

40321-Approved Grant Application Forms

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ORIGINAL ARTICLE

Gut microbiome analysis as a tool towards targeted non-invasive biomarkers for early hepatocellular carcinoma

Zhigang Ren,^{1,2,3} Ang Li,^{2,3,4} Jianwen Jiang,^{1,4,5} Lin Zhou,^{1,4} Zujian Yu,^{2,3} Haifeng Lu,⁴ Haiyang Xie,^{1,4} Xiaolong Chen,^{2,3} Li Shao,² Ruiqing Zhang,^{6,7} Shaoyan Xu,¹ Hua Zhang,⁴ Guangying Cui,^{2,3} Xinhua Chen,^{1,4} Ranran Sun,^{2,3} Hao Wen,⁷ Jan P Lerut,⁸ Quancheng Kan,⁹ Lanjuan Li,⁴ Shusen Zheng^{1,4,10}

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For numbered affiliations see end of article.

Correspondence to: Professor Quancheng Kan, Department of Pharmacy, the First Affiliated Hospital of Zhengzhou University, Zhengzhou 450052, China; qkan19632012@163.com; Professor Lanjuan Li, State Key Laboratory for Diagnosis and Treatment of Infectious Disease, the First Affiliated Hospital, School of Medicine, Zhejiang University, Hangzhou 310003, China; ll@zju.edu.cn and Professor Shusen Zheng, Department of Hepatobiliary and Pancreatic Surgery, the First Affiliated Hospital, School of Medicine, Zhejiang University, Hangzhou 310003, China; shusenzheng@zju.edu.cn

ZR, AL, JL, LZ and ZY contributed equally.

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ABSTRACT

Objective To characterise gut microbiome in patients with hepatocellular carcinoma (HCC) and evaluate the potential of microbiome as non-invasive biomarkers for HCC.

Design We collected 486 faecal samples from East China, Central China and Northwest China prospectively and finally 419 samples completed Miseq sequencing. We characterised gut microbiome, identified microbial markers and constructed HCC classifier in 75 early HCC, 40 cirrhosis and 75 healthy controls. We validated the results in 56 controls, 30 early HCC and 45 advanced HCC. We further verified diagnosis potential in 18 HCC from Xinjiang and 80 HCC from Zhengzhou.

Results Faecal microbial diversity was increased from cirrhosis to early HCC with cirrhosis. Phylum *Actinobacteria* was increased in early HCC versus cirrhosis. Correspondingly, 13 genera including *Gemmiger* and *Parabacteroides* were enriched in early HCC versus cirrhosis. Butyrate-producing genera were decreased, while genera producing lipopolysaccharide were increased in early HCC versus controls. The optimal 30 microbial markers were identified through a fivefold cross-validation on a random forest model and achieved an area under the curve of 80.64% between 75 early HCC and 105 non-HCC samples. Notably, gut microbial markers validated strong diagnosis potential for early HCC and even advanced HCC. Importantly, microbial markers successfully achieved a cross-region validation of HCC from Northwest China and Central China.

Conclusions This study is the first to characterise gut microbiome in patients with HCC and to report the successful diagnosis model establishment and cross-region validation of microbial markers for HCC. Gut microbiota-targeted biomarkers represent potential non-invasive tools for early diagnosis of HCC.

INTRODUCTION

Hepatocellular carcinoma (HCC) is the third leading cause of cancer-related death worldwide.^{1,2} Currently, there are an estimated 29 200 new HCC cases in males and 11 510 cases in females in the USA in 2017.³ More seriously, estimated new HCC cases achieved 343 700 in males and 122 300 in females in China in 2015,⁴ which is mainly attributed to

Significance of this study

What is already known on this subject?

- Hepatocellular carcinoma (HCC) is the third leading cause of cancer-related death worldwide due to the poor prognosis, high incidence and postsurgical recurrence.
- The gut microbiota promotes HCC development by the microbiota-liver axis in HCC animal models, but microbial characteristics in patients with HCC have not been reported.
- The concept of the gut microbiome serving as a tool towards for achieving targeted non-invasive biomarkers for specific diseases or cancer, including type 2 diabetes, liver cirrhosis and colorectal cancer, has been established by compelling studies, but it is unclear whether gut microbial markers could discriminate HCC.

What are the new findings?

- Faecal microbial diversity was decreased from healthy controls to cirrhosis, but it was increased from cirrhosis to early HCC with cirrhosis.
- Butyrate-producing bacterial genera were decreased, while genera producing lipopolysaccharide were increased in early HCC versus healthy controls.
- The optimal 30 microbial markers were identified through a fivefold cross-validation on a random forest model and achieved an area under the curve of 80.64% between 75 early HCC and 105 non-HCC samples.
- Gut microbial markers validated strong diagnosis potential for early HCC and even advanced HCC. Importantly, microbial markers successfully achieved a cross-region validation of HCC from Northwest China and Central China.

the prevalence of hepatitis B virus (HBV) persistent infection and HBV-induced cirrhosis. Due to the absence of specific symptoms in early stages and the lack of early diagnostic markers, most patients with HCC are often diagnosed in an advanced stage with

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Disclaimer The funding sources had no role in the design of this study nor any role during its execution, analyses, data interpretation or decision to submit results.

Competing Interests None declared.

一、 国家自然科学基金 National Natural Science Foundation of China (81672422, 81600506, and 81702757)资助证明



项目批准号	81672422
申请代码	H1617
归口管理部门	
依托单位代码	31005808A1112-2096



81672422 1007814

国家自然科学基金委员会 资助项目计划书

资助类别：面上项目

亚类说明：

附注说明：常规面上项目

项目名称：肠道微生态失衡参与肝癌进展的整合组学研究及其促癌作用验证

直接费用：50万元 执行年限：2017.01-2020.12

负责人：蒋建文

通讯地址：杭州上城区庆春路79号

邮政编码：310003 电 话：0571-87236570

电子邮件：jiangjw@zju.edu.cn

依托单位：浙江大学

联系人：陈良 电 话：0571-88981080

填表日期：2016年09月09日

国家自然科学基金委员会制

Version: 1.007.814

关于国家自然科学基金资助项目批准及有关事项的通知

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81600506, 项目名称: 供肝缺血预处理延迟肝移植后急性排斥反应及其机制研究, 直接费用: 17.00万元, 项目起止年月: 2017年01月至 2019年12月, 有关项目的评审意见及修改意见附后。

请尽早登录科学基金网络信息系统(<https://isisn.nsfc.gov.cn>), 获取《国家自然科学基金资助项目计划书》(以下简称计划书)并按要求填写。对于有修改意见的项目, 请按修改意见及时调整计划书相关内容; 如对修改意见有异议, 须在计划书电子版报送截止日期前提出。注意: 请严格按照《国家自然科学基金资助项目资金管理办法》填写计划书的资金预算表, 其中, 劳务费、专家咨询费科目所列金额与申请书相比不得调增。

计划书电子版通过科学基金网络信息系统(<https://isisn.nsfc.gov.cn>)上传, 由依托单位审核后提交至自然科学基金委进行审核。审核未通过者, 返回修改后再行提交; 审核通过者, 打印为计划书纸质版(一式两份, 双面打印), 由依托单位审核并加盖单位公章后报送至自然科学基金委项目材料接收工作组。计划书电子版和纸质版内容应当保证一致。

向自然科学基金委提交和报送计划书截止时间节点如下:

- 1、提交计划书电子版截止时间为**2016年9月11日16点**(视为计划书正式提交时间);
- 2、提交计划书电子修改版截止时间为**2016年9月18日16点**;
- 3、报送计划书纸质版截止时间为**2016年9月26日16点**。

请按照以上规定及时提交计划书电子版, 并报送计划书纸质版, 未说明理由且逾期不报计划书者, 视为自动放弃接受资助。



项目批准号	81702757
申请代码	H1602
归口管理部门	
依托单位代码	45000108A1140-2146



817027571002509

国家自然科学基金委员会 资助项目计划书

资助类别: 青年科学基金项目

亚类说明: _____

附注说明: _____

项目名称: miR-224调控ASS1介导的能量代谢重编程在肝癌进展中的作用及机制研究

直接费用: 20万元 执行年限: 2018.01-2020.12

负责人: 崔光莹

通讯地址: 河南省郑州市建设东路1号郑州大学第一附属附院

邮政编码: 450052 电 话: 18703636246

电子邮件: cuiguangying1986@163.com

依托单位: 郑州大学

联系人: 秦毅男 电 话: 0371-67781018

填表日期: 2017年08月29日

国家自然科学基金委员会制

Version: 1.002.509

二、浙江省自然科学基金资助证明

Natural Science Foundation of Zhejiang Province (LY15H160033)

浙江省自然科学基金资助项目批准通知

蒋建文同志：

根据浙江省自然科学基金相关管理规定，浙江省自然科学基金委员会会同相关部门决定资助您申请的以下项目：

项目批准号	LY15H160033		依托单位	浙江大学		
项目名称	早期肝癌患者肠道菌群的宏基因组学研究及诊断标志物的鉴定					
项目负责人	蒋建文		证件号码	410103197110237037		
项目类别	一般项目		研究期限	2015年1月至2017年12月		
总经费 (万元)	8.0	省财政资助经费 (万元)	8.0	单位联合资助经费 (万元)	0.0	
序号	其他主要成员	证件号码	性别	单位名称		
1	鲁海峰	421003197709143229	女	浙江大学/医学院		
2	朱一新	330302197608141643	女	浙江大学/医学院		
3	任志刚	411302198602163759	男	浙江大学医学院附属第一医院		
4	李昂	411325198709290736	男	浙江大学医学院附属第一医院		
5	张春霞	130927198911074225	女	浙江大学附属第一医院		
6	徐绍岩	421224198709184319	男	浙江大学医学院附属第一医院		

浙江省自然科学基金委员会办公室

2015年4月27日

三、Open Project in State Key Laboratory for Diagnosis and Treatment of Infectious Disease (2015KF03) 资助证明

收件日期	2015.3.12
受理编号	2015KF03
是否同意	(9) 是

传染病诊治国家重点实验室开放基金

申 请 书

项目名称 (中文): 肠道菌群参与肝癌进程的宏基因组学研究

(英文): the metagenomics research on intestinal microbiota in the progress of liver cancer

申 请 者 蒋建文 身份证号 410103197110237037

依托单位 浙江大学医学院附属第一医院

通讯地址 杭州庆春路 79 号

邮政编码 310003 单位电话 057187236570

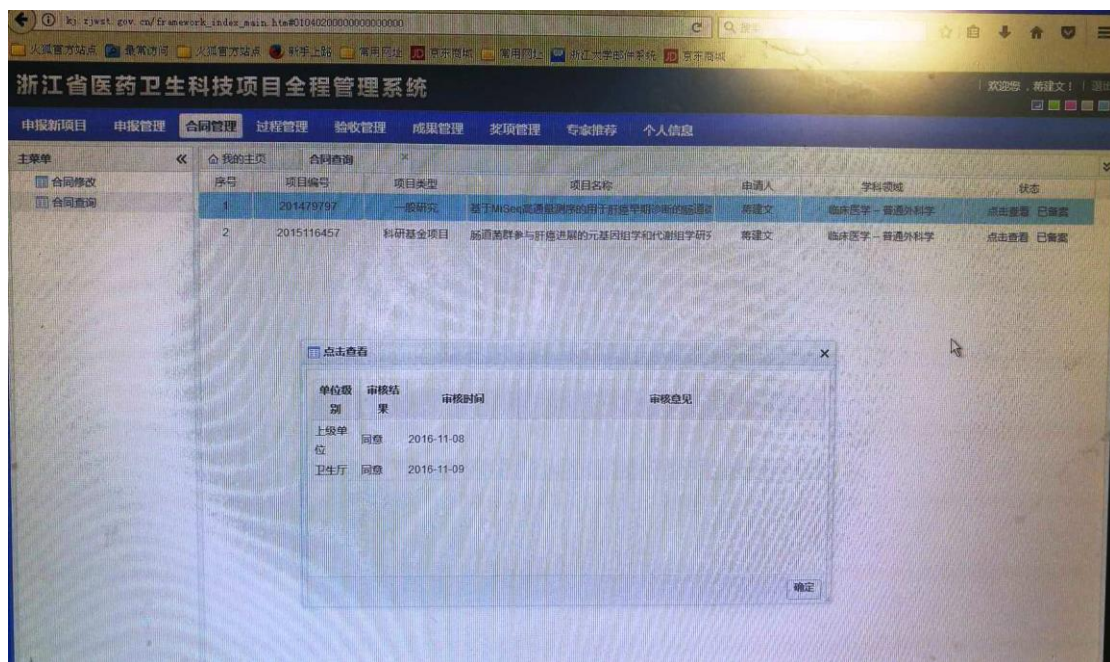
E-mail jiangjw@zju.edu.cn

课题指导导师 李兰娟 联系电话

申报日期 2015 年 3 月 12 日

传染病诊治国家重点实验室
浙江大学医学院附属第一医院
2014 年制

四、Zhejiang Province Health Department Program (2014KYB081, 2017KY322)资助证明



五、China Postdoctoral Science Foundation (2017464) 资助证明

关于对中国博士后科学基金第61批面上资助拟资助人员名单进行公示的通知

发布日期: 2017年4月25日

各博士后设站单位:

根据《中国博士后科学基金资助规定》，现对中国博士后科学基金第61批面上资助拟资助人员名单予以公示。公示期为4月25日至5月2日。

对公示内容有异议者，请于公示期内，以传真、信函或电子邮件方式向中国博士后科学基金会提交书面材料。个人提交的材料请署明真实姓名和联系方式，单位提交的材料请加盖所在单位博士后管理部门公章。公示期间，未获得资助的博士后研究人员可登录中国博士后科学基金管理信息系统查看专家评审结果。

通信地址：北京市海淀区学院路30号中国博士后科学基金会博士后
金管理处（100083）

联系人：池莲子

电话：010-82387704

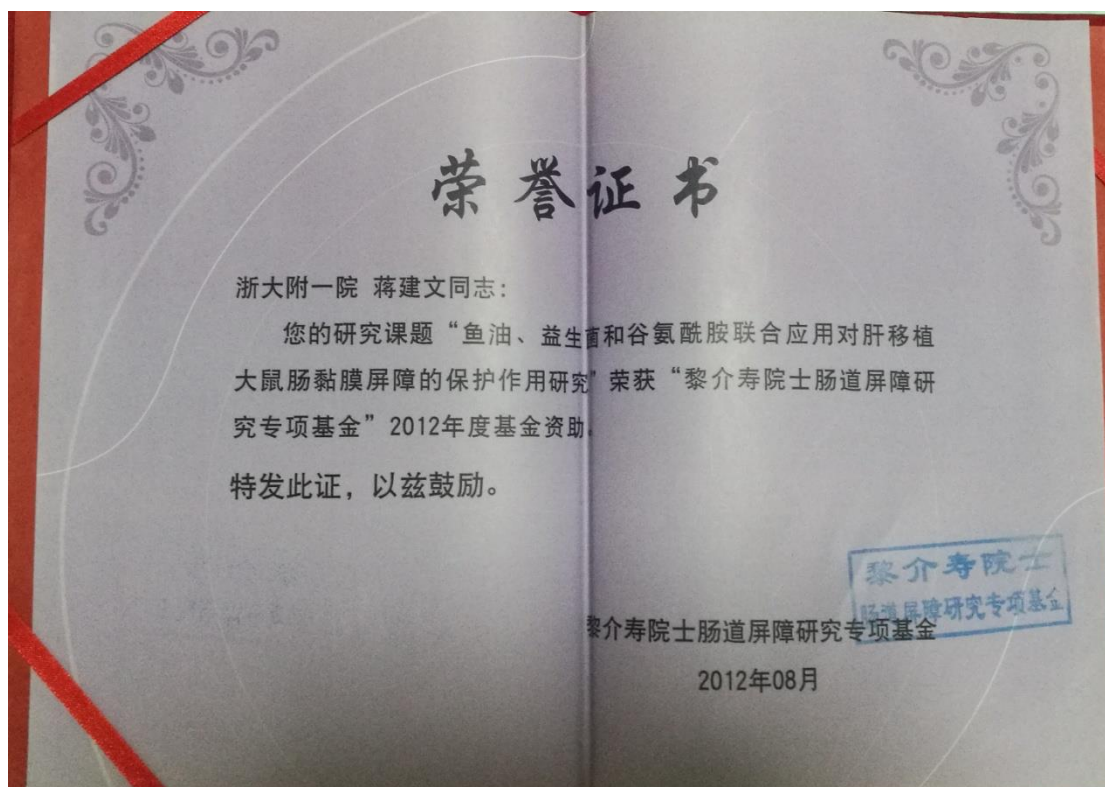
传真：010-62335395

E-mail: postdoctorfund@mohrss.gov.cn



The screenshot shows the official website of the China Postdoctoral Science Foundation. The header features the organization's logo and name in both Chinese and English, along with a quote from Deng Xiaoping. A navigation menu on the left includes links for '基金申报' (Fund Application), '基金申报' (Fund Application), '结果反馈' (Result Feedback), '资助总结报告' (Funding Summary Report), and '资助总结报告填报' (Funding Summary Report Filing). The main content area displays the title '中国博士后科学基金第61批面上资助专家评审结果' (China Postdoctoral Science Foundation 61st Batch of面上资助 Expert Review Results) and a welcome message: '您好！经中国博士后科学基金同行专家评议，您拟获得第61批中国博士后科学基金面上资助，资助结果正在中国博士后网站公示。' (Hello! After evaluation by peers, you are eligible for the 61st batch of面上资助, and the results are being公示 on the China Postdoctoral Science Foundation website.)

六、Academician Jieshou Li Mucosal Barrier Fund(201208).



七、科技重大专项项目资助

National S&T Major Project of China (2018ZX10301201)

课题类型： 公开择优
受理编号： SQ2018ZX100301
密级： 公开级

国家科技重大专项课题可行性研究报告 (正式申报书)

专项名称： 艾滋病和病毒性肝炎等重大传染病防治
指南方向： 传染病防控应用导向的原始创新研究
课题名称： 原始创新型纳秒刀精准消融肝癌抗复发转移的研发及临床应用研究
课题责任单位
(盖章)： 浙江大学
课题负责人： 陈新华
课题年限： 2018 年 1 月 - 2020 年 12 月
填报日期： 2017 年 9 月 17 日



中华人民共和国科学技术部制

二〇 年 月

说明：本研究的资助课题同时在我们 Gut 杂志发表的文章基金资助中均标注，一个侧面说明资助经费的可靠性，供 WJG 杂志编辑明鉴！