

In vitro activity of Nacubactam, a novel dual action diazabicyclooctane, alone and with meropenem, against beta-lactamase-positive *Enterobacteriaceae*



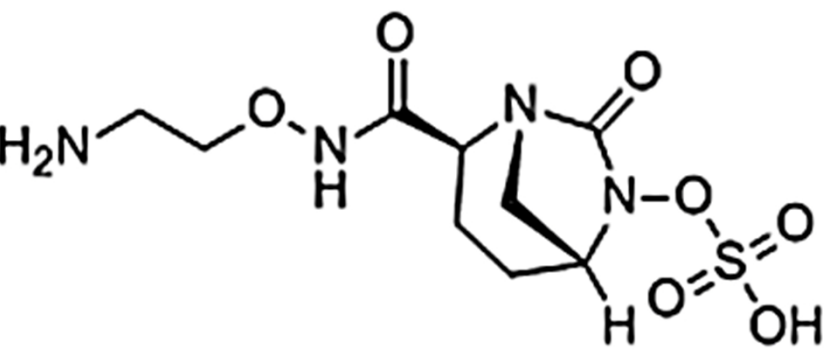
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INTRODUCTION

The aim of the current study was to investigate the activity of nacubactam (OP0595, RO7079901, RG6080) in combination with meropenem against recent clinical *Enterobacteriaceae* isolates that are positive for beta-lactamase genes. Nacubactam is a novel diazabicyclooctane beta-lactamase inhibitor (Fig. 1). Other members of the class include avibactam, relebactam and zidebactam.

Nacubactam has been shown to have a dual mode of action: (i) as an inhibitor of serine beta-lactamases (classes A, C, and D), resulting in protection of the partner beta-lactam; and (ii) as an inhibitor of penicillin-binding protein 2 (PBP2) of *Enterobacteriaceae*, resulting in antibacterial activity that can additionally translate to an “enhancer” effect when partnered with beta-lactams. [1-4].

Figure 1. Structure of nacubactam



MATERIALS & METHODS

Isolates originating from US and European hospitals between 2013 and 2016 were investigated (n=1,553). Isolates were screened for genes encoding β-lactamases by PCR and full-gene DNA sequencing.

Class A (non-carbapenemase) beta-lactamase isolates only possessed β-lactamases from this class (Table 1), whereas isolates β-lactamases from other classes often contained multiple enzymes (Table 1).

MICs were determined by broth microdilution following CLSI methodology [5]. Meropenem and nacubactam were tested as a ratio (1:1 and 2:1) and also with fixed Nacubactam (2 and 4 mg/L).

Susceptibility to comparator compounds were determined using CLSI breakpoints where available [6].

RESULTS

Table 1. Isolates tested by beta-lactamase-class

Ambler Class	Species	Beta-lactamase	No.	Ambler Class	Species	Beta-lactamase	No.
Class A (non-carbapenemase) (N=577)	<i>E. aerogenes</i>	SHV-30	1	Class B (n=123)	<i>C. freundii</i>	VIM-31*	5
	<i>E. cloacae</i>	CTX-M-15	1			VIM-1*	4
	<i>E. coli</i>	CTX-M-15	279			VIM-32*	1
		CTX-M-27	47		<i>C. sedlakii</i>	NDM-1*	1
		CTX-M-14	38		<i>E. asburiae</i>	VIM-2*	1
		CTX-M-55	7		<i>E. cloacae</i>	VIM-1*	15
		CTX-M-1	5			NDM-1*	14
		Other ^a	27			VIM-5*	14
	<i>K. oxytoca</i>	SHV-7	7		<i>E. coli</i>	NDM-1*	2
		SHV-12	4		<i>K. oxytoca</i>	VIM-1*	2
		CTX-M-15	3		<i>K. pneumoniae</i>	NDM-1*	42
		SHV-12 & CTX-M-15	1			VIM-1*	4
		TEM-26	1			VIM-26*	2
	<i>K. pneumoniae</i>	CTX-M-15	69			VIM-4*	2
		SHV-12	32	Class C (n=254)		NDM-1 & VIM-1*	1
Class A (non-carbapenemase) (N=577)		CTX-M-14	4			VIM-2*	1
		SHV-2A	4			VIM-3*	1
		CTX-M-27	3		<i>P. mirabilis</i>	NDM-1*	2
		Other ^b	23			VIM-1*	1
	<i>P. mirabilis</i>	CTX-M-15	4		<i>P. stuartii</i>	VIM-1*	2
		CTX-M-14	2		<i>S. marcescens</i>	NDM-1	3
		TEM-10	2			VIM-1	3
		TEM-155	2		<i>C. freundii</i>	CMY-TYPE*	15
		TEM-92	2			CMY-48*	1
		Other ^c	5		<i>E. asburiae</i>	ACT-TYPE	18
	<i>S. marcescens</i>	CTX-M-3	3			MIR-TYPE	9
		SHV-12	1		<i>E. cloacae</i>	ACT-TYPE*	129
KPC (n=381)	<i>C. freundii</i>	KPC-3*	23			MIR-TYPE	7
		KPC-2*	2			DHA-1 & ACT-TYPE	1
	<i>C. koseri</i>	KPC-3	1	Class D (n=212)	<i>E. kobei</i>	MIR-TYPE	5
	<i>E. aerogenes</i>	KPC-2*	1		<i>E. ludwigii</i>	ACT-TYPE	1
	<i>E. asburiae</i>	KPC-2*	1		<i>E. coli</i>	CMY-2*	32
	<i>E. cloacae</i>	KPC-3*	4			CMY-TYPE*	17
		KPC-2	2			DHA-TYPE	3
	<i>E. coli</i>	KPC-2*	2		<i>H. alvei</i>	ACC-TYPE	1
		KPC-3*	9		<i>K. pneumoniae</i>	CMY-6	1
		KPC-18	1			CMY-2	1
	<i>K. oxytoca</i>	KPC-2*	4			DHA-1	1
		KPC-3*	2			MIR-3	1
		KPC-12*	1		<i>M. morgani</i>	DHA-TYPE	7
	<i>K. pneumoniae</i>	KPC-3*	153			ACC-4	1
		KPC-12*	108		<i>P. mirabilis</i>	CMY-TYPE*	3
		KPC-2*	81	Class D (n=212)	<i>C. freundii</i>	OXA-48*	1
		KPC-9*	2		<i>E. aerogenes</i>	OXA-48	2
S. marcescens		KPC-2	2		<i>E. cloacae</i>	OXA-48	6
		KPC-3	2			OXA-162	1
	GES	<i>E. cloacae</i>	GES-6*		<i>E. coli</i>	OXA-181*	17
	carbapenem	<i>K. oxytoca</i>	GES-6*			OXA-48*	8
	emase	<i>K. pneumoniae</i>	GES-20		<i>K. oxytoca</i>	OXA-48*	6
	(n=6)	<i>K. pneumoniae</i>	GES-6*			OXA-48*	157
						OXA-232	5
					<i>M. morgani</i>	OXA-48*	1
					<i>P. mirabilis</i>	OXA-48	1
					<i>R. ornithinolytica</i>	OXA-48*	3
					<i>R. planticola</i>	OXA-48	3

^a*E. coli* Other Class A: CTX-M-3 (4), SHV-12 (4), SHV-7 (3), CTX-M-15 & CTX-M-33 (2), CTX-M-101 (1), CTX-M-134 (1), CTX-M-14-19 (1), CTX-M-15 & CTX-M-14 (1), CTX-M-15-new variant (1), CTX-M-181 (1), CTX-M-65 (1), CTX-M-71 (1), CTX-M-9 (1), SHV-2 (1), SHV-5 (1), TEM-12 (1), TEM-28 (1) & VEB-1 (1).
^b*K. pneumoniae* Other Class A: SHV-12 & CTX-M-15 (3), CTX-M-55 (2), SHV-2 (2), SHV-5 (2), CTX-M-1 (1), CTX-M-65 (1), SHV-12-38 (1), SHV-189 (1), SHV-2 & CTX-M-27 (1), SHV-238V (1), SHV-28 (1), SHV-2A & CTX-M-27 (1), SHV-55 (1), SHV-7 (1), SHV-7 & SHV-26 (1), SHV-new variant (1), TEM-12 & CTX-M-15 (1), SHV-non-ESBL (1).
^c*P. mirabilis* Other Class A: CTX-M-1 (1), CTX-M-27 (1), CTX-M-65 (1), PER-1 (1), TEM-92 & PER-1 (1).

*Isolates contain more than 1 enzyme class

Table 2. Summary susceptibility and MIC data^a

Drug	CLSI Breakpoints (Sus Int Res)	Group	Percentage			MIC (mg/L)			
			Sus	Int	Res	MIC ₅₀	MIC ₉₀	MIN	MAX
Meropenem	≤1 2 ≥4	ALL	56.6	3	40.4	0.5	128	0.015	> 256
		Class A	99.1	0.5	0.3	0.03	0.12	0.015	64
		Class B	0.8	3.3	95.9	32	> 256	0.25	> 256
		Class C	95.3	1.2	3.5	0.12	0.5	0.015	16
		Class D	28.8	15.1	56.1	4	64	0.12	256
		KPC	0.3	0.8	99	64	256	0.06	> 256
Meropenem/ Nacubactam (1:1 ratio)	None	ALL	-	-	-	0.12	2	≤ 0.004	> 256
		Class A	-	-	-	0.03	0.06	≤ 0.004	> 256
		Class B	-	-	-	2	32	0.25	> 256
		Class C	-	-	-	0.06	0.25	≤ 0.004	> 256
		Class D	-	-	-	1	4	0.12	8
		KPC	-	-	-	1	2	0.03	> 256
Meropenem/ Nacubactam (fixed 2 mg/L)	None	ALL	-	-	-	≤ 0.004	0.5	≤ 0.004	4
		Class A	-	-	-	≤ 0.004	0.015	≤ 0.004	32
		Class B	-	-	-	0.008	64	≤ 0.004	4
		Class C	-	-	-	≤ 0.004	0.06	≤ 0.004	2
		Class D	-	-	-	0.25	8	≤ 0.004	> 256
		KPC	-	-	-	0.008	0.5	≤ 0.004	2
Meropenem/ Nacubactam (2:1 ratio)	None	ALL	-	-	-	0.25	4	≤ 0.004	64
		Class A	-	-	-	0.03	0.06	≤ 0.004	32
		Class B	-	-	-	4	32	0.25	8
		Class C	-	-	-	0.06	0.25	≤ 0.004	> 256
		Class D	-	-	-	2	8	0.12	4
		KPC	-	-	-	1	4	0.12	32
Meropenem/ Nacubactam (fixed 4 mg/L)	None	ALL	-	-	-	≤ 0.004	0.25	≤ 0.004	8
		Class A	-	-	-	≤ 0.004	0.015	≤ 0.004	2
		Class B	-	-	-	≤ 0.004	64	≤ 0.004	> 256
		Class C	-	-	-	≤ 0.004	0.015	≤ 0.004	0.5
		Class D	-	-	-	0.12	4	≤ 0.004	64
		KPC	-	-	-	≤ 0.004	0.25	≤ 0.004	2
Nacubactam	None	ALL	-	-	-	2	> 32	0.5	> 32
		Class A	-	-	-	2	> 32	1	> 32
		Class B	-	-	-	4	> 32	1	> 32
		Class C	-	-	-	2	> 32	0.5	> 32
		Class D	-	-	-	32	> 32	1	> 32
		KPC	-	-	-	4	> 32	1	> 32
Piperacillin/ Tazobactam	≤16 32-64 ≥128	ALL	30.9	10.2	58.9	> 128	> 128	≤ 0.25	> 128
		Class A	66.6	17	16.5	8	> 128	≤ 0.25	> 128
		Class B	0	2.4	97.6	> 128	> 128	64	> 128
		Class C	35.8	18.1	46.1	64	> 128	0.5	> 128
		Class D	1.4	2.4	96.2	> 128	> 128	8	> 128
		KPC	0.3	1.6	98.2	> 128	> 128	2	> 128

^aSus, susceptible; Int, intermediate; Res, resistant; MIC 50/90, MIC to inhibit 50%/90% of the bacterial population; MIN, minimum MIC; MAX, maximum MIC

Figure 2. MIC distribution for nacubactam against Class B, Class D and KPC isolates.

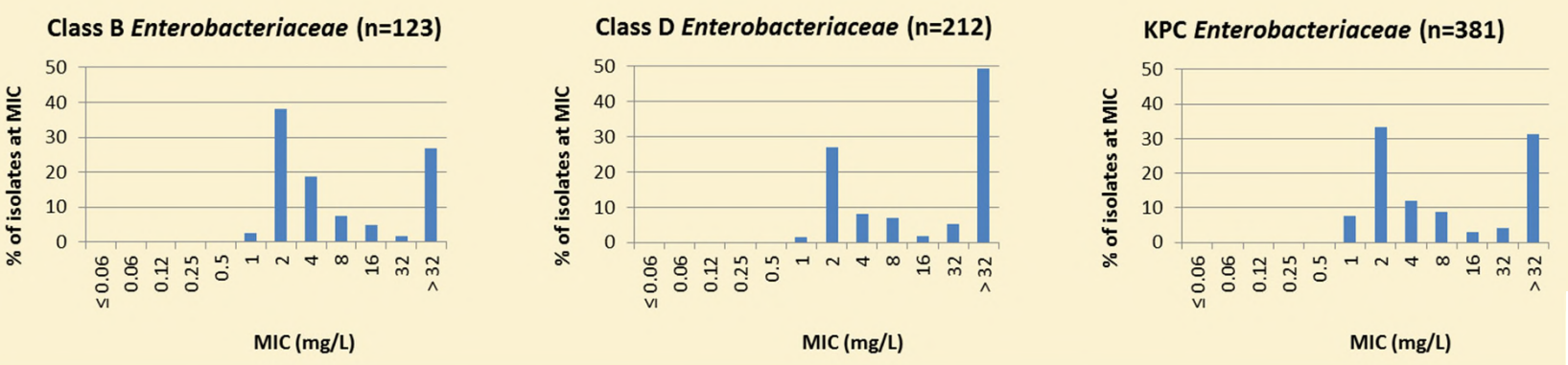
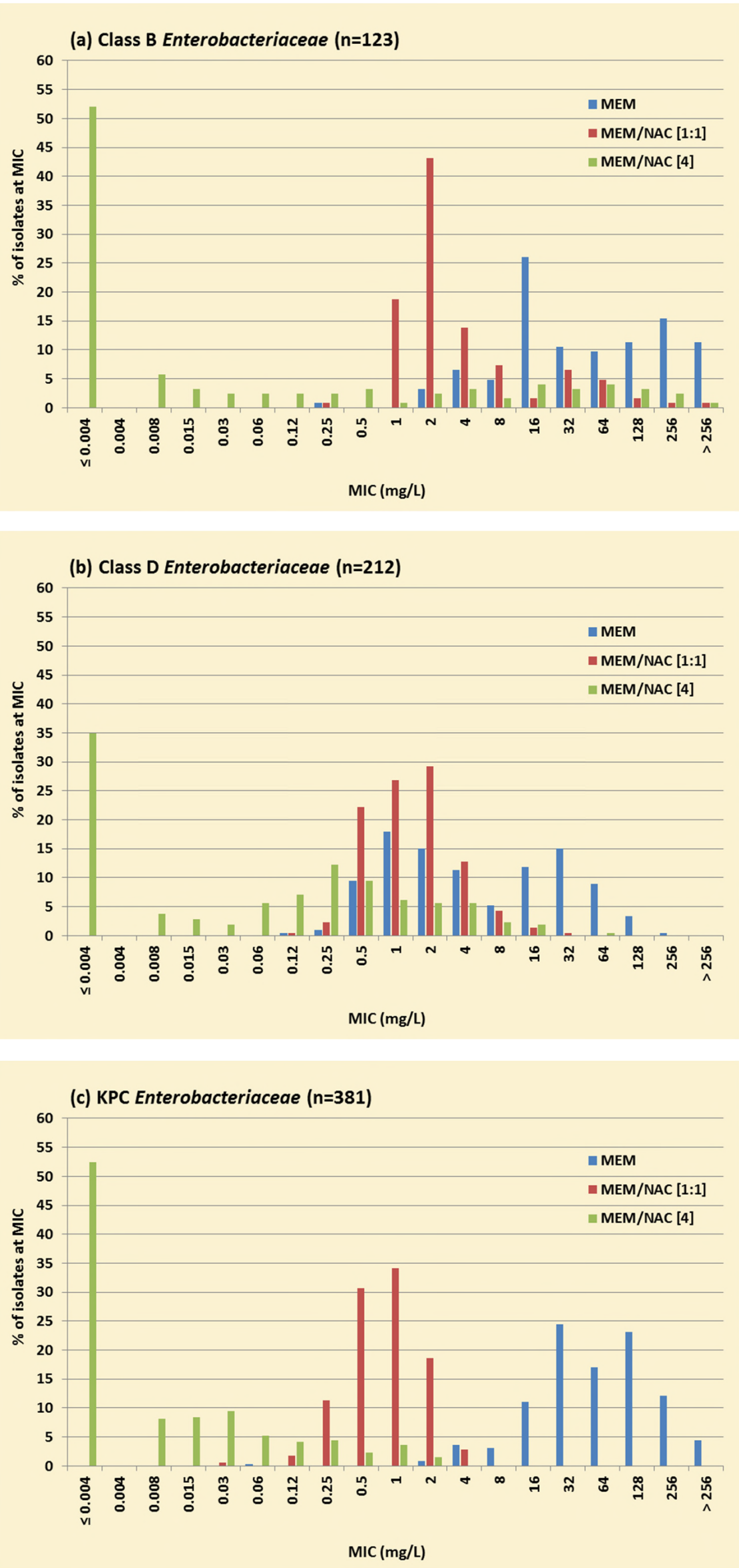


Figure 3. MIC distribution for meropenem (MEM) and meropenem/nacubactam (NAC) (1:1 ratio and fixed concentration at 4 mg/L) against (a) Class B, (b) Class D and (c) KPC isolates.



RESULTS SUMMARY

- Nacubactam showed activity alone with MIC₅₀ of 2 or 4 mg/L against most isolate sub-groups but lower activity against Class D isolates (Table 2 & Figure 2).
- Meropenem/nacubactam demonstrated better activity against class B-, class D- and KPC-producing *Enterobacteriaceae* than meropenem alone (Table 2 & Figure 3).
- Meropenem/nacubactam is active against ESBL- and class C- producing isolates showing 2-fold lower MIC₉₀ than meropenem alone (Table 2).
- MICs derived from a fixed ratio method are less biased towards the direct antibacterial activity of nacubactam and better reflect the contributions of both components of the combination.

CONCLUSIONS

- Nacubactam works as a beta-lactamase inhibitor and as an antibacterial agent.
- These combined activities translate into the observed excellent in vitro activity of meropenem/nacubactam against beta-lactamase-producing *Enterobacteriaceae*.
- A ratio of 1:1 is the method of choice for clinical susceptibility testing (CLSI QC ranges have been approved and will be published in January 2019).

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