

BIOGRAPHICAL SKETCH

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NAME: Olga C. Aroniadis

eRA COMMONS USER NAME (credential, e.g., agency login): oaroniad

POSITION TITLE: Associate Professor of Clinical Medicine

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Tufts University, Medford, MA	B.A.	05/2002	Biopsychology
Albert Einstein College of Medicine, Bronx, NY	M.D.	06/2008	Medical Doctorate
Montefiore Medical Center, Bronx, NY	Residency	06/2011	Internal Medicine
Montefiore Medical Center, Bronx, NY	Chief Residency	06/2012	Internal Medicine
Montefiore Medical Center, Bronx, NY	Fellowship	06/2015	Gastroenterology
Albert Einstein College of Medicine, Bronx, NY	M.S.	06/2016	Clinical Research Methods

A. Personal Statement

My research to date has focused on the use of microbial therapies, for the treatment of gastrointestinal (GI) diseases. I have an established track record of productivity, including >30 peer-reviewed publications. I am a clinical investigator with extensive experience studying various GI diseases, including *C. difficile* and irritable bowel syndrome, among others. I was PI of a multicenter pilot translational randomized controlled trial assessing the role of intestinal microbial restoration for the treatment of irritable bowel syndrome. This pilot RCT was completed and presented an oral abstract at Digestive Diseases Week Neurogastroenterology and Motility Distinguished Plenary Session in May 2018, for which I received recognition for Scientific Accomplishment as an Early Career Investigator and this work has since been published in a peer-reviewed journal. I am the recipient of the Einstein/Montefiore ICTR career development award under its "Track 2" program (2016-2017). Subsequently, the Einstein/Montefiore ICTR awarded me with a KL2 (2017-2019) career development award. Currently, I am a practicing clinician, educator and clinical researcher in the Department of Medicine at Stony Brook University Hospital. Moreover, I serve as Chief and Director of Clinical Research for the Division of Gastroenterology and Hepatology at Stony Brook University Hospital. Additionally, I am the Director of the Master in Science in Epidemiology and Clinical Research Program (MSECR) in the Program of Public Health at Stony Brook University which perfectly positions me to serve as Associate Program Director (APD) of the K12 program. My role as Director of the MSECR Program will enable me to leverage educational resources for our K12 scholars, including access to courses and mentorship opportunities. This role has also positioned me to serve a vital role in planning the curricular activities for our scholars. I have already been involved in planning of the curricular and mentor training for the institutionally supported *LINCATS Mentored Clinical and Translational Research Career Development Program*. As APD for the K12, I will work with the PDs, Drs. Mallipattu and Tsirka, to coordinate the K12 curriculum, scholar training activities, and mentor training programs. I have mentored >15 students in clinical and/or translational research and will work diligently with the K12 PDs to ensure that our scholars have access to the curricular and mentorship opportunities required to help foster the transition to an independent career in research. I am deeply invested in the mission and fully support the Long Island Network for Clinical And Translational Science (LINCATS)-K12.

Recently completed research support that I would like to highlight include:

KL2 Career Development Award (TR001071) Aroniadis (PI) 07/2017-07/2019
NIH/National Center for Advancing Translational Science (NCATS) Einstein-Montefiore CTSA Grant
Number KL2TR001071. The goal of this grant was to determine whether changes in the intestinal microbiome
following FMT can predict treatment response in patients with diarrhea-predominant IBS. This work was
completed and published.

Citations:

1. **Aroniadis OC**, Brandt LJ, Oneto C, et al. Fecal Microbiota transplantation for diarrhoea-predominant irritable bowel syndrome: a double-blind, randomised, placebo-controlled trial. *Lancet Gastroenterol Hepatol.* 2019;4(9):675-685.
2. **Aroniadis OC**, Brandt LJ, Greenberg A, Borody T, Kelly C, Mellow M, Surawicz C, Cagle L, Neshatian L, Stollman N, Giovanelli A, Ray A, Smith R. Long-term follow-up study of fecal microbiota transplantation (FMT) for severe and/or complicated *Clostridium difficile* infection (CDI). *J Clin Gastroenterol.* 2016; 50(5):398-402.
3. Brandt LJ, **Aroniadis OC**, Mellow M, Kanatzar A, Kelly C, Park T, Stollman N, Rohlke F, Surawicz C. Long-term follow-up of colonoscopic fecal microbiota transplant for recurrent *Clostridium difficile* infection. *Am J Gastroenterol.* 2012;107(7):1079-1087.

B. Positions, Scientific Appointments, and Honors

Positions and Employment

2019-	Associate Professor of Clinical Medicine, Division of Gastroenterology, Stony Brook University Hospital, NY
2015-2019	Assistant Professor, Division of Gastroenterology, Montefiore Medical Center, Bronx, NY
2012-2015	Fellow, Division of Gastroenterology, Montefiore Medical Center, Bronx, NY
2011-2012	Chief Resident, Department of Medicine, Montefiore Medical Center, Bronx, NY
2008-2011	Resident, Department of Medicine, Montefiore Medical Center, Bronx NY

Other Experience and Professional Memberships

2020-	American College of Gastroenterology (ACG), Educational Affairs Committee Member
2015-2018	American College of Gastroenterology (ACG), Training Committee Member
2014-2020	American College of Gastroenterology (ACG), Research Committee Member
2012-	New York Society of Gastrointestinal Endoscopy (NYSGE), Member
2011-	American Gastroenterological Association (AGA), Member
2011-	American College of Gastroenterology (ACG), Member
2007-2008	Albert Einstein College of Medicine, Division of Education, Committee Member
2007-2008	Albert Einstein College of Medicine, Internal Medicine Society, Committee Member

Honors

2018	Rising Star Award, Montefiore Medical Center, Department of Medicine
2017	ICTR KL2 Career Development Award
2016	ICTR Career Development Award; "Track 2" program
2015	Marcel Zimetbaum <i>Compleat Physician</i> award, Montefiore Medical Center Gastroenterology Fellowship Program
2014	Freston Microbiome Conference Travel Award
2013	NYSGE Award for Best Oral Presentation at the Digestive Disease Week Preview Forum
2013, 2011	ACG Governors Award for Excellence in Clinical Research, ACG Annual Meeting
2013, 2010	Presidential Distinction Award for Research Poster, ACG Annual Meeting
2012	Barry Mishkin Award for Humanity, Ethics and Excellence in the Practice of Medicine, Montefiore Medical Center Internal Medicine Residency Program
2009	M.D., awarded with Distinction in Research in Gastroenterology, Albert Einstein College of Medicine
2009	Resident Teaching Award, Montefiore Medical Center Internal Medicine Residency Program
2002	B.A., Biopsychology, awarded with summa cum laude and highest thesis honors, Tufts
2000-2001	Oxford University, Pembroke College, U.K., Biochemistry year-abroad

C. Contribution to Science

1. Several of my publications summarize the role of intestinal microbiome in the pathogenesis of various gastrointestinal and non-gastrointestinal diseases, one of which was aimed at describing the associations between post-infection irritable bowel syndrome, the microbiome and inflammation. Collectively, these publications laid the foundation for an RCT I led as PI that investigated the role of FMT, a non-conventional, microbial therapy, for the treatment of irritable bowel syndrome.
 - a. **Aroniadis OC**, Brandt LJ, Oneto C, et al. Fecal Microbiota transplantation for diarrhoea-predominant irritable bowel syndrome: a double-blind, randomised, placebo-controlled trial. *Lancet Gastroenterol Hepatol*. 2019;4(9):675-685.
 - b. Downs IA, **Aroniadis OC**, Kelly L, Brandt LJ. Postinfection irritable bowel syndrome: the links between gastroenteritis, inflammation, the microbiome and functional disease. *J Clin Gastroenterol*. 2017;51(10):869-877.
 - c. Pinn DM, **Aroniadis OC**, Brandt LJ. Is fecal microbiota transplantation (FMT) an effective treatment for patients with functional gastrointestinal disorders (FGID)? *Neurogastroenterol Motil*. 2015; 27(1):19-29.
 - d. **Aroniadis OC**, Brandt LJ. Role of fecal microbiota in treatment of *Clostridium difficile*. In: Johnson D (ed). *The GUT Microbiome: New Understanding and Applications for Disease Management*. 1st edn. Nova Science Publishers. 2015, pp. 167-178.
2. Several of my original contributions assessed factors related to the development of *C. difficile* infection and also described the role of FMT for the treatment of recurrent, severe and/or complicated *C. difficile* infection and its safety in immunocompromised patients. The latter studies emphasized that FMT can result in symptom amelioration and cure of gastrointestinal disease. Although these publications are not directly related to my current proposal, completion of this work re-affirmed by interest in studying non-conventional therapies for the treatment of gastrointestinal diseases.
 - a. **Aroniadis OC**, Brandt LJ, Greenberg A, Borody T, Kelly C, Mellow M, Surawicz C, Cagle L, Neshatian L, Stollman N, Giovanelli A, Ray A, Smith R. Long-term follow-up study of fecal microbiota transplantation (FMT) for severe and/or complicated *Clostridium difficile* infection (CDI). *J Clin Gastroenterol*. 2016; 50(5):398-402.
 - b. Agrawal M, **Aroniadis OC**, Brandt LJ, et al. The long-term efficacy and safety of fecal microbiota transplant for recurrent, severe and complicated *Clostridium difficile* infection in 146 elderly individuals. *J Clin Gastroenterol*. 2016;50(5):403-407.
 - c. Kelly C, Ihunnah C, Fischer M, Khoruts A, Surawicz C, Afzali A, **Aroniadis OC**, et al. Fecal microbiota transplantation of *Clostridium difficile* infection in immunocompromised patients. *Am J Gastroenterol*. 2014; 109(7):1065-1071.
 - d. Brandt LJ, **Aroniadis OC**, Mellow M, Kanatzar A, Kelly C, Park T, Stollman N, Rohlke F, Surawicz C. Long-term follow-up of colonoscopic fecal microbiota transplant for recurrent *Clostridium difficile* infection. *Am J Gastroenterol*. 2012;107(7):1079-1087.
3. Since the onset of the COVID-19 pandemic, I have assumed leadership roles related to COVID-19 both regionally and nationally. Specifically, I was part of an NYSGE focus group on COVID-19 and also on the Steering Committee for a national consortium (NAADMC) aimed to characterize GI manifestations of COVID-19. These leadership roles have already culminated in 7 distinct publications, one of which focused on our current knowledge of the GI manifestations of COVID-19 and future directions for research.
 - a. **Aroniadis OC**, DiMaio CJ, Dixon RE, et al. Current knowledge and research priorities in the digestive manifestations of COVID-19. *Clin Gastroenterol Hepatol*. 2020;Apr 22:S1542-3565.
 - b. Sethi A, Swaminath A, Latorre M, Behin DS, Jodorkovsky D, Calo D, **Aroniadis OC**, et al. Donning a new approach to the practice of gastroenterology: perspectives from the COVID-19 pandemic epicenter. *Clin Gastroenterol Hepatol*. 2020;Apr 21:S1542-3565.

- c. Mahadev A, **Aroniadis OC**, Barraza L, et al. Impact of the COVID-19 pandemic endoscopy practice: results of a cross-sectional survey from the New York metropolitan area. *Gastrointest Endosc.* 2020; 92(3):788-789.
 - d. Mahadev A, **Aroniadis OC**, Barraza LH, et al. Gastrointestinal endoscopy during the coronavirus pandemic in the New York area: results from a multi-institutional survey. *Endosc Int Open.* 2020;8(12):E1865-1871.
4. Early in my career, my focus was on vascular malformations and ischemia of the gastrointestinal tract. Our work has revealed that patients with isolated right-sided colon ischemia (IRCI) and concurrent or proximate acute mesenteric ischemia have higher colectomy and mortality rates than those with IRCI alone. Additionally, we have published data on clinical and pathologic features associated with poor outcomes among patients with CI. These publications were instrumental for laying the foundation for my career in clinical research.
- a. Fenster M, Feuerstadt PF, Brandt LJ, Mansoor S, Huisman T, **Aroniadis OC**. Real-world multicenter experience of the pathological features of colonic ischaemia and their relationship to symptom duration, disease distribution and clinical outcome. *Colorectal Dis.* 2018;20(12):1132-1141.
 - b. Silverman M, **Aroniadis OC**, Feuerstadt P, et al. Older patients are significantly more likely to have colon ischaemia-associated conditions that are chronic and complex. *Aliment Pharmacol Ther.* 2019;49(12):1502-1508.
 - c. Brandt LJ, **Aroniadis OC**. Vascular lesions of the gastrointestinal tract. In: Feldman M, Friedman LS, Brandt LJ (eds). *Sleisenger and Fordtran's Gastrointestinal and Liver Disease.* 10th edn. Saunders: Pennsylvania, 2015 pp. 617-635.
 - d. Feuerstadt P, **Aroniadis OC**, Brandt LJ. Features and outcomes of patients with ischemia isolated to the right side of the colon when accompanied or followed by acute mesenteric ischemia. *Clin Gastro Hepatol.* 2015;13(11):1962-1968.

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