

Table S1. Summary of clinical phage therapy studies, 2000 to present.^a

Authors	Year	Targeted Etiologies ^b	Infection Type(s)	Number Treated	Efficacy Observed? ^c	Phage Impact Score ^d	Cocktail? ^e	# Phage Types	Titer (PFUs/ml) ^f	Dosage (PFUs) ^g	Volume (ml)	Dosing Frequency (hours) ^h	Number of Doses	Dosing Duration (days)	Route	Exotoxin Units (EUs)/ml	Antibiotic Co-treatments? ⁱ
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[The table proper can be found starting on the following page]

^a **Abbreviations:** IA, intraarticular; IN, intranasal (including intrasinus); IP, intraperitoneal; IR, intrarectal; ISb, instillation into the bladder; IV, intravenous; Loc, local application; Neb, nebulized (to lungs); NR, not removed; PO, per os (i.e., oral delivery); POn, per os with acid neutralization; U, undetectable; UI, urethral instillation.

^b **Abbreviations:** *Ab*, *Acinetobacter baumannii*; *Ac*~, *Achromobacter* spp.; *Ax*, *Achromobacter xylosoxidans*; *Bd*, *Burkholderia dolosa*; *Ci*~, *Citrobacter* spp.; *Eb*~, *Enterobacter* spp.; *Ec*, *Escherichia coli*; *Efm*, *Enterococcus faecium*; *Efs*, *Enterococcus faecalis*; *En*~, *Enterococcus* spp.; *Es*~, *Escherichia* spp.; *Enc*, *Enterobacter cloacae*; *Gn*, Gram negative; *Kl*~, *Klebsiella* spp.; *Ko*, *Klebsiella oxytoca*; *Kp*, *Klebsiella pneumoniae*; *Ma*, *Mycobacterium abscessus*; *Mm*, *Morganella morganii*; *Pa*, *Pseudomonas aeruginosa*; *Pm*, *Proteus mirabilis*; *Pr*~, *Proteus* spp.; *Ps*~, *Pseudomonas* spp.; *Sa*, *Staphylococcus aureus*; *Se*, *Staphylococcus epidermidis*; *Sha*, *Staphylococcus haemolyticus*; *Sho*, *Staphylococcus hominis*; *Sl*~, *Salmonella* spp.; *Sme*, *Serratia marcescens*; *Smi*, *Streptococcus mitis*; *Sn*, *Stenotrophomonas* spp.; *So*~, *Streptococcus* spp.; *Ssi*, *Staphylococcus simulans*; *Sta*, *Streptococcus agalactiae*; *Ssa*, *Staphylococcus saprophyticus*; *Sy*~, *Staphylococcus* spp.

^c “Efficacy observed” is as following phage treatment, whether or not microbiological or clinical improvement was observed, though whether or not efficacy was a consequence specifically of phage action is not addressed in this column.

^d A “2” indicates that in our opinion there is reasonably strong evidence provided in the cited article to conclude that substantial anti-bacterial infection activity was phage mediated. A “1” indicates evidence that efficacy was phage mediated though either evidence or likely phage impact is not as substantial as for a score of “2”. A score of “0” indicates that we have not been convinced by the cited article that there is evidence that efficacy was phage mediated. The latter typically is because antibiotics to which the targeted bacterium is sensitive were concurrently applied without evidence provided of previous failures by the same antibiotics to treat the infection in question. This, though, should not be viewed as a judgment on the quality of a publication. A “0.5” indicates that we were uncertain whether to assign a value of “0” vs. “1”. “NA” is used if efficacy is not observed. “M” means that microbiological evidence (reduction in numbers of bacteria) was used as an indicator of success while “C” indicates that the indicator was clinical, i.e., patient clinical improvement. We indicate only “M” if both “M” and “C” were the seen. As a caveat, note that any individual example of successful infection treatment could in principle have been a consequence of spontaneous resolution, and it is likely that many unsuccessful treatments have not been published. Therefore, these ranking cannot be used as substitutes for successful randomized, double-blinded efficacy trials.

^e “Yes” if a cocktail was used for at least one case in a study. Cocktails consist of phage treatments consisting of at least two phage types.

^f Plaque-forming units (PFUs)/ml units. Values calculated by us are shown in parentheses. “—” = information was not found or is difficult to interpret. “~” = too much information is presented in a study to summarize here.

^g Total PFUs applied.

^h Doses are presented either in reported hour intervals or as calculated based on 24/number of doses. Thus, for example, 8 hours would imply either actual treatment every 8 hours or instead treatment stated as occurring three times per day.

ⁱ “Yes” is indicated if there is any overlap between a phage treatment course and antibiotic treatment course, though the study could still contain treatments without antibiotic, as discussed in the main text.

Authors	Year	Targeted Etiologies	Infection Type(s)	Number Treated	Efficacy Observed?	Phage Impact Score	Cocktail?	# Phage Types	Titer (PFUs/ml)	Dosage (PFUs)	Volume (ml)	Dosing Frequency (hours)	Number of Doses	Dosing Duration (days)	Route	Exotoxin Units (EUs)/ml	Antibiotic Co-treatments?
Cano et al. [1]	2021	<i>Kp</i>	Prosthetic joint	1	Yes	1 (C)	No	1	(1.3×10^9)	6.3×10^{10}	50	24 ^j	40	56	IV	22	Yes
Dedrick et al. [2]	2021	<i>Ma</i>	Lung		No	NA	Yes	3	—	1×10^6	—	12	(~360)	~180	IV	U	Yes
Doub et al. [3]	2021	<i>Se</i>	Prosthetic joint	1	Yes	0	No	1	2×10^9	(2×10^{10})	10	—	1	—	IA	(<10)	Yes
Ferry et al. [4]	2021	<i>Pa</i>	Prosthetic joint	1	Yes	0	Yes	3	3×10^9	(9×10^{10})	30	—	1	—	IA	—	Yes
Johri et al. [5]	2021	<i>Efs, Sa, Sha, Smi</i>	Chronic prostatitis	1	Yes	2 (M)	Yes	—	—	—	—	—	—	(~300)	IR, PO, UI	—	No
Lebeaux et al. [6]	2021	<i>Ax</i>	Lung	1	Yes	0	Yes	3 to 4	4×10^9 ; 5×10^9 ; 5×10^8	(2×10^{10}) ; (1.5×10^{10}) ; (2.5×10^9)	5; 30; 5	8; 24; 8	(6); 1; (42)	2; —; 14	Neb; Loc ^c ; Neb	176	Yes
Leitner et al. [7]	2021	<i>Ent-, Ec, Pm, Pa, Sy-, So-</i>	Urinary tract	1	Yes	0	Yes	Pyo ^m	1×10^4 to $\geq 1 \times 10^5$	(2×10^9) to $(\geq 2 \times 10^9)$	20	12	(14)	7	ISb	0.5	No
Lusiak-Szelachowska et al. [8]	2021	<i>Ec, Kp, Pa, Sa</i>	Rhinosinusitis	25	Yes	0	Yes	—	—	—	4, 6, or 15 (x 2)	—	—	—	IN, POn	—	—
Ramirez-Sanchez et al. [9]	2021	<i>Sa</i>	Prosthetic joint	1	Yes	0.5	Yes	3	(1.9×10^9) or 2.9×10^{10}	—	—	12	(28) or (84)	14 or 42	IA, IV	<250	Yes
Rostkowska et al. [10]	2021	<i>Kp</i>	Urinary tract	1	Yes	0	—	—	—	—	10	12	(58)	29	IR	—	Yes
Tan et al. [11]	2021	<i>Ab</i>	Lung	1	Yes	0	No	1	1×10^6 to 1×10^{10}	—	—	12 or 24	(30)	16	Neb	10^6 to 10^9	Yes
Wu et al. [12]	2021	<i>Ab</i>	Lung	4	Yes	1 (M)	Yes	1 or 2	1×10^8	1×10^8	10	12	2	1	Neb, Loc	—	Yes
Aslam et al. [13]	2020	<i>Ma, Pa, Sa</i>	Various	10	Yes	0	Yes	1 to 5	2×10^9 to 3×10^{10} to 1×10^{11}	—	—	2, 8, or 12	1 to many	8 to > 100	IV	—	Yes
Bao et al. [14]	2020	<i>Kp</i>	Urinary tract	1	Yes	2 (M)	Yes	5, 5, 6	(2.5×10^9) , —, —	(1.25×10^{11}) , —, —	50, —, —	24, —, 24	5, —, 5	5, 5, 5	ISb	—	Yes
Corbellino et al. [15]	2020	<i>Kp</i>	Gut decolonization	1	Yes	1 (M)	No	1	1×10^6	1×10^6 to 1×10^7	10	12	(42)	21	IR, POn	—	Yes or no
Doub et al. [16]	2020	<i>Sa</i>	Prosthetic joint	1	Yes	0	No	1	(5×10^9) ; (6×10^9)	5×10^9 ; 3×10^9	10; 50	—; 24	1; 3	—; 3	IA; IV	<1	Yes
Ferry et al. [17]	2020	<i>Sa</i>	Prosthetic joint	1	Yes	0	Yes	2	(1.7×10^9)	1.7×10^{10}	6	—	1	—	Loc	—	Yes
Ferry et al. [18]	2020	<i>Sa</i>	Prosthetic joint	3	Yes	0	Yes	3	1×10^9	—	—	—	1	—	IA	—	Yes
Gainey et al. [19]	2020	<i>Ac-</i>	Lung (with cystic fibrosis)	1	Yes	0.5 (M)	No	1	—	—	—	24	14	14 ⁿ	IV	—	No then Yes

^j Patient was dosed on weekdays only.

^k Lists within entries separated by semicolons (“;”, but not by commas) refer to separate entries with orders that are consistent across individual rows, i.e., within a single row, one column’s ‘A; B; C’ maps directly onto another column’s ‘A; B; C’, e.g., in this row these are in terms of dosed titers, PFUs, volumes, frequencies, number of doses, durations, and routes.

^l Injection into the lung.

^m Pyo = Pyophage, a type of phage cocktail commercially available in former Soviet Republics.

ⁿ This was done twice, the first time without antibiotic, though following 2 weeks of antibiotic treatment, and the second time in association with antibiotic treatment.

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Grubb et al. [20]	2020	<i>Ec</i>	gastrointestinal tract health trial	23	No	NA	Yes	4	—	5×10^6	—	24	28	28	PO	—	No
Petrovic Fabijan et al. [21]	2020	<i>Sa</i>	Various	13	Yes	0	Yes	3	—	3×10^6	50 to 100	12	5 to 28 ^o	14	IV	—	Yes
Qin et al. [22]	2020	<i>Kp</i>	Urinary tract	1	Yes	0	Yes	1 to 4	5×10^8	2.5×10^{10}	50	48	(28)	14 × 4	ISb ^p	—	No then Yes
Rubalskii et al. [23]	2020	<i>Ec, Efm, Kp, Pa, Sa</i>	Cardiothoracic surgery	8	Yes	1 (M)	Yes	1 to 4	1×10^6 to 4×10^{10q}	~	2 to 50	~	~	1 to 14	Loc, Neb, PO	—	Yes
Aslam et al. [24]	2019	<i>Pa, Bd</i>	Lung transplant	3	Yes	0	Yes	1 to 4	5.3×10^6 to 5×10^9	4×10^6	—	2 to 24	— ^r	38 to 84	IV, Neb	0.2 to 200	Yes
Aslam et al. [25]	2019	<i>Sa</i>	Implanted device, osteomyelitis, bacteremia	1	Yes	1 (M)	Yes	3	—	3×10^6	—	12	(56)	28	IV	—	Yes
Dedrick et al. [26]	2019	<i>Ma</i>	Disseminated infection	1	Yes	1 (M)	Yes	3	—	3×10^6	—	12	(64)	32	IV	U	Yes
Febvre et al. [27]	2019	<i>Ec</i>	gastrointestinal tract health trial	36	Yes	1 (M)	Yes	4	—	5×10^6	—	24	28	28	PO	—	No
Gilbey et al. [28]	2019	<i>Sa</i>	Sepsis	1	No	NA	Yes	3	—	3×10^6	—	12	(28)	14	IV	—	Yes
Gindin et al. [29]		<i>Ec</i>	Oral safety trial	36	No	NA	Yes	4	—	5×10^6	—	24	28	28	PO	—	No
Gupta et al. [30]	2019	<i>Ec, Pa, Sa</i>	chronic wounds	20	Yes	0	Yes	3	1×10^9	—	0.1/cm ²	48	3 to 5	(6 to 10)	Loc	—	—
Jault et al. [31]	2019	<i>Pa</i>	Burn wound	12	Yes	2 (M)	Yes	12	1×10^4 to 1×10^2	—	0.1/cm ²	24	7	7	Loc	—	Yes or no ^s
Kuipers et al. [32]	2019	<i>Kp</i>	Urinary tract	1	Yes	1 (M)	—	—	—	—	—	12, 24, 48	—	84	ISb, PO	—	Yes
Law et al. [33]	2019	<i>Pa</i>	Lung (with cystic fibrosis)	1	Yes	0	No	1	(8×10^6)	4×10^6	5	6	(224)	56	IV	—	Yes
Maddocks et al. [34]	2019	<i>Pa</i>	Lung	1	Yes	1 (M)	Yes	4	(4×10^6); (4×10^7)	(1.6×10^{10}); (4×10^9)	4, 101	12	(14)	7	Neb; IV	—	Yes
Nir-Paz et al. [35]	2019	<i>Ab, Kp</i>	Osteomyelitis	1	Yes	1 (M)	Yes	2	5×10^7	(1×10^6)	2	8	(36)	5 + 7	IV	5 to 35	Yes
Onsea et al. [36]	2019	<i>Ejs, Pa, Sta, Sa, Se</i>	Osteomyelitis	4	Yes	0	Yes	3; Pyo	1×10^7 ; —	(1×10^6) to (4×10^9)	10, 20, or 40 ^r	8	(56) to (80)	7 to 10	Loc	—; NR	Yes
Ooi et al. [37]	2019	<i>Sa</i>	Rhinosinusitis	9	Yes	1 (M)	Yes	3	(1.2×10^9); (1.2×10^6); (1.2×10^7)	3×10^6 ; 3×10^6 ; 3×10^6	250 ^u	12	(14); (28); (28)	7; 14; 14	IN	—	No

^o One patient appears to have been treated with phages twice, for 28 days each time.

^p One course of phage treatments also included 10 ml delivery via the kidney.

^q Uncertain if this is per phage within cocktails or for all phages present in combination.

^r Total numbers of doses applied are difficult to parse for this study.

^s As dependent on the discretion of the treating physician.

^t In addition, a phage-soaked sponge was placed in contact with the infection.

^u Rinses based on 240 ml of water combined with an undisclosed amount of salts and 1 ml of phages, which we have rounded to 250 ml.

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Rogóz et al. [38]	2019	<i>Sa</i> ^v	Orthopedic	76	Yes	^w	Yes	1; 3	1×10^6 ; $\geq 3 \times 10^5$	1×10^7 ; —	10; —	8, 12; 8	(84), (56); —	28; —	PO, Loc; Loc	—	Yes
Tkhilaishvili et al. [40]	2019	<i>Pa</i>	Prosthetic joint	1	Yes	0	No	1 ^y	—, 1×10^6	—; (5×10^6)	100; 5	—; 8	1; (15)	—; 5	Loc	—	Yes
Chan et al. [41]	2018	<i>Pa</i>	Aortic graft	1	Yes	1 (M ^z)	No	1	1×10^7	(1×10^6)	10	—	1	—	Loc	12.5	Yes
Duplessis et al. [42]	2018	<i>Pa</i>	Bacteremia	1	Yes	0	Yes	2	—	3.5×10^5	—	6; — ^{aa}	6; —	1.5; —	IV	—	Yes ^{bb}
Ferry et al. [43]	2018	<i>Pa</i>	Joint	1	Yes	0	Yes	4	1.2×10^6 to 9.7×10^8 per phage	($\sim 5 \times 10^6$); ($\sim 1 \times 10^{10}$)	10; 20	72	4	(9)	Loc	< 1 to 5	Yes
Fish et al. [44]	2018	<i>Sa</i>	Diabetic toe ulcers	1	Yes	0	No	1 ^{cc}	1×10^7 to 1×10^8	(1×10^6) to (5×10^7)	0.1 to 0.5	168	>>1	>>1	Loc	—	Yes
Ferry et al. [45]	2018	<i>Pa, Sa</i>	Prosthetic joint	1	Yes	0	Yes	3; 3 ^{dd}	(3×10^6)	(3×10^{10})	10	—	1	—	Loc	—	Yes
Fish et al. [46]	2018	<i>Sa</i>	Diabetic toe ulcers	2	Yes	^{ee}	No	1	1×10^7 to 1×10^8	(1×10^6) to (5×10^7)	0.1 to 0.5	168	>>1	>>1	Loc	—	No
Hoyle et al. [48]	2018	<i>Ax</i>	Lung (with cystic fibrosis)	1	Yes	1 (C)	Yes	2	(1.2×10^6)	(6×10^6)	5	24; 12	(20)	20 ^{ff}	Neb, PO	—	No
LaVergne et al. [49]	2018	<i>Ab</i>	Surgical wound	1	Yes	0	No	1	2.1×10^7	(8.5×10^7)	4	2	98	8	IV	(321)	Yes then no
McCallin et al. [50]		<i>Sa</i>	Oral safety trial	21	No	NA	Yes	1, Pyo	1×10^6 , 1×10^5	(1×10^7), (1×10^9)	10	8	6	2	IN or PON	—	No
Morozova et al. [51]	2018	<i>Sa</i>	Diabetic toe ulcers	2	Yes	1 (M)	Yes	Pyo	(5×10^6) to (1×10^9) ^{gg}	—	—	≥ 6	—	\geq -336 to \leq -504	Loc	—	(No)

^v Mostly associated with this species.

^w This study should be included with that of Międzybrodzki et al. [39], with a ranking of 2.

^x Shown in this row is the information provided for the two case studies discussed in detail by this publication.

^y From p. 4 of this publication, “The most active phage was purified and supplied to our hospital...”

^z The study notes that cultures taken 4 weeks following treatment were negative and also that ongoing infection was deemed lacking based on blood cultures.

^{aa} Phage therapy was restarted on day 12, but it is difficult to tell for how long it then continued.

^{bb} Assuming that antibiotic treatments were not discontinued upon the start of phage therapy.

^{cc} All of the Fish et al. studies are entered in the table as identical in their treatment characteristics, other than whether antibiotic co-treatments were used.

^{dd} Three different phages for each targeted bacterium.

^{ee} This study should be included with that of Fish et al. [47], with a ranking of 2.

^{ff} With this treatment regimen repeated 4 times over the course of one year.

^{gg} Phage titers between 10^7 and 10^{10} PFU/ml are diluted two- to 10-fold.

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Patey et al. [52]	2018	<i>Sa</i>	Chronic otitis	15	Yes	0	Yes	Pyo, etc.	—	—	—	—	—	15 to 30, etc.	IR, Loc, PO	—	Yes
Ujmajuridze et al. [53]	2018	<i>Enr-, Ec, Pa, So-</i>	Urinary tract	9	Yes	0	Yes	Pyo	—	—	20	12	(84)	7	ISb	—	No (for 8 of 9)
Jennes et al. [54]	2017	<i>Pa</i>	Septicemia	1	Yes	2 (M)	Yes	2	—	—	—; 50	24; 8	(10); (80)	10	IV; Loc	—	No
Łusiak-Szelachowska et al. [55]	2017	<i>Ejs, Gn, Sa</i>	Various	62	Yes	^{hh}	Yes	≥ 1	1 × 10 ⁶ to 1 × 10 ⁸ or 1 × 10 ⁹	^k	10; —; 10	12; 8 or 12; 8 or 12	—	≤ 168	IR; Loc; POn	—	No
Sarker et al. [56]	2017	<i>Ec</i>	Diarrhea	38	No	NA	Yes	9; etc.	1 × 10 ⁵ ; 1 × 10 ⁷	1 × 10 ⁶ ; 1 × 10 ⁸	(10)	(8)	6	2	PO	—	No (for 14 of 15)
Schooley et al. [57]	2017	<i>Ab</i>	Pancreatitis and disseminated	1	Yes	0	Yes	9	—	5 × 10 ⁶ ; —	—	2, 6, 8, or 12	—	126	IV; Loc	^{jj} —	Yes
Zhvanina et al. [58]	2017	<i>Sa</i>	Skin	1	Yes	1 (M)	Yes	1 + Pyo, etc.	(1 × 10 ⁷) ^{kk}	(1 × 10 ⁹)	10	24	20 × 2	20 × 2	Loc, POn	—	No
Fish et al. [47] ^l	2016	<i>Sa</i>	Diabetic toe ulcers	9	Yes	2 (C)	No	1	1 × 10 ⁷ to 1 × 10 ⁸	(1 × 10 ⁹) to (5 × 10 ⁹)	0.1 to 0.5	168	>>1	>>1	Loc	—	No
Sarker et al. [59]	2016	<i>Ec</i>	Diarrhea	15	No	NA	Yes	11; etc.	(1.2 × 10 ⁷); (4.7 × 10 ⁷)	3.6 × 10 ⁶ ; 1.4 × 10 ⁹	30	8	(12)	4	POn	—	No
Fadlallah et al. [60]	2015	<i>Sa</i>	Ocular	1	Yes	1 (M)	No	1	—	—	—	—	—	28	IV, Loc	—	No ^{mm}
Kutateladze [61]	2015	Various	Various	1,000s	Yes	0	Yes	Pyo, etc.	—	—	—	—	—	—	—	—	—
Łusiak-Szelachowska et al. [62]	2014	<i>Ejs, Kp, Pa, Sme, Enc, Sa</i>	Various	15	No	NA	Yes	—	—	—	10 to 20; —; 10 to 20	12; 12; 8	—	≤ 168	IR; Loc; POn	< 5	—
Rose et al. [63]	2014	<i>Pa, Sa</i>	Burn wound	9	No	NA	Yes	3	3 × 10 ⁹	1 × 10 ⁷	0.03	—	1	—	Loc	ⁿⁿ	Yes
Lecion et al. [64]	2013	<i>Sa</i>	Various	6	Yes	1 (M)	No	3 ^{oo}	3.6 × 10 ⁷ to 6.3 × 10 ⁸	—	2 to 3; 10	~5 to 24; 8	—	≥ 28	Loc; PO	—	No
McCallin et al. [65]	2014	<i>Ec, Pr-</i>	Oral safety trial	10	No	NA	Yes	18	> 7 × 10 ⁶	—	10, 20	—	3	2	POn	—	—

^{hh} This study should be included with that of Międzybrodzki et al. [39], with a ranking of 2.

ⁱⁱ Ten-fold higher than indicated titers for IR and PO. Uncertain for Loc.

^{jj} Phages were diluted to result in no more than 5 endotoxin units per kg body mass per hour.

^{kk} This value is reported without units so we are assuming that the intended units were PFUs/ml. Note that three different phage preparations were used with information reported in this row on a per individual-preparation basis.

^{ll} This case is discussed in conjunction with and under the heading of Fish et al.. [46]

^{mm} A lack of antibiotic treatment in association with phage treatment is, however, not explicitly stated.

ⁿⁿ From p. 68, each phage was “purified of endotoxin”.

^{oo} Though three different phages are named, it is not obvious that they were used in combination.

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Miedzybrodzki et al. [39]	2012	<i>Ci</i> -, <i>En</i> -, <i>Eb</i> -, <i>Ec</i> , <i>Pr</i> -, <i>Sl</i> -, <i>Sn</i> -	Various	153	No ^{pp}	2 (M ^{qq})	No	—	1×10^6 to 1×10^9	—	10 to 20; —; —; 10 to 20	12; —; —; 8	—	≤ 168	IR; Neb; Loc; POn	—	Yes or no
Sarker et al. [66]	2012	<i>Ec</i>	Oral safety trial	9	No	NA	Yes	9	6×10^5 ; 6×10^7	3×10^7 ; 3×10^8	50	—	3	1	POn	—	No
Khawaldeh et al. [67]	2011	<i>Pa</i>	Urinary tract	1	Yes	0	Yes	6	(1×10^9)	2×10^7	20	12	(20)	10	ISb	—	Yes
Kvachadze et al. [68]	2011	<i>Pa</i> , <i>Sa</i>	Lung (with cystic fibrosis)	1	Yes	1 (M)	Yes	1 + Pyo	—	—	—	—	9 ^{rr}	—	Neb	—	Yes
Letkiewicz et al. [69]	2010	<i>Efs</i> , <i>Ec</i> , <i>Kp</i> , <i>Pa</i> , <i>Sa</i>	Chronic prostatitis	22	Yes	^s	—	—	—	—	—	—	—	22-99	IR, PO, Loc	—	—
Letkiewicz et al. [70]	2009	<i>Efs</i>	Chronic prostatitis	2	Yes	2 (M)	No	^t	$\sim 1 \times 10^8$	$(\sim 1 \times 10^9)$	10	12	(≥ 56)	28 to 33	IR	—	No
Rhoads et al. [71]	2009	<i>Ec</i> , <i>Pa</i> , <i>Sa</i>	Venous leg ulcers	39	No	NA	Yes	8	(8×10^9)	—	—	168	(12)	84	Loc	—	Yes ^{uu}
Wright et al. [72]	2009	<i>Pa</i>	Chronic otitis	12	Yes	1 (M)	Yes	6	3×10^7	6×10^5	0.2	—	1	—	Loc	—	No
Kutateladze and Adamia [73]	2008	<i>Sa</i>	Sepsis	46 ^{vv}	Yes	2 (C ^{ww})	—	—	—	—	—	—	—	—	—	—	Yes
Leszczynski et al. [74]	2006	<i>Sa</i>	Gut decolonization	1	Yes	2 (M)	Yes	3	7×10^8	(7×10^9)	(10)	8	(84)	28	POn	—	No
Marza et al. [75]	2006	<i>Pa</i>	Burn wound	1	Yes	0	—	—	(5×10^3)	1×10^3	0.2	—	1	—	Loc	—	Yes
Weber-Dąbrowska et al. [76]	2006	<i>Sc</i> , <i>Sho</i>	Otitis media	1	Yes	0	Yes	2	—	—	—	—	—	—, 21	PO, Loc	—	No

^{pp} From p. 87, “In the case of a mixed infection with two bacterial strains at the same time, if it was possible to prepare phages against both bacteria, the patient was administered individual doses of both phage preparations alternately.”

^{qq} Clinical successes, however, tend to outnumber microbiologically determined successes. In addition, microbiological success is lumped in with clinical success, i.e., with “pathogen eradication and/or recovery (pathogen eradication was confirmed by the results of bacterial cultures; recovery refers to wound healing or complete subsidence of the infection symptoms)” (p. 87), as representing their top-ranking category of treatment success.

^{rr} Doses were provided every 4 to 6 weeks.

^{ss} This study should be included with that of Letkiewicz et al. [70], with a ranking of 2.

^{tt} It seems that different phages were used on different patients and we infer that these were single phages being used from the statement, “The phage titer in the preparation...”

^{uu} From p. 239 [71]: “Antibiotic administration to patients in the test and control groups was permitted if clinical signs of acute wound infection (redness, heat, tenderness, oedema) were observed.”

^{vv} As treated with phages, only. The publication also considers the treatment of additional pathogens in additional contexts.

^{ww} As this was treatment of sepsis, it is possible that total recovery was characterized microbiologically, though this is not stated explicitly in the publication.

Authors	Year	Targeted Etiologies	Infection Type(s)	Number Treated	Efficacy Observed?	Phage Impact Score	Cocktail?	# Phage Types	Titer (PFUs/ml)	Dosage (PFUs)	Volume (ml)	Dosing Frequency (hours)	Number of Doses	Dosing Duration (days)	Route	Exotoxin Units (EUs)/ml	Antibiotic Co-treatments?
Bruttin and Brüssow [77]	2005	<i>Ec</i>	Oral safety trial	15	No	NA	No	1	1×10^5 ; 1×10^6	(1.5×10^5); (1.5×10^6)	150	—	1; 1	—	POn	— ^{xx}	No
Jikia et al. [78]	2005	<i>Sa</i>	Radiation burn	2	Yes	1 (M)	Yes	Pyo	—	—	—	—	1	—	Loc	—	Yes
Weber-Dąbrowska et al. [79]	2003	<i>Ec, Kp, Pa, Sa</i>	Sepsis	94	Yes ^{yy}	2 (C)	—	—	—	—	5, 10	8	—	29 ^{zz}	POn	—	Yes
Markoishvili et al. [80]	2002	<i>Ec, Pa, Pr-, Sa, Se, So-</i>	Wound	107	Yes	0	Yes	Pyo	—	^{aaa}	—	~72 to ~168	—	6 to ~450	Loc	—	Yes
Weber-Dąbrowska et al. [81]	2002	<i>Ec, Ko, Mm, Sa, Se, Sho, Ssa, Ssi</i>	Various	42	No	NA	—	—	—	—	—	8	(63)	21	POn	—	—
Weber-Dąbrowska et al., [82]	2001	<i>Ec, Ko Kp, Pa, Sa</i>	Various	20	Yes	0 (C)	—	—	1×10^6	—	—	8	—	14 to 63	Loc, PO	—	—
Weber-Dąbrowska et al. [83]	2000	<i>Eb-, Ec, Kl-, Pr-, Ps-, Sa</i>	Suppurative	1307	Yes	1 (C)	—	—	—	—	—	—; 8	—	7 to 84	IP or Loc; POn	—	—
Weber-Dąbrowska et al. [84]	2000	<i>Es-, Kl-, Ps-, Sy-</i>	Suppurative	51	Yes	0	—	—	—	—	—	—	—	—	Loc, PO	—	—

^{xx} Endotoxin levels were measured, but not in the dosed phage volume nor convertible to that volume.

^{yy} That cocktails were used we infer from the treatment of mixed infections.

^{zz} Median treatment duration.

^{aaa} Doses are indicated as 1×10^6 PFU/cm² of PhagoBioDerm.

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