

ABSTRACT

Background: Omadacycline (OMC) is a broad spectrum new aminomethylcycline which is currently under clinical development for acute bacterial skin and skin structure infections and community-acquired bacterial pneumonia, as oral and intravenous once daily formulations. It is active against many Gram-negative pathogens from the urinary tract and overcomes tetracycline (TET) resistance. In this study, OMC and comparators were tested against Enterobacteriaceae (EB) from UTI selected from a 2014 global surveillance program and compared to results of testing isolates causing UTI (urinary or bloodstream) from 2010 surveillance.

Methods: A total of 150 EB identified as causing UTI from Europe (EU) and the same numbers from North America (NA, 2014) were selected. OMC and comparators (except 2014 OMC and TET which were tested in frozen-form panels) were tested in validated dry-form panels by broth microdilution in CA-MHB following CLSI methods. CLSI/EUCAST interpretive criteria and CLSI quality control guidelines were applied. ESBL-phenotype (ESBL) for *Escherichia coli* or *Klebsiella pneumoniae* was defined as a MIC at $\geq 2 \mu\text{g/mL}$ for ceftriaxone, ceftazidime or aztreonam.

Results: The OMC MIC_{50/90} for EB collected during 2014 was 2 and $\geq 8 \mu\text{g/mL}$, respectively. The MIC_{50/90} for *E. coli* was 1 and 2 $\mu\text{g/mL}$ similar to 2010 (MIC_{50/90} 0.5 and 2 $\mu\text{g/mL}$). The activity of OMC against ESBL *E. coli* was similar in 2010 and 2014 (MIC_{50/90} 1 and 4 $\mu\text{g/mL}$). The MICs for 91.7% of *Klebsiella* spp. isolates in 2014 (89.7%, 2010) were $\leq 4 \mu\text{g/mL}$. In 2014 and 2010, a total of 95.8 and 100.0% of ESBL *E. coli* and 75.0 and 73.9% of ESBL *Klebsiella* spp. exhibited MIC values at $\leq 4 \mu\text{g/mL}$. Tigecycline (TIG) susceptibility (CLSI or EUCAST) for EB was 94.0 (2014) and 99.4% (2010). TET susceptibility for EB (2014 and 2010) ranged from 60.1-66.1%, ceftazidime from 82.1-92.3%, gentamicin (GEN) from 85.7-90.9%, imipenem from 91.0-99.3% and levofloxacin (LEV) from 75.1-79.9%. TIG S for EB for 2014 and 2010 for NA and EU ranged from 94.0-99.5%, GEN from 82.8-93.6%, and LEV from 69.5-82.0%.

Conclusions: OMC was active against EB isolates from NA and EU causing UTI and activity was similar between 2010 and 2014. Further study with OMC in the treatment of UTI caused by EB is indicated.

INTRODUCTION

Urinary tract infections (UTI) are common infections that occur in the community and healthcare settings. The most common cause of bacterial UTI is *Escherichia coli*. In the healthcare setting, bacterial resistance to commonly prescribed antibiotics is an issue. Extended-spectrum β -lactamases and carbapenemases may occur, thus limiting β -lactam options. Further clones such as *E. coli* ST-131 may occur which are often also resistant to other antibacterial classes such as the fluoroquinolones. The resistance to oral agents in the community setting and the emergence of the ESBL-positive *E. coli* into the community indicate an urgent need for new alternatives to treat UTI.

Omadacycline (PTK 0796; [7-(2-dimethylamino, 9-(2,2-dimethyl-propyl)-aminomethylcycline]) is a novel tetracycline antibacterial agent, which is currently under clinical development for use as both an oral and intravenous formulation against acute bacterial skin and skin structure infections, community-acquired pneumonia, and urinary tract infections. Omadacycline has broad spectrum activity against Gram-positive, Gram-negative, atypical and anaerobic bacteria, including those with multi-drug resistance (MDR).

In this study, the activity of omadacycline and comparator agents was evaluated against isolates causing UTI in 2014. These results were compared to those from a 2010 global surveillance program.

MATERIALS AND METHODS

Organism collection: A total of 151 Enterobacteriaceae which were identified as urinary tract isolates from patients in medical centers in Europe and 150 from North America (2014 Global Surveillance; n=301) were selected for susceptibility testing. These organisms were chosen to represent approximate percentages of Enterobacteriaceae species in the complete collection of UTI (2014). Organisms (number) included *Citrobacter amalonaticus* (1), *C. freundii* (11), *C. koseri* (8), *Enterobacter aerogenes* (7), *E. coli* (138), *E. cloacae* (16), *Klebsiella oxytoca* (8), *K. pneumoniae* (52), *Morganella morganii* (14), *Proteus mirabilis* (22), *P. vulgaris* (7), *Providencia rettgeri* (6), *P. stuartii* (5), *Serratia marcescens* (6). Enterobacteriaceae from UTI (including isolates from blood, designated by the medical center as having originated from UTI) from Europe and North America from a 2010 surveillance program were identified. The organism collection contained *C. freundii* (5), *C. koseri* (3), *E. aerogenes* (12), *E. asburiae* (1), Unspciated *Enterobacter* (1), *E. coli* (543), *E. cloacae* (23), *K. oxytoca* (32), *K. pneumoniae* (123), *M. morganii* (8), *P. mirabilis* (50), Unspciated *Providencia* (4), *P. vulgaris* (3), *P. rettgeri* (1), *P. stuartii* (1), Unspciated *Salmonella* (1), *S. marcescens* (15). The susceptibility results for isolates from 2014 were compared to the results of 826 isolates from 2010.

Susceptibility testing: Comparator agents were tested in validated dry-form panels manufactured by Thermo Fisher Scientific Inc. (Cleveland, Ohio, USA) by broth microdilution in cation-adjusted Mueller-Hinton broth following Clinical and Laboratory Standards Institute (CLSI) methods. Omadacycline was tested in dry-form panels in 2010 and panels with fresh frozen medium made at JMI Laboratories (North Liberty, Iowa, USA) were used to test the 2014 isolates. Concurrent quality control (QC) testing was performed to assure proper test conditions and procedures (M07-A10, M100-S25). The QC strains tested were *E. coli* ATCC 25922 and *P. aeruginosa* ATCC 27853 (M100-S25). All QC results were within published ranges. Interpretive criteria used were those of CLSI (M07-A10, M100-S25) and EUCAST (2015).

Table 1. Cumulative frequency distribution of omadacycline MIC results for urinary tract isolates from Europe (EU) and North America (NA).

Organism/region	Year	No of Isolates	MIC in $\mu\text{g/mL}$ (cumulative %)					MIC ₅₀	MIC ₉₀
			≤ 0.12	0.25	0.5	1	2		
Enterobacteriaceae									
NA + EU	2014	301	--	2 (0.7)	66 (22.6)	78 (48.5)	67 (70.8)	28 (80.1)	60 (100.0)*
NA + EU	2010	826	--	49 (5.9)	279 (39.7)	199 (63.8)	170 (84.4)	47 (90.1)	82 (100.0)*
NA	2014	150	--	--	39 (26.0)	33 (48.0)	35 (71.3)	8 (76.7)	35 (100.0)
NA	2010	377	--	27 (7.2)	124 (40.1)	103 (67.4)	69 (85.7)	17 (90.2)	37 (100.0)
EU	2014	151	--	2 (1.3)	27 (19.2)	45 (49.0)	32 (70.2)	20 (83.4)	25 (100.0)
EU	2010	449	--	22 (4.9)	155 (39.4)	96 (60.8)	101 (83.3)	30 (90.0)	45 (100.0)
E. coli									
NA+EU	2014	138	--	2 (1.4)	58 (43.5)	49 (79.0)	20 (93.5)	8 (99.3)	1 (100.0)
NA+EU	2010	543	--	49 (9.0)	273 (59.3)	134 (84.0)	70 (96.9)	15 (99.6)	2 (100.0)
NA	2014	59	--	--	33 (55.9)	16 (83.1)	9 (98.3)	1 (100.0)	--
NA	2010	224	--	27 (12.1)	122 (66.5)	56 (91.5)	16 (98.7)	3 (100.0)	--
EU	2014	79	--	2 (2.5)	25 (34.2)	33 (75.9)	11 (99.9)	7 (99.7)	1 (100.0)
EU	2010	319	--	22 (6.9)	151 (54.2)	78 (78.7)	54 (95.6)	12 (99.4)	2 (100.0)
E. coli ESBL-positive									
NA+EU	2014	24	--	--	6 (25.0)	8 (58.3)	6 (83.3)	3 (95.8)	1 (100.0)
NA+EU	2010	48	--	--	15 (31.2)	10 (67.1)	18 (69.6)	5 (100.0)	--
NA	2014	8	--	--	2 (25.0)	4 (50.0)	1 (87.5)	1 (100.0)	--
NA	2010	19	--	--	3 (15.8)	6 (47.4)	8 (89.5)	2 (100.0)	--
EU	2014	16	--	--	4 (25.0)	4 (50.0)	5 (81.2)	2 (93.8)	1 (100.0)
EU	2010	29	--	--	12 (41.4)	4 (55.2)	10 (89.7)	3 (100.0)	--
Klebsiella spp.									
NA+EU	2014	60	--	--	1 (1.7)	22 (38.3)	23 (76.7)	9 (91.7)	5 (100.0)
NA+EU	2010	155	--	--	5 (3.2)	53 (37.4)	67 (80.6)	14 (89.7)	16 (100.0)
NA	2014	31	--	--	1 (3.2)	14 (48.4)	13 (90.3)	2 (100.0)	--
NA	2010	103	--	--	1 (1.0)	44 (43.7)	38 (80.6)	12 (92.2)	8 (100.0)
EU	2014	29	--	--	8 (27.6)	10 (62.1)	8 (89.7)	3 (100.0)	--
EU	2010	52	--	--	4 (7.7)	9 (25.0)	29 (80.2)	2 (84.6)	8 (100.0)
Klebsiella spp. ESBL-positive									
NA+EU	2014	16	--	--	2 (12.5)	5 (43.8)	5 (75.0)	4 (100.0)	--
NA+EU	2010	23	--	--	1 (4.3)	10 (52.0)	5 (73.9)	6 (100.0)	--
NA	2014	2	--	--	--	1 (50.0)	0 (50.0)	1 (100.0)	--
NA	2010	7	--	--	--	2 (28.6)	4 (85.7)	4 (100.0)	--
EU	2014	14	--	--	2 (14.3)	4 (42.9)	5 (78.6)	3 (100.0)	--
EU	2010	16	--	--	1 (6.2)	8 (62.5)	1 (88.8)	5 (100.0)	--

a. 50/80 isolates were either *Proteus*, *Morganella*, or *Providencia* spp.

b. 50/82 isolates were either *Proteus*, *Morganella*, or *Providencia* spp.

Activity of omadacycline against Enterobacteriaceae (combined Europe and North America): 2010 compared to 2014

- The MIC₅₀ and MIC₉₀ for omadacycline for Enterobacteriaceae causing UTI from the 2010 surveillance program from Europe and North America combined was 1 and 4 $\mu\text{g/mL}$, respectively (Table 1). The MIC₅₀ and MIC₉₀ for omadacycline for Enterobacteriaceae causing UTI from the 2014 surveillance program from Europe and North America combined was 2 and $\geq 8 \mu\text{g/mL}$, respectively (Table 1). The Enterobacteriaceae collection from 2010 contained more *Proteus/Providencia/Morganella* (17.9%) compared to the 2014 collection (8.1%). *Proteus/Providencia/Morganella* tend to have higher MIC values for omadacycline than *E. coli* and *Klebsiella* spp.
- The *E. coli* MIC₉₀ was 2 $\mu\text{g/mL}$ for Europe and North America combined isolates for both 2014 and 2010 isolates (Table 1). For ESBL-negative phenotype *E. coli*, the MIC₉₀ for isolates from either year for Europe and North America combined was 2 $\mu\text{g/mL}$ and it was 4 $\mu\text{g/mL}$ for the ESBL-positive phenotype (Table 1).
- The MIC₅₀ and MIC₉₀ for omadacycline for *Klebsiella* spp. causing UTI from the 2010 surveillance program from Europe and North America combined was 2 and $\geq 8 \mu\text{g/mL}$, respectively (Table 1). The MIC₅₀ and MIC₉₀ for omadacycline for the selected *Klebsiella* spp. causing UTI from the 2014 surveillance program from Europe and North America was 2 and 4 $\mu\text{g/mL}$, respectively (Table 1). For ESBL-negative phenotype *Klebsiella* spp., the MIC₉₀ for isolates from Europe and North America combined either year was 4 $\mu\text{g/mL}$ and $\geq 8 \mu\text{g/mL}$ for the ESBL-positive phenotype (Table 1).

Activity of omadacycline against Enterobacteriaceae: Europe compared to North America

- The omadacycline MIC₉₀ for Enterobacteriaceae from North America (2010) was 4 $\mu\text{g/mL}$ and it was $\geq 8 \mu\text{g/mL}$ for the European isolates (Table 1). For the 2014 isolates, the MIC₉₀s were $\geq 8 \mu\text{g/mL}$ (Table 1).

Table 2. Activity of omadacycline and comparator antimicrobial agents when tested against combined North American and European urinary tract isolates by year (2014 vs. 2010).

Organism group (no. tested)/ antimicrobial agent	2014								2010								
	CLSI ^a		EUCAST ^b		MIC _{50/90}		MIC range		CLSI ^a		EUCAST ^b		MIC _{50/90}		MIC range		
	%S	%R	%S	%R	%S	%R	%S	%R	%S	%R	%S	%R	%S	%R	%S	%R	
Enterobacteriaceae																	
Omadacycline	-	-	-	-	2/8	0.25 – ≥ 8	-	-	-	-	-	-	-	1/4	0.25 – ≥ 32	-	-
Tigecycline	98.3	0.0 ^c	94.0	1.7	0.12/1	≤ 0.015 – 4	99.4	0.0 ^c	95.9	0.6	0.12/0.5	0.06 – 4	99.3 ^d	95.8	0.12/0.5	≤ 0.03 – 4	
Doxycycline	61.5	32.2	-	-	2/216	0.25 – ≥ 216	69.1	23.4	-	-	1/216	0.25 – ≥ 216	64.8	-	2/216	0.25 – ≥ 216	
Tetracycline	60.1	37.5	-	-	2/232	0.5 – ≥ 32	66.1	32.6	-	-	2/232	0.25 – ≥ 216	60.6	-	2/232	0.25 – ≥ 216	
AMX-CLV ^e	63.5	36.5 ^f	63.5	36.5	8/216	≤ 1 – ≥ 16	75.5	24.5 ^f	75.5	24.5	4/216	≤ 1 – ≥ 16	80.1	80.1	4/216	≤ 1 – ≥ 16	
Aztreonam	84.4	14.0	82.1	15.6	$\leq 0.12/16$	≤ 0.12 – ≥ 32	90.9	7.3	89.5	9.1	$\leq 0.12/4$	≤ 0.12 – ≥ 32	93.9	92.8	$\leq 0.12/0.25$	≤ 0.12 – ≥ 32	
Ceftazidime	87.4	10.6	82.1	12.6	0.25/16	0.03 – ≥ 32	93.3	6.1	89.5	7.7	0.12/2	0.03 – ≥ 32	94.7	93.1	0.12/0.5	0.03 – ≥ 32	
Ceftriaxone	79.7	18.6	79.7	18.6	$\leq 0.06/16$	≤ 0.06 – ≥ 16	88.4	11.0	88.4	11.0	$\leq 0.06/4$	≤ 0.06 – ≥ 16	92.6	92.6	$\leq 0.06/0.25$	≤ 0.06 – ≥ 16	
Gentamicin	88.0	11.6	85.7	12.0	$\leq 1/16$	≤ 1 – ≥ 16	90.9	9.0	94.0	9.1	$\leq 1/2$	≤ 1 – ≥ 16	82.8	82.8	$\leq 1/16$	≤ 1 – ≥ 16	
Imipenem	91.0	2.7	97.3	0.0	$\leq 0.12/1$	≤ 0.12 – 4	97.3	0.7	99.3	0.2	$\leq 0.12/0.5$	≤ 0.12 – ≥ 16	96.7	99.7	$\leq 0.12/0.5$	≤ 0.12 – 4	
Levofloxacin	78.4	17.9	75.1	21.6	$\leq 0.12/8$	≤ 0.12 – ≥ 8	79.9	18.2	79.0	20.1	$\leq 0.5/8$	≤ 0.5 – ≥ 8	74.8	69.5	$\leq 0.12/8$	≤ 0.12 – ≥ 8	
TMP-SMX ^g	67.8	32.2	67.8	31.6	$\leq 0.5/8$	≤ 0.5 – ≥ 8	73.1	26.9	73.1	26.8	$\leq 0.5/8$	≤ 0.5 – ≥ 8	75.9	75.9	$\leq 0.5/8$	≤ 0.5 – ≥ 8	
E. coli																	
Omadacycline	-	-	-	-	1/2	0.25 – ≥ 8	-	-	-	-	0.5/2	0.25 – 8	-	-	0.5/2	0.25 – 8	
Tigecycline	100.0	0.0 ^c	100.0	0.0	0.06/0.12	≤ 0.015 – 1	100.0	0.0 ^c	100.0	0.0	0.12/0.25	≤ 0.03 – 1	100.0 ^d	100.0	0.06/0.12	≤ 0.015 – 1	
Doxycycline	68.1	24.6	-	-	2/216	0.25 – ≥ 216	73.1	18.4	-	-	1/216	0.25 – ≥ 216	62.0	-	2/216	0.25 – ≥ 216	
Tetracycline	65.9	33.3	-	-	2/232	0.5 – ≥ 32	69.8	29.8	-	-	2/232	0.25 – ≥ 216	60.6	-	2/232	0.25 – ≥ 216	
AMX-CLV ^e	81.9	18.1 ^f	81.9	18.1	4/216	≤ 1 – ≥ 16	80.5	19.5 ^f	80.5	19.5	8/216	≤ 1 – ≥ 16	81.2	81.2	8/216	≤ 1 – ≥ 16	
Aztreonam	86.2	12.3	84.1	13.8	$\leq 0.12/16$	≤ 0.12 – ≥ 32	93.0	5.5	91.5	7.0	$\leq 0.12/0.5$	≤ 0.12 – ≥ 32	93.9	92.8	$\leq 0.12/0.25$	≤ 0.12 – ≥ 32	
Ceftazidime	91.3	5.8	87.0	8.7	0.25/4	0.03 – ≥ 32	93.7	5.0	91.7	6.3	0.12/0.5	0.03 – ≥ 32	94.7	93.1	0.12/0.5	0.03 – ≥ 32	
Ceftriaxone	84.1	14.5	84.1	14.5	$\leq 0.06/16$	≤ 0.06 – ≥ 16	91.3										