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Abstract (poster session)

**Activity of ceftobiprole tested against Gram-negative clinical isolates from European medical centres**

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Objective: To monitor the potency of ceftobiprole (BPR), against Enterobacteriaceae (ENT) and *Pseudomonas aeruginosa* (PA) isolated from European medical centers. Ceftobiprole medocaril is a broad-spectrum, anti-MRSA cephalosporin with activity against Gram-negative pathogens including PA. It has been studied in hospitalized community-acquired bacterial pneumonia, hospital-acquired bacterial pneumonia, and acute bacterial skin and skin structure infections Methods: ENT and PA from 16 European countries were collected as non-duplicate, clinically relevant isolates during 2008-2010. BPR, the microbiologically active component of ceftobiprole medocaril, and commonly used comparator agents were tested by broth microdilution following CLSI methods. Interpretations were as published in CLSI and EUCAST documents. Results: A total of 9,831 ENT and 1,884 PA were prospectively collected from bloodstream (72.7%), respiratory tract (14.9%), skin and soft tissue (11.4%), and other (1.1%) infection sites. The ESBL-phenotype represented 13.1% of *Escherichia coli* (EC) and 25.0% of *Klebsiella* spp. (KSP). The MIC<sub>50/90</sub> for BPR against ENT was  $\leq 0.06 / > 8$  mg/L. BPR was highly active against non-ESBL phenotype EC (MIC<sub>50/90</sub>,  $\leq 0.06 / \leq 0.06$  mg/L) and KSP (MIC<sub>50/90</sub>,  $\leq 0.06 / 0.25$  mg/L). The MIC<sub>50/90</sub> for ESBL-phenotype positive strains for both was  $> 8 / > 8$  mg/L, respectively. Potent activity was also noted for *Serratia marcescens* (MIC<sub>50/90</sub>,  $\leq 0.06 / 1$  mg/L) and *Proteus mirabilis* (MIC<sub>50/90</sub>,  $\leq 0.06 / 0.12$  mg/L). For PA, the MIC<sub>50</sub> for BPR was 4 mg/L, similar to cefepime (MIC<sub>50</sub>, 4 mg/L) and ceftazidime (MIC<sub>50</sub>, 2 mg/L). A total of 63.2% and 77.8% of the BPR MIC values were at  $\leq 4$  and  $\leq 8$  mg/L, respectively. Conclusions: BPR demonstrated potent activity similar to ceftazidime and cefepime when tested against a large collection of clinically relevant clinical isolates of non-ESBL ENT collected from Europe during 2008-2010. BPR, like ceftazidime and cefepime, had lower activity against ESBL-phenotype-positive ENT. The activity of BPR against PA was similar to cefepime and ceftazidime. The Gram-negative spectrum of activity of BPR indicates that it is comparable to ceftazidime and cefepime and may have clinical utility in indications where ENT and PA may occur.

Organism	cumulative %inhibited at ceftobiprole MIC (mg/L) of:									MIC <sub>50</sub>	MIC <sub>90</sub>
	$\leq 0.06$	0.12	0.25	0.5	1	2	4	8	$> 8$		
Enterobacteriaceae (9831)	74.0	79.5	81.8	83.2	84.1	84.8	85.7	86.3	100.0	$\leq 0.06$	$> 8$
<i>E. coli</i> (5376)	82.0	85.5	86.7	87.3	87.6	87.9	88.2	88.5	100.0	$\leq 0.06$	$> 8$
<i>E. coli</i> non-ESBL (4607)	94.6	98.4	99.3	99.7	99.8	99.9	99.9	99.9	100.0	$\leq 0.06$	$\leq 0.06$
<i>Klebsiella</i> spp. (2021)	58.5	65.7	70.6	72.9	74.2	74.5	74.9	75.5	100.0	$\leq 0.06$	$> 8$
<i>K. spp.</i> non-ESBL (1475)	79.3	88.)	94.6	97.4	98.4	98.4	98.5	98.6	100.0	$\leq 0.06$	0.25
<i>P. aeruginosa</i> (1884)	0.0	0.0	0.3	2.8	22.9	48.8	63.2	77.8	100.0	4	$> 8$