FHU PaCeMM

Fédération Hospitalo-Universitaire Paris Center for Microbiome Medicine









AdMIR

Targeting the Adaptated colonic Microbiota for a better recovery after Intestinal Resection



Bourgin Mélanie, PhD

INSERM UMR 1149 "Plasticity of gastro-intestinal mucosa in nutritional pathologies and after surgery (PIMS) "

Inflammation Research Center (CRI)

2nd FHU Doctoral & Post-Doctoral Seminar APHP - Hospital Saint-Antoine, Paris

Intestinal failure: Short Bowel Syndrome

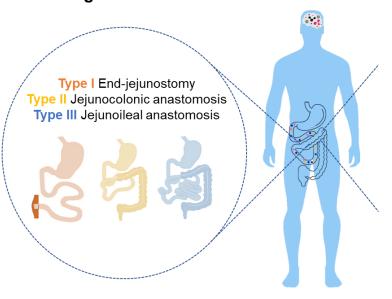
Background

Intestinal failure is the inability of intestine to maintain energy and absorb nutritional needs.

Short bowel syndrome (SBS)

 Surgical resection with small intestine less than 200cm in length, characterized by diarrhea, nutrient malabsorption and dysmobility.

Surgical Resection



Intestinal failure: Short Bowel Syndrome

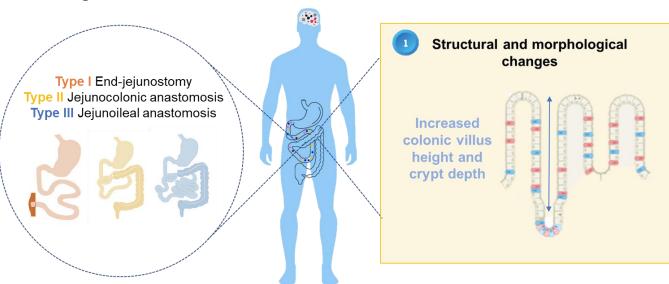
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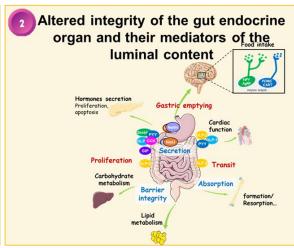
Short bowel syndrome (SBS)

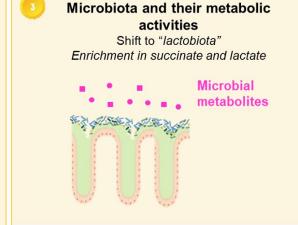
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Surgical Resection



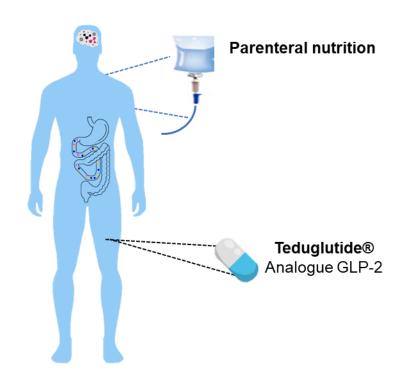
Adaptative Intestinal Recovery



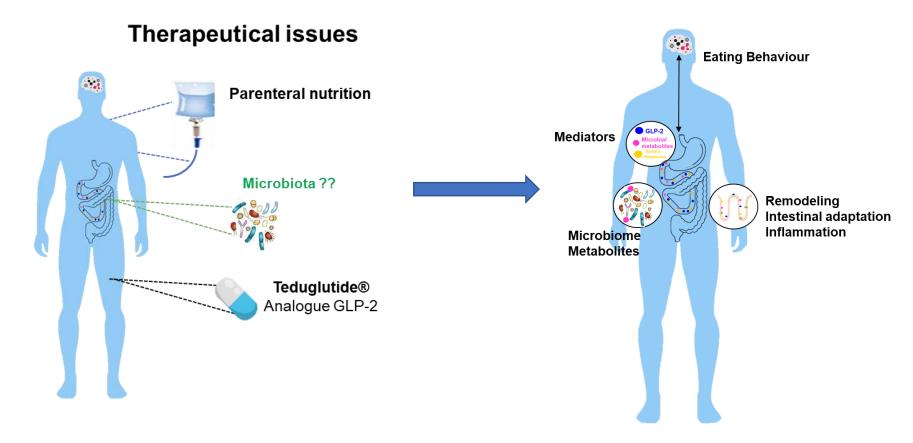


Short Bowel Syndrome (SBS): Therapeutical issues for a better intestinal recovery after resection

Therapeutical issues



Short Bowel Syndrome (SBS): Microbiome, as a new therapeutical target for a better intestinal recovery after resection



Proof of the concept of the impact of the microbiota in a better recovery after intestinal resection

- 1 Identify the signature and mechanisms by which the microbiota enhance gut adaptation and recovery in SBS after intestinal resection.
- Evaluate the impact of GLP-2 signalling in the mediation, fully or partially, of microbiota effects on adaptation and recovery during SBS.

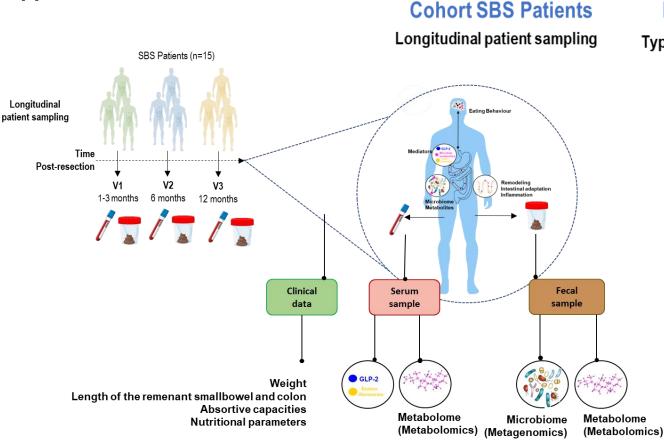
Elucidation of the microbial biomarkers associated to a better intestinal recovery after intestinal resection

Scientific & clinic coordinators : Dr. Le Beyec-Le Bihan
Dr. F. Joly
Pr. N. Kapel

Dr. M. Thomas

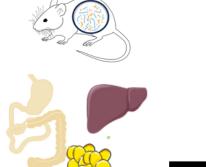
Dr. Lara Ribeiro-Parenti

Approaches



Preclinical SBS model

Type II Jejunocolonic anastomosis



Intestine, liver and peripheral tissues



Sera and fecal samples

Gut microbiome signatures



Metabolome

Microbiome biomarkers



Absorption capacity biomarkers

(Feat Pr. N. Kapel et coll.)

Intestinal recovery phenotypes

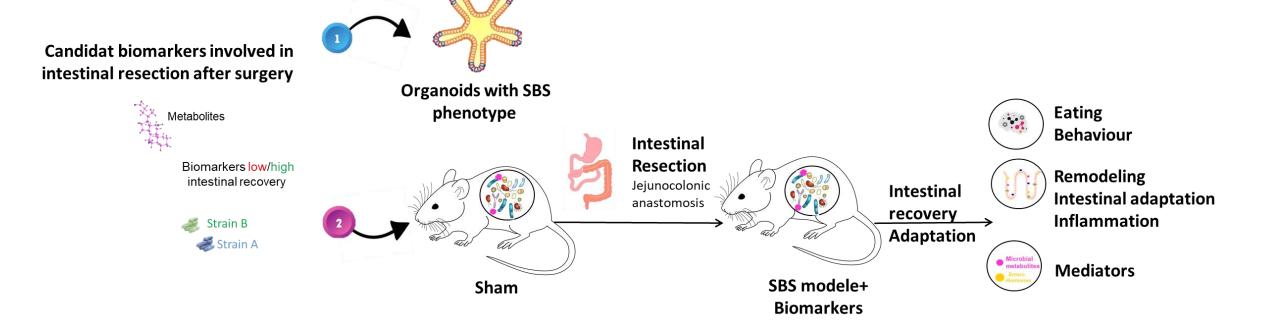
Low vs High

From association to causality: Mechanisms by which the biomarkers affect colonic homeostasis

Background

• Thomas et coll. has constituted a library of 60 strains representing species of lactobacillus dominant in lactobiota from SBS patients.

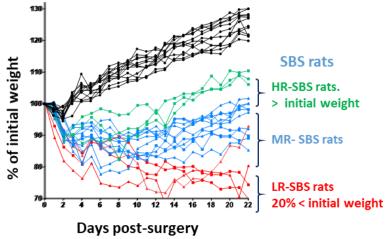
Scientific coordinators : Dr. Le Beyec-LeBihan
Dr. M. Thomas
Dr. Lara Ribeiro-Parenti
PhD student, A. Guarriges
Dr. M. Bourgin

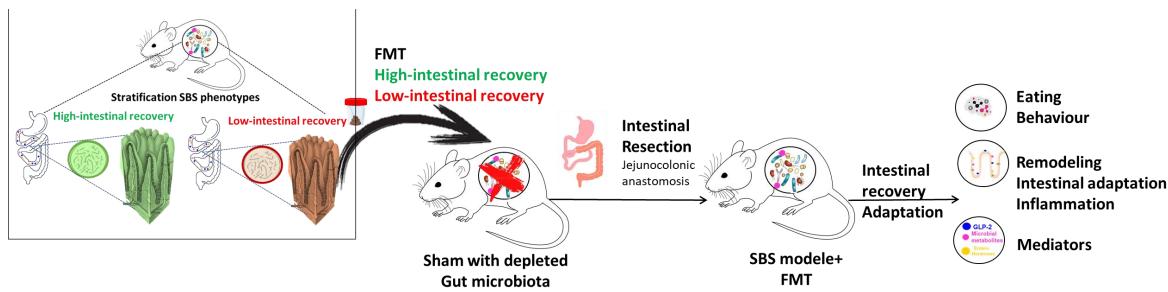


Identification of robust biomarkers for microbiome-based stratification of intestinal recovery phenotypes after resection

Background

 "Highly heterogeneous disorder with broad variation in disease severity, remnant bowel anatomy and function, and parenteral nutrition requirements in with SBS patients"

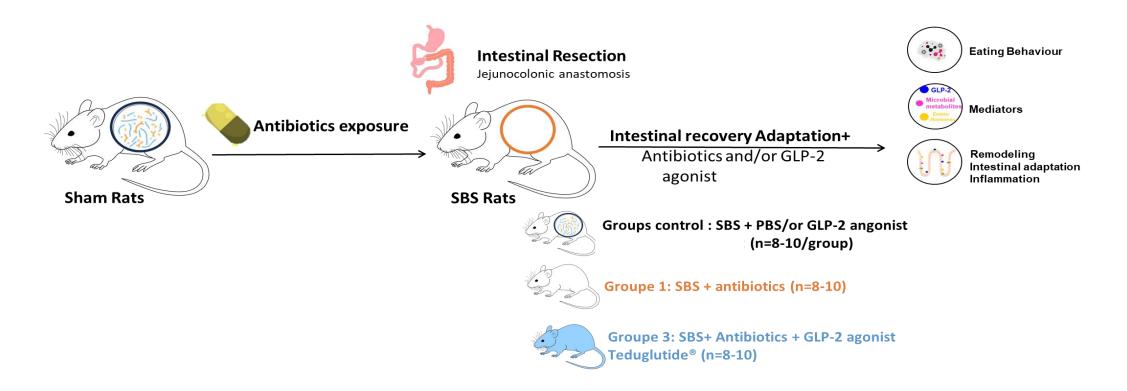




Contribution of gut microbiota to intestinal recovery and GLP-2 metabolic function after resection

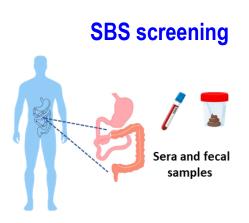
Background

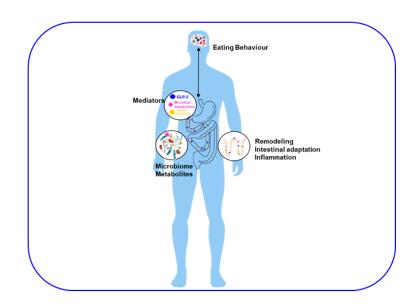
- GLP-2 orchestrate intestine integrity, gut microbiota, immune system and metabolic homeostasie
- GLP-2 analogue, Teduglutide® prolongs the intestinotrophic properties of GLP-2 and significantly increased intestinal wet weight absorption in SBS patients.

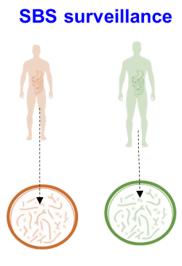


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Microbiota and clinical management of SBS patients

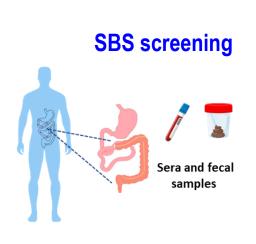


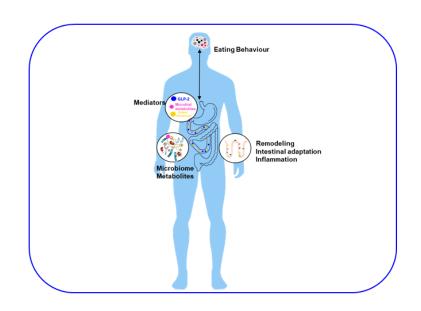




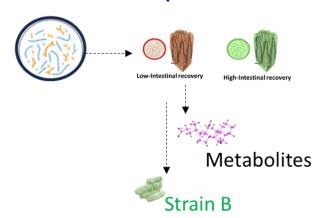
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Microbiota and clinical management of SBS patients

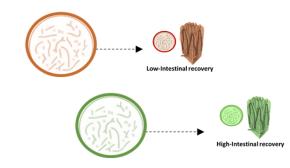




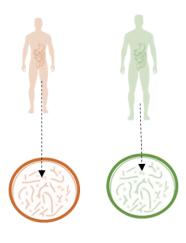
Treatment optimization



Prognosis assessment



SBS surveillance







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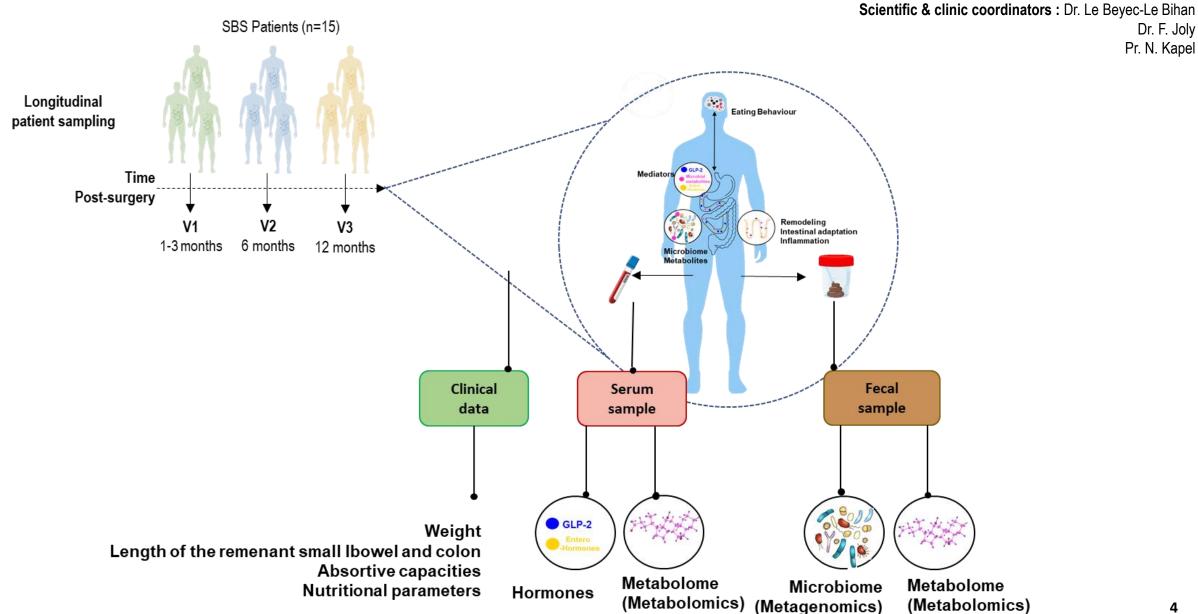
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Meta -"omics" reveals potential biomarkers in SBS patients associated to favorable intestinal recovery after surgery



Dr. F. Joly Pr. N. Kapel

Declaration of interests

As the corresponding author of this paper, I make the following declarations on behalf of myself and all other coauthors, if applicable: (Check all that apply)



The declarations below—indicated by checked boxes—are true to the best of my knowledge.



I have received confirmation from all other coauthors (if applicable) that the declarations below—indicated by checked boxes—are true to the best of their knowledge.



None of the authors have (or have had) a relationship involving supervision with any of the above named reviewers.



None of the authors have (or have had) a relationship involving close friendship with any of the above named reviewers.



None of the authors are researchers (or were researchers in the past) working within the same institutional department or unit where any of the above named reviewers are (or were at the same time) also working.



None of the authors are (or have been) research collaborators with any of the above named reviewers.



None of the authors have coauthored any published articles with any of the above named reviewers.



The results or views reported in this paper are not particularly supportive of results or views that are reported within published articles authored or coauthored by any of the above named reviewers.

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