Lefamulin Efficacy and Safety in Adults With Community-Acquired Bacterial Pneumonia: Pooled Analysis of the Lefamulin Evaluation Against Pneumonia (LEAP) 1 and LEAP 2 Trials by Age Group, Including in Patients Aged ≥85 Years

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Atypical pneumonia, given its high incidence, can be underdiagnosed and under-reported. As such, population-based surveillance data are limited in describing the burden of atypical pneumonia. Furthermore, atypical pneumonia shows significant age-related variations in clinical presentations and outcomes. Lefamulin, a pleuromutilin, has been described as a monotherapy alternative to fluoroquinolones for the treatment of CABP, with less inhibition on the gut microbiome in comparison with antibiotics such as the fluoroquinolones.

RESULTS

Table 1. Patient Demographics and Baseline Characteristics (ITT Population)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No. (%)</th>
<th>Lefamulin (LEF)</th>
<th>Moxifloxacin (MOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–64 y</td>
<td>135/152</td>
<td>70/86</td>
<td>65/66</td>
</tr>
<tr>
<td>≥65 y</td>
<td>135/152</td>
<td>74/86</td>
<td>61/66</td>
</tr>
</tbody>
</table>

Early Clinical Responses and Investigator Assessment of Clinical Response

- **A. ECR Rates (ITT Population)**
  - Total: 88.1% (LEF) vs 93.5% (MOX)
  - ≥65 y: 88.5% (LEF) vs 93.4% (MOX)

- **B. IACR Rates at 30 d (ITT Population)**
  - Total: 88.5% (LEF) vs 93.4% (MOX)
  - ≥65 y: 88.0% (LEF) vs 93.4% (MOX)

Safety

- Total: 
  - Serious TEAEs: 8.8% (LEF) vs 11.1% (MOX)
  - TEAEs leading to death: 0.2% (LEF) vs 0.2% (MOX)

- ≥65 y: 
  - Serious TEAEs: 11.8% (LEF) vs 12.6% (MOX)
  - TEAEs leading to death: 0.0% (LEF) vs 0.0% (MOX)

CONCLUSIONS AND CLINICAL IMPLICATIONS

- LEF demonstrated high ECR and IACR success rates across all age groups, including among patients aged ≥85 years.
- LEF demonstrated similar safety and tolerability across all age groups.
- LEF provides a safe and effective alternative for the treatment of CABP in patients with advanced age and comorbidities.

REFERENCES


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