Dysbiosis vs microbiome testing

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Gut Microbiota | Small Intestine & Nutrition

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An international consensus from 2025 provides guidance on how to perform microbiome testing but concludes there is insufficient evidence to recommend it in clinical practice for any condition.

KEY POINTS

- The speaker states that only amplicon and whole genome sequencing are acceptable methods, PCR cannot be used, and tests must assess alpha and beta diversity with complete taxonomic profiling compared to healthy controls.
- According to the consensus, microbiome testing should only be prescribed by clinicians who can interpret it, performed under the patient's normal diet and medication conditions, and self-prescription by patients should be discouraged.
- The speaker reports that Firmicutes/Bacteroidetes ratio should not be included in reports as it is outdated and not clinically relevant, and post-testing therapeutic advice from testing companies should be excluded.
- The speaker states a 2019 meta-analysis showed colorectal cancer has a microbial signature that may depend on lesion location and advancement, and a paper by Lisa DeRosa validated a score of 37 bacterial taxa predicting immunotherapy response in lung cancer, kidney cancer, and melanoma patients.
- The speaker personally almost never prescribes microbiome testing, uses it only when all other approaches have been tried in DGBI patients, and believes there is a large placebo effect of the test itself.
- The speaker modulates therapy based on testing results by consulting dieticians to increase short-chain fatty acid producing bacteria when deficient or prescribing rifaximin when pathobionts are increased.

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