OPENBIOME

FMT Lower Delivery
Microbiota Preparation
FMP250

CLINICIAN'S CHECKLIST

Version: April 20, 2021

FMT Lower Delivery

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Clinician's checklist for the infusion of 250 mL of FMT Lower Delivery microbiota preparation (1 dose) by colonoscopy, sigmoidoscopy, or enema for recurrent *Clostridioides difficile* infection (rCDI)

Note: The FMT Lower Delivery (250 mL) formulation **should not** be used for FMT by nasoenteric or EGD administration.

Patient preparation

1. Review Indications & Contraindications

- ☐ Confirm that the indication to be treated by Fecal Microbiota Transplantation (FMT) is *C. difficile* infection (CDI) that is not responsive to standard therapy, and rule out alternative diagnosis (e.g. post-infectious IBS, inflammatory bowel disease, celiac disease).
    - **For fulminant (previously referred to as severe or severe-complicated CDI):** Current evidence suggests that the treatment of severe or severe-complicated CDI by FMT may require different protocols than those outlined in this document. We suggest reviewing the protocols in M. Fischer et al., "Faecal microbiota transplantation plus selected use of vancomycin for severe-complicated *Clostridium difficile* infection: Description of a protocol with high success rate," Aliment Pharmacol Ther. 2015;42(4):470-476.
- ☐ Review contraindications specific to the procedure (i.e. colonoscopy, sigmoidoscopy, enema).

- ☐ Review contraindications for FMT material, including but not limited to:
  - Severe food allergy (e.g. anaphylaxis or anaphylactoid reaction)
  - Adverse event attributable to a previous FMT
  - Patients with allergies to sodium chloride or glycerol, both ingredients Generally Recognized As Safe (GRAS)
  - History of ongoing antibiotic use (e.g. nitrofurantoin for UTI prophylaxis)
  - Any condition for which the treating physician thinks the treatment may pose a health risk (e.g. severely immunocompromised)

2. Obtain Informed Consent

- ☐ Inform patients of the real and theoretical risks, benefits, and treatment alternatives for FMT.
- ☐ Inform the patient that the use of FMT to treat recurrent *C. difficile* infection (rCDI) is investigational.

3. Review Medications

☐ Discontinue anti-rCDI antibiotics (e.g. vancomycin, fidaxomicin) **48 hours** prior to FMT Lower Delivery administration. Concomitant use of other antibiotics could reduce the procedure's efficacy.

4. Bowel Preparation

☐ For colonoscopy/sigmoidoscopoy, use a standard bowel preparation for lower gastrointestinal delivery.

5. Day of FMT Lower Delivery administration

☐ Follow routine pre-procedure preparation for colonoscopy/ sigmoidoscopy (e.g. diet/bowel preparation instructions).

Warnings:
OpenBiome cannot guarantee the inclusion or exclusion of any food allergens (e.g. tree nuts, seafood) from a donor's diet. This material has not been screened for CMV and EBV and should not be used for patients at risk for CMV- or EBV-associated diseases (e.g., severely immunocompromised patients such as seronegative transplant recipients). FMT carries the risk of known and unknown infectious disease transmission and potentially microbiome-mediated diseases. The risk of aspiration (via naso-enteric administration), bacteremia, and death have been reported in the literature.

Thawing FMT material

- ☐ Remove FMT Lower Delivery bottle from freezer and check to make sure that FMT Lower Delivery formulation is not expired.
- ☐ Thaw immediately prior to use, using one of the following methods: 4 hours at room temperature, 1 hour in a 30°C water bath, or overnight at 4°C. No additional blending, mixing, or other preparation is required.

Loading FMT material

Choose **one** of the following methods:

☐ Approach 1

- Pour material into a sterile container. A clean K-basin or equivalent container is also commonly used.
- Pre-load material into standard syringes with tips that are compatible with the endoscope port for direct delivery of material through the channel.

☐ Approach 2

- Pre-load syringes directly with material from OpenBiome container. Verify that the syringe tips that are compatible with the endoscope port for direct delivery of material through the channel.

Administering FMT material

Via Colonoscopy/Sigmoidoscopy

Follow best practice, infuse 250mL of FMT Lower Delivery material in the cecum or most proximal aspect that can be safely reached by colonoscopy or sigmoidoscopy under direct visualization.

This is not a screening colonoscopy, and infusion of donor stool covers the mucosa preventing luminal visualization on withdrawal. There is thus a high risk of missing a polyp, cancer or other lesion.

Via Retention Enema

- ☐ Transfer 250mL of FMT Lower Delivery material to a standard retention enema bag following best practices for enemas.
- ☐ Administer over 1 hour with material retained for at least 1 hour.
- ☐ Patient should be positioned in the left lateral decubitus position, and if mobile, asked to periodically rotate 180 degrees to the right lateral decubitus position and back to the left lateral decubitus to promote movement of FMT material.

Post Administration

Observe standard best practices for post-colonoscopy, sigmoidoscopy or retention enema care.

Adverse Reactions

This is a summary of adverse reactions reported in peer-reviewed literature; however, it may not be not be a comprehensive list. Please consult the primary sources listed in the references section of the OpenBiome Clinical Primer for more detailed information. A review of procedure-related adverse events (e.g. perforation, bleeding) are beyond the scope of this document.

- ☐ **Common, mild adverse events**: transient diarrhea (70%), transient abdominal cramps/discomfort (20%) and nausea (<5%) in 24 hours post-FMT. Transient fever, bloating, belching, vomiting, and borborygmus have also been reported. Constipation (20%), excess flatulence (25%) were reported in follow-up. There is also a theoretical risk of small intestinal bacterial overgrowth.

☐ **Rare, serious adverse events**: The following risks should be considered:

- ***Infection*:** Although this material has been screened for bacteria, viruses, fungi and parasites, there is a risk of transmission of known and unknown infectious organisms contained in the donor stool. Post-FMT bacteremia (e.g. *E. coli*, *Klebsiella*), sepsis and fatal events may rarely occur.
- ***Inflammatory bowel disease flare*** in those with underlying IBD.
- ***Allergy/Anaphylaxis*** to antigens in donor stool.
- ***Non-infectious disease transmission*:** There is a theoretical risk of developing disease that may be related to donor gut microbiota. These include obesity, metabolic syndrome, cardiovascular disease, autoimmune conditions, allergic/atopic disorders, neurologic disorders, psychiatric conditions and malignancy. Persons with these known conditions are excluded from donating stool to OpenBiome.

Mandatory Clinical Follow-Up

- ☐ Assess patients 8 weeks after FMT administration (phone/clinic visit) for clinical cure (e.g. absence of 3 or more liquid bowel movements a day).
- ☐ Complete the mandatory Material Tracking Log and FMT Follow-Up Form included with your shipment.
- ☐ Send Material Tracking Log and FMT Follow-Up Form by email to safety@openbiome.org or by fax to (617) 575-2201, reporting de-identified patient outcomes.

This quality assurance data is critical to our efforts to guard against potential threats to the safety and efficacy of FMT, and your participation is a strict condition for receiving future supplies.

Post-FMT Patient Counseling

Advise patient to thoroughly clean their home to avoid reinfection after FMT. When cleaning, the patient should:

- ☐ Use an Environmental Protection Agency (EPA)-registered disinfectant with a *C. difficile*-sporidical label claim, such as household bleach.
- ☐ Scrub high-touch surface areas such as toilets, faucets, and showers.
- ☐ Wear disposable gloves when cleaning; wash hands with soap and water thoroughly afterwards.
- ☐ Consult OpenBiome's Patient Education materials, which can be found on our website: www.openbiome.org/patient-support.

Important Reminders

- FMT Lower Delivery bottle must be stored in a medical-grade freezer at -20°C or colder at all times, and should never be refrozen.
- After it has thawed, FMT Lower Delivery material should be administered within 4 hours at room temperature or 8 hours refrigerated. Thawed material should not be refrozen.
- Immediately dispose of any unused material as biohazardous waste.

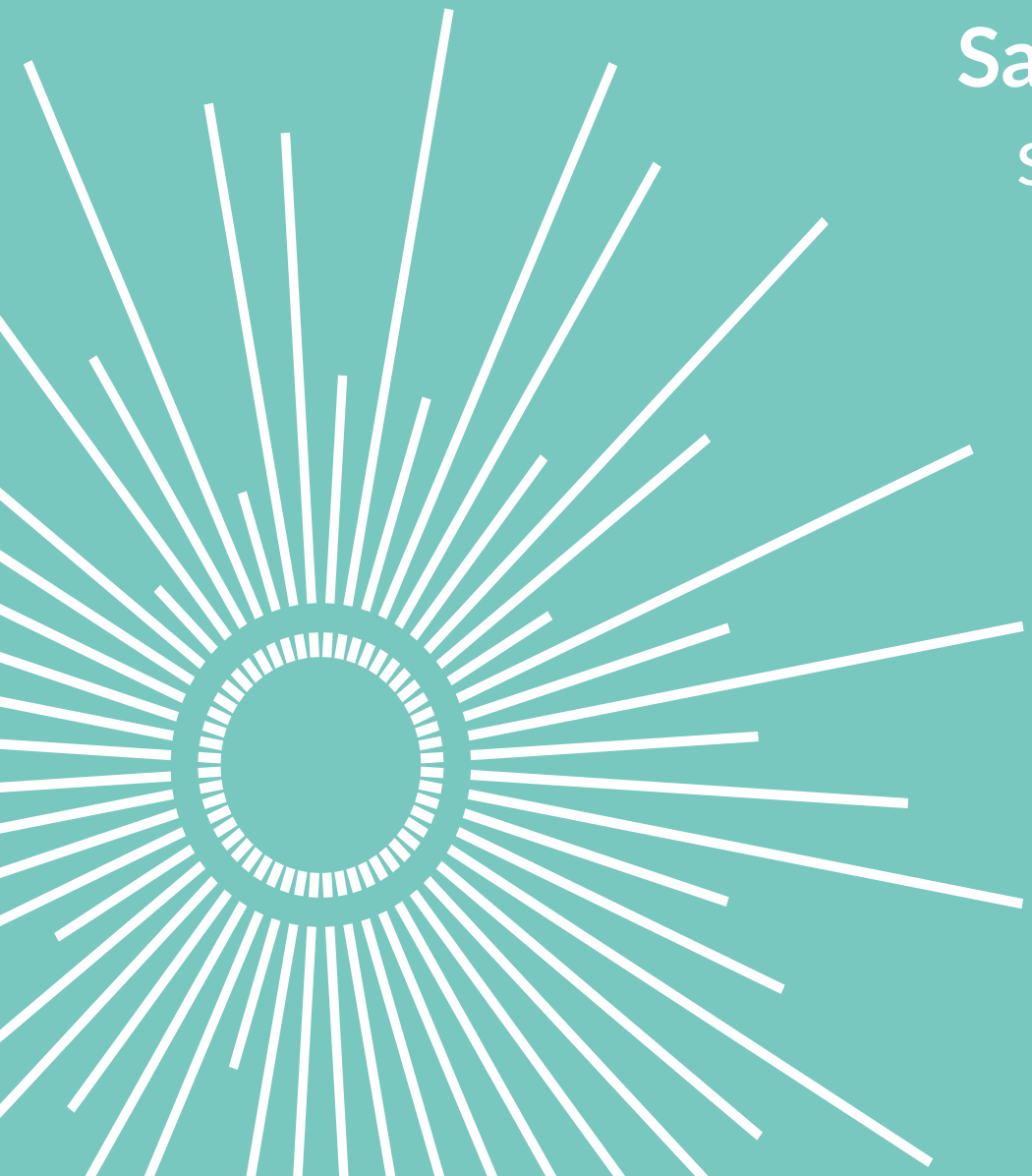
Ingredients

Frozen human fecal microbiota filtered to 330 microns, deionized water, glycerol (12.5%), sodium chloride (0.9%).

CAUTION

New Drug—Limited by Federal (or United States) law to investigational use. Immediately report any adverse events to https://www.openbiome.org/adverse-events.

CONTACT INFORMATION



Safety & Adverse Events
safety@openbiome.org
(617) 575-2201 x 1

General
info@openbiome.org
(617) 575-2201