CarboMet Scoping workshop – Brief notes

Background and introduction

A series of 3 one hour workshops were held during EuroCarb2018, CCIB, Barcelona on the afternoon of Wednesday 5th July. *(For agenda see Appendix 1).*

The workshop specifically aimed to explore and scope the development of chemical and physical tools in the following topics in glycotechnology:

1. Polysaccharide based vaccines;
2. Precision diagnosis of disease;
3. The role of dietary carbohydrates in maintaining a healthy gut microbiome.

Prior to the workshop a background briefing paper was circulated as a starting point for the discussions *(See Appendix 2 for the background briefing paper).*

During each session the following format was used to guide the facilitated discussions:

- Introduction to CarboMet & progress to date (*Session 1 only);*
- Proposed Theme Overview (10 minutes);
- Impact: What does a successful solution look like?- Brainstorming (20 minutes);
- Summaries Key Themes Emerging Proposal Ideas (5 minutes);
- Identification of funding Opportunities and Lead Individuals (10 minutes);
- Other project ideas around this theme (5 minutes);
- Next Steps: Actions and partners registering interest with key capabilities and proposed contributions (5 minutes).

Discussion points and comments were captured as the discussions progressed and shared on screen via PowerPoint. *(See Appendix 3 for the discussion notes)*.

Summary and next steps:

The next 6 months are crucial for development of upcoming funding programs in Horizon 2020 and beyond / "FP9" therefore outputs of the meeting will be used to engage with various bodies and programs in the European Commission identified during the discussions. Participants were encouraged to continue to feedback to the CarboMet initiative (via the LinkedIn group https://www.linkedin.com/groups/CarboMet-13512994/about or by email to projectmanager@carbomet.eu) Individuals will be contacted as needed to help with the follow up activities.

Appendix 1 - Agenda

CarboMet

Scoping workshop

CCIB, Barcelona, Spain

Wednesday 5th July, 1-6pm

Meeting Room: Xylose, (1st Floor)

Lunch & Coffee breaks: (1st Floor)

Outline program

Time	Duration	Details
1.00 -2.00	60min	Lunch
2.00 – 3.00	60min	Session 1 – Polysaccharide based vaccines
3.00 – 3.20	20min	Refreshment Break
3.20 – 4.20	60min	Session 2 – Precision diagnosis of disease
4.20 – 4.40	20min	Refreshment Break
4.40 – 5.40	60min	Session 3 – Role of dietary carbohydrates in maintaining a healthy gut microbiome
5.40 – 6.00	20 min	Summary & Close

Appendix 1 - Agenda & delegate list - *continued*

Appendix 2 – Background briefing paper

CarboMet

Scoping workshop

CCIB, Barcelona, Spain

Wednesday 5th July, 1-6pm

Background briefing paper

1. **Polysaccharide based vaccines**
2. **Precision diagnosis of disease**
3. **The role of dietary carbohydrates in maintaining a healthy gut microbiome**

Appendix 2 – Background briefing paper - *continued*
1. Polysaccharide based vaccines

The need for continued surveillance of potential new bacterial infections is a widely recognised goal in modern medicine, in particular to protect children, vulnerable adults and the elderly.

The current suite of antibiotics to treat these infections has its limitations and development of antibiotics has stalled in recent years, so we need new vaccination strategies and alternative treatments, to deal with increasing accounts of antibiotic resistance.

Many vaccines work by exposing the body to a harmless equivalent of the bacteria, so that the body can develop antibodies to eliminate those bacteria when exposed to the real thing. These antibodies recognise the harmful bacteria through the presences of an antigen, which can either be a protein or a sugar/polysaccharide (PS) on the surface of the bacteria.

Although not widely used to date PS have provided the basis for a number of successful vaccines, either as isolates from inactivated virus or obtained by chemical synthesis.[1] Examples are successful polysaccharides or conjugate vaccines against *Haemophilus influenzae* type b, *Streptococcus pneumonia*, *Salmonella typhi* and *Neisseria meningitidis.*[2] These vaccines have established a design based on microbial PS as a promising generic strategy, which could be adopted by biopharmaceutical companies.

However, PS vaccine development is still slow due to limitations of current technologies. One bottleneck is the identification of suitable PS structures, in the fast timescale (days) required by the clinic. Whereas we now have fast sequencing methods for DNA and proteins, which have revolutionised modern medicine, carbohydrate sequencing is still very slow and requires highly specialised skills. Here, we propose to address this by developing fast and high-resolution *de novo* carbohydrate sequencing tools that would give us access to high quality structure from easily accessible biological material within days.

The complexity of carbohydrates requires a more complicated sequencing approach than DNA and proteins to detect very subtle differences in three-dimensional structure that are hard to differentiate by some high-throughput sequencing methods. Our strategy proposes to address such issues of use a radically new combination of (bio)chemical and (bio)physical methods including chemical and enzymatic degradation, NMR spectroscopy and mass spectrometry to measure structural fingerprints that will then be used to define high resolution structure using automated bioinformatics tools. In recent years[3], proof-of-principle of key aspects of such *de novo* sequencing methods have been established, and this project aims to combine these technologies take them forward into applications of real clinical challenges.

These are ambitious challenges and will require a large multidisciplinary integrated project recruiting scientists with the biophysical and biochemical expertise to develop the carbohydrate sequencing technology and end-users (clinicians) who provide clinically relevant target polysaccharides and provide feedback on prototype carbohydrate sequencing technologies for use by non-specialists in the clinic.

References:
[1] Hecht et al. *Current Opinion in Chemical Biology* 2009, 13:354–359
[2] Finn *British Medical Bulletin* 2004, 70: 1–14; Vliegenthart *FEBS Letters* 2006, 580, 2945-2950
[3] Both et al. *Nature Chemistry*, 2014, 6, 65-74; Gray et al. *BBA* 2016, 1860, 1688-1709; Gray et al. *Anal.Chem*, 2017, in press; Lombard et al. *Nucleic Acid Res,* 2014, 42: D490-D495; Lundborg et al. *Anal. Chem.* 2011, 83 (5) 1514-1517*.*

Appendix 2 – Background briefing paper - *continued*
2. Precision diagnosis of disease

All cells, including human cells, have carbohydrates on their surface, in a covering known as the glycocalyx. This coating of glycolipids and glycoproteins controls a variety of fundamental biological processes, for example helping sperm to recognize eggs during fertilization, determining blood groups, or enabling the body to identify diseased cells or infectious agents.

The carbohydrates of the glycocalyx are produced through highly complex biosynthetic pathways controlled by both genes and the environment. The makeup of the glycocalyx is therefore highly sensitive to genetic mutations, changes in gene activation or silencing, or environmental factors such as diet, alcohol consumption or smoking. This makes the glycocalyx a useful target for personalized medicine, including finding new biomarkers for diseases such as cancer, and for patient stratification in clinical trials.

Development of fast and effective diagnostic tools for the detection of pathogens and for monitoring of health and disease will greatly benefit society by both reducing human suffering and cutting healthcare costs. For example; targeted interventions for diseases such as diabetes, or cancer where survival rates strongly correlate with the stage at which the cancer is diagnosed.

As personalised medicine advances there will be a need for diagnostic tools that can rapidly and accurately measure the individual patient's condition in real time through the development of low cost, sensitive, and highly specific diagnostic tools for the detection of glyco-biomarkers in a variety of disease states. This includes companion diagnostics that are used alongside therapeutics firstly to help identify patients with the correct biological characteristics who will respond to treatments, and then to monitor their continued use.

Candidate technology exists in the form of 'glycoarrays' where glycans are displayed on array surfaces to mimic those found on cell surfaces, allowing the study of glycan interactions and identification of biomarkers. However, their development as diagnostic tools is currently hindered by bottlenecks in a number of enabling technologies areas:

Analysis – there is a pressing need for the ability to unambiguously elucidate carbohydrate structure through carbohydrate sequencing capability, needed in both manufacturing (production monitoring, quality control, etc.) and clinical settings. This is a challenge due to the high stereo-chemical diversity of carbohydrates;

Synthesis – efficient scalable methods for production of the required glycans for the arrays, and glyco-standards for benchmarking and quality control purposes are needed. This includes a readily available suite of carbohydrate active enzymes, with a range of activities, on scale, needed for synthesis as well as part of the diagnostic tools and kits themselves;

Bioinformatics - there is a critical need for carbohydrate databases akin to DNA and protein equivalents, that are accessible, contain reliable information in a searchable format, on stable platforms. Long-term management and coordination of the existing provision is urgently required.

Advances in each of these ambitious and highly challenging areas will allow development of the rapid, precision diagnostics needed. This will require a large multidisciplinary integrated project with biophysical and biochemical expertise. There also needs to be strong engagement with clinicians and patient end users to ensure the innovative diagnostic tools and kits developed are readily adopted in clinical settings.

References:
- Flitsch et al. (2015) A roadmap for Glycoscience in Europe – a joint EGSF/IBCarb publication
- Glycobiology: Global Markets for Diagnostics & Therapeutics, September 2016, BCC Research report BIO153A

Appendix 2 – Background briefing paper - *continued*
3. The role of dietary carbohydrates in maintaining a healthy gut microbiome

Promotion of healthy gut microflora is increasingly understood to be important for infant and adult health. Diet is a major influence and the importance of sugars as dietary components, their nutritional value and potential as functional foods is becoming more and more apparent.

The gut microbiota digest and ferment indigestible complex carbohydrates known as prebiotics into short chain fatty acids (SCFAs) and other compounds. These SCFAs are vital energy sources, and have anti-inflammatory and cell regulatory roles. The gut microbiota also have an effect on the immune system and play a role in vitamin production. An imbalance in the gut microbiota, 'dysbiosis' is associated with gut disorders as well as non-communicable diseases such as diabetes, cardiovascular diseases and cancers.

An understanding of the microbial degradation of non-digestible carbohydrates in the gut would allow the design of prebiotics as functional foods that can improve health through the diet. This approach is an alternative to long term medication, especially important for ageing populations, where strategies that can reduce healthcare costs and improve health outcomes are increasingly required.

Prebiotics include plant cell wall polysaccharides (cellulose, arabinoxylan, xyloglucan, mannan and pectin) from fruit, vegetables and whole cereals, and plant storage polysaccharides such as resistant starch. Due to their increased size and complexity, polysaccharides present a major set of challenges in terms of their analysis and characterization. Whereas we now have fast sequencing methods for DNA and proteins, which have revolutionised modern medicine, carbohydrate sequencing is still very slow and requires highly specialised skills. Here, we propose to address this by developing fast and high-resolution *de novo* carbohydrate sequencing tools that would give us access to high quality structure from easily accessible biological material within days.

The identification and characterization of these prebiotic carbohydrates alongside studies into their impact on the gut flora, will lead to structure activity relationship know-how that will in turn allow the development of highly effective prebiotic compounds as functional foods.

For the manufacture of prebiotics, scalable synthesis methods will be required, either through chemical/chemo-enzymatic approaches or, via modification (physical, chemical and/or biological) of natural polysaccharides, and their isolation from complex mixtures. Analytical tools for production monitoring and quality control that can be used by non-specialists will also be needed.

Sequencing of the metagenomes of the gut microbiota remains fragmented and further work is required in order to understand the gut populations. This will also lead to the identification of new carbohydrate active enzymes that due to the diversity and complexity of the sugars available, the gut microbiota rely on for their digestion, that can be employed in the synthesis of prebiotics and other carbohydrates.

This will require a large multidisciplinary integrated project with chemical, biophysical, biochemical and molecular biology expertise to understand and exploit the relationship between carbohydrate utilization, microbial ecology and microbiota metabolism in the gut. There will also need to be strong engagement with consumers to ensure that the development of new functional food products are palatable and consumers are educated on their health benefits. This is an exciting area of opportunity not just in terms of nutrition but also in disease prevention.

References:
- Flitsch et al. (2015) A roadmap for Glycoscience in Europe – a joint EGSF/IBCarb publication
- Thursby & Juge. (2017) Introduction to the human gut microbiota, Biochem. J. 474 1823–1836
- Tailford et al. (2015) Mucin foraging in the human gut microbiome; Front Genet, 6 (81)
- Flint & Juge. (2015) Role of microbes in carbohydrate digestion, Food Science & Technology

Appendix 3 – Meeting Notes

WORKSHOP 1
Theme: Fast sequencing tools for polysaccharides in vaccine development
Needs
High societal need
- Development of antibiotics stalled
- New vaccination strategies based on PS required to deal with increasing accounts of antibiotic resistance.

User needs
- PS vaccine development is still slow and therefore not viable due to limitations of current technologies

Specific needs: problems caused by insufficient metrology/measurement
- Sequencing by a single method not possible
- Analysis methods are slow
- Manual interpretation of data
- Skills staff required

Measurement (metrology) Needs
- Sequencing by a single method not possible
- Analysis methods are slow
- Manual interpretation of data
- Skills staff required
- Analytical methods depend on target (methodologies)
- Timeframes depend on target (different strains?)
- Structural insight is available / some standards are available – are these accurate?
- Passive vs. active vaccines require different approaches – methods for serotyping
- Target identification
- Specificity of databases for analytics (NMR)
- Curation of databases (particularly structural)
- Improvement of technologies? (NMR)
- Organisation of technology provision (centralisation?)
- Complexity of formulation (structures, conjugates and mixtures) - relative contribution and degradation measurements plus quantification of impurities from the outset (basic research stage)
- No tools to predict activity in the clinic (in initial development)
- Timeframe of clinical development (structural / predictive models?)
- Analysing size and chemistry
- Can we speed up the responsiveness as well? Can metrology reduce costs? (bottleneck)
- More important for human vs animal vaccines (time, characterisation, dosage, etc.)
- Regulations require different models, levels of characterisation, dosages, etc.
- Integration of metrology into platforms / development strategies (timeframes & costs)
- Models, Standards, NMR (databases & techniques),

Project specific scientific and technical aim/objectives
- Through radical new combination of (bio)chemical and (bio)physical methods including chemical and enzymatic degradation, NMR spectroscopy and mass spectrometry measure structural finger prints

Project outputs

Early impacts

Contribution to new industrial/user capabilities

Fast easy to use technology available for vaccine screening and development

Contribution to meeting societal needs
Successful PS vaccination strategies developed in an efficient manner to combat increasing amounts of antibiotic resistance

Stakeholders
- Regulatory Bodies
- (Industry and Academia)
- Immunologists – engagement and knowledge transfer Non-traditional funders - charities and foundations and VCs
- Microbial culture collections / reference laboratories
- Instrument makers / providers
- Government / government run organisations
- Clinicians (others in biomedicine?)
- Public and patient engagement / involvement
- WHO and NGOs

Next steps:
- IMI2 and FP9 (mission-focussed?) personalised medicines?
- Expand to more industries
- Biopharma EU
- Demonstrating interest across a few "lighthouse" projects: areas important to European economy / GDP
- One for vaccines?
- New academic approaches vs government-identified problems?
- Create a general framework where funding is available within the field

Appendix 3 – Meeting Notes *continued*
WORKSHOP 2
Theme: Diagnosis of disease at a personal level for the development of precision medicines
Need
High level societal need
Personalised medicine will allow the more effective diagnosis and treatment of disease
User needs
New generation of diagnostics which take advantage of the presence of glyco-markers, expanding patient stratification and treatment routes
Specific needs: problems caused by insufficient metrology/ measurement
- Analysis methods are slow and costly
- Manual interpretation of data
Measurement (metrology) Needs
- Analysis methods are slow and costly
- Manual interpretation of data
- Lack of standards/materials to support diagnostics- synthesis
- Lack of integrated bioinformatics
- Difficult to produce standards, more complex in future (larger scale?)
- Regulatory barriers around "diagnostics" commercially
- Methods are faster, more high throughput but still costly
- Integrated screening (in parallel)
- Technology transfer – users want "ELISA-like" methods (tradition)
- Glycan analyses more complex than ELISA-type analyses
- Combine glyco-, protein, genetic markers (whole pathway diagnostics)
- Expensive therapies for stratified patient samples – for small samples
- Community/central lab to speedup/miniaturise (diagnostic company?) / collate data from isolated groups
- Shift of glycan populations vs specific glycan identification (bio-markers)
- Gap to translation into industry and proper validation of tests.
- Sampling in biobanks not always standardised – awareness/availability/storage of glycobiomarkers
- Public and patients not familiar with importance of glycans (donation?)
- Develop new kits, recombinant parts to increase reliability – biomolecular engineering techniques
- Fragmentation of community / inefficient use of resources (equipment/ samples, etc.)
- Linking of biomarkers with samples in the clinical context – stratification of clinical trial volunteers
- Access to standards over large timeframes (archiving / curation / commercialisation?)
- Coupling protein engineering with glycan / glycomimetic libraries
- Separation of glycoprotein populations vs glycan release
- Carbohydrate-based drug design (use of interaction mimics) - small molecules
- Number of hits on websites is not sustainable (for glycoinformatic databases)
- Lack of standards/ materials to support diagnostics-synthesis
- Lack of integrated bioinformatics
Project specific scientific and technical aim/objectives
- Advances in analysis, synthesis and bioinformatics to allow development of the rapid, precision diagnostics needed
Project specific scientific and technical aim/objectives
Advances in analysis, synthesis and bioinformatics to allow development of the rapid, precision diagnostics needed
Project outputs

Early impacts
Contribution to new industrial/user capabilities
Clinical uptake of cheap and reliable glyco-diagnostics
Contribution to meeting societal needs
Improved patient outcomes through better diagnostics leading to improved treatment
Stakeholders
- Clinicians & Patient end User Groups
- Clinical researchers / researchers linked with clinics
- Biobanks
- Pharmaceutical companies
- Diagnostics companies – those not aware of glycobiomarkers etc.
- Regulatory bodies (communication of regulation to researchers)
- Equipment and (diagnostic) device manufacturers
- Medicinal chemists and structural / molecular biologists

Project outputs
Next steps:
- Engage government to invest in technology / translation (SMEs?)
- Pharmaceutical company interest? Or more willing SMEs to apply?
- Engage with various national initiatives which support SMEs?
- Overcoming the valley of death for companies
- Investigate EIDs in the field – high risk but and less competitive
- Calls in personalised medicine (EC priority area) – investigate
- Link glycomics with other 'omics – "glycobioinformatics"

Appendix 3 – Meeting Notes *continued*
WORKSHOP 3
Theme: The role of dietary carbohydrates in maintaining a healthy gut microbiome
Need
High level societal need
Improved health, by advancing understanding of the human gut microbiome
User needs
Need to identify/characterise the role of carbohydrates on the structure and function of human gut microbiota
Specific needs: problems caused by insufficient metrology/ measurement
- Carbohydrate analysis methods are slow low resolution
- Lack of standards to support identification
- Improved DNA sequencing of gut microbiota
- Quality control in manufactured prebiotics

Measurement and metrology needs
- Carbohydrate analysis methods are slow low resolution
- Lack of standards to support identification
- Improved DNA sequencing of gut microbiota
- Quality control in manufactured prebiotics
- Carbohydrate-active enzyme databases (multi-'omics information) – sustainability / curation – cross-referencing with microbiome databases?
- Understanding of interactions (structural characterisation – physicochemical rheology)
- Lectins
- Structure of gut mucins – O-linked analyses
- Effect of diet / antimicrobials on the microbiota
- Analysis of carbohydrate content of diet
- Bacterial glycolipid analysis (glycomics / lipidomics)
- Distribution of microbiome (glycome) in different regions / populations
- Linking of metabolomics to carbohydrate processing
- Relationship between microbiome changes and disease
- Polymorphisms in proteins but also glycan populations
- Reliability of animal models (mucins for example) – lack of in vitro models – clinical links required
- Handling of microbes (anaerobic) and compatibility with cell lines / models (in silico?)
- Sampling from patients - new methods
- Genetic manipulation of some microbial strains can be difficult – little interest from funders/ researchers
- Diet compositions (interactions between carbohydrates, lipids, proteins, etc.) – food industry info
- Gut could mean different things – microbiome varies along GI tract and in lumen / mucus / wall.
- Blood group effect on microbiota

Project specific scientific and technical aim/objectives
- Sequencing

Project outputs
Early impacts
Contribution to new industrial/user capabilities
Contribution to meeting societal needs
Stakeholders
- Food industry – do they have useful information?
- E.g. baby formula manufacturers

- Dietary clinicians / paediatricians
- Artificial diets for patients
- Immunopathology labs
- Clinical biochemists (GI diseases)
- Sports diets / nutritional supplements / nutraceuticals
- Replenishing gut microbiomes (after antibiotics/ disease)
- Pharmaceutical companies
- Diagnostic developers / kit manufacturers
- Existing gut microbiome consortia (geneticists/microbiologists)
- Pro-biotics and pre-biotics
- Regulatory bodies (biotics / general human consumption?)
- Ageing research re: gut microbiome?
- Public engagement (patient involvement?) understanding and perceptions
- Public perceptions of industrial science
- Linking to existing e-Learning resources / developing something across Europe?

Next steps:
- Circulate current e-Learning initiatives (future contributors?)
- Link carbohydrates with EU "mission" – mapping the microbiome
- Engage current microbiome researchers with the importance of carbohydrates