

# Performance assessment of a Cefepime-Taniborbactam Gradient Diffusion Strip for Antimicrobial Susceptibility Testing of Enterobacterales and *Pseudomonas aeruginosa*

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## Background

- Cefepime-taniborbactam (FTB) is an investigational  $\beta$ -lactam/ $\beta$ -lactamase inhibitor combination intended for the treatment of patients with infections caused by multidrug-resistant (MDR) and carbapenem-resistant Enterobacterales (CRE) and *Pseudomonas aeruginosa*, including isolates producing serine  $\beta$ -lactamases and metallo- $\beta$ -lactamases (Hamrick 2020; Hernández-García 2022; Karlowsky 2023).
- In the Phase 3 CERTAIN-1 study of adult patients with cUTI, FTB was superior to meropenem for the primary composite (microbiologic and clinical) endpoint at Test of Cure (Day 19-23) (Wagenlehner 2024).
- Development of an FTB gradient strip for antimicrobial susceptibility testing will enable health-care providers to determine the susceptibility of clinical isolates of Enterobacterales and *P. aeruginosa* and select appropriate antimicrobial therapy.

## Results Summary

- The tested isolates of Enterobacterales and *P. aeruginosa* were obtained from the Phase 3 CERTAIN-1 study (clinical contemporary isolates tested within 6 months of collection), frozen clinical stocks, and selected challenge organisms encoding a diverse range of  $\beta$ -lactamases (Table 1).
- The Essential Agreement (EA) between MICs determined with the Liofilchem FTB MIC Test Strip (MTS) and the reference broth microdilution (BMD) MIC method was:
  - 95.2% (638/670) for all Enterobacterales (Fig. 1A)
    - 95.4% (392/411) for *E. coli* (Fig. 1B)
    - 93.6% (160/171) for *K. pneumoniae* (Fig. 1C)
    - 98.0% (49/50) for *E. cloacae* complex (Fig. 1D)
    - 97.4% (37/38) for *P. mirabilis* (Fig. 1E)
    - 94.7% (178/188) for *P. aeruginosa* (Fig. 1F)
- The EA for the evaluable results of the tested species ranged from 93.6% to 97.9% (Table 2).
- Using the reference BMD MIC provisional breakpoints for FTB of Susceptible  $\leq$  16 mg/L and Resistant  $\geq$  32 mg/L, the Categorical Agreement (Table 2) was:
  - 97.9% (656/670) for all Enterobacterales
    - 98.3% (404/411) for *E. coli*
    - 98.2% (168/171) for *K. pneumoniae*
    - 92.0% (46/50) for *E. cloacae* complex
    - 100% (38/38) for *P. mirabilis*
    - 92.6% (174/188) for *P. aeruginosa*
- Amongst the tested resistant organisms, the adjusted Very Major Error rates were 2.1% (1/48) and 0.0% (0/53) for Enterobacterales and *P. aeruginosa* isolates, respectively (Table 2).
- A trending bias exceeding  $\pm 30\%$  was only observed for *E. cloacae* complex (-36.0%) and *P. mirabilis* (31.6%) (Table 2).

## Conclusions

- The Liofilchem FTB MTS reliably reflects the FTB reference broth microdilution MIC of gram-negative pathogens and meets the International Standards Organisation (ISO) performance criteria.
- These results will support regulatory review of the FTB MTS as a diagnostic device for antimicrobial susceptibility testing.

## Methods

- The Research Use Only FTB MTS (Liofilchem srl) contains a cefepime gradient range from 0.016 to 256 mg/L and taniborbactam fixed at 4 mg/L, reflecting its concentration in the reference broth microdilution (BMD) MIC method.
- Concurrent BMD and MTS assays were performed with the same inoculum suspension according to the ISO 20776-1:2019 standard (equivalent to CLSI M07E11) and the manufacturer's instructions for use.
- Performance was assessed against clinical and challenge isolates of Enterobacterales (n=660) and *P. aeruginosa* (n=188) encoding a diversity of  $\beta$ -lactamases. ISO criteria (ISO 20776-2:2021) used to assess FTB MTS performance included:
  - Essential Agreement (EA; FTB MTS MIC within  $\pm 1$  dilution of reference BMD value) of  $\geq 90\%$
  - EA for the evaluable results (only isolates with on-scale MIC values for both methods are considered) of  $\geq 90\%$
  - Categorical Agreement (CA; agreement of susceptibility interpretive results between the two methods) of  $\geq 90\%$
  - An adjusted Very Major Error rate (false susceptible results not within EA of the susceptibility breakpoint) of  $\leq 2.0\%$
  - Trending bias (difference between the percentage of isolates with an MTS MIC of  $\leq 1$ -dilution and  $\geq 1$ -dilution from the reference method) of  $\leq \pm 30\%$

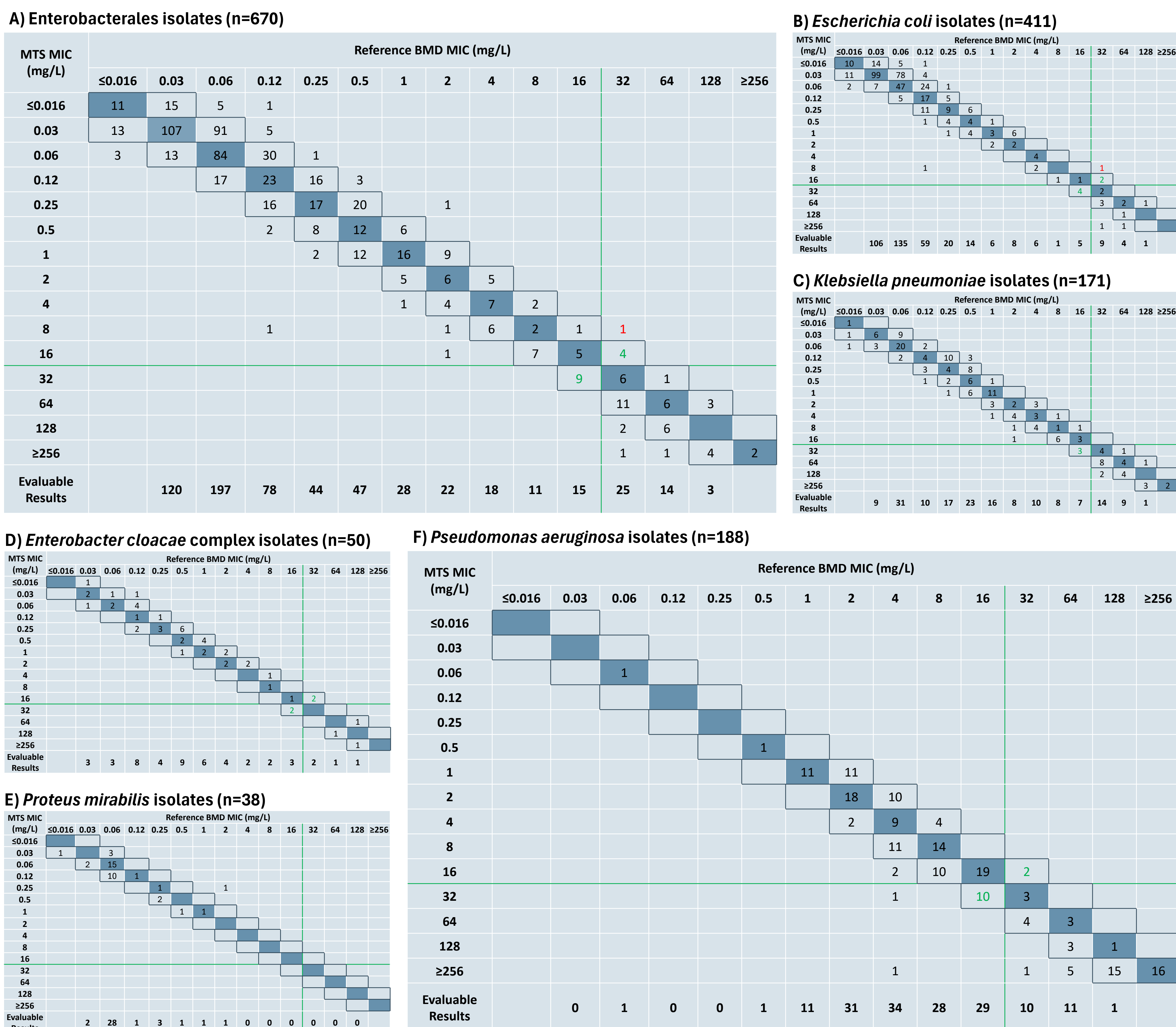
## Results

**Table 1. Source of the tested Enterobacterales and *P. aeruginosa* isolates**

Pathogen	Clinical contemporary <sup>a</sup> (CERTAIN-1 Phase 3 study)	Clinical stock <sup>b</sup>	Challenge <sup>c</sup>	Total
<i>E. coli</i>	325	58	28	411
<i>K. pneumoniae</i>	72	52	47	171
<i>E. cloacae</i> complex	19	20	11	50
<i>P. mirabilis</i>	21	14	3	38
<i>P. aeruginosa</i>	29	103	56	188
<b>Total</b>	<b>466</b>	<b>247</b>	<b>145</b>	<b>858</b>

<sup>a</sup>Clinical contemporary isolates were tested within 6 months from isolation and were minimally sub-cultured. <sup>b</sup>Clinical stock refers to an isolate that has been retained, stored or obtained from a culture collection. <sup>c</sup>Challenge isolates were selected based on phenotypic resistance to FTB (using the provisional breakpoints) and a diversity of Ambler Class A, B, C, and D  $\beta$ -lactamase genotypic profiles.

**Figure 1. Scatterplots of cefepime-taniborbactam BMD and MTS MIC determinations for the tested isolates of Enterobacterales and *P. aeruginosa***



The green horizontal and vertical lines represent the cefepime-taniborbactam provisional breakpoints of Susceptible  $\leq$  16 mg/L and Resistant  $\geq$  32 mg/L. The darkest shaded squares represent absolute Essential Agreement whereas the bordered horizontal rectangles show MTS MIC values within Essential Agreement ( $\pm 1$  dilution) of the reference BMD method. Values in green at the intersection of the green lines are within Essential Agreement of the indicated breakpoints and are not considered Very Major (false susceptible) or Major (false resistant) errors when an Intermediate susceptibility category is absent. Values in red represent Very Major Errors not within Essential Agreement.

**Table 2. Summary of cefepime-taniborbactam MTS performance relative to the BMD MIC reference method**

Pathogen	Essential Agreement	Essential Agreement, Evaluable	Categorical Agreement	Very Major Errors, Adjusted	Trending noted <sup>a</sup>
Enterobacterales	95.2% (638/670)	95.3% (593/622)	97.9% (656/670)	2.1% (1/48) <sup>b</sup>	No (-11.1%)
<i>E. coli</i>	95.4% (392/411)	95.5% (357/374)	98.3% (404/411)	7.1% (1/14) <sup>b</sup>	No (-21.7%)
<i>K. pneumoniae</i>	93.6% (160/171)	93.9% (153/163)	98.2% (168/171)	0.0% (0/29)	No (11.9%)
<i>E. cloacae</i> complex	98.0% (49/50)	97.9% (47/48)	92.0% (46/50)	0.0% (0/5)	Yes (-36.0%)
<i>P. mirabilis</i>	97.4% (37/38)	97.3% (36/37)	100% (37/37)	NA <sup>c</sup>	Yes (31.6%)
<i>P. aeruginosa</i>	94.7% (178/188)	93.6% (147/157)	92.6% (173/188)	0.0% (0/53)	No (22.1%)

<sup>a</sup>Trending bias is indicated when the difference between the percentage of isolates with an MTS MIC of  $\leq 1$ -dilution and  $\geq 1$ -dilution from the BMD MIC exceeds  $\pm 30\%$ . <sup>b</sup>The Very Major Error was caused by an *E. coli* clinical stock isolate with an IMP-type  $\beta$ -lactamase. <sup>c</sup>NA=Not Applicable (no resistant isolates were tested).

## References

- Clinical and Laboratory Standards Institute. 2018. Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically, 11th Ed. CLSI Standard M07.
- Liofilchem® MTS™ Instructions for use. Revision 2, 04/2022. [www.liofilchem.com/images/brochure/mic\\_test\\_strip\\_patent/F00045-2\\_MTS.pdf](https://www.liofilchem.com/images/brochure/mic_test_strip_patent/F00045-2_MTS.pdf)
- Hamrick JC, Docquier JD, Uehara T, Myers CL, Six DA, Chatwin CL, John KJ, Vernacchio SF, Cusick SM, Trout REL, Pozzi C, De Luca F, Benvenuti M, Mangani S, Liu B, Jackson RW, Moeck G, Xeri L, Burns CJ, Pevear DC, Daigle DM. 2020. VNRX-5133 (Taniborbactam), a Broad-Spectrum Inhibitor of Serine- and Metallo- $\beta$ -Lactamases, Restores Activity of Cefepime in Enterobacterales and *Pseudomonas aeruginosa*. Antimicrob Agents Chemother 64(3):e01963-19.
- Hernández-García M, García-Castillo M, Ruiz-Garabaja P, Bou G, Siller-Ruiz M, Pitart C, Gracia-Ahufinger I, Mulet X, Pascual Á, Tormo N, Cantón R. 2022. In Vitro Activity of Cefepime-Taniborbactam against Carbapenemase-Producing Enterobacterales and *Pseudomonas aeruginosa* Isolates Recovered in Spain. Antimicrob Agents Chemother 66(3):e0216121.
- International Standards Organisation ISO 20776-1:2019. Susceptibility testing of infectious agents and evaluation of performance of antimicrobial susceptibility test devices. Part 1: Broth micro-dilution reference method for testing the in vitro activity of antimicrobial agents against rapidly growing aerobic bacteria involved in infectious diseases.
- International Standards Organisation ISO 20776-2:2021. Clinical laboratory testing and in vitro diagnostic test systems — Susceptibility testing of infectious agents and evaluation of performance of antimicrobial susceptibility test devices. Part 2: Evaluation of performance of antimicrobial susceptibility test devices against reference broth micro-dilution.
- Karlowsky JA, Hackel MA, Wise MG, Six DA, Uehara T, Daigle DM, Cusick SM, Pevear DC, Moeck G, Sahn DF. 2023. In Vitro Activity of Cefepime-Taniborbactam and Comparators against Clinical Isolates of Gram-Negative Bacilli from 2018 to 2020: Results from the Global Evaluation of Antimicrobial Resistance via Surveillance (GEARS) Program. Antimicrob Agents Chemother 67(1):e0128122.
- Karlowsky JA, Wise MG, Hackel MA, Six DA, Uehara T, Pevear DC, Moeck G, Sahn DF. Cefepime-taniborbactam activity against antimicrobial-resistant clinical isolates of Enterobacterales and *Pseudomonas aeruginosa*: GEARS global surveillance programme 2018–2022. J Antimicrob Chemother 2024; 79: 3116–3131 <https://doi.org/10.1093/jac/dkac329>.
- Wagenlehner FM, Gasink LB, McGovern PC, Moeck G, McLerth P, Dorr M, Dane A, Henkel T; CERTAIN-1 Study Team. Cefepime-Taniborbactam in Complicated Urinary Tract Infection. N Engl J Med. 2024 Feb 15;390(7):611-622.