

# Antimicrobial Spectrum and Potency of Ceftaroline Combined With NXL104 When Tested Against Enterobacteriaceae Collected From USA Hospitals

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## Amended Abstract

**Background:** Ceftaroline (CPT), the active form of ceftaroline fosamil, is a broad-spectrum cephalosporin with activity against Gram-negative and -positive (including MRSA and multidrug-resistant [R] *S. pneumoniae*) organisms. NXL104 is a novel  $\beta$ -lactamase (BL) inhibitor that inhibits Ambler class A, C, and D enzymes (eg, ESBL, KPC, and AmpC). We evaluated the activity of CPT combined with NXL104 (CXL; fixed 4  $\mu$ g/mL) against clinical Enterobacteriaceae (ENT) strains.

**Methods:** CXL and 13 comparators were tested for susceptibility (S) by CLSI broth microdilution methods against 3258 ENT, including ESBL-phenotype *E. coli* (124) and *Klebsiella* spp. (KSP; 130), AmpC derepressed *Enterobacter* spp. (ESP; 87) and carbapenem (CB)-non-S KSP (most KPC-producing; 40), among other R phenotypes. The strains were consecutively collected in 2009 from 51 medical centers located in the 9 USA Census Regions. CB-non-S strains were screened for BL genes by PCR.

**Results:** 99.7% of strains were inhibited at CXL MIC of  $\leq$ 2  $\mu$ g/mL (see Table). Highest CXL MIC was only 8  $\mu$ g/mL (2 strains; 0.06%). Isolates with CXL MIC at  $>$ 2  $\mu$ g/mL were S. marcescens (8), indole-positive Proteae (2), KSP (2), and ESP (1). CXL was the most active compound tested against the ESBL-phenotype and CB-non-S KSP (98.5 and 95.4% inhibited at  $\leq$ 2  $\mu$ g/mL, respectively), followed by amikacin (76.2 and 51.2% S, respectively).

## Abstract Table

Organisms (no. tested)	Cumulative % inhibited at CXL MIC ( $\mu$ g/mL) of:						
	≤0.06	0.12	0.25	0.5	1	2	4
<i>E. coli</i>							
Non-ESBL-phenotype (1093)	91.4	98.9	100.0				
ESBL-phenotype (124)	56.5	85.5	96.0	99.2	100.0		
<i>Klebsiella</i> spp.							
Non-ESBL-phenotype (830)	61.3	88.4	96.8	99.3	100.0		
ESBL-phenotype (130)	19.2	46.2	67.7	85.4	93.9	98.5	99.2
Carbapenem-non-S (43)	18.6	25.6	39.5	65.1	83.7	95.3	97.7
<i>Enterobacter</i> spp.							
Ceftazidime-S/I (360)	29.2	71.7	93.3	99.2	100.0		
Ceftazidime-R (87)	6.9	20.7	40.2	70.1	94.3	98.9	100.0

**Conclusions:** NXL104 can effectively lower CPT MIC values for ENT strains producing the most clinically significant BLs found in USA hospitals. CXL was highly active against ENT-producing KPC, various ESBL types, and AmpC (chromosomally derepressed or plasmid mediated). CXL represents a promising therapeutic option for treatment of infections caused by multidrug-R ENT.

## Introduction

The production of  $\beta$ -lactamases is the most important contributing factor to  $\beta$ -lactam resistance among Gram-negative bacteria. These enzymes are widely spread among Enterobacteriaceae strains. Furthermore, the genes encoding  $\beta$ -lactamases are often carried by plasmids that also bear resistance genes to other antimicrobial classes, further narrowing the therapeutic options to treat infections caused by  $\beta$ -lactamase-producing organisms.

Ceftaroline, the active form of ceftaroline fosamil, is a novel broad-spectrum cephalosporin with potent activity against Gram-positive organisms (including methicillin-resistant *Staphylococcus aureus* [MRSA] and *Streptococcus pneumoniae*) and most Enterobacteriaceae species but, like all cephalosporins, has limited potency against extended-spectrum  $\beta$ -lactamase (ESBL)- and AmpC-hyperproducing strains. NXL104 is a new non- $\beta$ -lactam inhibitor of KPC-producing (40), among other R phenotypes. The strains were consecutively collected in 2009 from 51 medical centers located in the 9 USA Census Regions. CB-non-S strains were screened for BL genes by PCR.

**Results:** 99.7% of strains were inhibited at CXL MIC of  $\leq$ 2  $\mu$ g/mL (see Table). Highest CXL MIC was only 8  $\mu$ g/mL (2 strains; 0.06%). Isolates with CXL MIC at  $>$ 2  $\mu$ g/mL were S. marcescens (8), indole-positive Proteae (2), KSP (2), and ESP (1). CXL was the most active compound tested against the ESBL-phenotype and CB-non-S KSP (98.5 and 95.4% inhibited at  $\leq$ 2  $\mu$ g/mL, respectively), followed by amikacin (76.2 and 51.2% S, respectively).

## Methods

**Bacterial isolates.** A total of 3258 Enterobacteriaceae isolates collected from 51 medical centers located in the nine USA Census Regions were analyzed in the SENTRY Antimicrobial Surveillance Program. Only one isolate per patient from documented infections was included in this prevalence design study. Species identification was confirmed by standard biochemical tests, the Vitek System (bioMerieux; Hazelwood, Missouri, USA), or 16S rRNA sequencing, when necessary.

**Antimicrobial susceptibility testing.** All isolates were tested for antimicrobial susceptibility using the broth microdilution method (BMD) as described by the Clinical and Laboratory Standards Institute (CLSI; M07-A8, 2009). Cation-adjusted Mueller-Hinton broth was used in validated BMD panels. CXL was tested at a fixed 4  $\mu$ g/mL concentration of NXL104. Antimicrobial susceptibility testing. All isolates were tested for antimicrobial susceptibility using the broth microdilution method (BMD) as described by the Clinical and Laboratory Standards Institute (CLSI; M07-A8, 2009). Cation-adjusted Mueller-Hinton broth was used in validated BMD panels. CXL was tested at a fixed 4  $\mu$ g/mL concentration of NXL104.

**Categorical interpretations were those found in CLSI; M100-S2-U and quality control (QC) were performed using *Escherichia coli* ATCC 25922, *S. aureus* ATCC 29213, and *Pseudomonas aeruginosa* ATCC 27853. All QC results were within specified ranges as published in CLSI documents.**

**E. coli** and *Klebsiella* spp. isolates for which ceftriaxone or ceftazidime or aztreonam MICs were  $\geq$ 2  $\mu$ g/mL were considered to be phenotypic-positive for ESBL production (CLSI, 2010).

## Results

- CXL MIC distributions for Enterobacteriaceae strains are summarized in Table 1. All isolates showed CXL MIC values of  $\leq$ 8  $\mu$ g/mL and 99.7% of the strains were inhibited by 2  $\mu$ g/mL.
- E. coli* strains were very susceptible to CXL (MIC<sub>50</sub>, 0.06  $\mu$ g/mL and MIC<sub>90</sub>, 0.12  $\mu$ g/mL), including 124 isolates with an ESBL-phenotype (MIC<sub>50</sub>, 0.06  $\mu$ g/mL and MIC<sub>90</sub>, 0.25  $\mu$ g/mL; Table 2).

CXL activity against ESBL-producing *E. coli* was two-fold greater than that of imipenem (MIC<sub>50</sub>, 0.25  $\mu$ g/mL and MIC<sub>90</sub>, 0.5  $\mu$ g/mL; Table 2)

CXL was the most active  $\beta$ -lactam tested against *Klebsiella* spp. (MIC<sub>50</sub>, 0.06  $\mu$ g/mL and MIC<sub>90</sub>, 0.25  $\mu$ g/mL), being more active than cefepime and imipenem (MIC<sub>50</sub>,  $\leq$ 0.12 and 0.25  $\mu$ g/mL, MIC<sub>90</sub>, 1 and 0.5  $\mu$ g/mL, respectively; Table 2)

CXL was very active against *Klebsiella* spp. displaying an ESBL-phenotype (MIC<sub>50</sub>, 0.25  $\mu$ g/mL and MIC<sub>90</sub>, 1  $\mu$ g/mL) and those showing decreased susceptibility to carbapenems, including 40 molecularly identified KPC-producers (MIC<sub>50</sub>, 0.5  $\mu$ g/mL and MIC<sub>90</sub>, 2  $\mu$ g/mL; Tables 1 and 2)

The activity of CXL against ceftazidime-susceptible/intermediate *Enterobacter* spp. (MIC<sub>50</sub>, 0.12  $\mu$ g/mL and MIC<sub>90</sub>, 0.25  $\mu$ g/mL; Table 2) was comparable to that of cefepime (MIC<sub>50</sub>,  $\leq$ 0.12  $\mu$ g/mL and MIC<sub>90</sub>, 0.25  $\mu$ g/mL)

When tested against ceftazidime-resistant (possibly AmpC derepressed) *Enterobacter* spp. strains, CXL (MIC<sub>50</sub>, 0.5  $\mu$ g/mL and MIC<sub>90</sub>, 1  $\mu$ g/mL; Table 2) was at least four-fold more active than cefepime (MIC<sub>50</sub>, 2  $\mu$ g/mL and MIC<sub>90</sub>,  $>$ 16  $\mu$ g/mL) and slightly more active than imipenem (MIC<sub>50</sub>, 0.5  $\mu$ g/mL and MIC<sub>90</sub>, 4  $\mu$ g/mL)

CXL was very active against *Citrobacter* spp. (MIC<sub>50</sub>, 0.12  $\mu$ g/mL and MIC<sub>90</sub>, 0.25  $\mu$ g/mL; Table 2), *Proteus mirabilis* (MIC<sub>50</sub>, 0.12  $\mu$ g/mL and MIC<sub>90</sub>, 0.25  $\mu$ g/mL), and *Salmonella* spp. strains (MIC<sub>50</sub> and MIC<sub>90</sub>, 0.12  $\mu$ g/mL) and *Escherichia coli* ATCC 25922, *S. aureus* ATCC 29213, and *Pseudomonas aeruginosa* ATCC 27853. All QC results were within specified ranges as published in CLSI documents. *E. coli* and *Klebsiella* spp. isolates for which ceftriaxone or ceftazidime or aztreonam MICs were  $\geq$ 2  $\mu$ g/mL were considered to be phenotypic-positive for ESBL production (CLSI, 2010).

Table 1. Summary of Ceftaroline/NXL104 Activity Against 3258 Enterobacteriaceae Strains From USA Medical Sites (2009)

Organism/no. tested)	No. of organisms (cumulative %) inhibited at ceftaroline/NXL104 MIC ( $\mu$ g/mL) of:								
	0.03	0.06	0.12	0.25	0.5	1	2	4	8
<i>Escherichia coli</i> (all; 1217)	534 (43.9)	535 (87.8)	118 (97.5)	25 (99.6)	4 (99.9)	1 (100.0)	-	-	-
Non-ESBL phenotype (1093)	516 (47.2)	483 (91.4)	82 (98.9)	12 (100.0)	-	-	-	-	-
ESBL-phenotype (124)	18 (14.5)	52 (56.4)	36 (85.5)	13 (96.0)	4 (99.2)	1 (100.0)	-	-	-
<i>Klebsiella</i> spp. (all; 960)	90 (9.4)	444 (55.6)	260 (82.7)	97 (92.8)	17 (99.2)	6 (99.8)	1 (99.9)	1 (100.0)	-
Non-ESBL phenotype (830)	84 (10.1)	425 (61.3)	225 (88.4)	69 (96.7)	21 (99.3)	6 (100.0)	-	-	-
ESBL-phenotype (44)	6 (4.6)	19 (19.2)	36 (45.1)	28 (77.7)	23 (85.4)	11 (93.8)	6 (98.5)	1 (99.2)	1 (100.0)
Carbapenem-non-susceptible (43)	4 (9.3)	4 (18.6)	3 (25.6)	6 (39.5)	1 (65.1)	8 (83.7)	5 (95.3)	1 (97.7)	1 (100.0)
<i>Enterobacter</i> spp. (all; 44)	31 (6.9)	80 (24.8)	165 (61.7)	95 (83.0)	47 (93.5)	24 (98.9)	4 (99.8)	1 (100.0)	-
Ceftazidime-susceptible/intermediate (360)	30 (8.3)	75 (29.2)	153 (71.8)	78 (93.3)	21 (99.2)	3 (100.0)	-	-	-
<i>Citrobacter</i> spp. (82)	1 (1.1)	5 (6.9)	12 (20.7)	17 (40.2)	26 (70.1)	21 (94.2)	4 (98.8)	1 (100.0)	-
<i>Proteus mirabilis</i> (264)	7 (8.5)	29 (43.9)	30 (80.5)	8 (90.2)	7 (98.8)	1 (100.0)	-	-	-
Indole-positive Proteae (48)	11 (22.9)	16 (56.3)	7 (70.8)	6 (83.3)	1 (85.4)	2 (88.6)	3 (95.8)	2 (100.0)	-
<i>Salmonella</i> spp. (30)	2 (6.7)	3 (16.7)	22 (90.0)	3 (100.0)	-	-	-	-	-
<i>Serratia</i> spp. (210)	-	1 (0.5)	3 (1.9)	58 (29.5)	76 (65.7)	49 (89.1)	15 (96.2)	7 (99.5)	1 (100.0)

a. Highly likely to exhibit a stably derepressed AmpC enzyme.