Methodology Working Group Membership

Brandi Limbago - Co-chair

Stephen Jenkins – Co-chair

Seth Housman

Romney Humphries

Laura Koeth

Sandra Richter

Darcie Rowe-Carpenter

Katherine Sei

Susan Sharp

Ribhi Shawar

John Turnidge

Melvin Weinstein

Methodology WG Charter

- Identify which methods need review or updating
- Prioritize methods issues
- Recommend members to join Ad hoc WGs to investigate methods issues
- Determine the Ad hoc WGs' charges and timelines
- Serve as consultative experts to the Ad hoc WGs. This includes recommending sources of data and reviewing the WGs' data packages.
- Applicable mission statements:
    - Develop standard reference methods (for AST)
    - Provide suggestions for testing and reporting strategies that are clinically relevant and cost-effective
    - Continually refine standards and optimize detection of emerging resistance mechanisms through development of new or revised methods, susceptibility standards, or quality control parameters

Meeting Objectives

1. To review and discuss the charges to the Methodology Working Group at this inaugural session,
2. To identify which antimicrobial susceptibility testing methods already in existence require review and/or updating, to prioritize actions on such identified methods, and recommend actions to address them,
3. To review and comment on the decisions and recommendations of the M100 Clean-Up Ad Hoc Working Group co-chaired by Drs. Mary Jane Ferraro and Susan Sharp prior to their presentation to the full Subcommittee on Antimicrobial Susceptibility Testing,
4. To receive an update on the on-going work of the Intrinsic Resistance Ad Hoc Working Group chaired by Dr. Barbara Zimmer,
5. To consider the findings and recommendations of the Oral Cephalosporins/Urinary Tract Infection Ad Hoc Working Group chaired by Dr. Audrey Schuetz,

Meeting Objectives

6. For informational purposes only, to provide a brief update on the progress of and issues identified by the Fluoroquinolone Disk Diffusion Ad Hoc Working Group provided by the chair of this WG, Dr. Cynthia Fowler,

7. To consider and discuss a request to address the impact of MALDI-TOF technology on antimicrobial susceptibility testing ,

8. To hear an update on the on-going work of the Data Analysis Ad Hoc Working Group chaired by Dr. John Turnidge,

9. To receive a status report from the Anaerobe Ad Hoc Working Group chaired by Dr. Marcie Roe-Carpenter, and

10. To review a report from the Joint CLSI-EUCAST Polymyxins Working Group

11. To consider a request from Rempex Pharmaceutical s to place minocycline in its own box under Acinetobacter spp. In Table 1 of M100 and to likewise place it in its own box in Table 2B-2

Report of the Oral Cephalosporin / uUTI Ad Hoc WG

- Chair: Dr. Audrey Schuetz

Report from the M100 Clean-Up Ad Hoc WG

- Chairs:
  - Dr. Susan Sharp
  - Dr. Mary Jane Ferraro

Report from the Intrinsic Resistance Ad Hoc WG

- Chair: Dr. Barbara Zimmer

Note: Methodology WG voted unanimously to add an ampicillin column to the bottom of the Appendix 2B.2 table indicating that the fermentative gram-negatives specifically listed are intrinsically resistant to ampicillin and to add the word “these” to the verbiage

Report from the Fluoroquinolone Disk Diffusion Ad Hoc Working Group

Chair: Dr. Cynthia Fowler

Report from The Data Analysis Ad Hoc WG

- Chair: Dr. John Turnidge

Report from the Joint CLSI-EUCAST Polymyxins Working Group

- Dr. John Turnidge

Minocycline Requests

- Rempex Pharmaceutical request to consider placing minocycline in its own box under *Acinetobacter* spp. in Table 1 of M100 and to likewise place it in its own box in Table 2B-2
- Dr. Kim Sweeney explained that many laboratories consider minocycline resistant based upon resistance to tetracycline

Minocycline Requests

- Motion: Place minocycline in its own box in Table 1 and Table 2B-2 of M00, separate from tetracycline and doxycycline

8 in favor; 0 opposed; 3 abstentions

MALDI-TOF Issues

- Request from Dr. Carey Ann Burnham to consider establishment of a new WG to address myriad of “new” organisms being identified and reported as a result of MALDI-TOF technology not currently addressed in M100

Outstanding Issues

- Follow-up conference calls will be scheduled to decide which of the following proposed projects should be prioritized for action and to establish ad hoc WGs to addressed these prioritized issues

Antimicrobial Susceptibility Testing Issues Identified to Date as Requiring Possible Action on the Part of the Methodology Working Group

1) Standardized susceptibility testing methods for mucoid *Pseudomonas aeruginosa* are needed, especially with isolates recovered from Cystic Fibrosis patients.

2) Establishment of antimicrobial susceptibility testing methods for nutritionally deficient *Staphylococcus aureus* should be considered.

Possible Projects

3) Agar dilution testing for aerobes - There are perceived holes in our documents on this issue, such as:

a. “Vague statements” in M100 regarding which breakpoints have been evaluated by agar dilution for the streptococci (e.g., “Recent studies using the agar dilution method have not been performed and reviewed.”) Exactly what constitutes “Recent”?

b. Which Quality Control ranges can be used with agar dilution testing (e.g., for fastidious organisms, there do not appear to be any ranges); and

c. In M07, whether or not *Haemophilus* spp. can be tested by agar dilutions seems confusing.

Question: Might it be time to phase out agar dilution or, alternatively, to update the documents to be clearer on what has and has not been evaluated by agar dilution?

Questions and Possible Projects

4) Anaerobe methods:

   a) Why are there no Vancomycin MIC interpretive criteria for gram-positive anaerobes?

   b) Should a method be developed and validated for broth microdilution antimicrobial susceptibility testing of *Clostridium difficile*?

5) Exactly what constitutes a good surrogate agent for antimicrobial susceptibility testing?

Questions and Possible Projects

6) Staphylococci

a. An accuracy assessment should be made for susceptibility testing and establishment of recommendations should be considered for interpretation of the testing results.

b. VISA screen agar requirements should be reviewed and updated.

c. Establishment of a zone edge test for detection of β-lactamase production by coagulase negative staphylococci should be considered.

d. Should guidelines be established for detection of hVISA?

Questions and Possible Projects

7) Should recommendations be made for additional phenotypic tests to detect specific mechanisms of antimicrobial resistance among gram-negatives?

Questions and Comments?

Oral Cephalosporin / uUTI Ad Hoc WG

- A motion was made and seconded to accept the proposal as outlined by Dr. Schuetz that cefazolin MIC ≤16 (S) and ≥ 32 (R) can be used to predict susceptibility to the following oral agents for treatment of uUTIS: cefaclor, cefpodoxime, cefuroxime axetil, cephalexin and loracarbef for *E. coli*, *Klebsiella pneumoniae*, and *Proteus mirabilis.*
- 7 WG members voted in favor; 3 were opposed; 1 member abstained

Oral Cephalosporin / uUTI Ad Hoc WG

- Follow-up motion was made: If cefazolin is adopted as a surrogate agent for other oral cephalosporins, remove the recommendation for cephalothin as a surrogate agent from the document (in Table 1 and in Table 2)
- Motion passed