**Appendix Table E6. Included RCTs for other nonstandard treatments**

| **Author, Year, Country,**  **Funding Source** | **Population, Age** | **Sample Size, Intervention(s),**  **Control(s), Study Duration** |
| --- | --- | --- |
| Puri, 2015[89](#_ENREF_89) | Adult patients, ages 18-90, diagnosed with primary episode or first recurrence of moderately severe (>3 to <12 liquid or unformed stools in 24 hours prior to enrollment plus one or more abdominal pain, leukocyte count >10x109/liter but <30, or fever) CDI | LFF571 200 mg (n=46) or oral vancomycin 125 mg (n=26, modified ITT 25) 4 time/day for 10 days  Followup: 30 days following 10 day treatment  To: clinical cure  Non-inferiority trial |
| Garey, 2011[90](#_ENREF_90) | 68 adult inpatients treated for CDI and no longer symptomatic, 50% female, Mean age 61 | Rifaximin 400 mg 3 times/day for 20 days immediately after finishing standard anti-CDI antibiotics (n=39 randomized, 33 treated)  Placebo (n=40 randomized, 35 treated)  Followup: 3 months following 20 day treatment  To prevent relapse |
| Laffan, 2011[91](#_ENREF_91) | 30 long-term care facility residents, 64% female, mean age 62, 32% | Recombinant lactoferrin 5mg/mL in 600 mL saline solution for 8 weeks (n=13)  Placebo (n=9)  (30 participants randomized but initial randomization of the 8 patients excluded from analysis unclear; 6 were from lactoferrin group and 2 were from unknown group)  Followup: 14, 42, and 56 days  To prevent occurance or relapse |

CDI=C. difficile infection