

# The "Force" of the Gut Microbiome in Hematologic Malignancies

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**UNMC**  
**1/19/2023**



# Microbiome cardiom

> Science. 2018 May 25;360(6391):eaan5931. doi: 10.1126/science.aan5931.

## Gut microbiome-mediated bile acid metabolism regulates liver cancer via NKT cells

> Gut. 2021 Apr;70(4):698-706. doi: 10.1136/gutjnl-2020-323020. Epub 2021 Jan 11.

## Gut microbiota composition reflects disease severity and dysfunctional immune responses in patients with COVID-19

Yun Kit Yeoh <sup># 1 2</sup>, Tao Zuo <sup># 2 3 4</sup>,

> Proc Natl Acad Sci U S A. 2017 Oct 3;114(40):10713-10718. doi: 10.1073/pnas.1711235114.  
Epub 2017 Sep 11.

## Gut bacteria from multiple sclerosis patients modulate human T cells and exacerbate symptoms in mouse models

Egle Cekanaviciute <sup>1</sup>, Bryan B Yoo <sup>2</sup>, Tessel F Runia <sup>1</sup>, Justine W Debelius <sup>3</sup>, Sneha Singh <sup>1</sup>,  
... <sup>1</sup>, Elaine M Richards <sup>1</sup>, Richard C Holbert <sup>2</sup>,

HOME > SCIENCE > VOL. 374, NO. 6575 > DIETARY FIBER AND PROBIOTICS INFLUENCE TH

REPORT | IMMUNOTHERAPY

## Dietary fiber and probiotics influen melanoma immunotherapy respon

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[Info & Affiliations](#)

# How Can The Microbiome Do All This?

- Hope or Hype?



# Outline

- Introduction to the Microbiome
- Connections to Host Immunity as a Mechanism
- Associations with Oncologic Diseases
- Novel Approaches for Therapeutic Manipulation



# The gut microbiome

- A community of bacteria, viruses, fungi, and parasites
- the

Is this a “New Immune Organ” or  
“The Force of Oncology.... A New Hope?”



specific CD4+ T cell

Naive CD4+ T cell priming

Th17 T cell



em

n

een

cells  
h1/2



# Microbiome Endpoints/Targets

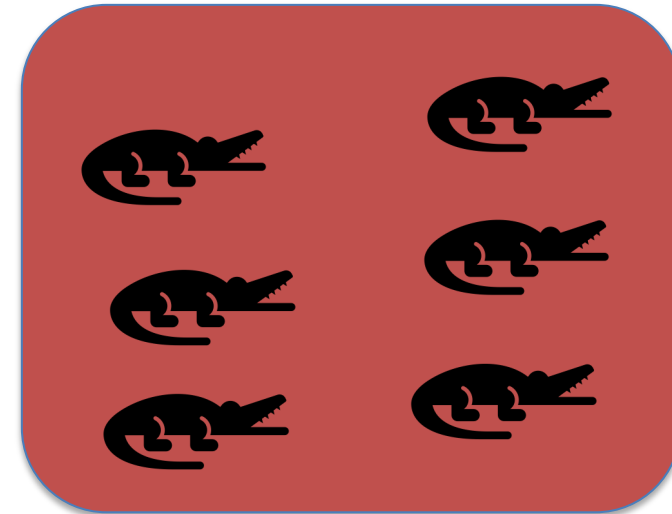
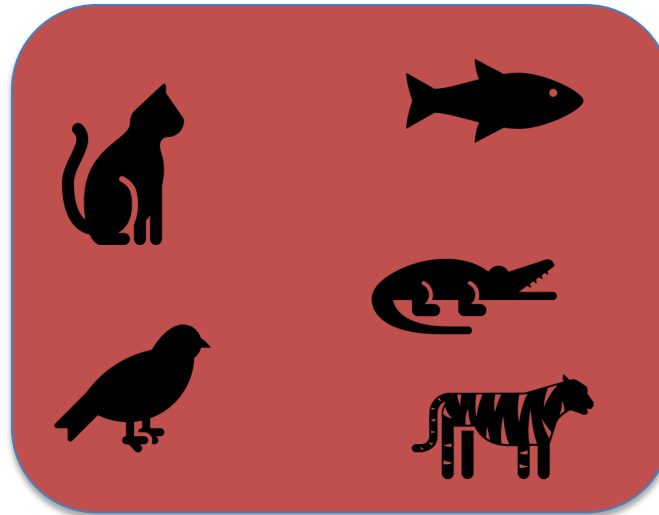
- Unclear which are the key features of the gut microbiome to target, not mutually exclusive
  - At what time points?
- Microbiome diversity?
  - Better characterized, associated with survival in variety of oncologic settings/therapies
  - Hard to change
  - Diversity  $\neq$  healthy (at least not necessarily)
- Specific populations?
  - Eubacterium sp. -> reduced relapse in myeloma allo-SCT (Peled et al, JCO 2017)
  - Blautia sp. -> reduced mortality from GvHD (Jenq et al, BBMT 2015)
  - Prevotella heparinolytica -> presence associated with IL-17 driven myeloma progression in mice (Calcinotto et al, Nat Commun 2018)
- Metabolomics?
  - Provide a readout of the system extending beyond bacterial populations (fungi, viral, epithelial)
  - Short chain fatty acids i.e. butyrate associated with anti-lymphoma activity, regulatory T-cell stimulation
- Endpoint or Process?
  - Does how we reach these endpoints (ie diversity) matter?
  - I.e. antibiotic exposure



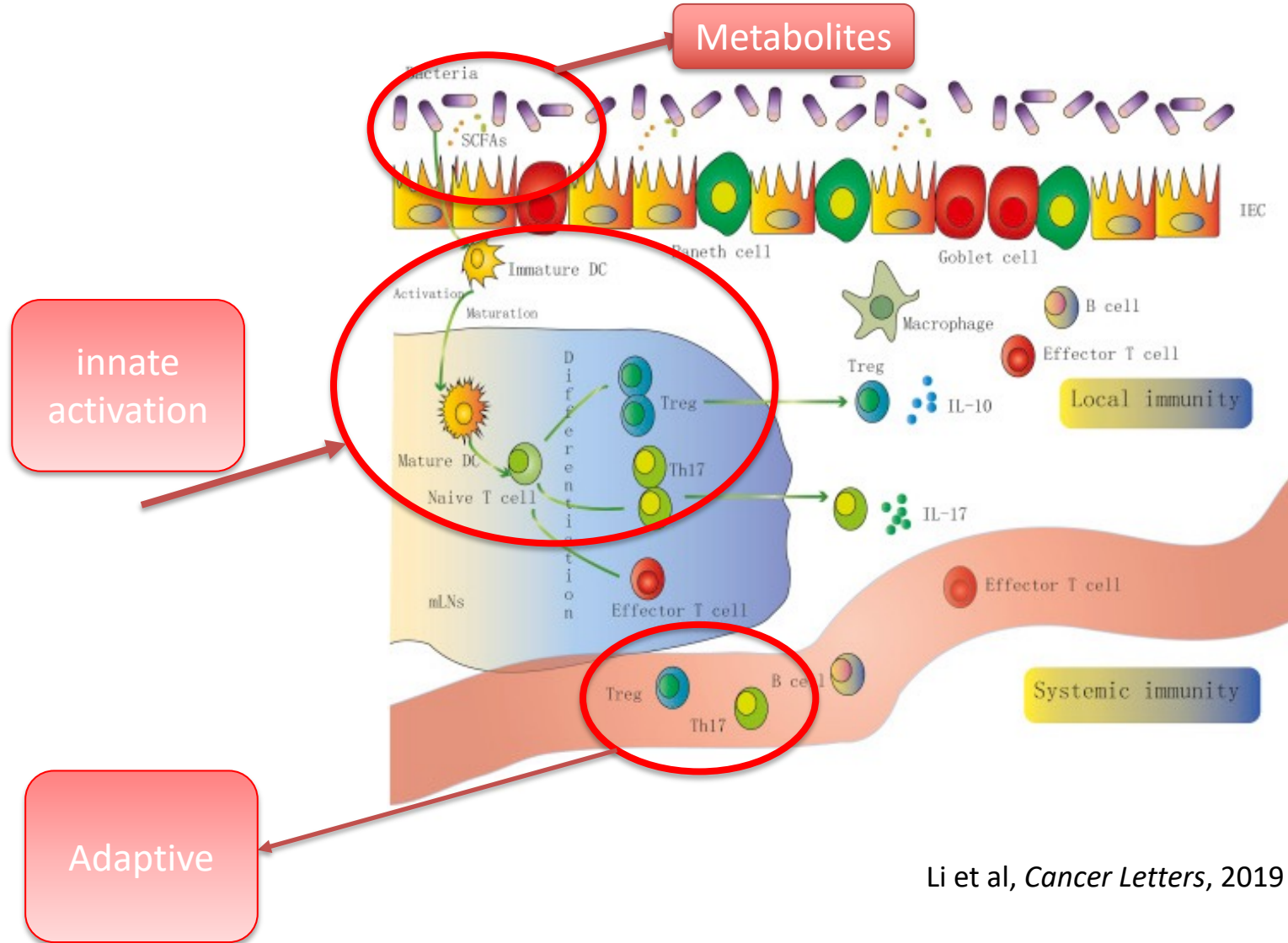


# Gut Microbiota Diversity

- Alpha diversity: measures the observed diversity for a given community
  - Comprised of:
    - Species richness (number)
    - Uniqueness (how many diff)
    - Evenness
- Beta diversity
  - How *communities* differ
  - i.e. –populations in a swamp compared to each other
    - Or pre- post- gut microbiota transplant profiles



# Mechanism



Li et al, *Cancer Letters*, 2019





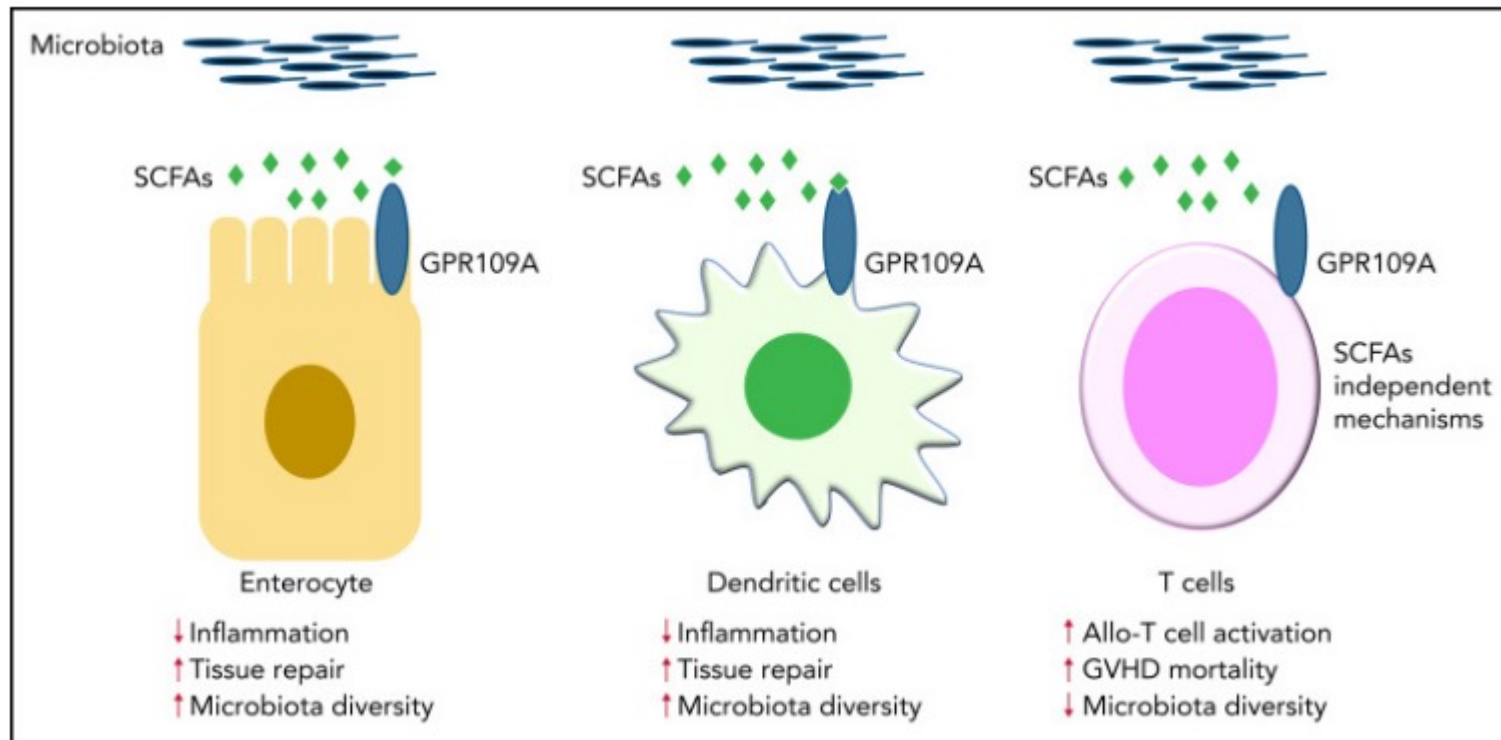
# Microbiome Mediated Immune Activation

- **Metabolites: not an exclusive list**
  - Short chain fatty acids



# Butyrate: SCFA du jour

- Regulate T-cell populations in the gut
- Potential epigenetic mechanism as a histone deacetylase inhibitor
- Effect differs across cell types and receptors
- G-protein receptor-mediated effects
- HDAC-inhibition effects



# Short-chain fatty acids can activate effector T-cell populations including CAR-T

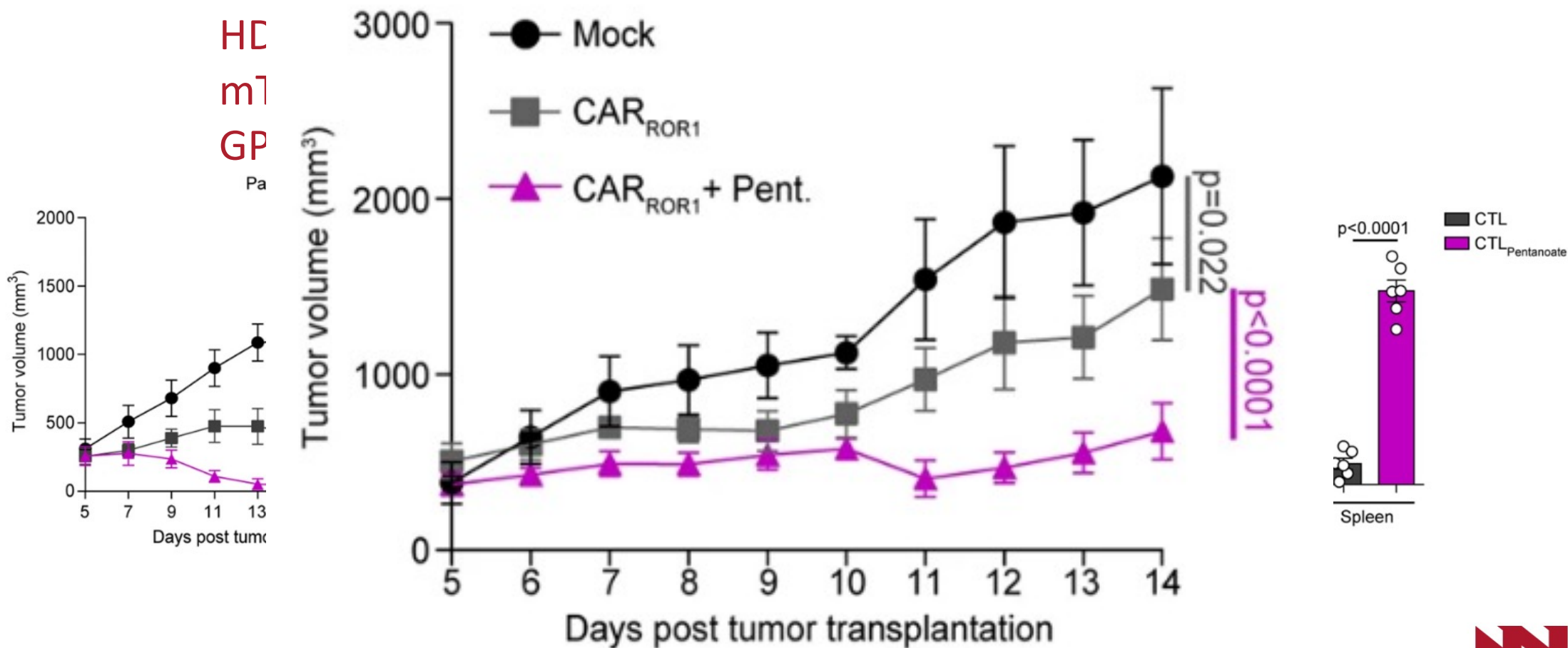
Mechanism

HC

m1

GP

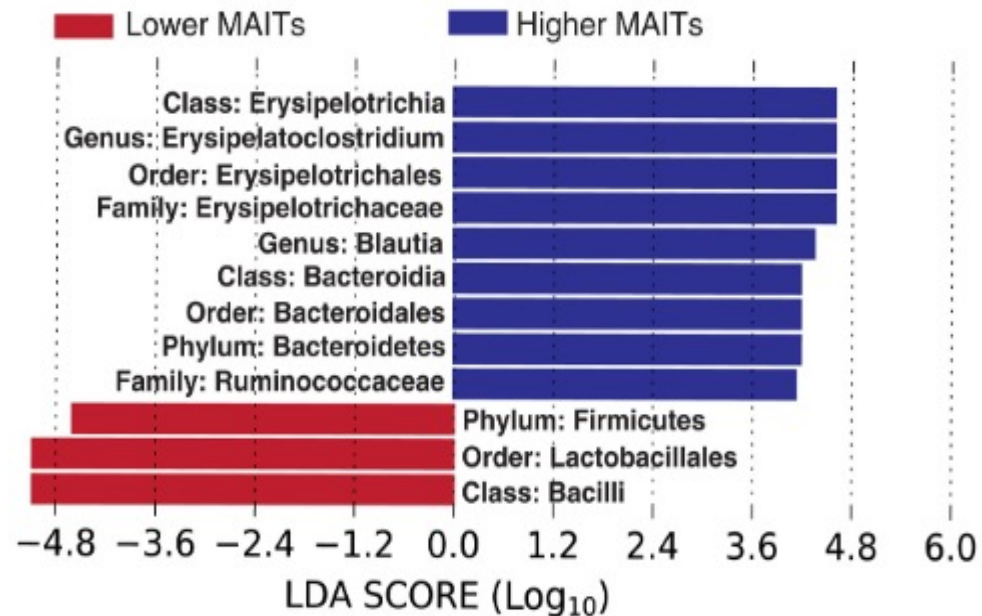
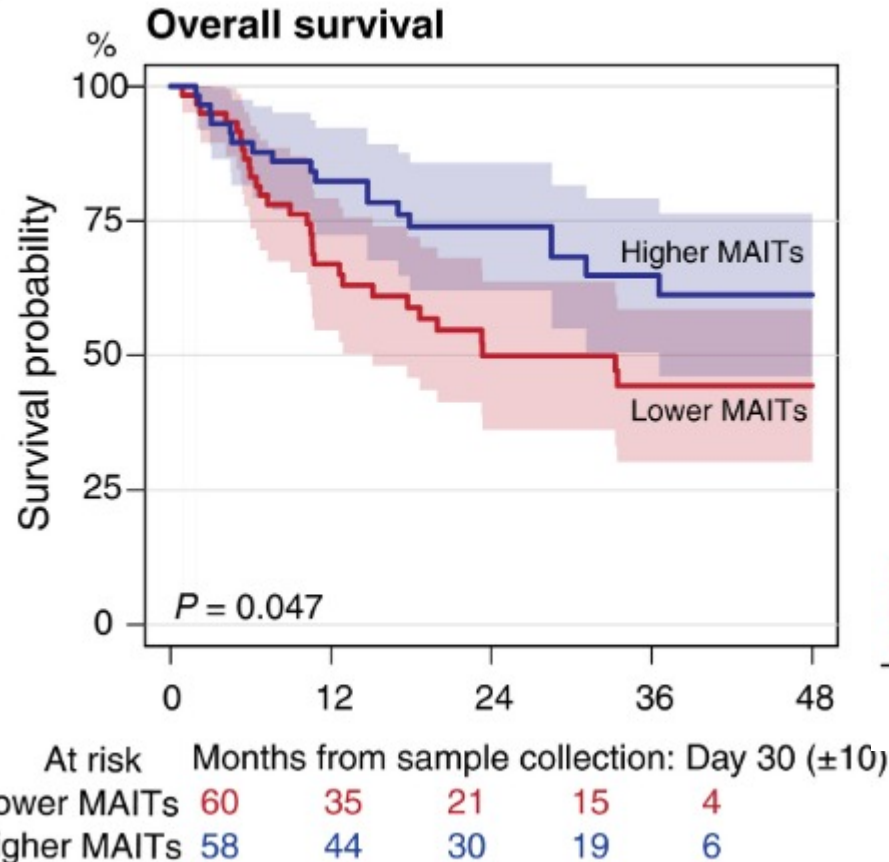
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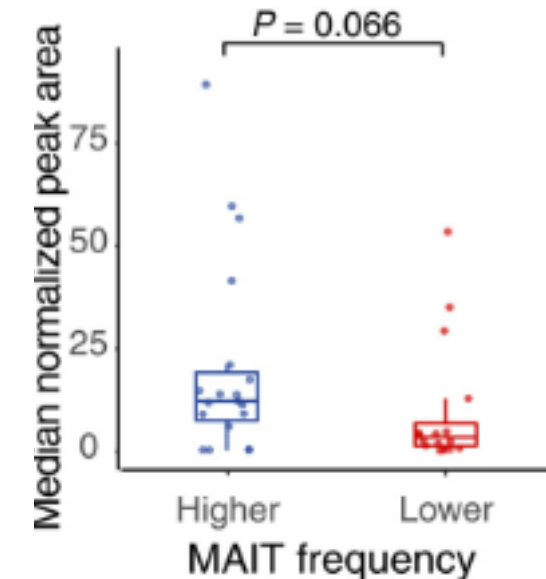
# Mucosal associated invariant T-cells (MAIT) and Riboflavin

- In human subjects post allogeneic stem cell transplant
- Potential *in vivo* anti-cancer responses, recognize riboflavin metabolites

**F**



**H** Stool riboflavin



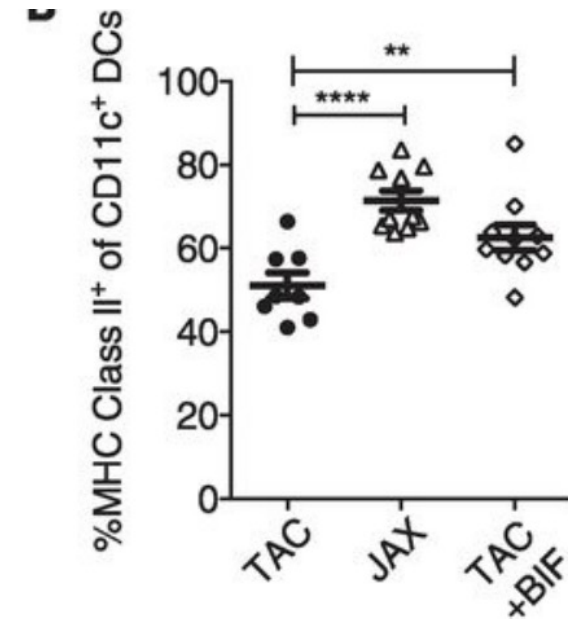
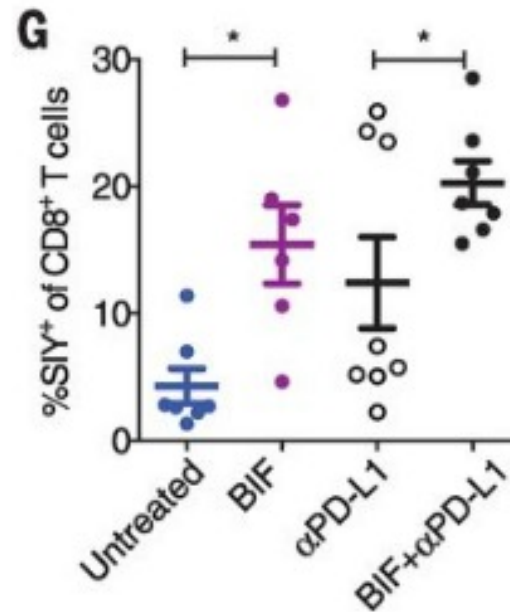
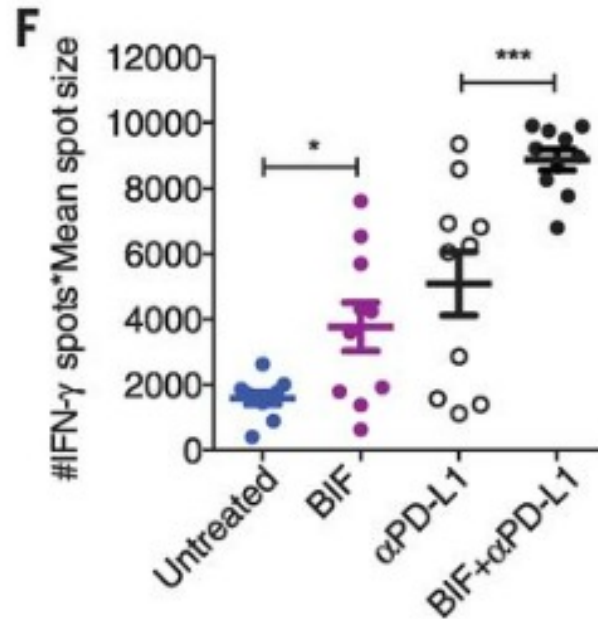
# Microbiome and Immune Cell Activation

- **Dendritic cell activation in a murine melanoma model**
- **Th17 activation in multiple myeloma**



# Dendritic Cell -> CTL activation

Cytotoxic T-cell Activation is Driven by Upstream Dendritic Cell activation from addition of commensal Bifidobacterium sp. in Mouse Melanoma Model

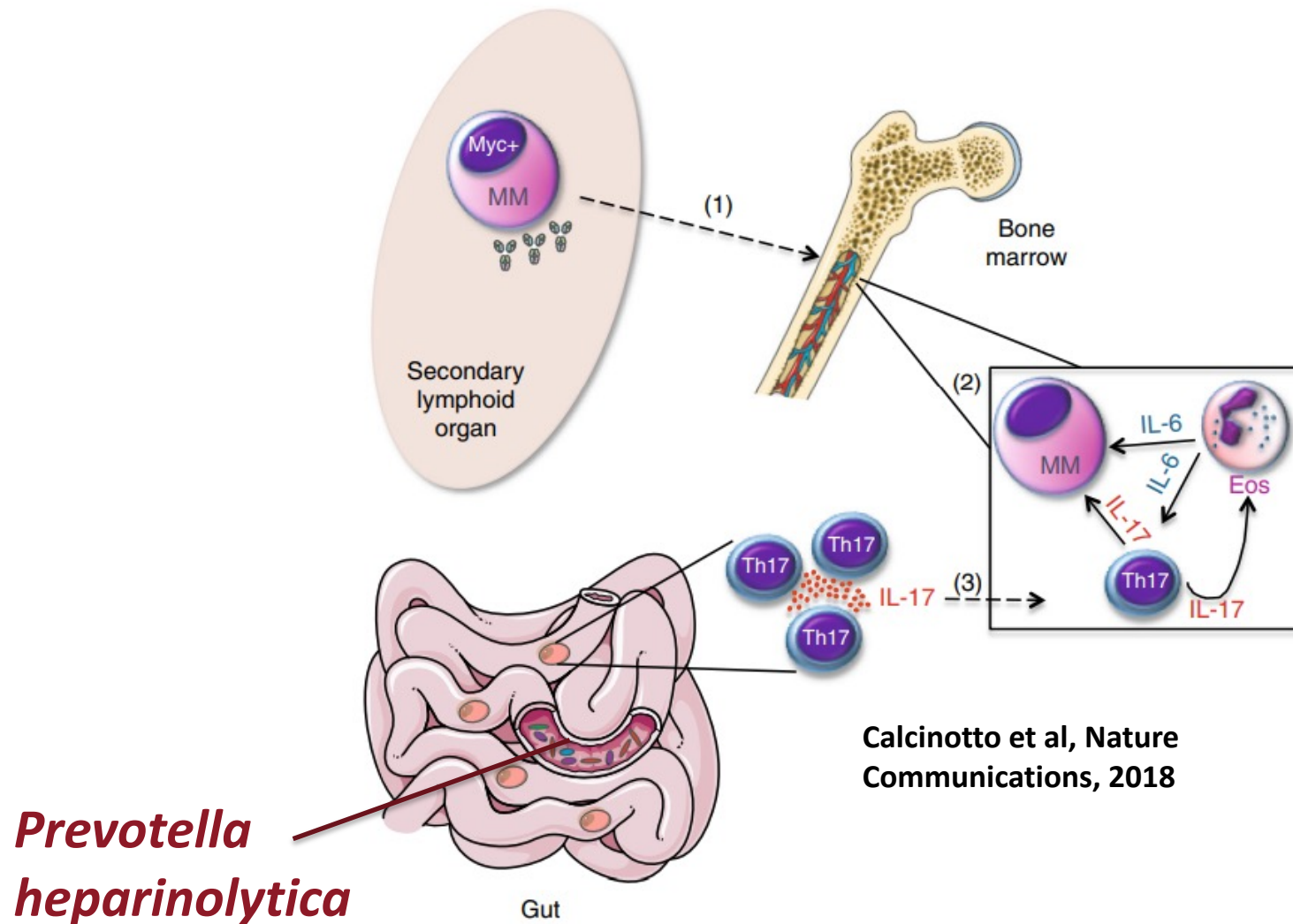


Sivan et al, Science, 2015

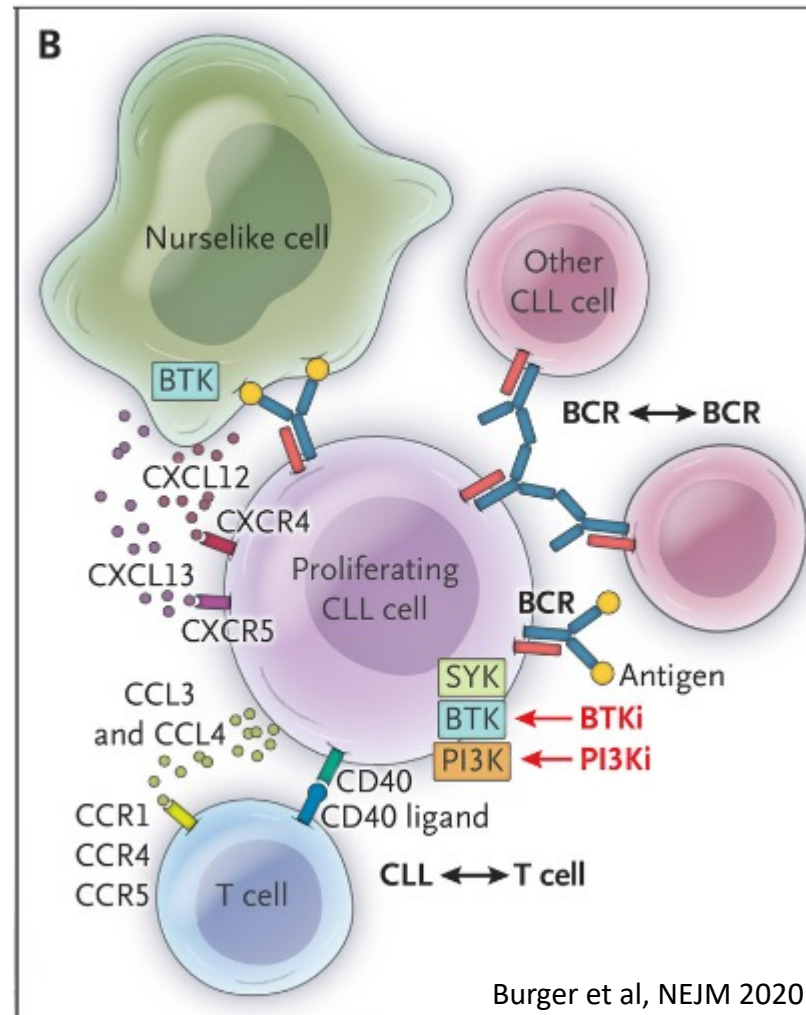




## Microbiome communities drive Th17 skewing and migration to BM to foster myeloma progression



# Microbiome and CLL



# CLL and the Gut Microbiome

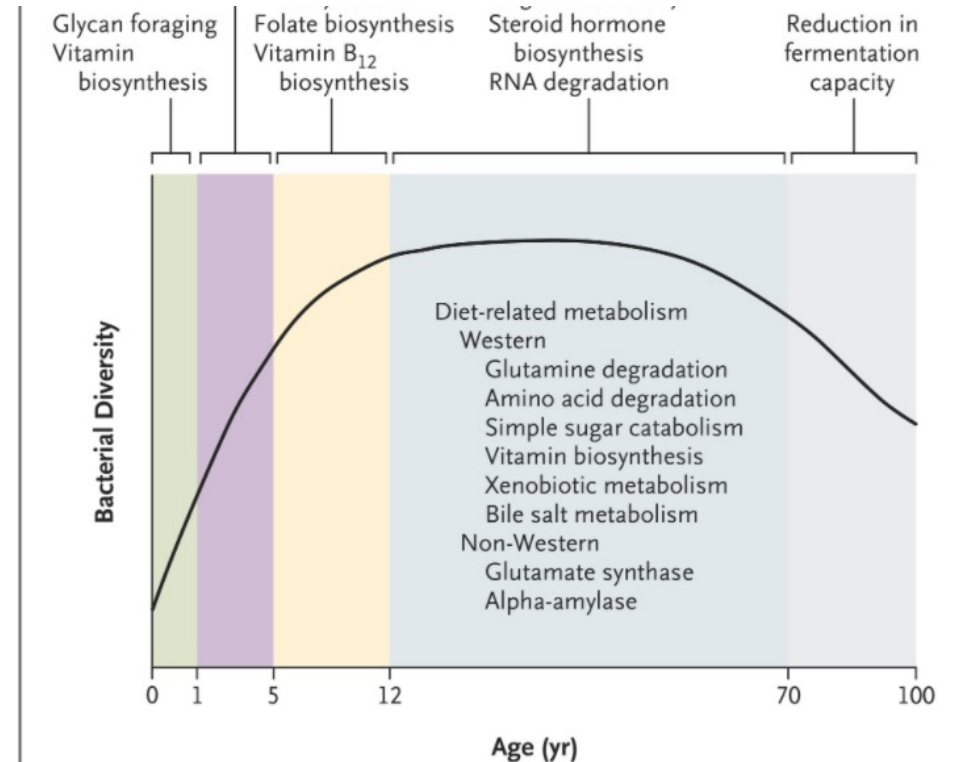
## Observations

### Clinical

- Median age onset ~72
- Variable clinical presentation
- Geographic disparity

### Biological

- Pathogenesis occurs in lymphoid organs
- linked to chronic B-cell receptor signaling
- Microbial antigens can activate BCR
- inflammatory cytokines linked to outcome



Lynch et al, NEJM 2016

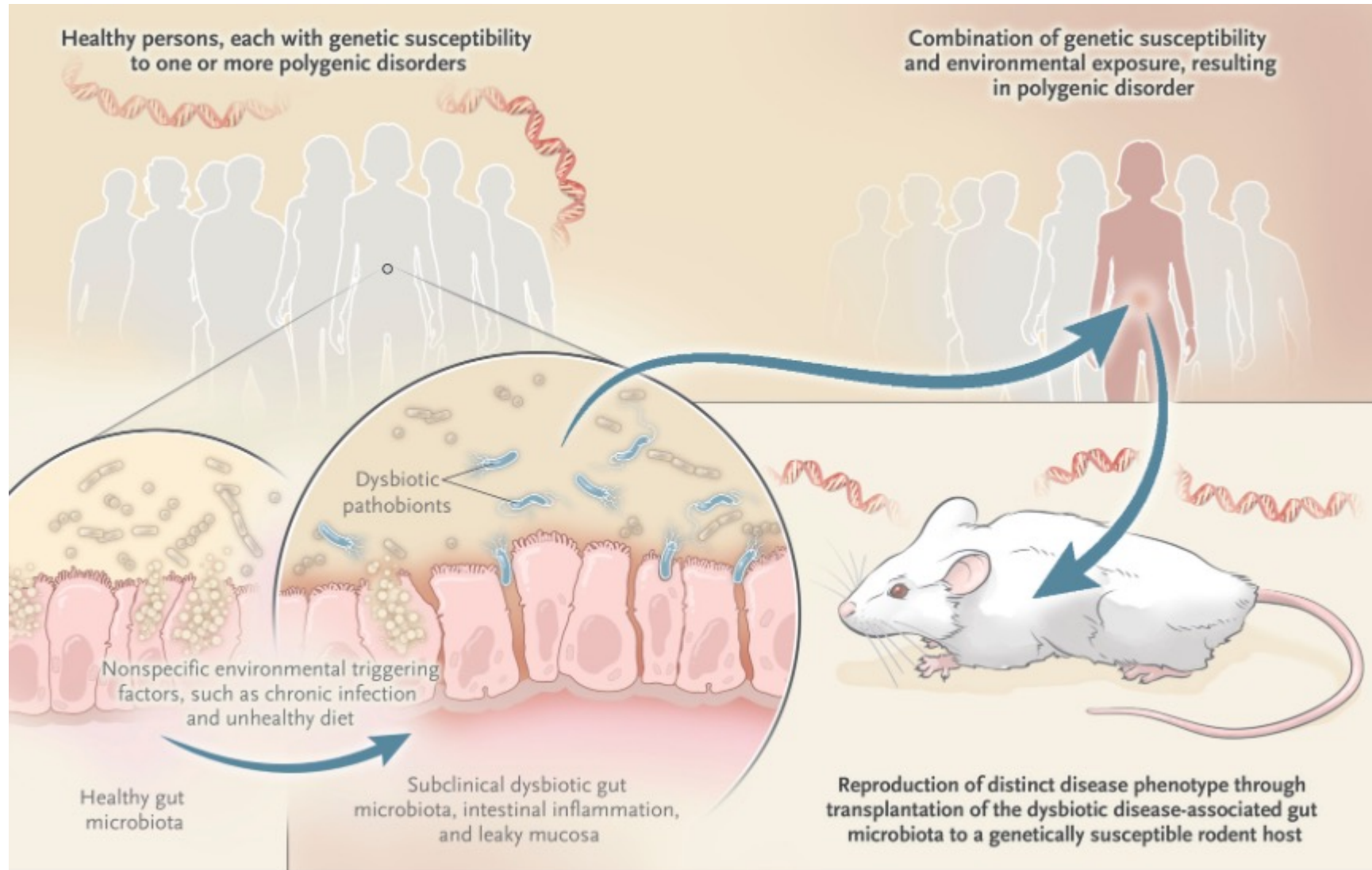


# DIG-CLL

- Collaboration with ElGamal Lab to profile microbiome
  - Adoptive CLL transfer model
    - Effect of antibiotic ablation on CLL progression
  - Eu-TCL Transgenic Model
- Prospective sampling of CLL patients and cohabitating controls
  - Diet
  - Serum cytokines
  - Microbiome samples
    - BTK inhibit
    - Rai stage 2-4 Untreated

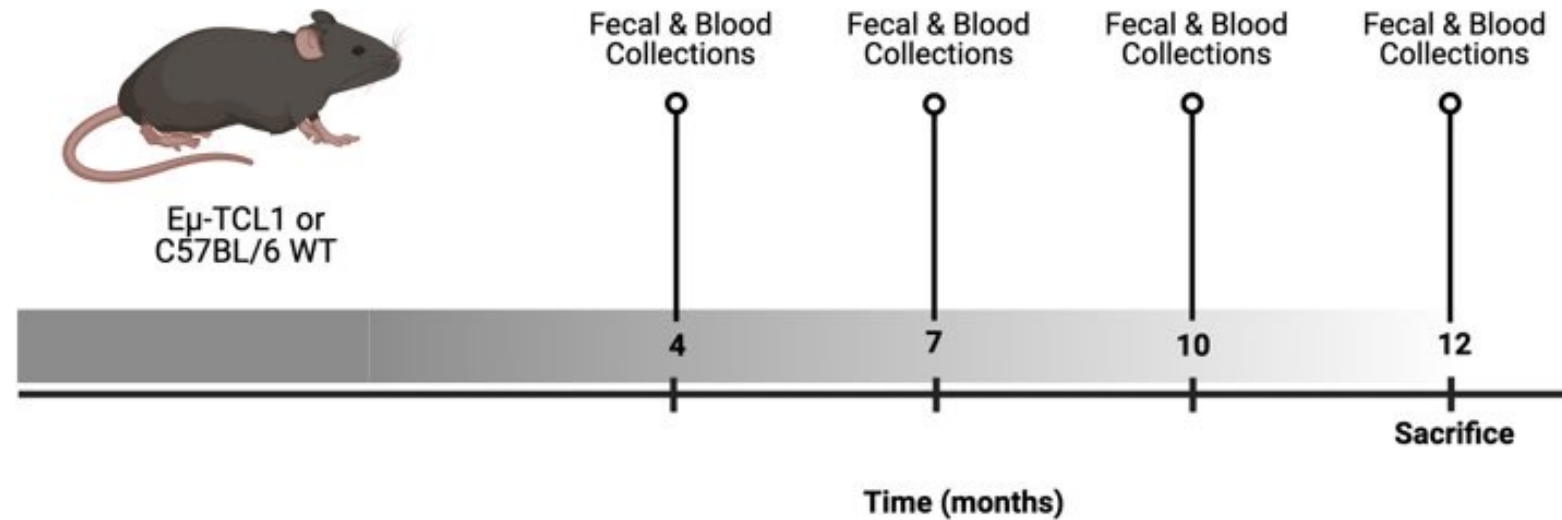


# Common Ground Hypothesis

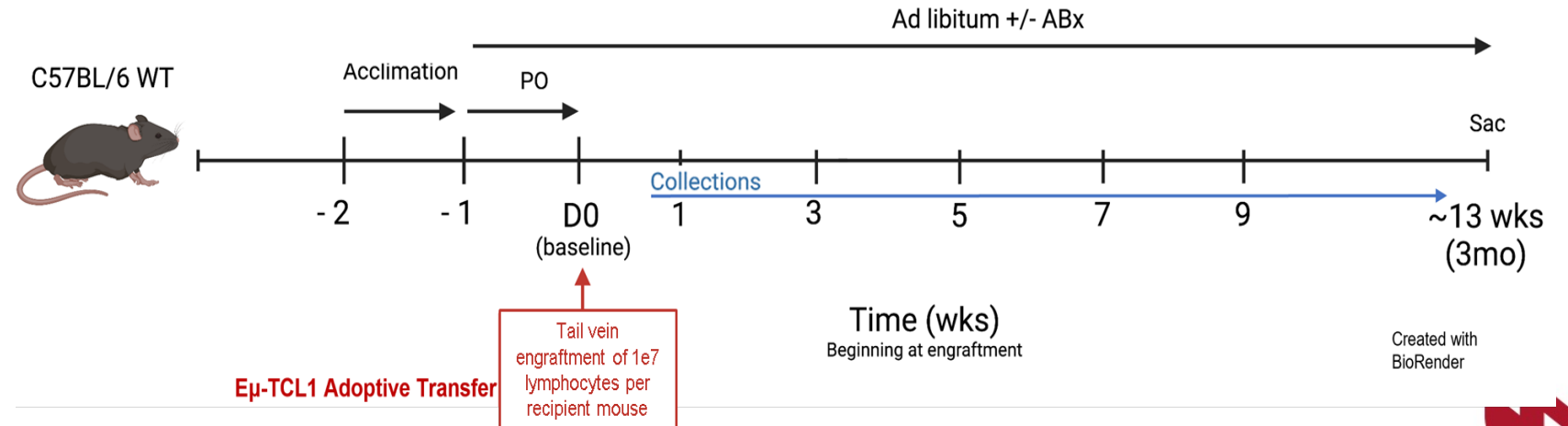


# DIG-CLL

## Progression Model (CLL vs WT mouse)

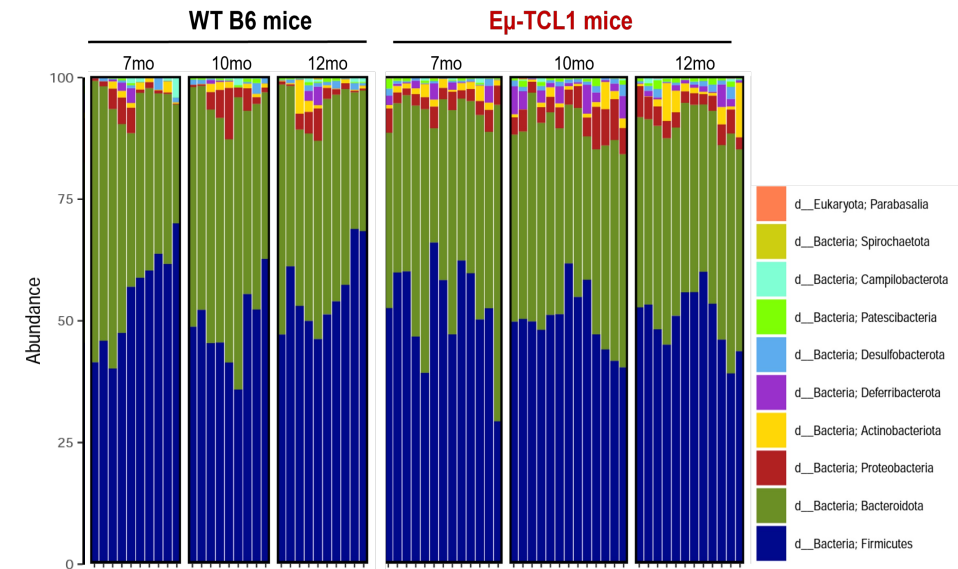
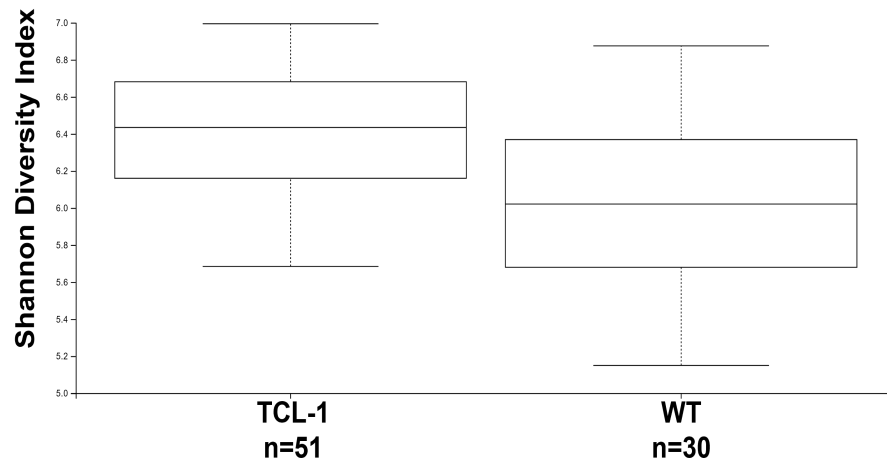
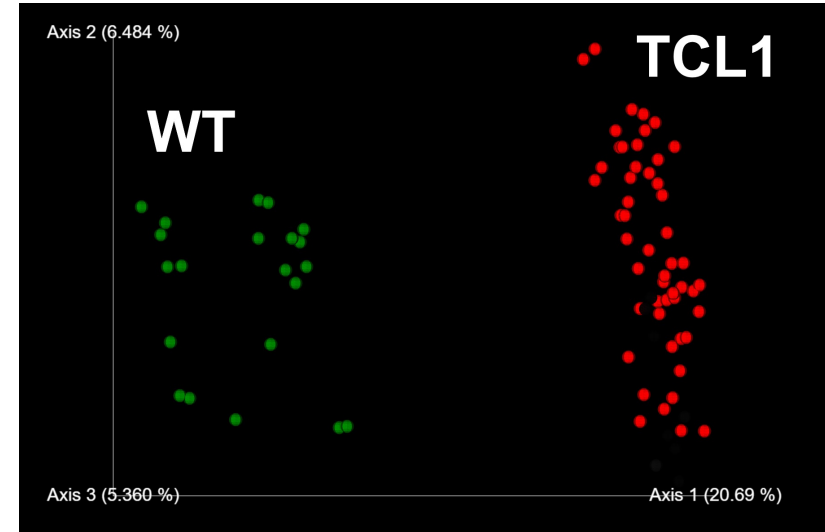
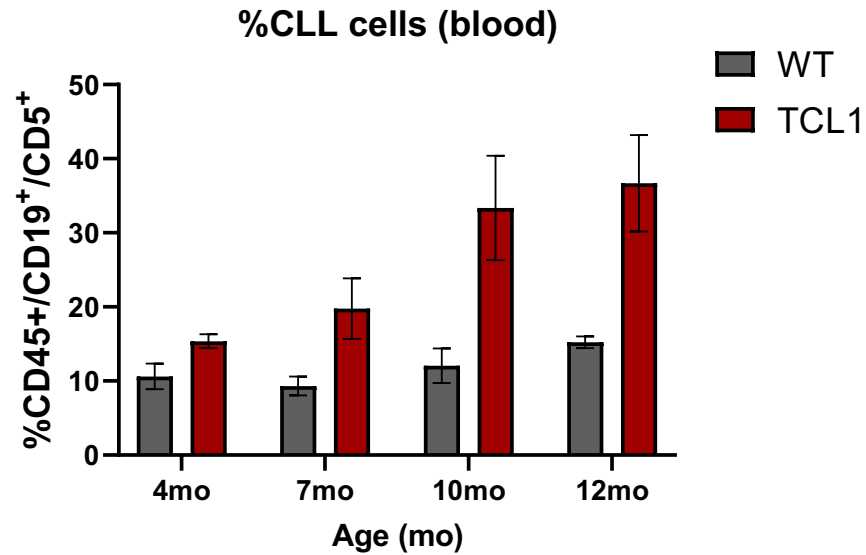


## Antibiotic-Treated vs Control (CLL transfer)

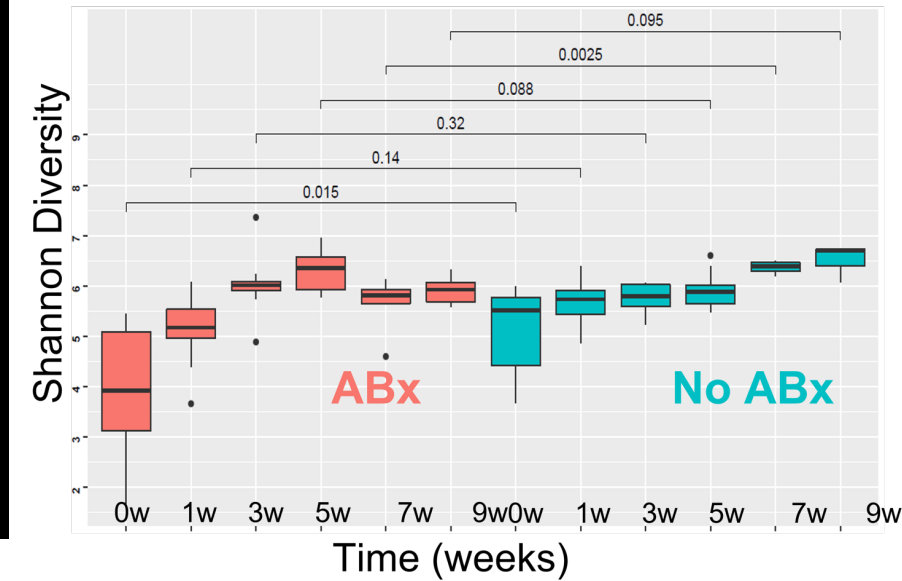
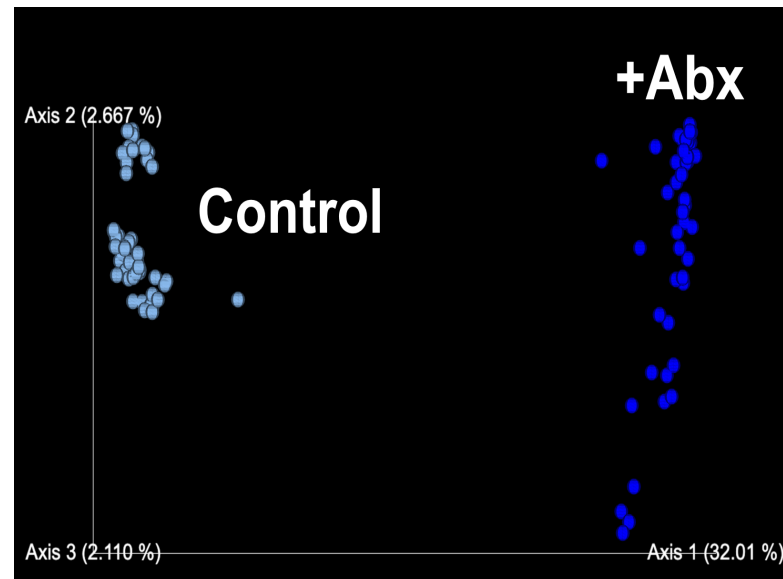
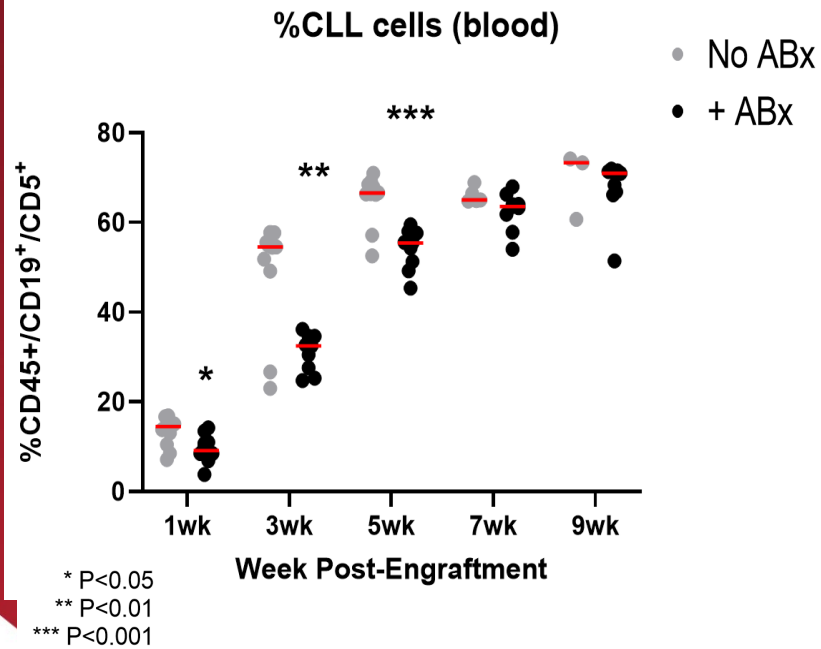




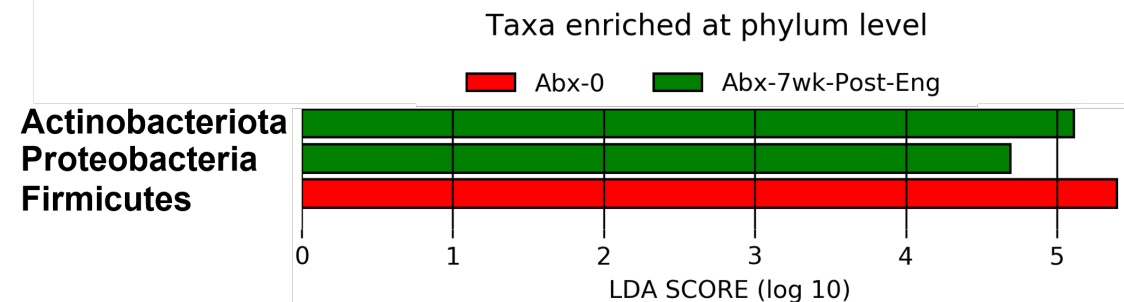
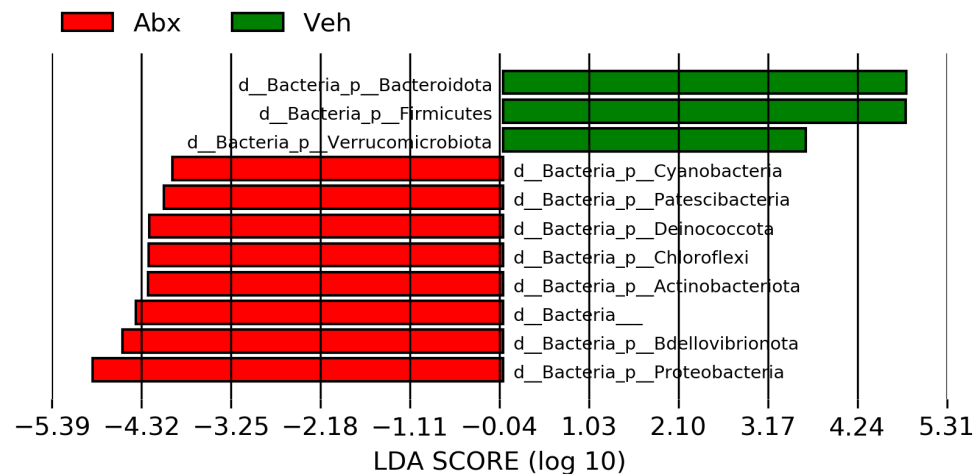
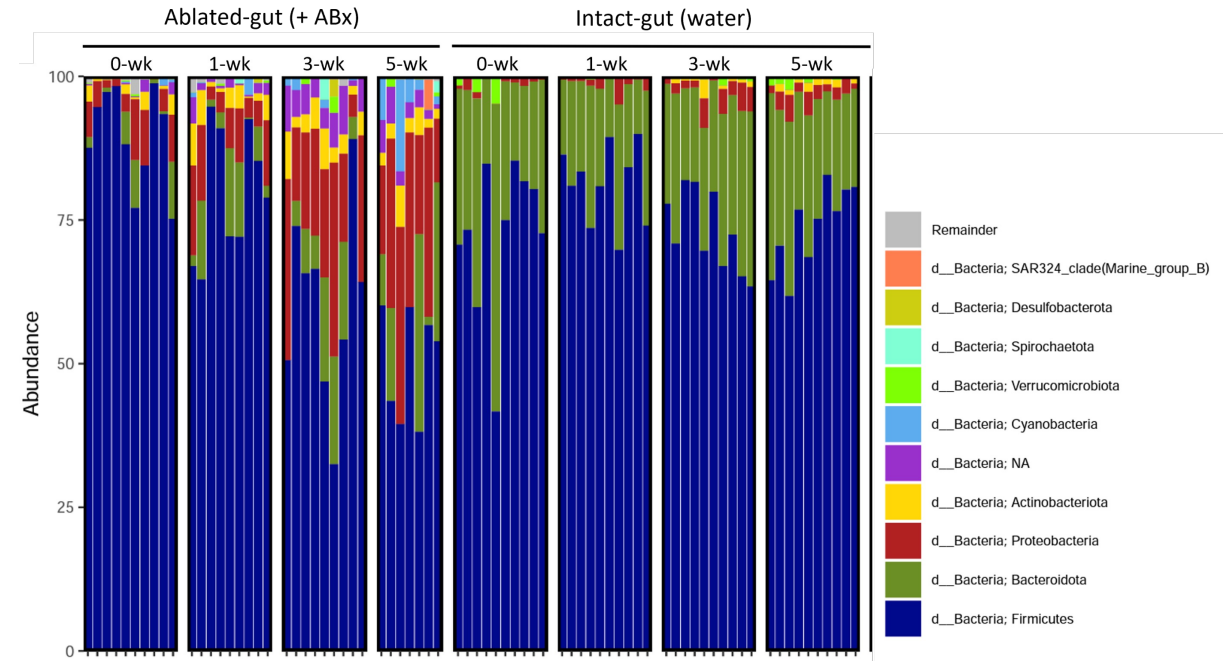
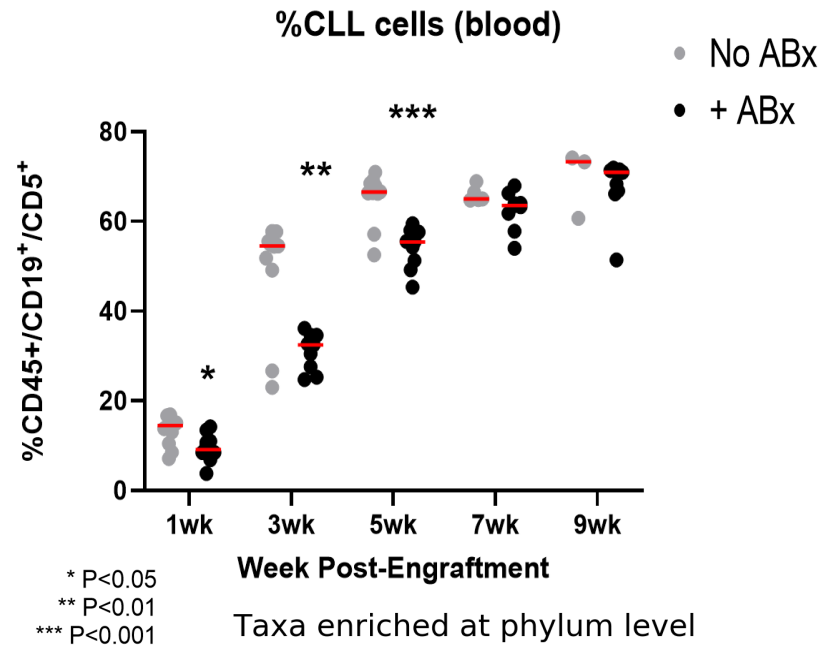
# E $\mu$ -TCL1 Mice Harbor a Unique and Dysbiotic Gut Microbiome



# Antibiotic Ablation Impacts CLL Pathogenesis and Forms Unique Gut Microbial Communities



# Antibiotics Produce a Progressively Dysbiotic Microbiome



# Clinical Studies

- Alpha diversity as a biomarker
- Microbiome and CAR-T cell therapy in lymphoma
- Microbiome and myeloma



# Gut Microbiota Diversity

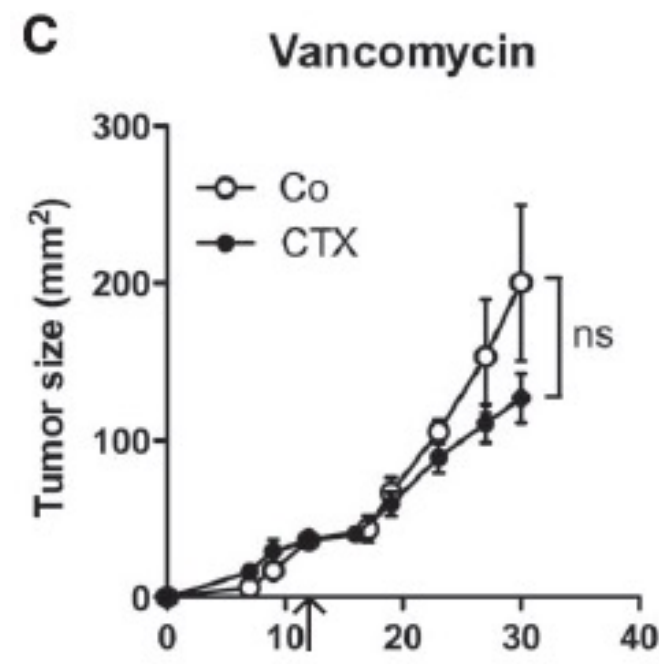
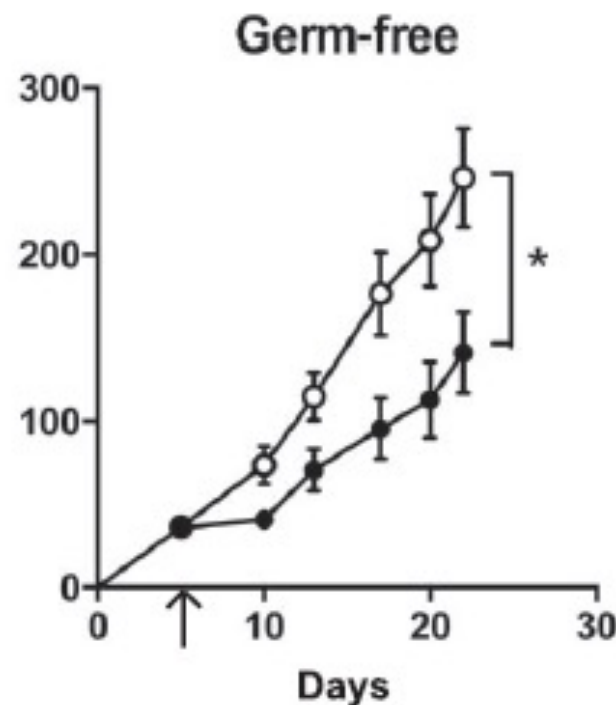
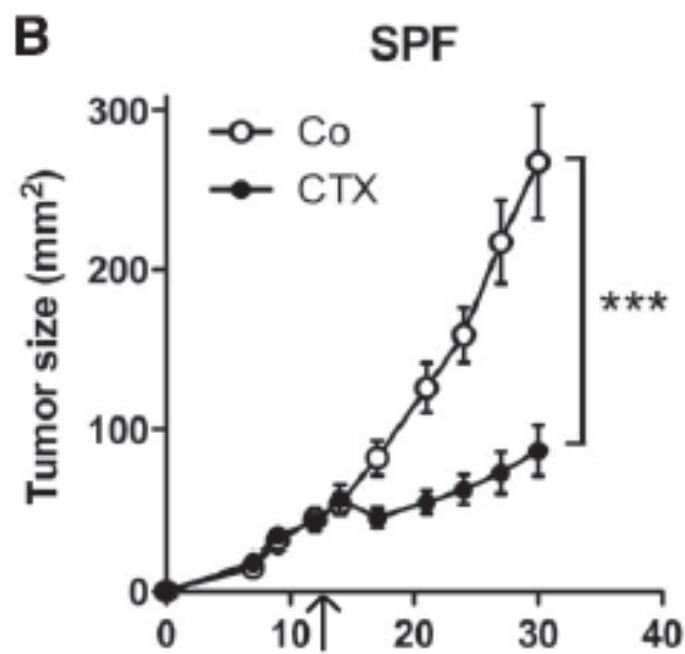
- **Diversity is emerging as a key microbiome trait increasingly linked to outcomes in oncologic disease**
  - **Allogeneic transplant** (Peled et al, NEJM, 2020)
  - **Autologous transplant** (Khan et al, Blood, 2020)
  - **Melanoma and PD-1 inhibition** (Gopalakrishnan et al Science 2018)



# Why microbial diversity may matter

Cyclophosphamide: Viaud et al revealed that the gut microbiota is involved in the anti-neoplastic activity of cyclophosphamide

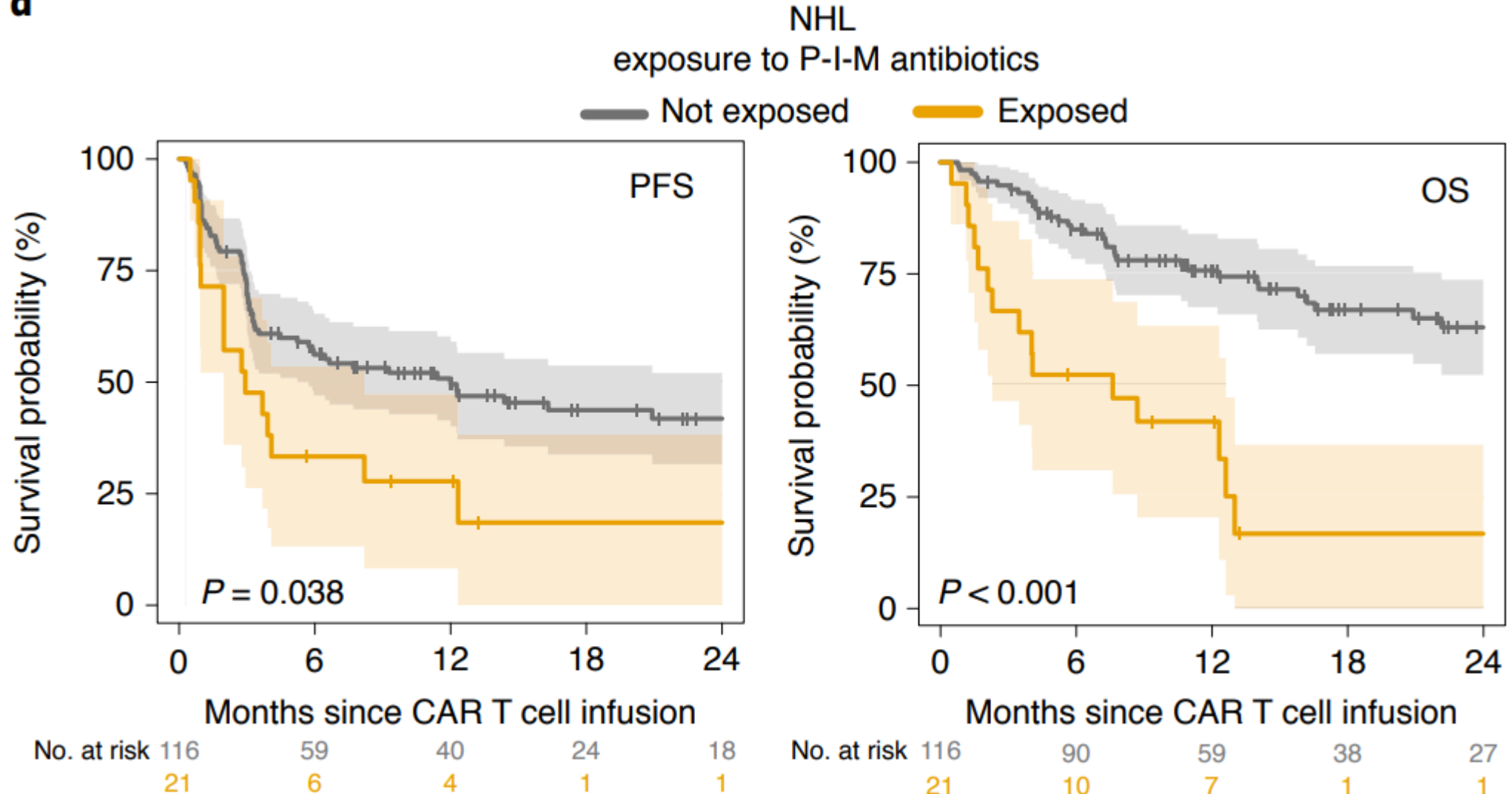
- traced to gut translocation of gram-positive species into nearby lymphoid organs, stimulating T-cell responses
- Similar observation for platinum agents





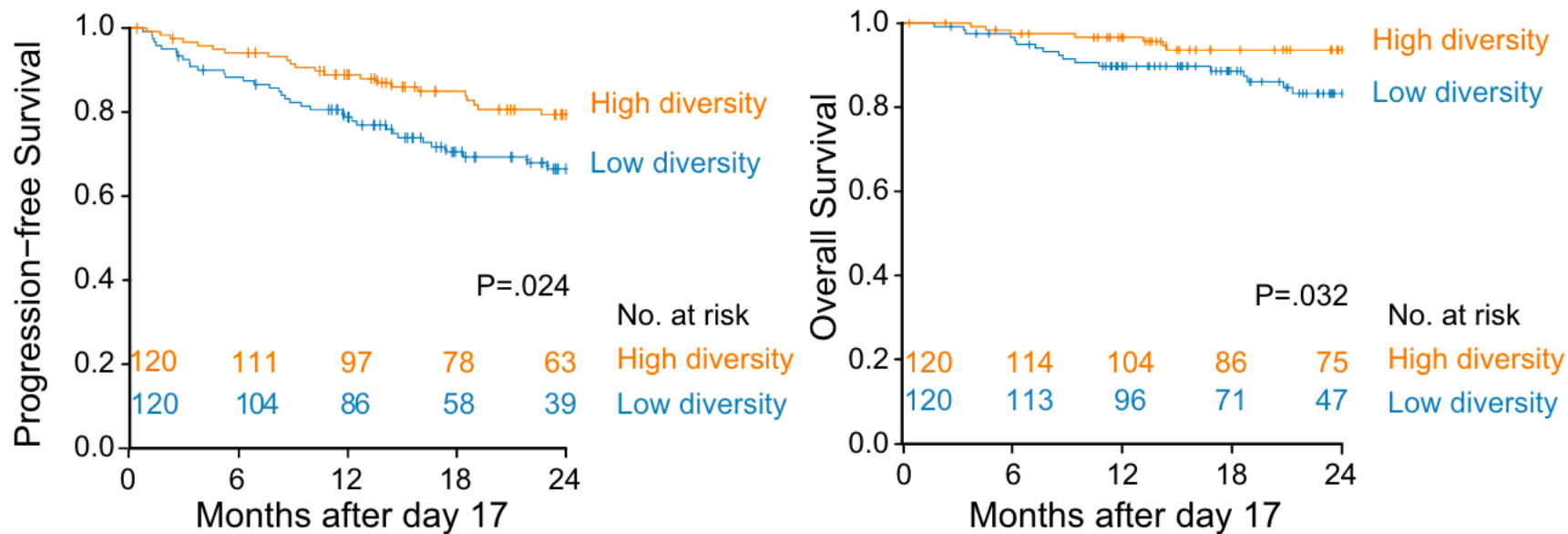
# CAR-T and Antibiotics

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# Autologous Stem Cell Transplantation in Multiple Myeloma

Microbiome diversity at time of engraftment associated with PFS and OS



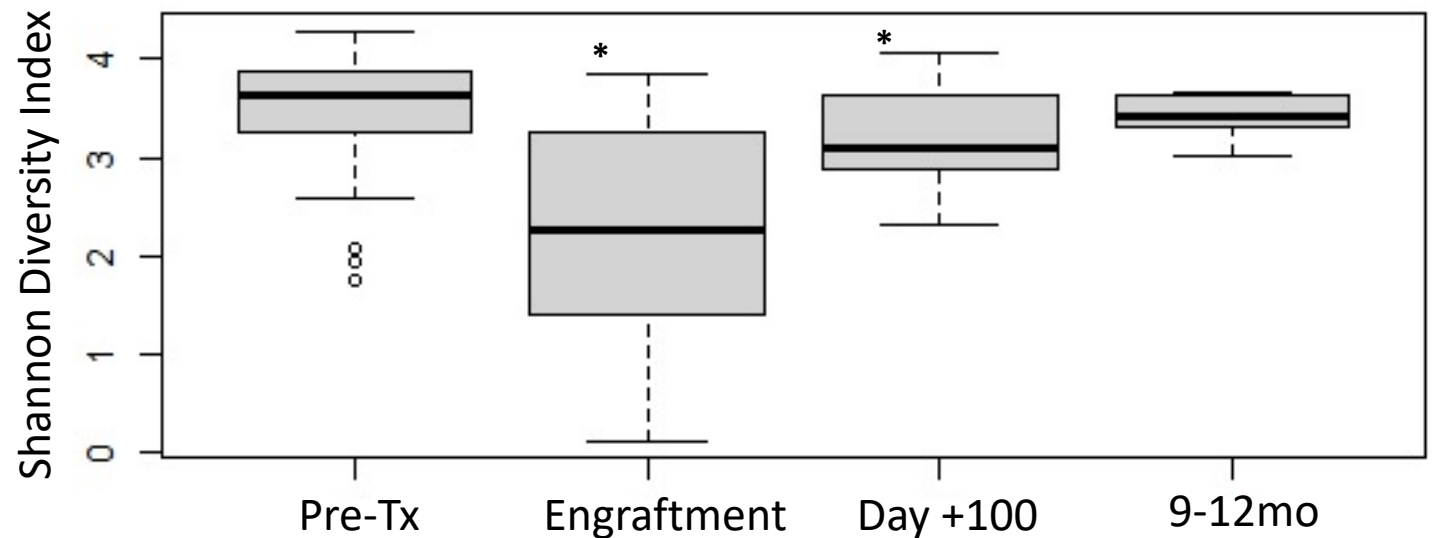
Khan et al, *Blood*, 2020

- What contributes to low diversity at engraftment?
- Why/How does microbial diversity at *this* timepoint matter?



# Autologous Stem Cell Transplant in Multiple Myeloma

- 30 patients with myeloma
- Loss of microbial diversity observed immediately post-transplant
- Suggests this engraftment period is a key timepoint for the microbiome

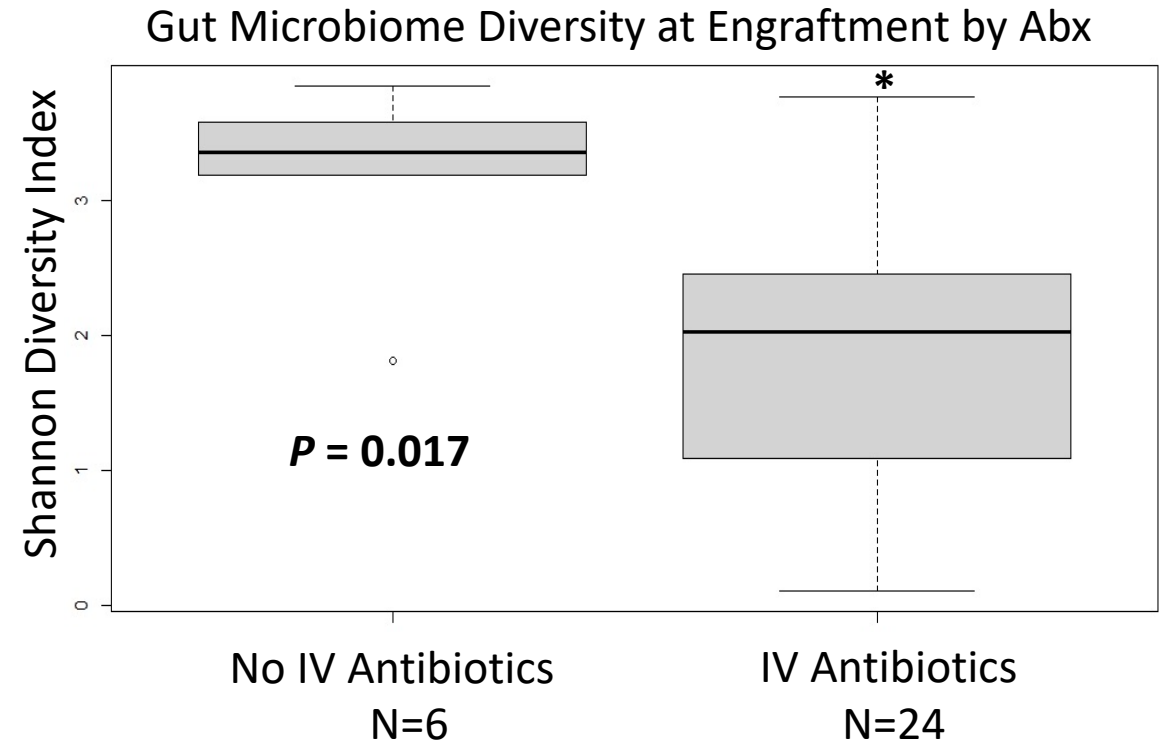


D'Angelo et al, Leukemia Lymphoma 2022



# IV Antibiotic Influence on Post-transplant Diversity

- Alpha diversity at time of engraftment was measured according to IV antibiotic exposure
- IV = cefepime/piperacillin/tazobactam + vancomycin
- Antibiotic exposure had the largest effect on post-transplant gut microbial diversity
- Corroborate findings from El Jurdi et al *BBMT* 2019

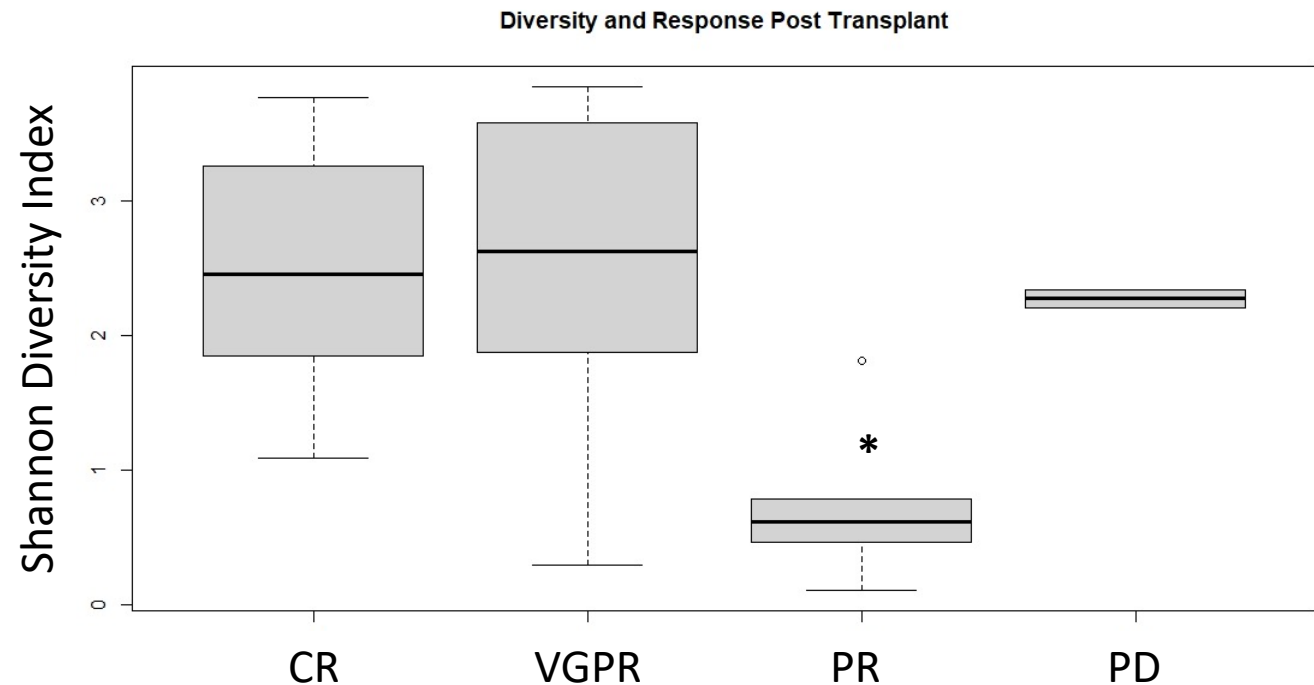


**Summary: microbial diversity is lost in the peri-transplant period and predominantly driven by broad-spectrum abx**



# Engraftment Diversity is associated with D+100 response to ASCT

- Response assessed at D+100 per IMWG response criteria
- 29/30 subjects available for response
- Higher diversity was associated with CR/VGPR compared to PR
- \* denotes  $P < 0.05$  in pairwise comparison to CR and VGPR



Maybe a link is forming -> antibiotic exposure -> D'Angelo et al, Leukemia Lymphoma 2022  
microbiome loss during transplant -> impaired  
response -> reduced PFS -> reduced OS



# But questions remain:

- **Confounding? -> how do we know the microbiome is indeed an independent trait**
- **Can we use this data to guide a therapeutic strategy targeting gut microbiota in this setting?**





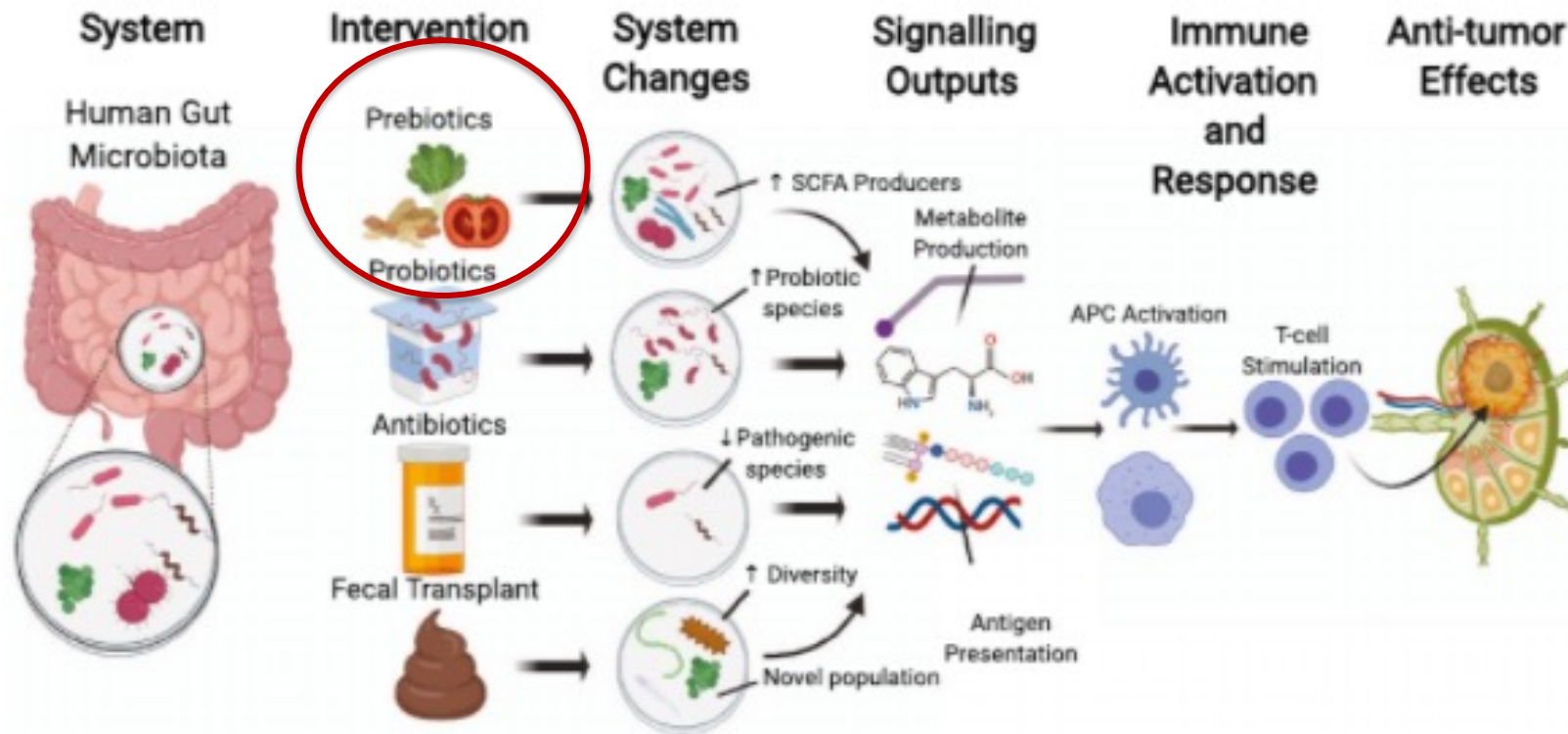
# Prebiotics ~ Microbiome ~ Transplant Outcomes

- Antibiotics are necessary for neutropenic fever management
  - Main source of neutropenic fever is gut translocation
  - Can we target and re-program the gut microbiome to prevent neutropenic fever?
- 
- Hypothesis: prebiotic supplementation peri-transplant can reinforce the integrity of the gut lumen -> reduce the need for antibiotics -> improve diversity

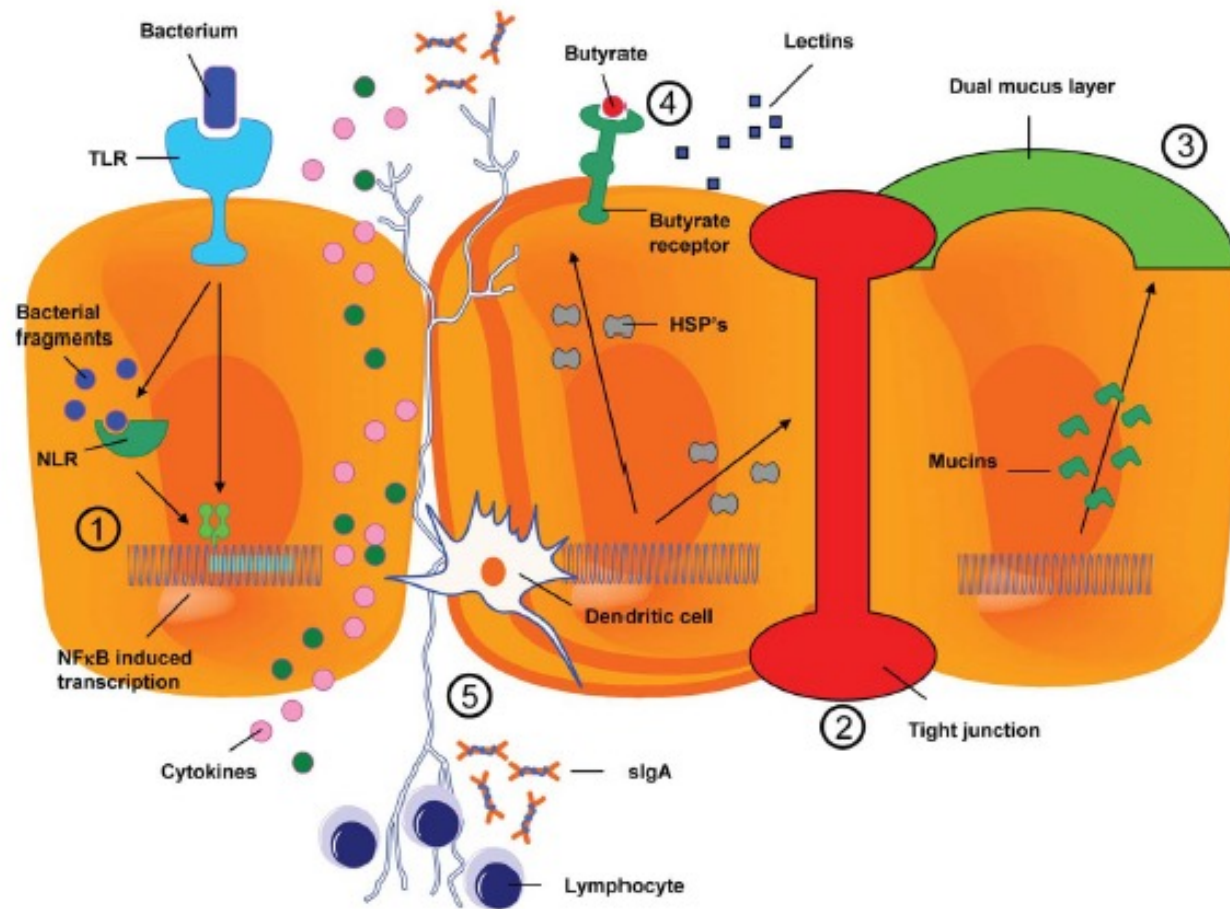


# Targeting Gut Microbiota

Microbiome Review in Heme Malignancies/D'Angelo et al



# Prebiotics/Microbiome/Intestinal Barrier



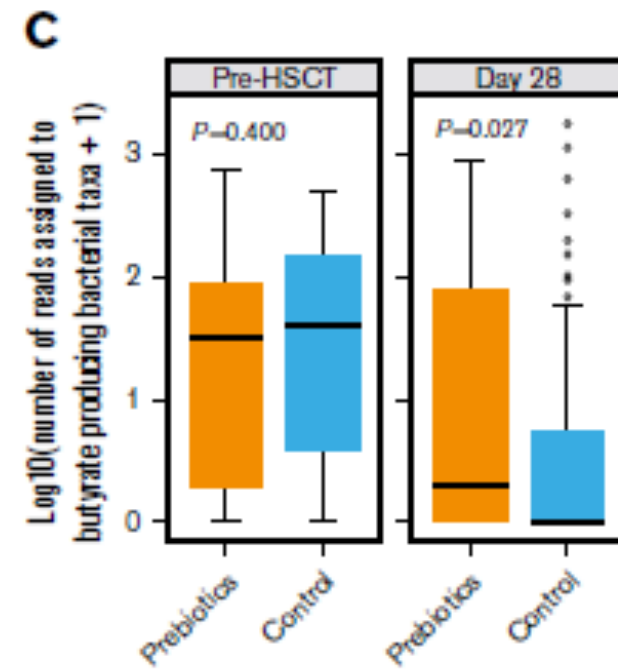
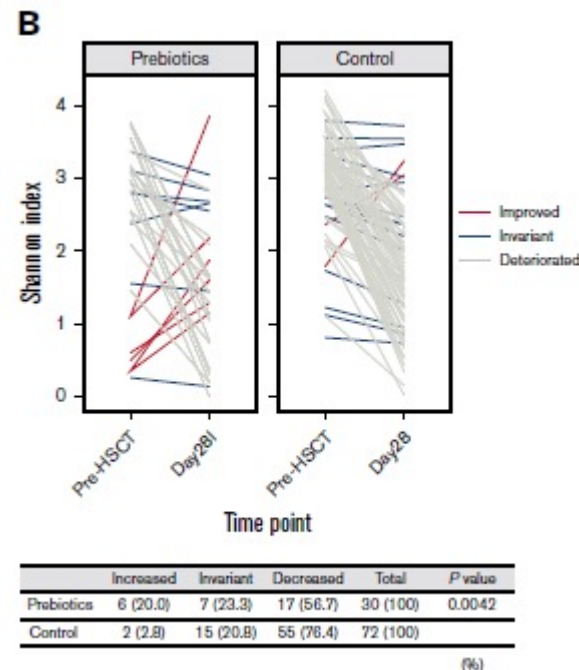
Van Vliet et al, PLoS Pathogens 2010

- Well tolerated
- Pair well with toxic therapies
- Simple to store/deliver
- \*Patient interest\*
- Target multiple species/niche
- Demonstrated activity in intestinal barrier/SCFA/etc



# What prebiotic?: Resistant Starch

- Traits: inc butyrate, inc probiotic populations (bifidobacterium)
- Improve diversity possibly, possible reduce abx need
- Readily available: Bob's Red Mill potato starch
- studies in allogeneic transplant confirm feasibility at doses planned here



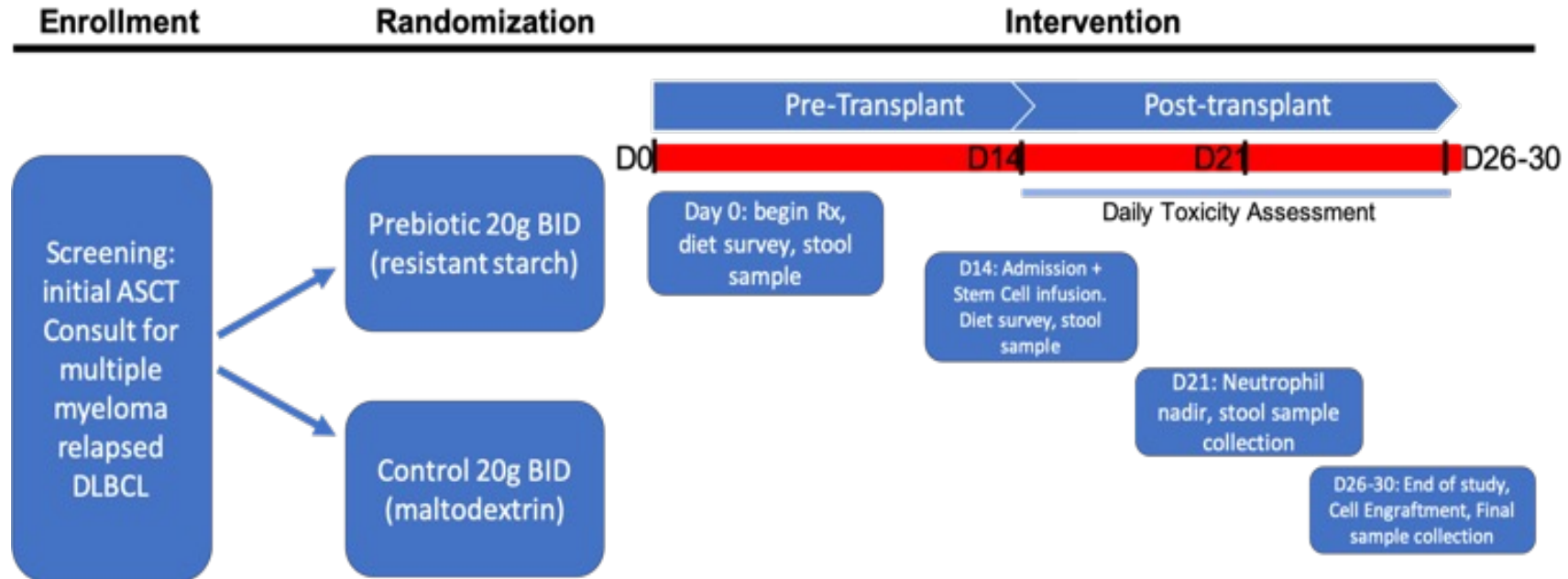
***Prebiotics to Improve Gut Microbiome Diversity After  
Autologous Stem Cell Transplantation in Multiple Myeloma  
and Lymphoma: The PRIMAL Trial***

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**Protocol Number: 821-21  
Principal Investigator: Christopher D'Angelo, MD**



# Overall Design: RCT 1:1





# Primary Objective

- To determine the impact of a prebiotic intervention on gut microbiome diversity post-transplant. The primary endpoint will be a measure of gut microbiome diversity recorded at the time of post-transplant engraftment.



# Secondary Objectives:

- **Diet impact:** diversity changes according to dietary intake by DHQ-3 survey, stratified by fiber intake
  - Correlatives with nutritional science group at UNMC/UNL
  - Mariah Jackson, Dr. Heather Rasmussen, and Dr. Corrine Hanson
- **Infectious complications:** neutropenic fever, bacteremia
- **Intestinal permeability:** measured with serial blood testing of serum markers associated with permeability
- **Patient Reported Outcomes:** regarding GI tolerability to the intervention



# Study Status

- **Open 4/2022**
- **13/30 patients recruited**
- **General observations:**
  - **Well tolerated in setting of mucositis**
  - **Significant patient interest re: recruitment**
  - **Difficulty with diet tool ASA-24**



# Impact

- The pilot data taken from this study could demonstrate that prebiotic interventions:
  - Are feasible during auto transplant
  - Affect intestinal permeability
  - Impact antibiotic exposure
  - Improve diversity
- Provide a key proof of concept that microbiota directed therapy as an adjunctive measure may help improve therapeutic outcomes in autologous stem cell transplant



# Thank you!!! Acknowledgements

- UNMC Collaborators/Team
  - El-Gamal lab
    - Dalia El-Gamal, Sydney Skupa
  - Dr. Heather Rasmussen
  - Dr. Javeed Iqbal
  - Dr. Corrine Hanson
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