The publisher regrets that the wrong abstract was processed as No. 183 in the above abstract book. The correct abstract is shown below.

**CmaxSS:MIC ratio, as a predictor of clinical response to intravenous tobramycin in cystic fibrosis patients with Pseudomonas aeruginosa**

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**Introduction:** Tobramycin kills *Pseudomonas aeruginosa* more effectively at a higher maximum steady-state tobramycin level (CmaxSS) and where strains of *P. aeruginosa* have a lower minimum inhibitory concentration (MIC). Hence, the ratio of CmaxSS:MIC may predict bacterial killing. The object of this study was to see if this ratio also predicts clinical effectiveness.

**Methods:** This was a sub-study of the TOPIC study. CF patients were randomly assigned to once or three times daily tobramycin (approximately 10 mg/kg/24 h). All patients also received ceftazidime (approximately 150 mg/kg/24 h). This report describes 14 patients where the CmaxSS was calculated by pharmacokinetic modelling and where MIC was measured for the strains of *P. aeruginosa* in the patient’s sputum. FEV1 was measured at the beginning and end of a 14-day course of intravenous antibiotics and the difference was calculated as percent baseline.

**Results:** There were 6 males and 8 females (median age 16 years). Eight received once daily and six thrice daily. The median increase in FEV1 percent baseline after 2 weeks of intravenous antibiotics was 23%. The median MIC of the most prevalent organism at the start of treatment was 1.5 and of the most tobramycin-resistant organism was 4.0. There was no correlation between CmaxSS:MIC ratio for the most prevalent strain of *P. aeruginosa* and the percent change in FEV1 (Spearman’s rho=−0.015, *P*=0.96) or for the same ratio calculated for the most resistant strain of *P. aeruginosa* and percent change in FEV1 (Spearman’s rho=−0.046, *P*=0.88).

**Conclusions:** We were unable to show a relationship between the ratio of CmaxSS:MIC and clinical outcome. A larger study may help investigate this relationship more fully. This work is supported by CF Trust grant PJ467 and by Chiron.