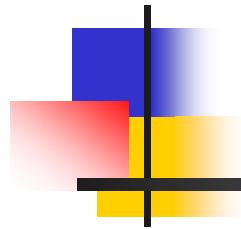


# ICAAAC/RICAI 2008

## Nouveaux antibiotiques



T Doco-Lecompte

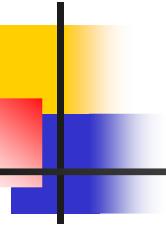


48th Annual **ICAAAC\*** / **IDSA** 46th Annual Meeting  
Washington, DC - October 25-28, 2008  
*A Joint Meeting of ASM and IDSA*



Doripénème

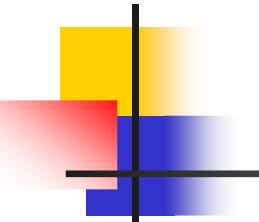
# Pharmacologie



- Carbapénème injectable
- Spectre large
- Stable en présence de  $\beta$  lactamases
- 500 mg x 3/j IV

Organism (no. tested)	MIC ( $\mu$ g/ml)	
	50%	90%
<i>S. aureus</i> (OXA-S; 7,621)	$\leq 0.06$	$\leq 0.06$
CoNS (OXA-S; 816)	$\leq 0.06$	$\leq 0.06$
BHS (1,336)	$\leq 0.06$	$\leq 0.06$
<i>S. pneumoniae</i> ; (3,554)	$\leq 0.06$	0.5
<i>H. influenzae</i> (2,985)	0.06	0.25
<i>E. coli</i> (EC; 8,528)	$\leq 0.06$	$\leq 0.06$
<i>Klebsiella</i> spp. (3,837)	$\leq 0.06$	$\leq 0.06$
<i>Enterobacter</i> spp. (2,211)	$\leq 0.06$	0.12
<i>P. aeruginosa</i> (3,874)	0.5	8
<i>Acinetobacter</i> spp. (1,204)	1	>8

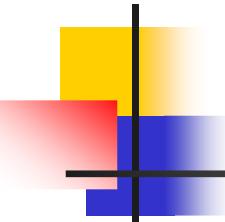
T. R. FRITSCHE ; ICAAC 2006



# 5298 souches au Canada

	Drug ( $\text{MIC}_{90}$ $\mu\text{g/ml}$ )		
	Doripenem	Meropenem	Ertapenem
<i>E. coli</i> (1701)	$\leq 0.12$	$\leq 0.12$	$\leq 0.06$
<i>P. aeruginosa</i> (633)	8	8	32
<i>K. pneumoniae</i> (455)	$\leq 0.12$	$\leq 0.12$	$\leq 0.06$
<i>E. cloacae</i> (166)	$\leq 0.12$	$\leq 0.12$	0.5
<i>S. aureus</i> (MS) (1088)	$\leq 0.12$	0.12	0.25
HA-MRSA (285)	32	>32	>32
CA-MRSA (71)	2	4	4
<i>S. pneumoniae</i> (ALL) (654)	$\leq 0.06$	$\leq 0.06$	$\leq 0.06$
<i>E. faecalis</i> (154)	8	8	16
<i>E. faecium</i> (58)	>64	>64	>32

DJ Hoban ; ICAAC 2008



# **Comparison of In Vitro Activity of Doripenem and Imipenem Against *Pseudomonas aeruginosa* Using Etest - The 2007-2008 CASTLE Study**

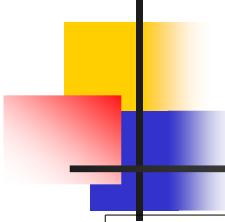
## **R. BADAL ICAAC 2008**

Of 3,234 PA isolates 81.9% were susceptible (S) to DOR and 78.1% to IPM. MIC<sub>50/90</sub> for DOR and IPM were 0.25/8 and 2/>32, respectively. Of 2,524 IPM-S strains, 2468 (97.8%) were DOR-S.

**180 of 710 (25.4%) IPM non-susceptible strains were DOR-S (62/104 IPM-I strains, and 118/606 IPM-R strains).**

Conversely, of 586 strains above the DOR S breakpoint of 2mcg/ml, only 9.6% were IPM-S ( $\leq 4$ mcg/mL).

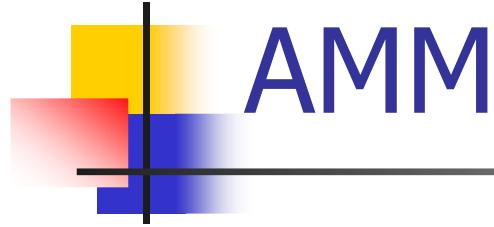
**Conclusions:** DOR's MIC<sub>50</sub> and MIC<sub>90</sub> were 8-fold and  $\geq 8$ -fold, respectively, lower than IPM's against PA (0.25/8 mcg/mL for DOR vs 2/>32 mcg/mL for IPM). IPM susceptibility can be used to predict DOR susceptibility with a 98% correlation. With just over 25% of IMP-R PA (MIC  $\geq 8$  mcg/mL) remaining susceptible to DOR (MIC  $\leq 2$  mcg/mL), these data support the observation that DOR has higher in vitro activity against PA than IPM.



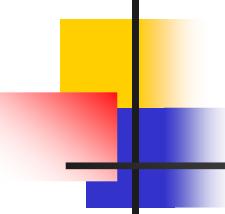
# In Vitro Antibacterial Activity of Doripenem (DOR) Against Hospital Isolates: Proposal for Zone Diameter Breakpoints: A French Multicenter Study

C. LASCOLS. ICAAC 2008

Bacterial species (No strains)	Range	MIC50 (mg/L)	MIC90 (mg/L)
<i>Enterobacteriaceae</i> (674)	≤ 0.008-64	0.06	0.25
<i>P. aeruginosa</i> (99)	0.016-64	0.5	8
<i>A. baumannii</i> (71)	0.03-32	0.25	2
<i>S. maltophilia</i> (31)	64->128	>128	>128
<i>B. cepacia</i> (7)	1-128	2	8
MSSA (90)	≤ 0.008-0.5	0.03	0.25
MRSA (84)	0.03-32	1	2
MSCoNS (50)	≤ 0.008-0.5	0.03	0.12
MRCoNS (54)	0.016-64	2	8
<i>E. faecalis</i> (63)	0.06-8	2	4
<i>E. faecium</i> (40)	4->128	128	>128
<i>Streptococcus pyogenes</i> (41)	≤ 0.008-0.03	≤0.008	≤0.008
PSSP (48)	≤ 0.008-0.25	≤0.008	0.03
PRSP (35)	≤ 0.008-0.5	0.25	0.5
<i>H. influenzae</i> (71)	≤ 0.008-1	0.12	0.25
<i>H. parainfluenzae</i> (19)	≤ 0.008-0.12	0.06	0.12
<i>B. catarrhalis</i> (36)	≤ 0.008-0.06	0.03	0.06



- AMM en procédure européenne centralisée obtenue en septembre 2008
- Infections intra abdominales compliquées
- Pneumonie de réanimation sous ventilation
- Infections urinaires compliquées

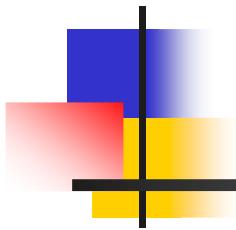


# Place du doripénème

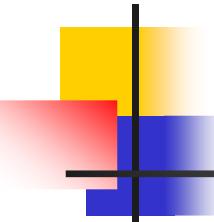
(Plésiat, Montravers, Chastre RICAI 2008)

- Sur *P aeruginosa* : Dori  $\geq$  Méro>Imi
- sur *Acinetobacter* : Dori > Méro
- Sur SAMS : Dori = Méro=Imi
- Moindre risque de sélection de Pyo résistants
- Toxicité neurologique < Imipénème
- Stabilité du produit => perfusion prolongée sur 4h possible

# Ceftobiprole (BAL 9141)

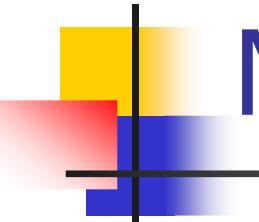


Prodrogue : ceftobiprole  
medocaril (BAL 5788)



# Spectre

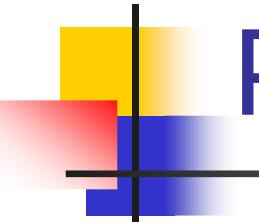
- Céphalosporine large spectre, voie IV
- Gram +, Gram-
- Activité bactéricide sur Gram + résistant aux  $\beta$  lactamines : SAMR, *S pneumoniae* résistant pénicillines et C3G
- Activité sur entérobactéries BLSE et *P aeruginosa*



# Mode action

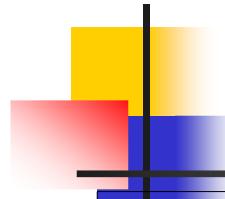
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- Liaison PBP2' de *S aureus*
- Liaison forte et stable
- Base moléculaire de l'activité contre SAMR



# Pharmacocinétique

- Prodrogue medocaril rapidement convertie en composé actif
- Paramètre PK +++ : Temps au-dessus de la CMI
- Administration doses multiples : augmentation linéaire des AUC et Cmax
- Pas d'accumulation
- Excrétion sous forme inchangée dans les urines



# ***In Vitro Antibacterial Activity of Ceftobiprole (BPR) Against Hospital Isolates: Proposal for Zone Diameter Breakpoints: A French Multicenter Study***

**C. LASCOLS. ICAAC 2008**

Bacterial species (No strains)	Range	MIC50 (mg/L)	MIC90 (mg/L)
<i>Enterobacteriaceae</i> (674)	≤0.008->128	0.06	4
<i>P. aeruginosa</i> (99)	0.5->128	4	16
<i>A. baumannii</i> (71)	0.12-128	0.5	64
<i>S. maltophilia</i> (31)	64->128	64	128
<i>B. cepacia</i> (7)	2-128	16	128
MSSA (90) MRSA (84)	≤0.008-1 0.06-4	0.25 1	0.5 2
MSCoNS (50) MRCoNS (54)	≤0.008-1 0.06-4	0.12 1	0.5 2
<i>E. faecalis</i> (63)	≤0.008-2	0.25	1
<i>E. faecium</i> (40)	1->128	64	128
<i>Streptococcus pyogenes</i> (41)	≤0.008	≤0.008	≤0.008
PSSP (48) PRSP (35)	≤0.008-0.25 ≤0.008-0.5	≤0.008 0.12	0.03 0.5
<i>H. influenzae</i> (71)	≤0.008-0.5	0.03	0.25
<i>H. parainfluenzae</i> (19)	≤0.008-0.25	0.06	0.25
<i>B. catarrhalis</i> (36)	≤0.008-1	0.25	0.5

## Efficacité clinique les infections des tissus cutanés et sous cutanés y compris pieds diabétiques sans ostéite

500 mg/8h perfusion IV 60 mn vs vancomycine 1g/12h + ceftazidime 1g/8h

	BPR (n)	VAN + CAZ	95% CI
Clinically Evaluable	90.5% (485)	90.2% (244)	-4.2%, 4.9%
Intent-to-Treat	81.9% (547)	80.8% (281)	-4.5%, 6.7%
Microbiologically Evaluable	90.8% (391)	90.5% (199)	-4.6%, 5.3%

RS Strauss, ICAAC 2007, L-1145

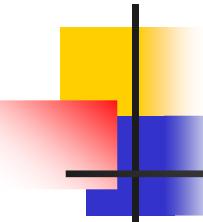
Abandon indication pneumonies



Telavancine

# Pharmacologie

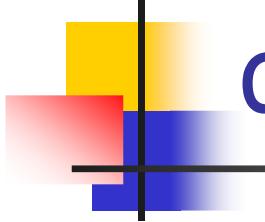
- 
- Dérivé synthétique de la vancomycine : lipoglycopeptide par voie IV exclusive
  - Une perfusion journalière
  - Dose d'équilibre à partir de la 3<sup>ème</sup> injection
  - Faible volume de distribution
  - Liaison protéines : 90%
  - Elimination : rénale sous forme inchangée



# Spectre

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- Gram positif :
  - Entérocoques : *E faecium*, *E faecalis* Vanco S
  - Staphylocoques : *S aureus* y compris SAMR
  - Streptocoques
- Espèces résistantes : Gram négatif

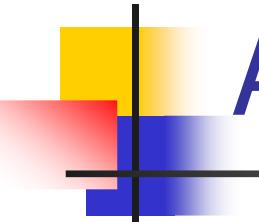


# Infections des parties molles et des tissus sous cutanés

Efficacy of Telavancin for Treatment of Surgical Site Infections, S.E Wilson, ICAAC 2007

<b>Treatment Eradication,</b>	<b>ClinicalCure, N (%)</b>	<b>Pathogen N (%)</b>
TLV SA	41 (85)	40 (83)
VAN SA	33 (70)	30 (64)
TLV MRSA	18 (86)	17 (81)
VAN MRSA	15 (71)	12 (57)

ICAAC 2008 : 20 abstracts



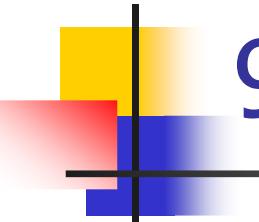
## AMM Abandon d'AMM néphrotoxicité

- Dépôt d'un dossier de demande d'AMM en procédure européenne centralisée
- « Infections compliquées de la peau et des tissus mous chez l'adulte »
- Etudes en cours : pneumonie d'origine nosocomiale



Dalbavancine

- Lipoglycopeptide
- Dérivé de la teicoplanine
- Pharmacocinétique +++
- Perfusion IV 500 mg x 2 à une semaine d'intervalle
- Infections compliquées, peau et tissus mous



# 9 septembre 2008 : Swissinfo ...

## **Pfizer retire la demande d'autorisation d'un antibiotique dermatologique**

New York (AWP/AFX) - Le laboratoire pharmaceutique américain Pfizer a annoncé mardi qu'il retirait ses demandes d'autorisation de mise sur le marché aux Etats-Unis et en Europe d'un antibiotique efficace notamment contre le staphylocoque doré, la Dalbavancine, pour de nouvelles expérimentations.

.....

# Daptomycine + Rifampicine vs Vancomycine: OMA à SARM du lapin

M. Lefebvre ICAAC 2008

Treatment	Mean difference $\pm$ SD log <sub>10</sub> CFU/g of tissue (day 7 - day 3)		
	BO	BM	JF
Control	<b>0,11<math>\pm</math>0,80</b>	<b>0,20<math>\pm</math>0,59</b>	<b>0,10<math>\pm</math>0,60</b>
VA	<b>-0,75<math>\pm</math>0,81</b>	<b>-0,61<math>\pm</math>1,50</b>	<b>-0,72<math>\pm</math>1,39</b>
DAP	<b>-0,60<math>\pm</math>1,15</b>	<b>-0,75<math>\pm</math>0,71</b>	<b>-1,02<math>\pm</math>1,13</b>
VA+RA	<b>-3,85<math>\pm</math>1,83<sup>a</sup></b>	<b>-4,24<math>\pm</math>1,98<sup>a</sup></b>	<b>-2,46<math>\pm</math>1,34<sup>b</sup></b>
DAP+RA	<b>-4,79<math>\pm</math>0,35<sup>a</sup></b>	<b>-5,33<math>\pm</math>0,56<sup>a</sup></b>	<b>-4,20<math>\pm</math>1,13<sup>a c</sup></b>

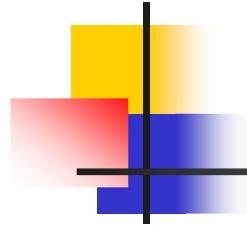
\* p<0,01 versus untreated controls; <sup>a</sup> p< 0,001, and <sup>b</sup> p<0,05 versus corresponding monotherapy; <sup>c</sup> p<0,05 versus VA+RA.



# Sulopenem (carbapenem oral)

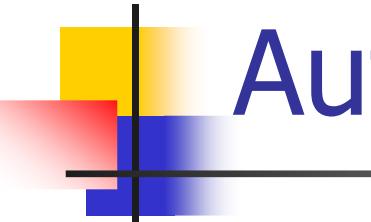
M. D. Huband ICAAC 2008

Organisms (# Tested)	Range	MICs ( $\mu\text{g/mL}$ )	
		$\text{MIC}_{50}$	$\text{MIC}_{90}$
<i>Staphylococcus aureus</i> MSSA(19)	0.06-0.125	0.06	0.125
<i>Streptococcus pneumoniae</i> * (114)	0.008-1	0.06	0.5
<i>S. pyogenes</i> (28)	0.015-0.25	0.03	0.03
<i>S. agalactiae</i> (21)	0.03-0.25	0.06	0.125
<i>Listeria monocytogenes</i> (10)	0.06-0.125	0.06	0.125
<i>Enterobacteriaceae</i> (200)	0.015-64	0.125	1
<i>E. coli</i> ESBL+ (17)	0.015-0.25	0.03	0.125
<i>K. pneumoniae</i> ESBL+ (15)	0.03-0.5	0.06	0.25
<i>Moraxella catarrhalis</i> (30)	0.008-0.25	0.015	0.25
<i>Haemophilus influenzae</i> (65)	0.06-1	0.125	0.5



**Assessment of the In Vivo Activity of Ceftaroline (CPT) Against  
Vancomycin-Susceptible and -Resistant *Enterococcus faecalis* (EF)  
Strains in a Rabbit Endocarditis Model (REM): Comparison with  
Linezolid (LZO) and Vancomycin (VAN)**  
**C. JACQUELINE. ICAAC 2008**

**Gram + (SAMR, PSDP, certains Gram -)**



## Autres...

- Pyrrolamides : inhibiteurs de la DNA gyrase, sous unité B
- Novel bis-(imidazolinylindole) Antibacterials Active Against a Broad Spectrum of Bacteria
- The Enoyl-ACP reductase FabI which catalyzes the final step of bacterial fatty elongation cycle is a very attractive target for new antibacterial drug discovery : aryloxy phenol, inhibiteur de Fab1 : MUT37307 (antistaph)