IgG Sequencing Identifies Translocating **Gut Microbes that Correlate with** Differential Cytokine Response and **Reduced Bacterial Growth Rates in** Post-Infectious Myalgic Encephalomyelitis/ **Chronic Fatigue Syndrome (PI-ME/CFS)**

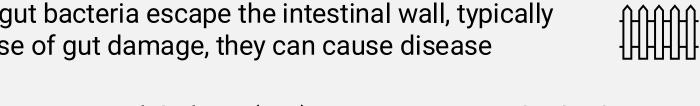
Kathryn E McCauley¹, Carlotta Vizioli², Andrew S Burns³, Shreni Mistry³, Avindra Nath², Brian Walitt², Jennifer J Barb⁴

¹Bioinformatics and Computational Biosciences Branch, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD,²Section of Infections of the Nervous System, National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, MD, ³NIAID Microbiome Program, National Institute of Allergy and Infectious Disease, National Institutes of Health, Bethesda, MD, 4Translational Biobehavioral and Health Disparities Branch, National Institutes of Health Clinical Center, Bethesda, MD

Background

PI-ME/CFS is a debilitating condition with severe fatigue, cognitive impairments, and gastrointestinal distress, typically as a result of previous bacterial or viral infection

When gut bacteria escape the intestinal wall, typically because of gut damage, they can cause disease



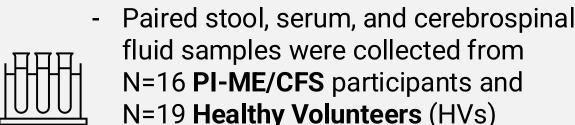
Immunoglobulin-G (IgG) is a systemic antibody absent in the gut, but binds to microbes upon their departure Short Chain Fatty Acids (SCFAs), including butyrate, are produced by microbiota and vital to gut health

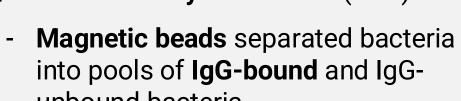
Hypothesis: Interrogating microbes that cross the intestinal barrier and carry markers of IgG may reveal potential mechanisms of ME/CFS

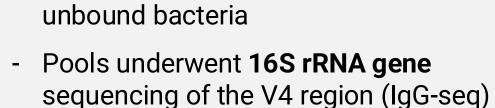
Methods



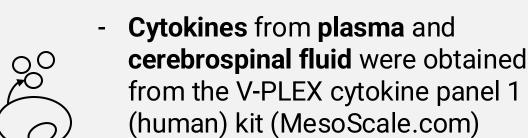
Participants were identified through the NIH Intramural ME/CFS Study, enrolled between 2016 and 2019 [NCT 02669212]



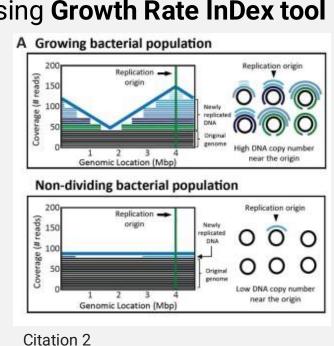


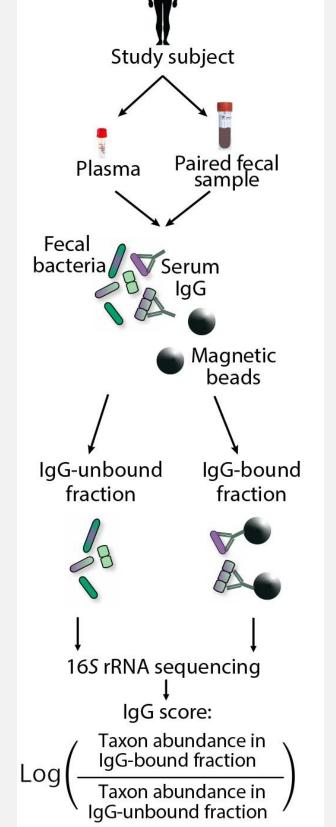


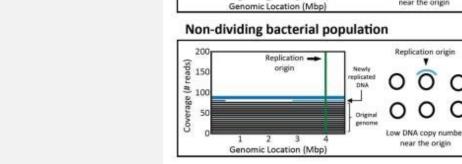
Reads were processed with **Nephele** (nephele.niaid.nih.gov)



- Bacterial Growth Rates were estimated from paired metagenomic reads using **Growth Rate InDex tool**







Conclusions

PI-ME/CFS is characterized by relatively few taxa that exhibit differential translocation potential

These taxa correlate with both plasma and cerebrospinal fluid cytokines, indicating that translocation of these microbes may initiate a response of the immune system

Preliminary evidence suggests that IgG-targeted microbes have increased metabolic activity in Healthy Volunteers, which was not present in the microbiota from ME/CFS participants



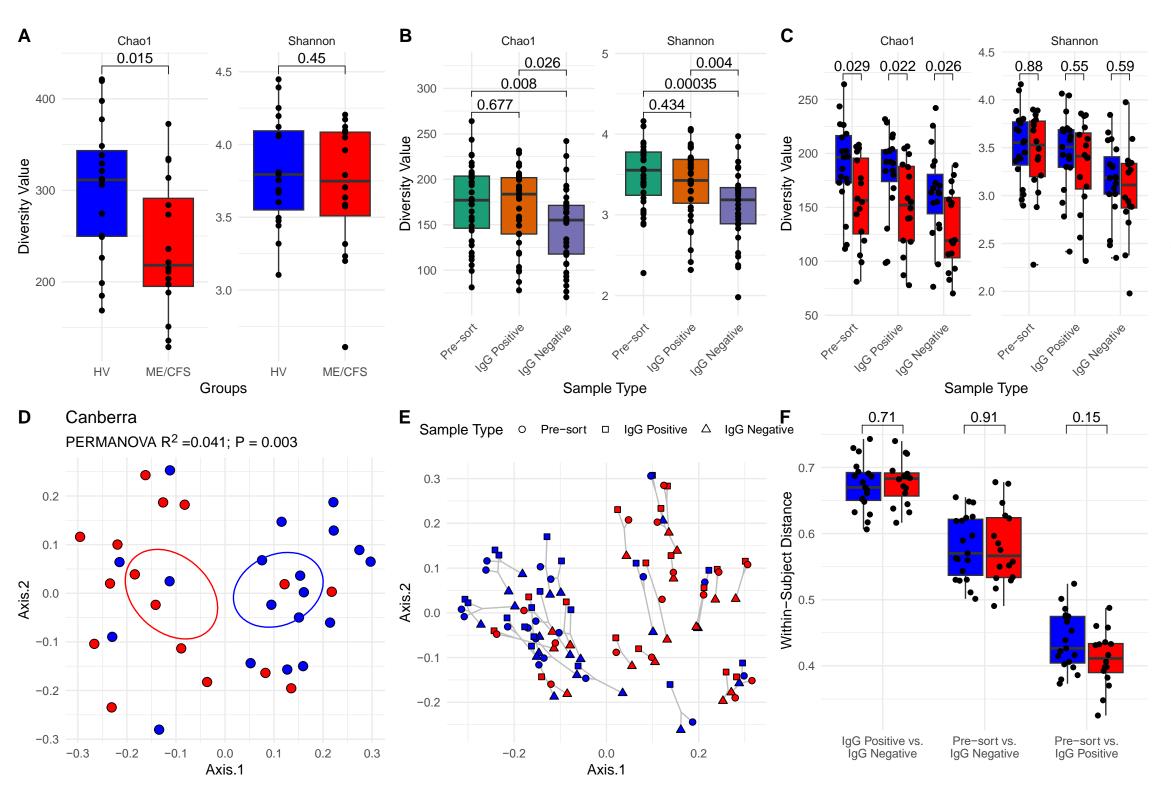


Bacteria Escaping the Gut Barrier

Reduced Immune Response and Have

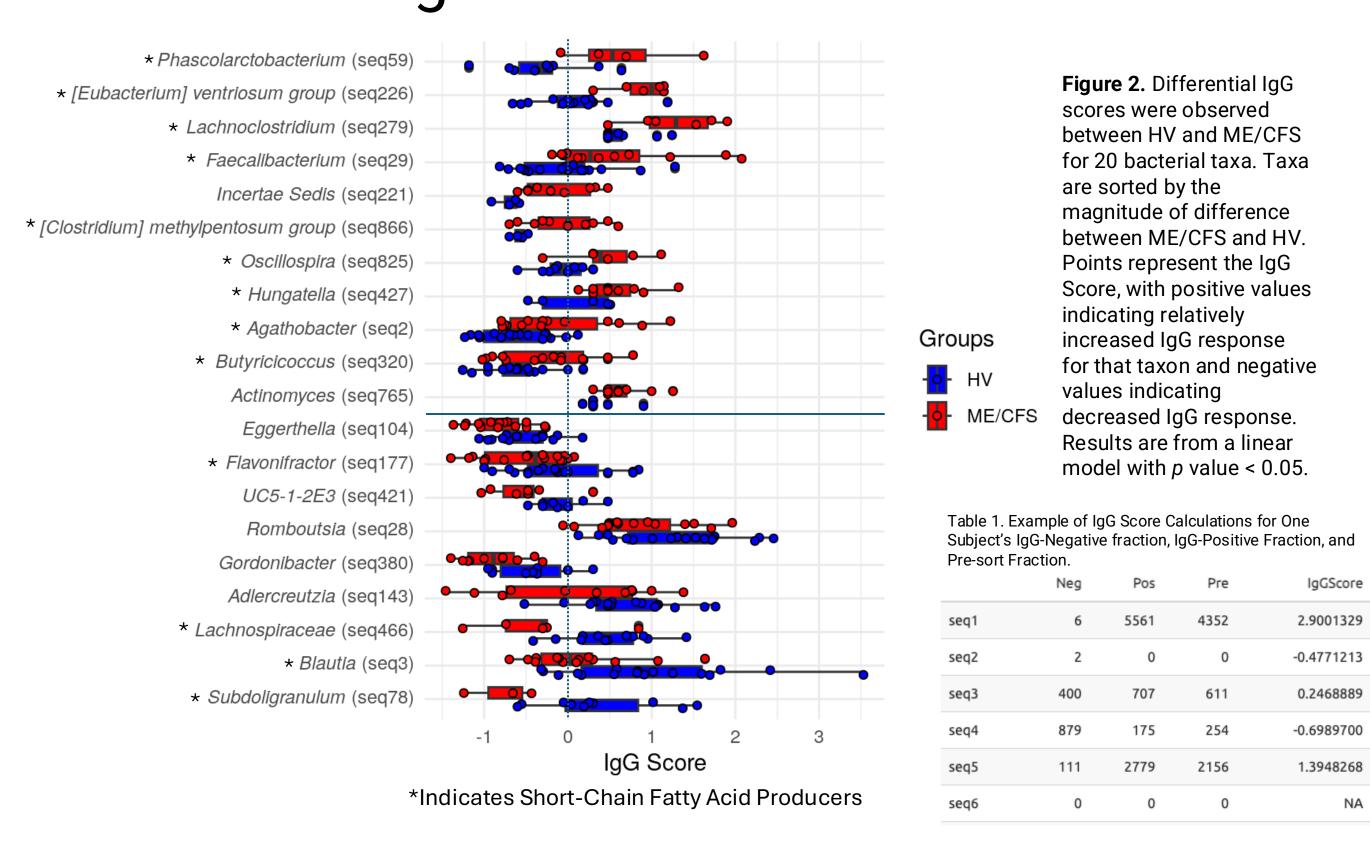
Lower Growth Rates in PI-ME/CFS

Gut Microbiota of PI-ME/CFS and Paired IgG-Negative Pools Exhibit Reduced Diversity



diversity compared to the Pre-sort and IgG-Positive fractions (c) This difference occurs in a condition specific manner across all three fractions. (d) Microbiota composition between ME/CFS and HV is distinct. (e) Canberra composition of all three fractions, linking withinsubject samples. (f) Typically, IgG Negative fractions are compositionally-distinct from Pre-sort and IgG-Positive fractions, with no difference between ME/CFS and HV.

Several Microbiota Members Have Differential IgG-Scores and Produce SCFAs



Butyricicoccus Translocation in PI-ME/CFS Negatively Correlates with Cytokines in Plasma and CSF

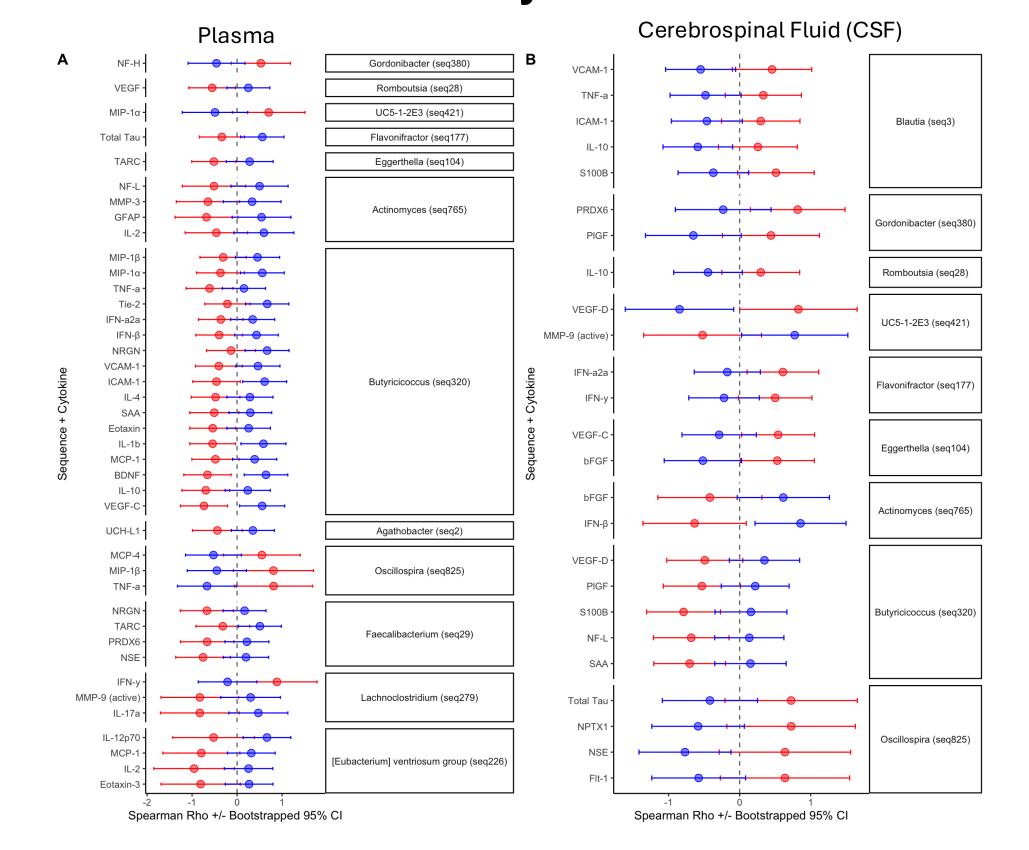


Figure 3. Interaction correlations of cytokines with IgG scores in (A) plasma and (B) cerebrospinal fluid. Correlations were performed within PI-ME/CFS and HV separately using a nonparametric boostrap test. identified when there was less than 5% overlap between confidence intervals. Significant taxacytokine interactions are grouped by ASV and sorted by significance from Figure 2.

Bacteria With Differential Translocation Have Nominally Higher Metabolic Activity in Healthy Volunteers

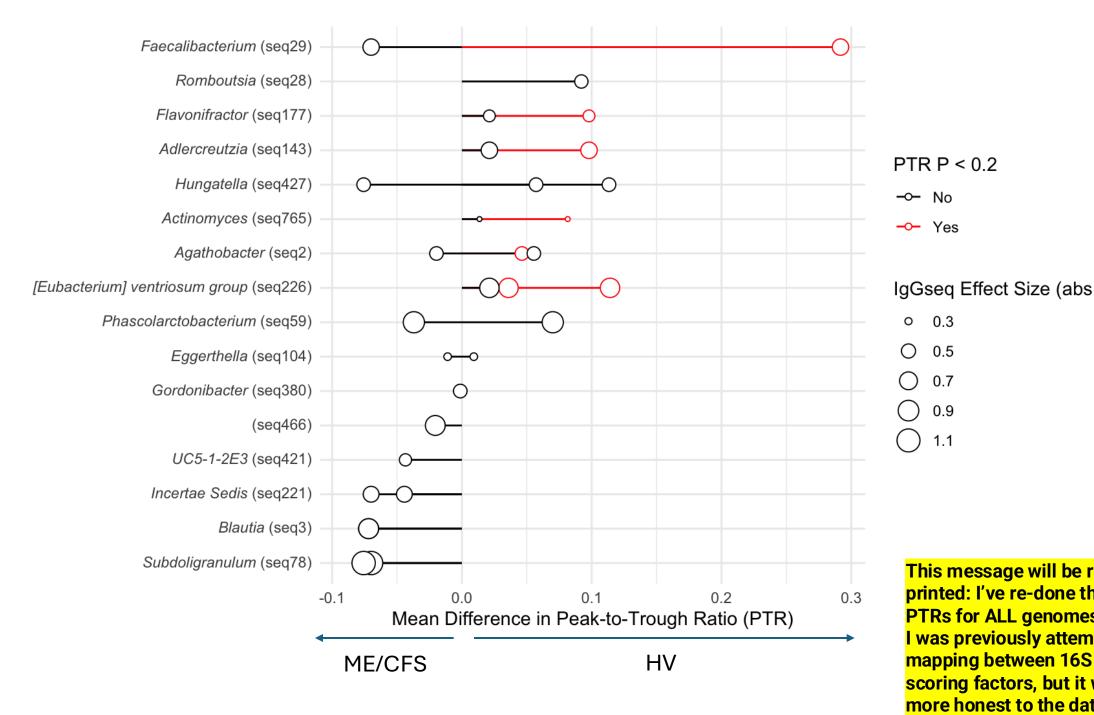


Figure 4. Peak-to-Trough Ratios (PTRs) for taxa with differentia translocation effects are higher in Healthy Volunteers than ME/CFS. Points indicate the Mean Difference in PTR, with the IgG effect size (see Figure 2) represented by the size of the circle. Red indicates that the difference in PTR between groups exhibited modest trends (P < 0.2). PTRs were obtained from metagenomic reads. Representative sequences from IgG-seq analysis were mapped to reference genomes to link IgG scores to PTR values.

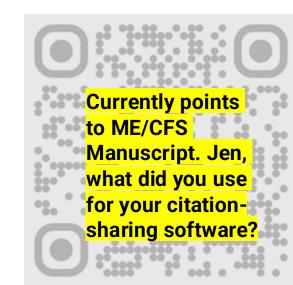
This message will be removed before the poster is rinted: I've re-done this figure to include differentia TRs for ALL genomes that mapped at 100% identity. mapping between 16S and genomes using various coring factors, but it wasn't perfect. I feel that it is nore honest to the data, and tells the same story with more confidence behind it.

Limitations

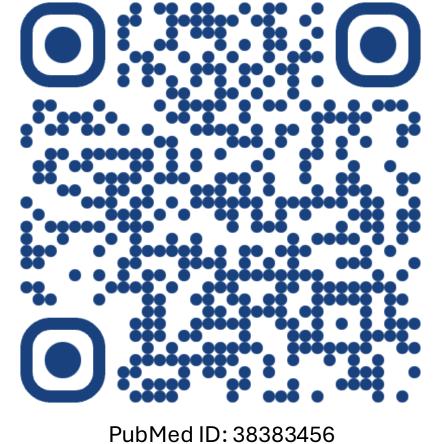
In "Autologous" IgG-seq, in which the stool sample and serum sample are derived from the same subject, no bacterial counts in both pools results in a missing value for IgG-seq scores for that taxon and no currently-accepted methods for recovering those zeroes and missing values exist, leading to difficulty in interpretation and generalization of results.

Confirmation of these findings is difficult – we performed correlative confirmation by employing paired cytokine data and bacterial growth estimates, each with their own limitations

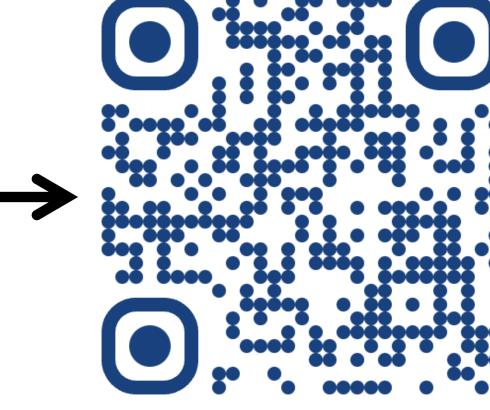
Citations



Learn about previous mechanisticresearch in PI-ME/CFS!



Learn about Nephele, a free cloud microbiome analysis platform!



nephele.niaid.nih.gov