Aarhus Universitetshospital
Afdeling for Lever-, Mave- og Tarmsygdomme
Center for Fækal Mikrobiota Transplantation
Palle Juul-Jensens Boulevard 35,
C116, Indgang C
8200 Aarhus N

Colitis-Crohn Foreningen
Kongensgade 66-68, 2. th
5000 Odense

Ansøgning om støtte til forskningsprojekt

22.12.2025
Nina Rågård
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Herved ansøger læge og ph.d.-studerende Nina Rågård om støtte til forskningsprojektet *"Fæcestransplantation ved colitis ulcerosa – betydning af antibiotisk prækonditionering for etablering af donors tarmmikrobiom"*. Projektet udføres på Afdeling for Lever-, Mave- og Tarmsygdomme på Aarhus Universitetshospital.

Projektet finansieres af offentlige og private fondsmidler.

Colitis-Crohn Foreningen søges om i alt **100.000 kr**. En delvis imødekommelse af ansøgningen vil også have stor værdi for projektet.

Midlerne anvendes til at dække omkostningerne for mikrobiomanalyser i det aktuelle projekt. Ingen af forskerne i projektet har økonomiske interesser.

Vedlagt i ansøgningen:
1. Lægpersonsrapport
2. Projektprotokol
3. Budget
4. Ansøgers CV

Venlig hilsen

Nina Rågård
Læge og ph.d.-studerende

Christian Lodberg Hvas
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Lægpersonsrapport

Projekttitel: Fæcestransplantation ved colitis ulcerosa – betydning af antibiotisk prækonditionering for etablering af donors tarmmikrobiom

Kontakt: Nina Rågård, læge og ph.d.-studerende, Aarhus Universitetshospital, Afdeling for Lever-Mave- og Tarmsygdomme, Palle Juul-Jensens Boulevard 35, 8200 Aarhus N.

Colitis ulcerosa påvirker 35.000 danskere. Sygdommen rammer især unge og påvirker livskvalitet, arbejdsliv og sociale aktiviteter. Mange har tilbagevendende sygdomsudbrud, bivirkninger til behandling, hospitalsindlæggelser og i alvorlige tilfælde behov for kirurgisk fjernelse af tyktarmen. Selvom der findes flere typer medicinsk behandling – herunder immunmodulerende medicin, biologiske lægemidler og kortikosteroider – har mange patienter utilstrækkelig effekt eller oplever vedvarende symptomer.

Ny forskning viser at tarmens bakteriesammensætning spiller en central rolle for udvikling af colitis ulcerosa. Dette skyldes et overaktivt immunforsvar, der angriber tarmens bakterier og skaber betændelse. Patienter med colitis ulcerosa har en ubalance i tarmmikrobiomet, hvilket kan være med til at fastholde sygdomsaktiviteten. De nuværende behandlinger retter sig primært mod immunsystemet og ikke direkte mod tarmbakterierne.

Fæcestransplantation (FMT) – overførsel af sunde tarmbakterier fra en rask donor – er en lovende mulighed for at genskabe et sundt tarmmikrobiom. FMT er uhyre effektivt mod *Clostridioides difficile*-infektion og har i mindre lodtrækningsforsøg vist potentiale hos patienter med colitis ulcerosa. De udførte forsøg varierer i design, valg af patienter, antal behandlinger og brug af antibiotika forud for FMT. Fokus har primært været på *om* FMT virker, men ikke *under hvilke omstændigheder* det virker. Derfor mangler vi viden om, hvordan FMT bedst tilrettelægges – dvs. hvilke patienter, der har mest gavn af behandlingen, og hvilke mekanismer, der ligger bag en eventuel effekt.

Formålet med dette projekt er at undersøge betydningen af antibiotisk prækonditionering for etablering af donorbakterier overført ved FMT til patienter med colitis ulcerosa. Studiet skal også give et indblik i hvordan FMT virker hos patienter med både kronisk aktiv og akut svær sygdomsgrad. Ved at kombinere kliniske data med detaljerede analyser af tarmens bakteriesammensætning kan vi undersøge hvilke specifikke donorbakterier der overføres og belyse tendenser for om der er en sammenhæng med patienternes symptomer og trivsel.

Studiet er et mekanistisk pilotstudie med i alt 48 patienter fordelt på to behandlingsgrupper og én referencegruppe. I behandlingsgrupperne indgår 18 patienter med akut svær colitis ulcerosa og 18 med kronisk aktiv colitis ulcerosa, som tilfældigt trækker lod om enten 10 dages prækonditionering med antibiotika eller placebo før FMT. Alle modtager FMT i kapselform og følges med blod- og afføringsprøver samt scanninger og spørgeskemaer. Ved hjælp af metagenomisk sekventering måler vi præcist, hvilke bakteriestammer der overføres. Som reference inkluderer vi 12 patienter i remission som repræsentanter for et sundere tarmmikrobiom hos patienter med colitis ulcerosa.

Projektet vil give ny og vigtig viden, der er grundlæggende for at vi kan designe et stort lodtrækningsforsøg til at belyse en mulig effekt af FMT. Dette kan på sigt ændre behandlingsstrategien for colitis ulcerosa og være til stor gavn for patienterne. Projektet vil hjælpe os med at vælge de rette patientgrupper, det optimale antal FMT-behandlinger, og vurdere om antibiotikaforløb bør indgå i behandlingsalgoritmen. Målet er at skabe et stærkt videnskabeligt grundlag for bedre, mere effektiv og mere individuel behandling af mennesker med colitis ulcerosa.

Project protocol

Faecal microbiota transplantation in ulcerative colitis: the role of antibiotic preconditioning in donor microbiome engraftment

Applicant
Nina Rågård, MD, PhD student. Phone: +45 2822 8035. E-mail: ninraa@rm.dk. Aarhus University Hospital, Department of Hepatology and Gastroenterology, Palle Juul-Jensens Boulevard 35, DK-8200 Aarhus N, Denmark.

Main supervisor and sponsor-investigator
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Co-supervisors
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Study location
Aarhus University Hospital, Department of Hepatology and Gastroenterology, Palle Juul-Jensens Boulevard 35, DK-8200 Aarhus N, Denmark.

1. Background

Ulcerative colitis (UC) is a chronic inflammatory bowel disease driven by dysregulated immune responses to a disturbed gut microbiota in genetically predisposed individuals[1]. In Denmark, 35,000 people live with UC, with half diagnosed between 18 and 39 years old[2]. Despite immunomodulators, steroids, and advanced therapies, many patients experience inadequate treatment response, hospitalisation due to acute severe UC, and a persistent risk of colectomy[3-5]. Consequently, the disease burden is substantial and significantly impacts patients' daily lives.

A disrupted gut microbiome, characterised by reduced diversity and increased pro-inflammatory taxa, plays a central role in UC pathogenesis[6,7]. Yet, current standard therapies do not target the microbiome directly. Faecal microbiota transplantation (FMT), the transfer of microbiota from healthy donors, is a promising method to restore microbial balance. Encapsulated FMT is safe and highly effective for *Clostridioides difficile* infection[8], and small randomised trials suggest a significant benefit of FMT in active UC, though study designs vary[9].

Engraftment of donor microbiome in recipients is considered a key mechanistic outcome of FMT, typically assessed by metagenomic sequencing. Pre-FMT antibiotics appear to increase engraftment across indications[10], but most UC trials have avoided antibiotic pretreatment. Two UC studies used antibiotics, including one reporting the highest level of efficacy to date[11]. The association between engraftment and clinical response remains uncertain, with some meta-analyses suggesting a positive link[10] and others finding no correlation[12]. We need mechanistic studies to clarify these relationships and the potential role of antibiotics in enhancing engraftment and efficacy.

2. Rationale

FMT has potential as UC therapy and has been investigated in previous trials. Yet, results have been contradictory and lack mechanistic insights into appropriate treatment strategies and patient populations. The mechanisms underlying FMT therapy remain unclear, and future studies need to anticipate patient populations, definitions of primary and secondary outcomes, use of pre-FMT antibiotics, timing, dosing, processing, and administration of FMT. A qualifying mechanistic study is required to guide design choices before FMT may become a routine UC therapy[13].

3. Aim

This investigator-initiated clinical trial aims to assess the role of antibiotic pre-treatment and investigate key mechanistic effects of faecal microbiota transplantation (FMT) in ulcerative colitis.

The study is designed to include simultaneous interventions in controlled settings and will address fundamental design questions for FMT studies in UC. It will provide insights into microbiome interactions and identify key trends in efficacy to inform power calculations, help refine treatment strategies, and guide the design of a future large-scale randomised controlled trial, ultimately changing guidelines.

4. Hypotheses

- Pre-FMT antibiotics are associated with increased strain engraftment and improved clinical outcome.
- Strain engraftment increases with repeated capsule FMTs.
- Engraftment rate does not vary according to disease severity.

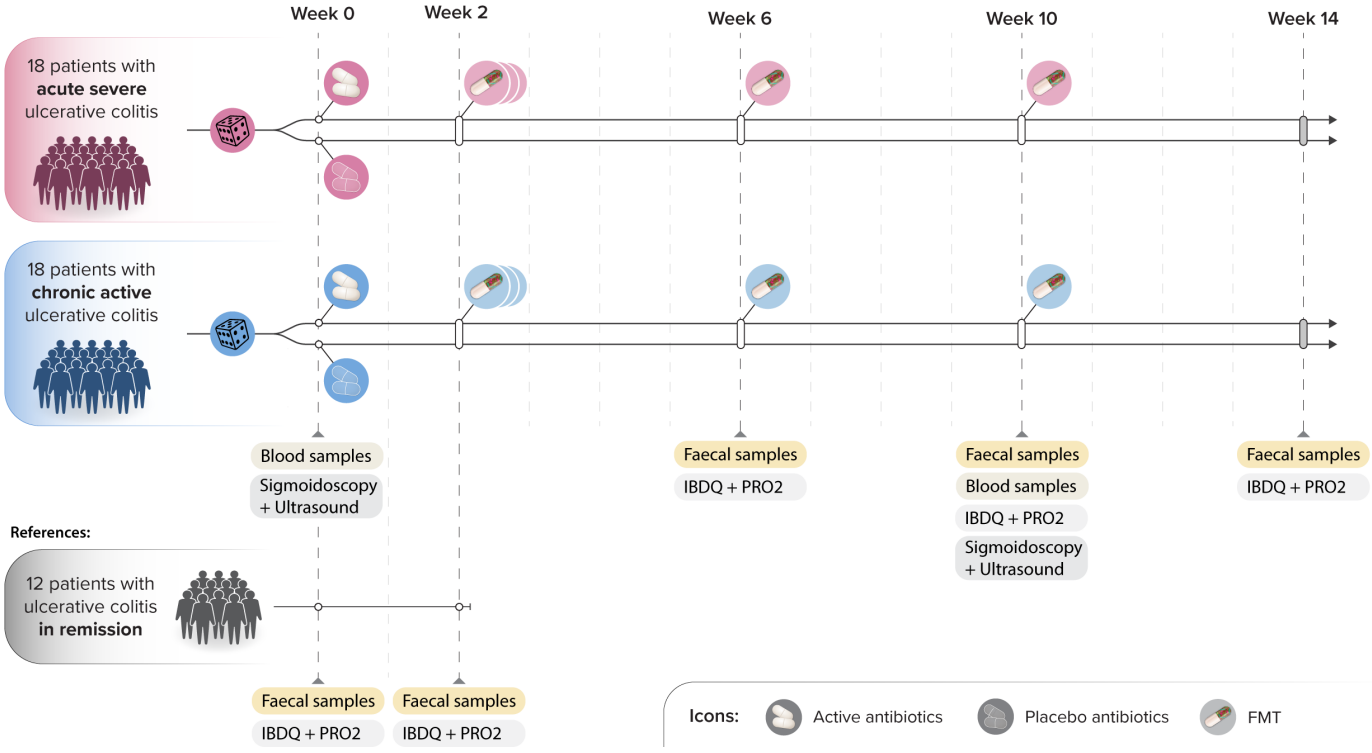
5. Study plan

5.1 Study design

This is an investigator-initiated, multi-arm, mechanistic study with a randomised, placebo-controlled antibiotic preconditioning before open-label FMT, and an observational reference cohort. The study includes 48 patients allocated to three patient groups: acute severe UC (ASUC), chronically active UC, and UC in remission (see Figure 1). In the first two groups, 18 patients per group will be randomised 1:1 to receive antibiotic pre-treatment or placebo for 10 days before their first FMT. The remission arm serves as the reference cohort and includes 12 patients without interventions. All patients adhere to their standard-of-care UC therapy throughout the study.

Patients with ASUC and active UC receive open-label capsule FMT at three time points: three components over five days starting the day after the 10-day antibiotic/placebo course, followed by one component after 4 weeks, repeated twice. Stool samples for microbiome analysis will be collected at each time point. Patient-reported outcomes are recorded using the IBDQ and PRO2 questionnaires at each time point. Blood samples, colonoscopy and abdominal ultrasound are performed at baseline and 8 weeks after the first FMT. The patients receive phone calls before and after the FMTs to enhance compliance and document adverse reactions. The study concludes 4 weeks after the recipient's last FMT (week 14).

Figure 1: Outline of the study therapy and data sampling regimen for the 48 enrolled patients.



5.2 Outcomes

The primary outcome is a composite of strain-, functional-, and taxonomic microbiome analyses. Universal standards do not exist, but we lean on expert opinions[14]. Donor strain engraftment is estimated by the patient engraftment dynamic score (PEDS), which corresponds to the proportion of donor strains engrafted in the recipient (%). Additionally, functional analyses and comprehensive taxonomic profiling will provide detailed descriptions of microbiomes thoughout the study.

Secondary outcomes include proportional persistence of recipient strains (PPRS), differences in donor- and component-strain engraftment, alpha and beta diversity, steroid-free clinical

remission, decrease in modified Mayo score, Simple clinical colitis activity index (SCCAI), cumulative steroid dose, intensification of UC treatment, decrease in faecal calprotectin and C-reactive protein, patient-reported outcomes, and safety.

5.3 Study population

Inclusion and exclusion criteria in the three arms are outlined in Table 1. Inclusion criteria for the specific arms aim to create a more homogeneous study population. In the first arm, patients are recruited from the ward. In the second and third arms, patients are recruited from the outpatient clinic. SCCAI is used at inclusion to grade the UC severity.

Table 1: Inclusion and exclusion criteria for the study population

Inclusion criteria	Exclusion criteria
- Ulcerative colitis diagnosis - Age over 18 years old - Capable of swallowing capsules	- Antibiotics within the last 3. months - Allergy to antibiotics used in the trial - Proton pump inhibitor use - Pregnant or nursing
First arm: Acute severe ulcerative colitis (ASUC)	
- ASUC defined according to the Truelove & Witts criteria[15] - Bio naïve - ASUC as UC debut manifestation	
Second arm: Non-ASUC active ulcerative colitis	
- SCCAI ≥ 3 (active disease) - Bio experienced - Failure of first-line TNF alpha inhibitor - Indication for change in treatment	
References: Ulcerative colitis in remission	
- SCCAI ≤ 2 (in remission) - Bio experienced - Brought to remission on first-line TNF alpha inhibitor - In remission for ≥ 6 months	

5.4 Intervention

5.4.1 Randomisation

Following inclusion, patients in the 1st and 2nd arms are randomised by the Hospital Pharmacy in the Central Denmark Region and are assigned a unique randomisation ID, which is maintained throughout the study. Participants and all personnel involved in the study will be blinded to the randomisation. Unblinding occurs when the last patient completes follow-up.

5.4.2 Antibiotic pre-treatment

The antibiotic pre-treatment is planned as a 10-day broad-spectrum regimen with amoxicillin 500 mg x 3 daily, vancomycin 125 mg x 4 daily, and metronidazole 1000 mg x 1 daily. This resembles the regimen described by Haifer et al.[11] , with the highest published efficacy rate in an RCT of FMT for active UC, but adds vancomycin due to the increased risk of *C. difficile* infection. The final antibiotics will be selected based on discussions with the microbiologists, taking national resistance patterns and local infection risks into account. This pre-treatment is considered safe and ethically secure for patients with UC when combined with FMT.

Placebo-antibiotics are produced by the Hospital Pharmacy, which packs, blinds and delivers placebo and active antibiotics.

5.4.3 Faecal microbiota transplantation (FMT)
FMT will be administered as capsules because they represent a non-invasive, patient-friendly intervention that can be taken at home, thereby enhancing the feasibility of the study. Each FMT component contains encapsulated minimally processed material from 50 g of donor faeces (≈25 capsules), which is the current dose measure. The capsules are swallowed over 30 minutes, starting the day after completing antibiotic treatment. Patients swallow capsules with apple juice to keep the acid-resistant capsules intact. The first FMT will be administered in the outpatient clinic to ensure the correct intake. The remaining components will be provided to patients for take-home use and are validated for storage at -20°C in the patient's freezer throughout the study.

5.5 Safety and adverse events

A 10-day course of amoxicillin, vancomycin and metronidazole is generally safe, with mostly mild gastrointestinal side effects such as diarrhoea. Multi-antibiotic regimens may promote resistance and warrant monitoring. FMT is well tolerated in UC, with transient diarrhoea, abdominal pain and fever most common in the first 24 hours. All adverse events are recorded in REDCap, and all serious adverse reactions are assessed by a specialist doctor.

5.6 Microbiome analyses

Samples from FMT donors, preparations, and patients are analysed using whole-genome sequencing and metagenomics. Data are run through strain-level detection pipelines to identify strains transferred from donor to FMT to patient. The donor sample is sequenced once (week 0), while preparations and patient microbiota are sequenced at each data collection point. Samples are handled and analysed by the Department of Molecular Medicine (MOMA) at Aarhus University Hospital, which will also conduct the bioinformatic statistics.

5.7 Statistical analyses

This is an exploratory pilot study, and no formal power calculation is feasible. Analyses will focus on effect sizes and descriptive patterns. Microbiome sequencing data will be analysed using longitudinal mixed-effects models, supplemented by non-parametric tests where appropriate, to compare groups over time. Clinical outcomes will be analysed using mixed-effects models with adjustment for baseline values, and biochemical responses in relation to PEDS will be explored using regression analyses. Patient-reported outcomes will be analysed as repeated measures using similar longitudinal models. All results will be interpreted exploratively. Statistical analyses will be performed in RStudio using current, validated packages.

6. Patient and public involvement (PPI)

Patients are engaged in the project design to ensure the study reflects their needs and feels relevant to their treatment course. We conducted qualitative interviews during the design phase to optimise and time the interventions to align with patients' everyday lives, improve feasibility, and support patient participation. PPI will also be used to develop and test recruitment materials to ensure they are understandable and meet patients' information needs.

7. Ethical relations

The study will be submitted to the Regional Ethics Committee (VEK) for approval before initiation and will be conducted in accordance with the principles of Good Clinical Practice (GCP). Written informed consent will be obtained from all participants before inclusion. Participation is voluntary, and patients may withdraw at any time without consequences for their medical care. Potential risks are considered acceptable in relation to the expected scientific and clinical benefits.

8. Time plan

Necessary personnel and logistics are in place. Funding applications run in Q4-2025 and Q1-2026. VEK approval and detailed project planning with the GCP Unit runs in Q1, 2026. Expected inclusion of the first patient: June 2026, with all 48 patients included by 30 November 2026 and follow-up completed by 31 March 2027. Laboratory analyses will be completed within 2 months after follow-up, and data analysis will be completed by 1 July 2027. Manuscript submission is planned for September 2027 and will be part of the applicant's PhD dissertation due on 30 November 2028.

9. Publication of results

The study protocol will be registered and made publicly available on ClinicalTrials.gov, and the results will be submitted for peer-reviewed publication with open access. After publication, the results will be shared with Colitis-Crohn Foreningen.

10. References

1. Gros, B. & Kaplan, G.G. Ulcerative colitis in adults: a review. *JAMA* **330**, 951-965 (2023).
2. Danish quality database for inflammatory bowel dyndrome (DANIBD). Report from 1 October 2022 to 30 September 2023. (The Danish Healthcare Quality Institute, https://www.sundk.dk/kliniske-kvalitetsdatabaser/dansk-kvalitetsdatabase-for-inflammatoriske-tarmsygdomme-danibd/viden/, 2024).
3. Fumery, M.*, et al.* Natural history of adult ulcerative colitis in population-based cohorts: a systematic review. *Clin Gastroenterol Hepatol* **16**, 343-356.e343 (2018).
4. Le Berre, C., Honap, S. & Peyrin-Biroulet, L. Ulcerative colitis. *Lancet* **402**, 571-584 (2023).
5. Worley, G.*, et al.* Colectomy rates for ulcerative colitis in England 2003-2016. *Aliment Pharmacol Ther* **53**, 484-498 (2021).
6. Kedia, S.*, et al.* Gut microbiome diversity in acute severe colitis is distinct from mild to moderate ulcerative colitis. *J Gastroenterol Hepatol* **36**, 731-739 (2021).
7. Bénard, M.V.*, et al.* Fecal microbiota transplantation outcome and gut microbiota composition in ulcerative colitis: a systematic review and meta-analysis. *Clin Gastroenterol Hepatol* **23**, 1719-1736 (2025).
8. Paaske, S.E.*, et al.* Real-world effectiveness of fecal microbiota transplantation for first or second Clostridioides difficile infection. *Clin Gastroenterol Hepatol* (2024).
9. El Hage Chehade, N.*, et al.* Efficacy of fecal microbiota transplantation in the treatment of active ulcerative colitis: a systematic review and meta-analysis of double-blind randomized controlled trials. *Inflamm Bowel Dis* **29**, 808-817 (2023).
10. Ianiro, G.*, et al.* Variability of strain engraftment and predictability of microbiome composition after fecal microbiota transplantation across different diseases. *Nat Med* **28**, 1913-1923 (2022).
11. Haifer, C.*, et al.* Lyophilised oral faecal microbiota transplantation for ulcerative colitis (LOTUS): a randomised, double-blind, placebo-controlled trial. *Lancet Gastroenterol Hepatol* **7**, 141-151 (2022).
12. Schmidt, T.S.B.*, et al.* Drivers and determinants of strain dynamics following fecal microbiota transplantation. *Nat Med* **28**, 1902-1912 (2022).
13. Lopetuso, L.R.*, et al.* Guidance for fecal microbiota transplantation trials in ulcerative colitis: the Second ROME Consensus Conference. *Inflamm Bowel Dis* **31**, 2408-2419 (2025).
14. Porcari, S.*, et al.* International consensus statement on microbiome testing in clinical practice. *Lancet Gastroenterol Hepatol* **10**, 154-167 (2025).
15. Truelove, S.C. & Witts, L.J. Cortisone in ulcerative colitis; final report on a therapeutic trial. *Br Med J* **2**, 1041-1048 (1955).

Project budget

Project title: Faecal microbiota transplantation in ulcerative colitis: the role of antibiotic preconditioning in donor microbiome engraftment
Institution: Aarhus University
Period: 01 December 2026 – 30 November 2028
Investigator: Nina Rågård
Supervisor and principal investigator: Christian Lodberg Hvas

	Expenses	**Financing**			
Salaries		*Colitis-Crohn Foreningen*	*Aarhus University*	*Internal funding*	*Other funding**
PhD student	1.458.900 kr.		1.458.900 kr.		
Pay supplement	90.000 kr.			90.000 kr.	
Study fee	120.000 kr.		120.000 kr.		
Lab technician (4 months/year)	167.600 kr.			167.600 kr.	
Statistician (approx. 30 hours)	30.000 kr.				30.000 kr.
Bioinformatician (2 months)	90.000 kr.				90.000 kr.
Project expenses**					
FMTs (180 components)	1.182.762 kr.			788.508 kr.	394.254 kr.
Antibiotics and placebo tablets	24.210 kr.				24.210 kr.
Microbiome analyses (248 samples)	297.600 kr.	100.000 kr.			197.600 kr.
Recruiting material	1.000 kr.			1.000 kr.	
Running costs					
Lab utencils	80.000 kr.				80.000 kr.
Faeces sampling kits (204 kits)	16.320 kr.				16.320 kr.
IT and AI software	5.333 kr.				5.333 kr.
Publication fees	50.000 kr.				50.000 kr.
Proofreading	4.000 kr.				4.000 kr.
Total without overhead	3.617.725 kr.	100.000 kr.	1.578.900 kr.	1.047.108 kr.	891.717 kr.
Institution administration overhead, 5%	180.886 kr.			180.886 kr.	
Total including overhead	**3.798.611 kr.**	100.000 kr.	1.578.900 kr.	1.227.994 kr.	891.717 kr.

*Funds will be applied from Aase og Ejnar Danielsens Fond, Gangstedfonden, and Aage og Johanne Louis-Hansen Fonden
**all routine clinical care (such as concomitant UC therapy) is embedded in the clinical department

Nina Rågård

Medical Doctor, PhD student

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Education

- **PhD student**
  Dec 2025 - now
  Department of Clinical Medicine
  Aarhus University
- **Master's in Medicine**
  2021 - June 2025
  Aarhus University
  GPA: 10.5
  Master thesis: 12
- **Research Year**
  2022 - 2023
  Aarhus University
  Focus: FMT preparation validation
- **Bachelor's in Medicine**
  2017 - 2021
  Aarhus University
  GPA: 10.1
  Bachelor thesis: 12
- **High School**
  2012 - 2015
  Odder Gymnasium
  GPA: 11.8 (12.7)

Courses

- **Flow Cytometry**
  PhD Course
  Aarhus University
  Hours: 37.5
  ECTS: 2.3
- **Visualize Your Science**
  PhD Course
  Online, Finland
  Hours: 120
  ECTS: 4
- **Literature Research**
  Student course
  Aarhus University
  Hours: 2
- **Biochemestry Lab techniques**
  Student course
  Aarhus University
  Hours: 20

Work experience

Dec 2025 - now	**PhD student**, Department of Clinical Medicine, Aarhus University. Project: Qualifying FMT in Ulcerative Colitis. CEFTA, LMT, AUH.
Feb 2023 - now	**Graphical design consultant** with expertise in research visualisation, LMT, AUH. Featured cover in AP&T, conference material, etc.
Aug 2025 - Nov 2025	**Clinical assistant**, Centre for Faecal Microbiota Transplantation (CEFTA), LMT, AUH. Research activity, video editing
Feb 2023 - Jun 2025	**Research assistant**, Centre for Faecal Microbiota Transplantation (CEFTA), LMT, AUH. Research activity, journal club participation etc.
Sep 2024 - Feb 2025	**AC bachelor** at Institute for Biomedicin, Aarhus University (AU). Steering committe remuneration for *The Overlooked Body* exhibition at Steno Museum. Employment committee member for AU Biomed. position.
Feb 2022 - Jan 2023	**Research Year**, AU. Title: Methods to evaluate donor faeces preparations for faecal microbiota transplantation (FMT)
May 2021 - Jan 2022	**Research assistant**, LMT, AUH
Jun 2017- Aug 2024	Employed at Testrup Højskole during holidays. Varying work tasks, including teaching, office administration, planning and administrating workshops.

Organisation

2024 - 2025	Nordic Microbiota Meeting (steering and organising committee)
2022, 12-13 Sep	FMT International Conference in Copenhagen (organising committee)
2021 - 2024	FMT national meeting in Aarhus (organising committee), once a year
2021, 26 Aug	Frontiers in FMT, international FMT 1-day meeting in Aarhus

Diversity work

2022 - now	Curating and planning the exhibition *The Overlooked Body* at Steno Museum to address historical neglect of female in health research (co-applicant, steering committee member)
2022 - now	Member of Linje X, a group working for diversity in academia
2022	Initiator to meeting with with Institution of Clinical Medicine, Aarhus University, to address sexism in student internships, leading to program amendments across all medical master's semesters.

Spare time activities

2017 - 2025	**Graphical editor** for an annual magazine provided by Testrup Højskole.
2021 - 2025	**Organising, conducting and teaching** workshops at Testrup Højskole's summer courses in August under the themes: Magazine production, Eurovision, Taylor Swift, and Drag show
2023-2025	**Testrup Højskole's Foundation committee member** working to increase diversity and help less well-off people to folk school (højskole)
2024 - 2025	**Executive committee member** for a newly commenced choir, Vokalensemble Århus – VÅR
2013 - 2025	**Musician**: Ambitious jazz singer and choir singer

Research output

Funding

Total funding		**7,905,400 DKK**
2025	Aarhus University, Faculty of Health, PhD scholarship (main applicant)	1,576,200 DKK
2023	Novo Nordic Foundation, *The overlooked body* exhibition (co-applicant)	6,000,000 DKK
2022	Beckett-Fonden, research equipment (co-applicant)	100,000 DKK
2022	Toyota-Fonden, research equipment (co-applicant)	100,000 DKK
2021	Aarhus University, Research Year Scholarship (main applicant)	129,200 DKK

Bibliographical information

Peer-reviewed publications: 8
First-authorships: 2
Last-autorships: 0
Citations: 183
H-index: 6
i10 index: 4
Links to bibliographical information: ORCID, Pure

Knowledge dissemination

2025, 19 Nov	Invited oral at Nordic Microbiota Meeting
2024, 5-6 Nov	Poster presentation at Nordic Microbiota Meeting
2024, Jun-Dec	Research supervisor for a Danish high school student enrolled in the programme ”Forskerspirer”
2024, 8 Mar	Invited speaker for Science Slam at Planetarium, Copenhagen, storytelling FMT research to the public
2023, 28 Sep	Organising, conducting and teaching an educational visit at LMT for two Gymnasium classes
2023, 26 Jun	Research Year defence at LMT, AUH
2023, 8 Feb	Invited speaker at the Light Rail Symposium by The Inflammation Network at Aarhus University
2022, 2 Sep	Poster presentation at the annual meeting for the Danish Society of Gastroenterology and Hepatology
2022, 1 Sep	Research presentation at the meeting for young researchers in the Danish Society of Gastroenterology and Hepatology
2022, 4 May	Research presentation at the annual symposium for Immunology, Dermatology, and Gastroenterology
2022, 1 Mar	Educating collegues on which tools in PowerPoint can be used to maintain audience attention
2022-2024	Annual reporting on my research at the recurring research meeting at LMT, AUH

Peer-reviewed publications

	Journal	*Year*
First author		
Validation methods for encapsulated faecal microbiota transplantation: a scoping review	Therap Adv Gastroenterol.	2025
Encapsulated donor faeces for faecal microbiota transplantation: the Glyprotect protocol	Therap Adv Gastroenterol.	2024
Co-author		
Improving Clinical Outcomes of Encapsulated Faecal Microbiota Transplantation for *Clostridioides difficile* Infection Through Empirical Donor Selection and Optimised Dosing: A Quality Improvement Study	Aliment Pharmacol Ther.	2025
Clinical management of *Clostridioides difficile* infection with faecal microbiota transplantation: a real-world cohort study	EClin Med	2025
Real-world effectiveness of fecal microbiota transplantation for first or second *Clostridioides difficile* infection.	Clin Gastroenterol Hepatol.	2025
Donor, patient age and exposure to antibiotics are associated with the outcome of faecal microbiota transplantation for recurrent *Clostridioides difficile* infection: A prospective cohort study	Aliment Pharmacol Ther.	2023
Early Economic Assessment of Faecal Microbiota Transplantation for Patients with Urinary Tract Infections Caused by Multidrug-Resistant Organisms.	Infect Dis Ther.	2023
Faecal microbiota transplantation for first or second *Clostridioides difficile* infection (EarlyFMT): a randomised, double-blind, placebo-controlled trial.	Lancet Gastroenterol Hepatol.	2022

Other publications

Co-author		
Faecal microbiota transplantation for first and second episodes of *Clostridioides difficil*e infection – Authors' reply	Lancet Gastroenterol Hepatol.	2023
Editorial: Continuous monitoring to improve outcome of treatment-the next step towards safe and effective faecal microbiota transplantation. Authors' reply	Aliment Pharmacol Ther.	2023
Featured Cover	Aliment Pharmacol Ther.	2023