Appendix 2: Characteristics of randomized controlled trials included in the meta-analysis of the effectiveness of fluoroquinolones compared with other antibiotics for the treatment of community-acquired pneumonia (part 1 of 4)

Study	Population	Mean or median age,* men, %	Quinolone regimen	Comparator regimen	Additional antibiotics allowed	Resistance at baseline (*S. pneumoniae*)†
Carbon et al[1]	In- and outpatient adults ≥18 yr (mild to moderate CAP)	41.2 ± 15.6 v. 40.9 ± 14.2, 58 v. 68	PO levofloxacin 500 mg q24 h or q12 h	PO amoxicillin-clavulanate 625 mg q8 h	None	levofloxacin: 1/156 amoxicillin-clav: 14/138
D'Ignazio et al[2]	Outpatient adults ≥18 yr (mild to moderate CAP)	48.2 ± 18.1 |v. 49.0 ± 18.6, 51 v. 57	PO levofloxacin 500 mg q24 h	PO azithromycin 2 gr (one dose formulation)	None	levofloxacin: 0/28, azithromycin: 2/13 v. 5/15, penicillin:1/15 v. 1/13, (intermediate 4/15 v. 4/13)
Erard et al[3]	Inpatient adults ≥18 yr (moderate to severe CAP)	77 (24–92) v. 77 (26–95), 60 v. 68	PO levofloxacin 500 mg q12 h	IV ceftriaxone 2 gr q24 h with/without IV/PO clarithromycin 500 mg q12 h (followed mostly by PO β-lactams), (combination therapy 54% of patients)	None	levofloxacin: 0/11 v. 0/8, penicillin: NA, azithromycin: NA
File et al[4]	In- (56%) and outpatient adults ≥18 yr (84% mild to moderate CAP)	49.1 ± 17.6 v. 50.1 ± 18.5, 55 v. 54	IV or PO levofloxacin 500 mg q24 h	IV ceftriaxone 1-2 gr q12-24h and/or PO cefuroxime 500 mg q12 h	IV/PO erythromycin 0.5-1 gr q6 h or PO doxycycline 100 mg q12 h for atypical pathogens (~20% of patients)	levofloxacin: 0/39 v. 0/40, penicillin: 0/28 v. 0/40, (intermediate resistance 6/28 in the levofloxacin group)
Finch et al[5]	Inpatient adults ≥18 yr (moderate to severe CAP)	55.2 ± 20.6 v. 55.9 ± 19.6, NA	IV to PO moxifloxacin 400 mg q24 h	IV amoxicillin-clavulanate 1.2 gr q8 h followed by PO 625 mg q8 h with/without IV/PO clarithromycin 500 mg q12 h (combination therapy 60% of patients)	None	Moxifloxacin: 0/58, clarithromycin: NA, amoxicillin-clav: NA PRSP: 2 isolates, PISP: 7 isolates
Fogarty et al[6]	Inpatient adults ≥ 18 yr (moderate to severe CAP)	61.6 ± 16.6 v. 59.8 ±18.1, 65 v. 71	IV to PO levofloxacin 500 mg q24 h	IV/IM ceftriaxone 1-2 gr q24 h plus IV erythromycin 0.5-1 gr q6 h, followed by PO amoxicillin/clavulanate 875 mg q12 h plus PO clarithromycin 500 mg q12 h	None	NA
Fogarty et al[7]	Outpatient adults ≥18 yr (mild to moderate CAP)	48 (18-88) v. 49 (18-88), 40 v. 49	PO moxifloxacin 400 mg q 24 h	PO clarithromycin 500 mg q12 h	None	PRSP: 3 isolates, treatment group not defined

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Appendix 2: Characteristics of randomized controlled trials included in the meta-analysis of the effectiveness of fluoroquinolones compared with other antibiotics for the treatment of community-acquired pneumonia (part 2 of 4)

Study	Population	Mean or median age,* men, %	Quinolone regimen	Comparator regimen	Additional antibiotics allowed	Resistance at baseline (*S. pneumoniae*)†
Frank et al[8]	Inpatient adults ≥18 yr (moderate to severe CAP)	67.8 ± 13.1 v. 67.3 ± 13.2 66 v. 77	IV to PO levofloxacin 500 mg q24 h	IV azithromycin 500 mg q24 h plus IV ceftriaxone 1 gr q24 h followed by optional PO azithromycin 500 mg q24 h	None	levofloxacin: 0/104 azithromycin: 8/104 ceftriaxone: 1/104
Geijo Martinez et al[9]	In- and outpatient adults ≥18 yr (59% moderate to severe CAP)	71.8 v. 70, 80 v. 86	IV to PO levofloxacin 500 mg q24 h	IV ceftriaxone 1-3 gr q24 h or cefotaxime 1-2 gr q6-8 h or amoxicillin-clavulanate 2.2 gr q8 h with/without IV to PO azithromycin 500mg q24 h or clarithromycin 250-500mg q12 h	None	NA
Gotfried et al[10]	Outpatient adults ≥18 yr (mild to moderate CAP)	49.0 ± 16.2 v. 51.2 ± 16.5, 51 v. 59	PO levofloxacin 250 mg q12 d	PO clarithromycin 500 mg q12 h	None	NA
Hoeffken et al[11]	Outpatient adults ≥18 yr (mild to moderate CAP)	48.4 ± 20.6 v. 48.0 ± 20.8 v. 48.2 ± 19.2, 62 v. 61 v. 62	PO moxifloxacin 200 mg or 400 mg q24 h	PO clarithromycin 500 mg q12 h	None	NA
Kalbermatter et al[12]	Inpatient adults ≥18 yr (mild to moderate CAP)	60 ± 13.9 v. 56 ± 19.3 v. 65 ± 15.2, 46 v. 40 v. 57	IV levofloxacin 500 mg q24 h	IV amoxicillin-clavulanate 1.2 gr q8h or IV ceftriaxone 1gr q12 h	NA	NA
Katz et al[13]	Inpatient adults ≥18 yr (76% mild to moderate CAP)	59.4 ± 19 v. 58.7 ± 20.5, 56 v. 56	IV moxifloxacin 400 mg q24 h	IV ceftriaxone 2 gr q24 h followed by PO cefuroxime 500 mg q12 h with or without IV/PO azithromycin 500 mg q24 h followed by PO 250 mg q24 h (combination therapy 72% of patients)	IV/PO metronidazole 500 mg q6 h	moxifloxacin: 0/26 penicillin: 3/26

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Appendix 2: Characteristics of randomized controlled trials included in the meta-analysis of the effectiveness of fluoroquinolones compared with other antibiotics for the treatment of community-acquired pneumonia (part 3 of 4)

Study	Population	Mean or median age,* men, %	Quinolone regimen	Comparator regimen	Additional antibiotics allowed	Resistance at baseline (*S. pneumoniae*)†
Leophonte et al[14]	Inpatient (94%) adults ≥18 yr (84% mild to moderate CAP)	53.3 ± 20.4 v. 55.3 ± 19.8, 64 v. 63	PO gemifloxacin 320 mg q24 h	PO amoxicillin-clavulanate 1000/125 mg q8 h	None	gemifloxacin: 0/69 macrolides: 16/69 Penicillin: 4/69 (9/69 intermediate resistance)
Lin et al[15]	Inpatient adults ≥18 yr (71% moderate to severe CAP)	65.3 ± 13.2 v. 71.0 ± 11.4, 65 v. 82	IV to PO levofloxacin 500 mg q24 h	IV amoxicillin-clavulanate 600 mg q8 h followed by PO 375 mg q8 h plus IV to PO clarithromycin 500 mg q12 h	NA	NA
Lode et al[16]	Inpatient adults ≥18 yr (80% mild to moderate CAP)	59.5 ± 17.7 v. 58.2 ± 18.7, 51 v. 60	PO gemifloxacin 320 mg q24 h	IV ceftriaxone 2 gr q24h, followed by PO cefuroxime 500 mg q12 h with or without a macrolide (combination therapy 39% of patients)	Macrolides‡ based on the discretion of the investigator	penicillin: 3/51
Norrby et al[17]	Inpatient adults ≥18 yr (moderate to severe CAP)	65 (18–94), 65 %	IV to PO levofloxacin 500 mg q12 h	IV ceftriaxone 2 gr q12 h	NA	levofloxacin: 1/332 ceftriaxone: 17/330
Petitpretz et al[18]	In- (79%) and outpatient adults ≥18 yr (mild to moderate)	52.0 ± 20.5 v. 49.9 ± 20.6, 61 v. 63	PO moxifloxacin 400 mg q24 h	PO amoxicillin 1000 mg q8 h	None	penicillin: 10/91 for all isolates (23/91 intermediate resistance)
Portier et al[19]	Inpatient adults ≥ 18 yr (mild to moderate CAP)	59.3 ± 17.9 v. 62.4 ± 18.0, 70 v. 75	PO moxifloxacin 400 mg q24 h	PO amoxicillin-clavulanate 1000/125 mg q8 h plus PO roxithromycin 150 mg q12 h	None	moxifloxacin: 0/11 v. 0/14 amoxicillin/clav: 0/11 v. 0/14 roxithromycin: 11/35 for all groups
Torres et al[20]	In- (5%) and outpatient adults ≥18 yr (83% mild to, moderate CAP)	52.7 ± 18.7 v. 49.3 ± 18.7, 59 v. 55	PO moxifloxacin 400 mg q24 h	PO amoxicillin 1 gr q8 h and/or PO clarithromycin 500 mg q12 h (combination therapy 59% of patients)	None	NA
Welte et al[21]	Inpatient adults ≥18 yr (83% mild to moderate CAP)	NA, 63 v. 55	IV moxifloxacin 400 mg q24 h	IV ceftriaxone 2 gr q24h	IV erythromycin 1 gr q6-8 h (combination therapy 38% of patients)	NA

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Appendix 2: Characteristics of randomized controlled trials included in the meta-analysis of the effectiveness of fluoroquinolones compared with other antibiotics for the treatment of community-acquired pneumonia (part 4 of 4)

Study	Population	Mean or median age,* men, %	Quinolone regimen	Comparator regimen	Additional antibiotics allowed	Resistance at baseline (*S. pneumoniae*)†
Xu et al[22]	Inpatient adults ≥18 yr (mild to moderate CAP)	NA, NA	IV moxifloxacin 400 mg q24 h	IV azithromycin 500 mg q24 h plus IV cefoperazone 2 gr q12 h	None	NA
Zervos et al[23]	Inpatient adults ≥18 yr (moderate to severe CAP)	72.5 ± 14.1 v. 70.8 ± 13.4, 58 v. 55	IV to PO levofloxacin 500 mg q24 h	IV azithromycin 500mg q24 h plus IV ceftriaxone 1gr q24 h followed by PO azithromycin 500mg q24 h	None	NA

Note: CAP = community acquired pneumonia, IV = intravenous, PO = per os, q = every, PRSP = penicillin-resistant *S. pneumoniae*, PISP = penicillin-intermediate *S. pneumoniae*, NA = not available.
*Mean age is given as mean ± standard deviation, and median age as median (range). When no comparative data were provided, the mean age of both groups is included in the table.
†Pathogens isolated from all groups of patients were tested for resistance against all (individual) study antibiotics. Susceptibility patterns are presented per antibiotic and then per group of patients. If no data are presented in the table for individual antibiotics, then there were no data available in the studies.
‡Macrolides include azithromycin, clarithromycin, roxithromycin, erythromycin and spiromycin.

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