Fecal transplantation for the treatment of clostridium difficile-associated disease or ulcerative colitis

Guo B, Harstall C, Nguyen T, Ohinmaa A

Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
• To review the prevalence, incidence, risk factors, and consequences of Clostridium difficile-associated disease (CDAD) and ulcerative colitis. • To examine clinical research evidence on the safety and efficacy/effectiveness of fecal transplantation compared to standard care in the prevention and treatment of patients with CDAD or ulcerative colitis, and • To provide a brief summary of the cost-effectiveness literature on fecal transplantation compared to standard care in the prevention and treatment of patients with CDAD or ulcerative colitis.

Authors' conclusions
Management of severe, recurrent, and relapse CDAD, particularly in elderly patients, remains clinically challenging. While the majority of patients respond to standard care, including discontinuation of inducing antibiotics and use of antibiotics against C. difficile (vancomycin and metronidazole), a small portion of patients fail to achieve disease resolution with standard care. Transplantation of fecal suspension obtained from healthy donors may restore normal flora, breaking the cycle of recurrent CDAD, usually after treatment with pulsed/tapered vancomycin therapy has failed. Based on the limited evidence of 10 case series studies, fecal transplantation appears to be a safe procedure. In most cases, symptoms improved immediately after fecal transplantation and patients stayed diarrhea-free for several months or even years, indicating that fecal transplantation could be an effective alternative in the treatment of patients with recurrent CDAD, ulcerative colitis, or CDAD superimposed on ulcerative colitis. Two ongoing RCTs that compare fecal transplantation with oral vancomycin in patients with recurrent CDAD may provide a better understanding of the potential role of fecal transplantation in the management of patients with recurrent/refractory CDAD. Future controlled trials are also required to better delineate the role of fecal transplantation in patients with ulcerative colitis. The status of fecal transplantation as an experimental or accepted procedure for patients with recurrent CDAD remains to be determined.

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Address for correspondence
#1200, 10405 Jasper Avenue, Edmonton, AB T5J 3N4, Canada. Tel: +1 780 448 4881, Fax: +1 780 448 0018 Email:
info@ihe.ca

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