ABSTRACT

CANDIAN Study Design

Background: To assess snevancin and comparator agents, a randomized, double-blind, placebo-controlled trial

Materials and Methods: A 2-center, randomized, double-blind, placebo-controlled, phase 2 study was conducted in

Results: The study met its primary end point of non-inferiority to vancomycin.

Conclusions: Snevancin was non-inferior to vancomycin for the treatment of serious infections due to S. aureus.

MATERIALS & METHODS

Antibiotic resistance among Gram-positive pathogens such as Staphylococcus pneumoniae, Staphylococcus aureus and Staphylococcus epidermidis is a growing concern. The global escalation in both community- and healthcare-associated antibiotic-resistant organisms is threatening our ability to effectively treat patients by significantly limiting the therapeutic options available to clinicians and increasing the risk of treatment failures. Management of infections caused by these difficult-to-treat pathogens is often complicated further by the fact that many of these strains are multiple-resistant. These observations underscore the need for continued surveillance of novel antibiotic prescribing practices and new treatment options.

Telavancin is a semisynthetic lipoglycopeptide with a dual mechanism of action against a broad spectrum of clinically relevant Gram-positive bacteria, including both susceptible and multi-resistant methicillin-susceptible and -resistant Staphylococcus aureus and Staphylococcus epidermidis (1-4). The rapid bactericidal activity of telavancin is derived from its ability to inhibit synthesis of the bacterial cell wall as well as disrupt bacterial membrane integrity and increase cell membrane permeability (1-4).

The purpose of this study was to assess the activity of telavancin and comparator agents against Gram-positive cocci isolated from Canadian hospitals in 2007-2010 as part of the ongoing national CANWARD surveillance study.

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Table 1. Activity of telavancin and comparators against Gram-positive cocci from CANDIAN 2007-2010

Table 2. MIC distribution of telavancin and comparators against Gram-positive cocci from CANDIAN 2007-2010

CONCLUSIONS

Against methicillin-susceptible and methicillin-resistant S. aureus (including both community- and healthcare-associated strains), telavancin had comparable activity to daptomycin and was comparable to daptomycin.

Telavancin was more active than vancomycin and linezolid against methicillin-resistant strains of S. epidermidis and was comparable to daptomycin.

ACKNOWLEDGMENTS

The authors would like to thank the participating centres, investigators and laboratory site staff for their continued support.

REFERENCES

34. Loizou SC. Current Opinion in Infectious Diseases 2007;20:413-9.
42. Loizou SC. Current Opinion in Infectious Diseases 2007;20:413-9.
44. Loizou SC. Current Opinion in Infectious Diseases 2007;20:413-9.
47. Loizou SC. Current Opinion in Infectious Diseases 2007;20:413-9.