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Abstract (poster session)

Daptomycin efficacy and safety for the treatment of Gram-positive infections in haemodialysis patients: 6 years' clinical experience from EU-CORESM

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Objectives: Infections are a leading cause of mortality in patients on haemodialysis (HD), causing death in 12%–22% of patients with end-stage renal disease considered as an immunosuppressed state. These patients are at particular risk of invasive infections with methicillin-resistant *Staphylococcus aureus*¹. Here, we report the clinical outcomes with daptomycin in patients on HD from the European Cubicin[®] Outcomes Registry and Experience (EU-CORESM) between January 2006 and April 2012. **Methods:** Patients from EU-CORESM who received at least one dose of daptomycin and underwent HD during therapy were included. Investigators assessed clinical outcome as success (cured plus improved), failure or non-evaluable. Safety was assessed up to 30 days after completion of daptomycin therapy. **Results:** Of 5551 patients enrolled, 309 underwent HD (62% male; 47% aged ≥ 65 years; 80% with creatinine clearance < 30 ml/min). Among patients on HD, 65% had chronic renal failure, 14% had acute renal failure and 3% had other renal diseases. Almost all patients (99%) had significant underlying diseases, including cardiovascular disease (70%) and diabetes mellitus (37%). The most frequent primary infections were bacteraemia (45%) and complicated skin and soft tissue infections (cSSTIs, 19%). For patients with culture results available (83%), the most common primary pathogens were *S. aureus* (34%), coagulase-negative staphylococci (22%) and enterococci (15%). Daptomycin was commonly used as second-line therapy (63%), and most patients received concomitant antibiotics (66%). The most frequent initial dose of daptomycin was 6 mg/kg (47%); 13% of patients were treated with doses ≥ 6 mg/kg; the median duration of therapy was 13 days (range 1–98). The clinical success rate was 71% overall and reached 78% and 66% in patients with bacteraemia and cSSTI, respectively. Overall, 76% success rate was achieved for infections caused by *S. aureus*. Daptomycin was generally well tolerated, with no reports of renal adverse events (AEs) and only one report of elevated CPK possibly related to daptomycin. AEs and serious AEs possibly related to daptomycin were reported in 2% and 0.3% of patients, respectively. **Conclusion:** Daptomycin was effective for the treatment of a range of Gram-positive infections in patients undergoing HD, exhibiting a favourable safety and tolerability profile in this vulnerable patient population. Reference: 1. CDC. Morb Mortal Wkly Rep 2007;56:197-9