CLINICAL EXPERIENCE WITH DALBAVANCIN IN A TERTIARY HOSPITAL BAR19-0944

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BACKGROUND & PURPOSE

Very limited labelled indications have been approved for the newer antimicrobials and extensively drug-resistant gram-positive bacterial infections are a clinical challenge. Data on the clinical uses, efficacy and safety of Dalbavancin, a novel lipoglycopeptide, in real-life is scarce thus here we sought to describe our clinical experience.

MATERIAL AND METHODS

Observational prospective utilization and clinical outcomes study from June 2016 to September 2017 on dalbavancin

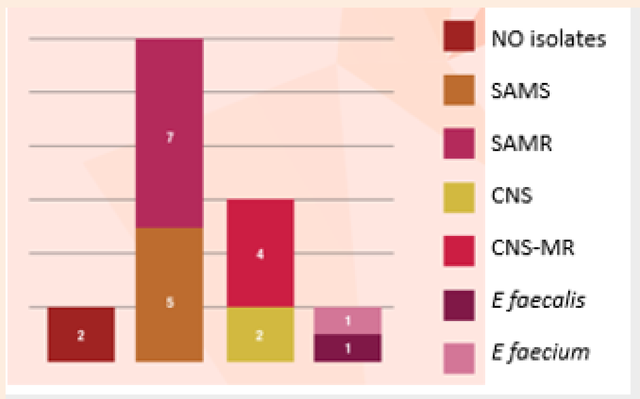
RESULTS

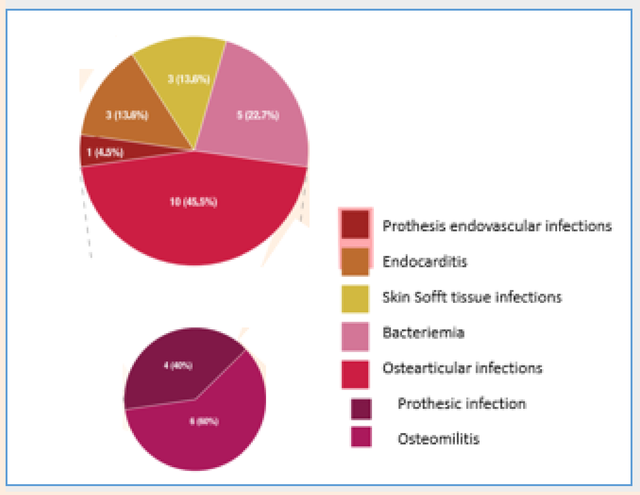
Demographics, microbiology, therapy characteristics, adverse events and clinical outcomes are described in Table 1. 86% were used under off-label indications in patients who had tried and/or failed other therapies. 46% for osteoarticular infections,

23% blood stream infections and 14% endocarditis. To highlight, one patient received dalbavancin as long-term suppressive therapy. Most frequent use reasons were promptly hospital discharge (65%) and the presence of resistant organisms involving limited treatment options (23%). Successful outcome was observed in >95% of the patients and only one adverse event was reported (4.5%).

DEMOGRAPHICS	N (%)	TREATMENT	N (%)
Age, median (IQR)	69.6 (46-85)	DAL administered following hospitalization	17 (77.3)
Male	13 (59.1)	Previous antimicrobials for actual episode	22 (100)
DIAGNOSES		**Reasons for switching to DAL:**	
Osteoarticular infections	10 (45.5)	- Discharge from hospital	11/17 (64.7)
- implanted prosthetic device infection	4/10 (40.0)	- Resistant pathogens involved	5 (22.7)
- osteomyelitis	6/10 (60.0)	- Drug-induced toxicity	3 (13.6)
Blood stream infections	5 (22.7)	- Difficult vascular access	2 (9.1)
Acute bacterial skin and skin structure infections	3 (13.6)	- Drug-drug interactions	1 (4.5)
Endocarditis	3 (13.6)	**DAL initial – weekly doses:**	
Prosthetic graft infection	1 (4.5)	- 1,000 mg – 500mg	14 (63.3)
MICROBIOLOGY		- 750mg - 350mg (renal dose adjustment)	1 (4.5)
Microbiology samples available	20 (90.9)	- 1,500 mg – 1,500mg	1 (4.5)
Staphylococcus aureus	12 (54.5)	- 1,500 mg – single dose	6 (27,3)
- Methicillin-resistant *S. aureus (MRSA)*	7/12 (58.3)	**DAL number of doses:**	
Coagulase-negative staphylococci (CNS)	6 (27.3)	- 2 doses	8 (36.4)
- Methicillin-resistant CNS	4/6 (66.7)	- single dose	7 (31.8)
Enterococcus faecalis	1 (4.5)	>= 5 doses	6 (27.3)
Enterococcus faecium	1 (4.5)	**ADVERSE EVENTS**	
OUTCOMES		- Infusion site reaction	1 (4.5)
Success treatment**	20/21 (95.2)	- Others	0

* Except where otherwise specified, data represent numbers (%) of patients
** 21 patients have completed treatment





CONCLUSIONS

Further evidence beyond labelled indications is urgently needed. Despite the limitations, in our clinical practice, the use of dalbavancin under the multidisciplinary antimicrobial stewardship team supervision appears to be a promising, safe and effective option for adult patients who have tried and/or failed other therapies due to multidrug resistant gram-positive organisms and/or may offer added safety and potential cost reductions.

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