

## APPENDIX 1. Potential patient-related risk factors for failure of treatment for prosthetic joint infection.

### Comorbidities/past medical history

- Obesity (body mass index > 30 kg/m<sup>2</sup>)
- Diabetes mellitus
- Chronic obstructive pulmonary disease
- History of ischemic heart disease
- Heart failure
- Peripheral vascular disease
- Rheumatoid arthritis
- Active malignancy
- Presence of lymphedema to affected limb
- History of infection or colonization with methicillin-resistant *Staphylococcus aureus*
- Active smoker
- Undergoing hemodialysis
- Depression
- Gout

### Immunosuppressant medications at time of outpatient parenteral antimicrobial therapy

- Systemic corticosteroid use ≥ 30 days
- Azathioprine
- Tacrolimus
- Cyclosporine
- Methotrexate
- Tumour necrosis factor-alpha inhibitor
- Any chemotherapy

## APPENDIX 2. Criteria for treatment failure.

- Readmission to outpatient parenteral antimicrobial therapy (OPAT) for infection of the same joint after initial treatment
- Requirement for additional surgery on the affected joint during or after OPAT treatment, outside of procedures in the initial surgical plan, including further revision, debridement, or amputation
- Extension of IV antimicrobial treatment beyond 8 weeks total after surgery (including treatment in hospital and through the OPAT program)
- Persistence of signs and symptoms of infection at the time of the last clinic visit (as per clinic notes by pharmacists, nurses, or physicians)
- Readmission to hospital related to infection at any time during OPAT treatment course, outside of a planned admission for the second surgery of a 2-stage exchange
- Loss to follow-up or departure from OPAT program before completion of prespecified treatment course

Appendix to: Flaten D, Berrigan L, Spirkina A, Gin A. Risk of treatment failure for prosthetic joint infections: retrospective chart review in an outpatient parenteral antimicrobial therapy program. *Can J Hosp Pharm.* 2023;76(1):14-22.