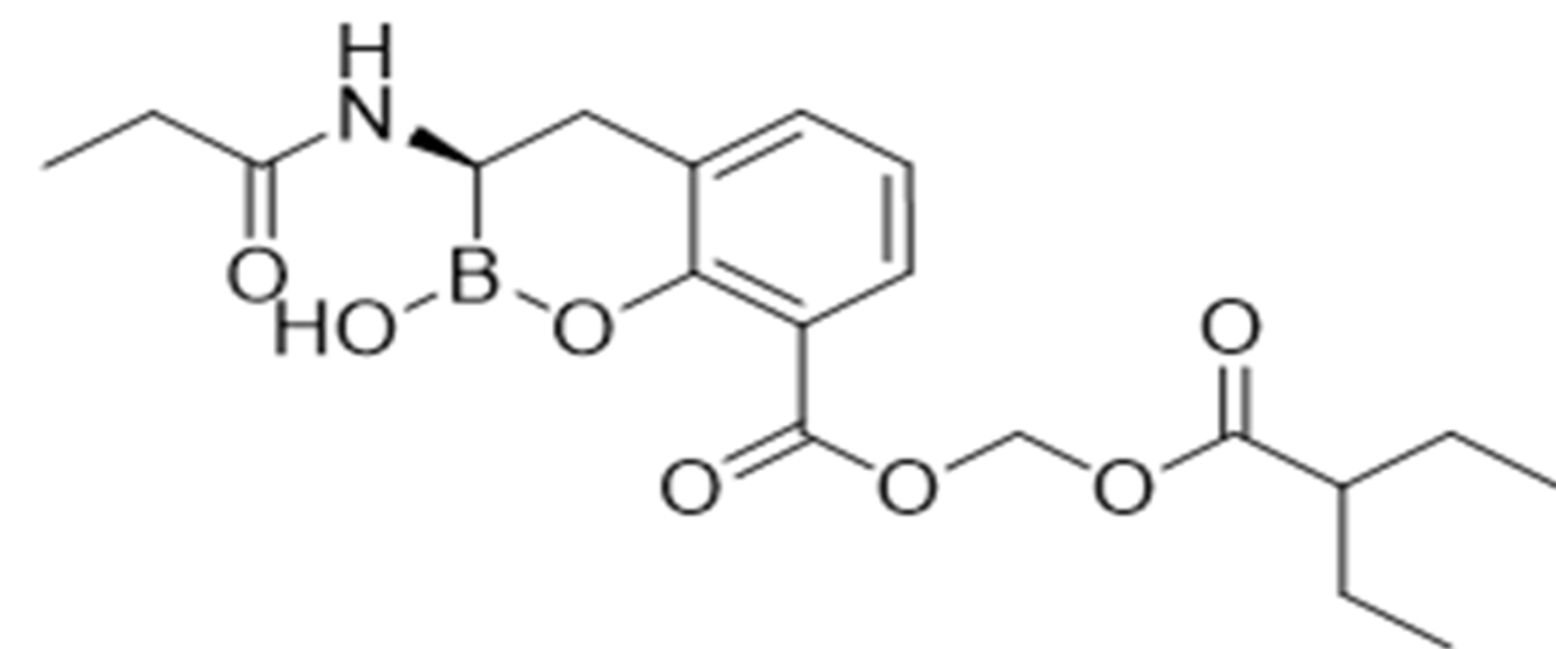


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Background

VNRX-7145 is a novel, orally bioavailable, cyclic boronate-based β -lactamase inhibitor (BLI) that undergoes biotransformation to the active BLI VNRX-5236 *in vivo*. VNRX-5236 has potent and selective direct inhibitory activity against Ambler class A, C and D enzymes including those that hydrolyze carbapenems. The only clinically-available oral BLI, clavulanic acid (CLA), is active against some Class A extended spectrum β -lactamases (ESBLs) but has little to no activity against Class C cephalosporinases or carbapenem hydrolyzing enzymes (e.g., KPC and OXA-48) creating a need for new oral inhibitors with advanced spectrum. In this study, time-kill kinetics were used to assess the ability of VNRX-5236 to rescue the bactericidal activity of ceftibuten against Enterobacteriaceae isolates expressing Class A, C, and D enzymes.

Structure of VNRX-7145



Methods

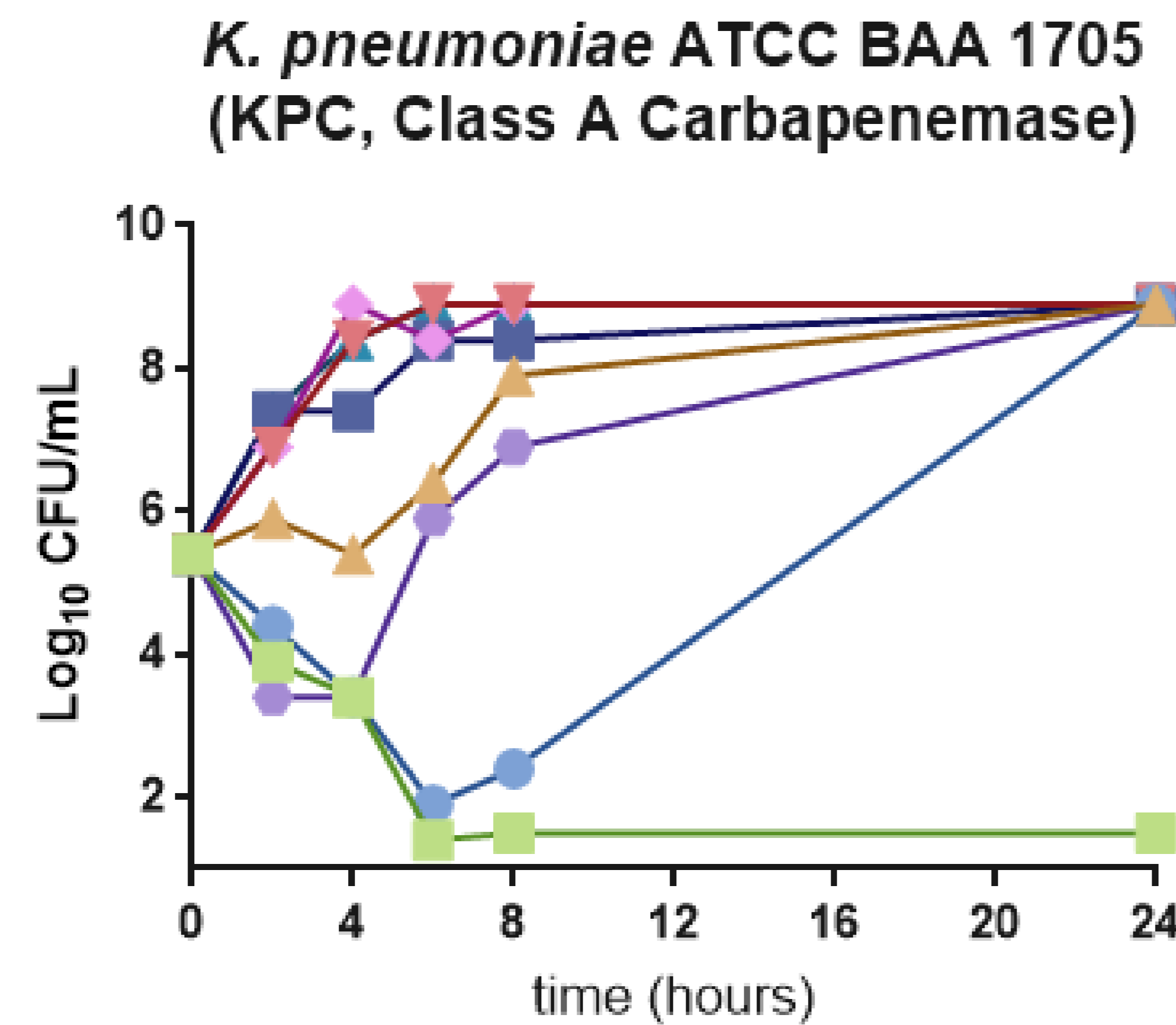
Minimal bactericidal Concentrations (MBCs) were determined using time-kill experiments conducted following modified NCCLS 1999 methods utilizing deep-well plates. Antibacterial agents were tested in 2-fold dilutions from 0.06 to 32 $\mu\text{g/mL}$. VNRX-5236 and CLA were fixed at 4 $\mu\text{g/mL}$ in combination with ceftibuten. Viable counts were determined at 0, 2, 4, 6, 8 and 24 hours and kill curves generated by plotting Log_{10} CFU/mL versus time. Tests were conducted in 4 ceftibuten-resistant clinical isolates of Enterobacteriaceae expressing β -lactamases. The presence of β -lactamase genes was verified by PCR with expression determined phenotypically. Bactericidal activity was defined as $\geq 3\text{-log}_{10}$ killing vs starting inoculum.

Summary of Bactericidal Activity for Each Antibacterial Agent Tested

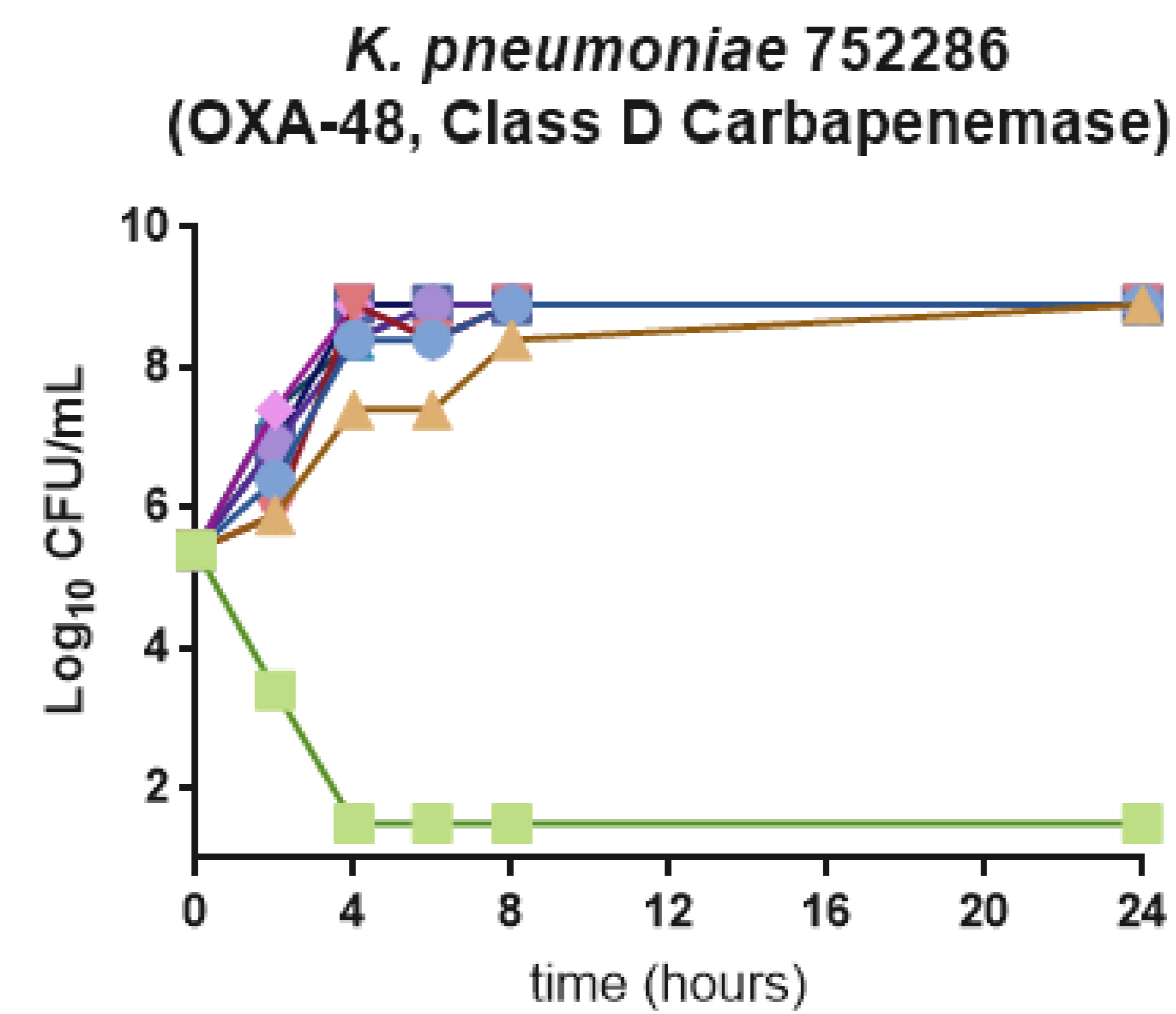
	<i>K. pneumoniae</i> ATCC BAA 1705 (KPC)		<i>E. coli</i> ESBL 4 (CTX-M-15)		<i>E. cloacae</i> ECLO1 (p99)		<i>K. pneumoniae</i> 752286 (OXA-48)	
	MIC ($\mu\text{g/mL}$)	MBC ($\mu\text{g/mL}$)	MIC ($\mu\text{g/mL}$)	MBC ($\mu\text{g/mL}$)	MIC ($\mu\text{g/mL}$)	MBC ($\mu\text{g/mL}$)	MIC ($\mu\text{g/mL}$)	MBC ($\mu\text{g/mL}$)
Ceftibuten	16	16	32	>32	64	>32	128	>32
Ceftibuten/clavulanic Acid	8	16	0.12	1	≥ 256	>32	16	16
Ceftibuten/VNRX-5236	0.12	0.25	0.12	0.12	0.25	1	0.25	0.25
Sulopenem	32	32	0.12	0.12	1	1	16	>32
Tebipenem	32	32	≤ 0.06	0.06	0.25	0.25	16	>32
Levofloxacin	64	>32	32	32	0.12	0.12	32	>32
Amoxicillin-Clavulanic Acid (2:1)	≥ 256	>32	16	16	128	>32	≥ 256	>32

MIC results were determined following CLSI M07 Ed 11 (2018) methods and interpreted according to CLSI M100 Ed. 29 (2019). MBC values were determined by time-kill as the lowest concentration to maintain bactericidal activity at 24 hours. Red text notes an MIC considered to be non-susceptible for those antibacterial agents with established CLSI breakpoints

Time-kill Curves in Enterobacteriaceae Expressing Serine β -lactamase



Legend:
■ Ceftibuten @ 2 $\mu\text{g/mL}$ +5236
● Tebipenem @ 2 $\mu\text{g/mL}$
◆ Levofloxacin @ 2 $\mu\text{g/mL}$
● Ceftibuten @ 8 $\mu\text{g/mL}$
▲ Ceftibuten @ 2 $\mu\text{g/mL}$ +CLA
■ Sulopenem @ 2 $\mu\text{g/mL}$
▼ Amoxicillin-CLA (2:1) @ 8 $\mu\text{g/mL}$
▲ Growth Control



Summary of Results

- The time-kill curves show data at the breakpoint for approved agents and at 2 $\mu\text{g/mL}$ for all investigational agents.
- All four β -lactamase-expressing strains were non-susceptible to amoxicillin-clavulanic acid (MIC ≥ 16 $\mu\text{g/mL}$) and ceftibuten alone (MIC ≥ 16 $\mu\text{g/mL}$).
- VNRX-5236 restored bactericidal activity of ceftibuten in all 4 strains reaching 2- to 4- log_{10} CFU/mL killing by 8 hours and maintaining $\geq 4\text{-log}_{10}$ CFU/mL killing without regrowth through 24 h at 1x to 2x the MIC. Ceftibuten/VNRX-5236 was the only agent tested to do so in all strains including those producing carbapenemase enzymes that hydrolyzed the oral penems (e.g., Tebipenem and Sulopenem).
- VNRX-5236 alone was tested and was found to have no intrinsic antibacterial activity.

Conclusions

VNRX-5236 restored the bactericidal activity of ceftibuten to near wild-type levels against cephalosporin-resistant and carbapenem-resistant Enterobacteriaceae. Ceftibuten/VNRX-7145 may provide a potent oral treatment option for hospital- and community-acquired infections caused by β -lactamase-expressing Enterobacteriaceae for which there are currently few treatment options available.

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