



*Nutrition & Obesity; Systemic approaches*



## **Eubiose et dysbiose : où sont les signatures ? « le poids du microbiote dans l'obésité et le diabète »**



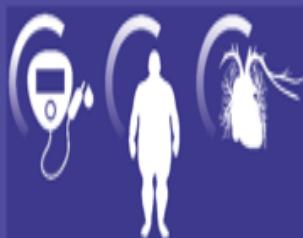
**Professeur Karine Clément MD, PhD  
NutriOmics team  
Inserm/ Sorbonne Université  
Pitié-Salpêtrière, faculté de Médecine, ICAN**

**Collège de France, 24 janvier 2017**

## Cardio-metabolic and Nutrition-Related diseases Heavy burden for the Society

CARDIOMETABOLIC DISEASES INCLUDE METABOLIC & CARDIOVASCULAR DISEASES (CVDs) WHICH ARE TIGHTLY LINKED:

- OBESITY
- DIABETES
- NASH...



According to WHO estimates  
Non-communicable diseases (?)  
Last report 2015 (WHO)

Winning trio (cause of death)

Cardiovascular diseases : 17.7 M

Cancers : 8.8 M

Pulmonary disorders: 3.9 M

Type 2 diabetes 1.6 death.



Obesity as a main contributor  
Obesity is a disease (OMS 1997)

# Progression of obesity?

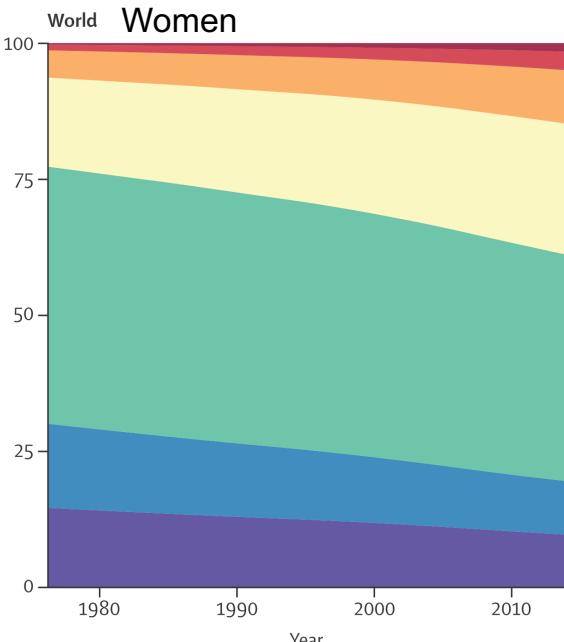
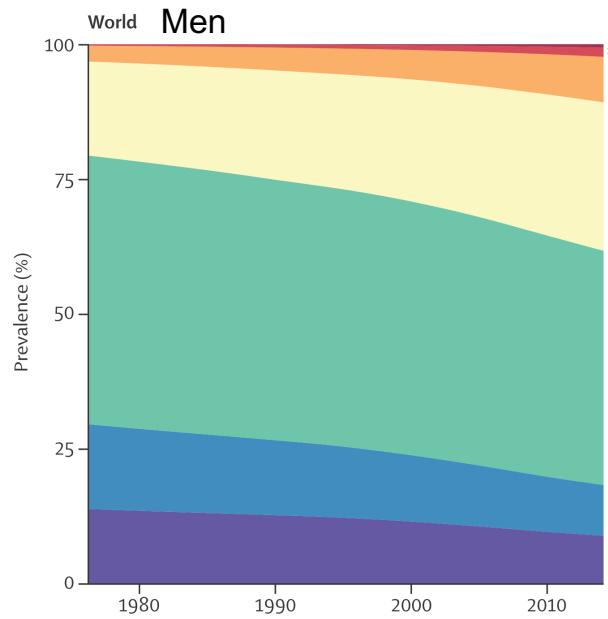
## obesity epidemiology:

Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19·2 million participants

BMI ( $\text{kg}/\text{m}^2$ )

- <18.5
- 18.5 to <20
- 20 to <25
- 25 to <30
- 30 to <35
- 35 to <40
- $\geq 40$

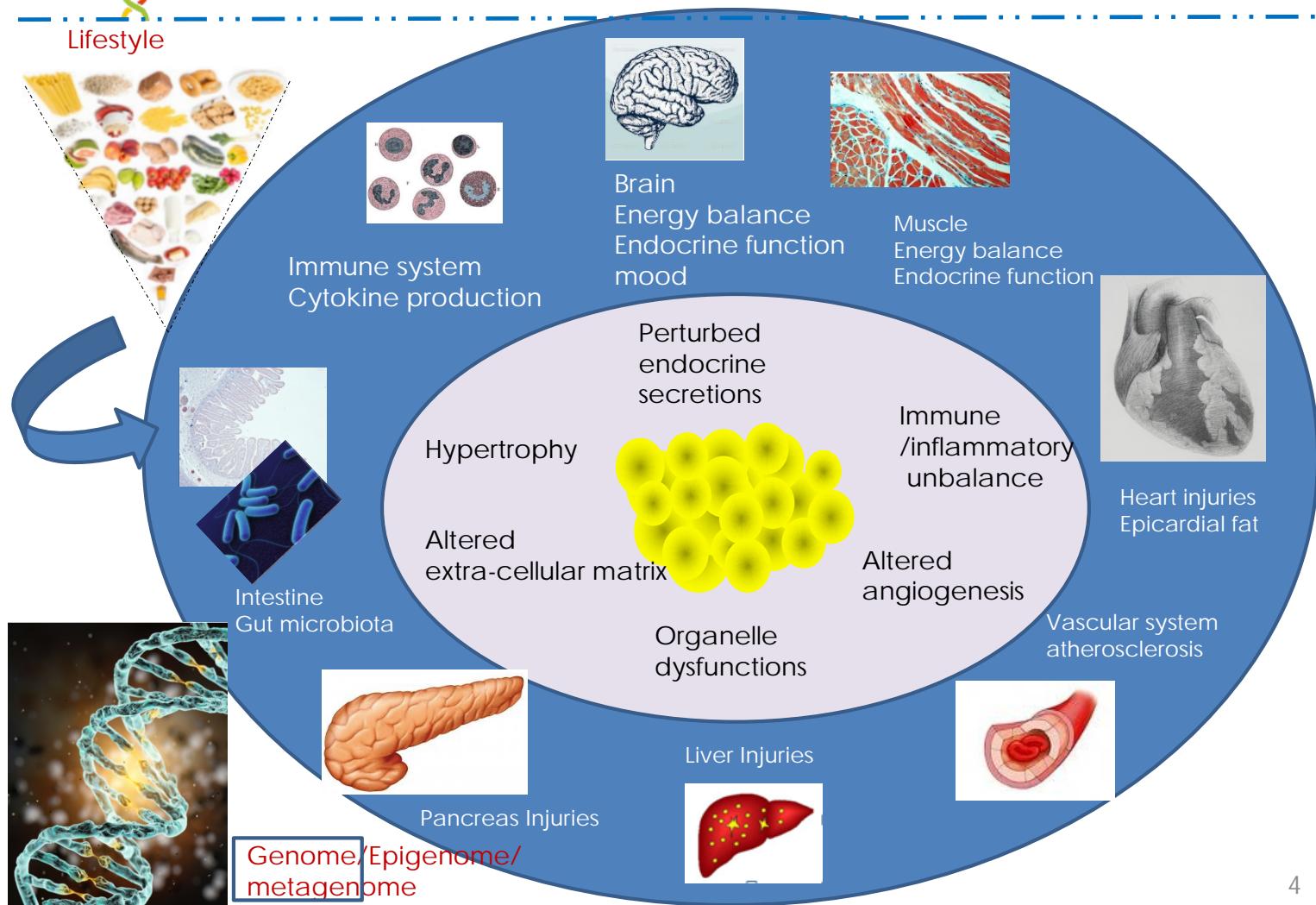
Lancet 2016; 387: 1377–96 NCD Risk Factor Collaboration (NCD-RisC)\*



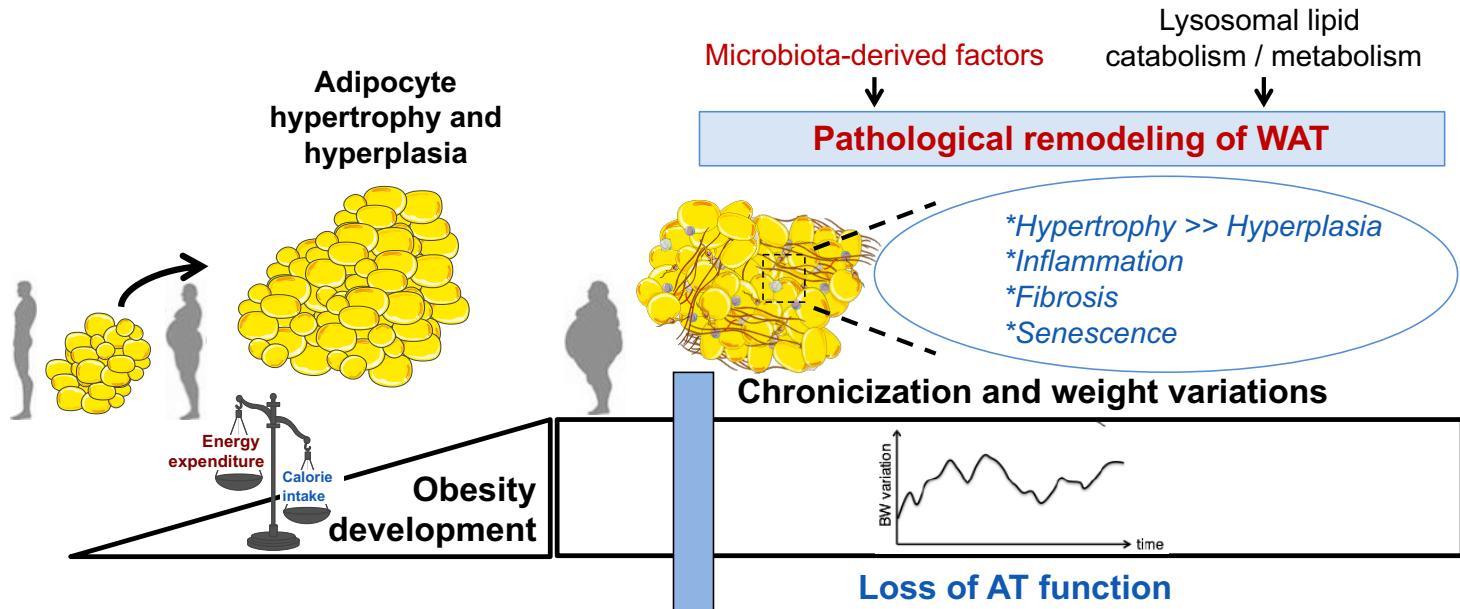
2014:  
2.3% of the world's men and 5.0% of women were severely obese  
(age-standardized data)  
... with an important increase since 1975

Data from the French national survey ESTEBAN (2015):  
3.3% of men, 5.8% of women

# Obesities : organ & systemic disease



# Adipose tissue failure is central in metabolic diseases associated with obesity

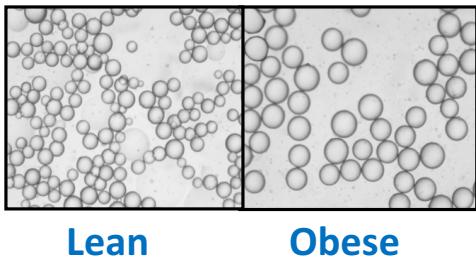


G. Marcelin

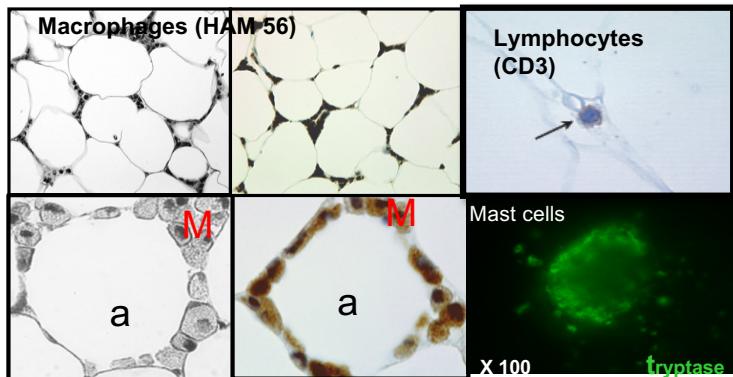
College de France 2018 / Clément

**Cardiometabolic diseases**  
**Compromised response to obesity treatment**

## Adipocyte hypertrophy



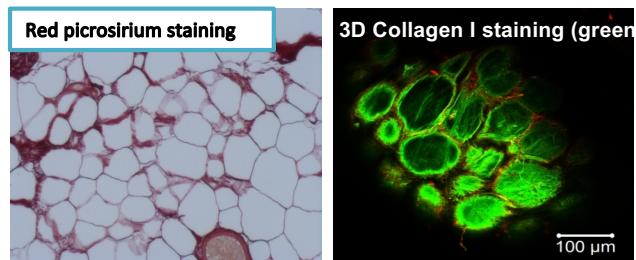
## Inflammatory cell accumulation



## Macrophage (**M**) accumulation Other

Liu, Divoux *Nature Medicine*, 2009

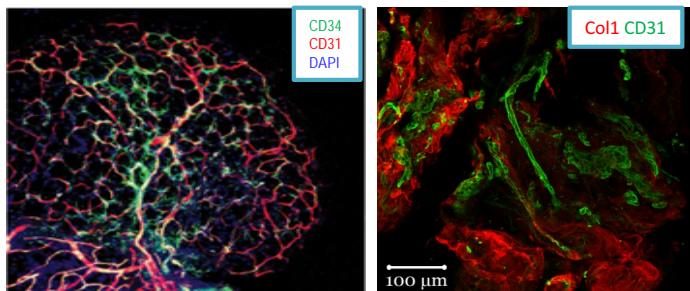
## Fibrosis (pericellular)



*Divoux, Diabetes 2010*

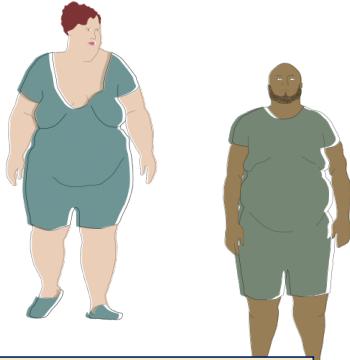
Pellegrinelli, U872

## Vascular alterations (inflammation & senescence)



Villaret. Diabetes 2010. U

Pellegrinelli, U872



- There are many obesities (diabetes) :

*⇒ Different phenotypes in obese people living in different conditions from different genetic background involving different environmental triggers*

- Not a matter of BMI (Body fat distribution)
- Degree of severity (different disease vs. continuum?)
- Tissue & signal disease
- Different responses to treatments ?



GUT MICROBIOTA  
Help in patient stratification?  
Pathophysiology  
Targeted treatments ?



Severe obesity



Weight gain

Obesity

Weight loss

Relapse

What are the mechanisms of fat mass expansion?

Why is it so easy to gain and so difficult to loose weight ?

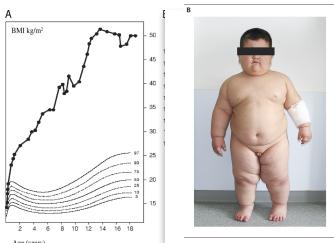
Why some obese subjects develop comorbidities



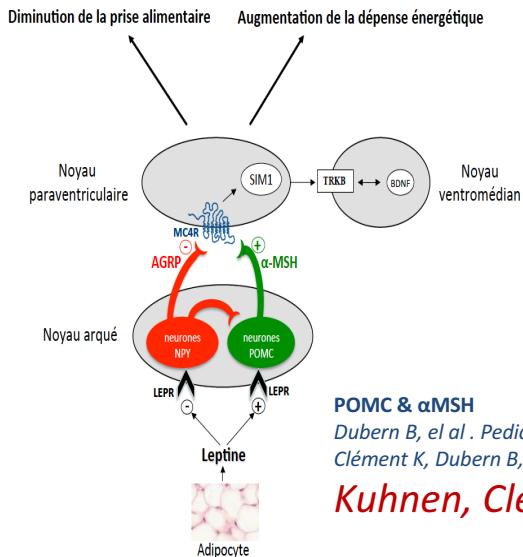
Different patients  
Different clinical trajectories  
Resistance to weight loss with time

## MC4R et MC3R

Vaisse C, Clement K, *Nature Genetics* 1998  
 Dubern B, Clément K *J Pediatr*, 2001  
 Lubrano-Berthelier C, Dubern B, *JCEM* 2006  
 Dubern B, *J Pediatr* 2007  
 Roubert P, Dubern B, *J Endocrinol* 2010  
 Mencarelli, Dubern, *Hum Mol Genet* 2011  
 Valette M, Poitou C, *Plos one* 2012  
 Collet, Dubern, *Mol Metabol* 2017



**Severe early-onset obesity**  
**Hyperphagia**  
**+/- endocrine /**  
**Neurodevelopmental abnormalities**



**Prader-Willi Syndrome**  
 Lloret-Linares C, *IJO* 2013  
 Coupaye M, *JCEM* 2013  
 Lacroix D, *JCEM* 2015  
 Coupaye M, 2016  
 Burnett LC, *JCI* 2017

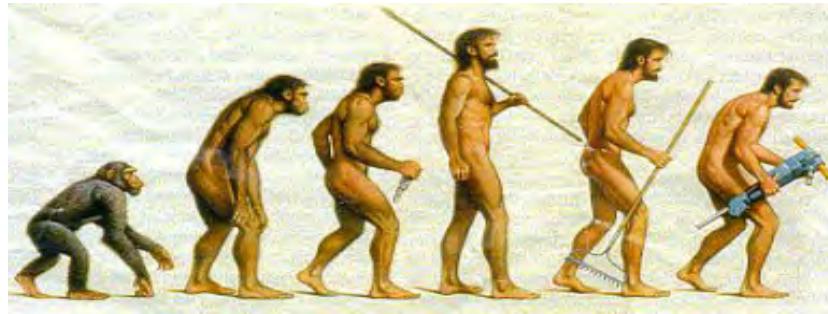
## LEPR

Clément K, *Nature*. 1998  
 Lahliou N, Clément K, *Diabetes*. 2000  
 Rolland V, Clément K, *Obes Res*.  
 Le Beyec J, *JCEM*. 2013  
 Nizard, Dommergue, Clement *NEJM*, 2012  
**Huvenne H, et al, *JCEM*, 2015**

**POMC & αMSH**  
 Dubern B, et al . *Pediatr Res*. 2008  
 Clément K, Dubern B, ET AL.. *JCEM* 2008.

**Kuhnen, Clément et al, *NEJM*, 2016**

**New therapies (agonists MC4R)**  
**Deep phenotypes , New genes**

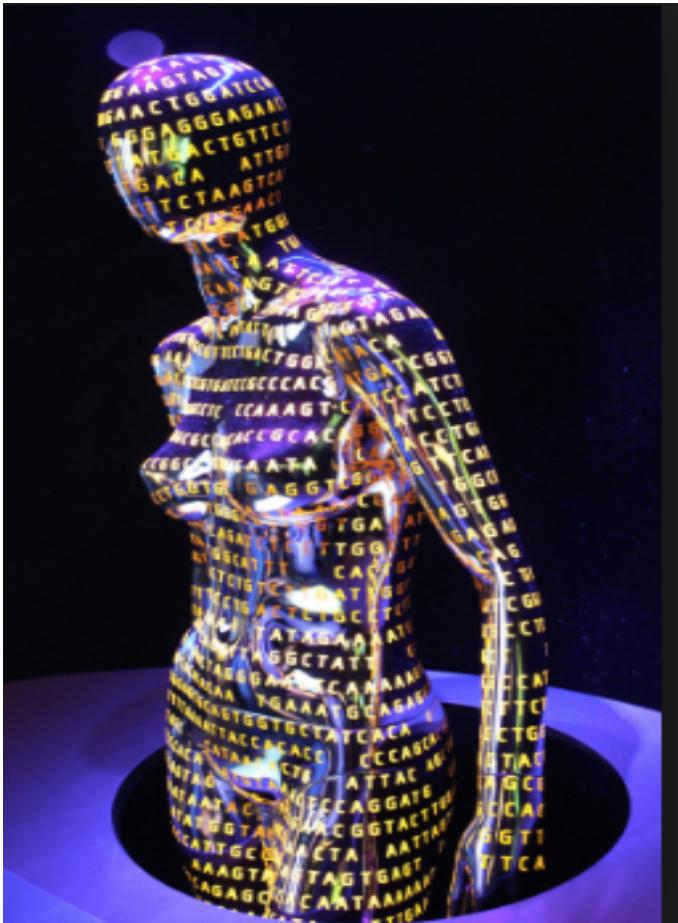


(Chronic) Obesity : disease of tissue adaptation in a context of perturbed energy balance?

Roots : can be found in gene, proteins, metabolites sensitive to variations in nutritional state

**“New” Focus : the host – Gut microbiota (interaction)**





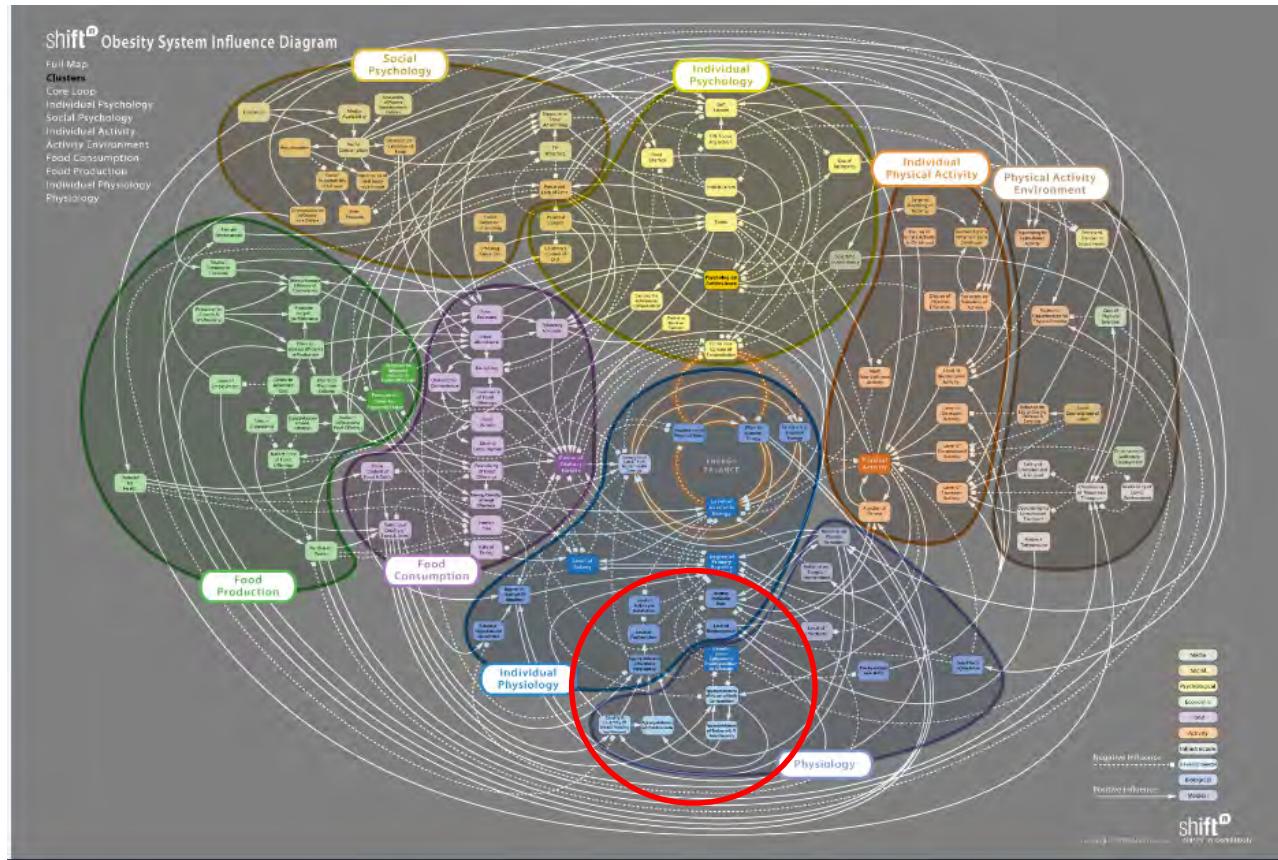
Huge amount of informations, with different orders of magnitude ?

**Metaproteomics  
Metagenomics  
Metabolomics  
Lipidomics  
Functional genomics  
Genomics**

&  
**Clinical variables**

=> From Model development to Application

# Human obesity : example of complexity



## Obesity as a System [chart]

shiftn.com — Developed for the Foresight Tackling Obesities project, this causal loop map was designed to provide systemic insight into the multiplicity of factors contributing to the obesity epidemic.

<http://www.shiftn.com/obesity/zoom-map.html>

## ENVIRONMENT-SOCIETY



INFECTION



TOXIC SMOKE



DRUGS



URBANIZATION



SOCIO-ECONOMICAL  
CONTEXT



SEDENTARITY



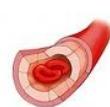
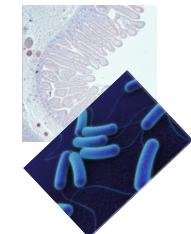
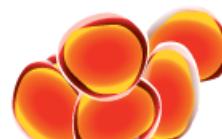
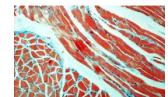
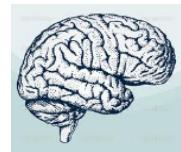
FOOD



PSYCHOSOCIAL STRESS

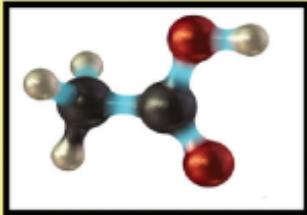


## GENETICS/EPIGENETICS TISSUE BIOLOGY

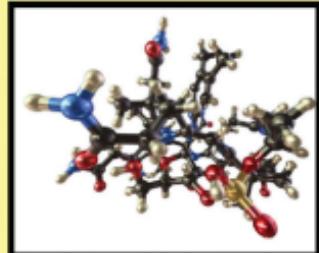
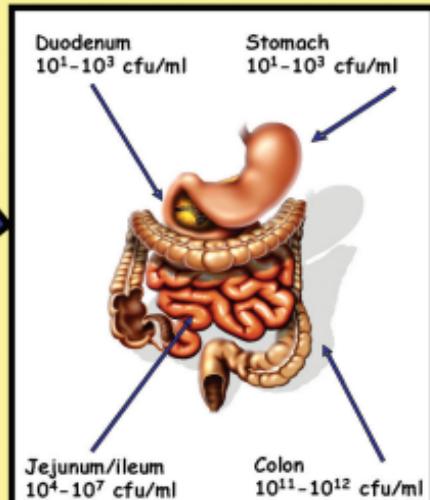


## GUT MICROBIOTA MAY BE A MISSING LINK?

# Key functions in metabolism



Digestion of food and the production of beneficial metabolites e.g. acetic acid



Vitamin synthesis (K and B12 vitamins)

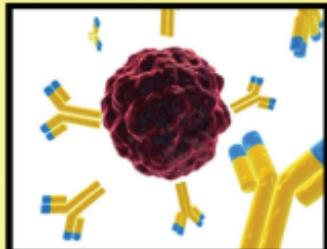


Development of the intestinal structure and integrity including villus development

Metabolism of toxic compounds

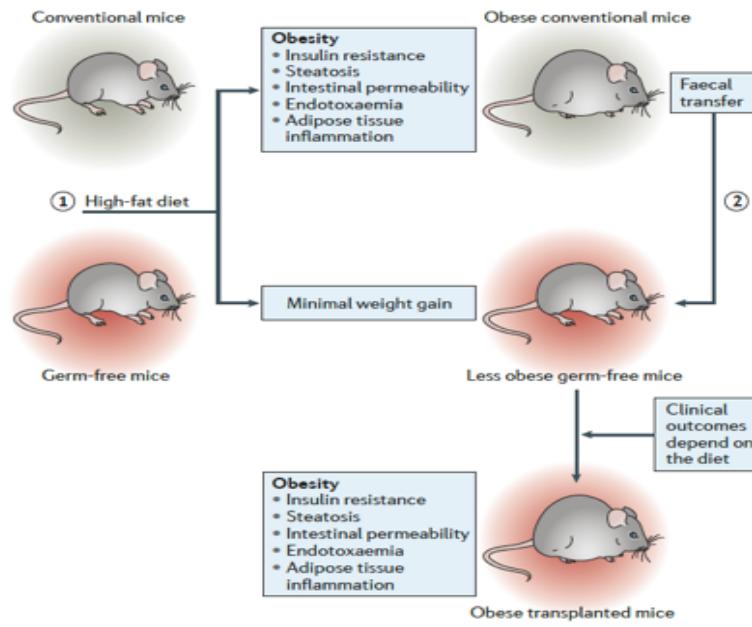


Immune system development



# « Breakthrough findings » in mice

Mice deprived of any gut bacteria (« germ free ») have decreased adiposity, a better metabolic profile and are resistant to HFD induced weight gain



Turnbaugh et al., *Nature* 2006  
 Turnbaugh et al., *Cell Host Microbe* 2008

Ridaura, V. K. et al. *Science* 2013

Backhed et al., *PNAS* 2004

Aron-Wisnewsky & Clément et al.,  
*Nature Reviews* 2016

=> Obesity phenotype can be partially be transferred through gut microbiome transplantation

REVIEW ARTICLE

2016 – FEMS Microbiology

## Heterogeneity of the gut microbiome in mice: guidelines for optimizing experimental design

Debby Laukens<sup>1,†</sup>, Brigitte M. Brinkman<sup>2,3,‡</sup>, Jeroen Raes<sup>4,5</sup>, Martine De Vos<sup>1</sup>and Peter Verstraete. *Clin Transl Immunology*. 2016 Jul; 5(7): e92.Published online 2016 Jul 22. doi: [10.1038/cti.2016.41](https://doi.org/10.1038/cti.2016.41)

PMCID: PMC4973323

Article | OPEN

robiota/inflammation studies

Microbiota composition of simultaneously  
colonized mice housed in gnotobiotic isolators or  
ventilated cage regimen

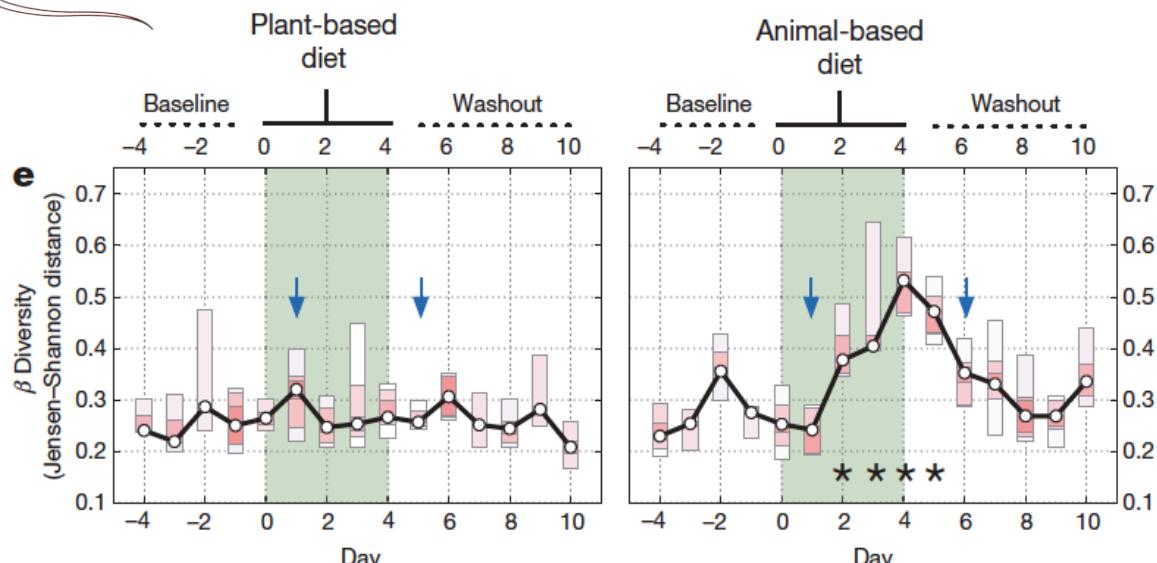
Cell Host & Microbe  
**Forum**

Randi Lundberg , Martin I. Bahl, Tine R. Licht, M

## Human Microbiota-Associated Mice: A Model with Challenges

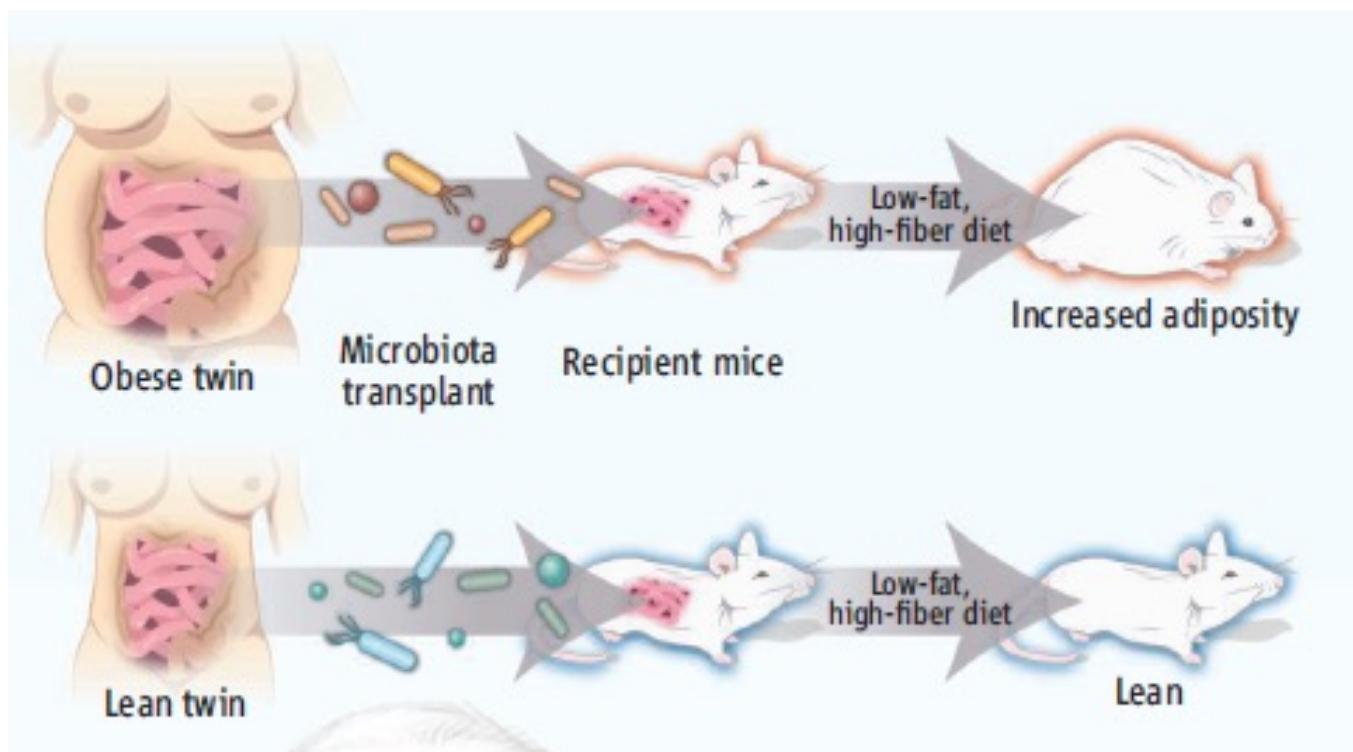
Marie-Claire Arrieta,<sup>1,2,6</sup> Jens Walter,<sup>3,4,6</sup> and B. Brett Finlay<sup>1,2,5,\*</sup>

Rapid changes in microbiota composition induced by diet modification



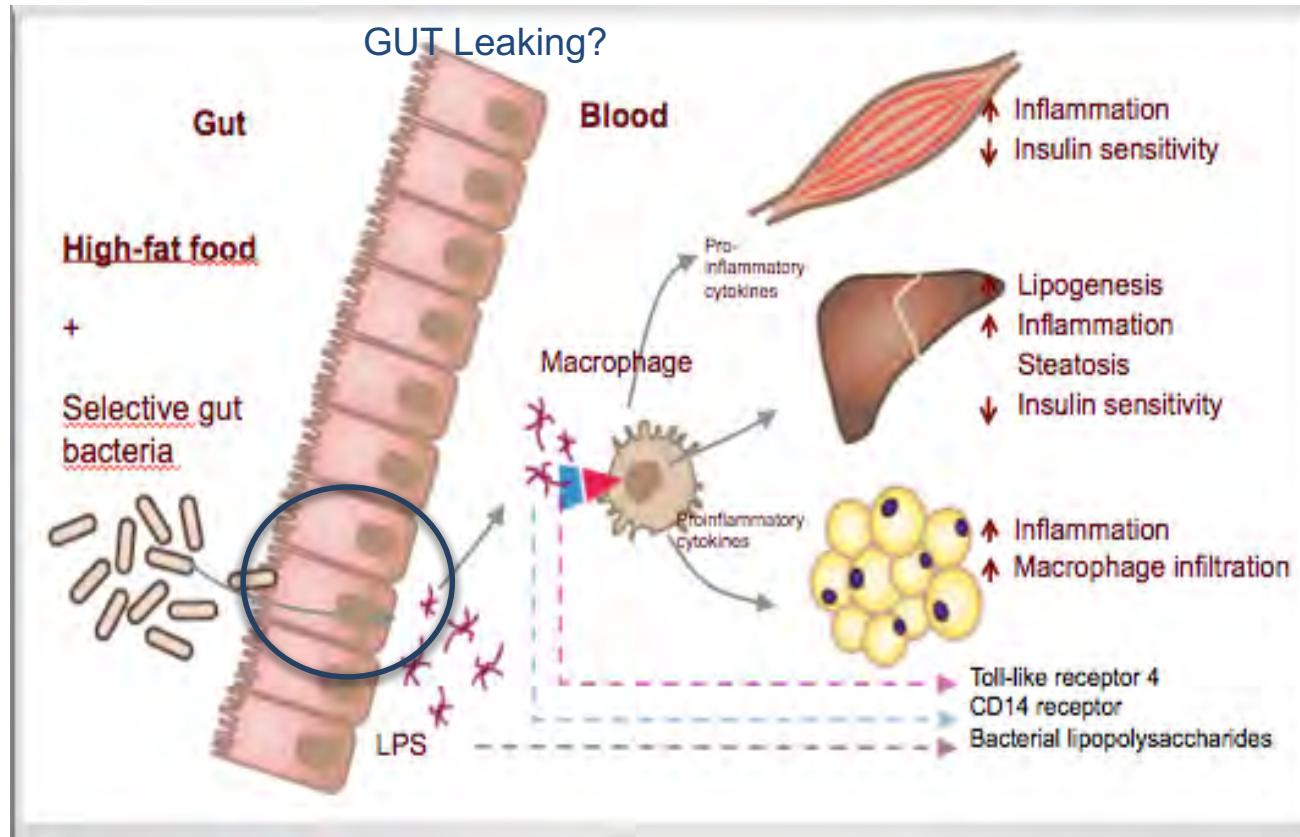
David et al., Nature 2014

# Protective role of gut microbiota from lean donor in presence of healthy diet, Protection lost with unhealthy diet

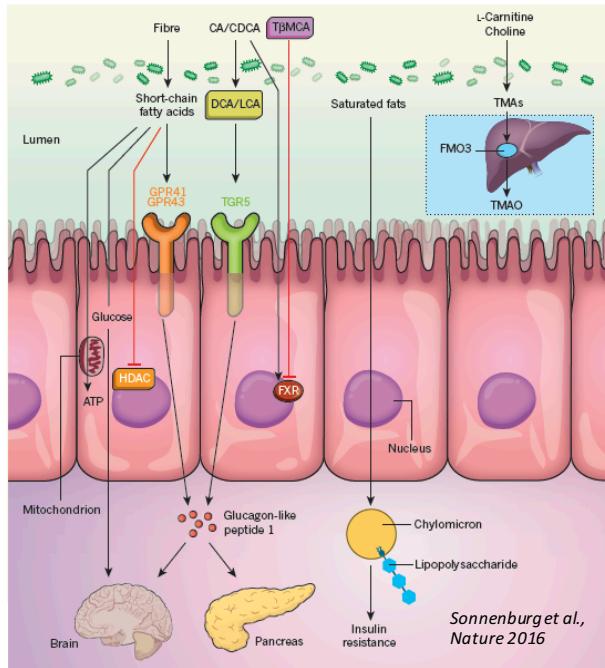


Is obesity/diabetes a non communicable ?

## Gut Microbiota initiates insulin resistance and inflammation (Metabolic endotoxemia)



Can P.D. et al. Diabetes 2007, Cani P.D. et al. Diabetologia 2007,  
Tsukumo et al. Diabetes 2007, Cani P.D. et al. Diabetes 2008, Kim et al. Circ. Res. 2007



## SCFA: fermentation of dietary fiber

Insulin sensitivity, and secretion  
Anti-inflammatory  
Decrease food intake

Koh et al, Cell metab 2016;  
Ridaura et al science 2013  
Maslowski et al., Nature 2009  
De Vadder et al., Cell Metab 2014  
Chambers et al., Gut 2015

## Secondary bile acids

Insulin secretion

Sayin et al., Gut 2013  
Li et al., Nature Comm 2013  
Jiang et al., JCI 2015  
Wahlström et al., Cell metab 2016

## Branched chain amino-acids (BCAA)

produced by « LGC »  
microbiota  
Associated with insulin resistance

Wang et al., Nat Med 2011  
Lee et al., Diabetes Care 2016  
Pedersen, et al., Nature 2016

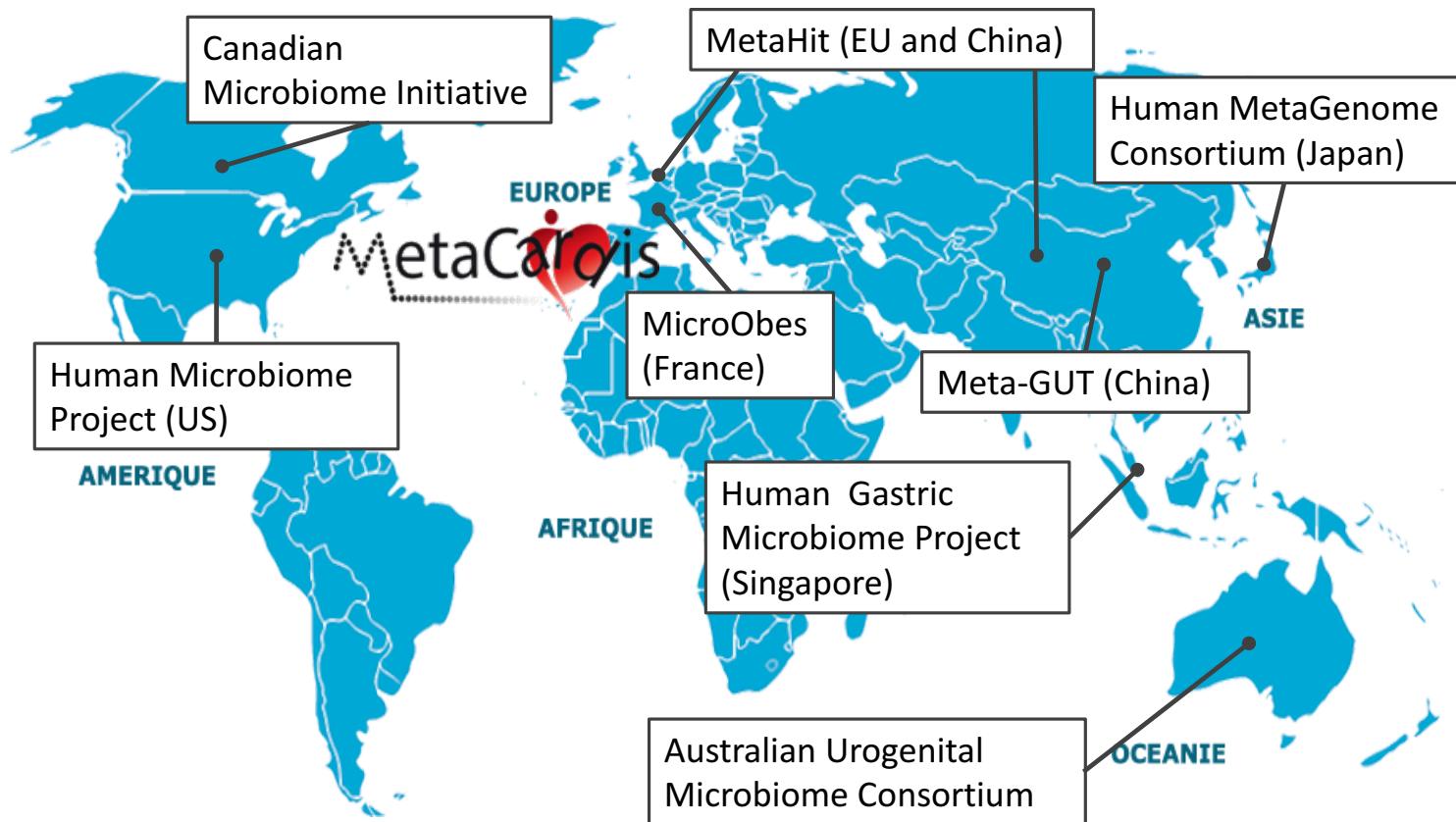
## TMAO

from bacterial metabolism of cholin and L-carnitin

Associated with cardiovascular risk

Tang, et al NEJM  
Wang et al., Nature 2011  
Koeth et al., Nature Med 2013  
Wu et al. Gut 2016

**Gut microbiota derived metabolites from diet may play a key role in the regulation of host metabolism**



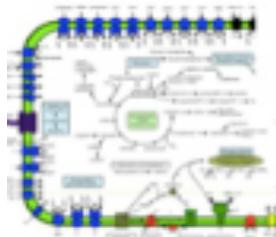
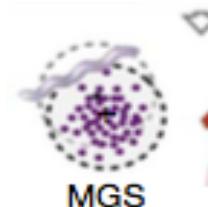
## Shot Gun analysis

### Clinical models



### Deep phenotyping

Subject	A	B	C	D	E
Gene 1	1	1	1	0	1
Gene 2	0	0	0	1	0
...	1	1	0	1	0
Gene 3.9M	0	0	1	1	1
Total	50K	20K	40K	60K	70K



**Sequencing (shot gun)  
New developments  
(Nanopore)**

**Build metagenomic  
species (MGS)  
(gene catalogue)**

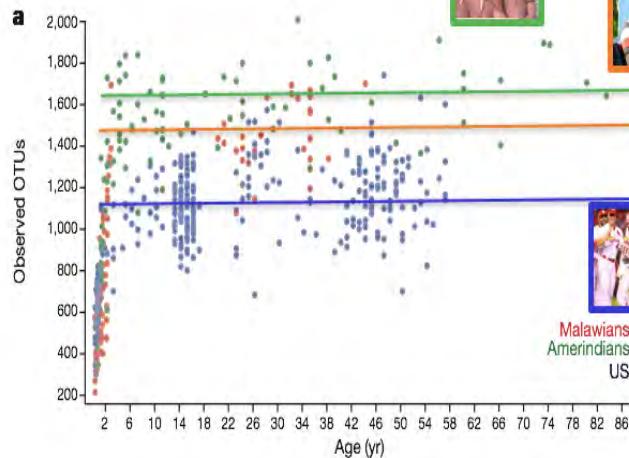
Nielsen et al. Nature Biotechnology 2014

**Metabolic  
reconstruction**

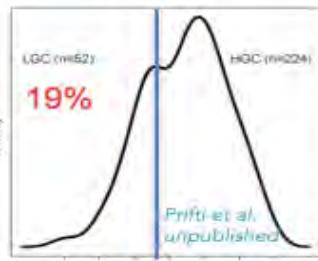
**Other “omics”  
metabolomics**

**=> Data integration**

Yatsunenko et al, Nature 2012



### Healthy (NTR)

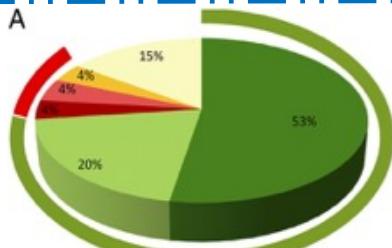


Clements' team



Diversity matters

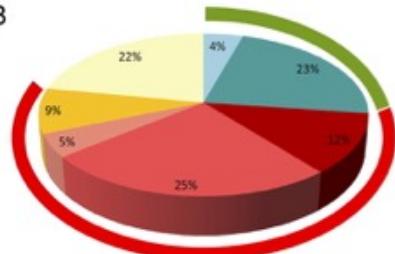
A



Children from Burkinafaso  
*High fiber and carbohydrate diet*  
*More prevotella*

“The average amount of fiber in BF diet is **10.0 g/d (2.26%)** in 1- to 2-y-old children and **14.2 g/d (3.19%)** in 2- to 6-y-old children”

B



Children from Europe  
*High fat and protein diet*  
*Bacteroides*

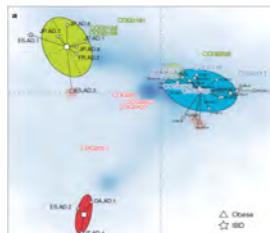
The fiber average content in EU diet is **5.6 g/d (0.67%)** in 1- to 2-y-old children and **8.4 g/d (0.9%)** in 2- to 6-y-old children

Carlotta De Filippo et al. PNAS 2010

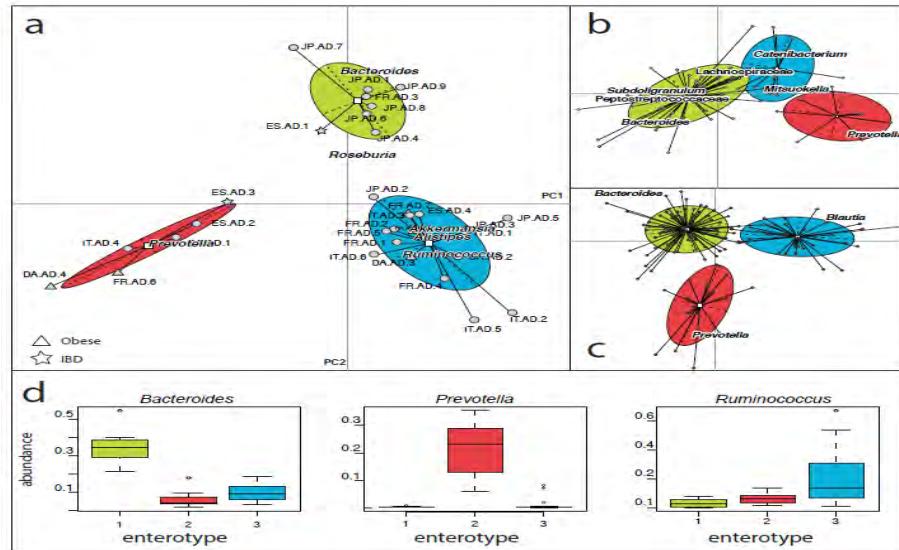
## Enterotypes of the human gut microbiome

Manimozhiyan Arumugam<sup>1\*</sup>, Jeroen Raes<sup>1,2\*</sup>, Eric Pelletier<sup>3,4,5</sup>, Denis Le Paslier<sup>3,4,5</sup>, Takuji Yamada<sup>1</sup>, Daniel R. Mende<sup>1</sup>, Gabriel R. Fernandes<sup>1,6</sup>, Julien Tap<sup>1,7</sup>, Thomas Bruls<sup>3,4,5</sup>, Jean-Michel Batté<sup>7</sup>, Marcelo Bertalan<sup>8</sup>, Natalia Borrue<sup>9</sup>, Francesc Casellas<sup>9</sup>, Leyden Fernandez<sup>10</sup>, Laurent Gautier<sup>8</sup>, Torben Hansen<sup>11,12</sup>, Masahira Hattori<sup>13</sup>, Tetsuya Hayashi<sup>14</sup>, Michiel Kleerebezem<sup>15</sup>, Ken Kurokawa<sup>16</sup>, Marion Leclerc<sup>7</sup>, Florence Levenez<sup>7</sup>, Chaysavanh Manichanh<sup>9</sup>, H. Bjørn Nielsen<sup>8</sup>, Trine Nielsen<sup>11</sup>, Nicolas Pons<sup>7</sup>, Julie Poulaïn<sup>3</sup>, Junjie Qin<sup>17</sup>, Thomas Sicheritz-Ponten<sup>8,18</sup>, Sebastian Tims<sup>15</sup>, David Torrents<sup>10,19</sup>, Edgardo Ugarte<sup>3</sup>, Erwin G. Zoetendaal<sup>15</sup>, Jun Wang<sup>17,20</sup>, Francisco Guarner<sup>9</sup>, Oluf Pedersen<sup>11,21,22,23</sup>, Willem M. de Vos<sup>15,24</sup>, Søren Brunak<sup>8</sup>, Joel Doré<sup>7</sup>, MetaHIT Consortium†, Jean Weissenbach<sup>3,4,5</sup>, S. Dusko Ehrlich<sup>7</sup> & Peer Bork<sup>1,25</sup>

Europeans,  
Americans,  
Asians. n=33;  
Sanger

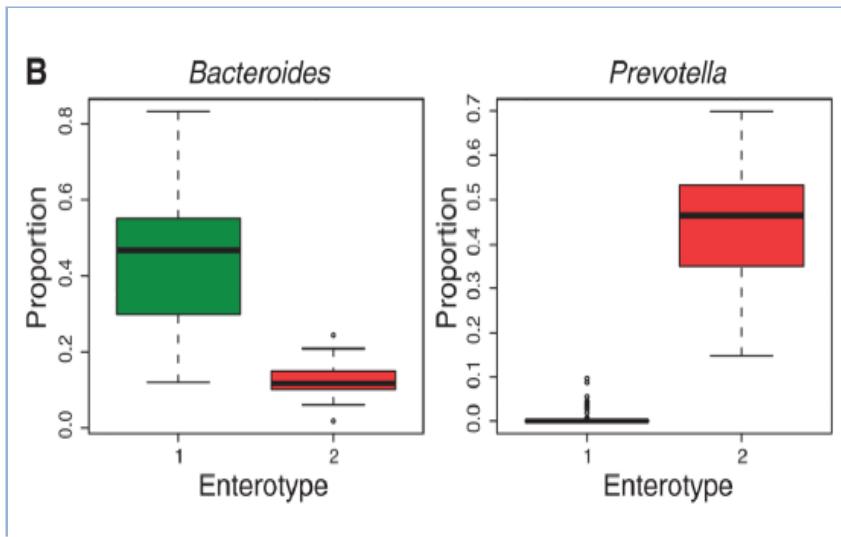


Function, n=33



Danes  
n=85;  
Illumina  
US  
n=154;  
454

## Human Gut Microbiome: 3 enterotypes associate with Food intake patterns (FFQ)



Animal Fat



Carbohydrates

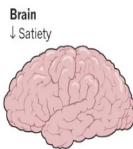


- ***Bacteroides* enterotype 1** associates with a diet enriched in protein and animal fat as estimated from food frequency questionnaire

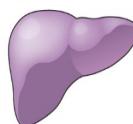
- ***Prevotella* enterotype 2** associates with a carbohydrate-enriched diet

Wu et al science 2011

# Main concepts



Brain  
↓ Satiety



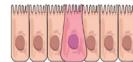
Liver  
↑ Short-chain fatty acids  
↑ Inflammation



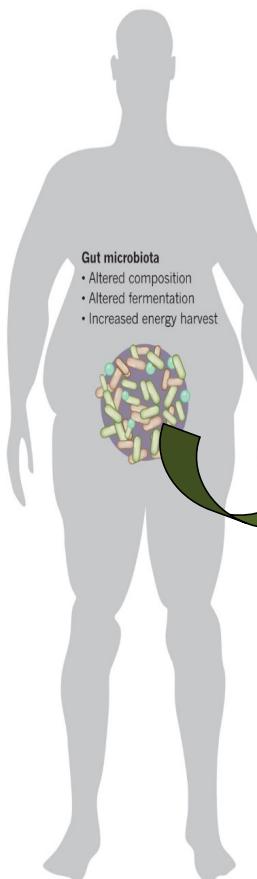
Adipose tissue  
↑ Triglyceride incorporation  
↑ Inflammation



Muscle  
↓ Fatty-acid oxidation



Epithelium  
↑ Permeability of the epithelium  
↓ PYY/GLP-1 from L-cells



*Buccal microbiota (Koren O et al. PNAS. 2011 or Hyvärinen K et al. 2012, Atherosclerosis, 2012)*

## Gut microbiota Composition:

### Gene richness

### Specific species or bacterial groups



Bacterial Metabolites  
(i.e. SCFA, TMA, TMAO)

Bacterial Components  
(i.e. LPS)  
Others

Energy harvest, lipid metabolism, markers for increased risk of chronic disease (CVD, T2D)

Brown & Hazen, Ann Rev med 2015

Innate immunity stimulation

Inflammation

Insulin resistance

Metabolic syndrome

Chronic disease  
(CVD, T2D)



Biological  
+  
Diversity  
=  
**Biodiversity**

## Threats to **BIODIVERSITY**



*Impact on metabolic  
Health ?*

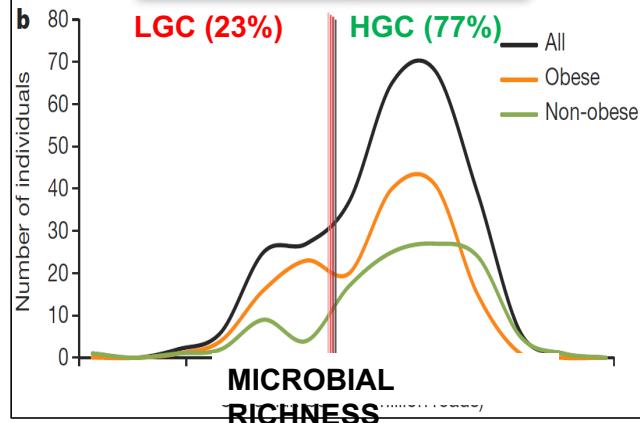


Diversity

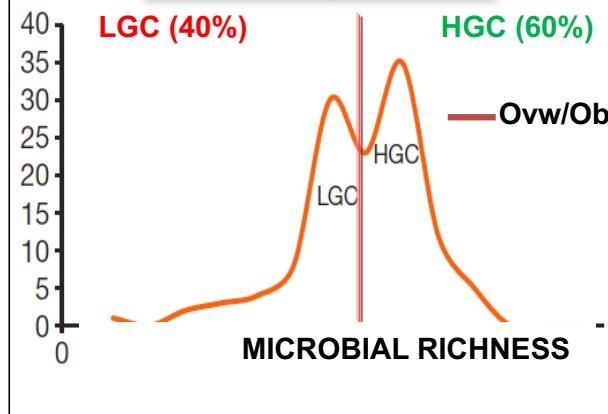


nature

**METAHIT**  
292 subjects



**MicroObes**  
49 subjects



LGC = Low gene count

HGC = High gene count

LGC: ↑ Pro-inflammatory

{ *Cl. bolteae*  
*Cl. symbiosum*  
*Cl. clostridioforme*  
*Cl. ramosum*  
*R. gnavus*  
*F. prausnitzii*  
*R. inulinivorans*  
*Co. eutactus*  
*M. smithii*

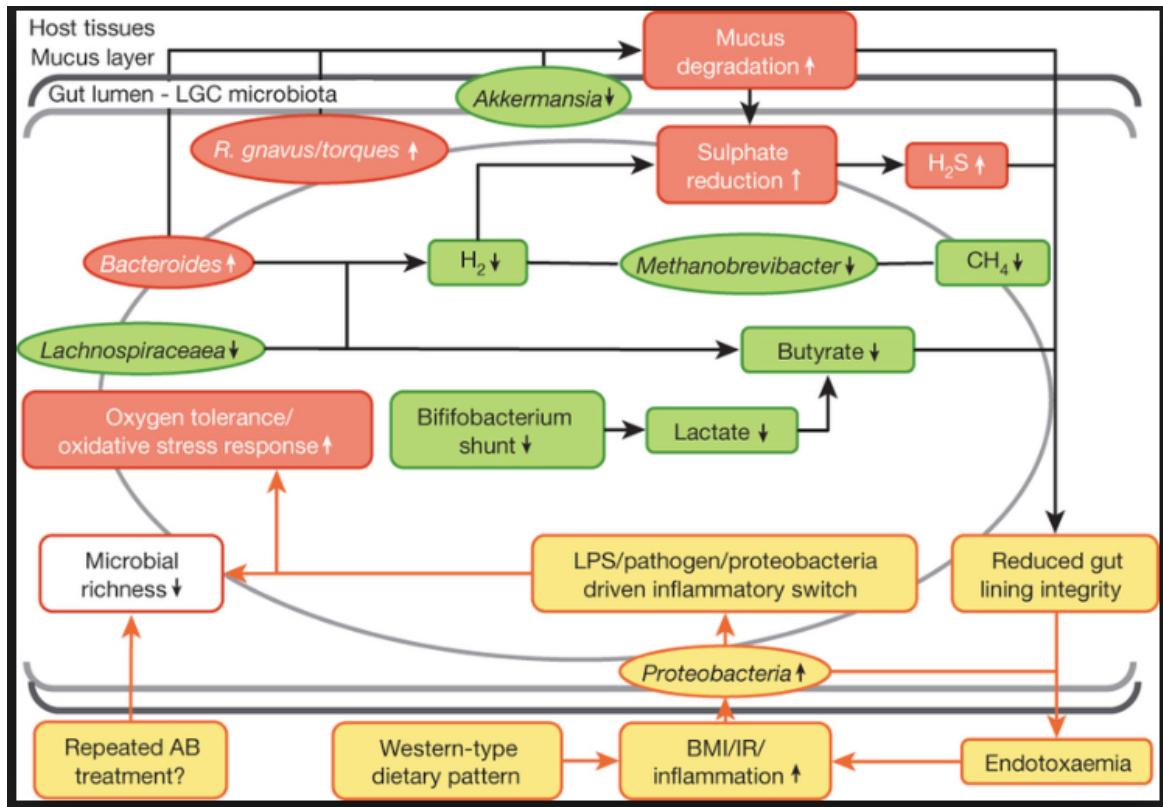
HGC: ↑ Anti-inflammatory

And healthier diet



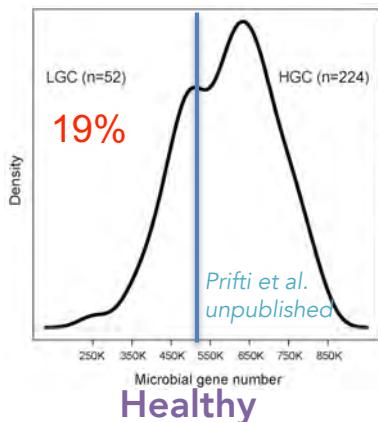
LGC associates with CMD risks

- ↑↑ dyslipidemia
- ↑ adiposity
- ↑ insulin resistance
- ↑ inflammation (circulating and adipose tissue)



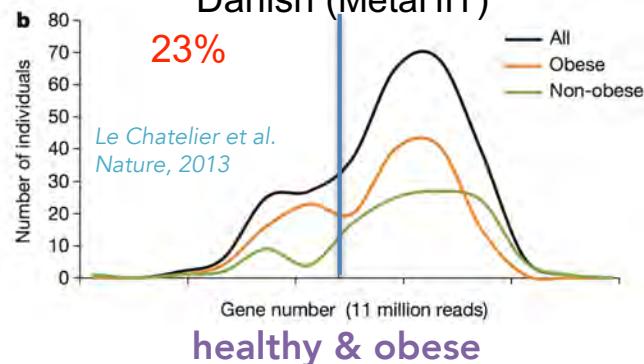
Le Chatelier et al. Nature 2013

## Healthy (NTR)

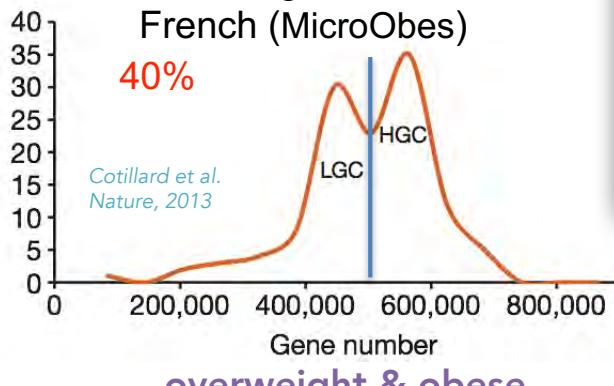


Healthy

## Overweight/obese Danish (MetaHIT)



## Overweight/obese French (MicroObes)

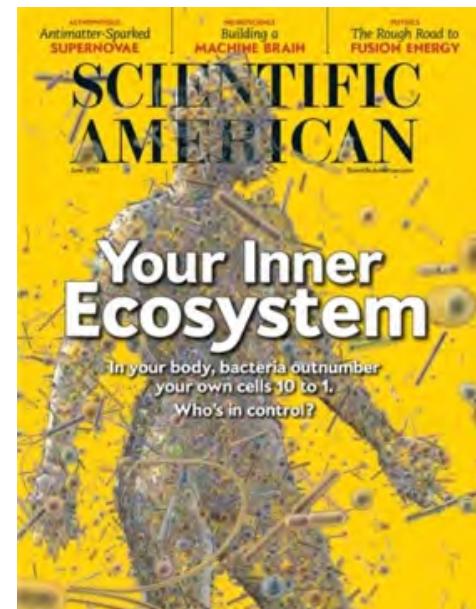


LGC prevalence increases with obesity severity

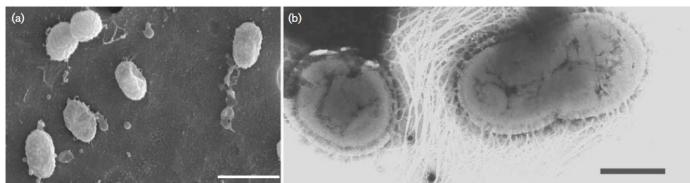
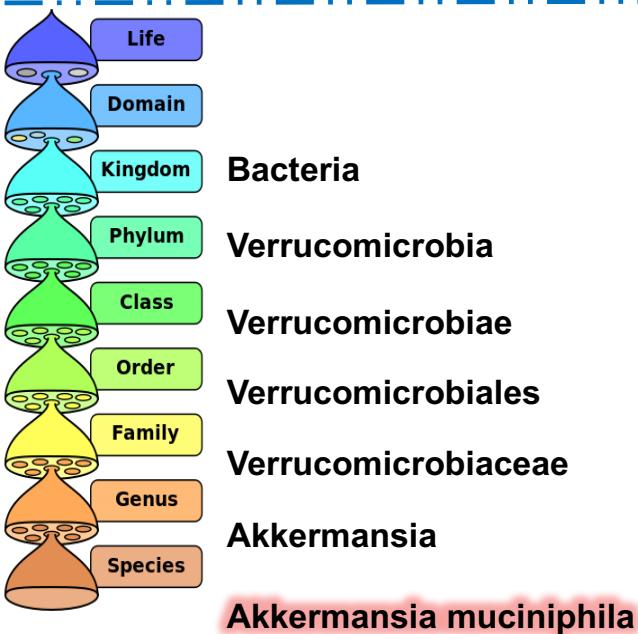
# Loss of richness & ecosystem Is Akkermansia Muciniphila a candidate to improve metabolic health ?

Better Focus on ecosystem  
rather than one species?

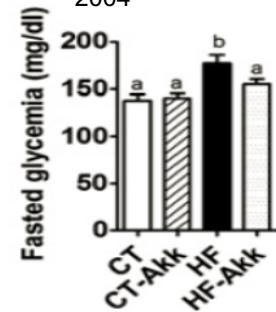
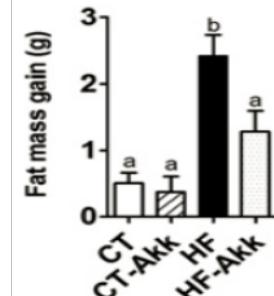
Too follows...



# Diversity & “beneficial” bacteria : *Akkermansia muciniphila* (Akk)

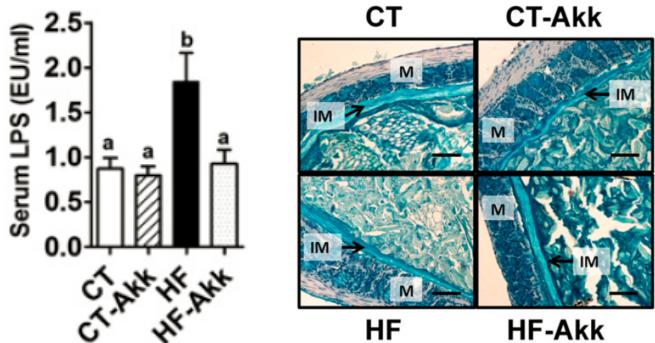


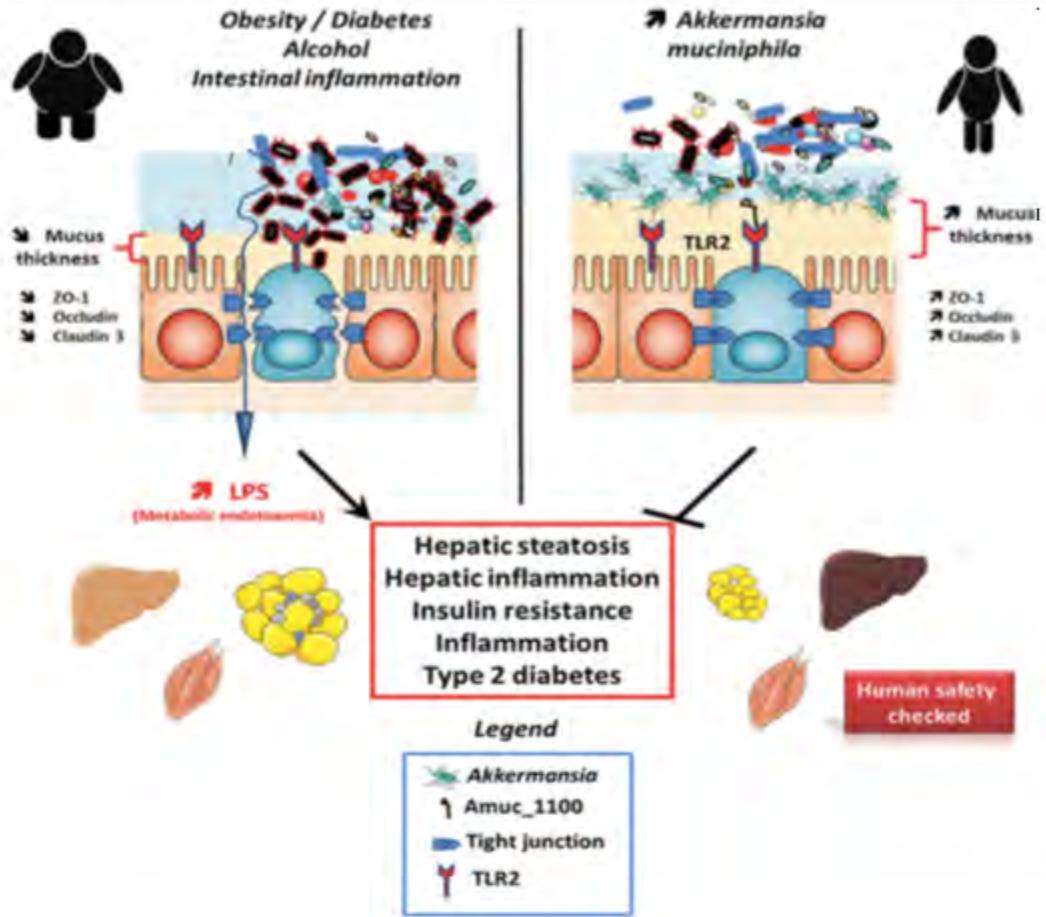
Derrien et al. IJSEM 2004



## Health implications

- Mouse studies: maintenance of glucose homeostasis. Everard et al. PNAS 2013
- Links with Metformin. Shin et al. Gut 2013
- Membrane Protein (Amuc\_1100); recap effect of Akk (Plovier H, Nature Med, 2017)





P. Cani



Higher **baseline** *A. muciniphila* is associated with a healthier metabolic status, and more insulin sensitivity

## Subjects with higher *A. muciniphila* abundance and microbial richness have healthier metabolic profile



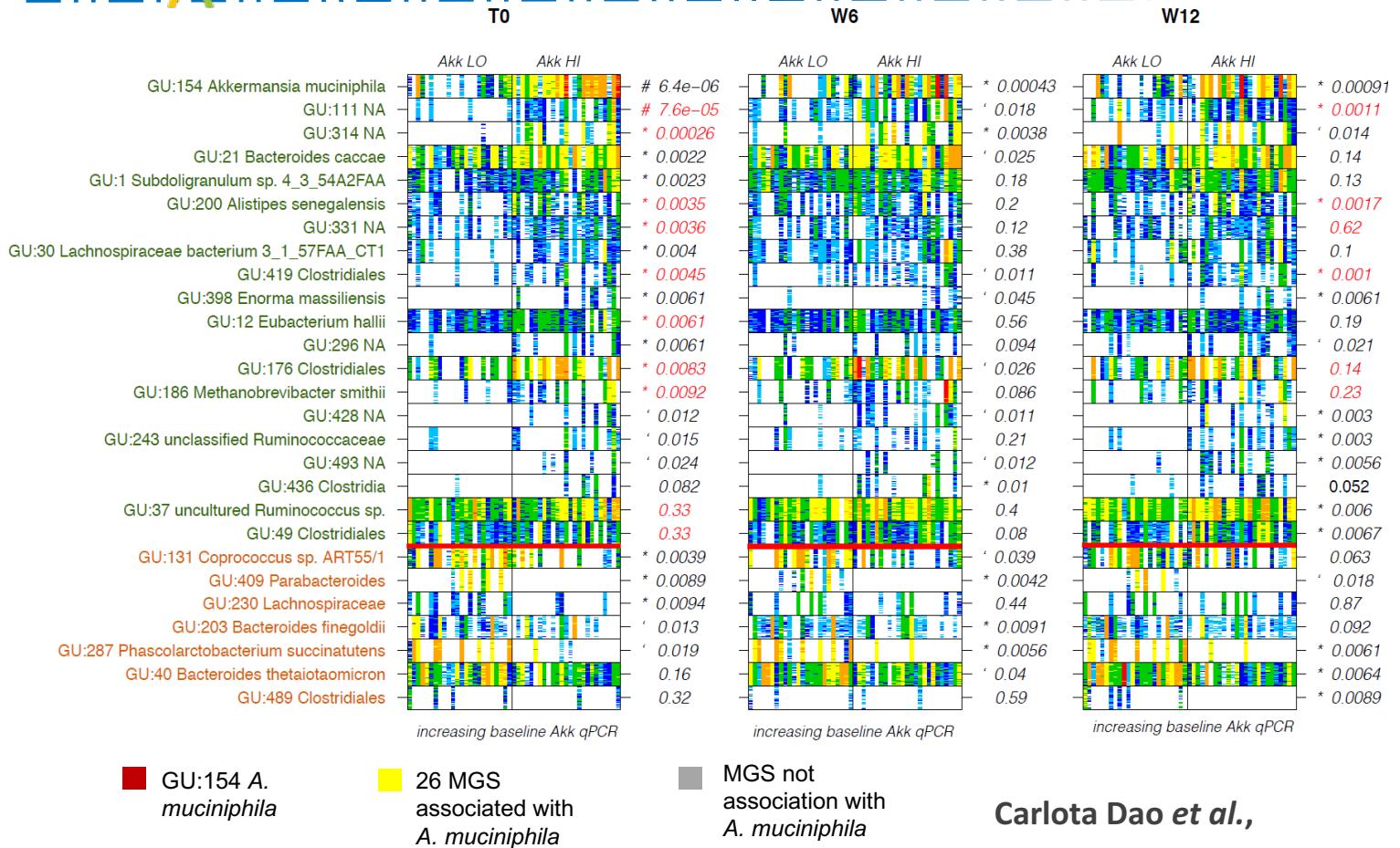
Carlota  
Dao

- Akk LO, LGC (N = 9)
- Akk HI, LGC (N = 9)
- Akk LO, HGC (N = 11)
- Akk HI, HGC (N = 16) ←

\* $p < 0.05$ , \*\* $p < 0.01$ ; Kruskal-Wallis-Wilcoxon

Need to consider overall richness ?

# Akk and metagenomics species!



Carlota Dao *et al.*,

13 Firmicutes, 5 Bacteroidetes, 1 Actinobacteria and 1 Euryarchaeota

# Weight loss programs: Reversion ?

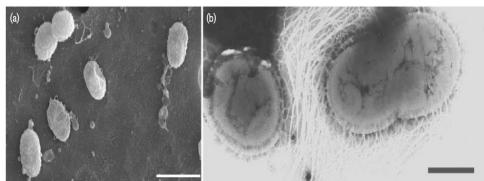
## Models:

Dietary Intervention  
“MicroObese”



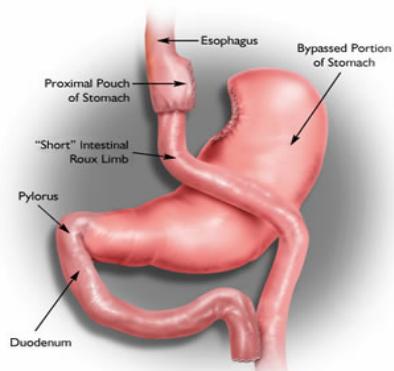
Cotillard A, Nature, 2013  
Kong LC, AM J Clin Nutr 2013  
**DAO, MC**, GUT, 2015  
Schoaie, Cell Metab, 2015

Future Probiotics ?



Akkermansia  
& others

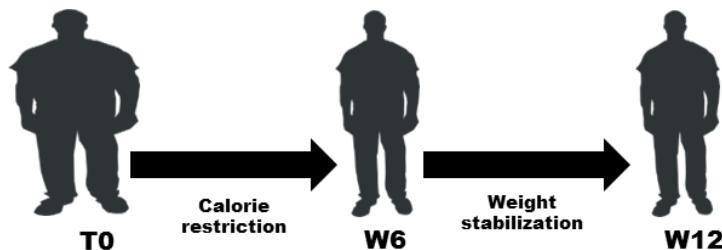
Bariatric Surgery  
(PHRC microbaria)



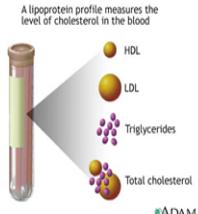
Furet et al, Diabetes, 2010  
Kong, Am J Clin Nutr, 2013  
Kong, Plos One, 2014  
Aron-Wisnewsky J,  
Curr Atheroscler Rep et al 2014  
Review Nat Rev Gastroenterol  
Hepatol, et al 2012  
Magalhaes I, JCI, 2015  
Monteiro-Sepulveda M, Cell Metab  
2015

Obese or overweight patients (N=49)

Diet: High fiber and protein,  
low carbohydrate index



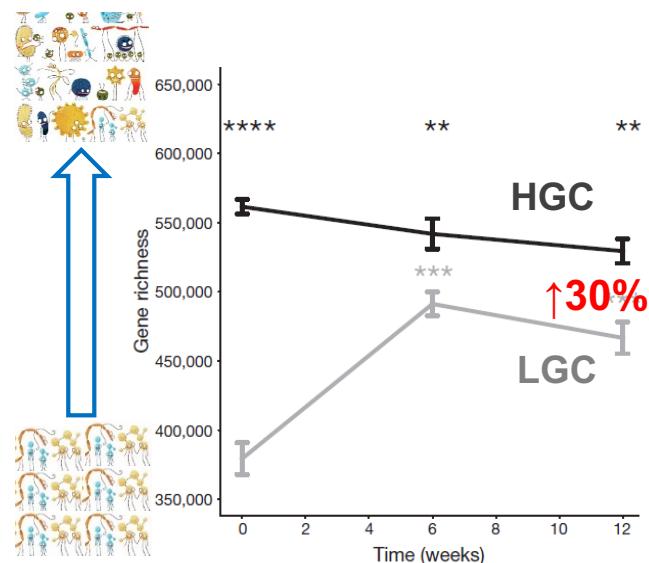
Diet



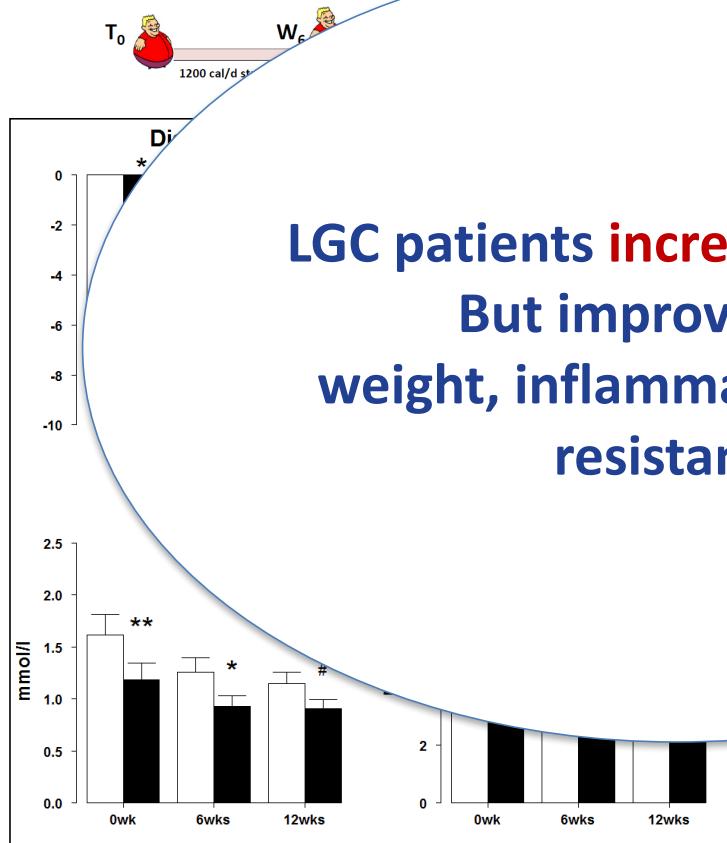
Phenotype



Gut flora\*



- More pronounced dys-metabolism and a tendency to higher low-grade inflammation in LGC subjects (their metabolic profile)



**LGC patients increased diversity  
But improved less  
weight, inflammation, insulin  
resistance**

p < 0.05, \*\*: p < 0.01 calculated by Wilcoxon-Mann-Whitney tests.

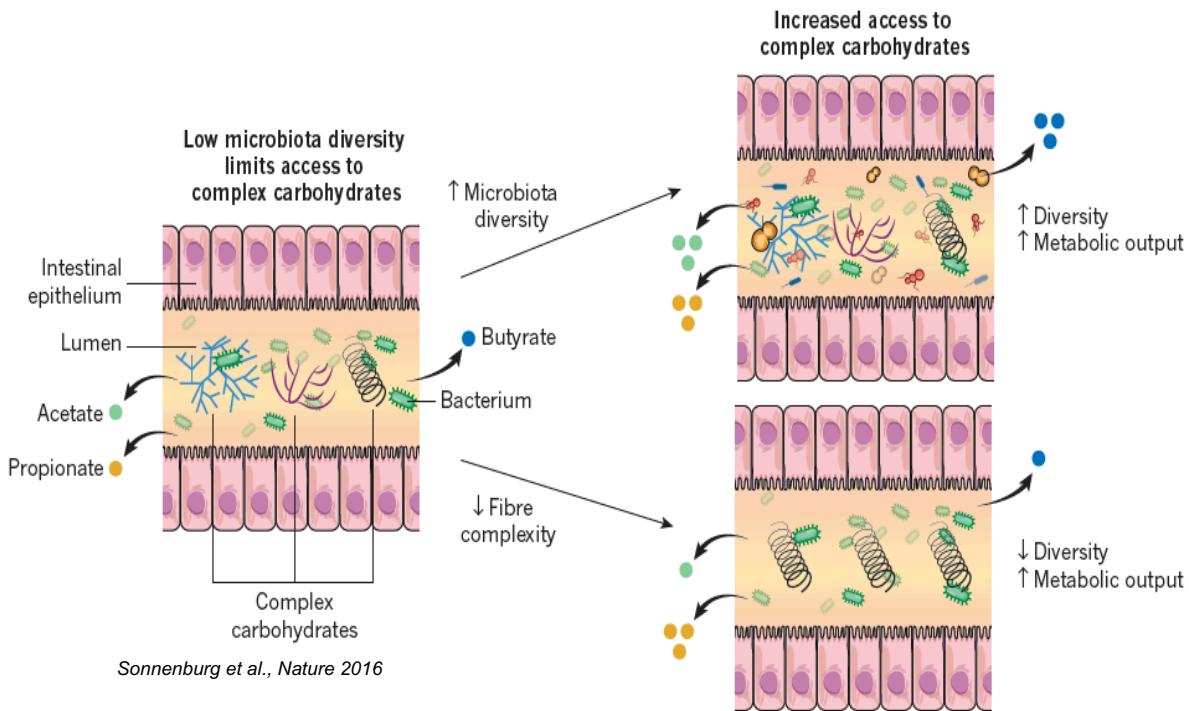
Calculated by weight and insulin values.

1200 kcal/d

**35% proteins, 25% lipids, 40% CHO vs 25% proteins, 31% lipids, 44% CHO**



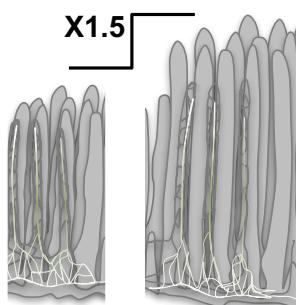
\* Riche en Fructane (inuline, oligosaccharides)



**Dietary interventions may have different effects depending on gut microbiota composition**

# Jejunum immunity is altered in obesity

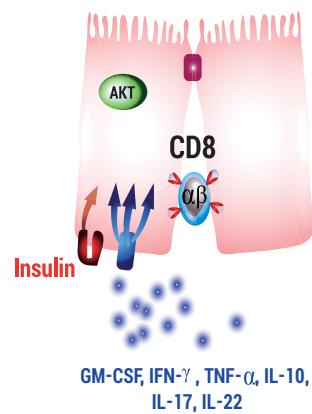
Increased surface of absorption



More inflammation (jejunum)

	n/mm <sup>2</sup>	Ob vs. Lean
Mature DC	5	x 5
NK cells	12	x 6
Macrophage	150	x 1.5
CD8αβ		
Ob vs. Lean		n/mm <sup>2</sup>
Lamina propria	350	x 1.75
Epithelium	1200	x 1.5

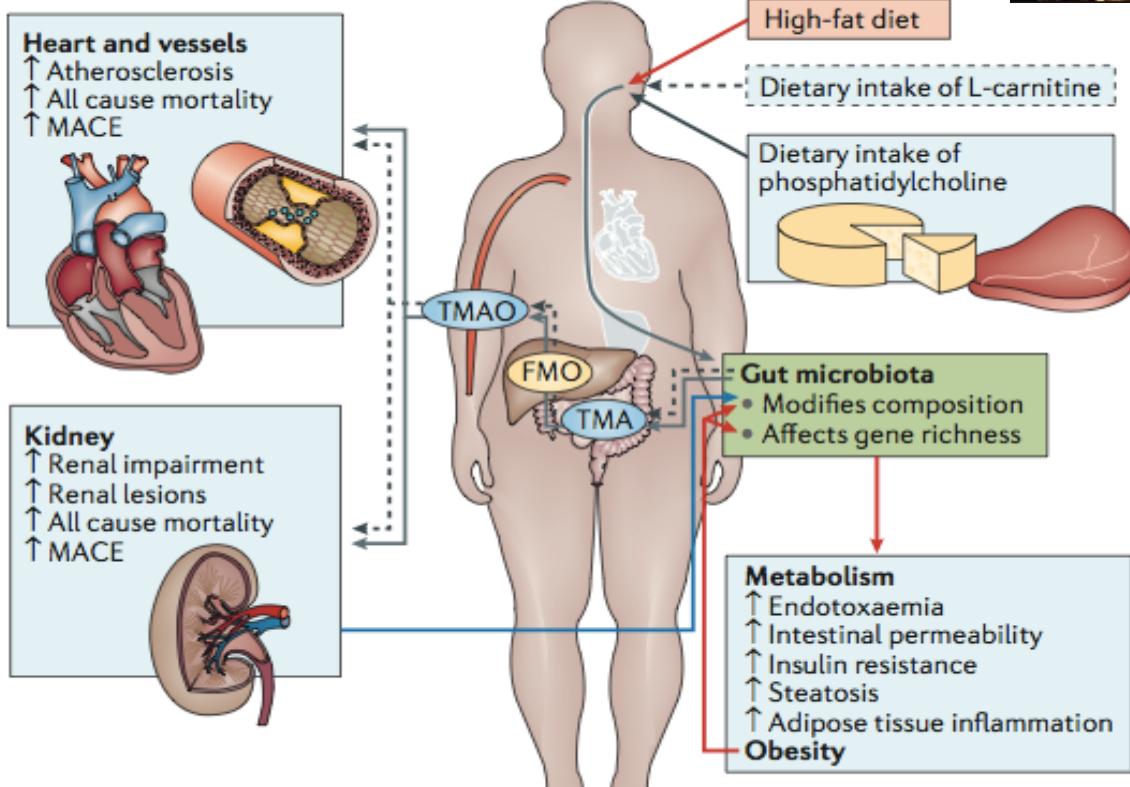
Altered function (insulin resistance)



Links with obesity & complications

Corpulence, liver disease and dyslipidemia

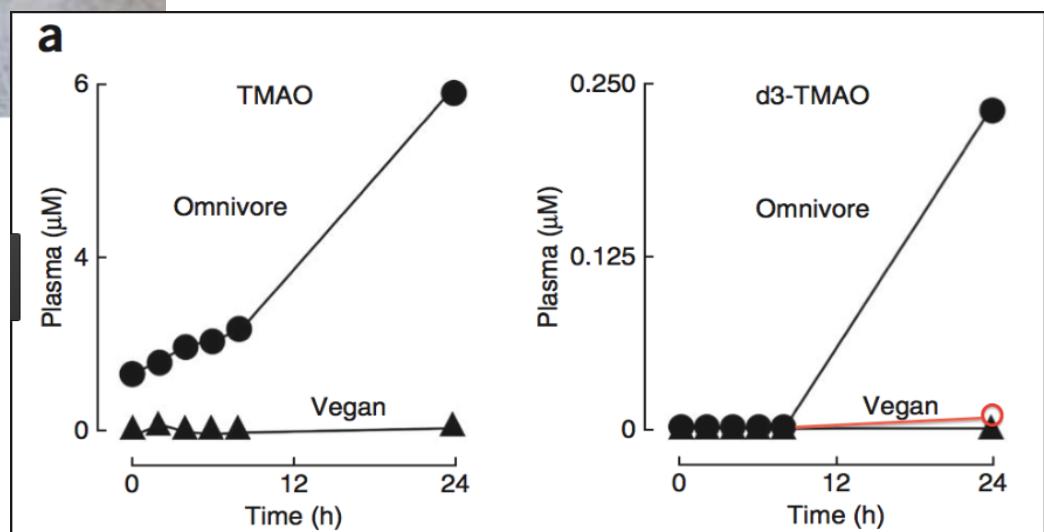
# Gut-derived metabolites : ex TMAO?

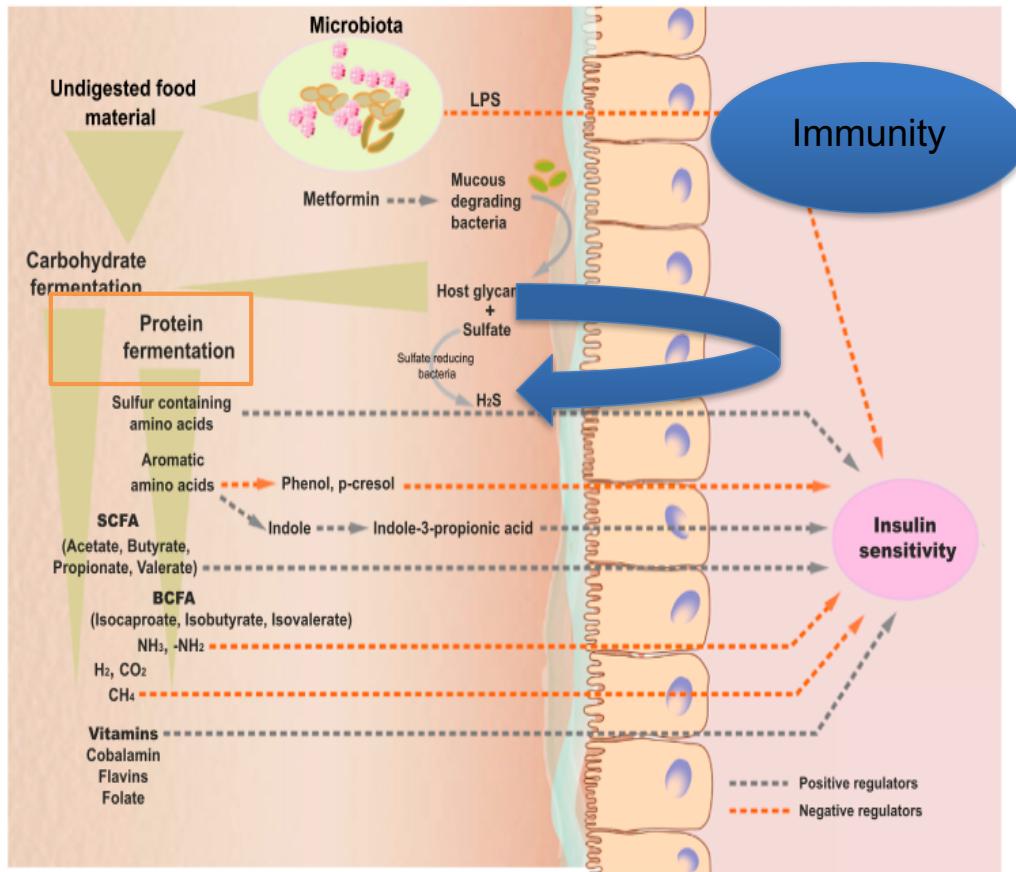




Ex Vegan

Low interindividual variations





Intestinal barrier

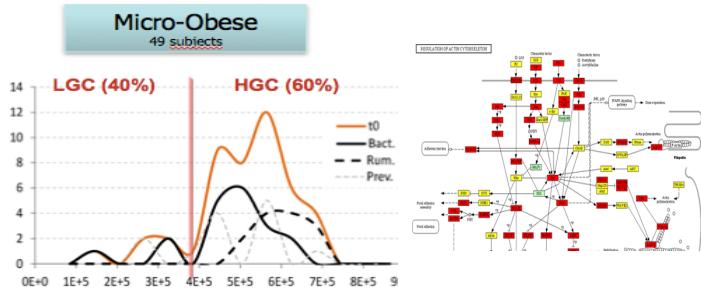
Adapted from Khan MT, et al, Cell Metab 2014





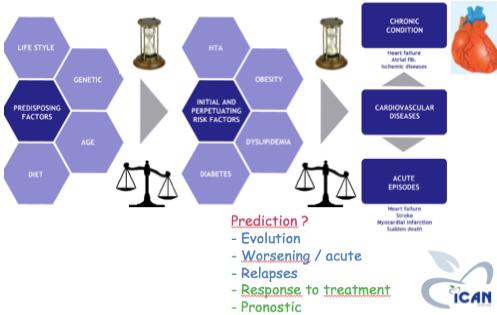
**To the future ?**

# Toward the future

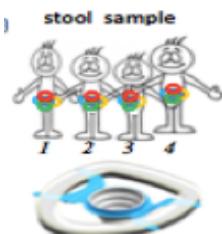


- Low diversity & Richness
- Different bacterial groups (MGS)
- **Functional changes (Ecosystem) ?**

New  
*Diagnostics/predictors  
Of response ?*



**Response to Drugs  
Individual profiles ?**



**Optimal Treatments ?**

- Nutrition-based
- pre, probiotics or combination
- Bacterial modulation
- Gut microbiota (auto-transfer)

# Can the microbiome be used for human health treatment or disease ?



Food ?  
Prebiotics?  
Probiotics?  
Metabolites ?  
Feces transfer ?  
Combination?

Efficiency ?  
For which  
objective ?

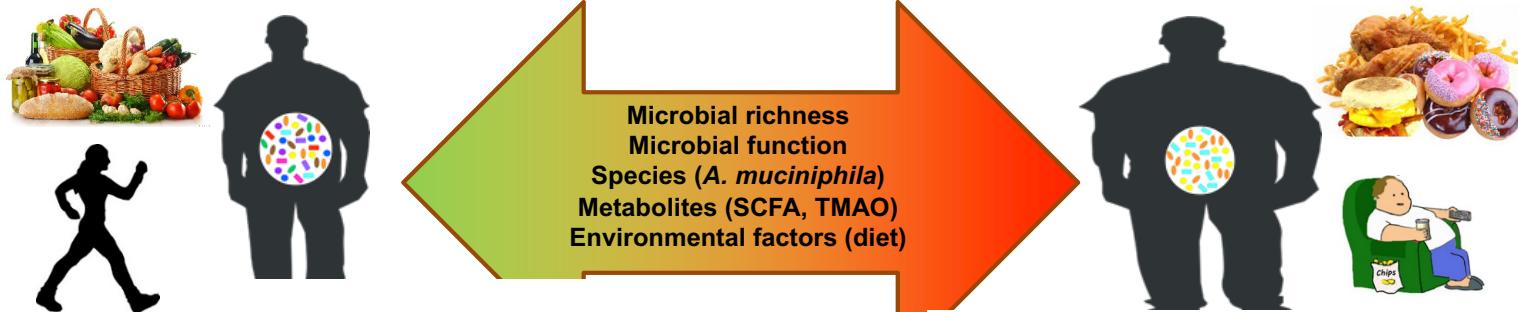
Microbiome ?  
Gut barrier ?  
Derived-molecules?  
Host targets?  
Combined?

Patients Phenotypes  
Heterogeneity  
Healthy stages of  
obesity?

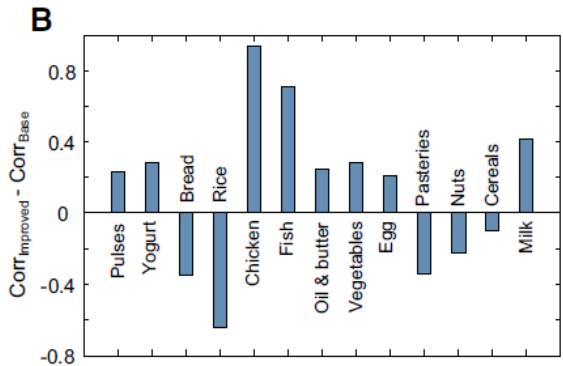


Prevention ?  
Patient trajectories?  
Stage of  
progression?

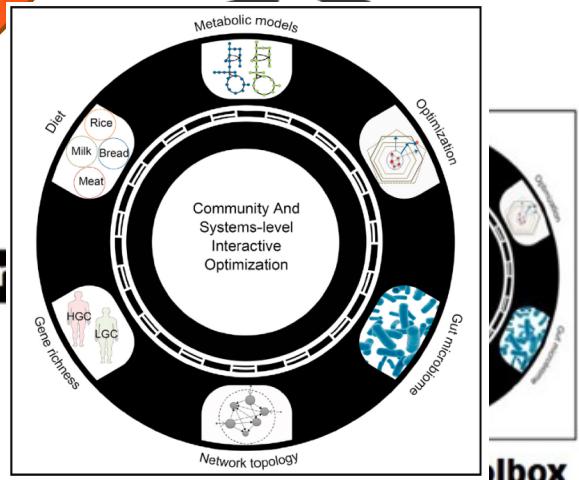
# Vers une Nutrition de précision



What



tary inter





Jean-Daniel Zucker, Judith Aron, Sébastien André  
Christine Poitou, Véronique Pelloux, Edi Prifti, Jean  
Debedat, Pierre Bel Lassen  
Rohia Alili.. Karen Assemann, Favien Jacque  
Carlota Dao, Brandon Kayser, Nataliya Sokolovska

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Joel Doré

Stanislav Dusko Ehrlich

Dr. Patrice Cani

Dr. Amandine Everard

Dr. Armelle Leturque

Dr. Edith Brot-Laroche

## Equipe Integromics

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- E Belda

- E Prifti