

## Abstract

**Background:** TP-434 is a novel broad-spectrum fluorocycline being developed by Tetraphase Pharmaceuticals for a wide range of infections. The current study was performed to determine the pharmacodynamic parameter (PD) that is best predictive of efficacy.

**Methods:** Female CD-1 mice were rendered neutropenic by IP injection of Cytoxan (150/100 mg/kg at days -4/-1 pre-infection). Infection was established by injection of 10<sup>5</sup> CFU of MRSA (tetracycline-resistant USA300) in the right thigh. Dose fractionation studies (q24h, q12h and q6h) were done with 1-90 mg/kg SC for MRSA. All thighs were removed 26 hrs post-infection and processed for CFU counts. TP-434 was administered SC from 1 to 60 mg/kg to determine PK parameters (C<sub>max</sub>, AUC, T>MIC) in neutropenic, thigh-infected animals. The dose vs change in log CFU/thigh relationship vs untreated controls was determined for each organism and related to the PK parameters at each dose. Protein binding was determined by equilibrium dialysis and size exclusion centrifugation.

**Results:** The static dose for MRSA was 11.9 mg/kg. The correlation coefficients of the PD parameters to efficacy in the thigh model for the 24 hr AUC/MIC, C<sub>max</sub>/MIC and %T>MIC were 82%, 80% and 58% for MRSA. The 24 hr total AUC/MIC ratios necessary to achieve a static effect and 1 log reduction in CFU were 38.4 and 46.9, respectively. The C<sub>max</sub>/MIC ratio at stasis was 1.64. Protein binding in fresh mouse serum averaged 75% for concentrations from 0.1 to 10 µg/mL and there was good correlation between both methods.

**Conclusion:** The efficacy of TP-434 in the neutropenic thigh model for a representative MRSA strain, USA300 correlates best to the AUC/MIC, which is similar to other published tetracycline molecules.

## Introduction

TP-434 is designed as a broad spectrum IV antibiotic with the potential for superior efficacy against Gram-negative, Gram-positive, and anaerobic pathogens (see F1-2157-2161). *In vitro* studies with TP-434 have demonstrated greater potency in comparison to currently marketed antibiotics. Preliminary data have shown that TP-434 also has the potential to be developed as an oral therapy (see F1-2163). TP-434 has successfully completed Phase 1 clinical studies (see A1-027-028) and is poised to enter Phase 2 in 2010. The current study was performed to determine the pharmacokinetic/pharmacodynamic parameter that best predicts the efficacy of TP-434 in bacterial infections.

## Methods and Materials

**Mice:** Female 5 - 6 week old CD-1 mice (18-22 gm).

**Neutropenia:** Female CD-1 mice were rendered neutropenic by IP injection of Cytoxan (cyclophosphamide) 150 mg/kg (-4 days) and 100 mg/kg (-1 day) pre-infection.

**Thigh Infection:** A fresh overnight culture of a *Staphylococcus aureus* USA300 (MRSA) strain was diluted to approx. 2 x 10<sup>6</sup> CFU/mL and 0.1 mL injected (5x10<sup>5</sup> final cfu) IM into the thighs of the pre-treated mice.

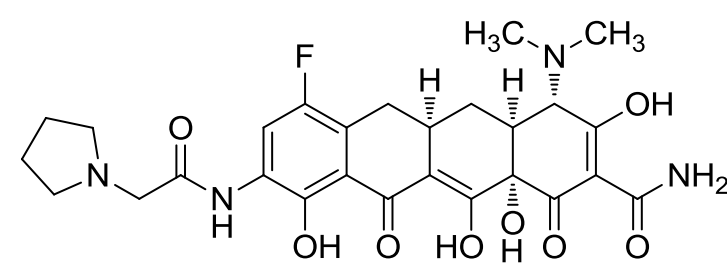
**MICs:** MICs for TP-434 were determined by microbroth dilution in accordance with CLSI guidelines.

**PK:** TP-434 was administered SC at 5 selected doses (1 - 60 mg/kg), with 9 time points and N=3 mice in order to determine pharmacokinetic parameters (C<sub>max</sub>, AUC, T>MIC) and their relationship to administered dose. Pharmacokinetics were performed in neutropenic, thigh-infected animals to best predict compound levels in the efficacy studies.

**Dose Ranging Study:** An initial dose-ranging study (single dose at +1.5 hrs post-infection) was performed over a wide range (0.25 - 60 mg/kg) in thigh-infected animals in order to determine the defined range that will be used in the dose fractionation studies.

**Dose Fractionation:** TP-434 was administered by the same route used for the PK and dose-ranging study at up to 8 different total daily doses (selected from the dose ranging studies and covering a range from maximal to the no-effect level). Each total dose was given at 3 different regimens; q24hr, q12hr, q6hr. Efficacy in the thigh infection model was compared to calculated PK parameters at each of the dose fractionations.

Panel 1: Chemical Structure TP-434

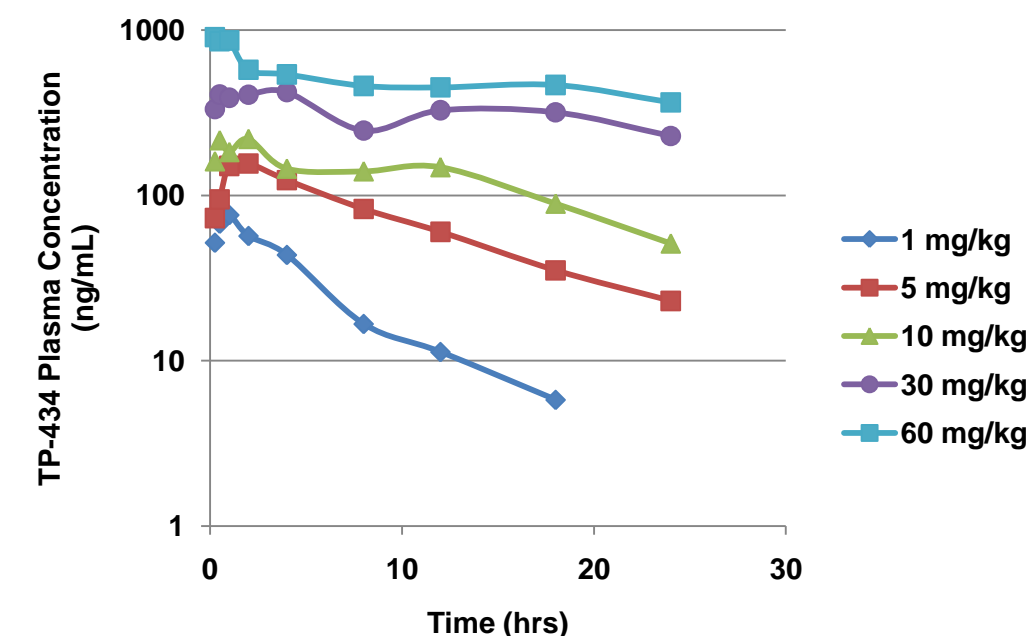


Panel 2: TP-434 Minimum Inhibitory Concentration (MIC)

Organism	MIC (µg/ml)	
	TP-434	Tetracycline
<i>S. aureus</i> MRSA 300	0.13	32

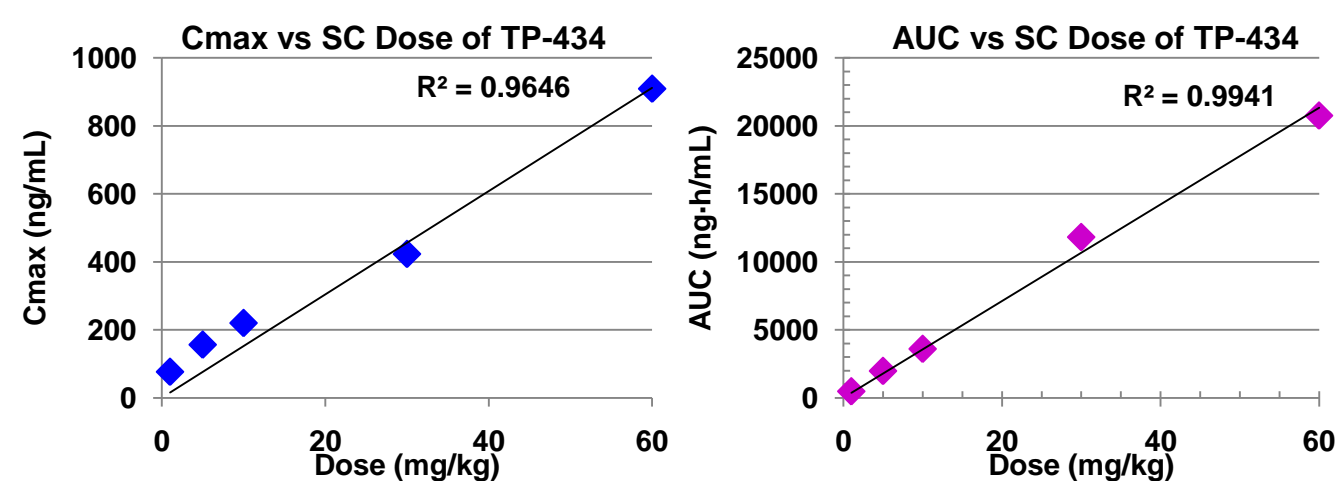
TP-434 demonstrates excellent activity against the methicillin- and tetracycline-resistant *Staphylococcus aureus* USA300 strain.

Panel 3: Pharmacokinetics of TP-434 following Subcutaneous Administration to Female CD-1 Mice



Parameter	TP-434 Subcutaneous Dose				
	1 mg/kg	5 mg/kg	10 mg/kg	30 mg/kg	60 mg/kg
C <sub>max</sub> (ng/mL)	76.2	156	219.7	422.7	908.7
AUC <sub>0-24</sub> (ng-hr/mL)	470	1968.7	3591.7	11811.7	20740.2
MRT (hr)	5.5	12.3	13.8	22.1	27.5
T <sub>max</sub> (hr)	1	2	2	4	0.3

- TP-434 exhibits a dose response following subcutaneous administration.
- Correlations of R<sup>2</sup>=0.994 and 0.964 were observed for AUC and C<sub>max</sub> vs dose.
- Mean residence times ranged from 5.5 - 27.5 hrs with T<sub>max</sub> values of 0.3 - 4 hrs.



Panel 4: Protein Binding Determination - TP-434

Amicon Centrifuge Filters  
Ultracell 10k - regenerated cellulose, 10,000 MWCO  
Centrifuged at 3 x 30 min at 4000 x g

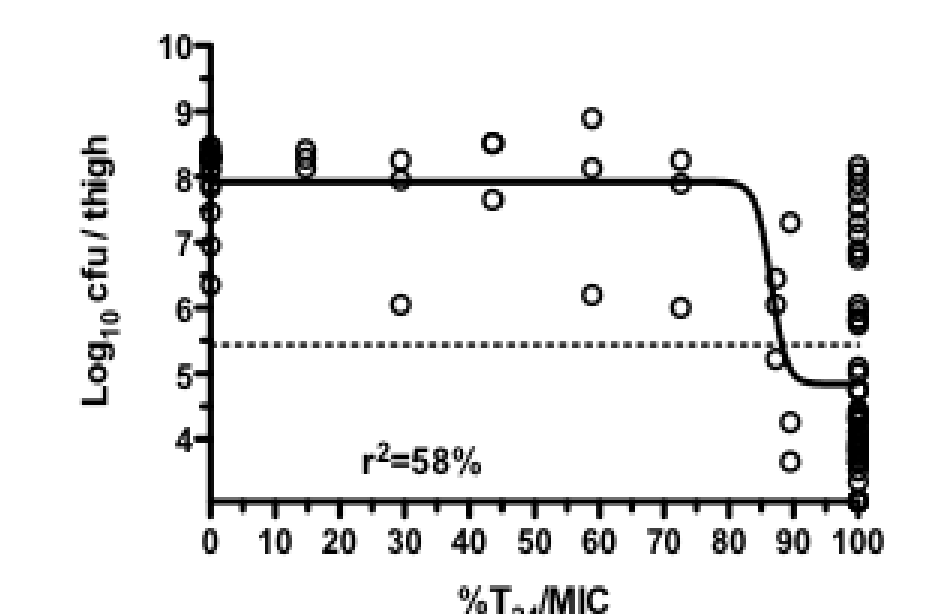
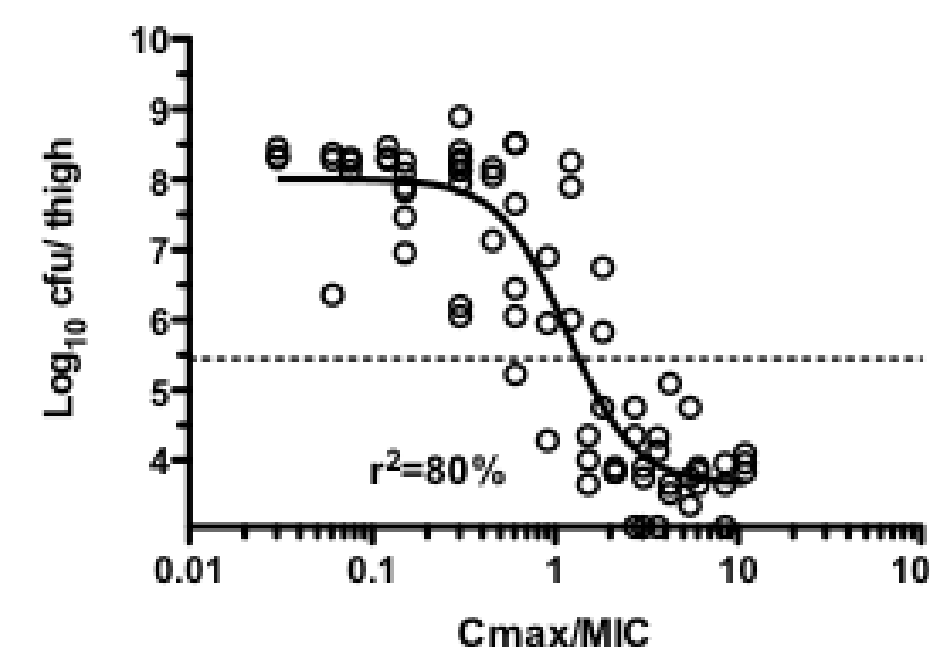
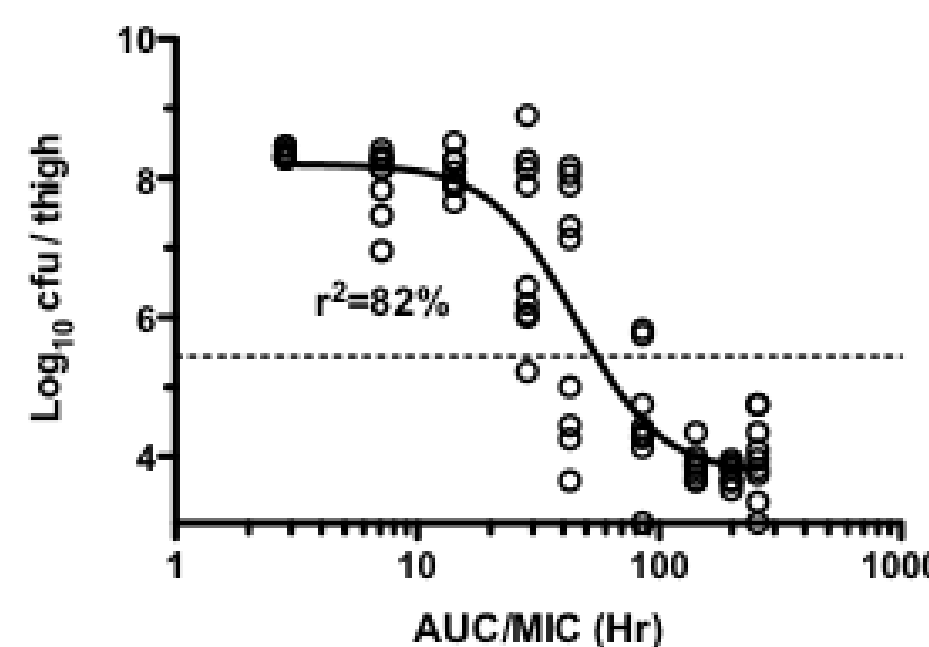
Spike concentration (µg/mL)	Retentate	Filtrate	Calculated % Bound	Range
0.1	NA	NA	NA	
0.5	0.53	0.16	69.81	68.7-80.8%
2.5	2.08	0.40	80.77	
10	9.06	2.84	68.65	
		Mean	73.1	

RED (Rapid Equilibrium Device)  
Dialysis membrane 8,000 MWCO  
Incubated 4 hrs at 37°C on orbital shaker

Spike concentration (µg/mL)	Sample Chamber	Filter Chamber	Calculated % Bound	Range
0.1	0.08	0.02	75	67.9-84.7%
0.5	0.28	0.09	67.86	
2.5	1.31	0.20	84.73	
10	5.26	1.13	78.52	
		Mean	76.5	

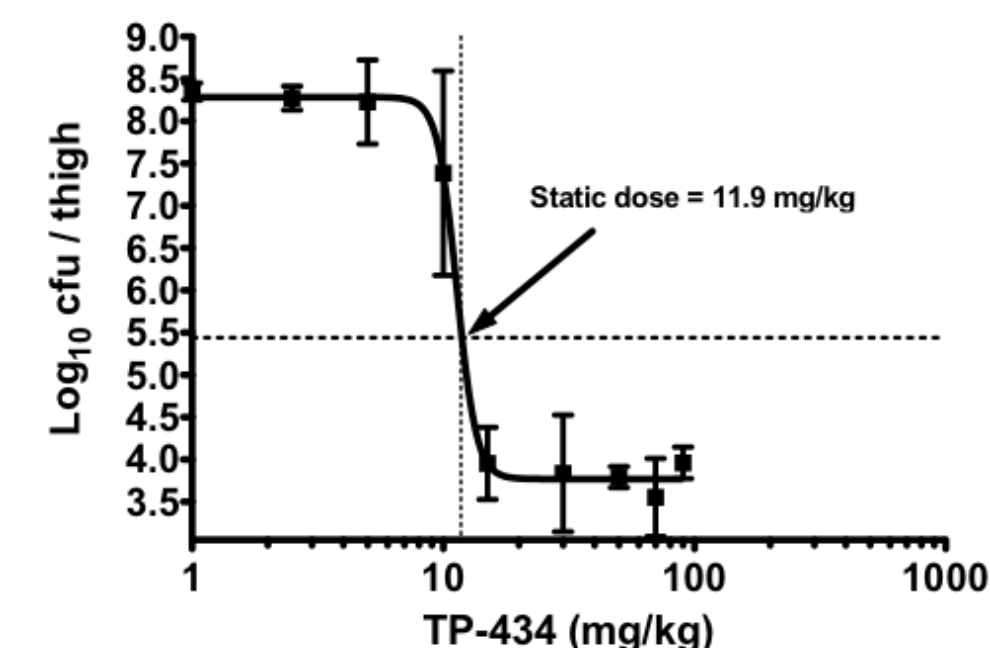
- Protein binding, of TP-434, determined by two different methods, ranged from 67.9- 84.7% (mean of 75%) over the concentration range of 0.1, 0.5, 2.5 and 10 µg/mL.

Panel 6: Dose Fractionation Thigh Infection Study - TP-434



- Mouse neutropenic thigh infection with an MRSA USA300 *S. aureus* isolate.
- Dose fractionations (q24hr, q12hr, and q6hr) administered subcutaneously over 24 hours from 1 to 90 mg/kg (total dose).
- PK/PD correlations of 82%, 80% and 58% were determined for AUC/MIC, C<sub>max</sub>/MIC and %T<sub>24</sub>>MIC, respectively.
- The 24 hr AUC/MIC appears to be the PK/PD index that best correlates with observed antimicrobial efficacy.

Panel 5: Dose Ranging Thigh Infection: Static Dose Determination



TP-434 (total) Efficacy Ratios

Parameter	Static Effect	1 log reduction
AUC/MIC	38.4	46.9
C <sub>max</sub> /MIC	1.64	2.00

## Summary of Results

- TP-434 was active against the methicillin-resistant and tetracycline-resistant MRSA clinical isolate used in this study (see F1-2158 for breadth of spectrum).
- TP-434 exhibits dose-proportional pharmacokinetics following subcutaneous administration with excellent correlations for AUC and C<sub>max</sub> to dose.
- The static dose for TP-434 resulting in no change in the thigh bacterial burden of MRSA USA300 was 11.9 mg/kg.
- The correlation coefficients of the PD parameters to efficacy in the thigh model for the 24 hr AUC/MIC, C<sub>max</sub>/MIC and %T>MIC were 82%, 80% and 58% for MRSA.
- The 24 hr total AUC/MIC ratios necessary to achieve a static effect and 1 log reduction in CFU were 38.4 and 46.9, respectively. The C<sub>max</sub>/MIC ratio at stasis was 1.64.
- Protein binding in fresh mouse serum averaged 75% for concentrations from 0.1 to 10 µg/mL and there was good correlation between the two methods tested.
- The mean AUC<sub>(ss)</sub> for TP-434 in Phase 1 multiple-ascending dose studies by compartmental analyses for 1.5 mg/kg q24h and 1.0 mg/kg q12h administered intravenously over 1h was 8.670 ± 1.39 and 13.34 ± 1.34 µg-h/mL respectively (see A1-027 and A1-028) giving a total AUC/MIC ratio of 69.4 and 106.7.

## Conclusion

- The AUC/MIC predictive of efficacy in a neutropenic thigh model challenged with MRSA USA300 would be comfortably reached by TP-434 administered once daily intravenously at 1.5 mg/kg in humans.

## General References

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