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Summary

FMT: Established and emerging indications

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Faecal microbiota transplantation is established and effective only for recurrent Clostridioides difficile infection, with promising but unproven efficacy in ulcerative colitis, irritable bowel syndrome, metabolic syndrome, and immune checkpoint inhibitor-related conditions.

KEY POINTS

- The speaker stated that FMT is approved in clinical practice solely for recurrent CDI, where it is effective and safe with increased success in severe forms and sequential procedures.
- For mild to moderate ulcerative colitis, the speaker reported that FMT can induce remission but clinical remission rates are not comparable to other available therapeutic options and no clinical practice recommendation exists.
- The speaker presented unpublished data from their centre showing FMT improved progression-free survival and overall survival in metastatic renal cell carcinoma patients treated with immunotherapy compared to placebo.
- Engraftment, defined as the ratio of newly detected donor strains to retained recipient strains, is related to clinical response, and antibiotic pre-treatment appears to improve engraftment according to the speaker.
- The speaker emphasized that treating chronic conditions requires a shift from acute single treatments to chronic protocols, and that improving engraftment is key to advancing FMT use beyond CDI.

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