EDITORIAL

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Seeking acceptance: how education shifts views on fecal microbiota transplants for ulcerative colitis in Korea

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Fecal microbiota transplantation (FMT) is a promising treatment for recurrent or refractory *Clostridioides difficile* infections (CDIs) [1]. Recently, its potential for managing inflammatory bowel diseases (IBDs), such as ulcerative colitis (UC), has garnered much attention [2]. Despite its recognized efficacy, it remains unapproved for UC treatment in most countries, including Korea. In the United States, while the Food and Drug Administration (FDA) has approved FMT for CDI, its use for UC is still under investigation and typically limited to clinical trials or off-label use [3,4]. Similar situations exist in other countries and societies, where FMT for UC is primarily conducted within the context of research studies, rather than being an approved standard treatment [5,6].

The recently announced American Gastroenterological Association (AGA) 2024 guidelines recommend an overtly cautious approach to FMT for UC, advising against its use outside clinical trials due to the very low certainty of evidence [4]. The AGA emphasizes the need for further research to clarify the role of FMT in UC treatment and suggests it should be considered only when no satisfactory alternative therapies are available, reflecting the ongoing uncertainties and the importance of evidence-based practice.

Similarly, the first International Rome Consensus Conference on gut microbiota and FMT in IBD highlights the promising, yet varied results, of several randomized clinical trials [6]. Despite many challenges, however, the conference underscores the need for standardized protocols to promote FMT as a viable treatment, indicating a cautiously optimistic view towards its future application in IBD management.

Park et al. [7] critically evaluated Korean UC patients' perceptions of FMT and emphasized the impact of educational interventions on their willingness to undergo this procedure. The study was particularly significant given the current controversy over FMT as a treatment for UC, with experts highlighting the need for more research and standardized protocols due to the low certainty of evidence and varied outcomes of clinical trials. In this context, the findings add valuable insights, as their results could act as a catalyst for future research, since FMT is not yet widely recognized or accepted, even among physicians, despite its proven efficacy in treating CDI [8,9]. Demonstrating that education can shift perceptions of the personnel involved would provide a foundation for further studies and help pave the way for broader acceptance and clinical adoption of FMT.

The investigators conducted a prospective multicenter study between January 2021 and December 2022, involving 210 UC patients from seven university hospitals in South Korea. Participants were surveyed using a comprehensive questionnaire before and after receiving educational material about FMT. They assessed the patients' baseline awareness, changes in perception post-education, and the factors influencing their willingness to undergo FMT.

Initially, a significant portion of patients (51.4%) were unaware of FMT as a treatment option, and only 27.1% were willing to consider it. After educational intervention, however, the willingness to undergo FMT markedly increased to 46.7%. Patients preferred FMT donors recommended by physicians or using their family members as donors, with freeze-dried capsules being the favored method of administration. In addition, patients with severe disease activity and those with a lower quality of life due to UC were more in-

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clined to opt for FMT. Despite this, concerns about infection risks and doubts about the efficacy of FMT were prevalent, highlighting the need for thorough safety and efficacy information. We also found that national medical policies significantly influenced patient decisions regarding FMT.

The findings are pivotal for several reasons. First, they underscore the low baseline awareness of FMT among Korean UC patients and demonstrate that targeted education can significantly alter patient perceptions. This is consistent with similar studies conducted in Western countries, suggesting a widespread benefit of educational interventions in increasing acceptance of FMT [10].

Second, our findings highlight the influence of disease severity and quality of life on patients' willingness to adopt new treatments. This suggests that patients experiencing greater disease burdens are more open to innovative therapies, emphasizing the need for clinicians to actively discuss all available options with their patients, especially those with severe symptoms.

Moreover, the preference for physician-recommended donors and the method of administration reflects trust in medical professionals and the desire for convenient treatment modalities. These insights are crucial for developing patient-centered approaches to FMT, ensuring that the procedure is both acceptable and accessible to patients.

The finding that national medical policies significantly influence patient decisions is particularly noteworthy. In Korea, the current lack of formal approval and national health insurance coverage for FMT, even as a treatment for CDI, presents challenges to its future widespread adoption for other indications, such as UC. While FMT shows promise as a therapy for UC, further clinical research is necessary to establish its long-term efficacy and safety before it can be fully recommended and incorporated into clinical guidelines. Policymakers might consider these preliminary findings as they continue to evaluate the potential benefits and regulatory considerations for FMT in UC treatment.

Despite its limitations, such as the use of an unvalidated questionnaire and the need for more robust analysis, this study is a critical step towards recognizing and potentially integrating FMT into the treatment paradigm for UC in Korea. Future research should address these limitations and explore long-term outcomes and safety to support the broader implementation of FMT in clinical practice. This study provides a foundation for future policy discussions that could potentially enhance patient access to this promising therapy, provided that key prerequisites are met, contributing to an improved quality of life for those suffering from UC.

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