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CEFTAROLINE FOSAMIL FOR TREATMENT OF COMMUNITY-ACQUIRED PNEUMONIA IN THE INTENSIVE CARE UNIT: CAPTURE STUDY EXPERIENCE

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Objectives: Ceftaroline fosamil (CPT-F), a cephalosporin with broad-spectrum *in vitro* activity, is approved by the European Medicines Agency for the treatment of complicated skin and soft tissue infections and community-acquired pneumonia (CAP) and is approved in the US for similar indications. CAPTURE is a multicentre registry study evaluating patients treated with CPT-F in the US. As there are few published data on the use of CPT-F for CAP in the intensive care unit (ICU), patients treated for CAP in the ICU were evaluated.

Methods: Data were collected at participating US centres by randomised selection and chart review between August 2011 and April 2013 including demographics, disease characteristics, antibiotic use, and outcomes. Charts enrolled consisted of those adults who received at least 2 consecutive doses of CPT-F through August 2012 and at least 4 consecutive doses of CPT-F thereafter. Patients with a clinical outcome were considered evaluable. Clinical success was defined as clinical cure with no further need for antibiotic, or clinical improvement with switch to oral antibiotic.

Results: Of 528 evaluable patients with CAP, 183 (35%) received care in the ICU and 343 (65%) in a general ward. In the ICU, the mean age was 62 years (SD 17, range 19–99); 44% were >=65 years and 57% were male. In the ward, the mean age was 65 years (SD 18, range 23–99); 55% were >=65 years and 43% were male. 78% of ICU patients and 76% in the ward had relevant medical history, including structural lung disease (44% vs.43%), smoking (33% vs. 29%), congestive heart failure (24% vs. 20%), history of prior pneumonia (20% vs. 28%). At diagnosis, >=2 signs or symptoms were noted in 83% of ICU patients and 77% ward patients, including dyspnea (81% vs. 73%), abnormal auscultatory findings (64% vs.58%), and cough (54% vs. 67%). CPT-F was used as second-line therapy in 89% of ICU patients and in 81% in the ward. Mean (SD) duration of CPT-F therapy in the ICU was 6.7 (4.4) days and in the ward 5.9 (3.8) days. >98% of patients with dosing frequency collected were dosed with CPT-F every 12 hours; dosing was adjusted for renal function. Mean (SD) ICU stay was 14 (18.7) days (median, 7 days; range 1–157); mean (SD) ward stay was 11 (12.4) days (median, 8 days; range 3–125). Overall, clinical success was 72% in the ICU and 87% in the ward.
Conclusion: Clinical success with CPT-F was maintained in patients treated for CAP in the ICU, where patients have more acute and complicated disease than in general wards. These data support the use of CPT-F as a treatment option in patients with severe CAP requiring ICU care.