

Open labelled randomised controlled trial.

Patients with active mild-moderate ulcerative colitis (clinical & endoscopically) on stable medications were randomized to fecal microbiota transplantation and anti-inflammatory diet (FMT-AID) vs optimised standard medical therapy (SMT). The FMT-AID arm received seven weekly colonoscopic infusions of freshly FMY from multiple rural donors (weeks 0-6) thereafter continued on anti-inflammatory diet. Clinical responders at w8 followed until w48.

Primary endpoints: Clinical response and deep remission at 8 weeks and steroid free remission at 48 weeks.

Results: N=66

- Clinical response week 8: 65.7% FMT-AID vs 35.5% SMT, $p=0.01$.
- Clinical remission week 8: 60% FMT-AID vs 32.3% SMT, $p=0.02$.
- Deep remission week 8: 36.4% FMT-AID vs 8.7% SMT, $p=0.03$.
- Anti-inflammatory diet was superior to SMT in maintenance of deep remission until w48; 25% vs 0%, $p=0.007$.

Conclusion:

Multidonor FMT with anti-inflammatory diet effectively induced deep remission in mild-moderate UC which was sustained with anti-inflammatory diet over 1 year.

Faecal microbiota transplantation with anti-inflammatory diet (FMT-AID) followed by anti-inflammatory diet alone is effective in inducing and maintaining remission over 1 year in mild to moderate ulcerative colitis: a randomised controlled trial



Figure 4 Comparison of primary outcomes at 8 and 48 weeks between patients who received faecal microbiota transplantation and anti-inflammatory diet (FMT-AID) versus those who received optimised standard medical therapy (SMT).

