

In Vitro Activity of Sulopenem and Comparative Agents against Bacterial Pathogens Isolated from Canadian Patients with Urinary Tract Infections: CANWARD Surveillance Study 2014-2020

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Introduction

Sulopenem (SLP), is an investigational thiopenem (β -lactam) available in both oral (sulopenem etzadroxil + probenecid) and parenteral (sulopenem) dosage forms. It is currently in development for the treatment of uncomplicated and complicated urinary tract infections, including infections caused by extended-spectrum β -lactamase (ESBL) producing and multidrug-resistant (MDR) Gram-negative bacilli.^{1,2} Orally, sulopenem-etzadroxil is combined with probenecid, and has a safety and efficacy profile similar to other penems and β -lactams.² Sulopenem is stable to renal dehydropeptidase I, unlike imipenem, and has been reported to be stable against hydrolytic attack by many β -lactamases, including ESBLs and AmpC enzymes which confer resistance to third-generation cephalosporins. The activity of sulopenem addresses several of the most urgent, serious, and concerning drug-resistant antimicrobial threats defined by the CDC, including ESBL-producing *Enterobacteriales*.

The current study assessed the *in vitro* activities of sulopenem and comparator antibacterial agents against clinical isolates of Gram-negative and Gram-positive pathogens isolated from urine and submitted by Canadian hospital laboratories to the CANWARD surveillance study from 2014 to 2020.

Materials and Methods

Bacterial Isolates: CANWARD is an ongoing, national, Health Canada partnered study assessing antimicrobial resistance patterns of pathogens causing infections in patients receiving care in hospitals across Canada.¹ Tertiary-care medical centres submitted pathogens from patients attending hospital clinics, emergency rooms, medical and surgical wards, and intensive care units.¹ From January 2014 through October 2020, each study site was asked to submit clinical isolates (consecutive, one per patient, per infection site) from inpatients and outpatients with respiratory, urine, wound, and bloodstream infections. The medical centres submitted "clinically significant" isolates from patients with a presumed infectious disease. Isolates were shipped on Amies semi-solid transport media to the coordinating laboratory (Health Sciences Centre, Winnipeg, Canada), subcultured onto appropriate media, and stocked in skim milk at -80°C until minimum inhibitory concentration (MIC) testing was carried out. *E. coli* isolates were from the CANWARD surveillance study from the years 2014 through 2020. All other isolates were from 2016-2020 only. Putative AmpC phenotypes in *E. coli* were defined as an isolate where the ceftriaxone and/or ceftazidime MIC was ≥ 1 mg/L, the cefotaxime MIC was ≥ 32 mg/L, and the isolate tested ESBL-negative by the CLSI phenotypic confirmatory disk test (CLSI M100, 29th Ed., 2019).¹

Antimicrobial Susceptibilities: Following 2 subcultures from frozen stock, the *in vitro* activity of sulopenem and selected antimicrobials was determined by broth microdilution in accordance with the Clinical and Laboratory Standards Institute (CLSI) (M07, 11th Ed., 2018) and MICs were interpreted using CLSI M100 (30th Ed., 2020). Antimicrobial agents were obtained as laboratory grade powders from their respective manufacturers. Stock solutions were prepared and dilutions made as described by CLSI. The MICs were determined using 96-well custom designed microtitre plates.^{1,2} These plates contained doubling antimicrobial dilutions in 100 μ L/well of cation adjusted Mueller-Hinton broth and inoculated to achieve a final concentration of approximately 5×10^5 CFU/mL then incubated in ambient air for 24 hours prior to reading. Colony counts were performed periodically to confirm inocula. Quality control was performed using ATCC QC organisms including: *S. pneumoniae* 49619, *S. aureus* 29213, *E. faecalis* 29212, *E. coli* 25922, and *P. aeruginosa* 27853.

Results

Table 1. *In vitro* activities of sulopenem and comparators versus Gram-negative bacilli

| Organism (no. tested) / antimicrobial agent | 50% | 90% | Range | % S | % I | % R |
|--|-------------|-------------------|---------------------|-----------------|------|------|
| <i>Escherichia coli</i> ALL (1125) | | | | | | |
| Sulopenem | 0.03 | 0.06 | $\leq 0.008 - 4$ | NA ^a | NA | NA |
| Meropenem | ≤ 0.03 | ≤ 0.03 | $\leq 0.03 - 1$ | 100 | 0 | 0 |
| Ceftriaxone | ≤ 0.25 | 16 | $\leq 0.25 - > 64$ | 88.6 | 0.3 | 11.1 |
| Amoxicillin/clavulanate | 8 | 16 | $0.5 - > 32$ | 77.9 | 16.7 | 5.4 |
| TMP/SMX | ≤ 0.12 | > 8 | $\leq 0.12 - > 8$ | 74.1 | NA | 25.9 |
| Ciprofloxacin | ≤ 0.06 | ≤ 0.06 | $\leq 0.06 - > 16$ | 74.6 | 1.1 | 24.4 |
| Nitrofurantoin | 16 | 16 | $\leq 0.5 - > 512$ | 97.6 | 1.2 | 1.2 |
| Gentamicin | ≤ 0.5 | 2 | $\leq 0.5 - > 32$ | 91.6 | 0.3 | 8.1 |
| <i>Escherichia coli</i> ESBL (113) | | | | | | |
| Sulopenem | 0.03 | 0.06 | $0.015 - 0.25$ | NA ^a | NA | NA |
| Meropenem | ≤ 0.03 | ≤ 0.06 | $\leq 0.03 - 0.25$ | 100 | 0 | 0 |
| Ceftriaxone | > 64 | > 64 | $1 - > 64$ | 0.9 | 0.9 | 98.2 |
| Amoxicillin/clavulanate | 16 | 32 | $4 - > 32$ | 47.9 | 36.5 | 15.6 |
| TMP/SMX | > 8 | > 8 | $\leq 0.12 - > 8$ | 35.4 | NA | 64.6 |
| Ciprofloxacin | > 16 | > 16 | $\leq 0.06 - > 16$ | 19.5 | 0.9 | 79.6 |
| Nitrofurantoin | 16 | 32 | $2 - > 512$ | 91.2 | 3.5 | 5.3 |
| Gentamicin | ≤ 0.5 | ≤ 0.32 | $\leq 0.5 - > 32$ | 71.7 | 2.6 | 25.7 |
| <i>Escherichia coli</i> AmpC (17) | | | | | | |
| Sulopenem | 0.06 | 0.25 | $0.015 - 4$ | NA ^a | NA | NA |
| Meropenem | ≤ 0.03 | ≤ 0.06 | $\leq 0.03 - 1$ | 100 | 0 | 0 |
| Ceftriaxone | 2 | > 64 | $\leq 0.25 - > 64$ | 41.2 | 11.7 | 47.1 |
| Amoxicillin/clavulanate | > 32 | > 32 | $8 - > 32$ | 6.7 | 6.6 | 86.7 |
| TMP/SMX | ≤ 0.12 | > 8 | $\leq 0.12 - > 8$ | 70.6 | NA | 29.4 |
| Ciprofloxacin | 0.25 | > 16 | $\leq 0.06 - > 16$ | 58.8 | 5.9 | 35.3 |
| Nitrofurantoin | 16 | 64 | $8 - > 256$ | 88.2 | 5.9 | 5.9 |
| Gentamicin | ≤ 0.5 | 1 | $\leq 0.5 - > 32$ | 94.1 | 0 | 5.9 |
| <i>Escherichia coli</i> MDR ^b (168) | | | | | | |
| Sulopenem | 0.03 | 0.06 | $0.015 - 4$ | NA ^a | NA | NA |
| Meropenem | ≤ 0.03 | ≤ 0.06 | $\leq 0.03 - 1$ | 100 | 0 | 0 |
| Ceftriaxone | 32 | > 64 | $\leq 0.25 - > 64$ | 44.0 | 0 | 56.0 |
| Amoxicillin/clavulanate | 16 | 32 | $4 - > 32$ | 44.4 | 39.6 | 16 |
| TMP/SMX | > 8 | > 8 | $\leq 0.12 - > 8$ | 10.1 | NA | 89.9 |
| Ciprofloxacin | > 16 | > 16 | $\leq 0.06 - > 16$ | 12.5 | 0 | 87.5 |
| Nitrofurantoin | 16 | 32 | $\leq 1 - 512$ | 90.5 | 4.1 | 5.4 |
| Gentamicin | 1 | > 32 | $\leq 0.5 - > 32$ | 64.3 | 0.6 | 35.1 |
| <i>Klebsiella pneumoniae</i> ALL (171) | | | | | | |
| Sulopenem | 0.06 | 0.12 | $0.015 - 1$ | NA ^a | NA | NA |
| Meropenem | ≤ 0.03 | ≤ 0.06 | $\leq 0.03 - 0.5$ | 100 | 0 | 0 |
| Ceftriaxone | ≤ 0.25 | > 64 | $\leq 0.25 - > 64$ | 87.7 | 0 | 12.3 |
| Amoxicillin/clavulanate | 4 | 16 | $1 - > 32$ | 85.0 | 8.5 | 6.5 |
| TMP/SMX | ≤ 0.12 | > 8 | $\leq 0.12 - > 8$ | 86.0 | NA | 14.0 |
| Ciprofloxacin | ≤ 0.06 | 2 | $\leq 0.06 - > 16$ | 84.8 | 1.8 | 13.5 |
| Nitrofurantoin | 64 | 128 | $2 - > 512$ | 36.8 | 41.5 | 21.6 |
| Gentamicin | ≤ 0.5 | $\leq 0.5 - > 32$ | 97.1 | 0 | 2.9 | |
| <i>Klebsiella pneumoniae</i> ESBL (17) | | | | | | |
| Sulopenem | 0.06 | 0.12 | $0.03 - 1$ | NA ^a | NA | NA |
| Meropenem | 0.06 | 0.12 | $\leq 0.03 - 0.5$ | 100 | 0 | 0 |
| Ceftriaxone | > 64 | > 64 | $16 - > 64$ | 0 | 0 | 100 |
| Amoxicillin/clavulanate | 16 | 32 | $8 - > 32$ | 26.7 | 33.3 | 40.0 |
| TMP/SMX | > 8 | > 8 | $\leq 0.12 - > 8$ | 11.8 | NA | 88.2 |
| Ciprofloxacin | > 16 | > 16 | $\leq 0.06 - > 16$ | 23.5 | 5.9 | 70.6 |
| Nitrofurantoin | 64 | 512 | $32 - 512$ | 17.6 | 53.0 | 29.4 |
| Gentamicin | ≤ 0.5 | 32 | $\leq 0.5 - > 32$ | 76.5 | 0 | 23.5 |
| <i>Enterobacter cloacae</i> (39) | | | | | | |
| Sulopenem | 0.12 | 0.5 | $0.03 - 4$ | NA ^a | NA | NA |
| Meropenem | 0.06 | 0.12 | $\leq 0.03 - 1$ | 100 | 0 | 0 |
| Ceftriaxone | 0.5 | > 64 | $\leq 0.25 - > 64$ | 59.0 | 0 | 41.0 |
| Amoxicillin/clavulanate | > 32 | > 32 | $8 - > 32$ | 2.8 | 0 | 97.2 |
| TMP/SMX | ≤ 0.12 | 1 | $\leq 0.12 - > 8$ | 92.3 | NA | 7.7 |
| Ciprofloxacin | ≤ 0.06 | 0.25 | $\leq 0.06 - > 16$ | 92.3 | 2.6 | 5.1 |
| Nitrofurantoin | 64 | 128 | $4 - 256$ | 30.8 | 43.6 | 25.6 |
| Gentamicin | ≤ 0.5 | 1 | $\leq 0.5 - 32$ | 97.4 | 0 | 2.6 |
| <i>Klebsiella oxytoca</i> (32) | | | | | | |
| Sulopenem | 0.06 | 0.06 | $0.03 - 0.25$ | NA ^a | NA | NA |
| Meropenem | ≤ 0.03 | ≤ 0.06 | $\leq 0.03 - 0.12$ | 100 | 0 | 0 |
| Ceftriaxone | ≤ 0.25 | ≤ 0.25 | $\leq 0.25 - 16$ | 90.6 | 3.1 | 6.3 |
| Amoxicillin/clavulanate | 4 | 8 | $1 - > 32$ | 93.1 | 3.4 | 3.4 |
| TMP/SMX | ≤ 0.12 | 0.25 | $\leq 0.12 - > 8$ | 93.8 | NA | 6.3 |
| Ciprofloxacin | ≤ 0.06 | 0.12 | $\leq 0.06 - > 256$ | 100 | 0 | 0 |
| Nitrofurantoin | 32 | 64 | $4 - 256$ | 81.3 | 9.4 | 9.4 |
| Gentamicin | ≤ 0.5 | | | | | |