

FECAL MICROBIOTA TRANSPLANTATION IN THE MANAGEMENT OF IMMUNE CHECKPOINT INHIBITOR-ASSOCIATED COLITIS AND DIARRHEA: A CASE SERIES

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UEG Week Berlin 2025

Presentation

Digestive Oncology

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Colorectal

October 6, 2025

Single fecal microbiota transplantation via colonoscopy achieved diarrhea improvement to grade ≤ 1 in 85% of patients with steroid- and biologic-refractory immune checkpoint inhibitor-induced colitis, sustained through 12 weeks.

KEY POINTS

- Seven patients with steroid- and biologic-refractory ICI-induced colitis (baseline: 1 grade 2, 5 grade 3, 1 grade 4) received single FMT from healthy donors via colonoscopy.
- Diarrhea improved to grade ≤ 1 in 6 patients (85%) at weeks 1, 4, 8, and 12 post-FMT, suggesting sustained medium-term effect of microbiome modulation.
- One patient died during follow-up for reasons unrelated to ICI-colitis.
- All patients had advanced epithelial cancers (4 renal cell carcinoma, 2 melanoma, 1 pulmonary) and were treated with PD-1/PD-L1 or CTLA-4 inhibitors; 6 had interrupted ICI due to GI irAEs.
- The authors conclude FMT may be a promising therapeutic strategy for refractory ICI-colitis but note that larger randomized studies are needed to confirm these preliminary findings.

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