

Gut microbiome immaturity and childhood acute lymphoblastic leukaemia

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SUPPLEMENTARY METHODS:

Types of evidence sources considered for main data analysis: All types of primary clinical studies were considered in the present perspective article. Grey literature with sufficient information to assess eligibility was also considered. Data from narrative reviews, opinion articles and animal studies were excluded. Only studies with titles and abstracts in English were considered.

Participants: In the present perspective article, we only included studies involving participants who were diagnosed with acute leukaemia up to the age of 19 years. Studies including participants with an additional diagnosis of any chronic medical condition were not considered in order to exclude potential confounding effects on the gut microbiome. Prior antibiotic administration was not deemed a feasible exclusion criterion, given the very high frequency of antibiotic administration around the time of leukemia diagnosis and during treatment. This information, however, was sought during the data extraction process to assist with the interpretation of findings (Figure 2).

Concept: The concept of interest in this perspective article was gut microbiome diversity and composition measured by sequencing techniques, with no restrictions on the measures reported. Studies relying solely on culture-based techniques for examining the gut microbiome were not included due to the poor sensitivity of such methods and their inability to provide information about the overall microbiome composition. Studies investigating the oral microbiome were also excluded, as the oral and stool microbiomes of cancer patients have been shown to have different relative co-abundance patterns and different sensitivity to prior antibiotic treatment^{1,2}. Studies examining the microbiome of other body sites were not considered.

Context: The present perspective article aimed to explore clinical evidence on gut microbiome diversity and composition the context of a new diagnosis of childhood acute leukaemia prior to administration of any chemotherapy.

Study Selection & Data Charting: The records identified from all databases were imported to the commercially available reference management software Endone (Clarivate Analytics, PA, USA). After manual duplicate removal, the title and abstract of each record was screened according to the Participant-Concept-Context Framework. The reference lists of all studies selected for inclusion in the present review were also screened for potentially eligible records. The final selection of studies was confirmed by all authors.

Analysis of published results: The direction of differences in gut microbiome diversity and composition (relative abundance) between healthy children and children with ALL, together with statistical significance levels, were directly extracted from the published results of selected studies. For the study of Liu et al.³, which reported differences in relative abundance only at the level of species, individual participant data were used to conduct a linear discriminant analysis of effect size (LEfSE) at other taxonomic levels using an LDA score >2.0 and $p < 0.05$ ⁴.

SUPPLEMENTARY TABLES

Supplementary Table 1: Trends of α -diversity, β -diversity & relative abundance of major phyla during early childhood based on the results of selected studies of healthy children.

α -diversity	Shannon Diversity Index	Odamaki, 2020 ⁶
	4 months	1.9*
	10 months	2.8*
	28 months	4.1*
	73 months	4.3*

β -diversity	Roswall, 2021 ⁷	Weighted Unifrac distance
	Birth	0.92*
	4 months	0.82*
	12 months	0.85*
	36 months	0.72*
	60 months	0.70*

Changes in Relative abundance of major phyla over time	Stewart, 2021 ⁸	Proteobacteria	Actinobacteria	Firmicutes	Bacteroides
	3 months	15%	53%	26%	<1%
	12 months	6%	27%	55%	-
	20 months	4%	21%	61%	-
	40 months	4%	21%	61%	10%
	Odamaki, 2020 ⁶	Proteobacteria	Actinobacteria	Firmicutes	Bacteroides
	4 months	4%*	50%*	25%*	<1%*
	10 months	3%*	43%*	38%*	<1%*
	28 months	<1%*	13%*	76%*	2%*
	73 months	<1%*	11%*	78%*	4%*

*median values estimated from boxplots of published studies

Supplementary Table S2: Search strategy (A) and results of database search.

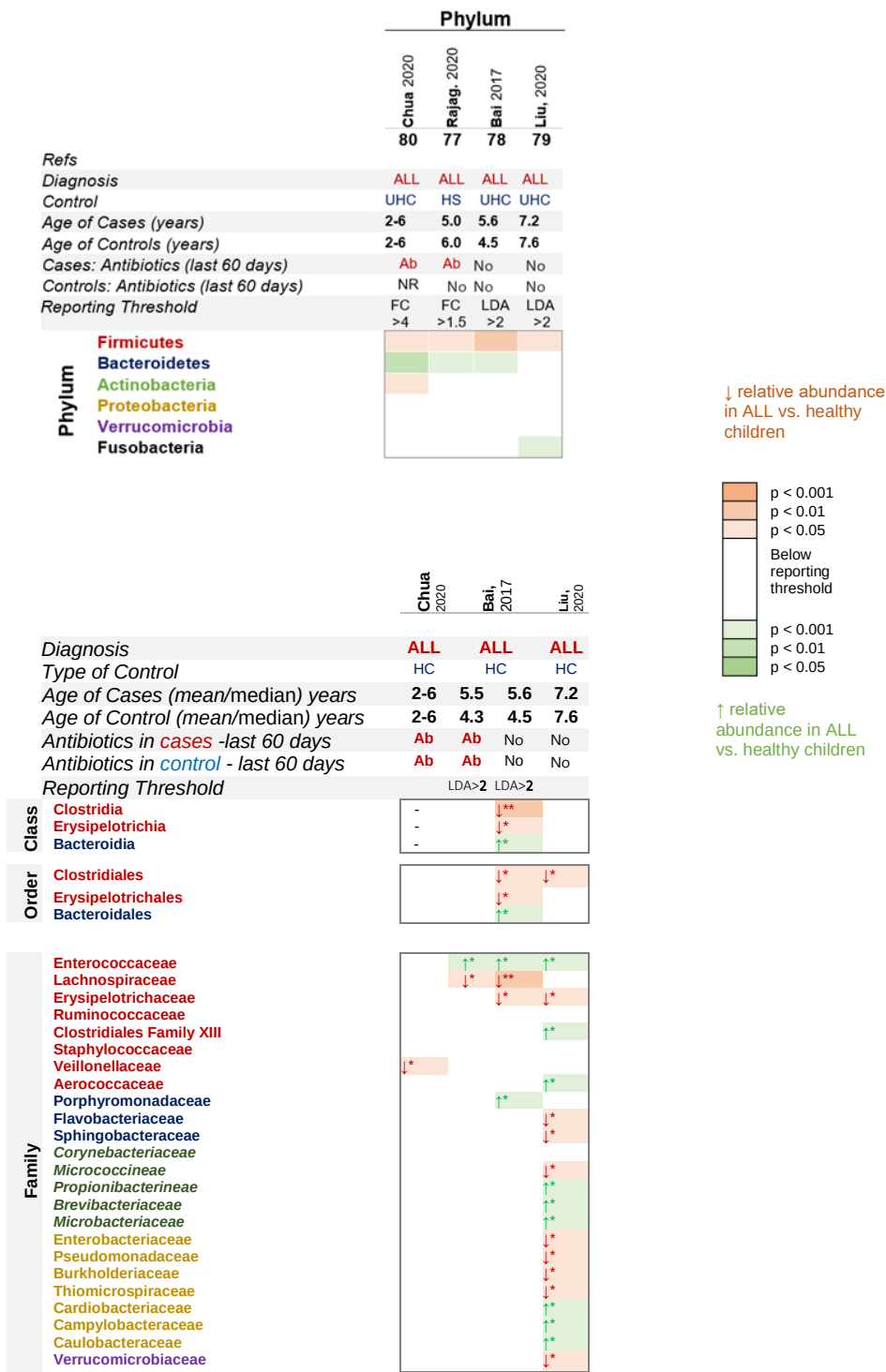
A. Search Strategy for MEDLINE (Pubmed), Embase & Embase Classic (Ovid) and Cochrane Database

Database	MEDLINE (Pubmed)
Publication period	From inception until [20/10/2022]
Search strategy	((microbiome or microbiota) AND (Leukemia or Leukaemia))—all fields
Articles retrieved	n= 261

Database	Embase & Embase Classic (Ovid)
Publication period	From inception until [20/10/2022]
Search strategy	1. exp microbiome/ or microbiome.mp. or exp bacterial microbiome/ 2. microbiota.mp. or exp microflora/ 3. 1 or 2 4. exp leukemia/ or leukemia.mp. 5. leukaemia.mp. or exp leukemia/ 6. 4 or 5 7. 3 and 6
Articles retrieved	n= 1305

SUPPLEMENTARY FIGURES

Supplementary Figure 1: Differences in gut microbiome composition at the level of class, order and family between newly diagnosed children with ALL and healthy children.

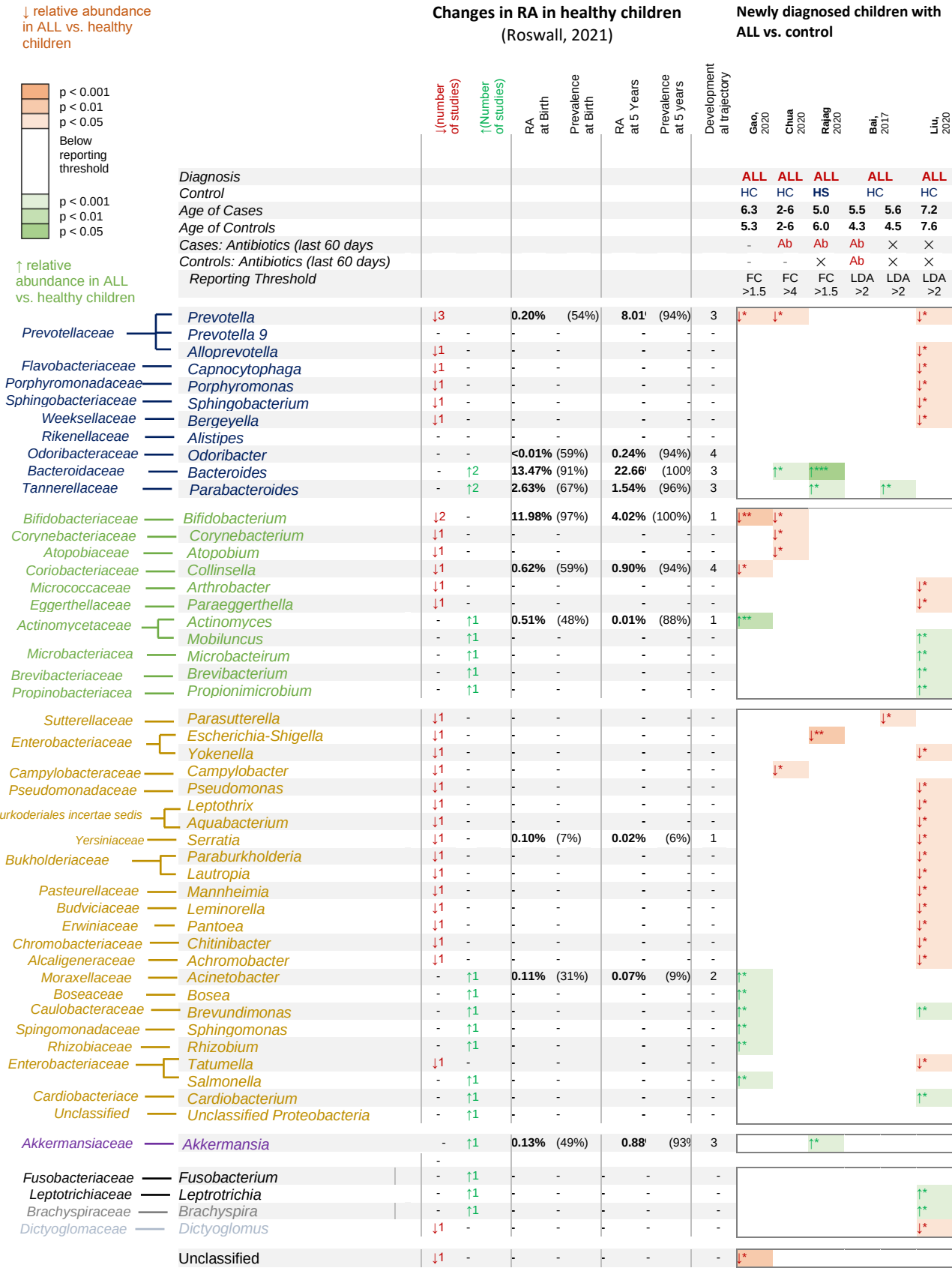


↓ relative abundance
in ALL vs. healthy
children

↑ relative abundance in ALL vs. healthy children

at the level of genus - List of all identified genera				Changes in RA in healthy children (Roswall, 2021)				with ALL vs. control									
				↓(Number of studies)	↑(Number of studies)	RA at Birth	Prevalence at Birth	RA at 5 Years	Prevalence at 5 years	Developmental trajectory	Gao, 2020	Chua, 2020	Rajag, 2020	Bai, 2017	Liu, 2020		
Diagnosis											ALL	ALL	ALL	ALL	ALL		
Control											HC	HC	HS	HC	HC		
Age of Cases											6.3	2-6	5.0	5.5	7.2		
Age of Controls											5.3	2-6	6.0	4.3	7.6		
Cases: Antibiotics (last 60 days)											-	Ab	Ab	Ab	×		
Controls: Antibiotics (last 60 days)											-	-	×	Ab	×		
Reporting Threshold											FC >1.5	FC >4	FC >1.5	LDA >2	LDA >2		
Lachnospiraceae	Roseburia	↓4	-	0.05% (51%)	1.89 ^a (100%)	3	↓*				↓**		↓**	↓*	↓*	↓*	
	Anaerostipes	↓3	-	<0.01% (13%)	0.20% (97%)	4	↓***						↓**	↓*	↓*		
	Dorea	↓2	-	0.05% (40%)	0.51% (99%)	3	↓**							↓*	↓*		
	Blautia	↓2	-	0.35% (74%)	4.10% (100%)	3	↓***							↓*	↓*		
	Fusicatenibacter	↓1	-	-	-	-								↓*	↓*		
	Lachnospiraceae NK4A136 group	↓2	-	-	-	-							↓**	↓*			
	Lachnospiraceae FC S020 group	↓1	-	-	-	-								↓*			
	Lachnospiraceae ND3007 group	↓1	-	-	-	-									↓*		
	Lachnospiraceae NC2004 group	↓1	-	-	-	-									↓*		
	Lachnospiraceae UCG-004	↓1	-	-	-	-								↓*	↓*		
	Lachnospiraceae UCG-005	↓1	-	-	-	-							↓***		↓*		
	Lachnospiraceae Incrate Sedis	↓1	-	-	-	-								↓*	↓*		
	Uncultured Lachnospiraceae	↓1	-	-	-	-									↓*		
	Unclassified Lachnospiraceae	↓1	-	0.50% (82%)	6.93 ^b (100%)	3								↓*	↓*		
	Lachnospira	↓1	-	0.10% (47%)	1.90% (99%)	3									↓*	↓*	
	Pseudobutyrvibrio	↓2	-	-	-	-							↓*		↓*		
	Coprococcus 3	↓1	-	-	-	-									↓*		
	Eub. Hallii group	↓2	-	-	-	-								↓*		↓*	
	Cellulosilyticum	↓1	-	-	-	-										↓*	
	Marvinbryantia	↓1	-	-	-	-										↓*	
	Parasporobacterium	↓1	-	-	-	-										↓*	
	Tyzerella 4	↓1	-	-	-	-										↓*	
	Tyzerella	-	↑1	-	-	-						↑**					
	Oribacterium*	↓1	↑1	-	-	-						↑**					↓*
	Lachnoclostridium	-	↑1	-	-	-								↓***			
	Ruminococcaceae	Ruminococcus	↓1	-	0.13% (59%)	3.38% (100%)	3	↓**								↓*	
		Ruminococcus 1	↓1	-	-	-	-									↓*	
		Ruminococcus 2	↓1	-	-	-	-								↓*		
Ruminoc. gauvereauii group		↓2	-	-	-	-							↓***	↓*			
Ruminococcaceae UCG-004		↓1	-	-	-	-								↓*			
Ruminococcaceae UCG-013		↓2	-	-	-	-							↓*	↓*	↓*		
Unclassified Ruminococcaceae		-	-	0.22% (65%)	6.55% (100%)	3											
Oscillospiracae	Oscillibacter	↓1	-	-	-	-					↓**						
	Faecalibacterium	↓3	↑1	0.35% (74%)	9.48% (100%)	3	↓*						↓*	↓*			
	Ruminiclostridium*	↓1	↑1	-	-	-					↑**				↓*		
	Ruminiclostridium 9	↓1	-	-	-	-										↓*	
Eubacteriaceae	Eubacterium	↓1	-	-	-	-										↓*	
	Eub. Coprostanoligenes group	↓1	-	-	-	-							↓*				
bact. incertae sedis	[Bacteroides] Pectoniphilus group	↓1	-	-	-	-										↓*	
	Mogibacterium	↓1	-	-	-	-										↓*	
Staphylococcaceae	Staphylococcus	↓1	-	22.81% (99%)	0.22% (22%)	1					↓*					↓*	
Planococcaceae	Sporosarcina	↓1	-	-	-	-										↓*	
istensenellaceae/Catab	Catabacter	↓1	-	-	-	-										↓*	
	Christensenellaceae R7 group	-	-	-	-	-											
Alicyclobacillaceae	Tumebacillus	↓1	-	-	-	-										↓*	
	Peptoniphilus	↓1	-	0.09% (18%)	<0.01% (24%)	1					↓*						
Peptoniphilaceae	Anaerococcus	↓1	-	0.05% (16%)	<0.01% *18%)	1					↓*						
	Finegoldia	-	-	-	-	-											
Lactobacillaceae	Lactobacillus	↓1	-	0.51% (65%)	0.04% (43%)	1	↓*										
	Leuconostoc	↓1	-	-	-	-										↓*	
Erysipelotrichaceae	Erysipelatoclostridium	↓1	-	-	-	-					↓*						
	Erysipelotrichaceae UCG-003	-	-	-	-	-											
Veillonellaceae	Faecalitalea	↓1	-	-	-	-										↓*	
	Dialister	↓4	-	0.08% (43%)	2.1% (96%)	3	↓*						↓***	↓*		↓*	
	Megasphaera	-	↑1	<0.01% (18%)	<0.01% (16%)	2	↑**										
	Veillonella	-	↑1	3.86% (87%)	0.14% (99%)	1	↑**										
otostreptococcaceae	Terrisporobacter	↓1	-	-	-	-					↓**						
	Peptoclostridium*	↓1	↑1	-	-	-							↑**			↓*	
Clostridiaceae	Clostridium sensu stricto 1	↓1	-	-	-	-							↓***				
	Sarcina	↓1	-	-	-	-										↓*	
	Hungatella	-	↑2	-	-	-							↓***		↑*		
Unclassified	Unclassified Firmicutes	↓1	-	-	-	-							↓*				
	Uncultured Firmicutes	↓1	↑1	-	-	-							↑**				
	Firmicutes Incrate Sedis	↓1	↑1	-	-	-							↑**				
Aerococacceae	Facklamia	-	↑1	-	-	-										↑*	
Selenomonadac	Schwartzia	-	↑1	-	-	-										↑*	
Enterococcaceae	Enterococcus	-	↑2	7.95% (86%)	0.10% (22%)	1	↑**				↑**			↑*	↑*		

Supplementary Figure 2 (continued): Difference in gut microbiome composition (genus level) in children with ALL vs. healthy children- List of all identified taxa



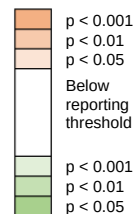
Supplementary Figure 3: Differences in gut microbiome composition at the level of species as reported by the study of Liu et al. 2020

Diagnosis		lit., 2020 ²
Age of Cases (mean/median) years		7.2y
Type of Control		HC
Antibiotics in control in last 60 days		×
Antibiotics in cases in last 60 days		×
Reporting Threshold		LDA>2

Species	
● Roseburia faecis	
● Roseburia intestinalis	
● Roseburia inulinivorans	
● Anaerostipes hadrus	
● Blautia hydrogenotrophica	
● Blautia faecis	
● Blautia stercolis	
● Ruminococcus callidus	
● Lachnospira multipara	
● Lactobacillus reuteri	
● Lactobacillus rogosae	
● Lactobacillus malegermentans	
● Lactobacillus mudanjuangensis	
● Faecalibacterium prausnitzii	
● Anaerococcus obesiensis	
● Oscillibacter valericigenes	
● Eubacterium ramulus	
● Streptococcus plurextorum	
● Streptococcus porcinus	
● Streptococcus ictaluri	
● Staphylococcus warneri	
● Pediococcus pentosaceus	
● Bacillus thermoamylovorans	
● Clostridium collagenovorans	
● Sarcina ventriculi	
● Clostridium akagii	
● Clostridium sartagoforme	
● Cellulosilyticum lentocellum	
● Bacillus senegalensis	
● Flavonifactor plautii	
● Tyzzerella nexilis	
● Hydrogenoanaerobacterium saccharovorans	
● Moellerella wisconsensis	
● Ethanoligerens harbinense	
● Paenibacillus glucanolyticus	
● Prevotella maculosa	
● Prevotella aurantiaca	
● Bacteroides uniformis	
● Bacteroides ovatus	
● Bacteroides salyersiae	
● Bacteroides vulgatus	
● Odoribacter laneus	
● Paraprevotella xylaniphila	
● Ornithobacterium rhinotracheale	
● Bergeyella zoohelcum	
● Sphingobacterium faecium	
● Bifidobacterium caniculi	
● Bifidobacterium angulatum	
● Bifidobacterium pseudolongum	
● Corynebacterium sundsvallense	
● Corynebacterium frenevi	

Diagnosis	ALL
Age of Cases (mean/median) years	7.2y
Type of Control	HC
Antibiotics in control in last 60 days	×
Antibiotics in cases in last 60 days	×
Reporting Threshold	LDA>2
<i>Enterobacter cloacae</i>	
<i>Microbacterium gubbeenense</i>	
<i>Paraeggerthella hongkongensis</i>	
<i>Janibacter indicus</i>	
<i>Brevibacterium linens</i>	
<i>Acinetobacter calcoaceticus</i>	
● <i>Parasutterella excrementihominis</i>	
<i>Helicobacter cinaedi</i>	
<i>Moraxella catarrhalis</i>	
<i>Moraxella lacunata</i>	
<i>Mannheimia granulomatis</i>	
<i>Achromobacter denitrificans</i>	
<i>Ayreimonas altamirensis</i>	
<i>Pantoea agglomerans</i>	
<i>Tatumella pyseos</i>	
<i>Yokenella regensburgei</i>	
<i>Edwardsiella tarda</i>	
<i>Haemophilus parainfluenzae</i>	
<i>Leptothrix discophora</i>	
<i>Neisseria gonorrhoeae</i>	
<i>Fusobacterium naviforme</i>	
<i>Blautia caecimuris</i>	
<i>Lactobacillus vaginalis</i>	
<i>Bacillus polyfermenticus</i>	
<i>Erysipelatoclostridium ramosum</i>	
<i>Brevibacillus brevis</i>	
<i>Schwartzia succinivorans</i>	
<i>Facklamia tabacinasalis</i>	
<i>Paenibacillus riograndensis</i>	
<i>Streptococcus mitis</i>	
● <i>Bacteroides faecis</i>	
● <i>Bacteroides clarus</i>	
● <i>Parabacteroides goldsteinii</i>	
<i>Prevotella paludivivens</i>	
<i>Corynebacterium ulcerans</i>	
Brevibacterium casei	
<i>Brevibacterium epidermidis</i>	
<i>Brevibacterium pityocampae</i>	
<i>Microbacterium paraoxydans</i>	
<i>Microbacterium luteolum</i>	
<i>Kocuria indica</i>	
<i>Mobiluncus curtisii</i>	
<i>Propionimicrobium lymphophilum</i>	
● <i>Brevudimonas terrae</i>	
<i>Cardiobacterium hominis</i>	
<i>Acidovorax species</i>	
<i>Salmonella enterica</i>	
<i>Aggregatibacter actinomycetemcomitans</i>	
<i>Campylobacter coli</i>	

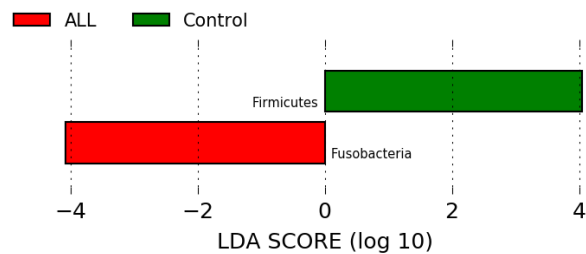
↓ relative abundance
in ALL vs. healthy
children



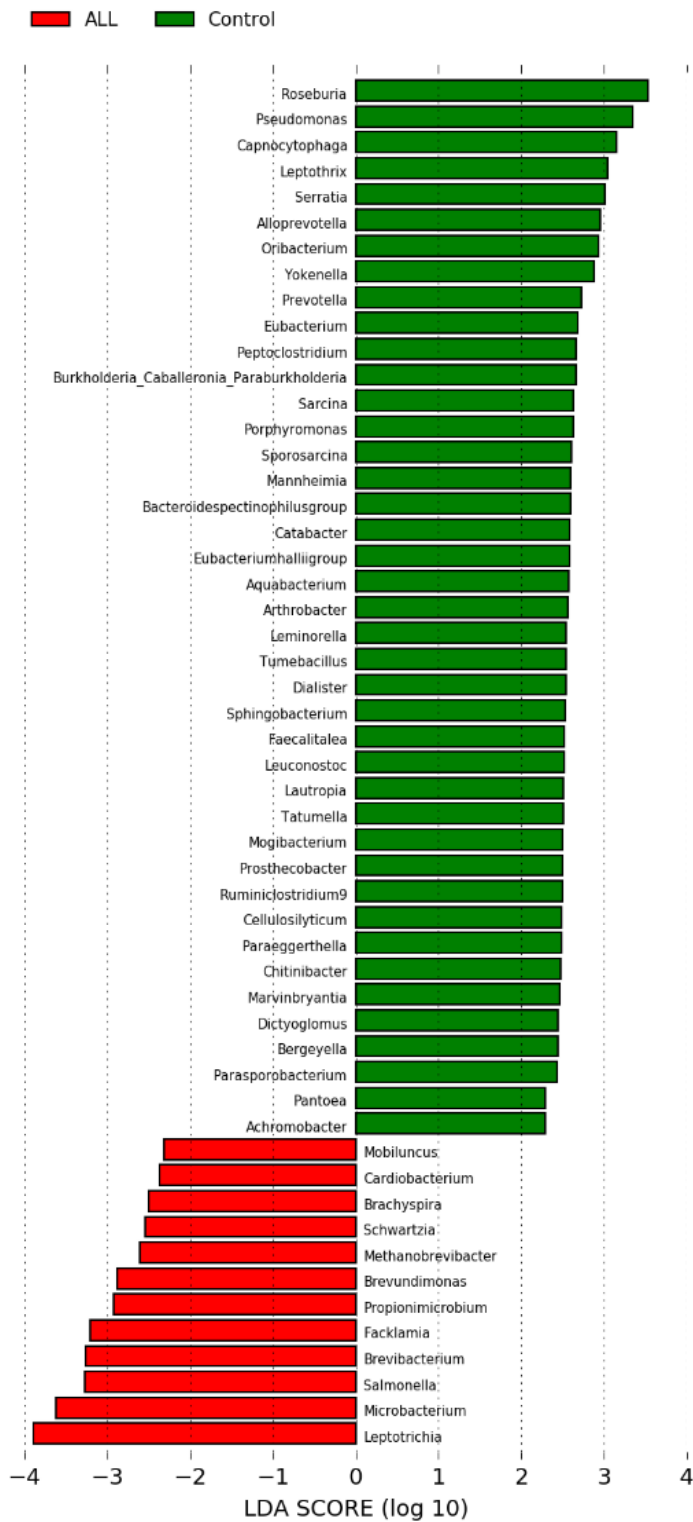
↑ relative abundance in ALL vs. healthy children

Supplementary Figure 4: LefSE re-analysis of individual participant data from the study of Liu et al (2020) at the level of (a) Phylum, (b) Family, (c) Genus using an LDA score >2.0 and p<0.05.

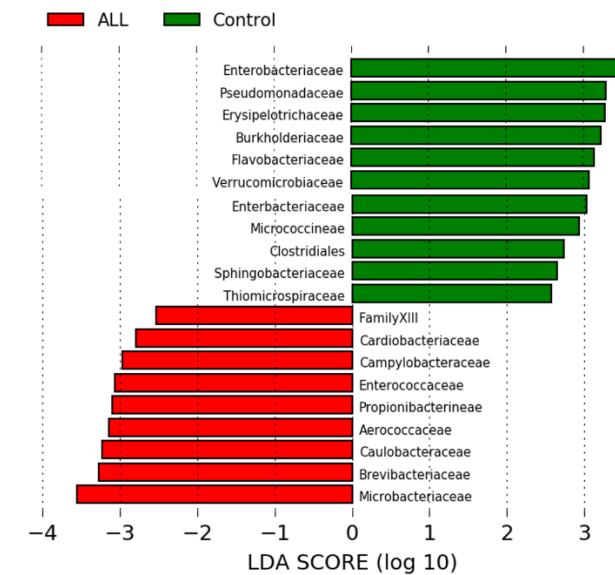
(a) Phylum



(c) Genus



(b) Family



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