

## EXTEND Eligibility Criteria 2-Page Reference Sheet

### Inclusions: Must answer yes to be eligible

1. Aged 16 years or more?
2. Informed consent, or consultee consent is possible?
3. Clinical presentation consistent with a cIAI?<sup>1</sup>
4. Any of the following during this episode of cIAI?
  - Fever (temperature of  $\geq 37.8^{\circ}\text{C}$ )
  - A neutrophilia ( $> 7.5 \times 10^9/\text{L}$ ) and/or neutropaenia ( $< 1.8 \times 10^9/\text{L}$ )
  - Relevant bacteria cultured from sterile sites (closed peritoneum or blood)<sup>2</sup>
5. At least one of the following during this episode of cIAI?
  - Evidence of pathologic findings on radiologic examination?
  - Evidence of pathologic findings at operation?
6. Does the patient need more than 72 hours of active in-patient management for their cIAI?<sup>3</sup>
7. Is the patient within 10 days of starting effective antibiotic treatment for their cIAI?<sup>4</sup>
8. Is the patient likely to be re-admitted to a hospital participating in the EXTEND trial?

### cIAI Exclusions

#### The assessed cIAI must **not** be of the following:

1. Traumatic injury to the bowel (including iatrogenic/intra-operative) treated within 12 hours of injury **or** Perforated gastric ulcer **or** Duodenal ulcer treated within 24 hours of onset of symptoms, **or** Uterine perforation following uterine surgery treated within 6 hours of injury
2. Infected necrotic pancreatitis
3. Liver or renal abscess
4. A cIAI of more than 6 months duration
5. cIAIs with a low risk of complications<sup>5</sup>

#### If the patient's cIAI is appendicitis

Patients with grade 1 to 3 appendicitis are ineligible. To be eligible a patient must have Grade 4 or 5 appendicitis with either generalised peritonitis at surgery, or no or partial source control e.g. radiological drainage<sup>6</sup>

#### cIAI Absolute Exclusions

If **two** or more cIAIs are present and one is an eligible cIAI, the second cIAI must **not** be one which needs 4 or more weeks of antibiotics, or be unlikely to respond to antibiotics, such as the following: Infected necrotic pancreatitis, Liver/renal abscess, persistent cIAI of  $> 6$  months duration

### Other exclusions

1. Current enrolment in another trial dictating antibiotic treatment duration
2. Previous Clostridium difficile infection
3. Concomitant infection requiring at least 4 weeks antibiotic therapy e.g. osteomyelitis, and endocarditis
4. Peritoneal dialysis
5. Previously recruited for the EXTEND trial
6. Treatment with Interleukin-6 Inhibitors
7. High likelihood of death within 72 hours of randomisation
8. Limitations in treatment decided before inclusion. Limitations relate to absolute limitations in treatment in a patient who is not expected to survive their acute episode of illness. Modified treatment e.g. conservative (non-operative) management are not an exclusion.
9. Non-perforated cholecystitis
10. Ischemic or necrotic intestine without perforation

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### Help Box

<sup>1</sup> cIAI definition: Infection extends beyond a hollow viscus (an organ with a lumen such as the bowel) in the abdomen-associated with either abscess formation or peritonitis.

<sup>2</sup> Relevant bacteria include anaerobes (e.g. Bacteroides), Enterobacterales (e.g. Citrobacter, E.coli, Enterobacter, Klebsiella, Serratia), Enterococcus, Pseudomonas and Streptococcus.

<sup>3</sup> For a new admission to hospital presenting with a cIAI - does the patient need more than 72 hours in hospital to manage their infection?  
For an in-patient who develops an infection while in hospital e.g. post op - do they need a further 72 hours in hospital to manage their infection, from the start of the antibiotic treatment for their cIAI? Active management means the patient requires the care associated with being an in-patient. For example, they cannot simply be awaiting discharge.

<sup>4</sup> The first day of effective antibiotic treatment will be determined by the patient's clinical team or clinical research team. Examples of antibiotic therapy that are not counted towards the 10 days effective antibiotics are:

- Antibiotic prophylaxis e.g. penicillin for splenectomy, elective surgery antibiotic prophylaxis, UTI prophylaxis
- Treatment for other infections (e.g. cystitis) not effective for treating cIAI
- Oral antibiotics prescribed to treat infection prior to hospitalisation
- Previous treatment courses of antibiotics: A previous course is one that was stopped for 48 hours or more.

<sup>5</sup> cIAIs with a low risk of complications are based on assessment from the site PI but could for example include patients who narrowly miss exclusion criteria.

<sup>6</sup> Only a small number of the more severe appendicitis cases are eligible for EXTEND. Appendicitis severity can be assessed by a grading system. Eligible cases come from within grade 4 or 5 appendicitis. Imaging (CT scan mostly) criteria for Grade 4 or 5 appendicitis are: Appendiceal thickening >6 mm or non-visualised appendix with abscess/phlegmon or free intra-peritoneal fluid > 1 quadrant. Surgical criteria for Grade 4 or 5 appendicitis are: Perforated appendix with periappendiceal phlegmon/abscess or perforated appendix with generalised peritonitis. If grade 4 or 5 criteria are met the patient must also have generalised peritonitis at surgery, or no or partial source control e.g. radiological drainage