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## BACKGROUND

- Mycobacterium abscessus* is a rapidly growing mycobacteria that is inherently multi-drug resistant and, therefore, is challenging to treat.
- Tedizolid is an oxazolidinone with *in vitro* activity against many nontuberculous mycobacteria species, including *M. abscessus*.<sup>1</sup>
- This study describes the clinical outcomes of solid organ transplant (SOT) recipients with *M. abscessus* infection treated with tedizolid as part of a multi-drug regimen.

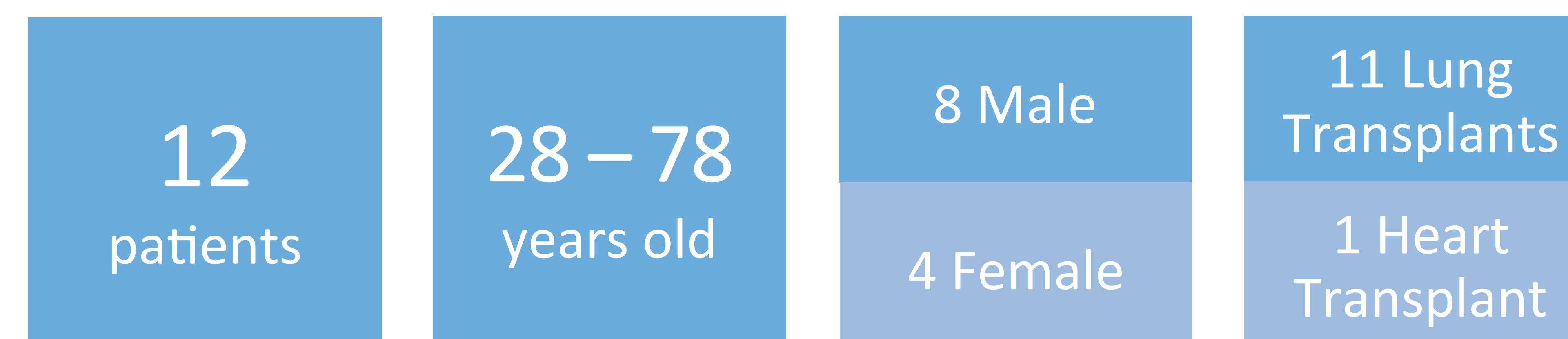
## METHODS

- Retrospective cohort study from January 1, 2010 to August 31, 2019 at the University of Texas Southwestern Medical Center.
- Included adult SOT recipients who met the American Thoracic Society/ Infectious Diseases Society of America criteria for nontuberculous mycobacterial infection and were treated with a multi-drug regimen that included tedizolid for at least 4 weeks.<sup>1</sup>
- Outcome measures were assessed in May to June, 2020 and included surgical intervention or source removal and others in Table 1.<sup>2-5</sup>

Table 1. Outcome Definitions

Symptomatic	<ul style="list-style-type: none"> <li>Pulmonary infection: decreased cough or sputum production</li> <li>Skin or surgical site infection: decrease in size of the primary lesion</li> </ul>
Microbiologic	<ul style="list-style-type: none"> <li>More than 1 negative culture with the causative species and sustained until the end of treatment</li> </ul>
Radiographic	<ul style="list-style-type: none"> <li>Pulmonary infection: improved, unchanged or worsened based on imaging or bronchoscopy</li> </ul>
Clinical Cure	<ul style="list-style-type: none"> <li>Improvement of symptoms without proven negative cultures during and sustained until the end of treatment</li> </ul>
Cured	<ul style="list-style-type: none"> <li>Both symptomatic (if applicable) and microbiologic criteria were fulfilled</li> </ul>
Recurrence	<ul style="list-style-type: none"> <li>Emergency of positive cultures with the same strain of causative species</li> </ul>
Death	<ul style="list-style-type: none"> <li>Death due to any reason during any <i>M. abscessus</i> treatment</li> </ul>

## PATIENTS OVERVIEW



8 patients included tedizolid in the initial regimen

All patients had at least 3 drugs in the treatment regimen

### Species Identified

- M. abscessus abscessus* (6)
- M. abscessus massiliense* (3)
- M. abscessus species* (3)
- M. abscessus bolleti* (2)

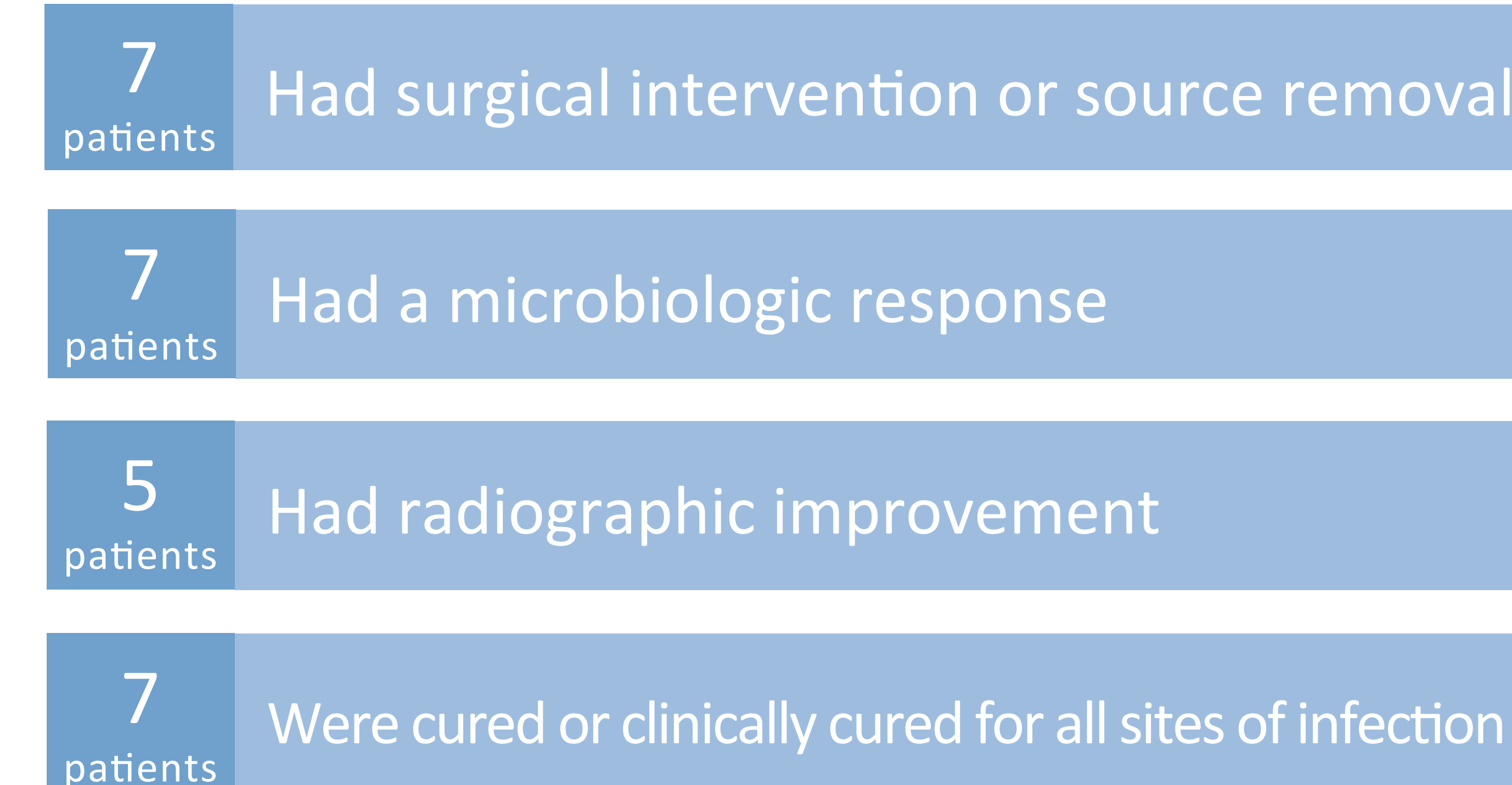
### Companion Drugs

- Amikacin (2)
- Azithromycin (2)
- Bedaquiline (2)
- Clofazimine (1)
- Imipenem (11)
- Tigecycline (9)

### Types of Infections

- Disseminated infections (5)
- Pulmonary infections (5)
- Surgical site infections (5)
- Skin and soft tissue infections (4)

## OUTCOME RESULTS



\*Clinical outcomes were compared from the initiation of tedizolid-containing regimen to the end of any *M. abscessus* treatment.

\*Not all sites of infection were applicable in each outcome measure (e.g. a microbiologic response may not be applicable for a skin and soft tissue infection).

## CONCLUSIONS

- Most patients had multiple sites of infection, and treatment required combination antimicrobial therapy and appropriate surgical management.
- In this small cohort, tedizolid-containing regimens demonstrated a potential benefit in symptomatic and microbiologic improvement in SOT recipients with *M. abscessus* infection.

## DISCLOSURE STATEMENT

None of the authors included on this study have any financial disclosures or conflicts of interest to report.

## REFERENCES

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