subgroups were defined by any medical history of diabetes (type 1, type 2, or unspecified), or no medical history of diabetes. Efficacy outcomes were early clinical response (ECR) and investigator’s assessment of clinical response at post-treatment evaluation (PTE), as defined for each indication. Safety was assessed by treatment-emergent adverse events (TEAEs) and laboratory measures, and data were pooled across the three studies. Results. A total of 2,136 patients were included, of whom 238 (11.3%) had any history of diabetes (n = 105 for ABSSSI, n = 133 for CABP). In the pooled ABSSSI studies and the CABP study, clinical success at ECR and PTE was similar between patients with or without diabetes, and between OMC and the respective comparator (figure). TEAEs and serious TEAEs, respectively, were reported in similar numbers of OMC, LEF, and MOX-treated patients with diabetes (41.8–43.9%, 4.5–7.0%) and without (41.2–48.3%, 1.6–6.9%). Rates of nausea and vomiting, respectively, in patients with diabetes were similar across treatment arms: OMC (5.0%, 5.0%), LEF (7.5%, 6.0%), MOX (7.0%, 2.8%). Conclusion. Gepotidacin efficacy and safety were similar and consistent in patients with or without diabetes.

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701. Comparison of MIC Results for Gepotidacin by Agar Dilution and Broth Microdilution Methods

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Methods. Comparison of MIC results for gepotidacin by agar dilution and broth microdilution methods for Gram-positive and Gram-negative organisms. Essential agreement (EA) was assessed for all new species isolates compared against SENTRY Antimicrobial Surveillance Program (APR) panel of strains. Methods. Essential agreement (EA) was assessed for all new species isolates compared against SENTRY APR panel of strains.