



## Clinical trial results:

### A Phase 3, Multicenter, Open-Label, Randomized, Comparator Controlled Trial of the Safety and Efficacy of Dalbavancin versus Active Comparator in Pediatric Subjects with Acute Bacterial Skin and Skin Structure Infections

#### Summary

EudraCT number	2014-005281-30
Trial protocol	LV LT ES BG GR PL
Global end of trial date	01 January 2024

#### Results information

Result version number	v1 (current)
This version publication date	11 July 2024
First version publication date	11 July 2024

#### Trial information

##### Trial identification

Sponsor protocol code	DUR001-306
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##### Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT02814916
WHO universal trial number (UTN)	-

Notes:

#### Sponsors

Sponsor organisation name	AbbVie Deutschland GmbH & Co. KG
Sponsor organisation address	AbbVie House, Vanwall Business Park, Vanwall Road, Maidenhead, Berkshire, United Kingdom, SL6-4UB
Public contact	Global Medical Services, AbbVie, 001 8006339110, <a href="mailto:abbvieclinicaltrials@abbvie.com">abbvieclinicaltrials@abbvie.com</a>
Scientific contact	Global Medical Services, AbbVie, 001 8006339110, <a href="mailto:abbvieclinicaltrials@abbvie.com">abbvieclinicaltrials@abbvie.com</a>

Notes:

#### Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	Yes
EMA paediatric investigation plan number(s)	EMA-000016-PIP01-09
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

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**Results analysis stage**

Analysis stage	Final
Date of interim/final analysis	01 January 2024
Is this the analysis of the primary completion data?	No
Global end of trial reached?	Yes
Global end of trial date	01 January 2024
Was the trial ended prematurely?	No

Notes:

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**General information about the trial**

Main objective of the trial:

To determine the safety and descriptive efficacy of dalbavancin for the treatment of acute bacterial skin and skin structure infections in children, aged birth to 17 years (inclusive), known or suspected to be caused by susceptible Gram-positive organisms, including methicillin-resistant strains of *Staphylococcus aureus*.

Protection of trial subjects:

In order to enroll in the trial, a signed and dated informed consent document indicating that the legally acceptable representative or the participant's parent(s)/legal guardian(s)) had been informed of all pertinent aspects of the trial was obtained. If required by the local IRB/IEC, a child assent was to be obtained, as applicable.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	30 March 2017
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	Yes

Notes:

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**Population of trial subjects****Subjects enrolled per country**

Country: Number of subjects enrolled	Bulgaria: 84
Country: Number of subjects enrolled	Georgia: 71
Country: Number of subjects enrolled	Greece: 4
Country: Number of subjects enrolled	Guatemala: 6
Country: Number of subjects enrolled	Latvia: 3
Country: Number of subjects enrolled	Mexico: 3
Country: Number of subjects enrolled	Panama: 2
Country: Number of subjects enrolled	South Africa: 10
Country: Number of subjects enrolled	Spain: 3
Country: Number of subjects enrolled	Ukraine: 5
Country: Number of subjects enrolled	United States: 8
Worldwide total number of subjects	199
EEA total number of subjects	94

Notes:

**Subjects enrolled per age group**

In utero	0
Preterm newborn - gestational age < 37 wk	2
Newborns (0-27 days)	4
Infants and toddlers (28 days-23 months)	24
Children (2-11 years)	105
Adolescents (12-17 years)	64
Adults (18-64 years)	0
From 65 to 84 years	0
85 years and over	0

## Subject disposition

### Recruitment

Recruitment details: -

### Pre-assignment

Screening details:

Eligible participants from birth to 17 years of age with acute bacterial skin and skin structure infection (ABSSSI) known or suspected to be caused by susceptible Gram-positive organisms, including methicillin-resistant strains of *Staphylococcus aureus* were to be enrolled. Cohort 5 participants may have presented with suspected or confirmed sepsis.

### Period 1

Period 1 title	Overall Study (overall period)
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Not blinded

### Arms

Are arms mutually exclusive?	Yes
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<b>Arm title</b>	Dalbavancin Single-dose
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Arm description:

Participants received dalbavancin administered intravenously as follows: birth to < 3 months old and 3 months to < 6 years old: 22.5 mg/kg (maximum 1500 mg) on Day 1; ≥ 6 years to 17 years old (inclusive): 18 mg/kg (maximum 1500 mg) on Day 1. Participants aged birth to < 3 months were not randomized; all received dalbavancin single-dose.

Arm type	Experimental
Investigational medicinal product name	Dalbavancin
Investigational medicinal product code	
Other name	Xydalba
Pharmaceutical forms	Powder for concentrate for solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

Dalbavancin was administered intravenously over 30 (± 5) minutes.

<b>Arm title</b>	Dalbavancin Two-dose
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Arm description:

Participants received dalbavancin administered intravenously as follows: 3 months to < 6 years old: 15 mg/kg (maximum 1000 mg) on Day 1, and 7.5 mg/kg (maximum 500 mg) on Day 8; ≥ 6 years to 17 years old (inclusive): 12 mg/kg (maximum 1000 mg) on Day 1, and 6 mg/kg (maximum 500 mg) on Day 8.

Arm type	Experimental
Investigational medicinal product name	Dalbavancin
Investigational medicinal product code	
Other name	Xydalba
Pharmaceutical forms	Powder for concentrate for solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

Dalbavancin was administered intravenously over 30 (± 5) minutes.

<b>Arm title</b>	Comparator
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Arm description:

Participants 3 mos to < 6 yrs old and ≥ 6 yrs to 17 yrs old received a 10-14 day course of either vancomycin 10 to 15 mg/kg/dose, not to exceed a 4000 mg total daily dose; or oxacillin 30 mg/kg/dose, infused over 60 (± 10) mins every 6 (± 1) hrs; or flucloxacillin 50 mg/kg/dose, infused over 60 (± 10) mins every 6 (± 1) hrs, not to exceed a 2000 mg total daily dose. Vancomycin was to be taken for methicillin-resistant Gram-positive infections. Based on local practice patterns/approvals for

clinical use in the pediatric population, oxacillin or flucloxacillin were supplied as an IV comparator. At investigator's discretion, after 72 hrs of IV therapy, those on oxacillin or flucloxacillin could switch to oral cefadroxil (dose for infants/children: 15 mg/kg/dose every 12 hrs, max 2 g/day; dose for adolescents: 500-1000 mg every 12 hrs), and if infection with methicillin-resistant *S. aureus* was confirmed, those on vancomycin were allowed to switch to oral clindamycin 10 mg/kg every 8 hrs.

Arm type	Active comparator
Investigational medicinal product name	Vancomycin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for solution for injection
Routes of administration	Intravenous use

Dosage and administration details:

Vancomycin was administered intravenously over 60 ( $\pm$  10) minutes every 6 ( $\pm$  1) hours.

Investigational medicinal product name	Oxacillin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for solution for injection
Routes of administration	Intravenous use

Dosage and administration details:

Oxacillin was administered intravenously over 60 ( $\pm$  10) minutes every 6 ( $\pm$  1) hours.

Investigational medicinal product name	Flucloxacillin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Powder for solution for injection/infusion
Routes of administration	Intravenous use

Dosage and administration details:

Flucloxacillin was administered intravenously over 60 ( $\pm$  10) minutes every 6 ( $\pm$  1) hours.

Investigational medicinal product name	Cefadroxil
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, Oral suspension
Routes of administration	Oral use

Dosage and administration details:

Cefadroxil was administered orally every 12 hours.

Investigational medicinal product name	Clindamycin
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, Oral suspension
Routes of administration	Oral use

Dosage and administration details:

Clindamycin was administered orally every 8 hours.

Number of subjects in period 1	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator
Started	91	78	30
Completed	91	74	30
Not completed	0	4	0
Other, not specified	-	1	-
Withdrawal of consent	-	2	-

Lost to follow-up	-	1	-
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## Baseline characteristics

### Reporting groups

Reporting group title	Dalbavancin Single-dose
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Reporting group description:

Participants received dalbavancin administered intravenously as follows: birth to < 3 months old and 3 months to < 6 years old: 22.5 mg/kg (maximum 1500 mg) on Day 1; ≥ 6 years to 17 years old (inclusive): 18 mg/kg (maximum 1500 mg) on Day 1. Participants aged birth to < 3 months were not randomized; all received dalbavancin single-dose.

Reporting group title	Dalbavancin Two-dose
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Reporting group description:

Participants received dalbavancin administered intravenously as follows: 3 months to < 6 years old: 15 mg/kg (maximum 1000 mg) on Day 1, and 7.5 mg/kg (maximum 500 mg) on Day 8; ≥ 6 years to 17 years old (inclusive): 12 mg/kg (maximum 1000 mg) on Day 1, and 6 mg/kg (maximum 500 mg) on Day 8.

Reporting group title	Comparator
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Reporting group description:

Participants 3 mos to < 6 yrs old and ≥ 6 yrs to 17 yrs old received a 10-14 day course of either vancomycin 10 to 15 mg/kg/dose, not to exceed a 4000 mg total daily dose; or oxacillin 30 mg/kg/dose, infused over 60 (± 10) mins every 6 (± 1) hrs; or flucloxacillin 50 mg/kg/dose, infused over 60 (± 10) mins every 6 (± 1) hrs, not to exceed a 2000 mg total daily dose. Vancomycin was to be taken for methicillin-resistant Gram-positive infections. Based on local practice patterns/approvals for clinical use in the pediatric population, oxacillin or flucloxacillin were supplied as an IV comparator. At investigator's discretion, after 72 hrs of IV therapy, those on oxacillin or flucloxacillin could switch to oral cefadroxil (dose for infants/children: 15 mg/kg/dose every 12 hrs, max 2 g/day; dose for adolescents: 500-1000 mg every 12 hrs), and if infection with methicillin-resistant *S. aureus* was confirmed, those on vancomycin were allowed to switch to oral clindamycin 10 mg/kg every 8 hrs.

Reporting group values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator
Number of subjects	91	78	30
Age categorical			
Units: Subjects			
Birth to < 3 months (Cohort 5)	10	0	0
3 months to < 2 years old (Cohort 4)	9	8	3
2 years to < 6 years old (Cohort 3)	18	17	10
6 years to < 12 years old (Cohort 2)	25	24	11
12 years to 17 years old (Cohort 1)	29	29	6
Age continuous			
Units: years			
arithmetic mean	7.591	8.898	6.775
standard deviation	± 5.4767	± 4.9271	± 4.2048
Gender categorical			
Units: Subjects			
Female	38	25	12
Male	53	53	18
Ethnicity			
Units: Subjects			
Hispanic or Latino	6	7	1
Not Hispanic or Latino	85	71	29
Race			
Units: Subjects			

American Indian or Alaska Native	5	1	1
Asian	1	1	0
Black or African American	4	6	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	78	69	29
Multiple	3	1	0

<b>Reporting group values</b>	Total		
Number of subjects	199		
Age categorical			
Units: Subjects			
Birth to < 3 months (Cohort 5)	10		
3 months to < 2 years old (Cohort 4)	20		
2 years to < 6 years old (Cohort 3)	45		
6 years to < 12 years old (Cohort 2)	60		
12 years to 17 years old (Cohort 1)	64		
Age continuous			
Units: years			
arithmetic mean			
standard deviation	-		
Gender categorical			
Units: Subjects			
Female	75		
Male	124		
Ethnicity			
Units: Subjects			
Hispanic or Latino	14		
Not Hispanic or Latino	185		
Race			
Units: Subjects			
American Indian or Alaska Native	7		
Asian	2		
Black or African American	10		
Native Hawaiian or Other Pacific Islander	0		
White	176		
Multiple	4		



## End points

### End points reporting groups

Reporting group title	Dalbavancin Single-dose
Reporting group description: Participants received dalbavancin administered intravenously as follows: birth to < 3 months old and 3 months to < 6 years old: 22.5 mg/kg (maximum 1500 mg) on Day 1; ≥ 6 years to 17 years old (inclusive): 18 mg/kg (maximum 1500 mg) on Day 1. Participants aged birth to < 3 months were not randomized; all received dalbavancin single-dose.	
Reporting group title	Dalbavancin Two-dose
Reporting group description: Participants received dalbavancin administered intravenously as follows: 3 months to < 6 years old: 15 mg/kg (maximum 1000 mg) on Day 1, and 7.5 mg/kg (maximum 500 mg) on Day 8; ≥ 6 years to 17 years old (inclusive): 12 mg/kg (maximum 1000 mg) on Day 1, and 6 mg/kg (maximum 500 mg) on Day 8.	
Reporting group title	Comparator
Reporting group description: Participants 3 mos to < 6 yrs old and ≥ 6 yrs to 17 yrs old received a 10-14 day course of either vancomycin 10 to 15 mg/kg/dose, not to exceed a 4000 mg total daily dose; or oxacillin 30 mg/kg/dose, infused over 60 (± 10) mins every 6 (± 1) hrs; or flucloxacillin 50 mg/kg/dose, infused over 60 (± 10) mins every 6 (± 1) hrs, not to exceed a 2000 mg total daily dose. Vancomycin was to be taken for methicillin-resistant Gram-positive infections. Based on local practice patterns/approvals for clinical use in the pediatric population, oxacillin or flucloxacillin were supplied as an IV comparator. At investigator's discretion, after 72 hrs of IV therapy, those on oxacillin or flucloxacillin could switch to oral cefadroxil (dose for infants/children: 15 mg/kg/dose every 12 hrs, max 2 g/day; dose for adolescents: 500-1000 mg every 12 hrs), and if infection with methicillin-resistant <i>S. aureus</i> was confirmed, those on vancomycin were allowed to switch to oral clindamycin 10 mg/kg every 8 hrs.	
Subject analysis set title	Birth to < 3 months of age (Cohort 5)
Subject analysis set type	Intention-to-treat
Subject analysis set description: Participants aged birth to < 3 months	
Subject analysis set title	3 months to < 2 years old (Cohort 4)
Subject analysis set type	Intention-to-treat
Subject analysis set description: Participants aged 3 months to < 2 years old	
Subject analysis set title	2 years to < 6 years old (Cohort 3)
Subject analysis set type	Intention-to-treat
Subject analysis set description: Participants aged 2 years to < 6 years old	
Subject analysis set title	6 years to < 12 years old (Cohort 2)
Subject analysis set type	Intention-to-treat
Subject analysis set description: Participants aged 6 years to < 12 years old	
Subject analysis set title	12 years to 17 years old (Cohort 1)
Subject analysis set type	Intention-to-treat
Subject analysis set description: Participants aged 12 years to 17 years old	

### Primary: Shift from Baseline in Distortion Product Otoacoustic Emission at TOC Visit

End point title	Shift from Baseline in Distortion Product Otoacoustic Emission at TOC Visit <sup>[1]</sup>
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#### End point description:

Audiologic testing was to be conducted in at least 20 children < 12 years old, of which at least 9 children were < 2 years old. Audiologic testing conducted on infants (< 12 months old) included: evoked otoacoustic emissions testing, acoustic immittance measures (tympanometry and contra and ipsilateral

acoustic reflex thresholds) and (optional) threshold auditory brainstem responses. For the older children, testing included evoked otoacoustic emissions testing, acoustic immittance measures (tympanometry and contra ipsilateral acoustic reflex thresholds), and age appropriate behavioral audiologic threshold assessment. Participants with an abnormal audiologic assessment at Day 28 ( $\pm$  2 days) that exceeded, by a clinically significant margin, any abnormality observed in the Baseline assessment, were considered to have an abnormal audiologic assessment.

End point type	Primary
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End point timeframe:

Baseline, Day 28 ( $\pm$  2 days)

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Descriptive data are summarized for this end point per protocol.

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	2 <sup>[2]</sup>	0 <sup>[3]</sup>	1 <sup>[4]</sup>	
Units: participants				
Baseline & TOC normal	2		1	
Baseline normal & TOC abnormal	0		0	
Baseline abnormal & TOC normal	0		0	
Baseline & TOC abnormal	0		0	

Notes:

[2] - Participants who received at least 1 dose of study drug and had baseline and postbaseline values

[3] - Not calculable/estimable due to zero participants with available data

[4] - Participants who received at least 1 dose of study drug and had baseline and postbaseline values

## Statistical analyses

No statistical analyses for this end point

## Primary: Shift from Baseline in Auditory Brainstem Response Test at TOC Visit

End point title	Shift from Baseline in Auditory Brainstem Response Test at TOC Visit <sup>[5]</sup>
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End point description:

Audiologic testing was to be conducted in at least 20 children < 12 years old, of which at least 9 children were < 2 years old. Audiologic testing conducted on infants (< 12 months old) included: evoked otoacoustic emissions testing, acoustic immittance measures (tympanometry and contra and ipsilateral acoustic reflex thresholds) and (optional) threshold auditory brainstem responses. For the older children, testing included evoked otoacoustic emissions testing, acoustic immittance measures (tympanometry and contra ipsilateral acoustic reflex thresholds), and age appropriate behavioral audiologic threshold assessment. Participants with an abnormal audiologic assessment at Day 28 ( $\pm$  2 days) that exceeded, by a clinically significant margin, any abnormality observed in the Baseline assessment, were considered to have an abnormal audiologic assessment.

End point type	Primary
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End point timeframe:

Baseline, Day 28 ( $\pm$  2 days)

Notes:

[5] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Descriptive data are summarized for this end point per protocol.

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	1 <sup>[6]</sup>	0 <sup>[7]</sup>	0 <sup>[8]</sup>	
Units: participants				
Baseline & TOC normal	1			
Baseline normal & TOC abnormal	0			
Baseline abnormal & TOC normal	0			
Baseline & TOC abnormal	0			

Notes:

[6] - Participants who received at least 1 dose of study drug and had baseline and postbaseline values

[7] - Not calculable/estimable due to zero participants with available data

[8] - Not calculable/estimable due to zero participants with available data

## Statistical analyses

No statistical analyses for this end point

## Primary: Shift from Baseline in Acoustic Immittance Test at TOC Visit

End point title	Shift from Baseline in Acoustic Immittance Test at TOC Visit <sup>[9]</sup>
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End point description:

Audiologic testing was to be conducted in at least 20 children < 12 years old, of which at least 9 children were < 2 years old. Audiologic testing conducted on infants (< 12 months old) included: evoked otoacoustic emissions testing, acoustic immittance measures (tympanometry and contra and ipsilateral acoustic reflex thresholds) and (optional) threshold auditory brainstem responses. For the older children, testing included evoked otoacoustic emissions testing, acoustic immittance measures (tympanometry and contra ipsilateral acoustic reflex thresholds), and age appropriate behavioral audiologic threshold assessment. Participants with an abnormal audiologic assessment at Day 28 ( $\pm$  2 days) that exceeded, by a clinically significant margin, any abnormality observed in the Baseline assessment, were considered to have an abnormal audiologic assessment.

End point type	Primary
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End point timeframe:

Baseline, Day 28 ( $\pm$  2 days)

Notes:

[9] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Descriptive data are summarized for this end point per protocol.

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	8 <sup>[10]</sup>	4 <sup>[11]</sup>	3 <sup>[12]</sup>	
Units: participants				
Baseline & TOC normal	8	4	3	
Baseline normal & TOC abnormal	0	0	0	
Baseline abnormal & TOC normal	0	0	0	
Baseline & TOC abnormal	0	0	0	

Notes:

[10] - Participants who received at least 1 dose of study drug and had baseline and postbaseline values

[11] - Participants who received at least 1 dose of study drug and had baseline and postbaseline values

[12] - Participants who received at least 1 dose of study drug and had baseline and postbaseline values

## Statistical analyses

No statistical analyses for this end point

**Primary: Shift from Baseline in Behavioral Audiometric Valuation at TOC Visit**

End point title	Shift from Baseline in Behavioral Audiometric Valuation at TOC Visit <sup>[13]</sup>
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## End point description:

Audiologic testing was to be conducted in at least 20 children < 12 years old, of which at least 9 children were < 2 years old. Audiologic testing conducted on infants (< 12 months old) included: evoked otoacoustic emissions testing, acoustic immittance measures (tympanometry and contra and ipsilateral acoustic reflex thresholds) and (optional) threshold auditory brainstem responses. For the older children, testing included evoked otoacoustic emissions testing, acoustic immittance measures (tympanometry and contra ipsilateral acoustic reflex thresholds), and age appropriate behavioral audiologic threshold assessment. Participants with an abnormal audiologic assessment at Day 28 ( $\pm$  2 days) that exceeded, by a clinically significant margin, any abnormality observed in the Baseline assessment, were considered to have an abnormal audiologic assessment.

End point type	Primary
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## End point timeframe:

Baseline, Day 28 ( $\pm$  2 days)

## Notes:

[13] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Descriptive data are summarized for this end point per protocol.

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	8 <sup>[14]</sup>	5 <sup>[15]</sup>	4 <sup>[16]</sup>	
Units: participants				
Baseline & TOC normal	8	5	4	
Baseline normal & TOC abnormal	0	0	0	
Baseline abnormal & TOC normal	0	0	0	
Baseline & TOC abnormal	0	0	0	

## Notes:

[14] - Participants who received at least 1 dose of study drug and had baseline and postbaseline values

[15] - Participants who received at least 1 dose of study drug and had baseline and postbaseline values

[16] - Participants who received at least 1 dose of study drug and had baseline and postbaseline values

**Statistical analyses**

No statistical analyses for this end point

**Primary: Shift from Baseline in Clostridium Difficile (CD) and Vancomycin-resistant Enterococci (VRE) at TOC Visit**

End point title	Shift from Baseline in Clostridium Difficile (CD) and Vancomycin-resistant Enterococci (VRE) at TOC Visit <sup>[17]</sup>
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## End point description:

Bowel flora was evaluated in participants from birth to < 2 years of age by performing polymerase chain reaction (PCR) analysis for Clostridium difficile (C diff) and culture for vancomycin-resistant enterococci (VRE) on a stool specimen or rectal swab. Samples were analyzed at Baseline and at the Test of Cure (TOC) visit.

End point type	Primary
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## End point timeframe:

Baseline, Day 28 ( $\pm$  2 days)

## Notes:

[17] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Descriptive data are summarized for this end point per protocol.

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	19 <sup>[18]</sup>	8 <sup>[19]</sup>	3 <sup>[20]</sup>	
Units: participants				
C diff Baseline & TOC positive	1	0	0	
C diff Baseline positive & TOC negative	3	1	0	
C diff Baseline positive & TOC missing	2	1	0	
C diff Baseline negative & TOC positive	0	0	0	
C diff Baseline & TOC negative	10	4	1	
C diff Baseline negative & TOC missing	1	1	0	
C diff Baseline missing & TOC positive	0	0	0	
C diff Baseline missing & TOC negative	2	0	1	
C diff Baseline & TOC missing	0	1	1	
VRE Baseline & TOC positive	1	0	0	
VRE Baseline positive & TOC negative	0	0	0	
VRE Baseline positive & TOC missing	0	1	0	
VRE Baseline negative & TOC positive	0	0	0	
VRE Baseline & TOC negative	15	5	0	
VRE Baseline negative & TOC missing	1	2	2	
VRE Baseline missing & TOC positive	1	0	0	
VRE Baseline missing & TOC negative	1	0	1	
VRE Baseline & TOC missing	0	0	0	

Notes:

[18] - Participants aged birth to < 2 years who received at least 1 dose of study drug

[19] - Participants aged birth to < 2 years who received at least 1 dose of study drug

[20] - Participants aged birth to < 2 years who received at least 1 dose of study drug

## Statistical analyses

No statistical analyses for this end point

## Secondary: Clinical Response at 48-72 hours

End point title	Clinical Response at 48-72 hours
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End point description:

Clinical response defined as  $\geq 20\%$  reduction in lesion size compared to Baseline in Cohorts 1-4; cessation of increase in lesion size and decreased erythema or tenderness compared to Baseline with no appearance of new lesions in those with ABSSSI in Cohort 5; and improvement of at least one abnormal clinical and laboratory parameter related to sepsis in those diagnosed with sepsis in Cohort 5. To be considered a clinical responder, participants must have been alive and not have received rescue therapy.

Presented for the modified intent-to-treat (mITT) population: all participants who received at least one dose of study drug and had a diagnosis of ABSSSI (or a suspected or confirmed sepsis for those in Cohort 5) not known to be caused exclusively by a Gram-negative organism.

End point type	Secondary
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End point timeframe:

Baseline, 48-72 hours

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	85 <sup>[21]</sup>	74 <sup>[22]</sup>	29 <sup>[23]</sup>	
Units: percentage of participants				
number (not applicable)				
Clinical Responder	96.5	98.6	89.7	
Clinical Non-Responder	3.5	1.4	10.3	

Notes:

[21] - Participants in the mITT population with non-missing analysis values at the visit

[22] - Participants in the mITT population with non-missing analysis values at the visit

[23] - Participants in the mITT population with non-missing analysis values at the visit

## Statistical analyses

No statistical analyses for this end point

## Secondary: Clinical Response at the End of Treatment (EOT) Visit (Investigator Assessment of Clinical Outcome)

End point title	Clinical Response at the End of Treatment (EOT) Visit (Investigator Assessment of Clinical Outcome)
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End point description:

Cure: Resolution of clinical signs and symptoms of infection (CSSI) compared to Baseline. No additional antibacterial Tx required for disease under study.

Improvement: For Cohorts 1-4 and Cohort 5 with ABSSSI, reduction in severity of  $\geq 2$ , but not all CSSI, when compared with Baseline. For Cohort 5 with sepsis, reduction in severity of  $\geq 1$  abnormal clinical and laboratory parameter related to sepsis, when compared with Baseline. For Cohorts 1-4, no additional antibacterial Tx required for disease under study. For Cohort 5, no rescue antibiotics required after  $\geq 48$  hours of start of study Tx.

Failure: Persistence or progression of Baseline CSSI after 48 hours of Tx OR development of new findings consistent with active infection.

Unknown: Extenuating circumstances precluding classification to Cure, Improvement, or Failure.

Presented for the modified intent-to-treat (mITT) population.

End point type	Secondary
End point timeframe:	
Baseline, Day 14 ( $\pm 2$ Days)	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	84 <sup>[24]</sup>	73 <sup>[25]</sup>	29 <sup>[26]</sup>	
Units: percentage of participants				
number (not applicable)				
Clinical Cure	92.9	93.2	100	
Improvement	6.0	5.5	0	
Clinical Failure	1.2	1.4	0	
Unknown	0	0	0	

Notes:

[24] - Participants in the mITT population with non-missing analysis values at the visit

[25] - Participants in the mITT population with non-missing analysis values at the visit

[26] - Participants in the mITT population with non-missing analysis values at the visit

## Statistical analyses

No statistical analyses for this end point

### Secondary: Clinical Response at the End of Treatment (EOT) Visit (Clinical Response by Sponsor)

End point title	Clinical Response at the End of Treatment (EOT) Visit (Clinical Response by Sponsor)
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End point description:

Definitions used for the Sponsor assessment were the same as those used for the Investigator assessment. The occurrence of any of the following conditions resulted in reassignment by the Sponsor to clinical failure: 1) assessment of clinical failure at a previous time point, 2) Cohorts 1-4: receipt of concomitant antibiotic with activity against participant's isolate of disease under study prior to evaluation time point; Cohort 5: receipt of rescue therapy (additional antibiotic therapy initiated  $\geq 48$  hrs after study drug start), 3) unplanned surgical procedure (e.g., incision and drainage of abscess, major debridement, amputation) for non-improving or worsening infection after 72 hrs of study drug treatment.

Presented for the modified intent-to-treat (mITT) population: all participants who received  $\geq 1$  dose of study drug and had a diagnosis of ABSSSI (or a suspected or confirmed sepsis for those in Cohort 5) not known to be caused exclusively by a Gram-negative organism.

End point type	Secondary
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End point timeframe:

Baseline, Day 14 ( $\pm 2$  Days)

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	84 <sup>[27]</sup>	74 <sup>[28]</sup>	30 <sup>[29]</sup>	
Units: percentage of participants				
number (not applicable)				
Cure	90.5	91.9	100	
Improvement	7.1	5.4	0	
Failure	2.4	2.7	0	
Unknown	0	0	0	

Notes:

[27] - Participants in the mITT population with non-missing analysis values at the visit

[28] - Participants in the mITT population with non-missing analysis values at the visit

[29] - Participants in the mITT population with non-missing analysis values at the visit

## Statistical analyses

No statistical analyses for this end point

### Secondary: Clinical Response at the Test of Cure (TOC) Visit (Investigator Assessment of Clinical Outcome)

End point title	Clinical Response at the Test of Cure (TOC) Visit (Investigator Assessment of Clinical Outcome)
-----------------	---

End point description:

Cure: Resolution of clinical signs and symptoms of infection (CSSI) compared to Baseline. No additional antibacterial Tx required for disease under study.

Failure: Persistence or progression of Baseline CSSI after 48 hours of Tx OR development of new findings consistent with active infection.

Unknown: Extenuating circumstances precluding classification to Cure or Failure.

Presented for the modified intent-to-treat (mITT) population.

End point type	Secondary
End point timeframe:	
Baseline, Day 28 (± 2 Days)	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	83 <sup>[30]</sup>	73 <sup>[31]</sup>	30 <sup>[32]</sup>	
Units: percentage of participants				
number (not applicable)				
Clinical Cure	98.8	98.6	100	
Clinical Failure	1.2	1.4	0	
Unknown	0	0	0	

Notes:

[30] - Participants in the mITT population with non-missing analysis values at the visit

[31] - Participants in the mITT population with non-missing analysis values at the visit

[32] - Participants in the mITT population with non-missing analysis values at the visit

## Statistical analyses

No statistical analyses for this end point

## Secondary: Clinical Response at the Test of Cure (TOC) Visit (Clinical Response by Sponsor)

End point title	Clinical Response at the Test of Cure (TOC) Visit (Clinical Response by Sponsor)
-----------------	--

End point description:

Definitions used for the Sponsor assessment were the same as those used for the Investigator assessment. The occurrence of any of the following conditions resulted in reassignment by the Sponsor to clinical failure: 1) assessment of clinical failure at a previous time point, 2) Cohorts 1-4: receipt of concomitant antibiotic with activity against participant's isolate of disease under study prior to evaluation time point; Cohort 5: receipt of rescue therapy (additional antibiotic therapy initiated ≥ 48 hrs after study drug start), 3) unplanned surgical procedure (e.g., incision and drainage of abscess, major debridement, amputation) for non-improving or worsening infection after 72 hrs of study drug treatment.

Presented for the modified intent-to-treat (mITT) population: all participants who received ≥1 dose of study drug and had a diagnosis of ABSSSI (or a suspected or confirmed sepsis for those in Cohort 5) not known to be caused exclusively by a Gram-negative organism.

End point type	Secondary
End point timeframe:	
Baseline, Day 28 (± 2 Days)	



End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	83 <sup>[33]</sup>	74 <sup>[34]</sup>	30 <sup>[35]</sup>	
Units: percentage of participants				
number (not applicable)				
Cure	95.2	97.3	100	
Failure	2.4	2.7	0	
Unknown	2.4	0	0	

Notes:

[33] - Participants in the mITT population with non-missing analysis values at the visit

[34] - Participants in the mITT population with non-missing analysis values at the visit

[35] - Participants in the mITT population with non-missing analysis values at the visit

### Statistical analyses

No statistical analyses for this end point

### Secondary: Clinical Response at the Follow-Up Visit (Investigator Assessment of Clinical Outcome)

End point title	Clinical Response at the Follow-Up Visit (Investigator Assessment of Clinical Outcome)
-----------------	--

End point description:

Cure: Resolution of clinical signs and symptoms of infection (CSSI) compared to Baseline. No additional antibacterial Tx required for disease under study.

Failure: Persistence or progression of Baseline CSSI after 48 hours of Tx OR development of new findings consistent with active infection.

Unknown: Extenuating circumstances precluding classification to Cure or Failure.

Presented for the modified intent-to-treat (mITT) population

End point type	Secondary
End point timeframe:	
Baseline, Day 54 ( $\pm$ 7 days)	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	85 <sup>[36]</sup>	73 <sup>[37]</sup>	30 <sup>[38]</sup>	
Units: percentage of participants				
number (not applicable)				
Clinical Cure	97.6	97.3	100	
Clinical Failure	1.2	1.4	0	
Unknown	1.2	1.4	0	

Notes:

[36] - Participants in the mITT population with non-missing analysis values at the visit

[37] - Participants in the mITT population with non-missing analysis values at the visit

[38] - Participants in the mITT population with non-missing analysis values at the visit

## Statistical analyses

No statistical analyses for this end point

### Secondary: Clinical Response at the Follow-Up Visit (Clinical Response by Sponsor)

End point title	Clinical Response at the Follow-Up Visit (Clinical Response by Sponsor)
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End point description:

Definitions used for the Sponsor assessment were the same as those used for the Investigator assessment. The occurrence of any of the following conditions resulted in reassignment by the Sponsor to clinical failure: 1) assessment of clinical failure at a previous time point, 2) Cohorts 1-4: receipt of concomitant antibiotic with activity against participant's isolate of disease under study prior to evaluation time point; Cohort 5: receipt of rescue therapy (additional antibiotic therapy initiated  $\geq 48$  hrs after study drug start), 3) unplanned surgical procedure (e.g., incision and drainage of abscess, major debridement, amputation) for non-improving or worsening infection after 72 hrs of study drug treatment.

Presented for the modified intent-to-treat (mITT) population: all participants who received  $\geq 1$  dose of study drug and had a diagnosis of ABSSSI (or a suspected or confirmed sepsis for those in Cohort 5) not known to be caused exclusively by a Gram-negative organism.

End point type	Secondary
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End point timeframe:

Baseline, Day 54 ( $\pm 7$  days)

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	84 <sup>[39]</sup>	73 <sup>[40]</sup>	30 <sup>[41]</sup>	
Units: percentage of participants				
number (not applicable)				
Cure	96.4	97.3	100	
Failure	2.4	2.7	0	
Unknown	1.2	0	0	

Notes:

[39] - Participants in the mITT population with non-missing analysis values at the visit

[40] - Participants in the mITT population with non-missing analysis values at the visit

[41] - Participants in the mITT population with non-missing analysis values at the visit

## Statistical analyses

No statistical analyses for this end point

### Secondary: Clinical Response by Baseline Pathogen at 48-72 hours (Clinical Response by Sponsor)

End point title	Clinical Response by Baseline Pathogen at 48-72 hours (Clinical Response by Sponsor)
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End point description:

Clinical response defined as  $\geq 20\%$  reduction in lesion size compared to Baseline in Cohorts 1-4; cessation of increase in lesion size and decreased erythema or tenderness compared to Baseline with no appearance of new lesions in those with ABSSSI in Cohort 5; and improvement of at least one abnormal clinical and laboratory parameter related to sepsis in those diagnosed with sepsis in Cohort 5. To be considered a clinical responder, participants must have been alive and not have received rescue therapy.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In the table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
End point timeframe:	
Baseline, 48-72 hours	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[42]</sup>	55 <sup>[43]</sup>	18 <sup>[44]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA),Clinical Responder(N=2,4,0)	100	100	99999	
S. aureus (MRSA),Clinical Non-Responder(N=2,4,0)	0	0	99999	
S. aureus (MSSA),Clinical Responder(N=47,44,14)	97.9	95.5	85.7	
S. aureus (MSSA),Clinical Non-Responder(N=47,44,14)	2.1	2.3	7.1	
S. aureus (MSSA),Missing(N=47,44,14)	0	2.3	7.1	
S. agalactiae, Clinical Responder(N=0,1,0)	99999	100	99999	
S. agalactiae, Clinical Non-Responder(N=0,1,0)	99999	0	99999	
S. anginosus, Clinical Responder(N=1,0,0)	100	99999	99999	
S. anginosus, Clinical Non-Responder(N=1,0,0)	0	99999	99999	
S. constellatus, Clinical Responder(N=0,1,0)	99999	100	99999	
S. constellatus, Clinical Non-Responder(N=0,1,0)	99999	0	99999	
S. intermedius, Clinical Responder(N=0,1,0)	99999	100	99999	
S. intermedius, Clinical Non-Responder(N=0,1,0)	99999	0	99999	
S. pyogenes, Clinical Responder(N=5,4,3)	80	75	100	
S. pyogenes, Clinical Non-Responder(N=5,4,3)	20	0	0	
S. pyogenes, Missing(N=5,4,3)	0	25	0	
E. faecalis, Clinical Responder(N=2,2,0)	100	100	99999	
E. faecalis, Clinical Non-Responder(N=2,2,0)	0	0	99999	

Notes:

[42] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[43] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[44] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

### Secondary: Clinical Response by Baseline Pathogen at the End of Treatment (EOT) Visit (Investigator Assessment of Clinical Outcome)

End point title	Clinical Response by Baseline Pathogen at the End of Treatment (EOT) Visit (Investigator Assessment of Clinical Outcome)
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End point description:

Cure: Resolution of clinical signs/symptoms of infection (CSSI) compared to Baseline. No additional antibacterial Tx required for disease under study.

Improvement: Cohorts 1-4 and Cohort 5 with ABSSSI: reduction in severity of  $\geq 2$ , but not all CSSI, when compared to Baseline. Cohort 5 with sepsis: reduction in severity of  $\geq 1$  abnormal clinical/laboratory parameter related to sepsis, when compared to Baseline. Cohorts 1-4: no additional antibacterial Tx required for disease under study. Cohort 5: no rescue antibiotics required after  $\geq 48$  hrs of start of study Tx.

Failure: Persistence/progression of Baseline CSSI after 48 hrs of Tx OR development of new findings consistent with active infection.

Unknown: Extenuating circumstances precluding classification to Cure, Improvement, or Failure.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

End point type	Secondary
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End point timeframe:

Baseline, Day 14 ( $\pm$  2 Days)

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[45]</sup>	55 <sup>[46]</sup>	18 <sup>[47]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA),Clinical Cure(N=2,4,0)	100	75	99999	
S. aureus (MRSA),Improvement(N=2,4,0)	0	0	99999	
S. aureus (MRSA),Clinical Failure(N=2,4,0)	0	0	99999	
S. aureus (MRSA),Unknown(N=2,4,0)	0	0	99999	
S. aureus (MRSA),Missing(N=2,4,0)	0	25	99999	
S. aureus (MSSA),Clinical Cure(N=47,44,14)	91.5	86.4	100	
S. aureus (MSSA),Improvement(N=47,44,14)	4.3	4.5	0	

S. aureus (MSSA), Clinical Failure(N=47,44,14)	2.1	2.3	0
S. aureus (MSSA), Unknown(N=47,44,14)	0	0	0
S. aureus (MSSA), Missing(N=47,44,14)	2.1	6.8	0
S. agalactiae, Clinical Cure(N=0,1,0)	99999	100	99999
S. agalactiae, Improvement(N=0,1,0)	99999	0	99999
S. agalactiae, Clinical Failure(N=0,1,0)	99999	0	99999
S. agalactiae, Unknown(N=0,1,0)	99999	0	99999
S. anginosus, Clinical Cure(N=1,0,0)	100	99999	99999
S. anginosus, Improvement(N=1,0,0)	0	99999	99999
S. anginosus, Clinical Failure(N=1,0,0)	0	99999	99999
S. anginosus, Unknown(N=1,0,0)	0	99999	99999
S. constellatus, Clinical Cure(N=0,1,0)	99999	100	99999
S. constellatus, Improvement(N=0,1,0)	99999	0	99999
S. constellatus, Clinical Failure(N=0,1,0)	99999	0	99999
S. constellatus, Unknown(N=0,1,0)	99999	0	99999
S. intermedius, Clinical Cure(N=0,1,0)	99999	100	99999
S. intermedius, Improvement(N=0,1,0)	99999	0	99999
S. intermedius, Clinical Failure(N=0,1,0)	99999	0	99999
S. intermedius, Unknown(N=0,1,0)	99999	0	99999
S. pyogenes, Clinical Cure(N=5,4,3)	80	50	100
S. pyogenes, Improvement(N=5,4,3)	0	25	0
S. pyogenes, Clinical Failure(N=5,4,3)	20	0	0
S. pyogenes, Unknown(N=5,4,3)	0	0	0
S. pyogenes, Missing(N=5,4,3)	0	25	0
E. faecalis, Clinical Cure(N=2,2,0)	100	100	99999
E. faecalis, Improvement(N=2,2,0)	0	0	99999
E. faecalis, Clinical Failure(N=2,2,0)	0	0	99999
E. faecalis, Unknown(N=2,2,0)	0	0	99999

Notes:

[45] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[46] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[47] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

## Secondary: Clinical Response by Baseline Pathogen at the End of Treatment (EOT) Visit (Clinical Response by Sponsor)

End point title	Clinical Response by Baseline Pathogen at the End of Treatment (EOT) Visit (Clinical Response by Sponsor)
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End point description:

Definitions used for the Sponsor assessment were the same as those used for the Investigator assessment. The occurrence of any of the following conditions resulted in reassignment by the Sponsor to clinical failure: 1) assessment of clinical failure at a previous time point, 2) Cohorts 1-4: receipt of concomitant antibiotic with activity against participant's isolate of disease under study prior to evaluation time point; Cohort 5: receipt of rescue therapy (additional antibiotic therapy initiated  $\geq 48$  hrs after study drug start), 3) unplanned surgical procedure (e.g., incision and drainage of abscess, major debridement, amputation) for non-improving or worsening infection after 72 hrs of study drug treatment.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in

Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
End point timeframe:	
Baseline, Day 14 ( $\pm$ 2 Days)	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[48]</sup>	55 <sup>[49]</sup>	18 <sup>[50]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA),Cure(N=2,4,0)	100	75	99999	
S. aureus (MRSA),Improvement(N=2,4,0)	0	0	99999	
S. aureus (MRSA),Failure(N=2,4,0)	0	25	99999	
S. aureus (MRSA),Unknown(N=2,4,0)	0	0	99999	
S. aureus (MSSA),Cure(N=47,44,14)	91.5	86.4	100	
S. aureus (MSSA),Improvement(N=47,44,14)	4.3	4.5	0	
S. aureus (MSSA),Failure(N=47,44,14)	2.1	4.5	0	
S. aureus (MSSA),Unknown(N=47,44,14)	0	0	0	
S. aureus (MSSA),Missing(N=47,44,14)	2.1	4.5	0	
S. agalactiae, Cure(N=0,1,0)	99999	100	99999	
S. agalactiae, Improvement(N=0,1,0)	99999	0	99999	
S. agalactiae, Failure(N=0,1,0)	99999	0	99999	
S. agalactiae, Unknown(N=0,1,0)	99999	0	99999	
S. anginosus, Cure(N=1,0,0)	100	99999	99999	
S. anginosus, Improvement(N=1,0,0)	0	99999	99999	
S. anginosus, Failure(N=1,0,0)	0	99999	99999	
S. anginosus, Unknown(N=1,0,0)	0	99999	99999	
S. constellatus, Cure(N=0,1,0)	99999	100	99999	
S. constellatus, Improvement(N=0,1,0)	99999	0	99999	
S. constellatus, Failure(N=0,1,0)	99999	0	99999	
S. constellatus, Unknown(N=0,1,0)	99999	0	99999	
S. intermedius, Cure(N=0,1,0)	99999	100	99999	
S. intermedius, Improvement(N=0,1,0)	99999	0	99999	
S. intermedius, Failure(N=0,1,0)	99999	0	99999	
S. intermedius, Unknown(N=0,1,0)	99999	0	99999	
S. pyogenes, Cure(N=5,4,3)	80	50	100	
S. pyogenes, Improvement(N=5,4,3)	0	25	0	
S. pyogenes, Failure(N=5,4,3)	20	0	0	
S. pyogenes, Unknown(N=5,4,3)	0	0	0	
S. pyogenes, Missing(N=5,4,3)	0	25	0	
E. faecalis, Cure(N=2,2,0)	100	100	99999	
E. faecalis, Improvement(N=2,2,0)	0	0	99999	
E. faecalis, Failure(N=2,2,0)	0	0	99999	
E. faecalis, Unknown(N=2,2,0)	0	0	99999	

Notes:

[48] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[49] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[50] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

### Secondary: Clinical Response by Baseline Pathogen at the Test of Cure (TOC) Visit (Investigator Assessment of Clinical Outcome)

End point title	Clinical Response by Baseline Pathogen at the Test of Cure (TOC) Visit (Investigator Assessment of Clinical Outcome)
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End point description:

Cure: Resolution of clinical signs and symptoms of infection (CSSI) compared to Baseline. No additional antibacterial Tx required for disease under study.

Failure: Persistence or progression of Baseline CSSI after 48 hours of Tx OR development of new findings consistent with active infection.

Unknown: Extenuating circumstances precluding classification to Cure or Failure.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In the table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
End point timeframe:	
Baseline, Day 28 ( $\pm$ 2 Days)	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[51]</sup>	55 <sup>[52]</sup>	18 <sup>[53]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA),Clinical Cure(N=2,4,0)	100	75	99999	
S. aureus (MRSA),Clinical Failure(N=2,4,0)	0	0	99999	
S. aureus (MRSA),Unknown(N=2,4,0)	0	0	99999	
S. aureus (MRSA),Missing(N=2,4,0)	0	25	99999	
S. aureus (MSSA),Clinical Cure(N=47,44,14)	95.7	90.9	100	
S. aureus (MSSA),Clinical Failure(N=47,44,14)	2.1	2.3	0	
S. aureus (MSSA),Unknown(N=47,44,14)	0	0	0	
S. aureus (MSSA),Missing(N=47,44,14)	2.2	6.8	0	
S. agalactiae, Clinical Cure(N=0,1,0)	99999	100	99999	
S. agalactiae, Clinical Failure(N=0,1,0)	99999	0	99999	
S. agalactiae, Unknown(N=0,1,0)	99999	0	99999	

S. anginosus, Clinical Cure(N=1,0,0)	100	99999	99999	
S. anginosus, Clinical Failure(N=1,0,0)	0	99999	99999	
S. anginosus, Unknown(N=1,0,0)	0	99999	99999	
S. constellatus, Clinical Cure(N=0,1,0)	99999	100	99999	
S. constellatus, Clinical Failure(N=0,1,0)	99999	0	99999	
S. constellatus, Unknown(N=0,1,0)	99999	0	99999	
S. intermedius, Clinical Cure(N=0,1,0)	99999	100	99999	
S. intermedius, Clinical Failure(N=0,1,0)	99999	0	99999	
S. intermedius, Unknown(N=0,1,0)	99999	0	99999	
S. pyogenes, Clinical Cure(N=5,4,3)	80	75	100	
S. pyogenes, Clinical Failure(N=5,4,3)	20	0	0	
S. pyogenes, Unknown(N=5,4,3)	0	0	0	
S. pyogenes, Missing(N=5,4,3)	0	25	0	
E. faecalis, Clinical Cure(N=2,2,0)	100	100	99999	
E. faecalis, Clinical Failure(N=2,2,0)	0	0	99999	
E. faecalis, Unknown(N=2,2,0)	0	0	99999	

Notes:

[51] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[52] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[53] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

## Secondary: Clinical Response by Baseline Pathogen at the Test of Cure (TOC) Visit (Clinical Response by Sponsor)

End point title	Clinical Response by Baseline Pathogen at the Test of Cure (TOC) Visit (Clinical Response by Sponsor)
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End point description:

Definitions used for the Sponsor assessment were the same as those used for the Investigator assessment. The occurrence of any of the following conditions resulted in reassignment by the Sponsor to clinical failure: 1) assessment of clinical failure at a previous time point, 2) Cohorts 1-4: receipt of concomitant antibiotic with activity against participant's isolate of disease under study prior to evaluation time point; Cohort 5: receipt of rescue therapy (additional antibiotic therapy initiated  $\geq 48$  hrs after study drug start), 3) unplanned surgical procedure (e.g., incision and drainage of abscess, major debridement, amputation) for non-improving or worsening infection after 72 hrs of study drug treatment.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
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End point timeframe:

Baseline, Day 28 ( $\pm 2$  Days)



End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[54]</sup>	55 <sup>[55]</sup>	18 <sup>[56]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA),Cure(N=2,4,0)	100	75	99999	
S. aureus (MRSA),Failure(N=2,4,0)	0	25	99999	
S. aureus (MRSA),Unknown(N=2,4,0)	0	0	99999	
S. aureus (MSSA),Cure(N=47,44,14)	91.5	90.9	100	
S. aureus (MSSA),Failure(N=47,44,14)	2.1	4.5	0	
S. aureus (MSSA),Unknown(N=47,44,14)	4.3	0	0	
S. aureus (MSSA),Missing(N=47,44,14)	2.1	4.5	0	
S. agalactiae, Cure(N=0,1,0)	99999	100	99999	
S. agalactiae, Failure(N=0,1,0)	99999	0	99999	
S. agalactiae, Unknown(N=0,1,0)	99999	0	99999	
S. anginosus, Cure(N=1,0,0)	100	99999	99999	
S. anginosus, Failure(N=1,0,0)	0	99999	99999	
S. anginosus, Unknown(N=1,0,0)	0	99999	99999	
S. constellatus, Cure(N=0,1,0)	99999	100	99999	
S. constellatus, Failure(N=0,1,0)	99999	0	99999	
S. constellatus, Unknown(N=0,1,0)	99999	0	99999	
S. intermedius, Cure(N=0,1,0)	99999	100	99999	
S. intermedius, Failure(N=0,1,0)	99999	0	99999	
S. intermedius, Unknown(N=0,1,0)	99999	0	99999	
S. pyogenes, Cure(N=5,4,3)	80	75	100	
S. pyogenes, Failure(N=5,4,3)	20	0	0	
S. pyogenes, Unknown(N=5,4,3)	0	0	0	
S. pyogenes, Missing(N=5,4,3)	0	25	0	
E. faecalis, Cure(N=2,2,0)	100	100	99999	
E. faecalis, Failure(N=2,2,0)	0	0	99999	
E. faecalis, Unknown(N=2,2,0)	0	0	99999	

Notes:

[54] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[55] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[56] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

## Secondary: Clinical Response by Baseline Pathogen at the Follow-up Visit (Investigator Assessment of Clinical Outcome)

End point title	Clinical Response by Baseline Pathogen at the Follow-up Visit (Investigator Assessment of Clinical Outcome)
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End point description:

Cure: Resolution of clinical signs and symptoms of infection (CSSI) compared to Baseline. No additional antibacterial Tx required for disease under study.

Failure: Persistence or progression of Baseline CSSI after 48 hours of Tx OR development of new findings consistent with active infection.

Unknown: Extenuating circumstances precluding classification to Cure or Failure.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In the table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
End point timeframe:	
Baseline, Day 54 (± 7 days)	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[57]</sup>	55 <sup>[58]</sup>	18 <sup>[59]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA),Clinical Cure(N=2,4,0)	50	50	99999	
S. aureus (MRSA),Clinical Failure(N=2,4,0)	0	0	99999	
S. aureus (MRSA),Unknown(N=2,4,0)	50	25	99999	
S. aureus (MRSA),Missing(N=2,4,0)	0	25	99999	
S. aureus (MSSA),Clinical Cure(N=47,44,14)	95.7	88.6	100	
S. aureus (MSSA),Clinical Failure(N=47,44,14)	2.1	2.3	0	
S. aureus (MSSA),Unknown(N=47,44,14)	2.1	0	0	
S. aureus (MSSA),Missing(N=47,44,14)	0	9.1	0	
S. agalactiae, Clinical Cure(N=0,1,0)	99999	100	99999	
S. agalactiae, Clinical Failure(N=0,1,0)	99999	0	99999	
S. agalactiae, Unknown(N=0,1,0)	99999	0	99999	
S. anginosus, Clinical Cure(N=1,0,0)	100	99999	99999	
S. anginosus, Clinical Failure(N=1,0,0)	0	99999	99999	
S. anginosus, Unknown(N=1,0,0)	0	99999	99999	
S. constellatus, Clinical Cure(N=0,1,0)	99999	100	99999	
S. constellatus, Clinical Failure(N=0,1,0)	99999	0	99999	
S. constellatus, Unknown(N=0,1,0)	99999	0	99999	
S. intermedius, Clinical Cure(N=0,1,0)	99999	100	99999	
S. intermedius, Clinical Failure(N=0,1,0)	99999	0	99999	
S. intermedius, Unknown(N=0,1,0)	99999	0	99999	
S. pyogenes, Clinical Cure(N=5,4,3)	80	75	100	
S. pyogenes, Clinical Failure(N=5,4,3)	20	0	0	
S. pyogenes, Unknown(N=5,4,3)	0	0	0	
S. pyogenes, Missing(N=5,4,3)	0	25	0	
E. faecalis, Clinical Cure(n=2,2,0)	100	100	99999	
E. faecalis, Clinical Failure(n=2,2,0)	0	0	99999	
E. faecalis, Unknown(n=2,2,0)	0	0	99999	

Notes:

[57] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[58] - Ns presented in table rows are # of subjects in microITT population with specified baseline

pathogen

[59] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

### Secondary: Clinical Response by Baseline Pathogen at the Follow-up Visit (Clinical Response by Sponsor)

End point title	Clinical Response by Baseline Pathogen at the Follow-up Visit (Clinical Response by Sponsor)
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End point description:

Definitions used for the Sponsor assessment were the same as those used for the Investigator assessment. The occurrence of any of the following conditions resulted in reassignment by the Sponsor to clinical failure: 1) assessment of clinical failure at a previous time point, 2) Cohorts 1-4: receipt of concomitant antibiotic with activity against participant's isolate of disease under study prior to evaluation time point; Cohort 5: receipt of rescue therapy (additional antibiotic therapy initiated  $\geq 48$  hrs after study drug start), 3) unplanned surgical procedure (e.g., incision and drainage of abscess, major debridement, amputation) for non-improving or worsening infection after 72 hrs of study drug treatment.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
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End point timeframe:

Baseline, Day 54 ( $\pm 7$  days)

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[60]</sup>	55 <sup>[61]</sup>	18 <sup>[62]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA),Cure(N=2,4,0)	50	50	99999	
S. aureus (MRSA),Failure(N=2,4,0)	0	25	99999	
S. aureus (MRSA),Unknown(N=2,4,0)	0	0	99999	
S. aureus (MRSA),Missing(N=2,4,0)	50	25	99999	
S. aureus (MSSA),Cure(N=47,44,14)	93.6	88.6	100	
S. aureus (MSSA),Failure(N=47,44,14)	2.1	4.5	0	
S. aureus (MSSA),Unknown(N=47,44,14)	2.1	0	0	
S. aureus (MSSA),Missing(N=47,44,14)	2.1	6.8	0	
S. agalactiae, Cure(N=0,1,0)	99999	100	99999	
S. agalactiae, Failure(N=0,1,0)	99999	0	99999	
S. agalactiae, Unknown(N=0,1,0)	99999	0	99999	
S. anginosus, Cure(N=1,0,0)	100	99999	99999	
S. anginosus, Failure(N=1,0,0)	0	99999	99999	
S. anginosus, Unknown(N=1,0,0)	0	99999	99999	

S. constellatus, Cure(N=0,1,0)	99999	100	99999	
S. constellatus, Failure(N=0,1,0)	99999	0	99999	
S. constellatus, Unknown(N=0,1,0)	99999	0	99999	
S. intermedius, Cure(N=0,1,0)	99999	100	99999	
S. intermedius, Failure(N=0,1,0)	99999	0	99999	
S. intermedius, Unknown(N=0,1,0)	99999	0	99999	
S. pyogenes, Cure(N=5,4,3)	80	75	100	
S. pyogenes, Failure(N=5,4,3)	20	0	0	
S. pyogenes, Unknown(N=5,4,3)	0	0	0	
S. pyogenes, Missing(N=5,4,3)	0	25	0	
E. faecalis, Cure(N=2,2,0)	100	100	99999	
E. faecalis, Failure(N=2,2,0)	0	0	99999	
E. faecalis, Unknown(N=2,2,0)	0	0	99999	

Notes:

[60] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[61] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[62] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

### Statistical analyses

No statistical analyses for this end point

### Secondary: All-cause Mortality at the Test of Cure (TOC) Visit Among Cohort 5 Participants

End point title	All-cause Mortality at the Test of Cure (TOC) Visit Among Cohort 5 Participants
End point description:	
All-cause mortality was determined for the participants in Cohort 5 (birth to < 3 months) at the Test of Cure visit.	
End point type	Secondary
End point timeframe:	
Day 28 ( $\pm$ 2 Days)	

<b>End point values</b>	Birth to < 3 months of age (Cohort 5)			
Subject group type	Subject analysis set			
Number of subjects analysed	10 <sup>[63]</sup>			
Units: participants	0			

Notes:

[63] - All participants in the ITT population

### Statistical analyses

No statistical analyses for this end point

### Secondary: Concentration of Dalbavancin in Plasma

End point title	Concentration of Dalbavancin in Plasma
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# End point description:

The population pharmacokinetic (PK) profile of dalbavancin was assessed using a sparse sampling approach. Plasma PK samples were collected from participants receiving dalbavancin treatment (single-dose and two-dose arms) at 30 minutes and at 2 hours (Day 1), at 48-72 hours (Day 3-4), at 168 ± 24 hours (Day 8 ± 1), and at 312 ± 48 hours and analyzed for dalbavancin concentration.

End point type	Secondary
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# End point timeframe:

30 min (end of infusion on Day 1); 2 hrs after start of IV (Day 1); and 48-72 hrs, 168 hrs, and 312 hrs after start of IV

End point values	Birth to < 3 months of age (Cohort 5)	3 months to < 2 years old (Cohort 4)	2 years to < 6 years old (Cohort 3)	6 years to < 12 years old (Cohort 2)
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	10 <sup>[64]</sup>	16 <sup>[65]</sup>	34 <sup>[66]</sup>	49 <sup>[67]</sup>
Units: µg/mL				
geometric mean (geometric coefficient of variation)				
30 min (end of infusion) (n=10, 15, 33, 49, 58)	212.43 (± 23.32)	268.02 (± 44.90)	219.45 (± 66.72)	211.30 (± 34.26)
2 hrs after start of IV (n=10, 15, 34, 49, 58)	133.83 (± 24.66)	196.51 (± 53.44)	149.28 (± 43.40)	165.75 (± 37.46)
48-72 hrs after start of IV (n=10, 16, 33, 49, 57)	53.53 (± 24.48)	61.32 (± 40.08)	56.68 (± 46.25)	56.93 (± 39.79)
168 hrs after start of IV (n=10, 13, 31, 49, 57)	16.89 (± 35.12)	28.80 (± 119.04)	24.10 (± 80.90)	26.25 (± 51.38)
312 hrs after start of IV (n=10, 12, 30, 47, 56)	4.94 (± 47.91)	15.24 (± 47.97)	12.74 (± 45.62)	15.35 (± 39.40)

# Notes:

[64] - All subjects in the ITT population who received at least 1 dose of study drug with available data

[65] - All subjects in the ITT population who received at least 1 dose of study drug with available data

[66] - All subjects in the ITT population who received at least 1 dose of study drug with available data

[67] - All subjects in the ITT population who received at least 1 dose of study drug with available data

End point values	12 years to 17 years old (Cohort 1)			
Subject group type	Subject analysis set			
Number of subjects analysed	58 <sup>[68]</sup>			
Units: µg/mL				
geometric mean (geometric coefficient of variation)				
30 min (end of infusion) (n=10, 15, 33, 49, 58)	233.58 (± 46.44)			
2 hrs after start of IV (n=10, 15, 34, 49, 58)	162.54 (± 36.85)			
48-72 hrs after start of IV (n=10, 16, 33, 49, 57)	60.92 (± 28.68)			
168 hrs after start of IV (n=10, 13, 31, 49, 57)	31.41 (± 31.24)			
312 hrs after start of IV (n=10, 12, 30, 47, 56)	20.75 (± 37.71)			

# Notes:

[68] - All subjects in the ITT population who received at least 1 dose of study drug with available data

## Statistical analyses

No statistical analyses for this end point

### Secondary: Microbiological Response at 48-72 Hours

End point title	Microbiological Response at 48-72 Hours
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End point description:

Eradication: Source specimen demonstrated absence of the original Baseline pathogen.

Presumed eradication: Source specimen was not available to culture and the participant was assessed as a clinical responder.

Persistence: Source specimen demonstrated continued presence of the original Baseline pathogen.

Presumed persistence: Source specimen was not available to culture and the participant was assessed as a clinical non-responder.

Indeterminate: Source specimen was not available to culture and the participant's clinical response was unknown or missing.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

End point type	Secondary
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End point timeframe:

Baseline, 48-72 hours

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[69]</sup>	54 <sup>[70]</sup>	18 <sup>[71]</sup>	
Units: percentage of participants				
number (not applicable)				
Eradication	0	1.9	0	
Presumed eradication	98.1	94.4	88.9	
Persistence	0	1.9	0	
Presumed persistence	1.9	1.9	5.6	
Indeterminate	0	0	5.6	

Notes:

[69] - Participants in the microITT population with non-missing analysis values at the visit

[70] - Participants in the microITT population with non-missing analysis values at the visit

[71] - Participants in the microITT population with non-missing analysis values at the visit

## Statistical analyses

No statistical analyses for this end point

### Secondary: Microbiological Response at the End of Treatment (EOT) Visit

End point title	Microbiological Response at the End of Treatment (EOT) Visit
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End point description:

Eradication: Source specimen demonstrated absence of the original Baseline pathogen.

Presumed eradication: Source specimen was not available to culture and the participant was assessed as a clinical cure or improvement.

Persistence: Source specimen demonstrated continued presence of the original Baseline pathogen.

Presumed persistence: Source specimen was not available to culture and the participant was assessed as a clinical failure.

Indeterminate: Source specimen was not available to culture and the participant's clinical response was unknown or missing.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

End point type	Secondary
End point timeframe:	
Baseline, Day 14 ( $\pm$ 2 Days)	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[72]</sup>	54 <sup>[73]</sup>	18 <sup>[74]</sup>	
Units: percentage of participants				
number (not applicable)				
Eradication	0	1.9	0	
Presumed eradication	96.2	92.6	100	
Persistence	0	1.9	0	
Presumed persistence	1.9	1.9	0	
Indeterminate	1.9	1.9	0	

Notes:

[72] - Participants in the microITT population with non-missing analysis values at the visit

[73] - Participants in the microITT population with non-missing analysis values at the visit

[74] - Participants in the microITT population with non-missing analysis values at the visit

## Statistical analyses

No statistical analyses for this end point

## Secondary: Microbiological Response at the Test of Cure (TOC) Visit

End point title	Microbiological Response at the Test of Cure (TOC) Visit
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End point description:

Eradication: Source specimen demonstrated absence of the original Baseline pathogen.

Presumed eradication: Source specimen was not available to culture and the participant was assessed as a clinical cure.

Persistence: Source specimen demonstrated continued presence of the original Baseline pathogen.

Presumed persistence: Source specimen was not available to culture and the participant was assessed as a clinical failure.

Indeterminate: Source specimen was not available to culture and the participant's clinical response was unknown or missing.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

End point type	Secondary
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End point timeframe:  
Baseline, Day 28 ( $\pm$  2 Days)

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[75]</sup>	54 <sup>[76]</sup>	18 <sup>[77]</sup>	
Units: percentage of participants				
number (not applicable)				
Eradication	0	1.9	0	
Presumed eradication	92.3	92.6	100	
Persistence	0	0	0	
Presumed persistence	1.9	3.7	0	
Indeterminate	5.8	1.9	0	

Notes:

[75] - Participants in the microITT population with non-missing analysis values at the visit

[76] - Participants in the microITT population with non-missing analysis values at the visit

[77] - Participants in the microITT population with non-missing analysis values at the visit

### Statistical analyses

No statistical analyses for this end point

### Secondary: Microbiological Response at the Follow-Up Visit

End point title	Microbiological Response at the Follow-Up Visit
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End point description:

Eradication: Source specimen demonstrated absence of the original Baseline pathogen.

Presumed eradication: Source specimen was not available to culture and the participant was assessed as a clinical cure.

Persistence: Source specimen demonstrated continued presence of the original Baseline pathogen.

Presumed persistence: Source specimen was not available to culture and the participant was assessed as a clinical failure.

Indeterminate: Source specimen was not available to culture and the participant's clinical response was unknown or missing.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

End point type	Secondary
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End point timeframe:

Baseline, Day 54 ( $\pm$  7 days)



End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[78]</sup>	54 <sup>[79]</sup>	18 <sup>[80]</sup>	
Units: percentage of participants				
number (not applicable)				
Eradication	0	1.9	0	
Presumed eradication	94.2	88.9	100	
Persistence	0	0	0	
Presumed persistence	1.9	3.7	0	
Indeterminate	3.8	5.6	0	

Notes:

[78] - Participants in the microITT population with non-missing analysis values at the visit

[79] - Participants in the microITT population with non-missing analysis values at the visit

[80] - Participants in the microITT population with non-missing analysis values at the visit

## Statistical analyses

No statistical analyses for this end point

## Secondary: Microbiological Response at 48-72 Hours by Baseline Gram-positive Pathogen

End point title	Microbiological Response at 48-72 Hours by Baseline Gram-positive Pathogen
-----------------	--

End point description:

Eradication: Source specimen demonstrated absence of the original Baseline pathogen.

Presumed eradication: Source specimen was not available to culture and the participant was assessed as a clinical responder.

Persistence: Source specimen demonstrated continued presence of the original Baseline pathogen.

Presumed persistence: Source specimen was not available to culture and the participant was assessed as a clinical non-responder.

Indeterminate: Source specimen was not available to culture and the participant's clinical response was unknown or missing.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In the table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
End point timeframe:	
Baseline, 48-72 hours	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[81]</sup>	55 <sup>[82]</sup>	18 <sup>[83]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA), Eradication(N=2,4,0)	0	0	99999	

S. aureus (MRSA), Presumed eradication(N=2,4,0)	100	100	99999
S. aureus (MRSA), Persistence(N=2,4,0)	0	0	99999
S. aureus (MRSA), Presumed persistence(N=2,4,0)	0	0	99999
S. aureus (MRSA), Indeterminate(N=2,4,0)	0	0	99999
S. aureus (MSSA), Eradication(N=47,44,14)	0	2.3	0
S. aureus (MSSA), Presumed eradication(N=47,44,14)	97.9	90.9	85.7
S. aureus (MSSA), Persistence(N=47,44,14)	0	2.3	0
S. aureus (MSSA), Presumed persistence(N=47,44,14)	2.1	2.3	7.1
S. aureus (MSSA), Indeterminate(N=47,44,14)	0	0	7.1
S. aureus (MSSA), Missing(N=47,44,14)	0	2.3	0
S. agalactiae, Eradication(N=0,1,0)	99999	0	99999
S. agalactiae, Presumed eradication(N=0,1,0)	99999	100	99999
S. agalactiae, Persistence(N=0,1,0)	99999	0	99999
S. agalactiae, Presumed persistence(N=0,1,0)	99999	0	99999
S. agalactiae, Indeterminate(N=0,1,0)	99999	0	99999
S. anginosus, Eradication(N=1,0,0)	0	99999	99999
S. anginosus, Presumed eradication(N=1,0,0)	100	99999	99999
S. anginosus, Persistence(N=1,0,0)	0	99999	99999
S. anginosus, Presumed persistence(N=1,0,0)	0	99999	99999
S. anginosus, Indeterminate(N=1,0,0)	0	99999	99999
S. constellatus, Eradication(N=0,1,0)	99999	0	99999
S. constellatus, Presumed eradication(N=0,1,0)	99999	100	99999
S. constellatus, Persistence(N=0,1,0)	99999	0	99999
S. constellatus, Presumed persistence(N=0,1,0)	99999	0	99999
S. constellatus, Indeterminate(N=0,1,0)	99999	0	99999
S. intermedius, Eradication(N=0,1,0)	99999	0	99999
S. intermedius, Presumed eradication(N=0,1,0)	99999	100	99999
S. intermedius, Persistence(N=0,1,0)	99999	0	99999
S. intermedius, Presumed persistence(N=0,1,0)	99999	0	99999
S. intermedius, Indeterminate(N=0,1,0)	99999	0	99999
S. mitis/oralis, Eradication(N=1,1,1)	0	0	0
S. mitis/oralis, Presumed eradication(N=1,1,1)	100	100	100
S. mitis/oralis, Persistence(N=1,1,1)	0	0	0
S. mitis/oralis, Presumed persistence(N=1,1,1)	0	0	0
S. mitis/oralis, Indeterminate(N=1,1,1)	0	0	0
S. pyogenes, Eradication(N=5,4,3)	0	0	0
S. pyogenes, Presumed eradication(N=5,4,3)	80	75	100
S. pyogenes, Persistence(N=5,4,3)	0	0	0

S. pyogenes, Presumed persistence (N=5,4,3)	20	0	0	
S. pyogenes, Indeterminate(N=5,4,3)	0	0	0	
S. pyogenes, Missing(N=5,4,3)	0	25	0	
E. faecalis, Eradication(N=2,2,0)	0	0	99999	
E. faecalis, Presumed eradication(N=2,2,0)	100	100	99999	
E. faecalis, Persistence(N=2,2,0)	0	0	99999	
E. faecalis, Presumed persistence(N=2,2,0)	0	0	99999	
E. faecalis, Indeterminate(N=2,2,0)	0	0	99999	
E. hirae, Eradication(N=1,0,0)	0	99999	99999	
E. hirae, Presumed eradication(N=1,0,0)	100	99999	99999	
E. hirae, Persistence(N=1,0,0)	0	99999	99999	
E. hirae, Presumed persistence(N=1,0,0)	0	99999	99999	
E. hirae, Indeterminate(N=1,0,0)	0	99999	99999	
G. morbillorum, Eradication(N=1,0,0)	0	99999	99999	
G. morbillorum, Presumed eradication(N=1,0,0)	100	99999	99999	
G. morbillorum, Persistence(N=1,0,0)	0	99999	99999	
G. morbillorum, Presumed persistence(N=1,0,0)	0	99999	99999	
G. morbillorum, Indeterminate(N=1,0,0)	0	99999	99999	
L. lactis, Eradication(N=1,0,0)	0	99999	99999	
L. lactis, Presumed eradication(N=1,0,0)	100	99999	99999	
L. lactis, Persistence(N=1,0,0)	0	99999	99999	
L. lactis, Presumed persistence(N=1,0,0)	0	99999	99999	
L. lactis, Indeterminate (N=1,0,0)	0	99999	99999	

Notes:

[81] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[82] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[83] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

## Secondary: Microbiological Response at the End of Treatment (EOT) Visit by Baseline Gram-positive Pathogen

End point title	Microbiological Response at the End of Treatment (EOT) Visit by Baseline Gram-positive Pathogen
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End point description:

Eradication: Source specimen demonstrated absence of the original Baseline pathogen.

Presumed eradication: Source specimen was not available to culture and the participant was assessed as a clinical cure or improvement.

Persistence: Source specimen demonstrated continued presence of the original Baseline pathogen.

Presumed persistence: Source specimen was not available to culture and the participant was assessed as a clinical failure.

Indeterminate: Source specimen was not available to culture and the participant's clinical response was unknown or missing.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In the table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
End point timeframe:	
Baseline, Day 14 (± 2 Days)	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[84]</sup>	55 <sup>[85]</sup>	18 <sup>[86]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA), Eradication(N=2,4,0)	0	0	99999	
S. aureus (MRSA), Presumed eradication(N=2,4,0)	100	75	99999	
S. aureus (MRSA), Persistence(N=2,4,0)	0	0	99999	
S. aureus (MRSA), Presumed persistence(N=2,4,0)	0	25	99999	
S. aureus (MRSA), Indeterminate(N=2,4,0)	0	0	99999	
S. aureus (MSSA), Eradication(N=47,44,14)	0	2.3	0	
S. aureus (MSSA), Presumed eradication(N=47,44,14)	95.7	88.6	100	
S. aureus (MSSA), Persistence(N=47,44,14)	0	2.3	0	
S. aureus (MSSA), Presumed persistence(N=47,44,14)	2.1	2.3	0	
S. aureus (MSSA), Indeterminate(N=47,44,14)	2.1	2.3	0	
S. aureus (MSSA), Missing(N=47,44,14)	0	2.3	0	
S. agalactiae, Eradication(N=0,1,0)	99999	0	99999	
S. agalactiae, Presumed eradication(N=0,1,0)	99999	100	99999	
S. agalactiae, Persistence(N=0,1,0)	99999	0	99999	
S. agalactiae, Presumed persistence(N=0,1,0)	99999	0	99999	
S. agalactiae, Indeterminate(N=0,1,0)	99999	0	99999	
S. anginosus, Eradication(N=1,0,0)	0	99999	99999	
S. anginosus, Presumed eradication(N=1,0,0)	100	99999	99999	
S. anginosus, Persistence(N=1,0,0)	0	99999	99999	
S. anginosus, Presumed persistence(N=1,0,0)	0	99999	99999	
S. anginosus, Indeterminate(N=1,0,0)	0	99999	99999	
S. constellatus, Eradication(N=0,1,0)	99999	0	99999	
S. constellatus, Presumed eradication(N=0,1,0)	99999	100	99999	
S. constellatus, Persistence(N=0,1,0)	99999	0	99999	

S. constellatus, Presumed persistence(N=0,1,0)	99999	0	99999
S. constellatus, Indeterminate(N=0,1,0)	99999	0	99999
S. intermedius, Eradication(N=0,1,0)	99999	0	99999
S. intermedius, Presumed eradication(N=0,1,0)	99999	100	99999
S. intermedius, Persistence(N=0,1,0)	99999	0	99999
S. intermedius, Presumed persistence(N=0,1,0)	99999	0	99999
S. intermedius, Indeterminate(N=0,1,0)	99999	0	99999
S. mitis/oralis, Eradication(N=1,1,1)	0	0	0
S. mitis/oralis, Presumed eradication(N=1,1,1)	100	100	100
S. mitis/oralis, Persistence(N=1,1,1)	0	0	0
S. mitis/oralis, Presumed persistence(N=1,1,1)	0	0	0
S. mitis/oralis, Indeterminate(N=1,1,1)	0	0	0
S. pyogenes, Eradication(N=5,4,3)	0	0	0
S. pyogenes, Presumed eradication(N=5,4,3)	80	75	100
S. pyogenes, Persistence(N=5,4,3)	0	0	0
S. pyogenes, Presumed persistence (N=5,4,3)	20	0	0
S. pyogenes, Indeterminate(N=5,4,3)	0	0	0
S. pyogenes, Missing(N=5,4,3)	0	25	0
E. faecalis, Eradication(N=2,2,0)	0	0	99999
E. faecalis, Presumed eradication(N=2,2,0)	100	100	99999
E. faecalis, Persistence(N=2,2,0)	0	0	99999
E. faecalis, Presumed persistence(N=2,2,0)	0	0	99999
E. faecalis, Indeterminate(N=2,2,0)	0	0	99999
E. hirae, Eradication(N=1,0,0)	0	99999	99999
E. hirae, Presumed eradication(N=1,0,0)	0	99999	99999
E. hirae, Persistence(N=1,0,0)	0	99999	99999
E. hirae, Presumed persistence(N=1,0,0)	0	99999	99999
E. hirae, Indeterminate(N=1,0,0)	100	99999	99999
G. morbillorum, Eradication(N=1,0,0)	0	99999	99999
G. morbillorum, Presumed eradication(N=1,0,0)	100	99999	99999
G. morbillorum, Persistence(N=1,0,0)	0	99999	99999
G. morbillorum, Presumed persistence(N=1,0,0)	0	99999	99999
G. morbillorum, Indeterminate(N=1,0,0)	0	99999	99999
L. lactis, Eradication(N=1,0,0)	0	99999	99999
L. lactis, Presumed eradication(N=1,0,0)	100	99999	99999
L. lactis, Persistence(N=1,0,0)	0	99999	99999
L. lactis, Presumed persistence(N=1,0,0)	0	99999	99999
L. lactis, Indeterminate (N=1,0,0)	0	99999	99999

Notes:

[84] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[85] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[86] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

### Secondary: Microbiological Response at the Test of Cure (TOC) Visit by Baseline Gram-positive Pathogen

End point title	Microbiological Response at the Test of Cure (TOC) Visit by Baseline Gram-positive Pathogen
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End point description:

Eradication: Source specimen demonstrated absence of the original Baseline pathogen.

Presumed eradication: Source specimen was not available to culture and the participant was assessed as a clinical cure.

Persistence: Source specimen demonstrated continued presence of the original Baseline pathogen.

Presumed persistence: Source specimen was not available to culture and the participant was assessed as a clinical failure.

Indeterminate: Source specimen was not available to culture and the participant's clinical response was unknown or missing.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In the table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
End point timeframe:	
Baseline, Day 28 ( $\pm$ 2 Days)	

End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[87]</sup>	55 <sup>[88]</sup>	18 <sup>[89]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA), Eradication(N=2,4,0)	0	0	99999	
S. aureus (MRSA), Presumed eradication(N=2,4,0)	100	75	99999	
S. aureus (MRSA), Persistence(N=2,4,0)	0	0	99999	
S. aureus (MRSA), Presumed persistence(N=2,4,0)	0	25	99999	
S. aureus (MRSA), Indeterminate(N=2,4,0)	0	0	99999	
S. aureus (MSSA), Eradication(N=47,44,14)	0	2.3	0	
S. aureus (MSSA), Presumed eradication(N=47,44,14)	91.5	88.6	100	

S. aureus (MSSA), Persistence(N=47,44,14)	0	0	0
S. aureus (MSSA), Presumed persistence(N=47,44,14)	2.1	4.5	0
S. aureus (MSSA), Indeterminate(N=47,44,14)	6.4	2.3	0
S. aureus (MSSA), Missing(N=47,44,14)	0	2.3	0
S. agalactiae, Eradication(N=0,1,0)	99999	0	99999
S. agalactiae, Presumed eradication(N=0,1,0)	99999	100	99999
S. agalactiae, Persistence(N=0,1,0)	99999	0	99999
S. agalactiae, Presumed persistence(N=0,1,0)	99999	0	99999
S. agalactiae, Indeterminate(N=0,1,0)	99999	0	99999
S. anginosus, Eradication(N=1,0,0)	0	99999	99999
S. anginosus, Presumed eradication(N=1,0,0)	100	99999	99999
S. anginosus, Persistence(N=1,0,0)	0	99999	99999
S. anginosus, Presumed persistence(N=1,0,0)	0	99999	99999
S. anginosus, Indeterminate(N=1,0,0)	0	99999	99999
S. constellatus, Eradication(N=0,1,0)	99999	0	99999
S. constellatus, Presumed eradication(N=0,1,0)	99999	100	99999
S. constellatus, Persistence(N=0,1,0)	99999	0	99999
S. constellatus, Presumed persistence(N=0,1,0)	99999	0	99999
S. constellatus, Indeterminate(N=0,1,0)	99999	0	99999
S. intermedius, Eradication(N=0,1,0)	99999	0	99999
S. intermedius, Presumed eradication(N=0,1,0)	99999	100	99999
S. intermedius, Persistence(N=0,1,0)	99999	0	99999
S. intermedius, Presumed persistence(N=0,1,0)	99999	0	99999
S. intermedius, Indeterminate(N=0,1,0)	99999	0	99999
S. mitis/oralis, Eradication(N=1,1,1)	0	0	0
S. mitis/oralis, Presumed eradication(N=1,1,1)	100	100	100
S. mitis/oralis, Persistence(N=1,1,1)	0	0	0
S. mitis/oralis, Presumed persistence(N=1,1,1)	0	0	0
S. mitis/oralis, Indeterminate(N=1,1,1)	0	0	0
S. pyogenes, Eradication(N=5,4,3)	0	0	0
S. pyogenes, Presumed eradication(N=5,4,3)	80	75	100
S. pyogenes, Persistence(N=5,4,3)	0	0	0
S. pyogenes, Presumed persistence(N=5,4,3)	20	0	0
S. pyogenes, Indeterminate(N=5,4,3)	0	0	0
S. pyogenes, Missing(N=5,4,3)	0	25	0
E. faecalis, Eradication(N=2,2,0)	0	0	99999
E. faecalis, Presumed eradication(N=2,2,0)	100	100	99999
E. faecalis, Persistence(N=2,2,0)	0	0	99999
E. faecalis, Presumed persistence(N=2,2,0)	0	0	99999
E. faecalis, Indeterminate(N=2,2,0)	0	0	99999

E. hirae, Eradication(N=1,0,0)	0	99999	99999	
E. hirae, Presumed eradication(N=1,0,0)	100	99999	99999	
E. hirae, Persistence(N=1,0,0)	0	99999	99999	
E. hirae, Presumed persistence(N=1,0,0)	0	99999	99999	
E. hirae, Indeterminate(N=1,0,0)	0	99999	99999	
G. morbillorum, Eradication(N=1,0,0)	0	99999	99999	
G. morbillorum, Presumed eradication(N=1,0,0)	100	99999	99999	
G. morbillorum, Persistence(N=1,0,0)	0	99999	99999	
G. morbillorum, Presumed persistence(N=1,0,0)	0	99999	99999	
G. morbillorum, Indeterminate(N=1,0,0)	0	99999	99999	
L. lactis, Eradication(N=1,0,0)	0	99999	99999	
L. lactis, Presumed eradication(N=1,0,0)	100	99999	99999	
L. lactis, Persistence(N=1,0,0)	0	99999	99999	
L. lactis, Presumed persistence(N=1,0,0)	0	99999	99999	
L. lactis, Indeterminate (N=1,0,0)	0	99999	99999	

Notes:

[87] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[88] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[89] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

## Secondary: Microbiological Response at the Follow-Up Visit by Baseline Gram-positive Pathogen

End point title	Microbiological Response at the Follow-Up Visit by Baseline Gram-positive Pathogen
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End point description:

Eradication: Source specimen demonstrated absence of the original Baseline pathogen.

Presumed eradication: Source specimen was not available to culture and the participant was assessed as a clinical cure.

Persistence: Source specimen demonstrated continued presence of the original Baseline pathogen.

Presumed persistence: Source specimen was not available to culture and the participant was assessed as a clinical failure.

Indeterminate: Source specimen was not available to culture and the participant's clinical response was unknown or missing.

Presented for the microbiological intent-to-treat (microITT) population: all randomized (or enrolled in Cohort 5) participants who had at least 1 Gram-positive pathogen isolated at Baseline.

In the table below, 99999 =not calculable/estimable due to zero participants analyzed.

End point type	Secondary
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End point timeframe:

Baseline, Day 54 (± 7 days)



End point values	Dalbavancin Single-dose	Dalbavancin Two-dose	Comparator	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	52 <sup>[90]</sup>	55 <sup>[91]</sup>	18 <sup>[92]</sup>	
Units: percentage of participants				
number (not applicable)				
S. aureus (MRSA), Eradication(N=2,4,0)	0	0	99999	
S. aureus (MRSA), Presumed eradication(N=2,4,0)	50	50	99999	
S. aureus (MRSA), Persistence(N=2,4,0)	0	0	99999	
S. aureus (MRSA), Presumed persistence(N=2,4,0)	0	25	99999	
S. aureus (MRSA), Indeterminate(N=2,4,0)	50	25	99999	
S. aureus (MSSA), Eradication(N=47,44,14)	0	2.3	0	
S. aureus (MSSA), Presumed eradication(N=47,44,14)	93.6	86.4	100	
S. aureus (MSSA), Persistence(N=47,44,14)	0	0	0	
S. aureus (MSSA), Presumed persistence(N=47,44,14)	2.1	4.5	0	
S. aureus (MSSA), Indeterminate(N=47,44,14)	4.3	4.5	0	
S. aureus (MSSA), Missing(N=47,44,14)	0	2.3	0	
S. agalactiae, Eradication(N=0,1,0)	99999	0	99999	
S. agalactiae, Presumed eradication(N=0,1,0)	99999	100	99999	
S. agalactiae, Persistence(N=0,1,0)	99999	0	99999	
S. agalactiae, Presumed persistence(N=0,1,0)	99999	0	99999	
S. agalactiae, Indeterminate(N=0,1,0)	99999	0	99999	
S. anginosus, Eradication(N=1,0,0)	0	99999	99999	
S. anginosus, Presumed eradication(N=1,0,0)	100	99999	99999	
S. anginosus, Persistence(N=1,0,0)	0	99999	99999	
S. anginosus, Presumed persistence(N=1,0,0)	0	99999	99999	
S. anginosus, Indeterminate(N=1,0,0)	0	99999	99999	
S. constellatus, Eradication(N=0,1,0)	99999	0	99999	
S. constellatus, Presumed eradication(N=0,1,0)	99999	100	99999	
S. constellatus, Persistence(N=0,1,0)	99999	0	99999	
S. constellatus, Presumed persistence(N=0,1,0)	99999	0	99999	
S. constellatus, Indeterminate(N=0,1,0)	99999	0	99999	
S. intermedius, Eradication(N=0,1,0)	99999	0	99999	
S. intermedius, Presumed eradication(N=0,1,0)	99999	100	99999	
S. intermedius, Persistence(N=0,1,0)	99999	0	99999	
S. intermedius, Presumed persistence(N=0,1,0)	99999	0	99999	
S. intermedius, Indeterminate(N=0,1,0)	99999	0	99999	
S. mitis/oralis, Eradication(N=1,1,1)	0	0	0	

S. mitis/oralis, Presumed eradication(N=1,1,1)	100	100	100	
S. mitis/oralis, Persistence(N=1,1,1)	0	0	0	
S. mitis/oralis, Presumed persistence(N=1,1,1)	0	0	0	
S. mitis/oralis, Indeterminate(N=1,1,1)	0	0	0	
S. pyogenes, Eradication(N=5,4,3)	0	0	0	
S. pyogenes, Presumed eradication(N=5,4,3)	80	75	100	
S. pyogenes, Persistence(N=5,4,3)	0	0	0	
S. pyogenes, Presumed persistence (N=5,4,3)	20	0	0	
S. pyogenes, Indeterminate(N=5,4,3)	0	0	0	
S. pyogenes, Missing(N=5,4,3)	0	25	0	
E. faecalis, Eradication(N=2,2,0)	0	0	99999	
E. faecalis, Presumed eradication(N=2,2,0)	100	100	99999	
E. faecalis, Persistence(N=2,2,0)	0	0	99999	
E. faecalis, Presumed persistence(N=2,2,0)	0	0	99999	
E. faecalis, Indeterminate(N=2,2,0)	0	0	99999	
E. hirae, Eradication(N=1,0,0)	0	99999	99999	
E. hirae, Presumed eradication(N=1,0,0)	100	99999	99999	
E. hirae, Persistence(N=1,0,0)	0	99999	99999	
E. hirae, Presumed persistence(N=1,0,0)	0	99999	99999	
E. hirae, Indeterminate(N=1,0,0)	0	99999	99999	
G. morbillorum, Eradication(N=1,0,0)	0	99999	99999	
G. morbillorum, Presumed eradication(N=1,0,0)	100	99999	99999	
G. morbillorum, Persistence(N=1,0,0)	0	99999	99999	
G. morbillorum, Presumed persistence(N=1,0,0)	0	99999	99999	
G. morbillorum, Indeterminate(N=1,0,0)	0	99999	99999	
L. lactis, Eradication(N=1,0,0)	0	99999	99999	
L. lactis, Presumed eradication(N=1,0,0)	100	99999	99999	
L. lactis, Persistence(N=1,0,0)	0	99999	99999	
L. lactis, Presumed persistence(N=1,0,0)	0	99999	99999	
L. lactis, Indeterminate (N=1,0,0)	0	99999	99999	

Notes:

[90] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[91] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

[92] - Ns presented in table rows are # of subjects in microITT population with specified baseline pathogen

## Statistical analyses

No statistical analyses for this end point

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

All-cause mortality and adverse events were collected from the time informed consent was signed through the Final Visit. Median time on follow-up was 54.0 days for Dalbavancin Single-dose and Dalbavancin Two-dose groups and 54.5 days for Comparator group.

Adverse event reporting additional description:

Adverse events were analyzed in the safety population which is defined as all participants in the ITT population who received at least 1 dose of study drug.

Assessment type	Systematic
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### Dictionary used

Dictionary name	MedDRA
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Dictionary version	19.1
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### Reporting groups

Reporting group title	Dalbavancin Single-dose
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Reporting group description:

Participants received dalbavancin administered intravenously as follows: birth to < 3 months old and 3 months to < 6 years old: 22.5 mg/kg (maximum 1500 mg) on Day 1; ≥ 6 years to 17 years old (inclusive): 18 mg/kg (maximum 1500 mg) on Day 1. Participants aged birth to < 3 months were not randomized; all received dalbavancin single-dose.

Reporting group title	Comparator
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Reporting group description:

Participants 3 months to < 6 years old and ≥6 years to 17 years old (inclusive) who were randomized to the comparator arm received a 10-14 day course of either vancomycin 10 to 15 mg/kg/dose, not to exceed a total daily dose of 4000 mg; or oxacillin 30 mg/kg/dose or flucloxacillin 50 mg/kg/dose, not to exceed a total daily dose of 2000 mg. Based on local practice patterns and approvals for clinical use in the pediatric population, oxacillin or flucloxacillin were supplied as an IV comparator.

Those on oxacillin or flucloxacillin were permitted to switch to oral cefadroxil (dose for infants and children: 15 mg/kg/dose every 12 hours, maximum 2 g/day; dose for adolescents: 500-1000 mg every 12 hours), and if infection with methicillin-resistant *S. aureus* was documented, they were allowed to switch from IV vancomycin to oral therapy with clindamycin 10 mg/kg every 8 hours at the discretion of the investigator after at least 72 hours of IV therapy.

Reporting group title	Dalbavancin Two-dose
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Reporting group description:

Participants received dalbavancin administered intravenously as follows: 3 months to < 6 years old: 15 mg/kg (maximum 1000 mg) on Day 1, and 7.5 mg/kg (maximum 500 mg) on Day 8; ≥6 years to 17 years old (inclusive): 12 mg/kg (maximum 1000 mg) on Day 1, and 6 mg/kg (maximum 500 mg) on Day 8.

Serious adverse events	Dalbavancin Single-dose	Comparator	Dalbavancin Two-dose
Total subjects affected by serious adverse events			
subjects affected / exposed	3 / 91 (3.30%)	0 / 30 (0.00%)	0 / 78 (0.00%)
number of deaths (all causes)	0	0	0
number of deaths resulting from adverse events	0	0	0
Nervous system disorders			
FEBRILE CONVULSION			

subjects affected / exposed	1 / 91 (1.10%)	0 / 30 (0.00%)	0 / 78 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>Infections and infestations</b>			
<b>ABCESS BACTERIAL</b>			
subjects affected / exposed	1 / 91 (1.10%)	0 / 30 (0.00%)	0 / 78 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
<b>OSTEOMYELITIS BACTERIAL</b>			
subjects affected / exposed	1 / 91 (1.10%)	0 / 30 (0.00%)	0 / 78 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Frequency threshold for reporting non-serious adverse events: 2 %

<b>Non-serious adverse events</b>	Dalbavancin Single-dose	Comparator	Dalbavancin Two-dose
Total subjects affected by non-serious adverse events			
subjects affected / exposed	1 / 91 (1.10%)	1 / 30 (3.33%)	5 / 78 (6.41%)
<b>Injury, poisoning and procedural complications</b>			
<b>ANAEMIA POSTOPERATIVE</b>			
subjects affected / exposed	0 / 91 (0.00%)	1 / 30 (3.33%)	1 / 78 (1.28%)
occurrences (all)	0	1	1
<b>General disorders and administration site conditions</b>			
<b>PYREXIA</b>			
subjects affected / exposed	0 / 91 (0.00%)	0 / 30 (0.00%)	2 / 78 (2.56%)
occurrences (all)	0	0	2
<b>Gastrointestinal disorders</b>			
<b>VOMITING</b>			
subjects affected / exposed	0 / 91 (0.00%)	0 / 30 (0.00%)	2 / 78 (2.56%)
occurrences (all)	0	0	2
<b>Respiratory, thoracic and mediastinal disorders</b>			
<b>COUGH</b>			
subjects affected / exposed	0 / 91 (0.00%)	0 / 30 (0.00%)	2 / 78 (2.56%)
occurrences (all)	0	0	2
<b>Infections and infestations</b>			

NASOPHARYNGITIS			
subjects affected / exposed	1 / 91 (1.10%)	1 / 30 (3.33%)	0 / 78 (0.00%)
occurrences (all)	2	1	0

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
26 February 2015	<p>Amendment 1</p> <p>An additional arm was added to include a single dose of IV dalbavancin in addition to the 2-dose regimen. The randomization to dalbavancin (2-dose regimens) and comparator was changed to 1:1:1. The dose rationale for dalbavancin was added. PK sampling was added for the dalbavancin arms.</p>
02 March 2016	<p>Amendment 2</p> <p>A sparse PK sampling design was recommended by regulatory authorities and was added as a secondary objective/endpoint. Oral clindamycin was added to the list of comparator options to allow for an oral switch from IV vancomycin. The number of participants in each treatment group and age cohort was defined to ensure sufficient numbers of participants were evaluated across the age groups and treatment arms. Inclusion and exclusion criteria were modified and clarified. The dalbavancin doses were updated to take into account different age groups to ensure expected exposures were achieved based on PK modelling and the dose rationale was updated. Audiology testing was added.</p>
13 June 2016	<p>Amendment 3</p> <p>The starting dose for comparator vancomycin was adjusted from 10 mg/kg/dose to 10 to 15 mg/kg/dose to more closely match global practice patterns for vancomycin dosing in pediatrics. In addition, several changes were made to minimize blood collection in this pediatric population.</p>
09 March 2017	<p>Amendment 4</p> <p>Since local rates of clindamycin-resistant MRSA were high at some sites, the option for an alternative comparator regimen was added (If an alternate comparator regimen was indicated by local susceptibility patterns, this had to be discussed with the medical monitor). Clarification was provided to explain that hematology, serum chemistry, and pregnancy testing should be conducted locally at baseline if not already collected per standard of care. Bicarbonate testing was extended to include children &lt; 2 years and &lt; 12 kg. Wording relating to pregnancies in the partners of male participants was removed.</p>
27 June 2017	<p>Amendment 5</p> <p>A fifth cohort, Cohort 5 (birth to &lt; 3 months of age), was added. The randomization scheme was modified, inclusion and exclusion criteria were modified, and Hy's law criteria were included. These changes were agreed with the FDA.</p>
26 April 2018	<p>Amendment 6</p> <p>Changes reflected revisions needed for Global Regulatory alignment in addition to recent feedback from the European Medicines Agency. There were further updates to the Cohort 5-based target population, recruitment initiation schedule, dosing, and assessments and outcome measures, the method of creatinine clearance evaluation in participants was changed, and expected enrolment numbers for participants with MRSA infections were removed.</p>

29 March 2022	<p>Amendment 7</p> <p>The main change is to allow flexibility for the sites to use local laboratory for the collection of safety laboratory assessments, in an effort to reduce the volume of blood drawn for participants. In May 2020, AbbVie Inc. acquired Allergan, Inc. Allergan remains the sponsor (a subsidiary of AbbVie). The SAE reporting information has been changed to reflect the new ownership, i.e., Allergan to AbbVie.</p>
18 November 2022	<p>Amendment 8</p> <p>The main change is that safety laboratory testing after eligibility and the peripheral blood culture are no longer required by protocol. Data from clinical laboratory tests and peripheral blood cultures performed as standard of care during the study will be collected. In May 2020, Allergan plc. was acquired by AbbVie (Allergan Sales, LLC and Allergan Ltd is a wholly owned subsidiary of AbbVie Inc.). In April 2022, AbbVie became the Sponsor of study.</p>

Notes:

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## Interruptions (globally)

Were there any global interruptions to the trial? No

## Limitations and caveats

None reported