In LEAP 1, the original protocol indicated a LEF treatment period of 5 days (but 10 days in patients with CABP due to Staphylococcus aureus including patients with COPD/asthma, DM, underlying cardiac or liver disease, and the elderly. Must Administer Within 24 h Study Drug Administration. Have a life expectancy of ≥3 months. Have known or suspected severe immunosuppression, defined as receipt of corticosteroid therapy within the previous 12 months; currently receiving cytotoxic chemotherapy; a previous history of marrow transplantation within the previous 12 months; currently receiving immunosuppressants with a life expectancy of ≥3 months; Have known or suspected severe immunosuppression, defined as receipt of corticosteroid therapy within the previous 12 months; currently receiving cytotoxic chemotherapy; a previous history of marrow transplantation within the previous 12 months; currently receiving immunosuppressants. Patients with baseline liver enzyme elevation (AST or ALT >ULN) ≥3× ULN [unless Gilbert’s disease]; total bilirubin >3× ULN; AST or ALT >3× ULN and total bilirubin >2× ULN; unstable arrhythmia, hypertensive emergency, clinically relevant gastrointestinal bleeding, profound hemorrhage, or pregnancy. Other Findings From LEAP 1 and LEAP 2 Pooled Analyses. In pooled LEAP 1 and LEAP 2 analyses, patients at risk for poor efficacy outcomes due to age or smoking history, for example, were less likely to have baseline liver enzyme elevations (AST or ALT >ULN) compared to patients who did not have poor efficacy outcomes. In LEAP 1, 6.0% of patients had AST or ALT >3× ULN and total bilirubin >2× ULN, compared to 3.7% in LEAP 2. Patients with baseline liver enzyme elevation (AST or ALT >ULN) ≥3× ULN [unless Gilbert’s disease] had a similar with LEF and MOX treatment and resolved upon treatment discontinuation. Efficacy in At-Risk Patients LEF showed a favorable safety profile with a low frequency of transient transaminase elevations similar with LEF and MOX treatment and resolved upon treatment discontinuation. Efficacy in At-Risk Patients LEF showed a favorable safety profile with a low frequency of transient transaminase elevations similar with LEF and MOX treatment and resolved upon treatment discontinuation.