

### Additional file 3: Assessment of cost-effectiveness

The table includes an assessment of the cost-effectiveness of faecal microbiota transplantation (FMT) compared with antibiotics in alternative treatment scenarios. If indicated, an incremental cost-effectiveness ratio (ICER) is calculated as costs per additional quality-adjusted life-year (QALY) between the relevant alternatives. The ICER is compared with the willingness-to-pay (WTP)-threshold stated in the study: if the ICER is below the WTP-threshold, the alternative is considered cost-effective. The cost-effective treatment alternative in each scenario is indicated in italics. Authors' calculation/interpretation refer to calculations/interpretations made by the authors of the present systematic review.

<b>Konijeti et al., 2014 [1], (WTP=50,000)</b>			
<b>Scenario: All strategies available (as reported in the study)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
Vancomycin	2,912	0.8580	
<i>FMT colonoscopy</i>	<i>3,149</i>	<i>0.8719</i>	<i>17,016</i>
Metronidazole	3,941	0.8292	Dominated
FMT enema	4,090	0.8543	Dominated
FMT duodenal infusion	4,208	0.8553	Dominated
Fidaxomicin	4,261	0.8653	Dominated
<b>Scenario: Restricted to FMT enema (as reported in the study)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
<i>Vancomycin</i>	<i>3,488</i>	<i>0.8485</i>	
Metronidazole	3,941	0.8292	Dominated
FMT enema	4,090	0.8543	105,003
Fidaxomicin	4,602	0.8597	99,862
<b>Scenario: Restricted to FMT duodenal infusion (as reported in the study)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
<i>Vancomycin</i>	<i>3,531</i>	<i>0.8484</i>	
Metronidazole	3,941	0.8292	Dominated
FMT duodenal infusion	4,208	0.8553	97,352
Fidaxomicin	4,628	0.8596	98,443

<b>Varier et al., 2015 [2], (WTP=not reported)</b>			
<b>Scenario: All strategies available (as reported in the study)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
<i>FMT colonoscopy</i>	<i>1669</i>	<i>0.242</i>	
Vancomycin	3788	0.235	Dominated

<b>Lapointe-Shaw et al., 2016 [3], (WTP=50,000)</b>			
<b>Scenario: All strategies available (as reported in the study)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
<i>FMT colonoscopy</i>	<i>5,246</i>	<i>9.40</i>	
Metronidazole	5,386	9.09	Dominated
FMT enema	5,667	9.26	Dominated
Vancomycin	5,929	9.03	Dominated
FMT nasogastric tube	5,935	9.15	Dominated
Fidaxomicin	7,319	9.16	Dominates
<b>Scenario: Restricted to FMT enema (as reported in the study)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
Metronidazole	5,386	9.09	
<i>FMT enema</i>	<i>5,667</i>	<i>9.26</i>	<i>1,708</i>
Vancomycin	5,929	9.03	Dominated
Fidaxomicin	7,319	9.16	Dominated
<b>Scenario: Restricted to FMT nasogastric tube (authors' calculations)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
Metronidazole	5,386	9.09	
Vancomycin	5,929	9.03	Dominated
<i>FMT nasogastric tube</i>	<i>5,935</i>	<i>9.15</i>	<i>9,150</i>
Fidaxomicin	7,319	9.16	138,400

<b>Merlo et al., 2016 [4], (WTP=not reported)</b>			
<b>Scenario: All strategies available (as reported in the study)</b>			
<b>Treatment</b>	<b>Incremental costs compared with vancomycin</b>	<b>Incremental QALYs compared with vancomycin</b>	<b>ICER</b>
<i>FMT nasoduodenal tube</i>	-4,094	1.2	
FMT colonoscopy	-4,045	1.2	Dominated (authors' interpretation)
Vancomycin			Dominated
<b>Scenario: Restricted to FMT colonoscopy (authors' calculations)</b>			
<b>Treatment</b>	<b>Incremental costs compared with vancomycin</b>	<b>Incremental QALYs</b>	<b>ICER</b>
<i>FMT colonoscopy</i>	-4,045	1.2	
Vancomycin			Dominated

<b>Baro et al., 2017 [5], (WTP=32,000)</b>			
<b>Scenario: All strategies available (as reported in the study)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
Vancomycin	1,235	0.1812	
<i>FMT enema</i>	1,610	0.2019	18,092
FMT colonoscopy	1,816	0.2047	73,571
FMT duodenal infusion	1,834	0.2013	Dominated
Fidaxomicin	2,464	0.1988	Dominated
<b>Scenario: Restricted to FMT colonoscopy (authors' calculations)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
Vancomycin	1,235	0.1812	
<i>FMT colonoscopy</i>	1,816	0.2047	24,723
Fidaxomicin	2,464	0.1988	Dominated
<b>Scenario: Restricted to FMT duodenal tube (authors' calculations)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
Vancomycin	1,235	0.1812	
<i>FMT duodenal infusion</i>	1,834	0.2012	29,801
Fidaxomicin	2,464	0.1988	Dominated

<b>Luo et al., 2020 [6], (WTP=100,000)</b>			
<b>Scenario: All strategies available (as reported in the study)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
<i>FMT colonoscopy</i>	5,250	0.435	
FMT capsules	5,436	0.429	Dominated (authors' interpretation)
Vancomycin	7,006	0.421	Dominated
Fidaxomicin	7,557	0.429	Dominated
Bezlotoxumab	9,612	0.426	Dominated
<b>Scenario: Restricted to FMT capsules (authors' calculations)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
<i>FMT capsules</i>	5,436	0.429	
Vancomycin	7,006	0.421	Dominated
Fidaxomicin	7,557	0.429	Dominated
Bezlotoxumab	9,612	0.426	Dominated

<b>Abdali et al., 2020 [7], (WTP=20,000)</b>			
<b>Scenario: All strategies available (as reported in the study)</b>			
<b>Treatment</b>	<b>Costs</b>	<b>QALYs</b>	<b>ICER</b>
<i>FMT nasogastric tube</i>	8,877	0.645	
FMT colonoscopy	11,716	0.657	24,2514
Fidaxomicin	14,339	0.577	Dominated
Vancomycin	17,279	0.513	Dominated

Scenario: Restricted to FMT colonoscopy (authors' calculations)			
Treatment	Costs	QALYs	ICER
<i>FMT colonoscopy</i>	11,716	0.657	
Fidaxomicin	14,399	0.577	Dominated
Vancomycin	1,729	0.513	Dominated

## References

1. Konijeti GG, Sauk J, Shrime MG, Gupta M, Ananthkrishnan AN. Cost-effectiveness of competing strategies for management of recurrent clostridium difficile infection: A decision analysis. *Clinical Infectious Diseases*. 2014;58(11):1507-1514.
2. Varier RU, Biltaji E, Smith KJ, et al. Cost-Effectiveness Analysis of Fecal Microbiota Transplantation for Recurrent Clostridium difficile Infection. *Infection Control and Hospital Epidemiology*. 2015;36(4):438-444.
3. Lapointe-Shaw L, Tran KL, Coyte PC, et al. Cost-Effectiveness Analysis of Six Strategies to Treat Recurrent Clostridium difficile Infection. *PloS one*. 2016;11(2):e0149521.
4. Merlo G, Graves N, Brain D, Connelly LB. Economic evaluation of fecal microbiota transplantation for the treatment of recurrent Clostridium difficile infection in Australia. *Journal of gastroenterology and hepatology*. 2016;31(12):1927-1932.
5. Baro E, Galperine T, Denies F, et al. Cost-Effectiveness Analysis of Five Competing Strategies for the Management of Multiple Recurrent Community-Onset Clostridium difficile Infection in France. *PloS one*. 2017;12(1):e0170258.
6. Luo Y, Lucas AL, Grinspan AM. Fecal Transplants by Colonoscopy and Capsules Are Cost-Effective Strategies for Treating Recurrent Clostridioides difficile Infection. *Digestive diseases and sciences*. 2020;65(4):1125-1133.
7. Abdali ZI, Roberts TE, Barton P, Hawkey PM. Economic evaluation of Faecal microbiota transplantation compared to antibiotics for the treatment of recurrent Clostridioides difficile infection. *EClinicalMedicine*. 2020;24:100420.