Introduction

Delafloxacin (DLX, RX-3341) is an investigational fluorquinoline active against Gram-positive and –negative bacteria, including methicillin- and quinolone-resistant strains of Staphylococcus aureus, and an investigational agent being developed by Rib-X Pharmaceuticals, Inc. for the treatment of skin and skin structure infections. DLX is a novel 8-aminoquinoxaline derivative compared to the fluoroquinolones and is more active against Gram-positive organisms that are susceptible to levofloxacin (LVX) (1-3). DLX has activity against vancomycin-resistant Enterococcus faecalis, vancomycin-resistant and vancomycin-intermediate S. aureus, methicillin-resistant S. aureus, and –negative bacteria, including methicillin- and quinolone-resistant strains of S. aureus. DLX is more active against gram-negative organisms that are susceptible to LVX (1-3). DLX has shown good in vitro activity against gram-positive and negative bacteria, including methicillin- and quinolone-resistant strains of S. aureus.

Methods

The use of a single, short-acting antibiotic does not appear to influence clinical outcomes for MSSA and MRSA.

Results

The primary endpoint, clinical response in the ITT population, was determined by the success rate at Follow up expressed as (success)/(success + failure) in percentage, in which "cure" was classified as success, and improved, indeterminate, and failure responses were treated as failures and not counted as successes. The primary endpoint of global assessment (GA) of cure was measured digitally at test of cure visit (TOC) (day 5-14), follow-up (FU) (day 14-15) and late follow-up (LFU) (day 21-28) in the treatment arms and at test of cure visit (TOC) (day 5-14) and late follow-up (LFU) (day 21-28) in the placebo arm. Both the primary and the objective endpoints were evaluated using Cochran-Mantel-Haenszel tests to compare treatment arms. The percentage of subjects whose lesions were healed at the test of cure visit (TOC) (day 5-14), follow-up (FU) (day 14-15) and late follow-up (LFU) (day 21-28) in the treatment arms and at test of cure visit (TOC) (day 5-14) and late follow-up (LFU) (day 21-28) in the placebo arm were compared.

Conclusions

The use of a single, short-acting antibiotic does not appear to influence clinical outcomes for MSSA and MRSA.

References