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Clostridium difficile infection (CDI) is the leading hospital-acquired infection in the US and Europe, with an estimated 29,000 US deaths/year¹.

Commensal microbes directly outcompete pathogens through mechanisms such as competition for nutrients, such as carbohydrates or bile acid conversion, which inhibit *C. difficile* germination^{4,5}. These observations suggest that functional restoration of the microbiome may offer therapeutic benefit.

The **SER-109** manufacturing process, which removes unwanted bacteria, viruses, fungi and parasites, reduces the risk of pathogen transmission to a level that cannot be achieved through donor screening alone⁷.

SER-262 is a rationally-designed composition of commensal bacteria, delivered orally in spore form and manufactured using anaerobic fermentation, for the prevention of recurrence in patients with primary CDI.

¹Lessa et al., *NEJM* 2015, adapted from Lawley TD *PLoS Pathog* 2012
²Bagdasarjan *JAMA* 2015
³Gerding D *Nat Rev Gastro Hep* 2016
⁴Ng KM *Nature* 2013;
⁵Theriot C *Annu Rev Microbiol* 2015
⁶Khanna S, *J Infect Dis* 2016
⁷McKenzie *ASM* 2016 Poster 450

Ecobiotic® therapeutics restore the colonization resistance of a healthy microbiome and break the antibiotic-induced cycle of dysbiosis and recurrence.



Figure 1: Distribution of 30 Spore Forming Clades Found in SER-109 and their Comparison to Clades in SER-262

290 139
Erysipelatrichaceae

86 90 197 233 202 241
Lachnospiraceae

195
Peptostreptococcaceae

244
Clostridiaceae

101
Unclassified
(Flavonifractor)

Legend:

- SER-109 clades
- Engrafting clades
- Engrafting OTUs
- SER-262 clades
- SER-262 OTUs

OTU = Operational Taxonomic Unit

Group	Maximum Body Weight Change (%)
PBS	~19.0
SER-262	~1.5
<i>C. diff</i> Naïve	~0.5

** p<0.001 using a Fisher's exact test

- The SER-262 fermentation-based approach enables manufacturing for global requirements by eliminating the need for donors and providing a scalable, standardized product that mitigates patient risk.

First-in-human clinical trial of SER-262 for prevention of CDI recurrence in adults with primary Infection following completion of standard of care antibiotics is expected in mid-2016