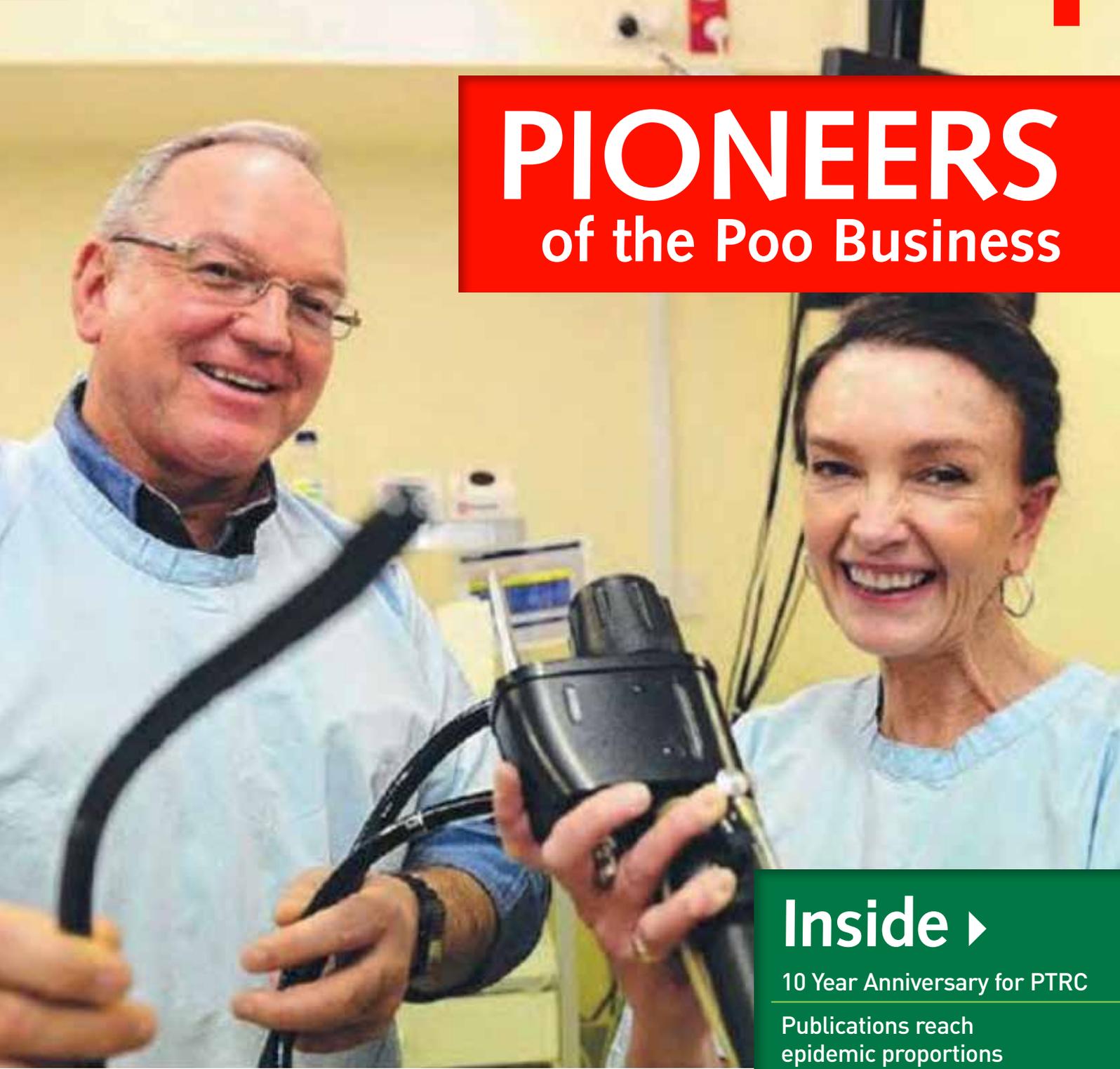


# THE Inside Story



## PIONEERS of the Poo Business

Tom Borody and Sharyn Leis at the Probiotic Therapy Research Centre, celebrate 10 years of pioneering treatments for bowel infections.

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# CDD celebrates 10th anniversary of its Probiotic Therapy Research Centre (PTRC)



Faecal transplantation has taken on a new name recently decided upon by the North American Working Group in the area. It will now be called Faecal Microbiota Transplant or FMT. This indicates that the origin of the bacteria is from faeces, Microbiota and in fact that we are Transplanting living cells.

The stimulus for growing interest in FMT is the widespread epidemic in the US of *Clostridium difficile* strain especially 027 which produces 20 – 30 times more toxin and is responsible for killing more than 100,000 patients across North America. It is a much more severe strain than that seen generally in Australia.

Australia however is bracing itself for the arrival of this strain which in fact has hit our shores with over 25 cases reported in Australia. There

have been very few deaths at this stage but it is likely that we will have hospitals infected with the strain and this will spread to patients. Indeed this has already happened in Melbourne. CDD has been readying itself developing expertise in FMT and is the leading institution in the world with over 1550 infusions compared to perhaps the most experienced place in the US having done just under 50. No other institution in Australia has reached the expertise in this area which may end up with time being a life saving treatment for many in Australia. New research has resulted in a trial product which consists of over 99% bacteria having impurities filtered from stool bacteria work.

The reason that probiotics do not work in this situation is that we cannot culture all of the stool bacteria and once

cultured they do not implant and are damaged by the culture process. Hence the "wild types" of bacteria in the stool are required as they implant and are capable of killing *C. difficile* and other pathogens which may cause Irritable Bowel Syndrome or Constipation or even Ulcerative Colitis.

The serious parts aside—because we are dealing with stool, terminology has evolved which is unique to the process. Hence patients often refer to the process as a "transpoosion", or that we are developing a new area of "therapootics".

In the US the newly purified 99% frozen product may well carry the name of a "popsicle". All that aside the CDD is very proud to have full time staff that carry out FMT in patients with *C. difficile*, Irritable Bowel Syndrome, constipation and most recently in Ulcerative

Colitis. In fact quite a few patients do have *C. difficile* superinfecting Crohn's or Ulcerative Colitis which is also treated to remove that aggravating infection.

CDD services a number of hospitals which refer patients for the treatment with *C. difficile* super infection and results can be quite dramatic in those patients who might have in excess of 15 – 20 diarrhoeal stools per day.

SR Sharyn Leis has been a full time leader of FMT and has treated countless patients both in Australia and helped via telephone in the US and Europe taking patients through their therapies with their own doctors. Patients frequently fly for treatment from overseas to the CDD which we are proud to foster, we now predict a move of FMT into Ulcerative Colitis and other applications including some Neurological disorders.



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## Publications reach epidemic proportions

A number of manuscripts have been accepted for publication this year on topics including 1) the success of antibiotic therapy (such as anti-MAP therapy) in Crohn's Disease, and 2) the use of FMT as first-line therapy for severe *Clostridium difficile* infection, with manuscripts documenting our clinical experience of the reversal of Neurological Diseases and constipation also in the works. We look forward to an even more productive 2012!

# your team

*The Team at CDD wish you all a Healthy Merry Christmas and a Happy New Year!*

## DR MATT RICKARD



Matt Rickard is a colorectal surgeon at Macquarie University Hospital, Sydney and Concord Hospital, Sydney. He graduated with honours from Sydney University in 1989. He is a Fellow of the Royal Australasian College of Surgeons, Treasurer of the Section of Colon and Rectal Surgery, Royal Australasian College of Surgeons and a member of the Australia and New Zealand Training Board in Colon and Rectal Surgery. He has a Masters degree in Clinical Epidemiology from the University of Sydney. During his training he worked in Sydney, Brisbane, Jerusalem, Cape Town and Kenya.

He has extensive experience in advanced colorectal surgical techniques. His interests are Colorectal cancer, laparoscopic colorectal surgery, Inflammatory Bowel Disease and surgical epidemiology. He is trained in anorectal physiology and anorectal ultrasound. His background in epidemiology allows him to properly design and analyse clinical trials, and to practise and teach evidence-based surgery.

## DR ANIS YUSUF



Anis was educated in Fiji and in the latter years New Zealand before studying Medicine at the University of Otago, NZ. With a strong interest in Anaesthetics while a medical student Anis decided to pursue Anaesthetics as a speciality after his graduation.

After completing his training and gaining his FANZCA he moved to Australia and has worked in major Sydney teaching hospitals ever since. Apart from his anaesthetic interests of perioperative medicine and management of acute pain he also has an interest in third world medicine and does regular overseas aid trips with a variety of respected Australian surgeons.

## DR JUHWAN (ROBERT) KIM



Robert was educated in NSW and attended University of Sydney to study Medicine. During his undergraduate years and as an intern and resident in major NSW teaching hospitals he developed an interest in Gastroenterology and went on to complete his FRACP and advanced training in Gastroenterology and Hepatology at the Prince of Wales Hospital in Randwick, where he still holds a position as a Clinical Tutor. Robert is fully accredited in Gastroscopy and Colonoscopy by the Conjoint Committee of GENSA and has an interest in Hepatology and IBS.

Married with 3 small children he is kept busy in his down time with family activities.

- **Prof Thomas Borody** is the founder and Medical Director of CDD (1984). He graduated with honours in Medicine from the UNSW. He is a Fellow of the Royal Australian College of Physicians, Fellow of American College of Gastroenterology and Fellow of American College of Physicians
- **Dr Antony Wettstein** is a graduate with Honours from the University of NSW. He is a Fellow of the Royal Australian College of Physicians
- **Dr Simon Benstock** is a graduate in Medicine from the University of NSW. He is a Fellow of the Royal Australian College of Physicians
- **Dr Sanjay Ramrakha** is a staff specialist at RPA and Liverpool Hospitals. He graduated from UNSW in 1986 and is a fellow of the Royal College of General Practitioners and the Australasian College for Emergency Medicine
- **Dr John Saxon** graduated from the University of NSW in 1985 and has been the Senior Sedationist at CDD since 1995, with some 10,000 patients to date
- **Dr Nisha Kendall** graduated from UNSW and became a Fellow of the Royal Australasian College of General Practitioners in 1997

## Call for Diverticulitis patients

The CDD Research Department is currently recruiting patients with recurrent diverticulitis for a clinical trial evaluating the effectiveness of mesalazine (Salofalk<sup>TM</sup>) for the prevention of recurrence of diverticulitis episodes.

Mesalazine is a bowel-specific anti-inflammatory drug that is broken down in the gut and has its predominant actions there, thereby having fewer side effects elsewhere in the body, and presents an alternative to antibiotic treatment for recurrent episodes.

Males and females between the ages of 30 and 80 with documented left-sided diverticulitis, who have had a recent episode of diverticulitis within the last six months are encouraged to contact the Research Department on **(02) 9713 4011** (then press 3) to discuss further.

## Outside the world of Gastroenterology we find ourselves in familiar territory...

Prof Borody's research interests have always been diverse and exciting, we now find ourselves at the forefront of emerging therapies for historical diseases. Neurological conditions such as Parkinson's disease and Multiple Sclerosis (MS) and other conditions such as Coronary Heart Disease take on new meanings as we tackle them in our gastroenterological way.

**Coronary Heart Disease** – Long has it been thought that Coronary Heart Disease is a result of poor lifestyle choices, but emerging evidence has implicated a bug may be responsible for the accumulation of 'bad cholesterol' in your arteries. This bug called *Chlamydomphila pneumoniae* responsible for causing pneumonia and respiratory infections has been found in the cholesterol plaques of arteries, and the cholesterol is a result of inflammation in the presence of *C. pneumoniae*. Index cases treated with an antibiotic combination therapy have shown positive results and a clinical trial has been designed and submitted for review. This trial will be run by the cardiologists of Liverpool Hospital and Sydney Southwest Private hospital. For more information, please contact Margaux on 02 9713 4011 (press 3 for Research).

Parkinson's Disease has been considered a degenerative lifelong neurological disorder of which there is no cure and research into the

cause of Parkinson's disease has not been targeted as an infective cause. We have observed a positive benefit and reversal of Parkinson's disease in an index case treated for chronic constipation. Unidentified bacteria may be responsible for a portion of those with Parkinson's disease with constipation being a major symptom. A clinical trial is currently undergoing review that will look at the treatment of patients with Parkinson's disease and chronic constipation with an antibiotic combination therapy. This trial will begin recruitment in the near future, for more information or if you would like to register your interest please contact the Research Department on 02 9713 4011 (press 3 for Research)

**Faecal Microbiota Transplantation** – a transfer of stool from a healthy donor into a sick patient is a therapy offered here at the Centre for Digestive Diseases, with a positive benefit in the treatment of those with constipation, IBS, *Clostridium Difficile* infections and Inflammatory Bowel Diseases. We have been seeing a positive benefit in certain conditions such as Idiopathic Thrombocytopenic Purpura (ITP) and atypical Multiple Sclerosis (MS) type conditions. These case reports have been submitted for presentation and we are hoping to dedicate more research in this field in the future.

## The year in a nutshell

The Research Department has had a busy year with farewells and hellos. Two of our members have ventured out into the world of Clinical Research Organisations and we have sadly said our goodbyes while welcoming a new member, Anna, to the CDD family fold.

The year saw the closure of our Crohn's Disease trials and the start of new trials in Diverticulitis and *Helicobacter pylori* diagnosis. We would like to again thank the patients who participated in these

trials, your patience is limitless and we are grateful for the time you have willingly sacrificed to help us in our ongoing efforts to improve treatment quality.

A big thank you to the doctors, and the rest of CDD staff for their help with the trials, we could not do it without your assistance!

2011 has witnessed a virtual explosion in the volume of manuscripts submitted and accepted for publication to international conferences and scholarly journals. A whooping

five abstracts were presented to the American College of Gastroenterology (ACG) conference, held in Washington D.C in October. Faecal Microbiota Transplantation (FMT) has once again stolen the show, being the subject of four of the five abstracts submitted. Its success across a broad range of conditions was reported, including in the areas of Ulcerative Colitis, Multiple Sclerosis (MS), the platelet disorder Idiopathic Thrombocytopenic Purpura, and the movement

disorder Myoclonus Dystonia. A novel, one-off highly successful intra-colonic infusion of anti-parasite agents for the treatment of resistant *Blastocystis hominis* infection was also featured. The United European Gastroenterology Week (UEGW) saw a further abstract submitted, where our observation of 'red spots' in the stomach of patients with *Helicobacter pylori* infection was reported.

We look forward to an even more productive 2012!



## The Centre for Digestive Diseases

Level 1, 229 Great North Road, Five Dock NSW 2046  
ABN 54 097 085 884  
Phone: 61 2 9713 4011 Fax: 61 2 9712 1675  
For more information visit: [www.cdd.com.au](http://www.cdd.com.au)

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