**METHODS**


*Treatment: 7-14 days – OMC 100 mg intravenously (IV) 3 times or 2 doses, then 100 mg IV q24h, with an option to transition at 3+ days to 400 mg po q24h.

*OMC demonstrated non-inferiority to linezolid in two Phase 3 studies in adults with community-acquired bacterial pneumonia (CABP) in the global Phase 3 OPTIC Study.

*Efficacy endpoints: – Primary – Daily clinical response (ECR) defined as survival with improvement in ≥2 of 4 vital signs and no occurrence of any symptom at 72 to 120 hours after first dose of study drug (ITT population) – Secondary – Investigator-assessed clinical response at PTE (ITT population) – Primary efficacy endpoint was to determine investigator-attributable pathogen at baseline.

**RESULTS**

*Clinical success rates were high and comparable across OMC and MOX (Figure 1).

*Clinical success rates were high and comparable across OMC and MOX at the end of treatment (EOT) (Figure 2).

*Clinical success rates were high and comparable across OMC and MOX at investigator-assessed clinical response at PTE (ITT population) (Figure 3).

*OMC showed comparable efficacy to MOX in the treatment of adults with CABP in Europe, where the majority of subjects were enrolled.

**CONCLUSIONS**

*OMC demonstrated non-inferiority to linezolid in two Phase 3 studies in adults with CABP. OMC also demonstrated high clinical success rates in Europe, which was expected as S. pneumoniae was the most commonly isolated pathogen in this region. Further studies are needed to confirm these findings in other regions.

*The distribution of pathogens in all regions was as expected with S. pneumoniae being the most commonly isolated pathogen.

**ACKNOWLEDGEMENTS**

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**REFERENCES**


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**Table 3. Baseline Pathogen by Geographic Region (microITT Population)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Western Europe/North America</th>
<th>Eastern Europe</th>
<th>Rest of World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streptococcus pneumonia</td>
<td>15.6%</td>
<td>15.6%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td>4.7%</td>
<td>4.7%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Gram-negative bacteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae</td>
<td>6.1%</td>
<td>6.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Haemophilus parainfluenza</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Klebsiella pneumoniae</td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Mycoplasma pneumoniae</td>
<td>16.9%</td>
<td>16.9%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Legionella pneumophila</td>
<td>8.1%</td>
<td>8.1%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Chlamydia pneumoniae</td>
<td>7.1%</td>
<td>7.1%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

*Clinical success rates were high and comparable across OMC and MOX in different regions – Small sample sizes and heterogeneity in countries included in Rest of the World make it difficult to draw conclusions about the numeric differences.