

# Evaluation of Synergistic Effects of a Potentiator Molecule (SPR741) When Tested in Combination with a Series of $\beta$ -Lactam Agents against a Challenge Set of Gram-Negative Pathogens

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## Introduction

- Enterobacteriaceae* isolates account for 27% of healthcare-associated infections in the United States
- A great proportion of these isolates produce extended-spectrum  $\beta$ -lactamases (ESBLs), which account for approximately 14% of *Enterobacteriaceae*
- ESBL-producing *Enterobacteriaceae* isolates have spread in the nosocomial and community settings, complicating the empiric treatment of infections caused by these organisms
- The increased frequency of ESBL-producing *Enterobacteriaceae* isolates may increase the use of more potent antimicrobial agents, including carbapenems
- Although carbapenem-resistant *Enterobacteriaceae* (CRE) isolates are still generally uncommon in the United States and Europe, the number of facilities reporting CRE has risen steadily in several regions worldwide
- These hard-to-treat infections have been targeted as one of the most pressing challenges in the field of infectious diseases
- SPR741 is a novel polymyxin analogue that interacts with the outer membrane of Gram-negative bacteria and compromises the integrity of the lipopolysaccharide
- This compound has minimal direct antibacterial activity and acts by increasing cell permeability
- When tested in combination with an antibiogram agent, SPR741 facilitates the entry of the active compound
- This compound has been shown to display reduced nephrotoxicity
- This study screened for *in vitro* activity of a series of  $\beta$ -lactam agents tested in combination with SPR741 against a challenge set of *Enterobacteriaceae*

- MIC results obtained for temocillin were interpreted according to the BSAC systemic (8 mg/L for susceptible) and urinary tract infection (UTI)  $\leq$ 32 mg/L for susceptible) breakpoints, which were also applied to the temocillin-SPR741 combination
- MIC interpretations for other combinations utilized the breakpoints available for the respective co-drugs for comparison purposes

## Results

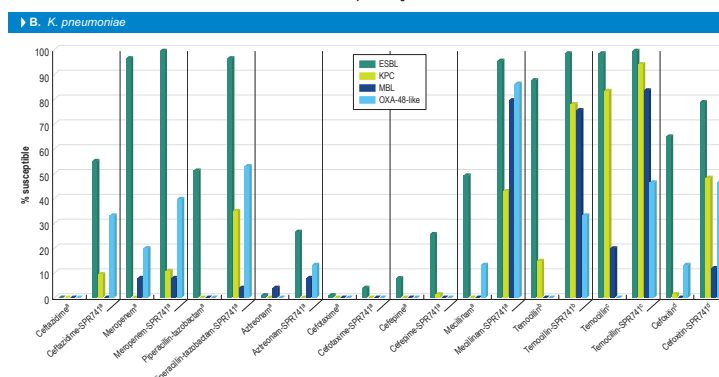
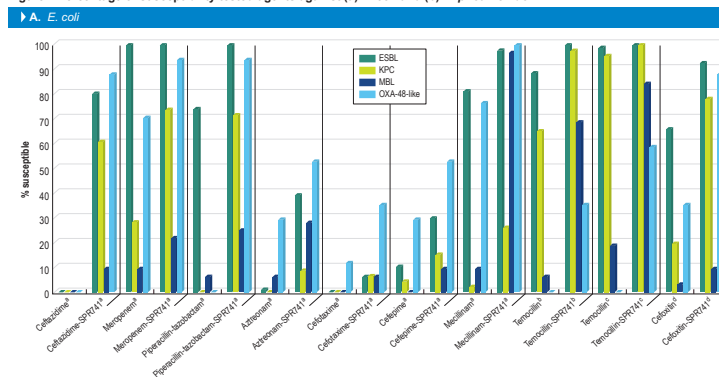
- SPR741 increased the activity of ceftazidime from 0.0% susceptible to 80.4%–88.2% susceptible when ceftazidime-SPR741 was tested against ESBL-producing *E. coli* (Table 1 and Figure 1A)
- The marginal activity of piperacillin-tazobactam against AmpC- and ESBL-producing isolates increased from 0.0%–74.2% susceptible to 93.8%–100.0% susceptible with the addition of SPR741 (Table 1)
- Adding SPR741 did not increase the activity of aztreonam, cefotaxime, or cefepime to  $\geq$ 90% susceptible against selected isolates (Table 1 and Figure 1)
  - The exception was noted when aztreonam was tested in the presence of SPR741 against AmpC-producing isolates (increased from 6.2% to 93.8% susceptible)
- Mecillinam-SPR741 showed susceptibility rates of 80.0%–100.0% when tested against AmpC-, ESBL-, MBL-, or OXA-48-like-producing isolates (Table 1 and Figure 1)
  - Lower susceptibility rates (26.1%–43.2%) were obtained against KPC producers

**Table 1 Summary of susceptibility rates for selected  $\beta$ -lactam agents tested alone and in combination with SPR741**

Agent	<i>E. coli</i> (n=202)				<i>K. pneumoniae</i> (n=221)				
	AmpC (n=16)	ESBL (n=97)	KPC (n=46)	MBL (n=32)	OXA-48-like (n=17)	ESBL (n=101)	KPC (n=74)	MBL (n=25)	OXA-48-like (n=15)
Ceftazidime*	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ceftazidime-SPR741*	62.5	80.4	60.9	9.4	88.2	55.4	9.5	0.0	33.3
Meropenem*	100.0	100.0	28.3	9.4	70.6	97.0	0.0	8.0	20.0
Meropenem-SPR741*	100.0	100.0	73.9	21.9	94.1	100.0	10.8	8.0	40.0
Piperacillin-tazobactam*	75.0	74.2	0.0	6.2	0.0	51.5	0.0	0.0	0.0
Piperacillin-tazobactam-SPR741*	93.8	100.0	71.7	25.0	94.1	97.0	35.1	4.0	53.3
Aztreonam*	6.2	1.0	0.0	6.2	29.4	1.0	0.0	4.0	0.0
Aztreonam-SPR741*	93.8	39.2	8.7	28.1	52.9	26.7	0.0	8.0	13.3
Cefotaxime*	0.0	0.0	0.0	0.0	11.8	1.0	0.0	0.0	0.0
Cefotaxime-SPR741*	50.0	6.2	6.5	6.2	35.3	4.0	0.0	0.0	0.0
Cefepime*	100.0	10.3	4.3	0.0	29.4	7.9	0.0	0.0	0.0
Cefepime-SPR741*	100.0	29.9	15.2	9.4	52.9	25.7	1.4	0.0	0.0
Mecillinam*	93.8	81.4	2.2	9.4	76.5	49.5	0.0	0.0	13.3
Mecillinam-SPR741*	100.0	97.9	26.1	96.9	100.0	96.0	43.2	80.0	86.7
Temocillin*	87.5	88.7	65.2	6.2	0.0	88.1	14.9	0.0	0.0
Temocillin-SPR741*	100.0	100.0	97.8	68.8	35.3	99.0	78.4	76.0	33.3
Temocillin-SPR741*	100.0	99.0	95.7	18.8	0.0	99.0	83.8	20.0	0.0
Temocillin-SPR741*	100.0	100.0	100.0	84.4	58.8	100.0	94.6	84.0	46.7
Ceftoxitin*	0.0	66.0	19.6	3.1	35.3	65.3	1.4	0.0	13.3
Ceftoxitin-SPR741*	12.5	92.8	78.3	9.4	88.2	79.2	48.6	12.0	46.7

\* MIC results for agents interpreted based on the EUCAST (2018) criteria  
 \* MIC results obtained for temocillin were interpreted according to the systemic breakpoint (8 mg/L for susceptible)  
 \* MIC results obtained for temocillin were interpreted according to the UTI breakpoint (32 mg/L for susceptible)  
 \* Cefepime MIC interpretative criteria as published by CLSI M100 (2018). These breakpoints were also applied to the respective combinations with SPR741  
 \* Cefotaxime MIC interpretative criteria as published by CLSI M100 (2018). These breakpoints were also applied to the respective combinations with SPR741  
 \* Includes 10 *E. coli* and 8 *K. pneumoniae*

**Figure 1 Percentage of susceptibility tested agents against (a) *E. coli* and (b) *K. pneumoniae***



- SPR741 increased the temocillin susceptibility rates up to 97.8% against KPC-producing *E. coli* when applying the systemic breakpoint (Table 1 and Figure 1A)
- The temocillin-SPR741 combination had susceptibility rates of 94.6%–100.0% against AmpC, ESBL, and KPC producers when applying the UTI breakpoint, regardless of species tested (Table 1)
- The activity of ceftoxitin increased from 19.6%–66.0% susceptible to 78.3%–92.8% susceptible when tested against ESBL-producing isolates and *E. coli*-producing ESBL, KPC, or OXA-48-like enzymes (Table 1)

## Conclusions

- In general, all  $\beta$ -lactam agents tested in this study showed increased *in vitro* activities in the presence of SPR741
- The activity of piperacillin-tazobactam was also potentiated in the presence of SPR741 against AmpC- and ESBL-producing isolates as well as against OXA-48-like-producing *E. coli*
- SPR741-temocillin provided high *in vitro* coverage advantages against KPC-producing *E. coli* (97.8% susceptible; systemic breakpoint), and the combination's coverage was also expanded against KPC-producing *K. pneumoniae* (94.6% susceptible) when the UTI breakpoint was applied
- Increased potencies for mecillinam when tested in combination with SPR741 provided this drug with acceptable coverage (susceptibility rate  $\geq$ 90%) against ESBL-, pAmpC-, MBL-, and OXA-48-like-producing *E. coli*
- SPR741 significantly increased the mecillinam coverage against ESBL-, MBL-, and OXA-48-like-producing *K. pneumoniae* (from 0.0%–49.5% to 80.0%–96.0% susceptible)
- These *in vitro* data indicate that adding SPR741 to mecillinam, temocillin, and piperacillin-tazobactam may provide enhanced coverage against *E. coli* and *K. pneumoniae* that produce potent  $\beta$ -lactamase enzymes, warranting further studies

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## References

Andrews JM, Jevons G, Walker R, Ashby J, Fraise AP. 2007. Temocillin susceptibility by BSAC methodology. *J Antimicrob Chemother* 60 (1):185–187.

British Society for Antimicrobial Chemotherapy (BSAC). 2014. Methods for antimicrobial susceptibility testing. Version 13. <http://bsac.org.uk/wp-content/uploads/2014/06/BSAC-disc-susceptibility-testing-method-June-2014.pdf>. Accessed March 2018.

British Society for Antimicrobial Chemotherapy (BSAC). 2014. Susceptibility testing methodology—current version of breakpoint tables. <http://bsac.org.uk/wp-content/uploads/2012/02/BSAC-Susceptibility-testing-version-131.pdf>. Accessed March 2018.

Clinical and Laboratory Standards Institute (CLSI). 2018. *M100E22E: Performance standards for antimicrobial susceptibility testing: 28th informational supplement*. Wayne, PA, USA.

Clinical and Laboratory Standards Institute (CLSI). 2018. *M07E11E: Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically: approved standard—eleventh edition*. Wayne, PA, USA.

EUCAST (2018). Breakpoint tables for interpretation of MICs and zone diameters. Version 8.0, January 2018. Available at: [http://www.eucast.org/fileadmin/src/media/PDFs/EUCAST\\_files/Breakpoint\\_tables\\_v\\_8.0\\_Breakpoint\\_Tables.pdf](http://www.eucast.org/fileadmin/src/media/PDFs/EUCAST_files/Breakpoint_tables_v_8.0_Breakpoint_Tables.pdf). Accessed March 2018.

EUCAST (2013). Quality control for routine antimicrobial susceptibility testing. Available at: [http://www.eucast.org/fileadmin/src/media/PDFs/EUCAST\\_files/Breakpoint\\_tables/EUCAST\\_Routine\\_QC\\_tables\\_3.1.pdf](http://www.eucast.org/fileadmin/src/media/PDFs/EUCAST_files/Breakpoint_tables/EUCAST_Routine_QC_tables_3.1.pdf). Accessed March 2018.

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