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Summary

FAECAL MICROBIOTA TRANSPLANT AS FIRST-LINE TREATMENT FOR GRADE 2 CHECKPOINT INHIBITOR COLITIS

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Mechanisms & Personalised Medicine | Gut Microbiota | Colorectal

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First-line faecal microbiota transplant for grade 2 checkpoint inhibitor colitis achieved clinical response in 60% of patients at day 7 and significantly reduced need for corticosteroid escalation compared to standard steroid therapy.

KEY POINTS

- At day 7, 6 of 10 patients (60%) treated with single-dose FMT avoided corticosteroid therapy, and 4 of 10 (40%) maintained durable steroid-free remission at week 8.
- FMT-treated patients were significantly less likely to require selective immunosuppressive therapy escalation than steroid-treated controls (2 of 10 versus 11 of 14, p equals 0.011).
- Cumulative corticosteroid exposure was substantially lower in the FMT group compared to the steroid-treated cohort (571 mg versus 1562 mg, p less than 0.001).
- Histologic remission was achieved in 3 of 10 patients (30%) at week 8.
- No cancer progression was observed in FMT-treated patients at week 12, whereas 6 of 14 steroid-treated patients had cancer progression.
- FMT was well tolerated with only minor adverse events including dyspepsia, transient sweats and increased flatulence, and no major adverse events occurred.

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