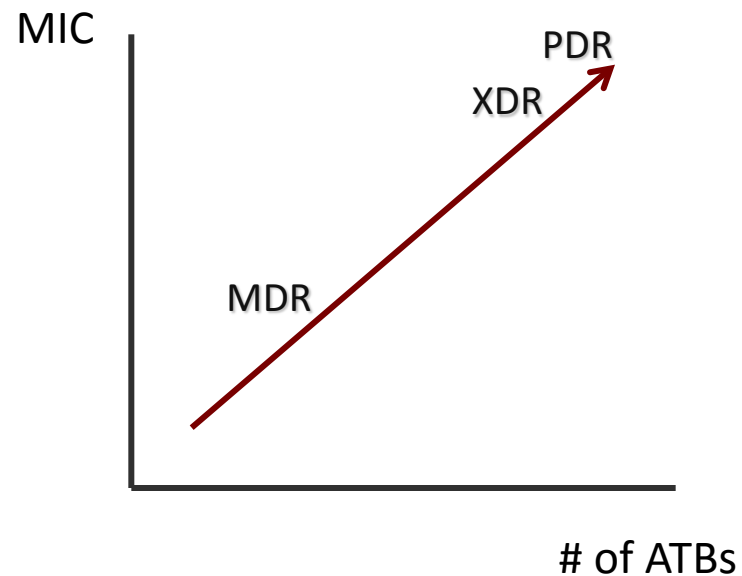
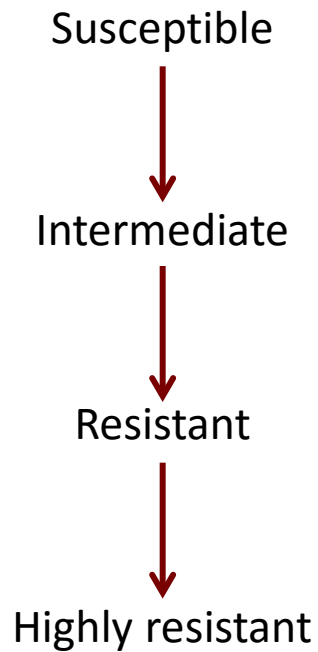


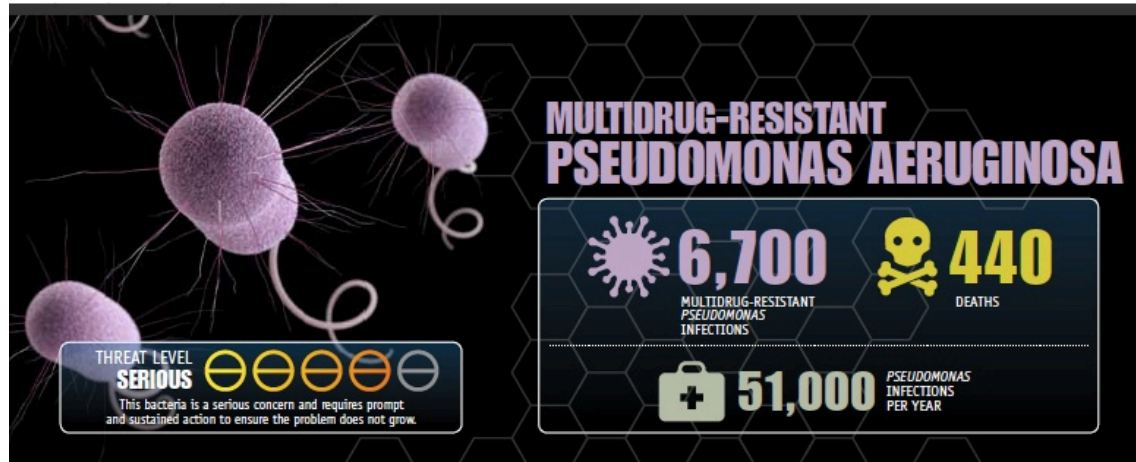
# Infections à *P. aeruginosa* :

## Quand la monothérapie s'impose

P. Plésiat  
National Reference Center for Antibiotic Resistance  
Minjoz University Hospital  
Besançon, France

# Trends in evolution of antibiotic resistance





*Pseudomonas aeruginosa* is a common cause of healthcare-associated infections including pneumonia, bloodstream infections, urinary tract infections, and surgical site infections.

#### RESISTANCE OF CONCERN

- Some strains of *Pseudomonas aeruginosa* have been found to be resistant to nearly all or all antibiotics including aminoglycosides, cephalosporins, fluorquinolones, and carbapenems.
- Approximately 8% of all healthcare-associated infections reported to CDC's National Healthcare Safety Network are caused by *Pseudomonas aeruginosa*.
- About 13% of severe healthcare-associated infections caused by *Pseudomonas aeruginosa* are multidrug resistant, meaning several classes of antibiotics no longer cure these infections.

#### PUBLIC HEALTH THREAT

An estimated 51,000 healthcare-associated *Pseudomonas aeruginosa* infections occur in the United States each year. More than 6,000 (or 13%) of these are multidrug-resistant, with roughly 400 deaths per year attributed to these infections.

	Percentage of all <i>Pseudomonas aeruginosa</i> healthcare-associated infections that are multidrug-resistant	Estimated number of infections	Estimated number of deaths attributed
Multi-drug resistant <i>Pseudomonas aeruginosa</i>	13%	6,700	440

For more information about data methods and references, please see technical appendix.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## BURDEN 2012, France:

Carbapenem<sup>r</sup> *P. aeruginosa* responsible for:

- 36,757 out of 157,652 nosocomial infections with mdr bacteria (23.3%)
- 6,610 out of 12,500 deaths (53.3%)

<b>DRUGS</b>	<b>EUCAST</b>	
	<b>S ≤</b>	<b>R &gt;</b>
<b><u>Piperacillin ± tazobactam</u></b>	16	16
Ticarcillin ± clavulanate	16	16
<b><u>Cefepime</u></b>	8	8
<b><u>Ceftazidime</u></b>	8	8
<b><u>Imipenem</u></b>	4	8
<b><u>Meropenem</u></b>	2	8
Doripenem	1	4
Aztreonam (I)	1	16
<b><u>Ciprofloxacin</u></b>	0.5	1
Levofloxacin	1	2
<b><u>Amikacin</u></b>	8	16
Gentamicin	4	4
Netilmicin	4	4
<b><u>Tobramycin</u></b>	4	4
<b><u>Colistin</u></b>	4	4
Fosfomycin (IV)	128	128

<b>DRUGS</b>	<b>EUCAST</b>		
	<b>MDR</b>	<b>S ≤</b>	<b>R &gt;</b>
<b><u>Piperacillin</u> ± tazobactam</b>		16	16
Ticarcillin ± clavulanate <b>R</b>		16	16
<b><u>Cefepime</u></b>		8	8
<b><u>Ceftazidime</u></b>		8	8
<b><u>Imipenem</u></b>		4	8
<b><u>Meropenem</u></b>		2	8
Doripenem		1	4
Aztreonam ( <b>I</b> )		1	16
<b><u>Ciprofloxacin</u></b>		0.5	1
Levofloxacin <b>I/R</b>		1	2
<b><u>Amikacin</u></b>		8	16
Gentamicin <b>R</b>		4	4
Netilmicin		4	4
<b><u>Tobramycin</u></b>		4	4
<b><u>Colistin</u></b>		4	4
Fosfomycin (IV)		128	128

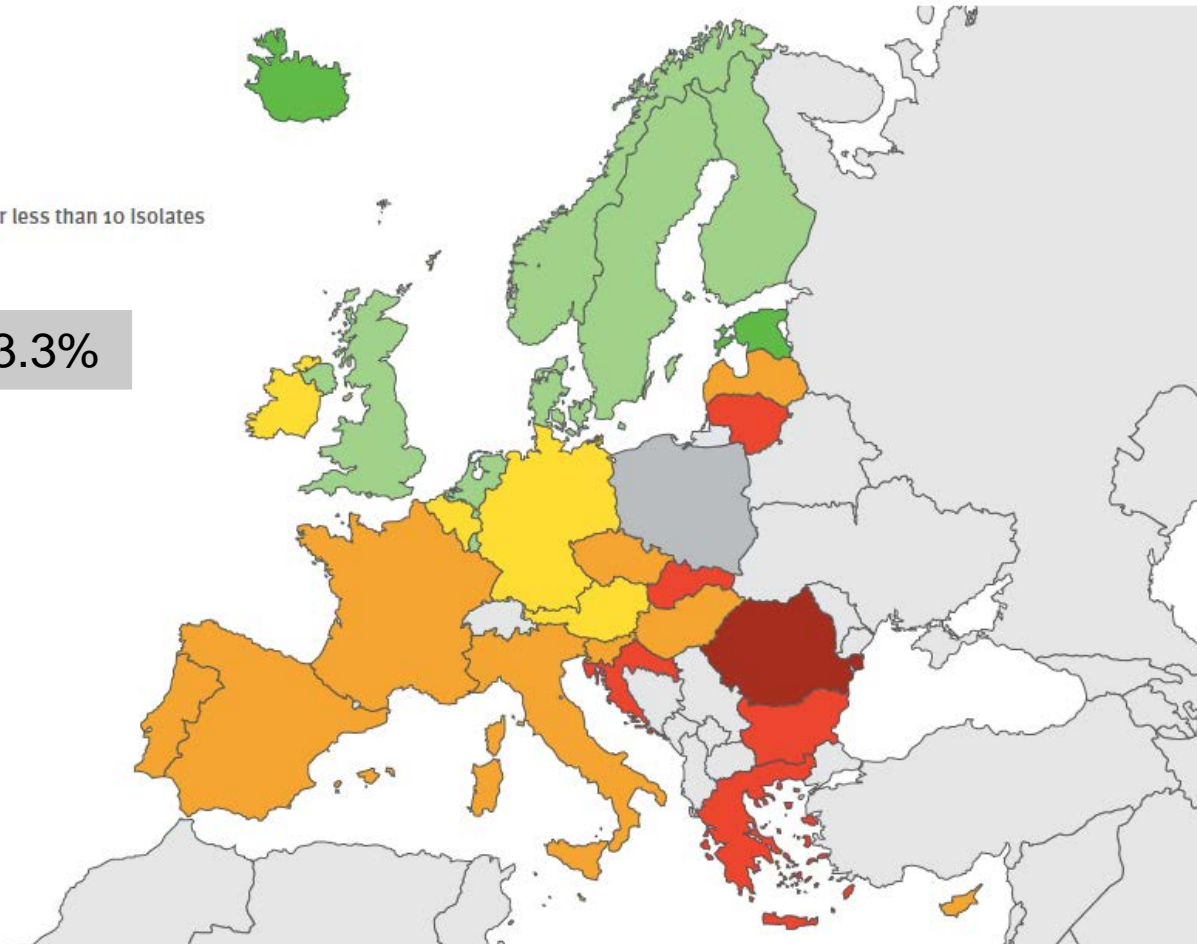
<b>DRUGS</b>	<b>EUCAST</b>	
	<b>XDR</b>	<b>S ≤</b>
<b><u>Piperacillin</u> ± tazobactam R</b>	16	16
Ticarcillin ± clavulanate R	16	16
<b><u>Cefepime</u> R</b>	8	8
<b><u>Ceftazidime</u></b>	8	8
<b><u>Imipenem</u> I/R</b>	4	8
<b><u>Meropenem</u> I/R</b>	2	8
Doripenem	1	2
Aztreonam (I)	1	16
<b><u>Ciprofloxacin</u> I/R</b>	0.5	1
Levofloxacin I/R	1	2
<b><u>Amikacin</u></b>	8	16
Gentamicin R	4	4
Netilmicin R	4	4
<b><u>Tobramycin</u> R</b>	4	4
<b><u>Colistin</u></b>	4	4
Fosfomycin (IV)	128	128

<b>DRUGS</b>	<b>EUCAST</b>		
	<b>PDR</b>	<b>S ≤</b>	<b>R &gt;</b>
<b><u>Piperacillin</u> ± tazobactam R</b>		16	16
Ticarcillin ± clavulanate R		16	16
<b><u>Cefepime</u> R</b>		8	8
<b><u>Ceftazidime</u> R</b>		8	8
<b><u>Imipenem</u> I/R</b>		4	8
<b><u>Meropenem</u> I/R</b>		2	8
Doripenem I/R		1	2
Aztreonam I/R		1	16
<b><u>Ciprofloxacin</u> I/R</b>		0.5	1
Levofloxacin I/R		1	2
<b><u>Amikacin</u> I/R</b>		8	16
Gentamicin R		4	4
Netilmicin R		4	4
<b><u>Tobramycin</u> R</b>		4	4
<b><u>Colistin</u> R</b>		4	4
Fosfomycin (IV) R		128	128

# Resistance rates to $\geq 3$ antibiotic groups



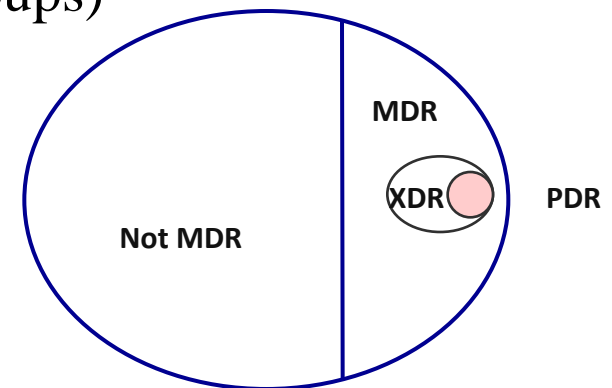
Mean 13.3%





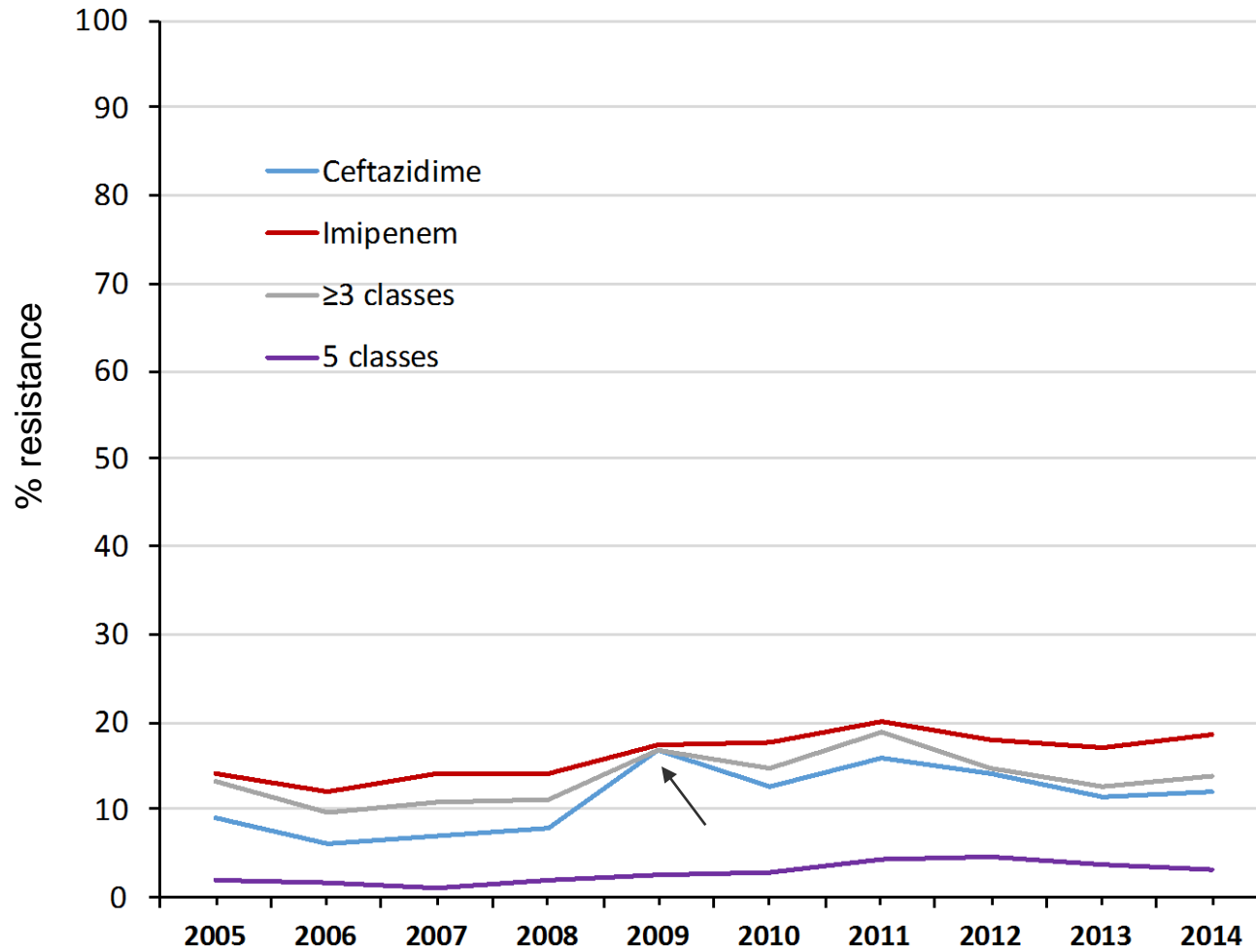
# Resistance rates in Europe

- ❖ MDR : from 0% to 59.6% in 2014
- ❖ XDR : 5.5% (rce to 5/5 antibiotic groups)
- ❖ PDR : < 1% ?
- ❖ Colistin resistance: 2%



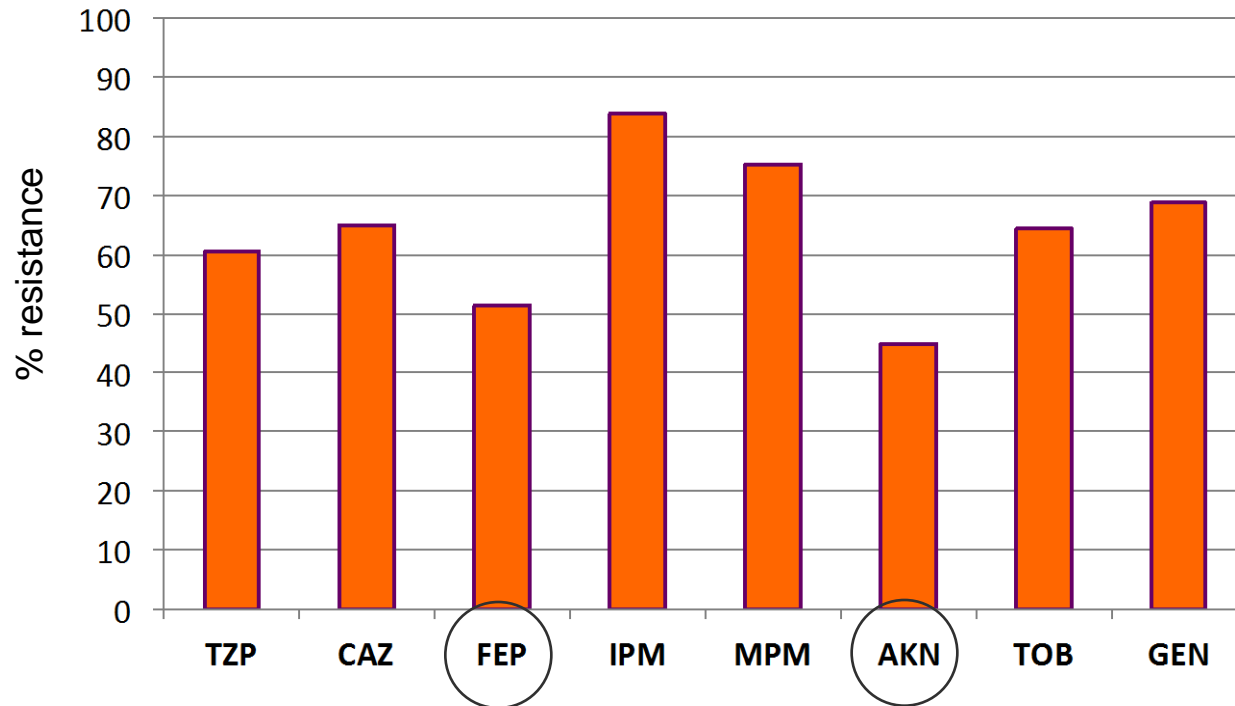
- ❖ Poor response to treatments
- ❖ Use of nonconventional drug combinations
- ❖ Prolonged hospital stays
- ❖ Deaths (impacted by underlying disease)
- ❖ Increased hospital costs

# EARS-Net France: 2005-2014 trends



# MDR *P. aeruginosa*: resistance rates

NRC data 2010-2014 ( $n=1,426$  isolates)



# ESBL and carbapenemase *Pae* in France

Survey	Year	# hospitals	Strains			% ESBLs		% Carbapenemases	
			Number	Origin	Criteria	collection	estimates/France	collection	estimates/France
GESPA	1999-2004	6	120	bacteremias	non replicate	0	< 1%	0	< 1%
ONERBA	2007	85	140	diagnostic samples non CF	non replicate CAZ <sup>R</sup>	7.9%	1%	2.9%	0.4%
GESPAR	2010	26	109	ICU	non replicate IPM <sup>I/R</sup>	3.7%	0.7%	6.4%	1.2%

## Cephalosporins

-AmpC ↑+++

-ESBLs +

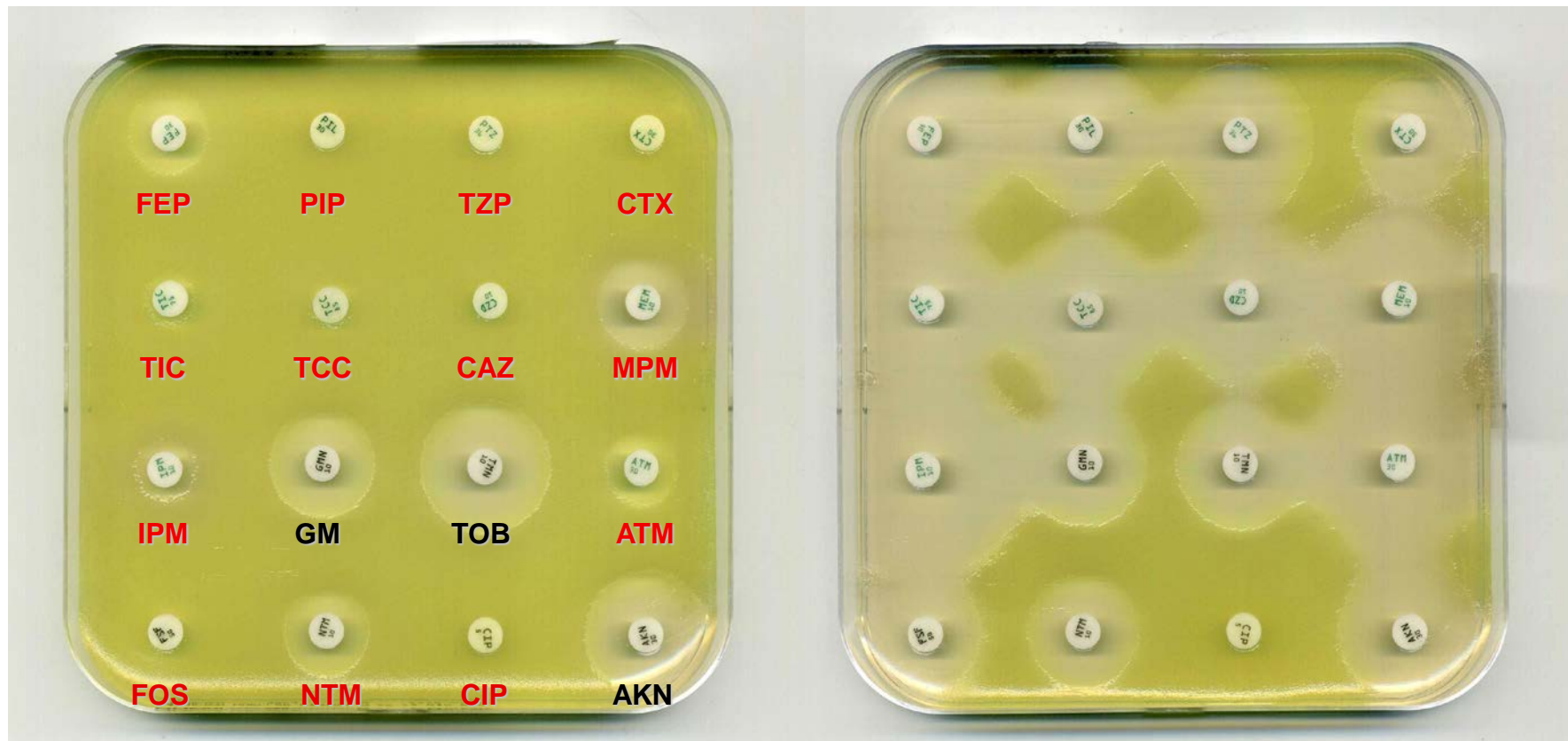
-Carbapenemases +

## Carbapenems

-OprD ↓+++

-Carbapenemases +

# Phenotype AmpC<sup>++</sup> OprD<sup>-</sup>



16.3488

16.3488 / cloxacillin 2,000

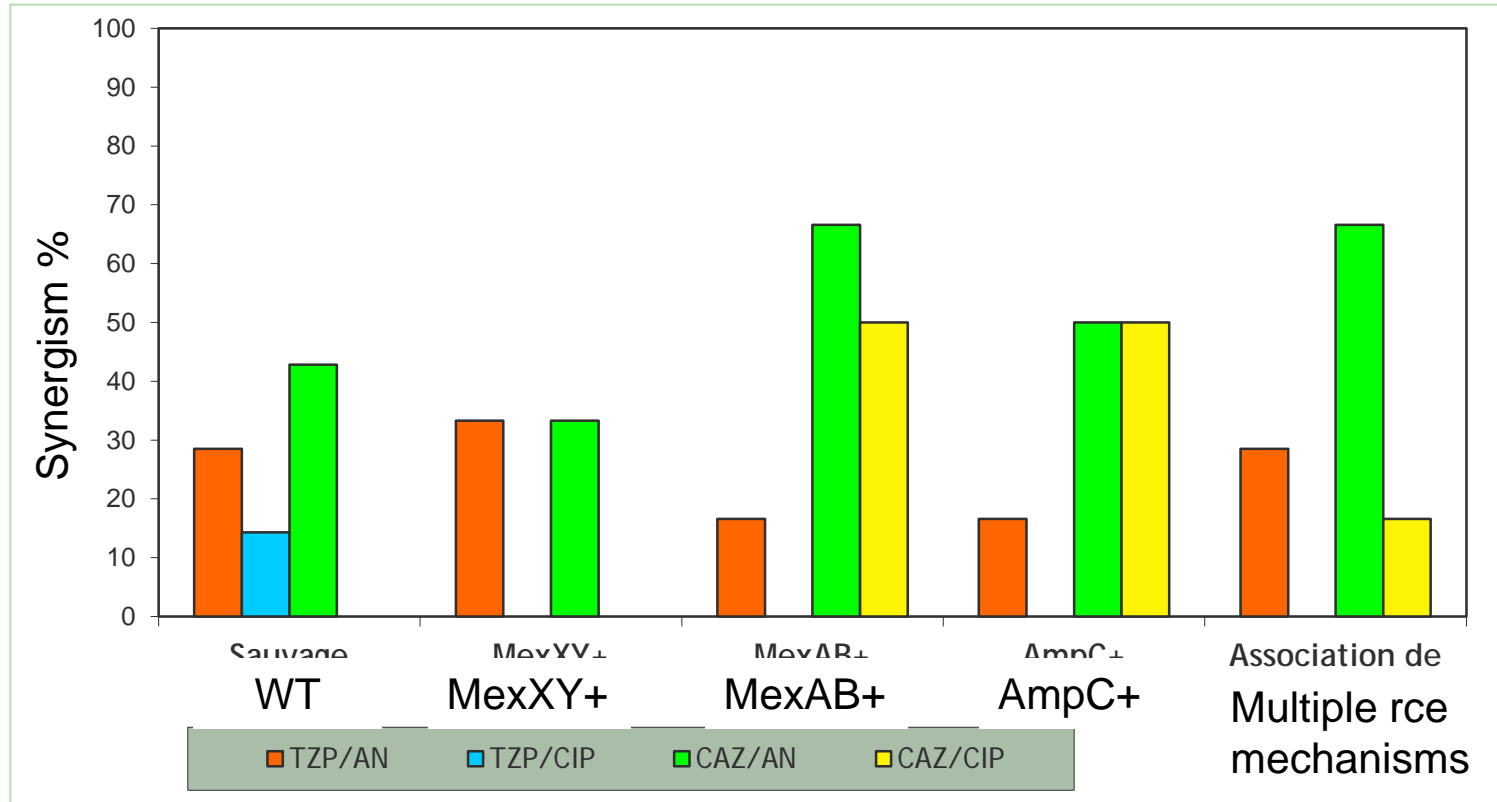
# Synergistic drug combinations

- 128 drug combinations on 32 *P. aeruginosa* strains
  - ✓ Only 2 discordances between E-test and checkerboard methods
  - ✓ 33 (25.8%) synergistic, 97 (74.2%) additive, 0 antagonistic combinations

	AMK	CIP
CAZ	48.6% (16)	21.2% (7)
TZP	24.2% (8)	6.0% (2)

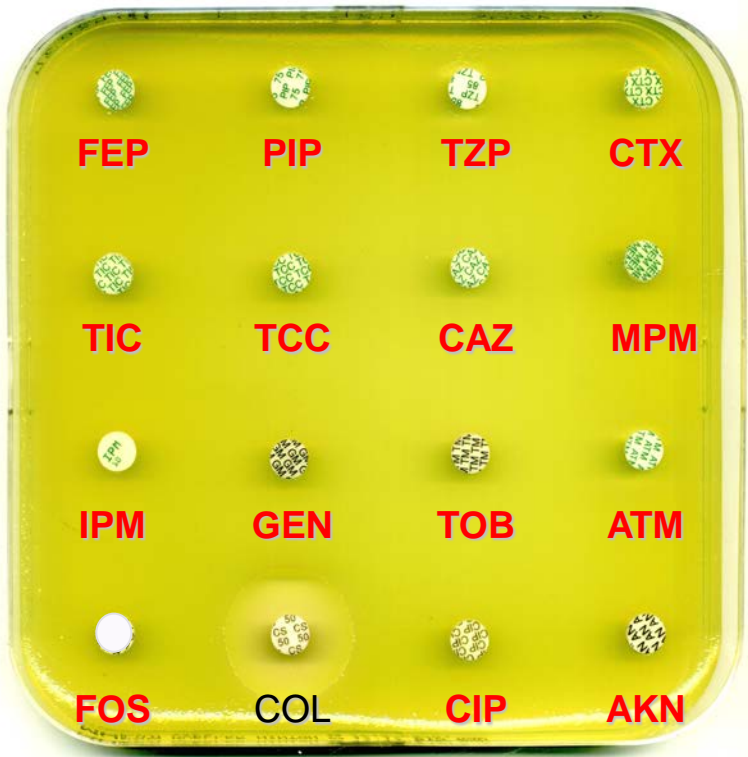
- Combination  $\beta$ -lactam-amikacin (18.75%) more often synergistic than  $\beta$ -lactam-ciprofloxacin (4.7%)

# Unpredictable effects of antibiotic combinations



- Independent of resistance levels
- Independent of resistance mechanisms

# How to combat XDR strains ?

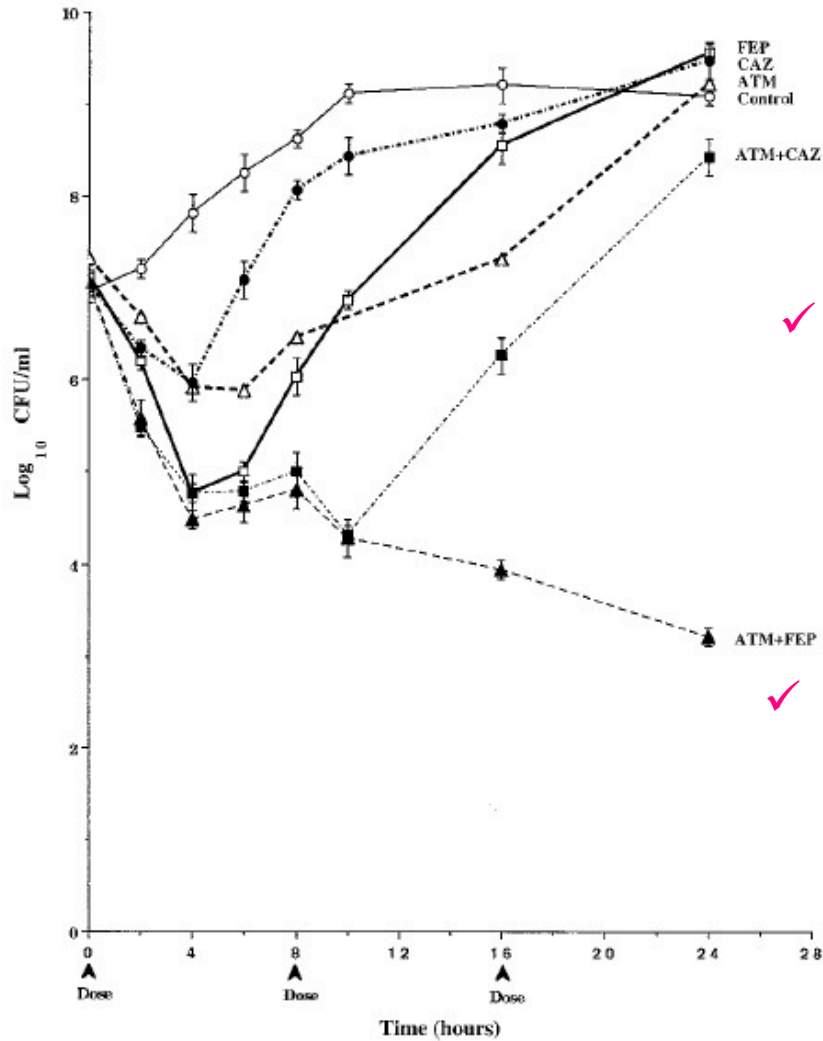


**XDR = MIC**

- CAZ, FEP, IPM, MPM, AKN (E-tests)
- ATM (E-test, MBL strains)
- COL (microdilution, COS strains)
- FOS (E-test, MIC <128, UTI)
- Ceftolozane-tazobactam (CA-SFM 2016)



# Aztreonam-cefepim



✓ Aztreonam: inhibitor of  $\beta$ -lactamase AmpC  
 Non systematic synergy with FEP on  
 AmpC<sup>+</sup> mutants

Lister *et al.* AAC 1998, 42:1610

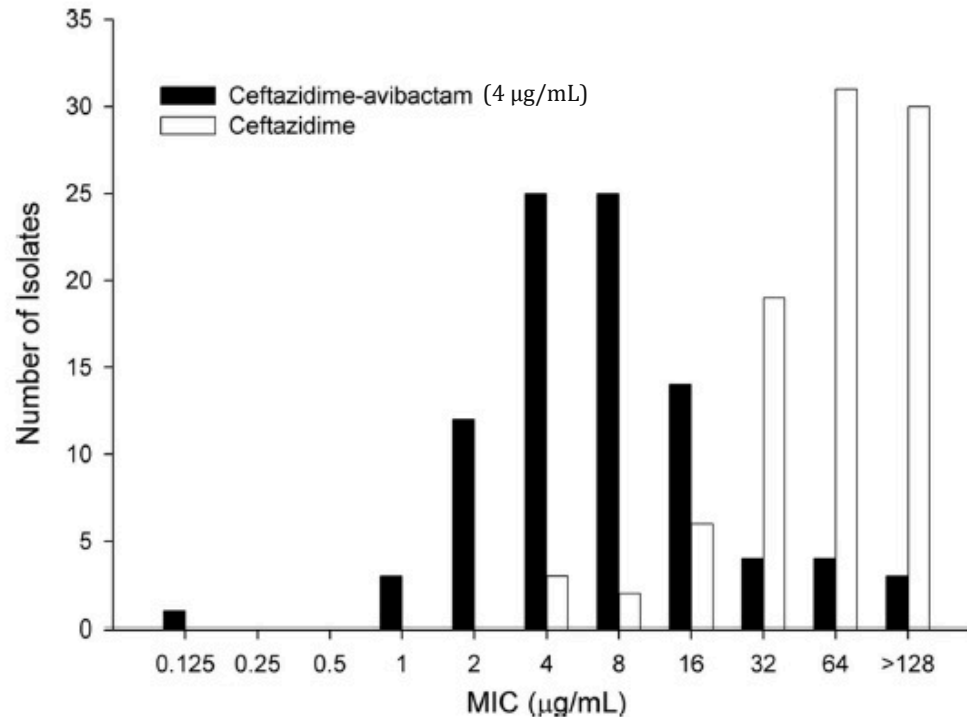
✓ Synergistic combination on 50% strains  
 resistant to IMP

Sader HS *et al.* IJAA 2005, 25:380

Dupont H *et al.* Anaesth.Crit.Pain.Care 2015, 34:141

Dose = 1 g

# Ceftazidime-avibactam (NXL-104)



- ✓ Avibactam: inhibitor of class A (ESBL) and class C (AmpC)  $\beta$ -lactamases
- ✓ CAZ 2g + AVI 0.5g x 3/d > CAZ 2g x 3/d in various infection models with Mdr strains

# Ceftolozane (CXA-101, FR264205)

Table 1. Antibacterial activity of FR264205 against clinical isolates of *P. aeruginosa*

Strain (no. of isolates)	Compound	MIC ( $\mu\text{g/ml}$ )		
		Range	50%	90%
<i>P. aeruginosa</i> (193)	FR264205	0.25–4	0.5	1
	CAZ	0.125–128	2	16
	IPM	0.125–64	2	16
	CIP	$\leq 0.0313$ –>128	0.25	8
<i>P. aeruginosa</i> , CAZ resistant (13)	FR264205	1–4	2	4
	CAZ	32–128	64	128
	IPM	1–32	16	32
	CIP	0.0625–64	2	64
<i>P. aeruginosa</i> , IPM resistant, CAZ susceptible (35)	FR264205	0.5–1	0.5	1
	CAZ	1–16	4	16
	IPM	16–64	16	32
	CIP	0.0625–32	1	8
<i>P. aeruginosa</i> , CIP resistant (30)	FR264205	0.5–4	1	2
	CAZ	1–128	8	64
	IPM	1–32	8	16
	CIP	4–>128	8	64

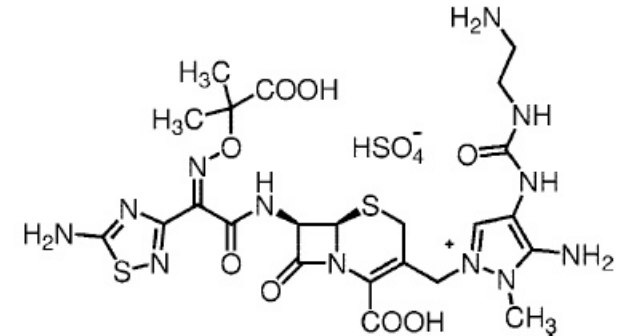


FIG. 1. Chemical structure of FR264205.

✓ Activity of tazobactam on ESBLs

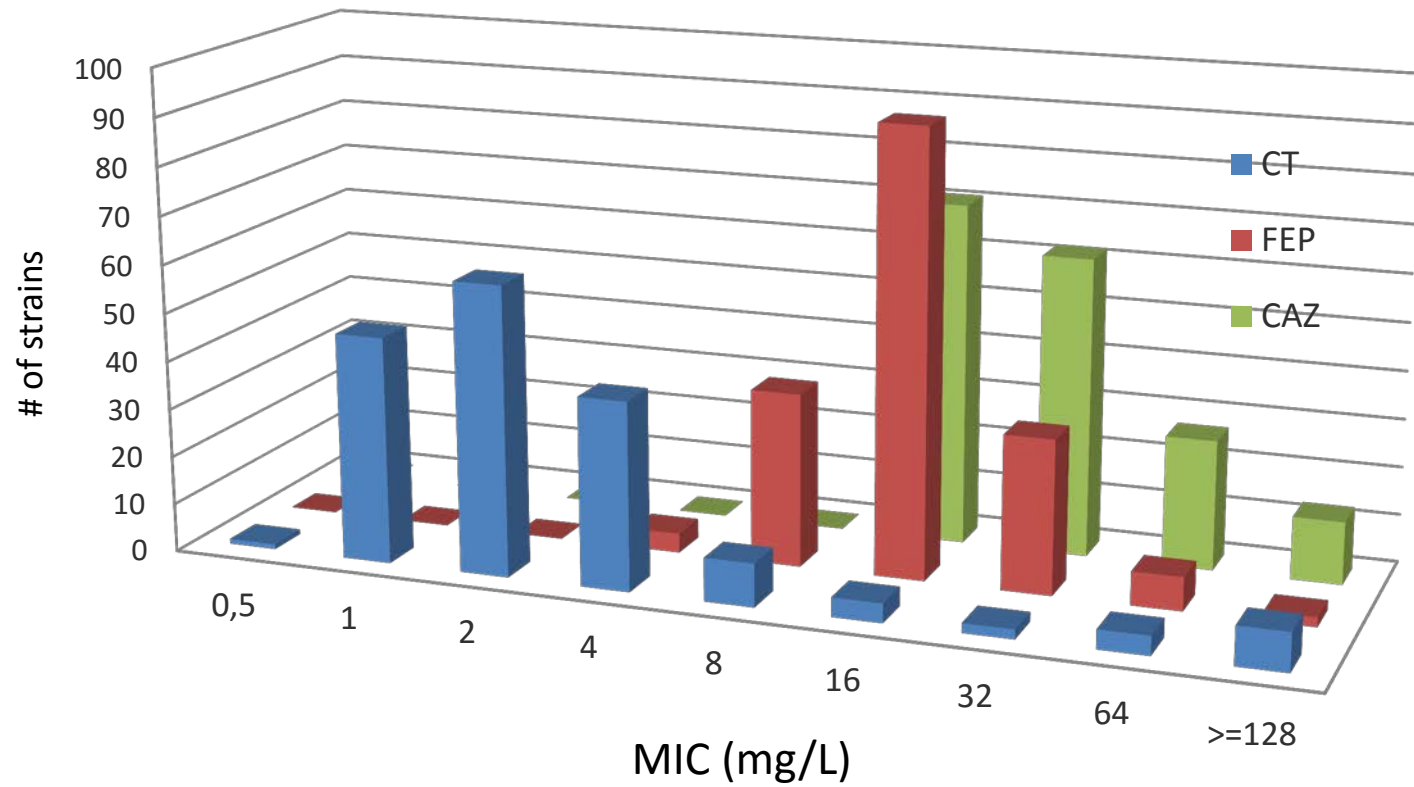
Takeda S. AAC 2007, 51: 826

Juan C. AAC 2010, 54: 846

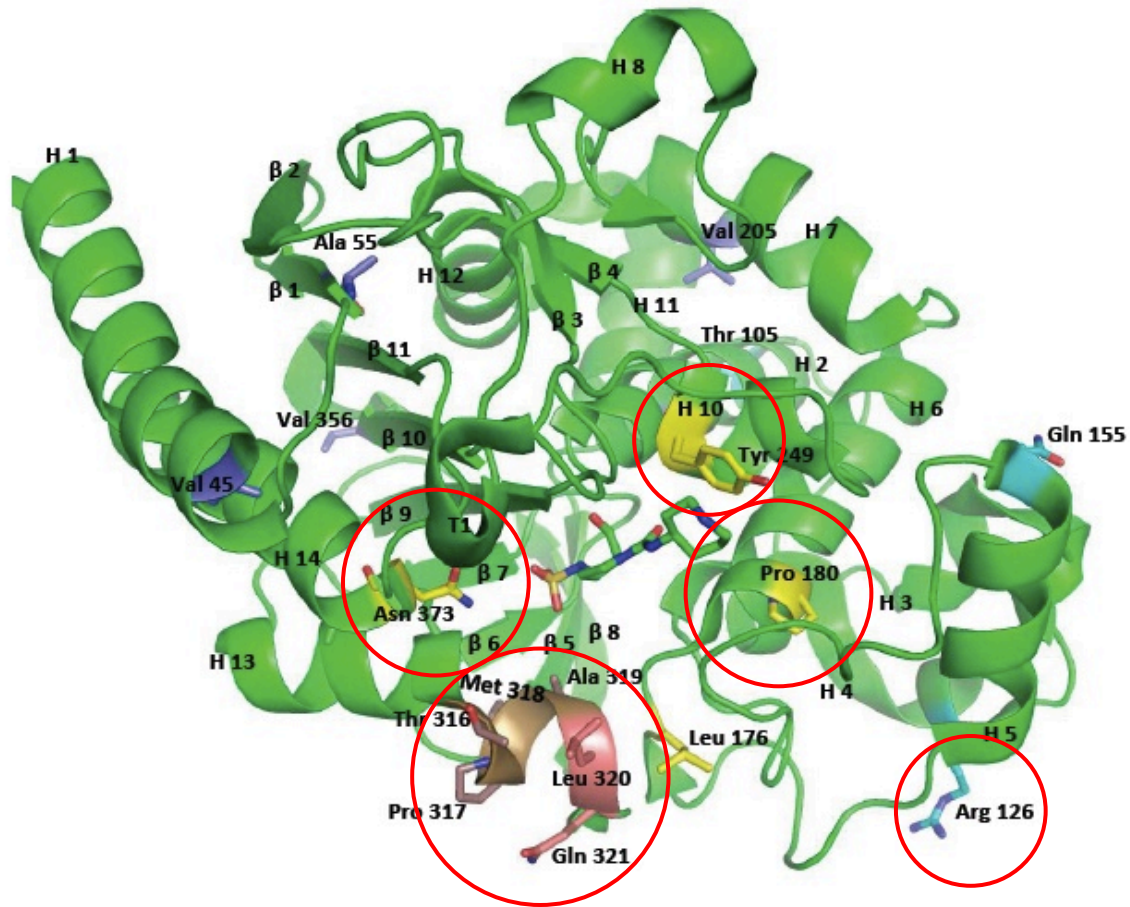
Moya B. AAC 2010, 54: 1213

Bulik C. C. AAC 2010, 54:557

# GERPA 2015

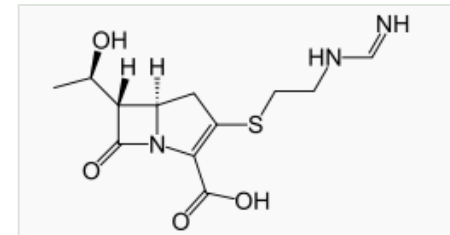


# AmpC variants (ESACs)



# Mutational modulation of AmpC activity

Site	TIC	TZP	ATM	CAZ	FEP	CZ/T	IPM
G1 ( $\Omega$ loop)	↑	↓	↑ -	↑	-	↑	-
G2 (R2 loop)	-	↓ -	-	↑	↑	↑	-
G3 (YSN loop)	-	-	-	↑	-	↑	-
G4 (N347I)	-	↓ -	-	↑	↑	↑	-

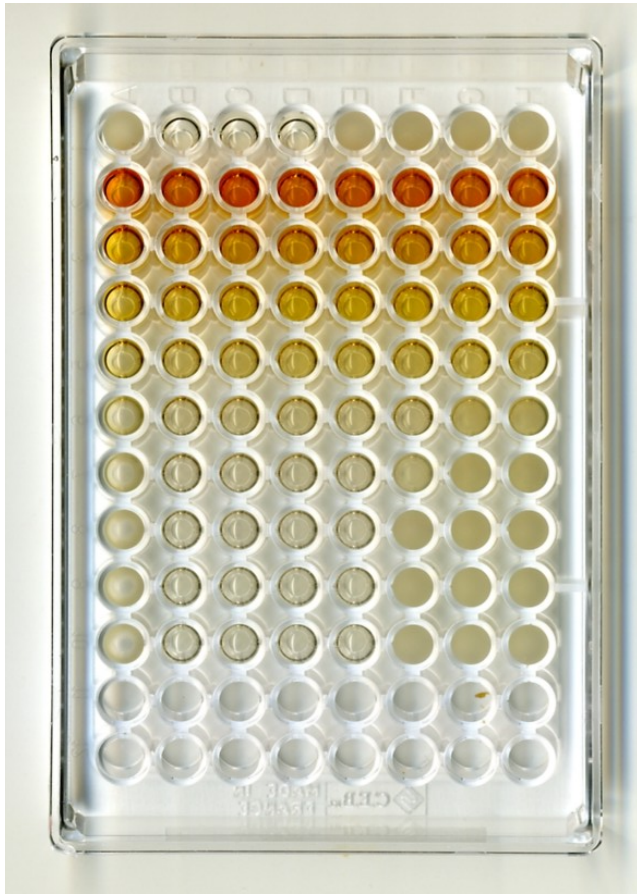


# Other *in vitro* synergic drug combinations

- Colistin-rifampicin
  - Colistin-carbapenem
  - Colistin-azithromycin
  - Colistin-ceftazidime
  - Colistin-tobramycin (biofilm)
  - Fosfomycin-tobramycin
  - Fosfomycin-carbapenem
  - Tobramycin-clarithromycin (biofilm)
- 
- ❖ Equivocal results *in vitro* et *in vivo* (Petrosillo *et al.* CMI 2008, 14:816; Yahav D *et al.* CMI 2011, 18:18)
  - ❖ Results dependent on type of *in vitro* method (Zusman *et al.* AAC 2013, 57:5104)
  - ❖ Synergy effect around the MIC (RIF 32 µg/mL, FOS 64-128 µg/mL)
  - ❖ Non inferiority of colistin monotherapy vs combination therapy in animal models and clinical studies (Petrosillo *et al.* CMI 2008, 14:816)



# Cherckerboard method



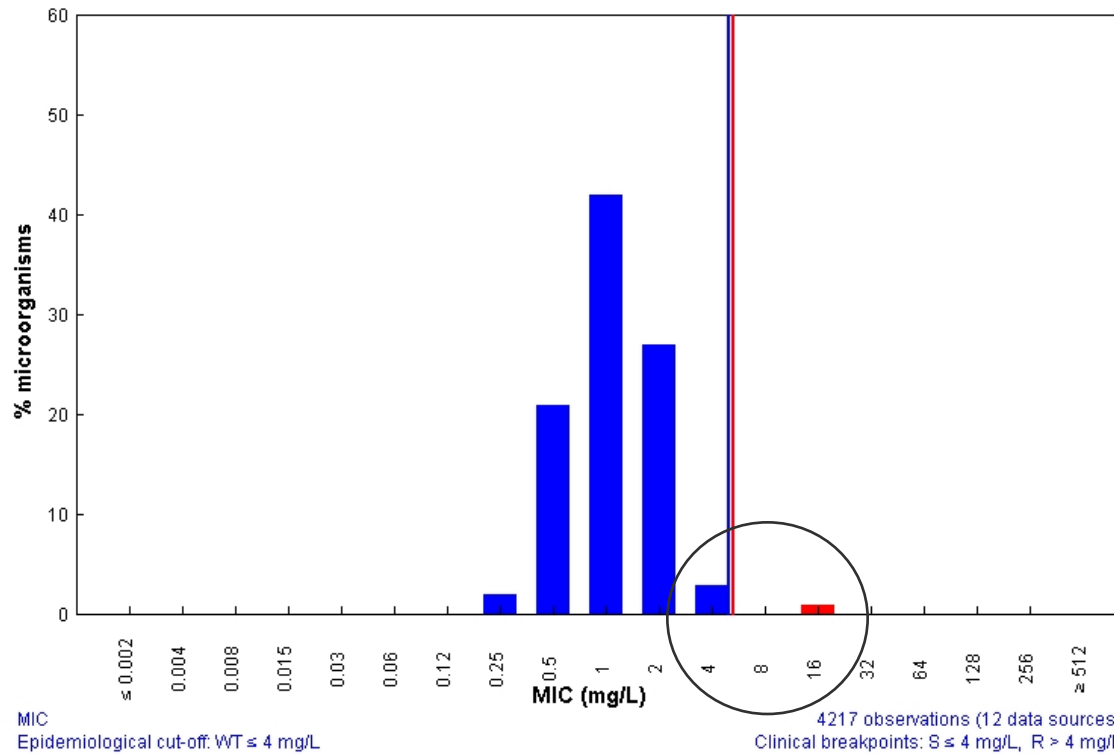
Rifampicin – Colistin  
(FIC index)



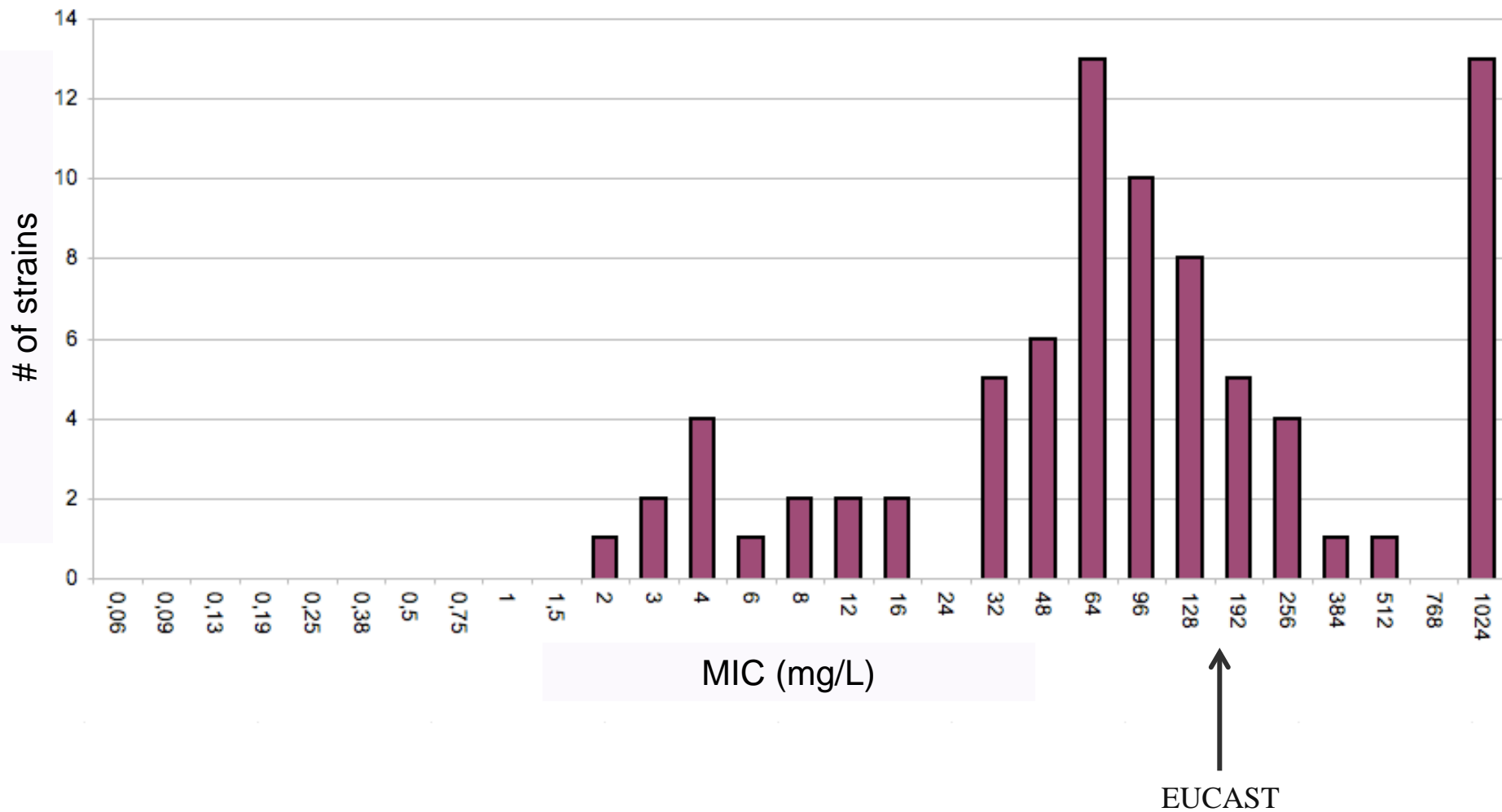
# Colistin MIC distribution

## Colistin / *Pseudomonas aeruginosa* EUCAST MIC Distribution - Reference Database 2012-11-20

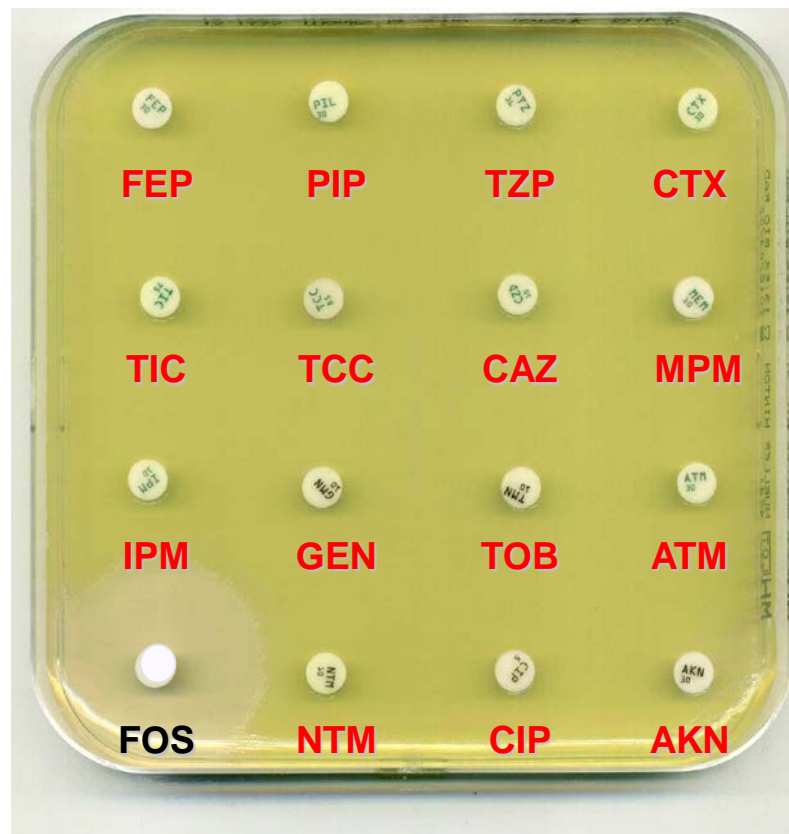
MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



# Fosfomycin MIC distribution



# XDR Fosfo<sup>S</sup> Coli<sup>S</sup>



13.1333

VIM-30, PER-1, PSE-1, OXA-4

# Conclusions

- ❖ XDR strains of *P. aeruginosa* are increasingly reported worldwide
- ❖ No clinically-validated strategy to combat XDR strains
- ❖ MIC determination is highly recommended as rational approach to choose optimal antipseudomonal molecules
- ❖ Resistance to colistin remains rare (<2%) but should be investigated *in vitro* at least retrospectively
- ❖ Ceftolozane-tazobactam and ceftazidime-avibactam are interesting options against AmpC derepressed mutants
- ❖ *In vitro* tests cannot predict the clinical efficacy of non conventional drug combinations (colistin, fosfomycin)
- ❖ High dose combined therapy is the rule if based on MIC values.

# Acknowledgments

## **Present**

### **Biologists**

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Eleni Liapis

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Pauline Chatelain

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Aurélie Noguès  
Charlotte Richardot  
Paulo Juàres

NATIONAL ACTION PLAN FOR COMBATING ANTIBIOTIC-RESISTANT BACTERIA

MARCH 2015



Review on Antimicrobial Resistance  
*Tackling drug-resistant infections globally*

Tackling a global health crisis: initial steps



The evolving threat of antimicrobial resistance  
Options for action



**ANTIBIOTIC RESISTANCE THREATS**  
in the United States, 2013

World Health Organization



Action Plan Against the rising threats from Antimicrobial Resistance: Road Map




Communication from the Commission to the European Parliament and the Council  
Action plan against the rising threats from Antimicrobial Resistance

COM (2011) 748

Prévention de la transmission croisée des Bactéries Hautement Résistantes aux antibiotiques émergentes (BHRe)

ANTIMICROBIAL RESISTANCE  
Global Report on surveillance

2014 Summary

Critically Important Antimicrobials for Human Medicine

2nd Revision - 2009

World Health Organization



NATIONAL STRATEGY FOR COMBATING ANTIBIOTIC-RESISTANT BACTERIA

September 2014



*Future: The United States will work domestically and internationally to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant bacteria by implementing measures to mitigate the emergence and spread of antibiotic resistance and ensuring the continued availability of therapeutics for the treatment of bacterial infections.*