Ceftobiprole Activity against Pathogens Causing Bacterial Skin and Skin Structure Infections in the United States from 2016 through 2018

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Introduction

- Ceftobiprole medocaril is an advanced parenteral cephalosporin prodrug that is approved in 17 European countries, Argentina, Canada, Jordan, Peru, and Saudi Arabia for the treatment of adults with community (CAP)- and hospital-acquired pneumonia (excluding ventilator-associated pneumonia)
- Ceftobiprole was specifically designed to inhibit penicillin-binding protein 2A (encoded by mecA), which confers methicillin (oxacillin) resistance in Staphylococcus aureus
- Ceftobiprole exhibits potent in vitro antimicrobial activity against many important Gram-positive pathogens like S. aureus (including methicillin-resistant [MRSA] isolates) and Streptococcus pneumoniae
- Additionally, ceftobiprole exhibits antimicrobial activity against *Enterobacteriaceae* and *Pseudomonas* aeruginosa isolates that is similar to other advanced cephalosporins like cefepime
- Ceftobiprole is not approved in the United States (USA) but has qualified infectious disease product status for the potential treatment of acute bacterial skin and skin structure infections (ABSSSIs), S. aureus bacteremia, and CAP
- Ceftobiprole is being evaluated in 2 phase 3 clinical trials for patients with
- ABSSSIs (expected completion in 2019)
- S. aureus bacteremia, including infective endocarditis (expected completion in 2021)
- In this study, the *in vitro* activity of ceftobiprole and comparators was evaluated against recent clinical isolates collected in the USA from patients with skin and skin structure infections (SSSIs)

Materials and Methods

Bacterial isolates

- A total of 7,354 clinical isolates were collected from patients with SSSIs at 32 US medical centers from 2016 through 2018
- Bacterial species were identified by the submitting laboratories and confirmed by JMI Laboratories using standard microbiology methods and matrix-assisted laser desorption ionization-time of flight mass spectrometry (Bruker Daltonics, Bremen, Germany)
- The extended-spectrum β -lactamase (ESBL) phenotype was defined for Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca, and Proteus mirabilis as an MIC value $\geq 2 \text{ mg/L}$ for ceftriaxone, ceftazidime, and/or aztreonam (CLSI. 2019)
- The major SSSI species and pathogen groups included S. aureus (53%), Enterobacteriaceae (23%), *P. aeruginosa* (7%), β-hemolytic streptococci (BHS; 6%), *Enterococcus* spp. (4%), and coagulase-negative staphylococci (CoNS; 2%) (Figure 1)

Susceptibility testing

- Susceptibility to ceftobiprole and comparator agents was tested using current Clinical and Laboratory Standards Institute (CLSI) methods
- CLSI and European Committee on Antimicrobial Susceptibility Testing (EUCAST) interpretive criteria were applied according to current guidelines
- US Food and Drug Administration criteria were used as an alternative breakpoint source for tigecycline • JMI Laboratories followed current CLSI quality assurance practices when performing the susceptibility tests
- MIC values were validated by concurrently testing CLSI-recommended (M100, 2019) ATCC quality control (QC) reference strains
- QC ranges for tested reference strains were those approved or published by CLSI (M100, 2019) - The inoculum density during susceptibility testing was monitored by bacterial colony counts
- The susceptibilities of pathogen groups without specific published interpretive criteria for ceftobiprole were evaluated using the EUCAST non-species-specific breakpoint of 4 mg/L (EUCAST, 2019); further studies are required to evaluate the full clinical utility of ceftobiprole against such organisms

Results

- Ceftobiprole was highly active against S. aureus from SSSIs (MIC_{50/90}, 0.5/1 mg/L; 99.7% susceptible at the EUCAST breakpoint of 2 mg/L) (Table 1)
 - Ceftobiprole activity against S. aureus was virtually identical when the data were stratified by year (Figure 2) - Against the MRSA subset (41.9% of all S. aureus), the MIC_{50/90} values increased by only 2-fold (99.4% susceptible) (Table 2)

– All MRSA isolates were susceptible to daptomycin, tigecycline, and vancomycin (Table 2) – 97.1% of the MRSA isolates were susceptible to ceftaroline (Table 2)

- Ceftobiprole also exhibited potent activity against the other major groups of Gram-positive cocci associated with SSSIs, including
- BHS (MIC_{50/90}, 0.015/0.03 mg/L; 100% inhibited at \leq 0.12 mg/L [4 mg/L is the EUCAST pharmacokinetic/pharmacodynamic non-species-related breakpoint]) (Table 1)
- Ceftobiprole was only 2-fold less potent against the methicillin-resistant CoNS subset (MIC_{50/90}, 1/2 mg/L; data not shown)
- 77.6% for both species) ESBL phenotype (Table 3)
- Ceftobiprole also exhibited potent activity against P. mirabilis, Serratia marcescens, and Enterobacter cloacae species complex isolates from SSSIs (Table 1)
- 85.9% were susceptible to cefepime and 84.3% were susceptible to ceftazidime (Table 3)

Figure 1 Species and groups (number of US isolates) that were isolated from skin and skin structure infections

Table 1 Antimicrobial activity of ceftobiprole tested against the main species and groups from skin and skin structure infections

Organism/organisr (no. of isolates) Staphylococcus aureu

- Methicillin-suscept
- Methicillin-resistar
- nterobacteriaceae
- Escherichia coli (50
- ESBL-phenotype
- Non-ESBL-phenoty
- Proteus mirabilis (2
- ESBL-phenotype (
- Non-ESBL-phenoty

- Enterococcus faecalis (MIC_{50/90}, 0.5/2 mg/L; 99.6% inhibited at \leq 4 mg/L) (Table 1)
- Ceftaroline (MIC_{50/90}, 2/8 mg/L) was 4-fold less potent than ceftobiprole (Table 2)
- CoNS (MIC_{50/90}, 0.5/1 mg/L; 100% inhibited at \leq 4 mg/L) (Table 1)
- The overall susceptibility of all *Enterobacteriaceae* SSSI isolates to ceftobiprole was 84.8% (Table 3) Enterobacteriaceae susceptibility to ceftobiprole was similar to other expanded-spectrum cephalosporins like cefepime (89.7%) and ceftazidime (85.0%) (Table 3)
 - The majority of *E. coli* and *K. pneumoniae* isolates exhibited a non-ESBL phenotype (coincidentally
 - Ceftobiprole exhibited potent activity against *E. coli* (MIC_{50/90}, 0.03/0.06 mg/L; 99.7% susceptible) and K. pneumoniae (MIC_{50/90}, 0.03/0.06 mg/L; 99.3% susceptible) isolates that exhibited a non-
- A total of 74.4% of *P. aeruginosa* isolates were inhibited by ceftobiprole at ≤ 4 mg/L (Table 1)
- As expected, ceftobiprole was largely inactive against *Enterococcus faecium* (MIC_{50/90}, >4/>4 mg/L; data not shown) and *E. coli* and *K. pneumoniae* isolates that exhibited an ESBL phenotype (Table 1)

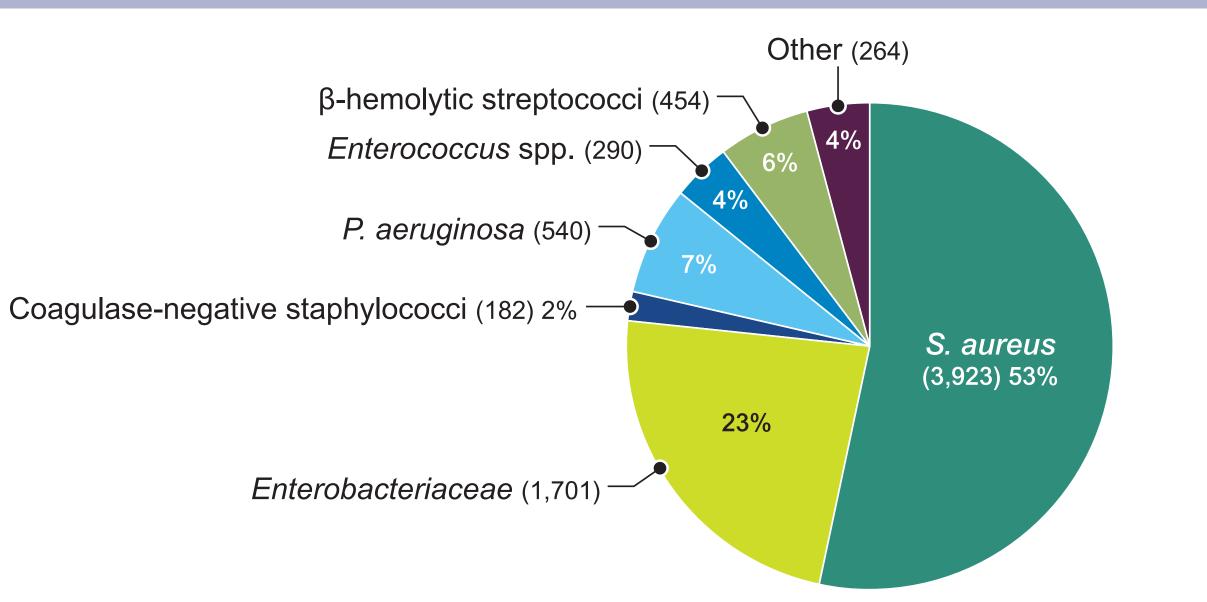


Table 2 Activity of ceftobiprole and comparator agents when tested against the major groups of Gram-positive bacteria from SSSIs (USA: 2016–2018)

pecies or group		MIC (n	ng/L)		CLSI ^a			EUCAST	a	Species or group		MIC	(mg/L)		CLSI ^a		EUCAST ^a			
o. of isolates)	MIC	MIC		% S	0/	% R	% S	%	% R	(no. of isolates)	МІС			% S	%	% R	% S	%	% R	
Antimicrobial agent	50 State	90	Range		/0	/0	/0-3		/0	Antimicrobial agent	MIC ₅₀	MIC ₉₀	Range	/05	/0	/0	/05	/0	/0FN	
RSA (1,643)										Enterobacteriaceae (1,70	1) ^b									
eftobiprole	1	2	0.25 to 4				99.4		0.6	Ceftobiprole	0.03	>16	≤0.008 to >16				84.8		15.	
eftaroline	0.5	1	0.25 to 2	97.1 ^b	2.9	0.0	97.1°	2.9	0.0	Ampicillin-sulbactam	16	>32	≤0.5 to >32	44.9	17.4	37.7	44.9		55.	
eftriaxone	>8	>8	4 to >8	0.0		100.0				Aztreonam	0.12	16	≤0.03 to >16	87.6	1.6	10.8	85.6	2.0	12.	
lindamycin	≤0.25	>2	≤0.25 to >2	80.8	0.3	18.9	80.7	0.1	19.2	Cefepime	≤0.12	2	≤0.12 to >16	90.8°	2.2	7.0	89.7	2.4	7.9	
aptomycin	0.25	0.5	≤0.12 to 1	100.0			100.0		0.0	Ceftaroline	0.12	>16	≤0.03 to >16	75.9	6.0	18.1	75.9		24.	
rythromycin	>8	>8	≤0.06 to >8	14.2	2.9	82.8	14.5	0.9	84.6	Ceftazidime	0.25	16	0.03 to >32	88.7	1.2	10.1	85.0	3.8	11.	
Gentamicin	<u>≤1</u>	<u>≤1</u>	$\leq 1 \text{ to } > 8$	97.5	0.2	2.3	97.4		2.6	Ceftriaxone	0.12	>8	≤0.06 to >8	83.7	1.5	14.8	83.7	1.5	14.	
evofloxacin	4	>4	0.06 to >4	40.4	1.3	58.3	40.4		59.6	Colistin	0.25	>8	≤0.06 to >8				67.3		32.	
inezolid	1	2	$\leq 0.12 \text{ to } > 8$	99.9	1 1	0.1	99.9		0.1	Gentamicin	0.5	2	≤0.12 to >8	92.5	0.6	6.8	91.7	0.9	7.	
etracycline	≤0.5	≤0.5	$\leq 0.5 \text{ to } > 8$	93.2	1.1	5.7	91.8	0.9	7.2	Imipenem	0.25	2	≤0.12 to >8	84.6	11.8	3.6	78.0	21.6	0.	
igecycline	0.06	0.12	≤0.015 to 0.5	100.0 ^d		_	100.0		0.0	Levofloxacin	0.06	>4	≤0.03 to >4	79.7	1.8	18.5	79.7	1.8	18	
rimethoprim-	≤0.5	≤0.5	≤0.5 to >4	97.3		2.7	97.3	0.0	2.7	Meropenem	0.03	0.06	≤0.015 to >32	99.4	0.0	0.6	99.4	0.5	0.	
ulfamethoxazole	1	1	0.25 to 2	100.0	$\cap \cap$		100.0		0.0	Piperacillin-tazobactam	2	8	≤0.5 to >64	94.0	2.1	3.9	91.5	2.5	6.	
ancomycin	L		0.25 to 2	100.0	0.0	0.0	T00.0		0.0	Tigecycline	0.5	2	≤0.06 to 8	91.7 ^d	7.4	0.9				
SSA (2,280) eftobiprole	0.5	0.5	≤0.03 to 1				100.0		0.0	Trimethoprim-		. 1		70.0		00.1	70.0	0.0	10	
eftaroline	0.25	0.25	≤0.05 to 1 ≤0.06 to 0.5	100.0 ^b	0.0	0.0	100.0°	0.0	0.0	sulfamethoxazole	≤0.5	>4	≤0.5 to >4	79.9		20.1	79.9	0.6	19.	
eftriaxone	Λ	0.23	0.5 to 8	100.0	0.0	0.0	100.0	0.0	0.0	Non-ESBL-phenotype Esch	herichia c	oli (388)			1	1				
lindamycin	 ≤0.25	≤0.25	≤0.25 to >2	96.3	0.0	3.7	96.1	0.1	3.7	Ceftobiprole	0.03	0.06	0.015 to 0.5				99.7		0.	
aptomycin	0.25	0.5	≤0.12 to 1	100.0			100.0		0.0	Ampicillin-sulbactam	8	>32	0.5 to >32	52.8	21.6	25.5	52.8		47	
rythromycin	0.25	>8	≤0.06 to >8	66.9	6.3	26.8	67.5	2.2	30.3	Aztreonam	0.12	0.25	≤0.03 to 1	100.0	0.0	0.0	100.0	0.0	0.0	
entamicin	<u>≤1</u>	≤1	≤1 to >8	99.0	0.2	0.8	98.9	212	1.1	Cefepime	≤0.12	≤0.12	≤0.12 to 1	100.0 ^c	0.0	0.0	100.0	0.0	0.	
evofloxacin	0.25	2	0.06 to >4	90.0	0.6	9.5	90.0		10.0	Ceftaroline	0.12	0.5	≤0.03 to 8	95.6	2.1	2.3	95.6		4.	
inezolid	1	2	0.25 to 4	100.0		0.0	100.0		0.0	Ceftazidime	0.25	0.5	0.06 to 1	100.0	0.0	0.0	100.0	0.0	0.	
etracycline		 ≤0.5	≤0.5 to >8	95.4	1.5	3.2	93.8	0.3	6.0	Ceftriaxone	≤0.06	0.12	≤0.06 to 0.5	100.0	0.0	0.0	100.0	0.0	0.	
igecycline	0.06	0.12	0.03 to 0.5	100.0 ^d			100.0		0.0	Colistin	0.12	0.25	≤0.06 to 1				100.0		0.	
rimethoprim-								0.0		Gentamicin	1	2	0.12 to >8	92.5	0.0	7.5	92.3	0.3	7.	
ulfamethoxazole	≤0.5	≤0.5	≤0.5 to >4	99.5		0.5	99.5	0.0	0.5	Imipenem	≤0.12	≤0.12	≤0.12 to 0.5	100.0	0.0	0.0	100.0	0.0	0.	
ancomycin	1	1	≤0.12 to 2	100.0	0.0	0.0	100.0		0.0	Levofloxacin	≤0.03	>4	≤0.03 to >4	75.8	1.0	23.2	75.8	1.0	23	
emolytic streptococo	ci (454) ^e		1		1		1	1		Meropenem	≤0.015	0.03	≤0.015 to 0.06	100.0	0.0	0.0	100.0	0.0	0.0	
eftobiprole	0.015	0.03	0.002 to 0.12							Piperacillin-tazobactam	2	4	≤0.5 to >64	99.2	0.3	0.5	98.7	0.5	8.0	
eftaroline	≤0.008	0.015	≤0.008 to 0.03	100.0			100.0		0.0	Tigecycline	0.12	0.25	≤0.06 to 1	100.0 ^d	0.0	0.0	99.7		0.3	
eftriaxone	0.03	0.06	≤0.015 to 0.12	100.0			100.0		0.0	Trimethoprim-								~ -		
lindamycin	≤0.25	>2	≤0.25 to >2	84.6	0.7	14.8	85.2		14.8	sulfamethoxazole	≤0.5	>4	≤0.5 to >4	73.1		26.9	73.1	0.5	26.	
aptomycin	≤0.06	0.25	≤0.06 to 0.5	100.0			100.0		0.0	Non-ESBL-phenotype Kleb	osiella pne	eumoniae	(149)			1				
rythromycin	0.03	>16	≤0.015 to >16	71.6	0.9	27.5	71.6	0.9	27.5	Ceftobiprole	0.03	0.06	0.015 to 0.5				99.3		0.	
evofloxacin	0.5	1	0.12 to >4	99.8	0.0	0.2	99.8		0.2	Ampicillin-sulbactam	8	16	≤0.5 to >32	82.6	12.1	5.4	82.6		17	
inezolid	1	2	0.5 to 2	100.0			100.0	0.0	0.0	Aztreonam	0.06	0.12	≤0.03 to 0.5	100.0	0.0	0.0	100.0	0.0	0.	
leropenem	≤0.008	0.06	≤0.008 to 0.06	100.0			100.0		0.0	Cefepime	≤0.12	≤0.12	≤0.12 to 0.5	100.0°	0.0	0.0	100.0	0.0	0.	
enicillin	0.015	0.06	≤0.008 to 0.06	100.0			100.0		0.0	Ceftaroline	0.12	0.25	≤0.03 to 1	99.3	0.7	0.0	99.3		0.	
etracycline	0.5	>4	≤0.25 to >4	59.4	1.3	39.3	58.7	0.7	40.6	Ceftazidime	0.12	0.5	0.03 to 1	100.0	0.0	0.0	100.0	0.0	0.0	
ancomycin	0.5	0.5	0.12 to 1	100.0			100.0		0.0	Ceftriaxone	≤0.06	0.12	≤0.06 to 1	100.0	0.0	0.0	100.0	0.0	0.0	
terococcus faecalis (2		0							1	Colistin	0.12	0.25	≤0.06 to >8	10010			98.6		1.	
eftobiprole	0.5	2	≤0.03 to >4	400.0			100.0			Gentamicin	0.25	0.5	≤0.12 to >16	99.3	0.0	0.7	99.3	0.0	0.	
mpicillin	1	1	≤ 0.5 to 2	100.0		0.0	100.0	0.0	0.0	Imipenem	≤0.12	0.25	≤0.12 to 1	100.0	0.0	0.0	100.0	0.0	0.0	
eftaroline		8	≤ 0.06 to >8		1 0					Levofloxacin	0.06	0.25	≤0.03 to 8	95.9	2.7	1.4	95.9	2.7	1.4	
aptomycin	0.5		$\leq 0.25 \text{ to } 4$	98.2 ^b	1.8	0.0	75 Of		24.0	Meropenem	0.03	0.03	≤0.015 to 0.06	100.0	0.0	0.0	100.0	0.0	0.	
evofloxacin		>4	≤0.03 to >4 0.5 to 2	75.8	0.0	24.2	75.8 ^f 100.0		24.2	Piperacillin-tazobactam	2	8	≤0.5 to 16	100.0	0.0	0.0	91.9	8.1	0.0	
inezolid	⊥ ≤0.5	 ≤0.5	$\leq 0.5 \text{ to } 2$ $\leq 0.5 \text{ to } > 16$	97.3	0.0	0.0	96.9		3.1	Tigecycline	0.5	1	≤0.06 to 8	97.3 ^d	2.0	0.7				
eicoplanin igecycline	<u>≤0.5</u> 0.06	<u>≤0.3</u> 0.12	≤ 0.5 to >10 ≤ 10 ≤ 0.015 to 0.12	97.3 100.0 ^g	0.0	2.1	100.0		0.0	Trimethoprim-		-								
ancomycin	1	2	0.25 to >16	96.9	0.0	3.1	96.9		3.1	sulfamethoxazole	≤0.5	≤0.5	≤0.5 to >4	94.6		5.4	94.6	0.0	5.	
agulase-negative sta		∠ i (182) ^h	0.20 (0 > 10	30.3	0.0	0.1	30.3		0.1	Pseudomonas aeruginosa	(540)									
eftobiprole	0.5	1	≤0.03 to 4							Ceftobiprole	2	16	0.25 to >16							
eftaroline	0.25	0.5	≤0.05 to 4 ≤0.06 to 2							Amikacin		8	$\leq 0.25 \text{ to } > 10$	98.7	0.4	0.9	94.6	4.1	1.	
eftriaxone	Δ	>8	≤0.00 to 2 ≤0.25 to >8	67.6		32.4				Ampicillin-sulbactam	>32	>32	$\leq 0.25 \text{ to } > 32$ $\leq 0.25 \text{ to } > 32$	50.1	0.7	0.0	57.0	7.1	1.	
lindamycin	≤0.25	>2	≤0.25 to >8	82.4	2.2	15.4	81.3	1.1	17.6	Artpicinii-Subactani Aztreonam	8	>16	<u>≤0.25 to >32</u> 0.06 to >16	68.3	13.0	18.7	81.3		18	
aptomycin	0.25	0.5	≤0.12 to 1	100.0		10.7	100.0	±.±	0.0	Cefepime	2	16	0.05 to >16	85.9	10.7	3.3	85.9		14	
ythromycin	0.23	>8	$\leq 0.06 \text{ to } > 8$	57.7	0.5	41.8	58.2	0.0	41.8	Ceftaroline	16	>16	0.25 to >16 0.5 to >16	00.9	10.7	5.5	00.9		14	
entamicin	<u>≤1</u>	2	$\leq 1 \text{ to } > 8$	90.1	0.5	9.3	89.6		10.4	Ceftazidime	10	32	0.12 to >32	84.3	5.6	10.2	84.3		15	
evofloxacin	0.25	>4	≤0.03 to >4	83.0	0.5	16.5	83.0		17.0			32			5.0					
inezolid	0.25	1	≤ 0.03 to >4 ≤ 0.12 to 2	100.0	0.0	0.0	100.0		0.0	Contomicin			0.12 to > 8	99.4	F 7	0.6	99.4		0.	
xacillin	1	>2	≤ 0.12 to 2 ≤ 0.25 to >2	67.6		32.4	68.1		31.9	Gentamicin	2	4	$\leq 0.12 \text{ to } > 8$	90.6	5.7	3.7	90.6		9.	
etracycline	 ≤0.5	1	$\leq 0.25 \text{ to } > 2$ $\leq 0.5 \text{ to } > 8$	92.9	1.1	6.0	90.1	2.7	7 1	Imipenem	1	8	$\leq 0.12 \text{ to } > 8$	81.9	3.5	14.6	85.4		14	
igecycline	0.06	0.12	≤0.015 to 0.5	0210			100.0	2.1	0.0	Levofloxacin	0.5	>4	≤0.03 to >4	69.4	8.7	21.9	69.4		30	
										Piperacillin-tazobactam	4	64	≤0.5 to >64	80.5	9.8	9.6	80.5		19	
			• -																	
imethoprim- ulfamethoxazole	≤0.5	4	≤0.5 to >4	83.0		17.0	83.0	7.1	9.9	Tigecycline Trimethoprim-	8	>8	0.5 to >8							

Intermediate interpreted as susceptible-dose dependent Using other than pneumonia breakpoints

FDA breakpoints accessed January 2019.

Organisms include: Streptococcus agalactiae (142), S. canis (3), S. dysgalactiae (41), S. pyogenes (268). Uncomplicated urinary tract infection only. FDA breakpoints accessed January 2019 applied to all *E. faecalis* but approved for vancomycin-susceptible isolates only.

S. saprophyticus (1), S. schleiferi (1), S. simulans (5), S. warneri (1), S. xylosus (1)

Tobial activity of certobipiole tested against the main species and groups nom skill and skill s																															
n group	No. and cumulative % of isolates inhibited at MIC (mg/L) of:										Organism/organism group	No. and cumulative % of isolates inhibited at MIC (mg/L) of:																			
	≤0.001 0.002 0.004 0.008					0.25	0.5	1	2	4	8	16 > ^a	MIC ₅₀	MIC ₉₀			0.002 0.004 0.008						0.5	1	2	4	8	16	> ^a		MIC ₉₀
eus (3,923)			1 <0.1	0 <0.1	13 0.4		1,758 59.8	3 1,215 90.7		10 100.0			0.5	1		Klebsiella pneumoniae (192)	0.0	4 2.1	108 58.3	32 75.0	5 77.6	0 77.6	2 78.6	4 80.7	2 81.8	1 82.3	0 82.3	0 82.3 1	34 L00.0 0	.03	>16
tible (2,280)			1 <0.1	0 <0.1	13 0.6	570 25.6	/	8 8 100.0)				0.5	0.5		ESBL-phenotype (43)			0 0.0	1 2.3	0 2.3	0 2.3	1 4.7	4 14.0	2 18.6	1 20.9	0 20.9	0 20.9 1	34 L00.0 >	16	>16
nt (1,643)					0 0.0	2 0.1	70 4.4	1,207 77.8		10 100.0			1	2		Non-ESBL-phenotype (149)	0 0.0	4 2.7	108 75.2	31 96.0	5 99.3	0 99.3	1 100.0						0	.03 (0.06
(1,701)	16 0.9	48 3.8	862 54.4	394 77.6	83 82.5	40 84.8	27 86.4	22 87.7	18 88.8	12 89.5	4 89.7	417189.9100.		>16		Serratia marcescens (135)		0 0.0	2 1.5	91 68.9	30 91.1	7 96.3	2 97.8	2 99.3	0 99.3	1 100.0			0	.06 (0.12
00)		10 2.0	291 60.2	83 76.8	10 78.8	6 80.0	4 80.8	2 81.2	1 81.4	1 81.6	0 81.6	2 90 82.0 100.	0.03	>16		<i>Enterobacter cloacae</i> species complex (244)		-	100 41.0	90 77.9	14 83.6	1 84.0	4 85.7	5 87.7	9 91.4	8 94.7	4 96.3	1 96.7 1	8 L00.0	.06	2
(112)		0 0.0	3 2.7	4 6.2	2 8.0	4 11.6	3 14.3	2 16.1	1 17.0	1 17.9	0 17.9	2 90 19.6 100.) >16	>16		Pseudomonas aeruginosa (540)					0 0.0	1 0.2	13 2.6	109 22.8	191 58.1	88 74.4	57 85.0	56 95.4 1	25 L00.0	2	16
otype (388)		10 2.6	288 76.8	79 97.2	8 99.2	2 99.7	1 100.0						0.03	0.06		β-hemolytic streptococci (454) 0.0	571981.12.646.3			3 99.8	1 100.0								0.	015 (0.03
258)	0.0	23 8.9	195 84.5	30 96.1	2 96.9	0 96.9	1 97.3	0 97.3	0 97.3	0 97.3	0 97.3	1 6 97.7 100.	0.03	0.06		Streptococcus pyogenes (268) 0.0	551871.93.773.5	68 98.9	2 99.6	1 100.0									0.	0 800	.015
(8)			0 0.0	1 12.5	0 12.5	0 12.5	0 12.5	0 12.5	0 12.5	0 12.5	0 12.5	1 6 25.0 100.) >16			Streptococcus agalactiae (142)	0.0	43 30.3	96 97.9	2 99.3	1 100.0								0	.03 (0.03
otype (250)	0.0	23 9.2	195 87.2	29 98.8	2 99.6	0 99.6	1 100.0						0.03	0.06		Enterococcus faecalis (223)			4 1.8	4 3.6	17 11.2	41 29.6	101 74.9	21 84.3	30 97.8	4 99.6		1	1 _00.0	.5	2
																Coagulase-negative staphylococci (182)			3 1.6	2 2.7	27 17.6	28 33.0	63 67.6	48 94.0	8 98.4				C	9.5	1
ESBL, extended-spectrum β-lactamase															Ē	ESBL, extended-spectrum β-lactamase	,							I							

Table 3 Activity of ceftobiprole and comparator agents when tested against the major groups of Gram-negative bacteria from SSSIs (USA: 2016–2018)

S, susceptible; I, intermediate; R, resistant; ESBL, extended-spectrum β -lactamase Criteria as published by CLSI 2019 and EUCAST 2019

Intermediate interpreted as susceptible-dose dependent.

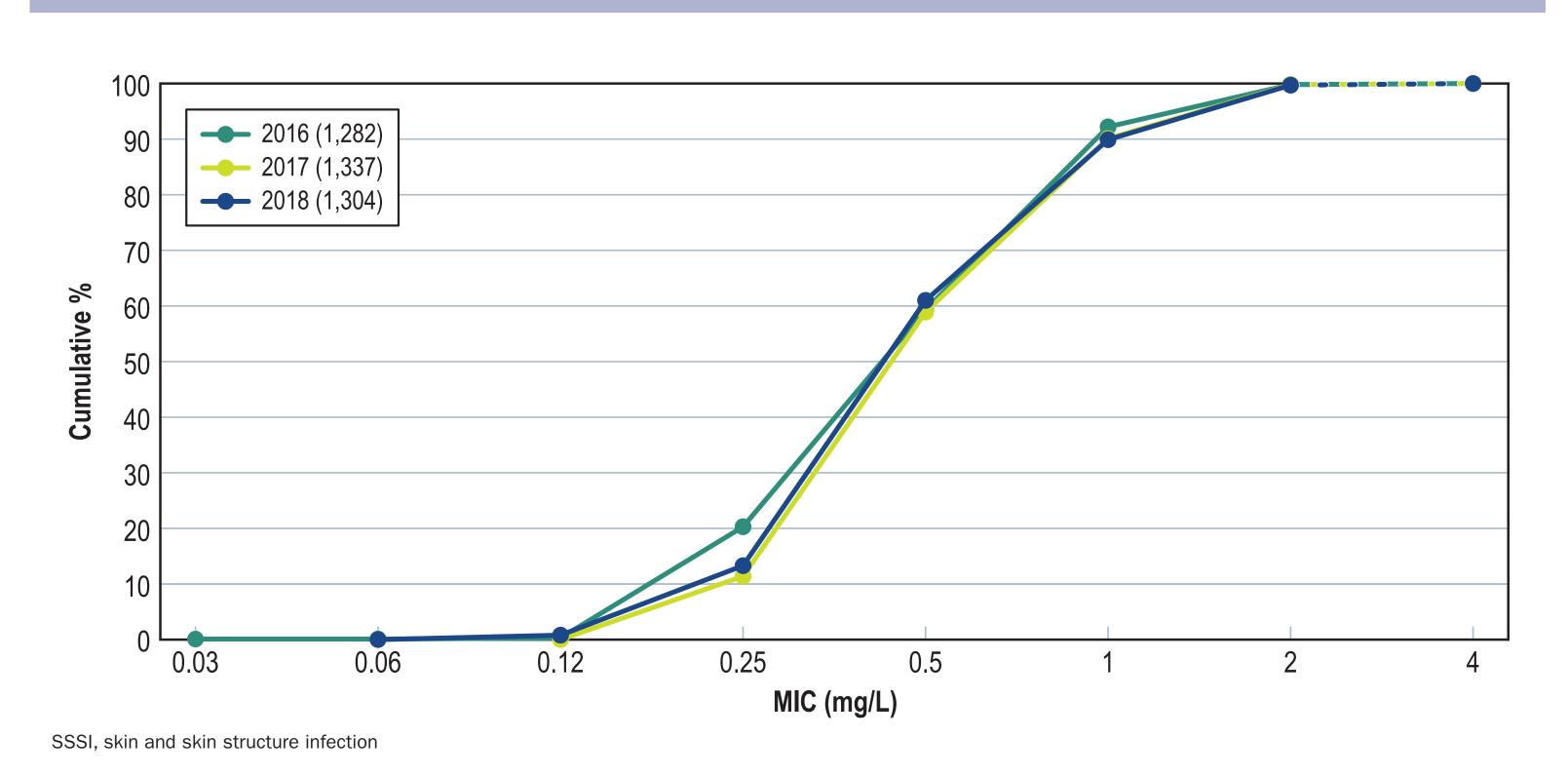
^d FDA breakpoints accessed January 2019.

complex (1), S. marcescens (135), unspeciated Pantoea (2), unspeciated Providencia (1), unspeciated Raoultella (2)

^h Organisms include: Staphylococcus capitis (2), S. caprae (2), S. epidermidis (63), S. haemolyticus (7), S. hominis (3), S. intermedius (1), S. lugdunensis (90), S. pseudintermedius (5)

^a Greater than the highest concentration tested.

Drganisms include: Citrobacter amalonaticus (1), C. amalonaticus/farmeri (3), C. farmeri (1), C. freundii (8), C. freundii species complex (43), C. koseri (31), Cronobacter sakazakii (1), Edwardsiella tarda (1), Enterobacter aerogenes (57), E. cloacae (115), E. cloacae species complex (129), Escherichia coli (500), E. hermannii (1), Klebsiella oxytoca (90), K. pneumoniae (192), Leclercia adecarboxylata (1), Lelliottia amnigena (1), Metakosakonia massiliensis (1), Morganella morganii (73), Pantoea agglomerans (2), P. calida (1), P. eucrina (1), Pluralibacter gergoviae (1), Proteus mirabilis (258), P. vulgaris (3), P. vulgaris group (16), Providencia rettgeri (14), P. stuartii (7), Serratia fonticola (1), S. liquefaciens (7), S. liquefaciens Figure 2 Ceftobiprole activity against US S. aureus SSSI isolates by year



Conclusions

- Ceftobiprole was highly active in vitro against a large percentage of the clinical isolates from the major Gram-positive and Gram-negative SSSI pathogen groups collected at US medical centers during 2016-2018
- 76% of the SSSI pathogens was composed of S. aureus and Enterobacteriaceae isolates - Overall, the S. aureus SSSI isolate set was 99.7% susceptible to ceftobiprole
- The Enterobacteriaceae SSSI isolate set was 84.8% susceptible to ceftobiprole
- The broad-spectrum activity of ceftobiprole, including potent activity against MRSA, supports its further evaluation for this potential indication

Acknowledgements

The data in this poster have been updated relative to the original abstract. This project has been funded in whole or in part with federal funds from the Department of Health and Human Services; Office of the Assistant Secretary for Preparedness and Response; Biomedical Advanced Research and Development Authority, under Contract No. HHS0100201600002C.

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