**Multiplex PCR-Based Analysis of Enteric Pathogens in Fecal Samples from Patients with Clostridium difficile Infection in the Randomised, Controlled EXTEND Study Comparing the Efficacy of Extended-Pulsed Fidaxomicin with Vancomycin Therapy**

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**INTRODUCTION**

C. difficile‐related infection (CDI) in the course of 90% of antibiotic‐exposed patients and an important cause of healthcare‐associated infections.

**Patients**

- 22% of patients had ≥2 previous CDI episodes within 3 months of enrolment;
- 30% had ≥2 previous CDI episodes within 3 months of enrolment.

**Methodology**

- Patients were randomised 1:1 to treatment arms (EPFX or vancomycin).
- Efficacy was assessed in the modified full analysis set (mFAS).
- Patients in the vancomycin group were required to have at least one dose of study medication.

**RESULTS**

- **Validity analysis**
  - 95% of patients in the EPFX group and 97% in the vancomycin group were included in the modified full analysis set (mFAS) and 98% of patients in the EPFX group and 97% in the vancomycin group were included in the safety set.

- **Demographics**
  - Patients in the EPFX group were older than those in the vancomycin group.

**Conclusions**

- The extended pulsing regimen (EPFX) was non-inferior to standard vancomycin for initial clinical cure.
- The lower rate of confounding diagnoses with EPFX was likely due to delivery regimens (Initial F: 200 mg every 12 hours for 7 days followed by a longer period of 10 doses over 10 days over 20 days, while V: single oral dose of 125 mg vancomycin).

**References**


**ACKNOWLEDGEMENTS**

This work was supported by a grant from Astellas Pharma, Inc. Medical writing contributions were provided by Jennifer de la Reeb, DVM, MS, of Real Health Communications and Messina Medical Writing, funded by Astellas Pharma, Inc.