

Cervicovaginal microbiome dysbiosis is associated with proteome changes related to alterations of the cervicovaginal mucosal barrier

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1. Introduction

Cervicovaginal microbiome (VMB)

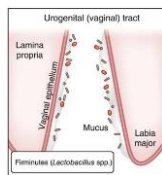
- Healthy composition: dominated by lactobacilli
- Dysbiosis associated with:
 - Bacterial vaginosis (BV)
 - Increased risk of HIV acquisition and other adverse reproductive health outcomes
- Mechanisms largely unclear
 - Cervicovaginal inflammation and other changes to mucosal barrier thought to have important roles



1. Introduction

Cervicovaginal mucosal barrier

- Mechanical barrier
 - > mucus, epithelium
- Innate immune response
 - > cytokines, antimicrobial peptides and enzymes
- Adaptive immune response
- Strengthened by a *Lactobacillus*-dominated VMB (lactic acid, other antimicrobial products).



Belkaid et al 2013

2. Methods

Methods

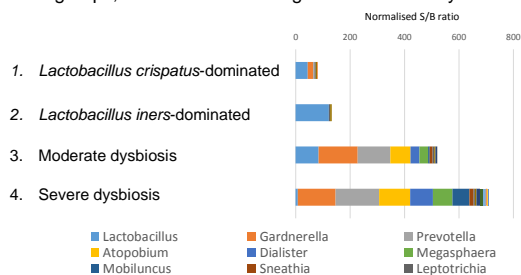
- Comparison of cervicovaginal proteome among four VMB groups
- CVLs of 50 women from a cohort of Rwandan female sex workers.
- Mass spectrometry
- Targeted approach (pre-defined mucosal barrier proteins)
- Untargeted approach (differentially abundant proteins, adjusted for multiple comparisons)



2. Methods

Methods

Four groups, in order of increasing bacterial diversity:



3. Results

Results: study groups

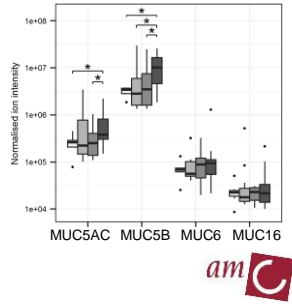
| | <i>L. crispatus</i> -dominated (n=7) | <i>L. iners</i> -dominated (n=11) | Moderate dysbiosis (n=14) | Severe dysbiosis (n=18) |
|-------------------------------------|--------------------------------------|-----------------------------------|---------------------------|-------------------------|
| Median age [IQR] | 30 [26-36] | 32 [26-40] | 30 [23-34] | 27 [24-30] |
| Consistent condom use | 4 (57%) | 2 (22%) | 1 (8%) | 6 (43%) |
| Hormonal contraceptive use | 3 (43%) | 10 (91%) | 13 (83%) | 16 (89%) |
| Median day of menstrual cycle [IQR] | 31 [27-112] | 15 [12-33] | 19 [16-35] | 16 [11-29] |
| BV by Nugent | 0 (0%) | 0 (0%) | 9 (64%) | 19 (100%) |
| Any viral STI | 1 (14%) | 9 (82%) | 12 (86%) | 16 (89%) |
| HIV | 1 (14%) | 4 (36%) | 8 (57%) | 10 (56%) |
| Leukocytes (+++) | 1 (14%) | 1 (9%) | 2 (14%) | 8 (44%) |

3. Results

Targeted analysis: Mechanical barrier

With increasing bacterial diversity:

- MUC5AC↑, MUC5B ↑
- Keratins↓
- LDHA and LDHB ↑

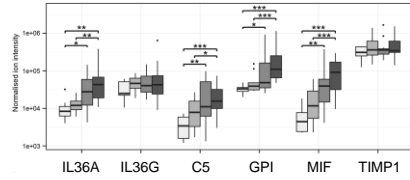


3. Results

Targeted analysis: Innate immunity

With increasing bacterial diversity:

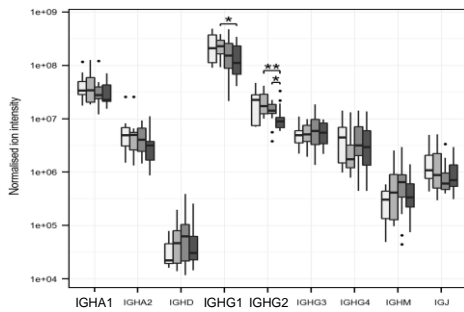
- Antimicrobial peptides: CSTA↓, LYZ↓, RPS27A↓, S100A7↑, S100A9↑, histones↑
- Increase pro-inflammatory cytokines:



3. Results

Targeted analysis: Adaptive immunity

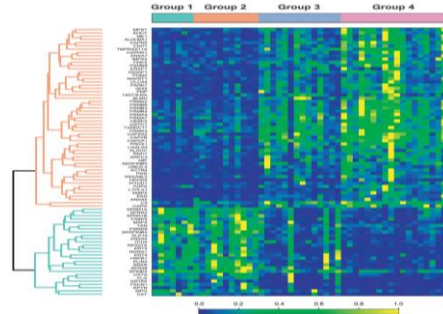
With increasing bacterial diversity:



3. Results

Untargeted analysis

82/549 proteins differentially abundant

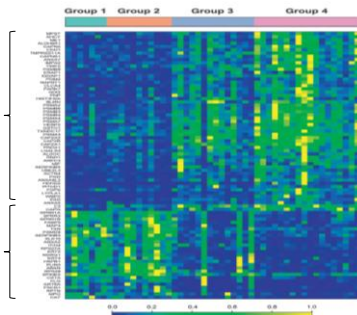


3. Results

Untargeted analysis

82/549 proteins differentially abundant

- Proteasome subunits
- Proteases
- Catabolic enzymes
- Actin-organizing proteins
- Protease inhibitors
- Epithelial proteins



4. Limitations

Limitations

- Only Rwandan women at high risk
- Cross-sectional data
- Limited sample size



5. Conclusions

Conclusions

- Strong relationship between the VMB and cervicovaginal human proteome
- With increasing bacterial diversity: mucus alterations, cytoskeleton alterations, increasing cell death, increasing proteolytic activity, altered AMP balance, increasing pro-inflammatory cytokines, and decreasing IgG1/2.
- Supports hypothesis that dysbiosis causes cervicovaginal inflammation and other detrimental changes to the mucosal barrier
- Systems biology approaches should be incorporated into larger epidemiological and intervention studies



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No conflicts of interest



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'The vaginal microbiome of women residing in Amsterdam: association with ethnicity' – P06.01

'The cervicovaginal microbiome before and after HIV seroconversion' – P06.02

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