RESULTS

**Efficacy** was evaluated through assessment of clinical signs and symptoms of pneumonia. **IDSA/ATS** Guidelines (2007) include the inpatient setting. Clinical situations in which fluoroquinolones are considered to have an in vitro activity against pathogens isolated, either as a result of a previous or blood specimen(s) or in another method of detection (e.g., a urinary antigen test) that was known to cause CABP and against pathogens in the ME-TOC population.

**Study Design**

- Randomized, double-blind, parallel-group, multinational, double-blind, study.
- **Clinical Success Criteria** were resolution/near resolution of CABP.
- **Microbiological Success rate** = Documented or presumed eradicated.
- **SAFETY** included different measures: TEAE leading to death, TEAE with severe intensity, any SAE (serious adverse event).

**SAFETY**

- **Similar rates of SAEs** in both groups were noted. DLX had two potentially related SAEs as compared to MOX.
- **TEAE rates were comparable between DLX and MOX, as were drug-related TEAEs**.
- **Drug-related TEAEs** were comparable between DLX and MOX, as were drug-related TEAEs.

**CONCLUSIONS**

- **Microbiological response** between patient and pathogens were similar between DLX and MOX, including common CABP organisms that were penicillin-resistant and negative, and aspirin-related.
- **TEAEs were well tolerated** in this study, with the most common TEAEs among DLY-treated patients were diarrheal events.

**REFERENCES**


5. Hy's law definition in either treatment group.