

# β-lactamase characterization of baseline Gram-negative pathogens from a Phase 3 trial of ceftazidime-avibactam (CAZ-AVI) for the treatment of nosocomial pneumonia

RE Mendes<sup>1</sup>, M Castanheira<sup>1</sup>, LN Woosley<sup>1</sup>, TB Doyle<sup>1</sup>, GG Stone<sup>2</sup>, R McLaughlin<sup>3</sup>, PA Bradford<sup>2</sup>, RK Flamm<sup>1</sup>

<sup>1</sup>JMI Laboratories, North Liberty, Iowa USA, <sup>2</sup>Formerly of AstraZeneca Pharmaceuticals LP, Waltham, Massachusetts USA; <sup>3</sup>AstraZeneca Pharmaceuticals LP, Waltham, Massachusetts USA

**Contact information:**  
**Rodrigo E. Mendes, Ph.D.**  
**JMI Laboratories**  
**345 Beaver Kreek Centre, Suite A**  
**North Liberty, Iowa 52317**  
**Phone: (319) 665-3370**  
**Fax: (319) 665-3371**  
**Email: rodrigo-mendes@jmilabs.com**

## Amended Abstract

**Background:** The efficacy and safety of ceftazidime-avibactam was assessed for treating adult patients with hospital-acquired pneumonia (HAP), including ventilator-associated pneumonia (VAP), in a randomised, multi-centre, double-blind, double-dummy, parallel-group Phase 3 trial (REPROVE; NCT01808092). Here, the β-lactamase content of select Gram-negative isolates recovered from patients enrolled in this Phase 3 trial was characterized.

**Methods:** Of the total 817 randomised patients, 209 patients from 16 countries had baseline isolates that met the MIC screening criteria for β-lactamase content determination. Selected isolates were screened for extended-spectrum β-lactamase (ESBL), oxacillinase, class C β-lactamase (plasmid AmpC; pAmpC), and carbapenemase genes. Isolates underwent microarray-based assay complemented by PCR/sequencing. Relative transcription levels of chromosomal AmpC (cAmpC) were assessed by RT-PCR, and *Pseudomonas aeruginosa* isolates underwent OprD protein and efflux-pump gene expression analysis. Isolates from China were only evaluated by *in silico* DNA sequence analysis.

**Results:** A total of 235 Gram-negative isolates recovered from the randomised patient populations met the screening criteria. This total included 26 patients with 2 baseline isolates each that met the screening criteria. *Enterobacteriaceae* (9 species) comprised 69.8% of the isolates (mostly *Klebsiella pneumoniae* [36.2%], *Escherichia coli* [11.1%], and *Enterobacter cloacae* [10.2%]) followed by *Pseudomonas* spp. (30.2%). A total of 47.6% (78/164) of *Enterobacteriaceae* isolates harboured at least 2 β-lactamase-encoding genes. Most *Enterobacteriaceae* (63.4%; 104/164) carried *bla*<sub>CTX-M</sub> alone or in combination with other ESBL/pAmpC/carbapenemases and/or narrow-spectrum enzymes. The CTX-M-encoding genes were predominantly from group 1 (69.2%; 72/104) or group 9 (29.8%; 31/104). Carbapenemase-encoding genes (4 *bla*<sub>KPC-2</sub>, 2 *bla*<sub>NDM-1</sub>, 2 *bla*<sub>NDM-5</sub>, 2 *bla*<sub>IMP-4</sub>, and 1 *bla*<sub>OXA-48</sub>) were noted in 6.7% (11/164) of *Enterobacteriaceae*, and these isolates were from China (8), India (2), and Romania (1). *Enterobacter* spp. often overexpressed cAmpC (43.8%; 14/32). *P. aeruginosa* (outside China) resulted in 32.4% (11/34) showing decreased expression of OprD and 11.8% (4/34) showing overexpression of cAmpC in the absence of any other examined resistance mechanism; however, 38.2% (13/34) exhibited OprD loss or cAmpC overexpression in combination with various other resistance mechanisms such as efflux over-expression or presence of other β-lactamase genes, including *bla*<sub>VIM-2</sub> (1 isolate from Ukraine). One isolate from Russia had *bla*<sub>VIM-2</sub>, and 1 isolate from the Czech Republic had *bla*<sub>PSE</sub>. Resistance mechanisms were not detected in 4 *Pseudomonas* spp. isolates. Only 16.2% (6/37) of the *Pseudomonas* spp. isolates from China had β-lactamase genes (*bla*<sub>CTX-M-3</sub> [1], *bla*<sub>PSE</sub> [1], *bla*<sub>IMP-25</sub> [2], and *bla*<sub>PER-1</sub> plus *bla*<sub>OXA-246</sub> [2]). The remaining *P. aeruginosa* isolates (83.8%; 31/37) presumably had intrinsic resistance mechanisms that were not analysed further.

**Conclusions:** CTX-M, mainly group 1 enzymes, prevailed among HAP/VAP *Enterobacteriaceae* isolates that met the screening criteria. Carbapenemase-producing *Enterobacteriaceae* were concentrated in the Asia-Pacific region. *Pseudomonas* spp. organisms rarely carried β-lactamase-encoding genes investigated in this study.

## Introduction

A Phase 3, randomised, multi-centre, double-blind, double-dummy, parallel-group, comparative trial to determine the efficacy, safety, and tolerability of ceftazidime-avibactam administered intravenously as a 2-hour infusion (2 g-0.5 g, every 8 hours) compared to meropenem administered intravenously as a 30-minute infusion (1 g every 8 hours) was conducted (REPROVE; NCT01808092)

The study presented here reports the characterisation of β-lactamase content among baseline *Enterobacteriaceae* and *Pseudomonas aeruginosa* isolates that met the predefined MIC criteria for extended-spectrum β-lactamase (ESBL) and/or carbapenemase production. The transcriptional levels of intrinsic AmpC and efflux pumps were also measured in selected isolates

## Materials and Methods

### Patients and clinical isolates

- In total, 817 patients were randomized into the Phase 3 study
- Randomised patients were from 23 countries, and 209 patients from 16 countries had baseline isolates that met the MIC screening criteria for β-lactamase content determination and were included in this study (Table 1)

### Antimicrobial susceptibility testing and MIC screening criteria

- Clinical isolate susceptibility testing was centrally performed using the broth microdilution method and following the Clinical Laboratory Standard Institute (CLSI) guidelines<sup>1, 2</sup>

- Ceftazidime was tested in combination with avibactam at a fixed concentration of 4 mg/L

- Ceftazidime-avibactam (≤8 mg/L for susceptible and ≥16 mg/L for resistant) and comparator breakpoints published by the European Committee on Antimicrobial Susceptibility Testing (EUCAST) were applied for all *Enterobacteriaceae* and *P. aeruginosa*<sup>3, 4</sup>
- Enterobacteriaceae* displaying ceftriaxone and/or ceftazidime MIC results of ≥2 mg/L and *P. aeruginosa* with ceftazidime MIC results of ≥16 mg/L were selected for further characterisation of narrow and ESBL genes and for *ampC* expression<sup>5</sup>
- Enterobacteriaceae* isolates exhibiting imipenem/meropenem MIC results ≥2 mg/L were tested for the presence of carbapenemase-encoding genes. *P. aeruginosa* isolates exhibiting imipenem/meropenem MIC results ≥8 mg/L were tested for the presence of carbapenemase-encoding genes, transcription levels of the efflux pump genes, and OprD analysis<sup>5</sup>

### Screening of β-lactamase and AmpC expression

- Isolates that met the MIC screening criteria were subjected to a microarray-based assay Check-MDR CT101 kit according to the manufacturer’s instructions (Check-Points, Wageningen, Netherlands), which is capable of detecting CTX-M groups 1, 2, 8+25 and 9, TEM, SHV, ACC, ACT/MIR, CMY, DHA, FOX, KPC, and NDM encoding genes<sup>5</sup>
- Supplemental multiplex PCR assays were used to detect additional ESBL- (*bla*<sub>GES</sub>, *bla*<sub>VEB</sub>, *bla*<sub>PER</sub>), and oxacillinase enzymes (*bla*<sub>OXA-2\*</sub>, *bla*<sub>OXA-10\*</sub>, and *bla*<sub>OXA-13</sub>-groups, *bla*<sub>OXA-18</sub>, and *bla*<sub>OXA-45</sub>), and carbapenemase-encoding genes (*bla*<sub>IMP</sub>, *bla*<sub>VIM</sub>, *bla*<sub>NDM-1</sub>, *bla*<sub>OXA-48</sub>, *bla*<sub>GES</sub>, *bla*<sub>NMC-A</sub>, *bla*<sub>SME</sub>, *bla*<sub>IMI</sub>)<sup>5</sup>
- All amplicons generated were sequenced on both strands (Sanger method); nucleotide and amino acid sequences were analysed using the Lasergene software package (DNASTAR, Madison, WI)

- The transcription levels of the chromosomal *ampC* and efflux pumps (MexAB, MexCD, MexEF, and MexXY) genes were determined using quantitative real-time PCR assays (qRT-PCR)

- During the quantification process for the target mRNA gene, a normalized expression analysis method was applied and relative comparison to susceptible control strains was completed

- A given strain was considered to overexpress *ampC* or efflux pump genes when at least a 5-fold greater difference of transcripts was detected as compared with a species-specific wild-type reference control strain

- Isolates from China were only evaluated by *in silico* whole genome DNA sequence analysis

## Results

- Among the 235 Gram-negative total isolates recovered from randomised patients that met the screening criteria, 26 patients each had 2 baseline isolates of different species

- Enterobacteriaceae* (9 species) comprised 69.8% of the isolates (mostly *Klebsiella pneumoniae* [36.2%], *Escherichia coli* [11.1%], and *Enterobacter cloacae* [10.2%]), followed by *P. aeruginosa* (30.2%) (Table 1)

**Table 1.** Baselines isolates meeting MIC screening criteria

Species/Region	Number of isolates
<i>Citrobacter freundii</i>	1
<i>Citrobacter kosari</i>	1
<i>Enterobacter aerogenes</i>	8
<i>Enterobacter cloacae</i>	24
<i>Escherichia coli</i>	26
<i>Klebsiella pneumoniae</i>	85
<i>Morganella morganii</i>	1
<i>Proteus mirabilis</i>	8
<i>Serratia marcescens</i>	10
<i>Pseudomonas aeruginosa</i>	71
<b>Total</b>	<b>235</b>
Region/Country of origin	
Latin America	
Brazil	12
Mexico	2
Europe	
Bulgaria	1
Czech Republic	56
France	6
Hungary	3
Poland	2
Romania	2
Russia	9
Ukraine	14
Asia-Pacific	
China	97
India	6
Japan	10
Philippines	7
Korea	5
Vietnam	3
<b>Total</b>	<b>235</b>

**Table 2.** MIC results for ceftazidime, ceftazidime-avibactam, and meropenem obtained against ex-China pathogens responsible for nosocomial pneumonia in Phase 3 trials for ceftazidime-avibactam that met the MIC screening criteria for molecular characterization

Organism	Agent <sup>a</sup>	Number of isolate at each MIC (mg/L) and cumulative %														
		≤0.06	0.12	0.25	0.5	1	2	4	8	16	32	64	128	256	>256	
<i>Enterobacteriaceae</i> (164) <sup>b</sup>	CAZ	2 (1.2)	3 (3.0)	8 (7.9)	4 (10.4)	7 (14.6)	10 (20.7)	14 (29.3)	16 (39.0)	9 (44.5)	19 (56.1)	24 (70.7)	48 (100.0) <sup>d</sup>			
	CAZ-AVI	18 (11.0)	43 (37.2)	37 (59.8)	34 (80.5)	12 (87.8)	7 (92.1)	4 (94.5)	1 (95.1)	1 (95.7)	1 (96.3)	0 (96.3)	0 (96.3)	0 (96.3)	6 (100.0) <sup>a</sup>	
	MER	128 (78.0)	16 (87.8)	5 (90.9)	2 (92.1)	1 (92.7)	0 (92.7)	1 (93.9)	10 (100.0) <sup>d</sup>							
<i>E. coli</i> (26)	CAZ				1 (3.8)	1 (7.7)	5 (26.9)	1 (30.8)	5 (50.0)	2 (57.7)	2 (65.4)	5 (84.6)	4 (100.0) <sup>d</sup>			
	CAZ-AVI	5 (19.2)	11 (61.5)	4 (76.9)	3 (88.5)	0 (88.5)	0 (92.3)	0 (92.3)	0 (92.3)	0 (92.3)	1 (96.2)	0 (96.2)	0 (96.2)	0 (96.2)	1 (100.0)	
	MER	24 (92.3)	1 (96.2)	0 (96.2)	0 (96.2)	0 (96.2)	0 (96.2)	0 (96.2)	1 (100.0) <sup>d</sup>							
<i>Enterobacter</i> spp. (32)	CAZ				1 (3.1)	4 (15.6)	13 (56.3)	10 (77.5)	3 (96.9)	0 (96.9)	0 (96.9)	4 (50.0)	6 (68.8)	10 (100.0) <sup>d</sup>		
	CAZ-AVI	1 (3.1)	4 (15.6)	13 (56.3)	10 (77.5)	3 (96.9)	0 (96.9)	0 (96.9)	0 (96.9)	0 (96.9)	0 (96.9)	0 (96.9)	0 (96.9)	1 (100.0)		
	MER	28 (87.5)	2 (93.8)	0 (93.8)	1 (96.9)	0 (96.9)	0 (96.9)	0 (96.9)	0 (96.9)	1 (100.0) <sup>d</sup>						
<i>K. pneumoniae</i> (85)	CAZ	2 (2.4)	3 (5.9)	2 (8.2)	1 (9.4)	1 (10.6)	6 (17.6)	6 (24.7)	6 (24.7)	13 (47.1)	13 (62.4)	32 (100.0) <sup>d</sup>				
	CAZ-AVI	7 (8.2)	22 (34.1)	16 (52.9)	17 (72.9)	9 (83.5)	6 (90.6)	3 (94.1)	1 (95.3)	0 (95.3)	0 (95.3)	0 (95.3)	0 (95.3)	4 (100.0)		
	MER	66 (77.6)	6 (84.7)	2 (87.1)	1 (89.4)	0 (89.4)	0 (89.4)	1 (90.6)	1 (91.8)	7 (100.0) <sup>d</sup>						
Other (21) <sup>c</sup>	CAZ	2 (9.5)	1 (14.3)	3 (28.6)	1 (33.3)	4 (52.4)	3 (66.7)	4 (85.7)	1 (90.5)	0 (90.5)	0 (90.5)	2 (100.0) <sup>d</sup>				
	CAZ-AVI	5 (23.8)	6 (52.4)	4 (71.4)	4 (90.5)	0 (90.5)	0 (95.2)	0 (95.2)	0 (95.2)	0 (95.2)	1 (100.0)					
	MER	10 (47.6)	7 (81.0)	3 (95.2)	0 (95.2)	0 (95.2)	0 (95.2)	0 (95.2)	1 (100.0) <sup>d</sup>							
<i>P. aeruginosa</i> (71)	CAZ				1 (1.4)	3 (4.2)	10 (18.3)	6 (29.3)	10 (40.8)	6 (49.3)	10 (63.4)	12 (80.3)	14 (100.0)			
	CAZ-AVI				5 (8.5)	18 (33.8)	17 (57.7)	14 (77.7)	5 (81.7)	5 (88.7)	2 (91.5)	0 (91.5)	2 (94.4)	4 (100.0)		
	MER	1 (1.4)	3 (5.6)	6 (14.1)	4 (19.7)	4 (25.4)	6 (33.8)	16 (56.3)	5 (63.4)	26 (100.0) <sup>d</sup>						

<sup>a</sup> CAZ, ceftazidime; CAZ-AVI, ceftazidime-avibactam; MER, meropenem; <sup>b</sup> Includes 26 *E. coli*, 32 *Enterobacter* spp., 85 *K. pneumoniae*, 8 *P. mirabilis*, 2 *Citrobacter* spp., 10 *S. marcescens*, and 1 *M. morganii*; <sup>c</sup> Includes 8 *P. mirabilis*, 2 *Citrobacter* spp., 10 *S. marcescens*, and 1 *M. morganii*; <sup>d</sup> Represents MIC values of ≥64 mg/L for CAZ or >8 mg/L for MER; <sup>e</sup> Two NDM (NDM-1 and NDM-2) isolates from India and 2 IMP-4 and 2 NDM (NDM-1 and NDM-5) isolates from China

- Ceftazidime-avibactam and meropenem inhibited growth of 95.1% (156/164) and 92.7% (152/164) of *Enterobacteriaceae*, respectively, at their susceptibility breakpoints (Table 2)
- Ceftazidime tested alone was not active (14.6% susceptible) against this collection of *Enterobacteriaceae*
- A total of 47.6% (78/164) of *Enterobacteriaceae* isolates harboured at least 2 β-lactamase-encoding genes
- Most *Enterobacteriaceae* (63.4%; 104/164) carried *bla*<sub>CTX-M</sub> alone or in combination with other ESBL/pAmpC/carbapenemases and/or narrow-spectrum enzymes
- The CTX-M-encoding genes were predominantly from group 1 (CTX-M-1/3/15/32-like: 69.2%; 72/104) or group 9 (CTX-M-9-like: 29.8%; 31/104) (Table 3)
- Enterobacter* spp. often overexpressed cAmpC (43.8%; 14/32)

- Carbapenemase-encoding genes (4 *bla*<sub>KPC-2</sub>, 2 *bla*<sub>NDM-1</sub>, 2 *bla*<sub>NDM-5</sub>, 2 *bla*<sub>IMP-4</sub>, and 1 *bla*<sub>OXA-48</sub>) were noted in 6.7% (11/164) of *Enterobacteriaceae*, and these isolates were from China (8), India (2), and Romania (1) (Table 3)

- A total of 32.4% (11/34) and 11.8% (4/34) of *P. aeruginosa*. (outside China) showed decreased expression of OprD or overexpression of cAmpC, respectively, in the absence of any other resistance mechanism (Table 3)

**Table 3.** Summary of β-lactamase enzymes detected among baseline *Enterobacteriaceae* pathogens recovered from patients in the nosocomial pneumonia Phase 3 trials for ceftazidime-avibactam

Pathogen (No.; % of all Enterobacteriaceae)	Results <sup>a</sup>	No. of isolates	Pathogen (No.; % of all Enterobacteriaceae)	Results <sup>a</sup>	No. of isolates	
<i>K. pneumoniae</i> (85; 51.8)	CTX-M-14	2	<i>Enterobacter</i> spp. (32; 19.5)	cAmpC	12	
	CTX-M-14, DHA-1, SHV-27	1		cAmpC, OXA-1	4	
	CTX-M-14, SHV-12, OXA-1	1		CTX-M-3	3	
	CTX-M-15	6		CTX-M-14	1	
	CTX-M-15, OXA-1	25		CTX-M-15, OXA-1, cAmpC	1	
	CTX-M-15, OXA-1, SHV-107	4		CTX-M-15, OXA-1	4	
	CTX-M-15, OXA-1, SHV-12	1		IMP-4, DHA-1, SHV-12	1	
	CTX-M-15, OXA-1, SHV-38	1		OXA-1	1	
	CTX-M-15, SHV-187, OXA-1	1		SHV-12	1	
	CTX-M-15, SHV-31, OXA-1	1		Unknown	7	
	CTX-M-27, DHA-1, SHV-31	1		<i>E. coli</i> (26; 15.9)	CMY-42	1
	CTX-M-3	3		CMY-42, DHA-1	1	
	CTX-M-3, OXA-1	2		CTX-M-3, SHV-2	1	
	CTX-M-3, SHV-28	2		CTX-M-14	2	
	CTX-M-55/57	1		CTX-M-15, DHA-1	1	
CTX-M-65	1	CTX-M-15, OXA-1	9			
CTX-M-9	2	CTX-M-24	1			
CTX-M-9, SHV-5	1	CTX-M-27	6			
DHA-1, OXA-1	3	CTX-M-55/57	1			
DHA-1, OXA-1, SHV-33	4	CTX-M-65	1			
DHA-1, SHV-12	1	CTX-M-104	1			
IMP-4	1	NDM-5, CMY-42	1			
KPC-2	1	CMY-2	2			
KPC-2, CTX-M-15, SHV-28, OXA-1	1	CTX-M-14	1			
KPC-2, CTX-M-65	1	CTX-M-14, CMY-2	1			
KPC-2, SHV-12	1	CTX-M-14, DHA-1, SHV-12	1			
NDM-1, CTX-M-15	1	CTX-M-44, OXA-2	1			
NDM-1, CTX-M-3, SHV-12	1	TEM-2	1			
NDM-5, SHV-108	1	Unknown	1			
OXA-1	1	<i>Morganella</i> spp. (1; 0.6)	CTX-M-14	1		
OXA-48, CTX-M-15	1	<i>Citrobacter</i> spp. (2; 1.2)	CTX-M-1	1		
LAP-2	1		cAmpC	1		
SHV-12	3		<i>S. marcescens</i> (10; 6.1)	cAmpC	1	
SHV-26	1		CTX-M-14	4		
SHV-5	1		CTX-M-14, CMY-2	1		
SHV-71	1		PSE-4	1		
Unknown	4		Unknown	3		

<sup>a</sup> Known non-ESBL enzymes are not reported here; cAmpC, over-expression of chromosomal AmpC; Unknown, screened β-lactamases were not detected (isolates from China were only subjected to *in silico* DNA sequence analysis i.e. transcription levels of *ampC*, efflux pump genes, and OprD analysis were not performed)

- A total of 38.2% (13/34) exhibited OprD loss and cAmpC overexpression or OprD loss or cAmpC overexpression in combination with various other resistance mechanisms (Table 3)
- Five IMP- and 2 VIM-producing *P. aeruginosa* were detected (Table 4)
- These isolates were recovered from Ukraine (*bla*<sub>VIM-1</sub> and *bla*<sub>IMP-1</sub>), China (*bla*<sub>IMP-25</sub>), Vietnam (*bla*<sub>IMP-26</sub>), Mexico (*bla*<sub>IMP-56</sub>) and Russia (*bla*<sub>VIM-2</sub>)
- Other ESBL-encoding genes detected in *P. aeruginosa* were *bla*<sub>CTX-M-3</sub> (1), *bla*<sub>PSE</sub> (2), and *bla*<sub>PER-1</sub> plus *bla*<sub>OXA-246</sub> (2) (Table 4)
- Only 16.2% (6/37) of the *P. aeruginosa* isolates from China had acquired β-lactamase genes (Table 4), the remaining isolates (83.8%; 31/37) from China presumably had intrinsic resistance mechanisms that were not analysed further

**Table 4.** Summary of β-lactamase enzymes and resistance mechanisms detected among baseline *P. aeruginosa* recovered from patients enrolled in the nosocomial pneumonia Phase 3 trials for ceftazidime-avibactam

Pathogen (no.; % of all isolates)	Results <sup>a</sup>	No. of isolates
<i>P. aeruginosa</i> (71; 30.2)	cAmpC	4
	cAmpC, MexCD, OXA-2	1
	cAmpC, MexXY	2