## Cross-Study Evaluation of the Relationship between the Human Gut Microbiome and Heart Disease

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Preparing people to lead extraordinary lives

## Introduction

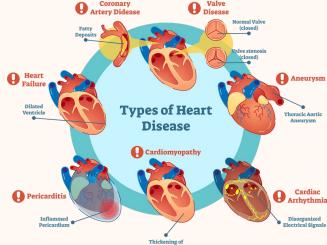
# What is heart disease?



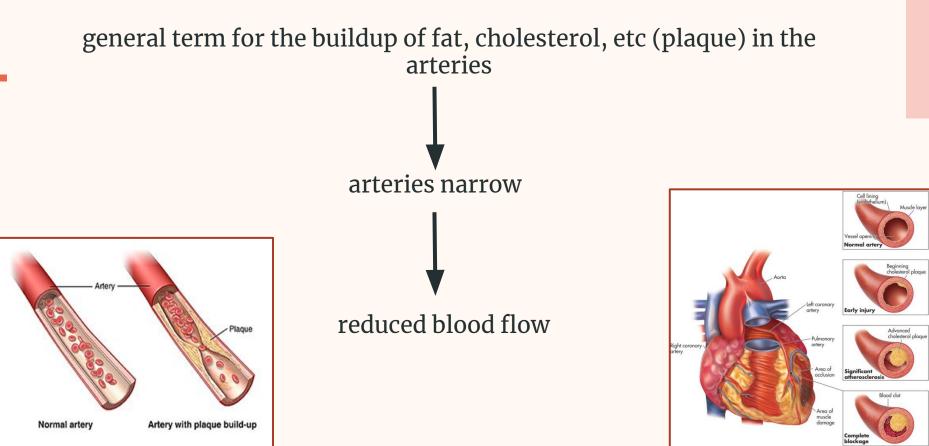
# Introduction (cont.)

Heart disease refers to several types of heart conditions:

- "any disease that affects the heart or blood vessels"
- including but not limited to:
  - coronary artery disease (CAD)
  - cardiovascular disease
  - atherosclerosis

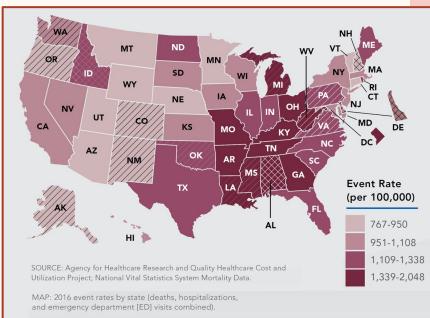


## What is Atherosclerosis?



## Why is it important?

- Cardiovascular disease is the number one cause of death worldwide
  - $\circ$  17.9 million lives lost per year
- every 34 seconds, one person dies from heart disease in the USA
- 80% of premature heart disease and stroke cases are preventable



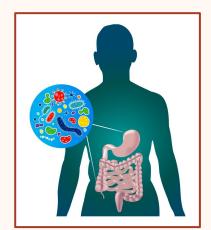
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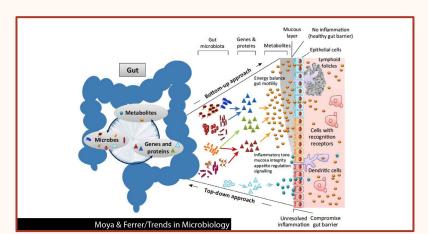
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ED and hospitalization data not available, estimated

### **The Gut Microbiome**

- Community of microorganisms that operate as a "hidden organ"
  - regulates healthy immune function
  - act as a bioreactor affecting several organ systems
  - metabolic engine
  - dynamic





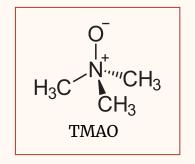
## Background

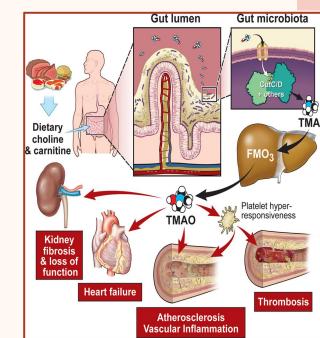
- Recent studies assessing relationship between atherosclerosis and the gut microbiome
- Working hypotheses about inflammation:
  - increased state of lipopolysaccharides (LPS)
  - trimethylamine N-oxide(TMAO)
  - short chain fatty acids
  - and bile acids

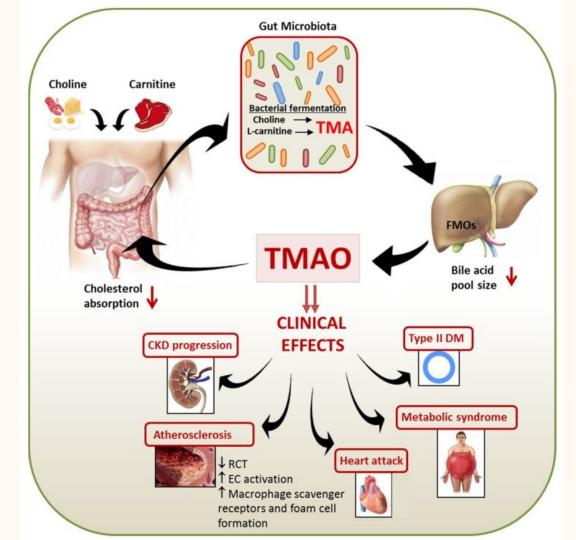
## Background

TMA (trimethylamine) to TMAO (trimethylamine-N-oxide) pathway

- pathway is somewhat unclear but research shows:
  - o dietary choline and carnitine → increased TMAO levels linked to heart failure and atherosclerosis via greater accumulation of bacterial products in the bloodstream
  - TMAO is a proinflammatory metabolite
    - associated with alterations in cholesterol and bile acid → inflammation → a leaky and unstable gut barrier\*
  - Atherosclerotic plaques' bacterial DNA found in affected individuals' gut microbiome







## Why Conduct a Meta-Analysis?

- Microbiome is rapidly evolving
- Currently, the field of microbiome research has many conflicting opinions
  - No consensus on best practices
- Heart Disease is a pivotal disease to understand and prevent
- Must give due credit to prior research and correct using modern day best practices

### Aims

Aim 1 – What is the relationship between human gut microbiome and heart disease? For each individual study, are there new or updated biological findings that can be mined from the original when re-assessed using modern best-practices and databases?

Aim 2 (in progress) – What do the signals in the gut microbial communities of patients with heart disease tell us about potential interactions when evaluated across all existing manuscripts on the subject?

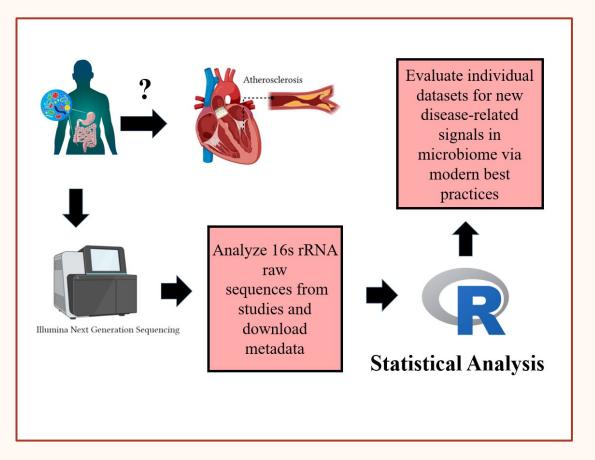
## **Hypothesis**

We hypothesize that by applying cutting edge, modern bioinformatic approaches to microbiome analyses, we should be able to uncover new phenomena between heart disease and the microbiome, specifically regarding inflammation as a pivotal byproduct.

\* This project will focus on assessing the role of microbial taxa, and thus by proxy, the microbial metabolites.

- biases
- newer databases

#### **Materials and Methods**



#### **Materials and Methods**

Dysbiosis of Gut Microbiota With Reduced Trimethylamine-N-Oxide Level in Patients With Large-Artery Atherosclerotic Stroke or Transient Ischemic Attack

<u>Jia Yin</u>, MD, <sup>1</sup> <u>Shuo-Xi Liao</u>, MS, <sup>1</sup> <u>Yan He</u>, MD, <sup>3</sup> <u>Shan Wang</u>, MS, <sup>3</sup> <u>Geng-Hong Xia</u>, MS, <sup>1</sup> <u>Fei-Tong Liu</u>, MS, <sup>3</sup> <u>Jia-Jia Zhu</u>, MD, <sup>1</sup> <u>Chao You</u>, MS, <sup>1</sup> <u>Qiong Chen</u>, MS, <sup>1</sup> <u>Liang Zhou</u>, MD, <sup>1</sup> <u>Su-Yue Pan</u>, MD, <sup>1</sup> and <u>Hong-Wei Zhou</u>, PhD<sup>™</sup> <sub>2,3</sub>

#### The gut microbiome modulates the protective association between a Mediterranean diet and cardiometabolic disease risk

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Dong D Wang <sup>1</sup> <sup>2</sup>, Long H Nguyen <sup>3</sup> <sup>4</sup>, Yanping Li <sup>2</sup>, Yan Yan <sup>5</sup>, Wenjie Ma <sup>3</sup> <sup>4</sup>, Ehud Rinott <sup>6</sup>,
Kerry L Ivey <sup>2</sup> <sup>7</sup> <sup>8</sup>, Iris Shai <sup>6</sup>, Walter C Willett <sup>1</sup> <sup>2</sup> <sup>9</sup>, Frank B Hu <sup>1</sup> <sup>2</sup> <sup>9</sup>, Eric B Rimm <sup>1</sup> <sup>2</sup> <sup>9</sup>,
Meir J Stampfer <sup>1</sup> <sup>2</sup> <sup>9</sup>, Andrew T Chan <sup>1</sup> <sup>3</sup> <sup>4</sup>, Curtis Huttenhower <sup>10</sup> <sup>11</sup>
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Gut microbiota induces high platelet response in patients with ST segment elevation myocardial infarction after ticagrelor treatment

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Xi Zhang, #1,2,† Xiaolin Zhang, #1,† Fangnian Tong,1 Yi Cai,1 Yujie Zhang,1 Haixu Song,1 Xiaoxiang Tian,1 Chenghui Yan,1 and Yaling Han1,2
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Arduino A Mangoni, Reviewing Editor and Matthias Barton, Senior Editor 
Arduino A Mangoni, Flinders Medical Centre Australia ;
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#### Gut Microbiome Associates With Lifetime Cardiovascular Disease Risk Profile Among Bogalusa Heart Study Participants

Tanika N Kelly <sup>1</sup>, Lydia A Bazzano <sup>2</sup>, Nadim J Ajami <sup>2</sup>, Hua He <sup>2</sup>, Jinying Zhao <sup>2</sup>, Joseph F Petrosino <sup>2</sup>, Adolfo Correa <sup>2</sup>, Jiang He <sup>2</sup>

#### Symptomatic atherosclerosis is associated with an altered gut metagenome

Fredrik H Karlsson <sup>1</sup>, Frida Fåk, Intawat Nookaew, Valentina Tremaroli, Björn Fagerberg, Dina Petranovic, Fredrik Bäckhed, Jens Nielsen

#### The gut microbiome in atherosclerotic cardiovascular disease

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Zhuye Jie <sup>1</sup> <sup>2</sup> <sup>3</sup>, Huihua Xia <sup>1</sup> <sup>2</sup>, Shi-Long Zhong <sup>4</sup> <sup>5</sup>, Qiang Feng <sup>1</sup> <sup>2</sup> <sup>6</sup> <sup>7</sup> <sup>8</sup>, Shenghui Li <sup>1</sup>,
Suisha Liang <sup>1</sup> <sup>2</sup>, Huanzi Zhong <sup>1</sup> <sup>2</sup> <sup>3</sup> <sup>7</sup>, Zhipeng Liu <sup>1</sup> <sup>9</sup>, Yuan Gao <sup>1</sup> <sup>2</sup>, Hui Zhao <sup>1</sup>,
Dongya Zhang <sup>1</sup>, Zheng Su <sup>1</sup>, Zhiwei Fang <sup>1</sup>, Zhou Lan <sup>1</sup>, Junhua Li <sup>1</sup> <sup>2</sup> <sup>3</sup> <sup>10</sup>, Liang Xiao <sup>1</sup> <sup>2</sup> <sup>6</sup>,
Jun Li <sup>1</sup>, Ruijun Li <sup>11</sup>, Xiaoping Li <sup>12</sup>, Fei Li <sup>12</sup> <sup>9</sup>, Huahui Ren <sup>1</sup>, Yan Huang <sup>1</sup>, Yangqing Peng <sup>1</sup> <sup>12</sup>,
Guanglei Li <sup>1</sup>, Bo Wen <sup>12</sup>, Bo Dong <sup>1</sup>, Ji-Yan Chen <sup>4</sup>, Qing-Shan Geng <sup>4</sup>, Zhi-Wei Zhang <sup>4</sup>,
Huanming Yang <sup>1</sup> <sup>2</sup> <sup>13</sup>, Jian Wang <sup>1</sup> <sup>2</sup> <sup>13</sup>, Jun Wang <sup>11</sup> <sup>14</sup> <sup>15</sup>, Xuan Zhang <sup>16</sup>,
Lise Madsen <sup>12</sup> <sup>7</sup>, Susanne Brix <sup>18</sup>, Guang Ning <sup>19</sup>, Xun Xu <sup>12</sup> <sup>2</sup>, Xin Liu <sup>12</sup>, Yong Hou <sup>12</sup> <sup>2</sup>,
Huijue Jia <sup>20</sup> <sup>21</sup> <sup>22</sup> <sup>23</sup>, Kunlun He <sup>24</sup>, Karsten Kristiansen <sup>25</sup> <sup>26</sup> <sup>27</sup>
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Alterations of Gut Microbiome in Tibetan Patients With Coronary Heart Disease

Fengyun Liu <sup>1,2†</sup> ,	Chao Fan <sup>3,4†</sup> ,	Liangzhi Zhang <sup>3†</sup> , 📃	Yuan Li <sup>1.2</sup> ,	Haiwen
Hou <sup>1.2</sup> , Yan Ma <sup>1.2</sup> , 2	Jinhua Fan <sup>1,2</sup> ,	Yueqin Tan <sup>1.2</sup> ,	Tianyi Wu <sup>1.2*</sup> ,	
Shangang Jia <sup>5*</sup> and 🙁 Yanming Zhang <sup>3*</sup>				

Elevated Levels of Circulating DNA in Cardiovascular Disease Patients: Metagenomic Profiling of Microbiome in the Circulation

<u>Vasudevan Dinakaran</u>, <sup>1</sup><u>Andiappan Rathinavel</u>, <sup>2</sup><u>Muthuirulan Pushpanathan</u>, <sup>1</sup><u>Ramamoorthy Sivakumar</u>, <sup>1</sup> <u>Paramasamy Gunasekaran</u>, <sup>1</sup>and <u>Jeyaprakash Rajendhran</u><sup>1</sup>, \*

## **Statistical Analysis**

1. Collect all available primary studies on the gut microbiome and heart disease

- Sources: PubMed, NCBI, etc
- Make sure the raw sequencing data is available as 16s rRNA, along with metadata

2. Download each individual dataset and its metadata

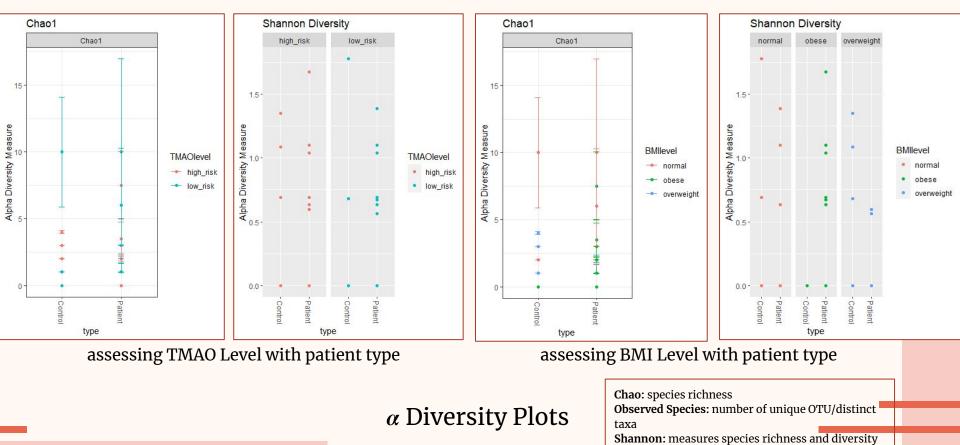
Use best modern day approaches to download data (fastq files) via the Linux terminal 3. \* Evaluate each individual dataset for new disease-related signals in the microbiome via modern best practices

- Intra Study analysis
  - R studio
  - Dada2
  - CutAdapt
  - ASV table
  - Taxonomy table
    - etc.

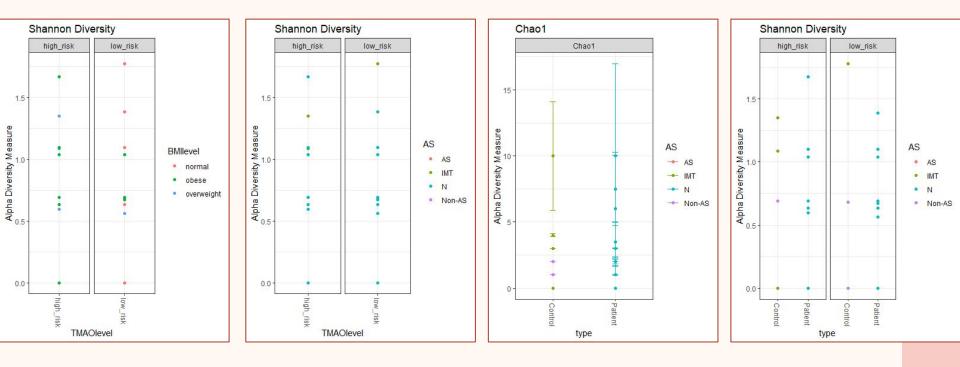
4. Compare datasets and make conclusions

- Merging functions in phyloseq
- Create 1 unified dataset

## **Results in Progress**

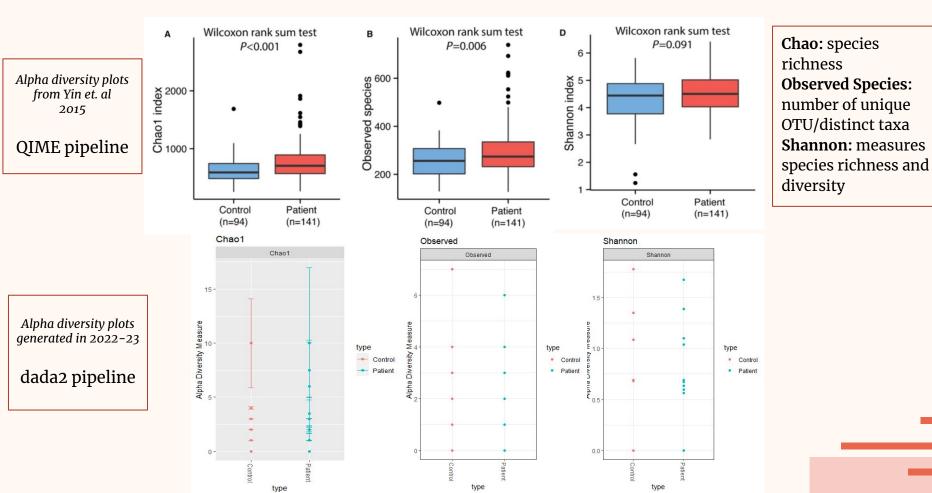


## **Results in Progress**

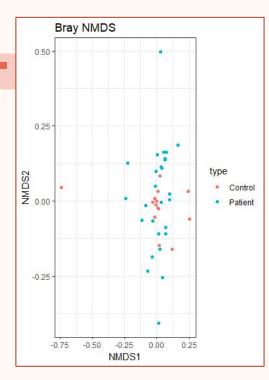


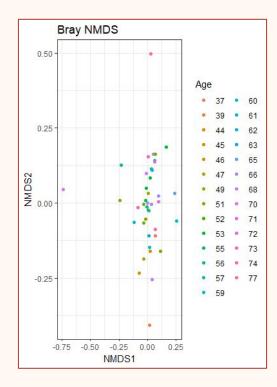
 $\alpha$  Diversity Plots

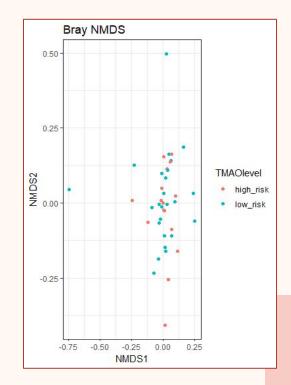
#### **Results In Progress**



## **Results in Progress**

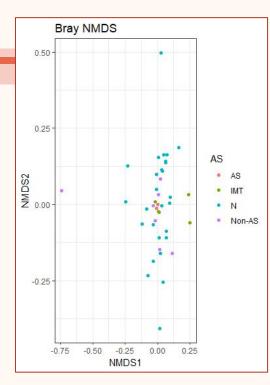


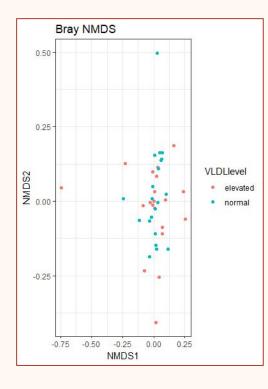


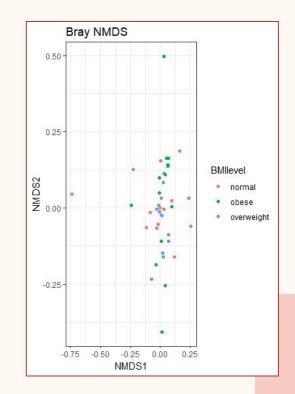


 $\beta$  Diversity Plots

## **Results in Progress**







 $\beta$  Diversity Plots

## **Discussion in Progress**

For this study:

- Data is uninterpretable
  - Not replicable
  - Unclear
  - No raw data provided
- 2 main issues
  - True raw sequencing was not provided
  - Data that has been re-assessed is not truly valid
- there are some convoluted data to be further examined
  - cited 453 times

### **Next Steps**

- request a grant to re-do study
  - however, unlikely to be funded due to misunderstandings
     difficult to dislodge
    - difficult to dislodge
- Continue statistical analysis for other studies listed
- Compile a larger set of data and complete a cross-study analysis to identify microbial taxa involved in heart disease

### Acknowledgements

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