

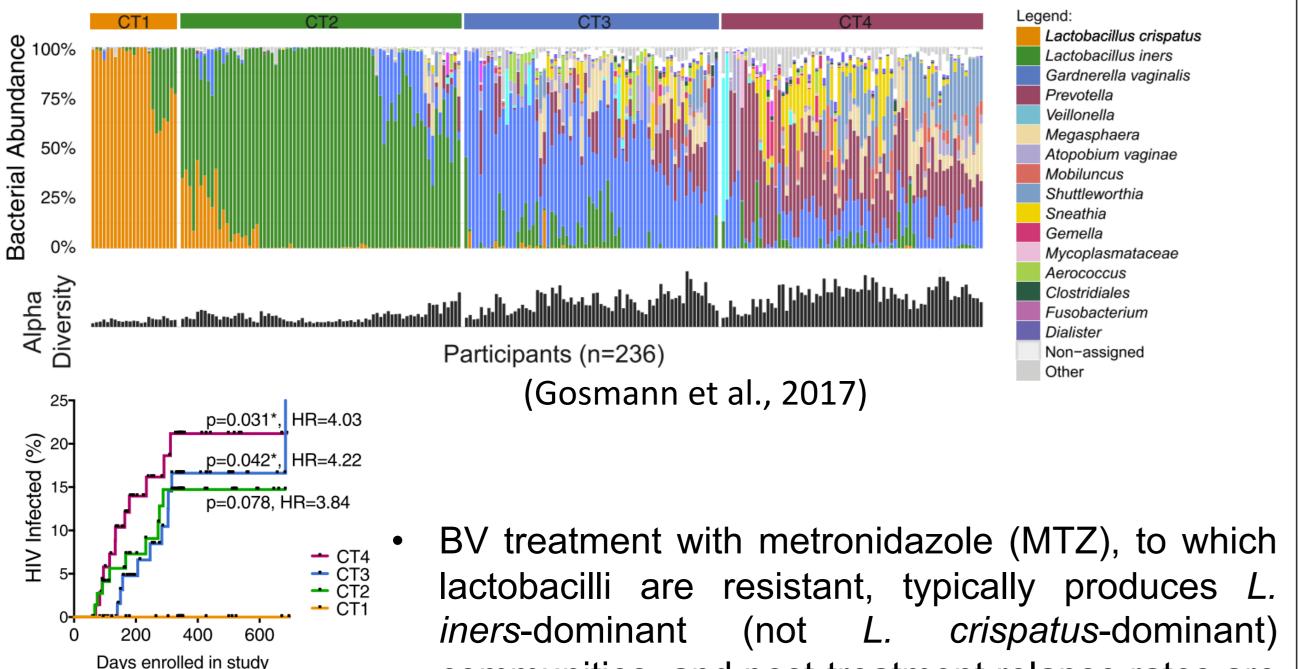


Combining standard bacterial vaginosis treatment with cystine uptake inhibitors to block growth of Lactobacillus iners is a potential target for shifting the cervicovaginal microbiota towards health-associated Lactobacillus crispatusdominant communities

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Introduction:

- Cervicovaginal microbiome domination by Lactobacillus crispatus is associated with protection from HIV and with other beneficial outcomes.
- By contrast, *L. iners*-dominance is associated with adverse outcomes and higher risk of bacterial vaginosis (BV) and HIV (Fig).



- high. Selectively inhibiting *L. iners* during BV treatment could mitigate HIV risk by favoring shifts to L. crispatus-dominant communities, but L. iners has been difficult to phenotypically characterize in vitro because it fails to grow in standard Lactobacillus MRS media unlike other cervicovaginal lactobacilli.
- We investigated *L. iners* growth characteristics to identify the basis for its unique growth requirements and to develop strategies for inhibiting it in favor of *L. crispatus*.

Methods:

- Bacteria were cultured anaerobically. Mono-culture growth in broth +/supplements or inhibitors was quantified by optical density.
- Comprehensive Lactobacillus genome collections assembled from novel and published isolate genomes and from metagenomically assembled genomes were annotated using Prokka, Roary, and eggNOG.
- Competitive mixed cultures employing mock microbial communities +/inhibitors were quantified via 16S rRNA gene sequencing.

Lactobacillus crispatus actobacillus iners Gardnerella vaginalis topobium vagir Shuttleworth Mvcoplasmatacea Aerococcus Clostridiales Fusobacterium Non-assigned

communities, and post-treatment relapse rates are

