Omadacycline (OMC), an aminomethylcycline antibiotic, is in clinical development as a once-daily oral (po) and intravenous (iv) therapy for community-acquired bacterial pneumonia (CABP) and acute bacterial skin and skin structure infections (ABSSSI).

In the previous OASIS-1 trial, iv OMC, with an optional switch to po OMC, was non-inferior to linezolid (LZD), with high and comparable clinical success rates against a number of atypical bacterial pathogens.

In OASIS-2, po OMC was non-inferior to po LZD based on Early Clinical and Safety Results, and a number of atypical bacterial pathogens. Here we report the efficacy results of OASIS-2 by clinical infection type.

Incidence and severity of acute bacterial skin and skin structure infections (ABSSSI) have increased over the last 20 years, driven by the emergence of antibiotic-resistant pathogens, as well as increased deployment of community-associated methicillin-resistant Staphylococcus aureus (MRSA).

A number of atypical bacterial pathogens, including Streptococcus anginosus, were isolated in the ABSSSI cultures obtained from eligible subjects.

Many subjects had recent history of trauma causing the primary infection (75% of OMC group, 81% LZD group). Many subjects had recent history of trauma causing the primary infection (75% of OMC group, 81% LZD group).

Here we report the efficacy results of OASIS-2 by clinical infection type.

For overall counts of MRSA, MSSA, and VSE were considered distinct pathogens when stratified by infection type (N = 287) Three subjects in each group had bacteremia at baseline (N = 360)

In the OASIS-2 trial, one-investigator-assessed clinical success rates were compared with 7 to 14 day po administration of once-daily OMC across all infection types. Clinical success was comparable between treatments for mono-microbial and poly-microbial infection.

Both treatments led to a favorable microbiological outcome in the majority of subjects with similar responses against individual pathogens. For overall counts of MRSA, MSSA, and VSE were considered distinct pathogens when stratified by infection type (N = 287) Three subjects in each group had bacteremia at baseline (N = 360) Clinical success was comparable between treatments for mono-microbial and poly-microbial infection.

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