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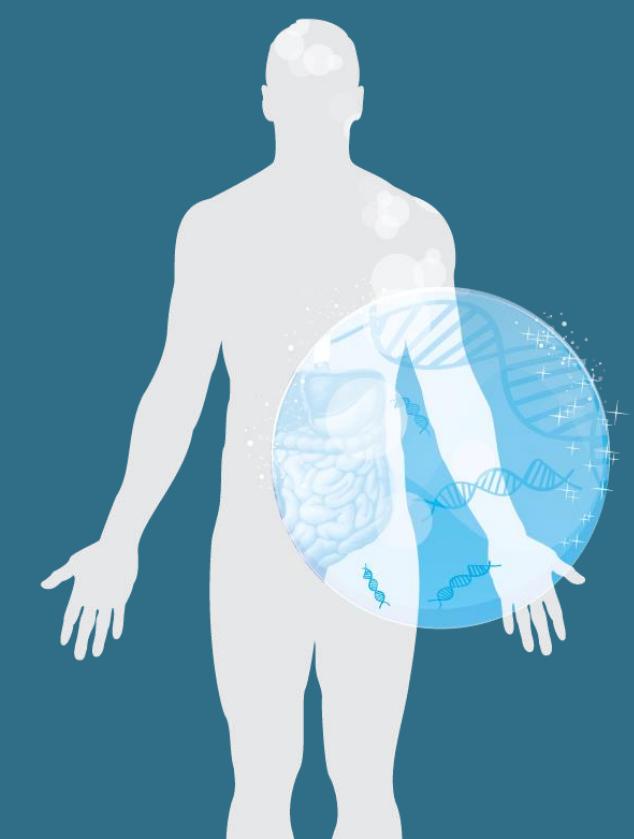
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TOXIC MICROBIOME AND CHRONIC KIDNEY DISEASE: INSIGHTS FROM THE CKD-REIN COHORT STUDY



Manolo Laiola^a, Sandra Wagner^b, Laetitia Koppe^{c,d}, Islam Amine Larabi^e, Florence Thirion^a, Denis Fouque^{c,d}, Sophie Liabeuf^f, Emmanuelle Le Chatelier^a, Jean-Claude Alvarez^e, Ziad Massy^{g,h}, Bénédicte Stengel^h, Stanislav Dusko Ehrlich^{a,i}

Background

Chronic kidney disease (**CKD**) is often associated with alterations in gut microbiome composition and functions, particularly with food-derived proteins fermentation in the colon, leading to the production of uremic toxins [1,2]. Nevertheless, the identification of the relations between the aberrant and “**toxic**” microbiome, the CKD severity and the potential impact of diet have not been exhaustively explored in humans.

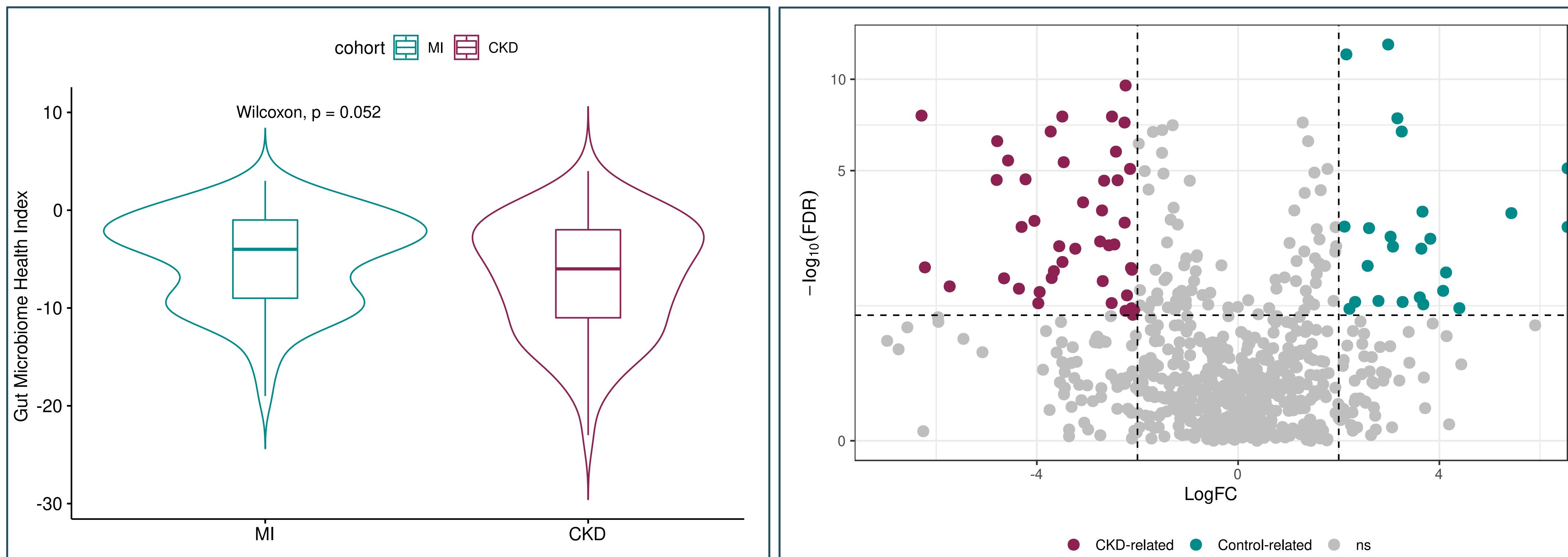
Aim

We investigated the associations between gut microbiome composition, blood uremic toxins, clinical metadata and food intake over a subsample of 240 patients (mean age, 68 [SD 11.6] years; 71% male) with non-dialysis CKD and an estimated glomerular filtration rate (eGFR) <60 mL/min/1.73 m² from the **CKD-REIN** study[3]. Moreover, an observational comparison with a healthy cohort (Milieu Interieur[4], n=938) was also performed to find out microbial biomarkers characterizing the gut microbiome-related toxicity in CKD.

Results

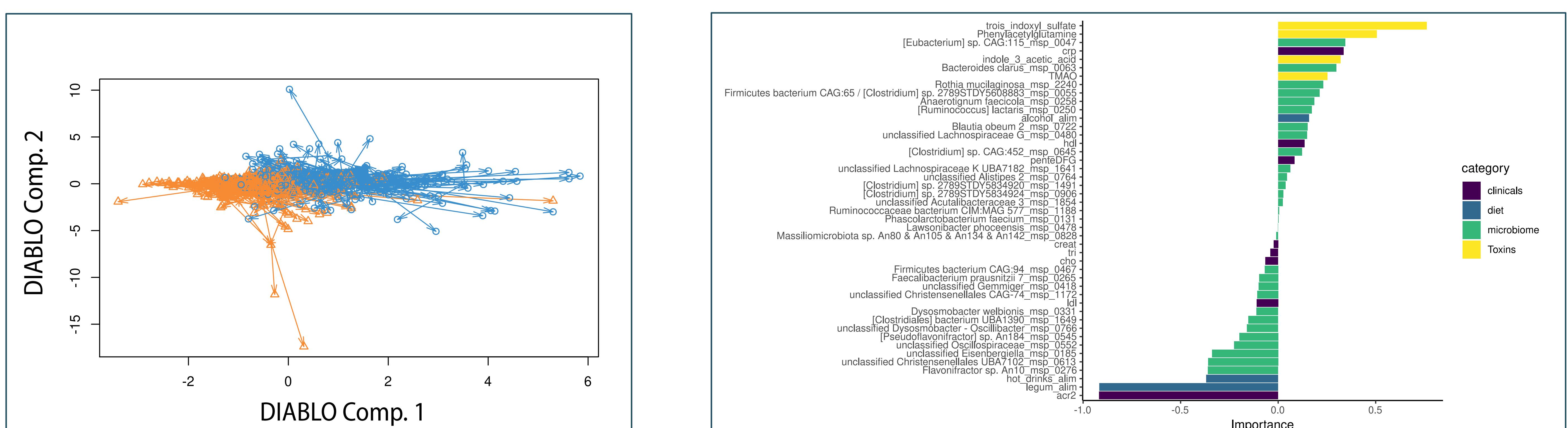
1 CKD vs Milieu Interieur

Using species level profiling, we observed that CKD patients showed a significant reduced gut microbiome health index compared to controls (left). Several CKD-related potential biomarkers were retrieved (center), like toxins producer species *Negativibacillus massiliensis* and *Victivallis vadensis* among others after adjusting for age, BMI, gender and diabetes condition as confounders (right). In addition, taxa belonging to *Enterocloster* and *Hungatella* clades (*Lachnospiraceae* family) were found negatively correlated to eGFR and positively associated with C-reactive protein (CRP) levels.



2 Moderate vs Severe CKD phenotype

A supervised modelling for data integration was carried out to explore associations between multiomics’ biomarkers differentiating moderate (n=130, eGFR≥ 30 mL/min) and severe (n=110, eGFR< 30 mL/min) CKD phenotypes (left). In particular, severe-related taxa carrying genes involved in the production of metabolites causing uremic toxicity were linked to serum uremic toxins as indoxyl sulphate, trimethylamine-N-oxide, phenylacetylglutamine and kynurenic acid, along with CRP levels, alcohol consumption and low vegetables intake (right).



Conclusions

Our study highlights the important associations of gut microbiome composition and uremic toxins accumulations with CKD severity. Moreover, the findings might open to promising therapeutic strategy to diminish microbiome-related toxicity and to potentially attenuate CKD severity, by regulating the gut microbial configuration possibly through the modulating effect of dietary intakes.

AFFILIATIONS

- ^a MetaGenoPolis, INRAE, AgroParisTech, Université Paris-Saclay, Paris, France
- ^b Université de Lorraine, INSERM, CIC 1433, Nancy CHRU, Inserm U1116, FCRIN INI-CRCT, Nancy, France
- ^c Department of Nephrology, Hospices Civils de Lyon, Centre Hospitalier Lyon-Sud, Pierre-Bénite, F-69495, France
- ^d Univ. Lyon, CarnotLab, INSA-Lyon, INSERM U1060, INRA, Université Claude Bernard Lyon 1, F-69361 Villeurbanne, France
- ^e Department of Pharmacology and Toxicology, Inserm U-1173, UFR Simone Veil Santé UVSQ-Paris-Saclay University, Raymond Poincaré Hospital, AP-HP, 104 Boulevard Raymond Poincaré, 92380 Garches, France
- ^f Department of Clinical Pharmacology, Pharmacopidemiology unit Amiens University Hospital, F-80000 Amiens, France and MP3CV Laboratory, EA7517, University of Picardie Jules Verne, Amiens, F-80000 Amiens, France
- ^g Div. of Nephrology, Ambroise Paré University Hospital, APHP, Boulogne-Billancourt/Paris, France
- ^h Centre for Research in Epidemiology and Population Health (CESP), Paris-Saclay University, Versailles, Saint Quentin University, INSERM UMRS, 1018 Villejuif, France
- ⁱ Department of Clinical and Movement Neurosciences, University College London, London, UK

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