# Evaluation of the VITEK®2 XL Antimicrobial Susceptibility **Testing for Non-fermenter Gram-Negative Bacilli: The** Importance of Continuing to Monitor Antimicrobial Susceptibility Testing (AST) Systems

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# Introduction

- Pseudomonas aeruginosa (PSA), Acinetobacter calcoaceticus-baumannii complex (ACB), and Stenotrophomonas maltophilia (SM) are difficult-to-treat pathogens that substantially contribute to mortality rates.
- Accurate susceptibility testing is crucial to guide antimicrobial therapy and to improve clinical outcomes.
- Therefore, automated susceptibility testing (AST) systems such as VITEK 2 should be monitored against contemporaneous clinical isolates.
- This study compared VITEK 2 AST to the broth microdilution method for reporting susceptibility results against a challenge set of non-fermenter Gram-negative bacilli (NF-GNB) isolates.

## Methods

- A challenge set of 159 NF-GNB collected between 2019–2021 from 43 medical centers located in 28 US states in 9 Census Divisions was included (Figure 1).
- Organisms include PSA (62 isolates; including 22 carbapenem-resistant [CR] and 18 cefepime [CEP]-R), ACB (64; 20 CR and 16 CEP-R), and SM (33; 10 trimethoprimsulfamethoxazole [TS]-R; Figure 2).
- Isolates were identified by MALDI-TOF MS and susceptibility tested by VITEK 2 (using AST-N802+XN15 cards) and CLSI broth microdilution method.
- A total of 1,672 isolate/antimicrobial combinations were evaluated for essential (EA) and categorical (CA) agreements and error rates, following the CLSI M52 guideline.
- FDA-approved VITEK 2 breakpoints were applied to both methods to mimic clinical laboratory practices.

## Results

- Overall, VITEK 2 EA and CA rates were 91.7% and 87.9%, respectively.
- Additionally, EA/CA rates were 93.1%/87.6%, 90.6%/88.0%, and 89.9%/88.9% for P. aeruginosa, A. calcoaceticus-baumannii complex, and S. maltophilia, respectively (Figure 3).
- The EA and CA rates for each antimicrobial and organism combination are displayed in Table 1.

### P. aeruginosa

- All antimicrobials showed >90% EA against *P. aeruginosa*, except amikacin, imipenem, and ciprofloxacin.
- CA rates >90% were noted for amikacin, ceftolozane-tazobactam, ciprofloxacin, levofloxacin, tobramycin, and gentamicin against *P. aeruginosa*.

## 5.8% to 88.7%.

### A. calcoaceticus-baumannii complex

### S. maltophilia

# Conclusions

- VITEK 2 EA and CA rates were >90% for most antimicrobials tested against this challenging collection of NF-GNB; however, some poor correlations were observed.
- $\beta$  -lactam agents showed categorical rates <88.7% against *P. aeruginosa* (75% of discordances were minor errors).
- Carbapenems showed elevated EA and CA rates (>96%) against A. baumannii, while EA/CA rates were low for cephalosporins (cefepime and ceftazidime).
- Trimethoprim-sulfamethoxazole and minocycline exhibited good EA and CA rates (>93%) against S. maltophilia.

# Funding

This study was supported by bioMérieux. CG Carvalhaes, PR Rhomberg, N Veeder, N Gurung, and M Castanheira were employees of JMI Laboratories at the time of the study, which was a paid consultant to bioMérieux in connection with the development of this poster.



The authors thank all the participant centers for their work in providing isolates.

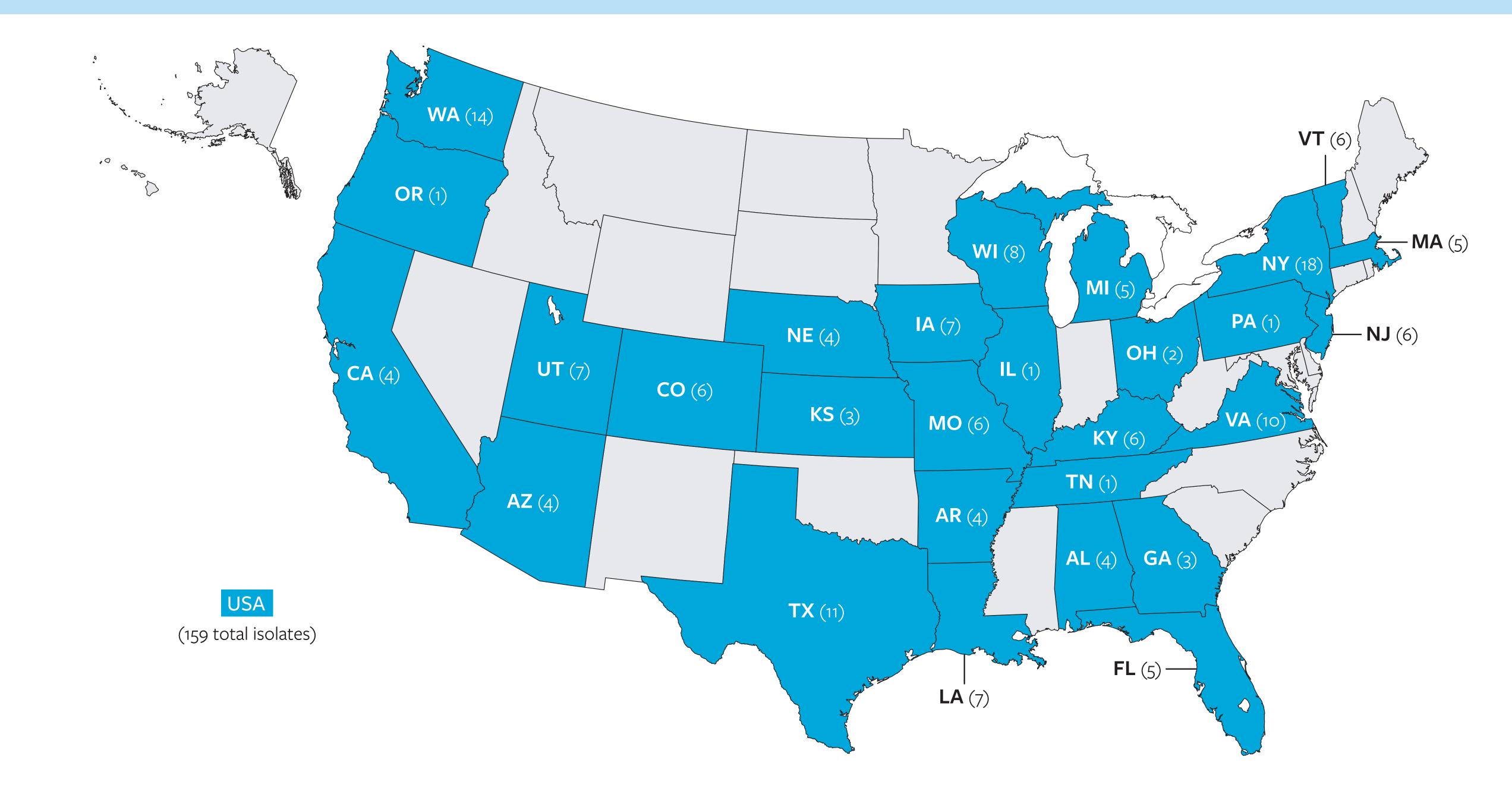
VITEK 2 CA rates for all other antimicrobials tested against *P. aeruginosa* ranged from

• All antimicrobials but ampicillin-sulbactam, piperacillin-tazobactam, cefepime, and ceftazidime exhibited EA and CA rates >90% against ACB.

• Minocycline and trimethoprim-sulfamethoxazole showed >90% EA and CA rates against S. maltophilia, but rates were lower for levofloxacin (78.8%/75.8%).

The collection of NF-GNB pathogens tested in this study have been designated serious threats, so accurate antimicrobial susceptibility results are critical for treatment.

## Acknowledgments



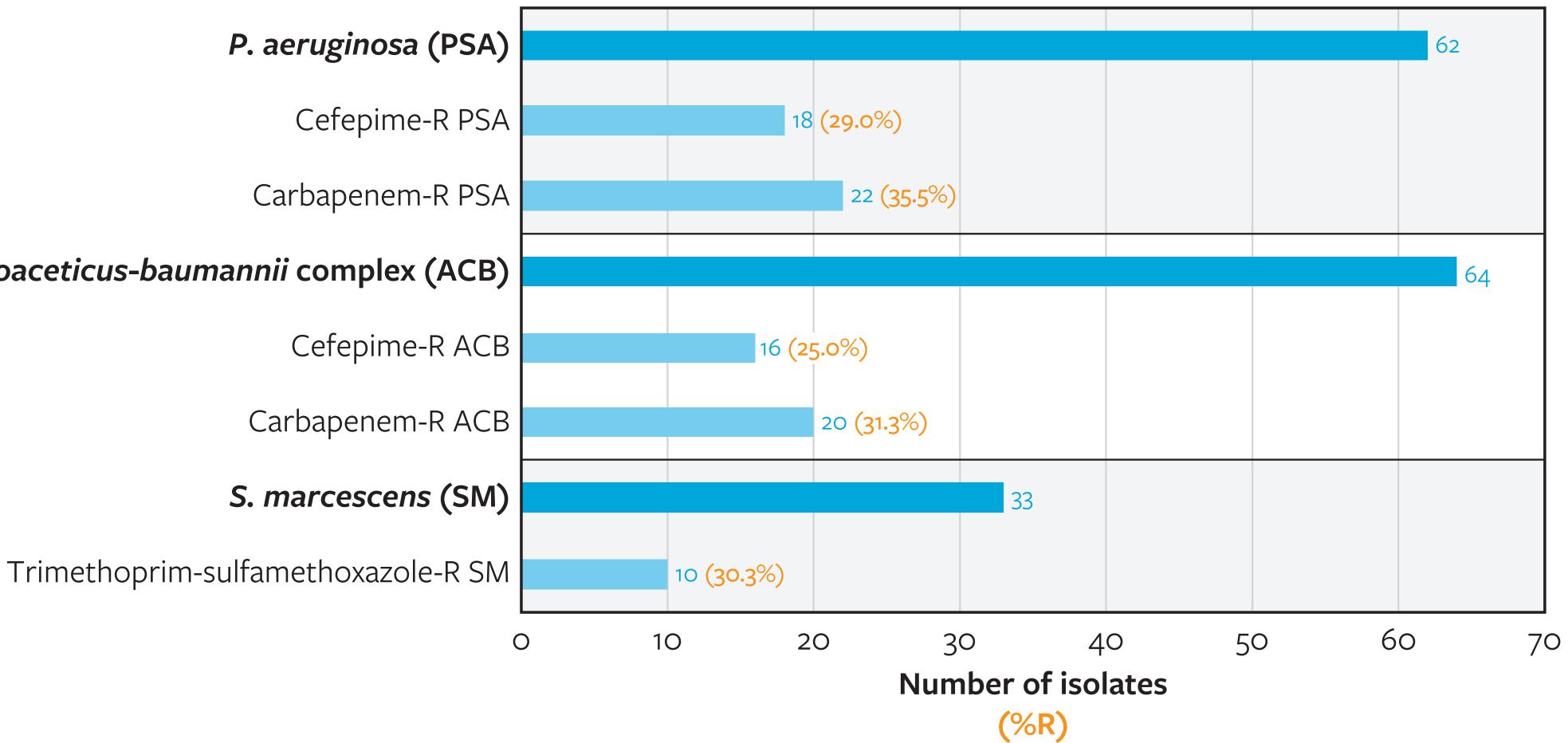
### Figure 2. Distribution of non-fermenter Gram-negative bacilli and resistant subgroups

A. calcoaceticus-baumannii complex (ACB)

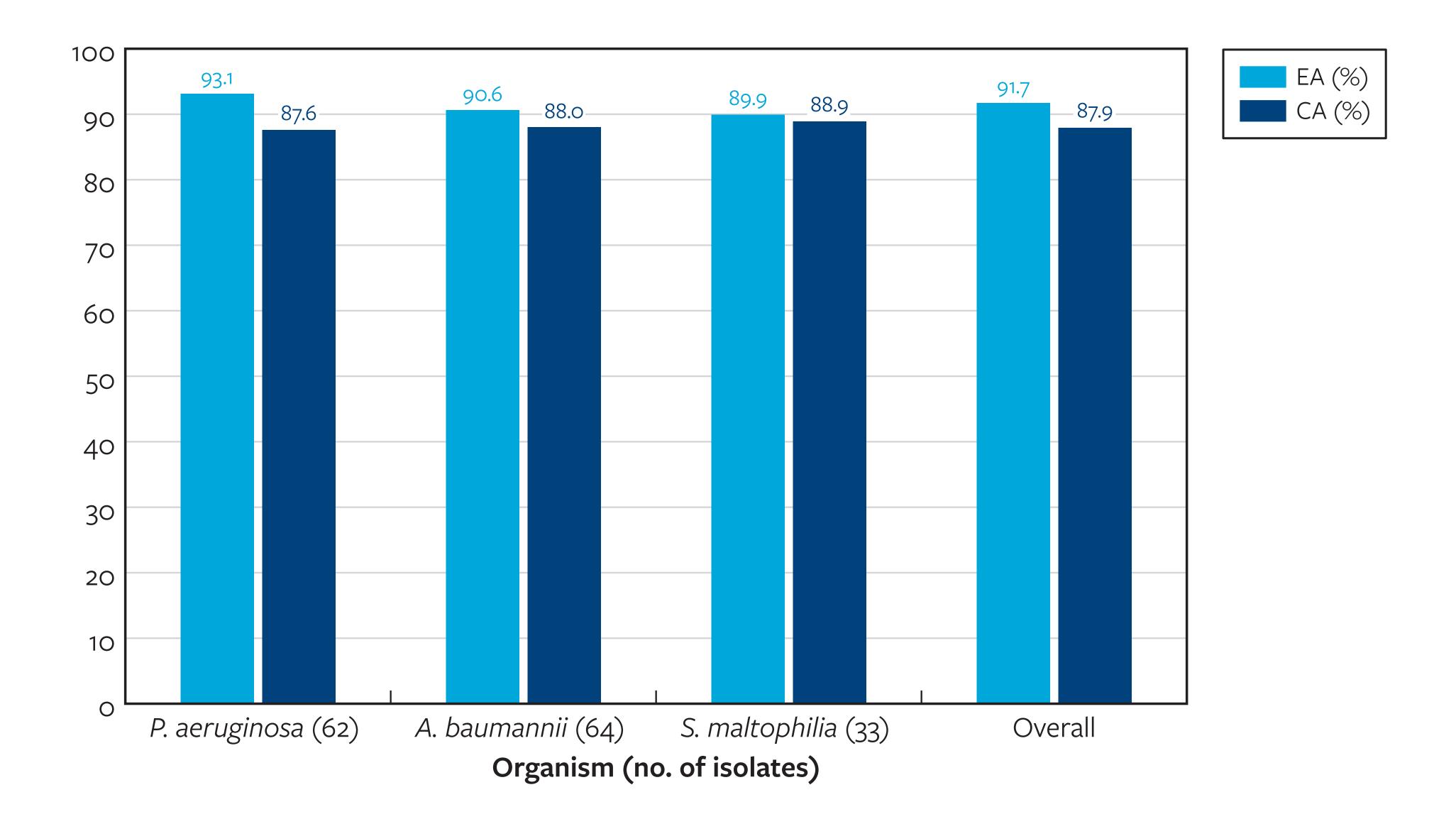
### Table 1. VITEK 2 EA and CA rates compared to broth microdilution for non-fermenter Gram-negative bacilli

Antimicrobial	Organism (no. isolates)					
	P. aeruginosa (62)		A. baumannii-calcoaceticus complex (64)		S. maltophilia (33)	
	EA (%)	CA (%)	EA (%)	CA (%)	EA (%)	C
Amikacin	88.7	91.9				
Ampicillin-sulbactam			62.5	65.6		
Aztreonam						
Piperacillin-tazobactam	93.5	79.0	84.1	82.5		
Ceftazidime-avibactam	98.4	88.7				
Ceftolozane-tazobactam	93.5	93.5				
Cefepime	91.9	75.8	73.0	55.6		
Ceftazidime	95.2	83.9	89.1	78.1		
Imipenem	82.3	87.1	96.9	98.4		
Meropenem	98.4	83.6	100.0	98.4		
Ciprofloxacin	87.1	90.3	95.3	95.3		
Levofloxacin	93.5	90.3	98.4	96.9	78.8	
Tobramycin	95.2	90.3	95.3	100.0		
Gentamicin	100.0	96.8	95.3	92.2		
Minocycline			96.9	92.2	97.0	
Trimethoprim-sulfamethoxazole			100.0	100.0	90.9	

Figure 1. Origin of the 159 non-fermenter Gram-negative bacilli isolates included in the study



### Figure 3. Overall VITEK 2 EA and CA rates compared to broth microdilution against nonfermenter Gram-negative bacilli



## References

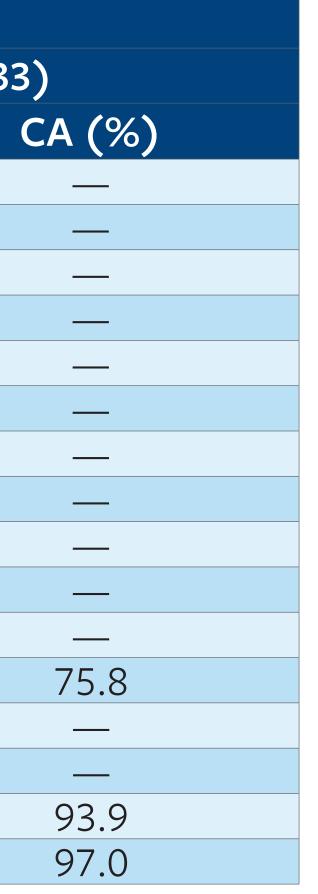
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