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See "Exclusive enteral nutrition for induction of remission in anti-tumor necrosis factor refractory adult Crohn's disease: Indian experience" on page 1-8.

Supplementary Material 1. Refractory CD criteria.

1. Primary Nonresponse Criteria

Patients who had received induction doses of infliximab (3 doses of ≥5 mg/kg) or adalimumab (160 mg followed by ≥80 mg) and did not respond to these induction doses, as evidenced by at least 1 of the following signs or symptoms ≥2 weeks after receiving the last induction dose.

- Lack of improvement or worsening in stool frequency.
- Lack of improvement or worsening in daily abdominal pain.
- Occurrence, lack of improvement, or worsening of fever related to CD.
- Persistent drainage of fistula or drainage from a previously non-draining fistula or development of a new fistula.
- Lack of improvement or worsening in rectal bleeding.

2. Secondary Nonresponse Criteria

Initially responded to induction therapy and received at least 2 maintenance doses of infliximab (at a dose of ≥5 mg/kg) or adalimumab (at a dose of ≥40 mg) and had at least 1 of the following signs or symptoms ≥2 weeks after receiving the last maintenance dose.

- Lack of improvement or worsening in stool frequency.
- Lack of improvement or worsening in daily abdominal pain.
- Occurrence, lack of improvement, or worsening of fever related to CD.
- Persistent drainage of fistula or drainage from a previously non-draining fistula or development of a new fistula.
- Lack of improvement or worsening in rectal bleeding.

3. Intolerance Criteria

Eligible patients must have had an adverse reaction that met 1 of the following 3 criteria that precluded continued use of the therapy.

1) A significant acute infusion/administration reaction characterized by

a. Fever >100°F (37.8°C) with or without chills or rigors
b. Itching
c. Cutaneous rash
d. Flushing
e. Angioedema
f. Dyspnea, chest pain or tightness, wheezing, stridor
g. Diaphoresis
h. Syncope
i. Blood pressure less than 90 mmHg systolic and 60 mmHg diastolic

2) A significant delayed infusion/administration reaction defined as an adverse reaction that occurred >24 hours and <2 weeks after infusion/administration, was considered related, and was manifested through

a. Myalgias
b. Arthralgias
c. Fever >100°F (37.8°C)
d. Malaise
e. Cutaneous rash

Supplementary Table 1. Ingredients of Commercially Available Preparation Used as Exclusive Enteral Nutrition

Ensure Plus Peptide (Abbott Laboratories Zwolle, The Netherlands)	Water, hydrolyzed whey protein concentrate, vegetable oil (medium chain triglycerides oil, canola oil), sucrose, hydrolyzed sodium caseinate, minerals,[a] flavoring, emulsifiers, stabilizers vitamins,[b] l-carnitine, taurine, sweetener (sucralose), maltodextrin

[a]Minerals: sodium, potassium, chloride, calcium, phosphorus, magnesium, iron, zinc, manganese, copper, iodine, selenium, chromium, molybdenum.
[b]Vitamins: vitamin A, vitamin D, vitamin E, vitamin K, vitamin C, folic acid, vitamin B_1, vitamin B_2, vitamin B_6, vitamin B_{12}, pantothenic acid, biotin.

Supplementary Table 2. Nutritional Value of Exclusive Enteral Nutrition (per Day)

Patient no.	Energy (kcal)	Protein (g)	Carbo-hydrates (g)	Fat (g)	Vitamin					Mineral			
					A (μg RE)	C (mg)	D (μg)	E (mg TE)	Folic acid (μg)	Potassium (mg)	Phosphorous (mg)	Zinc (mg)	Calcium (mg)
1	1,102.5	50.6	138.0	41.2	1,125	135	7.5	14.3	225	1,500	750	13.5	750
2	2,058.0	94.5	257.6	77.0	2,100	252	14.0	26.6	420	2,800	1,400	25.2	1,400
3	1,984.5	91.1	248.4	74.3	2,025	243	13.5	25.6	405	2,700	1,350	24.3	1,350
4	1,911.0	87.7	239.2	71.5	1,950	234	13.0	24.7	390	2,600	1,300	23.4	1,300
5	1,984.5	91.1	248.4	74.3	2,025	243	13.5	25.6	405	2,700	1,350	24.3	1,350
6	2,205.0	101.3	276.0	82.5	2,250	270	15.0	28.5	450	3,000	1,500	27.0	1,500

RE, retinol equivalent; TE, tocopherol equivalent.