



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 |
|-----------------------|------------|

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, abbvieclinicaltrials@abbvie.com |
| Scientific contact | Global Medical Services, AbbVie, 001 8006339110, abbvieclinicaltrials@abbvie.com |

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:

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:

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:

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 |
|------------------------------|-----|

| | |
|------------------|-------------------------|
| Arm title | Dalbavancin Single-dose |
|------------------|-------------------------|

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.

| | |
|------------------|----------------------|
| Arm title | Dalbavancin Two-dose |
|------------------|----------------------|

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.

| | |
|------------------|------------|
| Arm title | Comparator |
|------------------|------------|

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 | - |
|-------------------|---|---|---|

Baseline characteristics

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. | |

| 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 |

| | | | |
|---|-------|--|--|
| Reporting group values | 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 ^[1] |
|-----------------|--|

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 |
|----------------|---------|

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 ^[2] | 0 ^[3] | 1 ^[4] | |
| 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 ^[5] |
|-----------------|---|

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 |
|----------------|---------|

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 ^[6] | 0 ^[7] | 0 ^[8] | |
| 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 ^[9] |
|-----------------|---|

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 |
|----------------|---------|

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 ^[10] | 4 ^[11] | 3 ^[12] | |
| 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 ^[13] |
|-----------------|--|

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 |
|----------------|---------|

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 ^[14] | 5 ^[15] | 4 ^[16] | |
| 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 ^[17] |
|-----------------|---|

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 |
|----------------|---------|

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 ^[18] | 8 ^[19] | 3 ^[20] | |
| 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 |
|-----------------|----------------------------------|

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 |
|----------------|-----------|

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 ^[21] | 74 ^[22] | 29 ^[23] | |
| 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) |
|-----------------|--|

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 ≥ 2 , but not all CSSI, when compared with Baseline. For Cohort 5 with sepsis, reduction in severity of ≥ 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 ≥ 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 (± 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 ^[24] | 73 ^[25] | 29 ^[26] | |
| 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) |
|-----------------|--|

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 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 | 84 ^[27] | 74 ^[28] | 30 ^[29] | |
| 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 (\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 | 83 ^[30] | 73 ^[31] | 30 ^[32] | |
| 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 \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 |
| 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 | 83 ^[33] | 74 ^[34] | 30 ^[35] | |
| 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 ^[36] | 73 ^[37] | 30 ^[38] | |
| 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) |
|-----------------|---|

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 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 | 84 ^[39] | 73 ^[40] | 30 ^[41] | |
| 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) |
|-----------------|--|

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 ^[42] | 55 ^[43] | 18 ^[44] | |
| 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) |
|-----------------|--|

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 ≥ 2 , but not all CSSI, when compared to Baseline. Cohort 5 with sepsis: reduction in severity of ≥ 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 ≥ 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 |
|----------------|-----------|

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 ^[45] | 55 ^[46] | 18 ^[47] | |
| 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) |
|-----------------|---|

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 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 ^[48] | 55 ^[49] | 18 ^[50] | |
| 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) |
|-----------------|--|

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 ^[51] | 55 ^[52] | 18 ^[53] | |
| 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) |
|-----------------|---|

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 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 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 | 52 ^[54] | 55 ^[55] | 18 ^[56] | |
| 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) |
|-----------------|---|

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 ^[57] | 55 ^[58] | 18 ^[59] | |
| 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) |
|-----------------|--|

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 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 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 ^[60] | 55 ^[61] | 18 ^[62] | |
| 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) | |

| | | | | |
|-----------------------------|---------------------------------------|--|--|--|
| End point values | Birth to < 3 months of age (Cohort 5) | | | |
| Subject group type | Subject analysis set | | | |
| Number of subjects analysed | 10 ^[63] | | | |
| 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 |
|-----------------|--|

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 |
|----------------|-----------|

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 ^[64] | 16 ^[65] | 34 ^[66] | 49 ^[67] |
| 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 ^[68] | | | |
| 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 |
|-----------------|---|

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 |
|----------------|-----------|

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 ^[69] | 54 ^[70] | 18 ^[71] | |
| 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 |
|-----------------|--|

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 ^[72] | 54 ^[73] | 18 ^[74] | |
| 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 |
|-----------------|--|

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 |
|----------------|-----------|

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 ^[75] | 54 ^[76] | 18 ^[77] | |
| 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 |
|-----------------|---|

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 |
|----------------|-----------|

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 ^[78] | 54 ^[79] | 18 ^[80] | |
| 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 ^[81] | 55 ^[82] | 18 ^[83] | |
| 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 |
|-----------------|---|

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 ^[84] | 55 ^[85] | 18 ^[86] | |
| 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 |
|-----------------|---|

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 ^[87] | 55 ^[88] | 18 ^[89] | |
| 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 |
|-----------------|--|

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 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 ^[90] | 55 ^[91] | 18 ^[92] | |
| 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 |
|-----------------|------------|

Dictionary used

| | |
|-----------------|--------|
| Dictionary name | MedDRA |
|-----------------|--------|

| | |
|--------------------|------|
| Dictionary version | 19.1 |
|--------------------|------|

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 | Comparator |
|-----------------------|------------|

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 |
|-----------------------|----------------------|

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 |
| Infections and infestations | | | |
| ABSCCESS BACTERIAL | | | |
| 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 |
| OSTEOMYELITIS BACTERIAL | | | |
| 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 %

| Non-serious adverse events | 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%) |
| Injury, poisoning and procedural complications | | | |
| ANAEMIA POSTOPERATIVE | | | |
| subjects affected / exposed | 0 / 91 (0.00%) | 1 / 30 (3.33%) | 1 / 78 (1.28%) |
| occurrences (all) | 0 | 1 | 1 |
| General disorders and administration site conditions | | | |
| PYREXIA | | | |
| subjects affected / exposed | 0 / 91 (0.00%) | 0 / 30 (0.00%) | 2 / 78 (2.56%) |
| occurrences (all) | 0 | 0 | 2 |
| Gastrointestinal disorders | | | |
| VOMITING | | | |
| subjects affected / exposed | 0 / 91 (0.00%) | 0 / 30 (0.00%) | 2 / 78 (2.56%) |
| occurrences (all) | 0 | 0 | 2 |
| Respiratory, thoracic and mediastinal disorders | | | |
| COUGH | | | |
| subjects affected / exposed | 0 / 91 (0.00%) | 0 / 30 (0.00%) | 2 / 78 (2.56%) |
| occurrences (all) | 0 | 0 | 2 |
| Infections and infestations | | | |

| | | | |
|-----------------------------|----------------|----------------|----------------|
| 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 < 2 years and < 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 < 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:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported