

GUT MICROBIOTA MODULATION AS A NOVEL THERAPEUTIC APPROACH FOR IMMUNE-CHECKPOINT INHIBITORS-RELATED DIARRHEA AND COLITIS

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Presentation

Digestive Oncology

Gut Microbiota

Immunology

Mechanisms & Personalised Medicine

Colorectal

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Microbiome modulation with probiotics, rifaximin, and fecal microbiota transplantation achieved diarrhea resolution or improvement in 92.9% of cancer patients with immune checkpoint inhibitor-related diarrhea and colitis, with 30% able to resume cancer therapy.

KEY POINTS

- In 42 cancer patients with ICI-related diarrhea (23.8% grade 1, 38.1% grade 2, 35.7% grade 3, 2.4% grade 4), microbiome-directed therapy included multi-strain probiotics in 64.3%, rifaximin in 52.4%, systemic steroids in 50%, and FMT in 7 patients refractory to steroids and biologics.
- At 8 weeks, 28 patients (66.7%) achieved complete diarrhea resolution and 11 patients (26.2%) improved to grade 1, allowing 9 of 30 patients (30%) who had interrupted ICI to resume cancer treatment.
- No adverse events related to gut microbiota modulation were observed.
- The study enrolled patients from a Microbiome Clinic between January 2023 and March 2025, with treatment stratified by CTCAE diarrhea grade and follow-up of at least 8 weeks.
- The authors conclude that therapeutic gut microbiota modulation appears safe and effective for ICI-related diarrhea and colitis but requires confirmation in larger randomized studies.

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