

# Treating Resistant Gram-Negative Infections: Bedside to Bench and Back

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# Organism

Six clinical isolates of *Acinetobacter baumannii*

- ▶ Opportunistic Gm-ve; Causes 20% nosocomial pneumonias
- ▶ Introduced by colonised patient, long-lived on hard surfaces
- ▶ Beta-lactam and increasing colistin resistance  $\implies$  combination therapy

e.g. Colistin PLUS another antimicrobial



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***In Vitro Synergy of Colistin Combinations against Colistin-Resistant *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, and *Klebsiella pneumoniae* Isolates***

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# Antimicrobials

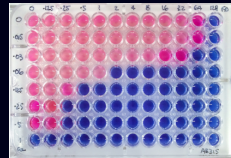
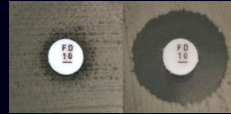
Screened colistin PLUS 10 agents with mainly Gm+ve activity

## Colistin (polymixin E)

- ▶ Detergent-like effect
- ▶ Two-stage mechanism:
  - ▶ Outer Gm-ve outer membrane
  - ▶ Cytoplasmic membrane, osmotic disruption

## Fusidic acid

- ▶ Protein synthesis inhibition at ribosome



- ▶  $FICI = \frac{MIC_{C,comb}}{MIC_{C,alone}} + \frac{MIC_{F,comb}}{MIC_{F,alone}}$
- ▶  $FICI < 0.25$  for all strains



AB3075 105  
200mg ca. 2.5mg/kg

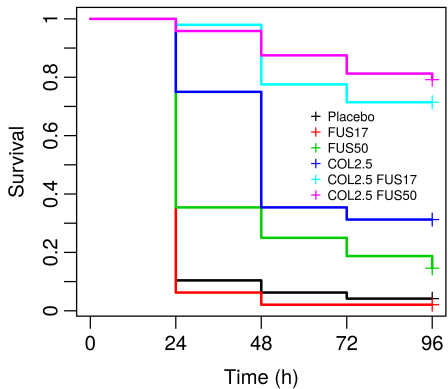
AB3075 105  
200mg ca. 2.5/PO17

LP 2/11/15

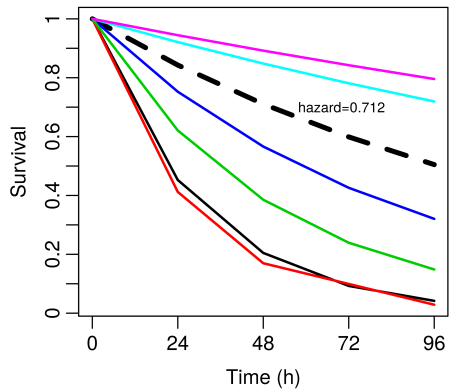
LP 2/11/15



### Kaplan-Meier plot



### Survival plot from model



# Overview

- ▶ Introduction (bedside to bench)
- ▶ Time-kill experiments
  - ▶ Method
  - ▶ Model development
  - ▶ Inference
- ▶ Case report (back to bedside)
- ▶ Conclusion



# Time-Kill Experiments

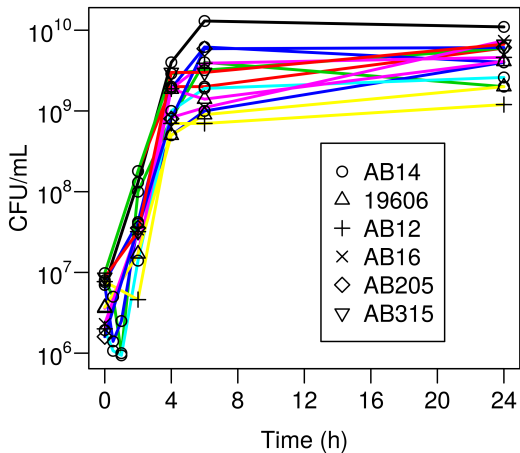
## Experimental method:

- ▶ 10 mL broth +/- colistin sulfate (COL) and/or fusidic acid (FUS)
- ▶ COL 0-64 mg/L; FUS 0-512 mg/L; 46 combinations
- ▶ Viable CFU/mL measured over 24 h

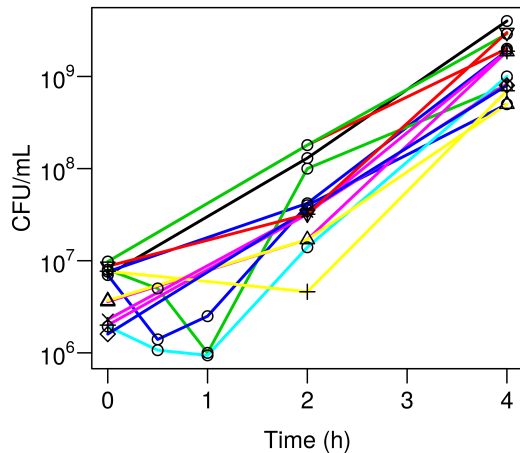
## Modelling:

- ▶ Model CFU/mL *versus* time for all strains and drug/dose combinations
- ▶ Extend time-dependent effect (resistance development) models to  $n > 1$  drugs
- ▶ Experiment and strain level random effects (population approach)

### No Drug 24hrs



### No Drug 4hrs



# System model

Basic model:

$$\frac{dB}{dt} = kB \left( 1 - \frac{B}{B_{max}} \right) \quad (1)$$

Parameters:

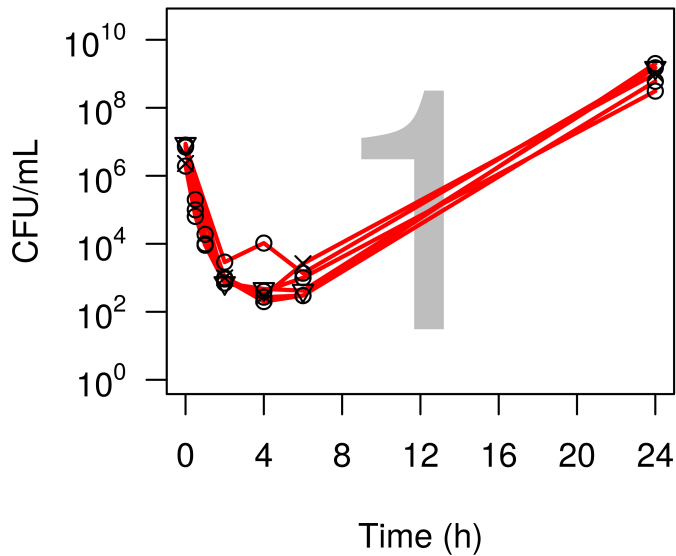
- ▶  $k = \lambda - \mu$ , net growth/loss
- ▶  $B_{max}$ , set point
- ▶  $B_0$ , initial CFU/mL

Accounting for lag:

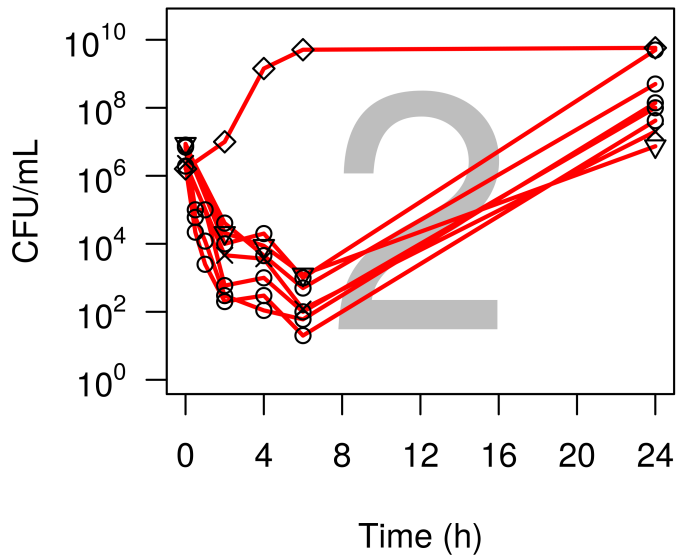
$$k = -\theta + 2\theta \frac{t^{20}}{L^{20} + t^{20}} \quad (2)$$

- ▶  $L$ : growth lag
- ▶  $\Delta$  OFV -46;  $L$  estimate: 52 min
- ▶  $k$  1.8-fold higher

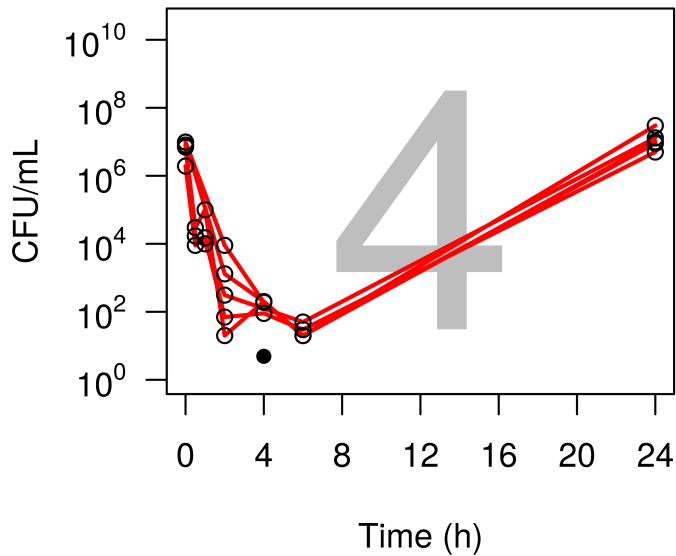
# COL



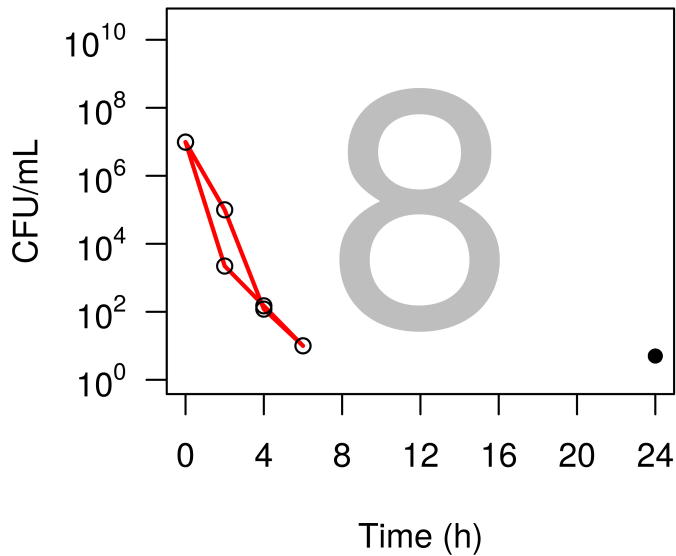
# COL



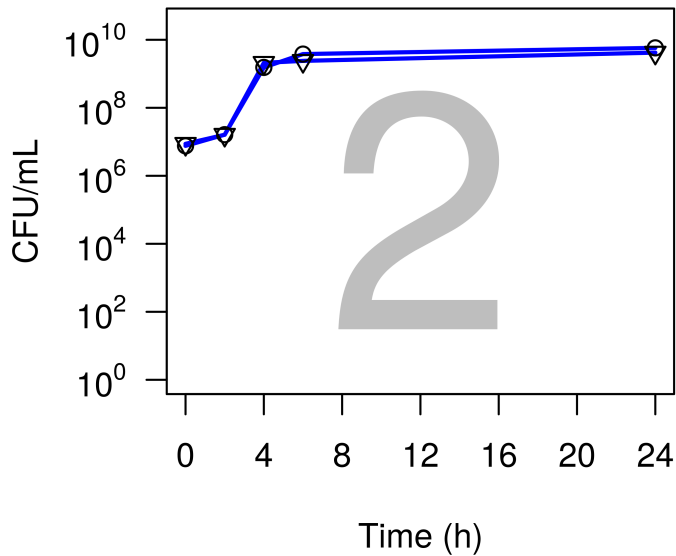
# COL



# COL

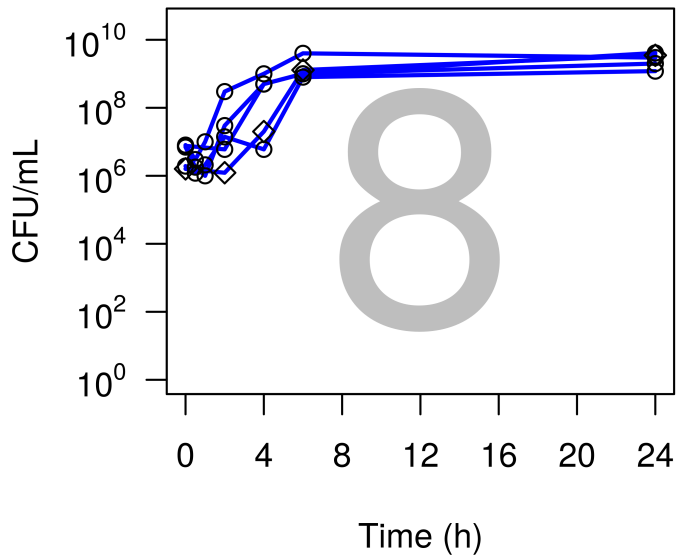


# FUS

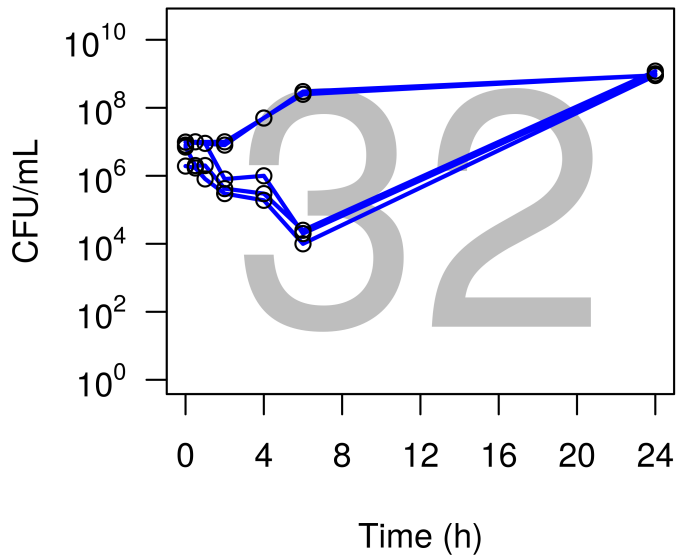




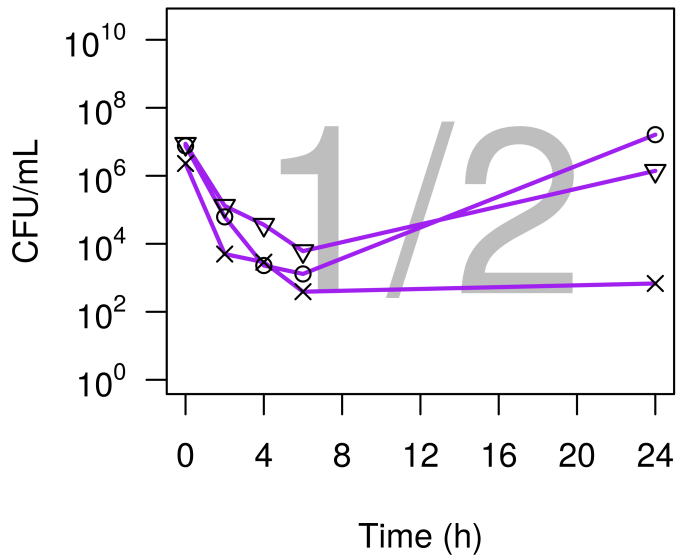
# FUS



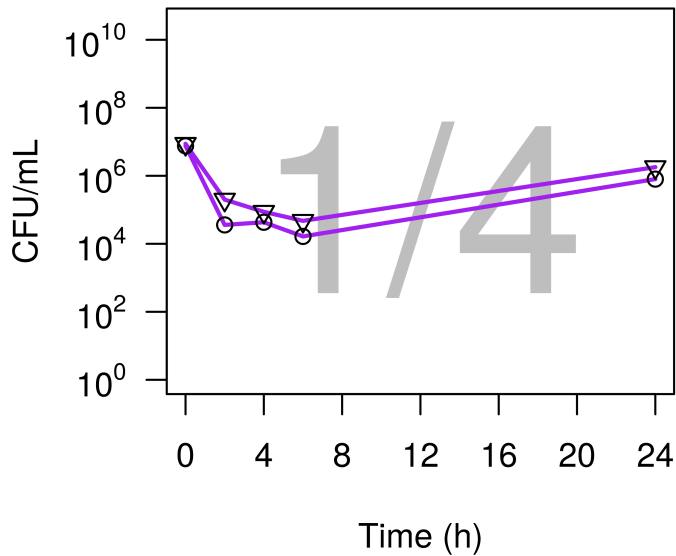
# FUS



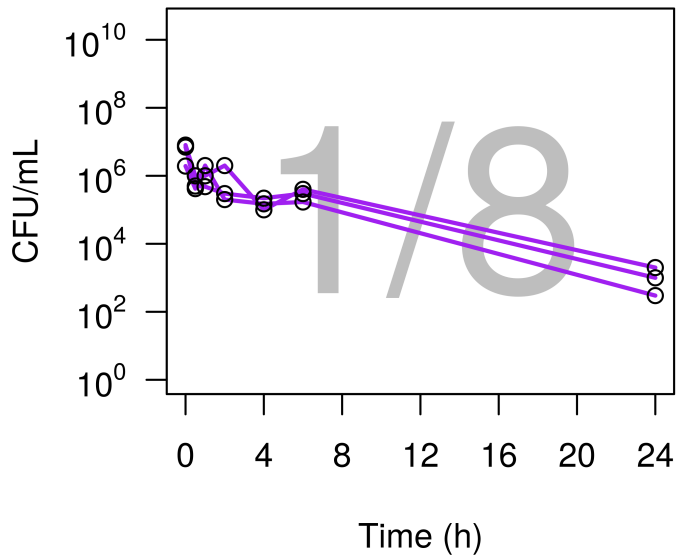
# COL + FUS



# COL + FUS



# COL + FUS



## Drug model - similar to Bhagunde 2011

$$\frac{dB}{dt} = \left( k \left( 1 - \frac{B}{B_{max}} \right) - E_D \right) B \quad (3)$$

Assume additive effect:

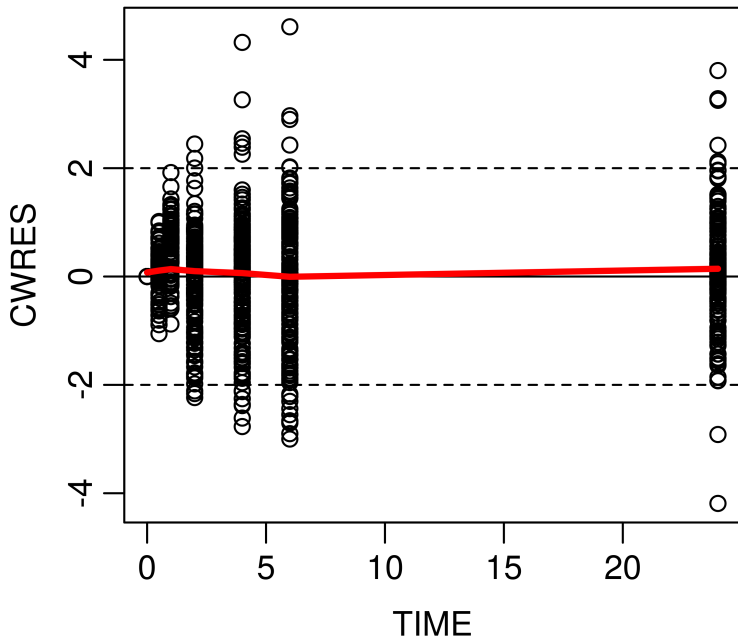
$$E_D = \alpha \left( \frac{E_{m,c} C_c^{\gamma_c}}{E_{C50,c}^{\gamma_c} + C_c^{\gamma_c}} + \frac{E_{m,f} C_f^{\gamma_f}}{E_{C50,f}^{\gamma_f} + C_f^{\gamma_f}} \right) \quad (4)$$

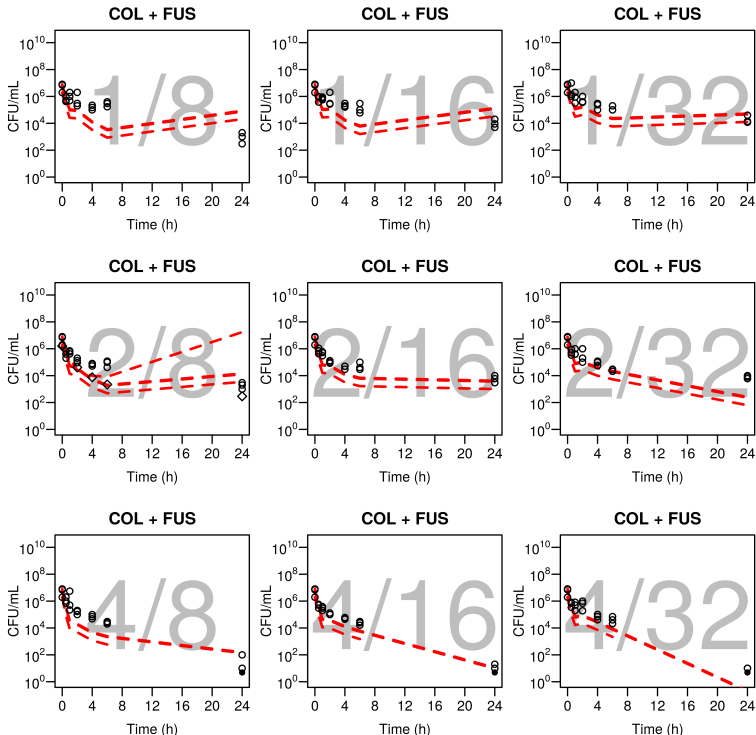
Time-dependent drug effect:

$$\alpha = 1 - \beta(1 - \exp\{-t(\tau_c C_c + \tau_f C_f + \tau_i C_c C_f)\}) \quad (5)$$

- ▶  $\beta \in [0, 1]$
- ▶  $\tau_i \rightarrow \Delta$  OFV -118
- ▶ No further improvement in fit with synergy terms (i.e.  $C_c$  affecting  $E_{C50_f}$ )
- ▶ Strain differences on  $E_{C50,c}$  2.9-8.4 mg/L

# CWRES vs TIME







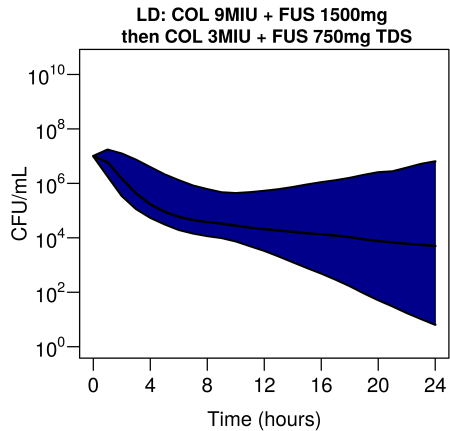
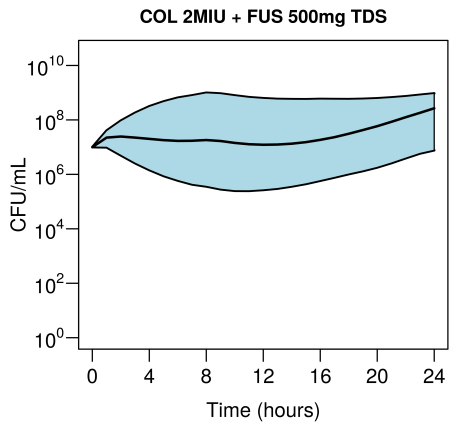
# Simulations

PK models:

- ▶ Colistin: Plachouras 2009, assume  $f_u$  64%
- ▶ Fusidic acid: Bulitta 2012; use 'low' CL value; assume  $f_u$  10%

Simulations:

- ▶ Evaluate current dose recommendations
- ▶ Identify potential improved dosing



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# Case Report

## Patient:

- ▶ Female, 19 yrs, previously fit and well
- ▶ Admitted to ICU following RTA, multiple traumatic injuries
- ▶ Day 15: clinical diagnosis of VAP

## Organism:

- ▶ *A. baumannii* from tracheal aspirate
- ▶ Multi-drug resistant:
  - ▶ Quinolones, aminoglycosides and carbapenems
  - ▶ Tigecycline MIC 0.5 mg/L (resistant)

## Treatment:

- ▶ Colistimethane 2MIU PLUS fusidic acid 500 mg 8 hourly (suboptimal?)

## Response:

- ▶ Clinical response within 48 hours
- ▶ Clinical cure and microbiological eradication achieved by day 16

# Conclusions

- ▶ Combination therapy required for MDR organisms - we need to develop methods
- ▶ Colistin PLUS fusidic acid promising for *A. baumannii*
- ▶ Model extension to two drugs achieved
- ▶ Synergy empirically handled in  $\tau_i$ ?
- ▶ Framework developed for identifying combination therapy
- ▶ To do:
  - ▶ Utility method for defining dose
  - ▶ Extension to other organisms
  - ▶ Further clinical evaluation

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## References

Bhagunde P JAC 2011;66:1079-1086

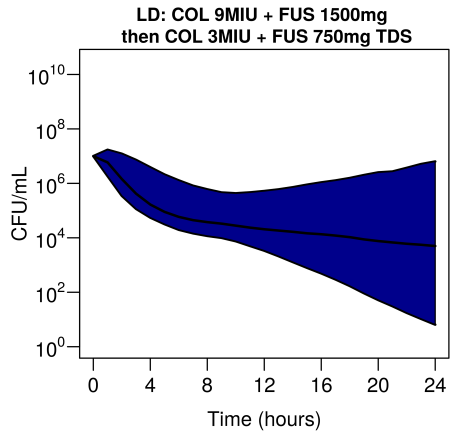
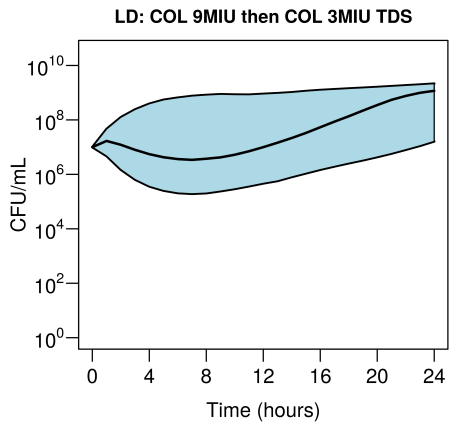
Bulitta J AAC 2012;57:498-507

Koulenti D Crit Care Med 2009;37:2360-2368

Nielsen E Pharmacol Rev 2013;65:1053-1090

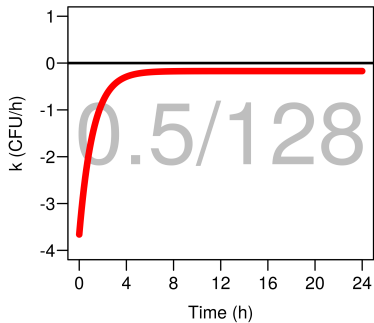
Plachouras D AAC 2009;53:3340-3436

Vidalliac C AAC 2012;56:4856-4861

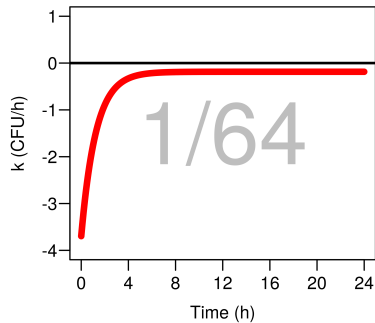




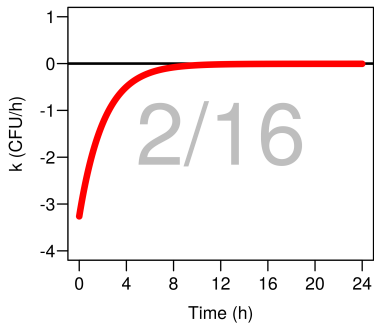
**WHICH**



**IS**



**THE**



**BEST?**

