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Summary

FMT: What is new?

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UEG Week Barcelona 2026 | Presentation

Mechanisms & Personalised Medicine | Gut Microbiota

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The speaker reviewed faecal microbiota transplantation (FMT) across indications and discussed the field's shift toward defined live biotherapeutic products as more scalable alternatives to FMT.

KEY POINTS

- FMT remains standard of care for recurrent C. difficile infection, shows a signal in immuno-oncology, but a large phase 3 trial in IBS (450 patients) showed no benefit at 3 months or one year despite microbiome engraftment.
- In Crohn's disease, the speaker reported a small study in which one FMT cleared adherent invasive E. coli from all eight colonised patients, and another in which all four evaluable infliximab non-responders achieved clinical response at week 4 and endoscopic remission by week 14.
- A randomised trial in kidney cancer (50 patients) receiving FMT plus immune checkpoint inhibitors reported median progression-free survival of 24 months versus 9 months, though the primary endpoint (12-month PFS) narrowly missed significance at p=0.053.
- The speaker stated that FMT faces scalability and standardisation challenges and that the field is moving toward live biotherapeutic products such as Faecalibacterium prausnitzii and consortia, with multiple phase 2 and phase 3 trials ongoing in IBD, oncology, and C. difficile.
- The speaker disclosed co-founding Excellium Biosciences and stated that in the Q&A there is currently no space for FMT in IBD based on existing data, though combination with biologics or use in maintenance may be promising.
- A phase 2 study of an eight-strain live biotherapeutic for C. difficile reported cure rates of 86.2% in the high-dose group versus 54.5% with placebo, and a phase 3 trial is ongoing.

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