



# Cefepime-Taniborbactam

Addressing Current and Future Antimicrobial Resistance

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ID Week 2022



# Disclosures, Acknowledgments, and Thank You

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- **Employee of Venatorx**

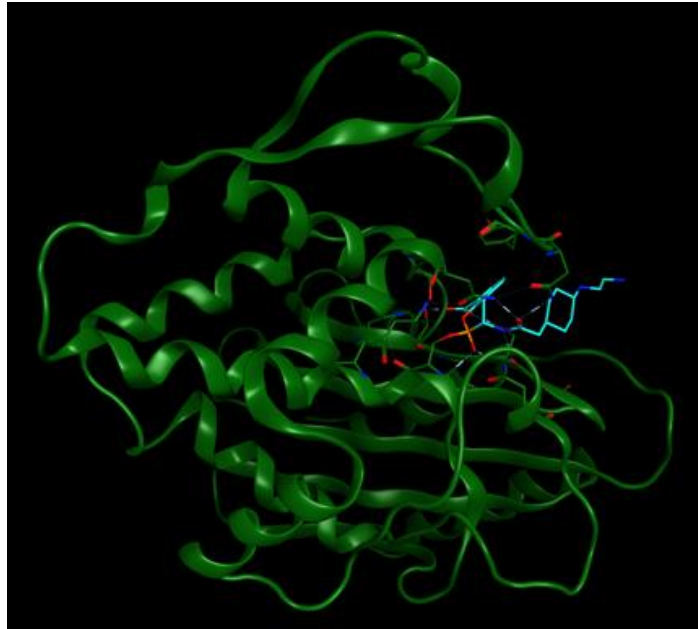
## **Special thank you to:**

- **Participants/Patients of the cefepime-taniborbactam clinical program**
- **Clinical Investigators**
- **Our Partners**
  - **NIH, BARDA, Everest Medicines, GARDP, Wellcome Trust**
- **Our Employees**
  - **For discovering and developing taniborbactam**

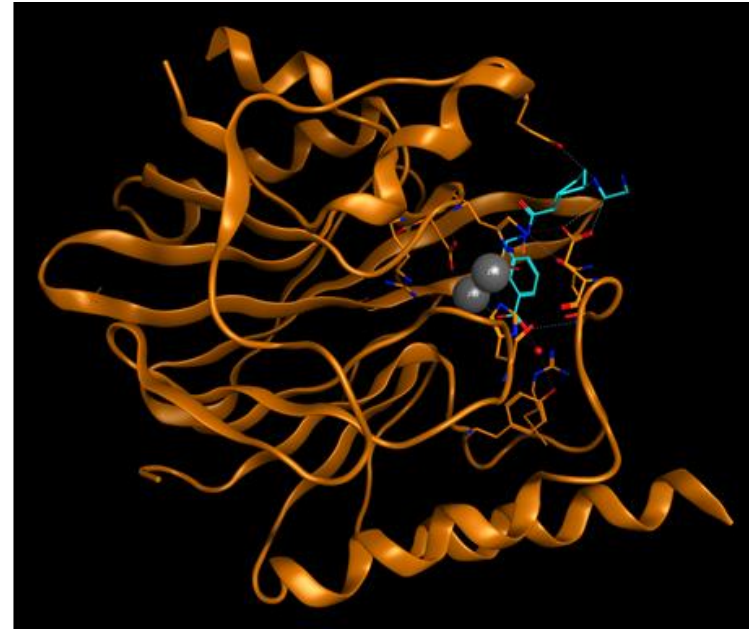
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# Taniborbactam – A Broad-Spectrum $\beta$ -lactamase Inhibitor (BLI) with a Novel MOA

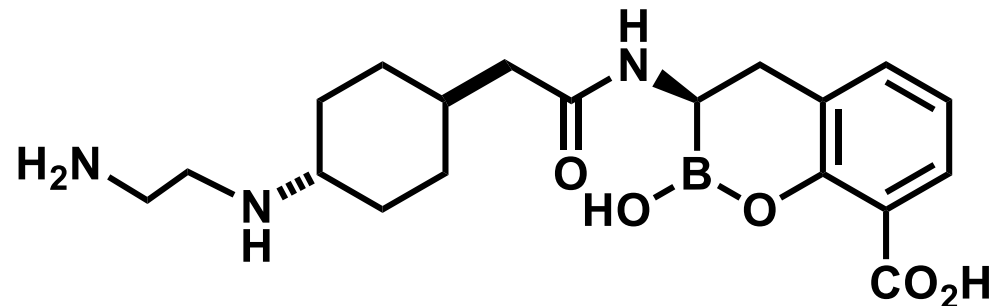
Serine  $\beta$ -lactamases  
(Ambler Classes A, C, and D)



Metallo  $\beta$ -lactamases  
(Ambler Class B – NDM, VIM)

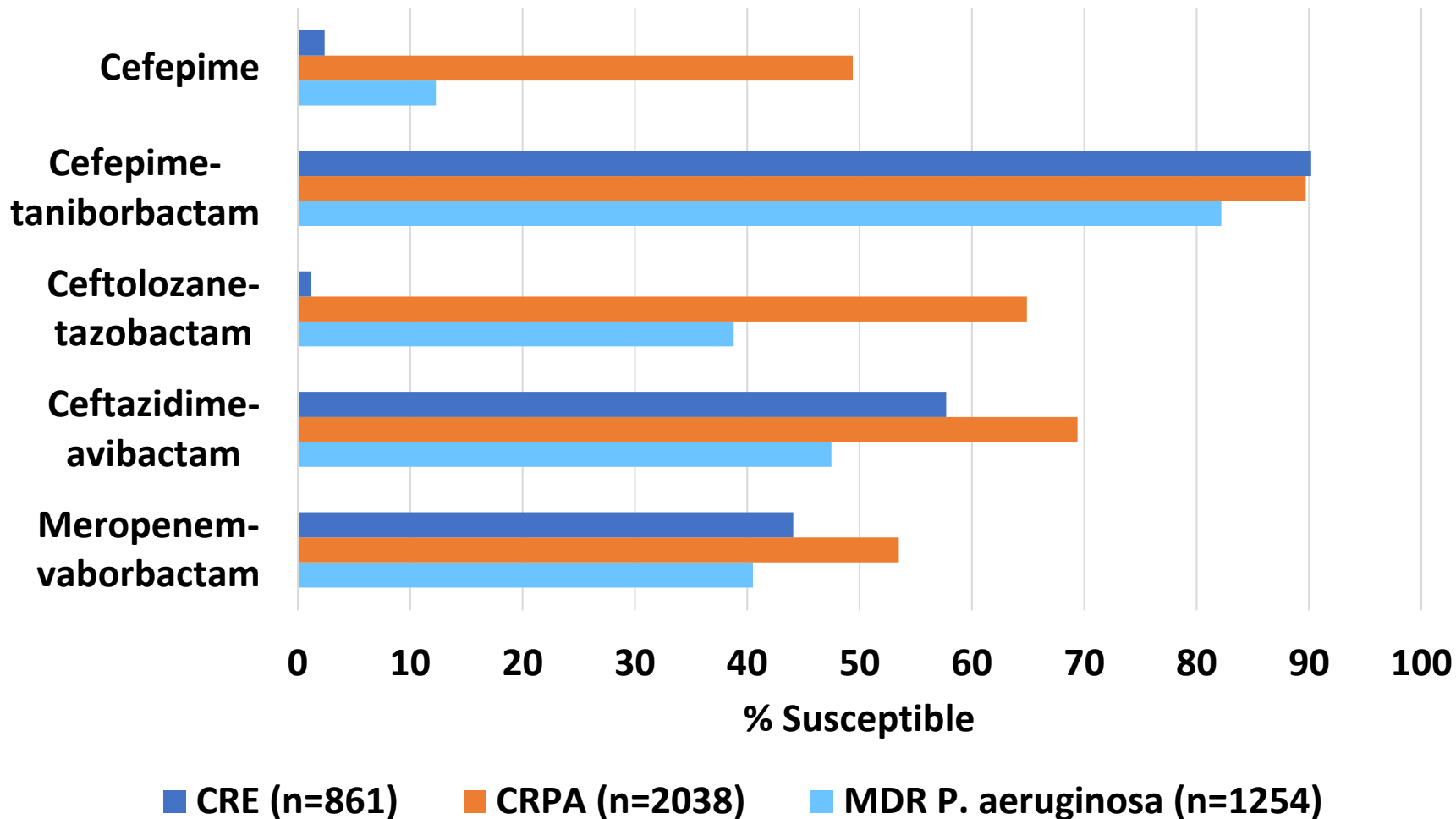


Taniborbactam (light blue) inhibits both enzyme types



X-ray structural data: Dr. J.D. Docquier, U. Siena, Italy

# Cefepime-Taniborbactam is Active Against Resistant Enterobacterales and *P. aeruginosa* (2018-2021 Global Surveillance)



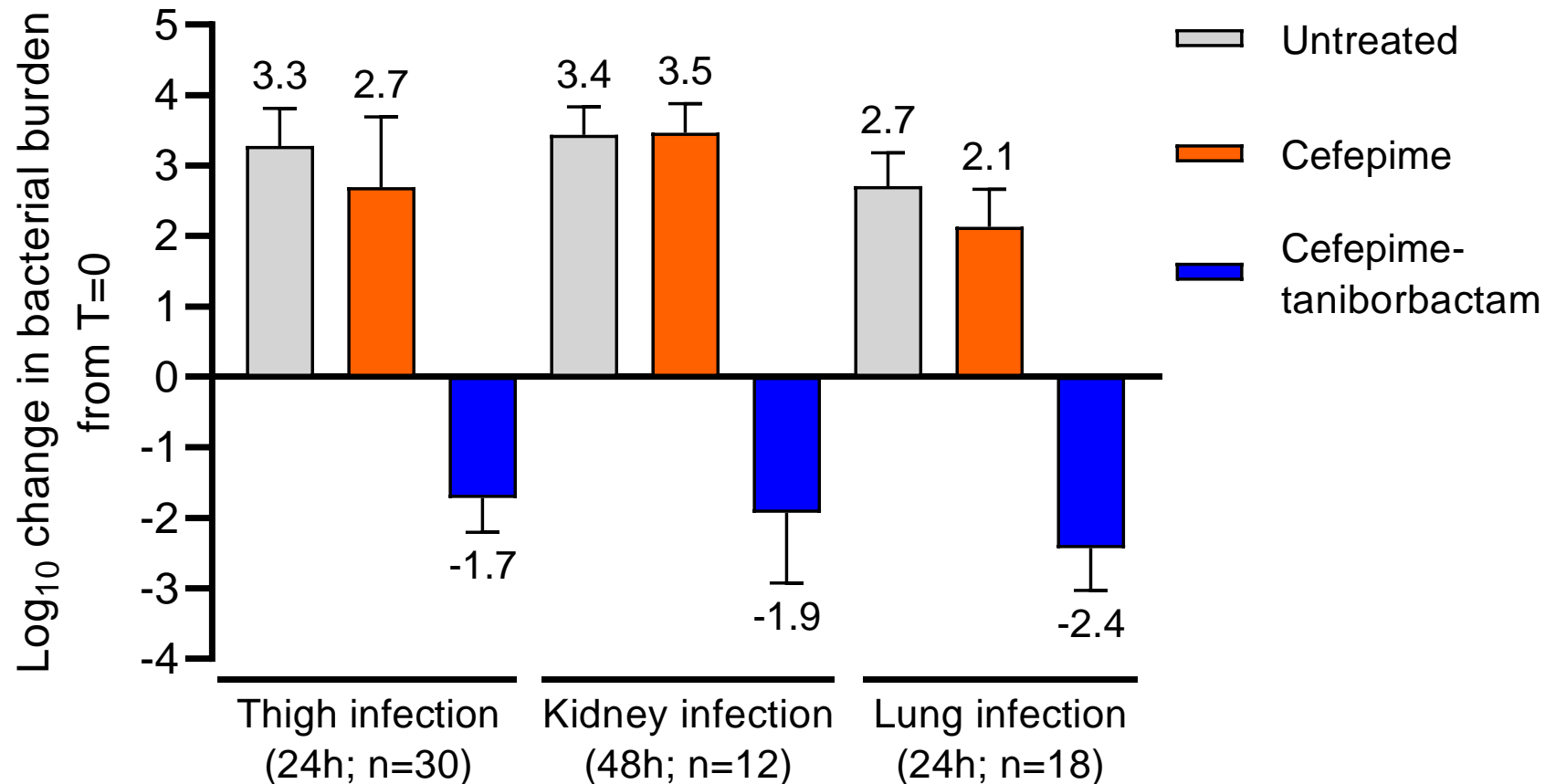
Saturday, October 22, 2022  
Exhibit Hall B/C  
12:15 PM - 1:30 PM

1710 - *In Vitro* Activity of Cefepime-Taniborbactam and Comparators Against a Global Collection of Carbapenem-Resistant Enterobacterales and Carbapenem-Resistant *Pseudomonas aeruginosa* With and Without Carbapenemases  
Mark Wise (IHMA)

1672 - Antimicrobial Activity of Cefepime-Taniborbactam and Comparators Against Clinical Isolates from ICU and Non-ICU Patients; 2018-2020 Global Surveillance  
Meredith Hackel (IHMA)

Source: IHMA global surveillance; Karlowsky et al. submitted. Provisional cefepime-taniborbactam breakpoint,  $S \leq 16 \mu\text{g/mL}$ . EUCAST breakpoint for *P. aeruginosa* used for meropenem-vaborbactam

# Human-Simulated Regimen of Cefepime-Taniborbactam (2 g/0.5 g) is Effective in Mouse Models of Resistant Enterobacterales and *P. aeruginosa* Infection

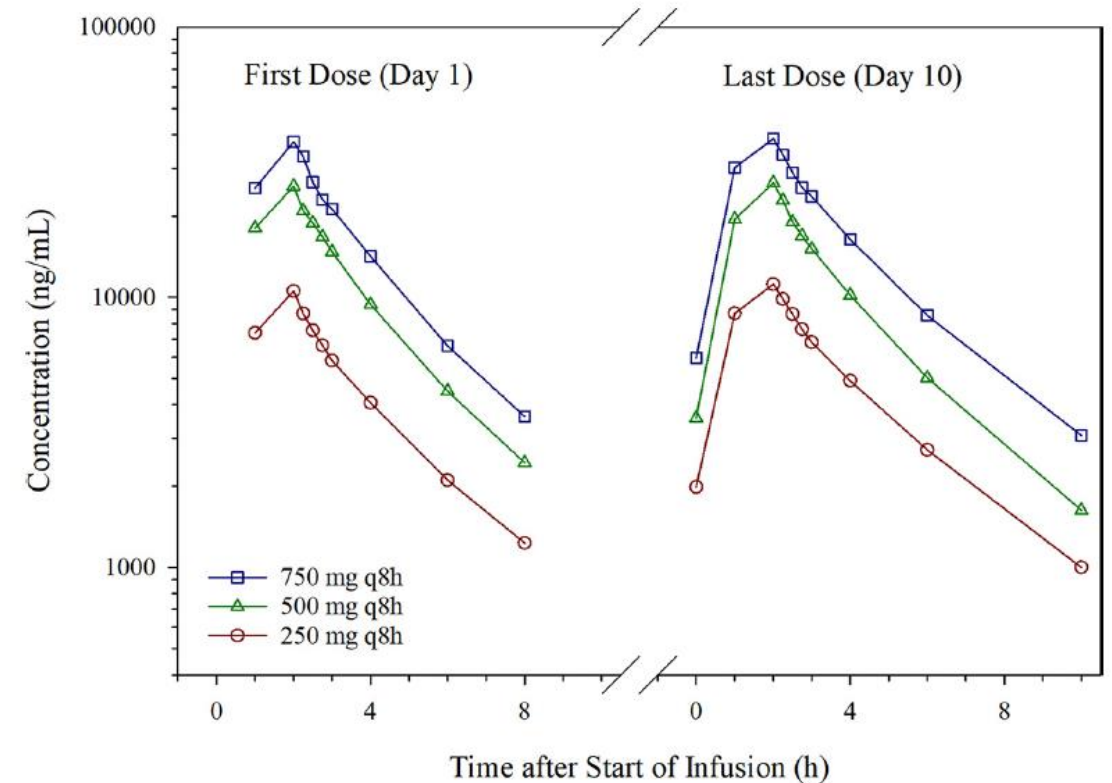


Cefepime-resistant clinical isolates produced combinations of ESBLs, AmpC enzymes, and serine carbapenemases.

Source: Abdelraouf et al. 2020; Lasko et al. 2022, Abdelraouf and Nicolau 2022.

# Clinical Pharmacology Profile of Taniborbactam

- **Taniborbactam exhibits dose proportional and linear PK**
  - Following single ascending doses up to 1500 mg infused over 2 hours
- **Consistent with taniborbactam's half-life (~5 hours), there is minimal accumulation (<20%)**
  - Following 2-hour infusions q8h over 10 days
- **Like cefepime, taniborbactam is extensively renally cleared**
  - ~90% of administered dose excreted in the urine
  - Cefepime and taniborbactam demonstrate *similar and consistent* changes in PK parameters across all renal impairment groups
- **No drug-drug interactions**
  - No hepatic metabolism in isolated hepatocytes
  - No significant inhibition/induction of CYP450 enzymes
  - Not an inhibitor or substrate of relevant transporters
- **Taniborbactam is 100% unbound in human plasma**
- **No cardiodynamic effects**



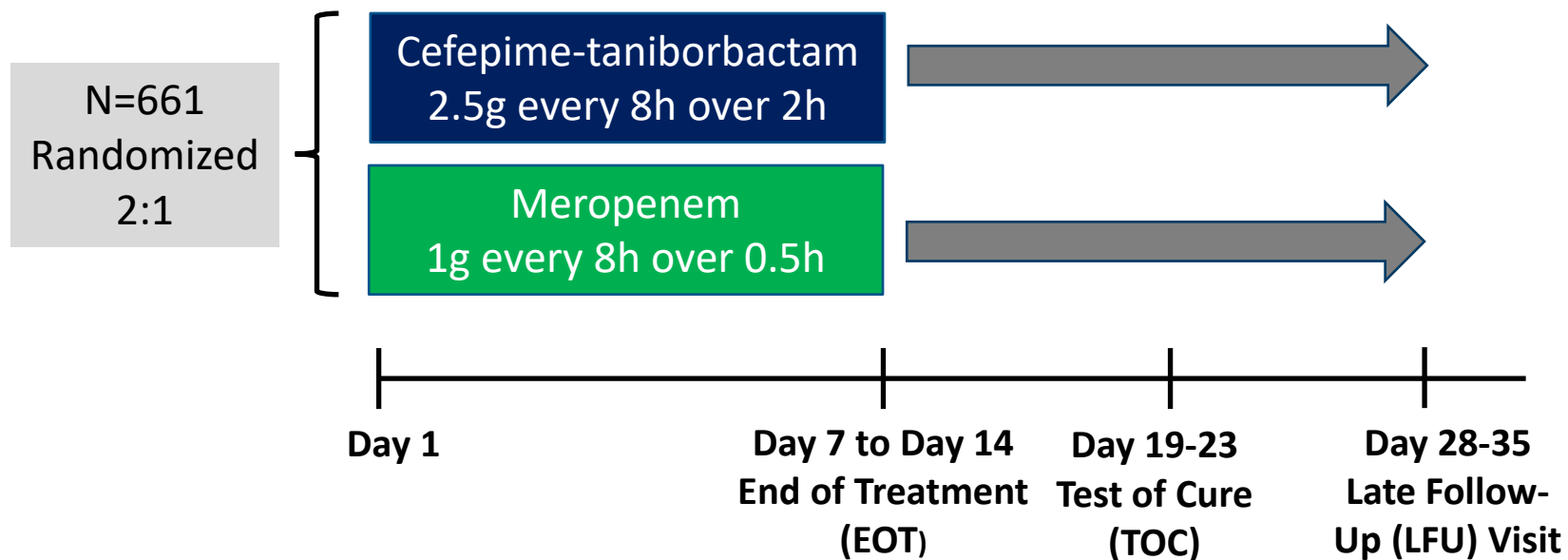
# CERTAIN-1 (Cefepime Rescue with Taniborbactam in cUTI) Study Design

- **MicroITT Population (Primary Efficacy Population)**

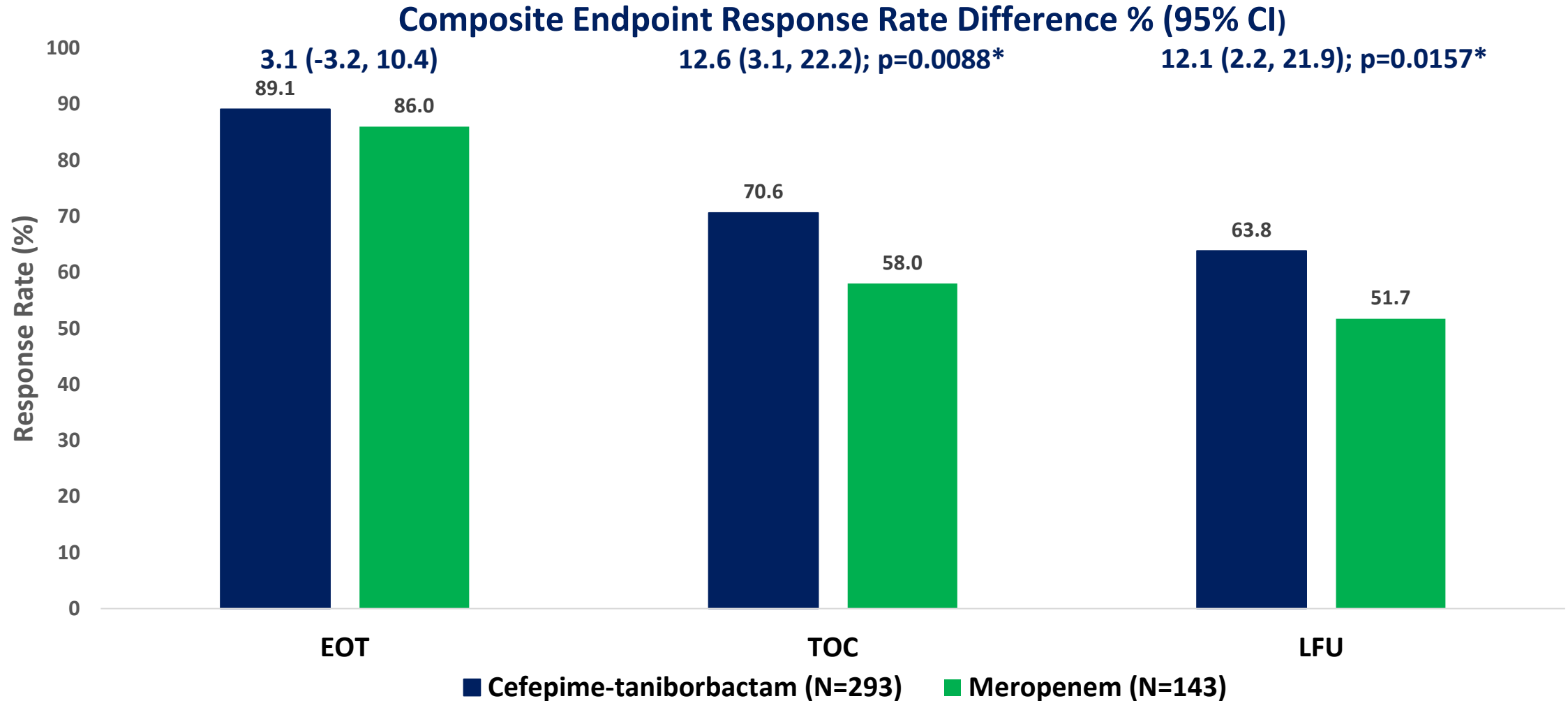
- Entry urine culture with gram-negative pathogen(s) at  $\geq 10^5$  CFU/mL against which both cefepime-taniborbactam and meropenem have antibacterial activity
- No more than 2 microorganisms identified in the entry urine culture

- **Primary Endpoint – per current FDA and EMA regulatory guidance**

- Composite microbiologic and clinical response at TOC in the microITT population
- Non-inferiority margin set at 15%; prespecified superiority test if non-inferiority concluded



# Cefepime-Taniborbactam Superior to Meropenem for the Primary Efficacy Endpoint (microITT Population)



EOT=End of Treatment; TOC=Test of Cure; LFU=Late Follow-Up

\*Statistical Superiority



## CERTAIN-1 - Summary of Adverse Events (Safety Population)

	Cefepime-taniborbactam (N = 440) n (%)	Meropenem (N = 217) n (%)
<b>Patients with At Least one TEAE*</b>	<b>156 (35.5)</b>	<b>63 (29.0)</b>
Headache	27 (6.1)	8 (3.7)
Diarrhoea	18 (4.1)	5 (2.3)
Constipation	14 (3.2)	3 (1.4)
Hypertension	10 (2.3)	2 (0.9)
Nausea	9 (2.0)	2 (0.9)
Alanine aminotransferase increased	4 (0.9)	5 (2.3)
<b>Patients with At Least One Serious TEAE</b>	<b>9 (2.0)</b>	<b>4 (1.8)</b>
<b>Patients with At Least One TEAE with Action of Drug Discontinued</b>	<b>13 (3.0)</b>	<b>2 (0.9)</b>
<b>Patients with At Least One Fatal TEAE</b>	<b>1 (0.2)</b>	<b>0</b>

\*TEAEs occurring in  $\geq 2\%$  in either treatment group

# Cefepime-Taniborbactam Summary

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- **Cefepime-Taniborbactam has in-vitro activity against clinically relevant resistant gram-negative pathogens including those expressing serine- and metallo- $\beta$ -lactamases**
  - Extended spectrum  $\beta$ -lactamase producing Enterobacterales
  - Carbapenem-resistant Enterobacterales
  - Multi-drug resistant *Pseudomonas aeruginosa*
- **Superior efficacy compared to meropenem in patients with cUTI at test of cure**
  - Superiority maintained through late follow-up visit at 30 days
- **Cefepime-taniborbactam was safe and well-tolerated**
  - Low SAE rates
  - Low rate of treatment discontinuations due to TEAEs
- **NDA submission in 1H2023**
- **HABP-VABP trial beginning in 2023**

**Thursday, October 20, 2022**

Location: 144 ABC

**2:00 PM – 2:15 PM**

**731 - CERTAIN-1: A Phase 3 Study of Cefepime-Taniborbactam Efficacy and Safety in the Treatment of Complicated Urinary Tract Infections (cUTI), including Acute Pyelonephritis (AP)**  
Paul McGovern (Venatorx)