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### Van Pijkeren et al.

#### (54) METHODS FOR SYSTEMICALLY DELIVERING POLYPEPTIDES AND MICROORGANISMS THEREFOR

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#### (57) **ABSTRACT**

Methods and microorganisms for systemically introducing a polypeptide in the bloodstream of a subject. The methods of the invention include administering into the gastrointestinal tract of a subject a bacterium configured to express and produce and release the polypeptide. The bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream of the subject, preferably in a detectable amount. The microorganisms of the invention include lactic acid bacteria, such as *Lactobacillus reuteri*, that comprise a recombinant gene configured to express a polypeptide to be systemically introduced.

#### 11 Claims, 12 Drawing Sheets

#### Specification includes a Sequence Listing.

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FIG. 2







FIG. 3B

## In-vivo assessment of (recombinant) L. reuteri

Group #1: Sham gavage

- #2: LR wild-type (109/day for 7 days)
- #3: LR(mIL-22) (109/day for 7 days)



FIG. 4

*	P<0.05
**	P<0.01
***	P<0.001



**FIG.** 5



FIG. 6



**FIG.** 7



FIG. 8









FIG. 9C

## **Growth Hormone (Plasma)**



FIG. 10



FIG. 11A

FIG. 11B



FIG. 12A



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#### METHODS FOR SYSTEMICALLY DELIVERING POLYPEPTIDES AND MICROORGANISMS THEREFOR

#### STATEMENT REGARDING FEDERALLY SPONSORED RESEARCH

This invention was made with government support under CA101573 and CA102948 awarded by the National Institutes of Health. The government has certain rights in the <sup>10</sup> invention.

#### FIELD OF THE INVENTION

The invention is directed to systemically delivering poly-<sup>15</sup> peptides to the bloodstream of a subject, such as through administering into the gastrointestinal tract of the subject a microorganism that produces and releases the polypeptides. The invention is also directed to microorganisms suitable for this purpose. 20

#### BACKGROUND

Polypeptides, such as enzymes, antibodies, hormones, cytokines, etc., are tremendously useful as therapeutic <sup>25</sup> agents. However, routes for systemically introducing such polypeptides to a subject are limited. Oral administration of the polypeptides is typically not feasible, as the polypeptides are either degraded in the gastrointestinal tract or are blocked from reaching the bloodstream. Direct intravenous <sup>30</sup> administration is therefore the major route by which polypeptides are systemically introduced.

Certain types of genetically engineered bacteria have been used as vehicles for locally delivering polypeptides to various tissues. Engineered *Lactococcus lactis*, for example, has been administered intragastrically for delivering polypeptides such as trefoil factors and interleukin-10 locally to intestinal/mucosal tissues. See Steidler et al. 2000 and Huyghebaert et al. 2005. However, a systemic increase in polypeptides delivered via *Lactococcus lactis* was not 40 group co found.

Other types of genetically engineered bacteria have been used as vehicles for delivery of polypeptides to tumors in the body. An engineered *Bifidobacterium* strain, for example, has been shown to translocate from the gastrointestinal tract <sup>45</sup> after oral administration and target to, replicate in, and express genes within tumors. See Cronin et al. 2010. This effect, however, depends on the unique ability of the *Bifidobacterium* to translocate from the gastrointestinal tract to extra-intestinal sites in the body. While *Bifidobacterium* may <sup>50</sup> serve as a useful delivery vehicle for some purposes, the systemic distribution of the *Bifidobacterium* is potentially deleterious in certain subject populations such as immunocompromised patients.

Engineered bacteria capable of being administering into <sup>55</sup> the gastrointestinal tract and delivering polypeptides in the bloodstream without systemic levels of the bacteria themselves being increased are needed.

#### SUMMARY OF THE INVENTION

The invention is directed to methods and microorganisms for systemically introducing a polypeptide in a bloodstream of a subject.

One method comprises administering into the gastroin- 65 testinal tract of the subject a bacterium configured to produce and release the polypeptide. The bacterium may com-

prise a recombinant gene configured to express the polypeptide. The bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream of the subject, preferably in a detectable amount.

In some versions, the bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream of the subject without the bacterium being substantially introduced in the bloodstream of the subject.

In some versions, the bacterium is administered in an amount effective to introduce the polypeptide in the blood-stream in an amount effective to induce at least one direct systemic effect in the subject. In some versions, the bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream in an amount effective to induce at least one direct effect in a non-gastrointestinal tissue in the subject. In some versions, the bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream in an amount effective to polypeptide in the bloodstream in an amount effective to induce at least one direct effect in a non-gastrointestinal tissue in the subject. In some versions, the bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream in an amount effective to induce at least one direct effect in a tissue selected from the group consisting of liver, muscles, lungs, kidneys, pancreas, and adipose tissue in the subject.

In some versions, the subject suffers from a condition treatable with systemic introduction of the polypeptide. In some versions, the subject suffers from a condition treatable with systemic introduction of the polypeptide but not treatable with local introduction of the polypeptide to the gastrointestinal tract without systemic introduction of the polypeptide. In either case, the polypeptide is introduced in the bloodstream of the subject in an amount effective to treat the condition, independent of the bacterium getting into the bloodstream.

In some versions, the polypeptide is a therapeutic polypeptide.

In some versions, the polypeptide is selected from the group consisting of a cytokine, a hormone, an antibody, an antimicrobial peptide, and an antigenic peptide.

In some versions, the polypeptide is selected form the group consisting of IL-22, IL-35, insulin, leptin, cathelicidin related antimicrobial peptide, a peptide inhibitor of PCSK9, and an endolysin.

In some versions, the subject suffers from at least one condition selected from the group consisting of insulin resistance, hyperglycemia, lipid dysregulation, hyperlipidemia, and obesity, and wherein the polypeptide is introduced in the bloodstream of the subject in an amount effective to treat the at least one condition.

In some versions, the bacterium comprises a bacterium other than a member of the *Bifidobacterium* genus. In some versions, the bacterium comprises a member of lactic acid bacteria, such as a member of lactic acid bacteria other than a member of the *Lactococcus* genus. In some versions, the bacterium comprises a member of *Lactobacillus*, such as *Lactobacillus reuteri*.

A microorganism of the invention comprises a bacterium comprising a recombinant gene configured to express a polypeptide, wherein the bacterium is configured to produce and release the polypeptide and is capable of introducing the polypeptide in the bloodstream of the subject.

In some versions, the bacterium is capable of introducing the polypeptide in the bloodstream of the subject without the bacterium being substantially introduced in the bloodstream of the subject.

In some versions, the polypeptide is capable of treating a condition in a subject with systemic introduction of the polypeptide in the subject.

In some versions, the polypeptide is selected form the group consisting of IL-22, IL-35, insulin, leptin, cathelicidin related antimicrobial peptide, a peptide inhibitor of PCSK9, and an endolysin.

In some versions, the bacterium comprises a bacterium 5 other than a member of the *Bifidobacterium* genus. In some versions, the bacterium comprises a member of lactic acid bacteria, such as a member of lactic acid bacteria other than a member of the Lactococcus genus. In some versions, the bacterium comprises a member of Lactobacillus, such as 10 Lactobacillus reuteri.

The objects and advantages of the invention will appear more fully from the following detailed description of the preferred embodiment of the invention made in conjunction with the accompanying drawings.

#### BRIEF DESCRIPTION OF THE DRAWINGS

FIGS. 1A and 1B show mutation rates of various types of bacteria.

FIG. 2 is a plasmid map of the pVPL3461 murine interleukin-22 (mIL-22)-expressing plasmid of the invention, showing an erythromycin resistance gene (Em), an chloramphenicol resistance gene coding sequence (Cm), a phelp promoter (Phelp) (Riedel et al. 2007) for the chloram- 25 phenicol resistance gene coding sequence, an mIL-22 coding sequence (mIL-22), a signal peptide for secretion of mIL-22 (SP), a promoter for the signal peptide and the mIL-22 coding sequence (Promoter), and an inverted repeat (IR), which serves as a transcriptional terminator.

FIGS. 3A and 3B show secretion of mIL-22 from engineered L. reuteri cells. FIG. 3A shows mIL-22 secretion from L. reuteri cells harboring the pVPL3461 plasmid compared to wild-type L. reuteri cells as a control. FIG. 3B shows mIL-22 secretion from L. reuteri cells harboring a 35 chromosomal copy of a mIL-22 gene compared to wild-type L. reuteri cells as a control.

FIG. 4 shows a schema of methods for assessing delivery of mIL-22 to mice from orally administered L. reuteri cells harboring the pVPL3461 plasmid, including detecting 40 plasma mIL-22 levels and determining expression of mIL-22 target genes reg3-beta and reg3-gamma.

FIG. 5 shows plasma IL-22 levels in sham gavaged mice (untreated), mice gavaged with wild-type L. reuteri  $(1 \times 10^9)$ CFU), and mice gavaged with L. reuteri engineered to 45 secrete IL-22 (1×10<sup>9</sup> CFU). Eight-week-old male C57BL/6 mice (n=8/group) were gavaged daily for 7 days. Blood was collected from the animals prior to gavage treatment (T=0) and one hour after gavage at the 7th day of administration (T=7). Center lines show the median values. Box limits 50 indicate the 25th and 75th percentiles as determined by R software. Whiskers extend 1.5 times the interquartile range from the 25th and 75th percentiles.

FIG. 6 shows counts of bacteria detected in blood from the same mice described above for FIG. 5.

FIG. 7 shows jejunal expression of mIL-22 target genes reg3-beta (reg3B) and reg3-gamma (reg3G) in the same mice described above for FIG. 5. After 7 days gavage, animals were sacrificed, and part of the small intestine (jejunum) was subjected to total RNA isolation followed by 60 cDNA synthesis and real-time PCR. Fold changes and significance are reported based on comparison to the untreated group, and data is normalized against the housekeeping gene 1-actin. Data were analyzed with the REST software package (Pfaffl et al. 2002). Data are presented in 65 a box-whisker plot (see comments above with respect to FIG. 5 for details).

FIG. 8 shows liver expression of lipopolysaccharidebinding protein (LBP) in the same mice described above for FIG. 5.

FIGS. 9A-9C show results from length measurements in animals after eight weeks of high-fat diet feeding (T0) and after seven subsequent weeks of treatment (T7) of daily sham gavage of PBS without bacteria (sham), daily gavage of L. reuteri VPL1014 (LR), or daily gavage of the IL-22secreting L. reuteri VPL3461 (LR-IL22). FIG. 9A shows length measurements at T0. FIG. 9B shows growth at T7. FIG. 9C shows length measurements of live versus dead animals.

FIG. 10 shows growth hormone levels in the serum of the mice described above for FIGS. 9A-9C at T7.

FIGS. 11A and 11B show percentage differences in body mass index (BMI) in the mice described above for FIGS. 9A-9C. FIG. 11A shows differences in BMI over the course of seven weeks of treatment (T7-T0). FIG. 11B shows differences in BMI over the course of six weeks of treatment 20 (T7-T1, wherein T1 refers to the time after one week of treatment).

FIGS. 12A and 12B show absolute liver weights and liver weights relative to mouse body weights in the mice described above for FIGS. 9A-9C at T7.

#### DETAILED DESCRIPTION OF THE INVENTION

The invention provides microorganisms such as bacteria 30 that are capable of introducing polypeptides in the bloodstream of a subject. The invention provides microorganisms such as bacteria that are more specifically capable of introducing the polypeptide in the bloodstream of the subject without the microorganism itself being substantially introduced in the bloodstream of the subject. The invention also provides microorganisms such as bacteria that are capable of introducing the polypeptide systemically in the subject without the microorganism itself being substantially introduced systemically in the subject. "Introduce" and its grammatical equivalents refer to delivery to a site in the body. The introducing may result in detectable presence at that site. "Systemically introduce" and its grammatical equivalents refer to delivery to the bloodstream or sites in the body via the bloodstream. The systemic introducing may result in detectable presence in the bloodstream or such sites. The sites in which the polypeptides are systemically introduced include sites or tissues perfused with the bloodstream and which are permeable to polypeptides. The sites in which the polypeptides are systemically introduced include sites or tissues other than those in the gastrointestinal tract. Exemplary sites or tissues include the liver, muscles, lungs, kidneys, pancreas, adipose tissue, or any other site or tissue in the body.

The bacteria of the invention include certain commensal 55 or probiotic bacteria. The bacteria may include non-pathogenic, Gram-positive bacteria capable of anaerobic growth. The bacteria are preferably viable in the gastrointestinal tract of mammals. The bacteria may be food grade.

Exemplary bacteria include species of lactic acid bacteria (i.e., species of the order Lactobacillales). The bacteria may include species of lactic acid bacteria other than species of the Lactococcus genus. The bacteria may include species other than species of the Bifidobacterium genus Exemplary bacteria more preferably include species of the Lactobacillus genus.

Exemplary species from the Lactobacillus genus include L. acetototerans, L. acidifarinae, L. acidipiscis, L. acidophi-

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lus, L. agilis, L. algidus, L. atimentarius, L. amytolyticus, L. amylophilus, L. amylotrophicus, L. amylovorus, L. animatis, L. antri, L. apodemi, L. aviarius, L. bifermentans, L. brevis, L. buchneri, L. camelliae, L. casei, L. catenaformis, L. ceti, L. coleohominis, L. collinoides, L. composti, L. concavus, L. coryniformis, L. crispatus, L. crustorum, L. curvatus, L. delbrueckii subsp. delbrueckii, L. delbrueckii subsp. butgaricus, L. delbrueckii subsp. lactis, L. dextrinicus, L. diolivorans, L. equi, L. equigenerosi, L. farraginis, L. farciminis, L. fermentum, L. fornicalis, L. fructivorans, L. frumenti, L. fuchuensis, L. gallinarum, L. gasseri, L. gastricus, L. ghanensis, L. graminis, L. hammesii, L. hamsteri, L. harbinensis, L. hayakitensis, L. helveticus, L. hitgardii, L. homohiochii, L. iners, L. ingluviei, L. intestinalis, L. 15 jensenii, L. johnsonii, L. katixensis, L. kefiranofaciens, L. kefiri, L. kimchii, L. kitasatonis, L. kunkeei, L. leichmannii, L. lindneri, L. malefermentans, L. mati, L. manihotivorans, L. mindensis, L. mucosae, L. murinus, L. nagelii, L. namurensis, L. nantensis, L. oligofermentans, L. oris, L. 20 panis, L. pantheris, L. parabrevis, L. parabuchneri, L. paracollinoides, L. parafarraginis, L. parakefiri, L. paratimentarius, L. paraplantarum, L. pentosus, L. perolens, L. plantarum, L. pontis, L. psittaci, L. rennini, L. reuteri, L. rhamnosus, L. rimae, L. rogosae, L. rossiae, L. ruminis, L. 25 saerimneri, L. sakei, L. salivarius, L. sanfranciscensis, L. satsumensis, L. secaliphilus, L. sharpeae, L. siliginis, L. spicheri, L. suebicus, L. thailandensis, L. ultunensis, L. vaccinostercus, L. vaginalis, L. versmoldensis, L. vini, L. vitulinus, L. zeae, and L. zymae.

A particularly preferred bacterium is *L. reuteri*.

A bacterium that can bind mucus in the gastrointestinal tract is preferred but not required. We surmise that binding mucus in the gastrointestinal tract may place the bacterium in close proximity to epithelial cells. Release of polypep- 35 tides so close to the epithelial cells may help systemic delivery of the polypeptides. A bacterium capable of binding mucus is L. reuteri, such as L. reuteri VPL1014, discussed below in the examples. The ability to bind mucus can be mediated by the presence of a mucus-binding protein, such 40 as the cell-mucus binding protein CmbA (Jensen et al. 2014).

The bacterium preferably has a low mutation rate. The bacterium preferably has a mutation rate of less than about  $100 \times 10^{-10}$  mutations per cell per generation, less than about 45  $60 \times 10^{-10}$  mutations per cell per generation, and more preferably less than about  $20 \times 10^{-10}$  mutations per cell per generation.

The bacterium may be engineered to express a polypeptide of interest. The bacterium accordingly may comprise a 50 recombinant gene configured to express the polypeptide of interest. The bacterium may alternatively or additionally comprise a recombinant DNA sequence that results in increased expression of the polypeptide of interest. "Recombinant" used in reference to a gene refers herein to a 55 sequence of nucleic acids that are not naturally occurring in the genome of the bacterium. The non-naturally occurring sequence may include a recombination, substitution, deletion, or addition of one or more bases with respect to the nucleic acid sequence originally present in the natural 60 genome of the bacterium. "Gene" refers to the collection of genetic elements involved in expressing a coding sequence and may include, in addition to the coding sequence, a promoter, a ribosomal binding site, an enhancer, etc. In some versions, increased expression of the polypeptide of interest 65 can result from introducing or modifying (e.g., recombining, substituting, deleting, etc.) genes or other genetic elements

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responsible for regulating expression of the polypeptide of interest, such as genes for transcription factors or signaling factors.

The bacterium may be engineered to produce and release the polypeptide. As used herein, "release" used with respect to the bacterium releasing the polypeptide refers to disposing the polypeptide outside the bacterium, i.e., in the extracellular environment of the microorganism. Release may occur through secretion of the polypeptide or through lysis of the bacterium, among other possible mechanisms. Elements for engineering a bacterium to secrete a polypeptide are well known in the art. Typical elements include a signal peptide-encoding sequence placed upstream of-and inframe with-the coding sequence of the polypeptide to be secreted. The sequences of a large number of signal peptides for bacteria are known in the art. Exemplary signal peptide sequences are available at www.cbs.dtu.dk/services/SignalP/. Elements for inducing a bacterium to lyse include lytic proteins, which can be expressed from a bacterium through recombinant engineering. As used herein, "lytic protein" refers to any protein that causes or aids in the lysis of a microorganism.

Lytic proteins are well known in the art. A number of lytic proteins, for example, are found in bacteriophages and serve to lyse microorganisms during the lytic stages of the bacteriophage's life cycle. These include holins and lysins (Sheehan et al. 1999). During bacteriophage replication, biologically active lysins are present in the cytosol but require expression of a membrane protein, holin, to release the virions from the cell. When holin levels are optimal, the lysin can access the peptidoglycan layer for cleavage which leads to bacterial cell lysis (Wang et al. 2000). So far, five main groups of lysins have been identified that can be distinguished from one and another based on the cleavage specificity of the different bonds within the peptidoglycan (Fischetti 2009). Structurally, lysins can consist of a single catalytic domain, which generally is typical for lysins derived from bacteriophages targeting Gram-negative bacteria (Cheng et al. 1994). Bacteriophages targeting Grampositive bacteria typically encode lysins that contain multiple domains: a N-terminal catalytic domain and a C-terminal cell-wall binding domain (Nelson et al. 2006, Navarre et al. 1999). A few lysins have been identified that have three domains (Becker et al. 2009).

A number of other lytic proteins are native to the microorganisms themselves (Feliza et al. 2012, Jacobs et al. 1994, Jacobs et al. 1995, López et al. 1997). These lytic proteins may affect cell wall metabolism or introduce nicks in the cell wall. Five protein classes are differentiated by the wall component they attack (Loessner et al. 2005, Loessner et al. 2002).

In some versions of the invention, the microorganism is configured to constitutively express a lysin and to express a holin in a maltose-dependent manner. In some versions, the microorganism is configured to express both a lysin and a holin in a maltose-dependent manner.

Lytic proteins can be expressed in a maltose-dependent manner by operably connecting the coding sequence of the lytic protein to a maltose-sensitive promoter. "Coding sequence" refers to a nucleic acid in a gene that encodes the gene product. "Promoter" refers to any nucleic acid that confers, activates, or enhances expression of an operably connected coding sequence. "Operably connected" generally refers to a connection of two genetic elements in a manner wherein one can operate on or have effects on the other. "Operably connected" used in reference to a promoter and a coding sequence refers to a connection between the promoter and the coding sequence such that the coding sequence is under transcriptional control of the promoter. For example, promoters are generally positioned 5' (upstream) of a coding sequence to be operably connected to the promoter. In the construction of heterologous promoter/ 5 coding sequence combinations, it is generally preferred to position the promoter at a distance from the transcription start site that is approximately the same as the distance between that promoter and the coding sequence it controls in its natural setting, i.e. in the gene from which the promoter 10 is derived. As is known in the art, some variation in this distance can be accommodated without loss of promoter function.

Operably connecting a maltose-inducible promoter to the coding sequence of a lytic protein induces lysis of the 15 microorganism, release of the lytic protein, and release of any other polypeptides made by the microorganism, in a maltose-dependent manner. Such release occurs in the gastrointestinal tract due to natural levels of maltose therein.

An exemplary maltose-inducible promoter is represented 20 by SEQ ID NO: 1, which is a maltose-inducible promoter found in *L. reuteri*. The maltose-inducible promoter represented by SEQ ID NO: 1 or variants thereof are suitable for use in the present invention. Variants of SEQ ID NO:1 include sequences at least about 80% identical, at least about 25 83% identical, at least about 85% identical, at least about 87% identical, at least about 90% identical, at least about 83% identical, at least about 95% identical, at least about 97% identical, at least about 98% identical, or at least about 97% identical to SEQ ID NO: 1 Other methods of inducing 30 lysis of bacteria in vivo are known.

The bacteria can be engineered using any methods known in the art. General methods are provided in Green et al. 2012. Methods for engineering lactic acid bacteria such as *L. lactis* are provided by van Pijkeren et al. 2012, Oh et al. 2014, and 35 Barrangou et al. 2016.

The recombinant gene may be incorporated into the chromosome of the bacterium or may be included on an extra-chromosomal plasmid. The extra-chromosomal plasmid may replicate at any copy number in the cell and, 40 accordingly, be a single-copy plasmid, a low-copy plasmid, or a high-copy plasmid. The extra-chromosomal plasmid is preferably substantially stable within the bacterium. The rate of loss of the extra-chromosomal plasmid from the bacterium is preferably less than about 10% per generation, less 45 than about 5% per generation, or less than about 1% per generation, wherein percent per generation refers to the percent of the population per generation in which the plasmid is lost.

The bacterium may be engineered to produce and release 50 any polypeptide of interest. The polypeptide may have any of a number of amino acid chain lengths. In some versions, the polypeptide may have an amino acid chain length of from about 2 to about 4000 amino acids, from about 2 to about 3000 amino acids, from about 2 to about 2000 amino 55 acids, from about 2 to about 1500 amino acids, from about 2 to about 1000 amino acids, from about 2 to about 500 amino acids, from about 3 to about 250 amino acids, or from about 3 to about 225 amino acids. The polypeptide may have a net positive charge at neutral pH, a net negative charge at 60 neutral pH, or a net neutral charge at neutral pH. The polypeptide is preferably soluble in water. The polypeptide may form a globular or fibrous structure or may have an intrinsically disordered structure.

The polypeptide may have any of a number of function- 65 alities. The polypeptide, for example, may be enzymatic or non-enzymatic. The polypeptide may be fluorescent or non-

fluorescent. Within the physiological context of a mammal, the polypeptide may be a cytokine, a hormone, an antibody, an antimicrobial peptide, and an antigenic peptide, among others.

Exemplary classes of cytokines include interleukins, lymphokines, monokines, interferons (IFNs), colony stimulating factors (CSFs), among others. Specific exemplary cytokines include IL-1 alpha (IL1a), IL-1 beta (IL1b), IL-2, IL-3, IL-4, IL-5, IL-6, IL-7, IL-8, IL-9, IL-10, IL-11, IL-12, IL-13, IL-14, IL-15, IL-16, IL-17, IL-18, IL-19, IL-20, IL-21, IL-22, IL-23, IL-24, IL-25, IL-26, IL-27, IL-28, IL-29, IL-30, IL-31, IL-32, IL-33, IL-35, IL-36, IFN-alpha, IFNbeta IFN-gamma, TNF-alpha, TNF-beta, CNTF (C-NTF), LIF, OSM (oncostatin-M), EPO (erythropoietin), G-CSF (GCSF), GM-CSF (GMCSF), M-CSF (MCSF), SCF, GH (growth hormone), PRL (prolactin), aFGF (FGF-acidic), bFGF (FGF-basic), INT-2, KGF (FGF7). EGF, TGF-alpha, TGF-beta, PDGF, betacellulin (BTC), SCDGF, amphiregulin, and HB-EG, among others.

Exemplary hormones include epinephrine, melatonin, triiodothyronine, thyroxine, amylin (or islet amyloid polypeptide), adiponectin, adrenocorticotropic hormone (or corticotropin), angiotensinogen, angiotensin, antidiuretic hormone (or vasopressin, arginine vasopressin), atrial-natriuretic peptide (or atriopeptin), brain natriuretic peptide, calcitonin, cholecystokinin, corticotropin-releasing hormone, cortistatin, encephalin, endothelin, erythropoietin, follicle-stimulating hormone, galanin, gastric inhibitory polypeptide, gastrin, ghrelin, glucagon, glucagon-like peptide-1, gonadotropin-releasing hormone, growth hormonereleasing hormone, hepcidin, human chorionic gonadotropin, human placental lactogen, growth hormone, inhibin, insulin, insulin-like growth factor (or somatomedin), leptin, lipotropin, luteinizing hormone, melanocyte stimulating hormone, motilin, orexin, oxytocin, pancreatic polypeptide, parathyroid hormone, pituitary adenylate cyclase-activating peptide, prolactin, prolactin releasing hormone, relaxin, renin, secretin, somatostatin, thrombopoietin, thyroid-stimulating hormone (or thyrotropin), thyrotropin-releasing hormone, and vasoactive intestinal peptide, among others.

Other physiologically active peptides include glucagonlike peptide-1 (GLP-1); tachykinin peptides, such as substance P, kassinin, neurokinin A, eledoisin, and neurokinin B; peptide PHI 27 (peptide histidine isoleucine 27); pancreatic polypeptide-related peptides, such as NPY (neuropeptide Y), PYY (peptide YY), and APP (avian pancreatic polypeptide); opioid peptides, such as proopiomelanocortin (POMC) peptides and prodynorphin peptides; AGG01; B-type natriuretic peptide (BNP); lactotripeptides; and peptides that inhibit PCSK9 (Zhang et al. 2014).

Exemplary antibodies include single-chain antibodies, single-domain antibodies (sdAbs), and single-chain variable fragments (scFvs).

Exemplary antimicrobial peptides include cathelicidins, defensins, protegrins, mastoparan, poneratoxin, cecropin, moricin, melittin, magainin, dermaseptin, and others.

In preferred versions, the polypeptide that is systemically introduced is a polypeptide capable of treating a condition in a subject with its systemic introduction. In some versions, The polypeptide that is systemically introduced is a polypeptide capable of treating a condition in a subject with its systemic introduction but is not capable of treating a condition in the subject with its local introduction to the gastrointestinal tract alone. The condition may be any condition described herein.

The inventors have unexpectedly found that administering *L. reuteri* to the gastrointestinal tract is capable of delivering produced polypeptides to the bloodstream without the bacteria themselves being introduced in the bloodstream. Accordingly, an aspect of the invention includes administering an amount of a bacterium of the invention into the gastrointestinal tract of a subject. The bacterium may be 5 administered in any amount effective to introduce the polypeptide in the bloodstream of the subject. Exemplary amounts include from about  $1\times10^3$  to about  $1\times10^{15}$ , from about  $1\times10^5$  to about  $1\times10^{13}$ , from about  $1\times10^7$  to about  $1\times10^{11}$ , or about  $1\times10^9$  colony forming units (CFU). 10 Amounts above and below these ranges may be acceptable.

The bacterium can be administered to the gastrointestinal tract by any method known in the art. The bacterium may be administered orally, rectally, or directly into the gastrointestinal tract via a stoma. The bacterium is preferably admin- 15 istered directly into or upstream of the small intestines, so that the bacterium ultimately passes through or into the small intestines. The bacterium may be swallowed or introduced via a tube.

The bacterium may be combined in a composition with a 20 pharmaceutically acceptable excipient, carrier, buffer, stabilizer or other material well known to those skilled in the art. Such materials should be non-toxic and should not interfere with the efficacy of the bacterium. The precise nature of the carrier or other material may depend on the route of admin-25 istration. The composition may be liquid, solid, or semisolid. The composition may comprise a foodstuff or may take the form of a pharmaceutical composition. Those of relevant skill in the art are well able to prepare suitable compositions. 30

The subject to which the bacterium is administered may be an animal, such as a mammal or, more specifically, a human.

In some versions of the invention, the bacterium is administered in an amount effective to introduce the poly- 35 peptide in the bloodstream in an amount effective to induce at least one systemic effect in the subject, such as at least one effect in a non-gastrointestinal tissue in the subject. As used herein, "systemic effect" refers to an effect that occurs at a site or tissue in the body other than where the polypeptide is 40 initially released from the bacterium. In the present case, the term refers to an effect that occurs at a site or tissue other than the gastro-intestinal tract, such as the liver, muscles, lungs, kidneys, pancreas, adipose tissue, or others. The systemic effect preferably occurs by virtue of the polypep- 45 tide being systemically introduced and accessing a site or tissue other than gastrointestinal tissue via bloodstream. such that the effect is a direct effect of the polypeptide and is not a secondary effect of a primary effect of the polypeptide in the gastrointestinal tissue. Such effects are referred to 50 herein as "direct systemic effects." Direct systemic effects of the systemically introduced polypeptide can be distinguished from secondary effects, for example, by comparing effects resulting from administering the polypeptide-producing bacterium into the gastrointestinal tract with effects 55 resulting from systemically administering the polypeptide directly into the bloodstream and effects resulting from locally administering the polypeptide directly into the gastrointestinal tract. Direct systemic effects are those that are mirrored by the systemic administration of the polypeptide 60 into the bloodstream but not the local administration of the polypeptide into the gastrointestinal tract. The presence of direct systemic effects of the polypeptide resulting from administering the polypeptide-producing bacterium into the gastrointestinal tract can be an indicator of the polypeptide 65 entering the bloodstream, whether or not the polypeptide itself is detected in the bloodstream.

In some versions, the bacterium is administered to a subject that suffers from a condition treatable with systemic introduction of the polypeptide. In yet other versions, the bacterium is administered to a subject that suffers from a condition treatable with systemic introduction of the polypeptide but is not treatable with only local introduction of the polypeptide to the gastrointestinal tract. In either case, the polypeptide is introduced in the bloodstream of the subject in an amount effective to treat the condition. As used herein, "treat" used in reference to a condition refers to ameliorating to any extent the condition itself or any symptom associated therewith.

In some versions, the bacterium is administered to a subject to prevent or inhibit the development of any of the conditions or associated symptoms described herein. The subject in such a case may show early signs of the condition or symptom, have a genotype that predisposes the subject to develop the condition or symptom, have a behavior or environmental situation that predisposes the subject to develop the condition or symptom, or otherwise be predisposed to develop the condition or symptom.

A particular aspect of the invention is directed to introducing interleukin-22 (IL-22) in the bloodstream of a subject by administering a bacterium comprising a recombinant interleukin-22 (IL-22) gene. The IL-22 may be introduced in the bloodstream of the subject in an amount effective to induce at least one IL-22-dependent effect in a non-gastrointestinal tissue in the subject. An exemplary IL-22 that can be systemically introduced comprises a sequence of SEQ ID NO:2 or a sequence at least about 90%, 95%, 97%, 99% or more identical thereto.

IL-22 is capable of inducing a number of effects in non-gastrointestinal tissues when circulating systemically through the bloodstream. In respiratory epithelial cells, for example, IL-22 can increase antibacterial defense, elevate mucus production, enhance proliferation, and raise production of granulocyte-attracting chemokines. In synovial fibroblasts, IL-22 can elevate RANKL expression and increase production of monocyte-attracting chemokines. In pancreatic cells, IL-22 can increase protection against damage, inhibit autophagy, and enhance islet proliferation. In hepatocytes, IL-22 can increase acute-phase protein production, increase protection against damage, and elevate liver progenitor cell proliferation. In epidermal keratinocytes, IL-22 can increase antibacterial defense, retard differentiation and cornification, induce production of granulocyte-attracting chemokines, elevate migration and tissue remodeling, and enhance STAT3 and IL-20 expression. See Sabat et al. 2014 and Wang et al. 2014 for additional direct IL-22-dependent effects.

Another particular aspect of the invention is directed to introducing interleukin-22 (IL-22) in the bloodstream of a diabetic subject by administering a bacterium comprising a recombinant interleukin-22 (IL-22) gene. The diabetic subject may suffer from type 1 or type 2 diabetes. IL-22 has been shown to have a number of ameliorative effects in diabetic subjects. In type 2 diabetic subjects, these effects include ameliorating hyperglycemia, insulin resistance, hyperlipidemia, lipid dysregulation in the liver and adipose tissues, endotoxemia, and chronic inflammation. See Wang et al. 2014. As shown in the present examples, IL-22 is also capable of reducing body mass index (BMI).

More generally, subjects in which IL-22 is introduced may include those suffering from of insulin resistance, hyperglycemia, lipid dysregulation, hyperlipidemia, obesity, or other manifestations of metabolic syndrome. The systemic effect of the systemic introduction of IL-22 to such

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subjects may include a reduction in body mass index (BMI), liver weight, liver triglycerides, glucose intolerance, and insulin resistance, or other effects described elsewhere herein.

Another polypeptide that may be introduced in the blood-<sup>5</sup> stream of a subject with the bacteria of the invention is interleukin-35 (IL-35). Systemic administration of IL-35 treats type-1 diabetes and inhibits or slows the development of type-1 diabetes. See Singh et al. 2015. An exemplary 10 IL-35 that can be systemically introduced is a human recombinant IL-35 comprising a sequence of SEQ ID NO:3 or a sequence at least about 90%, 95%, 97%, 99% or more identical thereto. Bacteria of the invention comprising a recombinant IL-35 gene can be administered to subjects with diabetes, such as type 1 diabetes, to systemically introduce the IL-35 polypeptide in the bloodstream of the subject in an amount effective to treat the diabetes in the subject.

Another polypeptide that may be introduced in the bloodstream of a subject with the bacteria of the invention is insulin. The insulin can be produced in single-chain form. See, e.g., Rajpal et al. 2009. An exemplary insulin that can be systemically introduced includes the insulin A-chain <sup>25</sup> connected to the insulin B-chain by the linker sequence QRGGGGGQR (SEQ ID NO:4). See Rajpal et al. 2009. Single-chain insulin retains all of the physiological effects of traditional two-chain insulin, including stimulation of glucose uptake into adipocytes, and suppression of hepatic gluconeogenesis. Bacteria of the invention comprising a recombinant insulin gene can be administered to subjects with diabetes, insulin resistance, or hyperglycemia to systemically introduce the insulin polypeptide in the blood- 35 stream of the subject in an amount effective to treat the diabetes, or hyperglycemia in the subject.

Another polypeptide that may be introduced in the bloodstream of a subject with the bacteria of the invention is leptin. Leptin is made by adipose tissue and regulates energy balance by acting on receptors in the brain. Congenital leptin deficiency (CLD), or generalized lipodystrophy results in a lack of leptin and can lead to a litany of disorders, including morbid obesity (in the case of CLD), diabetes, and infertility. 45 Systemic leptin replacement therapy mitigates these disorders. An exemplary leptin polypeptide that can be systemically introduced includes a polypeptide comprising a sequence of SEQ ID NO:5 or a sequence at least about 90%, 95%, 97%, 99% or more identical thereto. Bacteria of the invention comprising a recombinant leptin gene can be administered to subjects with congenital leptin deficiency or generalized lipodystrophy to systemically introduce the leptin polypeptide in the bloodstream of the subject in an 55 amount effective to treat the obesity, diabetes, infertility or any other aspect of the congenital leptin deficiency or generalized lipodystrophy.

Another polypeptide that may be introduced in the bloodstream of a subject with the bacteria of the invention is cathelicidin related antimicrobial peptide (CRAMP). CRAMP is a small peptide produced by pancreatic islets in response to gut microbiota-derived short-chain fatty acids. Synonyms for CRAMP include CAMP, CAP18, Cnlp, 65 FALL39, and MCL. The islet-derived CRAMP maintains immune homeostasis. CRAMP production is defective in

non-obese diabetic mice, leading to inflammation and activation of diabetogenic T-cells and resulting in type 1 diabetes (Sun et al. 2015). This process can be reversed by direct systemic administration of CRAMP. An exemplary CRAMP polypeptide that can be systemically introduced includes a polypeptide comprising a sequence of SEQ ID NO:6 or a sequence at least about 90%, 95%, 97%, 99% or more identical thereto. Bacteria of the invention comprising a recombinant CRAMP gene can be administered to nonobese diabetic subjects to systemically introduce the CRAMP polypeptide in the bloodstream of the subject in an amount effective to treat the diabetes and/or inflammation in these subjects.

Other polypeptides that may be introduced in the bloodstream of a subject with the bacteria of the invention include peptide inhibitors of PCSK9. PCSK9 (proprotein convertase subtilisin/kexin type 9) is a negative regulator of the hepatic low density lipoprotein receptor. Inhibition of PCSK9 results in LDL cholesterol-lowering effects. A number of peptide inhibitors of PCSK9 are known in the art. See Zhang et al. 2014. Any of these polypeptides or others can be introduced in the bloodstream of a subject with the bacteria of the invention. A particularly preferred peptide inhibitor of PCSK9 is referred to as "Pep2-8," which comprises a sequence of SEQ ID NO:7. Bacteria of the invention comprising a recombinant gene configured to express one or more peptide inhibitors of PCKS9 can be administered to subjects with hypercholesterolemia to systemically introduce the peptide inhibitor of PCSK9 in the bloodstream of the subject in an amount effective to treat the hypercholesterolemia.

Other polypeptides that may be introduced in the bloodstream of a subject with the bacteria of the invention include lysins, such as bacteriophage-derived lysins (endolysins), i.e. enzybiotics. One of the largest concerns in 21st century medicine is the development of microbial antibiotic-resistance. Little progress has been made in the discovery and development of novel antibiotics, and bacteriophage-derived lysins (enzybiotics) constitute promising alternatives to antibiotics. The enzybiotics interfere with peptidoglycan cell wall synthesis, mainly of Gram positive bacteria, but do so in a species specific manner. Exemplary lysins that can be systemically introduced include those described in the references cited herein, all of which are incorporated herein by reference. Bacteria of the invention comprising a recombinant gene configured to express one or more lysins can be administered to subjects with sepsis or infection with pathogens such as S. aureus to systemically introduce the lysin in the bloodstream of the subject in an amount effective to treat the sepsis or infection.

The elements and method steps described herein can be used in any combination whether explicitly described or not.

All combinations of method steps as used herein can be performed in any order, unless otherwise specified or clearly implied to the contrary by the context in which the referenced combination is made.

As used herein, the singular forms "a," "an," and "the" include plural referents unless the content clearly dictates otherwise.

Numerical ranges as used herein are intended to include every number and subset of numbers contained within that

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range, whether specifically disclosed or not. Further, these numerical ranges should be construed as providing support for a claim directed to any number or subset of numbers in VPL3461. For animal experiments (see below) 100 al of the suspension was administrated by oral gavage to the corresponding animals.

TABLE 1

Bacterial strains and plasmids used in the present examples.			
Strain or plasmid	Characteristics	Source	
L. reuteri VPL1014	A derivative of <i>L. reuteri</i> ATCC PTA 6475, human breast milk isolate	ATCC PTA 6475, U.S. Pat. 7,344,867 to BioGaia AB (Lerum, SE), and van Pijkeren et al. 2012	
L. reuteri VPL3461 pJP028	L. reuteri VPL1014 harboring pVPL3461 Em <sup>R</sup> , derivative of pNZ8048 containing promoter from <i>L. reuteri</i> SD2112, signal peptide from <i>L. reuteri</i> JCM1112, and LPXTG (cell wall anchor domain)	Described herein Described herein	
pVPL3461	Em <sup><i>R</i></sup> , derivative of pJP028 omitting LPXTG domain and harboring mIL-22 gene	Described herein	

that range. For example, a disclosure of from 1 to 10 should be construed as supporting a range of from 2 to 8, from 3 to 7, from 5 to 6, from 1 to 9, from 3.6 to 4.6, from 3.5 to 9.9, 25 and so forth.

All patents, patent publications, and peer-reviewed publications (i.e., "references") cited herein are expressly incorporated by reference to the same extent as if each individual reference were specifically and individually indicated as 30 being incorporated by reference. In case of conflict between the present disclosure and the incorporated references, the present disclosure controls.

It is understood that the invention is not confined to the 35 particular construction and arrangement of parts herein illustrated and described, but embraces such modified forms thereof as come within the scope of the claims.

#### **EXAMPLES**

Bacterial strains, plasmids, media, and culture.

Bacterial strains and plasmids used in the present examples are listed in Table 1. Lactobacillus reuteri VPL1014 and its derivatives were routinely cultured at 37° C. in deMan Rogosa Sharpe (MRS) medium (Difco, BD Biosciences). Where appropriate, erythromycin was added to a final concentration of 5 µg/ml. Competent cells of L. reuteri were prepared as described before (Ahrnd et al. 1992). To test IL-22 expression and to prepare bacteria for animal experiments, bacteria were cultured in Lactobacilli Defined Medium-III (LDM-III, Table 2).

Specifically, L. reuteri VPL1014 was inoculated in 10 ml MRS broth, and L. reuteri VPL3461 was inoculated in 10 ml MRS containing 5 g/ml erythromycin at 37° C. Overnightcultures of each strain were sub-cultured in MRS at  $OD_{600}=0.1$ . At  $OD600 \ge 1 \le 1.2$  cells were harvested by centrifugation (5,000 rpm for 5 min), and the cell pellets were washed twice with LDM-III. Washed cell pellets, each 60 derived from 10-ml culture, were stored at -80° C. until use. From this step onwards, no antibiotics were supplemented to the culture media. At the day of gavaging, the cell pellets were resuspended in 10 ml freshly prepared pre-warmed LDM-III and incubated at 37° C. until OD<sub>600</sub>≥3.5≤3.7. 65 Bacteria were concentrated 10-fold, and suspensions were made containing ~1010 CFU/ml L. reuteri VPL1014 or

TABLE 2 Lactobacilli Defined Medium-III (LDM3) composition.

Basal Mediu	m
Ingredient	Amount per Liter
K <sub>2</sub> HPO <sub>4</sub> .	1.50 g
KH <sub>2</sub> PO <sub>4</sub>	1.50 g
Sodium Acetate	15.00 g
Sodium Citrate, Dihydrate	0.25 g
Tryptophan	0.05 g
Asparagine, Monohydrate	0.23 g
Vitamin-free Casamino acid	10.00 g
Cysteine-HCl, Monohydrate	0.22 g
Tween80 (10% v/v)	10 ml

Dissolve in 937.5 ml of DI water and autoclave at 121° C. for 15 min. Prepare stock solutions (as below) and add to sterile Basal Medium.

Vitamin Solution (in 25 ml dH <sub>2</sub> O)	_	
Thiamin HCl ρ-aminobenzonoic acid	10 mg 2 mg	0.5 ml
Calcium pantothenic acid	20 mg	
Niacin	50 mg	
Pyridoxin HCl	25 mg	
Biotin Solution (in 50 ml 0.01M HCl)	-	
Biotin	4 mg	0.5 ml
96% EtOH	40 µL	
Riboflavin Solution (in 50 ml dH <sub>2</sub> O)	-	
Riboflavin	4 mg	5 ml
Folic Acid Solution (in 50 ml 0.001M NaOH)	_	
Folic acid	10 mg	0.5 ml
Nucleic Acid Solution (in 15 ml 1M HCl)	10 mg	0.5 m
	-	
Adenine hemisulfate	50 mg	3 ml
Guanine	40.3 mg	
Cytidylic acid	150 mg	
Uracil Solution (in 10 ml 1M NaOH)	-	
Uracil	200 mg	1 ml
Thymidine Solution (in 12.5 ml $dH_2O$ )		
	-	
Inymidine Salt Solution (in 10 ml dH O)	20 mg	1 ml
$M_2SO_4$	0.793 g	1 ml
U 7	3	

FABLE 1	2-continued
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MnSO <sub>4</sub>	0.120	
-	0.128 g	
FeSO <sub>4</sub> 0.130 g		
Glucose (40% w/v)	50	

Mutation Rate.

A suitable microorganism for delivering peptides preferably has a low mutation rate. The mutation rate of L. reuteri VPL1014 was compared with that of a number of other microorganisms using conventional methods (Rosche et al. 2000, Foster et al. 2006). As shown in FIGS. 1A and 1B, L. reuteri displayed an exceptionally low mutation rate, particularly compared to the other tested probiotic microorganisms.

#### Reagents and Enzymes.

Cloning was performed via ligation cycle reaction (LCR; Kok et al. 2014). Enzymes and reagents for LCR were purchased from Fermentas. Polymerase chain reaction (PCR) for cloning purposes was performed with the highfidelity enzyme Phusion Hot Start Polymerase II (Fermentas). PCR for screening purposes was performed with Taq polymerase (Denville Scientific). To concentrate the LCR reaction prior to electrotransformation into L. reuteri, we used Pellet Paint Co-Precipitant (Novagen). Oligonucleotides and synthetic double-stranded DNA fragments were purchased from Integrated DNA Technologies. All oligonucleotides and synthetic DNA fragments used in this study are listed in Table 3.

TABLE 3

Oligonucleotides and synthetic DNA used in the present examples.		
Oligo- nucleo- tides	Sequence	40
oVPL329	atteettggaetteatttaetgggtttaae (SEQ ID NO: 8)	
oVPL363	taatatgagataatgccgactgtac (SEQ ID NO: 9)	45
oVPL1219	ttcatggggatgaatgcttctgctaatacattaccagttaa tactcgttg (SEQ ID NO: 10)	50
oVPL1220	cttggttttctaattttggttcaaagatcaaacacaagcat tacgtaaactc (SEQ ID NO: 11)	50
oVPL1221	gcttgaaacgttcaattgaaatggca (SEQ ID NO: 12)	55
oVPL1222	tgtaaaaccaataaggactgaagc (SEQ ID NO: 13)	
oVPL1223	ggagttgcttcagtccttattggttttacattcatggggat gaatgcttctgctaataca (SEQ ID NO: 14)	60
oVPL1224	tgatetttgaaccaaaattagaaaaccaaggettgaaaegt teaattgaaatggeaatta (SEQ ID NO: 15)	
oVPL1313	acteeetgaagaatataeeetee (SEQ ID NO: 16)	65

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	Oli	gonucleotides and synthetic DNA used in the present examples.
5	Oligo- nucleo- tides	Sequence
10	oVPL1314	cgctattgagcacagatacgag (SEQ ID NO: 17)
	oVPL1315	atgetteeecgtataaceatea (SEQ ID NO: 18)
15	oVPL1316	ggccatatctgcatcataccag (SEQ ID NO: 19)
	oVPL1321	gatcaccgacaagggcctg (SEQ ID NO: 20)
20	oVPL1322	ggctatgaaactcgtactgcc (SEQ ID NO: 21)
20	oVPL1325	ggctgtattcccctccatcg (SEQ ID NO: 22)
	oVPL1326	ccagttggtaacaatgccatgt (SEQ ID NO: 23)
25	gVPL1	ATTCATGGGGATGAATGCTTCTGCTAATACATTACCAGTTA ATACTCGTTGTAAATTAGAAGTTAGTAATTTTCAACAACCA
30		TATATTGTTAATCGTACTTTTATGTTAGCTAAAGAAGCTAG TTTAGCTGATAATAATACTGATGTTGGTTTAATTGGTGGAAA AATTATTTCGTGGTGTTAGTGCTAAAGATCAATGTTATTA ATGAAACAAGTTTTAATTTACTTTAGAAGATGTTTTATT ACCACAAAGTGATCGTTTTCACCATATAGCAAGAAGTTG TTCCATTTTTAACTAAATTAAGTAATCAATTAAGTAGTGTGT CATATTAAGTGGTGATGATCAAAATATTCAAAAAATGTTCG
35		AAATTAAAGCTATTGGTGAATTAGATTATTATTATGAGT TTACGTAATGCTTGGTGTGTGATCTTTGAACCAAAATTAGAA AACCAAGG (SEQ ID NO: 24)

Construction of L. reuteri VPL1014 that Secretes mIL-22. Our aim was to engineer Lactobacillus reuteri VPL1014 to secrete the murine cytokine interleukin-22 (mIL-22). We first opted for expression from the multicopy plasmid pJP028 to maximize mIL-22 production. pJP028 is a derivative of pNZ8048 (de Ruyter et al. 1996) in which the nisin-expression cassette was replaced with a secretion cassette. By PCR (oVPL1221-oVPL1222), we amplified the backbone of pJP028, omitting the cell wall anchor domain, to yield a 4.579 kb product. For optimal expression of mIL-22 in our expression host, L. reuteri, we first applied in-silico codon optimization of the mIL-22 coding sequence 50 using the online software, OPTIMIZER (genomes.urv.es/ OPTIMIZER/, Table 4) followed by synthesis. The resulting synthetic product (gVPL1) was amplified by PCR (oVPL1219 and oVPL1220), followed LCR (Kok et al. 2014) placing the gVPL1 fragment between the start and 55 stop codon located on the pJP028 backbone. The LCR mixture was precipitated and transformed in L. reuteri VPL1014. Transformants were screened by PCR (oVPL329oVPL363) to confirm cloning of mIL-22. One positive clone was colony purified, a 1.584 kb amplicon was generated by 60 colony PCR, and the integrity of the construct was confirmed by DNA sequencing (GeneWiz). The resultant strain was named VPL3461. We hereafter refer to pVPL3461 when it concerns the plasmid that encodes codon-optimized mIL-22 (FIG. 2).

The nucleotide sequence of pVPL3461 is represented by SEQ ID NO:25. The nucleotide sequence of the IL-22 promoter (L. reuteri native promoter) in pVPL3461 is rep-

TABLE 3-continued

Animal Trial.

resented by SEQ ID NO: 26. The nucleotide sequence encoding the signal peptide (SP) in pVPL3461 is represented by SEQ ID NO:27. The nucleotide sequence encoding IL-22 in pVPL3461 is represented by SEQ ID NO:28. The nucleotide sequence of the inverted repeat (IR) in 5 pVPL3461 is represented by SEQ ID NO:29. The nucleotide sequence of the chloramphenicol marker (Cm) in pVPL3461 is represented by SEQ ID NO:30. The nucleotide sequence of the Phelp promoter in pVPL3461 is represented by SEQ ID NO:31. The nucleotide sequence of the erythromycin 10 marker (Em) in pVPL3461 is represented by SEQ ID NO:32.

Additionally, a construct from the pVPL3461 plasmid comprising the promoter, signal peptide, and mIL-22 coding sequence was excised from pVPL3461 and incorporated in 15 the *L. reuteri* chromosome using methods known in the art. The resultant strain was named VPL3461chr.

#### TABLE 4

Codon optimization table for <i>L. reuteri</i> F275.* <sup>#</sup> Fields: [sequence of nucleotide triplet] [frequency: per thousand] ([number])					
UUU 29.5 (16802)	UCU 9.7 (5521)	UAU 24.8 (14106)	UGU 4.4 (2479)		
UUC 11.3 (6447)	UCC 4.0 (2249)	UAC 12.4 (7068)	UGC 1.5 (861)		
UUA 36.4 (20706)	UCA 15.0 (8537)	UAA 2.3 (1307)	UGA 0.4 (219)		
UUG 15.4 (8765)	UCG 4.3 (2458)	UAG 0.7 (374)	UGG 10.8 (6134)		
CUU 22.1 (12555)	CCU 9.7 (5489)	CAU 15.3 (8708)	CGU 14.1 (7995)		
CUC 6.3 (3597)	CCC 3.4 (1927)	CAC 8.0 (4562)	CGC 5.9 (3360)		
CUA 9.4 (5359)	CCA 17.7 (10090)	CAA 35.0 (19877)	CGA 8.6 (4869)		
CUG 5.3 (3005)	CCG 6.0 (3428)	CAG 11.7 (6653)	CGG 9.9 (5610)		
AUU 50.7 (28857)	ACU 22.3 (12657)	AAU 36.1 (20541)	AGU 15.6 (8850)		
AUC 16.7 (9524)	ACC 9.8 (5550)	AAC 15.8 (8968)	AGC 6.7 (3786)		
AUA 5.8 (3300)	ACA 16.6 (9464)	AAA 36.6 (20829)	AGA 3.3 (1872)		
AUG 26.9 (15321)	ACG 9.2 (5230)	AAG 30.3 (17232)	AGG 1.4 (792)		
GUU 35.0 (19884)	GCU 29.0 (16508)	GAU 43.5 (24740)	GGU 24.3 (13830)		
GUC 9.2 (5210)	GCC 12.4 (7053)	GAC 15.2 (8617)	GGC 10.9 (6178)		
GUA 16.1 (9176)	GCA 25.3 (14409)	GAA 45.6 (25918)	GGA 19.8 (11244)		
GUG 7.7 (4354)	GCG 9.8 (5573)	GAG 11.2 (6360)	GGG 10.1 (5771)		

\*This table was made based on 568,715 codons among 1,900 CDSs on chromosomal DNA of strain F275. #Coding GC 39.50% 1st letter GC 51.33% 2nd letter GC 35.17% 3rd letter GC 32.00%.

#### Determine mIL-22 Secretion.

Strains *L. reuteri* VPL1014 and VPL3461 were cultured <sup>40</sup> in LDM-III as described above, and the supernatants were collected after centrifugation (5 min at 3,214×g), followed by filter-sterilization (0.22 am, Millipore). One hundred microliters of filter-sterilized supernatant from *L. reuteri* VPL1014 and VPL3461 was assessed for the presence of <sup>45</sup> mIL-22 by ELISA (R&D systems). Production of mIL-22 could not be detected for *L. reuteri* 6575-VPL (15 pg/ml cut-off limit), while strain VPL3461 secreted mIL-22 at levels of 164.2±13.1 ng/ml (n=3). See FIG. **3**A.

Secretion of mIL-22 from VPL3461chr was similarly 50 tested. VPL3461chr showed detectable mIL-22 secretion. See FIG. **3**B.

Plasmid Stability of pVPL3461 in L. reuteri VPL1014.

Prior to assessing biological activity of the *L. reuteri*produced mIL-22 in mice, we first assessed the stability of 55 pVPL3461. Normally, selection of plasmids is achieved by supplementation of an antibiotic, but we wanted to avoid the supplementation of antibiotics in mice to maintain a fully competent microbiota. VPL3461 was cultured overnight in LDM-III (supplemented with antibiotics). Cells were 60 washed to remove residual antibiotics, followed by subculturing to antibiotic-free LDM-III (OD600=0.1). After 1 passage (20 hr, ~10 generations), we showed that 96% of the cell population was resistant to erythromycin, demonstrating that the rate of loss of pVPL3461 was 0.4% per generation, 65 and would be considered stable enough for in-vivo assessment of biological activity.

Blood collection to assess plasma IL-22 levels.

At T=0 (prior to the start of treatment) and at T=7 (2 hours after the last gavage) of the animal trial, blood was collected (50 al per animal) via retro orbital puncture. Plasma was isolated from whole blood sample by centrifugation at 9,000 rpm for 7 min and the plasma fraction was stored at  $-80^{\circ}$  C. until use. By ELISA (as described above) we determined plasma mIL-22 levels. See FIG. **4**.

Plasma IL-22 levels after 7 days gavage are shown in FIG.
5. The mice administered *L. reuteri* VPL3461 showed a statistically significant increase in plasma IL-22 levels compared to controls.

We also assessed whether the administered L. reuteri VPL1014 and L. reuteri VPL3461 could be detected in the bloodstream of the animals after 7 days gavage. From each animal, 50 µl blood was plated on deMan Rogosa Sharp (MRS) medium that is selective for a broad range of lactic acid bacteria, including L. reuteri. The results are shown in FIG. 6. The prolonged daily administration of L. reuteri did not increase the total number of lactic acid bacteria in the bloodstream. As determined by colony morphology, the bacteria detected in the bloodstream of animals that were gavaged with L. reuteri were not L. reuteri. L. reuteri yields (after 48 h) on MRS plates small-medium sized colonies that are opaque. From the 3 animals in which we detected bacteria in the bloodstream, all colonies were pigmented, mostly yellow, and some were red-ish. Some colonies were also extremely large. The size combined with the pigmented phenotype made it evident that the recovered bacteria in the bloodstream were not L. reuteri.

Twenty-four 6-week old male B6 mice (C57BL/6J) were purchased from Jackson Labs (Bar Harbor, Me.). Animals were housed at an environment-controlled facility with a 12-hour light and dark cycle. Both diet (standard chow, LabDiet, St Louis, Mo.) and water were freely available to the animals. After transport, animals were allowed to adjust to the new environment for two weeks, after which treatment by gavage started. Three groups of 8 animals per group were treated daily for 7 consecutive days. Treatments were sham gavage where the animals were subjected to insertion of a gavaging needle without administering anything (control), gavage of *L. reuteri* VPL1014 (WT group) and gavage of *L. reuteri* VPL3461 (LR\_mIL-22). Bacterial load administrated was  $\sim 1 \times 10^9$  CFU in a volume of 100 al of the respective bacterial supernatant. See FIG. **4**. These results indicate that the systemic increase of IL-22 was not a result of *L. reuteri* VPL3461 itself entering the bloodstream.

cDNA Synthesis.

To assess biological functionality of *L. reuteri* secreted 5 mIL-22, we assess gene expression levels of reg3-beta and reg3-gamma. Both genes are known to be upregulated by IL-22 (Loonen et al. 2013, Sovran et al. 2015). Part of the small intestine (jejunum) of each animal was processed for RNA isolation. First, samples were homogenized (Omni TH, 10 Omni International) followed by RNA isolation and on-column DNaseI treatment (Qiagen), after which an additional DNase treatment was conducted (RQI DNase; Promega, Madison, Wis.). RNA was quantified by Qubit analysis (Invitrogen). One ag RNA was reverse transcribed 15 using the iScript cDNA synthesis kit (Bio-Rad Laboratories, Richmond, Calif.). See FIG. **4**.

Quantitative Real-Time PCR.

Relative gene expression levels were determined using the CFX96<sup>TM</sup> real-time PCR (Bio-Rad). Expression of reg3- 20 beta and reg3-gamma was determined relative to that of the housekeeping gene  $\beta$ -actin. The qRT-PCR was performed with the SYBR Green PCR master mix (Bio-Rad). Primers for amplification of: reg3b (oVPL1313-oVPL1314), reg3g (oVPL1315-oVPL1316), and  $\beta$ -actin (oVPL1325- 25 oVPL1326) are listed in Table 3. Gene expression of the reg genes in the jejunum tissues relative to  $\beta$ -actin was determined by the Relative Expression Software Tool (REST), which allows comparison of gene expression between groups of animals (Pfaffl et al. 2001 and 2002). 30

As shown in FIG. **7**, mice administered IL-22-expressing *L. reuteri* VPL3461 showed an average of 4.7-fold and 3-fold increased expression of reg3-beta and reg3-gamma, respectively in the jejunum compared to mice administered wild-type *L. reuteri*, demonstrating that the secreted IL-22 is 35 biologically active.

We also determined liver expression of the gene encoding the lipopolysaccharide-binding protein (LBP), which is known to be regulated by IL-22. Expression levels were relative to that of the control (1-actin). As shown in FIG. **8**, 40 liver LBP expression was not changed in animals that received wild-type *L. reuteri*. Animals administered the IL-22-expressing *L. reuteri* VPL3461 displayed an increased level of LBP gene expression, varying from 1.5fold to 3.5-fold. We did not detect a statistical difference in 45 gene expression, but we predict including more animals per group will show a statistical difference.

Metabolic Syndrome Trial.

IL-22 has been shown to alleviate metabolic disorders and provide other therapeutic effects in diabetic subjects. See 50 Wang et al. 2014. We tested whether administering IL-22secreting *L. reuteri* to mice with diet-induced obesity could recapitulate these effects.

Thirty-six 6-week old male B6 mice (C57BL/6J) were purchased from Jackson Labs (Bar Harbor, Me.). Animals 55 were housed at an environmental controlled facility with a 12-hour light and dark cycle. After transport, animals were caged (4 mice per cage) and immediately placed on an ad libitum high-fat diet: 45% kcal fat diet containing 21% milk fat and 2% soybean oil (Cat. No. TD08811, Envigo, Indianapolis, Ind.), for eight weeks. Based on prior work, animals placed on this diet for eight weeks develop signs of metabolic syndrome, including glucose intolerance and insulin sensitivity.

After eight weeks on the high-fat diet, we initiated the 65 treatment of daily gavage for a period of seven weeks. Animals in a first group (12 animals) received a sham

gavage of 100  $\mu$ l PBS without bacteria. Animals in a second group (12 animals) received 100  $\mu$ l of *L. reuteri* VPL1014 (10<sup>9</sup> CFU). Animals in a third group (12 animals) received 100 al of the IL-22-secreting *L. reuteri* VPL3461 (10<sup>9</sup> CFU).

The length (nose to anus) of the animals was determined after eight weeks high-fat diet feeding (T0), and was subsequently determined every week after for seven weeks (T7). Each animal was measured three times and the values were averaged. After eight weeks high-fat diet feeding but prior to the start of the treatment (T0) we observed that the animals assigned to be receiving treatment were similar in length (P=0.88) but both groups were marginally smaller than the control group (control vs WT, P=0.09; control vs recombinant, P=0.04). See FIG. 9A. After seven weeks of treatment (T7) we observed that the animals gavaged with the IL-22-secreting L. reuteri grew faster than animals gavaged with L. reuteri wild-type (P<0.0001) or PBS control (P<0.0001). See FIG. 9B. The increased growth is purely driven by recombinant IL-22 that is delivered by L. reuteri because L. reuteri wild-type does not influence growth compared to the PBS control (P=0.66)

Healthy mice have a natural curve in their spine. When mice are obese, the excess weight will press the spine down. When measuring length of the animal from nose to anus, obese mice may be perceived to be longer. To determine if this would have affected our body length data, we measured animals alive and after euthanasia at T7. When anesthetized or dead, any bias derived from differences in curvature will be lost as the animal is completely relaxed. As shown in FIG. **9**C, there is no difference in the body length of the animals when measured alive or dead. This finding conclusively confirmed that recombinant *L. reuteri* secreting IL-22 promotes growth.

Our growth data led us to measure growth hormone levels in the serum. As shown in FIG. **10**, mice treated with IL-22-secreting *L. reuteri* had increased levels of growth hormone compared to the PBS control (P=0.03) at T7. Levels were also higher in the recombinant group compared to the wild-type but this was not statistically significant (P=0.09).

In mice, the body mass index (BMI) can be an indication of metabolic syndrome. We determined the BMI of the mice as follows: (body weight (g)/[nose-anus length (mm)]<sup>2</sup>). As shown in FIGS. **11**A and **11**B, *L. reuteri*-derived IL-22 reduces the change in BMI over the course of seven weeks (T7-T0) and six weeks (T7-T1), respectively.

Following seven weeks treatment (T7), animals were killed, tissues were harvested, and liver weights were determined. Liver weights are shown as absolute liver weights (FIG. **12**A) or liver weight relative to mouse body weight (FIG. **12**B). Both metrics showed that IL-22-secreting *L. reuteri* yielded significantly lower liver weights compared to the wild-type *L. reuteri* or PBS control.

These results show that oral administration of recombinant *L. reuteri* engineered to secrete IL-22 systemically delivers IL-22 in a manner that results in systemic physiological effects. In the present case, the systemic physiological effects included an increase in growth, an increase in growth hormone in the plasma, a reduction in BMI, and a reduction in liver weight. The administration reversed many effects associated with metabolic syndrome. We predict that systemic delivery of IL-22 will also reverse many metabolic symptoms of diabetic subjects, including hyperglycemia and insulin resistance, and will improve insulin sensitivity, preserve gut mucosal barrier and endocrine functions, decrease endotoxemia and chronic inflammation, and reverse the dysregulation of lipid metabolism in liver and adipose tissues.

Delivery of Peptides Other than IL-22.

L. reuteri can be used to systemically deliver polypeptides 5 other than IL-22. This can be performed by replacing the mIL-22 reading frame from the pVPL3461 plasmid and replacing it with the reading frame of any polypeptide of interest. The edited plasmid can then be introduced into L. 10reuteri using methods described above, and the L. reuteri harboring the edited plasmid can be administered as described above. We predict that the L. reuteri so modified will be capable of systemically delivering any polypeptide of interest without the bacterium itself being distributed systemically. We predict that diseases and conditions that are alleviated by systemic administration of such polypeptides will be alleviated with the L. reuteri-dependent systemic delivery of the peptides. 20

Statistical Analysis.

In the present examples, ANOVA (analysis of variance) was used for data analysis, and significance in comparisons between groups was analyzed by t-test. Significant difference was considered when P-value is lower than 0.05.

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We claim:

1. A method of systemically introducing a polypeptide into a bloodstream of a subject, the method comprising administering into the gastrointestinal tract of the subject a 45 bacterium that produces and releases the polypeptide, wherein the bacterium comprises a recombinant gene configured to express the polypeptide, wherein the bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream of the subject in a detectable  $_{50}$ amount without the bacterium being introduced in the bloodstream of the subject in a detectable amount, wherein the bacterium is Lactobacillus reuteri.

2. The method of claim 1, wherein the bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream in an amount effective to induce at least one direct systemic effect in the subject.

3. The method of claim 1, wherein the bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream in an amount effective to induce at least one direct effect in a non-gastrointestinal tissue in the 60 subject.

4. The method of claim 1, wherein the bacterium is administered in an amount effective to introduce the polypeptide in the bloodstream in an amount effective to induce at least one direct effect in a tissue selected from the group 65 consisting of liver, muscles, lungs, kidneys, pancreas, and adipose tissue in the subject.

5. The method of claim 1, wherein the subject suffers from a condition treatable with systemic introduction of the polypeptide and wherein the polypeptide is introduced in the bloodstream of the subject in an amount effective to treat the condition.

6. The method of claim 1, wherein the subject suffers from a condition treatable with systemic introduction of the polypeptide but not treatable with local introduction of the polypeptide to the gastrointestinal tract without systemic introduction of the polypeptide, and wherein the polypeptide is introduced in the bloodstream of the subject in an amount effective to treat the condition.

7. The method of claim 1, wherein the polypeptide is selected from the group consisting of a cytokine, a hormone, an antibody, an antimicrobial peptide, and an antigenic peptide.

8. The method of claim 1, wherein the polypeptide is selected from the group consisting of interleukin-22 (IL-22), interleukin-35 (IL-35), insulin, leptin, cathelicidin related antimicrobial peptide, a peptide inhibitor of proprotein convertase subtilisin/kexin type 9 (PCSK9), and an endolysin.

9. The method of claim 8, wherein the subject suffers from at least one condition selected from the group consisting of insulin resistance, hyperglycemia, lipid dysregulation, hyperlipidemia, and obesity, and wherein the polypeptide is

introduced in the bloodstream of the subject in an amount effective to treat the at least one condition. **10**. The method of claim **1**, wherein the polypeptide is

interleukin-22 (IL-22).

11. The method of claim 1, wherein the polypeptide is a 5 cytokine.

\* \* \* \* \*