



Long-acting Antimicrobial Agents: Current Status & Perspectives

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Disclosures

Consultant/Advisory Board/Speaker fees

- **Pfizer, MSD, AstraZeneca, Angelini**
- **Astellas Pharma, Basilea, Sanofi Aventis**
- **Thermo Fisher, Biomiereuix**
- **BioTest, Nordic Pharma**
- **Sofar, Gilead Sciences, Correvio**



Current Status

- **«Lineless» Antibiotics**
 - Dalbavancin
 - Oritavancin
- **Long half-life**
 - (Tigecycline)
- **Prolonged half-life**
 - Liposomal amphotericin B

Lineless Antibiotics in Persons Who Use Drugs (PWUD)

Morrisette T et al Open Forum Infect Dis 2019

- **System-wide, retrospective analysis**
 - Adults admitted to University of Colorado Health from September 2015 to June 2018
 - Treated with dalbavancin or oritavancin based on clinical judgment
- **56 patients met inclusion criteria**
 - 17 **PWUD** vs 39 **non-PWUD**
- **PWUD group**
 - Younger, healthier by Charlson comorbidity index, more likely insured by Medicaid, and admitted for conditions requiring longer treatment
- **Clinical failure (with available follow-up)**
 - 1 **PWUD** patient (6%) and 6 **non-PWUD** patients (15%) ($P = .413$)
- **Median hospital length-of-stay reduction ($P=.133$)**
 - **PWUD** = 20 days (interquartile range [IQR], 10–30 days)
 - **Non-PWUD** = 11 days (IQR, 9–14 days)
- **Estimated median savings $P = .065$**
 - **PWUD** = \$40 455.08 (IQR, \$20 900.00–\$62 700.00)
 - **Non PWUD** = \$19 555.08 (IQR, \$15 375.08–\$23 735.08)

Lineless Antibiotics in Persons Who Use Drugs (PWUD)

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Table 2. Antimicrobial, Infection, and Microorganism Characteristics^a

Characteristic	PWUD (n = 17)	Non-PWUD (n = 39)	P Value
Dalbavancin	12 (71)	28 (72)	>.999
Oritavancin	4 (24)	10 (26)	>.999
Dalbavancin and oritavancin	1 (6)	1 (3)	.519
Lipoglycopeptide doses (number), median (IQR)	1.0 (1.0–2.0)	1.0 (1.0–2.0)	.769
Previous antibiotic received	15 (88)	36 (92)	.634
Concomitant antibiotics	5 (29)	12 (31)	.919
Empiric	2 (12)	4 (10)	>.999
Targeted therapy	15 (88)	32 (82)	.707
Suppression	0	2 (5)	>.999
Hospital length of stay, median (IQR)	6.0 (3.5–12.0)	6.0 (3.0–14.0)	>.999
Lipoglycopeptide Indication	—	—	—
ABSSSIs	6 (35)	14 (36)	.965
Osteomyelitis	6 (35)	9 (23)	.349
Endocarditis	3 (18)	2 (5)	.158
Catheter-related bacteremia	0	2 (5)	>.999
Pneumonia	0	2 (5)	>.999
Other	2 (12)	10 (26)	.309
Source control, if applicable	11 (65)	26 (67)	>.999
Concomitant bacteremia	8 (47)	14 (36)	.432
Isolated Microorganisms ^b	—	—	—
MSSA	8 (47)	8 (21)	.058
MRSA	5 (29)	7 (18)	.480
<i>Enterococcus faecalis</i>	1 (6)	6 (15)	.421
Coagulase-negative <i>Staphylococcus</i> spp	0	7 (18)	.088
VRE	1 (6)	4 (10)	>.999
Other organism	0	8 (21)	.090
Clinical success	13 (77)	27 (69)	.409
Clinical failure	1 (6)	6 (15)	.413
In-hospital mortality	0	2 (5)	>.999
Adverse effects	0	6 (15)	.163

Abbreviations: ABSSSIs, acute bacterial skin and skin-structure infections; IQR, interquartile range; PWUD, persons who use drugs; MRSA, methicillin-resistant *Staphylococcus aureus*; MSSA, methicillin-susceptible *S aureus*; VRE, vancomycin-resistant *Enterococcus faecium*.

Lineless Antibiotics in Persons Who Use Drugs (PWUD)

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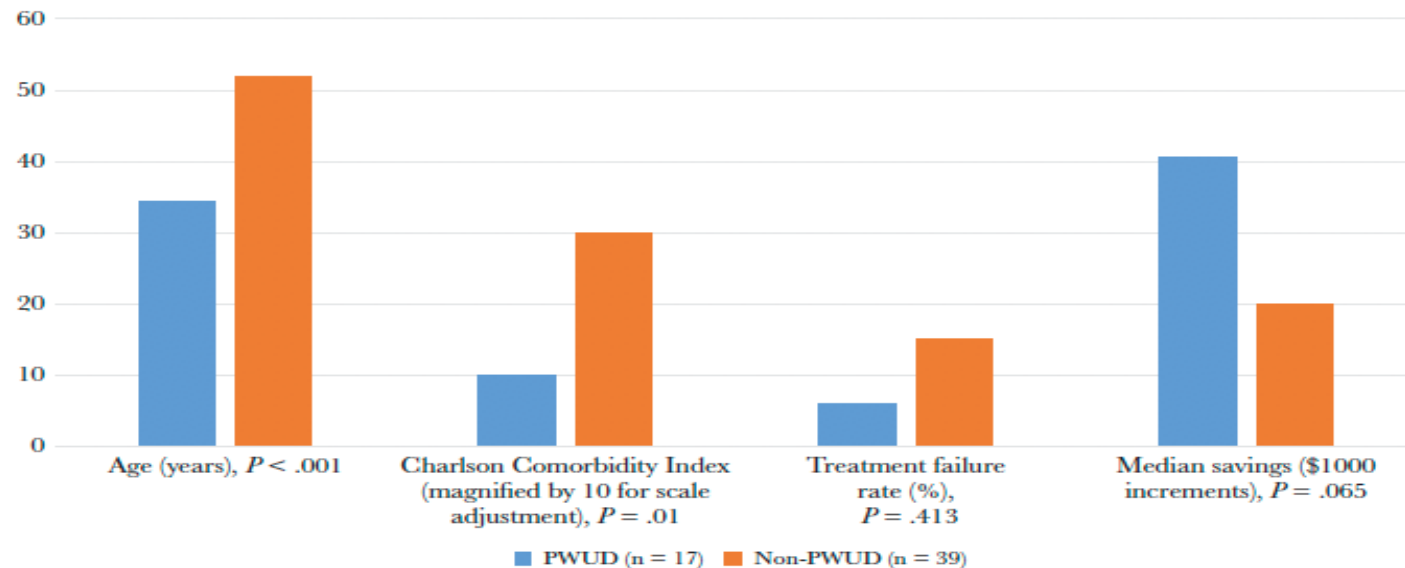


Figure 1. Notable differences observed and their potential for improved healthcare delivery. PWUD, persons who use drugs.

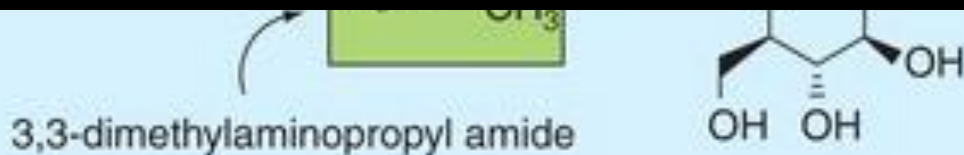
Dalbavancin

Dunne MW et al Drug Saf 2015



- **Features:**

- Terminal half-life of 14.4 days
- No metabolization
- No interaction with cytochrome p-450 enzymes
- Elimination by both hepatic and renal routes



Dalbavancin

Chambers HF et al, NEJM 2014; 370:2238-2239

- **Molecule**

- Semisynthetic lipoglycopeptide analogue of teicoplanin
- Bactericidal inhibition the transpeptidase and transglycosylase steps in bacterial cell-wall synthesis of gram-positive bacteria by binding to the terminal D-alanyl-D-alanine of the stem pentapeptide of the nascent peptidoglycan

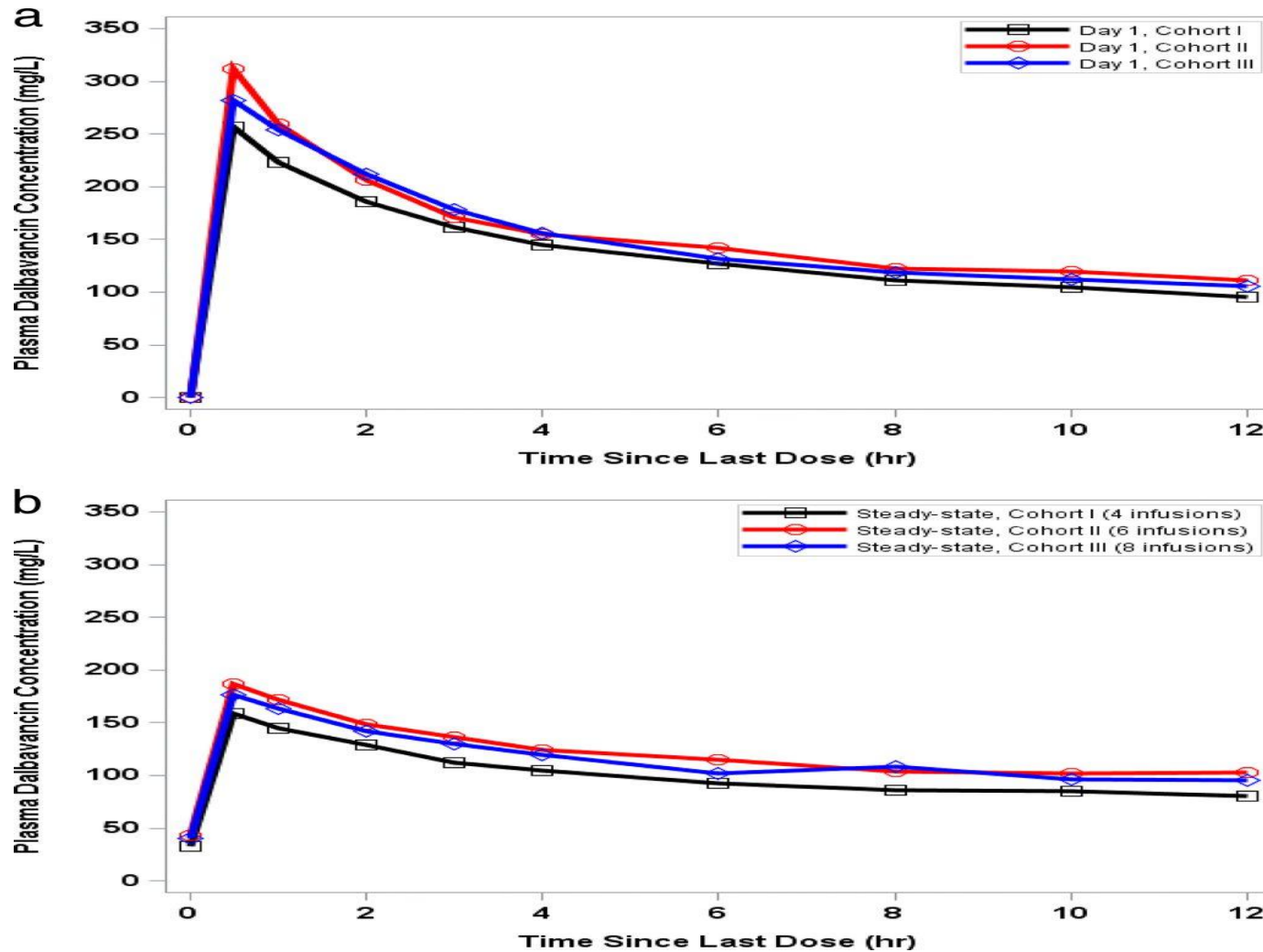
- **Lipid moieties**

- Binding & anchoring to the cell membrane and dimerization

- **New pharmacologic features**

- Terminal half-life is approximately 2 weeks
- Serum free-drug concentrations exceed MICs for ≥ 1 week

Mean Dalbavancin Plasma Concentrations Day 1 (a) & Steady State (b)



Perspectives

- «One Health» Approach
- Antibacterials
- Anti-malaria agents
- Antifungals

Pharmacokinetics of Short- and Long-acting Intramuscular Oxytetracycline in Chickens

- **Injectable of short- and long-acting formulations**
 - Same pharmaceutical company were administered
 - Healthy 6-week-old broiler chickens
 - Short-acting: 10 mg/kg IM q24h for 4 days
 - Long-acting: 20mg/Kg im single dose
- **PK analysis by EIA:**
 - 0.25, 0.5, 1, 1.5, 2, 4, 6, 8, 10, 24 hours & q24h up to 120 h
- **Both dosing**
 - Respectful of recommended dosing intervals

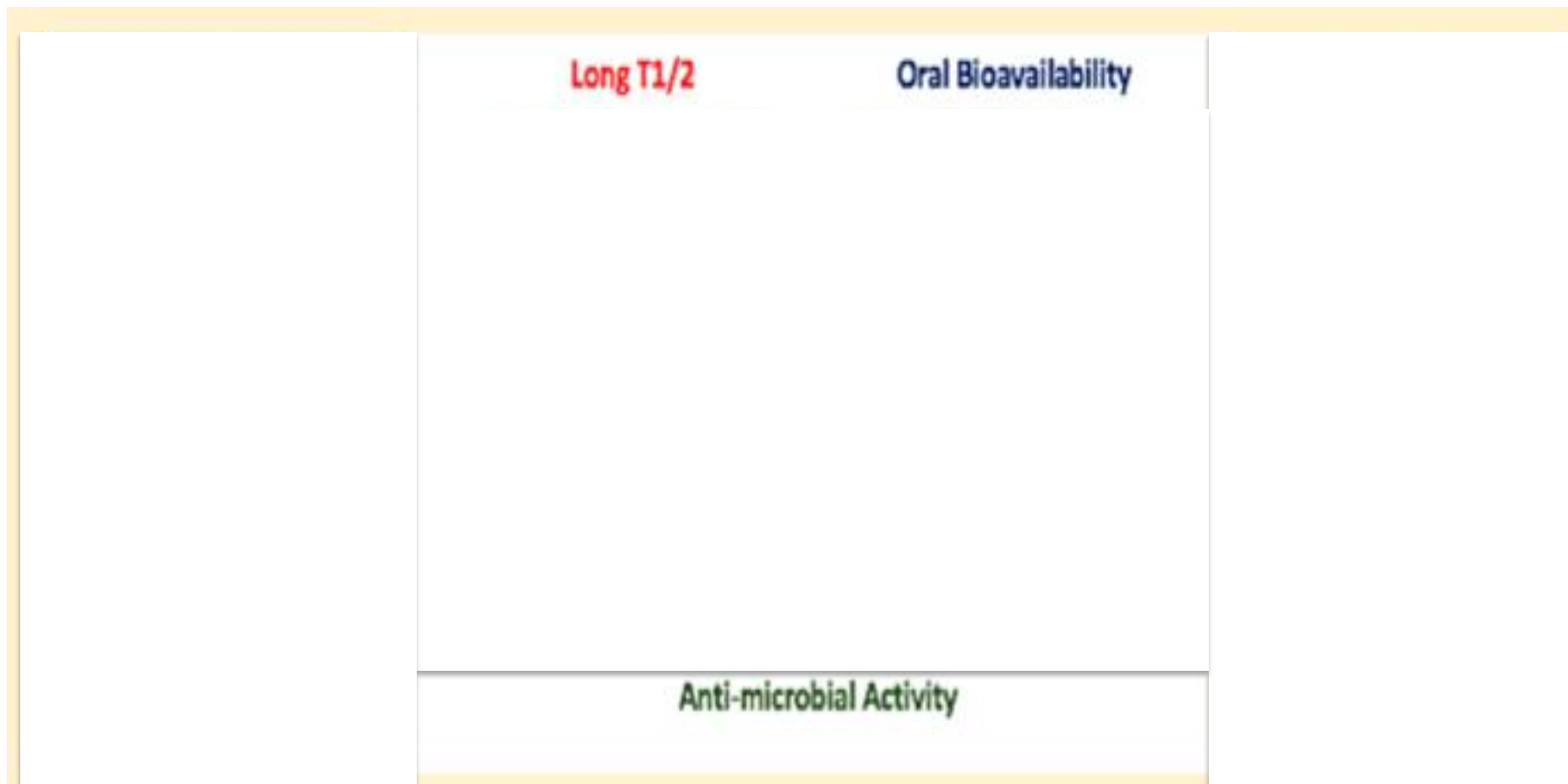
Pharmacokinetics of β -Lactam Antibiotics: Clues from the Past for the Future

- Beta-lactams (BL) discovered in 1928 (penicillin)
- Historically:
 - No utility against *M. tuberculosis* (*M. tb*)
 - Erroneous data on poor drug penetration through the outer wall of *M. tb*
 - *M. tb* also uses transpeptidases for cross-linking in cell wall synthesis
- Nowadays:
 - Clavulanic /& avibactam inhibit *bla*-C, class-A
 - Chromosomal beta-lactamases in *M. tb*
 - Meropenem & other new drugs have *in vitro* activity Vs. *M. tb*
 - *M. tb* mutants with *bla*-C deleted → increased susceptibility to BL

β -Lactam Antibiotics

- **122 compounds**
 - Many are monoacids
- **Properties associated with long half-life**
 - Ionization
 - Polarity
 - Flexibility Half life: $0.693 V_d/CL$
 - Increasing protein binding \rightarrow decrease renal CL

Pharmacokinetics of β -Lactam Antibiotics: Clues from the Past for the Future



Aerosolized Liposomal Amikacin

- **Liposomal amikacin for inhalation (LAI; Arikayce™)**
 - Amikacin sulfate encapsulated in liposomes
 - Maximization of the dose and delivery to the lungs by a nebulizer
 - Infected patients by *P. aeruginosa* or *M. abscessus* (ongoing study)
- **Small liposome particles**
 - Penetration and diffusion through sputum into the bacterial biofilm
 - Deposit drug close to the bacterial colonies
 - Meers, et al., 2008; Clancy, et al., 2013
- **Clinically achievable local doses of LAI formulations:**
 - Can effectively increase the half-life of the drug in the lungs
 - Can decrease the potential for systemic toxicity

Tafenoquine: First Global Approval

- **Long-acting analogue of primaquine**
 - Orally-active 8-aminoquinoline anti-malarial drug
 - Activity against pre-erythrocytic (liver) and erythrocytic (asexual) forms &
 - Gametocytes of Plasmodium species that include *Plasmodium vivax* and *P. falciparum*
 - (Krintafel™, Arakoda™)
- **Developed by GlaxoSmithKline (formerly SmithKline Beecham)**
 - → Radical cure of *P. vivax* malaria
- **Developed by 60 Degrees Pharmaceuticals**
 - → Prophylaxis of malaria
- **Exact mechanism(s) of action unknown**
 - Possible effect by inhibiting haematin polymerization
 - Possible induction of mitochondrial dysfunction → apoptotic-like death

Tafenoquine: First Global Approval

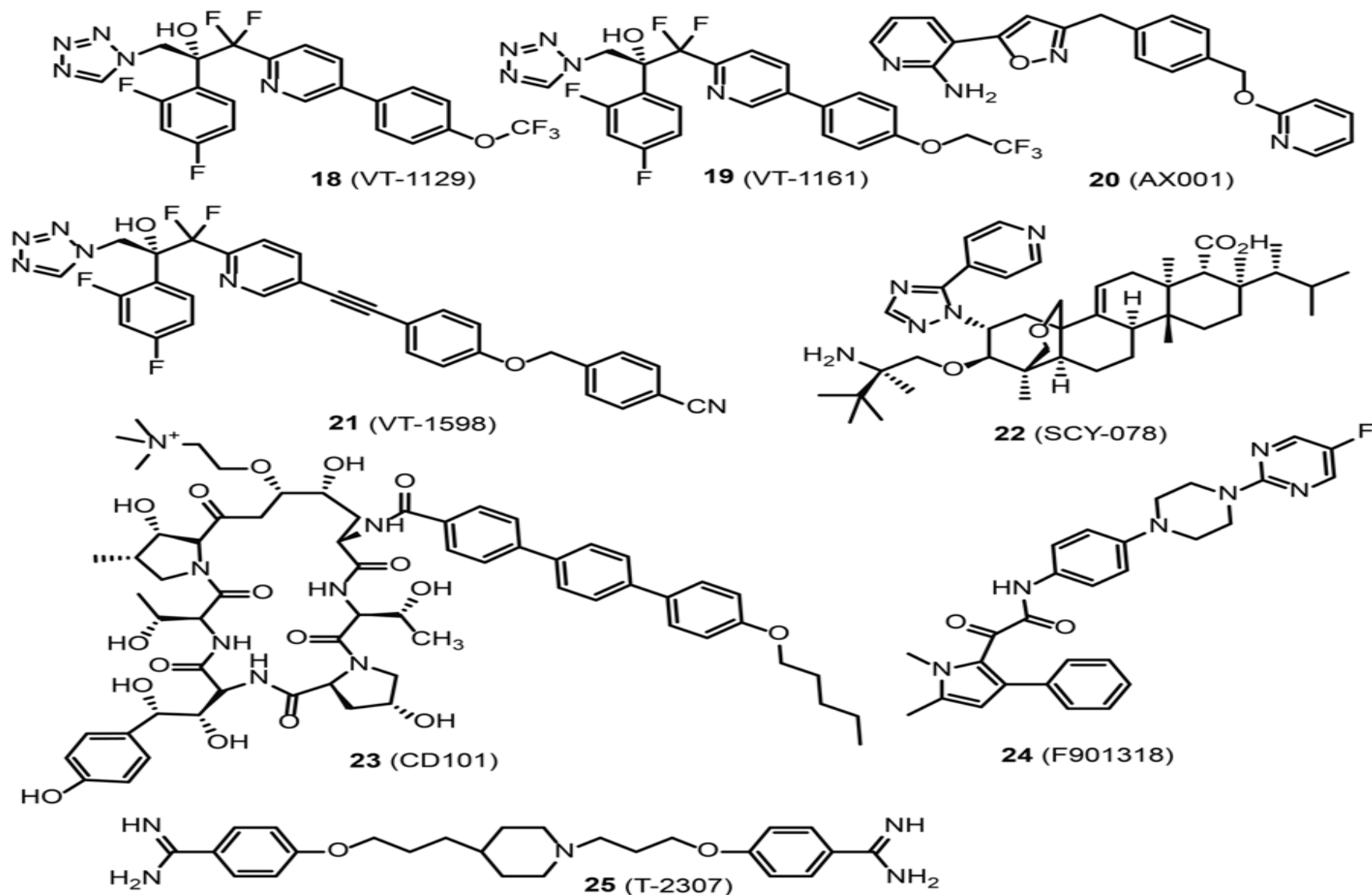
Features and properties of tafenoquine

Alternative names	60P 003; Arakoda; Etaquine; Krintafel; SB-252263; SB-252263-AAB; SB-252263-AX; tafenoquine maleate; tafenoquine succinate; WR 238605; WR 238605 succinate
Class	Aminoquinolines; antimalarials; antiprotozoals; small molecules
Mechanism of action	Electron transport complex III inhibitor; reactive oxygen species stimulant. Molecular target in malaria unknown
Route of administration	Oral
Pharmacodynamics	Active against pre-erythrocytic (liver) and erythrocytic (asexual) forms as well as gametocytes of <i>Plasmodium</i> species that include <i>P. vivax</i> and <i>P. falciparum</i> . No clinically relevant effect on QT interval
Pharmacokinetics	Time to peak plasma concentration \approx 12–15 h; drug exposure increased when coadministered with food; apparent oral volume of distribution \approx 1600 L; average elimination half-life \approx 15 days
Most frequent adverse events	Headache, dizziness, nausea, vomiting, decreased haemoglobin
ATC codes	
WHO ATC code	P01A-X (other agents against amoebiasis and other protozoal diseases); P01B-A (aminoquinolines)
EphMRA ATC code	P1D (anti-malarials); P1G (other anti-parasitic agents)
Chemical name	4-N-[2,6-dimethoxy-4-methyl-5-[3-(trifluoromethyl)phenoxy]quinolin-8-yl]pentane-1,4-diamine

New Promising Targets for Antifungals

- Homoserine transacetylase
- Methionine synthase
- ATP sulfurylase
- Transcription factor protein (MET4)
- Homocysteine synthase
- Aspartate kinase
- Homoserine dehydrogenase
- Homoserine kinase
- Threonine synthase
- Acetolactate synthase
- ROS production
- Biofilm formation
- Sulfite transporter
- Phosphopantetheinyl transferase
- Mitochondrial phosphate carrier
- Bromodomain

Potential Targets for the Development of New Antifungal Drugs



CD 101: Long Acting Echinocandin

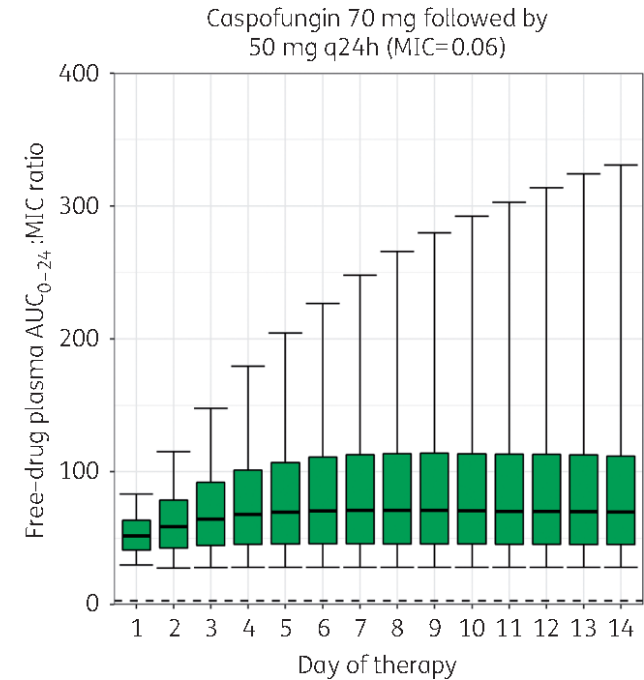
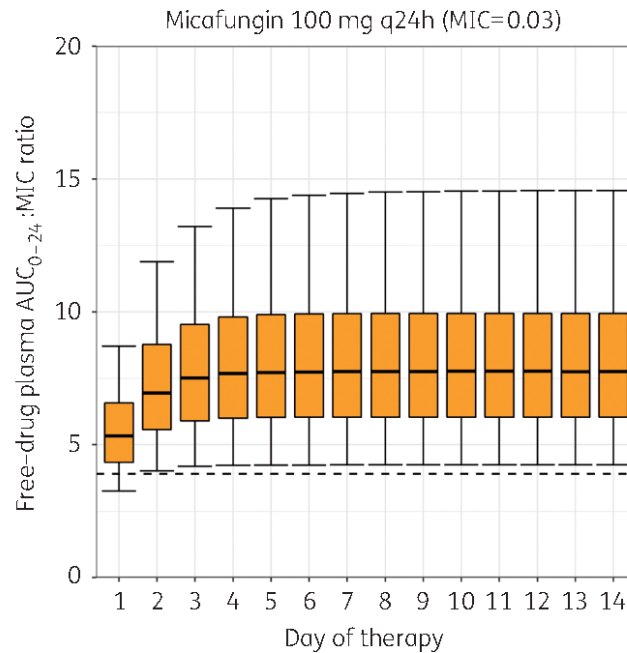
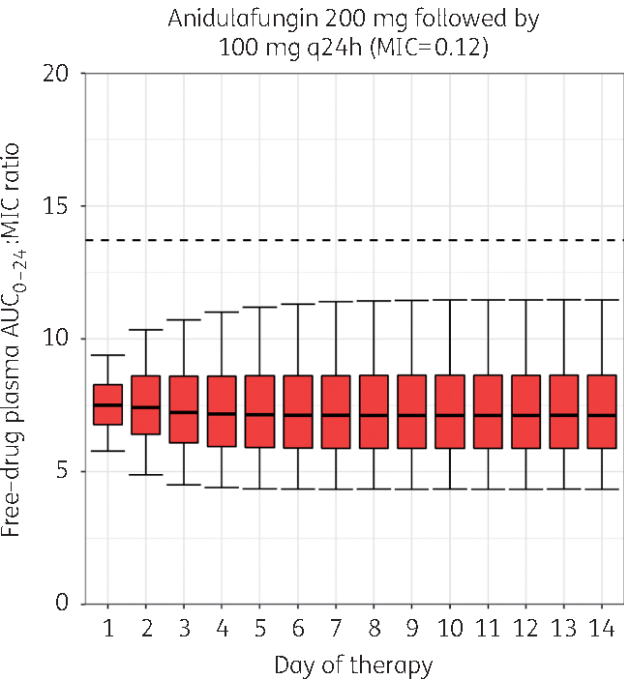
- **Echinocandins:**
 - Long half-lives that allow for once-daily dosing
 - Low toxicity profile (Denning, 2003)
- **CD101 = Rezafungin**
 - Further improvement of this drug class
- **Advantages:**
 - Enhanced pharmacokinetic properties
 - Once-weekly intravenous therapy
 - Improved safety profile relative to other echinocandins (Ong et al., 2016; Ong et al., 2017; Sandison et al., 2017)

We Can Do Better:

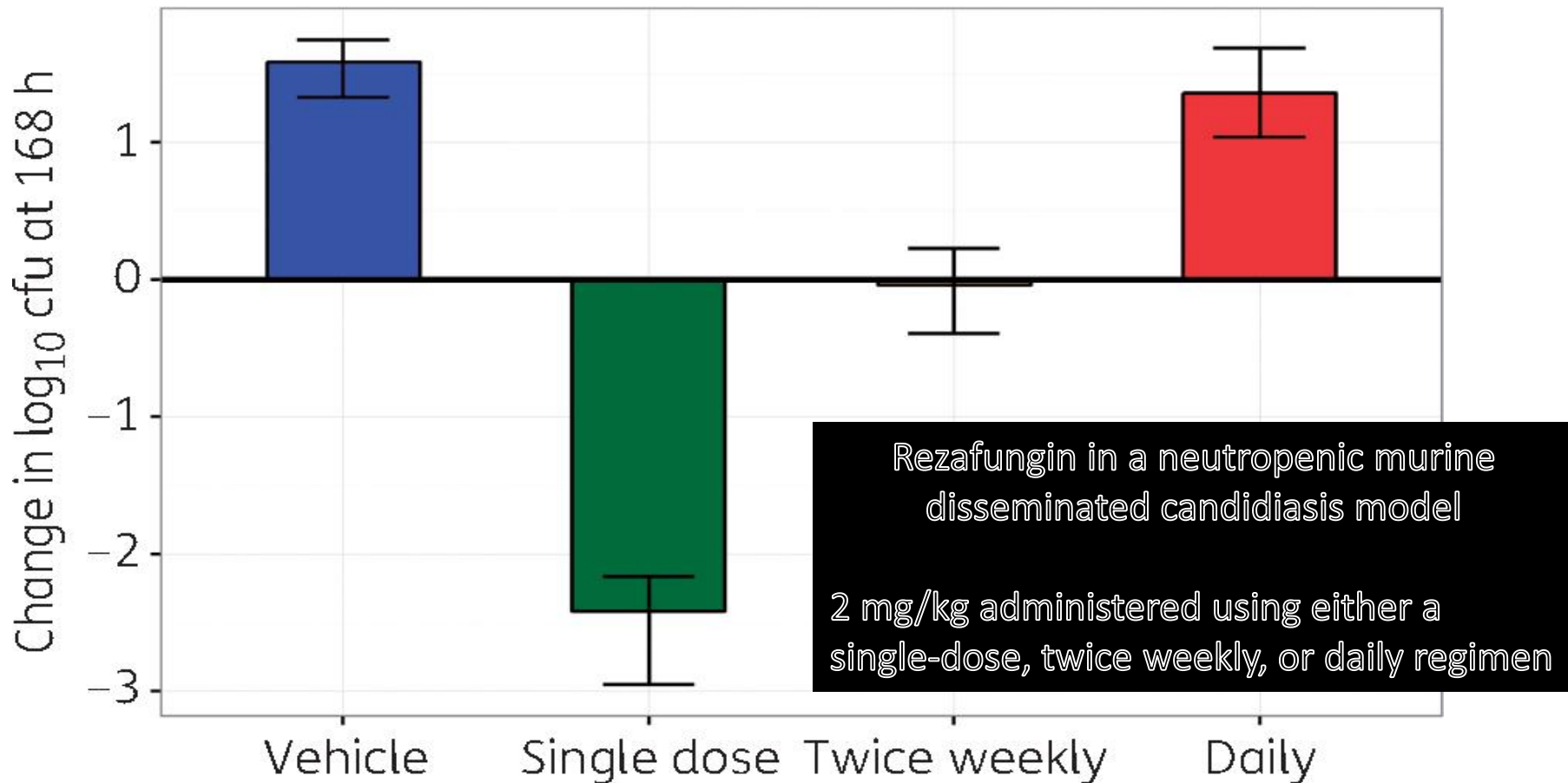
A Fresh Look at Echinocandin Dosing

- **Anidulafungin and micafungin**
 - Unlikely to provide therapeutic exposures sufficient to treat highly resistant isolates
- **Day 1 probabilities of PK/PD target attainment**
 - 5.2% and 85.1%, respectively, at the *C. glabrata* MIC90 (0.12 mg/L) and MIC97 (0.06 mg/L)
- **Rezafungin**
 - High probabilities of target attainment over 4 weeks of therapy (100%) after administration of a single-dose regimen at the MIC90 of 0.06 mg/L
- **Conclusions on achievable drug exposure:**
 - Existing therapies are not optimal to treat resistant organisms
 - More potent new echinocandins may be on the horizon

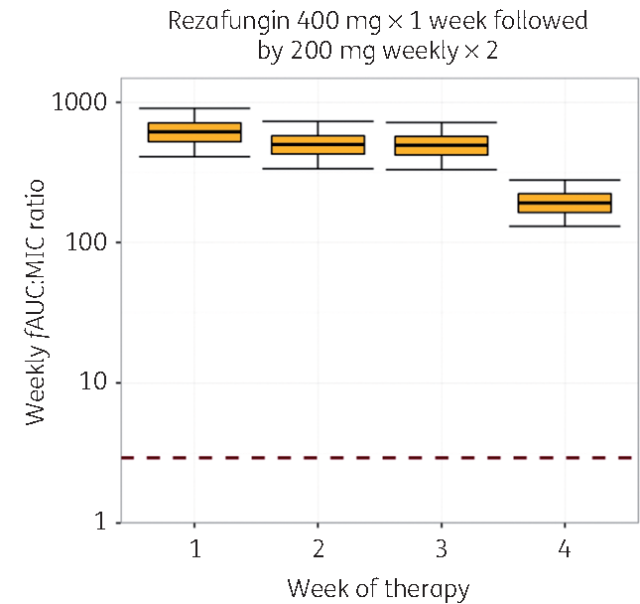
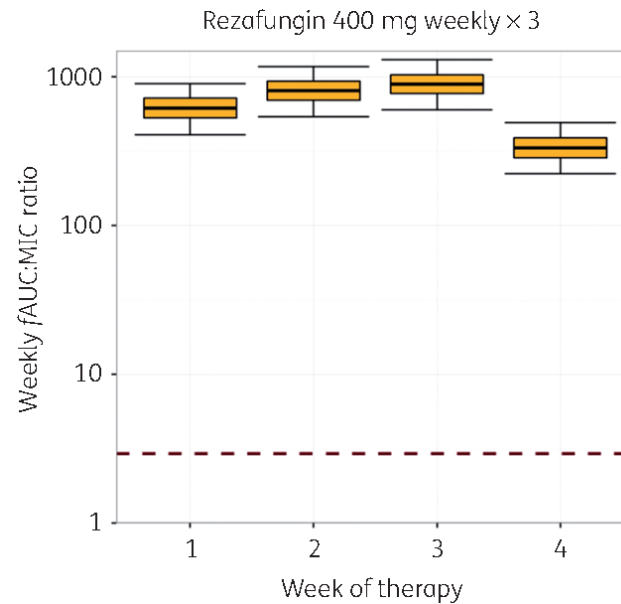
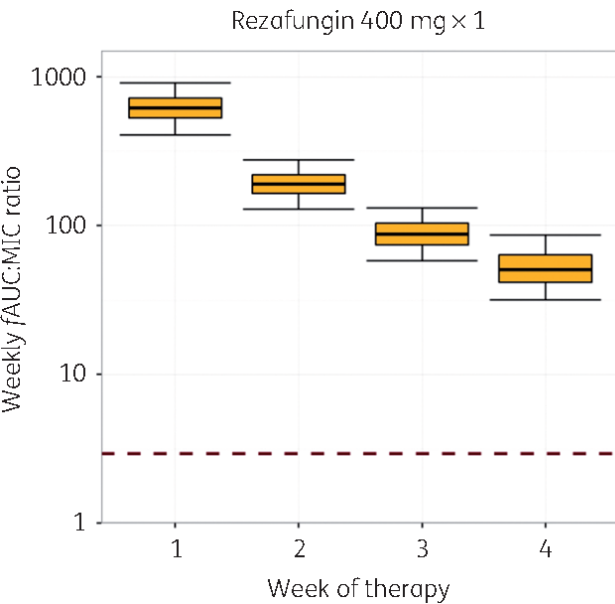
We Can Do Better: A Fresh Look at Echinocandin Dosing



We Can Do Better: A Fresh Look at Echinocandin Dosing



We Can Do Better: A Fresh Look at Echinocandin Dosing



Azythromycin Example of Concentration-dependent

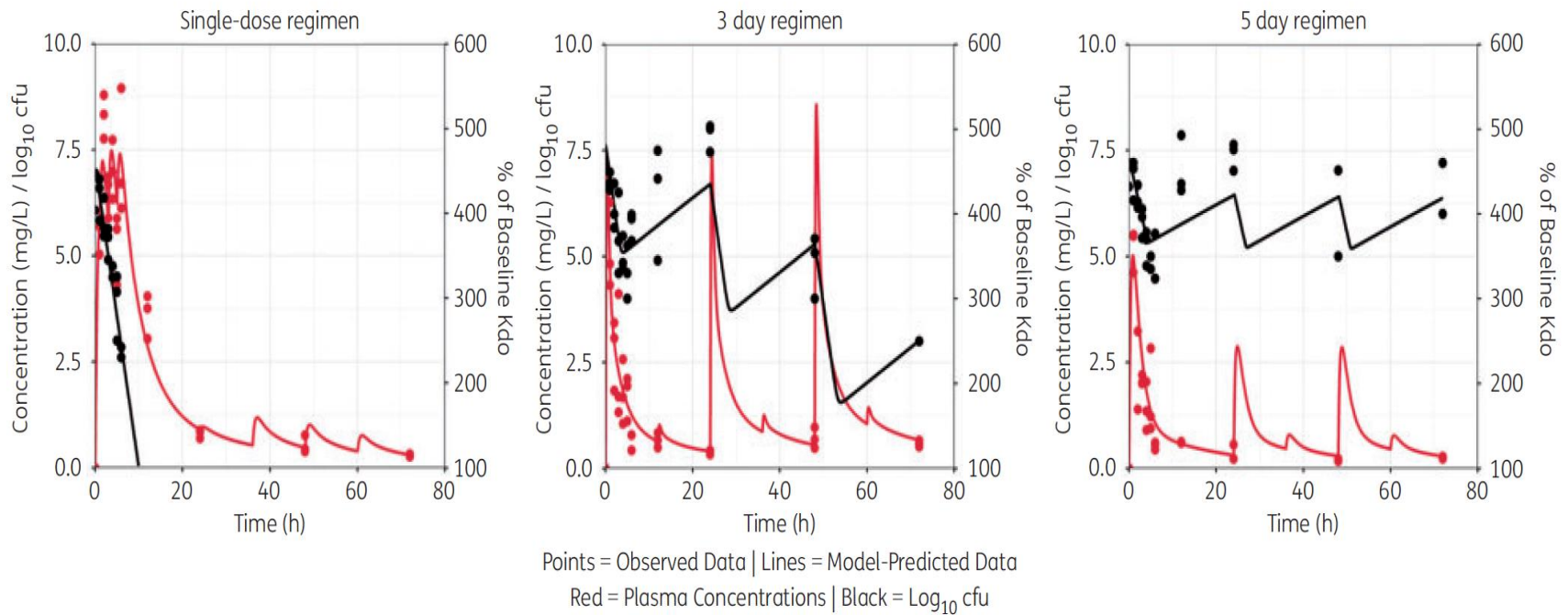


Figure 2. Plots of gerbil plasma concentration-time and changes in bacterial density superimposed over observed data and the model-predicted function for the rate of bacterial death.

Long-acting

- **Current Status:**
 - Clinical needs
 - Stewardship interventions
 - Pharmacoeconomic approaches
- **Perspectives:**
 - Variety of antimicrobials
 - Variety of administrations
 - q24h or q7d definition of concentration-dependent?
- **Future challenges:**
 - Long-acting reduction of microbiome perturbations
 - Long-acting anti-biofilm efficacy

Anti-Biofilm Strategies

