

Article details: 2017-0109	
Title	Regional variability in fecal microbiota transplantation practices: a survey of the Southern Ontario Fecal microbiota Transplantation (SOFT) Movement
Authors	Susy S. Hota MD MSc, Salman Surangiwalla BSc(C), Aimee S. Paterson MSc, Bryan Coburn MD PhD, Susan M. Poutanen MD MPH; for the Southern Ontario Fecal microbiota Transplantation Movement (SOFT Movement)
Reviewer 1	Gabriel López-Velázquez
Institution	Instituto Nacional de Pediatría, Subdirección de Medicina Experimental, Mexico City, Mexico
General comments (author response in bold)	<p>This work represents a good effort to describe the characteristics of FMT programs in Southern Ontario. I recommend minor revision of the manuscript.</p> <p>1. There are at least 3 meta-analysis regarding FMT on C. difficile infections that must be commented (Am J Gastroenterol. 2013 Apr;108(4):500-8; Aliment Pharmacol Ther. 2016 Feb;43(4):445-57 and Med J Aust. 2017 Aug 21;207(4):166-172) additionally to 2 Meta-Analysis in patients with Ulcerative colitis (Medicine (Baltimore). 2016 Jun;95(23):e3765 and PLoS One. 2016 Jun 13;11(6):e0157259. doi: 10.1371/journal.pone.0157259) and one in IBD patients (J Crohns Colitis. 2014;8:1569-81). We thank the reviewer for drawing attention to these studies summarizing FMT clinical trials and effectiveness for CDI and IBD. As the focus of our manuscript is to describe FMT program characteristics (structures, roles, tests employed, etc.), we have chosen to not go into detail about the efficacy of FMT in any health condition. Instead, we have referenced a number of randomized clinical trials evaluating FMT for recurrent CDI, and several cost-effectiveness analyses in the introduction (references 1-10).</p> <p>2. Answering such survey is time-consuming and can be a problem if you would extend the coverage. Please, provide a short discussion on the utility of implementing a shorter survey, easy to answer but with enough information to establish the basis for an efficient guidance of FMT programs at a national coverage. Although there were 59 items on the survey, many of the questions could be answered rapidly by the participants. The survey took approximately 20 minutes to complete (see response to Editors' question #7). We agree that a shorter survey on FMT program characteristics that is more widely distributed (for example, across Canada) would be of interest and we may pursue this in the future.</p>
Reviewer 2	Ilan Youngster
Institution	Assaf Harofeh Medical Center, Zerifin, Israel
General comments (author response in bold)	<p>The authors describe the results of a survey evaluating the characteristics of 6 active FMT programs in Ontario, and 3 programs that are being established. While it is a limited descriptive narrative with no novel discoveries, I do agree with the authors that there is great importance in evaluation of current practices at a time when FMT services are becoming widely available and regulatory authorities are trying to cope with establishment of these centers.</p> <p>Overall the writing is clear and the simplicity is an advantage.</p> <p>1. Page 7, line 22 – “Four (4/7) respondents undertook manufacturing validation studies prior to finalizing protocols.” Please explain the meaning of validation studies. (cultures and measurement of CFU's?) Thank you for this question. Validation studies are used in laboratories to confirm the ability of an assay or procedure to do what it is intended to do. In this case, validation studies would have been completed to confirm that the FMT manufacturing procedures and storage conditions did not significantly alter the amount or diversity of the original donated fecal microbiota, based on either quantitative or semi-quantitative culture, or molecular testing. We have clarified the meaning of validation studies on page 9, paragraph 2, under FMT Manufacturing. We did not ask the participants to specify how validation studies were performed. When we designed this study, we recognized that our target audience for dissemination of results would be broad, including both general medical practitioners and specialists. We did not feel that the details of how each program validated their procedures would be of interest to this audience.</p> <p>2. Discussion is too long and can be shortened significantly. Thank you for this feedback. A number of edits have been made to the discussion section that have reduced its length from 886 words to 792 words.</p> <p>3. Figures 2 and 3– as there are only 9 participating centers, percentages (on the X axis) should be changed for absolute numbers. We have changed the figures to include absolute numbers, as suggested by the reviewer. We also thank the reviewer for this suggestion, as in revising Figure 3, we noticed that there was a formatting error that resulted in an incorrect labelling of the Y-axis on the version of Figure 3 that we originally submitted. We apologize for not recognizing this ahead of the original submission. The revised manuscript contains the correct Figure 3. Please rest assured that we have gone back to the original SurveyGizmo dataset to confirm the accuracy of the current graph. This verification was performed by two study investigators. We confirm that there are no longer any labelling errors in Figure 3.</p> <p>4. Figure 3, Screening: please add explanation about the sample that was tested. For example MRSA – stool? Nasal sample? Skin? Likewise chlamydia – from what site? We have clarified the specimen types in a footnote to Figure 3.</p> <p>5. Several components are missing from the labs that are commonly used elsewhere, (for example EBV, CMV). Please comment. We recognize that some FMT programs screen donors for additional infections, as indicated by the reviewer. In this study, we focused on whether SOFT Movement programs followed Health Canada's recommendations for donor screening. We did ask if programs screened for additional microorganisms. These results are presented on page 8, Donor Screening and Selection section, end of paragraph 3: “Although not specifically recommended by Health Canada, 71% and 57% of programs screened for carbapenemase-producing Enterobacteriaceae and extended spectrum beta-lactamase-producing organisms.” The related survey questions were: Question 18: Which of the following microorganisms or diseases suggested by Health Canada do you use as exclusion criteria routinely in FMT donors (Enter all that apply)? Question 20: Do you screen for any additional microorganisms or diseases not included by Health Canada suggestions?</p>

6. Would add for comparison published screening protocols from other institutions (could be added as online-only appendix) to give a better picture of where we stand.

While this would be of general interest, the purpose of our study was to describe FMT programs in Southern Ontario that participate in the SOFT Movement, and to compare them against the Canadian recommendations. We have respectfully not included protocols from other institutions but have made reference to other, single site experiences on pages 10-11, Interpretation section, paragraph 1.

7. Is oral administration not an option?

Unfortunately, at the time that the survey was administered, oral administration of FMT was not offered in any of the SOFT Movement programs.