



























Éradiquer les maladies inflammatoires chroniques en partant du modèle MICI

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Institute of Inflammatory bowel disease of Nancy

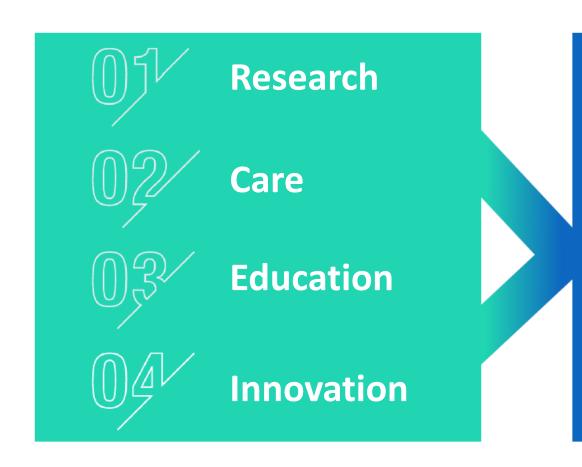


From cell to environment, we will discover, experiment, and disseminate innovations to cure IBD and allow patients to live a normal life.





4 Pillars and a triple ambition



Allowing patients to live a normal life

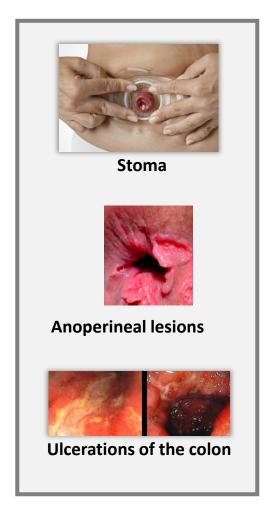
Reduce diagnostic delays and medical wandering

Opening up the way to a cure and eradication of the disease





Why an IHU on IBD?



- Inflammatory bowel diseases (i.e. Crohn's disease and ulcerative colitis) are chronic, frequent (10 million worldwide), disabling and incurable diseases.
- They affect 1 in 200 French people!
- They can occur at any age, with a peak between the ages of 15 and 35.
- Only 1 in 5 patients achieve remission with current treatments ...



Creation of the FHU CURE "Curing and preventing immune-mediated inflammatory disease" in 2020

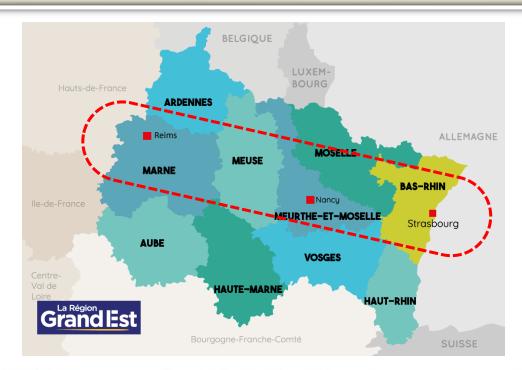
Ambition

Create a translational structure of excellence bringing together scientists, clinicians, industry players and cuttingedge technological platforms to create a patient-centered care model.

Cure and prevent inflammatory diseases with an innovative and integrative approach.

FHU CURE led by CHRU Nancy

Coordinator: Laurent Peyrin-Biroulet









IBD: A unifying topic in Nancy!





Some key achievements

Index development	 IBD-Disability Index: Developed and validated with WHO to assess disability in IBD patients (Gower-Rousseau C et al. Gut. 2017). MONITOR Index: An effective, reliable and easy-to-use tool for predicting postoperative recurrence of CD in routine practice (Schaefer M et al. Clin Gastroenterol Hepatol. 2022). Nancy histological index: The FDA and EMA have recommended its use in phase II and III trials to assess the impact of new IBD treatments at the histological level (Marchal-Bressenot A et al. Gut. 2017).
Consensus	 STRIDE: Treat-to-target strategies for IBD patients (Peyrin-Biroulet L et al. Am J Gastroenterol. 2015). Concept of early CD (Peyrin-Biroulet L et al. Am J Gastroenterol. 2012).
Radiology	Virtual colonoscopy: MRI without preparation (Oussalah A et al. Gut. 2010).

IBD: Inflammatory bowel disease; CD: Crohn's disease; WHO: World Health Organization; FDA: Food and Drug Administration; EMA: European Medicines Agency.





Experimental research

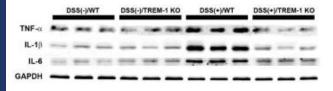
A low-methyl diet has been shown to promote colitis and SIRT1-mediated endoplasmic reticulum stress (Melhem H et al. Gut. 2016).

Figure 2 aggrave (DSS)-iri

Figure 1: Methyl donor deficiency aggravates dextran sulfate sodium (DSS)-induced colitis.

Early drug development

TREM-1 inhibition has been shown to restore impaired autophagic activity and reduce colitis in mice (Kökten T *et al.* J Crohns Colitis. 2018).



INOTREM control innate immunity

Figure 2: TREM-1 deletion in mice prevents colonic inflammation in DSS-induced acute colitis model

Nutrition and microbiota

Long-term overconsumption of fats and sugars has been shown to cause a partially reversible pre-IBD state (Arnone D et al. Front Nutr. 2021).

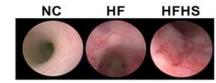
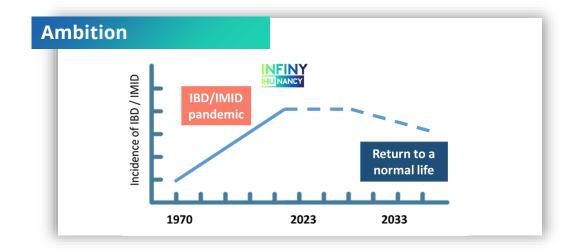


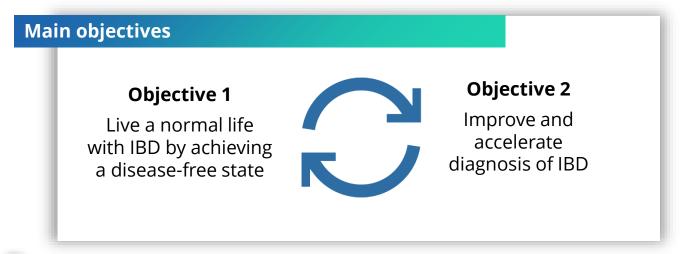
Figure 3: Effect of a high-sugar, high-fat diet in healthy mice. NC = normal chow; HF = high-fat diet; HFHS = high-fat, high-sugar diet.





IHU INFINY: Ambition and Objectives





Founding members:













IHU INFINY: Research program





Comprehensive mapping to identify indicators of normality and of systemic damage



Social, psychosocial and professional life



Extra-intestinal damage



GI physiology



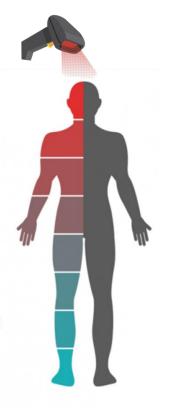
Biological fluids

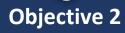


Molecular healing



Cellular healing





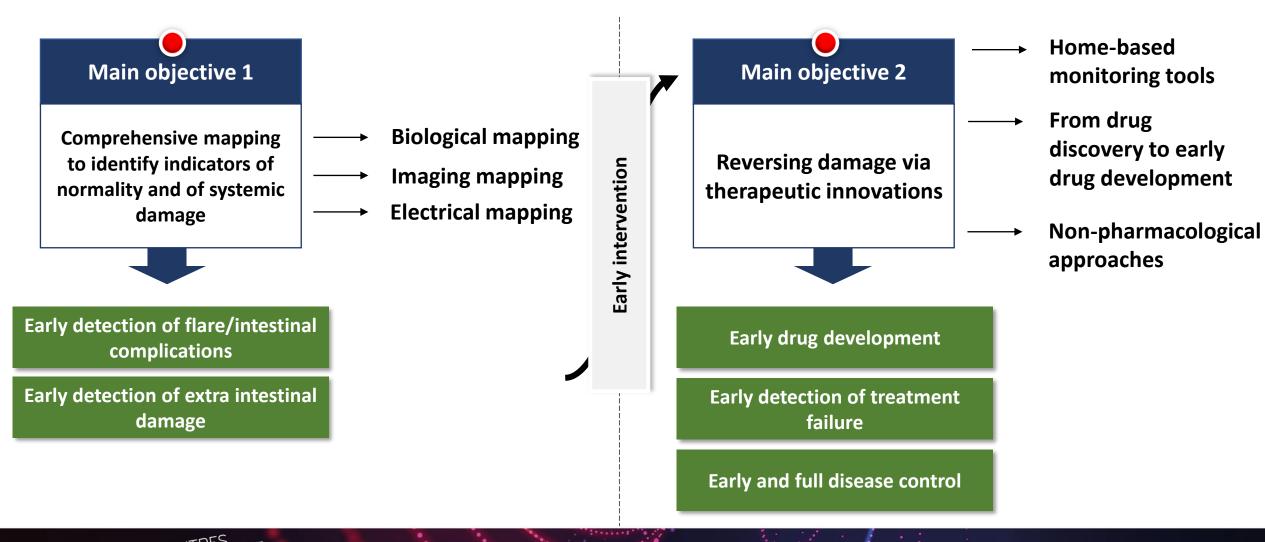
Reversing damage via therapeutic innovations and innovative complex interventions







IHU INFINY: Research program









Biological mapping - Identification of biological indicators of intestinal and extra-intestinal damage

INFINY Cohort

2.000 IBD patients1.000 healthy volunteers

- Multi-Omics data production using a broad range of molecular and cellular profiling techniques
- 2. Focus on specific pathomechanism
 - Revisiting microbiota analysis In depth functional mapping of the intestinal microbiota
 - Revisiting epigenetics analysis Unravel the complex interaction between human health, exposome and epigenome
 - Revisiting cardiovascular component analysis Decipher the mechanisms of immunothrombosis and resolution of inflammation

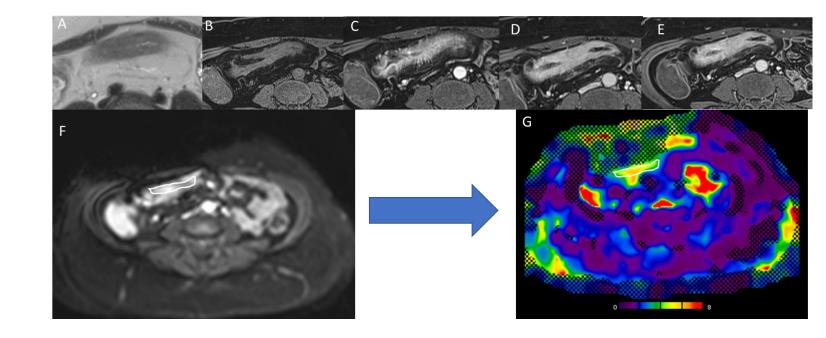




Imaging mapping - 3D virtual histology of intestinal lesions by in-vivo and ex-vivo MRI

We aim to develop/provide:

- Specific instrumentation
- Fast and motion-robust acquisition / reconstruction
- Novel contrast mechanisms
- 3D isotropic imaging (e.g. at 1x1x1 mm3 resolution)
- Reference values for validation of the in-vivo measurement methods
- Unprecedented 3D mapping of resected lesions.



Avila F et al. Magnetic Resonance Elastography for Assessing Fibrosis in Patients with Crohn's Disease: A Pilot Study. Dig Dis Sci 2021





Electrical mapping - Identification of electrical indicators of intestinal damage

Development of an electrointestinogram

Intestinal motility

- Smooth muscle contraction
- Slow waves, pacemaker = Interstitial cells of Cajal

Frequency of slow wave

■ Stomach: 3 cpm

■ Duodenum: 11-12 cpm

■ Ileum: 8-9 cpm

■ Colon: 3-4 cpm







Example of a dashboard in urology

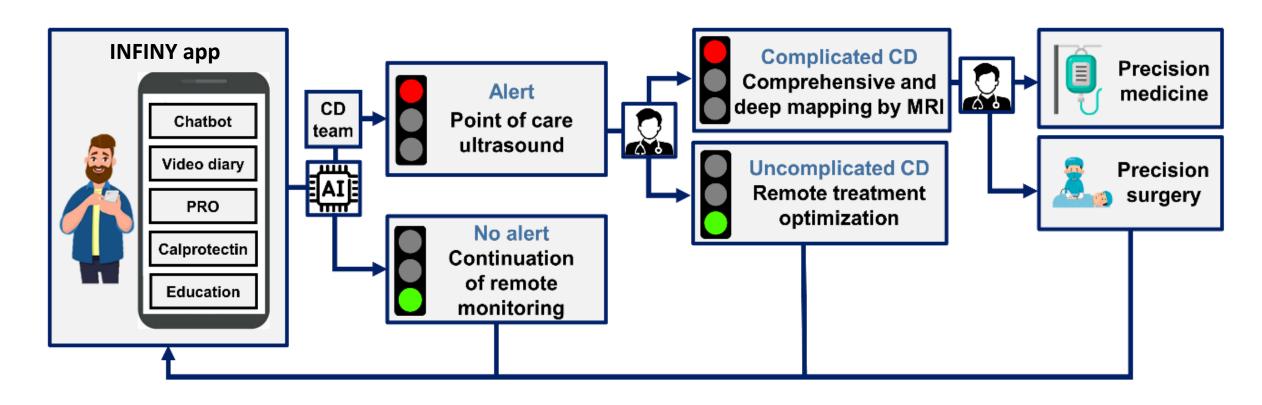








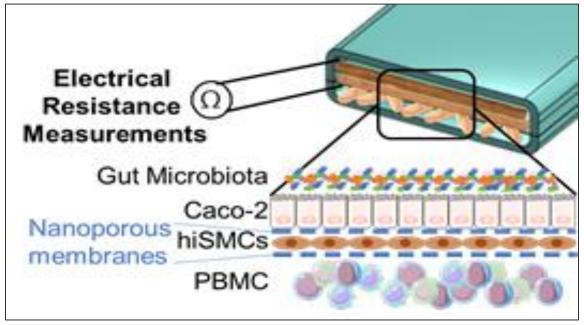
Home-based monitoring tools







From drug discovery to early drug development



Schematic representation of our IBD-specific gut-on-chip.



The development of a gut-on-chip could accelerate pharmaceutical development and potentially replace animal testing.

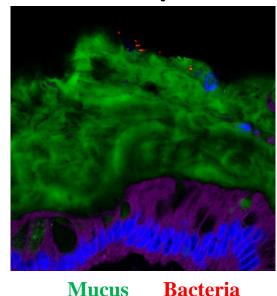
It will also allow a better management of IBD patients by selecting the appropriate drug according to their own physiopathology.





Non-pharmacological approaches - New targets from translational approach: Example of the study of the microbiota

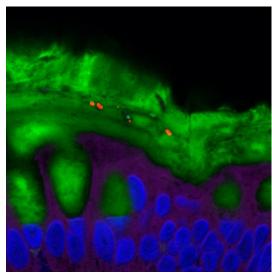
Inner mucus layer - Sterile



Mucus Bacteria
Actin DNA

DIETARY EMULSIFIERS

Microbiota encroachment Invaders

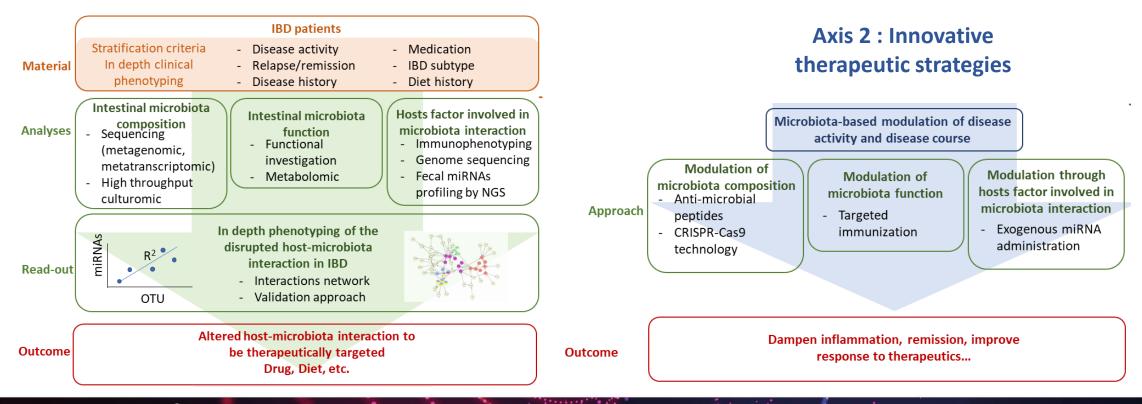


Intestinal inflammation



Non-pharmacological approaches - New targets from translational approach: Example of the study of the microbiota

Axis 1 : Identification/ characterization







IHU INFINY: Care and prevention program

In-IHU = 3500m² dedicated to:

- Healthcare → Linked to teaching and research
- Development and innovation (startups)
- Conferences and meetings

Primary Prevention

Promoting a healthy lifestyle to protect the intestine

systematic biobanking

Clinical research +

Therapeutic education program

Multidisciplinary consultations

IBD out-patient visits

Secondary PreventionEarly detection of IBD



MRI,

rectosigmoidoscopy,

one-day care



e-IHU





Personalized homebased follow-up





IHU INFINY: Impact on research, care and patients



Key results for the medical community

- Therapeutic innovation / Drug discovery
- New prevention policy
- Prevention of relapses and extra-intestinal manifestations
- Prediction of relapses and treatment failure
- New care pathway
- Creation of a specific and multidisciplinary teaching program
- Extrapolation to other inflammatory diseases

Direct impact on patients' lives

- J diagnostic wandering
- **3** 50% appointment
- **3** 50% colonoscopies
- ¥ 50% hospitalizations
- x 2 deep remission
- **3** 50% surgeries
- End of short bowel syndrome
- No more stomas
- No more disability

The revolution is underway!

Grand Est region on the road to curing IBD!





IHU INFINY: IBD Research Team





