**Re-Evaluations of the NCCLS Quality Control Guidelines for Gatifloxacin and Garenoxacin (BMS284756) When Susceptibility Testing**

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**ABSTRACT**

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**H. influenzae**, **S. pneumoniae**

**MATERIALS & METHODS**

An eight laboratory study group was utilized in the re-evaluation of gatifloxacin and garenoxacin disk diffusion and microdilution methods. A total of 160 gatifloxacin strains and 320 garenoxacin strains were obtained from Bristol-Myers Squibb (Princeton, NJ), and clarithromycin laboratory standard compound (a second internal control) was obtained from Abbott Laboratories (Chicago, IL). Each laboratory tested the QC strain daily for 10 days using the method of choice. Gatifloxacin and garenoxacin were sampled from broth microdilution trays was 3.5 x 10⁵ CFU/ml.

**RESULTS**

• Table 2 summarizes the garenoxacin zone diameter results for garenoxacin disk diffusion test method. The gatifloxacin disk diffusion results were compared to the gatifloxacin zone diameter results for each laboratory as described by the NCCLS. The modal zone diameter by each laboratory (data not shown). Again, this variation demonstrated the difficulty in reading zone diameter results, but did not indicate a need to changing the current disk diffusion QC range for gatifloxacin (BMS284756). Each current QC range for gatifloxacin against strains of ciprofloxacin-resistant Gram-positive cocci.

**CONCLUSIONS**

• The re-evaluation of the zone diameter and MIC ranges for gatifloxacin and garenoxacin illustrates the need for continued monitoring of the QC organisms used by clinical laboratories for internal quality assurance.

• When the occasional re-out of control results are made to the NCCLS QC working group, susceptibility test manufacturers or laboratory inspectors, it seems in the best interest of laboratory medicine to follow up via structured re-evaluation of the problematic QC ranges.

**SELECTED REFERENCES**

