DONOR SCREENING AND STOOL BANKING FOR FECAL MICROBIOTA TRANSPLANTATION: RESULTS FROM A PUBLIC ITALIAN CENTER.

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A two-year experience at the first public Italian FMT center found that only 10.4% of potential stool donors were suitable for donation, with further attrition during active donation and significant anaerobic bacterial decline in frozen samples after one month.

KEY POINTS

- Of 212 screened candidates, 22 subjects (10.4%) were suitable for stool donation after sequential exclusions for gastrointestinal symptoms (13.7%), systemic diseases (23.6%), antibiotic use (3.8%), infectious disease risk factors (37.3%), and pathogen presence (9%).
- Among 10 active donors, 6 were excluded after a median of 3 donations due to newly diagnosed pathogen infections (pathogenic E. coli, Salmonella, Campylobacter, Cryptosporidium), and 2 additional donors discontinued due to the commitment required.
- Frozen stool samples showed a significant decrease in anaerobic bacterial concentration after 1 month of storage (1.33×10^10 vs 7.6×10^9 CFU/mL, p=0.028), while aerobic counts remained stable until 18 months.
- Donor screening was performed according to Italian Health Ministry regulation and FMT European consensus, with all candidates aged below 50 years.
- The findings highlight the challenges of maintaining a sustainable stool donor pool for FMT programs treating recurrent Clostridioides difficile infection.

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