



ERRATA FOR
SPONSOR BRIEFING DOCUMENT

VIDAS[®] B•R•A•H•M•S PCT[™]

MICROBIOLOGY DEVICES PANEL ADVISORY COMMITTEE

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1. The mean difference in antibiotic duration for the study-level meta-analysis was reported incorrectly as -2.2 (95% CI: -3.3., -1.0, $p < 0.001$) in Table 1 (pg.13) of the original sponsor briefing document. The correct result is -1.3 (95% CI: -2.9, 0.4, $p = 0.14$). The corrected version of Table 1 is presented below.

Table 1: Summary Results of LRTI Meta-Analyses (Random-Effects Models)

Meta-Analysis	Antibiotic Initiation	Antibiotic Duration (days)	Antibiotic Exposure (days)	Hospital Length of Stay (days)	Mortality
	Odds Ratio (95% CI)	Mean Difference (95% CI)	Mean Difference (95% CI)	Mean Difference (95% CI)	Odds/Risk Ratio* (95% CI)
Study-Level[†] N= 4,090 11 Studies	0.26 (0.13, 0.52) $p < 0.001$	-1.3 (-2.9, 0.4) $p = 0.14$	-2.8 (-4.6, -1.0) $p = 0.003$	-0.2 (-0.6, 0.3) $p = 0.51$	0.94 (0.69, 1.28) $p = 0.68$
Patient-Level N=3,142 13 Studies	0.27 (0.22, 0.33) $p < 0.001$	-2.9 (-3.3, -2.5) $p < 0.001$	-3.6 (-4.0, -3.2) $p < 0.001$	-0.2 (-0.9, 0.5) $p = 0.61$	0.95 (0.77, 1.16) $p = 0.62$

* Odds ratio for patient-level meta-analysis and risk ratio for study-level meta-analysis; both calculated using the Control as the reference group.

[†] Results shown for the study-level meta-analyses are from the random-effects models. The number of trials included in the analysis for duration and exposure was 3 and 5, respectively.

2. The number of patients in the Briel et al. (2008) study was incorrectly reported as 151 patients in the PCT group and 149 patients in the Control group in Table 11 (pg. 44). The correct number of patients in the PCT and Control group are 232 and 226, respectively. The corrected version of Table 11 is below.

Table 2: Study Characteristic of RCTs Selected for LRTI Patient-Level Meta-Analysis

Publication	N PCT Group, Control Group	Country	Setting, Single- or Multi-center	Primary Study Population*	Primary Endpoint	Time to Endpoint	Follow-up [†]
Bouadma, 2010	311, 319	France	ICU, Multicenter	Suspected bacterial infections during ICU stay without prior AB (>24h)	All-cause mortality	2 months	98%
Briel, 2008	232, 226	Switzerland	Primary care, Multi-center	Acute respiratory tract infections (upper and lower)	Number of days patients' activities were restricted	28 days	99%
Burkhardt, 2010	275, 275	Germany	Primary care, Multi-center	Acute respiratory tract infections (upper and lower)	Number of days patients' activities were restricted	28 days	99%
Christ-Crain, 2004	124, 119	Switzerland	Emergency department, Single-center	Various, including CAP, AECOPD, bronchitis, asthma	Rate and duration of AB* therapy	10-14 days; mortality at 6 weeks	95%
Christ-Crain, 2006	151, 151	Switzerland	Emergency department, Single-center	CAP	Rate and duration of AB therapy	6 weeks	99%
Hochreiter, 2009	57, 53	Germany	Surgical ICU, Single center	Suspected bacterial infections and >1 SIRS criteria	AB use	Hospital stay	Not reported
Kristoffersen, 2009	110, 113	Denmark	Hospital, Multi-center	Various (suspected LRTI)	Length of stay; Duration of AB therapy	Until hospital discharge	96%
Long, 2011	86, 86	China	Emergency department, Single-center	CAP	Rate and duration of AB therapy	28 days	91%
Long, 2009	63, 64	China	ED, Outpatients, Single center	CAP with X-ray confirmation	AB use	1 month	100%
Nobre, 2008	39, 40	Switzerland	ICU, Single center	Suspected severe sepsis or septic shock	AB use	1 month	94%
Schroeder, 2009	14, 13	Germany	Surgical ICU, Single center	Severe sepsis following abdominal surgery	AB use	Hospital stay	Not reported
Schuetz, 2009	687, 694	Switzerland	Hospital, Multi-center	ECOPD, CAP, acute bronchitis	Composite adverse outcomes	30 days	98%
Stolz, 2007	113, 113	Switzerland	Hospital, Single-center	ECOPD	Rate and duration of AB therapy	14 days; Mortality at 6 months	92%

* Terminology for COPD in this table is as stated in the article. This includes “Acute exacerbation of COPD” and ECOPD (exacerbation of COPD)

[†] Follow-up accounts for patients reported as lost to follow-up or withdrew from study

AB=Antibiotic

- The title of Table 12 (pg. 47) incorrectly referenced both LRTI and sepsis patient-level meta-analyses; the table only pertains to the sepsis patient-level meta-analysis. In addition, the country of the randomized controlled trial by Stolz et al. (2009) was incorrectly cited as France, and the study was incorrectly cited as a single-site study. The trial was conducted in Switzerland and the USA and was a multi-center study. The corrected version of the table is below.

Table 3: Study Characteristic of RCTs Selected for Sepsis Patient-Level Meta-Analysis

Publication	N PCT Group, Control Group	Country	Setting, Single- or Multi-center	Primary Study Population	Primary Endpoint	Time to Endpoint	Follow- up [†]
Bouadma, 2010	311, 319	France	ICU, Multi-center	Suspected bacterial infections during ICU stay without prior AB (>24h)	All-cause mortality	2 months	98%
Hochreiter, 2009	57, 53	Germany	Surgical ICU, Single center	Suspected bacterial infections and >1 SIRS criteria	AB use	Not specified	Not reported
Nobre, 2008	39, 40	Switzerland	ICU, Single center	Suspected severe sepsis or septic shock	AB use	1 month	94%
Schroeder, 2009	14, 13	Germany	Surgical ICU, Single center	Severe sepsis following abdominal surgery	AB use	Not specified	Not reported
Stolz, 2009	51, 50	Switzerland, USA	ICU, Multi-center	Clinically diagnosed VAP	Days free of antibiotics	1 month	100%

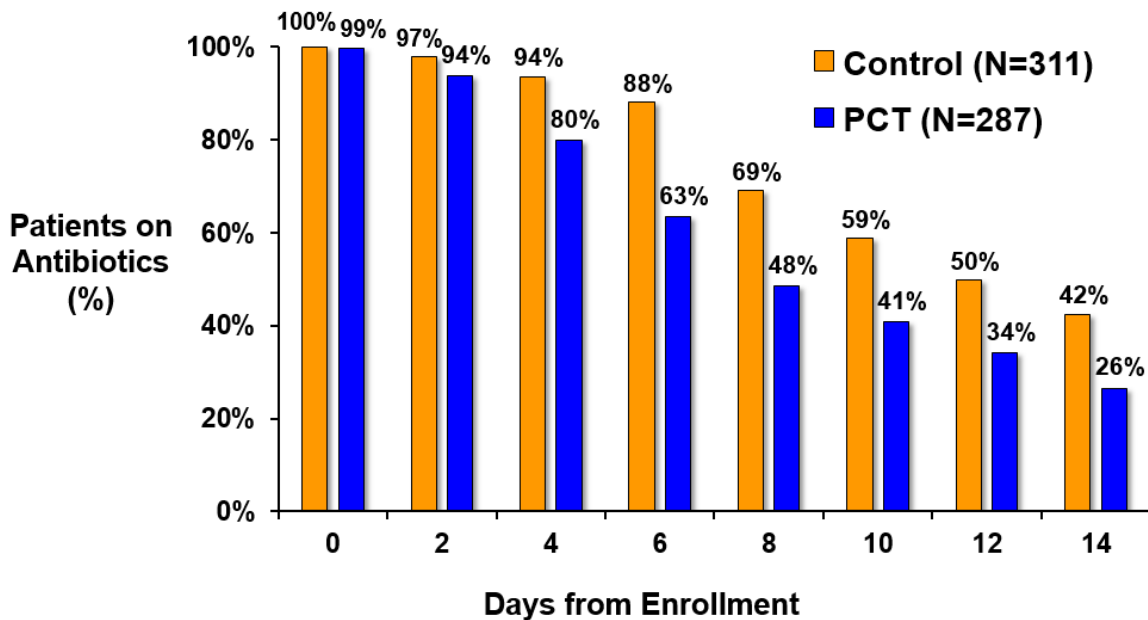
[†] Follow-up accounts for patients reported as lost to follow-up or withdrew from study

AB=Antibiotic

- The mean difference cited in the last sentence on page 51 of -1.9 days was incorrect. The correct mean difference is -1.3 days. The table reference was also incorrectly cited as Table 2. The correct cross-reference is Table 1. The sentence should read: “Accordingly, the 95% confidence interval around the mean difference of -1.3 days was wide (95% CI: -2.9 days, 0.4 days) (Table 1).”

- The percentages reported for the antibiotic use over time in the patient-level meta-analysis for sepsis was incorrect in Figure 24 (pg. 64). The corrected version is below.

Figure 1: Antibiotic Use Over Time in Patient-Level Meta-Analysis – Overall Sepsis Population



- The citation for Stolz, 2006 was missing from the References:

Stolz D et al. Diagnostic value of signs, symptoms and laboratory values in lower respiratory tract infection. Swiss Med Wkly 2006;136:434-440.