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ABSTRACT (revised)

Background: WCK 4282 (cefepime 2g/tazobactam 2g) maximizes systemic exposure of tazobactam and restores cefepime activity against various extended-spectrum β-lactamase (ESBL)- and cephalosporinaseproducing strains *in vitro*. We describe clinical WCK 4282 exposure efficacy against various serine β-lactamase-producing Enterobacterales and Pseudomonas aeruginosa in a murine pneumonia model.

Methods: Clinical cefepime-resistant isolates (17 Enterobacterales and 2 P. aeruginosa) were utilized. Isolates expressed ESBLs. cephalosporinases, and/or serine carbapenemases (KPC, OXA-48-like). WCK 4282 MICs were 4-32 mg/L. For in vivo experiments, lungs of neutropenic mice were inoculated using standard inoculum (10⁷ log₁₀ cfu/mL). Serine-carbapenemase-producing isolates were also assessed using a low inoculum (1:5 dilution). Treatment mice received HSR of cefepime, meropenem (control for serine carbapenemase expression with low inoculum experiments), or WCK 4282 human-simulated regimens. Efficacy was assessed as change in log₁₀ cfu/lung at 24h compared with 0h controls.

Results: At standard inoculum, mean 0h bacterial burden was 6.65 ± 0.23 \log_{10} cfu/lung and increased at 24h by 2.48 ± 0.60 \log_{10} cfu/lung among untreated controls. Lower inoculums initial bacterial burdens ranged from 5.81 \pm 0.12 - 6.39 \pm 0.13 log₁₀ cfu/lung. At standard and/or low inoculums, cefepime and meropenem provided minimal activity. WCK 4282 produced >1-log₁₀ reduction against 9/9ESBL/cephalosporinase-producing strains. WCK 4282 provided variable activity among mice infected with standard or lower inoculums of OXA-48-like-producers. WCK 4282 exposures provided 0.53 ± 1.07 log₁₀ cfu/lung growth against KPC-producers at standard versus bacteriostasis (-0.15 \pm 0.54 change in log₁₀ cfu/lung) at low inoculum.

Conclusion WCK 4282 produced potent in vivo activity against ESBLand cephalosporinase-producing Enterobacterales and *P. aeruginosa*. and potential activity against OXA-48-like-producing Enterobacterales in a neutropenic pneumonia model.

BACKGROUND

- Pneumonia is the largest contributor to infectious mortality due to In Vivo Efficacy Studies with Standard Inoculum difficulties in lung penetration and incidence of multi-drug resistance¹⁻³
- Bacterial pneumonia is commonly caused by Enterobacterales and Pseudomonas aeruginosa strains that may harbor one or more extended-spectrum β-lactamase (ESBL), cephalosporinase, or carbapenemase¹⁻³.
- WCK 4282 is an optimally designed high dose cefepime/tazobactam (2g/2g) that has shown potent activity against penicillinase-, cephalosporinase-, and ESBL-harboring Gram negative bacteria in Efficacy was defined as log₁₀ change in cfu/lung at 24 vs. 0 h controls. vitro⁴
- Additional *in vitro* studies have shown potential utility of WCK 4282 against OXA-48-like-producing and KPC-producing isolates⁵⁻⁶

OBJECTIVE

The objective of this study was to evaluate WCK 4282 efficacy against serine- β -lactamase-producing Enterobacterales and *P. aeruginosa* in a neutropenic murine lung infection model.

METHODS

Antibiotic Compounds

- Commercially available cefepime and meropenem 1 g vials were reconstituted according to the package insert recommendations and further diluted in normal saline to respective concentrations.
- Analytical grade tazobactam was reconstituted and diluted in 50 mM sodium phosphate buffer
- All antibiotics were administered as separate 0.1 mL subcutaneous injections.

Bacterial Isolates

- Nineteen clinical isolates consisting of Enterobacterales (n=17) and P. aeruginosa (n=2) with previously determined MIC were utilized in this study (Table 1).
- ESBL/cephalosporinase-producing Escherichia coli conferred cefepime-, ceftolozane/tazobactam-, and piperacillin/tazobactam-resistance.

Neutropenic Pneumonia Model

- Female CD-1 mice weighing 20-22 g were utilized for all studies.
- Neutropenia was induced with cyclophosphamide 250 mg/kg on day-4 and 100 mg/kg on day-1.
- Uranyl nitrate 5 mg/kg was given to reduce renal clearance of study compounds to permit human-simulated dosing.
- Mice were anesthetized with isoflurane and inoculated intranasally with 0.05 mL of 107-108 (or 106-107 for low inoculum studies) cfu/mL bacterial suspensions in 3% mucin 2 h before antibiotic dosing.
- Euthanasia was performed via CO₂ inhalation and ultimately cervical dislocation.

Plasma Pharmacokinetic Studies

- Cefepime monotherapy and cefepime-tazobactam murine simulated regimens were developed using previous healthy-volunteer data.
- Murine pharmacokinetic parameters were used from previous studies
- Blood was collected via cardiac puncture and centrifuged to separate plasma
- Cefepime and tazobactam were measured with LC-MS/MS.
- Dosing regimens simulating human plasma exposures were determined and confirmed for cefepime as monotherapy and in the presence of tazobactam as well as tazobactam in the presence of cefepime.

- For isolates at standard inoculum, 4 groups of 6 mice were utilized.
- Control groups were sacrificed at 0 h and 24 h.
- Treatment groups received human-simulated regimens of either cefepime or the combination of cefepime and tazobactam for 24 h.
- All lobes of both lungs were aseptically harvested, homogenized in normal saline (NS), and serially diluted before plating to measure bacterial burdens in lung tissue.

In Vivo Efficacy Studies with Low Inoculum

- Studies using low inoculums were conducted in similar fashion to standard inoculum with a few exceptions.
- An additional 1:5 inoculum dilution occurred prior to inoculation.
- In order to demonstrate adequate carbapenemase in vivo activity for mice infected with the lower inoculum, an additional group per isolate was administered a previously determined human simulated regimen (HSR) of meropenem simulating a 1g q8h 30 minutes infusion to serve as a control for serine carbapenemase expression 7

| CAIRD ID # | Known genotype | Cefepime (mg/L) | WCK 4282 [TZB 8mg/L] (mg/L) | Piperacillin/ tazobactam (mg/L) | Ceftolozane/ tazobactam (mg/L) | lmipenem (mg/L) |
|---------------|---|--------------------|-----------------------------------|---------------------------------------|--------------------------------------|--------------------|
| EC 741 | Not determined | >128 | 4 | >128 | 32 | 0.25 |
| EC 739 | MIR-1/ACT-1, DHA-1/DHA-2, CTX-M GR-1 | >128 | 4 | 64 | 32 | 0.5 |
| EC 737 | CMY, TEM | >128 | 8 | >128 | >128 | 0.25 |
| EC 731 | TEM, PBP3 insert | >128 | 8 | >128 | 64 | 0.5 |
| EC 732 | CTX-M Gr-1/2, PBP3 insert | >128 | 8 | >128 | 64 | 0.12 |
| EC 740 | CMY, TEM | >128 | 8 | >128 | 64 | 0.25 |
| EC 728 | CMY, TEM, PBP3 insert | 64 | 16 | >128 | >128 | 1 |
| PSA 1881 | AmpC, VEB | >128 | 16 | 16 | >128 | 1 |
| PSA 1882 | AmpC, VEB, CTX-M, OXA-1, OXA-2 | >128 | 16 | 16 | >128 | 16 |
| EA 59 | KPC, TEM | 16 | 16 | >128 | 16 | 32 |
| KP 909 | KPC-3, SHV, TEM | 32 | 16 | >128 | 128 | 16 |
| KP 910 | KPC, SHV, TEM | 32 | 16 | >128 | >128 | 16 |
| KP 906 | KPC, SHV, TEM | 32 | 32 | >128 | 128 | 16 |
| KP 813 | OXA-48 ,CTXM-15, TEM-1, SHV-12 | >512 | 8 | N/A | N/A | N/A |
| KP 733 | OXA-48 ,CTXM-15, TEM-1, SHV-12 | >512 | 8 | N/A | N/A | N/A |
| EC 734 | OXA-48/181, TEM, PBP3 insert | >128 | 8 | >128 | 128 | 1 |
| KP 911 | OXA-181, CMY, SHV, TEM, CTXM Gr-1 | 64 | 16 | >128 | 128 | 8 |
| KP 908 | OXA-181, CTXM Gr-1, CMY, SHV | 128 | 16 | >128 | >128 | 8 |
| ECL 123 | OXA-48, CTXM-15, ACT, TEM-OSBL | >512 | 64 | N/A | N/A | N/A |

TZB, tazobactam; EC, E. coli; PSA, P. aeruginosa; EA, Enterobacter aerogenes (now Klebsiella aerogenes); KP, Klebsiella pneumoniae; ECL, Enterobacter cloacae; N/A, not available

RESULTS

Figure 1. Observed murine free cefepime plasma concentration (mean ±SD) for WCK 4282 HSR and cefepime HSR compared with the expected human and murine exposures: (A) cefepime alone and in presence of tazobactam and (B) tazobactam in presence of cefepime.



In Vivo Activity of WCK 4282 (High-Dose Cefepime/Tazobactam) against Serine-β-lactamase-Producing Enterobacterales and *Pseudomonas aeruginosa* in the Neutropenic Murine Lung Infection Model

Table 1. Isolates included in neutropenic murine lung infection model in vivo efficacy studies and their respective MICs.

Figure 2. Change in bacterial density (mean±SD) at 24 h for mice receiving control, cefepime HSR, WCK 4282 HSR, and meropenem HSR (low inoculum for isolates producing (A) ESBL/cephalosporinase at standard inoculum, (B) KPC- and (C) OXA-48- producing Enterobacterales with or without ESBLs for standard and low inoculum.



DISCUSSION AND CONCLUSIONS

- WCK 4282 is a pharmacodynamically optimized treatment that has shown efficacy against ESBL-producing E. coli and P. aeruginosa up to an MIC of 16 mg/L.
- At both the standard and the low inoculum, the addition of tazobactam to cefepime had a suppressive effect on KPC-producing isolates (~0.5 log10 cfu/lung growth and net stasis); however, this does not translate into efficacy against this infection entity.
- WCK 4282 could have a place in therapy for OXA-48-like-producing strains in lower inoculum infections such as complicated urinary tract infections.

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