Study Design

- **Objectives**: To evaluate the efficacy and safety of 5-day oral or IV lefamulin for CABP and assess whether the results were consistent across both groups.

- **Inclusion Criteria**: Patients aged 18 years and older, with CABP, defined as at least 2 of the following: new or worsening symptoms suggestive of acute lower respiratory tract infection; radiographic infiltrate(s) with at least 2 weeks of documented symptoms; and blood cultures if indicated.

- **Exclusion Criteria**: Patients with known or suspected allergy to lefamulin or moxifloxacin, or those with a history of QTc prolongation.

- **Randomization**: Patients were randomly assigned to receive either lefamulin or moxifloxacin, in a 1:1 ratio.

- **Treatment**: Patients were treated for a minimum of 48 hours and could be switched to oral therapy after clinical improvement.

- **Outcomes**: The primary outcome was early clinical response (ECR) at the test-of-cure visit (TOC), defined as resolution or improvement of symptoms, no worsening of CABP, and no need for additional antibiotics.

- **Secondary Outcomes**: Safety profile, tolerability, and pharmacokinetic data were also assessed.

**RESULTS**

- **Demographics and Baseline Characteristics**: There were no significant differences between the two groups in terms of age, sex, race, or comorbidities.

- **ECR**: Lefamulin demonstrated high response rates overall and by common CABP pathogens, meeting the primary objective of noninferiority vs moxifloxacin with high response (ECR).

- **Safety**: Both agents had low safety profiles, with no serious adverse events reported.

- **Pharmacokinetics**: Lefamulin had a more favorable pharmacokinetic profile, with lower systemic exposure and less risk of QTc prolongation.

**CONCLUSIONS**

- Lefamulin shows promise as an oral or IV-to-oral empiric therapy for CABP.