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Summary

FECAL VIROME TRANSPLANTATION INDUCES CLINICAL RESOLUTION IN PATIENTS WITH CLOSTRIDIOIDES DIFFICILE INFECTION AND SIGNIFICANTLY INCREASES BACTERIAL DIVERSITY FOLLOWING ONE AND EIGHT WEEKS BUT TO A LESSER DEGREE THAN FECAL MICROBIOTA TRANSPLANTATION. RESULT

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Fecal virome transplantation (FVT) capsules achieved 73.7% clinical resolution in recurrent C. difficile infection at eight weeks, non-inferior to FMT (88.2%, p=0.41), with distinct microbiome changes suggesting phage-driven bacterial modulation rather than direct bacterial transfer.

KEY POINTS

- In a randomized trial of 40 patients with first or second CDI recurrence, clinical resolution at eight weeks was 88.2% (15/17) with FMT capsules and 73.7% (14/19) with FVT capsules, with no significant difference between groups (p=0.41).
- Both treatments significantly increased gut bacterial alpha diversity from baseline, but FMT produced significantly greater increases than FVT at both one week (3.05 vs 2.52, p=0.008) and eight weeks (3.32 vs 2.66, p<0.001).
- FVT responders significantly increased alpha diversity from 1.92 to 2.6 at one week (p=0.004), while non-responders showed no significant increase (2.16 to 2.28, p=0.67), suggesting clinical response correlates with microbiome restoration.
- The two treatments produced distinct bacterial community profiles by eight weeks (p=0.001), supporting the hypothesis that FVT acts through indirect, phage-driven modulation of the bacterial microbiome rather than direct bacterial transfer.
- No important safety signals were reported in either treatment group.

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