RESULTS

Logistic regression analyses were performed on patients from the two phase 2 and two phase 3 clinical trials. The analysis included patients with cSSSI from one phase 2 and two phase 3 clinical trials. Patients received tigecycline as either a 50-mg loading dose followed by 25 mg every 12 hours. For the 50/25 mg dose group, the median (range) AUC and AUC/MIC values were 2.33 (0.16 – 9.36) g·hr/mL and 9.5 (0.1 – 54), respectively. Tigecycline Baseline MIC (g/mL) was marginally significant (p=0.1130); a patient was 5.1% more likely to have success for each 1 g/mL increase in baseline MIC. Patients had various pathogens present at baseline (cohort 1 = 1; coagulase-negative staphylococci; cohort 2 = 2; gram-positive pathogens; cohort 3 = 2; polymicrobial; cohort 4 = 2; other pathogens); 5 (gram-negative bacilli and anaerobes). The detection of an exposure-response relationship in heterogeneous patient and/or pathogen populations has proven to be challenging, especially when analyzing infectious diseases that may enhance the ability to establish an association between microbiological response and tigecycline exposure measures.

A NOVEL APPROACH FOR EVALUATING THE MICROBIOLOGICAL EFFICACY OF TIGECYCLINE IN PATIENTS WITH COMPLICATED SKIN-STRUCTURE INFECTIONS

INTRODUCTION

INTRODUCTION

RESULTS

RESULTS cont’d.

REFERENCES

TABLE 2

ABSTRACT

ABSTRACT

METHODS

METHODS

METHODS cont’d.

CONCLUSION

DISCUSSION and CONCLUSIONS

CONCLUSION

CONCLUSION cont’d.