

The Gut in people with Cystic Fibrosis

17th November 2022

Laura Caley RD, Mres(clin), PhD student



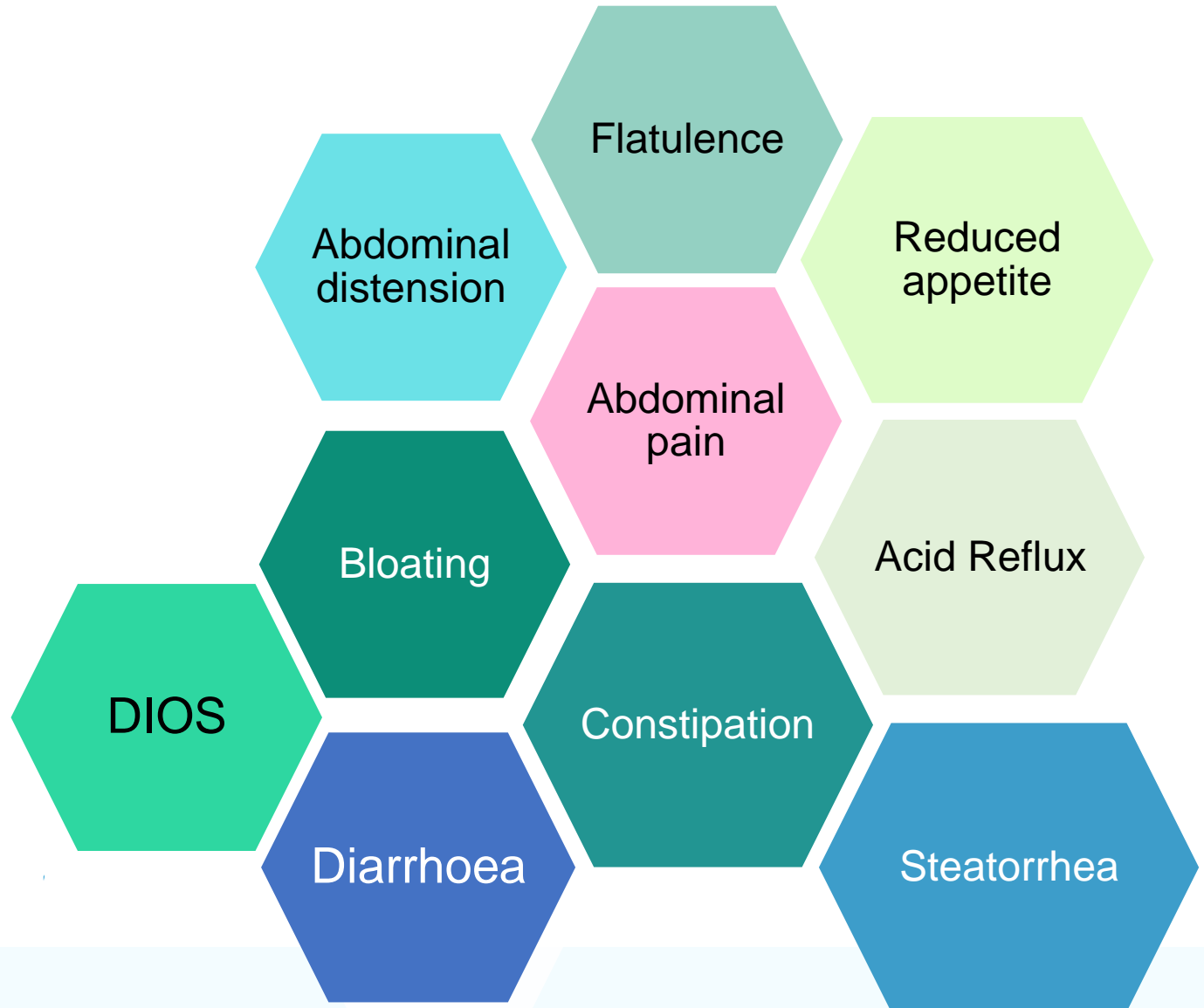
Supervisors: Professor Daniel Peckham and Dr Helen White

1. GI symptoms
2. Basic gut physiology
3. What is the gut microbiota?
4. Is it abnormal in CF?
5. Impact of CFTR modulators?
6. How does the gut microbiota relate to colorectal cancer?

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GI symptoms in people with Cystic Fibrosis



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The Gut in Cystic Fibrosis

Exocrine pancreatic insufficiency

Small intestinal bacterial overgrowth

CF-related liver disease

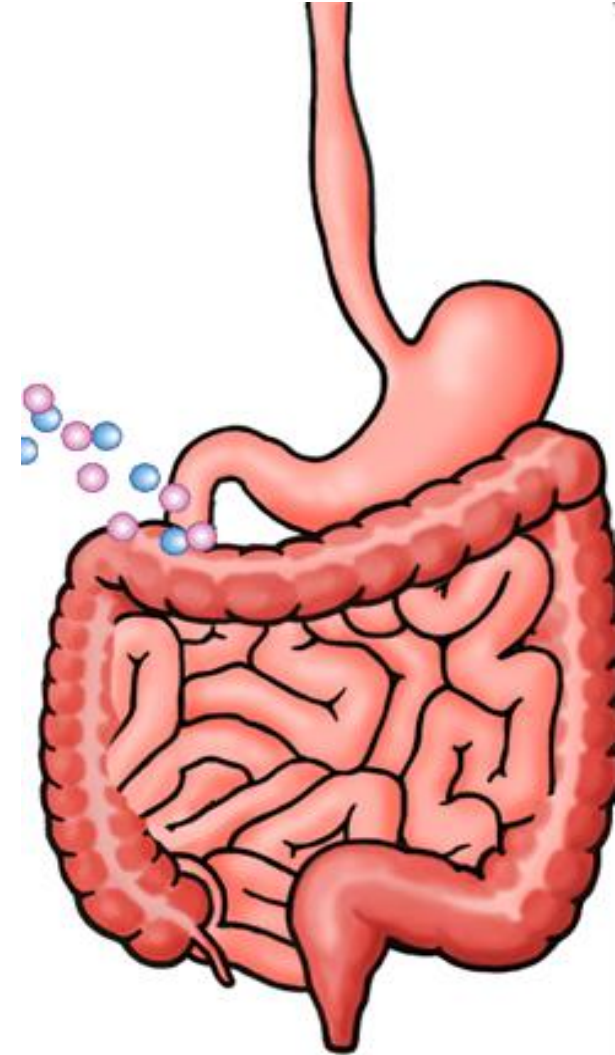
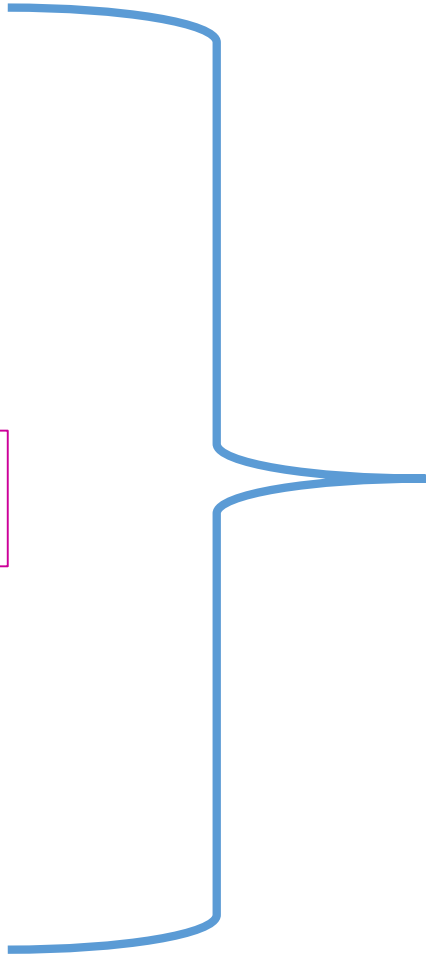
Increase colon cancer risk

Altered transit

Altered mucus

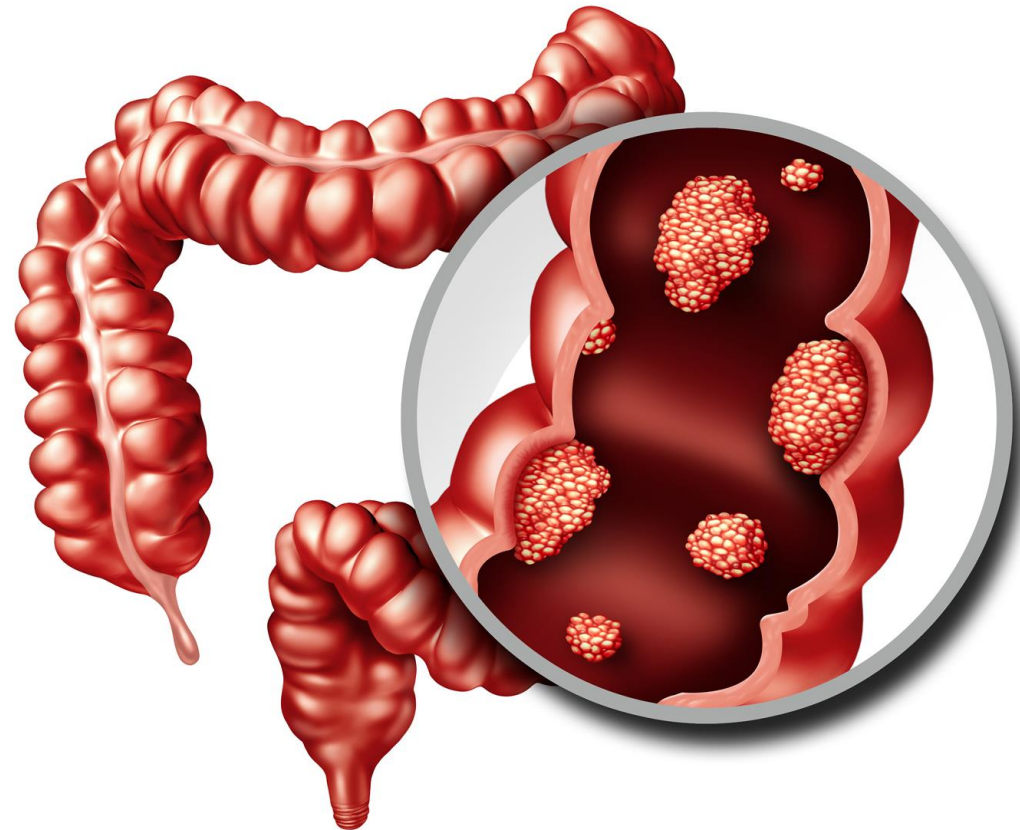
Intestinal inflammation

Gut dysbiosis



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The Gut Microbiota

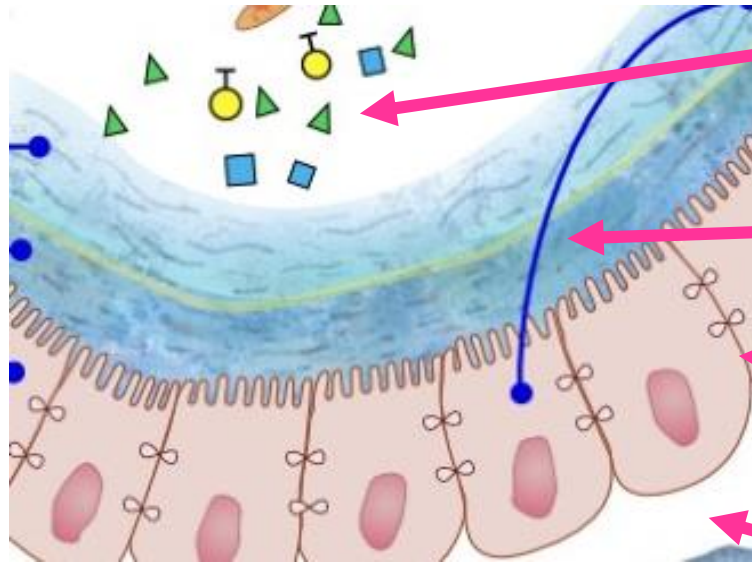


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Gut Microbiota in Health



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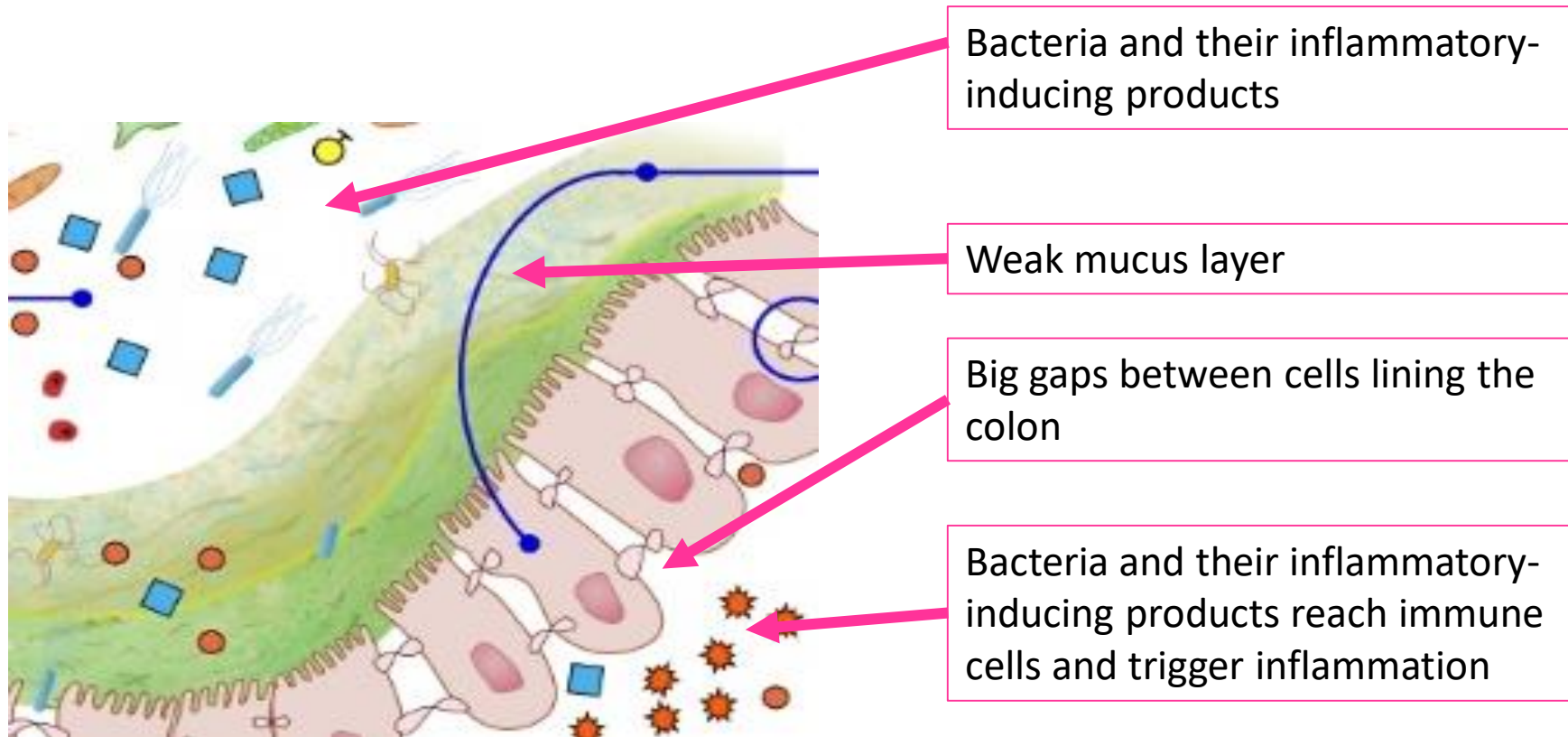
Bacteria and their anti-inflammatory-inducing products

Strong mucus layer

Cells lining the colon held tightly together

Bacteria does not reach the immune cells but anti-inflammatory products can so inflammation is not triggered

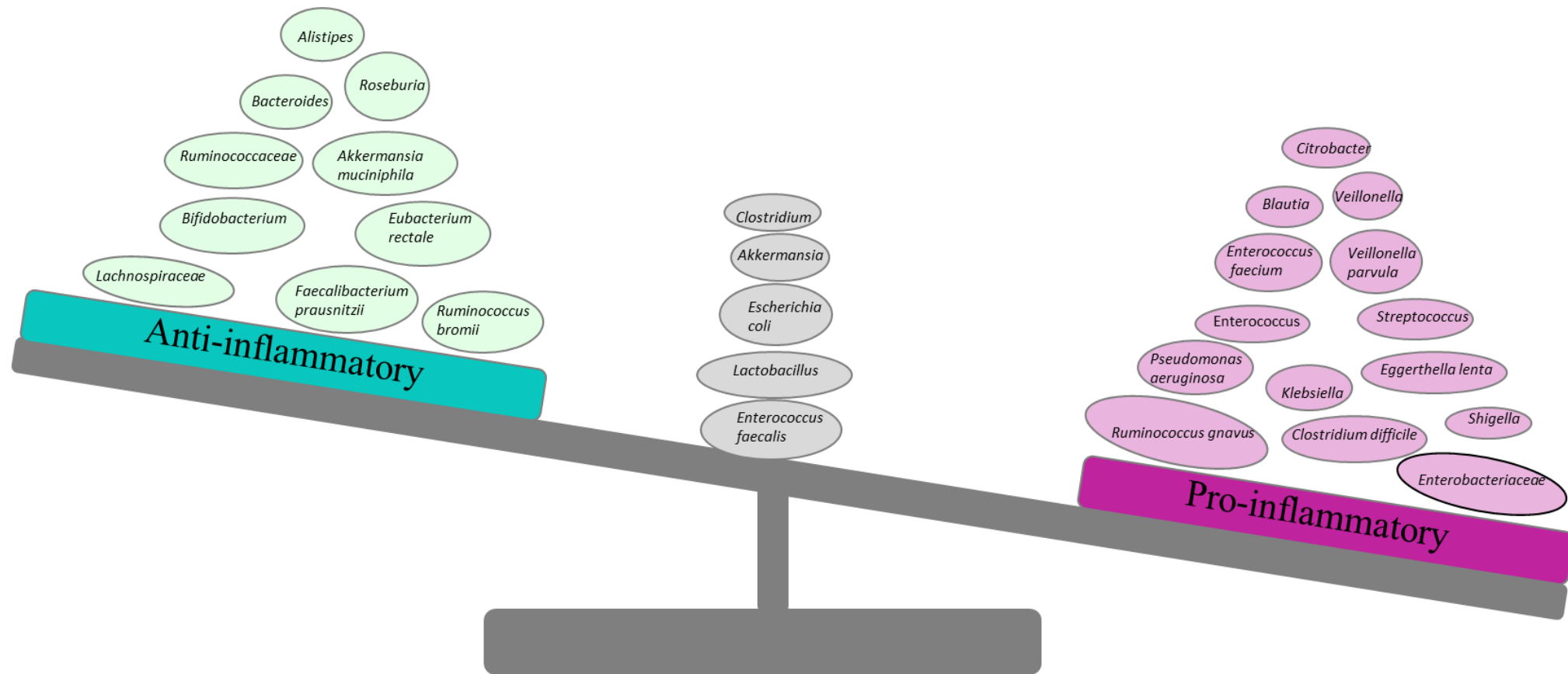
Gut Dysbiosis



Gut Dysbiosis



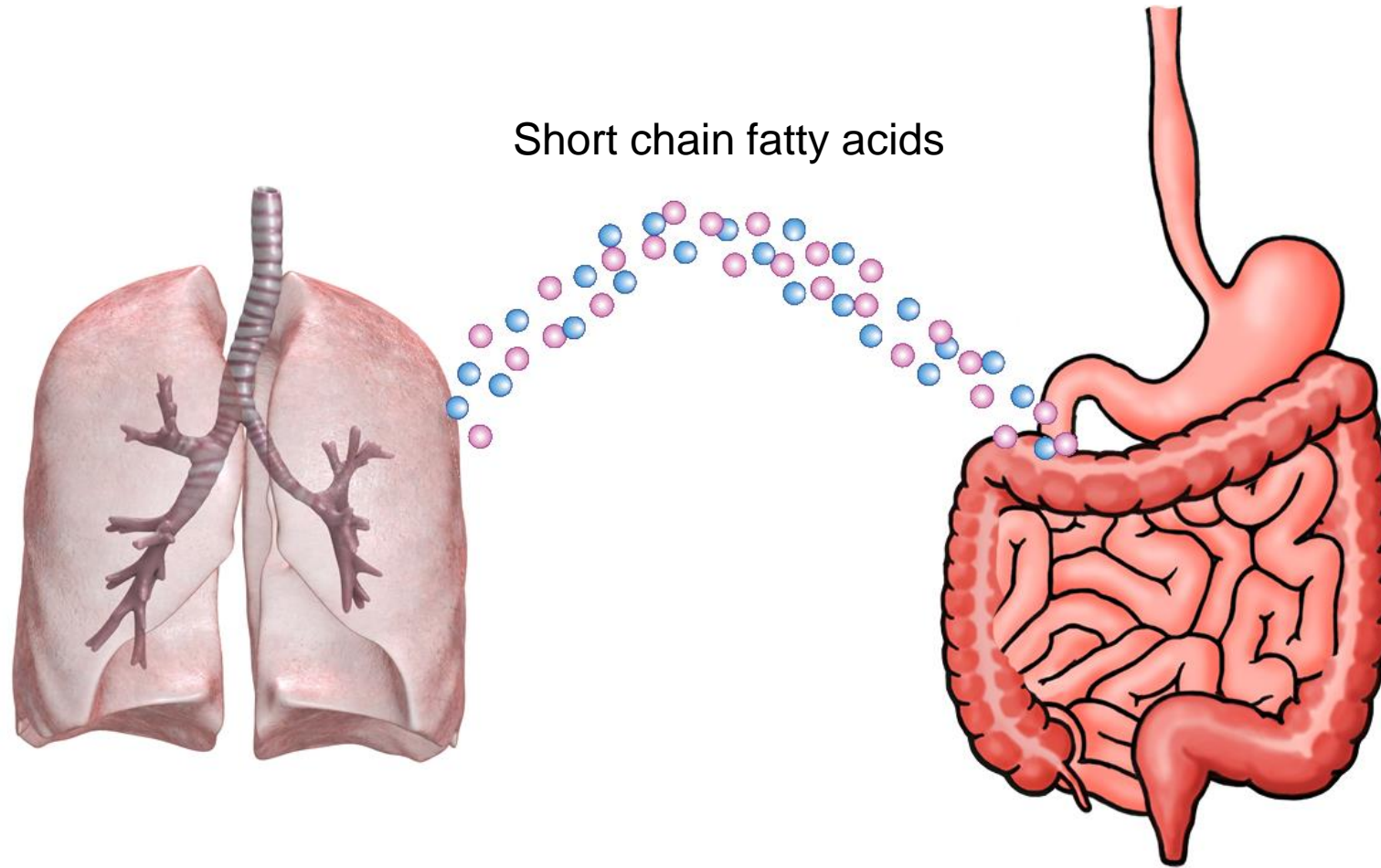
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The Gut - Lung - Axis



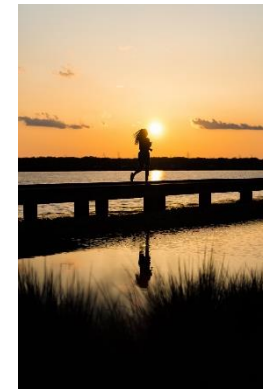
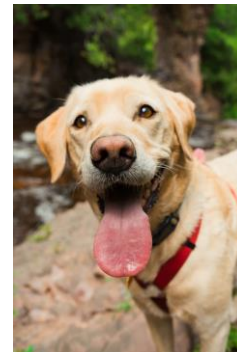
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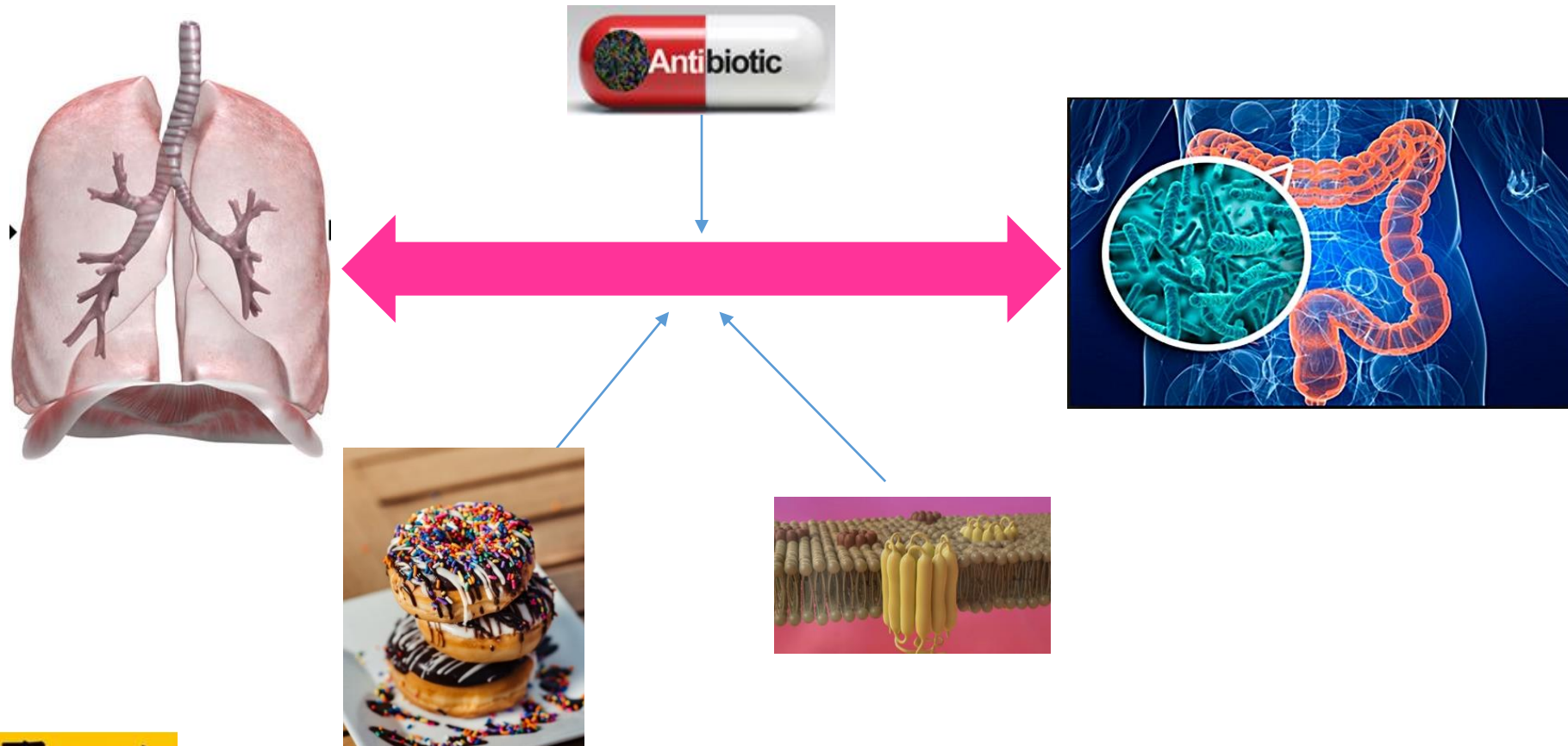
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Factors affecting the gut microbiota



The Gut - Lung - Axis



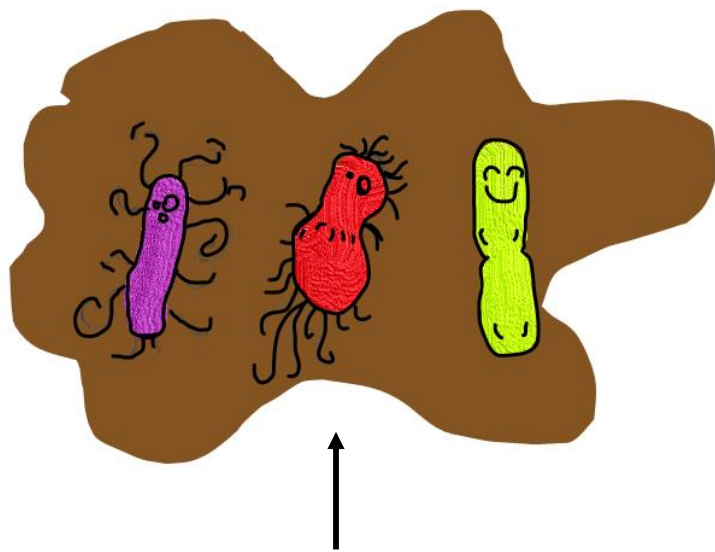
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Gut Dysbiosis and CF: Literature Review

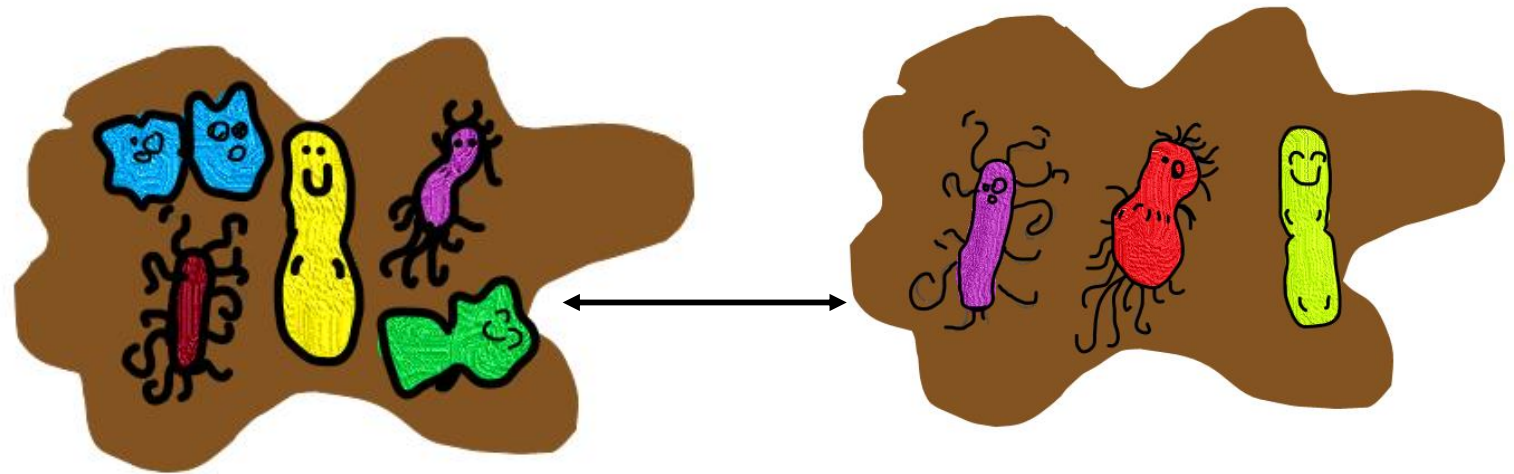


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- Diversity measures:



Alpha-diversity = within a sample

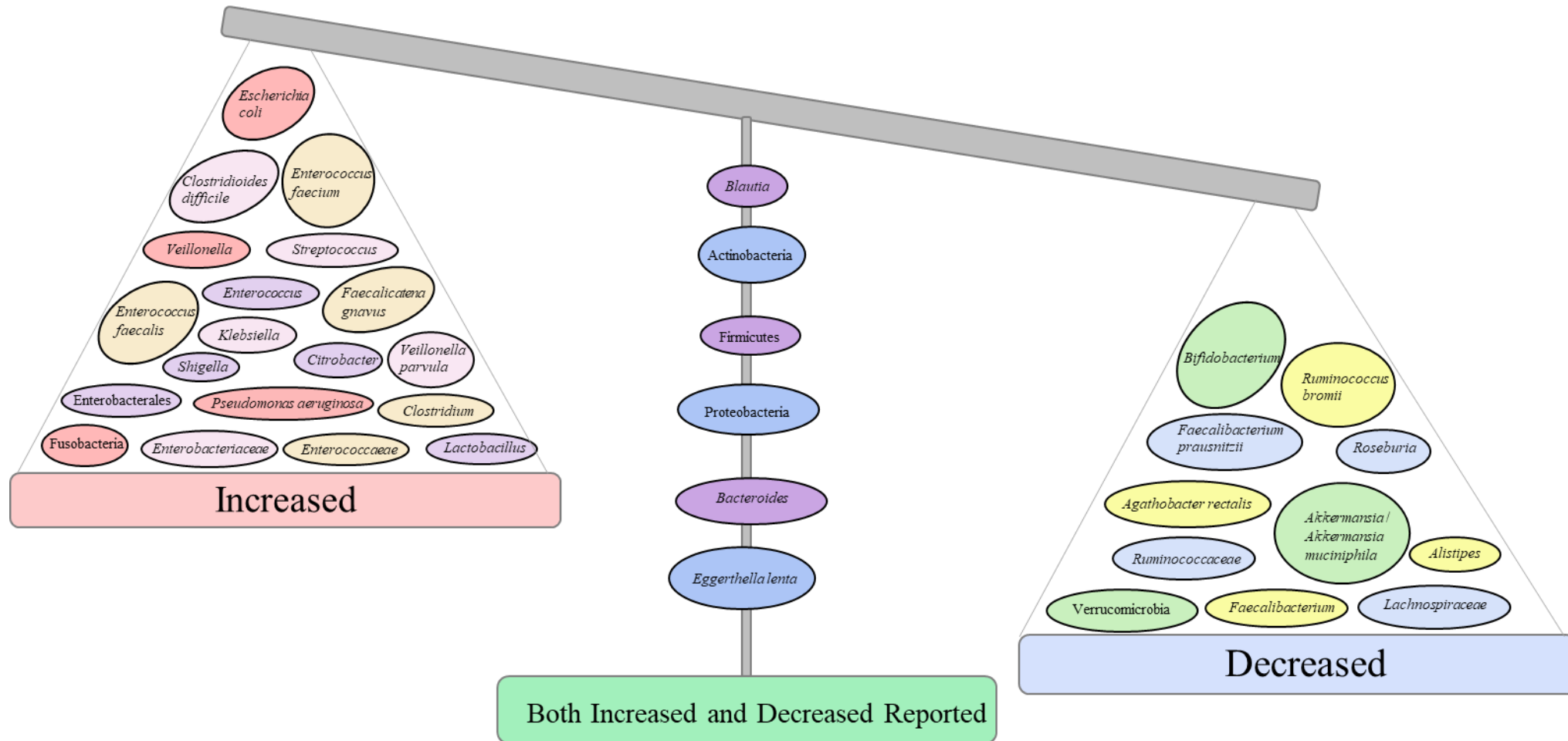


Beta-diversity = between samples

Gut Dysbiosis and CF: Literature Review

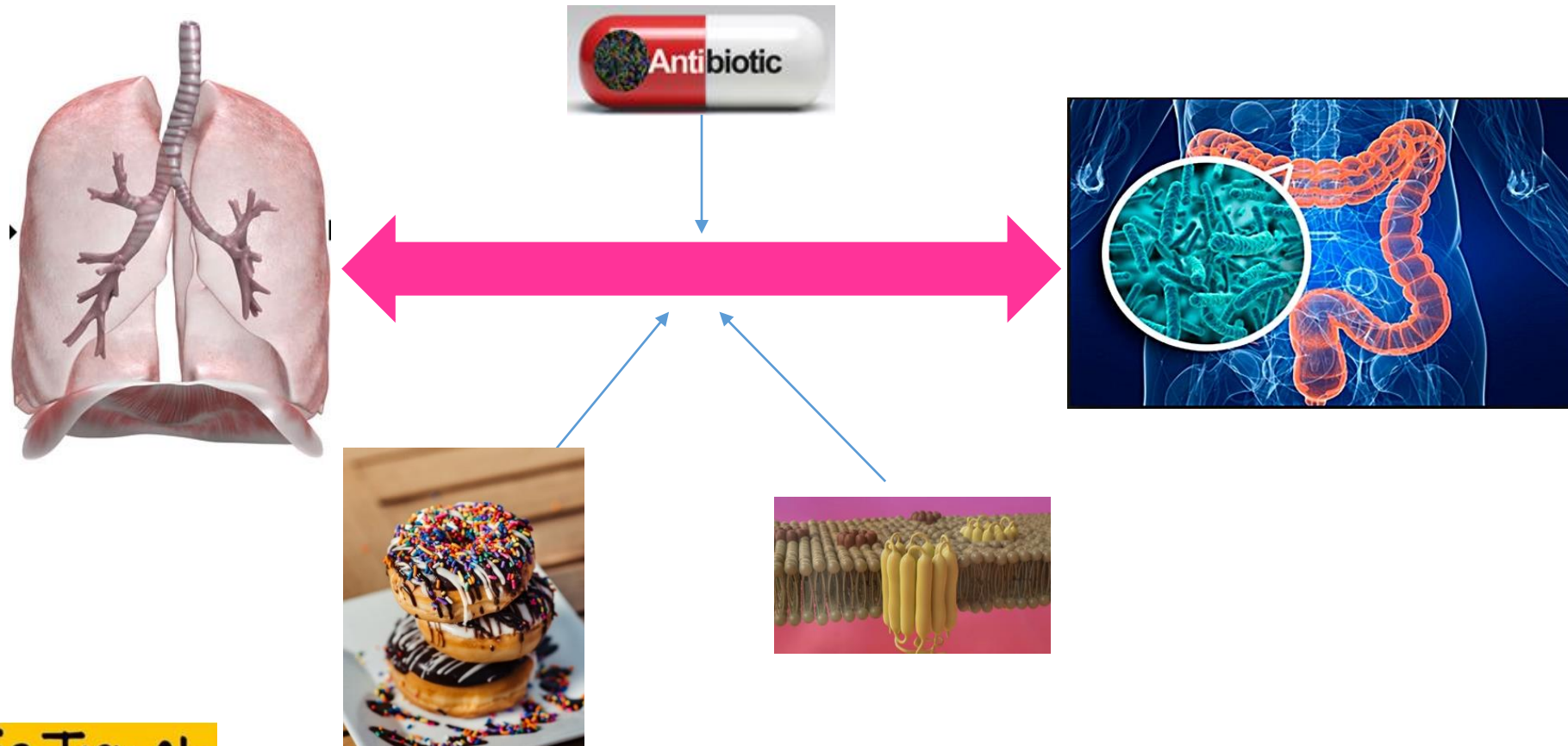


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Antosca et al., 2019; Bruzzese et al., 2014; Burke et al., 2017; Coffey et al., 2019; Dayama et al., 2020; Debyser et al., 2016; del Campo et al., 2014; de Freitas et al., 2018; Duytschaever 2011; 2013a; 2013b; Enaud et al., 2019; Flass et al., 2015; Fouhy et al., 2017; Hayden et al., 2020; Hoffman et al., 2014; Hoen et al., 2015; Kanhere et al., 2018; Kristensen et al., 2020; 2021; Li et al., 2017; 2018; Loman et al., 2020; Madan et al., 2012; Manor et al., 2016; Matamouros et al., 2018; Miragoli et al., 2017; Nielsen et al., 2016; Ooi et al., 2018; Scalan et al., 2012; Schippa et al., 2013; Sidhu et al., 1998; Taylor et al., 2020; Van Biervliet et al., 2018; Vernocchi et al., 2017; 2018; Wang et al., 2019

The Gut - Lung – Axis in pwCF



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CFTR modulators and the CF gut



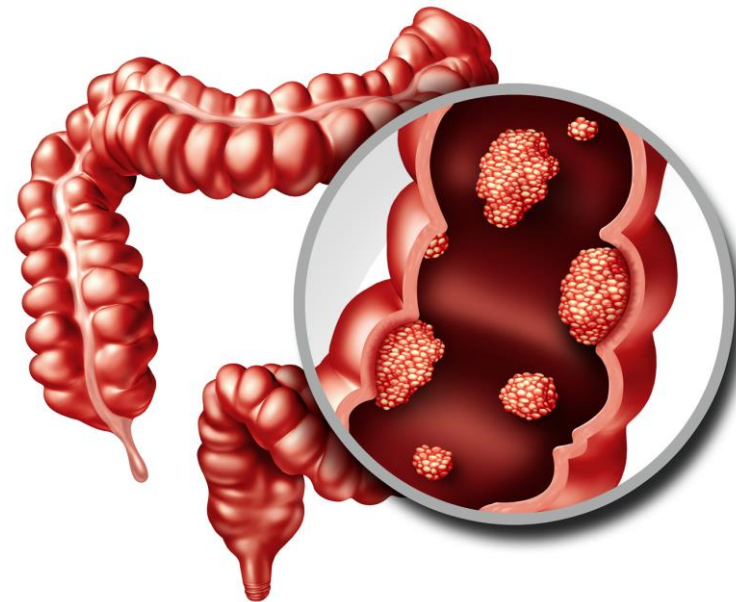
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- Weight
- GI transit and pH:
 - IVA improved proximal small intestinal pH profile
 - No change in whole gut transit time with IVA
- Inflammation

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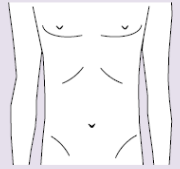
CFTR modulators, gut dysbiosis and CF

- Gut microbiota changes with CFTR modulator use

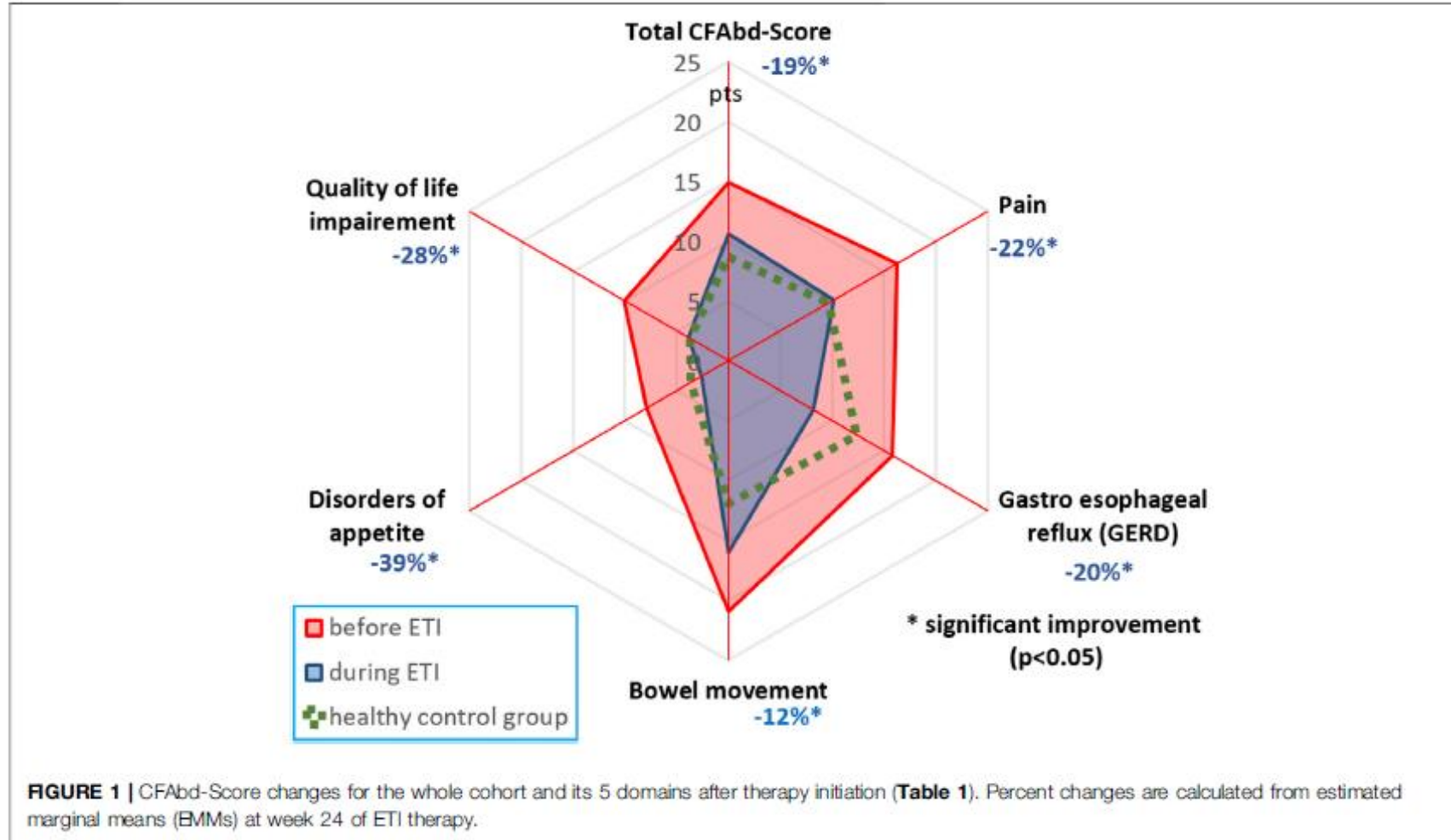


GI symptoms with triple therapy

- N=107 pwCF German and UK cohorts
- CFAbd-Score© pre and up to 26 weeks after commencing triple therapy compared to healthy controls

Questionnaire on abdominal symptoms and how they relate to quality of life in CF – CFAbd-Score							
Please rate to what extent you have/your child has experienced the following symptoms during the past 2 weeks .		not at all	rarely (once)	occasionally (2-3 times)	frequently (4-7 times)	almost always (on more than half the days)	always (daily)
1. Abdominal pain		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	If yes, where? (please locate)						
							
2. Abdominal bloating		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Flatulence		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Heartburn		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. Reflux of stomach content		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. Nausea		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. Vomiting		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. Lack of appetite		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

GI symptoms with triple therapy: Mainz et al. 2022





- Differences in UK and German cohorts:
 - German cohort highly significant decrease in total CFAbd-Score
 - UK cohort not statistically significant decrease in total CFAbd-Score
 - Potential reasons:
 - German cohort : 12+ years (5% PS, rest PI)
 - UK cohort PI adults only
 - Diet?
 - UK cohort where on modulators longer time

GI symptoms with triple therapy: Schwarzenberg et al., 2022



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- United States aged ≥ 12 years old
- GI questionnaires data n=438:
 - Patient Assessment of Upper Gastrointestinal Disorders-Symptom severity Index [PAGI-SYM]
 - Patient Assessment of Constipation-Symptom Severity Index [PAC-SYM]
 - Patient Assessment of Constipation Quality of Life [PAC QOL]
 - Stool-specific questionnaire (SSQ)
- N=137 one or more of the following:
 - faecal calprotectin,
 - steatocrit (measuring fat in stool)
 - pancreatic elastase-1

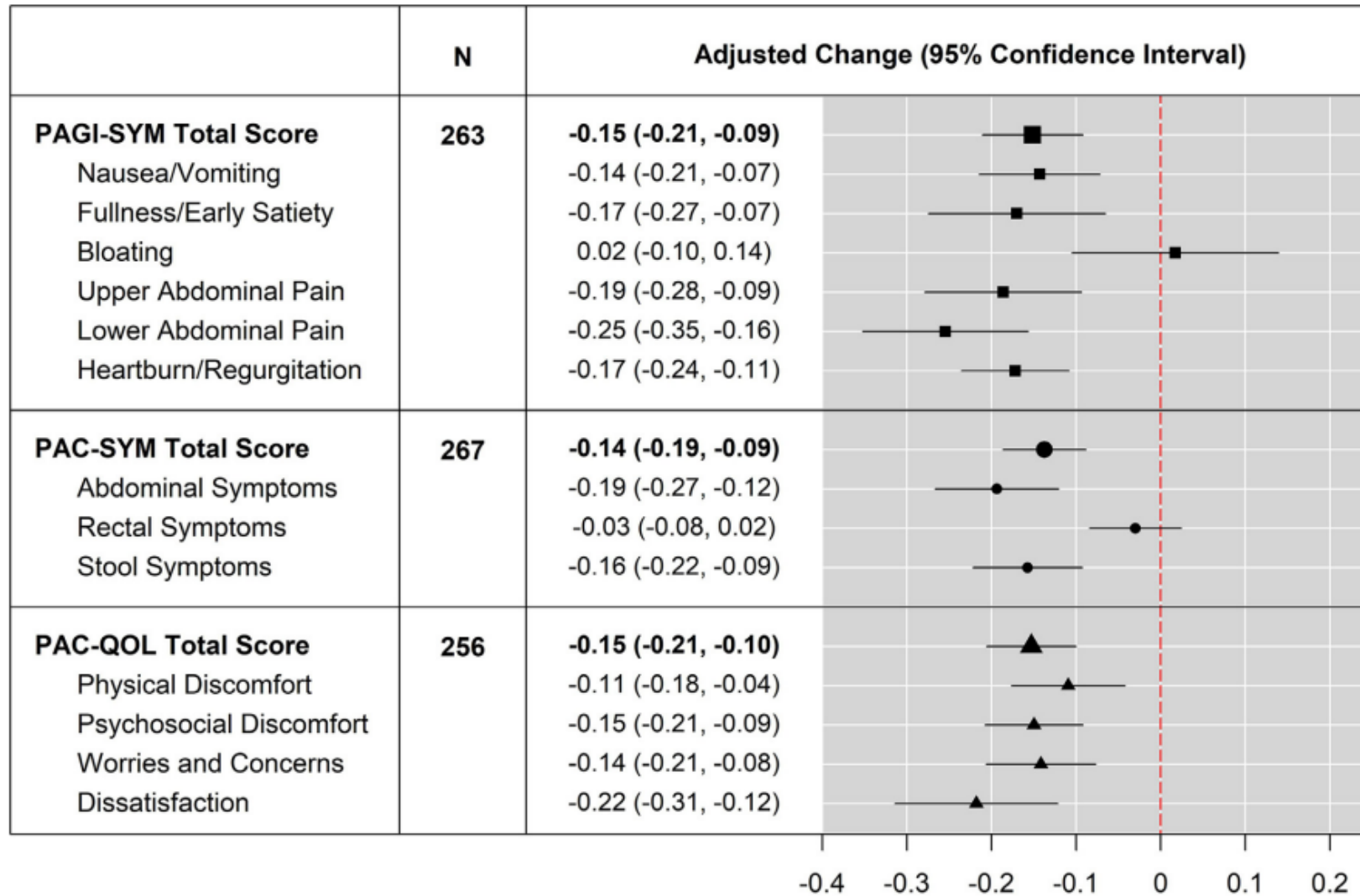


Fig. 1. Changes in PAGI-SYM, PAC-SYM, and PAC-QOL scores at 6 months. Changes from baseline in total and domain scores for PAGI-SYM, PAC-SYM, and PAC-QOL at 6 months were evaluated in linear regression models with adjustments for age group at enrollment and sex at birth. Positive value of adjusted change indicates lower score (symptom improvement) at 6 months compared to baseline.

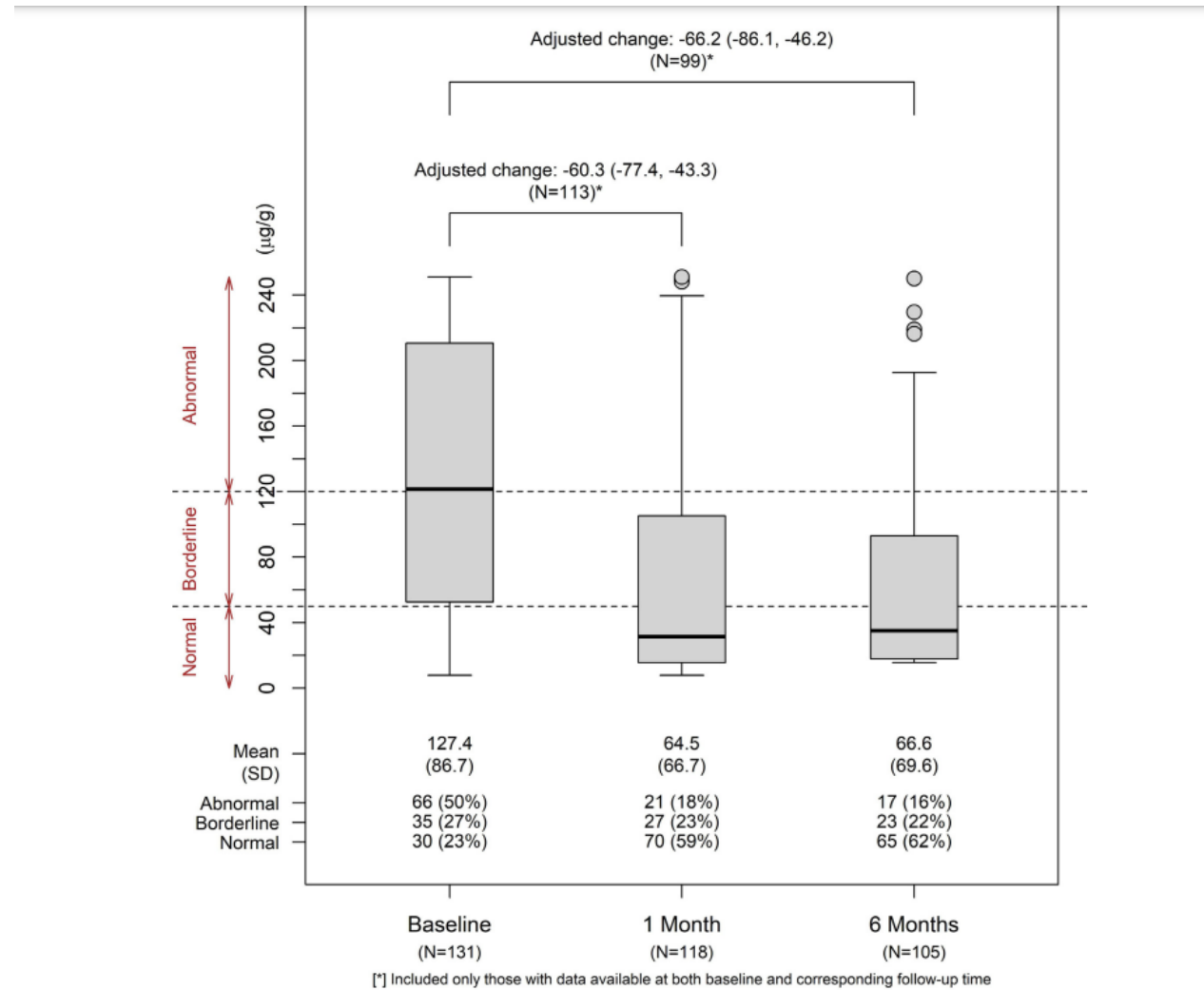


Fig. 2. Distributions of fecal calprotectin at baseline, 1 month, and 6 months. Distributions of fecal calprotectin ($\mu\text{g/g}$) were summarized for visits at baseline, 1 month, and 6 months. Changes from baseline at follow-up visits were evaluated in linear regression models with adjustments for age group at enrollment, sex at birth, and prior modulator use, among participants who had available data at both baseline and the corresponding follow-up visits (N=113 at 1 month and N=99 at 6 months).



- Six months ETI therapy:
- PAGA-GYM bloating and PAC-Sym rectal symptoms non-statistically significantly increased
- All other domains significantly decreased
 - but not by the Minimal Clinically Important Difference (MCID)
- Faecal calprotectin levels decreased with ETI therapy
- No significant change in steatocrit (or pancreatic elastase-1 after six months of ETI therapy, indicating EPI did not improve in this group)

Observation cohort study in adults with CF investigating links between the:

- Gut microbiota
- SCFA levels
- GI symptoms
- Dietary intake
- Gut-Lung-Axis
- Changes in above parameters with CFTR modulators

Results due shortly!

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The gut microbiota in pwCF compared to those with colorectal cancer



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- Gut Microbiota and Colorectal Cancer

Original Article

The risk of colorectal cancer in individuals with mutations of the cystic fibrosis transmembrane conductance regulator (CFTR) gene: An English population-based study

Rebecca J. Birch^{a,b,*}, Daniel Peckham^{a,c}, Henry M. Wood^a, Philip Quirke^a, Rob Konstant-Hambling^d, Keith Brownlee^e, Rebecca Cosgriff^f, Genomics England Research Consortium^{5,#}, Nicholas Burr^g, Amy Downing^{a,b}

^aLeeds Institute of Medical Research at St James's, University of Leeds

^bLeeds Institute for Data Analytics, University of Leeds

^cLeeds Teaching Hospitals NHS Trust

^dNHS England

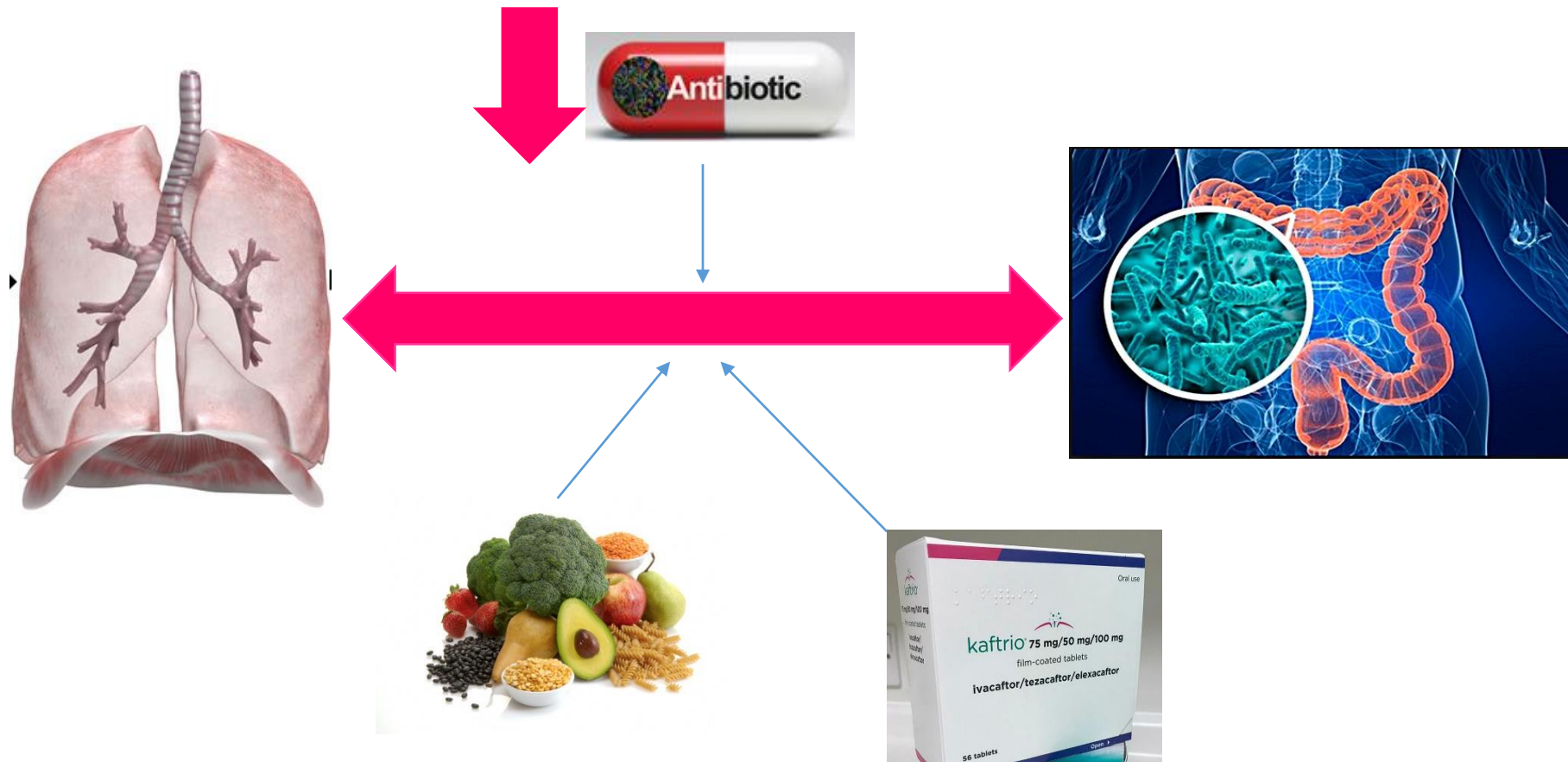
^eCystic Fibrosis Trust, London, UK

^gMid Yorkshire NHS Trust

The Gut - Lung – Axis: Time to Change?



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Contents lists available at [ScienceDirect](#)

Journal of Cystic Fibrosis

journal homepage: www.elsevier.com/locate/jcf

Editorial

Time to change course and tackle CF related obesity

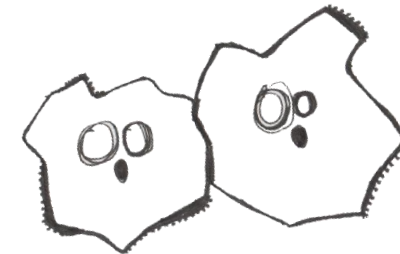
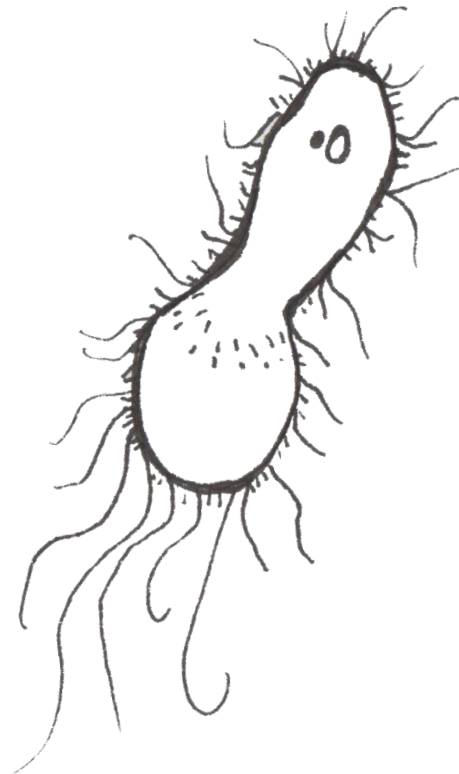
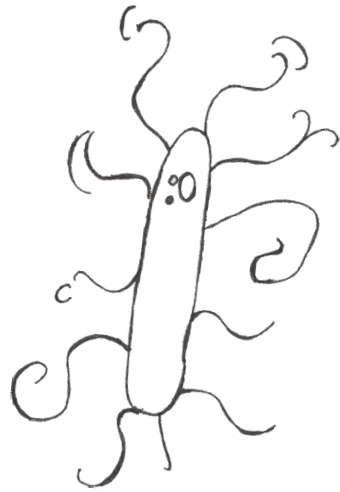
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ARTICLE INFO

‘So how should we readjust nutritional care in this rapidly changing landscape? Just as Crozier’s work radically changed dietary care, and contrasted with the prevailing clinical view, the CF community should consider another radical change to improve lifespan beyond previous expectations’



Thanks to Professor Daniel Peckham, Dr Helen White, the CF Trust, SRC 012 team, Professor Phil Quirke, our study participants and to you all for listening





Thank you for listening
Questions welcome



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