

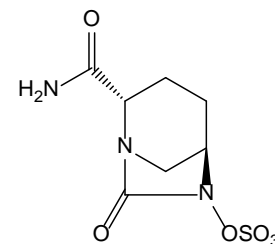
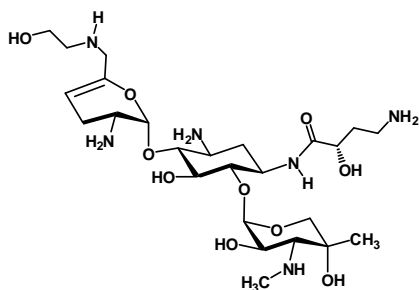


Antibacterial Drugs in the Pipeline

Karen Bush
Indiana University Bloomington

CLSI Education Workshop
Arlington, Virginia

June 13, 2015



Conflicts of Interest (2014–2015)

Retiree Compensation:

35 Years in Antibacterial R&D (1973–2009):

Bristol-Myers Squibb, Johnson & Johnson, Pfizer (Wyeth)

Consultant or Scientific Advisory Board:

Achaogen, Allecra, Cubist, Fedora, Medivir, Merck, The Medicines Company, Rempex, Roche, Vertex, WarpDrive

Research Support:

AstraZeneca, Forest, Tetraphase

Outline of Presentation

- Medical need (historical)
- Current pipeline of antibiotics for systemic use in hospital infections
 - Development status
 - Profiles

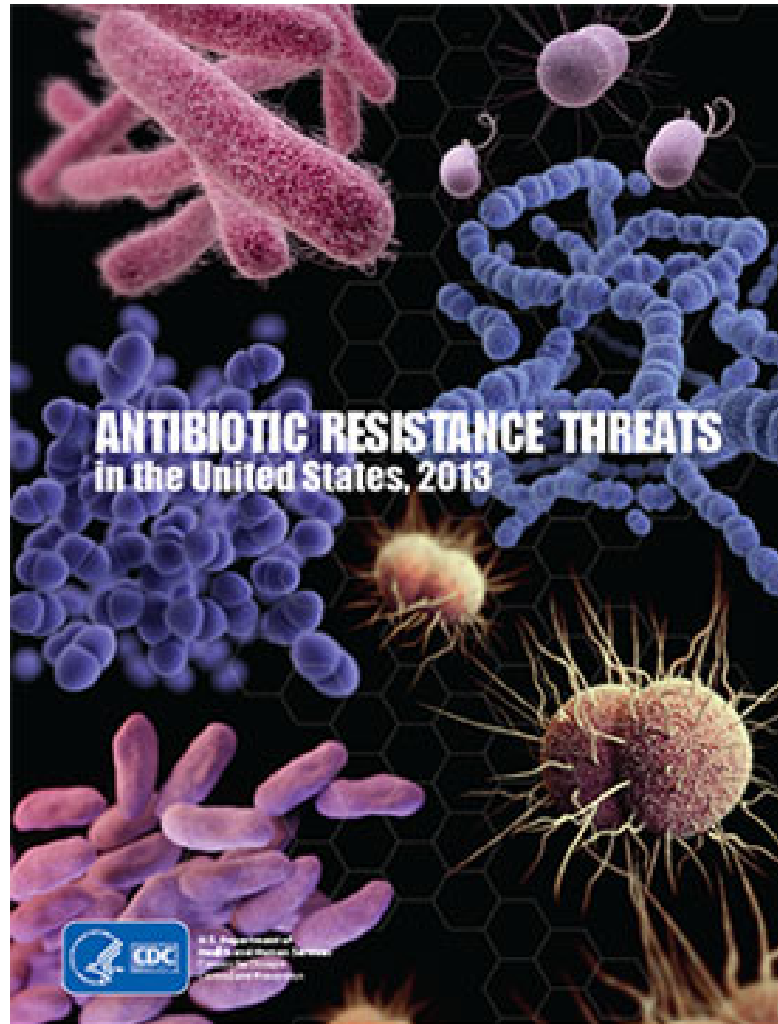
Alarms Sounded by IDSA



- Aimed at the general public and legislators
- Resistance continues to increase
- Beginning in 2002 campaigns to address
 - Need for new agents
 - Need for new investment in antibacterial drug development
- Campaign in 2004
 - “Bad Bugs, No Drugs”



Centers for Disease Control and Prevention (CDC) Antibiotic Threat Report – 2013



CDC, Threat Report, September 16, 2013

CDC Evaluation of Medical Needs

September 2013

- **Urgent Threats**
 - *Clostridium difficile*
 - Carbapenem-resistant *Enterobacteriaceae* (CRE)
 - Drug-resistant *Neisseria gonorrhoeae*
- **Serious Threats**
 - Multidrug-resistant *Acinetobacter*
 - Drug-resistant *Campylobacter*
 - Extended spectrum β -lactamase-producing *Enterobacteriaceae* (ESBLs)
 - Vancomycin-resistant *Enterococcus* (VRE)
 - Multidrug-resistant *Pseudomonas aeruginosa*
 - Drug-resistant nontyphoidal *Salmonella*
 - Drug-resistant *Salmonella typhi*
 - Drug-resistant *Shigella*
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)
 - Drug-resistant *Streptococcus pneumoniae*

CDC Medical Needs September 2013

Combined With “ESKAPE” Pathogens

- **Urgent Threats**
 - *Clostridium difficile*
 - **CRE**
 - Drug-resistant *Neisseria gonorrhoeae*
- **Serious Threats**
 - **Multidrug-resistant *Acinetobacter***
 - Drug-resistant *Campylobacter*
 - **ESBLs**
 - **VRE**
 - **Multidrug-resistant *Pseudomonas aeruginosa***
 - Drug-resistant nontyphoidal *Salmonella*
 - Drug-resistant *Salmonella typhi*
 - Drug-resistant *Shigella*
 - **MRSA**
 - Drug-resistant *Streptococcus pneumoniae*

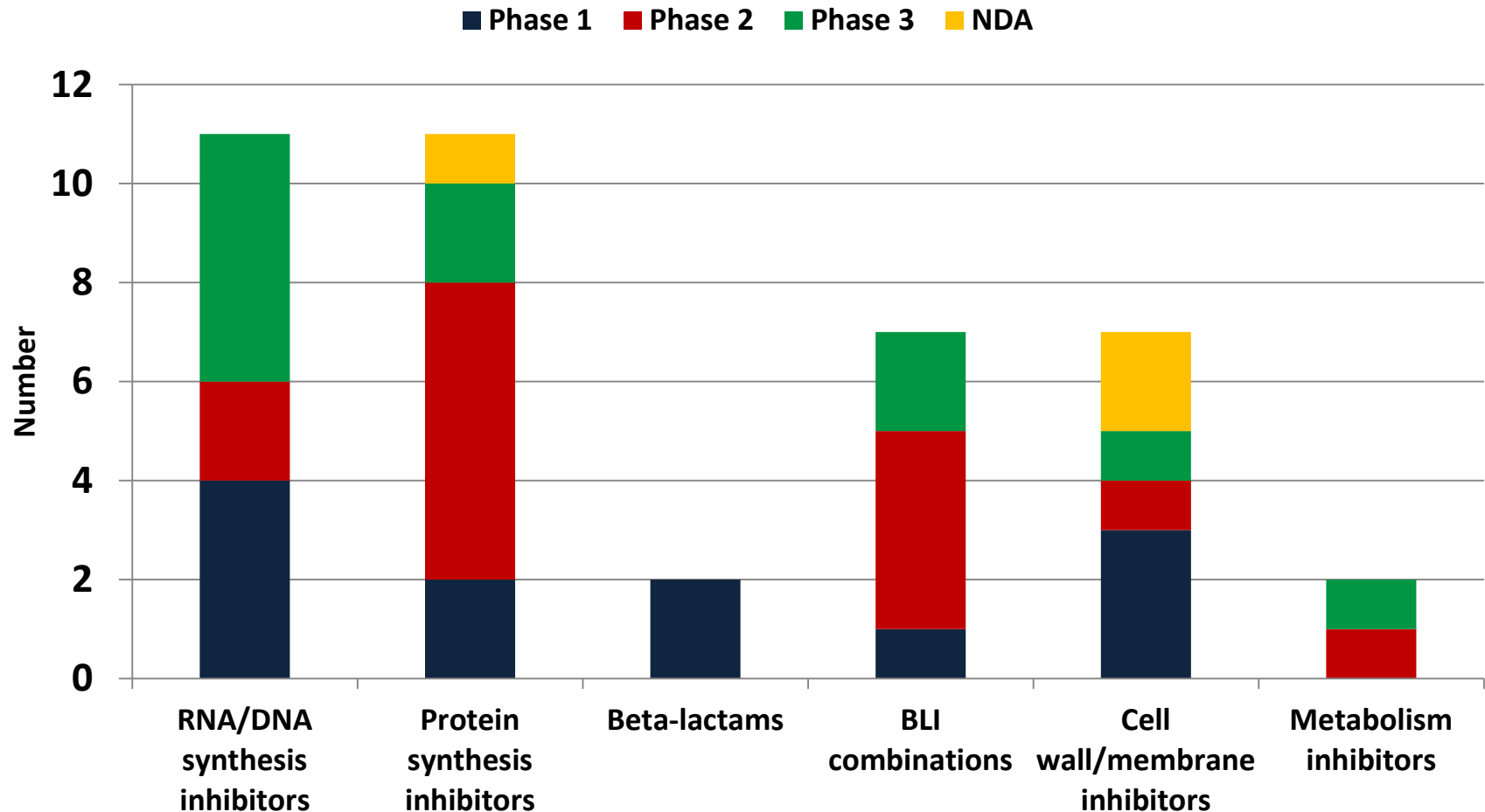
IDSA Concerned About the Decrease in Pharmaceutical Activity to Create a Pipeline to Treat Gram-Negative Infections



In 2010: “10 by 20” campaign
Development and regulatory approval of 10 novel,
efficacious, and safe systemically administered
antibiotics by 2020

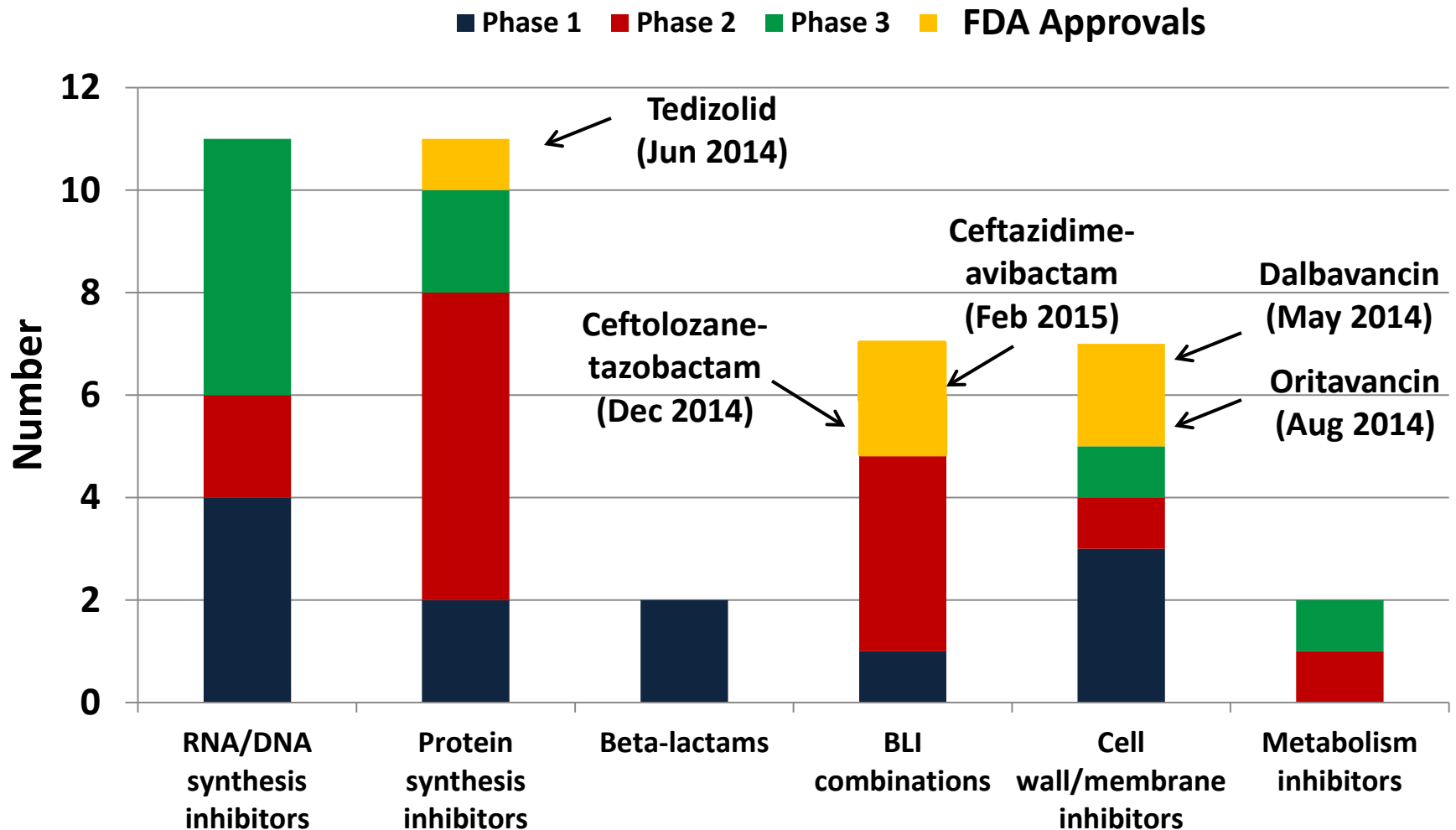
The Pipeline as Viewed by Pucci, Page, and Bush (2014)

Investigational Antibacterial Agents in Clinical Development in March 2014

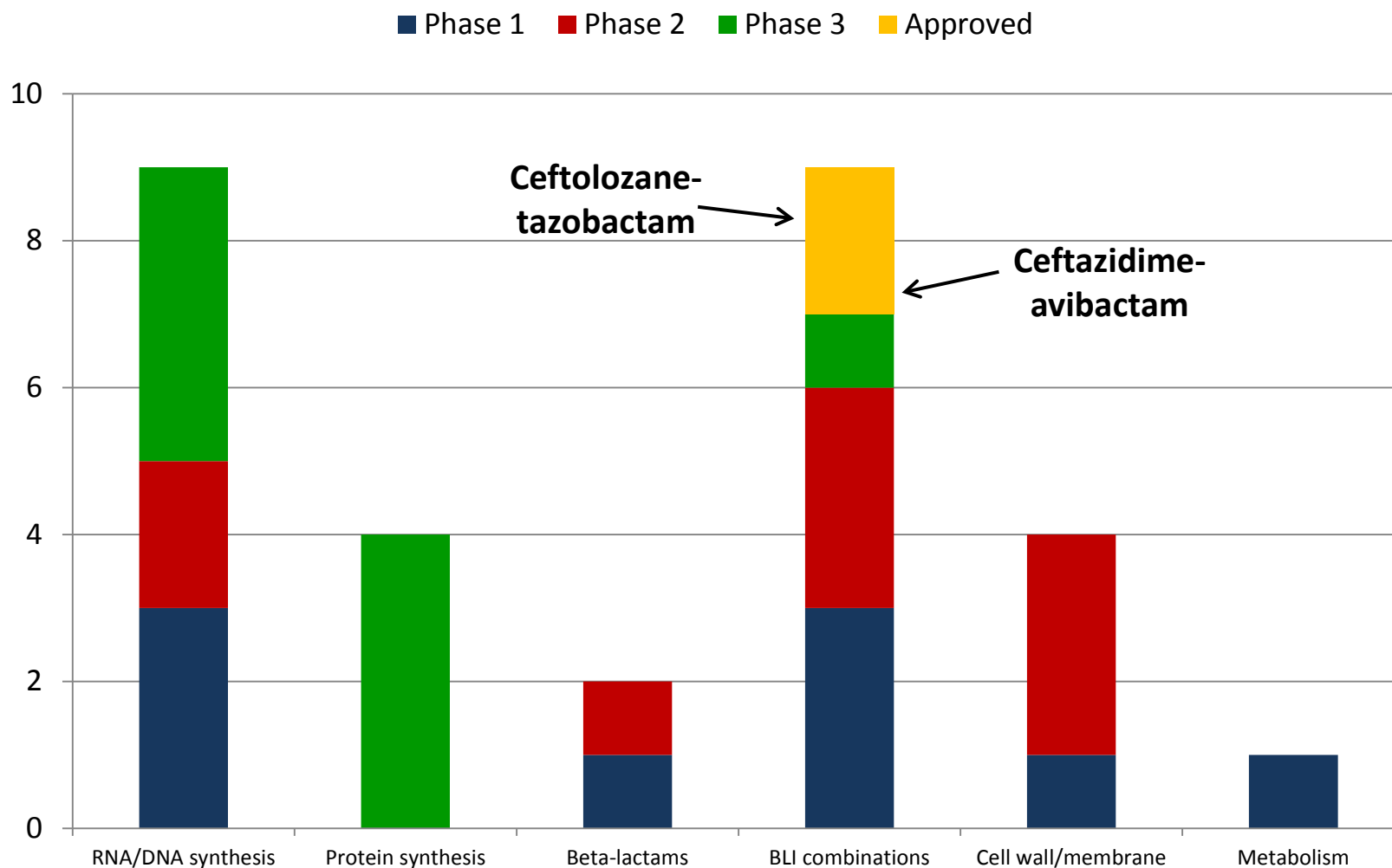


Pucci et al. *Microbe*. Apr 2014

Investigational and Recently Approved Antibacterial Agents in **February 2015**



Investigational and Recently Approved Antibacterial Agents in June 2015



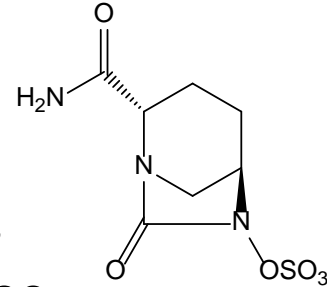
Recently Approved β -Lactamase Inhibitor Combinations

Name	Company	β -Lactam Class	Staph/ Strep	Gram-negatives	
Ceftolozane + tazobactam (Dec 2014)	(Astellas/Calixa) Cubist	Cephalosporin + penicillanic acid sulfone	+ / +	++ +++	ESBLs (some) <i>Pseudomonas</i>
Ceftazidime + avibactam* (Feb 2015)	(Novexel) Forest/Actavis AstraZeneca (Europe)	Cephalosporin + diazabicyclo- octane (DBO)	+ / ++	+++ +++ ++	ESBLs KPCs <i>Pseudomonas</i>

***Approved based ONLY on Phase 2 clinical data. New FDA Guidance allowed approval due to the urgent unmet medical need for KPC-related infections. Phase 3 studies are ongoing in nosocomial pneumonia and complicated intra-abdominal infections.**

Avibactam Could Be a “Game Changer”

- Novel structure: diazabicyclooctane (DBO)
- First β -lactamase inhibitor to show efficacy against organisms with **class A ESBLs**, **class A carbapenemases**, class C cephalosporinases, and some class D oxacillinases
- At least four DBO combinations are in clinical development
- Avibactam in combination with aztreonam; synergy is demonstrated against pathogens with **class B MBLs**
- Novel mechanism of action
 - Reversible covalent binding except for KPC-2
 - Slow hydrolysis by KPC-2 followed by fragmentation
 - If multiple β -lactamases are present, avibactam preferentially binds to enzyme(s) with the highest affinity



What's Left in the Pipeline?

Investigational Antibacterial Agents

β -Lactamase Inhibitor Combinations

Name (Phase)	Company	β -Lactam Class	Staph/ Strep	Gram-negatives	
Imipenem + relobactam (MK7655) (Ph 2/3)	Merck	Carbapenem + DBO	++ / ++	+++ +++ +++	ESBLs KPCs (<i>Pseudomonas</i>)*
Ceftaroline + avibactam (Ph 2)	Forest/Actavis (AstraZeneca)	Cephalosporin + DBO	+ ++ (MRSA) / +++	+++ +++	ESBLs KPCs
Aztreonam + avibactam (Ph 2)	AstraZeneca (IMI in Europe)	Monobactam + DBO	- / -	+++ +++ + ++	ESBLs KPCs (<i>Pseudomonas</i>)* MBLs
Carbavance (Meropenem + RPX7009) (Ph 3)	(Rempex) The Medicines Company	Carbapenem + boronic acid inhibitor	++ / ++	+++ +++ +++	ESBLs KPCs (<i>Pseudomonas</i>)*

*No enhanced activity from BLI

Investigational Antibacterial Agents

β -Lactamase Inhibitor Combinations

Name (Phase)	Company	β -Lactam Class (Phase)	Staph/Strep	Gram-negatives
RG6080 (OP0595, FPI-1459) (Ph 1)	Fedora/Meiji/Roche	DBO (BLI) + ?	?	+++ ESBLs +++ KPCs ++ MBLs +++ (<i>Pseudomonas</i>)
Cefepime + AAI101 (Ph 1)	Allegra	Unpublished	?	(Some MDR-gram-negatives)
CB-618 (Ph 1-?)*	Cubist/Merck	Unknown BLI	?	+++ ESBLs +++ KPCs

* ADISInsight lists it as in Phase 1 trials in the US (Feb 2015), but not listed on clinicaltrials.gov or in the Merck pipeline.

Investigational Antibacterial Agents

β -Lactams

Name (Phase)	Company	β -Lactam Class (Phase)	Staph/ Strep	Gram-negatives
S2696266 (Ph 2)	Shionogi	Siderophore Cephalosporin	?	++ MDR Enterics
BAL30072 (Ph 1)	Basilea	Siderophore Monosulfactam Possibly combined with meropenem	None	++ MDR Enterics +++ Acinetobacter

Investigational β -Lactam-Containing Agents

Agents in Preclinical Development

Name	Company	β -Lactam Class	Staph/ Strep	Gram-negatives
AIC499	AICuris (with IMI - ND4BB program in Europe)	Not defined	?	“With a BLI: MDR Gram-negatives <i>Pseudomonas</i> , <i>Acinetobacter</i> ”
S200	Sopharmia	Cephalosporin	?	+++ ESBLs +++ KPCs ++ MBLs (?)

Investigational Antibacterial Agents

DNA/RNA Inhibitors

Name (Phase)	Company	Class	Spectrum
Delafloxacin (Ph 3)	(Wakunaga)/Rib-X	Chloro-fluoroquinolone (Gyrase and Topo IV inhibitor)	+++ MRSA +++ MDR-strep ++ Enteric bacteria* +++ <i>N. gonorrhoeae</i>
Nemonoxacin (Ph 3)	(Procter & Gamble)/TaiGen	Nonfluorinated quinolone	+++ MRSA +++ MDR-strep ++ Enteric bacteria*
Zabofloxacin (Ph 3)	(Dong Wha)/Pacific Beach Biosciences	Fluoroquinolone	+++ MRSA +++ MDR-strep ++ Enteric bacteria* +++ <i>N. gonorrhoeae</i>
Finafloxacin**	MerLion	Fluoroquinolone	++ MRSA <i>Helicobacter pylori</i> <i>Acinetobacter</i> spp.

*Activity against *Enterobacteriaceae* similar to moxifloxacin

*Approved by FDA for topical ophthalmic use

Investigational Antibacterial Agents

DNA/RNA Inhibitors

Name	Company	Class	Staph/ Strep	Gram-negatives
Avarofloxacin (JNJ-Q2) (Ph 2 completed)	(JNJ)/Furiex	Fluoroquinolone	+++ MRSA +++ MDR-strep	++ Enteric bacteria
AZD0914 (Ph2)	Entasis Therapeutics	Spiropyrimidine- trione	+++ MRSA +++ MDR-strep	+++ <i>N. gonorrhoeae</i> ++ Atypicals
GSK 2140944 (Ph2)	GlaxoSmith Kline	Topoisomerase II inhibitor	[+++ MRSA +++ MDR-strep]	+++ <i>N. gonorrhoeae</i>
Nadifloxacin WCK771 and prodrug WCK2349 (Ph 2/1)	Wockhardt	Tricyclic fluoroquinolone	+++ MRSA +++ MDR-strep	? Enteric bacteria
KRP-AM1977 (Ph1)	Kyorin	Nonfluorinated quinolone	+++ MRSA +++ MDR-strep	? Enteric bacteria

Based on: Pucci and Bush. *Clin Micro Rev.* 2013; Huband et al. [Antimicrob Agents Chemother.](https://doi.org/10.1093/cid/civ001) 59:467 (2015) ;
<https://clinicaltrials.gov/ct2/show/NCT02257918?term=AZD0914&rank=1>; <http://www.entasistx.com/>;
<http://newdrugapprovals.org/2015/05/18/lascufloxacin-krp-am1977-by-kyorin/>

Investigational Antibacterial Agents

Protein Synthesis Inhibitors

Name (Phase)	Company	Class	Staph/ Strep	Gram-negatives	Dosing
Eravacycline (Ph 3)	Tetraphase	Tetracycline	+++ (MRSA)/++	+++ ESBLs +++ KPCs ++ <i>Acinetobacter</i>	IV and oral
Omadacycline (Ph 3)	Paratek	Tetracycline (Glycylcycline)	+++ (MRSA)/++	+++ ESBLs +++ KPCs	IV and oral
Plazomicin (Ph 3)	Achaogen	Aminoglycoside	+++ (MRSA)	+++ ESBLs +++ KPCs ++ <i>Acinetobacter</i>	IV
Solithromycin (Ph 3)	Cempra	Fluoroketolide	+++ MDR- strep	+++ <i>N. gonorrhoeae</i> +++ Atypicals +++ <i>M. avium</i>	IV and oral

Summarized in: Pucci and Bush. *Clin Micro Rev.* 2013; updated with
<https://clinicaltrials.gov/>; <http://www.cempra.com/products/Solithromycin-cem-101/>

Investigational Membrane-Active Antibacterial Agents

Name	Company	Class	Gram-positives	Gram-negatives
Lefamulin (BC-3781) (Ph 2)	Nabriva	Pleuromutilin	+++ MRSA +++ MDR strep +++ VRE	++ Enterics ++ Atypicals
RG7929 (POL7080) (Ph 2)	Roche/ Polyphor	Peptidomimetic; LptD (LPS) inhibitor	None	+++ <i>P. aeruginosa</i>
ACHN-975*	Achaogen	LPS biosynthesis inhibitor	None	++ <i>E. coli</i> +++ <i>P. aeruginosa</i>

*Clinical trials were terminated due to irritation at the infusion site.

Other Investigational Antibacterial Agents

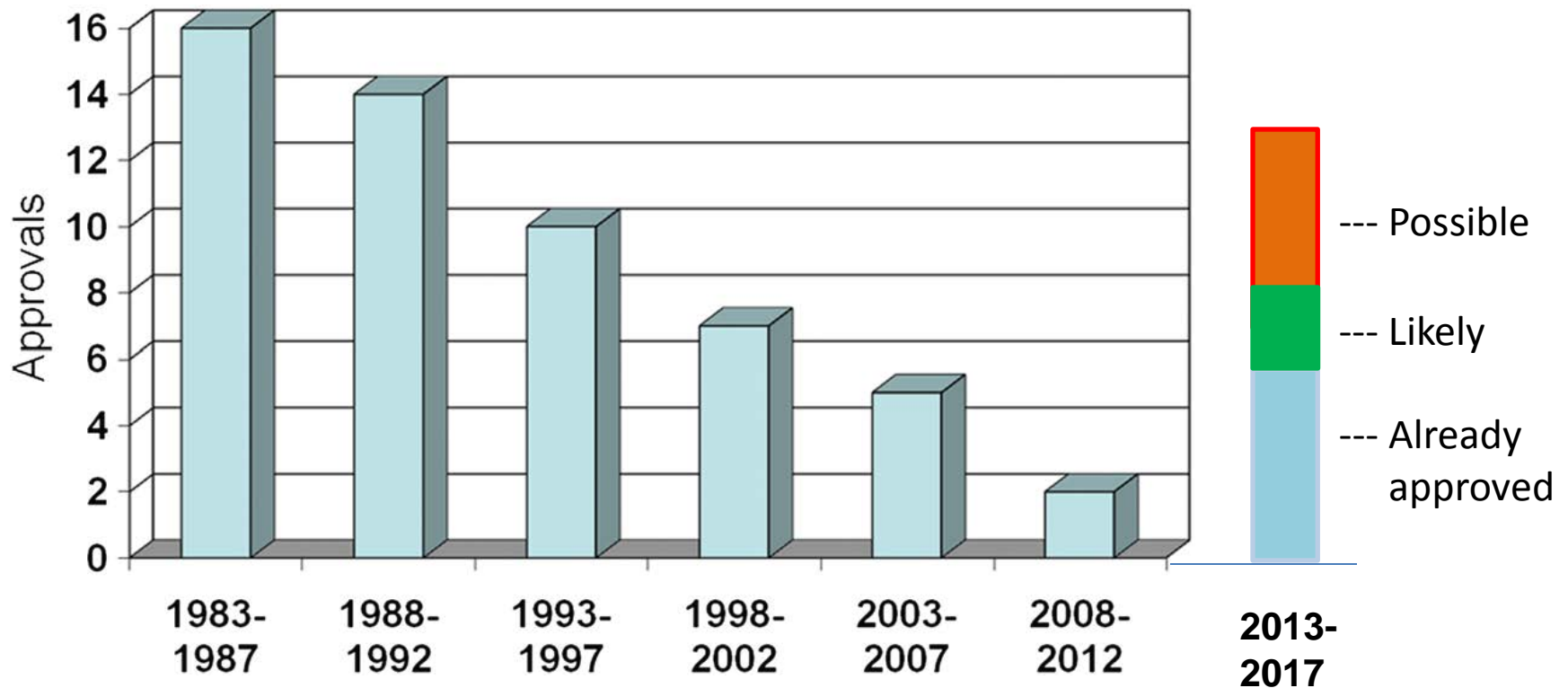
Name	Company	Class or Target	Gram-positives	Gram-negatives
TD-1792 (Ph 2)	Theravance	Glycopeptide- cephalosporin	+++	None
TD-1607 (Ph 1)	Theravance	Glycopeptide- cephalosporin	+++	None
Debio 1450 (Prodrug of AFN-1252) (Ph 1)	Affiniium/ Debiopharm	FabI inhibitor	+++ MRSA	None
GSK1322322 * (Ph 3)	GSK	PDF inhibitor	+++ MRSA +++ MDR strep	None
AN3365* (Ph 2)	Anacor/GSK	Leu-tRNA synthase inhibitor	None	++ Enterics ++ <i>P. aeruginosa</i>

*Clinical trials were terminated.

Non-Small Molecule Approaches

- Prophylactic and therapeutic antibodies
- MedImmune
 - MEDI3902
 - Prevention of *Pseudomonas* pneumonia
 - Phase 1 (US)
 - MEDI4893
 - Prevention of *Staphylococcus aureus* pneumonia
 - Phase 2 (US and Europe/Innovative Medicines Initiative)

Bush Update to IDSA Accounting



Do We Have Drugs in the Pipeline to Address CDC and IDSA Priorities?

- **Urgent Threats**

- ✓ Y – *Clostridium difficile*
- ✓ Y – **CRE**
- ✓ Y – Drug-resistant *Neisseria gonorrhoeae*

- **Serious Threats**

- (Y) – **Multidrug-resistant *Acinetobacter***
- ✓ Y – Drug-resistant *Campylobacter*
- ✓ Y – **ESBL-producing *Enterobacteriaceae***
- ✓ Y – **VRE**
- ✓ (Y) – **Multidrug-resistant *Pseudomonas aeruginosa***
- ✓ Y – Drug-resistant nontyphoidal *Salmonella*
- ✓ Y – Drug-resistant *Salmonella typhi*
- ✓ Y – Drug-resistant *Shigella*
- ✓ Y – **MRSA**
- ✓ Y – Drug-resistant *Streptococcus pneumoniae*

Closing Thoughts

- In spite of the alarms set by IDSA and the CDC, viable new antibacterial agents are in late-stage development.
- New agents with novel structures from established chemical classes will compete with new agents with novel targets for the same sets of organisms.
- Successful new agents with novel targets are represented less frequently in late-stage development.
- Every new drug will have a slightly different safety or dosing profile, or resistance selection, so there may be a place for multiple, similar agents.

**New Antimicrobial
Agents**

RESISTANCE

