GSK2140944 MIC Quality Control Ranges Using a Multi-laboratory Study Design

P0361

ABSTRACT

Objectives: To conduct a study to establish MIC quality control (QC) ranges for GSK2140944, a type II topoisomerase inhibitor, using the reference CLSI broth microdilution (BMD) method. This antimicrobial is being developed for the treatment of conventional and biothreat pathogens including methicillin-resistant Staphylococcus aureus (MRSA).

Methods: An eight laboratory study design was compliant with CLSI M23-A3 guidelines. Four QC strains were tested (S. aureus ATCC 29213 [SA], E. coli ATCC 25922 [EC], H. influenzae ATCC 49247 [HI], and S. pneumoniae ATCC 49619 [SP]) using three media lots (three manufacturers) of cation-adjusted Mueller-Hinton broth (MHB), Haemophilus Test Medium (HTM) and MHB with 5% lysed horse blood. Ten replicate tests were performed for each QC organism generating 320 BMD values/QC strain (1,280 total) Levofloxacin, linezolid and azithromycin were used as control agents.

Results: The table lists the proposed MIC QC ranges for GSK2140944. A four log₂ dilution range was only required for SA with GSK2140944 due to a dominant "shoulder" MIC at 0.25 mg/L, which had 61.7% of the MIC values compared to the modal occurrences at 0.5 mg/L. A range was established for GSK2140944 with E. coli of 1 – 4 mg/L which included all reported results and a solid mode (255 of 320 results) at 2 mg/L. Only a three doubling dilution range was necessary for both HI and SP to also include all reported results. No significant differences were noted among media lots for GSK2140944. Only one value of 1,120 generated control results was outside of the CLSI published QC ranges. All GSK2140944 values were within the proposed QC ranges for all processed organisms. The CLSI Subcommittee on Antimicrobial Susceptibility Testing approved these QC ranges in January 2012 for publication after the selection of the compound's chemical name.

Conclusions: Proposed MIC QC ranges for GSK2140944 should accurately guide clinical or reference laboratories participating in the testing of clinical trial isolates, and facilitate the regulatory review process for this investigational antimicrobial combination exhibiting a unique mode of action.

Abstract Table

	Proposed QC ranges for BMD tests (MIC in mg/L; % in proposed range)		
QC organism (ATCC no.)	GSK2140944		
S. aureus ATCC 29213	0.12 – 1 (100.0)		
E. coli ATCC 25922	1 – 4 (100.0)		
H. influenzae ATCC 49247	0.25 – 1 (100.0)		
S. pneumoniae ATCC 49619	0.06 – 0.25 (100.0)		

INTRODUCTION

GSK2140944 (Figure 1) is a bacterial type II topoisomerase inhibitor that has demonstrated in vitro activity against the key causative pathogens of community-acquired bacterial pneumonia, acute bacterial skin and skin structure infections (including methicillin-resistant Staphylococcus aureus [MRSA]) and biothreat pathogens, including against isolates resistant to existing classes of antimicrobials. GSK2140944 selectively inhibits bacterial DNA replication by interacting with the GyrA subunit of bacterial DNA gyrase and the ParC subunit of bacterial topoisomerase IV in a manner that is distinct from fluoroquinolones. This highly specific interaction to bacterial topoisomerases is evidenced by weak inhibition of human topoisomerase II, supporting the selective activity of GSK2140944 against the bacterial targets. A Clinical Laboratory and Standards Institute (CLSI) M23 style quality control (QC) study was performed to establish disk diffusion and broth microdilution QC ranges for five bacterial strains to assist clinical laboratories in monitoring the activity of this compound during ongoing clinical trials.





MATERIALS AND METHODS

Eight laboratories were used in these two separate studies to establish a QC range. These laboratories were experienced microbiology facilities and each followed the CLSI procedures for disk diffusion and broth microdilution methods.

For MIC tests, reference frozen-form broth microdilution panels were prepared by ThermoFisher Scientific (Cleveland, Ohio, USA) according to Good Manufacturing Practice (GMP) guidelines and shipped frozen to all sites. Panels contained four lots of cation-adjusted Mueller-Hinton broth (Oxoid, Hampshire UK; BBL, Sparks, Maryland, USA; and Difco [two lots], Detroit, Michigan, USA). Also, panels containing four lots of Haemophilus Test Medium and four lots of Mueller-Hinton broth supplemented with 2.5-5% lysed horse blood were provided by the same vendors. Azithromycin, levofloxacin, and linezolid were utilized as control agents. For broth microdilution testing, each laboratory tested 10 replicates of S. aureus ATCC 29213. Escherichia coli ATCC 25922, Haemophilus influenzae ATCC 49247 and Streptococcus pneumoniae ATCC 49619. Colony counts of the inoculum were performed on drug-free agar media and resulted in the following average counts by QC organism: S. aureus ATCC 29213 (3.2 x 10⁵ CFU/ml), E. coli ATCC 25922 (3.6 $x10^5$ CFU/ml). *H. influenzae* ATCC 49247 (5.0 $x10^5$ CFU/ml) and *S.* pneumoniae ATCC 49619 (2.7 x 10⁵ CFU/ml).

For disk diffusion tests, two lots of 10-µg GSK2140944 disks were manufactured by two companies: MAST Group, Merseyside, UK (lot #309972) and BD, Franklin Lakes, New Jersey, USA (lot #2340189). Single lots of comparator disks from BD were used: azithromycin 15-µg (lot #2304320), levofloxacin 5-µg (lot #2272187) and linezolid 30-µg (lot #2291112). Three manufacturers (Remel, Lenexa, Kansas; Hardy Diagnostics, Santa Maria, California; and BBL) were used to produce lots of Mueller-Hinton agar (lot #302846, #13042, #2356035) and Mueller-Hinton agar with 5% sheep blood (lot #304123, #H12361, #3024248). For disk diffusion tests, each laboratory tested 10 replicates of *S. aureus* ATCC 25923, *E. coli* ATCC 25922, and *S.* pneumoniae ATCC 49619.

JE ROSS, RK FLAMM, RN JONES JMI Laboratories, North Liberty, IA, USA



RESULTS

- The GSK2140944 broth microdilution MIC and disk diffusion QC results are summarized as CLSI approved ranges in **Table 1**. All S. aureus ATCC 29213 MIC results were included in the approved 0.12 -1 mg/L range (Figure 2A). The number of MIC values at 0.25 mg/L represented 61.7% of the number of modal MIC at 0.5 mg/L, therefore, a four dilution range was required per CLSI M23-A3 document. All E. coli ATCC 25922 results were within the approved range of 1 - 4 mg/Lwith a clear mode at 2 mg/L (Table 1, Figure 2B). For *H. influenzae* ATCC 49247 and S. pneumoniae ATCC 49619, all GSK2140944 MIC results were within the approved three doubling dilution ranges (Table 1; Figures 2C and 2D).
- All broth media lots and laboratories failed to exhibit any skewing of MIC results and all modal values were within one MIC dilution step, regardless of the QC strain tested. Only one MIC value among 1,120 control drug results was outside of the CLSI published range.
- The zone diameters reported by eight laboratories for *E. coli* ATCC 25922 are shown in **Figure 2A**; and proposed ranges are found in Table 1. Using M23-A3 criteria, a seven mm range of 19 – 25 mm included <u>only</u> 91.3% of reported zone diameters. By adding 1 mm to the range (19 - 26 mm), 95.6% of data was included and was considered acceptable. The CLSI antimicrobial susceptibility committee (January 2014) approved a QC range of 18 – 26 mm (98.7% of results). The zone diameters reported for S. aureus ATCC 25923 produced a QC range of 23 – 29 mm (7 mm range) which included 96.4% of these results (Figure 3B). The Range Finder programme recommended a range of 24 – 29 mm, but identified Laboratory G as an outlier laboratory. Deleting that laboratory and recalculating the range resulted in the same range, but included 99.3% of results for this QC strain. A range of 22 – 28 mm was proposed for S. pneumoniae ATCC 49619 and included 99.4% of all zone diameters. However, the Range Finder programme determined an outlier site and could be deleted from analysis (**Figure 3C**), thus providing a 22-28 mm range that included all reported zone diameters.
- H. influenzae ATCC 49247 was tested by disk diffusion but medium variations prevented a QC range from being established. The control disks (azithromycin, levofloxacin, and linezolid) provided valid internal guality assurance for this study with 99.5% of reported participant zones found within the CLSI published QC ranges.

 Table 1. CLSI approved quality control (QC) ranges of GSK2140944
broth microdilution and disk diffusion susceptibility tests.

	Broth microdilution:		Disk diffusion zone diameters:		
QC organism	Approved MIC range (mg/L)	% results in approved range	Approved zone range (mm)	% results in approved range	
S. aureus ATCC 29213	0.12 – 1	100.0	NAª	NA ^a	
S. aureus ATCC 25923	NA ^a	NA ^a	23 – 29 (24 – 29) ^b	96.4 (96.4) ^b	
E. coli ATCC 25922	1 – 4	100.0	18 – 26 (17 – 27) ^b	98.7 (99.6) ^b	
H. influenzae ATCC 49247	0.25 – 1	100.0	NA ^a	NA ^a	
S. pneumoniae ATCC 49619	0.06 – 0.25	100.0	22 – 28	99.4	
a. NA = not applicableb. Range Finder results in parenthesis, if different					

Figure 2. CLSI approved MIC quality control ranges for GSK2140944.





Figure 3. CLSI approved disk diffusion quality control ranges for GSK2140944.







ECCMID 2014

JMI Laboratories North Liberty, IA, USA www.jmilabs.com 319.665.3370, fax 319.665.3371 ronald-jones@jmilabs.com

CONCLUSIONS

- These results (**Table 1**) from two multi-laboratory investigations provide initial GSK2140944 QC ranges for routine susceptibility testing using disk diffusion and broth microdilution methods, as this new bacterial type II topoisomerase inhibitor is developed for oral and intravenous treatment of bacterial infections.
- The CLSI Subcommittee on Antimicrobial Susceptibility Testing approved these MIC QC ranges in January 2012 and disk diffusion zone QC ranges in January 2014 for publication after the selection of the compound's chemical name.

ACKNOWLEDGEMENTS

This study was sponsored by an educational/research grant from GlaxoSmithKline (Collegeville, Pennsylvania, USA). J. E. Ross, R. K. Flamm and R. N. Jones are employees of JMI Laboratories that received grant funds to study GSK2140944 and were paid consultants to GSK in connection with the development of this manuscript. This work was supported by the Defense Threat Reduction Agency under Contract HDTRA1-07-9-0002 & TMT.

The sites that participated were: Wheaton Franciscan Laboratory, Wauwatosa, Wisconsin, USA (E. Munson); JMI Laboratories, North Liberty Iowa, USA (R. N. Jones); ThermoFisherScientific, Cleveland, Ohio, USA (C. Knapp); University of Alberta, Edmonton, Alberta, Canada (R. Rennie) University of Washington, Seattle, Washington, USA (S. Swanzy); Robert Wood Johnson Medical School, New Brunswick, New Jersey, USA (M. Weinstein) and the Cleveland Clinic Foundation, Cleveland, Ohio, USA (G Hall/G. Procop); University of Texas Medical Centre, Houston, Texas, USA (A. Wanger, disk diffusion study only); Duke University Medical Centre, Durham, North Carolina, USA, (S. Mirrett; MIC study only).

REFERENCES

- Bax BD, Chan PF, Eggleston DS, Fosberry A, Gentry DR, Gorrec F, Giordano I, Hann MM, Hennessy A, Hibbs M, Huang J, Jones E, Jones J, Brown KK, Lewis CJ, May EW, Saunders MR, Singh O, Spitzfaden CE, Shen C, Shillings A, Theobald AJ, Wohlkonig A, Pearson ND, Gwynn MN (2010). Type IIA topoisomerase inhibition by a new class of antibacterial agents. Nature 466: 935-940.
- 2. Bouchillon S, Hackel M, Miller LA, Scangarella-Oman NE (2013). In vitro activity of GSK2140944, a novel topoisomerase inhibitor, against isolates associated with lower respiratory tract and skin infections. Abstr. #F-1216. 53rd ICAAC, September 10-13, 2013, Denver, CO, USA.
- Clinical and Laboratory Standards Institute (2008). M23-A3. Development of in vitro susceptibility testing criteria and quality control parameters: third edition. Wayne, PA: CLSI.
- Clinical and Laboratory Standards Institute (2012). M02-A11. Performance standards for antimicrobial disk susceptibility tests; approved standard: eleventh edition. Wayne, PA: CLSI.
- Clinical and Laboratory Standards Institute (2012). M07-A9. Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically; approved standard: ninth edition Wayne, PA: CLSI.
- 6. Clinical and Laboratory Standards Institute (2014). *M100-S24*. Performance standards for antimicrobial susceptibility testing: 24th informational supplement. Wayne, PA: CLSI.
- 7. Turnidge J, Bordash G (2007). Statistical methods for establishing quality control ranges for antibacterial agents in Clinical and Laboratory Standards Institute susceptibility testing. *Antimicrob Agents Chemother* 51: 2483-2488.