

the nest

■ Human Milk: Evolving of Nature's Understanding

Peptides in Human Milk

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Temporal Evolution of Human
Milk Oligosaccharides

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Protease Enzymes in Human Milk

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Key Messages

Milk proteins undergo digestion into peptides and amino acids within the stomach and intestine in a complex series of reactions.

Many of the peptides from milk are generated by endogenous enzymes within the mammary gland prior to secretion.

Peptides from milk proteins in turn are generated by milk's endogenous enzymes throughout the gastrointestinal tract of the infant.

The presence of peptides in human milk is well known, and research on these components has been active for over half a century. The history of peptide research and innovation can be thought of as occurring in 3 phases. During the first period of scientific discovery and applications, milk proteins were digested by microbial proteases into peptides prior to consumption with the goal to enhance digestion and minimize immunological reactions of the intact proteins. The second phase focused on peptides released by specific proteases with explicit biological sequence and activities screened for known targets of therapeutic benefit. The third phase (just beginning) is focusing on the peptides actually produced within the intestine of breast-fed infants, and research is identifying the targets of their action within infants.

Milk proteins undergo digestion into peptides and amino acids within the stomach and intestine in a complex series of reactions guided by proteolytic enzymes, physical mixing, pH shifts, and biological surfactants.

Not surprisingly given the complexity, digestion can fail to reach completion both due to insufficient capacity within individuals due to immature digestive system or health conditions and to unusually resistant protein structures in the diet. If undigested, proteins and large peptides continue to flow down the intestine, fail to deliver amino acids as nourishment, can elicit autoimmune reactions notably allergies, and feed specific members of the intestinal microbial community yielding undesirable products and metabolites. In response to the documented consequences of failures in protein digestion, scientists developed strategies to pre-digest proteins and provide partially hydrolyzed products [1].

Some peptides released from milk have bioactive properties. Anti-microbial and antihypertensive screens were the first to yield positive results [2].

The arrival of genomics and the modern analytical methods has made it possible to identify, sequence, and annotate the protein origins of the peptides in human milk that are actually

generated in vivo within the mammary gland and infant [3]. This new approach has the potential to change the entire perspective of peptide efficacy. Many of the peptides from milk are generated by endogenous enzymes within the mammary gland prior to secretion [4]. Peptides from milk proteins in turn are generated by milk's endogenous enzymes throughout the gastrointestinal tract of the infant.

While it is not guaranteed that all peptides generated in milk evolved to provide specific biological functions, it is a compelling place to start. Their actions in human infants act as food, i.e. consumed biomaterials, reach their targets of efficacy at an effective dose, and, perhaps most importantly, do so safely. As the targets of these peptides are discovered, it will be possible to develop diagnostics to monitor those processes, new strategies, and new products. A bright future indeed.

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Temporal Evolution of Human Milk Oligosaccharides

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Key Messages

Human milk oligosaccharides are a major component of human milk

Over 200 human milk oligosaccharides (HMO) are predicted to be present in human milk [1]

The HMO profile differs between individuals and changes during the course of lactation

While globally HMO levels decrease during lactation, individual HMO have differing rates of change, and for some the concentration increases during lactation.

HMO are the third most abundant solid component of human milk after lactose and lipids and are generally not digested by the newborn. They are postulated to protect the infant from infections by (i) preventing the binding of pathogenic bacteria to host cells, (ii) helping in the establishment of the gastrointestinal microbiota, and (iii) modulating the developing immune system [1]. Some may act as a conditional dietary source of sialic acid [1].

The levels and types of HMO

in breastmilk differ among individuals primarily depending on their expression of various enzymes called glycosyltransferases. The glycosyl transferases are responsible for elongating lactose with residues of N-acetylglucosamine, galactose, fucose, and/or sialic acid, and as such, the production of different HMO.

The total HMO content in milk decreases during lactation, presumably reflecting the changing needs of the developing infant. HMO content in colostrum may be over 20 g/L, decreasing to around 13 g/L at 4–6 months of lactation [2]. Recent research suggests that the HMO content may slightly increase again during the second year of lactation [3]. The behaviour of individual HMO are not the same (Fig. 1). For example, while the concentration of 2'-fucosyllactose (2'FL) decreases over the first few months of lactation, the concentration of 3FL increases. Also those that decrease do not all decrease at the same rate. 6'-sialyllactose (6'SL) is generally regarded as the predominant SL in human milk. While this is true at early

stages of lactation, the concentration of 6'SL reduces much more dramatically than that of 3'SL, leading to an increased proportion of 3'SL at later stages of lactation.

The differing rates of syntheses of individual HMO suggests that they most likely play different biological roles, adapting to the growing infant's physiological needs [4]. As our knowledge of the dynamics and functions of the different HMO during infant development increases, we will better understand the changing needs for these in the growing infant's diet.

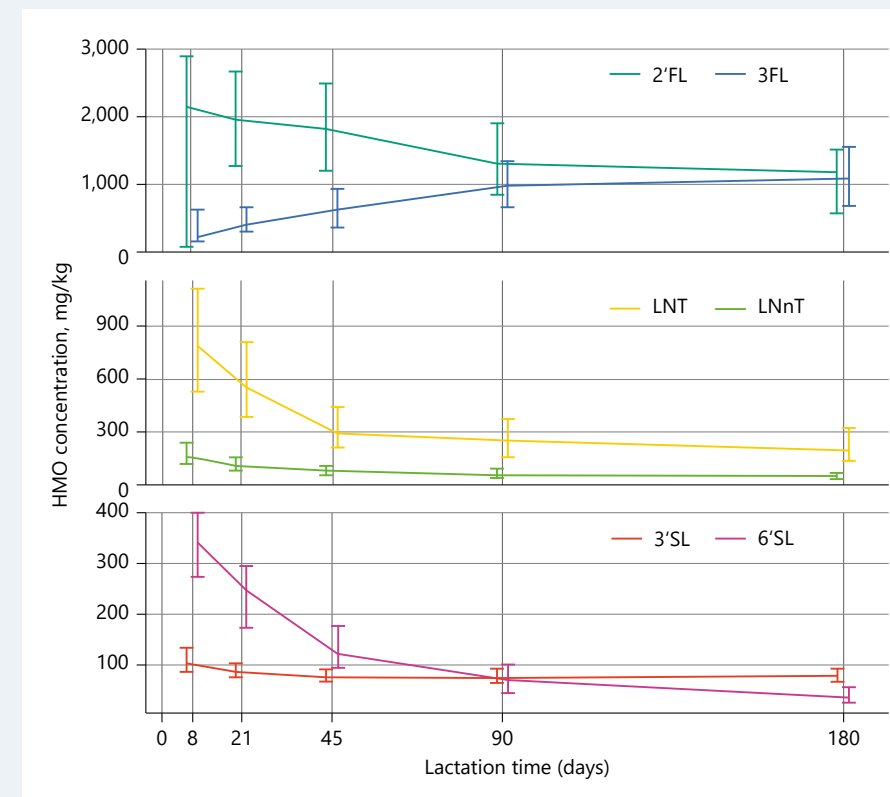


Fig. 1. Median levels with interquartile ranges over time of lactation of key individual HMO, representative for the fucosylated (2'FL, 3FL), neutral non-fucosylated (LNT, LNnT), and sialylated (3'SL, 6'SL) HMO [5]. 2'FL, 2'-fucosyllactose; 3FL, 3-fucosyllactose; LNT, lacto-N-tetraose; LNnT, lacto-N-neotetraose; 3'SL, 3'-sialyllactose; 6'SL, 6'-sialyllactose

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Protease Enzymes in Human Milk

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Key Messages

Human milk evolved not as simple proteins but rather as a combination of proteins and protease enzymes.

Young infants are developmentally naïve, produce little gastric acid, and express low protease activity.

The selective proteolysis of milk proteins begins within the mammary gland.

Introduction

The emergence of lactation as the system of nourishing infants has been a core asset to the success of mammalia. The traits of lactation selected within the mother infant dyad has been a Darwinian engine of nourishment for over 200 million years [1]. The proteins of milk are proving to be an even more complex nutrition and protection system than previously considered. Scientists are now using modern tools of biological research to understand milk proteins and their digestion into peptides within infants [2, 3]. Mapping these peptides to the proteins that contained them and the sites that were cleaved revealed a surprising result: the protease enzymes defined by their cleavage specificity correspond to enzymes not in babies but in the milk [4]. A total of five protease

enzymes (plasmin, cathepsin, elastase, kalikrein, and amino- and carboxypeptidase) were identified to be either translocated to or synthesized in the mammary gland, present in milk, and active within the infant stomach. These results suggest that milk evolved not as simple proteins but rather as a combination of proteins and protease enzymes.

Implications

First: the infant. The current paradigm for protein nourishment is that intact proteins denatured by stomach acid and attacked by endogenous proteases in the stomach begin a digestive process that continues with hydrolysis by neutral proteases in the small intestine, and ultimately leads to the release and complete absorption of amino acids by the intestinal epithelia. Young infants, however, are developmentally naïve, produce little gastric acid, and express low protease activity. Nonetheless, infants digest and absorb milk proteins effectively with an array of proteases activated within the infant and contributing to catalytic activity. Specificity to protein digestion within the infant has some important implications to infant nourishment.

Second: the milk. There are no means at hand to measure – and much less to deliver – this aspect of human milk to all infants. Sharing of breast milk, storing, processing, all will affect the net ability of milk's enzymes to selectively digest the proteins. Formula does not currently contain these activities. Scientific discovery must now identify all peptides released, where and when, annotate their functions, and understand their value to infants.

Third: the mother. The selective proteolysis of milk proteins begins within the mammary gland. Are these activities of benefit to the mother, to lactation? How diverse are these activities across mothers, across lactation, across varying maternal health and nutritional status? Answers to these questions will guide future policies and practices of lactation.

Understanding this magnificent system of nourishment is likely to provide insights for nourishing humans of all ages and all health conditions.

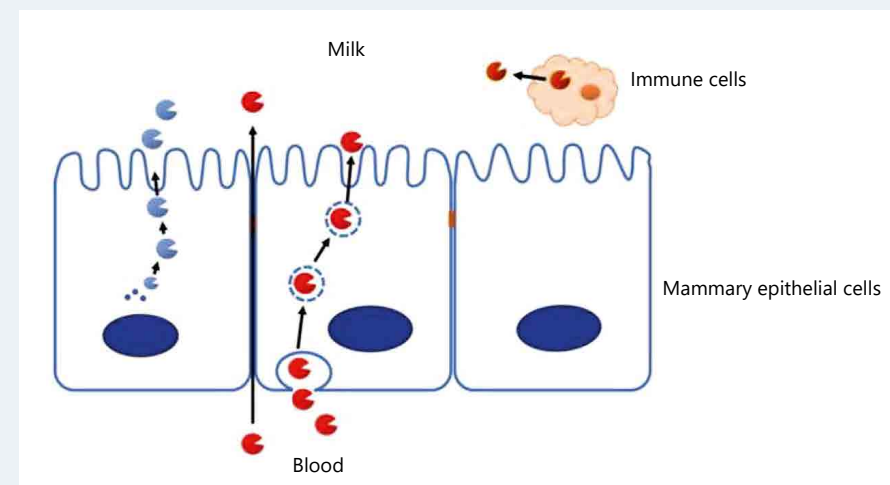


Fig. 1. Schematic of production and transfer of enzymes into milk within the lactating mammary gland. Enzymes can reach milk by direct protein synthesis by the epithelial cell, by translocation from blood, and by secretion from immune cells within the mammary gland and milk itself

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