



# In Vitro Activity of Sulopenem and Comparative Agents against Bacterial Pathogens Isolated from Canadian Patients: CANWARD 2016

G.G. ZHANEL<sup>1</sup>, H.J. ADAM<sup>1,2</sup>, M.R. BAXTER<sup>1</sup>, P. LAGACE-WIENS<sup>2</sup>, A. WALKTY<sup>2</sup>, J.A. KARLOWSKY<sup>2</sup>

<sup>1</sup>University of Manitoba and <sup>2</sup>Shared Health, Winnipeg, Manitoba, Canada



## Introduction

Sulopenem, formerly CP-70,429, is an investigational thiopenem currently under development for the treatment of uncomplicated and complicated urinary tract infections, and intra-abdominal infections, including multidrug-resistant (MDR) infections and infections attributable to quinolone-non-susceptible and/or ESBL-producing Gram-negative bacilli (1). Sulopenem is in development in both parenteral and oral prodrug (sulopenem-etazadroxil) formulations, may be combined with probenecid, and has a safety and efficacy profile similar to other penems and β-lactams (1). Sulopenem is stable to renal dehydropeptidase I, unlike imipenem, and has been reported to be stable against hydrolytic attack by many β-lactamases, including ESBLs and AmpC enzymes which confer resistance to third-generation cephalosporins. The activity of sulopenem addresses several of the most urgent, serious, and concerning drug-resistant antimicrobial threats defined by the CDC, including ESBL-producing *Enterobacteriaceae* (2).

The current study assessed the *in vitro* activities of sulopenem and comparator antibacterial agents against clinical isolates of Gram-negative and Gram-positive pathogens submitted by Canadian hospital laboratories to the CANWARD surveillance study in 2016.

## Materials and Methods

### Study Background and Bacterial Isolates

The isolates tested in this study were obtained from January 2016 to October 2016, inclusive, from an ongoing cross-Canada surveillance study (CANWARD; www.can-r.ca) organized by the investigators (2). The goal of the CANWARD study was to assess pathogens and antimicrobial resistance patterns associated with lower respiratory tract, skin/skin structure, urinary, and bacteremic infections in Canadian patients on medical wards, surgical wards, intensive care units, and presenting to emergency rooms and hospital clinics (2). All isolates of MRSA were typed using staphylococcal protein A (spa) typing to assess whether the isolates were community-associated or healthcare-associated (2). Potential *E. coli* or *Klebsiella* spp. ESBL-producers were identified as isolates with a ceftriaxone and/or ertapenem MIC of ≥1 µg/ml and confirmed using the CLSI double disk diffusion method, as previously described (2).

### Antimicrobial Susceptibility Testing

Isolates were tested for antimicrobial susceptibilities using in-house prepared 96-well broth microdilution panels according to CLSI (2018) guidelines (3). The antimicrobial agents tested were obtained as laboratory grade powders from their respective manufacturers. Stock solutions were prepared and dilutions made, as described by the CLSI (3) in cation-adjusted Mueller-Hinton broth. Following 2 subcultures from frozen stock, the MICs of the antimicrobial agents for the isolates were determined by the CLSI broth microdilution method. Colony counts were performed periodically to confirm inocula. Quality control was performed using ATCC organisms including: *S. aureus* ATCC 29213, *E. faecalis* ATCC 29212, *E. coli* ATCC 25922, and *P. aeruginosa* ATCC 27853. MICs were interpreted using CLSI breakpoints (4), unless otherwise noted.

Table 1. *In vitro* activities of sulopenem and comparators versus Gram-negative bacilli.

Organism (no. tested)	<i>Antimicrobial Agent</i>					
	MIC <sub>50</sub>	MIC <sub>90</sub>	Range	%S	%I	%R
<i>Escherichia coli</i> ALL (612)						
Sulopenem	0.03	0.06	≤ 0.008 - 0.5	NA <sup>a</sup>	NA	NA
Ertapenem	≤ 0.03	≤ 0.03	≤ 0.03 - 0.5	100.0	0	0
Meropenem	≤ 0.03	≤ 0.03	≤ 0.03 - 0.12	100.0	0	0
TZP	≤ 1	4	≤ 1 - > 512	97.1	1.8	1.1
Ceftriaxone	≤ 0.25	16	≤ 0.25 - > 64	87.6	0.5	11.9
Ciprofloxacin	≤ 0.06	> 16	≤ 0.06 - > 16	76.5	0.8	22.7
Tigecycline <sup>b</sup>	0.25	0.5	0.06 - 1	100.0	0	0
TMP/SMX	≤ 0.12	> 8	≤ 0.12 - > 8	74.2	-	25.8
<i>Escherichia coli</i> ESBL Pos (68)						
Sulopenem	0.03	0.06	0.015 - 0.12	NA <sup>a</sup>	NA	NA
Ertapenem	≤ 0.03	0.25	≤ 0.03 - 0.5	100.0	0	0
Meropenem	≤ 0.03	≤ 0.03	≤ 0.03 - 0.06	100.0	0	0
TZP	2	8	≤ 1 - > 512	97.1	1.5	1.5
Ceftriaxone	64	> 64	2 - > 64	0	2.9	97.1
Ciprofloxacin	> 16	> 16	≤ 0.06 - > 16	7.4	0	92.6
Tigecycline <sup>b</sup>	0.25	1	0.12 - 1	100.0	0	0
TMP/SMX	> 8	≤ 8	≤ 0.12 - > 8	25.0	-	75.0
<i>Escherichia coli</i> ESBL Neg (544)						
Sulopenem	0.03	0.03	≤ 0.008 - 0.5	NA <sup>a</sup>	NA	NA
Ertapenem	≤ 0.03	0.03	≤ 0.03 - 0.5	100.0	0	0
Meropenem	≤ 0.03	≤ 0.03	≤ 0.03 - 0.12	100.0	0	0
TZP	≤ 1	4	≤ 1 - > 512	97.1	1.8	1.1
Ceftriaxone	≤ 0.25	≤ 0.25 - > 64	98.5	0.2	1.3	
Ciprofloxacin	≤ 0.06	16	≤ 0.06 - > 16	85.1	0.9	14.0
Tigecycline <sup>b</sup>	0.25	0.5	0.06 - 1	100.0	0	0
TMP/SMX	≤ 0.12	> 8	≤ 0.12 - > 8	80.3	-	19.7
<i>Klebsiella pneumoniae</i> ALL (184)						
Sulopenem	0.06	0.12	0.015 - 4	NA <sup>a</sup>	NA	NA
Ertapenem	≤ 0.03	0.06	≤ 0.03 - 8	98.4	0.5	1.1
Meropenem	≤ 0.03	0.06	≤ 0.03 - 2	99.5	0.5	0
TZP	4	16	≤ 1 - > 512	92.9	3.3	3.8
Ceftriaxone	≤ 0.25	1	≤ 0.25 - > 64	90.2	0.5	9.2
Ciprofloxacin	≤ 0.06	2	≤ 0.06 - > 16	86.4	1.6	12.0
Tigecycline <sup>b</sup>	0.5	1	0.12 - 4	98.9	1.1	0
TMP/SMX	≤ 0.12	> 8	≤ 0.12 - > 8	87.5	-	12.5
<i>Klebsiella pneumoniae</i> ESBL Pos (18)						
Sulopenem	0.06	0.12	0.015 - 4	NA <sup>a</sup>	NA	NA
Ertapenem	≤ 0.03	0.06	≤ 0.03 - 8	98.4	0.5	1.1
Meropenem	≤ 0.03	0.06	≤ 0.03 - 2	99.5	0.5	0
TZP	4	16	≤ 1 - > 512	92.9	3.3	3.8
Ceftriaxone	≤ 0.25	1	≤ 0.25 - > 64	90.2	0.5	9.2
Ciprofloxacin	≤ 0.06	2	≤ 0.06 - > 16	86.4	1.6	12.0
Tigecycline <sup>b</sup>	0.5	1	0.12 - 4	98.9	1.1	0
TMP/SMX	≤ 0.12	> 8	≤ 0.12 - > 8	87.5	-	12.5
<i>Klebsiella pneumoniae</i> ESBL Neg (18)						
Sulopenem	0.06	0.12	0.015 - 4	NA <sup>a</sup>	NA	NA
Ertapenem	≤ 0.03	0.06	≤ 0.03 - 8	98.4	0.5	1.1
Meropenem	≤ 0.03	0.06	≤ 0.03 - 2	99.5	0.5	0
TZP	4	16	≤ 1 - > 512	92.9	3.3	3.8
Ceftriaxone	≤ 0.25	1	≤ 0.25 - > 64	90.2	0	9.2
Ciprofloxacin	≤ 0.06	2	≤ 0.06 - > 16	86.4	1.6	12.0
Tigecycline <sup>b</sup>	0.5	1	0.12 - 4	98.9	1.1	0
TMP/SMX	≤ 0.12	> 8	≤ 0.12 - > 8	87.5	-	12.5
<i>Enterobacter cloacae</i> (92)						
Sulopenem	0.12	0.5	0.03 - 2	NA <sup>a</sup>	NA	NA
Ertapenem	0.06	0.5	≤ 0.03 - 4	NA <sup>a</sup>	NA	NA
Meropenem	≤ 0.03	0.06	≤ 0.03 - 0.25	100.0	0	0
TZP	2	32	≤ 1 - > 512	85.9	8.7	5.4
Ceftriaxone	≤ 0.25	> 64	≤ 0.25 - > 64	76.1	0	23.9
Ciprofloxacin	≤ 0.06	0.25	≤ 0.06 - > 16	91.3	3.3	5.4
Tigecycline <sup>b</sup>	0.5	1	0.12 - 8	96.7	2.2	1.1
TMP/SMX	≤ 0.12	1	≤ 0.12 - > 8	90.2	-	9.8
<i>Enterobacter cloacae</i> (92)						
Sulopenem	0.12	0.5	0.03 - 2	NA <sup>a</sup>	NA	NA
Ertapenem	0.06	0.5	≤ 0.03 - 4	NA <sup>a</sup>	NA	NA
Meropenem	≤ 0.03	0.06	≤ 0.03 - 0.25	100.0	0	0
TZP	2	32	≤ 1 - > 512	85.9	8.7	5.4
Ceftriaxone	≤ 0.25	> 64	≤ 0.25 - > 64	76.1	0	23.9
Ciprofloxacin	≤ 0.06	0.25	≤ 0.06 - > 16	91.3	3.3	5.4
Tigecycline <sup>b</sup>	0.5	1	0.12 - 8	96.7	2.2	1.1
TMP/SMX	≤ 0.12	1	≤ 0.12 - > 8	90.2	-	9.8
<i>Morganella morganii</i> (12)						
Sulopenem	1	1	0.03 - 1	NA <sup>a</sup>	NA	NA
Ertapenem	≤ 0.03	0.03	≤ 0.03 - 0.06	100.0	0	0
Meropenem	0.06	0.12	0.06 - 0.12	100.0	0	0
TZP	1	2	≤ 1 - > 512	90.0	0	0
Ceftriaxone	≤ 0.25	≤ 0.25 - > 64	97.1	0	0	0
Ciprofloxacin	≤ 0.06	0.12	0.06 - 0.12	90.0	0	0
Tigecycline <sup>b</sup>	2	4	1 - 16	58.3	33.3	8.3
TMP/SMX	0.25	8	≤ 0.12 - > 8	83.3	-	