**INTRODUCTION**

Delafloxacin is an aromatic fluoroquinolone antibiotic that was recently approved in the United States (US) as an intravenous (IV) and oral tablet formulation for the treatment of ABSSSI. Delafloxacin has excellent in vitro activity against Gram-positive pathogens including methicillin-resistant Staphylococcus aureus (MRSA) and penicillin-resistant Streptococcus pneumoniae (PRSP), while maintaining good activity against Gram-negative pathogens, such as Acinetobacter species and Pseudomonas aeruginosa. A Phase 3 study was conducted to compare the efficacy and safety of IV and oral delafloxacin monotherapy in patients with ABSSSIs. The primary and secondary endpoints for delafloxacin vs. VAN/AZ have been previously presented (1).

**METHODS**

- **Randomized, double-blind, Phase 3, multicenter study of IV delafloxacin (DLX) vs. VAN/AZ in patients with ABSSSI, including cellulitis, burn, major abscesses, or cellulitis 75 cm² in size and ≥2 systemic signs.**
- **Patients were randomly assigned (1:1) to receive delafloxacin monotherapy or VAN 15 mg/kg (actual body weight) IV q12h for a mean of 3.0 days followed by a randomized switch to delafloxacin 450 mg PO q12h for a mean of 7.3 days.**
- **Baseline for an event was the date/time of the first digital planimetry meeting the resolution criteria, 20% reduction, 80% reduction, or 100% resolution of baseline infection size.**

**RESULTS**

The primary and secondary endpoints for delafloxacin vs. VAN/AZ have been previously presented (1). Delafloxacin was comparable to VAN/AZ in resolution of all baseline symptoms at EOT, FU and LFU visits.

**CONCLUSION**

- **Baseline demographics of age, gender, race, and ethnicity were similar between treatment arms. Patients were primarily White (82.3%) and Black (3.1%).**
- **Study participants were comprised of Caucasians, and major diagnoses of at least 75 cm² of erythema, and primarily were infections of the upper and lower extremities. The majority of patients had ≥ 2 or more systemic signs at baseline.**
- **4% of patients assigned DELX vs 12% of the VAN/AZ group reported at least 1 adverse event. The most common adverse events for delafloxacin were nausea, diarrhea, headache.**

**REFERENCES**


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