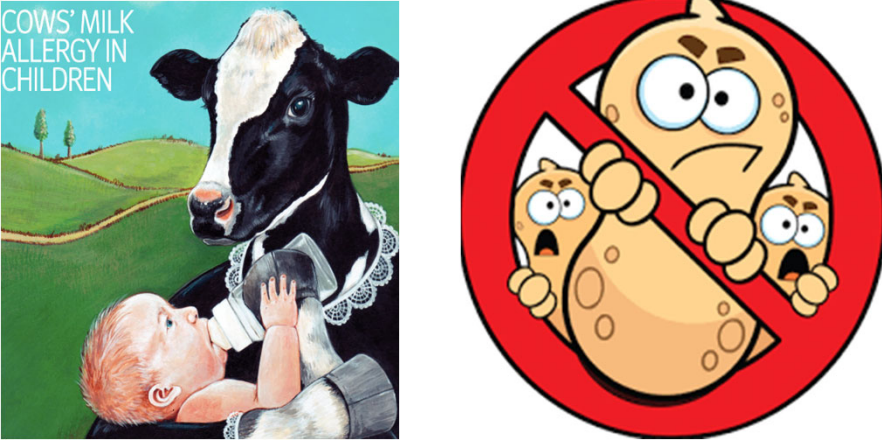


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Food Allergies



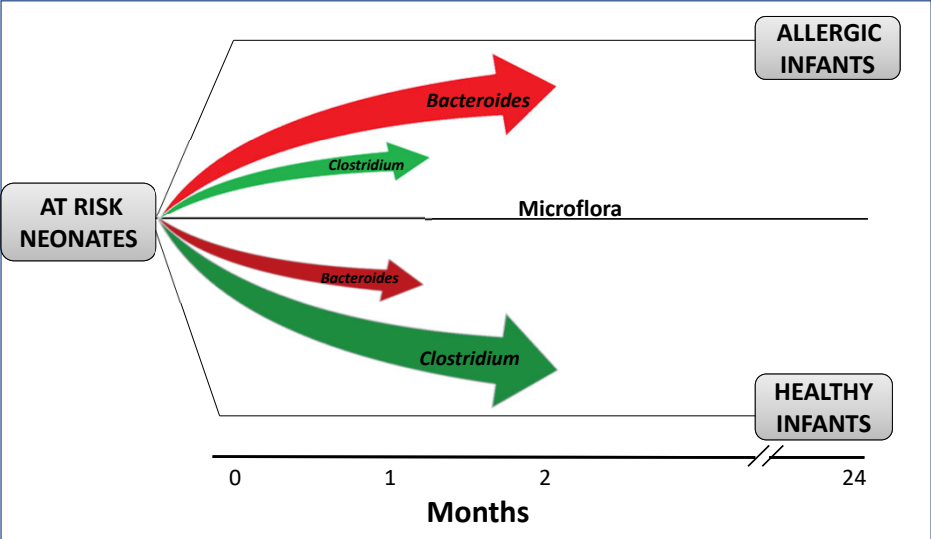
COWS' MILK ALLERGY IN CHILDREN

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Gut Dysbiosis Correlates With Allergy Development



AT RISK NEONATES

ALLERGIC INFANTS

HEALTHY INFANTS

Microflora

Months

0 1 2 24

Bacteroides

Clostridium

Bacteroides

Clostridium

Nakayama OC, et al. FEMS Immunol Med Microbiol 2011

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MassGeneral Hospital for Children | OPEN ACCESS Freely available online | PLOS one | MGH 1811

Lactobacillus casei Abundance Is Associated with Profound Shifts in the Infant Gut Microbiome

Michael J. Cox^{1,3}, Yvonne J. Huang^{2,3}, Kei E. Fujimura¹, Jane T. Liu², Michelle McKean³, Homer A. Boushey², Mark R. Segal⁴, Eoin L. Brodie⁵, Michael D. Cabana^{2,3}, Susan V. Lynch^{1*}

16S rRNA PhyloC₂p
High-density, culture-independent microarray that can identify ~8,500 bacterial taxa

Restoring Microbial Health
Lactobacillus GG (LGG) restores the normal microflora composition in infants with CMA

Change in Abundance
Phyla: Gammaproteobacteria, Betaproteobacteria, Alphaproteobacteria, Epsilonproteobacteria, Bacteroidetes, Deltaaproteobacteria, Actinobacteria, Cyanobacteria, Firmicutes, Planctomycetes, Verrucomicrobia, Lentisphaerae, Chloroflexi, Spirochaetes, Gemmatimonadetes, Acidobacteria, Other Phyla

January 2010 | Volume 5 | Issue 1 | e8745

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MassGeneral Hospital for Children | THE JOURNAL OF Allergy AND Clinical Immunology | MGH 1811

LGG Accelerates CMA Recovery

Months	EHCf (%)	EHCf + LGG (%)
6 m	~20	~55
12 m	~60	~80

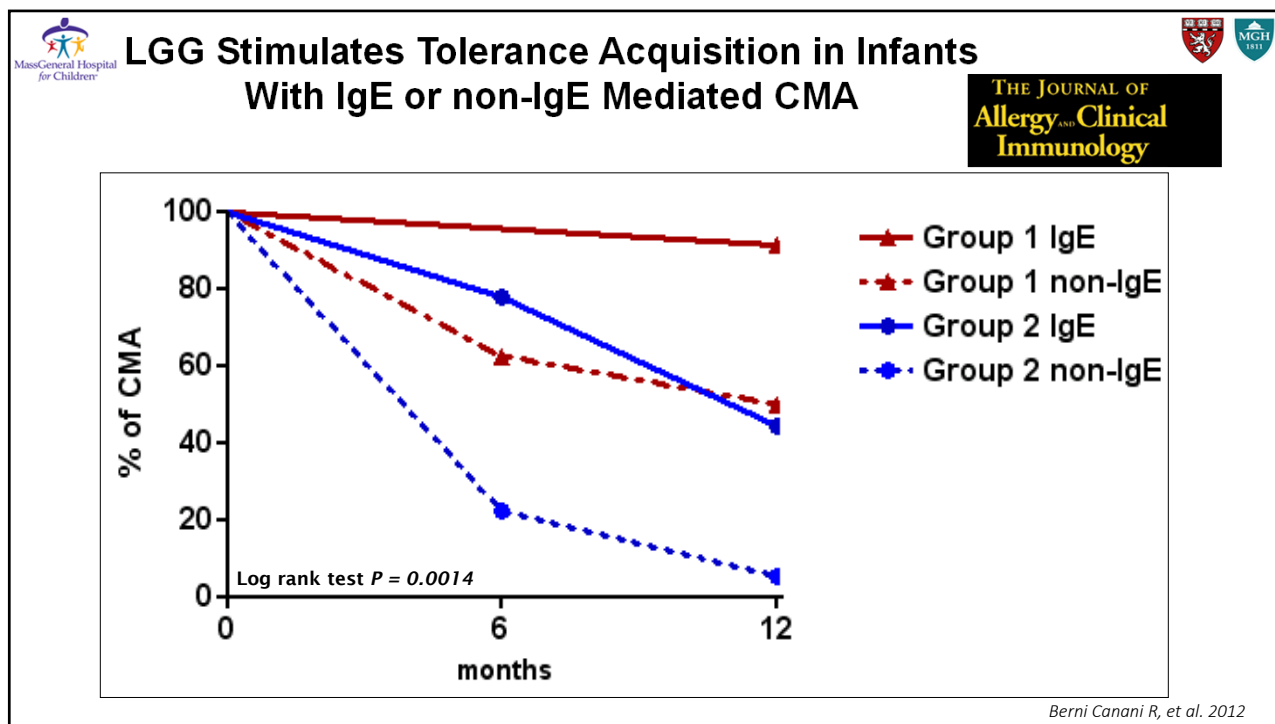
EHCf = extensively hydrolyzed casein formula

Berni Canani R, et al. 2012

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Slide 23

- 2 Fixed spelling of independent
Owner, 7/13/2012
- 1 Added abbreviation LGG for Lactobacillus GG since he uses it later.
Owner, 7/13/2012



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SCIENTIFIC REPORTS

Corrected: Publisher Correction

OPEN Randomized controlled trial on the influence of dietary intervention on epigenetic mechanisms in children with cow's milk allergy: the EPICMA study

Received: 28 September 2018
Accepted: 9 January 2019
Published online: 26 February 2019

Lorella Paparo^{1,4}, Rita Nocerino^{1,4}, Cristina Bruno^{1,4}, Carmen Di Scala^{1,4}, Linda Cosenza¹, Giorgio Bedogni², Margherita Di Costanzo¹, Maurizio Mennini³, Valeria D'Argenio^{4,5,7}, Francesco Salvatore^{4,5,7} & Roberto Berni Canani^{1,4,6,7}


Epigenetic mechanisms could drive the disease course of cow's milk allergy (CMA) and formula choice could modulate these pathways. We compared the effect of two different dietary approaches on epigenetic mechanisms in CMA children. Randomized controlled trial on IgE-mediated CMA children receiving a 12-month treatment with extensively hydrolyzed casein formula containing the probiotic *L. rhamnosus* GG (EHCF + LGG) or with soy formula (SF). At the baseline, after 6 and 12 months of treatment *FoxP3* methylation rate and its expression in CD4⁺ T cells were assessed. At same study points IL-4, IL-5, IL-10, and IFN- γ methylation rate, expression and serum concentration, miRNAs expression were also investigated. 20 children (10/group) were evaluated. Baseline demographic, clinical and epigenetic features were similar in the two study groups. At 6 and 12 months, EHCF + LGG group showed a significant increase in *FoxP3* demethylation rate compared to SF group. At the same study points, EHCF + LGG group presented a higher increase in IL-4 and IL-5 and a higher reduction in IL-10 and IFN- γ DNA methylation rate compared to SF group. A different modulation of miR-155, -146a, -128 and -193a expression was observed in EHCF + LGG vs. SF. Dietary intervention could exert a different epigenetic modulation on the immune system in CMA children.

Key message:
EHCF+LGG induces a stronger modulation of epigenetic mechanisms associated with a trend toward higher rate of immune tolerance acquisition in children

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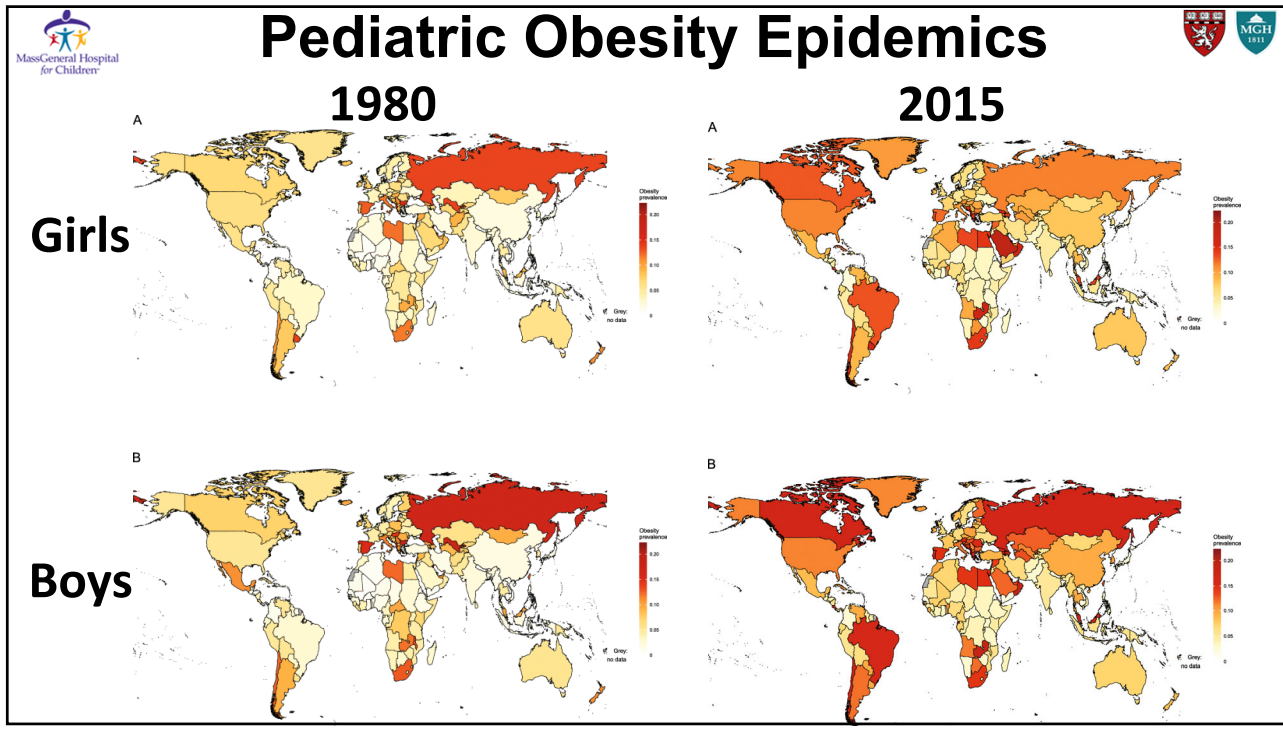
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Obesity

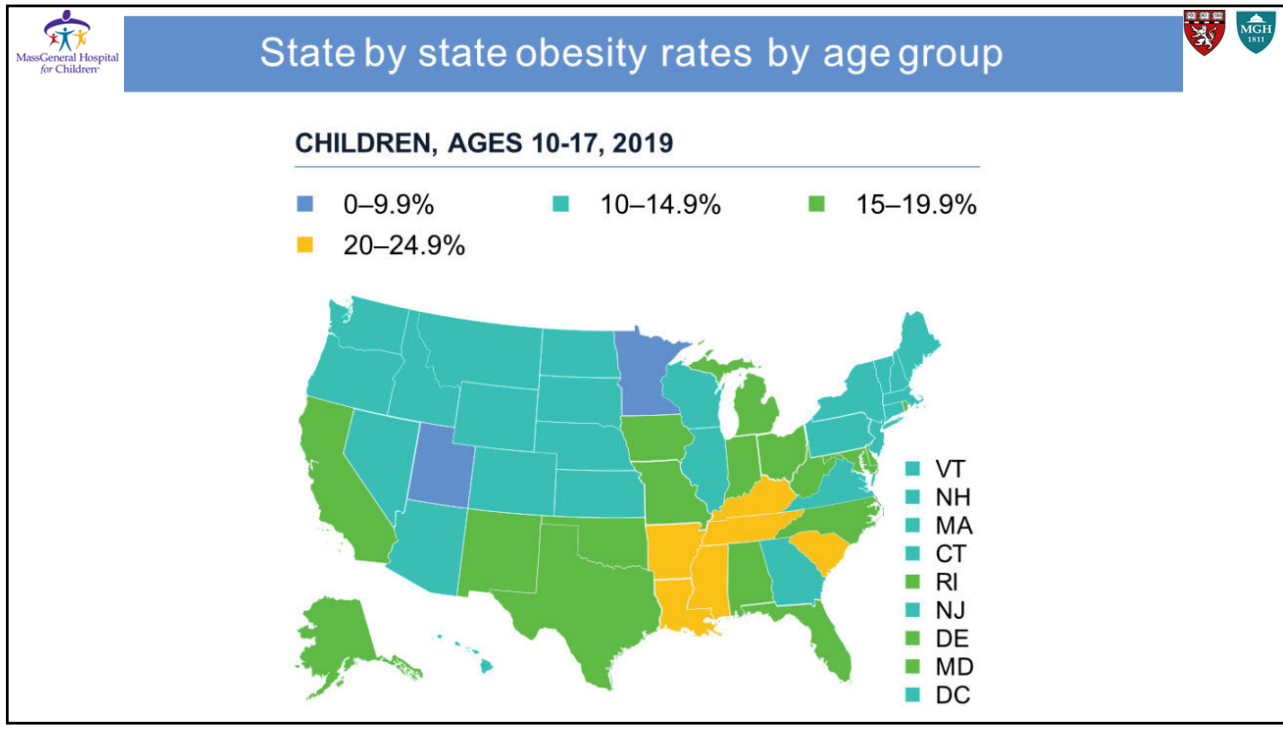


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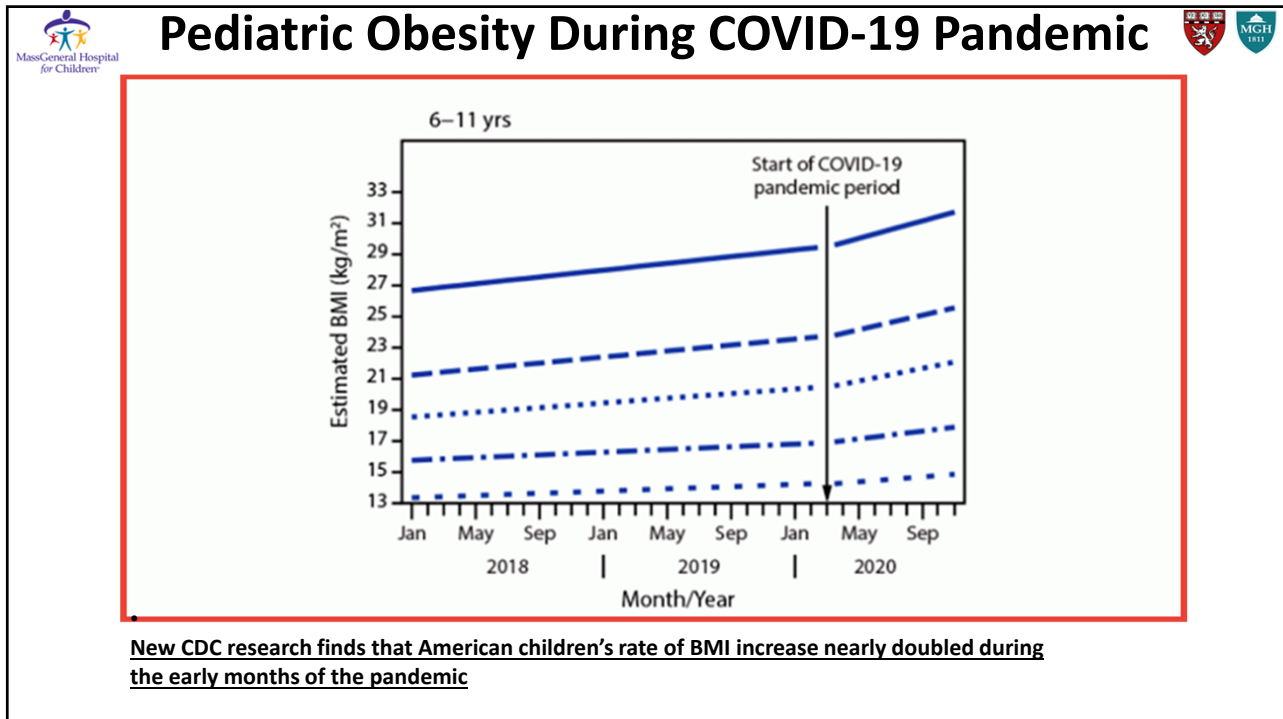
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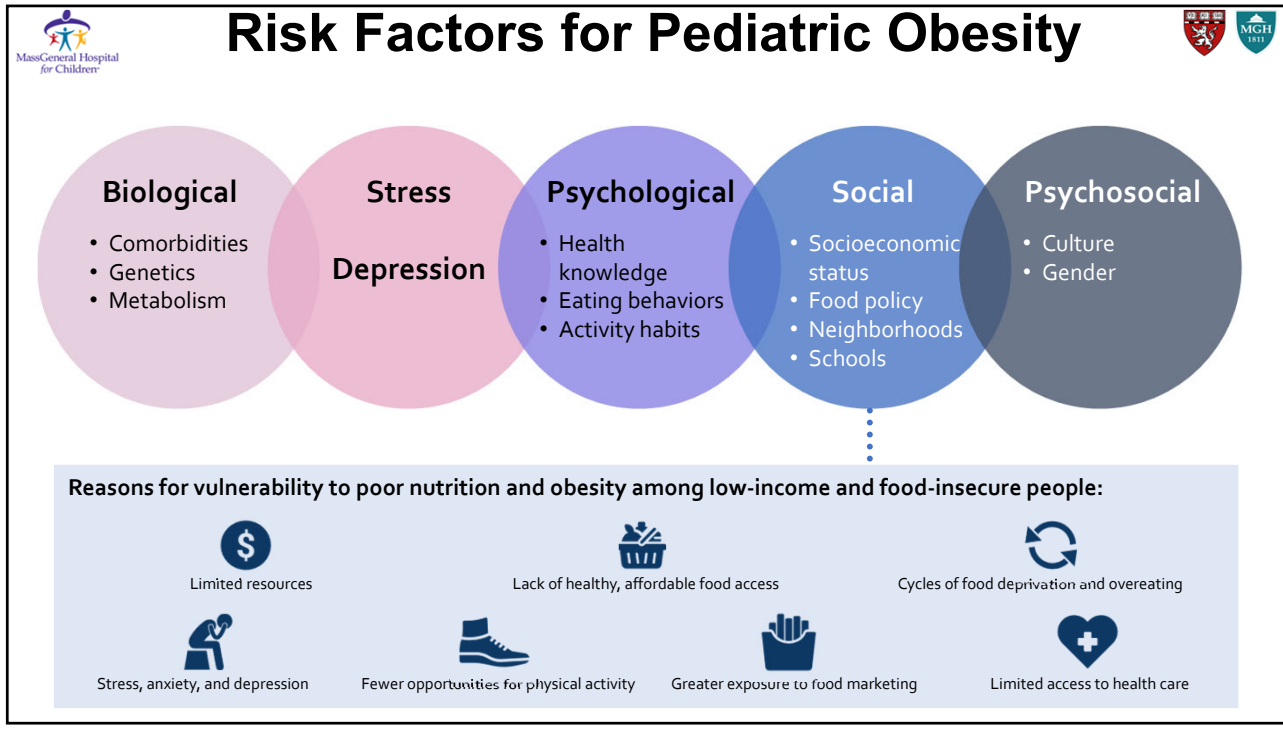
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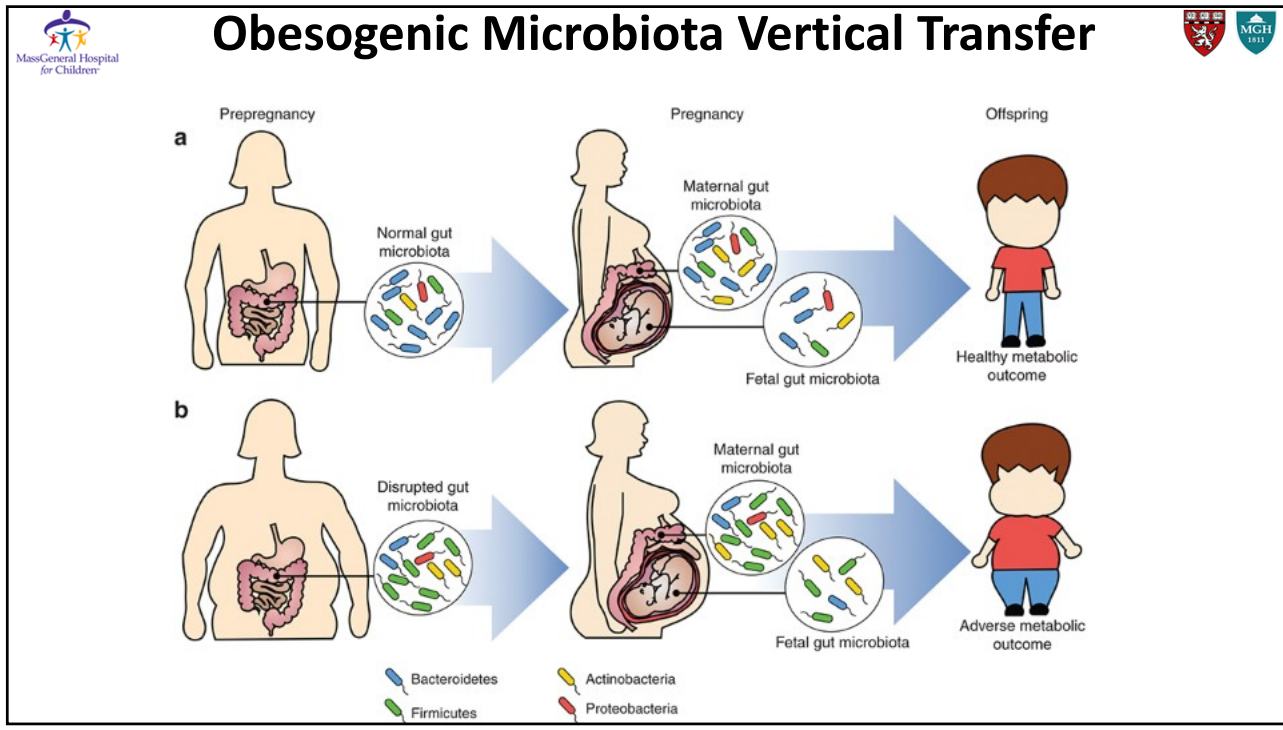
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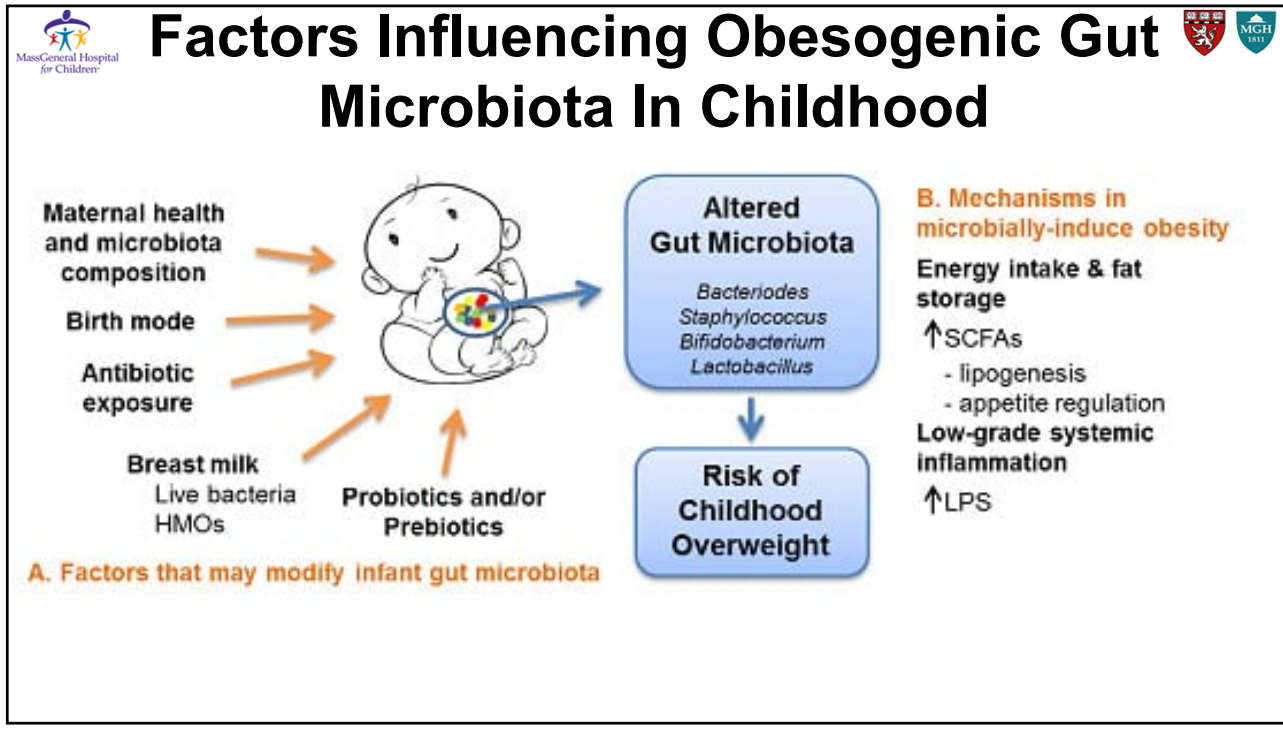
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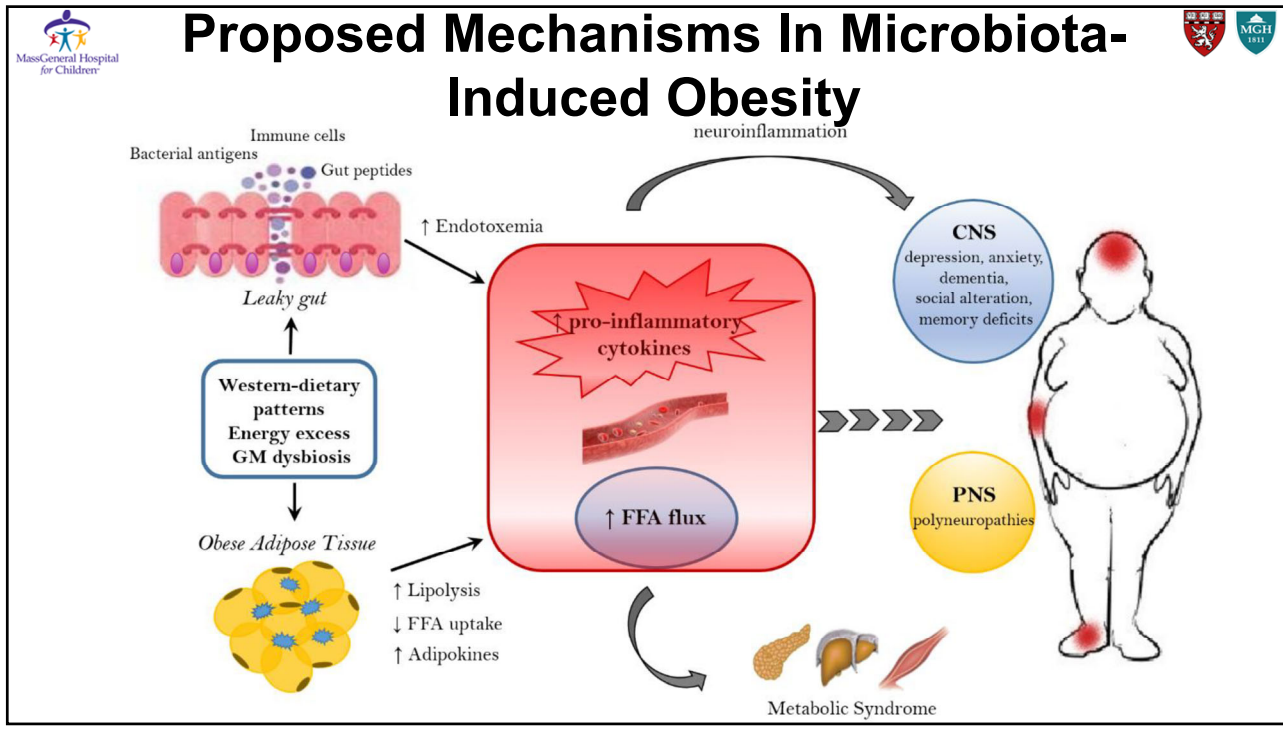
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Celiac Disease Genome, Environment, Microbiome, and Metabolomic Studies



www.CDGEMM.org




**Aspetti un bambino?
Hai un familiare di primo grado
con celiachia?**

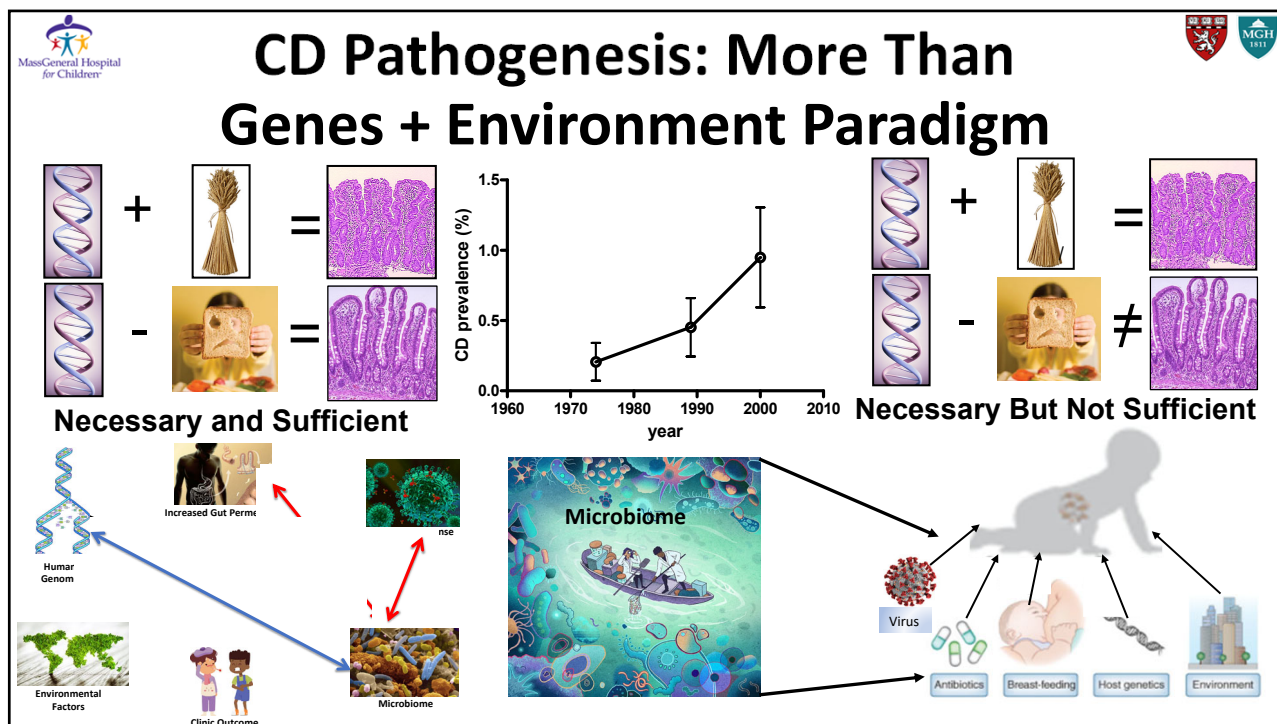
Aiutaci a prevenire la celiachia.
In collaborazione con l'Università di Harvard,
il centro di riferimento per la celiachia e per le malattie
glutine-dipendenti dell'Ospedale Giovanni XXIII di Bari
coordinato dal Prof. R. Francavilla mette a disposizione
i propri specialisti per il follow-up dei nuovi nati

SENZA liste di attesa!

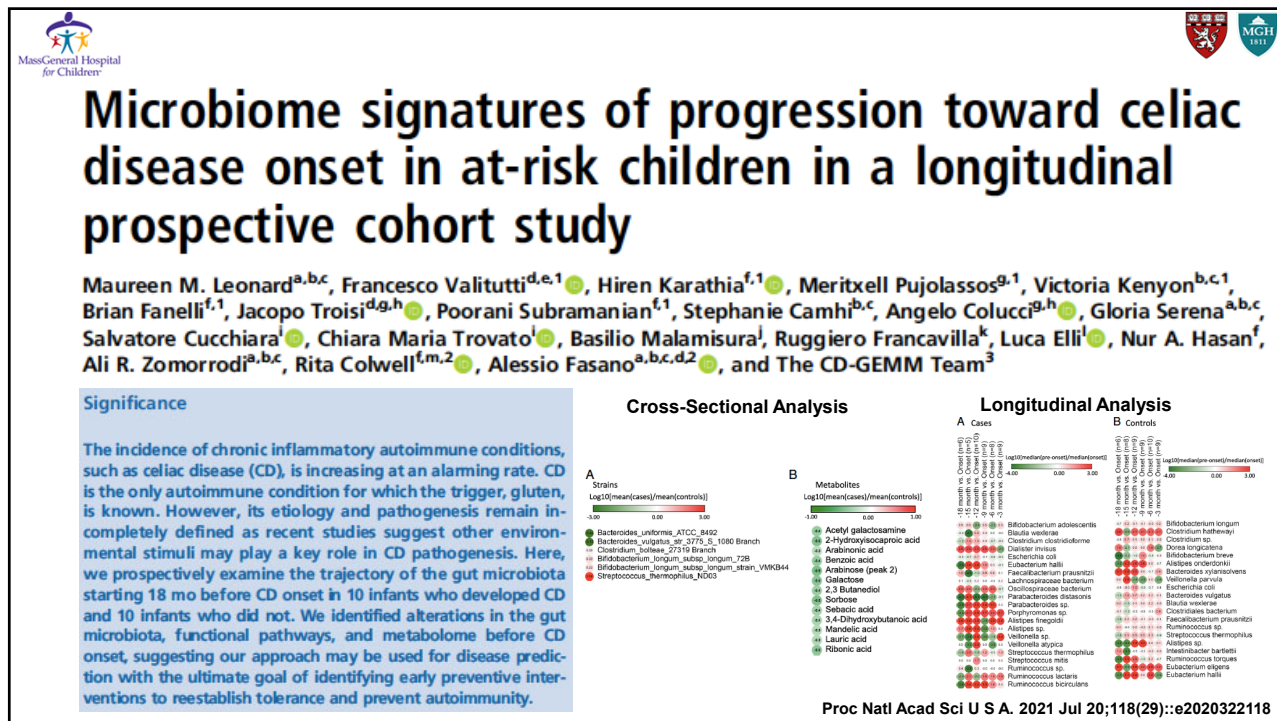


Non esitare a contattarci per maggiori informazioni
328 328 43 23
cdgemmbari@gmail.com [pagina facebook](#)


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Longitudinal analysis provided more in-depth data by identifying microbes, pathways and metabolites with differential abundance CD onset



Cases


- ↑ Abundance of microbes/pathways/metabolites
 - Previously linked to autoimmune and inflammatory conditions
- ↓ Abundance of microbes/pathways/metabolites
 - Previously reported as probiotics or having anti-inflammatory properties
 - Previously unreported microbes/pathways/metabolites that may serve as CD-specific biomarkers

Controls


- ↑ Abundance of microbes/pathways/metabolites
 - Previously linked to protection against allergic, autoimmune and inflammatory conditions


Laparra JM, Plosone, 2012.
 Wong CB et al. Nutrients 2019
 Klemenak M et al. Dig Dis Sci 2015
 Stewart, Nature, 2018.
 Ye, Microbiome 2018.
 Pianta, J Clin Invest, 2017
 Menard S et al, Gut, 2004.
 Chien Mw et al, Int j of Mol sci, 2018

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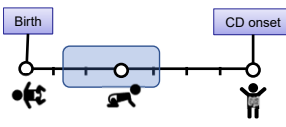


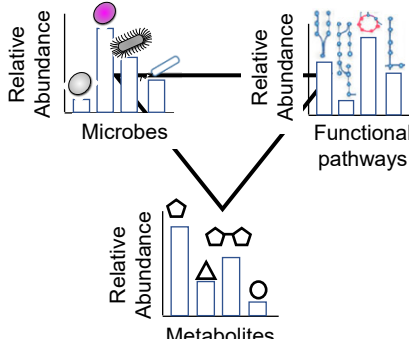
In silico modeling of host-microbiota interactions to study celiac disease pathogenesis and progression

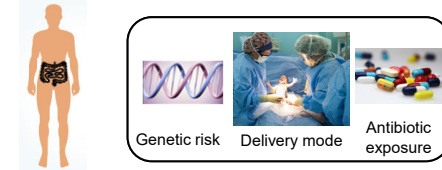




Prospective birth cohort study

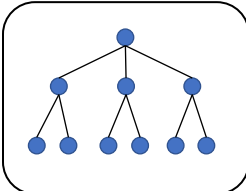







Early prediction of CD development using various data types and machine learning

Machine learning

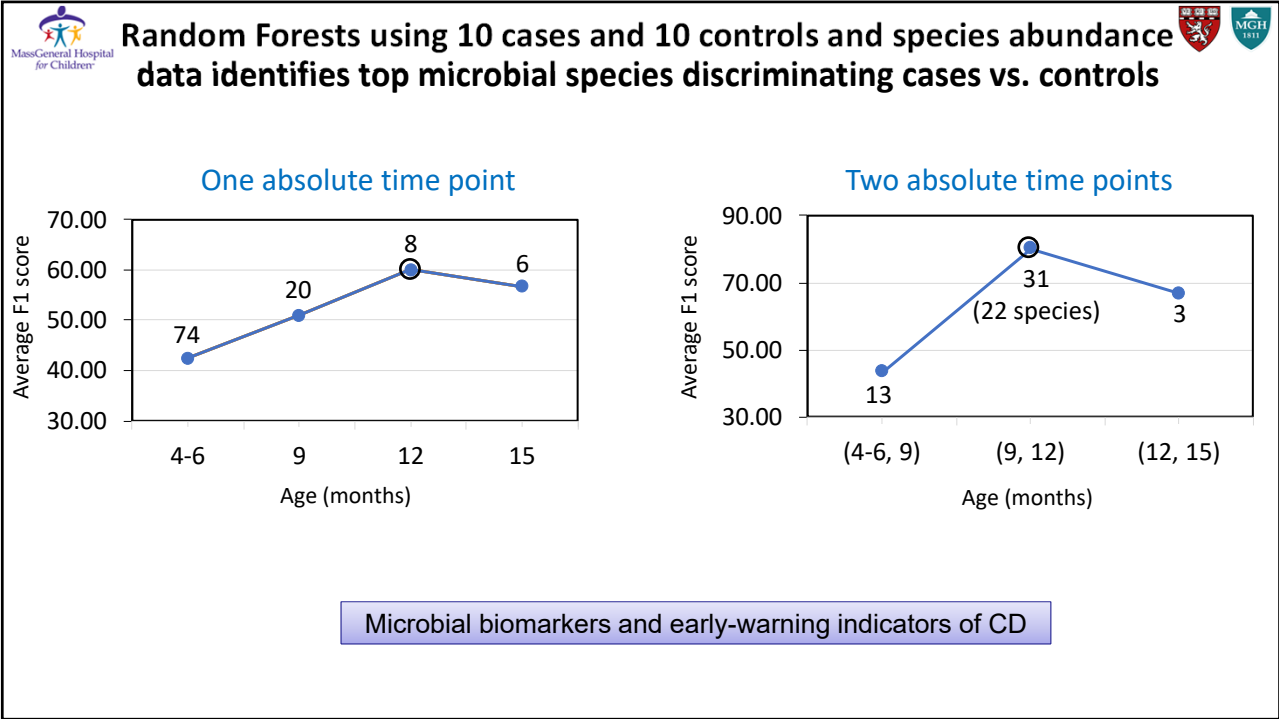


Predict CD onset in unseen subjects

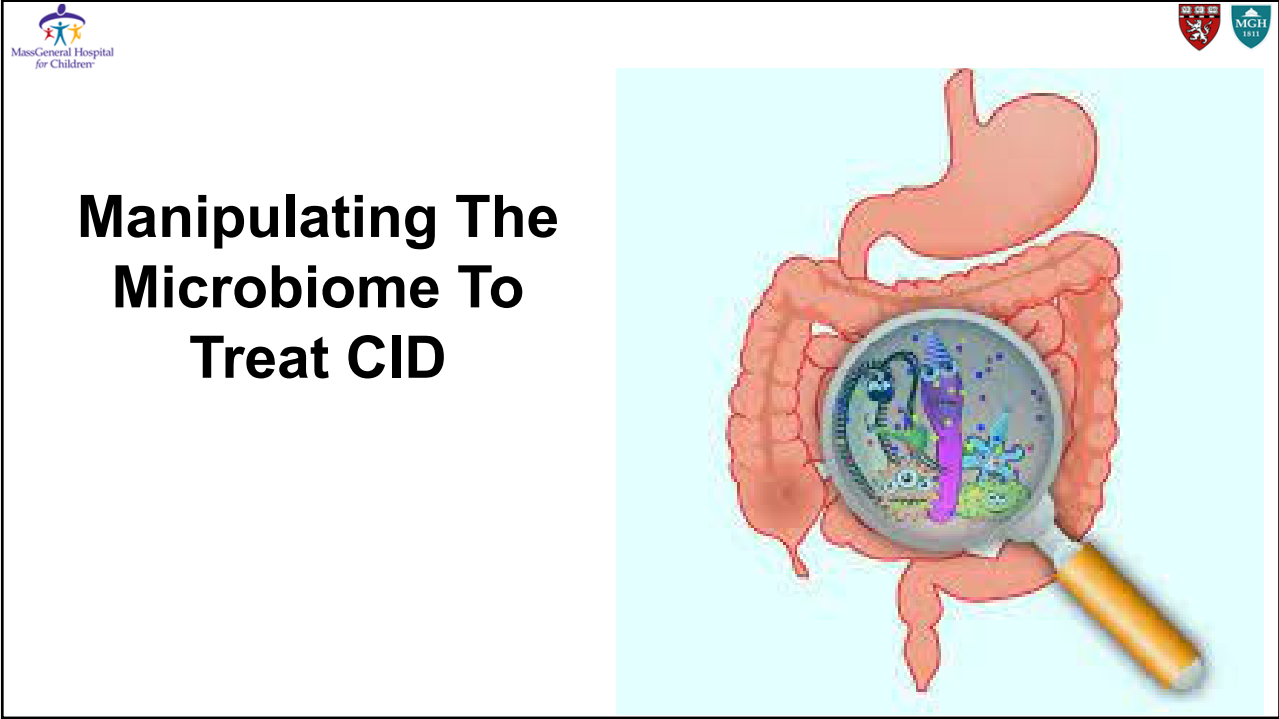


70% develops CD


40




41



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Microbiome Disruption by Condition Summary




CONDITION	RELEVANT FINDINGS
Prematurity	↑ Proteobacteria ↓ Microbial diversity
Necrotizing enterocolitis	Blooms of <i>Proteobacteria</i> prior to disease onset
Sepsis	Altered microbiota structure and composition prior to disease onset has been reported, but specific microbiota reported is inconsistent across studies
Colic	Decreased microbial diversity and increased anaerobic bacteria
Malnutrition	Anaerobic depletion, early dysbiosis, and intestinal pathogenic overabundance with decreased bacterial diversity
Eczema	Early colonization with opportunistic species may be important in disease initiation
Allergies	↓ Species diversity
Asthma	No clear pattern
Inflammatory bowel disease	Data is sparse, no consistent pattern
Type I diabetes	↑ <i>Bacteroidetes:Firmicutes</i> ratios, ↑ <i>Clostridia</i> species ↓ Butyrate-producing bacteria ↓ Bacterial diversity ↓ Community stability Alterations in the microbiome seem to precede disease onset
Type II diabetes and obesity	↑ <i>Firmicutes:Bacteroidetes</i> ratio ↑ SCFAs
Autism spectrum disorder	↑ <i>Clostridial</i> species ↑ <i>Suttetrella</i> and <i>Desulfovibrio</i> species

Limitations of microbiome studies are related to unknowns if microbiota changes occur prior to disease onset, prodromal periods of disease, active disease processes. For the most part it is unknown if microbiota changes are causal to disease or are merely associated with most diseases.

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EVIDENCE FOR USE OF PROBIOTICS IN PEDIATRICS



What the evidence tells us about probiotic use for these conditions in children

Condition	Prevention*	Treatment*	Probiotic species	Typical daily dose (CFU/d)
Colic (breastfed) ⁶⁻⁸	0	+	<i>Lactobacillus reuteri</i>	100 million
Atopic eczema ¹³⁻¹⁷	+	0	<i>Lactobacillus rhamnosus</i> , <i>Lactobacillus paracasei</i> , <i>Bifidobacterium lactis</i>	3-6 billion
URI ⁹⁻¹²	+	+	<i>Lactobacillus</i> and <i>Bifidobacterium</i> spp	2-10 billion
IBS ¹⁸⁻²⁰	Not studied	+	<i>L. rhamnosus</i> VSL#3 [†]	6 billion 450-900 billion
AAD ²¹⁻²⁴	+	+	<i>L. rhamnosus</i> , <i>Saccharomyces boulardii</i>	20 billion
AID ²³⁻²⁹	Not studied	+	<i>L. rhamnosus</i> , <i>S. boulardii</i> , <i>Bifidobacterium bifidum</i> , <i>Bifidobacterium infantis</i>	10 billion

AAD, antibiotic-associated diarrhea; AID, acute infectious diarrhea; CFU/d, colony forming units per day; IBS, irritable bowel syndrome; URI, upper respiratory infection.
* 0=no effect; +=positive effect.
[†]*Bifidobacterium breve*, *Bifidobacterium longum*, *Bifidobacterium infantis*, *Lactobacillus acidophilus*, *Lactobacillus plantarum*, *Lactobacillus paracasei*, *Lactobacillus bulgaricus*, and *Streptococcus thermophilus*.

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PRACTICE RECOMMENDATIONS FOR THE USE OF PROBIOTICS



- › Recommend a trial of *Lactobacillus reuteri* for breastfed infants with colic. **A**
- › Consider *Lactobacillus* and *Bifidobacterium* species for the prevention of upper respiratory infections (URIs) and to shorten the course of URI illness. **B**
- › Do not recommend probiotics for the prevention of respiratory or gastrointestinal allergies. **A**
- › Consider probiotics for the reduction of abdominal pain in pediatric irritable bowel syndrome, as well as to reduce diarrhea associated with antibiotic use and acute gastroenteritis. **A**

Strength of recommendation (SOR)

A Good-quality patient-oriented evidence


B Inconsistent or limited-quality patient-oriented evidence

C Consensus, usual practice, opinion, disease-oriented evidence, case series


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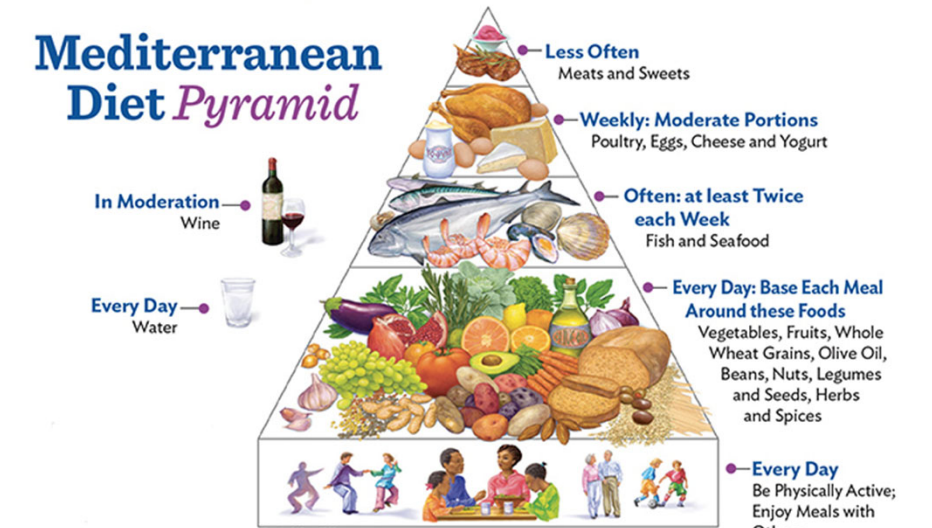
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The Mediterranean Lifestyle



Mediterranean Diet Pyramid



Less Often
Meats and Sweets

Weekly: Moderate Portions
Poultry, Eggs, Cheese and Yogurt

Often: at least Twice each Week
Fish and Seafood

Every Day: Base Each Meal Around these Foods
Vegetables, Fruits, Whole Wheat Grains, Olive Oil, Beans, Nuts, Legumes and Seeds, Herbs and Spices

Every Day
Be Physically Active; Enjoy Meals with Others

In Moderation
Wine

Every Day
Water

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Raffaella de Franchis

La Dieta Mediterranea nel primo anno di vita

Presentazione
Salvatore Auricchio



CUZ SOLIN

Raffaella de Franchis

La Dieta Mediterranea e il bambino: tra scienza e pratica

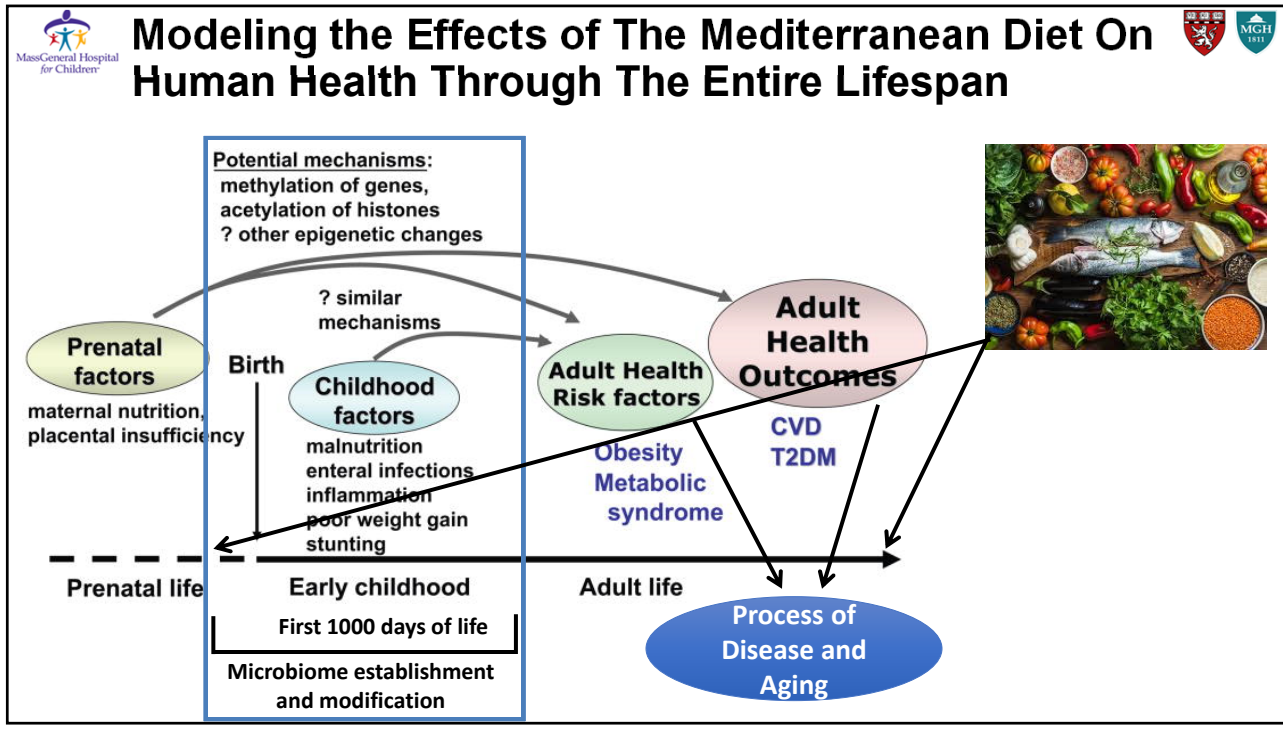


FIAP
Federazione Italiana Medici Pediatri
Sezione Provinciale di Napoli

Guida editori



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Acknowledgments The MIBRC Crew

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NIH U19AI082655

Medical research grants to improve the lives of children

HORIZON 2020

Nutrition Obesity Research Center at Harvard

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