

OhioHealth MS Center: *Hot Topics in MS*



MS and the Microbiome

April 9, 2021

Daniel Smith, MD



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Disclosures

- I have no disclosures

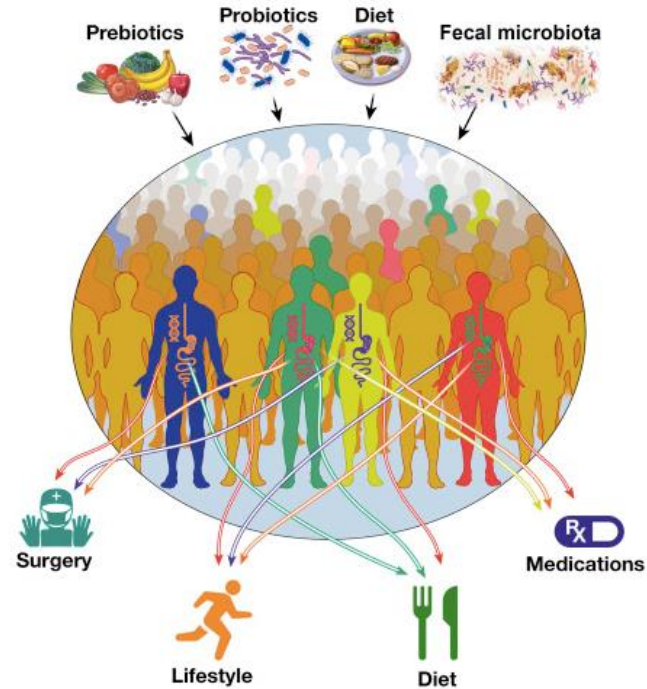
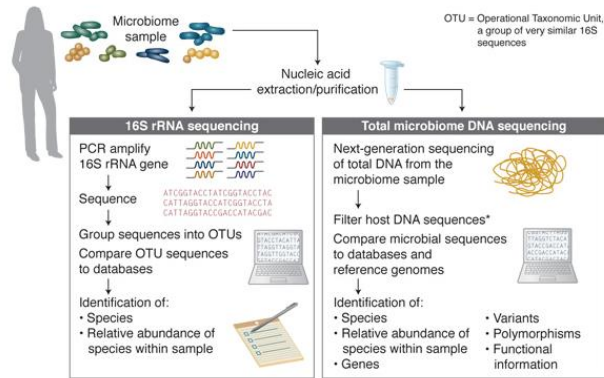


Learning Objectives

- Gain an understanding/overview of the human microbiome
- Discuss the “gut-brain axis” and interactions with the immune system
- Review some of the evidence supporting a relationship between the microbiome and MS
- Review some of the potential treatment targets for modifying the microbiome



Imagine!



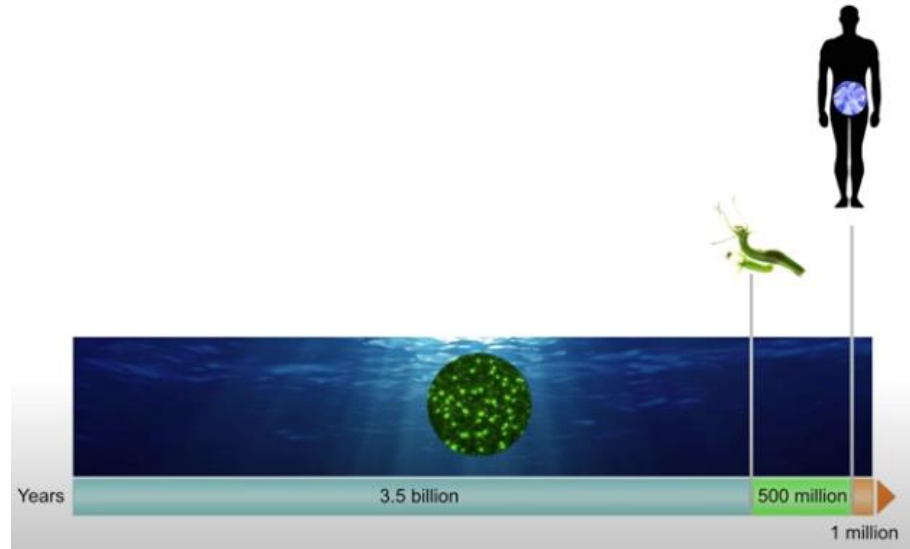
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Today's Agenda

- Introduction
 - Microbiome: What it is, normal composition, how it is colonized
 - Gut-brain axis
 - Impact on neuro-development, aging, behavior
 - Interaction with immune system
 - GALT, innate, adaptive
- Studies in MS
 - Effect on blood-brain barrier, is a microbiome necessary?
 - signature microbiome in early MS, adult MS?
 - Causing EAE in mice from MS stool transfer, specific effects on immune system, effect on brain myelination
- Manipulation
 - Diet and lifestyle
 - Pro and prebiotics
 - Fecal transplant



How old is the microbiome?



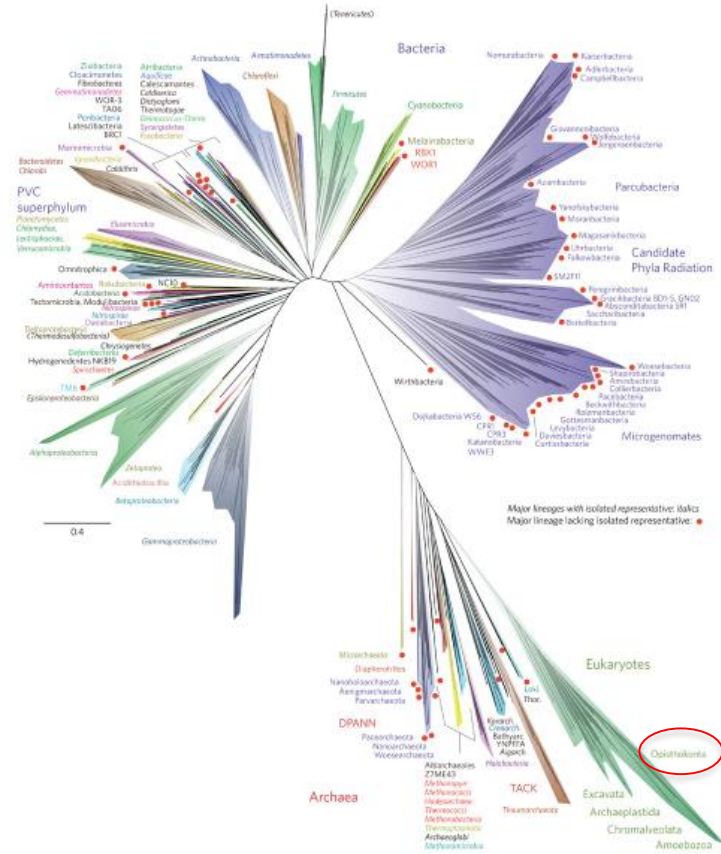
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How vast is the microbiome?

- Microbiota-trillions of organisms
 - More cells from microbes than ourselves
 - Total population of gut bacteria= 2 kg
- Microbiome- genetic material of microbiota
 - Humans are 99% microbial in terms of genetic material

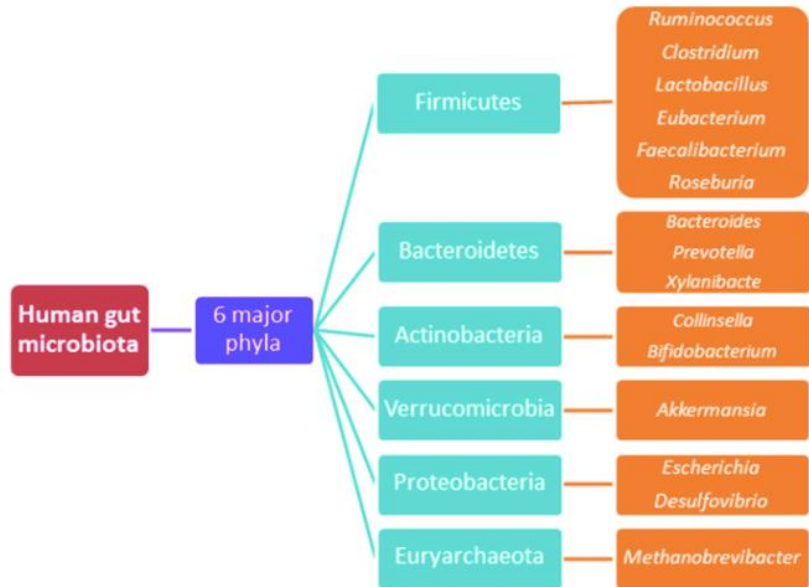
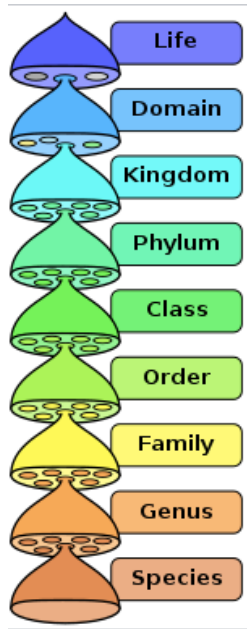


Complexity of the tree of life



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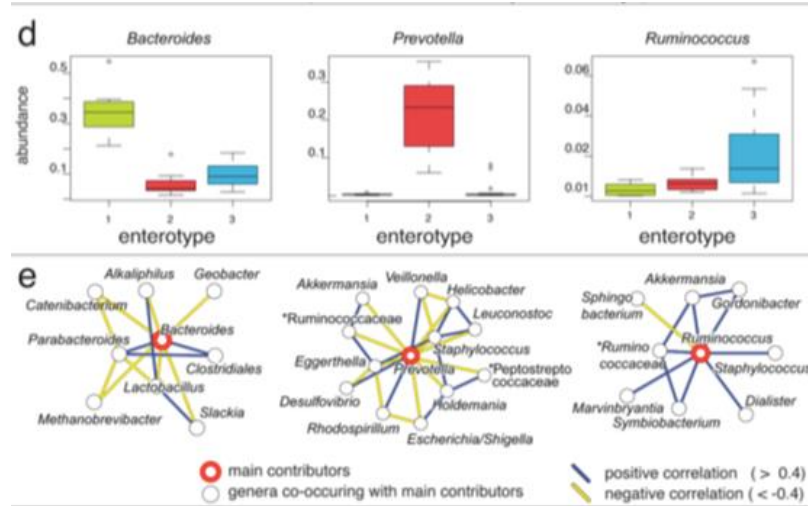
Phyla of the Gut Microbiome



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What species make up our microbiome?

- Intestinal microbiota predominantly composed of *Prevotella* or *Bacteroides*; a third group has higher proportions of *Ruminococcus*, compared with the others
- Greater proportion of *Prevotella* in the human intestinal microbiota is a marker of residence in an agrarian culture, whereas a greater proportion of *Bacteroides* is associated with residence in more-industrialized regions
- Diet has also been associated with other types of microbes in the gut, such as archaea, fungi, and bacteriophage

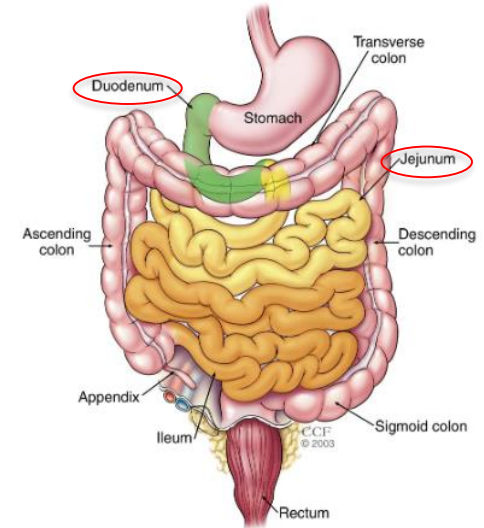


- 2172 species in humans! that are classified into 12 different phyla



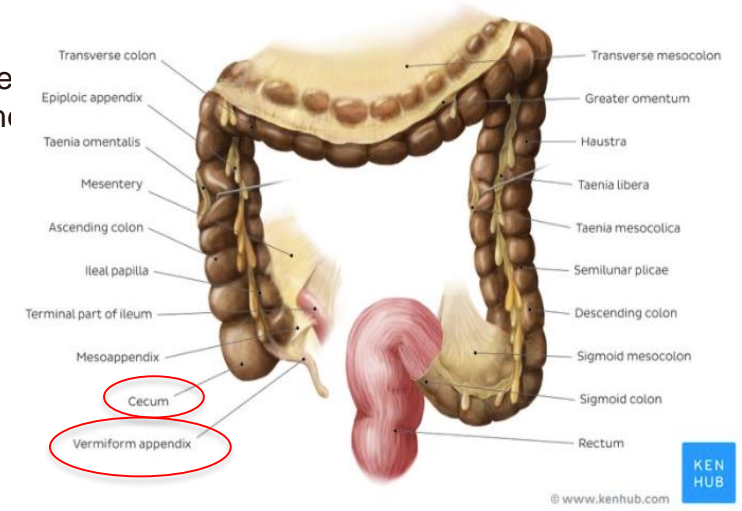
Regional Specialization

- Is regional specialization with respect to the exact microbes that colonize each part of the gut. Cellular structure, pH of the mucosa accounts for the differences in types of bacteria found.
 - Duodenum= lactobaccili- Vit A and aryl hydrocarbon receptor ligands
 - Jejunum=lactobaccilli and streptococci
 - Cecum and appendix have most diversity and most microbes
 - Colon- most short-chain fatty acids (SCFA's)



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What influences colonization of the microbiome?

- Birth
 - Vaginal delivery
 - C-section
 - Intestine of an infant felt to be sterile environment, but quickly colonized after birth as typically able to find bacteria in meconium
- Breastfeeding/diet
- By the time a child is 3 years old, microbiome is similar composition to that of an adult
- Genetics?- one study showing monozygotic twins, small increase in *Christensenellaceae*, but small effect.
- Overall environment seems more important

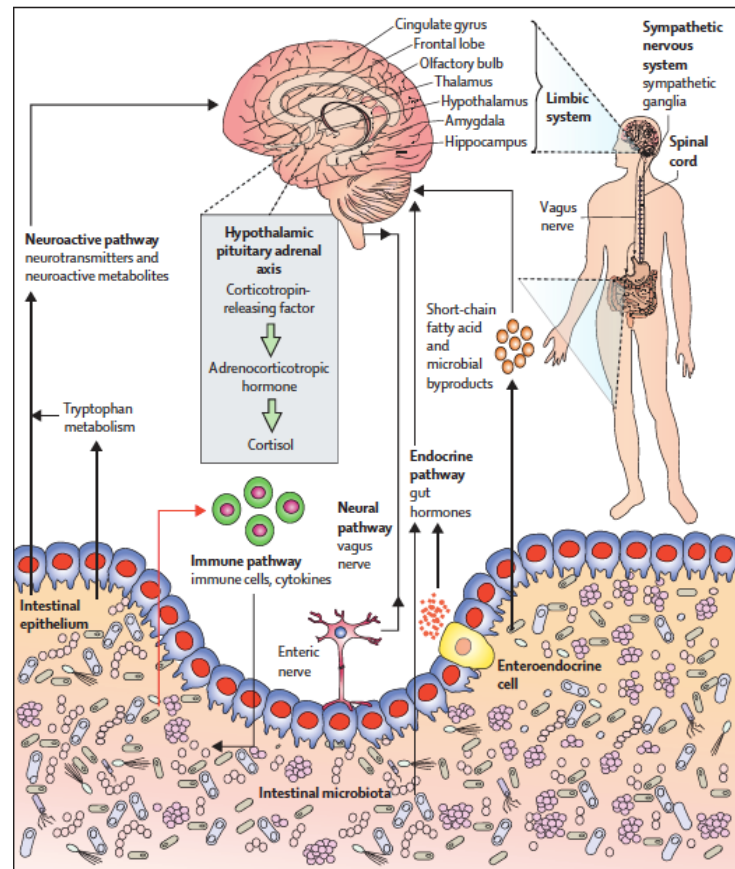
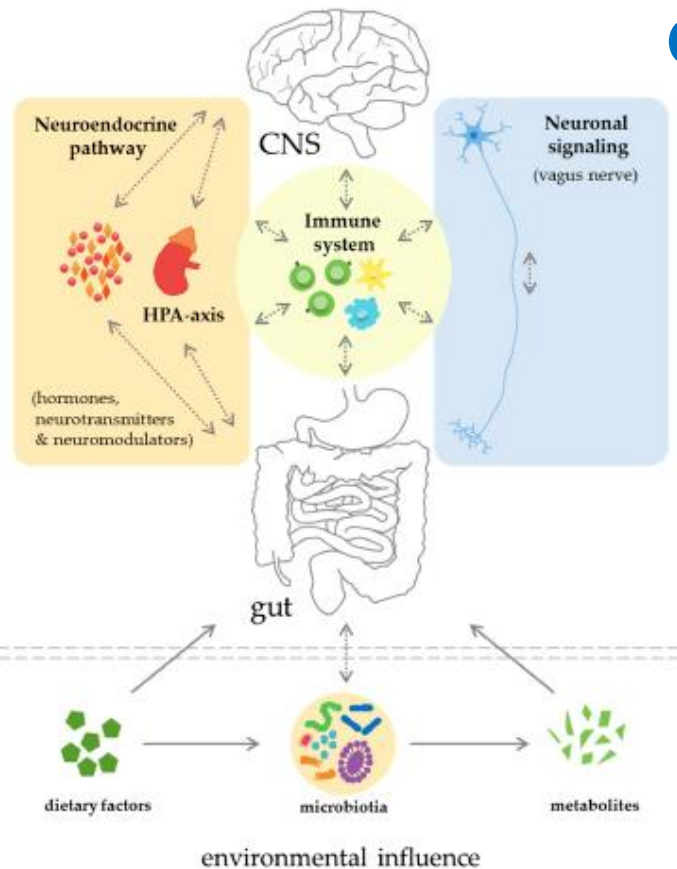


Image source: <https://www.nutraingredients-usa.com/Article/2020/02/12/Study-unlocks-how-gut-bacteria-may-protect-against-pathogenic-colonization>



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Gut-Brain Axis

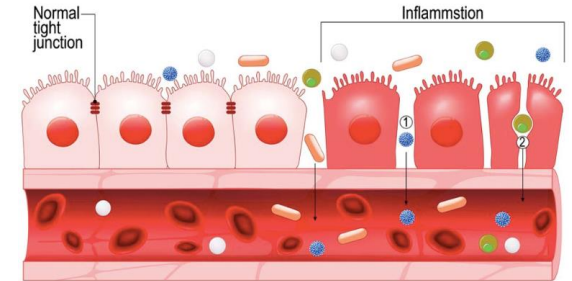
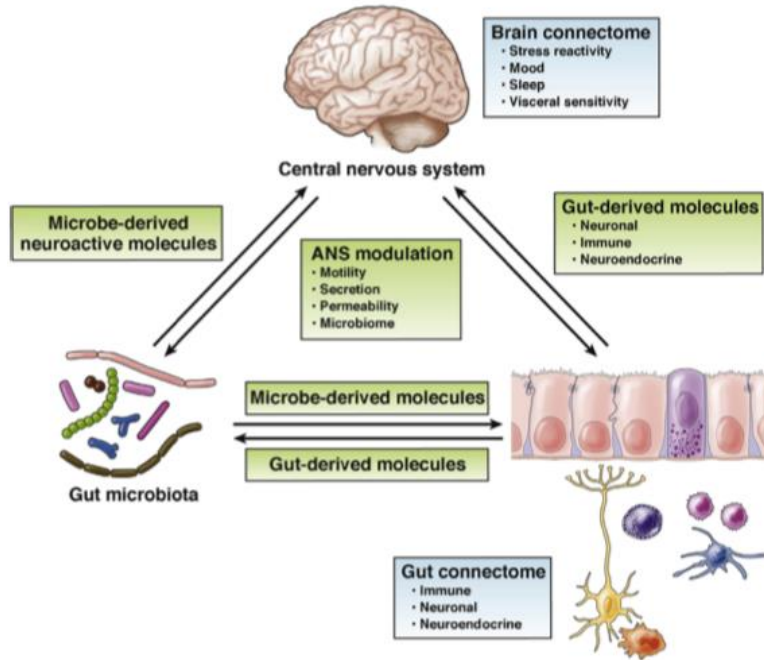


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Microbiome Metabolites and Endothelial Dysfunction

Role of intestinal barrier: “leaky gut”

- **Intestinal dysbiosis-** microbiome mediated process.
- May induce changes in mucus composition, enterocyte apoptosis and tight junction dysfunction through the translocation of associated structural components, as well as bacterial translocation to the lamina propria.
- May relate to chronic low grade inflammation and endotoxemia.



- **SCFA's:** metabolites produced by microbes-have anti-inflammatory properties
- Inhibit histone deacetylases (HDACs) on T-regs and microglia
- Stimulate dendritic cells (DCs) towards the production of anti-inflammatory molecules, such as retinoic acid (RA) and transforming growth factor beta (TGF)



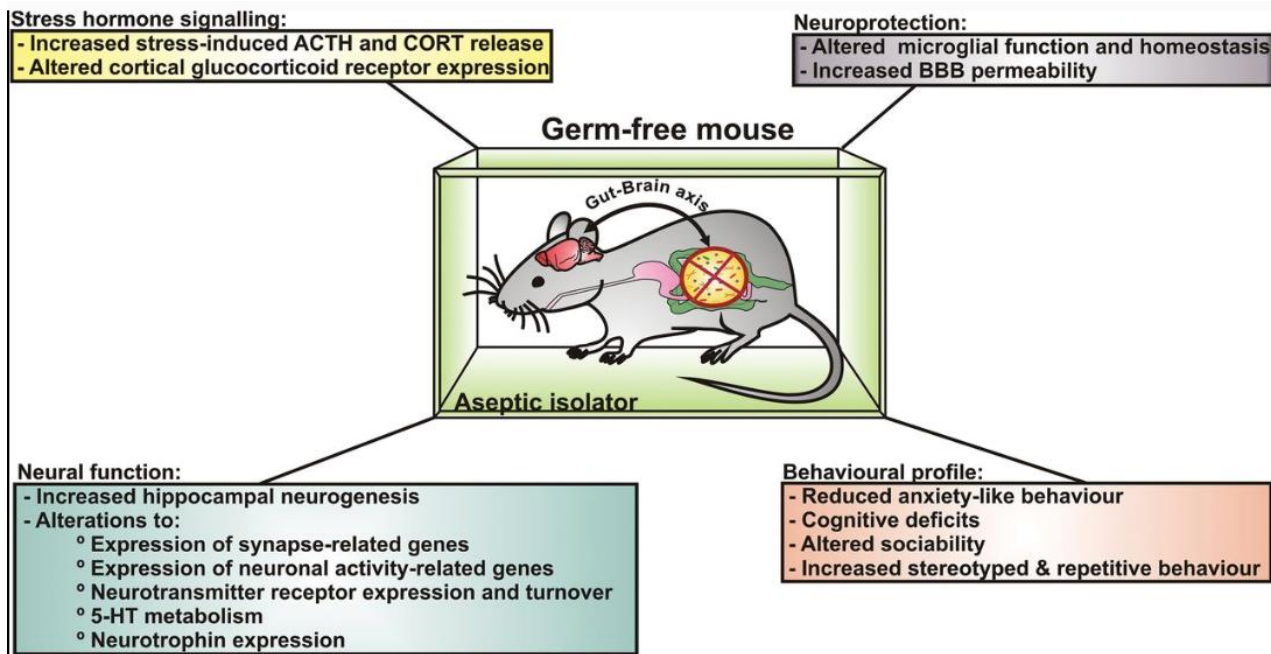
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Martin CR, *Cell Mol Gastroenterol Hepatol.* 2018

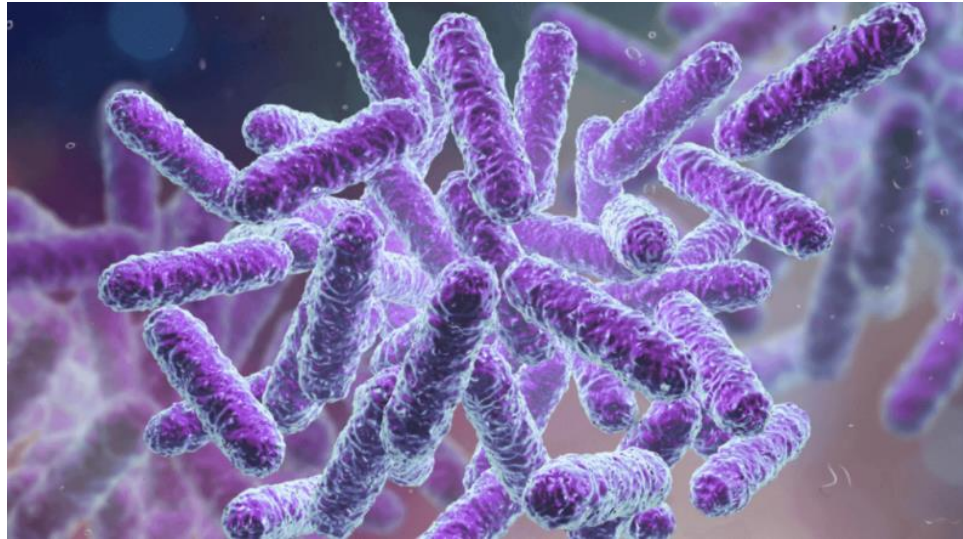
Boziki MK et al. *Brain Sci.* Apr 2020

Figure: <https://www.gastroav.com/blog/leaky-gut-what-it-is-and-how-to-heal-it/>

Impact on Neuro-behavior in Germ free Mice Development/Aging (and everything in between)

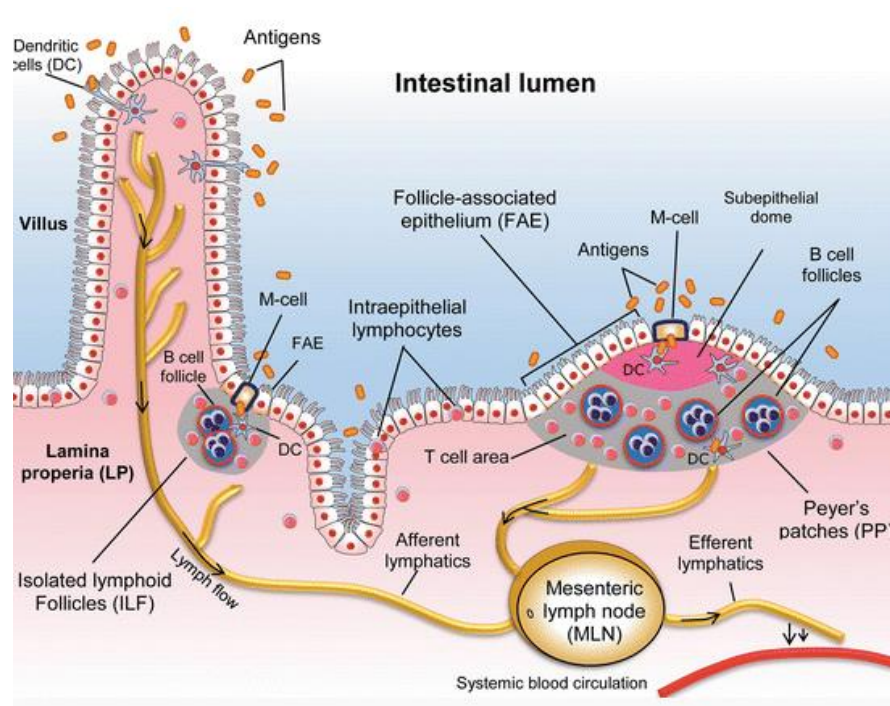


Microbiome and the Immune System



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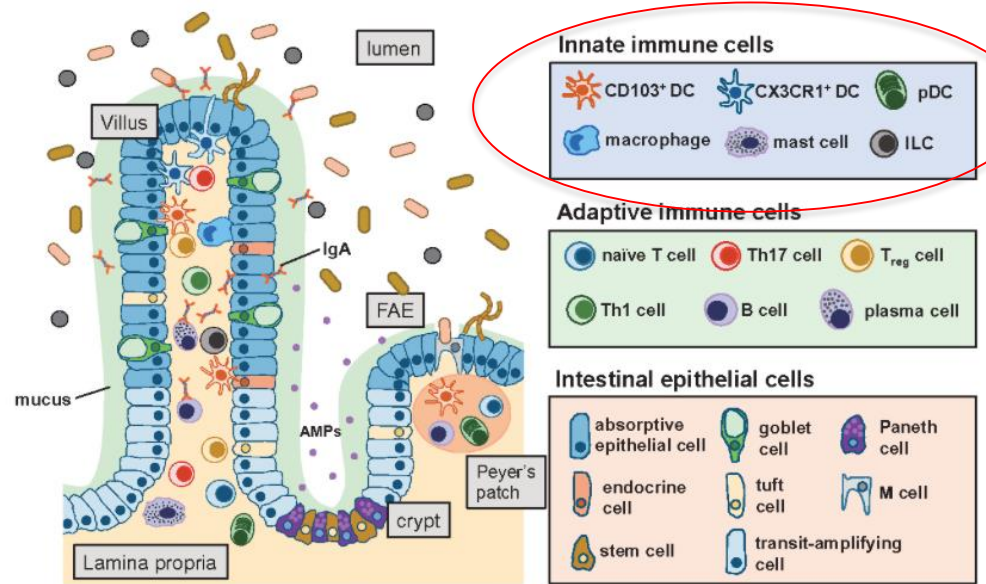
GALT (gut associated lymphatic tissue)



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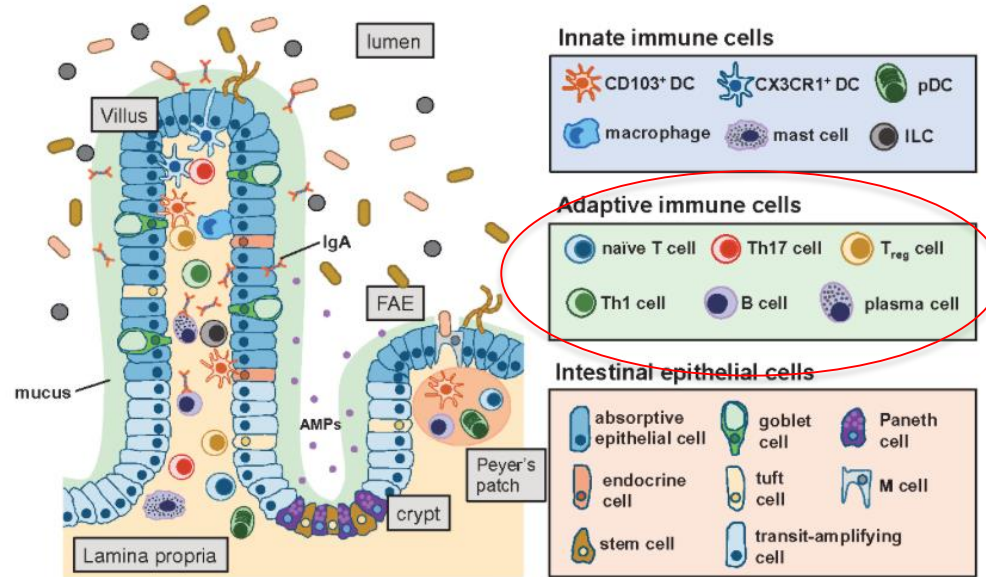
Microbiome and innate immune system

- **Mucosa-associated invariant T (MAIT) cells**- located in mucosal tissues (intestinal lamina propria)- produce pro-inflammatory cytokines (interleukin (IL)-17, interferon gamma (IFN), granzyme B, or tumor necrosis factor alpha (TNF).
- **Natural killer (NK)-cells** increase the expression of co-stimulatory molecules in response to microbial stimuli. NK cells are important for priming immune system attack: IL-4, IL-13, and IFN , as well as the promotion of chemokine (C-X-C motif) ligand 16 (CXCL16)
- **Dendritic cells and macrophages (classic APC's)**: enhance the production of pro-IL-1 and its processing to bioactive IL-1 by caspase-1, thus discriminating between pathogenic and protective bacteria and dietary components



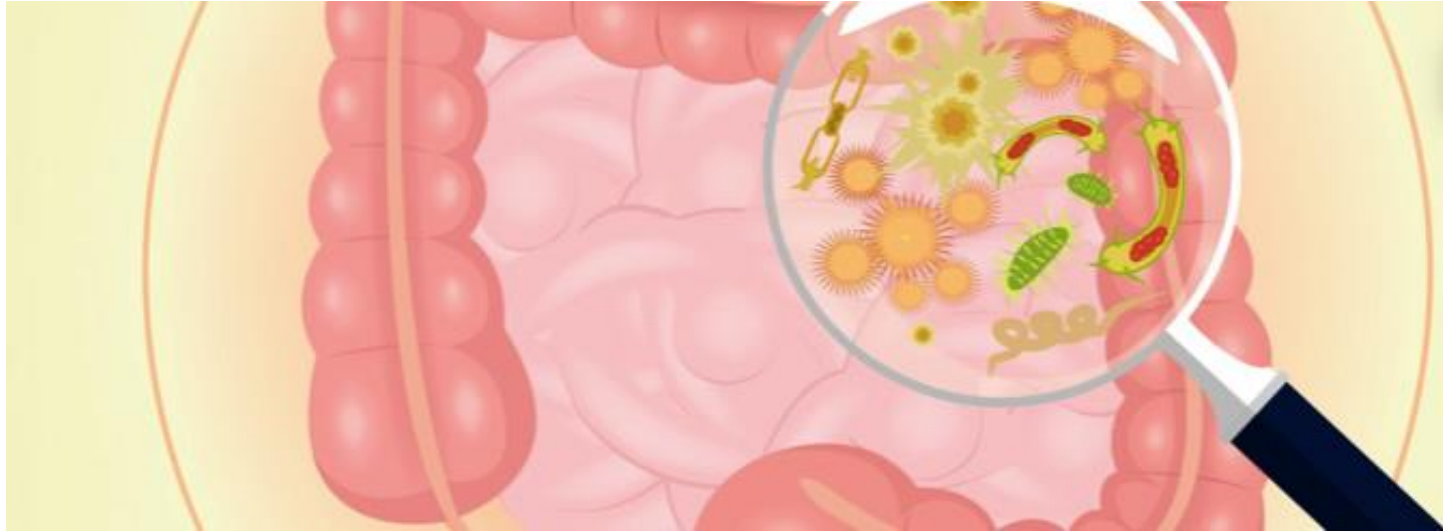
Microbiome and adaptive immune system

- **Th17 cells** are prevalent in intestine-important for defense. Secrete cytokines.
- **T regs** are 2-3 times higher in concentration in the intestine compared to other tissues.
- **T regs** are promoted by SCFA's. Important for regulation of mucosal immune response- controls expansion of T effector cells against normal flora. Also affect IgA levels in Peyer's patches.
- **B cells** class switch based on bacterial antigens.



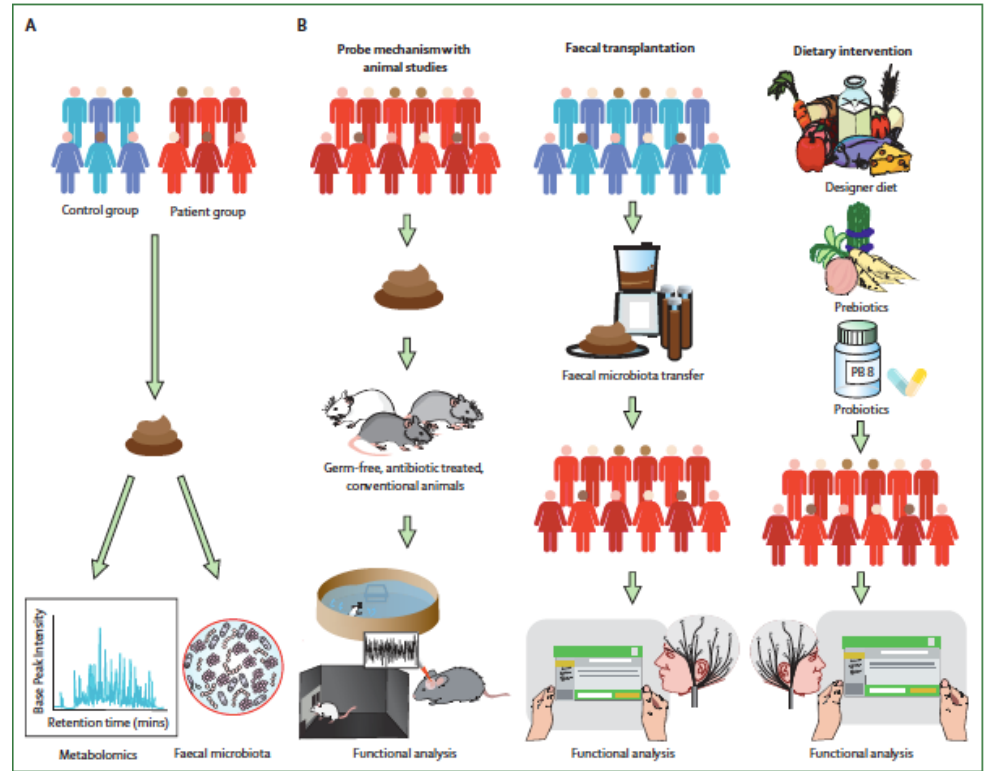
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Studies looking the Microbiome and MS



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Overview of Methods to Study Impact on Microbiome on Neurological Disorders



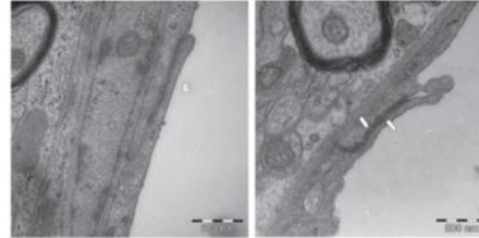
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The gut microbiota influences blood-brain barrier permeability in mice

Viorica Braniste^{1,†,*}, Maha Al-Asmakh^{1,*}, Czeslawa Kowal^{2,*}, Farhana Anuar¹, Afrouz Abbaspour¹, Miklós Tóth³, Agata Korecka¹, Nadja Bakocevic⁴, Lai Guan Ng⁴, Parag Kundu⁵, Balázs Gulyás^{3,5}, Christer Halldin^{3,5}, Kjell Hultenby⁶, Harriet Nilsson⁷, Hans Hebert⁷, Bruce T. Volpe⁸, Betty Diamond^{2,‡}, and Sven Pettersson^{1,5,9,†,‡}

¹Department of Microbiology, Tumor and Cell Biology, Karolinska Institute, 17177 Stockholm, Sweden.

- The blood brain barrier begins to develop during the early period of intrauterine life and is formed by capillary endothelial cells sealed by tight junctions, astrocytes, and pericytes
- Lack of gut microbiota is associated with increased BBB permeability and altered expression of tight junction proteins.
- Fecal transfer from mice with pathogen-free gut flora into germ-free mice or treatment of germ-free mice with bacteria that produce short chain fatty acids (SCFA) decreased the permeability of the BBB

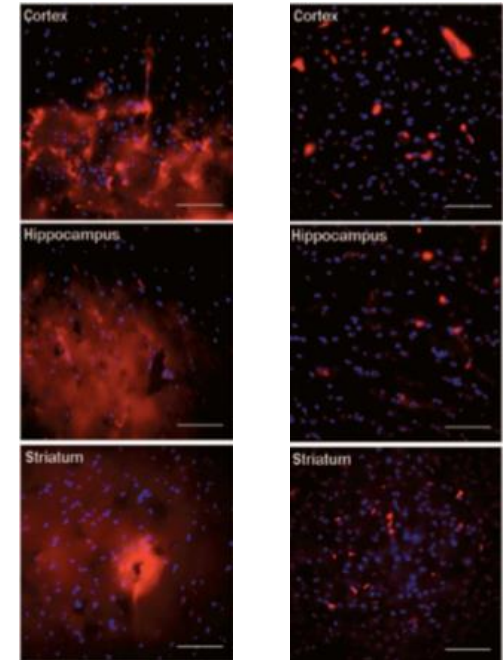


Disrupted BBB-tight-junction

Take home:
Effect of microbiome on gates to nervous system

Germ free with leakage across BBB

Fecal transplant restoring without leakage outside vessels



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Commensal microbiota and myelin autoantigen cooperate to trigger autoimmune demyelination

Kerstin Berer¹, Maritius Mues¹, Michail Koutrolos², Zakeya Al Rashid¹, Marina Bozki¹, Caroline Johner², Hartmut Wekerle¹ & Gurumoorthy Krishnamoorthy¹

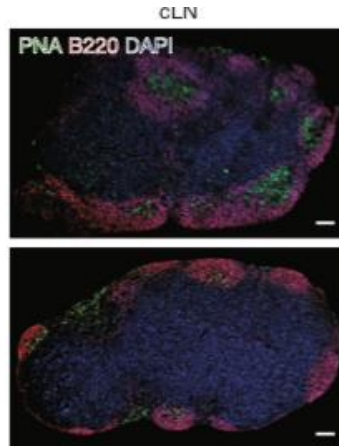
Question: what happens to T/B cell profiles in mice who are “germ free?” How important is a microbiome for the immune system?

Take home:

To get EAE, need a microbiome.

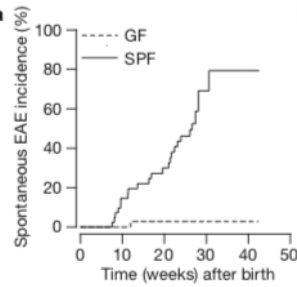
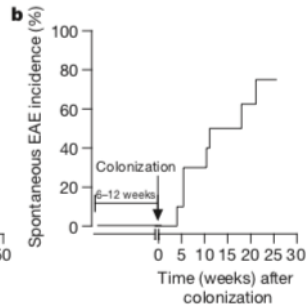
Mice with no microbiome had deficit of Th-17 cells.

Mice with no microbiome had impaired B cells.



Germ free mice (below) with poorly formed germinal centers

T cells required but not sufficient. Needs B cells also. B cell recruitment impaired in germ free mice. When repopulated, get more antibodies



Microbiome required for the development of spontaneous EAE (germ free mice did not get EAE)

Recolonization led to EAE

Deficit of TH17-like cells in germ-free mice which was most pronounced in T cells intimately connected to the intestinal wall, lamina propria T cells and in Peyer's patch but not in mesenteric lymph node populations.

Author hypothesis:


Propose a two-phase scenario that starts out in the GALT with expanding and activating CNS autoreactive T cells, which then recruit autoantibody-producing B cells.



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Original Article

Gut microbiota in early pediatric multiple sclerosis: a case-control study

H. Tremlett , D. W. Fadrosh, A. A. Faruqi, F. Zhu, J. Hart, S. Roalstad, J. Graves ... See all authors 

- **Question: is there characteristic bacterial composition in stool of children with MS? Is this specific to MS?**

- Pediatric MS is unique: opportunity to study the disease when only a few years of life have gone by

Design:

- Case-controlled, cross-sectional, observational 2011-2013
- 18 children <18 yrs (12 +/- 4.7 yrs), MS onset within 2 years
- 9/18 exposed to DMT's (GA, IFN, NTZ)
- First stool of day was collected on ice and shipped to USCF
- DNA extracted 16s RNA



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Results:

- MS: significantly increased relative abundance of *Desulfovibrionaceae* (family) (*Bilophila*, *Desulfovibrio* and *Christensenellaceae* (genus))
- Significantly decreased relative abundance of *Lachnospiraceae* and *Ruminococcaceae*
- Subtle taxonomic changes
- β -diversity significantly differed by immunomodulatory drug exposure
- Microbial genes predicted as enriched in MS vs. controls included those involved in glutathione metabolism (important agent in endogenous antioxidant defense system)- loss of balance has been implicated in MS

Limitations:

- Cross-sectional study design, small sample size, single-center study
- Use of immunomodulatory drugs or systemic corticosteroids was included and potential effects of this not controlled for
- Asthma and eczema were allowed in the control population
- Stool samples collected at home

Take home:

In this small pediatric study, were some unique signatures. Small numbers and more studies needed.



Review article

The multiple sclerosis gut microbiota: A systematic review

Ali Mirza^a, Jessica D. Forbes^{b,c,d}, Feng Zhu^b, Charles N. Bernstein^b, Gary Van Domselaar^{c,d}, Morag Graham^{c,d}, Emmanuelle Waubant^e, Helen Tremlett^{b,*}



^a Djalal Mowafiqh Centre for Brain Health, Faculty of Medicine (Neurology), University of British Columbia, Vancouver, BC, Canada

^b Department of Internal Medicine, University of Manitoba, University of Manitoba IBD Clinical and Research Centre, Winnipeg, MB, Canada

^c National Microbiology Laboratory, Public Health Agency of Canada, Winnipeg, MB, Canada

^d Department of Medical Microbiology and Infectious Diseases, University of Manitoba, Winnipeg, MB, Canada

^e University of California San Francisco, San Francisco, CA, United States

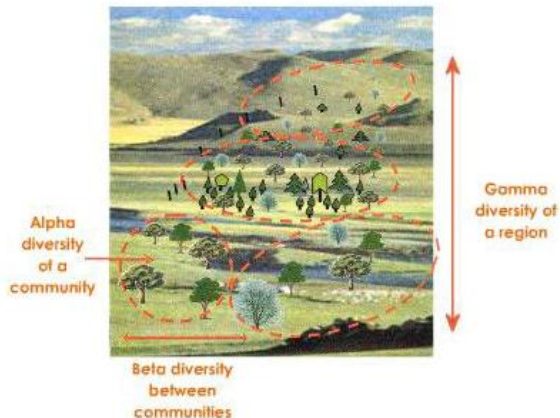
* Department of Laboratory Medicine & Pathobiology, University of Toronto, ON, Canada

Alpha/beta/gamma diversity-

Take home:

Some suggestions of signatures, but no big differences, small numbers. More studies needed.

Hot Topics in MS



Question: Is there a “signature microbiome” of MS?

- Systematic Review 2008-2018
- In general, no large differences could be deduced between cases and controls
- Two of seven studies reported a difference in beta-diversity ($P \leq 0.002$).
- At the taxa-level, ≥ 2 studies observed: lower relative abundance of *Prevotella*, *Faecalibacterium prausnitzii*, *Bacteroides coprophilus*, *Bacteroides fragilis*, and higher *Methanobrevibacter* and *Akkermansia muciniphila* in MS cases versus controls.
- In general, studies were small in size to assess for confounders (only 286 cases).

Gut microbiota from multiple sclerosis patients enables spontaneous autoimmune encephalomyelitis in mice

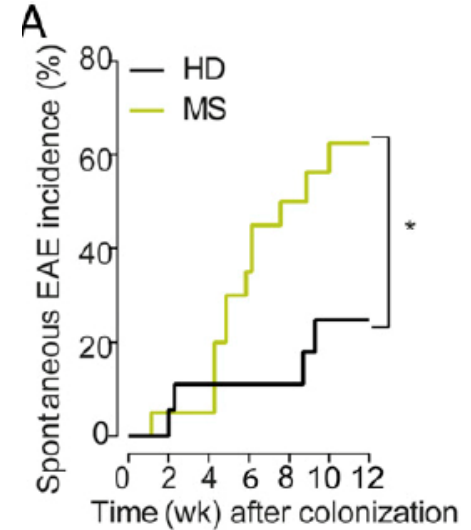
Kerstin Berer^{a,1}, Lisa Ann Gerdes^{b,1}, Egle Cekanaviciute^c, Xiaoming Jia^c, Liang Xiao^d, Zhongkui Xia^d, Chuan Liu^d, Luisa Klotz^e, Uta Stauffer^f, Sergio E. Baranzini^{g,9}, Tania Kämpfel^b, Reinhard Hohlfeld^{b,h}, Gurumoorthy Krishnamoorthy^{a,1,2}, and Hartmut Wekerle^{a,h,2}

- Transplanted the microbiota from patients with multiple sclerosis into two different models of experimental autoimmune encephalomyelitis
- 34 monozygotic twins discordant for MS (tried to minimize variables)
- Transplanted fecal samples from selected twin pairs to germ-free mice (expressing a myelin autoantigen specific T cell receptor) to assess functional differences in the human intestinal microbiota of MS and healthy twins. Was a higher rate of EAE in these mice.
- Immune cells from mouse recipients of MS-twin samples produced less IL-10 than immune cells from mice colonized with healthy-twin samples

Take home:

Stool from MS patients more likely to cause autoimmunity (EAE) in mice.

Question: link between microbiome in MS pts and EAE?



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

Egle Cekanaviciute^{a,1,2}, Bryan B. Yoo^{b,1}, Tessel F. Runia^{a,3}, Justine W. Debelius^c, Sneha Singh^a, Charlotte A. Nelson^a, Rachel Kanner^a, Yadiria Bencosme^d, Yun Kyung Lee^{b,4}, Stephen L. Hauser^a, Elizabeth Crabtree-Hartman^a, Ilana Katz Sand^d, Mar Gacias^d, Yunjiao Zhu^d, Patrizia Casaccia^{d,e}, Bruce A. C. Cree^a, Rob Knight^c, Sarkis K. Mazmanian^b, and Sergio E. Baranzini^{a,5}

Question: can stool from MS patients induce cell type/cytokine changes?

- 71 MS patients not undergoing treatment and 71 healthy controls
- No major changes seen but *Akkermansia muciniphila* and *Acinetobacter calcoaceticus*, both increased in MS patients, induced proinflammatory responses in human peripheral blood mononuclear cells and in monocolonized mice
- Interestingly, *Acinetobacter* encode peptides that mimic the amino acid sequences of myelin basic protein (MBP) and MOG
- *Parabacteroides distasonis*, which was reduced in MS patients, stimulated antiinflammatory IL-10–expressing human CD4⁺CD25⁺ T cells and IL-10⁺FoxP3⁺ Tregs in mice.
- Author hypothesis:
 - MS patients have impaired Treg differentiation in response to autologous (self) bacteria. Thus, the initial exposure to *P. distasonis* or other “beneficial” bacteria found in healthy subjects may contribute to expanding regulatory T lymphocyte precursor populations, thus promoting antiinflammatory responses upon subsequent exposure to the same bacteria.
- Finally, microbiota transplants from MS patients into germ-free mice resulted in more severe symptoms of experimental autoimmune encephalomyelitis and reduced proportions of IL-10⁺ Tregs compared with mice “humanized” with microbiota from healthy controls.

Take home:

Stool from MS patients more likely to cause autoimmunity (EAE) in mice, showed differences in cell numbers (Th-1) and cytokines (IL-10).

Exposure to “beneficial bacteria” may promote more T regs and more self-tolerance



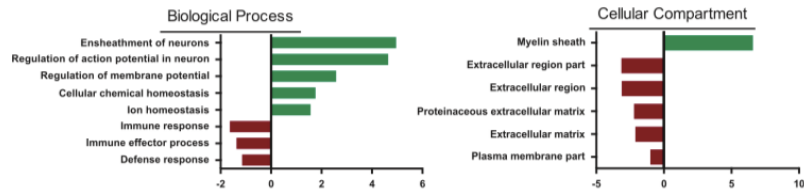
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Regulation of prefrontal cortex myelination by the microbiota

AE Hoban^{1,2}, RM Stilling^{1,2}, FJ Ryan^{1,3}, F Shanahan¹, TG Dinan^{1,4}, MJ Claesson^{1,3}, G Clarke^{1,4,5,6} and JF Cryan^{1,2,5,6}

Prefrontal cortex- central neuronal circuit underlying emotional regulation, and also facilitates memory storage, behavioral flexibility and attention.

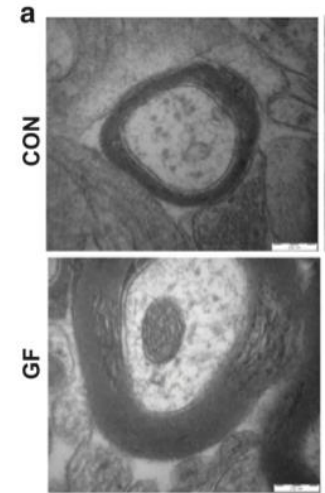
- Normal and germ free mice
- Sequenced genes that were activated in prefrontal cortex (transcriptome). 236 genes were found to be different between groups.



- These were genes involved in myelination → germ free seemed to have hypermyelination (negative effect).
- Questions: how does microbiome affect this? Vagus nerve → the nucleus tractus solitarius has an extensive network of projections, including the parabrachial nucleus, which further projects to the PFC
- Microbe byproducts may affect cytokine levels (which influence oligodendrocytes)

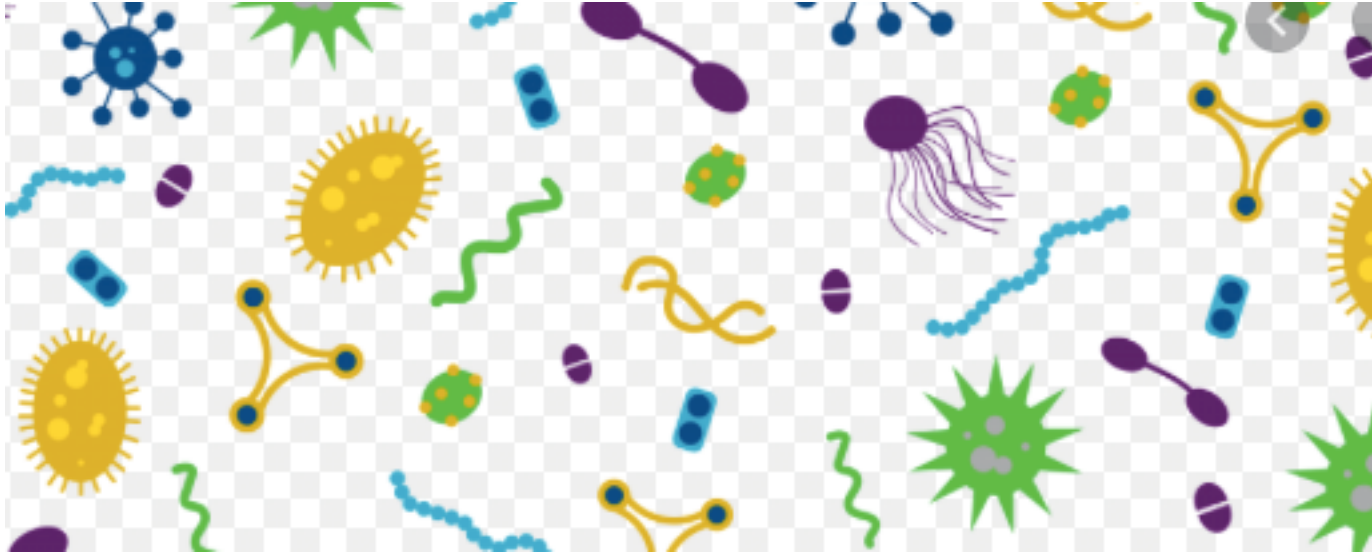
Question:

Does microbiome affect brain structure?

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appropriate myelination
relies on microbiome
affecting gene
regulation/myelination at key
points in neurodevelopment

Modulating the Microbiome



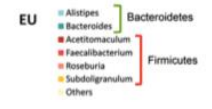
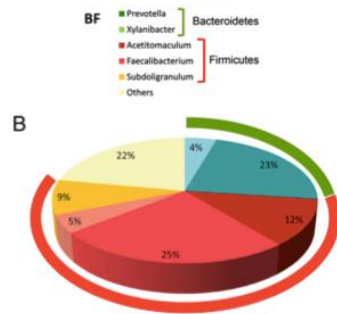
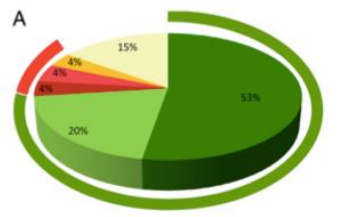
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Effect of diet on microbiome?

PNAS

Impact of diet in shaping gut microbiota revealed by a comparative study in children from Europe and rural Africa

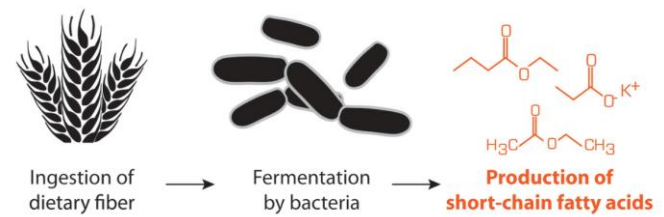
Carlotta De Filippo*, Ducio Cavalieri*, Monica Di Paola*, Matteo Ramazzotti*, Jean Baptiste Poulet*, Sebastien Massot*, Silvia Collin*, Giuseppe Piraccini*, and Paolo Lionetti*
*Department of Paediatric and Clinical Pharmacology, University of Florence, 50139 Firenze, Italy; *Department of Pediatrics, Meyer Children Hospital University of Florence, 50139 Firenze, Italy; *Department of Biochemical Sciences, University of Florence, 50134 Firenze, Italy; *DNA Vigen Agrifood S. R. L. 4-6000 Lupa, Belgium; and *Centre Interdisciplinaire de Spectrométrie de Masse, University of Florence, 50139 Firenze, Italy
 Edited by Daniel L. Hartl, Harvard University, Cambridge, MA, and approved June 30, 2010 (received for review April 29, 2010)



Difference globally (De Filippo)-Burkina Faso had greater amounts of Prevotella, lower amounts of Bacteroides, overall greater microbial richness, and produced higher levels of short-chain fatty acids than the microbiota of European children

...and on the metabolome

- Metabolome: “the total number of metabolites present within an organism, cell, or tissue.”
- Although diet affects the composition and/or richness of the intestinal microbiota, perhaps more important are its effects on the microbial metabolome (down-stream effects).
- Fruits, vegetables: complex carbohydrates and polysaccharides, collectively termed glycans, which leads to production of short-chain fatty acids through fermentation



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Sonnenburg JLSscience. 2005
 De Filippo CProc Natl Acad Sci U S A. 2010
 Albenberg LG & Wu. Gastroenterology (2014)
 Figure: <https://www.thinkbiome.com/postbiotics>

Other ways to Impact Microbiome

Original Article



Gut microbiota and glucometabolic alterations in response to recurrent partial sleep deprivation in normal-weight young individuals



Christian Benedict¹, Heiko Vogel^{2,3}, Wenke Jonas^{2,3}, Anni Wotling¹, Michael Blaut⁴, Annette Schürmann^{2,3}, Jonathan Cedermaas^{1*}

Impact of diet on functional metabolism of microbiome

Sleep

Microbiota composition analysis revealed that after two days of PSD vs. after two days of NS, had subtle changes in microbiome composition. Also a change in fasting and postprandial insulin levels².

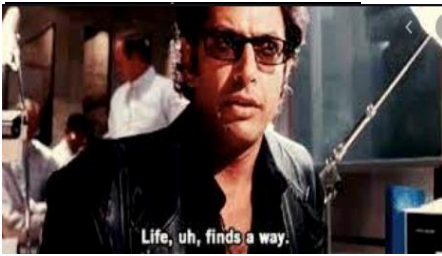
Exposures

In one study, the skin microbiome of couples living together has a closer resemblance if the couple has a dog, but, intriguingly, a small child did not provide the same trend, so couples with a child but no dog were not significantly more similar to one another than couples without a child⁴.

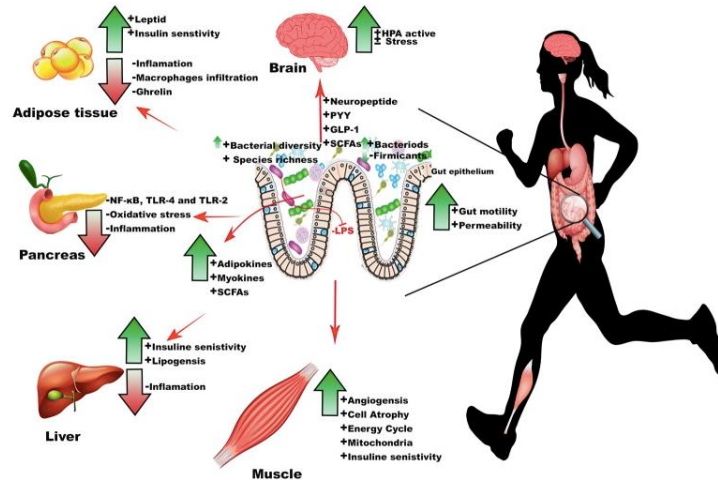
1. Hehemann JH, Nature. 2010
2. Benedict C Mol. Metab. 2016.
3. Sohail MU, *Rev Diabet Stud.* 2019.
4. Song SJ. eLife 2, e00458 (2013).

Figure: Jurassic Park

Studies in Japanese populations have shown that following consumption of seaweeds, genes that encode enzymes that metabolize marine red algae are transferred from marine-associated bacteria to specific bacterial taxa in the intestinal microbiome¹



Exercise³



OhioHealth M

Diet

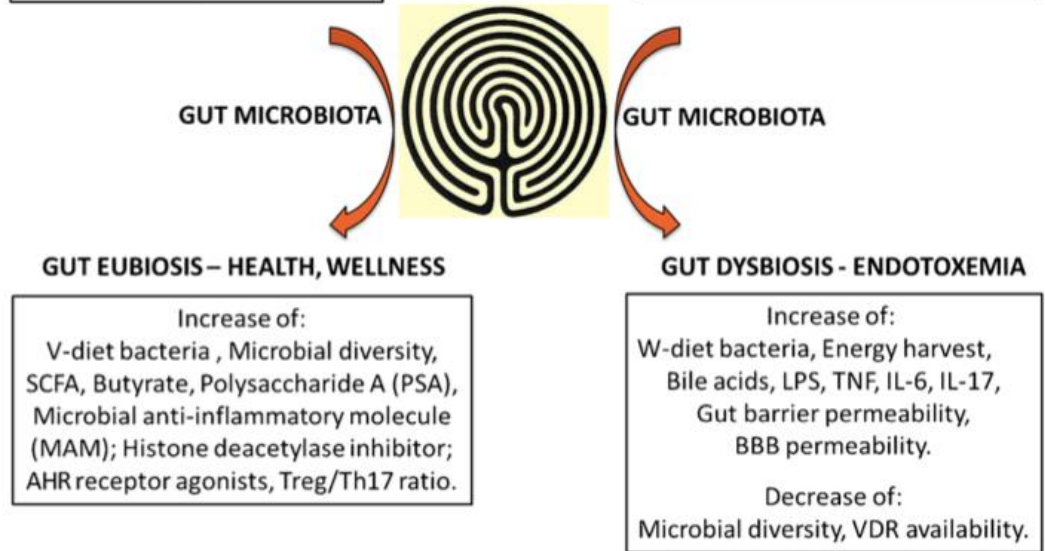
VEGETARIAN/VEGAN DIET (V-DIET) anti-inflammatory

Complex carbohydrates (fibers), vegetables, fruit, fish, legumes, + [probiotics, vitamins D & A, lipoic acid, caloric restriction, physical exercise].

WESTERN DIET (W-DIET) pro-inflammatory

Animal fat, trans fatty acids, red meat, sweetened drinks and sugar, high salt.

- No clear diet has emerged as a recommended approach, but this scheme serves as a general approach.
- In general, want to avoid dysbiosis-> alterations in intestinal wall, contaminants through wall, low grade chronic inflammation
- Implications for systemic immunity, perhaps crossing BBB and contributing to MS



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PROBIOTICS vs. PREBIOTICS

Both Are Necessary for A Healthy Gut

Probiotics are the good bacteria living in your gut. They help your body break down food and support gut health, as well as overall wellness.

PLANT-BASED PROBIOTIC FOODS



NATTO



COCONUT KEFIR



SAUERKRAUT



TEMPEH



KIMCHI



MISO



PICKLED VEGGIES
(NON-PASTEURIZED)



NON-DAIRY
YOGURT

Prebiotics are the food for the good bacteria. They come from the non-digestible fiber in certain foods.

PLANT-BASED PREBIOTIC FOODS



ASPARAGUS



GARLIC



BANANAS



JICAMA



CHICORY
ROOT



JERUSALEM
ARTICHOKE



ONION/
LEEKS



LEAFY GREENS &
DANDELION GREENS

FOOD REVOLUTION
NETWORK



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Figure: <https://foodrevolution.org/blog/probiotics-and-prebiotics/>



A probiotic modulates the microbiome and immunity in multiple sclerosis

• Can microbiota be targeted for RRMS with probiotics?

- Pilot study of 9 patients: Multispecies probiotic (containing Lactobacillus species, Bifidobacterium species, and Streptococcus species administered twice daily for 2 months reversed microbiota changes and was shown to have anti-inflammatory properties (induced an anti-inflammatory peripheral immune response characterized by decreased frequency of inflammatory monocytes).
- Significant increase in abundance of lactobacillus, known to be reduced in patients with multiple sclerosis; significant decrease in abundance of akkermansia, dorea, and blautia associated with dysbiosis, suggesting that such a microbiota targeted strategy is worth pursuing.



Clinical and metabolic response to probiotic supplementation in patients with multiple sclerosis: A randomized, double-blind, placebo-controlled trial

Ebrahim Kouchaki ^{1,2,3}, Omid Reza Tamtaji ⁴, Mahmoud Salami ^{5,6,7,8,9}, Fereshteh Bahmani ⁵, Reza Daneshvar Kakhaki ⁴, Elmira Akbari ⁴, Maryam Tajabadi-Ebrahimi ⁴, Parsaneh Jafari ⁴, Zatollah Asemi ^{1,2,3,10}

- Double-blind, randomized , placebo-controlled
- 25 women with multiple sclerosis (mean age 34) treated for 12 weeks with probiotic containing Lactobacillus acidophilus, Lactobacillus casei, Bifidobacterium bifidum, and Lactobacillus fermentum; control group: five men and 25 women (mean age 33[±] 8 years who took placebo
- Significant increase in depression scores on BDI, multiple sclerosis scores on EDSS, diet scores on DHQ, and scores on DASS
- Significant changes in concentrations of high-sensitivity C-reactive protein, plasma nitric oxide metabolites, and malondialdehyde; significantly increased quantitative insulin sensitivity check index and HDL cholesterol; significantly decreased serum insulin homeostasis model of assessment-estimated insulin resistance, β-cell function, and total and HDL cholesterol in patients with multiple sclerosis compared with placebo



The Effects of Probiotic Supplementation on Gene Expression Related to Inflammation, Insulin, and Lipids in Patients With Multiple Sclerosis: A Randomized, Double-Blind, Placebo-Controlled Trial

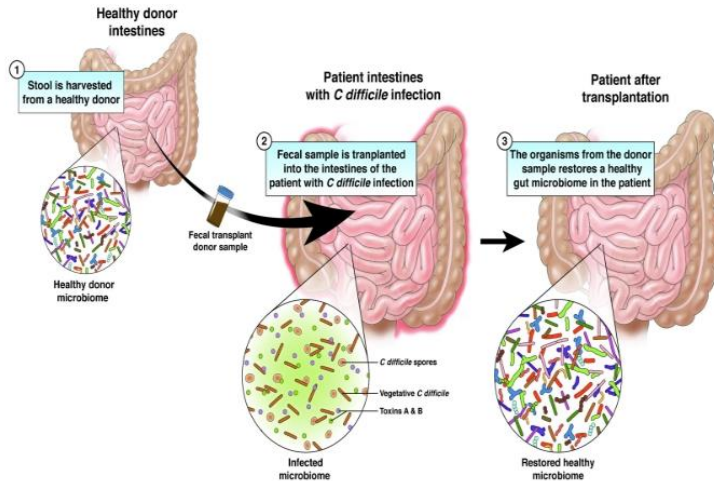
Omid Reza Tamtaji, MSc¹, Ebrahim Kouchaki, MD^{2,3,4}, Mahmoud Salami, MD⁵, Esmat Aghadavod, PhD⁶, Elmira Akbari, MSc⁷, Maryam Tajabadi-Ebrahimi, PhD⁸, and Zatollah Asemi, PhD⁹

- Double-blind, randomized placebo-controlled
- 40 patients with multiple sclerosis aged 18- 55 years, treated for 12 weeks with probiotic containing L acidophilus, L casei, B bifidum, and L fermentum, and 20 received a starch placebo
- Significantly reduced expression of IL-8, TNFα, and mRNA from peripheral blood mononuclear cells; no change in IL-1, LDL-receptor, or PPAR-γ expression in patients with multiple sclerosis compared with controls



Fecal microbiota transplantation (FMT)

- Originally described in 4th century Chinese medicine for patients with severe food poisoning
- 16th century Ming dynasty, fermented fecal mixture, “yellow soup” used for remedies and at times to induce vomiting
- Used for C.diff colitis 1958- in 2013 had first randomized trial
- Usually given via colonoscope or enema, duodenal infusions, oral capsules



- **Phase 1b trial: 30 capsules (supplied by [OpenBiome](#))**, followed by monthly doses of 10 capsules for five months.
- Will measure safety, short chain fatty acid profiles, T cell profiles
- MRI, PET, microglial cells
- H. Weiner ACTRIMS 2020
- **Fecal Microbiota Transplantation (FMT) of FMP30 in Relapsing-Remitting Multiple Sclerosis (MS-BIOME)- UCSF**
- ClinicalTrials.gov Identifier: NCT03594487
- Active, not recruiting
- Estimated completion June 2021
- Measuring safety, changes in microbiome, immunologic data
- **Fecal Microbiota Transplantation After Autologous HSCT in Patients With Multiple Sclerosis (St. Petersburg)**
- ClinicalTrials.gov Identifier: NCT04203017
- **Oral FMT (Fecal Microbial Transplant) in Subjects With Multiple Sclerosis- Griffin Hospital- Yale- 15 pts**
- ClinicalTrials.gov Identifier: NCT04096443



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Themes/Limitations/Questions for Future

- Intersection of microbiology, gastroenterology, immunology, endocrinology and neurology
- Five way communication (microbes, intestinal network, endocrine system, immune system, brain)

Limitations:

- EAE is not MS-many studies in mice
- Human studies small numbers
- Hard to get good control populations (microbiome easily affected by medications)
- Getting stool samples before clinical symptoms
- Because system is complex, many confounding variables

Future:

- New advances will allow for new studies (sequencing, metabolomics)
- This field highlights importance of experimental models
- Important for looking at snapshots in time-pre-clinical phase/treatment phase
- Understanding brain gut connection at important times like birth and aging
- Personalized medicine
- How can microbiome be modified (diet/antibiotics/probiotics/prebiotics/fecal transplant)?
- Which bacteria to target? Single species (microbial network analysis)
- If bacteria are targeted, are the effects temporary or permanent?



Thank you!



OhioHealth MS Center: *Hot Topics in MS*

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