

Review of: "Long-term beneficial effect of faecal microbiota transplantation on colonisation of multidrug-resistant bacteria and resistome abundance in patients with recurrent *Clostridioides difficile* infection"

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Potential competing interests: No potential competing interests to declare.

The authors of the paper set out to explore the prolonged shifts in colonization by multidrug-resistant bacteria and resistome abundance following FMT treatment in rCDI patients. While they achieved anticipated results, I'm left with several inquiries:

- 1.The paper characterizes the research as a cohort study, leading me to surmise that it's retrospective in nature. In my perspective, an effectively executed cohort study ideally includes a relevant control group. A prospective approach often yields greater confidence in establishing causality. Could you elucidate further on this matter?
- 2.The paper seems to place less emphasis on its methodology. There's an extensive outline of shotgun metagenomic sequencing and the cultivation of multidrug-resistant bacteria. Such depth is appropriate when introducing innovative methods, but traditional techniques could be more succinctly presented. I believe it would be beneficial to detail the study's design methodology, notably the criteria for patient inclusion and exclusion, and the basis for determining sample size. The lack of these criteria raises concerns about potential selection biases. Could you share more insights on this?
- 3.I noted several instances where patient appointments, crucial for gauging long-term outcomes, were missed during the study. How does the study address or mitigate the impact of these missed visits?"