

# Evaluation of Polymyxin B-based and Dual-Carbapenem Combinations against Carbapenem-Resistant Enterobacteriaceae co-harboured *mcr-1* and *KPC-2*

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# Disclosures

- › This study was funded in part by the National Medical Research Council (Singapore) Centre Grant

# A serious public health threat

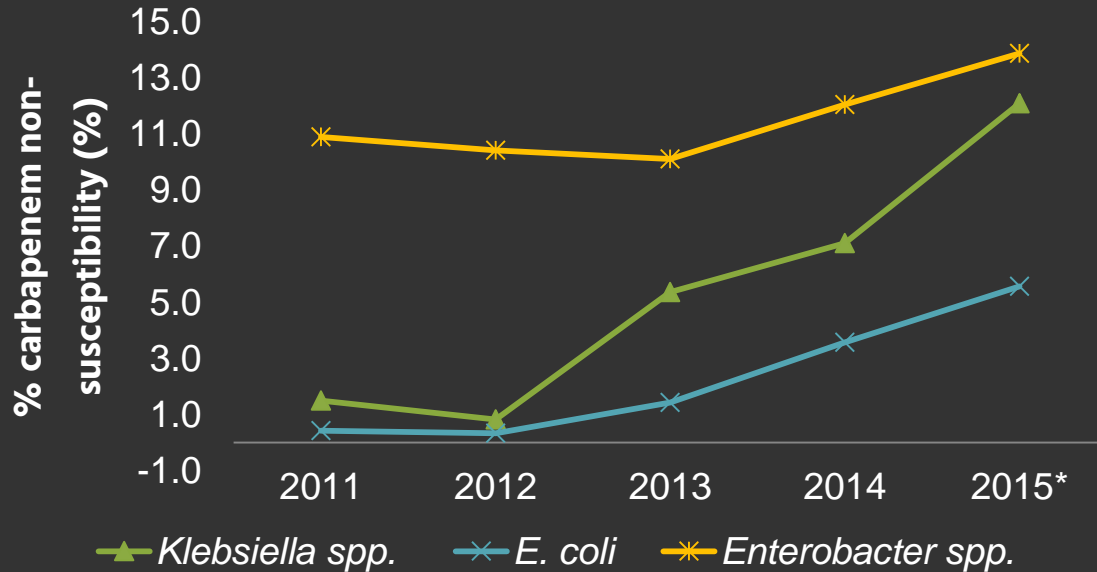
## CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE)



**THREAT LEVEL**  
**URGENT** ○○○○○

This bacteria is an immediate public health threat that requires urgent and aggressive action.

# Increasing carbapenem resistance in Singapore



# Last resort antibiotic



Polymyxin, an old antibiotic, is increasingly being used for multi-drug resistant infections

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## Nevada Woman Died From Near-Ultimate Superbug

A Nevada woman who had traveled to China died from a rare superbug that should not be used by any antibiotic available in the U.S., doctors said Friday.

It's not the first U.S. death from a near-ultimate superbug, but it's a reminder that antibiotic resistance is evolving and spreading, public health experts warn.

**"It has a striking resemblance to the most potent of the antibiotic family,"** said Michael Topp of the Nevada County, Nevada health department.

The woman, in her 70s, died last August. Topp stressed she had been infected with an antibiotic-resistant bacterial group called *Enterobacteriaceae* (EPEC), which she contracted in Nevada. The CDC called it a "near-ultimate superbug."

EPEC refers to a family of drug-resistant bacteria. They're common in that a wide range of antibiotic cannot kill them, making them the most common superbug. If they get into the bloodstream and cause an infection, CDC gives it a 100% mortality rate.

The CDC's antibiotic resistance is even more drug-resistant. Some new drugs in the U.S. can be killed with some 100% mortality.

**"It just evolved too fast. The physicians tried their best to"**




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**POLYMYXIN  
RESISTANCE  
ANOTHER NAIL IN  
THE ANTIBIOTIC  
COFFIN...**

<http://www.nbcnews.com/health/health-news/nevada-woman-died-near-ultimate-superbug-n706641>



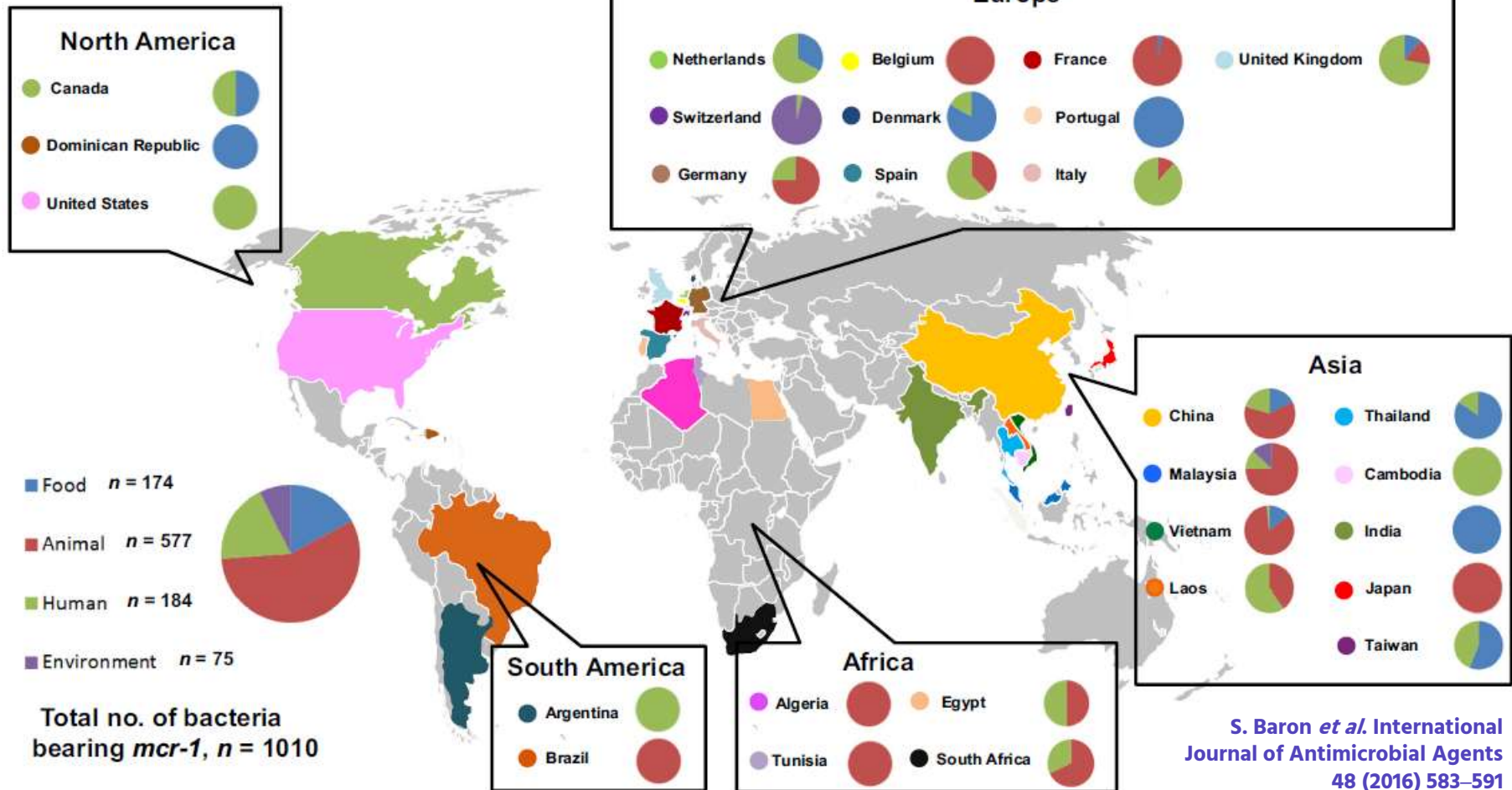
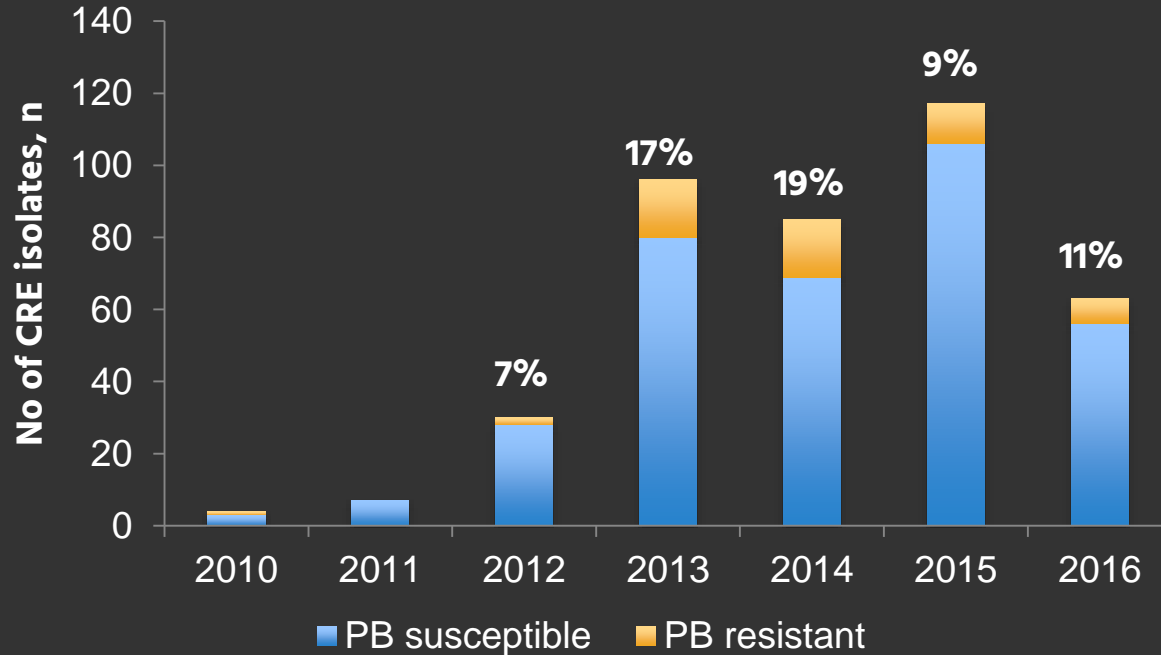


Fig. 2. Global distribution of plasmid-mediated *mcr-1* colistin-resistant strains isolated from environments, foods, animals and humans (November 2015 to April 2016).

# 13% OF CRE ISOLATES WERE PB-RESISTANT





# Study objective

- › To evaluate the *in vitro* activity of multiple antibiotics in combination with polymyxin B against *mcr-1*-harbouring CRE through time-kill studies

# METHODS



# Study Isolates



- › CRE prospective surveillance in Singapore General Hospital
- › Retrospective screening for *mcr-1* via WGS and/or PCR for the period 2013 - 2015

# Susceptibility Testing (MIC)



- › Microbroth dilution panels (Trek Diagnostics, West Sussex, UK)

# Study Antibiotics

Antibiotic	Simulated Dosing Regimens	Concentration (mg/L)
Polymyxin B	30,000IU/kg/day	2
Ertapenem	1g every 24h	15
Aztreonam	8g every 24h (infused over 24h)	24
Cefepime	2g every 8h (infused over 4h)	50
Piperacillin/ tazobactam	4.5g every 6h (infused over 4h)	35/7
Meropenem	2g every 8h (infused over 3h)	20
Doripenem	2g every 8h (infused over 4h)	26
Imipenem	1g every 6h (infused over 1h)	12.5
Levofloxacin	750mg every 24h	8
Rifampicin	600mg every 12h	4
Tigecycline	100mg every 12h	2

# Polymyxin B Combinations Time-kill Studies

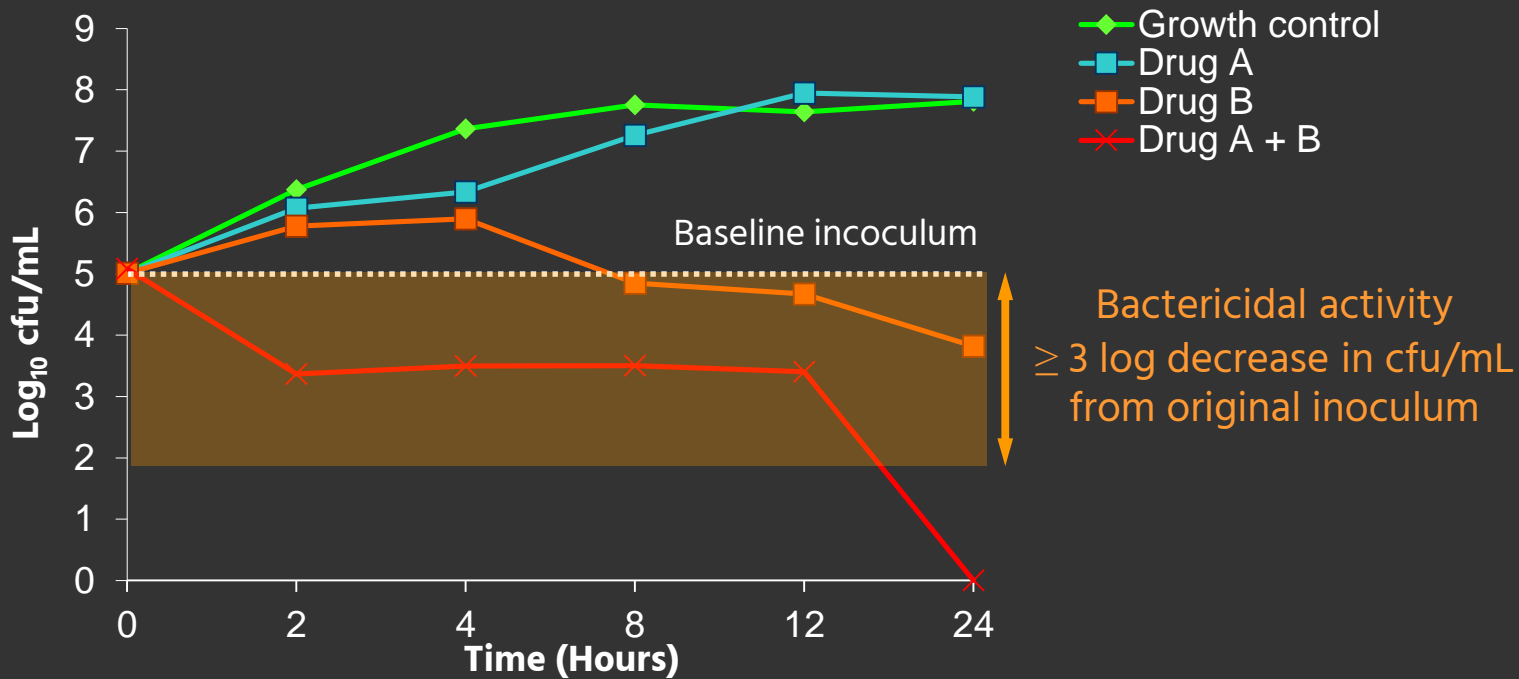
Antibiotic	Simulated Dosing Regimens	Concentration (mg/L)
Polymyxin B	30,000IU/kg/day	2
Ertapenem	1g every 24h	15
Aztreonam	8g every 24h (infused over 24h)	24
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Piperacillin/ tazobactam	4.5g every 6h (infused over 4h)	35/7
Meropenem	2g every 8h (infused over 3h)	20
Doripenem	2g every 8h (infused over 4h)	26
Imipenem	1g every 6h (infused over 1h)	12.5
Levofloxacin	750mg every 24h	8
Rifampicin	600mg every 12h	4
Tigecycline	100mg every 12h	2

# Dual Carbapenems Time-kill Studies

Antibiotic	Simulated Dosing Regimens	Concentration (mg/L)
Polymyxin B	30,000IU/kg/day	2
Ertapenem	1g every 24h	15
Aztreonam	8g every 24h (infused over 24h)	24
Cefepime	2g every 8h (infused over 4h)	50
Piperacillin/ tazobactam	4.5g every 6h (infused over 4h)	35/7
Meropenem	2g every 8h (infused over 3h)	20
Doripenem	2g every 8h (infused over 4h)	26
Imipenem	1g every 6h (infused over 1h)	12.5
Levofloxacin	750mg every 24h	8
Rifampicin	600mg every 12h	4
Tigecycline	100mg every 12h	2



# Study Endpoint



# RESULTS



# Test Isolates

	<b>EC249</b>	<b>EC250</b>	<b>ENT702</b>
Species	<i>E. coli</i>	<i>E. coli</i>	<i>E. aerogenes</i>
MLST	ST2006	ST2006	N.A.
Isolation site	Rectal swab	Rectal swab	Urine
Carbapenemase	KPC-2	KPC-2	KPC-2
Other beta-lactamases	TEM-1A	TEM-1A, AmpC1	TEM-1B, CTX-M-15
Other resistance determinants	<i>aadA1, aadA2, mph(A), cmlA1, sul3, dfrA12</i>	<i>aadA2, mph(A), cmlA1, sul3, dfrA12</i>	<i>strA, strB, aac(6')Ib-cr, aac(3)-IIa, qnrB66, mph(A), catB3, sul2, tet(A), dfrA14</i>
Porin loss	No	No	Yes

# Test Isolates

	<b>EC249</b>	<b>EC250</b>	<b>ENT702</b>
Species	<i>E. coli</i>	<i>E. coli</i>	<i>E. aerogenes</i>
MLST	ST2006	ST2006	N.A.
Isolation site	Rectal swab	Rectal swab	Urine
Carbapenemase	KPC-2	KPC-2	KPC-2
Other beta-lactamases	TEM-1A	TEM-1A, AmpC1	TEM-1B, CTX-M-15
Other resistance determinants	<i>aadA1, aadA2, mph(A), cmlA1, sul3, dfrA12</i>	<i>aadA2, mph(A), cmlA1, sul3, dfrA12</i>	<i>strA, strB, aac(6')Ib-cr, aac(3)-IIa, qnrB66, mph(A), catB3, sul2, tet(A), dfrA14</i>
Porin loss	No	No	Yes
	Highly similar → possibly clonal		

# Susceptibilities

MIC, mg/L	EC249	EC250	ENT702
Polymyxin B	4	4	8
Aztreonam	$\geq 128$	$\geq 128$	$\geq 128$
Cefepime	$\geq 128$	64	$\geq 128$
Piperacillin/Tazobactam	$\geq 256/4$	$\geq 256/4$	$\geq 256/4$
Doripenem	8	8	8
Imipenem	$\geq 32$	$\geq 32$	$\geq 32$
Meropenem	$\geq 32$	$\geq 32$	$\geq 32$
Ertapenem	$\geq 32$	$\geq 32$	$\geq 32$
Levofloxacin	$\geq 64$	$\geq 64$	1
Tigecycline	$\leq 0.25$	$\leq 0.25$	1
Rifampicin	$\geq 64$	$\geq 64$	$\geq 64$

# Susceptibilities

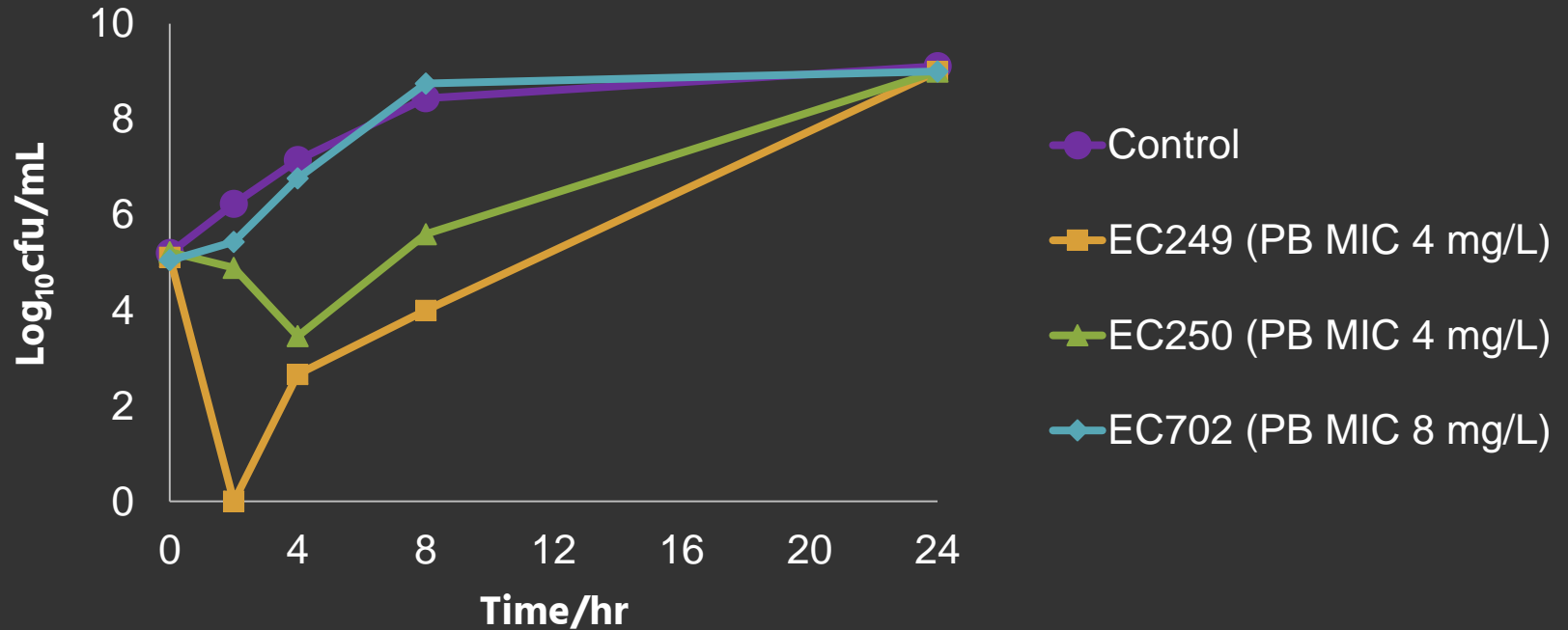
MIC, mg/L	EC249	EC250	ENT702
Polymyxin B	<b>4</b>	<b>4</b>	<b>8</b>
Aztreonam	≥128	≥128	≥128
Cefepime	≥128	64	≥128
Piperacillin/Tazobactam	≥256/4	≥256/4	≥256/4
Doripenem	<b>8</b>	<b>8</b>	<b>8</b>
Imipenem	≥32	≥32	≥32
Meropenem	≥32	≥32	≥32
Ertapenem	≥32	≥32	≥32
Levofloxacin	≥64	≥64	<b>1</b>
Tigecycline	≤0.25	≤0.25	1
Rifampicin	≥64	≥64	≥64

# Susceptibilities

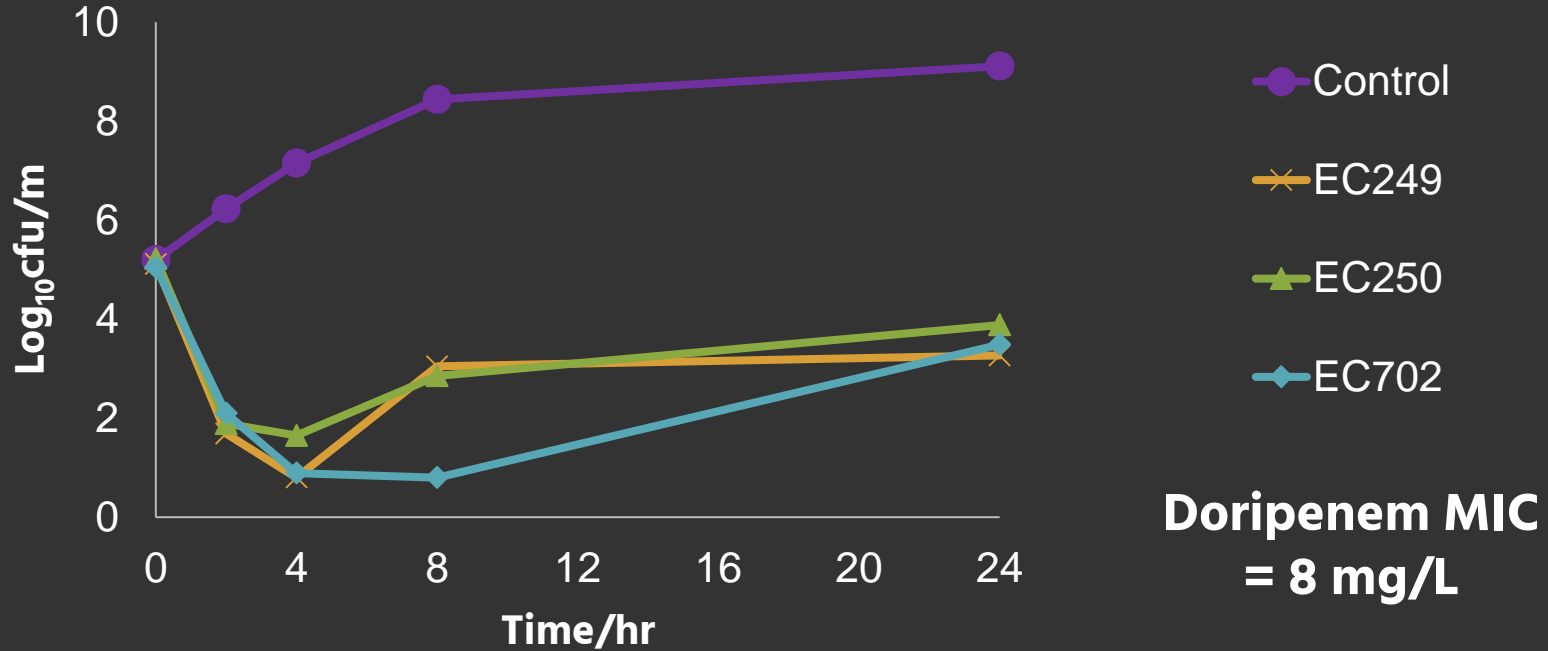
MIC, mg/L	EC249	EC250	ENT702
Polymyxin B	<b>4</b>	<b>4</b>	<b>8</b>
Aztreonam	≥128	≥128	≥128
Cefepime	≥128	64	≥128
Piperacillin/Tazobactam	≥256/4	≥256/4	≥256/4
Doripenem	<b>8</b>	<b>8</b>	<b>8</b>
Imipenem	≥32	≥32	≥32
Meropenem	≥32	≥32	≥32
Ertapenem	≥32	≥32	≥32
Levofloxacin	≥64	≥64	<b>1</b>
Tigecycline	<b>≤0.25</b>	<b>≤0.25</b>	<b>1</b>
Rifampicin	≥64	≥64	≥64



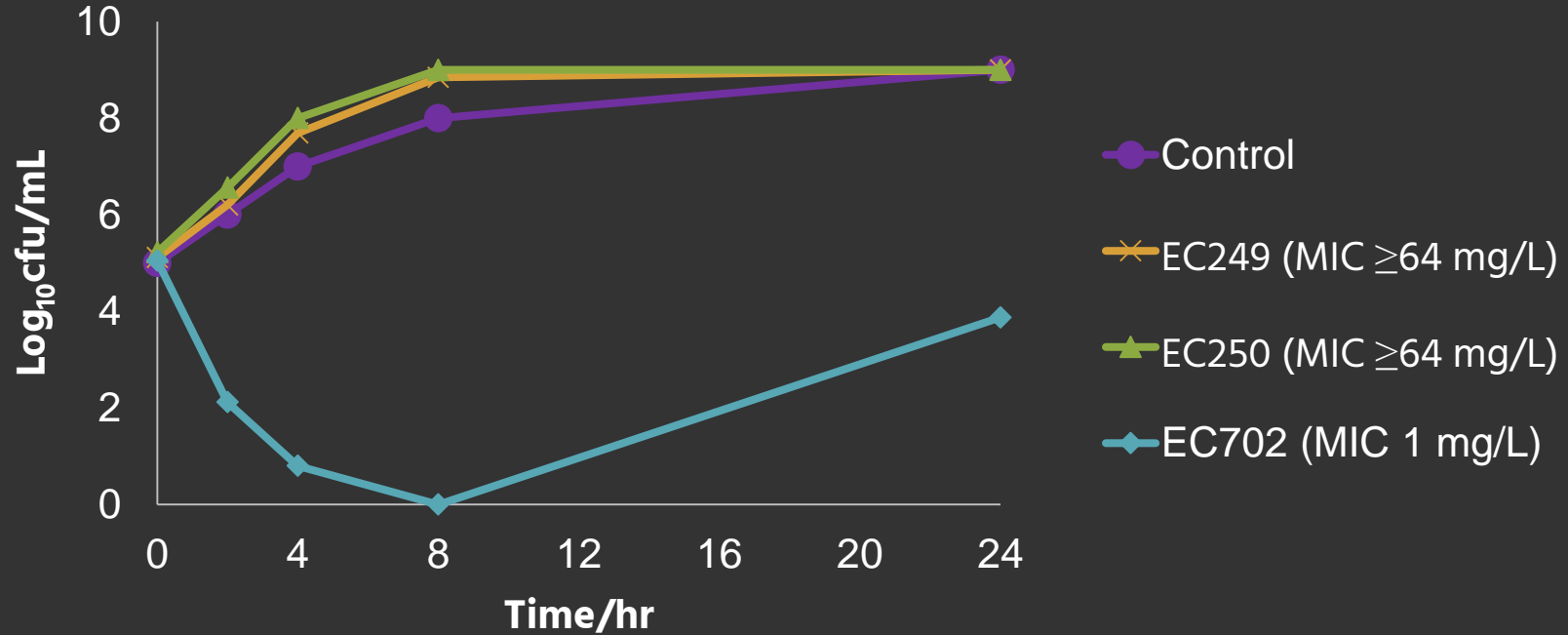
# Polymyxin Time-kill Curves



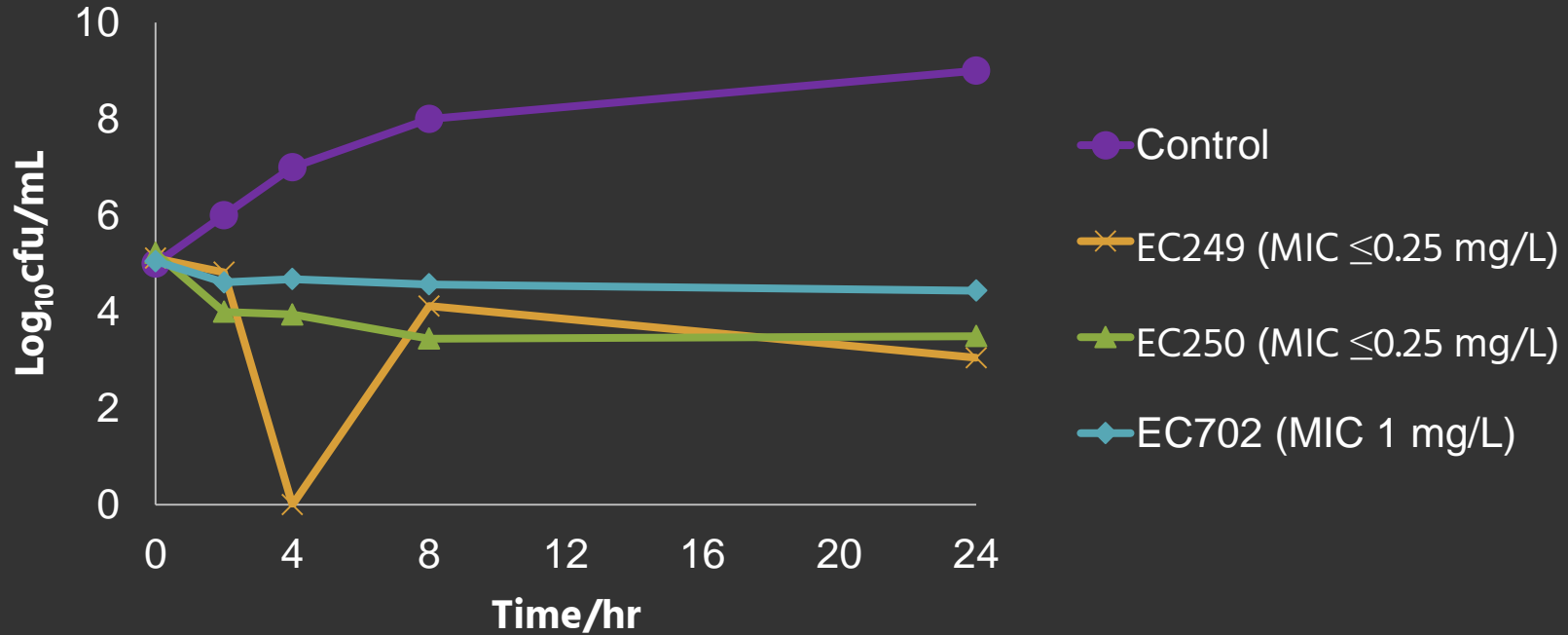
# Doripenem Time-kill Curves



# Levofloxacin Time-kill Curves

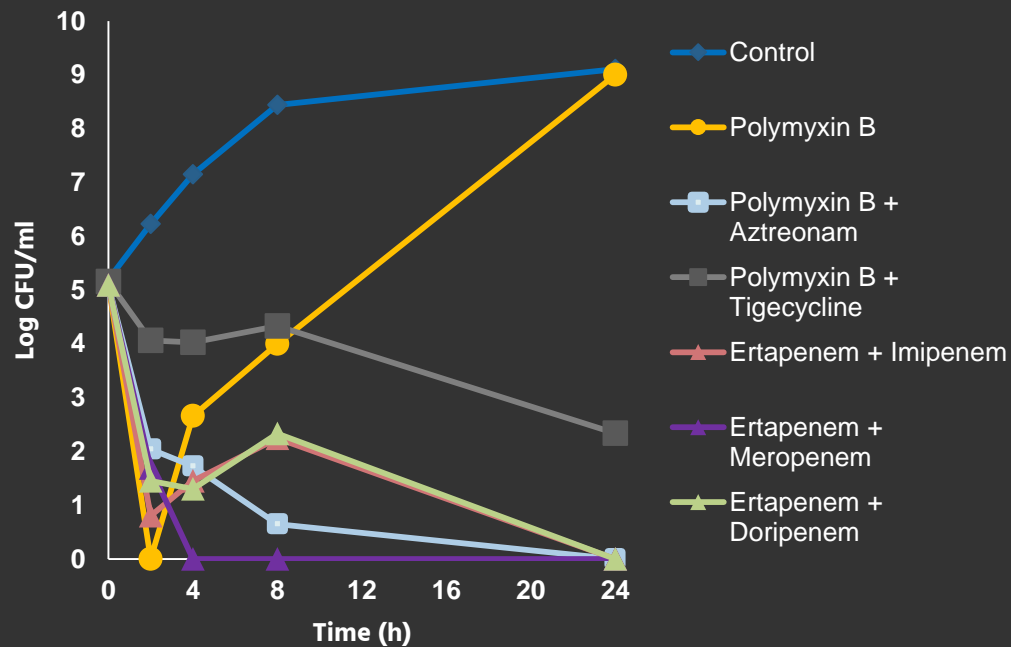


# Tigecycline time-kill curves



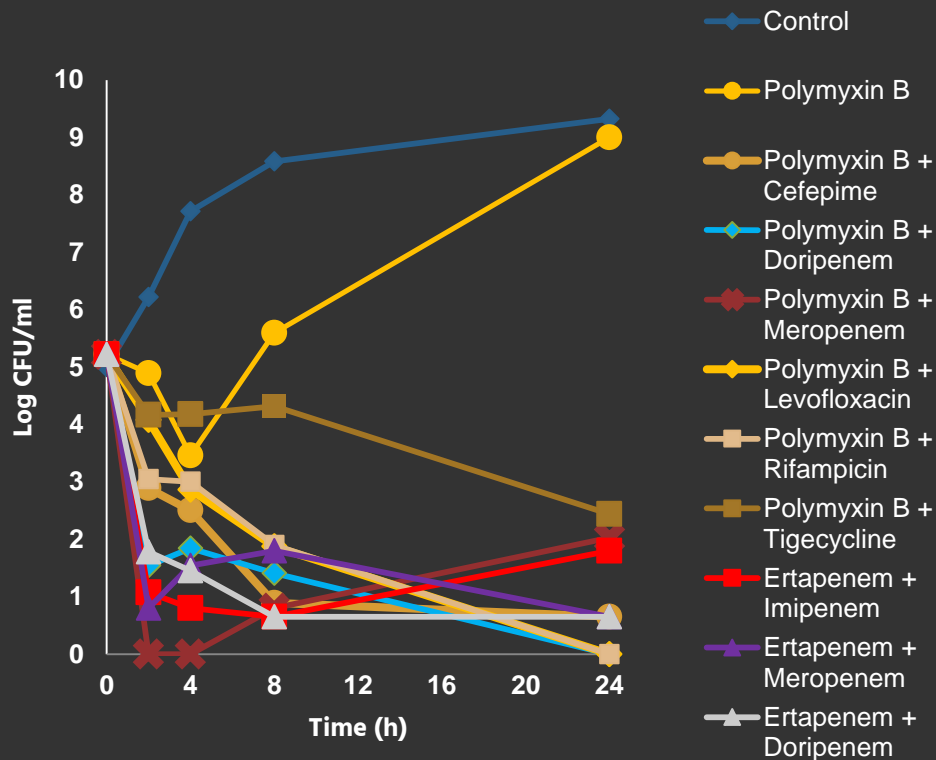
# EC249 Combination Time-kill

		EC249
Antibiotic		Log CFU/mL at 24h
Polymyxin	Aztreonam	<b>0.00</b>
	Cefepime	4.13
	PT4	9.00
	Doripenem	4.32
	Imipenem	4.05
	Meropenem	2.89
	Rifampicin	2.78
	Tigecycline	<b>2.34</b>
	Levofloxacin	5.04
Ertapenem	Doripenem	<b>0.00</b>
	Imipenem	<b>0.00</b>
	Meropenem	<b>0.00</b>



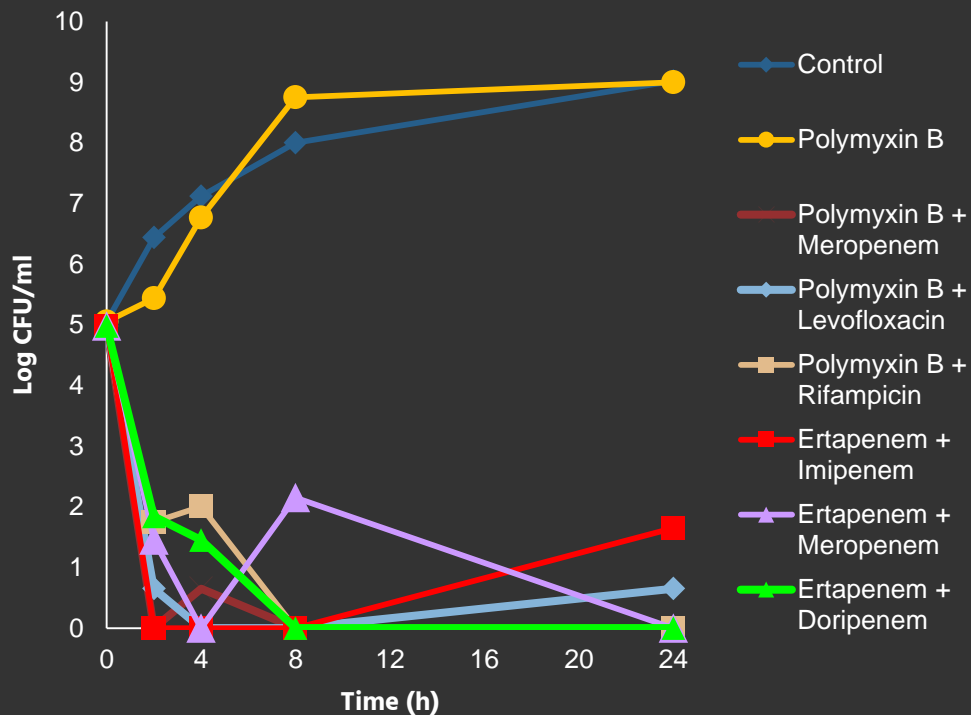
# EC250 Combination Time-kill

		EC250
Antibiotic		Log CFU/mL at 24h
Polymyxin	Aztreonam	4.81
	Cefepime	<b>0.65</b>
	PT4	9.00
	Doripenem	<b>0.00</b>
	Imipenem	5.50
	Meropenem	<b>2.03</b>
	Rifampicin	<b>0.00</b>
	Tigecycline	<b>2.44</b>
	Levofloxacin	<b>0.00</b>
	Ertapenem	Doripenem
Imipenem		<b>1.80</b>
Meropenem		<b>0.65</b>



# EC720 Combination Time-kill

		EC720	
		Antibiotic	Log CFU/mL at 24h
Polymyxin	Aztreonam		9.00
	Cefepime		3.12
	PT4		9.00
	Doripenem		9.00
	Imipenem		9.00
	Meropenem		<b>0.00</b>
	Rifampicin		<b>0.00</b>
	Tigecycline		4.76
	Levofloxacin		<b>0.65</b>
	Ertapenem	Doripenem	
Imipenem			<b>1.65</b>
Meropenem			<b>0.00</b>





# Combination Time-kill

Antibiotic	Log CFU/mL at 24h		
	EC249	EC250	ENT702
Polymyxin B + Aztreonam	<b>0.00</b>	4.81	9.00
Polymyxin B + Cefepime	4.13	<b>0.65</b>	3.12
Polymyxin B + Piperacillin/Tazobactam	9.00	9.00	9.00
Polymyxin B + Doripenem	4.32	<b>0.00</b>	9.00
Polymyxin B + Imipenem	4.05	5.50	9.00
Polymyxin B + Meropenem	2.89	<b>2.03</b>	<b>0.00</b>
Polymyxin B + Rifampicin	2.78	<b>0.00</b>	<b>0.00</b>
Polymyxin B + Tigecycline	<b>2.34</b>	<b>2.44</b>	4.76
Polymyxin B + Levofloxacin	5.04	<b>0.00</b>	<b>0.65</b>
Ertapenem + Doripenem	<b>0.00</b>	<b>0.65</b>	<b>0.00</b>
Ertapenem + Imipenem	<b>0.00</b>	<b>1.80</b>	<b>1.65</b>
Ertapenem + Meropenem	<b>0.00</b>	<b>0.65</b>	<b>0.00</b>

# Combination Time-kill

Antibiotic	Log CFU/mL at 24h		
	EC249	EC250	ENT702
Polymyxin B + Aztreonam	<b>0.00</b>	4.81	9.00
Polymyxin B + Cefepime	4.13	<b>0.65</b>	3.12
Polymyxin B + Piperacillin/Tazobactam	9.00	9.00	9.00
Polymyxin B + Doripenem	4.32	<b>0.00</b>	9.00
Polymyxin B + Imipenem	Different isolates → different bactericidal combinations		
Polymyxin B + Meropenem			
Polymyxin B + Rifampicin	2.78	<b>0.00</b>	<b>0.00</b>
Polymyxin B + Tigecycline	<b>2.34</b>	<b>2.44</b>	4.76
Polymyxin B + Levofloxacin	5.04	<b>0.00</b>	<b>0.65</b>
Ertapenem + Doripenem	<b>0.00</b>	<b>0.65</b>	<b>0.00</b>
Ertapenem + Imipenem	<b>0.00</b>	<b>1.80</b>	<b>1.65</b>
Ertapenem + Meropenem	<b>0.00</b>	<b>0.65</b>	<b>0.00</b>

# Combination Time-kill

Antibiotic	Log CFU/mL at 24h		
	EC249	EC250	ENT702
Polymyxin B + Aztreonam	<b>0.00</b>	4.81	9.00
Polymyxin B + Cefepime	4.13	<b>0.65</b>	3.12
Polymyxin B + Piperacillin/Tazobactam	9.00	9.00	9.00
Polymyxin B + Doripenem	4.32	<b>0.00</b>	EC249 & EC250 similar but different bactericidal combinations
Polymyxin B + Imipenem	4.05	5.50	
Polymyxin B + Meropenem	2.89	<b>2.03</b>	
Polymyxin B + Rifampicin	2.78	<b>0.00</b>	
Polymyxin B + Tigecycline	<b>2.34</b>	<b>2.44</b>	
Polymyxin B + Levofloxacin	5.04	<b>0.00</b>	<b>0.65</b>
Ertapenem + Doripenem	<b>0.00</b>	<b>0.65</b>	<b>0.00</b>
Ertapenem + Imipenem	<b>0.00</b>	<b>1.80</b>	<b>1.65</b>
Ertapenem + Meropenem	<b>0.00</b>	<b>0.65</b>	<b>0.00</b>

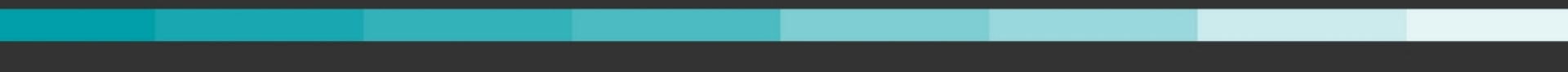
# Combination Time-kill

Antibiotic	Log CFU/mL at 24h		
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Polymyxin B + Meropenem	2.89	<b>2.03</b>	<b>0.00</b>
Polymyxin B + Rifampicin	2.78	<b>0.00</b>	<b>0.00</b>
Polymyxin B + Tigecycline	<b>2.34</b>	<b>2.44</b>	4.76
Polymyxin B + Levofloxacin	5.04	<b>0.00</b>	<b>0.65</b>
Ertapenem + Doripenem	Partnering polymyxin B with antibiotics with lowest MICs may not be the most effective		
Ertapenem + Imipenem			
Ertapenem + Meropenem			

# Combination Time-kill

Antibiotic	Log CFU/mL at 24h		
	EC249	EC250	ENT702
Polymyxin B + Aztreonam	0.00	4.81	9.00
Polymyxin B + Cefepime	4.13	0.65	3.12
Polymyxin B + Piperacillin/Tazobactam	9.00	9.00	9.00
Polymyxin B + Doripenem	4.32	0.00	9.00
Polymyxin B + Imipenem	Dual-carbapenem combinations were bactericidal for all 3 isolates		
Polymyxin B + Meropenem			
Polymyxin B + Rifampicin	2.78	0.00	0.00
Polymyxin B + Tigecycline	2.34	2.44	4.76
Polymyxin B + Levofloxacin	5.04	0.00	0.65
Ertapenem + Doripenem	0.00	0.65	0.00
Ertapenem + Imipenem	0.00	1.80	1.65
Ertapenem + Meropenem	0.00	0.65	0.00

# Conclusions

- › Bactericidal combinations are highly strain-specific
  - › Using individual antibiotics' MIC to select antibiotic combinations is not useful
  - › Dual carbapenem combinations appear to be the most effective against the tested *mcr-1+* *KPC* isolates
- 

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*Dept. of Microbiology, Singapore General  
Hospital*

All members of Singapore General  
Hospital Anti-infective Research Lab



**THANK YOU!**



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