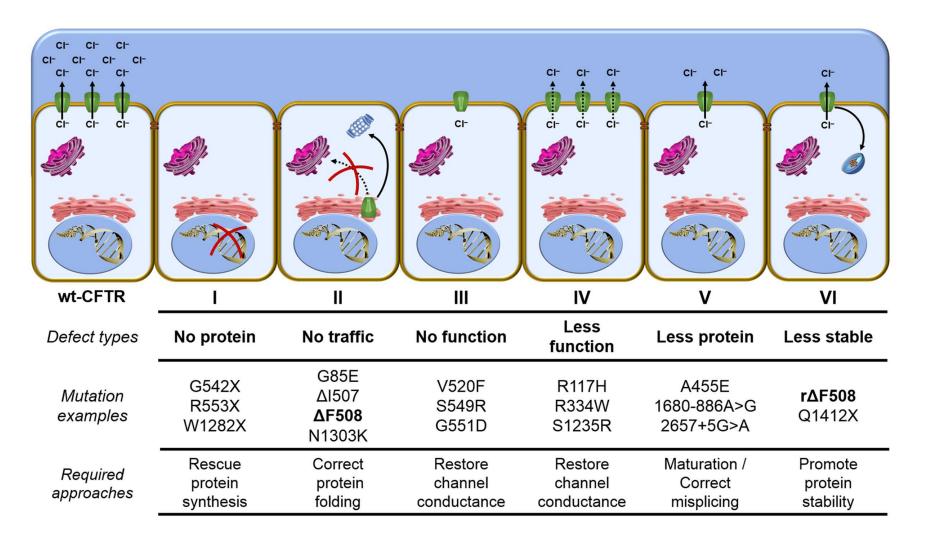
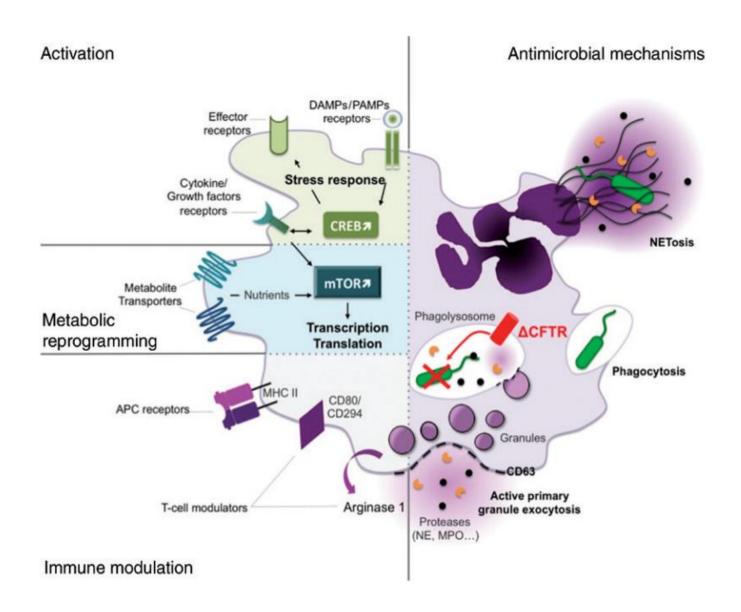
Why care about infection in CF?

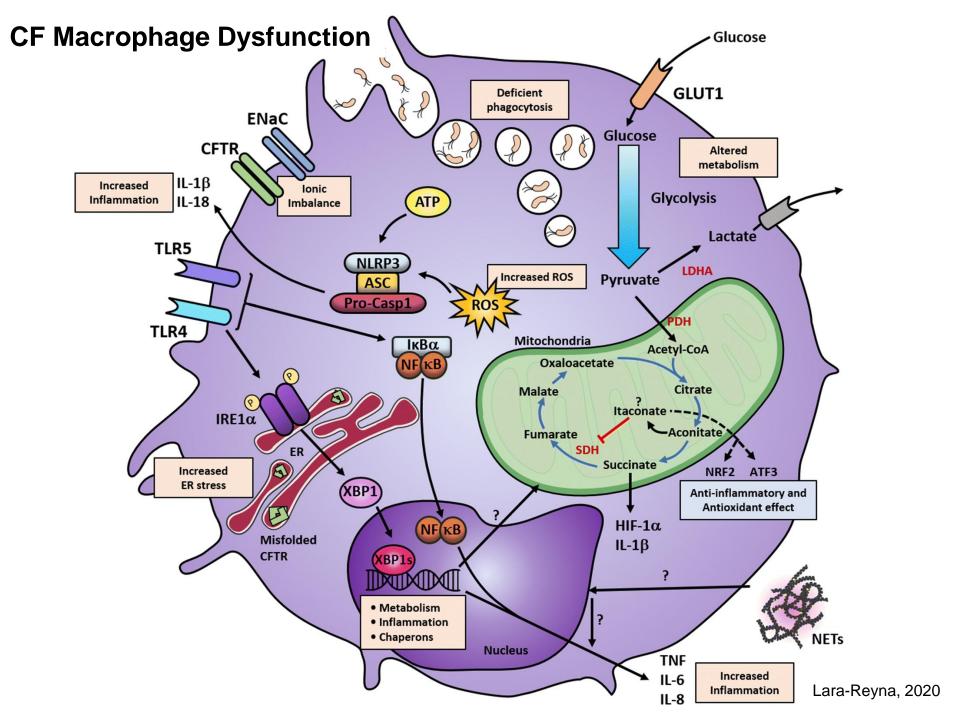
Culture Data for Individuals Seen in 2017					
	Bacteria		Percent with Infection	Median Age in Years at First Infection	Distinctive Features in CF
		P. aeruginosa	44.6	5.2	A leading cause of airway infection Associated with a decline in lung function 17.9% of strains are multidrug-resistant
	~	B. cepacia complex	2.4	19.4	Small proportion of people with CF infected Can lead to rapid deterioration Multidrug-resistant
		MRSA	25.2	11.1	Prevalent among people with and without CF Multidrug-resistant Health care and community-associated strains
	*	S. maltophilia	12.6	9.4	Found in water, soil, plants, animals, and hospital environments Often multidrug-resistant
	22	Achromobacter xylosoxidans	5.8	13.8	Inhabits natural environment, including soil and water Often multidrug-resistant
	W	Non-tuberculous mycobacteria	12.6	20.7	Found in water and soil Sporadic reports of person-to-person spread Treatment is rigorous and often poorly tolerated

Mutation classes and Trikafta Mechanism

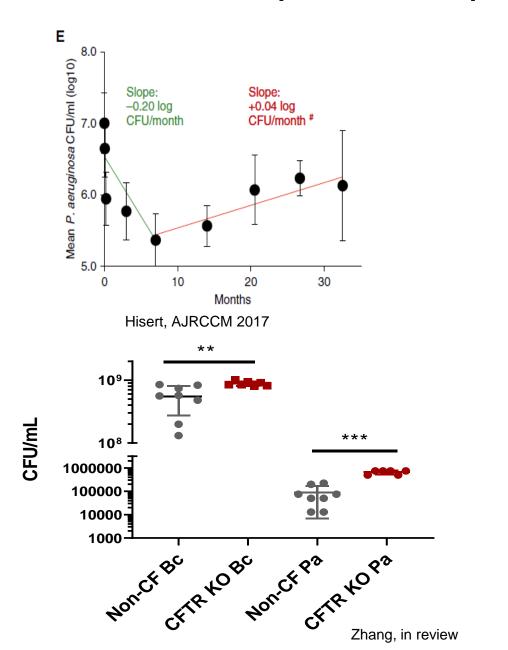


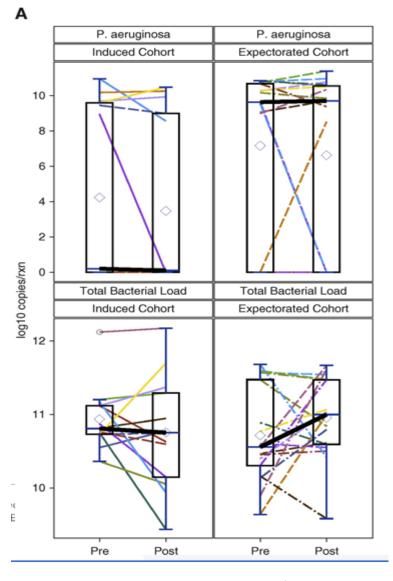
Neutrophil dysfunction in CF





Infections persist despite CFTR modulators





Harris, 2020. Ivacaftor cohort

Opportunistic pathogens & CF immune cells

B. cenocepacia

- Reduces MΦ ROS production
- Decreases MФ autophagy

S. aureus

- Persist intracellularly
- Autophagy subversion

P. aeruginosa

- Biofilms
- Exacerbated immune responses

NTM

- M. abscessus, a virulent highly antibiotic-resistant NTM
- Two colony morphology variants
- CF MΦs fail to control the rough variant compared to smooth

Cure CF Columbus (C3) Research Program

- Twice Monthly seminar series
- Translational Core
- Immune Core
- Epithelial Core
- http://www.curecfcolumbus.org/immune.html



OME CORE SERVICE

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