

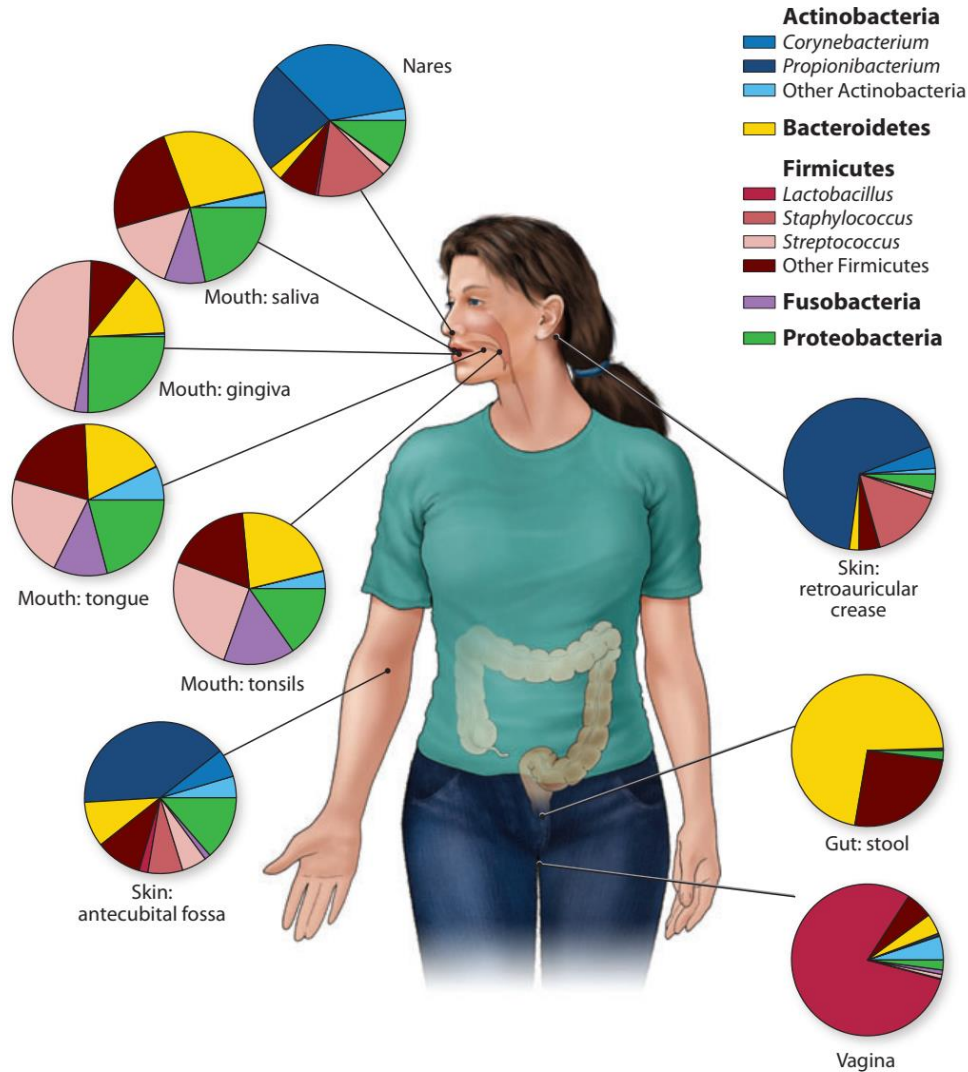
Role of Microbiome in Asthma

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Human microbiome as the second genome



- Somatic cells of human body: 10^{13}
- Commensal microorganisms in human body: 10^{14}
- **Role of microbiome**
 - ✓ Source of genetic diversity
 - ✓ Important component of immune function
 - ✓ Functional unit to regulate the drug response and metabolism

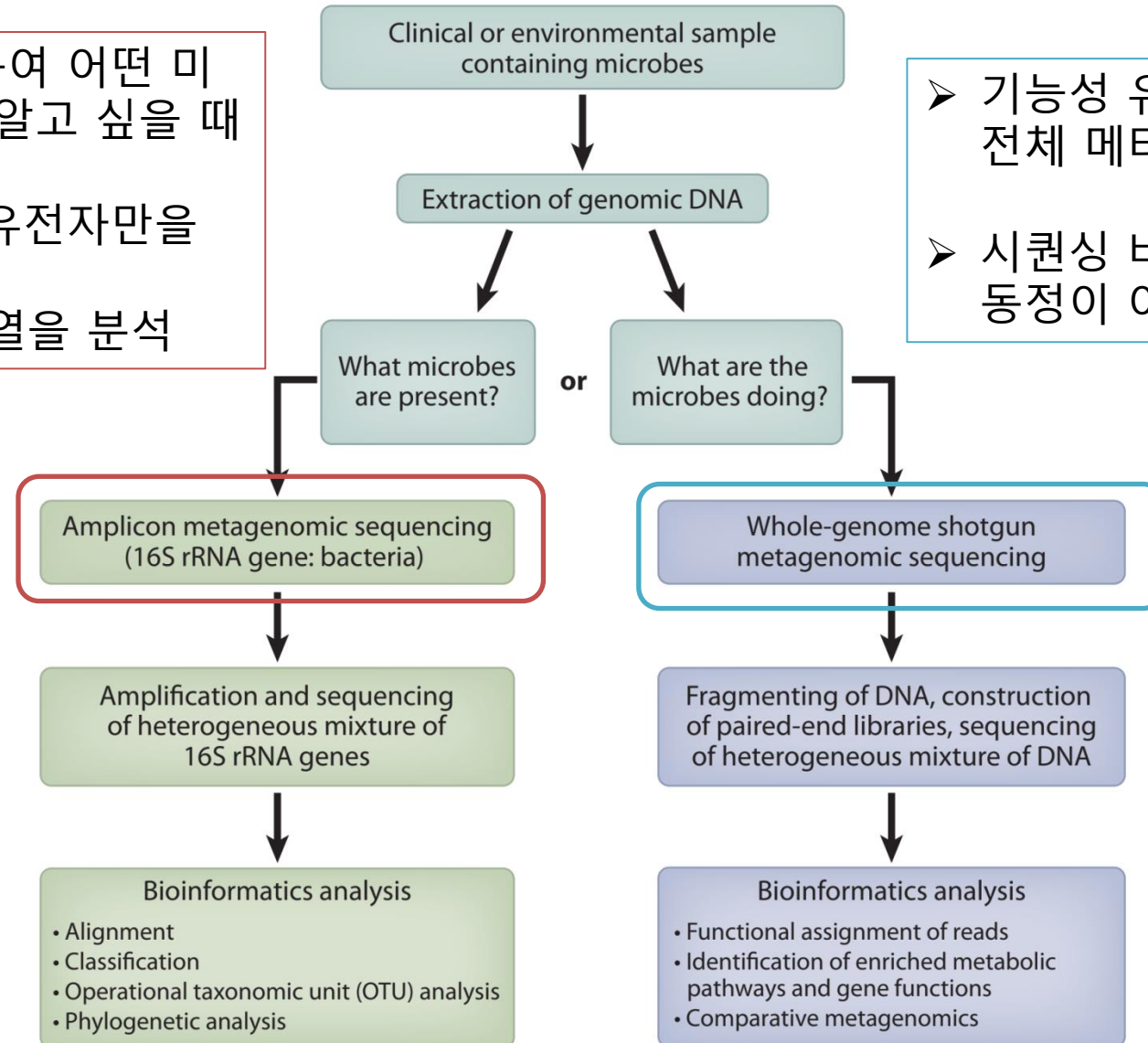
Definitions for common terms in microbiome investigation

| Term | Definition |
|----------------------------|--|
| Microbiota | The assemblage of all microorganisms present in a defined site or niche. Current usage often implies only bacteria. |
| Microbiome | The entire habitat, including the microbiota, their genomes (genes), and the surrounding site-specific conditions Current usage often refers only to bacterial members of the “biome” |
| Mycobiota Mycobiome | Variation on the above definitions referring specifically to fungi present in a habitat |
| Metagenome Metagenomics | Collection of genomes and genes from the members of a microbiota, characterized by the process of ‘metagenomics’ (ie, whole-genome shotgun DNA sequencing, amplicon sequencing) to obtain information on potential functions of the microbiota |
| Dysbiosis | Descriptive for imbalance in a microbiome, such as lack of homeostasis in microbial composition or functions |
| Diversity | Multiple types of measures exist. A calculated index or measure reflecting the types, numbers, and distribution of microbiota present within a sample or site (α -diversity) or between different samples or sites (β -diversity) |

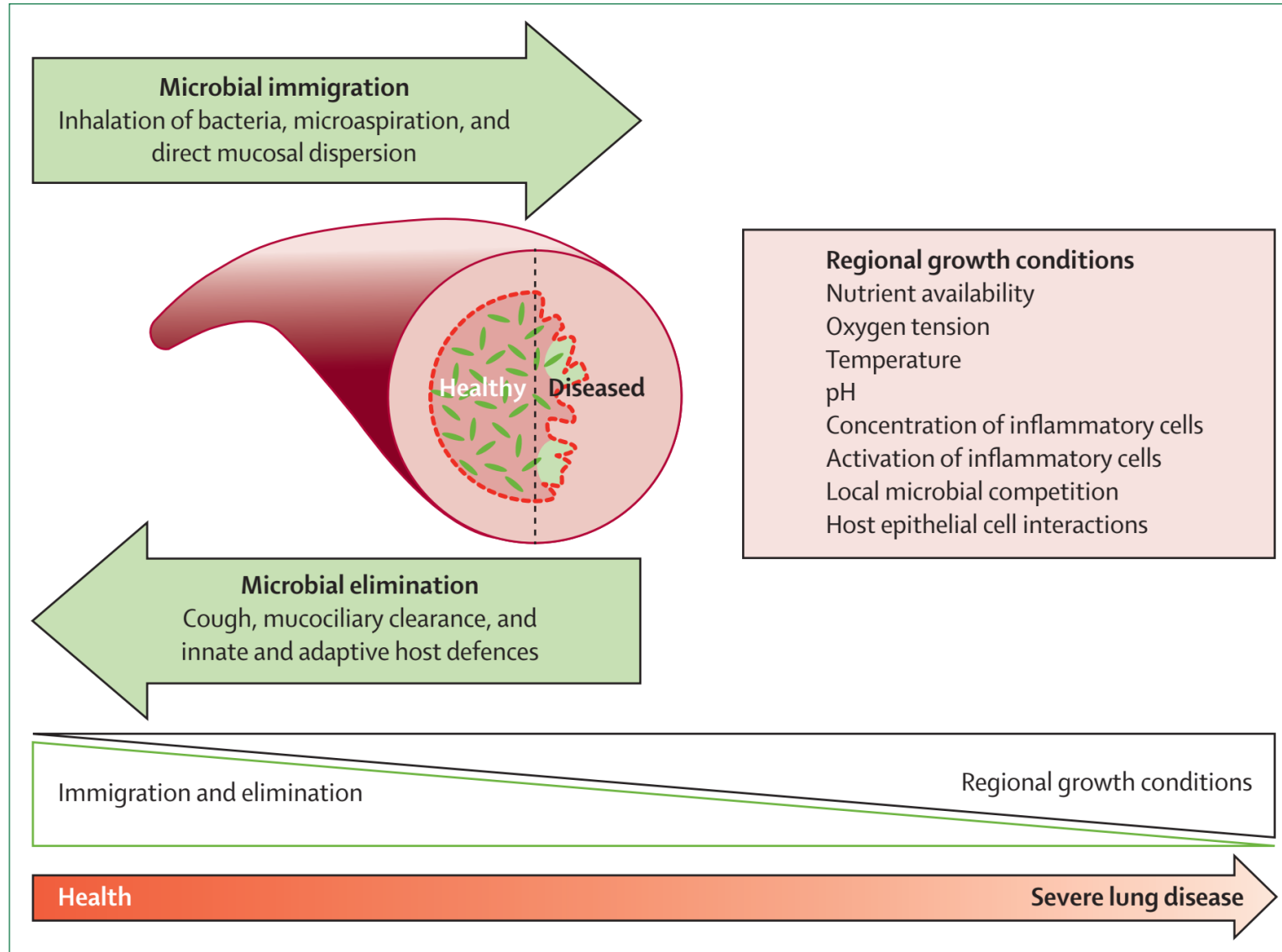
Workflow for metagenomic sequencing and analysis

- 미생물 군집 분석을 하여 어떤 미생물이 존재하는지를 알고 싶을 때
- 종 동정을 위한 표지 유전자만을 선택적으로 증폭한 후 그 증폭산물의 염기서열을 분석

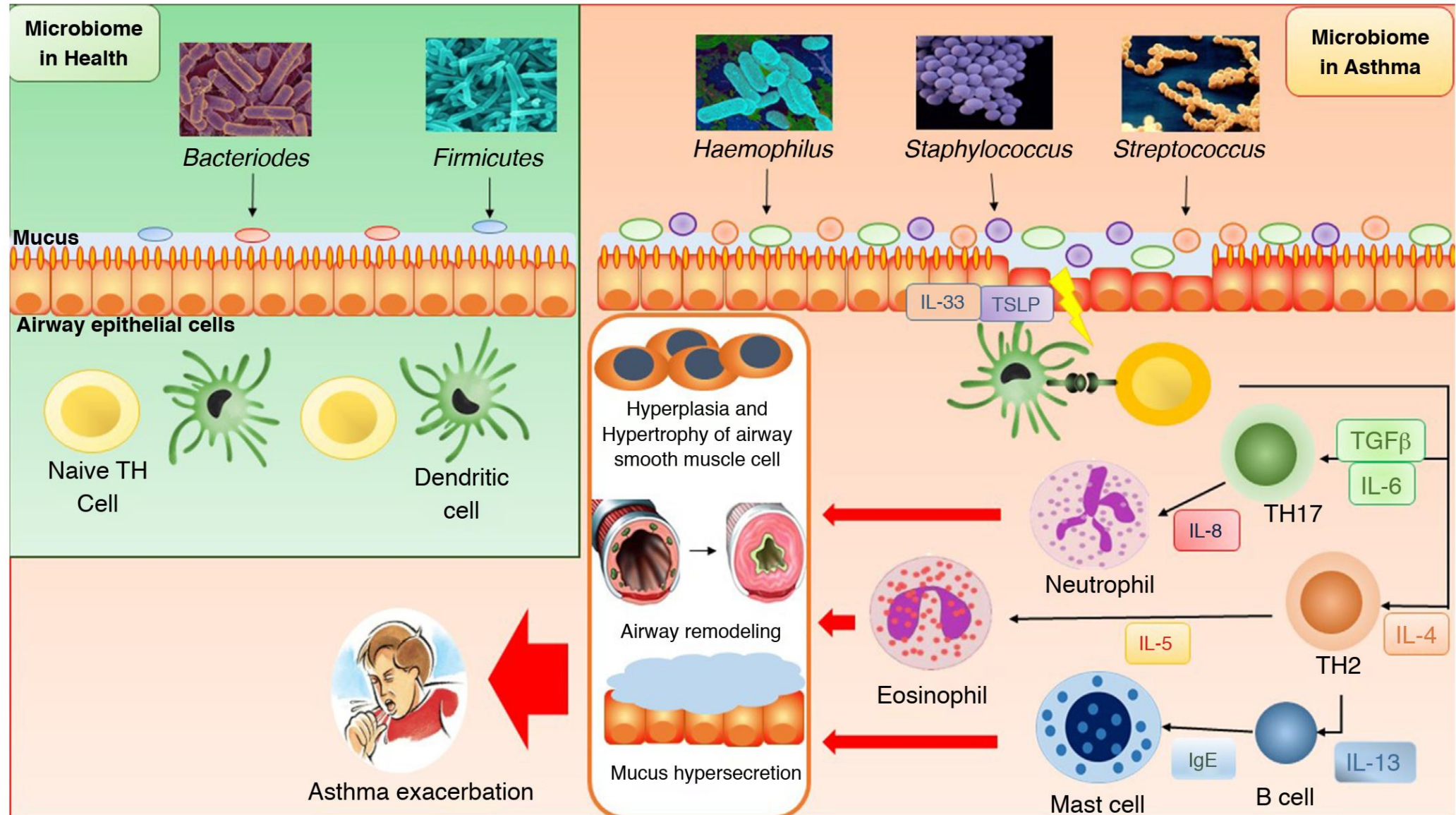
- 기능성 유전자들의 구성을 포함하여 전체 메타게놈 그대로를 볼 수 있음
- 시퀀싱 비용이 많이 들고 시퀀스의 동정이 어려움



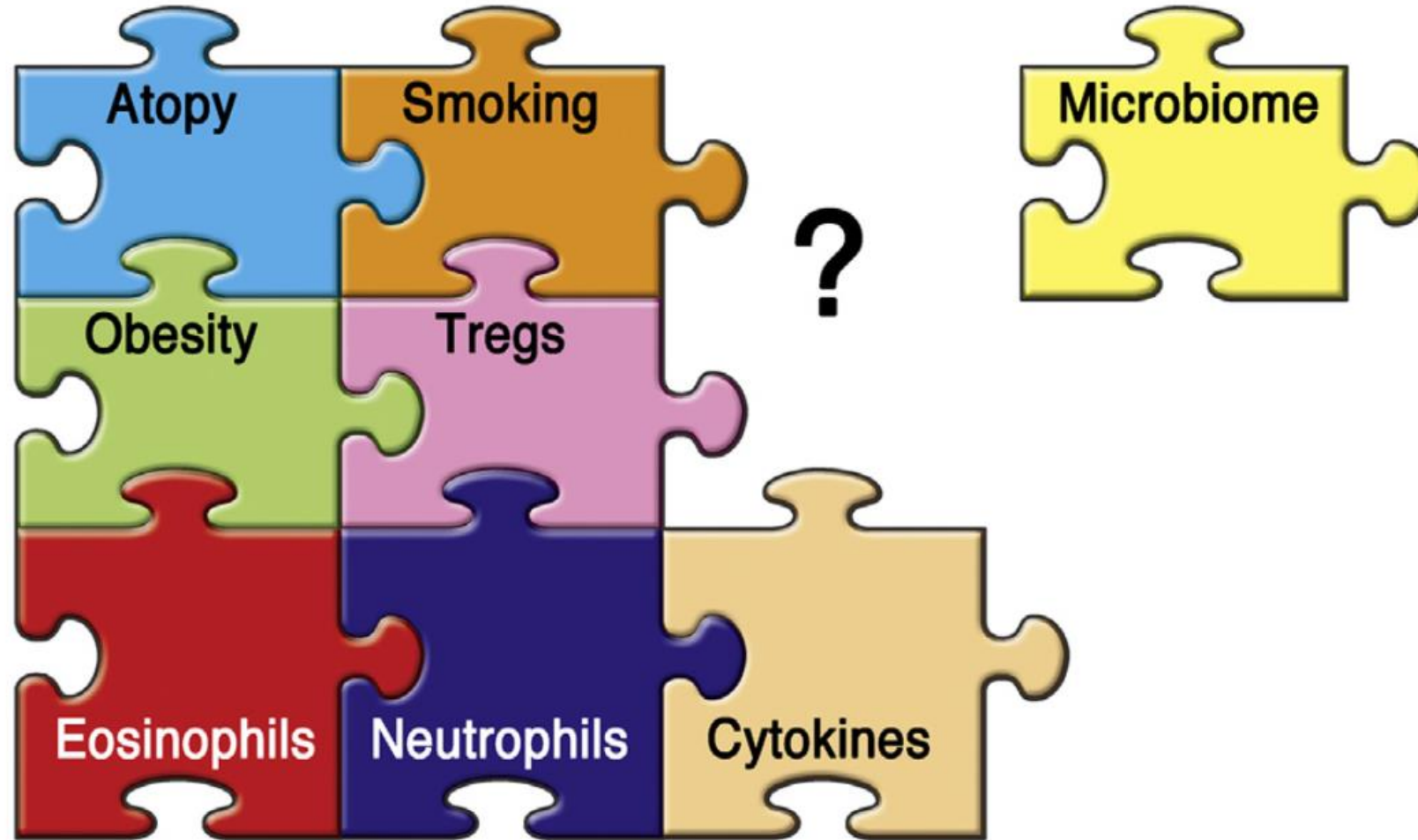
Determinants of the respiratory microbiome



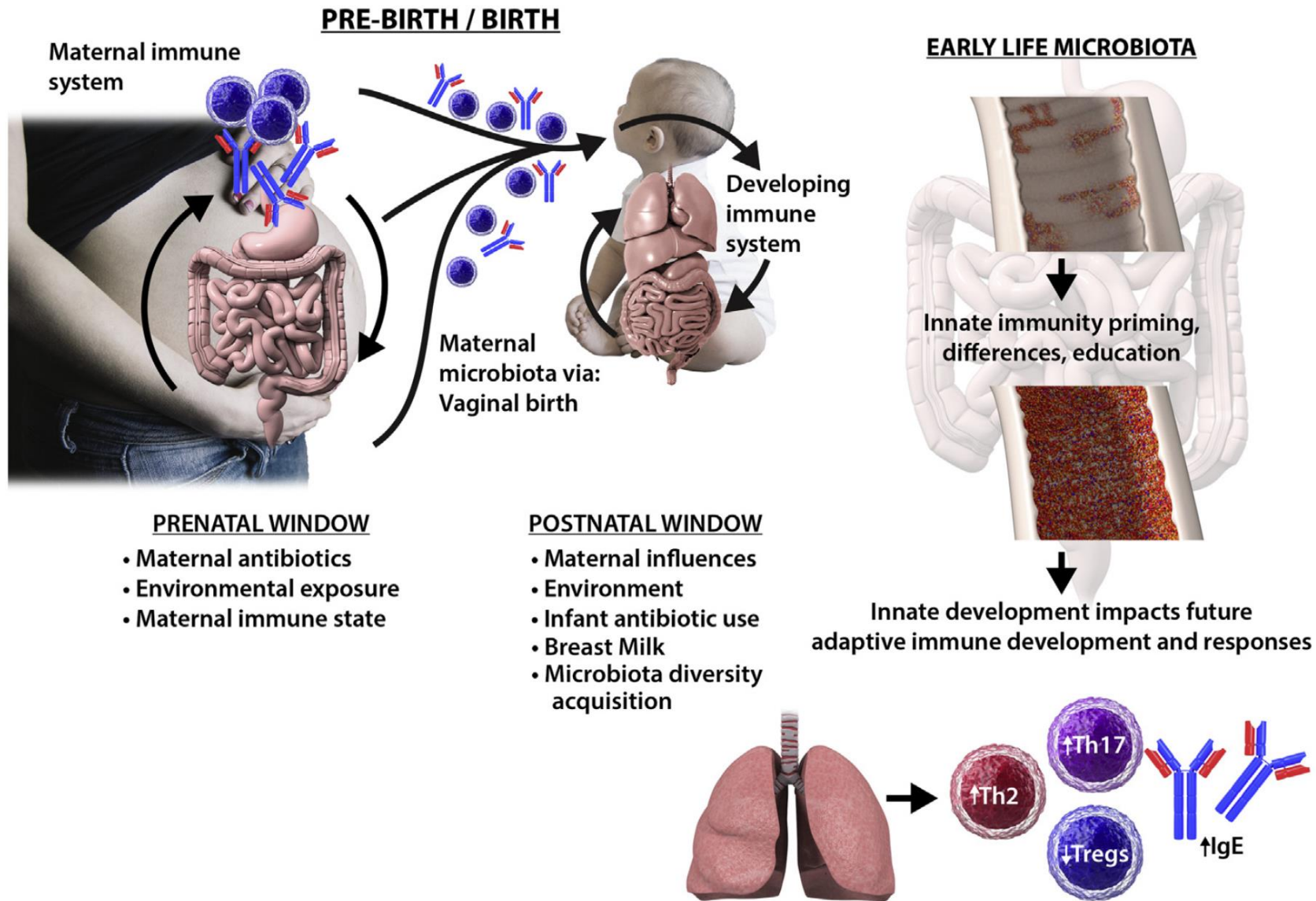
Role of lung microbiome in health and asthma



Microbiome in asthma endotyping

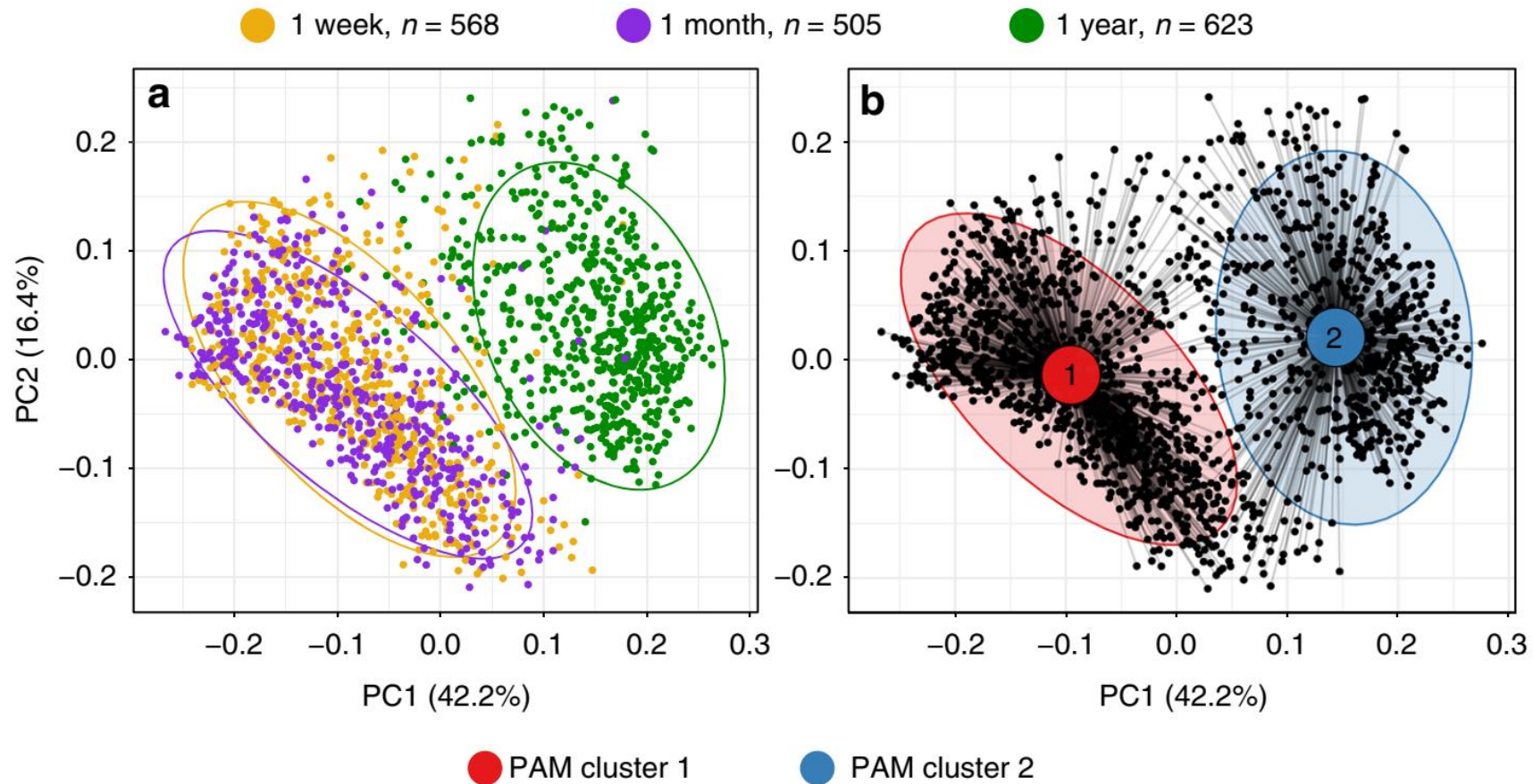


Early-life influences on the developing microbiome



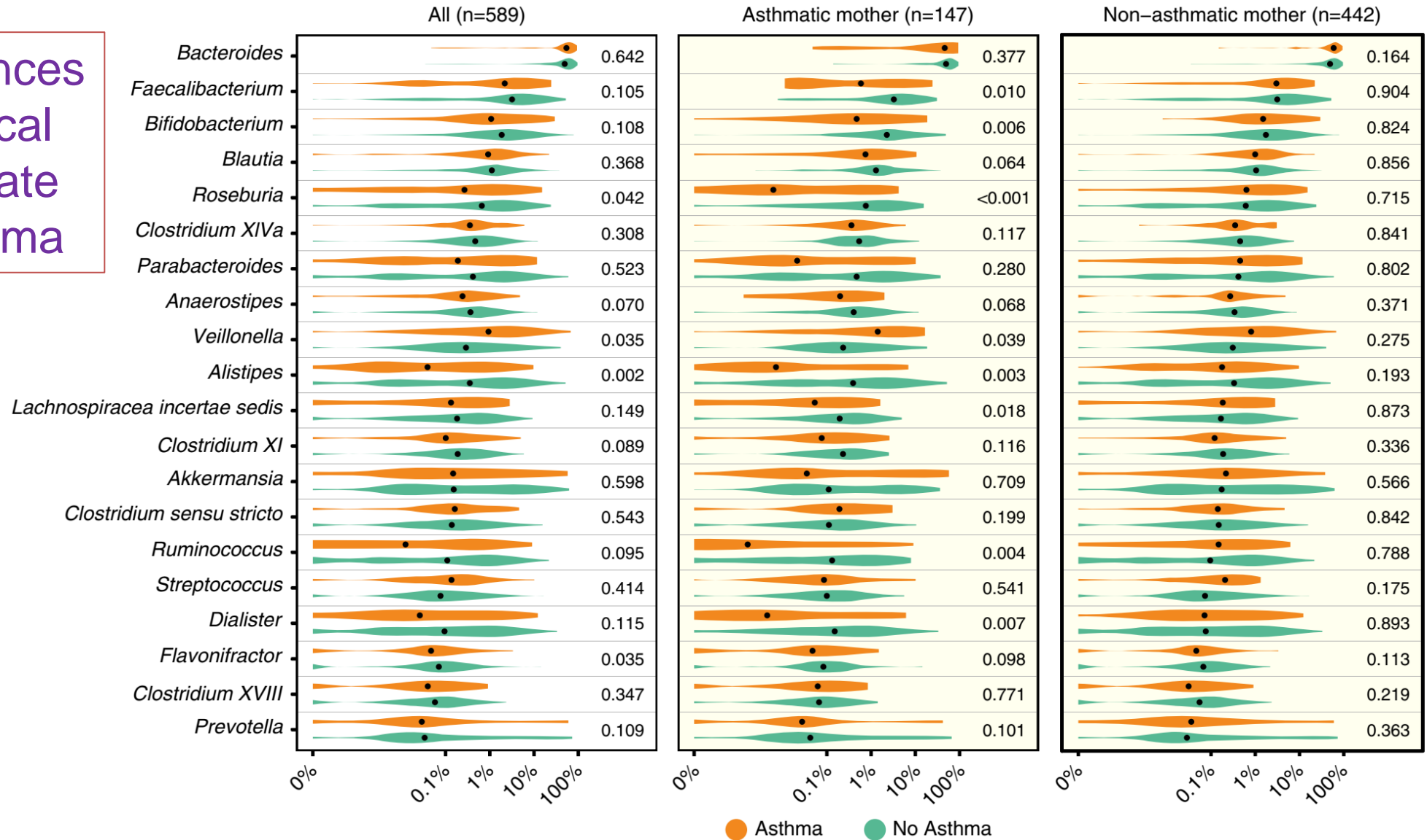
Maturation of gut microbiome and childhood asthma

- 690 Children from Copenhagen prospective birth cohort (COPSAC₂₀₁₀)
- Fecal samples, 16S rRNA gene amplicon sequencing



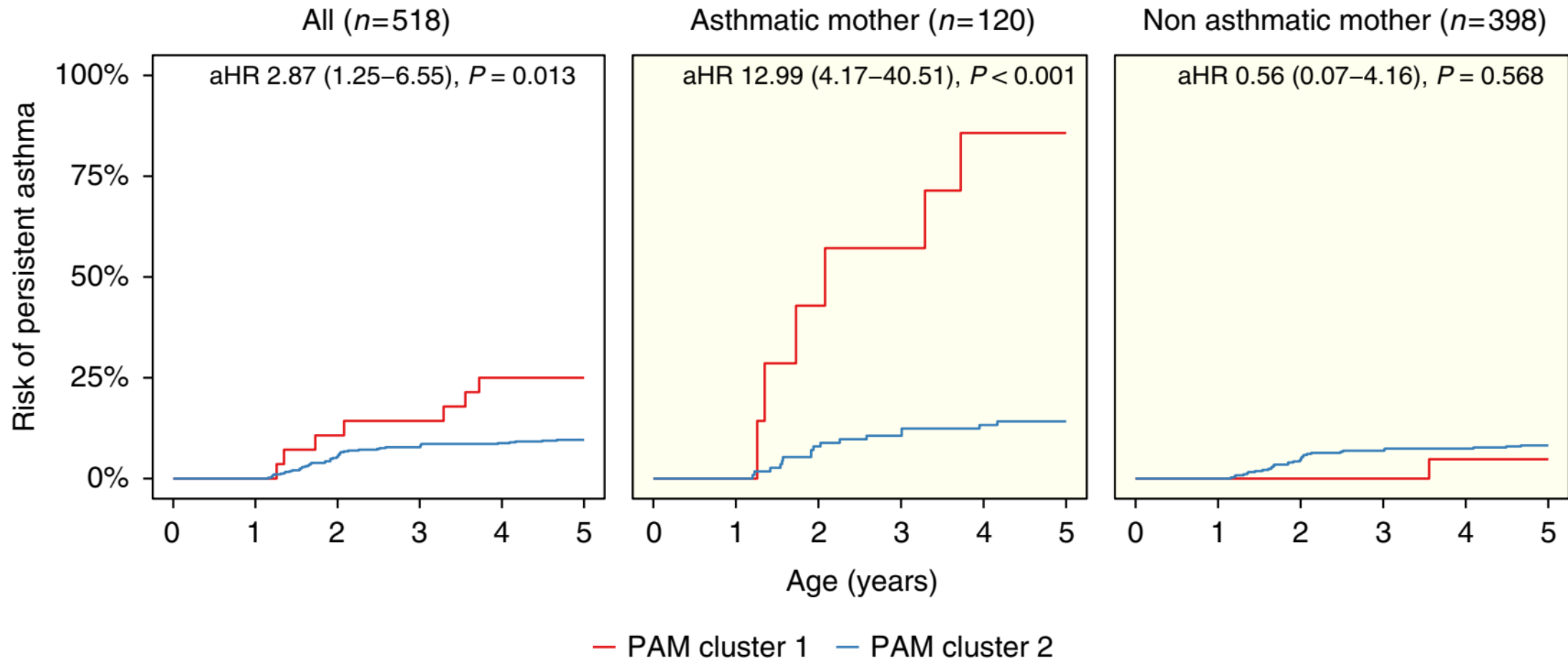
Early-life gut microbiome and later asthma

Relative abundances in the 1-year fecal samples associate with 5-year asthma

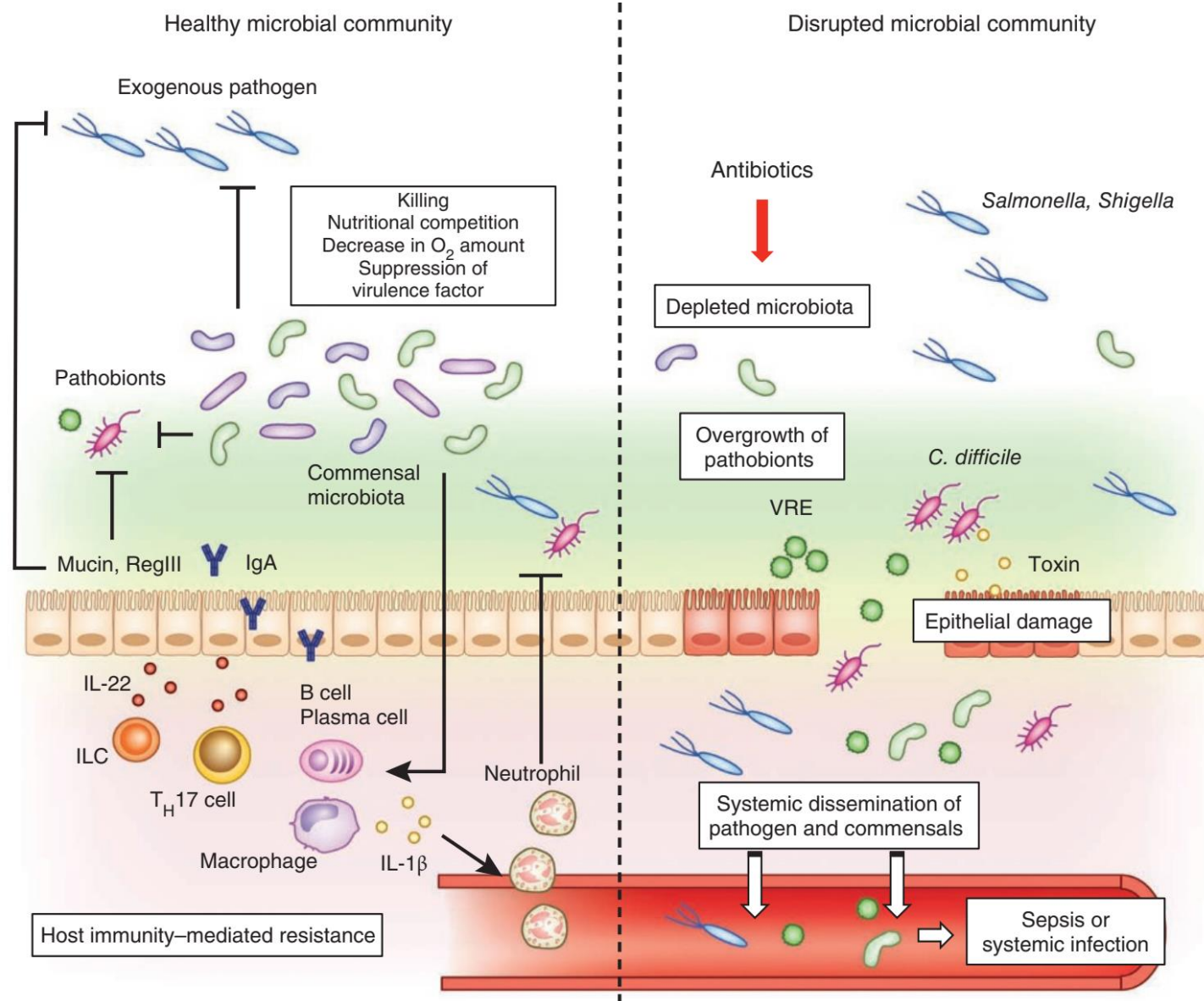


Maturation of gut microbiome and childhood asthma risk

- Interaction between maturation of gut microbiome and maternal asthma



Gut microbiota and dysbiosis

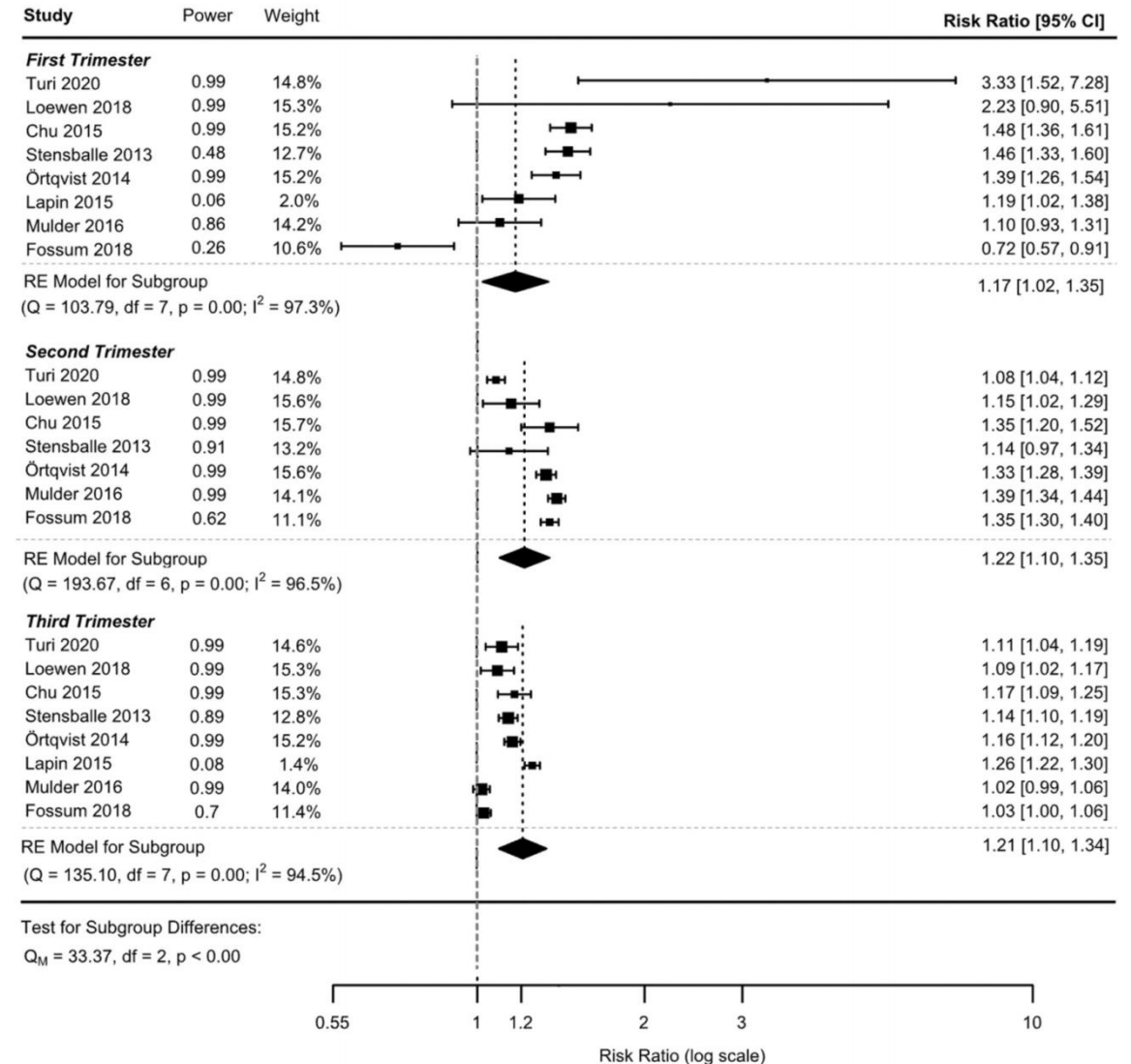


Prenatal antibiotic exposure and asthma risk

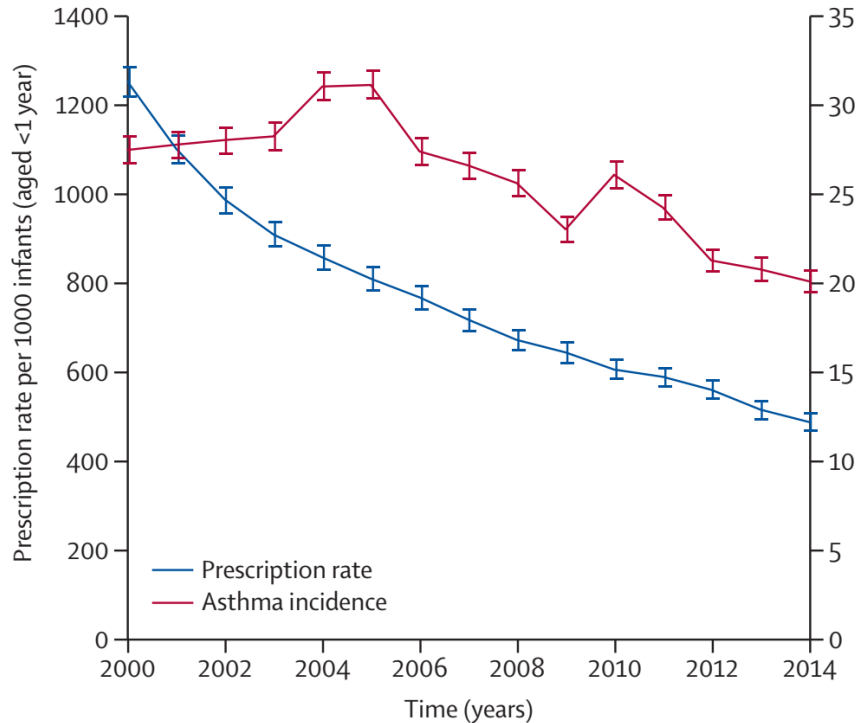
- Meta-analysis from 27 studies for antibiotic use during pregnancy and asthma risk in children

| Antibiotic use according to trimesters | Asthma development in children Risk ratio (95% CI) |
|--|--|
| First trimester | 1.17 (1.02-1.35) |
| Second trimester | 1.22 (1.10-1.35) |
| Third trimester | 1.21 (1.10-1.34) |

(B) Asthma - Trimester



Antibiotic use and asthma incidence

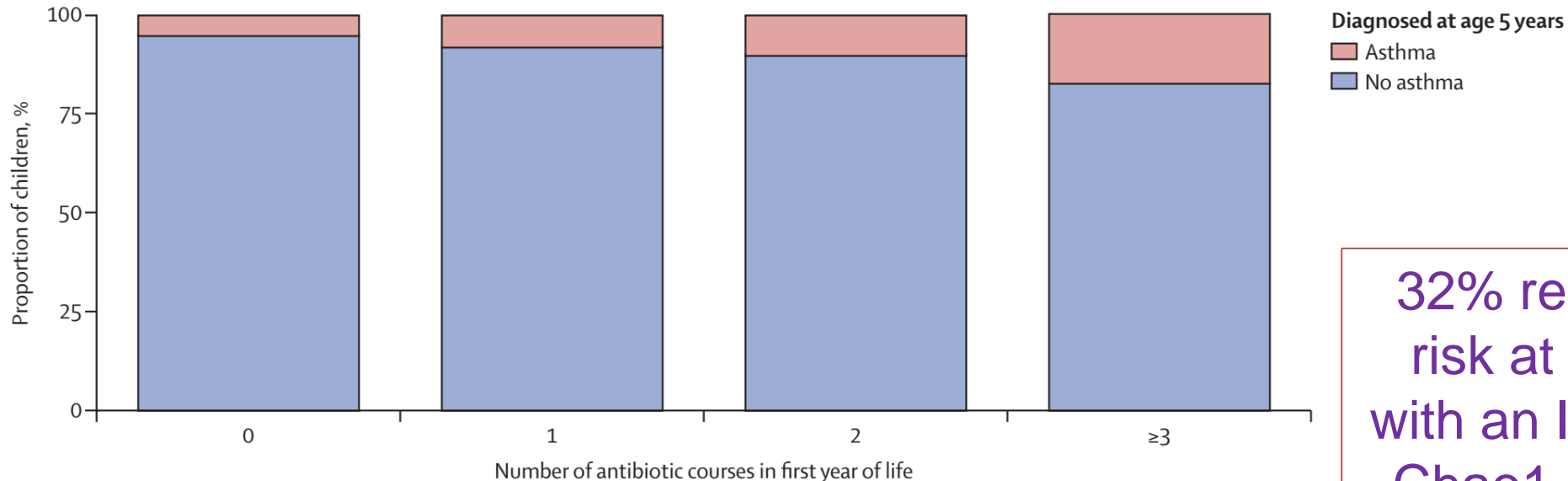


- 2644 children in a longitudinal birth cohort from Canada (CHILD study)
- Subsamples of 917 16S rRNA gene sequencing data from fecal samples collected at 3 and 12 months

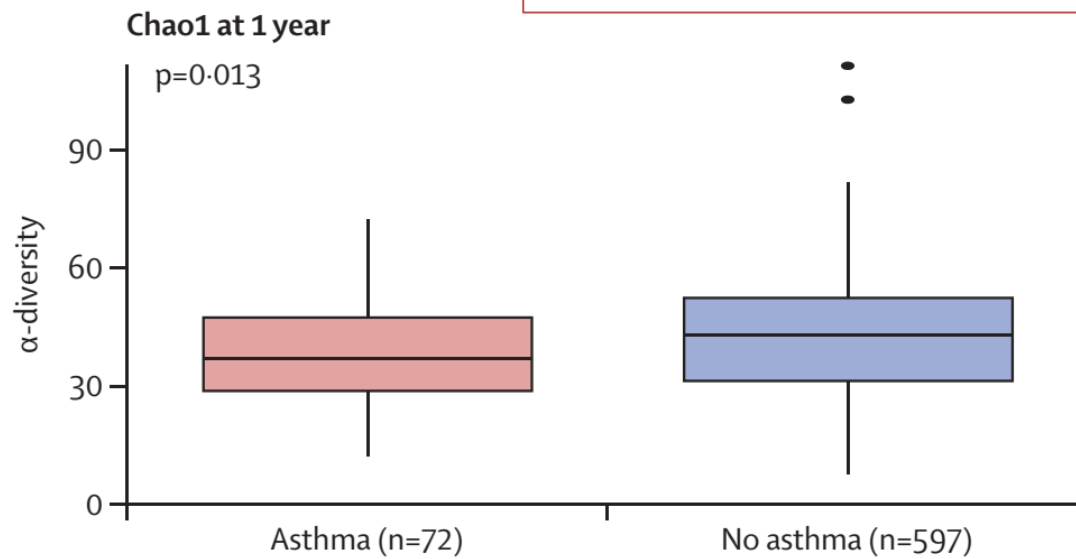
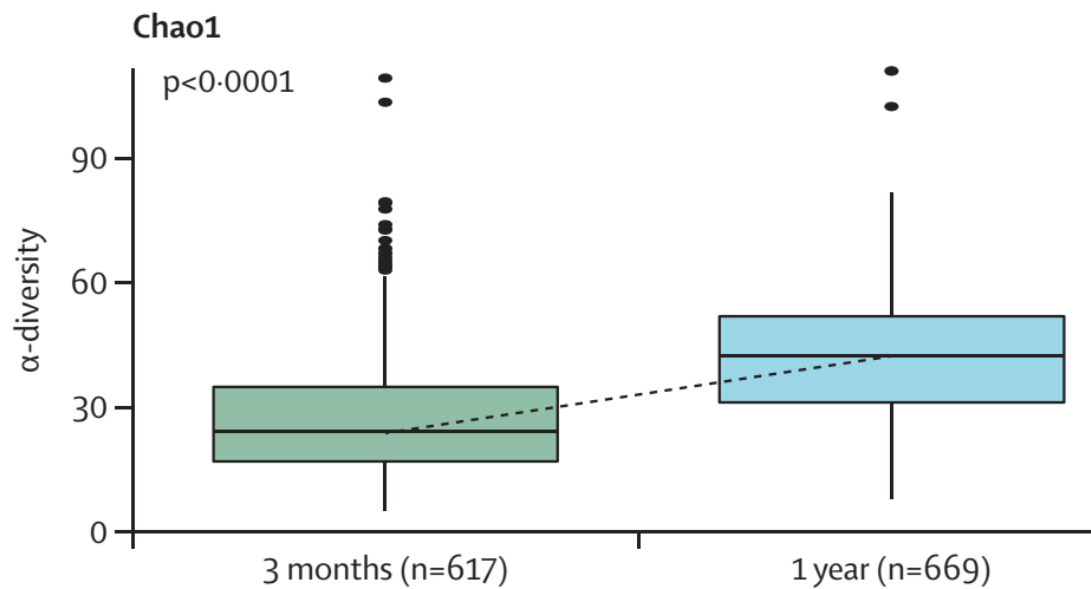
Multivariable Poisson regression of factors associated with asthma incidence

| | Adjusted incidence rate ratio (95% CI) | p value |
|---|--|---------|
| Annual antibiotic prescribing rate (10% increase) | 1.24 (1.20–1.28) | <0.0001 |
| Year | 0.99 (0.98–0.99) | <0.0001 |
| Male | 1.56 (1.52–1.58) | <0.0001 |
| Particulate matter <2.5 μm (per IQR increase) | 1.16 (1.12–1.20) | <0.0001 |
| Material deprivation index (per IQR increase) | 0.99 (0.98–1.00) | 0.076 |
| Social deprivation index (per IQR increase) | 1.02 (1.00–1.03) | 0.036 |

Antibiotic use and gut microbiota with asthma risk

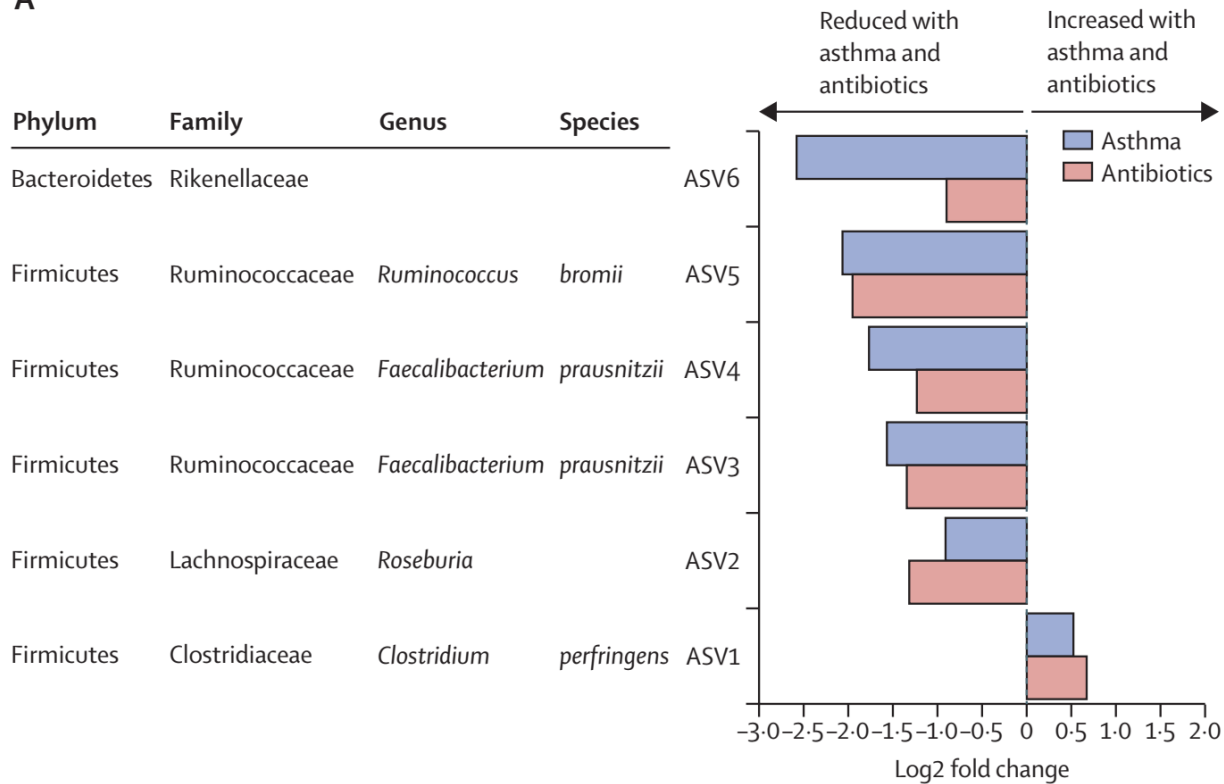


32% reduction in asthma risk at age 5 associated with an IQR increase in the Chao1 index (α -diversity)

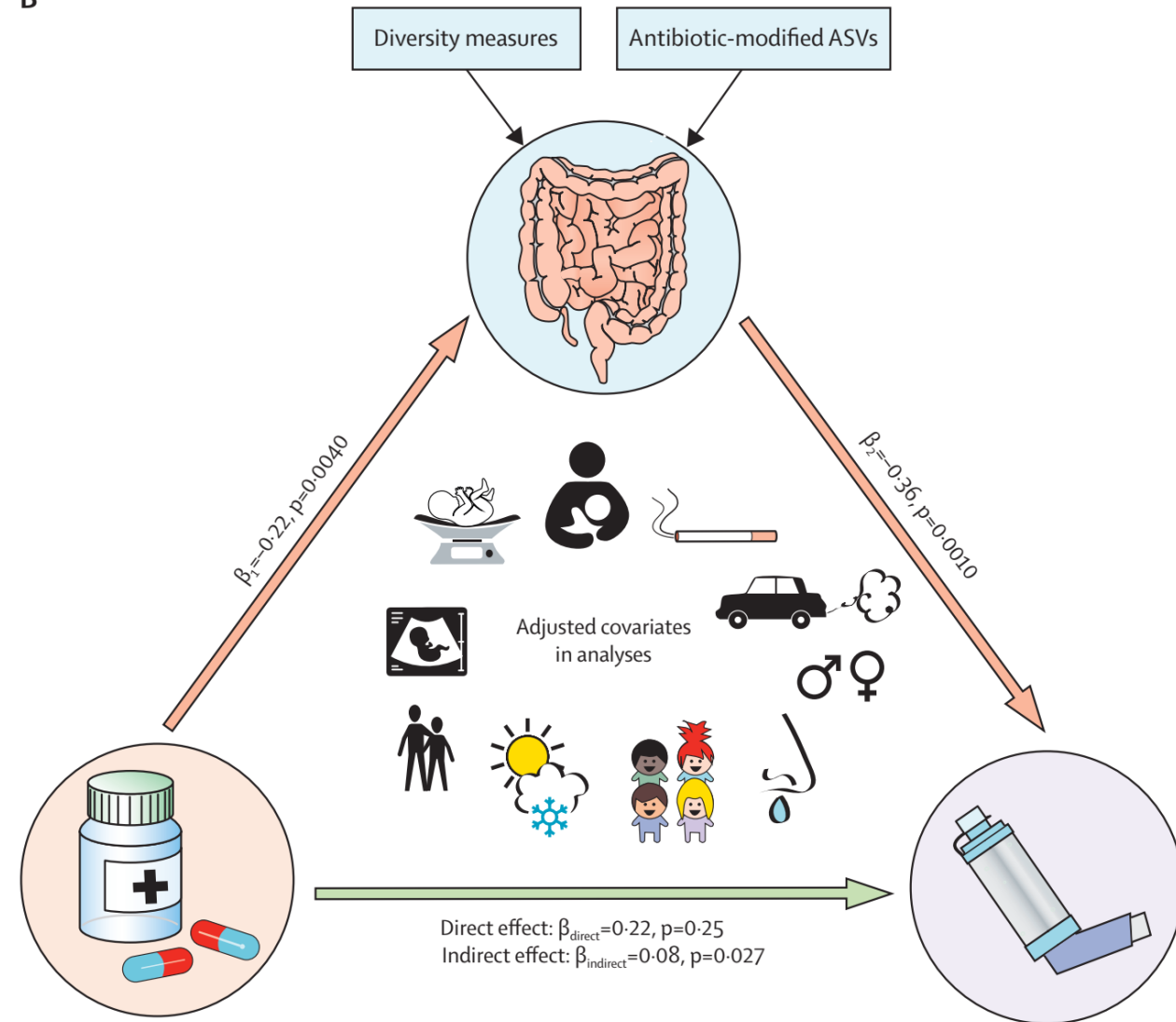


Gut microbiota as a link between antibiotic exposure and asthma

A



B



Asthma risk with nasopharyngeal microbiome during infancy

- COAST birth cohort study
- Analysis for respiratory bacteria and viruses in nasopharyngeal mucus specimens collected from children under 2 sets of conditions
 - 1) Multiple scheduled visits during periods of good health through 24 months of age
 - 2, 4, 6, 9, 12, 18, and 24 months of age
 - 2) Acute respiratory illnesses
- 16S rRNA amplicon sequencing of nasopharyngeal samples (swab or aspirate)

Longitudinal trajectories of nasopharyngeal microbiome

A. During routine visit

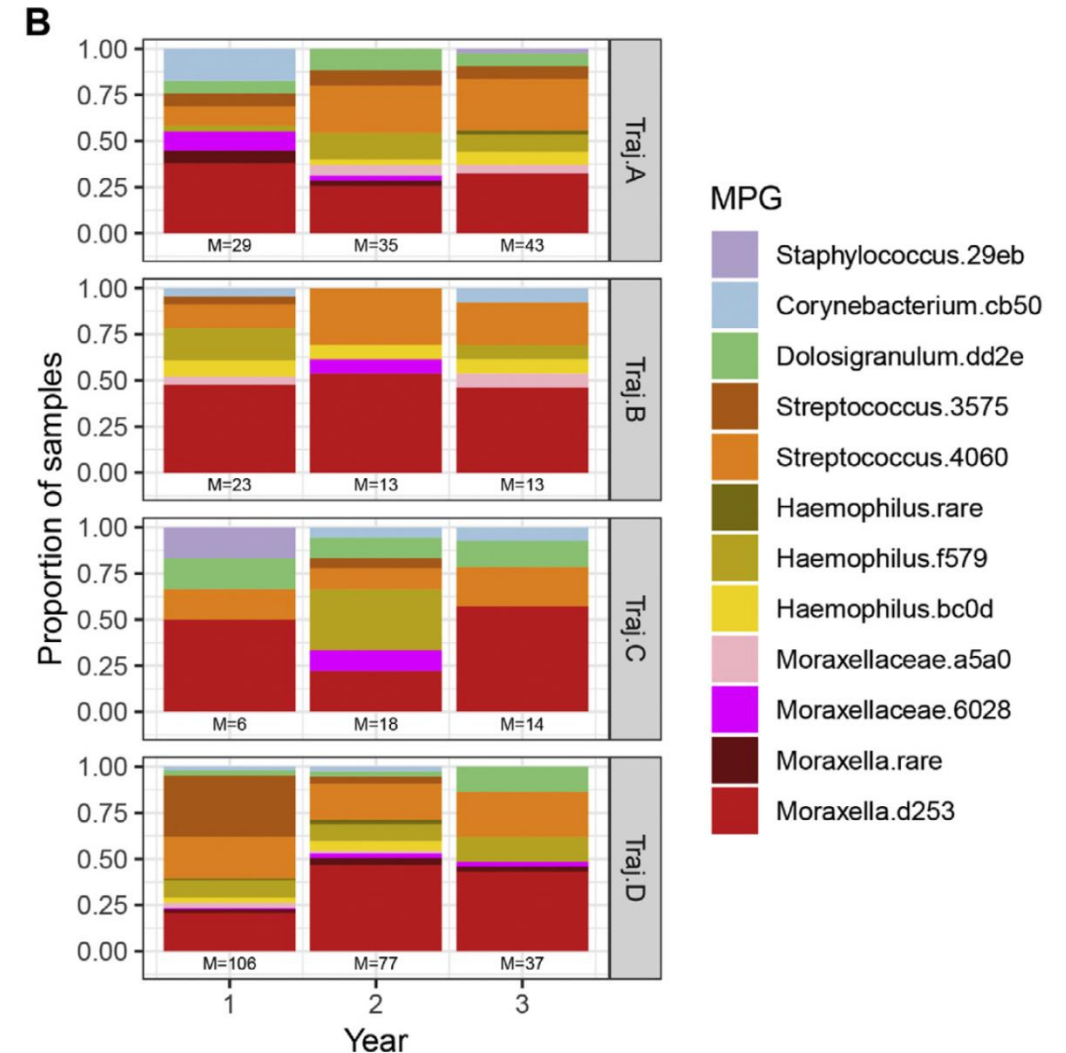
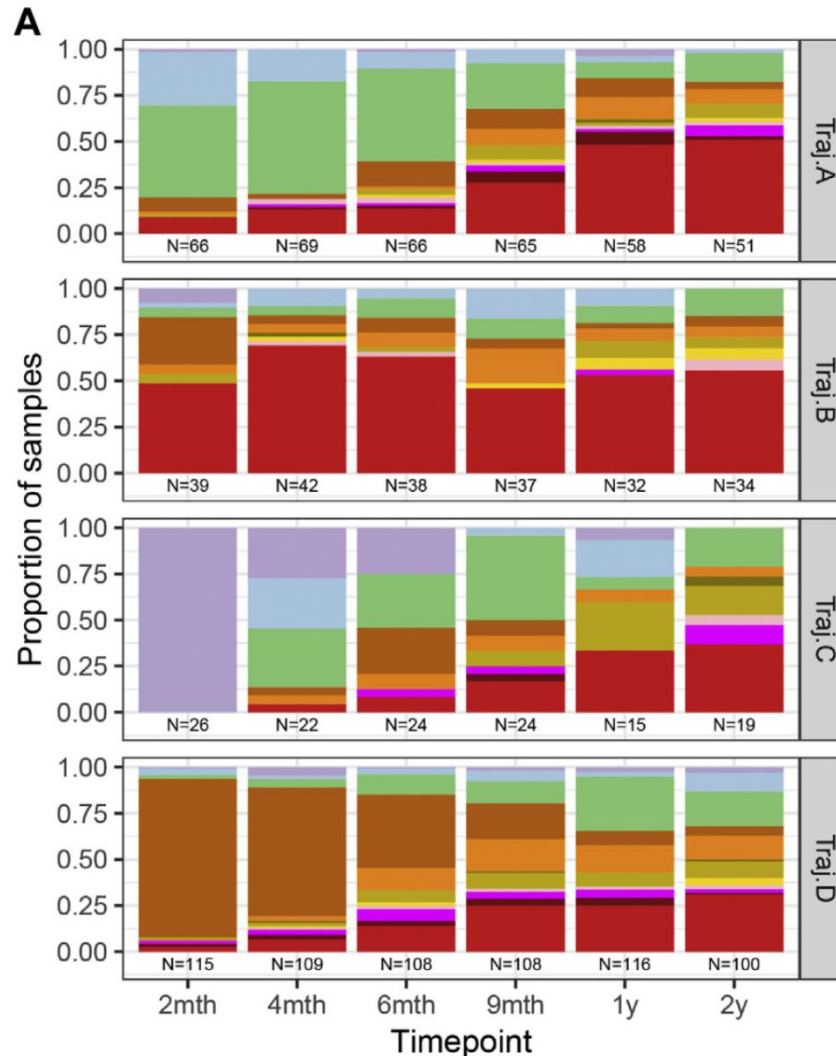
B. During acute illness

Trajectory A.
Dolosigranulum.dd2e
Corynebacterium.cb50

Trajectory B.
Moraxella.d253

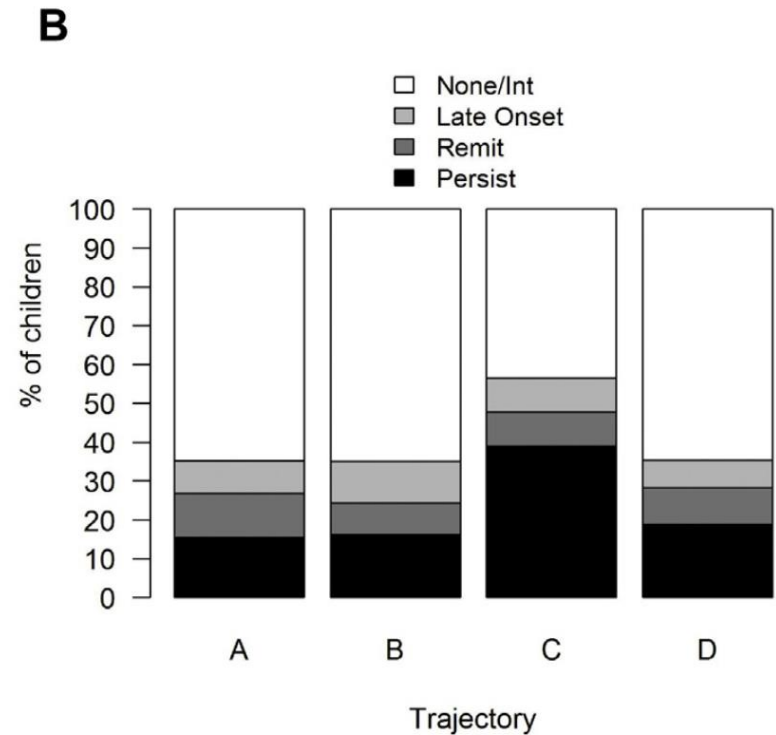
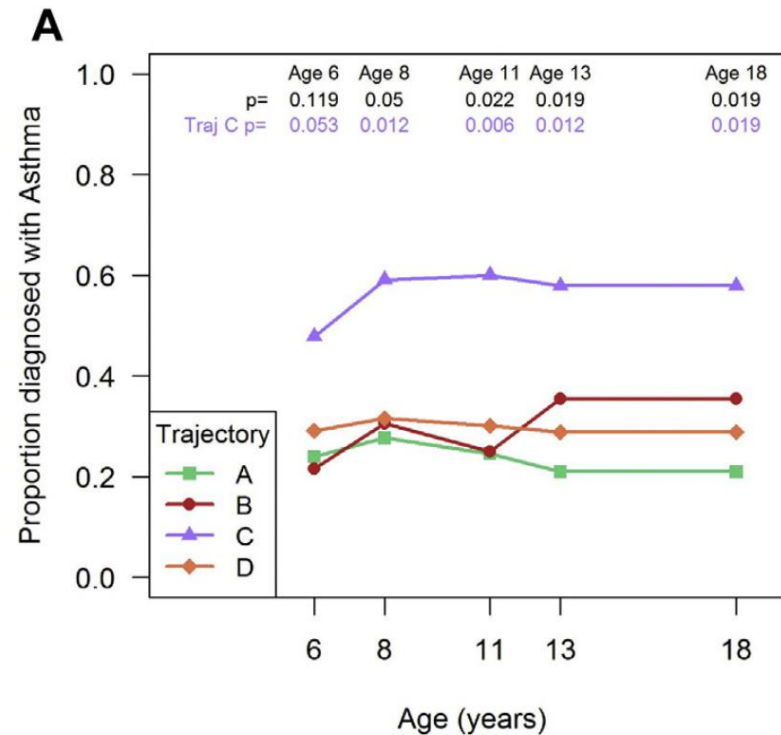
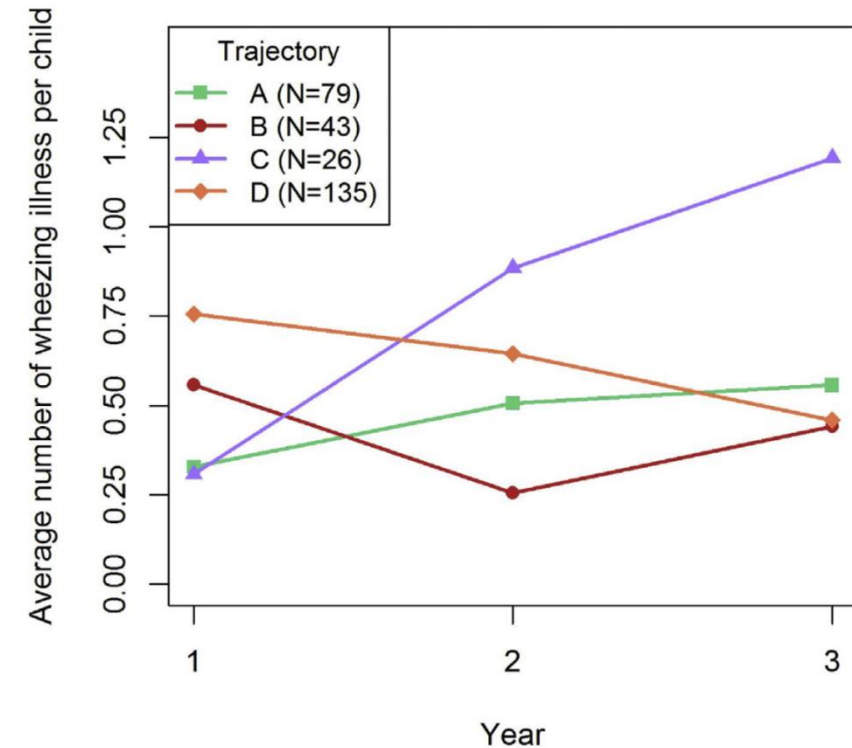
Trajectory C.
Staphylococcus.29eb

Trajectory D.
Streptococcus.3575

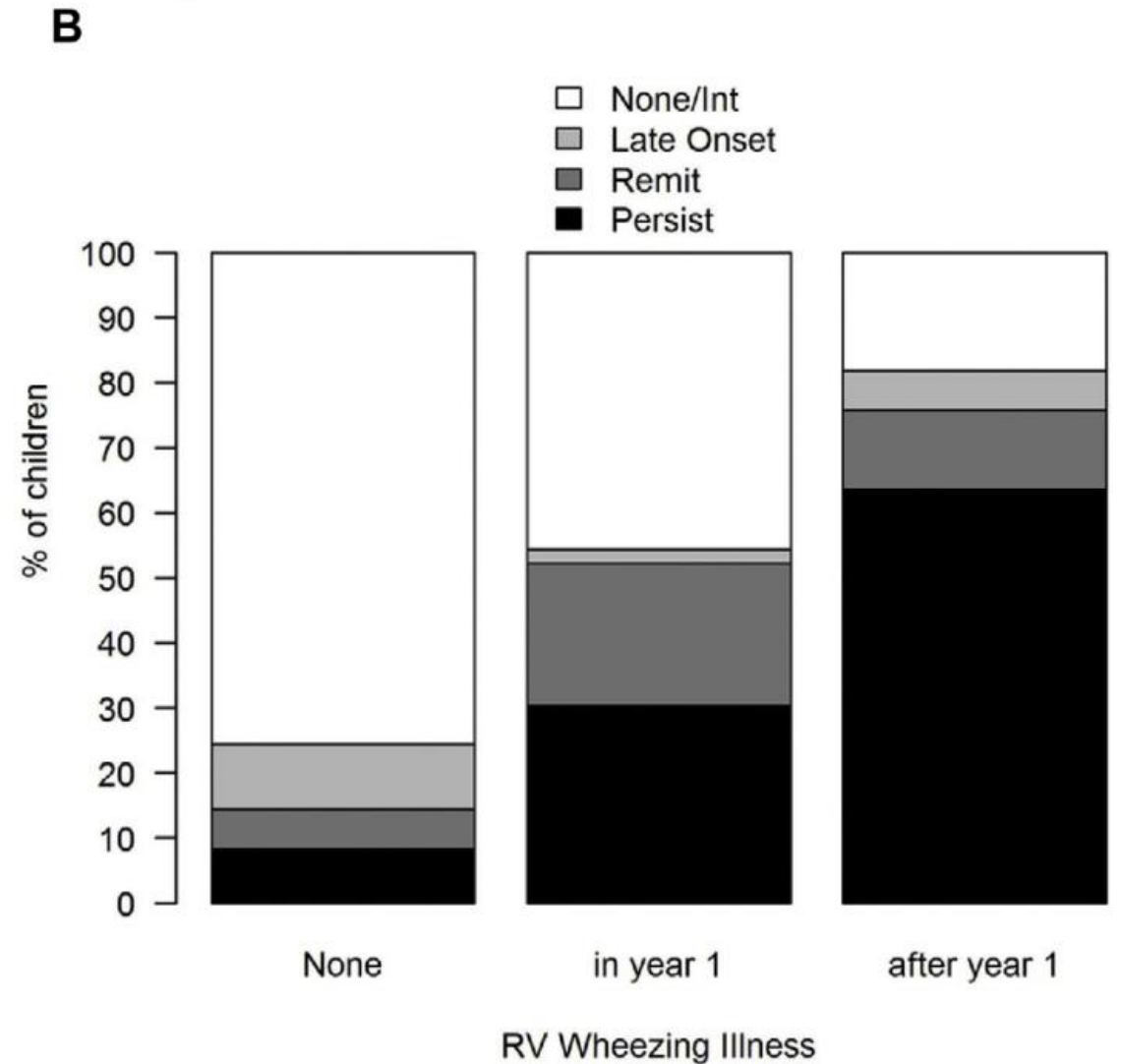
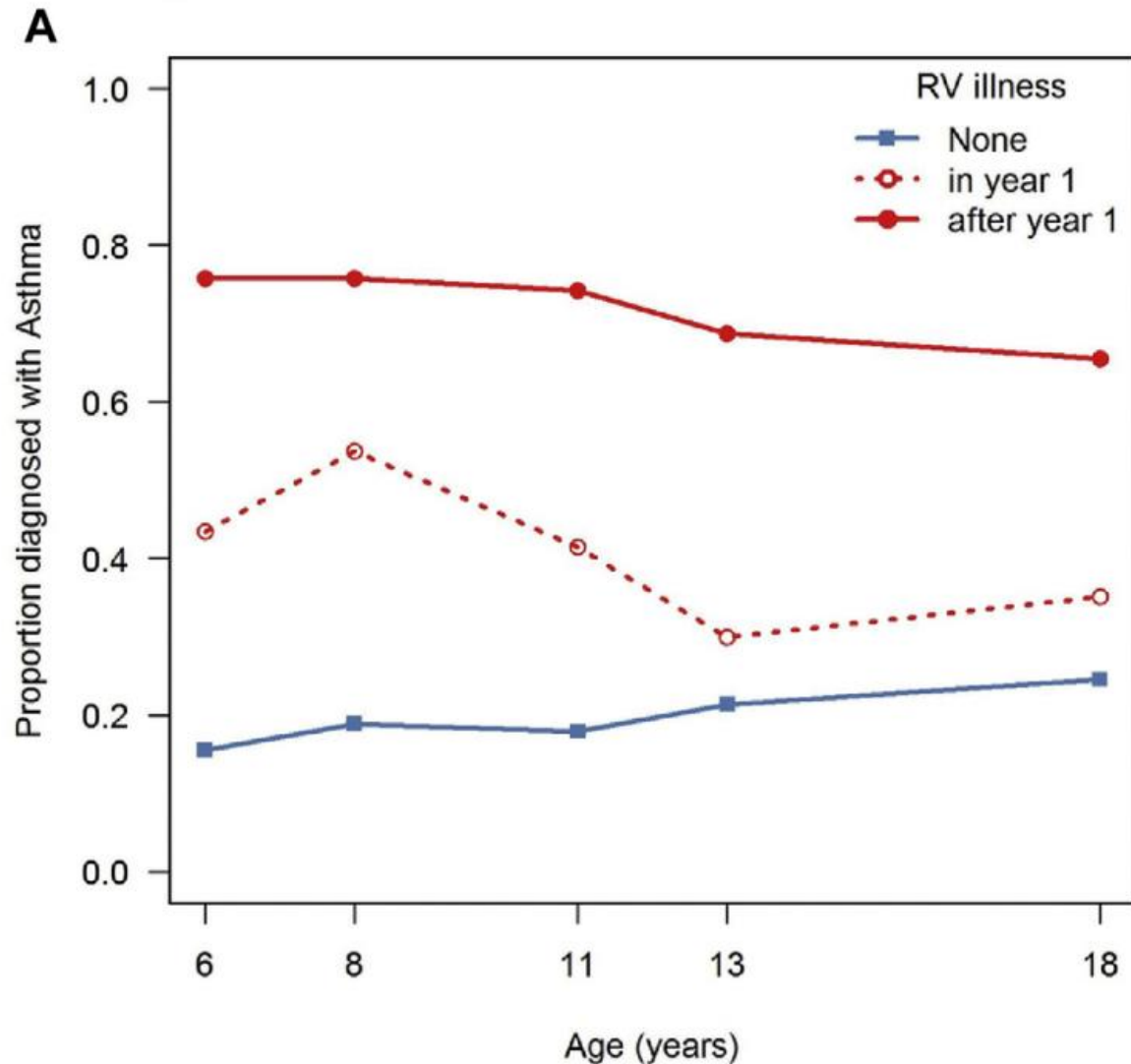


Association of microbiome trajectory with wheezing/asthma

- Nasal microbiome trajectory C dominated by early *Staphylococcus.29eb*
 - ✓ Increased risk of recurrent wheezing by age 3 years and persistent asthma phenotype



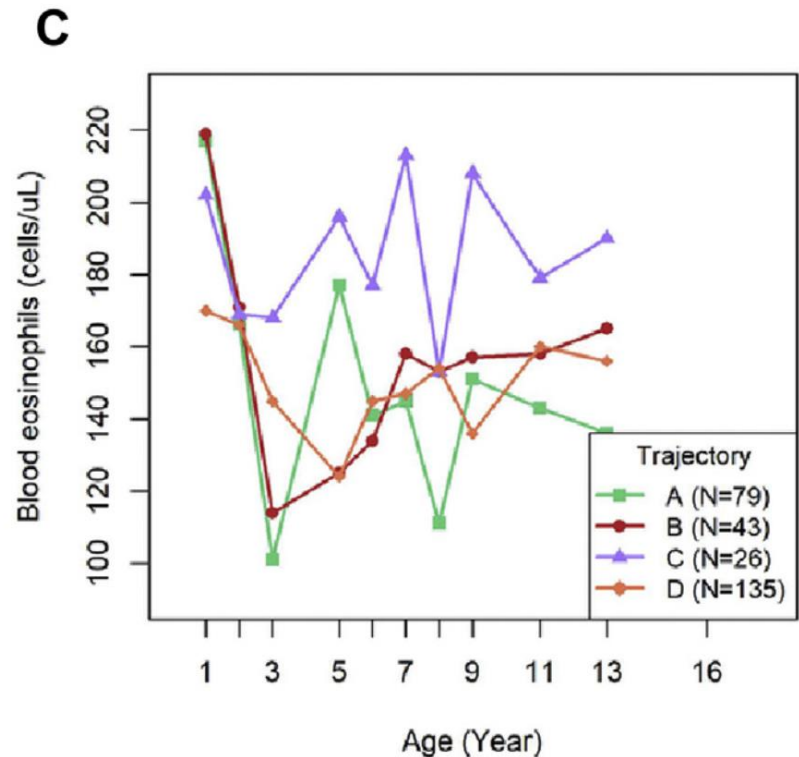
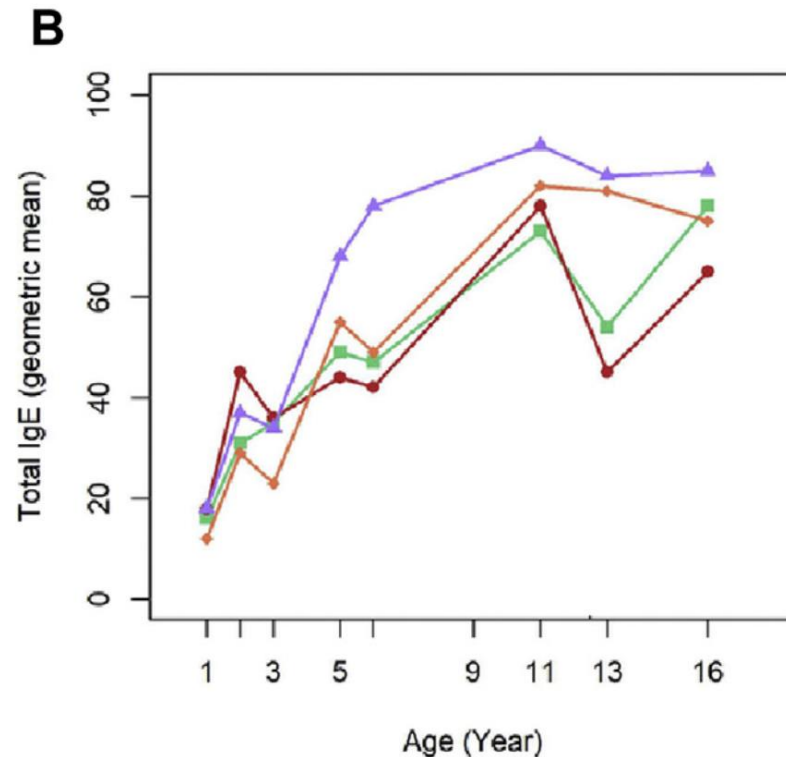
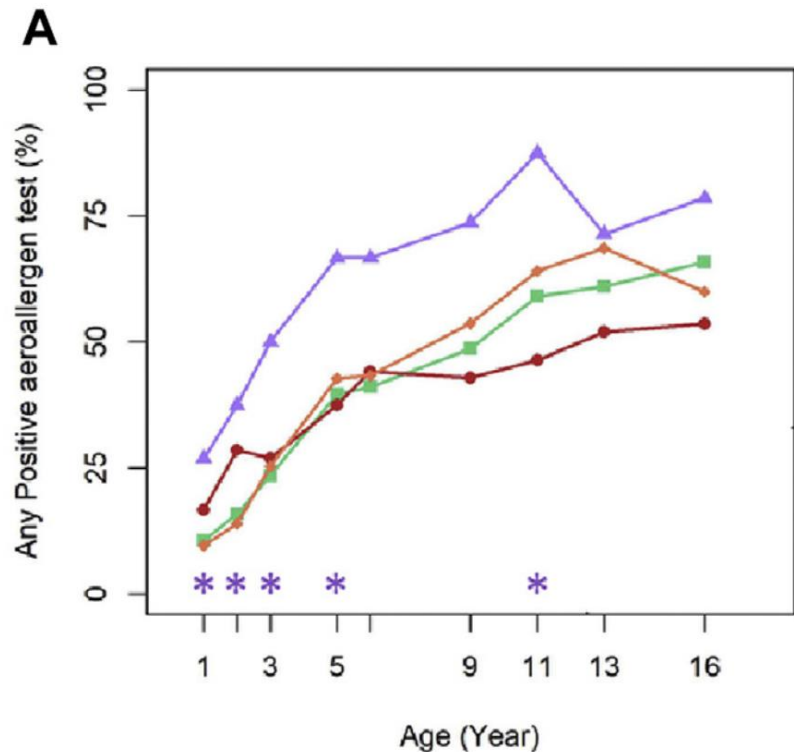
Microbial pathogen detection during illness and asthma risk



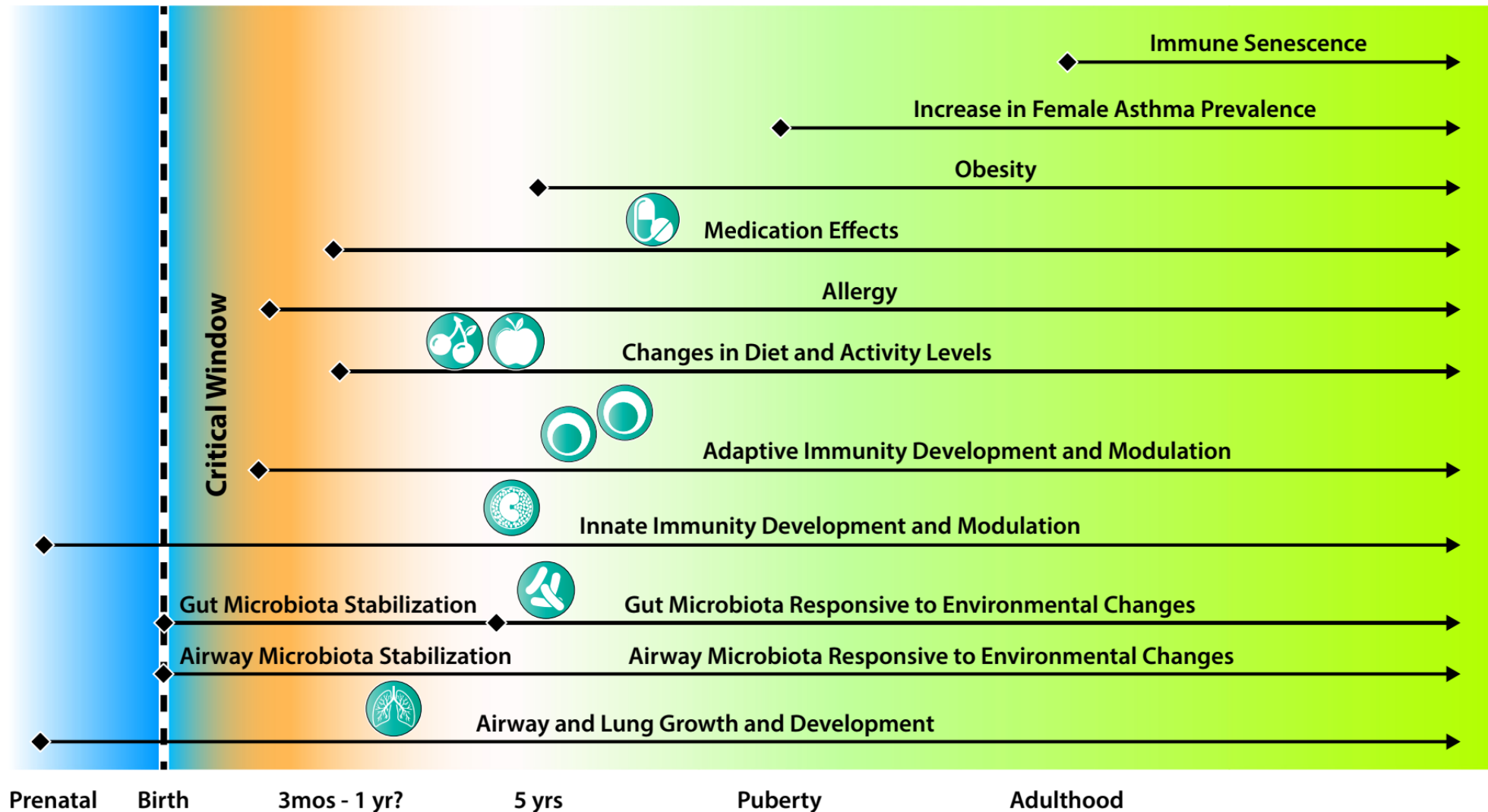
Microbiome trajectory and atopy indicator

➤ Nasal microbiome trajectory C

- ✓ Consistently higher proportion of children who were sensitized to at least 1 aeroallergen
- ✓ Similar nonsignificant trends for total IgE and blood eosinophil levels

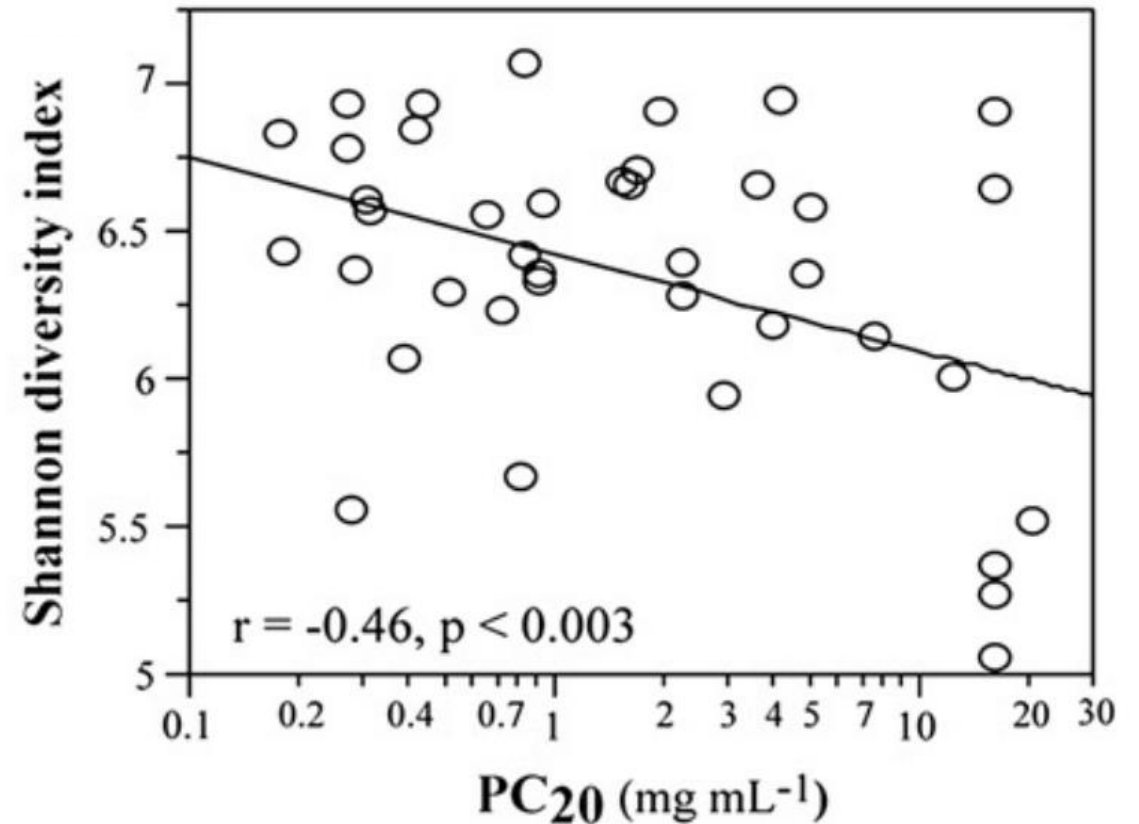
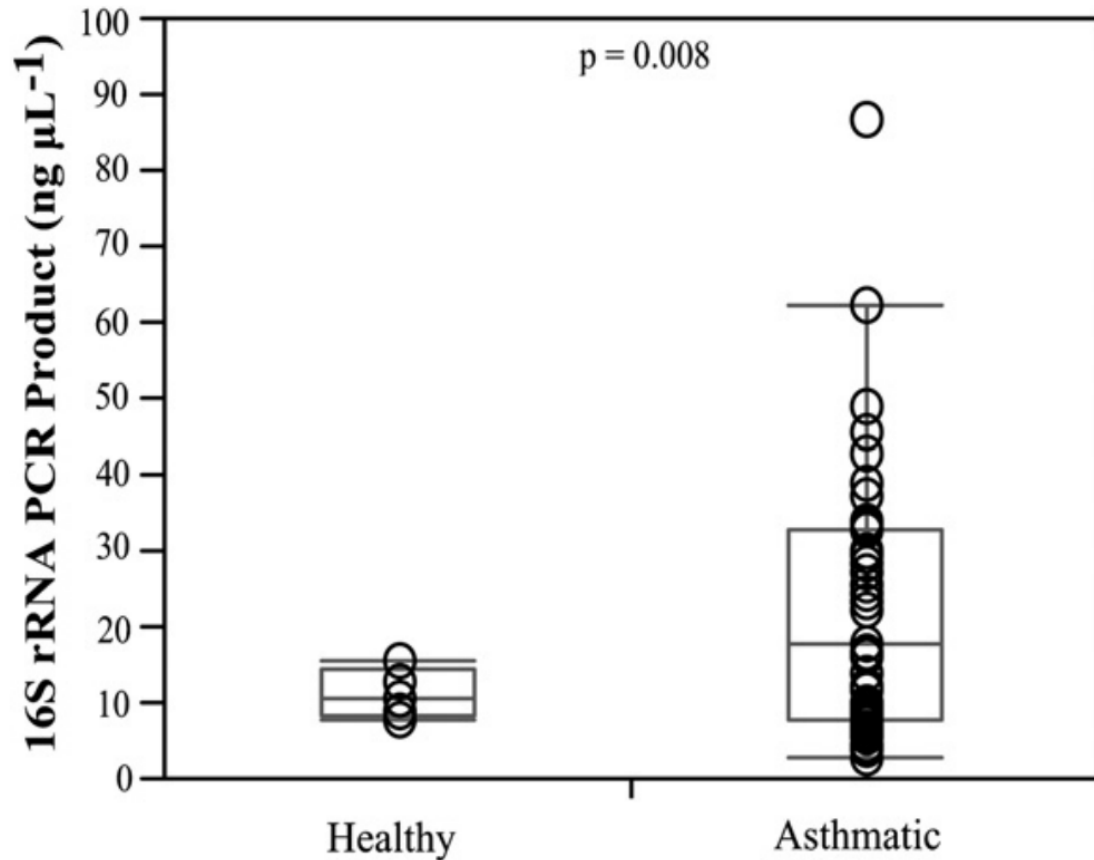


Influences on asthma pathogenesis and phenotype



Airway microbiota and bronchial hyperresponsiveness

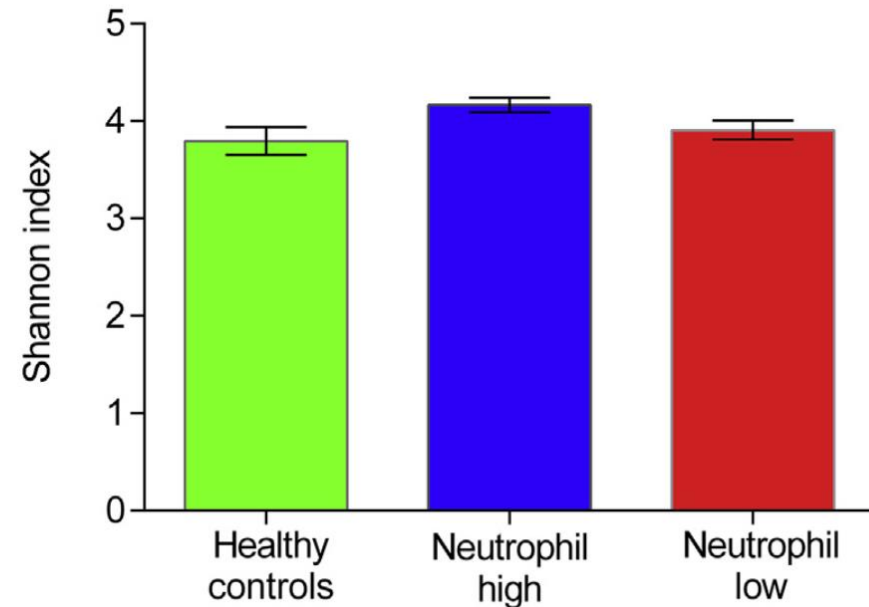
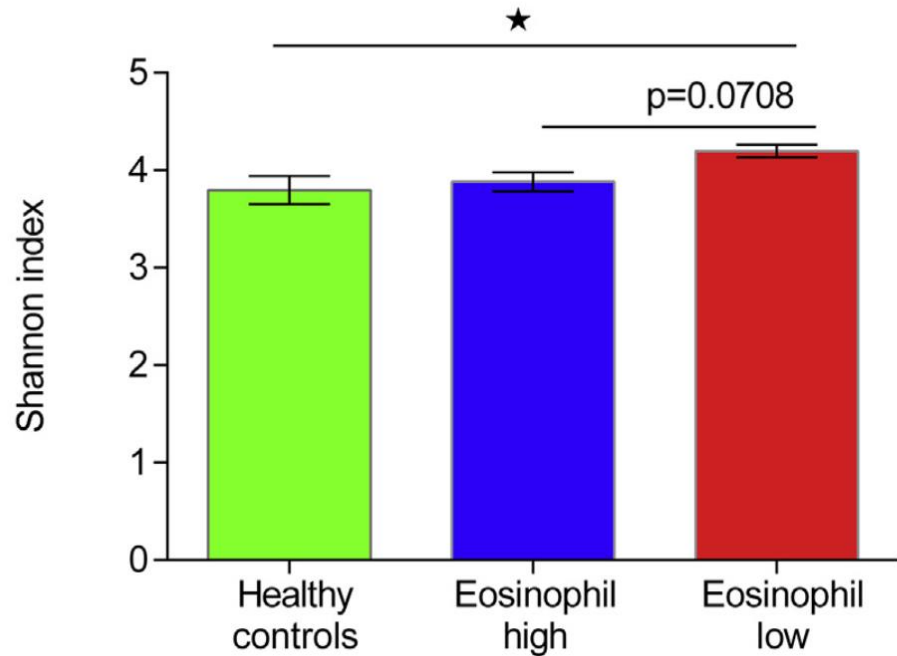
- Adults with suboptimally controlled asthma vs. health control
- Bronchial epithelial brushings for 16S ribosomal RNA microarray and parallel clone library-sequencing analysis



Eosinophilic inflammation with an altered airway microbiome

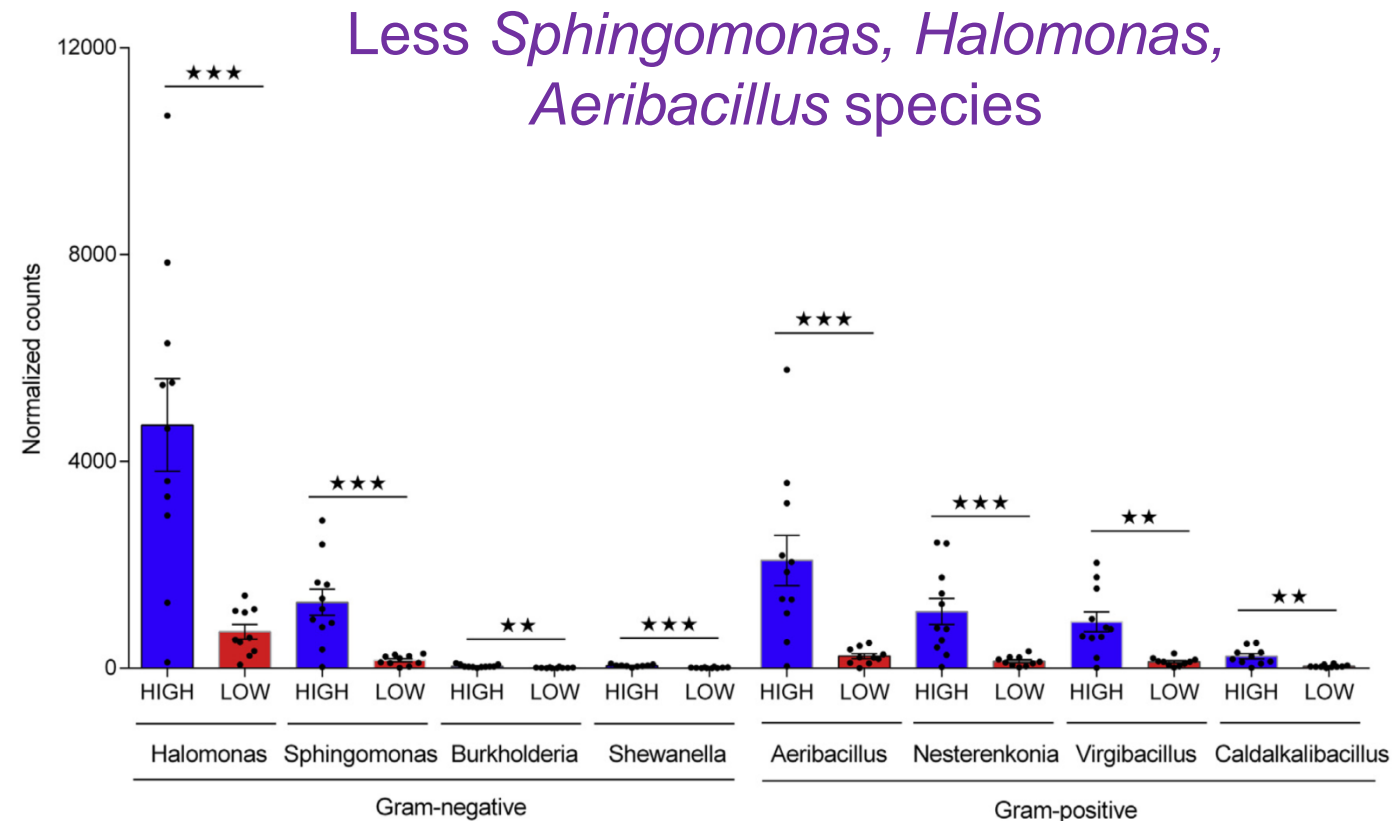
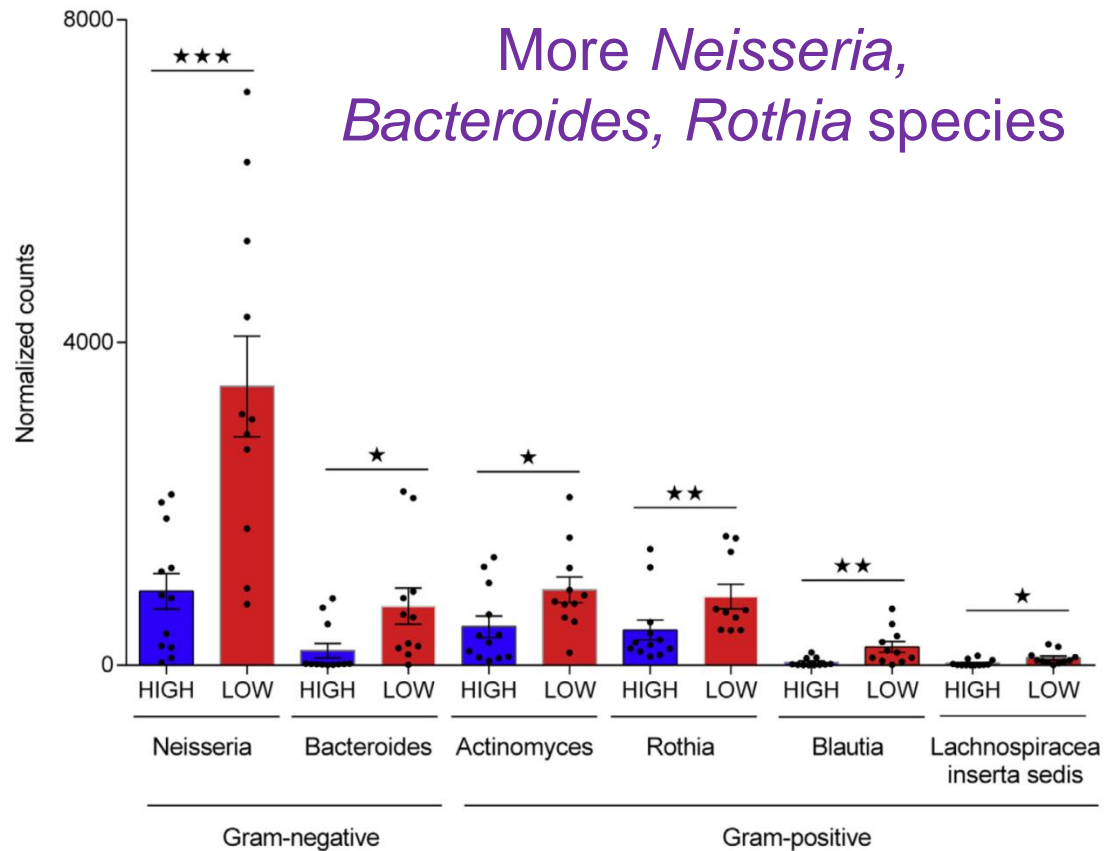
- Adults with steroid-free nonsmoking asthma vs. healthy control
- Bacterial DNA extraction from BAL fluid; eosinophils/neutrophils in submucosa

α-diversity



Eosinophilic inflammation with an altered airway microbiome

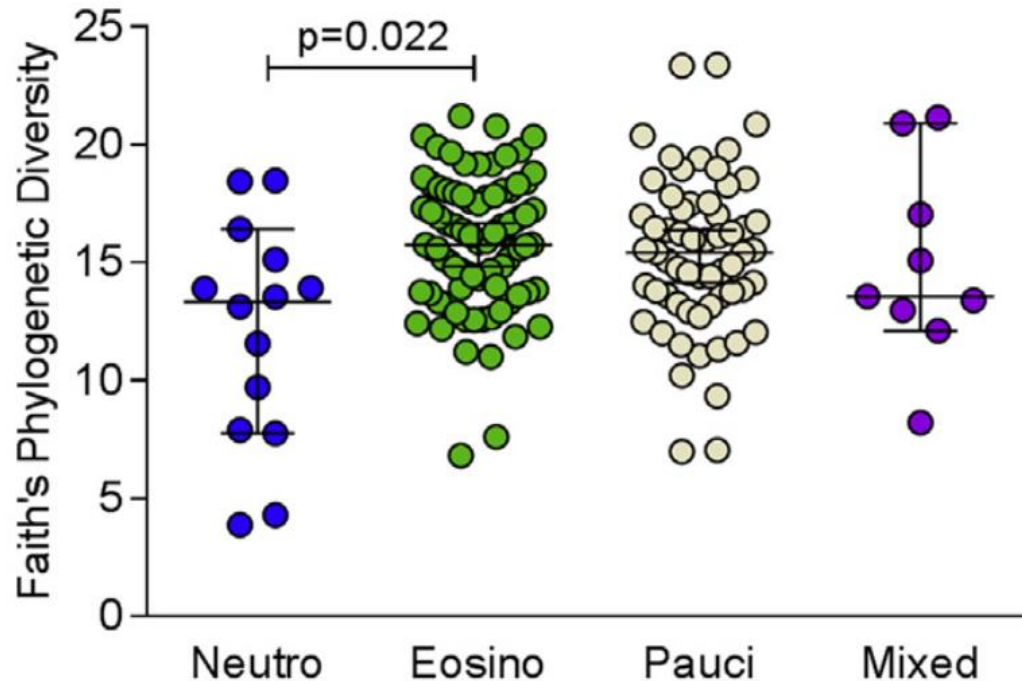
- Asthma with eosinophil low vs. eosinophil high
 - ✓ Altered bacterial abundance profile



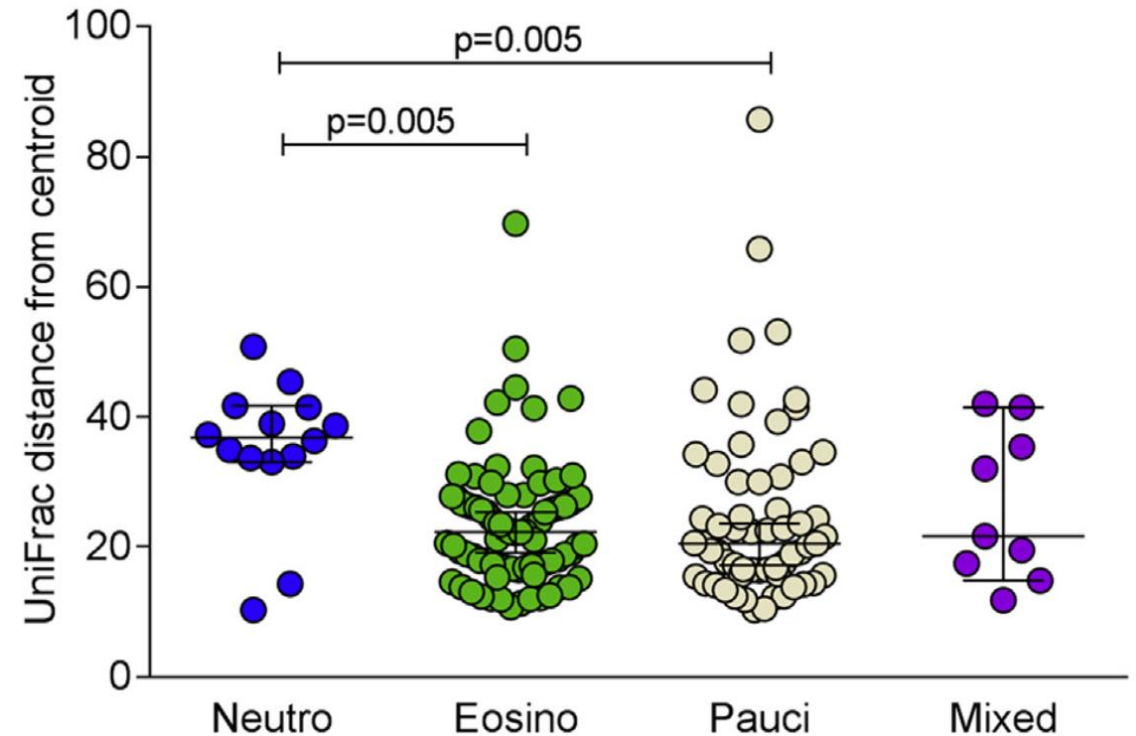
Asthma phenotype with distinct airway microbiome

- 167 patients with symptomatic stable asthma
- Induced sputum specimens, 16S rRNA gene sequencing

α -diversity



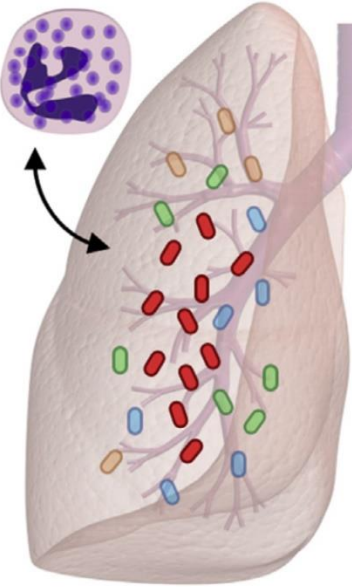
β -diversity



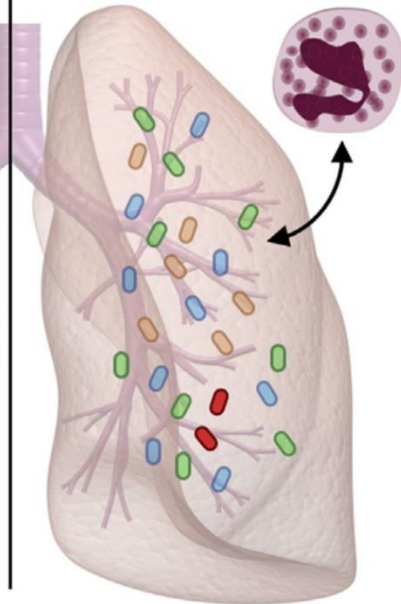
Sputum neutrophil proportion as a predictor of microbiota proportion

Asthma

Neutrophilic



Eosinophilic



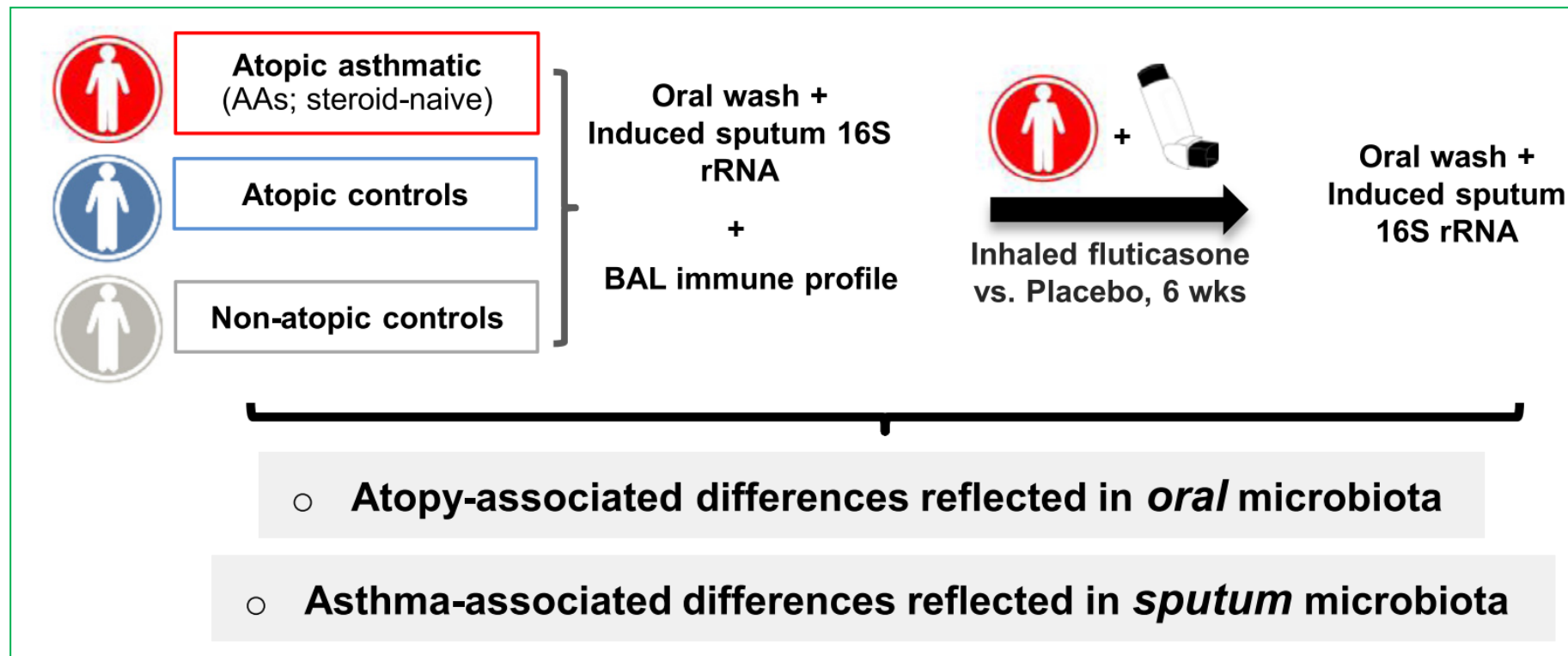
 Opportunistic bacteria  Normal airway bacteria

TABLE III. Multivariate linear regression on α -diversity (Faith's phylogenetic diversity) and β -diversity (weighted UniFrac distance from centroid) performed on 160 participants

| | B | 95% CI | P value |
|---------------------------------------|----------|------------------|----------------|
| Faith's phylogenetic diversity | | | |
| Neutrophil percentage | -0.046 | -0.07 to -0.02 | .002 |
| Age | -0.036 | -0.07 to -0.004 | .030 |
| Sex | 0.35 | -0.59 to 1.4 | .49 |
| Atopy | -0.77 | -1.7 to 0.12 | .10 |
| FEV ₁ (% predicted) | 0.016 | -0.01 to 0.04 | .23 |
| ICS dose | -0.001 | -0.001 to -0.001 | .042 |
| UniFrac distance from centroid | | | |
| Neutrophil percentage | 0.14 | 0.07 to 0.22 | <.001 |
| Age | 0.056 | -0.05 to 0.16 | .30 |
| Sex | -3.9 | -7.5 to -0.30 | .039 |
| Atopy | 4.8 | 1.3 to 8.4 | .018 |
| FEV ₁ (% predicted) | 0.049 | -0.04 to 0.14 | .27 |
| ICS dose | <0.001 | -0.001 to 0.001 | .56 |

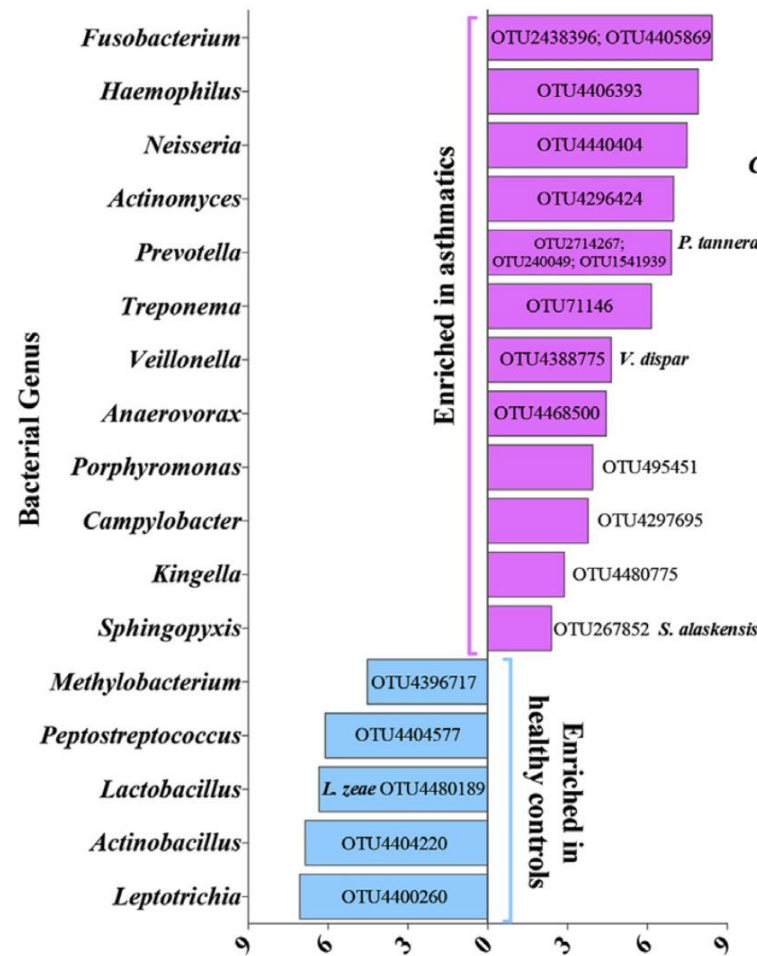
Microbiome in mild asthma

- Atopic asthma adults (AA) vs. atopic control (ANA)/non-atopic control (HC)
 - ✓ Enrolled in clinically stable status for at least 3 months including no use of antibiotics
- **Three-gene mean (TGM) score:** Expression levels of 3 bronchial epithelial genes (CLCA1, SERPINB2, POSTN) induced by IL-13
 - ✓ **T2-high asthma:** TGM score ≥ 1.117

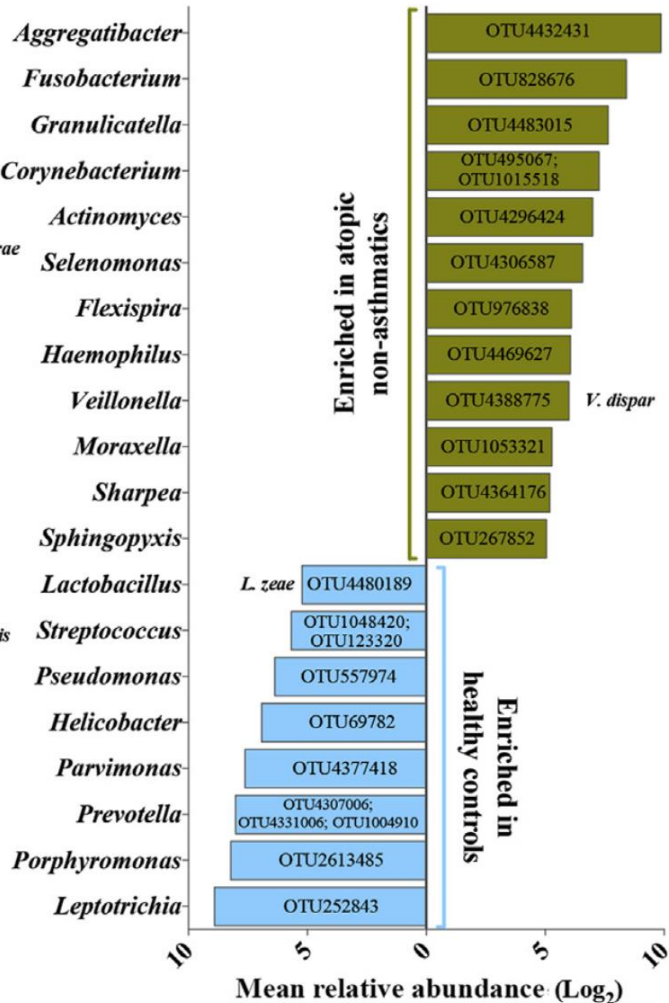


Differential features of airway microbiome

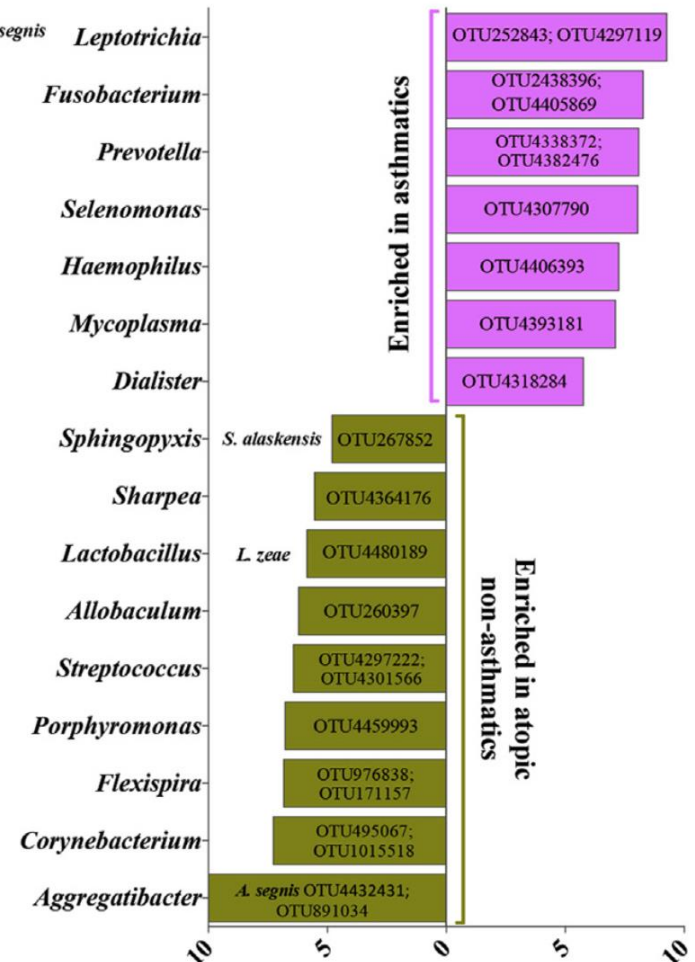
A Atopic asthma



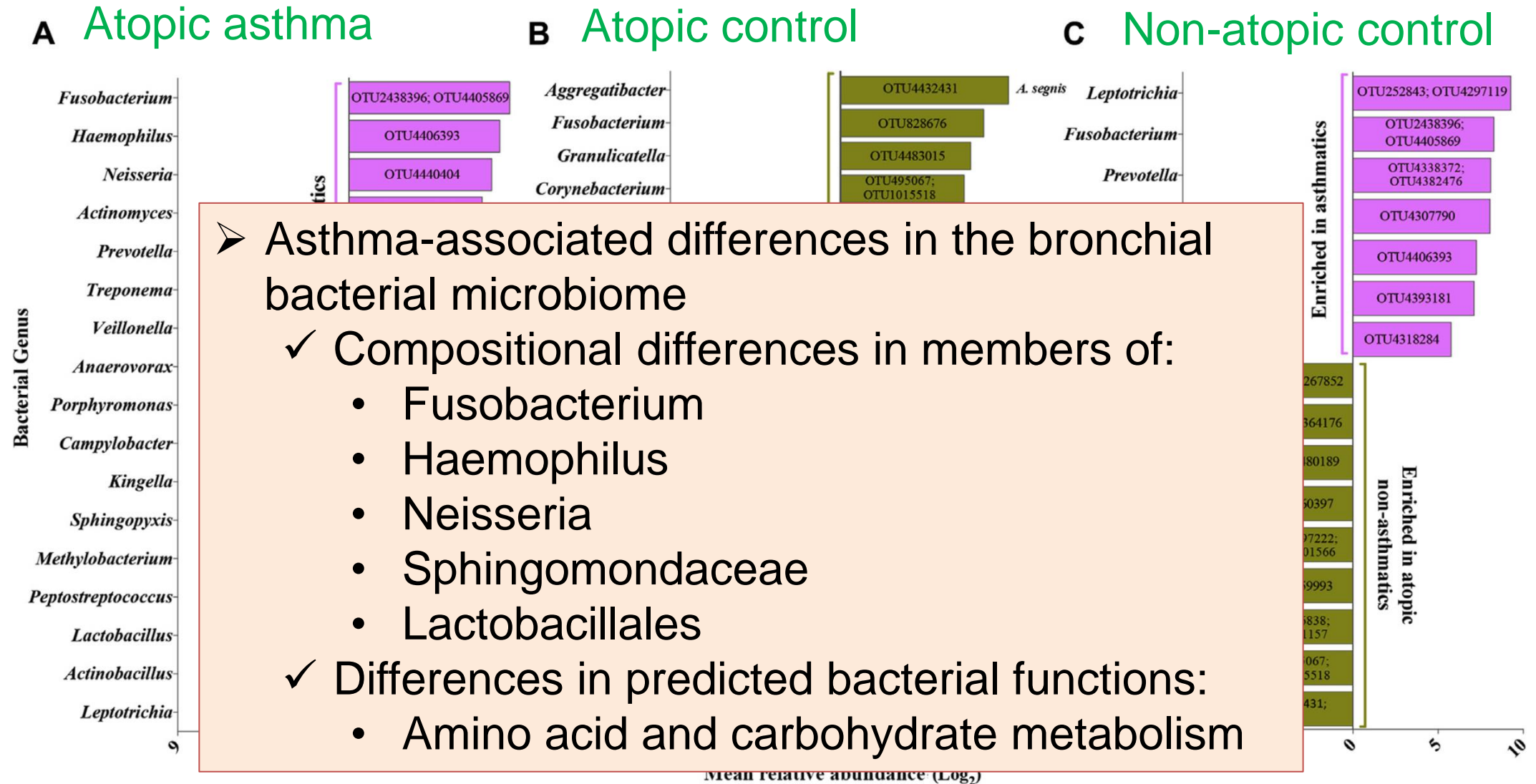
B Atopic control



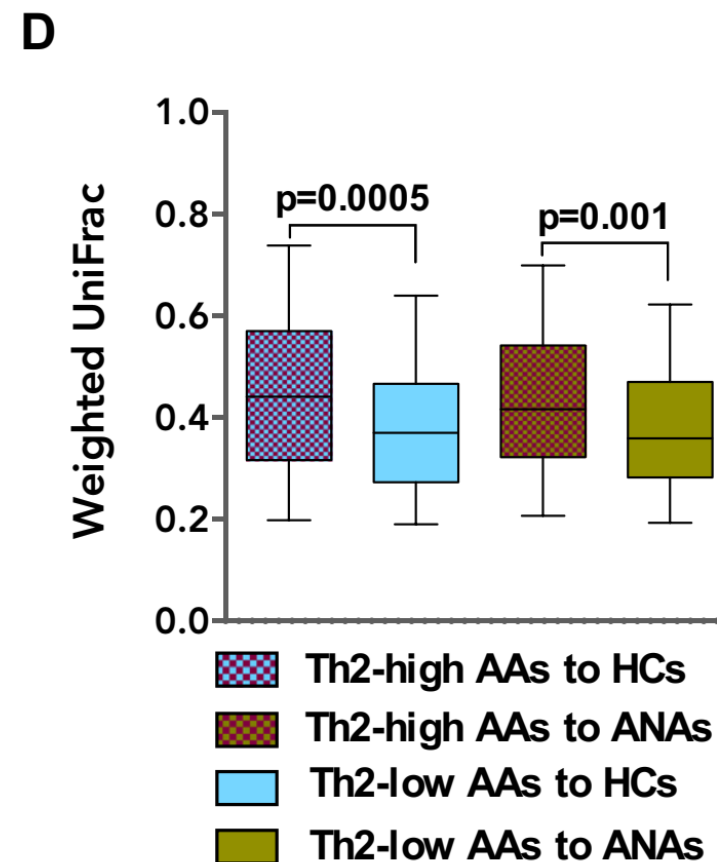
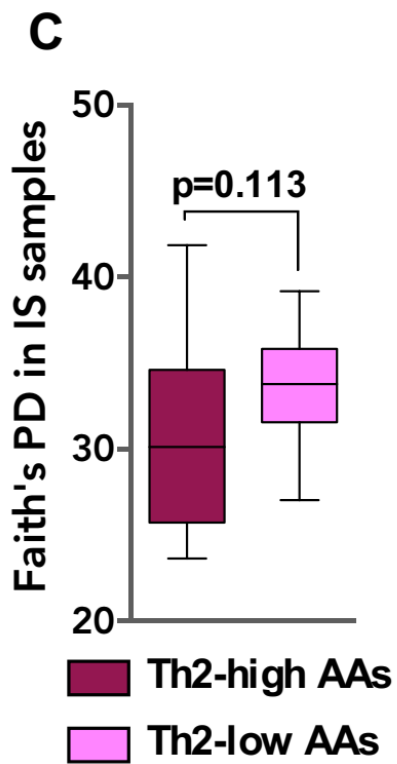
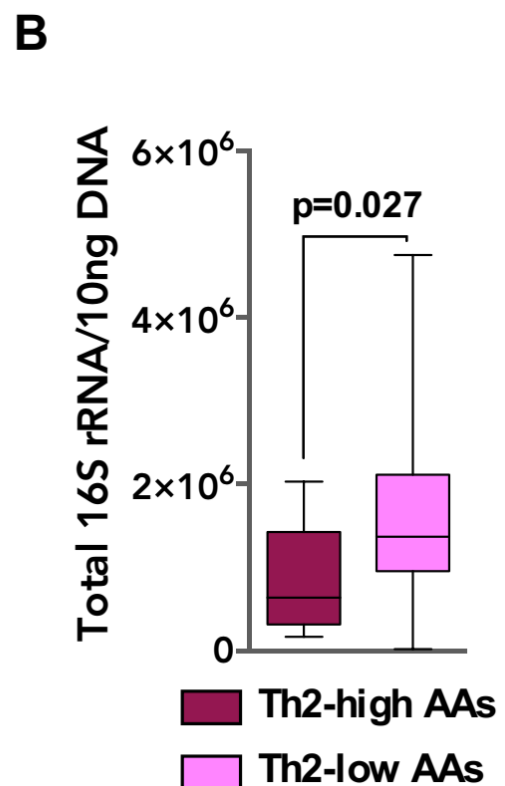
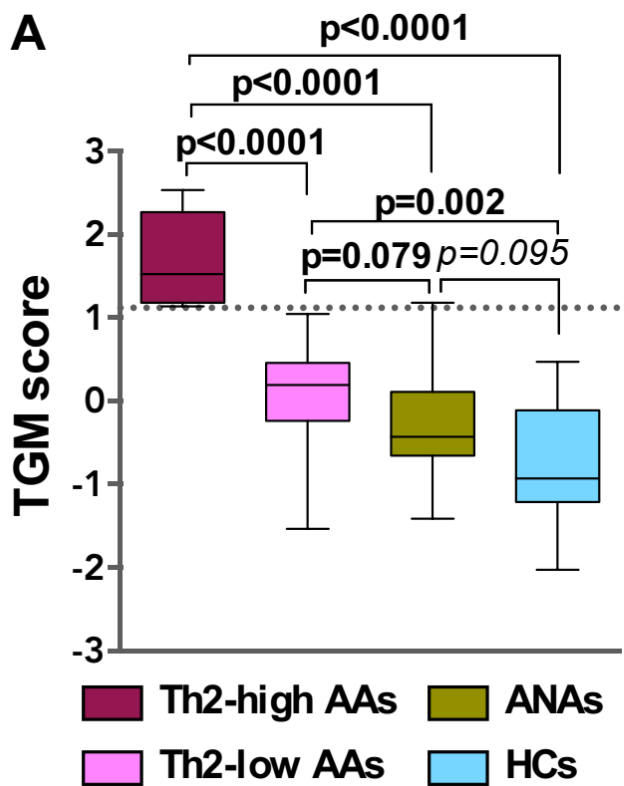
C Non-atopic control



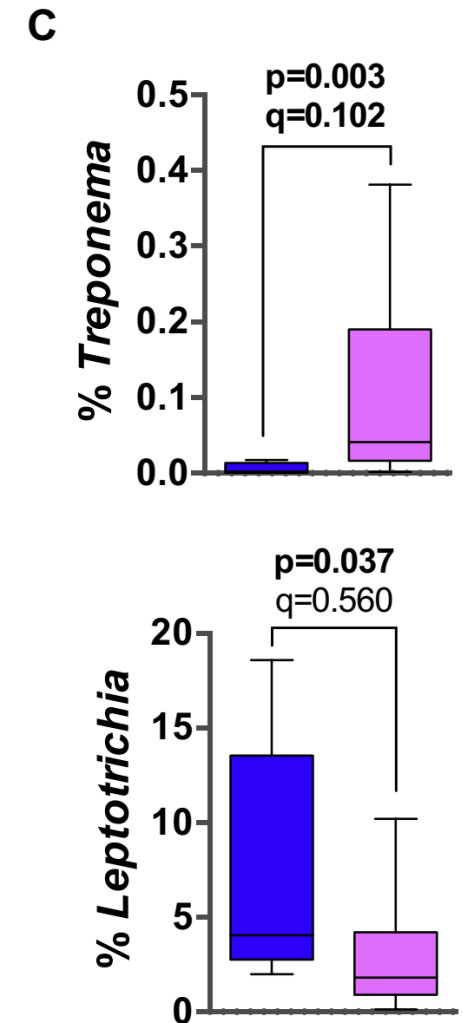
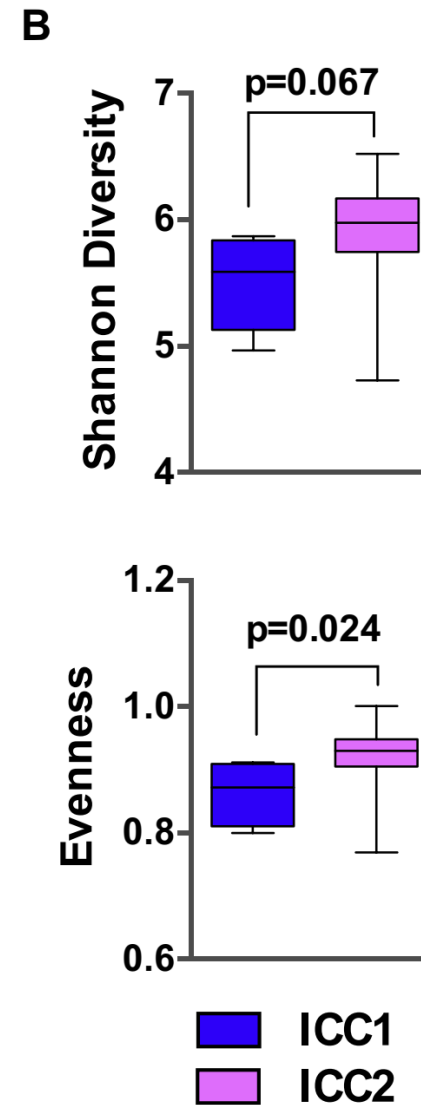
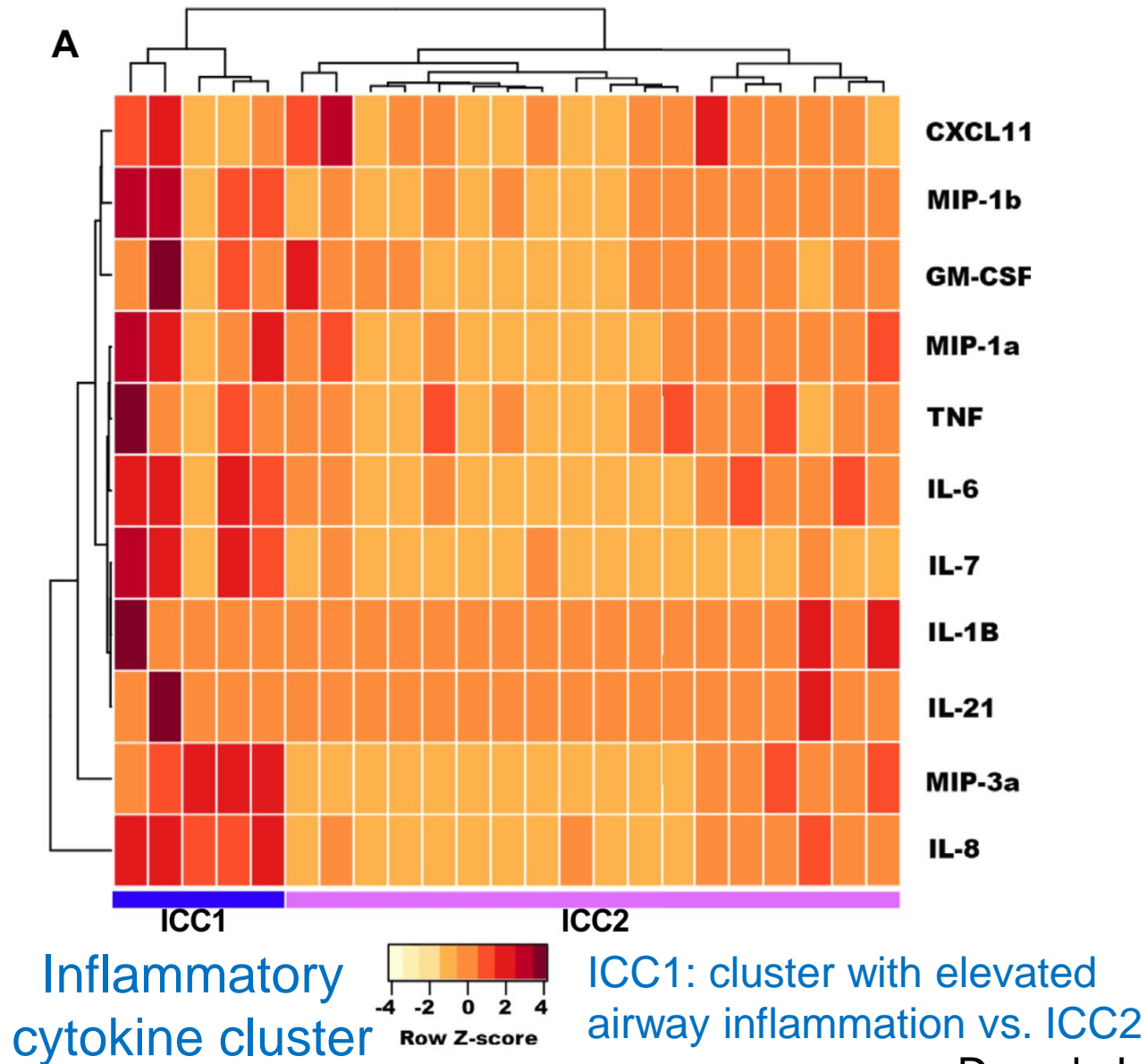
Differential features of airway microbiome



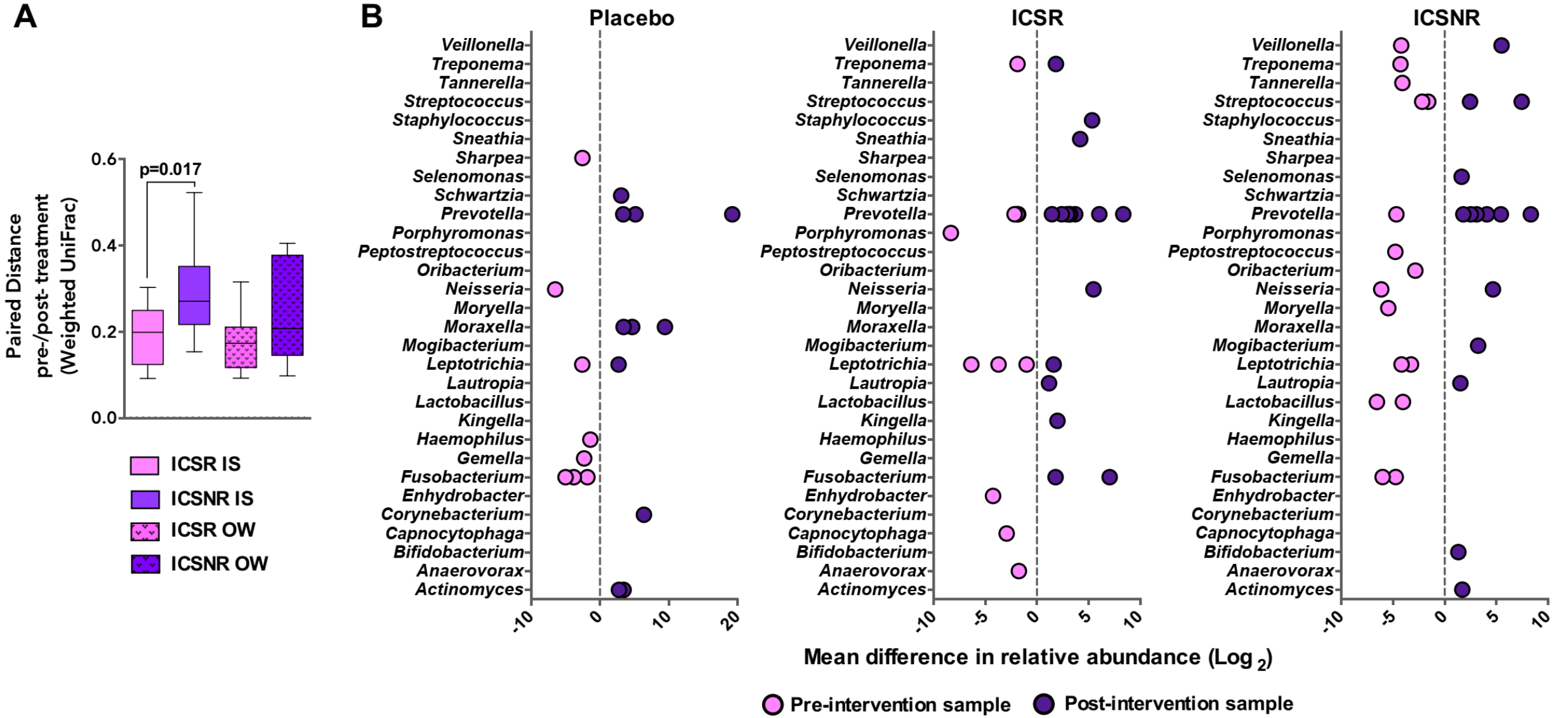
Microbiome and phenotype in mild asthma



Inflammatory cytokines among T2-low asthma

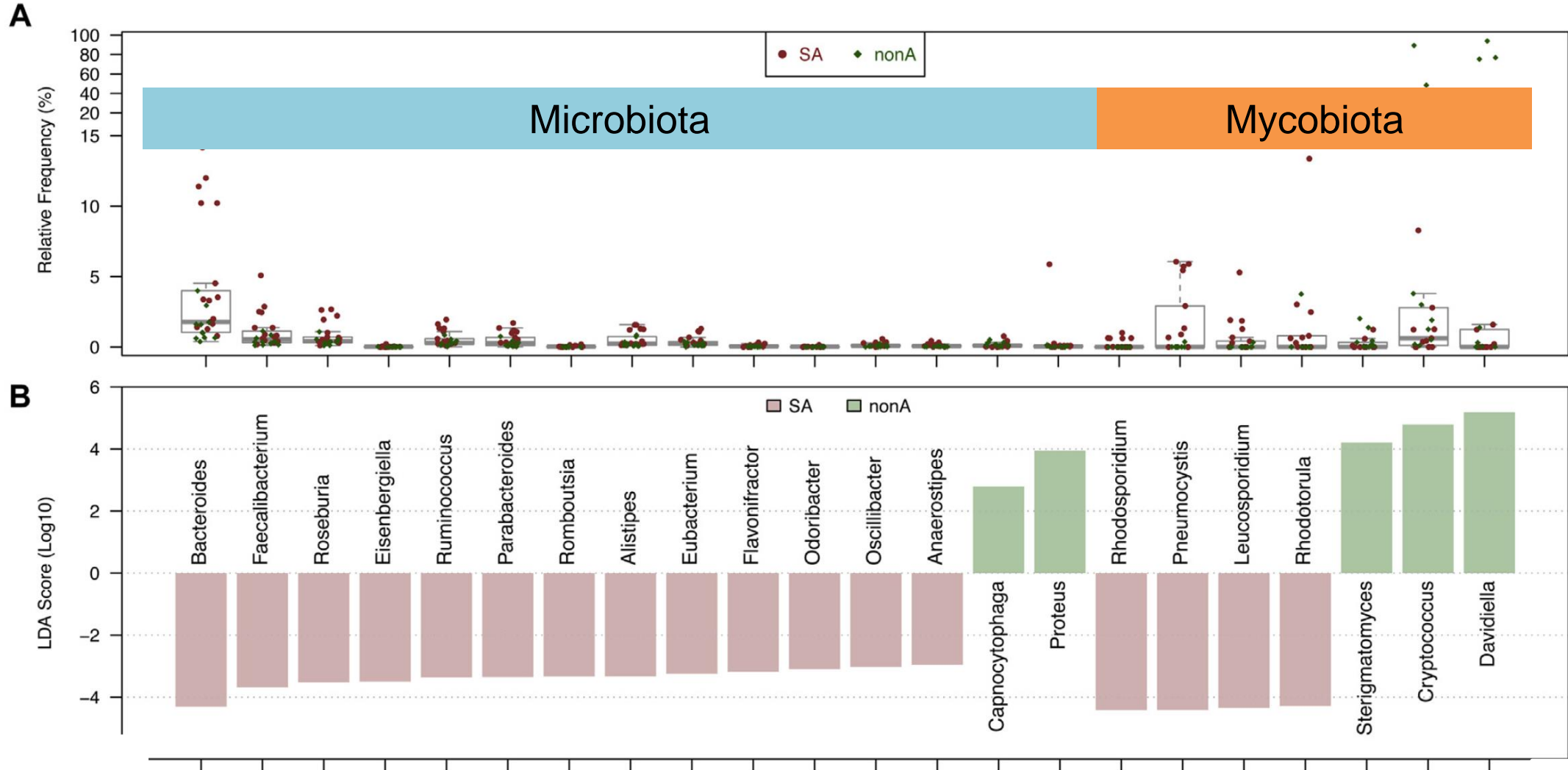


ICS response and change of sputum microbiome

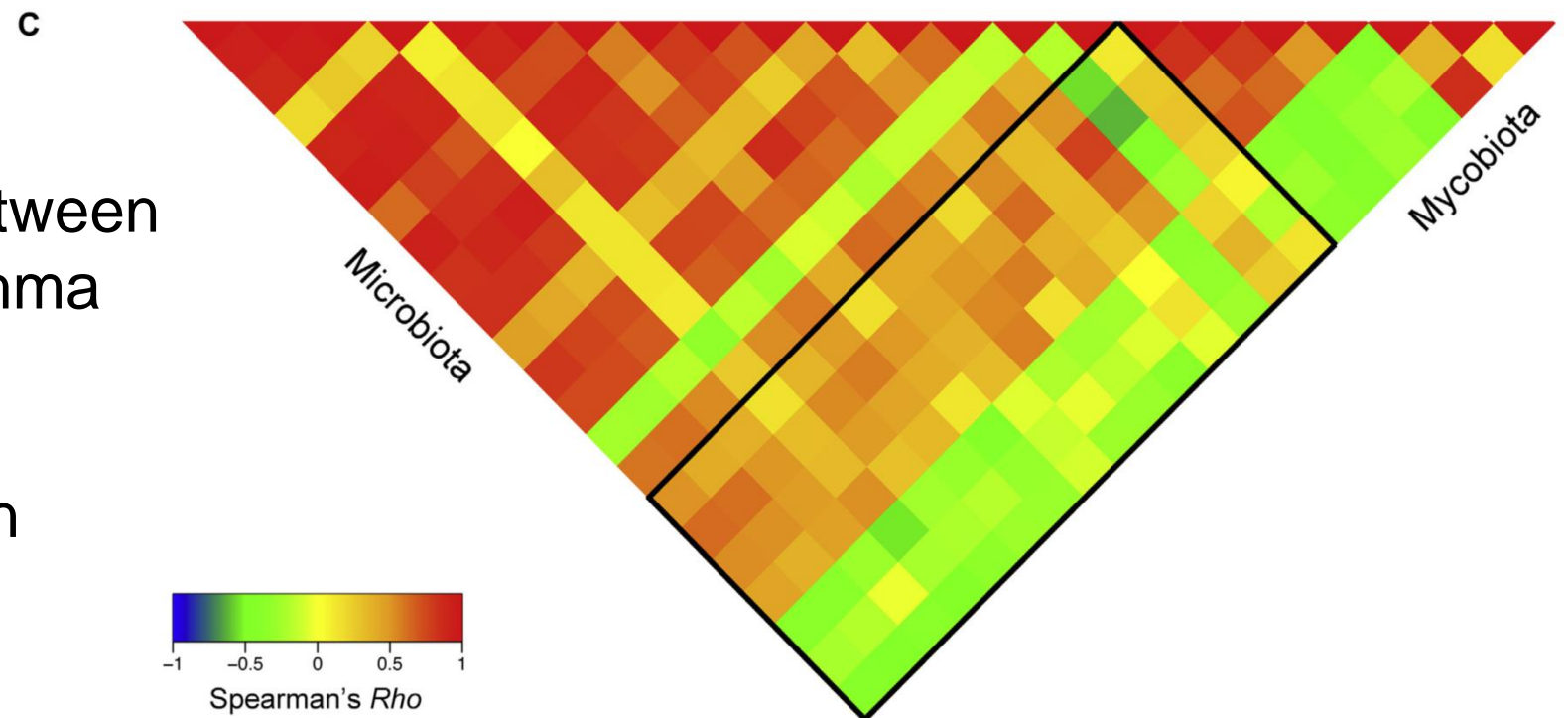
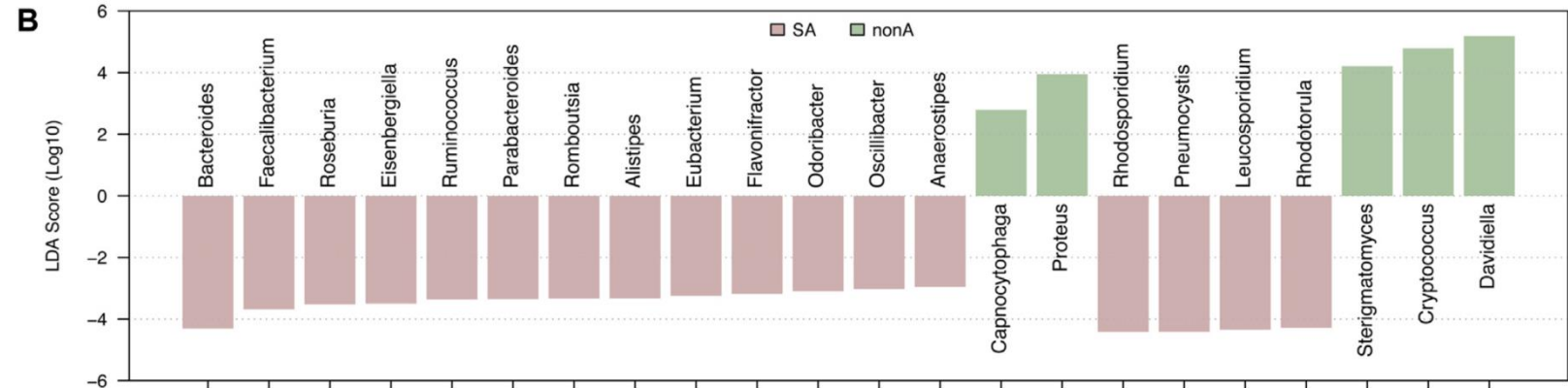


Lower airway microbiota/mycobiota in children with severe asthma

➤ BAL pellets from children who underwent bronchoscopy over a 20-month period



Lower airway mycobiota in children with severe asthma

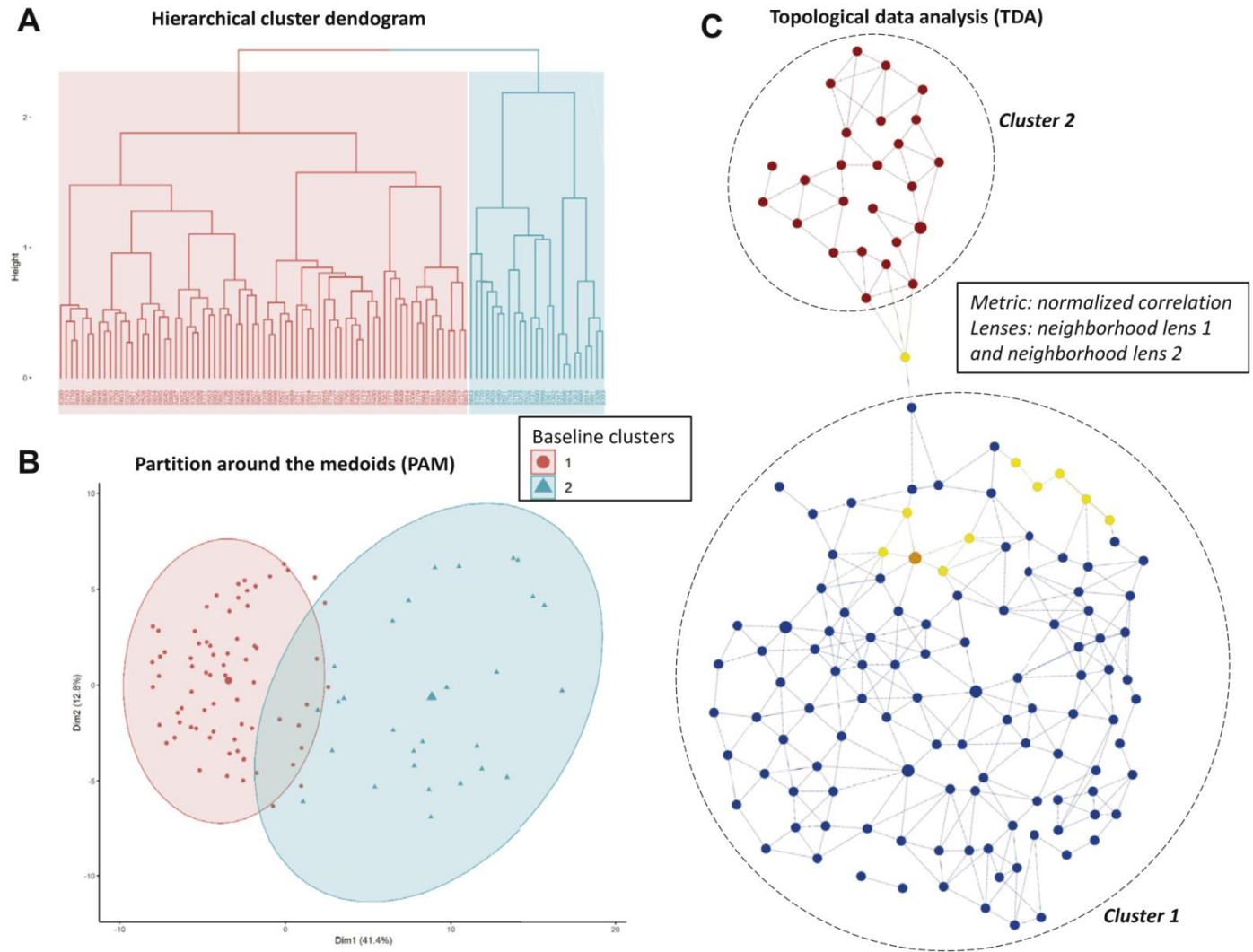


➤ Bacterial and fungal genera differentially represented between severe asthma and non-asthma cohorts

➤ Pairwise correlation between bacterial and fungal genera

Sputum microbiome profile of severe asthma

- Prospective asthma cohort with 3 subcohorts (U-BIOPRED cohort)
 - ✓ Nonsmoking patients with severe asthma
 - ✓ Previously or currently smoking patients with severe asthma
 - ✓ Nonsmoking patients with mild-to-moderate asthma
- Induced sputum for microbial profiles at baseline and after 12~18 months

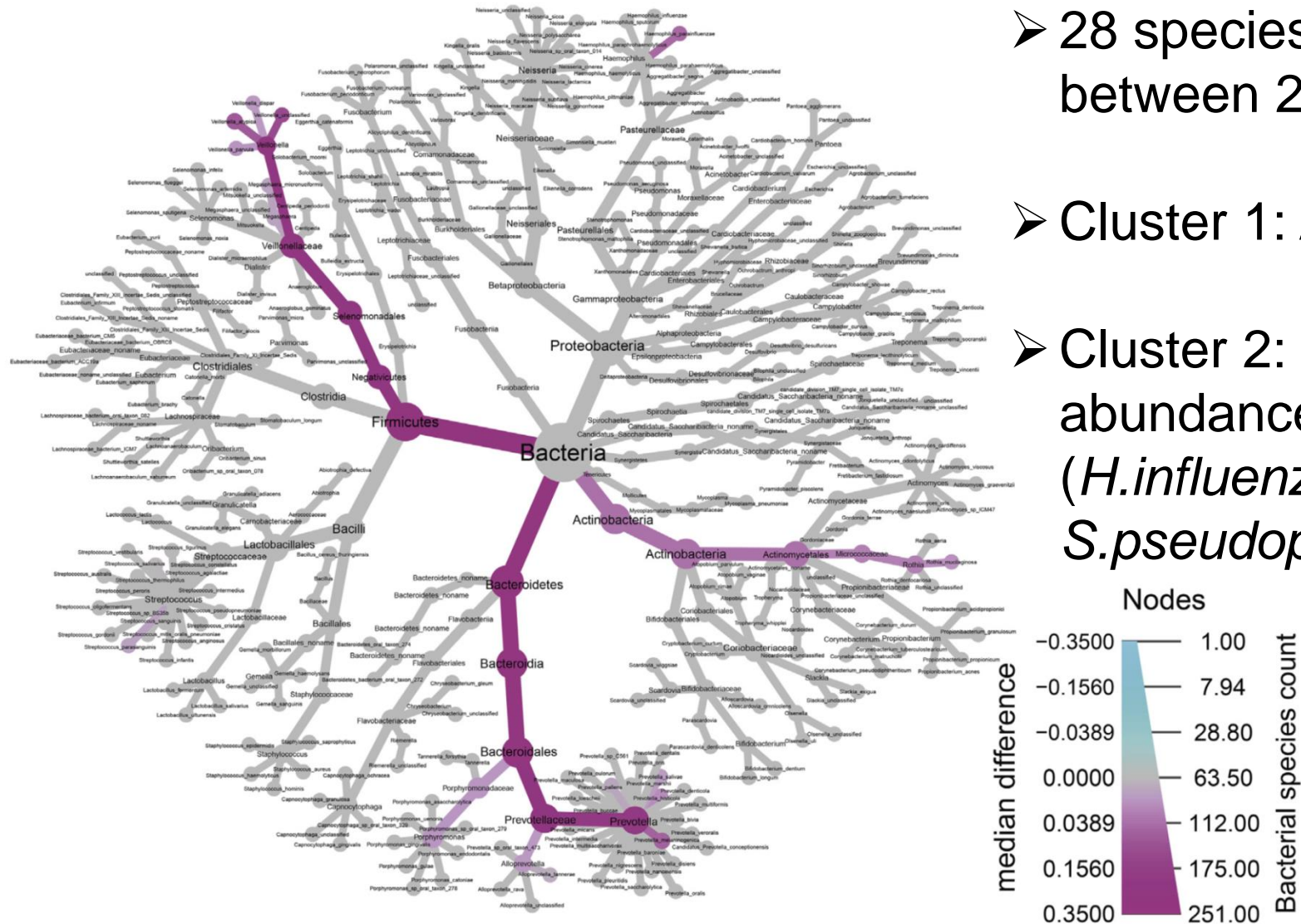


Microbiome-driven clusters for severe asthma

| Characteristics | Baseline | | P-value |
|--|---------------------|---------------------|---------|
| | Cluster 1 (n=75) | Cluster 2 (n=25) | |
| Median age of onset, y (IQR) | 30.50 (14.00-48.25) | 16.00 (5.00-33.50) | 0.012 |
| Nonsmoker, n (%) | 45 (60.0%) | 21 (84.0%) | 0.028 |
| Residential location, n (%) | | | 0.009 |
| Rural | 21 (28.0%) | 5 (20.0%) | |
| Suburban | 13 (17.3%) | 12 (48.0%) | |
| Urban | 41 (54.7%) | 8 (32.0%) | |
| Sputum neutrophil % (IQR) | 53.40 (32.40-70.74) | 86.90 (57.32-92.73) | <0.001 |
| PostBD median FEV1 % predicted (IQR) | 74.88 (61.52-86.94) | 51.44 (42.90-87.62) | 0.009 |
| PostBD median FEV1/FVC % predicted (IQR) | 79.25 (67.02-89.11) | 68.19 (52.31-83.86) | 0.012 |

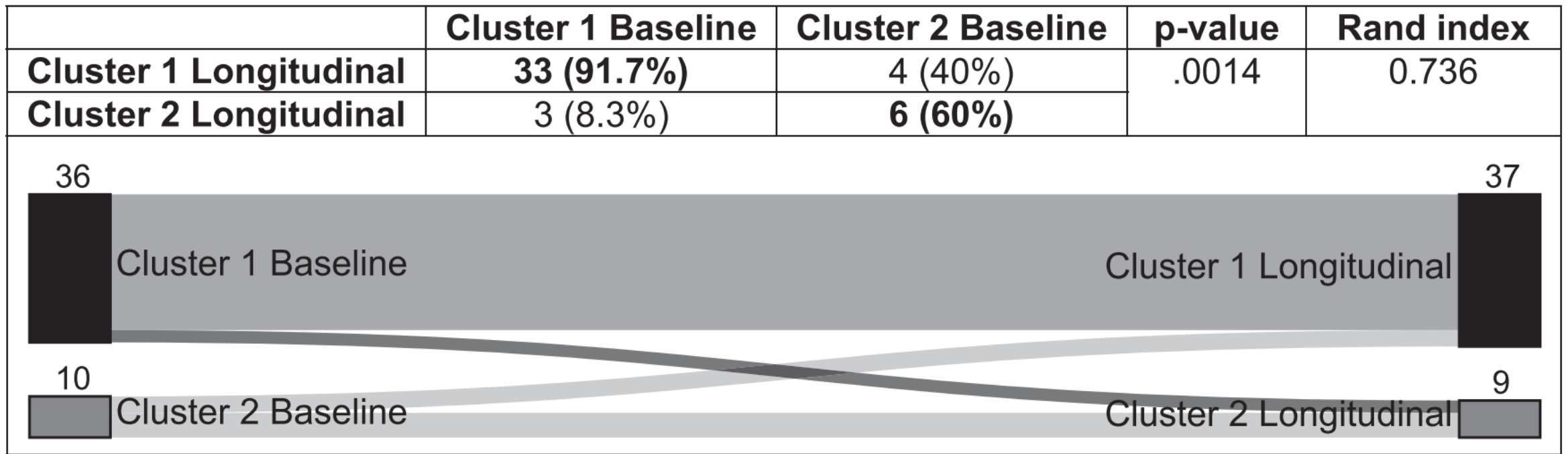
Microbial profiles of different clusters

- 28 species remained significantly different between 2 clusters
- Cluster 1: All of them were more abundant
- Cluster 2: Trend toward increased relative abundance of a few pathogenic species (*H.influenzae*, *M.catarrhalis*, *S.pseudopneumoniae*)



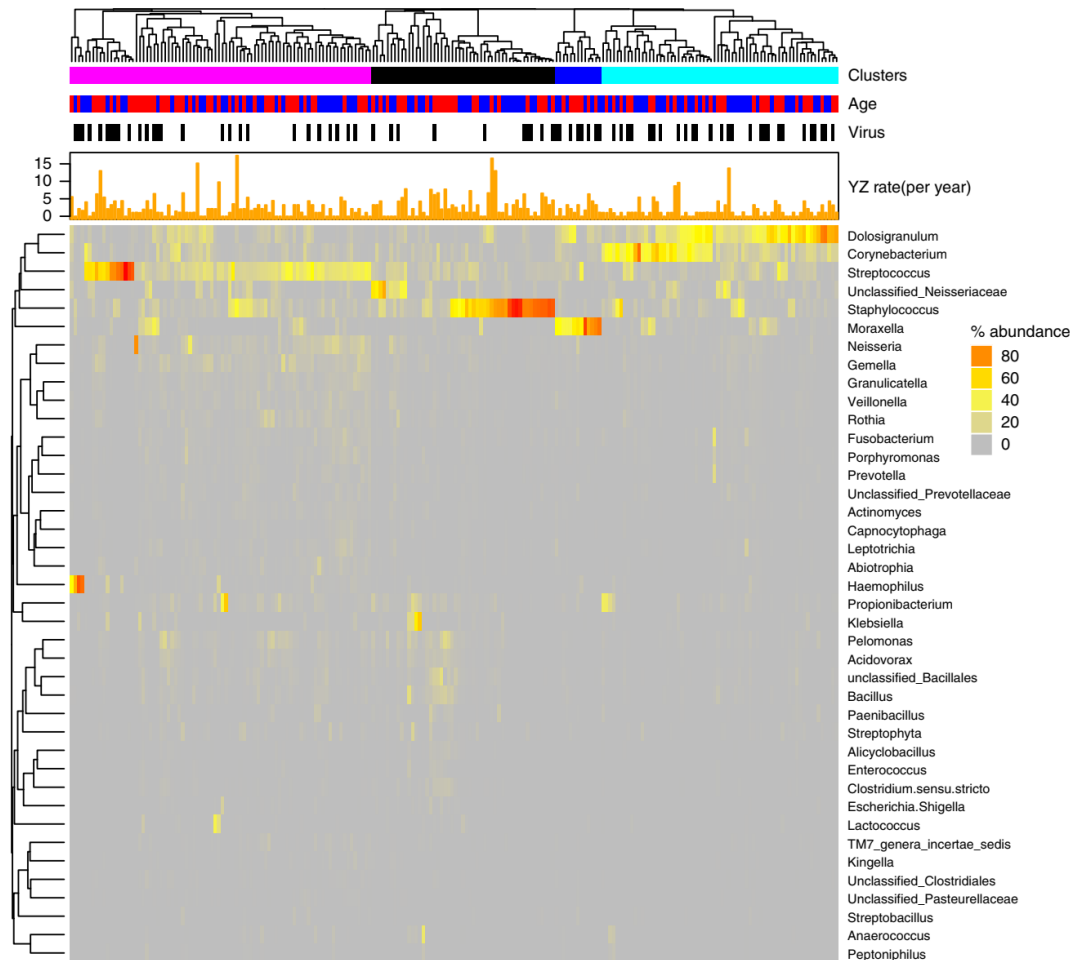
Stability of longitudinal clusters

- Longitudinal clusters revealed high relative stability after 12 to 18 months in those with severe asthma
 - ✓ 84.7% remained cluster stable longitudinally



Microbiome and asthma exacerbation

- School-age children with mild-to-moderate persistent asthma treated with ICS
- Nasal blow samples for upper airway microbiota
- **Yellow zone:** early signs of loss of asthma control



Baseline airway microbiota clusters

Clusters

- Corynebacterium+Dolosigranulum
- Staphylococcus
- Streptococcus
- Moraxella

Age

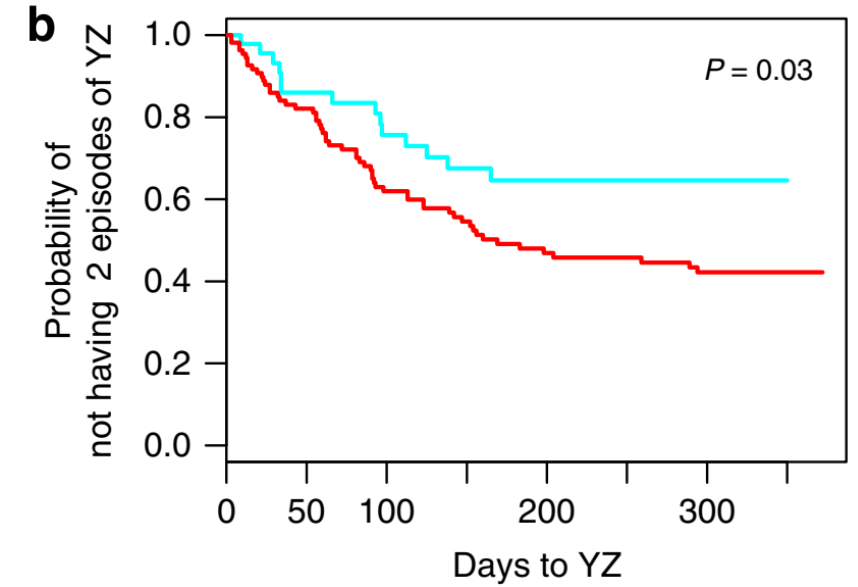
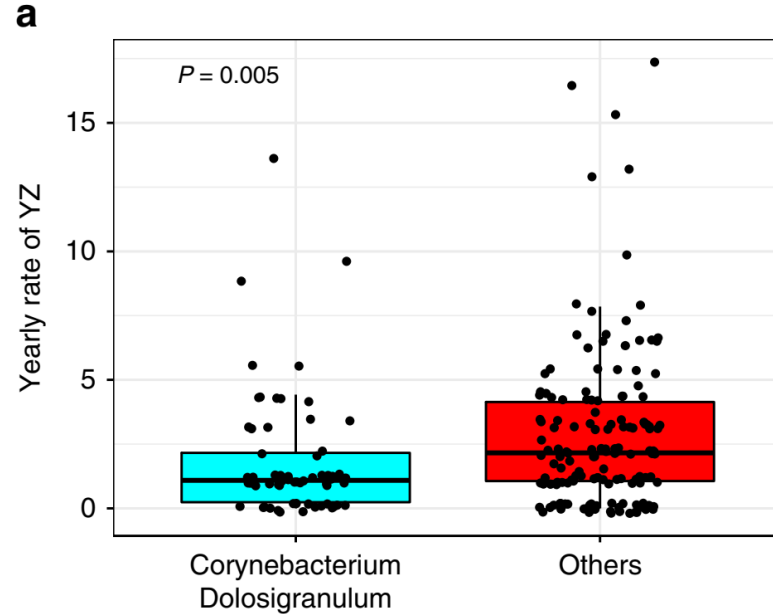
- 5–7 years
- 8–11 years

Virus

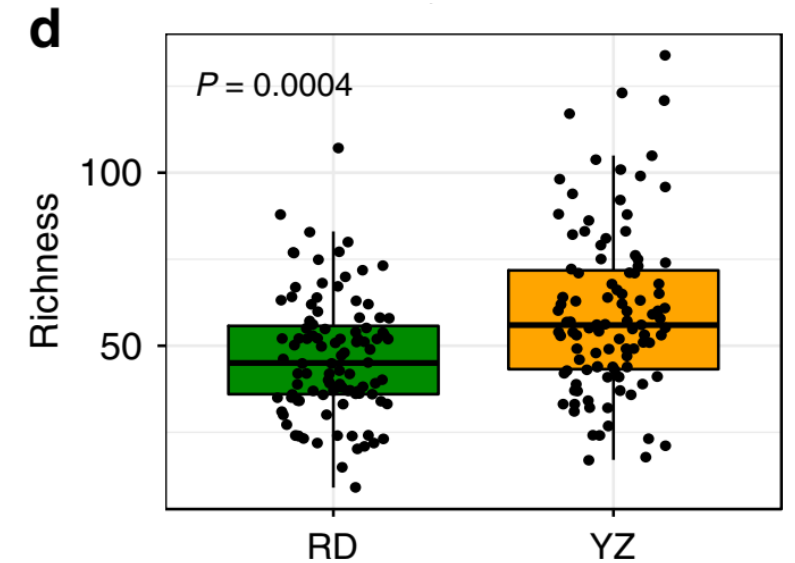
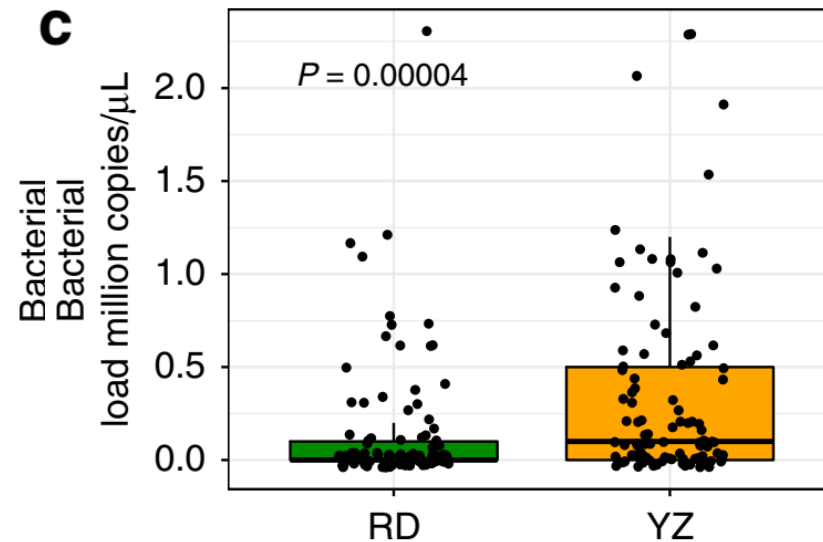
- Negative
- Positive

Microbiome clustering and exacerbation

Yearly rate of exacerbation in respiratory clusters at baseline

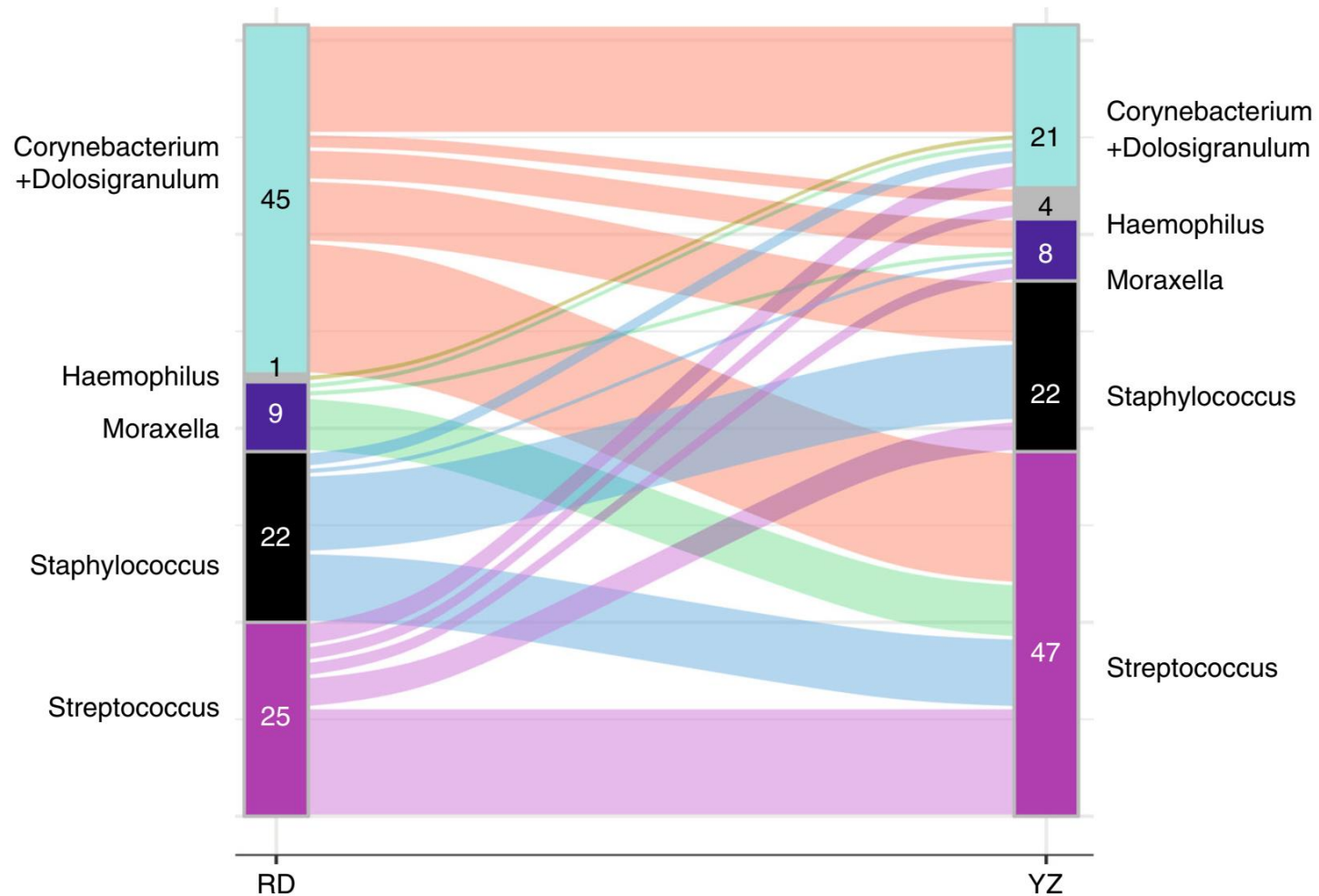


Bacterial microbiome comparison between baseline and exacerbation

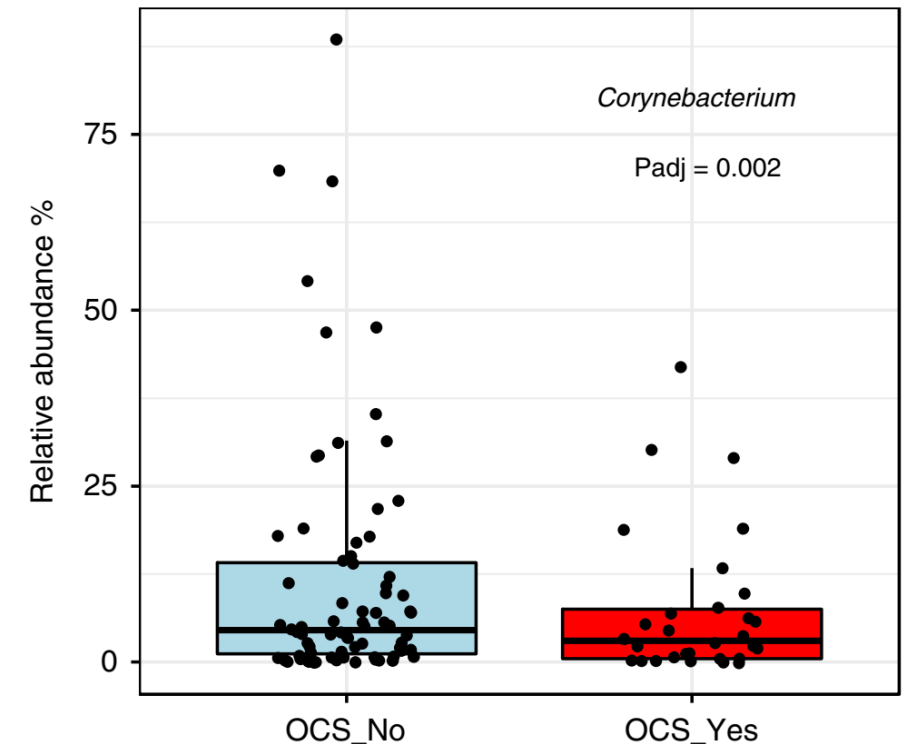


Change of microbiome and asthma exacerbation

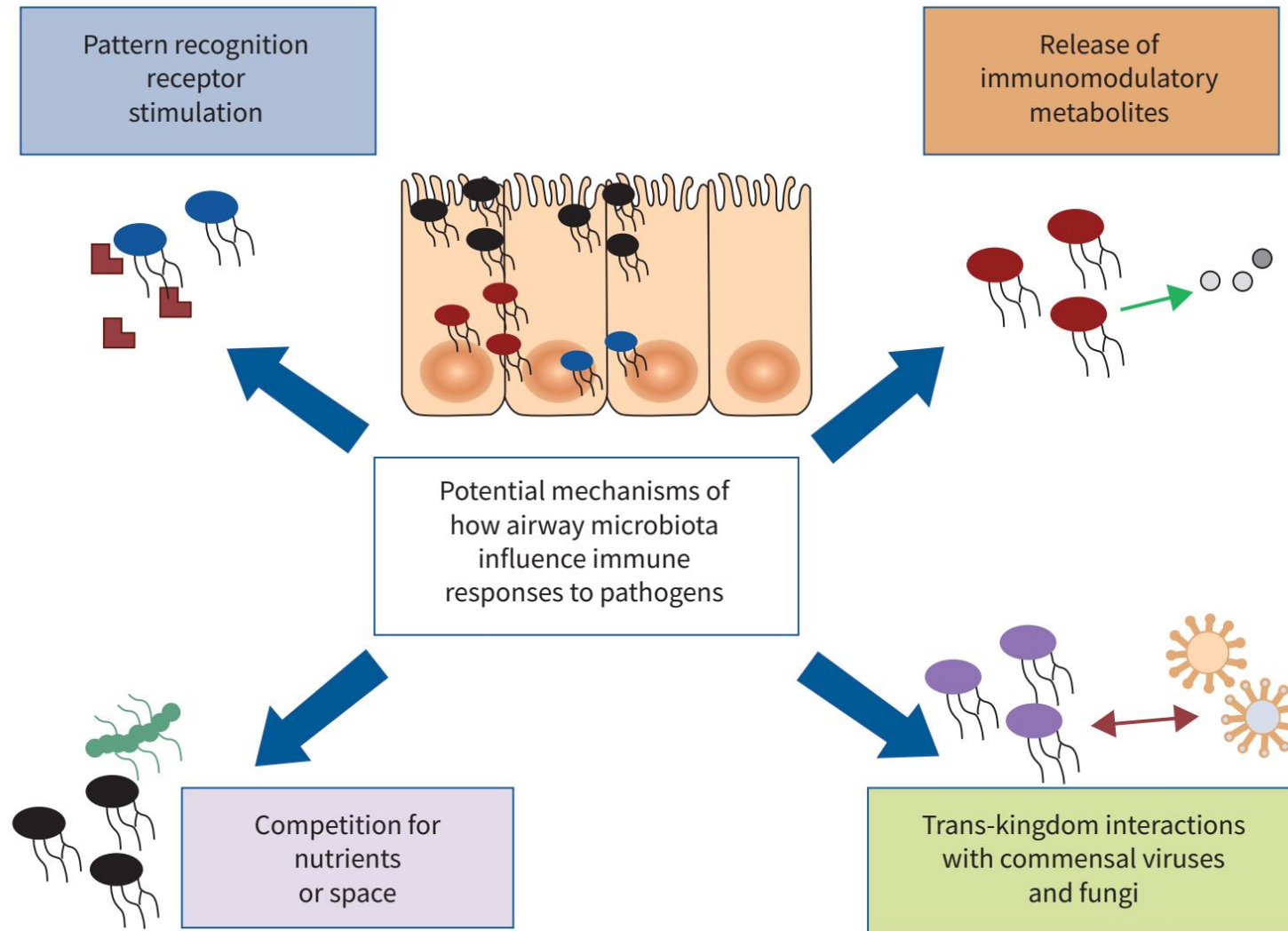
Changes in bacterial clusters from baseline to exacerbation



Corynebacterium's relative abundance at exacerbation : Inverse association with severe exacerbation



Potential molecular mechanisms of airway microbiota regulation of immune responses to pathogen

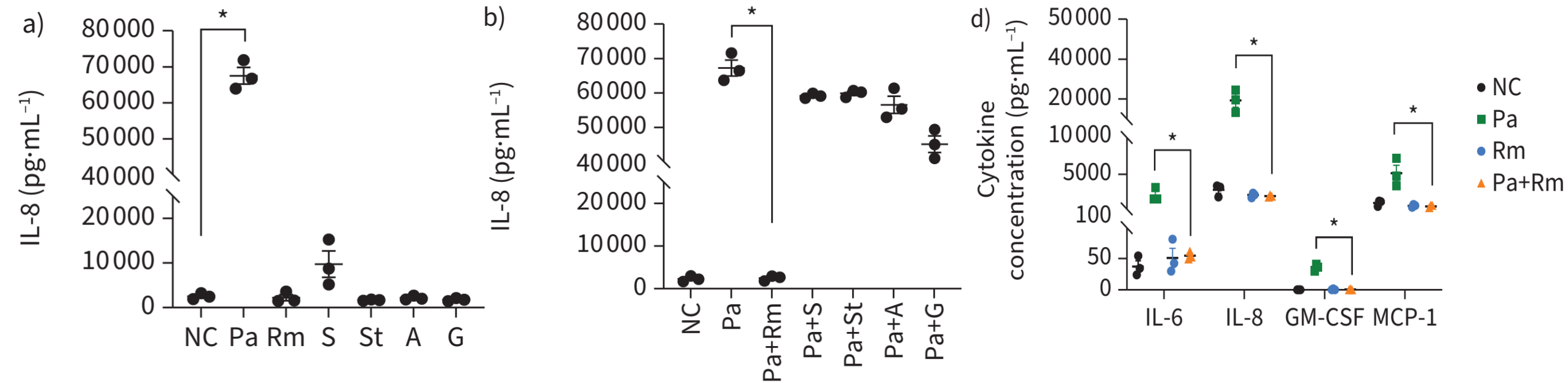


Rothia mucilaginosa as anti-inflammatory bacterium

➤ *Rothia mucilaginosa*

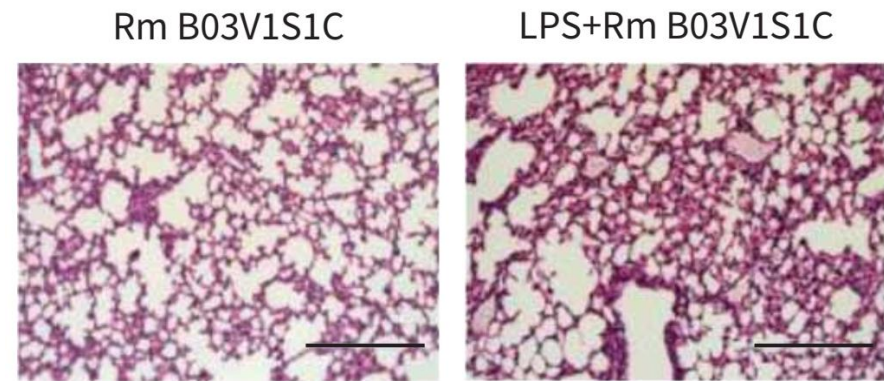
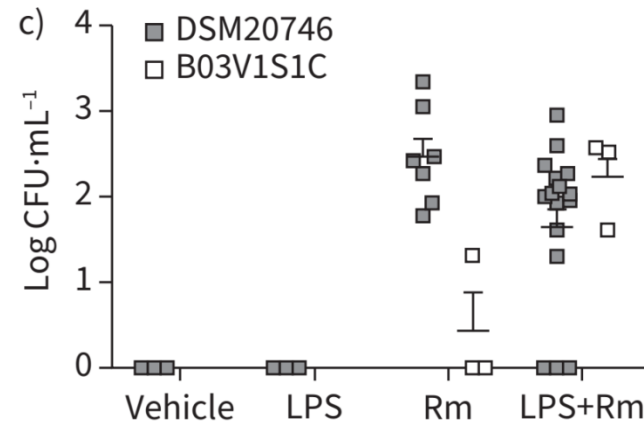
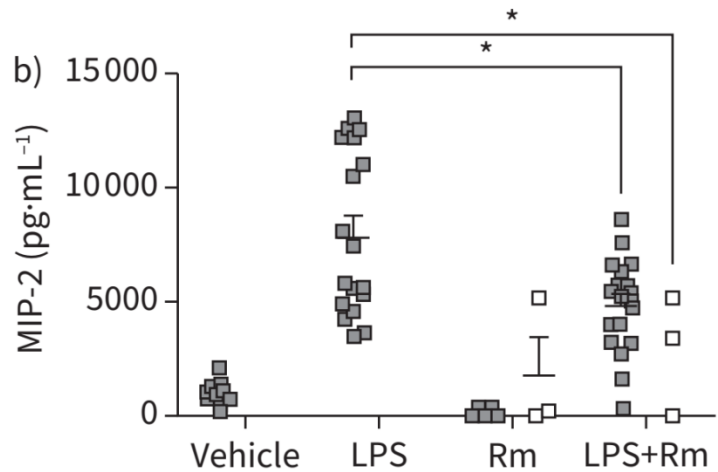
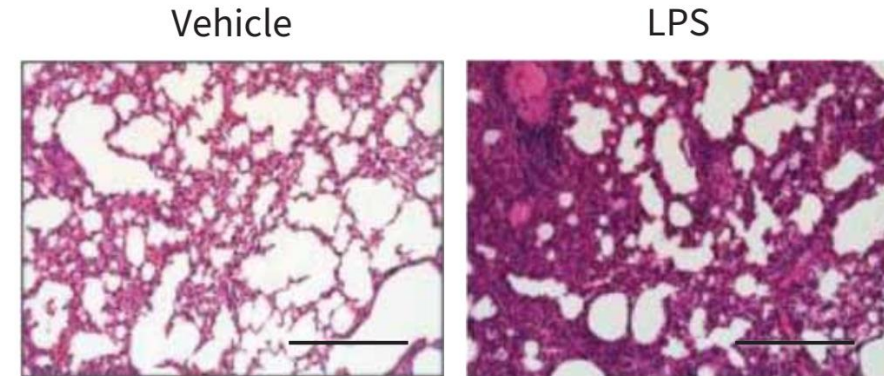
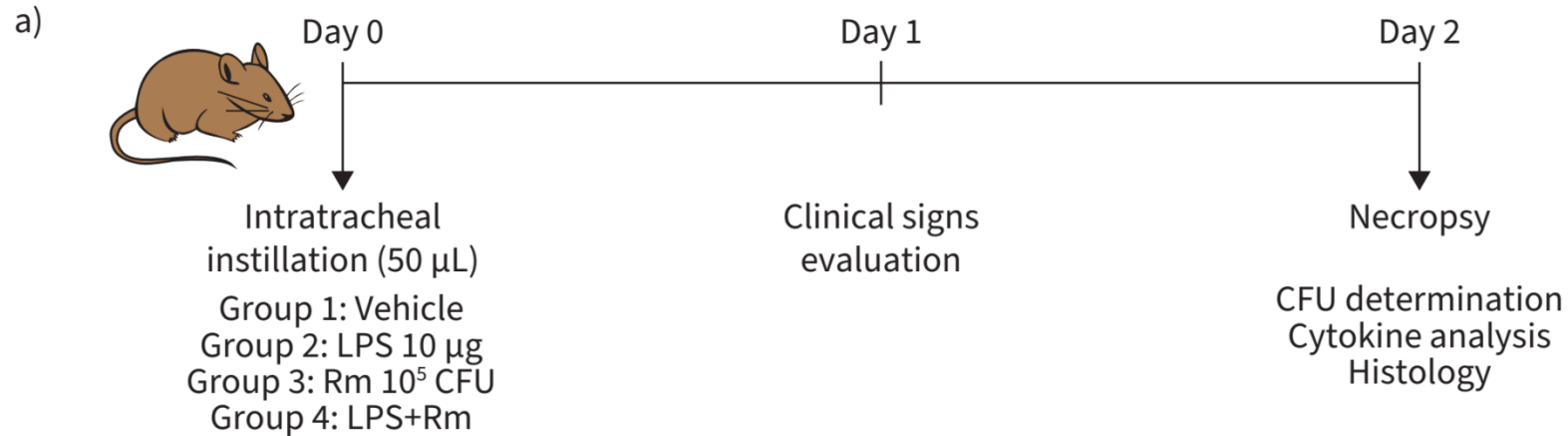
- ✓ Gram-positive coccus, common commensal of the oral cavity
- ✓ Frequently detected in the lungs of patients of chronic lung disease (cystic fibrosis, asthma, COPD)

Alveolar epithelial model to *P.aeruginosa*-induced inflammation



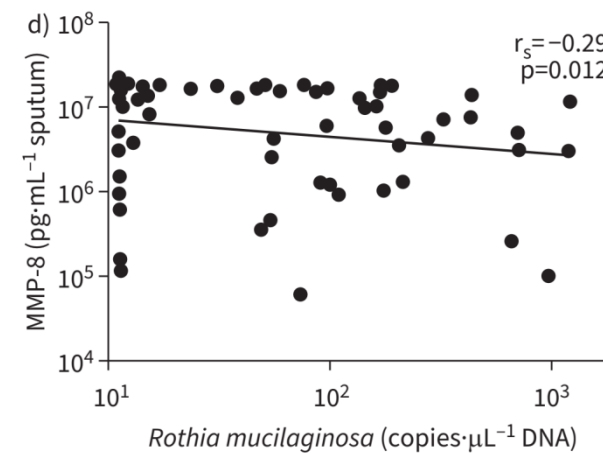
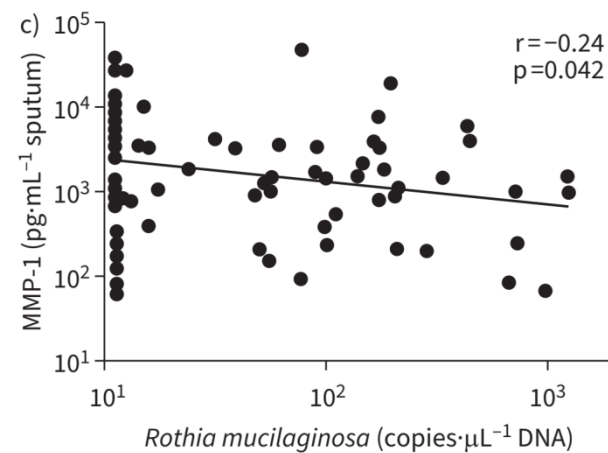
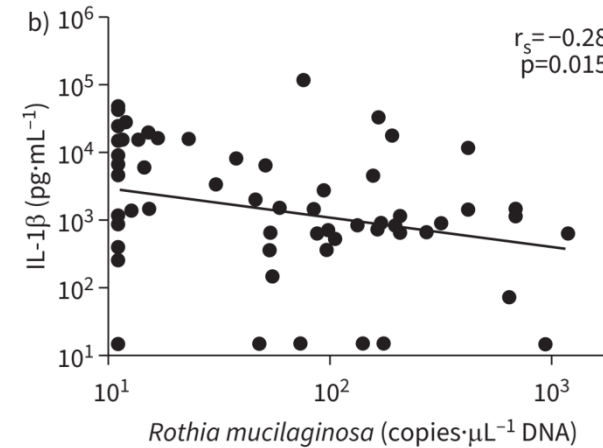
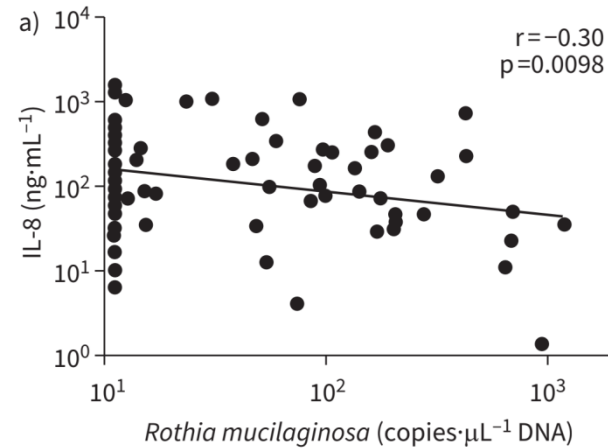
Pa, *Pseudomonas aeruginosa* PAO1; **Rm**, *Rothia mucilaginosa* DSM20746;
S, *Staphylococcus aureus* SP123; **St**, *Streptococcus anginosus* LMG14696;
A, *Achromobacter xylosoxidans* LMG26680; **G**, *Gemella haemolysans* LMG18984

Anti-inflammatory effect in vivo model



Rothia species in patients with neutrophilic airway disease

- Correlation of absolute load of *Rothia mucilaginosa* with pro-inflammatory parameters in induced sputum samples from bronchiectasis patients



Summary

➤ **Gut/airway microbiome in asthma**

- Pathogenesis
- Phenotype/ICS response
- Severity
- Disease control/exacerbation
- Potential treatment method

Thank You for Your Attention

