

Abstract

Background: DLX is an anionic fluoroquinolone in clinical development (oral and intravenous routes) for the treatment of acute bacterial skin and skin structure infections and community acquired bacterial pneumonia. In this study, DLX was tested against clinical isolates collected in USA medical centers as part of the 2014 SENTRY Antimicrobial Surveillance Program.

Methods: A total of 4,410 USA clinical isolates were tested for susceptibility (S) to DLX and comparators by reference broth microdilution.

Results: DLX was the most potent (MIC50/90, <=0.004/0.03 ug/mL) agent tested against methicillin-susceptible Staphylococcus aureus (MSSA) and based on MIC90 was eight- and 128-fold more potent than ceftaroline (CPT) and levofloxacin (LEV). Tigecycline (MIC50/90, 0.06/0.06 ug/mL), DLX (MIC50/90, 0.06/0.5 ug/mL), trimethoprim-sulfamethoxazole (SXT, MIC50/90, <=0.5/<=0.5 ug/mL), and daptomycin (MIC50/90, 0.25/0.5 ug/mL) were the most potent agents tested against MRSA. MRSA exhibited high levels of resistance (R) against LEV (68.4%) and erythromycin (82.9%). DLX (MIC50/90, 0.06/1 ug/mL), linezolid (MIC50/90, 1/1 ug/mL) and SXT (MIC50/90, <=0.5/<=0.5 ug/mL) were the most active agents against Enterococcus faecalis. Against S. pneumoniae (MIC50/90, 0.008/0.015 ug/mL), DLX was eight-fold more active than CPT (MIC50/90, <=0.015/0.12 ug/mL; 99.7% S), 16-fold more active than moxifloxacin (MIC50/90, <=0.12/0.25 ug/mL; 98.3% S), and 64-fold more active than LEV (MIC50/90, 1/1 ug/mL; 98.3% S). All DLX MIC values for S. pyogenes were <=0.015 ug/mL and for S. dysgalactiae <=0.03 ug/mL. For S. agalactiae, 98.0% of isolates were <=0.03 ug/mL; the highest MIC was only 0.5 ug/mL. Against Enterobacteriaceae, the DLX MIC50/90 was 0.06/2 ug/mL with 82.3% of isolates at <=1 ug/mL. Ciprofloxacin (CIP) and LEV S were 82.8 and 84.3%, respectively. DLX inhibited 75.0% of P. aeruginosa at <=1 ug/mL; CIP and LEV exhibited S at 76.0 and 75.0%, respectively. DLX inhibited 59.0% of Acinetobacter spp. at <=1 ug/mL. CIP S and LEV S were poor (48.0 and 50.0%, respectively).

Conclusions: DLX offers advantages in potency and spectrum in vitro when compared to currently marketed fluoroquinolone agents, especially with its enhanced activity against S. aureus including methicillin-resistant strains, and improved potency against S. pneumoniae and beta-hemolytic streptococci.

Introduction

Delafloxacin, an anionic investigational fluoroquinolone antimicrobial agent is currently in phase III development for the treatment of acute bacterial skin and skin structure infections (ABSSSI). It is active against a broad range of Gram-positive and -negative bacteria including anaerobes and atypical bacteria (Chlamydia and Mycoplasma). The in vitro spectrum of activity for delafloxacin includes pathogens which are found in ABSSSI including fluoroquinolone-resistant staphylococci (methicillin-resistant S. aureus [MRSA] and methicillin-resistant coagulase-negative staphylococci [MR-CoNS]), beta-hemolytic streptococci, Enterobacteriaceae, and Pseudomonas aeruginosa. Delafloxacin is also active against bacteria associated with respiratory tract infections (hospital and community-acquired respiratory infections) including activity against fluoroquinolone-resistant Streptococcus pneumoniae and Haemophilus influenzae.

In this study, the activity of delafloxacin was examined against 4,410 contemporary clinical isolates collected from United States (USA) medical centers during surveillance year 2014.

Methods

Susceptibility testing: Reference broth microdilution MIC testing was performed using validated broth microdilution trays (CLSI M07-A10, 2015). Panels were produced by ThermoFisher Scientific (Cleveland, Ohio, USA). Categorical interpretation criteria were those of CLSI M100-S26 (2016) and EUCAST (2016). All Escherichia coli, Klebsiella spp. and Proteus mirabilis isolates for which ceftriaxone or ceftazidime or aztreonam MICs were >=2 ug/mL were considered to be screen-positive for ESBL production [CLSI, 2015]. Quality control (QC) strains per the CLSI M07-A10 standard were tested concurrently and included 1). E. coli ATCC 25922 and 35218, 2). Staphylococcus aureus ATCC 29213, 3). Enterococcus faecalis ATCC 29212, 4). S. pneumoniae ATCC 49619.

Isolates: Bacterial isolates (non-duplicate; 4,410 isolates) were collected from 69 medical centers located in the USA for the year 2014. Isolates were collected from patients with bloodstream (BSI), community-acquired and hospital respiratory tract, ABSSSI, and other infections. The largest numbers of isolates were from ABSSSI (1,681), respiratory (hospital; 805) and BSI (748) representing 73.3% of all isolates.

Results

Delafloxacin was very active against tested S. aureus (<=0.004/0.25 ug/mL) and CoNS (MIC90, 0.5 ug/mL; Table 1).

The most potent antimicrobial tested against MSSA was delafloxacin (MIC50/90, <=0.004/0.03 ug/mL). Based on MIC90, delafloxacin was eight-fold more potent than ceftaroline and 128-fold more potent than levofloxacin (Table 1; data not shown).

Against MRSA isolates, tigecycline (MIC50/90, 0.06/0.06 ug/mL), delafloxacin (MIC50/90, 0.06/0.5 ug/mL), trimethoprim-sulfamethoxazole (MIC50/90, <=0.5/<=0.5 ug/mL) and daptomycin (MIC50/90, 0.25/0.5 ug/mL) were the most potent antimicrobials (Table 2). Delafloxacin was 64-fold more potent than levofloxacin (by MIC50) and at least sixteen-fold more potent by MIC90 criteria (Table 2).

MRSA exhibited high levels of resistance against levofloxacin (68.4% resistant) and erythromycin (82.9/86.2% [CLSI/EUCAST]; Table 2). The greatest coverage of all S. aureus (MSSA and MRSA) was provided by daptomycin (99.7% susceptible), linezolid (100.0%), tigecycline (100.0%), and vancomycin (100.0%; Table 2). Trimethoprim-sulfamethoxazole (MIC50/90, <=0.5/<=0.5 ug/mL) provided 98.4% coverage and ceftaroline (MIC50/90, 0.25/1 ug/mL) provided 98.4% coverage (Table 2). All S. aureus isolates were inhibited by delafloxacin at <=2 ug/mL (98.7% at <=1 ug/mL; Table 1).

The majority of E. faecalis isolates exhibited relatively low delafloxacin MIC results (MIC50/90, 0.06/1 ug/mL) contrasting with E. faecium MIC values (MIC50/90, >4/>4 ug/mL) (Table 1). There were eight vancomycin-resistant E. faecalis (2.7%), the highest delafloxacin MIC was 1 ug/mL. There were 143 vancomycin-resistant E. faecium (73.3%), delafloxacin MIC values ranged from 0.5->4 ug/mL.

Delafloxacin was the most active agent tested against S. pneumoniae (MIC50/90, 0.008/0.015 ug/mL; Table 1). All isolates were inhibited at a delafloxacin MIC of <=0.25 ug/mL (Table 1). Delafloxacin was eight-fold more active than ceftaroline (MIC50/90, <=0.015/0.12 ug/mL; 99.7% susceptible), 16-fold more active than moxifloxacin (MIC50/90, <=0.12/0.25 ug/mL; 98.3% susceptible), and 64-fold more active than levofloxacin (1/1 ug/mL; 98.3% susceptible; Table 2). There were two isolates with penicillin MIC values of 8 ug/mL (high level penicillin-resistance; resistant to parenteral penicillin), both of which had delafloxacin MIC results of 0.008 ug/mL.

Delafloxacin (MIC50/90, 0.015/0.03 ug/mL) was the most active agent tested against viridans group streptococci and was very potent against S. pyogenes, S. agalactiae, and S. dysgalactiae. All delafloxacin MIC values for S. pyogenes and S. dysgalactiae were <=0.03 ug/mL. For S. agalactiae, 98.0% of isolates were inhibited at a delafloxacin MIC of <=0.03 ug/mL and the highest MIC was only 0.5 ug/mL (Table 1).

Delafloxacin was active against the majority of Enterobacteriaceae, exhibiting MIC50/90 values of 0.06/2 ug/mL with 82.3% of isolates inhibited at a delafloxacin concentration of <=1 ug/mL (Table 1).

Fluoroquinolone susceptibility as measured by ciprofloxacin and levofloxacin for Enterobacteriaceae ranged from 80.4-84.3% (Table 3).

Against ESBL-producing enteric bacilli, fluoroquinolone activity was reduced. Against ESBL-phenotype E. coli, 26.9% of isolates were inhibited at <=1 ug/mL of delafloxacin and against ESBL-phenotype K. pneumoniae, 22.9% were inhibited at <=1 ug/mL (Table 1).

Delafloxacin was active against species with high rates of ceftazidime resistance due to AmpC production, including Enterobacter spp., Citrobacter spp., and Serratia spp. isolates. Delafloxacin inhibited 92.8% of Enterobacter spp. isolates at <=1 ug/mL. Against Citrobacter spp., a total of 87.3% of isolate MIC values were at <=1 ug/mL and for Serratia spp, 78.0% were inhibited at <=1 ug/mL (data not shown).

Against P. aeruginosa, ciprofloxacin (MIC50/90, 0.12/>4 ug/mL) was two-fold more active than delafloxacin (MIC50/90, 0.25/>4 ug/mL) which was two-fold more active than levofloxacin (MIC50/90, 0.5/>4 ug/mL). Delafloxacin inhibited 75.0% of P. aeruginosa at <=1 ug/mL. Ciprofloxacin and levofloxacin susceptibilities were 76.0/74.0% (CLSI/EUCAST) and 75.0/63.0 (CLSI/EUCAST), respectively (Table 3).

A. baumannii isolates were resistant to many agents. Delafloxacin inhibited 59.0% of isolates at <=1 ug/mL. Ciprofloxacin and levofloxacin susceptibility ranged from 48-50%. Only colistin (MIC50/90, 1/2 ug/mL; 94% susceptible) and amikacin (MIC50/90, 4/>32 ug/mL; 78.0% susceptible) exhibited susceptibility >65% (Table 3).

Table 1. MIC (ug/mL) distributions and cumulative frequency (%) for delafloxacin for all infection types (USA).

Table with 15 columns: Organism, Count, <=0.004, 0.008, 0.015, 0.03, 0.06, 0.12, 0.25, 0.5, 1, 2, 4, >=4, MIC50, MIC90. Rows include Staphylococcus aureus, MSSA, MRSA, Coagulase-negative staphylococci, MRCoNS, Enterococcus faecalis, Streptococcus pneumoniae, Enterobacteriaceae, Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, Citrobacter, Serratia, Acinetobacter, Pseudomonas, and others.

Table 2. Activity of delafloxacin and comparator antimicrobial agents against Gram-positive bacteria (USA, 2014).

Table with 5 columns: Organism (Number) / Antimicrobial Agent, MIC50, MIC90, Range, CLSI%, EUCAST%. Rows include Staphylococcus aureus, MRSA, Streptococcus pyogenes, Streptococcus pneumoniae, Enterococcus faecalis, Enterobacteriaceae, Citrobacter, and Serratia.

a. Criteria as published by CLSI [2016] and EUCAST [2016]. b. Breakpoints from FDA Package Insert revised 12/2014. c. Using Non Meningitis breakpoints. d. Using Meningitis breakpoints. e. Using Oral breakpoints. f. Using Parenteral, Meningitis breakpoints. g. Using Parenteral, Non Meningitis breakpoints. Abbreviations: Amox-clav = Amoxicillin-clavulanate; TMP-SMX = Trimethoprim-sulfamethoxazole.

Conclusions

Delafloxacin was shown to possess a broad-spectrum in vitro activity against contemporary Gram-positive and -negative bacteria from the USA. The MIC50/90 against S. aureus was <=0.004/0.25 ug/mL and against Enterobacteriaceae was 0.06/2 ug/mL.

Delafloxacin is more potent in vitro against S. aureus and CoNS, including methicillin-resistant strains, and against S. pneumoniae and beta-hemolytic streptococci than the currently marketed fluoroquinolones.

Delafloxacin was shown to be active in vitro against organisms which may be found in community-acquired pneumonia and ABSSSI.

Table 3. Activity of delafloxacin and comparator antimicrobial agents against Gram-negative bacteria (USA, 2014).

Table with 5 columns: Organism (Number) / Antimicrobial Agent, MIC50, MIC90, Range, CLSI%, EUCAST%. Rows include Enterobacteriaceae, P. aeruginosa, and A. baumannii.

a. Criteria as published by CLSI [2016] and EUCAST [2016]. b. Breakpoints from FDA Package Insert revised 12/2014.

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