

Human Microbiome Science

Vision for the Future

JULY 24 - 26, 2013

Owen White
Institute for Genome Sciences
University of Maryland



NIH HUMAN MICROBIOME PROJECT

Current News

July 2013

Human Microbiome Science: Vision for the Future conference to be held in Bethesda, MD July 24-26

May 2013

Human Microbiome Consortium Virtual Meeting: Approaches in Microbiome Assembly

May 2013

Booth at ASM 2013 (#639)

[More News Items](#)

Publications

Colitis-induced Bone Loss is Gender Dependent and Associated with Incr...

Topographic diversity of fungal and bacterial communities in human ski...

Comparative metagenomic and rRNA microbial diversity characterization ...

[More Publications](#)

Partner Resources

NIH Common Fund

NCBI HMP Data Repository



[Feedback](#)

Welcome to the Data Analysis and Coordination Center (DACC) for the National Institutes of Health (NIH) Common Fund supported Human Microbiome Project (HMP). This site is the central repository for all HMP data. The aim of the HMP is to characterize microbial communities found at multiple human body sites and to look for correlations between changes in the microbiome and human health. More information can be found in the menus above and on the NIH Common Fund site.

[GET DATA](#)

[GET TOOLS](#)

Areas of Interest

hmpdacc.org

Human Microbial Sampling

16S RNA and whole metagenome sequencing of samples collected from 300 healthy human participants, to characterize complexity of microbial communities at individual body sites and to provide insights into functions performed by the human microbiome...

[DACC Member Organizations](#)

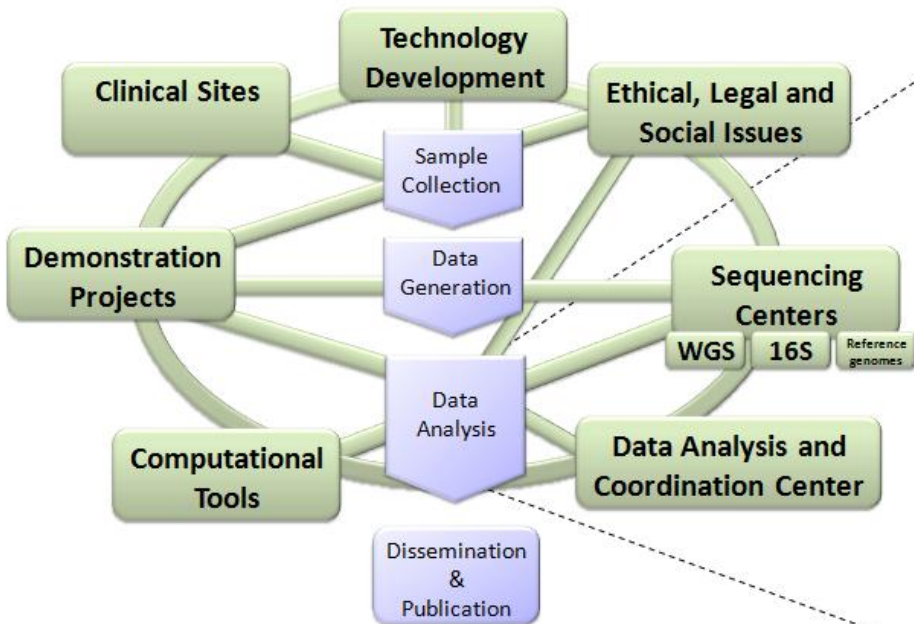
[Related Sites](#)



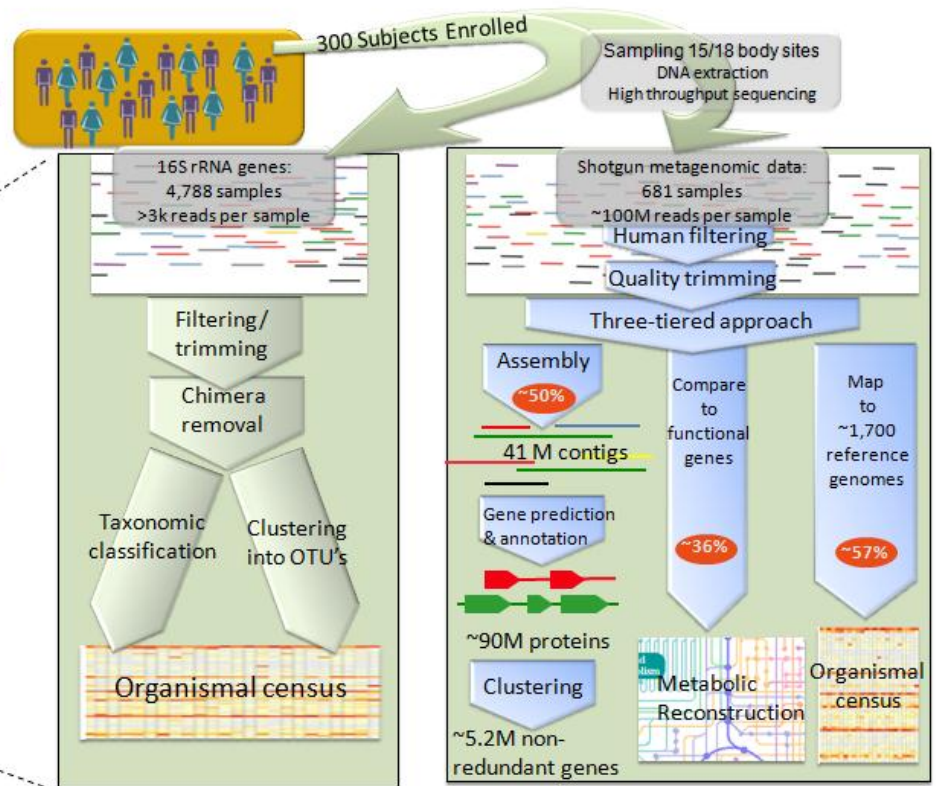
img/hmp m

CloVR

A Initiatives and Organization of the HMP

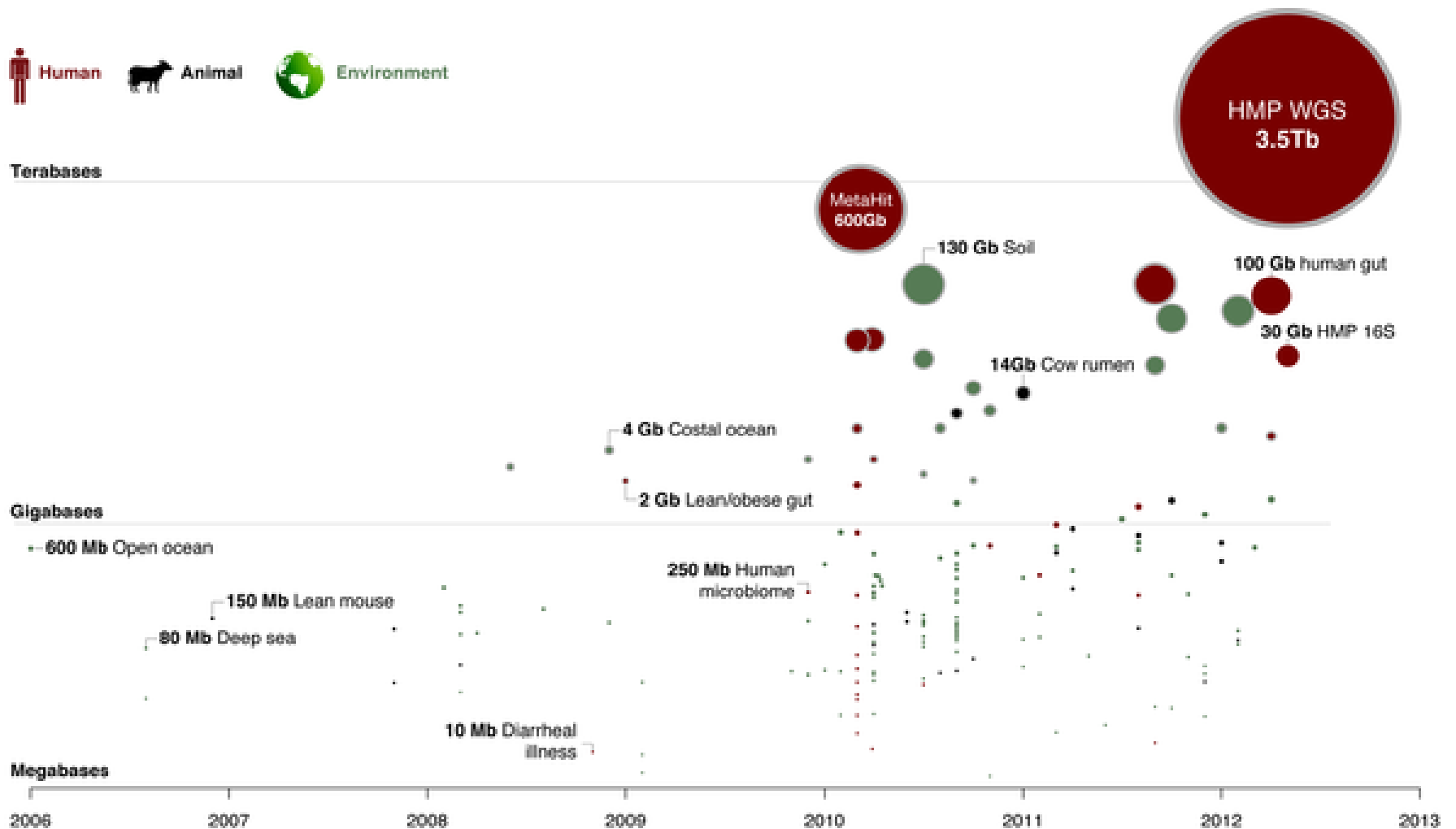


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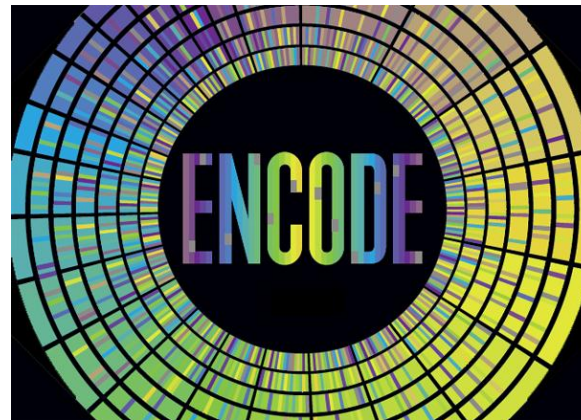
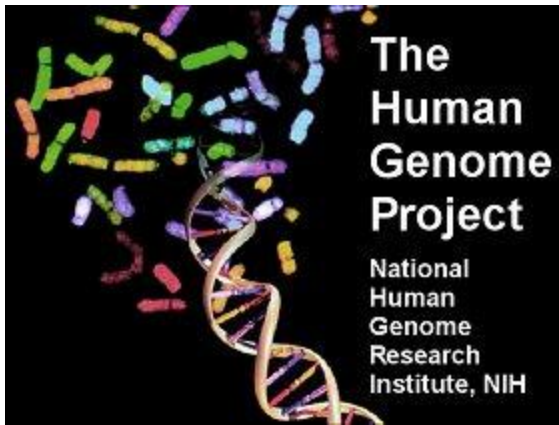
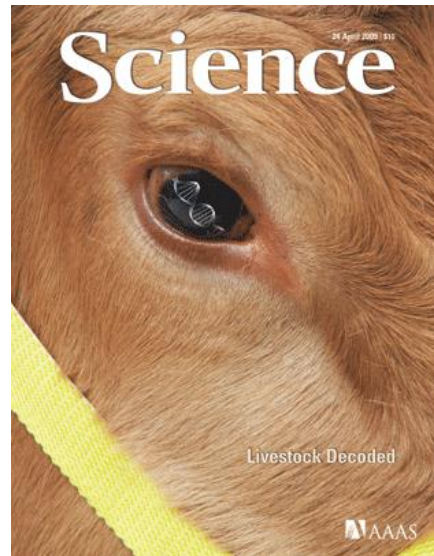
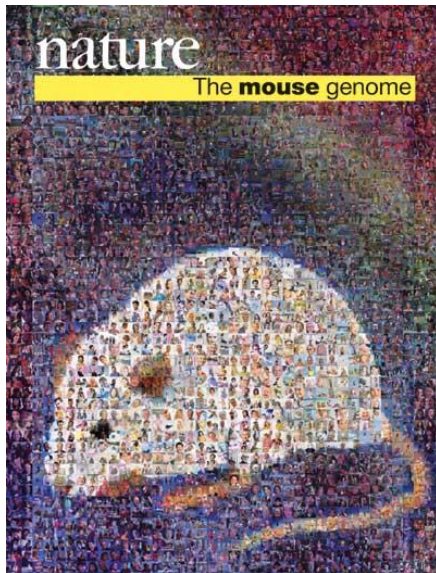


Gevers D, Knight R, Petrosino JF, Huang K, et al. (2012) The Human Microbiome Project: A Community Resource for the Healthy Human Microbiome. *PLoS Biol* 10(8): e1001377. doi:10.1371/journal.pbio.1001377
<http://www.plosbiology.org/article/info:doi/10.1371/journal.pbio.1001377>

Figure 1. Timeline of microbial community studies using high-throughput sequencing.



Gevers D, Knight R, Petrosino JF, Huang K, et al. (2012) The Human Microbiome Project: A Community Resource for the Healthy Human Microbiome. *PLoS Biol* 10(8): e1001377. doi:10.1371/journal.pbio.1001377
<http://www.plosbiology.org/article/info:doi/10.1371/journal.pbio.1001377>



Current and Previous RFAs

Title	RFA	Expired	NIH Institute/Center
The Role of Microbial Metabolites in Cancer Prevention and Etiology (U01)	PAR-11-152	Yes	NCCAM; NCI
Prevention of HIV Transmission/Acquisition through a better understanding of Reproductive Health (R01)	RFA-HD-13-008	Yes	NIAID; NICHD
Prevention of HIV Transmission/Acquisition through a better understanding of Reproductive Health (R03)	RFA-HD-13-009	Yes	NIAID; NICHD
Mircobiome and Viral Metagenomics Lab for TEDDY Study	ITN#12-17		
Genomes to Natural Products (U01)			
The Influence of the Microbiome on Preterm Labor			
Environmental Influences on the Microbiome (R01)			
Gut-Microbiome-Brain Interactions and Mental Health			
Dynamics of Host-Associated Microbial Communities			
Evaluation of Multi-'omic Data in Understanding Disease (U54)			
Mechanistic Research on CAM Natural Products			
Diet Composition and Energy Balance (R01)			DK; ODS
Genomic Centers for Infectious Diseases (U19)			
Preliminary Clinical Studies in Preparation for Laboratory and Alternative Medicine (CAM) Therapies (R34)			
Role of the Microflora in the Etiology of Gastrointestinal Diseases			
Biomarkers of Infection-Associated Cancers (R01)			
Biomarkers of Infection-Associated Cancers (R21)			
Enhancing Tumoricidal Activity of Natural Killer Cells			
Prevention (R01)			
Unconventional Roles of Ethanol Metabolizing Enzymes in Health and Disease			
Unconventional Roles of Ethanol Metabolizing Enzymes in Health and Disease			
Multidisciplinary Studies of HIV/AIDS and Aging (R21)	PAR-12-174		NCI; NHLBI; NIA; NIAAA; NIAID; NIAMS; NICHD; NIDA; NIMH; NINDS
Multidisciplinary Studies of HIV/AIDS and Aging (R01)	PAR-12-175		NCCAM; NCI; NHLBI; NIA; NIAAA; NIAID; NIAMS; NICHD; NIDA; NIDDK; NIMH; NINDS; NINR
Multidisciplinary Studies of HIV/AIDS and Aging (R03)	PAR-12-176		NCI; NIA; NIAAA; NIAID; NICHD; NIDA; NIMH
Exploratory/Developmental Clinical Research Grants in Obesity (R21)	PA-12-179		NCCAM; NCI; NHLBI; NICHD; NIDDK; ODS
The Role of Microbial Metabolites in Cancer Prevention and Etiology (U01)	PA-13-159		NCI

Common Fund
 NCCAM, NCI, NHLBI, NIA,
 NIAAA, NIAID, NIAMS,
 NICHD, NIDA, NIDCR,
 NIDDK, NIEHS, NIGMS,
 NIMH, NINDS, NINR

Changes in the Gut Microbiota Associated with Health and Disease

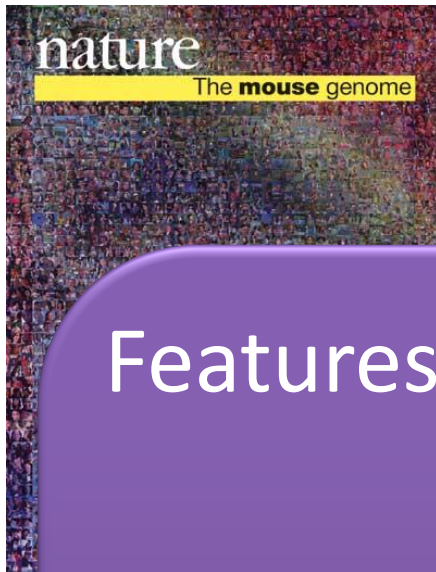
Disease/Health component	Microbiotic association	PubMedID
Autism	Modulating gut bacteria leads to behavioral improvement.	22114588
Allergies	Early colonization with Lactobacillus associated w/decreased allergies.	21512004
Anorexia	Bacteroidetes, Firmicutes, and Lactobacillus similar to lean patients though M. smithii significantly increased.	19774074
Bacterial vaginosis	Correlation of community profiles and Nugent criteria.	20534435
Celiac's disease	Higher diversity (Shannon-Wiener index) in Celiac's disease patients versus controls.	21565393
Cardiovascular disease	Gut microbiota-dependent metabolism of phosphatidylcholine .	21475195
Colorectal carcinoma	Fusobacterium nucleatum in colon cancer tissue.	22009990
Gastric Cancer	Carcinogenic pathway for developing gastric adenocarcinomas.	21937990
Pancreatic cancer	Neisseria elongata and Streptococcus mitis levels increase in saliva	21994333
IBD - Crohn's Disease	Less diversity in patients with Crohn's disease compared to healthy patients.	18401439
IBD (General)	IBD associated with overall community dysbiosis rather than single causal bacterial species	23013615
Multiple sclerosis	Vitamin D metabolism	20333556
Obesity	Significant changes in gut microbiota are associated with increasing obesity.	20368178
Reflux esophagitis	Prevalence of gram-negative anaerobes.	11902583
Rheumatoid arthritis	Altered epithelial and mucosal permeability, loss of immune tolerance	23378145
Sexual transmission	Vaginal bacterial communities and sexually transmitted infections.	22133886
Type 2 Diabetes	Betaproteobacteria enriched in diabetic persons.	20140211
Type 1 Diabetes	Lactate-producing and butyrate-producing species v β -cell autoimmunity	23274889
Psoriasis	Increased ratio of Firmicutes to Actinobacteria.	18648509

Host Immune System/Microbiota Interactions
Microbiome and Disease Associations
Functional Interactions between Host & Microbiome
Diet and the Microbiome
Translational Research and the Microbiome
Probiotics, MB Vaccines, Fecal Transplants

Summarizing, we are...

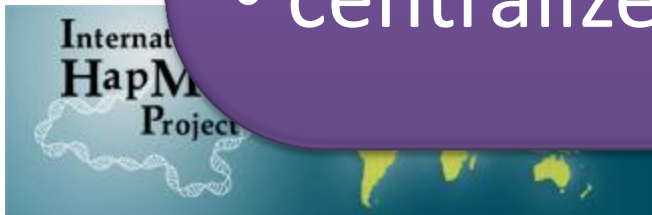
- Diverse in research areas and expertise
- Supported across several NIH institutes
- Hypothesis driven
- Many diseases, many systems
- Multi-disciplinary
- “Big” data generators and diverse data generators.





Features:

- common sample provenance
- common data provenance
- common protocol design
- centralized infrastructure
- centralized analysis infrastructure



electronic medical records & genomics

The Human Microbiome Community

¿ Can we operate as both?

- Coordinated consortium
- Independent hypothesis-driven researchers
- Benefits:
 - Increased certainty about the data
 - Increased usability of the data
 - Streamlining the IRB process
 - Assist w/computational needs
 - Training

SRA [Save search](#) [Advanced](#) [Help](#)

[Show additional filters](#) [Display Settings:](#) Summary, 20 per page [Send to:](#) [Filters:](#) [Manage Filters](#)

Access
Controlled (641)
Public (746)

Source
DNA (675)
RNA (26)
metagenomic (55)

Type
genome (424)

[Clear all](#)
[Show additional filters](#)

Results: 1 to 20 of 746 << First < Prev Page of 38 Next > Last >>

- [Human Feces](#)
1. 1 ILLUMINA (Illumina HiSeq 2000) run: 58.8M spots, 5.9G bases, 4Gb downloads
Accession: SRX323015
- [Human Feces](#)
2. 1 ILLUMINA (Illumina HiSeq 2000) run: 44.3M spots, 4.5G bases, 3Gb downloads
Accession: SRX323014
- [Human Feces](#)
3. 1 ILLUMINA (Illumina HiSeq 2000) run: 52.1M spots, 5.3G bases, 3.5Gb downloads
Accession: SRX323013
- [Human Feces](#)
4. 1 ILLUMINA (Illumina HiSeq 2000) run: 45.6M spots, 4.6G bases, 3.1Gb downloads
Accession: SRX323011
- [Human Feces](#)
5. 1 ILLUMINA (Illumina HiSeq 2000) run: 31.8M spots, 3.2G bases, 2.2Gb downloads
Accession: SRX323009
- [Human Feces](#)
6. 1 ILLUMINA (Illumina HiSeq 2000) run: 34.6M spots, 3.5G bases, 2.4Gb downloads
Accession: SRX323008
- [Human Feces](#)
7. 1 ILLUMINA (Illumina HiSeq 2000) run: 27.2M spots, 2.7G bases, 1.9Gb downloads
Accession: SRX322985

▼ **Top Organisms** [\[Tree\]](#)

- human metagenome (681)
- human gut metagenome (32)
- unidentified (32)
- human lung metagenome (1)

Search in related databases

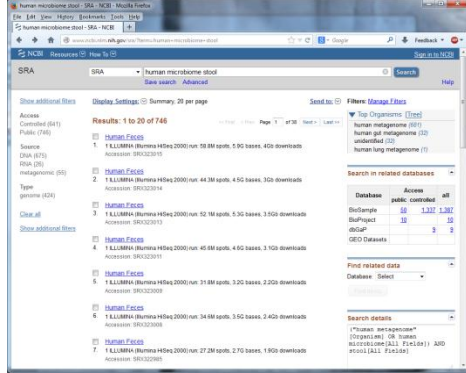
Database	Access		all
	public	controlled	
BioSample	50	1,337	1,387
BioProject	10		10
dbGaP		9	9
GEO Datasets			

Find related data

Database:

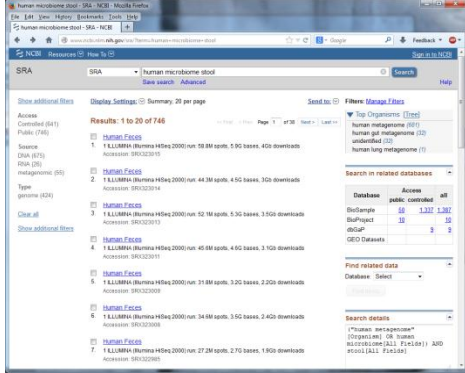
Search details

```
("human metagenome"
[Organism] OR human
microbiome[All Fields]) AND
stool[All Fields]
```



Data uncertainty

- Origin, library prep, nucleic acid prep
- Biological sample still available?
- Subject/volunteer still available?
- Publication, downstream citations
- Quality in comparison to all others
- Patient phenotype
- Associated with disease?



Data uncertainty

....with increased coordination

- Improved submission standards, with provenance
- Create a investigator registry, track biosamples
-and volunteer availability
-and their publications
- Large scale QC operations
- Improve dbGaP submissions
-including things like disease phenotype

Models for sequence submission

- Centralized submission broker?
- Improved submission tools?
 - Sequence/metadata standards/provenance
- Enroll help from journals, requiring
 - Common submission formats
 - Use of metadata standards
 - Descriptions of sample/volunteer availability
 - Protocols
 - All of above as supplemental data hosted @ journal?

Models for an investigator registry

- Track PIs based on literature and grant funding
- Track volunteers using a registry
- Improve coordination at IRB/approval level



Version: 5.7.0

About RePORTER
DATA

FAQ

ExPORTER

RePORTER
Manual

RSS of Newly
Added Projects



QUERY NEW

BROWSE NIH BETA

SUBMIT QUERY

CLEAR QUERY

Fiscal Year (FY): ?
Current FY is 2013

Active Projects

SELECT

RESEARCHER AND ORGANIZATION

Principal Investigator (PI) / Project Leader: ? ,
(Last Name, First Name) Use '%' for wildcard
[Enter several PI/Project Leader names](#)

Organization: ? LOOKUP

Please enter at least 3 characters to use Lookup.
 Contains Begins with Exact

Department: ? SELECT

Organization Type: ? SELECT

City: ?
Use '%' for wildcard

State: ? SELECT

Country: ? SELECT

Congressional District: ? SELECT

DUNS Number: ?

TEXT SEARCH

Text Search (Logic): ?

- And
- Or
-

Search in ?

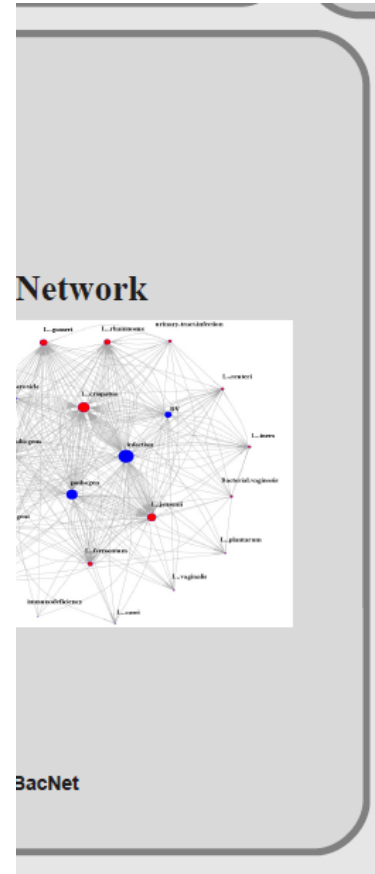
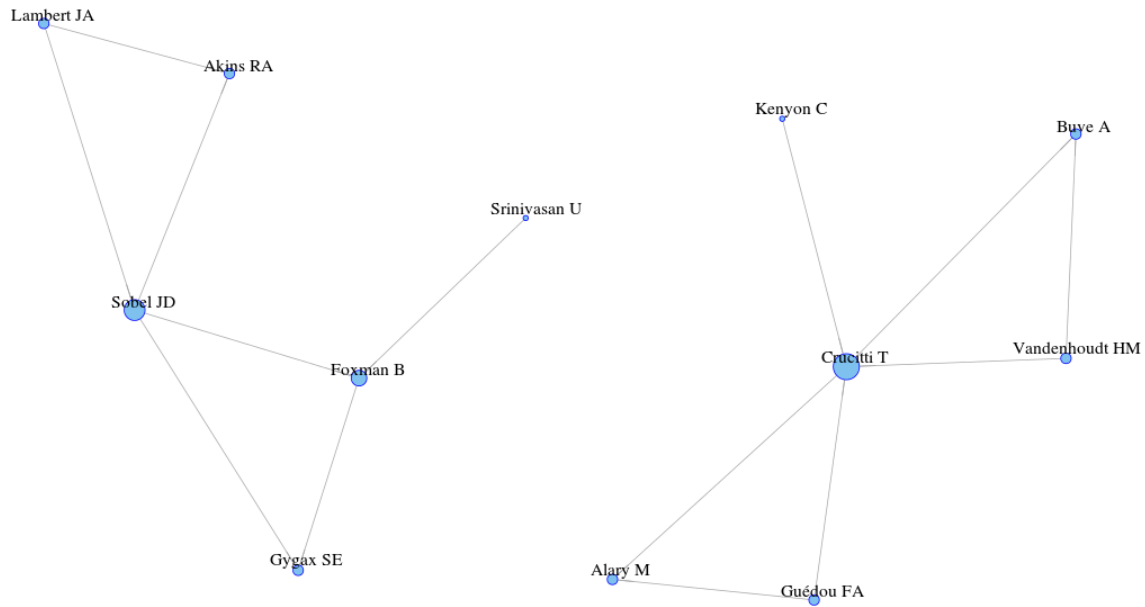
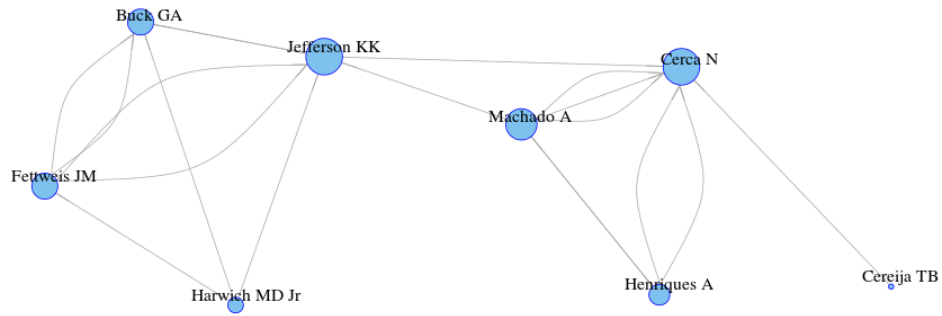
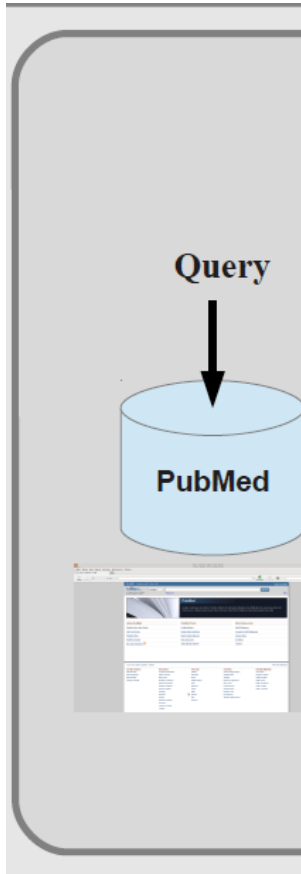
- Projects
- Publications
- Projects & Publications

Limit Project search to

- Project Title
- Project Terms
- Project Abstracts

Limit Publication search to

Start Year
End Year



**nikov,
Idaho**

Clinical research subject recruitment: the Volunteer for Vanderbilt Research Program www.volunteer.mc.vanderbilt.edu.

Harris PA, Lane L, Biaggioni I.

General Clinical Research Center, Vanderbilt University, Nashville, TN 37212, USA. paul.harris@vanderbilt.edu

Abstract

This article provides information concerning a novel research subject recruitment registry developed at Vanderbilt University. Project goals were (1) to provide a mechanism for lay individuals to self-enter information conveying interest in volunteering for clinical research and (2) provide tools for researchers to select and contact potential volunteers based on study-specific inclusion criteria. The registry was built and offered as an institutional resource to all university scientists conducting institutional review board-approved research. The authors present (1) a model for redesigning workflow associated with subject registration, volunteer retrieval, and subject contact; (2) details of a Web-based software application used as a focal point in designing workflow for our system; (3) descriptive statistics for volunteer and researcher use of the system during the first 32 months of operation; (4) cost estimates for the project; and (5) a set of recommendations for other medical centers wishing to adopt similar methodology.

ResearchMatch: a national registry to recruit volunteers for clinical research.

Harris PA, Scott KW, Lebo L, Hassan N, Lightner C, Pulley J.

Office of Research Informatics, Vanderbilt University, Nashville, Tennessee 37203, USA. paul.harris@vanderbilt.edu

Abstract

The authors designed ResearchMatch, a disease-neutral, Web-based recruitment registry to help match individuals who wish to participate in clinical research studies with researchers actively searching for volunteers throughout the United States. In this article, they describe ResearchMatch's stakeholders, workflow model, technical infrastructure, and, for the registry's first 19 months of operation, utilization metrics. Having launched volunteer registration tools in November 2009 and researcher registration tools in March 2010, ResearchMatch had, as of June 2011, registered 15,871 volunteer participants from all 50 states. The registry was created as a collaborative project for institutions in the Clinical and Translational Science Awards (CTSA) consortium. Also as of June 2011, a total of 751 researchers from 61 participating CTSA institutions had registered to use the tool to recruit participants into 540 active studies and trials. ResearchMatch has proven successful in connecting volunteers with researchers, and the authors are currently evaluating regulatory and workflow options to open access to researchers at non-CTSA institutions.



IRBshare

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What is IRBs

The IRBshare Sys
shared IRB review
multi-site studies
Participating Insti
Shared Review D
Shared Review P
supported by a c
secure web porta
IRBshare Master
("IMA"). IRBshare
human research
communication, a
nationwide.



= Full Board Review Sites



= Shared Review Sites

Shared IRB review for multi-site studies

- Common institutions submit review documents
- Divide/share review process
- Promoting consistency and compliance
- Easing IRB approval through cooperation



SRA SRA human microbiome stool Search

Save search Advanced

Help

Show additional filters

Access

Controlled (641)
Public (746)

Source

DNA (675)
RNA (26)
metagenomic (55)

Type

genome (424)

Clear all

Show additional filters



Metadata matters

Human Feces

7. 1 ILLUMINA (Illumina HiSeq 2000) run: 27.2M spots, 2.7G bases, 1.9Gb downloads
Accession: SRX322985

microbiome[All Fields] AND
stool[All Fields]

Metadata assessment across all demonstration projects : Thanks: Steve Sherry et al at dbGaP

IHMC Variable	Total Fraction Mappable (Identical+Mappable)					Fregal Microbiome in Development of Esophageal Adenocarcinoma	Urtrial microbiome of adolescent males	The Tri-ity Microbiome: The Role of the Gut Microbiota in Obesity in the Amish	Metagenomic Analysis of the Structure and Function of the Human Gut Microbiota in Crohn's Disease	Effect of Crohn's Disease Risk Alleles of Enteric Microbiota	Metagenomic study of the human skin microbiome associated with acne	The Microbial Ecology of Bacterial Vaginosis: A Five-Scale Resourcon Metagenomic Analysis	NIH Intramural Skin Microbiome
	Fraction Identical	Fraction Mappable	Fraction Not mappable	Fraction Not present	Fraction Mappable								
SUBJID	1.00	0.88	0.13			SUBJID	SUBJID	SUBJID	SUBJID	SUBJID	SUBJID	SUBJID	
Gender	0.94	0.94			0.06	Gender		SEX	Sex	SEX	sex		
Age	0.88	0.81	0.06	0.06	0.06	Age_at_first_visit	AgeAtEnrollment	AGE	DOB	AGE	age	age	
Race	0.81	0.44	0.38		0.19	Race	Race_Other_Text			RACE	ethnicity	ethnicity	
Other Race	0.56	0.31	0.25		0.44	Other Race	Race_Other				ethnicity	ethnicity	
Smoking	0.38	0.31	0.06		0.63	Smoking_status				SMOKING_STAT		smoke_ever	
Lab	0.31	0.19	0.13	0.06	0.63	Diagnosis	TID			CLOSTRIDIA_		nugent_score	
Smoking_duration	0.31	0.19	0.13		0.69	Smoking_status				DIFFICILE		smoke_ever	
Drugs	0.31	0.19	0.13		0.69	Antacids, Steroids, Antibiotics			Antibiotics		Currently Treated?	treatment1, treatment?	
Weight_kg	0.25	0.25		0.06	0.69								
BP	0.19	0.19			0.81			SBP, DBP					
Weight_lbs	0.19	0.19			0.81							Weight	
Height	0.19	0.19			0.81								
Disease	0.19	0.06	0.13		0.81				Status		face, nose		
Institution	0.13	0.00	0.13		0.88							highest_grade	
Dose	0.13	0.06	0.06		0.88								
Duration	0.13	0.06	0.06		0.88								
Start_date	0.13	0.13			0.88		TID		Disease duration				
Finish_date	0.13	0.13			0.88		TID		Disease duration				
Location	0.13	0.13		0.06	0.81	Other Country							

Minimum information about a marker gene sequence (MIMARKS) and minimum information about any (x) sequence (MlxS) specifications.

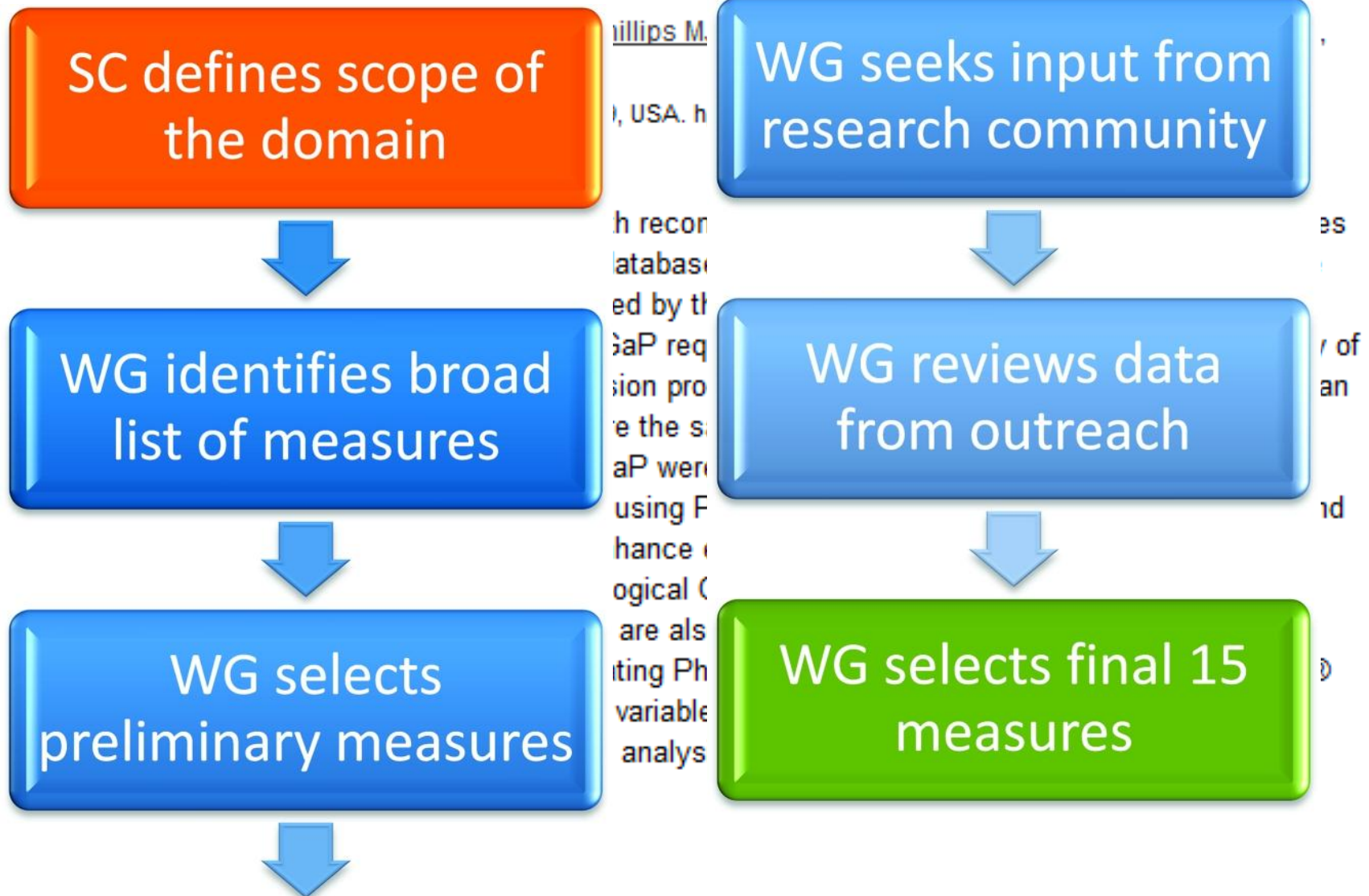
[Yilmaz P](#), [Kottmann R](#), [Field D](#), [Knight R](#), [Cole JR](#), [Amaral-Zettler L](#), [Gilbert JA](#), [Karsch-Mizrachi I](#), [Johnston A](#), [Cochrane G](#), [Vaughan R](#), [Hunter C](#), [Park J](#), [Morrison N](#), [Rocca-Serra P](#), [Sterk P](#), [Arumugam M](#), [Bailey M](#), [Baumgartner L](#), [Birren BW](#), [Blaser MJ](#), [Bonazzi V](#), [Booth T](#), [Bork P](#), [Bushman FD](#), [Buttigieg PL](#), [Chain PS](#), [Charlson E](#), [Costello EK](#), [Huot-Creasy H](#), [Dawyndt P](#), [DeSantis T](#), [Fierer N](#), [Fuhrman JA](#), [Gallery RE](#), [Gevers D](#), [Gibbs RA](#), [San Gil I](#), [Gonzalez A](#), [Gordon JI](#), [Guralnick R](#), [Hankeln W](#), [Highlander S](#), [Hugenholtz P](#), [Jansson J](#), [Kau AL](#), [Kelley ST](#), [Kennedy J](#), [Knights D](#), [Koren O](#), [Kuczynski J](#), [Kyrpides N](#), [Larsen R](#), [Lauber CL](#), [Leqq T](#), [Ley RE](#), [Lozupone CA](#), [Ludwig W](#), [Lyons D](#), [Maquire E](#), [Methé BA](#), [Meyer F](#), [Muegge B](#), [Nakielny S](#), [Nelson KE](#), [Nemerout D](#), [Neufeld JD](#), [Newbold LK](#), [Oliver AE](#), [Pace NR](#), [Palanisamy G](#), [Peplies J](#), [Petrosino J](#), [Proctor L](#), [Pruesse E](#), [Quast C](#), [Raes J](#), [Ratnasingham S](#), [Ravel J](#), [Reiman DA](#), [Assunta-Sansone S](#), [Schloss PD](#), [Schriml L](#), [Sinha R](#), [Smith MI](#), [Sodergren E](#), [Spo A](#), [Stombaugh J](#), [Tiedje JM](#), [Ward DV](#), [Weinstock GM](#), [Wendel D](#), [White O](#), [Whiteley A](#), [Wilke A](#), [Wortman JR](#), [Yatsunenkov T](#), [Glöckner FO](#).

Microbial Genomics and Bioinformatics Group, Max Planck Institute for Marine Microbiology, Bremen, Germany.

Abstract

Here we present a standard developed by the Genomic Standards Consortium (GSC) for reporting marker gene sequences—the minimum information about a marker gene sequence (MIMARKS). We also introduce a system for describing the environment from which a biological sample originates. The 'environmental packages' apply to any genome sequence of known origin and can be used in combination with MIMARKS and other GSC checklists. Finally, to establish a unified standard for describing sequence data and to provide a single point of entry for the scientific community to access and learn about GSC checklists, we present the minimum information about any (x) sequence (MlxS). Adoption of MlxS will enhance our ability to analyze natural genetic diversity documented by massive DNA sequencing efforts from myriad ecosystems in our ever-changing biosphere.

PhenX measures to identify opportunities for cross-study analysis.





New NIH Common Data Element (CDE) Portal, more [here](#)

Quick
Start

QuickStart



Tutorial



Substance Abuse
and Addiction

Welcome to the PhenX Toolkit

The Toolkit provides *standard* measures related to complex diseases, phenotypic traits and environmental exposures. Use of PhenX measures facilitates combining data from a variety of studies, and makes it easy for investigators to expand a study design beyond the primary research focus. All Toolkit content is available to the public at no cost.

Information about the project is available at www.phenx.org

[More »](#)

Please Read Toolkit Guidance

How to cite use of PhenX measures:

Measures incorporated in this study were selected from the PhenX Toolkit version April 29 2013, Ver 5.4. [More »](#)

How to cite the PhenX Toolkit:

[Hamilton, et al.](#) (2011) The PhenX Toolkit: Get the Most From Your Measures. *American Journal of Epidemiology*, 174(3), 253-60.

Funding for PhenX and the PhenX Toolkit was provided by NHGRI 5U01HG004597 and 3U01HG004597-03S3.



Browse



Search



My Toolkit



Registration

Registration

You may [browse](#) the PhenX Toolkit, but to save your work, you need to [Register](#). See additional [benefits](#) for registered users.

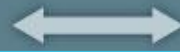
Existing users may login:

User ID:

Password:

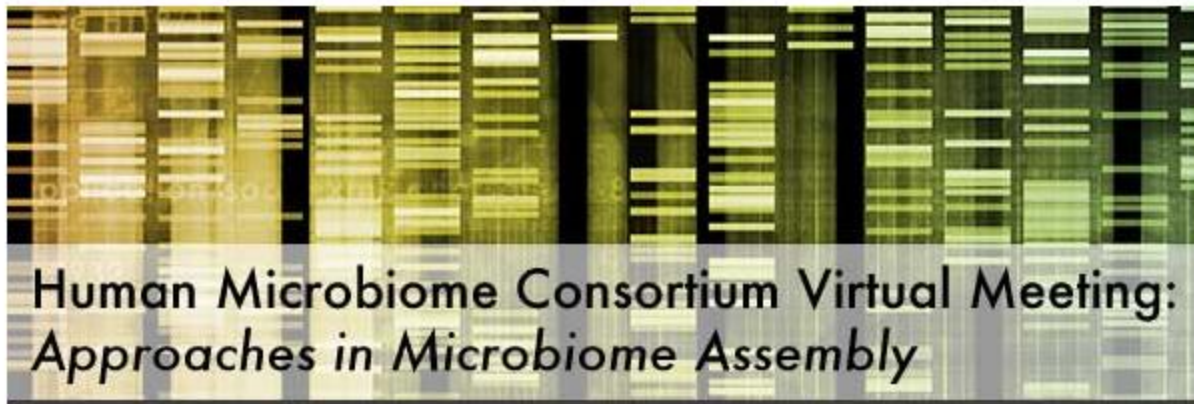
Scenario

- You're a member of the HM-PI registry
- You submit
 - IRB forms with specific description of patient phenotypes in your study
 - Biosamples or volunteers available to consortium
- ID other volunteers relevant to your study
- We monitor publications
- Assist journals with metadata standards
- Link all above data to SRA data



One possible protocol harmonization cross-validation approach.

- For a particular body site
- Gather protocols (~5)
- Test in the hands of a single technician
- Or randomize with multiple techs
- Review results, ID similar systems
- Distribute to larger testing network



Human Microbiome Consortium Virtual Meeting: *Approaches in Microbiome Assembly*

Presenters:



Dr. C. Titus Brown

Assistant Professor
Departments of Computer Science and Engineering
Microbiology and Molecular Genetics
Michigan State University



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Lab).

Gaps

- Training
- PI registry
- Metagenomic QC system
- Centralized processing/value addition to SRA
- Harmonized protocols
- Standards, submission tools
 - SRA / dbGaP
 - Journals

Janet Jansson
Jesse L. Goodman
Rosamond Rhodes
Eric Brown
Rob Knight
Eric D. Green
David A. Mills
Maria Dominguez-Bello
Curtis Huttenhower
Peter J. Turnbaugh
Ed Yong
Sarkis K. Mazmanian
Wendy S. Garrett
Jonathan Braun
Christian Jobin
Vince Young
Julian Davies
Kathryn G. Dewey
Andrew S. Neish
Ilan B. Jeffery
Robbie Barbero
Martin J. Blaser
Gary B. Huffnagle
Stanley Hazen
Richard R. Sharp
Heidi H. Kong
Elaine Petrof
Dan Rudolf Littman
Ted Dinan
Susan E. Erdman
Jacques Ravel
Frederic D. Bushman
Ruth E. Ley
Francis S. Collins
David A. Relman
Eugene B. Chang
Johanna W. Lampe
Alexander Khoruts

