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**Education and Employment**

- 2014- Infectious disease Specialist, Harbour Hospital Rotterdam, the Netherlands
- 2013 Specialist Internal Medicine, Antonius Hospital Nieuwegein, the Netherlands
- 2008-2015 Research fellow, department of infectious diseases, Academic Medical Center, Amsterdam, The Netherlands
- 2004-2013 Fellow Internal Medicine and Infectious diseases, Academic Medical Center, Amsterdam, the Netherlands.

**Committees and Honors**

- 2015 Dutch donor feces bank committee
- 2008-2010 Scholerschip The Netherlands organization for research and development

## The current status and future of Fecal Microbiota Transplantation

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Recurrent *Clostridium difficile* infections (CDI) are difficult to treat with conventional antibiotic strategies. With the worldwide rise of *Clostridium difficile* infections there has been an increasing interest in alternative treatments for recurrent disease. Fecal Microbiota Transplantation (FMT) is a treatment that has been given for 2000 years for various diseases, and has gained interest a treatment modality for recurrent CDI.

We have performed the first randomized trial comparing FMT with conventional antibiotic therapy for recurrent CDI. Changes in microbiota are held responsible for the high cure rates. Microbiota of patients with recurrent CDI displayed a diminished diversity with a decrease of Firmicutes and Bacteroidetes. FMT restored the composition of the microbiota to a level comparable to that of healthy donors. From an economic perspective the cost for both treatments are comparable. FMT in itself is more expensive due to the cost of donor screening, but the higher success rate leads to lower cumulative costs. I will discuss several developments that will replace the conventional FMT, leading towards a more tailored therapy with reduction of risks, and the production of feces derived products that mimic the benefit of a fecal infusion.