Article:
Huang, DB, File, TM, Torres, A et al. (5 more authors) (2017) A Phase II Randomized, Double-Blind, Multicenter Study to Evaluate Efficacy and Safety of Intravenous Iclaprim Versus Vancomycin for the Treatment of Nosocomial Pneumonia Suspected or Confirmed to be Due to Gram-Positive Pathogens. Clinical Therapeutics, 39 (8). pp. 1706-1718. ISSN 0149-2918

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Table 3: Clinical cure rates at test of cure and mortality within Day 28 in all populations by treatment

	Iclaprim q12h (n=23)	Iclaprim q8h (n=24)	Vancomycin (n=23)
Clinical Cure at TOC			
ITT	17 (73.9%)	15 (62.5%)	12 (52.2%)
MITT	6 (75%)	4 (57.1%)	2 (33.3%)
CE	16 (84.2%)	13 (77%)	11 (73.3%)
Difference in Clinical Cure Rates (97.5% CI) versus vancomycin			
ITT	21.7% (-9.3%, 52.8%); p=0.13	10.3% (-21.9%, 42.5%); p=0.47	---
MITT	41.7% (-13.5%, 96.8%); p=0.12	23.8% (-36.3%, 84.0%); p=0.39	
CE	10.9% (-20.9%, 42.6%); p=0.43	3.1% (-31.3%, 37.6%); p=0.84	
Death Within Day 28 (ITT)	2 (8.7%)	3 (12.5%)	5 (21.7%)
Difference in Death Rates (95% CI) versus vancomycin	-13.0% (-33.5%, 7.4%)	-9.2% (-30.7%, 12.2%)	---

Table 4: Safety Parameters by Treatment

Category	Iclaprim q12h (N=23)	Iclaprim q8h (N=24)	Vancomycin (N=23)
Death within 28 days from start of treatment	2 (8.7%)	3 (12.5%)	5 (21.7%)
Any drug-related TEAE	4 (17.4%)	3(12.5%)	7 (30.4%)
Any serious AE	5 (21.7%)	4 (16.7%)	10 (43.5%)
Discontinued medication due to AEs	0 (0.0%)	2 (8.3%)	3 (13.0%)
TEAE ≥ 2 in any treatment arm assessed as related to study medication			
Thrombocythemia	0	1 (4.2%)	2 (8.7%)
Diarrhea	0	0	2 (8.7%)
Prolonged QTc	2 (8.7%)	0	0

TEAE=treatment emergent adverse event; AE= Adverse event; N=Total number of patients in the population; SAE=serious adverse event