

# Activity of Eravacycline and Comparators Against 15,872 Bacterial Pathogens Isolated from Patients Receiving Care in Canadian Hospitals: CANWARD 2014-18

G.G. ZHANEL<sup>1</sup>, M. BAXTER<sup>1</sup>, A.R. GOLDEN<sup>1</sup>, A. WALKTY<sup>1,2</sup>, P.R.S. LAGACÉ-WIENS<sup>1,2</sup>, J.A. KARLOWSKY<sup>1,2</sup>,  
H.J. ADAM<sup>1,2</sup> and the CANADIAN ANTIMICROBIAL RESISTANCE ALLIANCE (CARA)

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



## Introduction

Eravacycline is a synthetic, broad-spectrum intravenous fluorocycline antibiotic for the treatment of multidrug-resistant infections [1]. It has completed Phase 3 clinical trials for the treatment of complicated intra-abdominal infections (cIAI) [1,2] and has received FDA approval for this indication. The activity of eravacycline was compared to comparators including meropenem (MER) and piperacillin-tazobactam (PTZ) against Gram-negative and Gram-positive pathogens causing infections in Canadian hospitals.

The purpose of this study was to determine the *in vitro* activity of eravacycline along with comparators versus Gram-negative and Gram-positive pathogens isolated from patients in Canadian hospitals from January 2014 to October 2018.

## Materials and Methods

**Study Background and Bacterial Isolates**  
The isolates tested in this study were obtained from January 2014 to October 2018, inclusive, from an ongoing cross-Canada surveillance study (CANWARD; www.can-r.ca) organized by the investigators [3]. 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 [3]. All isolates of MRSA were typed using staphylococcal protein A (spa) typing to assess whether the isolates were community-associated or healthcare-associated [3]. Isolates with a spa type associated with CMRSA7 or CMRSA10 were considered CA-MRSA. Isolates with a spa type associated with CMRSA1, CMRSA2, CMRSA4, CMRSA5, CMRSA3/6, CMRSA8 or CMRSA9 were considered HA-MRSA [3].

Potential *E. coli* or *Klebsiella* spp. ESBL-producers were identified as isolates with a ceftriaxone and/or ceftazidime MIC of 1 µg/mL or greater and confirmed using the CLSI double disk diffusion method, as previously described [3].

### Antimicrobial Susceptibility Testing Methodology

Isolates were tested for antimicrobial susceptibilities using in-house prepared (Department of Clinical Microbiology, Health Sciences Centre, Winnipeg, Canada) 96-well broth microdilution panels according to CLSI (2018) guidelines [3,4]. 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 [4] in cation-adjusted Mueller-Hinton broth (MHB). 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 for eravacycline and tigecycline were interpreted using EUCAST breakpoints. MICs for all other comparator were interpreted using CLSI breakpoints [5].

## Acknowledgements

The authors would like to thank the participating CANWARD centres, investigators and laboratory site staff for their support. Financial support for the CANWARD study was provided in part by the University of Manitoba, the National Microbiology Laboratory, and Tetraphase Inc.

## References

- Zhanel GG, Cheung D, Adam H, Zelenitsky S, Golden A, Schweizer F, Gorityala B, Lagacé-Wiens PR, Walkty A, Gin AS, Hoban DJ and Karowsky JA. Review of eravacycline: A novel fluorocycline antibacterial agent. *Drugs* 2016 Apr;76(5):567-88.
- Solomkin JS, Gardovskis J, Lawrence K, Montravers P, Sway A, Evans D, Tsai L, IGNITE 4: Results of a Phase 3, randomized, multicentre, prospective, trial of eravacycline vs meropenem, in a treatment of complicated intra-abdominal infections. *Clinical Infectious Diseases* 2018. Dec 18.
- Zhanel GG, Adam H, Baxter M, Fuller J, Nichol K, Denisuk AJ, Golden A, Hink R, Lagacé-Wiens P, Walkty A, Mulvey M, Schweizer F, Bay D, Hoban DJ, Karowsky JA, the Canadian Antimicrobial Resistance Alliance (CARA). 42,936 pathogens from Canadian hospitals: 10 years of results (2007-2016) from the CANWARD surveillance study. *Journal of Antimicrobial Chemotherapy* 2019 (in press).
- Clinical and Laboratory Standards Institute. Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically - Eleventh Edition: Approved Standard M07-A11. CLSI, Wayne, PA, USA, 2018.
- Clinical and Laboratory Standards Institute. Performance Standards for Antimicrobial Susceptibility Testing. M100, 28<sup>th</sup> Edition. CLSI, Wayne, PA, USA, 2018.

Table 1. *In vitro* activities of eravacycline and comparators versus Gram-positive cocci

Organism (no. tested)/ antimicrobial agent	MIC (µg/mL)					
	50%	90%	Range	% S	% I	% R
<i>Staphylococcus aureus</i> MSSA (2865)						
Eravacycline <sup>a</sup>	0.06	0.12	≤ 0.015 - 1	99.1	0.9	
Ceftazidime	16	16	2 - > 32	NA <sup>b</sup>	NA	NA
Meropenem	0.12	0.25	≤ 0.03 - > 32	NA <sup>b</sup>	NA	NA
Piperacillin-Tazobactam	≤ 1	2	≤ 1 - 64	NA <sup>b</sup>	NA	NA
Ceftriaxone	4	4	≤ 0.25 - > 64	NA <sup>b</sup>	NA	NA
Ciprofloxacin	0.5	2	≤ 0.06 - 16	87.4	3.2	9.4
Tigecycline <sup>a</sup>	0.12	0.25	≤ 0.03 - 2	99.6	0.4	
<i>Staphylococcus aureus</i> MRSA (663)						
Eravacycline <sup>a</sup>	0.06	0.25	≤ 0.015 - 1	92.9	7.1	
Ceftazidime	> 32	> 32	16 - > 32	NA <sup>b</sup>	NA	NA
Meropenem	4	32	0.12 - > 32	NA <sup>b</sup>	NA	NA
Piperacillin-Tazobactam	32	128	≤ 1 - 512	NA <sup>b</sup>	NA	NA
Ceftriaxone	> 64	> 64	4 - > 64	NA <sup>b</sup>	NA	NA
Ciprofloxacin	16	> 16	≤ 0.06 - > 16	25.3	0.3	74.4
Tigecycline <sup>a</sup>	0.25	0.5	≤ 0.03 - 2	97.4	2.6	
<i>CA-MRSA</i> (311)						
Eravacycline <sup>a</sup>	0.06	0.12	≤ 0.015 - 0.5	99.4	0.6	
Ceftazidime	> 32	> 32	16 - > 32	NA <sup>b</sup>	NA	NA
Meropenem	4	8	0.12 - > 32	NA <sup>b</sup>	NA	NA
Piperacillin-Tazobactam	32	64	≤ 1 - 512	NA <sup>b</sup>	NA	NA
Ceftriaxone	64	> 64	8 - > 64	NA <sup>b</sup>	NA	NA
Ciprofloxacin	16	> 16	≤ 0.06 - > 16	29.3	0.6	70.1
Tigecycline <sup>a</sup>	0.12	0.25	≤ 0.03 - 1	99.7	0.3	
<i>HA-MRSA</i> (318)						
Eravacycline <sup>a</sup>	0.12	0.5	≤ 0.015 - 1	86.2	13.8	
Ceftazidime	> 32	> 32	16 - > 32	NA <sup>b</sup>	NA	NA
Meropenem	16	> 32	0.12 - > 32	NA <sup>b</sup>	NA	NA
Piperacillin-Tazobactam	64	128	≤ 1 - 256	NA <sup>b</sup>	NA	NA
Ceftriaxone	> 64	> 64	4 - > 64	NA <sup>b</sup>	NA	NA
Ciprofloxacin	> 16	> 16	0.25 - > 16	15.1	84.9	
Tigecycline <sup>a</sup>	0.25	0.5	≤ 0.03 - 2	95.0	5.0	
<i>Staphylococcus epidermidis</i> (372)						
Eravacycline	0.12	0.5	≤ 0.015 - 2	NA <sup>b</sup>	NA	NA
Ceftazidime	16	> 32	1 - > 32	NA <sup>b</sup>	NA	NA
Meropenem	1	16	≤ 0.03 - > 32	NA <sup>b</sup>	NA	NA
Piperacillin-Tazobactam	≤ 1	4	≤ 1 - 128	NA <sup>b</sup>	NA	NA
Ceftriaxone	8	64	≤ 0.25 - > 64	NA <sup>b</sup>	NA	NA
Ciprofloxacin	1	> 16	≤ 0.06 - > 16	50.5	1.1	48.4
Tigecycline	0.12	0.25	≤ 0.03 - 1	NA <sup>b</sup>	NA	NA
<i>Enterococcus faecalis</i> (475)						
Eravacycline <sup>a</sup>	0.06	0.12	≤ 0.015 - 0.25	99.6	0.4	
Ceftazidime	> 32	> 32	16 - > 32	NA <sup>b</sup>	NA	NA
Meropenem	4	8	0.25 - 32	NA <sup>b</sup>	NA	NA
Piperacillin-Tazobactam	4	4	≤ 1 - 512	NA <sup>b</sup>	NA	NA
Ceftriaxone	> 64	> 64	0.5 - > 64	NA <sup>b</sup>	NA	NA
Ciprofloxacin	1	> 16	≤ 0.06 - > 16	71.4	11.6	17.1
Tigecycline <sup>a</sup>	0.12	0.25	≤ 0.03 - 1	98.5	1.5	
<i>Streptococcus agalactiae</i> (255)						
Eravacycline	0.03	0.06	≤ 0.004 - 0.06	NA <sup>b</sup>	NA	NA
Meropenem	≤ 0.06	≤ 0.06	≤ 0.06 - 0.12	100		
Piperacillin-Tazobactam	≤ 1	≤ 1	≤ 1 - 1	NA <sup>b</sup>	NA	NA
Ceftriaxone	≤ 0.12	≤ 0.12	≤ 0.12 - 0.5	100		
Ciprofloxacin	0.5	1	0.25 - > 16	NA <sup>b</sup>	NA	NA
Tigecycline <sup>a</sup>	0.06	0.12	≤ 0.015 - 0.12	100	0	
<i>Streptococcus pneumoniae</i> (634)						
Eravacycline	0.015	0.015	≤ 0.004 - 0.12	NA <sup>b</sup>	NA	NA
Meropenem	≤ 0.06	≤ 0.06	≤ 0.06 - 1	94.6	3.8	1.6
Piperacillin-Tazobactam	≤ 1	≤ 1	≤ 1 - 4	NA <sup>b</sup>	NA	NA
Ceftriaxone	≤ 0.12	≤ 0.12	≤ 0.12 - 1	100		
Ciprofloxacin	1	2	≤ 0.06 - > 16	99.1	0.9	
Tigecycline	0.03	0.03	≤ 0.015 - 0.12	NA <sup>b</sup>	NA	NA
<i>Streptococcus pneumoniae</i> PenR (28)						
Eravacycline	0.015	0.03	≤ 0.004 - 0.03	NA <sup>b</sup>	NA	NA
Meropenem	0.5	1	≤ 0.06 - 1	28.6	39.3	32.1
Piperacillin-Tazobactam	4	4	2 - 4	NA <sup>b</sup>	NA	NA
Ceftriaxone	1	1	0.25 - 1	100		
Ciprofloxacin	2	2	0.5 - 8	92.9	7.1	
Tigecycline	0.03	0.03	≤ 0.015 - 0.06	NA <sup>b</sup>	NA	NA
<i>Streptococcus pyogenes</i> (212)						
Eravacycline	0.03	0.03	≤ 0.004 - 0.12	NA <sup>b</sup>	NA	NA
Meropenem	≤ 0.06	≤ 0.06	≤ 0.06 - 0.25	100	-	-
Piperacillin-Tazobactam	≤ 1	≤ 1	≤ 1 - 4	NA <sup>b</sup>	NA	NA
Ceftriaxone	≤ 0.12	≤ 0.12	≤ 0.12 - 0.25	100	-	-
Ciprofloxacin	0.5	1	0.12 - > 16	NA <sup>b</sup>	NA	NA
Tigecycline	0.03	0.06	≤ 0.015 - 0.25	99.5	0.5	
<i>Enterococcus faecalis</i> (475)						
Eravacycline <sup>a</sup>	0.06	0.12	≤ 0.015 - 0.25			