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Cross-Tissue Analysis Demonstrates Oral and Systemic Link in **Chronic Periodontitis**

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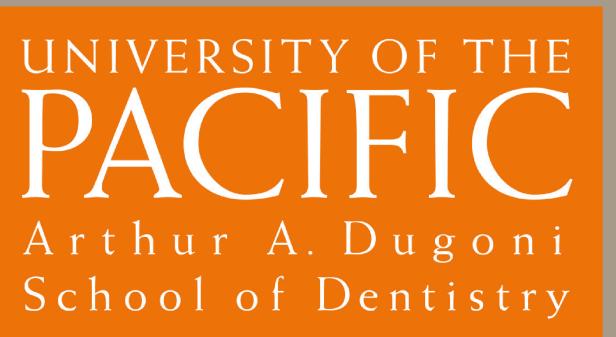


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Cross-Tissue Analysis Demonstrates Oral and Systemic Link in Chronic Periodontitis



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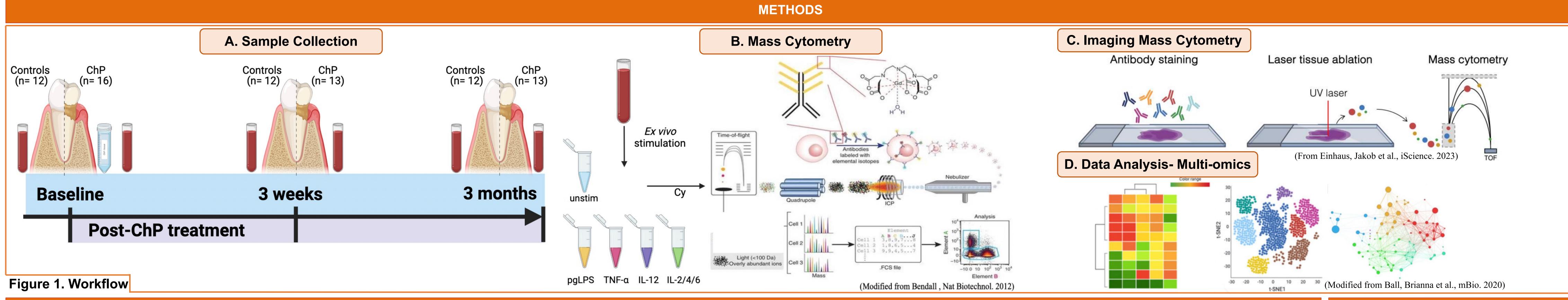
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ABSTRACT

- Introduction: Despite advances in dental care and oral hygiene, the prevalence of chronic periodontitis (ChP) remains high at 47.2% in the U.S. ChP not only leads to severe gum bleeding and tooth loss but also contributes to systemic diseases, including diabetes mellitus, adverse pregnancy outcomes, and cardiovascular diseases. The mechanisms of the connection between ChP and systemic health are still not fully understood. In our phase I study, we demonstrated systemic and cell-specific immune dysfunctions in patients with ChP, which can be temporarily reversed by the local treatment of ChP. For phase II study, we aim to 1) validate our findings with larger cohorts across wider time range and 2) investigate ChP oral and systemic immunological interaction by a multiplex cross-tissue analysis.
- Methods: Whole-blood samples from 16 patients with ChP and 12 controls were collected at baseline (n=28), 3 weeks post-ChP treatment (n= 25), and 3 months post-ChP treatment (n= 25) in the Bell Dental Center (San Leandro, CA). The blood samples were left unstimulated or stimulated with *Porphyromonas gingivalis* lipopolysaccharide (PgLPS), tumor necrosis factor α (TNF-α), interleukin (IL-12), or a cocktail of interleukins 2/4/6 (IL-2/4/6), then will be analyzed using mass cytometry (CyTOF). The gingival tissue from ChP patients at baseline will be examined with imaging mass cytometry (IMC).
- Future Directions: An integrated multiomic approach will be employed to analyze the results from CyTOF and IMC.
- Conclusion: The results obtained from this study will empower us to explore the synergies of systemic and oral immune mechanisms that contribute to a defined ChP-driven immune milieu while underscoring the effectiveness of standard nonsurgical periodontal treatment.

OBJECTIVES

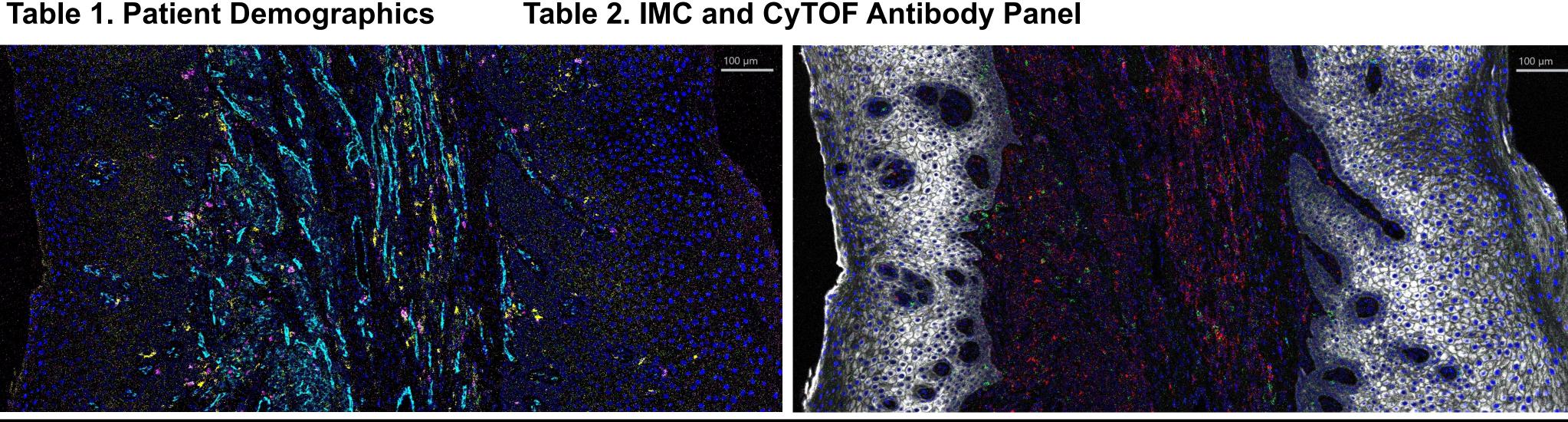
- To validate the findings of systemic and cellspecific immune dysfunctions in patients with ChP using a larger cohort across a wider time range to enhance the robustness and generalizability of the results
- To investigate ChP oral and systemic immunological interaction via multiplex cross-tissue analysis along with cutting-edge multiomic technologies



RESULTS **FUTURE DIRECTIONS** A. csEN model values before and after ChP treatment

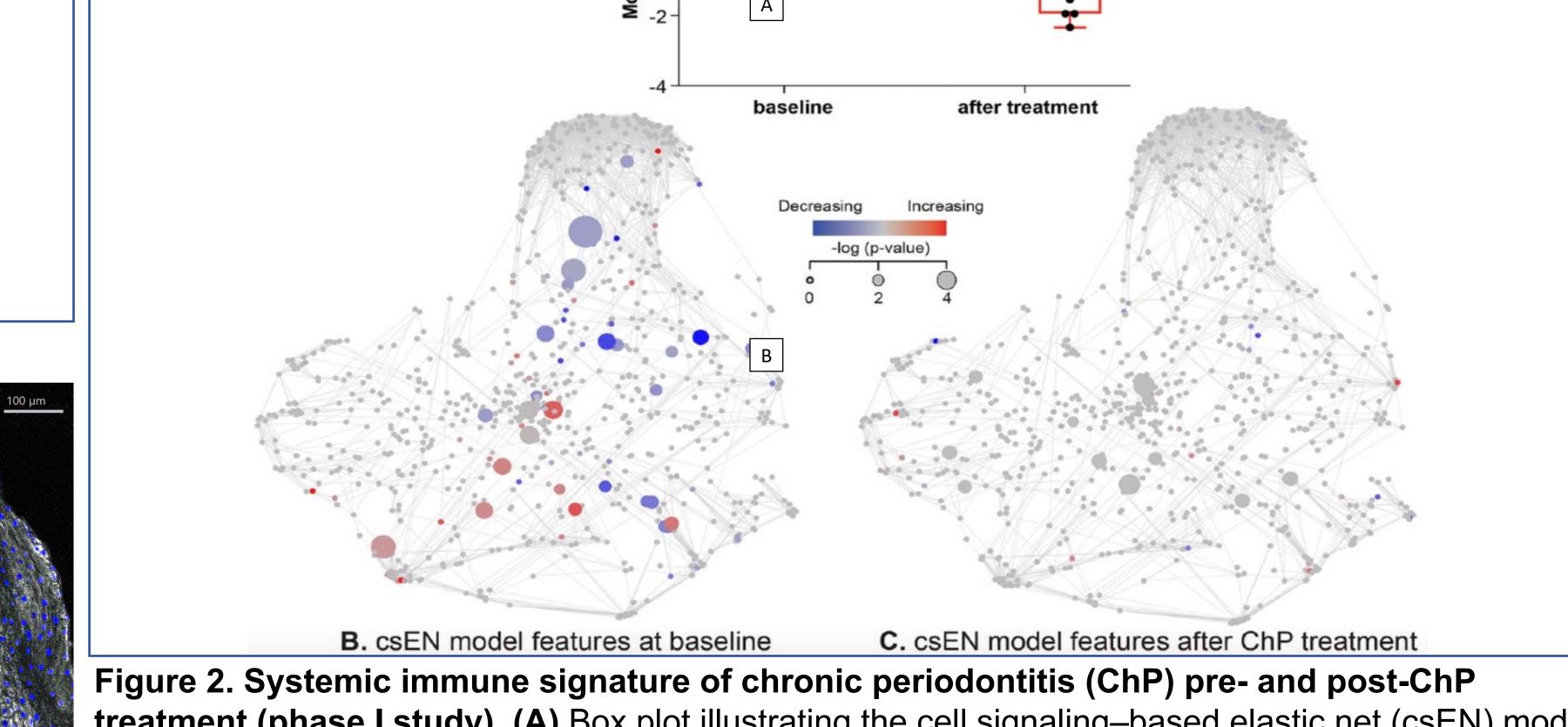
| Demographics Table Mean±SD, t test. | | | | | | | | | |
|--------------------------------------|------------------|-----------------|--|--|--|--|--|--|--|
| | Control (n=12) | ChP (n=16) | | | | | | | |
| Demographics | | | | | | | | | |
| Age (years) | 32.2 ± 5.0 | 31.7±5.5 | | | | | | | |
| Race/ethnicity | | | | | | | | | |
| Asian | 7 | 4 | | | | | | | |
| African American | 1 | 1 | | | | | | | |
| White | 0 | 1 | | | | | | | |
| Hispanic | 4 | 10 | | | | | | | |
| Sex | | | | | | | | | |
| Female | 7 | 10 | | | | | | | |
| Male | 5 | 6 | | | | | | | |
| Health Metrics | | | | | | | | | |
| BMI (kg/m^2) | 26.8 ± 6.0 | 29.3 ± 6.4 | | | | | | | |
| DBP (mmHg) | 117.4 ± 11.0 | 121.3 ± 12.3 | | | | | | | |
| SBP (mmHg) | 82.0 ± 8.9 | 78.6±11.1 | | | | | | | |
| HR (bpm) | 73.0 ± 10.1 | 74.2 ± 11.3 | | | | | | | |
| Smoking History | N/A | N/A | | | | | | | |

| Lympnocy | ics — | Myelola ce | .118 | Structural | | Signaling | | Functional |
|----------|--------|------------|--------|-------------|-------------|-----------|---------|------------|
| IMC | CyTOF | IMC | CyTOF | IMC | CyTOF | IMC | CyTOF | IMC |
| CD45 | CD45 | CD66b | CD66b | vimentin | cRARP | pERK | pERK1/2 | Granzyme B |
| CD20 | CD19 | CD14 | CD14 | aSMA | CD235ab | pS6 | pS6 | VEGF |
| CD45RA | CD45RA | CD209 | CD123 | NE | CD61 | pp38 | pp38 | Ki67 |
| CD4 | CD4 | CD16 | CD16 | PanCK | | pSTAT1 | pSTAT1 | MMp-9 |
| CD8a | CD8a | CD11b | CD11b | CD31 | | pMK2 | pMK2 | |
| CD3 | CD3 | CD11c | CD11c | Collagen1 | | pNFkB | pNFkB | |
| CD56 | CD56 | CD15 | CD33 | | | pCREB | pCREB | |
| FoxP3 | FoxP3 | CD163 | CCR2 | Nuclear | | pSTAT3 | pSTAT3 | |
| | CD62L | HLA-DR | HLA-DR | IMC | CyTOF | pSTAT5 | pSTAT5 | |
| | CD161 | | FceRIα | Iridium-191 | Iridium-191 | | pSTAT6 | |
| | Tbet | | CRTH2 | Iridium-193 | Iridium-193 | | ΙκΒ | |
| | ΤCRγδ | | CXCR4 | Histone H3 | | | | |
| | CD25 | | OLFM4 | | | | | |
| | CD7 | | | | | | | |



PanCK- epithelium CD 31- blood vessels CD 3- T cells CD68- macrop

HLADR- dendric cells CD8a-CD8 T cells Figure 3. Represent IMC image of gingival tissue from patients with ChP collected at baseline.



treatment (phase I study). (A) Box plot illustrating the cell signaling-based elastic net (csEN) model values in subjects with ChP and controls, pre- and post-ChP treatment. Before ChP treatment, the csEN values increase in subjects with ChP in comparison to controls (9 patients, 7 controls, Wilcoxon rank sum test P = 7.9E-3). There is no change in the csEN values between subjects with ChP and controls post-ChP treatment. (B, C) csEN values overlaid on the immune signaling network for subjects who underwent ChP treatment. (B) Pre-treatment. (C) Post-treatment.

Controls (n=7)

ChP (n=9)

 Proceed with future experiments and data analysis to address the hypothesis: The active innate immunity in local gingival tissue and peripheral blood due to chronic periodontitis could be normalized with ChP treatment.

Future Experimental Timeline

04/2024-06/2024 Conduct CyTOF experiment

07/2024-09/2024

experiment 10/2024-03/2025 Data analysis

Conduct IMC

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