

TNO - Better world through applied research



- Research and Technology Organisation
- Independent, not for profit
- Founded by law (1932)
- > 3000 employees

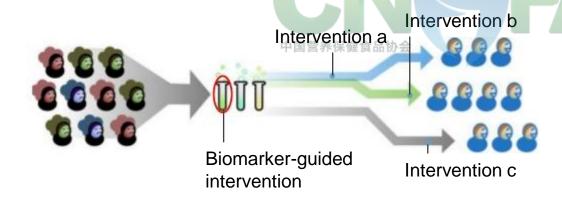
TNO connects people and knowledge to create innovations that boost the sustainable competitive strength of industry and well-being of society



Outline of presentation



- Introduction to Phenotypic flexibility
- One size fits all: added value of Phenotypic Flexibility
- Responders vs Non-responders: the example from Nutritech
- Towards Precision Nutrition: the example from Cordioprev



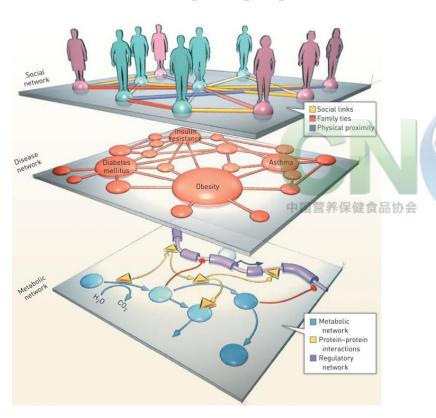
Two Precision Nutrition Initiatives: Habit and PhenFlex-2



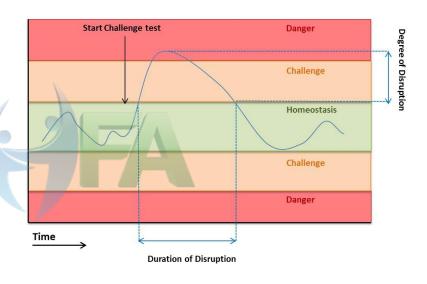
The two TNO pillars: systems & flexibility



1 – HEALTH IS A SYSTEM



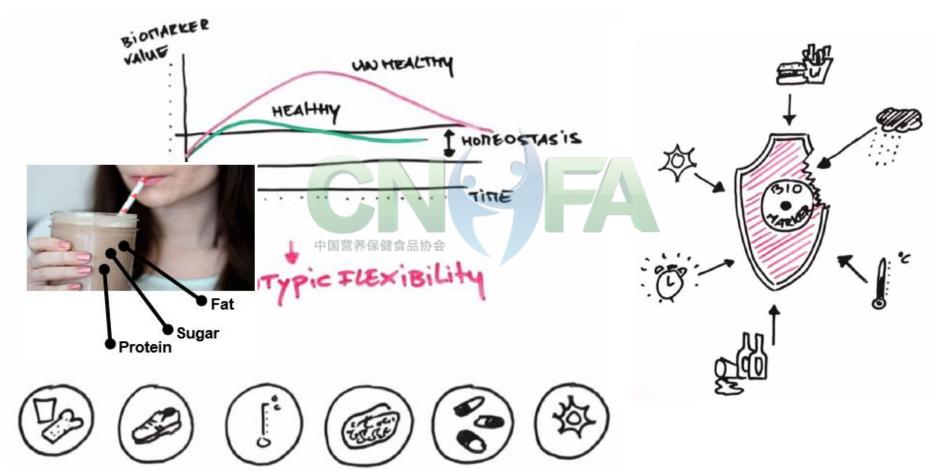
2 – HEALTH IS RESILIENCE



- From care to cure: reversible diseases
- Prevention & wellbeing: precision nutrition

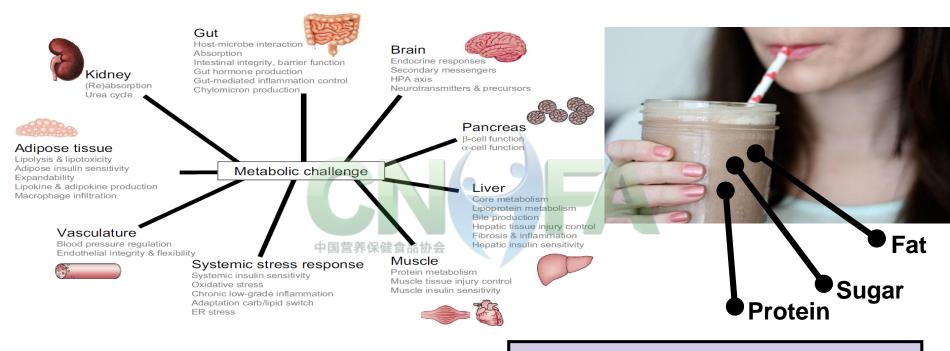
Phenotypic flexibility: next generation biomarker for health!





Phenflex challenge test:

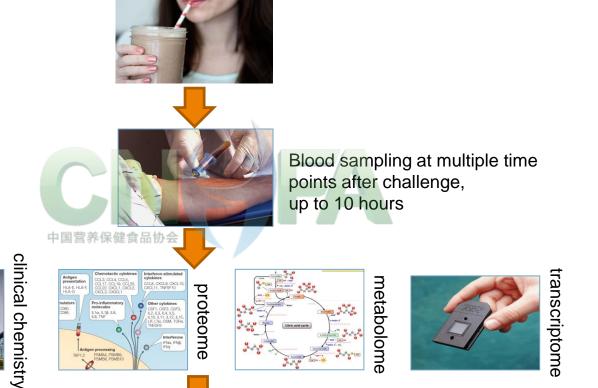




- 320 ml tapwater
- 60 grams palm olein
- 75 grams of glucose
- 20 grams of Protifar
- 0,5 gram / 20 droplets of artificial aroma

Time course studies to monitor challenge test response





Measuring a total of ~150 different markers representing ~25 health related processes





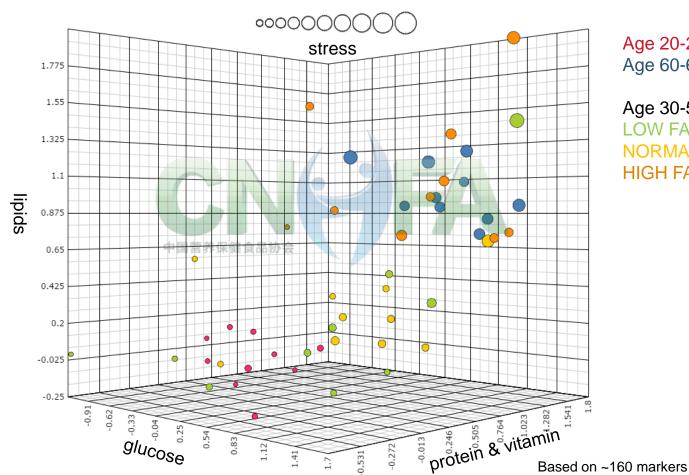




Genes Nutr. 2017;12:21 Genes Nutr. 2017;12:32 TYPE
2
DIABETICS

Variation in phenotypic flexibility in healthy subjects





Age 20-29, L-N Age 60-69, N-H

Age 30-59 **LOW FAT% NORMAL FAT%** HIGH FAT%

First publications that showed health effect of nutritional intervention by using a challenge test



36 overweight male elevated CRP5 weeks supplement mixcross-over design

10 healthy male
 before and after 4 weeks overfeeding
 (1300 kcal/day extra)

18 MetS (male & female)12 weeks HMUFA diet before and after

29 healthy overweight middle-aged men double-blind crossover study effects of 4 wk high flavonol chocolate (HFC) vs normal dark chocolate (NFC) Bakker et al. Am J Clin Nutr. 2010; 91:1044-59. Pellis et al. Metabolomics. 2012; 8(2):347-359. Bouwman et al. BMC Med Gen. 2012; 6;5:1.

Kardinaal et al. FASEB J. 2015;29(11):4600-13.

Cruz-Teno et al. Mol. Nutr. Food Res. 2012;56:854–865

Esser et al. FASEB J. 2014;28(3):1464-73



Plasma metabolome analysis identifies distinct human metabotypes in the postprandial state with different susceptibility to weight loss-mediated metabolic improvements

Jarlei Fiamoncini,*,¹ Milena Rundle,† Helena Gibbons,‡ Louise Thomas,§ Kerstin Geillinger-Kästle,* Diana Bunzel,¶ Jean-Pierre Trezzi,∥,‡ Yoana Kiselova-Kaneva,** Suzan Wopereis,†† Judith Wahrheit,‡‡ Sabine E. Kulling,¶ Karsten Hiller,§§,¶¶ Denise Sonntag,†† Diana Ivanova,** Ben van Ommen,†† Gary Frost,† Lorraine Brennan,‡ Jimmy Bell,§ and Hannelore Daniel*

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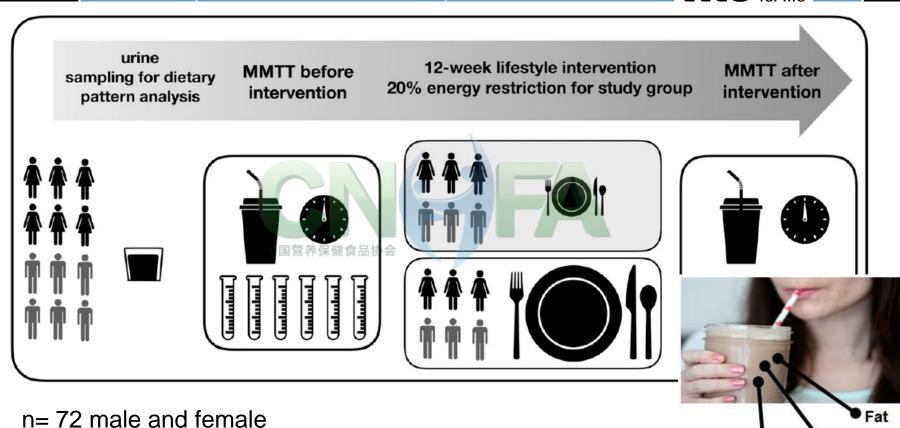
ABSTRACT: Health has been defined as the capability of the organism to adapt to challenges. In this study, we tested to what extent comprehensively phenotyped individuals reveal differences in metabolic responses to a standardized mixed meal tolerance test (MMTT) and how these responses change when individuals experience moderate weight loss. Metabolome analysis was used in 70 healthy individuals, with profiling of ~300 plasma metabolites during an MMTT over 8 h. Multivariate analysis of plasma markers of fatty acid catabolism identified 2 distinct metabotype clusters (A and B). Individuals from metabotype B showed slower glucose clearance, had increased intra-abdominal adipose tissue mass and higher hepaticlipid levels when compared with individuals from metabotype A. An NMRbased urine analysis revealed that these individuals also to have a less healthy dietary pattern. After a weight loss of ~5.6 kg over 12 wk, only the subjects from metabotype B showed positive changes in the glycemic response during the MMTT and in markers of metabolic diseases. Our study in healthy individuals demonstrates that more comprehensive phenotyping can reveal discrete metabotypes with different outcomes in a dietary intervention and that markers of lipid catabolism in plasma could allow early detection of the metabolic syndrome.—Fiamoncini, I., Rundle, M., Gibbons, H., Thomas, L., Geillinger-Kästle, K., Bunzel, D., Trezzi, J-P., Kiselova-Kaneva, Y., Wopereis, S., Wahrheit, J., Kulling, S. E., Hiller, K., Sonntag, D., Ivanova, D., van Ommen, B., Frost, G., Brennan, L., Bell, J. Daniel, H. Plasma metabolome analysis identifies distinct human metabotypes in the postprandial state with different susceptibility to weight loss-mediated metabolic improvements. FASEB J. 32, 000-000 (2018). www.fasebj.org



FASEB J (2018) fj201800330R

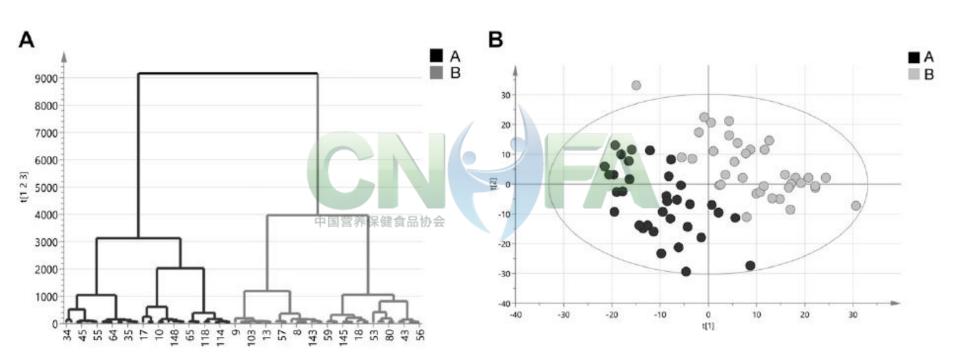






Two distinct 'metabotypes' were identified



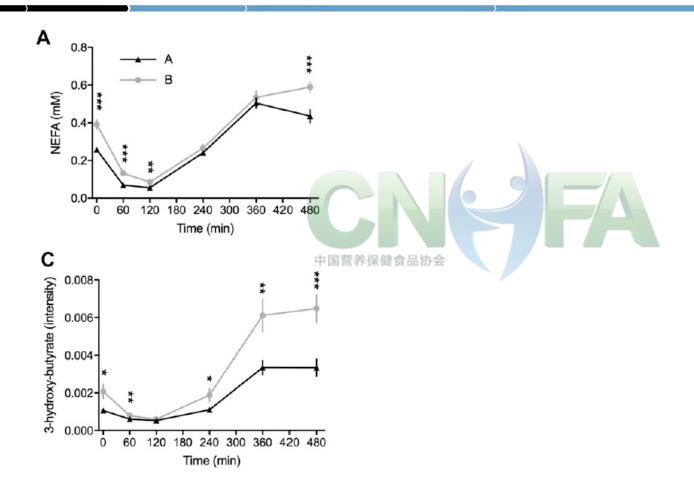


n=34 in group A; n=36 in group B



Metabotype A is more flexible as compared to Metabotype B

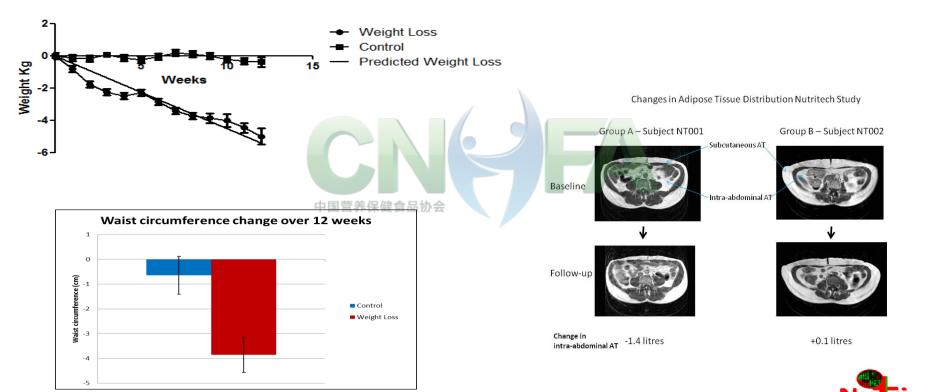




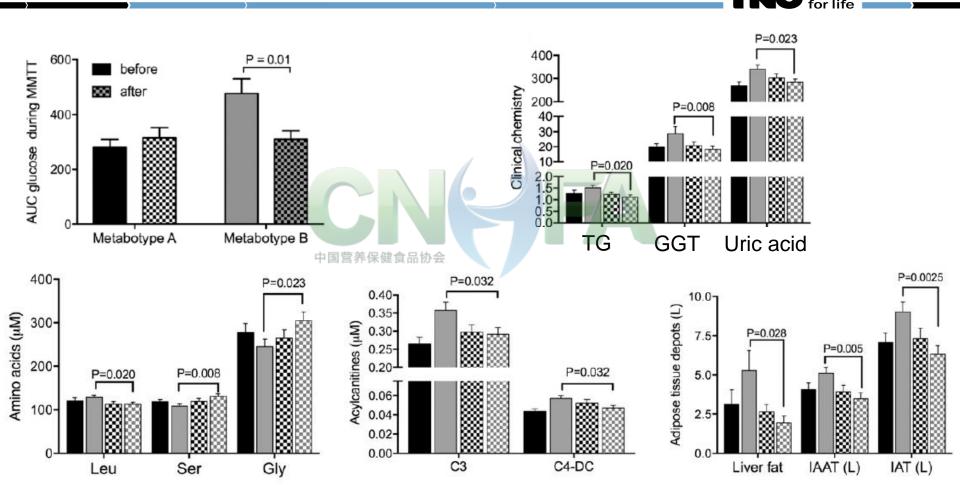


The intervention was successful in terms of weight loss





Only inflexible subjects (group B) improved metabolic health!

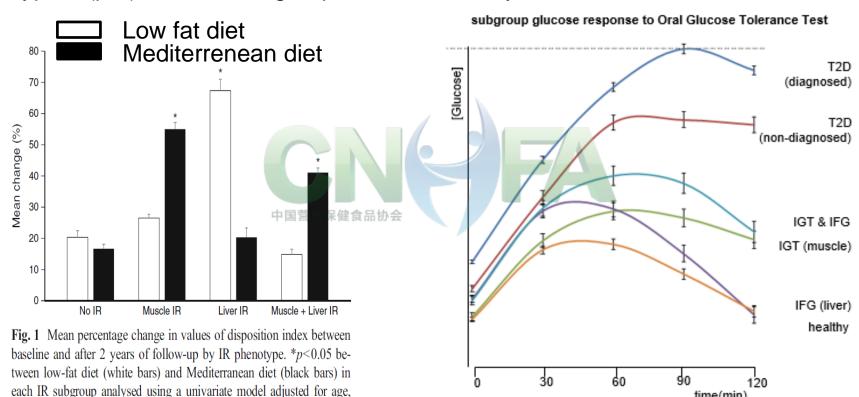


Towards Precision Nutrition....

sex, baseline BMI and change in weight



Type 2 (pre)diabetes subgroups react differently on different diets



time(min)

This initiated two precision nutrition initiatives

from the perspective of phenotypic flexibility















Precision nutrition in healthy range of US population









中国营养保健食品协会

THE HABIT CHALLENGE™ SHAKE

To help determine the ratio of carbs, fats, and protein that may be best for you, you are given a metabolic challenge beverage that is nutritionally equivalent to a large American breakfast. A lab measures indicators in your blood using samples you collected at different points before and after you drank the shake. Your results show us how your body responded to carbs, fats, and protein during the testing process.







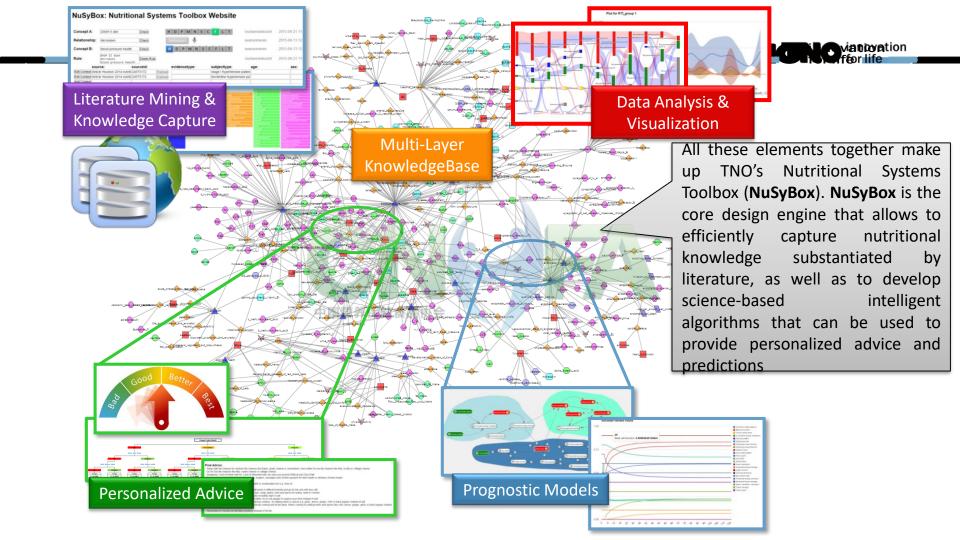
Feature Article

Nutrition reviews 2017;75(8):579-599.

Systems biology of personalized nutrition

Ben van Ommen, Tim van den Broek, Iris de Hoogh, Marjan van Erk, Eugene van Someren, Tanja Rouhani-Rankouhi, Joshua C. Anthony, Koen Hogenelst, Wilrike Pasman, André Boorsma, and Suzan Wopereis

Personalized nutrition is fast becoming a reality due to a number of technological, scientific, and societal developments that complement and extend current public health nutrition recommendations. Personalized nutrition tailors dietary recommendations to specific biological requirements on the basis of a person's health status and goals. The biology underpinning these recommendations is complex, and thus any recommendations must account for multiple biological processes and subprocesses occurring in various tissues and must be formed with an appreciation for how these processes interact with dietary nutrients and environmental factors. Therefore, a systems biology—based approach that considers the most relevant interacting biological mechanisms is necessary to formulate the best recommenda-







To demonstrate that a healthy or optimal diet in an intervention study can improve "metabolic age" and "metabolic stress", which are composite biomarkers by quantifying phenotypic flexibility, within a healthy population. These composite markers validate previous findings from other intervention studies using phenotypic flexibility and could be the next generation biomarkers.











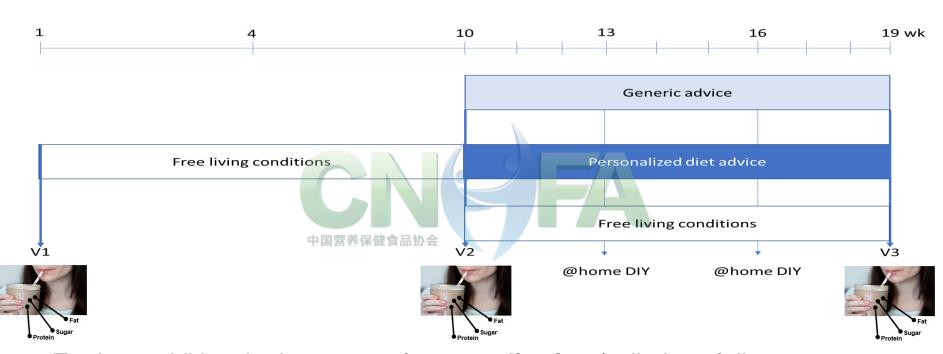
Consumer Healthcare





Study design PhenFlex-2 study

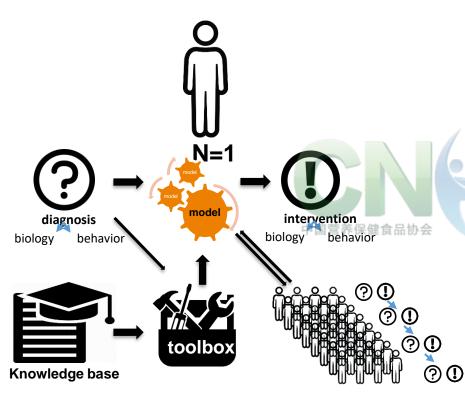




To show additional advantages of **personalization** / tailoring of dietary recommendations over general dietary recommendations. PhenFlex-2 delivers the scientific evidence that a healthy diet is beneficial for your health specially when this is tailored to the (nutritional) needs of a person.

So how will nutrition look like in 10 years?





- 1. It is personal
- 2. The intervention or advice is based on a diagnosis, i.e. my personal health data.
- 3. A (science based) model is used to translate diagnosis into advice
- 4. The model is tailored to specific conditions and goals from a large toolbox
- 5. The toolbox is continuously and systematically updated with all relevant scientific knowledge
- 6. Exploit/use information from large numbers of personal health data

Take home message



- For diagnosis of health effects of nutrition we need resilience markers of health rather than biomarkers of disease
- The PhenFlex challenge discriminates between different states of health and is superior to measurements in fasted state to quantify health effects of nutrition
- Only subjects with reduced metabolic resilience in healthy range of population show improved health
- Subgroups of DT2 patients have a personal response to nutritional interventions
- In this way we can quantify subtle personal health effects of nutrition!





