

Gut Microbiome Dysbiosis and Chronic Lymphocytic Leukemia Pathogenesis in the Eμ-TCL1 mouse model

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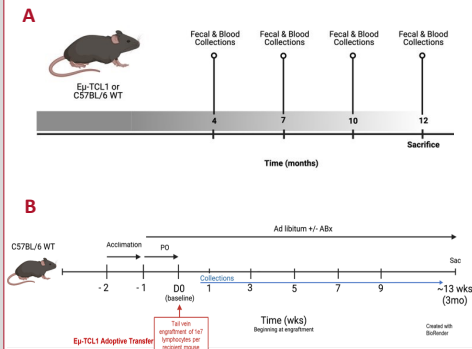
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Introduction

- Chronic lymphocytic leukemia (CLL) is an incurable disease of aging, disproportionately affecting the elderly and representing the most common adult leukemia in the United States.
- The pathogenesis of CLL is related to activation of B-cell receptor (BCR) signaling where microbial antigens are known to be key stimulators to drive CLL B-cell proliferation and disease progression.
- Here we describe initial microbiome profiling and association of a dysbiotic microbiome to CLL pathogenesis using a transgenic and adoptive transfer mouse model of CLL.

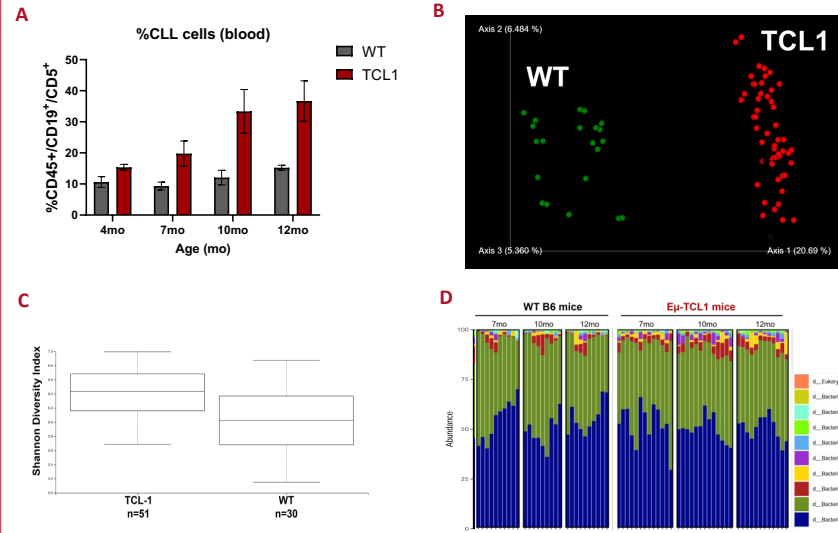
Experimental Design



(A) Transgenic Eμ-TCL1 mice (a murine CLL model) and wild type B6 (WT B6) mice were housed in separate cages and monitored with serial sample collection (fecal pellets and blood) over 1 year. At the end of study, mice were sacrificed, and tissues including spleen, intestines, and liver were collected.

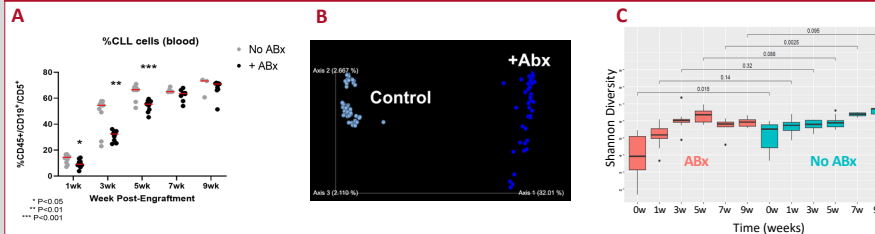
(B) C57BL/6 WT mice were split into 2 groups. Group 1 received a high dose antibiotic (ABx) regimen for five days consisting of vancomycin, neomycin, metronidazole, and amphotericin B followed by continued ABx therapy at lower amounts in drinking water. Group 2 did not receive antibiotics. Mice next underwent leukemia engraftment from advanced-disease Eμ-TCL1 mice and were followed for ~13 weeks with serial blood and fecal pellet sampling. Fecal samples underwent DNA extraction and 16S rRNA gene sequencing using V3/4 primers on the Illumina Miseq platform

Eμ-TCL1 Mice Harbor a Unique and Dysbiotic Gut Microbiome



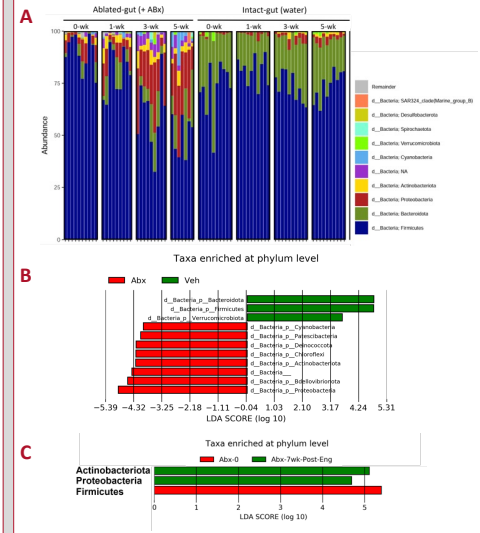
(A) CLL burden in peripheral blood by flow cytometry. (B) PCOA-plot depicting Jaccard dissimilarity as a measure of high Beta-diversity between TCL-1 and age-matched WT mice. (C) Alpha diversity measured by Shannon diversity index demonstrates increased alpha diversity in TCL-1 mice compared to control WT. (D) Relative abundance of key phyla between TCL-1 and WT identifies a dysbiotic community enriched for *Proteobacteria*, *Actinobacteriota*, and *Deferribacterota* phyla within the TCL1 cohort.

Antibiotic Ablation Impacts CLL Pathogenesis and Forms Unique Gut Microbial Communities



(A) CLL burden in peripheral blood over time according to antibiotic (ABx) exposure. (B) PCOA-plot depicting Jaccard dissimilarity as a measure of high beta-diversity between the ABx and no ABx group. (C) Alpha diversity changes over time according to antibiotic exposure (red) versus not (blue).

Antibiotic Treatment Produces a Progressively Dysbiotic Microbiome



(A) Relative abundance table at the phylum level depicts progressive changes to gut microbial populations in antibiotic-treated TCL-1 mice (+ABx) compared to untreated TCL-1 mice (intact gut). (B) Linear discriminant analysis Effect Size (LefSe) analysis of key phyla differences between the groups highlights increasing population of *Proteobacteria* indicative of progressive dysbiosis. (C) LefSe analysis in the antibiotic treatment group over time identifies an increase in *Proteobacteria* and *Actinobacteriota* phyla similar to the transgenic model (red time 0, green Abx at 7 weeks post-engraftment).

Conclusions and Future Directions

- CLL progression in transgenic Eμ-TCL1 mice is associated with a unique and dysbiotic microbiome compared to healthy controls.
- Antibiotic-mediated ablation of the gut microbiome initially delays CLL progression, which increases over time in association with a progressive dysbiotic increase in *Proteobacteria* and *Actinobacteriota* phyla.
- Proteobacteria* and *Actinobacteriota* were similarly identified in the separate transgenic Eμ-TCL1 mice, suggesting a potential relationship between these taxa and CLL progression.
- Samples from CLL patients are being actively collected (n=30/50) to translate findings from the mouse model.

Acknowledgements

We acknowledge the GP IDeA-CTR and NE Research Initiative for funding this research. We acknowledge the UNMC Comparative Medicine Core (animal housing and support) and the Genomics Core (sequencing support). Drs. D'Angelo and El-Gamal are co-primary investigators on this project. Correspondence to Christopher.Dangelo@unmc.edu