

Supplementary Online Content

Brunkhorst FM, Oppert M, Marx G, et al; for the German Study Group Competence Network Sepsis (SepNet). Effect of empirical treatment with moxifloxacin and meropenem vs meropenem on sepsis-related organ dysfunction in patients with severe sepsis: a randomized trial. *JAMA*. doi:10.1001/jama.2012.5833

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This supplementary material has been provided by the authors to give readers additional information about their work.

eMethods. Definitions of clinical and microbiological outcomes and protocol violations

Definitions of Clinical and Microbiological Outcomes

Clinical Cure (CC) and Microbiological Cure (MC) visits were performed at End Of Therapy (EOT) and End Of Study (EOS).

Clinical Cure

Clinical resolution: disappearance of acute signs and symptoms related to the infection or sufficient improvement such that additional or alternative antimicrobial therapy was not required.

Improvement: disappearance of acute signs and symptoms related to the infection or reduction in the severity and/or number of signs and symptoms of infection.

Clinical failure: failure to respond or insufficient improvement of the signs and symptoms of infection such that additional antimicrobial therapy was required.

Microbiological Cure

Documented microbiological eradication: the elimination of the putative pathogen from repeated culture of the site of infection.

Presumed microbiological eradication: disappearance of acute signs and symptoms related to the infection and no culture results available.

Documented microbiological persistence: Persistence of the enrollment microorganism from secretions of the site of infection throughout the study period.

Presumed microbiological persistence: clinical failure and no culture results from the site of infection available.

Relapse: after initial eradication, the patient had a clinical deterioration with the same organism that was responsible for the initial infection.

Superinfection: similar to relapse but involved a different or new organism.

Colonization: the acquisition (after enrollment) of yeast or bacteria not associated with features of infection.

Indeterminate: If a patient could not be categorized according to one of the forementioned definitions.

Response to therapy

Response to therapy visits were performed on study days 7 and 10.

Positive response to therapy: resolution of acute signs and symptoms related to the infection or reduction in the severity and/or number of signs and symptoms of infection (incl. decrease of procalcitonin plasma levels ≤ 1.0 ng/ml or decrease by $\geq 50\%$ from day 4 to day 7, or from day 7 to day 10, respectively). In patients with pneumonia the clinical pulmonary infection score (CPIS) must be ≤ 1.0 points.

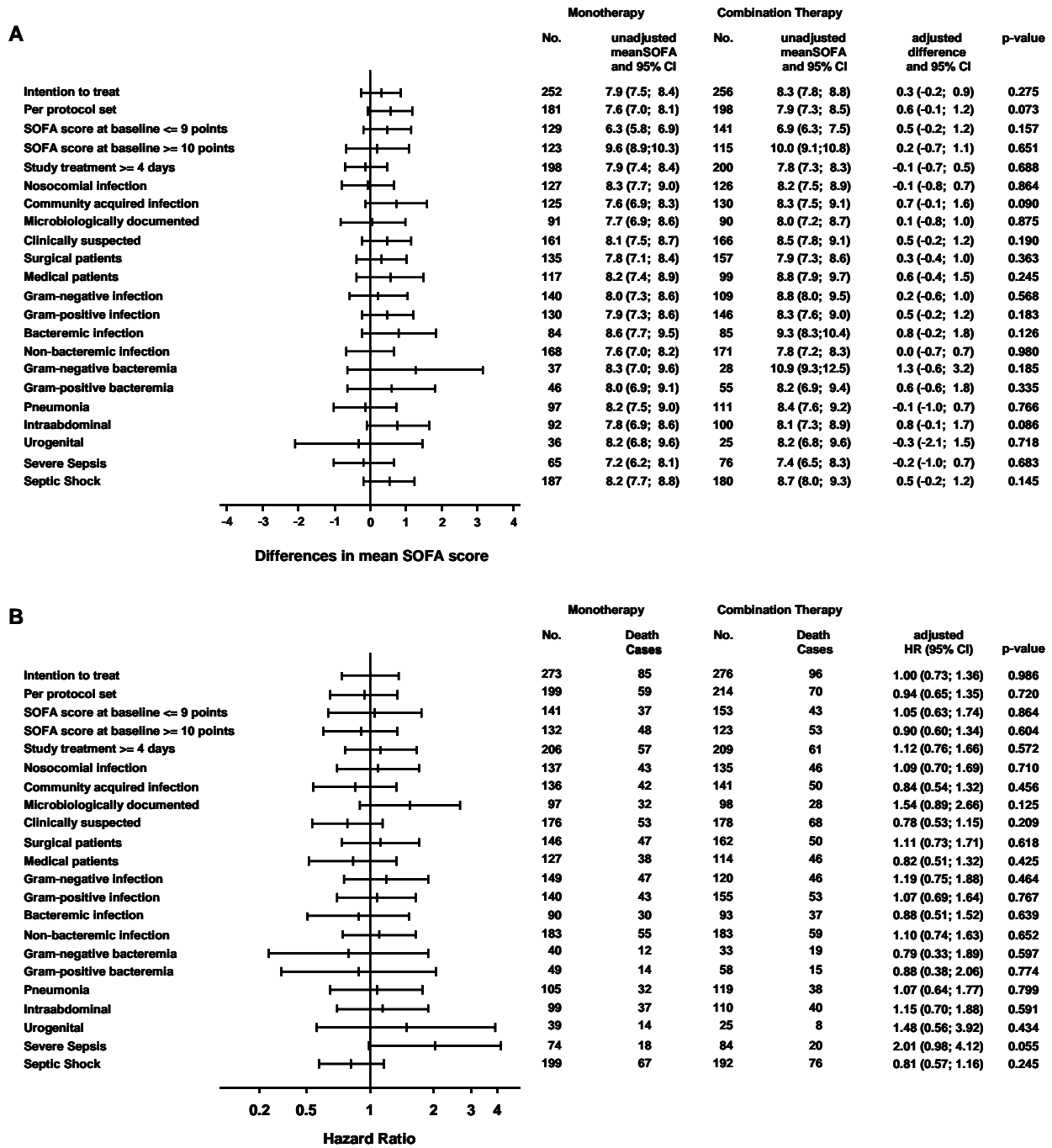
Negative response to therapy: no resolution of acute signs and symptoms related to the infection or no reduction in the severity and/or number of signs and symptoms of infection (incl. procalcitonin plasma levels > 1.0 ng/ml or no decrease by $\geq 50\%$ from day 4 to day 7, or from day 7 to day 10, respectively). In patients with pneumonia the clinical pulmonary infection score (CPIS) is > 1.0 points.

Definitions of Protocol Violations

1. Violation of one or more inclusion or exclusion criteria
2. Non protocol-compatible administration of the study drugs:
 - a. Study treatment (Meropenem and Moxifloxacin) administered > 6 hours after enrollment
 - b. Moxifloxacin administered > 12 hours after enrollment
 - c. The recommended daily dose of meropenem or moxifloxacin not administered for one complete study day
 - d. Moxifloxacin administered in the monotherapy group
3. No additional antimicrobial therapy administered in case of:
 - a. Bacteremia due to methicillin-resistant staphylococci
 - b. Bacteremia due to enterococci
 - c. Bacteremia due to *Candida* spp.

4. Any additional antimicrobial therapy administered within the first 96 hours after enrollment (with the exception of 3 a-c).

eFigure. Treatment effect of combination therapy on clinical outcome within various subgroups



Adjusted generalized linear models for the effect of combination therapy on mean SOFA scores (Panel A) and adjusted proportional hazard models for the effect of addition of moxifloxacin on overall survival (Panel B).

Negative differences in mean SOFA and hazard ratios less than 1 represent a reduction of the mean SOFA score and the overall mortality, respectively, in favor of the combination therapy. No statistically significant association of the study treatment with clinical endpoints was observed for any of these subgroups of patients.

Models were adjusted for pre-treatment with antibiotics; age, SOFA score and renal failure at enrolment; bacterial resistance and gram-negative enrollment pathogens.

eTable 1. Antibiotics used one week prior to randomization*

	All n = 551	Monotherapy n = 273	Combination Therapy N = 278	p-value*
Penicillins	200 (36%)	93 (34%)	107 (38%)	0.28
Cephalosporins	175 (32%)	78 (29%)	97 (35%)	0.11
Other beta lactams	121 (22%)	59 (22%)	62 (22%)	0.85
Aminoglycosides	4 (1%)	2 (1%)	2 (1%)	1.00
Chinolones	38 (7%)	19 (7%)	19 (7%)	0.95
Glycopeptides	12 (2%)	5 (2%)	7 (3%)	0.77
Macrolides	23 (4%)	13 (5%)	10 (4%)	0.49
Other antibiotics	159 (29%)	76 (28%)	83 (30%)	0.60
No antibiotics	123 (22%)	67 (25%)	56 (20%)	0.22

* Data are presented as absolute frequencies and percentages in brackets.

† P values calculated by Chi-square test or Fisher's exact test, as appropriate.

eTable 2. Susceptibility patterns and numbers of resistant enrollment organisms*

	All n = 551	Monotherapy n = 273	Combination Therapy N = 278	p-value†
Meropenem §				
Citrobacter species	5 / 5 (100%)	5 / 5 (100%)	0 / 0	-
Enterobacter species	19 / 20 (95%)	10 / 11 (91%)	9 / 9 (100%)	1.00
Escherichia coli	78 / 78 (100%)	40 / 40 (100%)	38 / 38 (100%)	-
Klebsiella species	24 / 24 (100%)	14 / 14 (100%)	10 / 10 (100%)	-
Proteus species	14 / 14 (100%)	10 / 10 (100%)	4 / 4 (100%)	-
Pseudomonas aeruginosa	21 / 25 (84%)	10 / 13 (77%)	11 / 12 (92%)	0.59
Other pseudomonas species	1 / 3 (33%)	0 / 2 (0%)	1 / 1 (100%)	0.33
Bacteroides species	1 / 1 (100%)	1 / 1 (100%)	0 / 0	-
Resistant pathogens	4 / 127 (3%)	4 / 69 (6%)	0 / 58 (0%)	0.13
Moxifloxacin §				
Citrobacter species	5 / 5 (100%)	5 / 5 (100%)	0 / 0	-
Enterobacter species	12 / 12 (100%)	6 / 6 (100%)	6 / 6 (100%)	-
Escherichia coli	41 / 48 (85%)	20 / 23 (87%)	21 / 25 (84%)	1.00
Klebsiella species	11 / 14 (79%)	6 / 8 (75%)	5 / 6 (83%)	1.00
Proteus species	5 / 7 (71%)	4 / 6 (67%)	1 / 1 (100%)	1.00
Pseudomonas aeruginosa	5 / 15 (33%)	2 / 10 (20%)	3 / 5 (60%)	0.25
Other pseudomonas species	1 / 3 (33%)	1 / 2 (50%)	0 / 1 (0%)	1.00
Bacteroides species	0 / 0	0 / 0	0 / 0	-
Resistant pathogens	17 / 74 (23%)	12 / 42 (29%)	5 / 32 (16%)	0.27
Tobramycin or Gentamicin §				
Citrobacter species	5 / 5 (100%)	5 / 5 (100%)	0 / 0	-
Enterobacter species	19 / 21 (90%)	10 / 12 (83%)	9 / 9 (100%)	0.49
Escherichia coli	76 / 80 (95%)	37 / 40 (93%)	39 / 40 (98%)	0.62
Klebsiella species	25 / 26 (96%)	14 / 15 (93%)	11 / 11 (100%)	1.00
Proteus species	15 / 16 (94%)	10 / 10 (100%)	5 / 6 (83%)	0.38
Pseudomonas aeruginosa	23 / 25 (92%)	11 / 13 (85%)	12 / 12 (100%)	0.48
Other pseudomonas species	3 / 4 (75%)	2 / 3 (67%)	1 / 1 (100%)	1.00
Bacteroides species	1 / 1 (100%)	1 / 1 (100%)	0 / 0	-
Resistant pathogens	9 / 130 (7%)	7 / 70 (10%)	2 / 60 (3%)	0.18

* Data are presented as absolute frequencies and percentages in brackets. Analyses restricted to patients whose specimens were tested for susceptibility. The denominator is the subset of enrollment organisms tested for susceptibility against the named antibiotic.

† P values calculated by Fisher's exact test.

§ Multiple responses per patient possible

eTable 3. Adverse events*

	All n = 596	Monotherapy n = 293	Combination Therapy n = 303	p-value†
Patients with at least one				
Adverse Event (AE)	156 (26.2%)	71 (24.2%)	85 (28.1%)	0.31
	[22.7; 29.9]	[19.4; 29.6]	[23.1; 33.5]	
related	37 (6.2%)	11 (3.8%)	26 (8.6%)	0.02
	[4.4; 8.5]	[1.9; 6.6]	[5.7; 12.3]	
serious	32 (5.4%)	15 (5.1%)	17 (5.6%)	0.86
	[3.7; 7.5]	[2.9; 8.3]	[3.3; 8.8]	
serious related	10 (1.7%)	3 (1.0)	7 (2.3)	0.34
	[0.8; 3.1]	[0.2; 3.0]	[0.9; 4.7]	
AE resulting in death	45 (7.6%)	20 (6.8%)	25 (8.3%)	0.54
	[5.6; 10.0]	[4.2; 10.4]	[5.4; 11.9]	
related AE resulting in death	2 (0.3%)	0	2 (0.7%)	0.50
	[0.04; 1.2]	-	[0.1; 2.4]	

* Data are presented as absolute frequencies, percentages in brackets and 95 percent confidence intervals. Analysis based on Safety Analysis Population (see Method section).

† P Values calculated by Fisher's exact test.

eTable 4. Response to therapy, clinical and microbiological cure

	All n = 551	Monotherapy n = 273	Combination Therapy n = 278	p-value*
Response to therapy day 7 †. – no. (%), 95% CI	112 / 311 (36.0) [30.7; 41.6]	57 / 151 (37.8) [30.0; 46.0]	55 / 160 (34.4) [27.1; 42.3]	0.49
Response to therapy day 10 †. – no. (%), 95% CI	56 / 134 (41.8) [33.3; 50.6]	25 / 64 (39.1) [27.1; 52.1]	31 / 70 (44.3) [32.4; 56.7]	0.48
Clinical Cure at EOT ‡ – no. (%), 95% CI				0.48
Clinical resolution	37 / 406 (9.1) [6.5; 12.3]	15 / 203 (7.4) [4.2; 11.9]	22 / 203 (10.8) [6.9; 16.0]	
Improvement	158 / 406 (38.9) [34.2; 43.9]	81 / 203 (39.9) [33.1; 47.0]	77 / 203 (37.9) [31.2; 45.0]	
Clinical failure	211 / 406 (52.0) [47.0; 56.9]	107 / 203 (52.7) [45.6; 59.7]	104 / 203 (51.2) [44.1; 58.3]	
Missing	72	35	37	
Clinical Cure at EOS ‡– no. (%), 95% CI				0.19
Clinical resolution	49 / 374 (13.1) [9.9; 17.0]	19 / 190 (10.0) [6.1; 15.2]	30 / 184 (16.3) [11.3; 22.5]	
Improvement	140 / 374 (37.4) [32.5; 42.6]	75 / 190 (39.5) [32.5; 46.8]	65 / 184 (35.3) [28.4; 42.7]	
Clinical failure	185 / 374 (49.5) [44.3; 54.7]	96 / 190 (50.5) [43.2; 57.8]	89 / 184 (48.4) [41.0; 55.8]	
Missing	66	34	32	
Microbiological Cure at EOT ‡ – no. (%), 95% CI				0.79
Documented microbiological eradication	143 / 404 (35.4) [30.7; 40.3]	66 / 203 (32.5) [26.1; 39.4]	77 / 201 (38.3) [31.6; 45.4]	
Presumed microbiological eradication	23 / 404 (5.7) [3.6; 8.4]	11 / 203 (5.4) [2.7; 9.5]	12 / 201 (6.0) [3.1; 10.2]	
Documented microbiological persistence	40 / 404 (9.9) [7.2; 13.2]	21 / 203 (10.3) [6.5; 15.4]	19 / 201 (9.5) [5.8; 14.4]	
Presumed microbiological persistence	82 / 404 (20.3) [16.5; 24.6]	44 / 203 (21.7) [16.2; 28.0]	38 / 201 (18.9) [13.7; 25.0]	
Superinfection	25 / 404 (6.2) [4.0; 9.0]	15 / 203 (7.4) [4.2; 11.9]	10 / 201 (5.0) [2.4; 9.0]	
Colonization	1 / 404 (0.3) [0.0; 1.4]	1 / 203 (0.5) [0.0; 2.7]	0	
Indeterminate	90 / 404 (22.3) [18.3; 26.7]	45 / 203 (22.2) [16.7; 28.5]	45 / 201 (22.4) [16.8; 28.8]	
Missing	74	35	39	
Microbiological Cure at EOS ‡– no. (%), 95% CI				0.73
Documented microbiological eradication	123 / 373 (33.0) [28.2; 38.0]	58 / 193 (30.1) [23.7; 37.1]	65 / 180 (36.1) [29.1; 43.6]	
Presumed microbiological eradication	35 / 373 (9.4) [6.6; 12.8]	16 / 193 (8.3) [4.8; 13.1]	19 / 180 (10.6) [6.5; 16.0]	
Documented microbiological persistence	23 / 373 (6.2) [4.0; 9.1]	14 / 193 (7.3) [4.0; 11.9]	9 / 180 (5.0) [2.3; 9.3]	

	All n = 551	Monotherapy n = 273	Combination Therapy n = 278	p-value*
Presumed microbiological persistence	77 / 373 (20.6) [16.7; 25.1]	42 / 193 (21.8) [16.2; 28.3]	35 / 180 (19.4) [13.9; 26.0]	
Superinfection	34 / 373 (9.1) [6.4; 12.5]	17 / 193 (8.8) [5.2; 13.7]	17 / 180 (9.4) [5.6; 14.7]	
Colonization	0	0	0	
Relapse	6 / 373 (1.6) [0.6; 3.5]	4 / 193 (2.1) [0.6; 5.2]	2 / 180 (1.1) [0.1; 4.0]	
Indeterminate	75 / 373 (20.1) [16.2; 24.5]	42 / 193 (21.8) [16.2; 28.3]	33 / 180 (18.3) [13.0; 24.8]	
Missing	67	31	36	

* P Values based on patient with valid information and calculated by Chi-square test or Fisher's exact test, as appropriate.

† Analyses restricted to patients who were still under study treatment on day 7 or day 10, respectively.

‡ Patients who withdrew informed consent or died before EOT or EOS, respectively, were excluded.

EOT = End of therapy

EOS = End of study

eTable 5. Protocol violations*

	All n = 551	Monotherapy n = 273	Combination Therapy N = 278
Patients with at least one protocol violation	136 (25%)	74 (27%)	62 (22%)
1. Violation of one or more inclusion or exclusion criteria	12 (2%)	6 (2%)	6 (2%)
2. Non protocol-compatible administration of the study drugs			
Study treatment administered > 6 hours after enrollment	19 (3%)	16 (6%)	3 (1%)
Moxifloxacin administered > 12 hours after enrollment	4 (1%)	0	4 (1%)
The recommended daily dose of meropenem not administered for one complete study day	8 (1%)	4 (1%)	4 (1%)
The recommended daily dose of moxifloxacin not administered for one complete study day	17 (3%)	0	17 (6%)
Moxifloxacin administered in the monotherapy group	5 (1%)	5 (2%)	0
3. No additional antimicrobial therapy administered in case of			
a) Bacteremia due to methicillin-resistant staphylococci	3 (1%)	1 (<1%)	2 (1%)
b) Bacteremia due enterococci	8 (1%)	5 (2%)	3 (1%)
c) Bacteremia due to Candida spp.	6 (1%)	2 (1%)	4 (1%)
4. Any additional antimicrobial therapy administered within the first 96 hours after enrolment (with the exception of 3 a-c)	77 (14%)	44 (16%)	33 (12%)

* Data are presented as absolute frequencies and percentages in brackets.