Early Clinical Response and Clinical Stability as Predictors of Overall Clinical Response in Community-Acquired Bacterial Pneumonia

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METHODS

- Community-acquired pneumonia is one of the leading causes of mortality worldwide 1-4
- Omadacycline (OMC) is an aminomethylcycline antibiotic in the tetracycline class approved for the treatment of community-acquired bacterial pneumonia (CABP) in adults in the USA
- In the Phase 3 Omadacycline for Pneumonia Treatment (OPTIC) study, the FDA-required primary endpoint was early clinical response (ECR)
- The achievement of clinical stability is an opportunity to consider a switch to oral therapy and hospital discharge in patients initially hospitalized and treated with intravenous antibiotics

OPTIC demonstrated non-inferiority of OMC to moxifloxacin (MOX) for treatment of CABP

RESULTS

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CONCLUSIONS

- Fewer OMC patients than MOX patients at ECR subsequent had clinical failure at PTE (2.3% vs 4.4%)
- More OMC patients than MOX patients who did not have an ECR were subsequently considered as having achieved clinical success at PTE (9.1% vs 7.7%)
- ECR and clinical stability demonstrated high sensitivity (80%) and positive predictive value (90%) for clinical success at PTE, whereas negative predictive value was poor for both assessments (<50%)

REFERENCES


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