




**CORE<sup>SM</sup> 2005  
Findings:  
Patients With  
*Staphylococcus aureus*  
Bacteremia**



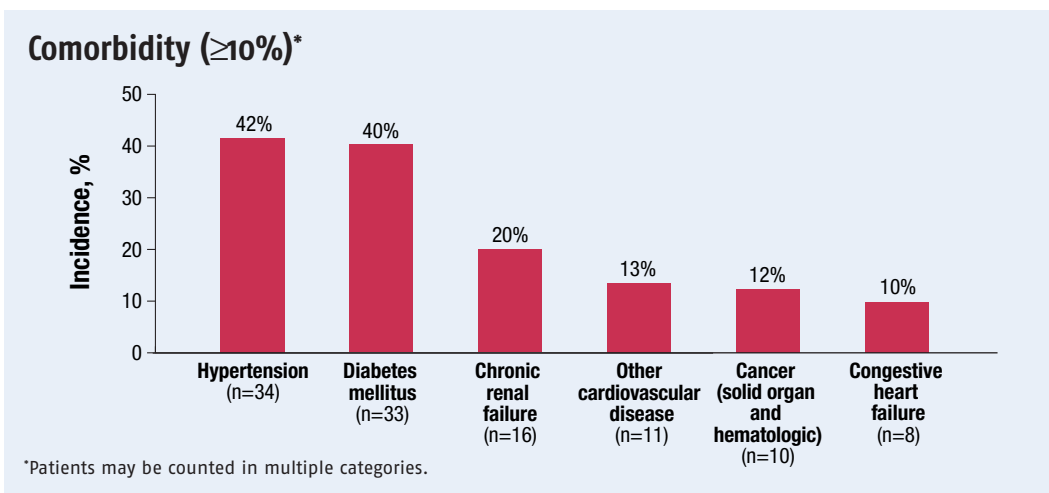
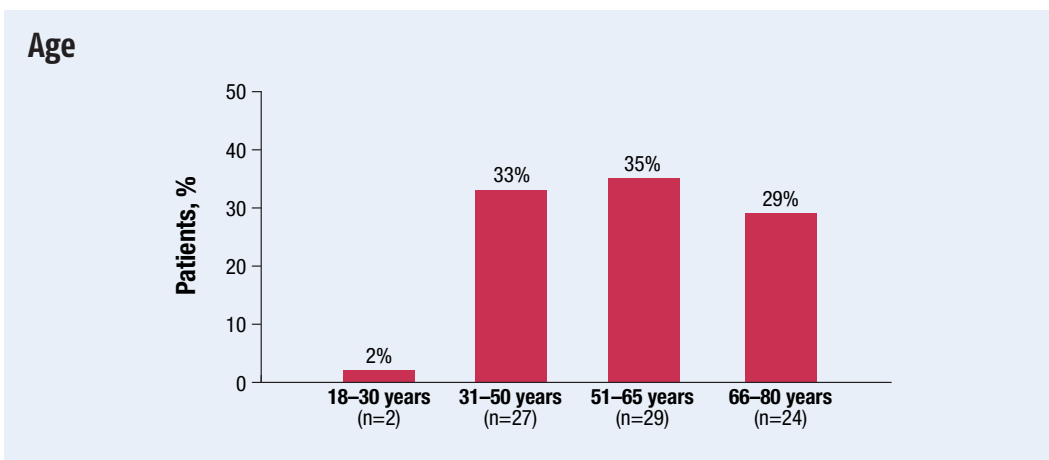
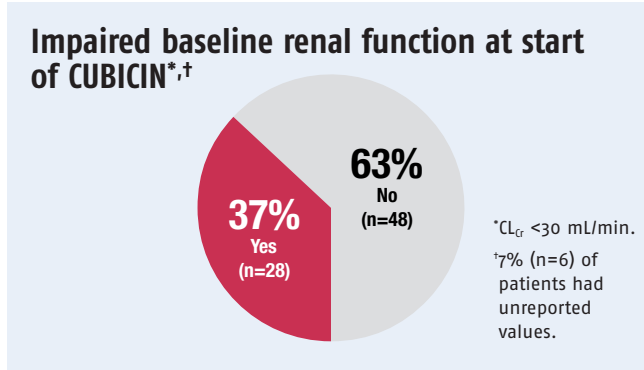
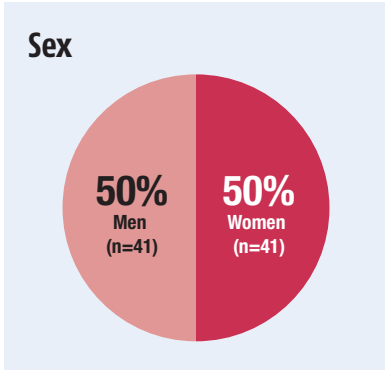
## Use of CUBICIN® (daptomycin for injection) in Patients With Documented Blood Cultures Positive for *Staphylococcus aureus*, as Reported in CORE<sup>SM</sup> 2005

- CORE is a retrospective, multicenter registry that collects data about patients who received CUBICIN
- 82 of 112 (73%) patients with *S. aureus* bacteremia had reported outcomes and could be evaluated
- Patients with known or suspected endocarditis or blood cultures positive for any other pathogen were excluded
- CORE is not a controlled clinical trial and should not be used to predict clinical success in clinical practice

See enclosed package insert for complete prescribing information.

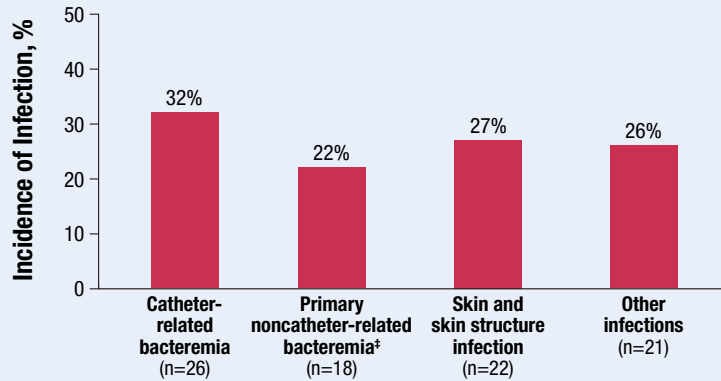
CUBICIN is a registered trademark of Cubist Pharmaceuticals, Inc.

# CORE<sup>SM</sup> 2005 *S. aureus* Bacteremia Patient Characteristics and Comorbidities



# CORE<sup>SM</sup> 2005 Documented a Range of Infection Types, Prior Patient Locations, and Pathogens

## Infection types<sup>\*,†</sup>

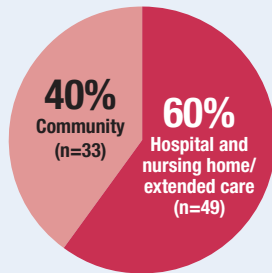


\*Patients may be counted in multiple categories.

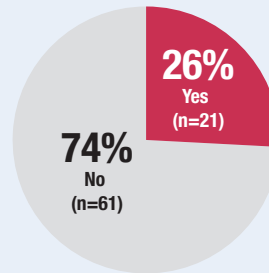
†Associated with *S. aureus* bacteremia.

‡No other infection reported.

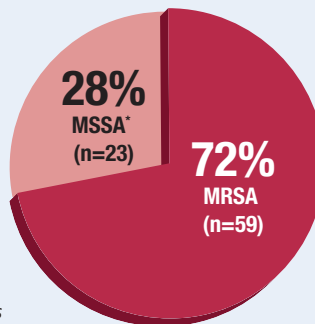
## Patient location 48 hours prior to treatment with CUBICIN



## Patient received $\geq 1$ dose of CUBICIN in the ICU



## Methicillin susceptibility of *S. aureus*

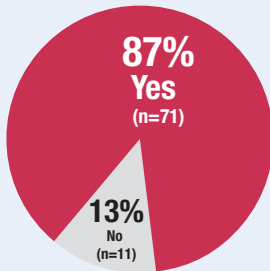


MSSA = methicillin-susceptible *S. aureus*  
MRSA = methicillin-resistant *S. aureus*

\*MSSA includes 4 *S. aureus* isolates with unreported methicillin susceptibility.

# Antibiotics Administered Prior to CUBICIN<sup>SM</sup> in CORE<sup>SM</sup> 2005 Registry Patients

## Antibiotic therapy prior to treatment with CUBICIN



13% of patients received CUBICIN as first-line therapy

### Prior antibiotics

- 75% (53 of 71) received vancomycin prior to CUBICIN
- 6% (4 of 71) received semisynthetic penicillins prior to CUBICIN

## Failure with prior antibiotic therapy

**38%**

of patients who received prior antibiotic therapy demonstrated treatment failure and switched to CUBICIN (27 of 71 patients)

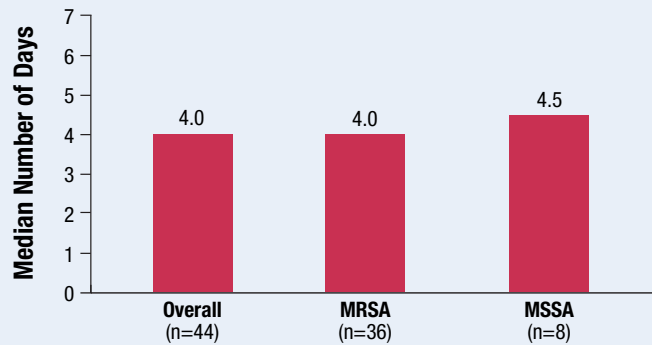
## Treatment failure rates prior to CUBICIN, by initial antibiotic used

- 40% (21 of 53) of patients who received prior vancomycin therapy
- 25% (1 of 4) of patients who received prior semisynthetic penicillins\*
- 36% (5 of 14) of patients who received other prior antibiotics<sup>†</sup>

\*All 4 patients taking semisynthetic penicillins were infected with MSSA.  
<sup>†</sup>Identified prior antibiotics included azithromycin, carbapenems, cephalosporins, clindamycin, fluoroquinolones, gentamicin, linezolid, quinupristin/dalfopristin, rifampin.

# Therapy With CUBICIN in CORE<sup>SM</sup> 2005 Registry Patients

## Time to clinical response after initiation of CUBICIN\* (subset with successful outcomes)<sup>†</sup>



\*The time to clinical response was the number of days that elapsed before a patient demonstrated a response to therapy with CUBICIN, as determined by the investigator from the signs, symptoms, or culture results noted in the patient's record.

<sup>†</sup>P=0.78, MRSA vs MSSA.

## Final dose of CUBICIN

Median final dose: 6.0 mg/kg

Mean final dose: 5.3 mg/kg

4 mg/kg n=28 34%

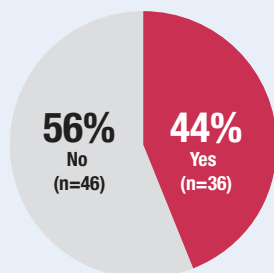
6 mg/kg n=41 50%

## Duration of CUBICIN

(subset with successful outcomes)

Overall	n=73
Median	19 days
Mean	22.1 days
MRSA	n=53
Median	19 days
Mean	21.8 days
MSSA	n=20
Median	19 days
Mean	22.8 days

## Concomitant antibiotic therapy used with CUBICIN (≥1 dose)



## Concomitant antibiotics\*

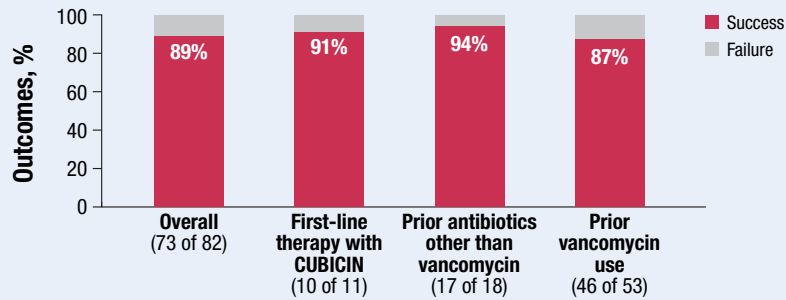
Vancomycin	n=12	33%
Penicillins <sup>†</sup>	n=3	8%

\*Identified concomitant antibiotics also included aminoglycosides, carbapenems, cephalosporins, clindamycin, doxycycline, fluoroquinolones, linezolid, metronidazole, rifampin, trimethoprim/sulfamethoxazole, and others.

<sup>†</sup>Includes 1 patient who received oxacillin.

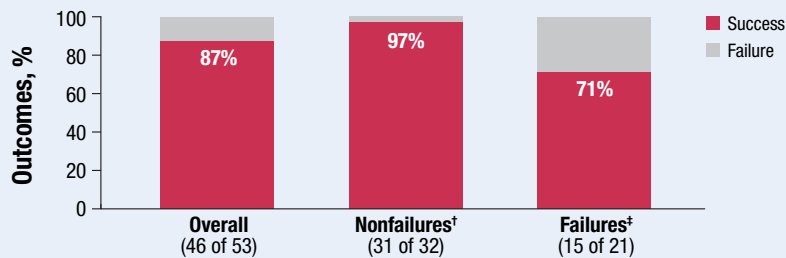
# Clinical Outcomes With CUBICIN in CORE<sup>SM</sup> 2005 Registry Patients With *S. aureus* Bacteremia

## Outcomes, by subgroup\*



\* $P=0.65$  for first-line therapy with CUBICIN vs prior antibiotics other than vancomycin vs prior vancomycin use.

## Outcomes, by prior vancomycin use\*

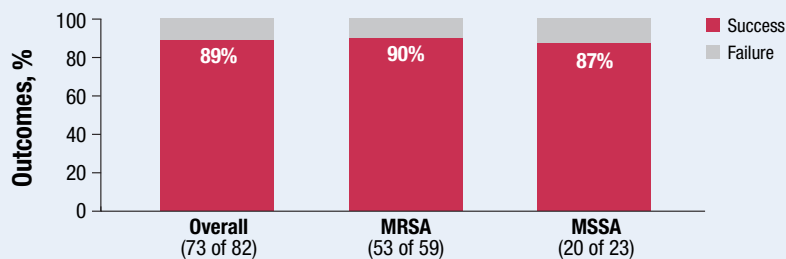


\* $P=0.012$  for vancomycin nonfailures vs vancomycin failures.

<sup>†</sup>56% of patients were aged  $\geq 51$  years; 41% were in the community 48 hours prior to treatment with CUBICIN; 34% had an ICU stay during treatment with CUBICIN; 19% had diabetes; 19% had an initial  $CL_{cr} < 30$  mL/min; 9% were undergoing dialysis when treatment with CUBICIN started; 16% had a  $CL_{cr} < 30$  mL/min when treatment with CUBICIN ended; 72% were infected with MRSA.

<sup>‡</sup>81% of patients were aged  $\geq 51$  years; 19% were in the community 48 hours prior to treatment with CUBICIN; 24% had an ICU stay during treatment with CUBICIN; 67% had diabetes ( $P < 0.001$  vs nonfailures); 71% had an initial  $CL_{cr} < 30$  mL/min ( $P < 0.001$  vs nonfailures); 67% were undergoing dialysis when treatment with CUBICIN started ( $P < 0.001$  vs nonfailures); 62% had a  $CL_{cr} < 30$  mL/min when treatment with CUBICIN ended ( $P = 0.002$  vs nonfailures); 95% were infected with MRSA ( $P = 0.069$  vs nonfailures).

## Outcomes, by pathogen\*



\* $P=0.71$  for MRSA vs MSSA.

## Indications and Important Safety Information

- CUBICIN® (daptomycin for injection) is indicated for the following infections:  
Complicated skin and skin structure infections caused by susceptible isolates of the following Gram-positive microorganisms: *S. aureus* (including methicillin-resistant isolates), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae* subspecies *equisimilis*, and *Enterococcus faecalis* (vancomycin-susceptible isolates only). Combination therapy may be clinically indicated if the documented or presumed pathogens include Gram-negative or anaerobic organisms  
*S. aureus* bloodstream infections (bacteremia), including those with right-sided infective endocarditis, caused by methicillin-susceptible and methicillin-resistant isolates. Combination therapy may be clinically indicated if the documented or presumed pathogens include Gram-negative or anaerobic organisms
- The efficacy of CUBICIN in patients with left-sided infective endocarditis due to *S. aureus* has not been demonstrated. The clinical trial of CUBICIN in patients with *S. aureus* bloodstream infections included limited data from patients with left-sided infective endocarditis; outcomes in these patients were poor. CUBICIN has not been studied in patients with prosthetic valve endocarditis or meningitis
- Patients with persisting or relapsing *S. aureus* infection or poor clinical response should have repeat blood cultures. If a culture is positive for *S. aureus*, MIC susceptibility testing of the isolate should be performed using a standardized procedure, as well as diagnostic evaluation to rule out sequestered foci of infection. Appropriate surgical intervention (eg, debridement, removal of prosthetic devices, valve replacement surgery) and/or consideration of a change in antibiotic regimen may be required
- CUBICIN is not indicated for the treatment of pneumonia
- Patients receiving CUBICIN should be monitored for the development of muscle pain or weakness, particularly of the distal extremities. In patients who receive CUBICIN, creatine phosphokinase (CPK) levels should be monitored weekly, and more frequently in patients who received recent prior or concomitant therapy with an HMG-CoA reductase inhibitor. In patients with renal insufficiency, both renal function and CPK should be monitored more frequently. Patients who demonstrate unexplained elevations in CPK while receiving CUBICIN should be monitored more frequently
- CUBICIN should be discontinued in patients with unexplained signs and symptoms of myopathy in conjunction with CPK elevation >1000 U/L (~5× ULN), or in patients without reported symptoms who have marked elevations in CPK >2000 U/L (≥10× ULN). In addition, consideration should be given to temporarily suspending agents associated with rhabdomyolysis, such as HMG-CoA reductase inhibitors, in patients receiving CUBICIN
- Most adverse events reported in clinical trials were mild to moderate in intensity. The most common were anemia, constipation, diarrhea, nausea, vomiting, injection-site reactions, and headache

Please see attached full prescribing information.



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