

Nutrition 2.0 – Molecular Phenotyping in Humans

Martin Kussmann^{1,2,3} Head of Molecular Biomarkers

¹ *Nestlé Institute of Health Sciences*

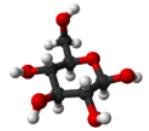
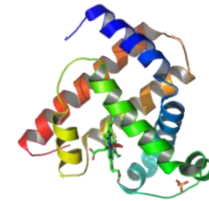
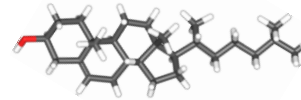
² *Ecole Polytechnique Fédérale*

Lausanne (EPFL)



³ Aarhus University (AU)
Denmark

AARHUS UNIVERSITY



World Healthcare in 2020...



... 1 out of 5 will be over 65

- 70% of developed countries with more 50+ than 50-
- Over 200M people aged 65+ in China
- *Requires healthcare systems better adapted to needs of the elderly*



... 3 out of 5 will die from a chronic disease

- 50M Alzheimer's patients
- 7% of the world's adult population will live with Diabetes
- *More emphasis on prevention and treatment of chronic diseases*



... 1 out of 5 will be overweight or obese

- 120M people in the US
- 20% of people under 18 year in China
- *Need to treat increasing co-morbidities such as cardiovascular diseases and diabetes*



... Malnutrition causes 35% of disease burden in children <5 years

- Maternal and child malnutrition is the underlying cause of 3-5 million deaths
- Associated to increased susceptibility to chronic disease later in life

... US\$ 5 to 10 Trillion will be spent on healthcare

- More than 16% of GDP spent on healthcare
- National health expenditures in USA per capita will reach US\$ ~14'000
- *Requires radical ways to contain costs and / or increase available funding*



Scientific Platforms...

**Biosystems
Informatics**

**Functional Genomics
Molecular Biomarkers**

Systems Science

Brain Health
Cognitive Health
Sarcopenia
Metabolic Health
Obesity and Weight Mgmt
Diabetes
Met Sensing & Adaptation
Beta Cell Function
Circadian Cycle
GI Health
GI Health and Microbiome

**Systems Nutrition &
Health**

Cell Biology
- Stem Cell
- Flow Cytometry
- Device Engineering
Mitochondrial Function
Natural Bioactives & Screening

Biology

Omics

Informatics

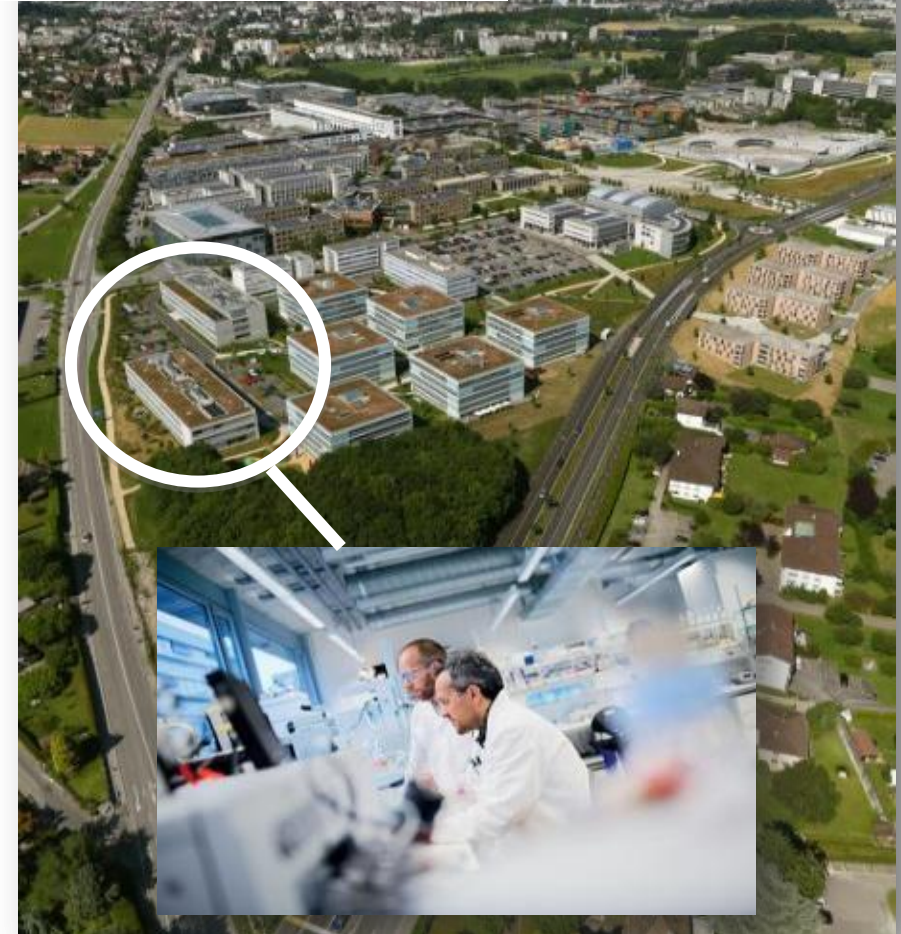


...to understand the interplay between...



NIHS 2015

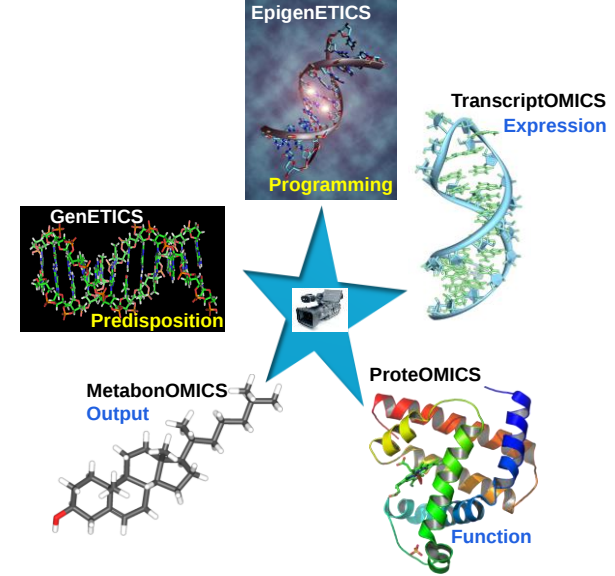
- **Employees: 150**
 - **61% Ph.D., 19% Master**
 - **28 nationalities**
 - **Average age : 39**
- **Scientific Development and Interaction:**
 - **9 Adjunct Lecturers/Professors**
PhD & Master program
with 20 mandates
 - **> 100 publications**
 - **4 grants**
- **Numerous collaborations with**
national and international partners



What makes us special...

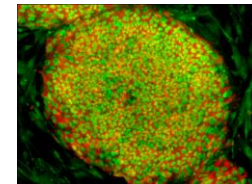
1. Integrated omics and systems biology

Genomics, Genetics, Epigenetics, Transcriptomics, Proteomics, Lipidomics, Metabonomics, Micronutrients
Meta- and omics data. Translation into Diagnostics
Data acquisition $\leftrightarrow$ processing $\leftrightarrow$ interpretation



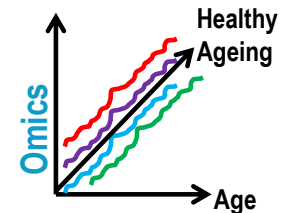
2. Natural human cell models

ViaCyte partnership for human iPSC models
Encapsulation and *in vivo* differentiation

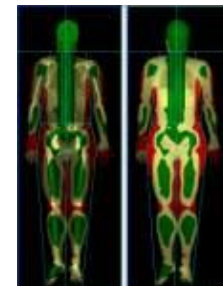


3. Longitudinal human studies with safe challenges

Systems view of recovery from challenge and restoration of homeostasis rather than analysis of system « at rest » (fasting)
Metabolic (e.g. high fat, high glucose), cognitive and physical (endurance / resistance exercise) challenges



4. Classical « top-down » phenotyping meets molecular « bottom-up » phenotyping



5. We study health !



Nestlé Institute of Health Sciences

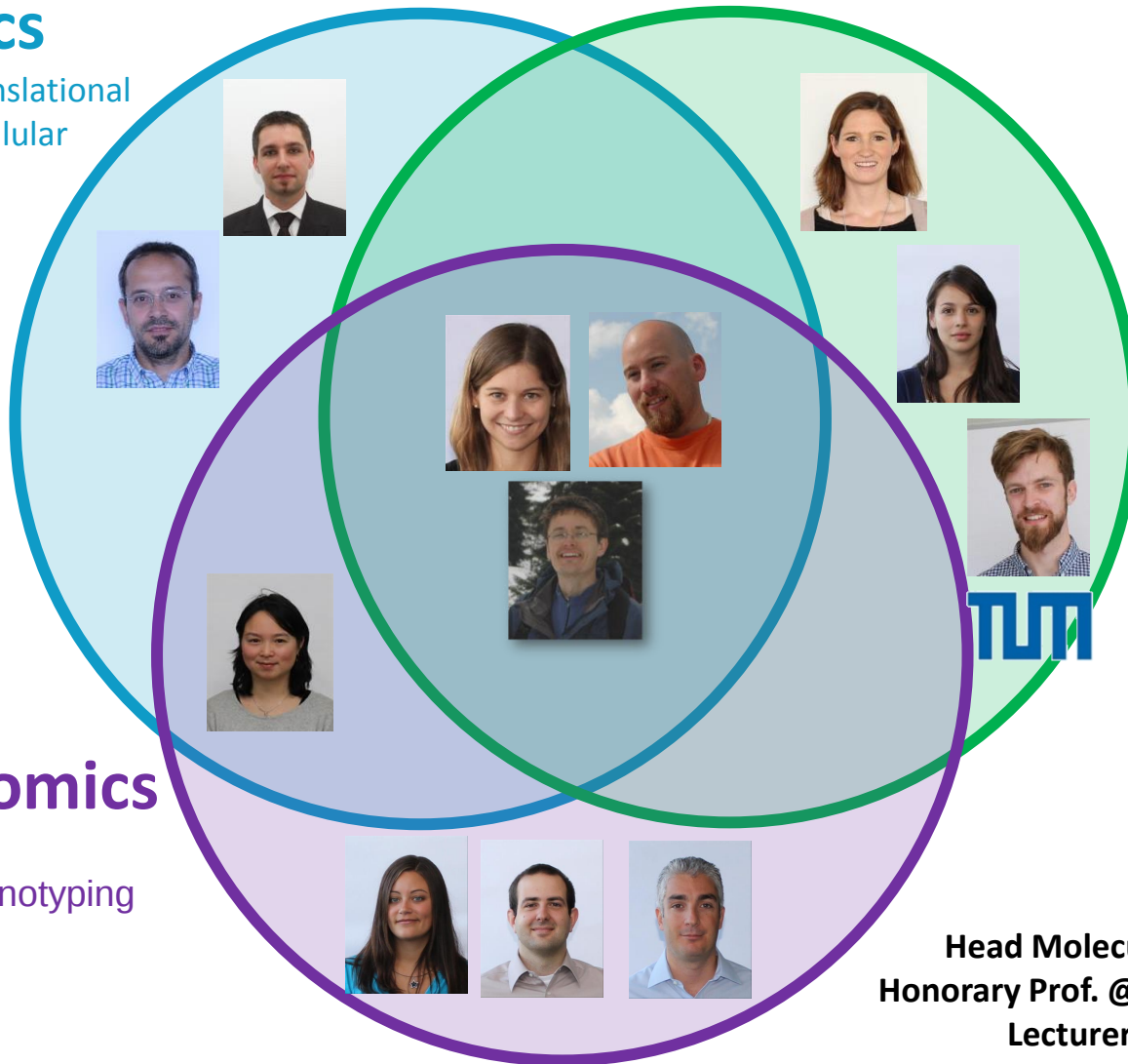
Kussmann, Hager, Morine, Sonderegger, Kaput. *Frontiers* 2013

Kussmann, Kaput. *Appl. Transl. Genomics* 2014

Molecular Biomarkers – Platforms and Staff

Proteomics

- Clinical and Translational
- Molecular & Cellular
- Technology



Diagnostics

- Clinical and Translational
- Assay Development

Metabonomics

- Metabolism
- Molecular Phenotyping
- Technology

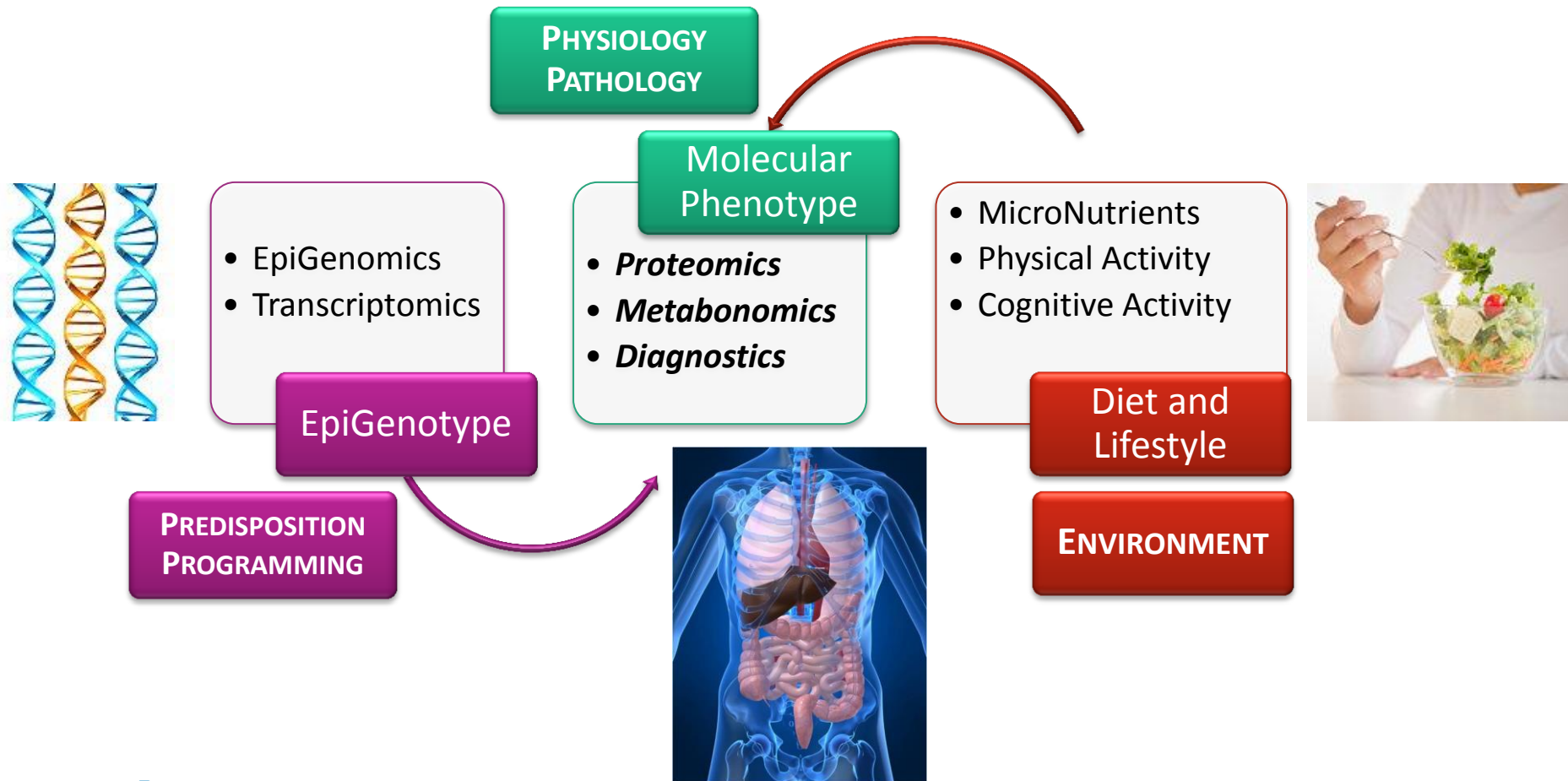


MARTIN KUSSMANN

Head Molecular Biomarkers @ NIHS
Honorary Prof. @ Aarhus Univ. Denmark
Lecturer (MER) @ EPF Lausanne

Molecular Biomarkers @ NIHS:

Where Genes and Environment intersect...



Scope : Health Areas

Sebastiano Collino

Loïc Dayon

- **AGEING**



Longevity
Frailty
Muscle
Health

India Severin

Loïc Dayon

John Corthésy

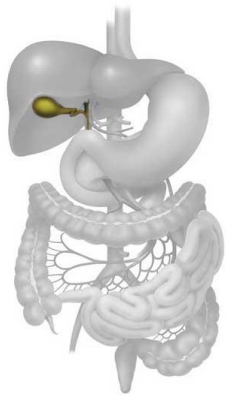
- **BRAIN
HEALTH**



Phenotyping
Cognitive
Decline
Alzheimer's
Biomarkers

Host-Microbe
Metabolism
IBD

- **GASTRO-
INTESTINAL
HEALTH**



François-Pierre Martin

Juvenile
Diabetes
DiOGenes
Circadian
Biology

- **METABOLIC
HEALTH**



François-Pierre Martin
John Corthésy
Loïc Dayon

Study Levels : Clinics → Analyses → Data

CLINICS

Longevity
Frailty
IBD
Diabetes
Alzheimer's

ANALYSIS

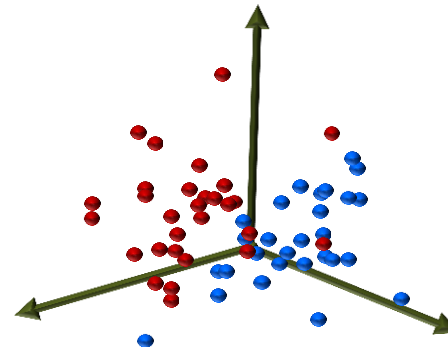
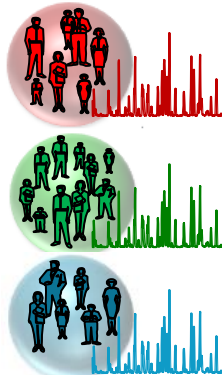
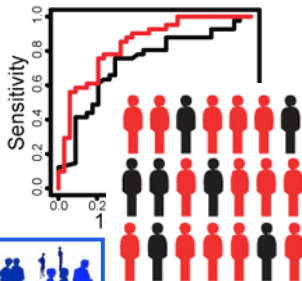
Proteomics
Metabonomics
1-Carbon
Metabolism
Diagnostics



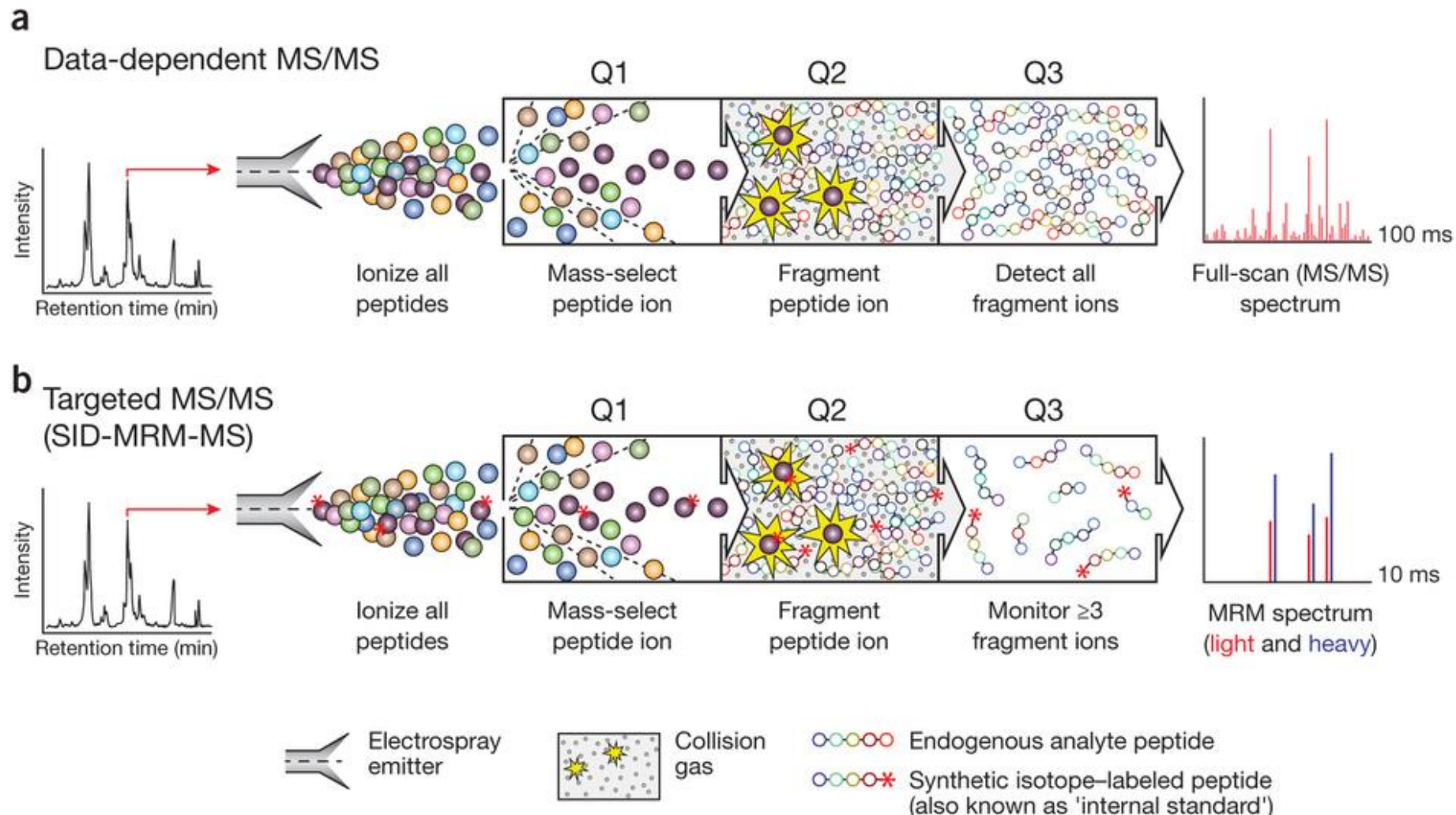
DATA

Biomarkers
Chemometrics
Pathways
Networks
Omics Data
Processing

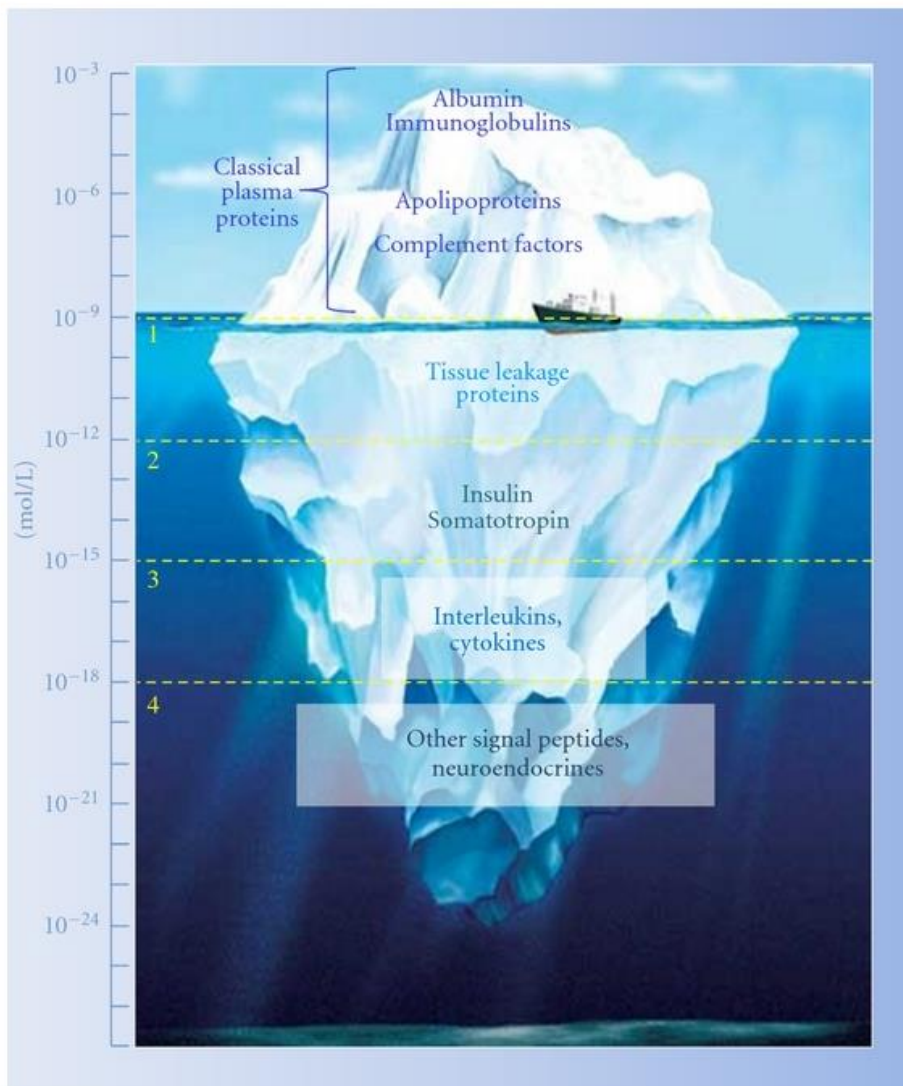
Ivan Montoliu
Ornella Cominetti



Proteomics: Discovery and Targeted/Validation



Human Plasma Proteomics



Inez Finoulst, Martijn Pinkse, William Van Dongen, Peter Verhaert, J. Biomed. Biotechnol. 2011;2011:245291

- Concentration range: **10-12 logs**
- **Abundant proteins** represent > 99% of the total bulk
- **Abundant tryptic peptides** dominate MS analysis
- **Many variants and modifications** of few abundant proteins

“Sample preparation is key and has been neglected”.

Bruno Domon, EuPA 2013

7th Annual Conf. Saint-Malo, France, Oct. 2013

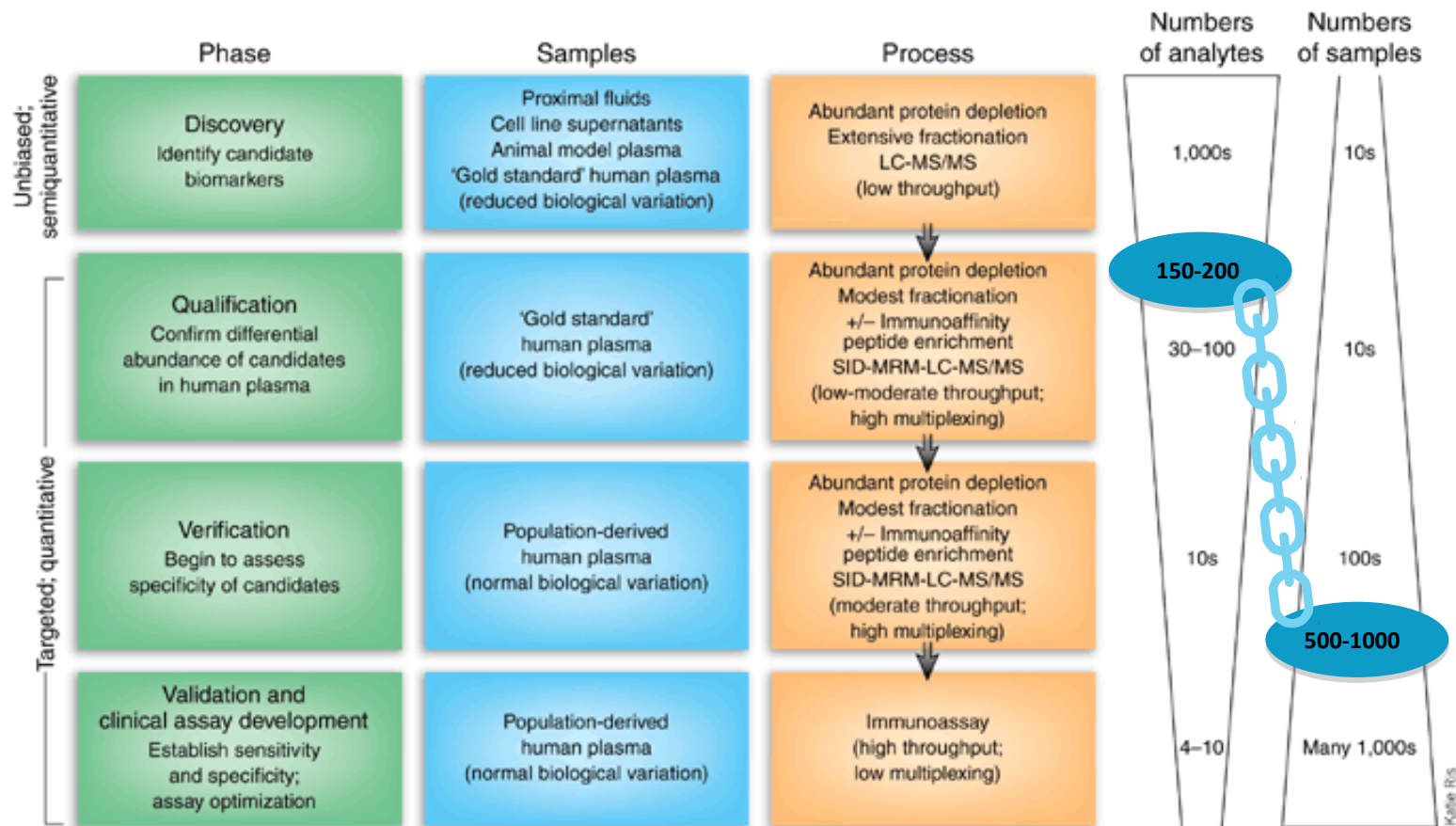
“We cannot do HT without sample preparation automation but nothing is available on the market”.

Roman Zubarev, EuPA 2013,

7th Annual Conf. Saint-Malo, France, Oct. 2013



Human Plasma Proteomics



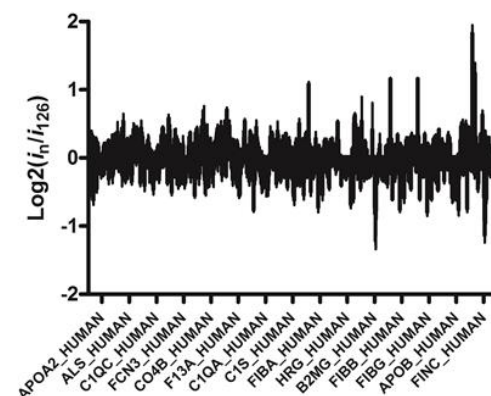
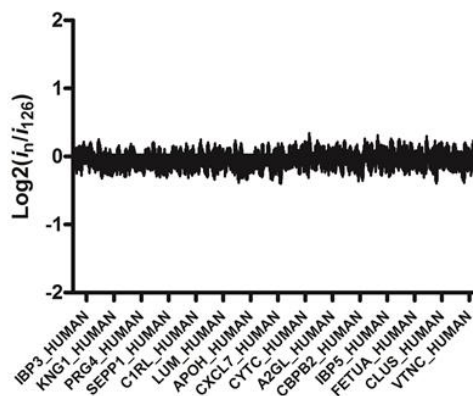
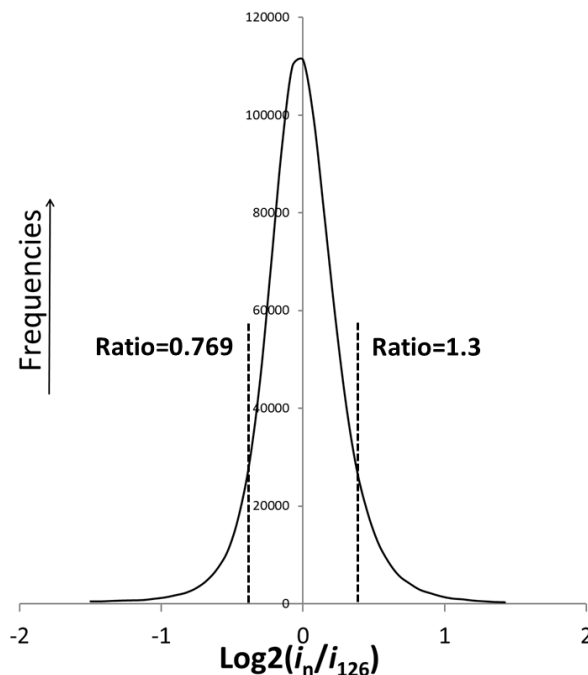
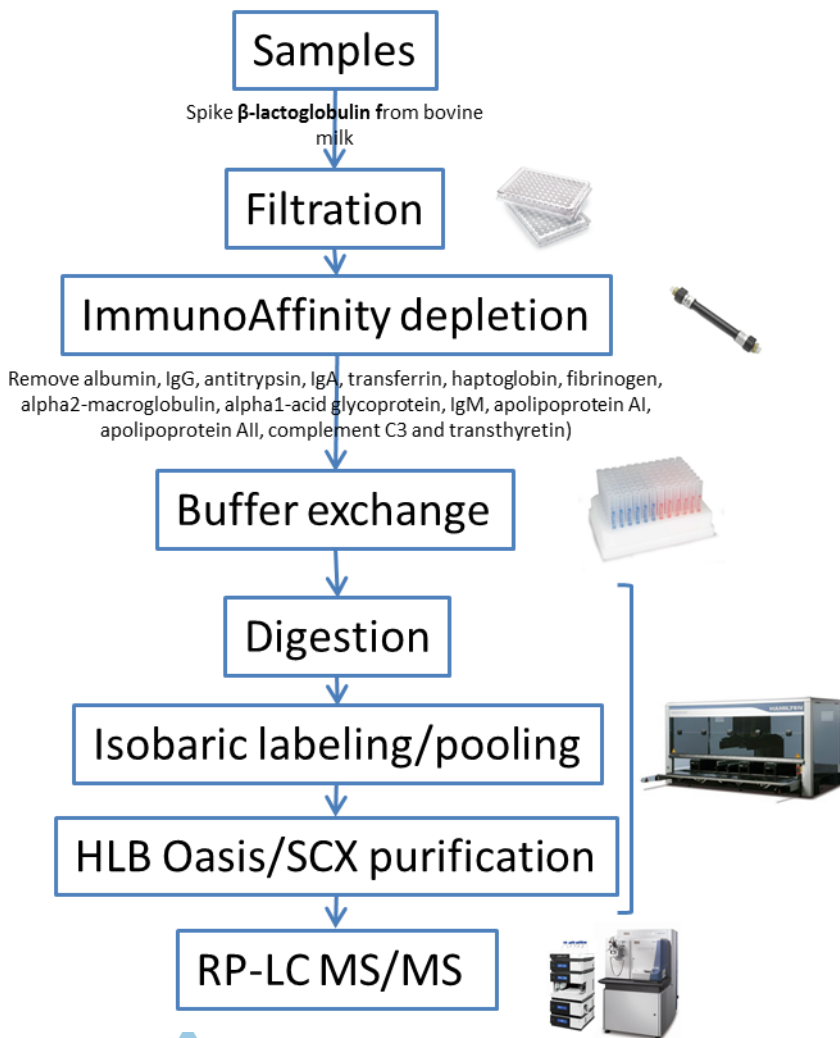
Nader Rifai, Michael A. Gillette, Steven A. Carr, Nature Biotechnology 24, 971 - 983 (2006)

- Innovative biomarkers: discovery / verification / validation
- Small to higher number of samples for discovery



Human Plasma Proteomics Workflow

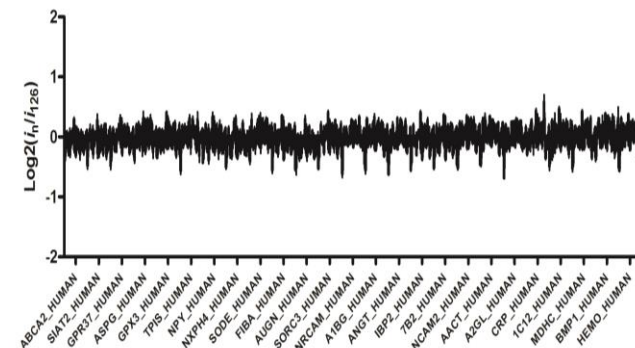
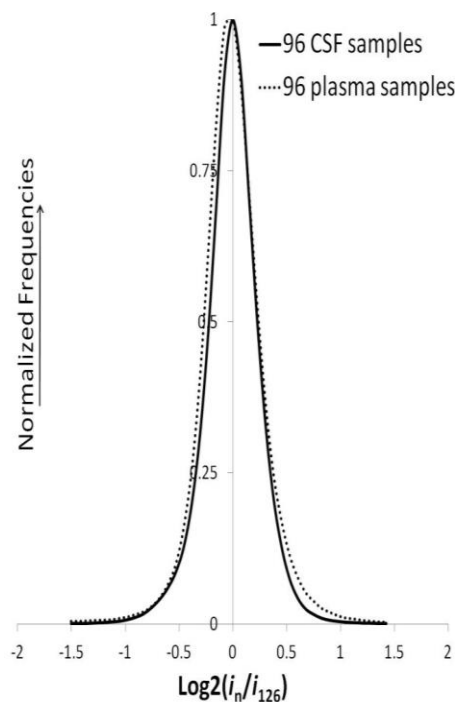
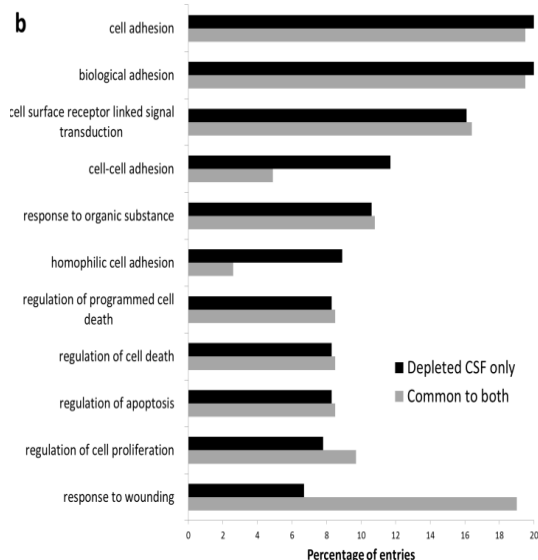
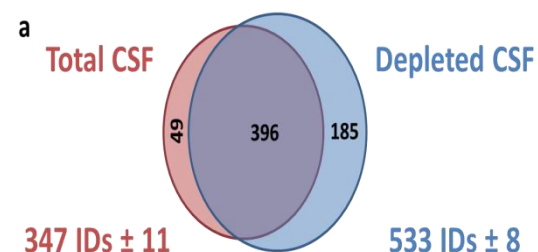
- 96 individual, identical samples on MTP-format



Human CSF Proteomics Workflow



- Automation of proteomics of human CSF
- Application to CHUV AD cohort



NMR-/MS-based Metabonomics



Sebastiano
Collino



Laeticia
Da Silva



François-Pierre
Martin



Seu-Ping
Guiraud



NMR



LC-NMR



LC-NMR/MS



Rezzi/Collino/Martin/Kochhar/Nicholson et al. *J. Proteome Res.* 2007 + 2012. *Anal. Chem.* 2009, *Trends Anal. Chem.* 2013
Nestlé Institute of Health Sciences

Kusmann, Raymond, Affolter; *J. Biotechnol.* 2006, *Curr. Opin. Biotechnol.* 2008

Metabonomics: Clinical Screening and Discovery

Matrices: plasma, urine, saliva, synovial fluid, feces, cells, tissues...

Key features

High throughput:

5 min scan for urine, 15 min for plasma

Both solid and liquid state

Highly robust/reproducible:

CV: 0.02% across QC samples

0.04% across instruments

Provides information on:

- Central E metabolism
- Amino acids
- Lipids (lipoproteins)
- Glucose
- Microbial metabolites

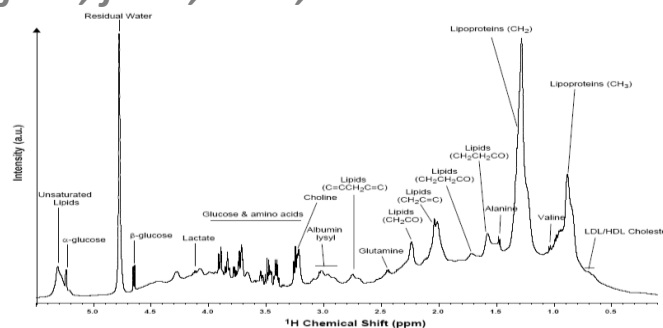
Provides guidance for

subsequent targeted analyses

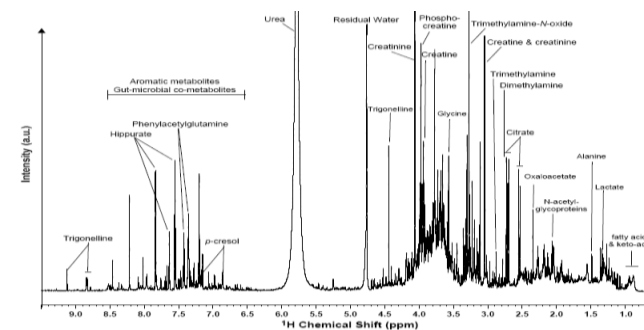
Metabolome coverage

(based on known metabolites):

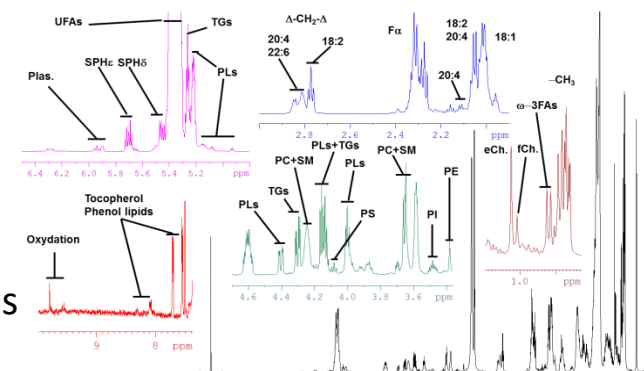
- **Urine: 209** (out of 605) compounds
- **Plasma: 50** compounds
- **CSF: 54** compounds



Plasma



Urine



Lipid extracts



AGEING



What is ageing and how does it progress ?



Prenatal
Infancy

Childhood
Puberty

Maturity
Reproduction

Ageing

Genes

Epigenetics

Maternal behaviours

Environmental factors

Family behaviours

Learned behaviours

Family environment

Biological factors

Genes/epigenetics

Fat mass / obesity

Family behaviours

Learned behaviours

Environmental factors

Environmental pressures

Biological ageing

Poor new adaptation

Previous maladaptation

Disease



Ageing and Nutrition



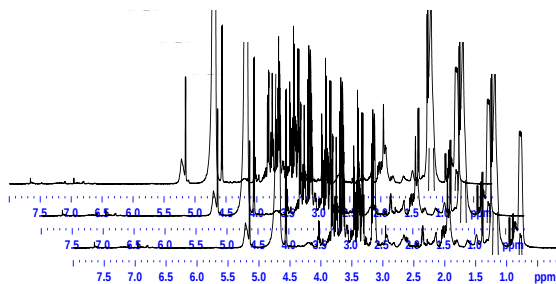
- Role of **nutritional deficiency** in the development of frailty was suggested long ago. However, research in this area is only recent.
- 2%–16% of community-dwelling elderly are **nutritionally deficient** in protein and calories (Whitehead 1997). If **mineral and vitamin deficiencies** are included, malnutrition in persons older than 65 years may be 35% (Chandra 2002).
- Low energy and protein intake and **low nutrients** positively associate with frailty. Energy intake, serum **Se**, **carotenoids** and albumin levels are **lower** in **frailty** (Smit et al 2013). **MMA**: marker for available vitamin **B12** (Mocchegiani 2010).
- Elderly become particularly vulnerable to compromised **nutrient intakes**.
→ Their diets should be nutrient-dense to ensure adequate intakes of e.g. **n-3 fatty acids**, **protein**, **dietary fibre**, **B vitamins** and other **micronutrients** such as **iron**, combined with low intakes of **sodium**.
- → Need better **nutritional assessment tools** for both successful diagnosis of malnutrition and development of appropriate and comprehensive treatment plans for frail (and others).



Metabolic phenotyping reveals differences between biological and chronological age

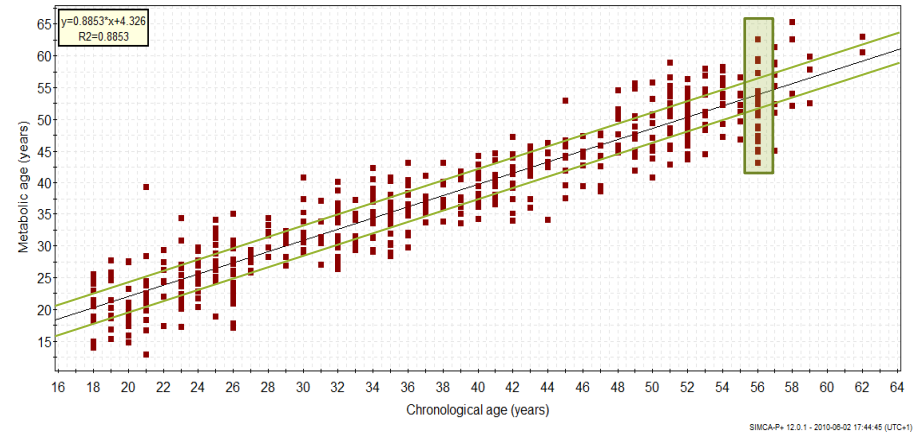
Plasma samples from n = 3'700 ageing males and females aged 18 to 67

NMR profiling

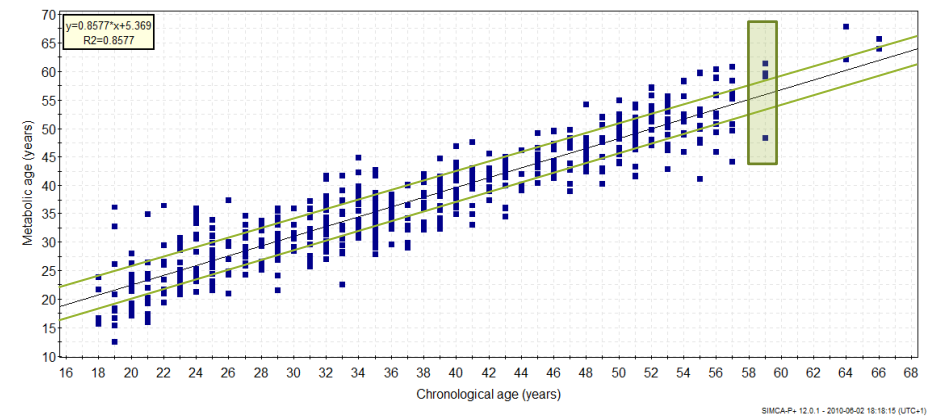


Statistical modeling (PLS)

NMR Metabolic profile model vs. Chronological age (Males)



NMR Metabolic profile model vs. Chronological age (Females)



The observed metabolic distributions suggest that **chronological age differs from metabolic (biological) age**



Longevity (centenarians) as a model of healthy ageing

Factor	Centenarians	Elderly	Young	Pvalue
BMI, kg/m ²	24.2±3.8 (13.3-31.2)	26.9±4.6 (16.7-54.7)	22.1±2.0 (18.3-24.6)	a(***), b(***)
HOMA, µU/mL	1.77±1.1 (0.20-23)	2.81±2.57 (0.20-28.9)	n/a	a(***), n/a
Diabetes ¹ , n	1	25	n/a	n/a
Cholesterol, mg/dl	185.0±32.7 (112-264)	201.0±37.2 (5-335)	162.3±28.4 (133-207)	a(***), b(***)
Triglycerides, mg/dl	114.4±46.1 (60-283)	129.9±65.7 (44-530)	71.7±32.1 (28-143)	a(*), b(***)
HDL, mg/dl	48.2±13.1 (25-99)	55.2±20.4 (20-147)	51.8±8.7 (38-66)	a(*), b(**)
LDL, mg/dl	105.6±35.1 (75-165)	118.7±45.7 (23.8-199)	89.8±51.5 (49-144)	a(*), b(***)
CRP, mg/L	5.0±5.3 (0.28-28.2)	2.7±3.6 (0.11-25.7)	0.72±0.4 (0.28-2.08)	a(***), b(***)
A-SAA, µg/ml	437.6±483.7 (15.5-851)	149.1±204.6 (0.01-186)	n/a	a(***), n/a
IL-6, pg/ml	46.9±41.6 (7.5-225)	35.4±54.9 (0.28-28.2)	20.3±17.5 (2.70-28.2)	a, b(***)
IL-8, pg/ml	20.9±20.8 (6-71)	22.72±27 (2.3-100)	19.3±13.3 (4.4-46.6)	a, b(*)
IL-10, pg/ml	3.93±4.3 (0.6-19.9)	6.07±15.4 (1.5-20)	2.38±2.58 (0.80-3.80)	a,b(***)
TNF-alpha, pg/ml	23.5±4.3 (0.40-113)	49.1±153.1 (0.1-80)	18.5±28.5(5.80-65.5)	a,b(***)
MMSE ²	20.4±7.04 (1.3-30.3)	27.3±1.3 (1.3-31.0)	n/a	n/a

Our centenarians are lean, youthful-looking, energetic, independent, and have low rates of heart disease and diabetes



Centenarians appear to be capable of neutralizing/diminishing the deleterious effects of low-grade, chronic inflammation, characteristic of the aging process

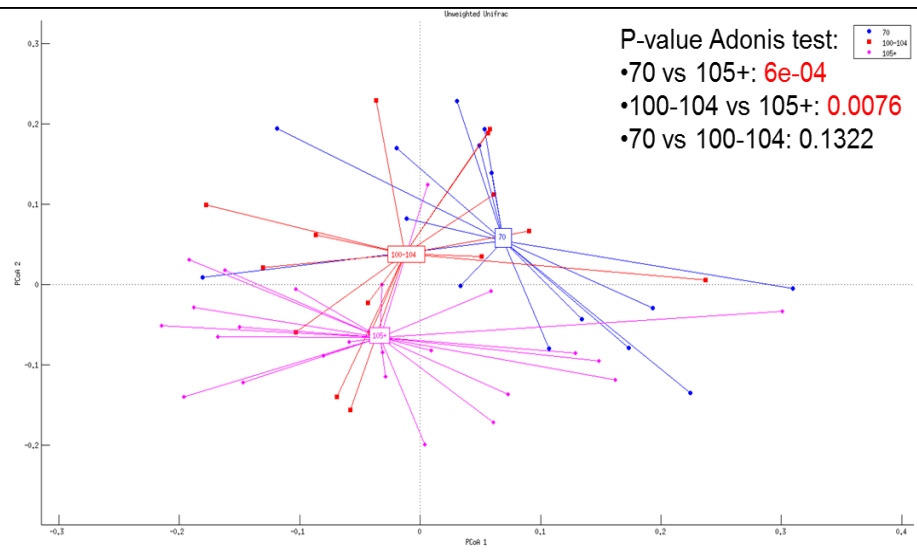
Franceschi et al. 2007

Healthy ageing involves the **interaction** between **genes**, the **environment**, and **lifestyle** factors, particularly **diet**

Human Longevity

Most comprehensive
genotype, microbiome,
and phenotype database

NGS-based gut microbiota fingerprint



Unweighted unifracs, PCoA

Diversity analysis of gut microbiota composition resulted
in significant segregation of 105+ from other groups

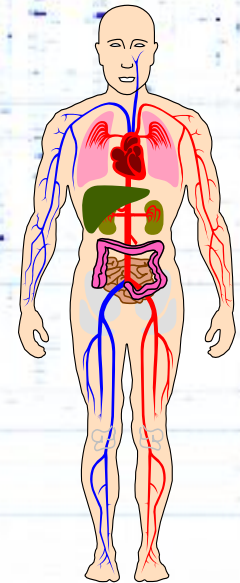
	Milano **	Bologna *	Calabria ***	TOTAL	Mean Age (± std)	Male (N)	Female (N)
105+	29	33	20	82	105.51 ± 1.72	18	64
Offspring	28	22	13	63	69.83 ± 7.24	22	25
Controls	17	16	14	47	71.56 ± 8.02	26	37
TOTAL	74	71	47	192			

Whole Genome Sequencing

	Mean	Standard deviation
Number of sequenced fragments	1,783,333,790.43	57,589,952.91
% mapped reads	92.65	0.85
Percent coverage (%) > 1 X-fold	98.16	0.76
Percent coverage (%) > 10 X-fold	97.64	0.74
Average coverage depth	110.03	2.87
# SNPs	3,605,779	31,319.02

- Developed and applied novel statistical genetic, bioinformatic, and data mining algorithms
- ✓ Genetic variants for pathogenesis, risk and protection
- ✓ Distribution of variants for single genes

METABOLIC HEALTH

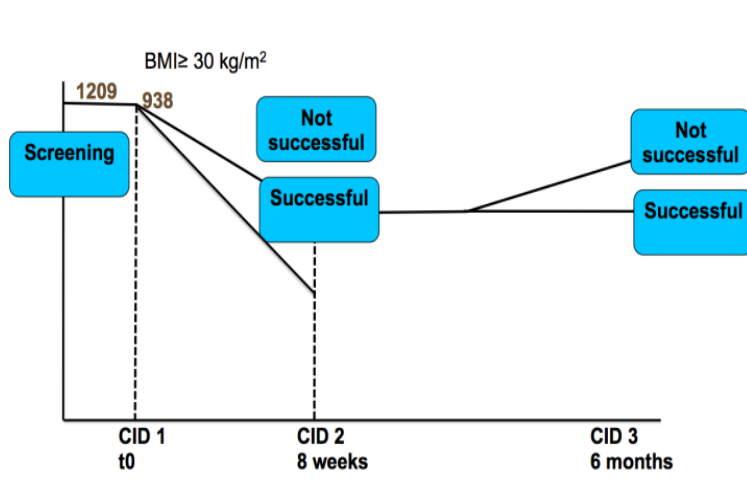


DiOGenes



- DiOGenes stands for **Diet, Obesity, and Genes**
- EU program incl. weight loss/maintenance in obese
- NIHS questions:

Can we predict success in weight loss/maintenance at baseline ?
Who needs which diet to succeed ?



1. Base line
2. Weight loss period (800 kcal/day)
3. Weight maintenance

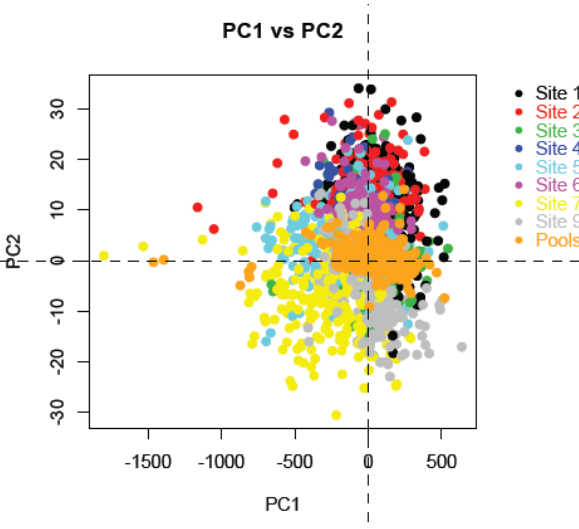
≈ 1'000 subjects
> 4'000 samples
> 7'000 variables
(clinical, food
diaries, behavior,
molecular)

Quantitative
Multivariate
Analysis

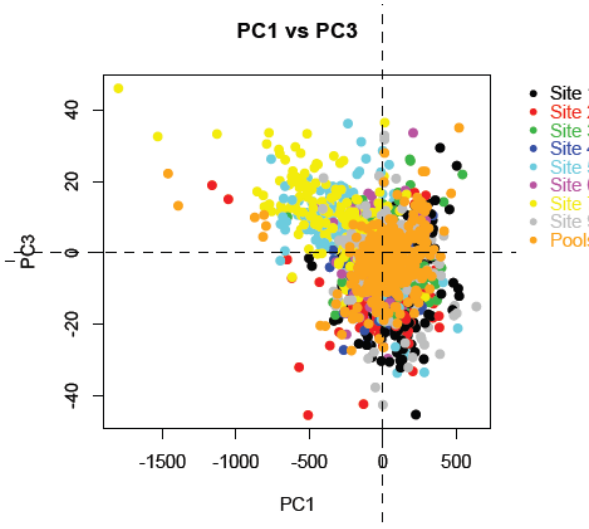
Proteomics and clinical center effect

Individual samples

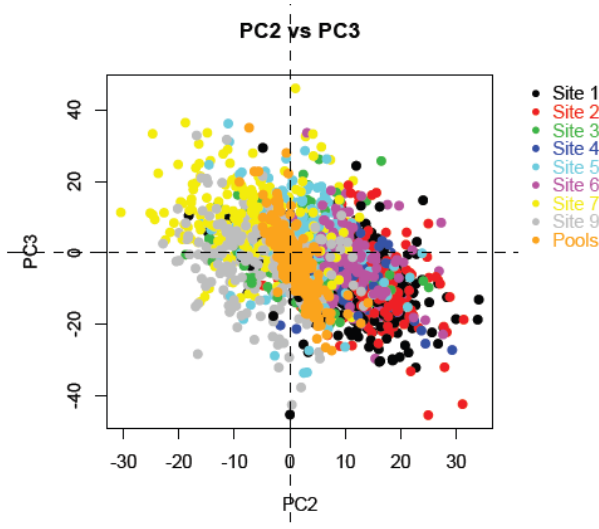
PC1 vs PC2



PC1 vs PC3

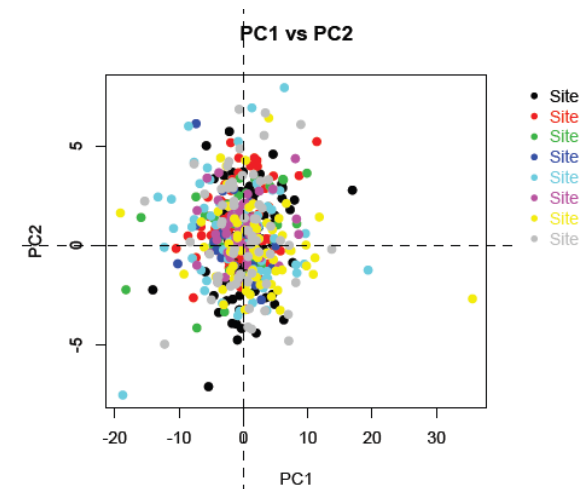


PC2 vs PC3

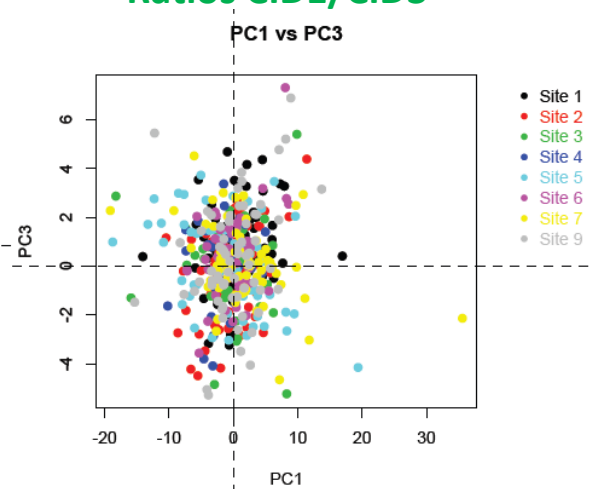


Ratios CID1/CID3

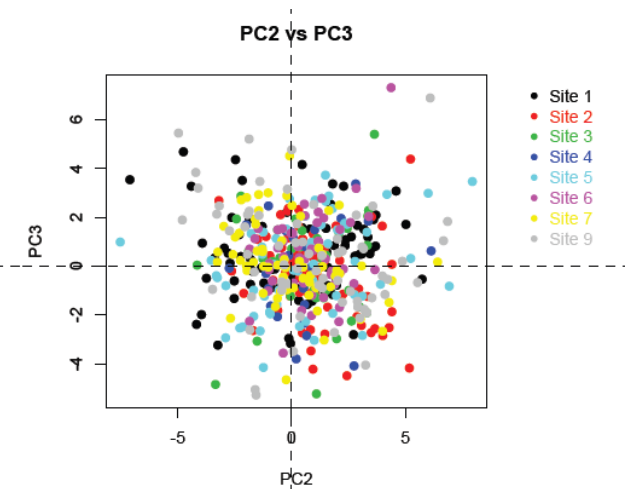
PC1 vs PC2



PC1 vs PC3

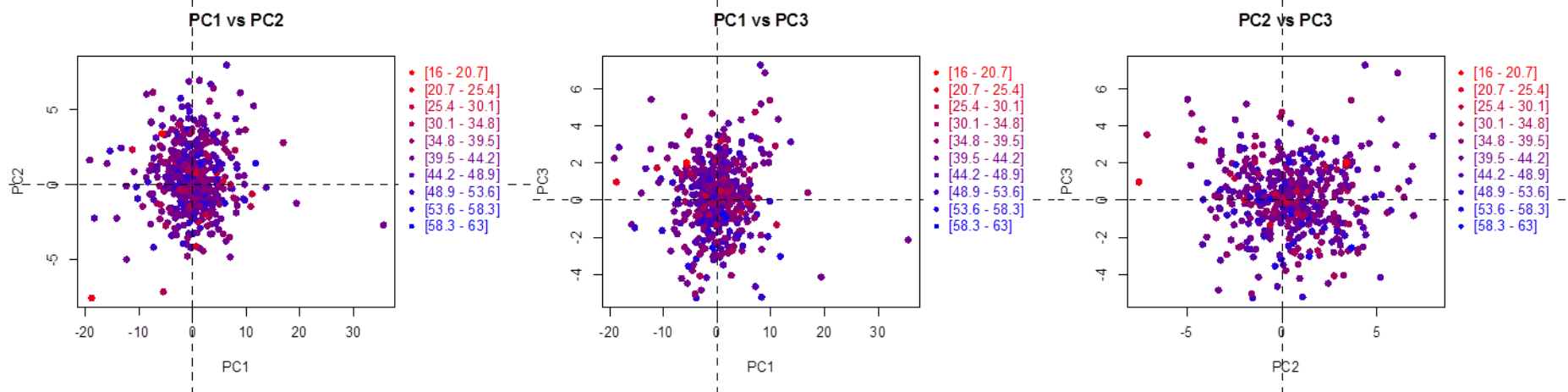


PC2 vs PC3

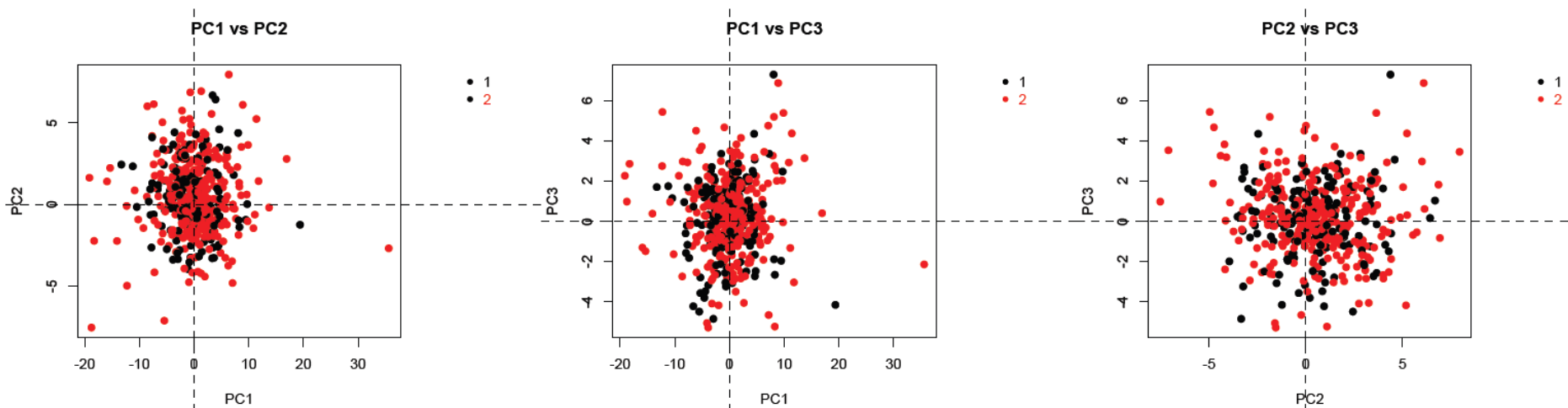


Proteomics and clinical variables

Age

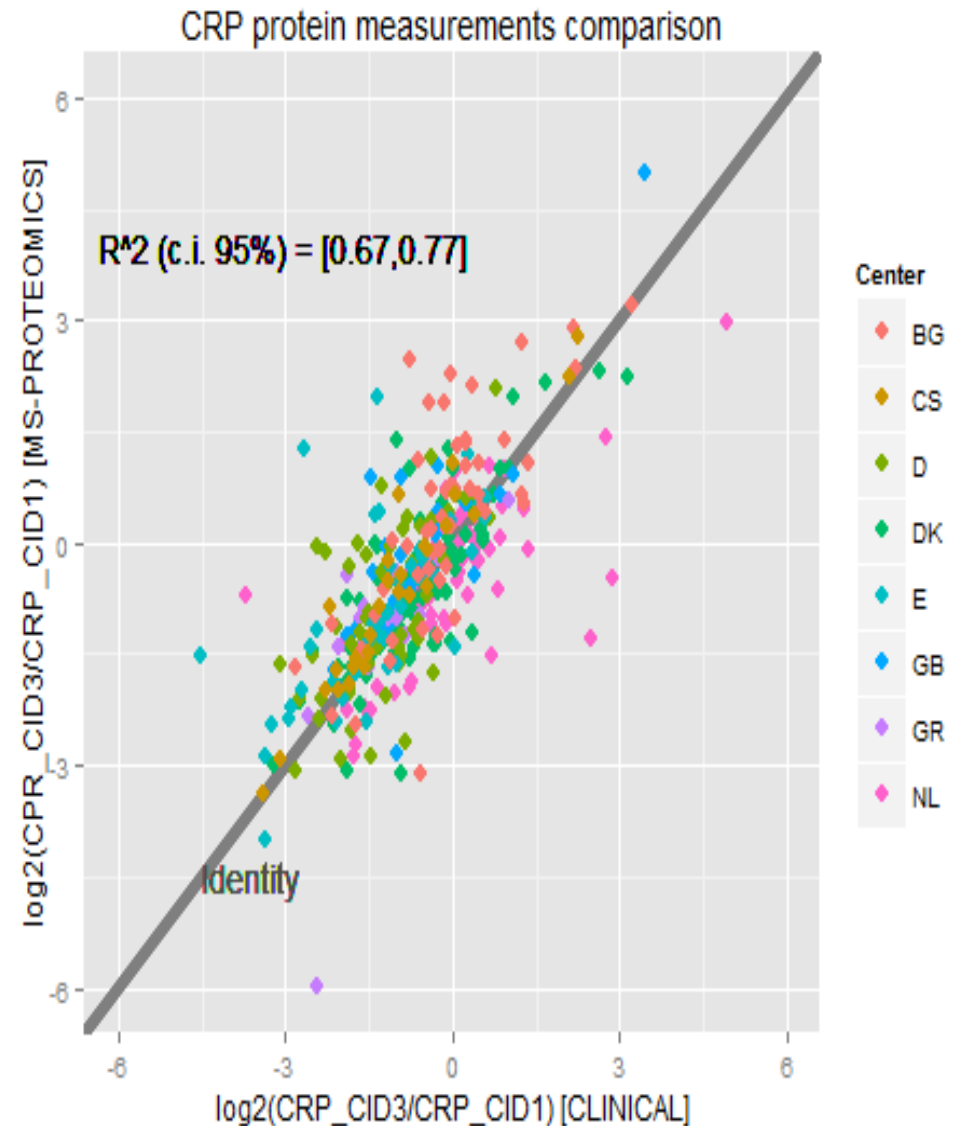


Gender



Validation: C-Reactive Protein

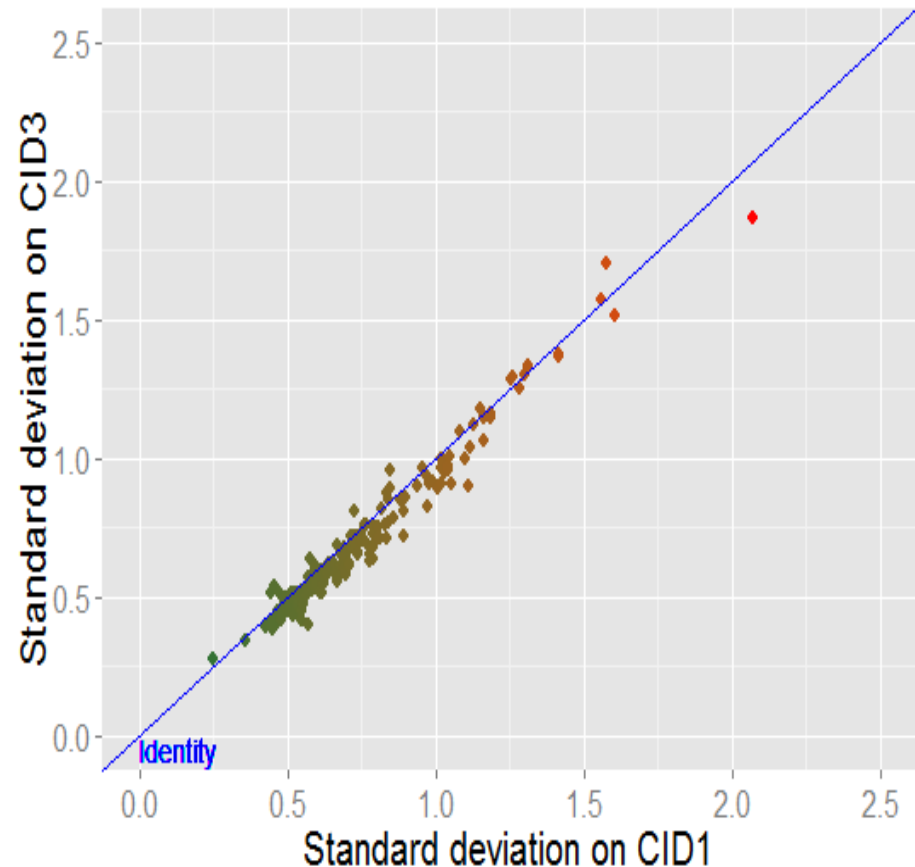
- Measured in clinics
- Measured by MS-proteomics
- Comparison of: $\log_2 \left(\frac{CRP@CID3}{CRP@CID1} \right)$
- Good correlation between techniques



Variability of the proteins

- Protein variability is consistent across the time points.
- Technical variability is smaller than biological variability.
- Low-variability proteins can be used for normalization
- Complement C1r shows potential to be used as an internal protein standard in human plasma

Protein variability in CID3 and CID1

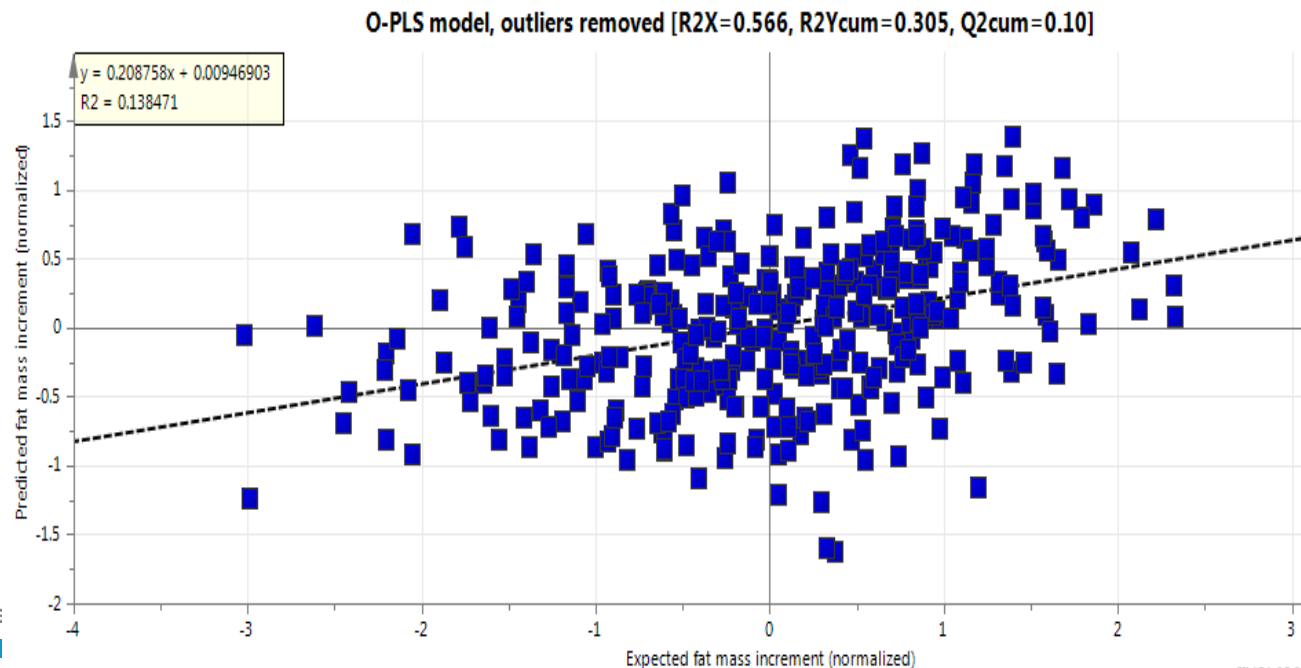


Differential expression and fat mass increment relation

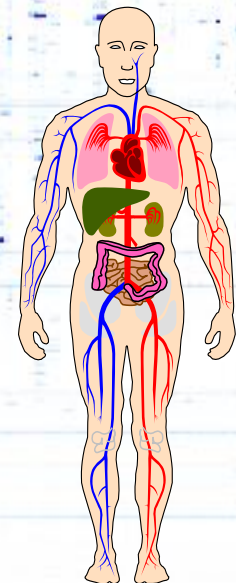
- 46/183 proteins were significantly differentially expressed between timepoints
- Welch t-test on the fold change
- Multiple testing correction

$$\text{Fold Change} = \log_2 \left(\frac{\text{protein expression CID3}}{\text{protein expression CID1}} \right)$$

- Fat mass change relation to proteins
 - Multiple proteins involved
 - Large biological variability



PAEDIATRIC METABOLIC HEALTH



Juvenile Diabetes

Background

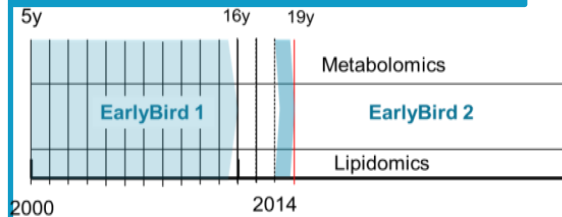


- How do diet, lifestyle and environment interact with genes and metabolism during childhood and adolescence ?
- How does that determine health in child- and adulthood ?

Earlybird Cohort:

- Longitudinal cohort study
- 300 children and their parents
- Measurement every 6 months/12 months from 5-19 years

Science



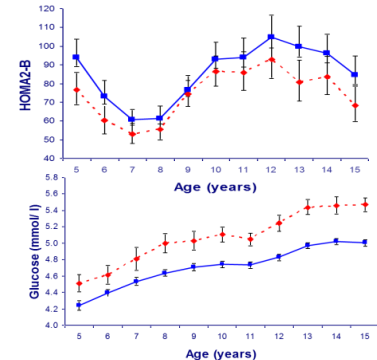
Describe:

- Normal childhood and puberty
- Origins of childhood weight gain and IR
- Impact on long-term risks of diabetes and cardiovascular disease.

Unique longitudinal database across childhood:

- Body composition
- Dietary intake
- Clinical and metabolic status
- Energy expenditure

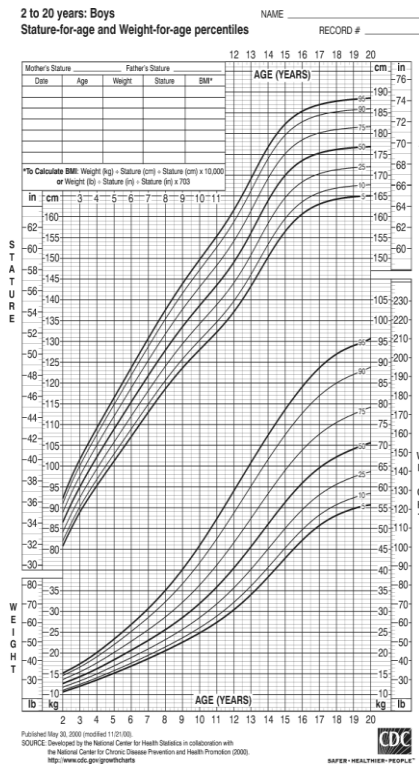
Deliverables



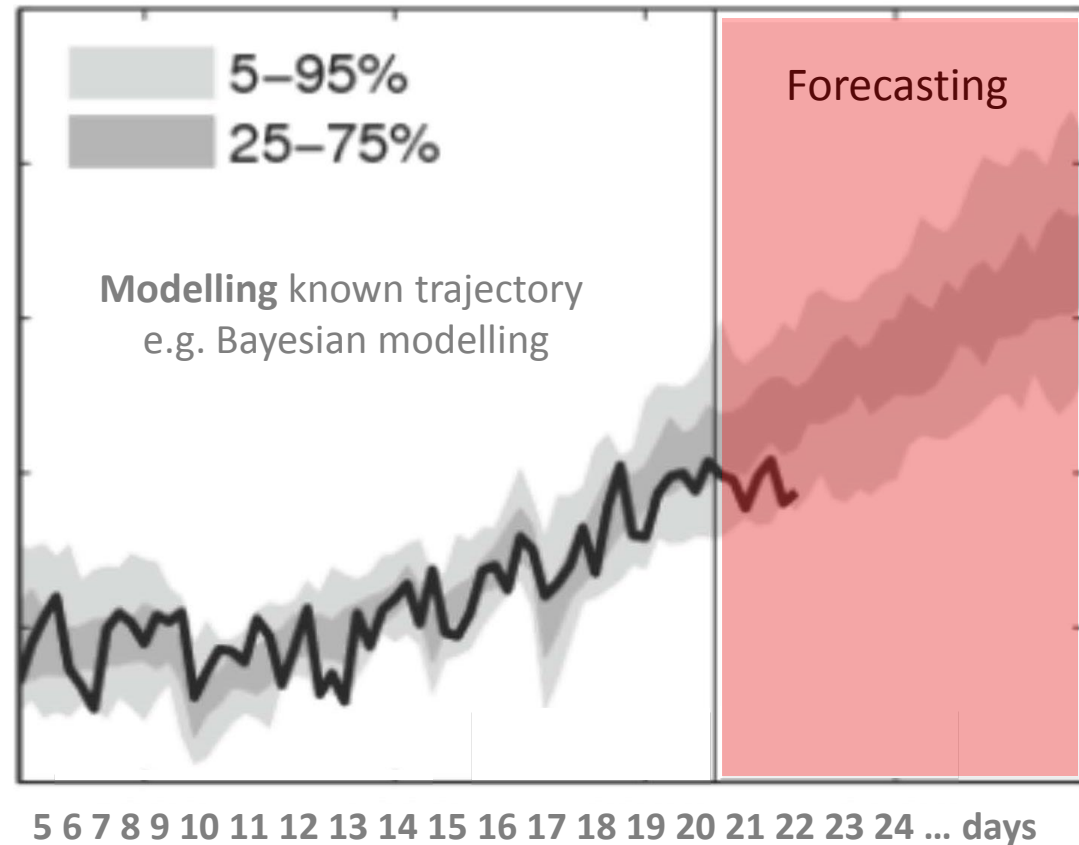
- Establish relationships between genes, metabolism and childhood glucose metabolism
- Findings in mothers of IFG children suggest that β cell defect may be transmissible (gestational and/or genetics)
- Metabolic, anthropometric and nutritional characterization across childhood

Forecasting metabolic trajectories, disease risk and childhood physiology

Growth curve reference

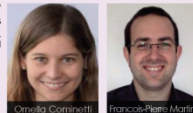


Metabolic flexibility



INFANT NUTRITION

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Nestlé Institute of Health Sciences Sperisen, Cominetti, Martin. *Frontiers Mol. Biosci.* 2015

Monitoring metabolism across childhood:
biomarkers for nutritional health and disease risk management

KEYSTONE SYMPOSIA

on Molecular and Cellular Biology

Human Nutrition, Environment and Health (T1)

October 14-18, 2015 China World Hotel Beijing, China

Scientific Organizers: Martin Kussmann, Hannelore Daniel and Jacqueline Pontes Monteiro

Supported by the Bill & Melinda Gates Foundation

Global Health Travel Award Deadline: May 12, 2015 / Abstract & Scholarship Deadline: June 16, 2015 / Abstract Deadline: July 14, 2015 / Discounted Registration Deadline: August 13, 2015

Vijayalakshmi Varma, National Center for Toxicological Research,
FDA, USA

*Adipogenesis and Adipocyte Response to Fructose: A Characterization
Using Systems Biology Approach*

Aldons J. Lusis, University of California, Los Angeles, USA

Animal Models for Complex Human Traits

Patrick J. Stover, Cornell University, USA

One-Carbon Metabolism

Short Talk Chosen from Abstracts

Poster Session 1

FRIDAY, OCTOBER 16

Human Nutritional and Lifestyle Interventions

Hannelore Daniel, Technische Universität München, Germany

Characterizing Normal Human Metabolism

Ben van Ommen, TNO, Netherlands

Diet, Systems Flexibility and My Optimal Health

Jacqueline Pontes Monteiro, Universidade de São Paulo, Brazil

The Genomics of Micronutrient Requirements

Arne Vernon Astrup, University of Copenhagen, Denmark

Human Dietary Interventions to Probe Metabolic Health

Short Talk(s) Chosen from Abstracts

Capturing and Monitoring Human Individuality

Speaker to be Announced

Michael Snyder†, Stanford University School of Medicine, USA

Longitudinal Omics in Humans

Richard Weiss, Viocare, Inc, USA

Self-Monitoring of Diet and Lifestyle

Poster Session 2 and the Oral Session 2

Juan B. Ochoa†, Nestlé HealthCare Nutrition USA, USA

Personalized Clinical Nutrition for the Critically Ill

Peter Gluckman†, University of Auckland, New Zealand

Perinatal Nutrition and Maternal Health

Short Talk Chosen from Abstracts

Poster Session 3

SUNDAY, OCTOBER 18

Global Nutrition and Sustainability

Jim Kaput, Nestlé Institute of Health Sciences, Switzerland

Genetic, Cultural and Environmental Variability and Nutrient Needs

Zulfiqar A. Bhutta, Hospital for Sick Children, Canada

Maternal and Child Nutrition: Global Challenges and Solutions

Ted Bianco†, Wellcome Trust, UK

Sustainable Nutrition

Shawn Baker†, Bill & Melinda Gates Foundation, USA

Global Nutrition

Short Talk Chosen from Abstracts

Meeting Wrap-Up: Outcomes and Future Directions (Organizers)

Joint Session with Grand Challenges and Keystone Symposia

MONDAY, OCTOBER 19

Departure



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