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DALBAVANCIN OFF-LABEL USE: EFFECTIVENESS AND SAFETY

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Objectives

Dalbavancin is approved for treating complicated skin and soft tissue infections. However, there is growing evidence that other severe gram-positive infections could be treated with this antibiotic.

- **To evaluate the use of dalbavancin in a tertiary hospital in Spain, as well as its effectiveness and safety in the off-label indications.**

Study Design

- **A retrospective observational study including all patients treated with dalbavancin in our hospital (October 2016-June 2019) was carried out.**
- **Demographic, clinical and safety variables were collected. Effectiveness was assessed by the clinical and microbiological resolution of the infection, and the absence of hospital admissions due to the same infection in the following three months after receiving dalbavancin.**

Results

92 patients included
Median age: 69.1±15.0 years
Sex: 70.7% men (n=65)
Off-label indications: 69.6% (n=64)

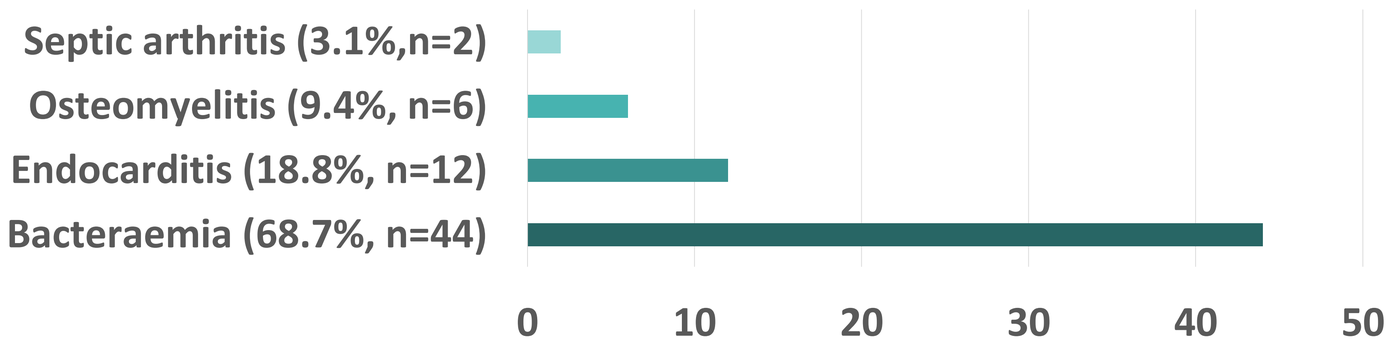
Dosage	n
1,500mg single dose	51
1,500mg days 0 and 15	7
1,500mg on day 0 and 500mg day 15	2
1,000mg on day 0 and 500mg on day 7	1
3 1,500mg doses every 15 days	1
4 1,500mg doses every 15 days	1
7 1,500mg doses every 15 days	1

First doses were administered during hospitalization and the following -if required- in the outpatient setting.
Hospital stay length was reduced in 18.9±10.7 days/patient.

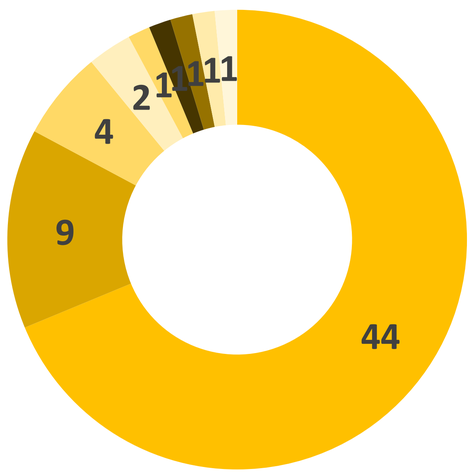
All of them had previously received antibiotics

Reasons for switching to dalbavancin

- **Patient discharge (85.9%,n=55)**
- **Toxicity caused by the previous antibiotic (14.1%,n=9)**



Isolated microorganisms



- **Staphylococcus aureus (68.9%, n=44)**
- **Enterococcus (14.2%,n=9)**
- **No isolated (6.3%,n=4)**
- **Staphylococcus epidermidis (3.1%,n=2)**
- **Staphylococcus lugdunensis (1.5%,n=1)**
- **coagulase-negative Staphylococcus (1.5%,n=1)**
- **Staphylococcus haemolyticus (1.5%,n=1)**
- **Streptococcus oralis (1.5%,n=1)**
- **Streptococcus gordonii (1.5%,n=1)**

92.2% of the patients (n=59) presented clinical and microbiological resolution of the infection at the end of treatment. However, 5 of them were readmitted for treating the same infection during the follow-up period.
Serious adverse effects related to dalbavancin were not reported.

Conclusions

In most of our patients, dalbavancin was used off-label. Our results suggest that dalbavancin is a safe and effective alternative in the treatment of gram-positive infections. Its dosage facilitates an early discharge and outpatient management of these patients.