

# What is the role of the microbiome in chronic airways disease?

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TAIWAN SOCIETY OF PULMONARY AND CRITICAL CARE MEDICINE ANNUAL MEETING



Images from the cystic fibrosis foundation,  
Yarza et al Nature Rev Mic 2014

# Conflicts of Interest

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I have no conflicts of interest to disclose.

# Agenda

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1. Why should I (a pulmonologist) care about the microbiome?
2. What is the microbiome?  
(How do you do microbiome research?)
3. Is there a lung microbiome?  
(I thought the lungs were sterile?)
4. How is the microbiome relevant to chronic airways disease?

# Agenda

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1. Why should I (a pulmonologist) care about the microbiome?

2. What is the microbiome?

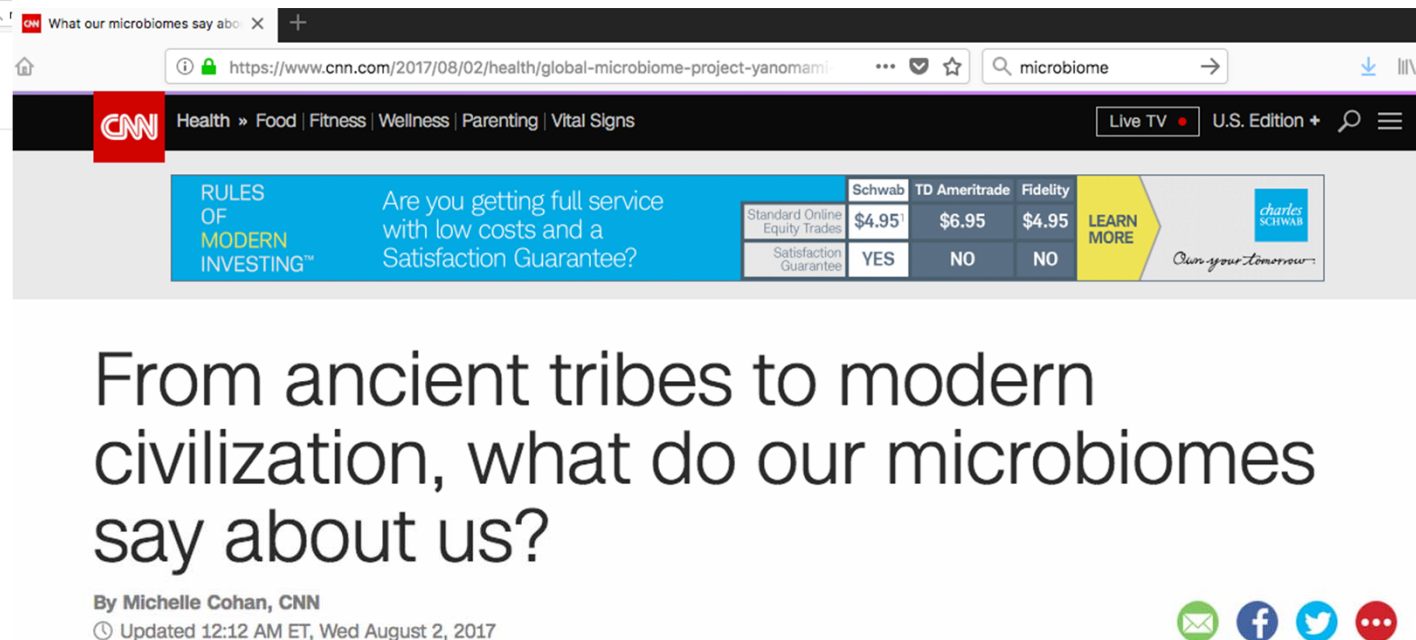
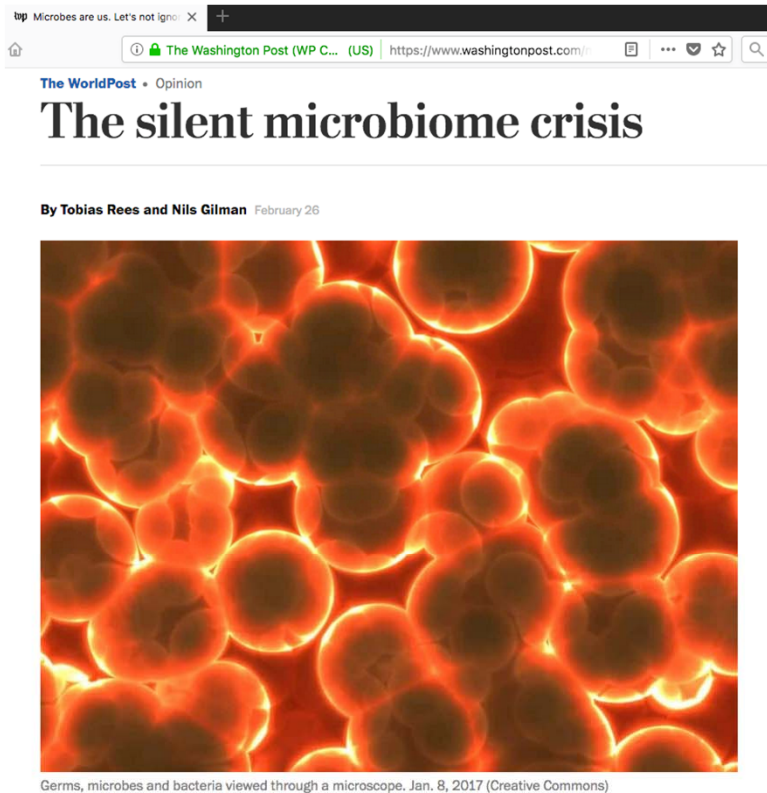
(What does microbiome research look like)

3. Is there a lung microbiome?

(I thought the lungs were sterile)

4. How is the microbiome relevant to chronic airways disease?

# Everybody is talking about the microbiome



# Everybody is talking about the microbiome

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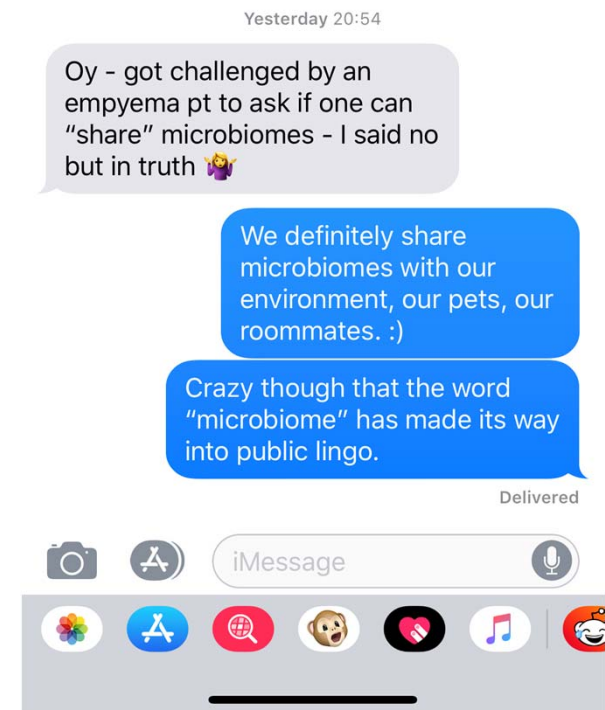
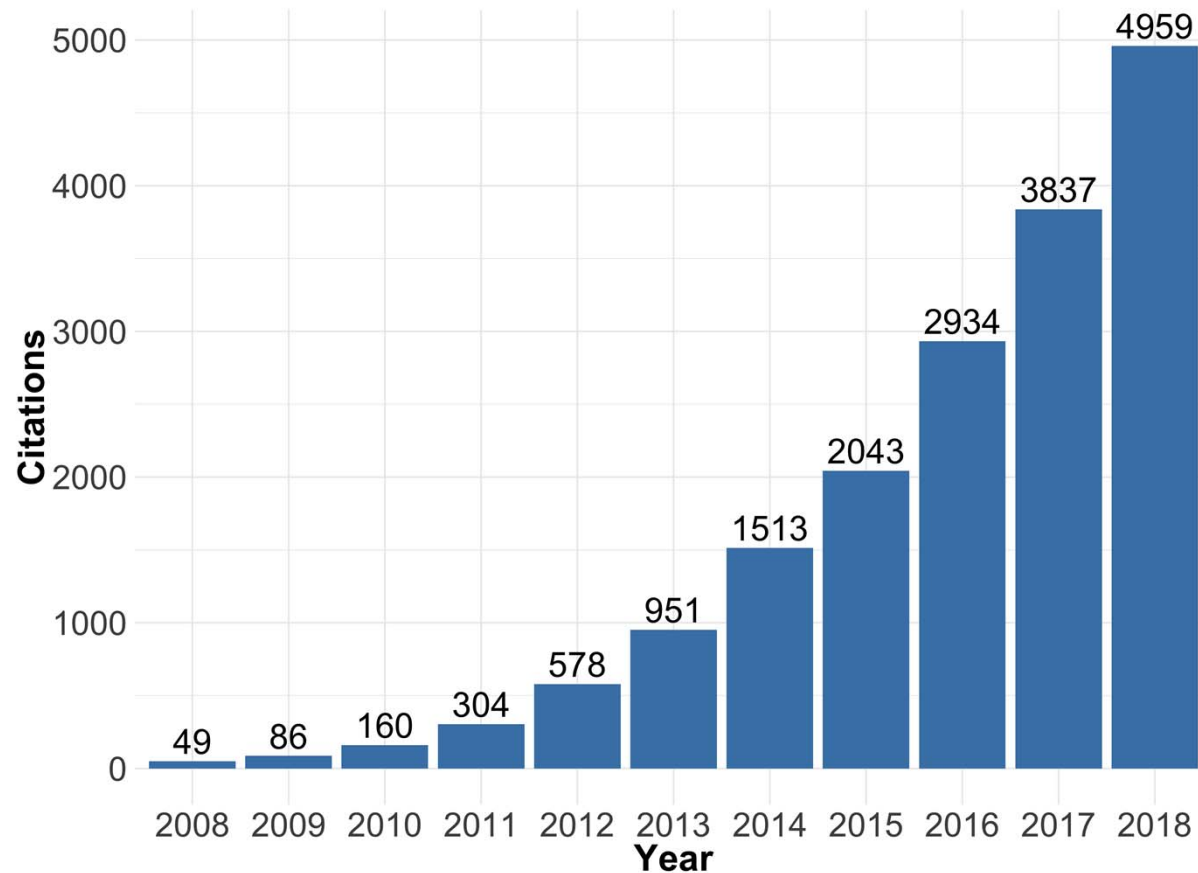
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# Pubmed citations for “microbiome[tiab]”



# Fecal transplantations impact health (sometimes in surprising ways)

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First performed in humans in 1958 (earlier in animals)

Refractory *C. difficile*: cure rate 91%<sup>1</sup>

Neonatal sepsis: RCT of probiotic + prebiotic: RR 0.60 [0.48 – 0.74]<sup>2</sup>

Autism: Pilot studies encouraging<sup>3</sup>, trials ongoing

Parkinson's disease: human fecal transplant → germ-free mouse model<sup>4</sup>

1. Mello et al Am J Gast 2011. PMID: 22675283  
2. Panigrahi et al. Nature 2017. PMID:28813414

3. Kang et al. Microbiome 2017. PMID:28122648  
4. Sampson et al. Cell 2016. PMID:27912057



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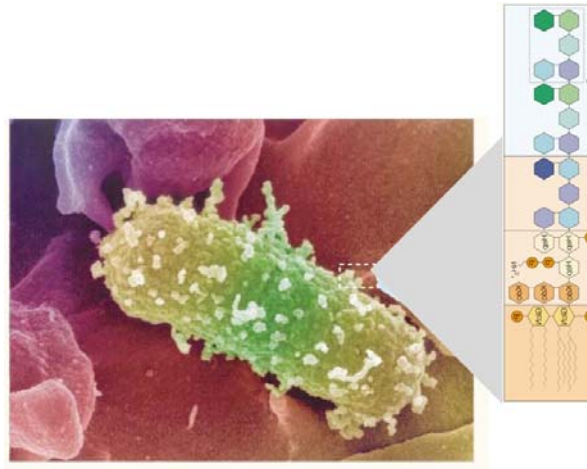
# How do we measure microbes?

“Alive and culturable”



Culture

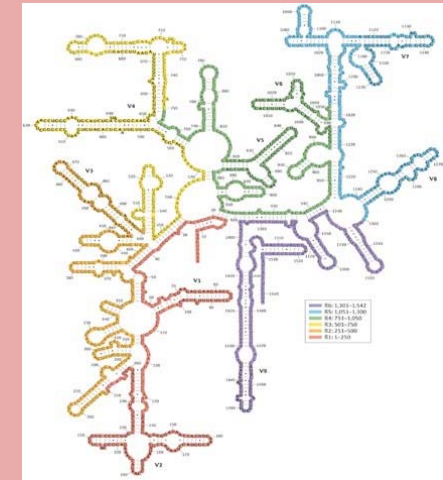
“How much”



Microbial fragments + qPCR

- Endotoxin
- Peptidoglycan
- 1,3, beta D Glucan

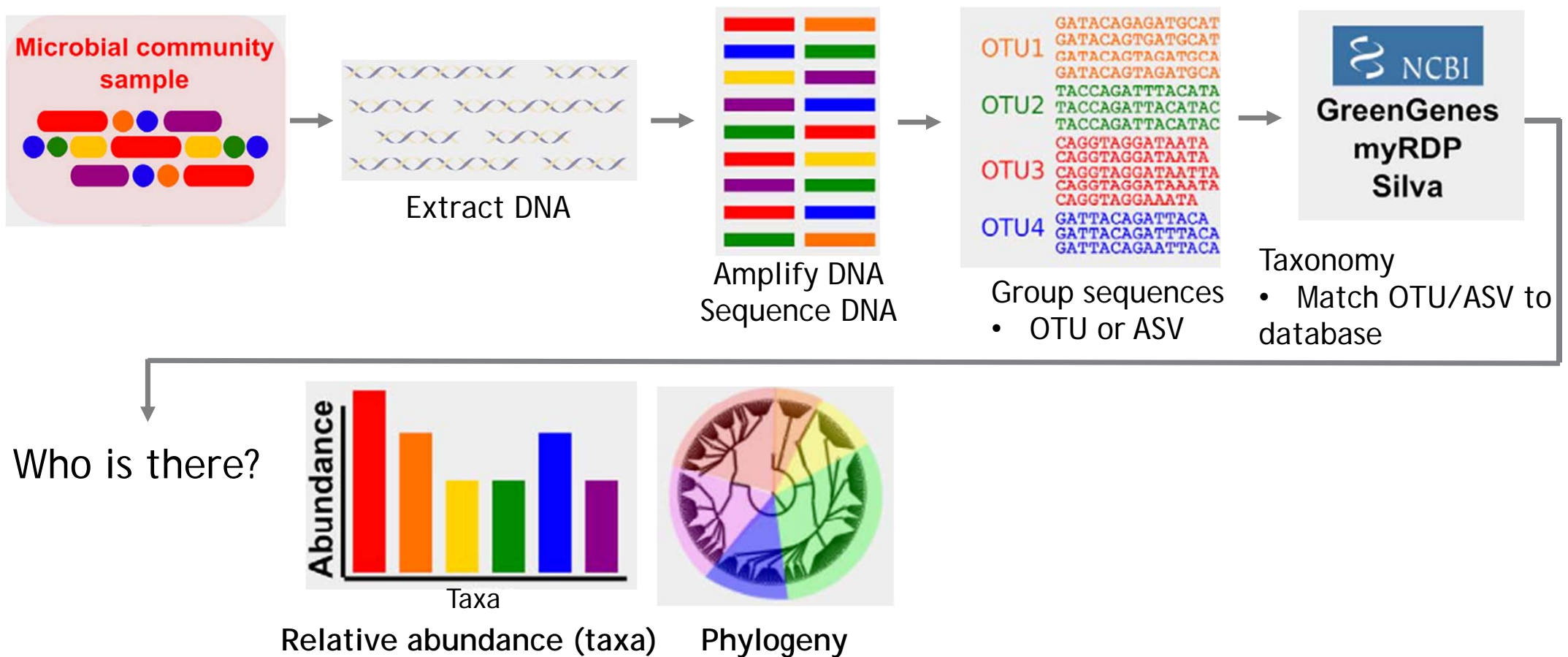
“Who is there”  
“What are they doing”



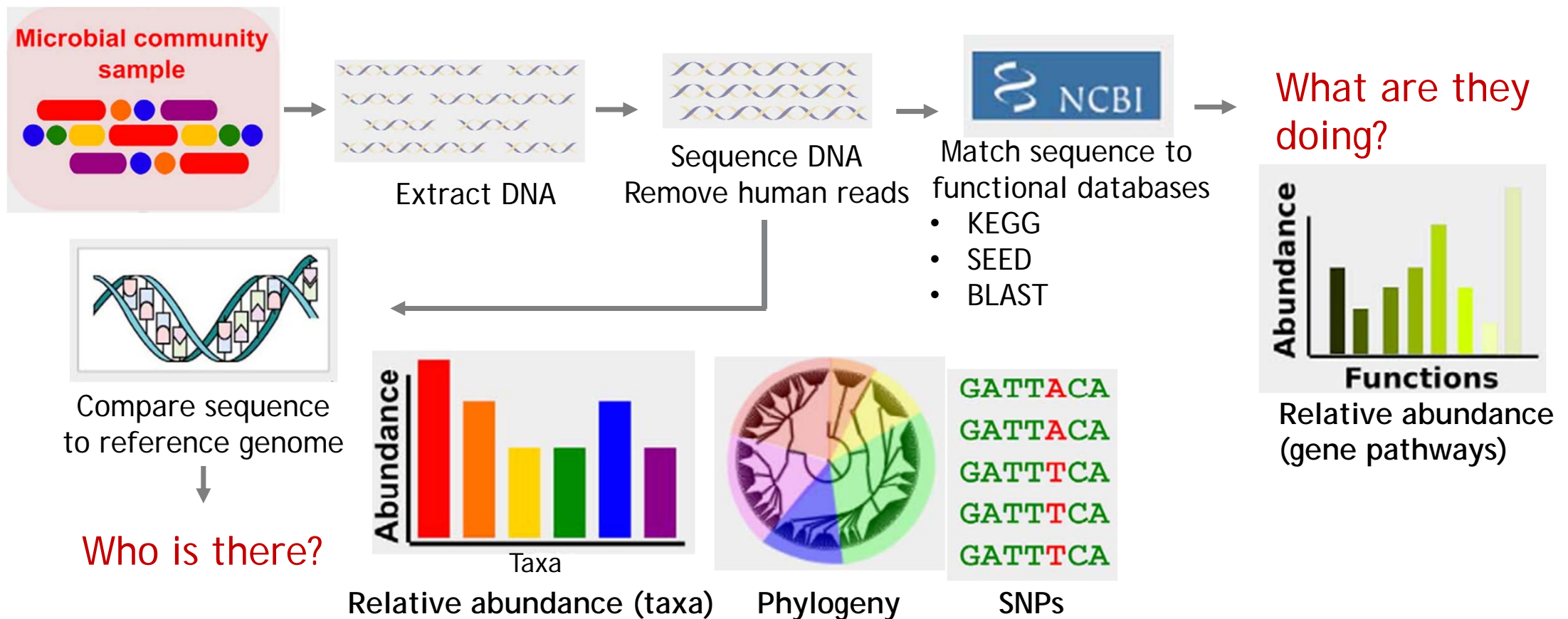
Sequencing

- Amplicon (16S, 18S, ITS)
- Shotgun

# Amplicon sequencing (16S, 18S, ITS)



# Shotgun (metagenomics) sequencing



# Amplicon vs Shotgun sequencing

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	Amplicon (16S, 18S, ITS)	Shotgun
Cost (sequencing)	\$45	\$400 → \$200

# Taxonomy

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Kingdom	<i>Bacteria</i>	<i>Animalia</i>
Phylum	<i>Proteobacteria</i>	<i>Chordata</i>
Class	<i>Gammaproteobacteria</i>	<i>Mammalia</i>
Order	<i>Enterobacteriales</i>	<i>Carnivora</i>
Family	<i>Enterobacteriaceae</i>	<i>Felidae</i>
Genus	<i>Escheria</i>	<i>Felis</i>
Species	<i>Escheria coli</i>	<i>Felis catus</i>
Strain	<i>Escheria coli</i> O157:H7	-



*Felis silvestris*

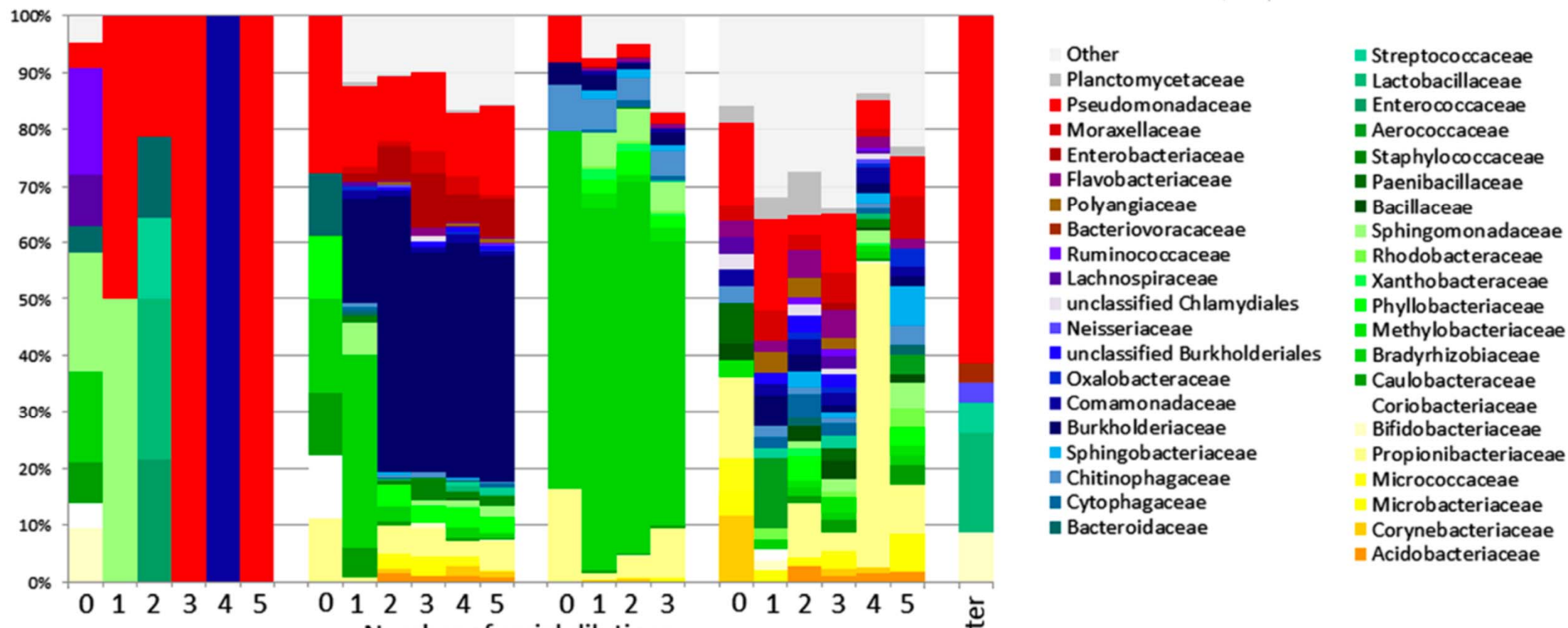


*Felis catus*

# Bias (primer amplification, extraction, sequencing)

Mock community	
Species	(%)
Pseudomonas aeruginosa	12.0
Escherichia coli	12.0
Salmonella enterica	12.0
Lactobacillus fermentum	12.0
Enterococcus faecalis	12.0
Staphylococcus aureus	12.0
Listeria monocytogenes	12.0
Bacillus subtilis	12.0
Cryptococcus neoformans	2.0
Saccharomyces cerevisiae	2.0





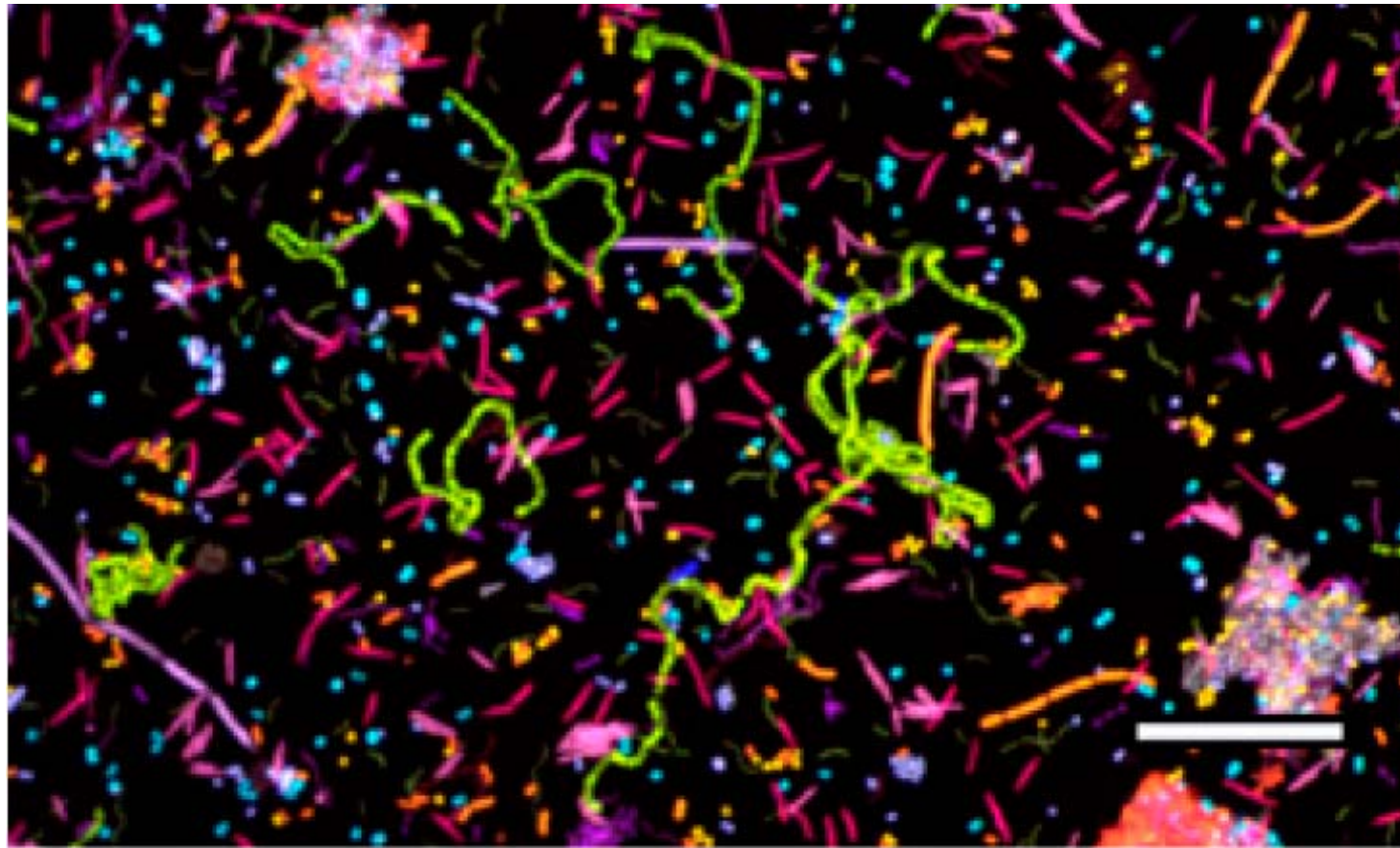
# Kit Contamination

WORSE WITH:

- AMPLICON SEQUENCING
- LOW BIOMASS SAMPLES



Microbiome refers to entire community of microbes



Alexa fluor 488  
Alexa fluor 514  
Alexa fluor 555

Rhodamine Red X  
Alexa fluor 594  
Alexa fluor 647

# Terminology

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## Microbiota (“Who is there?”)

- Community of microorganisms in a particular environment
- bacteria, fungi, viruses, archaea
- up to 10 microbial cells per human cell
- OTU: Operational Taxonomic Unit
- ASV: Amplicon Sequence Variant

## Microbiome (“Who is there? What are they doing?”)

- The combined genetic material of the microorganisms in a particular environment
- 200 microbial genes for each human gene

# Terminology

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## Richness

- Number of species or taxa found in a sample

## Evenness

- Relative distribution of species or taxa in a sample

## Diversity

- $\alpha$  diversity: within a sample
- $\beta$  diversity: differences between samples

## Dysbiosis

- Imbalance in microbial ecosystem associated with disease vs health

# Most microbes are beneficial if not essential

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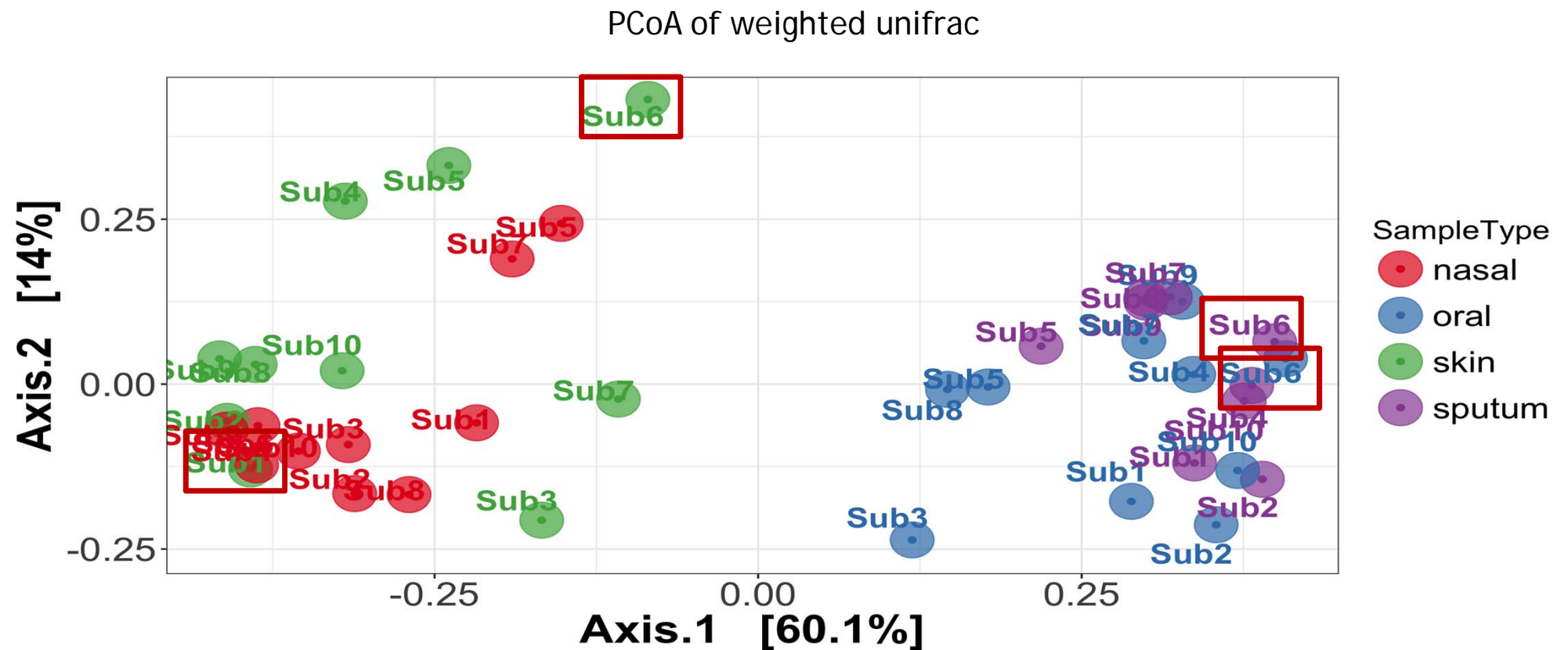


# Most microbes are beneficial if not essential

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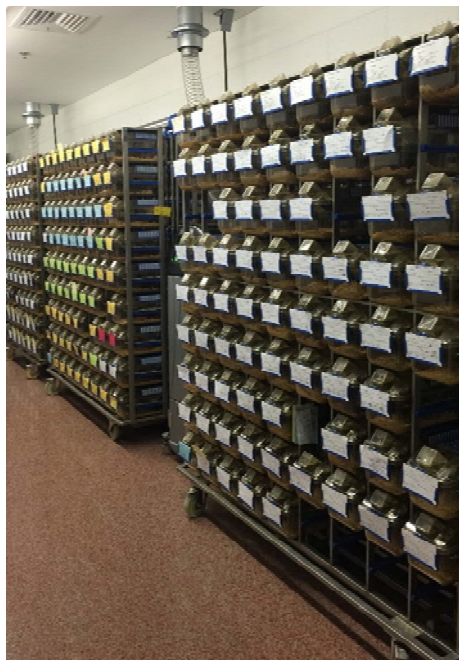


# Human microbiota determined by environment (body site)



# Indoor microbiota also determined by environment too (room type)

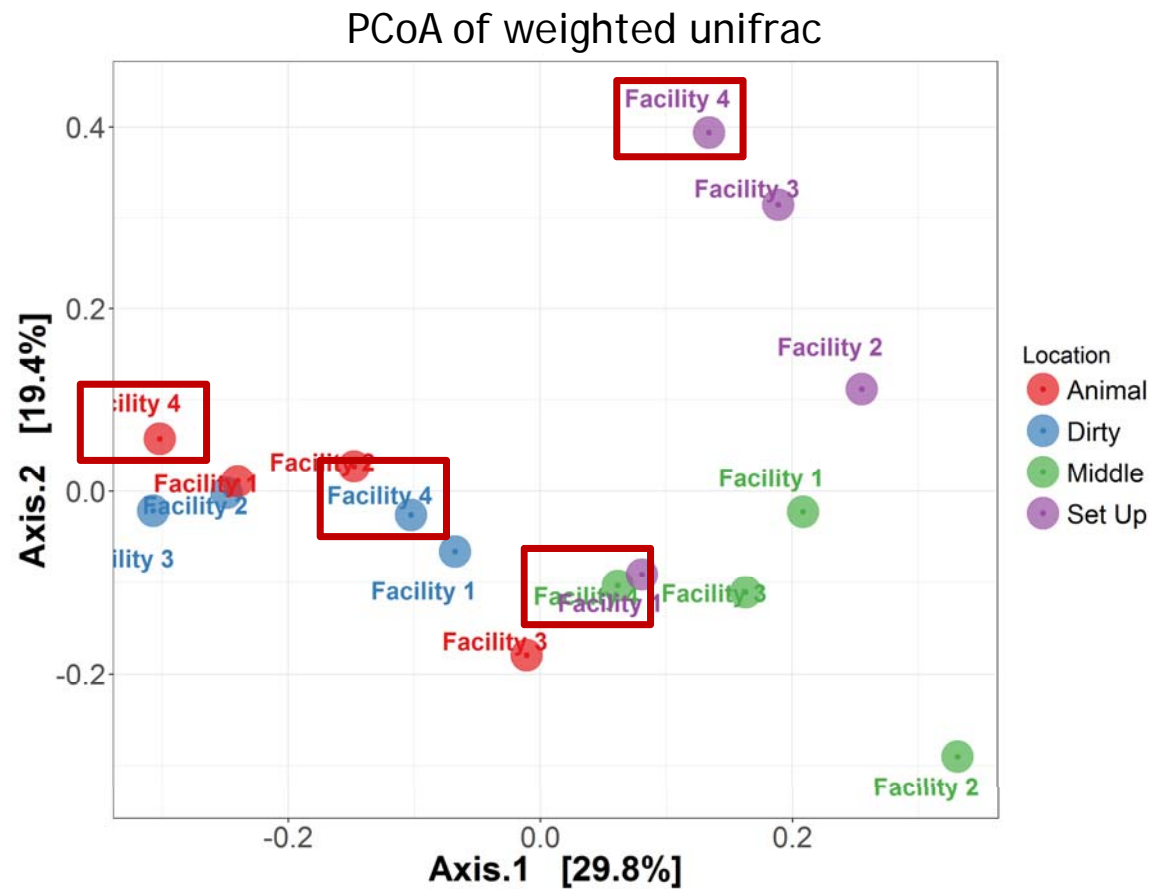
Animal Room



Cage Wash Area



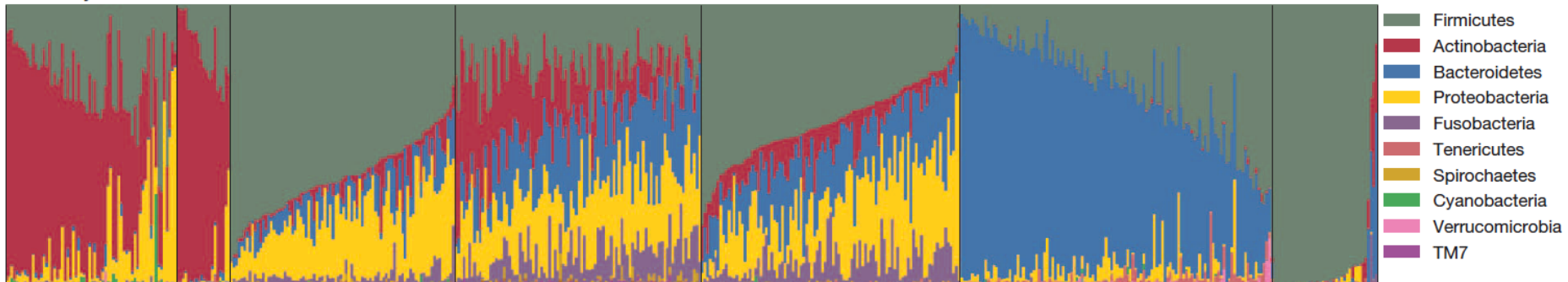
# Indoor microbiota also determined by environment (room type)





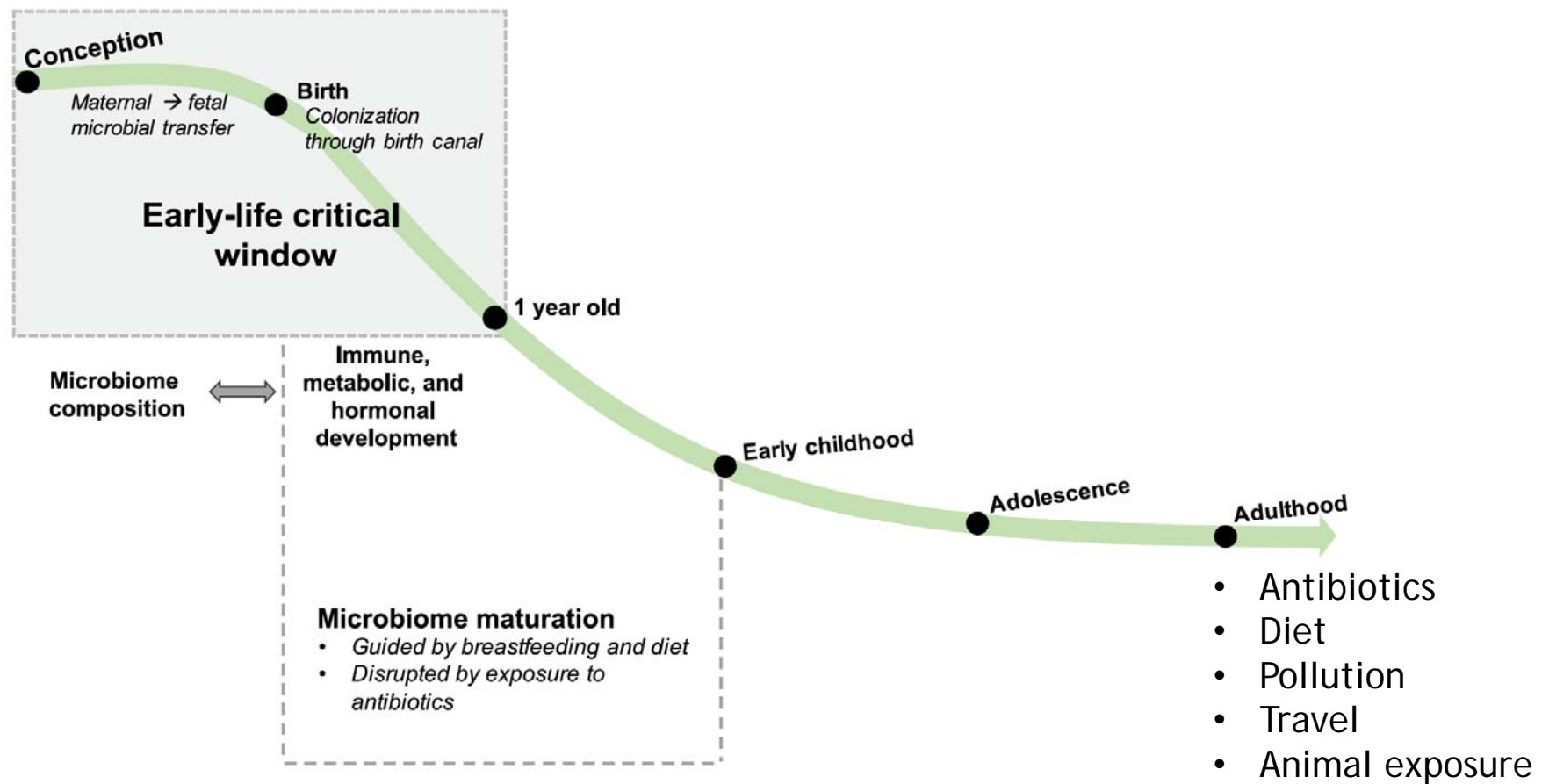
# Taxonomy different, but function conserved

**a** Phyla



Anterior nares   RC   Buccal mucosa   Supragingival plaque   Tongue dorsum   Stool   Posterior fornix

# Influences on the human microbiome

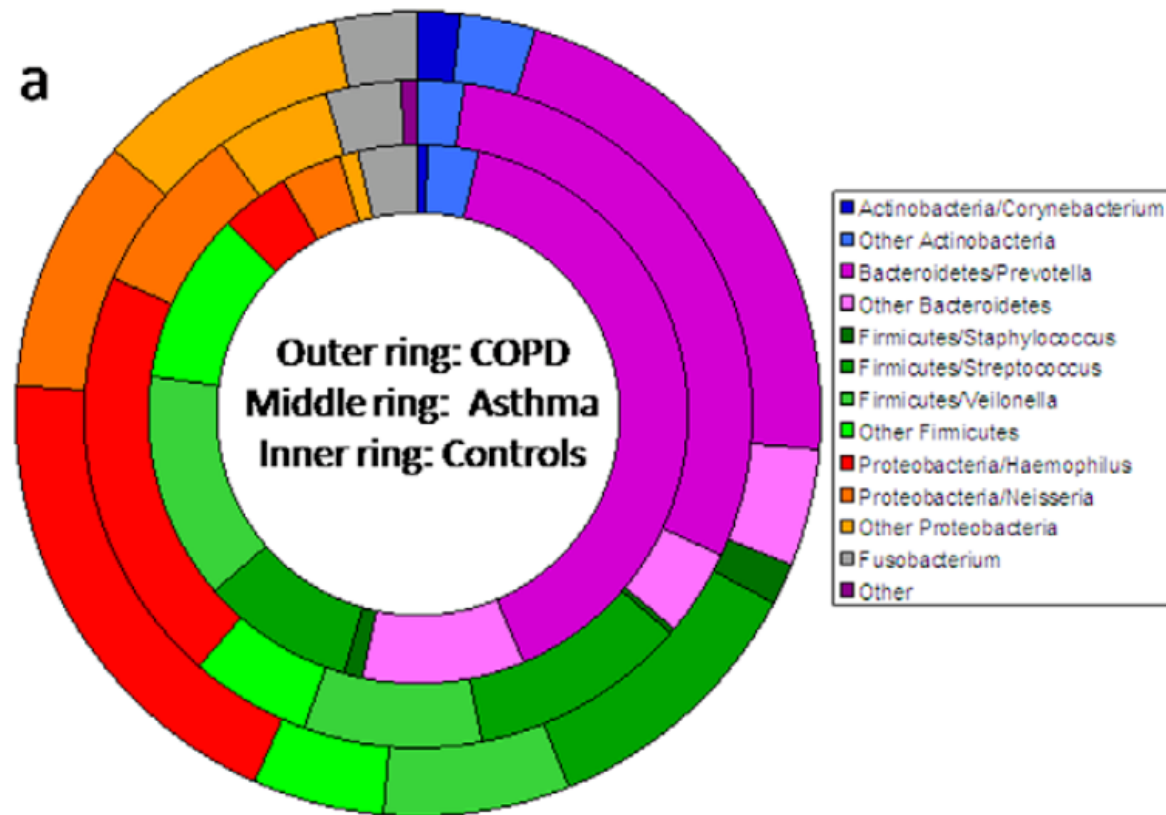


# Agenda

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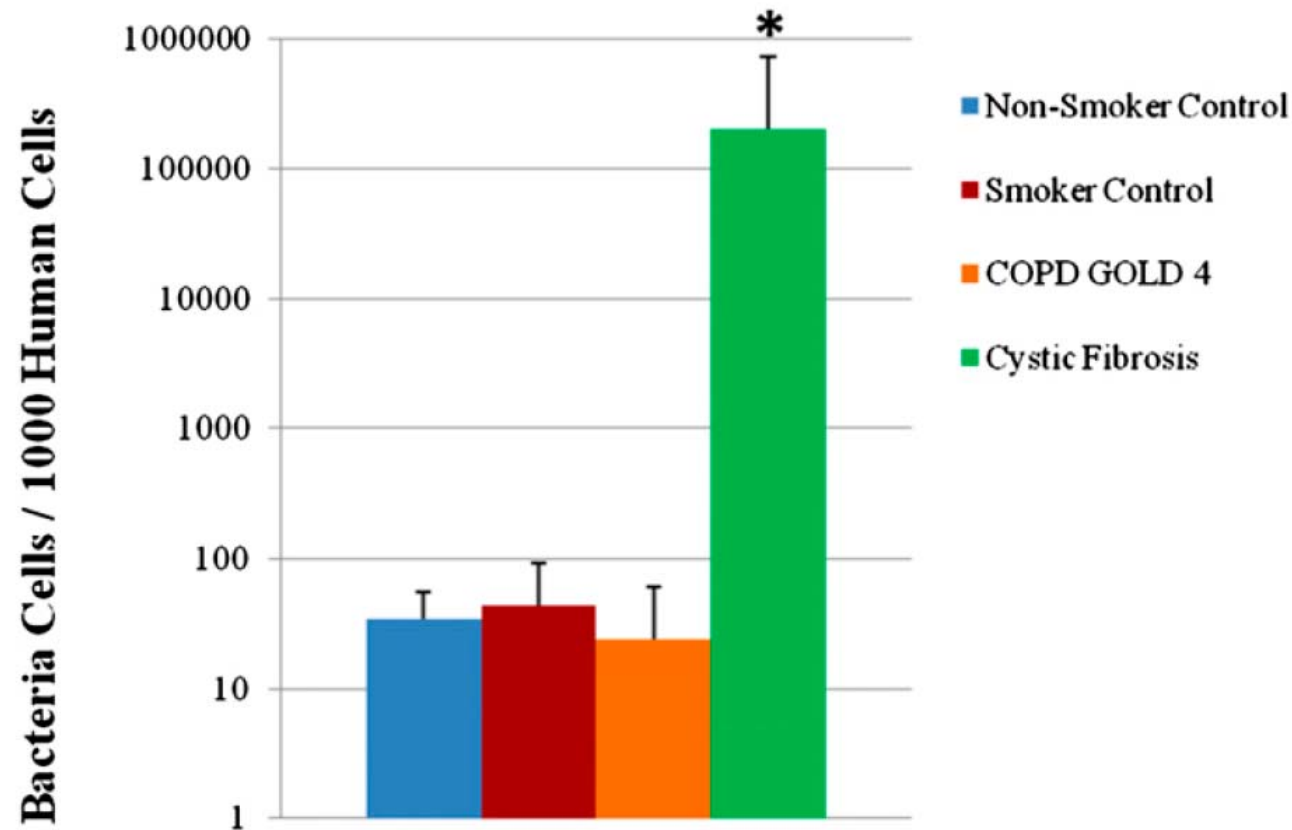
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# First lung microbiome study shows differences between controls, asthma, and COPD

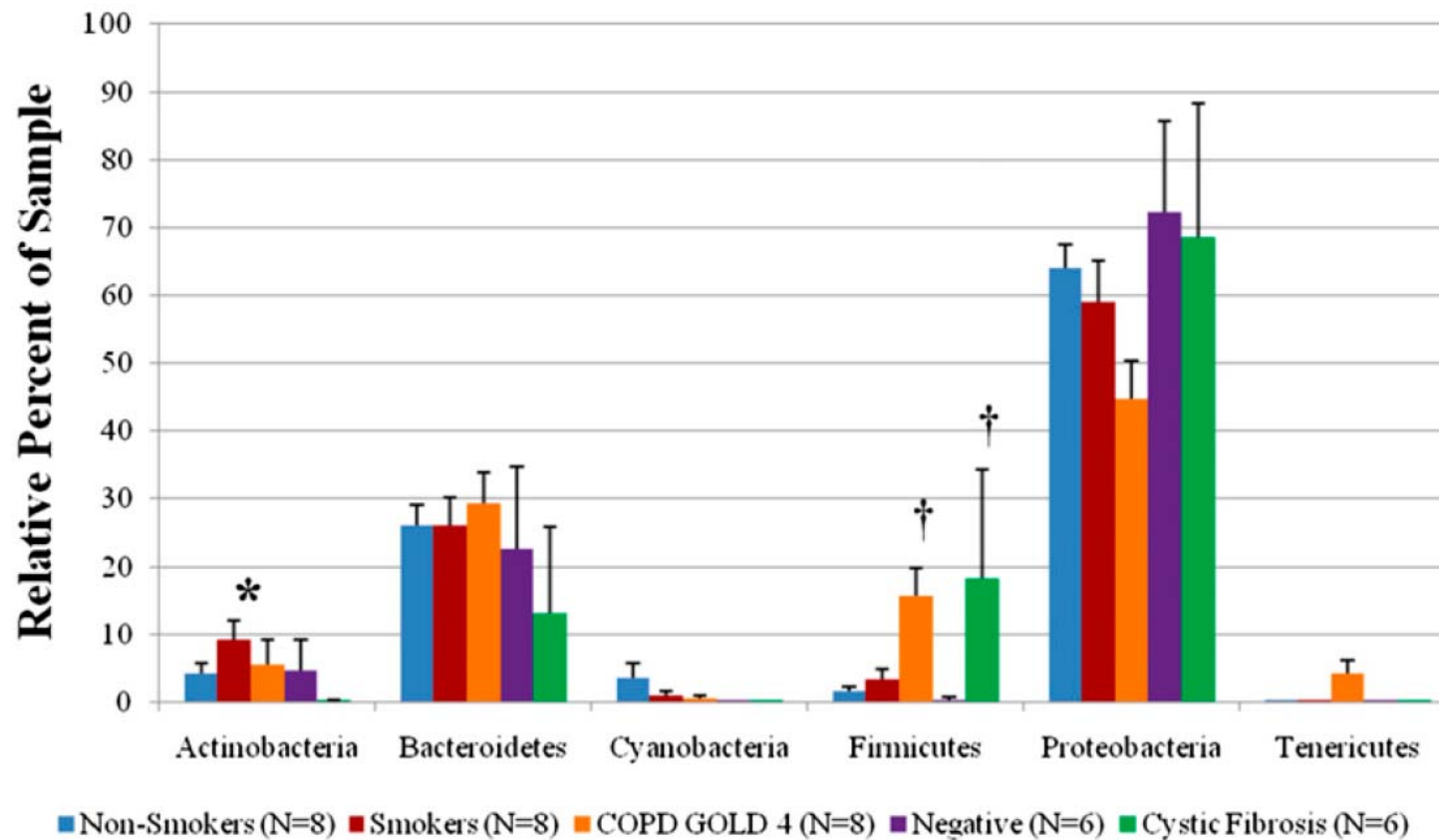


# Surgical lung biopsy addresses contamination from mouth -> qPCR demonstrates bacteria

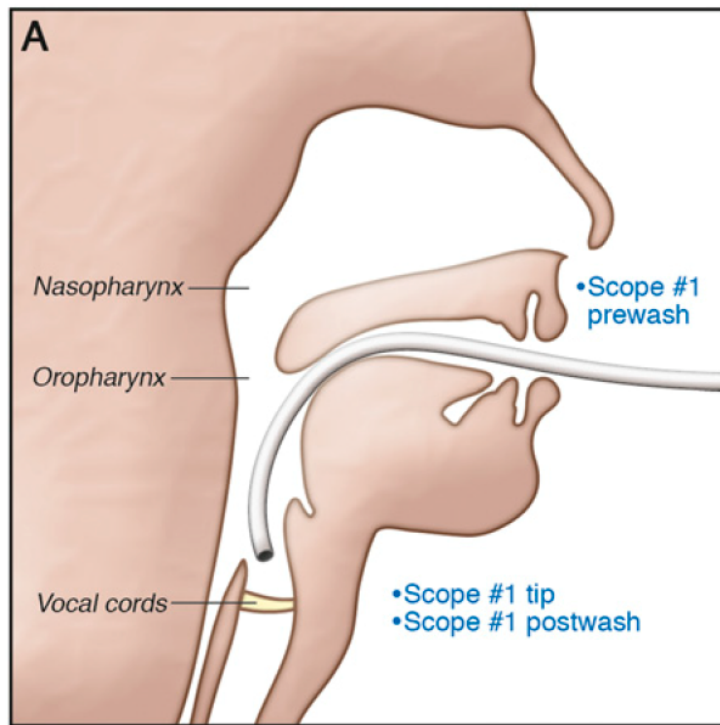
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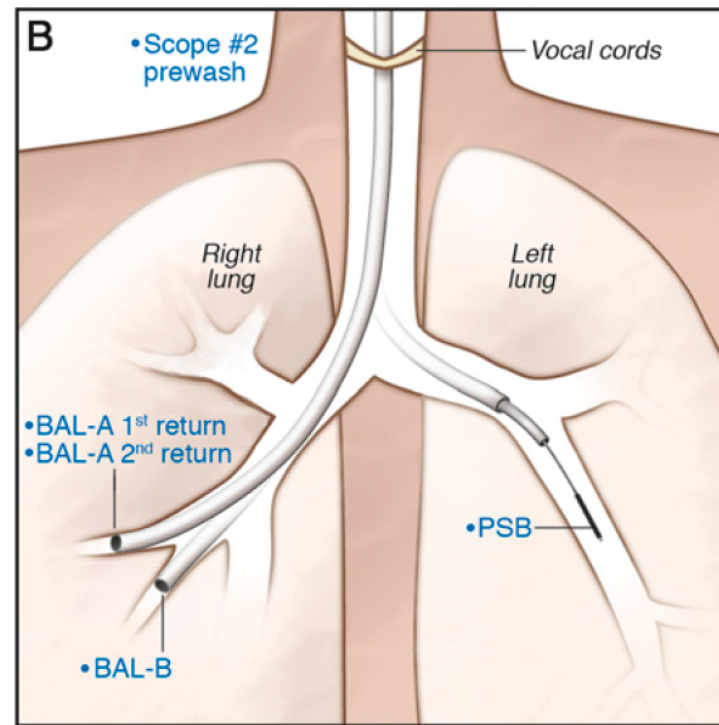
# Relative abundance of bacteria differs by disease



# Where does the lung microbiome come from?



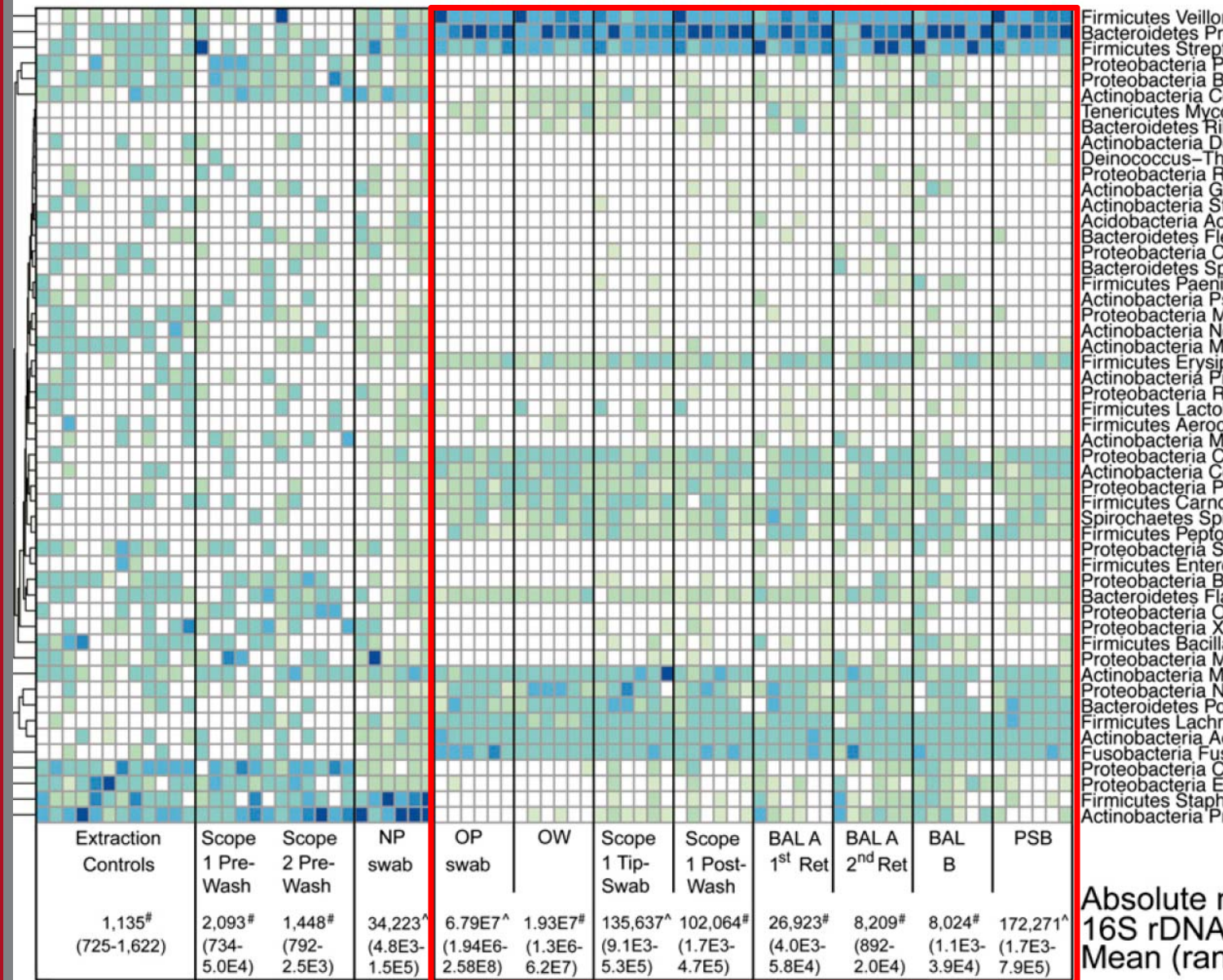
Scope 1



Scope 2

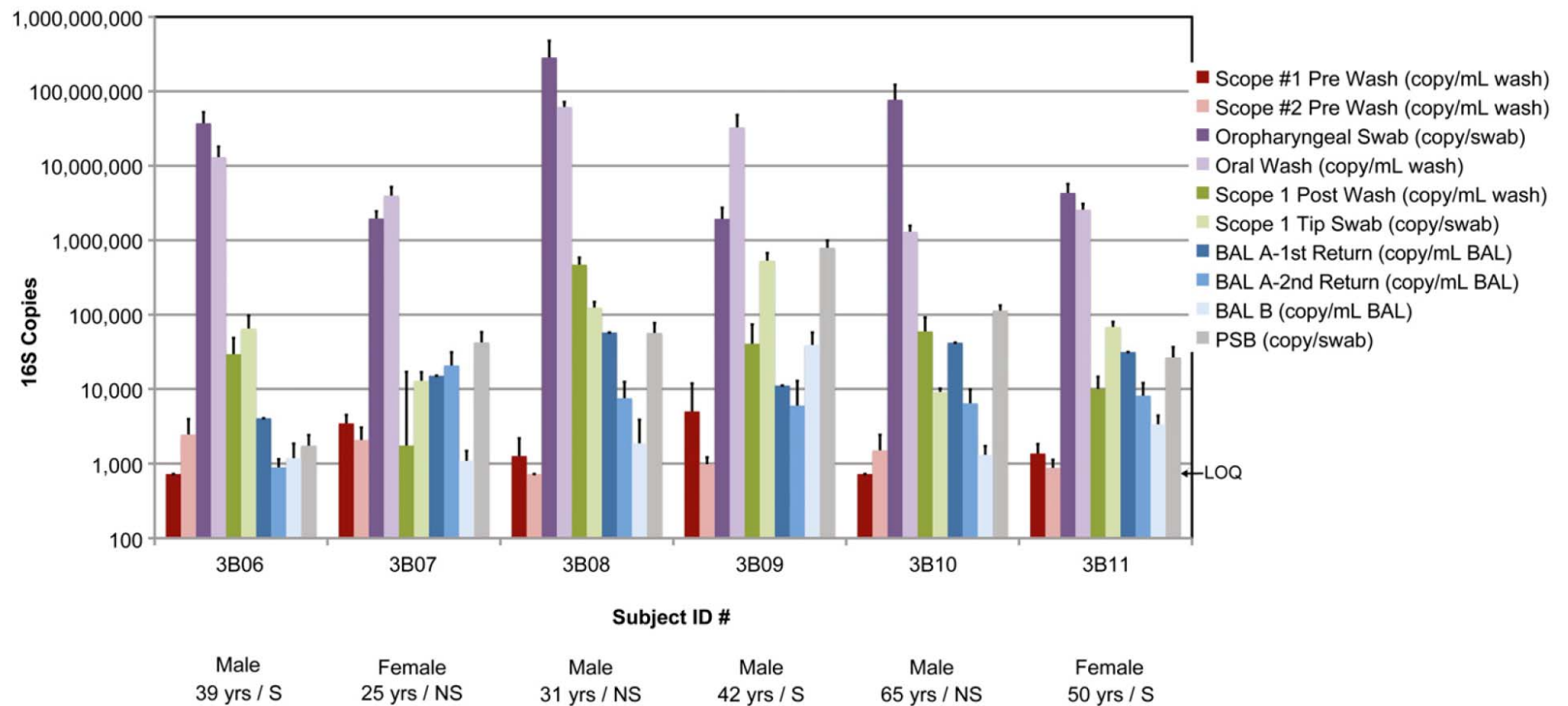


Lung  
microbiome  
comes from the  
oropharynx





# Lungs have fewer bacteria than oropharynx



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# Which microbiome? Examples

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# The environmental microbiome and asthma

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*The* NEW ENGLAND  
JOURNAL *of* MEDICINE

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## Innate Immunity and Asthma Risk in Amish and Hutterite Farm Children

Michelle M. Stein, B.S., Cara L. Hrusch, Ph.D., Justyna Gozdz, B.A., Catherine Igartua, B.S., Vadim Pivniouk, Ph.D., Sean E. Murray, B.S., Julie G. Ledford, Ph.D., Mauricius Marques dos Santos, B.S., Rebecca L. Anderson, M.S., Nervana Metwali, Ph.D., Julia W. Neilson, Ph.D., Raina M. Maier, Ph.D., Jack A. Gilbert, Ph.D., Mark Holbreich, M.D., Peter S. Thorne, Ph.D., Fernando D. Martinez, M.D., Erika von Mutius, M.D., Donata Vercelli, M.D., Carole Ober, Ph.D., and Anne I. Sperling, Ph.D.

# Amish and Hutterite are farmers

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Amish



Hutterite

# Dust from Amish homes protects against asthma

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+

House dust  
extract  
(Amish)

=

↓ bronchial  
hyper-reactivity



+

No dust

=

control



+

House dust  
extract  
(Hutterite)

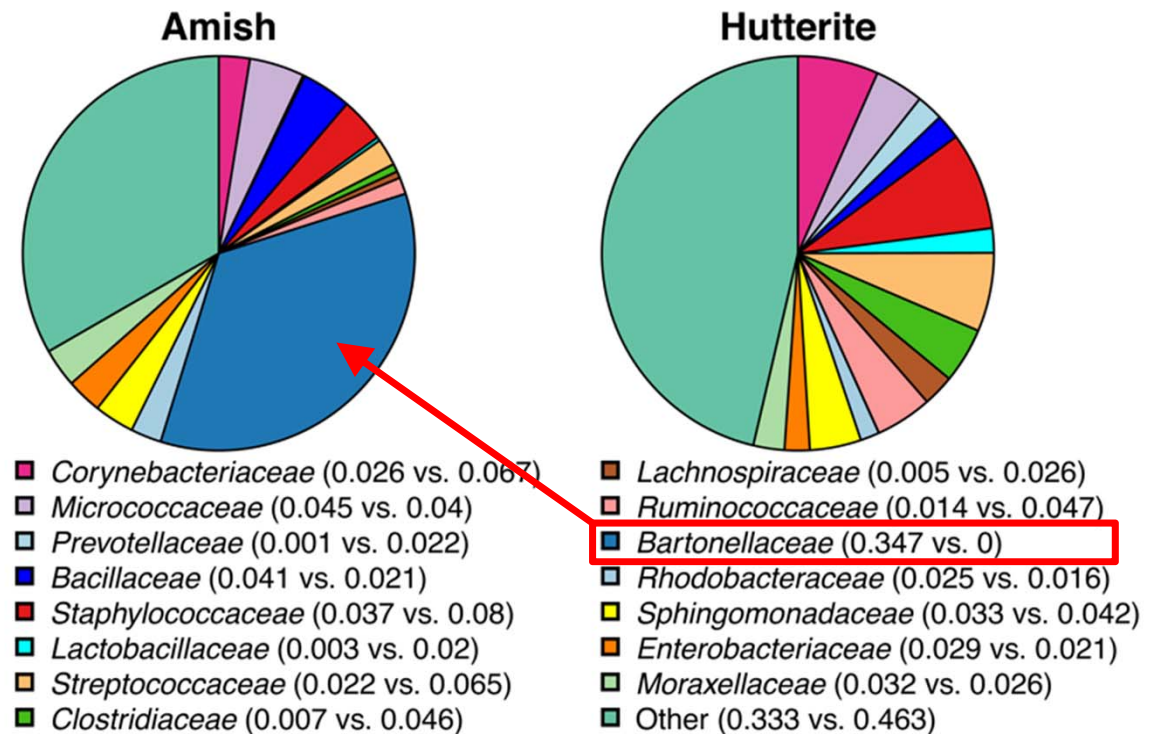
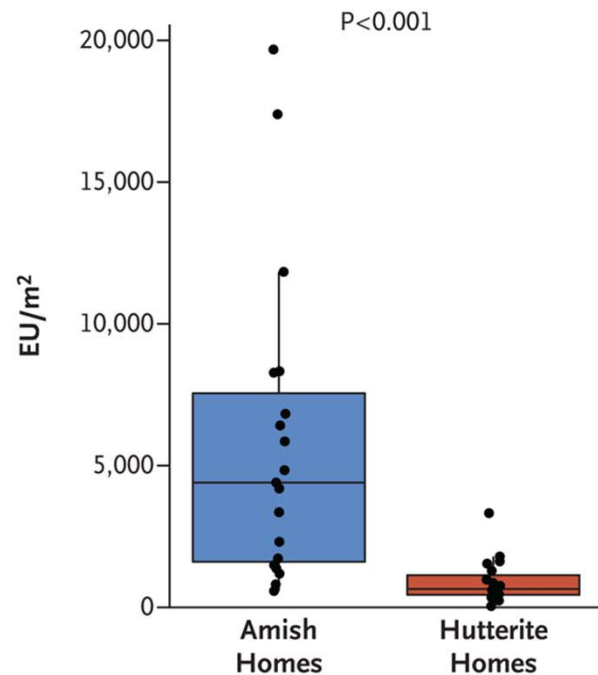
=

↑ bronchial  
hyper-reactivity

asthma model  
(ovalbumin)

# “What is in that magic dust?”

Endotoxin Levels in Airborne Dust



# School microbiome pilot study

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Study design: Pilot RCT

- School: Integrated pest management (IPM)
- Classroom: real vs sham HEPA air cleaners

Population: 25 children with persistent asthma

Primary outcome: Asthma symptom days over prior 14 days

Primary exposures: Longitudinal vacuumed dust samples from classrooms and homes → shotgun sequencing

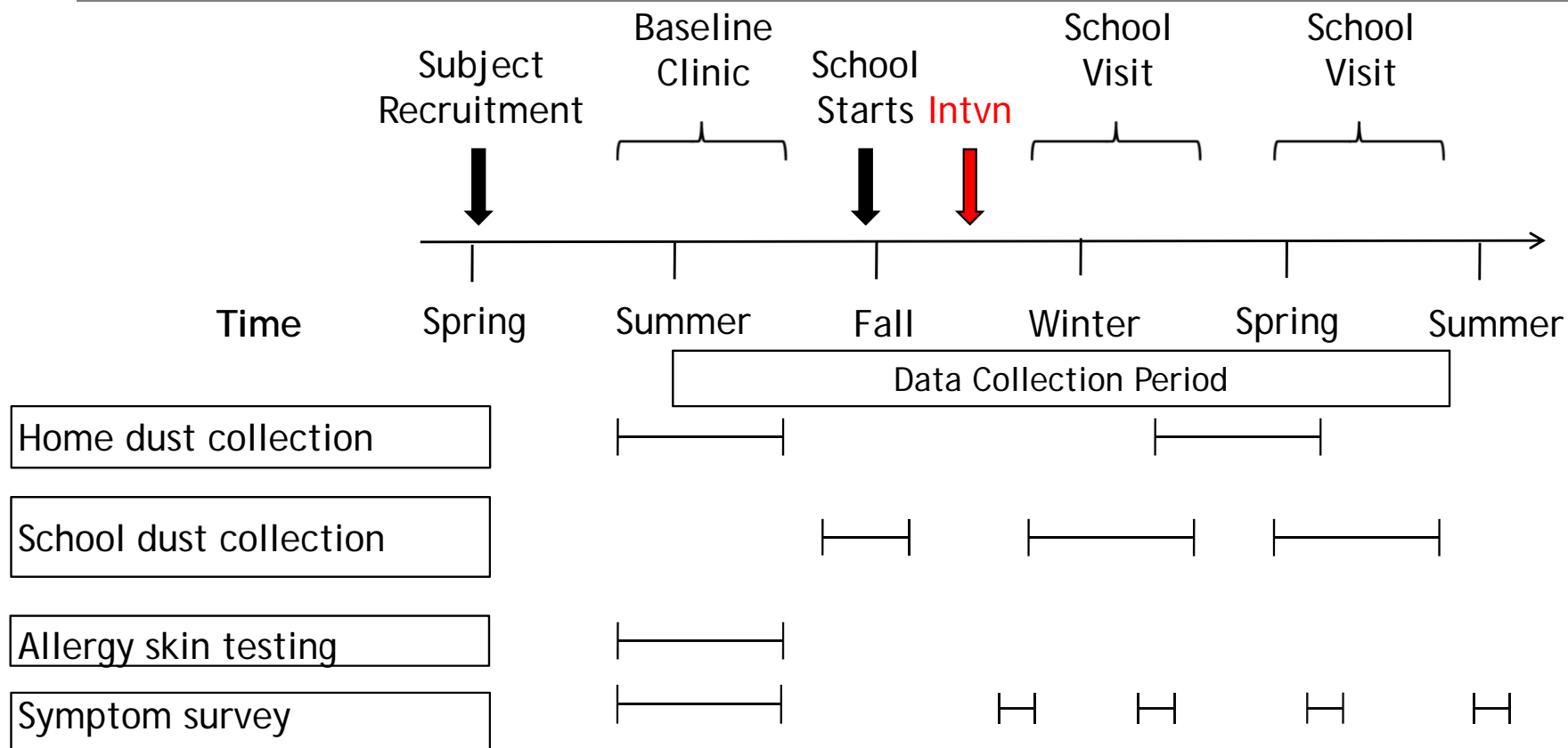


# Aims

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1. Is the school microbial environment different from the home microbial environment?
  - Microbial identity
  - Microbial function (Lipid A biosynthesis)
2. Is the school microbial environment independently associated with asthma symptoms?
3. Is the school microbial environment modifiable?

# Study schema



# School microbiome pilot study

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## Sample processing:

- Microbial DNA extraction using a modified cetyltrimethylammonium bromide-polyethylene glycol (CTAB) extraction protocol
- Shotgun metagenomic sequencing on Illumina HiSeq 2500 platform, 2x101 bp paired end reads targeting ~2Gb of sequence per sample

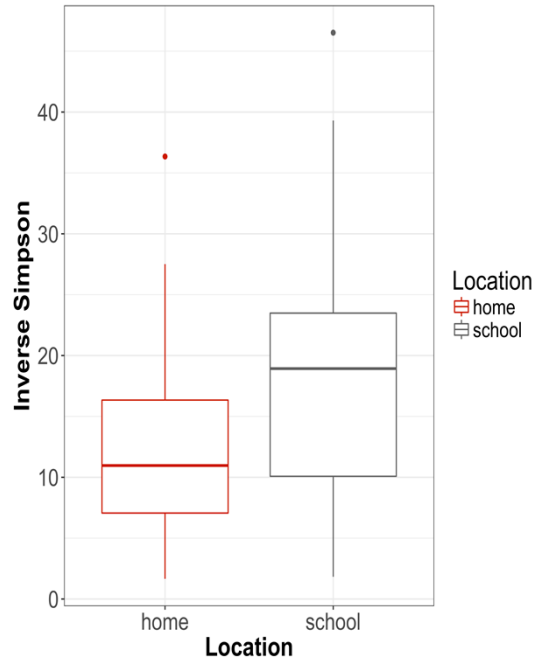
## Bioinformatics/Statistical approach:

- *kneadData* to remove contaminating human reads
- *MetaPhlAn2* for taxonomic profiling, *HUMAnN2* for functional profiling
- 5% prevalence filter to exclude sequencing artifact and spurious taxa
- *phyloseq* to characterize microbial community structure and to calculate diversity measures
- *vegan* for permutational analysis of variance (PERMANOVA)
- *gamm4* for generalized additive mixed effects models to evaluate the association between classroom microbial richness and asthma symptom days
  - Microbial richness measured by Inverse Simpson index
  - Season modelled with penalized spline term on days since school start
  - Adjusting for gender, age, race, home microbial richness

# School and home microbiome is different

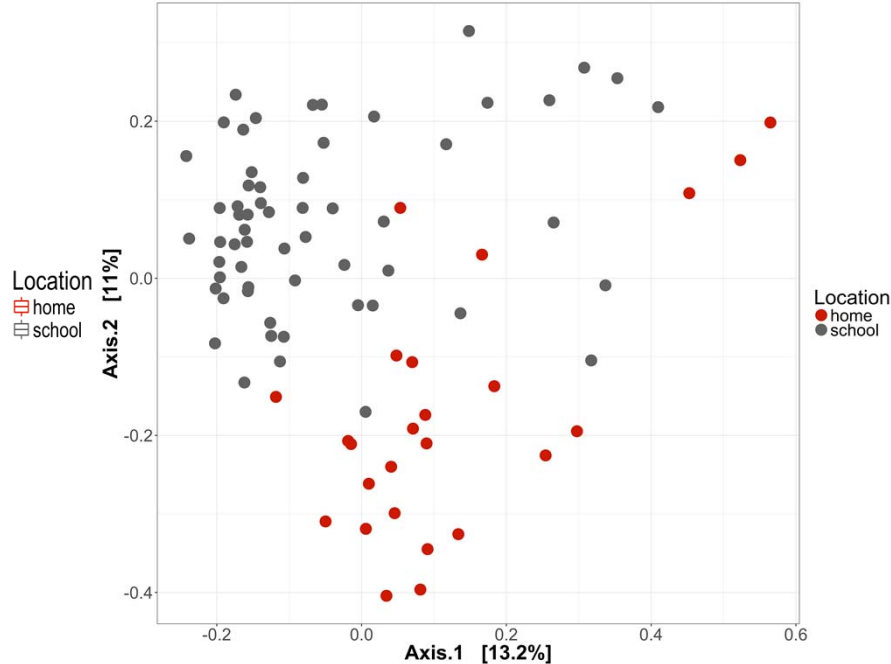
1a. Classrooms have higher  $\alpha$  diversity

$\beta = 6.79 [0.63 - 12.95]$ ,  $p = 0.03$

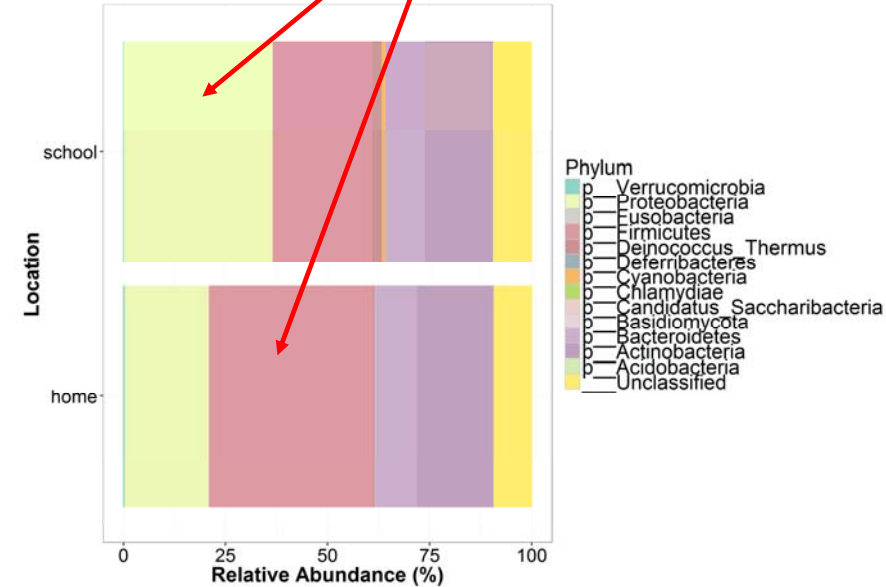


1b. PCoA of Bray-Curtis dissimilarity

PERMANOVA  $R^2 = 0.08$ ,  $p = 0.001$



1c. Schools have more Proteobacteria, homes have more Firmicutes



# Different bacterial species contributing to Lipid A biosynthesis in homes vs schools

	Home	Classroom	p-value
n	26	78	
<i>Citrobacter freundii</i> (mean (sd))	0.95 (4.87)	0.20 (1.05)	0.202
<i>Enterobacter cloacae</i> (mean (sd))	3.30 (6.84)	0.44 (2.39)	0.002
<i>Escherichia coli</i> (mean (sd))	1.65 (6.92)	0.00 (0.00)	0.036
<i>Haemophilus parahaemolyticus</i> (mean (sd))	0.00 (0.00)	0.08 (0.70)	0.566
<i>Haemophilus parainfluenzae</i> (mean (sd))	1.37 (4.15)	2.83 (18.05)	0.684
<i>Klebsiella oxytoca</i> (mean (sd))	4.95 (20.85)	0.53 (1.81)	0.064
<i>Klebsiella pneumoniae</i> (mean (sd))	0.31 (1.09)	0.96 (6.66)	0.622
<i>Pantoea agglomerans</i> (mean (sd))	0.16 (0.81)	0.23 (1.07)	0.764
<i>Pantoea ananatis</i> (mean (sd))	0.00 (0.00)	0.02 (0.16)	0.566
<i>Pantoea dispersa</i> (mean (sd))	0.14 (0.72)	0.29 (2.10)	0.721
<i>Raoultella ornithinolytica</i> (mean (sd))	0.00 (0.00)	0.07 (0.45)	0.415
<i>Serratia marcescens</i> (mean (sd))	0.00 (0.00)	7.01 (19.56)	0.072

# School microbial diversity associated with asthma symptoms

	Odds Ratio [95% CI]	p-value
Male vs. female	0.92 [0.29 - 2.98]	0.89
Age in years	1.33 [0.86 - 2.04]	0.20
Hispanic vs. black race	1.58 [0.42 - 5.9]	0.49
Other vs. black race	0.77 [0.15 - 4.02]	0.75
Classroom microbial diversity <sup>b</sup>	1.07 [1.00 - 1.14]	0.05 <sup>c</sup>
Home microbial diversity <sup>b</sup>	1.00 [1.00 - 1.00]	0.91
Season <sup>d</sup>	0.74 [0.38 - 1.47]	0.39

Generalized additive mixed effects model with asthma symptom days as outcome, penalized spline term on time to adjust for season

<sup>c</sup> p = 0.0469



# Integrated pest management intervention associated with classroom microbiome

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	<b>R<sup>2</sup></b>	<b>p-value</b>
IPM	0.03499	0.002
HEPA filtration	0.01781	0.27
Classroom ID	0.38837	0.001

PERMANOVA on Bray-Curtis dissimilarity of sequenced vacuum dust samples

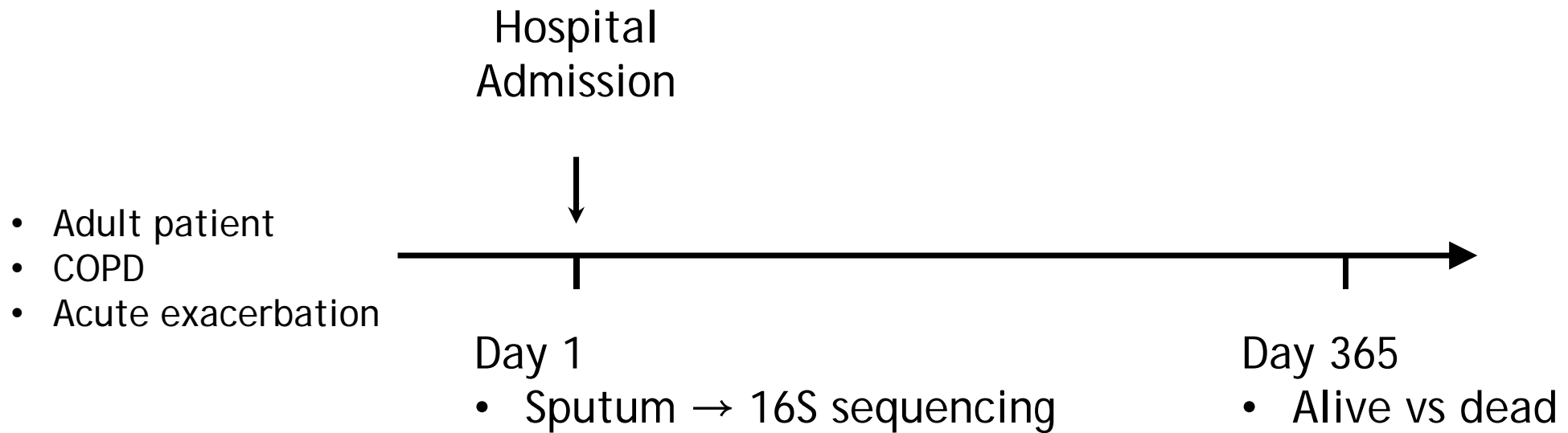
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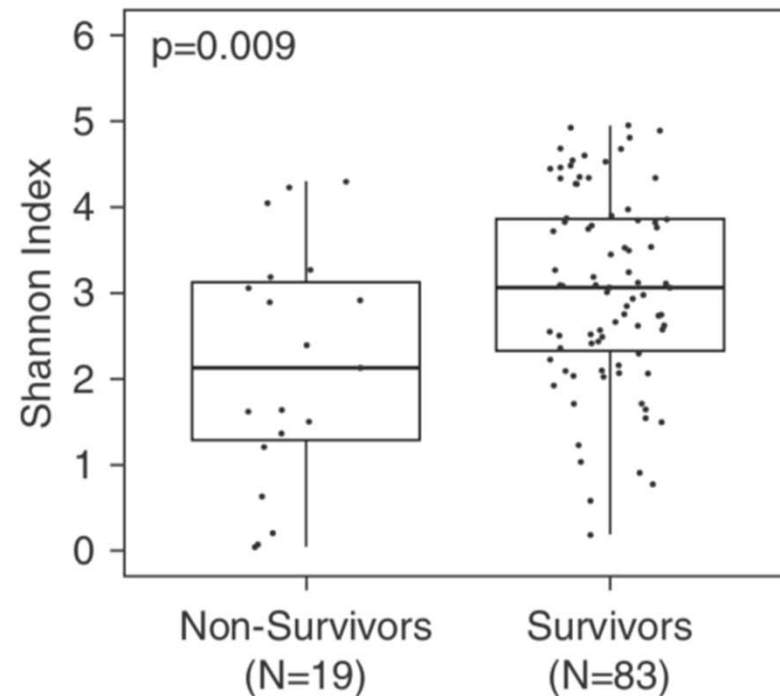
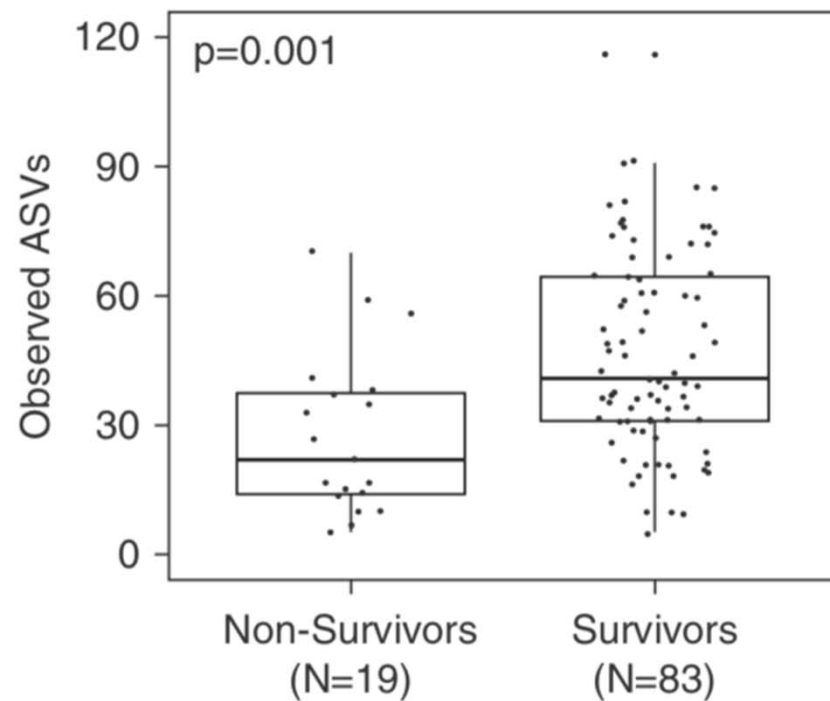
# Sputum microbiome as a biomarker of mortality in acute COPD exacerbation

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# Survivors had higher $\alpha$ diversity in sputum

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## Lower $\alpha$ diversity associated with higher risk of death

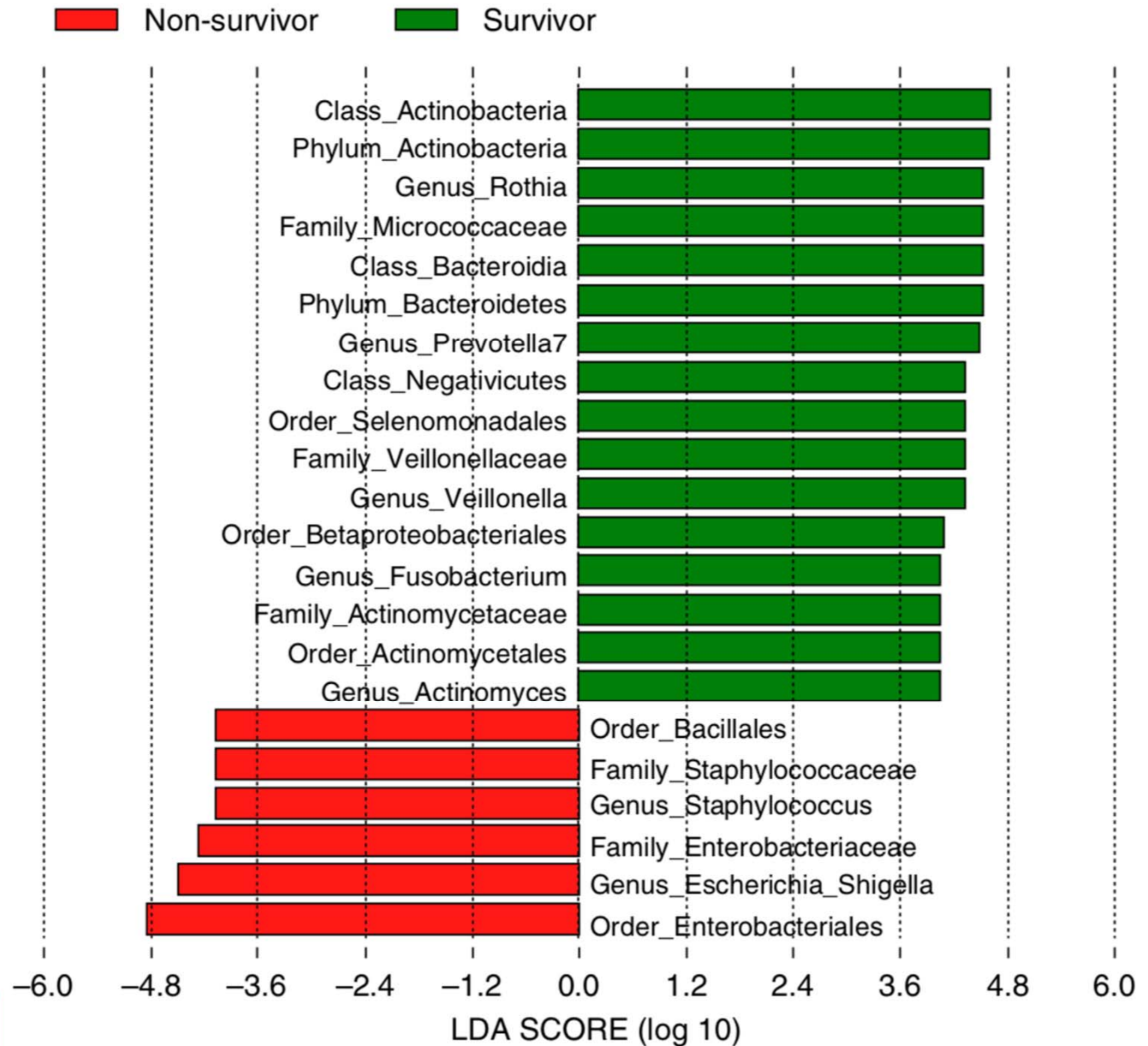
**Table 2.** Adjusted Hazard Ratios of Different  $\alpha$ -Diversity Metrics for 1-Year Mortality after Admission due to Acute Exacerbation of Chronic Obstructive Pulmonary Disease

$\alpha$ -Diversity Metric	Coefficient	HR*	95% CI	P Value
Observed ASVs	−0.045	0.96	0.93–0.98	0.002
Shannon index	−0.625	0.53	0.35–0.81	0.003
Faith's Phylogenetic Diversity	−0.475	0.62	0.47–0.83	0.001

*Definition of abbreviations:* ASV = amplicon sequence variant; CI = confidence interval; HR = hazard ratio.

\*HRs obtained after adjustments for age, sex, smoking status, long-term oxygen therapy, history of acute exacerbations in the previous year, use of antibiotics during admission, and comorbidity burden (according to the Seattle Index of Comorbidity [30]).

# Differences in abundance of specific taxa in survivors vs non-survivors



# Which microbiome? Examples

---

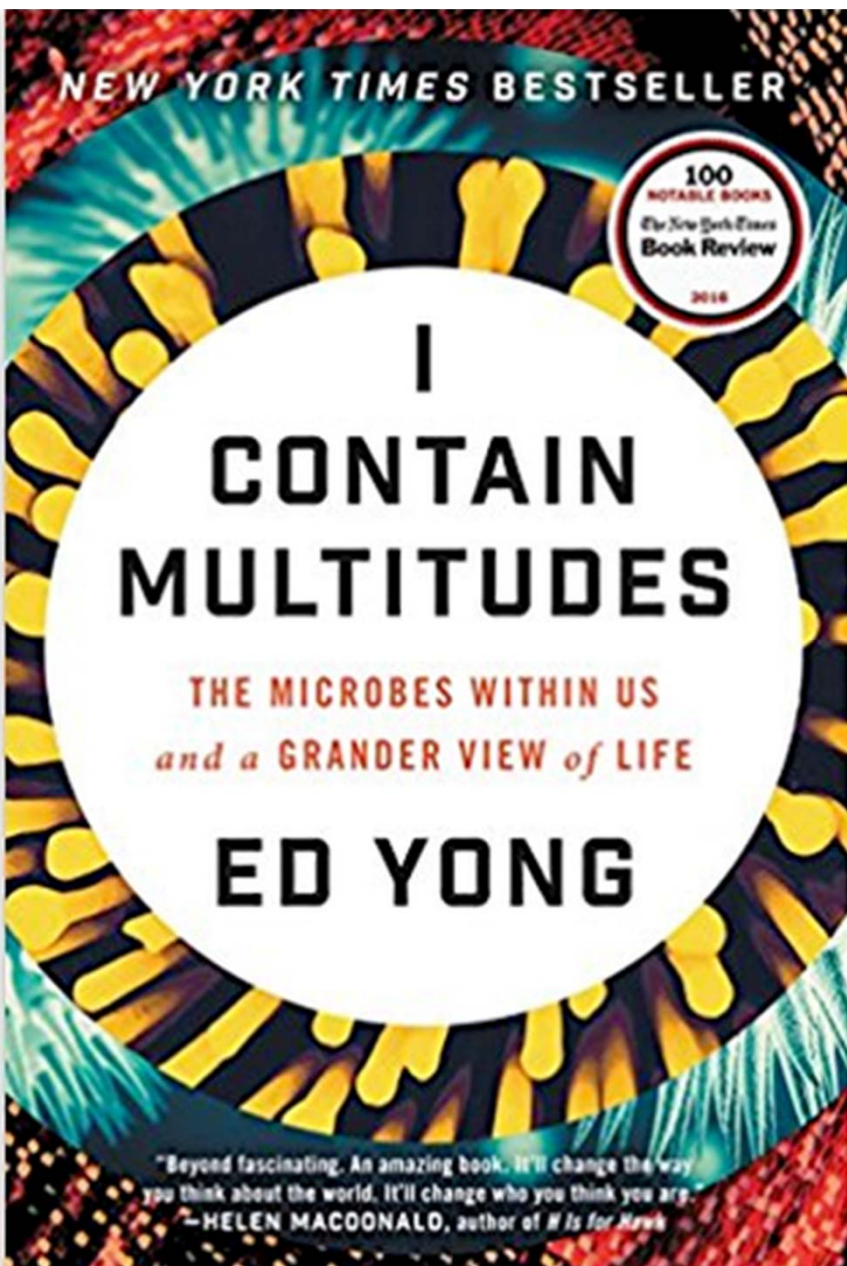
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# Suggested Reading

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Morgan XC, Huttenhower C. Human microbiome analysis. PLoS Comp Bio 2012. PMID: 23300406

Knight R, et al. Best practices for analyzing microbiomes. Nat Rev Microbiology 2018. PMID: 29795328.

Kim D, Hofstaedter CE, Zhao C et al. Optimizing methods and dodging pitfalls in Microbiome Research. Microbiome 2017. PMID: 28476139

Faner R, Sibila O, Agusti A, et al. The microbiome in respiratory medicine: current challenges and future perspectives. Eur Respir J 2017. PMID: 28404649.

Carney et al. Methods in Lung Microbiome Research. AJRCMB 2019. PMID: 31661299.