

moved out of the country and forgot to take the medications. Per protocol analysis was also conducted, and this PP analysis mandated further exclusions. For PP analysis, the above five patients were excluded, and an additional six patients were excluded (five were lost to follow-up and one discontinued therapy after one day because of side effects).

Helicobacter is a bacterium that has acquired notoriety for being a cause of stomach ulcers. The standard test for *Helicobacter* infections, which is a breath test, occasionally provides false positive results (60,61,62,63,64). After conducting the breath test, false positives from the breath test generally can be detected by using a bacterial culture test.

d. Excluding subjects who failed to meet inclusion or exclusion criteria – the Weigelt study

In a study of soft tissue infections, Weigelt et al. (65) analyzed efficacy by ITT analysis as well as by modified ITT analysis. The ITT population included all randomized patients who received one or more doses of study medication. But the modified ITT population included only ITT patients who had a culture-confirmed Gram-positive pathogen at baseline. The basis for this modified ITT group was that the inclusion criteria required only that a Gram-positive infection be “presumed,” and did not require the availability of actual laboratory data for enrollment in the clinical trial. Of the patients completing the study, the ITT group consisted of 930 patients, while the modified ITT group consisted of 664 patients. By “patients completing the study,” what is meant is the number of patients evaluated seven days after drug treatment was completed. This demonstrates that the percentage of patients in failing to have a confirmed Gram-positive bacterial infection was significant and dramatic.

e. Excluding subjects who failed to meet inclusion or exclusion criteria – the Pinchichero study

In a study of bacterial infections treated with antibiotics, Pichichero et al. (66) patients were screened for *Streptococcus pyogenes* by way of a rapid test (immunoassay), where a

⁶⁰ Cardinali LC, Rocha GA, Rocha AM, et al. Evaluation of [¹³C]urea breath test and *Helicobacter pylori* stool antigen test for diagnosis of *H. pylori* infection in children from a developing country. *J Clin Microbiol.* 2003;41:3334–3335.

⁶¹ Kindermann A, Demmelmair H, Koletzko B, Krauss-Etschmann S, Wiebecke B, Koletzko S. Influence of age on ¹³C-urea breath test results in children. *J Pediatr Gastroenterol Nutr.* 2000;30:85–91.

⁶² Mauro M, Radovic V, Zhou P, et al. ¹³C urea breath test for *Helicobacter pylori*: determination of the optimal cut-off point in a Canadian community population. *Can J Gastroenterol.* 2006;20:770–774.

⁶³ Osaki T, Mabe K, Hanawa T, Kamiya S. Urease-positive bacteria in the stomach induce a false-positive reaction in a urea breath test for diagnosis of *Helicobacter pylori* infection. *J Med Microbiol.* 2008;57:814–819.

⁶⁴ Abraha I, Alessandro Montedori A. Modified intention to treat reporting in randomised controlled trials: systematic review. *Brit Med J.* 2010;340:c2697.

⁶⁵ Weigelt J, Itani K, Stevens D, Lau W, Dryden M, Knirsch C. Linezolid versus vancomycin in treatment of complicated skin and soft tissue infections. *Antimicrob Agents Chemother.* 2005;49:2260–2266.

⁶⁶ Pichichero ME, Casey JR, Block SL, et al. Pharmacodynamic analysis and clinical trial of amoxicillin sprinkle administered once daily for 7 days compared to penicillin V potassium administered four times daily for 10 days in the treatment of tonsillopharyngitis due to *Streptococcus pyogenes* in children. *Antimicrob Agents Chemother.* 2008;52:2512–2520.