**RESULTS**

OMC circumvents tetracycline-specific resistance, including efflux and ribosomal protection. In a multi-drug resistance (MDR) test panel, 205 (53.7%) isolates were resistant to tetracycline, 26 (2.4%) resistant to streptomycin, 449 (65.0%) resistant to doxycycline, and 18.0% resistant to both tetracycline and doxycycline. OMC has been studied as a once-daily iv and oral (po) monotherapy for ABSSSI. 118 (8.6%) isolates were resistant to OMC, 169 (43.6%) resistant to LZD, and 485 (35.1%) resistant to MOX. 212 (27.5%) isolates were resistant to both OMC and LZD, 247 (35.8%) resistant to both OMC and MOX, and 147 (38.5%) resistant to all three drugs.

**METHODS**

This pooled analysis is based on 2,150 subjects enrolled and treated in the three Phase 3 studies. The total treatment duration in the three Phase 3 studies was 7-14 days with treatment discontinuation due to the drug’s effect and/or a secondary illness. All adverse events are captured in Table 3. No cases of Hy’s law were detected in subjects treated with OMC, LZD, or MOX. The majority of TEAEs in all treatment groups were considered mild or moderate. 1134 (66.3%) OMC, 850 (51.3%) LZD, and 992 (61.1%) MOX subjects reported at least one TEAE. The most frequently observed TEAEs were nausea (OMC: 76 [4.5%], LZD: 34 [2.1%], MOX: 52 [3.3%]), vomiting (OMC: 32 [1.9%], LZD: 13 [0.8%], MOX: 26 [1.6%]), and diarrhea (OMC: 40 [2.3%], LZD: 14 [0.9%], MOX: 30 [1.8%]). The majority of TEAEs in all treatment groups were considered mild or moderate. 1134 (66.3%) OMC, 850 (51.3%) LZD, and 992 (61.1%) MOX subjects reported at least one TEAE. The most frequently observed TEAEs were nausea (OMC: 76 [4.5%], LZD: 34 [2.1%], MOX: 52 [3.3%]), vomiting (OMC: 32 [1.9%], LZD: 13 [0.8%], MOX: 26 [1.6%]), and diarrhea (OMC: 40 [2.3%], LZD: 14 [0.9%], MOX: 30 [1.8%]).

**CONCLUSIONS**

The authors wish to thank the subjects and investigators involved in each study.

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**Integrated Safety Summary of Omadacycline: A Novel Aminomethylcycline Antibiotic**

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