SHERMAN PRIZE
Inspiring Excellence in Crohn's and Colitis

# Sherman Prize Announces 2020 Honorees

*- Recipients' recognized for advocating relentlessly for patients, leading adoption of best practices in patient care and advancing novel research, such as confirming bowel inflammation as a risk factor for colorectal cancer, describing the relationship between diet and the gut microbiome and establishing efficacy of fecal microbiota transplantation in IBD -*

**BOCA RATON, Fla., October 29, 2020** – The Bruce and Cynthia Sherman Charitable Foundation announced the recipients of the 2020 Sherman Prizes and Sherman Emerging Leader Prize, adding to its Honor Roll of legendary pioneers in the field of Crohn's disease and ulcerative colitis, also known as inflammatory bowel diseases (IBD). All honorees share a passionate commitment to advancing IBD care, having dedicated their careers to the fight to overcome these diseases.

**David T. Rubin, MD, FACG, AGAF, FACP, FASGE, FRCP (Edinburgh)**, Joseph B. Kirsner Professor of Medicine; Chief, Section of Gastroenterology, Hepatology and Nutrition; Co-Director, Digestive Diseases Center; University of Chicago Medicine, Chicago, IL, is widely renowned in the IBD community as a brilliant clinician, creative researcher, tireless advocate and trailblazing educator. Dr. Rubin is awarded a $100,000 Sherman Prize for his unwavering dedication to advancing the field and his fierce advocacy to protect and promote patients' access to optimal care, ambitions that harken back to his fellowship in clinical medical ethics. Dr. Rubin's research that demonstrated inflammation as a risk factor for colorectal cancer in IBD patients has made a profound impact on treatment goals and his recent work leading education efforts around COVID-19 and IBD has shaped patient care during these challenging times. Dr. Rubin is an inspiration to his trainees and to IBD professionals, motivating their own work and research, and a beacon of hope to patients who know that he'll never stop fighting for them.

**Gary D. Wu, MD**, Ferdinand G. Weisbrod Professor in Gastroenterology; Director, Penn Center for Nutritional Science and Medicine; Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, has pioneered the study of the gut microbiome in IBD, publishing seminal research on the relationship between diet and the microbiome — enabling multiple areas of research into dietary interventions for IBD. Today, he continues to push the boundaries of this research to unravel the mechanisms by which food and nutrition can cause, prevent or treat Crohn's disease and ulcerative colitis. Dr. Wu is awarded a $100,000 Sherman Prize for bringing together multi-disciplinary research teams to translate his innovative wet bench research findings into novel treatment approaches. He leads this team of innovators at the Penn Center for Nutritional Science and Medicine, where they study how the underlying biology of the food we eat ultimately affects our health. As he advances this research, Dr. Wu has also dedicated himself to developing the next generation of physician scientists and is widely regarded for his superb mentorship of trainees and junior faculty.

**Jessica R. Allegretti, MD, MPH**, Associate Director, Crohn's and Colitis Center and Director, Fecal Microbiota Transplant Program, Brigham and Women's Hospital; Assistant Professor of Medicine, Harvard Medical School, Boston, MA, is a highly regarded expert in the field of fecal microbiota transplantation (FMT) and microbiome therapeutics, establishing the therapy as an effective treatment in IBD patients with recurrent c. difficile infection. Dr. Allegretti is awarded the $25,000 Sherman Emerging Leader Prize for her commitment to these vulnerable, poorly understood and difficult-to-treat patients, building a world-class FMT program at Brigham and Women's Hospital and teaching other institutions how to do the same. Dedicated to ensuring all patients have access to treatment options, Dr. Allegretti has also established her IBD Center as a clinical trials hub in New England, which now attracts patients from all over the region for help with their complex cases. As she moves this research forward, the IBD community will likely see more advances from Dr. Allegretti in the years to come.

"For five years, my wife, Cynthia, and I have celebrated the achievements of healthcare professionals whose persistent efforts have made such a huge impact. And each year we've been awed by extraordinary individuals, like Drs. Gary Wu, David Rubin and Jessica Allegretti, who give so much of themselves to help people with IBD," said Bruce Sherman, Founder of the Sherman Prize. "In a year of unprecedented challenges, Cynthia and I are particularly honored to recognize these IBD leaders who have continued their exceptional work, while protecting vulnerable patients' access to care at a time when they need it most. We thank these healthcare heroes and salute all those going above and beyond for patients during this critical time."

The Sherman Prizes will be presented by the Prize Selection Committee at the Advances in IBD virtual conference on Dec. 9.

"Drs. Rubin, Wu and Allegretti inspire our community – showing that even in extraordinary times that tremendous advances against IBD are possible when outstanding talent meets passion, commitment and perseverance," said Dr. Dermot P.B. McGovern, Sherman Prize Selection Committee Chair and the Joshua L. and Lisa Z. Greer Endowed Chair in Inflammatory Bowel Disease Genetics at Cedars-Sinai. "Their dedication to clinical care, research, and training exemplify all that is best in our community and give us hope that one day we will overcome these diseases."

**About the Sherman Prize**

The Sherman Prize was founded in 2016 by the Bruce and Cynthia Sherman Charitable Foundation to honor innovators from a variety of professional disciplines who have dedicated their careers to the fight to overcome IBD and represent "Excellence in Crohn's and Colitis" in their chosen endeavors. Every year, two $100,000 Sherman Prizes are awarded to IBD visionaries to recognize their exceptional and pioneering contributions that have transformed the care of people with IBD. A $25,000 Sherman Emerging Leader Prize is awarded to an IBD professional who, while early in her or his career, has contributed to an advancement and shows great promise for significant future contributions. Visit ShermanPrize.org to view the Honor Roll of Sherman Prize recipients, watch their inspiring short tribute films and sign up to receive notification of the 2021 nomination cycle.

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**INFORMATION ON THE OUTSTANDING ACHIEVEMENTS OF THE 2020 SHERMAN PRIZE HONOREES FOLLOWS.**

## The 2020 Sherman Prize Honorees

### *Dr. David T. Rubin, a gifted physician scientist and master educator, as well as a tireless advocate for people with IBD, who is guided by his philosophy of "service over self" to alleviate suffering*

Dr. Rubin is a brilliant clinician who provides reassurance, and importantly hope, to patients who seek him out from far and wide. They see him as a problem solver who offers comfort and care, helping them overcome both the physical and emotional impacts of their disease.

Alleviating their suffering and protecting the most vulnerable is what drives Dr. Rubin's tireless efforts to push the field forward. And addressing his patients' unmet needs is what informs his innovative research, passionate advocacy and educational efforts.

"One of my mentors, Dr. Joseph Kirsner, was a legend in IBD and he instilled in me the ethos that everything we do should be in service of helping patients," said Dr. Rubin. "I think about this every day – it's what motivates and inspires me. It's my true north."

Dr. Rubin is a creative researcher with the power to ignite collaborative teams around very practical issues for the IBD community. Early on, he explored the prevention of colorectal cancer in IBD, and investigated the connection between inflammation and the development of cancer. Through years of tenacious research, he was able to establish a link between the two – changing how clinicians think about treatment goals to reduce cancer risk.

Now, his team in the Rubin Lab continues to explore some of the most pressing issues for patients, working with basic and translational scientists to better understand the causes of IBD; studying depression and anxiety and the intriguing hypothesis that the composition of the gut microbiome may actually drive these conditions in people with IBD; and looking at whether wearable biosensor technology can predict relapse and remission, a unique study based on Dr. Rubin's prior research showing that disturbed sleep predates a flare in IBD.

It's not unusual for Dr. Rubin to apply technology in a novel way to address patients' problems. Years ago, he was among the first to see the potential of social media to improve patient care. Now thousands of IBD professionals and patients follow him on Twitter where he describes the latest research findings in plain English and calls out insurers and the pharmaceutical industry when they let patients down. His distinctive form of advocacy harkens back to his childhood lessons about social justice and his subsequent fellowship in clinical medical ethics, which helped him to fight for access and address injustice in healthcare.

"Recognizing the value of an individual and the commitment that we as a society have to one another is part of who I am, who I like to be and what makes me proud. And it's how I've found my voice and why I use that voice on social media," Dr. Rubin said. "When you're taking care of a patient or you have an important issue, you should stick to it and be fierce in your work to alleviate injustice to get patients the care they need."

Known as someone who always steps up for patients, this year Dr. Rubin found himself called to provide real-time answers for an IBD community grappling with treatment decisions. Within weeks of the pandemic hitting the U.S., Dr. Rubin established himself as a go-to expert on

COVID-19 and IBD, authoring more than ten papers, lecturing internationally, and helping peers enact best practices to ensure continuity of care for vulnerable patients – all while maintaining his clinical practice and serving on the front lines of COVID care at his hospital. Dr. Rubin sees this type of knowledge sharing as central to his endeavors to improve patient care.

Widely renowned as an extraordinary IBD educator, Dr. Rubin has mentored generations of students and is a sought-after speaker for IBD conferences around the world. He's also a founder of the non-profit Cornerstones Health, which reimagined medical education. "Our goal was to provide educational programs that would change the way that physicians and nurses saw their very next patient. I'm proud of the way this took off, and is now a global organization, enabling people to have real conversations about how to use treatments to provide better care," he said.

In everything Dr. Rubin takes on – whether it's patient care, research, advocacy or education – he truly exemplifies service and leadership, inspiring his IBD peers and colleagues and providing hope to patients who know that he'll never stop fighting for them.

***Dr. Gary D. Wu, a preeminent thought leader and visionary in the field of IBD, known for his groundbreaking work on the gut microbiome and dietary interventions***

Dr. Wu has always been interested in science, seeing it as the ultimate creative pursuit – looking past what we know today to envision new ways to help people.

"I've always admired artists, like musicians and writers, because they create things that have never existed before," he said. "And that's essentially what scientists do too. We think about things that nobody has thought about, which is why it's so fascinating. The only boundaries are your own creativity."

Dr. Wu is a molecular biologist, known for his remarkable ability to conceptualize creative research to address complex problems, discovering new pathways to treat IBD. He's particularly skilled in bringing together multi-disciplinary teams of basic scientists, clinical researchers and clinicians to tackle patients' problems from diverse perspectives. Perhaps the most well-known example of his collaborative skills is his early work on the gut microbiome, bringing together wet bench scientists and clinicians to be among the first to describe the relationship between diet and the gut microbiome in patients with IBD – showing how each impacts the other. This seminal research has made possible multiple avenues of scientific study into food as a potential treatment modality for people with Crohn's disease and ulcerative colitis. And it all began in a parking garage.

"One day after work I was walking to the parking garage with a co-worker, telling him about a roadblock in my research," Dr. Wu remembers. That conversation led to a collaboration with a scientist involved in DNA sequencing of the gut microbiome.

"When the National Institutes of Health announced the human microbiome project, we leapt at the opportunity to submit a grant for a study on elemental diets in IBD, pulling in our clinician colleagues to help," said Dr. Wu. "At the time, we were out in left field. No one was looking at diet. And I think that's why we got the grant. Fast forward to today and that research has opened the door to exploring many different types of diets and their relationship to the gut microbiota as potential treatments for IBD."

Now focused on translating this research into solutions for patients, Dr. Wu recently founded the Penn Center for Nutritional Science and Medicine, building a team to study how food and nutrition can cause, prevent, or treat diseases, particularly IBD. His team is currently exploring the impact of ultra-processed foods on diseases such as IBD, which have been implicated in the rising rates of disease around the world. Dr. Wu aims to better understand the relationships between food and the microbiome to identify therapeutic diets.

“I’m always thinking about the practical outcomes of my research – how will it help patients? If we can uncover what type of diet can help treat or prevent IBD, I think that will make an important impact for patients. If I can make some small contribution in that way, maybe just by assembling teams that work together, then I will have accomplished my goal,” said Dr. Wu.

Dr. Wu and his colleagues are currently exploring the manner by which the gut microbiota can both share as well as compete for food that we eat within the environment of the gut. He explains, “We have co-evolved with our microbiota to co-exist in a mutualistic fashion. However, sometimes this relationship becomes antagonistic in a way that can lead to disease. It would be great if diet could be used to restore the ‘healthy’ relationship between the gut microbiota and its host to prevent and/or treat disease.”

As he works to accelerate research to deliver new treatment approaches, an integral part of Dr. Wu’s work is developing the next generation of physician scientists. “That’s how we make sure the research is sustainable,” he said. “Teaching emerging scientists and clinicians how to work together to pursue their own out-of-the-box strategies is how we’ll continue to make breakthroughs on the journey towards cures for IBD.”

### *Dr. Jessica R. Allegretti, an expert in the field of fecal microbiota transplantation to treat recurrent c. difficile infection in IBD, a potentially devastating and difficult-to-treat condition*

A rising star in the field of IBD, Dr. Allegretti has quickly become an international expert in treating recurrent c. difficile infection (CDI) utilizing fecal microbiota transplantation (FMT), a journey that began when she was a medical resident and one of her patients asked about FMT after seeing it as a plotline on a television drama.

“At the time, I hadn’t heard of FMT, so I looked into the literature. There was very little data on FMT in IBD, just a few case reports, and not one clinical trial,” said Dr. Allegretti. “Even still, I was intrigued by what I read, so I decided to do my senior talk on fecal microbiota transplantation. I remember that I got a lot of chuckles – it was very much viewed as science fiction. But I went into my fellowship really excited about the potential of this therapy, particularly for patients with recurrent c. difficile infection.”

CDI is a challenging problem in IBD. Patients have a ten percent lifetime risk of developing a CDI, which then puts them at an almost five-fold increased risk of developing recurrent disease. This can then lead to escalation in therapy, hospitalization, and sometimes a colectomy – a procedure to remove all or part of the colon.

Dr. Allegretti made helping these patients the focus of her research program, first conducting a meta-analysis of FMT trials in patients with IBD in which she debunked the myth that the treatment led to worsening of IBD. She then went on to design and lead the first prospective

clinical trial of FMT in IBD patients with recurrent CDI, which showed the therapy improved outcomes for these very difficult-to-treat patients.

“These patients are really sick and need help, but they have largely been left out of research,” said Dr. Allegretti. “Their CDI excludes them from IBD trials and their IBD excludes them from CDI treatment trials, so I felt like I had to do all I could to find something to help them.”

Buoyed by her research findings, Dr. Allegretti joined the staff at Brigham and Women’s Hospital, seizing an opportunity to build one of the country’s largest FMT programs. Today, doctors across New England refer their patients to her and she advises institutions around the country on how to build their own FMT programs to help desperately ill people with IBD gain access to this life-altering treatment. But Dr. Allegretti is the first to acknowledge that the therapy will not work for everyone, which is why she’s been concurrently building out the clinical trials program at her IBD center – establishing it as a regional destination for trials that attracts patients from across the Northeast.

“It’s devastating to tell a patient that they’ve exhausted their therapeutic medical options, which is why I’ve been so focused on expanding our clinical trials program,” said Dr. Allegretti. “I’m pretty relentless when it comes to establishing new trials at our center because my goal is to have an option for everyone who comes to us that needs one.”

Dr. Allegretti sees a lot of work ahead to continue driving the research forward – towards more treatments for patients in need, and ultimately cures for these diseases. With her indomitable spirit, pushing the frontiers of scientific discovery, the IBD community will likely see many more breakthroughs from Dr. Allegretti in the years to come.

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