

# PROPOSE TRIAL

A **PRO**spective double-blind placebo-controlled multicentre trial of faecal **MI**crobiota tran**S**plantation to improve outcom**E**s in patients with cirrhosis

**Debbie Shawcross**

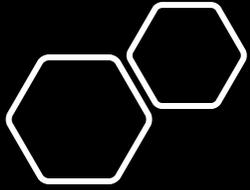
**Professor of Hepatology & Chronic Liver Failure**



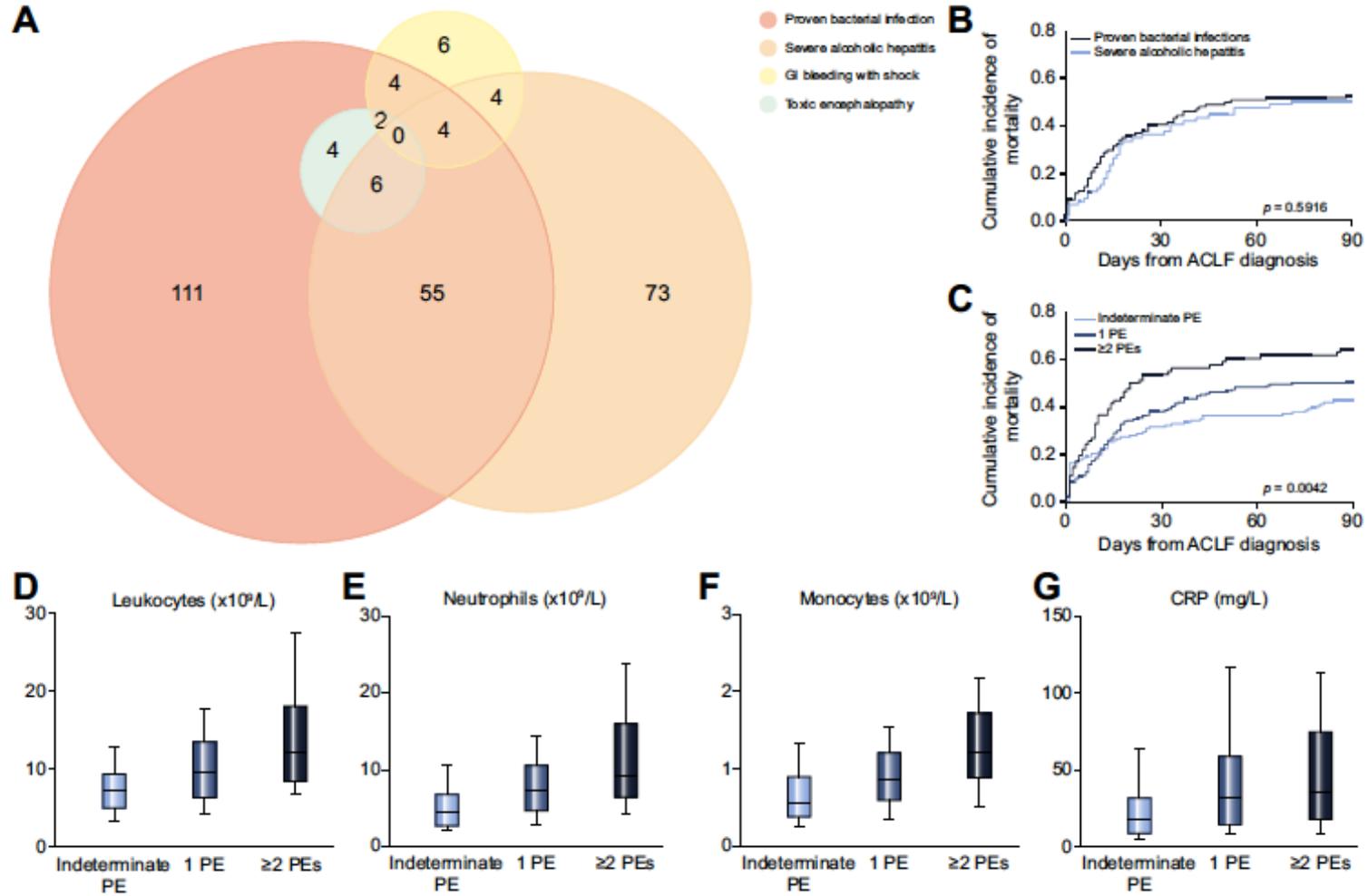
Medical  
Research  
Council

**NIHR** | National Institute  
for Health Research

**KING'S**  
*College*  
**LONDON**

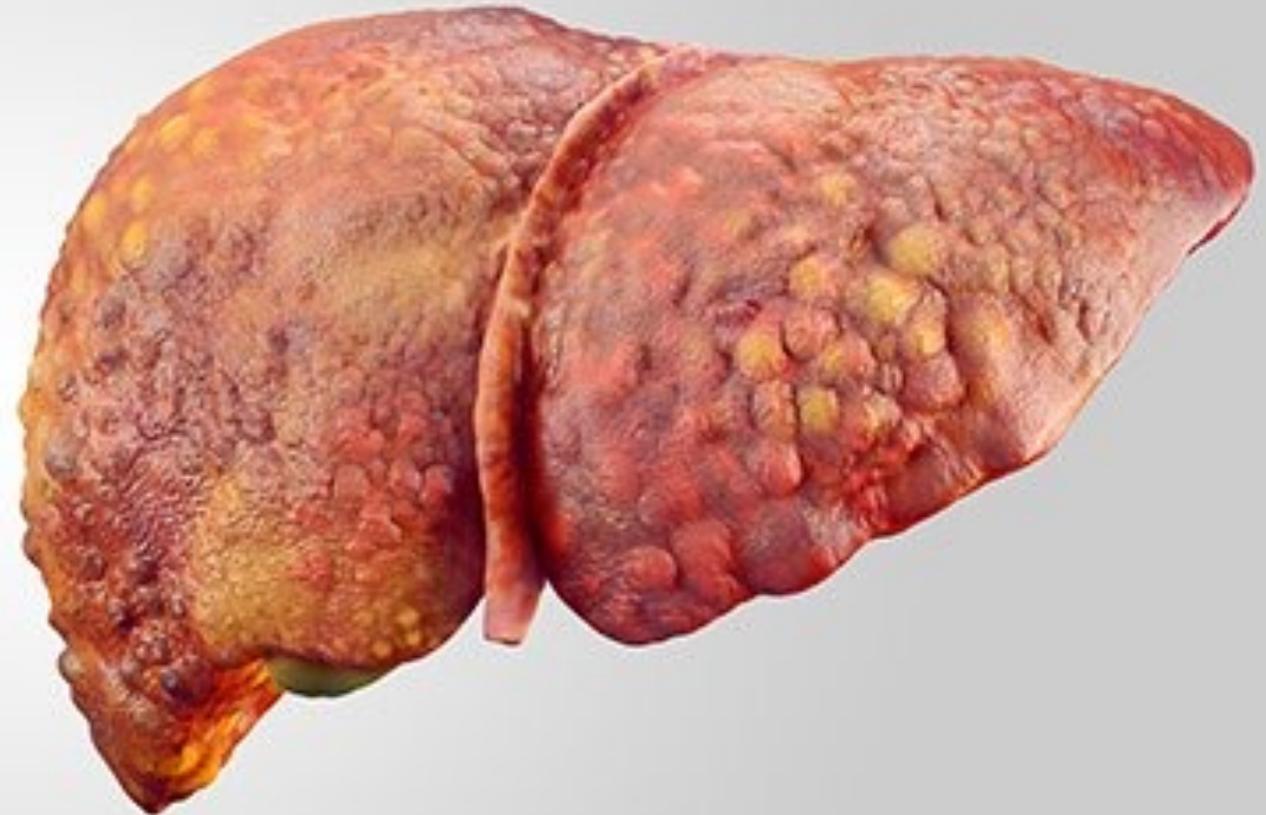


# Infection as a precipitant of acute decompensation /ACLF

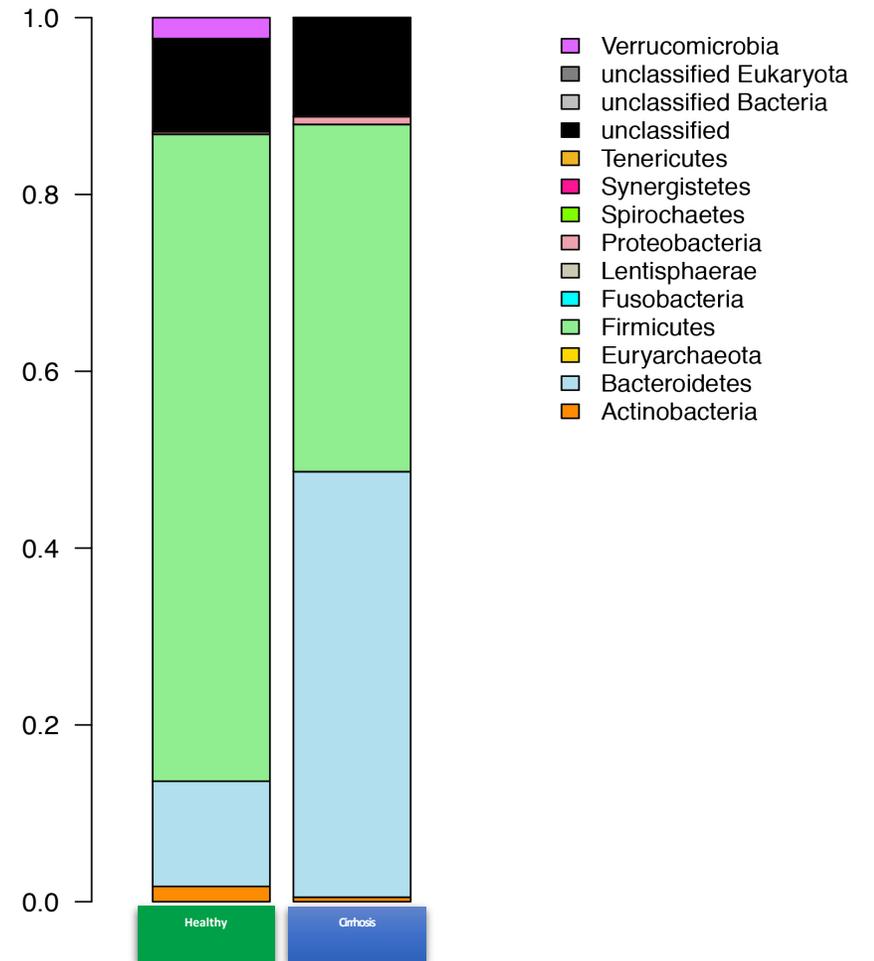
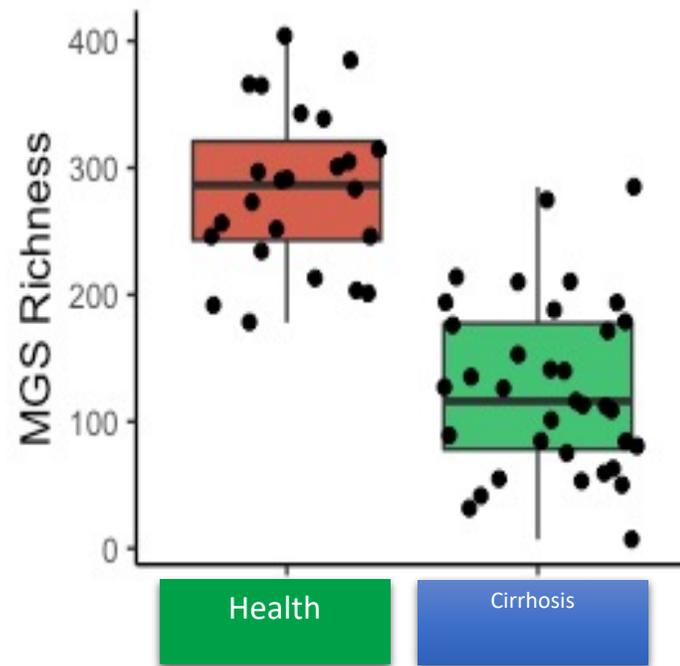


**PREDICT identifies precipitating events associated with the clinical course of acutely decompensated cirrhosis**

# Gut microbiome in cirrhosis

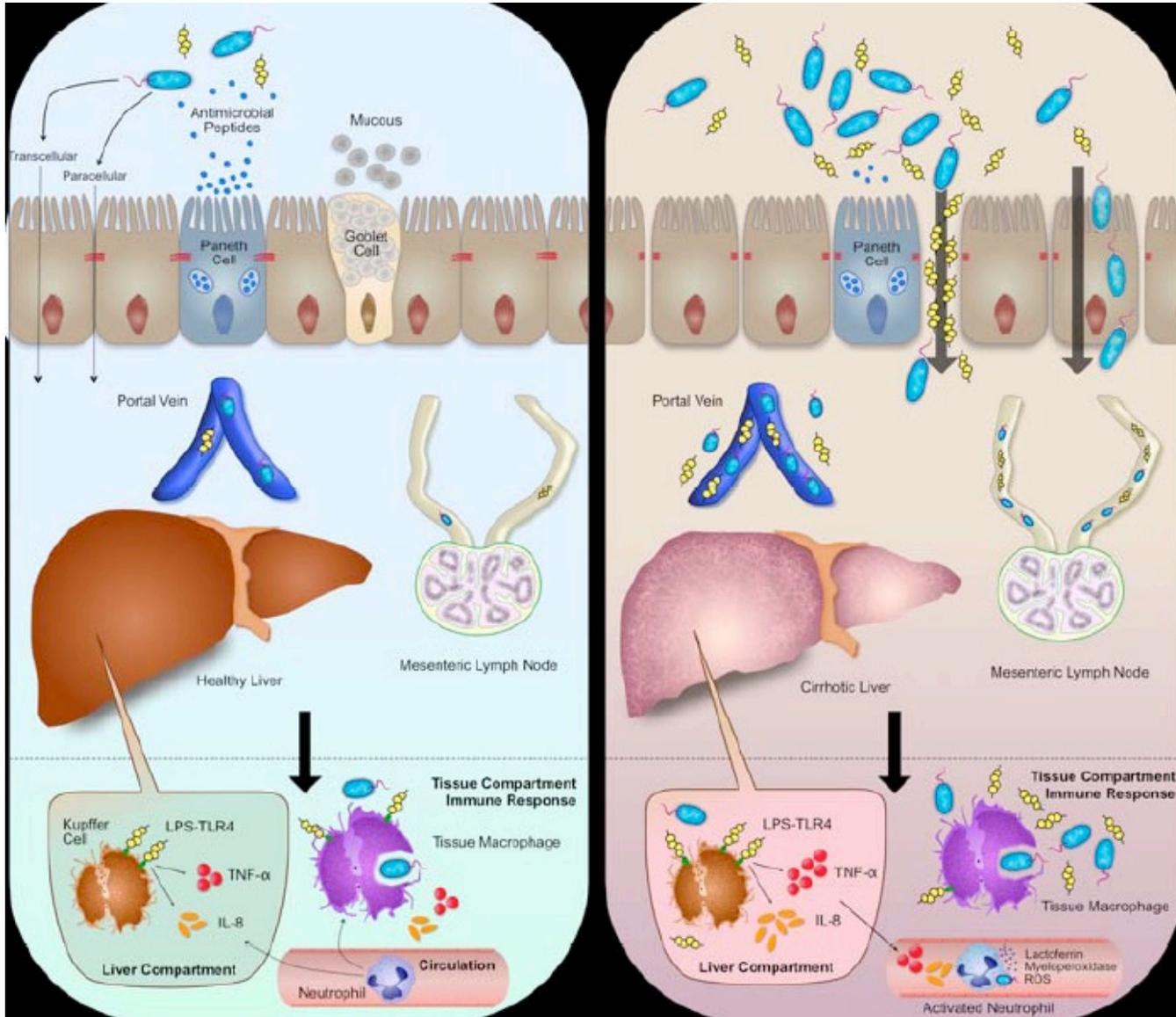


# Stool microbial diversity is reduced in cirrhosis



- Higher abundance of bacteroidetes
- Reduction in actinobacteria and firmicutes in cirrhosis

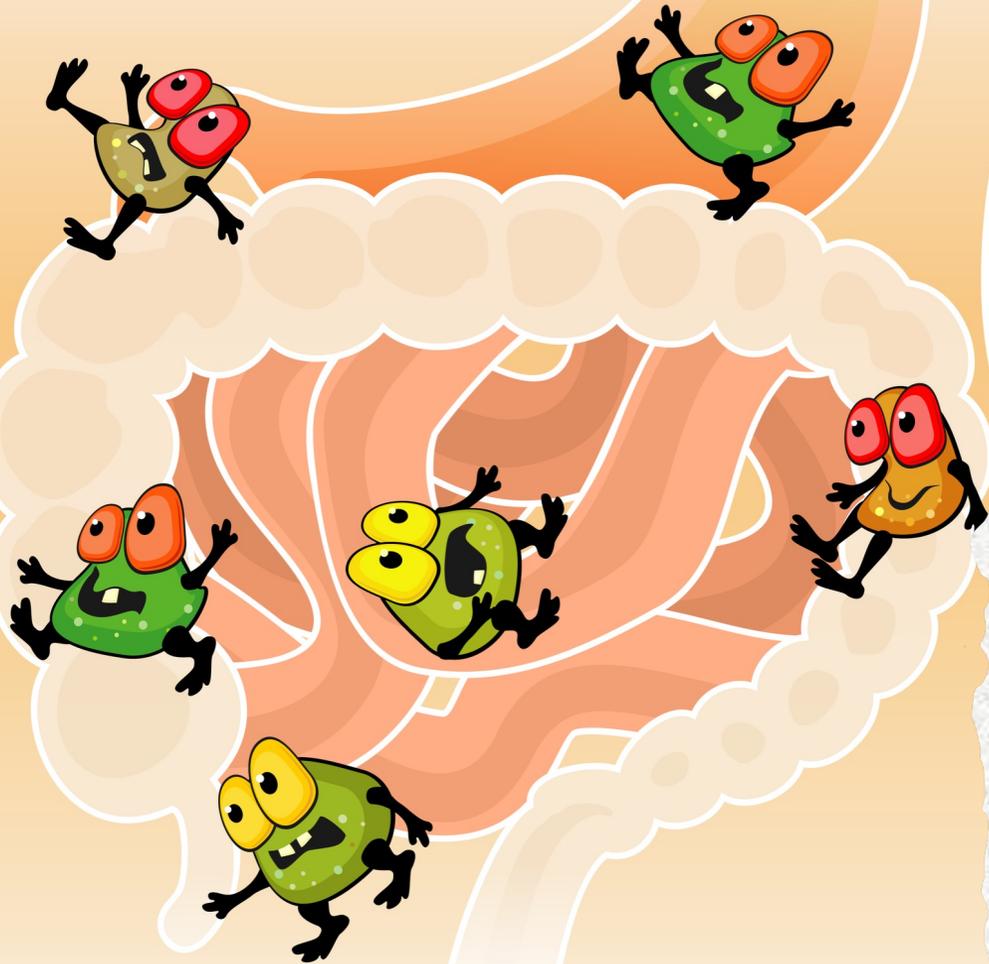
Patel VC et al. Results of a placebo-controlled double blind randomised trial to investigate the efficacy of rifaximin- $\alpha$  versus placebo in improving systemic inflammation in patients with cirrhosis and chronic hepatic encephalopathy (RIFSYS Trial). *Journal of Hepatology* 2018; 68: S105-364. LBA 005.



Movement of bacteria from the gut lumen to the liver in health and in cirrhosis generates inflammation

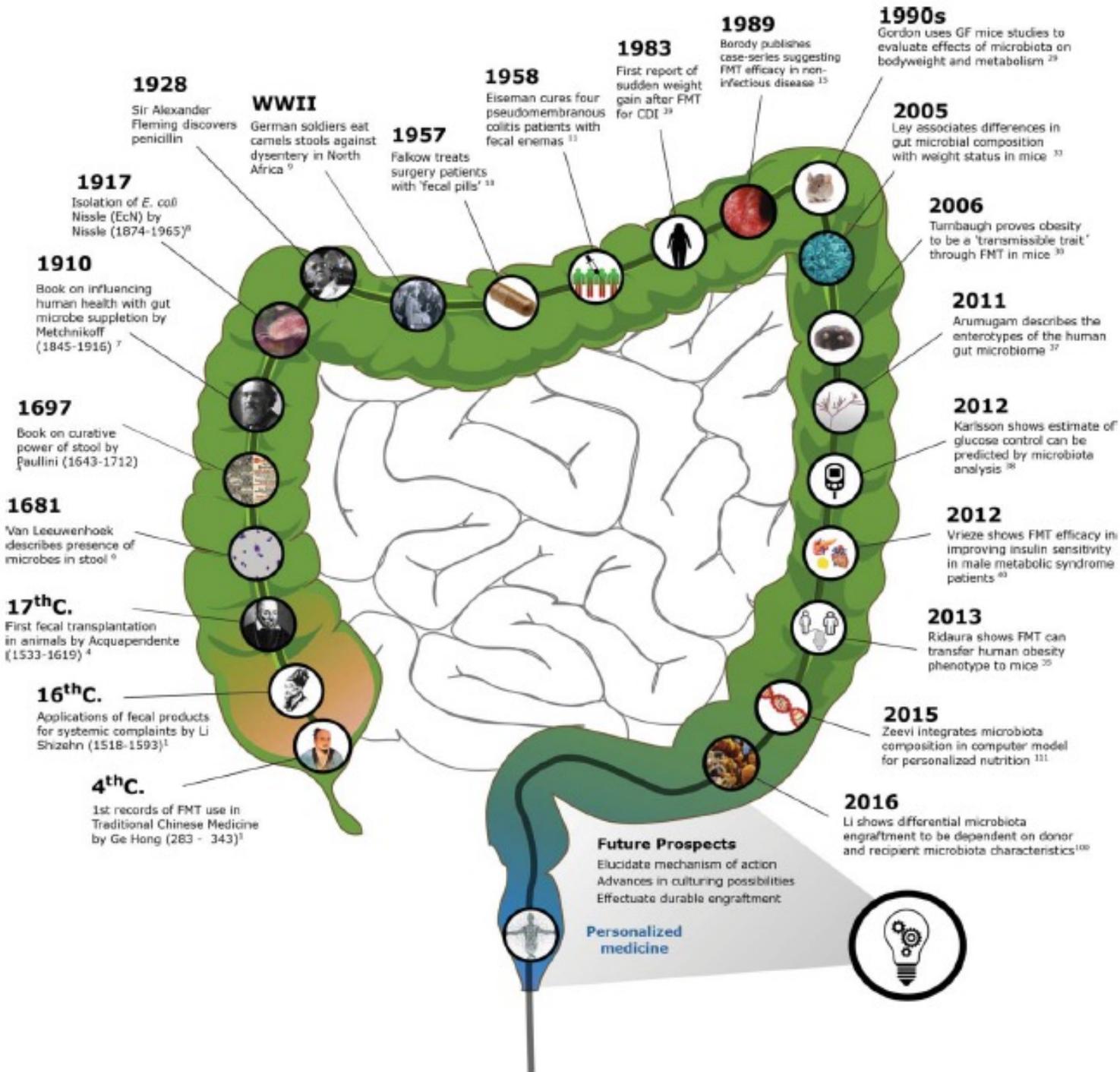
## Manipulating the gut microbiota in cirrhosis

- Diet
- Antibiotics (rifaximin)
- Probiotics
- **Faecal Microbiota Transplantation**
- Bacteriophages



Faecal  
microbiota  
transplantation  
(FMT) to treat  
cirrhosis





# Key contributions to FMT development and research

# PROFIT: PROspective, randomised placebo-controlled feasibility trial of Faecal microbiota Transplantation in cirrhosis

- 32 patients [24 FMT and 8 placebo]
- 50g stool in 200mL 0.9% saline with 12.5% glycerol (frozen)
- Manufactured in MHRA licensed facility
- Rigorous donor screening
- Bowel preparation with 2 sachets of Moviprep
- Nasojejunal instillation at gastroscopy
- No antibiotics for 14 days pre-FMT
- 90-day follow-up

FUNDED BY  
**NIHR** | National Institute  
for Health Research

# PROFIT



# FMT: Healthy Donors

---

- Age 18 - 60
- BMI 18 - 30
- No regular meds or antibiotics for 3-months prior to donation
- Screened for risk factors and a range of infectious agents incl.
  - ESBL
  - Covid

## Box 2 Blood and stool testing of donor faecal microbiota transplantation samples

### Blood (serology)

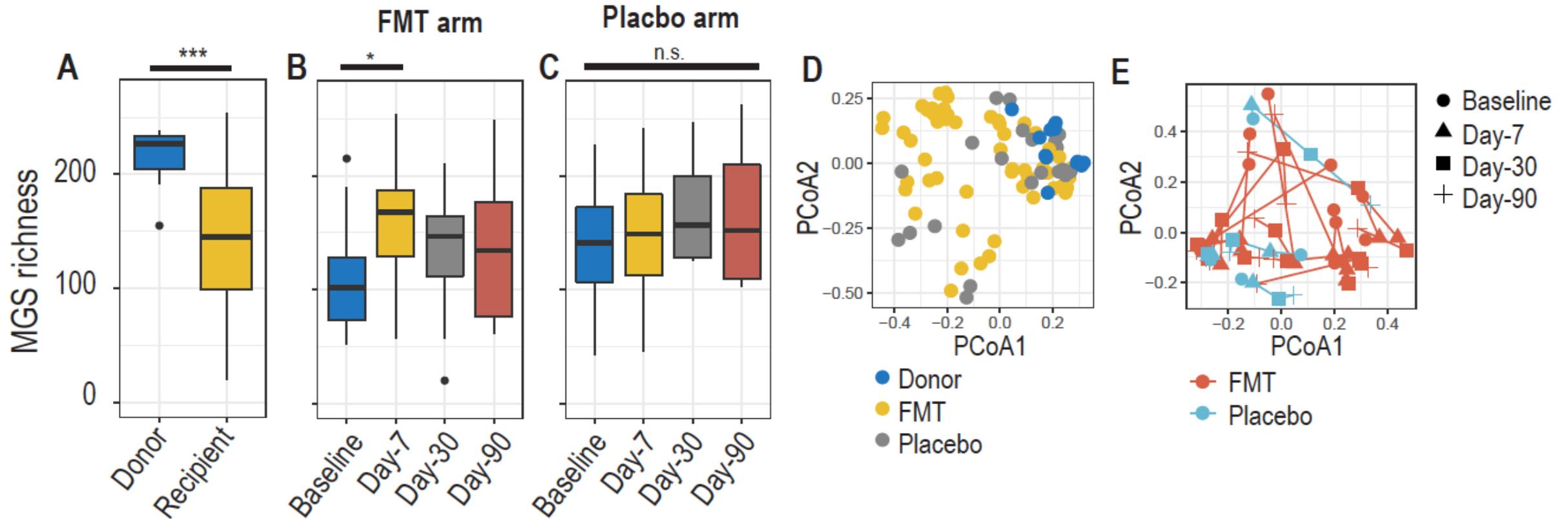
- ▶ HIV 1+2 serology.
- ▶ (human T-lymphotrophic virus) HTLV I/II Ab.
- ▶ Hepatitis A IgG (and if positive IgM).
- ▶ Hepatitis B surface antigen and core antibody.
- ▶ Hepatitis C virus antibody.
- ▶ Hepatitis E.
- ▶ Syphilis.
- ▶ cytomegalovirus (CMV)/Epstein Barr Virus (EBV) IgG/M.
- ▶ *Strongyloides stercoralis* (ELISA).

### Stool

- ▶ PCR for gastroenteritis agents (*Campylobacter*, *Salmonella*, *Shigella* and *Escherichia coli* O:157).
- ▶ Ova, cysts and parasites x3.
- ▶ *Clostridium difficile* test.
- ▶ Norovirus PCR.
- ▶ Screen for gentamicin and carbapenem-resistant Gram-negative organisms.
- ▶ Screen for methicillin resistant staphylococcus aureus (MRSA).
- ▶ *Helicobacter pylori* antigen.
- ▶ *Entamoeba histolytica* PCR.

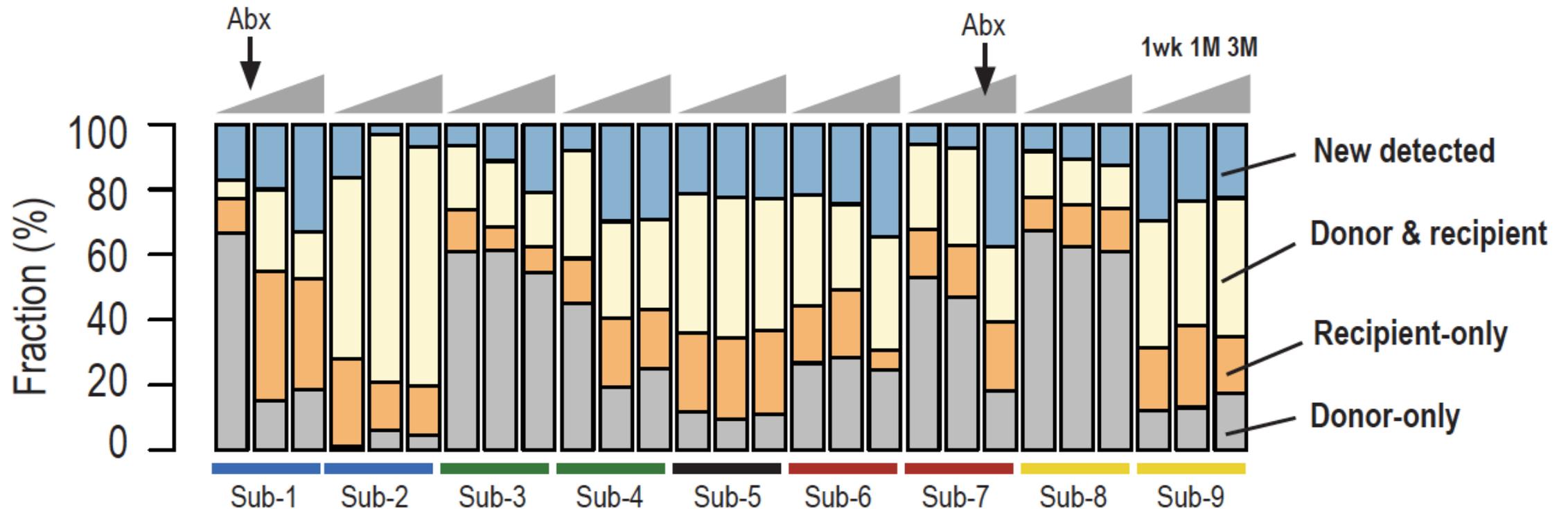


# Change in bacterial diversity (species richness) before and after FMT



# FMT donor engraftment

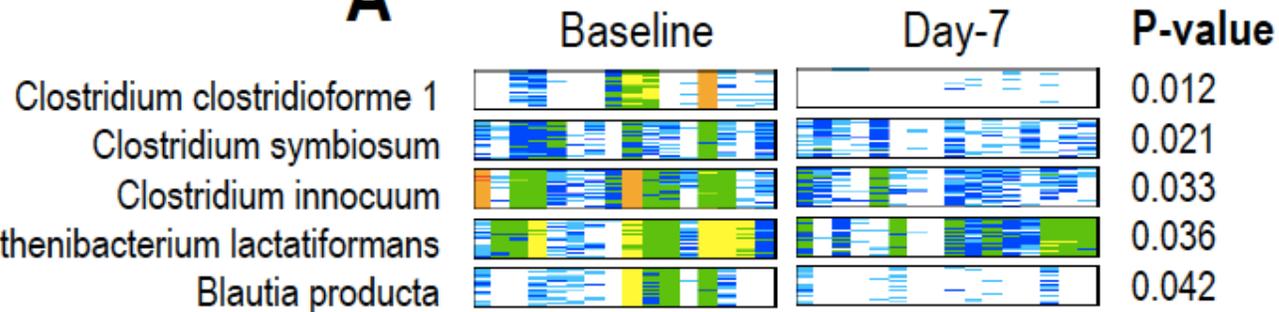
A high proportion of donor species are detected in the recipients after 7-days which in several patients remain engrafted for the 90-day trial duration.



# Change in faecal metagenomic species over 90-days post FMT

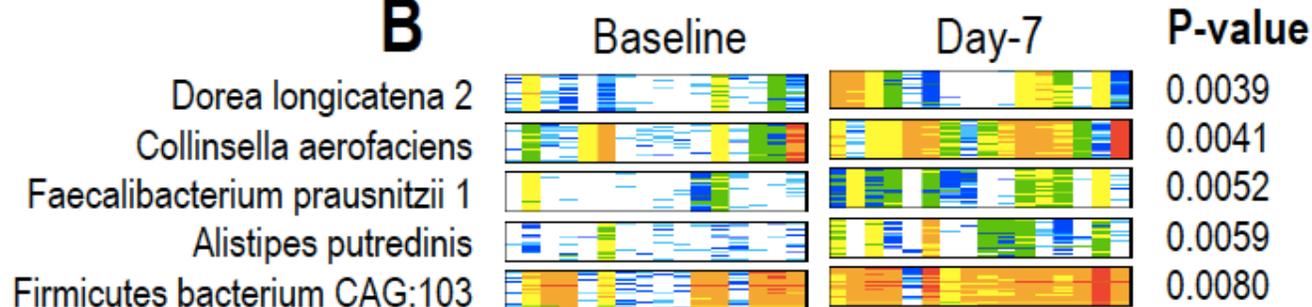
**A**

## Species decreased after FMT



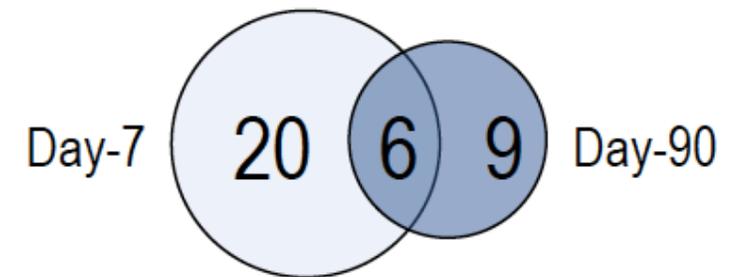
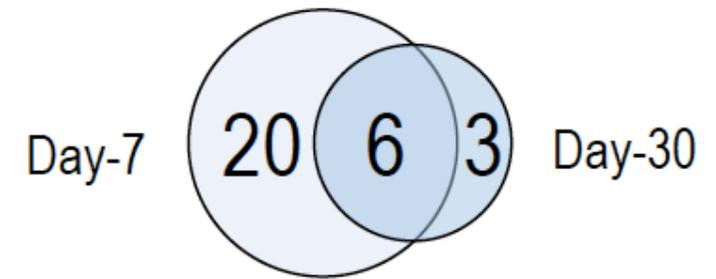
**B**

## Species increased after FMT



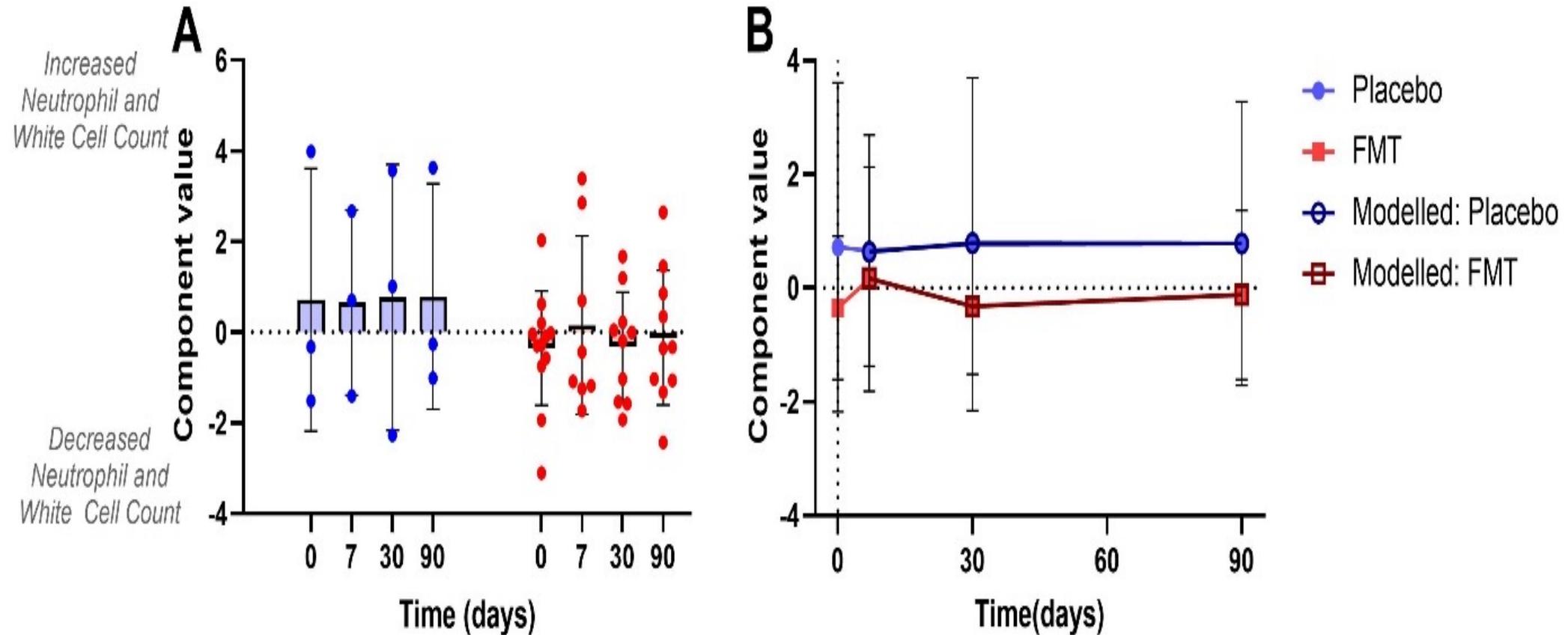
**C**

## Significantly changed species in abundance



# FMT reduced blood neutrophils

Principal Component Analysis was analysed in Linear Mixed Models

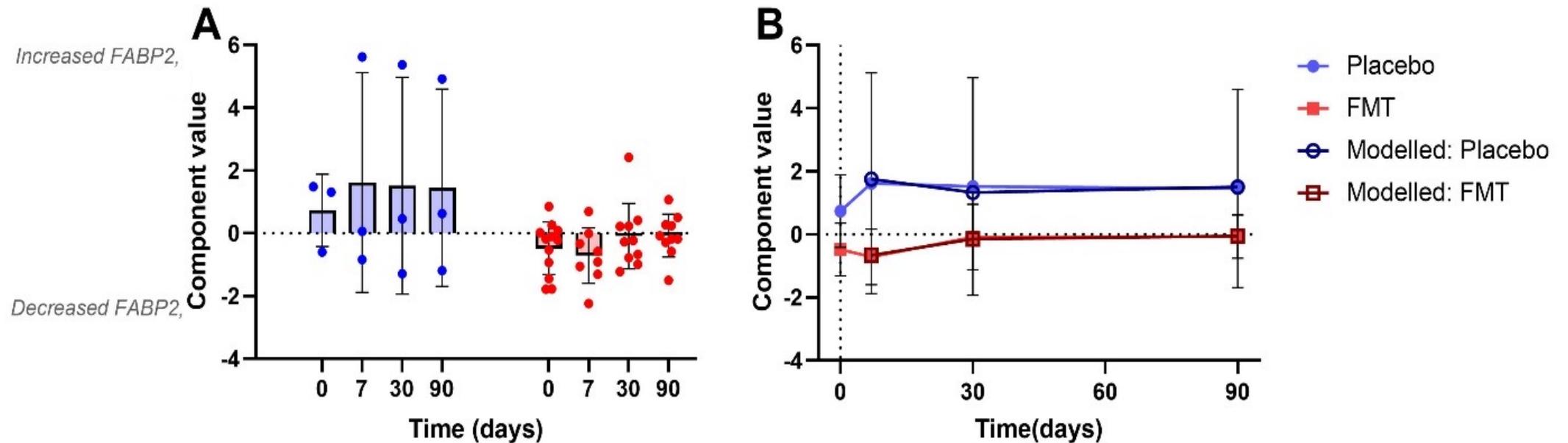


FMT administration significantly decreased neutrophils over the 90-day observation period ( $\beta=-2.38$  (-4.40, -0.37),  $p=0.021$ )

Woodhouse CA, Lindsay LAE, Anastazia Learoyd, Abdel Douiri, Goldenberg S and Shawcross DL. PROFIT Trial 2021 (unpublished data)

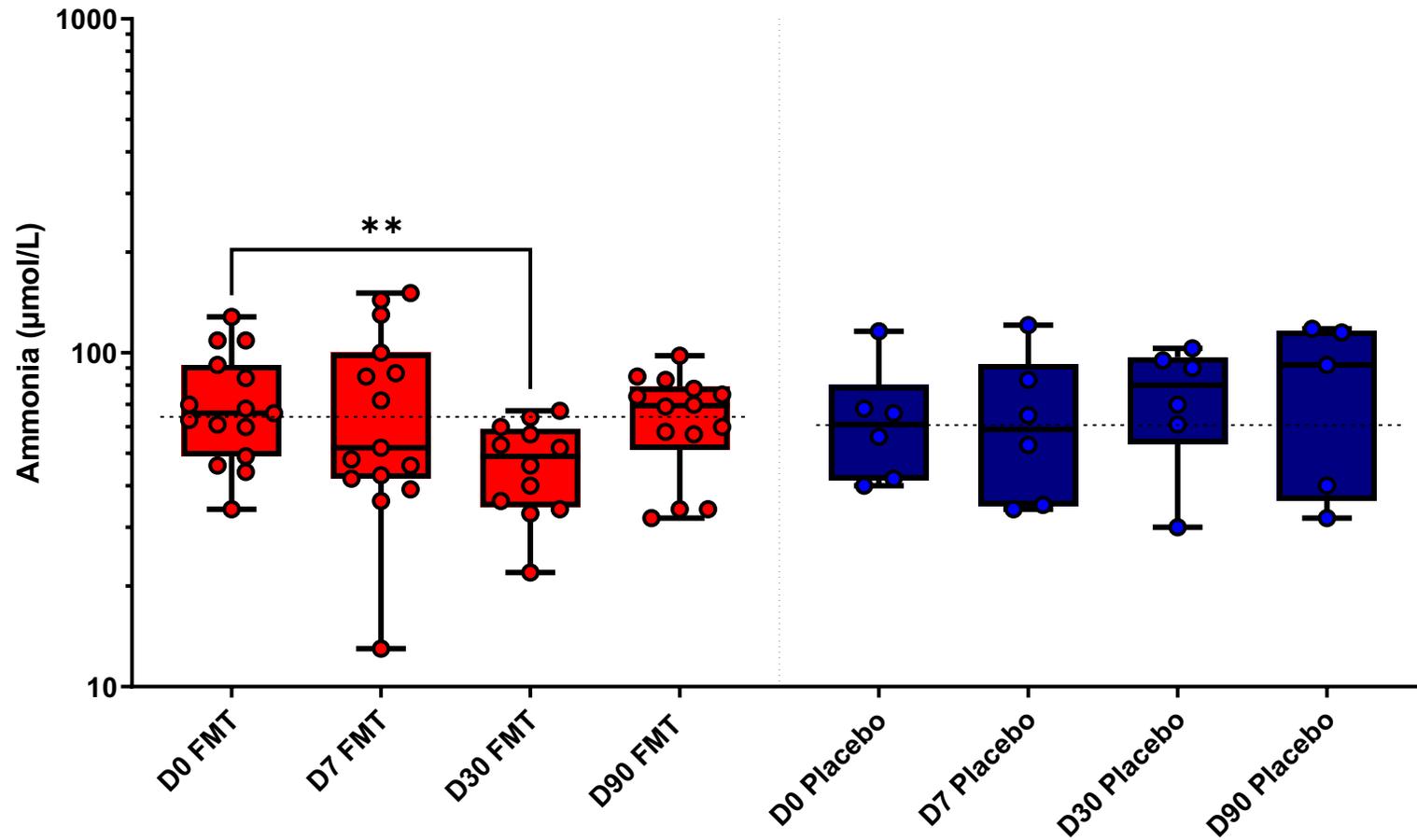
# FMT reduced stool Intestinal Fatty Acid Binding Protein 2 (FABP2)

- ❑ Expressed in the epithelial cells of the mucosal layer of the small intestine.
- ❑ May represent **reduced intestinal epithelial cell shedding** from the epithelial monolayer into the lumen **reducing** transient gaps or micro-erosions in the gut barrier, resulting in **reduced intestinal permeability**.



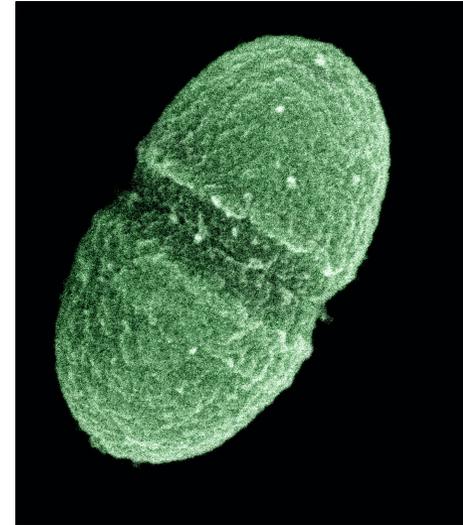
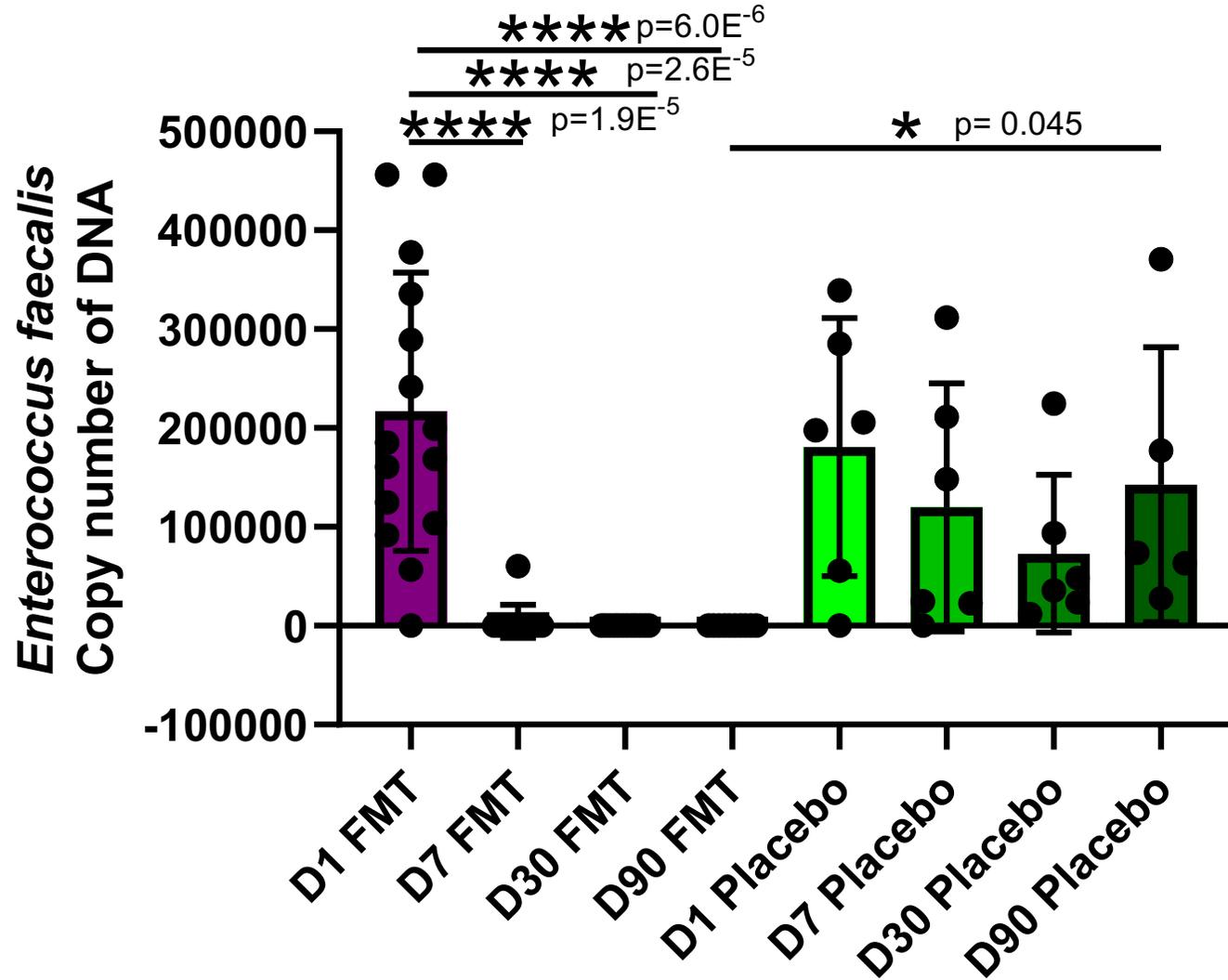
FMT administration significantly decreases the FABP2 over the 90-day observation period ( $\beta=-1.89$  (-3.09, -0.68),  $p=0.002$ )

# FMT Lowers Blood Ammonia

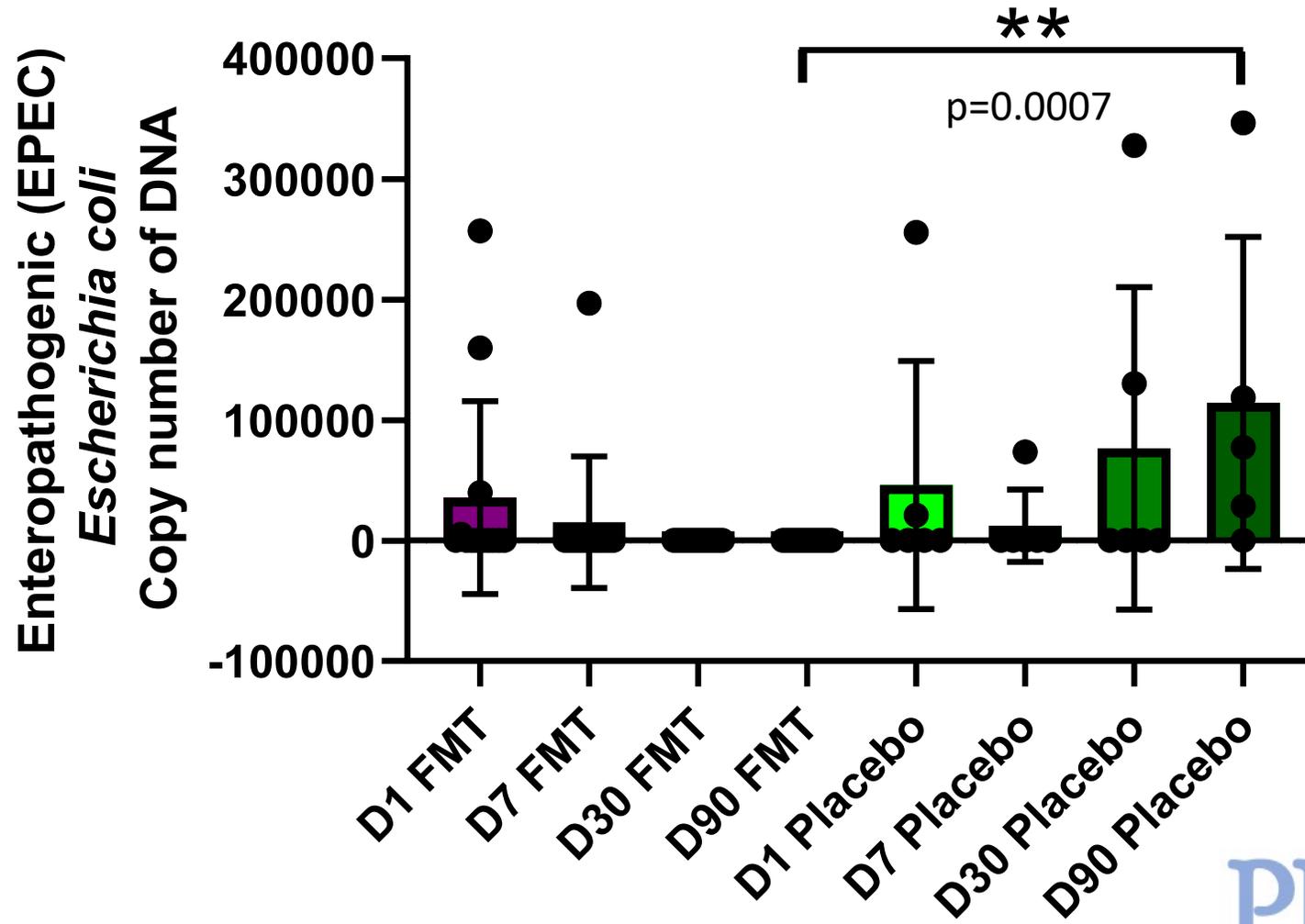


Woodhouse CA, Lindsay LAE, Annastazia Learoyd, Abdel Douiri, Goldenberg S and Shawcross DL. PROFIT Trial 2021 (unpublished data)

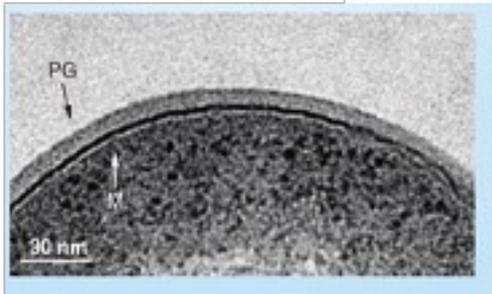
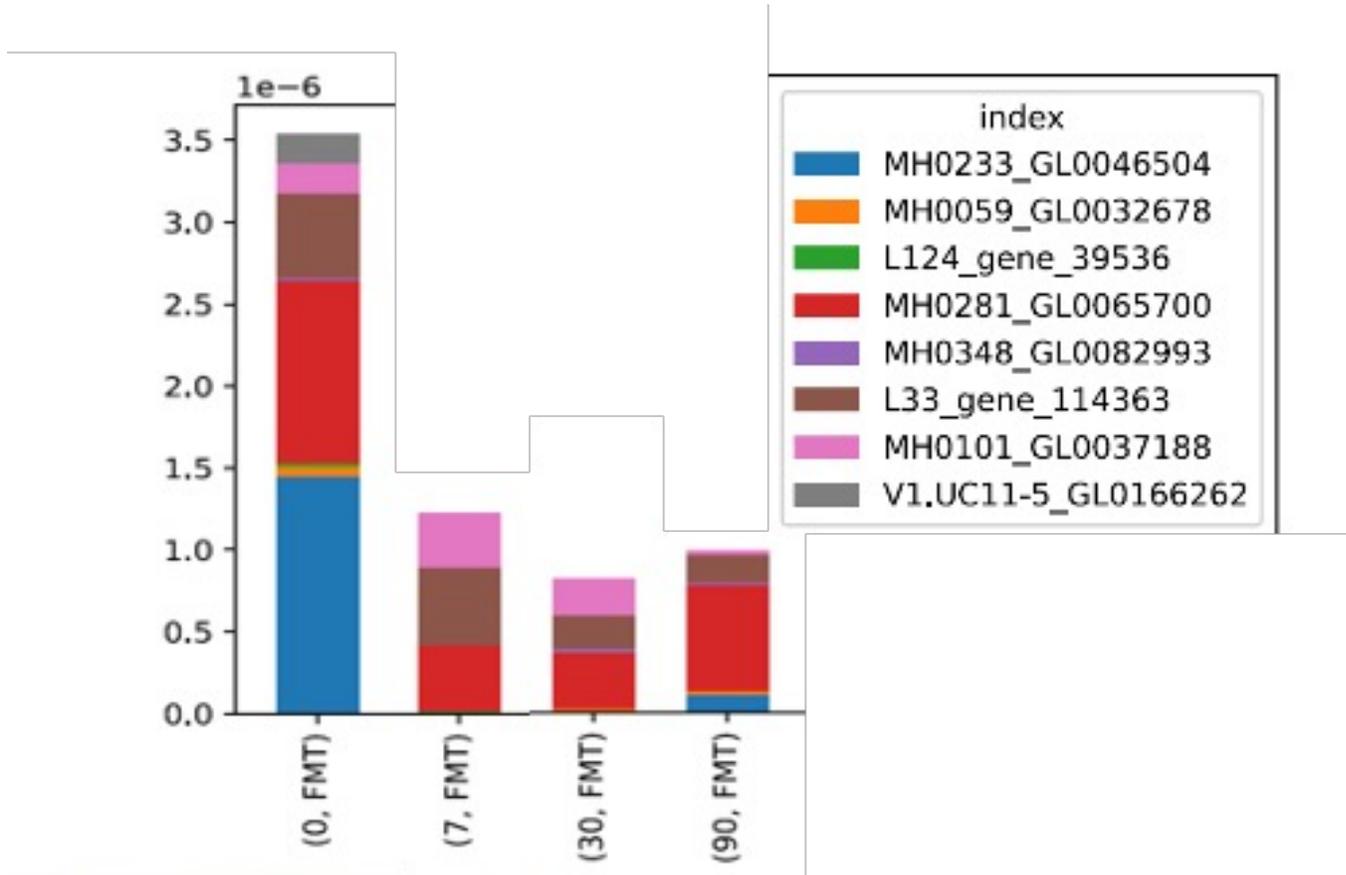
# FMT reduces *Enterococcus Faecalis*



# FMT reduces *Enteropathogenic E. coli*



FMT reduces AMR gene carriage

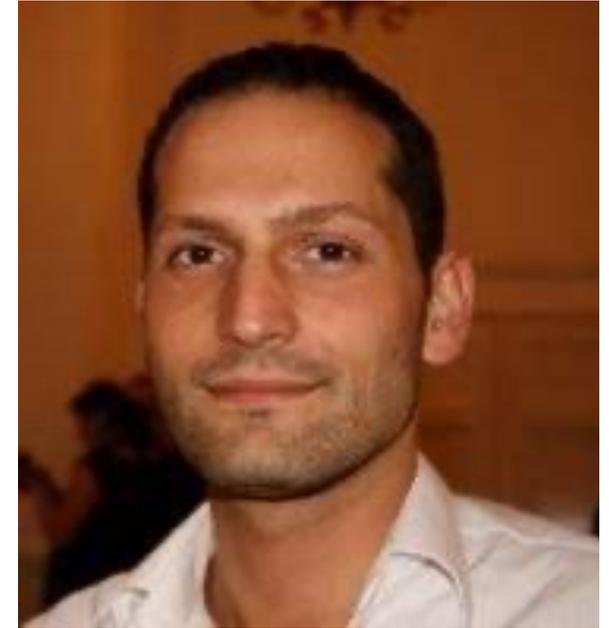


```

PF0233_GL0046504_1 # 1 # 531 # 1 # ID:3651224 ...
Contig PF0233_GL0046504_1
Start 1
Stop 531
Orientation +
Cut Off Strict
Pass Bitscore 650
Best Hit Bitscore 347.051
Best Hit APO van0
Best Identities 96.05
APO 3000005
Model Type protein homolog model
SNPs in Best Hit APO NaN
Other SNPs NaN
Drug Class glycopeptide antibiotic
Resistance Mechanism antibiotic target alteration
AMR Gene Family glycopeptide resistance gene cluster: van ligase
  
```

**FMT reduces AMR gene carriage** particularly the gene MH0233 van ligase. This gives rise to vancomycin resistance by preventing vancomycin binding to *E. faecalis* peptidoglycan.

Edwards LAE et al. PROFIT Trial 2021 (unpublished data)



**| Open Faecal microbiota transplant to ERadicate gastrointestinal carriage of Antibiotic Resistant Organisms (FERARO): a prospective, randomised, placebo-controlled feasibility trial**

Blair Merrick ,<sup>1,2</sup> Emily Robinson ,<sup>3</sup> Catey Bunce ,<sup>4</sup> Liz Allen,<sup>5,6</sup> Karen Bisnauthsing,<sup>1</sup> Chi Chi Izundu,<sup>7</sup> Jordana Bell,<sup>8</sup> Gregory Amos,<sup>9</sup> Manu Shankar-Hari,<sup>2,10</sup> Anna Goodman,<sup>1,2</sup> Debbie L Shawcross,<sup>11</sup> Simon D Goldenberg  <sup>1,2</sup>

‘Poo capsules’

---

# PROPOSE TRIAL

A **PRO**spective double-blind placebo-controlled multicentre trial of faecal **MI**crobiota tran**S**plantation to improve outcom**E**s in patients with cirrhosis



- 5-year trial
- n=300 patients
- 14 UK centres – London, Midlands, Wales, North-West, North-East and Scotland
- Patients given 5 capsules (containing 80g freeze dried donor stool, lyophilised) every 3-months or identical placebo capsules for 2 years.
- Donors will be robustly screened including for ESBL and covid (PCR)
- **Primary endpoint: time to first infection resulting in hospitalisation**



Efficacy and Mechanism Evaluation Programme

# Inclusion Criteria

---

Age over 18

---

Confirmed alcohol-related cirrhosis or metabolic-associated fatty liver (MAFLD) cirrhosis based on clinical, radiological and/or histological criteria.

---

MELD score 8-16

---

Patients with alcohol-related cirrhosis must have been abstinent for a minimum of 4-weeks prior to randomisation.

# Exclusion Criteria

---

Patients treated for acute variceal bleeding, infection, overt hepatic encephalopathy, bacterial peritonitis or ACLF within 14 days prior to randomisation.

---

Active alcohol consumption of >20 grams/day [1 unit of alcohol contains 10mLs or 8g of alcohol].

---

Previous liver transplantation.

---

Patients with inflammatory bowel disease.

---

Patients with coeliac disease.

---

Patients with a history of prior gastrointestinal resection such as gastric bypass.

---

Patients with an expected life expectancy <6 months or listed for liver transplantation.

---

**Patients who have received antibiotics or probiotics within 7 days prior to randomisation.**

---



# PROPOSE TRIAL



**NHS**  
King's College Hospital  
NHS Foundation Trust

**NHS**  
Guy's and St Thomas'  
NHS Foundation Trust

  
St George's  
University of London

Imperial College  
London



Medical  
Research  
Council

**NIHR** | National Institute  
for Health Research

# PROMISE TRIAL

**NIHR** | Guy's and St Thomas' Biomedical Research Centre  
<https://www.nihr.ac.uk/>

## Fecal Microbiota Transplant (FMT) Trials

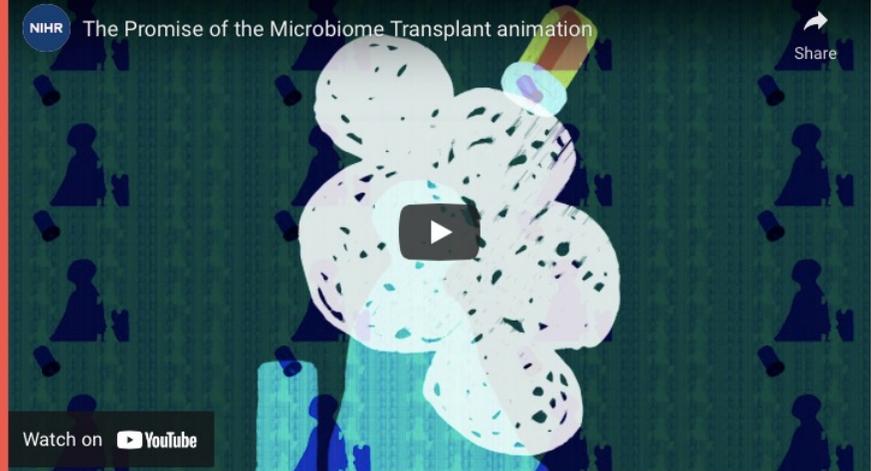
Investigating the application of FMT therapy to combat antimicrobial resistance and improve patient outcomes

**KING'S**  
*College*  
**LONDON**

Home FERARO PROMISE VERSUS ARTHRITIS Teams FAQs News

## PROMISE

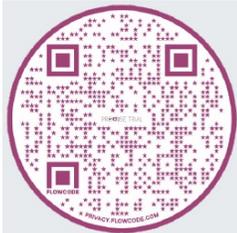
A PROspective double-blind placebo-controlled multicentre trial of faecal Microbiota transPlantation to improve outcomEs in patients with cirrhosis - PROMISE trial



**BRITISH  
LIVER  
TRUST**

### Evolving crisis of chronic liver disease (CLD) in the UK

There is an evolving crisis of chronic liver disease (CLD) in the UK and it is the only major chronic disease which is on the rise. The advanced stages of CLD, known as cirrhosis (a hardening and scarring of the liver), is the third biggest cause of death and loss of working life years behind heart disease and self-harm.



Scan this QR code to find out more about the PROMISE trial, or visit [fmt-trials.org](http://fmt-trials.org)

# THANK YOU

Debbie Shawcross  
Professor of Hepatology & Chronic Liver Failure  
Institute of Liver Studies  
King's College London

@DebbieShawcross1

The logo for King's College London, featuring the text 'KING'S College LONDON' in a serif font, with 'College' in a smaller, italicized font. The logo is set against a red rectangular background.

KING'S  
*College*  
LONDON