Early clinical response in a randomised controlled Phase 3 study of cefotibirole versus ceftriaxone with or without linezolid in patients with community-acquired pneumonia requiring hospitalisation

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Summary

The studied patients had community-acquired pneumonia requiring hospitalisation and were randomised to receive either cefotibirole (500 mg, three times daily) or ceftriaxone (1 g, two times daily), each with or without linezolid (600 mg, two times daily). Clinical cure rates at the time of clinical assessment were assessed in the Clinically Evaluable (CE) analysis set (n=144 on ceftriaxone ± linezolid). The overall study was stratified by the Pneumonia Severity Index/Pneumonia Patient Outcome Research Team (PORT) Risk Class. The key findings were:

1. Clinical cure rates were higher in patients receiving cefotibirole than in those receiving ceftriaxone ± linezolid.
2. The difference in favour of cefotibirole was more pronounced in patients in PORT Risk Classes ≥III and ≥IV.
3. There were no significant differences in safety between the groups.

Conclusions

These findings suggest that cefotibirole may be a suitable alternative to ceftriaxone ± linezolid for the treatment of community-acquired pneumonia requiring hospitalisation.

References