

Dirençli Gram-Negatif Enterik Çomaklarda Yeni Ne Var? Yeni tedaviler, umutlar...

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Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji

2020 Ocak



Hirudoterapi



Ozon

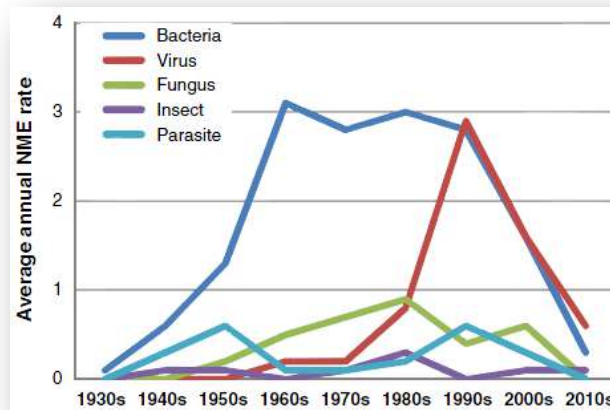
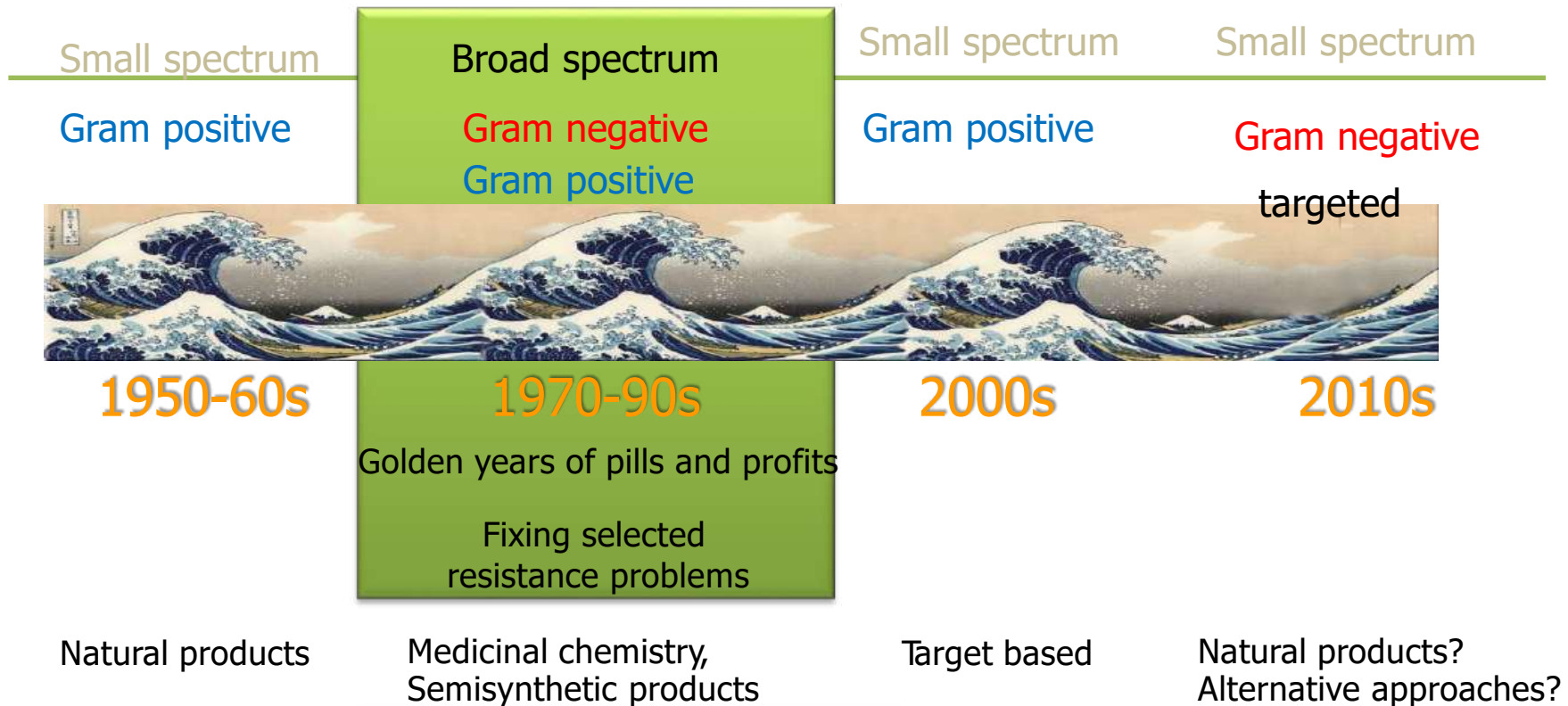


Hiperbarik

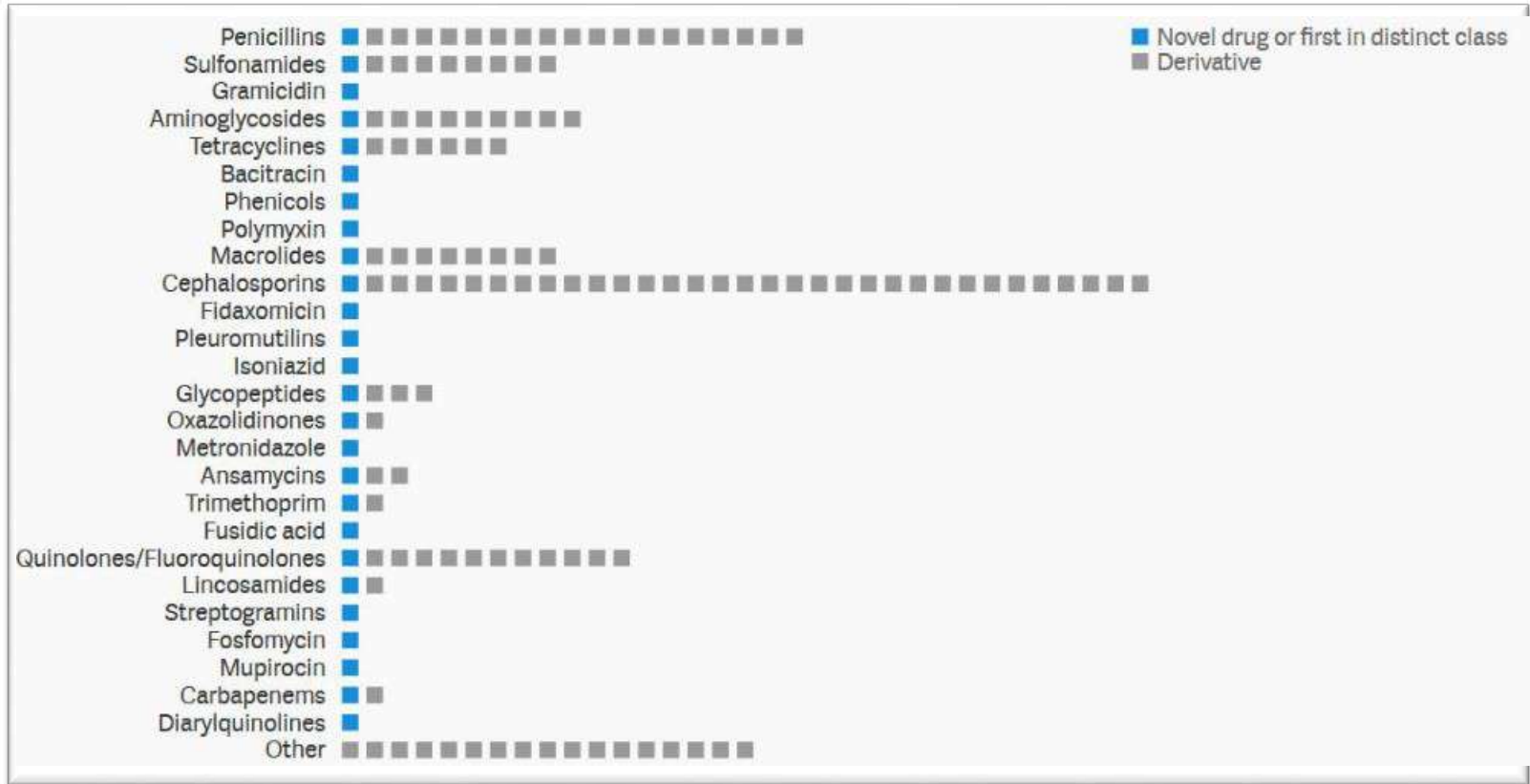
Bitki börtü böcük

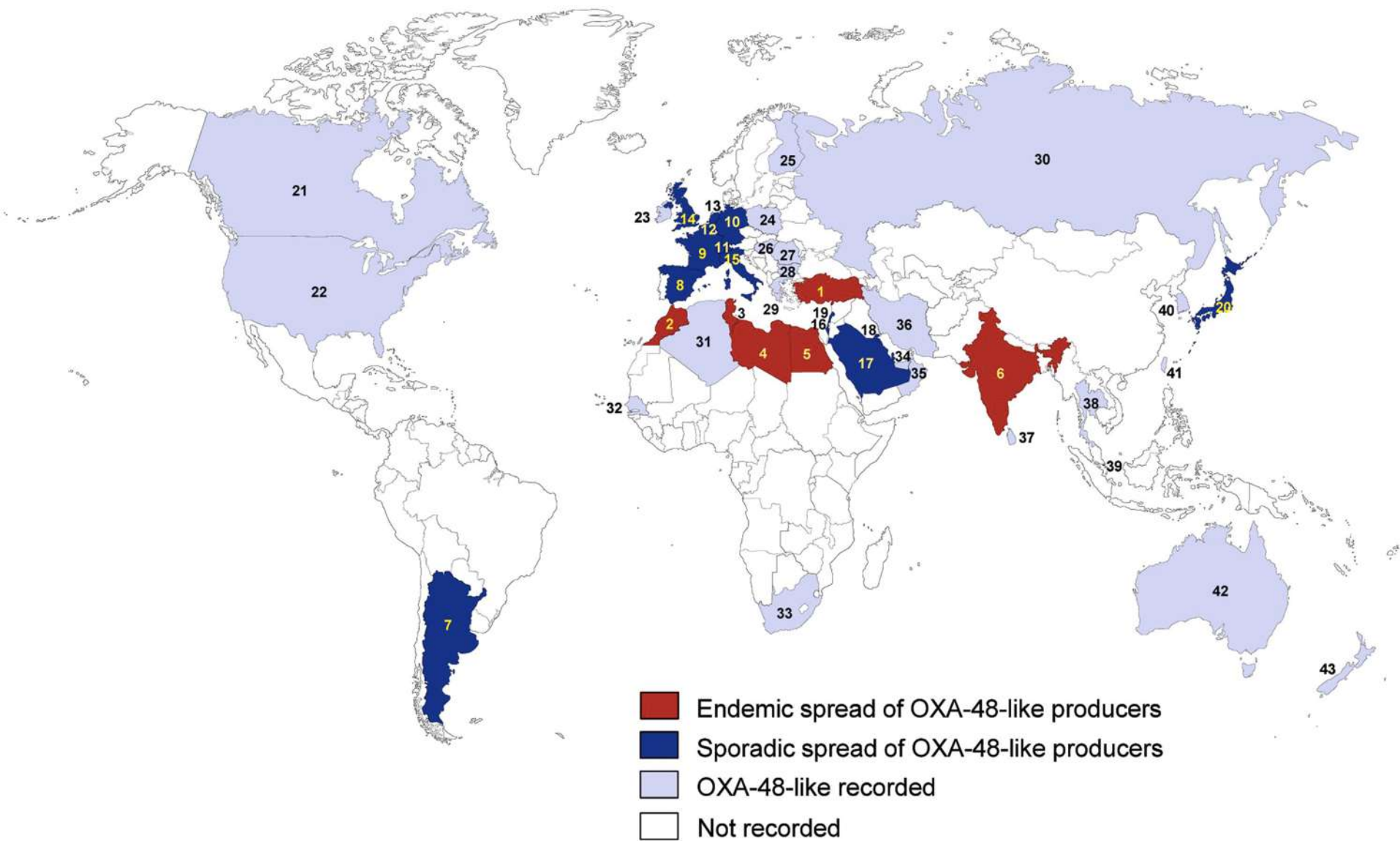


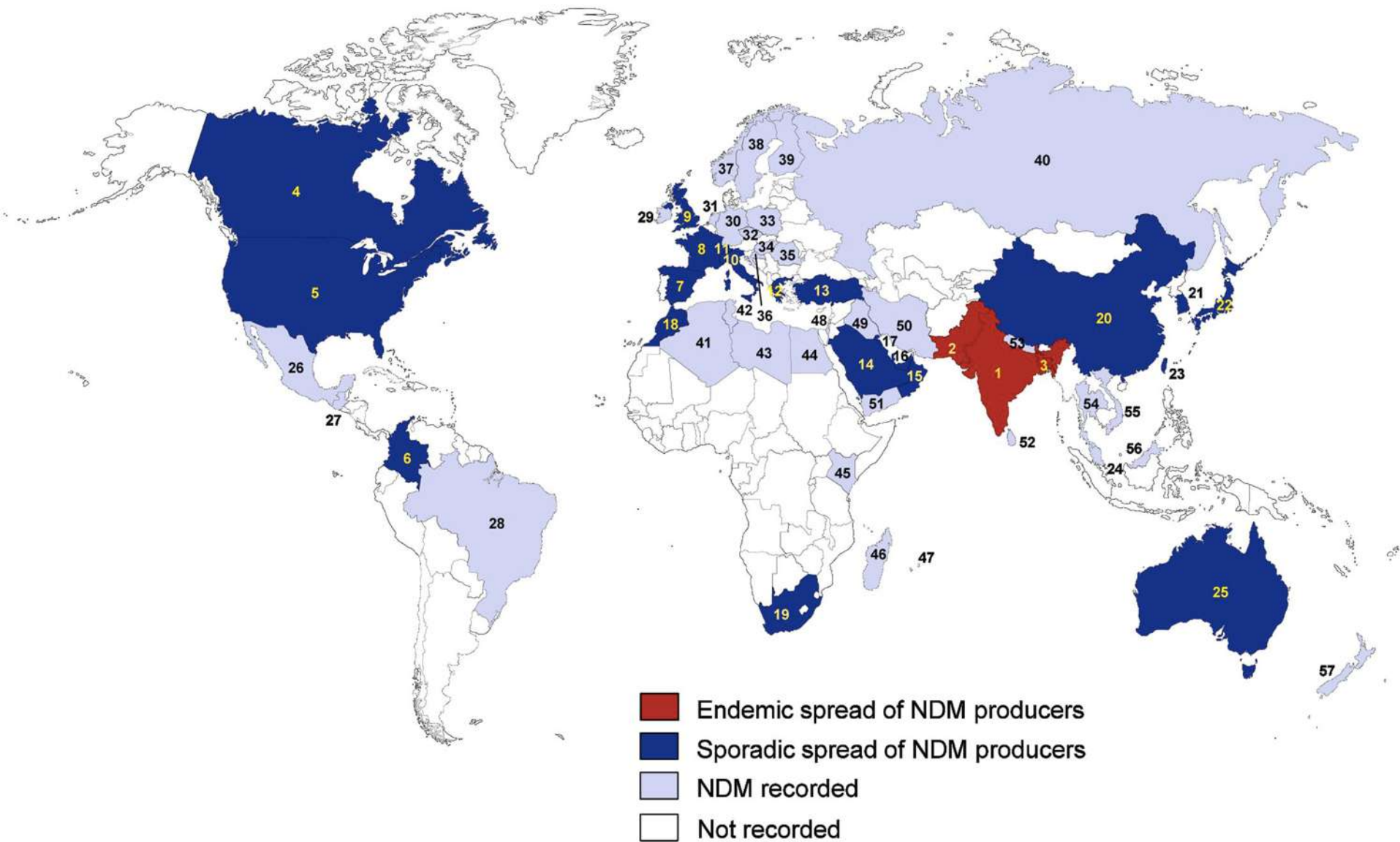
The antibiotic era

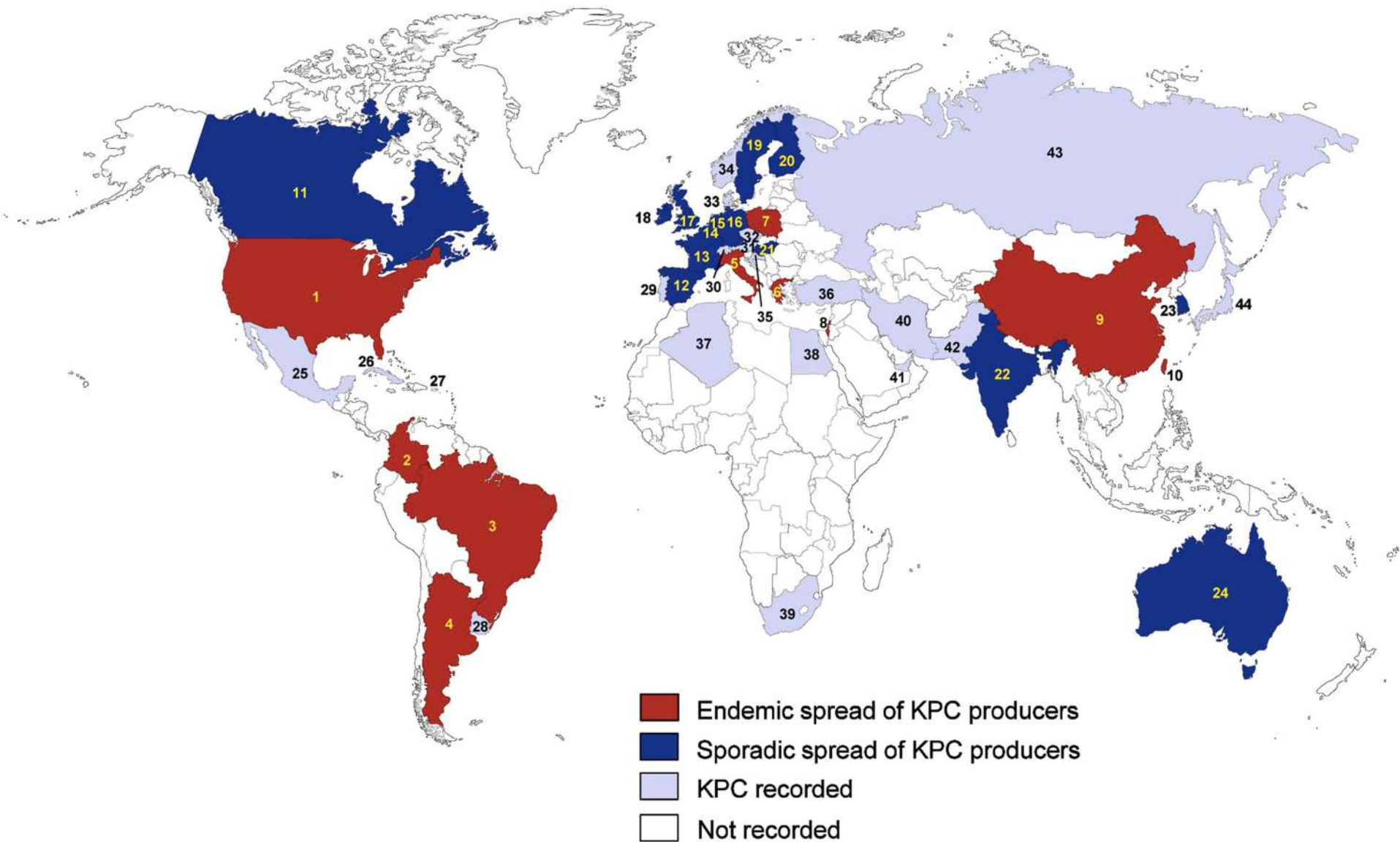


Yeni antibiyotikler ve türevleri

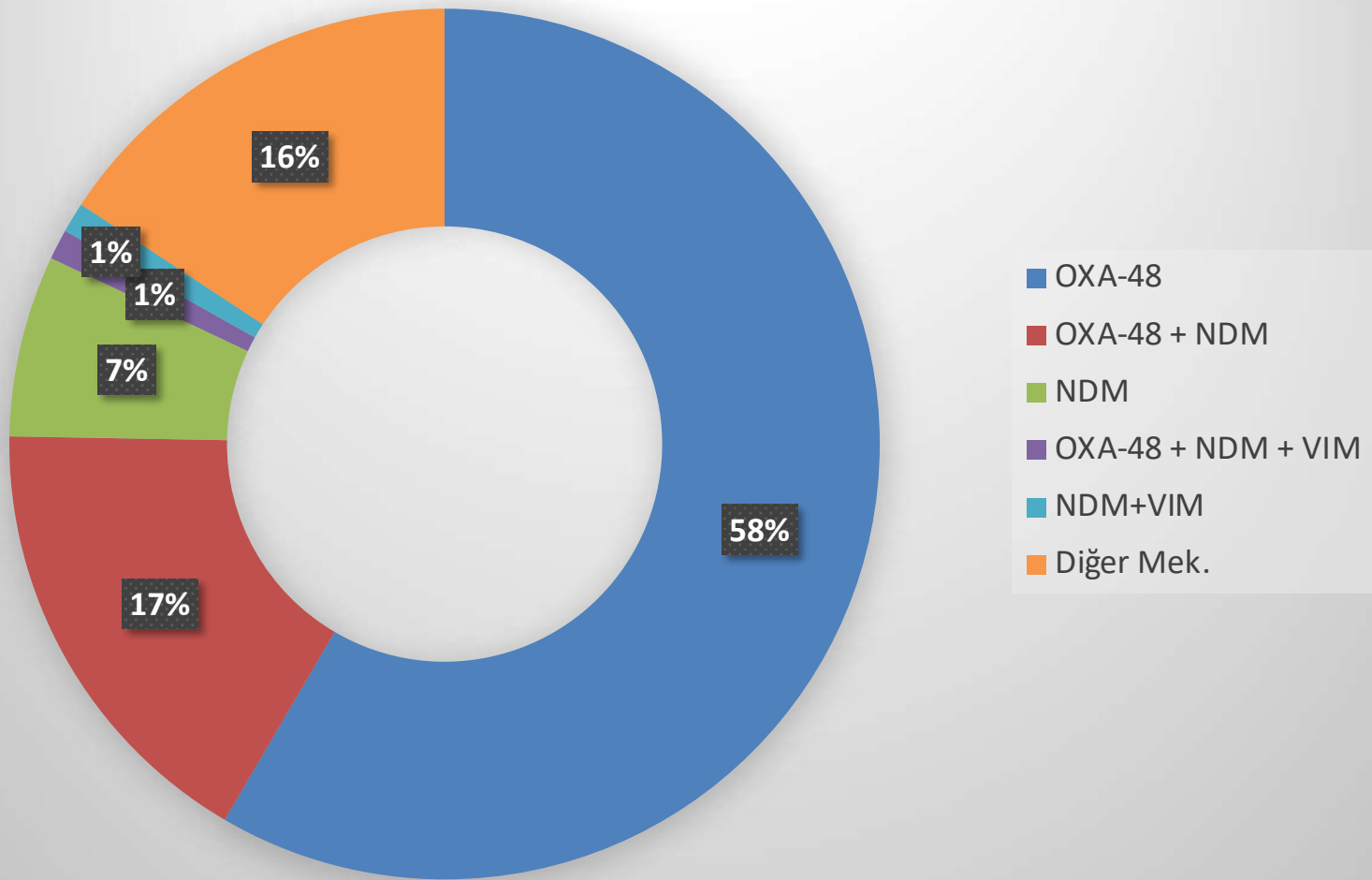




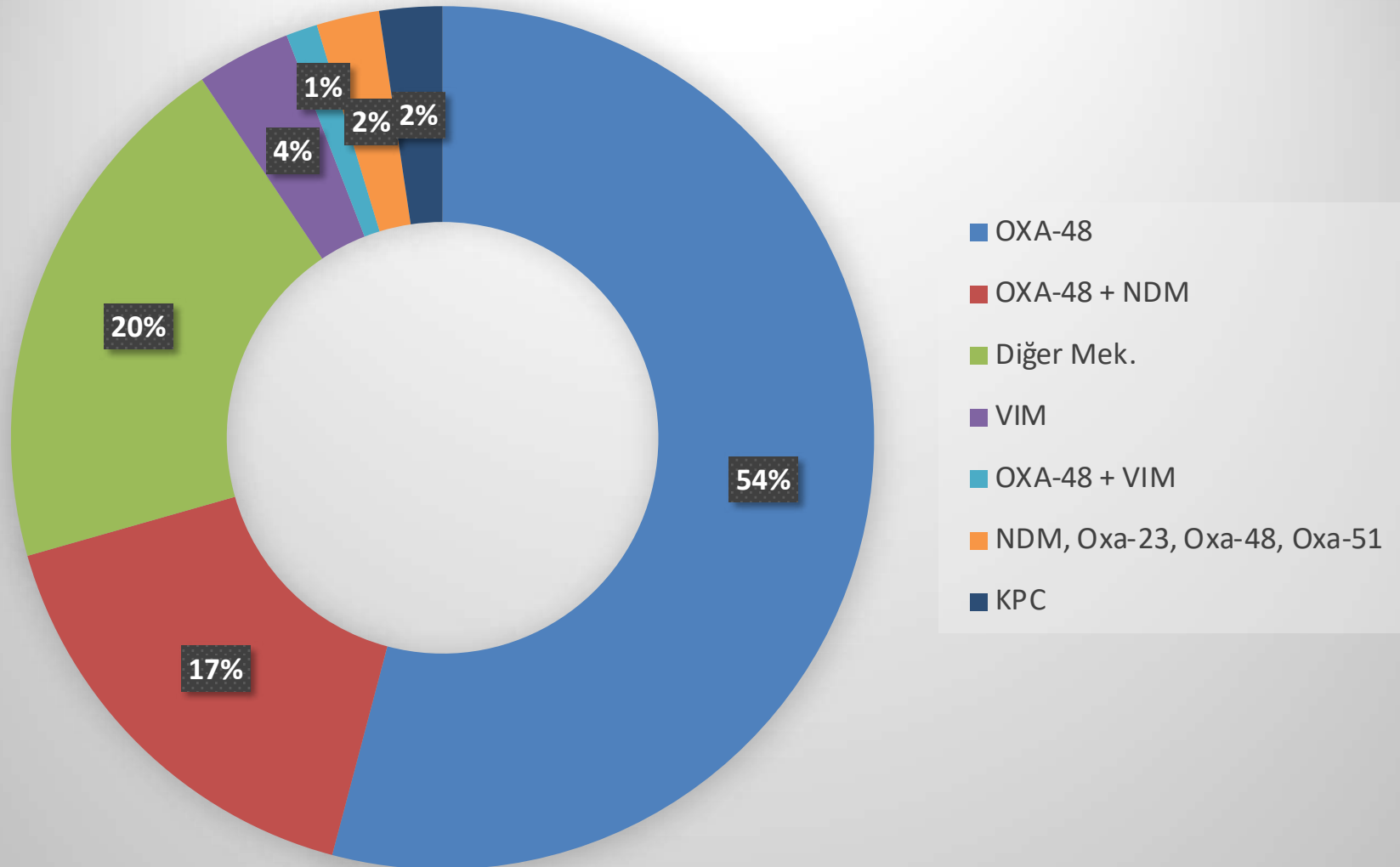




Medipol Mega Hastanesi



İ.Ü. - Cerrahpaşa



İhtiyaçları anlamak....

Güncel antimikrobiyal direnci karşılayabilmek için temel ihtiyaçlar:

- XDR Gram-negatif bakteriler
 - Klebsiella, Acinetobacter, E. coli, Pseudomonas
 - Kritik hastalarda
- Karbapenem-siz tedaviler, i.v., oral
 - Klebsiella, E. coli, ve diğer Enterobacteriaceae
 - MDR bakterilerle gelişen Üriner sistem enfeksiyonları
 - ESBL yapan bakteri enfeksiyonları

ESKAPE

- Gram-positive: *Enterococcus faecium*, *Staphylococcus aureus*
- Gram-negative: *Klebsiella pneumoniae*, *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, *Enterobacter species*

CDC – WHO acil eylem planı

- carbapenem-resistant *Acinetobacter baumannii* (CRAB)
- carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- carbapenem-resistant Enterobacteriaceae (CRE)
- extended spectrum β -lactamase (ESBL) producing Enterobacteriaceae
- *Clostridioides difficile* (*C. diff*)
- drug-resistant *N. gonorrhoeae*

β-laktamazlar

Serine enzimler

Class A

Older TEM & SHV,
ESBLs: new TEM,
SHV, CTX-M

KPCs

Class C

AmpC

Class D

OXA

Metallo-enzimler

Class B

IMP, NDM-1
VIM-1

avibactam ile büyük oranda inhibe

avibactam ile kısmi inhibe

Spectrum of Beta-Lactamase Inhibitors

Spectrum	Beta-lactamase Inhibitor			
	Tazobactam	Avibactam	Vaborbactam	Relebactam
Class A narrow-spectrum				
Class A ESBLs				
Class A carbapenamases (KPC)				
Some class C enzymes				
Some class D enzymes (OXA-48)				
Class B enzymes (MBLs)				

Drug name	Development phase ²	Company	Drug class	Target	Expected activity against ESKAPE pathogens? ³	Expected activity against CDC urgent or WHO critical threat pathogen? ⁴
Xerava (eravacycline)	Approved Aug. 27, 2018 (U.S. FDA)	Tetraphase Pharmaceuticals Inc.	Tetracycline	30S subunit of bacterial ribosome	Yes: <i>E. faecium</i> , <i>S. aureus</i> , <i>K. pneumoniae</i> , <i>Enterobacter spp.</i> ; Possibly: <i>A. baumannii</i>	Yes (ESBL); possibly (CRE, CRAB)

— Potential indication(s)?⁵

Complicated intra-abdominal infections

Nuzyra (omadacycline)	Approved Oct. 2, 2018 (U.S. FDA)	Paratek Pharmaceuticals Inc.	Tetracycline	30S subunit of bacterial ribosome	Yes: <i>E. faecium</i> , <i>S. aureus</i> , <i>K. pneumoniae</i> , <i>Enterobacter spp.</i>	No
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— Potential indication(s)?⁵

Approved for: **Community-acquired bacterial pneumonia, acute bacterial skin and skin structure infections; other potential indications** **complicated urinary tract infections** and **uncomplicated urinary tract infections**

[illegible]

[illegible]

Drug name	Development phase ²	Company	Drug class	Target	Expected activity against ESKAPE pathogens? ³	Expected activity against CDC urgent or WHO critical threat pathogen? ⁴
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Cefepime + taniborbactam (VNRX-5133)	Phase 3	VenatoRx Pharmaceuticals Inc.	β -lactam (cephalosporin) + β -lactamase inhibitor (cyclic boronate)	PBP + β -lactamase	Yes: <i>K. pneumoniae</i> , <i>P. aeruginosa</i> , <i>Enterobacter spp.</i>	Yes (CRE), possibly (CRPA)
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- Potential indication(s)?⁵
Complicated urinary tract infections⁶

Drug name	Development phase ²	Company	Drug class	Target	Expected activity against ESKAPE pathogens? ³	Expected activity against CDC urgent or WHO critical threat pathogen? ⁴
Sulopenem/sulopenem-etzadroxil ¹⁴	Phase 3	Iterum Therapeutics plc	β-lactam (carbapenem)	PBP	Yes: <i>K. pneumoniae</i> , <i>Enterobacter spp.</i>	Yes (<i>N. gonorrhoeae</i> , ESBL)
— Potential indication(s)?⁵ Complicated urinary tract infections, uncomplicated urinary tract infections, complicated intra-abdominal infections, community-acquired pneumonia,⁶ acute bacterial prostatitis,⁶ gonococcal urethritis,⁶ and pelvic inflammatory disease⁶						
Murepavadin (POL7080)	Phase 3	Polyphor AG	Antimicrobial peptide mimetic ¹⁰	LptD ¹¹	Yes: <i>P. aeruginosa</i>	Yes (CRPA)
— Potential indication(s)?⁵ Hospital-acquired bacterial pneumonia/ventilator-associated bacterial pneumonia, acute bacterial skin and skin structure infection,⁶ bloodstream infection,⁶ and complicated intra-abdominal infection⁶						
Tebipenem-Pivoxil (SPR994/SPR859) ⁷	Phase 3	Spero Therapeutics Inc.	β-lactam (carbapenem)	PBP	Yes: <i>K. pneumoniae</i> , <i>P. aeruginosa</i>	Yes (ESBL)
— Potential indication(s)?⁵ Community-acquired bacterial pneumonia,⁶ complicated urinary tract infections, diabetic foot infection,⁶ and acute pyelonephritis						

Drug name	Development phase ²	Company	Drug class	Target	Expected activity against ESKAPE pathogens? ³	Expected activity against CDC urgent or WHO critical threat pathogen? ⁴
Cefepime + AAI101	Phase 3	Allegra Therapeutics GmbH	β-lactam (cephalosporin) + β-lactamase inhibitor (β-lactam)	PBP + β-lactamase	Yes: <i>K. pneumoniae</i> , <i>Enterobacter spp.</i>	Yes (ESBL), possibly (CRE)

— Potential indication(s)?⁵

Complicated urinary tract infections including pyelonephritis, **complicated intra-abdominal infections**,⁶ and **hospital-acquired bacterial pneumonia**⁶/ventilator-associated bacterial pneumonia⁶

Ceftobiprole ⁷	Phase 3	Basilea Pharmaceutica International Ltd.	β -lactam (cephalosporin)	PBP	Yes: <i>S. aureus</i> , <i>K. pneumoniae</i> , <i>Enterobacter</i> <i>spp.</i>	No
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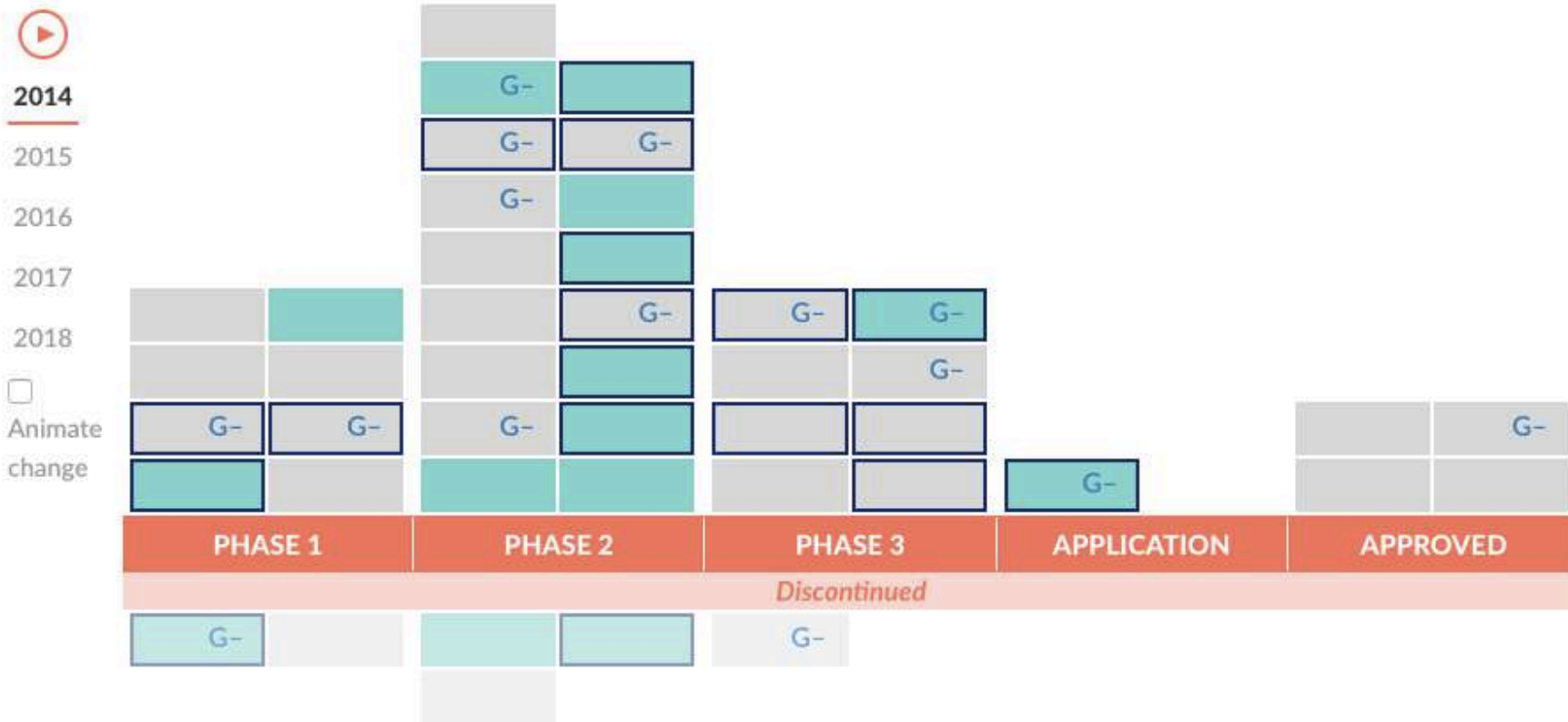
+ Potential indication(s)?⁵

Sulbactam-durlobactam (SUL-DUR) (ETX2514SUL)	Phase 3	Entasis Therapeutics Inc.	β -lactam (sulbactam) + β - lactamase inhibitor (diazabicyclooctane)	PBP + β - lactamase	Yes: <i>A.</i> <i>baumannii</i>	Yes (CRAB)
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— Potential indication(s)?⁵

Complicated urinary tract infection including acute pyelonephritis, and **hospital-acquired bacterial pneumonia/ventilator-associated bacterial pneumonia**

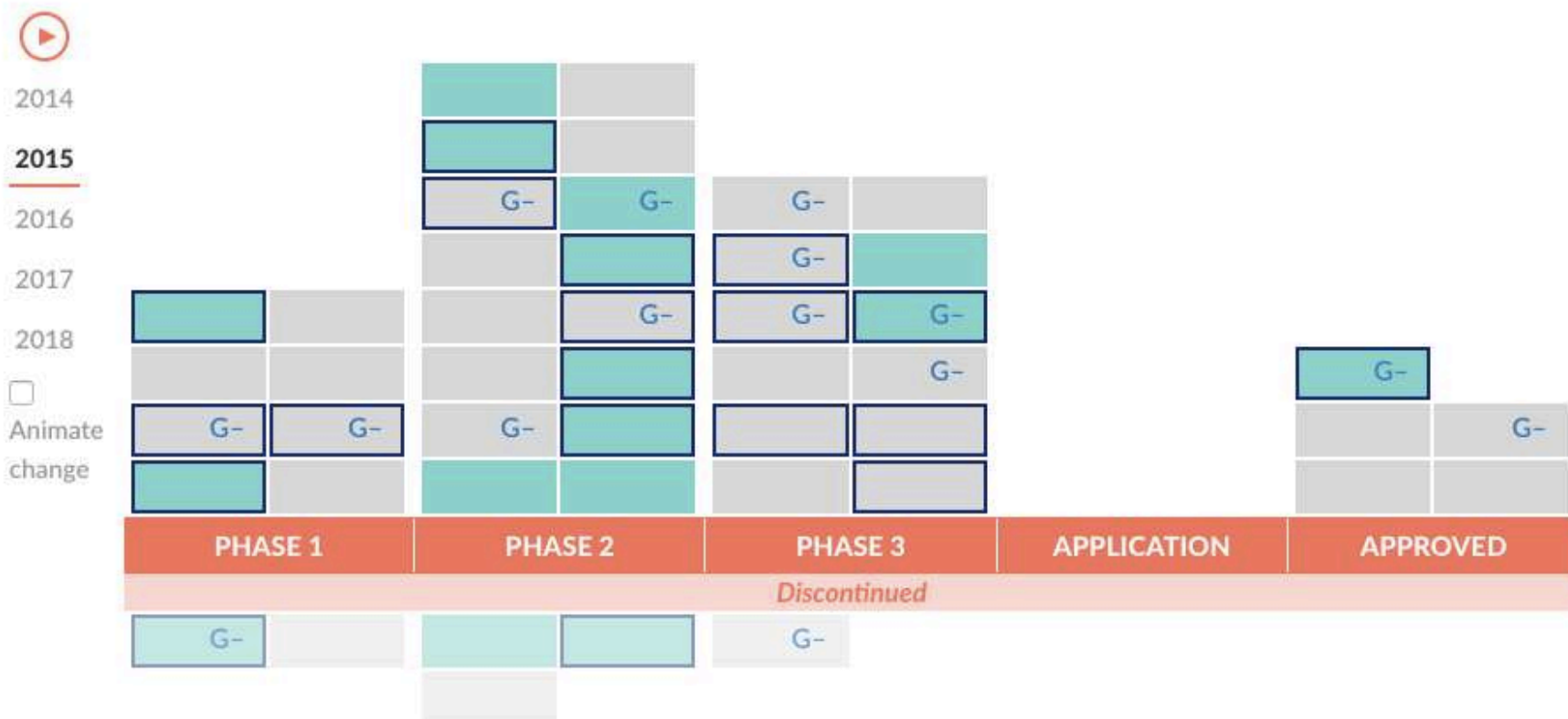
Antibiotic Expected to treat CDC urgent pathogen Novel antibiotics G- Expected to treat Gram-negative bacteria



Total approved antibiotics : **4**

Total discontinued antibiotics : **6**

Antibiotic
 Expected to treat CDC urgent pathogen
 Novel antibiotics
 G- Expected to treat Gram-negative bacteria



Total **approved** antibiotics since 2014: **5**

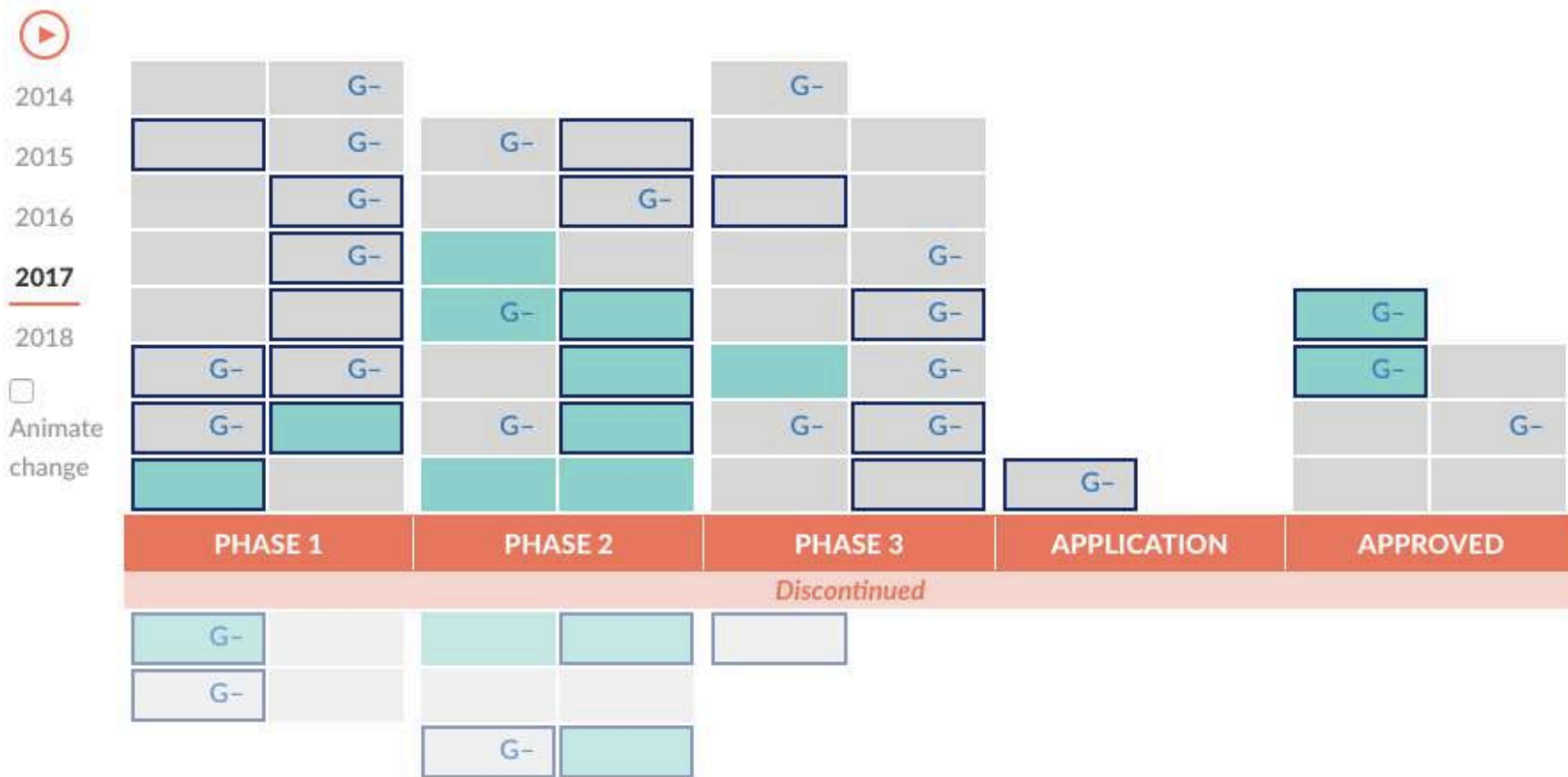
Total **discontinued** antibiotics since 2014: **6**



5

10

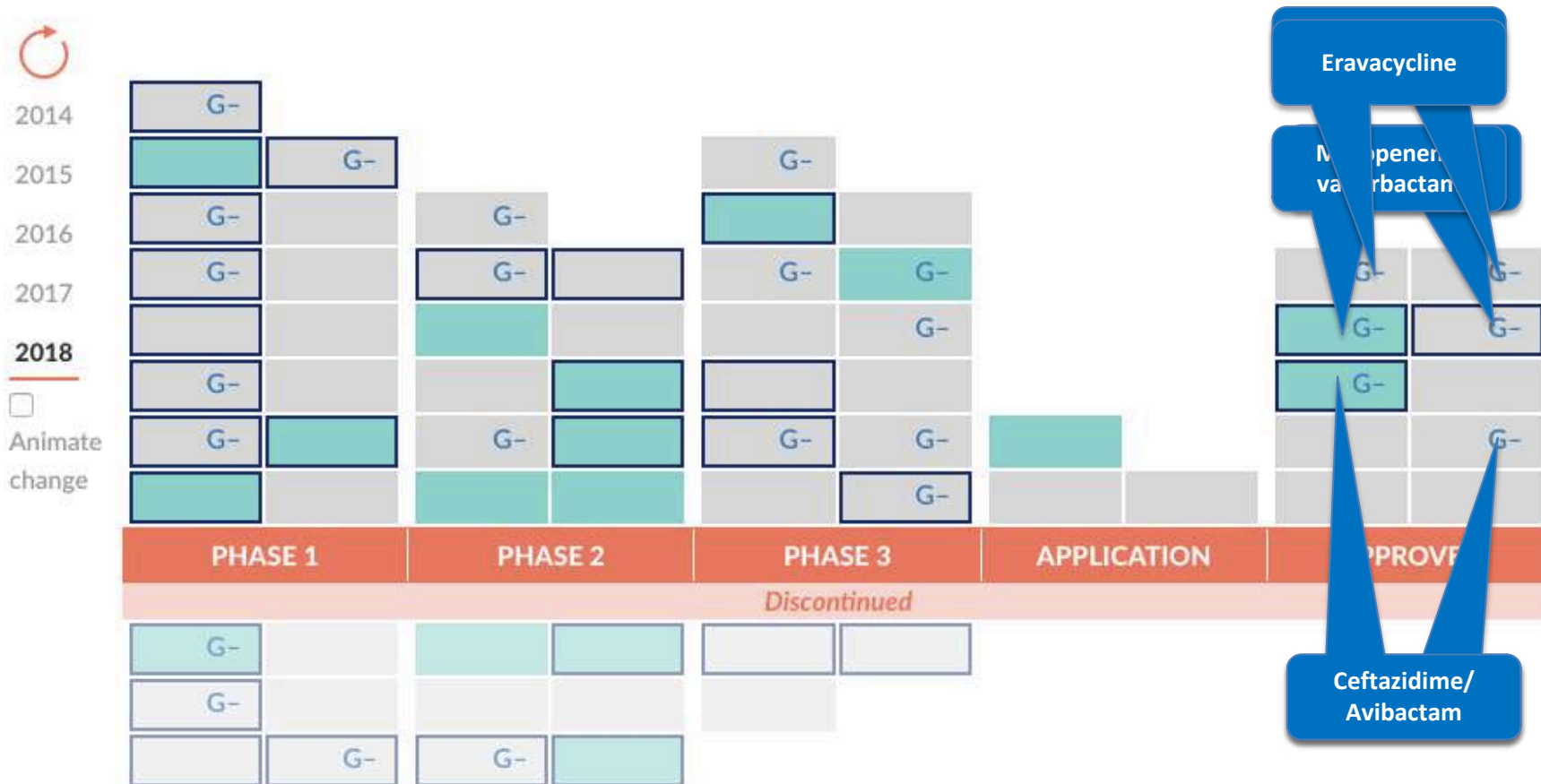
Antibiotic  Expected to treat CDC urgent pathogen  Novel antibiotics  Expected to treat Gram-negative bacteria



Total approved antibiotics since 2014: **7**

Total discontinued antibiotics since 2014: **11**

Antibiotic
 Expected to treat CDC urgent pathogen
 Novel antibiotics
 G- Expected to treat Gram-negative bacteria



Total **approved** antibiotics since 2014: **10**
 Total **discontinued** antibiotics since 2014: **15**

There are only **42 antibiotics**
in clinical development.*



Name (synonym)	Phase	Antibiotic class	Route of Administration (Developer)	Expected activity against priority pathogens				Innovativeness			
				CRAB	CRPA	CRE	OPP	C	T	MoA	NCR
Delafloxacin ^a	NDA ¹	Fluoroquinolone	IV & oral (Melinta)					✗	✗	✗	✗
Vaborbactam + meropenem (Carbavance)	NDA	Boronate BLI + carbapenem	IV (The Medicines Co)			 ^b		✓	✗	✗	

Vaborbactam: Class A β -laktamazlara etkili, MBL ve OXA etkinliđi zayıf

Relebactam: Class A ve C β -laktamazları inhibe eder

C, yeni kimyasal sınıf

MoA, yeni etki mekanizması

T, yeni hedef

NCR, apraz diren yok

 active,  possibly active,  not or insufficiently active.

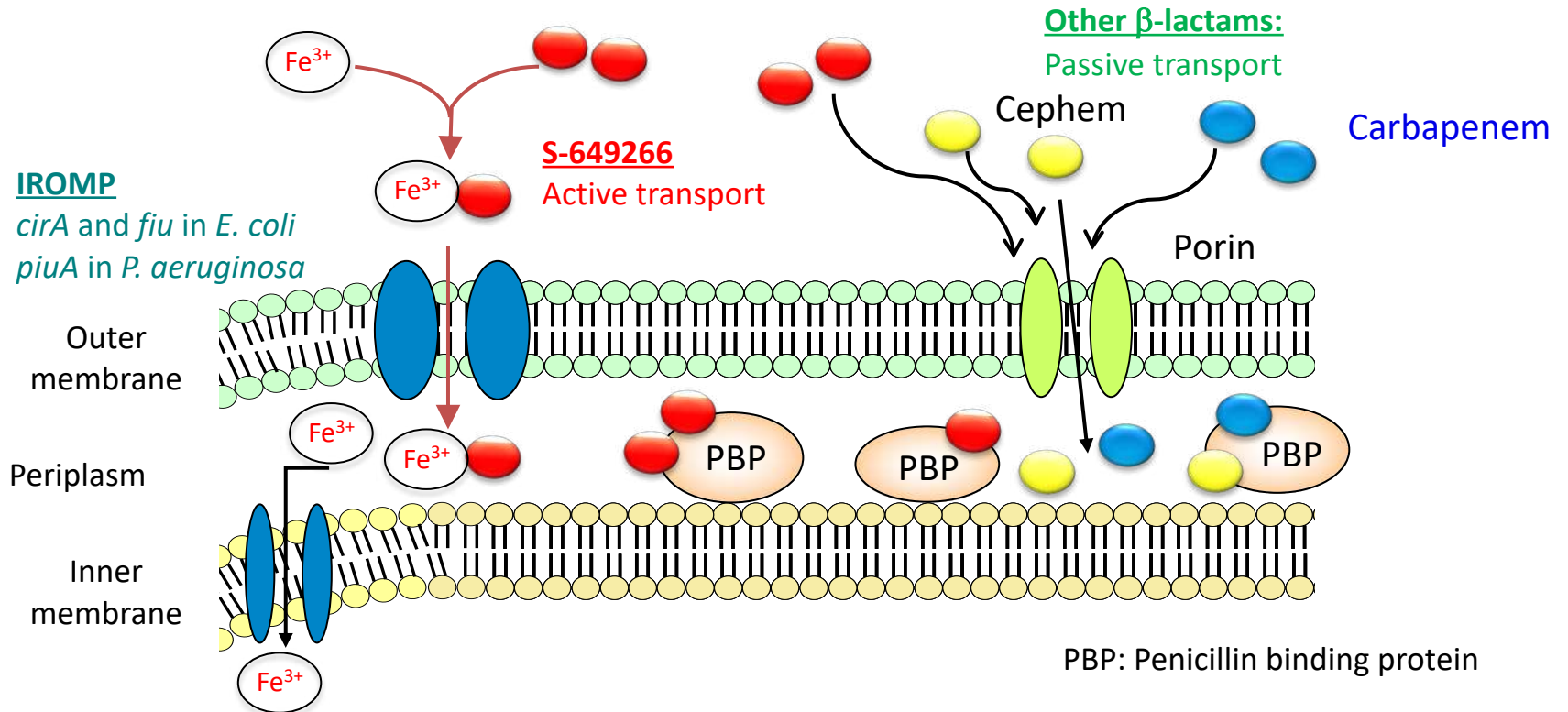
Name (synonym)	Phase	Antibiotic class	Route of Administration (Developer)	Expected activity against priority pathogens				Innovativeness			
				CRAB	CRPA	CRE	OPP	C	T	MoA	NCR
Cefiderocol	3	Siderophore- cephalosporin	IV (Shionogi)					×	×	×	
Relebactam + imipenem/ cilastatin	3	DBO-BLI + carbapenem/ degradation inhibitor	IV (Merck & Co)			 ^b		×	×	×	×

Relebactam: Class A ve C β -laktamazları inhibe eder, diğerlerine etki zayıf

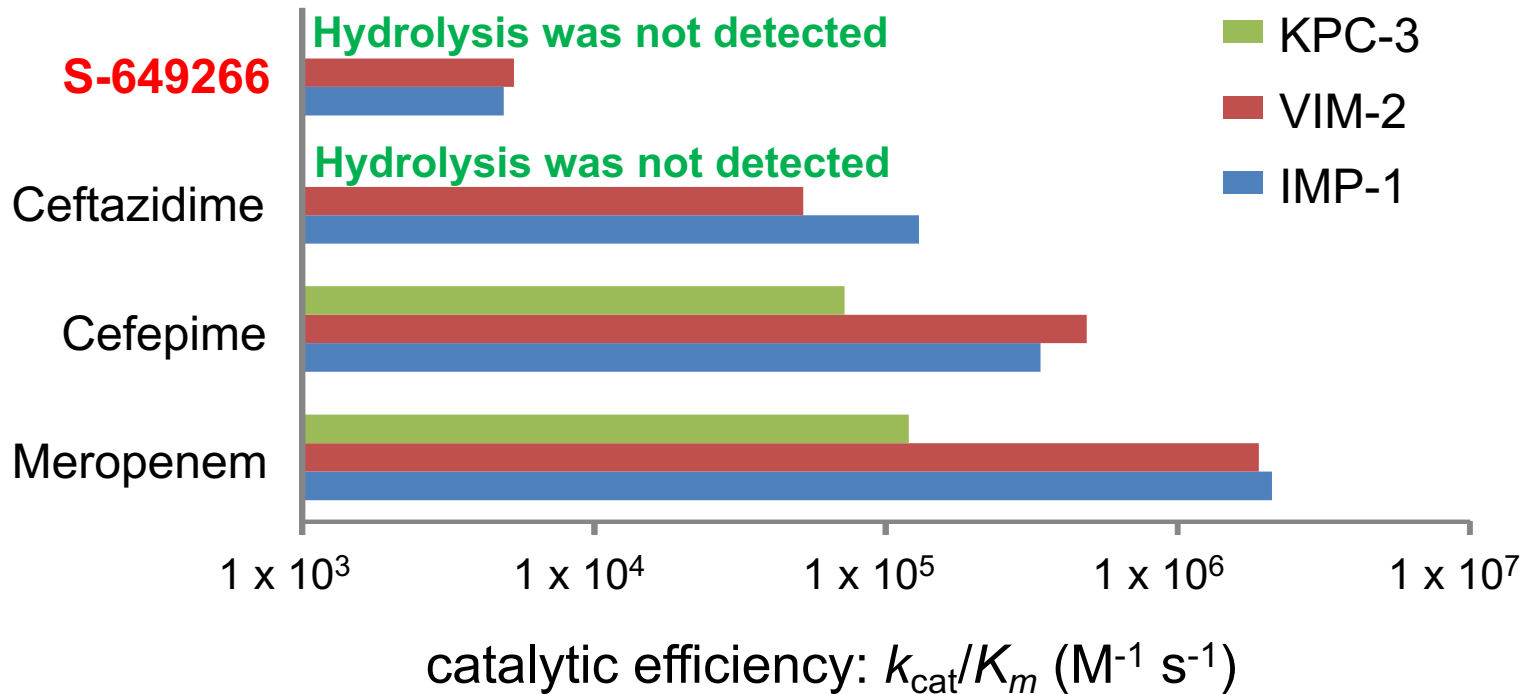
 active,  possibly active,  not or insufficiently active.

Etki Mekanizması

- Fe-regülasyonlu Dış Membran Proteinleri (IROMP) ortamdaki demir eksildiğinde indüklenir
- S-649266 IROMP dan aktif transport ile içeri alınır
- apotransferrin eklenmiş Mueller-Hinton Broth da potent in vitro etkinlik



Karbapenemazlara karşı yüksek stabilite



- Karbapenemazlara karşı yüksek stabilite
 - KPC, OXA gibi Serine-tip karbapenemaz
 - IMP, VIM ve NDM gibi Metallo-tip karbapenemaz
- CTX-M gibi ESBL karşı yüksek stabilite

- Plazomicin: NDM üretenlerde sık bulunan 16S rRNA methylases ilacı parçalar
- Omadacycline: eravacycline ve tigecycline kıyasla daha iyi farmakokinetiği var, linear; plasma protein bağlanma: 20–30%
- Iclaprim: Yeni Dihydrofolate reductase inhibitörü, non-inferiority çalışmaları başarısız

Name (synonym)	Phase	Antibiotic class	Route of Administration (Developer)	Expected activity against priority pathogens				Innovativeness			
				CRAB	CRPA	CRE	OPP	C	T	MoA	NCR
LYS-228	1	Monobactam	IV (Novartis)					×	×	×	×
GSK-3342830	1	Siderophore- cephalosporin	IV (GlaxoSmithKline)					×	×	×	
AIC-499 + unknown BLI	1	β-lactam+BLI	IV (AiCuris)					×	×	×	×
Zidebactam + Cefepime	1	DBO-BLI/ PBP2 binder + cephalosporin	IV (Wockhardt)					×	×	×	×

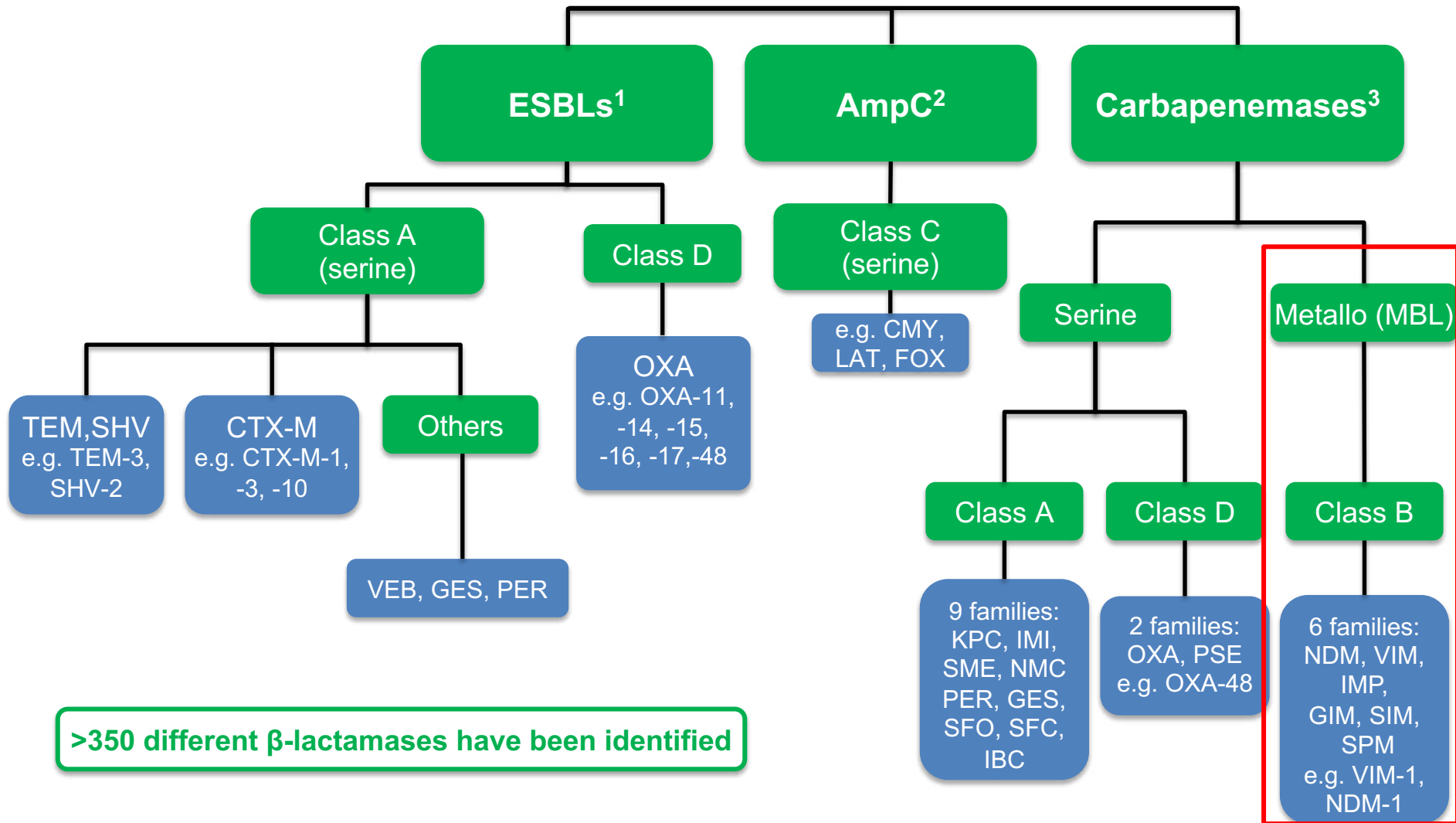
active, possibly active, not or insufficiently active.

Name (synonym)	Phase	Antibiotic class	Route of Administration (Developer)	Expected activity against priority pathogens				Innovativeness			
				CRAB	CRPA	CRE	OPP	C	T	MoA	NCR
Nacubactam + unknown antibiotic	1	DBO-BLI/ PBP2 binder + unknown antibiotic	IV (Roche)					✗	✗	✗	✗
AAI101 + cefepime or piperacillin	1	β -lactam BLI + cephalosporin or penicillin	IV (Allecrea)					✗	✗	✗	✗
VNRX-5133 + unknown antibiotic	1	<u>Boronate-BLI + unknown class</u>	IV (VenatoRX)					✓	✓		✗
ETX2514 + sulbactam	1	DBO-BLI /PBP2 binder + β -lactam- BLI/PBP1,3 binder	IV (Entasis)					✗	✗	✗	✗
SPR-741 + unknown antibiotic	1	Polymixin + unknown class	IV (Spero)					✗	✗		
TP-271	1	Tetracycline	IV & oral (Tetraphase)					✗	✗	✗	✗
TP-6076	1	Tetracycline	IV (Tetraphase)					✗	✗	✗	✗
KBP-7072	1	Tetracycline	IV & oral (KBP BioSciences)					✗	✗	✗	✗
TNP-2092	1	Rifamycin- quinolone hybrid	Oral (Tennor)					✗	✗	✗	✗
Alalevonadifloxacin	1 ^f	Fluoroquinolone	Oral (Wockhardt)					✗	✗	✗	✗

Yepyeni kombinasyonlar

Name (synonym)	Phase	Antibiotic class	Route of Administration (Developer)	Expected activity against priority pathogens			
				CRAB	CRPA	CRE	OPP
Aztreonam + avibactam ^a	2	Monobactam + DBO-BLI	iv (Pfizer)				
Cefepime + tazobactam	1	Cephalosporin + β -lactam BLI	iv (Wockhardt)			 ^a	
C-Scape	1	β -lactam + BLI	oral (Achaogen)				
ARB-002+colistin	1	Unknown (approved) potentiator + polymyxin	iv (Helperby)			 ^a	

β -laktamaz ailesi



Antibiotic	Enterobacteriaceae (e.g. <i>E. coli</i> , <i>Klebsiella</i> spp.)					<i>Pseudomonas</i> spp.		<i>Acinetobacter</i> spp.
	ESBL	AmpC	KPC	OXA-48	NDM	Efflux	AmpC	
Ceftolozane-tazobactam								
Ceftazidime-avibactam								
Meropenem-vaborbactam								
Imipenem-relebactam								
Aztreonam-avibactam								
Eravacycline								
Plazomicin								
Cefiderocol								

ESBL – Extended spectrum beta-lactamase

AmpC – Ambler class C beta-lactamase (the Amp probably stands for Ampicillin)

KPC - *Klebsiella pneumoniae* carbapenemase

OXA - Oxacillin carbapenemase number 48

NDM - New Delhi metallo-beta-lactamase

Avibaktam daha geniş bir betalaktamaz inhibisyonu sağlar

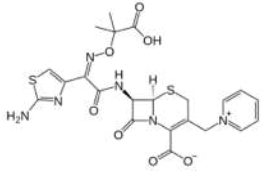
		Clavulanic acid	Tazobactam	Avibactam
Class A	TEM, SHV	✓	✓	✓
	CTX-M	✗	✓	✓
	KPC	✗	✗	✓
Class B	IMP, VIM, NDM1	✗	✗	✗
Class C	Chromosomal Enterobacteriaceae AmpC	✗	✗	✓
	Chromosomal <i>Pseudomonas</i> AmpC	✗	✗	✓
Class D	Carbapenemase-type OXA 48	✗	✗	✓

Yeni BL/BLI ile karşılaştırma

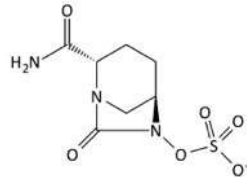
	Ceftazidime - avibactam	Ceftolozane- tazobactam	Meropenem- vaborbactam	Imipene m- relebacta m
ESBL	✓	✓	✓	✓
• SHV/TEM	✓	±	✓	✓
• CTX-M	✓	±	✓	✓
CRE	✓	✗	✓	✓
• KPC	✓	✗	✓	✓
• MBL	✗	✗	✗	✗
• OXA-48	✓	✗	✗	✗
P. aeruginosa	✓	✓	✓	✓
• Ceftazidime- resistant	✓	✓	±	✓
• Carbapenem- resistant	✓	±	✗	✓

Seftazidim/Avibaktam

**3.-kuşak sefalosporin+ yeni
 β -laktamaz inhibitörü ...**



Ceftazidime
3.-kuşak
sefalosporin



Avibactam
İlk - β -
laktam olmayan
 β -laktamaz inhibitörü
(Class A, C ve
bazı D) geniş
spektrumlu

... onaylı 4 endikasyon



komplike intra-abdominal enfeksiyon
(**cIAI**)



komplike üriner sistem enfeksiyonu
(**cUTI**)



Hastaneden kazanılmış pnömoni
(**HAP**)

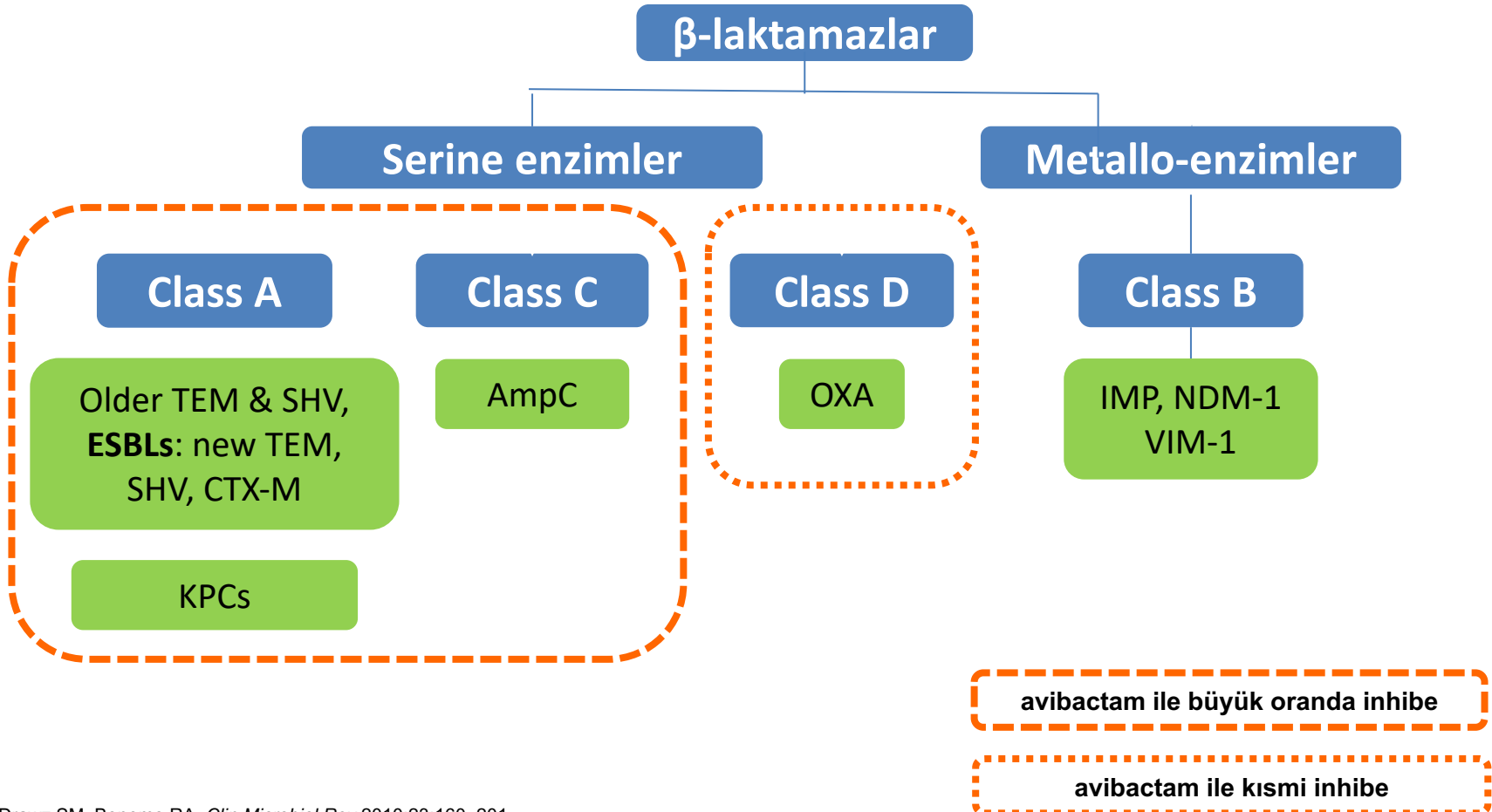


Kısıtlı tedavi imkanı olan diğer aerobik
GNÇ enfeksiyonları

özellikli endikasyon

FDA approval 2015
EMA approval 2016
T. C. Sağlık Bakanlığı Ekim 2019

Ceftazidime/Avibactam etkinliği



Seftazidim–avibaktam Faz III Çalışmaları

Yedi prospektif, uluslararası, çok merkezli randomize Faz III çalışması

RECLAIM 1, 2 ve 3: cIAI

- Çift kör randomizasyon (1:1)
 - CAZ 2000 mg+AVI 500 mg+metronidazole 500 mg IV q8h ya da
 - MER 1000 mg IV+placebo q8h
- Primer objektifler
 - RECLAIM 1 and 2
 - Non-inferiorite
 - RECLAIM 3:
 - TOC'de klinik iyileşme gösteren hasta yüzdesi

RECAPTURE 1 ve 2: cUTI (piyelonefrit dahil)

- Çift kör randomizasyon (1:1)
 - CAZ 2000 mg+AVI 500 mg q8h IV ya da
 - DOR 500 mg+placebo q8h IV
- Primer objektif
 - Non-inferiorite

REPRISE Ceftazidim dirençli hastalar

- Açık etiketli randomizasyon (1:1)
 - CAZ 2000 mg+AVI 500 mg+metronidazole 500 mg q8h IV ya da
 - En iyi tedavi opsiyonu
- Primary objective
 - UTI ve IAI'de en iyi tedavi opsiyonu ile CAZ/AVI tedavi başarısı

REPROVE HAP/VAP

- Çift kör randomizasyon (1:1)
 - CAZ 2000 mg+AVI 500 mg q8h IV ya da
 - MER 1000 mg+placebo q8h IV
- ve açık etiketli empirik linezolid+aminoglycoside
- Primary objective
 - Non-inferiorite

• AVI, vaibactam; CAZ, ceftazidime; CE, clinically evaluable; cIAI, complicated intra-abdominal infection; cMMIT, clinically modified intent-to-treat; cUTI, complicated urinary tract infection; HAP, hospital-acquired pneumonia; IV, intravenous; MER, meropenem; mMIITT, microbiological modified intent-to-treat ; TOC, test of cure; VAP, ventilator-associated pneumonia.

Ceftazidime–avibactam: gerçek yaşam çalışmaları

14 gözlemsel çalışma

Single-centre, retrospective cohort studies

- Shields RK, *et al.* 2016 **(37)**
- Krapp F, *et al.* 2017 **(6)**
- Shields RK, *et al.* 2017 **(13)**
- Santevecchi BA, *et al.* 2018 **(10)**
- Shields RK, *et al.* 2018 **(77)**
- Algwizani A, *et al.* 2018 **(6)**
- De la Calle C, *et al.* 2019 **(24)**
- Rodriguez Nuno et al. 2018 **(8)**

Multicentre, retrospective cohort studies

- Temkin E, *et al.* 2017 **(38)**
- Caston JJ, *et al.* 2017 **(8)**
- King M, *et al.* 2017 **(60)**
- Tumbarello M, *et al.* 2019 **(138)**

Single-centre prospective, observational or multicenter case-control studies

- Sousa A, *et al.* 2018 **(57)**

Multicentre, prospective observational cohort studies

- van Duin D, *et al.* 2018 **(38)**

Study	Shields R et al. (2016)	Temkin et al (2017)	King M. et al (2017)	Shields R et al. (2017)
Sample Size	37	38	60	109
Organisms	Carbapenem resistant <i>Enterobacteriaceae</i> (CRE) KPC	Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) or <i>Pseudomonas aeruginosa</i> (CRPa) - KPC	Carbapenem resistant <i>Enterobacteriaceae</i> (CRE) KPC	Carbapenem resistant <i>Enterobacteriaceae</i> bacteremia (CRE) KPC
Characteristics	- Median charlson co-mobridity index-4 - Median APACHE II score -34 30% patients were transplant recipients	60.5%life-threatening infections Median duration of Caz–Avi treatment was 16 days 65.8% patients received combination therapy with CAZ-AVI	38% had bacteremia 59% acute illness patients in ICU 38% requiring mechanical ventilation 25% of subjects had received a solid-organ transplant	- Median Charlson co-mobridity index-4 - Median APACHE II score -18, Primary bacteremia in 26% 50% bacteremic pts were in ICU
Outcomes	30 day survival rate was 76% 90 day survival rate was 62%	73.7% experienced clinical and/or microbiological cure Microbiological cure was associated with improved survival	The overall in-hospital mortality rate in this study was 32% (19/60)	Clinical success: 85% (11/13) 75% (6/8) for monotherapy 100% (5/5) for combo therapy (genta)
Author's Conclusion	Ceftazidime/avibactam can be a frontline therapy , in severe bacteremic <i>CP-Klebsiella pneumoniae</i>	Ceftazidime–avibactam shows promising clinical results for infections for which treatment options are limited	CAZ-AVI is an option for patients with CRE infections , including those who are acutely ill or post transplant patients	In multivariate analysis, treatment with ceftazidime– avibactam was independently associated with clinical success

Seftazidim/Avibaktam OXA-48 + CTXM-15 etkililiği

De La Calle 2018, İspanya

En geniş OXA-48 üreten bakteri enfeksiyonu çalışması

Tek merkez, retrospektif, 90 gün takip

24 hasta - %95.8 K. pneumoniae - OXA 48 CPE enfeksiyonu (hemen hepsinde + ESBL var (tamamı CTX-M15));

- %30 cIAI, %25 cUTI, %21 solunum yolu enf, %16 SSTI, 1 menenjit
- %62.5 başlangıç tdv, %37.5 kurtarma tdv-
- %58.3 mono, %41.4 kombine (amikasin, kolistin, tigesiklin)
- 30. gün Klinik kür %62.5
- 30. gün mortalite %8.3, 90. gün mortalite 20.8 (enfeksiyona bağlı mortalite %12.5)
- 90. gün rekürrens %35

OXA-48 CPE *kurtarma tedavisinde* Ceftazidime–avibactam

Sousa A. 2018, İspanya

- Ceftazidim-avibactam ile tedavi edilen ve prospektif olarak toplanan 57 erişkin hastanın gözlemsel değerlendirilmesi
- En sık enfeksiyon kaynakları; intra-abdominal (28%), solunum (26%) ve uriner (25%)
- %54 hastada ağır enfeksiyon: sepsis/septik şok
- %81 hasta ceftazidime–avibactam'ı monoterapi olarak kullanmıştır ve medyan ilaç kullanma süresi 13 gün
- Ceftazidime–avibactam OXA-48 üreten Enterobacteriaceae kaynaklı ağır enfeksiyonların tedavisinde ümit verici sonuçlar vermiştir.
- Ceftazidime–avibactam'a direnç gelişimi gözlenmemiştir.

Table 3. Comparison of patients receiving monotherapy versus combination treatment with ceftazidime/avibactam

Variable	Monotherapy (n = 46)	Combination (n = 11)	P value
Age, years median (IQR)	69 (30–82)	58 (33–78)	0.21
Male sex, n (%)	35 (76)	9 (82)	0.68
Charlson index >2, n (%)	27 (59)	6 (55)	0.80
Hospital-acquired, n (%)	39 (85)	10 (91)	0.59
INCREMENT-CPE score >7, n (%)	19 (41)	4 (36)	0.76
Vasopressor use, n (%)	16 (35)	4 (36)	0.42
APACHE-II score, median (IQR)	20 (8–40)	23 (9–45)	0.13
CAZ/AVI started owing to previous treatment failure, n (%)	22 (48)	7 (64)	0.34
Source of infection, n (%)			
pulmonary	9 (20)	6 (54)	0.02
urinary	13 (28)	1 (9)	0.18
intra-abdominal	10 (22)	4 (36)	0.31
Source control procedure, n (%)	7 (15)	2 (18)	0.18
Time to start of treatment with CAZ/AVI, days, median (IQR)	2 (0–15)	4 (2–17)	0.11
14 day mortality, n (%)	7 (15)	1 (9)	0.42
30 day mortality, n (%)	10 (22)	3 (27)	0.69
90 day recurrence, n (%)	4 (9)	2 (18)	0.35
Clinical cure, n (%)	37 (80)	7 (64)	0.44
Microbiological cure, n (%)	31 (67)	6 (54)	0.58

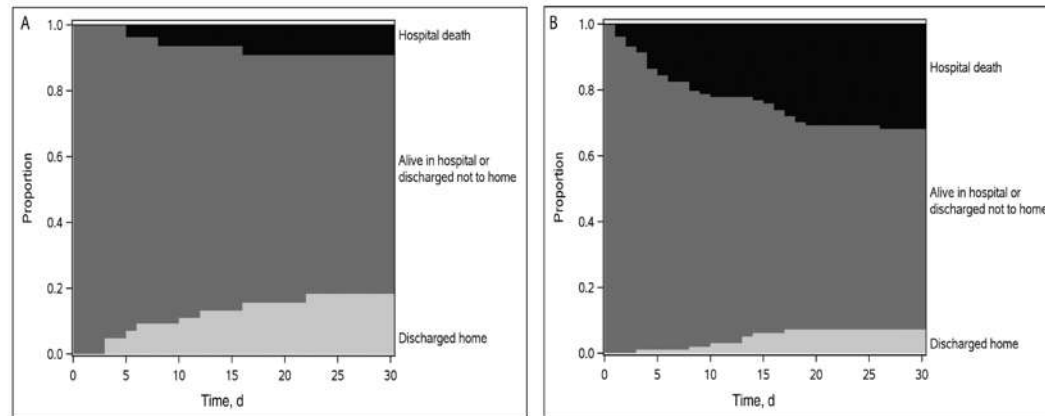
Ceftazidime–avibactam vs Kolistin

137 hasta

- **Karbapenem-dirençli Enterobacteriaceae (CRE) enfeksiyonu olan «137 hasta»**
 - 38 hasta ilk seçenek olarak ceftazidime–avibactam aldı
 - 99 hasta ilk seçenek olarak kolistin aldı
- **Hastaların başlangıç karakteristikleri benzer**
 - Median Charlson comorbidity score 3 (IQR: 1–5)
 - Median Pitt Bacteremia score 4 (IQR: 2–6)
- CRE enfeksiyon tipleri: **Kan akımı enfeksiyonu (BSI) (n=63)**, solunum yolu enfeksiyonu (n=30) ve UTI (n=19)
- Patojenler: ***K. pneumoniae* (n=133)**, *Enterobacter* spp. (n=4)

Ceftazidime–avibactam kolistin karşılaştırması

Karbapeneme dirençli
Enterobacteriaceae (CRE)
enfeksiyonunun tedavisinde
seftazidime-avibaktam vs
kolistin



Patients treated with ceftazidime-avibactam vs colistin, IPTW-adjusted all-cause hospital mortality at 30-days after starting treatment was 9% vs. 32%, respectively (Difference 23% [95% bootstrap CI: 9-35%], $p=0.0012$).

Patients treated with ceftazidime-avibactam had an IPTW-adjusted 64% (95% CI 57%-71%) probability of a better outcome as compared to patients treated with colistin.

Seftolozan-Tazobaktam

- Zerbaxa
- FDA Aralık 2014
- Komplike iYE
- Komplike İAİ (Metronidazol ile kombine)
- Pnömoni için analiz aşamasında
- 3x1.5 gram (1 gr seftolozan, 0.5 gr tazobaktam)

Seftolozan-Tazobaktam

- invitro aktivite var
 - *Pseudomonas* spp.
 - Haemophilus
 - Moroxella
- Non-fermenter aktivite
 - *Acinetobacter* spp. → yok
 - *Stenotrophomonas* spp. → yok
 - *Burcholderia pseudomallei* → var
- Enterobacteriaceae
 - CRE etkili değil
 - AmpC etkisi zayıf

Seftolozan/Tazobaktam

Çalışma	Karşılaştırma	Etkinlik	Güvenlik
ASPECT-cUTI ^[1] ▪cUTI ve ya AP ▪RCT; N = 1083	Levofloxacin	▪ Noninferior	▪ Benzer güvenlik profili
ASPECT-cIAI ^[2] ▪Artı metronidazole ▪cIAI ▪RCT; N = 541	Meropenem	▪ Noninferior	▪ Benzer güvenlik profili

1. Wagenlehner FM, et al. Lancet. 2015;385:1949-1956. 2. Solomkin J, et al. Clin Infect Dis. 2015;60:1462-1471.

Meropenem/Vaborbaktam: Etkinlik Çalışmaları

Çalışma	Karşılaştırm a	Etkinlik	Güvenlik
TANGO I ^[1] ▪ cUTI veya AP ▪ RCT; N = 545	Piperacillin/ tazobactam	▪ Noninferior	▪ Benzer güvenlik
TANGO II ^[2] ▪ CRE ▪ OL RCT; N = 43	BAT	▪ HiP/ViP ve bakteriyemi : 28 gün all cause mortalite düşük ▪ cUTI/AP: overall başarı oranı yüksek (7- 14 gün) ▪ cIAI: Klinik başarı	▪ Azalmış renal yetmezlik ve buna bağlı mortalite

*Clinical cure plus microbial eradication at end of IV treatment in microbiologic mITT.

1. Kaye KS, et al. JAMA. 2018;319:788-799. 2. Kaye KS, et al. IDWeek 2017. Abstract 1862.

Meropenem-Vaborbaktam

The Gram-negative challenge
Myriad resistance mechanisms

Beta lactamases (Ambler classification)

Serine

Metallo

C

A

D

B

AmpC
CMY

ESBLs

KPC-2, 3

OXA-48 like

OXA-23,58

IMP, VIM,
NDM

Multidrug resistant Gram-negative organisms

Carbapenem
resistant
Enterobacteriaceae
CRE

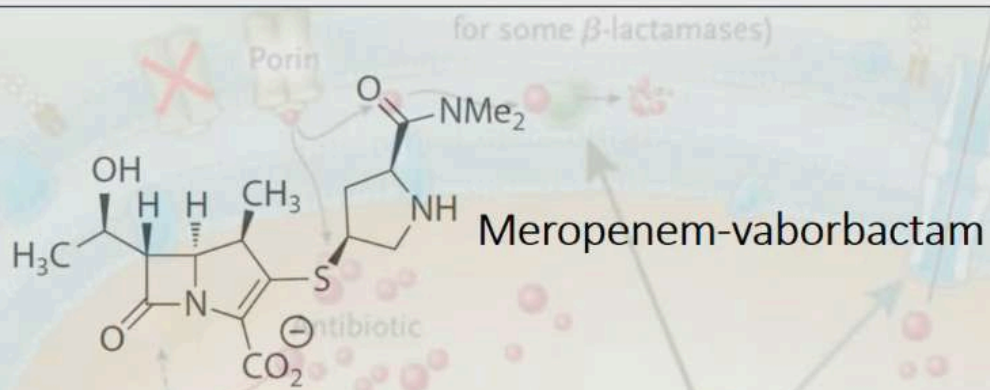
Non-lactose fermenters

Carbapenem
resistant
*Acinetobacter
baumannii*
CRAB

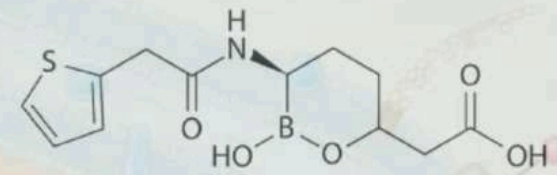
Carbapenem
resistant
*Pseudomonas
aeruginosa*
CRPA

Burkholderia

S. maltophilia



β -lactams (meropenem), quinolones, aminoglycosides, tetracycline antibiotics (tigecycline), and chloramphenicol



Antibiotic

Beta lactamases (Ambler classification)

Multidrug resistant Gram-negative pathogens

Serine

Metallo

C

A

D

B

AmpC
CMY

CTX-M,
SHV-12

KPC-2, 3

OXA-48 like

OXA-23,58

IMP, VIM,
NDM

CR-
Enterobacteriaceae
-- mediated by KPC
or non-
carbapenemases
(porins +/- efflux)

Non-lactose fermenters

CRAB

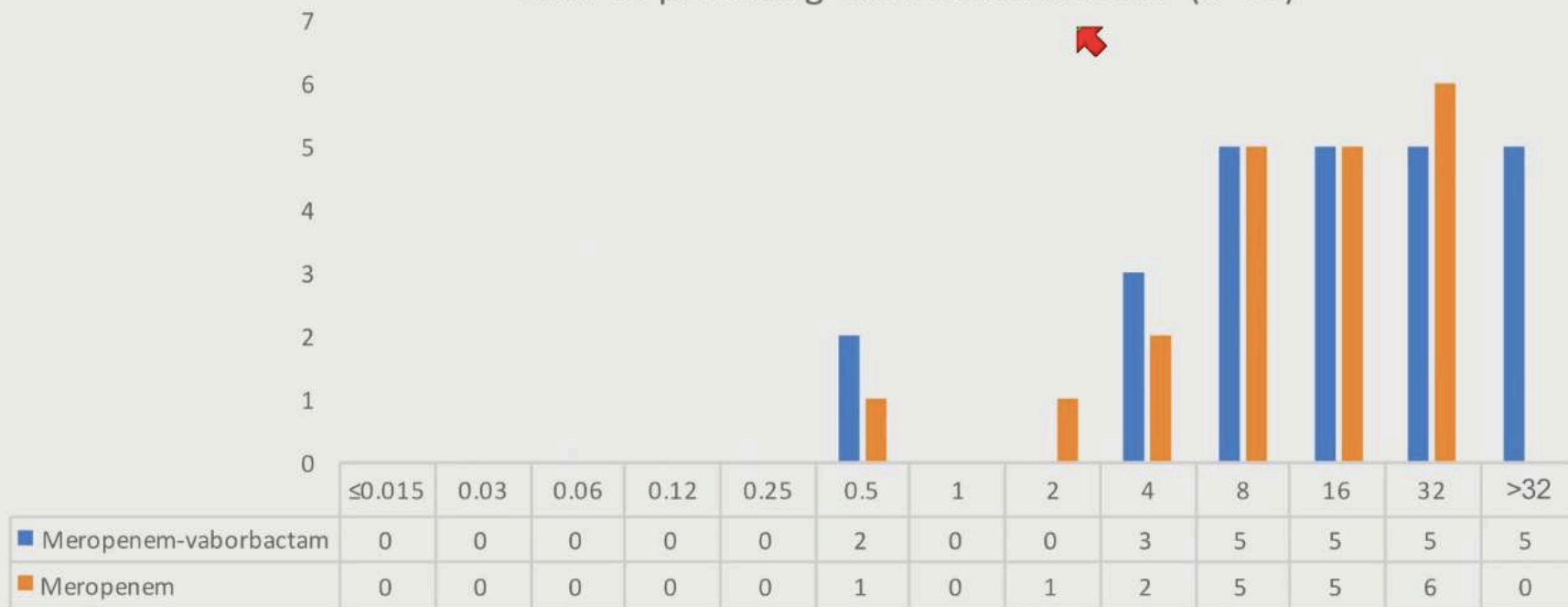
S. maltophilia

Bcc

CRPA-
vaborbactam
does not add
to activity of
meropenem

Activity of meropenem-vaborbactam according to mechanism of carbapenem resistance in *Enterobacteriaceae*

OXA-48 producing *Enterobacteriaceae* (n=25)



Antibiyotik		CRE'ye karşı invitro aktivite
Aztreonam/avibactam	Monobactam/ β -lactamase inhibitor	Evet
Imipenem/cilastatin/relebactam	Relebaktam-Yeni Beta laktamaz inhibitörü	Evet

- 1. Sader HS, et al. Antimicrob Agents Chemother. 2018;62:e01856-17.
- 2. Kohira N, et al. Antimicrob Agents Chemother. 2015;60:729-734.
- 3. Jacobs M, et al. ECCMID 2018. Abstract P0187.
- 4. Karlowsky JA et al. Antimicrob Agents Chemother. 2018;62:pil: e00169-18.



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Antimicrobial Activity of Aztreonam-Avibactam Comparator Agent *Enterobacteriaceae*

Helio S. Sader,^a Rodrigo E. Mendes,^a

- Toplam 10,451 Enterobacteriaceae suşu (2016) →
 - 116 metallo-betalaktamaz ve /veya OXA-48
- Tüm isolatlar için aztreonam-avibactam MIK → $\leq 8 \mu\text{g/ml}$
- En yüksek aztreonam-avibactam MIK değeri → $4 \mu\text{g/ml}$.

Aztreonam/Avibaktam

ClinicalTrials.gov

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A Study to Determine the Efficacy, Safety and Tolerability of Aztreonam-Avibactam (ATM-AVI) ± Metronidazole (MTZ) Versus Meropenem (MER) ± Colistin (COL) for the Treatment of Serious Infections Due to Gram Negative Bacteria. (REVISIT)

Aztreonam/
avibactam

REVISIT

- ± MTZ
- N = 300

Meropenem ± colistin

- HİP/VİP veya cIAI
- gr(-)'lere bağlı

Actual Study Start Date :

April 5, 2018

Estimated Primary Completion Date :

February 7, 2022

Estimated Study Completion Date :

February 23, 2022



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- Relebactam non- β -laktam β -laktamaz inhibitörü
- Class A and class C β -laktamaz (*Klebsiella pneumoniae* carbapenemases (KPCs) dahil inhibe eder.)
- Bu faz III çalışma
- İmipenem-relebactamın invitro aktivitesini değerlendirir
- 2016 yılında 3419 *Enterobacteriaceae* ve 896 *Pseudomonas aeruginosa* suşu toplandı.
- SMART (Study for Monitoring Antimicrobial Resistance Trends) global surveillance program. Kapsamında Relebactam 4 $\mu\text{g/ml}$ düzeyinde test edildi
- imipenem-relebactam ve imipenem duyarlılıkları *Enterobacteriaceae* ($n = 3,143$) ve *P. aeruginosa* için $\rightarrow$ 99.1% ve 74.7%
- Relebactam imipenemin duyarlılığını artırmakta

Susceptibility

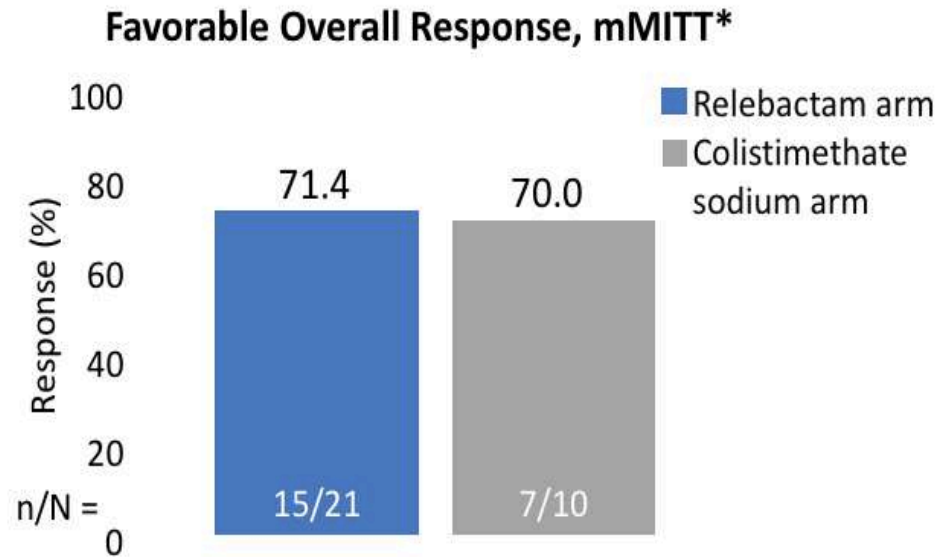
***In Vitro* Activity of Negative of the SM**

James A. Karlowsky, S

DOI: 10.1128/AAC.001

İmipenem/Cilastatin-Relebaktam ve Colistimethate/İmipenem/Cilastatin → RESTORE-IMI 1

- Randomize, çift kör faz III çalışma
- HAP, VAP, kIAI, kIYE
- İmipenem dirençli 47 vaka
- kIAI ce kIYE için 5-21 gün
- HİP, VİP için 7-21 gün



1. Motsch J, et al. ECCMID 2018. Abstract 00427. Abstract data only. 2. ClinicalTrials.gov. NCT02493764.

Cefepim-Zidebactam

- Zidebaktam Beta laktam güçlendiricisi
- Cefepim düzeyini artırmaya gerek kalmadan etkiyi artırır (PBP-1,2,3'e bağlanarak etki eder)
- PBP 2'ye güçlü bağlanma ile hücre membranı sferoplast hale getirir
- Dış membranda bozulma dış membran üzerinden oluşan direnç mekanizmalarında değişikliğe neden olur (eflüks pompası, beta laktamaz üretimi)
- Cefepim hücre duvarına bu şekilde bağlanarak bakteri lizisine neden olur



Beta-Laktamaz üretilen

yöntemi ile cefepime

duyarlılıkla

Cefepime/zidebactam

KPC ve metanizim

Cefepime/zidebactam

(VIM ve IMP) için etkili bulundu.

Zidebactam tek başına bazı *Enterobacteriaceae* spp. ve *P. aeruginosa*, için etkili bulundu.

Cefepime/zidebactam MIK değerleri diğer ajanlardan daha düşük bulundu.

Cefepime/zidebactam OXA-23/24/58-üreten *Acinetobacter baumannii* için etkili bulundu.

Sefepime/zidebactam
Enterobacteriaceae spp., *P. aeruginosa* b-lactamases üreten (ESBLs, KPCs, AmpC and MBLs) etkili

Activity of Ceftaroline-Avibactam Tested against Gram-Negative Organism Populations, including Strains Expressing One or More

β -Lactamase and Carbapenemase-producing Enterobacteriaceae

Var **Seftarolin avibaktam** → Enterobacteriaceae suşları clas A, B, C, D enzimleri üretenlere karşı etkili

Maria *Pseudomonas aeruginosa*, *Acinetobacter spp.*, methicillin-duyarlı ve JMI Lab methicillin-dirençli *Staphylococcus aureus* (MRSA)

KPC üreten suşlara karşı meropeneme göre çok daha etkili (MIK > 8 μ g/dL 0.5-1 μ g/dL)

Acinetobacter spp. ve *P. aeruginosa* (MIC50s, 32 ve 16 μ g/ml) sınırlı etki gösterir.

→KPC ve ESBL (CTX-M) üreten Enterobacteriaceae türlerine karşı etkili olduğu gösterilmiş.

Polimiksin B

- Colistin ile benzer etki spektrumu ve toksik potansiyeli var
- İdrar ile atılmaz
- ÜSE de işe yaramaz
- Mümkünse polimiksin B iv tercih edilecek
 - Colistin gibi ön ilaç olmadığı için doz hesabı kolay
 - Böbrek yetmezliğinde doz ayarlaması yok

Fosfomisin

- Geniş spektrumlu hücre duvar sentezi inhibitörü (MurA)
- KPC- *K. pneumoniae*, tedavisinde başarılı ancak kullanıldıkça direnç gelişiyor
- Çin'de duyarlılık oranları %30-40
- Kombinasyonun parçası olarak kullanılıyor

- Ceftazidime-avibactam
 - KPC ve OXA (çoğu)
- Meropenem-vaborbactam
 - KPC
- Ceftolozane-tazobactam
 - CRPA
- Plazomicin (daha iyi farmakokinetik, daha az toksik AG)
 - MDR Gram negatif

- Eravacycline
 - CRAB (tigesiklinden daha iyi farmakokinetik, geniş spektrumlu)
- Fosfomisin iv
 - CRE, Pseudomonas da kombinasyonda

News antibiotics for CP-CRE

	KPC	OXA-48	VIM/IMP/NDM
Ceftazidime Avibactam	Active	Active	Not active
Meropenem Vaborbactam	Active	Not active	Not active
Imipenem Relebactam	Active	Not active	Not active
Aztreonam Avibactam	Active	Active	Active
Cefiderocol	Active	Active	Active
Plazomicina	Active	Active	Activity depending on MICs and/or target concentrations
Eravacycline	Active	Active	Active

Active	Active
Activity depending on MICs and/or target concentrations	Activity depending on MICs and/or target concentrations
Not active	Not active

