Challenges and strategies to bring microbiome into clinical practice

Gianluca Ianiro

UEG Week Barcelona 2026 | Presentation

Mechanisms & Personalised Medicine | Gut Microbiota

October 19, 2026

This educational talk argues that gut microbiome research must move from basic science into clinical practice through improved regulation of testing, scalable therapies beyond single-donor FMT, and formal training for clinicians.

KEY POINTS

- The speaker stated that only 10% of patients needing FMT for recurrent C. difficile infection can access it, and that donor screening is not scalable, requiring 90 donors to yield 10 suitable donors with nearly 50% of donations discarded for pathogens.
- Microbiome testing lacks regulation and patients often turn to unreliable commercial tests because physicians receive no formal microbiome training in medical school.
- Chronic disorders like ulcerative colitis require chronic microbiome modulation rather than single FMT treatments, and engraftment alone is insufficient for complex dysbiosis.
- The speaker identified immune checkpoint inhibitor colitis as the next clinical area for FMT, reporting success rates around 80% in small case series.
- Diet is the most powerful daily modulator of gut microbiota, though fermentable fibers can worsen symptoms in irritable bowel syndrome patients.
- The speaker recommends clinical history collection to identify microbiome disruption points and suggests specialized dietitian support for microbiome-focused clinics.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/2bd0125a-d150-11f1-81c6-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.