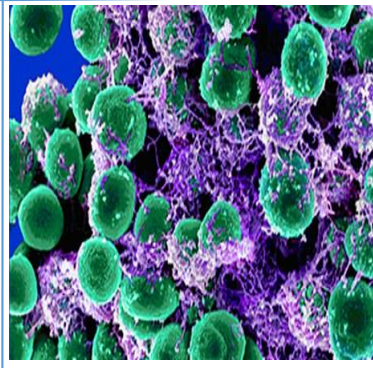
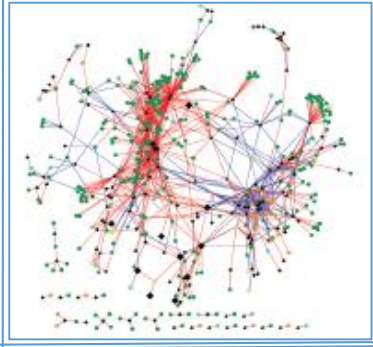
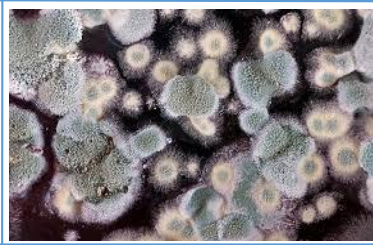


HESI Microbiome Workshop  
June 25, 2018

# The Tools and Technologies Needed for Microbiome Research



Joseph F. Petrosino  
Alkek Center for Metagenomics and Microbiome Research  
Department of Molecular Virology and Microbiology  
Baylor College of Medicine  
Houston, TX



# Overview

1. Translational microbiome research at Baylor College of Medicine
2. Overview of needs/gaps
3. (Quick) introduction of recent translational projects
  - Immunotherapy--microbiome and PD-1/PD-L1 blockade therapy
  - Maternal high fat diet induced social/synaptic defects in mice
4. Host-microbe models to test causality
5. New enteroid co-culture system for the study of human/host-microbial relationships *in vitro*

# Model for Translational Microbiome Research

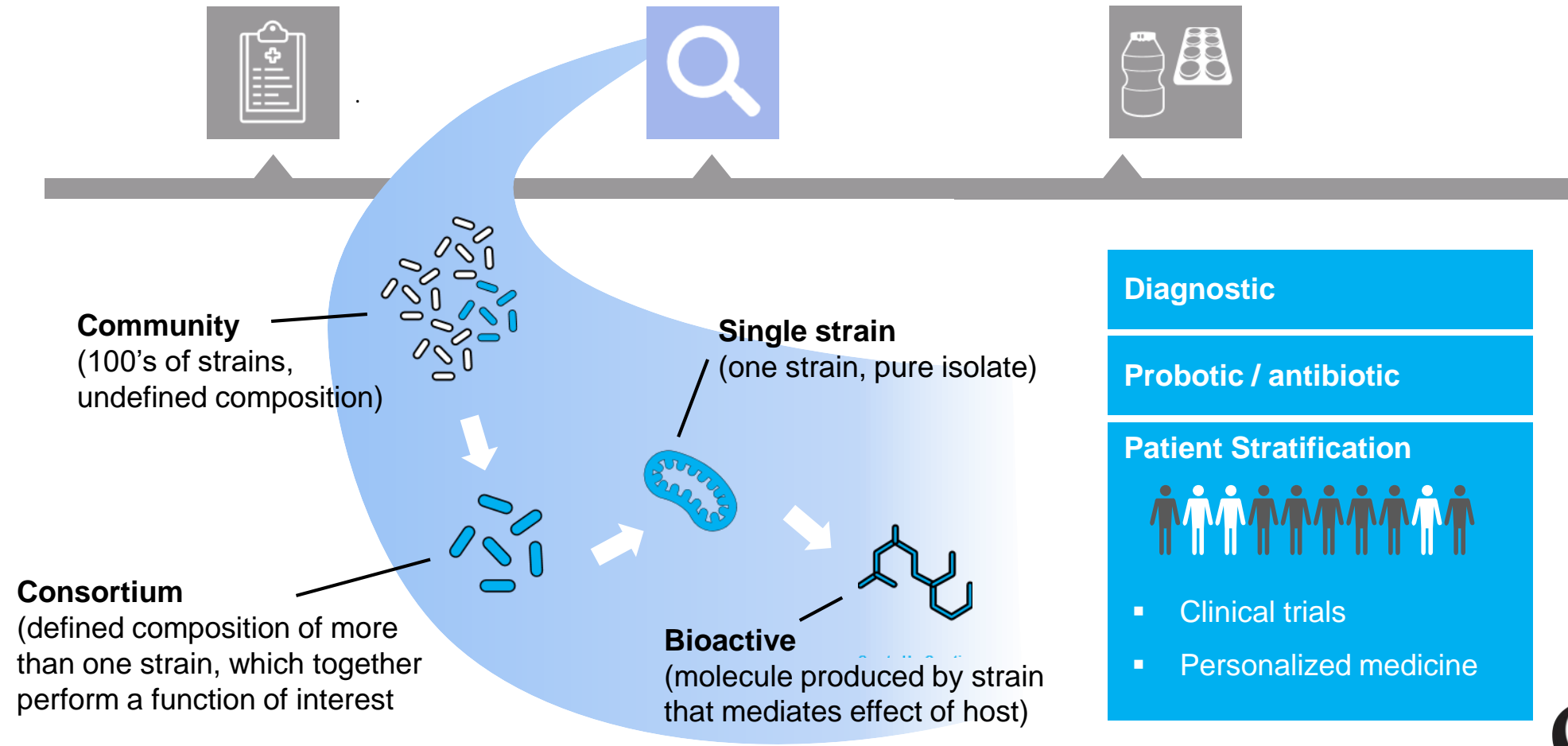
Compare microbiota  
in healthy and ill  
subjects



ID organisms / genes  
associated with health /  
disease



Develop  
applications /  
solutions



**Community**  
(100's of strains,  
undefined composition)

**Single strain**  
(one strain, pure isolate)

**Consortium**  
(defined composition of more  
than one strain, which together  
perform a function of interest)

**Bioactive**  
(molecule produced by strain  
that mediates effect of host)

Diagnostic

Probiotic / antibiotic

Patient Stratification

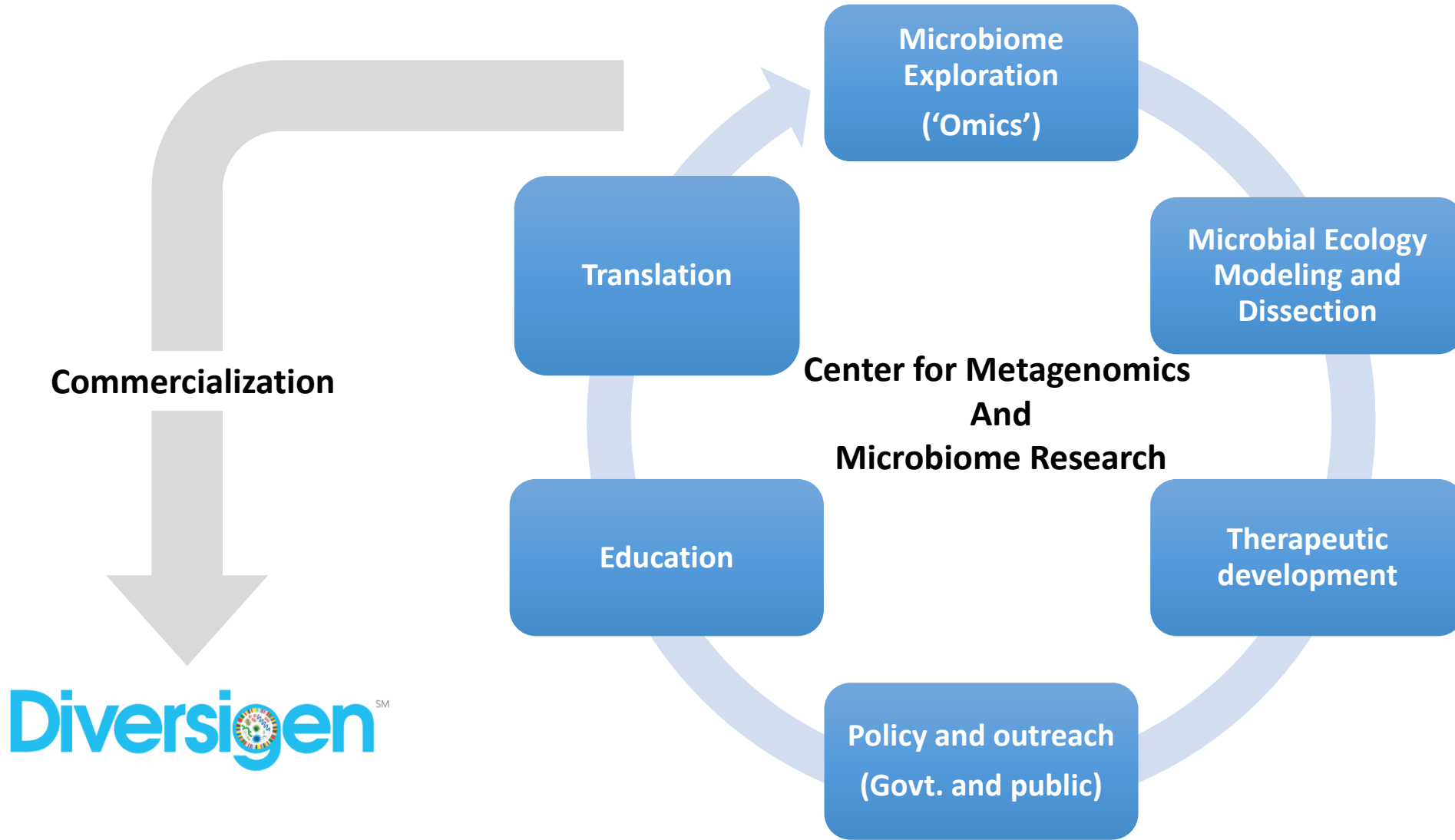


- Clinical trials
- Personalized medicine

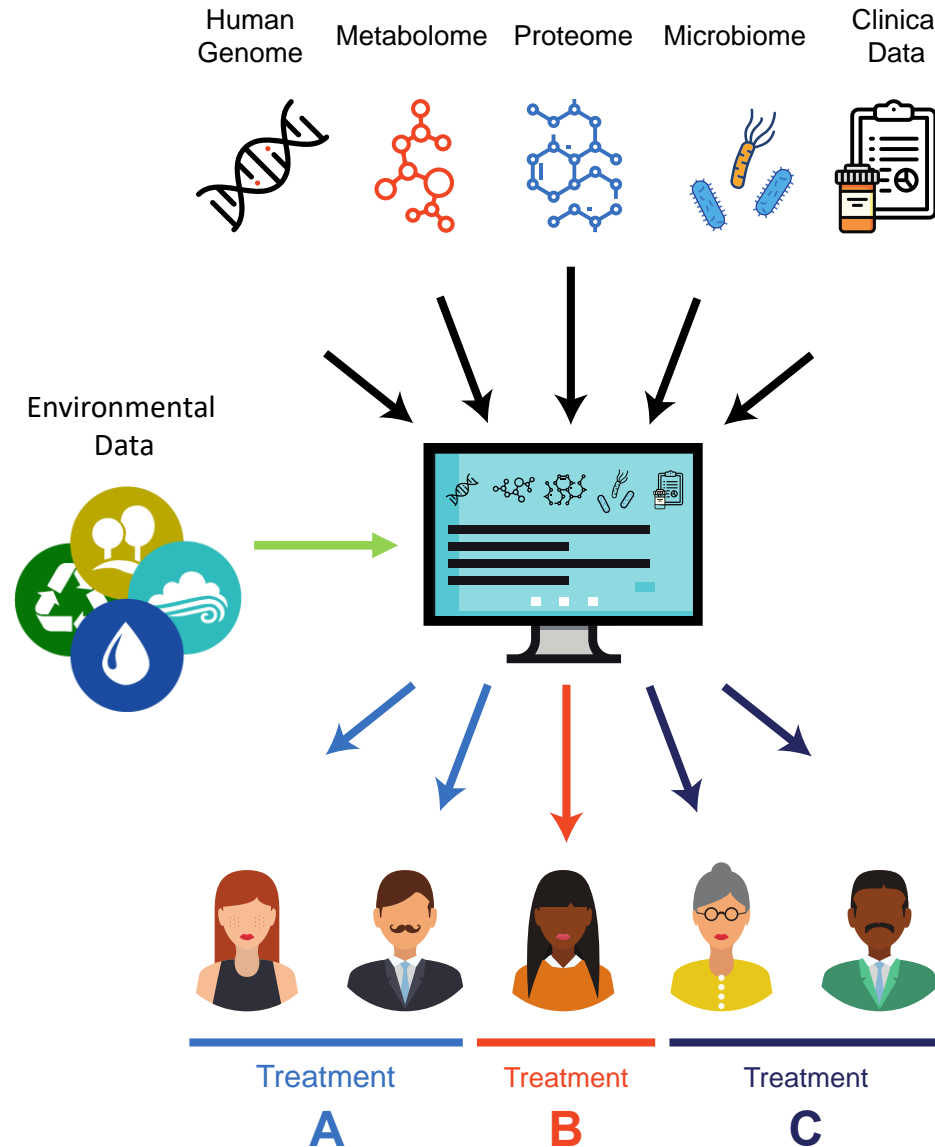


# Translational Microbiome Research at Baylor College of Medicine

**Mission:** To understand how the microbiome impacts health and disease, to translate this understanding for better therapeutics and diagnostics, and to serve as a hub for these activities internationally



# Precision Medicine Paradigm

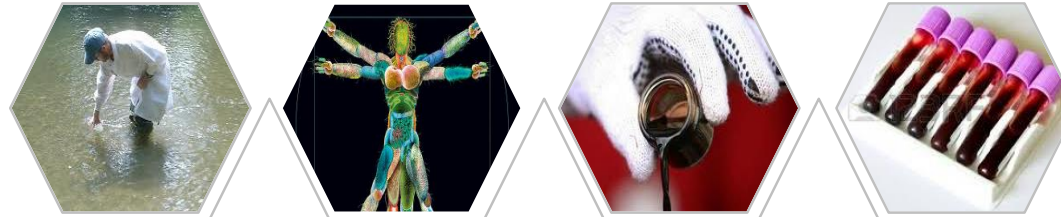


## Keys to microbiome input on precision medicine

- How widely applicable is knowledge from one study or cohort
- How translatable is a pre-clinical model observation

# Metagenomic/genomic applications in CMMR service center

Experimental Design



Sample:  
Collection  
Storage  
Shipping  
Processing

Microbial Biomass Enrichment

DNA/RNA Extraction and Purification



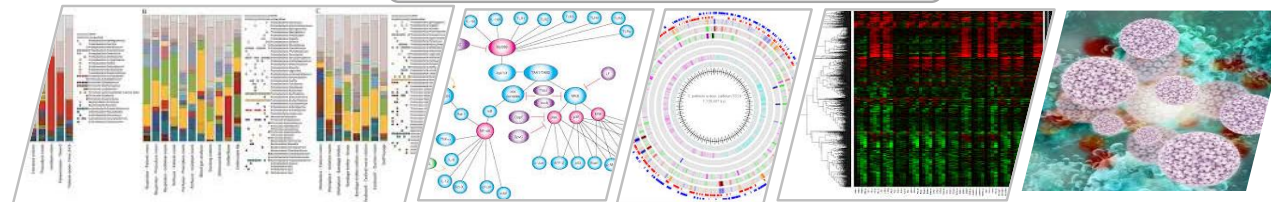
Sequencing Platform Flexibility

Library preparation/QC  
Sequencing



OUTPUTS

Bioinformatics



Community Structure

Bacterial Pangenome Assemblies

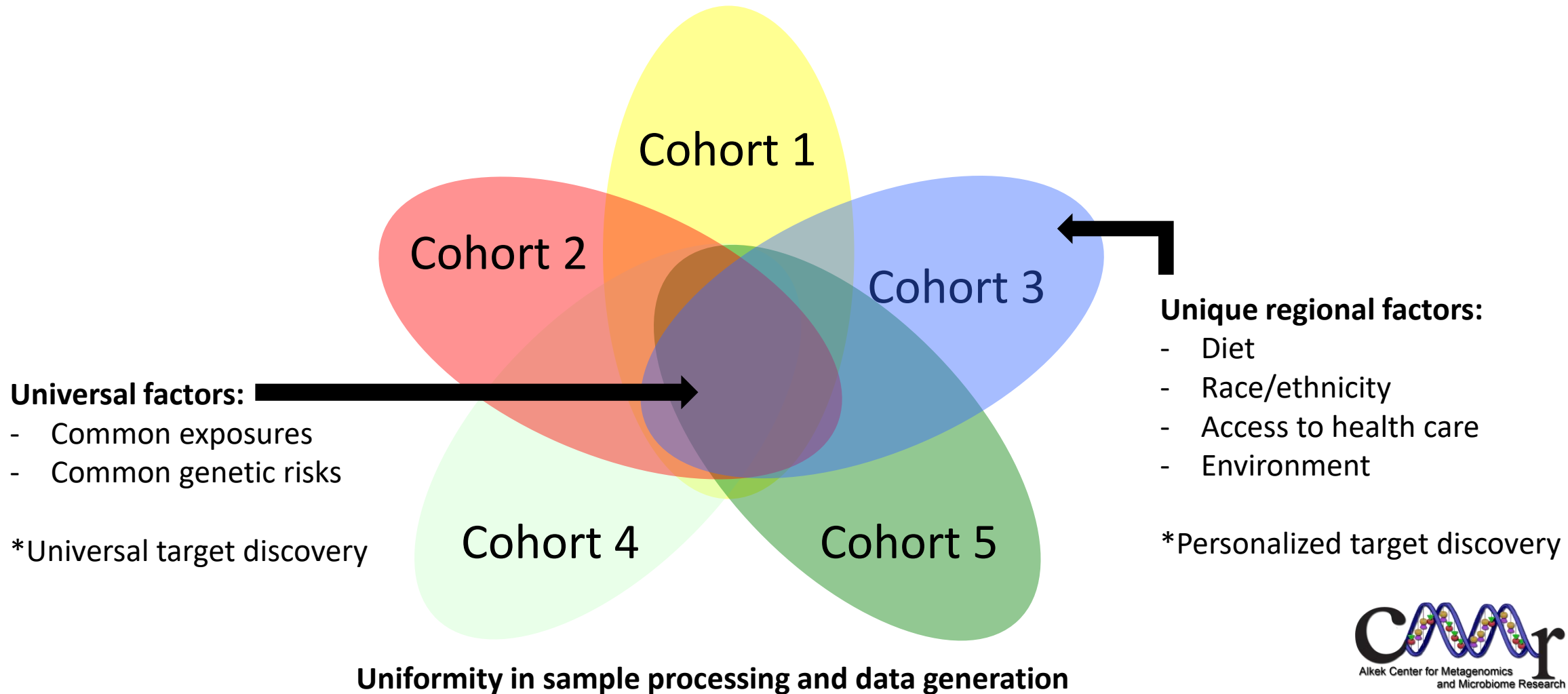
Genome

Microbial Viral Detection

RNaseq

# Advantages of metagenomics at scale

Studying multiple disease cohorts can facilitate dissection of disease mechanisms and lead to better diagnostics and therapeutics



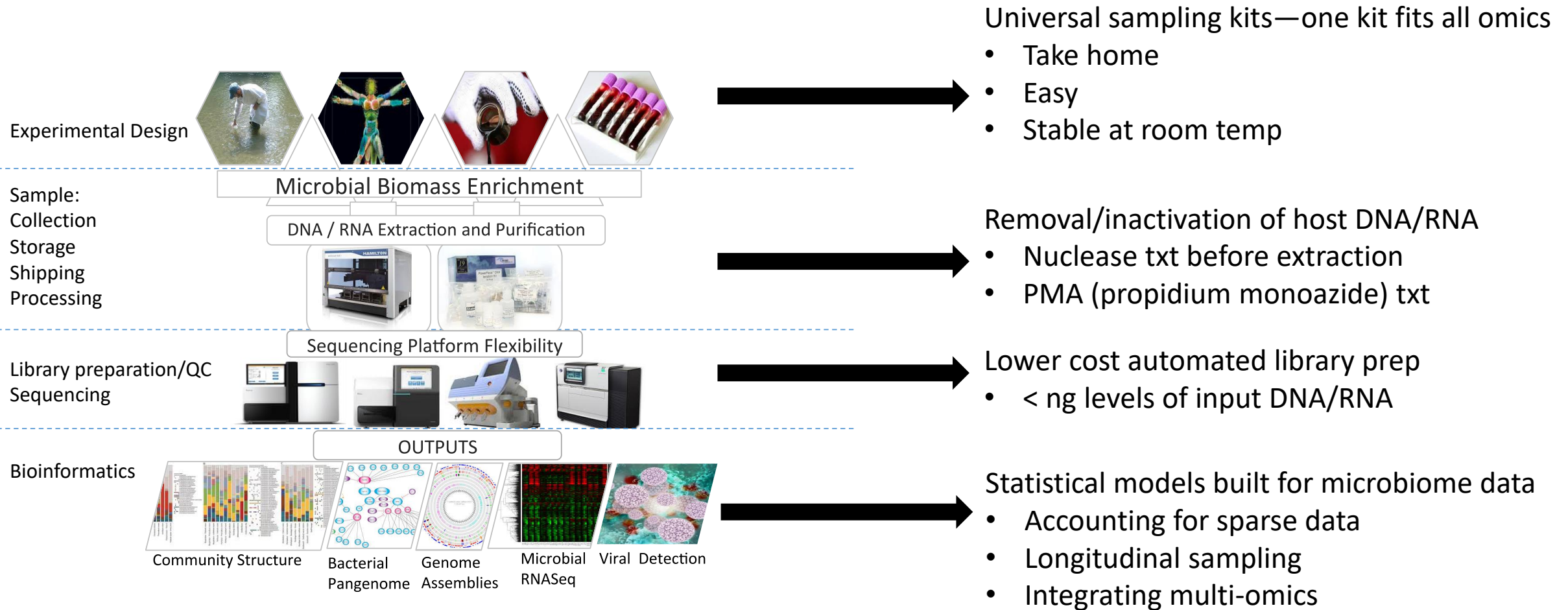
# Disease and Disease Model Projects

> 300 projects over the last 6 years, and growing...

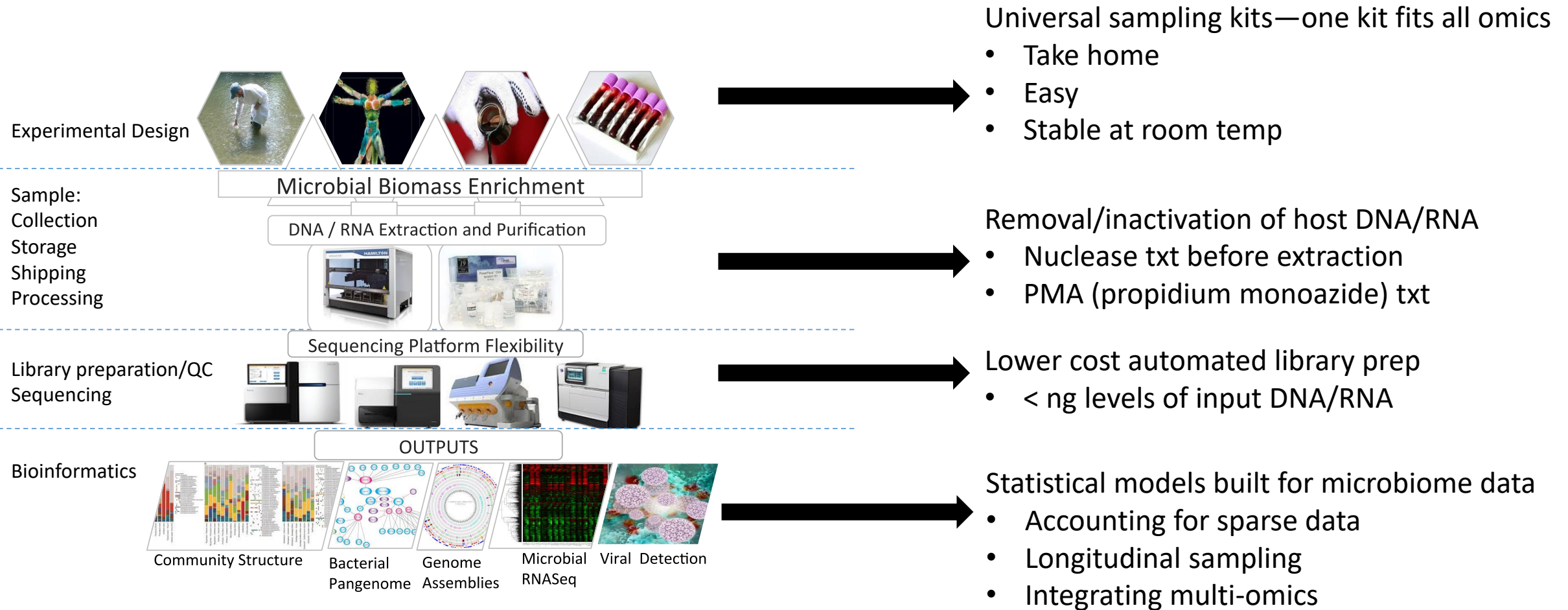
- Chronic Kidney Disease (Raj, George Washington University)
- NASA extreme environments (JPL, Pasadena)
- Autism (Mazmanian, Cal Tech)
- Malnutrition (Preidis, Texas Children's)
- Type 1 Diabetes (Krischer; Burkhardt, USF; Atkinson, UF)
- Microbiome of death (Bucheli and Lynne, SHSU)
- Microbial surveillance (Klotman (BCM-MC); Maresso (elementary school))
- Synthetic probiotic organisms (Tabor, Rice)
- Necrotizing enterocolitis (Burrin; Premkumar, BCM)
- Fecal transplants (Graham, BCM; Wilkerson, MD Anderson; DuPont, UTHSC)
- HIV (Vigil, UT; Bryson, UTH; San Juan, U. Norte; Klotman, BCM)
- Colon cancer (El Serag, BCM; Daniel-MacDougall, MD Anderson)
- Type 2 Diabetes (Fisher-Hoch, UTSPH)
- COPD cancer (Liu, BCM)
- *Clostridium difficile* (Graham and Koo, BCM; DuPont, UTSPH)
- IBS/IBD (DuPont, BCM (adults); Versalovic, TCH/BCM (children); Dann UTMB; Round, Utah)
- Leukemia (Adachi, MD Anderson)
- Pancreatic cancer and cachexia (Fogelman, MD, MDACC)
- Diet and cognition during development (Costa-Mattioli, BCM)
- Anorexia and bulimia (Pinho, Albert Einstein Medicina Diagnóstica, Brazil)
- Suicide and suicidal ideation (Salas, BCM)



# Gaps/needs in clinical microbiome research



# Gaps/needs in clinical microbiome research



When you have all of this, then what???

# Model systems for host-microbe interactions: Microbiome phenotyping pipeline

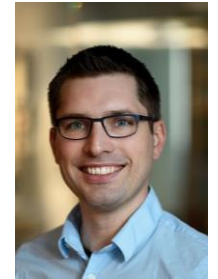
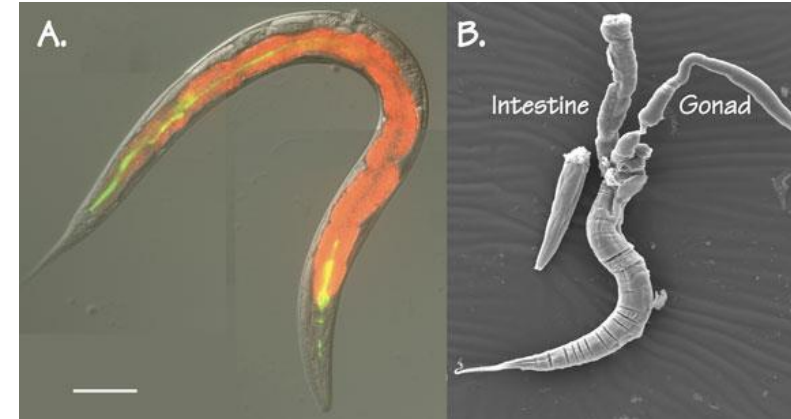
## *In vitro* culturing in mini bioreactors



Robert Britton



## *In vivo* studies in *C. elegans*

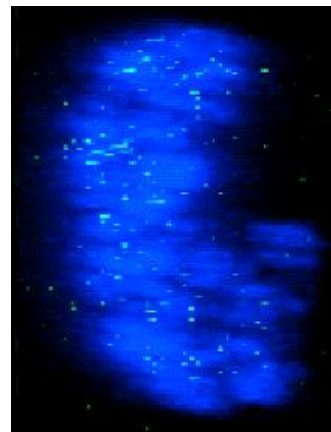
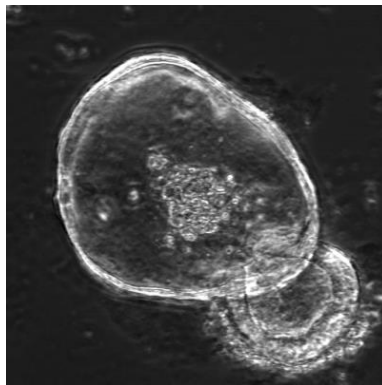


Buck Samuel

## Enteroids from various GI locations



Mary Estes



## *In vivo* studies in germ free mice



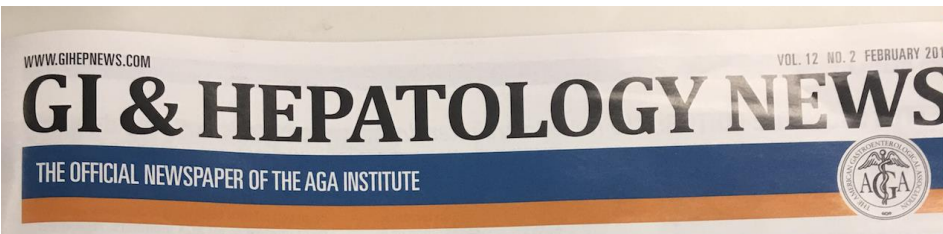
Alton Swennes



# Dietary trehalose enhances virulence of epidemic *Clostridium difficile*

J. Collins<sup>1</sup>, C. Robinson<sup>2</sup>, H. Danhof<sup>1</sup>, C. W. Knetsch<sup>3</sup>, H. C. van Leeuwen<sup>3</sup>, T. D. Lawley<sup>4</sup>, J. M. Auchtung<sup>1</sup> & R. A. Britton<sup>1</sup>

Host & Microbe  
Reviews



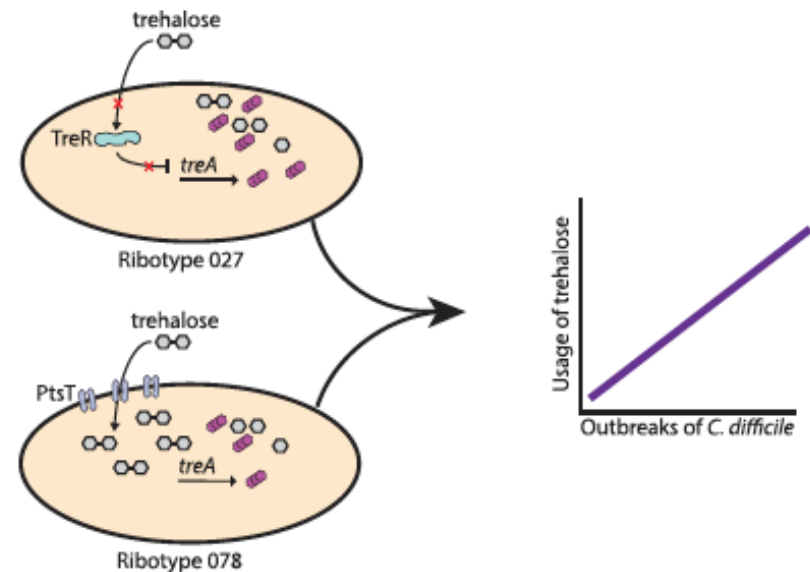
The ability of certain *C. difficile* ribotypes to metabolize trehalose has made them epidemic, found Dr. James Collins and coauthors.

Food additive makes  
*C. difficile* more virulent

James Collins



Rob Britton



**Figure 1. Two Independent Trehalose Utilization Mechanisms in Distinct Epidemic Strains of *C. difficile***

Collins et al. (2018) report two unique mechanisms of trehalose utilization in the ribotype 027 and 078 lineage of *C. difficile*. Ribotype 027 strains have a mutation in the trehalose transcriptional repressor (TreR), and ribotype 087 strains encode for an additional trehalose transporter (PtsT). The emergence of these ribotypes as epidemic strains of *C. difficile* has coincided with increased usage of trehalose as a food additive.



# Microbial Reconstitution Reverses Maternal Diet-Induced Social and Synaptic Deficits in Offspring

Shelly A. Buffington,<sup>1,2</sup> Gonzalo Viana Di Prisco,<sup>1,2</sup> Thomas A. Auchtung,<sup>3,4</sup> Nadim J. Ajami,<sup>3,4</sup> Joseph F. Petrosino,<sup>3,4</sup> and Mauro Costa-Mattioli<sup>1,2,\*</sup>

<sup>1</sup>Department of Neuroscience

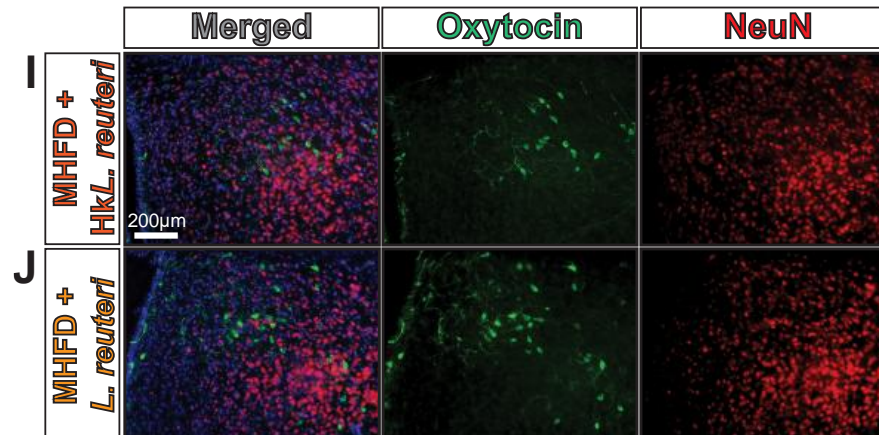
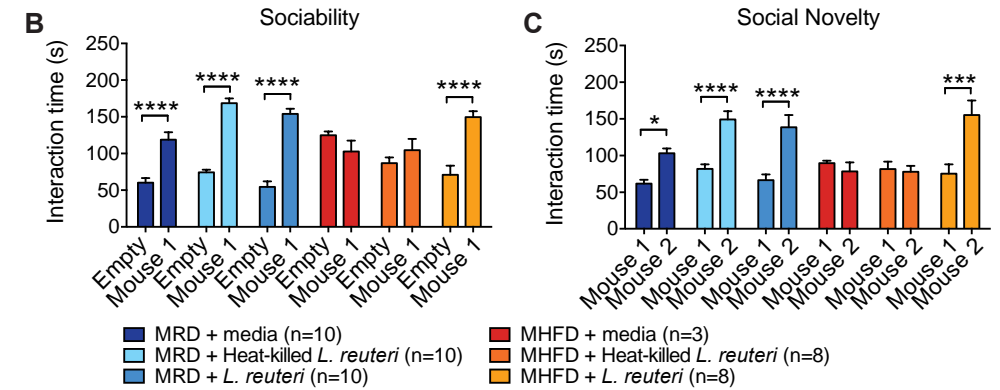
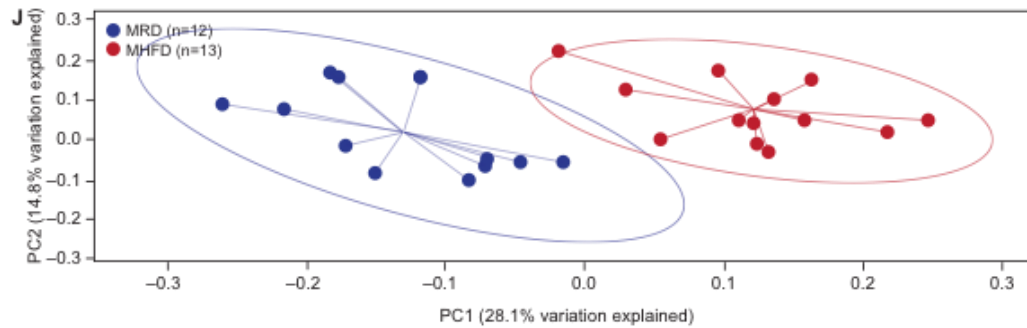
<sup>2</sup>Memory and Brain Research Center

<sup>3</sup>Alkek Center for Metagenomics and Microbiome Research

<sup>4</sup>Department of Molecular Virology and Microbiology  
Baylor College of Medicine, Houston, TX 77030, USA

\*Correspondence: [costamat@bcm.edu](mailto:costamat@bcm.edu)

<http://dx.doi.org/10.1016/j.cell.2016.06.001>



Shelly Buffington



Mauro Costa-Mattioli



COVER Illustration of gut microbial species assembling into the shape of a cancer awareness ribbon. Cancer patients with an abundance of different gut bacteria have better survival outcomes after checkpoint inhibitor immunotherapy, whereas patients with depleted gut flora respond poorly to this treatment. Thus, modulating the microbiome may provide hope for improved cancer patient responses. See pages 32, 91, 97, and 104. Illustration: V. Altounian/Science

## RESEARCH

### CANCER IMMUNOTHERAPY

## Gut microbiome modulates response to anti-PD-1 immunotherapy in melanoma patients

V. Gopalakrishnan,<sup>1,2\*</sup> C. N. Spencer,<sup>2,3\*</sup> L. Nezi,<sup>3\*</sup> A. Reuben,<sup>1</sup> M. C. Andrews,<sup>1</sup> T. V. Karpinets,<sup>3</sup> P. A. Prieto,<sup>1†</sup> D. Vicente,<sup>1</sup> K. Hoffman,<sup>4</sup> S. C. Wei,<sup>5</sup> A. P. Cogdill,<sup>1,5</sup> L. Zhao,<sup>3</sup> C. W. Hudgens,<sup>6</sup> D. S. Hutchinson,<sup>7</sup> T. Manzo,<sup>3</sup> M. Petaccia de Macedo,<sup>6,‡</sup> T. Cotechini,<sup>8</sup> T. Kumar,<sup>3</sup> W. S. Chen,<sup>9</sup> S. M. Reddy,<sup>10</sup> R. Szczepaniak Sloane,<sup>1</sup> J. Galloway-Pena,<sup>11</sup> H. Jiang,<sup>1</sup> P. L. Chen,<sup>9§</sup> E. J. Shpall,<sup>12</sup> K. Rezvani,<sup>12</sup> A. M. Alousi,<sup>12</sup> R. F. Chemaly,<sup>11</sup> S. Shelburne,<sup>3,11</sup> L. M. Vence,<sup>5</sup> P. C. Okhuysen,<sup>11</sup> V. B. Jensen,<sup>13</sup> A. G. Swennes,<sup>7</sup> F. McAllister,<sup>14</sup> E. Marcelo Riquelme Sanchez,<sup>14</sup> Y. Zhang,<sup>14</sup> E. Le Chatelier,<sup>15</sup> L. Zitvogel,<sup>16</sup> N. Pons,<sup>15</sup> J. L. Austin-Breneman,<sup>1||</sup> L. E. Haydu,<sup>1</sup> E. M. Burton,<sup>1</sup> J. M. Gardner,<sup>1</sup> E. Sirmans,<sup>17</sup> J. Hu,<sup>18</sup> A. J. Lazar,<sup>6,9</sup> T. Tsujikawa,<sup>8</sup> A. Diab,<sup>17</sup> H. Tawbi,<sup>17</sup> I. C. Glitza,<sup>17</sup> W. J. Hwu,<sup>17</sup> S. P. Patel,<sup>17</sup> S. E. Woodman,<sup>17</sup> R. N. Amaria,<sup>17</sup> M. A. Davies,<sup>17</sup> J. E. Gershenwald,<sup>1</sup> P. Hwu,<sup>17</sup> J. E. Lee,<sup>1</sup> J. Zhang,<sup>3</sup> L. M. Coussens,<sup>8</sup> Z. A. Cooper,<sup>1,3¶</sup> P. A. Futreal,<sup>3</sup> C. R. Daniel,<sup>4,2</sup> N. J. Ajami,<sup>7</sup> J. F. Petrosino,<sup>7</sup> M. T. Tetzlaff,<sup>6,9</sup> P. Sharma,<sup>5,19</sup> J. P. Allison,<sup>5</sup> R. R. Jenq,<sup>3#</sup> J. A. Wargo<sup>1,3#\*\*</sup>

## RESEARCH

### CANCER IMMUNOTHERAPY

## The commensal microbiome is associated with anti-PD-1 efficacy in metastatic melanoma patients

Vyara Matson,<sup>1\*</sup> Jessica Fessler,<sup>1\*</sup> Riyue Bao,<sup>2,3\*</sup> Tara Chongsuwat,<sup>4</sup> Yuanyuan Zha,<sup>4</sup> Maria-Luisa Alegre,<sup>4</sup> Jason J. Luke,<sup>4</sup> Thomas F. Gajewski<sup>1,4†</sup>

Anti-PD-1-based immunotherapy has had a major impact on cancer treatment but has only benefited a subset of patients. Among the variables that could contribute to interpatient heterogeneity is differential composition of the patients' microbiome, which has been shown to affect antitumor immunity and immunotherapy efficacy in preclinical mouse models. We analyzed baseline stool samples from metastatic melanoma patients before immunotherapy treatment, through an integration of 16S ribosomal RNA gene sequencing, metagenomic shotgun sequencing, and quantitative polymerase chain reaction for selected bacteria. A significant association was observed between commensal microbial composition and clinical response. Bacterial species more abundant in responders included *Bifidobacterium longum*, *Collinsella aerofaciens*, and *Enterococcus faecium*. Reconstitution of germ-free mice with fecal material from responding patients could lead to improved tumor control, augmented T cell responses, and greater efficacy of anti-PD-1 therapy. Our results suggest that the commensal microbiome may have a mechanistic impact on antitumor immunity in human cancer patients.

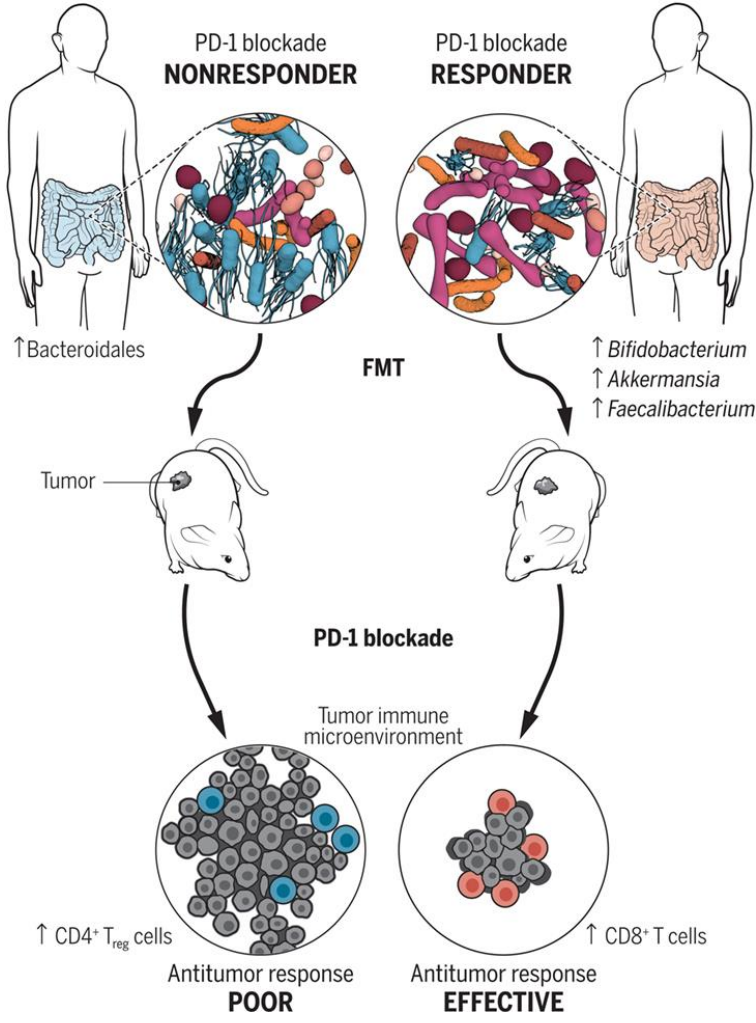
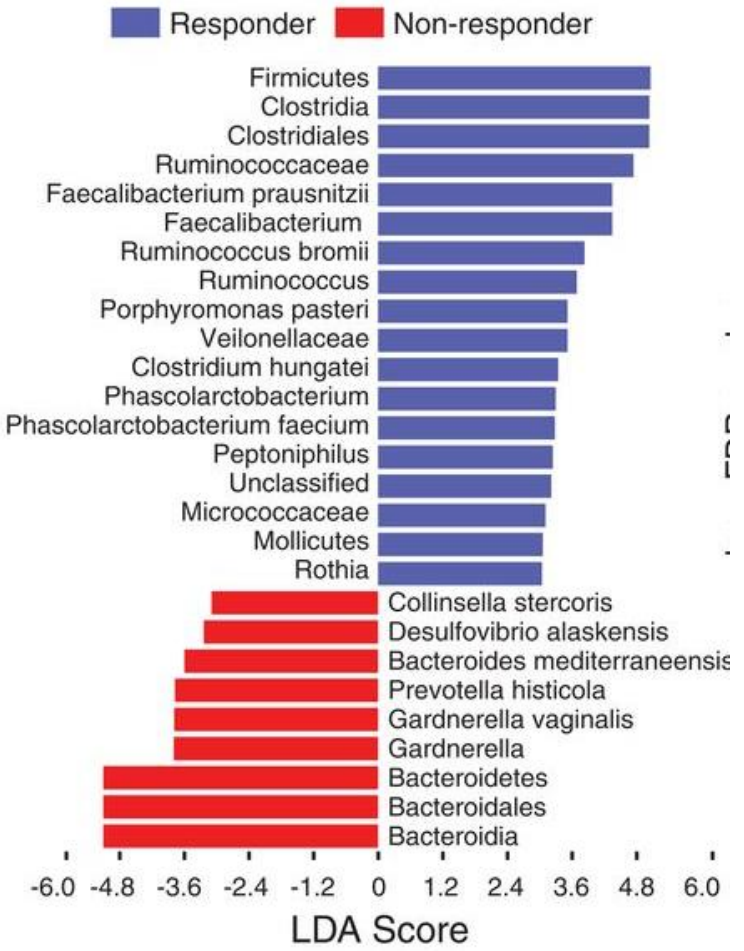
### CANCER IMMUNOTHERAPY

## Gut microbiome influences efficacy of PD-1-based immunotherapy against epithelial tumors

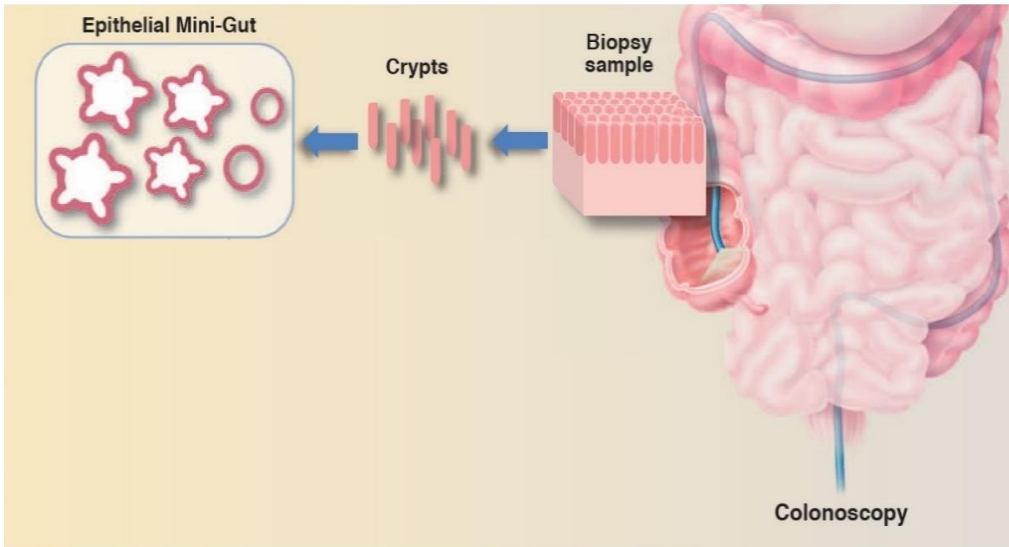
Bertrand Routy,<sup>1,2,3</sup> Emmanuelle Le Chatelier,<sup>4</sup> Lisa Derosa,<sup>1,2,3</sup> Connie P. M. Duong,<sup>1,2,5</sup> Maryam Tidjani Alou,<sup>1,2,3</sup> Romain Daillère,<sup>1,2,3</sup> Aurélie Fluckiger,<sup>1,2,5</sup> Meriem Messaoudene,<sup>1,2</sup> Conrad Rauber,<sup>1,2,3</sup> Maria P. Roberti,<sup>1,2,5</sup> Marine Fidelle,<sup>1,3,5</sup> Caroline Flament,<sup>1,2,5</sup> Vichnou Poirier-Colame,<sup>1,2,5</sup> Paule Opolon,<sup>6</sup> Christophe Klein,<sup>7</sup> Kristina Iribarren,<sup>8,9,10,11,12</sup> Laura Mondragón,<sup>8,9,10,11,12</sup> Nicolas Jacquilot,<sup>1,2,3</sup> Bo Qu,<sup>1,2,3</sup> Gladys Ferrere,<sup>1,2,3</sup> Céline Clémenson,<sup>1,13</sup> Laura Mezquita,<sup>1,14</sup> Jordi Remon Masip,<sup>1,14</sup> Charles Naltet,<sup>15</sup> Solenn Brosseau,<sup>15</sup> Coureche Kaderbhai,<sup>16</sup> Corentin Richard,<sup>16</sup> Hira Rizvi,<sup>17</sup> Florence Levenez,<sup>4</sup> Nathalie Galleron,<sup>4</sup> Benoît Quinquis,<sup>4</sup> Nicolas Pons,<sup>4</sup> Bernhard Ryffel,<sup>18</sup> Véronique Minard-Colin,<sup>1,19</sup> Patrick Gonin,<sup>1,20</sup> Jean-Charles Soria,<sup>1,14</sup> Eric Deutsch,<sup>1,13</sup> Yohann Loriot,<sup>1,3,14</sup> François Ghiringhelli,<sup>16</sup> Gérard Zalcman,<sup>15</sup> François Goldwasser,<sup>9,21,22</sup> Bernard Escudier,<sup>1,14,23</sup> Matthew D. Hellmann,<sup>24,25</sup> Alexander Eggermont,<sup>1,2,14</sup> Didier Raoult,<sup>26</sup> Laurence Albiges,<sup>1,3,14</sup> Guido Kroemer,<sup>8,9,10,11,12,27,28\*</sup> Laurence Zitvogel<sup>1,2,3,5\*</sup>



# Microbiome alone can improve an immunotherapy response

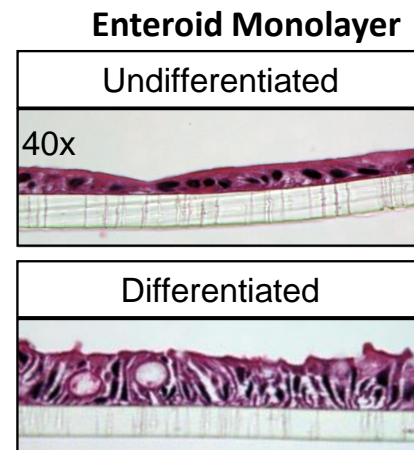
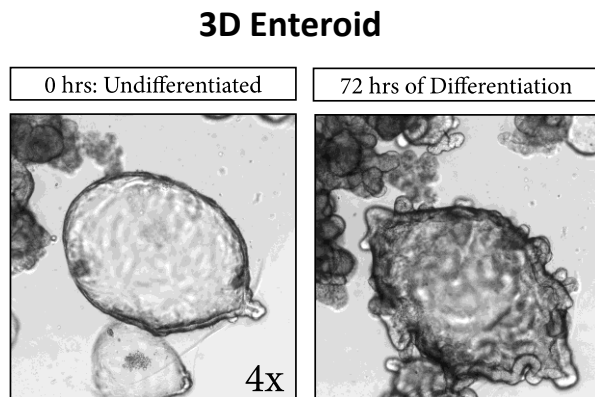


# Enteroids: a unique opportunity for studying human disease at the epithelial level



Mechanistic investigations of host-microbe interactions in the gut are limited because of two principle challenges:

1. Epithelium is oxygen dependent while many gut bacteria are facultative or obligate anaerobes
2. Intestinal epithelium is in a state of chronic low-grade hypoxia which is exacerbated in inflammatory conditions such as Inflammatory Bowel Disease (IBD).



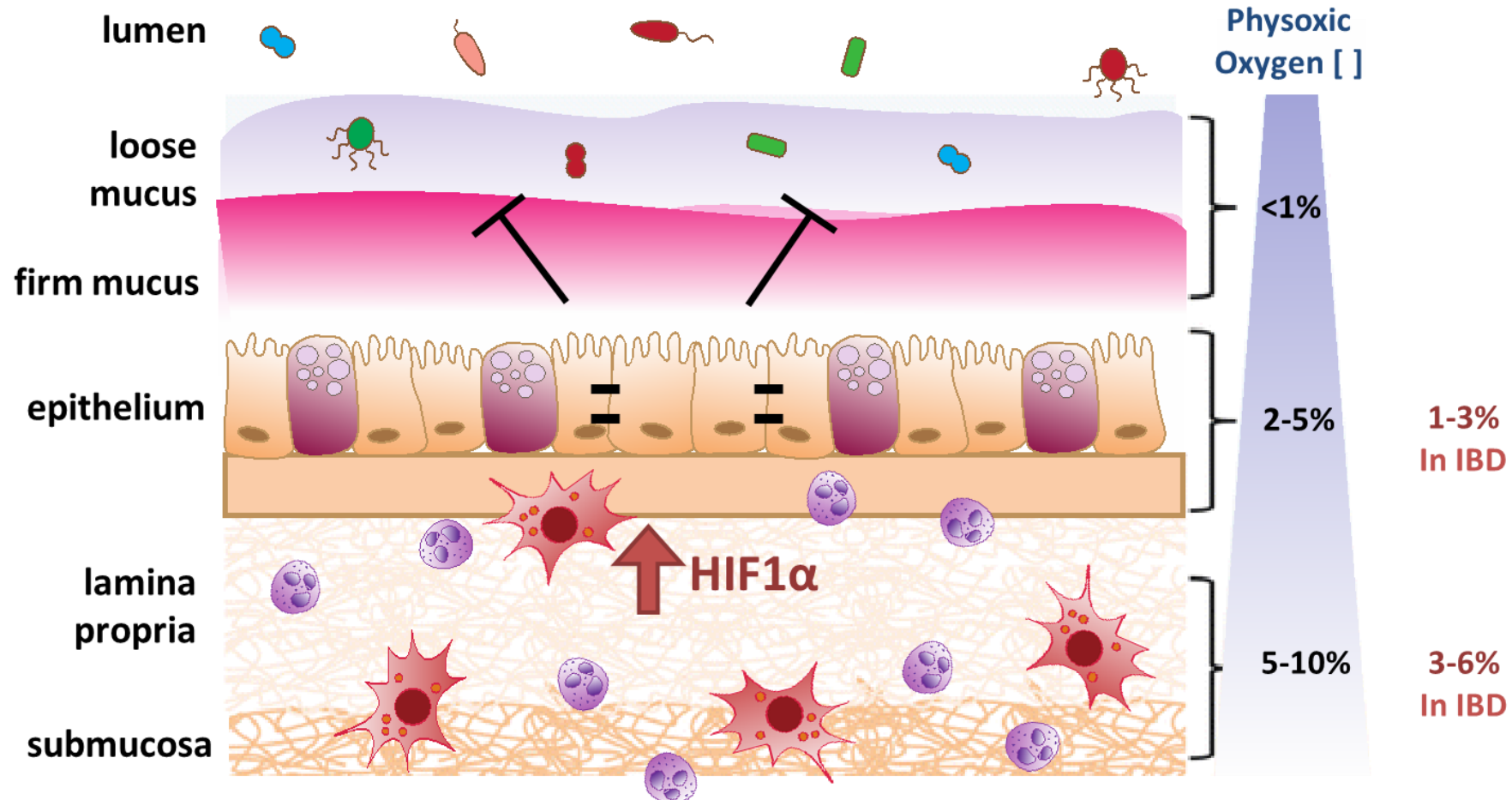
**OXYGEN CONTROL IS IMPORTANT!**

Stelzner, M. et al, *J. Am. J. Physiol. Gastrointest. Liver Physiol.* **2012**, 302 (12), G1359–G1363.

Moon, C. et al, *Mucosal Immunol.* **2014**, 7 (4), 818–828.



# Physiologic and inflammatory hypoxia in the gut

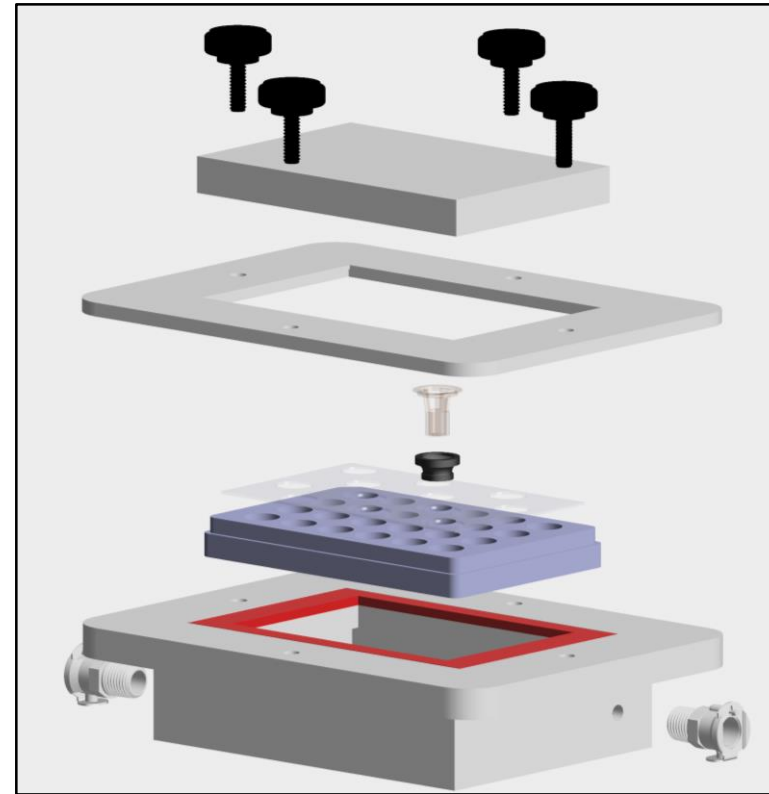
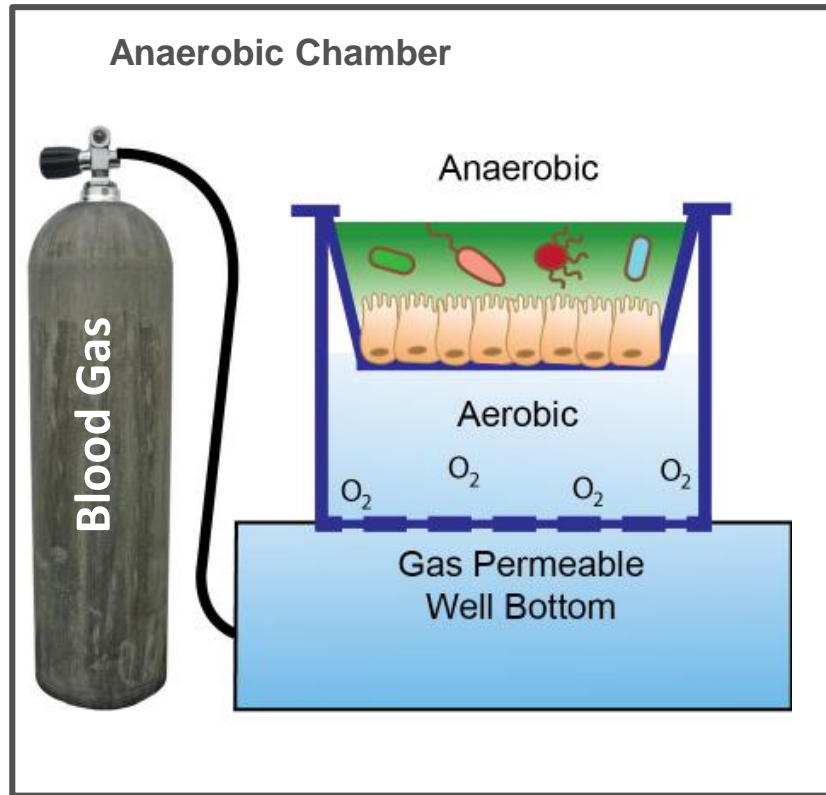


Physiologic Epithelium = 2-5% O<sub>2</sub> *in vivo*

Hypoxic Epithelium = 1-3% O<sub>2</sub> *in vivo*

Monolayers in Standard Incubator = 7-18% O<sub>2</sub>

# Assembly and validation of a novel enteroid-anaerobe co-culture system



Tatiana Fofanova



Chris Stewart



Jenny Auchtung

# Experimental Design

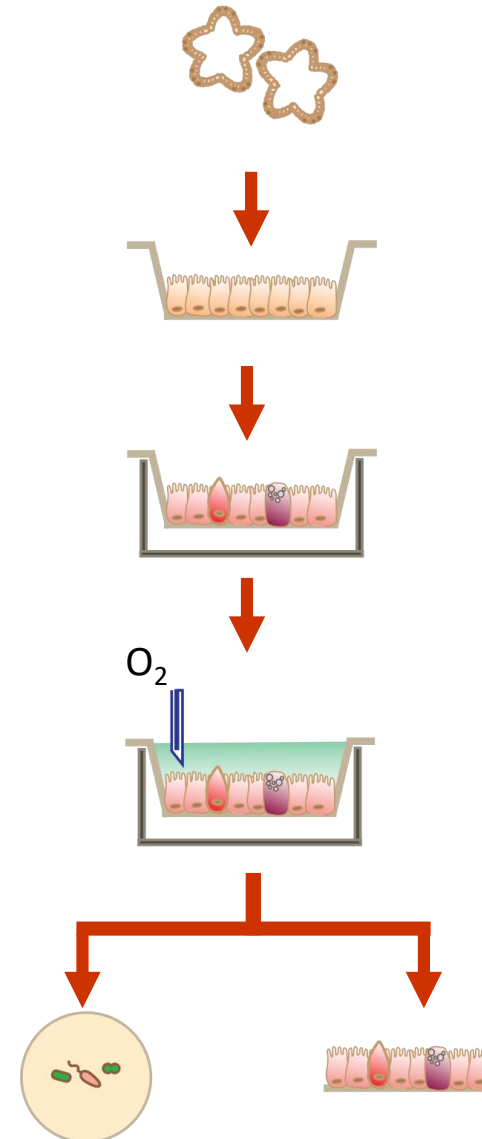
3D Jejunal enteroids, p10-p15

Seeded  $5 \times 10^5$  / transwell

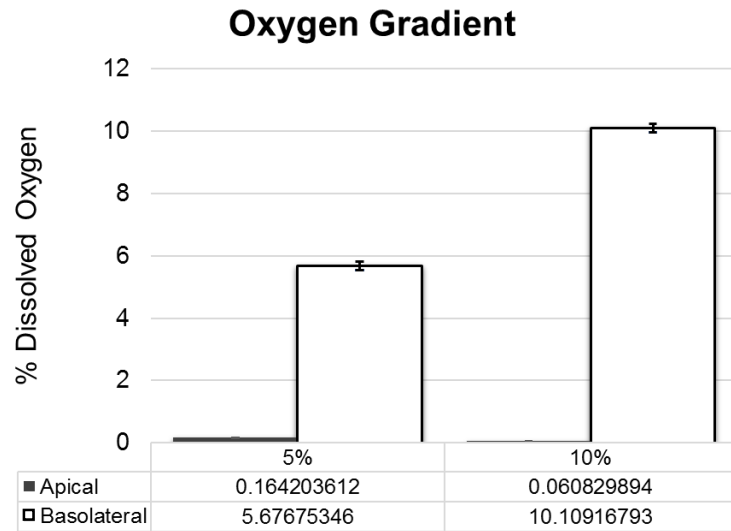
4 days differentiation

Fitted into Co-Culture System  
1-2hr equilibration at 5% Oxygen  
 $O_2$  measurements

$O_2$  measurements  
Contamination checks at 0hr, 24hr  
Transepithelial electronic resistance  
(TEER) at 0hr, 24hr  
Endpoint: histology, RNA, survival



# System recapitulates *in vivo* oxygen gradients

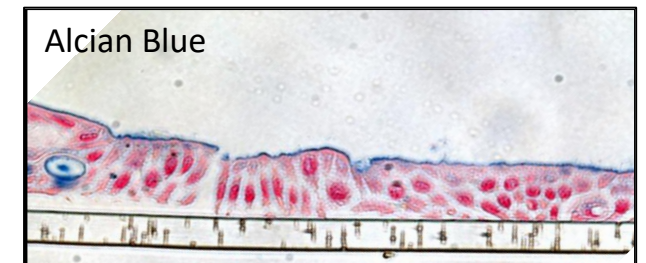
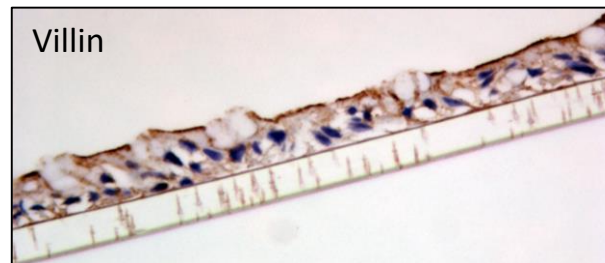


## Steep Oxygen Gradient:

- delivery of 5.6% and 10.2% O<sub>2</sub> blood gas,
- basolateral side is oxygenated while the apical side is effectively anaerobic.

## Healthy phenotype:

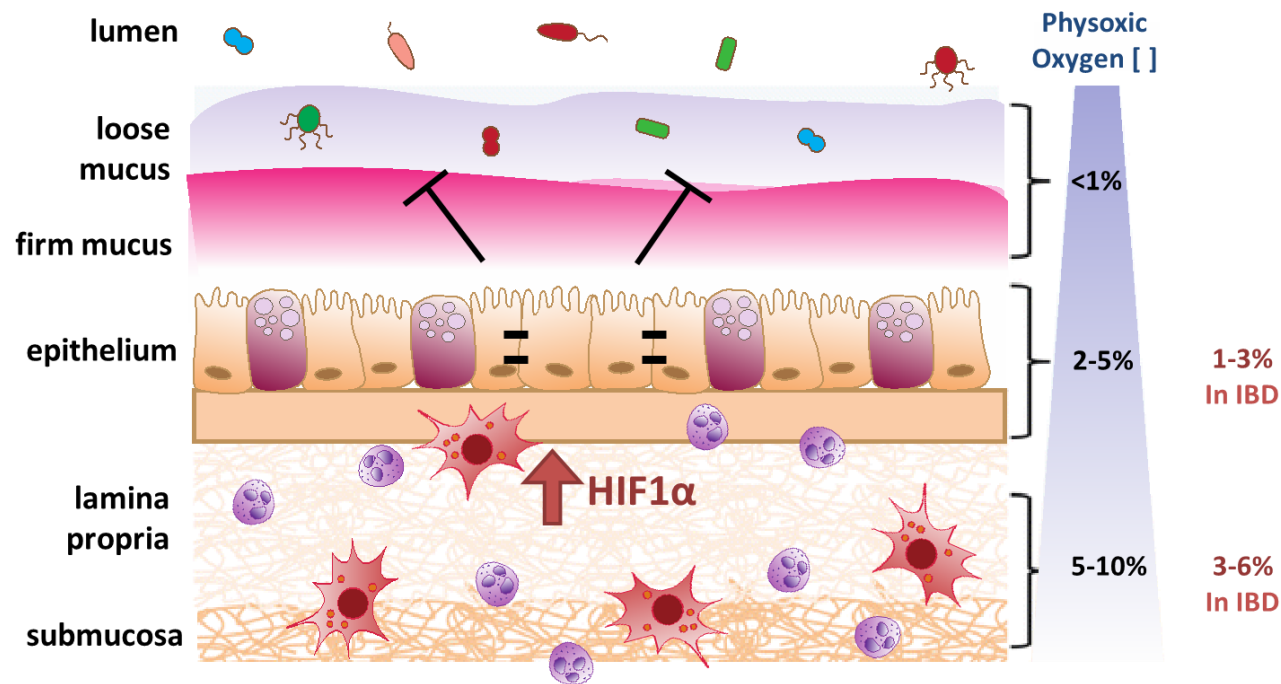
Enteroids monolayers imaged after 24hrs at 5% basolateral oxygen are polarized (Villin stain in brown), show an intact mucus layer (Alcian blue stain) and normal morphology





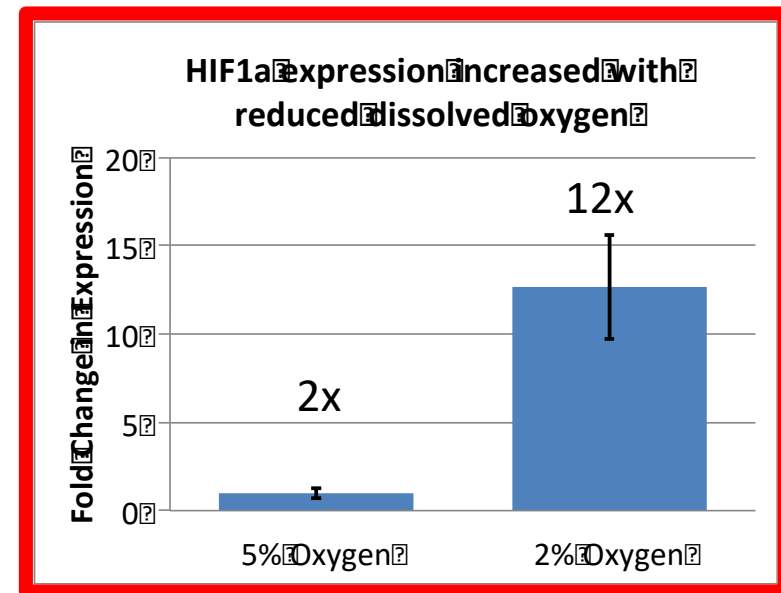
# Impact of physiological levels of oxygen

## Hallmark of Physiological Hypoxia: HIF1 $\alpha$



Physiologic Hypoxia = 2-5% O<sub>2</sub> *in vivo*  
 Inflammatory Hypoxia = 1-3% O<sub>2</sub> *in vivo*  
 Monolayers in Standard Incubator = 8.5-10% O<sub>2</sub>

- HIF1 $\alpha$  expression
  - Increased barrier integrity
  - Activation of NF $\kappa$ B and other innate immunity genes
  - Increased mucin production

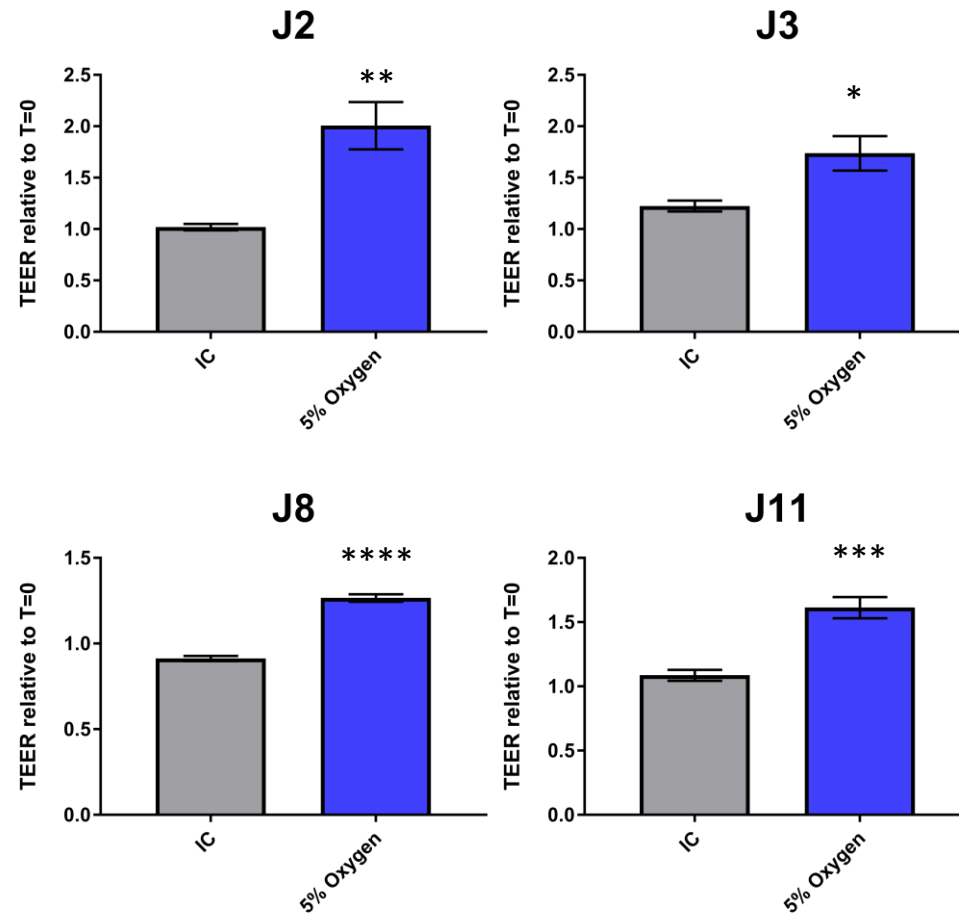
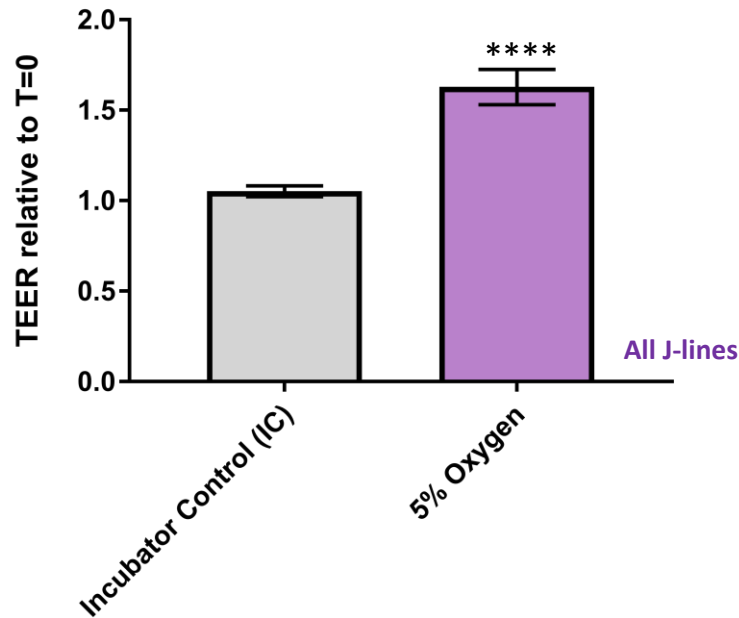


# Trans-epithelial resistance increases in response to hypoxia, independent of patient line

Hallmark of Physiological Hypoxia: Increased Barrier Integrity

24 hr incubation in 5% basolateral oxygen

Reduced Oxygen Conditions (5% oxygen)  
Increase Epithelial Barrier Integrity





# Pathways differentially regulated during physiologic hypoxia

GO-ID	Description	Corrected P-Value	Cluster Frequency	Genes
45429	Positive regulation of nitric oxide biosynthesis process	1.9214 e-8	6/33 (18.1%)	HSP90AA1 IL1B AKT1 TICAM1 TLR4 TLR2
43123	Positive regulation of I-kB kinase/NF-kB cascade	5.1691 e-8	8/33 (24.2%)	VAPA IL1B TLR6 TICAM1 TLR4 RELA RHOA MYD88
2221	Pattern recognition receptor signaling pathway	6.9208 e-8	5/33 (15.1%)	TLR6, TICAM, TLR4, RELA, TLR2
326755	Regulation of IL-6 production	6.9208 e-8	6/33 (18.1%)	IL1B, TLR6, TICAM, TLR4, MYD88, TLR2
10647	Positive regulation of cell communication	1.1126 E-7	11/33 (33.3%)	VAPA IL1B RAC1 TLR6 TICAM1 HIF1A TLR4 RHOA RELA MYD88 TLR2
6954	Inflammatory Response	1.1785 e-7	10/33 (30.3%)	CXCL8 IL1B AKT1 CXCL1 RAC1 TLR6 TICAM1 HIF1A TLR4 RELA
7163	Establishment or maintenance of cell polarity	3.195 e-6	5/33 (15.1%)	CDC42 PRKCI PARD3 LLGL1 MARK2

Generated via Cytoscape using the BiNGO Plugin  
(BiNGO: a Cytoscape plugin to assess overrepresentation of gene ontology categories in biological networks)



# Summary: System Design and Induction of Hypoxia

- Precision control of delivered basolateral oxygen
- System reaches steady-state within 2 hours
- Operating range is approximately between 1-8% Oxygen
- Induction of physiological hypoxia in enteroid monolayers
  - HIF1a Expression
  - Barrier Integrity
  - Upregulation of tight junction and anti-microbial response genes
- Gene expression profile reflects activation of
  - NO biosynthesis pathway as a regulator of hypoxia
  - NFkB cascade

# Can we add bacteria to the mix

## *Bacteroides thetaiotaomicron*

- Bacteroidetes
- Gram-negative nanoanaerobe
- Common, abundant commensal
- Acetate production

Clinical implications:  
Associated with remission in  
UC/Crohns

## *Blautia sp.*

- Firmicutes
- Gram-positive obligate anaerobe
- Common, abundant commensal
- Lactate and acetate production

Clinical implications:  
Reduced incidence of GvH  
disease

# Experimental Design

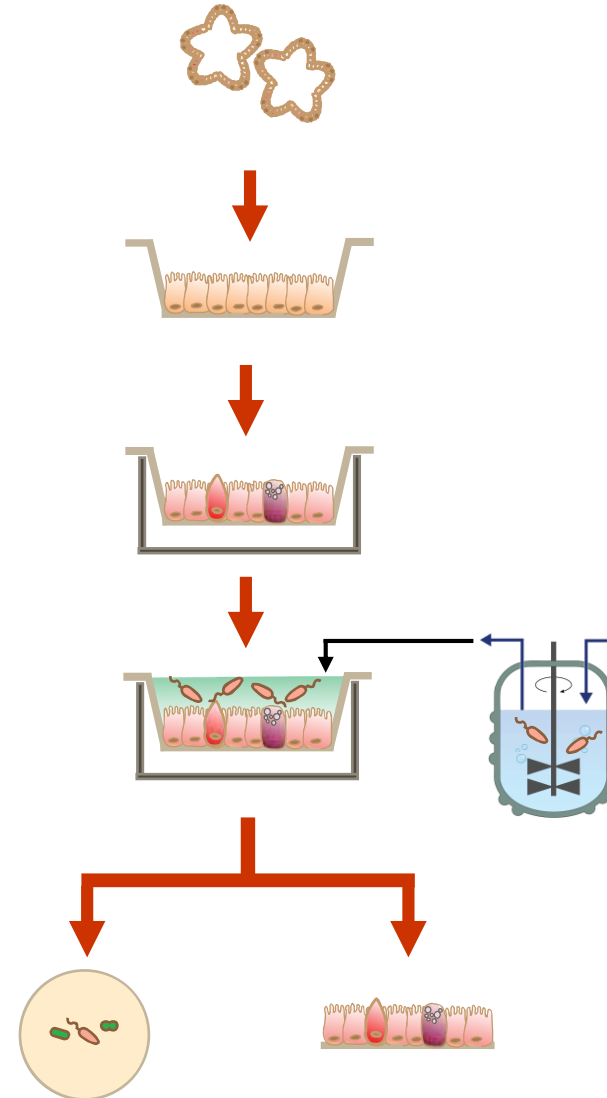
3D Jejunal enteroids, p10-p15

Seeded  $5 \times 10^5$  / transwell

4 days Differentiation

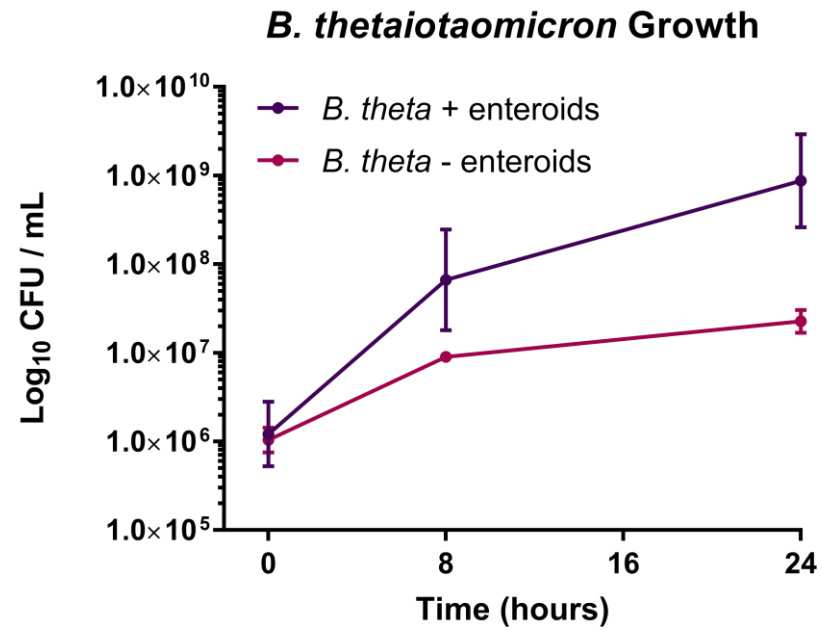
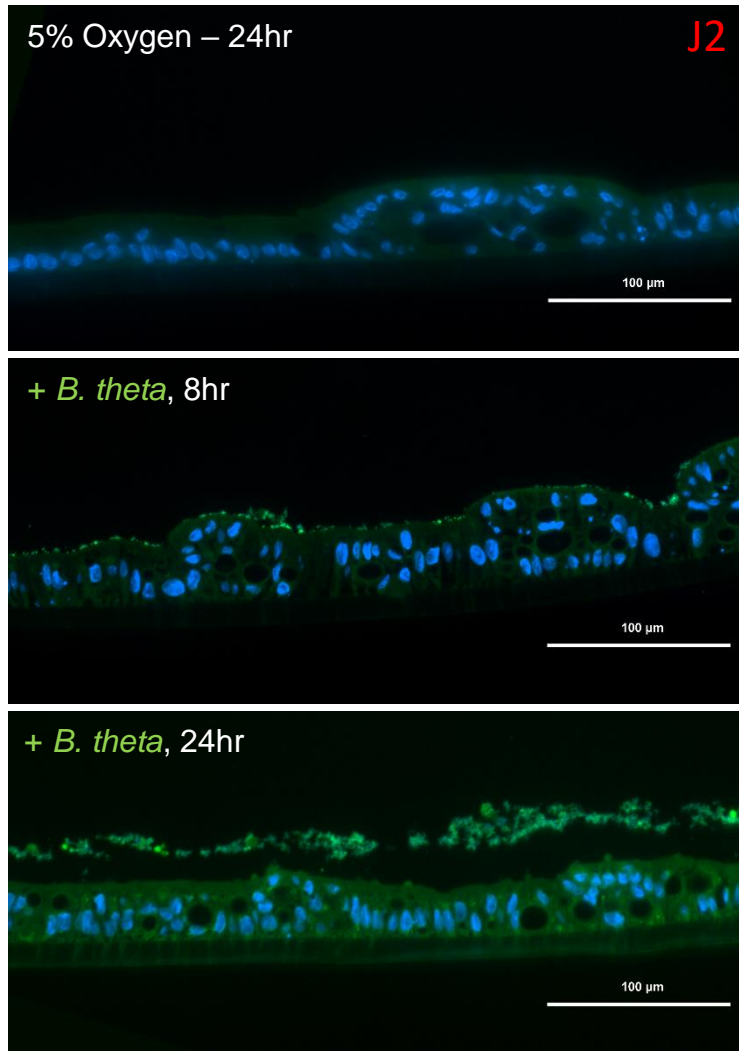
Fitted into Co-Culture System  
1-2hr equilibration at 5% Oxygen  
+  $3 \times 10^4$  bacteria in 300uL for 24hr

CFU counts at 0hr, 8hr, 24hr  
TEER at 0hr, 8hr, 24hr  
Endpoint: histology, RNA, survival



## 16S FISH Stain

System supports enteroid-anaerobe  
co-culture for at least 24 hours: *B. theta*

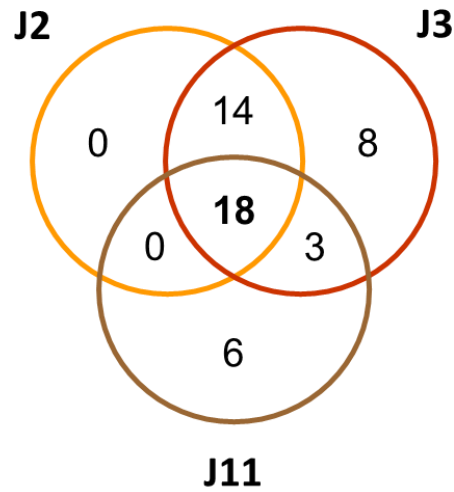


N=12/group

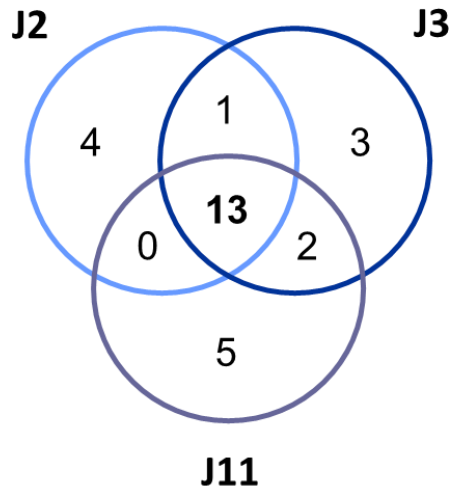




# Shared genetic expression changes following *B. theta* co-culture

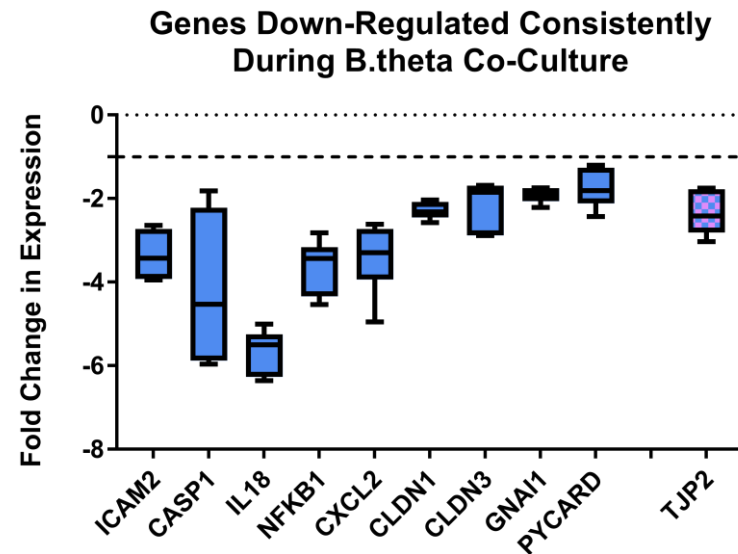
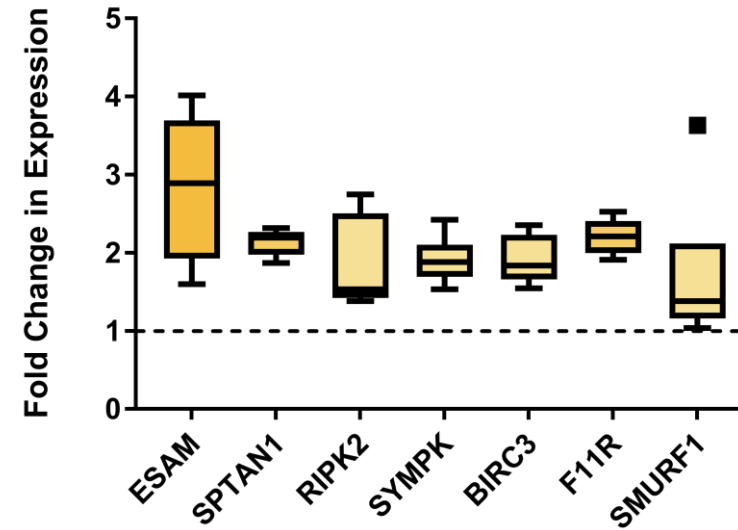


11/18 are also upregulated in Hypoxia



3/13 are also down-regulated in Hypoxia (CXCL1, CXCL8, TLR2)

Down-Regulated  Up-Regulated



# Pathways differentially regulated during physiologic *B. theta* co-culture

GO-ID	Description	Corrected P-Value	Cluster Frequency	Genes
42127	Regulation of Cell Proliferation	9.79E-03	7/31 22.5%	MAP2K1 CXCL8 RIPK2 IL18 CXCL1 TLR4 RELA
6954	Inflammatory Response	3.26E-05	8/31 25.8%	CXCL8 RIPK2 CXCL1 F11R CXCL2 TLR4 RELA NFKB1
44419	Interspecies Interaction Between Organisms	7.92E-04	6/31 19.3%	IRF7 F11R CLDN1 TLR4 RELA TLR2
2758	Innate Immune Response Activating Signal Transduction	1.86E-05	4/31 12.9%	RIPK2 TLR4 RELA TLR2
1819	Positive Regulation of Cytokine Production	1.86E-05	6/31 19.3%	PYCARD RIPK2 CASP1 IL18 TLR4 TLR2
51092	Positive Regulation of NFkb TF Activity	1.86E-05	5/31 16.1%	PYCARD RIPK2 TLR4 RELA TLR2
2237	Response To Molecule of Bacterial Origin	2.41E-04	5/31 16.1%	RIPK2 CASP1 TLR4 RELA TLR2

# Summary: Enteroid-anaerobe co-culture

- Short term co-culture of commensal nano-anaerobe (*B. theta*) and obligate anaerobe (*Blautia sp.*) with enteroid monolayers permits/enables survival of both
- Co-culture decreases TEER in a patient-line specific manner
- *B. theta* growth is independent of enteroid line
- *Blautia sp.* growth is potentially affected by enteroid line (DNS)
- Gene expression profile, in response to *B. theta* co-culture, similar between patient lines
  - Reduced expression of some genes previously up-regulated in physiological-hypoxia
  - Expression profile corroborates interaction with molecules of bacterial origin
- Gene expression profile, in response to *Blautia* co-culture, varies between lines



# Opportunities with enteroid anaerobe co-culture

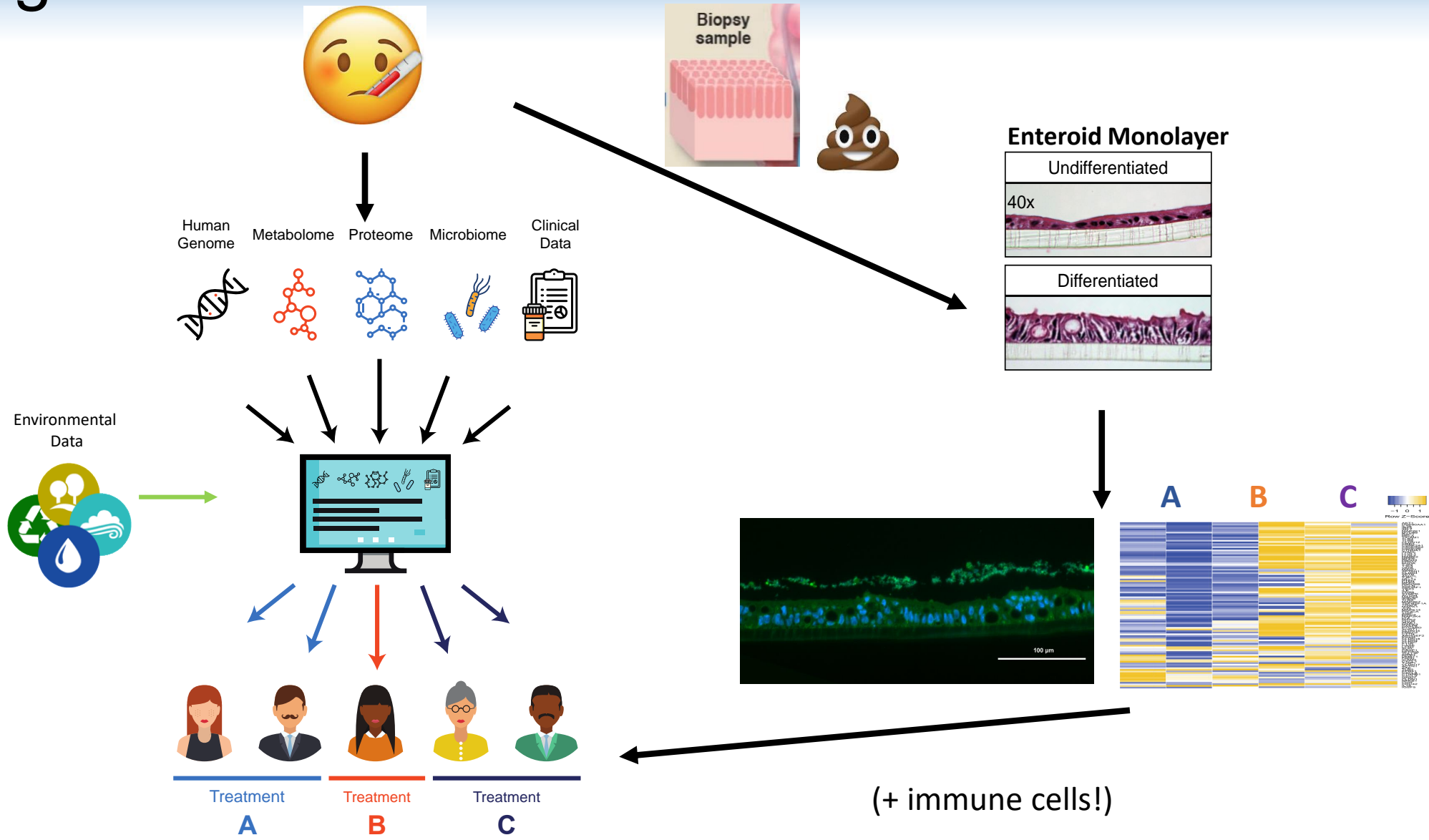
The enteroid system may be used to:

- reveal mechanism in host microbe associations
- predict translatability of animal model studies
- Characterize the individual responses to potential microbiome therapeutic and diagnostic candidates
- Amenable to: RNAseq, metabolomics, proteomics, single-cell sequencing

# Summary: Gaps/tools needed in translational microbiome research

- Large cohort friendly (and lab friendly) collection protocols/reagents
- Enrichment of target molecules for analyses of non-stool samples
- Statistical models appropriate for complex aspects of microbiome studies/data
- Evolution of pre-clinical models to more accurately dissect host-microbial relationships
  - Include precision medicine/individualized nuances of responses

# Moving toward...



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