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Abstract (poster session)

Daptomycin for the treatment of intravascular foreign-body infections: results from a retrospective, non-interventional registry

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Objectives: Intravascular foreign body infections are significant causes of morbidity and mortality for which there are currently no formal guidelines for selection or duration of appropriate therapy. These infections are frequently poly-microbial, with the staphylococci as the predominant causative pathogens, necessitating the use of broad-spectrum and combination therapies. We aimed to evaluate the clinical outcomes with daptomycin (DAP) in patients with intravascular foreign body infections from the European Cubicinˆ® Outcome Registry and Experience (EU-COREˆSM). Methods: Data were collected for patients who received DAP from Jan 2006 to Apr 2012. Clinical outcome was defined as success (cured+improved), failure or non-evaluable. Safety was assessed up to 30 days after completion of DAP therapy. Results: 138 patients had intravascular foreign body infection (67% male; 52% >=65 years of age). 99% patients had significant underlying disease (including 73% cardiovascular and 19% gastrointestinal). Common sites of infection were chest (28%) and abdomen (14%). In patients with culture results available (88%), the most frequently isolated pathogens were coagulase-negative staphylococci (31%) and S. aureus (27%, of which 61% were methillicin-resistant). 54% of patients were treated empirically with DAP ie before availability of culture results. The most common initial dose of DAP was 6 mg/kg (49%) and 20% of patients received DAP >=8 mg/kg; the median duration of therapy was 12 days (range 1–300). 60% of patients underwent surgery during therapy, including 49% with foreign device removed. DAP was frequently used as second-line (72%). 77% of patients received concomitant antibiotics, most commonly carbapenems 23% and penicillins 20%. Treatment failure was the most common cause of discontinuation of prior antibiotic. Overall clinical success was achieved in 78% of patients (8% failure; 15% non-evaluable). Clinical success reached 84% and 72% in patients with foreign device removed or not removed, respectively. DAP was generally well tolerated. Adverse events (AEs) and serious AEs, possibly related to DAP, were reported in 4% (including 1% of increased blood CPK level) and 1% of patients, respectively. Conclusion: These results from EU-COREˆSM represent one of the largest series of patients with intravascular devices. DAP was effective and well tolerated as a mono-therapy and in combination with other antibiotics for the treatment of these complex infections.