Supplementary Online Content


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This supplementary material has been provided by the authors to give readers additional information about their work.
eAppendix 1. Inclusion/Exclusion Criteria for FMT Recipients

Inclusion criteria

- Patients with refractory, recurrent or relapsing CDI defined as EITHER (13):
  - At least three episodes of mild-to-moderate CDI.
  - At least two episodes of severe CDI resulting in hospitalization and associated with significant morbidity.
  - One protracted episode of CDI, defined as at least 3 weeks of ongoing Grade 3 severe symptoms of CDI despite standard antimicrobial therapy for CDI.
  - We expect that most, but not all, subjects will have tried and failed a taper of vancomycin.
- Willingness to accept risk of unrelated donor stool.
- Age 7 and above. Seven is chosen as a lower limit based upon the legal age of assent. Most children aged 7 and above can be taught to swallow even large capsules through simple coaching techniques. If they cannot, they can be offered FMT through our expanded access IND using a liquid frozen inoculum.
- Able to consent for self, or parental assent/child assent as age appropriate.

Exclusion criteria

- Delayed gastric emptying syndrome
- Known chronic aspiration
- Swallowing dysfunction or oral-motor dyscoordination.
- Inability or unwillingness to swallow multiple large capsules
- Pregnant women
- Patients with an acute illness unrelated to CDI or an acute exacerbation of underlying comorbid condition
- Patients with comorbidities associated with increased risk of serious infection following bacterial translocation, including but not limited to:
  - Subjects on major immunosuppressive agents including high dose corticosteroids, calcineurin inhibitors, mTOR inhibitors, lymphocyte depleting biologic agents, anti-TNF agents, and others; chemotherapeutic anti-neoplastic agents*
  - Patients with decompensated liver cirrhosis, advanced HIV/AIDS, recent bone marrow transplant, hypoglobulinemia or other cause of severe immunodeficiency*
- Patients with a history of significant allergy to foods not excluded from the donor diet

*In some instances, possible restoration of normal flora is likely more beneficial than risky, so this will be discussed carefully and individualized. We will consider patients on stable or decreasing doses of biological or chemical immunomodulators like infliximab, etanercept, or adalimumab, azathioprine and methotrexate (e.g. for Crohns, dermatological or rheumatological disease), with the requirement that the treating physician prescribing these drugs agrees that the individual is not a high risk of infectious complications of FMT or other medical interventions at the time of FMT. Indeed, in patients with Inflammatory Bowel Disease (IBD) or rheumatologic joint disease and recurrent/refractory CDI on stable doses of immunomodulator remission therapy, the ongoing presence of CDI mimics and exacerbates the disease process and makes it difficult to clinically assess need for further management of underlying autoimmune disease. Patients who are on triple immunosuppression (e.g. organ transplant regimens) will only be allowed with the written agreement of transplant physicians or transplant ID consultants.
eAppendix 2. Inclusion/Exclusion Criteria for Healthy Volunteer Stool Donors

Inclusion Criteria

Healthy donors must be healthy, non-pregnant adults 18-50 years of age, on no medications, with a normal Body Mass Index (BMI 18.5-25). Volunteers must pass the American Association of Blood Banks (AABB) Donor questionnaire for exposure to infectious agents, have a normal physical exam (including fecal occult blood testing negative), and general laboratory screening tests within the normal range (CBC with differential, BUN/Cr, complete liver function tests, normal glucose, lipids, and C-Reactive Protein within normal range, and negative anti-nuclear antibody). Volunteers must have no significant past medical history with the exception of past resolved traumatic injury or routine surgery (e.g., wisdom teeth extraction, appendectomy, cosmetic dentistry or plastic surgery).

Exclusion Criteria (in addition to passing AABB questionnaire for blood donors)

These are virtually verbatim from Hamilton et al (18) and Bakken et al (13) or more stringent

- Any past or current malignancy including GI malignancy or polyposis
- Personal or Family History of inflammatory bowel disease or unexplained GI illness
- History of irritable bowel syndrome, excessive gas, bloating, lymphocytic colitis, idiopathic chronic constipation, chronic use of laxatives or chronic diarrhea
- Any chronic medications
- Use of probiotics or any OTC aids for regulating digestion
- Antibiotics within the preceding 6 months
- Major immunosuppressive medications, e.g., calcineurin inhibitors, exogenous glucocorticoids, biologic agents, etc.
- Systemic anti-neoplastic agents
- Recent ingestion of a potential allergen (e.g., nuts, shellfish, eggs, peanuts)
- History of gastrointestinal surgery (e.g., gastric bypass) or endoscopy
- Metabolic syndrome
- Neurological, neurodevelopmental disorder e.g. Parkinson’s disease, autism, etc.
- Systemic autoimmunity, e.g., multiple sclerosis, psoriasis, vasculitis, connective tissue disease, any rheumatological or inflammatory condition
- Atopic diseases, e.g. asthma and eczema, food allergies, eosinophilic disorders of the gastrointestinal tract
- Chronic pain syndromes, e.g., chronic fatigue syndrome, fibromyalgia

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eAppendix 3. Laboratory Testing of Healthy Volunteer Stool Donors

General health laboratory testing:

- CBC and differential WNL ranges for gender at MGH clinical labs. Minor excursions of the % of differential for leukocyte subsets of monocytes, lymphocytes and PMNs, or red cell indices are allowed if deemed not clinically significant by the reviewing physician. No elevation of eosinophils is allowed. Total WBC as low as 4,000 is allowed given that many healthy young males often display this finding
- ALT, AST, Bilirubin, alkaline phosphatase WNL ranges at MGH clinical labs.
- Electrolytes and fasting glucose WNL ranges at MGH clinical laboratories (minor excursions related to intake, for example K+ slightly below normal may be allowed at the discretion of the investigator)
- BUN/Cr within normal range
- Serum triglycerides, HDL cholesterol within normal range for gender
- Fluorescent ANA negative (18)
- High sensitivity CRP WNL (<2.4 mg/dL)

Stool testing for donors (at MGH clinical laboratories unless specified below, all results must be NEGATIVE)

- *Clostridium difficile* toxin by PCR
- Routine bacterial culture for enteric bacterial pathogens (with enrichment broth)
  - Include Salmonella, Shigella, Yersinia, Campylobacter, E.coli 0157.
- Specialized media culture for Vibrio and Listeria
- Fecal Giardia antigen (DFA)
- Fecal Cryptosporidium antigen (DFA)
- Acid-fast stain for Cyclospora, Isospora and Cryptosporidium
- Ova and parasites (microscopy)
- Helicobacter pylori fecal antigen (send out to: Mayo Laboratories, Rochester MN)
- Rotavirus Enzyme Immunoassay

Serologic testing for donors (at MGH clinical laboratories, all must be NEGATIVE).

- *HIV, type 1 and 2*
- *HAV IgM*
- *HBsAg, anti-HBc (both IgG and IgM), and anti-HBs.*
- *HCV Ab*
- *Treponemal test for syphilis (Trep-Sure); if positive; RPR is done subsequently*

Healthy volunteer donors will have all tests performed within one month of donation, and viral and syphilis testing (underlined and italicized above) within 2 weeks of the donation. Volunteers will be asked to refrain from eating common allergens within 5 days of the donation (*tree nuts, eggs, peanuts, shellfish*) but otherwise not alter their diets. Volunteers will have an interim health query for febrile, system, and GI symptoms at the time of donation and deferred for any change in health status. Donors with acute gastrointestinal symptoms, including diarrhea, vomiting, fever and abdominal pain, will be excluded from stool donation until symptoms have resolved. All tests will be performed at CLIA certified clinical laboratories, placed in medical records, and made available to volunteers for their personal physician’s records if desired.
eAppendix 4. Early and Late Follow Up Questionnaires

Early Case Report Form

Subject Number: _________ Age______

Date Form Completed: ________ by: ________________________________________

FMT Date___________________

Post procedure day _________________

Weight: ___________  Temperature: _____________

# of Bowel Movements: _______________
Diarrheal episodes past 24 hr? _________________

New Medications _______________________________________

Overall Health Scale: WORST = 1 2 3 4 5 6 7 8 9 10 = BEST

GI Health Scale: WORST = 1 2 3 4 5 6 7 8 9 10 = BEST

Other comments: _________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please refer to and complete attached Adverse Event Grading Chart (FMT) which delineates additional symptoms being monitored.

Study Physician Review: _________________________Date_____________________

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Late POST Procedure Questionnaire (6 months)

Subject Number: _________

Date Completed: _________ by_________________________________________________

After the fecal transplant

(1) Regarding the following symptoms, check which applies to you:

Diarrhea: Resolved ___, Improved ___, Did not improve ___

Number of Bowel Movements per day: __________

Abdominal pain: Resolved ___, Improved ___, Did not improve ___, Was not present before fecal transplant ___

General well-being (strength, fatigue, etc.): Resolved ___, Improved ___, Did not improve ___, Was not impaired before fecal transplant ___

Overall Health Scale:  WORST = 1  2  3  4  5  6  7  8  9  10 = BEST  (circle one)

GI Health Scale:  WORST = 1  2  3  4  5  6  7  8  9  10 = BEST  (circle one)

Weight: Increased ___, Stayed same ___, Decreased ___ Current Weight:_________

(2) How soon after the transplant did diarrhea stop or improve?

_____________________________________________________________________________________

_____________________________________________________________________________________

(3) How soon after fecal transplant did your abdominal pain stop or resolve?

_____________________________________________________________________________________

_____________________________________________________________________________________

(4) How soon after fecal transplant did your well-being improve?

_____________________________________________________________________________________

_____________________________________________________________________________________
(5) Have you had a recurrence of diarrhea after the fecal transplant?
   a. Yes
   b. No
   If yes, how long after fecal transplant did it recur? ______________________________________

   Was this recurrence associated with antibiotic use? _________________________________

   List antibiotic, if known _______________________________________________________

   Was recurrence associated with return of C diff? _________________________________

   If yes, how was it treated? _____________________________________________________

   Was treatment successful? _____________________________________________________

(6) Have you required antibiotics since the fecal transplant?
   a. Yes
   b. No

(8) Did you eat yogurt or take other probiotics while taking the antibiotics?
   a. Yes
   b. No

(7) Have you taken acid suppressing medications since your fecal transplant?
   a. Yes; Specify: ______________________________________________________________
   b. No

(8) Do you have kidney disease requiring dialysis?
   a. No
   b. Yes
eAppendix 4. Early and Late Follow Up Questionnaires (continued)

(9) Did any medical condition you had before your fecal transplant go away after your fecal transplant (for example, arthritis and chronic skin rash)?
   a. No
   b. Yes; Specify: _________________________________________________________________

(12) Have you developed any NEW medical conditions since your fecal transplant?
   a. No
   b. Yes; Specify: _________________________________________________________________

(13) Please list all medications you take on a regular basis (dosage not necessary) include chemotherapy, if applicable

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(14) If your diarrhea did not improve after your fecal transplant, were other treatments tried?
   a. No
   b. Yes; Specify: _________________________________________________________________
   c. If yes, were they successful?
      i. Yes
      ii. No

(15) If you were to develop C. Diff again, would you have another fecal transplant?
   a. Yes
   b. No

   If yes, would you have it after trying antibiotic treatment once? ___, Twice? ___, More than twice? ___, Fecal transplant instead of any antibiotic treatment? _________________________

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Additional Comments:____________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Completed by____________________________________ Date______________________________

Study physician ________________________________ Date______________________________
### eAppendix 5. Adverse Event Grading Chart

Patient Name: ______________ Date: _______ Date of Procedure: _______

*Patient’s responses will be marked on grading sheet by circling the appropriate grade or indicating no symptoms.*

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>GRADE 1 MILD</th>
<th>GRADE 2 MODERATE</th>
<th>GRADE 3 SEVERE</th>
<th>GRADE 4 POTENTIALLY LIFE-THREATENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTIMATING SEVERITY GRADE</td>
<td>Symptoms causing no or minimal interference with usual social &amp; functional activities</td>
<td>Symptoms causing greater than minimal interference with usual social &amp; functional activities</td>
<td>Symptoms causing inability to perform usual social &amp; functional activities</td>
<td>Symptoms causing inability to perform basic self-care functions OR Medical or operative intervention indicated to prevent permanent impairment, persistent disability, or death</td>
</tr>
<tr>
<td>SYMPTOM SPECIFIC SEVERITY GRADE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever (oral)</td>
<td>(99.9-100.5°F)</td>
<td>(100.6-102.5°F)</td>
<td>(102.6-104°F)</td>
<td>&gt; 104°F</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Transient or intermittent episodes of unformed stools OR Increase of ≤ 3 stools over baseline per 24-hour period</td>
<td>Persistent episodes of unformed to watery stools OR Increase of 4 – 6 stools over baseline per 24-hour period</td>
<td>Bloody diarrhea OR Increase of ≥ 7 stools per 24-hour period OR IV fluid replacement indicated</td>
<td>Life-threatening consequences (e.g., hypotensive shock)</td>
</tr>
<tr>
<td>Nausea</td>
<td>Transient (&lt; 24 hours) or intermittent nausea with no or minimal interference with oral intake</td>
<td>Persistent nausea resulting in decreased oral intake for 24 – 48 hours</td>
<td>Persistent nausea resulting in minimal oral intake for &gt; 48 hours OR Aggressive rehydration indicated (e.g., IV fluids)</td>
<td>Life-threatening consequences (e.g., hypotensive shock)</td>
</tr>
<tr>
<td>Fatigue/Malaise</td>
<td>Symptoms causing no or minimal interference with usual social &amp; functional activities</td>
<td>Symptoms causing greater than minimal interference with usual social &amp; functional activities</td>
<td>Symptoms causing inability to perform usual social &amp; functional activities</td>
<td>Incapacitating fatigue/malaise symptoms causing inability to perform basic self-care functions</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Transient or intermittent vomiting with no or minimal interference with oral intake</td>
<td>Frequent episodes of vomiting with no or mild dehydration</td>
<td>Persistent vomiting resulting in orthostatic hypotension OR Aggressive rehydration indicated (e.g., IV fluids)</td>
<td>Life-threatening consequences (e.g., hypotensive shock)</td>
</tr>
<tr>
<td>Headache</td>
<td>Symptoms causing no or minimal interference with usual social &amp; functional activities</td>
<td>Symptoms causing greater than minimal interference with usual social &amp; functional activities</td>
<td>Symptoms causing inability to perform usual social &amp; functional activities</td>
<td>Symptoms causing inability to perform basic self-care functions OR Headache with significant impairment of alertness or other neurologic function</td>
</tr>
</tbody>
</table>

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### eAppendix 5. Adverse Event Grading Chart (continued)

<table>
<thead>
<tr>
<th>Distension/bloating, abdominal discomfort</th>
<th>Asymptomatic</th>
<th>Symptomatic, but not interfering with GI function</th>
<th>Symptomatic, interfering with GI function</th>
<th>---</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>Symptoms causing no or minimal interference with usual social &amp; functional activities</td>
<td>Symptoms causing greater than minimal interference with usual social &amp; functional activities</td>
<td>Symptoms causing inability to perform usual social &amp; functional activities</td>
<td>Disabling pain causing inability to perform basic self-care functions OR Life threatening consequences (i.e. acute peritonitis)</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Increased oral fluids indicated; dry mucous membranes; diminished skin turgor</td>
<td>IV fluids indicated &lt;24 hours</td>
<td>IV fluids indicated &gt;24 hours</td>
<td>Life-threatening consequences (e.g. hemodynamic collapse)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>With head movements or nystagmus only; not interfering with function</td>
<td>Interfering with function, but not interfering with ADL</td>
<td>Interfering with ADL</td>
<td>Disabling</td>
</tr>
<tr>
<td>Colitis Symptoms</td>
<td>Asymptomatic, pathologic or radiographic findings only</td>
<td>Abdominal pain; mucus or blood in stool</td>
<td>Abdominal pain, fever, change in bowel habits with ileus; peritoneal</td>
<td>Life-threatening consequences (e.g. perforation, bleeding, ischemia, necrosis, toxic megacolon)</td>
</tr>
<tr>
<td>Weight Loss</td>
<td>5 to &lt;10% from baseline; intervention not indicated</td>
<td>10-&lt;20% from baseline; nutritional support indicated</td>
<td>≥20% of baseline</td>
<td>---</td>
</tr>
<tr>
<td>Rash</td>
<td>Macular or popular eruption or erythema without associated symptoms</td>
<td>Macular or popular eruption or erythema with pruritus or other associated symptoms; localized desquamation or other lesions covering &lt;50% of body surface area (BSA)</td>
<td>Severe, generalized erythroderma or macular, popular, or vesicular eruption; desquamation covering ≥50% BSA</td>
<td>Generalized exfoliative, ulcerative, or bullous dermatitis</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>Symptomatic; able to eat regular diet</td>
<td>Symptomatic and altered eating/swallowing (e.g., altered dietary habits, oral supplements); IV fluids indicated &lt;24hrs</td>
<td>Symptomatic and severely altered eating/swallowing (e.g. inadequate oral caloric or fluid intake); IV fluids, tube feedings, or TPN indicated ≥24hrs</td>
<td>Life-threatening consequences (e.g. obstruction, perforation)</td>
</tr>
</tbody>
</table>

Physician Review: ___________________________ Date: ___________
### eTable 1. Factors Associated With Diarrhea Resolution After a Single Dose - Logistic Regression With Mixed Effect Controlling for Donor Clustering

<table>
<thead>
<tr>
<th></th>
<th>Cure after 1 dose</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Odds Ratio</td>
<td>95% CI</td>
<td>P-value</td>
</tr>
<tr>
<td>Age (years)</td>
<td>1.03</td>
<td>(0.98-1.08)</td>
<td>0.265</td>
</tr>
<tr>
<td>Male Gender</td>
<td>3.6</td>
<td>(0.47-27.11)</td>
<td>0.214</td>
</tr>
<tr>
<td>Number of prior recurrences</td>
<td>0.74</td>
<td>(0.36-1.54)</td>
<td>0.424</td>
</tr>
<tr>
<td>Maximal number of daily BM</td>
<td>0.96</td>
<td>(0.8-1.16)</td>
<td>0.686</td>
</tr>
<tr>
<td>Weight Loss (pounds)</td>
<td>1.12</td>
<td>(0.97-1.29)</td>
<td>0.127</td>
</tr>
<tr>
<td>Previous Fidaxomicin Treatment</td>
<td>0.75</td>
<td>(0.11-5.11)</td>
<td>0.769</td>
</tr>
<tr>
<td>Patient on ASM</td>
<td>1.36</td>
<td>(0.11-16.58)</td>
<td>0.808</td>
</tr>
<tr>
<td>Pre-treatment overall health score</td>
<td>3.18</td>
<td>(0.99-10.31)</td>
<td>0.050</td>
</tr>
<tr>
<td>Pre-Treatment GI Health Score</td>
<td>1.57</td>
<td>(0.85-2.92)</td>
<td>0.149</td>
</tr>
<tr>
<td>Pre-treatment BM per day</td>
<td>0.56</td>
<td>(0.3-1.06)</td>
<td>0.074</td>
</tr>
<tr>
<td>Storage of capsules prior to use (days)</td>
<td>0.98</td>
<td>(0.62-1.54)</td>
<td>0.919</td>
</tr>
</tbody>
</table>

Abbreviations: ASM-acid suppressing medication; BM-bowel movements; GI-gastrointestinal. Overall and gastrointestinal specific health score – self reported health ranking on a scale from 1 to 10, with 1 being the lowest and 10 being “best possible health for you”.

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<table>
<thead>
<tr>
<th></th>
<th>Bowel Movements per day</th>
<th>GI Health Score</th>
<th>Overall Health Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B (95% CI)</td>
<td>p</td>
<td>B (95% CI)</td>
</tr>
<tr>
<td>Age</td>
<td>0.04 (-0.11-0.19)</td>
<td>0.561</td>
<td>-0.08 (-0.34-0.16)</td>
</tr>
<tr>
<td>Gender (male)</td>
<td>0.26 (-0.38-0.9)</td>
<td>0.407</td>
<td>-0.13 (-1.21-0.96)</td>
</tr>
<tr>
<td>Number of Prior Recurrences</td>
<td>-0.07 (-0.32-0.17)</td>
<td>0.534</td>
<td>0.1 (-0.31-0.51)</td>
</tr>
<tr>
<td>Previous Vancomycin Taper</td>
<td>0.3 (-1.18-1.79)</td>
<td>0.672</td>
<td>-0.49 (-2.98-1.99)</td>
</tr>
<tr>
<td>Previous Fidaxomicin Treatment</td>
<td>-0.49 (-1.09-0.12)</td>
<td>0.107</td>
<td>0.69 (-0.35-1.73)</td>
</tr>
<tr>
<td>Maximal number of BM</td>
<td>0.02 (-0.04-0.08)</td>
<td>0.496</td>
<td>-0.01 (-0.11-0.1)</td>
</tr>
<tr>
<td>Patient on ASM</td>
<td>0.39 (-0.39-1.18)</td>
<td>0.307</td>
<td>-0.3 (-1.65-1.04)</td>
</tr>
<tr>
<td>Storage time</td>
<td>0.39 (-0.39-1.18)</td>
<td>0.307</td>
<td>-0.3 (-1.65-1.04)</td>
</tr>
</tbody>
</table>

Abbreviations: ASM-acid suppressing medication; BM-bowel movements; GI-gastrointestinal. Overall and gastrointestinal specific health score – self reported health ranking on a scale from 1 to 10, with 1 being the lowest and 10 being “best possible health for you”.
### eTable 3. Clinical Information About Study Participants

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>Diarrhea Resolution After 1 Dose</th>
<th>Overall Diarrhea Resolution</th>
<th>Predisposing Factors or Inciting Event</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No</td>
<td>Yes</td>
<td>Contracted CDI during hospital admission for pneumonia and treatment with piperacillin/tazobactam.</td>
<td>Failed to respond to first dose. Immediate symptomatic improvement after re-treatment.</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>Yes</td>
<td>No significant past medical history.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>Yes</td>
<td>End-stage renal disease.</td>
<td>No relapse in spite of azithromycin treatment during follow up.</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td>Yes</td>
<td>No significant past medical history.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td>Yes</td>
<td>Lung cancer, recent chemotherapy.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Yes</td>
<td>Yes</td>
<td>Chronic renal failure.</td>
<td>Diarrhea resolution, no relapse in spite of chronic nitrofurantoin prophylaxis and two courses of ciprofloxacin during follow up.</td>
</tr>
<tr>
<td>7</td>
<td>Yes</td>
<td>Yes</td>
<td>Inflammatory bowel disease. Not on active immunosuppression.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Yes</td>
<td>Yes</td>
<td>No significant past medical history.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Yes</td>
<td>Yes</td>
<td>No significant past medical history.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>No</td>
<td>No</td>
<td>Hepatitis C, progressive liver disease.</td>
<td>Diarrhea resolution after 2 doses, relapsed at 7 weeks post treatment. Was subsequently re-treated and is currently asymptomatic.</td>
</tr>
<tr>
<td>11</td>
<td>Yes</td>
<td>Yes</td>
<td>Breast cancer. Previous chemotherapy and radiation.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>No</td>
<td>Yes</td>
<td>Clindamycin treatment for periorbital cellulitis.</td>
<td>Symptomatic improvement after first dose, relapsed two weeks later. Diarrhea resolution after second dose. No relapse at 6 month follow up.</td>
</tr>
<tr>
<td>13</td>
<td>Yes</td>
<td>Yes</td>
<td>Hepatitis C, ethanol abuse, liver cirrhosis.</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Yes</td>
<td>Yes</td>
<td>Contracted CDI during routine postpartum antibiotic administration.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Yes</td>
<td>Yes</td>
<td>Hepatitis C, ethanol abuse, known liver cirrhosis.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>No</td>
<td>No</td>
<td>Admitted to the intensive care unit twice in the previous six months for CDI-related illness.</td>
<td>Failed to respond to two doses.</td>
</tr>
<tr>
<td>17</td>
<td>Yes</td>
<td>Yes</td>
<td>Breast cancer. Previous chemotherapy and radiation.</td>
<td>Relapsed 4 months out when treated with ciprofloxacin.</td>
</tr>
<tr>
<td>18</td>
<td>Yes</td>
<td>Yes</td>
<td>No significant past medical history.</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>No</td>
<td>Yes</td>
<td>Inflammatory bowel disease. Low-dose steroid treatment. Contracted CDI when treated with amoxicillin/clavulonate after a cat bite.</td>
<td>Amoxicillin treatment during follow up, no relapse.</td>
</tr>
<tr>
<td>20</td>
<td>Yes</td>
<td>Yes</td>
<td>Breast cancer. Previous chemotherapy</td>
<td></td>
</tr>
</tbody>
</table>