REAL-WORLD EFFICACY AND SAFETY OF ORITAVANCIN MULTIPLE DOSE TREATMENT IN PATIENTS WITH COMPLICATED GRAM-POSITIVE INFECTIONS

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ABSTRACT

- **Background:** Oritavancin (ORI) is a long-acting lipoglycopeptide antibiotic indicated for the treatment of adult patients with severe localized infections caused or suspected to be caused by S. aureus, including MRSA, or by S. pyogenes to treat skin and skin structure infections (SSSI).

- **Methods:** This real-world, single-arm, observational study included patients from the CHROME database (2014-7). Clinical and Historic Registry and Orbactiv Medical Case Report Form (CRF) database. Data were collected from patients who received ORI for complicated infections, following the completion of the treatment of their primary infection. Data were collected on a per-patient basis for as long as the patient received ORI.

- **Results:** A total of 1,158 patients were included in the study. The most common pathogen was S. aureus (n=1,086, 93.6%), followed by S. pyogenes (n=19, 1.6%). The most common infections were surgical wound infections (n=184, 15.9%), followed by cellulitis (n=165, 14.1%) and abscesses (n=154, 13.3%). The most common pathogen isolated was S. aureus (n=1,086, 93.6%), followed by S. pyogenes (n=19, 1.6%). The most common route of administration was intravenous (n=1,080, 93.3%), followed by oral (n=78, 6.7%). The most common dose regimen was 1,200 mg every 14 days (n=1,080, 93.3%), followed by 1,200 mg every 7 days (n=78, 6.7%). The overall rate of clinical success was 92.3% (n=1,067, 92.3%), with microbiological success in 80.9% (n=921, 80.9%). The most common adverse events were injection-site reactions (n=34, 2.9%), followed by nausea (n=24, 2.1%) and vomiting (n=21, 1.8%). The most common drug-related adverse events were injection-site reactions (n=34, 2.9%), followed by nausea (n=24, 2.1%) and vomiting (n=21, 1.8%). The most common drug-related adverse event was injection-site reaction (n=34, 2.9%). The overall rate of discontinuation due to adverse events was 4.4% (n=50, 4.4%). The most common reason for discontinuation was adverse events (n=34, 3.1%), followed by clinical success (n=19, 1.6%). The median time to discontinuation was 14 days (n=50, 4.4%). The overall rate of mortality was 1.3% (n=15, 1.3%). The most common cause of death was sepsis (n=9, 0.8%). The most common cause of death was sepsis (n=9, 0.8%). The median duration of therapy was 14 days (n=1,158, 99.9%). The median duration of therapy was 14 days (n=1,158, 99.9%).

REFERENCES