





DEPARTMENT OF LIFE SCIENCES AND MEDICINE

Galata V.

Microbiome-derived, immunogenic molecules and their role in the prognosis of immunotherapy for cancer

Paul Wilmes & Patrick Dang 🛛 🛩 @wilmeslab 🛛 in Systems Ecology group

Human microbiome





Wilmes, et al. (2022) Cell Host & Microbe **30**:1201-1206. Muller, et al. (2018) Curr. Op. in Systems Biology **8**:73-80.

Microbiome functions and disease



Chronic diseases

- Autoimmune
- <u>Cancer</u>
- Metabolic
- Neurodegenerative

Inflammation

Wilmes, et al. (2022) Cell Host & Microbe 30:1201-1206.

Microbiome functions and disease





Wilmes, et al. (2022) Cell Host & Microbe 30:1201-1206.

Integrated multi-omics



Roume, et al. (2013) The ISME Journal **7**:110–121. Muller, et al. (2013) Trends in Microbiology **21**:325–333. Roume, et al. (2013) Methods in Enzymology **531**:219–236. Muller, et al. (2014) Nature Communications **5**:5603. Laczny, et al. (2014) Scientific Reports **4**:4516. Laczny, et al. (2015) Microbiome **3**:1. Roume*, et al. (2015) npj Biofilms & Microbiomes **1**:15007. Narayanasamy, et al. (2016) Genome Biology **17**:260. Heintz-Buschart, et al. (2017) Nature Microbiology **16180**:1-12. Herold, et al. (2020) Nature Communications 11:5281. de Nies, et al. (2021) Microbiome 9:49. Martinez-Arbas*, Narayanasamy*, et al. (2021) Nature Microbiology 6:123–135. Queirós, et al. (2021) GigaScience 10:42. De Saedeleer, et al. (2021) ISME Communications 1:82. Hickl, et al. (2022) Briefings in Bioinformatics 23:431. de Nies, et al. (2022) eLife 11:e81196. Novikova, et al. (2024) ISME Communications 4:ycad014. Delogu, et al. (2024) Nature Ecology & Evolution 8:32-44.

Microbiome differences in type 1 diabetes

Microbial functions differentially expressed in disease:

- encoded & expressed by distinct populations in distinct individuals
- affected by endogenous factors (exocrine pancreatic enzymes)

Ecosystem services!



Heintz-Buschart, *et al.* (2017) *Nature Microbiology* **16180**:1-12. Heintz-Buschart & Wilmes (2018) *Trends in Microbiology* **26**:563-574.





Millions of distinct biomolecules > 30-90 % <u>unknown</u> > Immunogenicity <u>unknown</u>





Established by the European Commission



De Saedeleer, ..., Wilmes (2021) *ISME Communications* **1**:82.



De Saedeleer, et al. (2021) ISME Communications 1:82.

Immunogenicity of biomolecular complement







UNIVERSITÉ DU LUXEMBOURG

DEPARTMENT OF LIFE SCIENCES AND MEDICINE

Exploring the role of microbiomederived molecules

In the context of immunotherapy for cancer

Why Immunotherapy?

- Treatment that uses a person's own immune system to fight cancer
- A small proportion of patients actually see long-lasting benefits
- A deeper understanding of the relationships between immunotherapy and treatment resistance is needed



Martin Reck and al. Pembrolizumab versus Chemotherapy for PD-L1-Positive Non-Small-Cell Lung Cancer



Zimmermann et al. (2020) Molecular Systems Biology 17.

Metformin

- Limited oral bioavailability, resulting in a **high concentration** of the drug in the **intestines**
- Discovery of a direct link between taxonomic changes in the bacterial population of the microbiome and the improvement of metabolic dysfunctions and hyperglycemia



Irinotecan bioactivation & metabolism



SN-38G reactivation by the gut bacterium *Escherichia coli* Side effects: **diarrhea**, neutropenia

Lucchetti, et al. (2024) Advanced Healthcare Materials 7:2303943.

Irinotecan → prodrug SN-38 → active drug SN-38G → inactive drug

What influences immunotherapy response?



Martin Reck and al. Pembrolizumab versus Chemotherapy for PD-L1-Positive Non-Small-Cell Lung Cancer

The impact of proton pump inhibitor (PPI) exposure before immune checkpoint inhibitor



2033MO The impact of proton pump inhibitor (PPI) exposure before immune checkpoint inhibitor (ICI) therapy on overall survival (OS): A population-based study Eng. L. et al. Annals of Oncoloov. Volume 34. SIO79

Administration of antibiotics



Eng L, Sutradhar R, Niu Y, *et al.* <u>Impact of Antibiotic Exposure Before Immune Checkpoint Inhibitor Treatment on Overall</u> <u>Survival in Older Adults With Cancer: A Population-Based Study</u>. *JCO*; Published online 24 February 2023. DOI: 10.1200/JCO.22.00074 Pinato DJ, Cortellini A. <u>Antibiotic Therapy: The Cornerstone of latrogenic Resistance to Immune Checkpoint Inhibitors</u>. *JCO*; Published online 24 February 2023. DOI: 10.1200/JCO.23.00049

REPORT

CLINICAL TRIALS

Fecal microbiota transplant promotes response in immunotherapy-refractory melanoma patients

Erez N. Baruch^{1,2,*}†, Ilan Youngster^{3,4}, Guy Ben-Betzalel¹, Rona Ortenberg¹, Adi Lahat⁵, Lior Katz⁶, Katerina Adler⁷, Daniela Dick-Necula⁸, Stephen Raskin^{4,9}, Naamah Bloch¹⁰, Daniil Rotin⁸, Liat Anafi⁸, Camila Avivi⁸, Jenny Melnichenko¹, Yael Steinberg-Silman¹, Ronac Mamtani¹¹, Hagit Harati¹, Nethanel Asher¹, Ronnie Shapira-Frommer¹, Tal Brosh-Nissimov¹², Yael Eshet^{4,8,13}, Shira Ben-Simon¹⁰, Oren Ziv¹⁰, Md Abdul Khan¹⁴, Moran Amit¹⁵, Nadim J. Ajami¹⁴, Iris Barshack^{4,8}, Jacob Schachter^{1,4}, Jennifer A. Wargo^{14,16}, Omry Koren¹⁰, Gal Markel^{12,17}*⁴, Ben Boursi^{4,18,19}[‡]

The gut microbiome has been shown to influence the response of tumors to anti–PD-1 (programmed cell death–1) immunotherapy in preclinical mouse models and observational patient cohorts. However, modulation of gut microbiota in cancer patients has not been investigated in clinical trials. In this study, we performed a phase 1 clinical trial to assess the safety and feasibility of fecal microbiota transplantation (FMT) and reinduction of anti–PD-1 immunotherapy in 10 patients with anti–PD-1-refractory metastatic melanoma. We observed clinical responses in three patients, including two partial responses and one complete response. Notably, treatment with FMT was associated with favorable changes in immune cell infitrates and gene expression profiles in both the gut lamina propria and the tumor microenvironment. These early findings have implications for modulating the gut microbiota in cancer treatment.

nature medicine

Article

https://doi.org/10.1038/s41591-023-02453-x

Fecal microbiota transplantation plus anti-PD-1 immunotherapy in advanced melanoma: a phase I trial

Received: 9 February 2023	
Accepted: 8 June 2023	
Published on line: 6 July 2023	
Check for updates	

A list of authors and their affiliations appears at the end of the paper

Fecal microbiota transplantation (FMT) represents a potential strategy to overcome resistance to immune checkpoint inhibitors in patients with refractory melanoma; however, the role of FMT in first-line treatment settings has not been evaluated. We conducted a multicenter phase I trial combining healthy donor FMT with the PD-1 inhibitors nivolumab or pembrolizumab in 20 previously untreated patients with advanced melanoma. The primary end point was safety. No grade 3 adverse events were reported from FMT alone. Five patients (25%) experienced grade 3 immune-related adverse events from combination therapy. Key secondary end points were objective response rate, changes in gut microbiome composition and systemic immune and metabolomics analyses. The objective response rate was 65% (13 of 20), including four (20%) complete responses. Longitudinal microbiome profiling revealed that all patients engrafted strains from their respective donors; however, the acquired similarity between donor and patient microbiomes only increased over time in responders. Responders experienced an enrichment of immunogenic and a loss of deleterious bacteria following FMT. Avatar mouse models confirmed the role of healthy donor feces in increasing anti-PD-1 efficacy. Our results show that FMT from healthy donors is safe in the first-line setting and warrants further investigation in combination with immune checkpoint inhibitors. Clinical Trials.gov identifier NCT03772899.

Study design

This is a multicentric prospective study including 60 patients diagnosed with unresectable NSCLC

Planned to start treatment with either standard of care immune checkpoint inhibitors in monotherapy or combined with platinumdoublet chemotherapy.

Enrolled patients will be assigned retrospectively to either the "responders" or "non responders" cohort.

Response status is defined 12 weeks (+/- 28 days) after initiation of standard of care treatment, through computed tomography scan evaluation



Translational Research Ecosystem: Key Players





Study design

- Unresectable stage 3 or stage 4 NSCLC planned to start treatment with either standard of care immune checkpoint inhibitors in monotherapy or combined with platinum-doublet chemotherapy.
- Approximately **60 patients** will be enrolled in this study.
- Multicentric (CHL & HRS)

<u>Diagnosis</u>

Treatement naive Non Small Cell Lung Cancer Stage III/IV

Study design

<u>Diagnosis</u>



Non-responders to ICI

Responders to ICI



Objective:

• To identify microbiome biomolecular signature differences between responders *vs.* nonresponders.

Diagnosis

Treatement naive Non Small Cell Lung Cancer Stage III/



Diagnosis

Treatement naive Non Small Cell Lung Cancer Stage III/



Objective:

• To identify microbiome biomolecular signature differences between responders *vs.* nonresponders.

nature medicine

Explore content V About the journal V Publish with us V

nature > nature medicine > articles > article

Article Open access | Published: 16 February 2024

Longitudinal gut microbiome changes in immune checkpoint blockade-treated advanced melanoma

Johannes R. Björk [™], Laura A. Bolte, Andrew Maltez Thomas, Karla A. Lee, Niccolo Rossi, Thijs T. Wind, Lotte M. Smit, Federica Armanini, Francesco Asnicar, Aitor Blanco-Miguez, Ruth Board, Neus Calbet-Llopart, Lisa Derosa, Nathalie Dhomen, Kelly Brooks, Mark Harland, Mark Harries, Paul Lorigan, Paolo Manghi, Richard Marais, Julia Newton-Bishop, Luigi Nezi, Federica Pinto, Miriam Potrony, ... Rinse K. Weersma [™] + Show authors



Fig. 2: A longitudinal balance of microbial taxa (SGBs) predicts OS at baseline.



Fig. 5: A balance predictive of ICB-induced colitis at baseline.



Study visit

Study visit

Fig. 3: Different taxon dynamics in patients with PFS \geq 12 and PFS <12 months.

Study design

This is a multicentric prospective study including 60 patients diagnosed with unresectable NSCLC

Planned to start treatment with either standard of care immune checkpoint inhibitors in monotherapy or combined with platinumdoublet chemotherapy.

Enrolled patients will be assigned retrospectively to either the "responders" or "non responders" cohort.

Response status is defined 12 weeks (+/- 28 days) after initiation of standard of care treatment, through computed tomography scan evaluation



Conclusion

- Wet- and dry-lab methodologies for systematic integrated multi-omics of microbial communities
- Exposition as a complex mediator of the immune system
- Gaining new mechanistic insights into microbiome-immune system interactions in the context of immunotherapy
- Predictive biomarkers for personalised cancer therapy
- Potential for novel therapeutic interventions



Rémy Villette, Viacheslav Petrov, Cédric Laczny, Charlotte De Rudder, Milena Despotovic, Léa Grandmougin, Tuesday Lowndes, Polina Turbina, Lena Weidert, Mara Lucchetti, Polina Novikova, Benoit Kunath, Francesco Delogu, Laura Lebrun, Velma Aho, Susheel Busi, Kristopher Schmit, Catherine Sedrani, Jordan Caussin, Laura de Nies, Melanie Thomas, Manuel Buttini, Rashi Halder Carine de Beaufort, Patrick May, Jochen Schneider, Alex Skupin, Laurent Mombaerts, Atte Aalto, Jorge Goncalves, Enrico Glaab, Christian Jäger, Michel Mittelbronn, Reinhard Schneider, Rejko Krüger, Emma Schymanski, Anne Grünewald, Serge Haan, Anja Leist, Elisabeth Letellier, Rudi Balling, Michael Heneka

E GOUVERNEMENT DU GRAND-DUCHÉ DE LUXEMBOURG

LE GOUVERNEMENT DU GRAND-DUCHÉ DE LUXEMBOURG Ministère de l'Enseignement supérieur

Joël Mossong

Romain Martin

Bruno Rodrigues

LUXEMBOUR INSTITUTE OF HEALTH **Guy Berchem Ulf Nehrbass** Frank Glod Mahesh Desai **Jasmin Schulz** Markus Ollert



Acknowledgements DLSM DEPARTMENT OF LIFE SCIENCES AND MEDICINE

PARACELSUS

Marie-Louise Uwizeve Joachim Hansen



Emilie Muller



Andreas Michalsen Daniela Liebscher **Etienne Hanslian**

MOAK RIDGE National Laboratory Meghan Elliott **Rich Giannone** Bob L. Hettich



KLINIKEN Brit Mollenhauer Sebastian Schade ERNST MORITZ ARNDT

Andreas Otto Dörte Becher



Paul Keim Jim Schupp **Dave Engelthaler**



Christian-Albrechts-Universität zu Kiel

Ruth Schmitz-Streit EMBL

FNSNF



UPPSALA UNIVERSITET Wolfgang Oertel



SWISS NATIONAL SCIENCE FOUNDATION

HE MICHAEL I. FOX FOUNDATION

R PARKINSON'S RESEARCH

Rotary

Haruhiko Koseki DIABETES **David Galas**

EPFL

Hannes Peter

RIKEN

Kenya Honda

David Huang

Toshimori Kitani

Tom Battin

Massimo Bourguin



Eichinger

BERKELEY LAB

EMBL-EBI

Juan Vizcaino

Christine Moissl-

Rob Finn

M

Med Uni Graz

EBERHARD KARL

TUBINGEN

Peter Loskill

THE UNIVERSITY OF ARIZONA

COLLEGE OF MEDICINE PHOENI

Frederic Zenhausern

CENTER FOR APPLIED NANOBIOSCIENCE

Trent Northen

Stanford University

Sebastian Schmidt Ami Bhatt



erc

Baraneth Co.

















DEPARTMENT OF LIFE SCIENCES AND MEDICINE

Thank you very much for your attention!

Two PhD positions available

paul.wilmes@uni.lu
@wilmeslab
Systems Ecology group

Galata V.