A Multi-Site Study Comparing an 18-24h Sensititre® Susceptibility System to the CLSI Broth Microdilution Method for Telavancin Using Fastidious and Non-Fastidious Gram-Positive Organisms

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Abstract

Background: : Telavancin (TLV) (Theravance, Inc., South San Francisco, CA) is a bactericidal lipoglycopeptide under investigation for the treatment of cSSSI and HAP caused by methicillinregistant Stanhylococcus aureus (MRSA) and other Gram-positive bacteria. An evaluation was performed to determine the accuracy and reproducibility of TLV susceptibility testing using the Sensititre® 18-24h dried suscentibility eyetom (TRFK Diagnostic Systems Cleveland, OH) compared with the CLSI M07 reference broth microdilution method (BMD). Both automated and manual reading methods were performed

Methods: TLV (0.001-16 µg/mL) was tested against 897 recent clinical isolates, 150 challenge isolates and 50 reproducibility isolates. These isolates consisted of: 137 CNS spp., 186 Staphylococcus aureus, 128 Enterococcus spp., 326 Streptococcus spp. Beta-hemolytic grp., 186 Streptococcus pneumoniae, and 134 Streptococcus spp. Viridans grp. Dried nlates were innculated as not manufacturers' instructions and RMD Recommended CLSI quality control (QC) organisms were tested daily and all results were within the CLSI published QC ranges.

Results: Comparisons of TLV MIC results on the Sensitire® system to the CLSI MO7 BMD for both automated and manual reads resulted in 99.0% and 99.6% essential agreement (+/- one log_2 didution), respectively. Overall agreement for the reproducibility (+/- one log_2 didution) emodal MIC) for automated and manual reads were 99.5% and 99.5%, respectively.

Conclusions: The results for TLV indicate that the Sensititre® 18-24h susceptibility system for all clinical and challenge isolates gives reliable results using either the automated or manual read methods compared to the reference CLSI BMD.

Introduction

Telavancin is a bacteriacidal injudy control in its highly injudy-people antibiodic structure derived from vancomycin. It is highly active against Gram-positive bacteria including methicilin-resistant including methicilin-resistant substitution of the structure of the structure

Materials & Methods

- Indications for use: The Sensititre® 18 24 hour MIC or breakpoint susceptibility system is an *in vitro* diagnostic product for clinical susceptibility testing of both fastidious and non-fastidious graanisms.
- Each isolate was tested using a Sensititre® 18 24 hour susceptibility plate containing telavancin (0.001-16µg/mL) (Theravance, Inc., South San Francisco, CA). The dried plates were set-up and tested according to the manufacturers' instructions.
- The CLSI reference broth microdilution plate was prepared and tested on each isolate according to the Clinical Laboratory Standards Institute (CLSI M07).
- Testing consisted of 897 fresh clinical isolates (conducted at three different sites) including approximately 447 Gramp-ositive isolates and 450 fastidious isolates from each site. Also included were 75 Gramp-ositive and 75 fastidious challenge isolates from the Center for Disease Control and Prevention (CDC) that were supplied to a single testing site (Tables 1 and 21).
- Reproducibility testing consisted of 25 Gram-positive and 25 Streptococcus spp. isolates tested at all 3 sites on the Sensititre® 18 – 24 hour susceptibility plate (Table 1). The test plate results were compared with those of the CLSI reference broth microdilution plate.
- Quality control (QC) was assured by testing 20 replicates of each ATCC strain including S. aureus 29213, E. faecalis 29212, and S. pneumoniae 49619, at each of the three sites (Tables 1 and 3).
- Colony counts were performed on the inoculum of the QC strains on each day of testing.

Organisms Tested	Number Tested
Clinical Isolates (3 sites)	
(447 Gram-positive, 450 Streptococcus spp.)	897
CDC Challenge Isolates (one site)	
(75 Gram-positive, 75 Streptococcus spp.)	150
Reproducibility Isolates (3 sites)	
(25 Gram-positive, 25 Streptococcus spp.)	50
CLSI Quality Control Strains	
(20 replicates of each strain at 3 sites)	3 x 20

Gram-positive Organisms	Number Tested
Coagulase Negative Stahphylococcus	177
Staphylococcus aureus	121
Enterococcus spp.	130
Beta Streptococcus (MHB)	90
Total	518
Streptococcus spp.	Number Tested
Streptococcus pneumoniae	176
Viridans Group Streptococcus	130
Beta Streptococcus (MHB with LHB)	220
Total	526

Table 3. Quality Control Strains	
Quality Control Strains	CLSI MIC Ranges (µg/ml)
Staphylococcus aureus ATCC 29213	0.12-1
Enterococcus faecalis ATCC 29212	0.12-0.5
Streptococcus pneumoniae ATCC 49619	0.004-0.03

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Clinical Isolates						
	Number of Isolates		Essential Agreement		% Essential Agreement	
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable
Coagulase Negative Stahphylococcus	113	112	113	112	100.0%	100.0%
Staphylococcus aureus	150	150	150	150	100.0%	100.0%
Enterococcus spp.	105	101	103	99	98.1%	98.0%
Streptococcus spp. Beta-hemolytic Group with MHB	79	50	77	48	97.5%	96.0%
Total	447	413	443	409	99.1%	99.0%

Challenge Isolates						
	Number of Isolates		Essential	Agreement	% Essential Agreement	
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable
Coagulase Negative Stahphylococcus	17	17	17	17	100.0%	100.0%
Stephylococcus aureus	27	27	27	27	100.0%	100.0%
Enterococcus spp.	16	15	16	15	100.0%	100.0%
Streptococcus spp. Beta-hemolytic Group with MHB	11	6	11	6	100%	100%
Total	71	65	71	65	100%	100%

	Number of Isolates		Essential	Agreement	% Essential Agreeme	
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable
Coagulase Negative Stahphylococcus	130	129	130	129	100.0%	100.0%
Staphylococcus aureus	177	177	177	177	100.0%	100.0%
Enterococcus spp.	121	116	121	116	100.0%	100.0%
Streptococcus spp. Beta-hemolytic Group with MHB	90	56	88	54	97.8%	96.4%
Total	518	478	516	476	99.6%	99.6%

Table S. Summary Data and % Essential Agreement of Gram-positive Clinical and Challenge Isolates Using th Auto Read Method Clinical Solutes

	Number of Isolates		Essential Agreement		% Essential Agreemen	
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable
Coagulase Negative Stahphylococcus	112	111	111	110	99.1%	99.1%
Staphylococcus aureus	150	150	150	150	100%	100%
Enterococcus spp.	104	101	102	99	98.1%	98.0%
Streptococcus spp. Beta-hemolytic Group with MHB	78	44	77	43	98.7%	97.7%
Total	444	406	440	402	99.1%	99.0%

	Numbe	Number of Isolates		Essential Agreement		% Essential Agreemen	
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable	
Coagulase Negative Statphylococcus	17	17	17	17	100.0%	100.0%	
Staphylococcus aureus	27	27	27	27	100.0%	100.0%	
Enterococcus spp.	16	15	15	14	93.8%	93.3%	
Streptococcus spp. Beta-hemolytic Group with MHB	11	8	11	8	100%	100%	
Total	71	67	70	66	98.6%	98.5%	

Total labilities							
	Numbe	Number of Isolates		Essential Agreement		% Essential Agreement	
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable	
Coagulase Negative Stahphylococcus	129	128	128	127	99.6%	99.6%	
Staphylococcus aureus	177	177	177	177	100%	100%	
Enterococcus spp.	120	116	117	113	96.0%	95.7%	
Streptococcus spp. Beta-hemolytic Group with MHB	89	52	88	51	99.4%	98.9%	
Total	515	473	510	468	99.0%	98.9%	

Results

Number	Number of Isolates		Essential Agreement		l Agreement
All	Evaluable	Total	Evaluable	Total	Evaluable
151	151	150	150	99.3%	99.3%
104	104	104	104	100.0%	100.0%
195	194	194	193	99.5%	99.5%
450	449	448	447	99.6%	99.6%
	All 151 104 195	All Evaluable 151 151 104 104 195 194	All Evaluable Total 151 151 150 104 104 104 195 194 194	All Evaluable Total Evaluable 151 151 150 150 104 104 104 104 195 194 194 193	All Evaluable Total Evaluable Total 151 151 150 150 90.3%, 104 104 104 104 100.0% 195 194 194 193 99.5%

ole 6. Summary Data and % Essential Agreement of Streptococcus spp. Clinical and Challenge Isolates no the Manual Read Method

		Number of Isolates		Essential Agreement		% Essential Agreemen	
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable	
Streptococcus pneumoniae	25	25	25	25	100.0%	100.0%	
Streprococcus spp. Viridans Group	26	25	26	25	100.0%	100.0%	
Streptococcus spp. Beta-hemolytic Group with LHB	25	25	25	25	100.0%	100.0%	
Total	76	75	76	75	100.0%	100.0%	

Total Isolates							
	Number of Isolates		Essential Agreement		olates Essential Agreement % Essential Agreeme		d Agreement
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable	
Streptococcus pneumoniae	176	176	175	175	99.7%	99.7%	
Streptococcus spp. Viridans Group	130	129	130	129	100.0%	100.0%	
Streptococcus spp. Beta-hemolytic Group with LHB	220	219	219	218	99.5%	99.7%	
Total	526	524	524	522	99.6%	99.6%	

Table 7. Summary Data and % Essential Agreement of Streptococcus spp. Clinical and Challenge Isolates Using the Auto Read Method

	Number of Isolates		Essential Agreement		% Essential Agreement	
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable
Streptococcus pneumoniae	151	151	148	148	98.0%	98.0%
Streptococcus spp. Viridans Group	104	104	104	104	100.0%	100.0%
Streptococcus spp. Beta-hemolytic Group with LHB	195	193	194	192	99.5%	99.5%
Total	450	448	446	444	99.1%	99.1%

Challenge Isolates

Organism Group	Numbe	Number of Isolates		Essential Agreement		% Essential Agreement	
	All	Evaluable	Total	Evaluable	Total	Evaluable	
Streptococcus pneumoniae	25	25	25	25	100.0%	100.0%	
Streptococcus spp. Viridans Group	25	25	25	25	100.0%	100.0%	
Streptococcus spp. Beta-hemolytic Group with LHB	25	25	25	25	100.0%	100.0%	
Total	75	75	75	75	100.0%	100.0%	

	Number of Isolates		Essential Agreement		% Essential Agreement	
Organism Group	All	Evaluable	Total	Evaluable	Total	Evaluable
Streptococcus pneumoniae	176	176	173	173	99.0%	99.0%
Streptococcus spp. Viridans Group	129	129	129	129	100.0%	100.0%
Streptococcus spp. Beta-hemolytic Group with LHB	220	218	219	217	99.8%	99.8%
Total	525	523	521	519	99.2%	99.2%

Essential agreement for telavancin on the Sensitire® susceptibility plate compared to the CLSI reference microfillution plate was calculated for each method quutomated and manual read) using the +/- one log_dilution standard. The calculation for Evaluable excluded any test results where MICs were off-scale for the dilutions tested. Essential agreement rates are shown for Carm positive isolates in tables 4 and 5, and for Streptococcus spp. isolates in tables 6 and 7.

Clinical Isolates and CDC Challenge Organisms

• Gram positive Isolates: The overall essential agreement for telavancin (+/-one log₂ dilution) was 99.6% for the manual method and 99.0% for the automated method (Tables 4 and 5).

Streptococcus spp. Isolates: The overall essential agreement for telavancin (+/- one log₂ dilution) was 99.6% for the manual method and 99.2% for the automated method (Tables 6 and 7).

Interlaboratory Reproducibility

Gram positive Isolates:
Reproducibility testing results for telavancin (+/- one log₂ dilution) from the modal MIC was 100% for the automated method and 100% for the manual read method (Table 8).

• Streptococcus spp. Isolates: Reproducibility testing results for telavancin (+/- one log₂ dilution) from the modal MIC was 99% for the automated method and 97% for the manual read method (Table 8).

Table 8. Interlaboratory Reproducibility % Essential Agreements +/- one \log_2 Dilution of the Modal MIC for Telavancin

			Auto	Manual
	Auto	Manual	Streptococcus	Streptococcus
	gram-positive	gram-positive	spp.	spp.
Between-site total isolates tested	75	75	75	75
Between-site isolates within +/- 1 well from mode	75	75	74	73
Between-site reproducibility ratio	75/75	75/75	74/75	73/75
Between-site reproducibility %	100%	100%	99%	97%
Total essential agreement	72	73	73	73
Essential agreement %	96%	97%	97%	97%

Conclusions

This study validates that the Sensitire® 18 – 24 hour susceptibility system (both automated and manual read) demonstrated an equivalent level of performance compared to the CLSI MOT reference broth microdilution plate when testing **telavancin** against Gram-positive and Streptococcus spp. clinical and challenge isolates. The high level of essential agreement obtained by the Sensitire® 18 – 24 hour susceptibility method and the CLSI reference method suggests that this is an acceptable method for susceptibility testing of **telavancin**.

References

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