

Theme 4: Translational Studies Addressing Microbiome Causality in Human Health and Disease

**Presented on behalf of the Theme 4 Team:
Graham Somers & James R. Brown, GlaxoSmithKline**

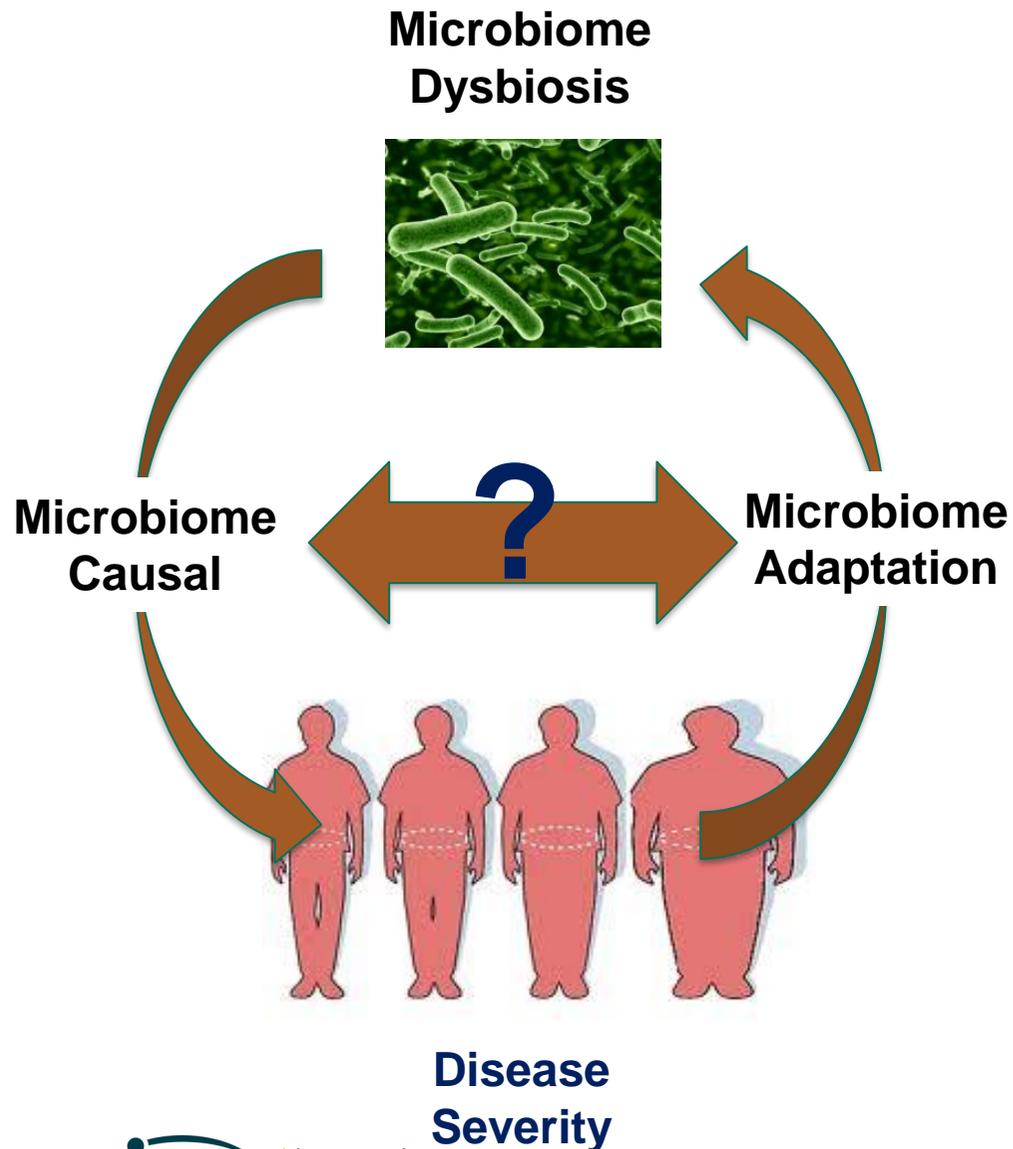
19.10.2017 • IMI Stakeholder Forum | Microbiome • Brussels, Belgium

Acknowledgment

Theme 4 Working Group Members:

- Wulf Fischer-Knuppertz, Biocartes
- Artem Khlebnikov, Danone
- Tobias Recker, ILIS
- Mark Esser, Medimmune
- Daniel Peterson, Eli Lilly
- Graham Somers, GlaxoSmithKline
- Jim Brown, GlaxoSmithKline (Group Leader)

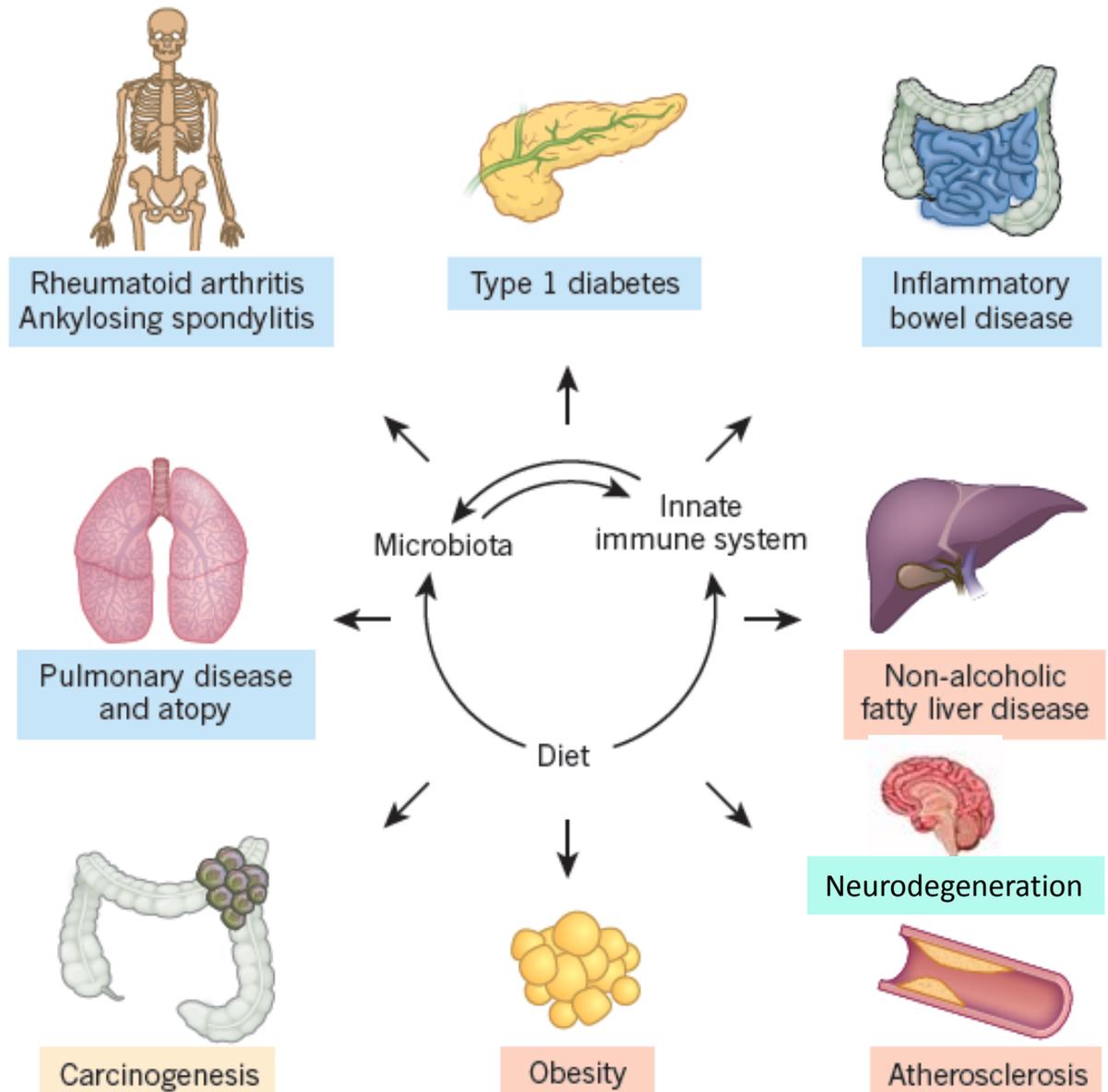
Background: Microbiome-Disease Causality



- Are changes in the microbiome causing disease or merely microbial adaptations to the disease environment?
- By what mechanism does the microbiome affect the disease state?
- What human host genes / pathways link microbiome with disease pathology?
- Can microbiome manipulation reverse a disease phenotype?
- Is the proposed microbiome therapy superior to current standards of care?

Microbiome, Immunity and Inflammation

- Microbiome dysbiosis and dysregulation of immune function is thought to underlie multiple diseases
- Mapping the dynamics of the host-microbiome interactions is essential to confirm disease causality
- Well-designed studies of the systems biology behind human host response to microbiome changes during disease are urgently needed



Deliverables

- Robust testing of mechanistic hypotheses regarding the microbiome's role in a specific human disease or health condition for future drug, vaccine or consumer product target discovery:
 - Human clinical trials or exploratory medicine studies involving treatment with microbiome modulators are highly encouraged.
- Generation of well-powered, longitudinal, high dimensional 'omics datasets and computational models of both the microbiome and human/mammalian host response.
- New tools for modulating and manipulating the microbiome *in vivo* or *ex vivo*, such as small molecules, prebiotics, probiotics, etc. which will be available to the wider research community.

Project Examples

- Longitudinal studies of microbiome and human host response in specific disease areas (i.e. inflammatory diseases, metabolic diseases, infectious disease, cancer, autoimmune disorders, etc.)
- Longitudinal studies of microbiome and human host response to life-style / life history changes (i.e. nutritional regimens, aging, vaccinations, exposure to environmental allergens, etc.).
- Longitudinal studies of microbiome and human host response to specific interventions (i.e. small molecule drugs, biologicals, vaccines, nutritional supplements, probiotics, prebiotics, etc.).
- Studies should prove or disprove existing or new hypotheses about microbiome role in human health.

The Need for Public-Private Collaborative Research

Public Institutions

- Deep and broad scientific knowledge
- Innovative technology
- Advanced computational tools and analytics
- Preclinical studies in human relevant models
- Access to bacterial strains
- Design and execution of clinical studies



Industry

- Expertise on basic science to medicine translation
- Innovative clinical trial design
- Access to existing or planned clinical trials to add-on host-microbiome 'omics analyses
- Statistical, computational, drug development, other expertise
- Tools for manipulating the microbiome (i.e. small molecules, biologicals, etc.)

Discussion