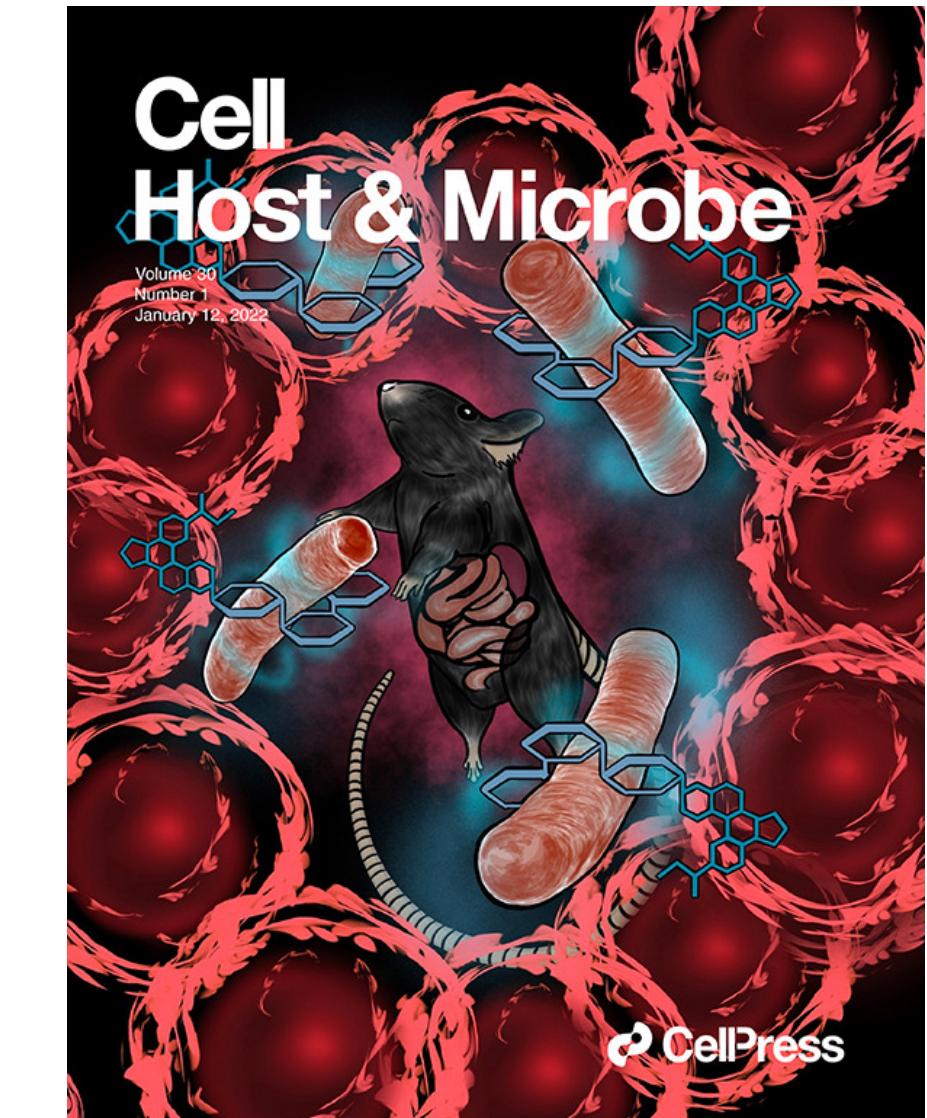
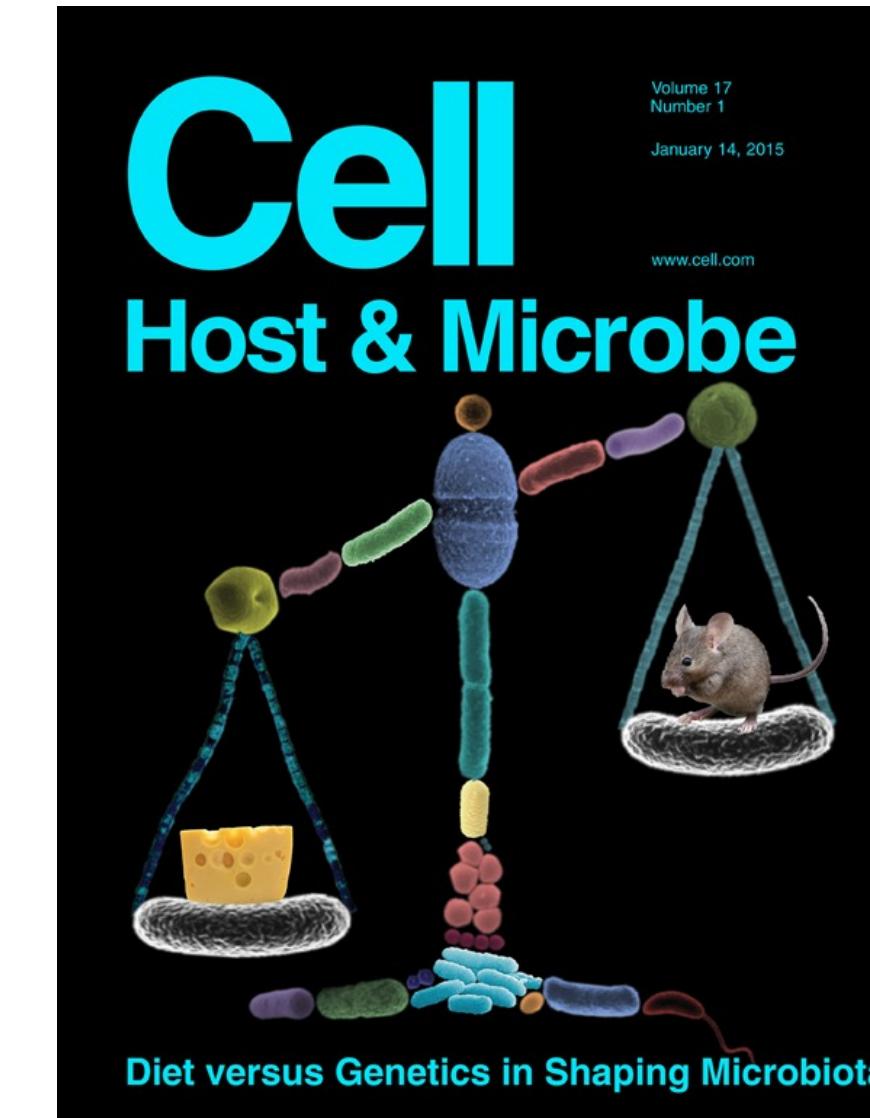
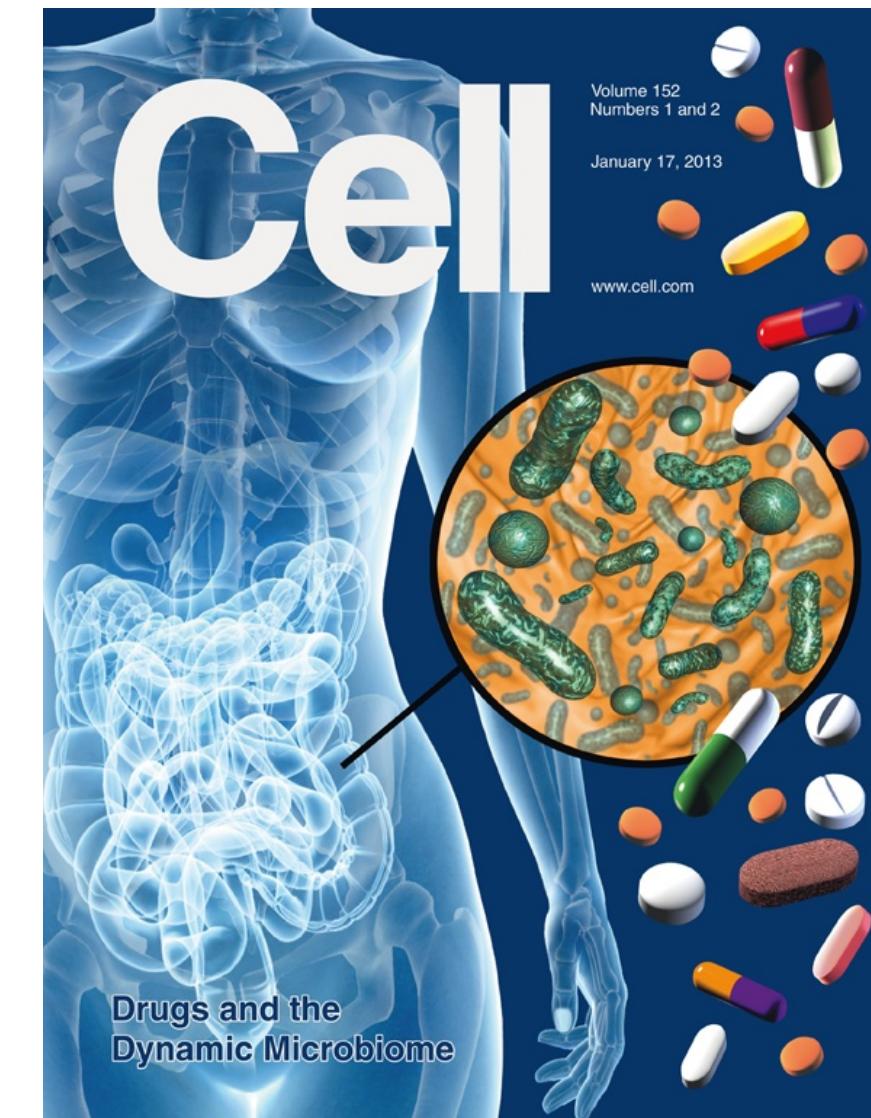
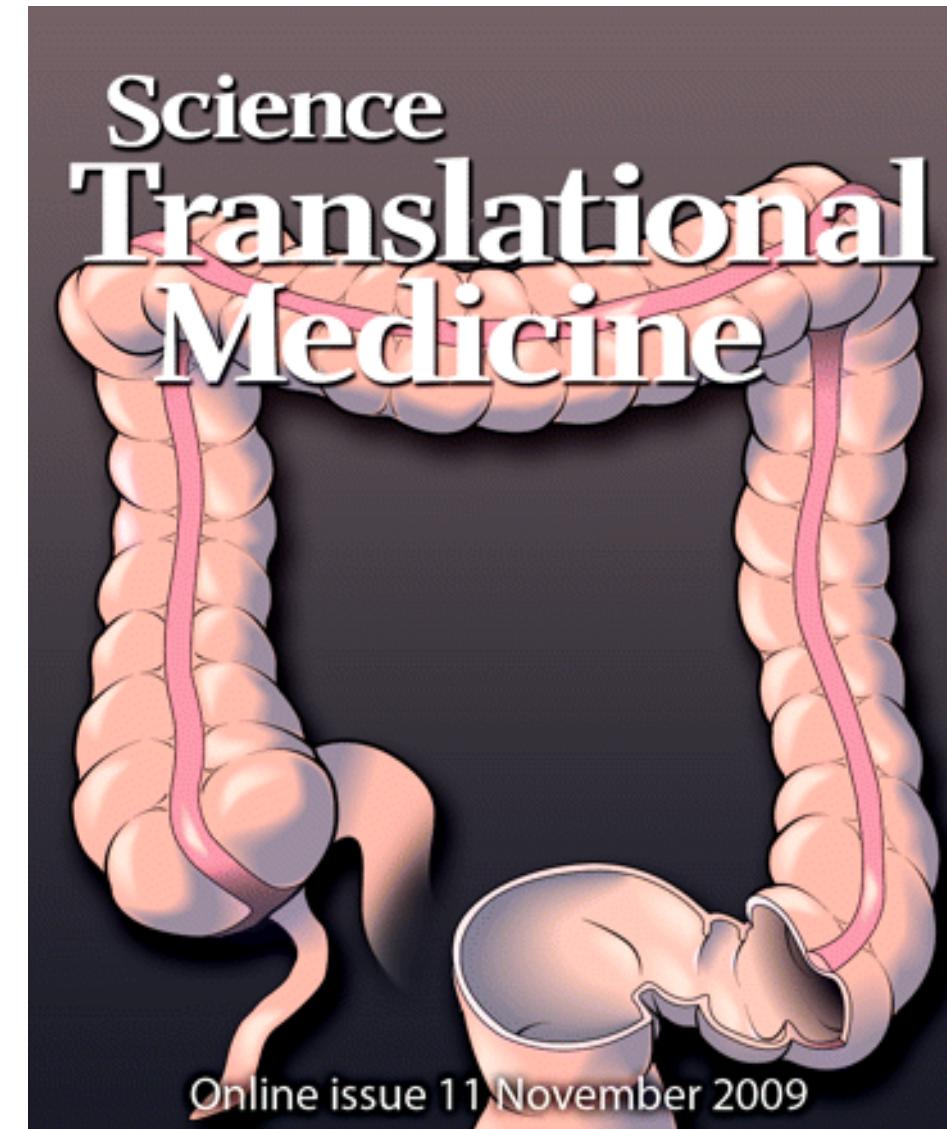


They are what you eat: how food and drugs interact with the gut microbiome



Peter J. Turnbaugh, Ph.D., Professor

University of California, San Francisco Department of Microbiology & Immunology
G.W. Hooper Foundation, Benioff Center for Microbiome Medicine, CZ Biohub

Learn more at:

turnbaughlab.ucsf.edu | microbiome.ucsf.edu | gnobiotics.ucsf.edu | @PTurnbaugh

Diet: a century-old hypothesis



Arthur Kendall

JBC 1909

Diet: a century-old hypothesis



Arthur Kendall
JBC 1909

“As this food passes through the alimentary canal...at different levels of the tract it is decomposed in part by various types of bacteria. The predominating types of bacteria which take part in the decomposition are ***determined largely by the nature of the diet.***”

Diet: a century-old hypothesis

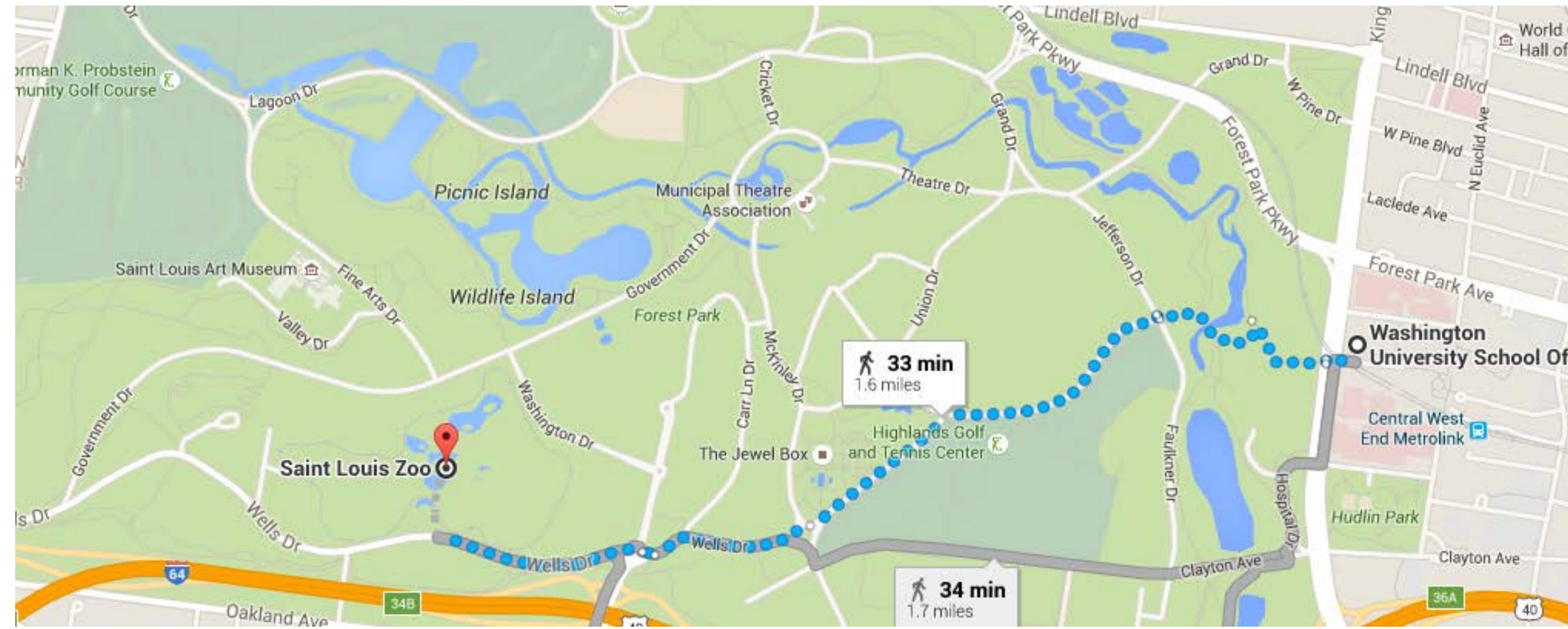


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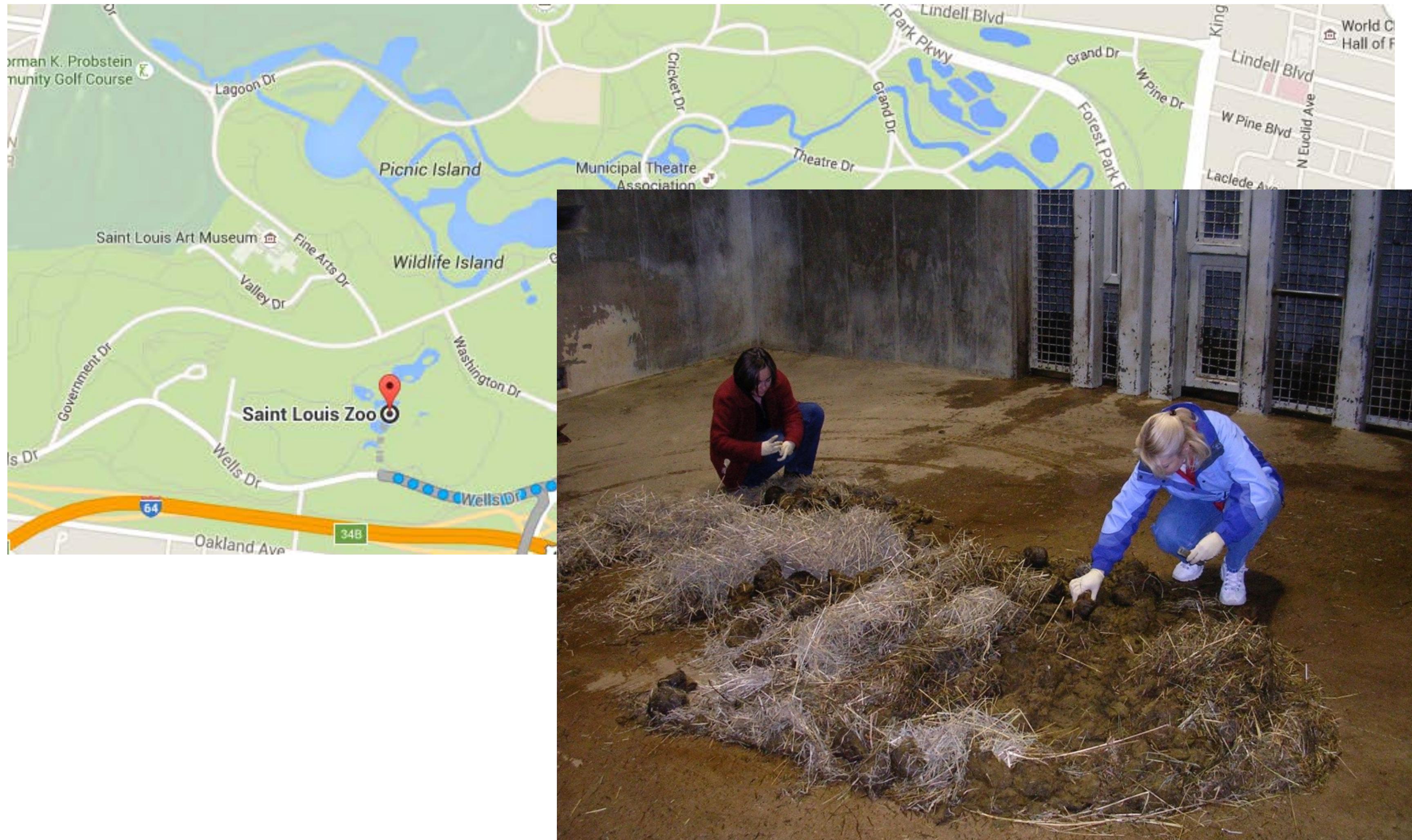
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“this correlation between diet, intestinal [microbiota] and end products has been ***largely overlooked***”

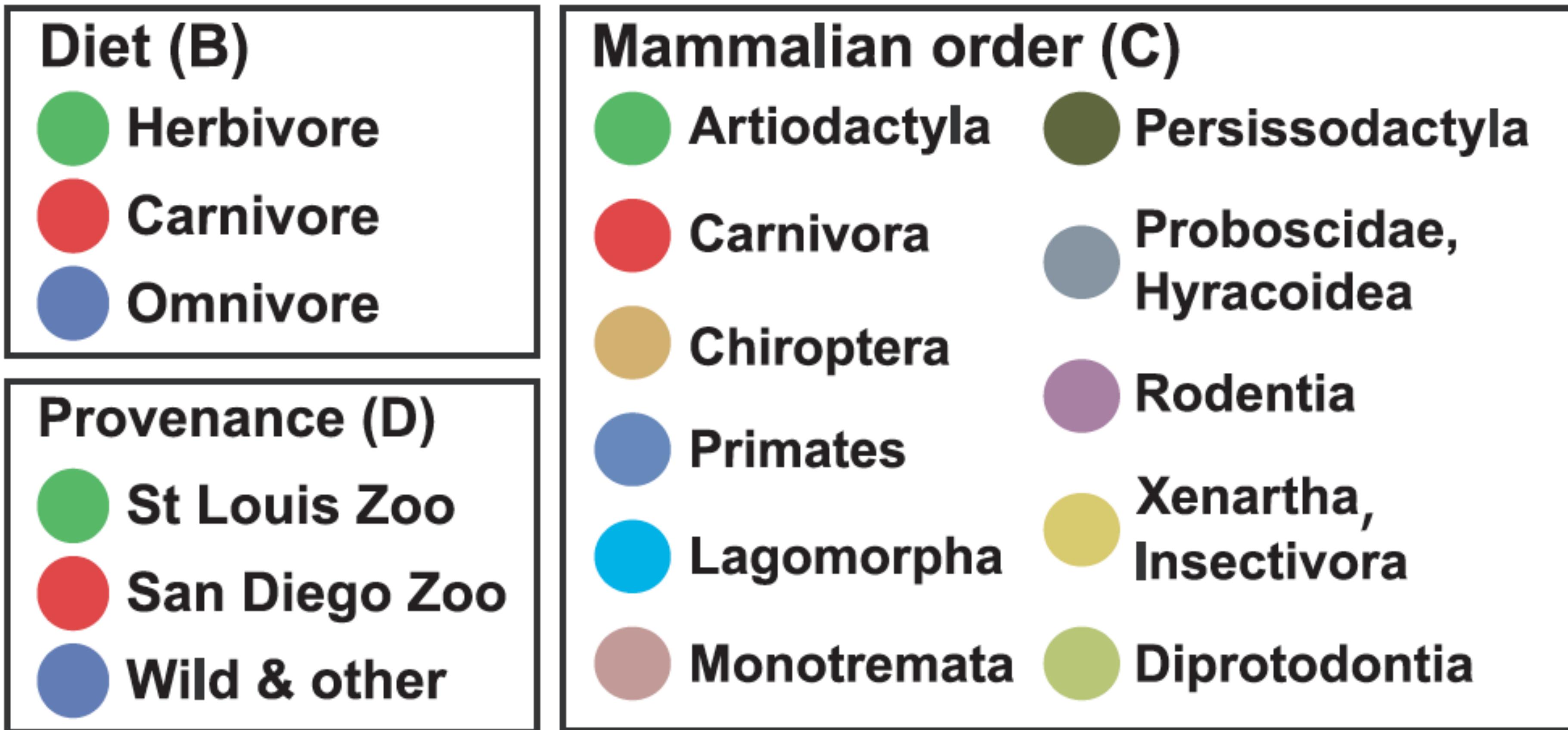
A field trip to the zoo



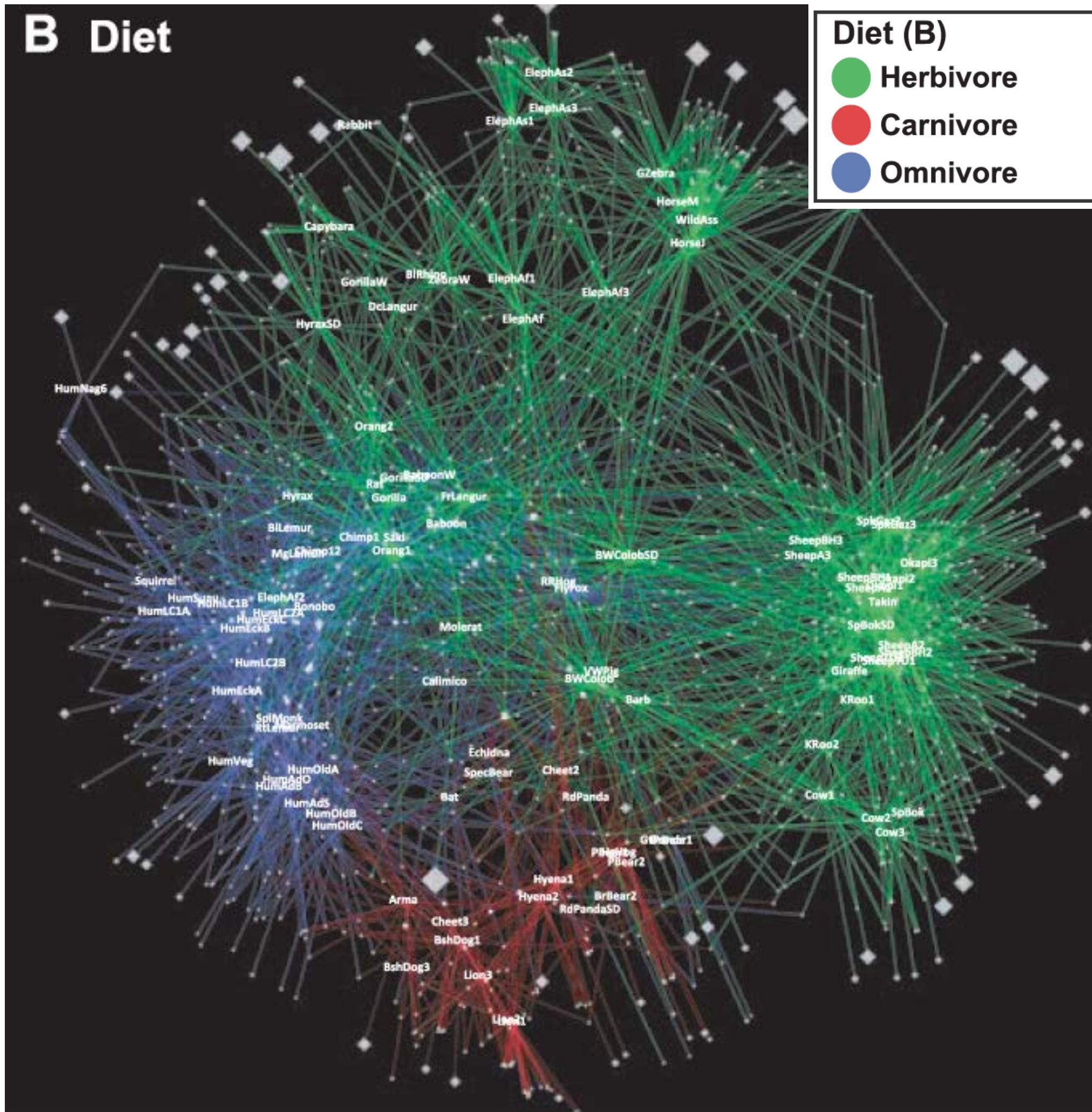
A field trip to the zoo



A representative set of mammals

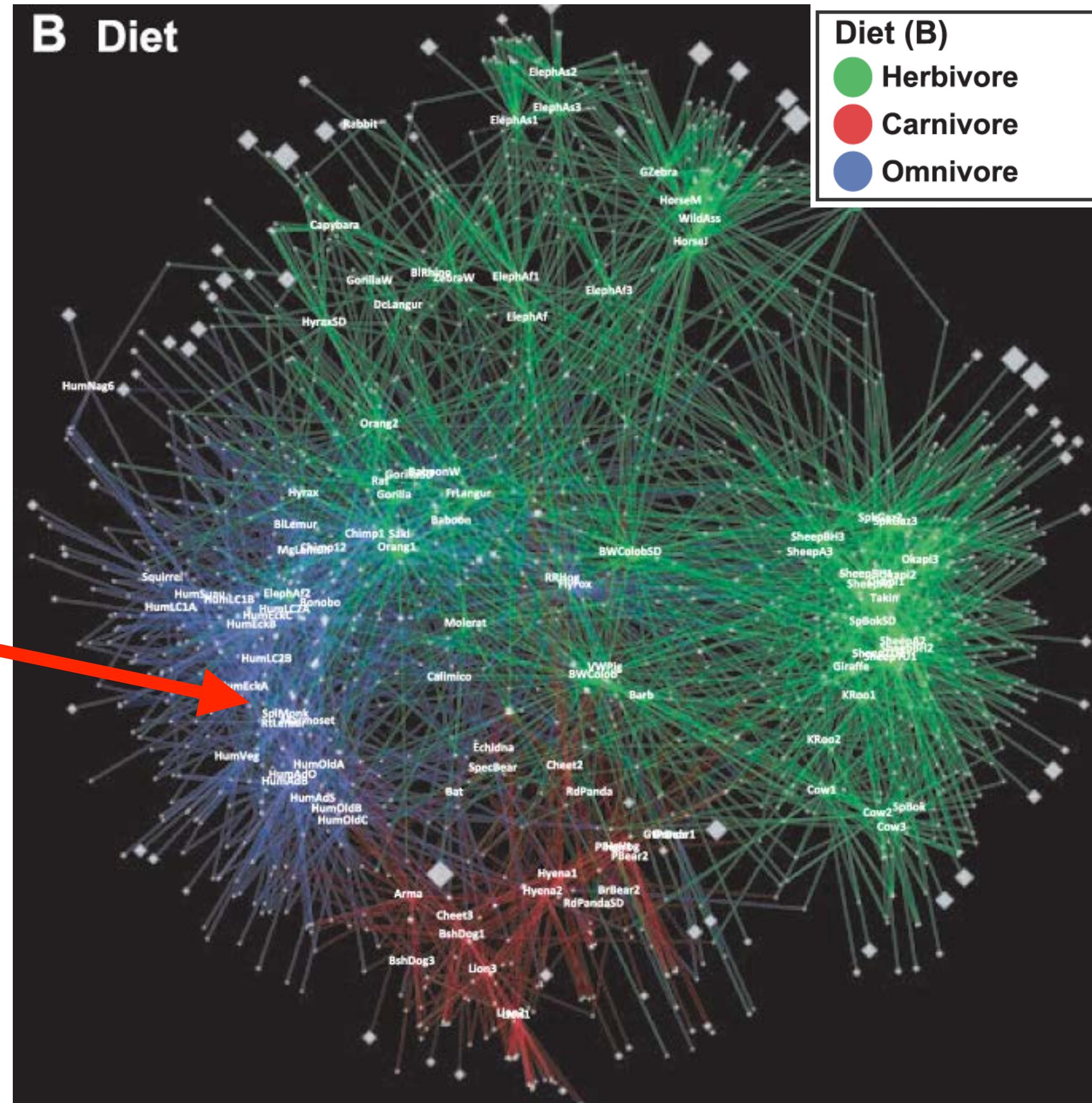


Mammalian gut microbiomes group by diet



Mammalian gut microbiomes group by diet

You are here

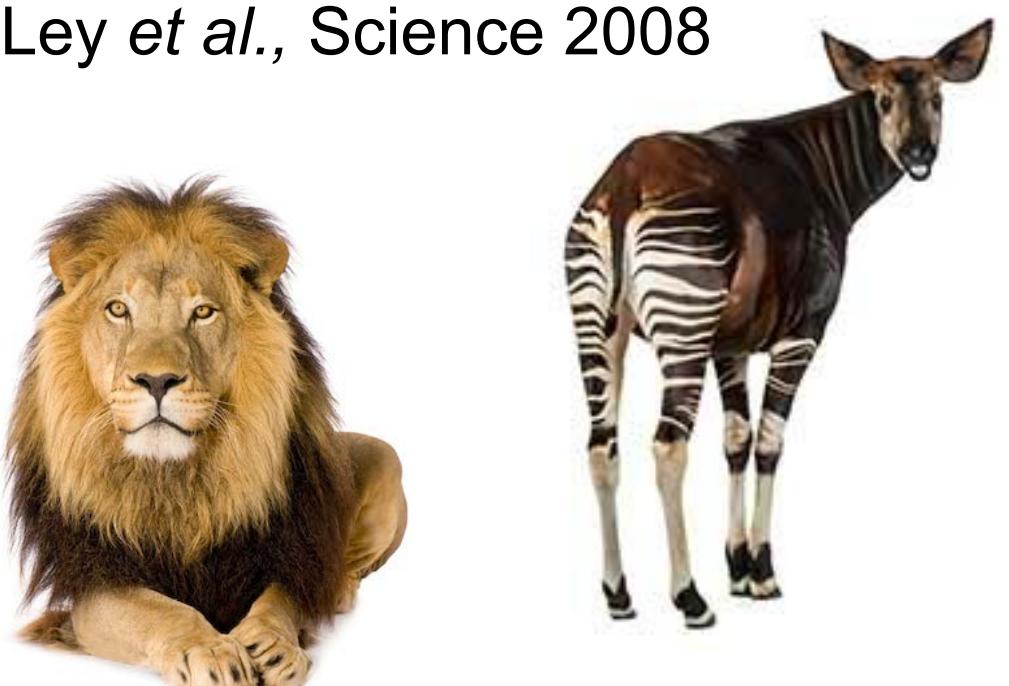


Our gut microbes are what we eat

Our gut microbes are what we eat

Across mammalian evolution

Ley *et al.*, Science 2008



Our gut microbes are what we eat

Across mammalian evolution

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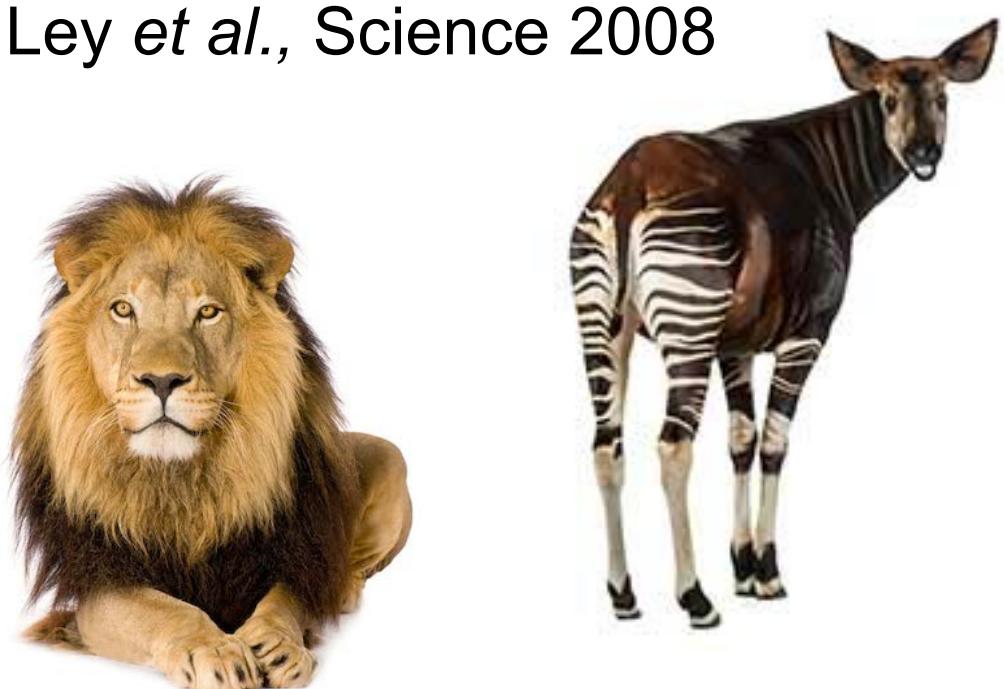
In laboratory and wild mice

Turnbaugh *et al.*, Cell Host & Microbe 2008; Turnbaugh *et al.*, STM 2009; Mahowald *et al.*, PNAS 2009; Maurice *et al.*, ISME J 2015; Roopchand *et al.*, Diabetes 2015; Carmody *et al.*, Cell Host & Microbe 2015; Ang *et al.*, Cell 2020

Our gut microbes are what we eat

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In humans



Ley *et al.*, Nature 2006;
Jumpertz *et al.*, AJCN 2011;
David *et al.*, Nature 2014;
Ang *et al.*, Cell 2020;
Basolo *et al.*, Nat Med 2020
Jumpertz *et al.*, Nature 2021

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Nutrition Facts

8 servings per container

Serving size 2/3 cup (55g)

Amount per 2/3 cup

Calories 230

% DV*

12% **Total Fat** 8g

5% **Saturated Fat** 1g

Trans Fat 0g

0% **Cholesterol** 0mg

7% **Sodium** 160mg

12% **Total Carbs** 37g

14% **Dietary Fiber** 4g

Sugars 1g

Added Sugars 0g

Protein 3g

10% **Vitamin D** 2mcg

20% **Calcium** 260 mg

45% **Iron** 8 mg

5% **Potassium** 235 mg

* Footnote on Daily Values (DV) and calories reference to be inserted here.

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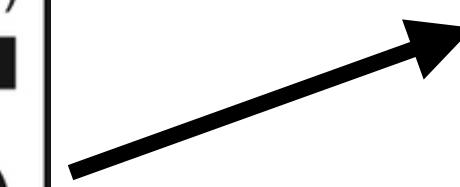
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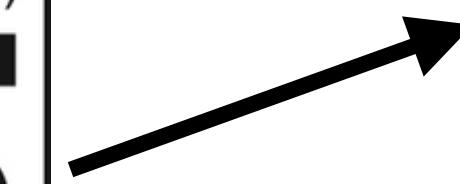
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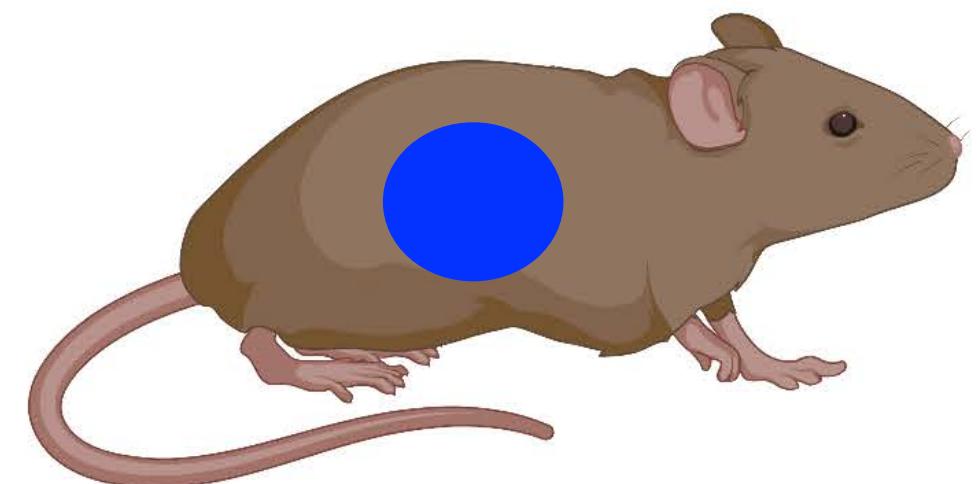
Energy needed to raise the temperature of 1 kg of water 1°C



Hypothesis: differences in the microbes in our gut impact the energy we gain from our diet

Differences in gut microbes impact body fat (in mice)

Obese donor



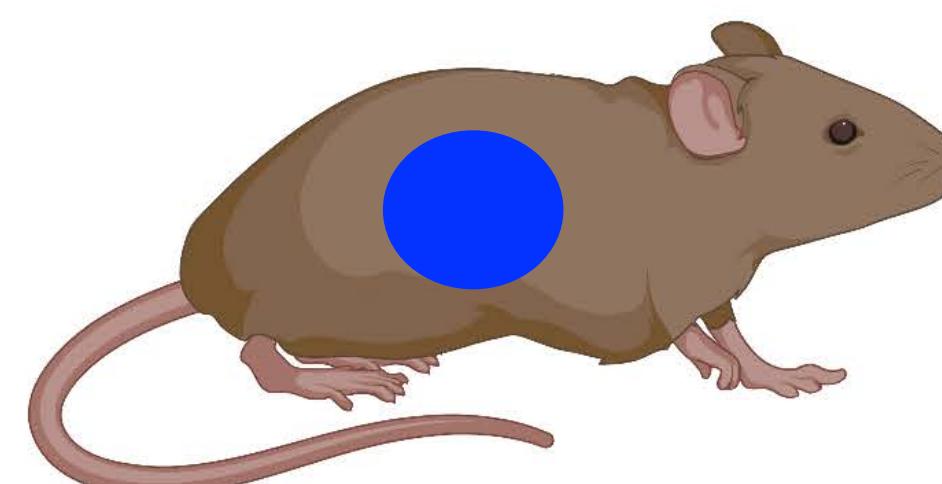
Lean donor

Turnbaugh *et al.*, Nature 2006; Turnbaugh *et al.*, Cell Host & Microbe 2008; Turnbaugh *et al.*, STM 2009; Liou *et al.*, STM 2013

Differences in gut microbes impact body fat (in mice)



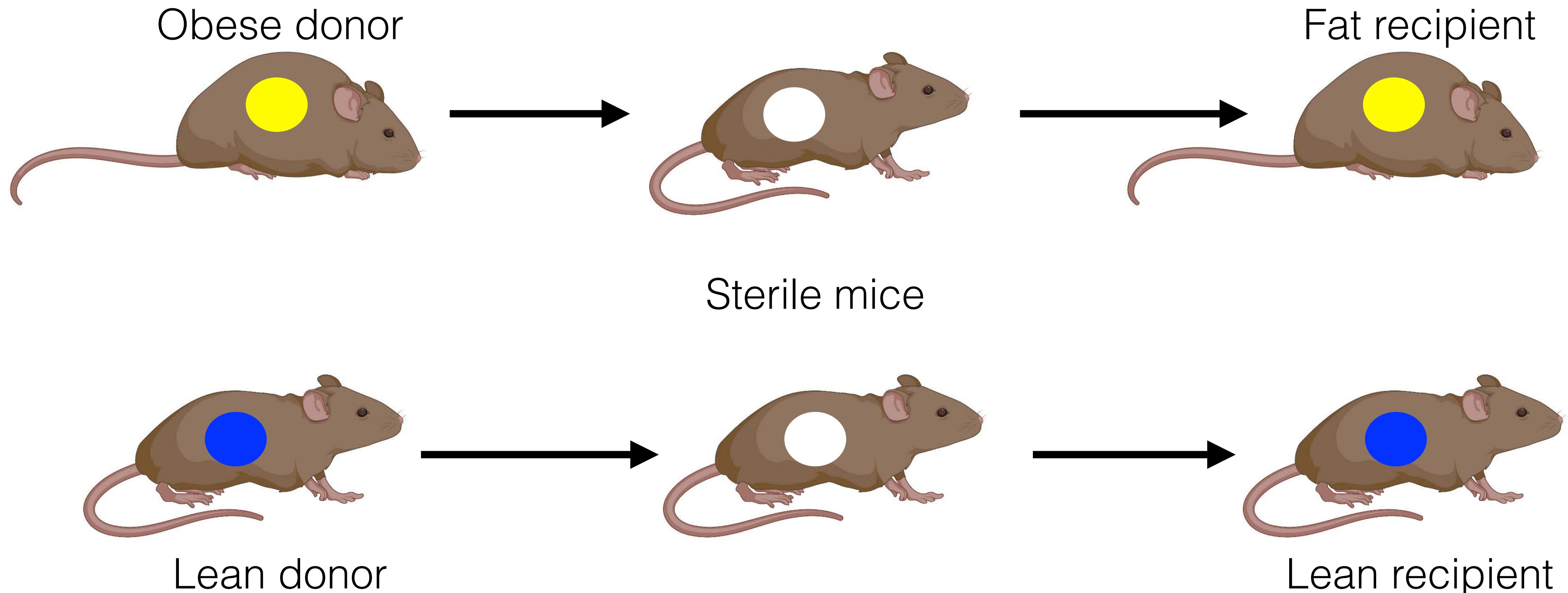
Sterile mice



Lean donor

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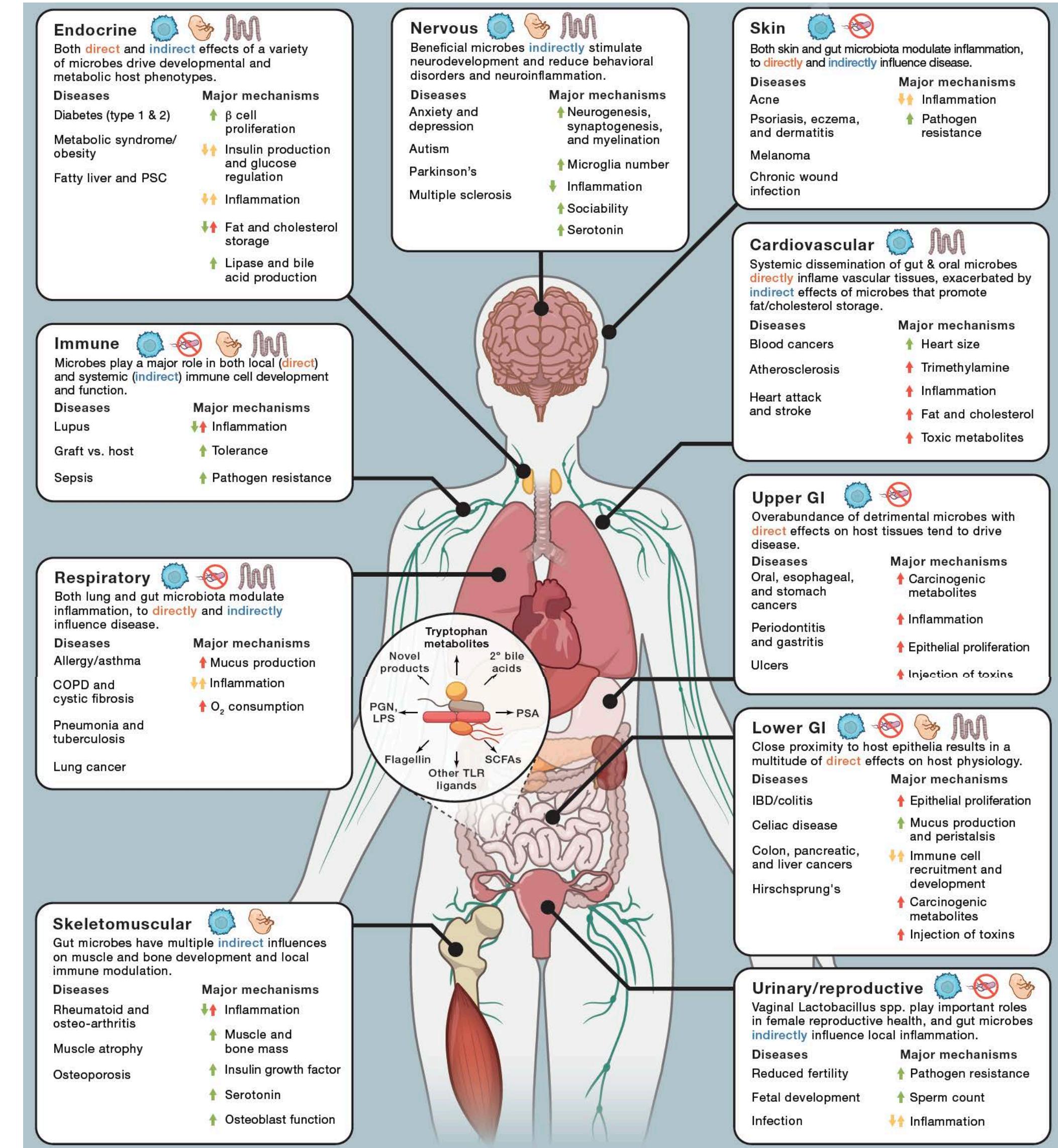






First evidence in humans!
(Basolo *et al.*, Nature Medicine 2020)

The microbiome has broad impacts on host physiology



The microbiome has broad impacts on host physiology

Despite all this information we cannot yet predict disease risk from microbiome sequencing data

Most of what we know comes from gnotobiotic mice

gnotobiotics.ucsf.edu



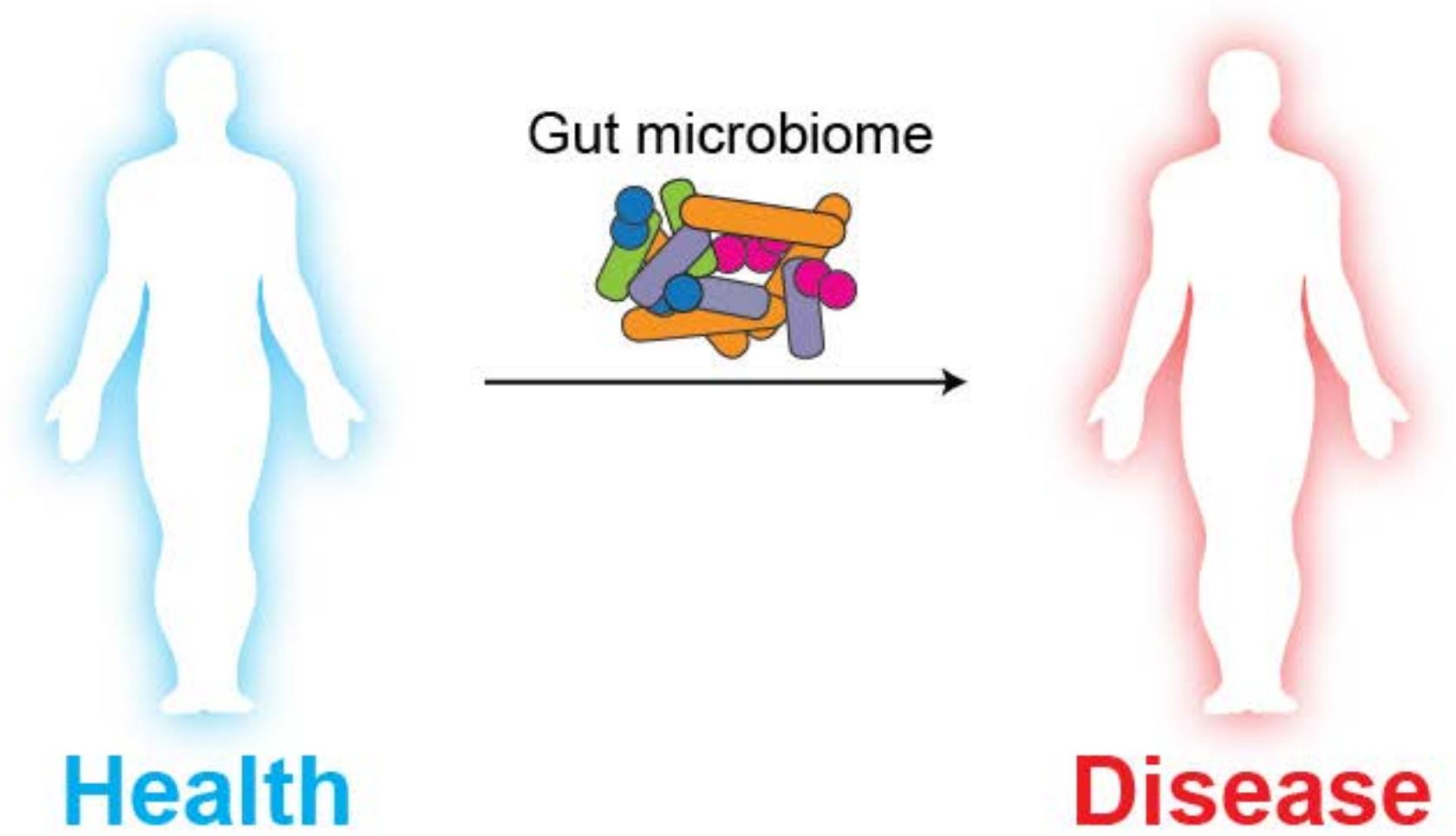
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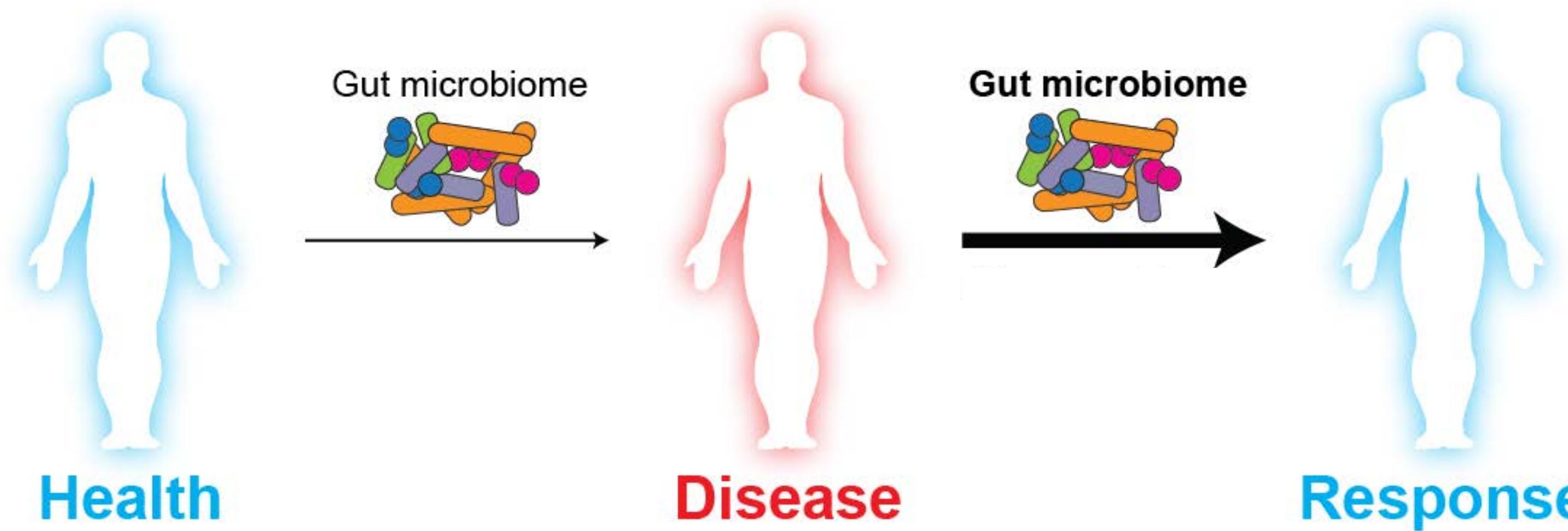
Need to:

- Make these models more “human-like”
- Figure out which of these findings translate to humans

Shifting our focus to the treatment of disease



Shifting our focus to the treatment of disease



The gut microbiome modifies common obesity treatments

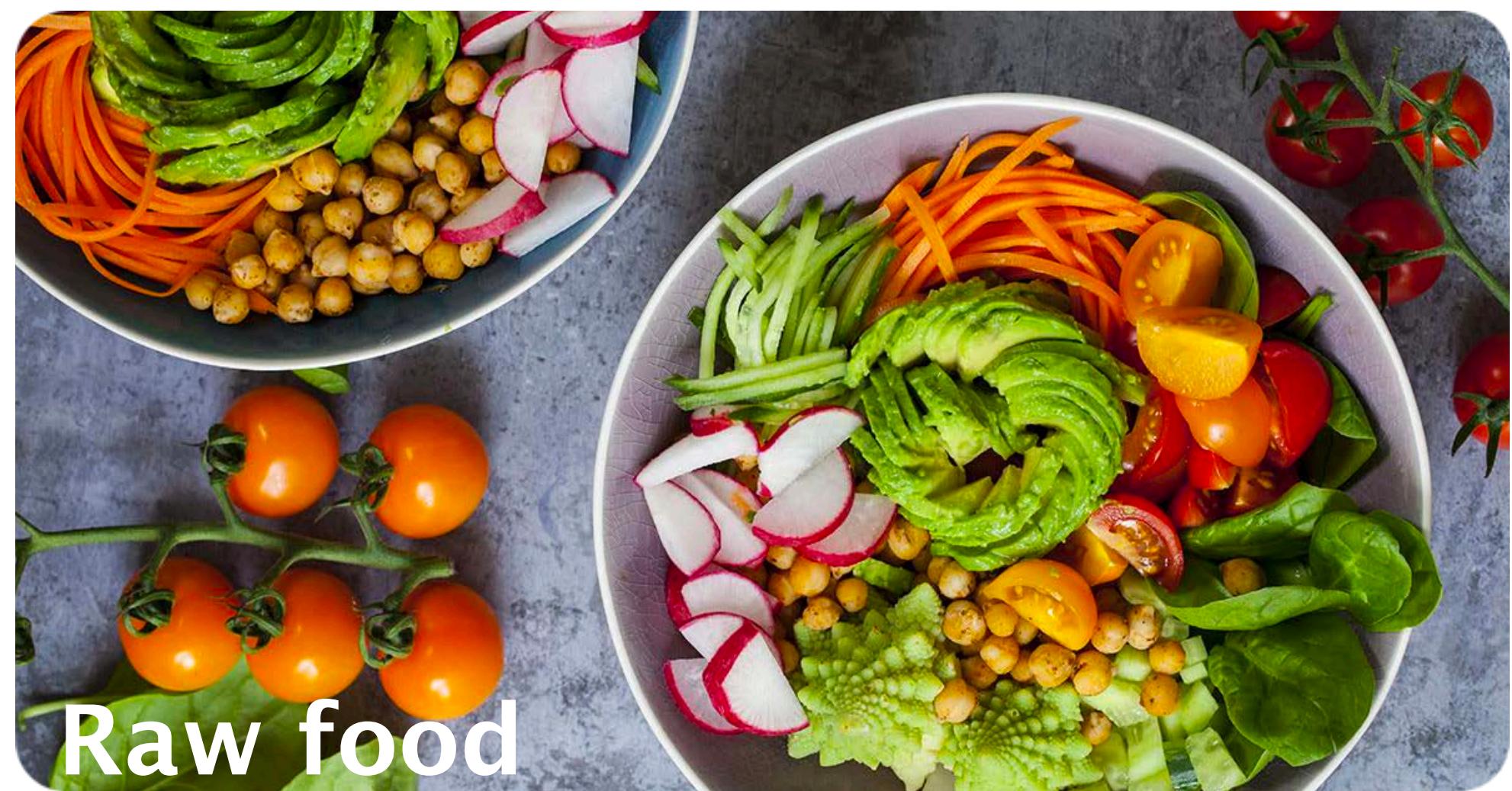
Ang *et al.*, **Cell** 2020; Carmody *et al.*, **Nature Micro** 2019;
Liou *et al.*, **Science TM** 2013; Bisanz *et al.*, **Nature** 2021

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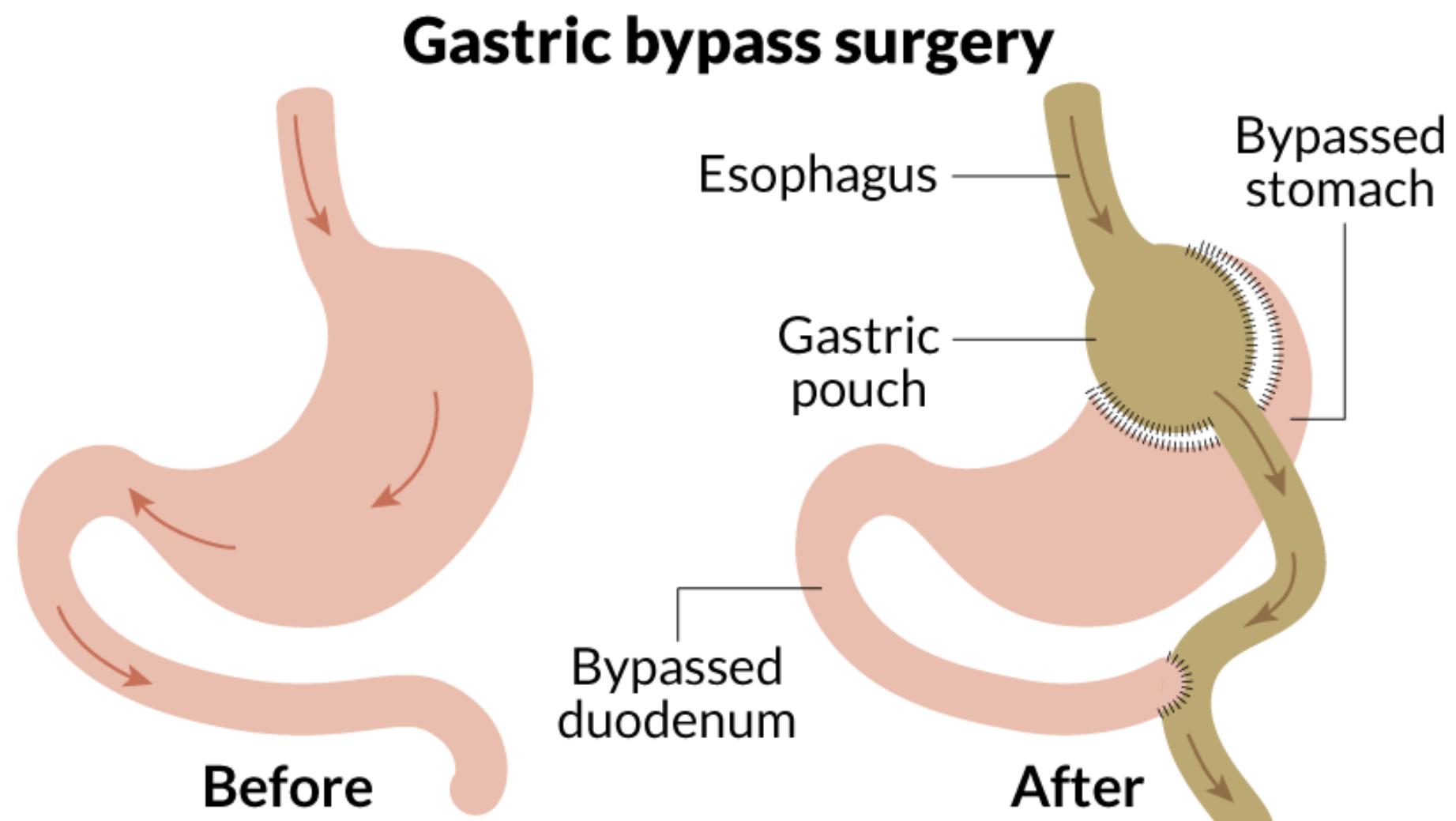
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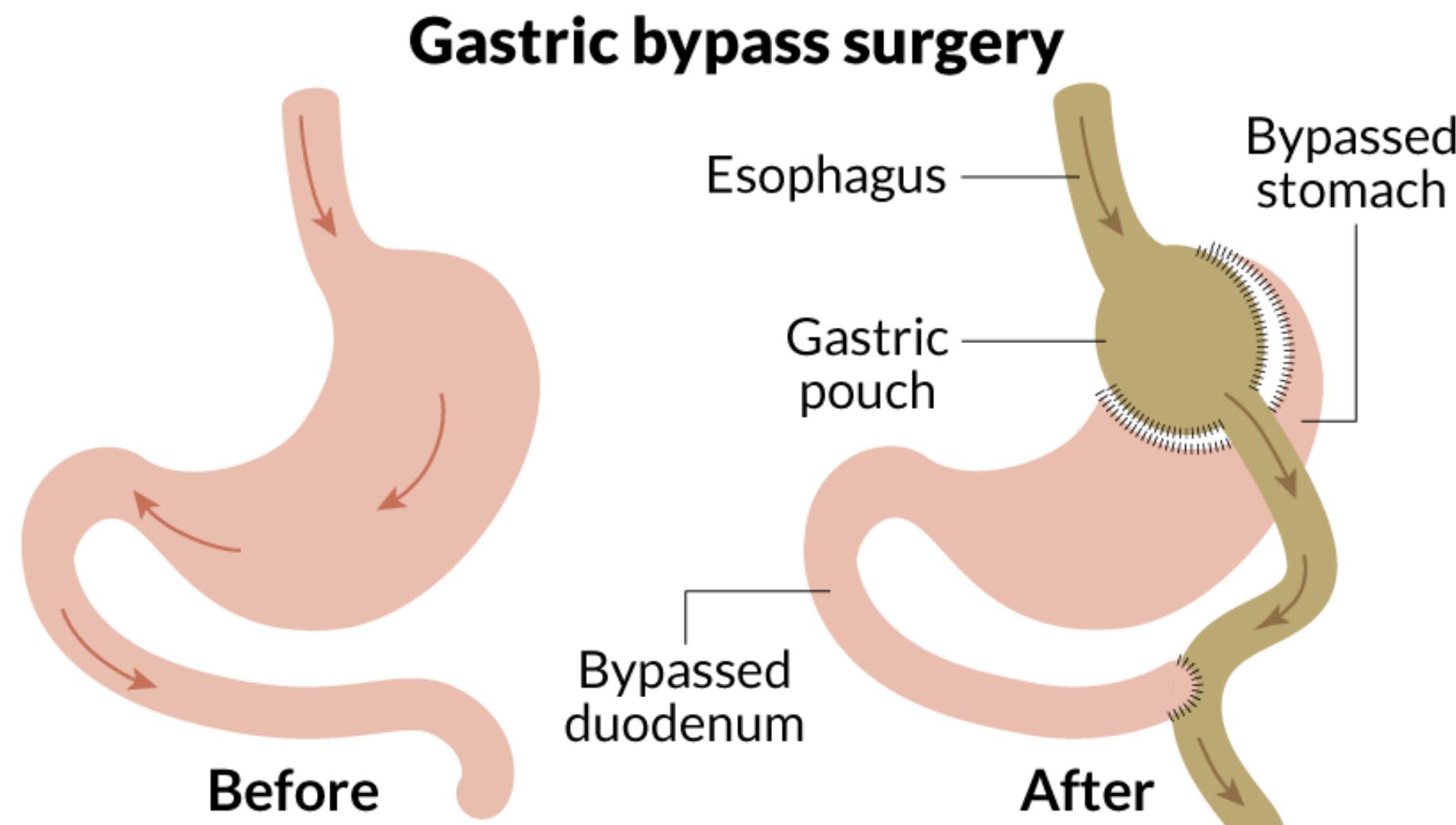
Ang *et al.*, **Cell** 2020; Carmody *et al.*, **Nature Micro** 2019;
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It's not just what you eat, it's how the food is prepared



Carmody *et al.*, Nature Micro 2019

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Carmody *et al.*, Nature Micro 2019



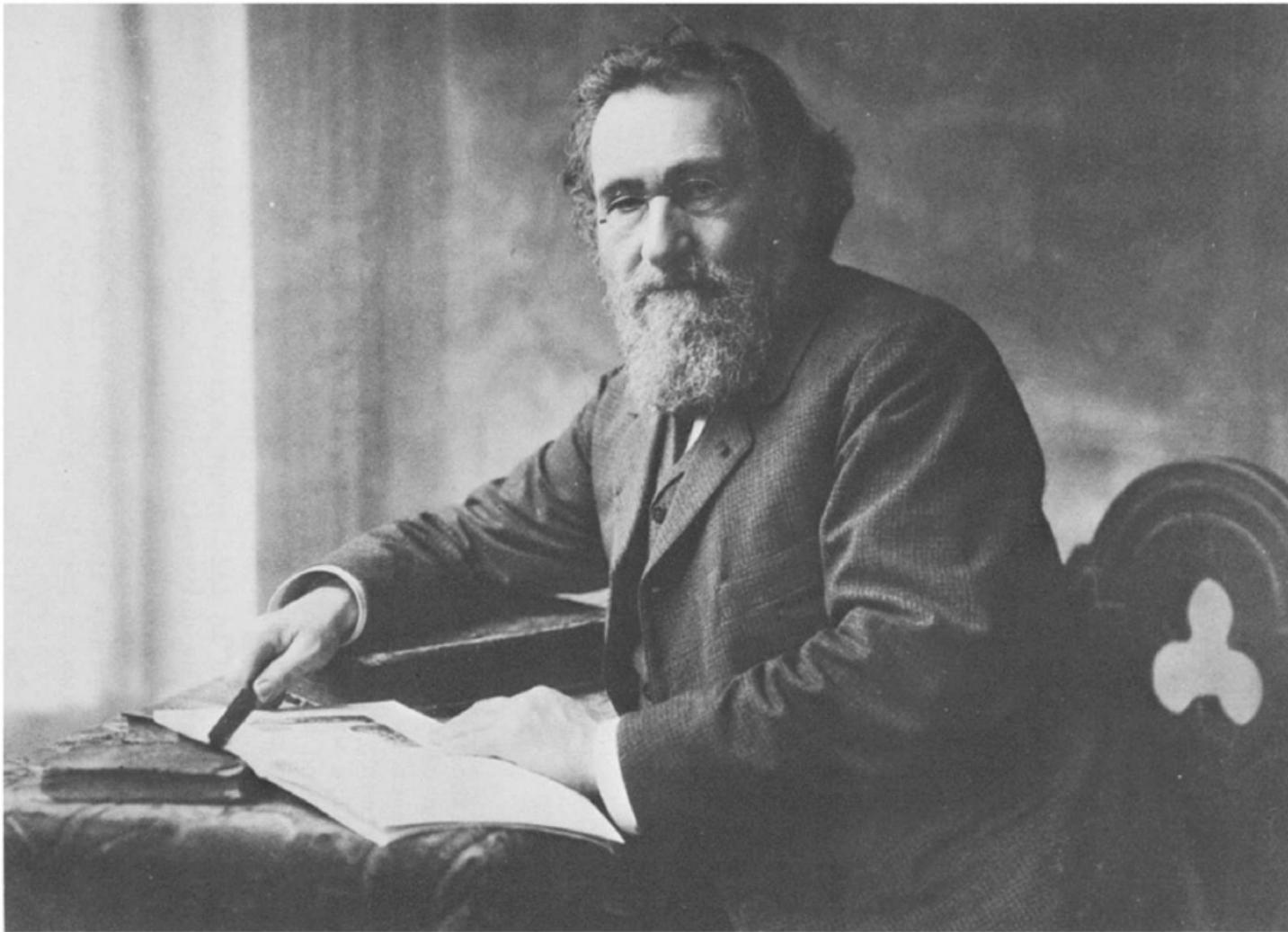
Zou *et al.*, PNAS 2021

The promise of probiotics

“Live microorganisms that, when administered in adequate amounts, confer a health benefit on the host” (ISAPP, Nat Rev Gastro Hep 2014)

The promise of probiotics

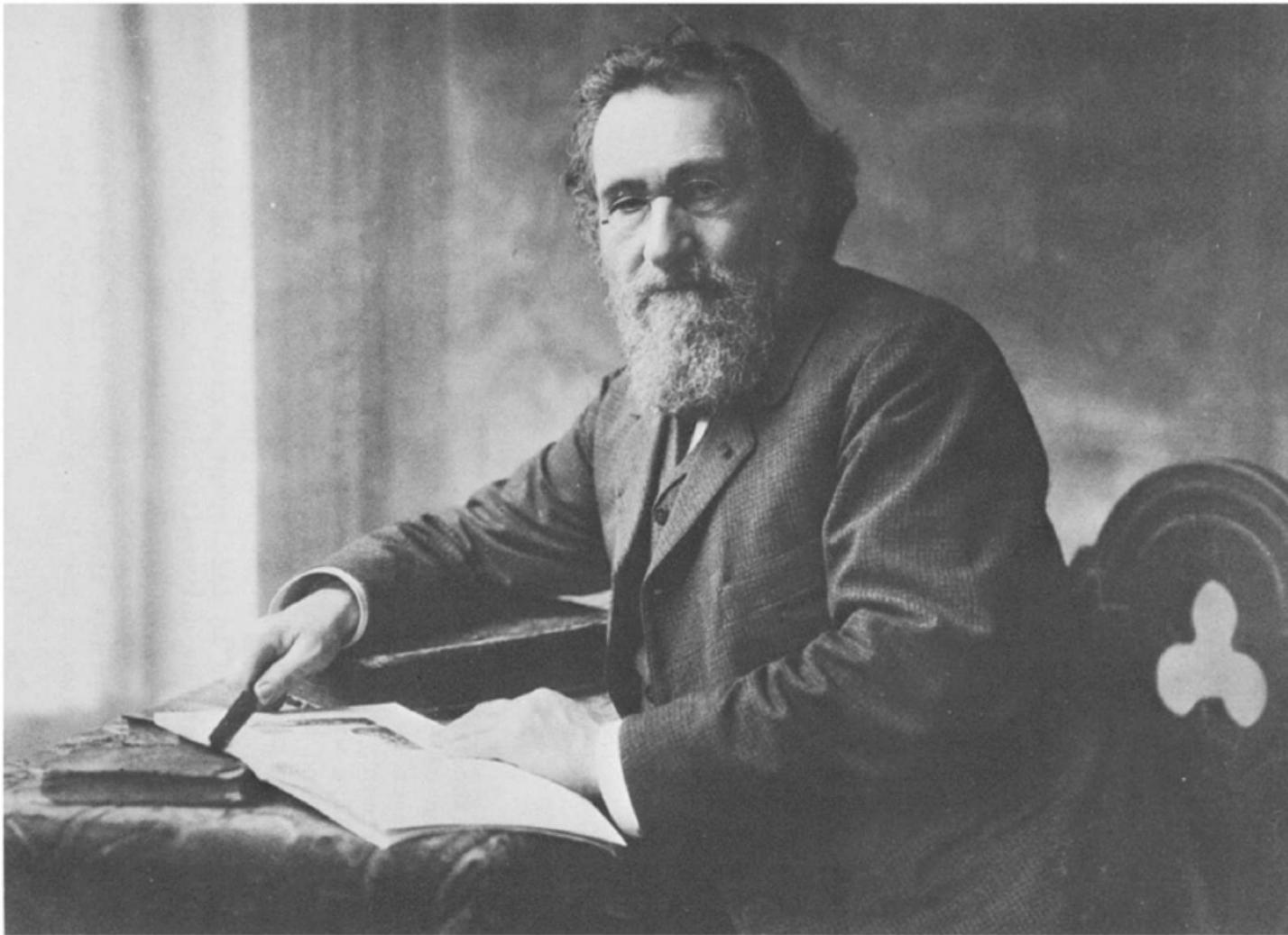
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Elie Metchnikoff
(1845-1916)

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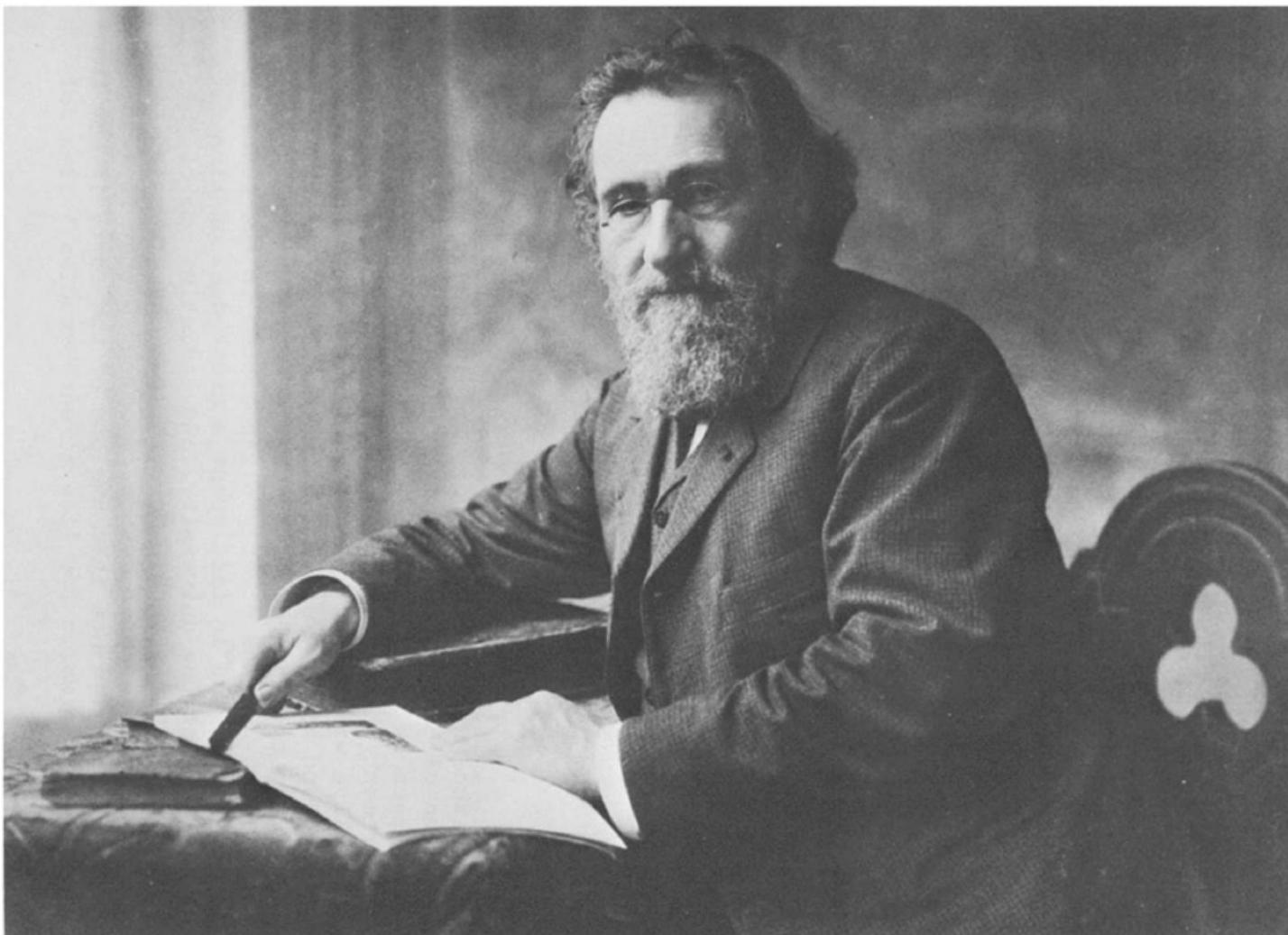


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The human colon [is] a “**vestigial cesspool**”...a reservoir for waste matter in which microbes produce “fermentations and putrefaction harmful to the host.”

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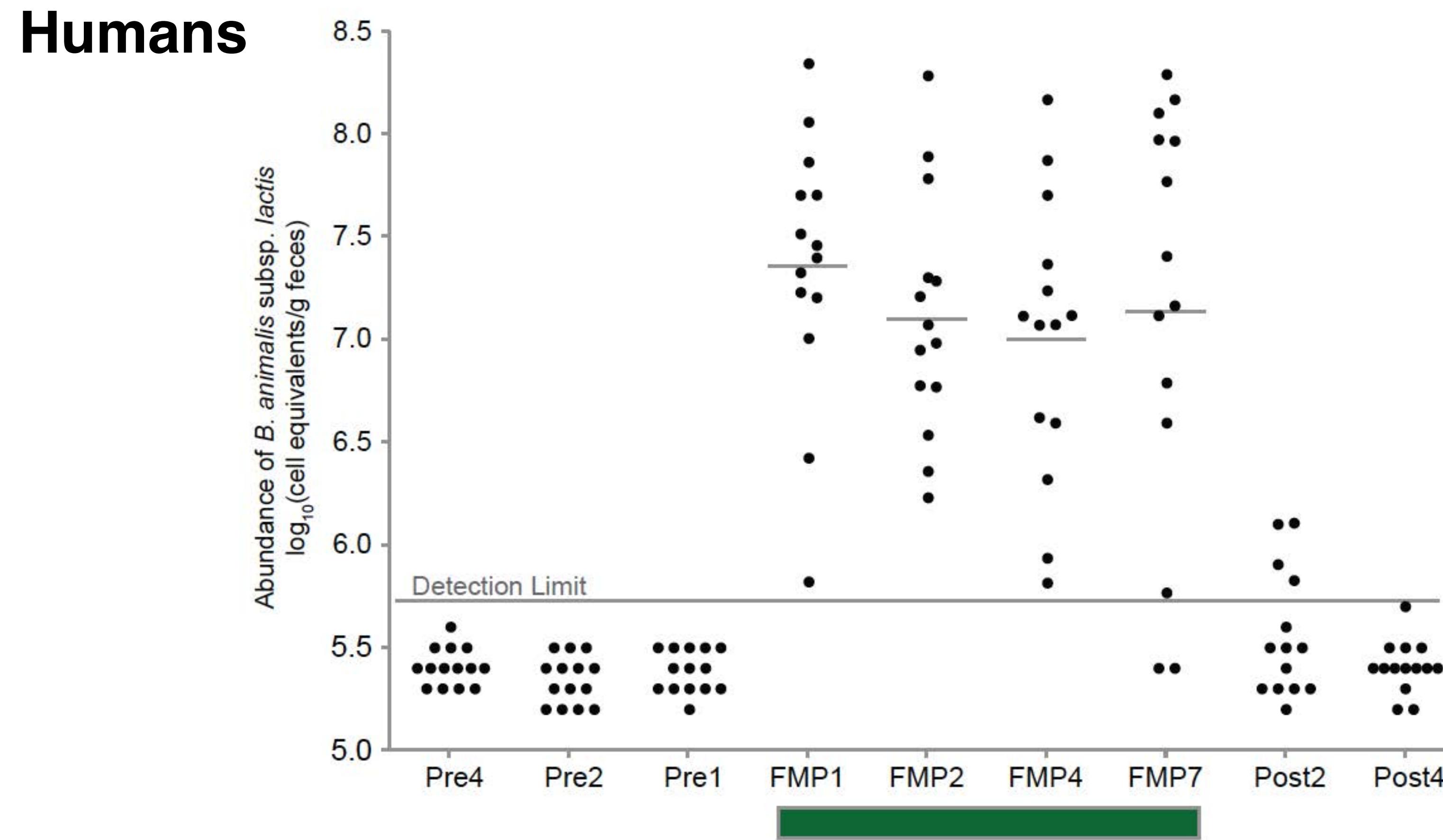


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Recommended “soured milk” (yogurt)
prepared using *Lactobacillus bulgaricus*

Probiotics and other ingested bacteria don't typically colonize the gut



But they can still have permanent effects

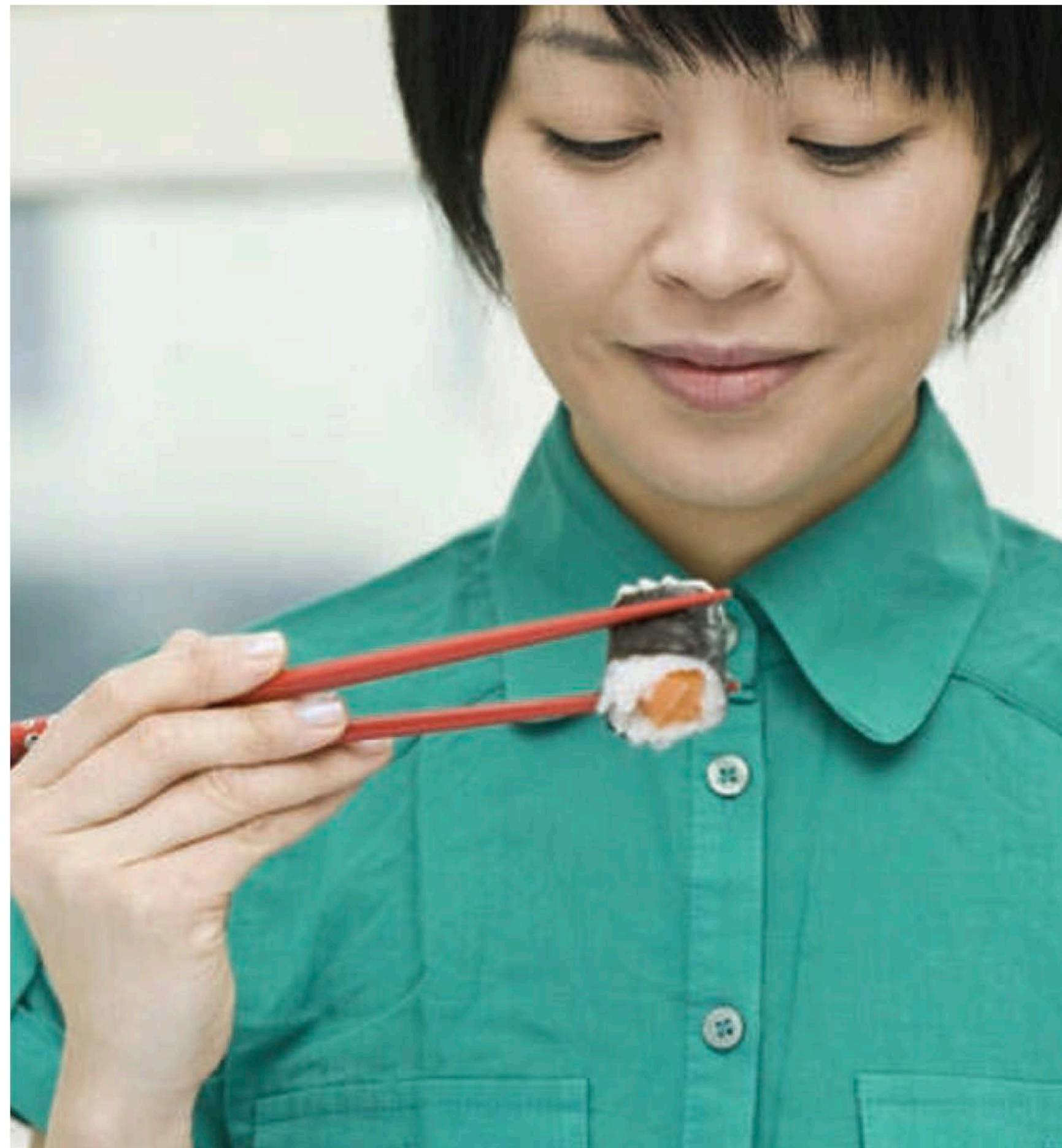


Figure 1 | Hidden helpers. Marine microorganisms that live on seaweed — such as the nori used to wrap sushi — have contributed genes to the intestinal microbiome of Japanese individuals¹.

Hehemann *et al.*, Nature 2010;
commentary by Justin Sonnenburg

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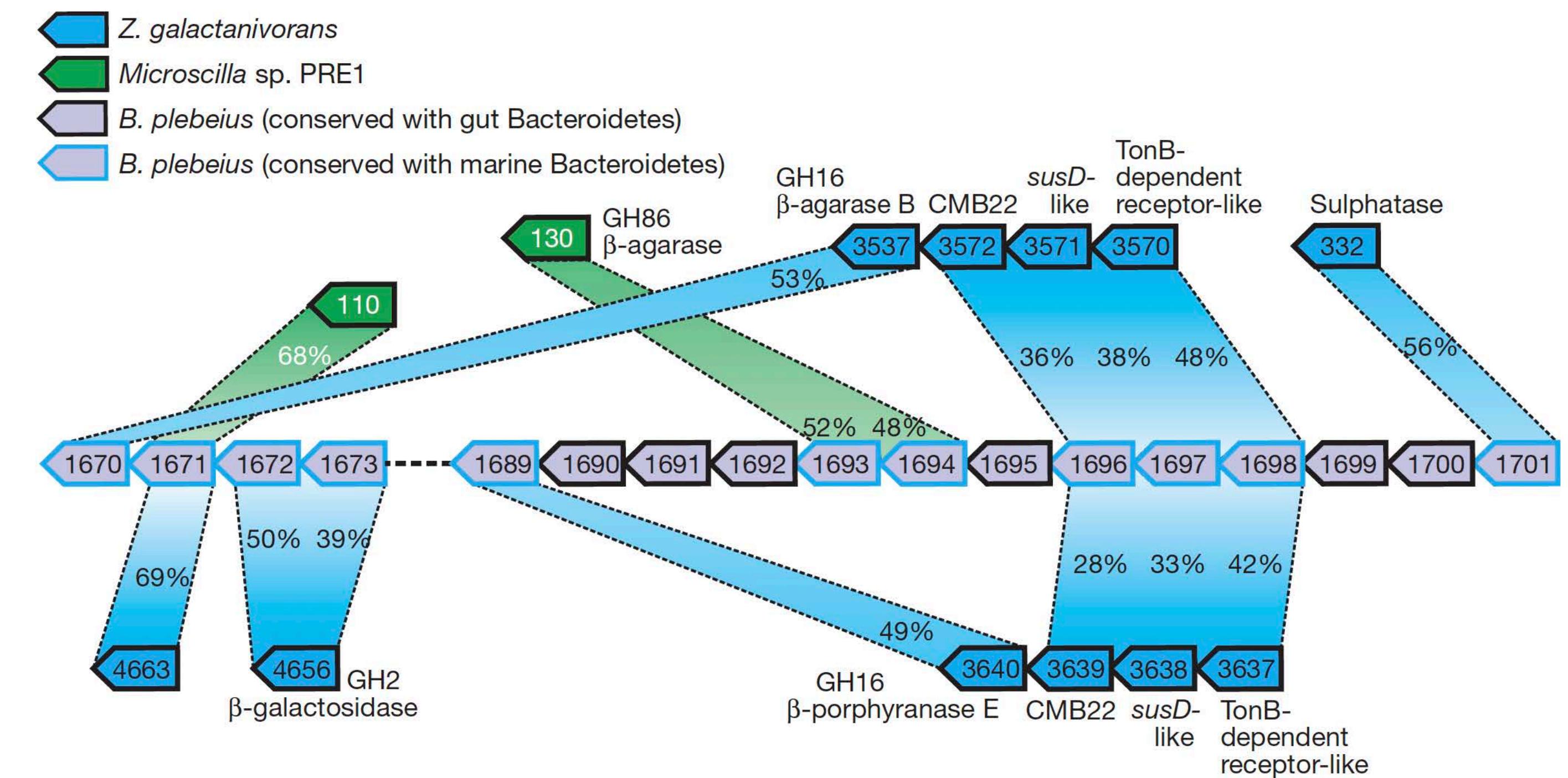
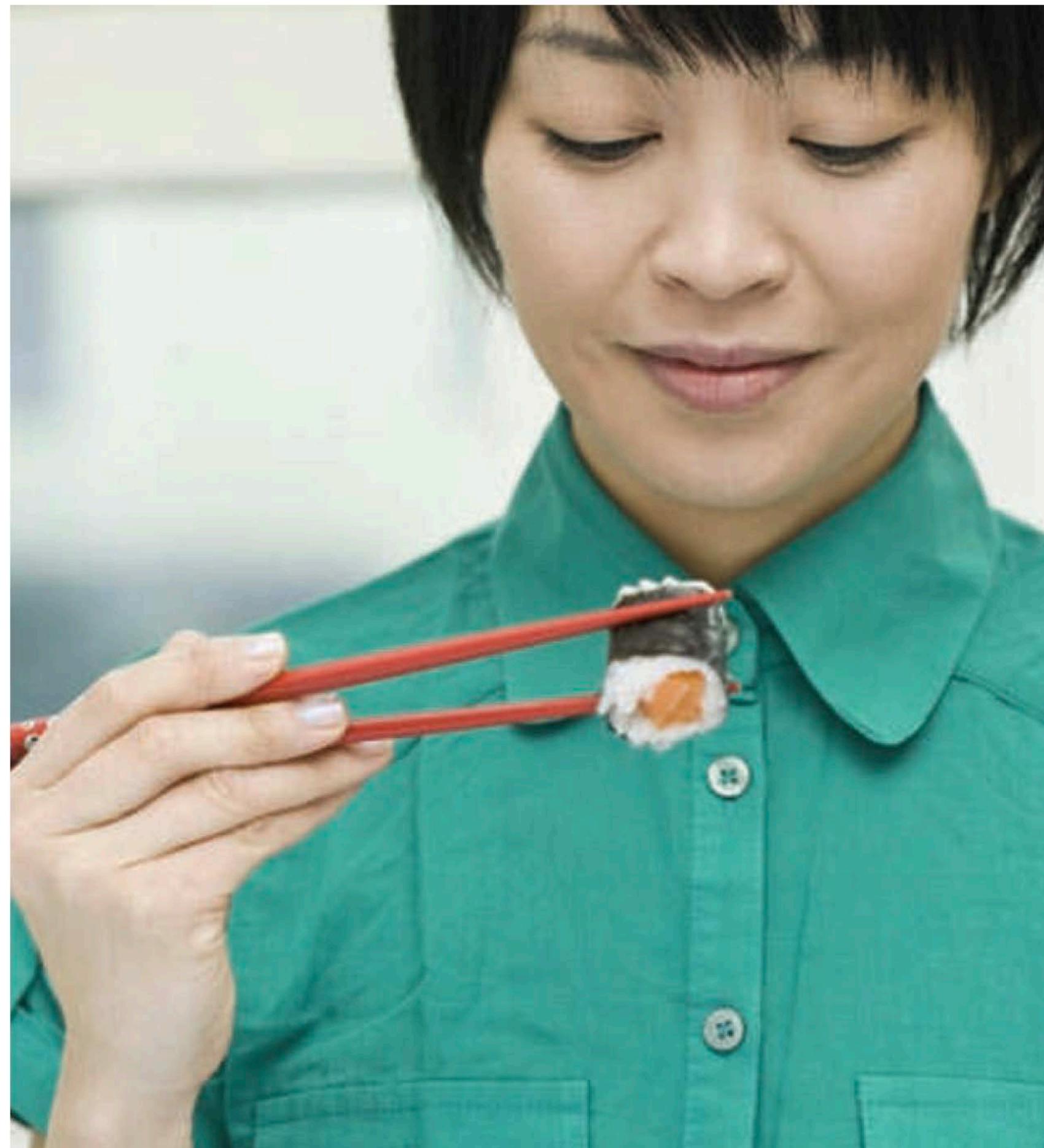
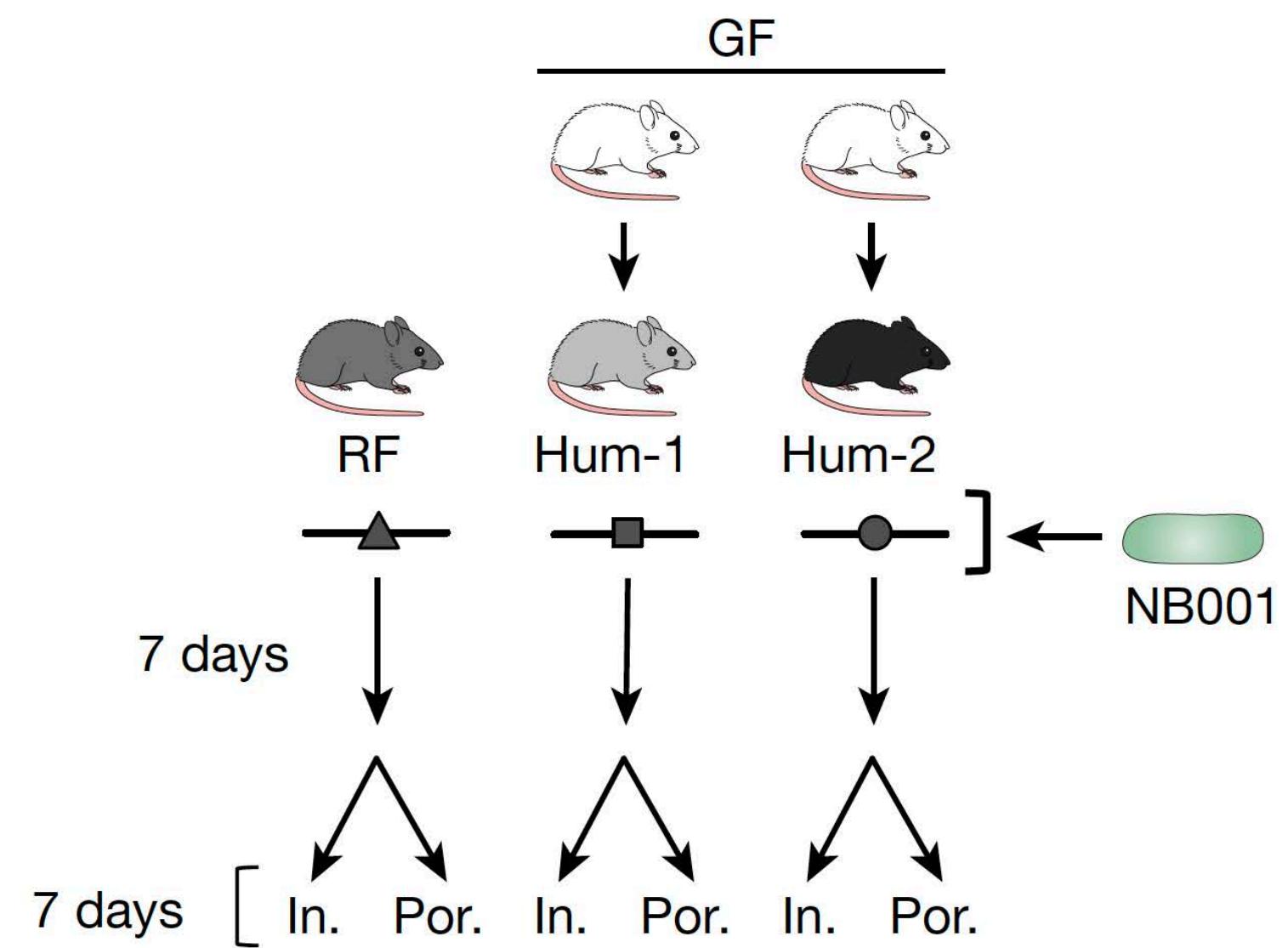


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Aiding bacterial colonization with dietary polysaccharides



GF=germ-free

RF=SPF mice

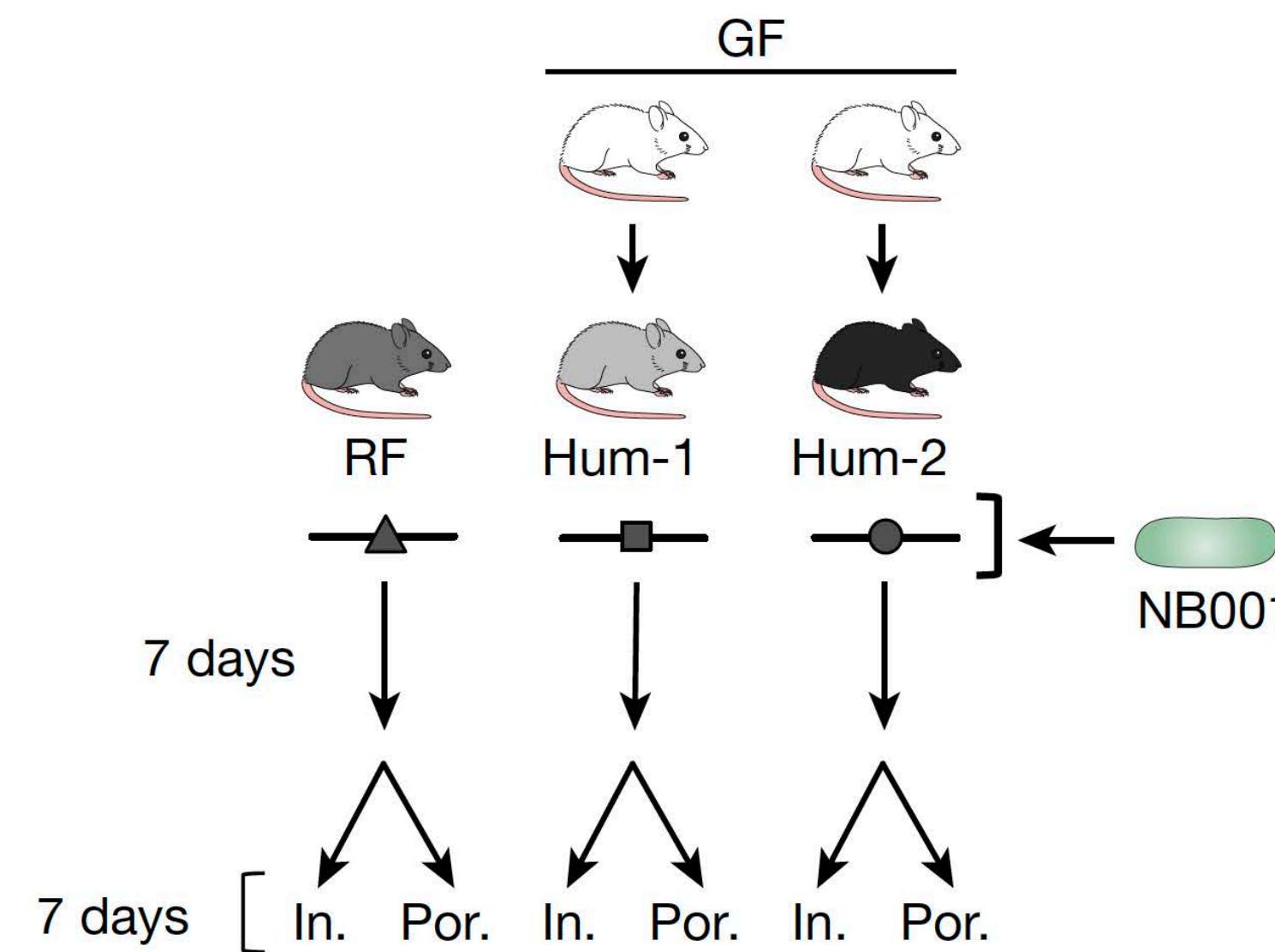
Hum=human microbiota colonized

In=pure inulin

Por=seaweed

NB001=*B. ovatus*

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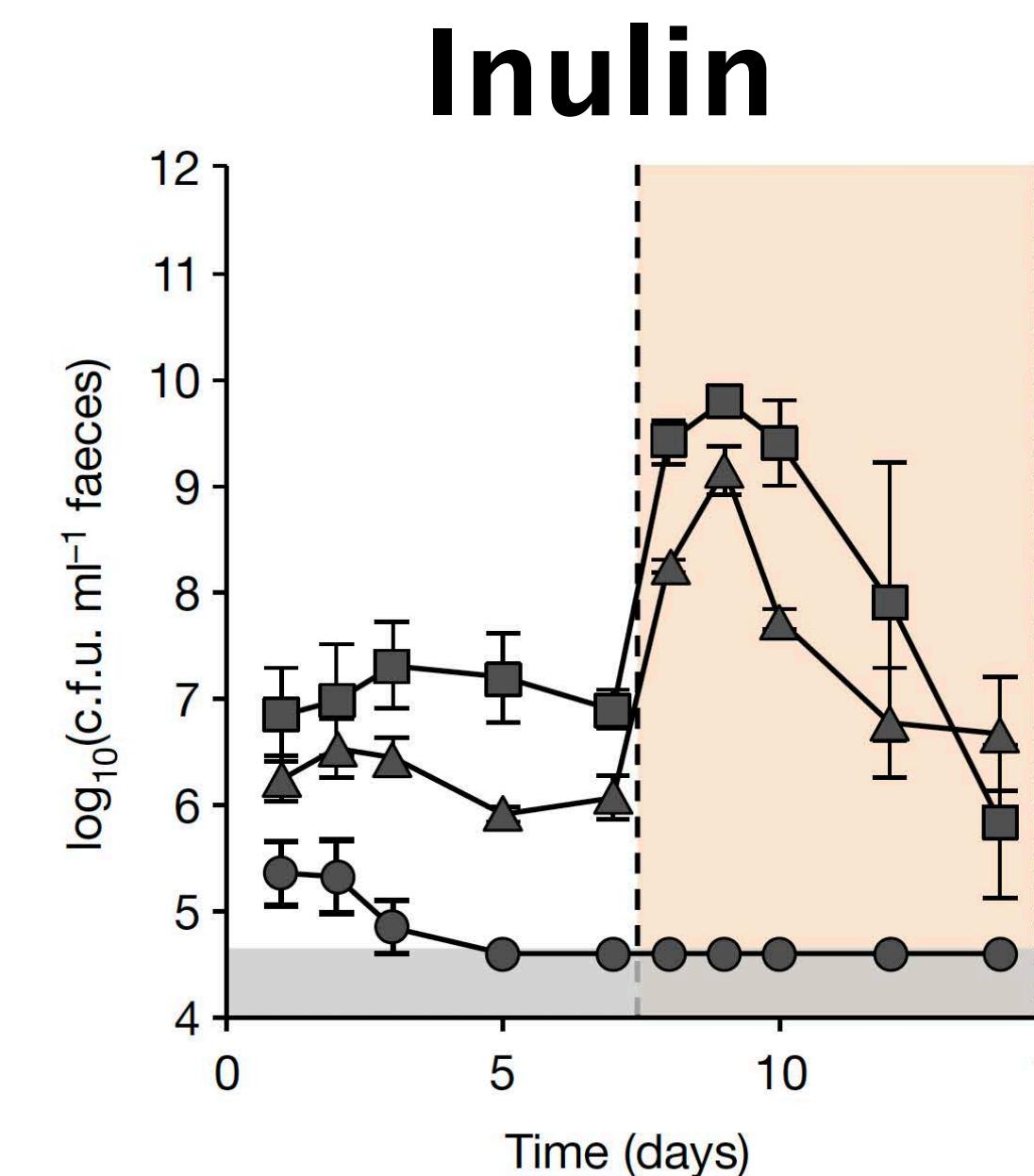
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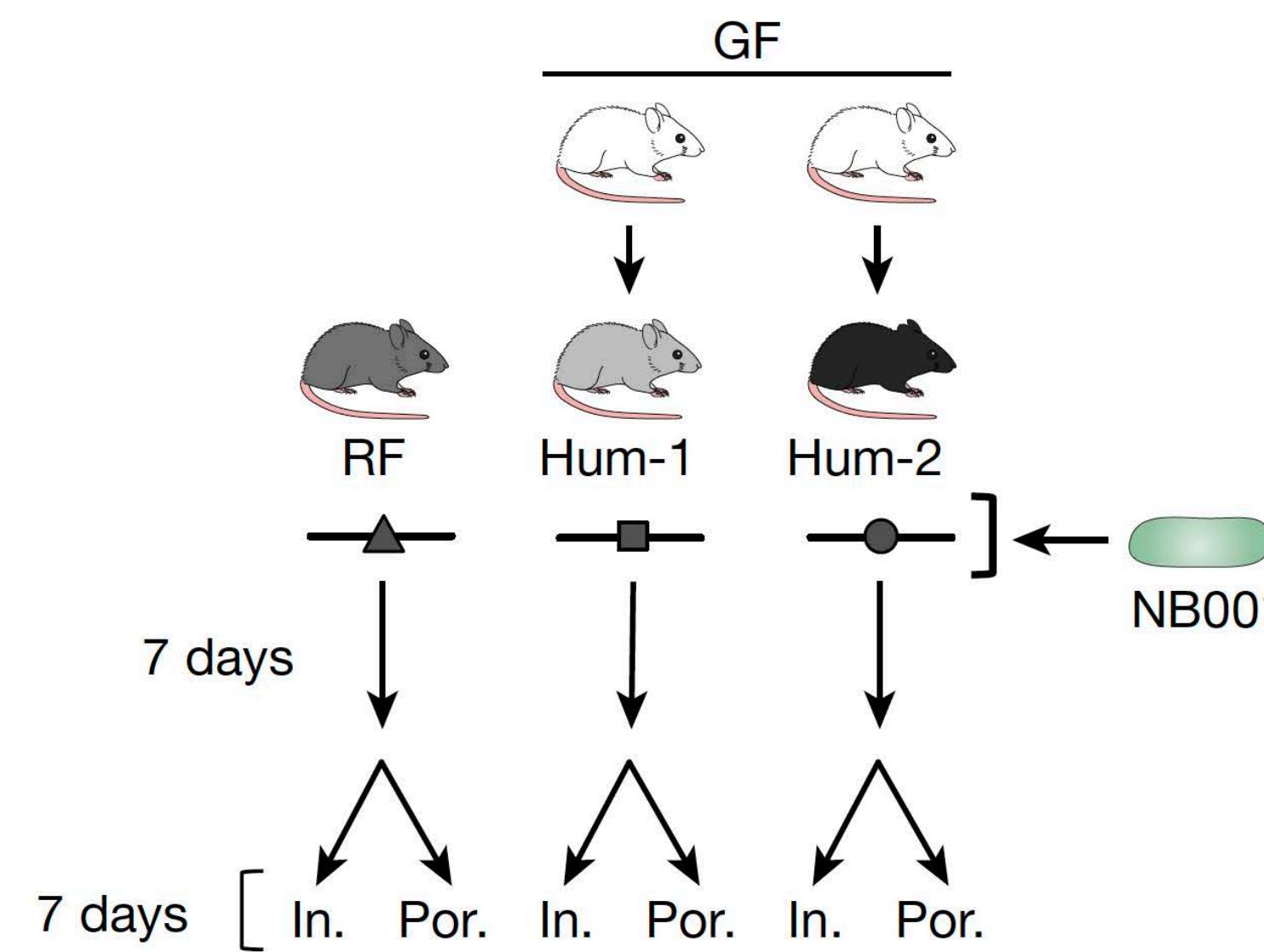
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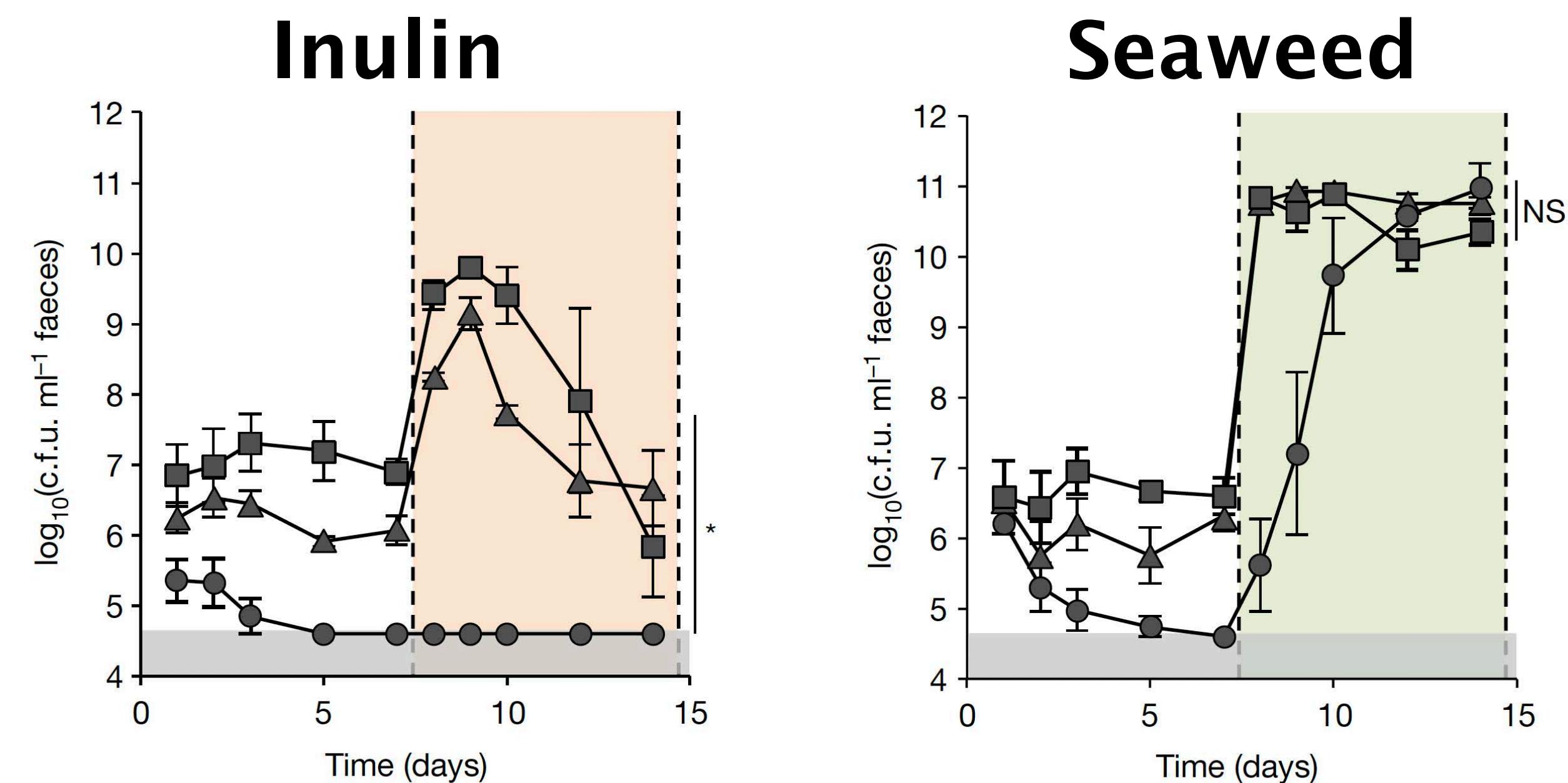
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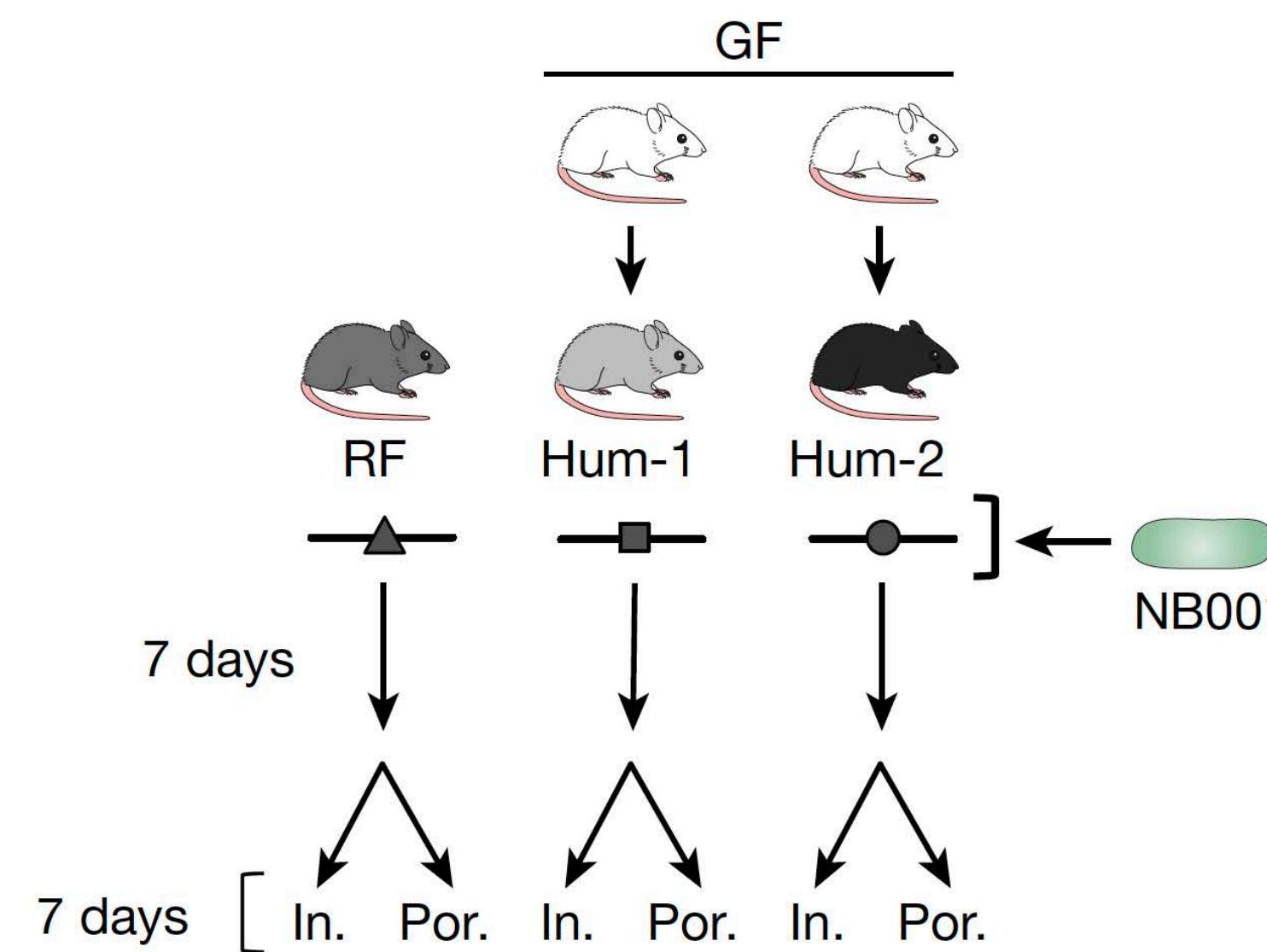
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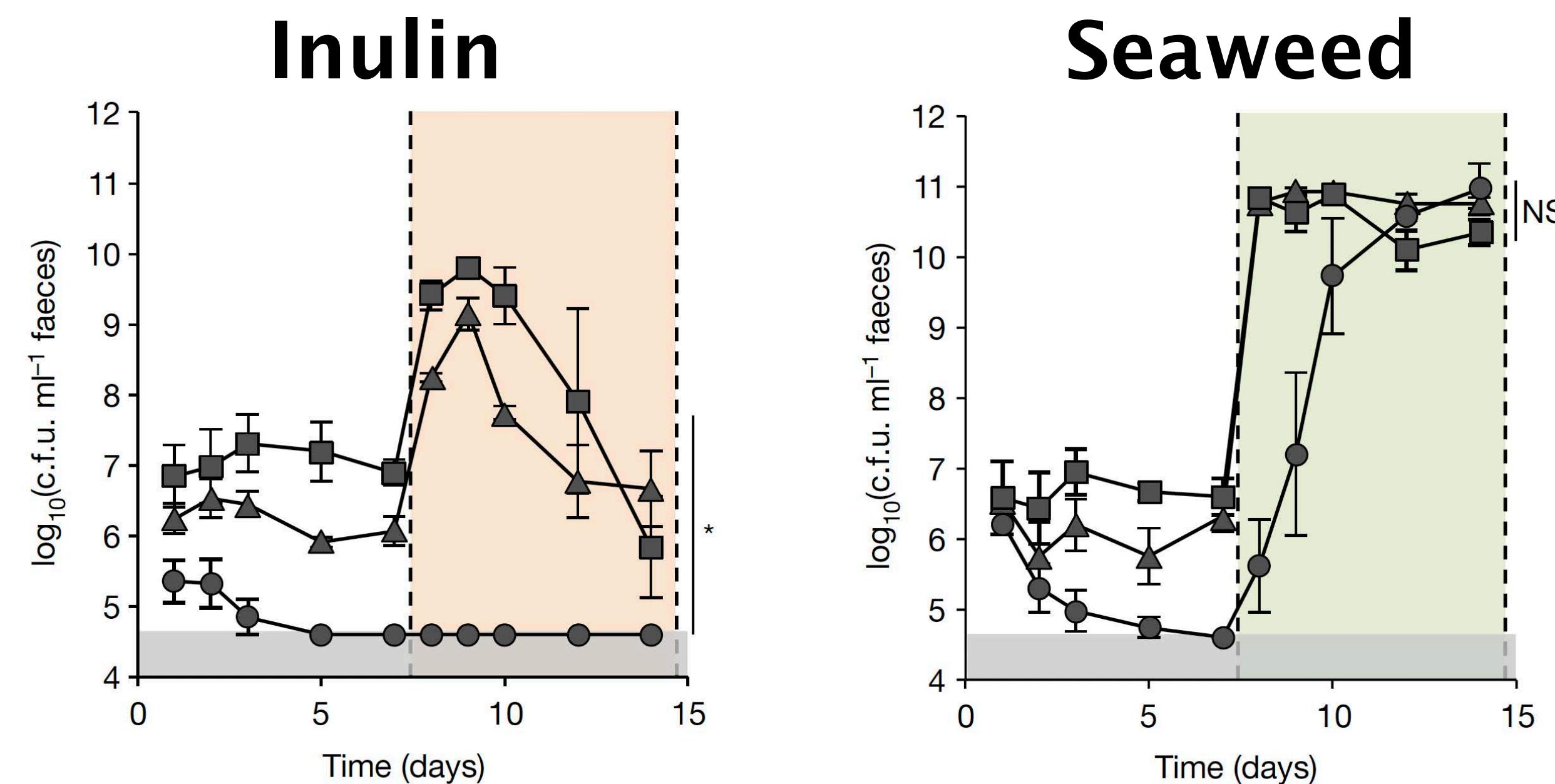
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a d M e 2.0

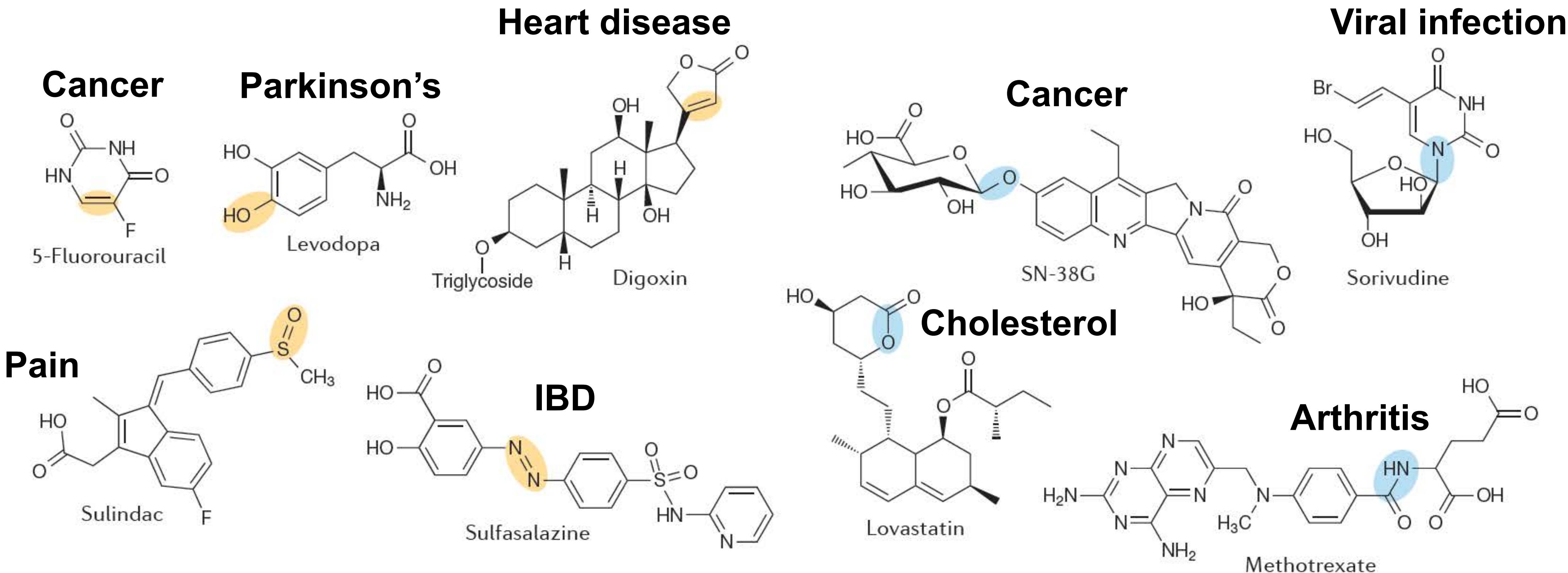
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t b l i
i u i o
o t i n
n i s m



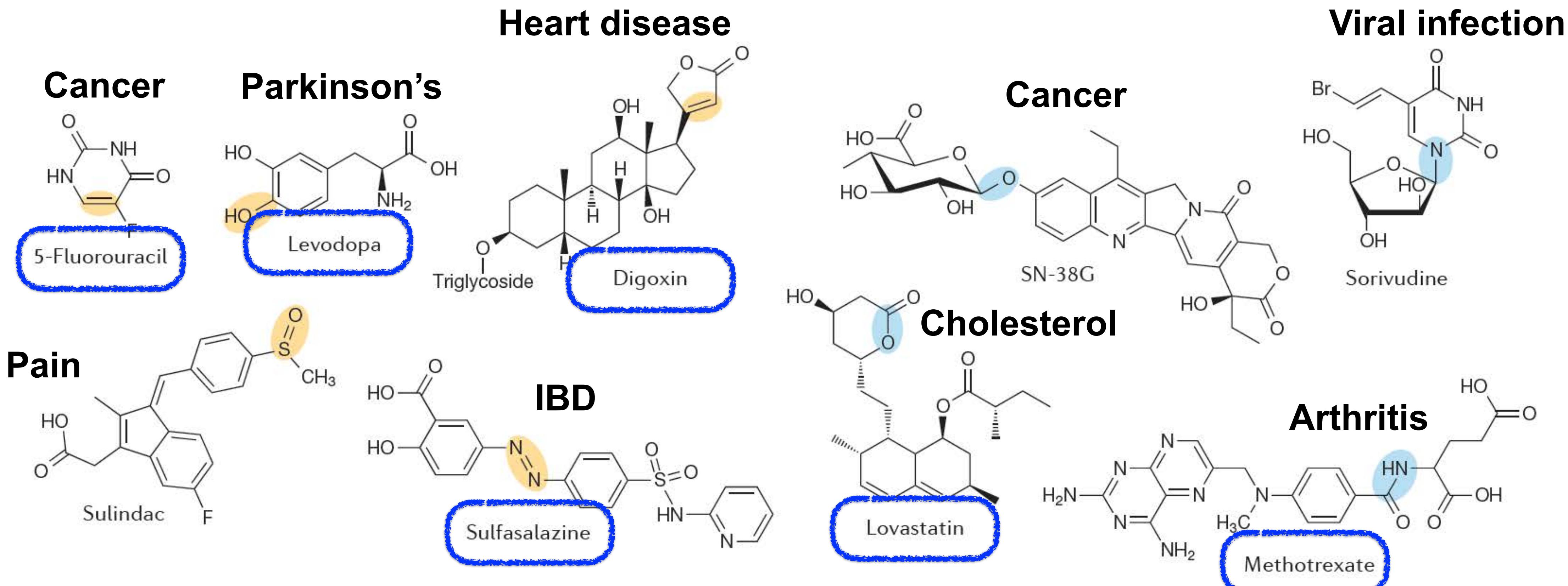
a d M e 2.0

b i e
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o b i o
n s i o n

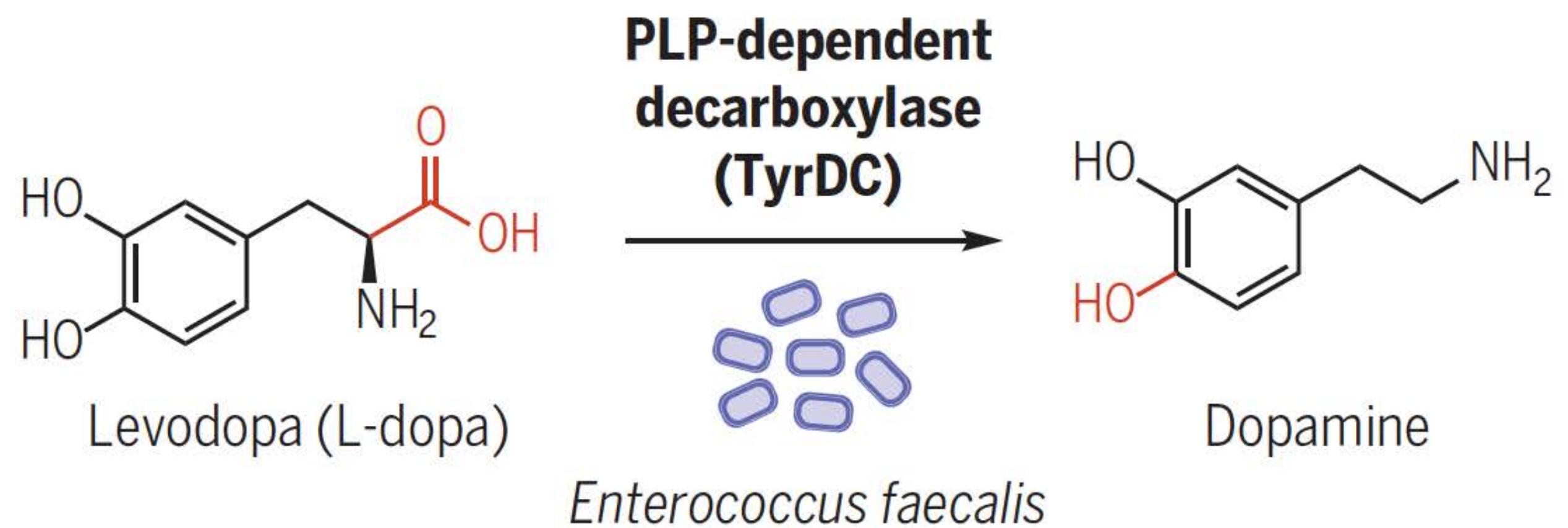
100s of drugs can be metabolized by gut bacteria



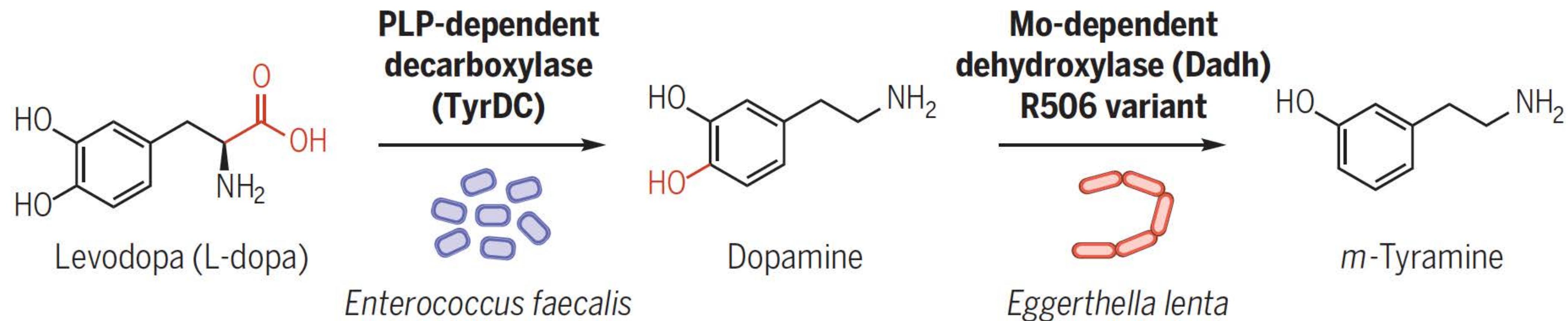
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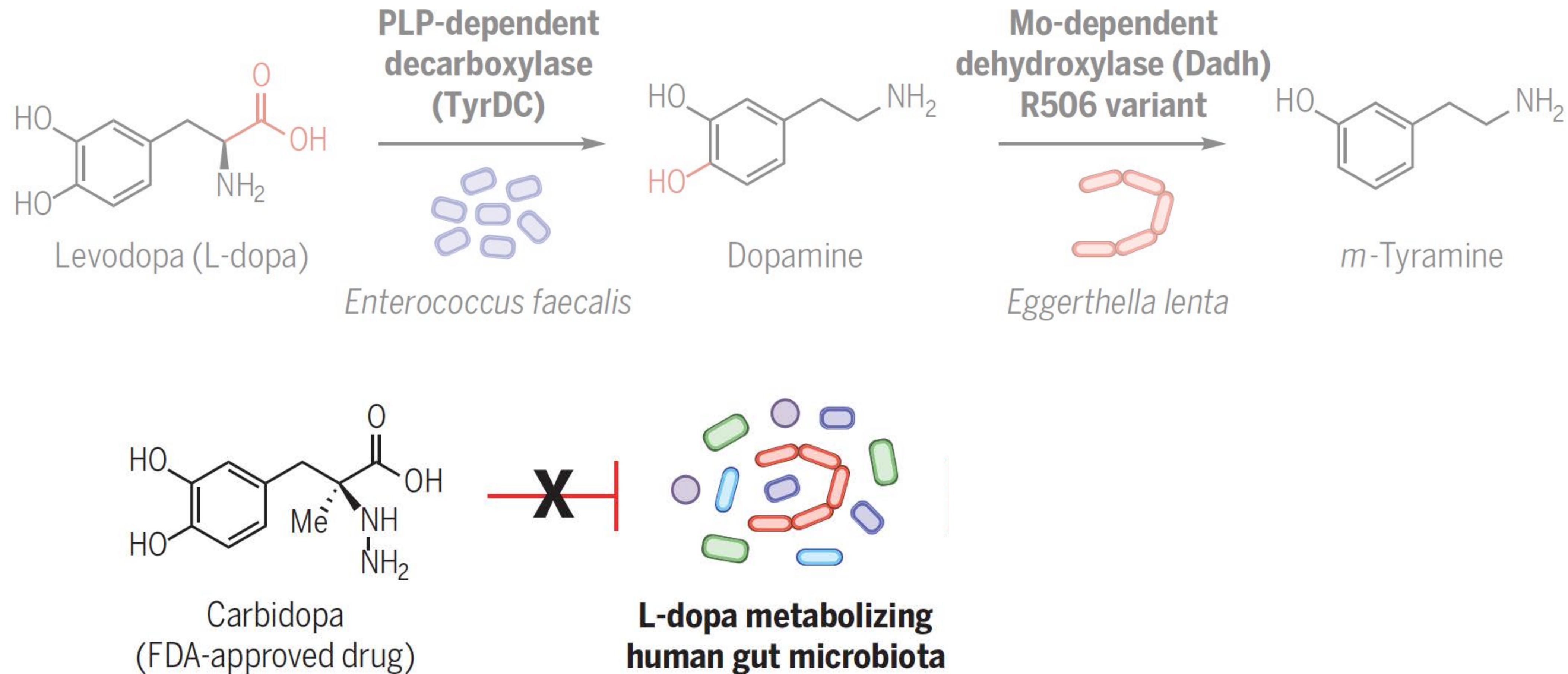
Improving the treatment of Parkinson's disease



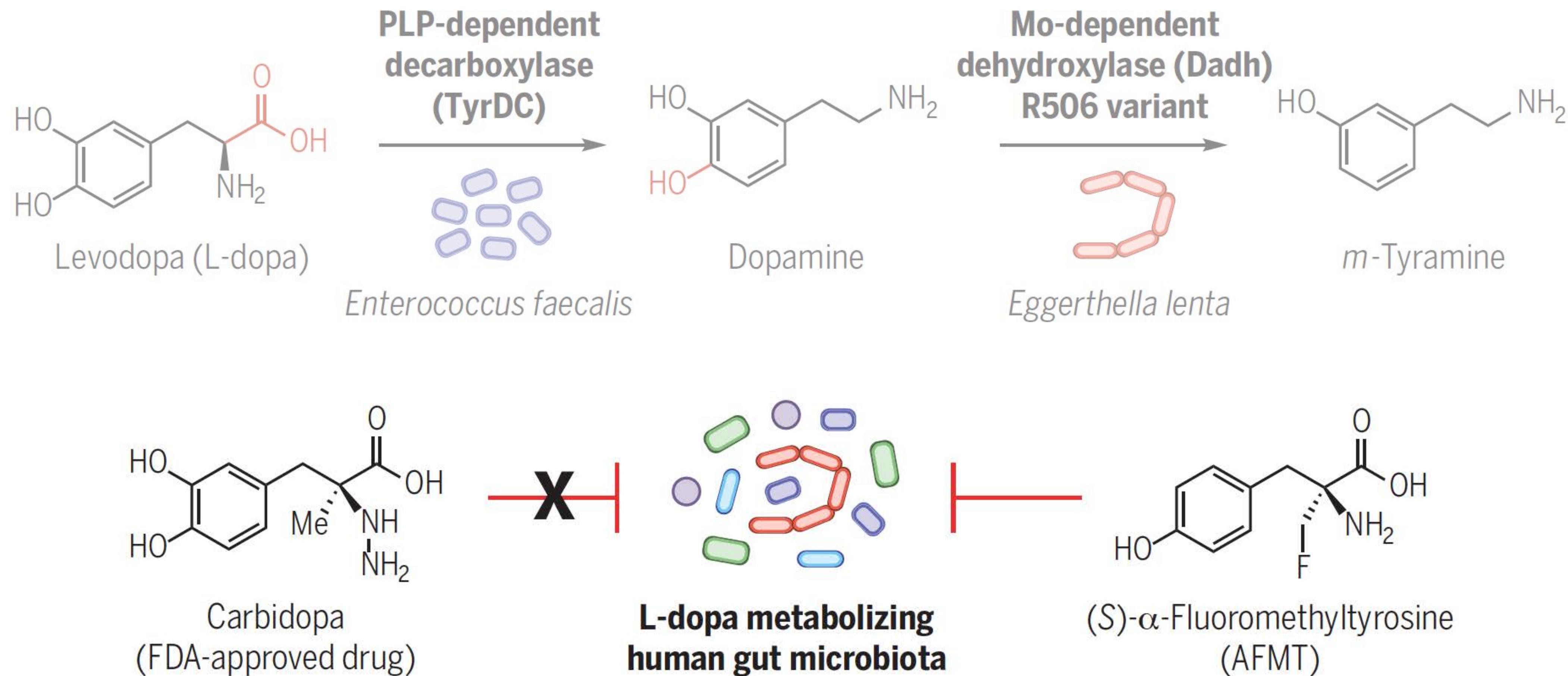
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Improving the treatment of Parkinson's disease



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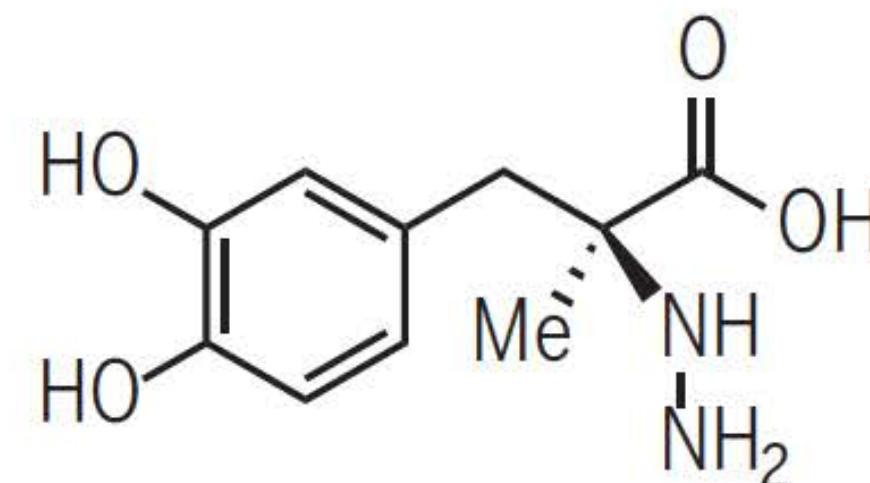
ClinicalTrials.gov Identifier: NCT03575195

Recruitment Status [i](#) : Recruiting

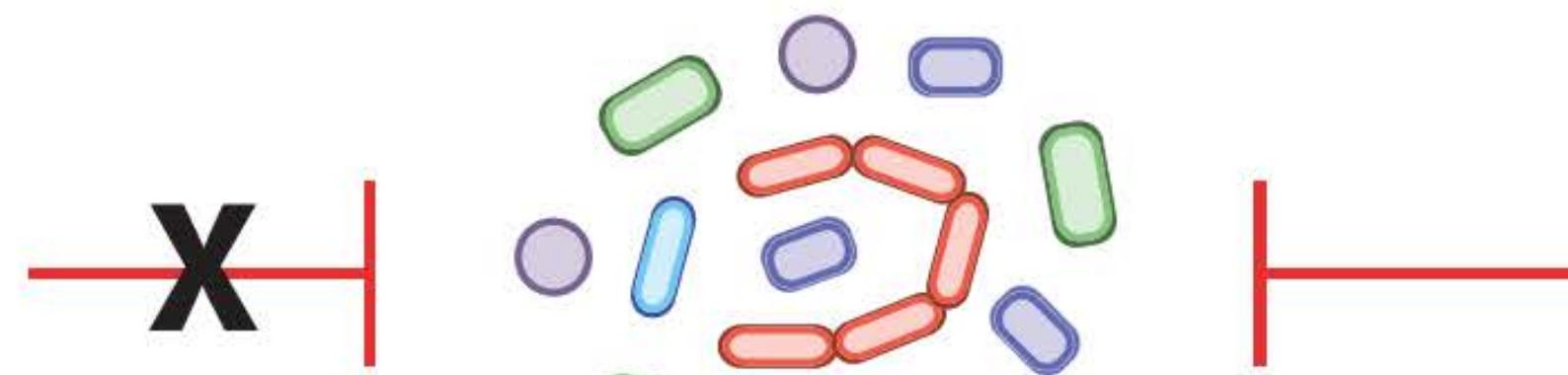
First Posted [i](#) : July 2, 2018

Last Update Posted [i](#) : August 14, 2020

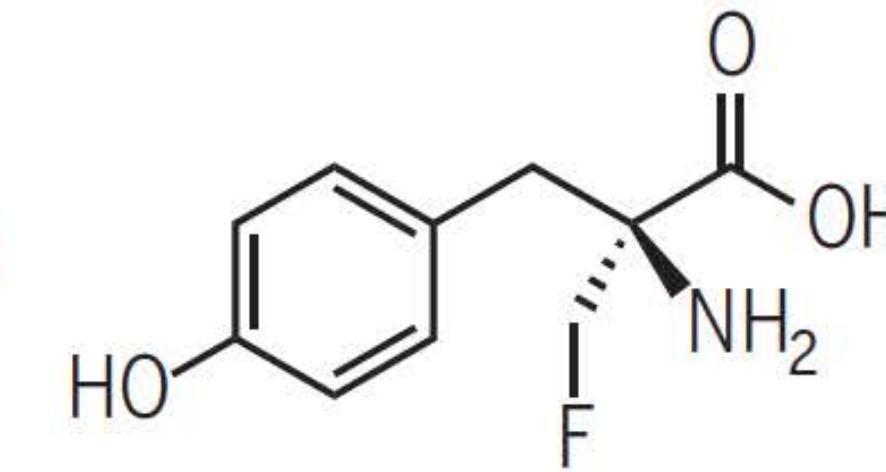
See [Contacts and Locations](#)



Carbidopa
(FDA-approved drug)

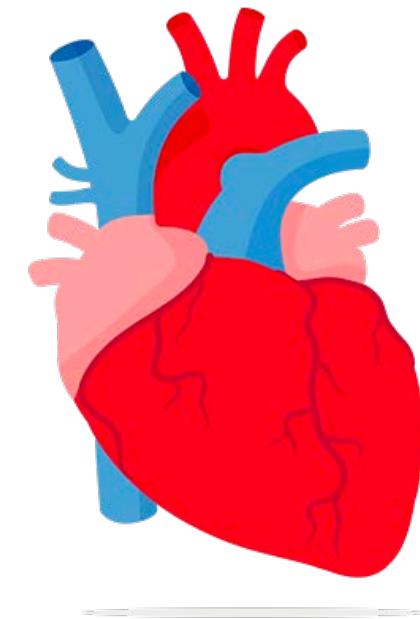


L-dopa metabolizing
human gut microbiota



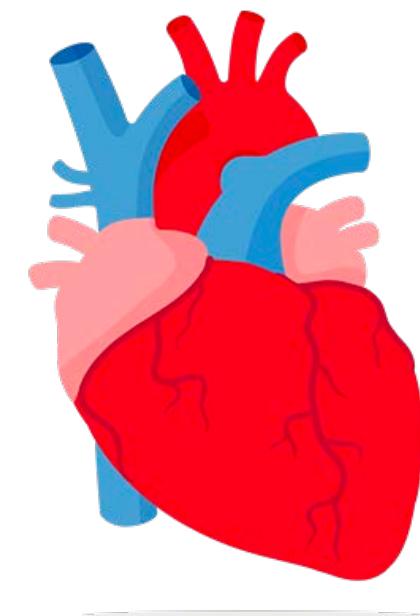
(S)- α -Fluoromethyltyrosine
(AFMT)

Broad impacts across multiple diseases



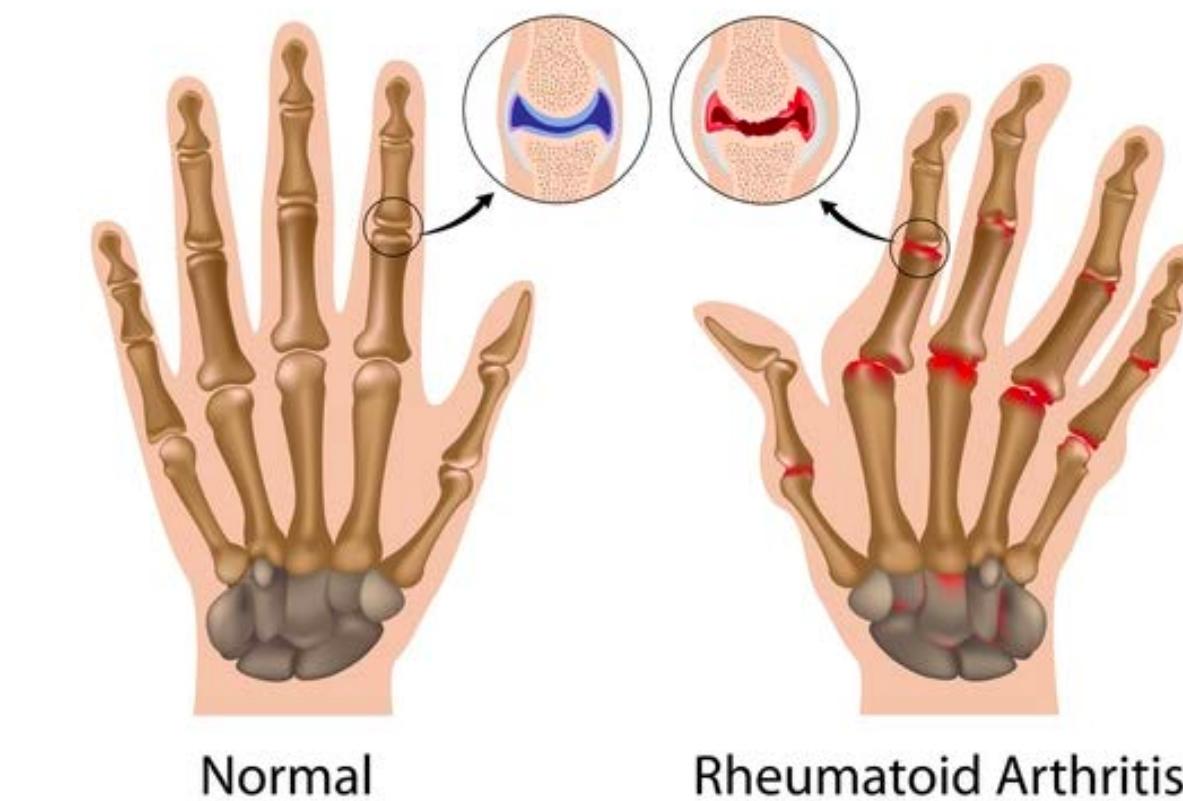
Dietary supplements **prevent** bacterial drug inactivation

Broad impacts across multiple diseases

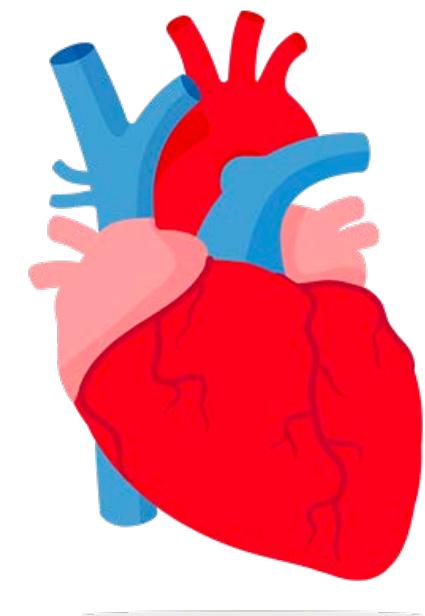


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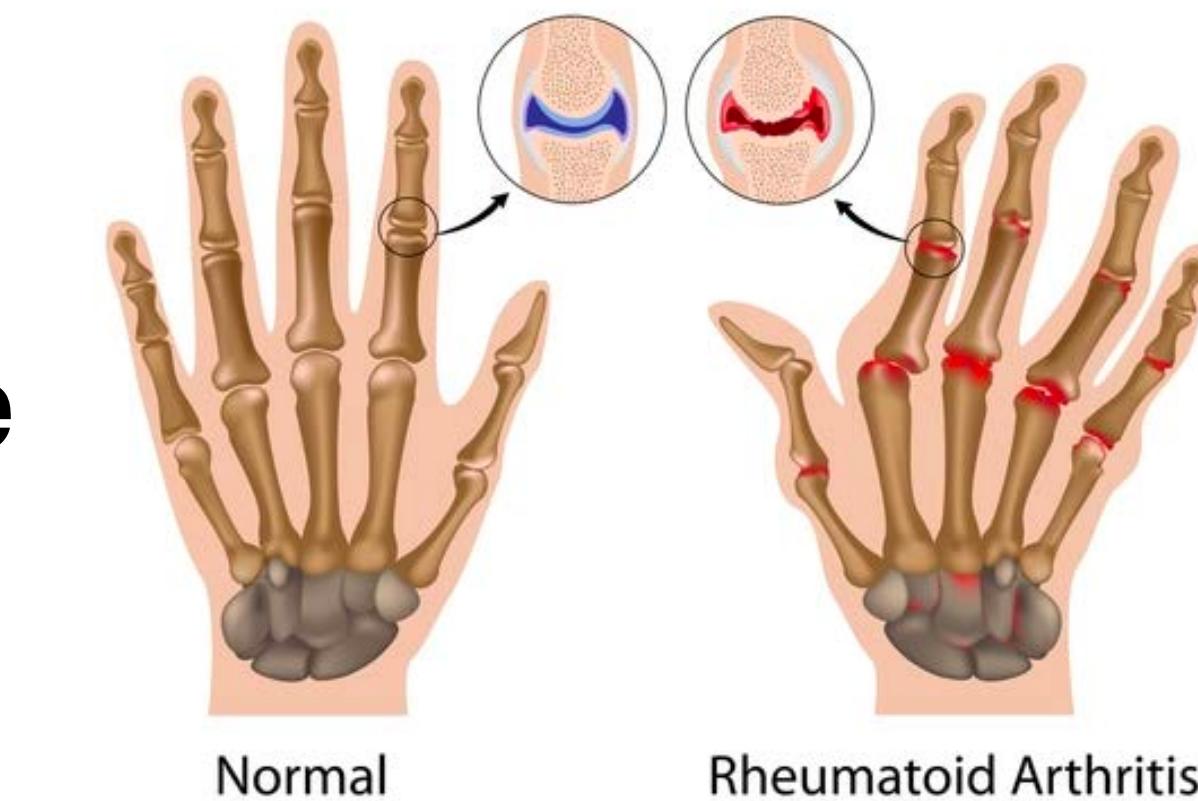
Predict and improve treatment response



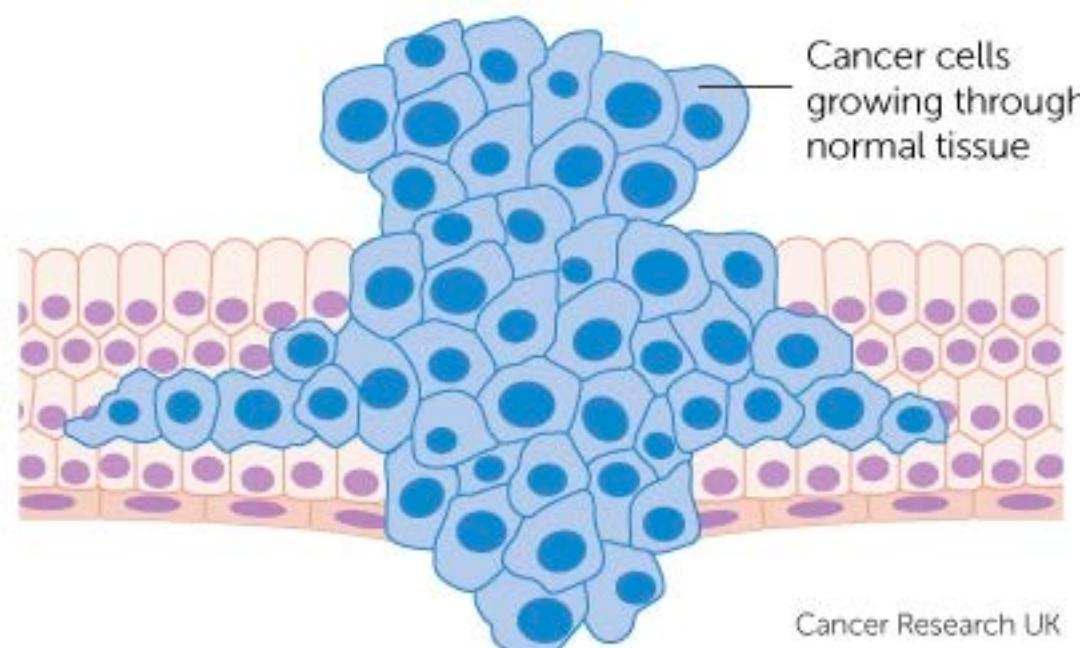
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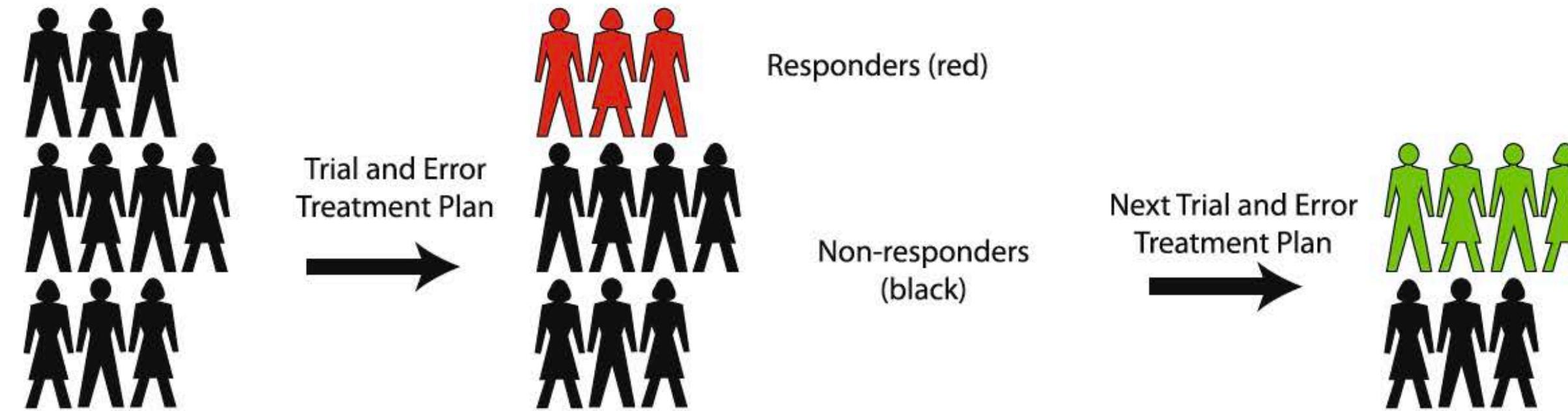
Predict and improve treatment response



Lessen side effects and improve **drug sensitivity**

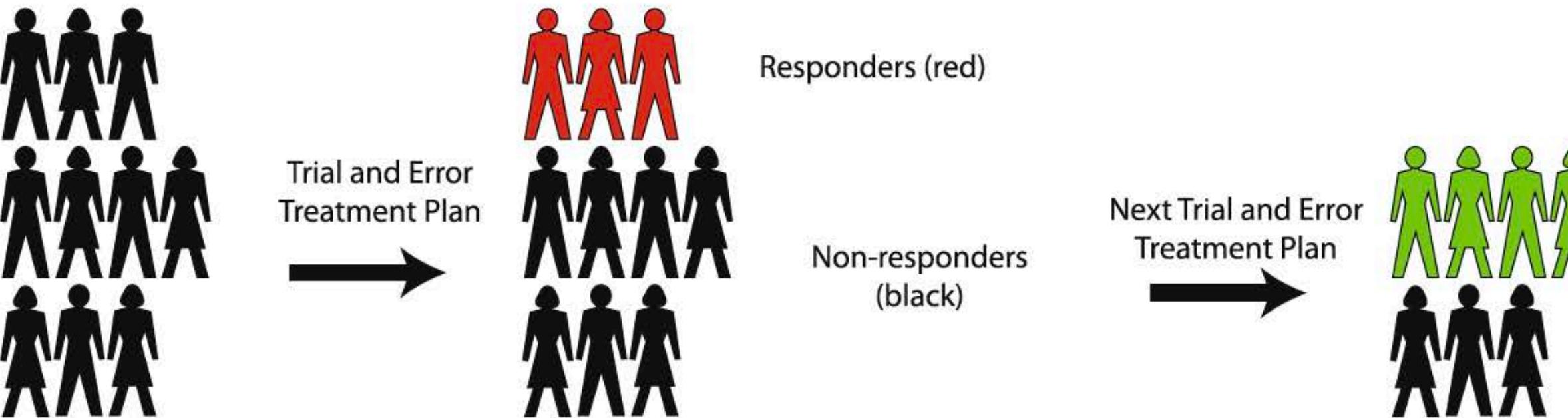
Towards microbiome-based precision medicine

Trial and Error Approach

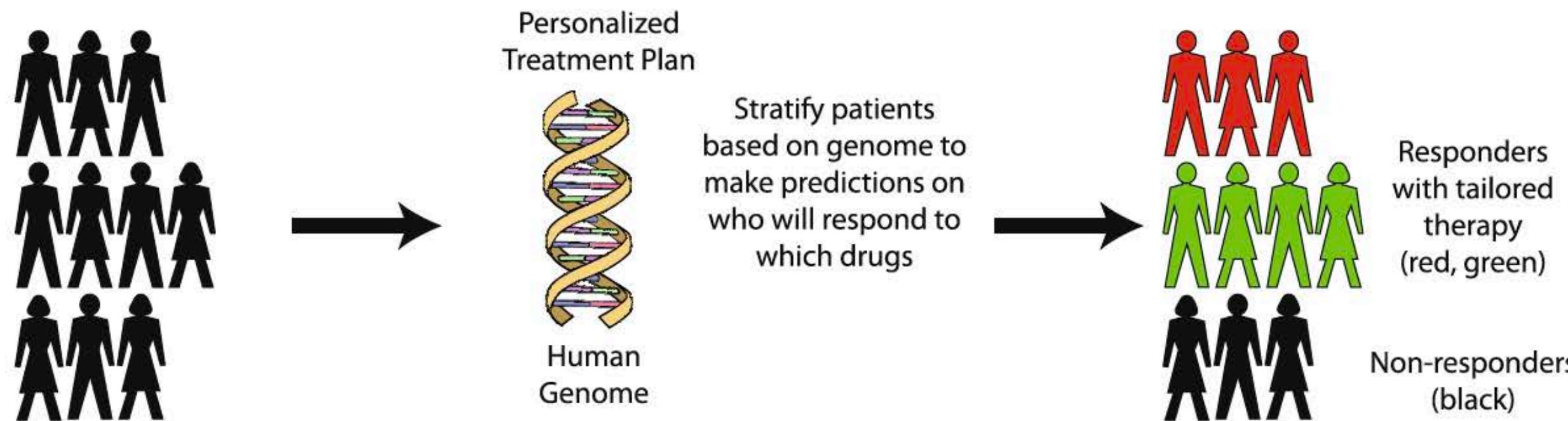


Towards microbiome-based precision medicine

Trial and Error Approach

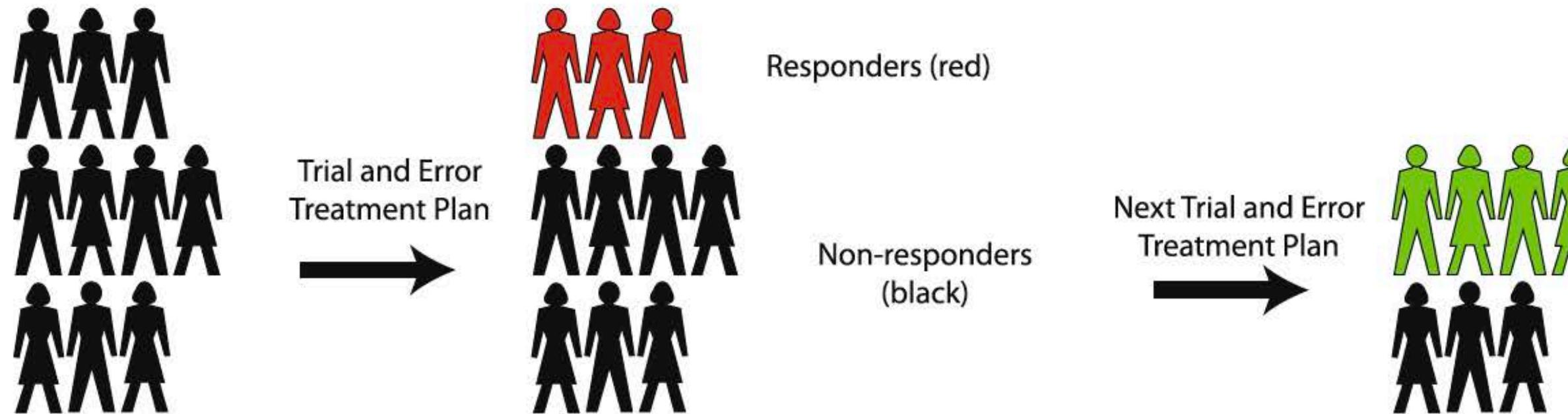


Pharmacogenomic Approach

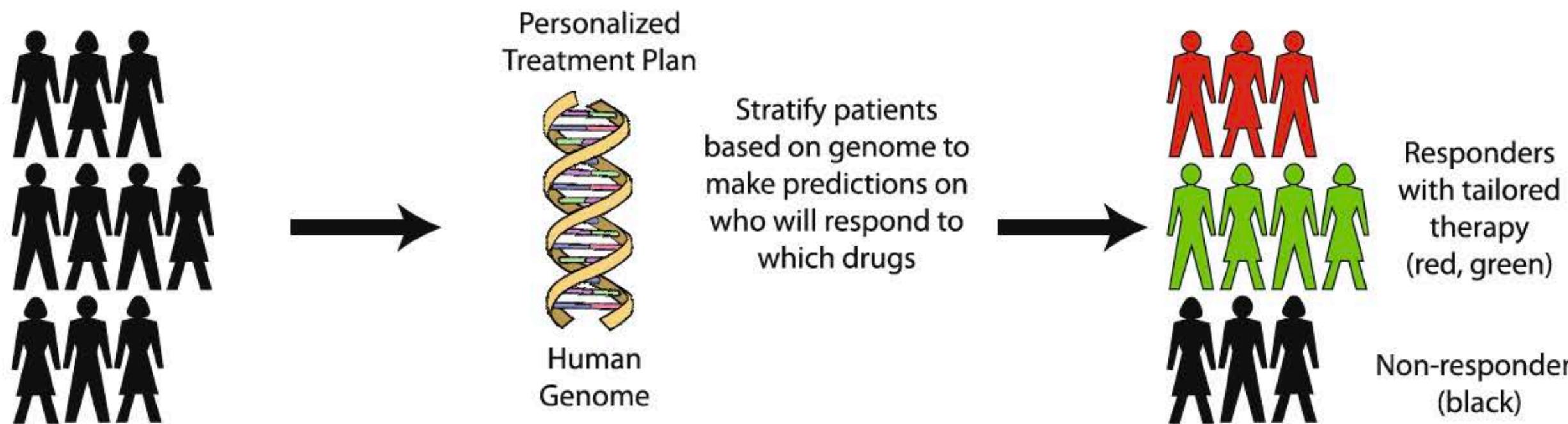


Towards microbiome-based precision medicine

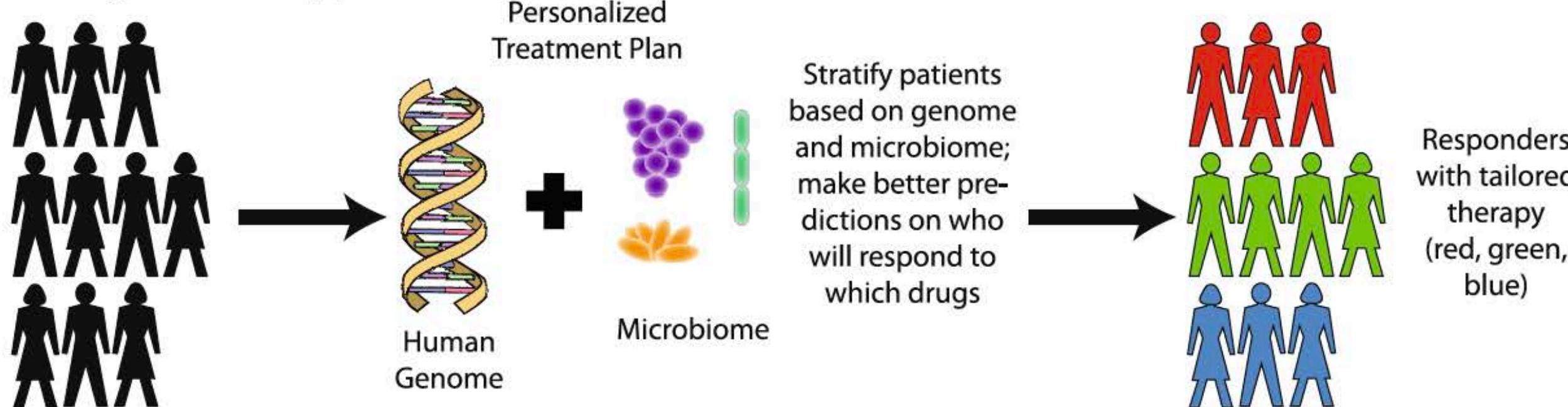
Trial and Error Approach



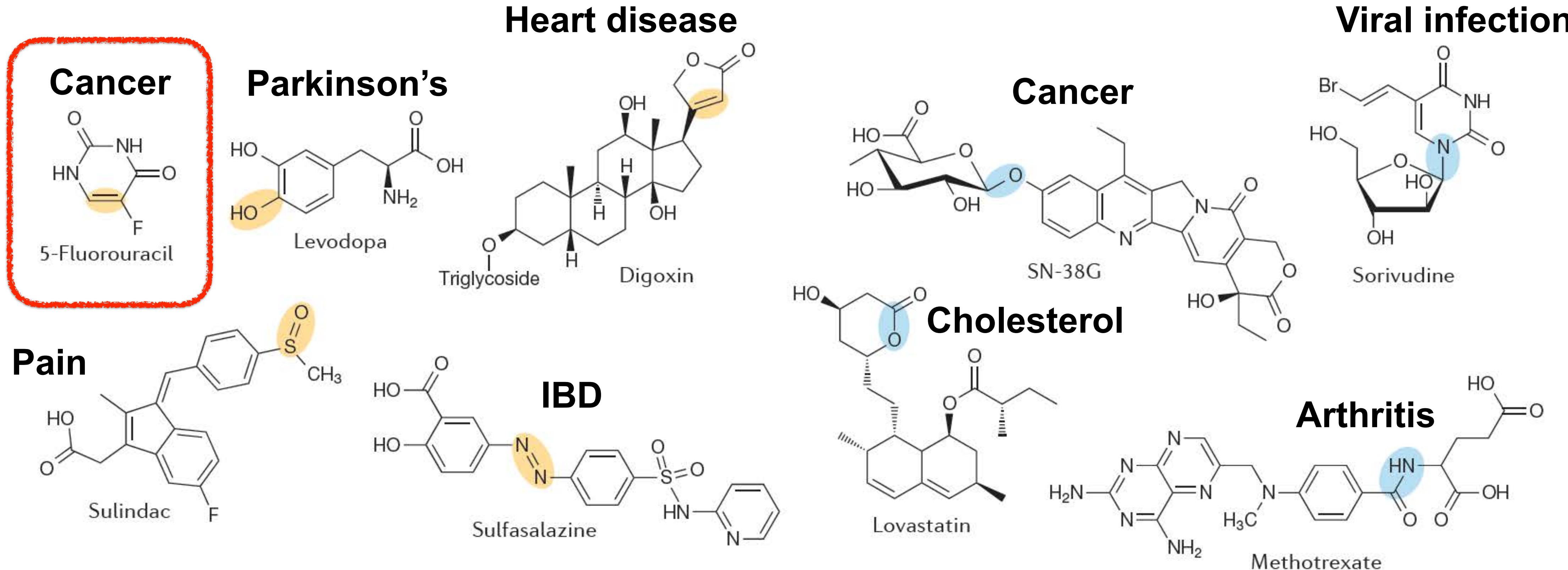
Pharmacogenomic Approach



Pharmacometagenomic Approach



100s of drugs can be metabolized by gut bacteria



Clinical motivations for this work

Oral cancer chemotherapy



Capecitabine (CAP):

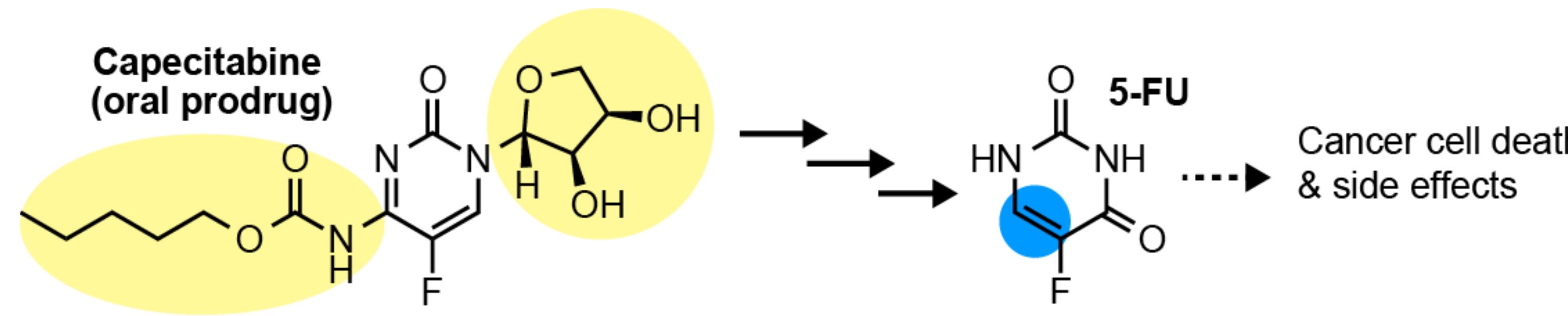
- Meets FDA criteria for a “highly variable” drug
- Diet and host genetics do not explain variations in PK
- Adverse reactions require dose adjustments in 35% of patients, end of therapy in 10%
- GI side effects are common
- Unexplained regional differences in tolerability



Peter Spanogiannopoulos
CIHR fellow
Now at Novome Biotech

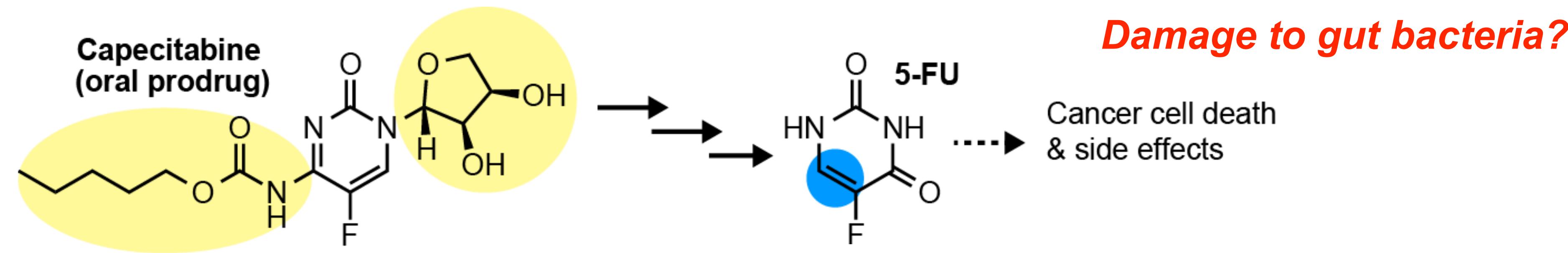
Saif *et al.*, 2007, Haller *et al.*, 2008, Leonard *et al.*, 2011, Gadiko *et al.*, 2012, Jennings *et al.*, 2013

Microbiological motivations for this work



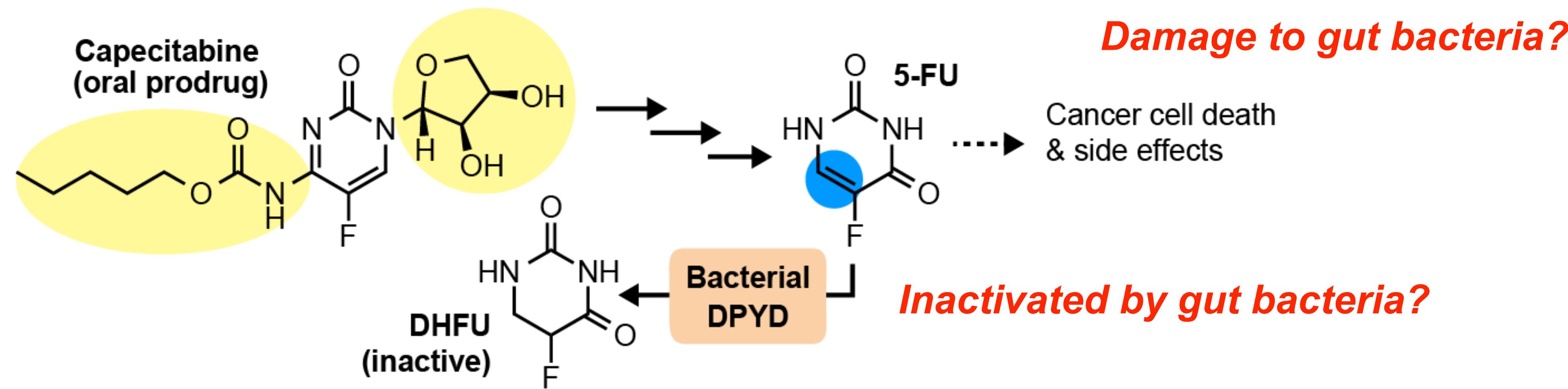
Horowitz *et al.*, 1960, Bloch & Hutchison 1964, Stringer *et al.*, 2009, von Bultzingslowen *et al.*, 2003, Stringer *et al.*, 2007, van Vliet *et al.*, 2009, Garcia-Gonzalez *et al.*, Cell 2017, Rosener *et al.*, 2020

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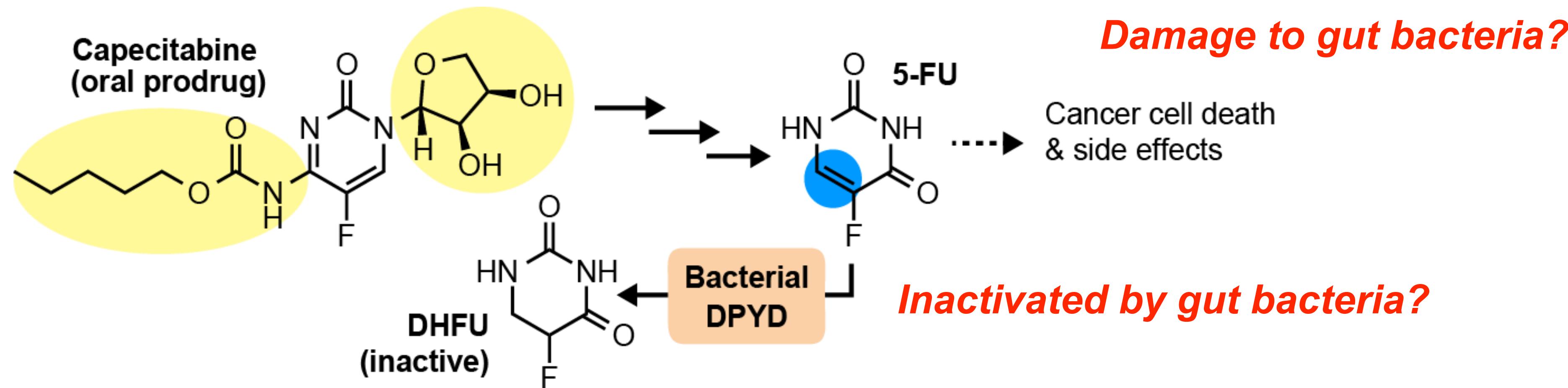


Horowitz *et al.*, 1960, Bloch & Hutchison 1964, Stringer *et al.*, 2009, von Bultzingslowen *et al.*, 2003, Stringer *et al.*, 2007, van Vliet *et al.*, 2009, Garcia-Gonzalez *et al.*, Cell 2017, Rosener *et al.*, 2020

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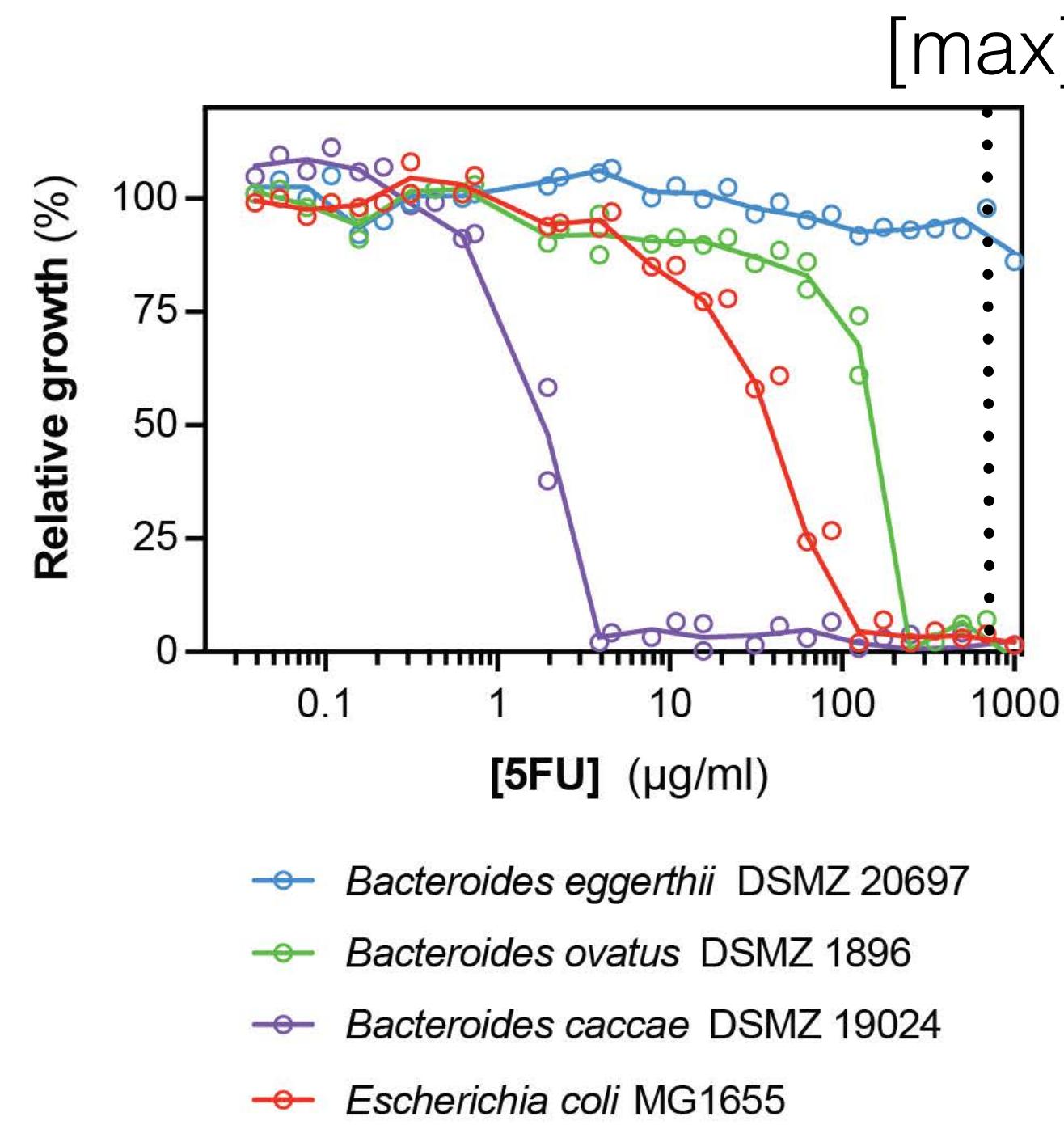


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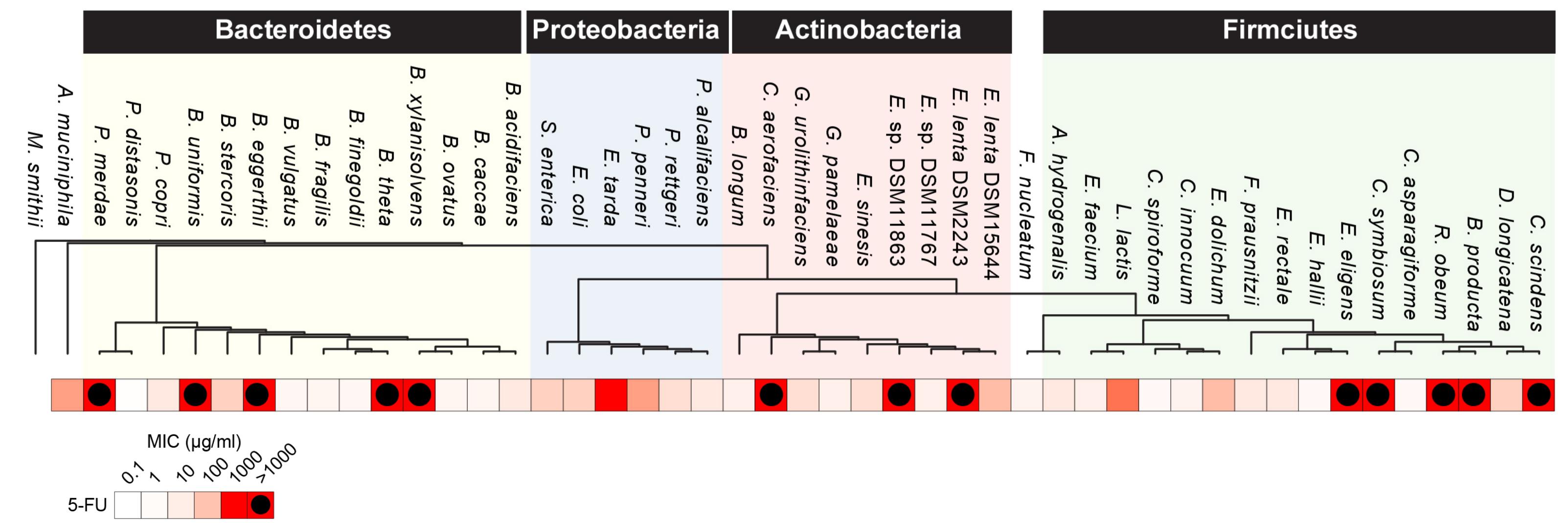
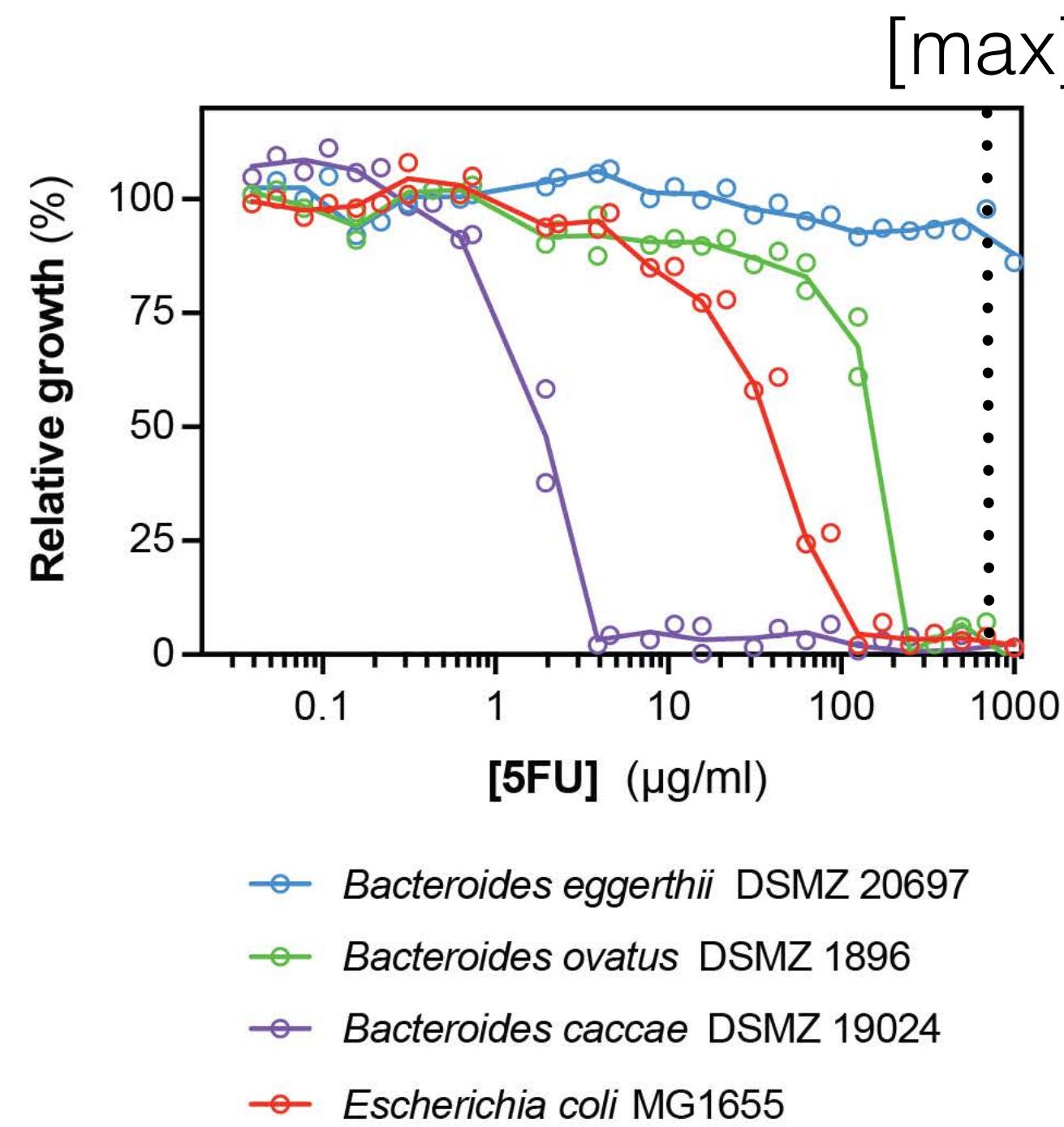


- Data in bacterial cultures, rats, and humans suggest that fluoropyrimidines alter the gut microbiota
- Data in worms demonstrate that genetic differences in dietary *E. coli* lead to altered drug toxicity

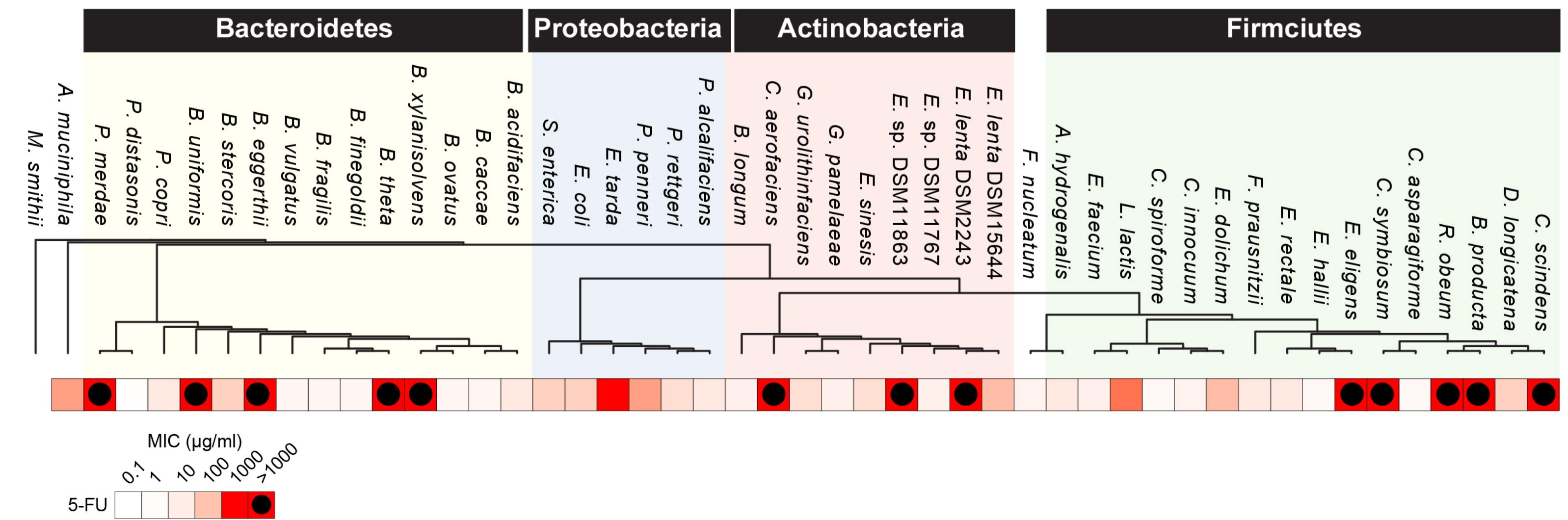
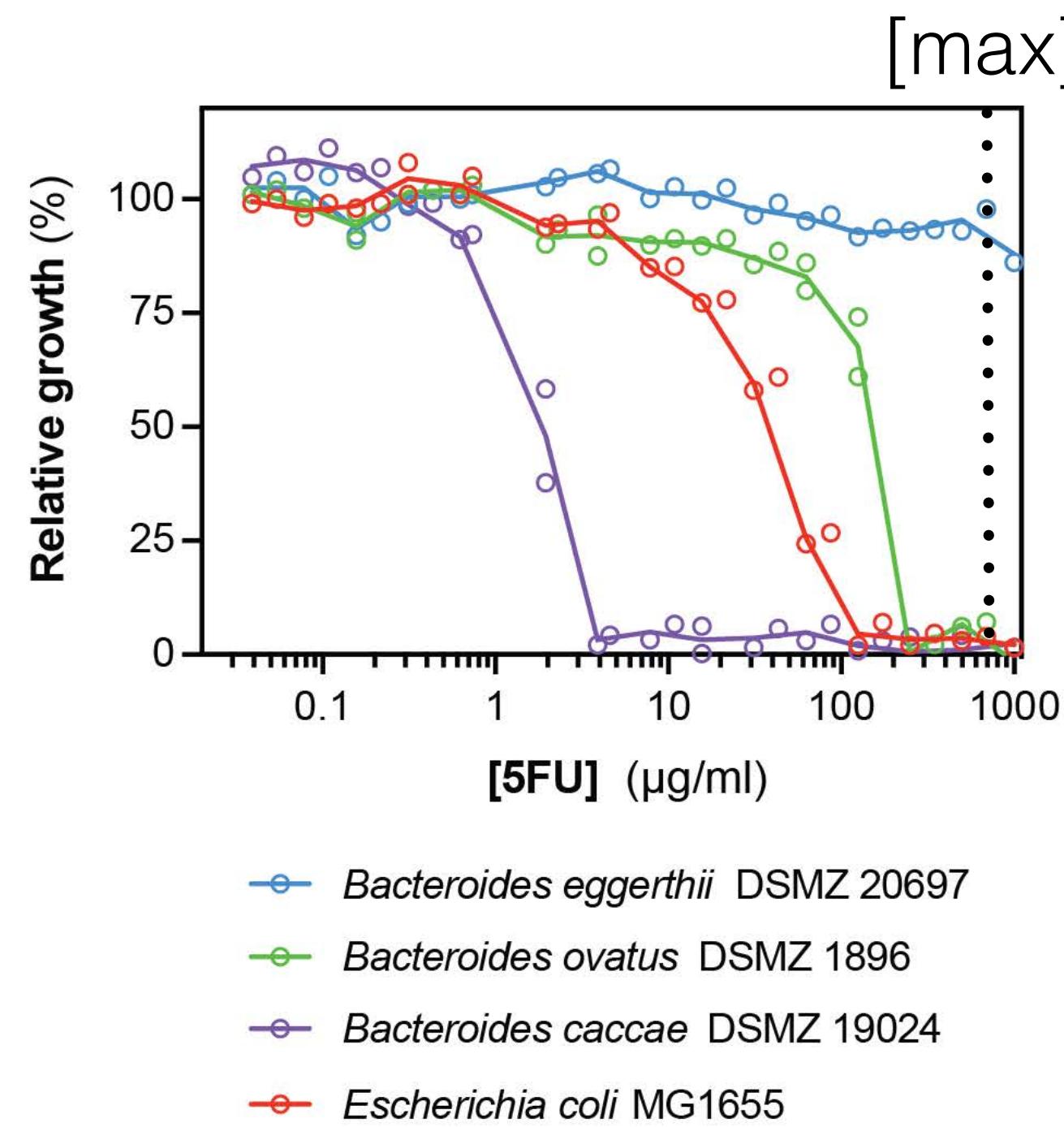
5-FU inhibits the growth of diverse human gut bacteria



5-FU inhibits the growth of diverse human gut bacteria

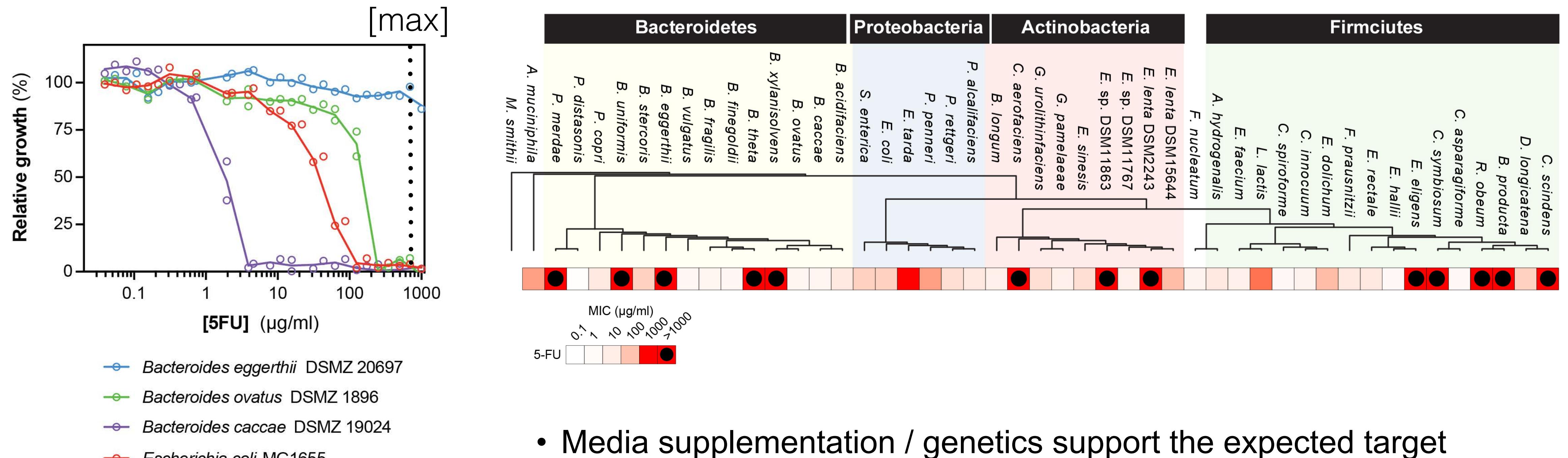


5-FU inhibits the growth of diverse human gut bacteria



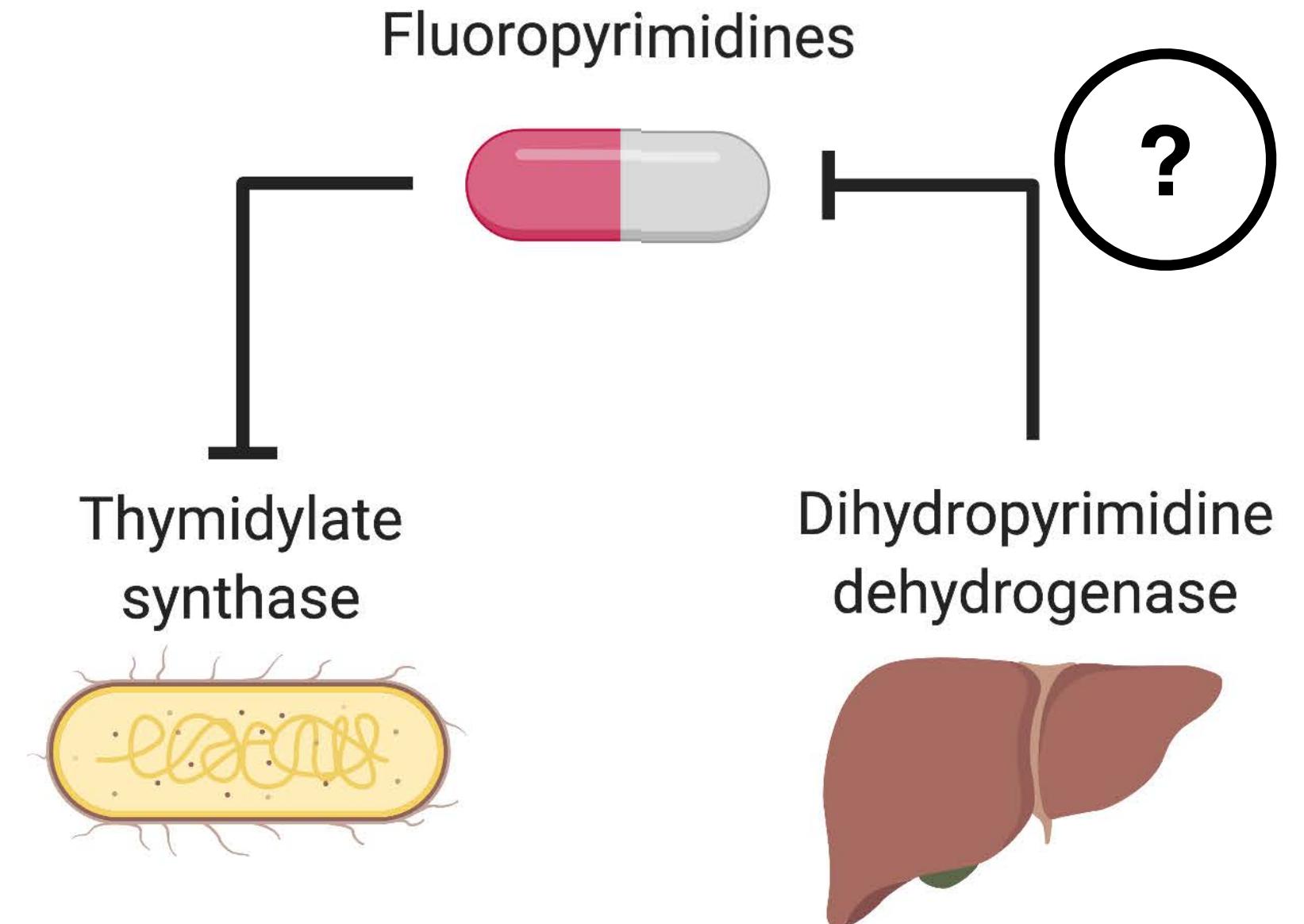
- Media supplementation / genetics support the expected target thymidylate synthase

5-FU inhibits the growth of diverse human gut bacteria



- Media supplementation / genetics support the expected target thymidylate synthase
- Identified downstream pathways impacted by RNA sequencing

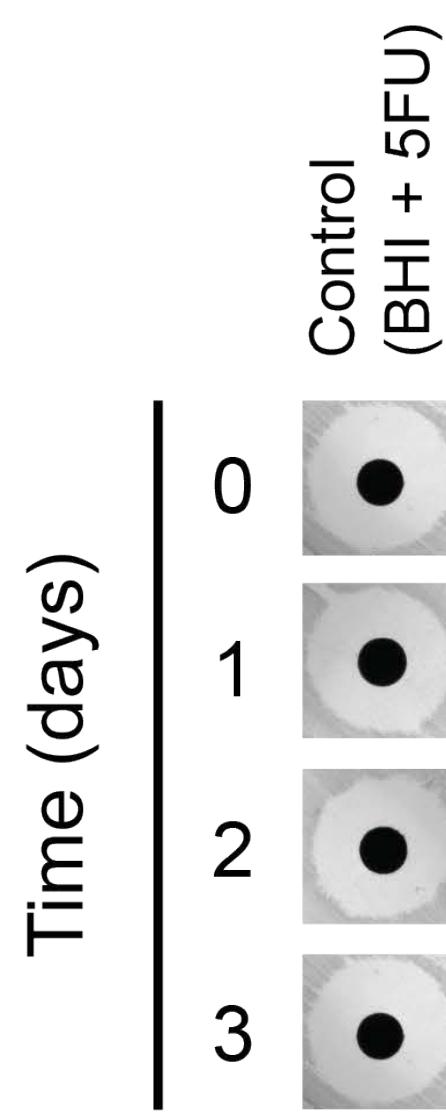
The targets are conserved, but what about the mechanisms for drug inactivation?



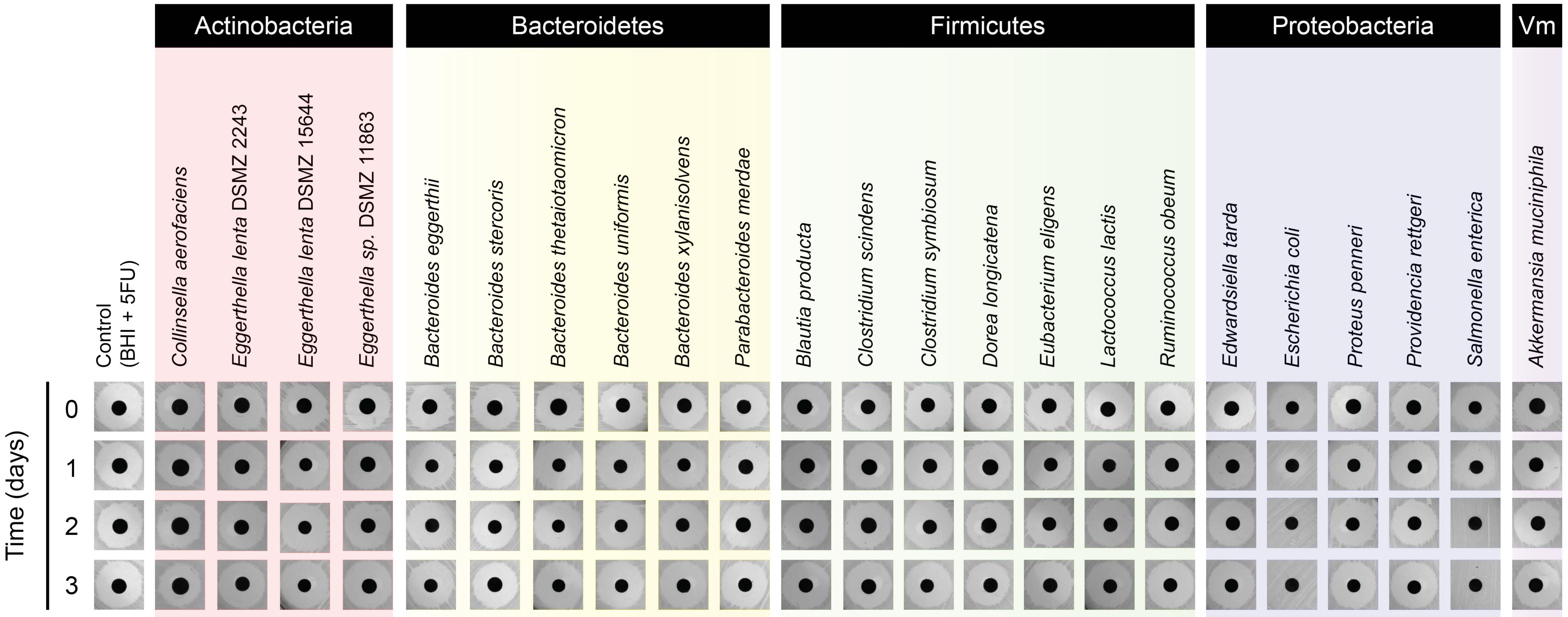
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Spanogiannopoulos*, Kyaw*, et al., *Nature* in review; BioRxiv 2022

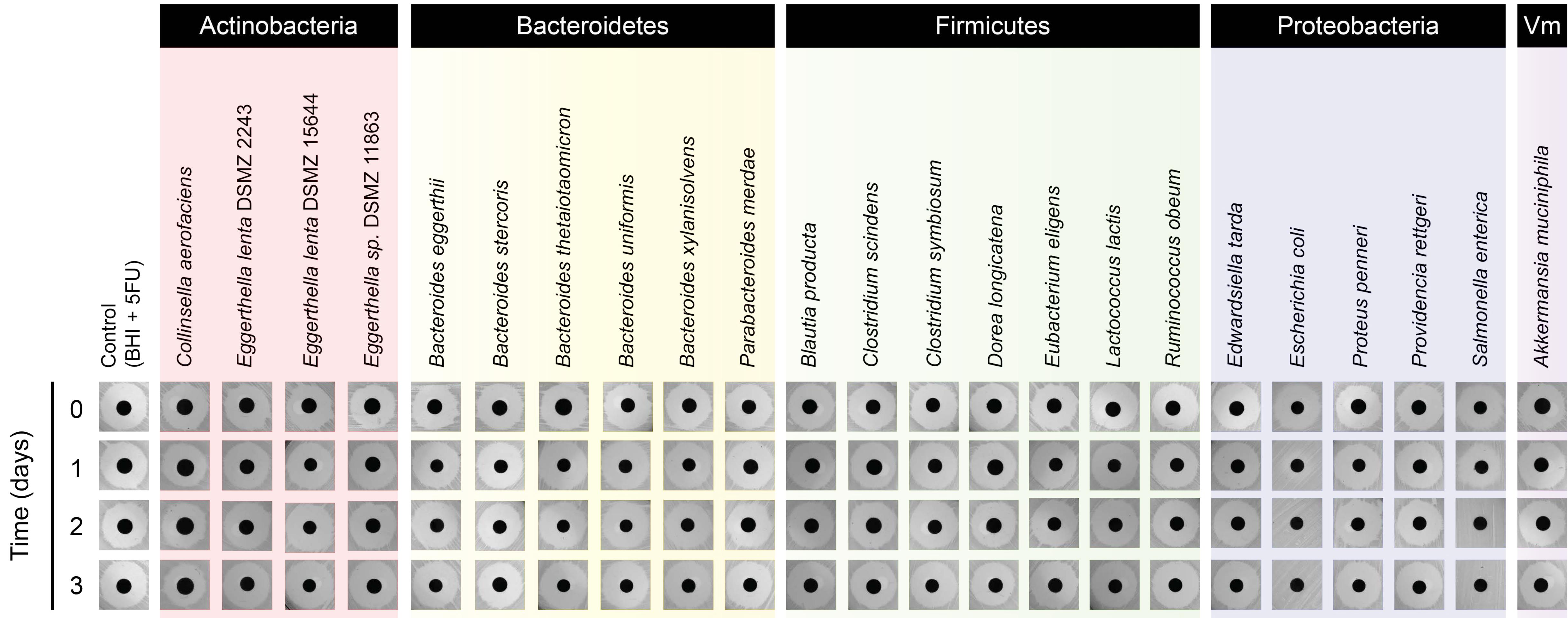
Select human gut bacterial strains inactivate 5-FU



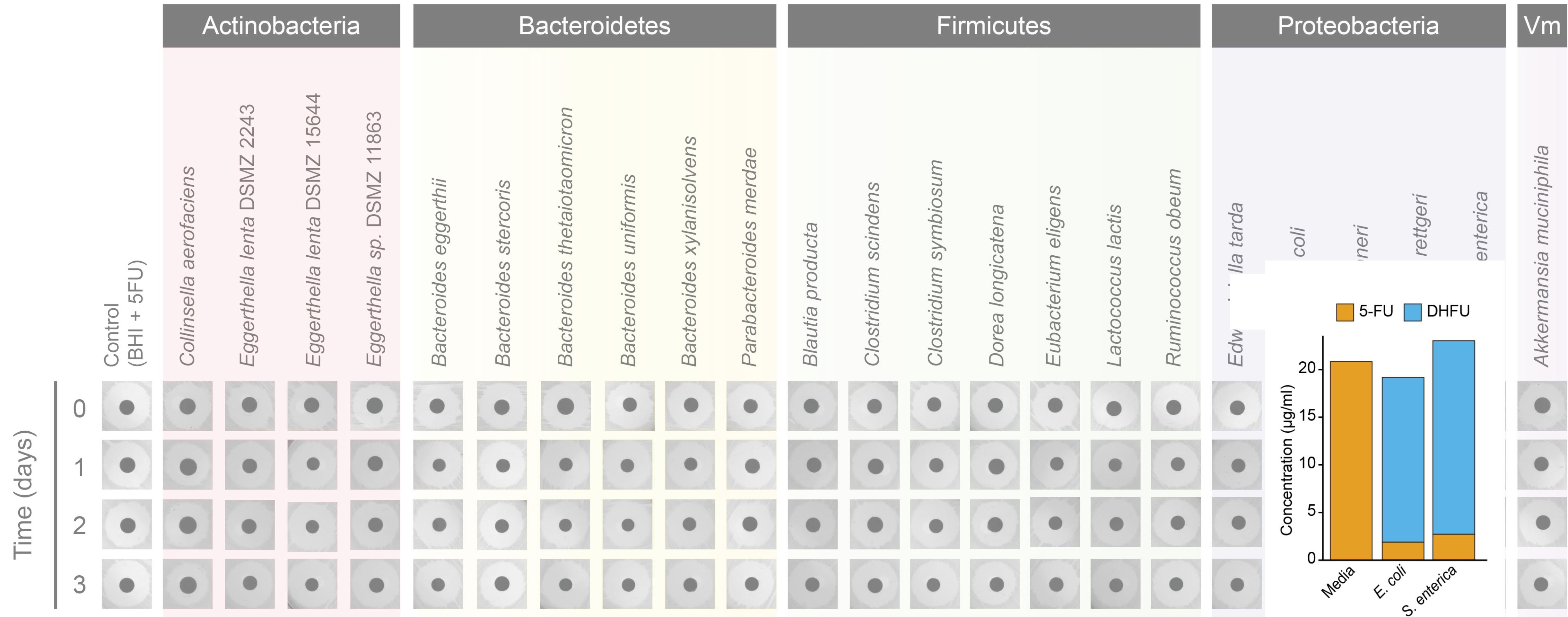
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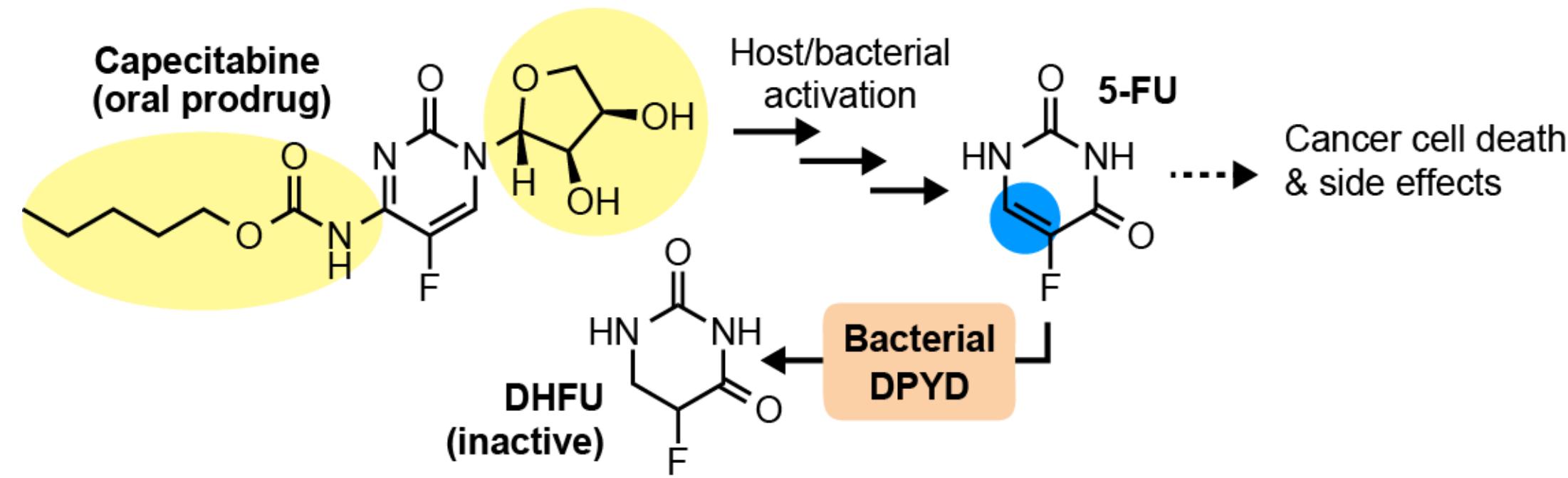
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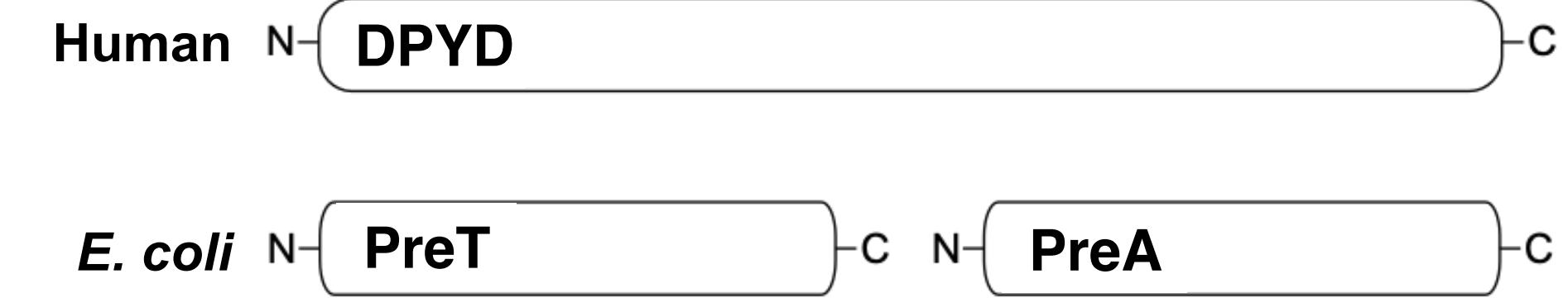
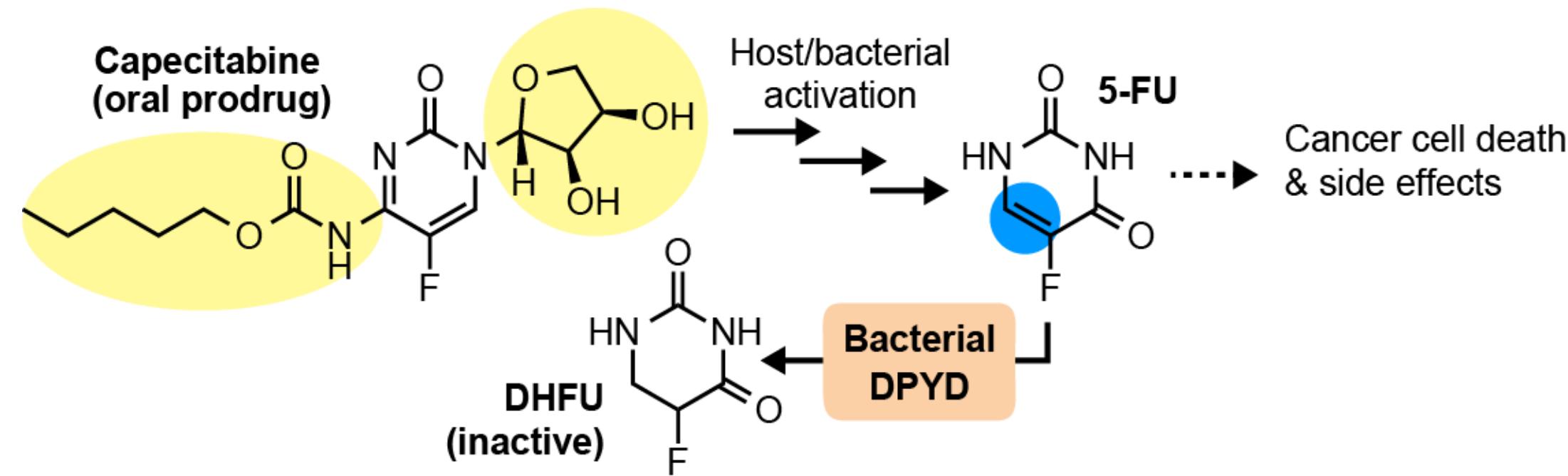
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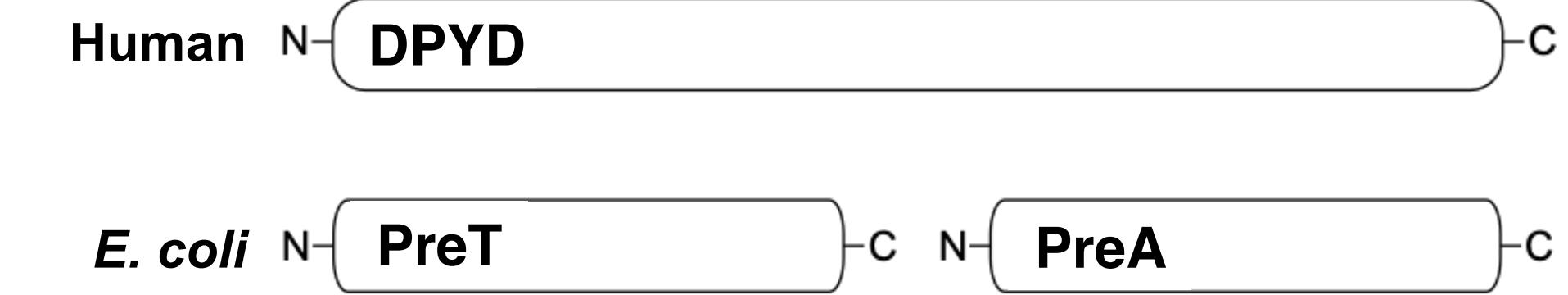
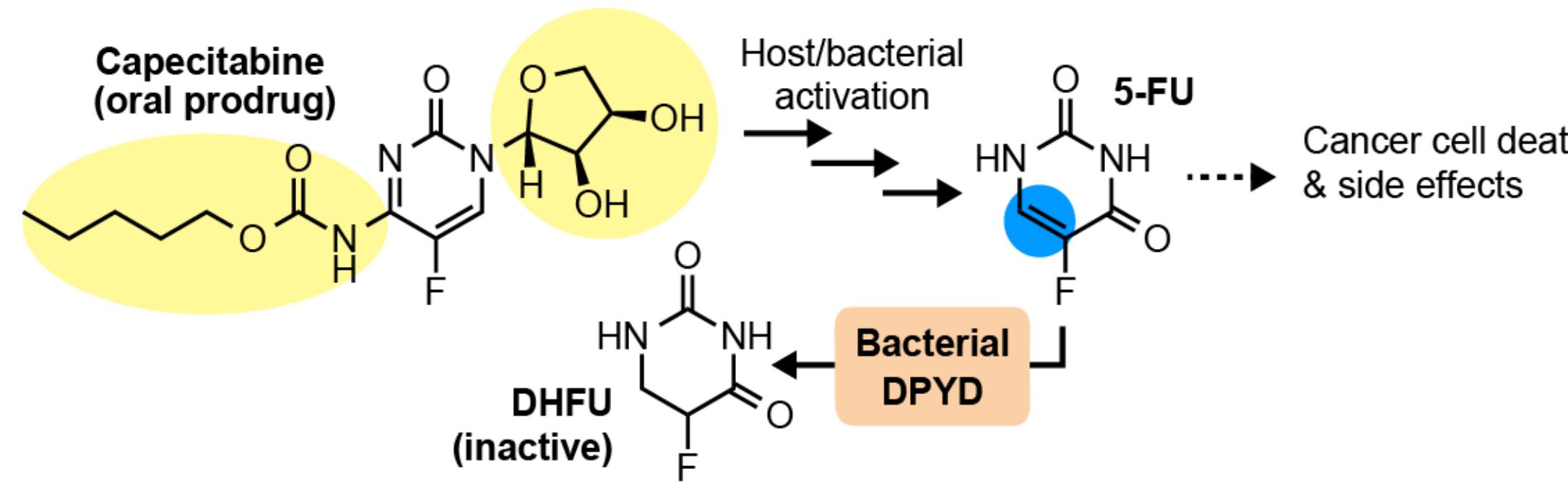
Candidate gene: bacterial dihydropyrimidine dehydrogenase (DPYD)



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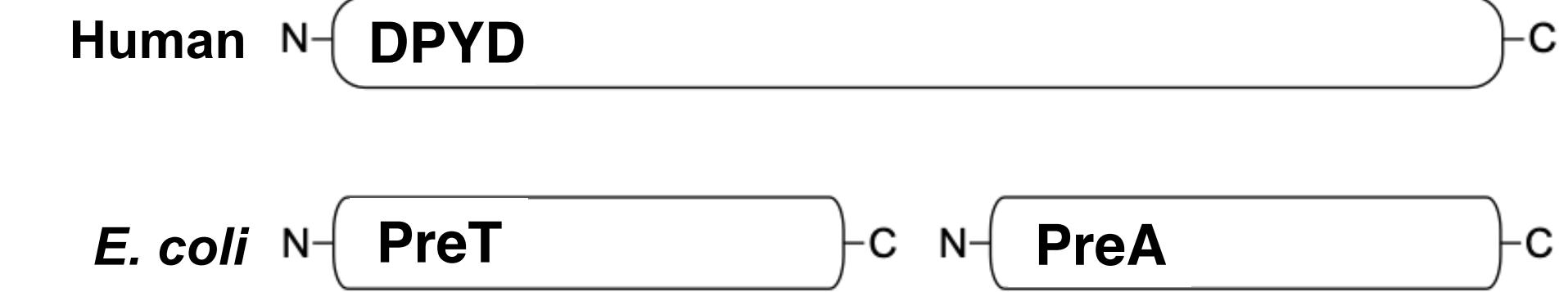
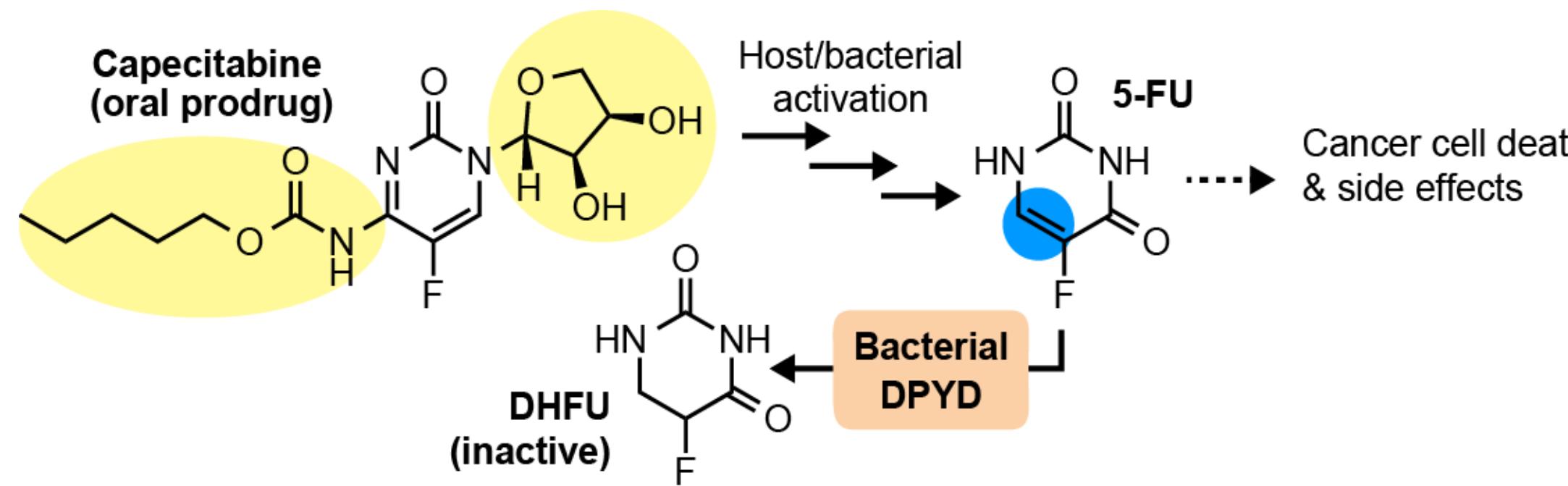


Candidate gene: bacterial dihydropyrimidine dehydrogenase (DPYD)



- 30% amino acid similarity to human DPYD
- Iron-sulphur flavoenzyme, requires NADH
- DHU is a backup pyrimidine pool

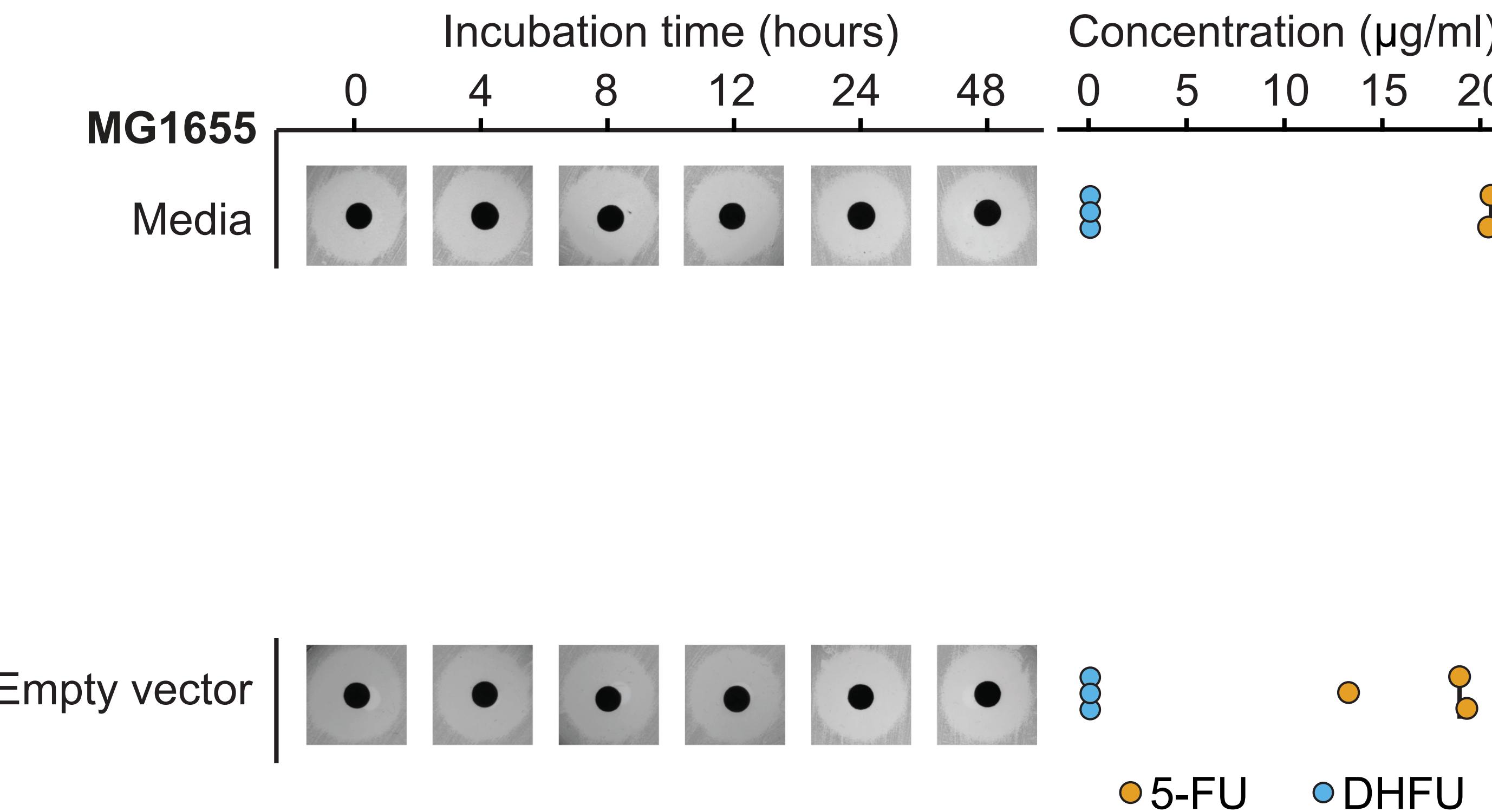
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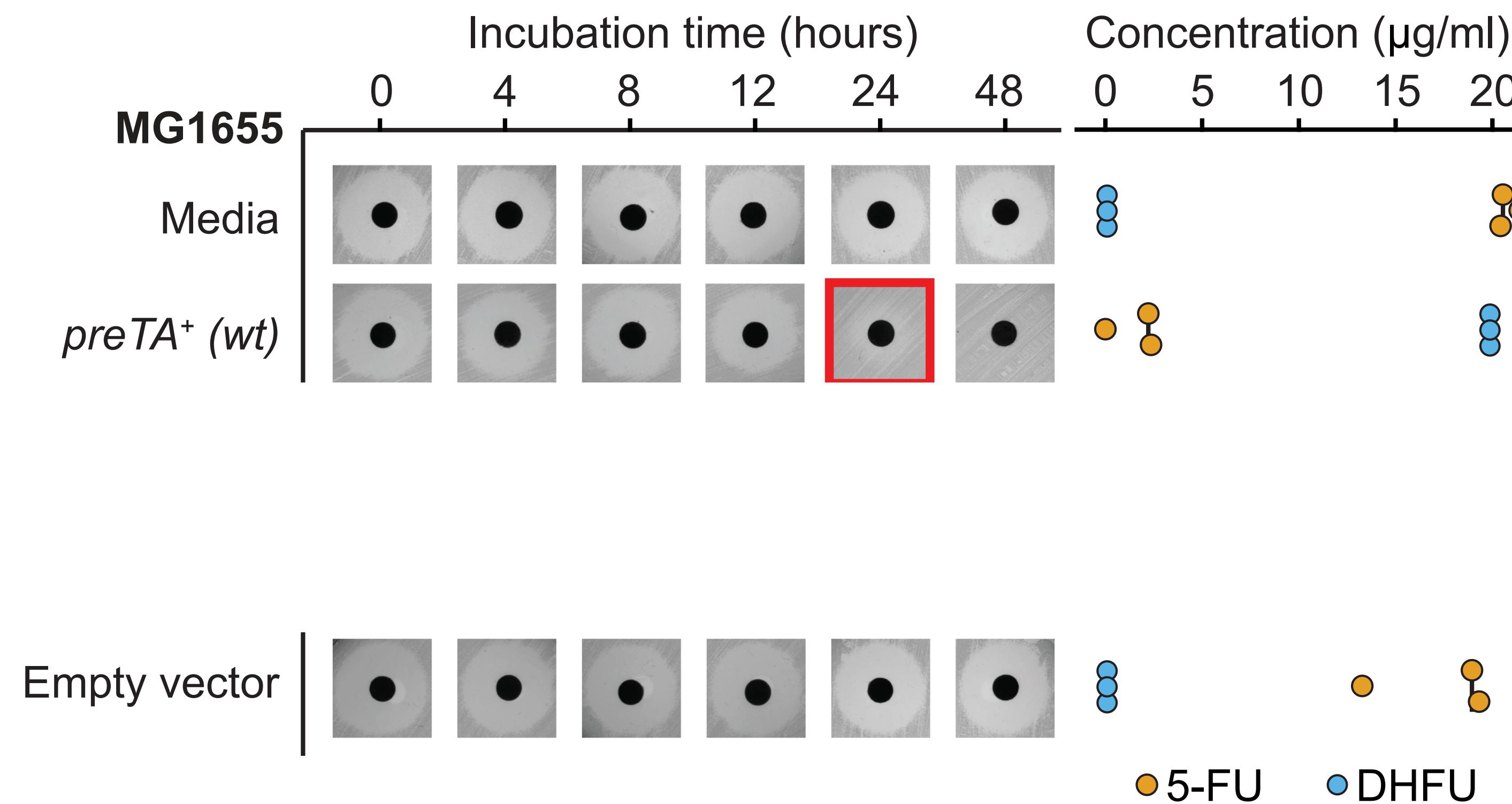
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Is preTA **necessary** for 5-FU inactivation?

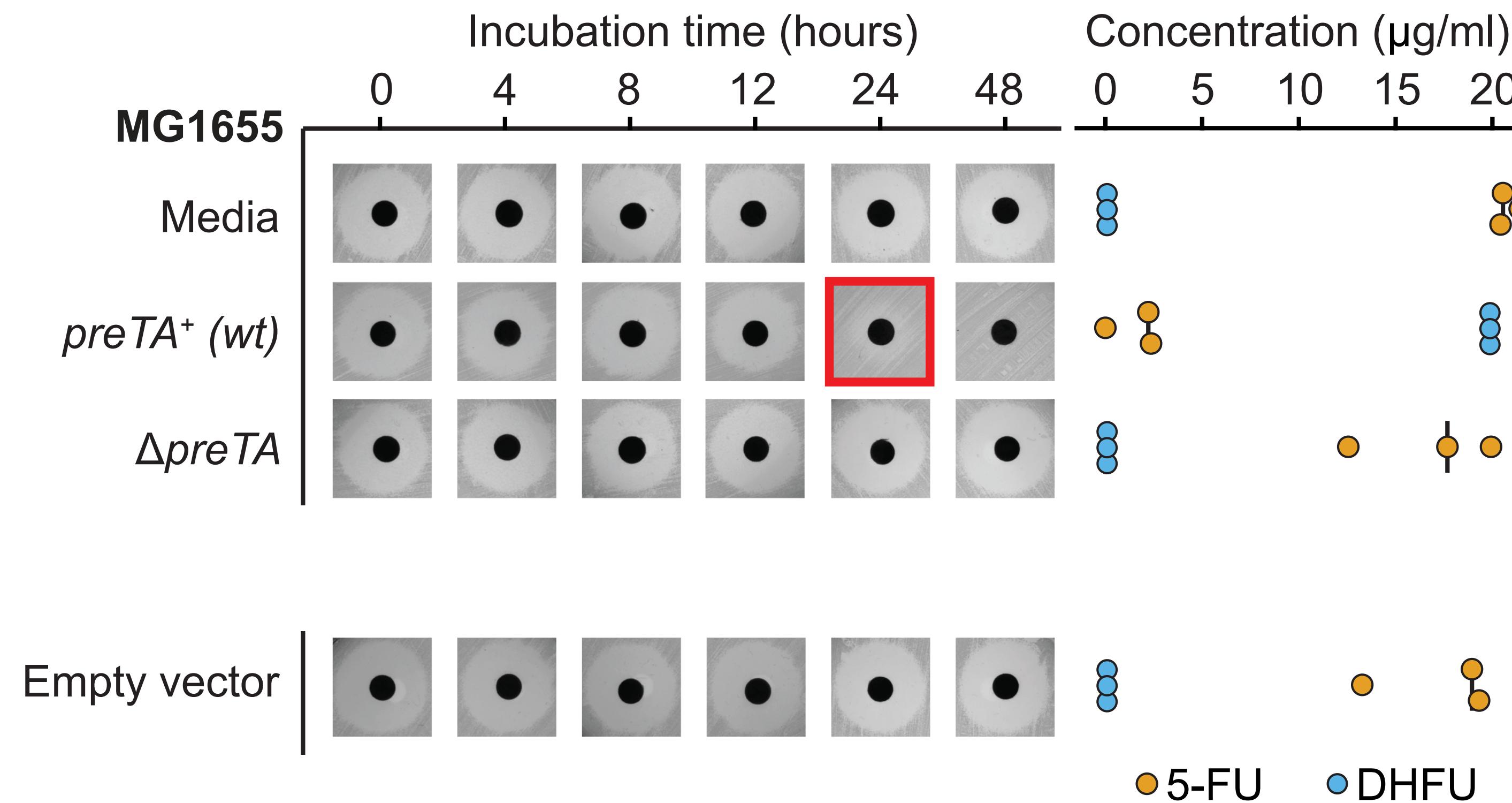
preTA is necessary for 5-FU inactivation by E. coli



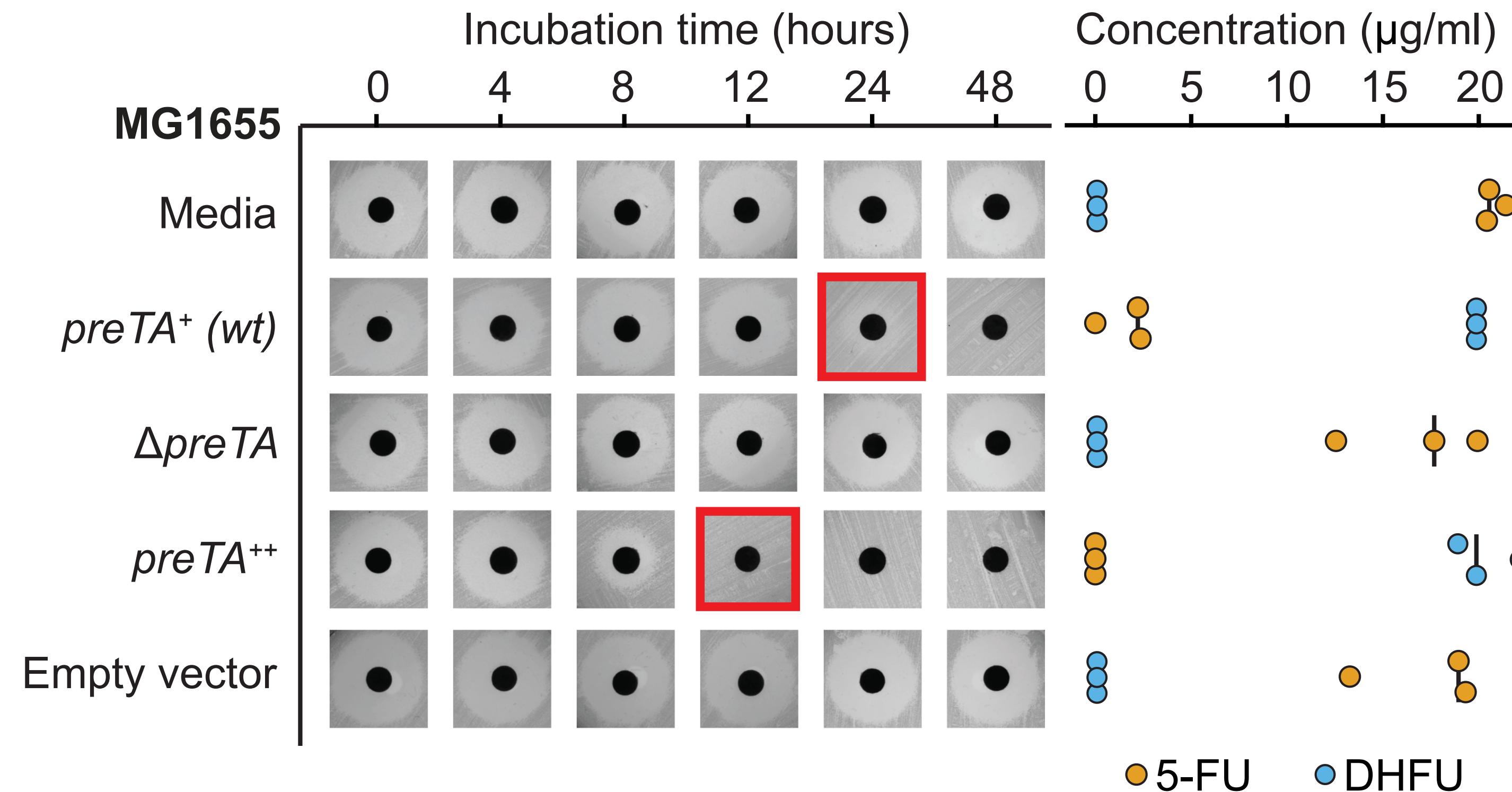
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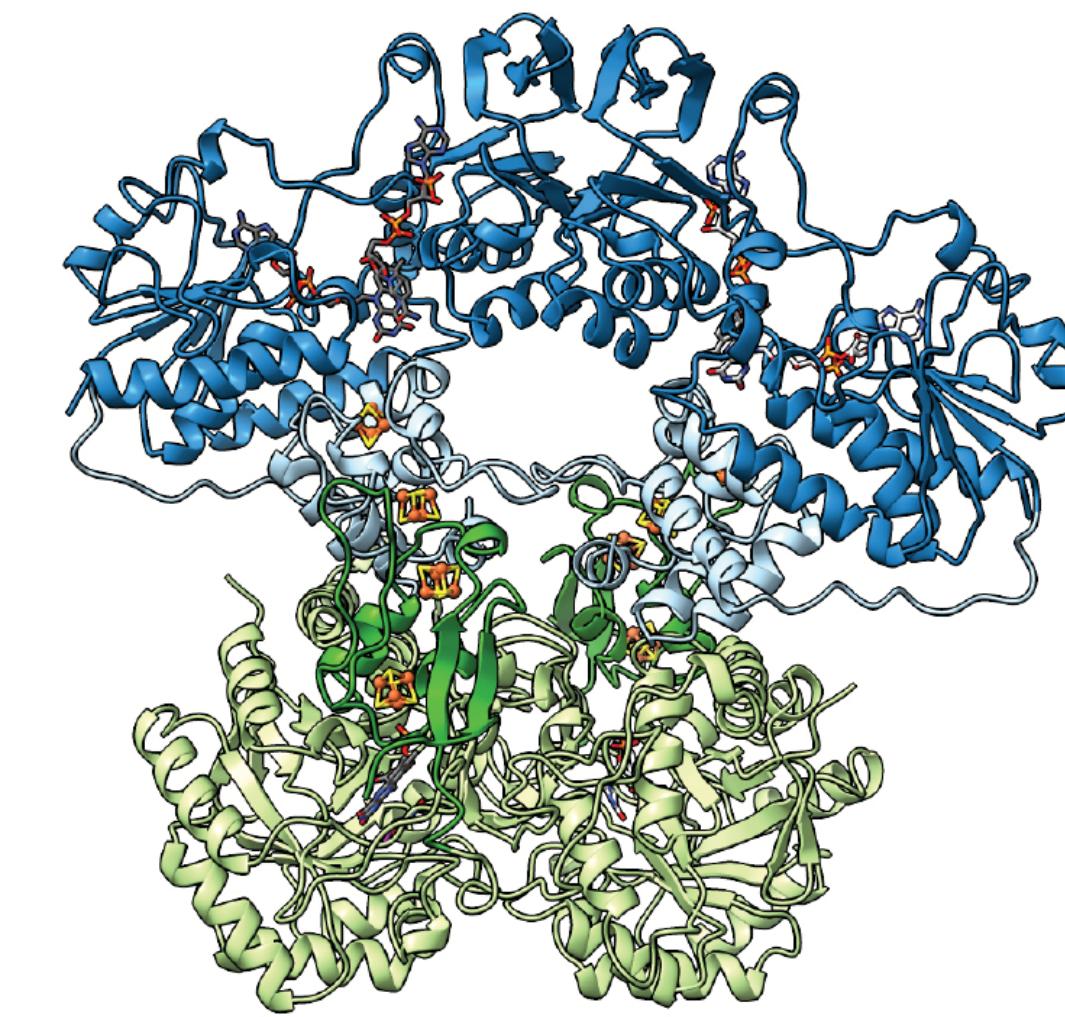
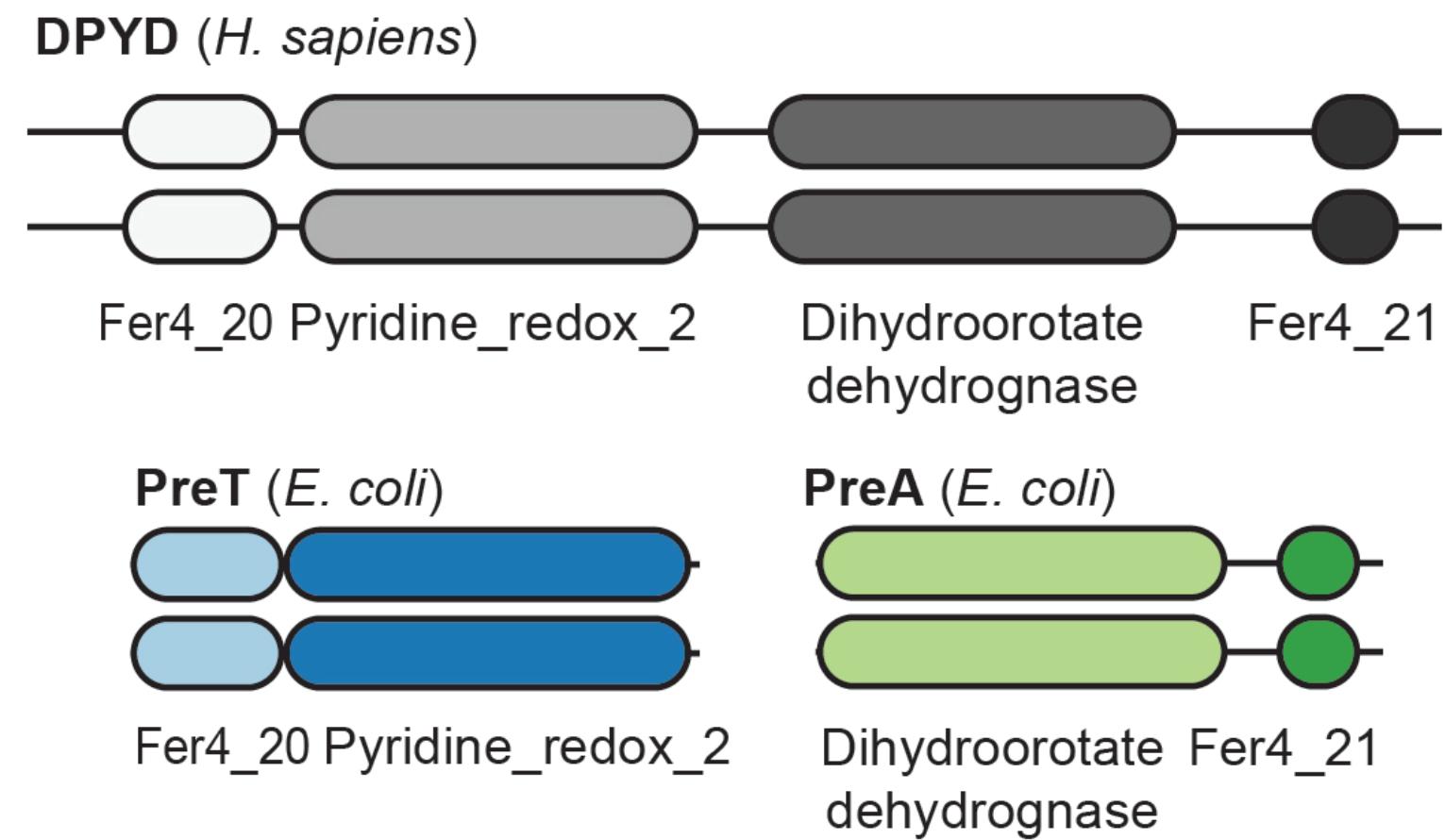
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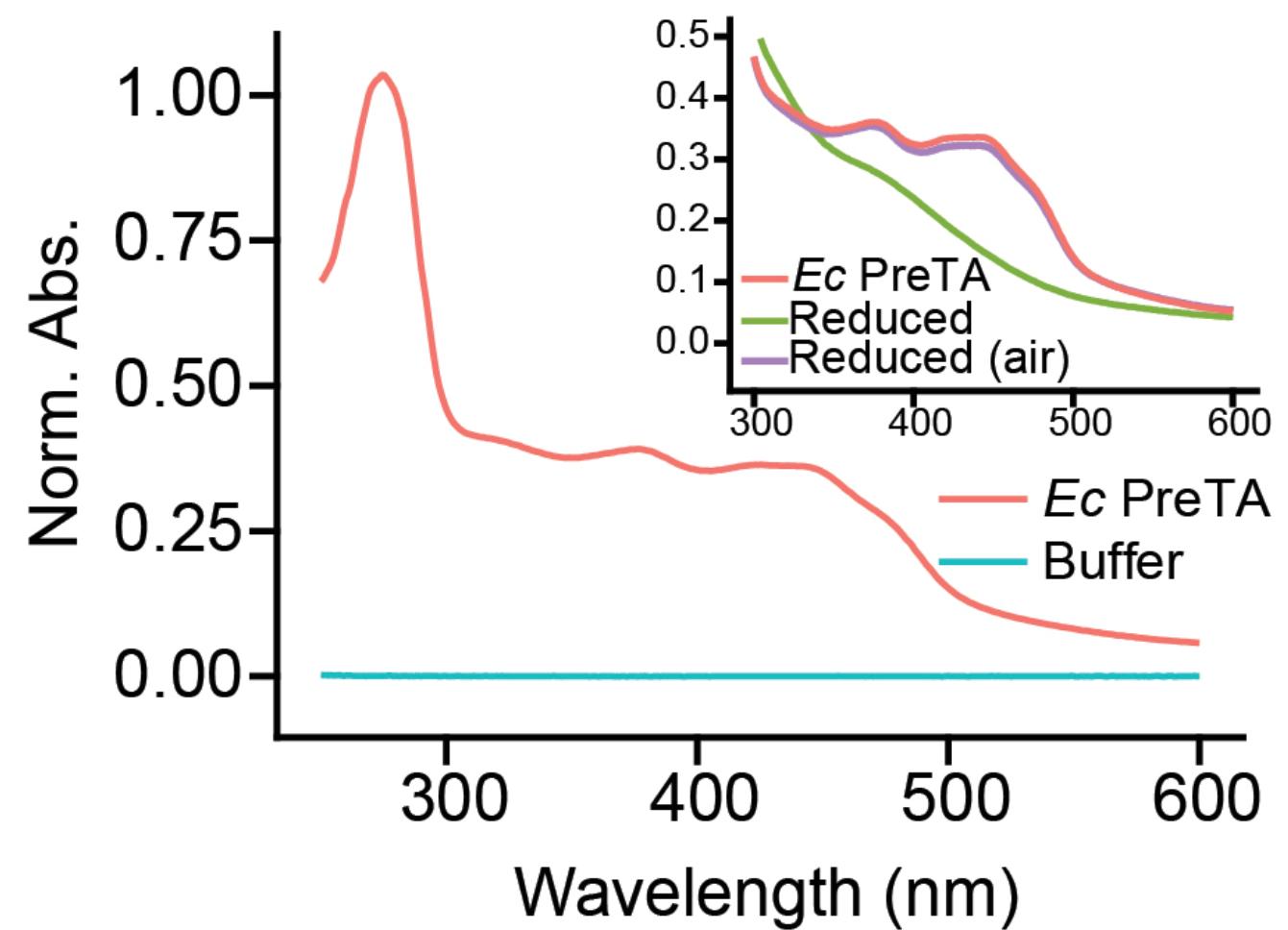
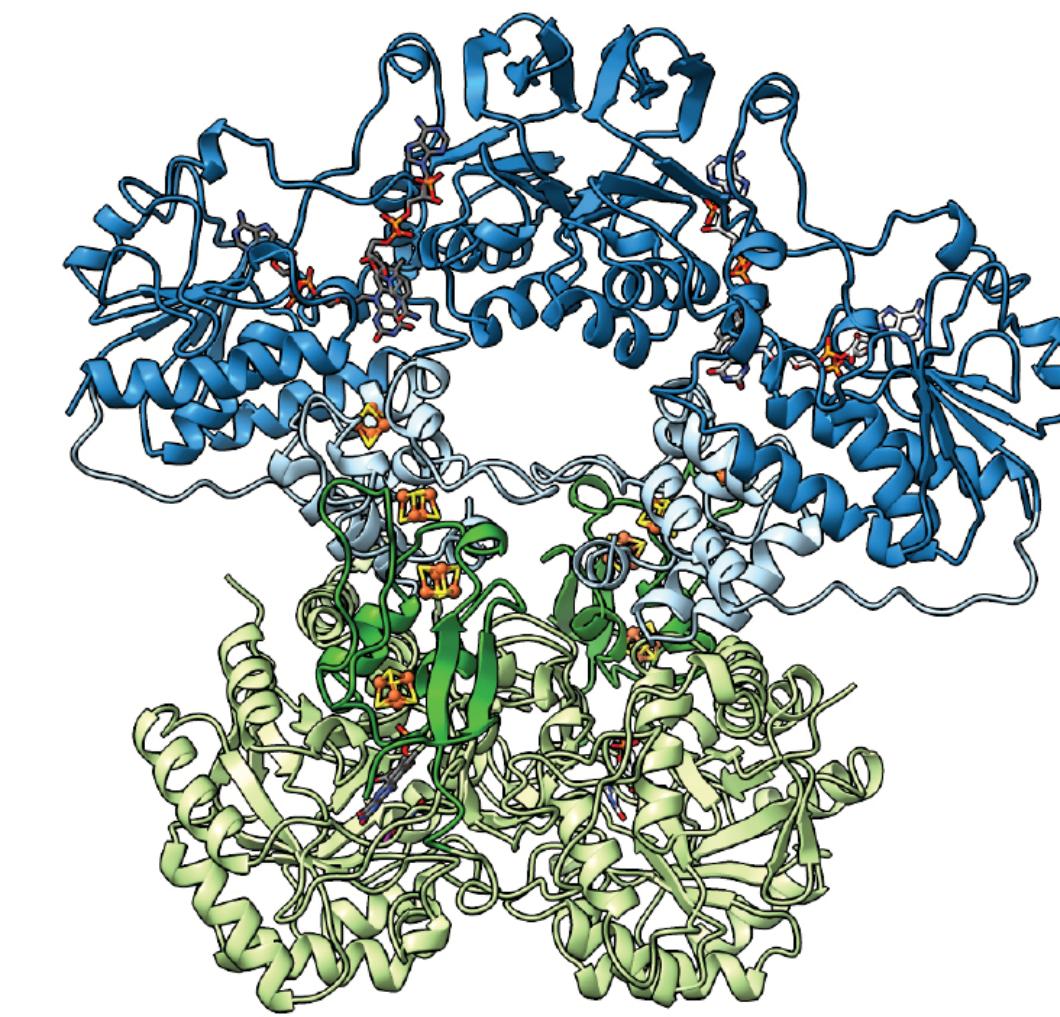
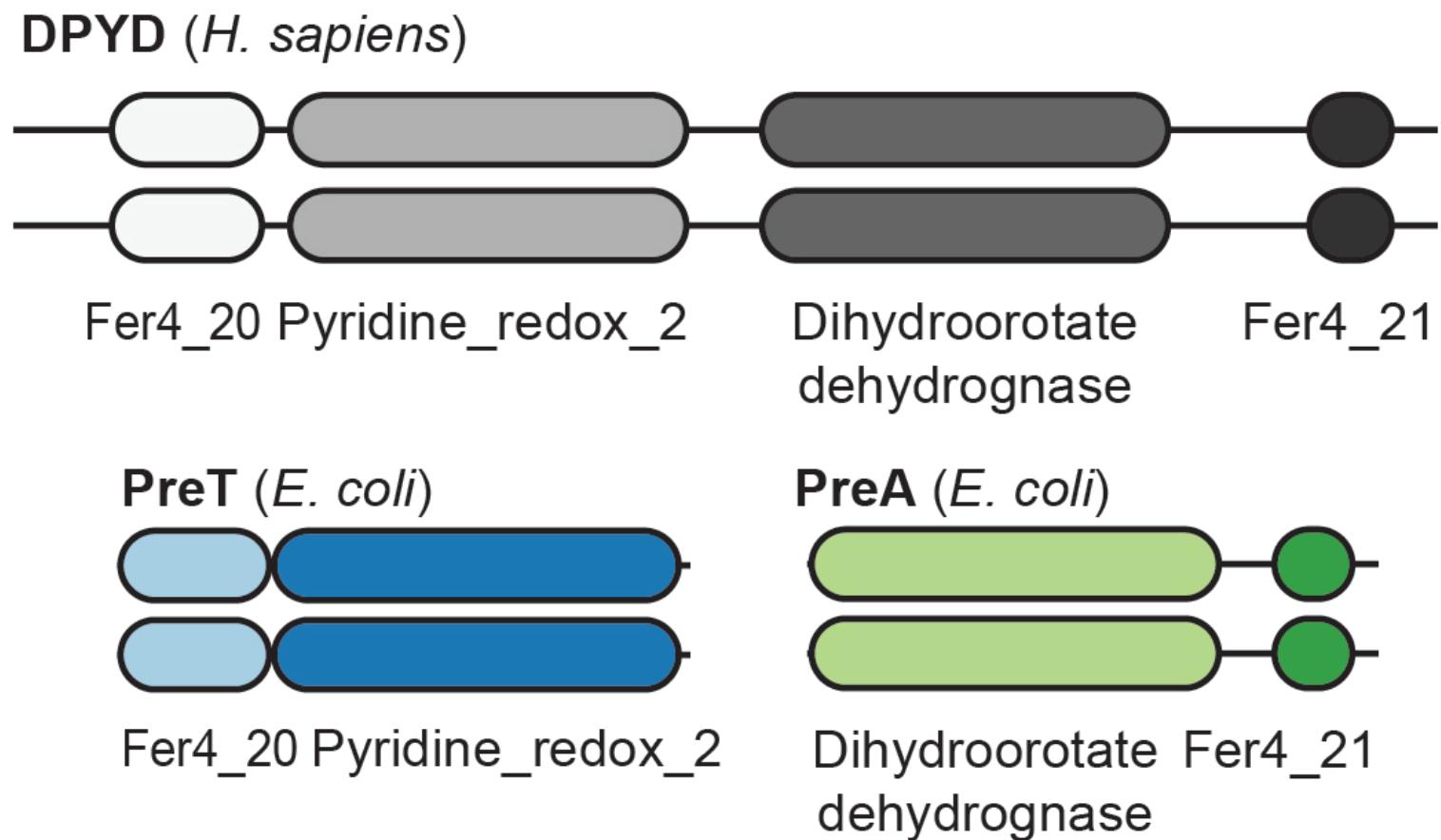
Biochemical characterization of PreTA



Ben Guthrie

Damon Runyon Fellow

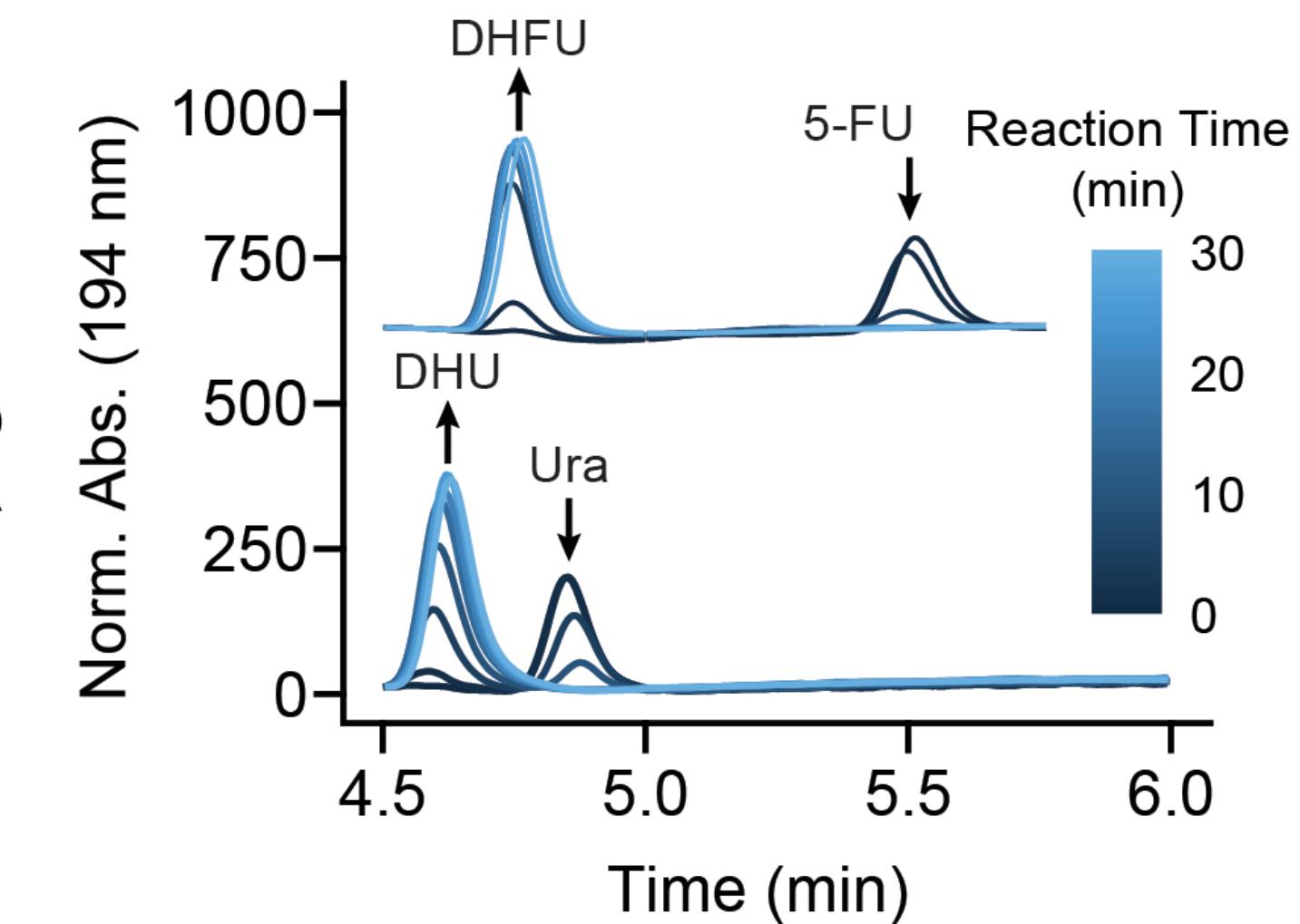
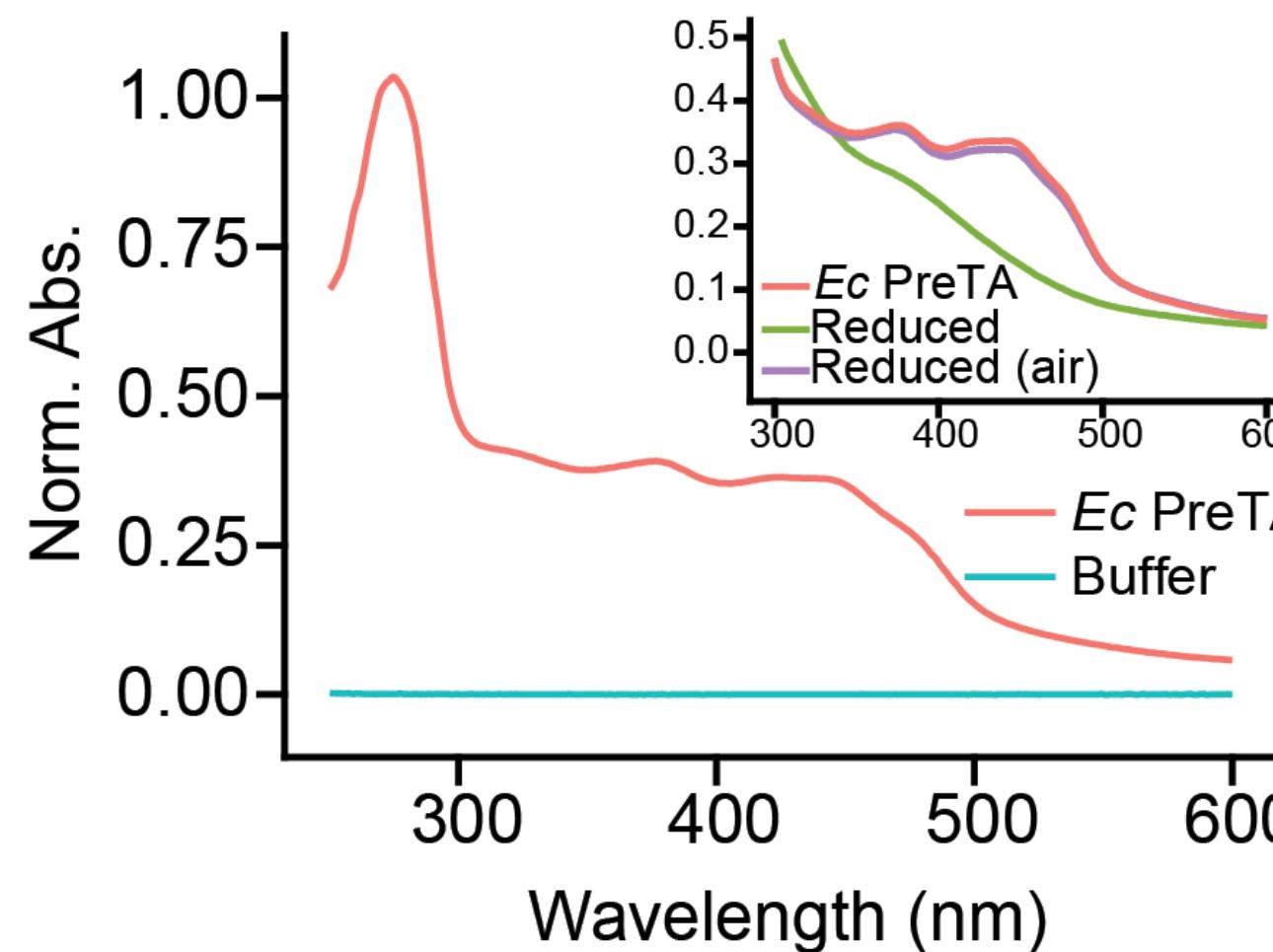
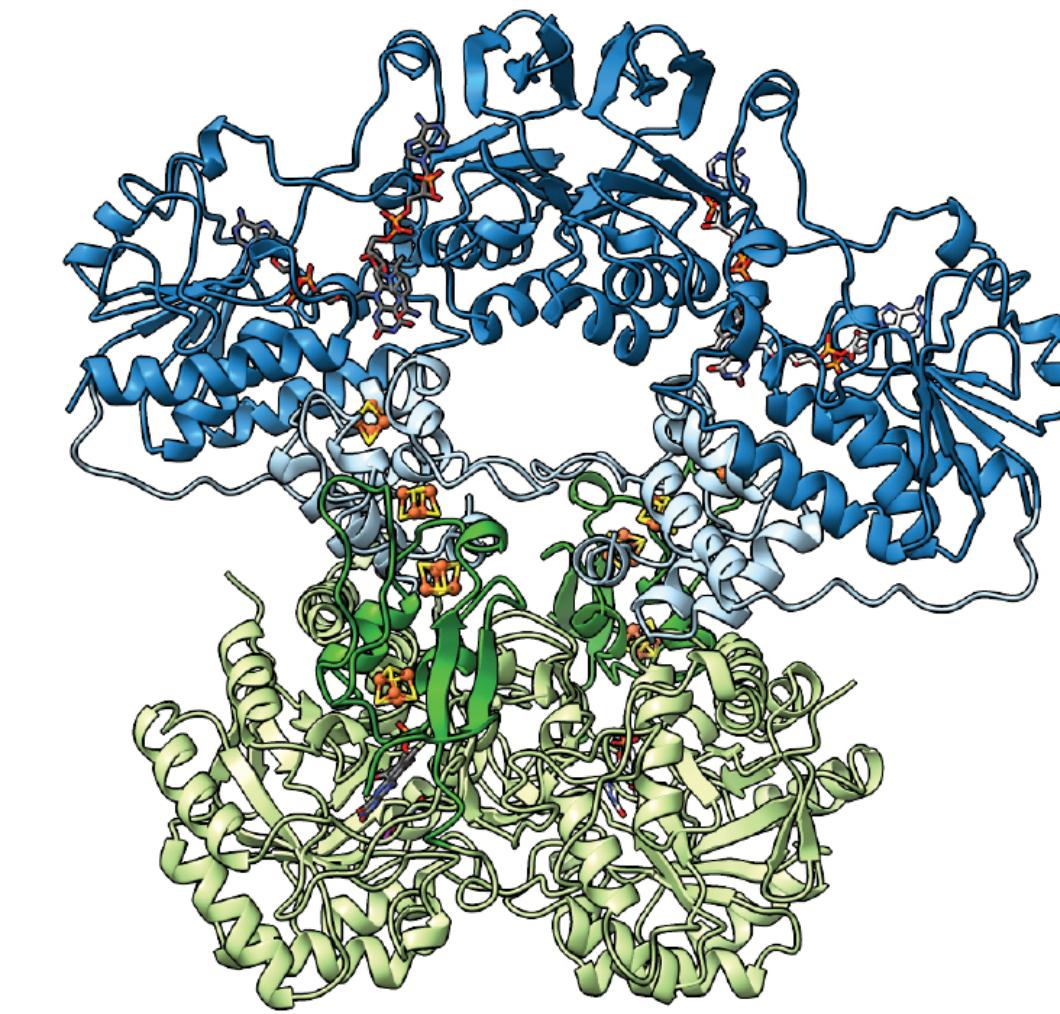
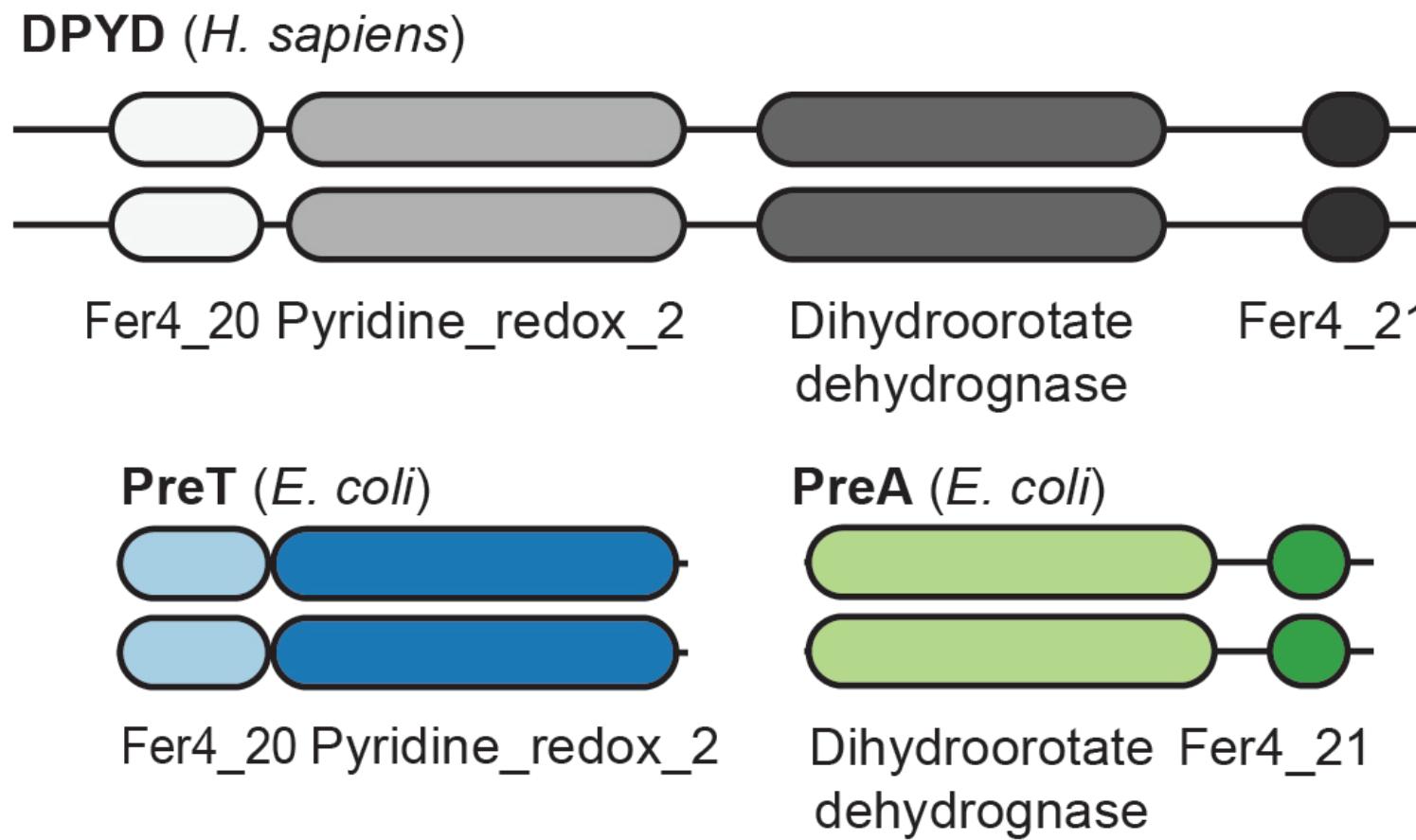
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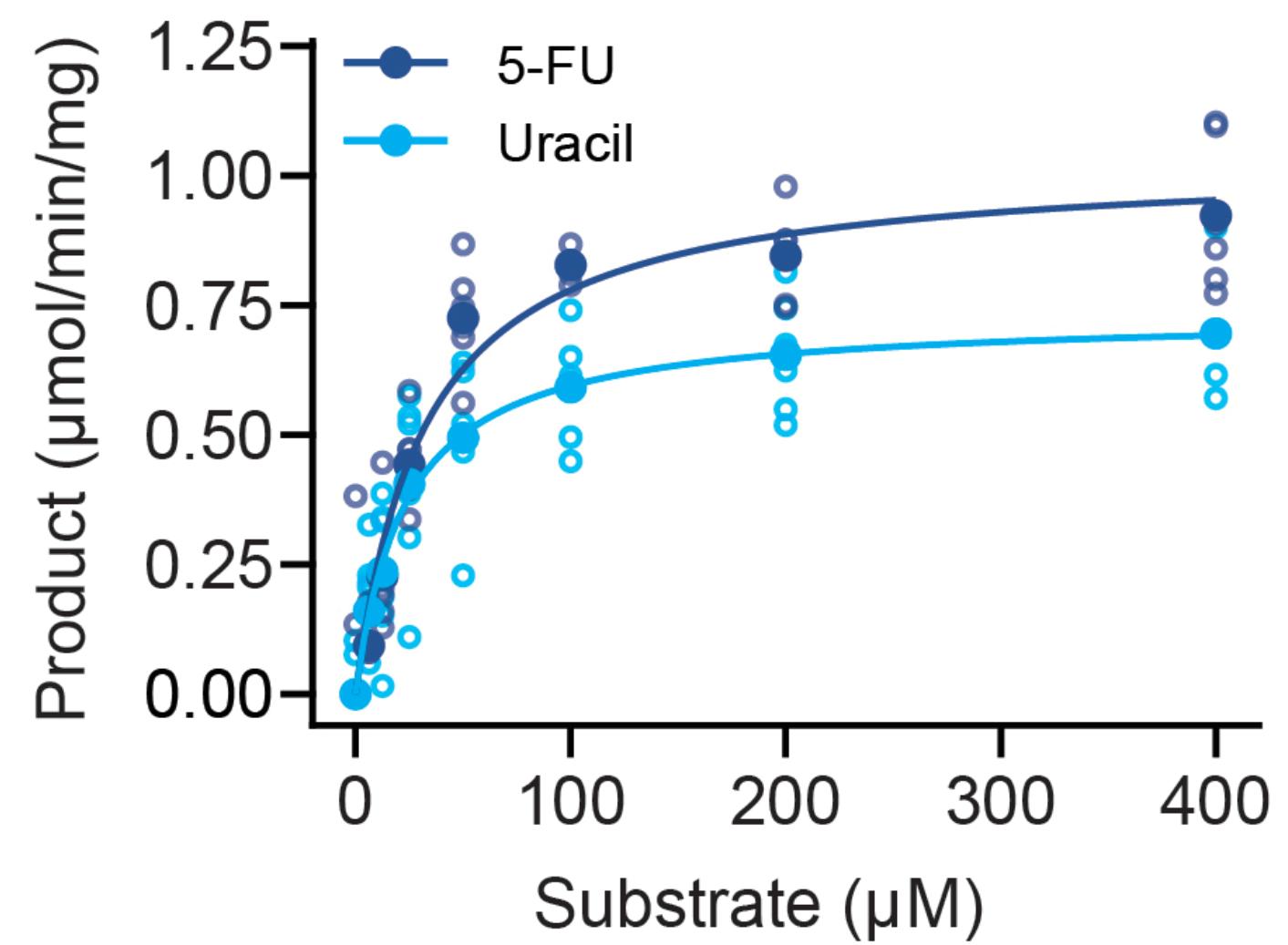
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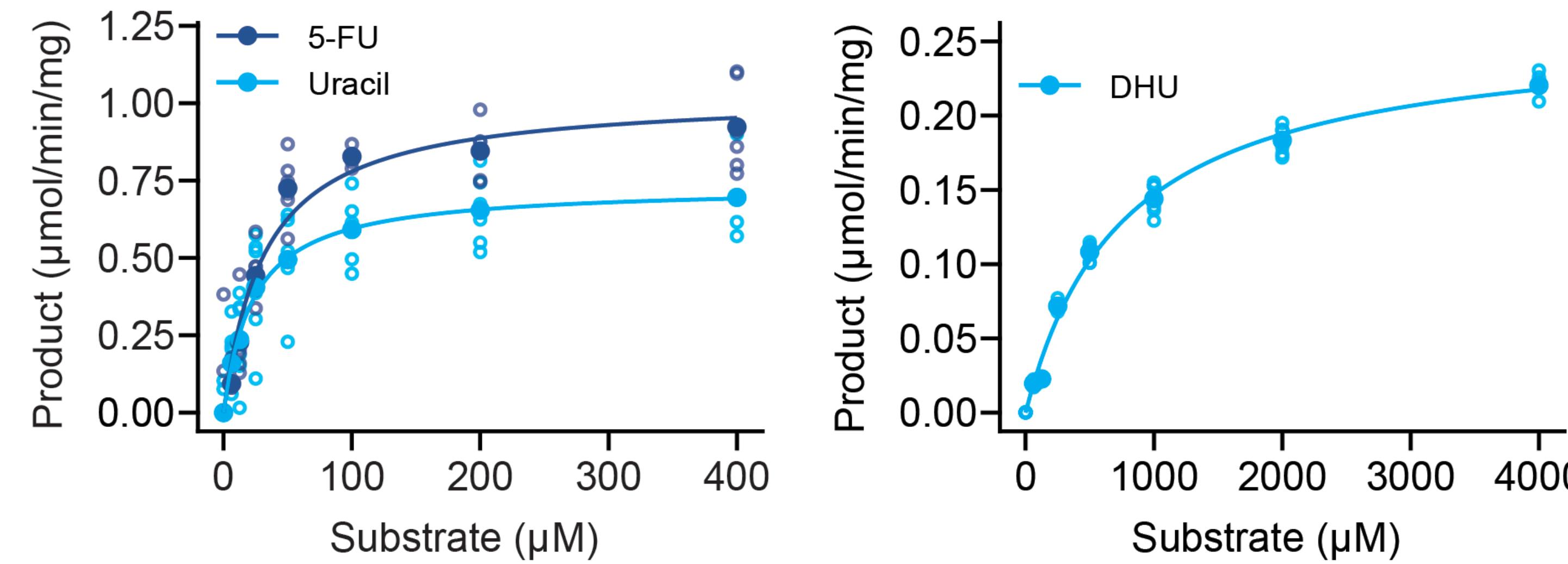
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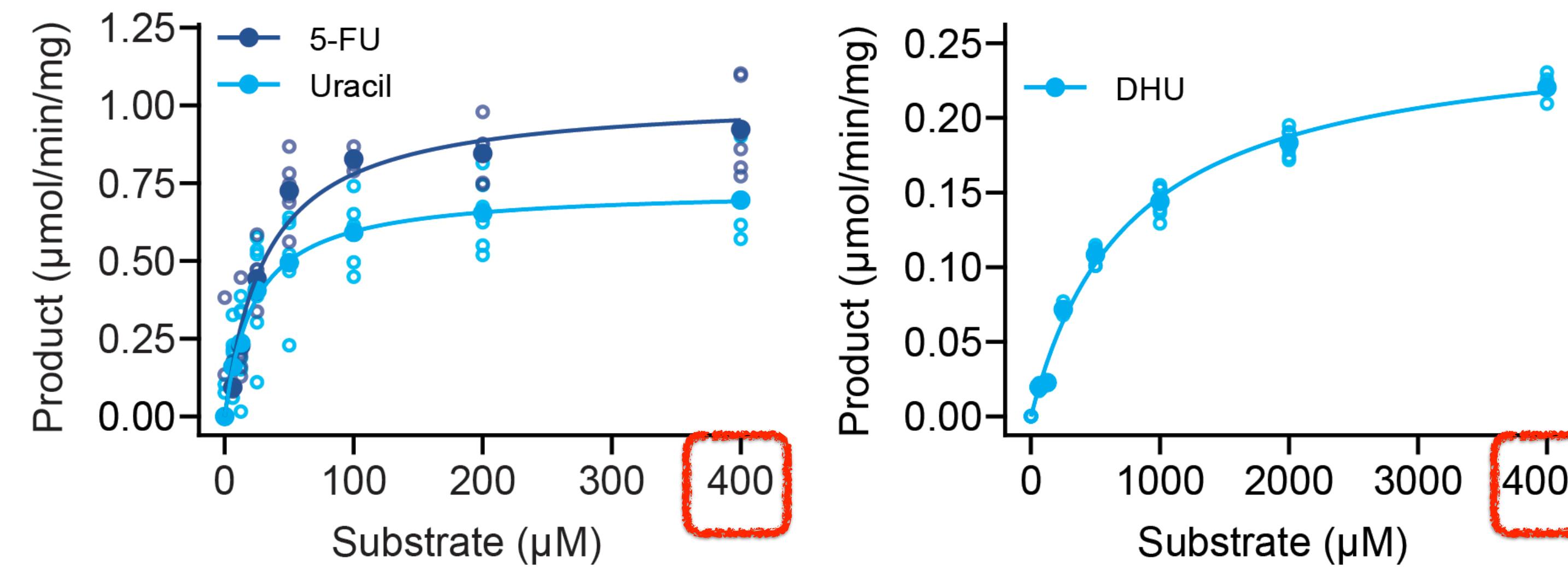
PreTA is essentially irreversible at physiological concentrations



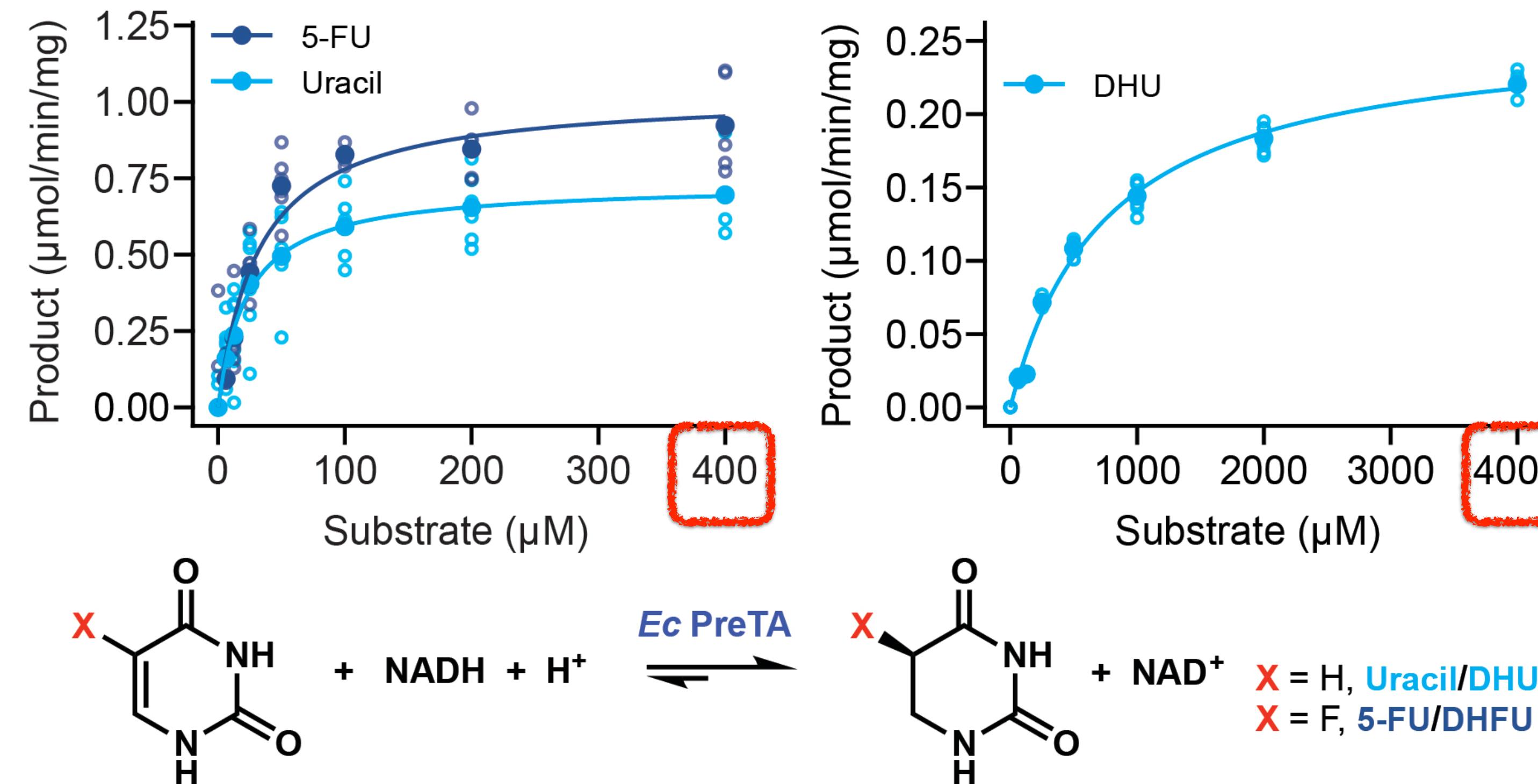
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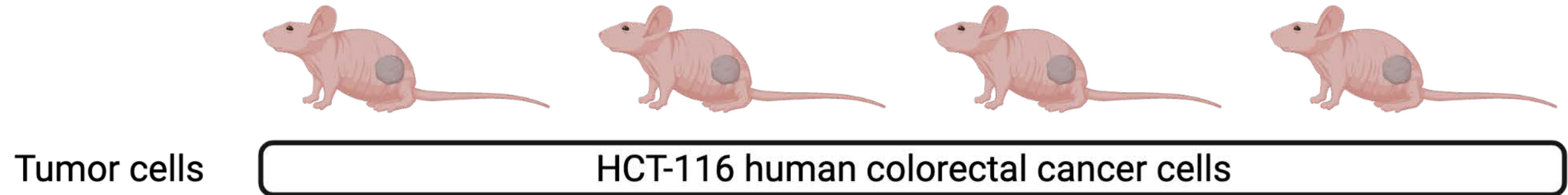
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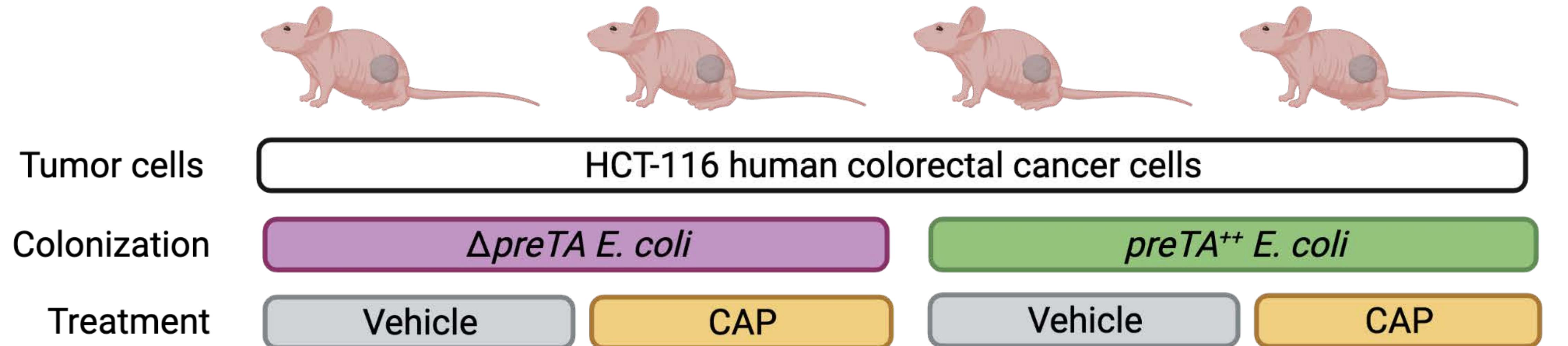
Testing drug efficacy in a xenograft model



Than Kyaw (MSTP)
w/Joyce Lee (Goga lab)



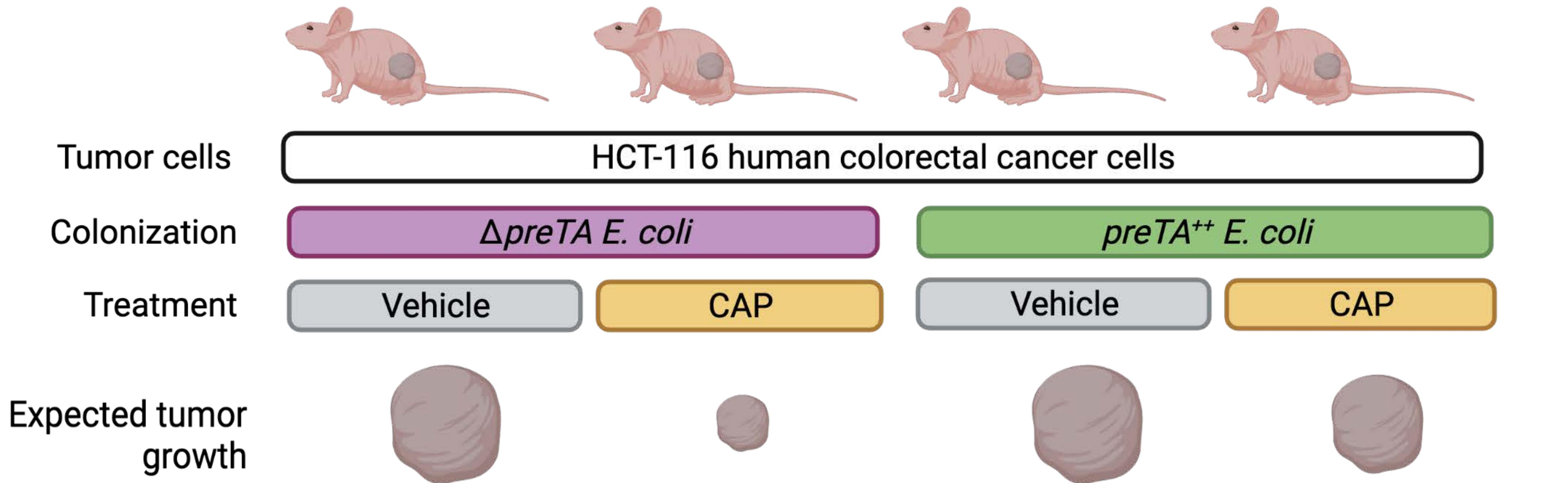
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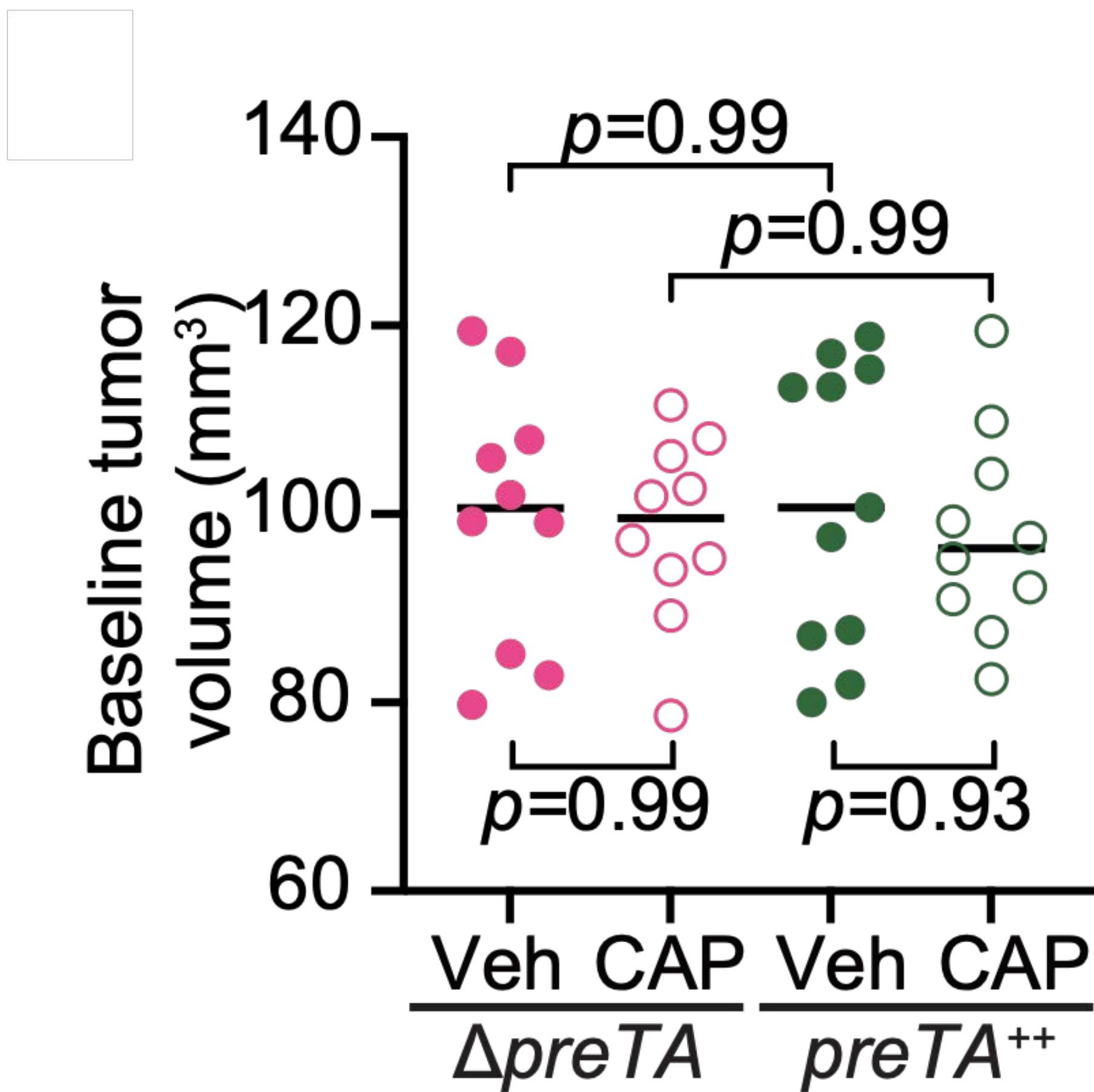
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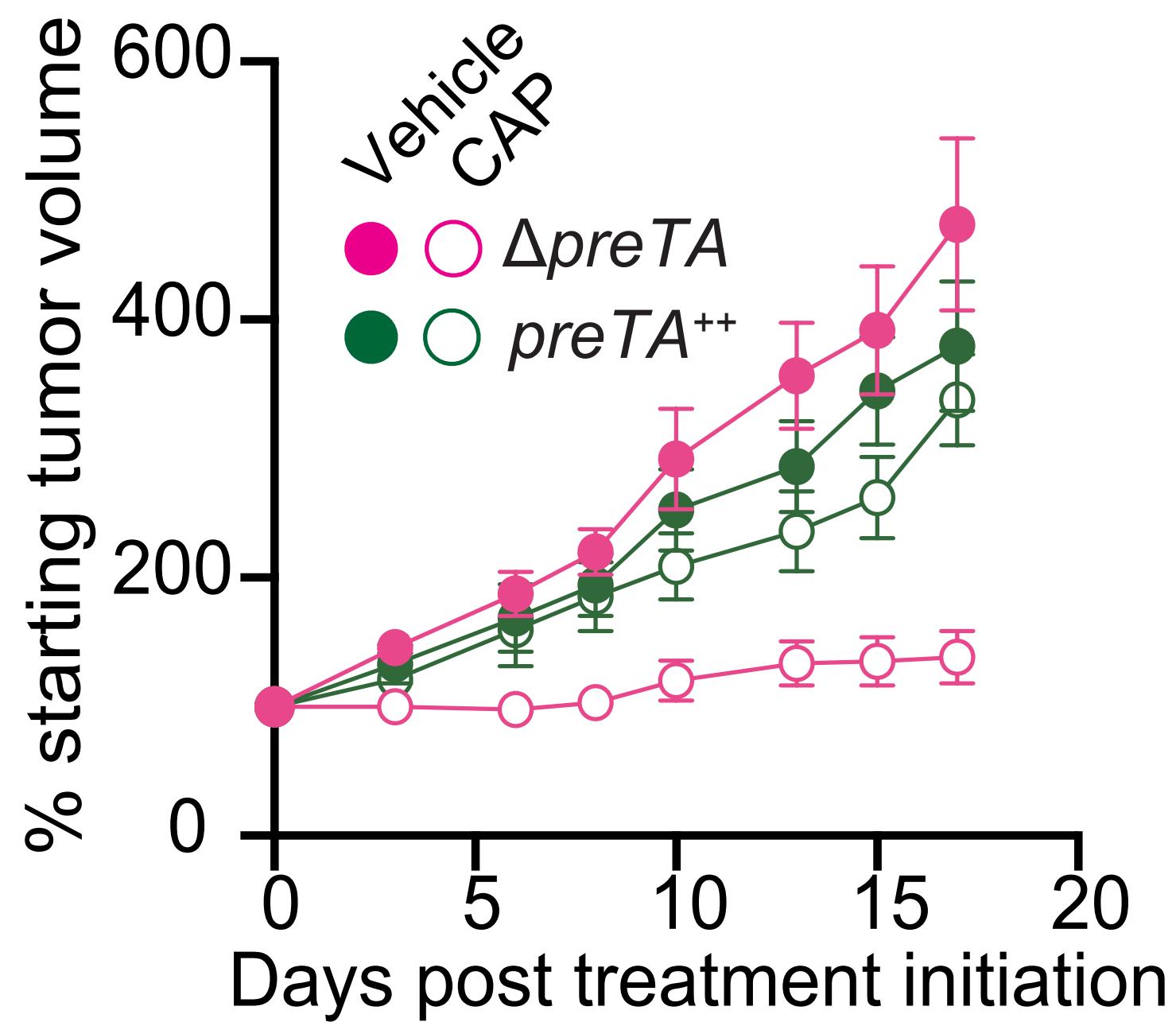


No differences in baseline tumor volumes



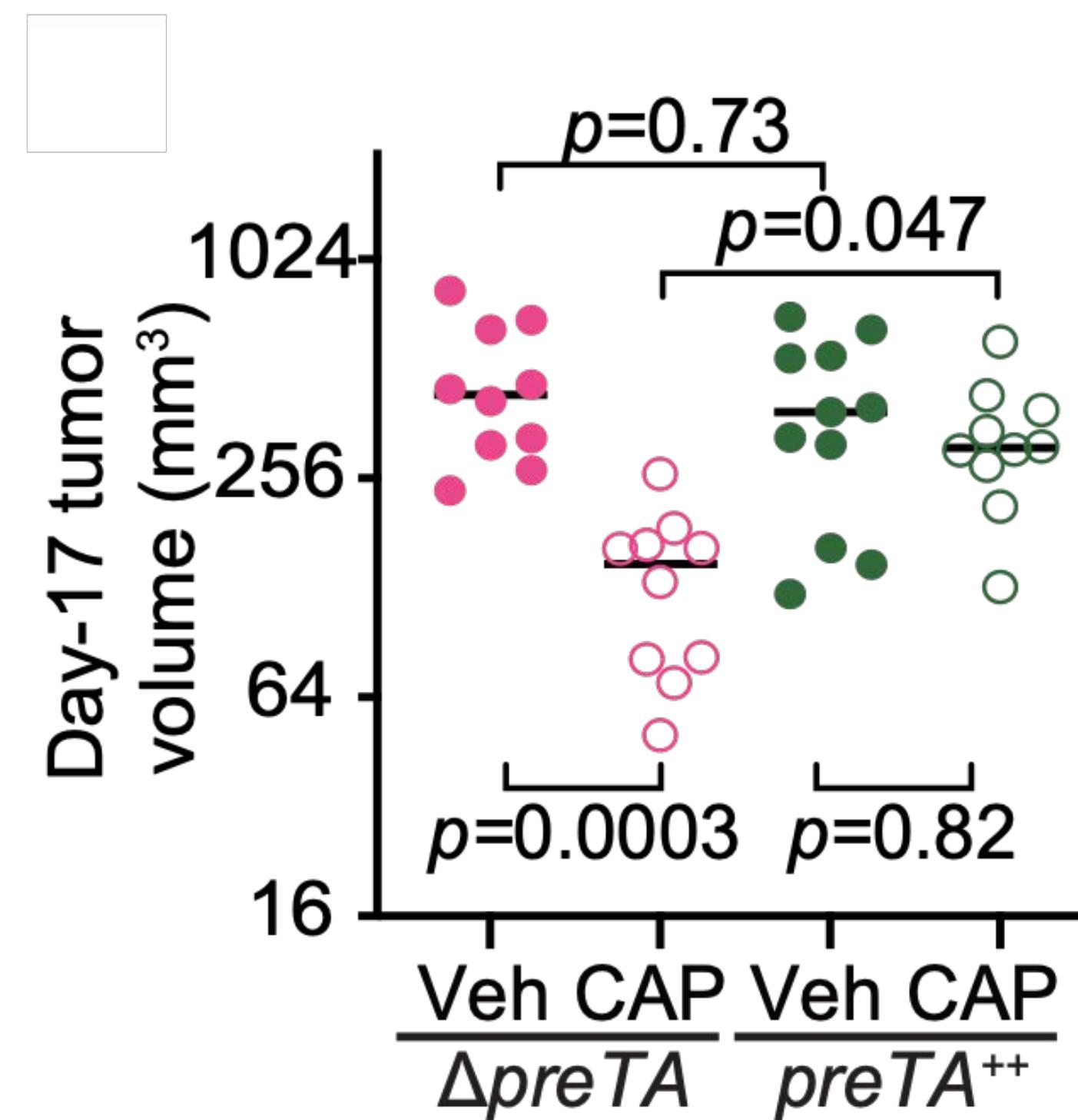
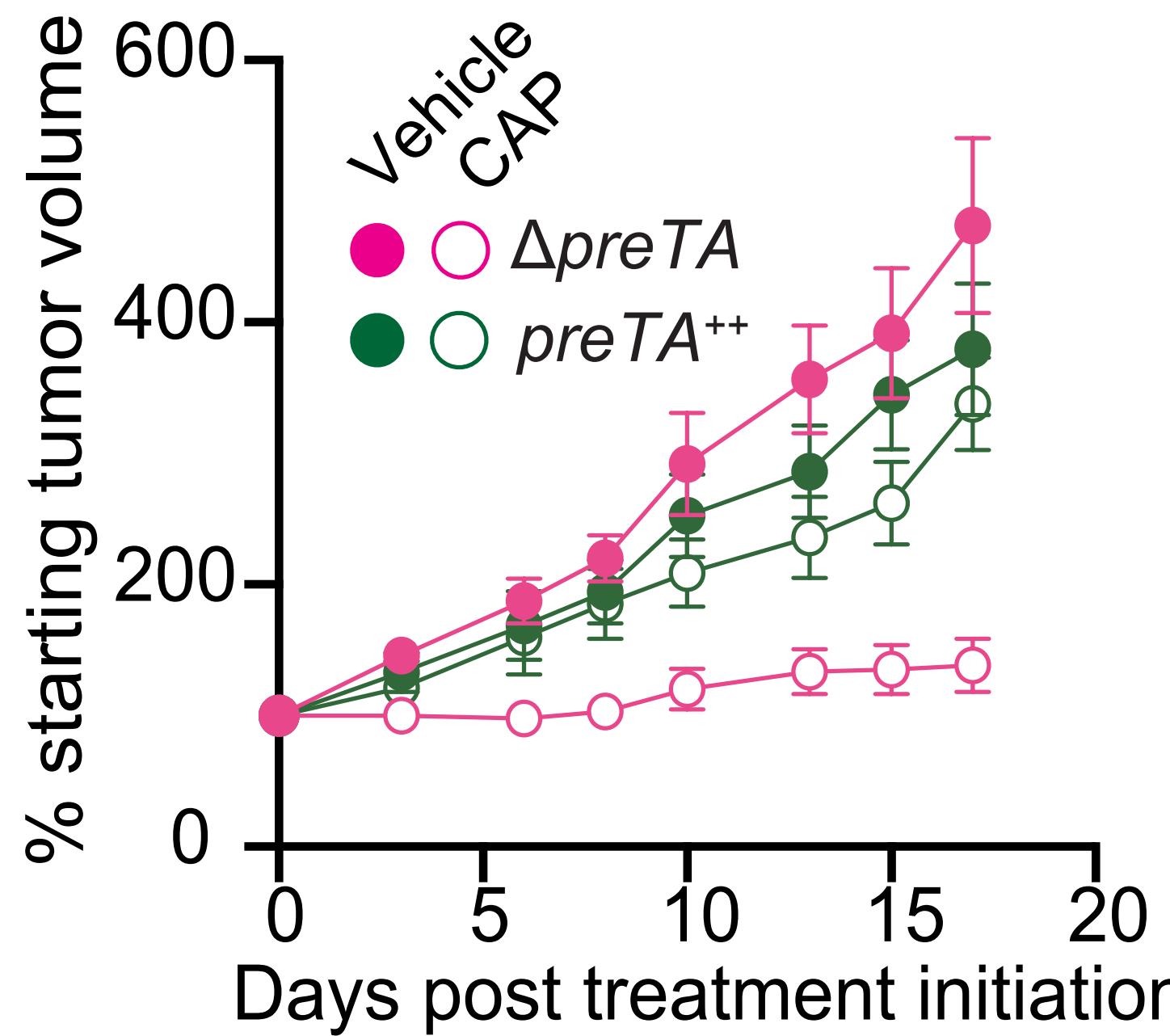
3 independent experiments
Experiment #3 shown: 10-11 mice/group

PreTA impairs the efficacy of oral CAP treatment



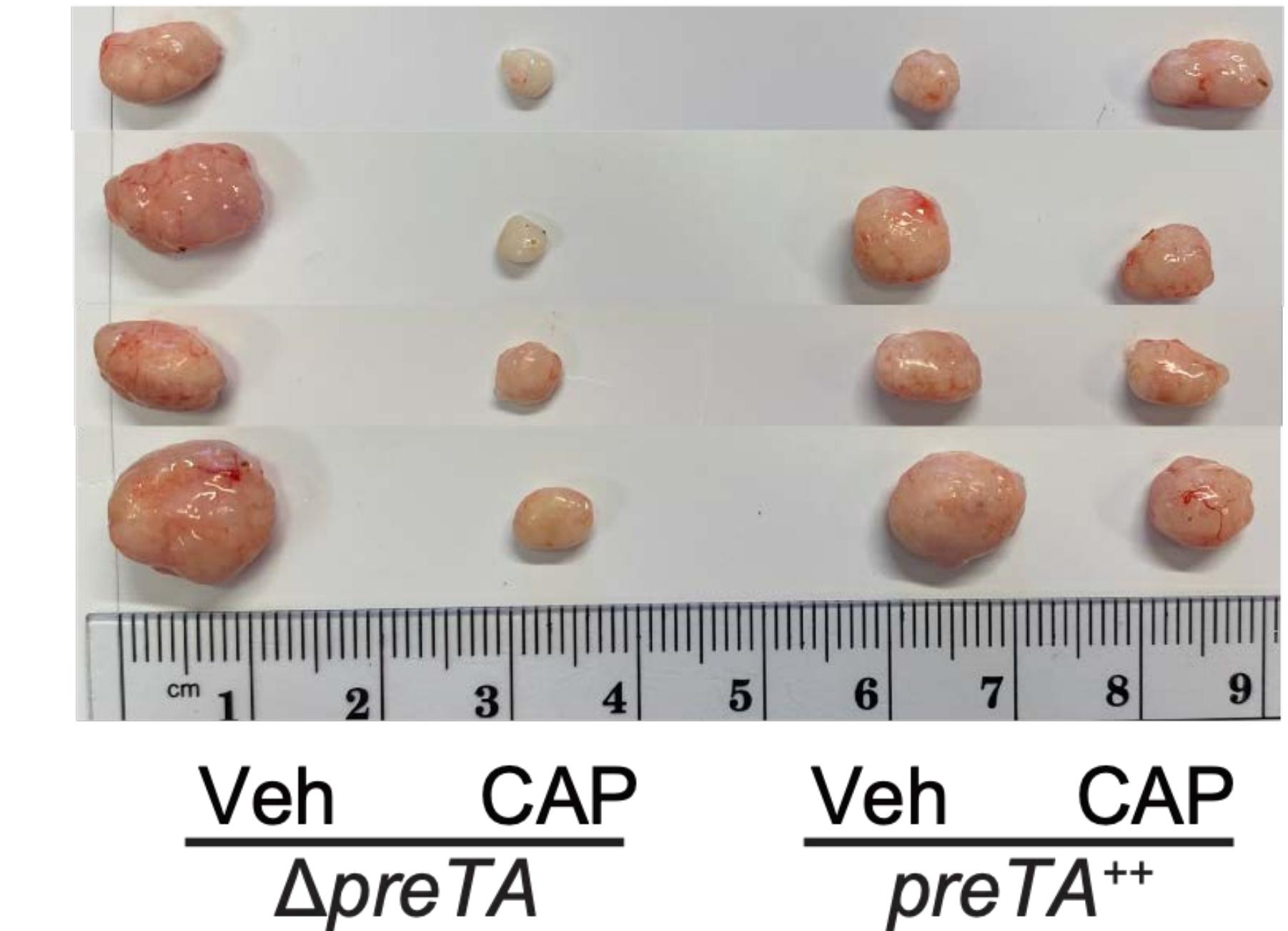
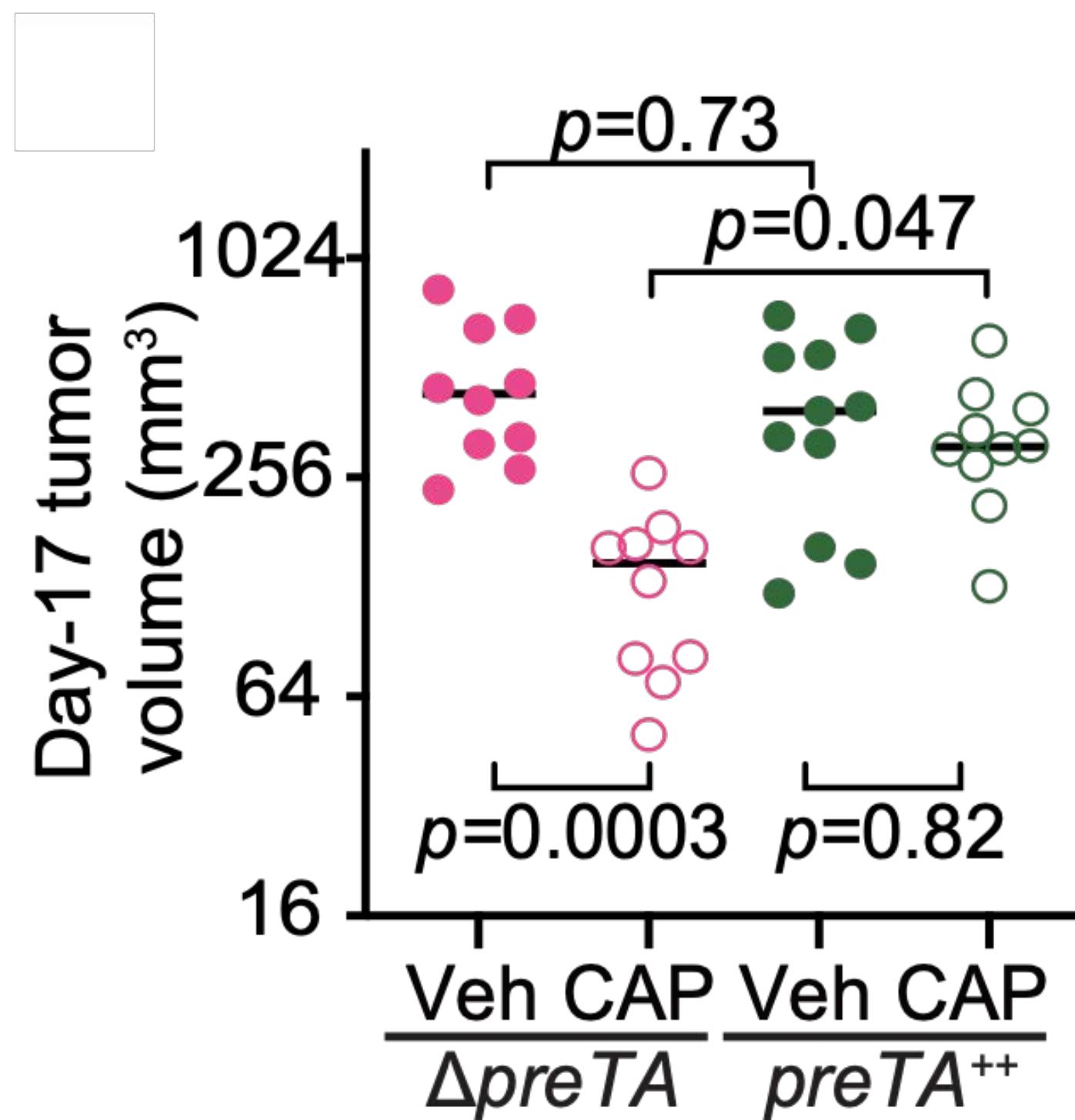
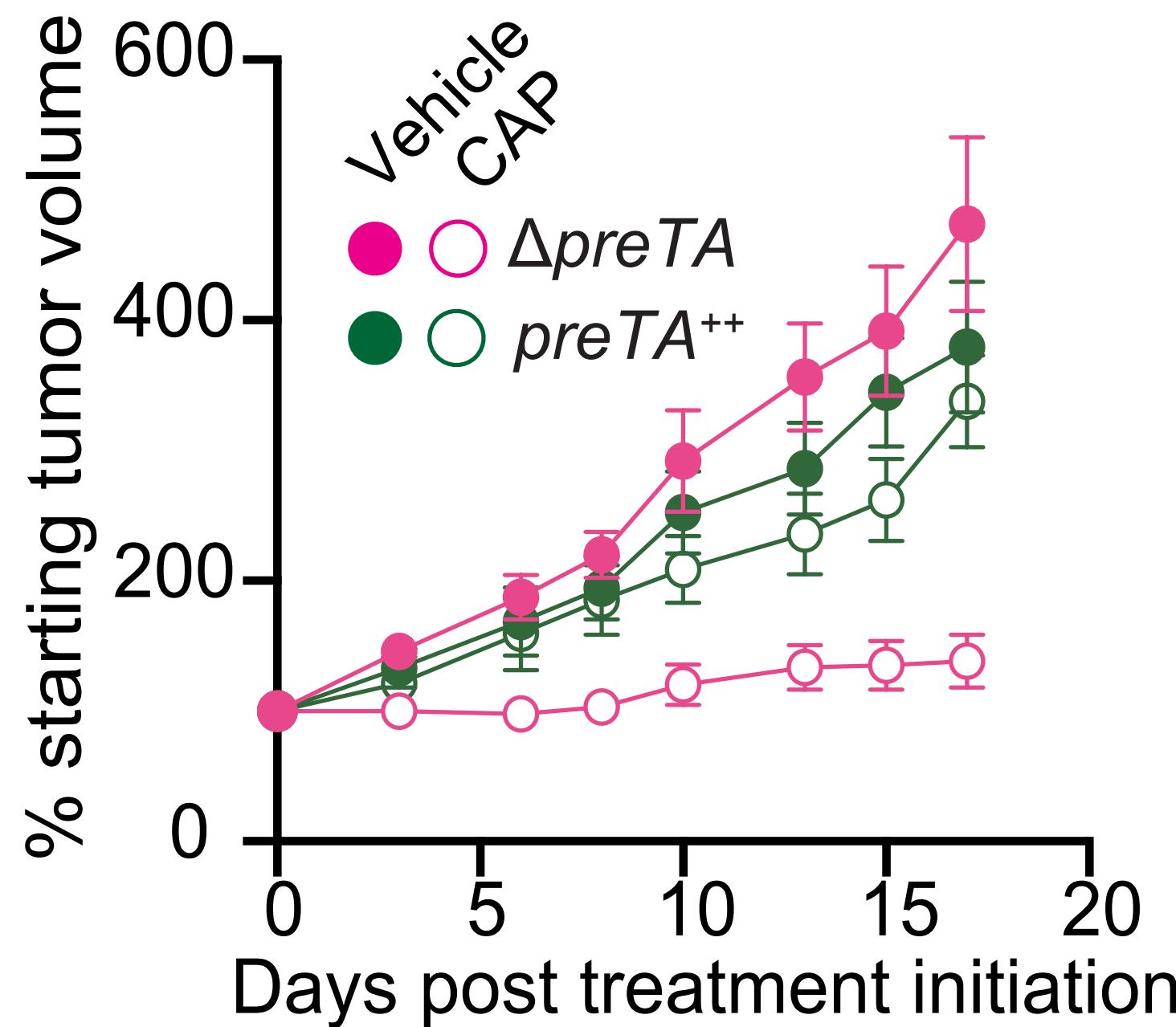
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PreTA impairs the efficacy of oral CAP treatment



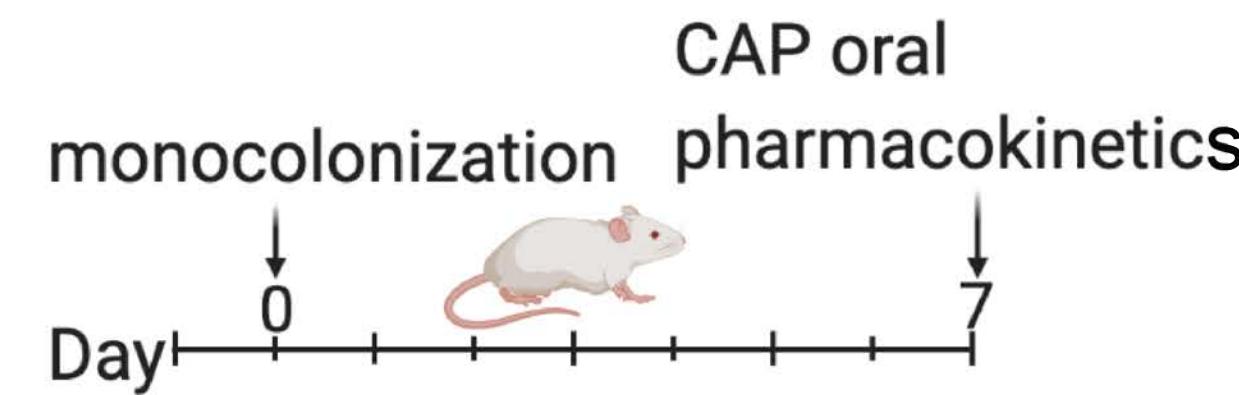
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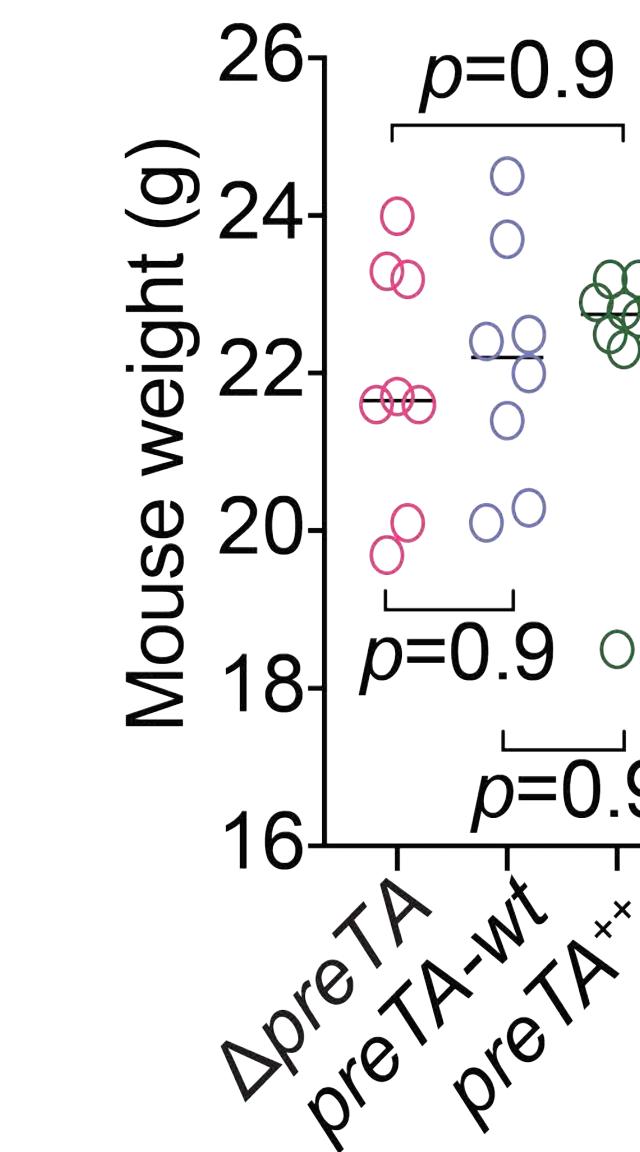
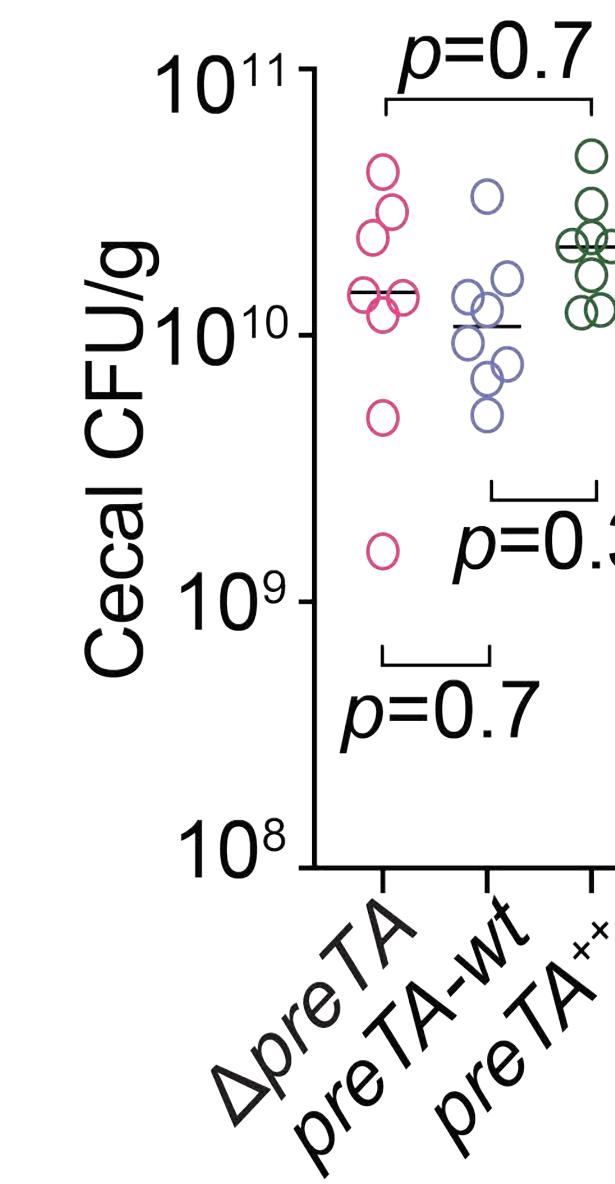
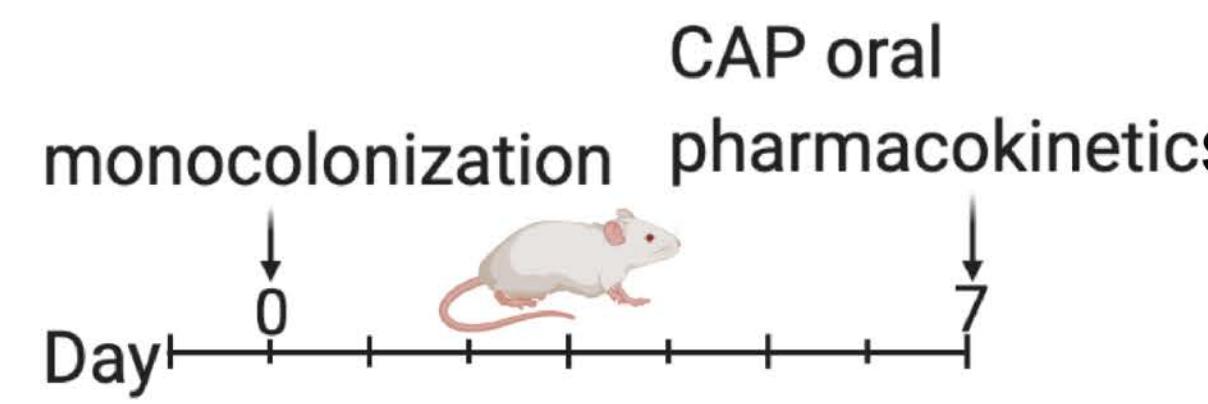
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PreTA decreases the bioavailability of oral CAP



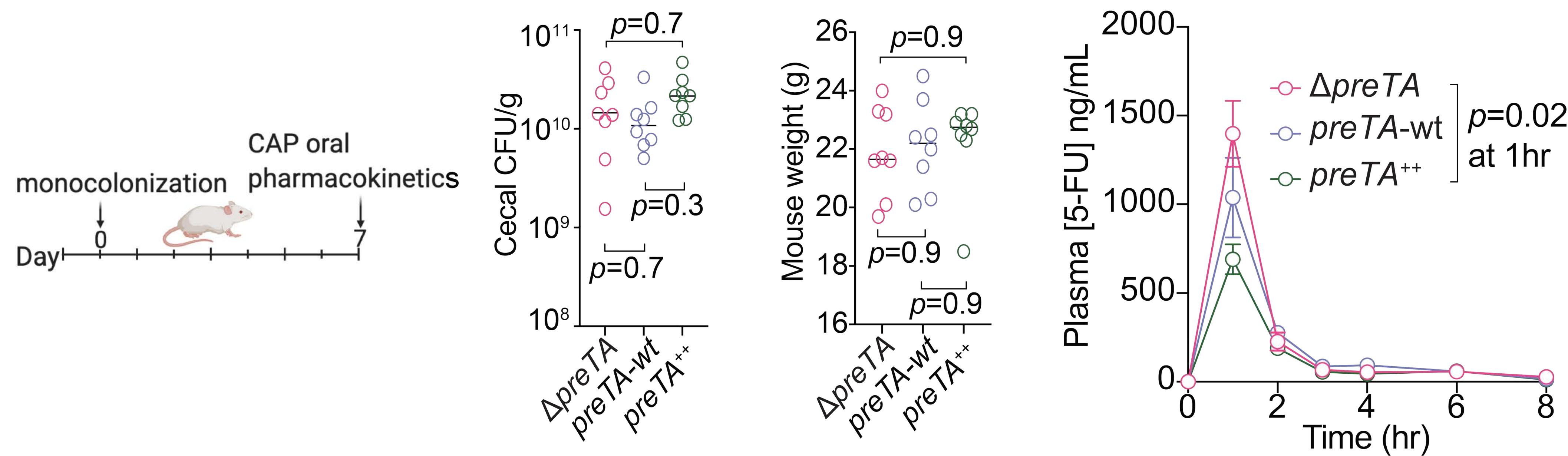
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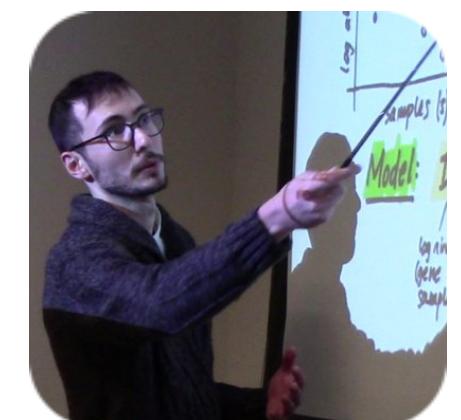
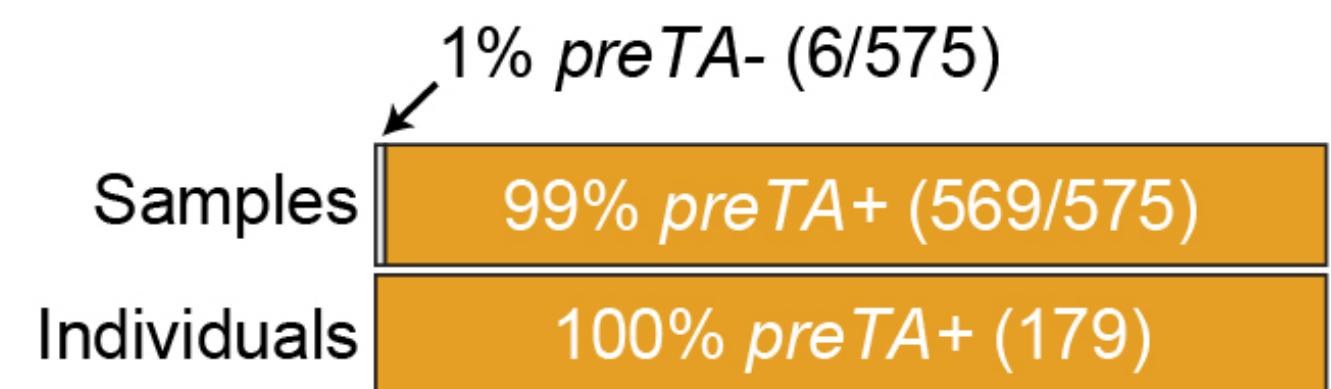
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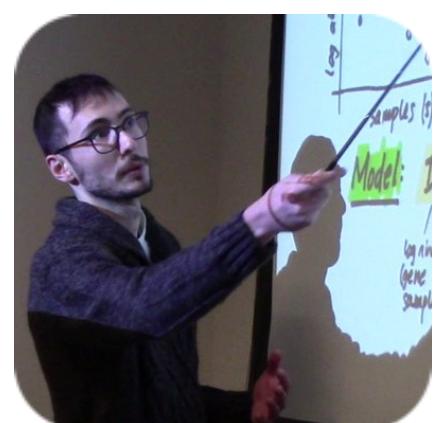
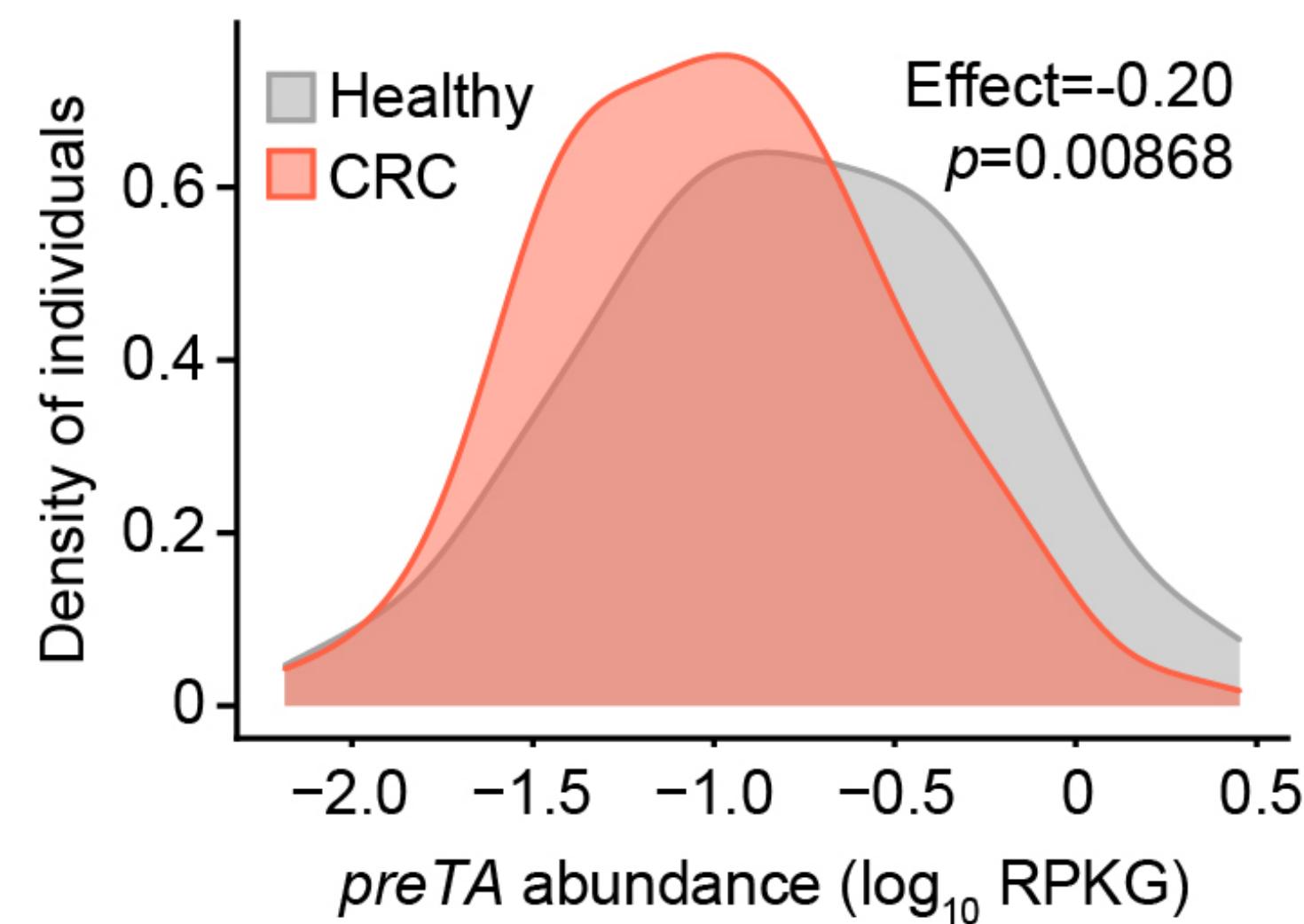
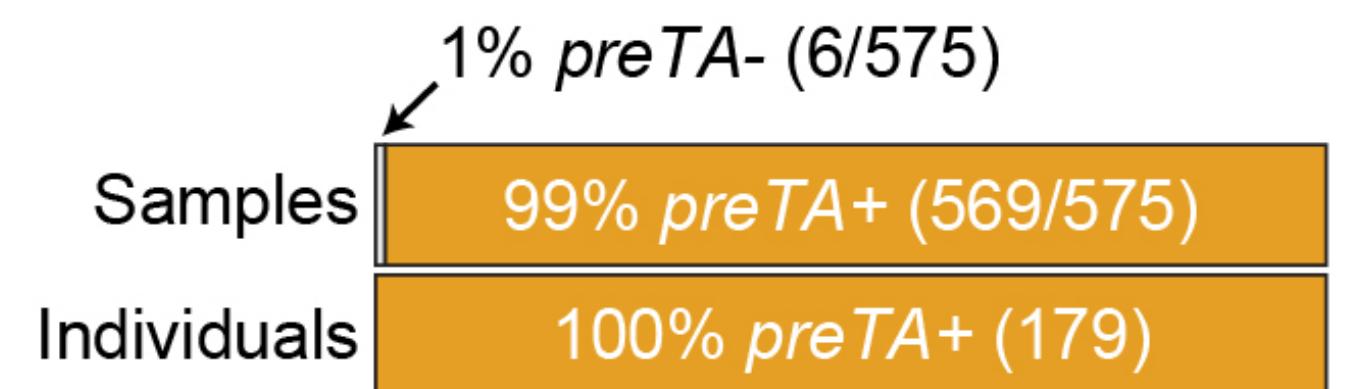
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PreTA is prevalent in colorectal cancer patients



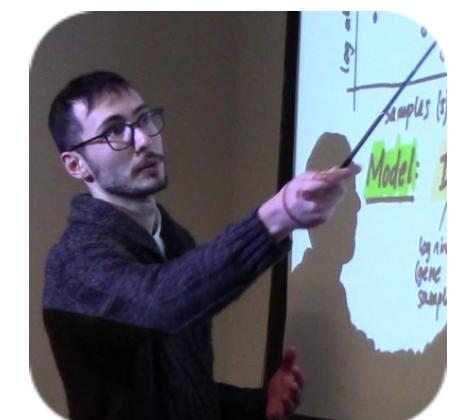
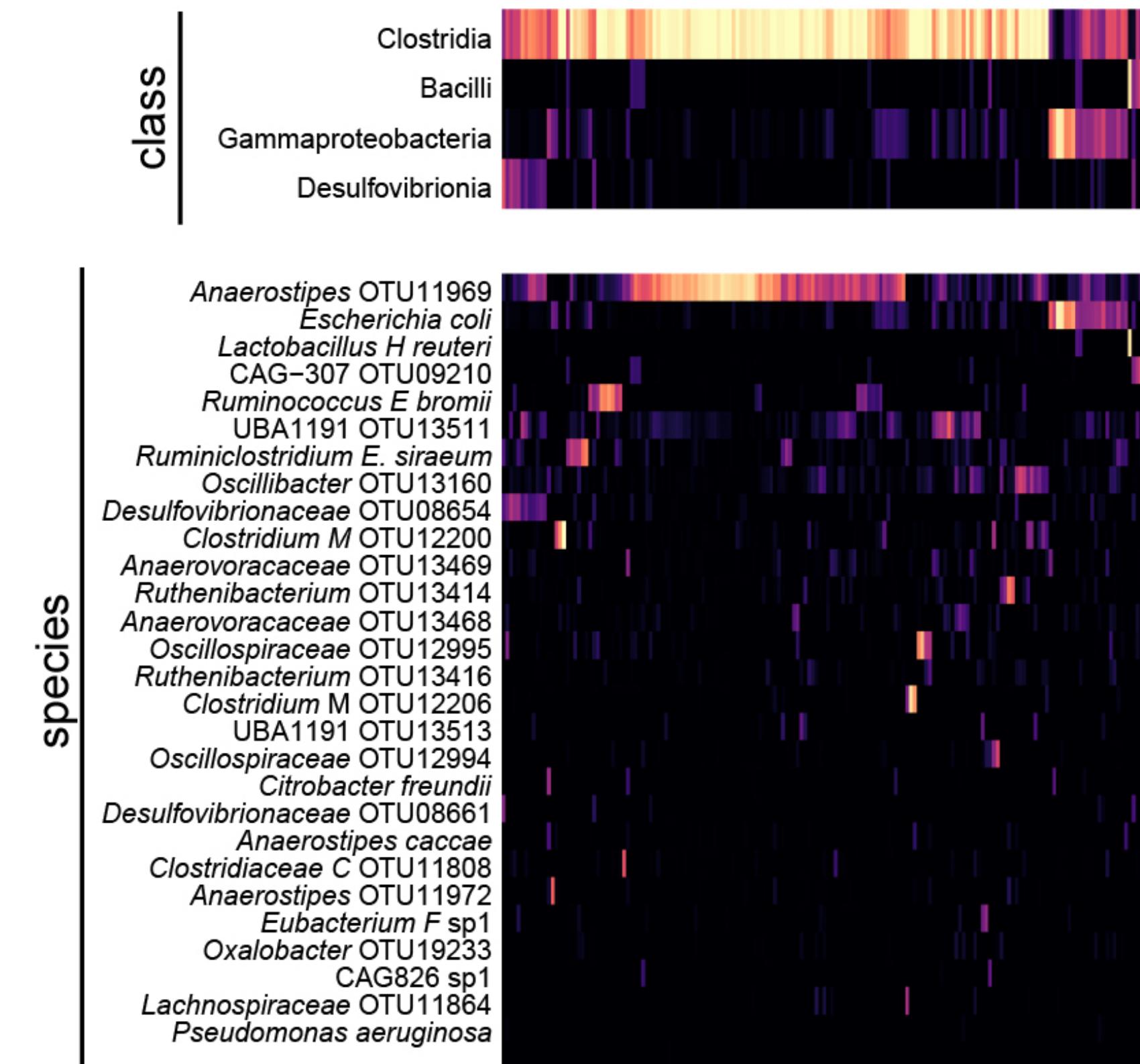
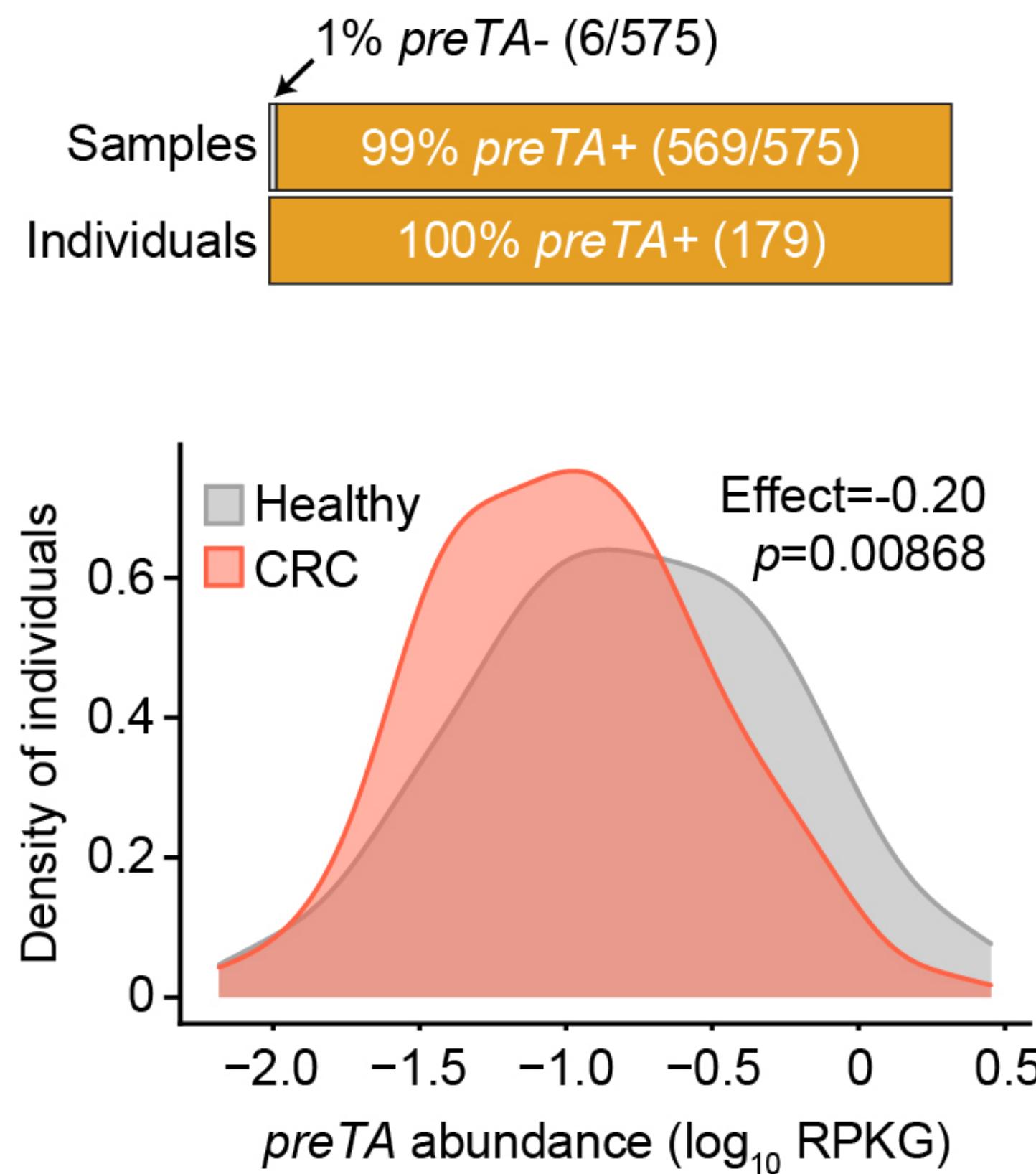
Thanks to Patrick Bradley,
Pollard lab (Gladstone)

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PreTA is dynamic during treatment

GO: Gut Microbiome and Oral Fluoropyrimidine Study in Patients with Colorectal Cancer
Recruiting 60 colorectal adenocarcinoma patients initiating oral fluoropyrimidines

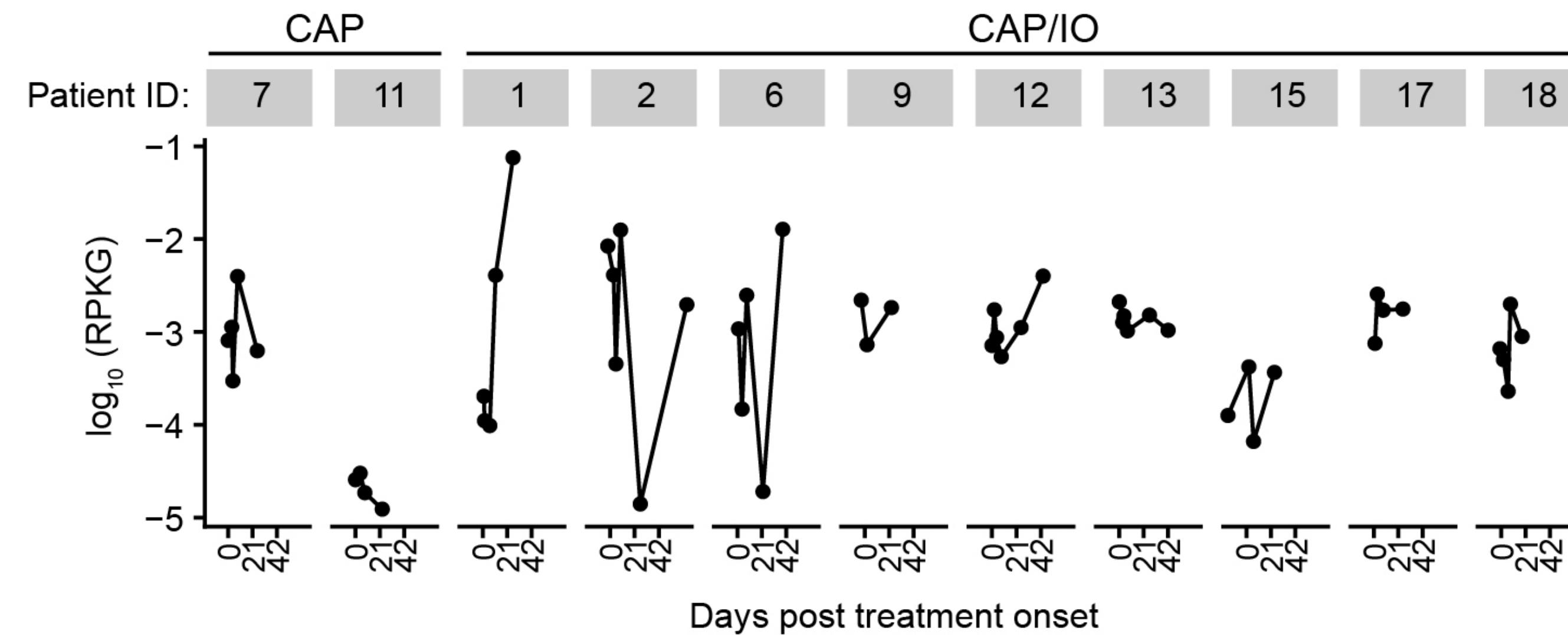
Wes Kidder
UCSF GI Oncology



Chloe Atreya, R21 from NCI

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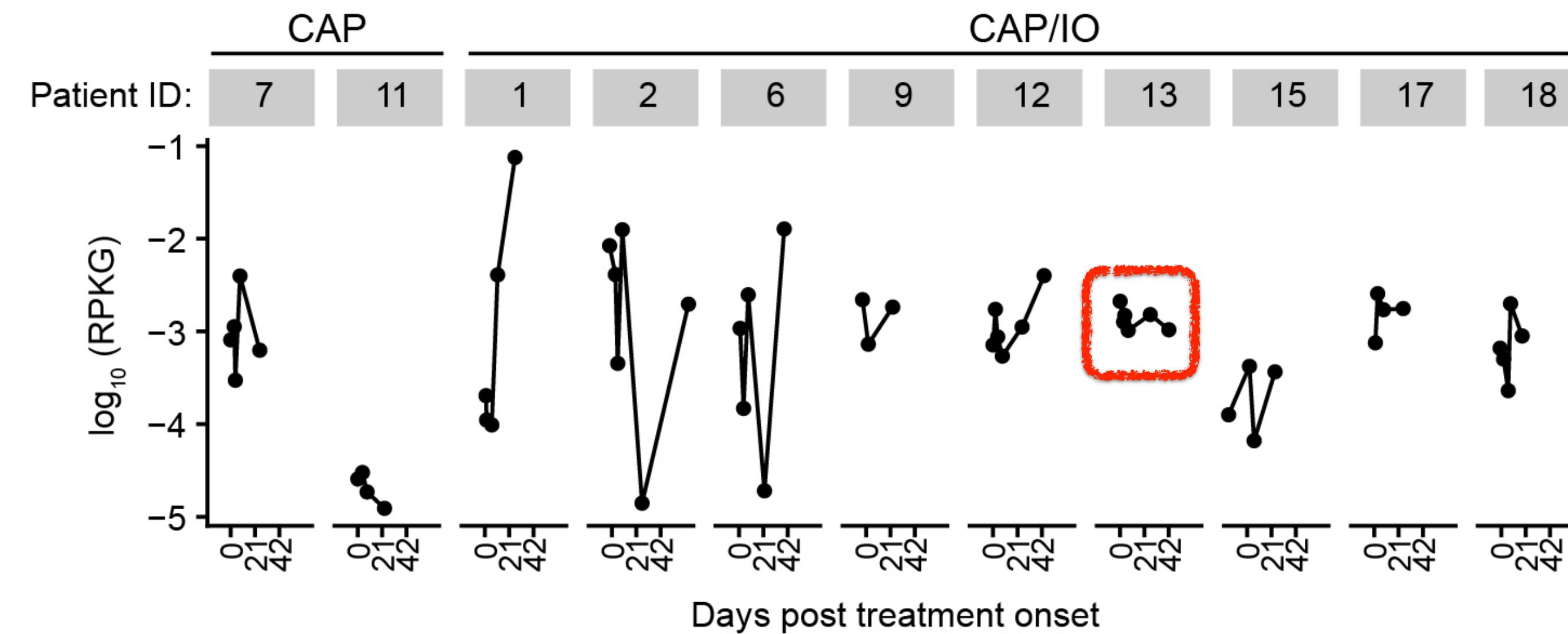
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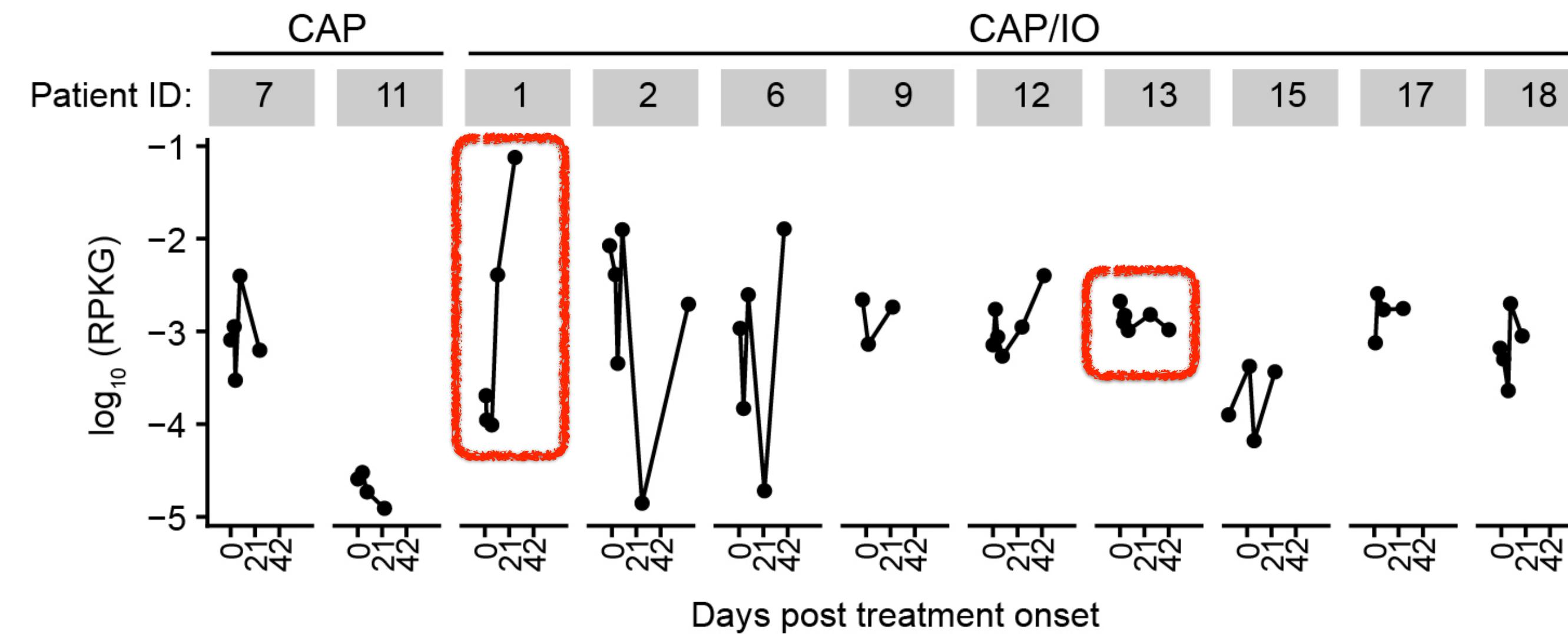
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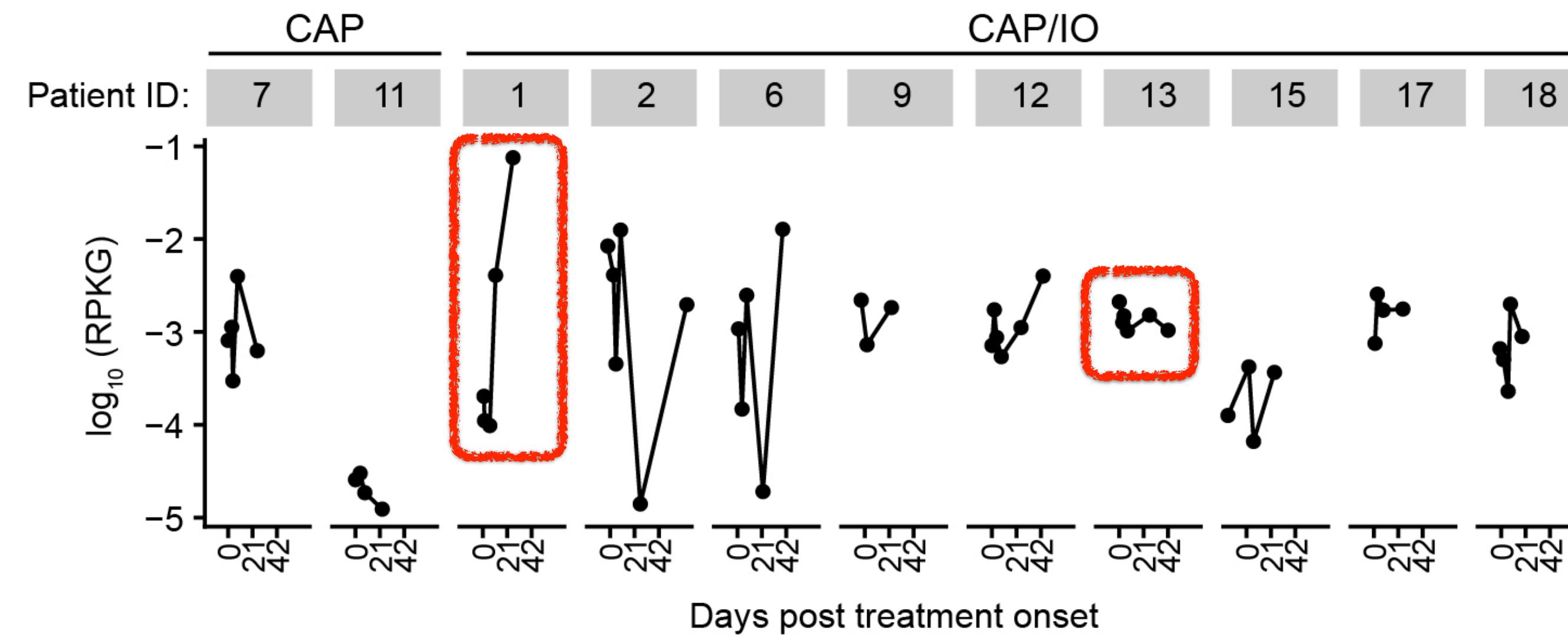
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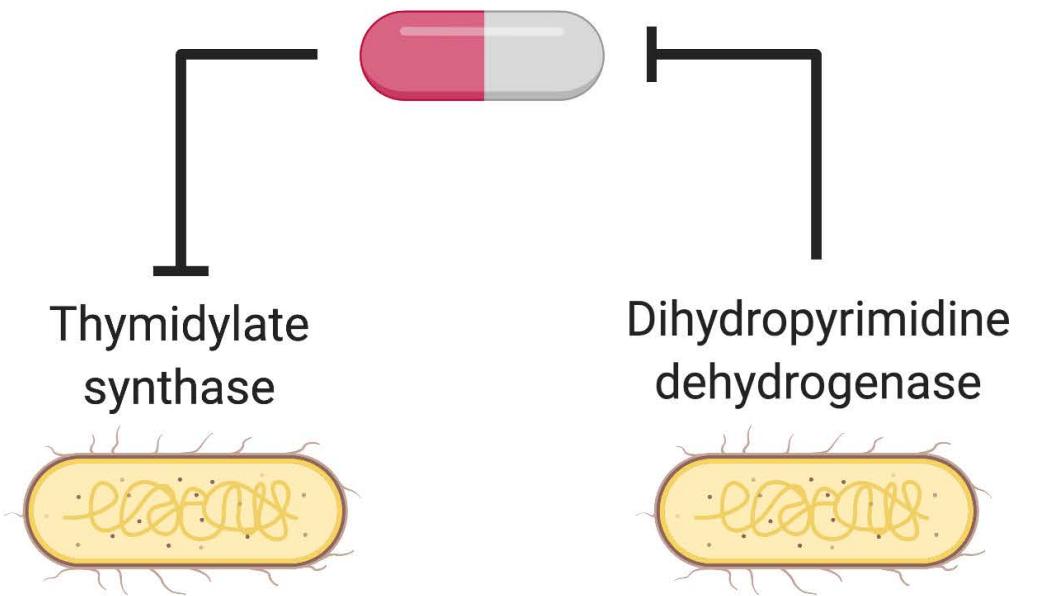


Taxonomic source is consistent with the first cohort:
Escherichia/Anaerostipes



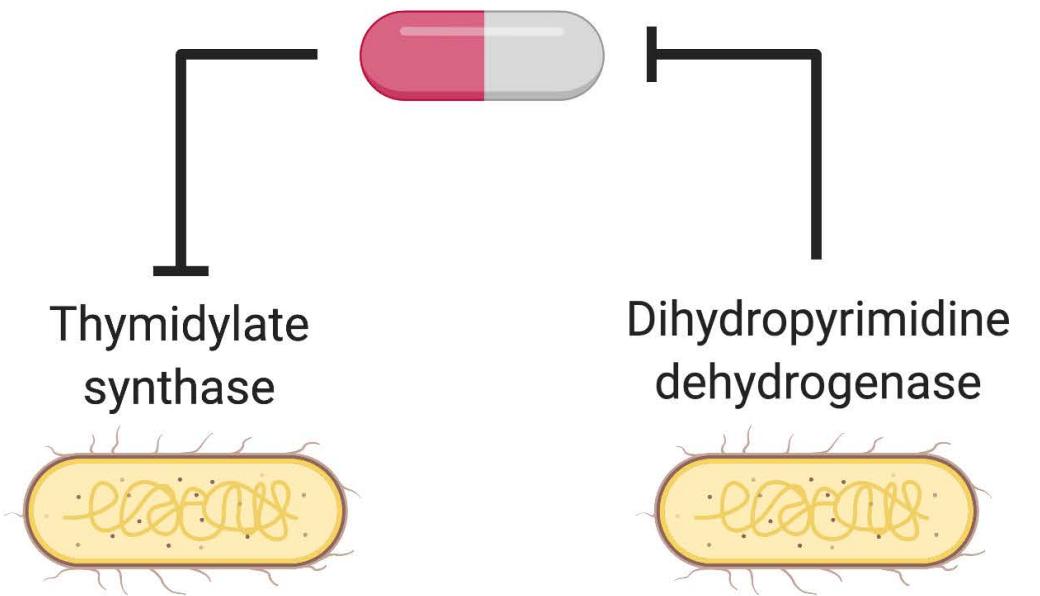
Chloe Atreya, R21 from NCI

Fluoropyrimidines



Take home points

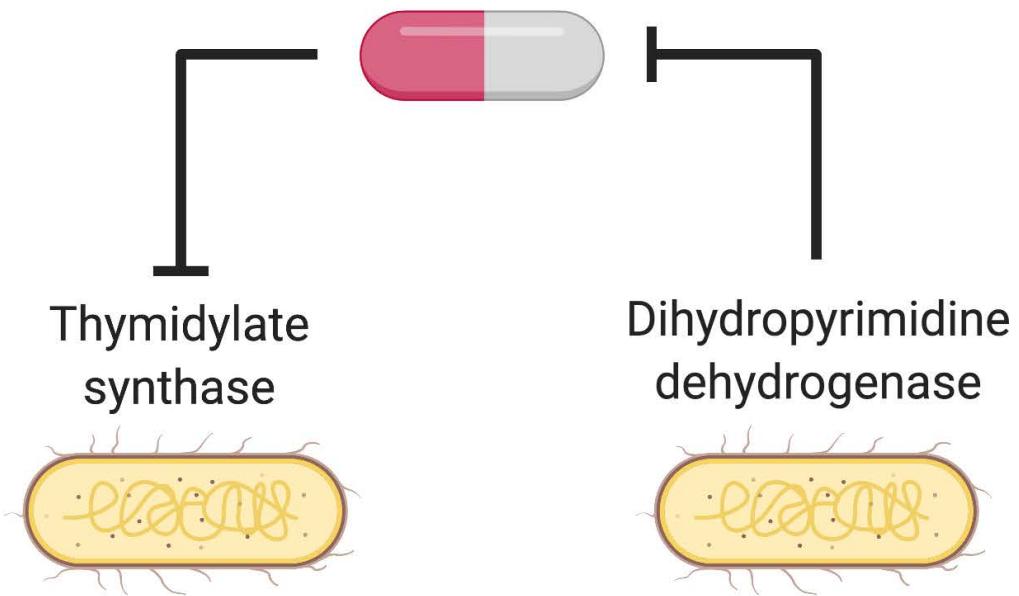
Fluoropyrimidines



Take home points

Gut bacteria **inactivate** 5-FU in an **essentially irreversible** manner

Fluoropyrimidines

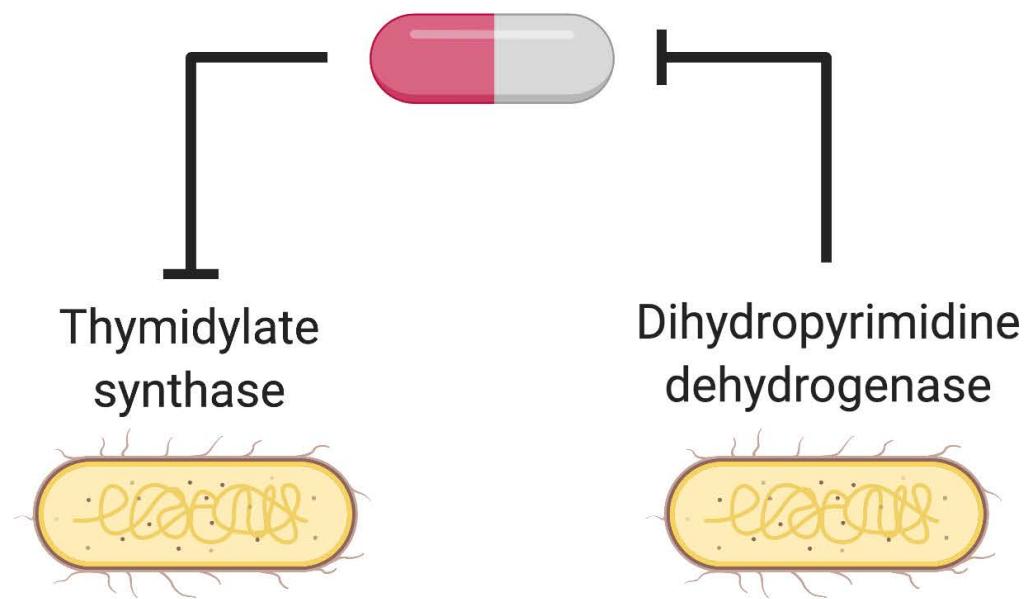


Take home points

Gut bacteria **inactivate** 5-FU in an **essentially irreversible** manner

Bacterial inactivation **decreases** drug efficacy and bioavailability

Fluoropyrimidines



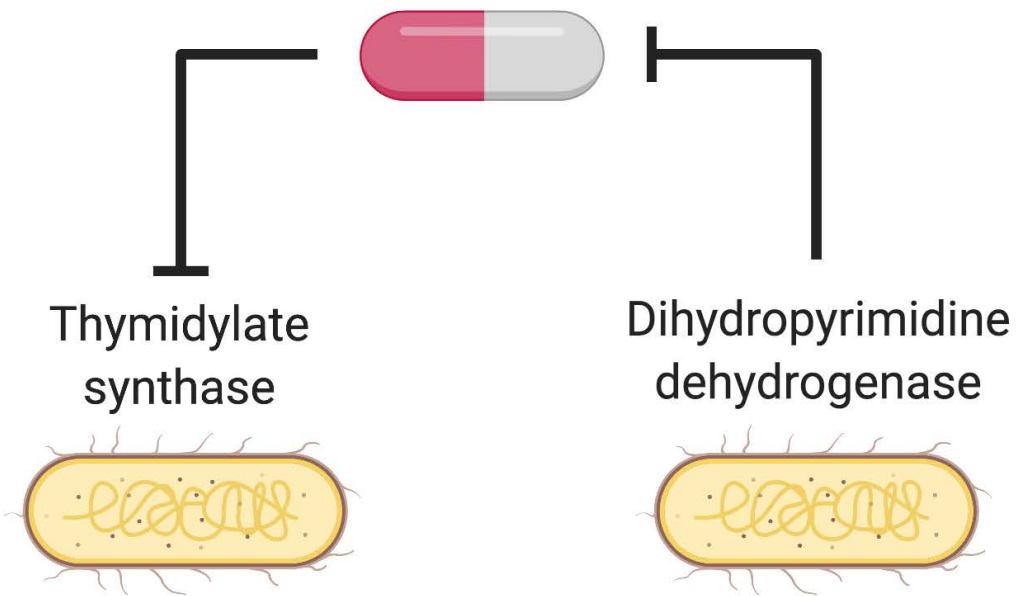
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Patients vary in the **abundance** of *preTA+* strains

Fluoropyrimidines



Take home points

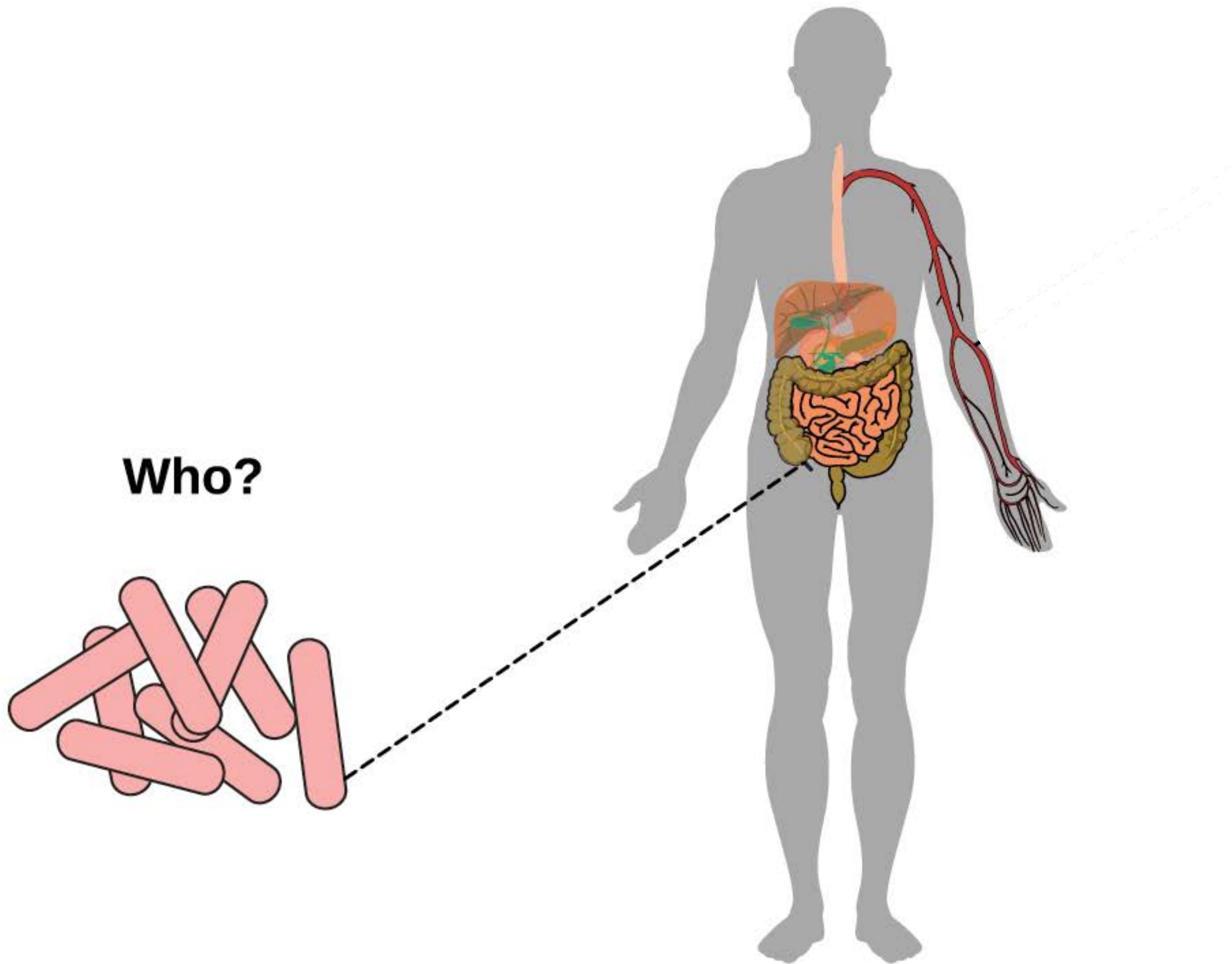
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Bacterial inactivation **decreases** drug efficacy and bioavailability

Patients vary in the **abundance** of *preTA+* strains

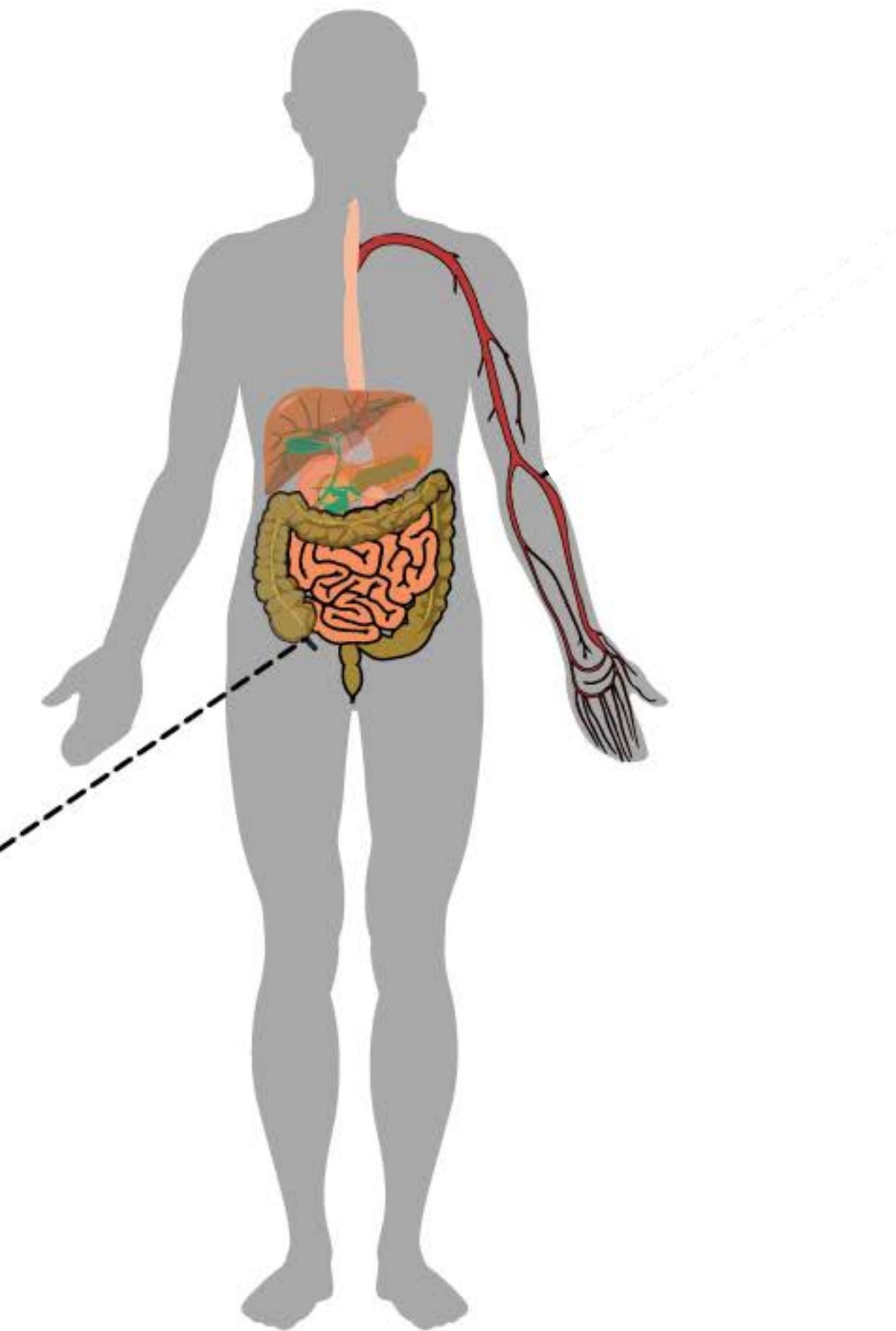
Highlights **challenge** of attributing metabolic reactions to host vs. microbial enzymes

We've got a lot of work to do!

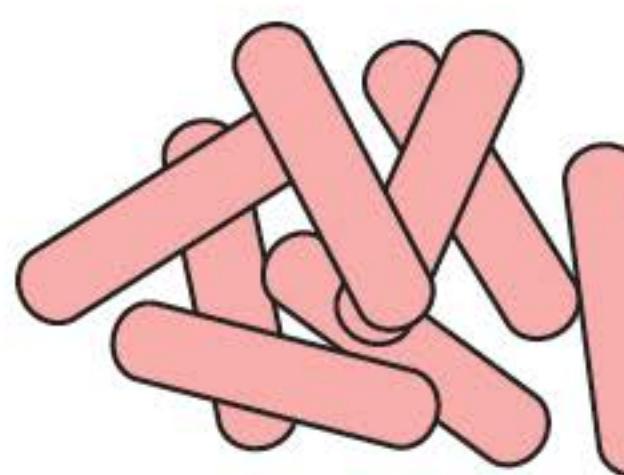


We've got a lot of work to do!

What?

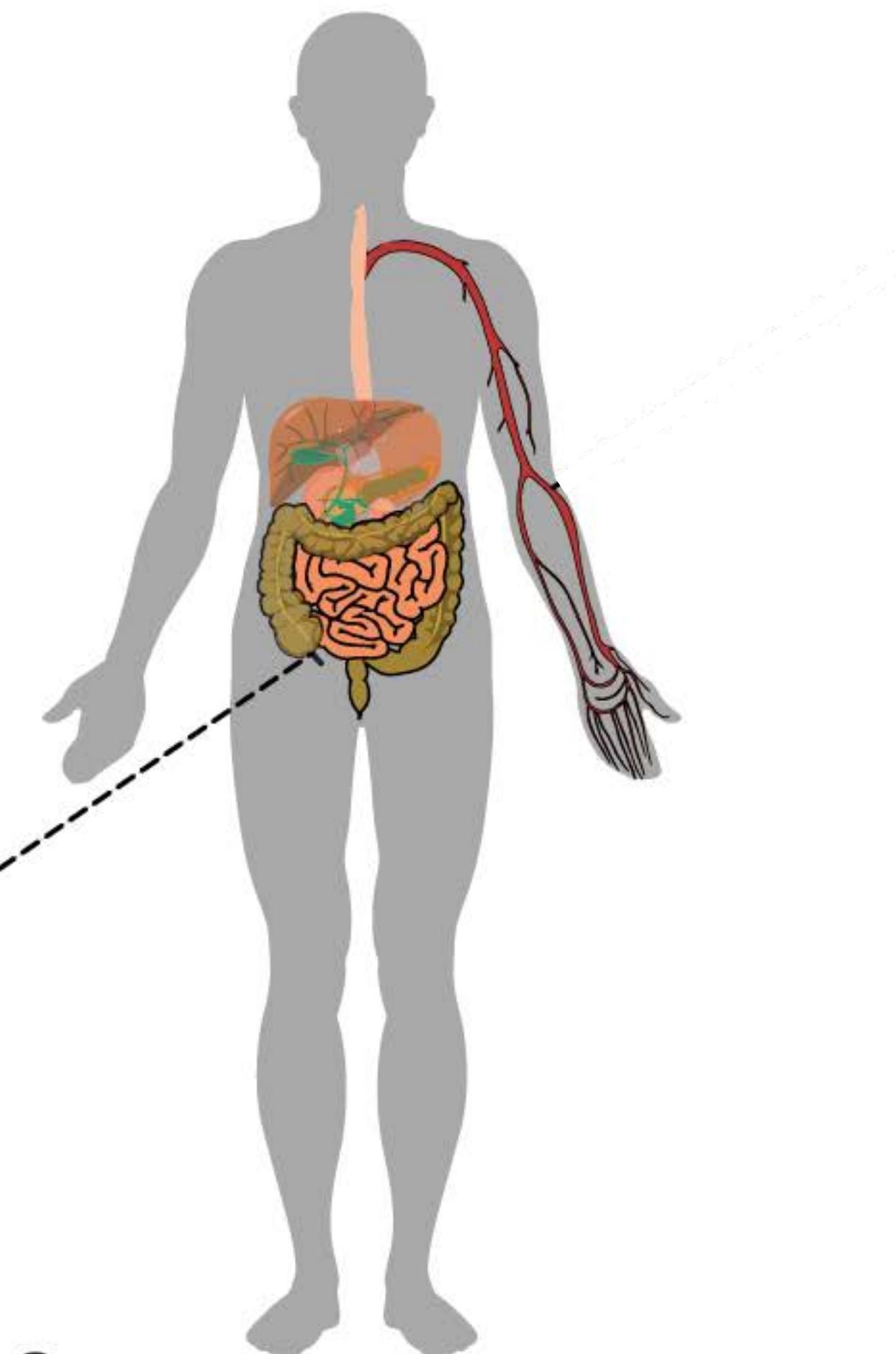


Who?

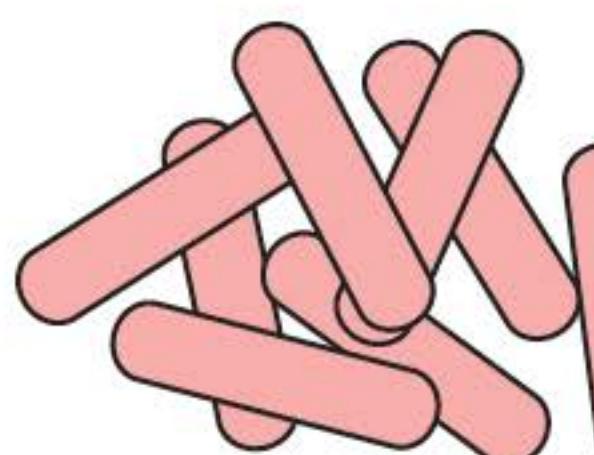


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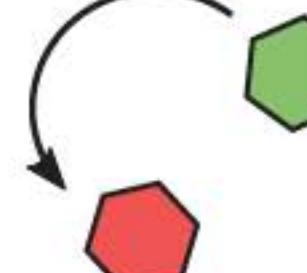
What?



Who?



How?

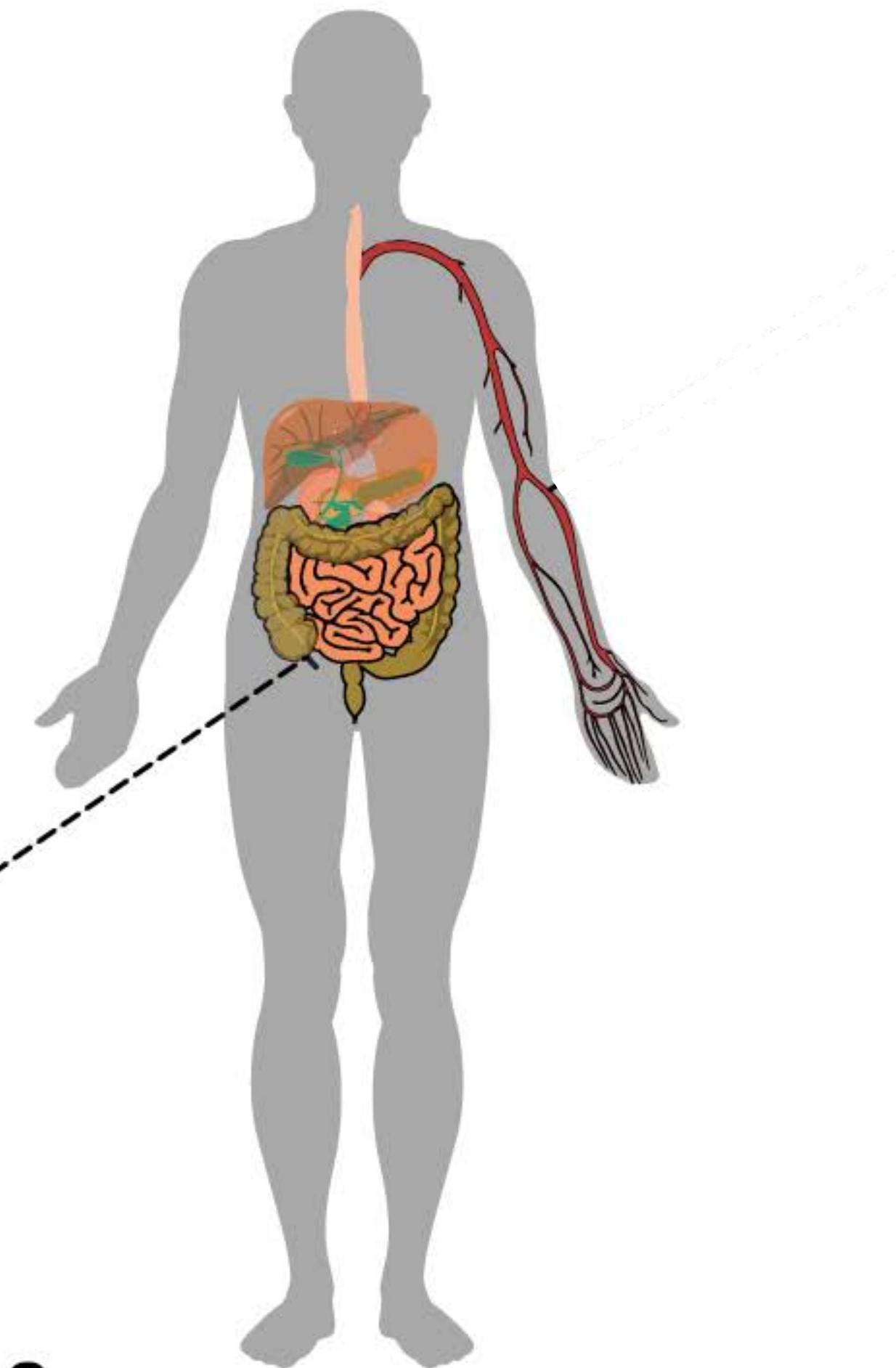


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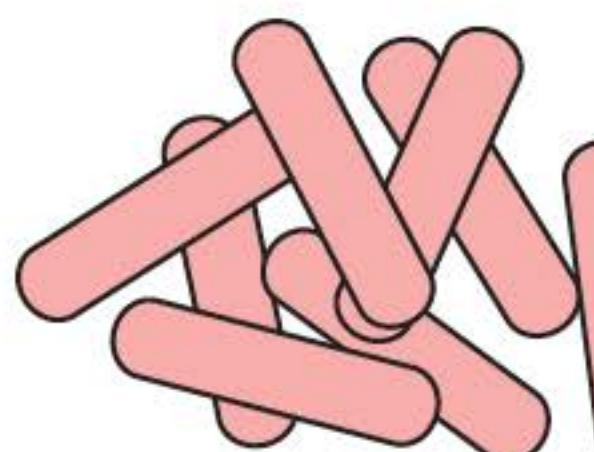
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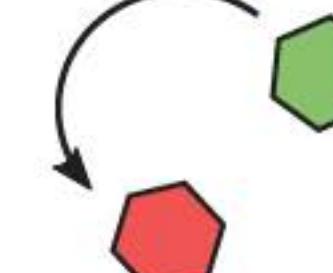
Where?



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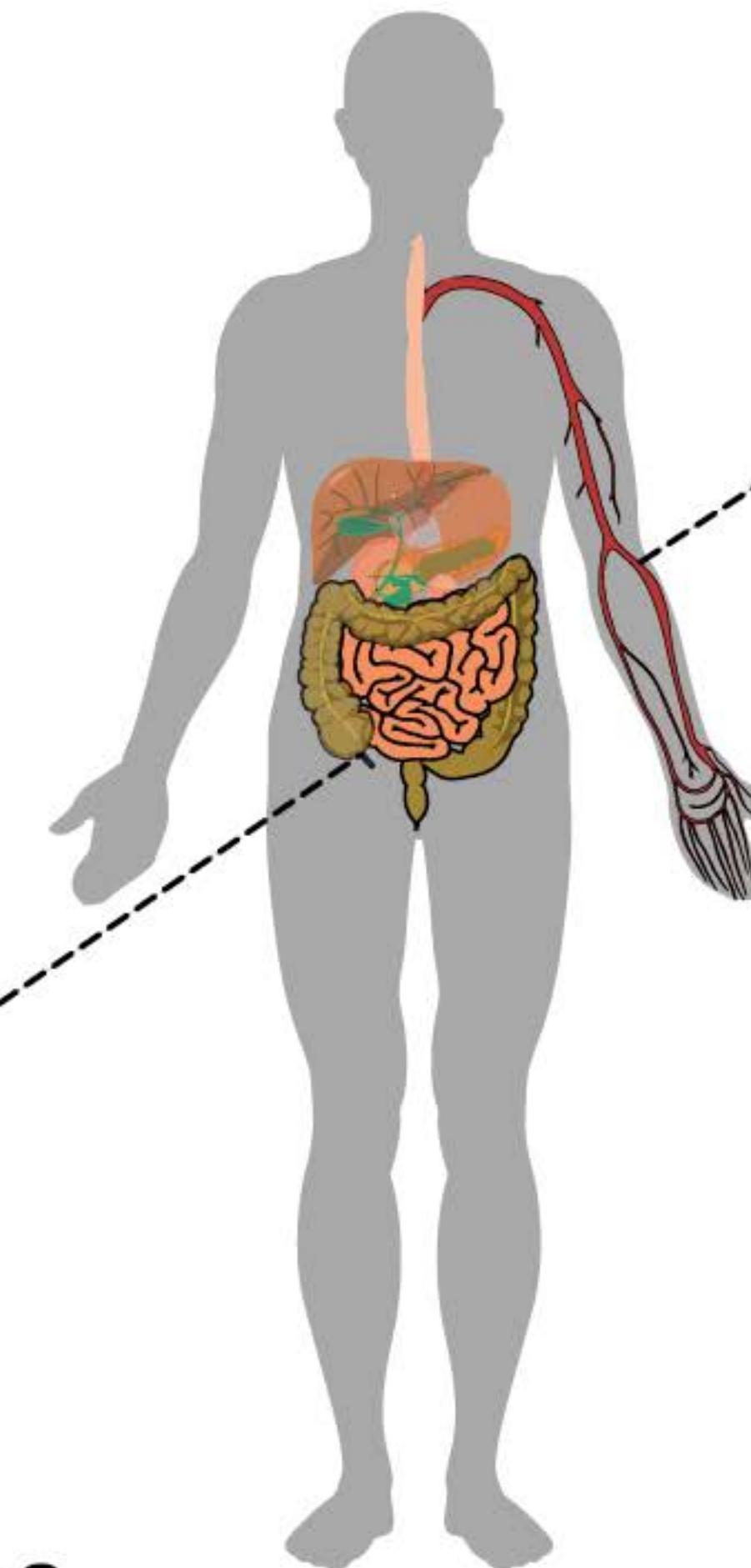


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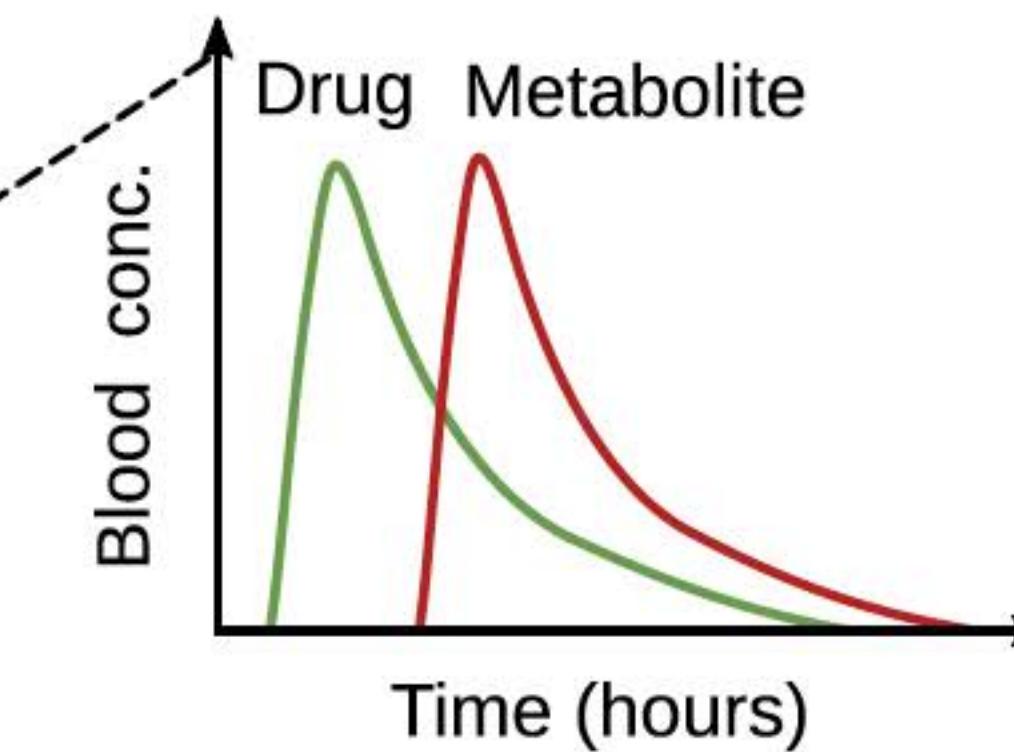
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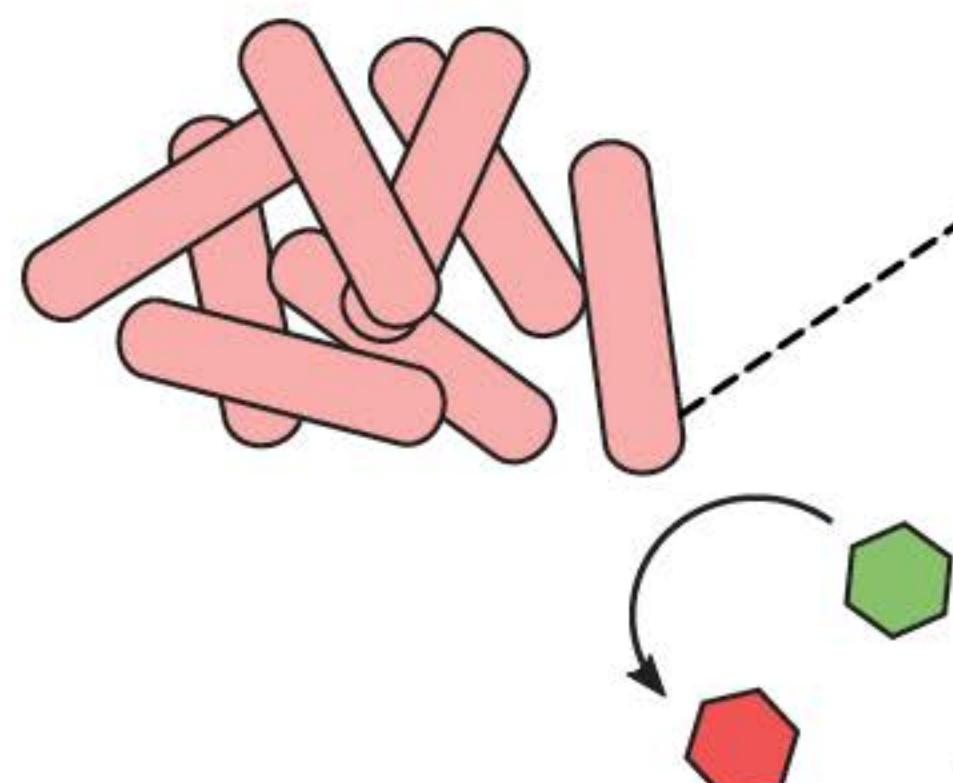
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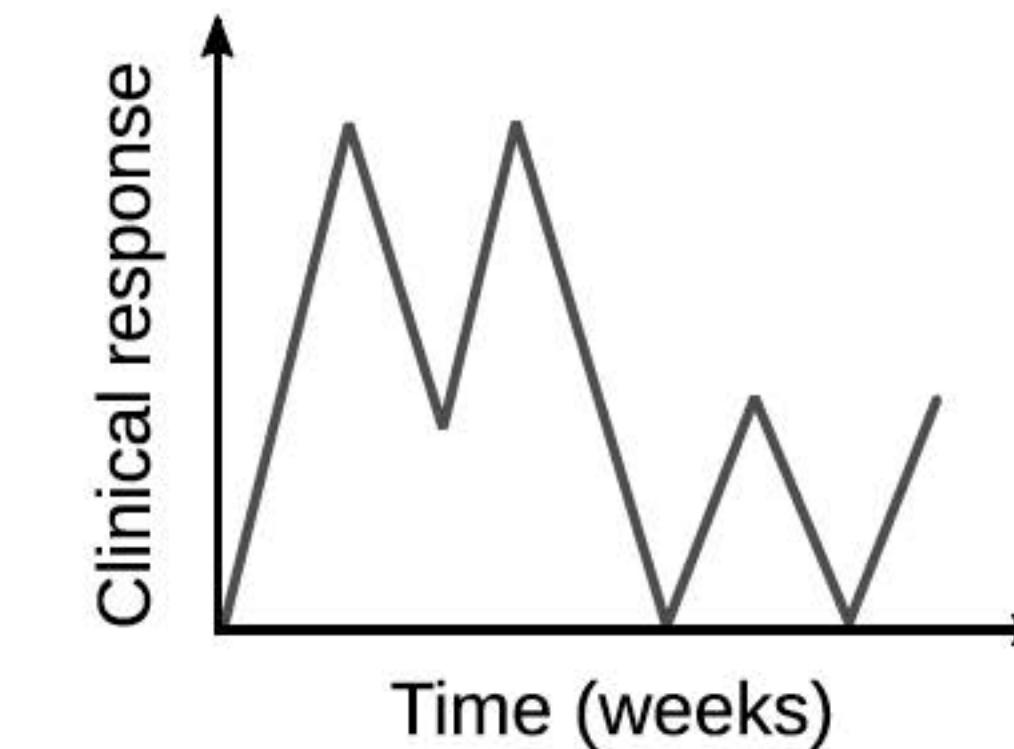
When?



Who?



How?

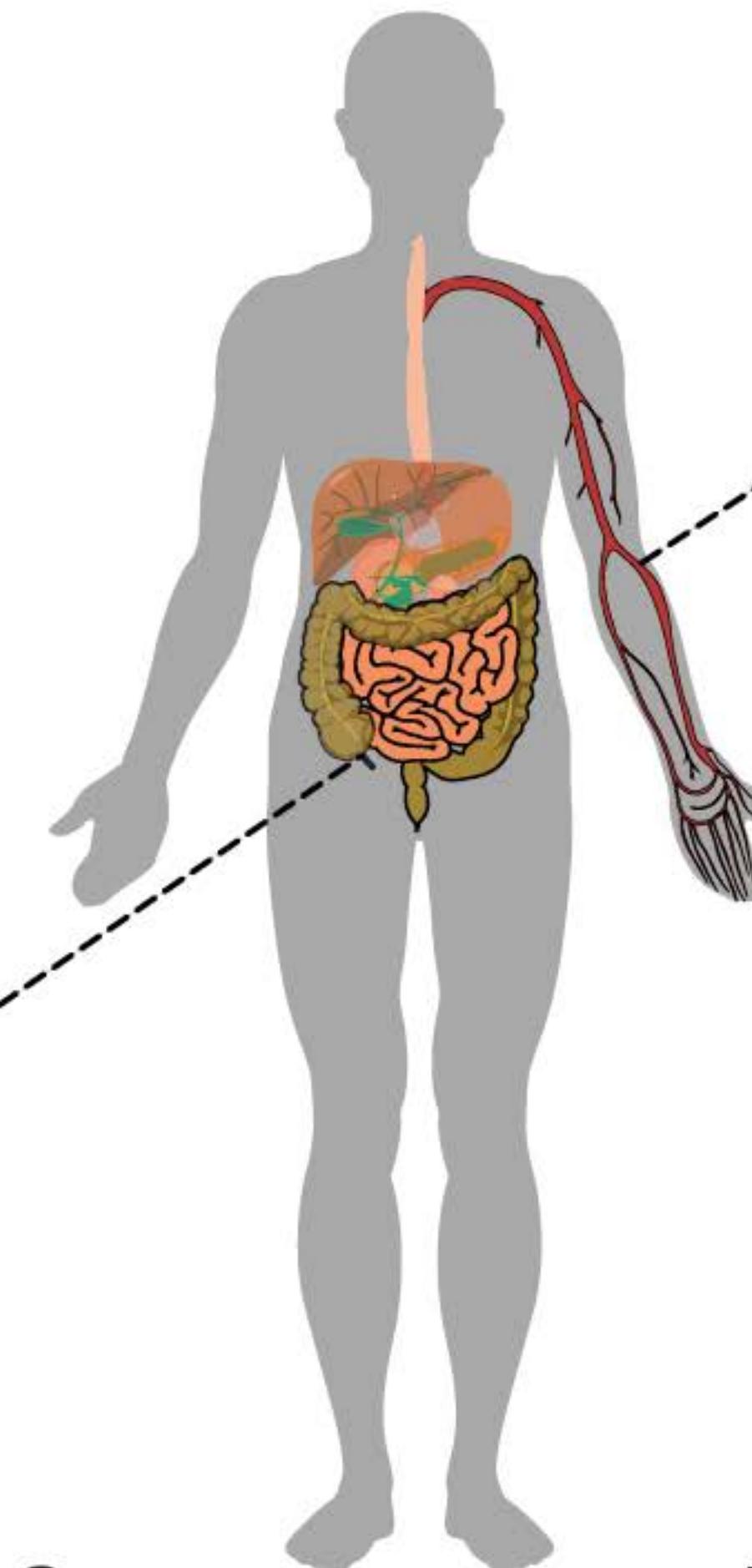


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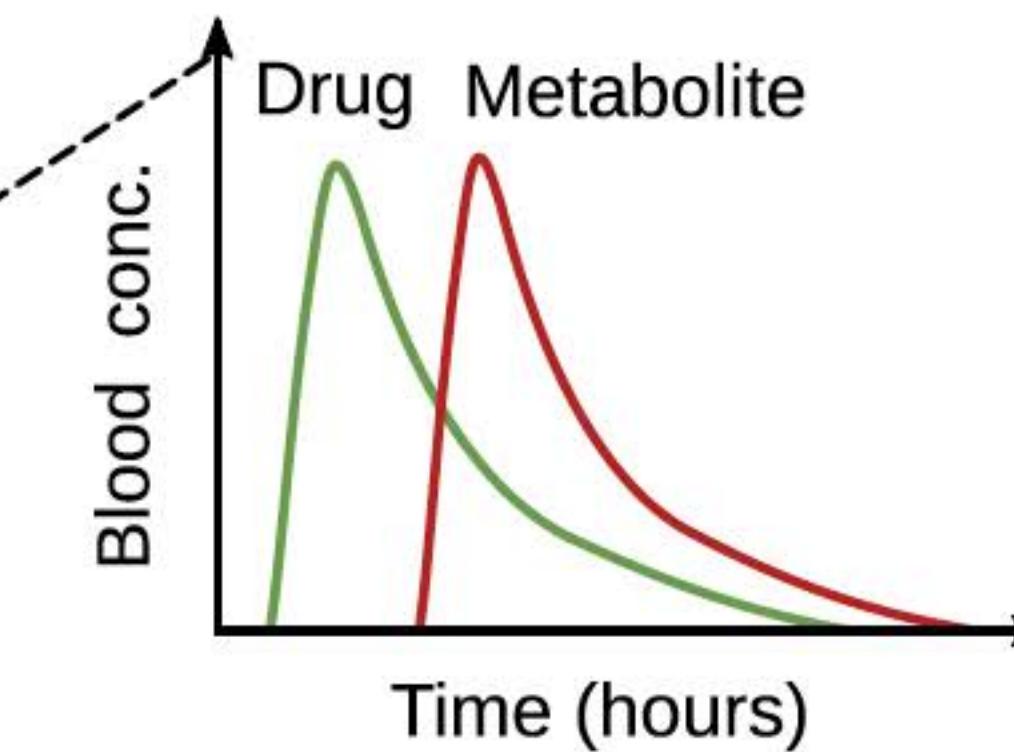
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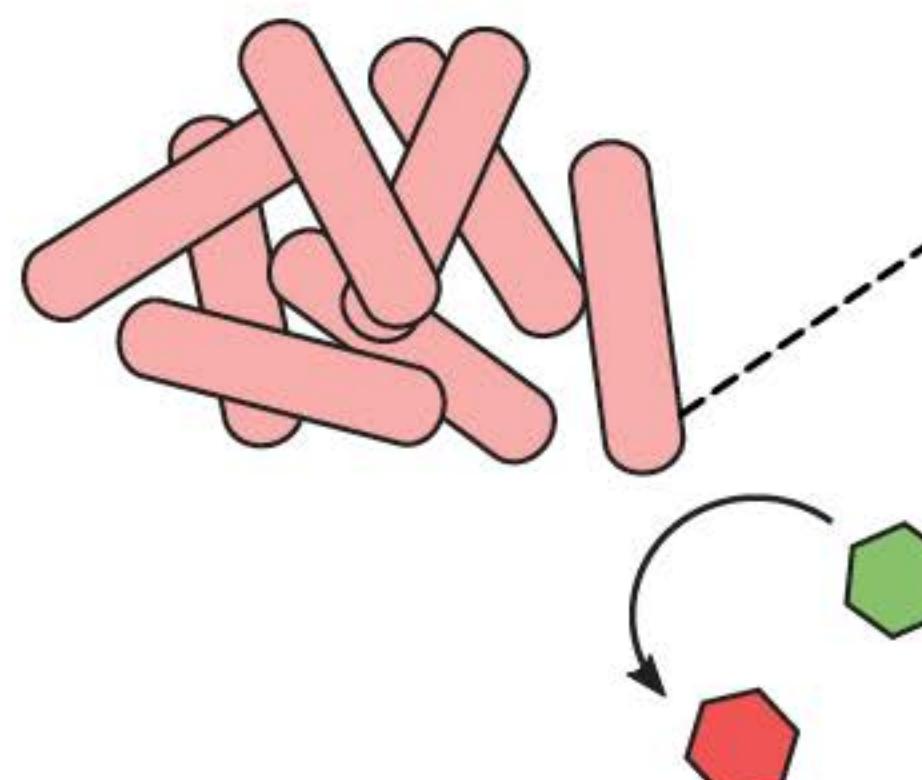
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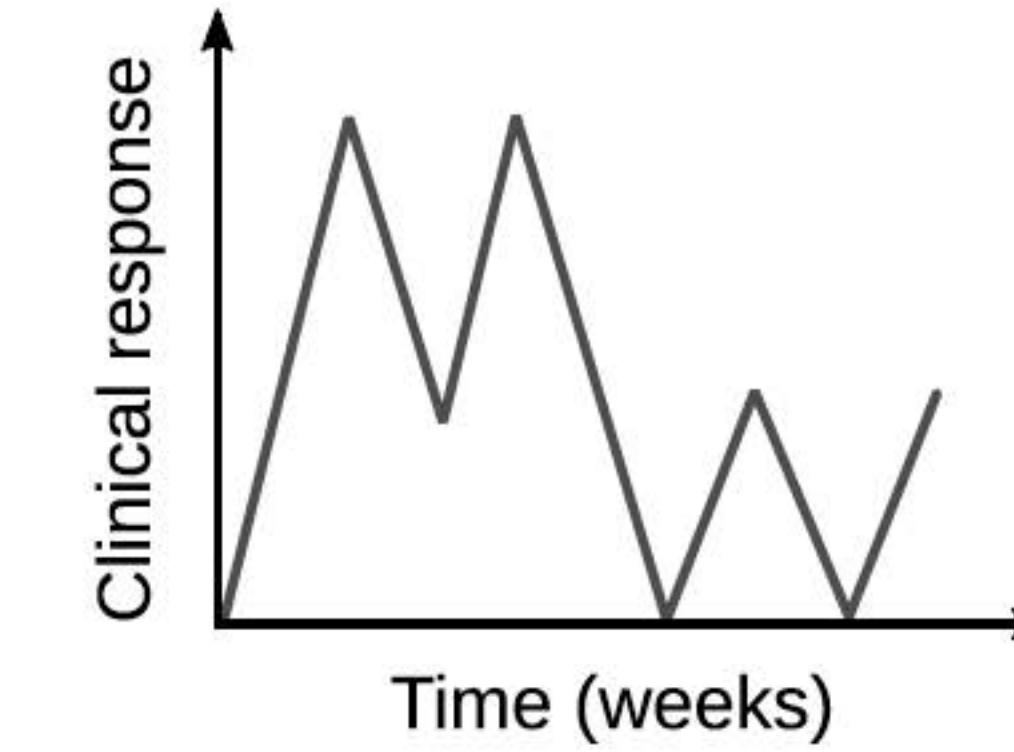
When?



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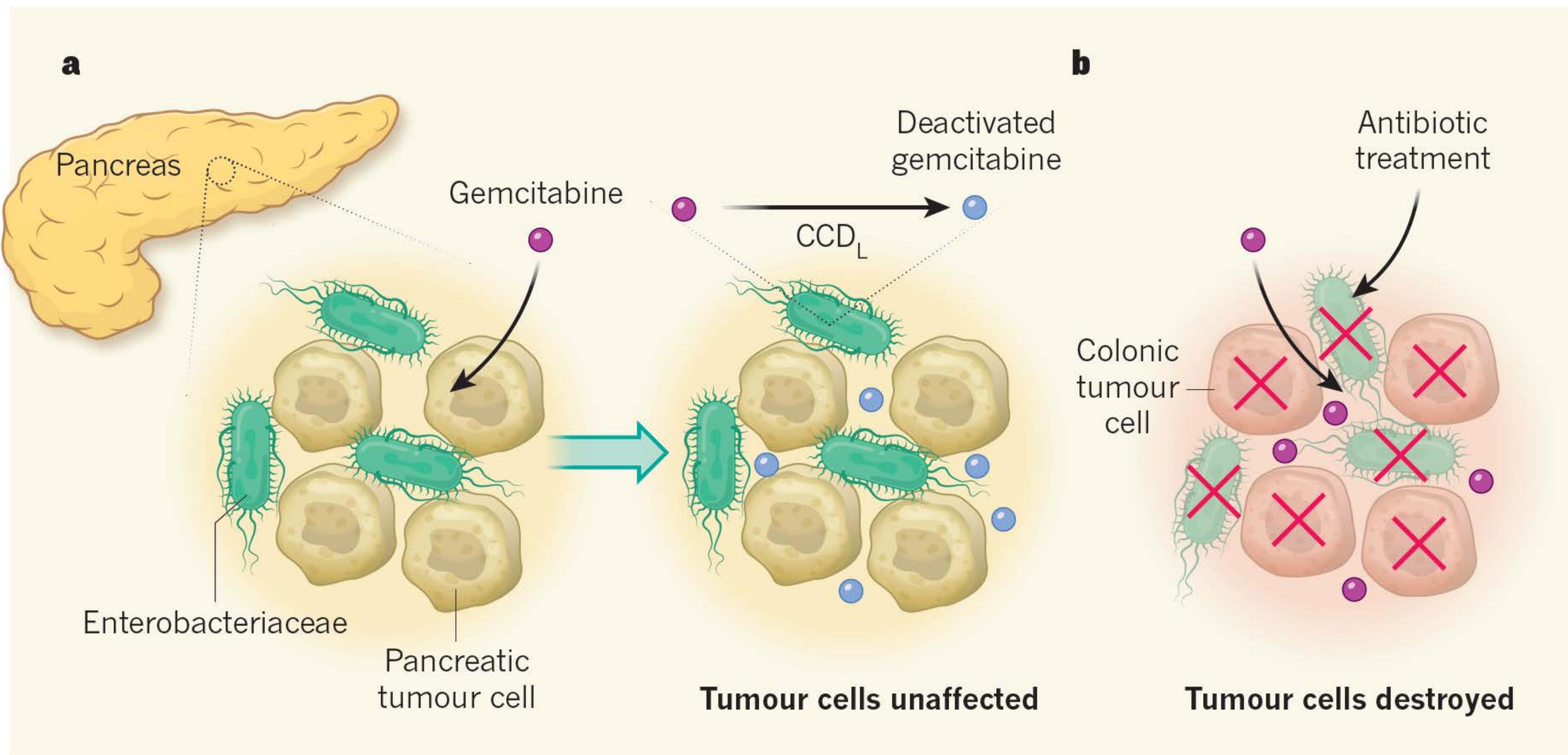


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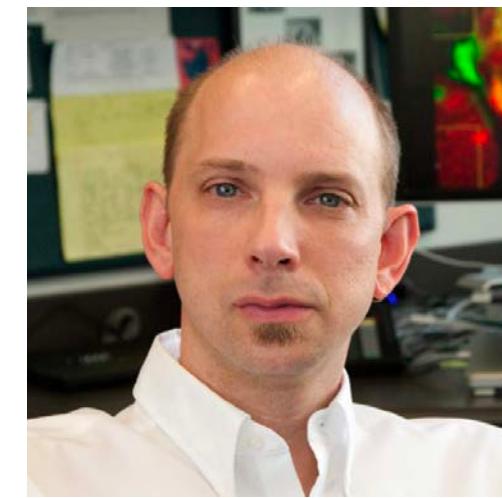


Why?

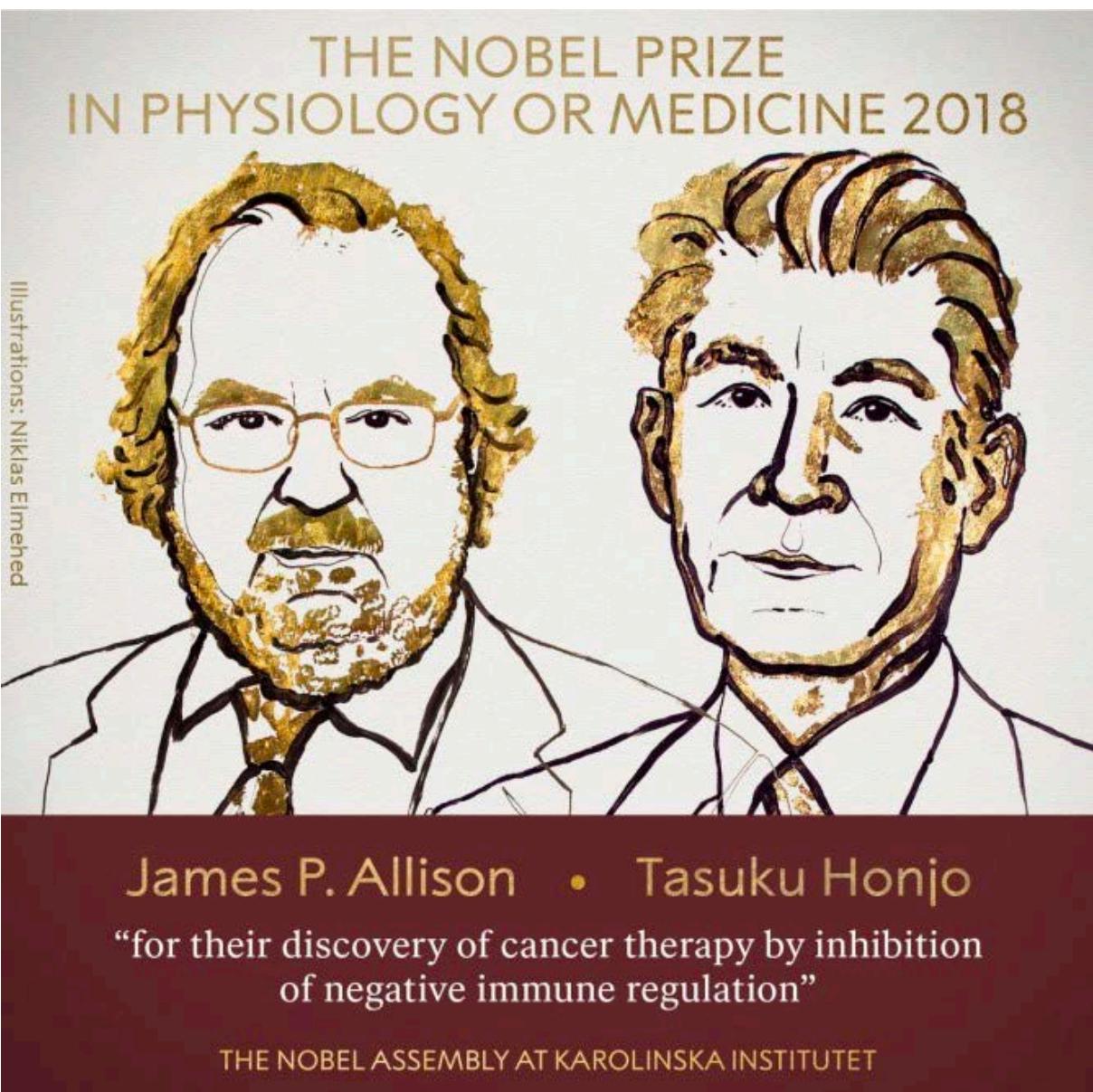
Inactivation of anti-cancer drugs within the tumor tissue



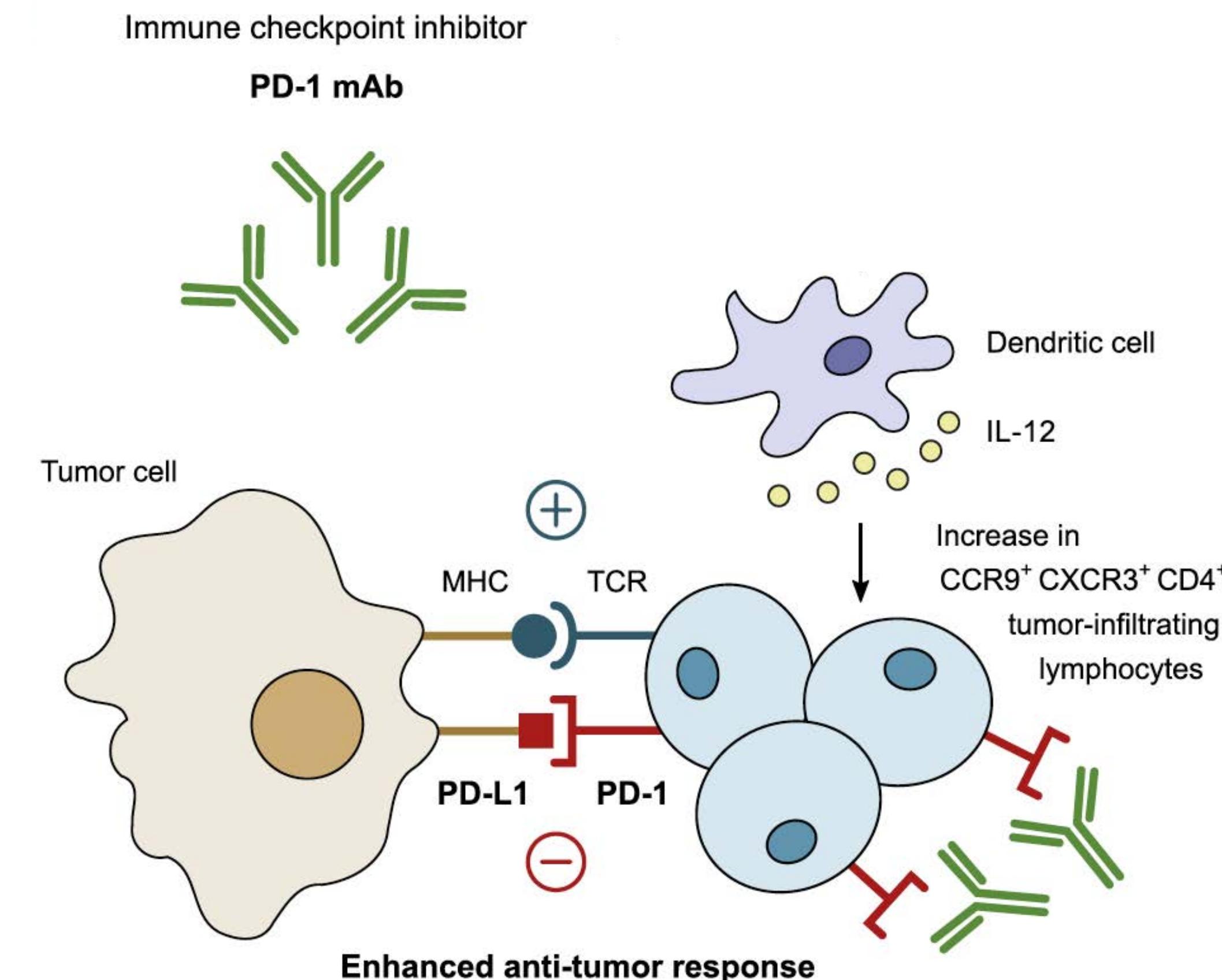
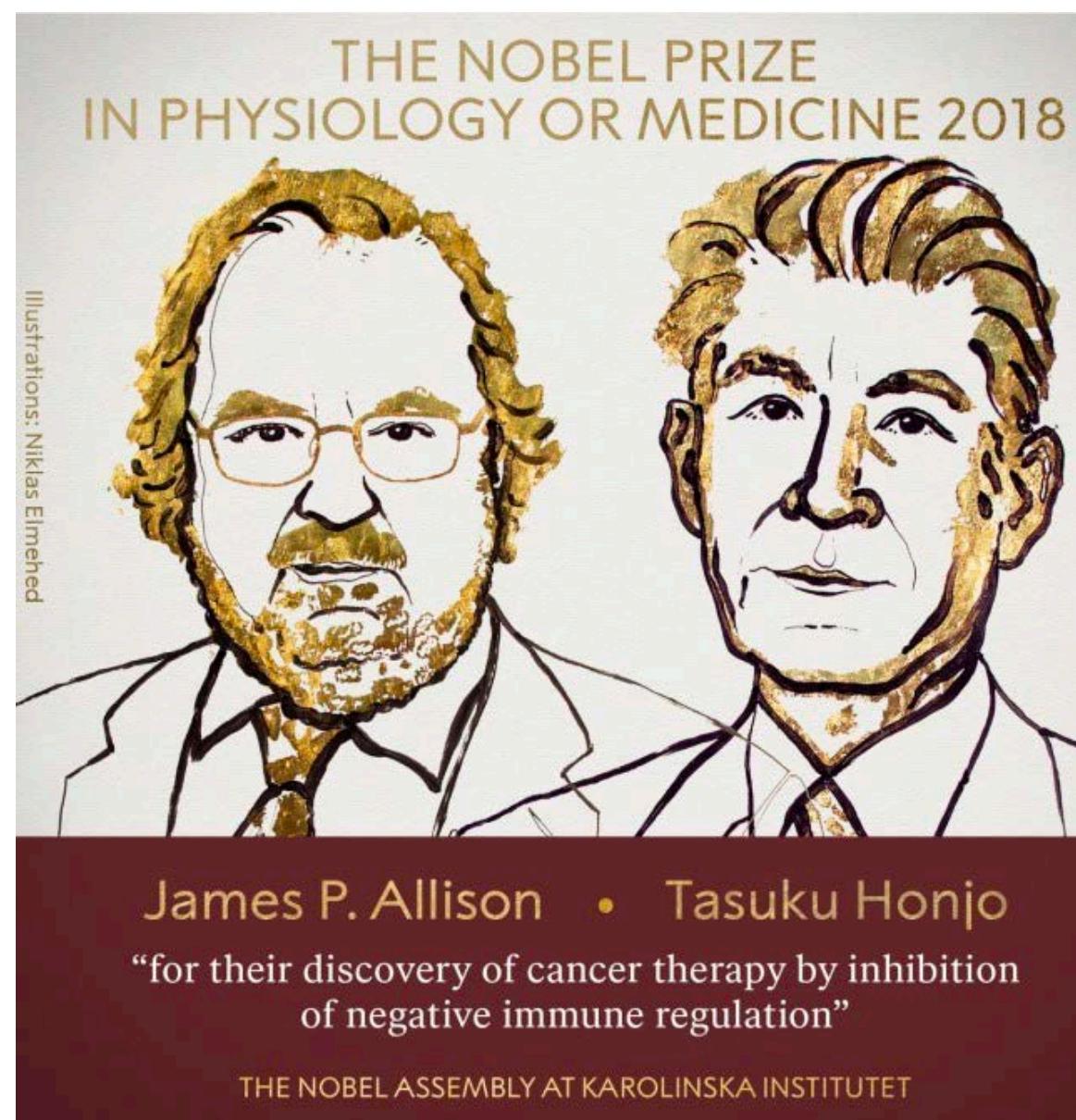
Immunotherapy 101



Immunotherapy 101



Immunotherapy 101



Why would gut bacteria impact immunotherapy?

Cancer therapies

Anticancer treatment modalities and co-medications (such as antibiotics) affect the integrity of the epithelial barrier.



Why would gut bacteria impact immunotherapy?

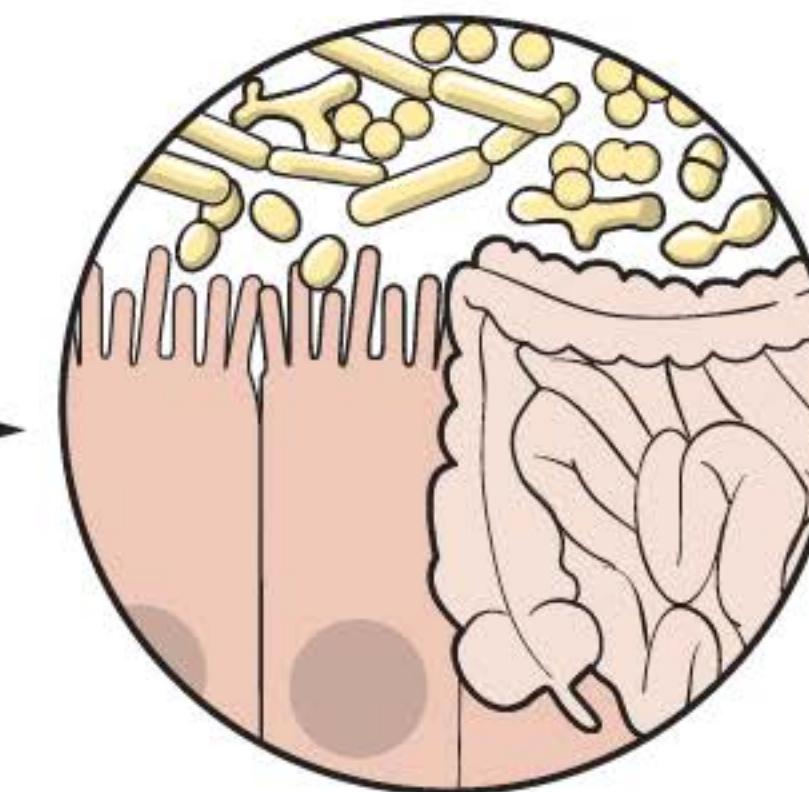
Cancer therapies

Anticancer treatment modalities and co-medications (such as antibiotics) affect the integrity of the epithelial barrier.



Microbiome

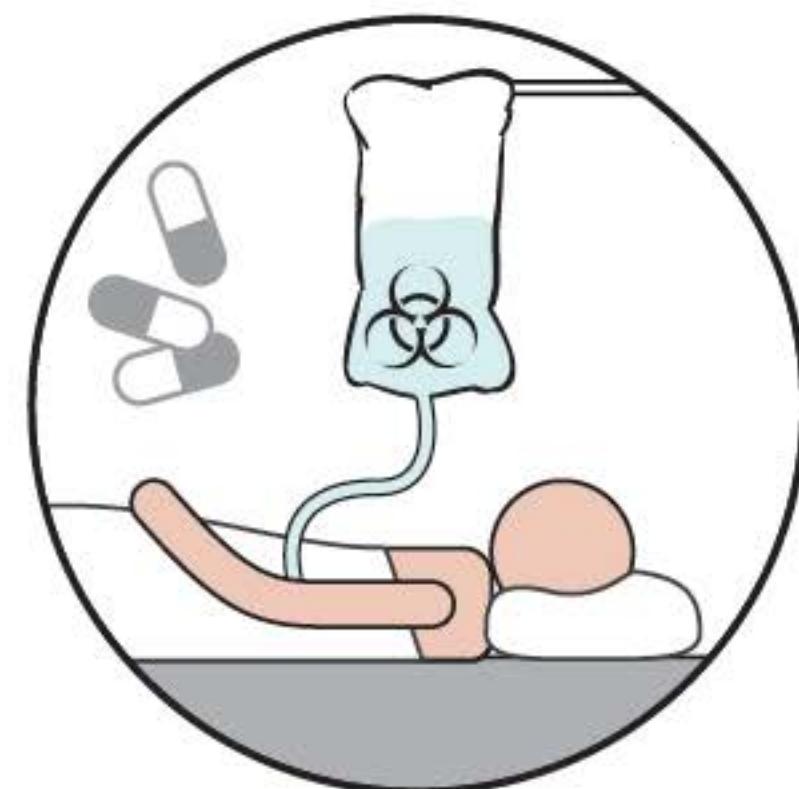
Gut-resident commensals interacting with epithelial, stromal, endocrine, neural, immune intestinal cells to regulate barrier functions and whole-body metabolism.



Why would gut bacteria impact immunotherapy?

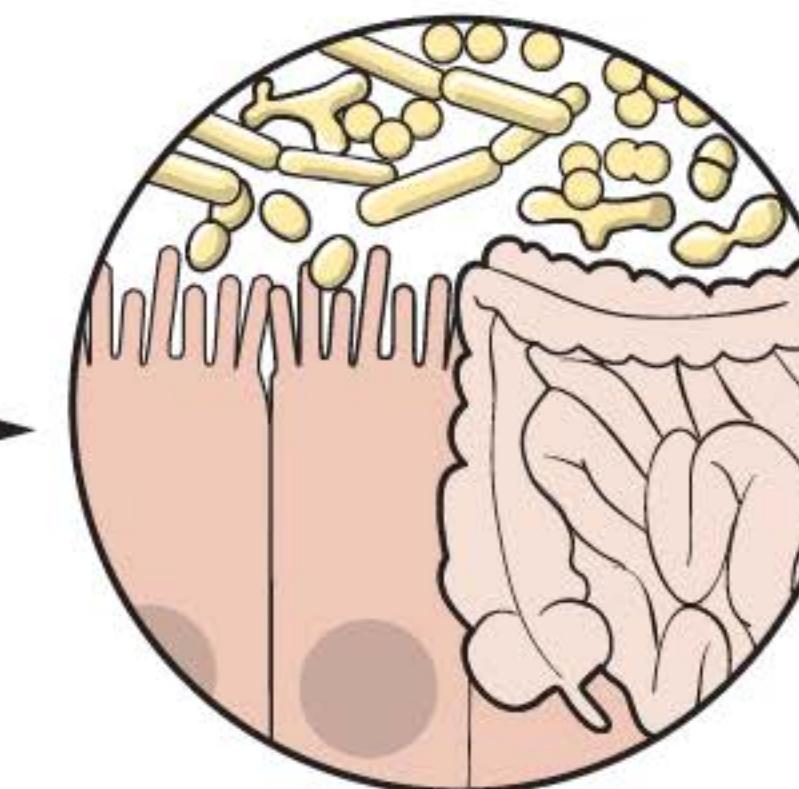
Cancer therapies

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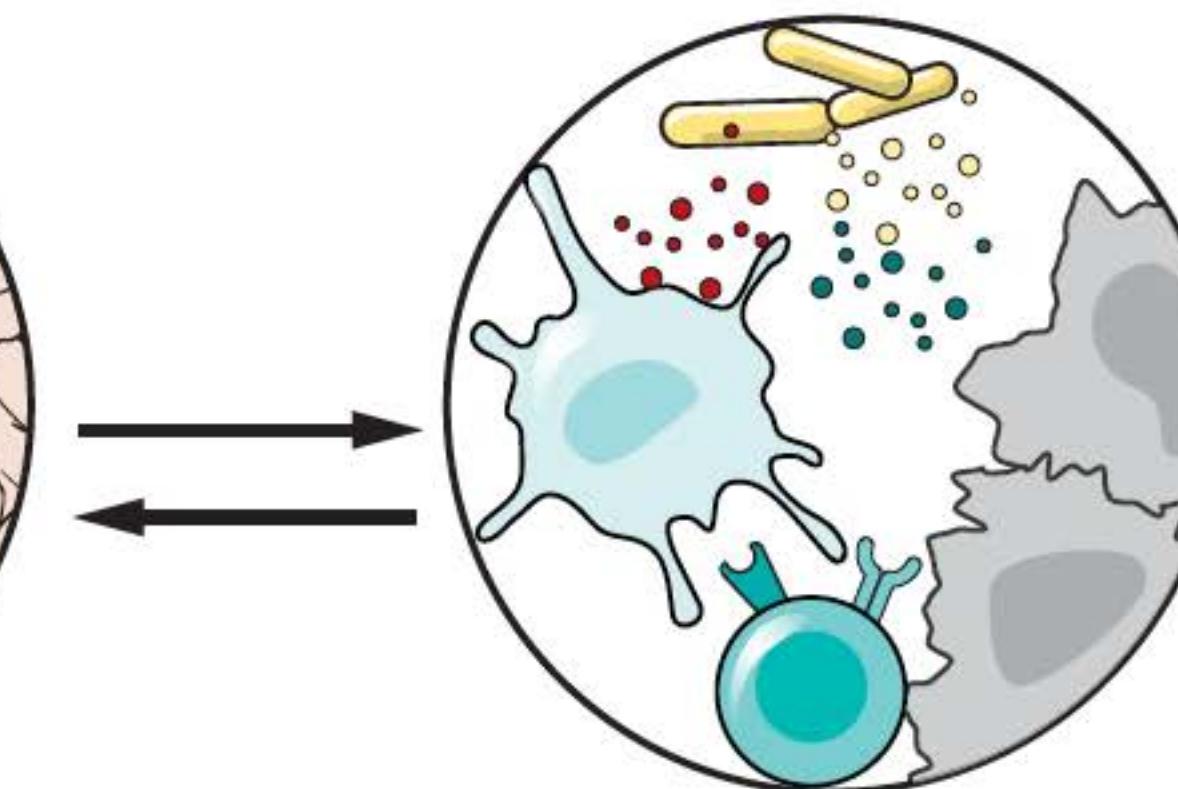
Microbiome

Gut-resident commensals interacting with epithelial, stromal, endocrine, neural, immune intestinal cells to regulate barrier functions and whole-body metabolism.

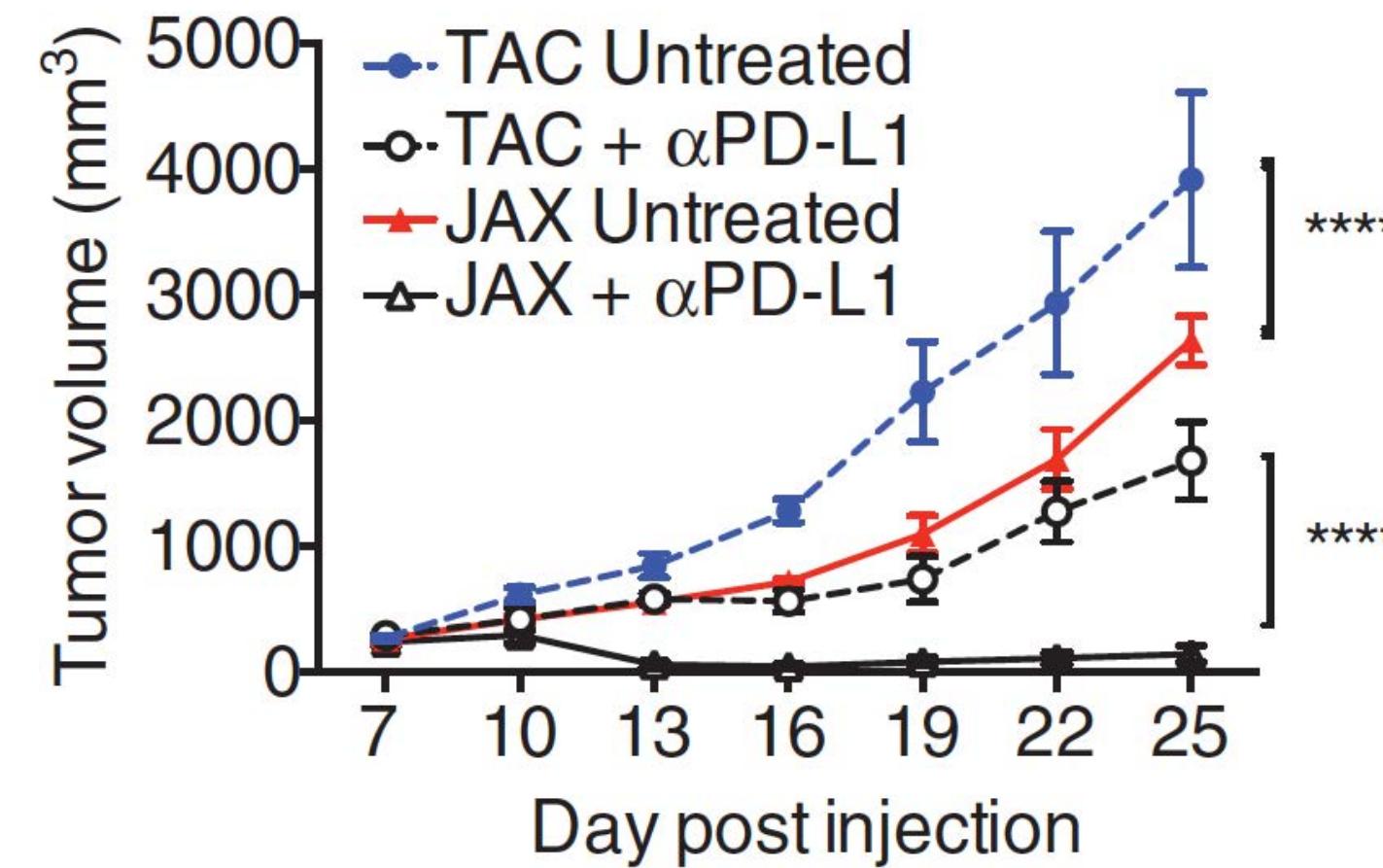


Immune responses

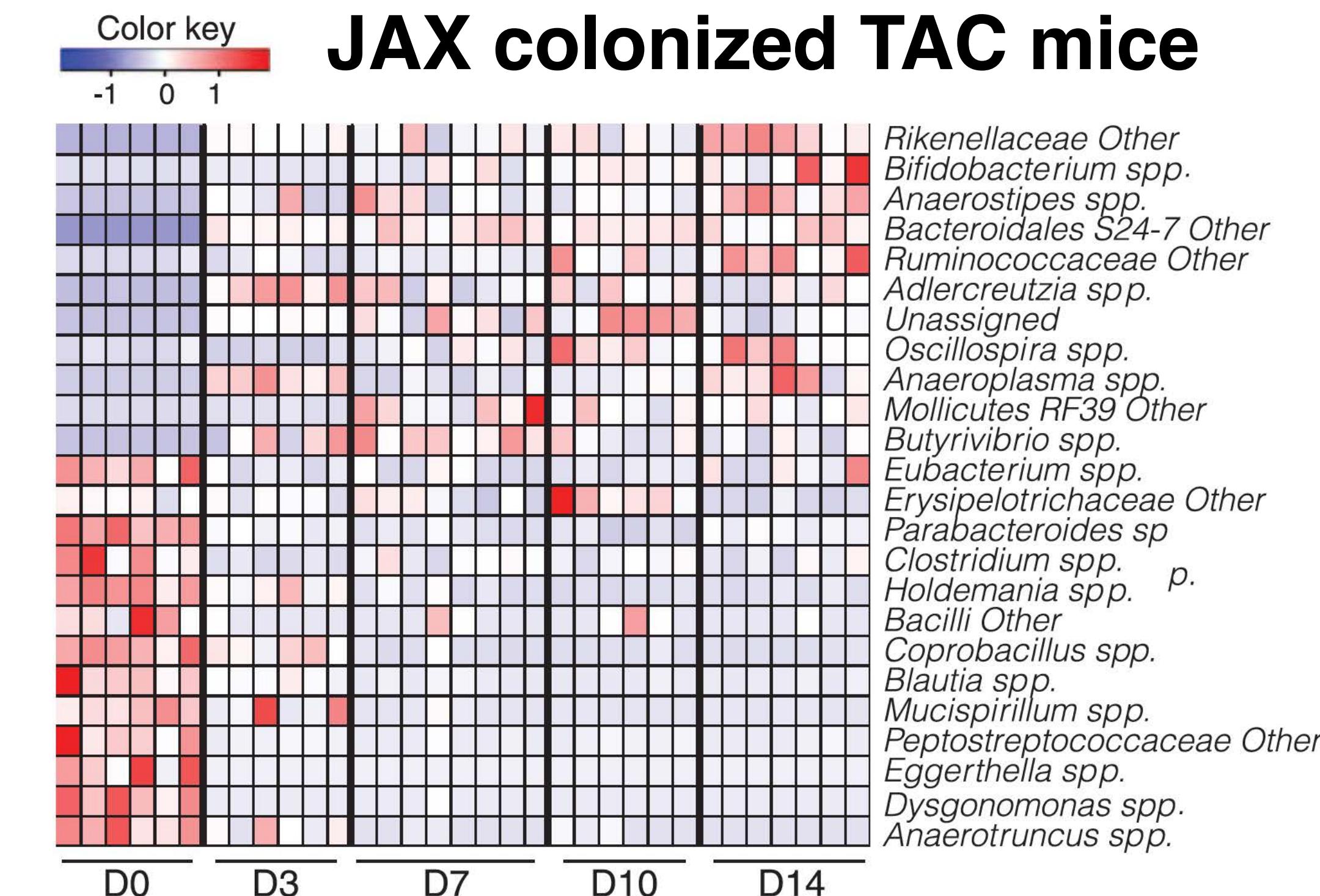
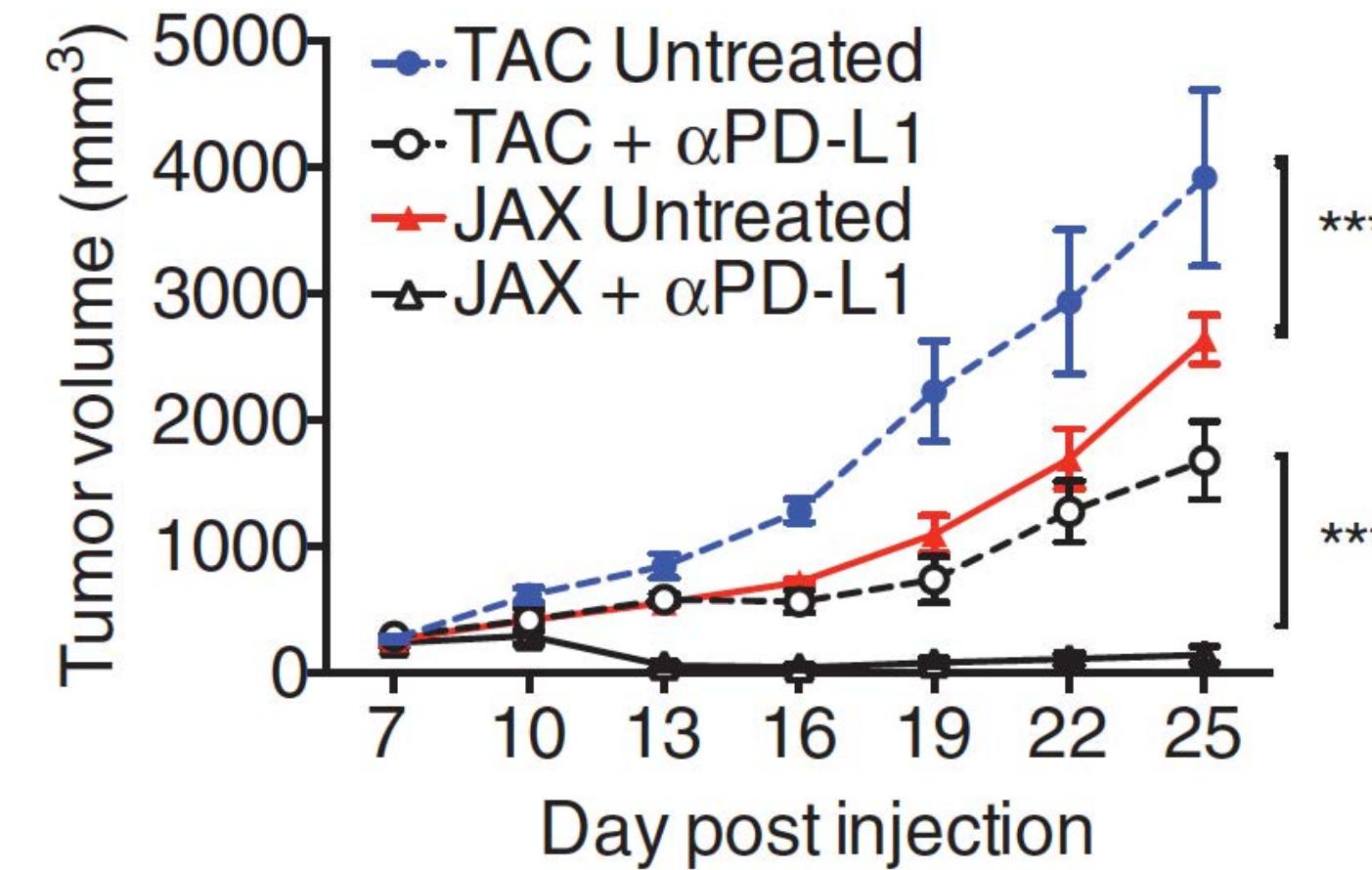
The gut microbiota has systemic effects throughout the meta-organism via secretion of anti-inflammatory cytokine/chemokines, metabolites, antimicrobial and neuropeptides.



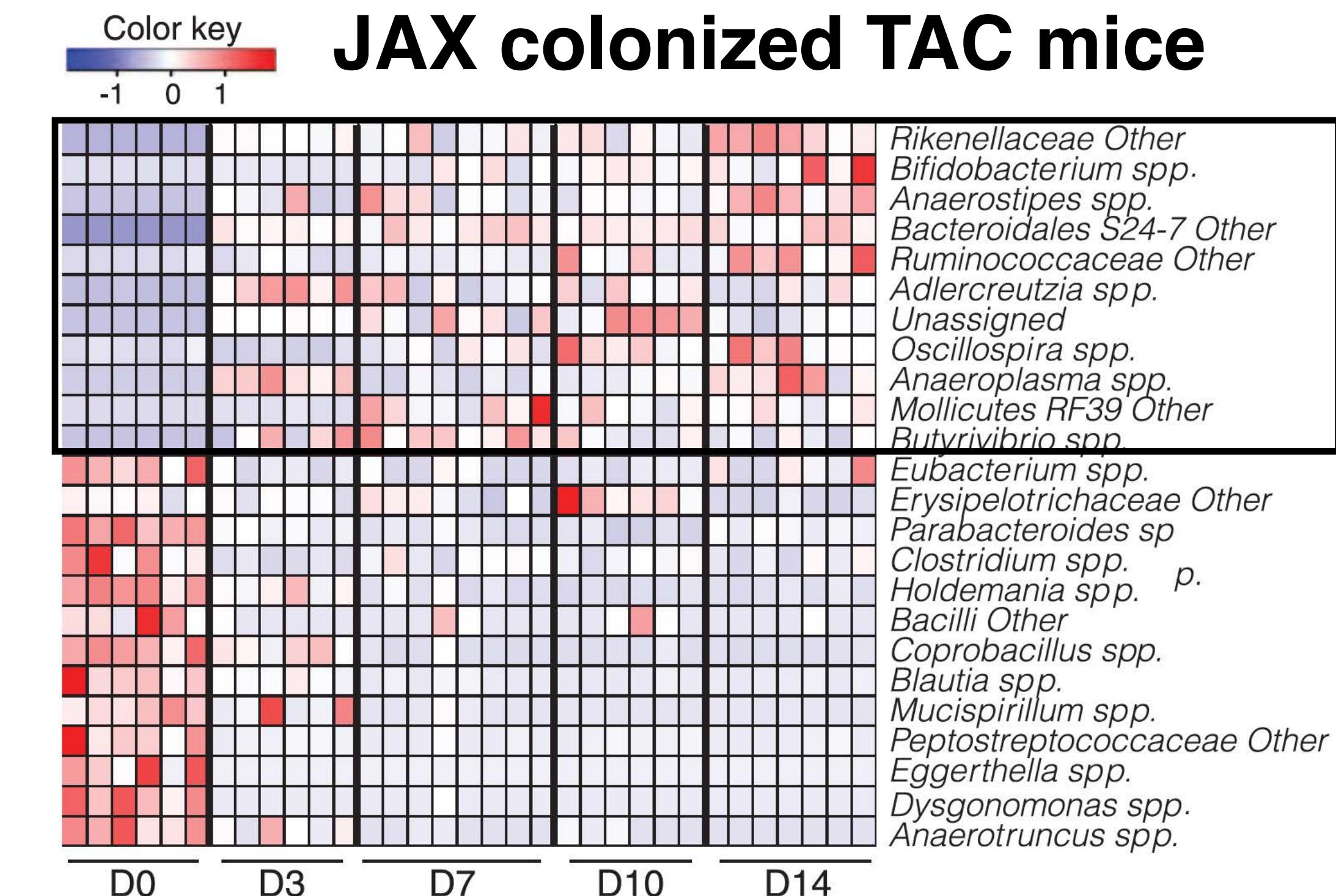
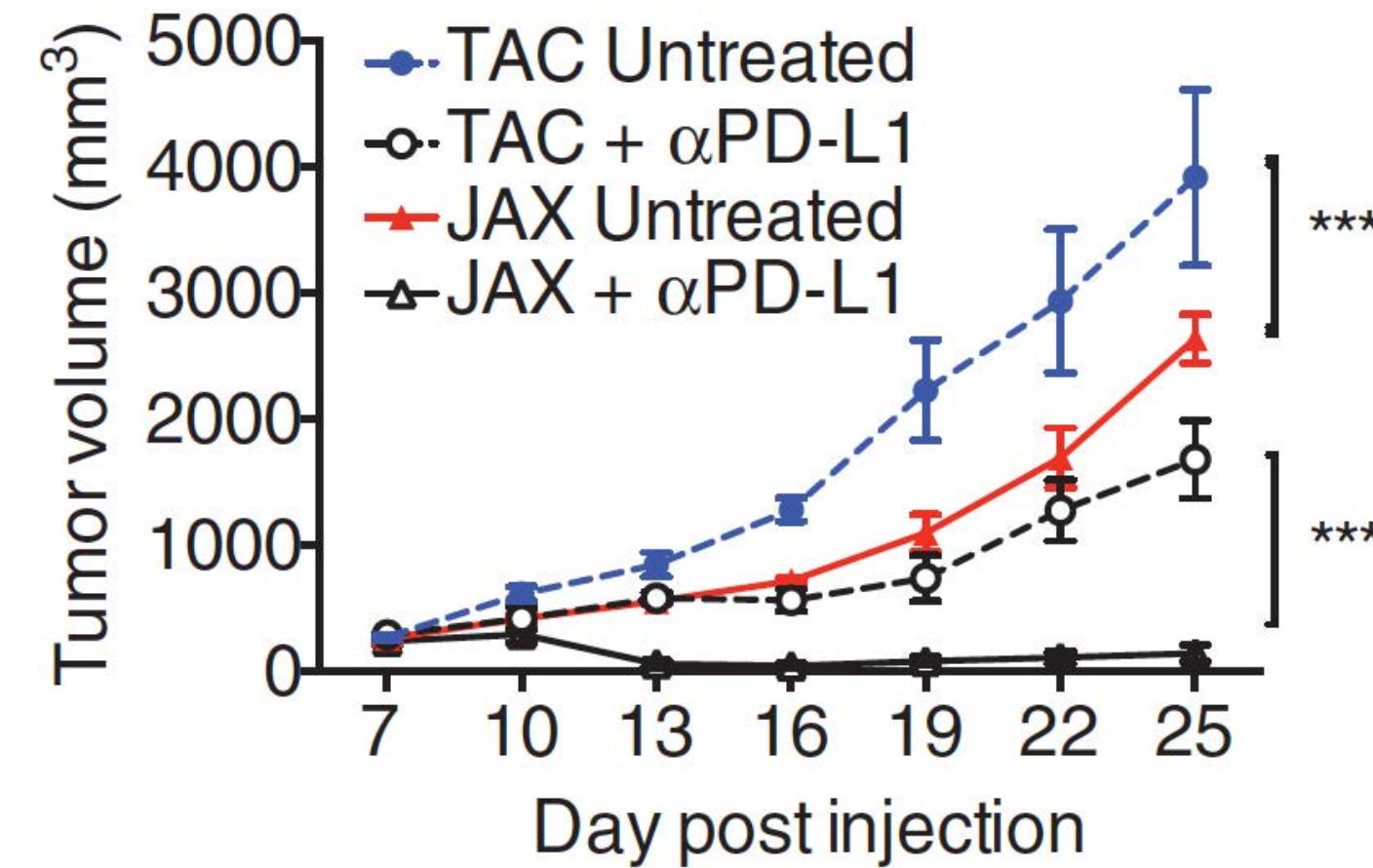
Mice from different vendors differ in tumor growth rates



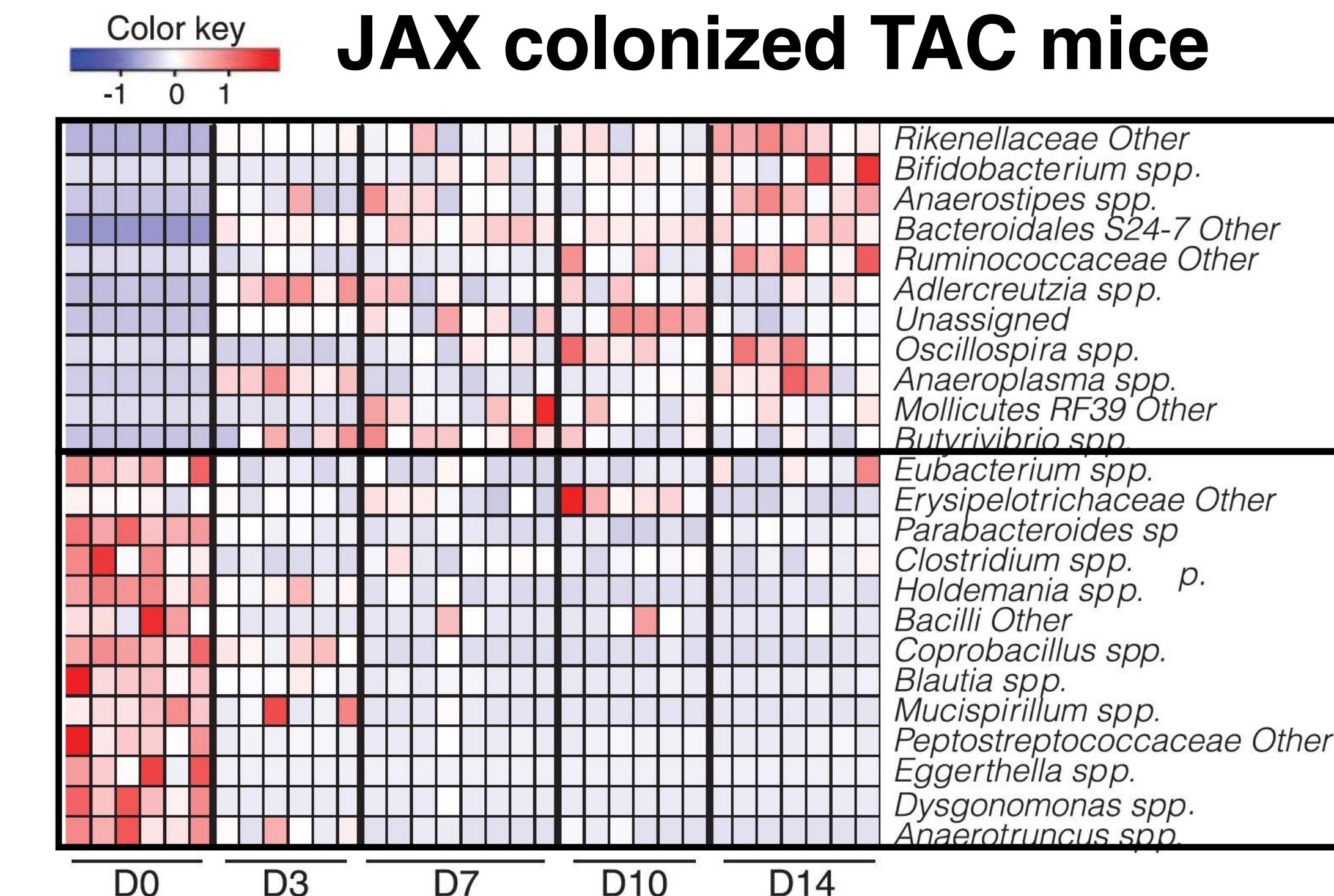
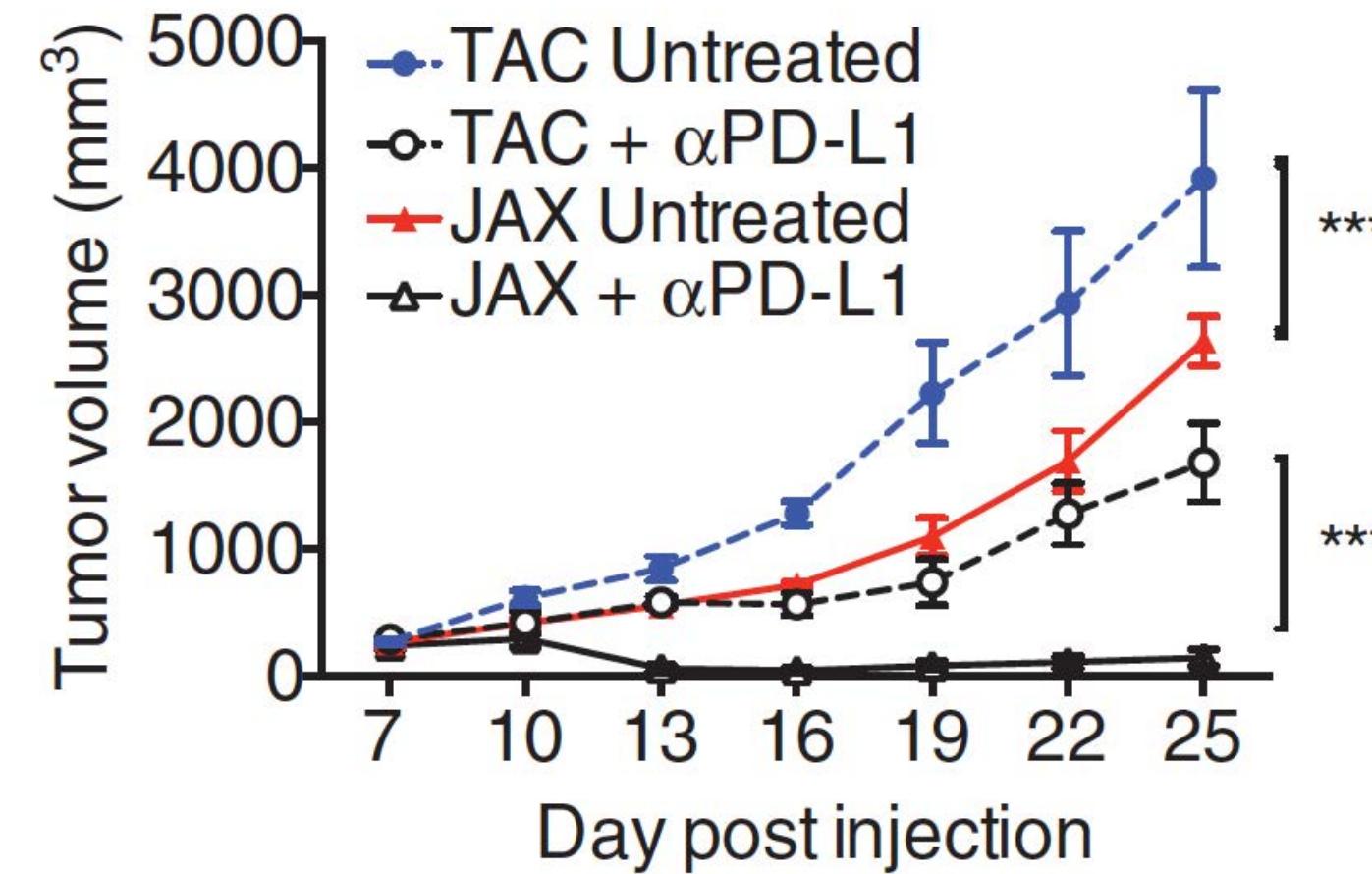
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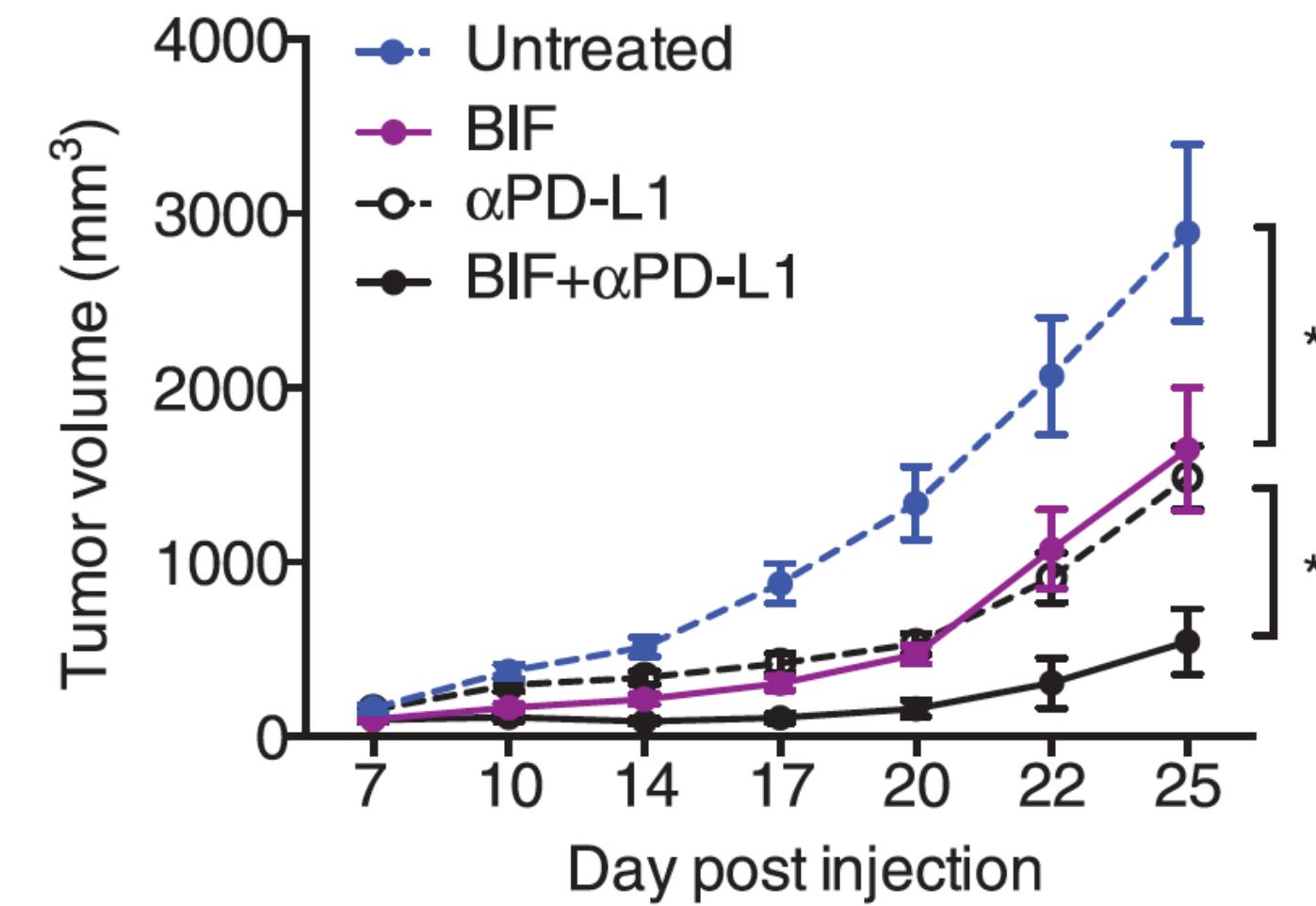
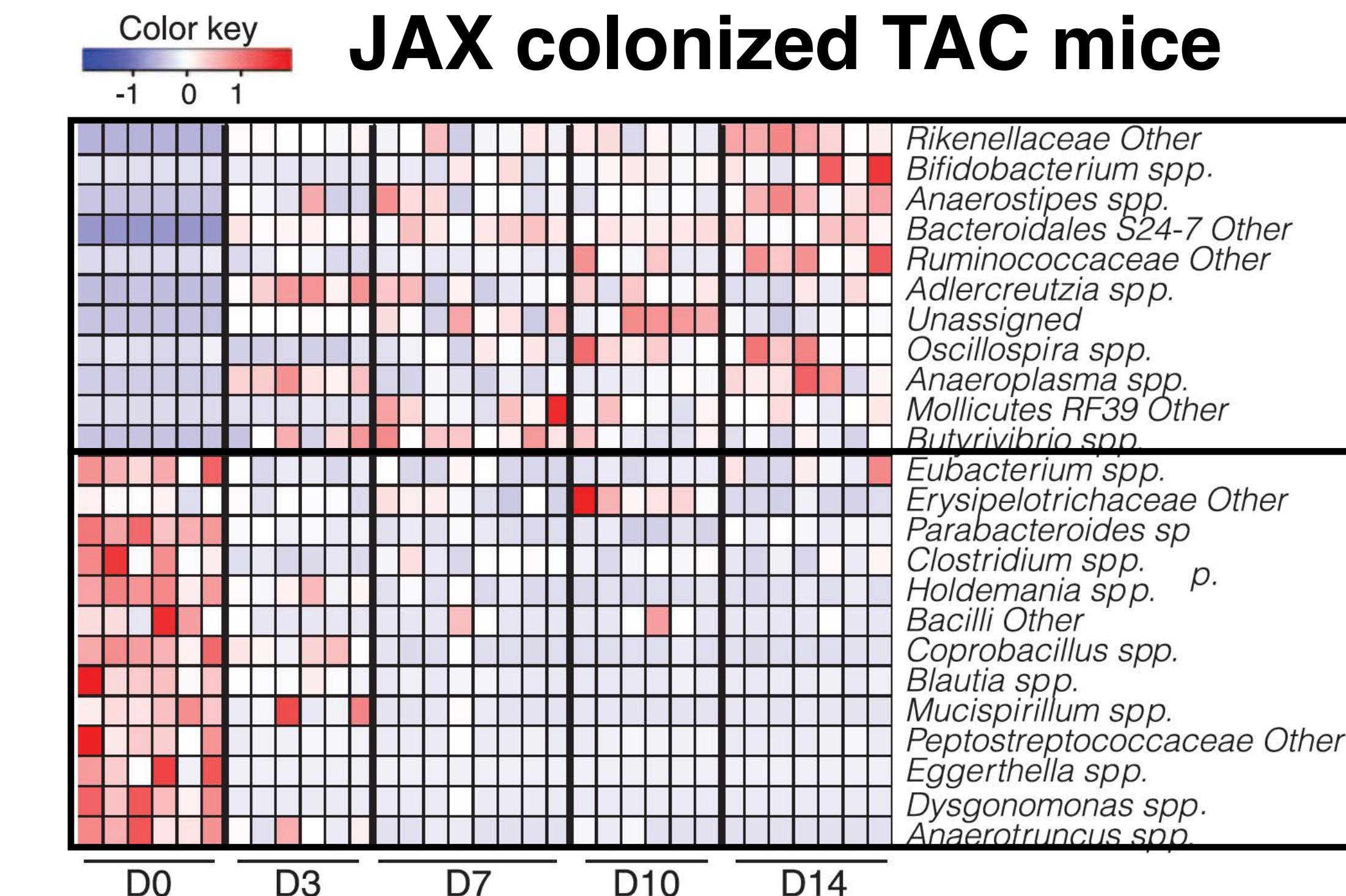
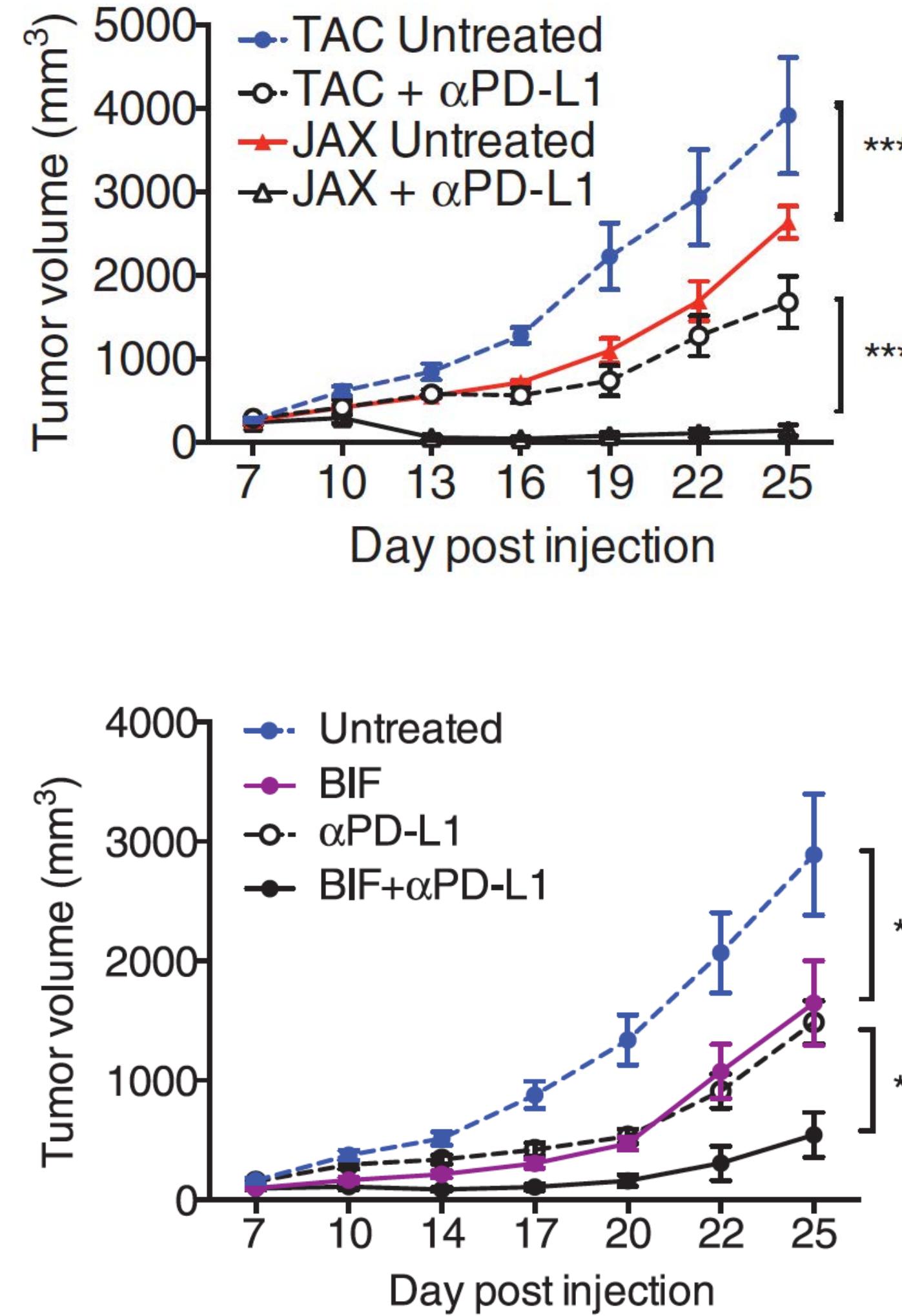
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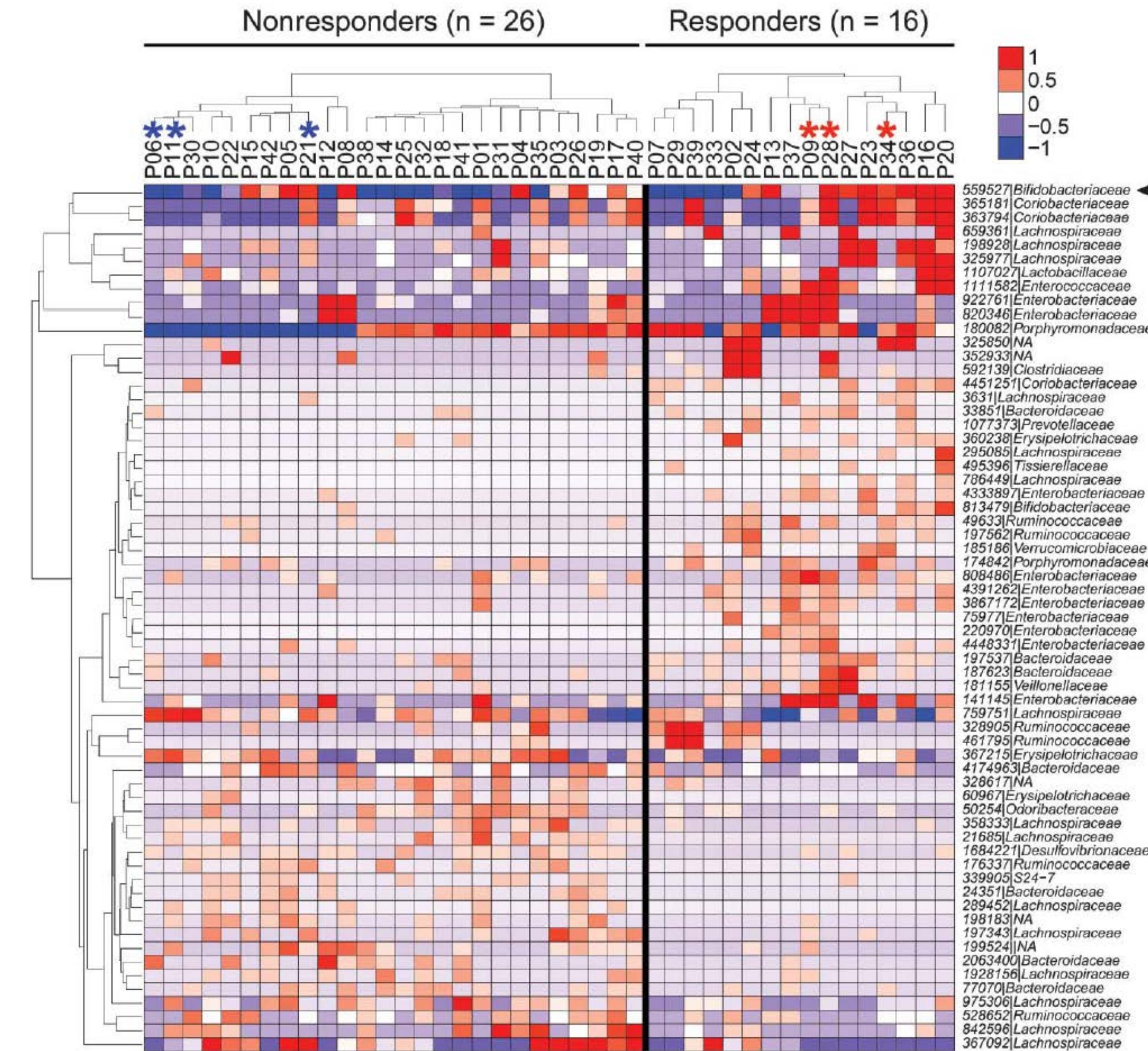
Mice from different vendors differ in tumor growth rates



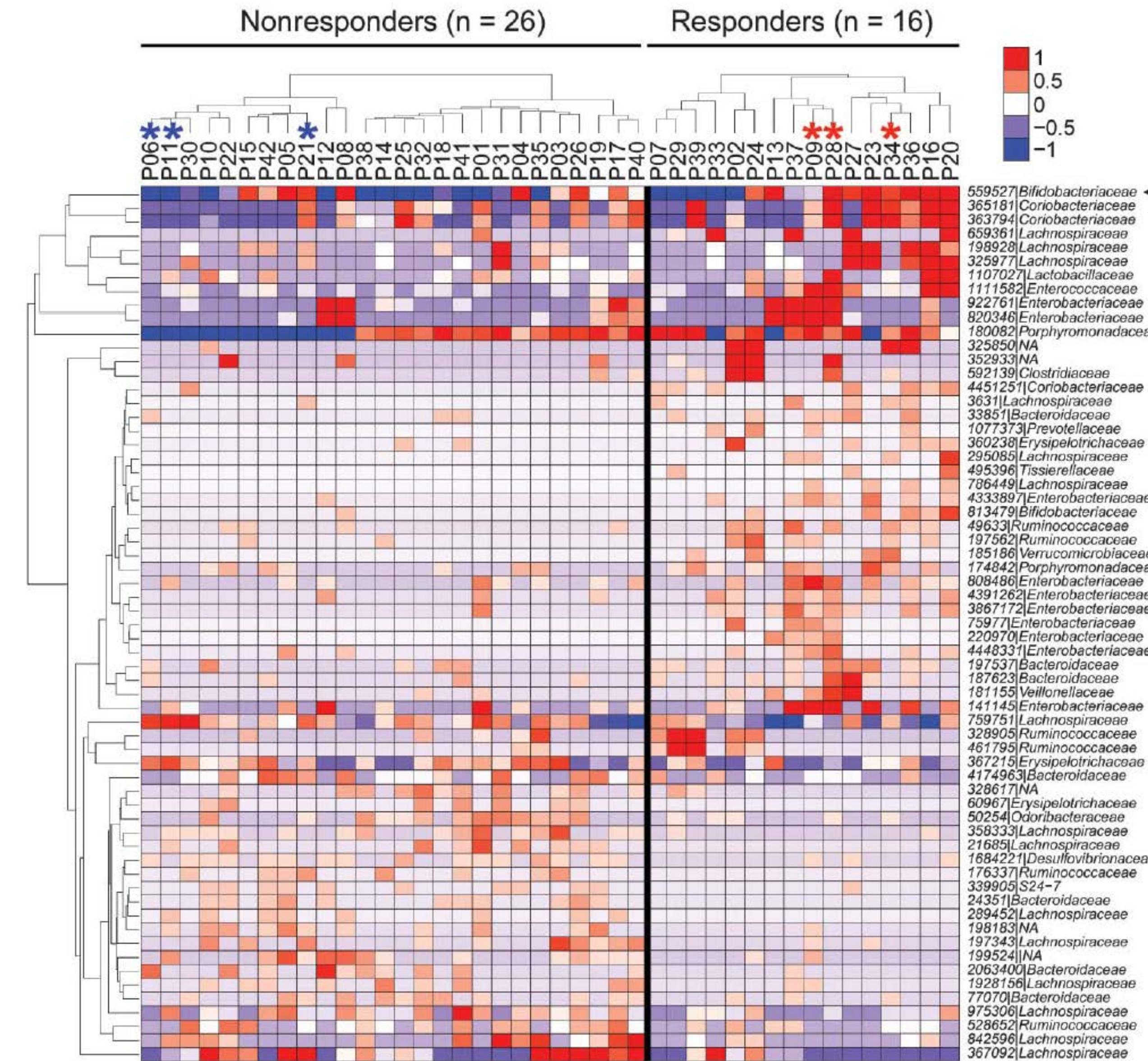
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Bifidobacteria are associated with treatment response in metastatic melanoma patients



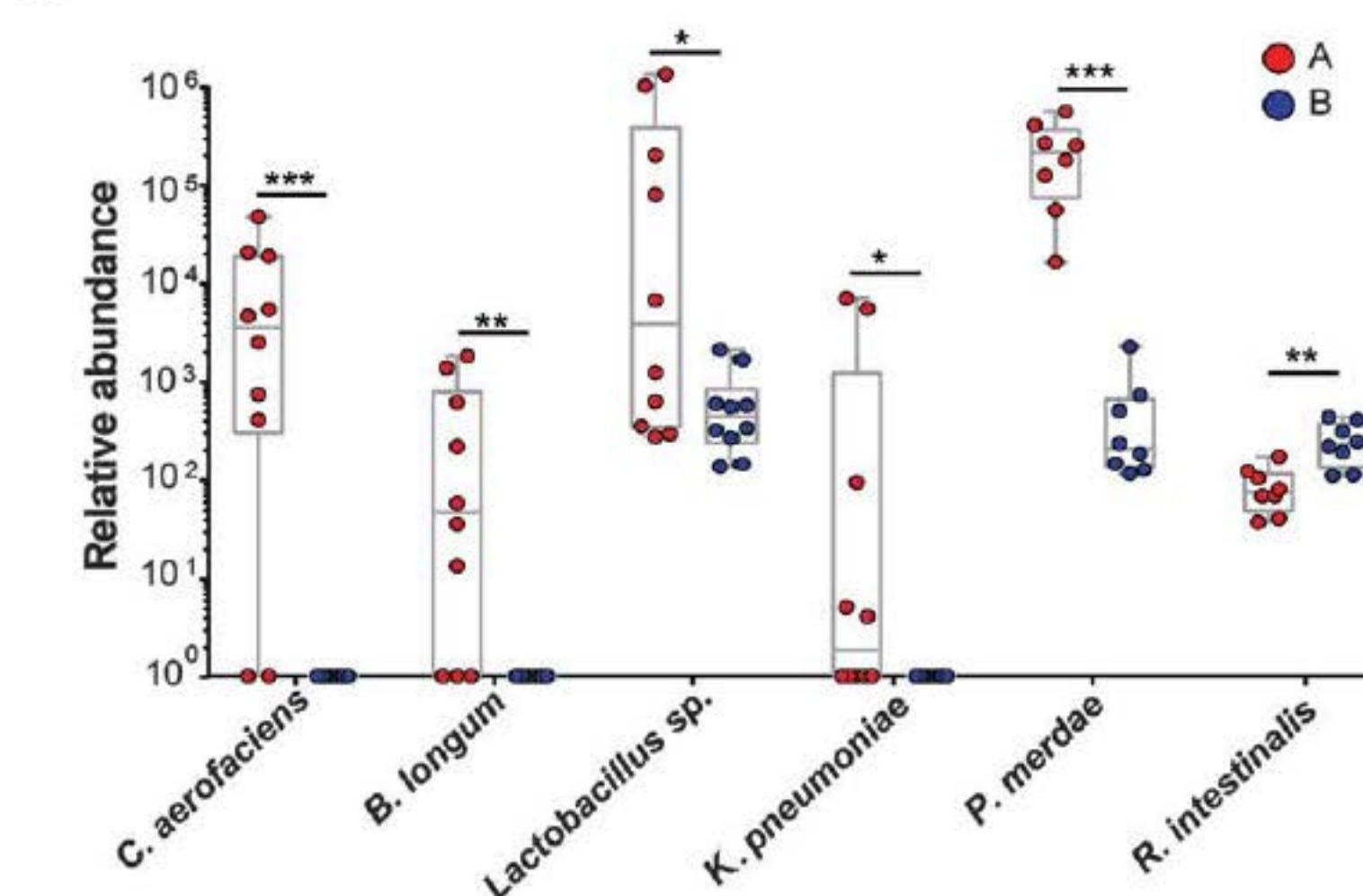
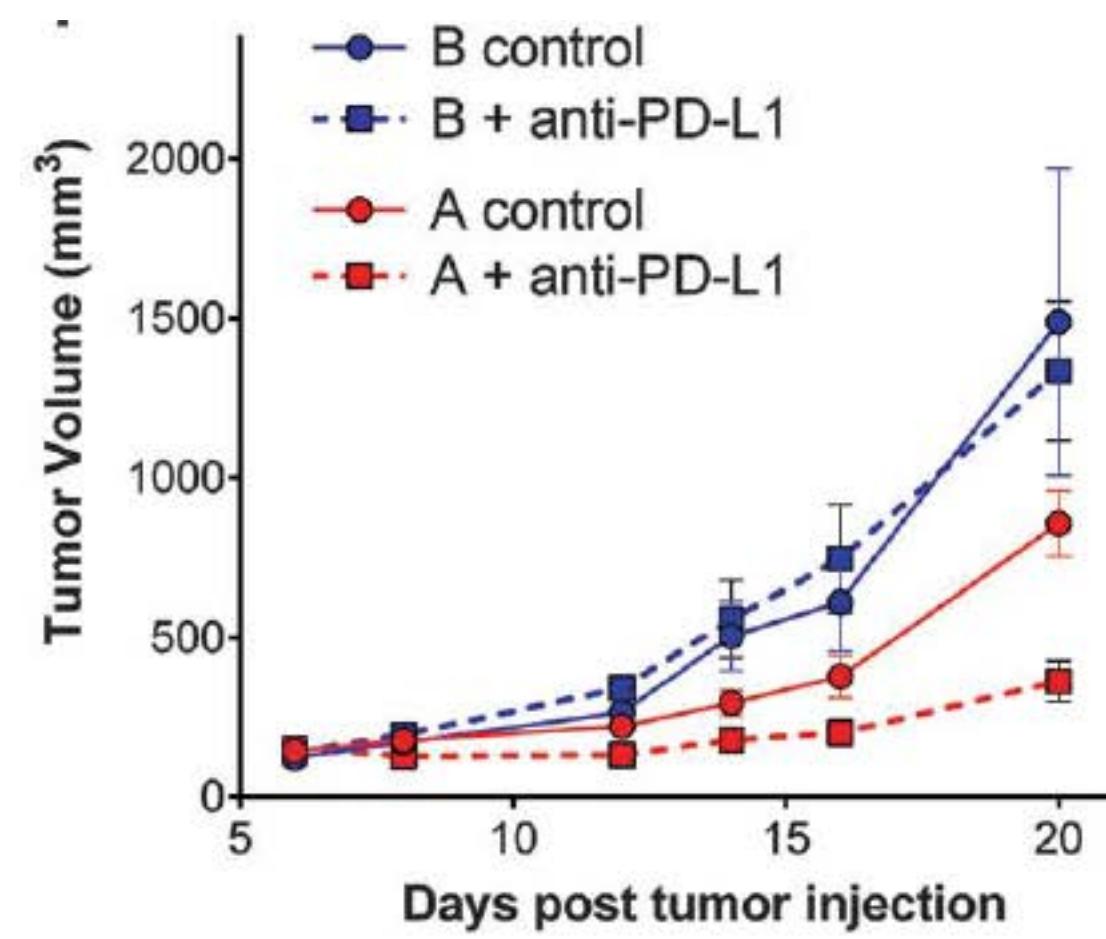
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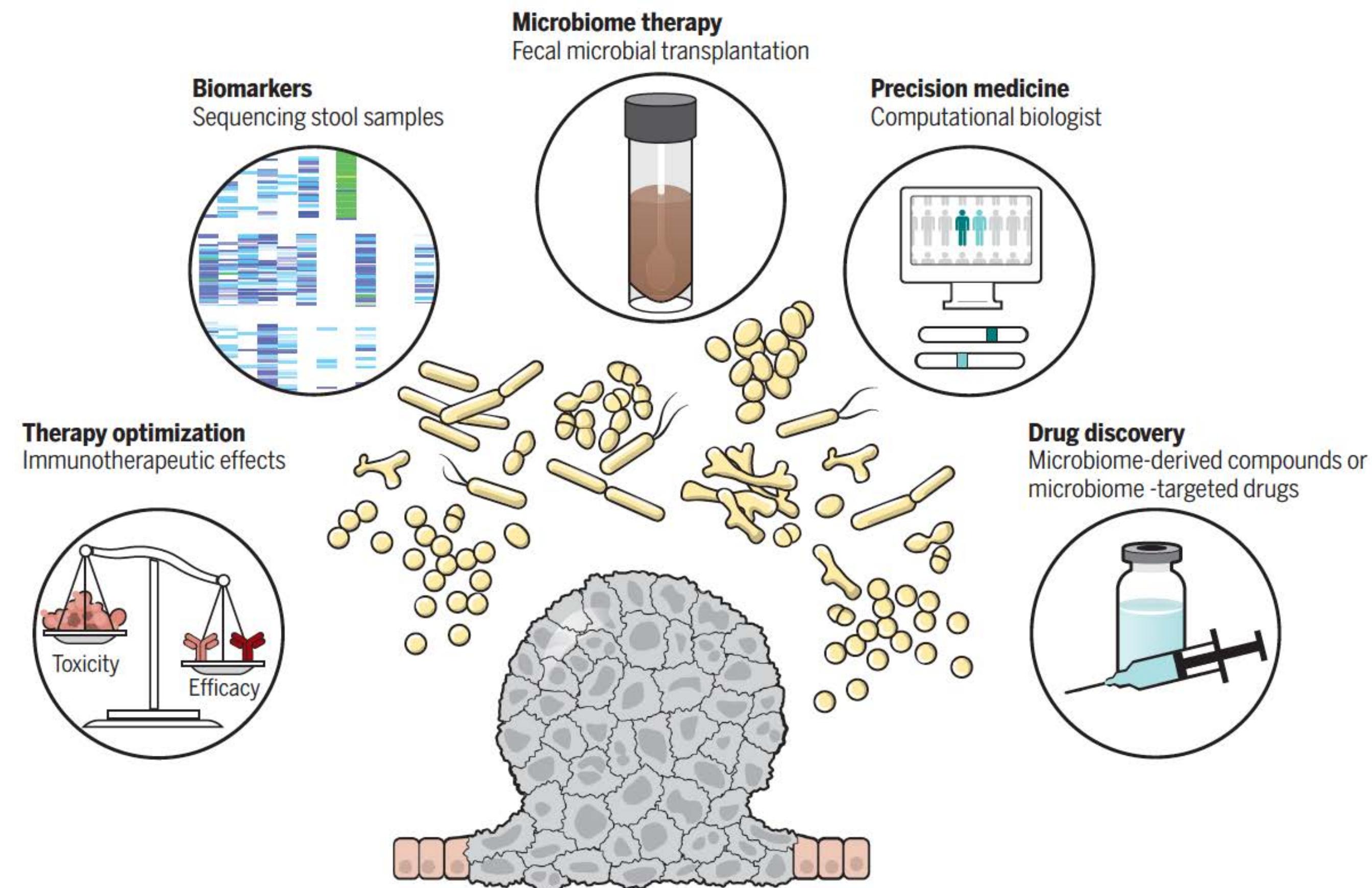
← Our favorite
bacteria!

Bifidobacteria are associated with treatment response in metastatic melanoma patients

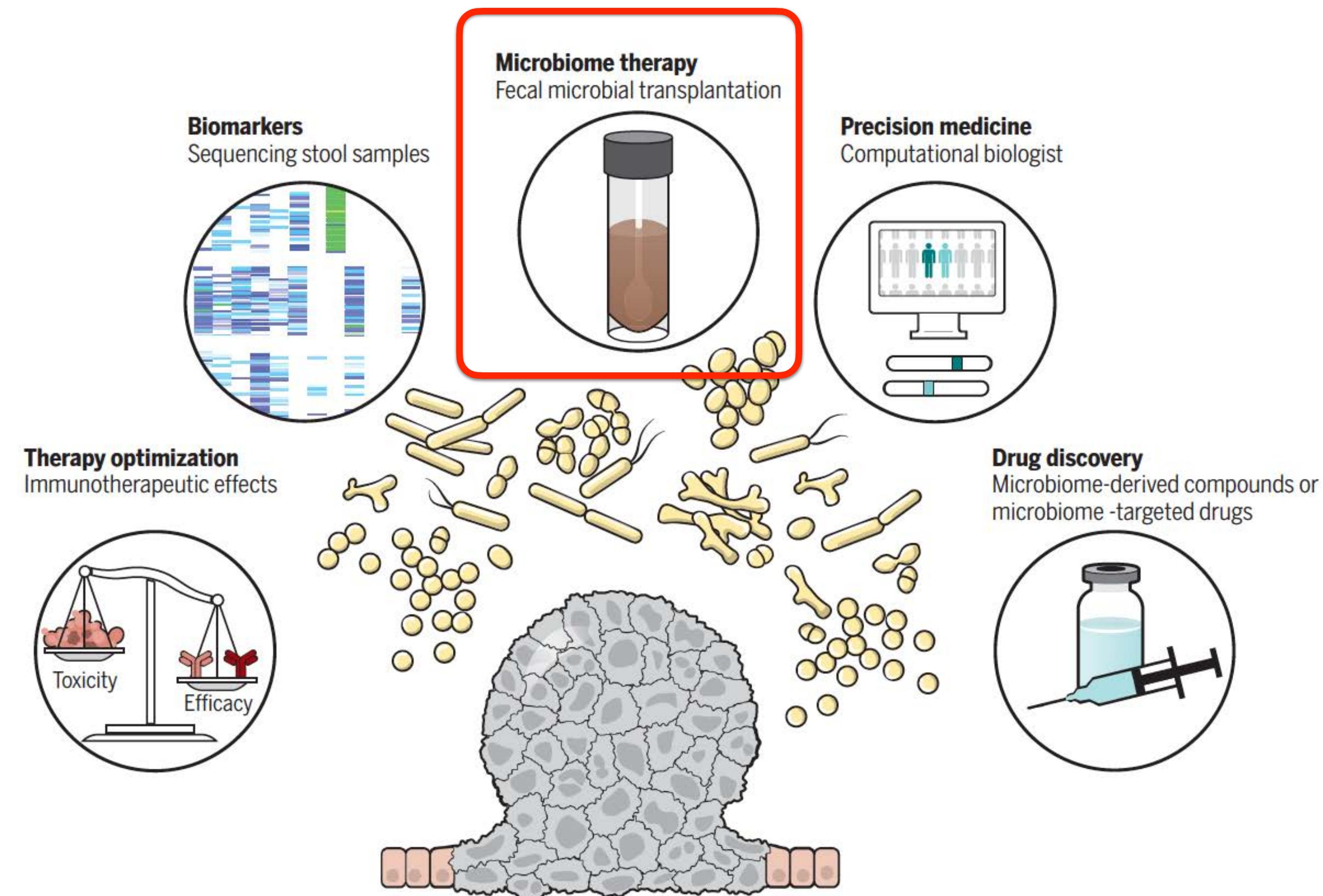
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Towards microbiome-based adjuvant medicines



Towards microbiome-based adjuvant medicines





MIRACLE POOP

How old is fecal microbiota transplantation?

Zhang *et al.*, **Gastroenterology** 2012

How old is fecal microbiota transplantation?



葛洪

“During the Dong-jin dynasty in the **4th century** in China, Ge Hong, a well-known traditional Chinese medicine doctor, described the **use of human fecal suspension by mouth for patients who had food poisoning or severe diarrhea**. This yielded positive results and was considered a medical miracle that brought patients back from brink of death.”

How old is fecal microbiota transplantation?



葛洪

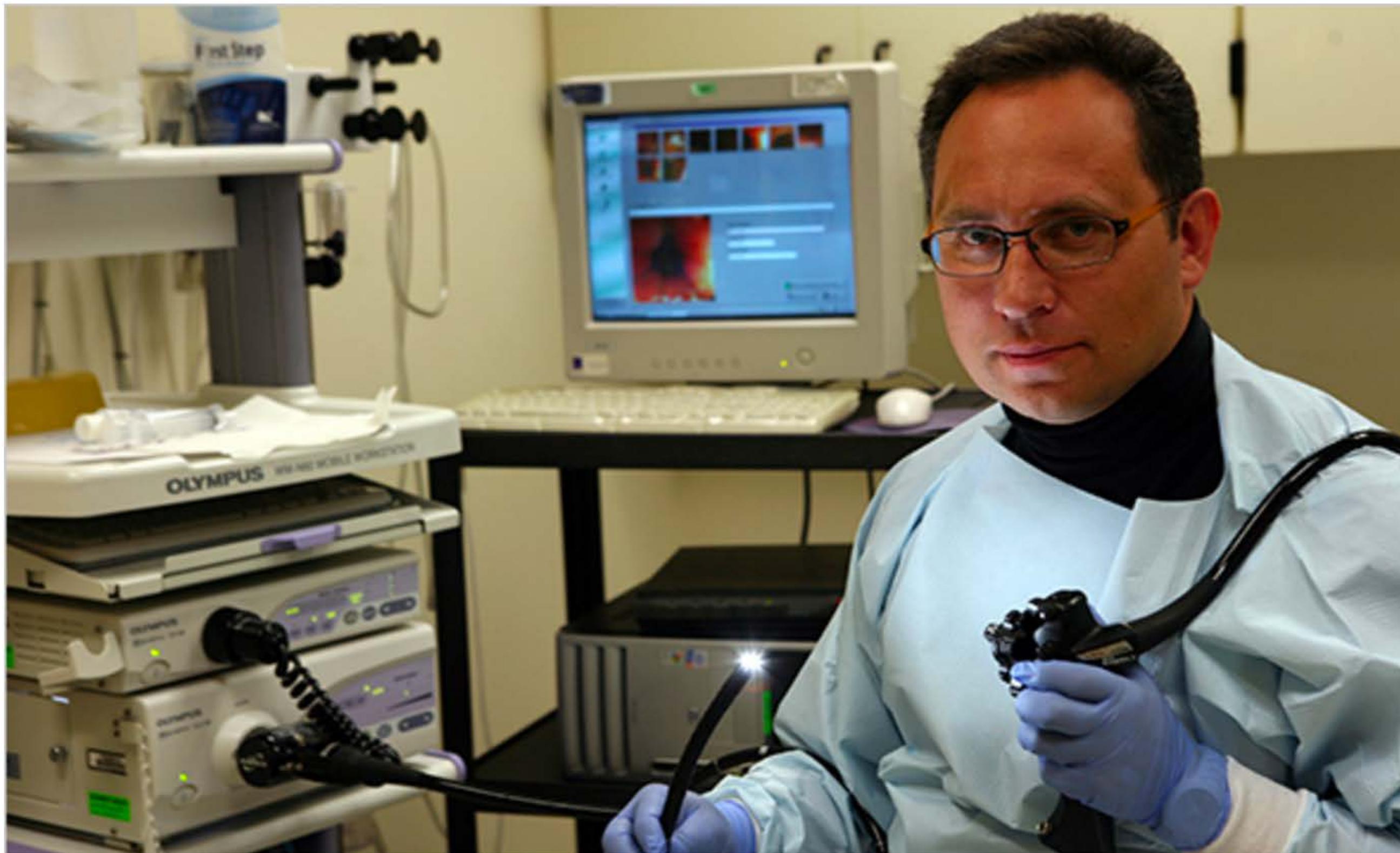
“During the Dong-jin dynasty in the **4th century** in China, Ge Hong, a well-known traditional Chinese medicine doctor, described the **use of human fecal suspension by mouth for patients who had food poisoning or severe diarrhea**. This yielded positive results and was considered a medical miracle that brought patients back from brink of death.”



“Later, in the Ming dynasty of the **16th century**, Li Shizhen described a series of prescriptions using fermented fecal solution, fresh fecal suspension, dry feces, or infant feces for effective treatment of abdominal diseases with severe diarrhea, fever, pain, vomiting, and constipation...the herb doctors...called it **yellow soup**”

How Microbes Defend and Define Us

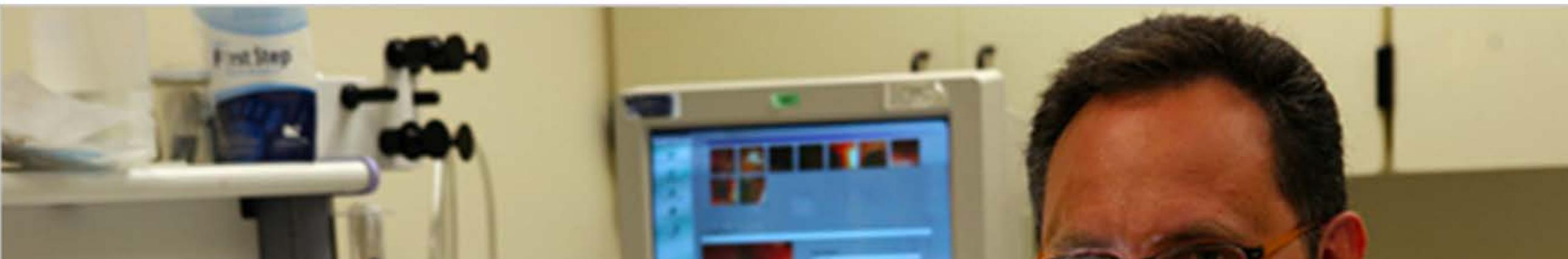
By CARL ZIMMER JULY 12, 2010



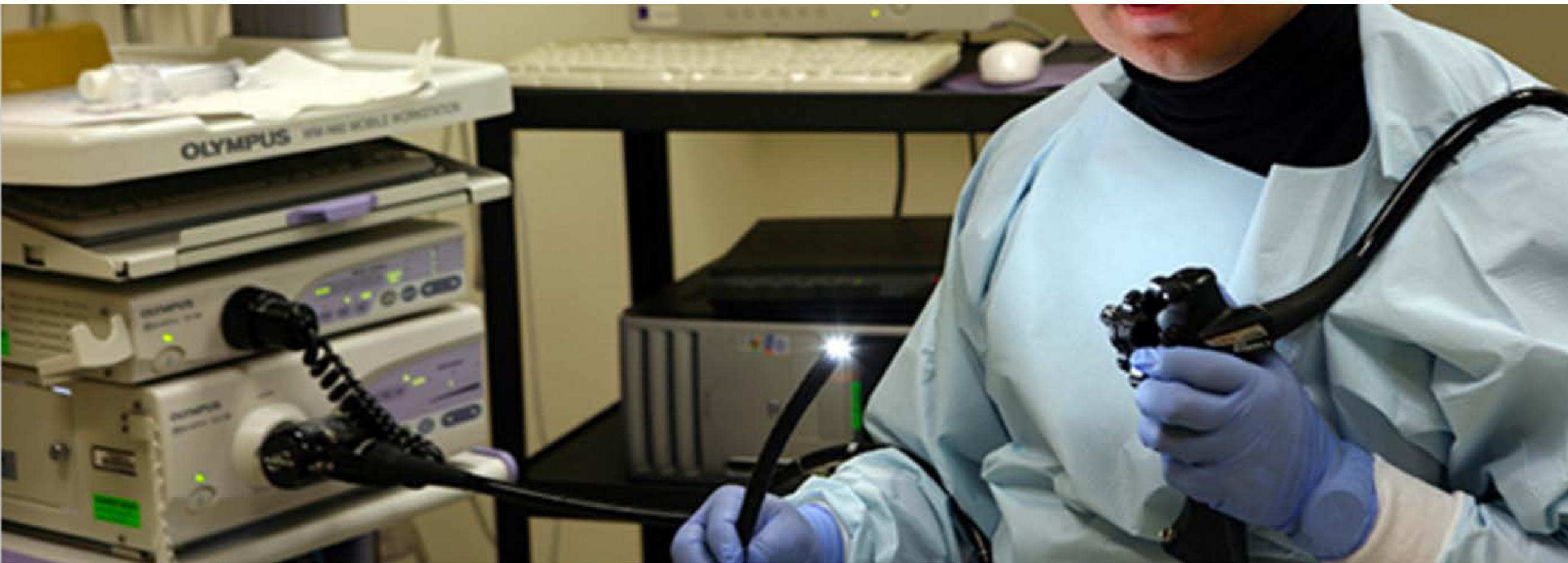
Dr. Alexander Khoruts, a gastroenterologist at the University Minnesota, used bacteriotherapy to help cure a patient suffering from a gut infection. Allen Brisson-Smith for The New York Times

How Microbes Defend and Define Us

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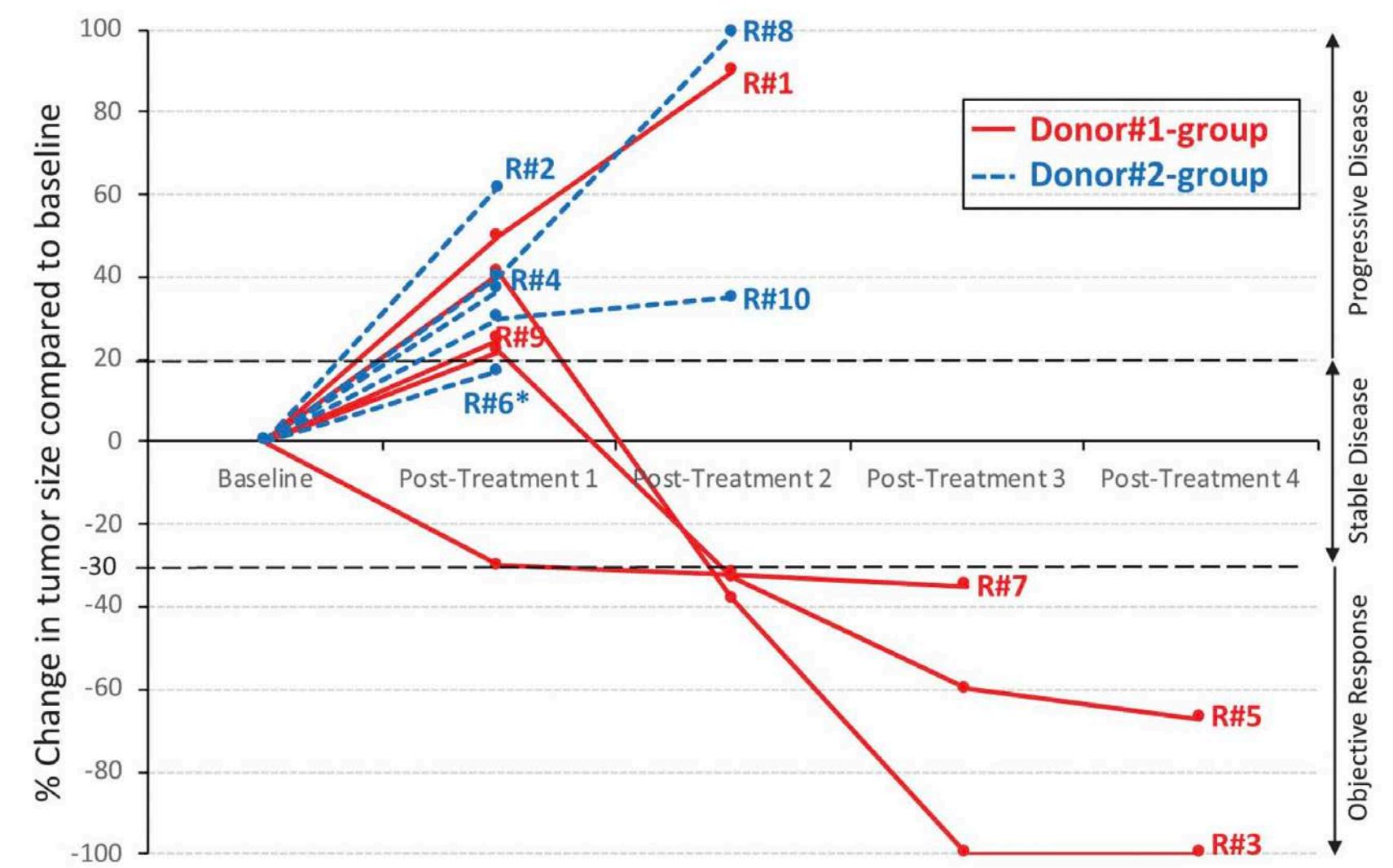
Not so different from ancient China!



Dr. Alexander Khoruts, a gastroenterologist at the University Minnesota, used bacteriotherapy to help cure a patient suffering from a gut infection. Allen Brisson-Smith for The New York Times

FMT might improve immunotherapy responsiveness in melanoma patients

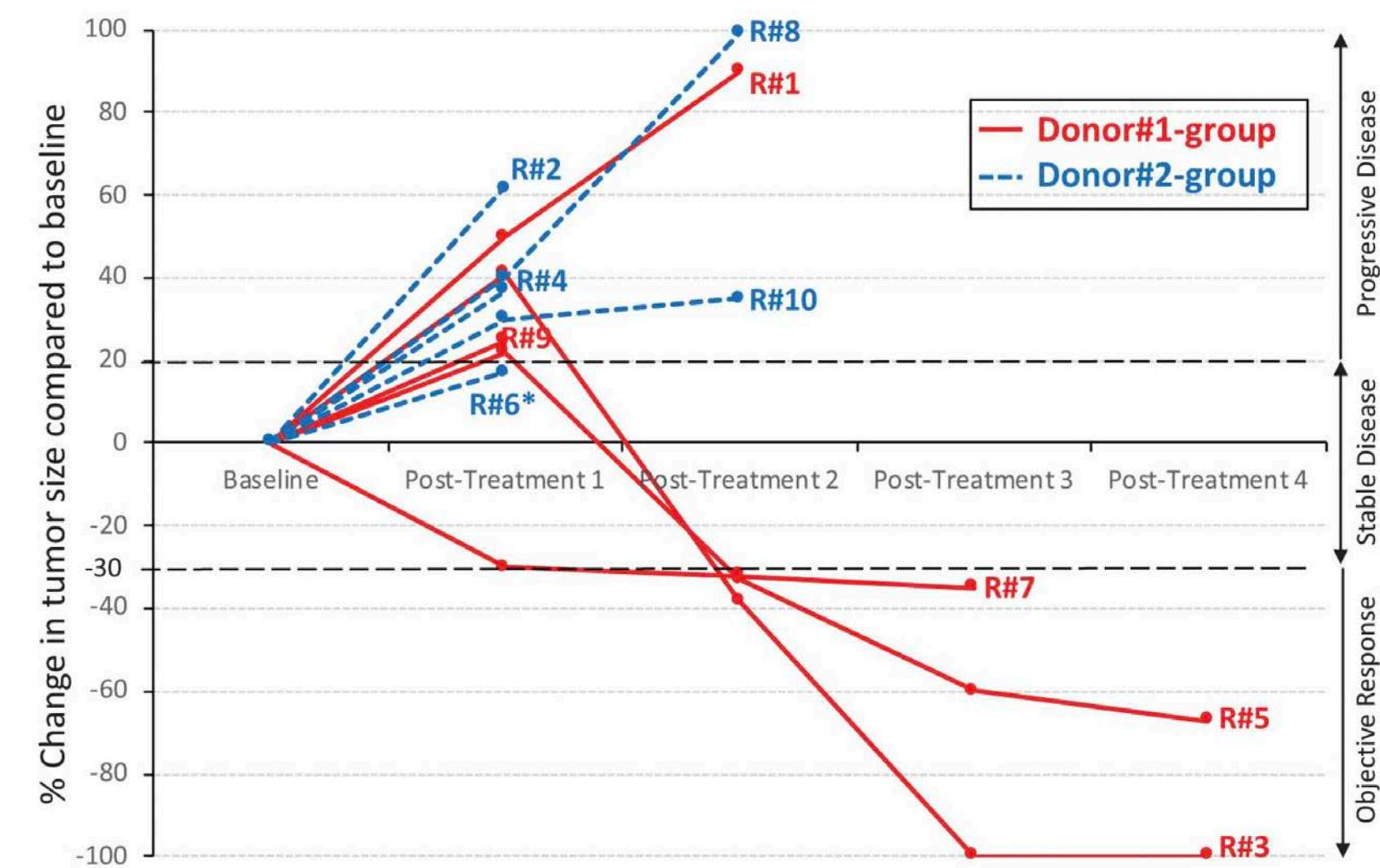
Tel Aviv (3/10)



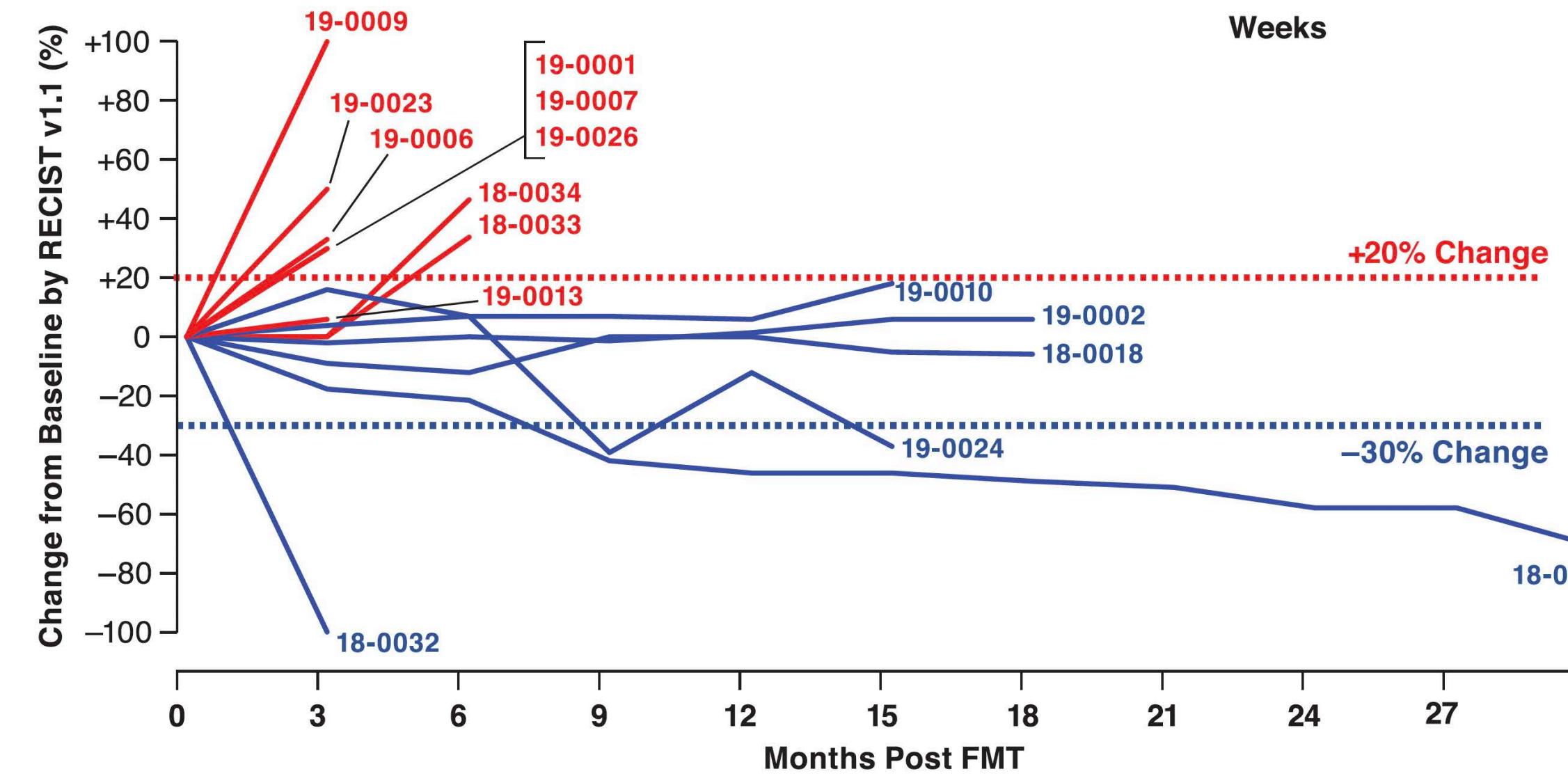
Baruch *et al.*, and Davar *et al.*, Science 2021
(PMIDs:33542131/33303685)

FMT might improve immunotherapy responsiveness in melanoma patients

Tel Aviv (3/10)



Pittsburgh (3-6/15)



Baruch *et al.*, and Davar *et al.*, Science 2021
(PMIDs:33542131/33303685)

FMT has potential side effects



BRIEF REPORT

Drug-Resistant *E. coli* Bacteremia Transmitted by Fecal Microbiota Transplant

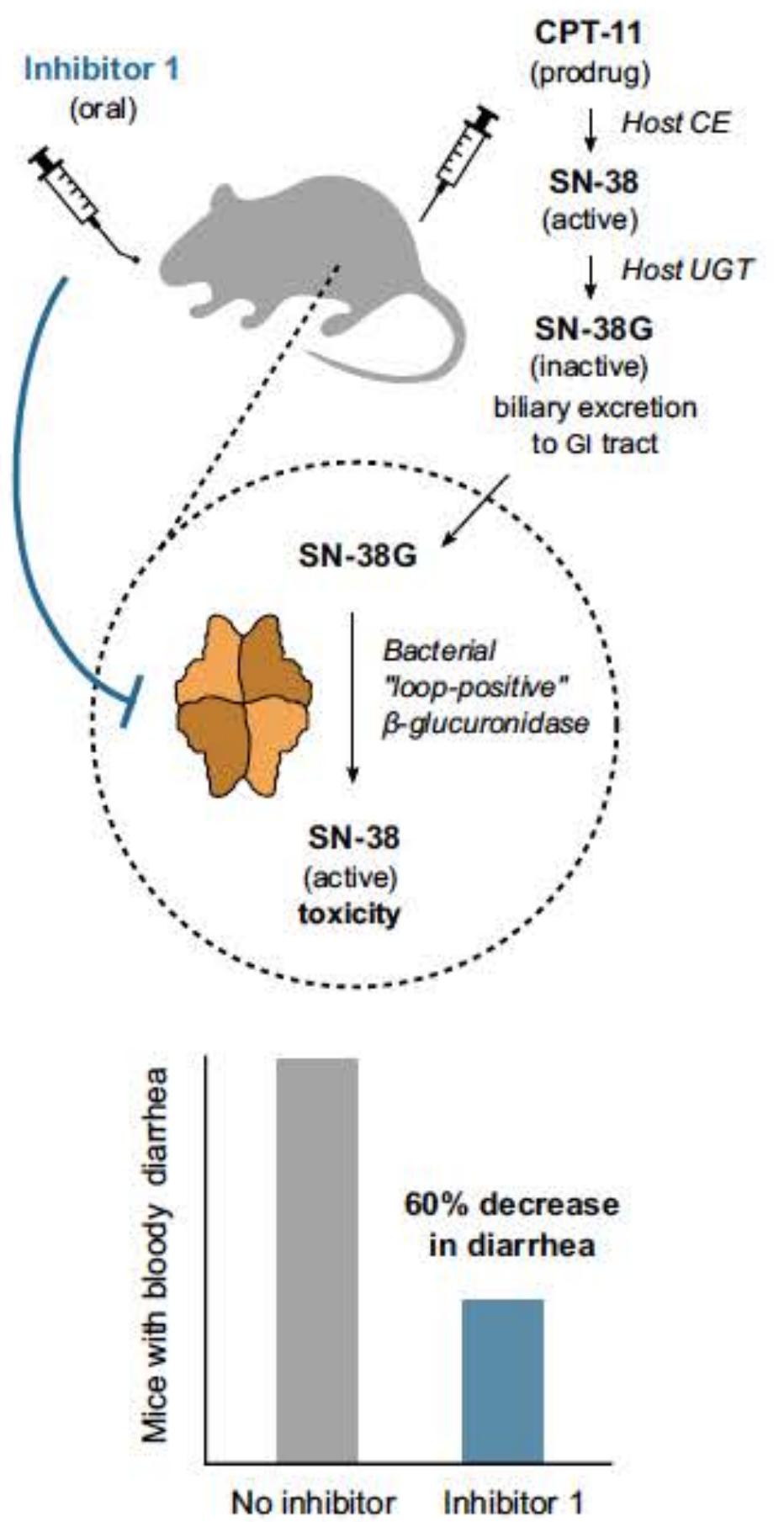
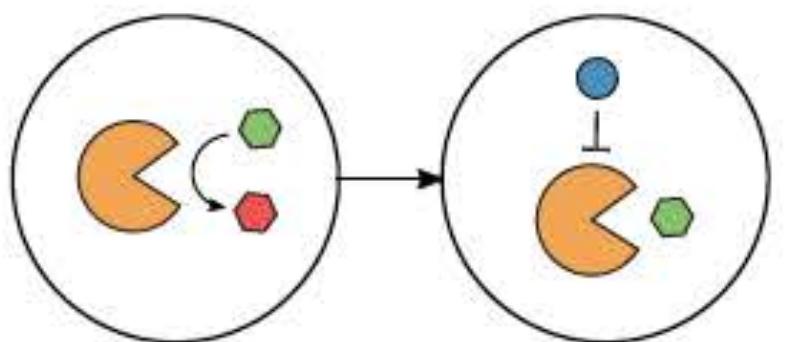
Zachariah DeFilipp, M.D., Patricia P. Bloom, M.D., Mariam Torres Soto, M.A.,
Michael K. Mansour, M.D., Ph.D., Mohamad R.A. Sater, Ph.D.,
Miriam H. Huntley, Ph.D., Sarah Turbett, M.D., Raymond T. Chung, M.D.,
Yi-Bin Chen, M.D., and Elizabeth L. Hohmann, M.D.

SUMMARY

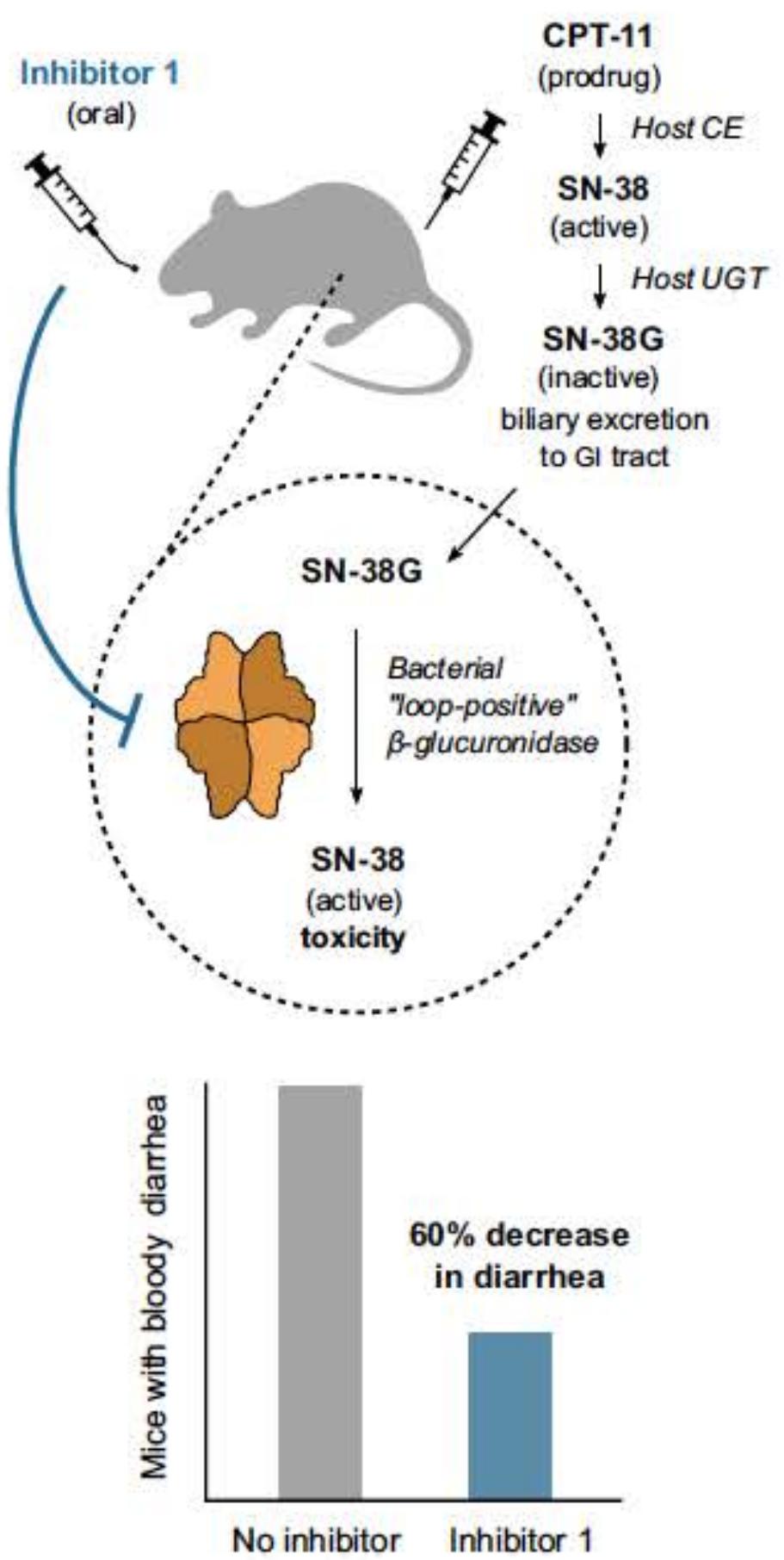
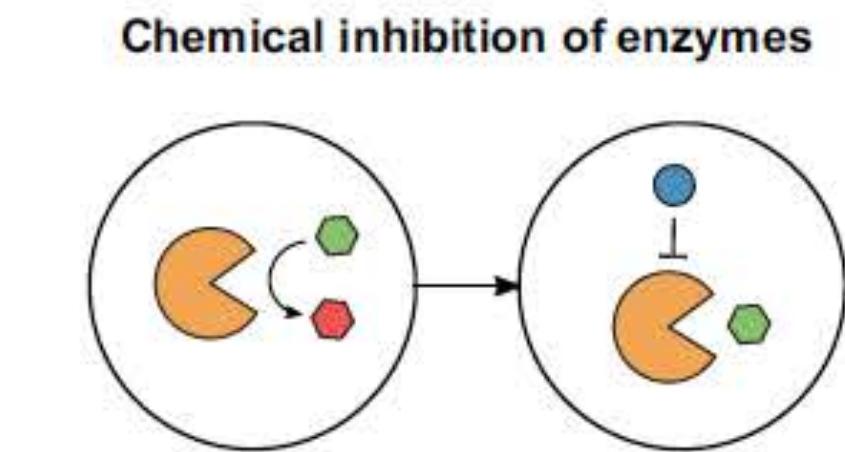
Fecal microbiota transplantation (FMT) is an emerging therapy for recurrent or refractory *Clostridioides difficile* infection and is being actively investigated for other conditions. We describe two patients in whom extended-spectrum beta-lactamase (ESBL)-producing *Escherichia coli* bacteremia occurred after they had undergone FMT in two independent clinical trials; both cases were linked to the same stool donor by means of genomic sequencing. One of the patients died. Enhanced donor screening to limit the transmission of microorganisms that could lead to adverse infectious events and continued vigilance to define the benefits and risks of FMT across different patient populations are warranted.

Alternatives to FMT

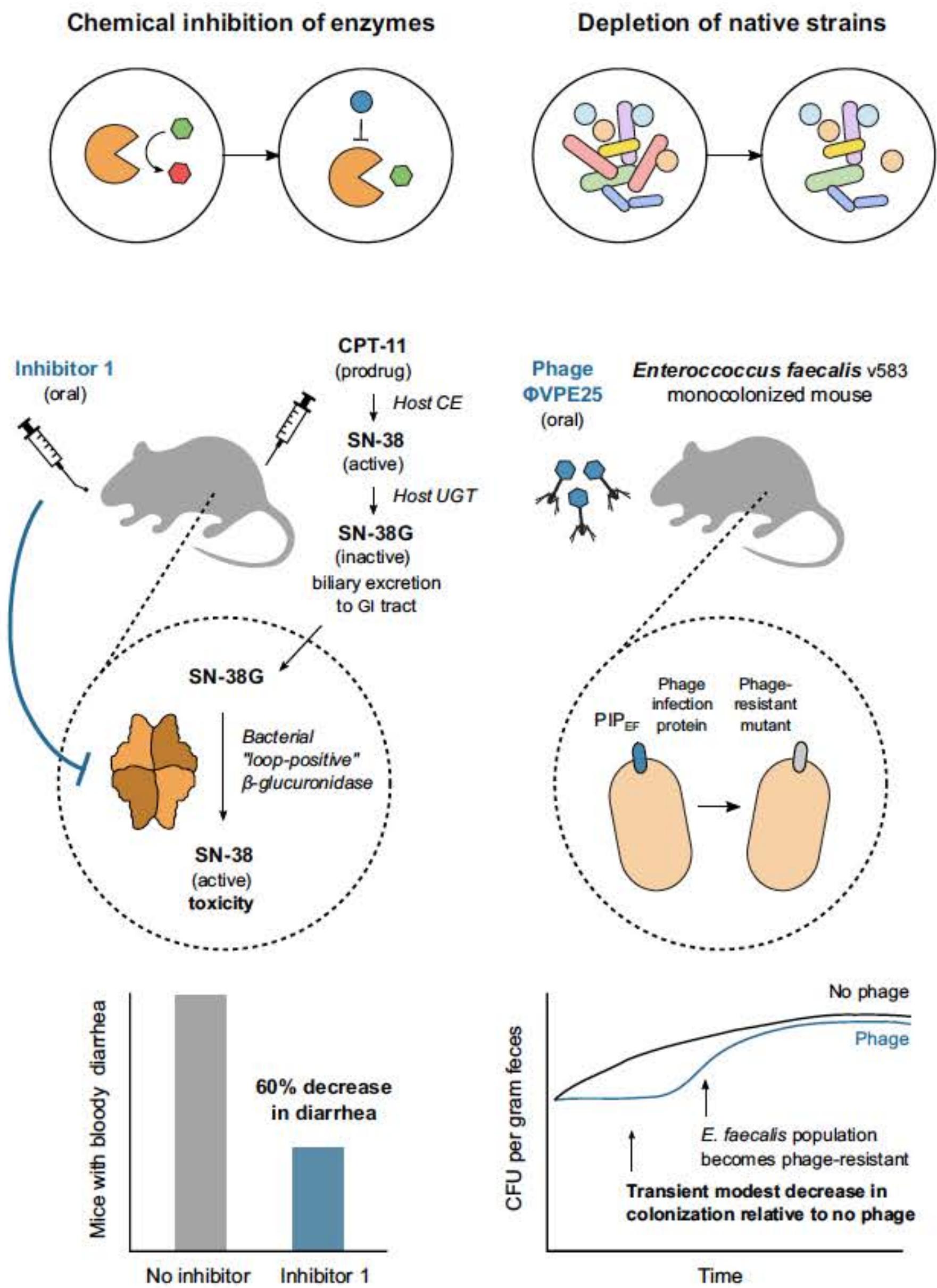
Chemical inhibition of enzymes



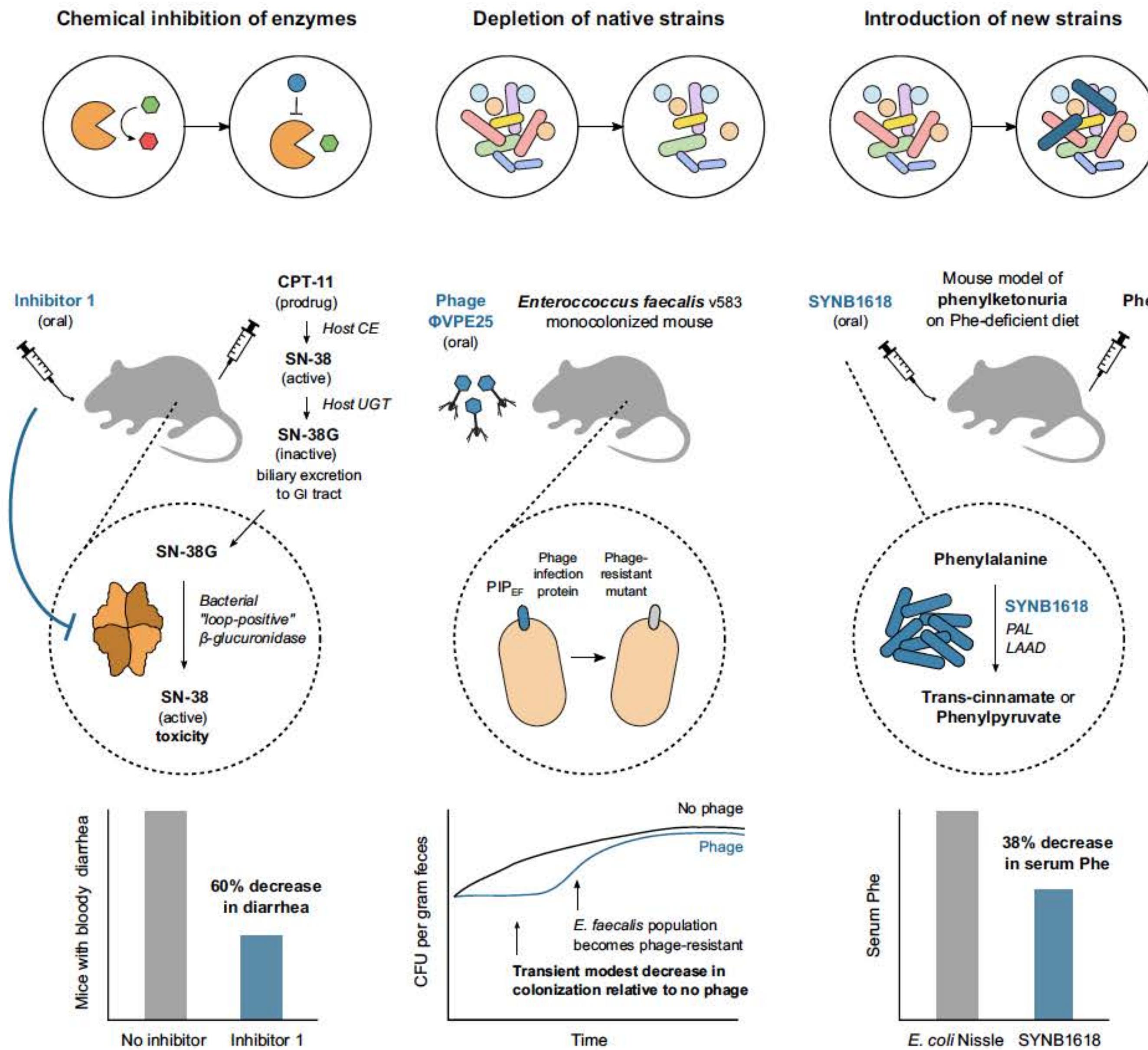
Alternatives to FMT



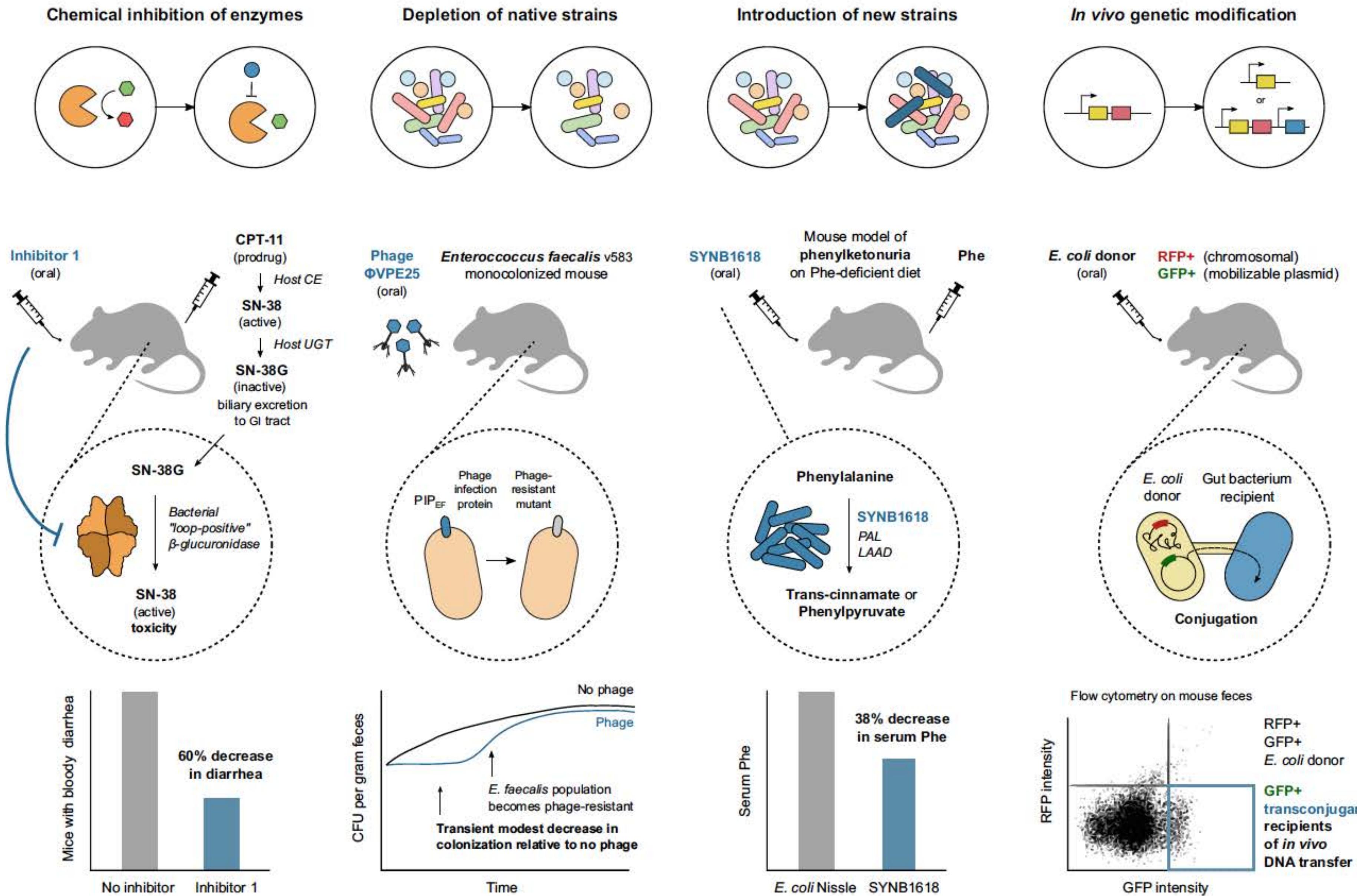
Alternatives to FMT



Alternatives to FMT



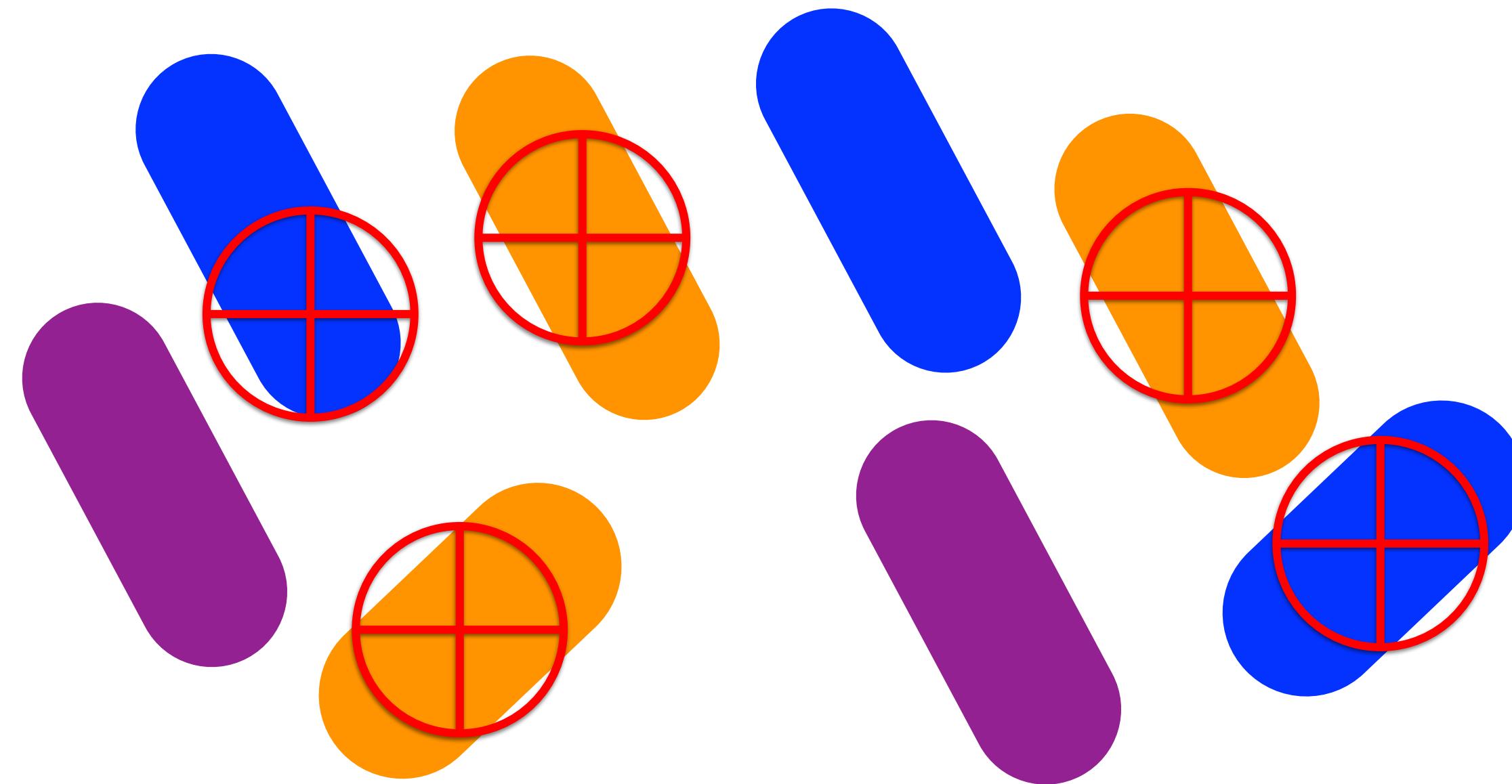
Alternatives to FMT



Precise removal of bacteria using CRISPR and phage

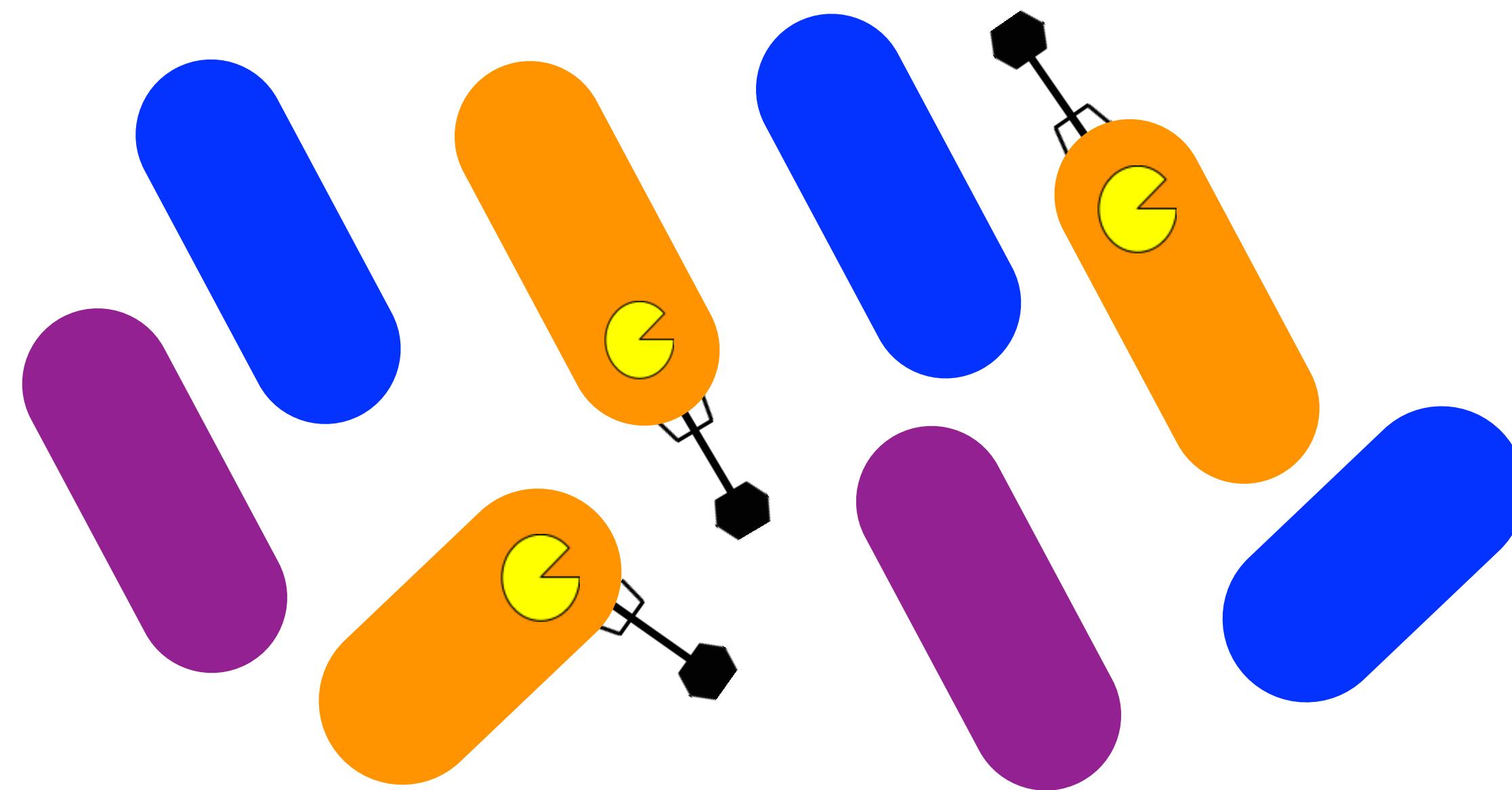


Precise removal of bacteria using CRISPR and phage



Problem: current approaches to target bacteria lack precision

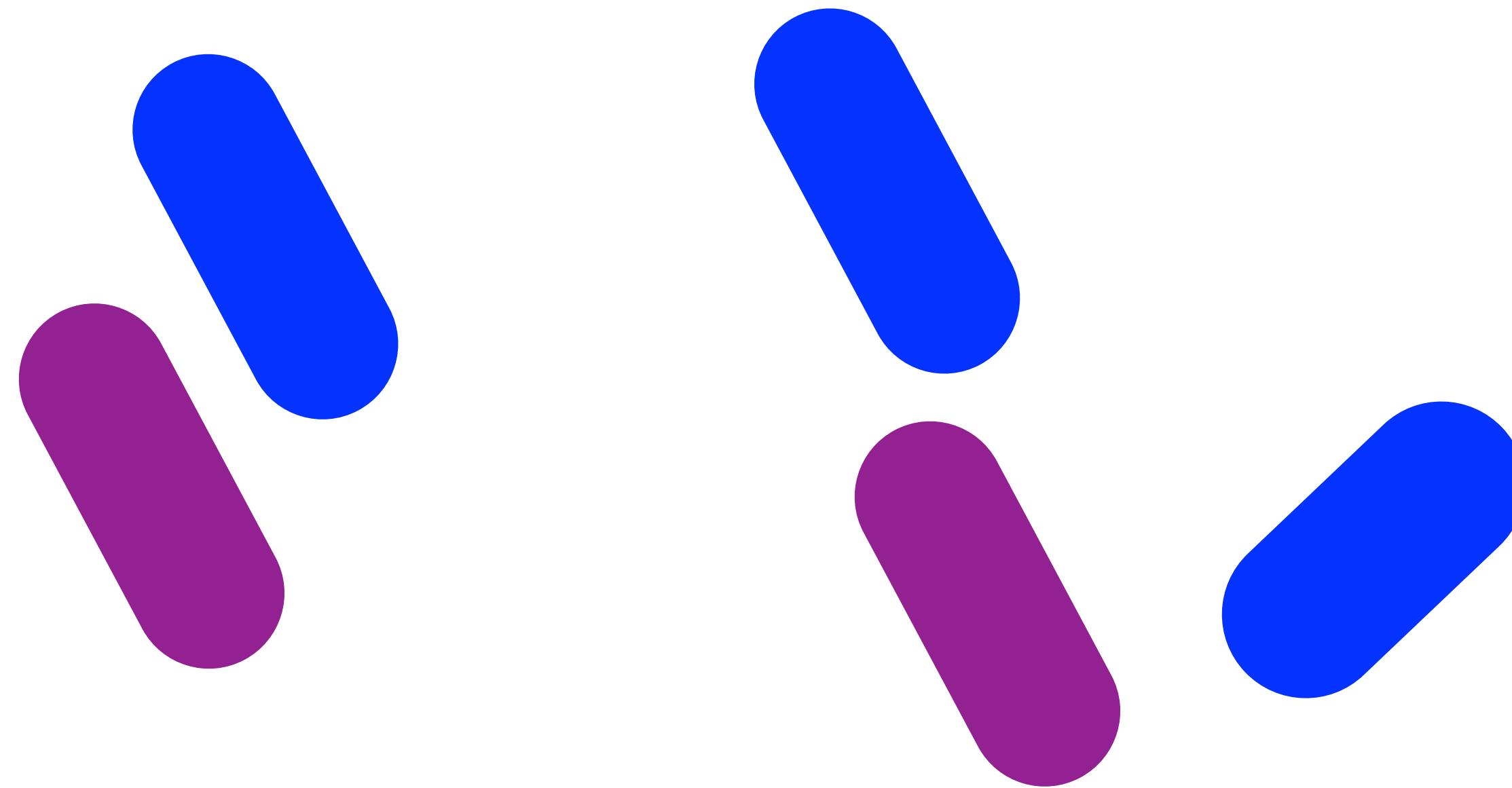
Precise removal of bacteria using CRISPR and phage



Problem: current approaches to target bacteria lack precision

Solution: use bacterial viruses to deliver a programmed CRISPR-Cas system

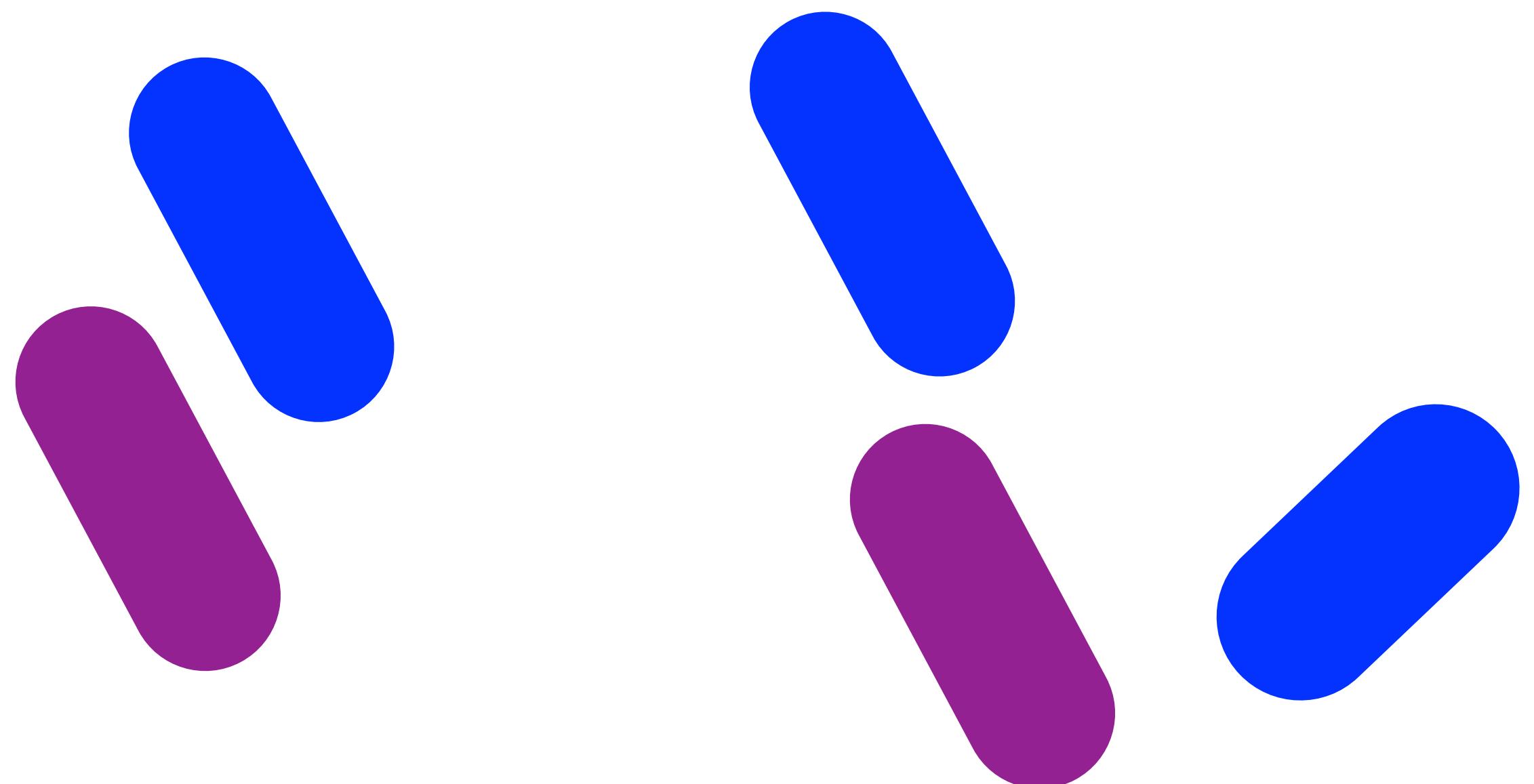
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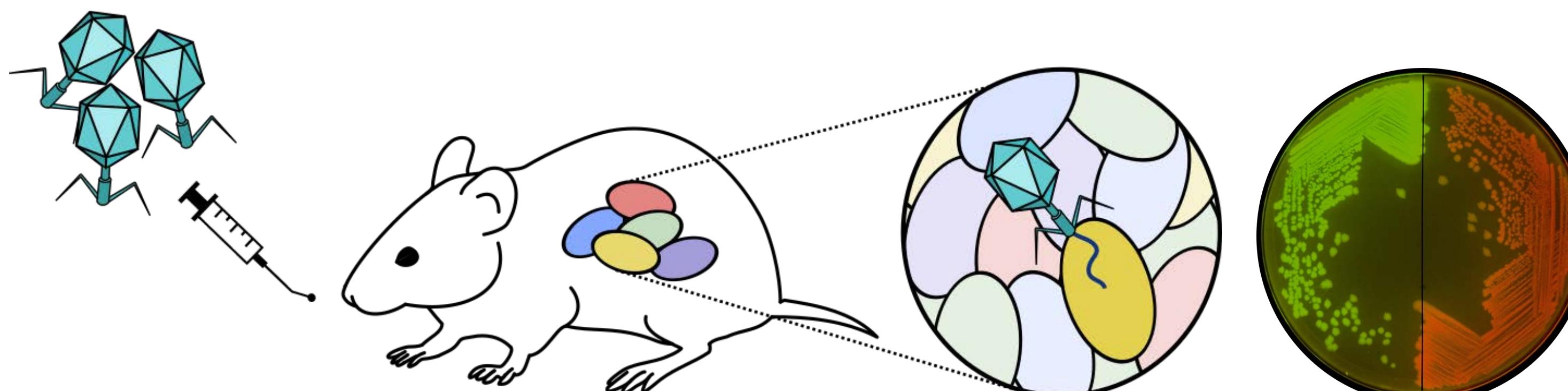
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Precise removal of bacteria using CRISPR and phage



Problem: current approaches to target bacteria lack precision

Solution: use bacterial viruses to deliver a programmed CRISPR-Cas system



Lam et al., Cell Reports 2021

Research • November 22, 2021

Infecting Gut Microbes with CRISPR-loaded Virus Demonstrates Potential for Microbiome Gene Editing

By Lindzi Wessel

Thank you!

Lab admin:

Daryll Gempis (lab manager)
Arabella Tang (pre-award)
Bridget Fleming (post-award)
Ernesto Valencia (admin assistant)

UCSF Gnotobiotics Core:

Jessie Turnbaugh (director)
Kimberly Ly
Marina Ferrer Clotas

UCSF Quantitative Metabolite Analysis Center:

Moriah Sandy (director)
Kyle Spitler

Turnbaugh lab members:

Margaret Alexander (NRSA fellow)
Veronica Escalante (NSF fellow, Tetrad)
Ben Guthrie (DR fellow)
Luis Hernandez (postbac)
Than Kyaw (BMS MSTP)
Cecilia Noecker (postdoc)
Christine Olson (postdoc)
Lindsey Pieper (NSF Fellow, BMS)
Lorenzo Ramirez (undergrad intern)
Rachel Rock (BMS)
Vaibhav Upadhyay (Clinical fellow)



Lab: turnbaughlab.ucsf.edu

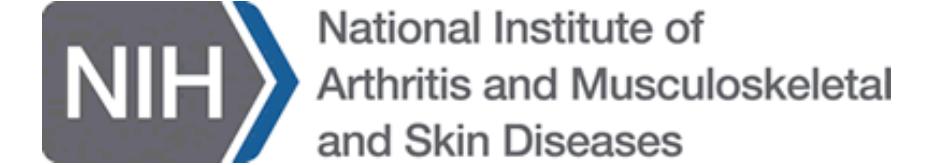
Gnotobiotics: gnotobiotics.ucsf.edu

Microbiome Center: microbiome.ucsf.edu

Podcast: www.scienceisfuncast.com



The Benioff Center for Microbiome Medicine



Damon Runyon
Cancer Research
Foundation

