Supplemental Digital Content 5

TABLE: Summary of Patient Analysis Sets

Analysis Set	Definition
Intent-to-treat (ITT)	All randomized patients
Safety	All randomized patients who received any amount of IV study drug
Safety evaluable	A subset of patients from the safety analysis set who received ≥9 doses of study treatment Two patients were excluded from the safety evaluable analysis set due to having received <9 doses of study treatment
Microbiological-intent-to-treat (micro-ITT)	All randomized patients with a baseline pathogen known to cause cIAI
Clinically evaluable (CE)	All randomized patients with a confirmed diagnosis of cIAI, who received IV study drug for ≥48 hours (6 doses) or ≥72 hours (9 doses), so as to be considered an evaluable clinical failure or cure, respectively, had a clinical response other than indeterminate at the associated study visit and no important protocol deviations (including receipt of concomitant antibiotics) affecting efficacy assessment NB: CE was defined separately for each visit; CE at 72 hours, CE at EOIV, CE at EOT, CE at TOC, CE at LFU
Microbiologically evaluable (ME)	All randomized patients with a confirmed diagnosis of cIAI, who either received IV study drug for ≥48 hours (6 doses) or ≥72 hours (9 doses), so as to be considered an evaluable clinical failure or cure, respectively, had a microbiological response other than indeterminate at the associated study visit, no important protocol deviations (including receipt of concomitant antibiotics) affecting efficacy assessment and ≥1 baseline pathogen typical of IAI isolated from an adequate microbiological specimen demonstrating susceptibility to both ceftazidime-avibactam + metronidazole and meropenem NB: ME was defined separately for each visit; ME at 72 hours, ME at EOIV, ME at EOT, ME at TOC, ME at LFU
Pharmacokinetic (PK)	A subset of patients from the safety analysis set who had ≥1 ceftazidime and/or avibactam plasma measurement available

cIAI, complicated intra-abdominal infection; EOIV, end-of-intravenous treatment; EOT, end-of-treatment; IV, intravenous; LFU, late follow-up; TOC, test-of-cure.