

Microbiota-mediated defense against intestinal infection.

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Allogeneic Hematopoietic Stem Cell Transplantation (allo-HSCT)

Pre-transplant conditioning:

Total body irradiation

Cytotoxic chemotherapy

Prophylactic antibiotic administration

Mucositis – loss of epithelial integrity

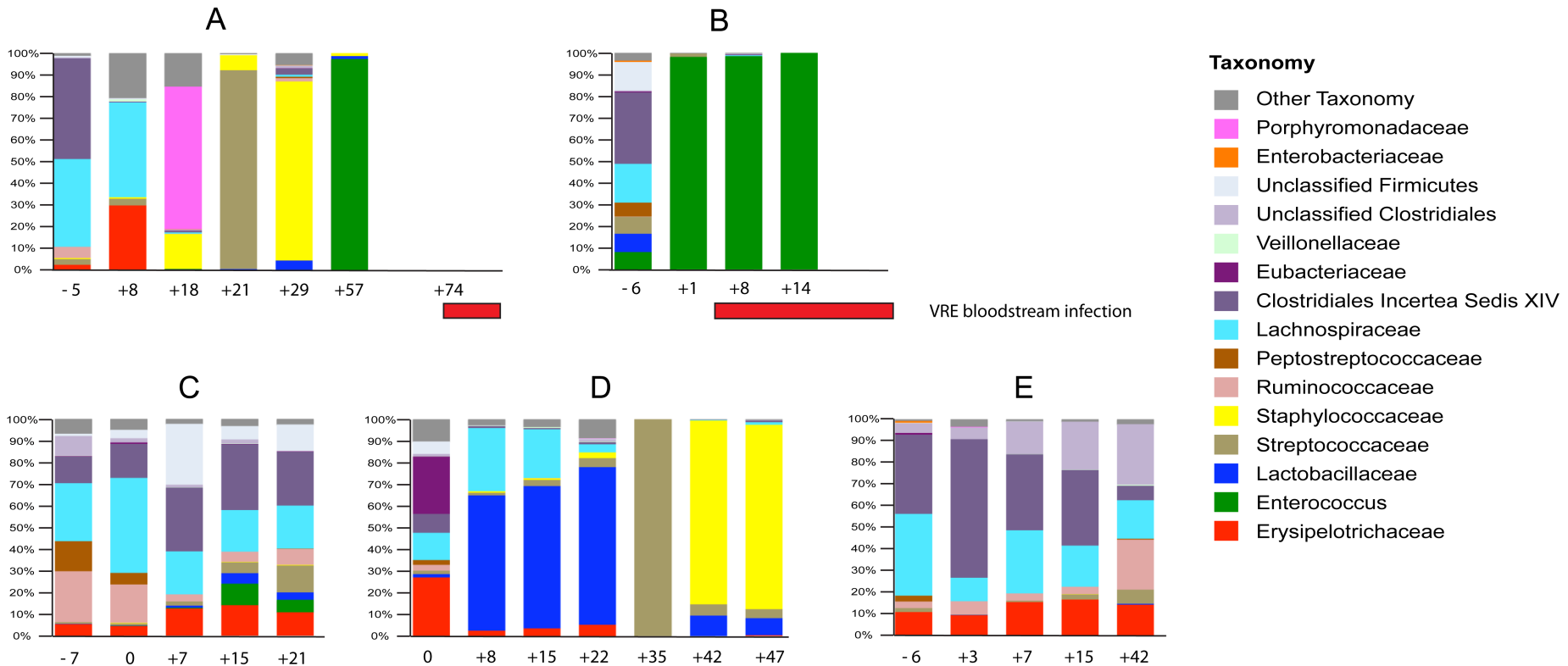
Neutropenia

Monocytopenia

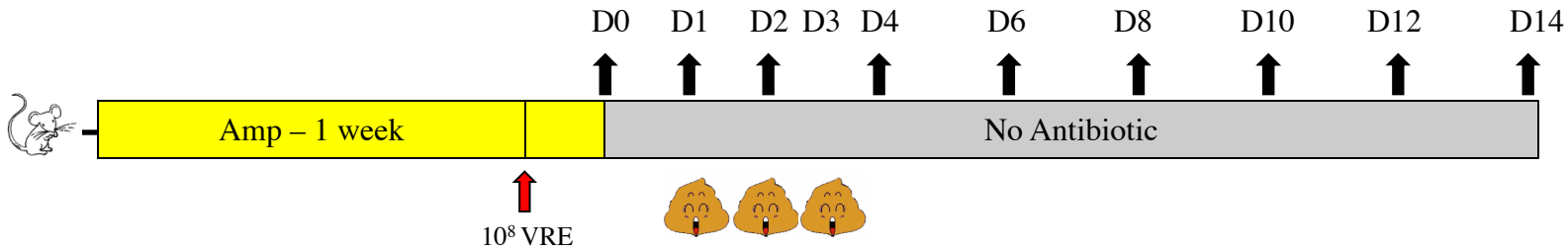
High risk of infection – frequent broad-spectrum antibiotic administration

Graft versus host disease

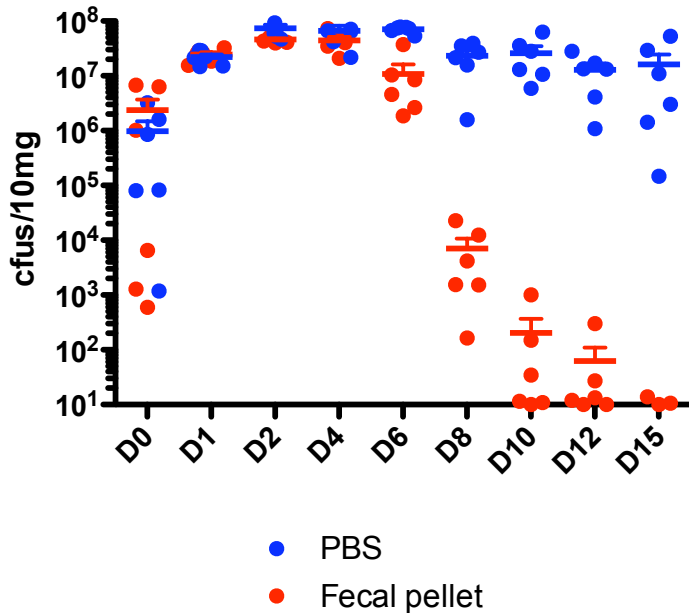
VRE Domination of the GI tract occurs in some patients following allogeneic hematopoietic stem cell transplantation and is associated with VRE bacteremia.



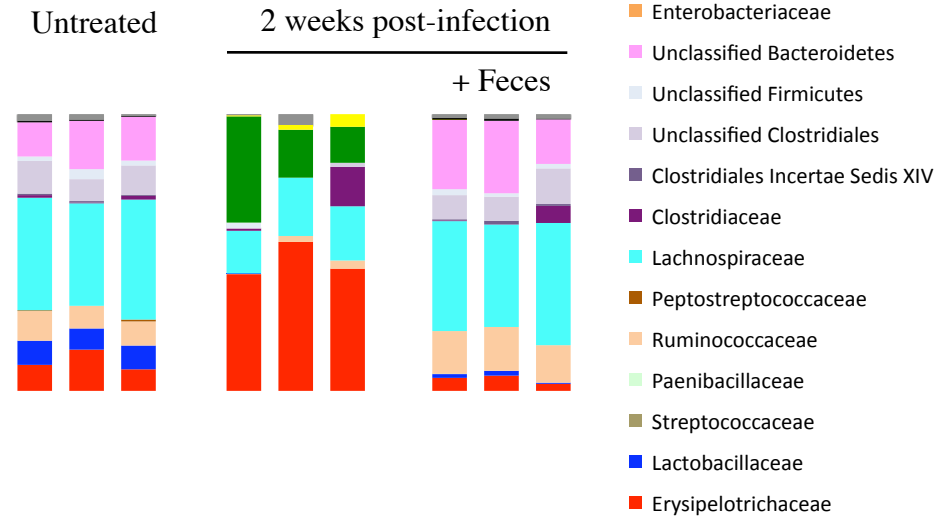
“Normal” microbiota eliminates persistent VRE



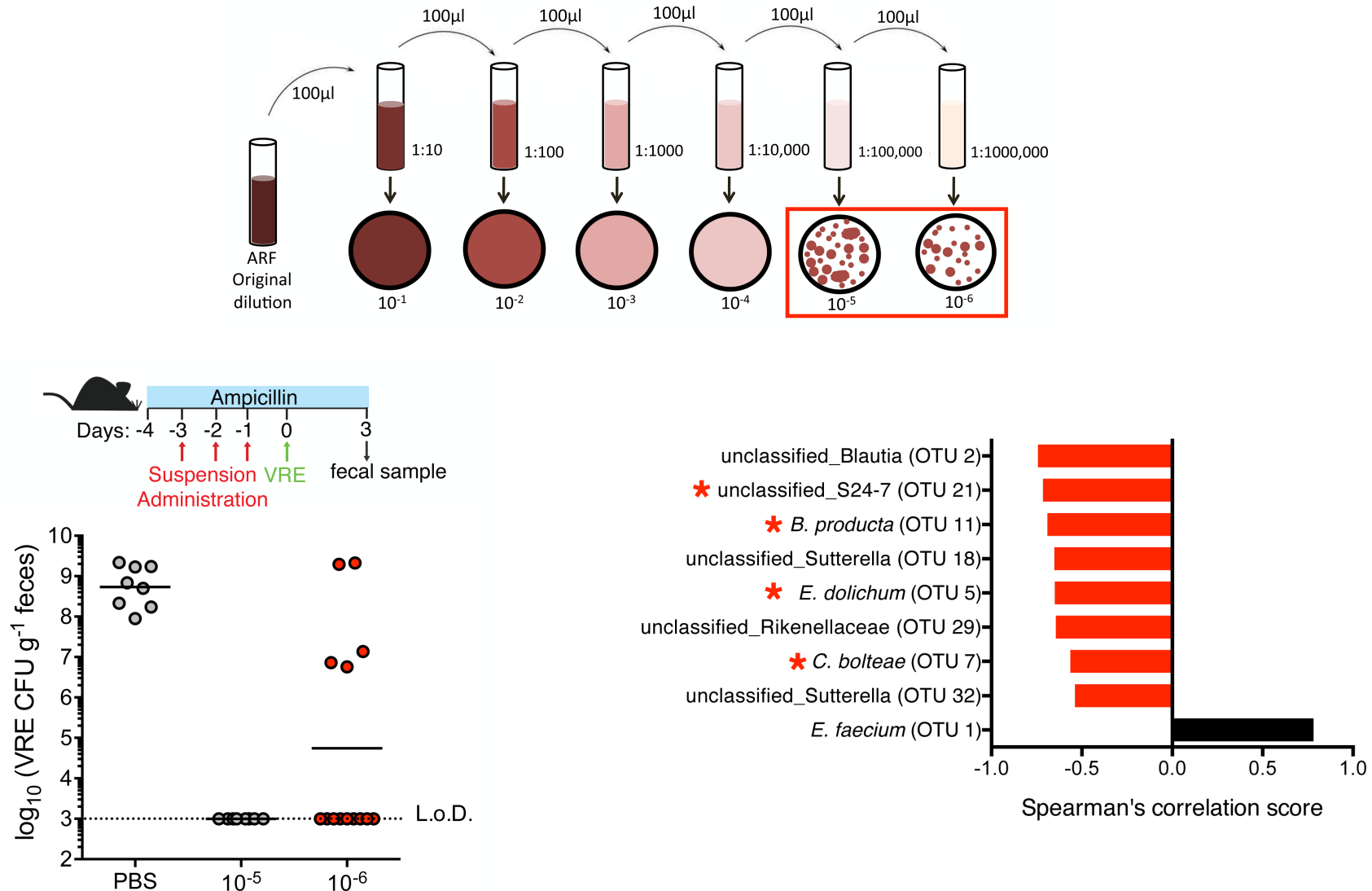
VRE in Fecal Samples



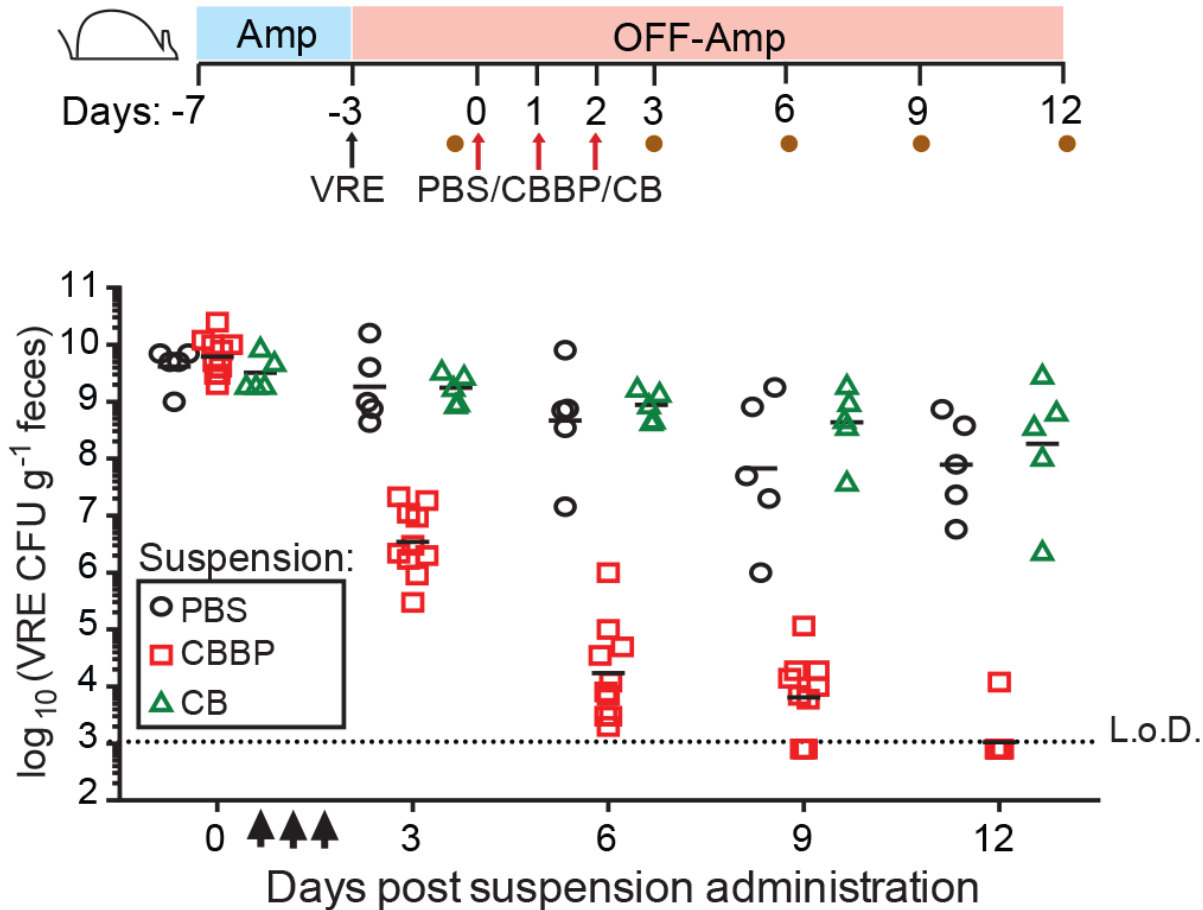
Microbiota composition



Microbiota dilution facilitates identification of commensal taxa associated with colonization resistance.



Four bacterial strains (CBBP) mediate colonization resistance against VRE.



CBBP

Clostridium bolteae

Bacteroides sartorii

Blautia producta

Parabacteroides distasonis

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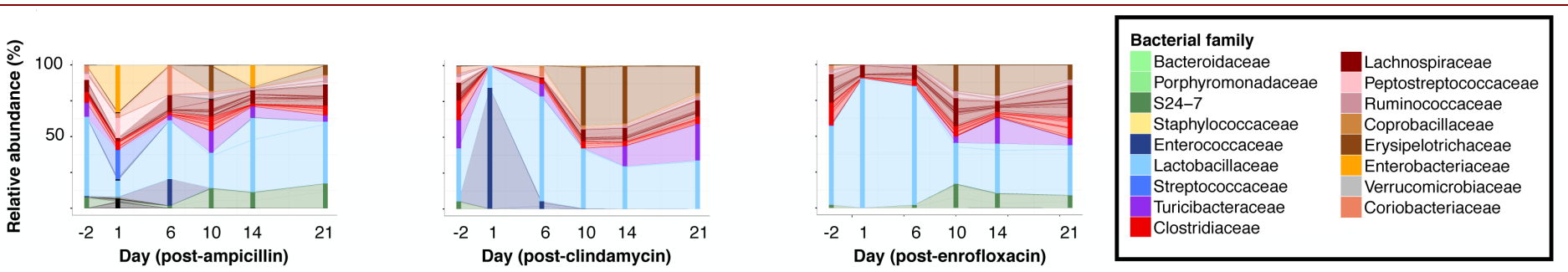
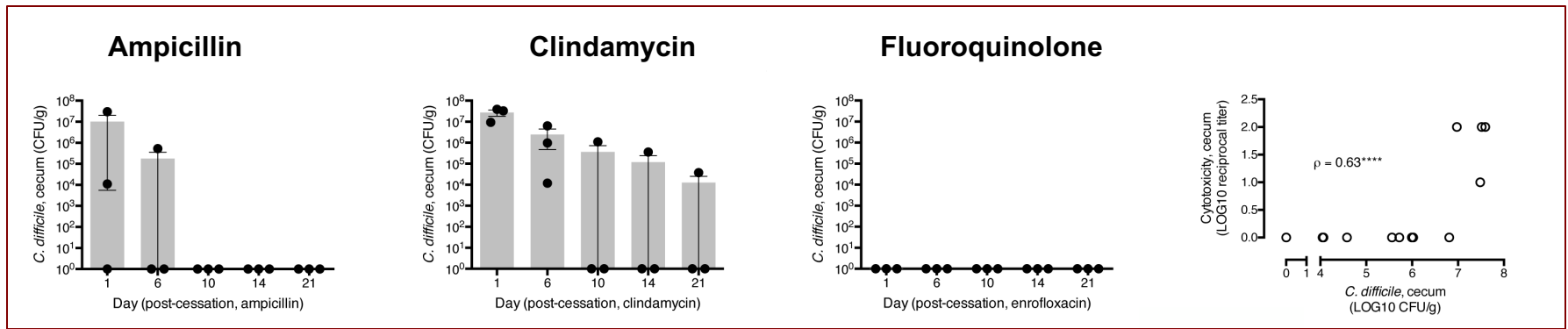
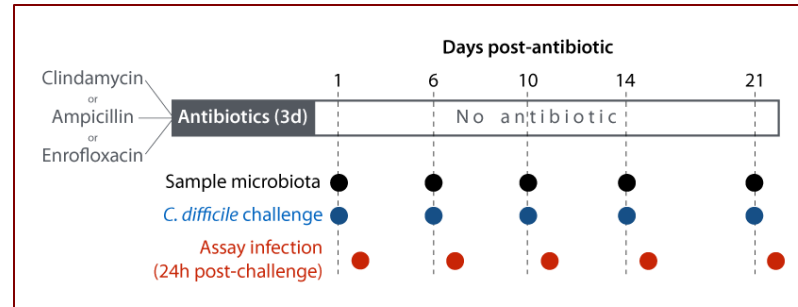
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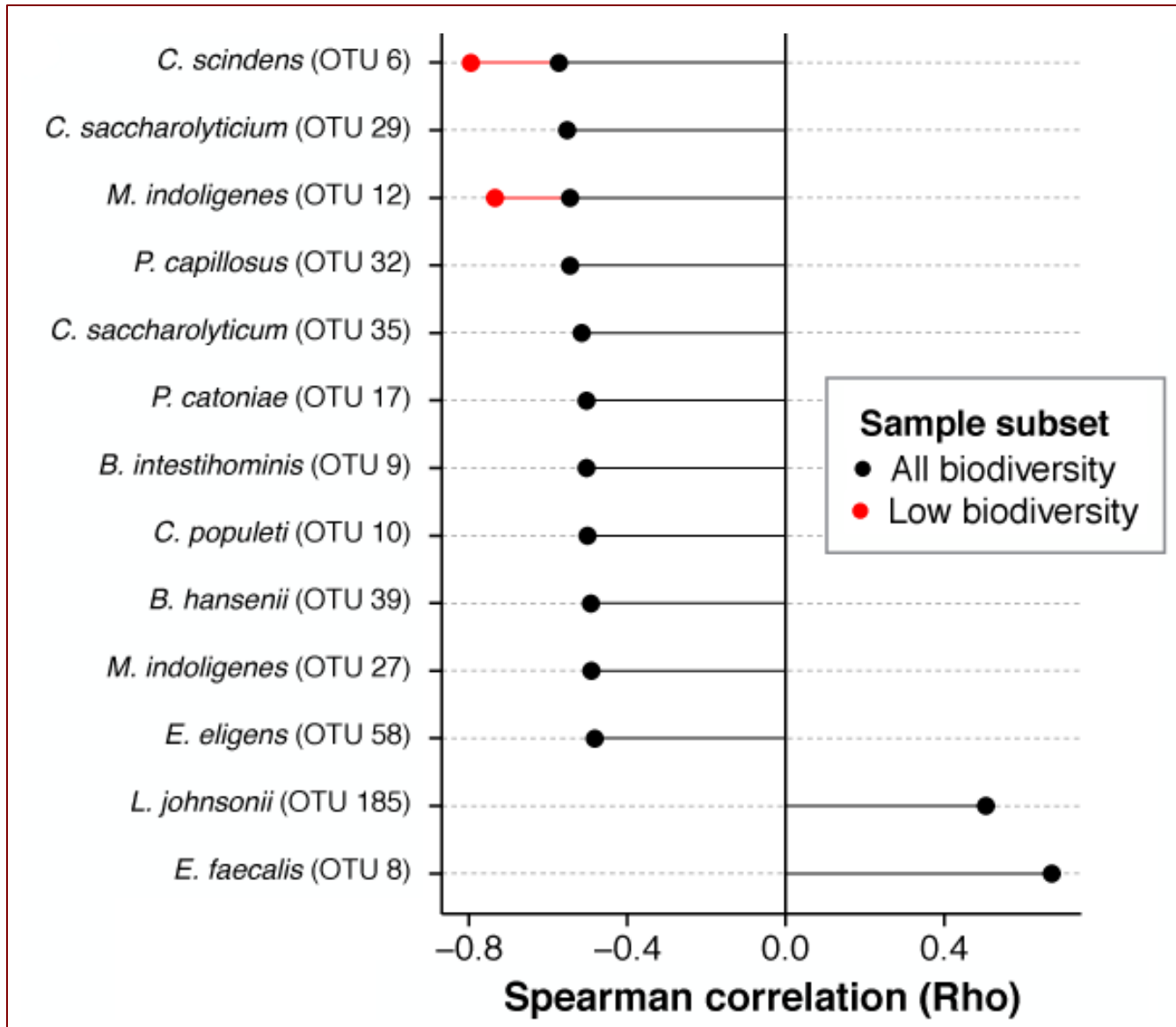
Duodenal Infusion of Donor Feces for Recurrent
Clostridium difficile

Els van Nood, M.D., Anne Vrieze, M.D., Max Nieuwdorp, M.D., Ph.D., Susana Fuentes, Ph.D.,
Erwin G. Zoetendal, Ph.D., Willem M. de Vos, Ph.D., Caroline E. Visser, M.D., Ph.D., Ed J. Kuijper, M.D., Ph.D.,
Joep F.W.M. Bartelsman, M.D., Jan G.P. Tijssen, Ph.D., Peter Speelman, M.D., Ph.D.,
Marcel G.W. Dijkgraaf, Ph.D., and Josbert J. Keller, M.D., Ph.D.

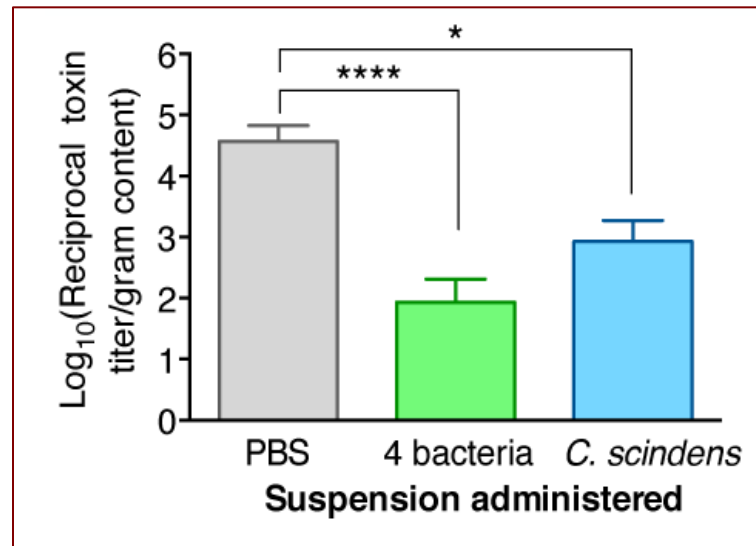
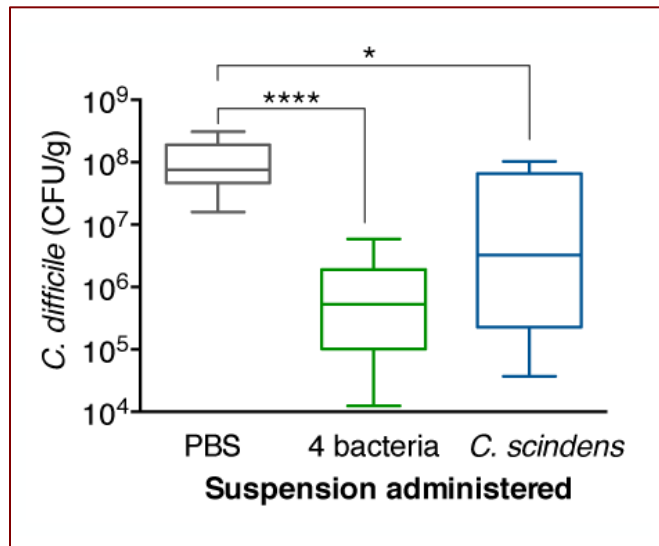
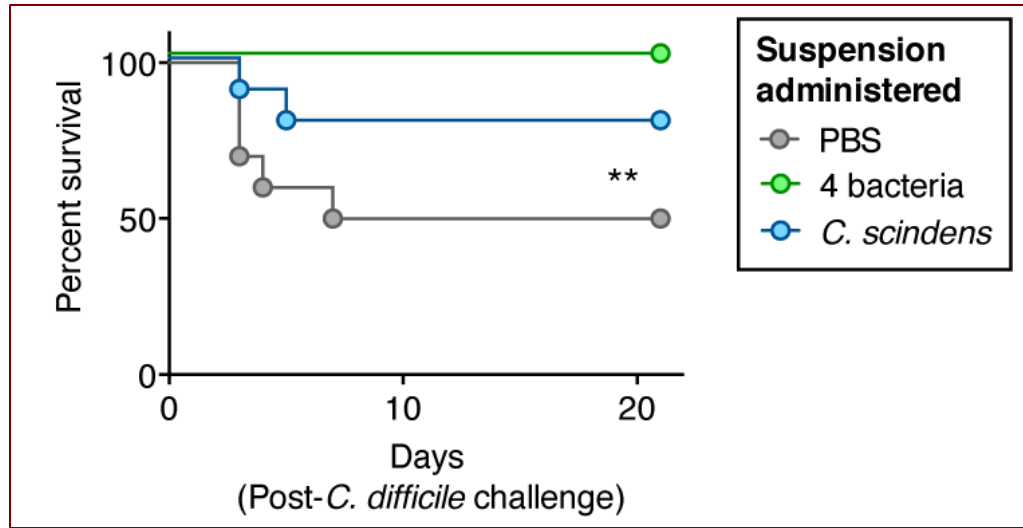
Different antibiotics: disparate duration of susceptibility to *Clostridium difficile* infection.



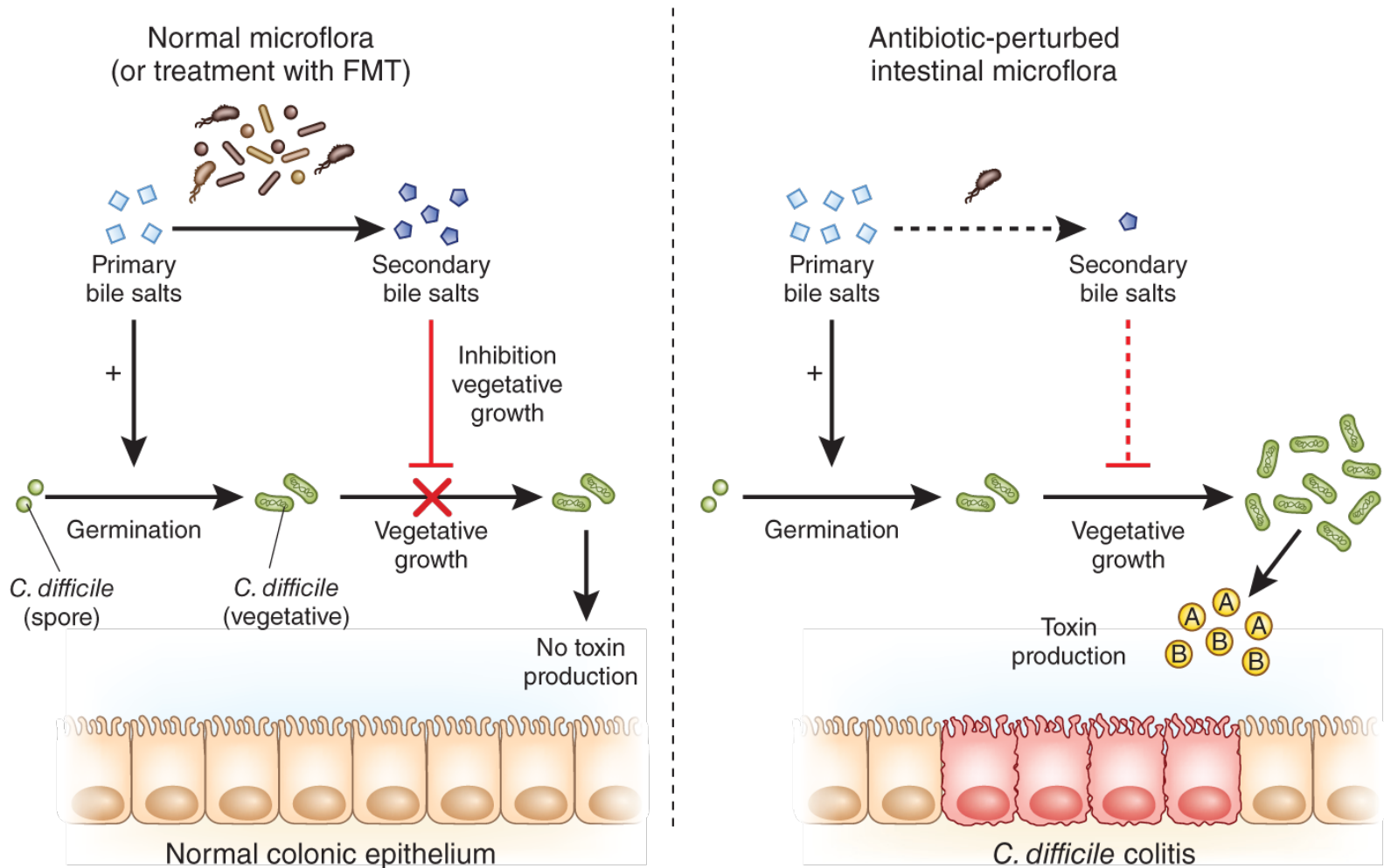
Correlating microbiota components & CDI resistance



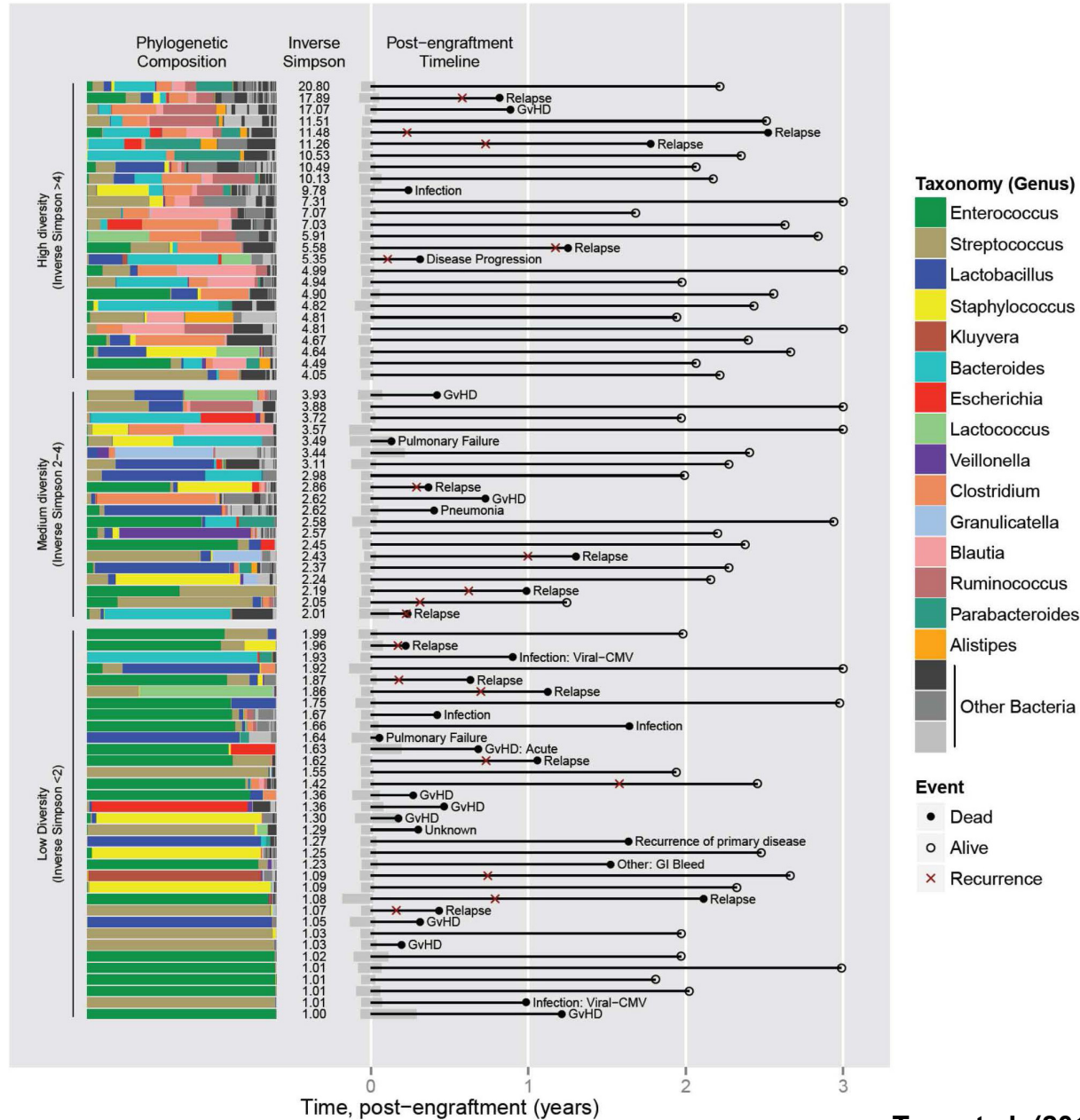
Protection against *C. difficile* mediated by four commensal bacterial species: *B. intestihominis*, *Blautia hansenii*, *Pseudoflavonifractor capillosus* and *C. scindens*



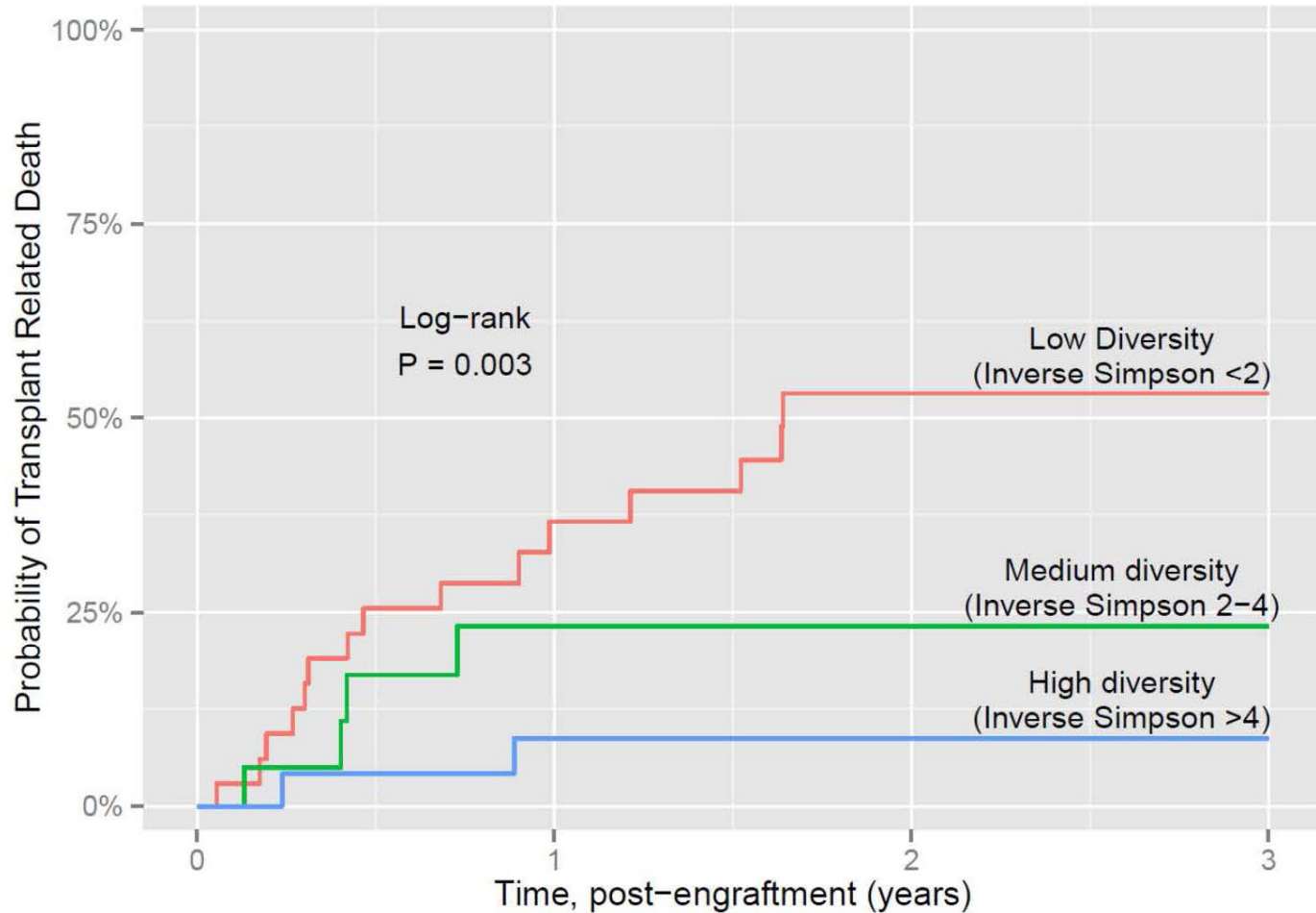
Secondary bile salt-mediated inhibition of *Clostridium difficile* growth



Allo-HSCT patients can be divided into low, intermediate and high microbiota diversity groups.

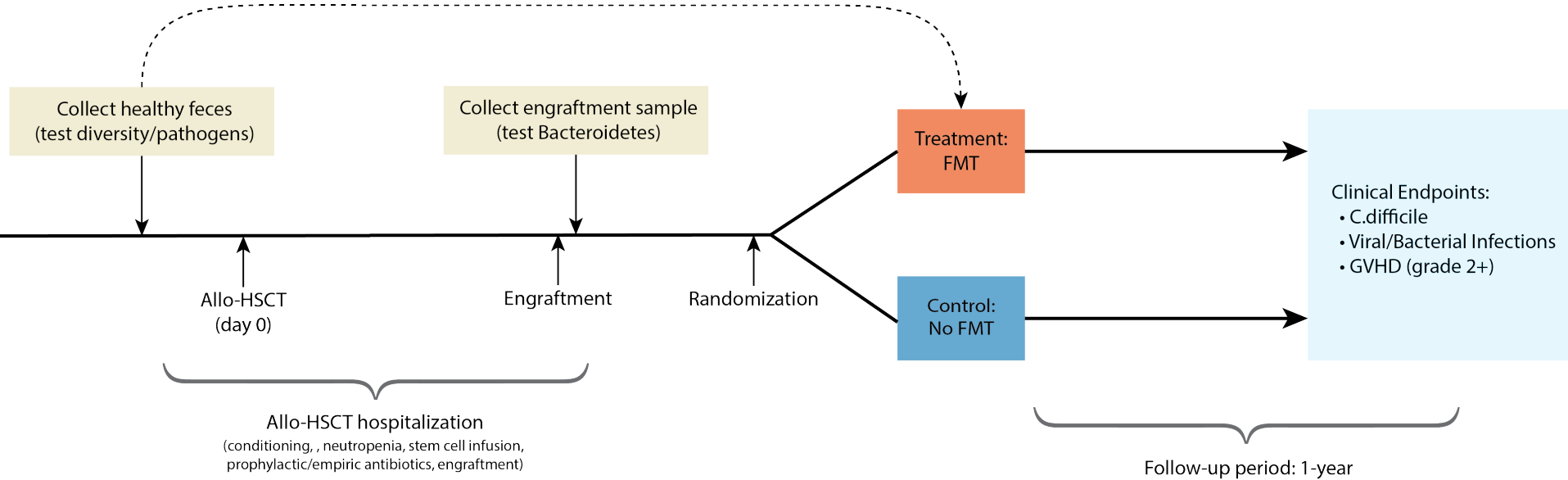


Transplant-related mortality is markedly reduced in patients with a diverse microbiota following engraftment

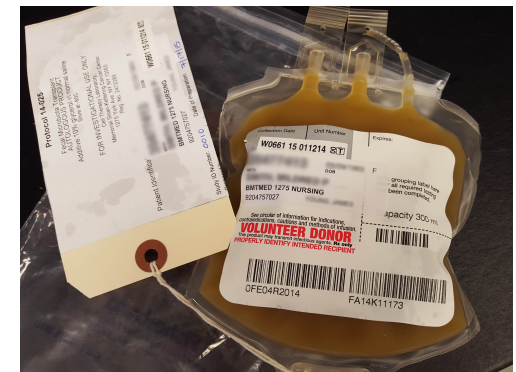


Number at Risk	0	1	2	3
High diversity	26	21	17	4
Medium diversity	20	12	10	3
Low Diversity	34	17	7	2

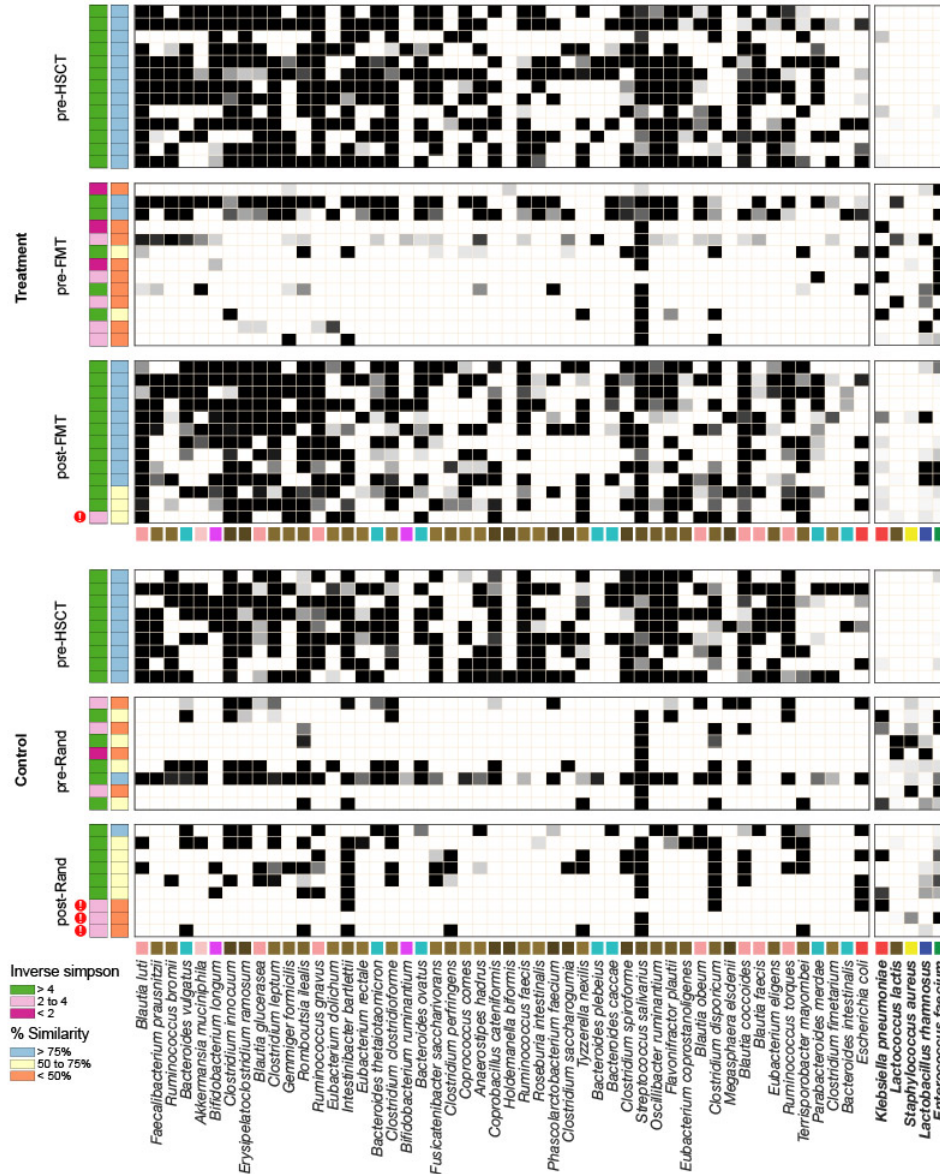
14-025: Randomized Trial of Auto-FMT in Allo-HSCT



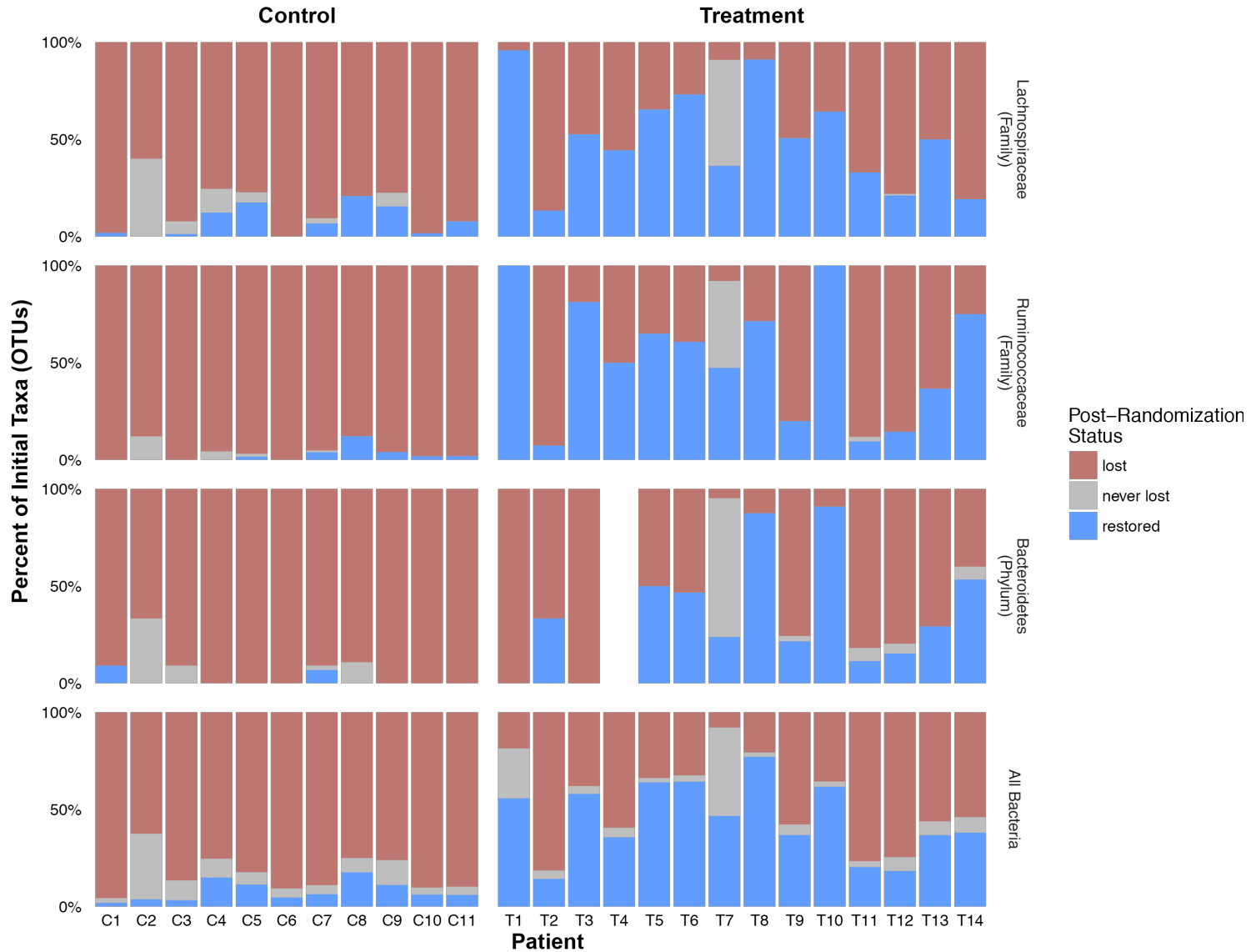
- **215 allo-HSCT patients enrolled (since Jan 2015)**
 - 31 patients currently
 - 55 excluded, detectable Bacteroidetes at engraftment
 - 61 excluded, other reasons (initial sample failed pathogen screen)
 - 20 withdrew from study
- **59 Randomized**
 - 29 Treatment (FMT)
 - 30 Control



Auto-FMT re-establishes pre-HCT microbiota.



Auto-FMT re-establishes pre-HCT commensal bacterial families.



Microbiota-mediated defense against antibiotic-resistant bacterial infections.

Complex microbial networks in the gut provide colonization resistance; the indirect and direct mechanisms remain incompletely defined.

Microbiota-mediated modification of bile acids contributes to host resistance to intestinal pathogens.

Commensal microbes inhibit antibiotic-resistant pathogens by secreting bacteriocins (e.g. lantibiotics) and producing SCFAs.

Microbiota diversity predicts survival following allogeneic hematopoietic stem cell transplantation.

Reconstitution of mucosal bacterial populations following antibiotic therapy using FMT or specific commensal microbes provides an alternative approach to treat and prevent infections in an era of decreasing antibiotic susceptibility.



Joao Xavier



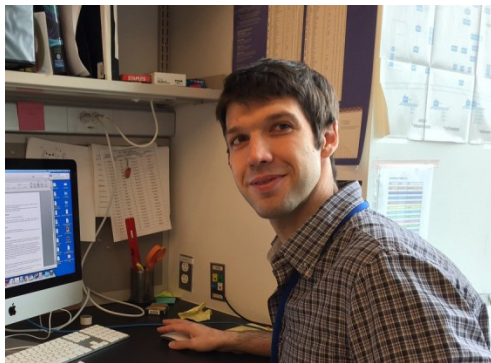
Ying Taur



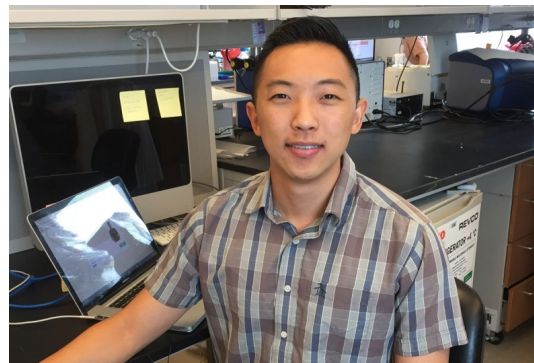
Marcel van den Brink



Bastiaan Haak



Simone Becattini



Sohn Kim



Matthew Sorbara



Thomas Moody

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Tow Foundation
Cycle for Survival**