Altering the Cycle of *Clostridium difficile* Infection: Combining Standard-of-Care and Emerging Therapies to Prevent Recurrence

Enduring Activity Recorded at DDW 2016

Final Outcomes Report

Merck & Company Grant ID: AAN-151216-035694
Overview:
This HD video roundtable discussion was recorded following Digestive Disease Week (DDW) 2016. Faculty addressed available evidence for the management and prevention of recurrent *Clostridium difficile* infection (CDI), guideline recommendations, and investigational approaches.

Intended Audience:
This educational activity was designed for gastroenterologists, infectious disease specialists, and other healthcare professionals treating *Clostridium difficile* infections.

Activity Date: July 14, 2016
Expiration Date: July 14, 2017

Credit: 1.0 AMA PRA Category 1 Credit™

Sponsored By:
The Academy for Continued Healthcare Learning (ACHL)

Funding:
Supported by an educational grant from Merck & Company
Executive Summary

Level 1-2 Outcomes

Participation

- 2638 Clinical Participants
  - 2106 Completions
  - 34% Physicians, 26% PA/NP, 18% Nursing

Participant Satisfaction

- Objectivity and balance were rated as good/excellent by 87% of learners
- Learners strongly agree that they are better able to meet the learning objectives after completing the activity; average rating of 3.57/4.0

Faculty

- Drs. Kelly, Feuerstadt and Johnson were highly rated; average of 4.40/5.0
Executive Summary

Level 3-4 Outcomes

- 81% of learners will change their practice based on this activity
  - 47% will implement processes to screen patients for risk of recurrence
  - 44% will incorporate new therapies as they become available
  - 39% will change by tailoring selection of initial therapy in patients at risk of recurrence

- 74% indicated participation in the activity will impact their patient outcomes

- Changes made from this activity may impact up to 18,819 patients each month

- Several barriers were reported to implementing changes in practice

- Following the activity, learners demonstrated increased knowledge with risk factors for recurrent C. difficile infection and the available clinical prediction tool

- The percentage of learners correctly identifying the mechanism of action of bezlotoxumab increased after participation in the activity
Future Education Considerations

Considerations for Future Education

- Discussion of guideline recommendations to prevent and manage recurrent CDI, including application in complex patients and the role of new therapies
- Continued education on the antibody to toxin B
  - Learners in this activity noted that they plan to implement new therapies as soon as they are available
  - Consider case-based education on application in diverse patients
Faculty

Ciarán P. Kelly, MD
Professor of Medicine
Harvard Medical School
Director, Gastroenterology Fellowship Training
Medical Director, Celiac Center
Beth Israel Deaconess Medical Center
Boston, MA

Paul Feuerstadt, MD, FACG
Gastroenterology Center of Connecticut
Clinical Instructor of Medicine
Yale University School of Medicine
Hamden, CT

Stuart Johnson, MD, FIDSA, DTM&H
Professor of Medicine, Infectious Disease
Loyola University Stritch School of Medicine
Staff Physician
Hines VA Hospital
Chicago, IL
Level 1: Participation

Clinician Type

- Physician: 34%
- Physician Assistant: 26%
- Nurse/Nurse Practitioner: 18%
- Student: 2%
- Other HCP: 20%
- Other: 1%

Participation Completions

<table>
<thead>
<tr>
<th>Participation</th>
<th>Completions</th>
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<tbody>
<tr>
<td>2638</td>
<td>2106</td>
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</tbody>
</table>

Specialties

- Gastroenterology: 35%
- Infectious Disease: 3%
- Internal Medicine: 11%
- Critical/Intensive Care: 4%
- Family/General Practice: 15%
- Surgery: 9%
- Emergency Medicine: 13%
- Anesthesiology: 4%
- Pediatrics: 4%
- Unknown: 4%
- Other: 2%

Other specialties include: Administration, Cardiology, Dermatology, Geriatric Medicine, Medical Microbiology, Neurology, Nursing, Occupational Medicine, Oncology, Pathology, Pharmacy, Physician Medication & Rehabilitation, Podiatry, Pulmonology, Radiology and Urology
## Level 2: Learning Objectives

**Please rate the following objectives to indicate if you are better able to:**

| Analysis of Respondents | Rating Scale:  
|-------------------------|------------------|
|                         | 4 = Strongly Agree  
|                         | 1 = Strongly Disagree |

| Identify patients who may be at increased risk for recurrent *C. diff* infection | 3.60 |
| Outline evidence-based approaches for the management of first, second, and third recurrences of *C. diff* in diverse patient populations | 3.56 |
| Discuss investigational approaches to the management of recurrent *C. diff* | 3.56 |

97% of learners strongly agree/agree that all learning objectives were met, with an average rating of 3.57.

97% of learners would recommend this activity to a colleague!
### Level 2: Satisfaction

<table>
<thead>
<tr>
<th>Faculty Evaluation</th>
<th>Analysis of Respondents 5 = Excellent, 1 = Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to effectively convey the subject matter</td>
<td>4.38</td>
</tr>
<tr>
<td>Ability to deliver an objective and balanced presentation</td>
<td>4.40</td>
</tr>
<tr>
<td>Ability to present scientifically rigorous information</td>
<td>4.39</td>
</tr>
<tr>
<td>Ability to improve the knowledge of the audience</td>
<td>4.40</td>
</tr>
<tr>
<td>Expertise on the subject matter</td>
<td>4.44</td>
</tr>
</tbody>
</table>

The faculty were highly rated across all areas, with an average rating of 4.40.

<table>
<thead>
<tr>
<th>Overall Evaluation</th>
<th>Analysis of Respondents 5 = Excellent, 1 = Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of educational content</td>
<td>4.42</td>
</tr>
<tr>
<td>Scientific rigor</td>
<td>4.40</td>
</tr>
<tr>
<td>Time allotted for presentation of information</td>
<td>4.41</td>
</tr>
</tbody>
</table>

87% of participants rated all aspects of the activity as good or excellent.

N=2062
Activity was perceived as objective, balanced, and non-biased.

N=2062
Overview of correct responses:

Participants demonstrated improved knowledge and competence on all four pre/post-test questions.

Subsequent slides provide more context for the change in responses to each pre/post test question.
1. One validated clinical prediction system for recurrent *C. difficile* infection includes all of the following factors EXCEPT:

A. Age  
B. Severity of underlying disease  
C. Prior hospitalization  
D. Antibiotic use after discontinuation of *C. difficile* therapy

Learner knowledge of risk factors for recurrent *C. difficile* and the available clinical prediction tool increased from 17% to 81% after viewing the roundtable discussion. Prior to completing the activity, learners selected age as the correct answer, suggesting that learners may have an increased appreciation of the role of age in recurrence after their participation.
A 69-year old woman developed diarrhea 3 days after initiating clindamycin for cellulitis near a leg wound and subsequently tested positive for *C. difficile*. She responded to a course of oral metronidazole, but returns with diarrhea 4 weeks later, and is having 4-6 liquid stools (Bristol 7) daily.

2. What treatment would you recommend for this patient’s recurrent *C. difficile*?

A. Metronidazole 500 mg PO TID for 10 days  
B. Metronidazole 500 mg IV TID for 10 days  
C. Vancomycin 125 mg PO QID for 10 days  
D. Metronidazole 500 mg IV TID and Vancomycin 125 mg PO QID for 10 days  
E. Fidaxomicin 200 mg PO BID for 10 days

ANSWERS MAY VARY

The 2010 IDSA/SHEA guidelines recommend treatment of the first recurrence with the same regimen as the initial episode (metronidazole PO), with 48% of learners selecting this option after participation in the activity. However, this should be stratified by disease severity, and more than one-half of learners recognized that this theoretical patient may be a candidate for more aggressive therapy.
3. Which of the following statements best describes the risk of *C. difficile* recurrence with metronidazole, vancomycin, and fidaxomicin?

A. These agents have a comparable risk for recurrence
B. Metronidazole and vancomycin have a higher risk for recurrence than fidaxomicin
C. Fidaxomicin has the highest risk of recurrence
D. Vancomycin and fidaxomicin have the lowest risk of recurrence

The number of participants correctly identifying that fidaxomicin has a reduced risk of recurrence compared with metronidazole and vancomycin increased after participation in this activity. This positive change may reflect faculty discussion on clinical trial data and the benefits of using fidaxomicin.
4. Which of the following agents under investigation for the management of recurrent C. difficile is an antibody against toxin B?

A. Atezolizumab  
B. Bezlotoxumab  
C. Tolevamer  
D. Tanezumab

The percentage of learners correctly identifying bezlotoxumab as the antibody against toxin B under investigation at the time of the activity increased from 29% to 93% after participation.
5. How confident are you BEFORE/FOLLOWING participation in the activity in the selection of therapy for patients with recurrent *C. difficile* infection?

A. Not at all confident  
B. Minimally confident  
C. Somewhat confident  
D. Very confident

The percentage of learners reporting that they were “Somewhat” or “Very” confident in the selection of therapy for recurrent CDI increased from 52% before the activity to 79% after the activity.
Levels 3-4: Impact of Activity

Please rate the projected impact of this activity on your knowledge, competence, performance and patient outcomes?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>This activity increased my knowledge.</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>This activity increased my competence.</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>This activity will improve my performance.</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>This activity will improve my patient outcomes.</td>
<td>74%</td>
<td>26%</td>
</tr>
</tbody>
</table>

This activity was highly effective, with 74% indicating it will impact patient outcomes.

N=2062, see comments in appendix
How Will You Change Your Practice?

Select all that apply:

- Implement processes to screen patients for risk of recurrent C. diff infection.
- Tailor selection of initial therapy in patients at risk of recurrence.
- Incorporate new therapies as they become available.
- This activity validated my current practice, no changes
- Other change. Please specify:

82% of learners will change their practice!

40% will change by tailoring selection of initial therapy in patients at risk of recurrence; 42% will incorporate new therapies as they become available; 47% will implement processes to screen patients for risk of recurrence.

N=2062; other changes found in appendix
Impact of Changes on Patient Care

Changes could impact between 3,937 and 18,819 patients each month. This assumes data in chart above is representative of all participating healthcare professionals (2638), who indicated they would change their practice as a result of this activity (82%).

N=1918
Which of the following best describes your approach to using new agents?

- I will use them as soon as they become available
- I will wait for additional efficacy and safety data before using
- I will wait to hear the experiences of my colleagues

42% of the learners indicated they would use new agents as soon as they become available, while 41% would wait for additional efficacy and safety data before using new agents in their practice.

N=2062
Level 4: Perceived Barriers To Implementing Changes

A number of barriers to implementing changes were reported.

Select all that apply:

- Lack of professional guidelines: 11%
- Lack of experience: 15%
- Lack of access to new therapies: 14%
- Lack of formulary availability: 15%
- Lack of opportunity (patients): 19%
- Lack of time to assess: 11%
- No barriers: 36%
- Other: 4%

Other barriers identified: cost of medication to patients, insurance coverage, cost of fidaxomicin

N=2062
### Level 4: Will You Attempt to Address Barriers?

| Yes: 45% | No: 11% | Not Applicable: 44% |

#### Yes; How?

- Barriers that may come up would be affordability, co-morbidity, hospitalization, and immune compromised patient. The best approach would be to tailor treatment based on each patient needs.
- Better awareness of disease issues, more effective use of treatments
- Educate on the importance of preventive c-diff
- Follow progress notes and orders re: c. diff pts, reach out to ID physicians when appropriate.
- Forming a committee to further gather data/cost to implement this
- I can now better Identify my patients pre-operatively that may be at risk for c. diff infection or reinfection
- I will speak to the ID physicians and also our pharmacy staff about, first their thoughts on these approaches and secondly barriers to formulary changes
- Inquire about prescription reimbursement programs
- Implement more time to assess signs and symptoms
- Offer suggestions on recurrent C diff to both my hospitalists and infection control officer including this specific presentation
- The novel therapies for recurrent CDI, such as the toxin B-binding monoclonal antibody, are obviously going to be very expensive. I hope to emphasize to colleagues and supervisors the importance of adding these medications to the hospital formulary, especially considering the lower likelihood of recurrent CDI with use of this drug.

#### No; Why Not?

- Hospital financially cannot have these on formulary
- *Guidelines of practice have morphed into constraints rather than helpful hints. They define "standard of care" and inhibit "quality of care" with easier and less toxic/complicated approaches*
- I refer to infectious disease consultants

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*N=2062*
What topic areas would you like to see in future activities?
(Select all that apply)

- Preventive measures for CDI: 42%
- Diagnostic testing: 26%
- Guidelines for CDI: 40%
- Severe CDI: 16%
- Efficacy and safety data of new therapies for CDI: 29%
- Recurrent CDI: 19%
- Other: 2%

Other topics identified: FMT, CDI in special populations, Antibiotic resistance, Imaging of colitis, Emergence of IBS, Prevalence and treatment of UTIs associated with diarrheal episodes, Difference in effects of toxin A vs toxin B

Preventive measures and guidelines for CDI were rated with highest interest for future education.

N=1702
Contact Information

• For questions, please contact:

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Appendix

- Knowledge, competence, patient outcomes, performance comments
- Changes to practice comments
- General comments
Levels 3-4: Impact of Activity

If this activity impacted your knowledge, competence, performance and/or patient outcomes, please describe:

- Emerging approaches to CDI are extremely welcome.
- Better idea about first recurrence tx, use of the monoclonal antibody
- New understanding of information and what C. diff is and how it screened.
- Education re new guidelines for recurrent infection and new drugs
- This activity taught me how to tx recurrent C. diff infections w/ more confidence
- Both pathogenesis and emerging treatments very succinctly, clearly presented.
- I will be able to make treatment plans that will reduce recurrence of C. diff
- **Anxious to apply future remedies such as the antibody treatment, the fecal or nontoxic c diff transplants, and look forward to the use of the vaccines**
- I work in Long Term Care where residents are hospitalized fairly often, are ill with underlying medical problems, receive antibiotics and are at high risk for C Diff and recurrences.
- I deal with this subject matter frequently in my practice and it’s nice to know up to date information and medicine practices regarding this subject matter.
- Much better understanding of C diff and its problematic recurrence as well as treatment options.
- Before the program I was not aware of the newer modalities for recurrent C. diff
- I’m excited about the possibilities of the new agents and vaccine; as well as just having more options.
- Better able to identify risk factors, offer treatment options and coordinate with specialist care.
- How to treat, what agent to choose and how to prevent recurrence also how to measure severity of disease and choose appropriate tx
- The CME course provided a better understanding of recurrent CDI and newer treatment options.
- **Knowledge of treatment not only for initial but recurrent infections**
- I will strive to prescribe antibiotics when only necessary
- I’m working with a pt. with c-diff
- I have never had involvement in the management of a CDI case and probably I might have misdiagnosed. This activity has opened my awareness of the conditions and has given me the guidelines to diagnose, to treat and to follow up and manage possible recurrences.
If this activity impacted your knowledge, competence, performance and/or patient outcomes, please describe:

- It will definitely help in the treatment process of different patients
- Risk of recurrence. New treatments including fecal donation
- Made me much more aware of the risks of antibiotics and possibilities of c. diff, how to treat it, etc.
- More likely to recognize recurrent c. diff infections and need to treat with appropriate pharmacologic.
- Most effective medications for recurrence
- Increased my knowledge about the pathogenesis and the emerging modes of treatment
- I have increased my knowledge of the incidence, risk factors, treatment and research on the subject of c. difficile infection
- Better view of the recurrent patient with CDI
- I think I will be better adept at describing the appropriate stage of recurrence to the admitting physician when I have patient in the process of developing or potentially developing recurrent c. diff infection.
- Better treatment plan. Decrease recurrence.
- **Will treat first recurrence differently and consider newer therapies for subsequent recurrences**
- Attuned me to the latest recommendations of recurrent CDI versus recurrent severe CDI
- Wasn't aware of fidaxomicin and will be inquiring about it at my hospital/work. I find it great that there may be a vaccine for this in the next couple of years!
- Awareness of those at risk for recurrence will help in my decision making
- Deal with postoperative patients who occasionally come down with C. diff with prolonged hospitalization.
- Gave good overview of future of C Diff tmt and current tmt strategies
- By increasing my knowledge on what to look for as markers of patients that a higher probability of recurrence
- I have a better understanding of the risks for recurrence and treatment for recurrent C. diff
- Increased awareness of the increased occurrence and death. It will trigger need for testing and therapy.
- I will use appropriate therapies for C. Diff recurrences according to scientific based guidelines.
- Now, I have a better understanding of how to treat patients with C-diff infection.
- Improved medical knowledge of current evidence regarding recurrent C. diff infection
### Levels 3-4: Impact of Activity

If this activity impacted your knowledge, competence, performance and/or patient outcomes, please describe:

- Gave a better understanding of recurrence monitoring and step-wise escalation of therapies.
- aid in more appropriate antibody selection in the future to help decrease the risk of C diff.
- Causes of recurrence of CDiff, Best Antibiotics for CDiff.
- In the ER we see many patients that were just released from hospital and now back with recurrence.
- I hope to be able to educate my patients in the pros/cons of the different treatments available for treating C. diff. I will also identify patients at high risk for C. diff and implement measures for preventing C. diff. (i.e.: careful selection of antibiotics in high risk populations).
- This activity gave me a better understanding of patients at risk for C Diff and why certain treatment courses are ordered depending on the patient.
- *I work in an immunocompromised population. The treatment breakdown for moderate vs severe therapy was beneficial for my practice. I recently had ID recommendation for fidaxomicin on a complex patient with recurrent C. Diff, which was not known to my group. This will enhance my knowledge and competence.*
- Starting to see cases of c diff post hospitalization in my practice. This will be helpful info re: tx options and follow up testing
- Geriatric population I work with is screened for this.
- As a Nurse, I deal with this issue often within my practice. It is refreshing to see new objectives being brought into play. Clearly the old ones are ineffective.
- Mostly warning patients to be proactive before they are hospitalized
- *I now know that it can reoccur in 25% of the cases*
- Be more aware of impact of antibiotic use and potential complications, as well as for the treatment strategies for cdiff and recurrent infections.
- I can now better Identify my patients Pre-operatively that may be at risk for C. diff infection or reinfection
- We have many patients that come to the OR with C-diff
- *I will institute and tailor my initial therapy for patients at risk*
- I work w/ inpatient Peri-operative abd transplant. Diarrhea is a major problem- can be the first sign to graft failure. Medication is the usual suspect. After that C. diff or another infectious origin.
If this activity impacted your knowledge, competence, performance and/or patient outcomes, please describe:

- It is a topic I face on a regular basis and being updated always has a positive impact on my patients.
- Many of my patients are treated during their admissions for cdiff. This will help me understand treatment better, as well as the transmission.
- I am hospital based and have encountered the scenarios described in the presentation. I now feel more prepared to treat my patients if need be.
- I will be applying the new recommendations to reoccurrence of CDI, starting with the vancomycin taper.
- This activity has increased my awareness of prevalence and mortality of C. diff. infections. I will be able to screen for risk factors and understand the different therapies recommended for treatment of CDI.
- This will greatly help me with my antibiotic selection for my C. diff patients.
- *This discussion addressed a topic which was never elaborated upon during my residency training. It’s nice to know that, despite cost-effectiveness issues, today there are novel monoclonal antibody therapies for recurrent C. difficile colitis which may impact recurrent CDI.*
- When knowledge is improved so are interventional applications, that result in improved patient outcome.
- *I will be able to prepare for likelihood of cdiff infection, and have new tools for treatment (I had not realized the sensitivity of the Fidaxomim, and would consider its use early on for at risk populations). Not every patient is open to, or able to afford a fecal transplant. (though the stool banks are a major help).*
- I work with educating others on reduction of C-diff infections -- this was most helpful.
- Recurrent C Diff is a problem at rehab and or long-term facilities. We tend to treat patients ourselves by placing in isolation and starting treatment. Lab results are followed.
- more understanding of the pathophysiology of clostridium difficile and of its recurrence
- *I deal with patients with C-Diff frequently and helped me to understand the toxin better.*
- Information regarding C difficile is so variant from discipline to discipline maybe this will help standardize the approach.
- I work on a GI floor and now I better understand the reason for choice on drug use to tx cdiff.
- New knowledge about monoclonal antibody and vaccine was new to me and the treatment for recurrence and severity was well explained that will certainly help physicians after watching the video.
- Will consider antibiotics that are more specific and will not obliterate normal gi flora such as broad spectrum PCN which is are common antibiotics used in diabetic foot infections.
Levels 3-4: Changes to Practice

Please identify how you will change your practice as a result of attending this activity.

- I do all I can to prevent c diff, and my patient population is at lower risk than most. My one recent patient with c. diff. opted for a transplant. It will be of benefit in the long term, but I believe choosing Vancomycin rather than methotrexate, or immediately choosing fidaxomicin would have prevented a great deal of morbidity, especially since the patient had a slow recovery following bowel surgery.
- **Realize risk factors, know what questions to ask and next steps to take with recurrences.**
- Screen patients with C. difficile for their risk of recurrence.
- Be more selective and careful with antibiotic use, look forward to new treatment modalities in the future for patients with CDI
- I can now better Identify my patients Pre-operatively that may be at risk for C. diff infection or reinfection and establish a prophylactic Abx plan
- Broader understanding risk factors associated with recurrence. broader understanding of treatment options
- The additional knowledge will allow me to provide better suggestions during rounds, which will hopefully lead to best practice in the care of my patients.
- Limit anti diarrhea medication.
- Keep strong track of alternative therapies, new therapies and efficacy.
- Better monitoring and changing choice of antibiotic usage whenever possible
- Fidaxomicin is new to me. I will begin to implement that.
- Knowing there are alternative treatments being studied will benefit patient care. I will continue to monitor.
- In the past I just sent the pts. of to a GI without understanding the nature of recurrences
- Will be more conservative with initial recurrences and be more likely to treat more aggressively in the future.
- Be able to help clinical colleagues with the treatment and management of C. Diff
- Consideration of antibiotics used for treatment of infections
- Selecting the proper antibiotic therapy for my patients
- More confident in my treatment choices, less reliance on ID consult
- This discussion and the information presented in it will help me to make better-informed decisions regarding treatment of patients with CDI. It will also help me to risk-stratify patients with initial CDI for recurrence of the infection.
Levels 3-4: Changes to Practice

Please identify how you will change your practice as a result of attending this activity.

- Will recommend antibiotic stewardship to decrease CDI incidence.
- Screen patients based on risk factors for recurrence
- New tool to offer my patients, especially those with fear of antibiotics. Increased specificity is a plus.
- Follow the standard precautions to minimize the spread of infection by the healthcare professionals.
- Screen patients better Limit unnecessary antibiotic use
- I work in colorectal surgery and we have frequently have patients test positive for c-diff and recurrence. Will treat recurrence according to the recommended protocol greater care in use of antibiotics increasing risk for disease, lower threshold for GI consultation
- Understanding the appropriate therapy for recurrence and severe cases
- Present the materials to infection control and infectious disease physician to get their buy-in
- Screening tools to diagnose CDI, select appropriate therapy, and with low recurrences.
- Give longer tapered doses of Vancomycin in resistant patients
- Was not using flagyl a 2nd time prior to this video, may consider now not
- Utilize vancomycin in re-occurrences
- Stop PPI's and H2 blockers at time of C diff and for up to 3 months after if possible
- Knowledge of factors that may influence reoccurrence of illness.
- Key to changing practice is staying up to date on emerging treatments.
- Apply recent understanding of new ways of management of recurrences
- Medication availability is key being a military provider
- I will be sure to give the pt the appropriate tx if I am seeing them for a f/u on a C diff infection
- Use fidaxomicin
- Recognize those at risk, and aggressively treat and try to prevent future cases
- Will screen patients, utilize new meds as available.
- Likely increased use of Fidaxomycin
- **I will be more effective at identifying patients with recurrent C. diff infections and the proper treatment for them.**
- I work in a GI Lab and this complements my treatment of cases especially those w/hospitalized inpatients. It should assist in identifying and offering suggestions for many of our frequent "flyers".
- Screen more often; more tailored interview with diarrheal patients; follow up more closely
Please identify how you will change your practice as a result of attending this activity.

- Use fidaxamicin and FMT where indicated
- Use of newer antimicrobials more specific for treatment of recurrent CDI.
- Knowledge of treatment options for recurrent infections
- Stool culture technique
- Screen better and treat more effectively
- Update myself of current investigations management and ongoing trials
- Patients history and clinical
- My new awareness means that I will be more alert to making a diagnosis and hence instituting a management program.
- Try the Fidaxomicin therapy
- Will follow the development of new ways to treat recurrent c. diff
- Discuss with my seniors and microbiologists about the options for treatment
- Identification of high risk patients, better approach of high risk patients modes of prevention and educate the patients
- By tailoring initial therapy based on symptoms and severity.
- As an anesthesiologist in a GI lab, I am now aware of how easy horizontal contamination of CD between patients actually is. This underscores the importance of infection control techniques in the GI Suite.
- Taper drugs if recurrence is a problem
- Will listen more closely on how patients use of antibiotics etc.
- Increased monitoring for C. diff. and implementation of preventative techniques
- Learn more about FMT and look into this option more often
- I will use appropriate therapies for C. Diff recurrences according to scientific based guidelines.
- Only use antibiotic when absolutely needed. Implement the treatments that have clinical efficacy to reduce recurrence of C-diff infection.
- Treatment of the recurrence basing on the number of recurrences.
- Consider change in abx selection for recurrent disease.
- I am more aware of different current and emerging therapies of C. diff. As new treatments become available, I will educate myself and my patients on the pros/cons of these therapies.
General Comments

General comments:

- I like how the subject matter was presented
- Excellent session!
- Very interesting and insightful presentation.
- Short and effective. Very informative
- Excellent educational activity.
- Would have liked if fecal transplant was better described. I’ve never heard of it and this didn't tell me much.
- Congrats for this amazing quite short course but valuable, it was interesting from the beginning to the end. The tools used were very efficient, the video quality is perfect so this was my first course here and I am very surprised with how professional this was, so hopefully my next courses will meet the same standards
- Very good CME. I really enjoyed the faculty. Experts on this subject matter.
- Thanks a lot, very useful info given in a well-presented manner. Fun to watch
- Speakers were excellent.
- I really enjoyed this format, good information, easy to retain
- Thank you for this educational opportunity.
- Not a physician. However, as infection preventionist need to be abreast of any information regarding C. Diff. because of the trend of occurrence. and to be able to educate patients who become infected. We have random occurrence. We are an ambulatory care facility. Need to know about cleaning when diagnosis is made
- The medical panel was a pleasure to listen to. Very knowledgeable, clearly voiced.
- Great coverage by experts in a limited time
- Extraordinarily important and interesting presentation.
- More discussion on use of probiotics to prevent and as adjunct in treatment
- Good job. I will relay my satisfaction to AGA board member.
- Excellent discussion on a very important topic that should be of concern especially to all doctors that work in hospitals.
- This has been one of the most helpful presentations as a bedside nurse in the CCU. The physicians provided data that was relevant to my scope of practice and I appreciated the range of topics.
- Any study done with use lactobacillus drug for prevention of c diff ???
- The information provided in this medium was very helpful for clinicians to effectively care for their patients.