29th ECCMID Amsterdam, Netherlands 13 – 16 April 2019

The congress of ESCMID

P1908 Dalbavancin in real life: a national cohort study

Aurélien Dinh*[1], Clara Duran[1], Patricia Pavese[2], Vincent Le Moing[3], Boris Bonnin[3], Cédric Etienne[4], Eric Denis[5], Nicolas Rouanes[6], Rafael Mahieu[7], Chandra Adjodah[8], Alexandre Bleibtreu[9], Sophie Leautez-Nainville[10], Frédérique Bouchand[1], Thomas Tritz[11], Pierre Delobel[12], Lydie Khatchatourian[13], Philippe Cabaret[14], Fabrice Camou[15], Pascal Chavanet[16], Assi Assi[17], Raphaëlle Riou[18], David Boutoille[18], Catherine Lechiche[19], Johan Courjon[20], Flore Lacassin-Beller[21], Eric Senneville[22]

[1] Raymond Poincaré University Hospital - (AP-HP), Garches, France, [2] Grenoble University Hospital, Grenoble, France, [3] Montpellier University Hospital, [4] Grasse Hospital, [5] Antibes Hospital, [6] Perigueux Hospital, [7] Angers University Hospital, [8] CHAM, [9] University Hospitals Pitié Salpêtrière - Charles Foix, Paris, France, [10] CHD La Roche sur Yon, [11] Ambroise Paré University Hospital, [12] Toulouse University Hospital, [13] Cornouaille University Hospital, [14] Catholic Institute De Lille , Lille, France, [15] Bordeaux University Hospital, [16] Dijon University Hospital, [17] Polyclinique Les Fleurs, [18] Nantes University Hospital, [19] Nîmes University Hospital, [20] Nice University Hospital, [21] Mont-de-Marsan University Hospital, [22] Tourcoing University Hospital

Background: Dalbavancin is a novel long lasting antibacterial agent with bactericidal activity against gram positive cocci. Data on off-label indications are unknown.

The objective of this study was to describe the indications, efficacy and safety of Dalbavancin since access market in France.

Materials/methods: A national retrospective study was performed from July 2017 to November 2018. To be eligible for inclusion, patients must have received at least one dose of Dalbavancin. We collected patients' characteristics, indication for treatment, and outcome.

Results: Overall, 60 patients from 21 hospitals were included in the study. Mean age was 64.1±15.4 yo; sex ratio (M/F) was 2.53.

A total of 21 (35.0%) patients were immunocompromised.

Indications were: bone and joint infections (n=39; 65.0%), endocarditis (n=13; 21.7%), skin and soft tissue infections (n=9; 15.0%), vascular infections (n=5; 8.3%), catheter-related infections (n=3; 5.0%), bacteremia (n=3; 5.0%), and mediastinitis (n=2; 3.3%).

Dalbavancin was used after a median of 2.0 lines (0-8) of antimicrobial treatment.

Bacteria were identified in 57 cases.

Main bacteria involved were: *Staphylococcus aureus* (n=30; 52.6%), with methicillin-resistant *S. aureus* (n=15; 26.3%); *Staphylococcus epidermidis* (n=18; 31.6%), with methicillin-resistant *S. epidermidis* (n=9; 15.8%); other coagulase-negative staphylococci (n=6; 10.5%); *Enterococcus faecalis* (n=3; 5.3%).

Dalbavancin was given as single-drug regimen in 31 (51.7%) patients.

Main treatment regimens for Dalbavancin were a weekly 2-dose regimen (1500mg each) in 32 (53.3%) cases, and a single-dose regimen (1500mg) in 10 (16.7%) cases. However, the number of injections varied from 1 to 10

doses.

At the end of Dalbavancin therapy, clinical cure was observed in 39 (68.4%) patients, and all-cause in-hospital mortality was 1.7%, with one patient classified as clinical failure.

Microbiological cure was achieved in 20/22 patients. No Dalbavancin-resistant strain was isolated.

At Day 28 or at hospital discharge, 45 of 54 patients were cured, whereas 6 patients presented recurrence or were on suppressive antibiotic treatment.

Only 3 adverse events were reported: headaches (n=1), chills and hyperthermia (n=1), and local inflammatory signs (n=1).

Conclusions: In our experience, Dalbavancin seems safe and effective in off-label use indications.