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9 **Production of bioactive substances by intestinal bacteria as a basis for explaining probiotic**
10 **mechanisms: bacteriocins and CLA**

11

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25 **Abstract**

26 The mechanisms by which intestinal bacteria achieve their associated health benefits can be
27 complex and multifaceted. In this respect, the diverse microbial composition of the human
28 gastrointestinal tract (GIT) provides an almost unlimited potential source of bioactive substances
29 (pharmabiotics) which can directly or indirectly affect human health. Bacteriocins and fatty acids
30 are just two examples of pharmabiotic substances which may contribute to probiotic
31 functionality within the mammalian GIT. Bacteriocin production is believed to confer producing
32 strains with a competitive advantage within complex microbial environments as a consequence
33 of their associated antimicrobial activity. This has the potential to enable the establishment and
34 prevalence of producing strains as well as directly inhibiting pathogens within the GIT.
35 Consequently, these antimicrobial peptides and the associated intestinal producing strains may be
36 exploited to beneficially influence microbial populations. Intestinal bacteria are also known to
37 produce a diverse array of health-promoting fatty acids. Indeed, certain strains of intestinal
38 bifidobacteria have been shown to produce conjugated linoleic acid (CLA), a fatty acid which
39 has been associated with a variety of systemic health promoting effects. Recently, the ability to
40 modulate the fatty acid composition of the liver and adipose tissue of the host upon oral
41 administration of CLA-producing bifidobacteria and lactobacilli was demonstrated in a murine
42 model. Importantly, this implies a potential therapeutic role for probiotics in the treatment of
43 certain metabolic and immunoinflammatory disorders. Such examples serve to highlight the
44 potential contribution of pharmabiotic production to probiotic functionality in relation to human
45 health maintenance.

46 **Introduction**

47 It is estimated that the healthy human adult gastrointestinal tract (GIT) harbors approximately
48 10^{13} microorganisms (Ventura *et al.*, 2009). Initially developed at birth, the intestinal microbiota
49 is primarily comprised of high proportions of such microorganisms as bifidobacteria which are
50 thought to be selected by breast or formula milk in the first weeks of life (Fanaro *et al.*, 2003;
51 Martin *et al.*, 2009). Development of the adult microbiota is consistent with dominating
52 populations of *Firmicutes* (including genera of *Clostridia* and lactic acid bacteria) and
53 *Bacteroidetes*, while *Proteobacteria*, *Actinobacteria*, *Fusobacteria* and *Verrucomicrobia* are
54 present to a lesser extent (Eckburg *et al.*, 2005). The complex intestinal biomass is predicted to
55 consist of greater than 1000 different phylotypes comprised of both the permanent or
56 autochthonous inhabitants which form the stable populations of the adult gut ecosystem, and the
57 acquired allochthonous or transient flora, which are obtained from diet (such as probiotics) or
58 from the environment. Probiotics are live microorganisms, most frequently species of lactobacilli
59 and bifidobacteria, which when administered in adequate amounts, confer a health benefit on the
60 host (FAO/WHO, 2001). Although such health benefits are strain-dependent (Helwig *et al.*,
61 2006), a single daily oral administration of 10^9 bacterial colony forming units (CFU) has
62 generally been accepted as the optimal probiotic dose based on detection of the organism in
63 human faeces (Tannock, 2003). However, in some instances higher quantities may be required
64 (Gionchetti *et al.*, 2007; Larsen *et al.*, 2006; Lee & Lee, 2009; Mimura *et al.*, 2004), and thus the
65 efficacious dosage may also be regarded as strain-dependent.

66 The intestinal microbiota is thought to have an integral role in human nutrition,
67 metabolism, epithelial development, immune modulation, regulation of fat storage and protection
68 against pathogens (Backhed *et al.*, 2004; Claus *et al.*, 2008; Corr *et al.*, 2007; Lee *et al.*, 2003;

69 Martin *et al.*, 2010; Martin *et al.*, 2008b; Wells *et al.*, 2010). Indeed, fluctuations in the
70 composition of the intestinal ecosystem have been associated with various disease states
71 including inflammatory immune disorders, obesity and cancer (Backhed, 2010; Davis & Milner,
72 2009; Scanlan *et al.*, 2006). In this respect, probiotic interventions may beneficially influence the
73 intestinal microbial ecology, intestinal homeostasis and host metabolism and, ultimately, the
74 health of the host. Strain-specific microbial derived bioactive molecules, collectively termed
75 “pharmabiotics” which include live or dead microorganisms as well as bacterial constituents and
76 metabolites, may mediate many such interactions within the GIT (Shanahan *et al.*, 2009). For
77 example, production of antimicrobial peptides such as bacteriocins may beneficially modulate
78 the intestinal ecology by the specific inhibition of pathogens (Corr *et al.*, 2007).

79 Probiotics interact with the intestinal epithelial cells directly via cell components such as
80 DNA, lipoteichoic acids and cell-surface polysaccharides (Ghadimi *et al.*, 2010; Jijon *et al.*,
81 2004; Lebeer *et al.*, 2010; Pedersen *et al.*, 2005) but also indirectly, through the production of
82 bioactive metabolites (Heuvelin *et al.*, 2009; Menard *et al.*, 2004; Tao *et al.*, 2006; Yan *et al.*,
83 2007). Microbial-derived peptides and polysaccharides can activate signaling pathways and
84 influence factors such as cytokine secretion and gut permeability, thereby enhancing epithelial
85 barrier function. For example, a bioactive peptide secreted by *Bifidobacterium infantis* increased
86 transepithelial resistance of human T84 cells by altering the expression of tight junction proteins
87 (claudins and occludin) and cytokines (IFN- γ) via a MAP-kinase-dependent mechanism
88 (Ewaschuk *et al.*, 2008). *B. infantis* conditioned medium also reduced colonic permeability and
89 improved colitis in IL-10 deficient mice (Ewaschuk *et al.*, 2008). Furthermore, the anti-
90 inflammatory activity mediated by a bioactive polysaccharide PSA produced by the gut
91 commensal *Bacteriodes fragilis* protected mice against *Helicobacter hepaticus* induced colitis

92 (Mazmanian *et al.*, 2008). Therefore certain members of the intestinal microbiota can enhance
93 gut barrier function and maintain intestinal homeostasis indicating a potential therapeutic role for
94 probiotics in the prevention and treatment of gastrointestinal diseases.

95 In addition to having local effects in the gut, the intestinal microbiota is thought to
96 possess the capacity to influence the overall metabolic homeostasis of the host. Indeed, germ free
97 mice exhibited altered metabolic profiles of the colon, liver and kidney compared with
98 conventional animals (Claus *et al.*, 2008). The colon of germ free animals was characterized by
99 an increase in raffinose and reduced levels of amino acids, ammonia, 5-aminovalerate and short
100 chain fatty acids (SCFA) as well as other metabolites involved in energy pathways (Claus *et al.*,
101 2008). Moreover, extra-intestinally, elevated levels of taurine, trimethylamine-*N*-oxide (TMAO)
102 and bile acids were evident in the liver of germ free animals. In addition, higher levels of
103 choline, betaine, *myo*-inositol and *scyllo*-inositol in the kidneys of germ-free mice were linked
104 with a hypertonic environment which was associated with renal dysfunction in previous studies
105 (Claus *et al.*, 2008). The extensive metabolic capability of intestinal microorganisms, such as
106 bifidobacteria, is thought to provide them with a competitive advantage within the GIT. For
107 example, it was recently suggested that the predominance of *Bifidobacterium breve* populations
108 characteristic of the infant microbiota may be attributed to an operon dedicated to the
109 degradation of starch, amylopectin and pullulan exclusively present in this species (Kleerebezem
110 & Vaughan, 2009). This undoubtedly contributes to the ability of bifidobacteria to colonize early
111 in life given that human milk and colostrum contain a wide variety of complex sugars. It has also
112 been established that interventions with such probiotic strains can modulate the metabolic
113 phenotype of the host in a very specific manner. For instance, the administration of *Lactobacillus*
114 *paracasei* or *Lactobacillus rhamnosus* (in the presence or absence of galactosyl oligosaccharide

115 prebiotics) increased bifidobacteria and reduced *Clostridium perfringens* and *Staphylococcus*
116 *aureus* populations of germ free mice inoculated with a model of human baby microbiota
117 compared with control animals (Martin *et al.*, 2008a; Martin *et al.*, 2008b). The resulting
118 alterations in lipid metabolism involved a decrease in hepatic triglycerides and an increase in
119 long chain poly unsaturated fatty acids (PUFA) and correlated with a reduction in plasma
120 lipoprotein levels. The modulation of amino acid, methylamine and SCFA metabolism as well as
121 glycogenesis and gluconeogenesis were also reported upon exposure to the probiotics (Martin *et*
122 *al.*, 2008a; Martin *et al.*, 2008b). As discussed in greater detail below, the gut microbiota may
123 also modulate the fatty acid composition of the liver, brain and adipose tissue of the host via
124 synthesis of bioactive fatty acids such as conjugated linoleic acid (CLA) (Wall *et al.*, 2010; Wall
125 *et al.*, 2009). Anti-inflammatory and anti-cancer properties are among the wide array of health
126 promoting effects associated with isomers of CLA (Cook *et al.*, 1993; Ha *et al.*, 1987).
127 Therefore, production of such bioactive metabolites may also be considered an important
128 probiotic trait.

129 It is thus evident that the commensal microbiota has an almost infinite potential for
130 metabolite production, many of these are pharmabiotic substances which can positively influence
131 human health. In this review, we specifically examine the ability of the gut flora to produce
132 antimicrobial peptides, namely bacteriocins, and bioactive fatty acids such as CLA and discuss
133 their contribution to probiotic functionality.

134

135 **Bacteriocin production as a basis for probiotic functionality**

136 *Introduction*

137 Bacteriocins are ribosomally synthesized antimicrobial peptides produced by a wide variety of
138 bacterial species which also possess a cognate immunity system for self-protection. For the most
139 part, bacteriocins have a narrow spectrum of activity, inhibiting strains closely related to the
140 producer. Consequently, it is thought that these peptides assist the producers to compete within
141 their specific ecological niche. However, some bacteriocins possess a broad spectrum of
142 inhibition, such as nisin which is active against numerous gram positive targets (Le Blay *et al.*,
143 2007). Such broad spectrum bacteriocins and/or their associated food grade producers, may be
144 exploited to prevent the growth of undesirable spoilage organisms in food (Cotter *et al.*, 2005).
145 The production of organic acids and hydrogen peroxide may also contribute to the antimicrobial
146 activity of probiotic bacteria (Pridmore *et al.*, 2008; Ryan *et al.*, 2008). Although they could
147 potentially reach high concentrations in certain local regions of the gut, these compounds act in a
148 non-targeted manner and their contribution to probiotic functionality has not been investigated as
149 extensively.

150 Colicins and microcins are well characterized bacteriocins produced by and active
151 against strains of *Escherichia coli* and closely related species of *Enterobacteriaceae*. Colicins are
152 generally plasmid determined antimicrobials and are often encoded with a lysis protein which,
153 when induced, activates phospholipase A resulting in cell death and release of the bacteriocin
154 (Snijder & Dijkstra, 2000). In such instances, colicin production is a lethal event for the
155 producing cells. Colicin proteins have a molecular mass of 25-80 kDa and are comprised of three
156 functional domains. The central domain is involved in the recognition and binding of outer
157 membrane proteins on target cells such as the vitamin B12 receptor BtuB, the siderophore
158 receptors FepA, Cir, and the nucleoside receptor Tsx which can also act as colicin receptors
159 (Bradley & Howard, 1992; Buchanan *et al.*, 2007; Di Masi *et al.*, 1973). The Tol/Ton transport

160 systems of sensitive bacteria are exploited by the N-terminal domain for translocation of the
161 colicin across the outer membrane of the target cell (Davies & Reeves, 1975a; Davies & Reeves,
162 1975b). In the case of pore-forming colicins, the C-terminal domain interacts with the inner
163 membrane (Lakey & Slatin, 2001) or alternatively, with DNA or RNA in the cytoplasm in the
164 case of endonuclease colicins (James *et al.*, 2002). Uniquely, colicin M inhibits peptidoglycan
165 synthesis via enzymatic digestion of the bond between the lipid moiety and the pyrophosphoryl
166 group of the peptidoglycan intermediate lipid II (El Ghachi *et al.*, 2006). In contrast, microcins
167 are a highly diverse collective of 14 low molecular mass peptides (< 10 kDa) (Duquesne *et al.*,
168 2007). These antimicrobials are subclassified based on the presence and localisation of
169 posttranslational modifications, the organisation of the gene cluster and the leader sequence
170 (Duquesne *et al.*, 2007). Class I microcins are less than 5 kDa and require extensive
171 posttranslational modification for activity (Duquesne *et al.*, 2009; Metlitskaya *et al.*, 2006; Roy
172 *et al.*, 1999). Such modifications give rise to thiazole and oxazole rings which give microcin B17
173 its characteristic structure (Bayer *et al.*, 1995), a nucleotide-heptapeptide which is characteristic
174 of microcin C7/C51 (Guijarro *et al.*, 1995; Metlitskaya *et al.*, 1995) and a lasso structure found
175 in the cyclic microcin J25 peptide (Wilson *et al.*, 2003). The higher molecular mass microcins
176 (5-10 kDa) comprise class II, which are further subdivided based on the presence of disulfide
177 bonds in class IIa (microcins L, V and 24). Conversely, class IIb microcins are distinguished by
178 post translational modifications at the C-terminus of the mature peptide and are devoid of
179 disulfide bonds (microcins E492, M, H and I) (Duquesne *et al.*, 2007). Like colicins, microcins
180 exploit siderophore receptors and the TonB uptake system of the target cells (Destoumieux-
181 Garzon *et al.*, 2006; Destoumieux-Garzon *et al.*, 2003; Duquesne *et al.*, 2007). However, their
182 mechanisms of action vary considerably as could be expected from their structural diversity.

183 Class I microcins specifically target intracellular enzymes responsible for DNA/RNA structure
184 or synthesis. For example, microcin B17 inhibits DNA gyrase (Vizan *et al.*, 1991), microcin
185 C7/C51 inhibits the aspartyl tRNA synthase (Metlitskaya *et al.*, 2006) while microcin J25 targets
186 RNA polymerase (Adelman *et al.*, 2004). Class II microcins on the other hand, are thought to
187 permeabilise the inner membrane of target cells. It was recently shown that microcin E492
188 activity requires the mannose phosphotransferase system of target cells (Bieler *et al.*, 2010;
189 Bieler *et al.*, 2006), similar to class IIa and several class IId bacteriocins of Gram positive
190 bacteria (Diep *et al.*, 2007; Kjos *et al.*, 2009).

191 Bacteriocins produced by Gram positive organisms have been differentiated into two
192 classes (Class I and Class II) on the basis of modifications of their precursor peptides which
193 introduce characteristic structural features (Cotter *et al.*, 2005). Class I peptides are those which
194 undergo post-translational modification and, until recently, consisted of the lantibiotics
195 exclusively. In this respect, lantibiotics are characterized by extensive post-translational
196 modifications which introduce the thioether amino acids lanthionine and methyllanthionine
197 (resulting in the formation of intramolecular ring structures). However, a recently updated
198 classification scheme for bacteriocins proposed the subdivision of class I due to the identification
199 of novel bacteriocins which contain post-translational modifications atypical of lantibiotics (Rea
200 *et al.*, 2010b). Now designated class Ia, many of the lantibiotic group exert their antimicrobial
201 activity through an interaction with the peptidoglycan precursor lipid II which in turn causes
202 disruption of cell wall biosynthesis and/or pore formation thereby compromising the integrity of
203 the cytoplasmic membrane of target cells (Pag & Sahl, 2002). Nisin, the most well known and
204 extensively studied lantibiotic, is capable of both mechanisms (Wiedemann *et al.*, 2001), which
205 at least partially accounts for the potent activity of this bacteriocin. However, other targets have

206 also been identified for lantibiotics, for example, the membrane phospholipid
207 phosphatidylethanolamine serves as a docking molecule for cinnamycin (Machaidze & Seelig,
208 2003). Further subdivisions of the diverse lantibiotic group have been proposed based on
209 structure, mechanism of action, pathway of maturation and the presence or absence of
210 antimicrobial activity (Cotter *et al.*, 2005; Jung, 1991; Pag & Sahl, 2002; Willey & van der
211 Donk, 2007). The inclusion of two new subclasses of post-translationally modified bacteriocins
212 has also been proposed. The labyrinthopeptins A1, A2 and A3 produced by *Actinomadura*
213 *namibiensis* DSM 6313 constitute class Ib which are distinguished by the presence of labionin
214 (Meindl *et al.*, 2010) and the novel sactibiotics, class Ic, contain the sulphur to α carbon linkage-
215 containing antibiotics thuricin CD and subtilisin A produced by *Bacillus thuringiensis* and
216 *Bacillus subtilis*, respectively (Kawulka *et al.*, 2004; Rea *et al.*, 2010c).

217 The unmodified class II bacteriocins are more diverse and generally function through
218 membrane permeabilisation of the target cells, causing dissipation of the proton motive force.
219 This class has been further subdivided into four distinct groups (Nissen-Meyer *et al.*, 2009).
220 Class IIa is comprised of the *Listeria*-active pediocin-like bacteriocins which possess a
221 conserved N-terminal motif Y-G-N-G-V and at least one disulfide bridge linking two cysteine
222 residues (Drider *et al.*, 2006). These are the most extensively studied unmodified bacteriocins
223 due to their associated antilisterial activity and given that they are generally produced by food
224 grade lactic acid bacteria (LAB). Recently, mannose phosphotransferase systems (PTS) were
225 identified as target receptors for class IIa bacteriocins where a positive correlation was observed
226 between the expression levels of the mannose PTS components of target microorganisms and
227 bacteriocin sensitivity (Kjos *et al.*, 2009; Opsata *et al.*, 2010). Class IIb two-peptide bacteriocins
228 such as abp118 require the presence of two complementary peptide components for optimal

229 antimicrobial activity (Oppegard *et al.*, 2007). These bacteriocins form ion-selective channels in
230 their target cell membranes. Cyclic peptides such as gassericin A differentiate class IIc (Arakawa
231 *et al.*, 2010). Finally, class IId bacteriocins are a diverse group of peptides with equally diverse
232 mechanisms of action, as highlighted by the following examples. Bacteriocins of this variety
233 have been shown to act via mechanisms of targeted pore formation involving mannose PTS
234 receptor binding in the case of lactococcin A and lactococcin B (Diep *et al.*, 2007), by general
235 membrane disruption as proposed for the leaderless bacteriocin aurocin A53 (Netz *et al.*, 2002),
236 and also by the inhibition of cell division through interactions with lipid II in the case of
237 lactococin 972 (Martinez *et al.*, 2008). In addition, it was recently established that this
238 bacteriocin also effects prophage induction in a prophage/host-specific manner, revealing a novel
239 mechanism of inhibition mediated by lactococin 972 (Madera *et al.*, 2009).

240 There has been a particular focus in recent years on GIT bacteria that are bacteriocin
241 producers. Bacteriocins produced by intestinal microorganisms generally have narrow inhibitory
242 spectra and thus may be suitable for therapeutic biomedical applications. Thuricin CD, abp118
243 and microcin C7 are examples of bacteriocins derived from intestinal isolates whose narrow
244 inhibitory spectra include the intestinal pathogens *Clostridium difficile*, *Listeria monocytogenes*,
245 *E. coli* and *Shigella flexneri*, respectively (Corr *et al.*, 2007; Cursino *et al.*, 2006; Rea *et al.*,
246 2010c). In such instances, *in situ* bacteriocin production may be advantageous in that, it may
247 overcome negating effects such as proteolysis during gastric transit. Moreover, production of
248 bacteriocins may confer a competitive advantage to the producer over closely related organisms
249 and as such, contribute to dominance. Therefore, the intestinal microbiota have been the subject
250 of several studies designed to identify novel bacteriocins produced by gut bacteria.

251

252 *Bacteriocin production by intestinal bacteria*

253 The intestinal microbiota has been identified as a rich source of potentially probiotic bacteria
254 which produce novel antimicrobial and, more specifically, antipathogenic bacteriocins (Table 1).
255 Veritabily, bacteriocin production has long been touted as a potential probiotic trait since before
256 any direct evidence existed as to substantiate this. Colicins and microcins are found at
257 particularly high frequencies in isolates of human origin (Gillor *et al.*, 2008; Gordon & O'Brien,
258 2006; Smajs *et al.*, 2010; Smarda & Obdrzalek, 2001). It is notable that a common observation of
259 studies mining intestinal sources for bacteriocin-producing isolates is the frequent isolation of a
260 single producing strain or of a number of genetically distinct strains or even species from within
261 a sample, niche or host which all produce the same bacteriocin (Arakawa *et al.*, 2010; Gordon &
262 O'Brien, 2006; Marcille *et al.*, 2002; Smajs *et al.*, 2010). This trend was also evident from a
263 recent screening study in our laboratory which revealed that of 84 antimicrobial producing
264 intestinal lactic acid bacteria (LAB) isolates, there were just 24 distinct strains identified
265 (corresponding to 71% redundancy) (O'Shea *et al.*, 2009). Furthermore, nine of these individual
266 isolates were *Streptococcus bovis* which, while genetically distinct, displayed similarity with
267 respect to their inhibitory spectra and the protease sensitivity of the antimicrobials which they
268 produced. It is likely that all of these strains produce similar or even identical bacteriocins
269 especially considering that each displayed cross-immunity (O'Shea *et al.*, 2009). While such
270 redundancy has been attributed to the biased nature of culture based approaches in terms of
271 selective media and indicators strains employed (Marcille *et al.*, 2002; Millette *et al.*, 2007;
272 O'Shea *et al.*, 2009; Toure *et al.*, 2003), it is likely that the competitive advantage provided by
273 the production of these specific antimicrobials is also a contributory factor. Culture-based
274 screening procedures also suffer by virtue of the fact that environmental factors influence

275 bacteriocin regulation, and in the absence of the appropriate signal bacteriocin production may
276 be overlooked or undetected. In addition, selective pressures may influence the antimicrobial
277 phenotype of the bacteriocin producing cell once outside the host (Lee *et al.*, 2008; Toure *et al.*,
278 2003; Vriezen *et al.*, 2009). Alternative molecular or genomic approaches overcome the
279 limitations of culture based screening techniques. Notably, the increasing availability of
280 microbial genomes and development of bioinformatic systems, such as BAGEL the web based
281 genome mining tool (de Jong *et al.*, 2010), can facilitate *in silico* screening. The power of this
282 approach was recently demonstrated with the identification of a novel two-component lantibiotic,
283 lichenicidin, which exhibited anti-*Listeria* activity as well as the ability to inhibit antibiotic-
284 resistant *Staphylococcus aureus* and enterococci (Begley *et al.*, 2009). Considering the high
285 proportion of GIT-associated microbes which can not be cultured, emerging high-throughput
286 sequencing technologies and functional metagenomics-based approaches will be crucial with
287 respect to the identification of genes potentially encoding novel bacteriocins within the genomes
288 of previously uncharacterized intestinal inhabitants. It is possible that such bacteriocins may well
289 be produced efficiently in the gut but may not be detected *in vitro* in the laboratory environment.

290

291 *Bacteriocin regulation and adaptation to the GIT*

292 The physiological conditions encountered in the GIT are undoubtedly important factors
293 influencing bacteriocin production *in vivo*. For example, it is known that bacteriocin production
294 by Gram-positive bacteria is frequently tightly regulated by quorum sensing mechanisms which
295 are cell density dependant (Kleerebezem & Quadri, 2001). In such cases, the accumulation of a
296 highly specific secreted peptide pheromone or induction factor acts as an indicator of cell
297 density. When present at sufficient concentrations, this inducer is sensed by a cognate

298 membrane-associated histidine kinase causing phosphorylation of the intracellular response
299 regulator which then activates expression of the regulated operon(s) responsible for bacteriocin
300 synthesis and secretion (Kleerebezem & Quadri, 2001). In several cases, the bacteriocin peptides
301 themselves also serve as signaling peptides and thus autoregulate their own synthesis
302 (Kleerebezem, 2004). However, bacteriocin production has also frequently been noted to be an
303 environment-sensitive phenotype. Factors such as temperature can influence bacteriocin
304 synthesis as is the case for sakacin A, which only occurs when the associated producing strains,
305 *Lactobacillus sakei* Lb706 or *Lactobacillus curvatus* LTH1174, are grown at 25-30°C (Diep *et*
306 *al.*, 2000). In the extreme case of *Enterococcus faecium* L50, enterocins L50, P and Q are each
307 produced optimally at different growth temperatures (Cintas *et al.*, 2000).

308 Interestingly, different mechanisms can also exist within a species. For example,
309 different induction peptides regulate plantaricin production from otherwise highly conserved
310 bacteriocin operons in *Lactobacillus plantarum* C11 and *L. plantarum* NC8. While accumulation
311 of the pheromone peptide plantaricin A, which is constitutively expressed at basal levels,
312 mediates plantaricin production in *L. plantarum* C11 (Hauge *et al.*, 1998), bacteriocin production
313 by strain *L. plantarum* NC8 instead requires the presence of specific inducer bacteria
314 (Maldonado *et al.*, 2004a; Maldonado *et al.*, 2004b). This suggests that, in some cases,
315 bacteriocin production necessitates a competitive environment such as that of the GIT. However,
316 the corollary can also be true. Of several clinical methicillin-resistant *S. aureus* (MRSA) isolates,
317 production of the lantibiotic Bsa was associated with community acquired isolates but was
318 absent from hospital acquired/health care-associated strains (Daly *et al.*, 2010). The lack of
319 antimicrobial activity among hospital acquired/health care-associated isolates was ascribed to an
320 adaptive response of these strains to a health care environment where the presence of antibiotics

321 eliminated much of the surrounding competitive flora. It is also not uncommon for multiple
322 bacteriocins to coexist within a strain. In such instances, bacteriocin production in response to
323 different environmental stimuli may further enhance the competitive advantage of the producing
324 strain. This is exemplified by mutacin production in the dental caries patient isolate
325 *Streptococcus mutans* UA140. It was found that narrow spectrum mutacin IV was almost
326 exclusively produced in liquid medium and thus is likely important for the primary colonization
327 of the tooth surface by *S. mutans*. However, production of the broad spectrum lantibiotic mutacin
328 I could only be achieved on a membrane or solid medium suggesting that the competitive
329 environment of biofilm-like growth on the densely colonized tooth surface may be a prerequisite
330 for mutacin I production by the same strain (Qi *et al.*, 2001). Thus, it is tempting to suggest that
331 *S. mutans* adapts to increasingly competitive environments in the oral cavity through the
332 production of different bacteriocins. A similar phenomenon has been noted in the gut in the form
333 of the trypsin-dependent production of the lantibiotic ruminococcin A by the strictly anaerobic
334 intestinal isolate *Ruminococcus gnavus* E1 (Gomez *et al.*, 2002). The importance of the intestinal
335 protease was confirmed *in vivo* as the faeces of rats monoassociated with the producing strain
336 was devoid of antimicrobial activity following oral ingestion of a trypsin inhibitor (Ramare *et al.*,
337 1993). This effect was correlated with the successful colonization of subsequently administered
338 ruminococcin A-sensitive *Clostridium perfringens*. Following cessation of the trypsin inhibitor
339 treatment, faecal antimicrobial activity reappeared and within three days *C. perfringens* was no
340 longer detectable, thereby confirming both trypsin dependence and the production and efficacy
341 of ruminococcin A *in vivo*. This was further substantiated by the loss of antimicrobial activity
342 and reduced faecal proteolytic activity after ligation of the pancreatic bile duct of the rats which
343 contrasted with the situation in an operated non-ligated control group. Following oral ingestion

344 of trypsin, an increase in both proteolytic and antimicrobial activity was detected in the faeces of
345 the ligatured rats (Ramare et al., 1993). A model for the transcriptional activation of
346 ruminococcin A production proposed the trypsin-dependent activation of a specific (pre)inducer
347 peptide (Gomez et al., 2002). Although the thioether bridges of lantibiotics offer some resistance
348 to protease activity (Bierbaum *et al.*, 1996; Moll *et al.*, 2009; Ottenwalder *et al.*, 1995; Rink *et*
349 *al.*, 2010; Suda *et al.*, 2010), typically exposure to intestinal proteases such as trypsin is
350 detrimental to bacteriocin activity. Consequently, both engineering and encapsulation strategies
351 have been investigated to overcome the adverse effects of proteolysis of bacteriocins within the
352 GIT (O'Shea *et al.*, 2010; Stern *et al.*, 2006). However, the trypsin-dependant synthesis of
353 ruminococcin A not only suggests that this antimicrobial activity plays a role in bacterial
354 interactions in the gut, but also indicates that bacteriocin production may be an adaptive response
355 of the producing strain to the physiology of the gut ecosystem.

356 Largely under the control of the SOS response, colicin biosynthesis can also be induced
357 by many environmental stresses (Cascales *et al.*, 2007; Kuhar & Zgur-Bertok, 1999). Notably,
358 temperature has similarly been shown to affect colicin production (Cavard, 1995; Kennedy,
359 1971; Kuhar & Zgur-Bertok, 1999; Smajs & Weinstock, 2001). In the case of colicin K,
360 production was induced at 37°C while only basal levels of production were detected at 22°C
361 (Kuhar & Zgur-Bertok, 1999) indicating adaptation to physiological conditions. It has also been
362 established that nutrient depletion and hence a competitive environment are important factors
363 influencing the production of both colicins (Cascales *et al.*, 2007; Kuhar & Zgur-Bertok, 1999)
364 and microcins (Duquesne *et al.*, 2007). In particular, microcin production is stimulated under
365 conditions of iron limitation (Azpiroz & Lavina, 2004; Boyer & Tai, 1998). While this may be
366 unlikely in the gut, it has been suggested that microcins may mediate competition for iron at

367 extra-intestinal bodily sites, thereby assisting pathogenesis of the producing strains (Gordon,
368 2009; Jeziorowski & Gordon, 2007).

369

370 *Bacteriocin genotypes and selective pressures of the GIT*

371 As noted above, it is possible that the high level of redundancy of bacteriocin producing strains
372 in intestinally derived samples may be due to their numerical prominence, by virtue of
373 bacteriocin synthesis. In support of this, a culture-independent real-time PCR assay revealed that
374 *pedA* homologues, responsible for the production of pediocin PA-1, are widely distributed
375 among members of the infant microbiota, as revealed by their detection in the faeces of 11 of 17
376 individuals investigated (Mathys *et al.*, 2007). A number of other bacteriocin structural genes, or
377 homologues thereof, have also been frequently identified in several independent studies, as for
378 the class IIb bacteriocin *abp118*. More specifically, Southern analysis has revealed the
379 widespread dissemination of *abp118* α and β homologues in intestinally derived *Lactobacillus*
380 *salivarius* isolates of human, avian and porcine origin (Li *et al.*, 2007). In separate studies, these
381 genes were identified in the extensively studied probiotic *L. salivarius* CECT 5713 which was
382 isolated from the breast milk and infant faeces of a mother and child pair (Jimenez *et al.*, 2010)
383 as well as in the vaginal isolate *L. salivarius* CRL1328 (Pingitore *et al.*, 2009). In addition, a
384 high frequency of the genetic determinants for salivaricin P, a natural variant of *abp118*, was
385 observed in porcine derived intestinal *L. salivarius* isolates (Barrett *et al.*, 2007a). The frequency
386 with which *abp118* homologues are identified is indicative of the wide distribution of this
387 genotype in *L. salivarius*, an autochthonous inhabitant of the GIT. A high frequency of colicin
388 and microcin production has also been detected among human intestinal *E. coli* isolates (Gordon
389 & O'Brien, 2006; Smajs *et al.*, 2010; Smarda & Obdrzalek, 2001). The observation that pediocin

390 PA-1, abp118 and colicins are plasmid-encoded features is likely to be significant. Indeed,
391 bacteriocin loci are frequently located on mobile genetic elements such as plasmids and
392 conjugative transposons and may frequently undergo horizontal transfer between related strains,
393 thus potentially explaining their prevalence within GIT microorganisms. Notably, the *in vivo*
394 transmission of a bacteriocin-rich megaplasmid of *Streptococcus salivarius* was recently
395 demonstrated (Wescombe *et al.*, 2006a), which may explain the relative abundance of lantibiotic
396 producing *S. salivarius* observed within the oral cavity (Simpson *et al.*, 1995).

397 A number of other bacteriocins have frequently emerged following investigations of gut
398 microorganisms. The structural gene for the anti-*Clostridium* bacteriocin ruminococcin A was
399 confirmed in seven distinct strains isolated from the faeces of neonates, healthy adults and adults
400 with chronic pouchitis (Marcille *et al.*, 2002). Interestingly, four of the *rumA*-positive strains
401 were isolated from a single sample from a healthy child and belonged to three different species
402 i.e. *R. gnavus*, *Ruminococcus hansenii* and *Clostridium nexile*. Similarly, the identical circular
403 bacteriocins gassericin A and reutericin 6 produced by *Lactobacillus gasseri* LA39 and
404 *Lactobacillus reuteri* LA6, respectively, were isolated from a single neonatal fecal sample
405 (Arakawa *et al.*, 2010; Kawai *et al.*, 2004; Toba *et al.*, 1991). Further compelling evidence for
406 the competitive role of bacteriocins in the gut was obtained when it was established that a
407 minimally cultured intestinal isolate *Bifidobacterium longum* DJO10A undergoes genome
408 reduction in response to growth in a pure culture fermentation environment over 1,000
409 generations (Lee *et al.*, 2008). The loss of genetic loci responsible for lantibiotic production as
410 well as oligosaccharide and polyol metabolism, each important features for bacterial competition
411 in the large intestine, was observed. This finding, combined with the fact that the level of
412 bacteriocin production by intestinal *Bifidobacterium* isolates can be low (Toure *et al.*, 2003), may

413 explain why few bifidobacteria-associated bacteriocins have been identified to date despite a
414 number of screening studies specifically targeting this important intestinal resident (Anand *et al.*,
415 1984; Gagnon *et al.*, 2004; Lievin *et al.*, 2000; Meghrous *et al.*, 1990; Zinedine & Faid, 2007).
416 Moreover, the lantibiotic-deficient derivative of *B. longum* DJO10A demonstrated increased
417 growth rates suggesting that the corresponding genome reduction favored the *in vitro* growth
418 environment. However, this derivative had a significantly reduced competitive ability against *E.*
419 *coli* and *Clostridium difficile* relative to the parent strain in a simulated anaerobic fecal
420 environment (Lee *et al.*, 2008). This example of specific gene loss is indicative of the co-
421 evolution of the host and intestinal microbiota while also providing evidence that bacteriocin
422 production is advantageous to the human intestinal microbiota. Typically, bacteriocins derived
423 from intestinal bacteria display narrow inhibitory spectra and have been implicated in two
424 proposed mechanisms of probiotic functionality, namely improved colonization and protection
425 via pathogen inhibition. These are each discussed here.

426

427 *Bacteriocins and improved colonization in the GIT*

428 While several bacteriocins exhibit potent broad spectrum anti-pathogenic activity, the majority
429 merely inhibit closely related commensal microorganisms. However, both broad and narrow
430 spectrum bacteriocins can potentially provide the producing strain with a competitive advantage
431 within complex environments. Interestingly, bacteriocin 32 which is widely disseminated among
432 clinical *E. faecium* isolates, possesses the characteristic sequence motif of pediocin-like class IIa
433 bacteriocins but lacks the characteristic anti-*Listeria* activity associated with this group (Inoue *et al.*,
434 2006). Instead bacteriocin 32-producing isolates were found to be antagonistic to other *E.*
435 *faecium* as well as the closely related species *Enterococcus hirae* and *Enterococcus durans*.

436 Similarly, salivaricin T, isolated from neonate faeces, lacks the anti-listerial activity
437 characteristic of two-component bacteriocins widely distributed in intestinal *L. salivarius* isolates
438 (O'Shea *et al.*, unpublished data). This suggests that, both bacteriocin-32 and salivaricin T have
439 evolved to facilitate the establishment and survival of their respective producing strains, over
440 closely related competing microbes, within the GIT.

441 The ecological advantage of bacteriocin-producing strains may be exploited to
442 beneficially influence GIT populations, and could provide an effective mechanism for
443 replacement therapies *in vivo*. Indeed, bacteriocin mediated intra- and interspecies competition
444 has led to the successful establishment and predominance of the lantibiotic-producing
445 commercial probiotic *S. salivarius* K12 within the oral cavity. The lantibiotic-producing strains
446 superseded a co-administered lantibiotic-negative *S. salivarius* K12 derivative *in vivo*
447 (Wescombe *et al.*, 2006a). Salivaricin A also suppressed black-pigmented bacteria in saliva and
448 the efficacy of the strain K12 with respect to replacement therapy for halitosis and the prevention
449 of streptococcal pharyngitis has been demonstrated (Burton *et al.*, 2006; Horz *et al.*, 2007; Tagg,
450 2004). In other studies, a link has also been established between the production of the lantibiotic
451 mutacin 1140 and the ability of the producing mutans streptococci to persistently colonize the
452 oral cavity of humans (Hillman *et al.*, 1987; Hillman *et al.*, 1985). In this case, a lactate
453 dehydrogenase (LDH)-deficient derivative of the mutacin 1140-producing strain was generated.
454 This mutant successfully displaced indigenous *S. mutans* and reduced the incidence and severity
455 of dental caries in both gnotobiotic and conventional rats given that its ability to produce acid
456 was greatly reduced (Hillman, 2002; Hillman *et al.*, 2000). Bacteriocin production also seems to
457 enhance the competitiveness of strains located more distally in the GIT. It was reported that a
458 salivaricin P-producing strain *L. salivarius* DPC6005 prevailed over four other co-administered

459 prospective probiotic strains (two *Lactobacillus murinus* strains, and a single *Lactobacillus*
460 *pentosus* and *Pediococcus pentosaceus* strain) within the ileum digesta and mucosa of pigs
461 (Walsh *et al.*, 2008). It is tempting to suggest that in this case, salivaricin P production may have
462 provided *L. salivarius* DPC6005 with a competitive advantage *in vivo*. The predominance of this
463 strain within the ileum is of significance given that administration of the five strain probiotic
464 formulation alleviated *Salmonella* infection in pigs (Casey *et al.*, 2007) (as the ileum is also the
465 main site of *Salmonella* invasion within the porcine GIT (Salyers & Whitt, 2002)).

466 Bacteriocin-mediated enhanced competitiveness may also contribute to the ability of
467 potential pathogens to colonise specific niches. For example, the production of class IIb B1p
468 bacteriocins by *Streptococcus pneumoniae* enabled this strain to successfully colonize the mouse
469 nasopharynx and to displace co-administered bacteriocin-negative *S. pneumoniae* populations
470 (Dawid *et al.*, 2007). A further example includes six colicin-producing *E. coli* strains reported to
471 persist in the GIT of mice over a non-producing isogenic control for 112 days following a single
472 administration to the streptomycin treated animals (Gillor *et al.*, 2009). These findings
473 demonstrate that colicinogeny assists colonization and persistence of pathogenic and probiotic *E.*
474 *coli* strains within the GIT. Overall, these studies corroborate the theory that bacteriocin
475 production affords the producing strains a competitive advantage which, in the context of the
476 GIT, increases the efficacy of bacteriocin mediated colonization at various sites and results in the
477 modulation of the indigenous microbiota in a specific manner.

478

479 *Bacteriocins and pathogen inhibition in the GIT*

480 There are numerous examples of the use of a bacteriocin or a bacteriocin-producing probiotic to
481 control pathogens in the GIT or models thereof. Colicins and microcins exhibit considerable

482 potential for the inhibition of enteric pathogens (Cursino *et al.*, 2006). One widely used probiotic
483 *E. coli* strain Nissle 1917 produces microcins H47 and M (Patzner *et al.*, 2003). This strain was
484 found effective for reducing the colonization of bacterial pathogens (Lodinova-Zadnikova &
485 Sonnenborn, 1997) and for treating diarrhea (Henker *et al.*, 2007; Henker *et al.*, 2008) in children
486 as well as for the treatment of inflammatory bowel disease (Schultz, 2008). *E. coli* Nissle 1917
487 also inhibited the invasion of intestinal epithelial INT407 cells by *Yersinia enterocolitica*,
488 *Shigella flexneri*, *Legionella pneumophila* and *Listeria monocytogenes* while invasion by
489 *Salmonella enterica* serovar Typhimurium was reduced by 70% (Altenhoefer *et al.*, 2004).
490 However, this protective effect was not attributed to microcin production by this strain as a
491 bacteriocin-negative isogenic mutant was as effective as the parent strain (Altenhoefer *et al.*,
492 2004). Another non-pathogenic *E. coli* strain H22 which produces microcin C7, colicins E1 and
493 Ib, aerobactin and a bacteriophage was found to inhibit a range of enteric pathogens *in vitro*
494 (Cursino *et al.*, 2006). As *S. flexneri* only exhibited sensitivity to microcin C7, the *in vivo*
495 inhibition of this pathogen was specifically attributed to the activity of this bacteriocin, when
496 both *E. coli* H22 and *S. flexneri* were co-administered to mice (Cursino *et al.*, 2006).

497 *In vitro* studies indicate that the broad spectrum lantibiotic lactacin 3147 has the potential
498 to be employed in the treatment for *C. difficile*-associated diarrhea (CDAD) (Rea *et al.*, 2007).
499 The MIC₅₀ (3.6 µg ml⁻¹) of this bacteriocin with respect to clinical *C. difficile* isolates was
500 comparable to those of metronidazole and vancomycin (0.5-4.0 µg ml⁻¹), two antibiotics
501 currently used for the treatment of this disease. Moreover, addition of a food grade (milk-based)
502 lactacin 3147 powder to an anaerobic faecal fermentation completely eliminated *C. difficile* (10⁶
503 CFU ml⁻¹) within 30 minutes, but also reduced lactobacilli and bifidobacteria populations by 3-
504 log units (Rea *et al.*, 2007). The concentrations of lactacin 3147 required to bring about this

505 reduction of *C. difficile* were also much higher than the corresponding levels of
506 metronidazole/vancomycin required in a simulated human distal colon model (Rea *et al.*, 2010a).
507 A further investigation of the collateral damage to other members of the GIT microbiota arising
508 from administration of these antimicrobials was achieved through high-throughput
509 pyrosequencing specific of the V4 variable region of the 16s rRNA gene. This revealed dramatic
510 impacts on the relative proportions of the dominant phyla of the microbiota in that all three
511 antimicrobial treatments resulted in a shift from *Firmicutes* to *Proteobacteria* as well as
512 dramatically reducing *Bacteroidetes* compared to the control (no antimicrobial) (Rea *et al.*,
513 2010a). The efficacy of another antimicrobial which possesses a narrow inhibitory spectrum
514 inclusive of *C. difficile*, namely thuricin CD, was also tested using this model system and was
515 found comparable to the conventional antibiotics with respect to the inhibition of *C. difficile*
516 (Rea *et al.*, 2010a). In contrast however, thuricin CD did not significantly alter the relative
517 proportions of the dominant populations in the simulated colonic environment compared to the
518 control. As such, this two-component bacteriocin would appear to be an improved antibiotic
519 alternative for the treatment of CDAD. In addition to overcoming the adverse effects of
520 antibiotics on the indigenous gut microbiota, the use of such natural alternatives could also
521 reduce the development and spread of antibiotic resistance in pathogenic bacteria.

522 There are a number of other examples of the use of bacteriocins and bacteriocin-
523 producing probiotics with respect to controlling pathogens in the GIT. As previously noted, it has
524 been established that production of ruminococcin A in rats monoassociated with a producing
525 strain was associated with protection against *C. perfringens* and *C. difficile* (Ramare *et al.*,
526 1993). Likewise a human intestinal *Pediococcus acidilactici* isolate producing the anti-*Listeria*
527 bacteriocin pediocin PA-1 has been found to successfully eliminate vancomycin-resistant *E.*

528 *faecium* (VRE) in mice (Millette *et al.*, 2008). In this case, the eradication of VRE was directly
529 attributed to pediocin PA-1 production as a bacteriocin-negative derivative of the producing
530 strain did not impact on the VRE populations in mice, relative to the control group. Moreover,
531 reoccurrence of VRE was not apparant upon cessation of treatment with the bacteriocin-
532 producing strain unlike the bacitracin treated control animals. This benefit was attributed to the
533 minimal impact of the bacteriocin on the commensal gut flora, again highlighting the advantage
534 and efficacy of bacteriocins over broad spectrum antibiotics (Millette *et al.*, 2008). Corr *et al.*,
535 also demonstrated the power of utilizing bacteriocin-producing probiotics when they established
536 that administration of the abp118-producing *L. salivarius* UCC118 significantly reduced
537 infection levels of *Listeria monocytogenes* in mice (Corr *et al.*, 2007). This protective effect was
538 not apparent when a *L. monocytogenes* mutant expressing the dedicated abp118 immunity
539 protein was employed (Corr *et al.*, 2007), thereby confirming that the anti-infective properties of
540 this probiotic were specifically bacteriocin-mediated.

541 These studies confirm that bacteriocin production can contribute to the probiotic
542 functionality of intestinal LAB and in some cases may be directly responsible for it. Thus narrow
543 spectrum bacteriocins and intestinal producers thereof have exceptional potential with respect to
544 beneficially modulating the gastrointestinal microbiota and in particular with respect to the
545 inhibition of specific gastrointestinal pathogens. In addition, bacteriocin production may
546 contribute to the potential anti-cancer properties of intestinal bacteria considering that several
547 have exhibited inhibitory activity towards human cells (Booth *et al.*, 1996; Chumchalova &
548 Smarda, 2003; Hetz *et al.*, 2002; Lagos *et al.*, 2009; Lancaster *et al.*, 2007; Smarda, 1983;
549 Watanabe & Saito, 1980) although it should be pointed out that as yet, this is far less well
550 understood.

551

552 **Fatty acid production as a basis for explaining probiotic mechanisms**

553 *Introduction*

554 Another example of pharmabiotic production by intestinal bacteria is their ability to produce
555 health promoting bioactive fatty acids such as conjugated linoleic acid (CLA). Produced from
556 free linoleic acid (*cis*-9, *cis*-12 18:2 octadecadienoic acid) by the microbial enzyme linoleic acid
557 isomerase (Kepler *et al.*, 1966), CLA has been associated with a multitude of local and systemic
558 health promoting effects *in vitro* and *in vivo*. These include anti-carcinogenic (Ha *et al.*, 1987),
559 anti-atherogenic (Lee *et al.*, 1994), anti-adipogenic (Park *et al.*, 1997), anti-diabetogenic
560 (Houseknecht *et al.*, 1998) and anti-inflammatory (Cook *et al.*, 1993) activities. It is well
561 established that CLA is produced in the rumen due to the isomerase activity of bacteria such as
562 *Butyrivibrio fibriosolvens* (Kepler *et al.*, 1966; Wallace *et al.*, 2007). In addition, the endogenous
563 conversion of *trans*-vaccenic acid (*trans*-11 18:1) to CLA via delta-9 desaturase activity occurs
564 within the mammary gland (Griinari *et al.*, 2000). Consequently, ruminant derived meat and
565 dairy products have traditionally been a primary source of dietary CLA intake for humans (Jiang
566 *et al.*, 1999). However, animal studies which revealed that conventional, but not germ-free, rats
567 were capable of CLA production (Chin *et al.*, 1994), triggered investigations into the capacity of
568 non-ruminant microbes for linoleic acid metabolism (Coakley *et al.*, 2003; Jiang *et al.*, 1998;
569 Kim & Liu, 2002; Lin *et al.*, 1999).

570 Although there are 28 naturally occurring positional and geometric CLA isomers, *cis*-9,
571 *trans*-11 CLA is regarded as one of the major bioactive isomers as it is the predominant isomer
572 present in the diet, constituting greater than 90 % of the CLA content in milk fat (Stanton *et al.*,
573 2003). The biological effects of CLA have been attributed to two possible mechanisms of action.

574 Firstly, CLA is known to cause a decrease in the synthesis of arachidonic acid-derived
575 eicosanoids such as prostaglandins and leukotrienes involved in inflammation and cancer
576 (Belury, 2002). This may occur via displacement of arachidonic acid (C20:4) from cell
577 membrane phospholipids or alternatively by the intervention of the cyclooxygenase and
578 lipoxygenase pathways which are responsible for the synthesis of these eicosanoids. Modulation
579 of gene expression presents a second possible mechanism of action, whereby CLA mediates
580 activation of transcription factors such as peroxisome proliferator-activated receptors (PPARs)
581 impacting on cell processes such as lipid metabolism, apoptosis and immune function (Belury,
582 2002).

583 While CLA has shown considerable promise as a bioactive agent, animal studies have
584 demonstrated that an estimated daily intake of approximately 3 g of CLA may be required to
585 realize the associated physiological benefits (Ip *et al.*, 1994). This figure is considerably greater
586 than the estimated average human daily intake of 0.1-1.0 g of CLA (Chin *et al.*, 1992; Mushtaq
587 *et al.*, 2010). To address this, strategies to increase the levels of dietary CLA have been
588 investigated such as dietary intervention of ruminants which can result in an elevation in the
589 CLA content of milk (Lawless *et al.*, 1998; Stanton *et al.*, 1997). Further efforts included the
590 manipulation of dairy starter cultures, capable of the isomerization of free linoleic acid, to
591 influence the CLA content of yoghurt and cheese (Kim & Liu, 2002; Lin *et al.*, 1999). Moreover,
592 evidence of CLA production by species of the human intestinal microbiota, particularly
593 bifidobacteria has more recently emerged (Barrett *et al.*, 2007b; Coakley *et al.*, 2003). Therefore,
594 probiotic intervention with such bacteria has the potential to contribute to the *in situ* microbial
595 conjugation of linoleic acid and thus, provide a potential alternative with respect to enhancing
596 bioavailable CLA.

597

598 *CLA production by intestinal bacteria*

599 Like certain rumen bacteria, several strains of propionibacteria and of LAB commonly used as
600 dairy starter cultures have the capacity to produce CLA from free linoleic acid during dairy
601 fermentation (Hennessy *et al.*, 2007). Importantly, the screening of potential probiotic species
602 present in culture collections, (Coakley *et al.*, 2003; Kim & Liu, 2002; Kishino *et al.*, 2002; Lin
603 *et al.*, 1999; Ogawa *et al.*, 2001), as well as human faecal samples (Barrett *et al.*, 2007b; Oh *et*
604 *al.*, 2003; Rosberg-Cody *et al.*, 2004) has also revealed the varying efficacy of lactobacilli and
605 bifidobacteria of human intestinal origin for linoleic acid conjugation (Table 2). One study
606 focussed on four human intestinally-derived strains, two *Lactobacillus acidophilus* and two
607 *Lactobacillus casei* isolates, which were found to exhibit isomerase activity in both MRS broth
608 and skim milk supplemented with 0.2 mg ml⁻¹ free linoleic acid (Alonso *et al.*, 2003). The
609 proportions of the isomers produced were similar for each of the four strains in both media, with
610 the highest (117-132 µg ml⁻¹) and lowest (54-61 µg ml⁻¹) total CLA produced by *L. acidophilus*
611 isolates L1 and O16, respectively. Greater than 90% of total CLA corresponded to the *cis*-9,
612 *trans*-11 isomer and low concentrations of *trans*-10, *cis*-12 CLA were also detected. A similar
613 assessment of an array of LAB and bifidobacteria revealed the efficacy of intestinal species of
614 *Bifidobacterium*, particularly *Bifidobacterium breve*, with respect to CLA production from free
615 linoleic acid (Coakley *et al.*, 2003). Considerable interspecies variation was also evident in the
616 capacity for linoleic acid conjugation in this study (with conversion levels varying from 3 -
617 65%). *Cis*-9, *trans*-11 CLA was the predominant isomer in each case, with *trans*-9, *trans*-11
618 CLA also being detected but at low concentrations (Coakley *et al.*, 2003). High-throughput
619 screening of human stools for probiotics with a CLA-producing phenotype consistently favored

620 the isolation of *B. breve*, (Barrett *et al.*, 2007b; Oh *et al.*, 2003; Rosberg-Cody *et al.*, 2004)
621 highlighting the exceptional efficacy of this species in this regard.

622 Analysis of 30 strains typical of the intestinal community revealed that *B. breve* and
623 propionibacteria produce a range of CLA isomers. In contrast, lactobacilli, *Butyrivibrio*
624 *fibrisolvens* and bacteria of the *Clostridium* clade, such as species of *Roseburia*, were found to
625 metabolize linoleic acid to vaccenic acid or hydroxyl fatty acid (10-OH-18:1) end products
626 (Devillard *et al.*, 2007). Incubation of the hydroxyl fatty acid products with human faeces
627 indicated that they may serve as a precursor of the *cis*-9, *trans*-11 isomer in the mixed human
628 intestinal community (Devillard *et al.*, 2007). These findings are in agreement with previous
629 studies which reported that hydroxyl fatty acids are formed as an intermediate during CLA
630 production (Ogawa *et al.*, 2005; Ogawa *et al.*, 2001) Indeed, a myosin-cross-reactive protein
631 found in bifidobacteria has recently been found to catalyse the conversion of linoleic acid to a
632 hydroxylated intermediate (Rosberg-Cody *et al.*, 2010). Endogenous CLA production via the
633 delta-9 desaturase catalyzed conversion of vaccenic acid to *cis*-9, *trans*-11 CLA in human tissues
634 is also thought to contribute to the level of CLA available in the body (Turpeinen *et al.*, 2002).
635 Interestingly however, Devillard *et al.*, also established a correlation between the composition of
636 the intestinal microbiota and the variation in linoleic acid metabolism of individual human
637 subjects (Devillard *et al.*, 2009). It was apparent that higher proportions of *Bacteroidetes* in the
638 intestinal microbiota were concomitant with the extensive metabolism of linoleic acid to stearic
639 acid and minor accumulation of the *cis*-9, *trans*-11 CLA isomer. Conversely, CLA accumulation
640 was much higher from the faeces of an individual with higher quantities of *Firmicutes*. In
641 addition, the level of the *trans*-10, *cis*-12 isomer detected was found to exceed that of *cis*-9,
642 *trans*-11 CLA in this individual. This is an important consideration due to emerging evidence of

643 isomer-specific physiological effects of CLA (Churruca *et al.*, 2009). Although both *cis*-9, *trans*-
644 11 and *trans*-10, *cis*-12 isomers have been implicated in the anticancer activity of CLA, these
645 effects were predominantly associated with *cis*-9, *trans*-11 CLA (Kelley *et al.*, 2007).
646 Alternatively, the *trans*-10, *cis*-12 isomer has been largely associated with antiobesity effects
647 (Brown & McIntosh, 2003; Herrmann *et al.*, 2009).

648

649 *Bioactivity of CLA produced by intestinal bacteria*

650 The production of multiple bioactive fatty acid metabolites may be associated with the health
651 promoting properties of bifidobacteria and other microbes within the GIT and, therefore, may be
652 considered a probiotic trait. Although *in vitro* studies established that the two primary isomers
653 formed by *B. breve* NCIMB 702258 imparted antiproliferative effects on SW480 and HT-29
654 colon cancer cell lines, *trans*-9, *trans*-11 CLA was more potent than *cis*-9, *trans*-11 CLA in each
655 case (Coakley *et al.*, 2006). In another study, incubation of either HT-29 or Caco-2 cancer cells
656 with the CLA metabolites (*cis*-9, *trans*-11 and *trans*-10, *cis*-12 isomers) of VSL3, an eight strain
657 probiotic combination, resulted in a dose dependent reduction in viability. VSL3 consists of *L.*
658 *acidophilus*, *L. delbreuckii* subsp *bulgaricus*, *L. casei*, *L. plantarum*, *B. breve*, *B. infantis*, *B.*
659 *longum* and *Streptococcus thermophilus*, each of which were shown to produce CLA *in vitro*.
660 Furthermore, when this probiotic mixture was fed to mice, a 100-fold increase in the capacity of
661 the faecal content for the formation of CLA under anaerobic conditions, was observed
662 (Ewaschuk *et al.*, 2006).

663 The amount of linoleic acid available for CLA production in the large intestine will vary
664 depending on both the amount ingested and the efficacy of absorption in the small intestine.
665 However, it is estimated that humans excrete approximately 20 mg of linoleic acid on a daily

666 basis (Edionwe & Kies, 2001). As the intestinal absorption of long chain fatty acids in the colon
667 is minimal, it is likely that microbial CLA formed in the colon would primarily mediate
668 beneficial effects at a local level. Significantly, however, systemic increases in CLA have also
669 been attributed to microbial isomerase activity in the colon. Indeed, CLA has previously been
670 implicated in local beneficial immunomodulatory activity (Bassaganya-Riera & Hontecillas,
671 2010; Bassaganya-Riera *et al.*, 2004; O'Shea *et al.*, 2004), and anti colon cancer effects (Evans *et*
672 *al.*, 2010; Miller *et al.*, 2002), as well as systemic effects such as the contribution to the
673 maintenance of metabolic homeostasis (Guri *et al.*, 2008). It is tempting to suggest that microbial
674 CLA production within the gut may be a contributing factor to these effects.

675 Modulation of the fatty acid composition of host tissues upon dietary supplementation
676 with a combination of *B. breve* NCIMB 702258 and linoleic acid revealed the *in situ* production
677 of CLA in the GIT of mice and pigs (Wall *et al.*, 2009). Following daily administration of 90 mg
678 linoleic acid and 1×10^9 CFU *B. breve* per mouse for eight weeks, liver, large intestinal and
679 faecal concentrations of *cis*-9, *trans*-11 CLA increased by more than 2-fold in healthy BALB/c
680 mice relative to the control group fed linoleic acid alone. An increase in CLA was also observed
681 in the small intestine and caecal contents of this group. Similarly, a 1.5-fold increase in the *cis*-9,
682 *trans*-11 isomer was observed in the liver of pigs administered a combination of sunflower oil,
683 containing 63 % linoleic acid, and 1×10^{10} CFU *B. breve* each day for 21 days, relative to
684 unsupplemented control animals. The greatest increase in tissue CLA concentrations was
685 observed in severe combined immunodeficient (SCID) mice following daily administration of 90
686 mg linoleic acid and 1×10^9 CFU *B. breve* for a period of 10 weeks. Indeed, liver *cis*-9, *trans*-11
687 CLA concentrations increased 4-fold, while 3 and 2-fold increases were detected in the large
688 intestine and caecal contents, compared to a control group which received linoleic acid alone.

689 Interestingly, eicosapentaenoic acid (EPA) and docosahexanoic acid (DHA) levels were
690 significantly elevated in adipose tissue of SCID mice who were fed *B. breve* alone. Notably, this
691 was coupled with a significant reduction in the levels of proinflammatory cytokines in the
692 splenocytes of these animals relative to the unsupplemented control group (Wall *et al.*, 2009). It
693 is possible that such alterations of tissue n-3 PUFA concentrations may be responsible for the
694 anti-inflammatory effects resulting from the intake of *B. breve*. A more recent study
695 demonstrated that administration of the same strain, *B. breve* NCIMB 702258, at a level of $1 \times$
696 10^9 CFU/day in combination with alpha-linolenic acid (90 mg/day), (the metabolic precursor for
697 n-3 PUFA such as EPA and DHA) for eight weeks, increased adipose tissue and liver EPA and
698 DHA levels of mice relative to control animals (Wall *et al.*, 2010). Interestingly, this effect was
699 associated with a decrease in arachidonic acid levels. It is thus likely that this effect was
700 accompanied by an increase in the production of EPA-derived anti-inflammatory eicosanoids
701 and reduced arachidonic acid-derived proinflammatory eicosanoids. Administration of *B. breve*
702 alone or a combination of *B. breve* and alpha-linolenic acid was also associated with increased
703 levels of DHA in the brain compared to control mice that received alpha-linolenic acid alone or
704 an unsupplemented diet (Wall *et al.*, 2010). Collectively, these data suggest that such
705 metabolically active linoleic acid-conjugating strains could provide a possible therapeutic
706 approach for alleviation of metabolic disorders such as non-alcoholic fatty liver disease
707 (NAFLD), via elevation of the levels of CLA in the liver (Nagao *et al.*, 2005), and
708 immunoinflammatory disorders such as Crohn's disease and inflammatory bowel disease (IBD)
709 through fatty acid-mediated anti-inflammatory activity.

710 Bioproduction of CLA by the human intestinal isolate *Lactobacillus rhamnosus* PL60
711 resulted in elevated serum levels of *trans*-10, *cis*-12 CLA in a murine model (Lee *et al.*, 2006).

712 Following a single inoculation of 1×10^9 CFU, *L. rhamnosus* PL60 was detected in faeces of
713 mice at levels greater than 1×10^8 CFU/g for the first 48hrs and lower thereafter for up to 96hrs
714 (Lee *et al.*, 2006). The *cis*-9, *trans*-11 isomer was detected in the sera of mice administered *L.*
715 *rhamnosus* PL60 as well as the sera of *L. rhamnosus* GG or PBS-fed control animals. In contrast,
716 detection of *trans*-10, *cis*-12 CLA was unique to the sera of mice fed *L. rhamnosus* PL60 (Lee et
717 al., 2006). Daily administration of *L. rhamnosus* PL60 for eight weeks significantly reduced the
718 body weight of diet-induced obese (DIO) mice, without reducing energy intake, compared to the
719 unsupplemented control group (Lee *et al.*, 2006). Lee and coworkers also demonstrated the
720 antiobesity effects of CLA-producing *L. plantarum* PL62 in DIO mice (Lee *et al.*, 2007). Lower
721 body weight as well as serum glucose and leptin levels of DIO mice fed *L. plantarum* PL62 for 8
722 weeks, relative to control animals, was attributed to the efficacy of this strain for *trans*-10, *cis*-12
723 CLA production (Lee *et al.*, 2007). Moreover, bacterial production of CLA in humans, as a
724 consequence of the oral ingestion of *L. rhamnosus* PL60, has recently been demonstrated (Lee &
725 Lee, 2009). Daily consumption of 1×10^{12} CFU *L. rhamnosus* PL60 for 21 days increased the
726 blood levels of both *cis*-9, *trans*-11 and *trans*-10, *cis*-12 CLA isomers over the baseline of four
727 individuals. *L. rhamnosus* PL60 was detected in faeces one week after intake commenced.
728 Concentrations of *cis*-9, *trans*-11 CLA increased from baseline levels of 1.69-10.19 $\mu\text{g ml}^{-1}$ on
729 day 0 to 1.76-23.31 $\mu\text{g ml}^{-1}$ on day 21 in different subjects (Lee & Lee, 2009). Concentrations of
730 *trans*-10, *cis*-12 CLA ranged from 0-1.68 $\mu\text{g ml}^{-1}$ on day 0 to concentrations of 0.71-3.42 $\mu\text{g ml}^{-1}$
731 on day 21. It was suggested that the difference in the CLA concentrations in the individuals may
732 be due to the survival/attachment rate of *L. rhamnosus* PL60 coupled with the efficiency of CLA
733 production. Interestingly, the enhanced CLA concentrations were correlated with reduced leptin
734 concentrations in these individuals (Lee & Lee, 2009), as previously observed in mice (Lee *et al.*,

735 2006). This finding thus provides strong evidence that linoleic acid-conjugating probiotics may
736 provide an effective approach for obesity and cancer treatment, as well as an array of health
737 promoting effects in humans.

738

739 **Conclusions and potential for the future**

740 Undeniably the intestinal microbiota is a virtually unlimited source of pharmabiotic molecules.
741 This review focused on the role of two distinct pharmabiotic families, bacteriocins and isomers
742 of CLA, in probiosis and importantly, evidence was found to support the production and
743 bioactivity of each of these metabolites *in vivo*. However, short chain fatty acids such as acetate,
744 propionate and butyrate as well as γ -aminobutyric acid (GABA) are a major energy source for
745 the body which also possess several therapeutic properties (Mills *et al.*, 2009) and are but a few
746 other relevant examples of bioactive pharmabiotic metabolites of intestinal bacteria. Although *in*
747 *vitro* and animal studies have revealed that the production of bioactives considerably contribute
748 to probiotic functionality within the GIT, in many cases these findings have yet to be confirmed
749 in human studies. More comprehensive investigations on the mechanisms of action of
750 pharmabiotic molecules, factors influencing the metabolic activity of probiotics *in vivo*, as well
751 as detailed human studies will be crucial with respect to further verifying the role of specific
752 probiotics in health and disease.

753

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1487 **Table 1.** Bacteriocins produced by intestinal bacteria.

Classification	Bacteriocin	Producing organism	Source	Reference
Bacteriocins produced by gram-negative bacteria				
<u>Colicins</u>				
Group A	Colicin E1-E9	<i>Escherichia coli</i>	Human faeces	(Gorden and O'Brien, 2006; Smajs et al., 2010)
	Colicin K	<i>Escherichia coli</i>	Human faeces	(Gorden and O'Brien, 2006)
	Colicin N	<i>Escherichia coli</i>	Human faeces	(Smajs et al., 2010)
	Colicin S4	<i>Escherichia coli</i>	Human faeces	(Smajs et al., 2010)
	Colicin U	<i>Escherichia coli</i>	Human faeces	(Smajs et al., 2010)
Group B	Colicin Y	<i>Escherichia coli</i>	Human faeces	(Smajs et al., 2010)
	Colicin B	<i>Escherichia coli</i>	Human faeces	(Gorden and O'Brien, 2006)
	Colicin Ia	<i>Escherichia coli</i>	Human faeces	(Gorden and O'Brien, 2006)
	Colicin Ib	<i>Escherichia coli</i>	Human faeces	(Smajs et al., 2010)
	Colicin M	<i>Escherichia coli</i>	Human faeces	(Gorden and O'Brien, 2006)
Unclassified	Colicin 5	<i>Escherichia coli</i>	Human faeces	(Smajs et al., 2010)
	Colicin Js	<i>Escherichia coli</i>	Human faeces	(Smajs et al., 2010)
<u>Microcins</u>				
Class I	Microcin B17	<i>Escherichia coli</i>	Human faeces	(Gorden and O'Brien, 2006)
	Microcin C7/C51	<i>Escherichia coli</i>	Human faeces	(Gorden and O'Brien, 2006)
	Microcin J25	<i>Escherichia coli</i>	Human faeces	(Salomon and Farias, 1992)
	Microcin 15m	<i>Escherichia coli</i> LP15	Human faeces	(Aguilar et al., 1982)
	Microcin 15n	<i>Escherichia coli</i> LP15	Human faeces	(Aguilar et al., 1983)
Class IIa	Microcin V	<i>Escherichia coli</i>	Human faeces	(Gorden and O'Brien, 2006)
	Microcin L	<i>Escherichia coli</i>	Human faeces	(Gorden and O'Brien, 2006)
Class IIb	Microcin E492	<i>Klebsiella pneumoniae</i> RYC492	Human faeces	(de Lorenzo, 1984)
	Microcin H47	<i>Escherichia coli</i> H47	Human faeces	(Lavina, Gaggero and Moreno, 1990)
	Microcin I47	<i>Escherichia coli</i> H48	Human faeces	(Poey, Azpiroz and Lavina, 2006)
	Microcin M	<i>Escherichia coli</i> Nissle 1917	Human faeces	(Patzner et al., 2003)
Pvocin	Pyocin S2	<i>Pseudomonas aeruginosa</i> 42A	Clinical isolate	(Abdi-Ali et al., 2004)
Bacteriocins produced by gram-positive bacteria				
<u>Class I (modified)</u>				
Class Ia Lantibiotics				
	BHT A	<i>Streptococcus rattus</i> , <i>Streptococcus mutans</i>	Oral cavity	(Hyink et al., 2005)
	Cytolysin	<i>Enterococcus faecalis</i>	Human faeces	(Haas & Gilmore, 1999)
	Mutacin I	<i>Streptococcus mutans</i> UA140	Oral cavity	(Qi et al., 2001)
	Mutacin II	<i>Streptococcus mutans</i> T8	Oral cavity	(Chikindas et al., 1995)
	Mutacin III	<i>Streptococcus mutans</i> UA787	Oral cavity	(Qi et al., 1999)
	Mutacin K8	<i>Streptococcus mutans</i> K8	Oral cavity	(Robson et al., 2007)
	Mutacin 1140	<i>Streptococcus mutans</i> JH1000	Oral cavity	(Hillman et al., 1998)

1489 **Table 1.** (continued)

Classification	Bacteriocin	Producing organism	Source	Reference	
	Mutacin B-Ny226	<i>Streptococcus mutans</i> Ny226	Oral cavity	(Mota-Meira et al., 1997)	
	Nisin Z	<i>Lactococcus lactis</i> MM19	Human faeces	(Millette et al., 2008)	
	Ruminococcin A	<i>Clostridium nexile</i> , <i>Ruminococcus gnavus</i> E1, <i>Ruminococcus hansenii</i>	Human faeces	(Dabard et al., 2001; Marcille et al., 2002)	
	Salivaricin A	<i>Streptococcus salivarius</i> 20P3	Oral cavity	(Ross et al., 1993)	
	Salivaricin A1	<i>Streptococcus pyogenes</i>	Oral cavity	(Upton et al., 2001)	
	Salivaricin A2-A5	<i>Streptococcus salivarius</i>	Oral cavity	(Wescombe et al., 2006b)	
	Salivaricin B	<i>Streptococcus salivarius</i> K12	Oral cavity	(Hyink et al., 2007)	
	Streptococcin A-FF22	<i>Streptococcus pyogenes</i> FF22	Throat	(Hynes et al., 1993)	
	Streptin	<i>Streptococcus pyogenes</i>	Oral cavity	(Wescombe et al., 2003)	
		<i>Bifidobacterium longum</i> DJO10A	Healthy adult faeces	(Lee et al., 2008)	
Class Ic Sactibiotics	Thuracin CD	Trn- α /Trn- β	<i>Bacillus thuringiensis</i> DPC6431	Healthy adult faeces	(Rea et al., 2010c)
Class II (unmodified)					
Class IIa <i>Listeria</i> -active pediocin-like					
	Avicin A		<i>Enterococcus avium</i> 208/ XA83	Infant faeces	(Birri et al., 2010)
	Bacteriocin RC714		<i>Enterococcus faecium</i> RC714	Human faeces	(del Campo et al., 2001)
	Bacteriocin 32		<i>Enterococcus faecium</i> VRE200	Clinical isolate	(Inoue et al., 2006)
	Bacteriocin GM-1		<i>Enterococcus faecium</i> GM-1	Infant faeces	(Kang & Lee, 2005)
	Bifidocin B		<i>Bifidobacterium bifidum</i> NCFB 1454	Nursling stools	(Yildirim, Winters and Johnson, 1999)
	Enterocin A		<i>Enterococcus faecium</i> DPC6482	Infant faeces	(O'Shea et al., 2009)
	Pediocin PA-1		<i>Pediococcus acidilactici</i> UVA1	Breast fed infant faeces	(Mathys et al., 2007)
Class IIb two-component					
	Abp118	Abp118 α / Abp118 β	<i>Lactobacillus salivarius</i> UCC118	Ileal-caecal region of human GIT	(Flynn et al., 2002)
	Blp	BlpM/BlpN	<i>Streptococcus pneumoniae</i>	Clinical isolate	(Dawid et al., 2007)
	Lactacin F	LafA/LafX	<i>Lactobacillus johnsonii</i> NCC 533	Human faeces	(Pridmore et al., 2004)
	Mutacin IV	NlmA/NlmB	<i>Streptococcus mutans</i> UA140	Oral cavity	(Qi et al., 2001)
	Plantaricin EF and JK	Pln E/F J/K	<i>Lactobacillus plantarum</i> WCFS1	Oral cavity	(Kleerebezem et al., 2003)
	Salivaricin T	SalT α / SalT β	<i>Lactobacillus salivarius</i> DPC6488	Infant faeces	(O'Shea et al., unpublished)
Class IIc cyclic	Gasserin A /Reuterin 6		<i>Lactobacillus gasseri</i> LA39, <i>Lactobacillus reuteri</i> LA6	Breast-fed infant faeces	(Toba et al., 1991)
Class II d one peptide non-pediacin-like linear bacteriocins					
	ESL5		<i>Enterococcus faecalis</i> SL-5	Human faeces	(Kang et al., 2009)
	Mutacin N		<i>Streptococcus mutans</i> N	Oral cavity	(Hale et al., 2004)
	BHT B		<i>Streptococcus rattus</i> , <i>Streptococcus mutans</i>	Oral cavity	(Hyink et al., 2005)
	Plantaricin A		<i>Lactobacillus plantarum</i> WCFS1	Oral cavity	(Kleerebezem et al., 2003)
	Gasserin T		<i>Lactobacillus gasseri</i> SBT2055	Healthy adult faeces	(Kawai et al., 2000)
	Gasserin KT7		<i>Lactobacillus gasseri</i> KT7	Breast-fed infant faeces	(Zhu, Liu & Wu, 2000)
	Acidocin LF221A/LF221B		<i>Lactobacillus gasseri</i> LF221A	Child fecal isolate	(Majhenic et al., 2004)
	Acidophilucin A		<i>Lactobacillus acidophilus</i> LAPT1060	Breast-fed infant faeces	(Toba et al., 1991)

1491 **Table 2.** CLA produced by intestinal bacteria

Organism	Source	Medium	CLA (mg ml ⁻¹)				Alternative metabolites	Total CLA (mg ml ⁻¹)	Reference
			Linoleic acid (mg ml ⁻¹)	<i>c</i> -9, <i>t</i> -11 isomer	<i>t</i> -10, <i>c</i> -12 isomer	<i>t</i> -9, <i>t</i> -11 isomer			
<i>Bifidobacterium adolescentis</i> NCFB 2231	Adult intestine	cys-MRS	0.55	0.0006	0.0016	0.0006		0.0028	(Coakley et al., 2003)
<i>Bifidobacterium adolescentis</i> NCFB 2204	Adult intestine	cys-MRS	0.55	0.0016	0.0012	0.0007		0.0035	(Coakley et al., 2003)
<i>Bifidobacterium adolescentis</i> NCFB 2204	Adult intestine	M2	0.05	ND	ND	ND	68 % HFA		(Devillard et al., 2007)
<i>Bifidobacterium angulatum</i> NCFB 2236	Human faeces	cys-MRS	0.55	0.0006	0.0006	0.0000		0.0012	(Coakley et al., 2003)
<i>Bifidobacterium bifidum</i> NCFB 795	Unknown	cys-MRS	0.55	0.0010	0.0000	0.0000		0.0010	(Coakley et al., 2003)
<i>Bifidobacterium bifidum</i> (PFGE pattern A1)	Infant faeces	cys-MRS	0.50	ND	ND	ND		17.90%	(Rosberg-cody et al., 2004)
<i>Bifidobacterium breve</i> NCFB 2257	Infant intestine	cys-MRS	0.46	0.2232	0.0009	0.0070		0.2311	(Coakley et al., 2003)
<i>Bifidobacterium breve</i> NCFB 2258	Infant intestine	cys-MRS	0.55	0.3640	0.0000	0.0342		0.3982	(Coakley et al., 2003)
<i>Bifidobacterium breve</i> NCFB 2258	Infant intestine	cys-MRS	0.50	ND	ND	ND		36.70%	(Rosberg-cody et al., 2004)
<i>Bifidobacterium breve</i> NCFB 2258	Infant intestine	M2	0.05	95%	ND	ND		95.00%	(Devillard et al., 2007)
<i>Bifidobacterium breve</i> NCTC 11815	Infant intestine	cys-MRS	0.55	0.1987	0.0028	0.0136		0.2151	(Coakley et al., 2003)
<i>Bifidobacterium breve</i> NCIMB 8807	Nursling stools	cys-MRS	0.46	0.1229	0.0003	0.0047		0.1279	(Coakley et al., 2003)
<i>Bifidobacterium breve</i> NCIMB 8815	Nursling stools	cys-MRS	0.55	0.2238	0.0025	0.0158		0.2281	(Coakley et al., 2003)
<i>Bifidobacterium breve</i> KCTC 10462	Breast-fed infant faeces	cys-MRS	0.50	0.1600	ND	ND		0.0016	(Oh et al., 2003)
<i>Bifidobacterium breve</i> (PFGE pattern B)	Infant faeces	cys-MRS	0.50	ND	ND	ND		29.00%	(Rosberg-cody et al., 2004)
<i>Bifidobacterium breve</i> (PFGE pattern F1)	Infant faeces	cys-MRS	0.50	ND	ND	ND		7.70%	(Rosberg-cody et al., 2004)
<i>Bifidobacterium breve</i> (PFGE pattern F2)	Infant faeces	cys-MRS	0.50	ND	ND	ND		27.40%	(Rosberg-cody et al., 2004)
<i>Bifidobacterium breve</i> (PFGE pattern A)	<i>C. difficile</i> patient	cys-MRS	0.50	ND	ND	ND		76.65%	(Barrett et al., 2007)
<i>Bifidobacterium breve</i> (PFGE pattern C)	<i>C. difficile</i> patient	cys-MRS	0.50	ND	ND	ND		61.12%	(Barrett et al., 2007)
<i>Bifidobacterium breve</i> (PFGE pattern G)	<i>C. difficile</i> patient	cys-MRS	0.50	ND	ND	ND		27.20%	(Barrett et al., 2007)
<i>Bifidobacterium breve</i> (PFGE pattern H)	<i>C. difficile</i> patient	cys-MRS	0.50	ND	ND	ND		44.65%	(Barrett et al., 2007)
<i>Bifidobacterium breve</i> (PFGE pattern O)	<i>C. difficile</i> patient	cys-MRS	0.50	ND	ND	ND		21.53%	(Barrett et al., 2007)
<i>Bifidobacterium breve</i> (PFGE pattern P)	<i>C. difficile</i> patient	cys-MRS	0.50	ND	ND	ND		4.12%	(Barrett et al., 2007)

1493 **Table 2.** (continued)

Organism	Source	Medium	Linoleic acid (mg ml ⁻¹)	CLA (mg ml ⁻¹)			Alternative metabolites	Total CLA (mg ml ⁻¹)	Reference
				<i>c</i> -9, <i>t</i> -11 isomer	<i>t</i> -10, <i>c</i> -12 isomer	<i>t</i> -9, <i>t</i> -11 isomer			
<i>Bifidobacterium dentium</i> (PFGE pattern L)	Infant faeces	cys-MRS	0.50	ND	ND	ND	12.55%	(Barrett et al., 2007)	
<i>Bifidobacterium dentium</i> NCFB 2243	Dental caries	cys-MRS	0.55	0.1252	0.0014	0.0332	0.1598	(Coakley et al., 2003)	
<i>Bifidobacterium infantis</i> NCFB 2205	Infant intestine	cys-MRS	0.55	0.0011	0.0016	0.0009	0.0036	(Coakley et al., 2003)	
<i>Bifidobacterium infantis</i> NCFB 2256	Infant intestine	cys-MRS	0.55	0.0182	0.0018	0.0046	0.0246	(Coakley et al., 2003)	
<i>Bifidobacterium infantis</i> NCFB 2256	Infant intestine	M2	0.05	ND	ND	ND	79 % HFA	(Devillard et al., 2007)	
<i>Bifidobacterium infantis</i> (PFGE pattern D)	Adult faeces	cys-MRS	0.50	ND	ND	ND	18.11%	(Barrett et al., 2007)	
<i>Bifidobacterium lactis</i> Bb12	Chr Hansen	cys-MRS	0.55	0.1539	0.0030	0.0134	0.2180	(Coakley et al., 2003)	
<i>Bifidobacterium longum</i> (PFGE pattern E)	Infant faeces	cys-MRS	0.50	ND	ND	ND	3.20%	(Rosberg-cody et al., 2004)	
<i>Bifidobacterium longum</i> (PFGE pattern B)	<i>C. difficile</i> patient	cys-MRS	0.50	ND	ND	ND	53.08%	(Barrett et al., 2007)	
<i>Bifidobacterium longum</i> (PFGE pattern E)	Adult faeces	cys-MRS	0.50	ND	ND	ND	60.12%	(Barrett et al., 2007)	
<i>Bifidobacterium longum</i> (PFGE pattern F)	Adult faeces	cys-MRS	0.50	ND	ND	ND	3.98%	(Barrett et al., 2007)	
<i>Bifidobacterium longum</i> (PFGE pattern I)	Infant faeces	cys-MRS	0.50	ND	ND	ND	38.50%	(Barrett et al., 2007)	
<i>Bifidobacterium longum</i> (PFGE pattern J)	Infant faeces	cys-MRS	0.50	ND	ND	ND	20.16%	(Barrett et al., 2007)	
<i>Bifidobacterium longum</i> (PFGE pattern K)	Infant faeces	cys-MRS	0.50	ND	ND	ND	18.66%	(Barrett et al., 2007)	
<i>Bifidobacterium longum</i> (PFGE pattern N)	Infant faeces	cys-MRS	0.50	ND	ND	ND	5.24%	(Barrett et al., 2007)	
<i>Bifidobacterium longum</i> (PFGE pattern Q)	Adult faeces	cys-MRS	0.50	ND	ND	ND	3.68%	(Barrett et al., 2007)	
<i>Bifidobacterium longum</i> (PFGE pattern R)	Infant faeces	cys-MRS	0.50	ND	ND	ND	6.31%	(Barrett et al., 2007)	
<i>Bifidobacterium pseudocatenulatum</i> NCIMB 8811	Nursling stools	cys-MRS	0.55	0.0168	0.0020	0.0045	0.0233	(Coakley et al., 2003)	
<i>Bifidobacterium pseudocatenulatum</i> KCTC 10208	Breast-fed infant faeces	cys-MRS	0.50	0.1350	ND	ND	0.1400	(Oh et al., 2003)	
<i>Bifidobacterium pseudocatenulatum</i> (PFGE pattern M)	Infant faeces	cys-MRS	0.50	ND	ND	ND	2.60%	(Barrett et al., 2007)	
<i>Butyrivibrio fibrisolvens</i> 16.4	Human faeces	M2	0.05	ND	ND	ND	100 % VA	(Devillard et al., 2007)	
<i>Eubacterium siraeum</i> DSM 15702	Human faeces	M2	0.05	ND	ND	ND	26 % HFA	(Devillard et al., 2007)	
<i>Eubacterium ruminantium</i> L2-50	Human faeces	M2	0.05	ND	ND	ND	38 % HFA	(Devillard et al., 2007)	
<i>Faecalibacterium prausnitzii</i> L-2-6	Human faeces	M2	0.05	ND	ND	ND	32 % HFA	(Devillard et al., 2007)	

1495 **Table 2.** (continued)

Organism	Source	Medium	Linoleic acid (mg ml ⁻¹)	CLA (mg ml ⁻¹)			Alternative metabolites	Total CLA (mg ml ⁻¹)	Reference
				<i>c</i> -9, <i>t</i> -11 isomer	<i>t</i> -10, <i>c</i> -12 isomer	<i>t</i> -9, <i>t</i> -11 isomer			
<i>Lactobacillus acidophilus</i> L1	Human intestine	MRS	0.20	0.1150	0.0132	0.0007		0.1320	(Alonso et al., 2003)
<i>Lactobacillus acidophilus</i> L1	Human intestine	10 % RSM	0.20	0.1000	0.0100	0.0060		0.1160	(Alonso et al., 2003)
<i>Lactobacillus acidophilus</i> O16	Human intestine	MRS	0.20	0.0550	0.0050	0.0004		0.0610	(Alonso et al., 2003)
<i>Lactobacillus acidophilus</i> O16	Human intestine	10 % RSM	0.20	0.0450	0.0080	0.0010		0.0540	(Alonso et al., 2003)
<i>Lactobacillus casei</i> E5	Human intestine	MRS	0.20	0.0940	0.0140	0.0030		0.1110	(Alonso et al., 2003)
<i>Lactobacillus casei</i> E5	Human intestine	10 % RSM	0.20	0.0850	0.0120	0.0030		0.1000	(Alonso et al., 2003)
<i>Lactobacillus casei</i> E10	Human intestine	MRS	0.20	0.0710	0.0070	0.0025		0.0800	(Alonso et al., 2003)
<i>Lactobacillus casei</i> E10	Human intestine	10 % RSM	0.20	0.0610	0.0085	0.0020		0.0710	(Alonso et al., 2003)
<i>Lactobacillus fermentum</i> 7-2	Infant faeces	MRS	5.00	ND	ND	ND		ND	(Ham et al., 2002)
<i>Lactobacillus plantarum</i> PL62 (KACC 91104)	Infant faeces	10 % RSM	0.1 (vol/vol)	0.0268	0.0064	ND		0.0332	(Lee et al., 2007)
<i>Lactobacillus reuteri</i> DSM 20016	Adult intestine	M2	0.05	ND	ND	ND	28 % HFA		(Devillard et al., 2007)
<i>Lactobacillus rhamnosus</i> PL60 (KACC 91105)	Infant faeces			2.836*	1.6025*	ND		4.4385*	(Lee et al., 2006)
<i>Roseburia faecis</i> M6/1	Human faeces	M2	0.05	ND	ND	ND	86 % HFA		(Devillard et al., 2007)
<i>Roseburia faecis</i> M88/1	Human faeces	M2	0.05	ND	ND	ND	76 % HFA		(Devillard et al., 2007)
<i>Roseburia faecis</i> M72/1	Human faeces	M2	0.05	ND	ND	ND	88 % HFA		(Devillard et al., 2007)
<i>Roseburia hominis</i> A2-183	Human faeces	M2	0.05	ND	ND	ND	100 % VA		(Devillard et al., 2007)
<i>Roseburia hominis</i> A2-181	Human faeces	M2	0.05	ND	ND	ND	100 % VA		(Devillard et al., 2007)
<i>Roseburia intestinalis</i> L1-82	Human faeces	M2	0.05	ND	ND	ND	84 % HFA		(Devillard et al., 2007)
<i>Roseburia intestinalis</i> L1-952	Human faeces	M2	0.05	ND	ND	ND	85 % HFA		(Devillard et al., 2007)
<i>Roseburia inulinivorans</i> A2-194	Human faeces	M2	0.05	ND	ND	ND	100 % VA		(Devillard et al., 2007)
<i>Roseburia inulinivorans</i> L1-83	Human faeces	M2	0.05	ND	ND	ND	100 % VA		(Devillard et al., 2007)

ND: Not Defined; HFA: Hydroxy Fatty Acid (10-OH-18:1); VA: Vaccenic Acid (trans-11-18:1); *CLA produced from crude enzyme prepared from cell lysate, rather than viable cells

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VA: Vaccenic Acid (trans-11-18:1)

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