

Abstract

Background: CF-301 is a novel, recombinantly-produced, bacteriophage-derived lysin (cell wall hydrolase) which is in Phase 2 of clinical development for the treatment of *S. aureus* bacteremia including endocarditis used in addition to standard of care antibiotics. Surveillance data from 3 European countries is presented here.

Materials and Methods: CF-301 activity was tested against 150 clinical isolates of methicillin-resistant (75) and methicillin susceptible (75) *S. aureus* (MRSA and MSSA, respectively) obtained from 4 sites in Italy, 3 sites in Greece and 2 sites in Hungary in 2015. The study was performed using a previously approved modification of the Clinical and Laboratory Standards Institute broth microdilution method (BMD) that uses CAMHB supplemented with 25% horse serum and 0.5 mM DL-Dithiothreitol solution for minimal inhibitory concentration (MIC) testing with CF-301.

Results:

CF-301 vs. <i>S. aureus</i> MICs and MIC ₅₀ /MIC ₉₀ by Country (µg/mL)								
Country	Type	N	0.25	0.5	1	MIC ₅₀	MIC ₉₀	Range
Greece	MRSA	22	4	13	5	0.5	1.0	0.25 - 1
	MSSA	25	1	16	8	0.5	1	0.25 - 1
Italy	MRSA	28	6	17	5	0.5	1	0.25 - 1
	MSSA	27	0	15	12	0.5	1	0.5 - 1
Hungry	MRSA	25	5	18	2	0.5	0.5	0.25 - 1
	MSSA	23	0	15	8	0.5	1	0.5 - 1

CF-301 MICs for contemporary clinical isolates from Greece, Italy and Hungary ranged from 0.25 – 1 µg/mL. The CF-301 MIC₅₀ was 0.5µg/ml for isolates from Greece, Italy and Hungary. The MIC₉₀ was 1 µg/mL, with the exception of MRSA from Hungary which had an MIC₉₀ of 0.5 µg/ml.

Conclusions: All clinical *S. aureus* isolates collected in 2015 from three European countries had CF-301 MICs within a range of 0.25 to 1 µg/mL. MIC testing of CF-301 on *S. aureus* was reproducible using the CLSI approved method.

Introduction

CF-301 is a novel recombinantly-produced bacteriophage-derived lysin (cell wall hydrolase) and is the first agent of this class in the US to enter Phase 2 clinical development for the treatment of bacteremia including endocarditis due to *S. aureus*.

Key Features of CF-301 lysin:

- Rapid, potent, and targeted activity against pathogens, including antibiotic resistant strains
- Novel mechanism of action: peptidoglycan hydrolysis and osmotic lysis
- Synergy with conventional antibiotics
- Clearance of biofilms
- Low propensity to develop resistance
- Suppression of antibiotic resistance

References

1. Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically; Approved Standard-Tenth Edition, January 2015, Clinical Laboratory Standards Institute, Wayne, PA.
2. Performance Standards for Antimicrobial Susceptibility Testing M100 26th Edition, Clinical and Laboratory Standards Institute, Wayne PA.
3. Oh J., Traczewski M., and Schuch R., Activity of Anti-Staphylococcal CF-301 against Contemporary *Staphylococcus aureus* Clinical isolates from the US, Europe and South America, Poster# 1213, Infectious Disease Week, San Diego, CA October 2017
4. PK-PD Driver of Efficacy for CF-301, a Novel Anti-Staphylococcal Lysin: Implications for Human Target., Rotolo, JA, Ramirez, RA, Schuch, R, Machacek, M, Ghahramani P, Wittekind M, Dose. Poster # LB-053, MICROBE 2016, Boston, MA June 2016.

Materials and Methods

- Clinical isolates were collected from Greece, Hungary and Italy in 2015 and frozen until used. Each was asked to collect 50 strains.
- Broth microdilution MIC panels were prepared according to CLSI M7-A10 standard¹ and frozen at -70 ° C until use.
- CF-301 2-fold dilutions were prepared in cation-adjusted Mueller Hinton broth which was supplemented with 25% horse serum and 0.5 mM DL-Dithiothreitol solution.
- Comparator agents 2-fold serial dilutions were prepared with CAMHB as per CLSI method and included oxacillin, vancomycin, daptomycin, linezolid, cefazolin, trimethoprim-sulfamethoxazole and clindamycin.
- In addition, cefoxitin disk and MIC screening tests were performed. PBP2a tests were done on all strains identified as oxacillin resistant.
- Each strain was subbed from the freezer followed with by second subculture performed from the 1st plate 18 -20 hours prior to inoculating MIC tests
- Inoculum was prepared using the direct inoculum method to match the density of a 0.5 McFarland standard.
- MIC panels were incubated in force air at 35 ° C.
- MICs were read after 16 -20 hours incubation at 35 ° C except for oxacillin and vancomycin which were read after 24 hours incubation as per CLSI standard.

Results

- CF-301 MICs ranged from 0.25 to 1 µg/ml for all strains of *S. aureus* tested.
- All MSSA and MRSA strains from all countries had MIC_{50s} of 0.5 µg/ml
- All MSSA and MRSA strains from all countries except Hungary (MSSA) had MIC_{90s} of 0.5 µg/ml.
- MSSA strains from Hungary had MIC_{90s} of 1 µg/ml.
- Tables 1 and 2 present the geomean, MIC₅₀ and MIC₉₀ and range of MICs for CF-301 and all comparator agents tested
- Tables 3 and 4 present the percent inhibited at each MIC endpoint for CF-301 and all comparator agents tested.

Conclusions

- The CF-301 susceptibility of clinical isolates from Europe (obtained from 2015) is nearly identical to that observed in the US isolates from 2011³
- The MIC50/90 values described here represent tentative baseline susceptibility values for CF-301
- We expect that strains with MIC90 ≤1 µg/ml will remain susceptible to the clinical CF-301 dose of 0.25 mg/kg based on previously presented exposure target attainment studies and PK modeling⁴
- Continued surveillance will be important to delineate the susceptibility profile of CF-301

Table 1.	N	Drug	Geometric Mean	Mode	Minimum	Maximum	Range (Log2 Dilutions)	MIC50	MIC90
<i>S. aureus</i> oxacillin susceptible	75	Trimethoprim-Sulfamethoxazole MIC	0.102	0.06	0.06	4	7	0.06	0.50
	75	CF-301 MIC	0.642	0.5	0.25	1	3	0.5	1
	75	Vancomycin MIC	0.831	1	0.5	2	3	1	1
	75	Daptomycin MIC	0.477	0.5	0.25	1	3	0.5	0.5
	75	Oxacillin MIC	0.362	0.5	0.12	1	4	0.5	0.5
	75	Linezolid MIC	2.789	2	1	4	3	2	4
	75	Cefazolin MIC	0.435	0.5	0.12	4	6	0.5	0.5
	75	Clindamycin MIC	0.226	0.25	0.12	32	9	0.25	0.25

Table 2.	N	Drug	Geometric Mean	Mode	Minimum	Maximum	Range (Log2 Dilutions)	MIC50	MIC90
<i>S. aureus</i> oxacillin resistant	75	Trimethoprim-Sulfamethoxazole MIC	0.081	0.06	0.06	2	6	0.06	0.12
	75	CF-301 MIC	0.486	0.5	0.25	1	3	0.5	1
	75	Vancomycin MIC	0.697	0.5	0.5	1	2	0.5	1
	75	Daptomycin MIC	0.519	0.5	0.25	1	3	0.5	0.5
	75	Oxacillin MIC	48.503	128	4	128	6	64	128
	75	Linezolid MIC	2.319	2	1	4	3	2	4
	75	Cefazolin MIC	23.371	64	1	128	8	64	128
	75	Clindamycin MIC	1.600	0.25	0.12	32	9	0.25	32

Table 3.		Trimethoprim-Sulfamethoxazole MIC		CF-301 MIC		Vancomycin MIC		Daptomycin MIC		Oxacillin MIC		Linezolid MIC		Cefazolin MIC		Clindamycin MIC		
<i>S. aureus</i> oxacillin susceptible	MIC (µg/ml)	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	
		n = 75	0.03															
	0.06	49	65.3%															
	0.12	16	86.7%															
	0.25	2	89.3%	1	1.3%					1	1.3%			19	26.7%	57	98.7%	
	0.5	2	92.0%	46	62.7%	21	28.0%	68	98.7%	37	97.3%			52	96.0%			
	1	1	93.3%	28	100.0%	53	98.7%	1	100.0%	2	100.0%	1	1.3%	1	97.3%			
	2	3	97.3%			1	100.0%					37	50.7%	1	98.7%			
	4	2	100.0%									37	100.0%	1	100.0%			
	8																	
	16																	
	> 16 or 32																1	100.0%
	>32 or 64																	
	>64 or 128																	
	>128 or 256																	
	Totals	75	100.0%	75	100.0%	75	100.0%	75	100.0%	75	100.0%	75	100.0%	75	100.0%	75	100.0%	

Table 4.		Trimethoprim-Sulfamethoxazole MIC		CF-301 MIC		Vancomycin MIC		Daptomycin MIC		Oxacillin MIC		Linezolid MIC		Cefazolin MIC		Clindamycin MIC	
<i>S. aureus</i> oxacillin resistant	MIC (µg/ml)	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited	MIC Frequency	Cumulative % Inhibited
		n = 75	0.03														
	0.06	52	69.3%														
	0.12	18	93.3%														
	0.25	3	97.3%	15	20.0%			3	4.0%							3	4.0%
	0.5	1	98.7%	48	84.0%	39	52.0%	65	90.7%							1	61.3%
	1			12	100.0%	36	100.0%	7	100.0%			3	4.0%	3	4.0%		
	2	1	100.0%									53	74.7%	11	18.7%		
	4									4	5.3%	19	100.0%	10	32.0%		
	8									10	18.7%			2	34.7%		
	16									8	29.3%			1	36.0%		
	> 16 or 32									4	34.7%			7	45.3%	29	100.0%
	>32 or 64									13	52.0%			22	74.7%		
	>64 or 128									36	100.0%			19	100.0%		
	>128 or 256																
	Totals	75	100.0%	75	100.0%	75	100.0%	75	100.0%	75	100.0%	75	100.0%	75	100.0%	75	100.0%

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