Omadacycline is effective for patients with community-acquired bacterial pneumonia caused by Legionella pneumophila

Objective

To assess the safety and efficacy of omadacycline (OMC) for treatment of adult patients with community-acquired bacterial pneumonia (CABP) with Legionella pneumophila as a causative pathogen

Conclusions

Baseline disease severity was similar across treatment groups. Rates of clinical success were high for OMC and MOX at both early clinical response and post-treatment evaluation. Similar rates of TEAEs were reported across the two treatments, but more patients reported drug-related TEAEs with MOX than with OMC. Overall, OMC showed comparable safety and efficacy profiles to MOX for treatment of CABP patients with L. pneumophila.

Results

L. pneumophila was detected at baseline in 37 patients in both treatment groups. Baseline demographics and disease severity were similar across treatment groups (Table). Normal renal function was reported in 54.1% and 56.8% of patients in the OMC and MOX groups, respectively. Higher rates of symptomatic asthma with wheezing, and chronic cough, in the MOX group, mild-to-moderate COPD and prior lung infection in the OMC group. In the OMC and MOX groups 0% vs. 2.7%, respectively, had history of liver disease, although 35.1% of patients in each group had elevated enzymes at baseline. Rates of clinical success at ECR and PTE were high and similar across the two treatment groups (Figure).

The number of patients reporting at least one TEAE was similar across the two treatment groups, although higher rates of drug-related TEAEs were seen in the MOX group (18.9% vs 8.1% for OMC). No drug-related serious adverse events or deaths were reported.

References


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