

eP422

ePoster Viewing

New and not so new antibiotics

**RETROSPECTIVE MULTICENTRE EXPERIENCE OF THE EFFECTIVENESS AND SAFETY WITH CEFTAROLINE FOSAMIL (CPT) THERAPY IN PATIENTS WITH ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTIONS (ABSSSI)**

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**Objective:** The US Food & Drug Administration (FDA) approved CPT for ABSSSI & community-acquired bacterial pneumonia (CABP). CPT is indicated for ABSSSI caused by *S. aureus* (SA) including methicillin-susceptible (MSSA) & resistant (MRSA) strains. Limited clinical data exist in the practical clinical setting and outside these indications. Objective of this study was to describe the outcomes of patients (pts) treated with CPT for various ABSSSI.

**Methods:** Retrospective observational analysis among pts receiving > 48 hrs of CPT at 4 different hospitals from 2011 to 2013. Clinical & microbiological outcomes were analyzed. Clinical success (CS) was defined as infection resolved at the end of CPT & no additional therapy needed.

**Results:** 198 pts receiving CPT were included and 73% were within the FDA labeling, see Table 1 for the types of ABSSSI. Median APACHE II was 10 (7-13). Most pts (71%) were initiated on CPT after receipt of alternative therapy, with 44% citing disease progression as a reason for switching. A total of 84 (42%) were culture positive, 75% of which were SA (51 were MRSA). Median CPT MIC for SA was 0.5 mg/L (0.5- 0.75). For patients with SA bacteremia (SAB): 10 (100%) were MRSA. Remaining cultures were 19 other Gram-positive & 23 Gram-negative bacteria. Of the SA infections, 25% were polymicrobial with another bacteria. Clinically, 164/174 (94%) achieved CS at the end of CPT therapy. Median duration of CPT was 5 days (3-7). Twenty-two percent were given another antibiotic with CPT. Median length of stay was 8 days (6-13). In hospital mortality was seen in 6 (3%) pts. 10 (5%) experienced an adverse event while on CPT and 7/102 (7%) were re-admitted within 30 days after discharge with the same infection.

**Conclusions:** The majority of pts treated with CPT for ABSSSI including off-label infections such as gangrene/necrotizing and MRSA bacteremia had favorable outcomes. Further research is necessary to clarify its clinical role in these infection types outside its FDA approved label.

**Table 1. Types of ABSSSI Treated with CPT n (%)**

Cellulitis	111 (56.1)
Wound	27 (13.6)
Deep Extensive Cellulitis (e.g. with lymphedema)	22 (11.1)
Abscess	15 (7.8)
Gangrene/Necrotizing	12 (6.1)
Ulcer	8 (4.0)
Other	3 (1.5)