

Introduction

- Avibactam (AVI) is a non-β-lactam β-lactamase inhibitor used clinically with the β-lactam antibiotic ceftazidime.
- In addition to its β-lactamase inhibitor activity, AVI is known to bind penicillin-binding protein 2 (PBP2). [1]
- We have observed intrinsic *in vitro* antibacterial activity of AVI against multidrug-resistant *Enterobacteriaceae*.
- Here we describe emergence of AVI resistance during treatment and persistence in the absence of selective pressure.

Methods

Bacterial strains

- Two multidrug-resistant, carbapenem-resistant isolates:
 - AR-0636** (*Klebsiella pneumoniae*; pan-resistant Nevada strain) [3]
 - ARLG 2829/MCR1_NJ** (*E. coli*) [2]
- Two broadly susceptible clinical strains from our institution:
 - BIDMC 22** (*K. pneumoniae*)
 - BIDMC 49A** (*E. coli*)

Emergence and duration of resistance

- ARLG 2829 and AR-0636 were grown in liquid culture with 128 μg/mL AVI (16x MIC) for 24 hours
- AVI MICs were then tested daily for 17 days following serial passage on antibiotic-free media

Bacterial cell morphology

- Serial Gram stain images were obtained during AVI exposure

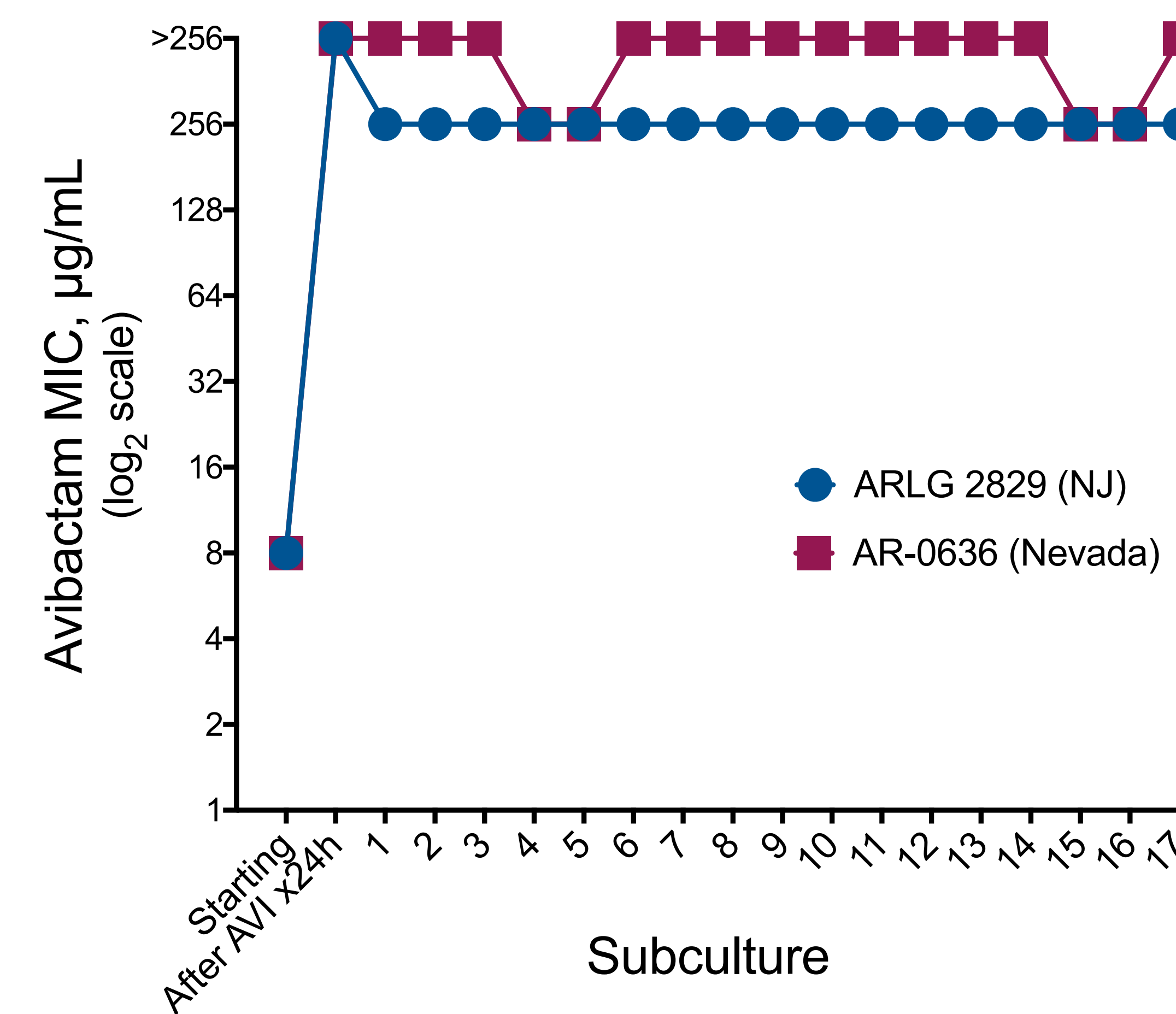
Cross-resistance between AVI and other β-lactamase inhibitors

- BIDMC 22 and BIDMC 49A were grown in liquid culture with 128 μg/mL AVI for 24 hours
- MICs of AVI and 6 β-lactam antibiotics with different penicillin-binding protein (PBP) affinities were tested before and after AVI exposure

Mouse thigh infection model

- Groups of 5 mice were infected with 1x10⁸ CFU/thigh of *K. pneumoniae* AR-0636
- Mice were treated with AVI 250 mg/kg or saline every 8 hours for 24 hours then sacrificed for bacterial colony enumeration

Emergence and duration of resistance



AVI MIC before and after AVI exposure
Subcultures performed on antibiotic-free media

Results

Bacterial cell morphology

AVI concentration	Time since addition of AVI to starting culture			
	1 hr	3 hr	5 hr	24 hr
None				
8 μg/mL				
32 μg/mL	No cells seen			
128 μg/mL	No cells seen			

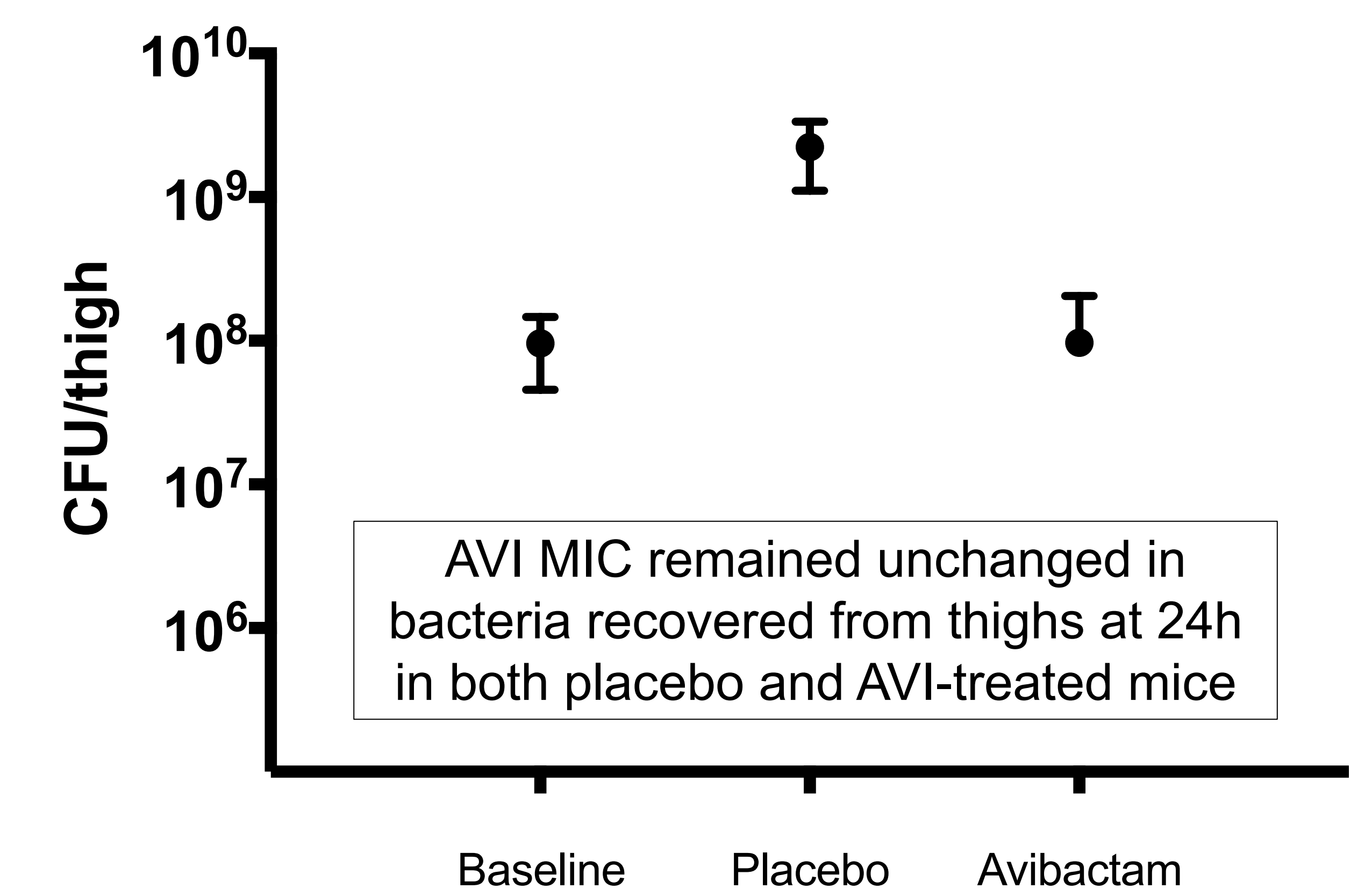
Rounded, enlarged appearance of cells is consistent with PBP2 treatment effect.
Gram stain images of AR-0636 viewed at 100x under oil immersion.

Cross-resistance between AVI and other β-lactamase inhibitors

Drug	PBP target(s)	BIDMC 22 (<i>K. pneumoniae</i>)			BIDMC 49A (<i>E. coli</i>)		
		Initial MIC	MIC after AVI	Doubling dilution change	Initial MIC	MIC after AVI	Doubling dilution change
Avibactam	2	16	128	+	8	128	+
Mecillinam	2	0.25	>16	+	0.063	1	+
Meropenem	2>4>3>1	0.063	0.063	0	0.016	0.031	-
Amoxicillin	4>2>3	8	32	+	4	2	-
Cefepime	3>2>1>4	0.063	0.063	0	0.031	0.125	-
Ceftazidime	3>1	0.25	0.25	0	0.25	0.25	0
Aztreonam	3	0.063	0.063	0	0.063	0.125	-

MICs before and growth for 24 hours with AVI 128 μg/mL
PBP: Penicillin-binding protein

Mouse thigh infection model



CFU/thigh (AR-0636) at 1h after infection (baseline) and after 24h of treatment with saline or avibactam 250 mg/kg q8hr; 5 mice/group

Conclusions

- AVI resistance emerged rapidly *in vitro* and persisted for >2 weeks in the absence of selective pressure.
- The observed morphological changes and the co-emergence of mecillinam resistance suggest that AVI resistance may be mediated by alterations in PBP2 or related pathways.
- In a mouse model, AVI reduced bacterial growth at 24 hours compared to placebo; resistance was not observed.
- These results have important implications for new β-lactamase inhibitors (nacubactam, zidebactam) with structural similarities to AVI that are likely to play an important future role in treatment of multidrug-resistant Gram negative bacteria. Future studies will include sequencing of resistant isolates to identify causative mutations.

References

- Sutaria DS et al. First Penicillin-Binding Protein Occupancy Patterns of β-Lactams and β-Lactamase Inhibitors in *Klebsiella pneumoniae*. *Antimicrob Agents Chemother*. 2018 May 25;62(6):e00282-18.
- Chen L et al. Notes from the field: pan-resistant New Delhi metallo-beta-lactamase-producing *Klebsiella pneumoniae* - Washoe County, Nevada, 2016. *MMWR* 2017; 66:33.
- Mediavilla JR et al. Colistin- and carbapenem-resistant *Escherichia coli* harboring *mcr-1* and *bla*NDM-5, causing a complicated urinary tract infection in a patient from the United States. *mBio* 2016; 7:e01191-16.

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