VOWST is the FIRST and ONLY orally administered microbiome therapeutic to prevent *C. difficile* recurrence. 

**SUPERIOR PREVENTION OF C. DIFF RECURRENCE VS ANTIBIOTICS ALONE**

**PRIMARY ENDPOINT**

88% Recurrence Free at 8 Weeks (vs 60% of participants receiving antibiotics alone). 

**SECONDARY ENDPOINT**

79% Recurrence Free at 24 Weeks (vs 53% of participants receiving antibiotics alone).

**GENERALLY WELL TOLERATED THROUGH 8 WEEKS**

- The majority of adverse reactions were mild or moderate in severity.
- Most adverse reactions occurred within 10 days of starting VOWST.
- The median duration of these events was ≤5 days.
- No serious adverse events were considered related to the use of VOWST.

**IMPORTANT SAFETY INFORMATION**

**WARNINGS AND PRECAUTIONS**

Transmissible infectious agents: Because VOWST is manufactured from human fecal matter, it may carry a risk of transmitting infectious agents. Report any infection that is suspected to have been transmitted by VOWST to Aimmune Therapeutics, Inc., at 1-833-246-2566.

Potential presence of food allergens: VOWST may contain food allergens. The potential to cause adverse reactions due to food allergens is unknown.

**ADVERSE REACTIONS**

The most common adverse reactions (reported in ≥5% of VOWST-treated participants, and at a rate greater than placebo) were abdominal distension (31.1%), fatigue (22.2%), constipation (14.4%), chills (11.1%), and diarrhea (10.1%).

To report SUSPECTED ADVERSE REACTIONS, contact Aimmune Therapeutics at 1-833-AIM-2KNO (1-833-246-2566), or the FDA at 1-800-FDA-1088, or visit www.fda.gov/medwatch.

**DRUG INTERACTIONS**

Do not administer antibacterials concurrently with VOWST.

**INDICATION**

VOWST is indicated to prevent the recurrence of *Clostridioides difficile* infection (CDI) in individuals 18 years of age and older following antibacterial treatment for recurrent CDI (rCDI).

**VISIT VOWST AT BOOTH #3041**

Scan the QR or visit VOWSThcp.com to learn more.

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*C. difficile* infection

*Recurrence rate calculated by rate of recurrence, which was significantly lower in VOWST recipients compared to those receiving antibiotics alone. 2018-2019, randomized controlled trial evaluating C. difficile recurrence at 8 weeks; secondary endpoint at 4, 12, 24 weeks. In the intention-to-treat population, participants received VOWST or placebo in a double-blind, randomized, placebo-controlled trial evaluating *C. difficile* infection at 4, 12, 24 weeks. Data were analyzed by treatment group and without imputation of data for participants who did not complete the study. Reliability coefficient was determined by the number of participants.

**REFERENCES**

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