CONCLUSIONS

In patients with infection due to confirmed CRE, receipt of meropenem-vaborbactam was associated with increased in clinical cure at the final evaluation (TOC) and lower mortality compared with best available therapy.

Compared with the known importance of early appropriate antimicrobial therapy, the data support the effectiveness of meropenem-vaborbactam over best available therapy, particularly when meropenem-vaborbactam was used as rescue therapy for CRE infections rather than as salvage therapy.

Meropenem-vaborbactam is a promising new option for the treatment of CRE infections.

DISCLOSURES

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REFERENCES


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