

Mining the infant gut microbiota for therapeutic targets against atopic disease



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Asthma

Th2 inflammation

✓ Acetate

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Odds

Background

- Atopic disease prevalence has risen dramatically in recent decades^{1,2}
- Many atopic diseases are considered incurable
- Gut microbial dysbiosis in early life may precede atopic disease onset¹⁻⁴
- Supplementation with 'missing' microbes in early life as a live biotherapeutic product (LBP) may represent a novel means of treating, curing, and/or preventing atopic diseases^{1-3,5}

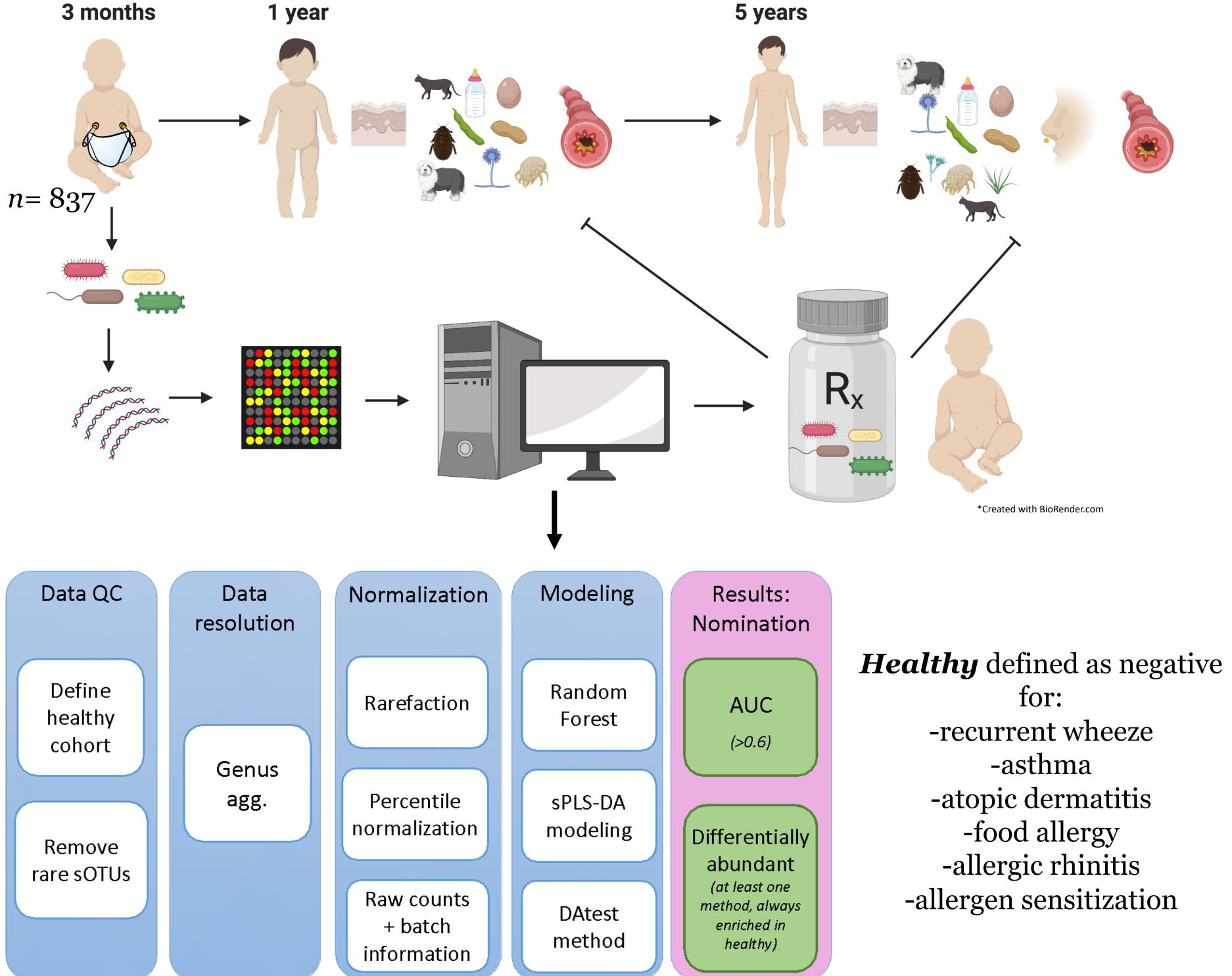
Experimental design & methods

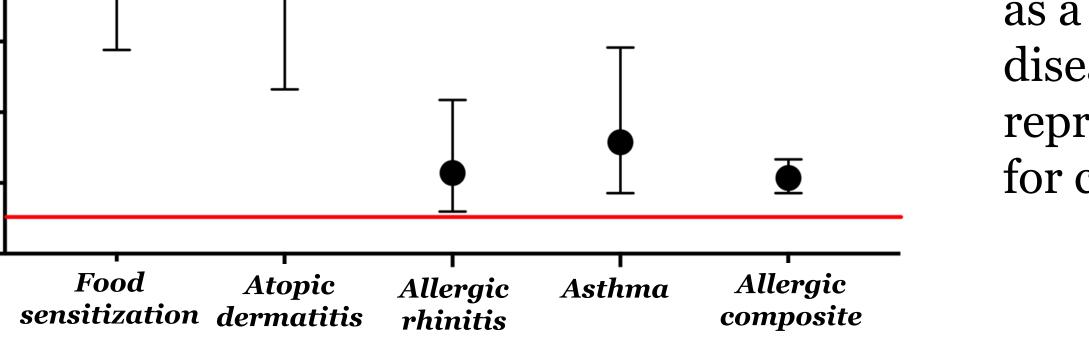
Figure 1: Bacterial taxa were nominated for inclusion in an atopic disease-preventative LBP using a series of complementary machine learning approaches to integrate clinical data with 16S rDNA amplicon sequencing data from stool samples collected at 3 months of age.

Figure 3: Children with a positive atopic composite score at age 1 yr are at increased risk of allergic disease at age 5 yrs.

> \succ 1 yr atopic manifestations predict allergic outcomes at age 5 yrs

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\geq 1 yr outcomes can be used
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as a proxy for later allergic disease outcomes and represent a realistic target for clinical trials

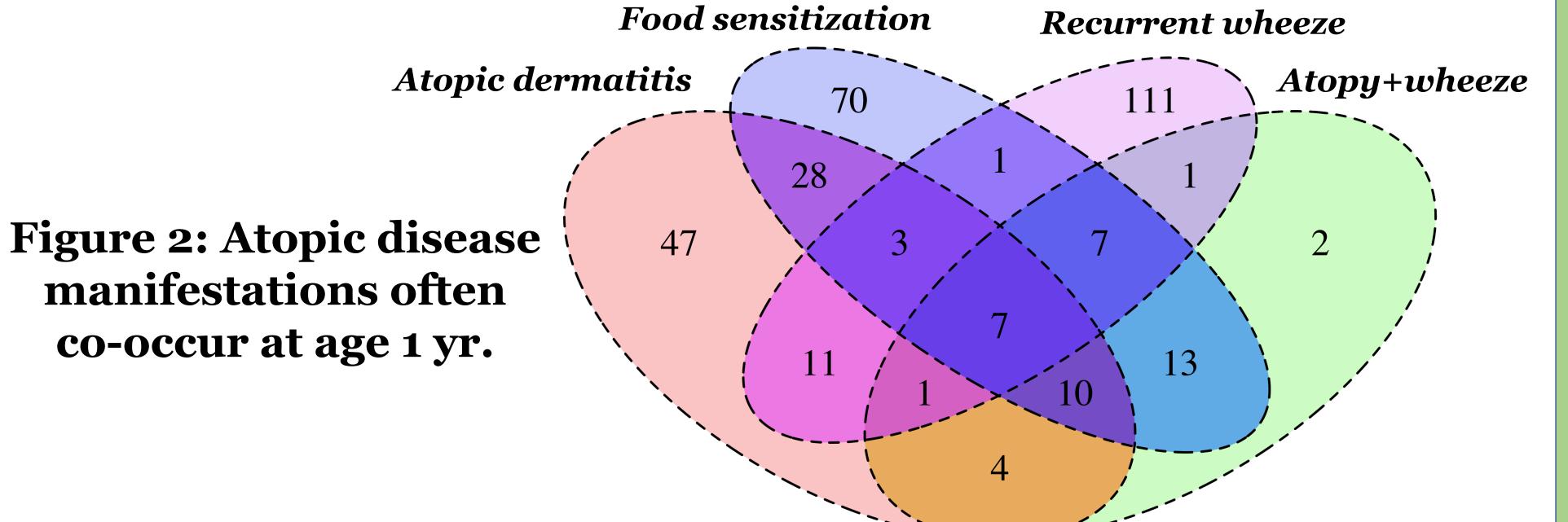
- Atopic composite: two or more atopic indications at age 1 yr
- Allergic composite: two or more of asthma, allergic rhinitis, atopic dermatitis, and food sensitization at age 5 yrs

 Table 1: Bacterial genera nominated for inclusion in a live

biotherapeutic product protective against atopic disease.

Nominated genera	Atopic dermatitis	Food sensitization	Recurrent Wheeze	Atopy + Wheeze
Faecalibacterium ⁻	* 🗸	\checkmark	\checkmark	\checkmark
Lachnospira†		\checkmark	\checkmark	\checkmark
Coprococcus†				\checkmark
Oscillospira*	\checkmark	\checkmark	\checkmark	
Roseburia*\$	\checkmark	\checkmark	\checkmark	\checkmark
Blautia*	\checkmark	\checkmark		\checkmark
Dorea	\checkmark	\checkmark		
Parabacteroides	\checkmark			\checkmark
Ruminococcus*	\checkmark	\checkmark		\checkmark

Subsequently nominated taxa were filtered for prevalence greater than 15% in the healthy children and relative abundances greater than 0.2%.



*=known butyrate producer; *=known acetate producer; >=known propionate producer

Conclusions & future directions

- Atopic phenotypes at age 1 yr predict those at age 5 yrs
- Infants with 2+ atopic disease indications at age 1 yr lack certain gut bacteria
- Supplementation with a LBP in infancy may prevent/treat allergic disease
- Future work: determine safety and efficacy of LBP in mice and humans

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