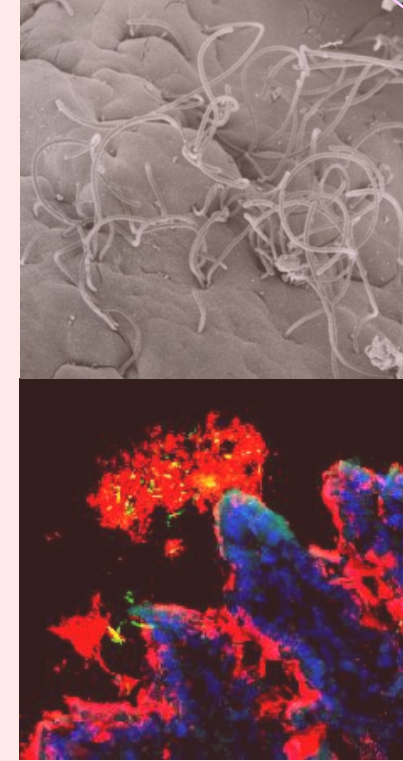
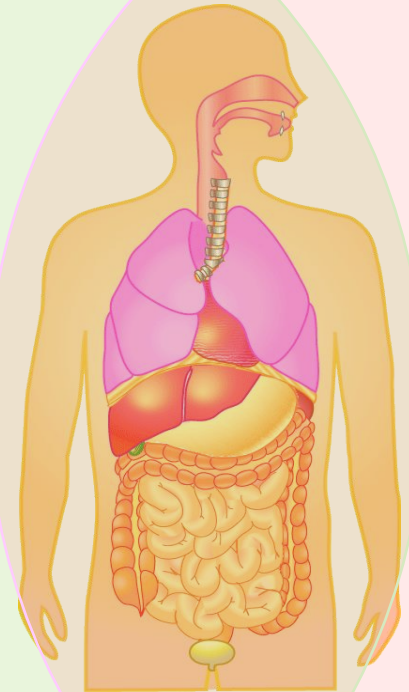
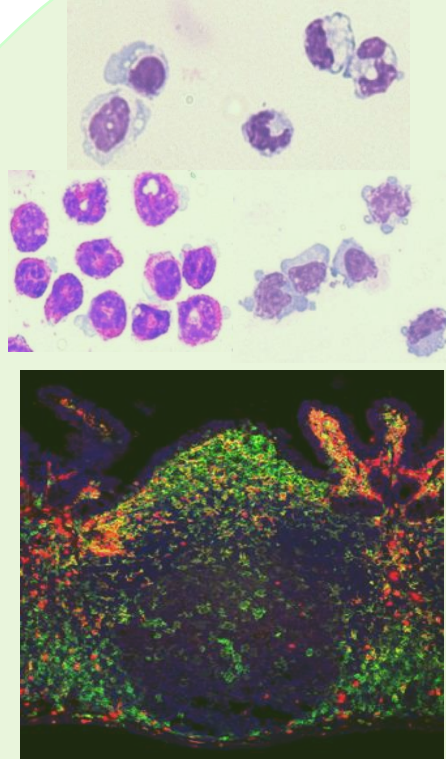


# The mechanism of intestinal epithelial glycosylation and regulation of gut homeostasis



Division of Molecular Immunology, Medical Mycology Research Center, Chiba University

International Research and Development Center for Mucosal Vaccines,

The Institute of Medical Science, The University of Tokyo

**Yoshiyuki Goto**

# **Today's topics**

- 1. Interplay between commensal microorganisms and host immune system**
- 2. Induction of intestinal epithelial glycosylation and phylaxis**

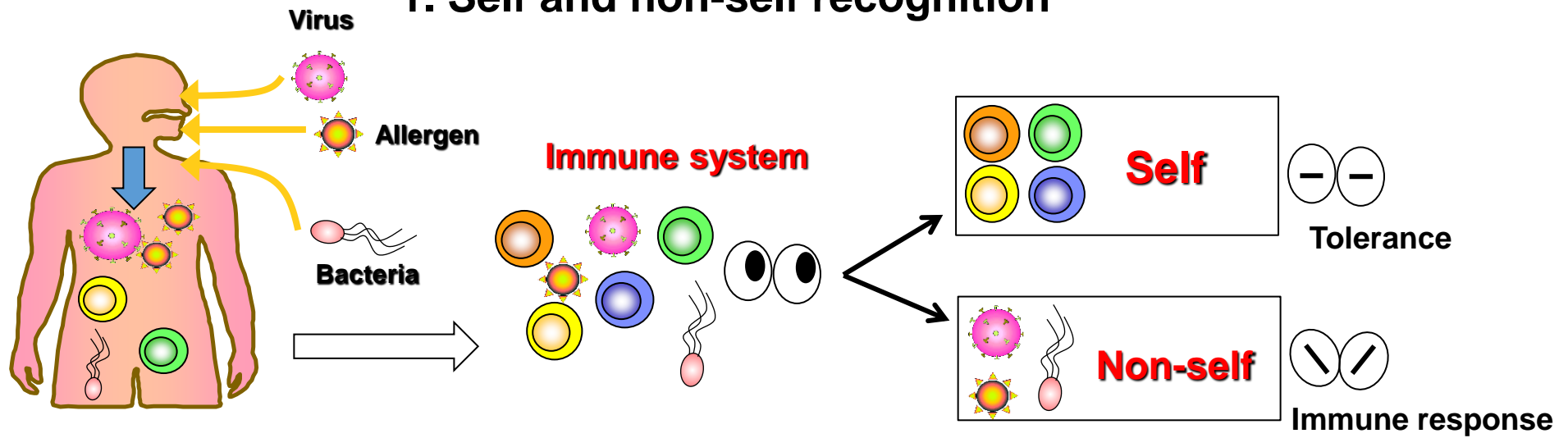
# Today's topics

**1. Interplay between commensal microorganisms and host immune system**

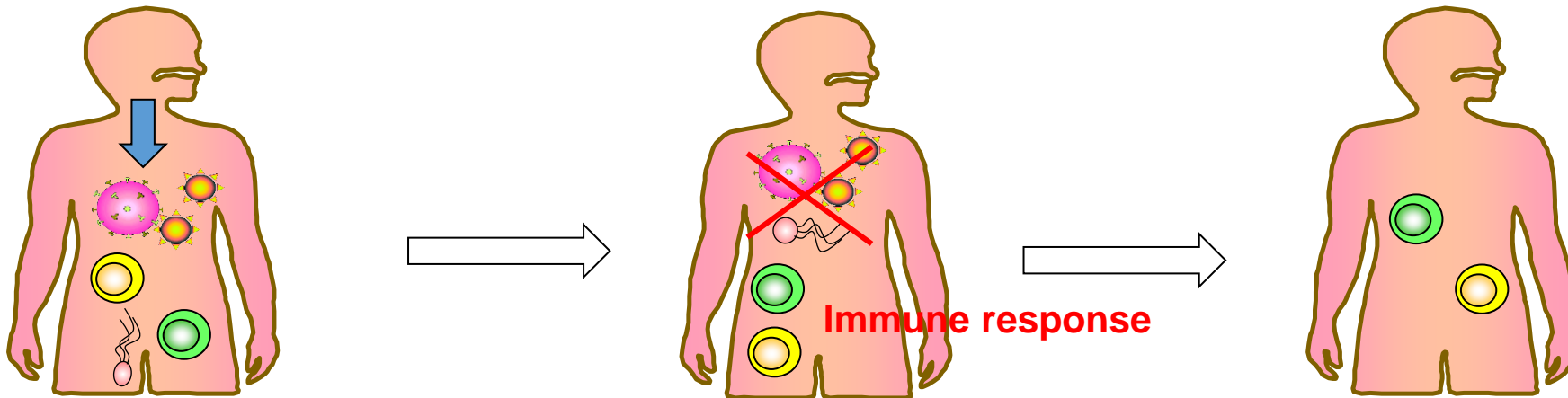
2. Induction of intestinal epithelial glycosylation and phylaxis

# What is immune system?

## 1. Self and non-self recognition



## 2. Attack non-self antigens



# Enigma of Immunology

1. Self and non-self recognition
2. Attack non-self antigens

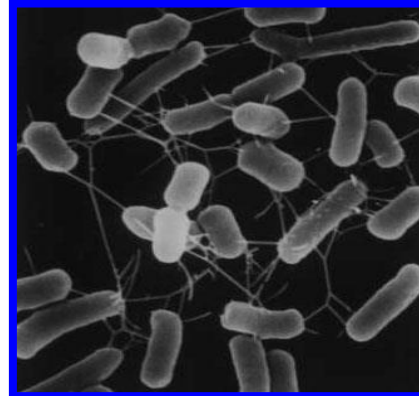
## The gut is exposed by various antigens

Food antigens



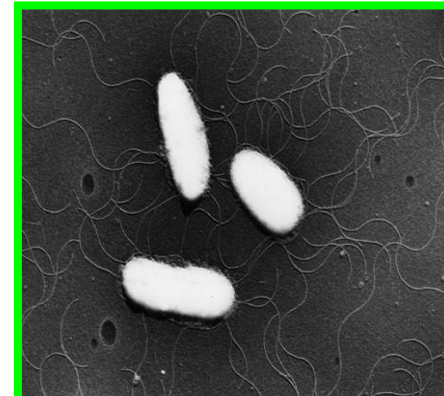
Tolerance

Commensal bacteria

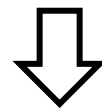


Symbiosis

Pathogenic bacteria



Elimination



**Intestinal immunity**

# Multi-layered barrier system in the gut

**First barrier**

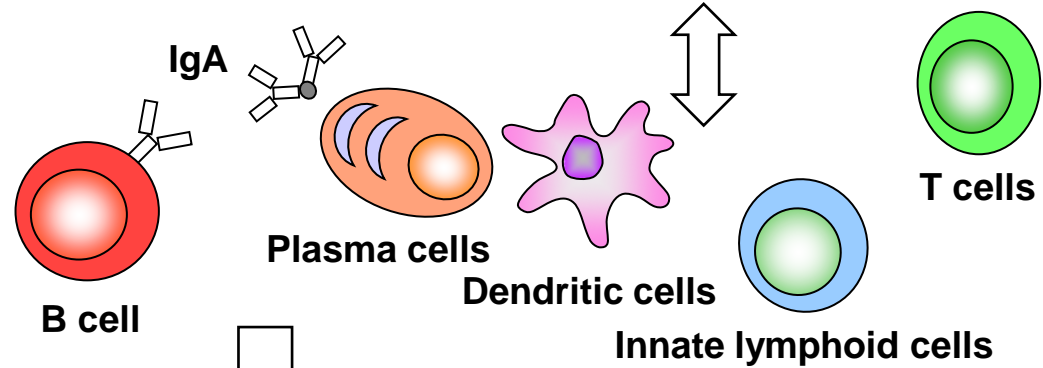
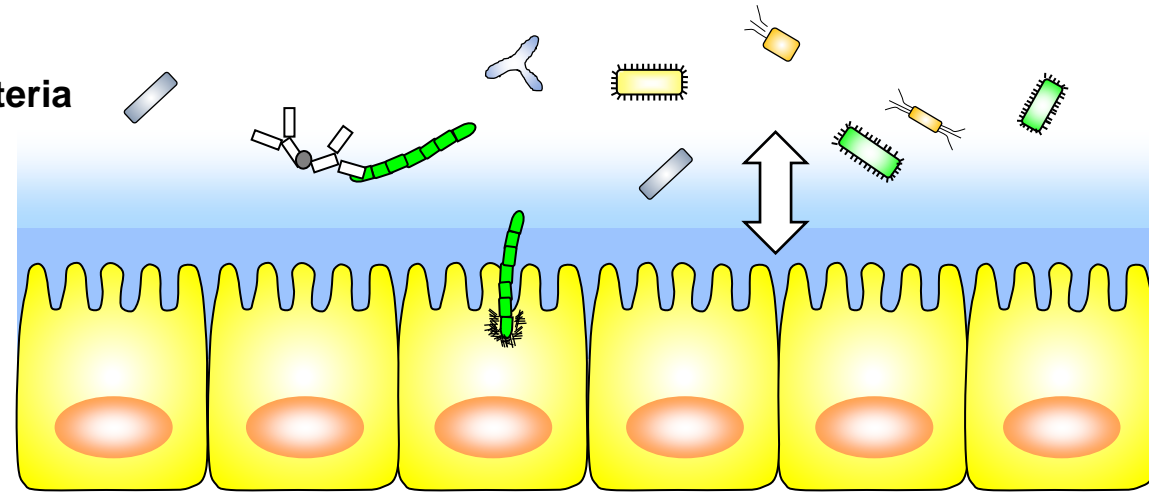
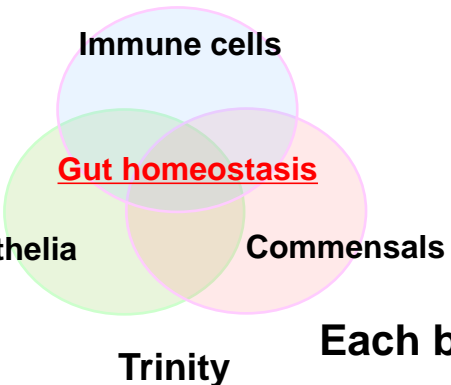
Commensal bacteria

**Second barrier**

Gut epithelia

**Third barrier**

Immune cells

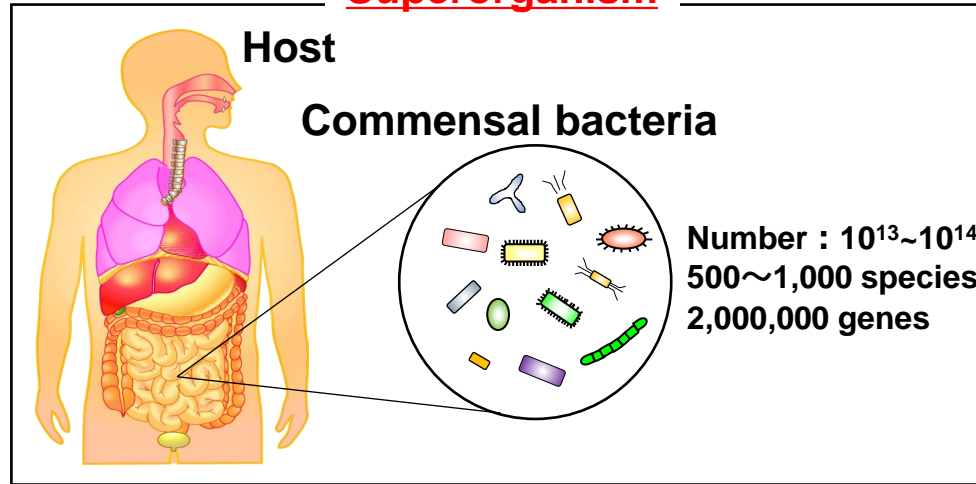


Multi-layered barrier system protect invasion of external antigens

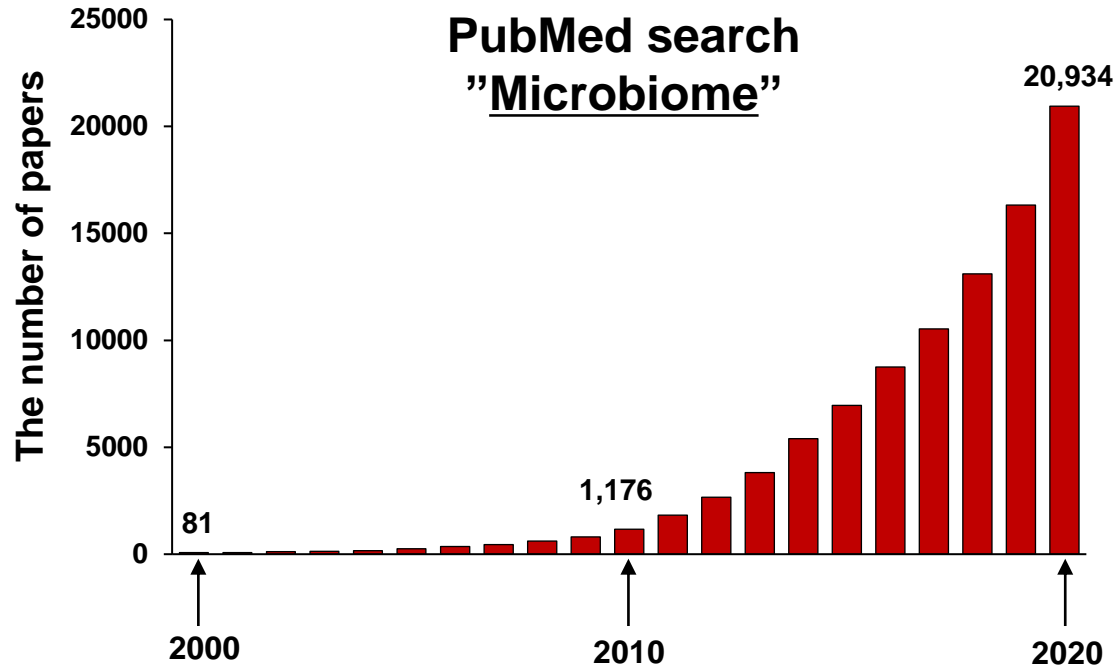
Each barrier system interacts with each other for the maintenance of gut homeostasis

# Commensal microorganisms

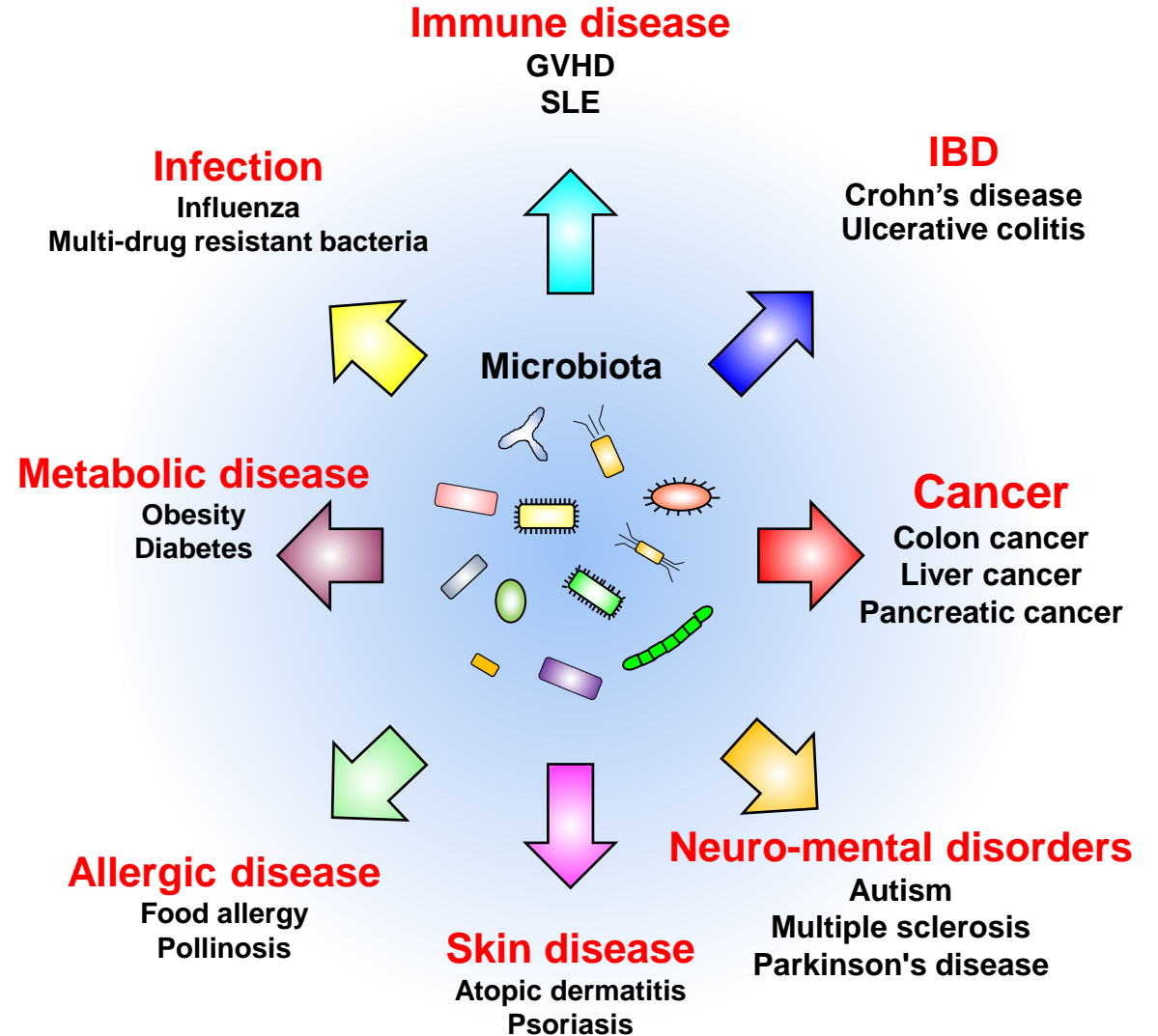
## Superorganism



Lederberg J. *Science*, 288 : 287-293, 2000



## Commensal bacteria regulate host pathology



# Dysbiosis

= disruption of the homeostasis of gut microbiota

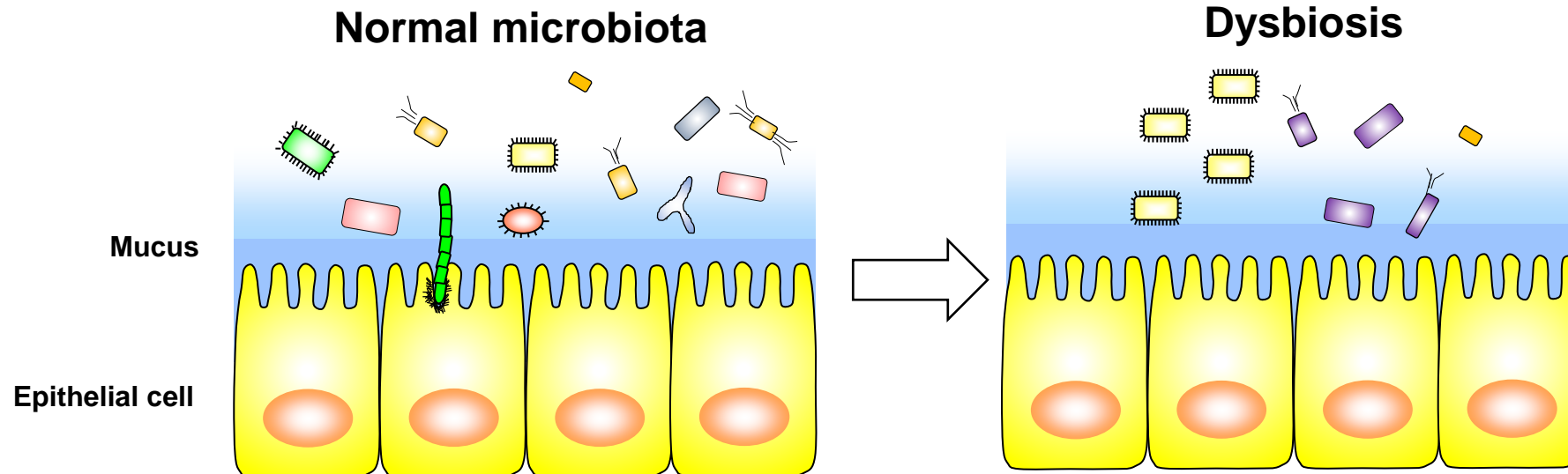
1. Reduction of the species of commensal bacteria
2. Expansion of specific opportunistic bacteria

## External factors

1. Antibiotics
2. Food
3. Infection

## Internal factors

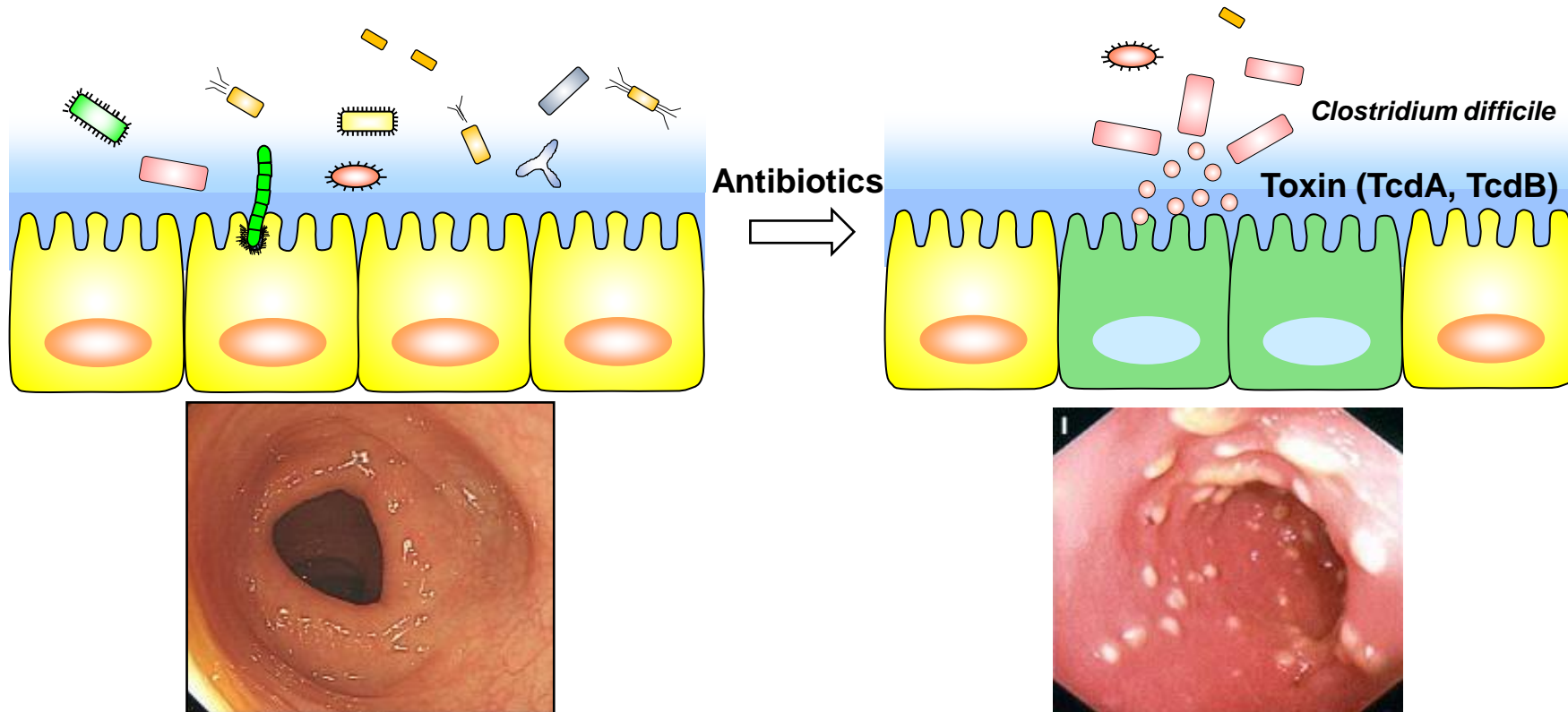
1. Genetic diversity
2. Stress
3. Immune disorder





# Dysbiosis related infectious disease

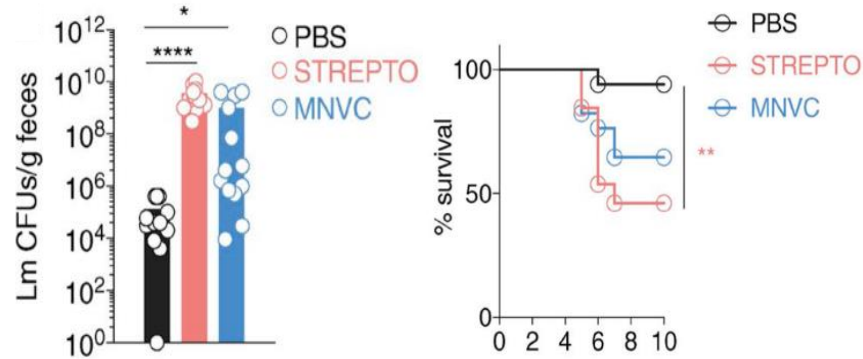
## *Clostridium difficile* infection



**Pseudomembranous enteritis!**

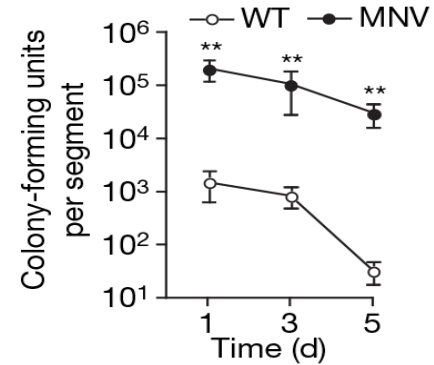
# Colonization resistance effects of microbiota

## Listeria monocytogenes



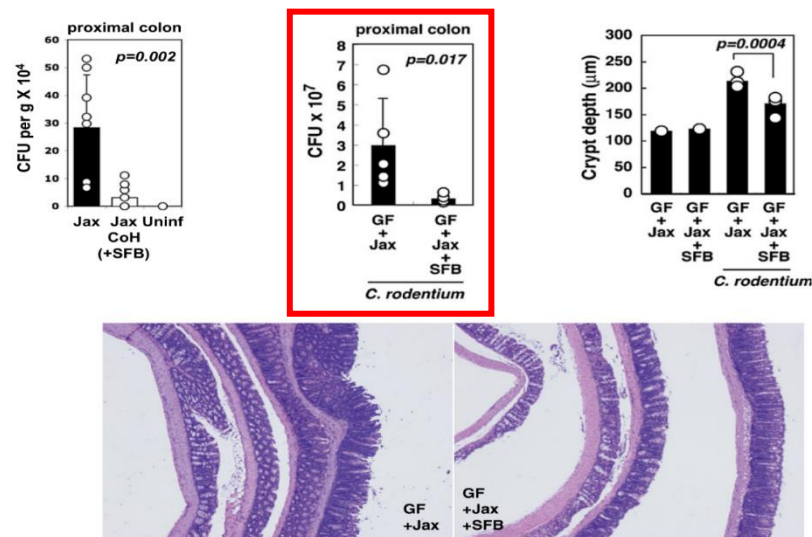
Becattini S, et al. *J Exp Med.* 214: 1973-1989, 2017

## Vancomycin-resistant *Enterococcus* (VRE)



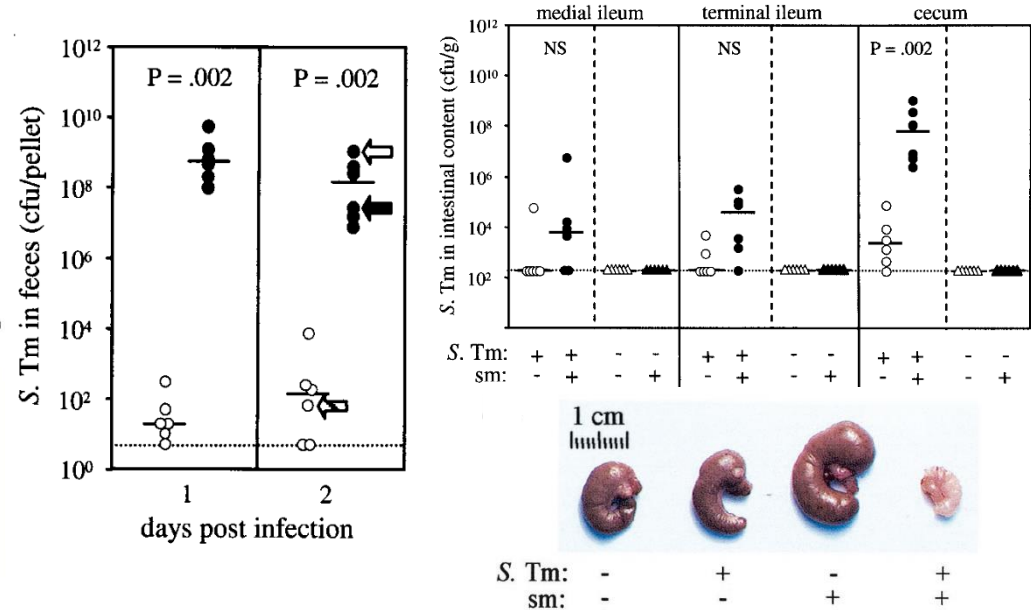
Brandl K, et al. *Nature* 455: 804-807, 2008

## Citrobacter rodentium



Ivanov II, et al. *Cell.* 139: 485-498, 2009

## Salmonella typhimurium

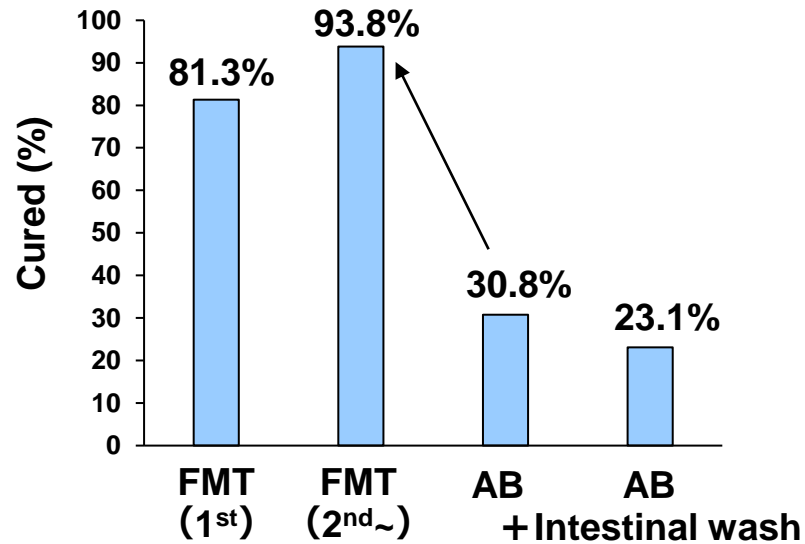


Barthel M, et al. *Infect Immun.* 71: 2839-2858, 2003

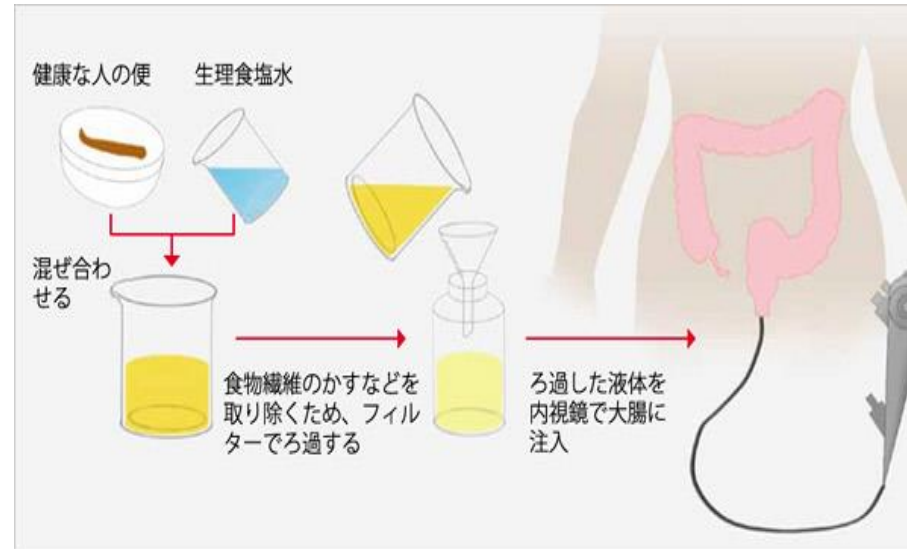
# Microbiota-mediated therapeutic approach 1

## Fecal Microbiota Transplantation: FMT

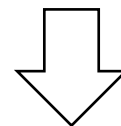
### Therapeutic effect against *Clostridium difficile* infection



van Nood E, et al. *N Engl J Med.* 2013; 368: 407-415.

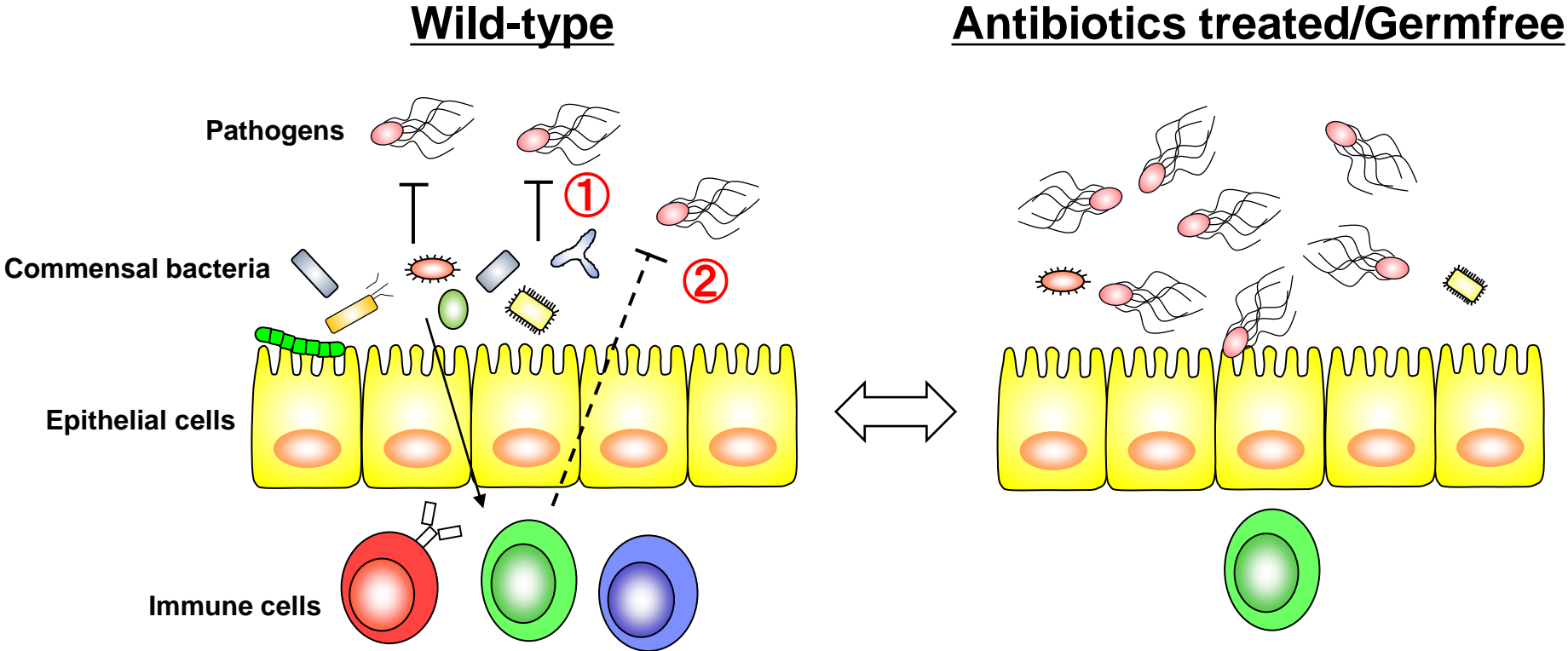


Chiba University hospital HP

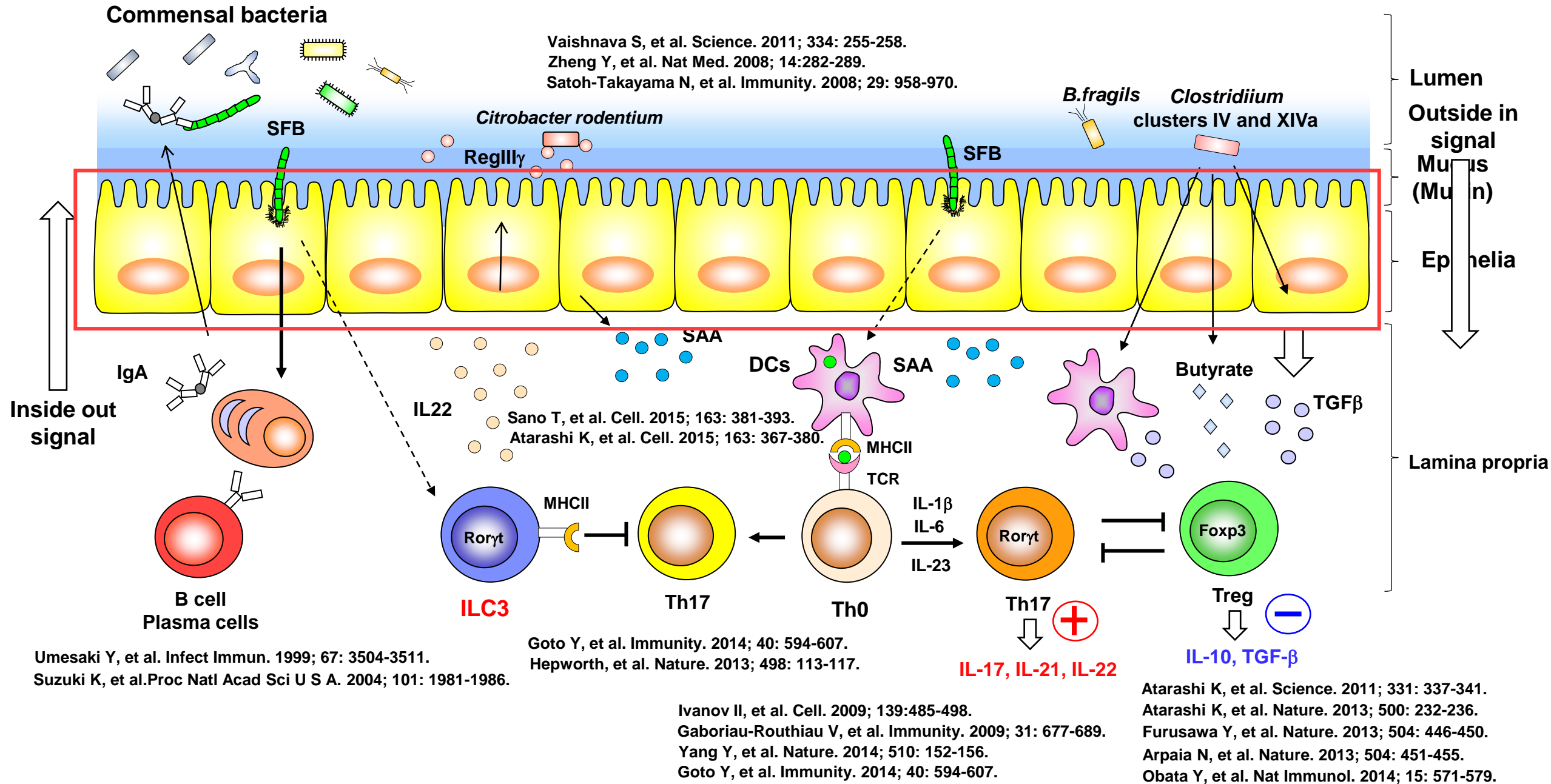


Therapeutic approach based on “colonization resistance”

# Commensal bacteria prevent intestinal pathogen infection



# Intestinal homeostasis mediated by commensal bacteria and host immune cells

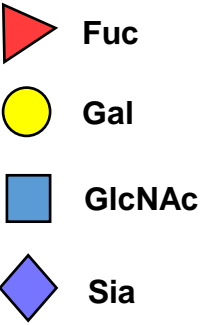


# Today's topics

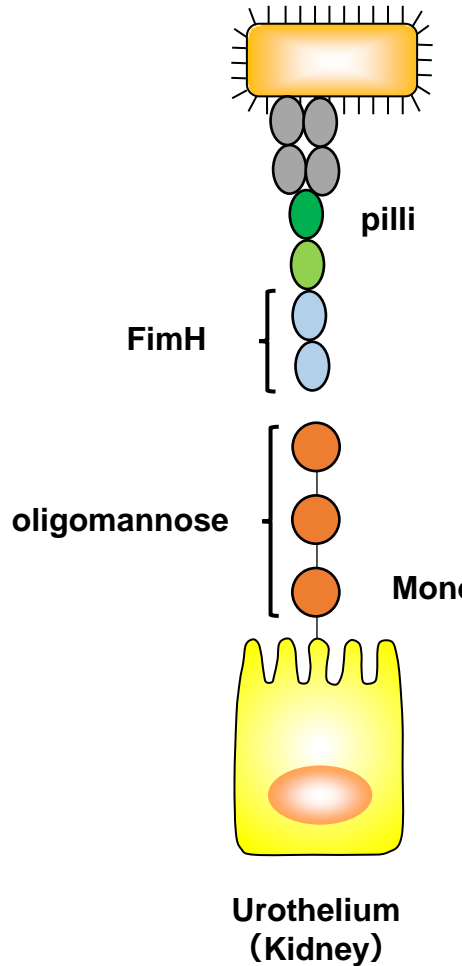
1. Interplay between commensal microorganisms and host immune system

**2. Induction of intestinal epithelial glycosylation and phylaxis**

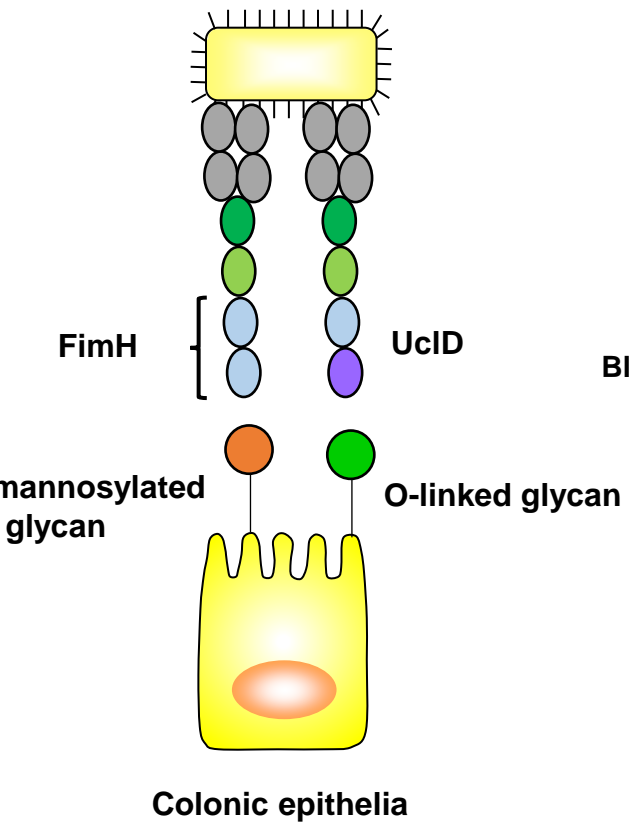
# Pathogenic bacteria utilize epithelial carbohydrate chains (attachment)



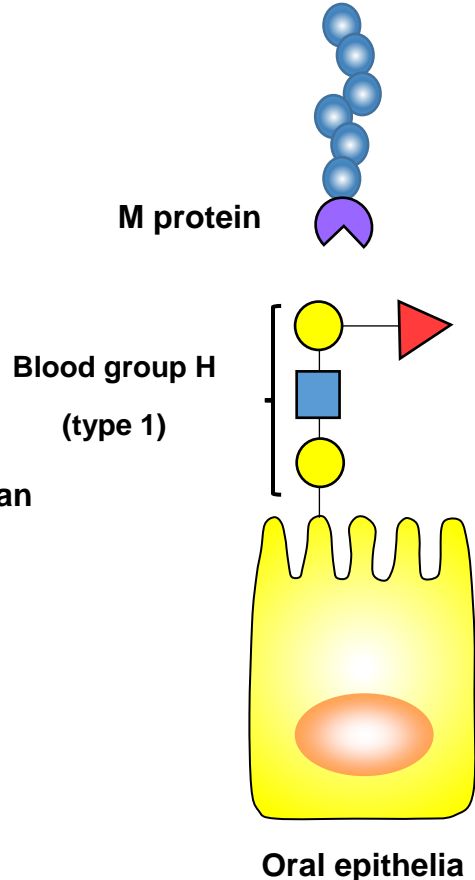
Uropathogenic *E. coli*



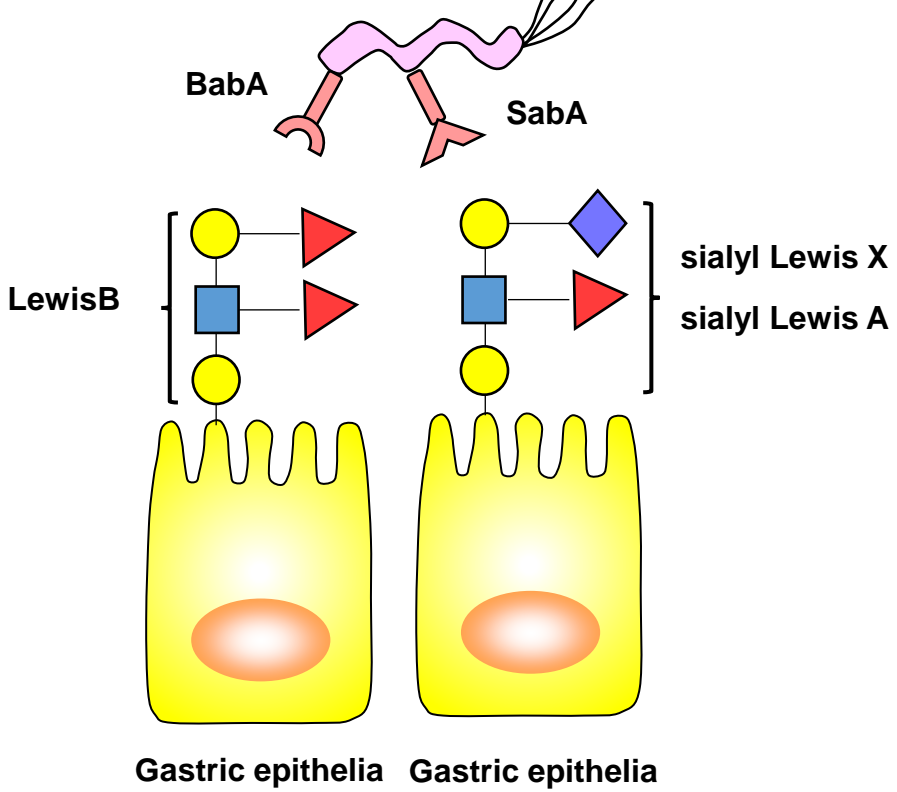
Commensal *E. coli*



group A *Streptococcus* (GAS)

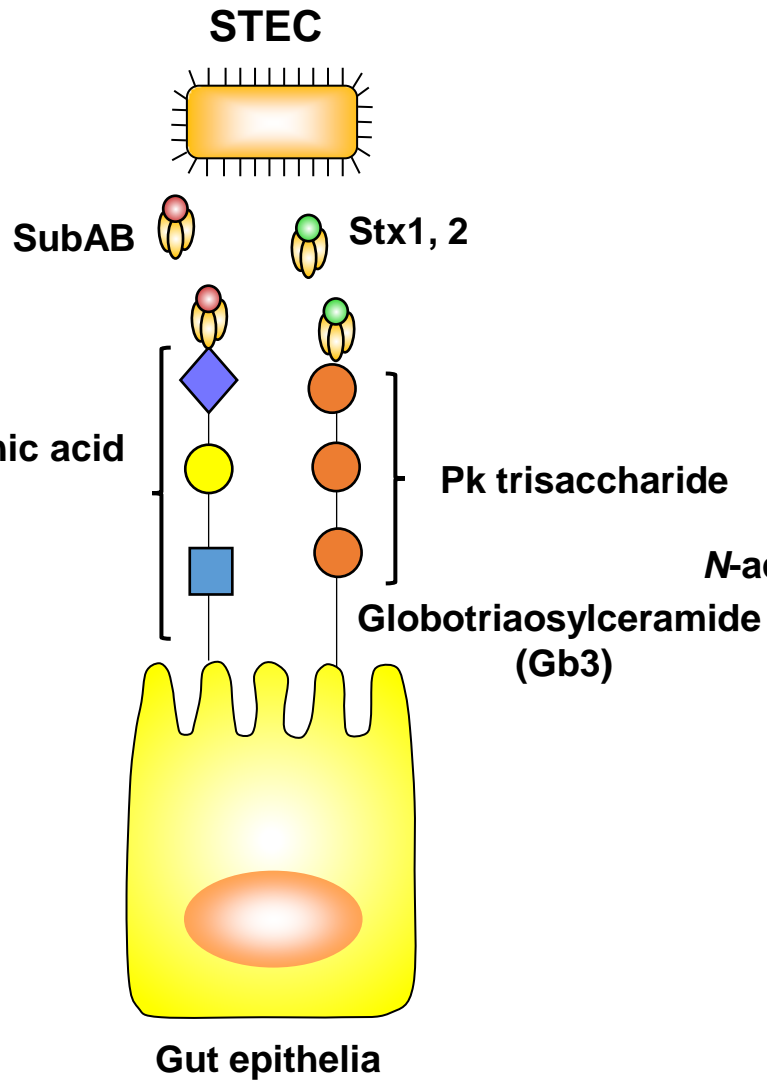


*Helicobacter pylori*

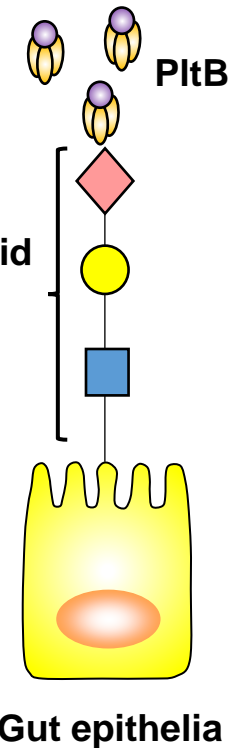
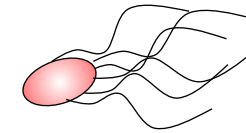


# Pathogenic bacteria utilize epithelial carbohydrate chains (toxin)

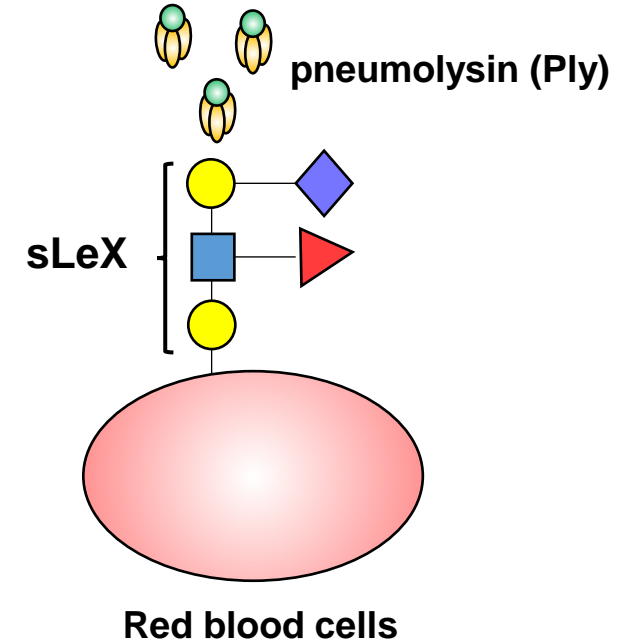
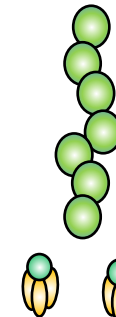
A subunit  
B subunit



*Salmonella enterica* Typhi

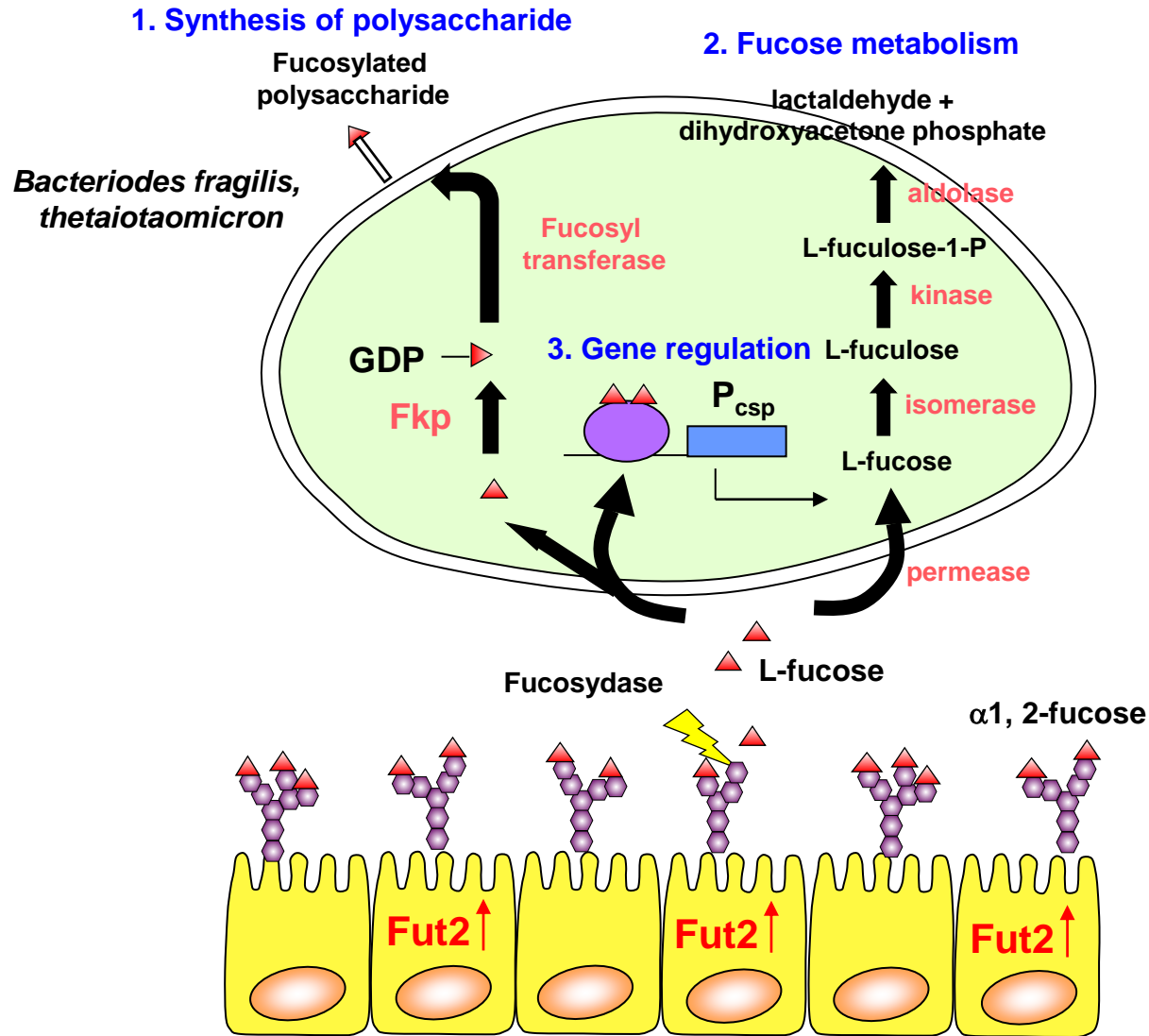


*Streptococcus pneumoniae*

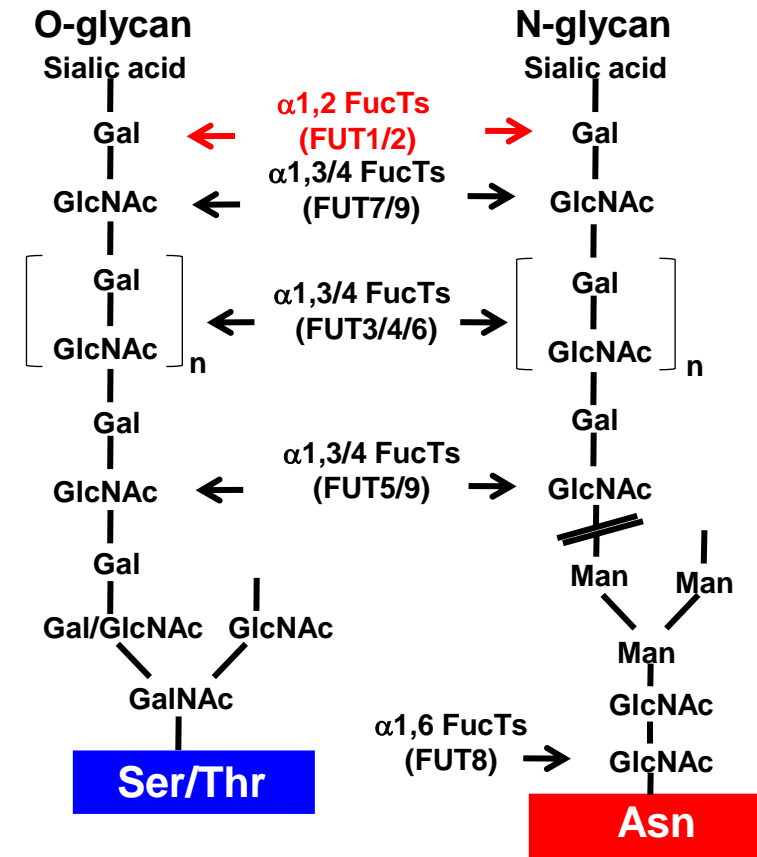




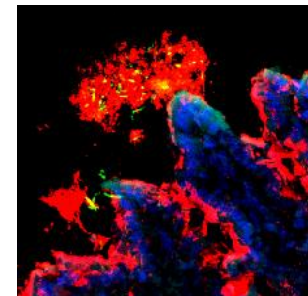
# Intestinal epithelial $\alpha$ 1,2-fucose is utilized by commensal bacteria



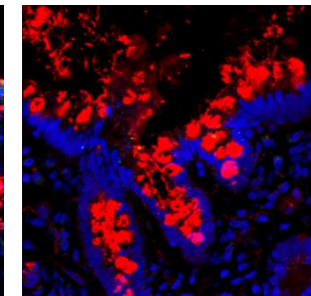
## Carbohydrate chain and fucosyltransferases



Murine ileum



Human ileum



$\alpha$ 1,2-fucose Nuclear

Bry L, et al. *Science*. 1996;273:1380-1383.

Coyne MJ, et al. *Science*. 2005;307:1778-1781.

Hooper LV, et al. *PNAS*. 1999;96:9833-9838.

Comstock LE, Kasper DL. *Cell*. 2006 ;126:847-850.

# FUT2 non-sense polymorphism and human diseases

## Human studies

FUT2 nonsense mutation 428G → A (Trp143 → stop)

Approximately 20 % of Europeans are homozygous recessive for the inactivating G428A mutation

Lindesmith L, et al. *Nat Med.* 2003;9:548-553

## Human diseases

### Adverse effects

1. FUT2 polymorphism (nonsense mutation) is associated with the incidence of **type I diabetes**

Smyth DJ, et al. *Diabetes.* 2011;60:3081-3084

2. FUT2 polymorphism (nonsense mutation) is associated with the incidence of **Crohn's disease**

McGovern DP, et al. *Hum Mol Genet.* 2010;19:3468-3476. Franke A, et al. *Nat Genet.* 2010;42:1118-1125

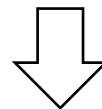
3. FUT2 polymorphism (nonsense mutation) is associated with the incidence of **primary sclerosing cholangitis**

Folseraas T, et al. *J Hepatol.* 2012;57:366-375

### Beneficial effects

4. People with FUT2 polymorphism are resistant to the infection by **Norwalk virus and rotavirus**

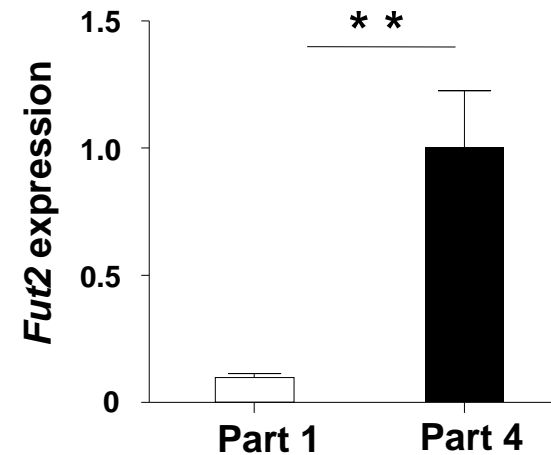
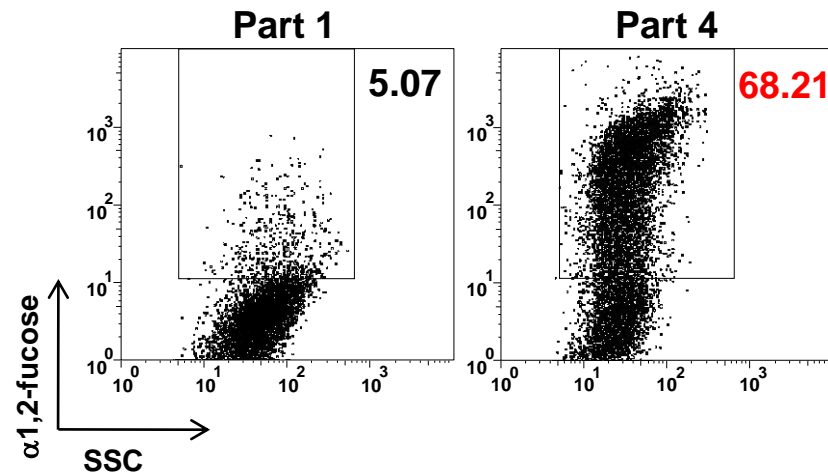
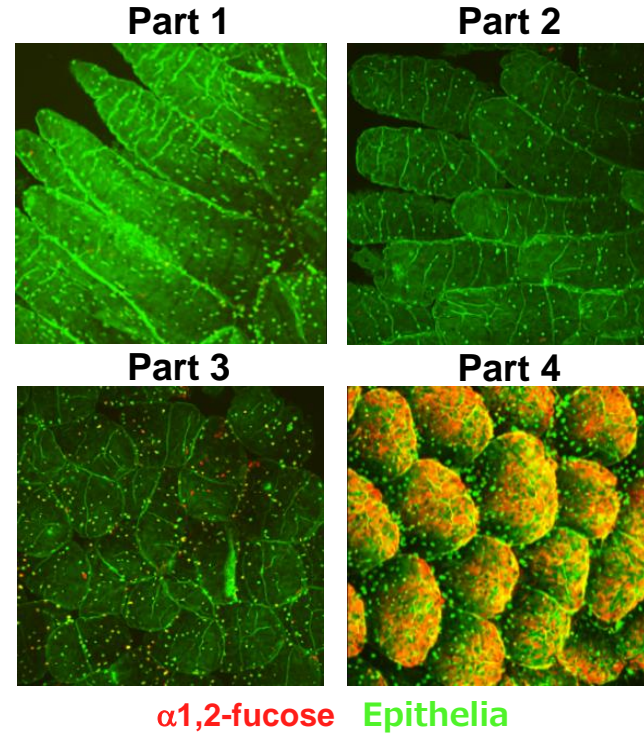
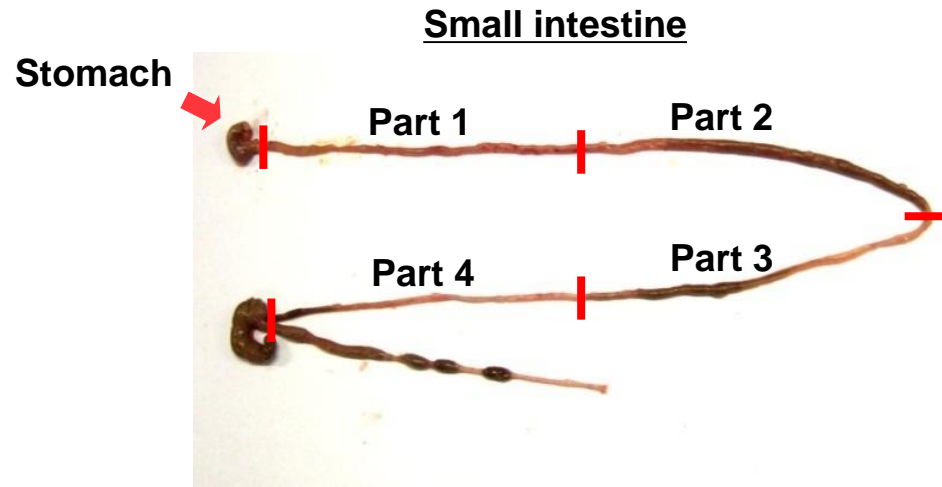
Lindesmith L, et al. *Nat Med.* 2003;9:548-553, Imbert-Marcille BM, et al. *J Infect Dis.* 2014;209:1227-1230



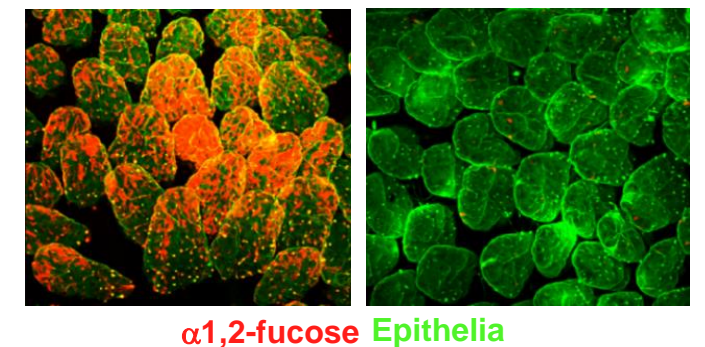
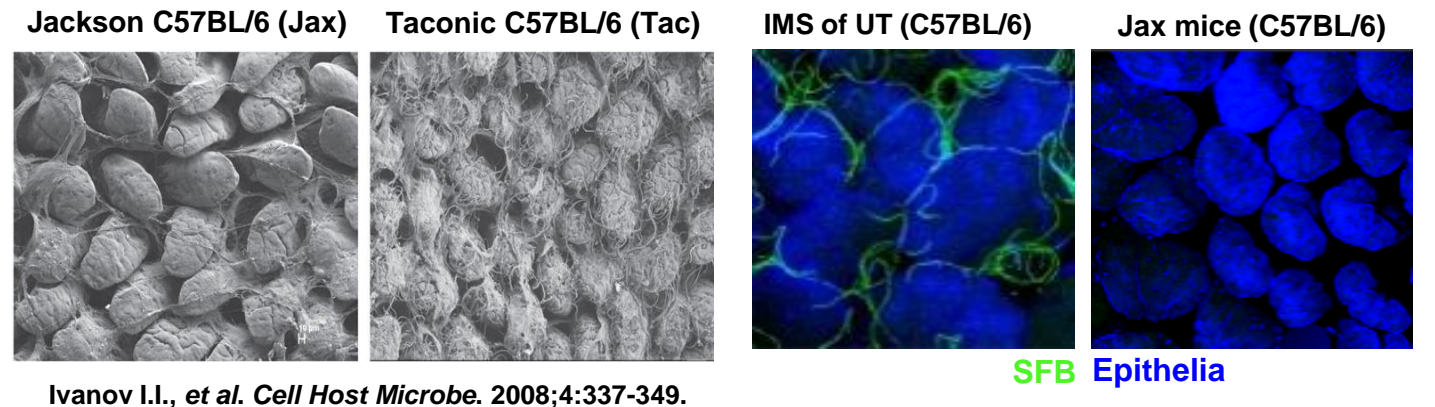
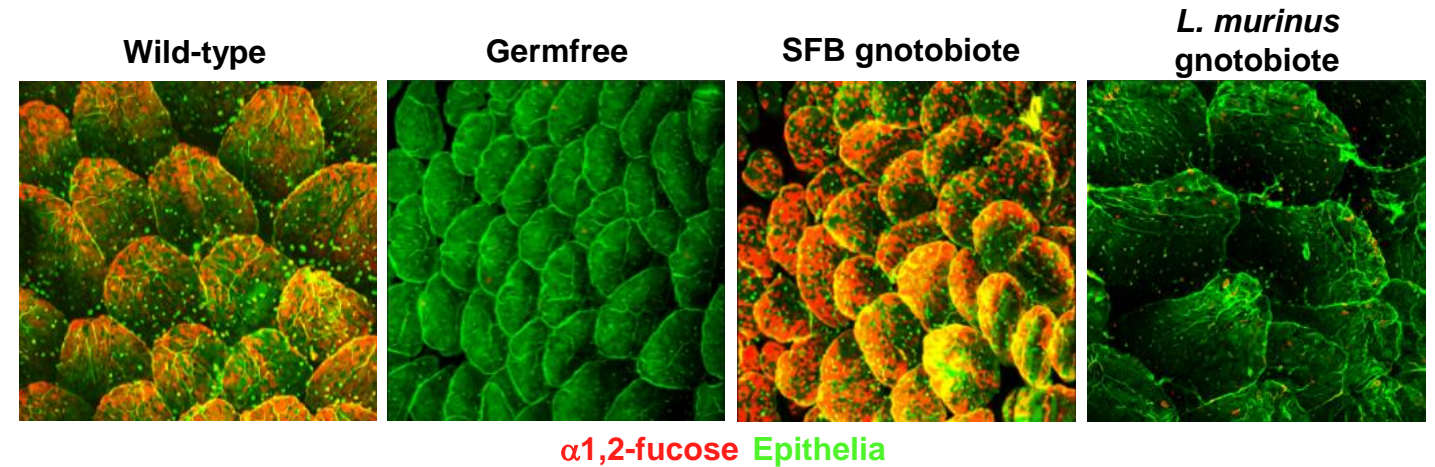
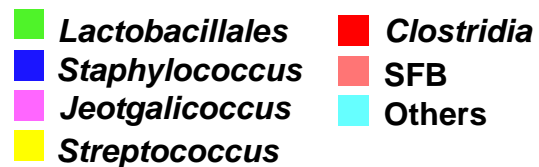
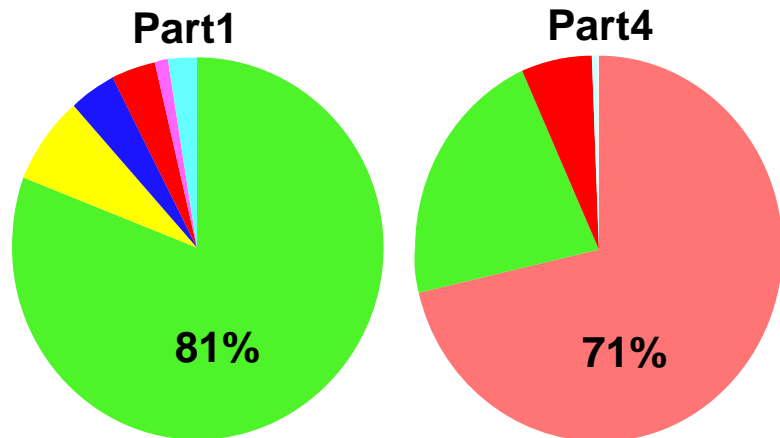
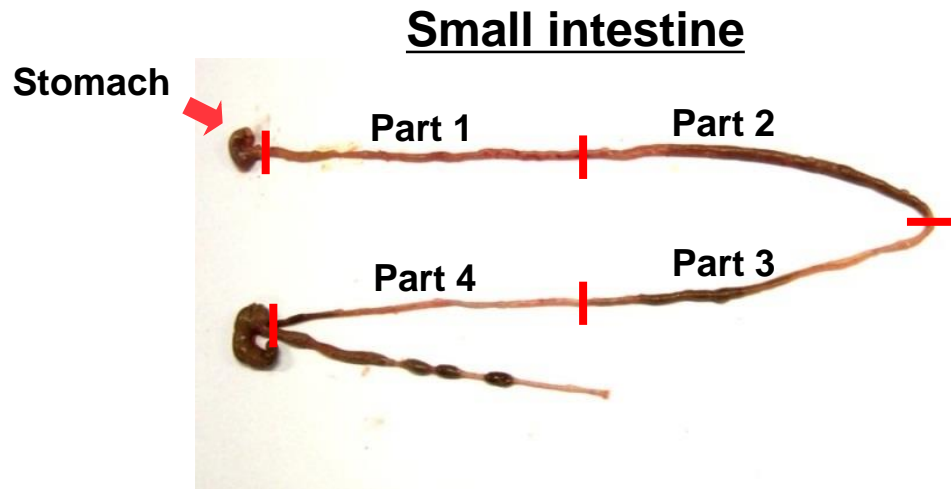
## Biological trade-off system

It is important to identify the mechanism of intestinal epithelial Fut2 and  $\alpha$ 1, 2-fucose medically and biologically

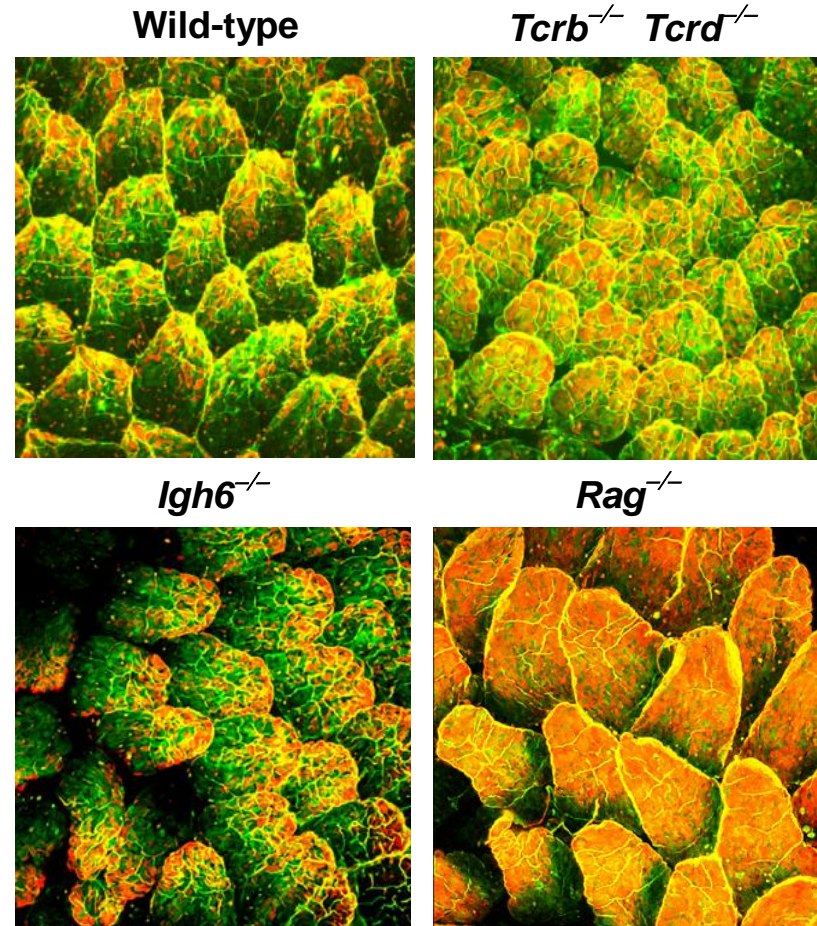
# Ileal epithelial cells express Fut2 and $\alpha$ 1,2-fucose



# Segmented filamentous bacteria (SFB) induce $\alpha$ 1, 2-fucose



# B cells and T cells are not required for intestinal epithelial $\alpha 1, 2$ -fucose



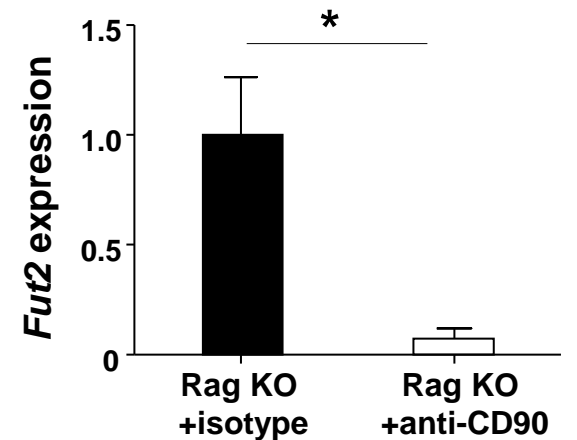
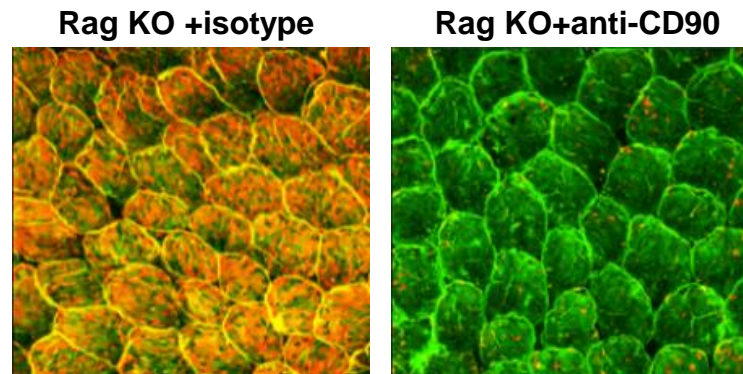
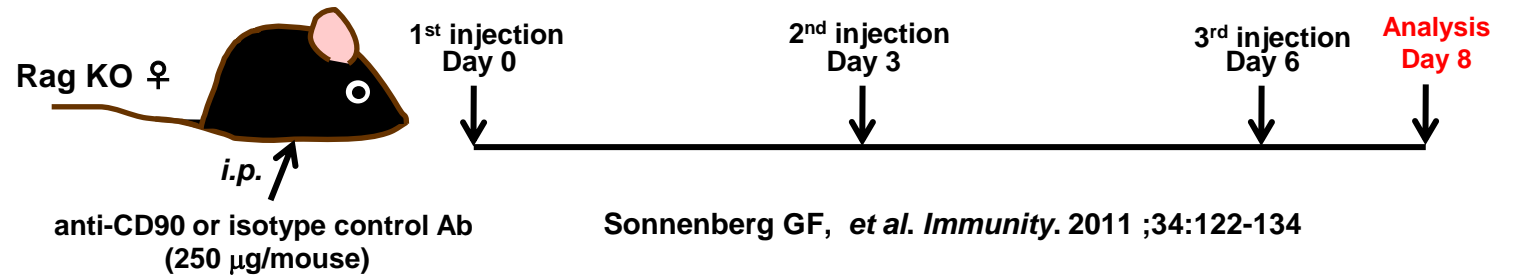
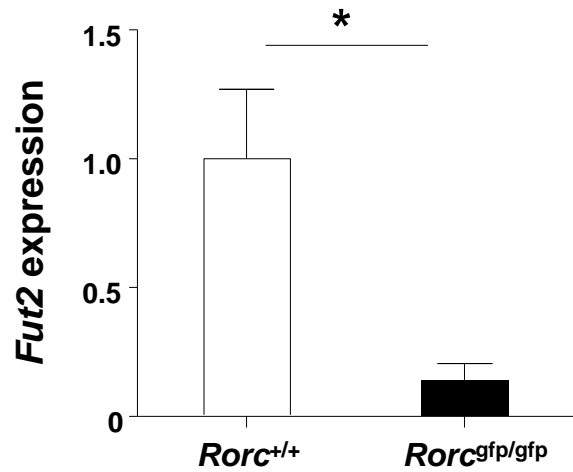
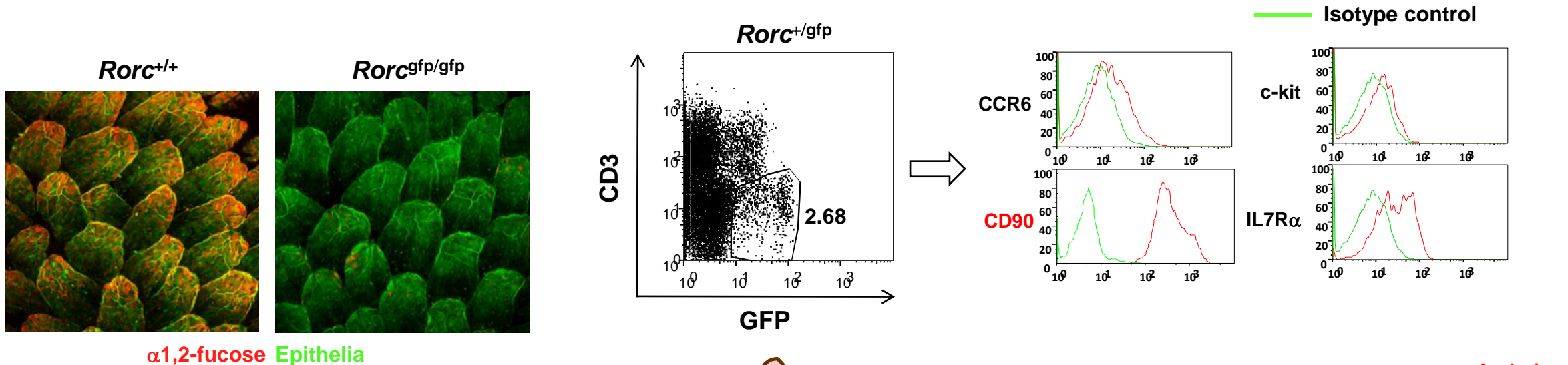
$Tcrb^{-/-} Tcrd^{-/-}$  = T cell-deficient mice

$Igh6^{-/-}$  = B cell-deficient mice

$Rag^{-/-}$  = T and B cell-deficient mice

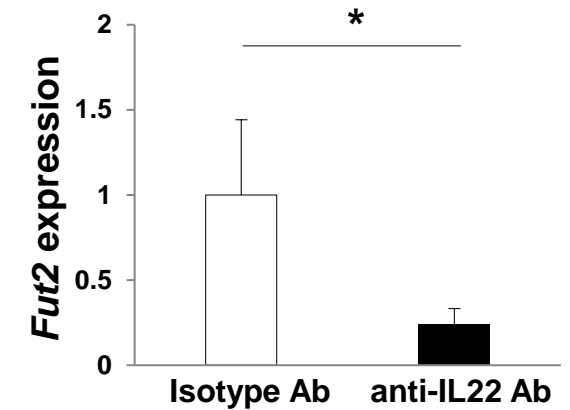
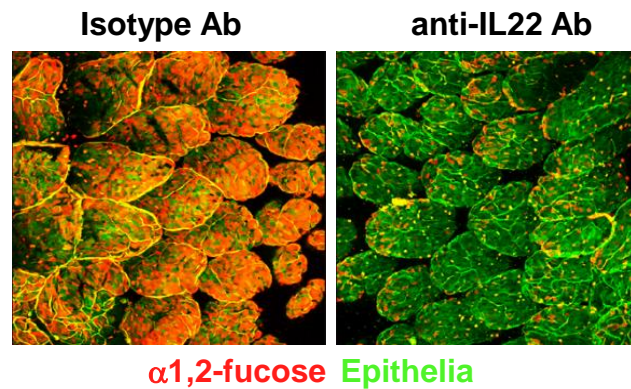
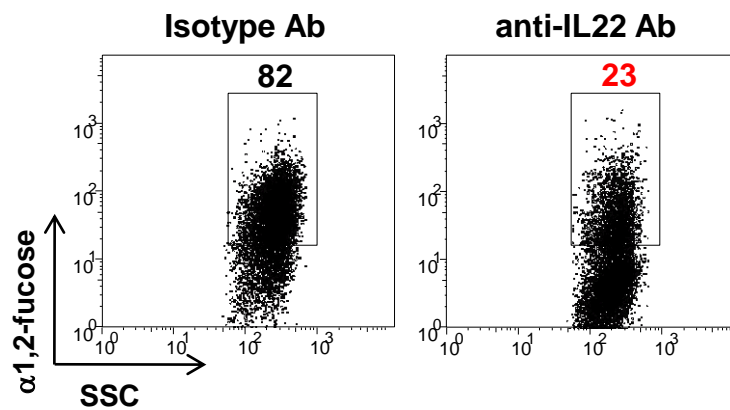
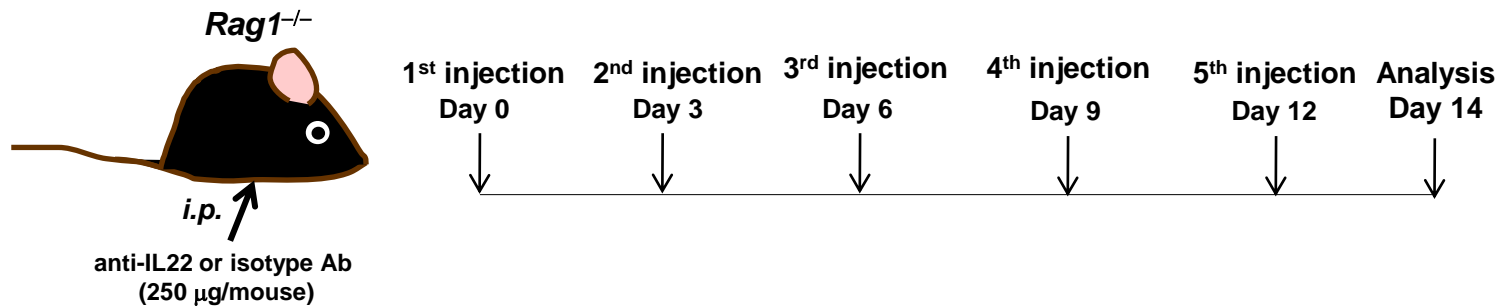
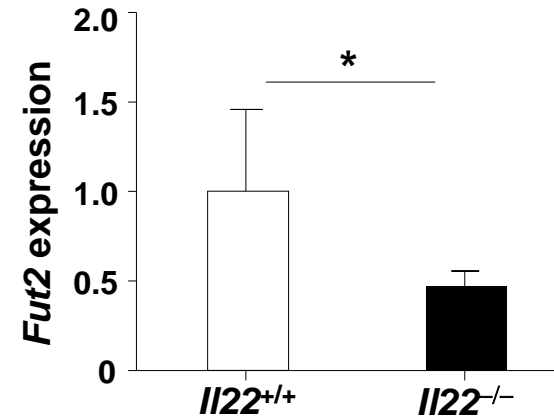
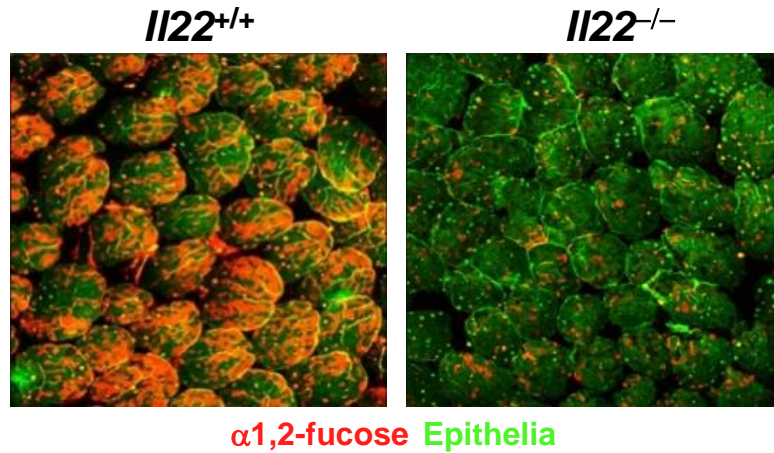
$\alpha 1, 2$ -fucose Epithelia

# Group 3 innate lymphoid cells (ILC3) are required for intestinal epithelial $\alpha 1, 2$ -fucose

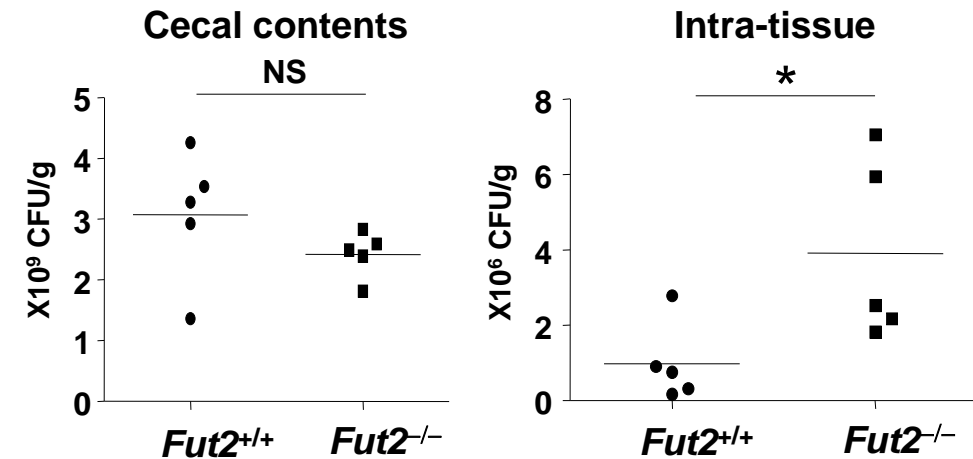
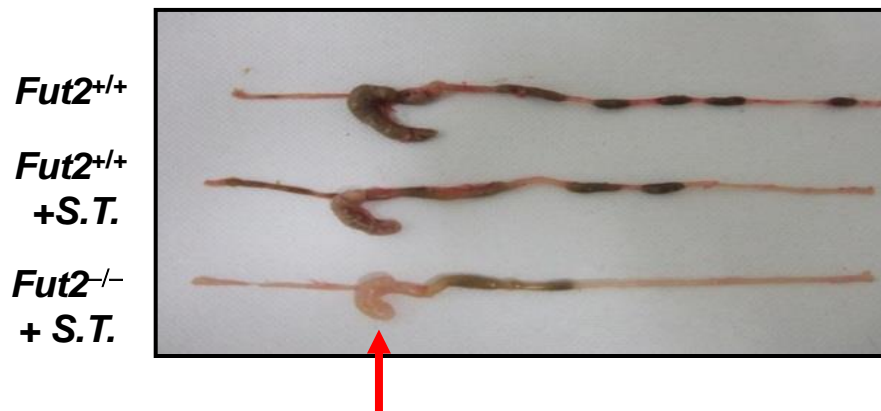
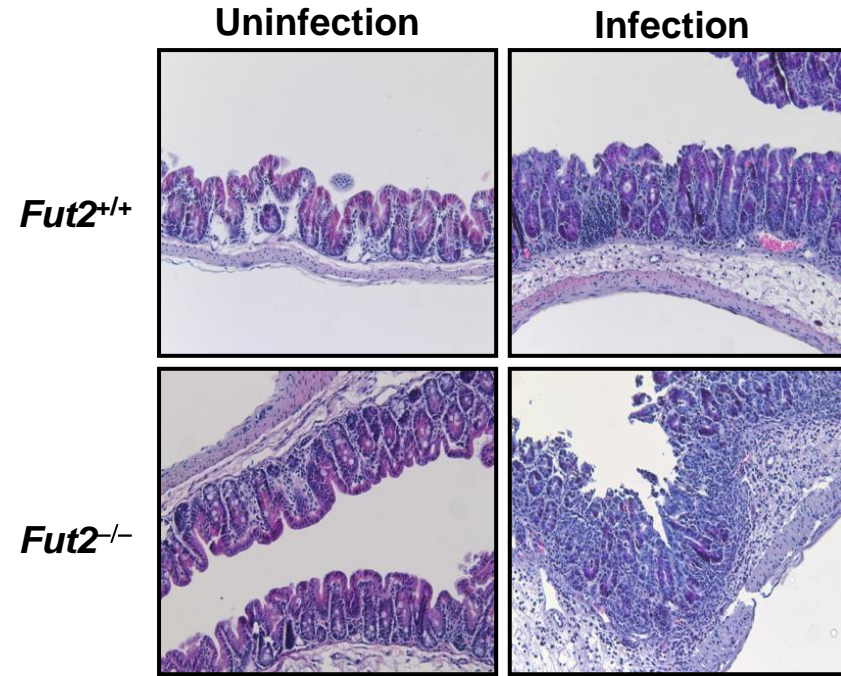
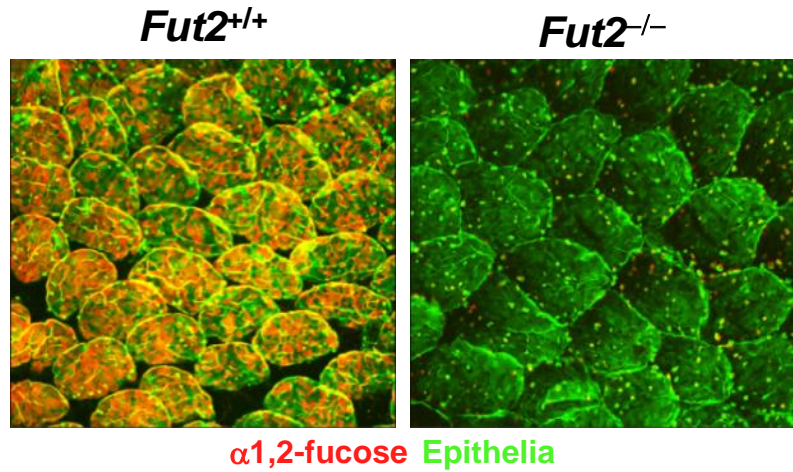


$\alpha 1, 2$ -fucose Epithelia

# IL-22 produced from ILC3 is required for the induction of epithelial $\alpha$ 1, 2-fucose

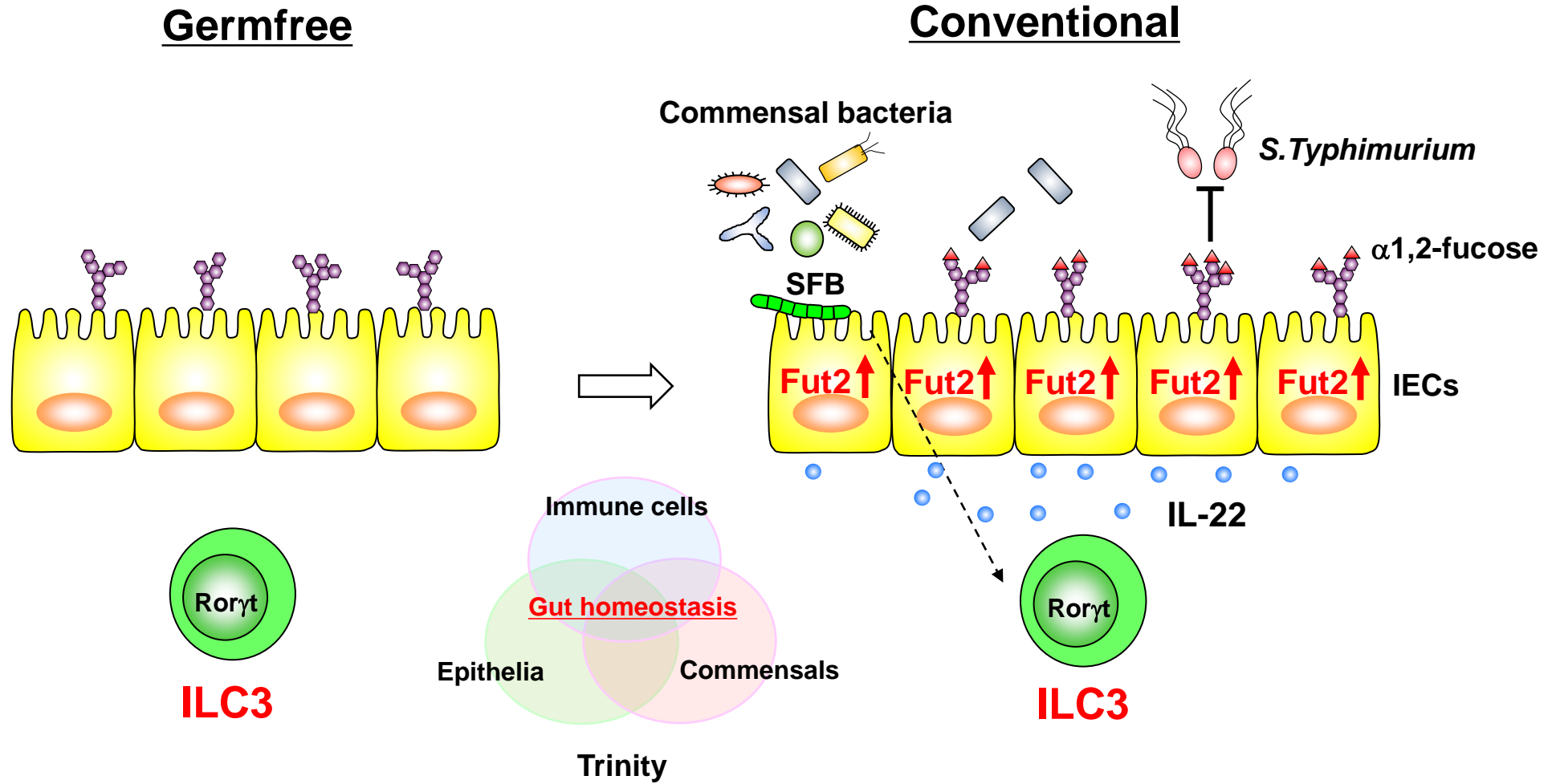


# Fut2-deficient mice are resistant to the infection by *Salmonella typhimurium*





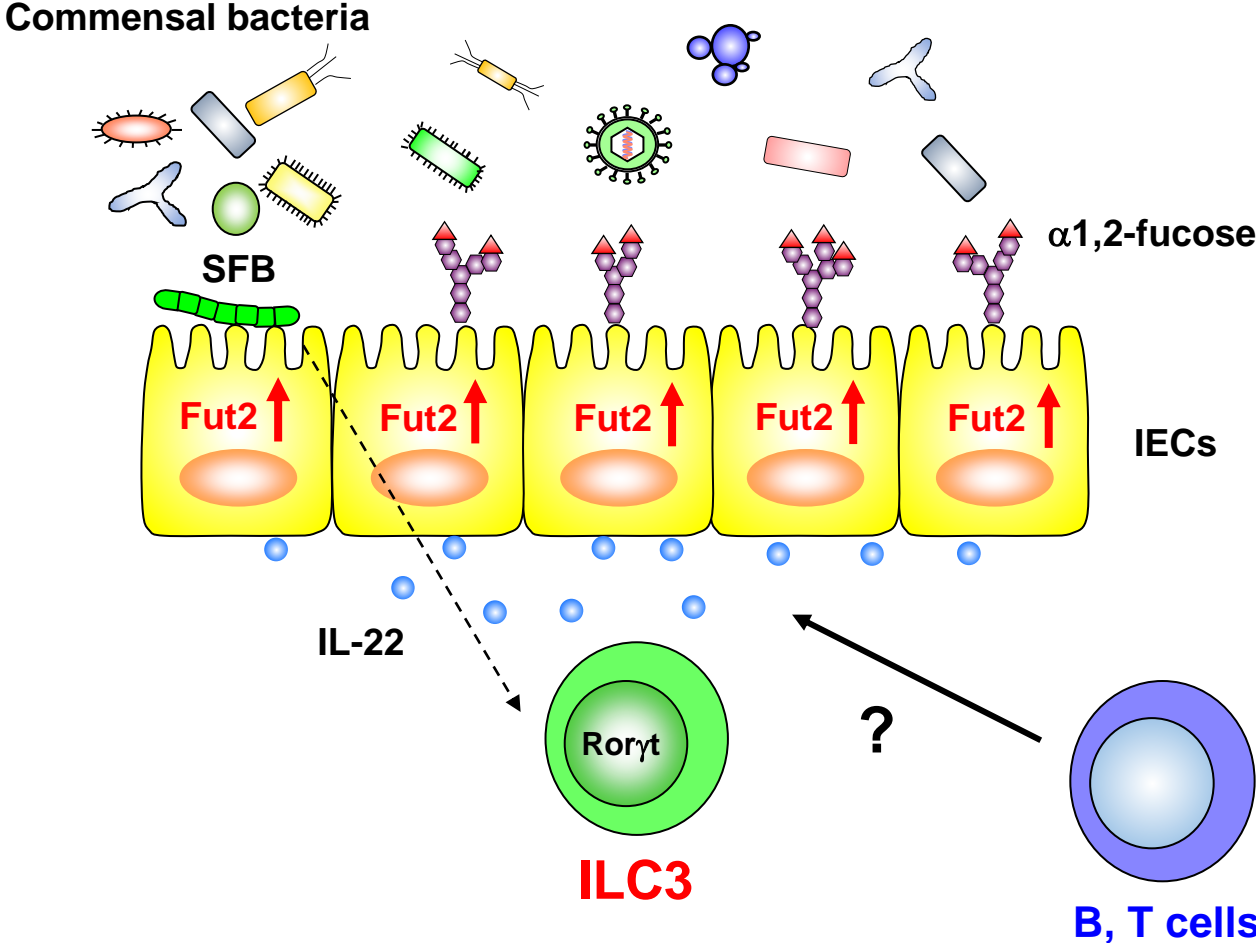
# Scheme of intestinal epithelial $\alpha$ 1, 2-fucosylation



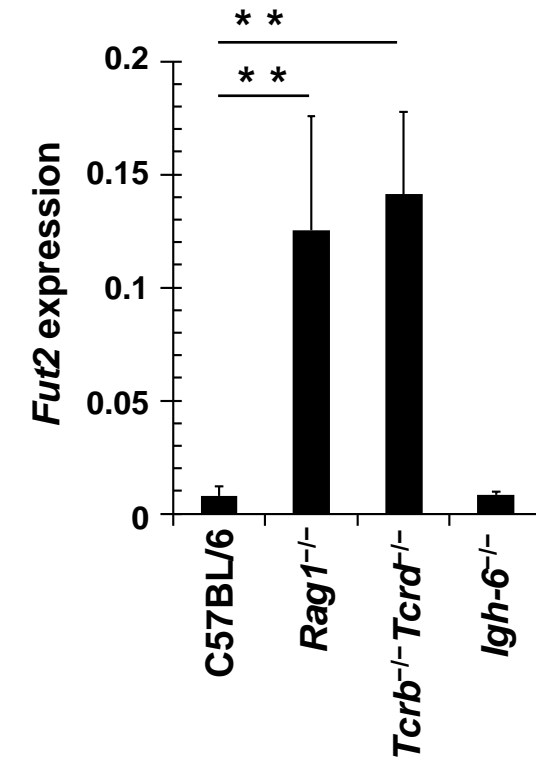
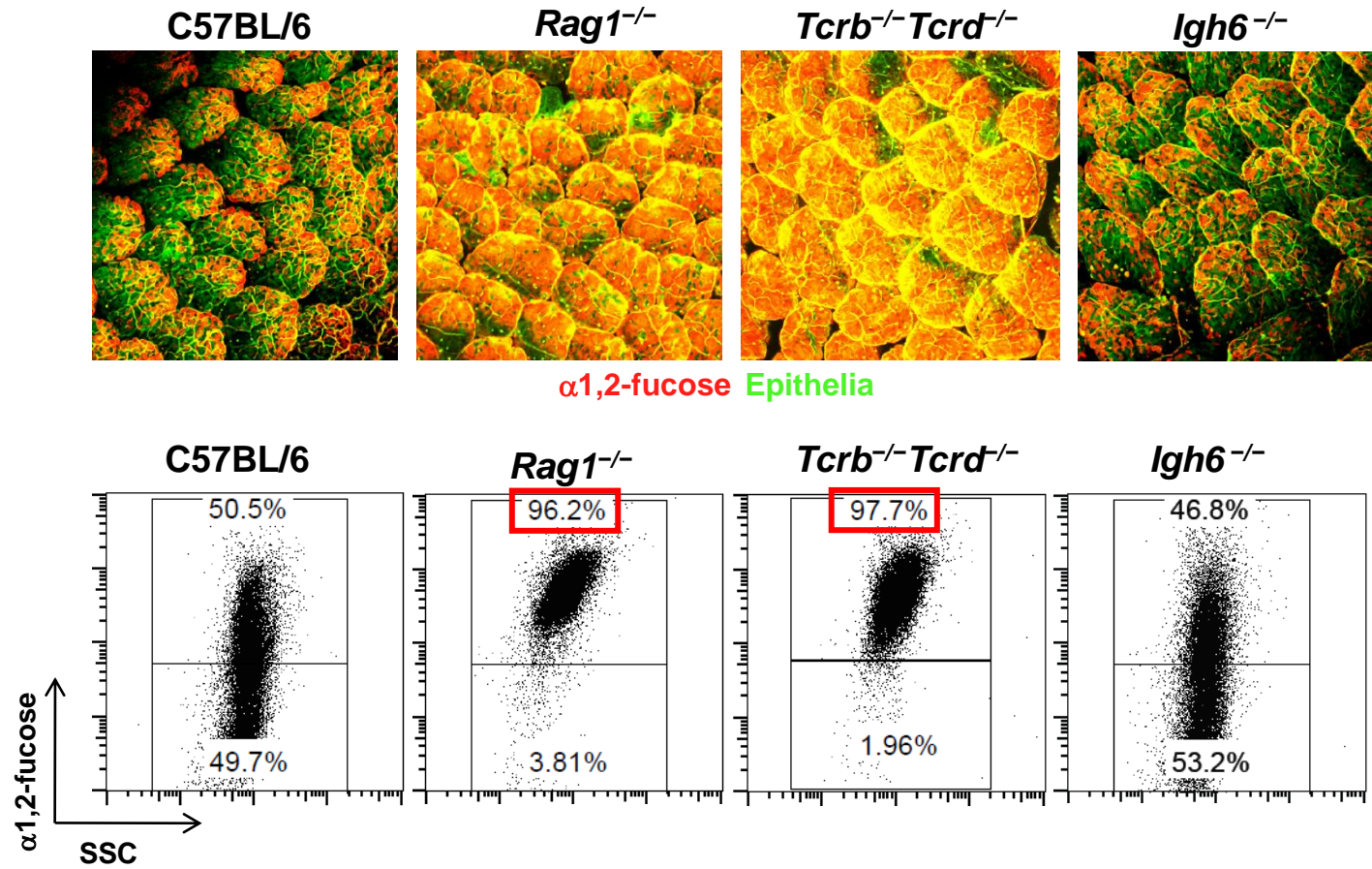
Goto Y, et al. *Science*. 345: 1254009, 2014

There is a possibility that intestinal epithelial glycosylation is regulated and modulate bacterial infection

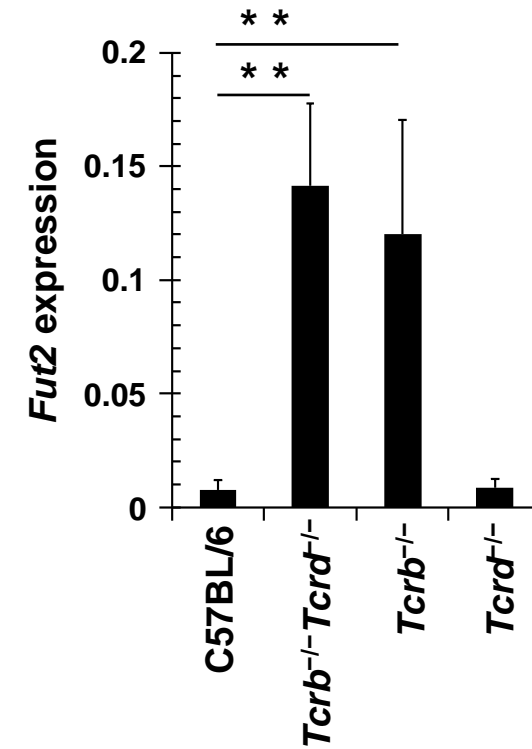
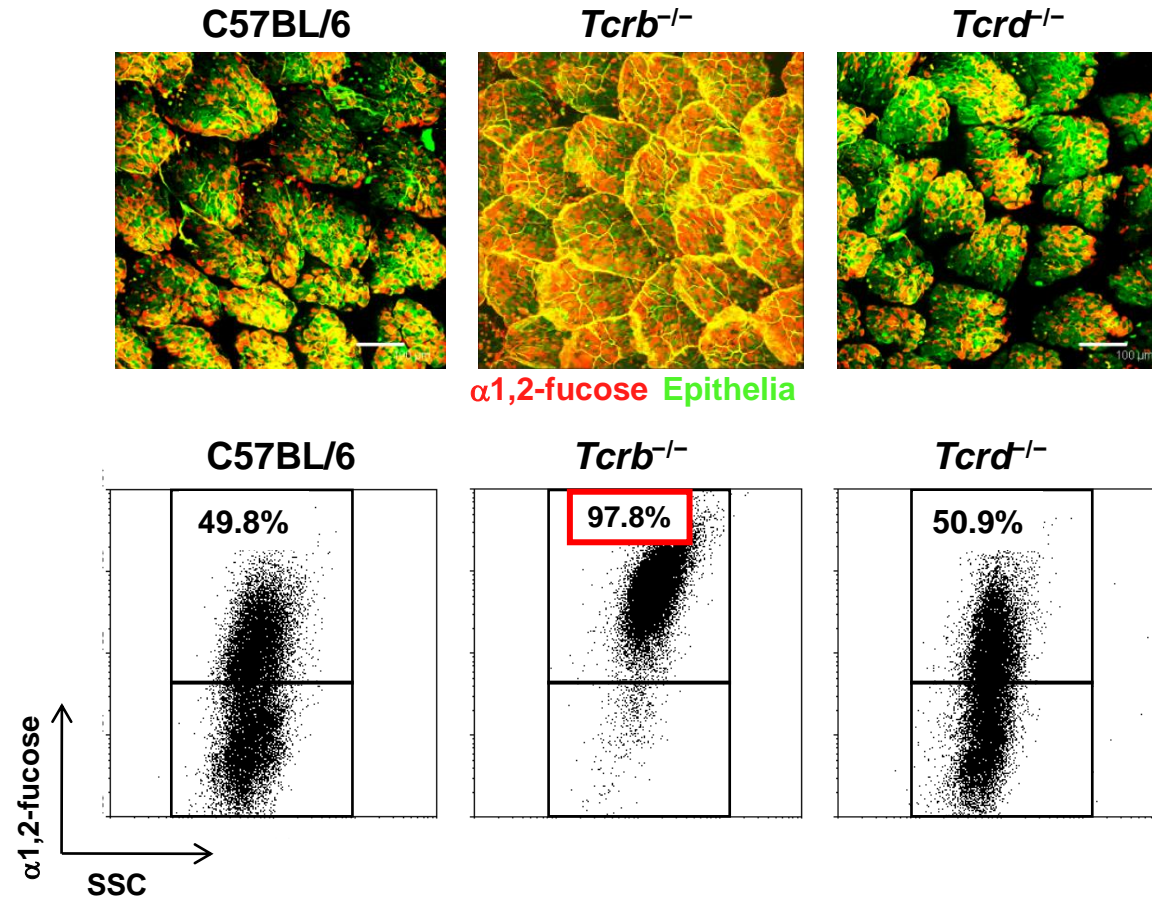
# How about the role of acquired immune cells in the regulation of epithelial $\alpha 1, 2$ -fucose?



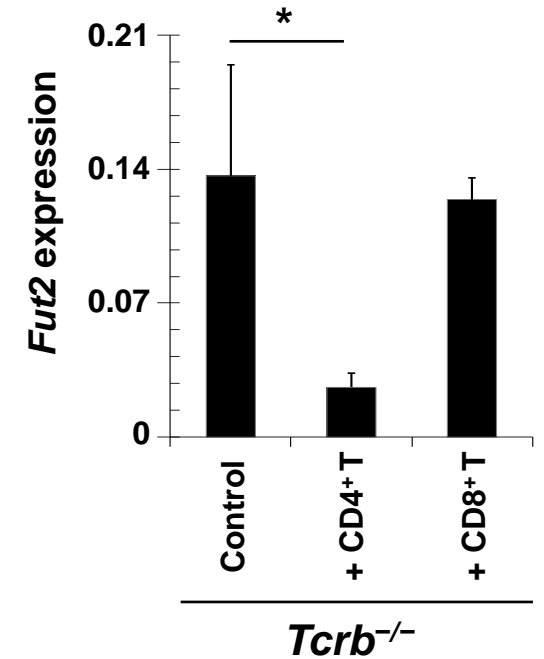
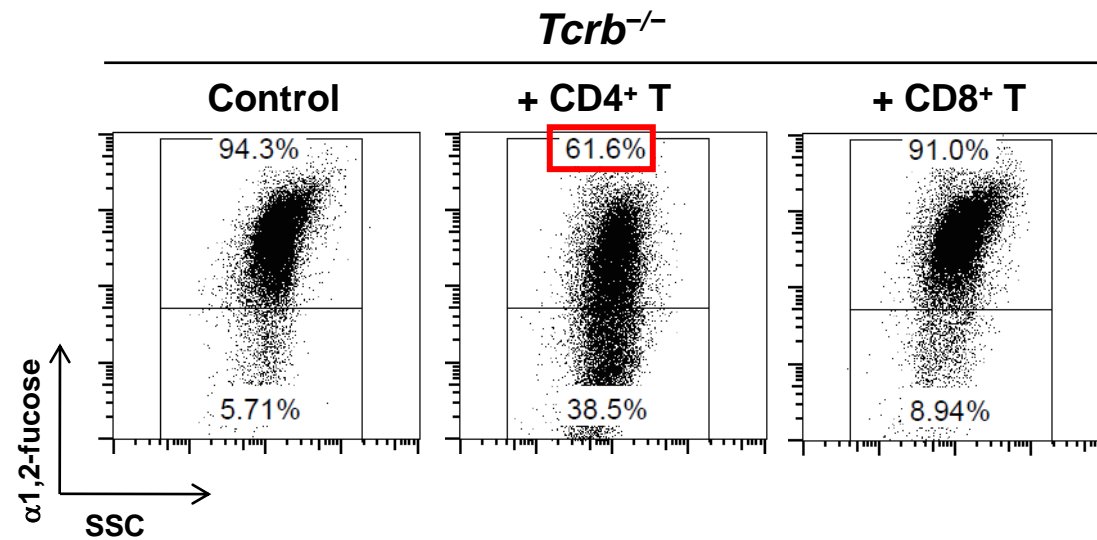
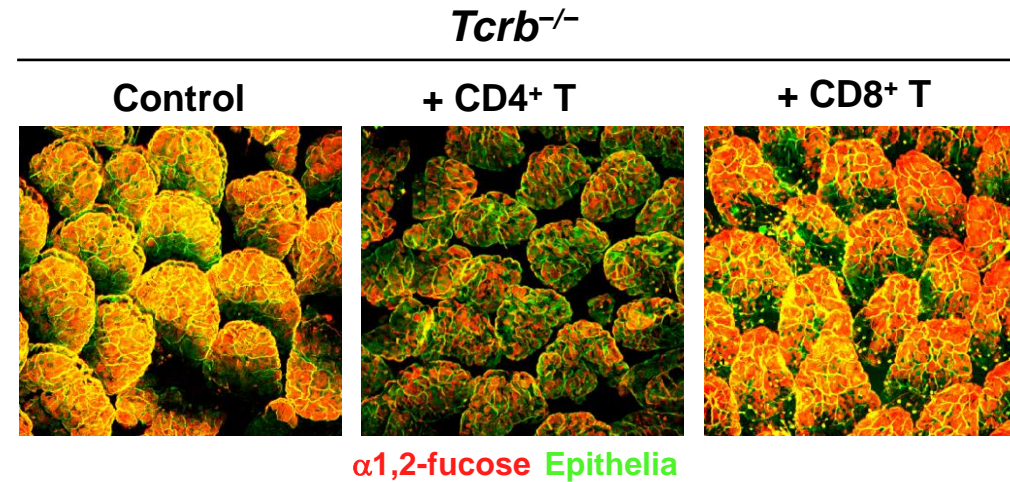
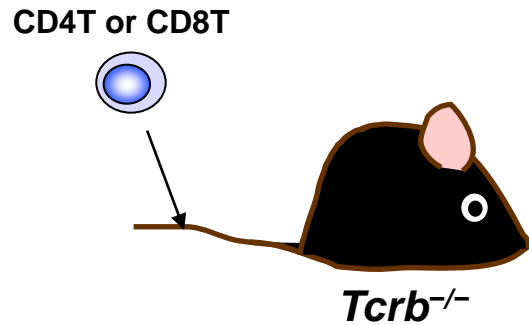
# T cells inhibit $\alpha$ 1, 2-fucosylation



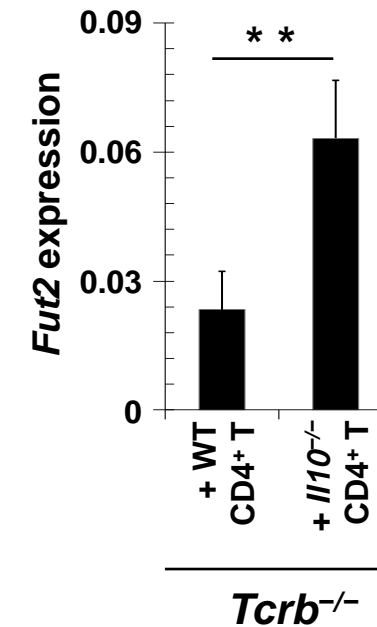
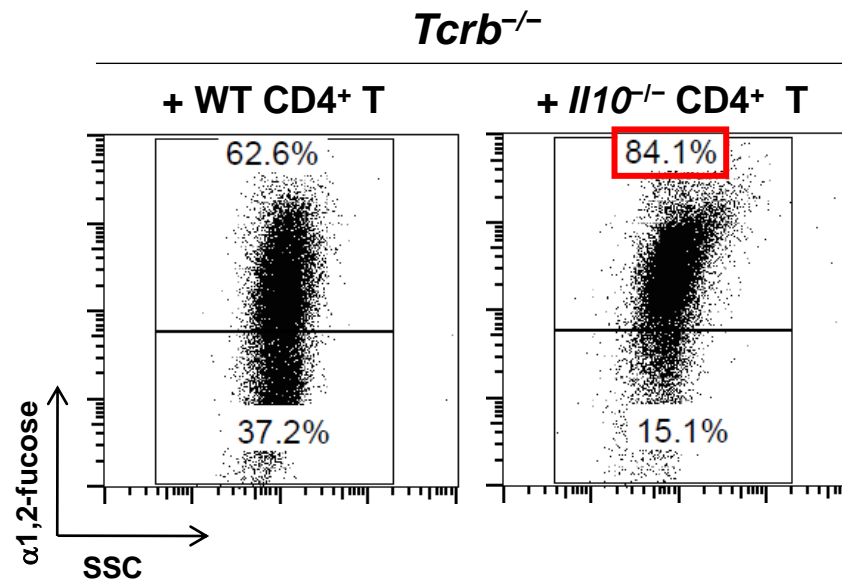
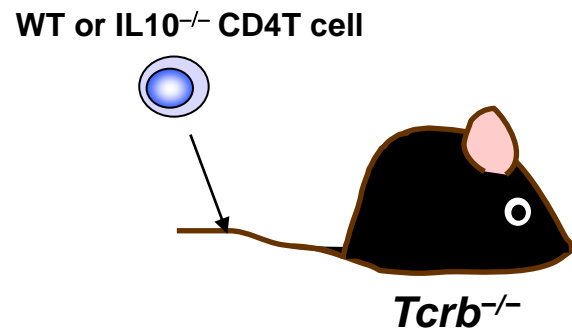
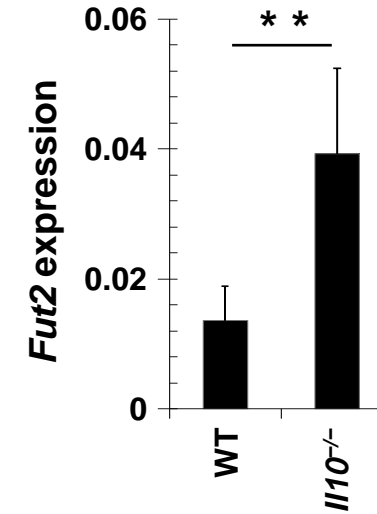
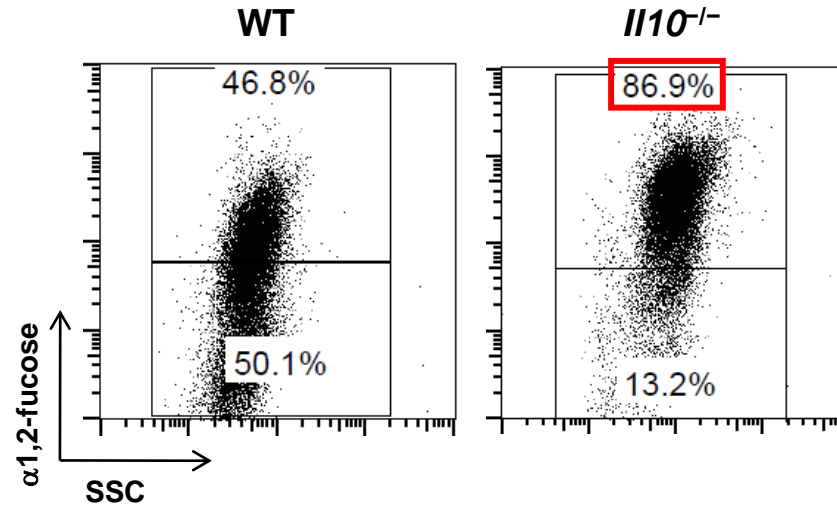
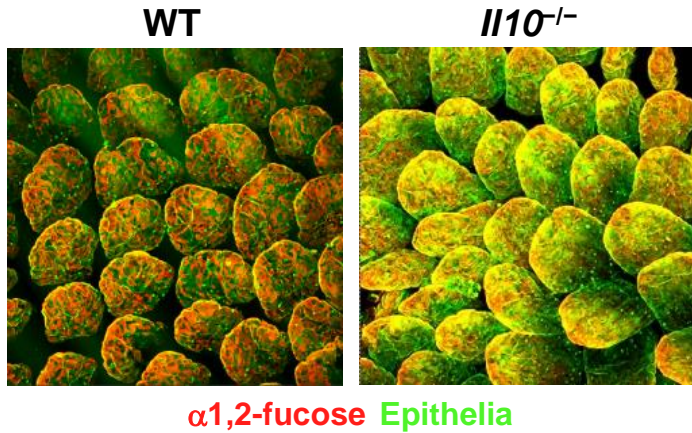
# TCR $\alpha\beta^+$ T cells inhibit $\alpha 1, 2$ -fucosylation



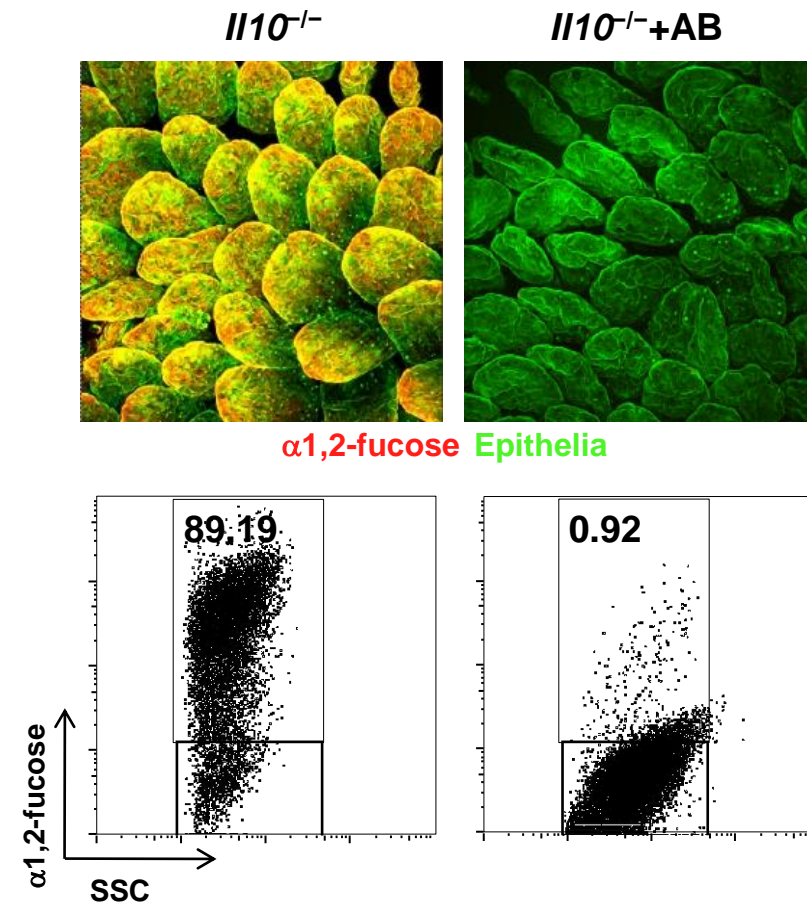
# TCR $\alpha\beta^+$ CD4 $^+$ T cells inhibit epithelial $\alpha$ 1, 2-fucosylation



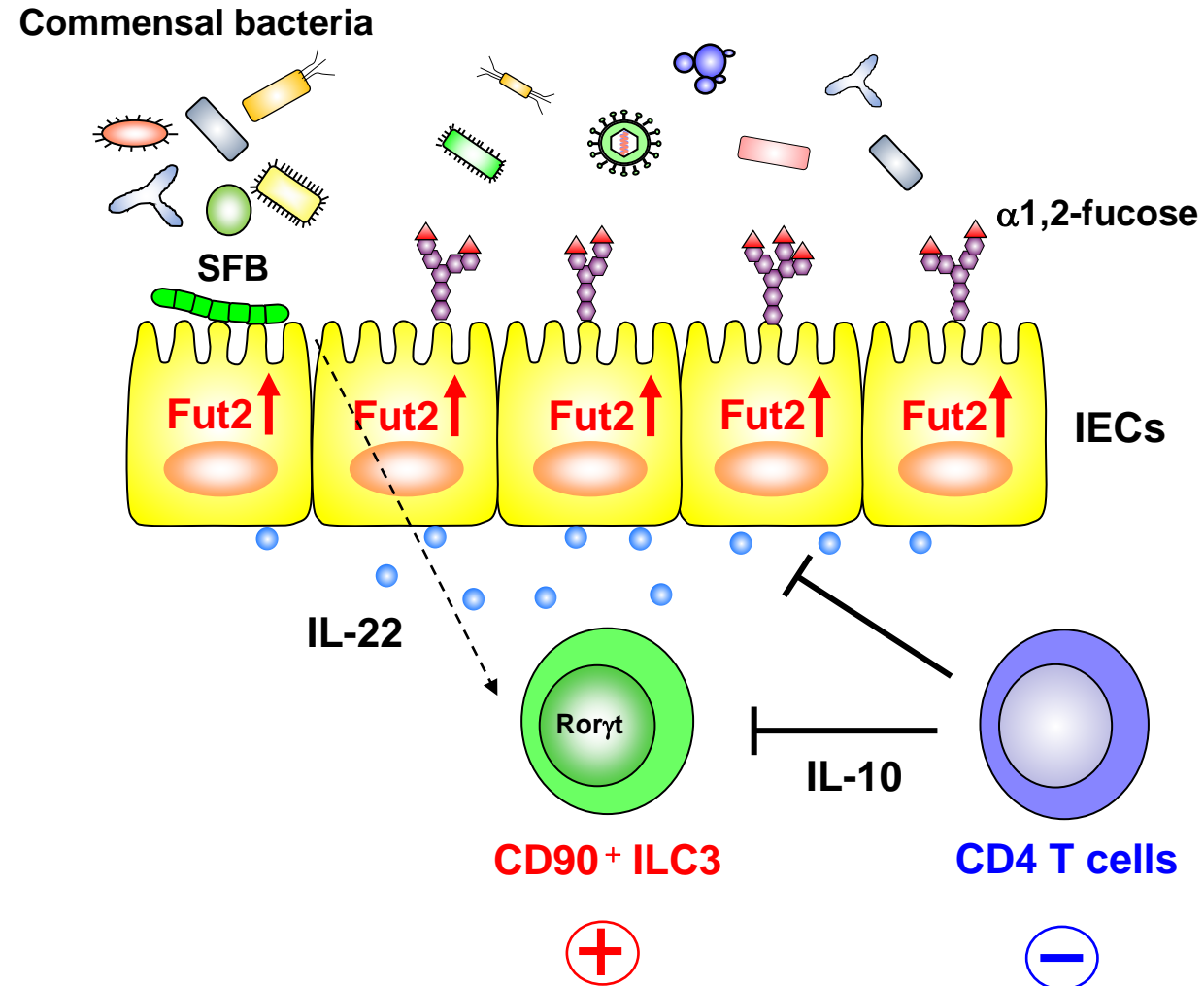
# IL-10 produced from CD4 T cells inhibit epithelial $\alpha 1, 2$ -fucose



# $\alpha$ 1, 2-fucosylation in IL-10-deficient mice are dependent on commensal bacteria

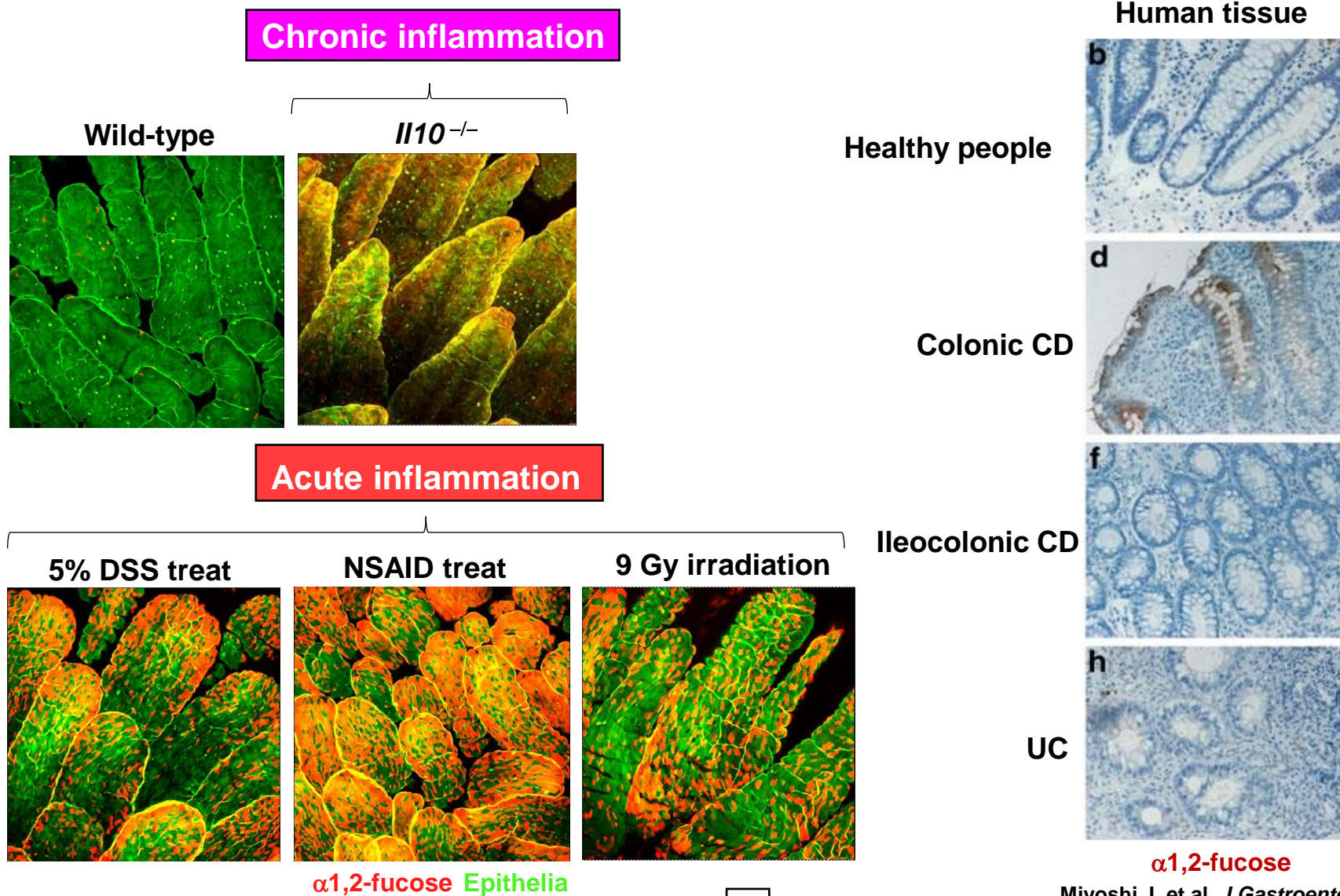


# Epithelial $\alpha$ 1, 2-fucosylation is regulated by innate and acquired immune cells





# Inflammation enhance the epithelial $\alpha$ 1,2-fucosylation



Miyoshi J, et al. *J Gastroenterol.* 2011; 46: 1056-1063.

There is a possibility that intestinal epithelial glycosylation is utilized as a marker of inflammation