

**P1819**  
**Poster Session VI**  
**Skin and soft tissue infections and diabetic foot**  
**CLINICAL PRESENTATION AND OUTCOMES BY SUBTYPE OF INFECTION IN PATIENTS WITH ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTIONS (ABSSSI) IN THE DISCOVER PROGRAM**

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**Objective**

To describe the presentation and outcome of patients with subtypes of abSSSI who were enrolled in the dalbavancin phase 3 abSSSI clinical trials.

**Methods**

DISCOVER 1 and DISCOVER 2 were double-blind, double-dummy, pharmacist-unblinded, randomized trials that enrolled patients with cellulitis, abscess or wound/surgical site infection with erythema >75cm<sup>2</sup> and either a fever, >12k white blood cells/mm<sup>3</sup> or immature neutrophils >10%. Patients received dalbavancin 1 g IV on Day 1 and 500 mg IV on Day 8 or Vancomycin with an option to switch to oral linezolid to complete 10-14 days of therapy.

**Results**

Table 1: Demographics and baseline characteristics by type of abSSSI

Characteristic	Cellulitis N = 703	Major Abscess N = 335	Wound Infection N = 273
Mean Age, years	51.9	46.2	48.1
Male, N (%)	367 (52.2)	208 (62.1)	191 (70.0)
Race, N (%)			
White	625 (88.9)	285 (85.1)	260 (95.2)
African American	22 (3.1)	37 (11.0)	6 (2.2)
Asian	52 (7.4)	5 (1.5)	3 (1.1)
Other	4 (0.6)	8 (2.4)	4 (1.5)
Region, N (%)			
North America	179 (25.5)	214 (63.9)	80 (29.3)
Europe/Asia	524 (74.5)	121 (36.1)	193 (70.7)
Mean BMI	30.2	28.6	27.1
Lesion area (cm <sup>2</sup> )			
*Mean (SD)	674.3 (656.4)	335.0 (232.7)	411.0 (391.9)
Median	450.0	285.0	305.0

\*p value: cellulitis vs major abscess= <0.001; cellulitis vs wound infection= <0.001; wound infection vs abscess = 0.014

Table 2: Clinical Outcomes by type of abSSSI

Outcomes	Dalbavancin n/N (%)	Vancomycin n/N (%)
Clinical Response at 48-72 h		
Overall	525/659 (79.7)	527/659 (79.8)
Cellulitis	281/354 (79.4)	285/354 (80.5)
Difference (95%CI)	2.2 (-3.9, 8.3)	
Major Abscess	133/162 (82.1)	145/162 (89.5)
Difference (95%CI)	-4.2 (-12.2, 3.8)	
Wound Infection	111/142 (78.2)	103/142 (72.5)
Difference (95%CI)	-0.7 (-10.4, 9.0)	
Clinical Success at EOT*		
Cellulitis	308/324 (95.1)	285/324 (88.3)
Difference (95%CI)	-1.0 (-4.3, 2.2)	
Major Abscess	129/133 (97.0)	137/133 (102.3)
Difference (95%CI)	-1.9 (-6.8, 2.9)	
Wound Infection	110/113 (97.4)	107/113 (94.7)
Difference (95%CI)	1.2 (-4.2, 7.2)	

\*Investigator assessed outcomes

**Conclusions**

Major abscess was the predominant type of abSSSI in North America, while cellulitis was most common in Europe/Asia. Patients with cellulitis were older and had larger lesions relative to other infections. Major abscesses appear to respond to treatment most quickly, but clinical success rates at EOT are similar.