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Abstract

Background: Oritavancin is a semisynthetic lipoglycopeptide in late stage of clinical development. This study assessed the *in vitro* activity of oritavancin tested against uncommonly isolated coagulase-negative staphylococci (CoNS), streptococci and other Gram-positive isolates.

Methods: A total of 2,027 CoNS, 674 streptococci and 80 Gram-positive isolates collected over a five-year period (SENTRY Program, 2008-2012) were included. Identification was performed by standard algorithms and Vitek® 2, and supported by MALDI-TOF. Susceptibility testing was performed by CLSI methods (M07-A9).

Results: Overall, oritavancin was highly active against all CoNS (MIC_{50/90}, 0.015/0.06 µg/mL) with MIC₅₀ values among tested species of ≤0.008 - 0.015 µg/mL, while slightly higher MIC results were noted for *S. haemolyticus*, *S. saprophyticus* and *S. xyloso* (MIC_{50/90}, 0.03/0.06 µg/mL; Table). Vancomycin and daptomycin showed MIC₅₀ results of 1 and 0.12-0.5 µg/mL, respectively, when tested against these CoNS species. Overall, streptococcal isolates exhibited low MIC₅₀ (≤0.008 µg/mL) values for oritavancin, with the exception of *S. bovis* (0.03 µg/mL), *S. dysgalactiae* (0.06 µg/mL) and *S. salivarius/**vestibularis* groups (0.06 µg/mL) which showed higher MIC₅₀ results. Other Gram-positive isolates such as *Micrococcus* spp. (MIC_{50/90}, ≤0.008/≤0.008 µg/mL), *Listeria monocytogenes* (MIC_{50/90}, ≤0.008/0.015 µg/mL) and *Corynebacterium* spp. (MIC_{50/90}, ≤0.008/0.06 µg/mL) were inhibited by oritavancin at ≤0.008, ≤0.03 and ≤0.06 µg/mL, respectively.

Conclusions: Oritavancin exhibited potent *in vitro* activity against these uncommonly isolated Gram-positive pathogens, for which very limited susceptibility information is currently available to guide therapy. While variations in the oritavancin activity were noted within tested species/groups, this drug inhibited all tested Gram-positive isolates but one *S. haemolyticus* at ≤0.25 µg/mL.

Abstract Table

Organism (no. tested)	MIC 50/90%	Organism (no. tested)	MIC 50/90%
CoNS ^a (2,027)		Other species (80)	
<i>S. auricularis</i> (28)	≤0.008/0.03	<i>Corynebacterium</i> spp. (17)	≤0.008/0.06
<i>S. capitis</i> (260)	0.015/0.03	<i>Listeria monocytogenes</i> (37)	≤0.008/0.015
<i>S. caprae</i> (18)	0.015/0.03	<i>Micrococcus</i> spp. (26)	≤0.008/≤0.008
<i>S. cohnii</i> (27)	0.015/0.06		
<i>S. haemolyticus</i> (545)	0.03/0.06	<i>Streptococcus</i> spp. (674)	
<i>S. hominis</i> (565)	≤0.008/0.06	<i>S. anginosus</i> group (194)	≤0.008/0.015
<i>S. intermedius</i> (14)	≤0.008/0.015	<i>S. bovis</i> group (47)	0.03/0.06
<i>S. lugdunensis</i> (244)	≤0.008/0.015	<i>S. dysgalactiae</i> group (47)	0.06/0.12
<i>S. pettenkoferi</i> (10)	≤0.008/0.015	<i>S. mitis</i> group (303)	≤0.008/0.06
<i>S. saprophyticus</i> (120)	0.03/0.06	<i>S. mutans</i> group (20)	≤0.008/0.06
<i>S. sciuri</i> (19)	0.015/0.03	<i>S. salivarius</i> ^b (49)	0.06/0.12
<i>S. simulans</i> (38)	0.015/0.03	<i>S. milleri</i> group ^c (14)	≤0.008/≤0.008
<i>S. warneri</i> (130)	0.015/0.03		
<i>S. xyloso</i> (39)	0.03/0.06		

a. CoNS, coagulase-negative staphylococci.
 b. *S. salivarius/S. vestibularis* group.
 c. Taxonomy dictates a close relationship to *S. anginosus* group.

Introduction

Oritavancin is a bactericidal lipoglycopeptide for which two multicenter clinical trials (SOLO I and II) were completed in December 2012 and July 2013, respectively. These trials assessed the efficacy and safety of oritavancin for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by susceptible Gram-positive bacteria, including methicillin-resistant *Staphylococcus aureus* (MRSA) compared with vancomycin. This drug has documented *in vitro* activity against frequently isolated Gram-positive pathogens during longitudinal surveillance studies. Oritavancin MIC₅₀ and MIC₉₀ results of 0.03 and 0.06 µg/mL, respectively, have been reported against MRSA. In addition, coagulase-negative staphylococci (CoNS; MIC_{50/90}, 0.03/0.06 µg/mL), *Streptococcus pyogenes* (MIC_{50/90}, 0.12/0.25 µg/mL), and vancomycin-resistant (VanA) *Enterococcus faecalis* (MIC_{50/90}, 0.25/0.5 µg/mL) and *E. faecium* (MIC_{50/90}, 0.03/0.12 µg/mL), and *S. aureus* and CoNS with elevated vancomycin MIC values (MIC_{50/90}, 0.12/0.25 µg/mL, for both) have demonstrated low oritavancin MIC results.

Gram-positive organisms (staphylococci, enterococci and streptococci) are commonly responsible for infections in the nosocomial and community settings. More often than appreciated, these infections may involve a causative agent exhibiting a multidrug resistance (MDR) phenotype, and when associated with critically-ill patients may provide an even greater challenge for antimicrobial therapies. In addition, infections caused by Gram-positive pathogens less often recovered in the clinical settings, and for which *in vitro* data are limited, are scenarios experienced by health practitioners. Therefore, this study assessed the *in vitro* activity of oritavancin tested against rarely isolated CoNS, streptococci and other Gram-positive pathogens recovered from hospitalized patients during a five-year longitudinal, multicenter, SENTRY Antimicrobial Surveillance Program for oritavancin.

Methods

Bacterial strain collection. A total of 2,027 CoNS (14 species), 674 streptococci (seven groups) and 80 Gram-positive species (three genera) collected over a five-year period as part of the SENTRY Antimicrobial Surveillance Program (2008-2012) were included. Isolates were primarily identified by the participating laboratory and identification confirmed by the reference monitoring laboratory (JMI Laboratories, North Liberty, Iowa, USA) by standard algorithms and Vitek® 2 (bioMérieux, Hazelwood, Missouri, USA) and supported by MALDI-TOF-MS (Bruker Daltonics, Bremen, Germany).

Antimicrobial susceptibility test methods. Isolates were tested for susceptibility by broth microdilution method following the Clinical and Laboratory Standards Institute (CLSI) M07-A9 document. Testing was performed using dry-form panels manufactured by Thermo Fisher Scientific (Cleveland, Ohio, USA). These panels provide results equivalent to the CLSI-approved broth microdilution method supplemented with 0.002% polysorbate-80. Quality assurance was performed by concurrent testing of CLSI-recommended (M100-S23, 2013) strains: *E. faecalis* ATCC 29212, *S. aureus* ATCC 29213 and *S. pneumoniae* ATCC 49619.

Results

Table 1. Uncommonly isolated staphylococcal species tested by reference CLSI methods against oritavancin.

Genera/group	Number (cumulative % inhibited) at oritavancin MIC in µg/mL:							MIC (µg/mL)
	Organism (no. tested)	≤0.008	0.015	0.03	0.06	0.12	0.25	
Coagulase-negative staphylococci (2,057)	810 (39.4)	459 (61.7)	481 (85.1)	233 (96.4)	63 (99.5)	10 (>99.9)	1 (100.0)	0.015/0.06
<i>S. auricularis</i> (28)	18 (64.2)	4 (78.6)	5 (96.4)	0 (96.8)	1 (100.0)			≤0.008/0.03
<i>S. capitis</i> (260)	129 (49.6)	73 (77.7)	40 (93.1)	17 (99.6)	1 (100.0)			0.015/0.03
<i>S. caprae</i> (18)	3 (16.7)	12 (83.3)	3 (100.0)					0.015/0.03
<i>S. cohnii</i> (27)	7 (25.9)	10 (63.0)	7 (88.9)	3 (100.0)				0.015/0.06
<i>S. haemolyticus</i> (545)	44 (8.1)	141 (33.9)	201 (70.8)	111 (91.2)	41 (98.7)	6 (99.8)	1 (100.0)	0.03/0.06
<i>S. hominis</i> (565)	308 (54.5)	96 (71.5)	91 (87.6)	59 (98.1)	8 (99.5)	3 (100.0)		≤0.008/0.06
<i>S. intermedius</i> (14)	7 (50.0)	6 (92.9)	0 (92.9)	0 (92.9)	1 (100.0)			≤0.008/0.015
<i>S. lugdunensis</i> (244)	218 (89.3)	17 (96.3)	2 (97.1)	4 (98.8)	3 (100.0)			≤0.008/0.015
<i>S. pettenkoferi</i> (10)	8 (80.0)	2 (100.0)						≤0.008/0.015
<i>S. saprophyticus</i> (120)	10 (8.8)	25 (29.2)	57 (76.7)	23 (95.8)	5 (100.0)			0.03/0.06
<i>S. sciuri</i> (19)	6 (31.6)	8 (73.7)	3 (89.5)	1 (94.7)	1 (100.0)			0.015/0.03
<i>S. simulans</i> (38)	11 (29.0)	21 (84.2)	4 (94.7)	0 (94.7)	2 (100.0)			0.015/0.03
<i>S. warneri</i> (130)	37 (28.5)	40 (59.4)	41 (90.8)	12 (100.0)				0.015/0.03
<i>S. xyloso</i> (39)	4 (10.3)	4 (20.5)	27 (89.7)	3 (97.4)	0 (97.4)	1 (100.0)		0.03/0.06

Table 2. Uncommonly isolated streptococcal species and other Gram-positive isolates tested by reference CLSI methods against oritavancin.

Genera/group	Number (cumulative % inhibited) at oritavancin MIC in µg/mL:							MIC (µg/mL)
	Organism (no. tested)	≤0.008	0.015	0.03	0.06	0.12	0.25	
<i>Streptococcus</i> spp. (674)	398 (59.1)	84 (71.5)	70 (81.9)	78 (93.5)	39 (99.3)	4 (99.9)	1 (100.0)	≤0.008/0.06
<i>S. anginosus</i> group (194)	174 (89.7)	6 (92.8)	6 (95.9)	7 (99.5)	1 (100.0)			≤0.008/0.015
<i>S. anginosus</i> (128)	113 (91.9)	4 (95.1)	5 (99.2)	6 (100.0)				≤0.008/≤0.008
<i>S. constellatus</i> (44)	44 (100.0)							≤0.008/≤0.008
<i>S. intermedius</i> (22)	17 (77.3)	2 (86.4)	1 (90.9)	1 (95.5)	1 (100.0)			≤0.008/0.03
<i>S. bovis</i> group (47)	16 (34.0)	6 (46.8)	9 (66.0)	12 (91.5)	4 (100.0)			0.03/0.06
<i>S. dysgalactiae</i> group (47)	11 (23.4)	1 (25.3)	7 (40.4)	11 (63.8)	13 (91.5)	3 (97.9)	1 (100.0)	0.06/0.12
<i>S. dysgalactiae</i> (31)	8 (25.8)	1 (29.0)	6 (48.4)	7 (71.0)	6 (90.3)	3 (100.0)		0.06/0.12
<i>S. equisimilis</i> (16)	3 (18.8)	0 (18.8)	1 (25.0)	4 (50.0)	7 (93.8)	0 (93.8)	1 (100.0)	0.06/0.12
<i>S. mitis</i> group (303)	162 (53.5)	57 (72.3)	44 (86.8)	28 (96.0)	12 (100.0)			≤0.008/0.06
<i>S. mitis</i> (195)	118 (60.5)	33 (77.4)	21 (88.2)	15 (95.9)	8 (100.0)			≤0.008/0.06
<i>S. gordonii</i> (13)	9 (69.2)	3 (92.3)	1 (100.0)					≤0.008/0.015
<i>S. oralis</i> (25)	13 (52.0)	5 (72.0)	4 (88.0)	2 (96.0)	1 (100.0)			≤0.008/0.06
<i>S. parasanguinis</i> (35)	10 (28.6)	7 (48.6)	9 (74.3)	7 (94.3)	2 (100.0)			0.03/0.06
<i>S. sanguinis</i> (35)	12 (34.3)	9 (60.0)	9 (85.7)	4 (97.1)	1 (100.0)			0.015/0.06
<i>S. mutans</i> group (20)	10 (50.0)	5 (75.0)	1 (80.0)	3 (95.0)	0 (95.0)	1 (100.0)		≤0.008/0.06
<i>S. salivarius/S. vestibularis</i> group (49)	12 (24.5)	9 (42.9)	3 (49.0)	16 (81.6)	9 (100.0)			0.06/0.12
<i>S. milleri</i> group (14) ^a	13 (92.9)	0 (92.9)	0 (92.9)	1 (100.0)				≤0.008/≤0.008

Other species (80)								
<i>Corynebacterium</i> spp. (17)	10 (58.8)	1 (64.7)	3 (82.4)	3 (100.0)				≤0.008/0.06
<i>Listeria monocytogenes</i> (37)	33 (89.2)	3 (97.3)	1 (100.0)					≤0.008/0.015
<i>Micrococcus</i> spp. (26)	26 (100.0)							≤0.008/≤0.008

a. Taxonomy dictates a close relationship to *S. anginosus* group.

Overall, oritavancin was highly active against CoNS with MIC₅₀ and MIC₉₀ of 0.015 and 0.06 µg/mL, respectively (Table 1). MIC₅₀ values of ≤0.008 or 0.015 µg/mL were observed for most tested CoNS species, while slightly higher MIC₅₀ results were noted for *S. haemolyticus*, *S. saprophyticus* and *S. xyloso* (MIC_{50/90}, 0.03/0.06 µg/mL).

Vancomycin and daptomycin showed MIC₅₀ results of 1 and 0.12-0.5 µg/mL, respectively, when tested against these CoNS species, except for *S. pettenkoferi* and *S. sciuri*, which showed daptomycin MIC₅₀ results of 1 µg/mL (data not shown).

Only 36.0% of CoNS were susceptible to methicillin (oxacillin) with broad variation of susceptibility rates within species. The highest oxacillin susceptibility rates were noted for *S. lugdunensis* (94.7%) and *S. intermedius* (92.9%). Oxacillin susceptibility was lowest for *S. cohnii* (3.7%), *S. sciuri* (5.3%), *S. saprophyticus* (5.8%), *S. haemolyticus* (15.8%) and *S. xyloso* (18.0%), while other species showed rates between 29.5 and 66.7% (data not shown).

Streptococcal isolates exhibited oritavancin MIC₅₀ and MIC₉₀ results of ≤0.008 and 0.06 µg/mL, respectively; most streptococcal groups showed MIC₅₀ values of ≤0.008 µg/mL, except for the *S. bovis* (0.03 µg/mL), *S. dysgalactiae* (0.06 µg/mL) and *S. salivarius/**vestibularis* (0.06 µg/mL) groups (Table 2). *S. sanguinis* and *S. parasanguinis* had MIC₅₀ values (0.015 and 0.03 µg/mL, respectively) that were higher than other streptococcal species within the *S. mitis* groups (MIC₅₀, ≤0.008 µg/mL).

Oritavancin was very active against *Micrococcus* spp. (MIC_{50/90}, ≤0.008/≤0.008 µg/mL), *Listeria monocytogenes* (MIC_{50/90}, ≤0.008/0.015 µg/mL) and *Corynebacterium* spp. (MIC_{50/90}, ≤0.008/0.06 µg/mL; Table 2).

Conclusions

This study presents *in vitro* data for oritavancin tested against 2,811 Gram-positive isolates that are rarely recovered from human clinical specimens, and as a consequence, limited susceptibility information is available in the public domain for these organism groups. Moreover, this report not only provides susceptibility data against several groups of streptococci and staphylococci, but also for numerous species within these groups of organisms, noting subtle differences in the susceptibility profiles within investigated species.

Oritavancin demonstrated potent activity against the selected Gram-positive organisms, inhibiting 99.4% of tested isolates at ≤0.12 µg/mL. In summary, the results presented herein enhance the oritavancin *in vitro* spectrum of activity prior to regulatory review by the Food and Drug Administration and European Medicines Agency, including against *S. lugdunensis*, and *S. anginosus* and *S. dysgalactiae* groups, which are pathogens responsible for the sought ABSSSI indication.

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References

Arhin FF, Draghi DC, Pillar CM, Moeck G, Sahn DF (2012). Correlation between oritavancin and vancomycin minimum inhibitory concentrations in staphylococci. *Int J Antimicrob Agents* 40: 562-563.

Arhin FF, Moeck G, Draghi DC, Pillar CM, Sahn DF (2010). Longitudinal analysis of the *in vitro* activity profile of oritavancin and comparator glycopeptides against Gram-positive organisms from Europe: 2005-2008. *Int J Antimicrob Agents* 36: 474-476.

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, USA.

Clinical and Laboratory Standards Institute (2013). *M100-S23. Performance standards for antimicrobial susceptibility testing: 23rd Informational Supplement.* Wayne, PA, USA.

Gould IM, David MZ, Esposito S, Garau J, Lina G, Mazzei T, Peters G (2012). New insights into methicillin-resistant *Staphylococcus aureus* (MRSA) pathogenesis, treatment and resistance. *Int J Antimicrob Agents* 39: 96-104.

Mendes RE, Farrell DJ, Sader HS, Jones RN (2012). Oritavancin microbiologic features and activity results from the surveillance program in the United States. *Clin Infect Dis* 54 Suppl 3: S203-S213.

Morrissey I, Seifert H, Canton R, Nordmann P, Stefani S, Macgowan A, Janes R, Knight D, Oritavancin Study Group (2013). Activity of oritavancin against methicillin-resistant staphylococci, vancomycin-resistant enterococci and β-haemolytic streptococci collected from western European countries in 2011. *J Antimicrob Chemother* 68: 164-167.

The Medicines Company (2013). Positive results for Solo II trial of oritavancin in the treatment of acute bacterial skin and skin structure infections [Press release].