



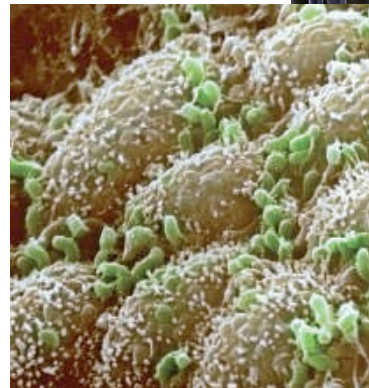
GlaxoSmithKline

Targeting the Human Host-Microbiome Interface in Metabolic Disease

James R. Brown

Computational Biology, Target Sciences

09/27/2018



Outline

1. Defining the “normal” vs “disease” microbiome

2. Modulation of the microbiome in obesity/diabetes *in vivo* models

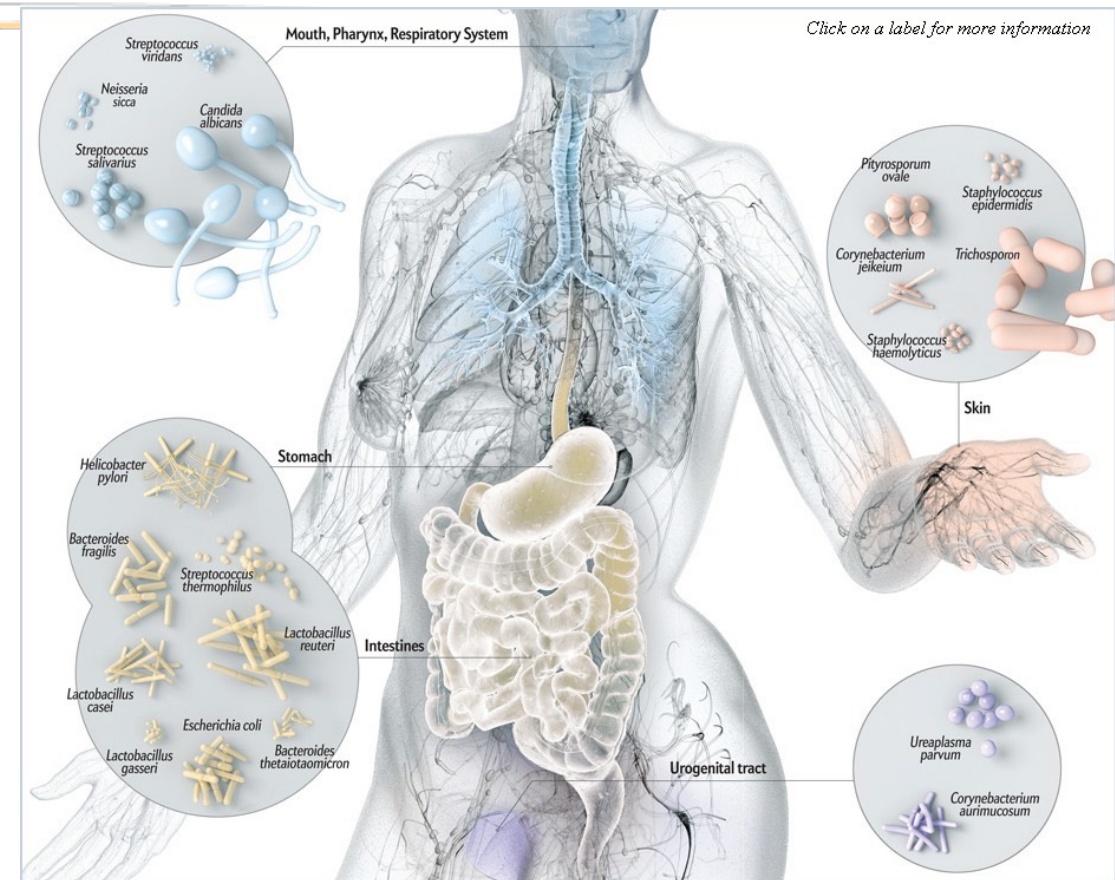
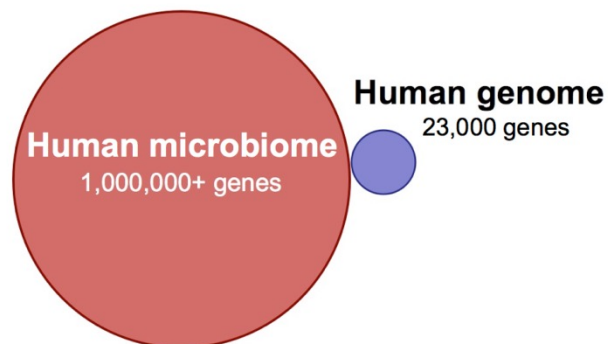
3. Microbiome and clinical pharmacology

4. Bacterial metabolites as immuno-modulators

The Human-Microbial Ecosystem

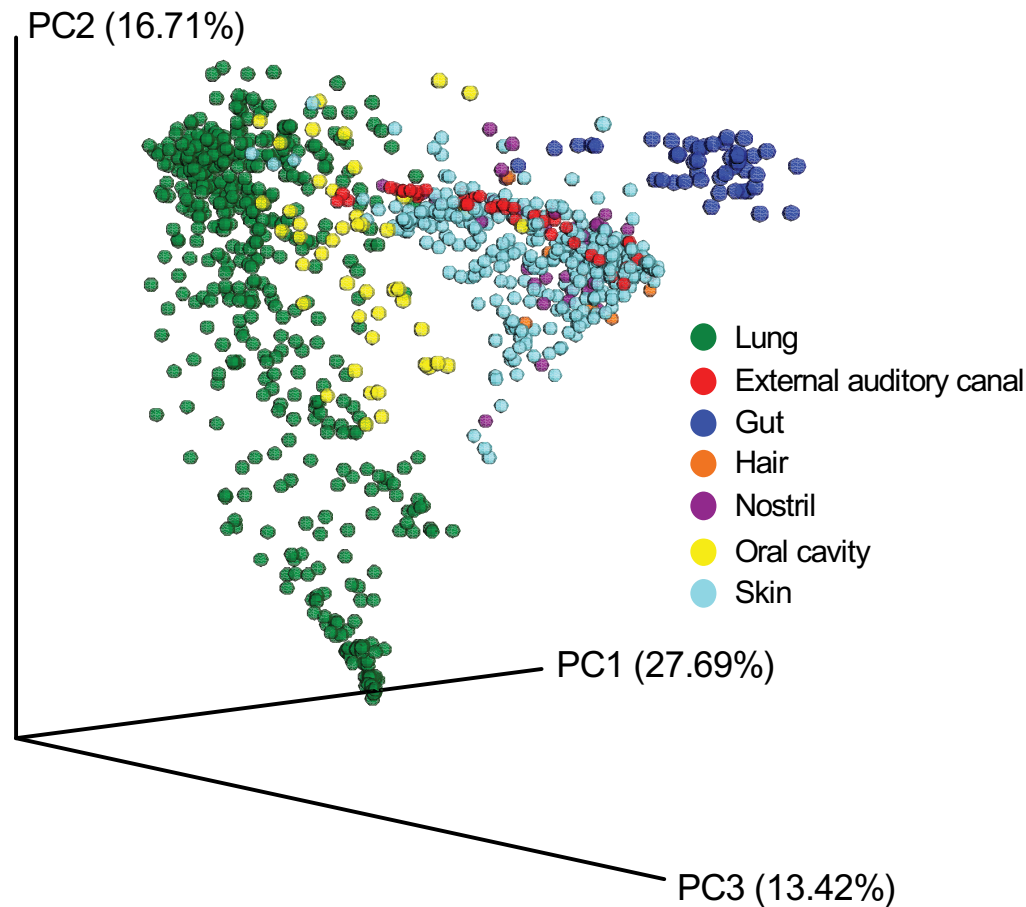
We are not alone...

- **Microbiota** – 10^{14} bacteria in the gut
 - 10 times more gut bacteria than human cells
 - 100's to 1000 species
- **Microbiome** – 100 times more bacterial genes than in human genome
- Microbiome implicated in many chronic diseases



“Healthy” Microbiome Variation – Body Site

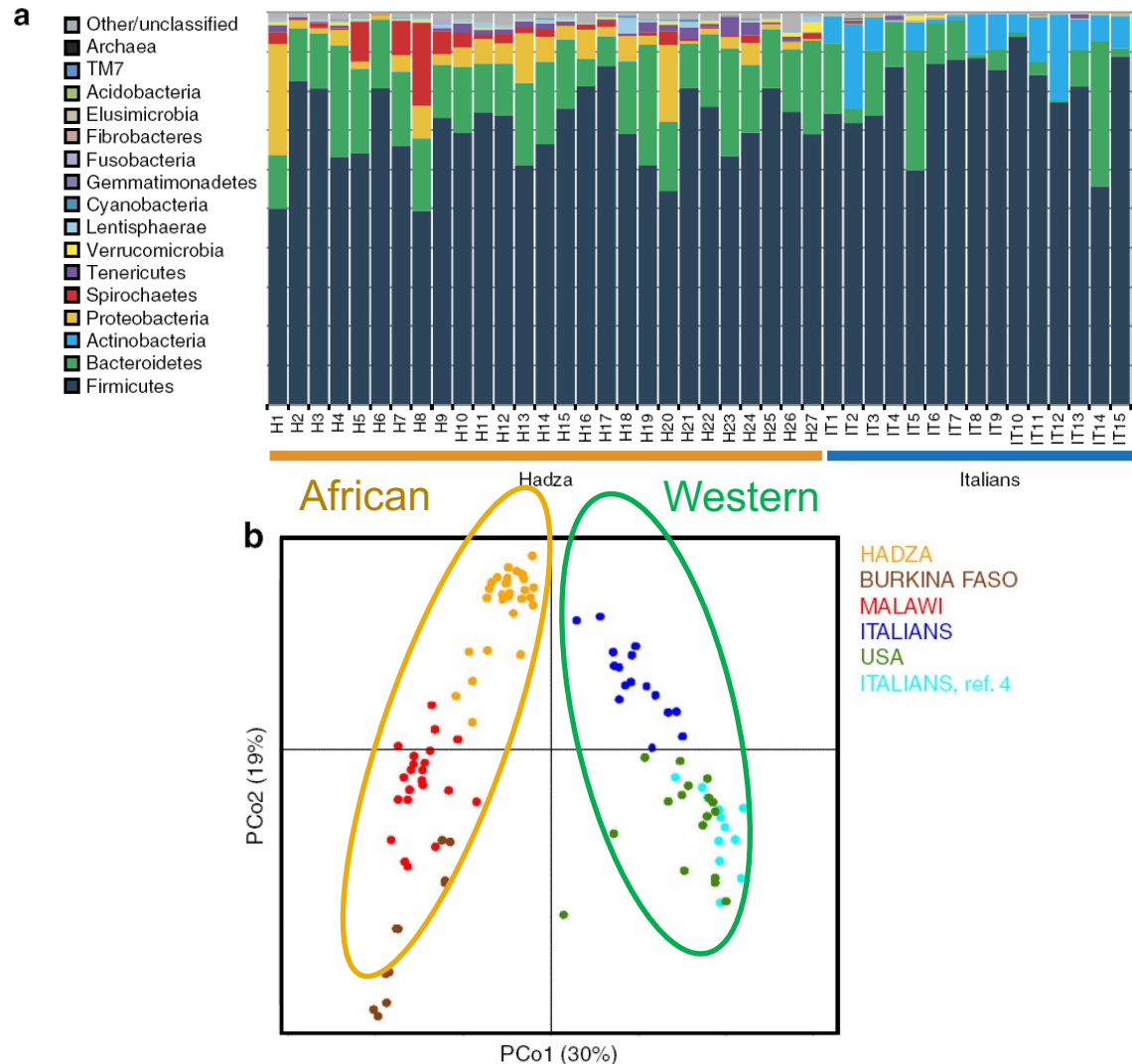
Microbiome composition varies by body site



- Beta diversity plot of microbiomes from the lung (GSK study) and other body sites (NIH Human Microbiome Project)
- Lung microbiome is distinct
- Some overlap between oral and lung microbiomes
- Skin microbiome is the most variable

Microbiome Variation – Life Style & Diet

Life style & diet affect microbiome composition

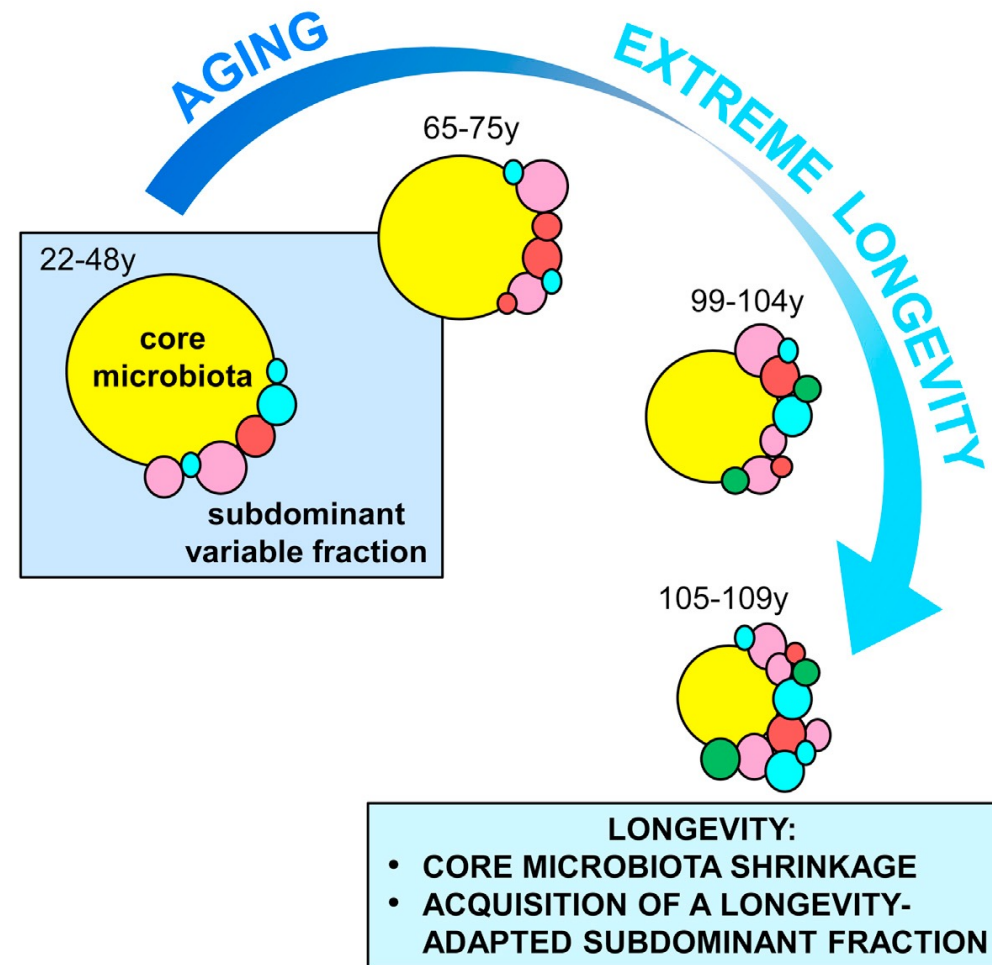


- The Hadza of Tanzania, ancestral hunter gatherers, have more diverse and different microbiomes than contemporary Italians
- High microbiome diversity possibly linked to Hadza's ability to digest and extract nutrition from fibrous plants
- Japanese have carbohydrate-active enzymes originating from marine bacterium for seaweed digestion (Hehemann et al 2010 **Nature** 464:408)

Microbiome Variation with Age

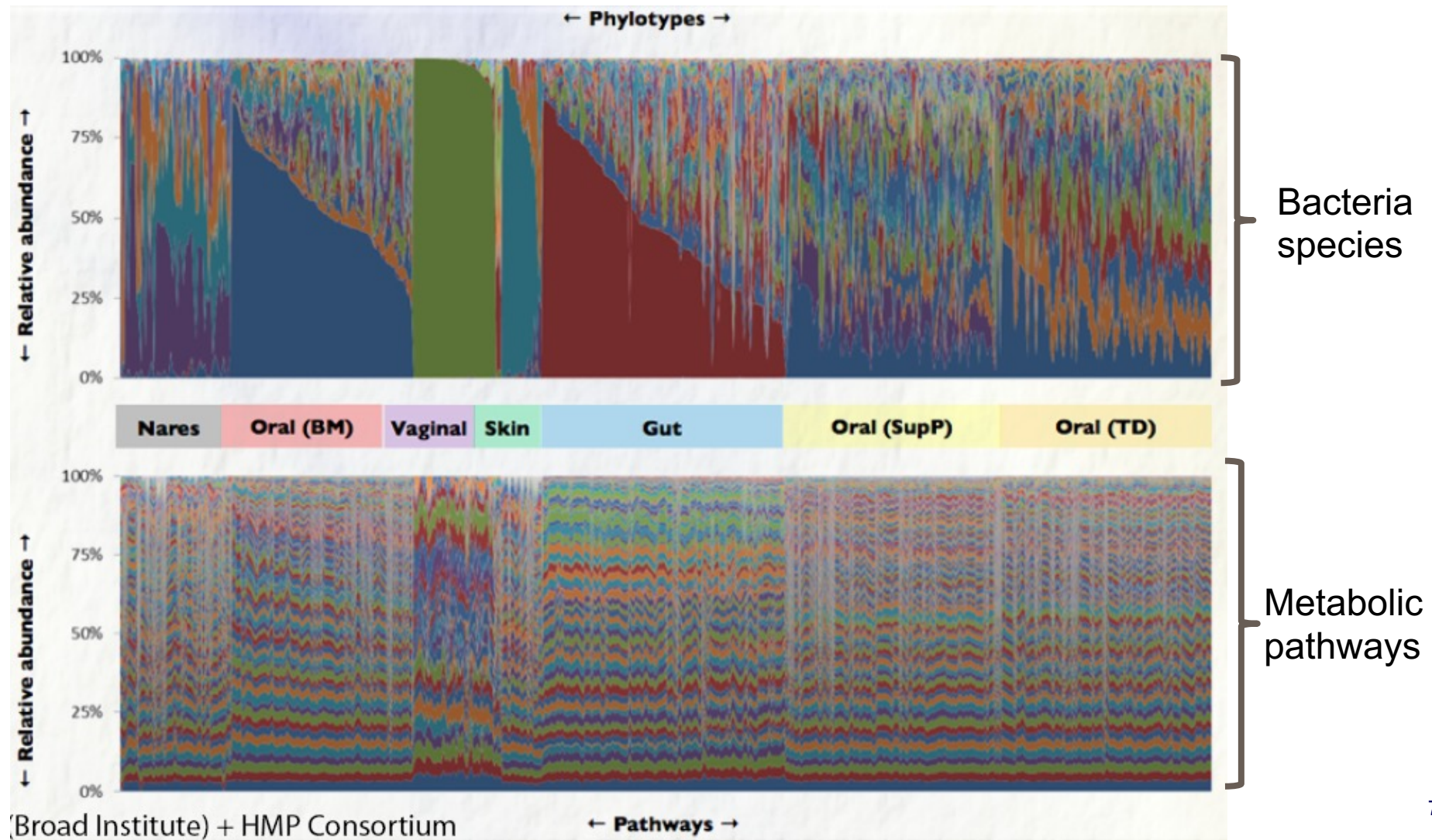
Bacterial species diversity is associated with age

- Neonatal microbiome can vary between caesarian and vaginal birthing
- A core microbiota accompanies us throughout our lives, decreasing in abundance along with aging
- In longevity, the age-related enrichment of subdominant taxa is boosted
- “Longevity adaptation” seems to involve enrichment in health-associated gut bacteria (e.g., *Akkermansia*, *Bifidobacterium*, and *Christensenellaceae*).



Microbiome Functional Conservation

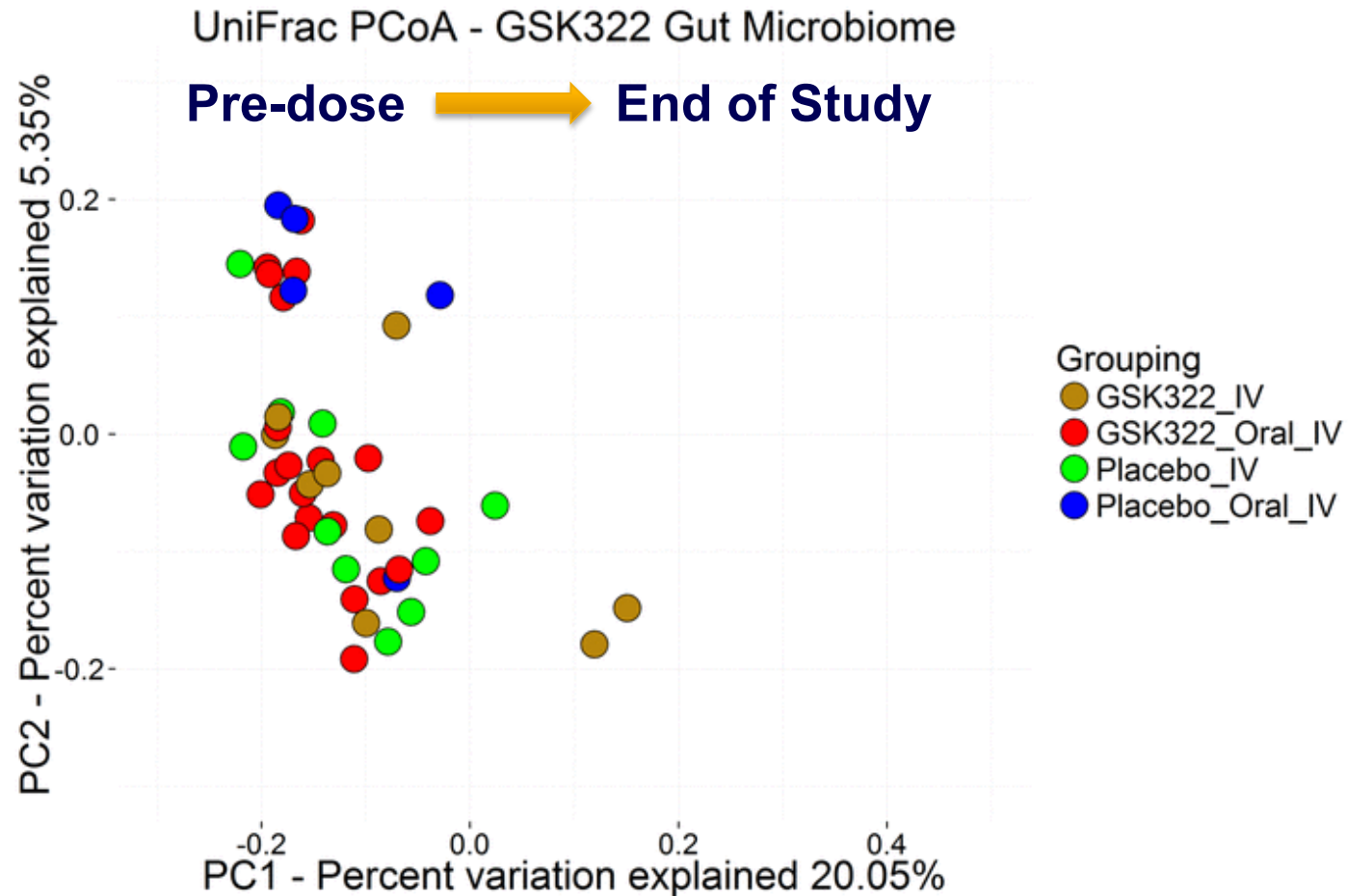
While bacterial species may vary in individuals, metabolic potential is conserved



Drug Effects on Overall Microbiota Diversity

Drug dosing method matters

- GSK'322, a novel first in-class antibiotic inhibits bacterial peptide deformylase
- Phase I dose escalation study in healthy volunteers
- **Oral/IV** dosing regimes notably changed the baseline microbiome while **IV only drug dosing and placebo** induced minimal change



Drug + Disease Associations with the Microbiome

Beyond antibiotics, other drugs impact microbiome communities

- Maier et al. using *in vitro* screens show:
 - 78% of the antibacterials (156 cpds) impacted growth of ≥ 1 species
 - 24% of human-targeted drugs (203 cpds) had anti-commensal activity
- Jackson et al. looked at gut microbiome associations with disease and medication in ~2700 UK Twin cohort:
 - Besides antibiotics and PPIs, anti-cholinergics, steroid inhalers, acetaminophens, SSRIs and opioids highly associated with microbiome changes
 - IBD, T2D, constipation, UTIs, food allergies, and coeliac disease had the highest disease-microbiome associations

ARTICLE

doi:10.1038/nature25979

Extensive impact of non-antibiotic drugs on human gut bacteria

Lisa Maier^{1*}, Mihaela Pruteanu^{1,†*}, Michael Kuhn^{2*}, Georg Zeller², Anja Telzerow¹, Exene Erin Anderson¹, Ana Rita Brochado¹, Keith Conrad Fernandez¹, Hitomi Dose³, Hirotada Mori³, Kiran Raosaheb Patil², Peer Bork^{2,4,5,6} & Athanasios Typas^{1,2}

Maier et al. 2018. **Nature**. 2018. 555:623.

ARTICLE

DOI: 10.1038/s41467-018-05184-7

OPEN

Gut microbiota associations with common diseases and prescription medications in a population-based cohort

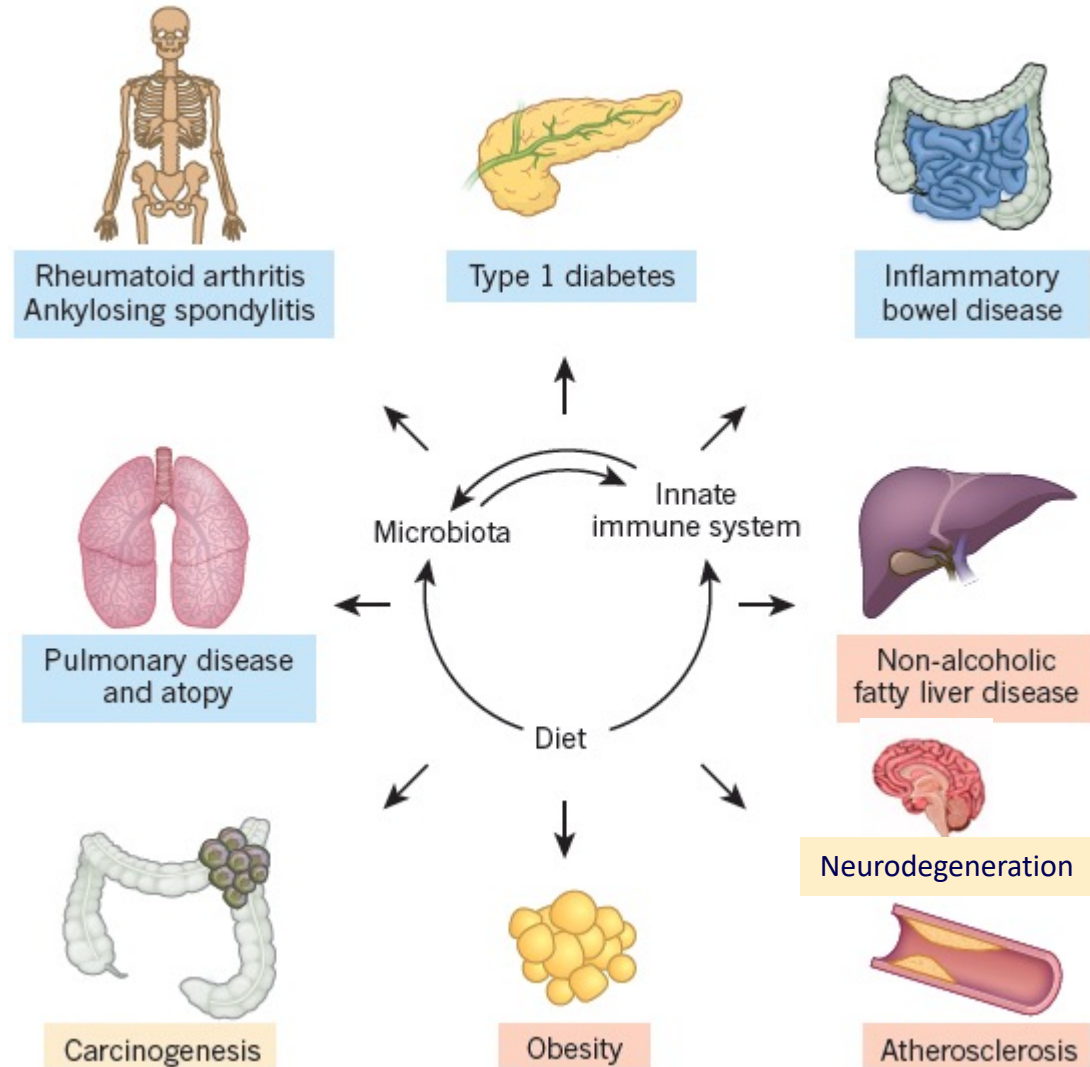
Matthew A. Jackson^{1,2}, Serena Verdi¹, Maria-Emanuela Maxan³, Cheol Min Shin^{1,4}, Jonas Zierer^{1,5}, Ruth C.E. Bowyer¹, Tiphaine Martin^{1,6}, Frances M.K. Williams¹, Cristina Menni¹, Jordana T. Bell¹, Tim D. Spector¹ & Claire J. Steves^{1,3}

Jackson et al. 2018. **Nat Commun**. 9:2655.

Microbiome, Inflammation and Innate Immunity

Most diseases have an immuno-inflammation component

- Many inflammatory disorders are linked to dysbiosis of the microbiota
- Impacting immune and GI barrier functions
- Includes metabolic, neoplastic, neuro-degeneration, auto-immune and auto-inflammatory disorders
- Modulating the microbiome is a potential therapeutic strategy for multiple diseases



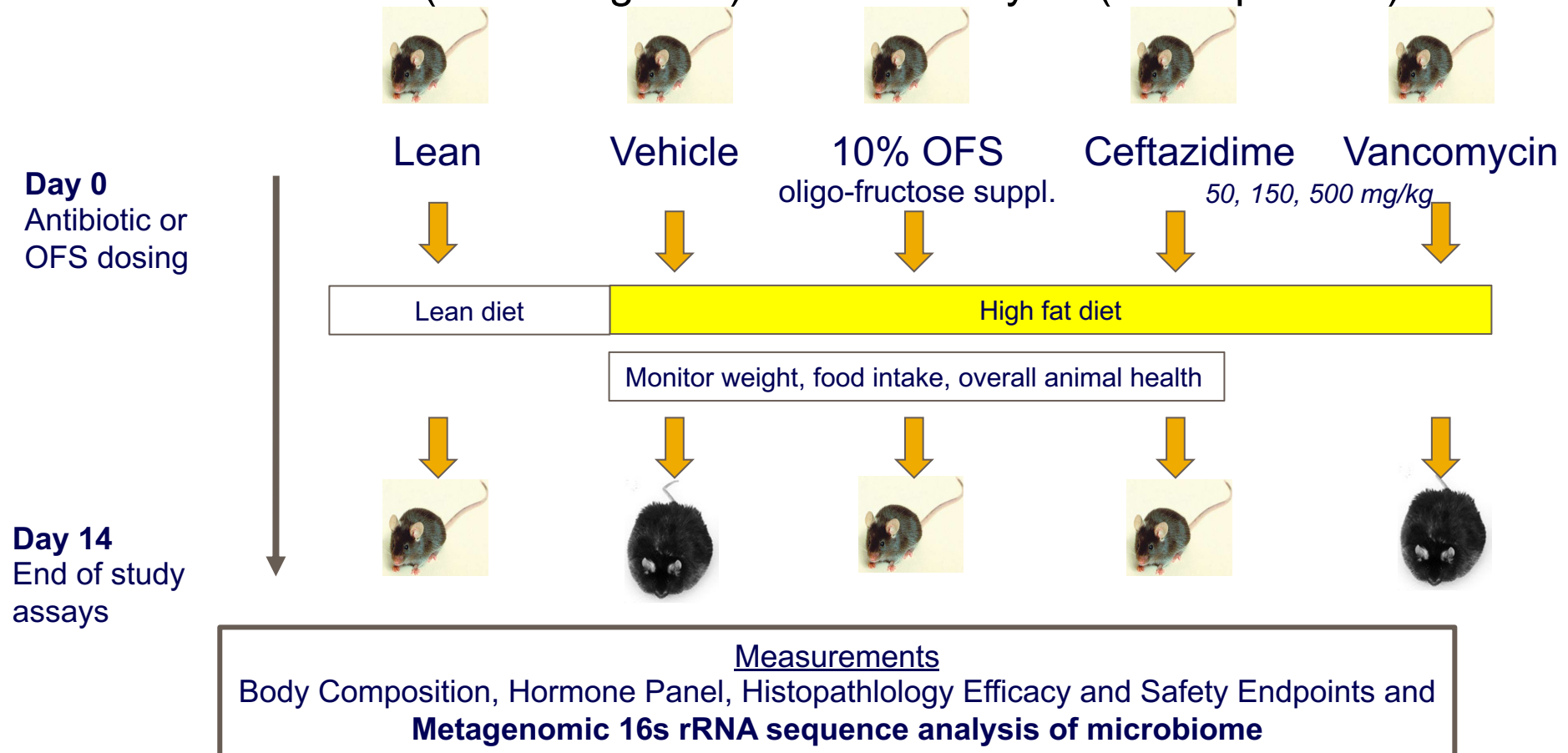
Outline

1. Defining the “normal” vs “disease” microbiome
- 2. Modulation of the microbiome in obesity/diabetes *in vivo* models**
3. Microbiome and clinical pharmacology
4. Bacterial metabolites as immuno-modulators

Antibiotic Modulation of Obesity and Diabetes

GSK exploratory in vivo study on modulating the microbiome in T2DM model

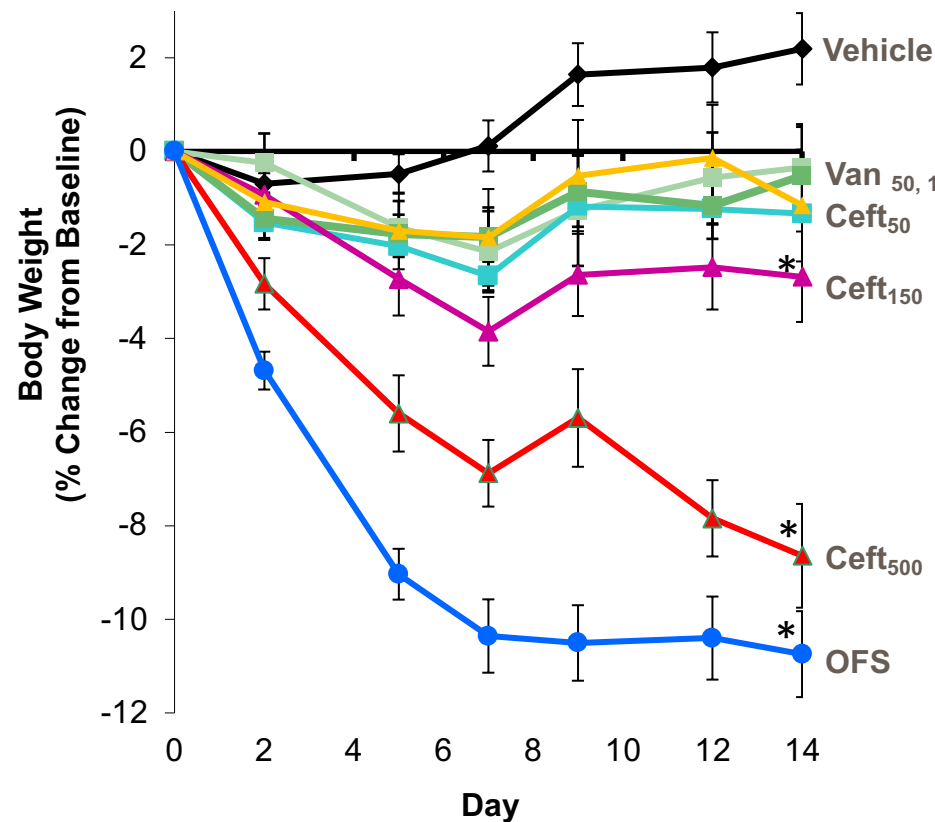
- Tested two narrow-spectrum antibiotics in diet-induced obesity (DIO) mouse model
- Antibiotics: Ceftazidime (Gram negative) and Vancomycin (Gram positive)



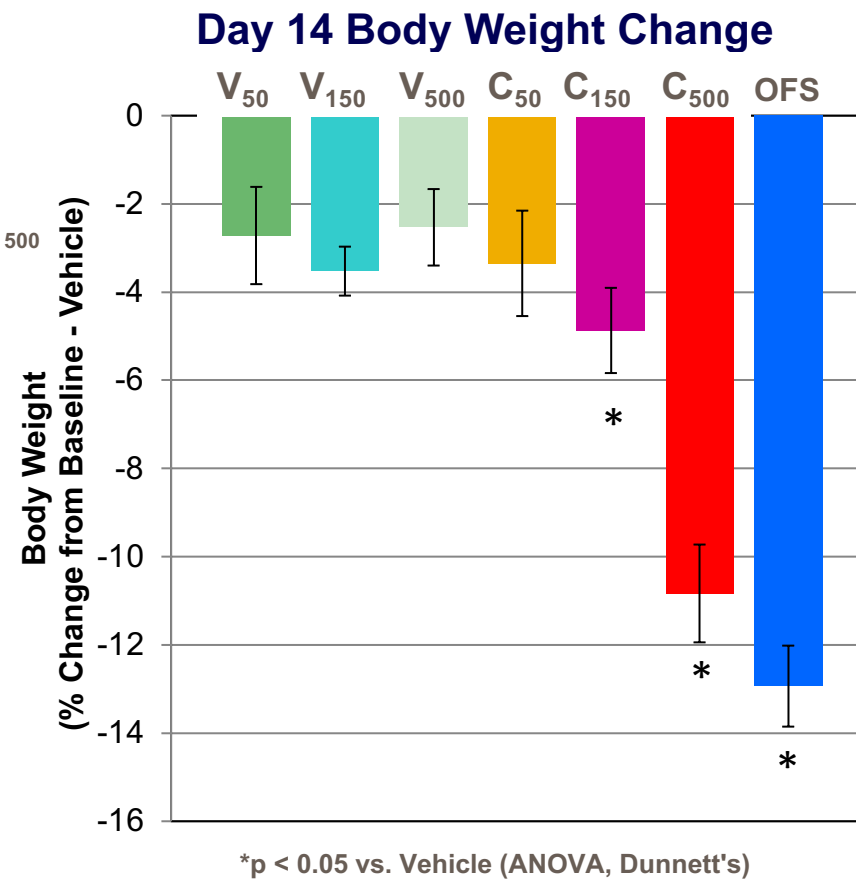
Differential Effects on Body Weight

Ceftazidime and OFS diet reduced body weight but vancomycin did not

- Ceftazidime (Gram negative antibiotic) caused a dose-dependent loss in body weight – highest dose comparable to 10 % OFS diet
- Vancomycin (Gram positive antibiotic) did not result in weight loss



Mean Day 0 Body Wt: DIO: 40.0 g; Lean: 26.6 g

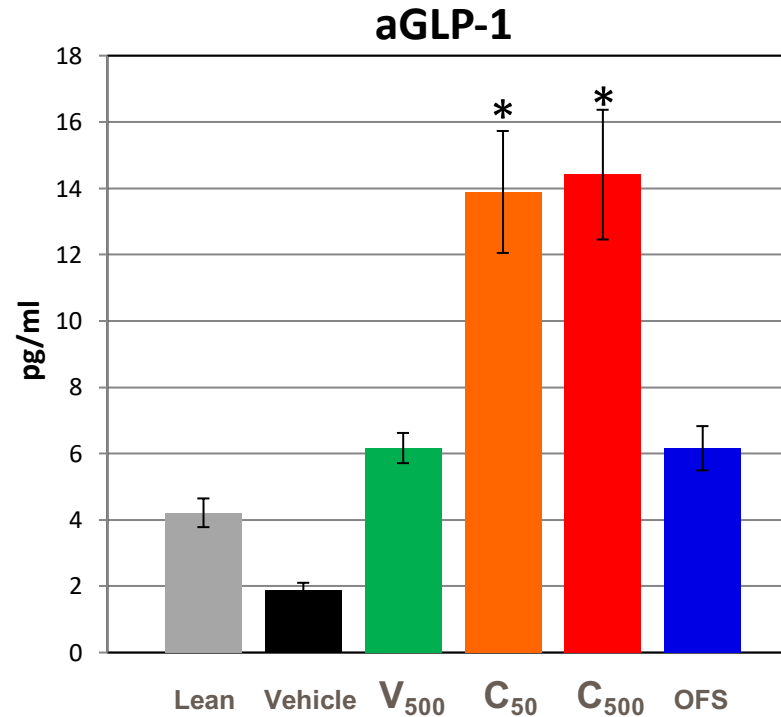
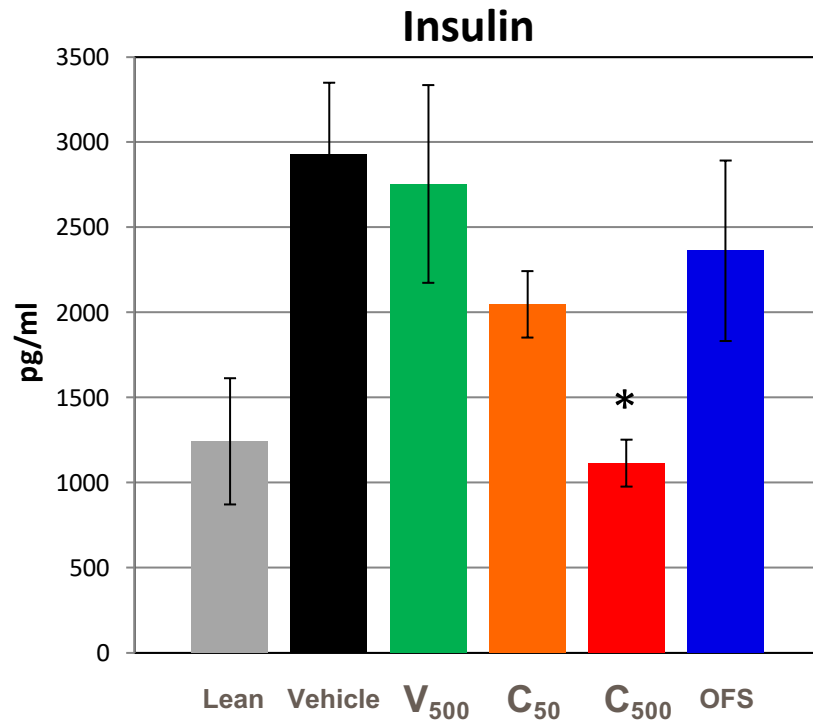


*p < 0.05 vs. Vehicle (ANOVA, Dunnett's)

Modulation of Hormones

Ceftazidime specifically induced hyperglycemic control

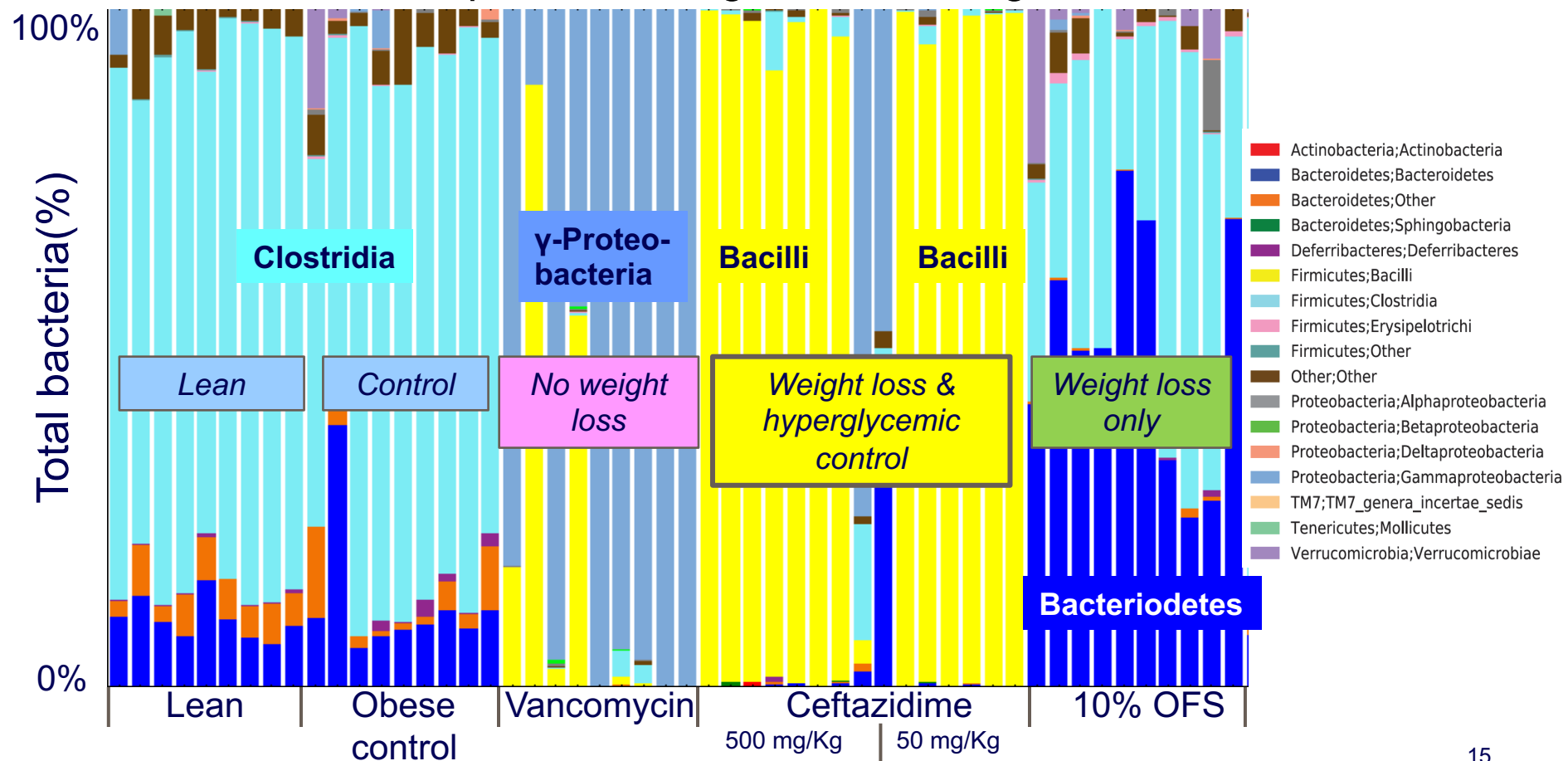
- Ceftazidime (CEF) uniquely decreased levels glucose & insulin while elevating active Glucagon-like peptide 1 (aGLP-1) and PYY levels
 - aGLP-1 glucose-dependent stimulator of insulin; decrease food intake
- aGLP-1 agonism by ceftazidime confirmed in rat ZDF diabetes model
- Several aGLP-1 agonist drugs (peptides) are approved for T2DM



Distribution of Intestinal Bacterial Species

Higher Firmicutes abundance associated with improved hyperglycemic control

- Reductions in proteobacteria might be related to lower inflammation (i.e. LPS)
- Firmicutes might be producing a more favorable metabolite profile
- Antibiotics are not optimal for longer term dosing for chronic diseases



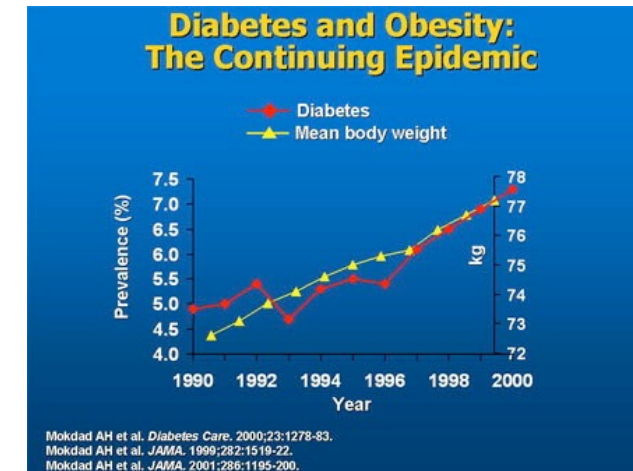
Outline

1. Defining the “normal” vs “disease” microbiome
2. Modulation of the microbiome in obesity/diabetes *in vivo* models
- 3. Microbiome and clinical pharmacology**
4. Bacterial metabolites as immuno-modulators

Gut Microbiome and Metformin Withdrawl

Understanding the gut pharmacology of widely used drugs

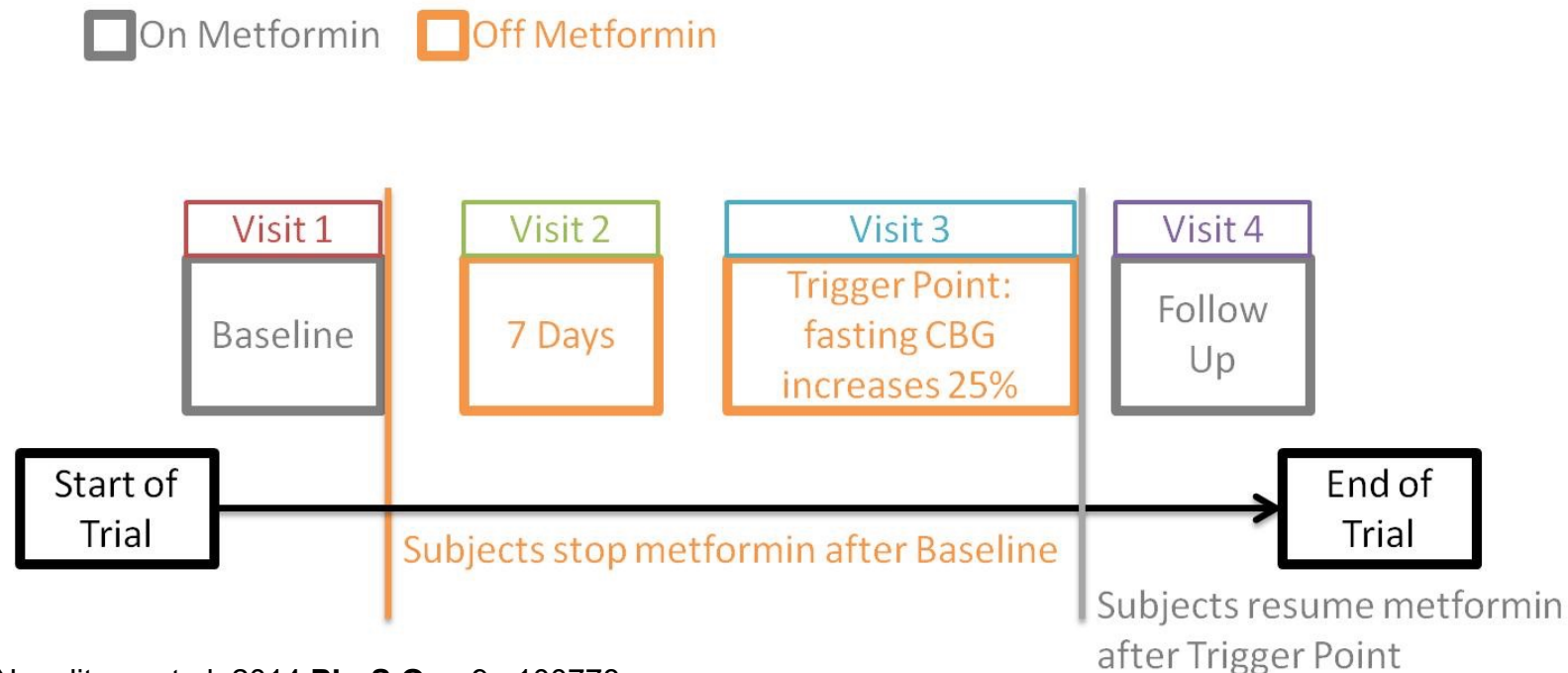
- Metformin is first-line drug of choice for the treatment of Type 2 diabetes mellitus (T2DM)
- Oral metformin decreases hepatic glucose production, but intravenous metformin is much less effective
- Gut-based pharmacology may be important for metformin action as an anti-diabetic medication
- The effects of metformin on gut bile acids, entero-endocrine hormones, and microbiome are not clear
- **GSK study aim:** Evaluate T2DM patients “on” and “off” metformin to characterize the biochemical and microbiome responses



Gut Microbiome Metformin Study Design

T2DM subjects cycling through on-off-on metformin treatment

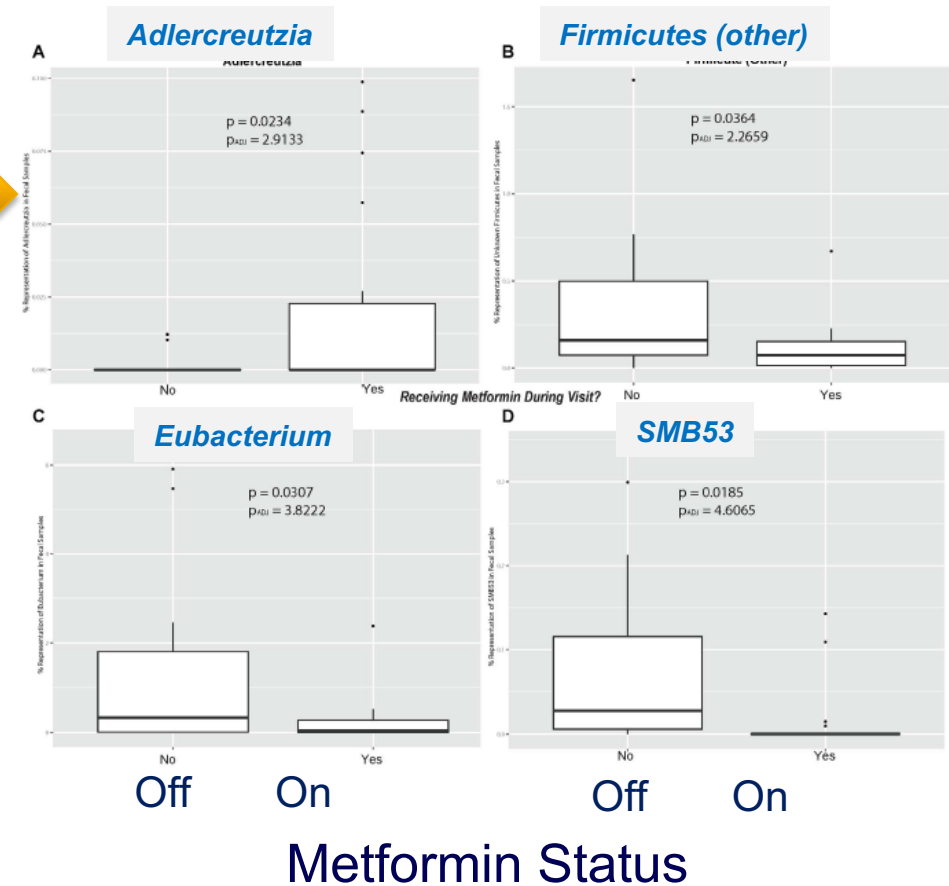
- 14 T2DM patients taken off metformin; Baseline measurements recorded
- When blood glucose reach 125% baseline, triggers metformin resumption
- Patients monitored daily until blood glucose levels return to baseline
- 4 fecal samples taken throughout study: 1) Baseline; 2) 7 days after metformin cessation; 3) metformin treatment resumes and 4) blood glucose returns to baseline



Novel Gut Pharmacology of Metformin

Microbiome manipulation could have a role in metformin MOA

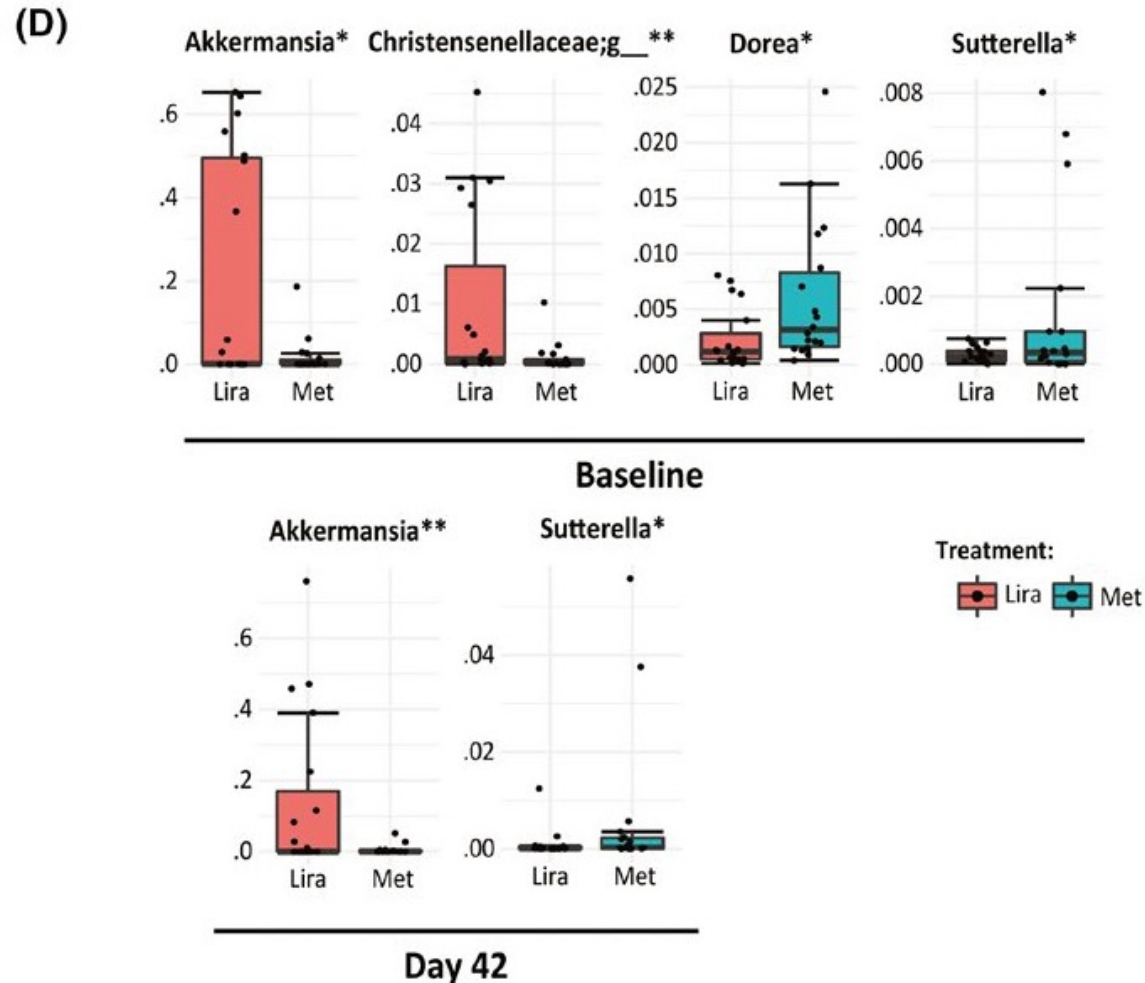
- Serum glucose and primary bile acids (Cholic acid) increase while off metformin
- *Adlercreutzia* sp., a known metabolizer of plant isoflavones (equol), was positively correlated with “on” metformin
- Equol regulates glucose uptake in adipocytes via PPAR-gamma insulin-stimulation pathways
- Dietary soybean isoflavones favorably affect metabolic phenotypes associated with T2DM
- Study suggests microbiome metabolism plays a role in metformin pharmacology in T2DM
 - Microbiome activity supported by other T2DM patient cohort studies



Napolitano et al. 2014 **PLoS One** 9:e100778

Metformin and Liraglutide Change the Microbiome

Microbiome changes to GLP-1 agonist drug, liraglutide



- Microbiome study for T2DM patients on metformin ($n=18$) or aGLP-1 agonist, liraglutide ($n=19$).
- Both drugs differentially changed the microbiome.
- *Akkermansia* sp. were elevated by liraglutide.
 - Genus positively associated with gut barrier homeostasis
- Also significantly correlated with duration of diabetes
 - Higher *Akkermansia* abundances in subjects with short or medium durations vs long term T2DM

Outline

1. Defining the “normal” vs “disease” microbiome
2. Modulation of the microbiome in obesity/diabetes *in vivo* models
3. Microbiome and clinical pharmacology
- 4. Bacterial metabolites as immuno-modulators**

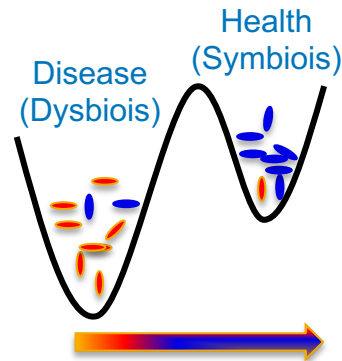
Overview of Microbiome Therapeutic Strategies

Targeting either the “messenger” or the “message”

Manipulate Microbial Ecology

Alter microbial ecology and biochemistry using:

- Fecal material transplant (FMT)
- Highly selective small molecule and biological inhibitors of bacterial species
- Engineered probiotics
- Prebiotics
- Vaccines
- Combinations of above

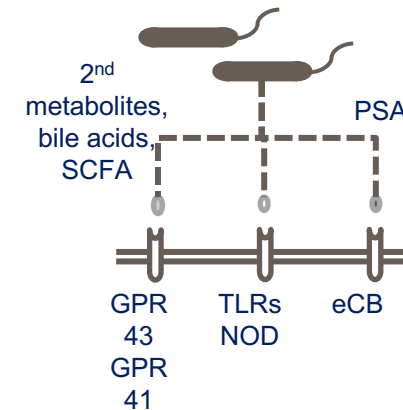


Rajpal & Brown 2013 *Drug Development Research* 74:376

Modulate Human-Microbe Crosstalk

Target human receptors that interact with the microbiota and/or their products via:

- Metabolite-like molecules
- Bacterial components
- Build target evidence for specific diseases using human genomics and genetic data



Challenges

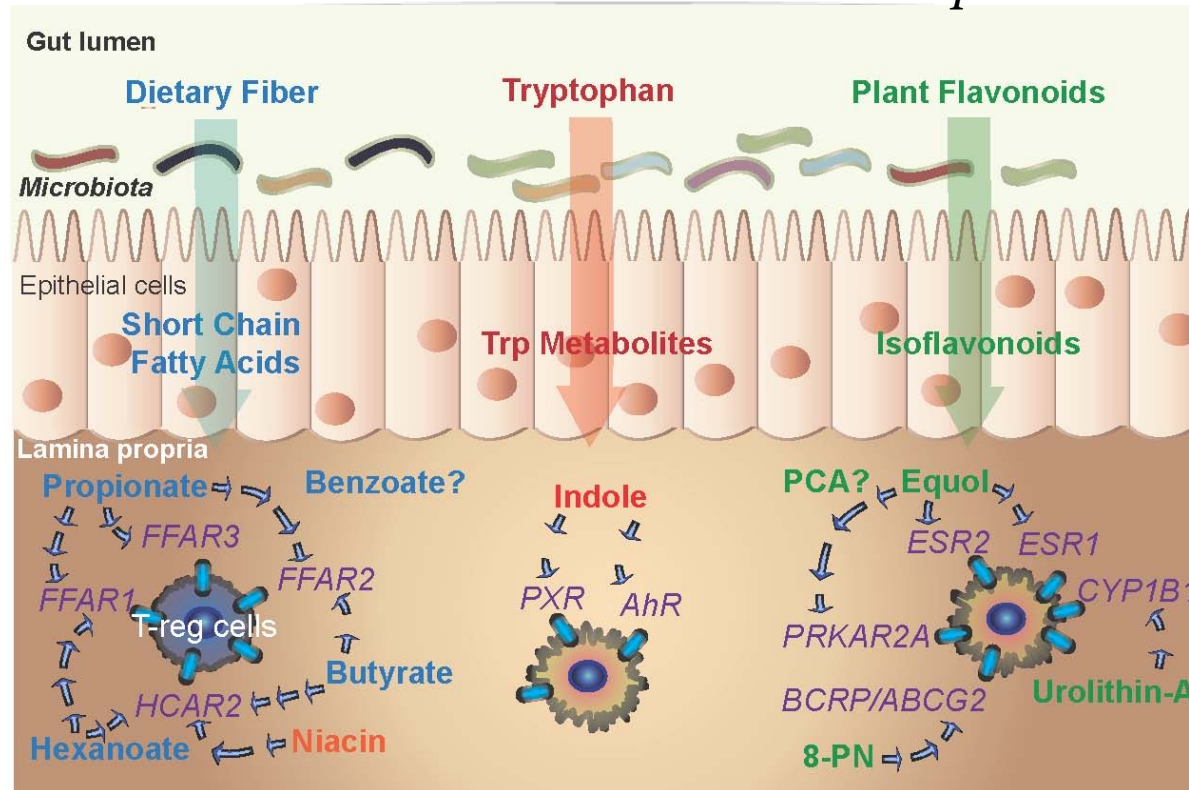
- Establish confidence in mechanism of action
- Prove superiority to existing therapeutics
- Fulfills CMC, regulatory and other standards for a consistent, supported product

Targeting Human Host-Microbial Crosstalk

Bacterial metabolites mediate immune cellular responses



Dr. Somdutta Saha, Early Talent PDF



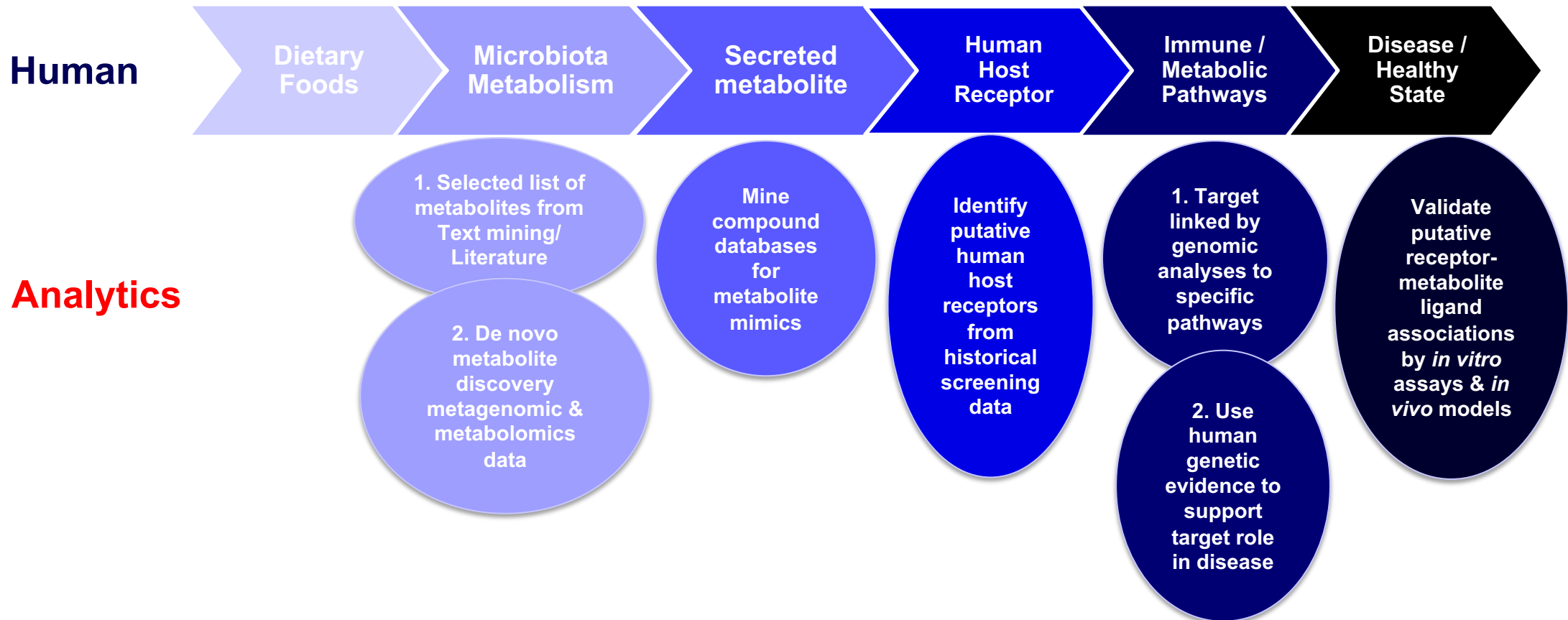
Saha et al. 2016. **Drug Discovery Today** 21:692

- Endogenous bacterial metabolites are known to be well-tolerated
- Evolution has optimized metabolite-receptor interactions
- Metabolites are known modulators of immune and inflammation pathways
- Many successfully launched drugs have “metabolite-like” properties (Dobson et al. 2009 **Drug Discovery Today** 14:31)

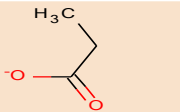
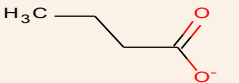
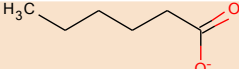
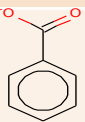

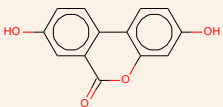
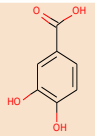
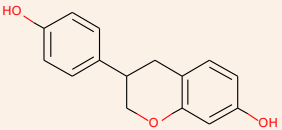
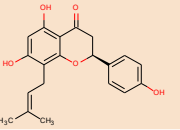
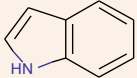
Searching For Bacterial Metabolite-Mimics

In silico approach to find metabolite compounds for optimization

- Pharma and public compound databases contain many natural and synthetic metabolite-like molecules, a subset of which have specific human target interaction data



Metabolites Reported As Immuno-modulators

Microbial Metabolite	Structure	Known Target (if any)
Propionate		G-protein coupled receptors
Butyrate		G-protein coupled receptors
Hexanoate		G-protein coupled receptors
Benzoate		Unknown
Niacin		G-protein coupled receptors
Urolithin -A		Cytochrome P450s family 1B1
Protocatechuic Acid (PCA)		Unknown
Equol		cAMP-protein kinase A Estrogen receptors
8-Prenylnaringenin (8-PN)		Unknown
Indole		Voltage Gated K ⁺ channels

CCC(=O)[O-]
SMILE String
conversion

> 0.8 Tanimoto
score

Search GSK 4.5 M
compound collection

Retrieve metabolite-
mimics

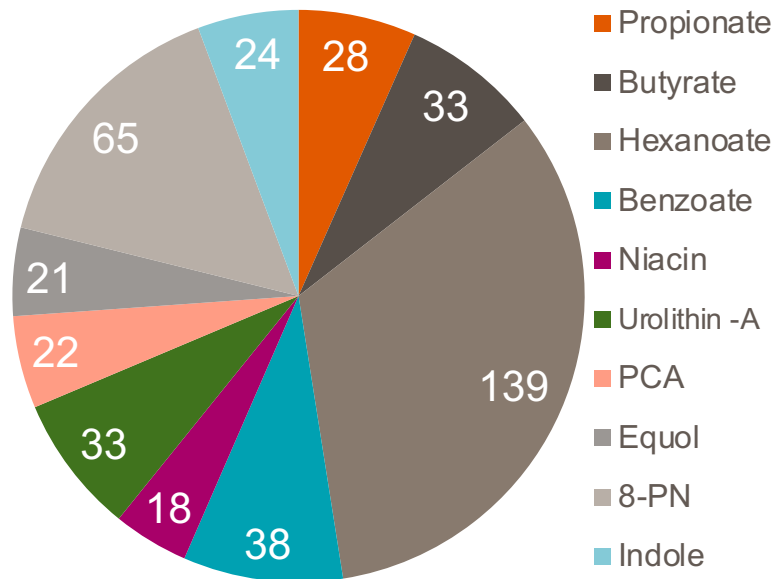
Retrieve any target
assay data

List of microbial metabolites
used in database searches,
their 2D chemical structure and
known targets (if any).

Metabolite-mimic Occurrences and Target Classes

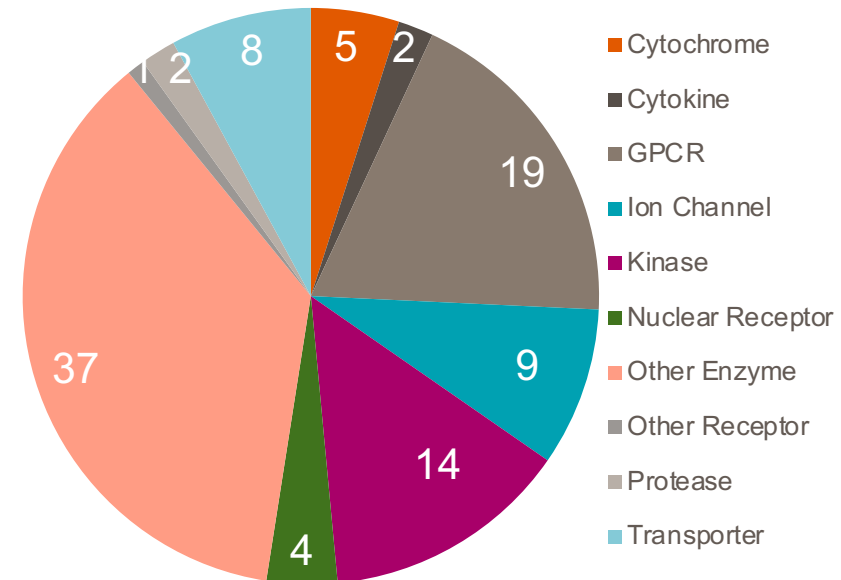
Distributions of metabolites and targets in GSK databases

(a)



421 “metabolite-mimics” found in the GSK compound collection (Tanimoto structural similarity ≥ 0.8)

(b)



101 human receptor ligand relationships based on historical assay data

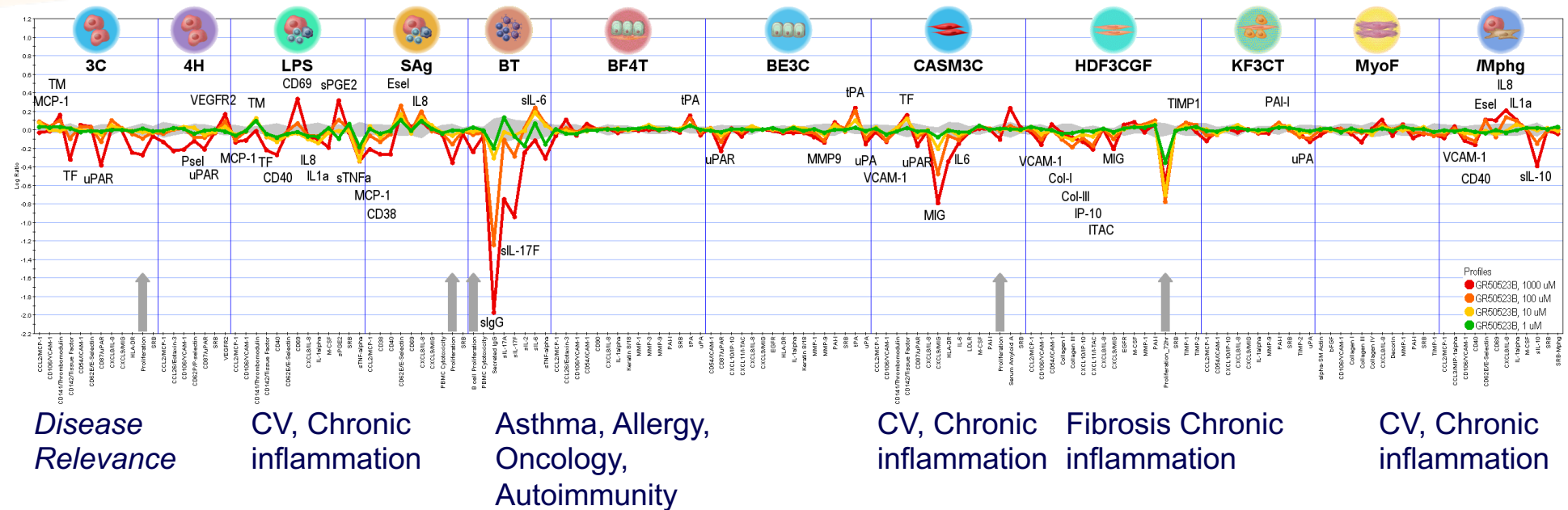
Both Known and Novel Targets Found

★ Metabolite and mimic progressed to DiscoverRx screen

Microbial Metabolite	Known Target (if any)	GSK Target Gene IDs Known and Novel
★ Propionate	G-protein coupled receptors like FFAR1(GPR40), FFAR3(GPR41), FFAR2 (GPR43) ⁵	FFAR1, FFAR3, FFAR2
★ Butyrate	FFAR2(GPR43) ⁵ , HCAR2 (GPR109A) ⁶ , lysine-specific demethylases	KDM4A 4 genes
Hexanoate	G-protein coupled receptors ⁵	FFAR4
★ Benzoate	Unknown	3 genes
Niacin	HCAR2 (GPR109A) ¹	HCAR2, 1 gene
★ Urolithin –A	CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) ⁶	CYP1A2, 3 genes
Protocatechuic Acid (PCA)	Unknown	3 genes
★ Equol	PRKAR2A (cAMP-protein kinase A) ⁷ , estrogen receptors (ERs)-ESR1 (ER α) and ESR2 (ER β) ⁸	ESR1, ESR2, 2 genes
★ 8-Prenylnaringenin (8-PN)	Unknown	3 genes
Indole	Voltage Gated K ⁺ channels ⁹	3 genes

BioMAP: Profiling Metabolite Cellular Phenotypes

Discover_R
Simple Solutions for Complex Biology

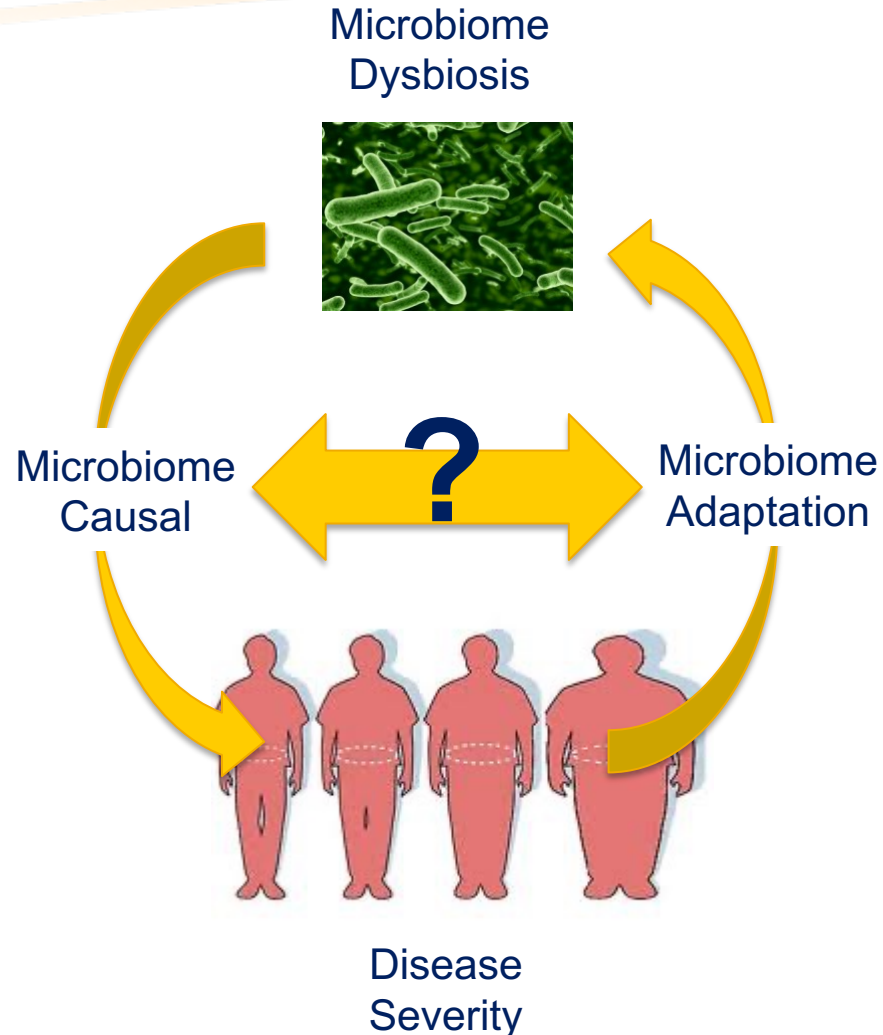


- **Example metabolite-mimic profile (butyrate) across primary cell assays:**
 - Modulators of endothelial cells, T cells, B cells
 - Inflammation-related activity – modulation of P-selectin, sTNF α , VCAM-1, MIG, IL-6, IP-10, etc.
 - Immunomodulatory activities – modulation of CD40, CD38, sIgG, and cytokines
 - Tissue remodeling activities – modulation of MMP-9, Collagen, etc.

GSK unpublished data

Challenge: Microbiome-to-Disease Causality?

The Gorilla-in-the-Room: Is the Microbiome Hype or Promise



- Are changes in the microbiome causing disease or merely adaptations to the disease environment?
- How do microbiome changes affect disease mechanisms?
- What human host genes / pathways link microbiome with disease pathology?
- Can manipulation of the microbiome reverse a disease phenotype?
- Are microbiome therapies better than current standard of care?

Acknowledgments

- **Computational Biology**

- Aaron Spivak
- Michal Magid-Slav
- Vinod Kumar
- Deepak Rajpal
- David Mayhew
- Dan Simola
- Seda Arat
- **Zhang Wang**
- **Somdutta Saha**

- **Target and Pathway Validation**

- Stephanie Van Horne
- Alan Kwan
- George Livi
- Ganesh Sathe
- Chris Traini

- **Platform and Technology Sciences**

- Channa Jayawickreme

- **Respiratory Clinical Discovery**

- Bruce Miller
- Ruth Tal-Singer

- **Pipeline Futures Group**

- Joe Marino
- Andrew Benowitz

- **DiscoverRX**

- Scott Paterson
- Ellen Berg

- **U. Leicester COPD team**

- Mona Bafadhel (Oxford U.)
- Kirobi Haldar
- Sebastian L. Johnston (Imperial College)
- Mohammadali Yavari Ramsheh
- Michael R. Barer
- Christopher E. Brightling

- **COPDMAP consortium**

- **AERIS consortium**



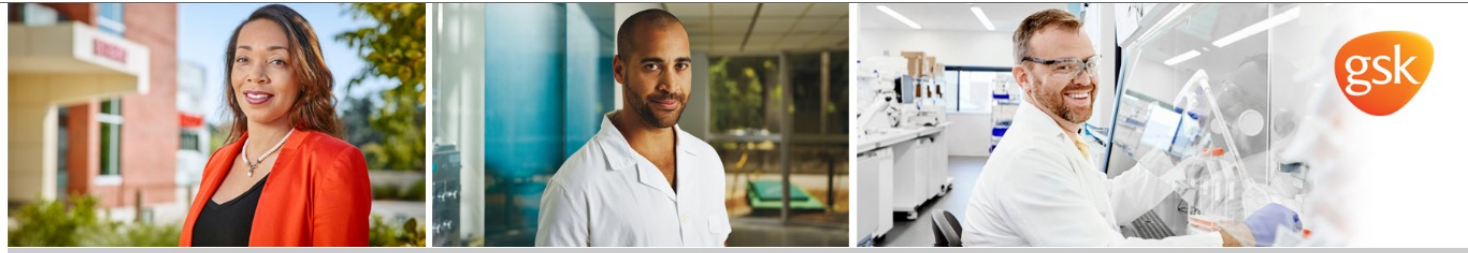
- All studies were conducted after review by the GSK Institutional Animal Care and Use Committee and in accordance with the GSK Policy on the Care, Welfare and Treatment of Laboratory Animals.

- The human biological samples were sourced ethically and their research use was in accord with the terms of the informed consents.

Computational Biologist – Host-Microbe Immunity

PhD Level Computational Biologist – infectious disease, host-microbe interactions and/or microbiome genomic data analytics

- Learn more and apply; <http://us.gsk.com/en-us/careers/>
 - Requisition ID: WD181298
- Or contact Jim Brown directly: James.R.Brown@gsk.com



[Refine search](#) | [View my account](#) | [Sign in](#)

Job details

Computational Biologist -- Host-Microbe Immunity

Requisition ID: WD181298

Position: Full time

Open date: Sep 12, 2018 8:31 PM

Functional area: Science and Technology

Location:

Collegeville, Pennsylvania

Required degrees: Phd/Doctorate

Experience required: 2 years

Relocation: Not Indicated

[Email a friend](#)

[Apply now](#)