

Eravacycline is Active Against MDR, Cephalosporin- and Carbapenem-Resistant *Enterobacteriaceae* and *Acinetobacter baumannii*

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Abstract

Background: Eravacycline (ERV) is a novel, fully synthetic fluorocycline antibiotic of the tetracycline class being developed for the treatment of serious infections, including those caused by MDR pathogens. ERV was tested *in vitro* against Gram-negative pathogens of concern, including 3rd/4th generation cephalosporin-resistant (CEPH-R) and carbapenem-resistant (CP-R) *Enterobacteriaceae*, and CP-R and MDR *Acinetobacter baumannii*.

Methods: MIC assays were performed as per CLSI methodology and data for ERV was analyzed across multiple non-clinical and recent surveillance studies using a composite database housed at International Health Management Associates (IHMA). The IHMA Surveillance Data Link Network (SDLN) webtool was used to analyze isolates by resistance phenotypes, including MDR (resistant to ≥3 antibiotic classes), as per 2015 CLSI criteria. A subset of cephalosporin and/or carbapenem resistant isolates were screened using published PCR conditions for narrow- and extended-spectrum β-lactamases and carbapenemases.

Results: For most pathogens, ERV MIC_{50/90} values increased 2-2 fold across resistant subclasses, indicating that ERV had *in vitro* potency against enterobacterial pathogens which are resistant to other antibacterials, including 3rd/4th generation cephalosporins and carbapenems, and MDR organisms. ERV had an overall MIC_{50/90} of 0.5/2 µg/mL for a subset of 416 molecularly characterized CP-R *Enterobacteriaceae* which included 255 isolates positive for *bla*_{KPC} and 105 isolates positive for *bla*_{IMP}, *bla*_{VIM} or *bla*_{NDM} metallo-β-lactamase genes. The MIC_{50/90} was 1/2 µg/mL for a subset of 220 CEPH-R, CP-R *Enterobacteriaceae*. The ERV MIC_{50/90} for CP-R *A. baumannii* containing *bla*_{OXA} (n=94) was 0.5/1 µg/mL, and MIC values for strains with *bla*_{NDM} (n=5) and *bla*_{KPC} (n=1) were 0.12-0.25 µg/mL and 0.5 µg/mL, respectively.

Conclusions: ERV is active against difficult-to-treat CEPH-R, CP-R and MDR Gram-negative pathogens.

Introduction

Eravacycline is a novel, fully synthetic fluorocycline antibiotic of the tetracycline class that is being developed for the treatment of cIAI and cUTI, including pyelonephritis.

The antimicrobial spectrum of eravacycline activity includes clinically relevant:

- ESBL-producing *Enterobacteriaceae*
- Carbapenem-resistant (CRE) and multidrug-resistant (MDR) *Enterobacteriaceae*
- Carbapenem-resistant (CRAB) and MDR *Acinetobacter baumannii*
- Vancomycin-resistant enterococcus (VRE)
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Streptococci
- Anaerobes such as *Bacteroides fragilis*.

The *in vitro* activity of eravacycline was assessed in multiple surveillance studies of isolates from the United States (US), the European Union (EU) and Canada in the past 2-3 years as well as in additional specialty *in vitro* studies.

Methods

The *in vitro* antibacterial activity of eravacycline was analyzed across multiple outsourced nonclinical and recent surveillance studies using a composite database assembled and housed at International Health Management Associates, Inc. (IHMA). The proprietary IHMA Surveillance Data Link Network (SDLN) webtool was used to analyze isolates by antibiotic resistance phenotypes, including MDR, according to the latest Clinical and Laboratory Standards Institute (CLSI) interpretive guidelines [1], and the eravacycline activity against large phenotypic subsets was determined. Activity of eravacycline against a subset of molecularly characterized, carbapenem-resistant *Enterobacteriaceae* and *A. baumannii* isolates identified as having specific β-lactamases and/or carbapenemase was analyzed by compiling susceptibility data across studies for eravacycline and comparators. Table 1 contains a brief description of the studies used in these analyses:

Table 1. Eravacycline Nonclinical and Surveillance Microbiology Studies Used in Analyses

Study	Year	Description	Ref
IHMA 2000	2013	A surveillance study performed at IHMA evaluated the activities of eravacycline and comparators against a recent (2013-2014) global collection of 6,551 clinical isolates including <i>Enterobacteriaceae</i> (n=4,462), Gram-negative non-fermenters (n=1,236), Gram-positive bacteria (n=1,346) and respiratory Gram-negative bacteria (n=56)	[2, 3]
CANWARD 2014	2015	A surveillance study performed by the Canadian Antimicrobial Resistance Alliance characterized the activities of eravacycline and comparator anti-pathogens related from Canadian hospitalized patients (13 sentinel hospital sites) including isolates from respiratory, skin/soft tissue, urinary and bacterial infections (n=2,837 isolates tested to date)	[4]
IHMA 2026	2015	A disk diffusion vs. broth microdilution study performed at IHMA, eravacycline and comparators were tested against 1,440 clinical isolates including <i>Enterobacteriaceae</i> (n=673), non-fermenters (n=173), Gram-positive (n=670) and respiratory Gram-negative bacteria (n=70)	[5]
IHMA 2483	2015	The activity of eravacycline and comparators was determined against organisms collected during 2013-2014 with a focus on isolates with specific antibiotic resistance phenotypes, including multidrug resistance. This study surveyed 491 <i>Enterobacteriaceae</i> , 62 <i>P. aeruginosa</i> , 58 <i>S. faegii</i> , and 97 <i>S. aureus</i>	[6]
Livemore Study MICRO15-10	2015	A study by David Livemore, et al. assessed the activity of eravacycline and comparators against molecularly characterized carbapenem resistant and tigecycline non-susceptible <i>Enterobacteriaceae</i> and <i>Acinetobacter</i> spp. (n=390)	[7]
Boath Study MICRO15-10	2015	A study by Karen Boath's laboratory assessed the activity of eravacycline and comparators against molecularly characterized β-lactamase producing carbapenem-resistant <i>Enterobacteriaceae</i> (n=110)	[8]
Abdullah, et al.	2015	A study by David Landman's laboratory evaluated eravacycline and comparators against over 4,000 Gram-negative pathogens from New York City hospitals including <i>E. coli</i> (n=2,864), <i>K. pneumoniae</i> (n=944), <i>Enterobacter aerogenes</i> (n=90), <i>Enterobacter cloacae</i> (n=124) and <i>A. baumannii</i> (n=156)	[9]
Johnson Study	2015	The activity of eravacycline and comparators was determined against 490 clinical isolates from the United States and comparators were evaluated against <i>E. coli</i> clinical isolates (n=472) from U.S. Veterans (2011) in relation to co-resistance phenotypes and serotype type 131 genotype	[10]
Tetraphase MICRO 10-13	2010	The activity profile of eravacycline and comparators was determined against 490 clinical isolates, including molecularly characterized <i>E. coli</i> (n=37) and <i>K. pneumoniae</i> (n=24), other <i>Enterobacteriaceae</i> (n=244), non-fermenters (n=58) and Gram-positive (n=127) isolates	[14]
Carifone 50095	2010	The activity of eravacycline and comparators was determined against <i>Enterobacteriaceae</i> (n=200) and respiratory Gram-negative isolates (n=100)	[11]
Eurafina 100851	2011	The activity of eravacycline and comparators was determined against <i>Enterobacteriaceae</i> (n=200) and respiratory Gram-negative isolates (n=100)	[11]
Microscopy 03-10-2009-Tetraphase	2009	The activity of eravacycline and comparators was evaluated against a set of 21 <i>A. baumannii</i>	[14]
Microscopy 05-12-2009-Tetraphase	2009	The activity of eravacycline and comparators was evaluated by broth microdilution against a set of 1,147 clinical isolates including 317 <i>Enterobacteriaceae</i>	[14]

Results

Table 2. Eravacycline MIC Distributions (µg/mL) by Enterobacterial Species and Antibiotic Resistance Phenotype

Organism Phenotype	N	≤0.015	0.06	0.12	0.25	0.5	1	2	4	8	MIC ₅₀	MIC ₉₀	
<i>Acinetobacter baumannii</i>	444		3	94	236	71	2	9	1	1	0.25	0.5	
CP-R	159			13	13	3	4				0.25	1	
CEPH-R	150		1	23	86	26	14	5	1		0.25	2	
MDR	85		1	8	38	18	12	5	1		0.25	1	
ATMR	100		1	17	44	20	9	2	1		0.25	0.5	
TEFR	25		1	3	13	10	4				0.25	2	
TGCR*	70			8	31	16	10	4			NA	NA	
TPZR†	3										0.25	1	
<i>Enterobacter</i>	674		14	336	254	39	20	4	4		0.25	1	
CP-R	35			10	11	8	1	2			0.5	2	
CEPH-R	224		1	49	205	39	14	2			0.25	2	
MDR	100			19	23	13	11	6			0.5	4	
AG-R	14			1	4	2	1	1			0.5	2	
ATMR	149			2	62	114	12	6			0.25	2	
FQ-R	56			2	28	19	9	2	1		0.5	2	
TEFR	50			2	14	19	11	6	4		0.5	4	
TGCR*	3										NA	NA	
TPZR†	3										0.5	4	
<i>Enterobacter</i>	1076		1	4	5	238	691	117	93	36	16	0.5	2
CP-R	88				9	26	24	14	9	4		1	4
CEPH-R	470		1	4	3	46	220	80	48	24	3	0.5	2
MDR	211				1	26	97	58	48	27	12	1	4
AG-R	137				1	17	49	34	23	13	1	1	4
ATMR	364				1	44	139	52	31	16	1	0.5	2
FQ-R	180				1	22	85	41	30	18	9	1	4
TEFR	180				1	25	81	25	21	11	11	1	4
TGCR*	24											0.5	2
TPZR†	161		1	1	27	66	44	33	17	3		1	4
<i>Enterobacter coli</i>	490		1	12	524	214	1636	587	198	10	7	0.12	0.5
CP-R	111			8	33	14	11	8	2	2		0.25	2
CEPH-R	778		2	87	256	280	143	31	4	3		0.25	0.5
MDR	100			2	56	28	41	19	6	1		0.25	0.5
AG-R	731			2	58	193	297	163	36	3		0.25	0.5
ATMR	424				2	44	139	52	31	16	1	0.5	2
FQ-R	167				2	106	475	658	334	81	7	0.25	0.5
TEFR	1641		4	74	324	677	334	74	15	4		0.25	0.5
TGCR*	3											NA	NA
TPZR†	175			21	14	53	23	4	2			0.25	0.5
<i>Klebsiella pneumoniae</i>	474		4	137	356	43	22	10			0.25	0.5	
CP-R	3											NA	NA
CEPH-R	50			2	4	37	16	7	4			0.25	1
MDR	22				2	14	4	4				0.25	1
AG-R	49			1	2	15	11	1	1			0.25	1
ATMR	48			1	5	27	15	6	4			0.25	1
FQ-R	12				1	7	1	4	2			0.25	2
TEFR	28			1	3	10	3	7	1			0.25	2
TGCR*	1											NA	NA
TPZR†	20					1	10	3	2			0.25	2
<i>Klebsiella pneumoniae</i>	2054		5	77	876	648	274	133	30	13	1	0.4	1
CP-R	357			3	89	99	164	56	7	1		0.5	2
CEPH-R	838		10	101	180	131	85	12	3			0.5	2
MDR	620			6	186	183	166	75	13	7		0.5	2
AG-R	220			1	10	30	21	11	5			0.5	2
ATMR	421			9	109	149	71	29	2	2		0.5	1
FQ-R	403				13	160	160	79	12	1		0.5	2
TEFR	428			13	126	112	68	42	19	9		0.5	2
TGCR*	28				4	16	10	4	7	1		0.5	2
TPZR†	202			4	34	103	49	13	1	7		0.5	2

CP-R=carbapenem resistant; CEPH-R=3rd-4th generation cephalosporin-resistant; MDR=multidrug-resistant as defined by minimum total classes of antibiotic; AG-R=amoxicillin-resistant; ATMR=antimicrobial-resistant; FQ-R=fluoroquinolone resistant; TEFR=tetracycline-resistant; TGCR=tigecycline-resistant; TPZR= piperacillin/tazobactam resistant; resistance defined by CLSI [1]. FSA brackets were used to indicate MIC values that were not observed.

*TGCR= Tigecycline has decreased *in vitro* activity against *M. abscessus* spp., *Phoma* spp. and *Proteobacteria* spp.

Table 4. Eravacycline MIC Distributions (µg/mL) for *A. baumannii* by Antibiotic Resistance Phenotype

Organism	N	≤0.03	0.06	0.12	0.25	0.5	1	2	4	8	MIC ₅₀	MIC ₉₀	
<i>A. baumannii</i>	851		68	99	77	126	227	158	52	9	5	0.5	1
CP-R	511		9	29	85	190	135	50	9	4		0.5	2
CEPH-R	514		11	31	99	207	120	41	3	2		0.5	1
MDR	574		19	35	102	225	144	46	8	4		0.5	2
AG-R	455		2	6	27	73	172	121	43	8	3	0.5	2
FQ-R	572		2	19	35	99	221	146	46	8	5	0.5	2
TEFR	519		1	9	22	72	218	138	49	6	4	0.5	2
TGCR*	9				8	8	40	9				2	4
TPZR†	505		10	30	91	199	123	42	6	3		0.5	2

CP-R=carbapenem resistant; CEPH-R=3rd-4th generation cephalosporin-resistant; MDR=multidrug-resistant as defined by resistance to ≥3 classes of antibiotics; AG-R=amoxicillin-resistant; FQ-R=fluoroquinolone resistant; TEFR=tetracycline-resistant; TGCR=tigecycline-resistant; TPZR= piperacillin/tazobactam resistant; resistance defined by CLSI [1].

Organism Phenotype	N	≤0.015	0.06	0.12	0.25	0.5	1	2	4	8	16	MIC ₅₀	MIC ₉₀
<i>Morganella morganii</i>	266				8	37	121	82	15	2		0.5	1
CP-R	172				2	20	78	67	9	2		0.5	1
CEPH-R	37				1	3	13	17	5	2		0.5	4
MDR	47				2	13	28	10	1			0.5	2
AG-R	49				1	5	16	11	2			NA	NA
ATMR	3												