

# Evidencias actuales del papel del microbioma en la Esteatosis Hepática Metabólica: ¿puede ser una diana terapéutica?



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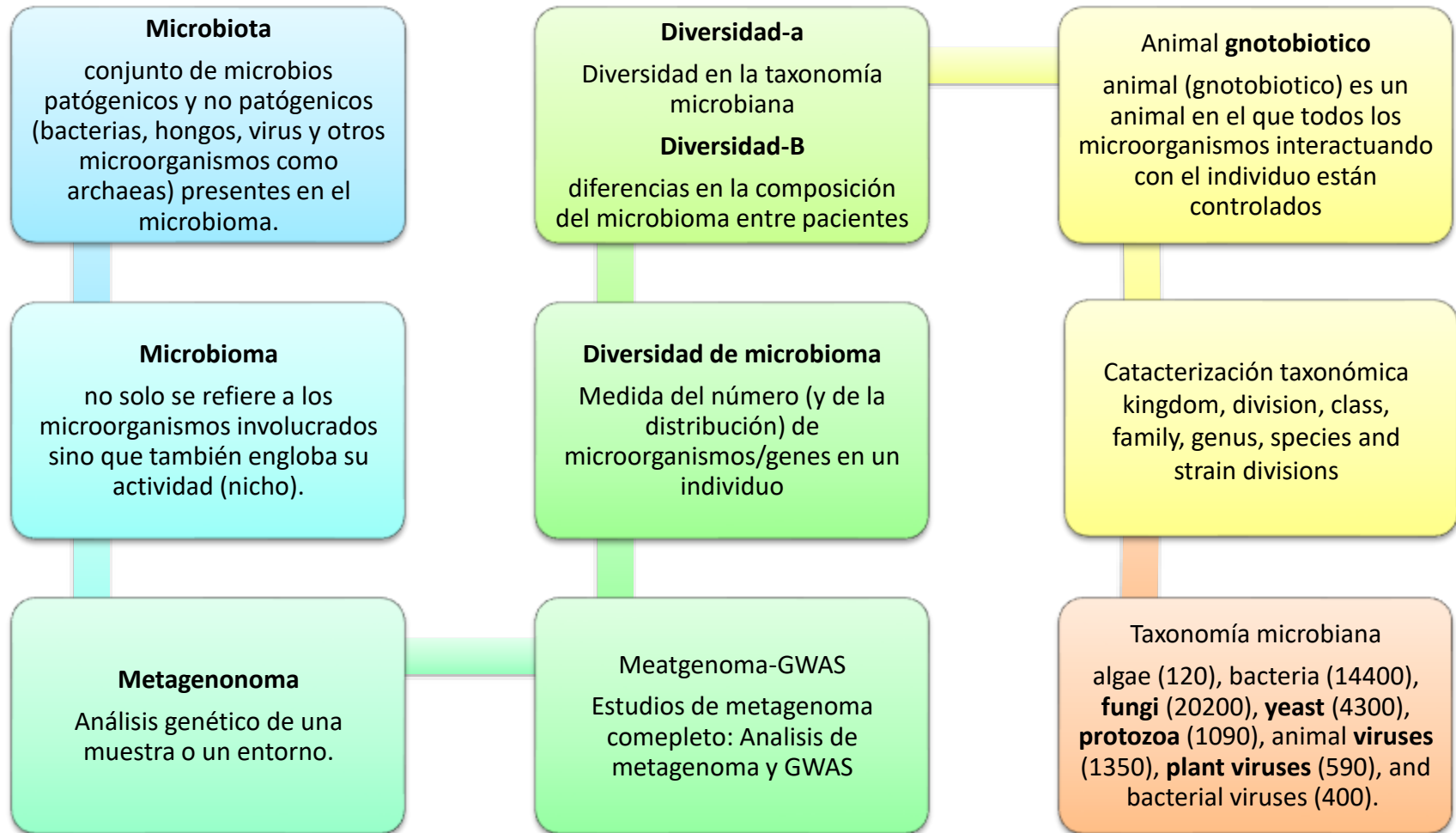


# Conflict of interest

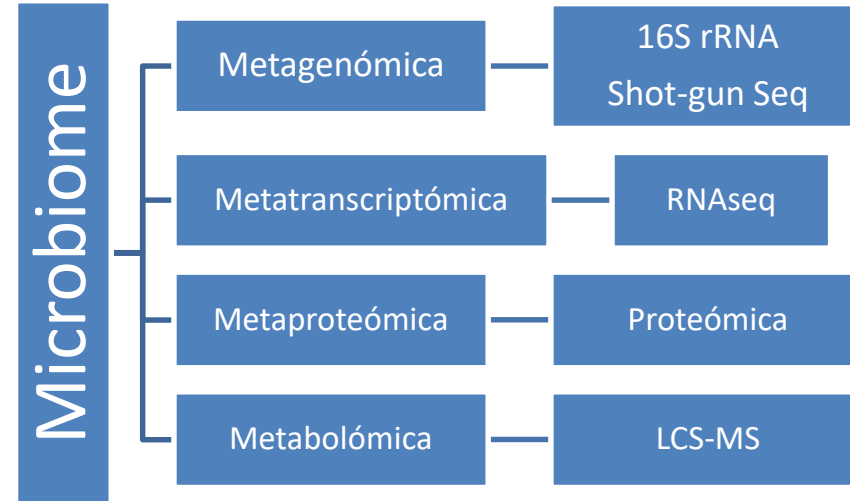
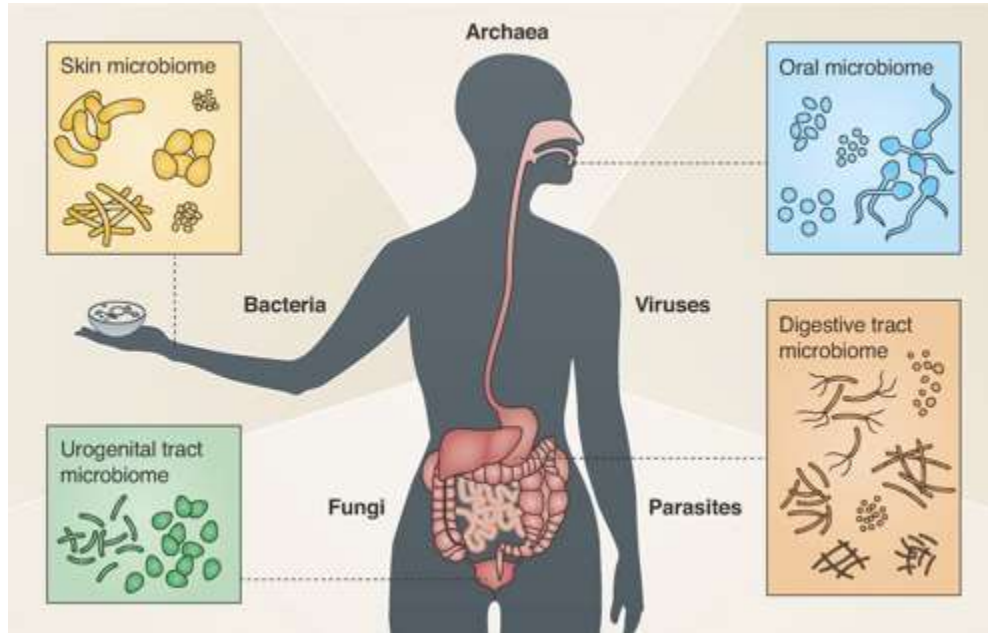
## DISCLOSURES

- Consulting for: Alpha-sigma, Allergan, BMS, Boehringer-Ingelheim, Intercept, Inventionia, Julius Clinical; Kaleido, MSD, Pfizer, Prosciento, Rubió, Shionogi, Siemens, Sobi, Thera, Zydus.
- Research Grants: Gilead, Intercept, Siemens, Theratherapeutics, NovoNordisk. Echosens.
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Opinions expressed here are solely based on my own personal academic view and are intended to stimulate intellectual debate and not in any direct or indirect way drug prescription, clinical trial enrollment or any investment action.

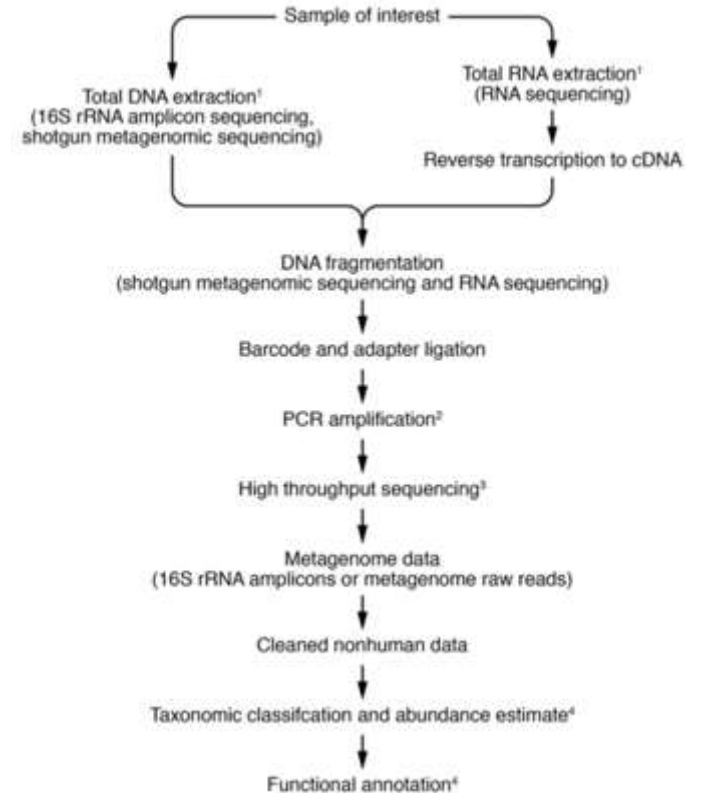
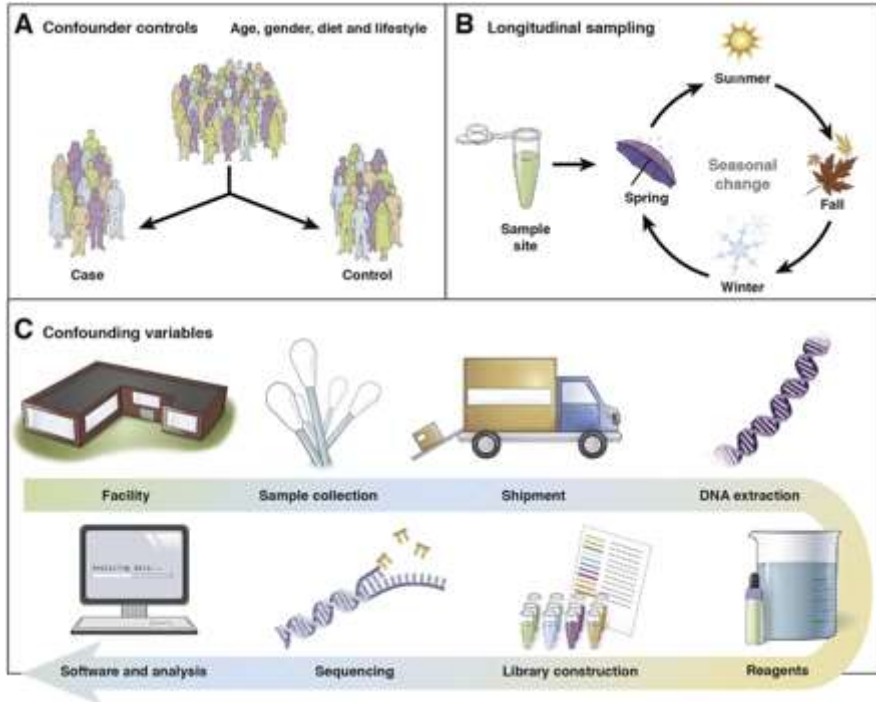


# PRINCIPALES NICHOS DE LA MICROBIOTA HUMANOS



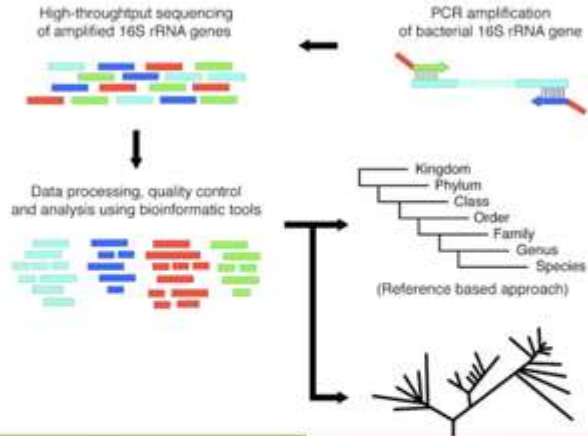
# ANÁLISIS DEL MICROBIOMA

**TIPO DE ANÁLISIS:** COMPARACIÓN, CONFIRMACIÓN, IDENTIFICACIÓN  
**Nº DE MUESTRAS NECESARIAS:** HUMANOS >100  
**ALMACENAMIENTO:** (-80°C)  
**SEGURIDAD:** CONTAMINACIÓN DNA HUMANO



## TÉCNICAS ESTUDIO DEL MICROBIOMA:

### 3. SECUENCIACIÓN DEL rDNA 16s



#### VENTAJAS

1. SENCILLO Y BIEN CARACTERIZADO
2. ASEQUIBLE
3. RÁPIDO

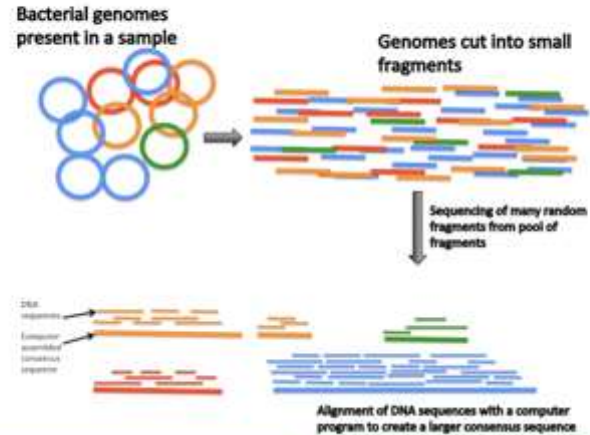
#### DESVENTAJAS

1. BAJA ESPECIFICIDAD (GÉNERO)
2. NO IDENTIFICACIÓN DE NUEVAS ESTIRPES

ANÁLISIS DE POBLACIONES BACTERIANAS DE AMPLIO ESPECTRO CON GENOMA BIEN CARACTERIZADO

## TÉCNICAS ESTUDIO DEL MICROBIOMA:

### 4. SHOTGUN SEQUENCING



#### VENTAJAS

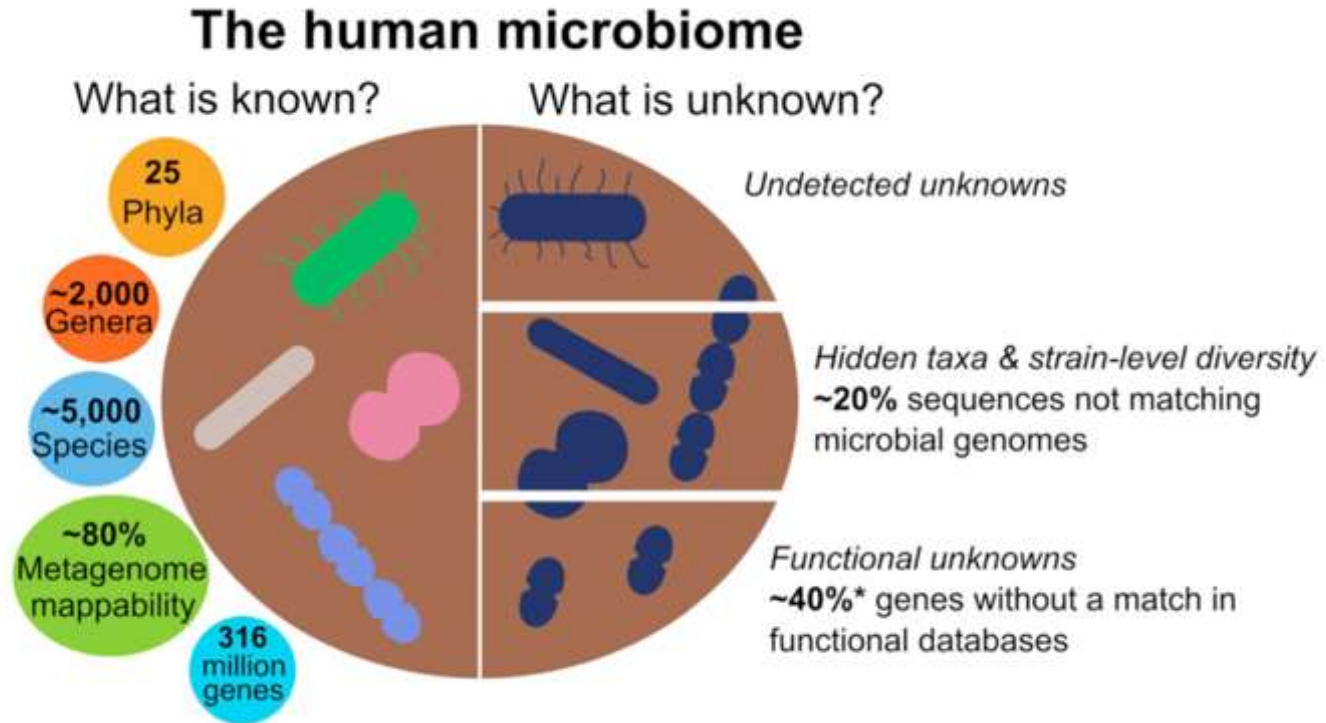
1. ESPECÍFICO (ESPECIE)
2. CUANTITATIVO
3. SENSIBLE (ng)

#### DESVENTAJAS

1. ALINEAMIENTO DE SECUENCIAS
2. ESPECIES NO DESCRITAS
3. CARO

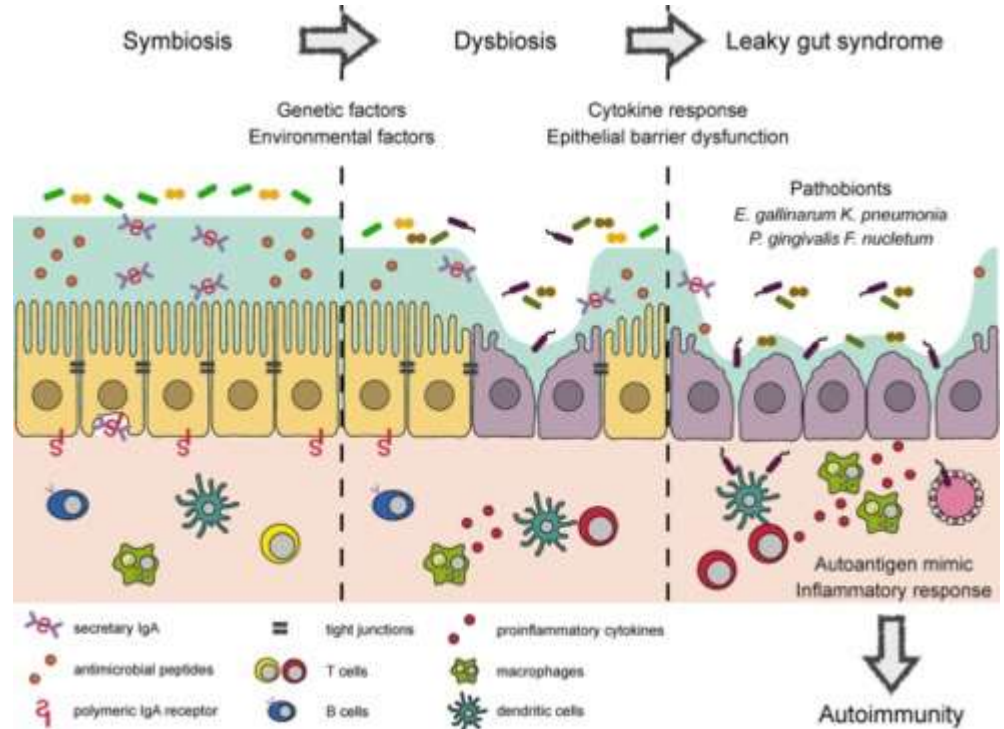
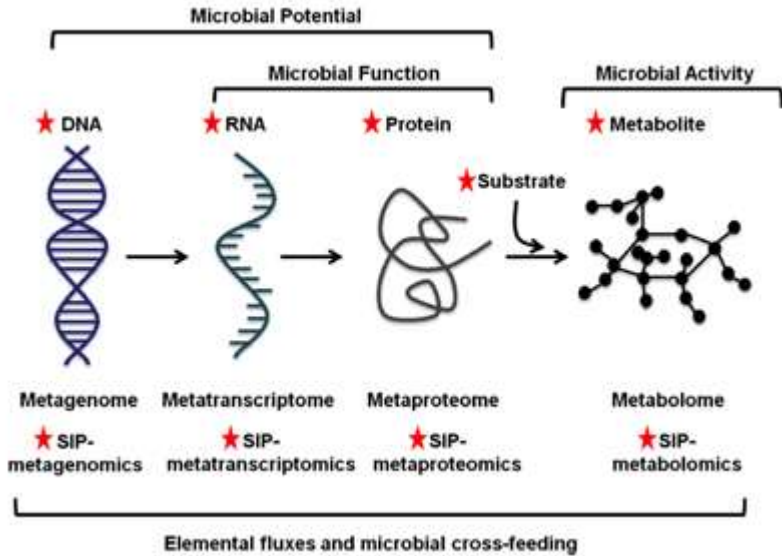
CÁRACTERIZACIÓN GLOBAL Y CUANTITATIVA DEL MICROBIOMA

# ¿De qué hablamos cuando hablamos de microbiota?



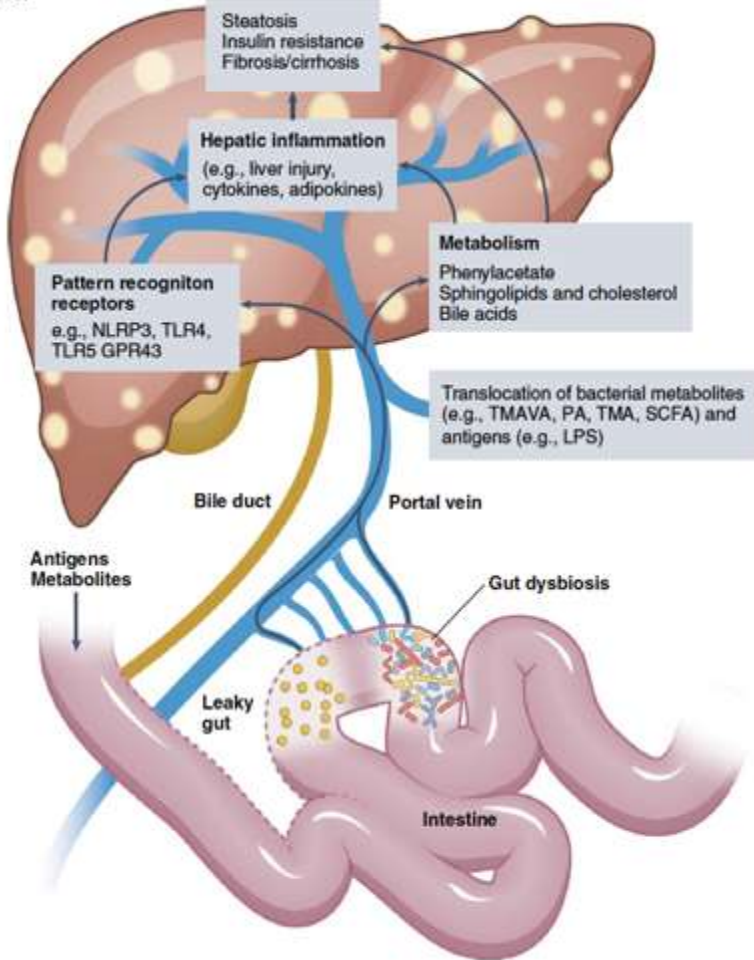
# GUT-LIVER AXIS

## MICROBIOME >> INTESTINAL & VASCULAR BARRIER >> LIVER SINUSOIDS

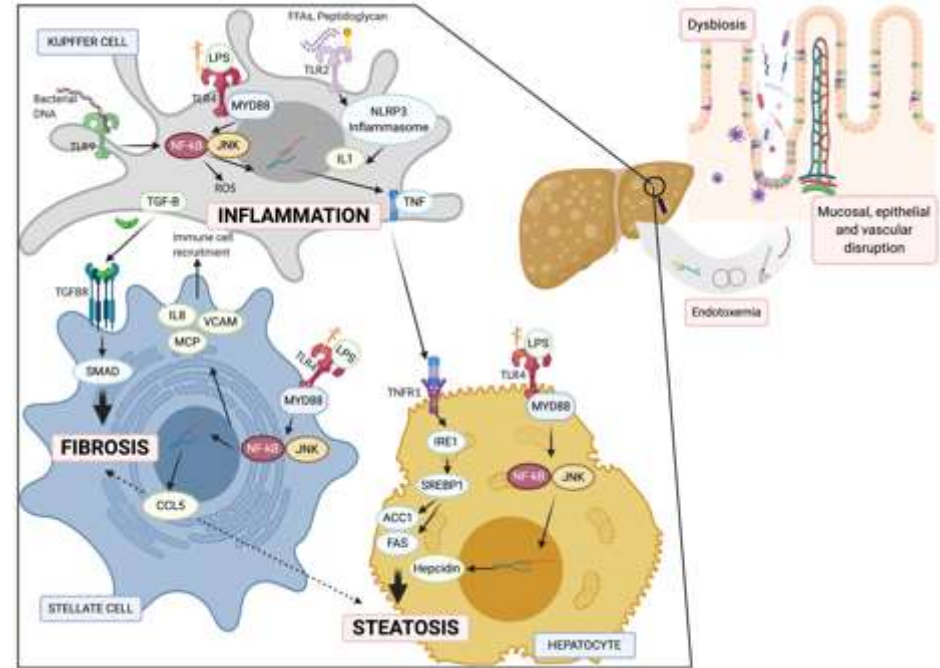




Liver

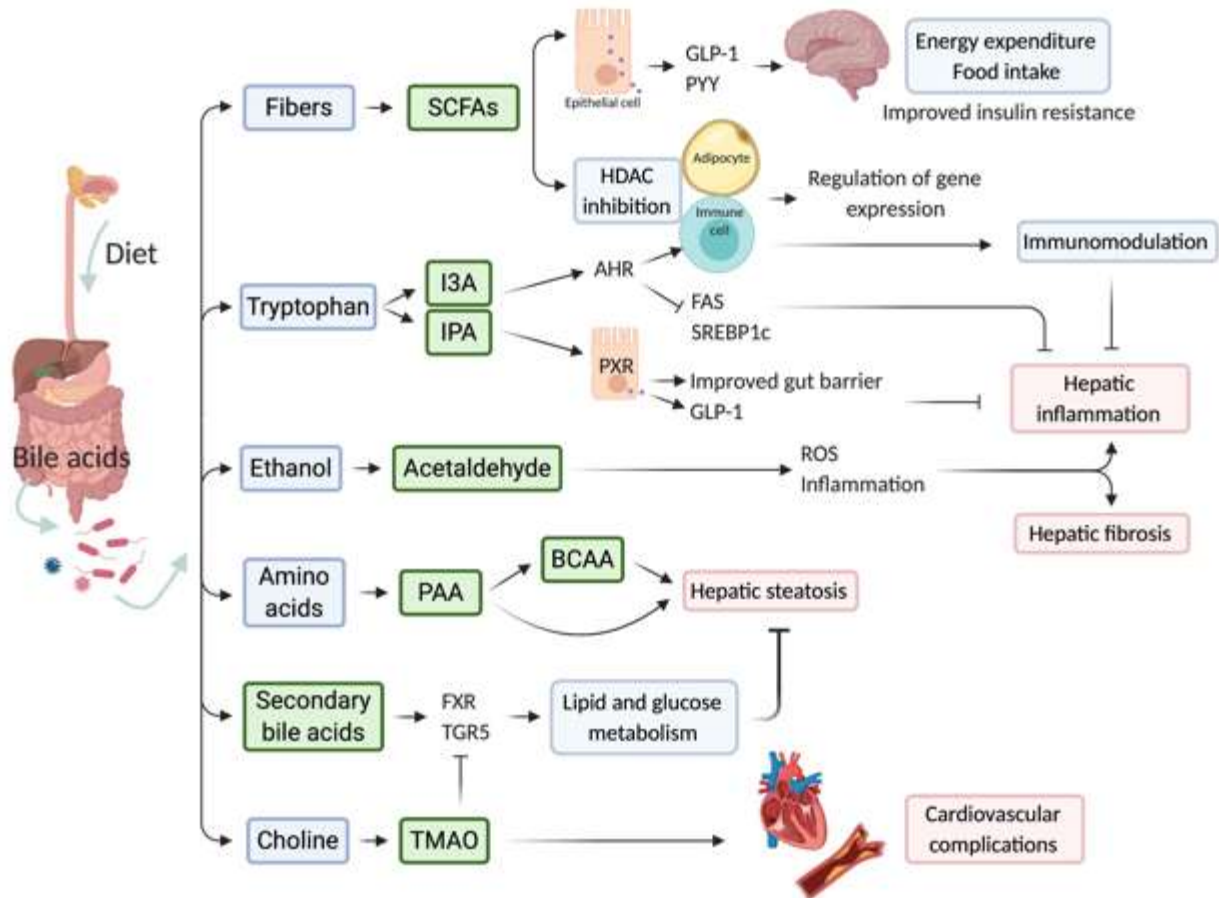


## PAPEL DE LA MICROBIOTA EN LA PROGRESIÓN DE LA FIBROSIS HEPÁTICA

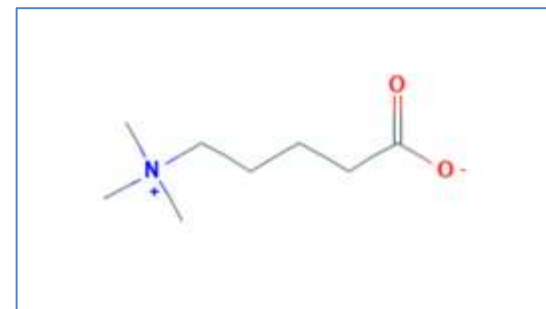


Tilg et al. *Nat Metab* 2021; 3:1596

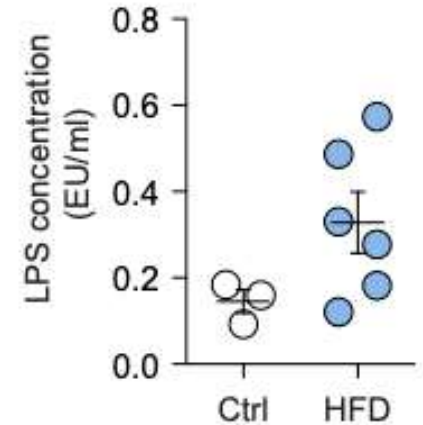
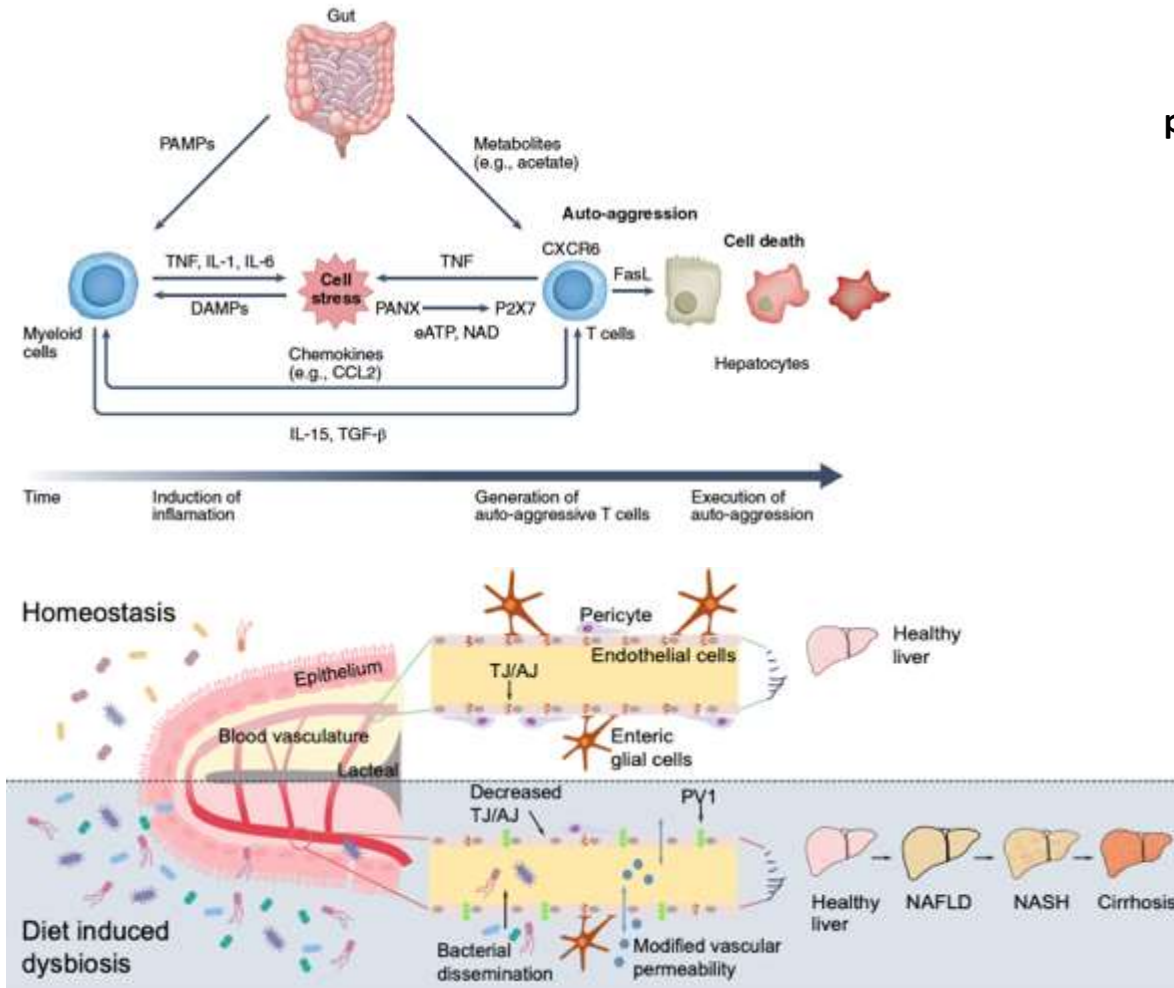
Kinashi et al., *Front Immunol* 2021; Gil-Gómez et al., 2021



## Delta-valerobetaine



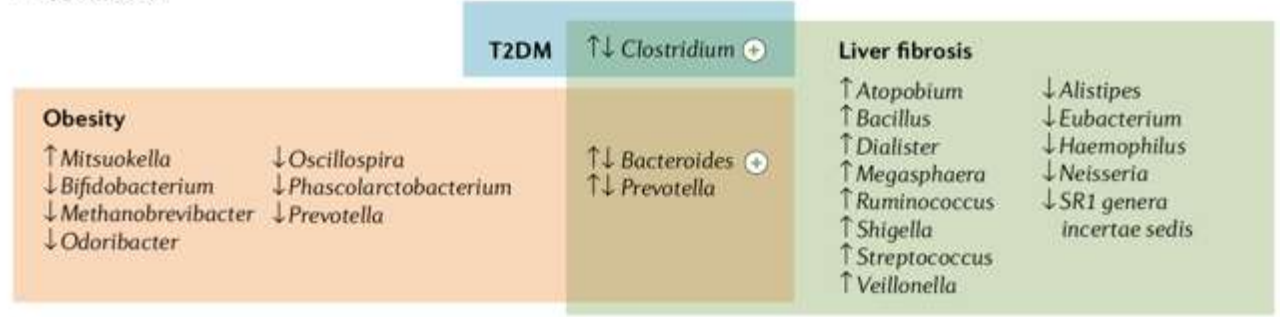
## Microbiota-driven gut vascular barrier disruption is a prerequisite for fibrosis progression on MAFLD: role of immune-mediated inflammatory response



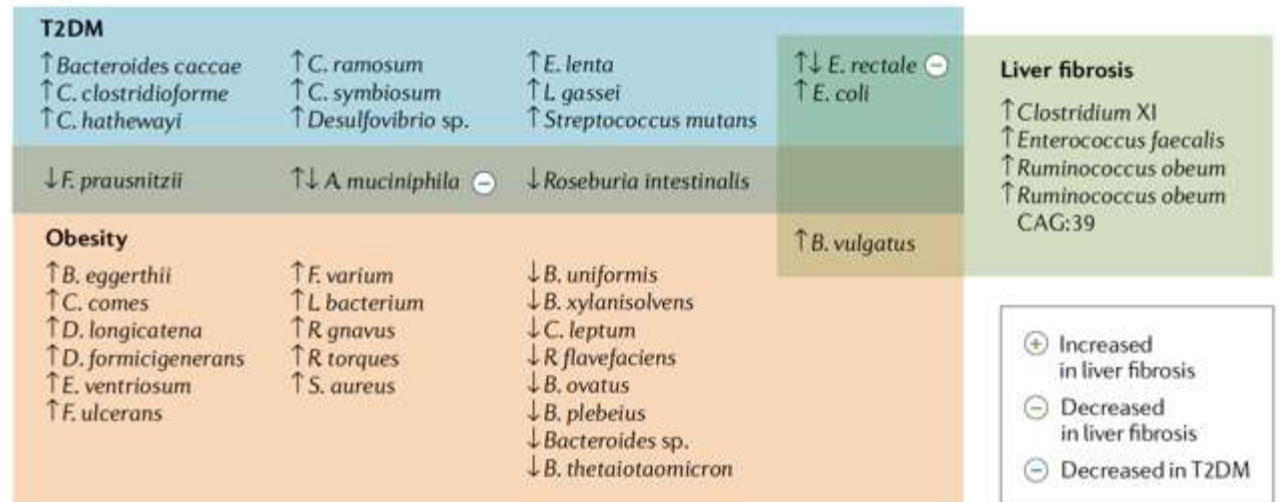
Mouries et al., *J Hepatol* 2019  
 Tilg et al. *Nat Metab* 2021; 3:1596

# Gut microbiota and human NAFLD: disentangling microbial signatures from metabolic disorders

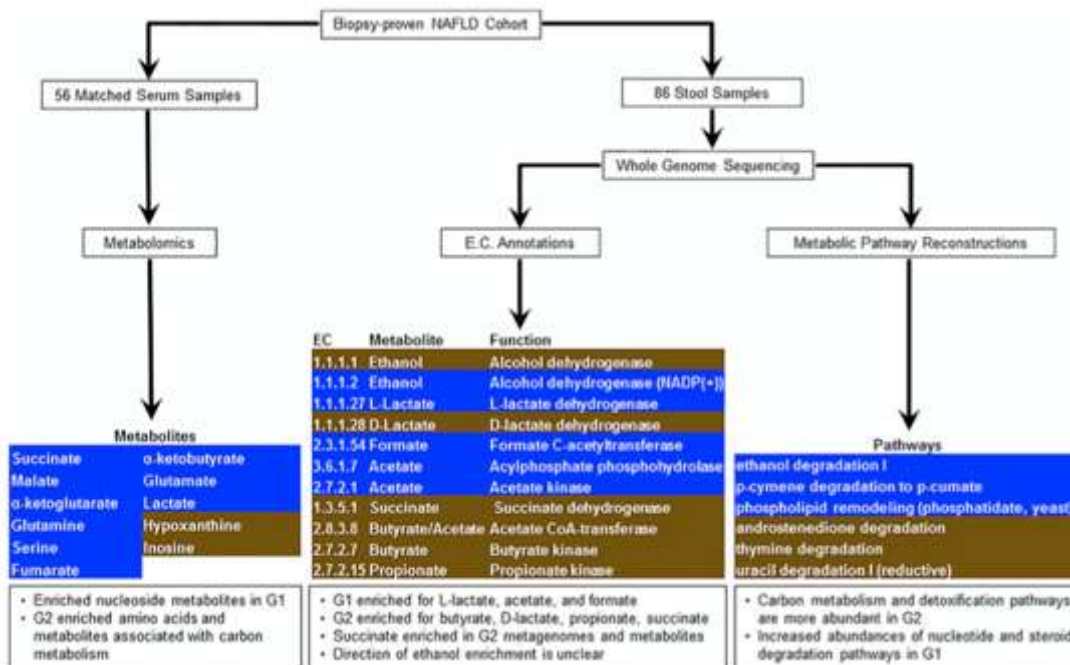
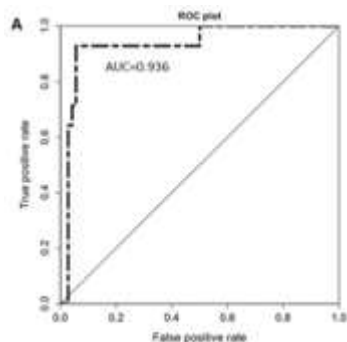
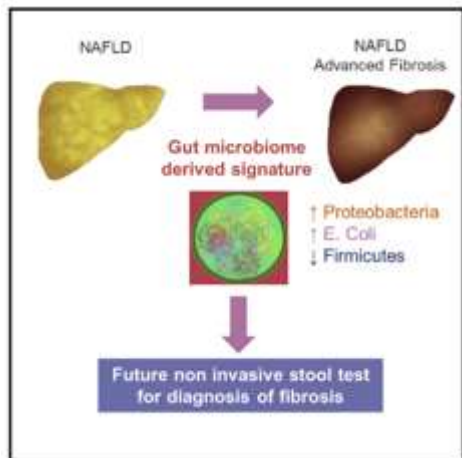
## a Genus level



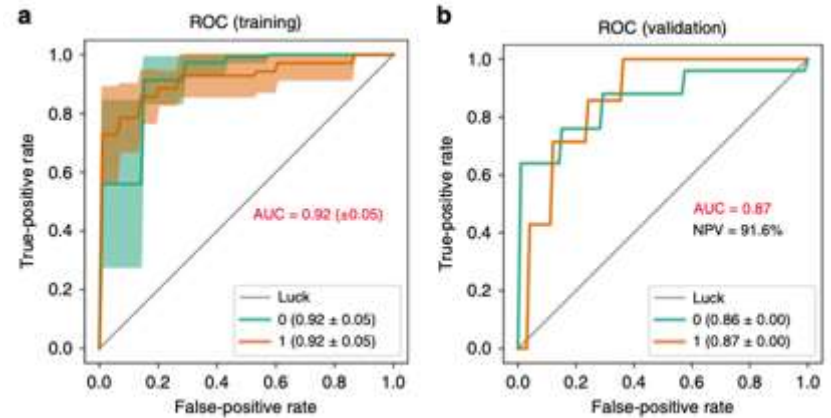
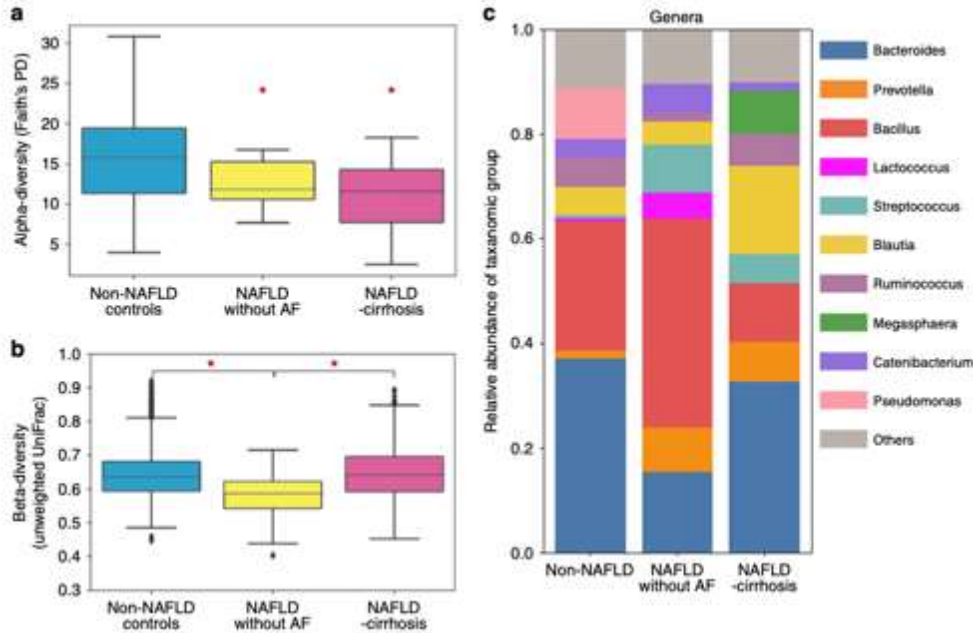
## b Species level



# Gut Microbiome-Based Metagenomic Signature for Non-invasive Detection of Advanced Fibrosis in Human Nonalcoholic Fatty Liver Disease

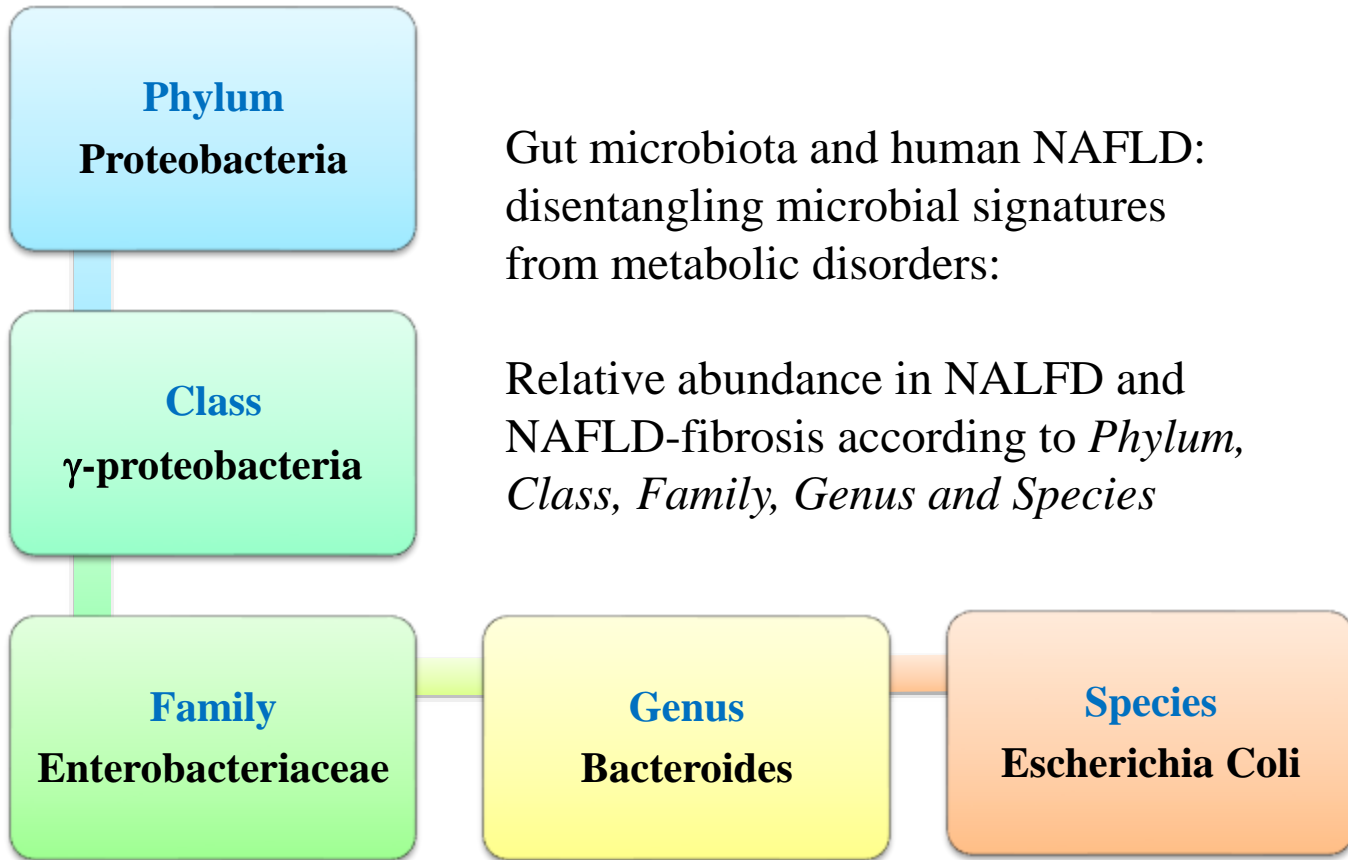


# Gut microbiome signature for cirrhosis due to nonalcoholic fatty liver disease

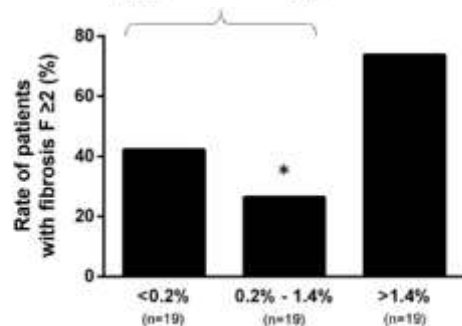
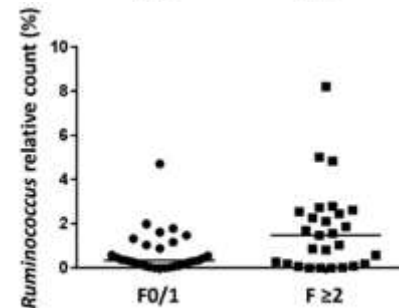
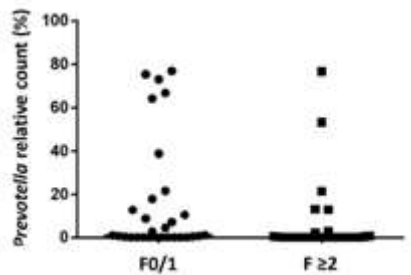
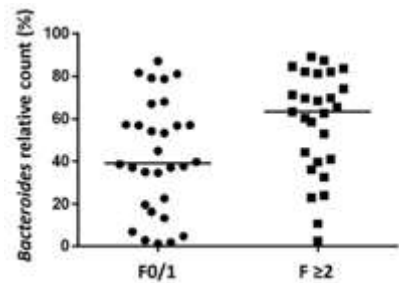
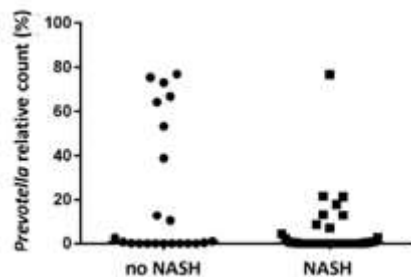
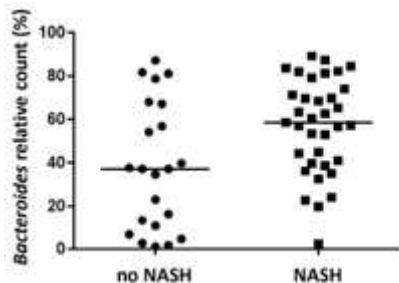


High diagnostic accuracy of a gut-microbiome signature for the detection of NAFLD-cirrhosis

Consistent with preclinical studies, these studies indicate an association between gram-negative bacteria and progression of liver fibrosis



## Abundance of *Ruminococcus* → sig. fibrosis



Tertiles of *Ruminococcus* relative count (%)

Bacteria	F0/F1 (n = 30)	F ≥ 2 (n = 27)	P Value*
<b>Actinobacteria</b>	<b>0.9</b>	<b>1.8</b>	<b>0.987</b>
Bifidobacteriaceae	0.9	1.8	0.949
Bifidobacterium	0.9	1.8	0.949
<b>Bacteroidetes</b>	<b>66.2</b>	<b>69.6</b>	<b>0.388</b>
Bacteroidaceae	42.4	57.8	0.018
Bacteroides	42.4	57.8	0.018
Porphyromonadaceae	1.9	1.0	0.231
Parabacteroides	1.9	1.0	0.231
Prevotellaceae	16.2	6.8	0.017
Prevotella	16.2	6.8	0.017
Rikenellaceae	2.0	1.6	0.949
Paraprevotellaceae	2.8	0.8	0.386
<b>Firmicutes</b>	<b>26.7</b>	<b>25.4</b>	<b>0.798</b>
Clostridiales; unknown <sup>†</sup>	1.7	1.4	0.270
Lachnospiraceae	10.9	11.3	0.774
Blautia	1.9	1.6	0.975
Unknown <sup>†</sup>	4.9	5.9	0.397
Ruminococcaceae	8.6	7.5	0.576
Ruminococcus	0.7	1.7	0.037
Unknown <sup>†</sup>	7.2	5.7	0.250
Verruocellaceae	2.9	2.8	0.620
Megasphaera	1.2	1.9	0.891
Erysipelotrichaceae	1.6	0.7	0.010
<b>Proteobacteria</b>	<b>3.8</b>	<b>2.1</b>	<b>0.129</b>
Alcaligenaceae	1.4	0.8	0.482
Sulfurisphaera	1.4	0.8	0.482
Enterobacteriaceae	1.9	1.0	0.099
Unknown <sup>†</sup>	1.5	0.7	0.128

TABLE 4. Functional Profile of the Gut Microbiota From NASH or F ≥ 2 Patients

KO Functional Categories	Level 3	NASH vs. No NASH		F ≥ 2 vs. F0/F1	
		LDA	P Value	LDA	P Value
Biosynthesis of other secondary metabolites	Phenylpropanoid biosynthesis	2.34	0.03	—	—
Carbohydrate metabolism	Glyoxylate and dicarboxylate metabolism	2.28	0.03	2.28	0.02
Carbohydrate metabolism	Pentose and glucuronate interconversions	—	—	2.74	0.02
Carbohydrate metabolism	Pentose phosphate pathway	—	—	2.44	0.01
Carbohydrate metabolism	Starch and sucrose metabolism	2.68	0.01	—	—
Carbohydrate metabolism	Unclassified	2.22	0.02	2.27	0.01
Lipid metabolism	Fatty acid biosynthesis	—	—	2.10	0.03
Lipid metabolism	Lipid biosynthesis proteins	—	—	2.07	0.03
Lipid metabolism	Sphingolipid metabolism	2.45	0.04	—	—
Metabolism of other amino acids	Cyanamino acid metabolism	2.27	0.03	—	—
Translation	Translation factors	—	—	-2.25	0.06
Replication and repair	DNA replication proteins	—	—	-2.55	0.04



# Gut microbiota and human NAFLD: disentangling microbial signatures from metabolic disorders

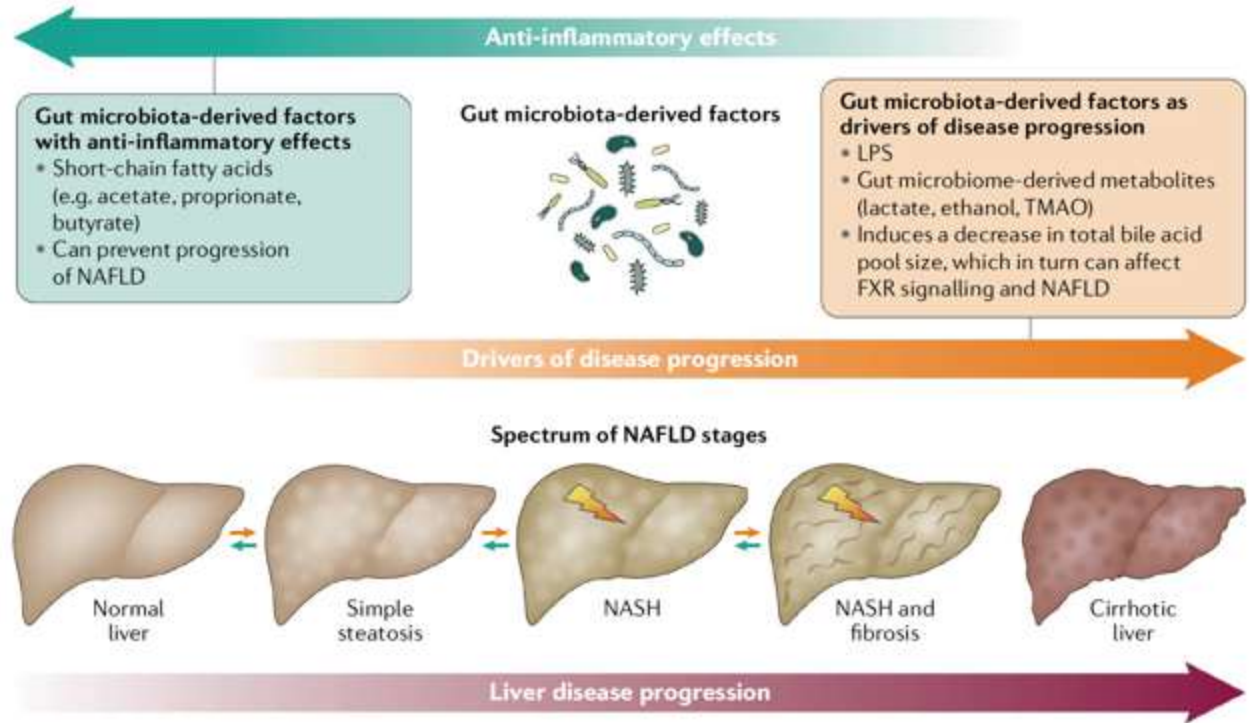
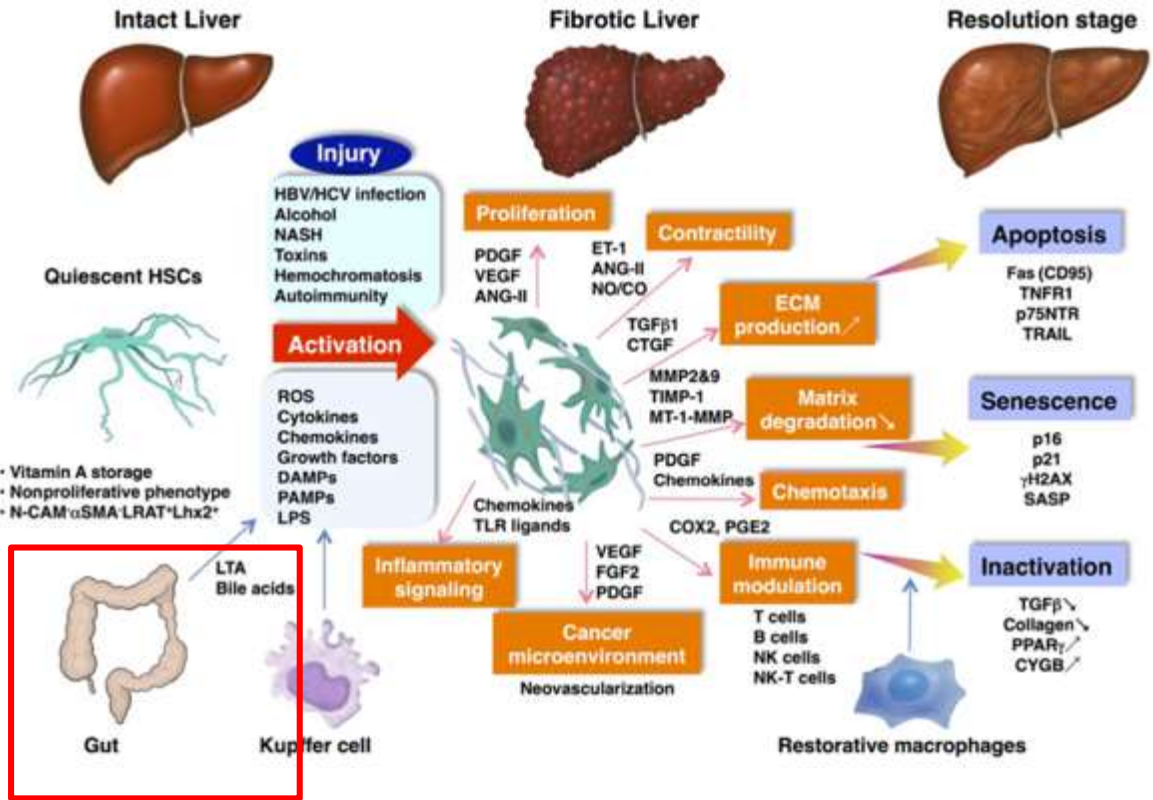
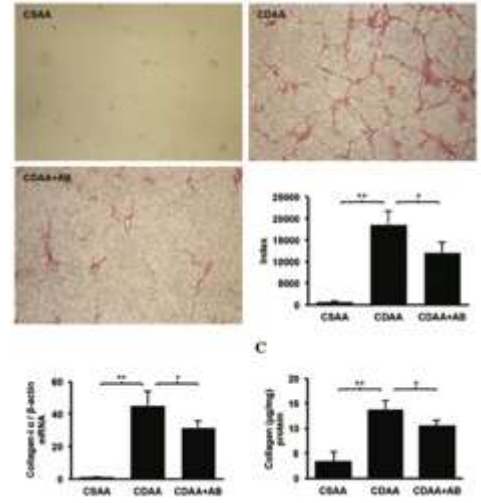


Fig. 3 | **Gut-derived metabolites and factors that could drive progression of NAFLD.** This figure illustrates how gut-derived metabolites are involved in the development and progression of non-alcoholic fatty liver disease (NAFLD), fibrosis and cirrhosis. Lactate, ethanol, trimethyl N-oxide (TMAO) can propel NAFLD progression (TMAO induces a decrease in the total bile acid pool size, which in turn can affect FXR signalling and NAFLD), as can lipopolysaccharide (LPS). On the other hand, short-chain fatty acids can have anti-inflammatory properties, which could prevent progression of NAFLD. NASH, non-alcoholic steatohepatitis.

# Gut-derived signals induce HSCs activation



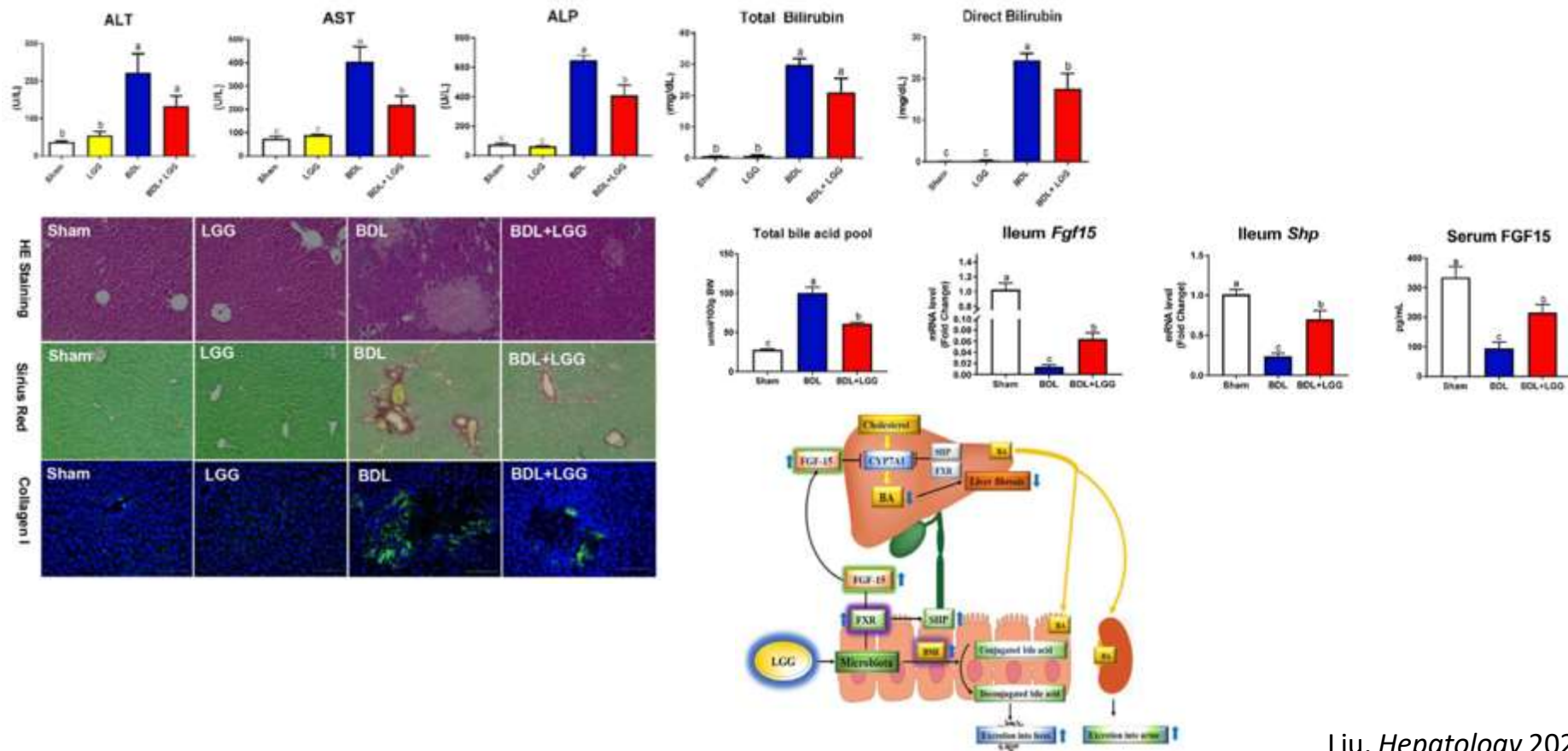
Tto con antibióticos mejora la fibrosis inducida por dieta CDAA.  
 KO mice para receptores de subproductos bacterianos (TLR2, TLR4, TLR9) están protegidos frente al desarrollo de fibrosis.

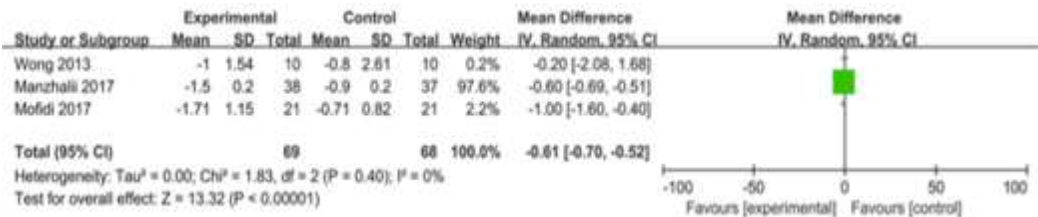


# POTENCIAL TERAPÉUTICO DE LA MICROBIOTA

Place of action	Denomination	Principle of action
Intestinal content	Hydrogel technology	Modified cellulose cross-linked with citric acid that mimics natural dietary fibres in vegetables. Hydrogel particles rapidly absorb water in the stomach and increase in volume, thereby improving satiety. Once in the large intestine, the hydrogel is partially digested and releases water, which is then reabsorbed.
	Gut-restricted polymers	Insoluble cross-linked polymeric drugs selectively bind with high-avidity multivalent surface features on bacteria or viruses, toxins, inorganic ions including potassium, phosphate, or bile acids.
	Carbon nanoparticles	Non-absorbable carbon particles exhibit a high adsorptive capacity for bacterial toxins and represent a novel strategy to counteract dysbiosis and translocation of bacterial-derived products.
	Non-selective beta-blockers	Beta-blockers reduce the load of enteric bacteria and inhibit intestinal bacterial overgrowth by fastening intestinal transit time and reducing intestinal permeability
Intestinal microbiome	Non-absorbable antibiotics	Selectively reduce the burden of enteric bacteria that mostly contribute to translocation, e.g. gram-negative bacteria. Rifaximin is a broad-spectrum compound, which exerts endotoxin-lowering and anti-inflammatory effects largely independent from their bactericidal action.
	Bacteriophages	Bacteriophages are viruses that specifically infect and kill intestinal bacterial pathogens. In contrast to antibiotics, phages do not induce resistance.
	Synthetic live bacterial therapeutics	These are engineered probiotics that can selectively consume toxic metabolites in the intestine and convert them into nontoxic forms.
	Fecal microbial transplantation	Fecal microbial transplantation is a method to replenish a healthy gut microbial environment and restore physiological colonization by recolonising the intestine with microbial flora from a healthy donor.
Intestinal mucosa	Pharmacological modulation of gut peptides.	Specific agonists of mucosal gut receptors may elicit responses including the release of regulators of glucose or bile acid metabolism.
	Duodenal mucosal resurfacing	Superficial duodenal mucosal ablation mediates an abnormal signal to endogenous insulin-sensitive tissues by limiting nutrient exposure or contact with the duodenal mucosa.
	Postbiotics	Postbiotics are metabolic products from intestinal bacteria that include short-chain fatty acids, secondary bile acids, proteins polysaccharides, vitamins and organic acids acting as metabolic regulators.
	FXR agonists	FXR-agonists reconstitute microbiota composition, restore epithelial and vascular intestinal barrier function, improve intestinal innate defense mechanisms, reduce intestinal inflammation and decrease bacterial translocation and endotoxemia
Peritoneal cavity	Ammonia uptake particles	This treatment consists in a suspension of large transmembrane pH-gradient liposomes, containing citric acid and designed to rapidly capture ammonia from ascites of cirrhotic patients.

## Probiotic *Lactobacillus rhamnosus* GG Prevents Liver Fibrosis Through Inhibiting Hepatic Bile Acid Synthesis and Enhancing Bile Acid Excretion in Mice





Metaanálisis: **probióticos** mejoran liver stiffness

	Probiotics (n = 17)		Placebo (n = 22)		p-Value
	Mean	SD	Mean	SD	
Steatosis, dB/m	-21.7	42.60	-10.72	46.64	0.45
Liver stiffness, kPa	-0.25	1.77	-0.62	2.37	0.59
ALT, IU/L	14.0	50.04	1.13	26.39	0.30
AST, IU/L	2.00	17.31	-3.40	17.09	0.33
GGT, IU/L	6.2	33	1.35	28.38	0.60
Steatosis score	0.049	0.09	0.042	0.11	0.83
Fibrosis score	0.01	0.10	0.06	0.09	0.18
Activity score	-0.12	0.15	0.015	0.13	0.56
Body mass index, kg/m <sup>2</sup>	0.7	1.46	0.82	1.06	0.81
Triglycerides, mg/dL	-0.10	0.68	-0.07	0.77	0.90
Total cholesterol, mg/dL	0.23	0.93	0.05	1.07	0.59
Fasting glucose, mg/dL	0.46	0.94	-0.44	1.31	0.03

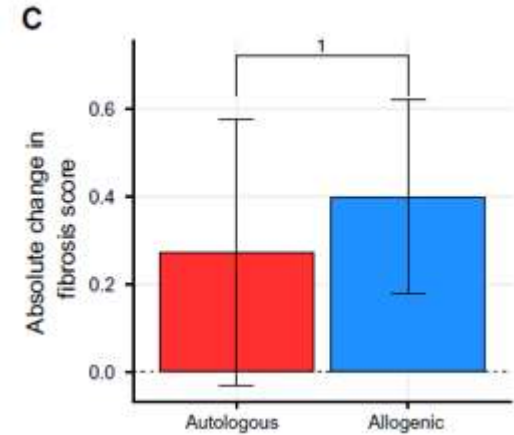
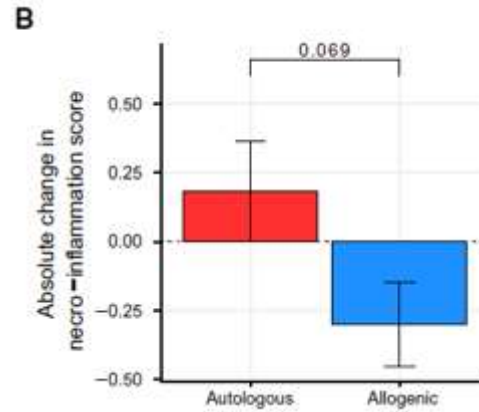
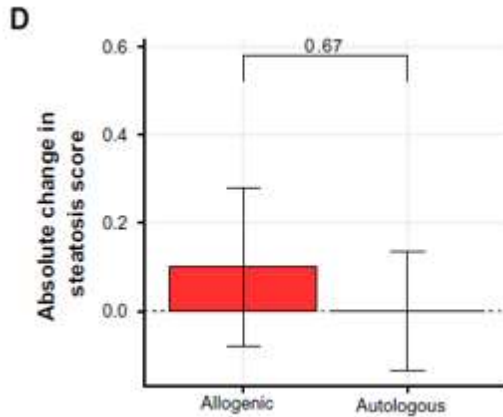
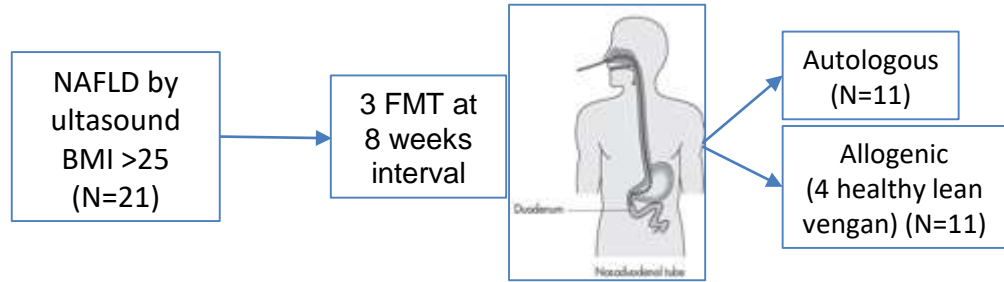
**Table 3.** Baseline and End-of-Study Primary Outcome Results and Regression Models Testing the Effects of the Symbiotic Intervention and Changes in *Bifidobacterium* Species on the Primary Outcomes

Primary outcomes	Placebo		Symbiotic		Difference in change from baseline to end of study <sup>a</sup> (95% CI), symbiotic treatment, primary analysis	Adjusted difference in change from baseline to end of study <sup>b</sup> (95% CI), symbiotic treatment, primary analysis	Adjusted difference in change from baseline to end of study <sup>c</sup> (95% CI), <i>Bifidobacterium</i> species	Difference in change in weight from baseline to end of study <sup>d</sup>
	Baseline	End of study	Baseline	End of study				
MRS-measured liver fat, %	22.9 (12.9 to 44.7)	21.4 (10.7 to 35.9)	26.9 (9.7 to 38.4)	23.7 (13.0 to 42.0)	2.8 (-2.2 to 7.8) P = .30	4.1 (-0.02 to 8.3) P = .05	0.1 (-1.3 to 1) P = .80	1.9 (1.4 to 2.5) P < .001
ELF score	12.5 (0.7)	12.8 (0.8)	12.5 (0.8)	12.9 (0.6)	-0.008 (-0.2 to 0.2) P = 1.0	0.02 (-0.2 to 0.2) P = .90	0.020 (-0.08 to 0.04) P = .50	0.015 (0.001 to 0.03) P = .039
NAFLD fibrosis score	-1.2 (1.3)	-1.3 (1.3)	-1.3 (1.3)	-1.6 (1.4)	-0.03 (-0.3 to 0.2) P = .80	-0.009 (-0.3 to 0.3) P = .90	0.005 (-0.02 to 0.03) P = .60	0.046 (0.008 to 0.085) P = .027

No efecto del probiótico “MCP-BCMC®” en fibrosis

No efecto tras el tratamiento con **simbiótico**

## Donor Fecal Microbiota Transplantation Alters Gut Microbiota and Metabolites in Obese Individuals With Steatohepatitis



Liver genes: increased of ARHGAP18 & SDS (serine dehydratase); and decreased RECQL5 and SF3B3

Secondary aims: GGT and ALT decreased. No difference in duodenal microbiota diversity. No significant changes in faecal microbiota diversity, but more: Ruminococcus, Eubacterium hallii, Faecalibacterium, and Prevotella copri.

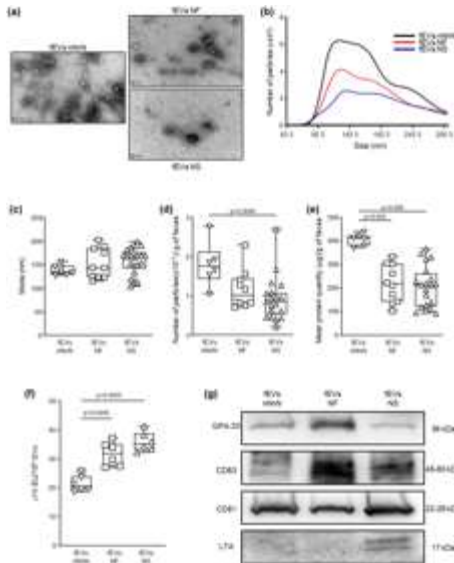
Change in plasma metabolites: increased of amino acids isoleucine and phenylacetylglutamine

too healthyji

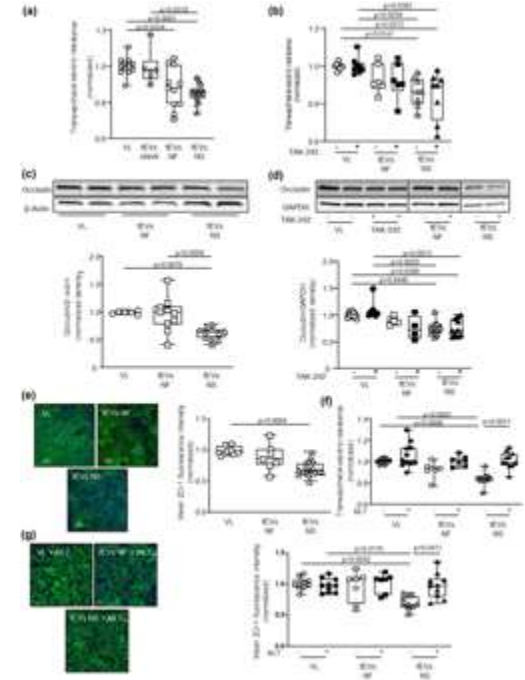
# Role of EVs from faeces (fEVs) in liver diseases

- The gut microbiota participates in the progression of NAFLD towards NASH and liver fibrosis. (Bashiardes et al., 2016; Boursier & Diehl, 2016)
- Dysbiosis, a shift in bacterial community composition, has been associated with several deleterious effects in NAFLD (Boursier et al., 2016; Brandl & Schnabl, 2017).
- Dysbiosis was also reported to mediate the destabilization of intestinal and endothelial barriers leading to an increase of intestinal and endothelial permeability (Chen et al., 2015).

## EVs characterization



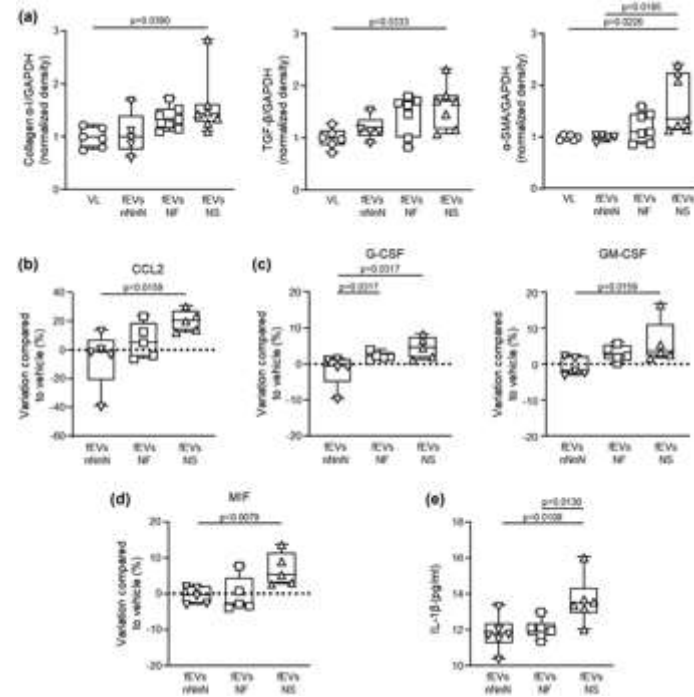
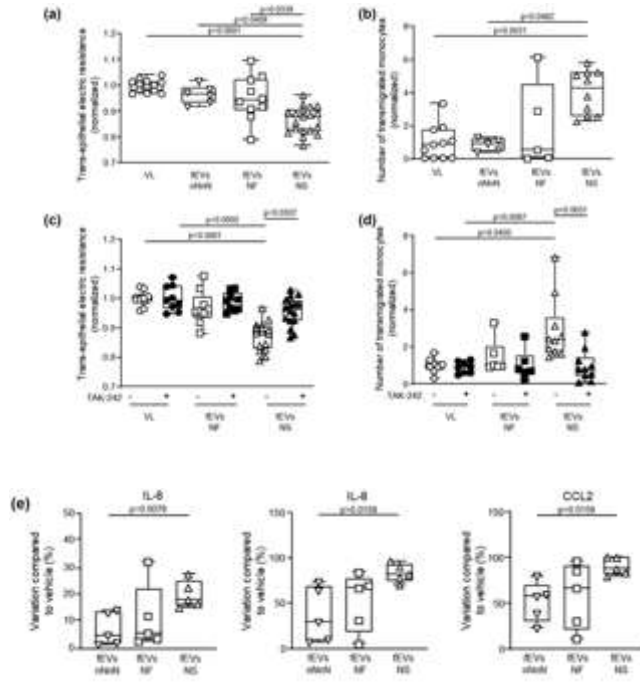
NASH fEVs enhance epithelial intestinal cell permeability and decrease occludin and ZO-1 protein expression



# Role of EVs from faeces (fEVs) in liver diseases

NASH (NS) faeces-derived extracellular vesicles (fEVs) increase endothelial permeability in a TLR4-dependent pathway and induce in vitro endothelial inflammation.

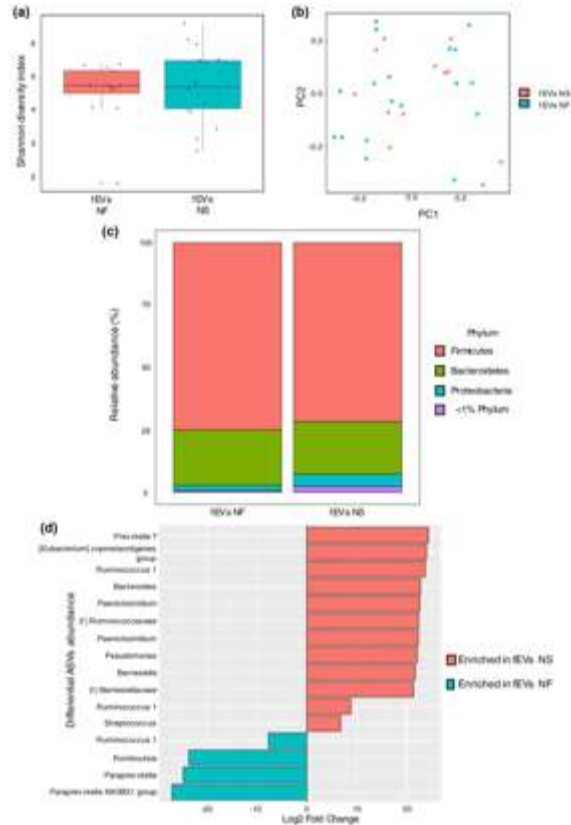
NASH (NS) faeces-derived extracellular vesicles (fEVs) activate in vitro stellate cells and increase cytokines involved in fibrogenesis



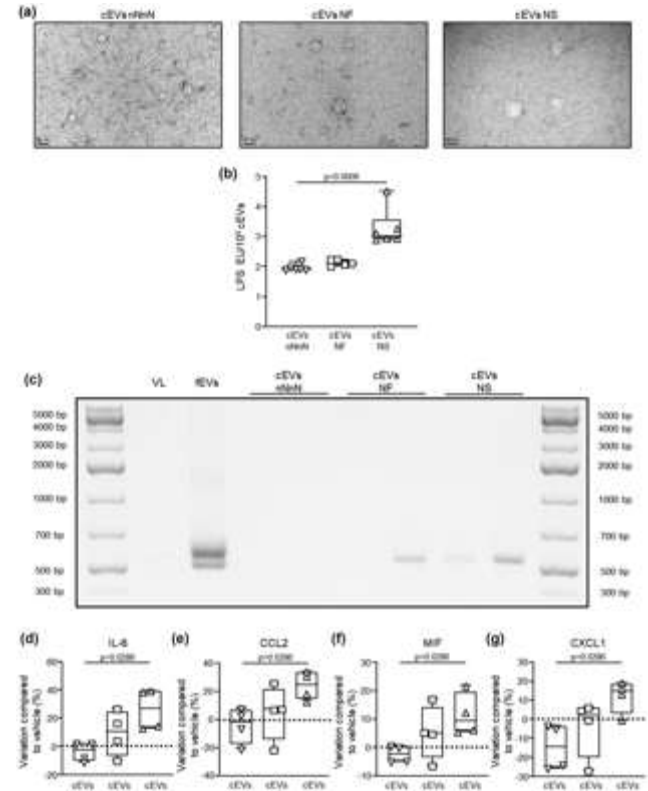


# Role of EVs from faeces (fEVs) in liver diseases

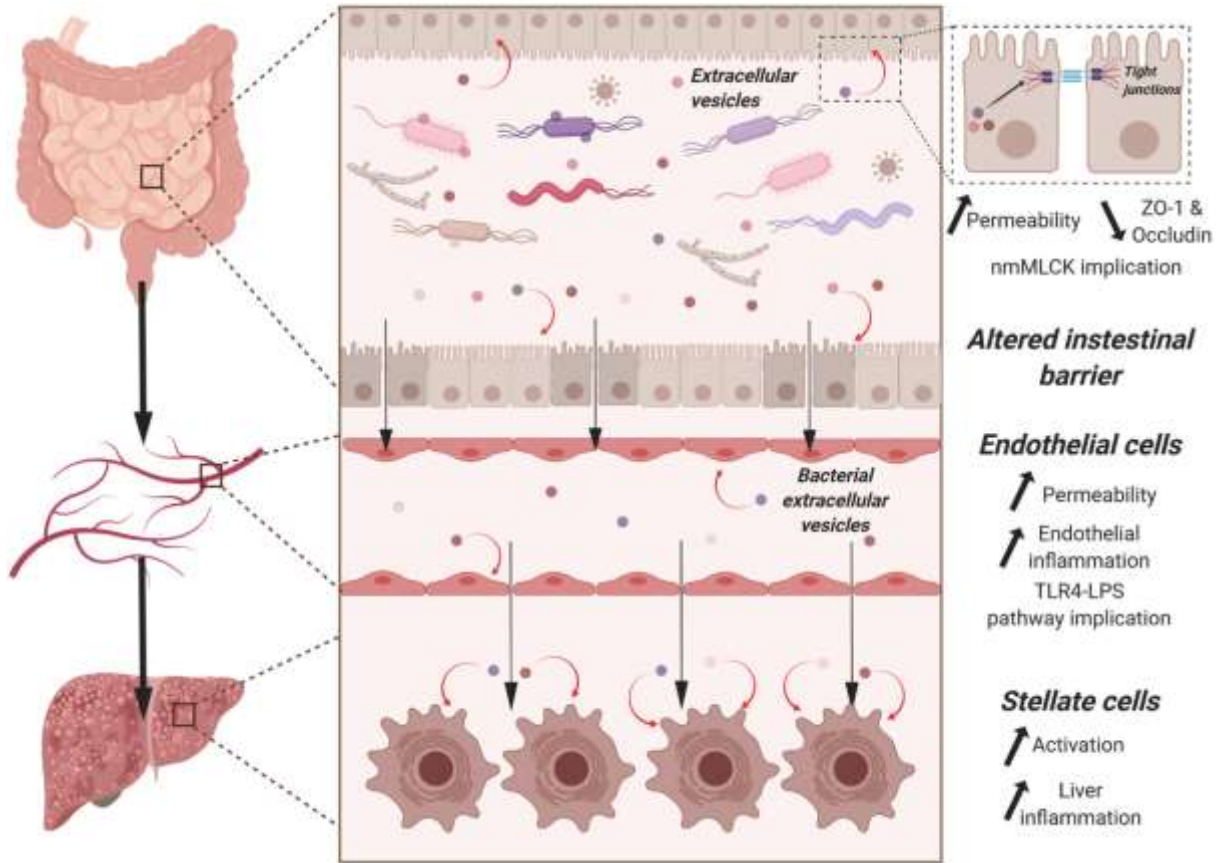
Metabarcoding reveals a differential composition between NAFLD and NASH fEV samples



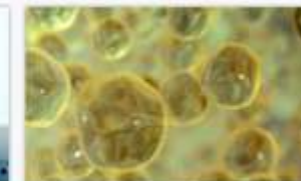
Circulating small EVs (cEVs) isolated from patients with NAFLD and NASH contained prokaryotic EVs and induced cytokine production in stellate cells



fEVs are a key player in barrier dysfunction, inflammation, and liver injuries especially in patients with NASH, at the early onset of the disease.



# Biomimetic superabsorbent hydrogel acts as a gut protective dynamic exoskeleton improving metabolic parameters and fostering *Akkermansia muciniphila* expansion.



ORALLY ADMINISTERED

MECHANICAL PROPERTIES SIMILAR TO VEGETABLES

PROPERTIES ARE MAINTAINED THROUGH THE SMALL INTESTINE

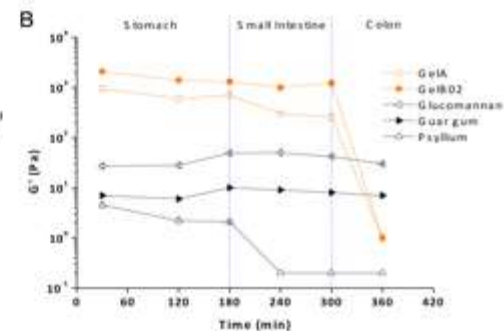
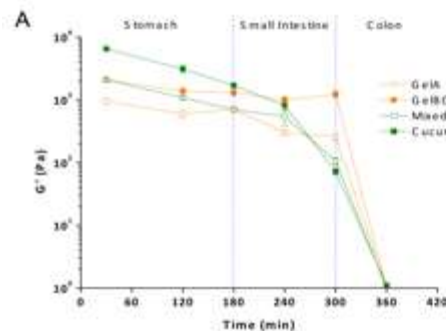
CONTROLLED HYDRATION

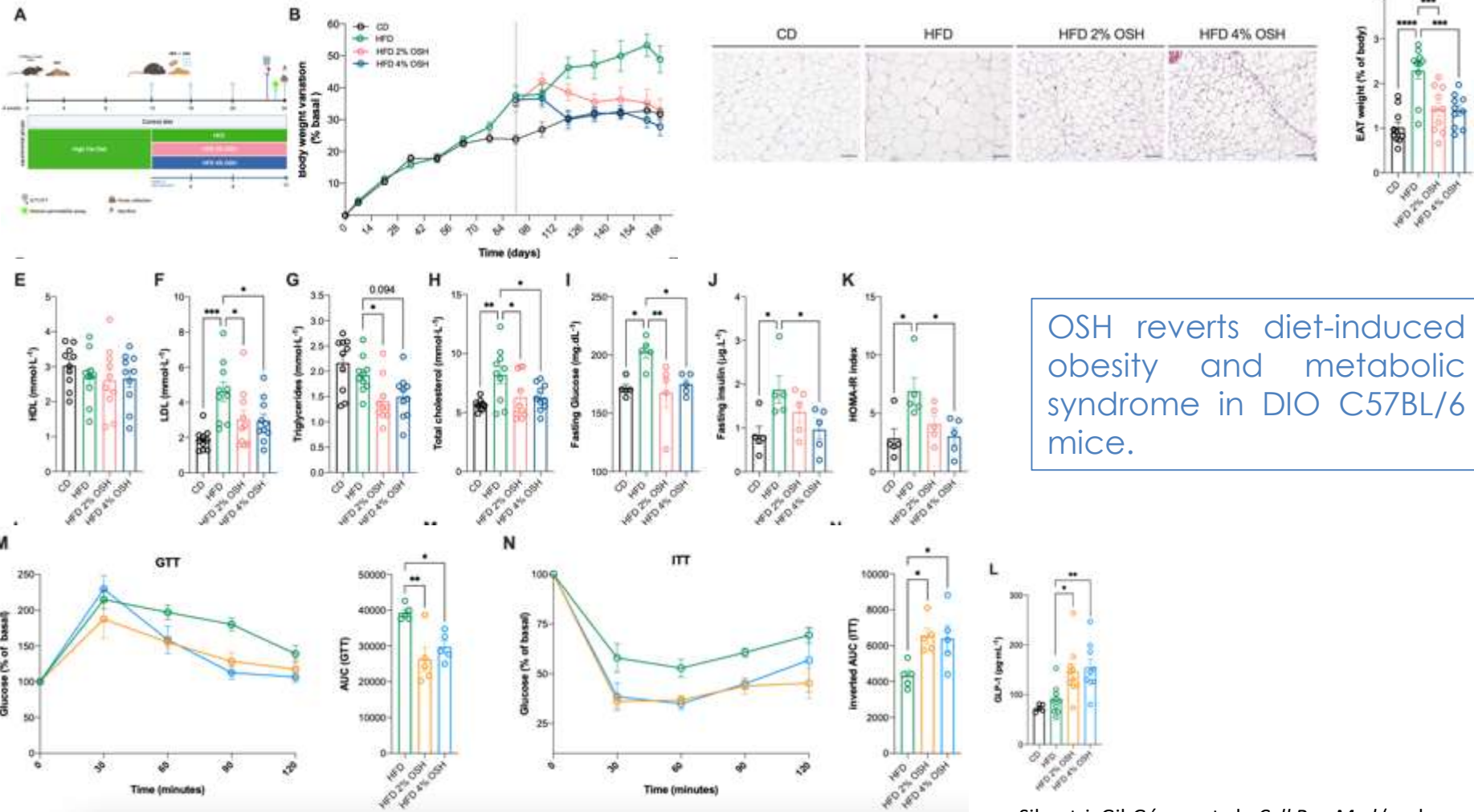
NON CLUSTERING PARTICLES

NATURAL DEGRADATION

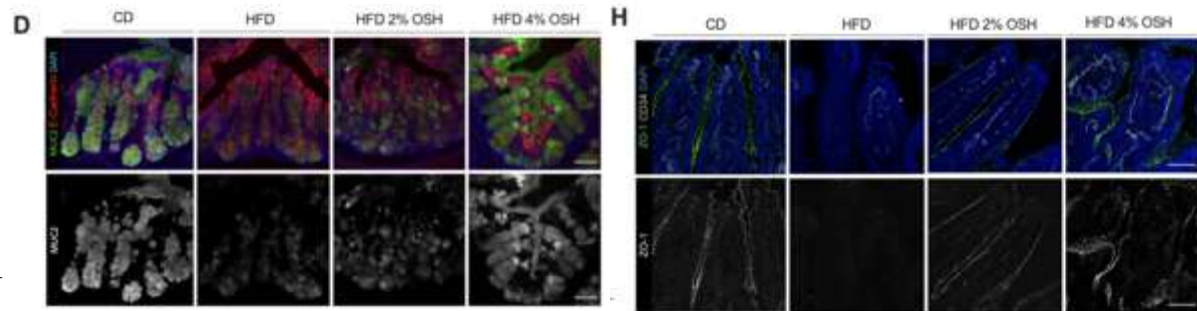
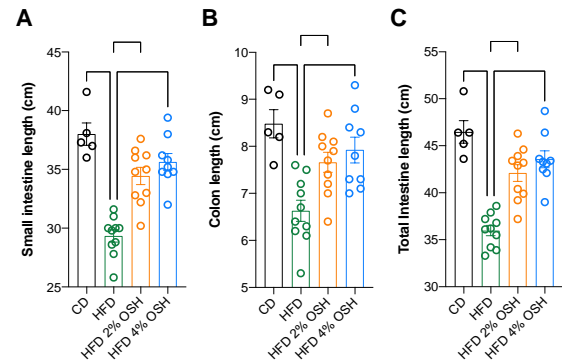
synthesized from naturally-derived building blocks

MODIFIED CELLULOSE + CITRIC ACID

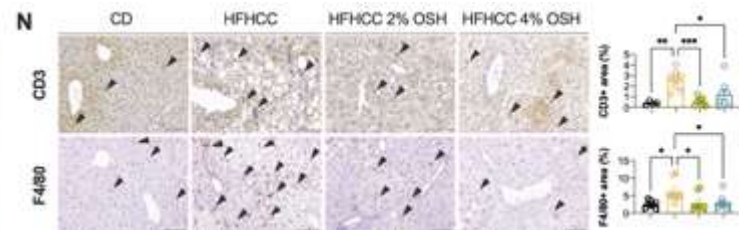
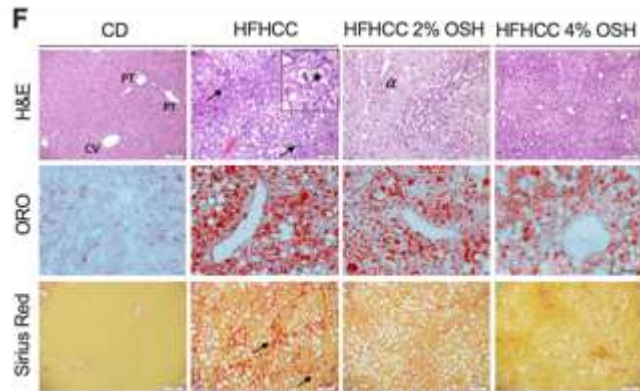
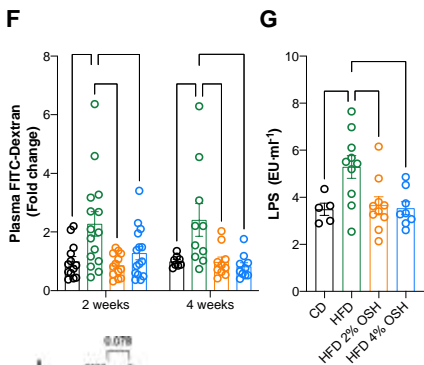




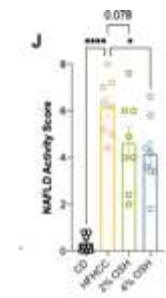
OSH reverts diet-induced obesity and metabolic syndrome in DIO C57BL/6 mice.

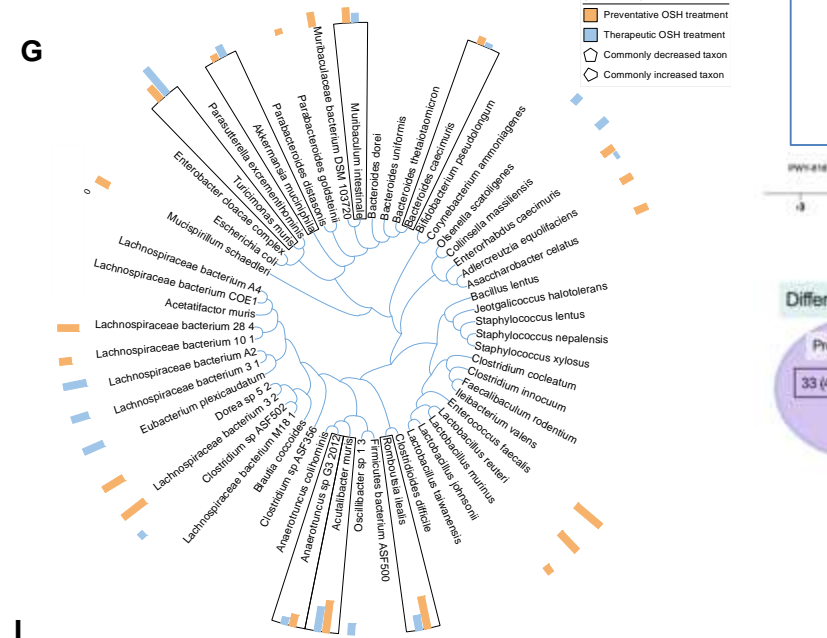
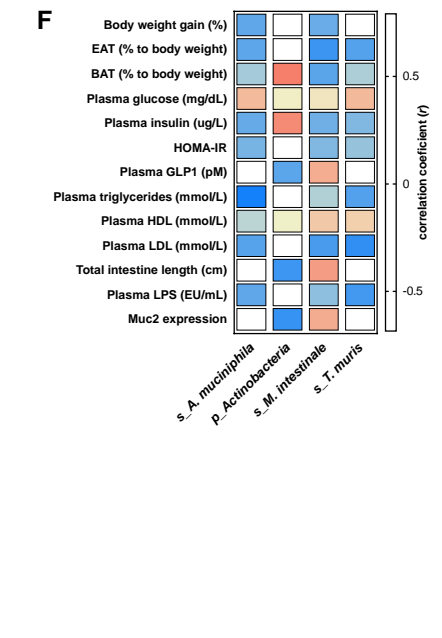
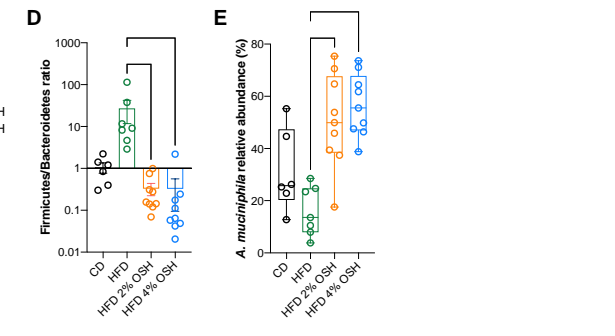
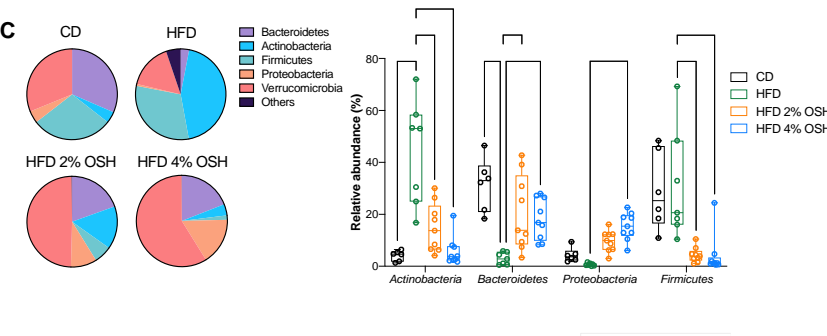
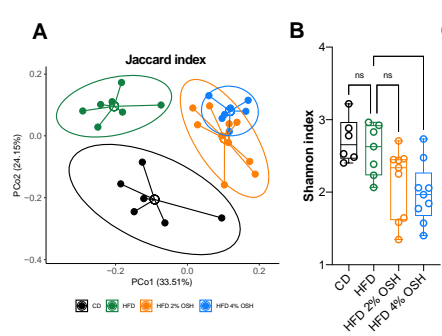


OSH preserves gut barrier integrity protecting from HFD-induced "leaky-gut".

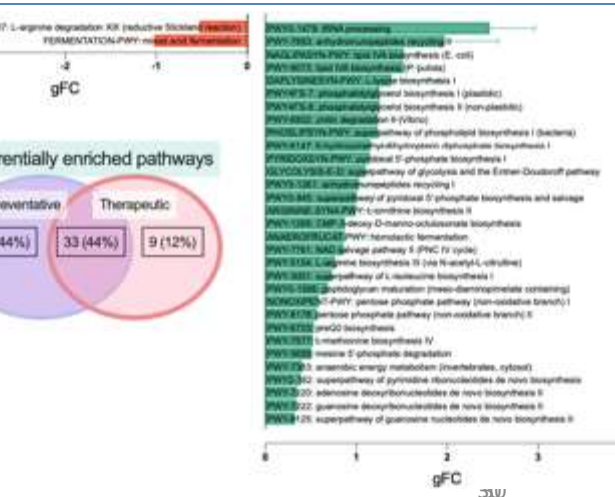


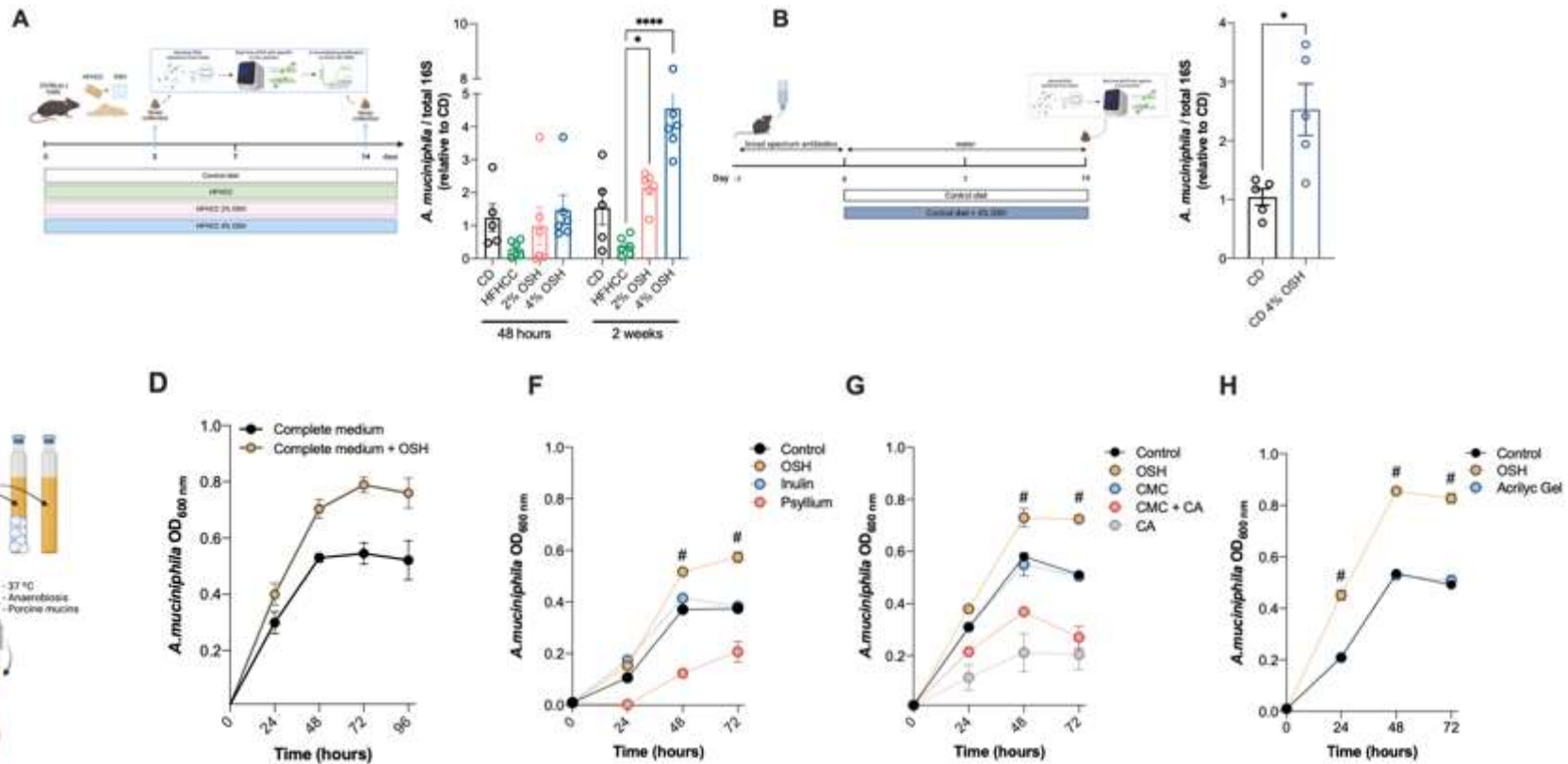
OSH limits the progression of non-alcoholic fatty liver disease.



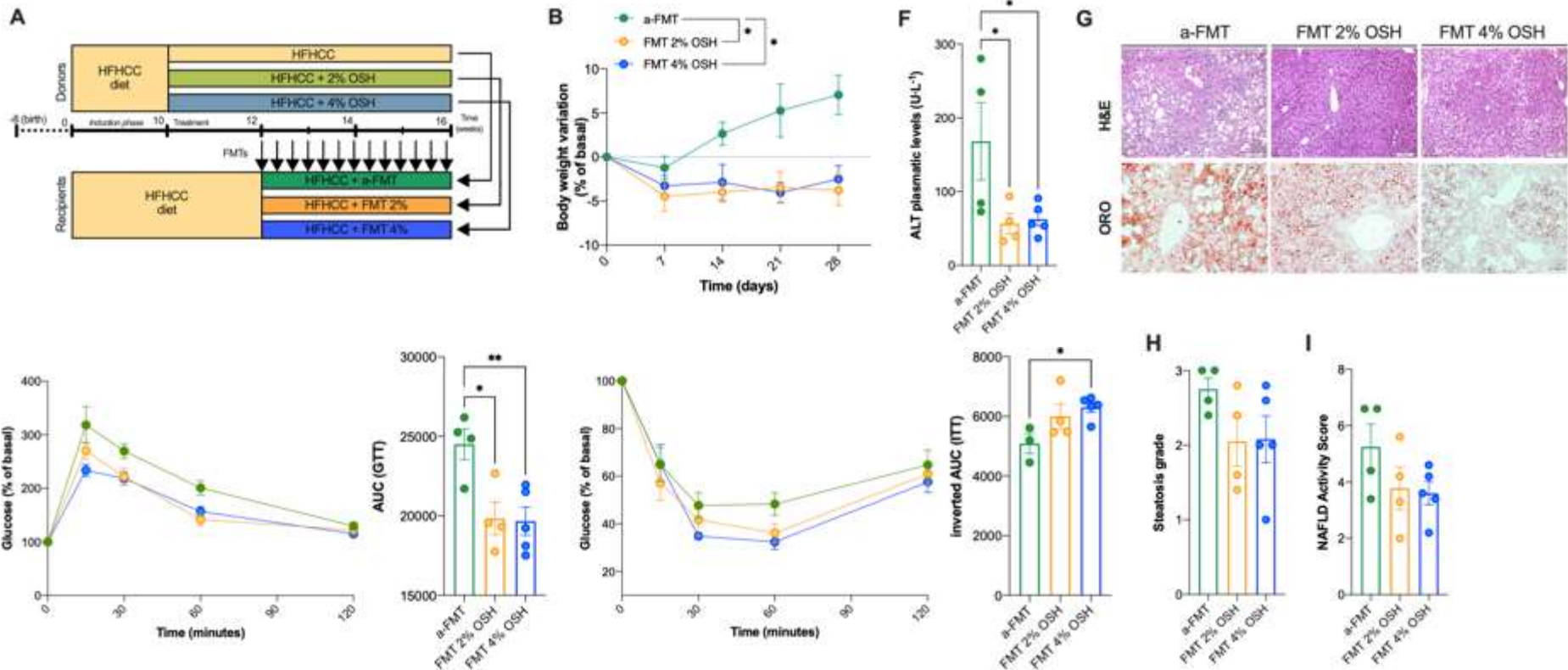


OSH treatment results in distinct and sustained changes in the gut microbiota composition.





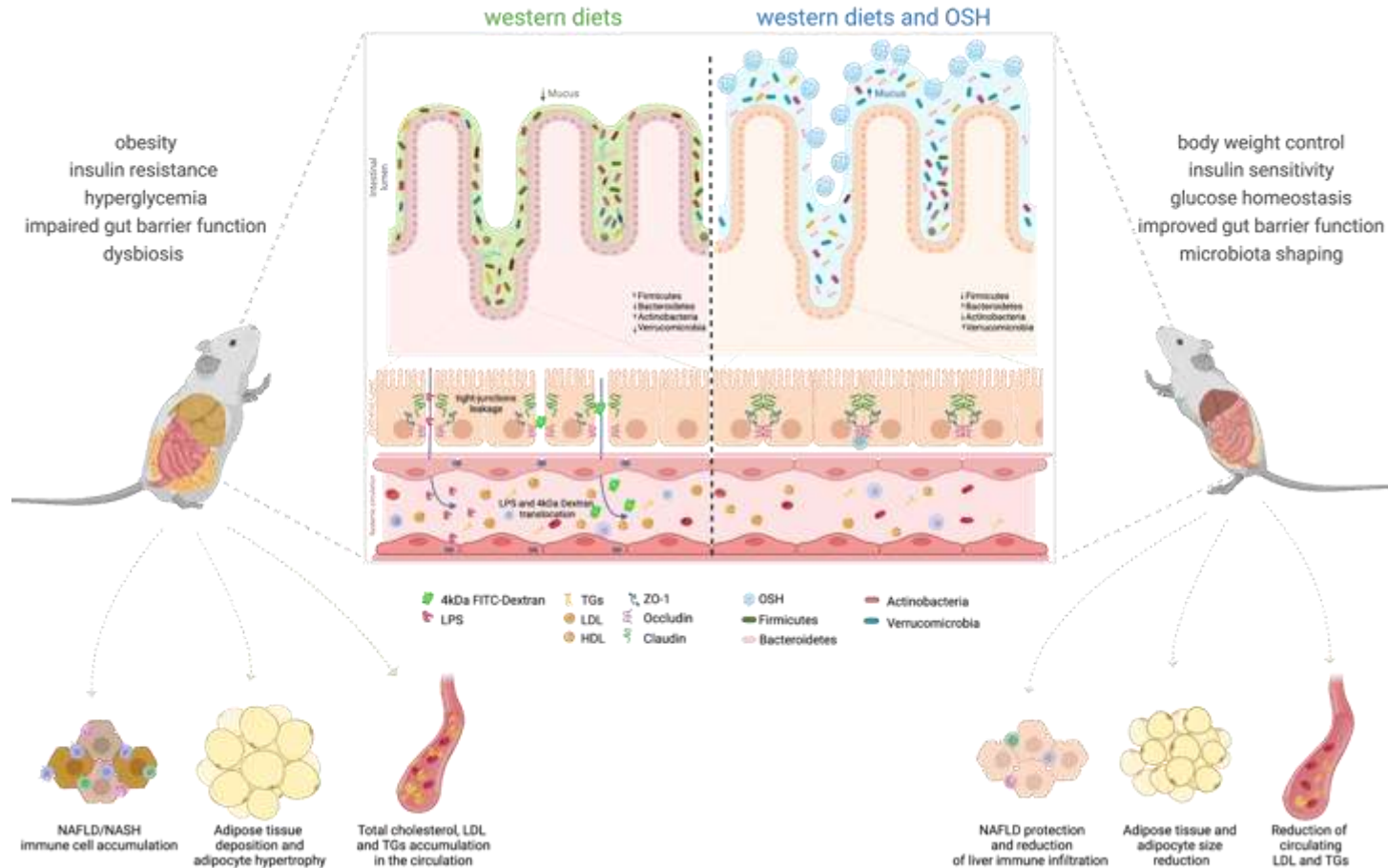
OSH fosters *Akkermansia muciniphila* growth



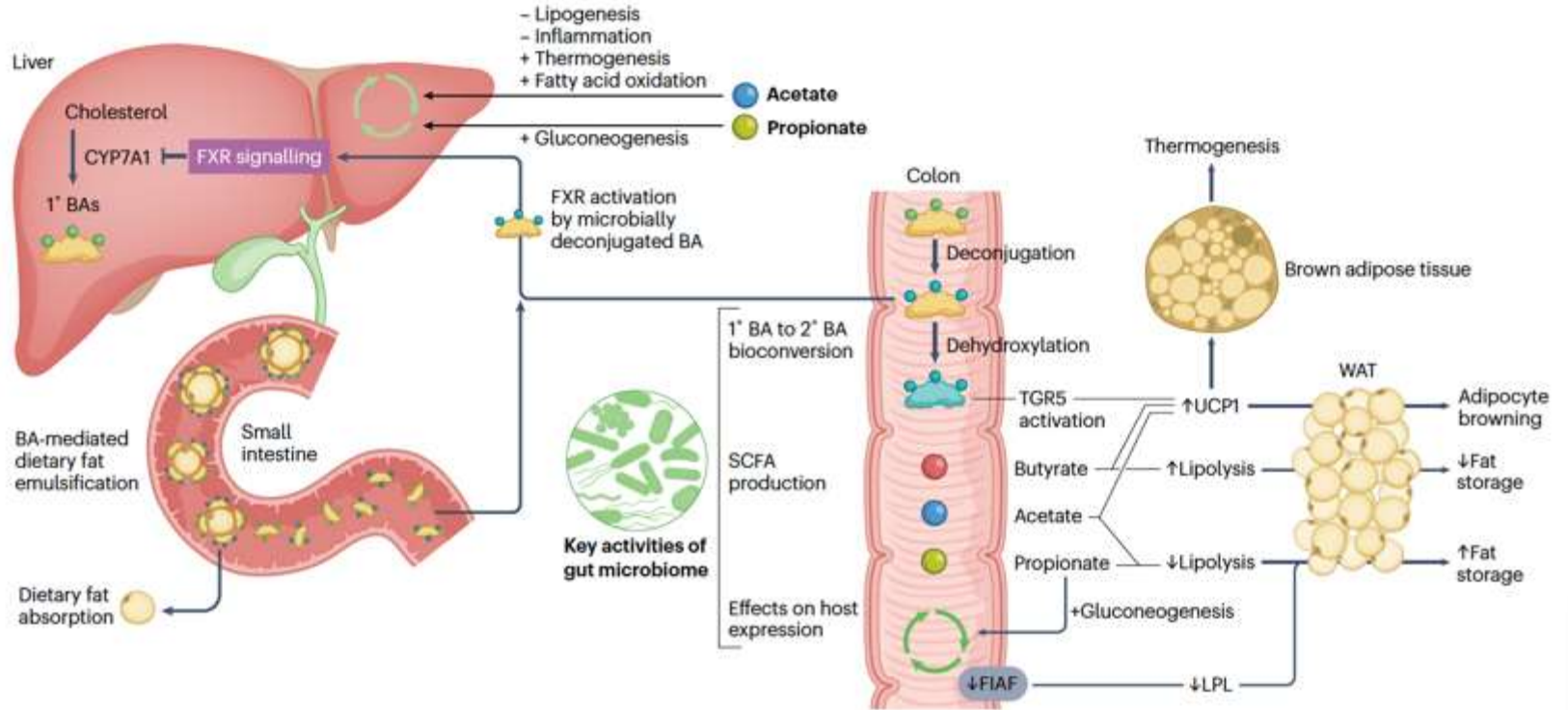
Gut microbiota drives metabolic benefits of OSH in mice. Recover upon fecal microbiota transplantation



# Metabolic Syndrome



# CONCLUSIONES





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