

BALANCE trial

WHY BALANCE?

Several RCTs suggest that shorter treatment durations may suffice for GNB BSI. However, these studies were limited by **small sample sizes**, **large non-inferiority or delta margins**, and a **low representation of ICU patients**.

METHODOLOGY

Subjects with BSI (GPC or GNB) were randomized to 7 vs. 14 days of therapy. The study excluded patients with severe immunosuppression, complicated infections, or BSI caused by fungi, *Staphylococcus aureus/lugdunensis*, or rare organisms requiring prolonged therapy. **The non-inferiority margin used was 4%.**

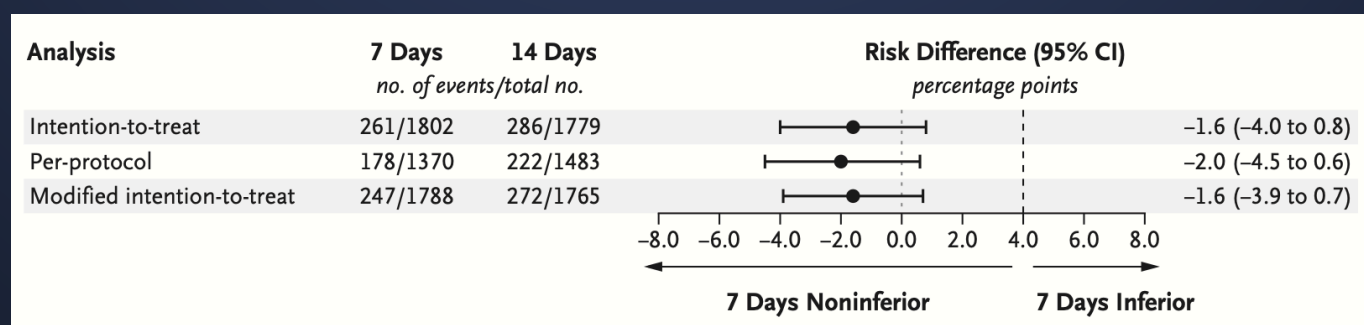
RESULTS

N= 3631: 1,824 in the 7-day arm and 1,807 on the 14-day arm.

Median age = 70 years (IQR 59-80). Males = 53.3 %

Key/main characteristics:

- **Infection Source:** UTI (42.2%)
- **Acquisition:** Community-acquired (75.4%)
- **BSI pathogens:** Monomicrobial GNB BSI (71%), with *E. coli* (43.8%) being the most common pathogen.
- **Notable details:** 55% were enrolled in ICU



7-day therapy **was non-inferior**: upper bound CI did NOT cross 4%. This result remained consistent across ITT, PP, and MITT analyses, as well as in the majority of subgroups.

Exceptions were observed in patients with high APACHE scores (≥ 25), those requiring vasopressors/inotropes, patients with pneumonia, GPC or polymicrobial BSI, and those with an unknown source of BSI.

IS SHORTER BETTER?

7-day treatment was non-inferior to 14-day treatment in BSI, for a wide range of organisms and foci of infections.