

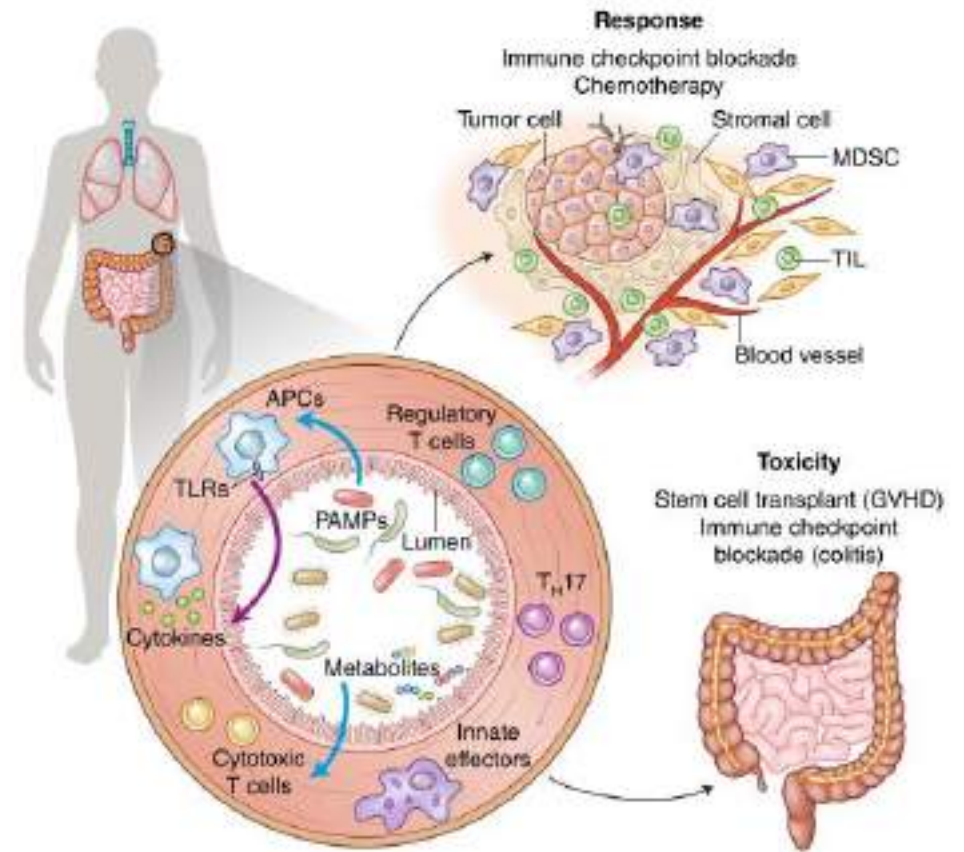
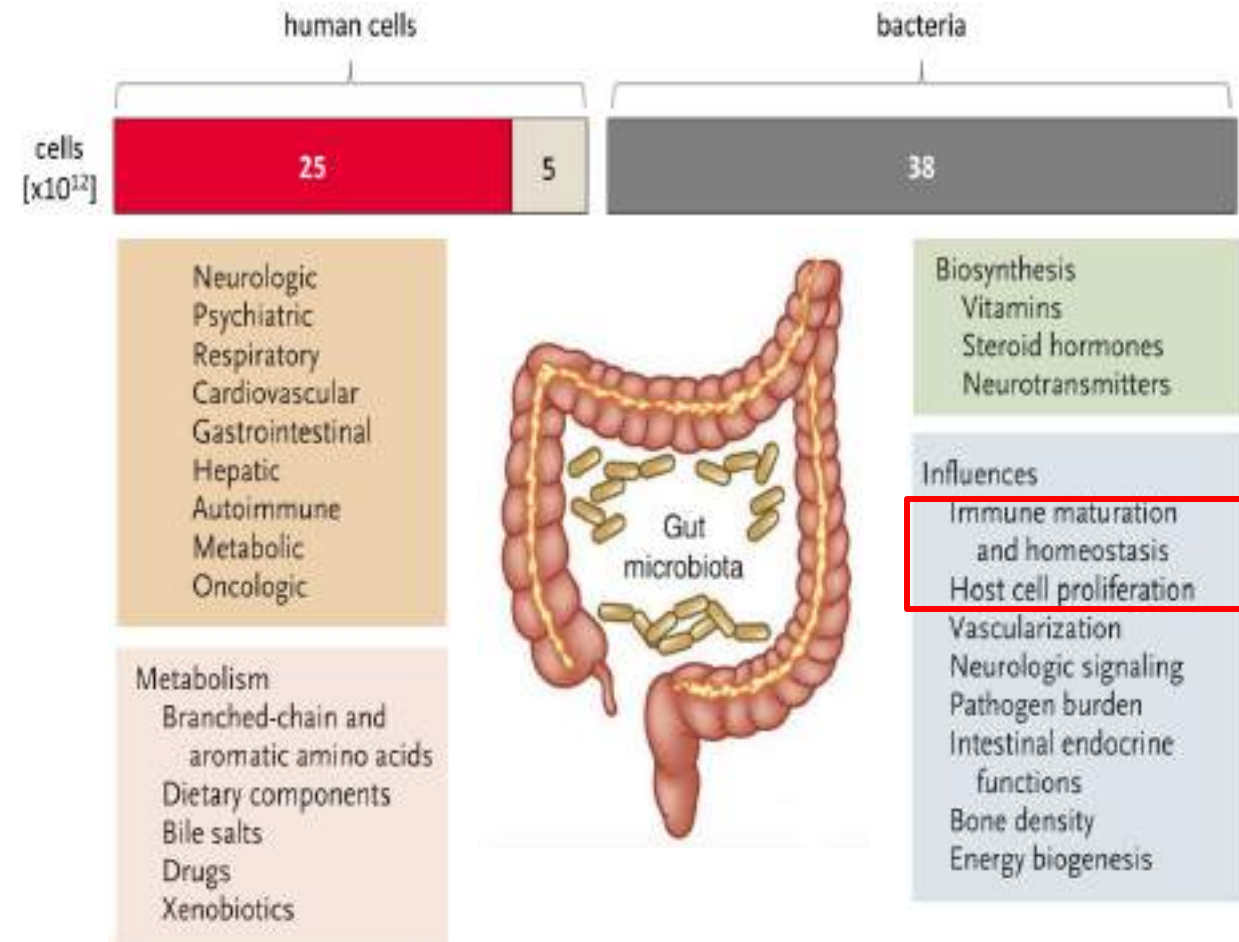
The gut microbiome in pediatric stem cell transplantation: challenges and perspectives

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The Human Gut Microbiome in Health and Disease

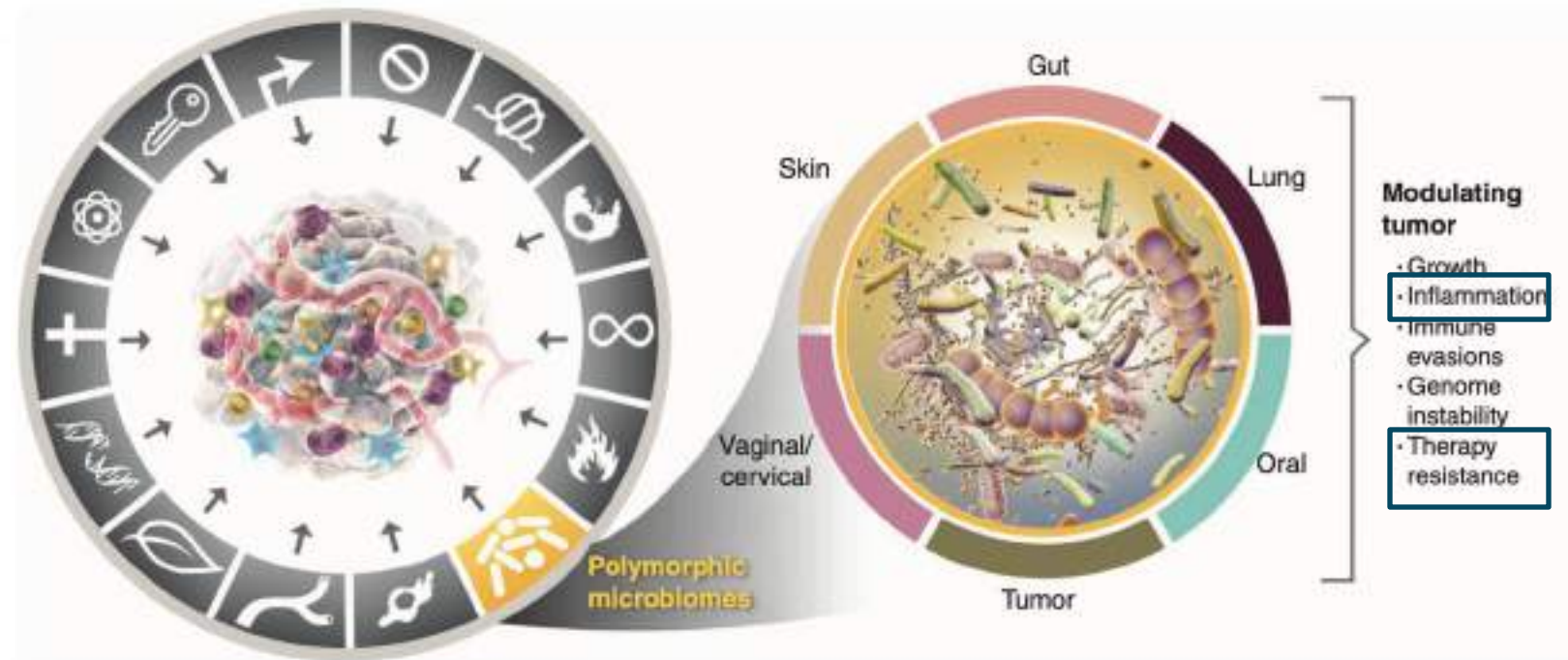




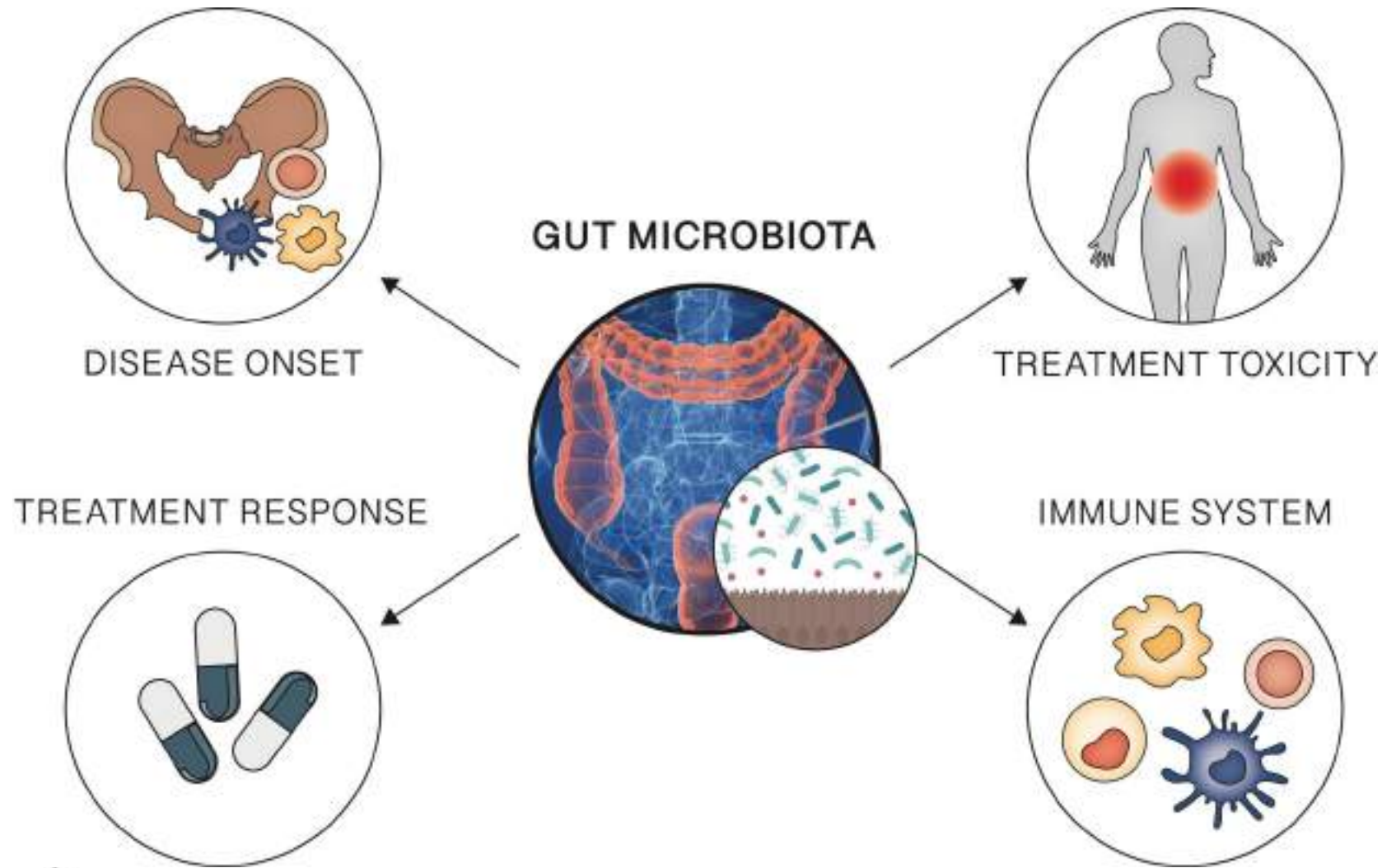
Hallmarks of Cancer: New Dimensions

Immunotherapy of Cancer:

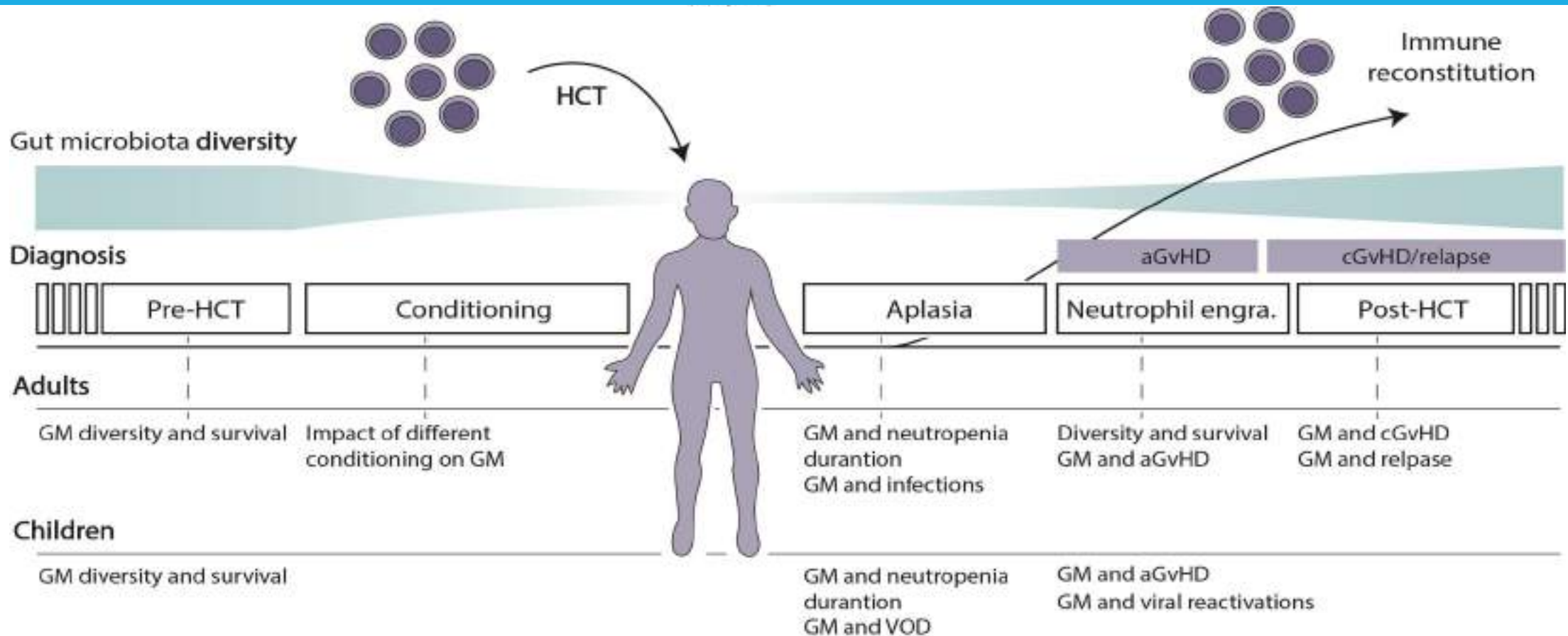
- Allogeneic Stem cell Transplantation
- CAR-T Cell Therapy
- Checkpoint Blockade



Gut Microbiome and haematological malignancies



Gut Microbiome and stem cell transplantation



- In adult HSCT recipients, outcomes linked with intestinal bacteria include **overall survival, acute and chronic GvHD, infections, relapse, and immune reconstitution.**
- Data regarding children undergoing allo-HSCT have thus far been lacking, but some of these associations have been described in smaller cohorts.

Gut Microbiome and stem cell transplantation

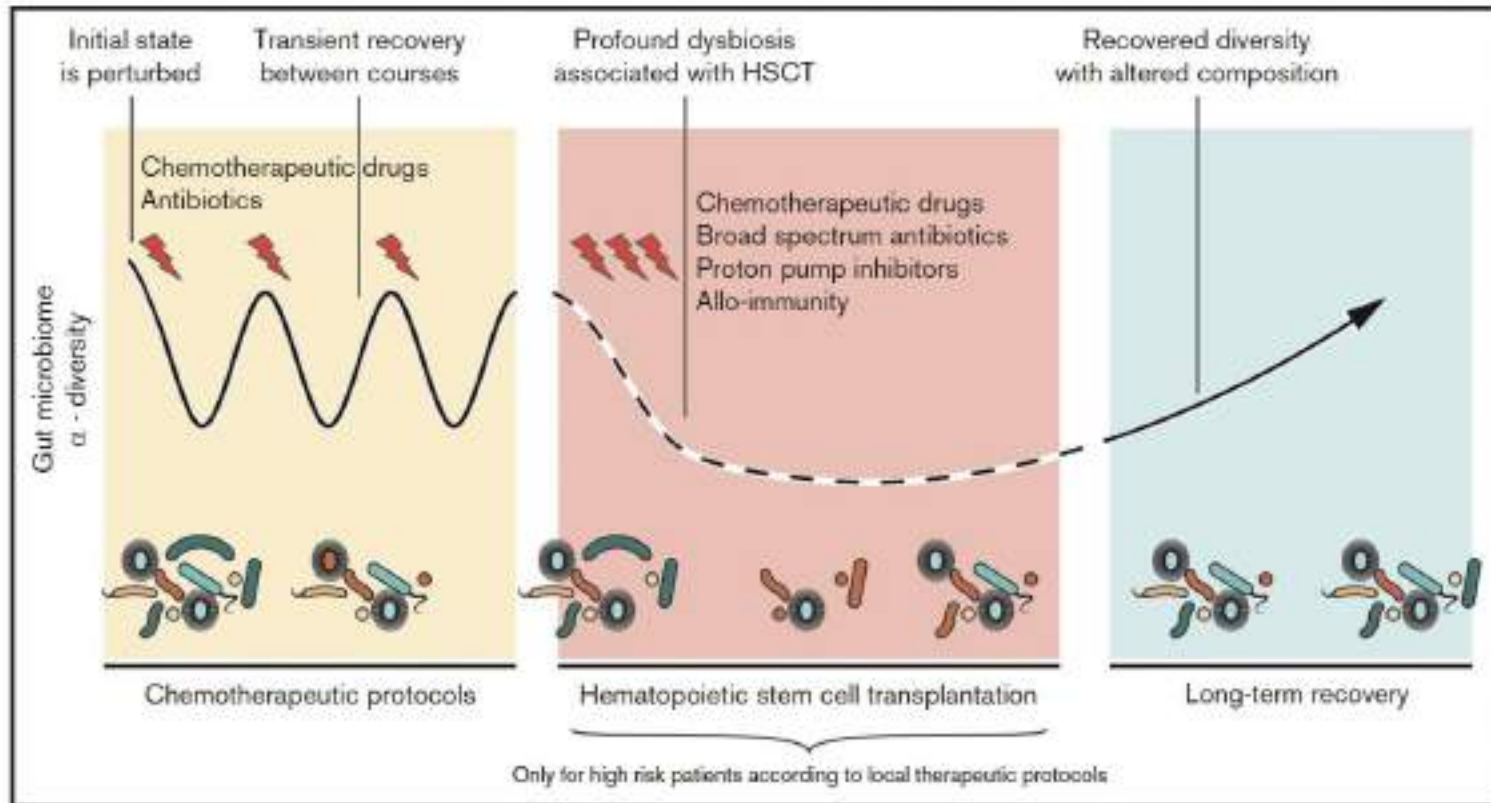


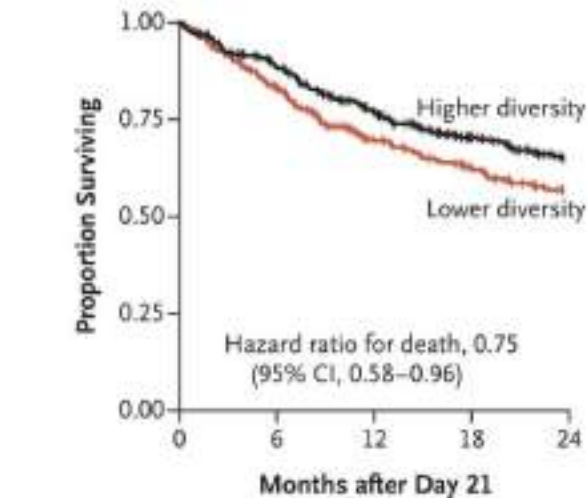
Figure 2. The trajectory of the GM during the therapeutic course of AL. The initial microbial state is perturbed by chemotherapeutic cycles with partial recovery between them. HSCT exerts a strong dysbiotic effect on the GM. Reconstitution after HSCT resembles the pre-HSCT state, but dysbiotic features often persist.

HSCT produces a **loss of diversity** of the intestinal microbiome in particular **commensal anaerobes** (taxa affiliated with the order Clostridiales, eg. Lachnospiraceae and Ruminococcaceae) and a **shift towards an enteropathogenic flora with a predominance** of Gram-negative Enterobacteria (*E. coli*, *Klebsiella*, *Enterobacter spec.*) and Gram-positive Lactobacillales (*Lactobacillus*, *Enterococcus* and *Streptococcus spec.*) during the course of the transplant.

After about **2-3 months the ecosystem recovers** its initial richness and metabolic capacity albeit with persistent dysbiotic features.

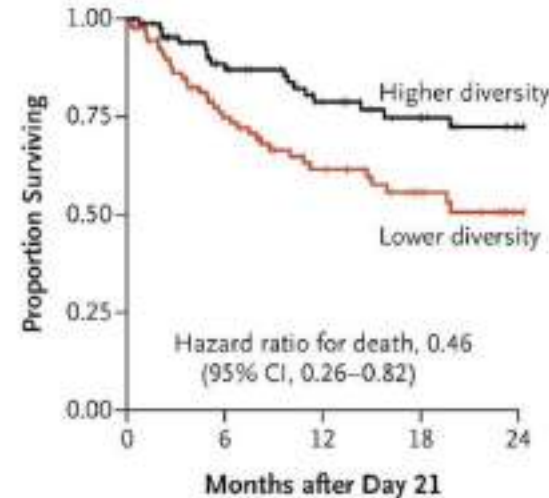
Gut Microbiome diversity predicts survival in stem cell transplantation

B Overall Survival — Cohort 1



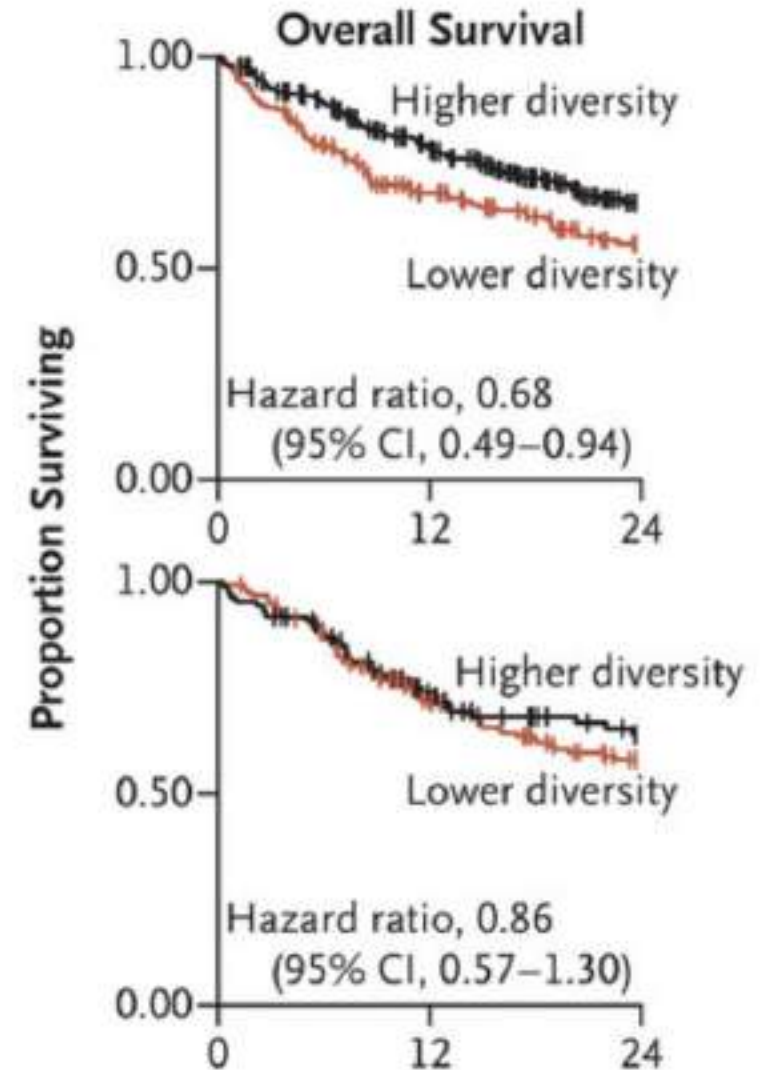
No. at Risk					
Higher	354	289	220	159	116
Lower	350	281	204	164	129

C Overall Survival — Cohort 2



No. at Risk					
Higher	87	60	44	34	26
Lower	92	57	37	24	15

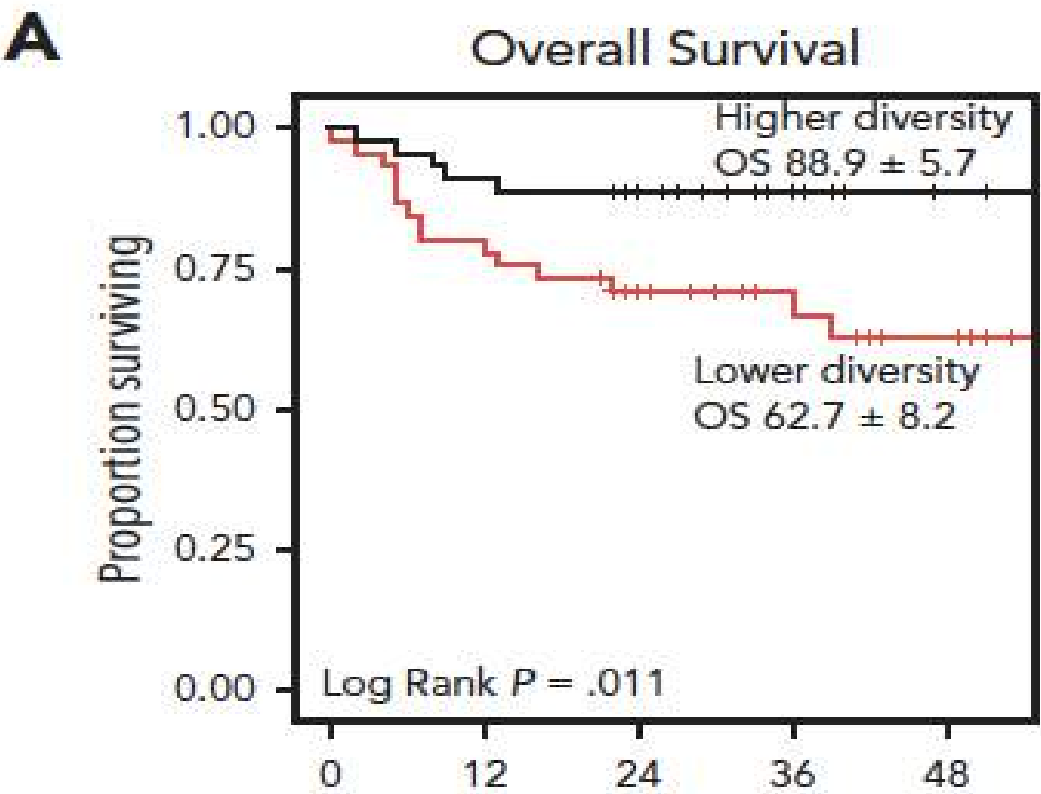
T-Cell
Replete
(N=429)



T-Cell
Depleted
(N=275)

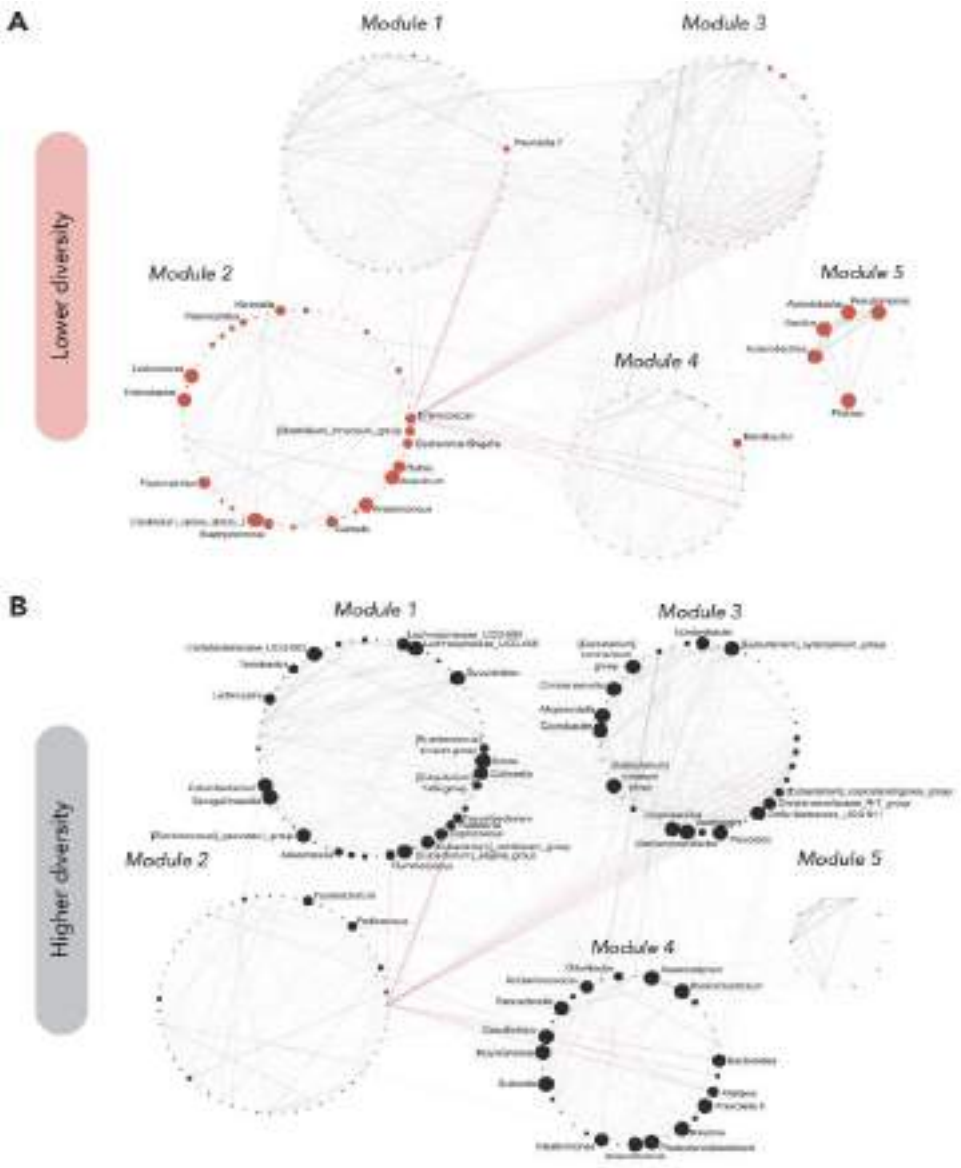
- Overall survival was longer among patients with higher **intestinal diversity in periengraftment** samples.
- This association was observed among recipients of unmodified grafts and not among recipients of **T-cell-depleted grafts**.

Gut Microbiome diversity predicts survival in stem cell transplantation

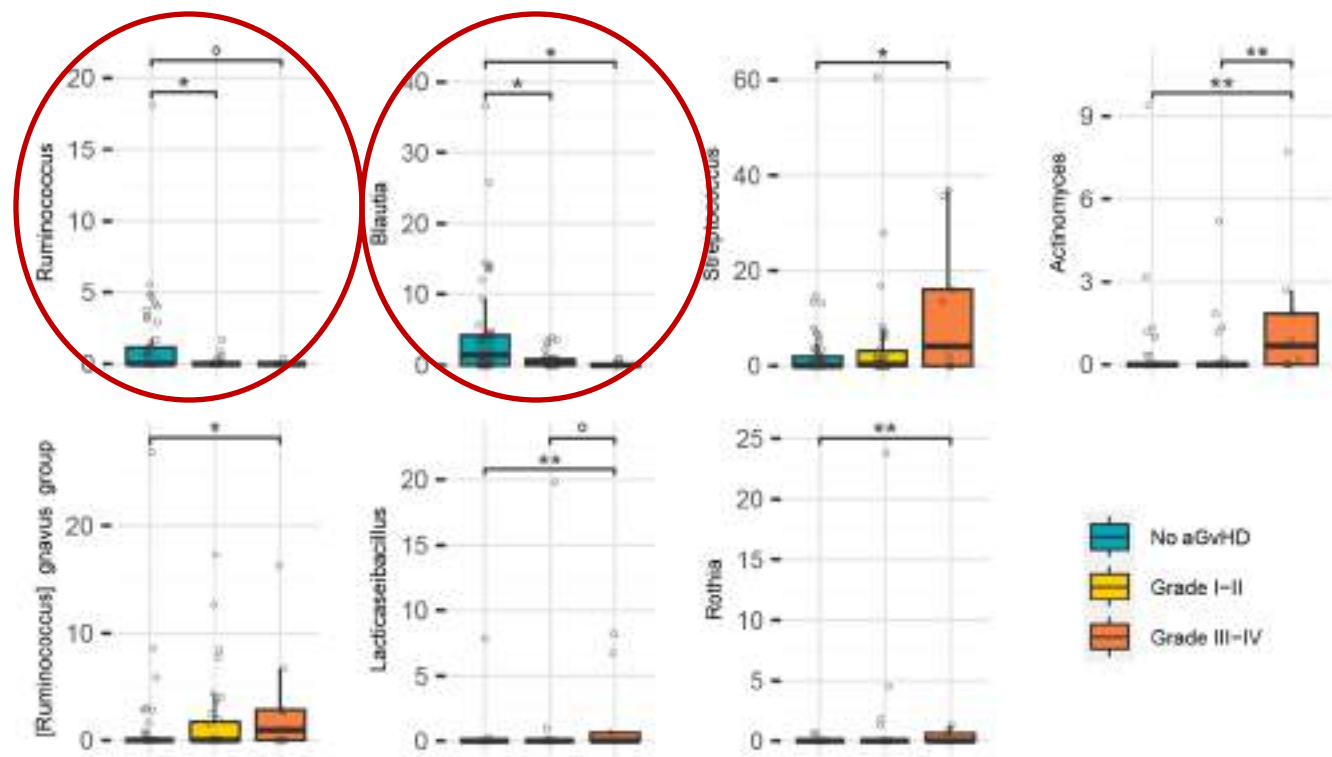


No. at risk

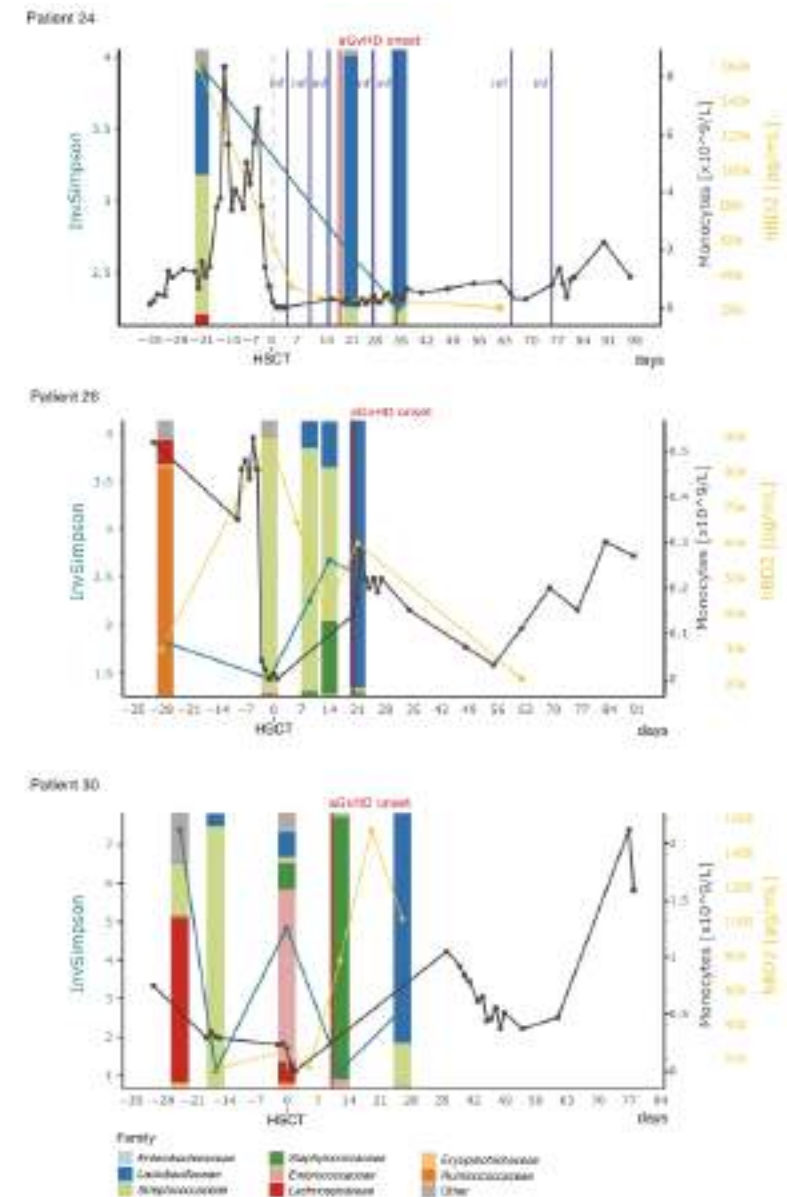
Higher	45	41	38	26	22
Lower	45	36	25	17	12



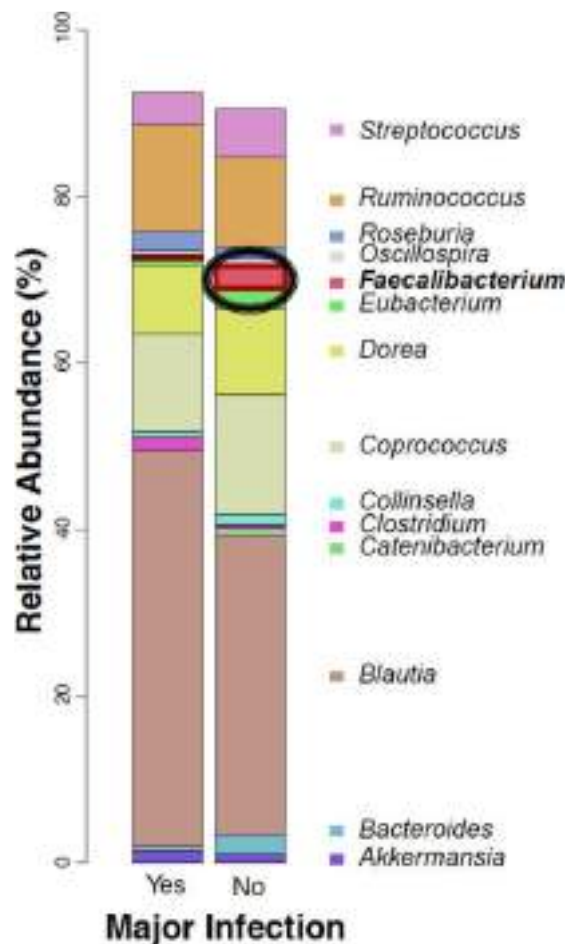
GM diversity pre-SCT protects from GvHD development and mortality



Higher pre-allo-HSCT relative abundances of *Blautia* and *Ruminococcus* appeared to be protective against the subsequent aGvHD development. Abundances of *Lactobacillaceae* increased predominantly at the aGvHD and are predictive of GvHD mortality.



GM domination and specific GM signatures are associated with BSI



Expansion of *Faecalibacterium* in the baseline GM was predictive of protection from major bacterial infection.

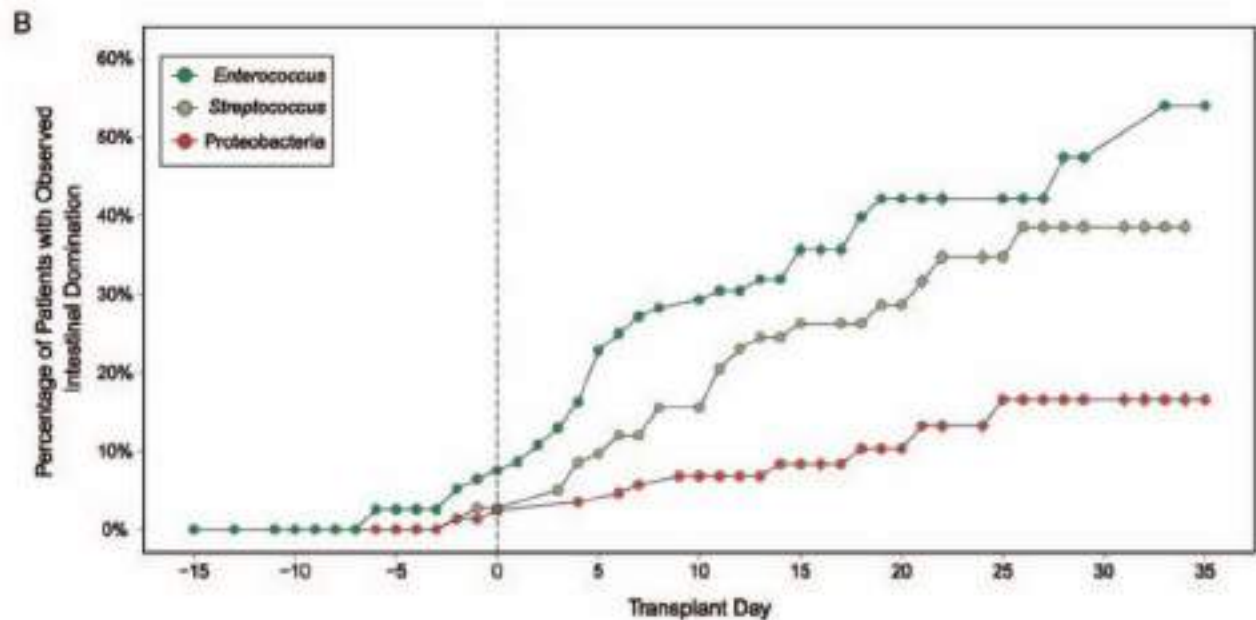
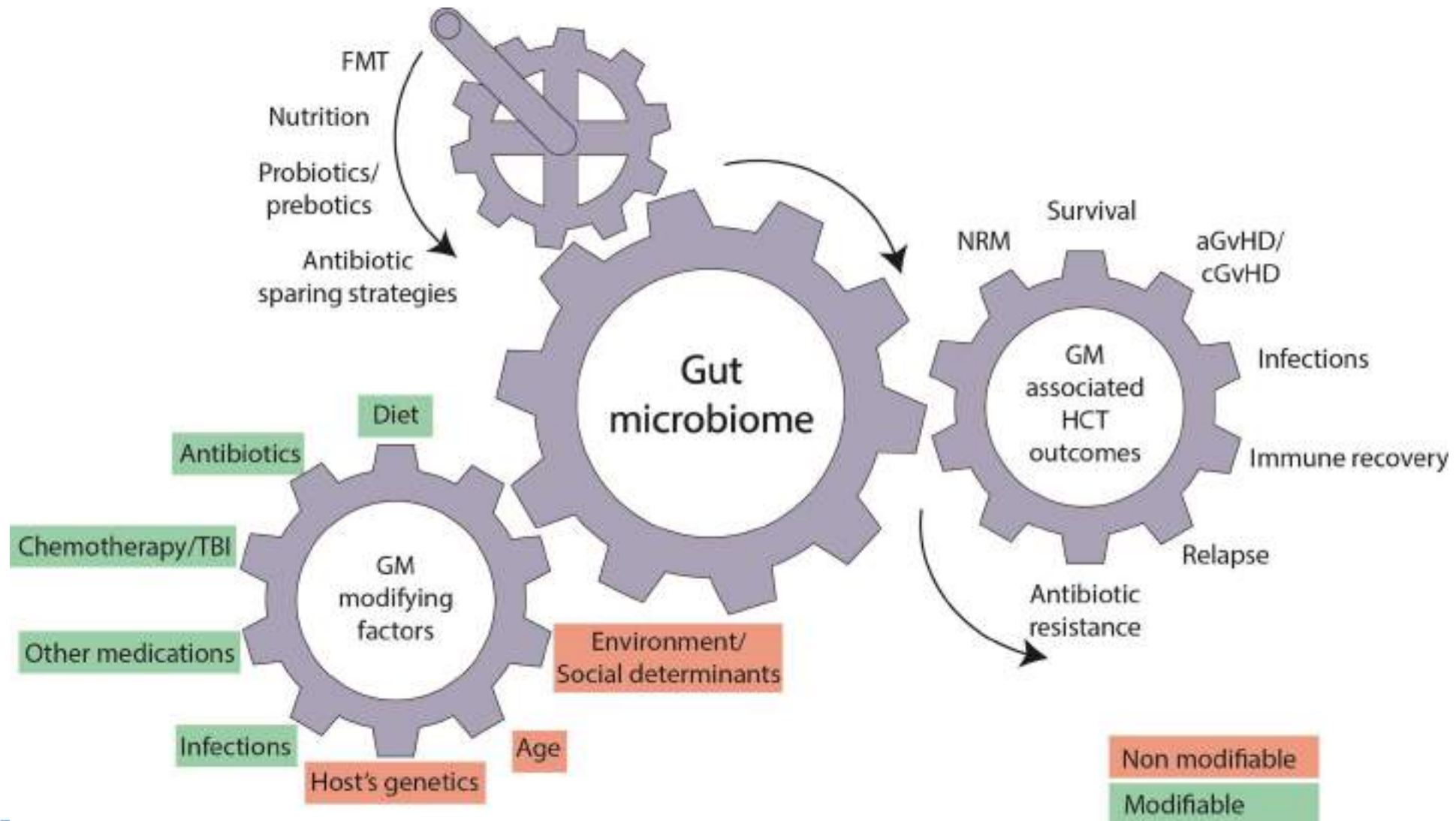


Table 3. Association of Intestinal Domination With Bacteremia^a

Dominating Taxon ^b	VRE Bacteremia		Gram-negative Bacteremia	
	HR (95% CI)	P	HR (95% CI)	P
Enterococcus	9.35 (2.43–45.44)	.001	1.35 (.25–5.08)	.690
Streptococcus	0.21 (.00–1.75)	.184	0.82 (.09–3.65)	.823
Proteobacteria	0.75 (.01–6.14)	.837	5.46 (1.03–19.91)	.047

Intestinal domination (occupation of at least 30%) correlated with subsequent development of a correspondent BSI with VRE or Gram-negative bacteria

How can we turn the tide?



Trying not to lose homeostasis



«Homeostasis holds complex systems together invisibly; we notice only its failures».

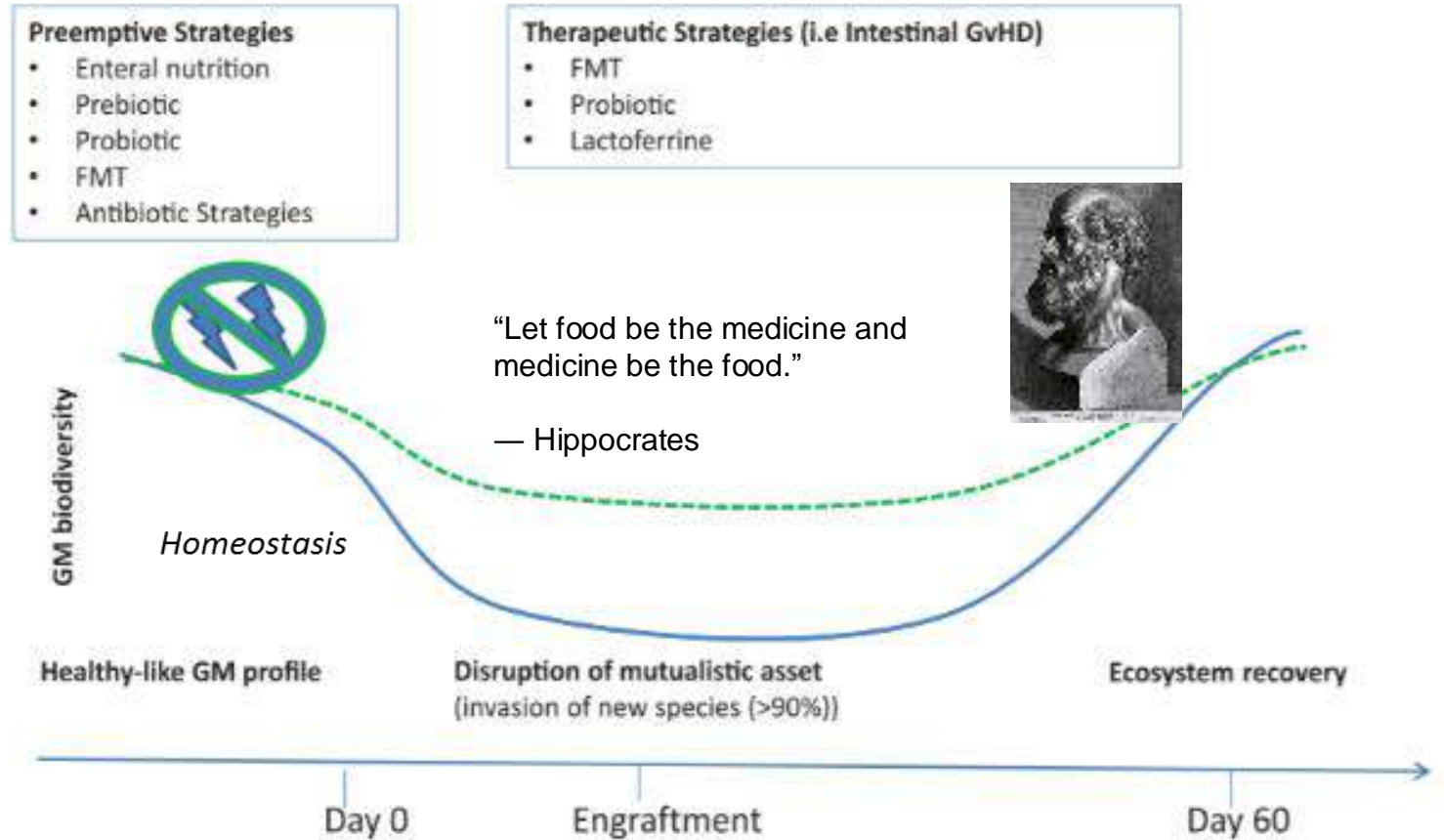
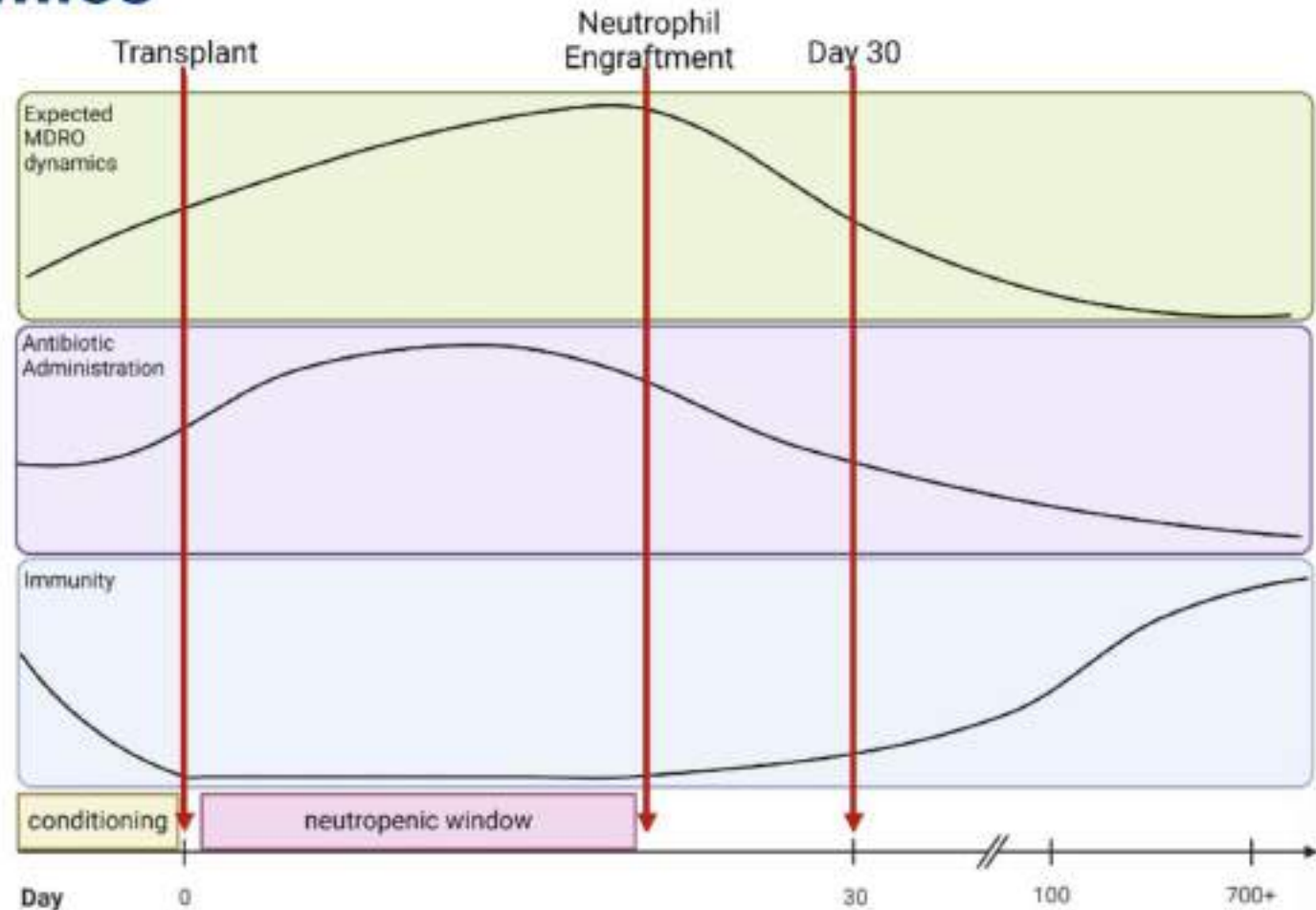


Figure 2. Potential strategies, preemptive and therapeutic, used for preventing or treating GM dysbiosis during HSCT are summarized.
GM, gut microbiota; HSCT, hematopoietic stem-cell transplantation.

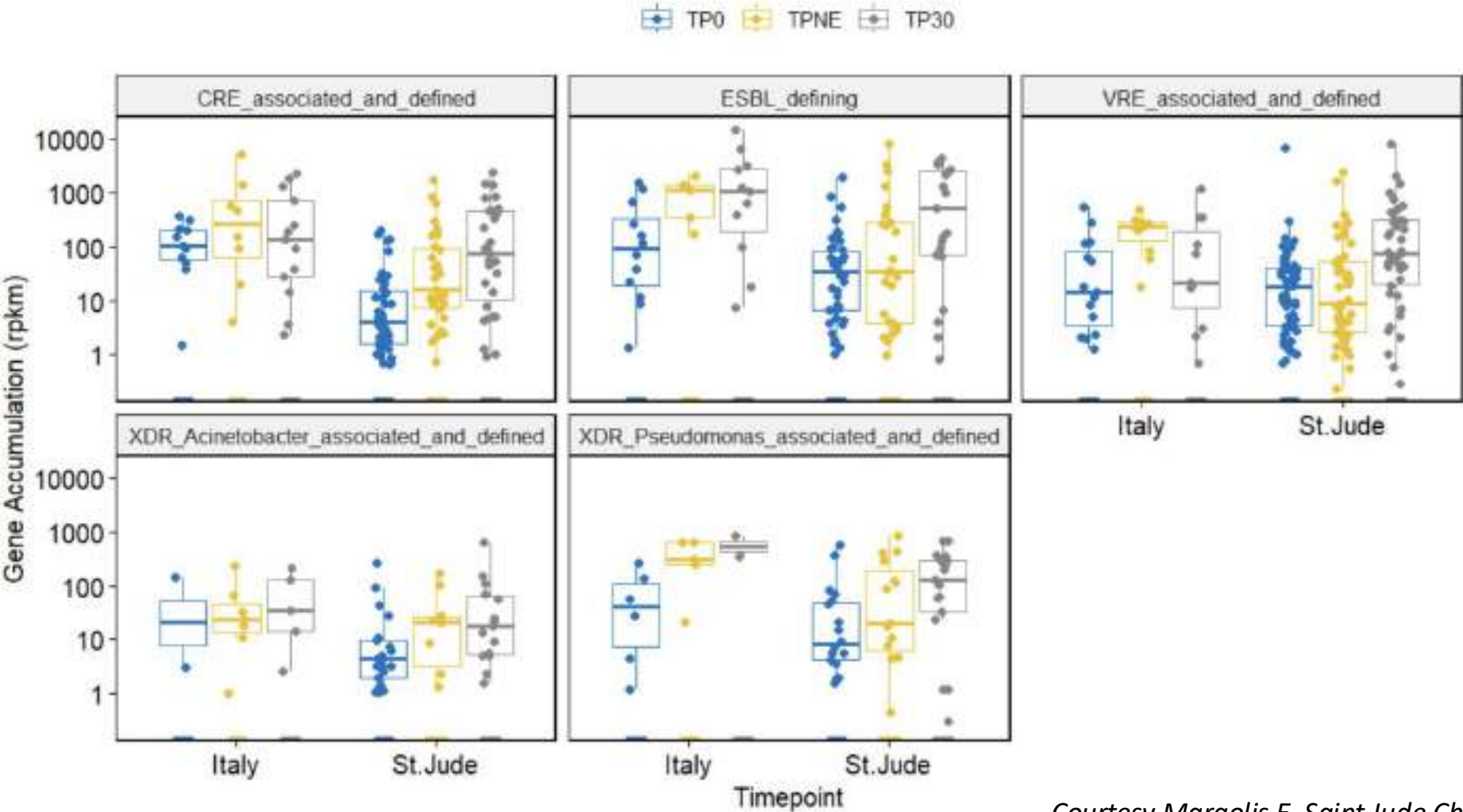
MDRO dynamics determined by metagenomic approach

Pediatric HCT patients present a unique opportunity to study a discrete period of heavy antibiotic use and resulting MDRO dynamics

- Combining the low immunity and high rates of antibiotics means the opportunity for MDROs to bloom within the patient microbiomes and potentially lead to infections
- Based on the accepted tenets of antibiotic resistance we could expect MDRO-associated genes to peak in the neutropenic window and then decrease.

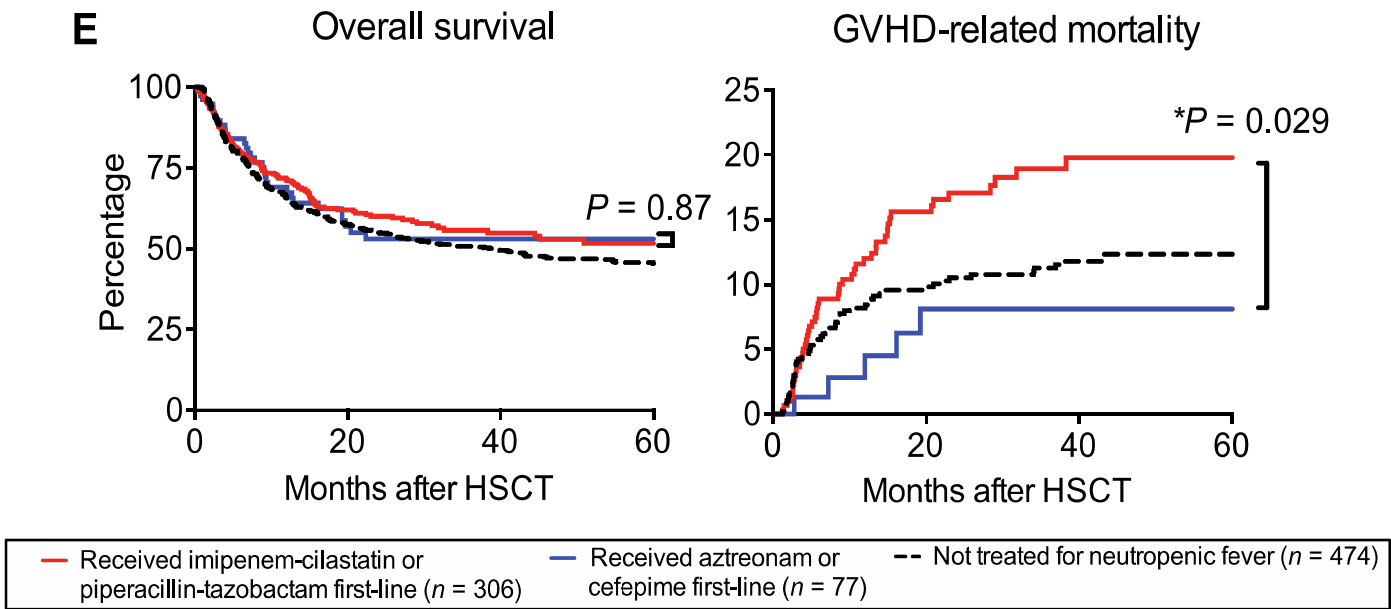


MDRO-associated Genes Continue to Increase to Day 30

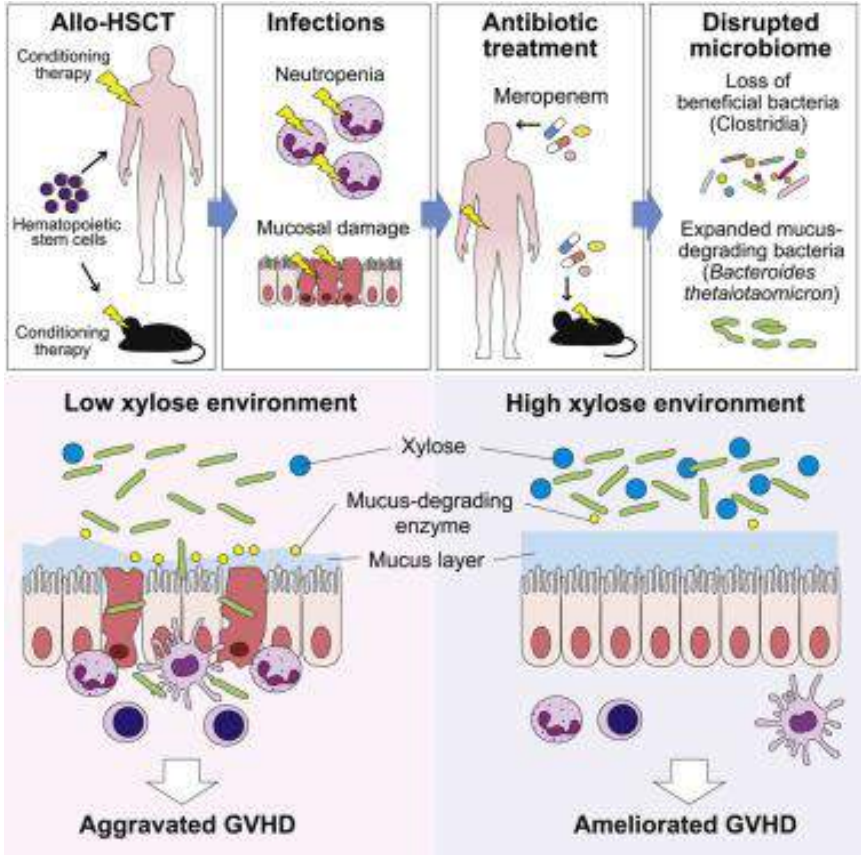


Anaerobe-targeting antibiotics increase GvHD mortality by loss of the protective mucus

Treatment of neutropenic fever with **piperacillin- tazobactam** and **imipenem-cilastatin** was associated with increased GVHD-related mortality, while treatment with aztreonam and cefepime was not.



In mouse models, treatment with **anaerobe targeting antibiotics** was associated with *Akkermansia Muciniphilia* and *Bacteroides Thetaiotomicron* **expansion**, two well known mucin degrader species, loss of mucus layer and worse GvHD severity



EN promotes GM homeostasis and reduces transplant complications

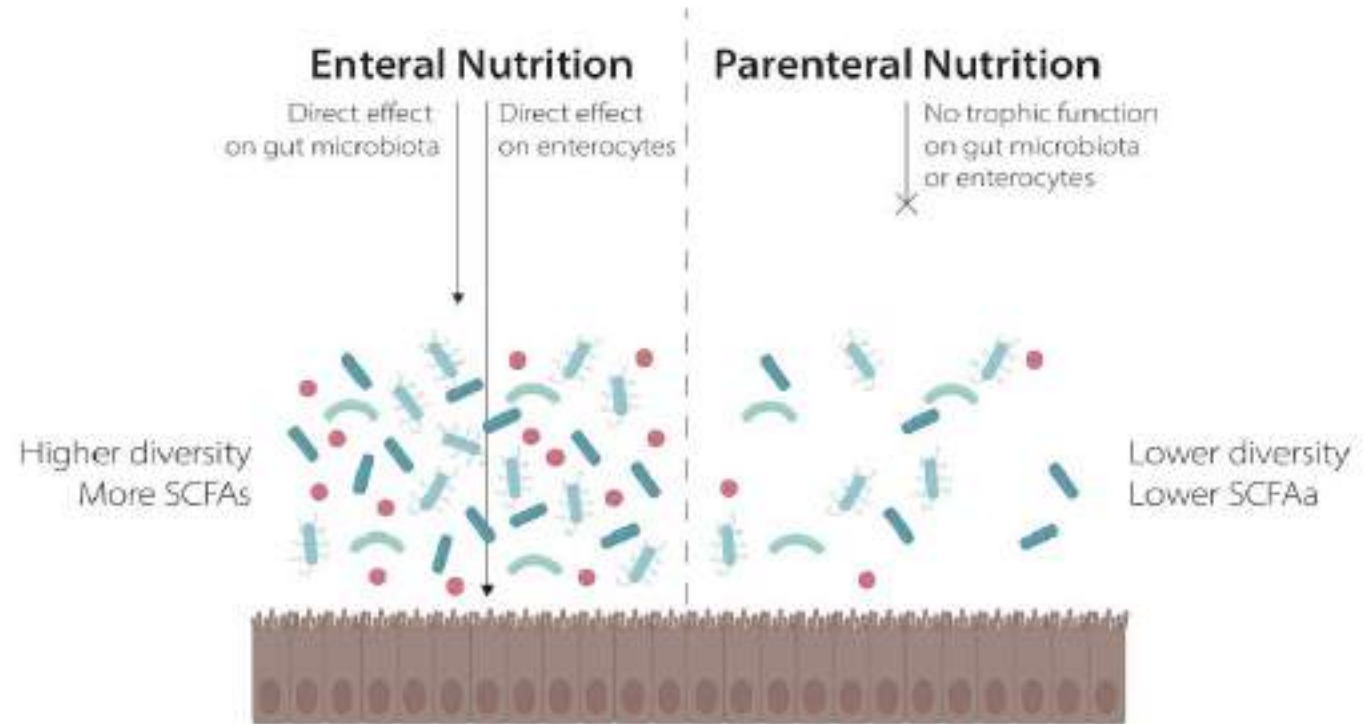
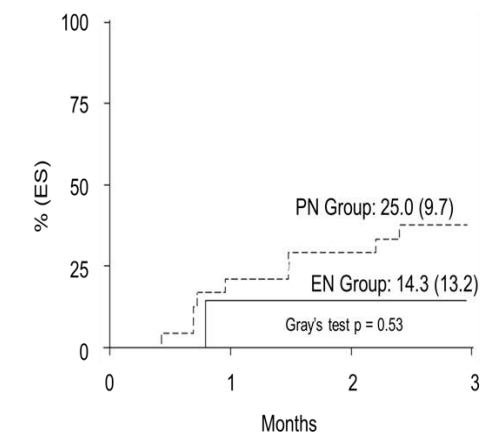
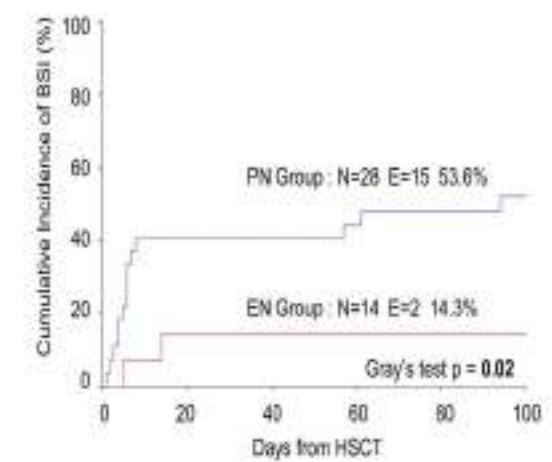
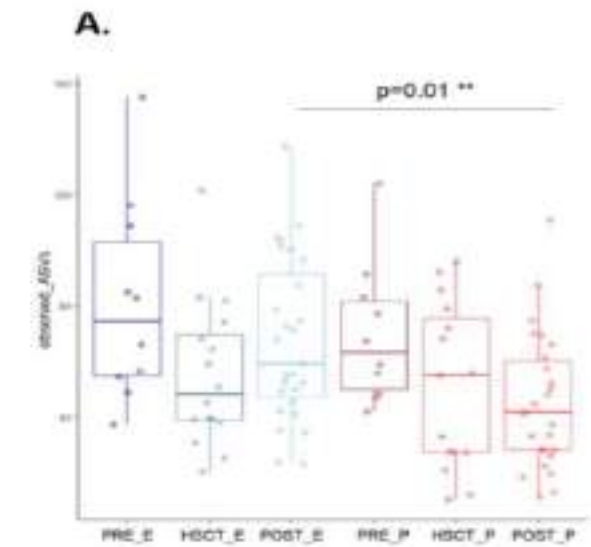
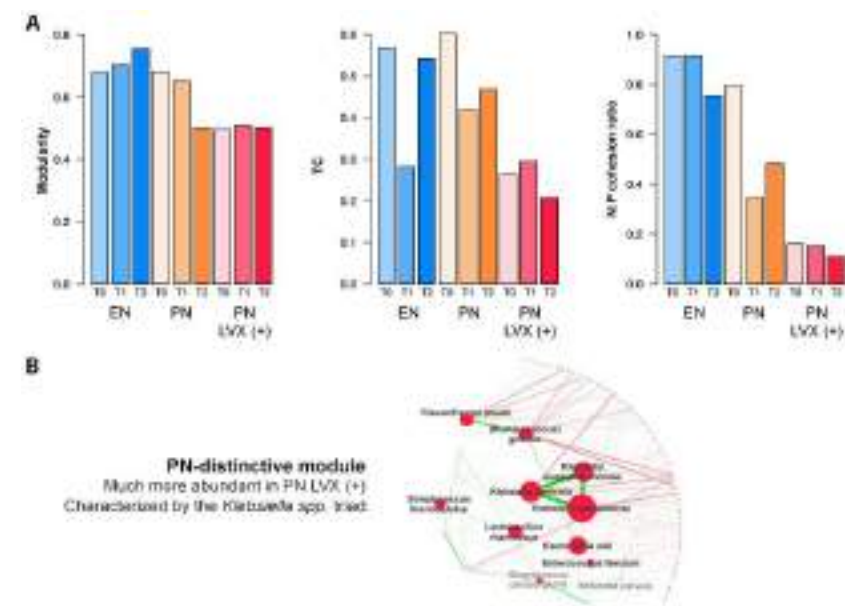


FIGURE 1

The effect of Enteral and Parenteral Nutrition on the gut ecosystem.

EN promotes GM homeostasis and reduces transplant complications

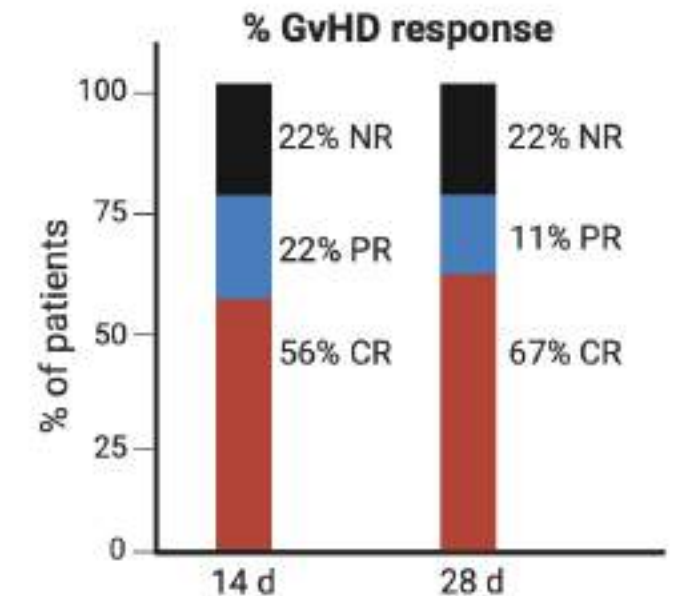
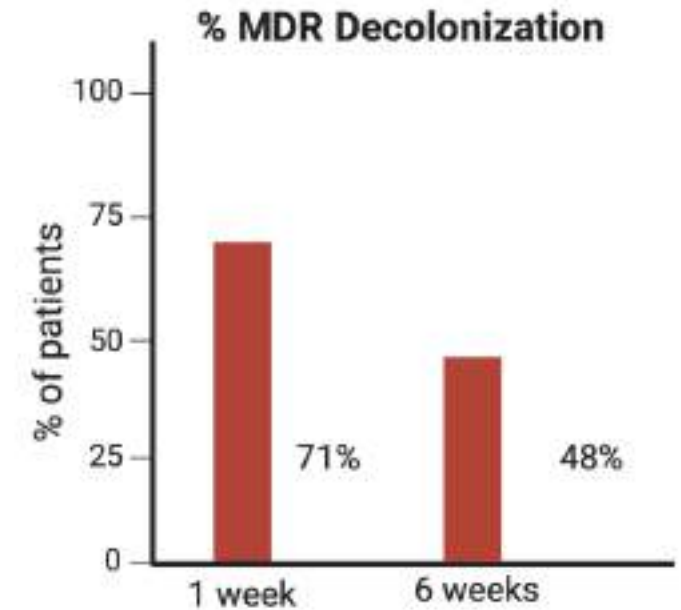
By evaluating the network topology, we found that **PN, especially preceded by LVX prophylaxis**, resulted in a detrimental effect over the GM, with low modularity, poor cohesion, a **shift in keystone species and the emergence of modules comprising several pathobionts**, such as *Klebsiella* spp., *[Ruminococcus] gnavus*, *Flavonifractor plautii* and *Enterococcus faecium*.



Fecal microbiota Transplantation: the Bologna-Roma-Padova experience

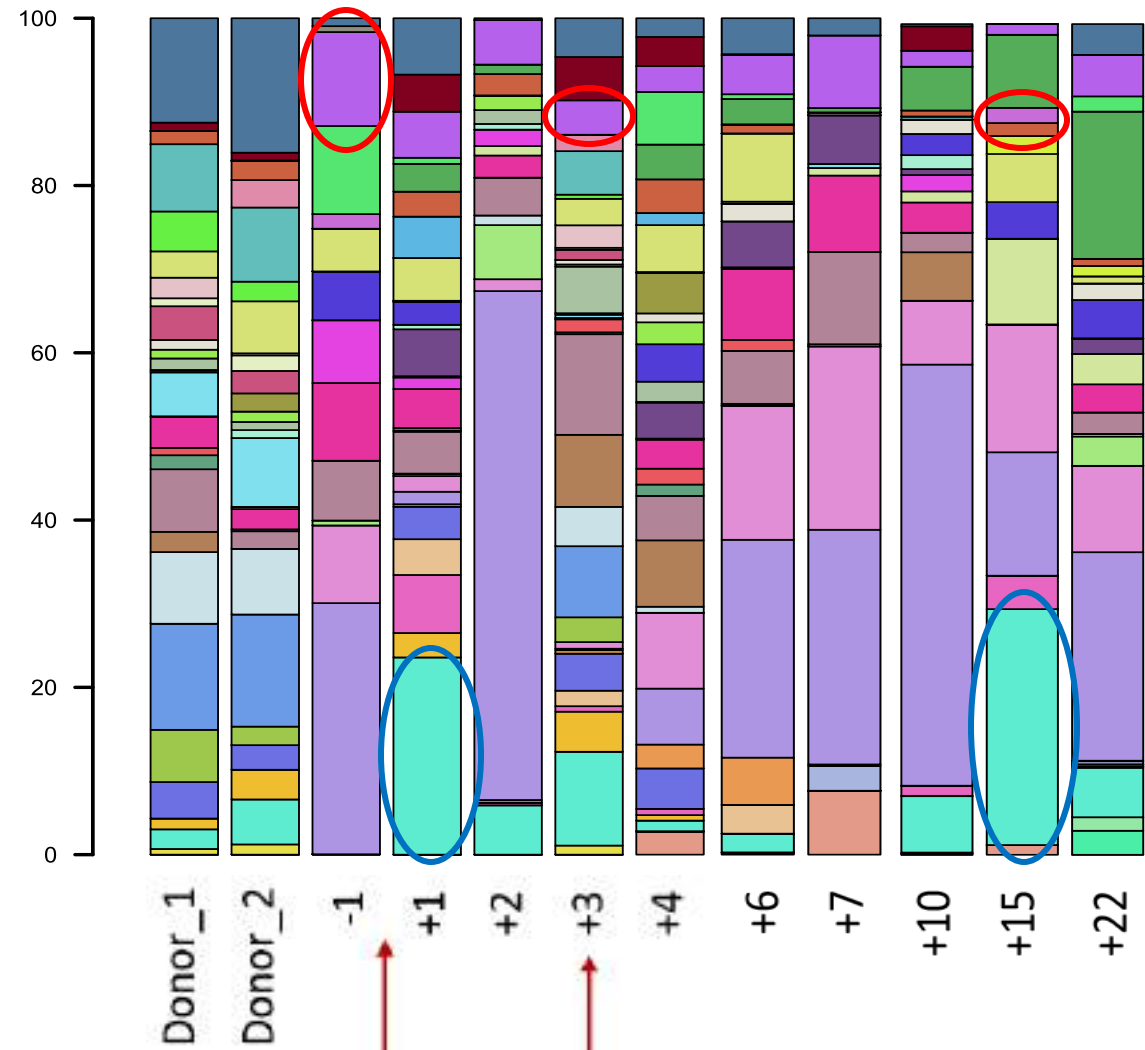
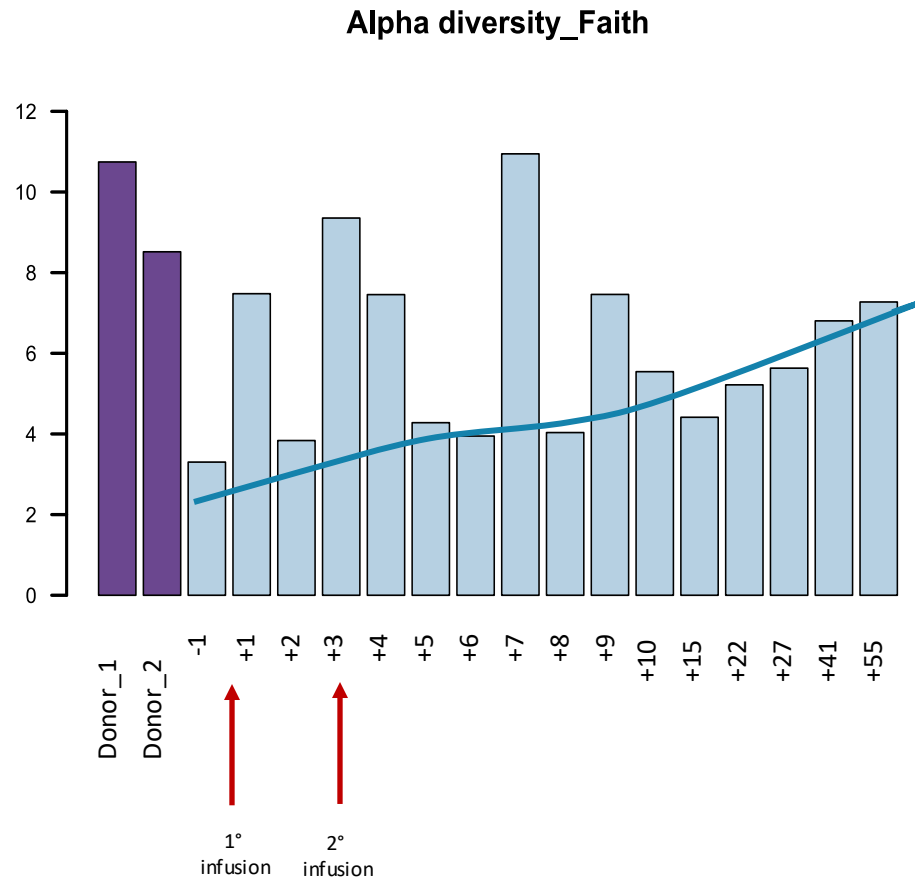
FMT infused via **Upper GI**, a median of **150 ml** of fecal material from unrelated donors

	Patients n=28/ infusions n=45
Center Rome/Bologna/Padova	16/9/3
N°. of infusions per patient , median (range)	1 (1-4)
Age , median (range)	4,0 (0,8-18,6)
Type of HCT Haplo/MUD/Sibling/CB, n	11/9/6/2
Indication SR-GvHD/MDR decolonization/both, n	5/18/5
N.° previous lines GvHD therapy , median (range)	4,5 (3-7)
SAE related to FMT , n	0
AE related to FMT n grade	5 I,I,I,II,II



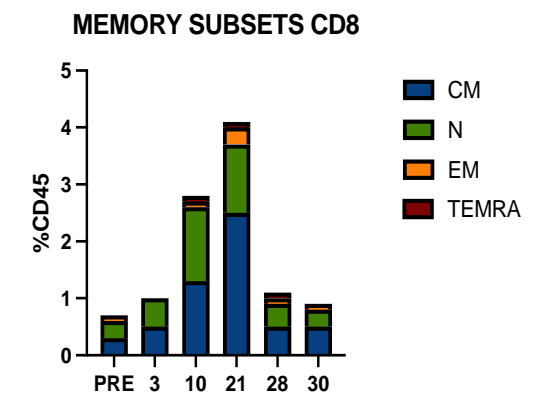
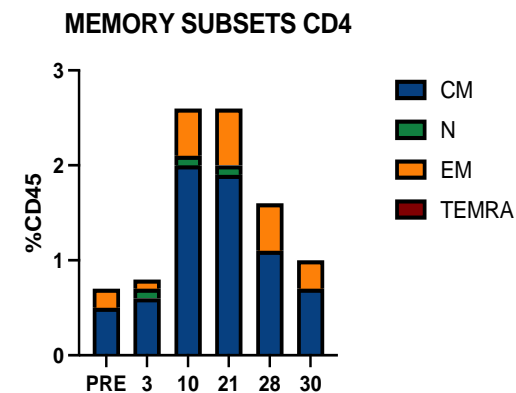
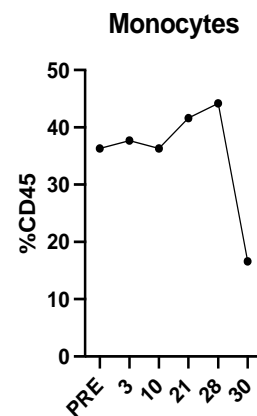
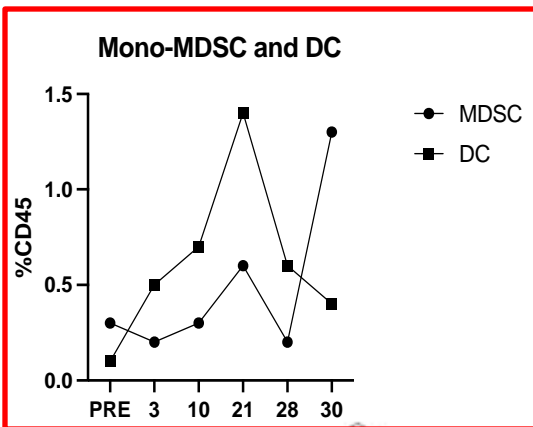
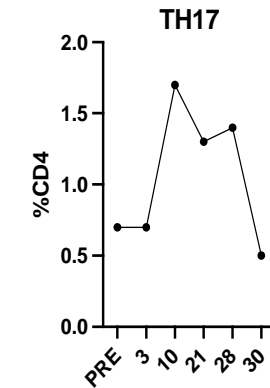
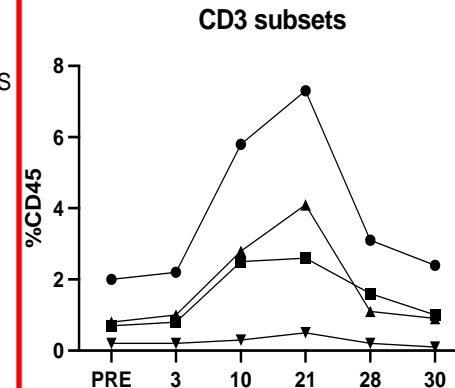
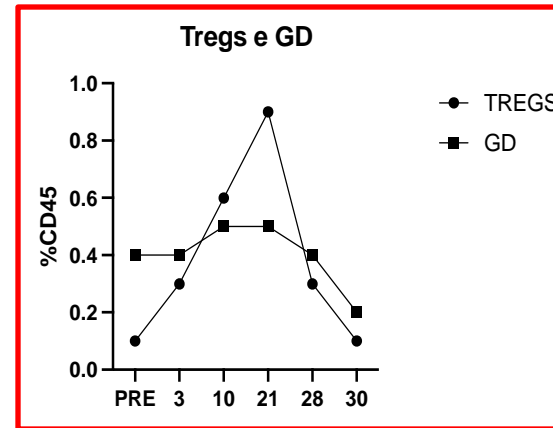
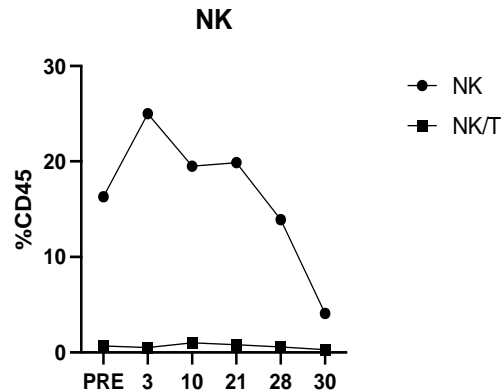
Fecal microbiota Transplantation: the Bologna experience

Alpha diversity slowly and progressively increased after the two infusion. At the same time, enrichment of commensals and loss of pathobionts was observed



Fecal microbiota Transplantation: the Bologna experience

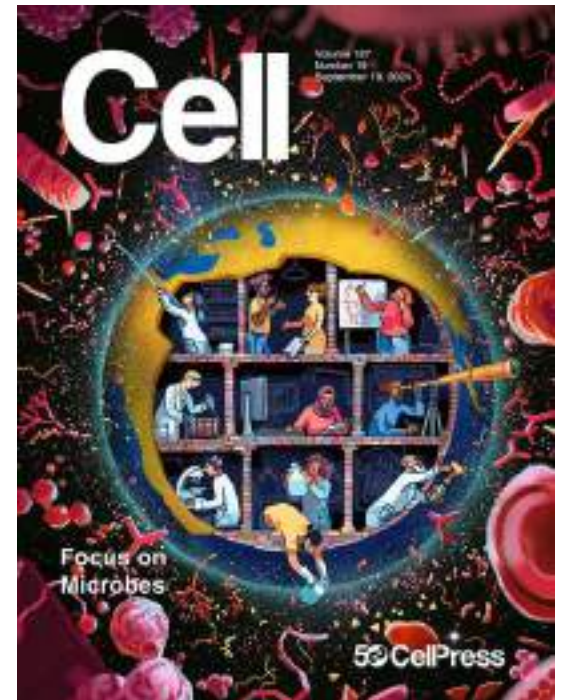
T-regulatory, Monocytic Myeloid-derived suppressor and dendritic cells expansion up to day +21 from FMT, markers of increased immuno-tolerance



Conclusions

- Differences in the **diversity and composition** (relative abundance of taxa) of the gut microbiome significantly impact the outcome of transplanted children.
- GM microbiota modulation is one of the most attractive scenario in the field of **HSCT, immunotherapy** and **cellular therapy**.
- A better understanding of the host-microbiota dialogue may contribute to pave the way for **precision medicine in pediatric hametological malignancies**.

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Thanks



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

University of Bologna

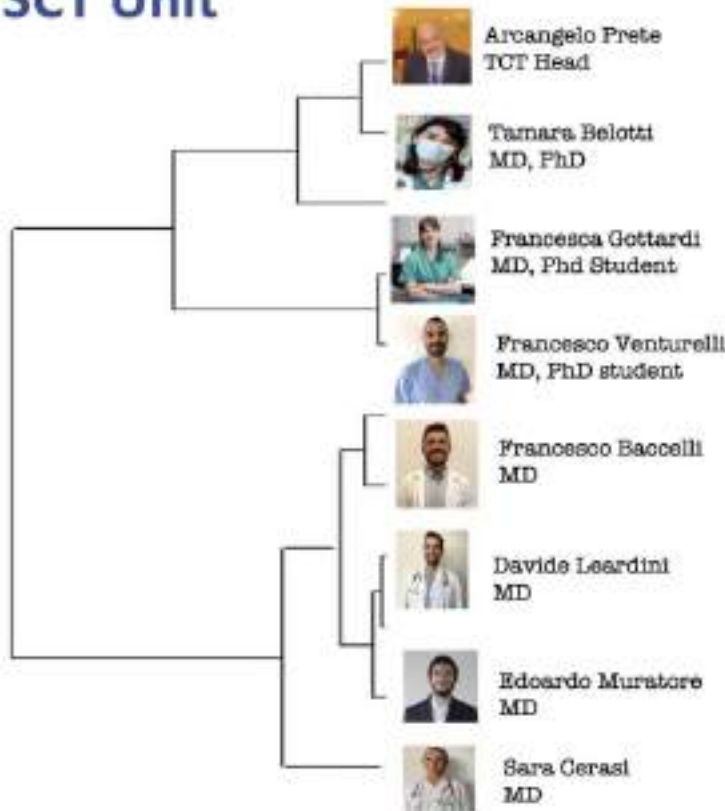


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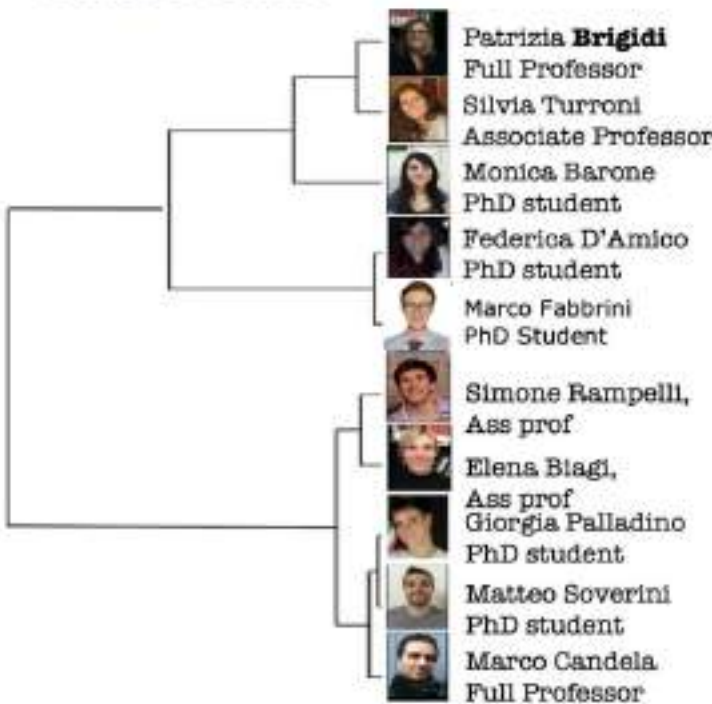


GRUPPO DI RICERCA SUL MICROBIOTA E TRAPIANTO DI
CELLULE STAMINALI EMOPOIETICHE PEDIATRICO

SCT Unit



Micro Unit



Dr. Ellie Margolis
Dr. Marygrace Duggar



Dr. Georg Zeller