Clinical Experience with Telavancin for Treatment of Patients with Monomicrobial *S. aureus* Infections (Vancomycin MIC >1 µg/mL) from TOUR™

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**INTRODUCTION**

Infections caused by *Staphylococcus aureus* (S. aureus) are increasingly resistant to existing therapies, presenting a significant clinical challenge and emphasizing the need for alternative treatment options. Telavancin (TLV), a new intravenous (IV) beta-lactam/beta-lactamase inhibitor combination, is approved by the US Food and Drug Administration for the treatment of hospital-acquired pneumonia (HAP) and ventilator-associated pneumonia (VAP). This study evaluated the effectiveness and safety of TLV in real-world settings.

**METHODS**

This is a post-marketing observational study that included 159 patients treated at 39 centers in the US and Canada. All patients received TLV therapy as monotherapy for S. aureus infections. The primary endpoint was the proportion of patients with a positive clinical response by 96 hours after therapy initiation. Secondary endpoints included the proportion of patients with a positive clinical response at day 14, 28, and 30, as well as the proportion of patients with a positive clinical response by discharge.

**RESULTS**

- **Positive Clinical Response**:
  - At 96 hours: 89.5% (95% CI: 83.7-94.0)
  - At 14 days: 70.2% (95% CI: 58.1-79.5)
  - At 28 days: 69.9% (95% CI: 56.0-81.1)
  - At 30 days: 66.7% (95% CI: 53.2-77.5)
  - At discharge: 51.6% (95% CI: 41.1-61.0)

- **Safety**:
  - Discontinuation due to adverse events (AEs): 4.4% (6 of 159 patients)
  - No new safety signals were identified in this patient subset

**CONCLUSIONS**

These real-world data demonstrate that once-daily TLV achieved positive clinical responses in the majority of patients with infections due to *S. aureus* with vancomycin (VAN) MIC ≥1 µg/mL. The results of this study support the use of TLV as an alternative treatment option for such infections, particularly in situations where vancomycin is not effective.

**REFERENCES**