



December 2025 Newsletter

Welcome to the ARLG Network's quarterly newsletter!

Thank you for supporting our mission to prioritize, design, and execute clinical research that will impact the prevention, diagnosis, and treatment of infections caused by antibiotic-resistant bacteria.

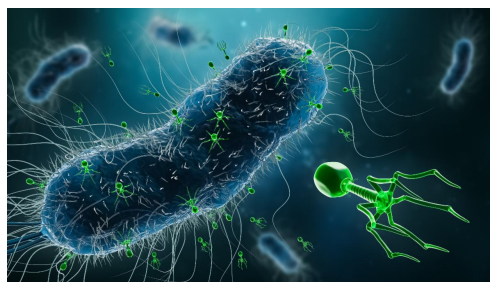
Read more for important ARLG updates, including:

- Program news
- Clinical site spotlight: University of North Carolina
- Mentee spotlight: Jesus Torres, MD, MPH, MSc, FACEP
- Events, including ARLG Grand Rounds
- Study milestones
- New publications

News

PHAGE Database Locked

The PHAGE study, led by Pranita Tamma, MD, MHS, University of Pennsylvania and Robert Schooley, MD, University of California, San Diego, has successfully reached database lock. The data generated from this study will deepen our understanding of optimal dosing strategies, safety considerations, and the expected microbiological responses associated with bacteriophage therapy.



[Read more](#)

ARLG Steering Committee Members Recognized for Significant Contributions to AMR in 2025

Congratulations to ARLG Steering Committee members Dr. Fowler, Dr. van Duin, Dr. Doi, and Dr. Paterson who were each recognized as one of Clarivate's Highly Cited

Researchers in 2025!

[Read more](#)



Congratulations, Dr. Mackow!

Congratulations to ARLG Fellow Natalie Mackow, MD, MSCR! Dr. Mackow, Renaissance School of Medicine at Stony Brook University, received the SHEA Trainee award at IDWeek 2025 for her abstract, “Using a novel Anaerobic Activity Index to assess risk for poor outcomes in burn patients in a burn intensive care unit.

[Read more](#)



Natalie Mackow, MD, MSCR
Renaissance School of
Medicine at Stony Brook
University

DOTS Lay Summary Published

The summary of results for the DOTS study is now available! The Dalbavancin as an an Option for Treatment of *S. aureus* Bacteremia (DOTS) study investigated if two doses of dalbavancin, a long-lasting antibiotic often used to treat severe, bacterial skin infections, could work better than the standard IV antibiotic treatment for patients hospitalized for complicated *Staphylococcus aureus* bloodstream infections.

[Read more](#)

SUMMARY OF RESULTS  **DOTS**
Antibacterial Resistance Leadership Group

The Antibacterial Resistance Leadership Group (ARLG) funds, designs, and conducts clinical research that will help prevent, diagnose, and treat infections caused by bacteria that are resistant to antibiotics.

The ARLG, along with the team of study doctors, scientists, and researchers, are pleased to describe the results from a study focused on improving antibiotic treatment options for bloodstream infections.

WHAT IS THE STUDY TITLED?
Dalbavancin as an Option for Treatment of *S. aureus* Bacteremia (DOTS)

MANUSCRIPT OF PRIMARY RESULTS OR CLINICAL STUDY REPORT
Dalbavancin for Treatment of Staphylococcus aureus Bacteremia: The DOTS Randomized Clinical Trial

IS THE STUDY REGISTERED WITH CLINICALTRIALS.ORG?
NCT04725952

WHAT IS THE PURPOSE OF THE RESEARCH? WHAT IS THE PRIMARY ENDPOINT?
Researchers for the DOTS study wanted to learn if two doses of dalbavancin, a long-lasting antibiotic often used to treat severe, bacterial skin infections, could work better than the standard intravenous (IV) antibiotic treatment for patients hospitalized for complicated Staphylococcus aureus (Staph or S. aureus) bloodstream infections. Intravenous (IV) means the medicine is given to a patient directly through a vein.

The researchers monitored participants to determine how well their staph infections improved and whether they experienced any symptoms or complications from the medicine. They used the ARLG's Disability of Outcome Ranking (DOOR) method to look at how patients were doing 70 days after their infections.

DOOR is designed to provide information from studies that doctors can later use to create better, customized treatment plans for patients. DOOR looks at both how well a treatment works and what side effects patients might have during treatment.

WHY WAS THIS RESEARCH CONDUCTED? WHAT IS THE RATIONALE?

S. aureus is the leading cause of death from bacterial bloodstream infections in the world. Patients diagnosed with severe bloodstream infections typically receive IV antibiotics through a peripherally inserted central catheter (PICC line) for four to six weeks. Although this is the standard treatment option, the use of a long-term PICC line can cause complications like blood clots and other infections.

One potential alternative, dalbavancin, is a long-acting antibiotic that may be able to treat complicated *S. aureus* bloodstream infections without a long-term PICC line.

Although there is some information from studies on the use of dalbavancin to treat staph bloodstream infections, the results have been encouraging but uncertain. The goal of the DOTS study was to give doctors better information about dalbavancin compared to the standard therapy option. This information can help doctors create better treatment plans for complicated *S. aureus* bloodstream infections.

©2025 Antibacterial Resistance Collaborators. Global mortality associated with 10 bacterial pathogens in 2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet*. 2020;400(10185):1202-1218. doi:10.1016/S0140-6736(20)11851-7

 **ARLG**
Antibacterial Resistance Leadership Group

DOTS Study Results Discussed in *NEJM Journal Watch*

In a recent article, “DOTS: Optimism Around a ‘Negative’ Dalbavancin Trial,” Dr. Paul Sax

summarizes the results of the DOTS study and why the findings are important.

[Read more](#)



Clinical Site Spotlight



The UNC Infectious Diseases Clinical Trial Team & Dr. David van Duin

David van Duin, MD, PhD, FIDSA, FAST, and the Infectious Diseases Clinical Trial Team at the University of North Carolina (UNC) have participated in several ARLG research activities. Dr. van Duin, Director of the Immunocompromised Host Infectious Diseases Program at UNC Health, served as the Principal Investigator for the MDRO Network and the CRACKLE and SHREC studies.

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Mentee Spotlight

Jesus R. Torres, MD, MPH, MSc, FACEP

Research Focus: Antimicrobial resistance (AMR) and emergency care treatment of skin and soft tissue infections caused by *Staphylococcus aureus*

Dr. Jesus Torres aims to characterize current antibiotic prescribing practices for community-associated methicillin-resistant *S. aureus* (CA-MRSA) and to identify emerging patterns of AMR. His work will offer valuable insight into appropriate antimicrobial treatment strategies and serve as a foundation for further AMR research.

Dr. Torres received an ARLG Early Stage Investigator (ESI) award, which he credits with playing a pivotal role in advancing his career. “It enabled closer collaboration with my mentor, Dr. David Talan, and *EMERGE*ncy IDNET, a national sentinel network for surveillance and research of emerging infectious diseases,” said Dr. Torres.



Jesus R. Torres, MD, MPH, MSc, FACEP
Assistant Professor of Emergency Medicine
David Geffen School of

“Through this support, I now serve as the principal investigator of this 12-site study on skin and soft tissue infections.”

Medicine at UCLA

[Read More](#)

Events

ARLG Grand Rounds This Friday, December 5, 4-5 p.m. ET (Online)

The next ARLG Grand Rounds will feature Mikeljon Nikolich, PhD, Chief of Bacteriophage Therapeutics in the Wound Infections Department at the Walter Reed Army Institute of Research.



Dr. Nikolich will present the *Rational Development of Bacteriophage Cocktails Incorporating Global Harvesting Toward Novel Off-the-Shelf Antimicrobials for Multidrug-Resistant Gram-Negative ESKAPE Pathogens*. Please join us for this presentation to learn about exciting prospects for the future of phage therapy and connect with fellow experts.

Click the Zoom link below to attend **on Friday, December 5 from 4–5 p.m. ET.**

We look forward to seeing you there!

[Zoom Link](#)



At IDWeek 2025, several ARLG members shared their expertise to improve outcomes for patients with infectious diseases. The ARLG was well represented in more than 40 sessions, posters, and oral presentations, including:

- The SHEA Lectureship, “Where is the true north of infection control?” presented by ARLG Mentoring Committee Chair, Dr. Anthony Harris
- The Maxwell Finland Lecture, “Antimicrobial Resistance at the Bedside: Translating Science into Patient Outcomes” presented by ARLG member, Dr. Cesar Arias
- “Molecular Diagnostics to Refine Duration of Therapy for Blood Stream Infection: *S. aureus*” presented by ARLG Co-Principal Investigator, Dr. Vance Fowler

[Visit our website](#) for the full list of ARLG IDWeek2025 sessions and view

Study Milestones

STUDY NAME	ACRONYM ORIGIN	STATUS
FAST NCT06174649	Fast Antibiotic Susceptibility Testing for gram-negative bacteremia	Data Analysis
INNOVATIONS QoL (2nd Study)	Quality of life (QoL) assessments in studies of patients undergoing treatment for intra-abdominal infections, complicated urinary tract infections, skin and skin structure infections, and hospital-acquired or ventilator-associated bacterial pneumonia	Manuscript Submitted
PHAGE NCT05453578	Study of the Safety and Microbiological Activity of Bacterio PHAGE s in Persons with Cystic Fibrosis Colonized with <i>Pseudomonas aeruginosa</i>	Data Analysis

[View More Study Milestones](#)

New Publications

Bloom PP, Garrett WS, Penniston KL, et al. Microbiota and kidney disease: the road ahead. *Nat Rev Nephrol.* 2025;21(10):702-716. doi:[10.1038/s41581-025-00988-5](https://doi.org/10.1038/s41581-025-00988-5)

Hareza DA, Bergman Y, Jacobs E, et al. Establishing the Optimal Ceftriaxone MIC for Predicting ESBL Production in Bloodstream Infections. *Open Forum Infect Dis.* 2025;12(9):ofaf490. Published 2025 Aug 14. doi:[10.1093/ofid/ofaf490](https://doi.org/10.1093/ofid/ofaf490)

Valentine-King M, Trautner BW, Hansen MA, et al. Clinical factors and diagnoses associated with inappropriate urine culture ordering in primary care. *Infect Control Hosp Epidemiol.* Published online October 21, 2025. doi:[10.1017/ice.2025.10235](https://doi.org/10.1017/ice.2025.10235)

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