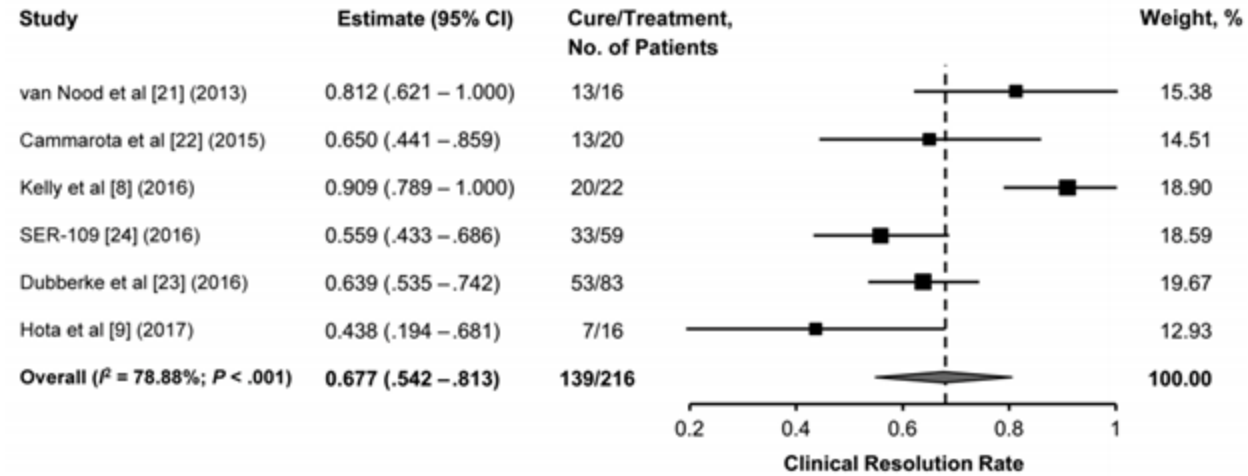


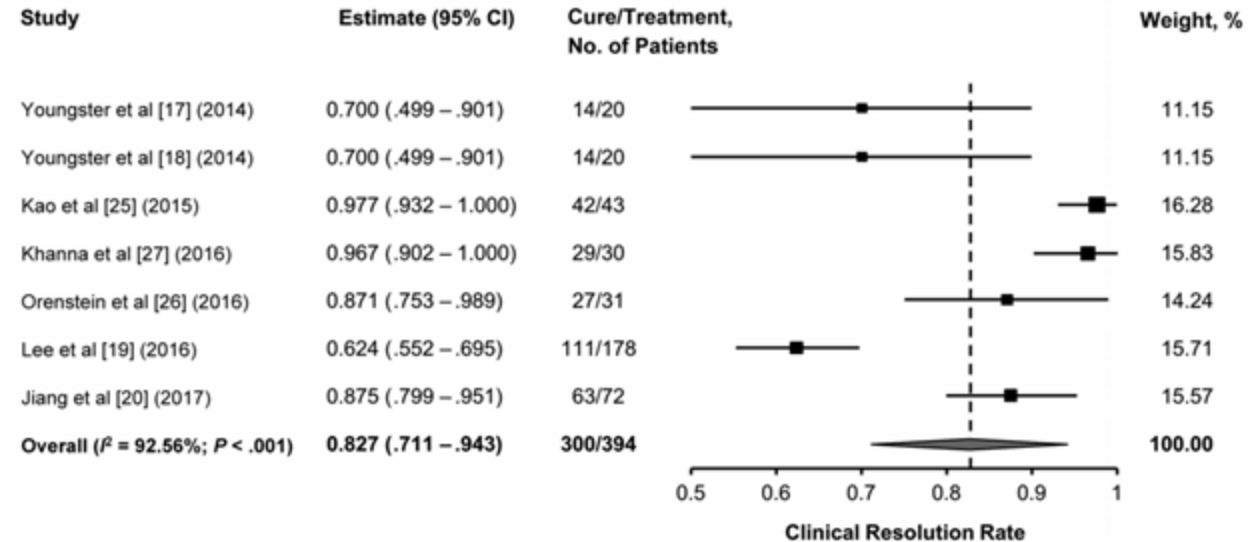
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Low Cure Rates in Controlled Trials of FMT

**Trials with a non-FMT
comparator group
Cure rate: 67.7%**



**Open-label trials
Cure rate: 82.7%**



29 Stool Pathogens Tested for in Every Donation

Donation Testing

29 Stool pathogens testing every donation

1. *C. difficile* A/B
 2. Enteroaggregative *E. coli* (EAEC)
 3. Enterotoxigenic *E. coli* (ETEC)
 4. *Entamoeba histolytica*
 5. Astrovirus
 6. Sapovirus (Genogroups I, II, IV, V, V)
 7. *Listeria* culture
 8. *Cryptosporidium*
 9. *Cyclospora*
 10. *Cystoisospora*
 11. Ova & Parasite Exam
 12. *Aeromonas*
 13. *Plesiomonas shigelloides*
 14. *Campylobacter* species
 15. *Salmonella* species
 16. *Vibrio* species/ *cholerae*
 17. *Yersinia enterocolitica*
 18. Enteropathogenic *E. coli* (EPEC)
 19. Shiga-like-toxin-prod *E. coli* (STEC)
 20. Shigella/Enteroinvasive *E. coli* (EIEC)
 21. Enteroaggregative *E. coli* (EAEC)
 22. *Giardia lamblia*
 23. Norovirus GI/GII
 24. Rotavirus A
 25. Adenovirus F40/41
- Multi-drug resistant organisms:
26. ESBL (extended spectrum beta-lactamase)
 27. VRE (Vancomycin-resistant Enterococci)
 28. CRE (carbapenem-resistant Enterobacterales)
 29. MRSA (Methicillin-resistant *Staphylococcus aureus*)

Safety In Patients with IBD

2019-01: Safety Overview in Patients with and without IBD

	RBX2660 N = 483	
	With IBD N=54	Without IBD N=429
AEs	57%	63%
Severity*		
Mild	13%	17%
Moderate	26%	30%
Severe	19%	13%
Potentially Life-threatening	0%	3%
SAEs	6 (11%)	45 (10%)
AEs Leading to Discontinuation**	0%	5 (1%)
AEs Leading to Death	0%	3 (0.7%)

* Severity as assessed by investigator using CTCAE criteria

** AEs leading to discontinuation were only collected in Studies 2017-01 and 2019-01, which also includes deaths in these studies.

Immunosuppressed Patients in 2019-01

Ongoing Open-label Study

n (%)	Total N = 483
Patients Identified as Immunosuppressed*	91 (19%)
Reason for Immunocompromised	
SMQ of med hx “malignant tumors”	24 (5%)
Other medical history	
End Stage Renal Disease	6 (1%)
Immunodeficiency syndromes	5 (1%)
HIV	2 (0.4%)
Haemoglobinopathies congenital	1 (0.2%)
Concomitant Medications	
Corticosteroid Use	13 (3%)
Systemic Immunosuppressive medications	61 (13%)

*Patients may be in more than one of categories below, % of patients in 2019-01 as of data cut-off

Safety in Immunocompromised Patients

Ongoing Open-label Study 2019-01

	RBX2660 N = 483	
	Immunocompromised N=91	Non-Immunocompromised N=392
AEs	65%	62%
Severity*		
Mild	15%	17%
Moderate	27%	30%
Severe	20%	12%
Potentially Life-Threatening	2%	3%
SAEs, n (%)	18 (20%)	33 (8%)
AEs Leading to Discontinuation, n (%)**	1 (1%)	4 (1%)
AEs Leading to Death, n (%)**	1 (1%)	2 (0.5%)

* Severity as assessed by investigator using CTCAE criteria

** AEs leading to discontinuation also includes deaths

Study 2014-01 Safety Overview (8-Week Double-Blind Period)

Failures Censored at Time of CDI Recurrence

	Blinded RBX2660 x 2 N = 42	Blinded RBX2660 → Placebo N = 42	Blinded Placebo x 2 N = 44
AE	26 (62%)	29 (69%)	25 (57%)
Severity*			
Mild	8 (19%)	13 (31%)	17 (39%)
Moderate	9 (21%)	12 (29%)	7 (16%)
Severe	7 (17%)	4 (10%)	1 (2%)
Potentially life-threatening	2 (5%)	0	0
SAE	8 (19%)	5 (12%)	1 (2%)
AE leading to death	2 (5%)	0	0

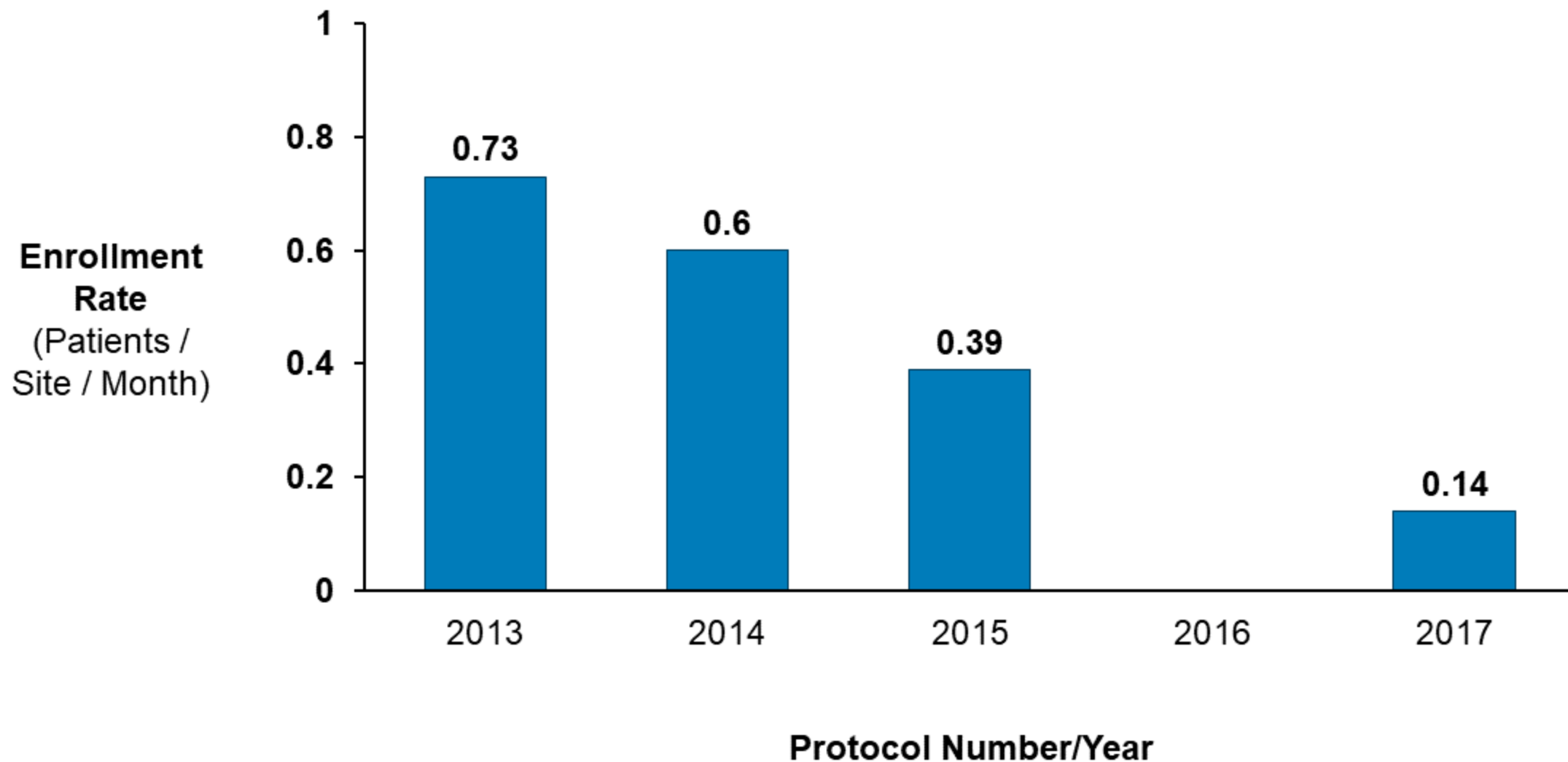
* AEs reported by maximum severity as assessed by investigator using CTCAE criteria

Safety Overview – SAEs

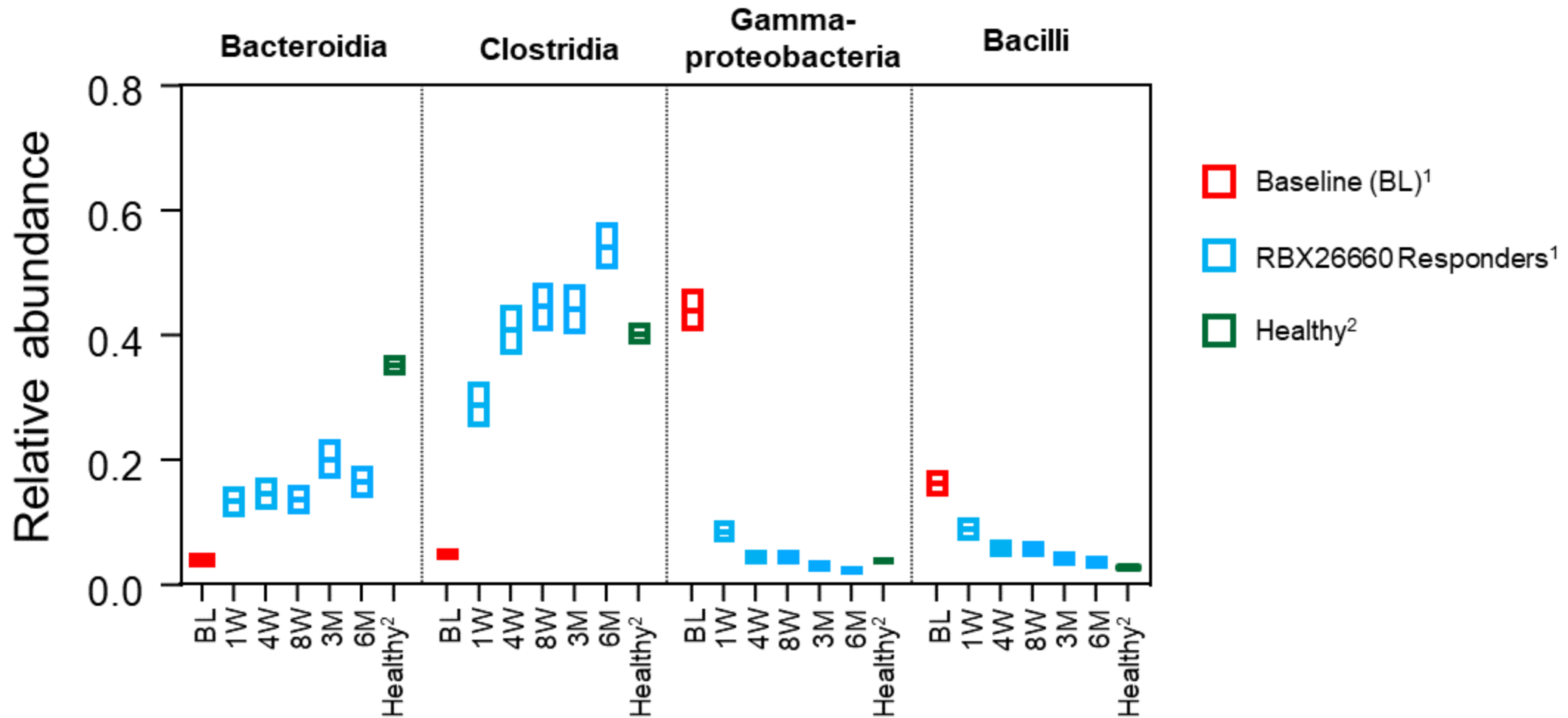
Study 2014-01 Double-Blind Period (First 8 weeks) Censored at CDI recurrence

	RBX2660 (2 doses) N = 42	RBX2660 (1 dose) N = 42	Placebo N = 44
Any SAE	8 (19%)	5 (12%)	1 (2%)
Anaemia	0%	1 (2%)	0%
Leukocytosis	1 (2%)	0%	0%
Abdominal pain	1 (2%)	0%	0%
Abdominal pain upper	0%	1 (2%)	0%
Constipation	1 (2%)	0%	0%
Intestinal ischemia	1 (2%)	0%	0%
Intestinal obstruction	0%	1 (2%)	0%
Osteomyelitis chronic	0%	1 (2%)	0%
Urinary tract infection	1 (2%)	0%	0%
Back pain	1 (2%)	0%	0%
Diabetic neuropathy	0%	1 (2%)	0%
Nephrolithiasis	1 (2%)	0%	1 (2%)
Renal impairment	1 (2%)	0%	0%
Ureteric stenosis	1 (2%)	0%	0%
Acute respiratory failure	1 (2%)	0%	0%

Declining Enrollment Rates Observed Over Course of the Development Program



Study 2017-01: Restoration of Microbiome Composition Among RBX2660 Treatment Responders



Make an Accurate Diagnosis in Practice

Assess risk factors for CDI

Assess for presence of symptoms

- Diarrhea, abdominal pain, dehydration, fever

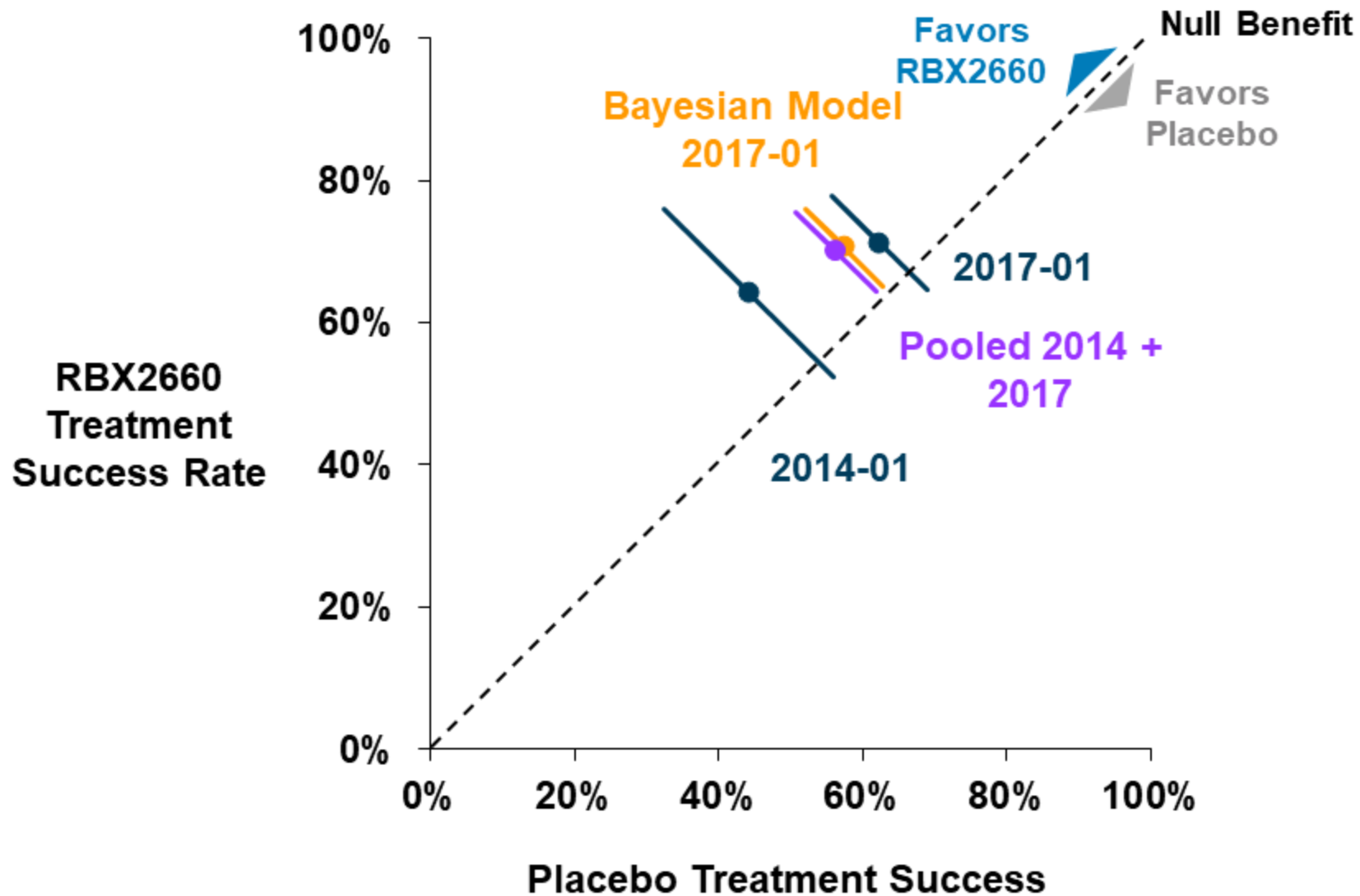
A positive test for *C difficile* infection

- PCR or toxin-based assay

Assess response to treatment

- Non-response to vancomycin / fidaxomicin is rare and suggests alternate diagnoses

Bayesian Hierarchical Model Results



Number of patients borrowed

- SD for placebo arm estimated by primary analysis = 0.0481
- SD for placebo arm raw estimate = 0.0526
- Ratio of variances = 1.196
- ~ 16.6 patients borrowed
- SD for treatment effect estimated by primary analysis = 0.0552
- SD for treatment effect raw estimate = 0.0626
- Ratio of variances = 1.286
- ~ 74.9 patients borrowed

Study 2014-01 and 2017-01 Key Demographics Comparable Across Studies

	2014-01			2017-01	
	RBX2660 (2 doses) N = 45	RBX2660 (1 dose) N = 44	Placebo N = 44	RBX2660 N = 177	Placebo N = 85
Age (years), mean (SD) Min, max	63.6 (19.2) (24 – 89)	61.0 (19.7) (18 – 88)	58.8 (19.2) (19 – 92)	61.3 (16.8) (19, 93)	57.5 (15.9) (26, 86)
Female	58%	57%	68%	69%	69%
White	98%	96%	98%	93%	89%
Duration of CDI (days), mean (SD)	19 (13)	17 (11)	20 (18)	26.3 (14.8)	25.3 (11.4)
Previous episodes of CDI*, mean	4.3	4.1	3.8	3	3
Hospitalization					
Due to CDI episode	58%	43%	57%	13%	12%
Duration (days), median (IQR)	9.5 (15.0)	7.0 (6.0)	5.0 (3.5)	5.0 (4.0)	5.0 (4.0)
Vancomycin during screening	91%	86%	91%	87%	89%