

## INTRODUCTION

The novel cyclic boronate-based broad-spectrum  $\beta$ -lactamase inhibitor, taniborbactam, inhibits serine- $\beta$ -lactamases, as well as NDM and VIM metallo- $\beta$ -lactamases (Ambler Classes A, B, C and D) [1]. Taniborbactam is being developed in combination with cefepime for use against cephalosporin-, carbapenem-, and multidrug-resistant Enterobacterales and *Pseudomonas aeruginosa*. The *in vitro* activity of cefepime-taniborbactam (FTB) and comparators was evaluated against a recent global collection of clinical isolates of Enterobacterales and *P. aeruginosa* in the context of their  $\beta$ -lactamase carriage.

## METHODS

- 17,827 Enterobacterales and 6,417 *P. aeruginosa* isolates collected from 59 countries in 2018-2021 were a part of this study (Figure 1).
- MICs of cefepime with taniborbactam fixed at 4 mg/L and comparator agents were determined using the ISO 20776-1:2019 reference method [2] and interpreted using 2022 EUCAST breakpoints [3].
- For FTB, a provisional susceptible MIC breakpoint of  $\leq 16$  mg/L was employed for comparative purposes only.
- Organisms with FTB MIC  $\geq 16$  mg/L were characterized by whole genome sequencing, while those resistant to meropenem by CLSI breakpoints [4] were screened for acquired  $\beta$ -lactamase carriage by PCR followed by Sanger sequencing, as previously described [5]. Additionally, 945 Enterobacterales isolates with FTB MIC values  $\leq 8$  mg/L and meropenem MIC values  $\leq 2$   $\mu$ g/mL testing with cefepime and/or ceftazidime MIC values  $\geq 2$  mg/L were screened by PCR/Sanger. Also, 638 *P. aeruginosa* isolates with FTB MIC values  $\leq 8$  mg/L and meropenem MIC values  $\leq 4$  mg/L testing with cefepime and/or ceftazidime MIC values  $\geq 16$  mg/L were screened by PCR/Sanger.

## RESULTS SUMMARY

- Regions contributing the most isolates to this study included Europe (43%), North America (27%) and Latin America (11%) (Figure 1).
- Against Enterobacterales carrying NDM or VIM metallo- $\beta$ -lactamases, FTB was the most active agent tested as 75.3% and 94.7% of the respective groups were inhibited at  $\leq 16$  mg/L (Table 1, Figure 2). The most active comparator, MEV, inhibited 10.0% and 50.0% of the NDM- and VIM-carrying isolates, respectively.
- FTB also demonstrated potent activity against Enterobacterales harboring KPC, OXA-48 group, ESBL and AmpC-type serine- $\beta$ -lactamases with 100%, 99.1%, 99.1%, and 97.3% of the isolates inhibited at  $\leq 16$  mg/L, respectively (Table 1, Figure 2). Ceftazidime-avibactam, and meropenem-vaborbactam (with the exception of the OXA-48 group), also demonstrated a high extent of coverage of these genotypically defined groups.
- FTB inhibited 82.7% of VIM-carrying isolates of *P. aeruginosa* at  $\leq 16$  mg/L, whereas all comparator agents were inactive versus this group (Table 2, Figure 3).
- FTB was the most active agent against *P. aeruginosa* harboring GES, PER, and VEB-type enzymes with 98.7%, 93.8% and 93.3% of the respective groups inhibited at  $\leq 16$  mg/L (Table 2, Figure 3).

## CONCLUSIONS

Taniborbactam restored cefepime activity against most isolates of Enterobacterales carrying NDM and VIM-type metallo- $\beta$ -lactamases, as well as isolates carrying serine  $\beta$ -lactamases including carbapenemases. Against *P. aeruginosa* carrying VIM-type metallo- $\beta$ -lactamases, and GES-, PER- and VEB-type serine  $\beta$ -lactamases, cefepime-taniborbactam demonstrated greater activity than the tested currently available  $\beta$ -lactam/ $\beta$ -lactamase inhibitor combinations. Based on these *in vitro* data, cefepime-taniborbactam may represent a viable therapeutic option for use against difficult-to-treat  $\beta$ -lactamase-harboring Gram-negative pathogens. Continued development is warranted.

## REFERENCES

1. Hamrick, et al. 2020. <https://journals.asm.org/doi/epub/10.1128/AAC.01963-19>.
2. International Standard ISO 20776-1:2019(E). 2019.
3. The European Committee on Antimicrobial Susceptibility Testing. 2022. *Breakpoint tables for interpretation of MICs and zone diameters*. Version 12.0. <http://www.eucast.org>.
4. Clinical and Laboratory Standards Institute. 2022. *Performance Standards for Antimicrobial Susceptibility Testing*; Thirty-second Informational Supplement. CLSI Document M100S 2022. Wayne, PA.
5. Lob SH, Kazmierczak KM, Badal RE, et al. 2015. *Trends in susceptibility of Escherichia coli from intra-abdominal infections to ertapenem and comparators in the United States according to data from the SMART Program, 2009 to 2013*. *Antimicrob Agents Chemother* 59: 3606-10.

## DISCLOSURES

This project began with federal funds from the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services; Administration for Strategic Preparedness and Response, Biomedical Advanced Research and Development Authority, under Contract No. HHSO100201900007C and 75A50122C00080, and The Wellcome Trust under Award No. 360G-Wellcome-101999Z/13/Z, and continues with federal funds from the Department of Health and Human Services; Office of the Assistant Secretary for Preparedness and Response, Biomedical Advanced Research and Development Authority, under Contract No. HHSO100201900007C.

## RESULTS

Figure 1. Geographic region (n) of the 24,244 isolates in this study

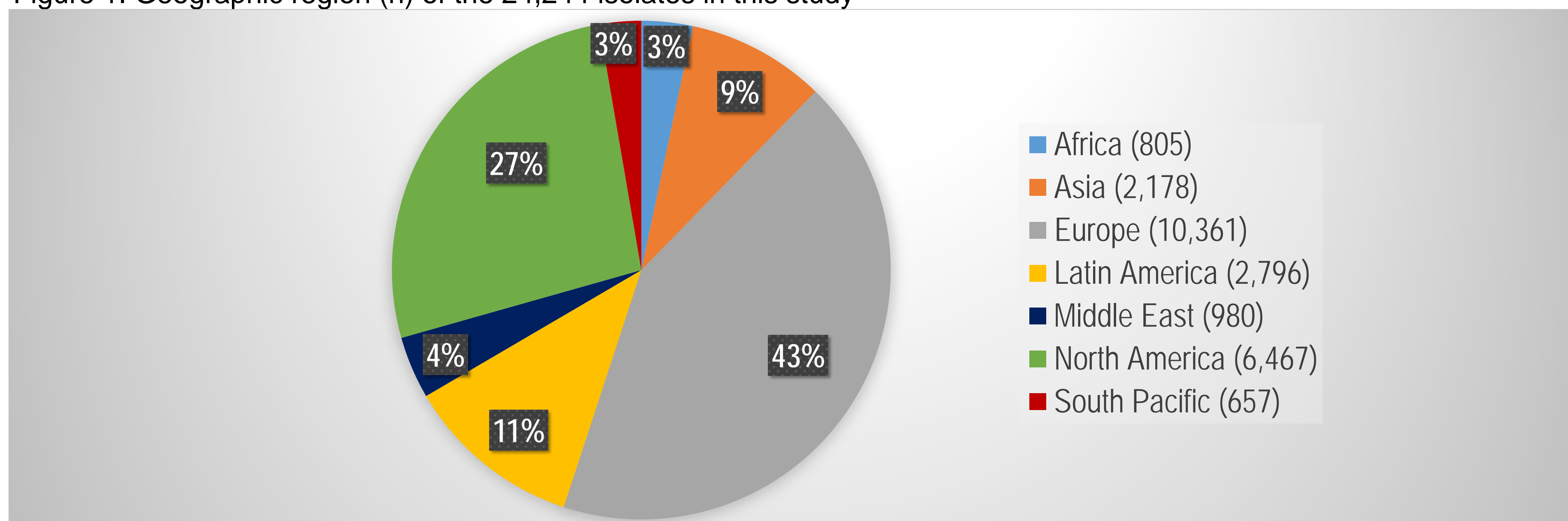


Table 1. *In vitro* activity of cefepime-taniborbactam and comparator agents against molecularly characterized Enterobacterales isolates (n=1,819 in total), by genotypic subset

Genotype	N (%) <sup>a</sup>	MIC <sub>90</sub> (mg/L)/Percent susceptible					
		FTB <sup>b</sup>	FEP	CZA	CT	MEV	TZP
MBL <sup>c</sup>	329 (18.1%)	>16/77.5	>16/0	>16/0.6	>8/0	>16/14.6	>128/0
NDM	291 (16.0%)	>16/75.3	>16/0	>16/0.3	>8/0	>16/10.0	>128/0
VIM	38 (2.1%)	16/94.7	>16/0	>16/2.6	>8/0	>16/50.0	>128/0
KPC <sup>d</sup>	311 (17.1%)	4/100	>16/1.0	8/94.5	>8/1.3	4/96.5	>128/0.3
OXA-48 group <sup>e</sup>	217 (11.9%)	4/99.1	>16/4.1	4/95.9	>8/3.2	>16/40.6	>128/0
ESBL <sup>f</sup>	789 (43.4%)	1/99.1	>16/3.3	1/98.6	>8/75.5	0.12/99.7	>128/58.2
AmpC <sup>g</sup>	75 (4.1%)	2/97.3	16/73.3	2/97.3	>8/56.0	0.12/100	>128/54.7

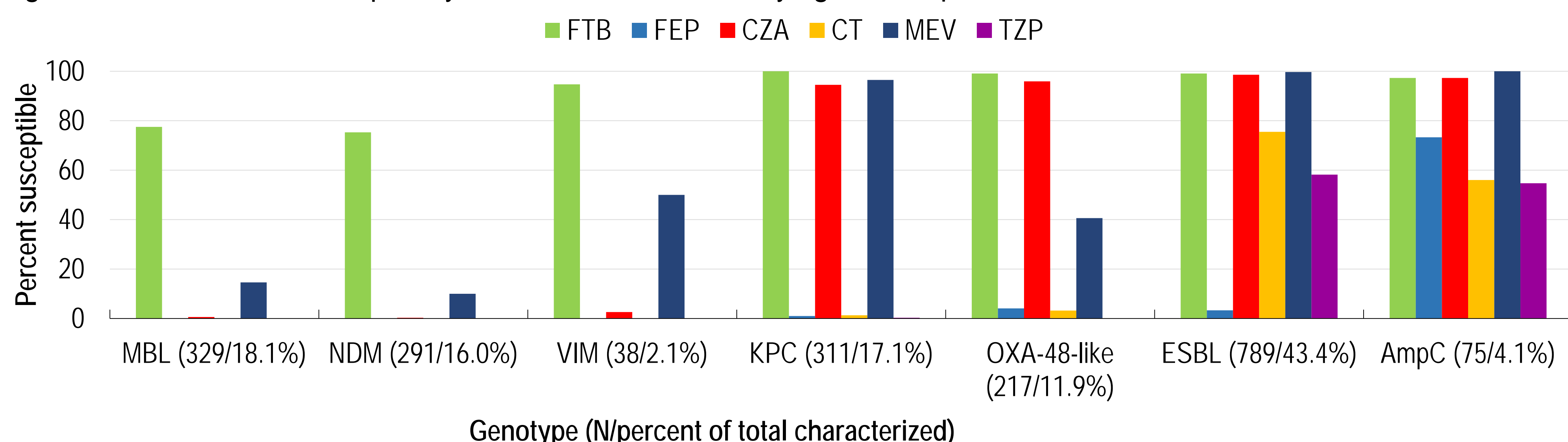
Abbreviations: FTB, cefepime with taniborbactam fixed at 4 mg/L; FEP, cefepime; CZA, ceftazidime-avibactam; CT, ceftolozane-tazobactam; MEM, meropenem; MEV, meropenem-vaborbactam; TZP, piperacillin-tazobactam.  
<sup>a</sup>Percentage is based on total molecularly characterized isolates (Enterobacterales, n=1,819).  
<sup>b</sup>"Percent susceptible" corresponds to percentage of isolates inhibited by  $\leq 16$  mg/L FTB (for comparative purposes only).  
<sup>c</sup>Excludes IMP-producing isolates, as IMP is outside the spectrum of taniborbactam inhibition [1].  
<sup>d</sup>Excludes isolates co-producing MBLs.  
<sup>e</sup>Excludes isolates co-producing MBLs and/or KPC.  
<sup>f</sup>Excludes isolates co-producing carbapenemases.  
<sup>g</sup>Excludes isolates co-producing carbapenemases and ESBLs.

Table 2. *In vitro* activity of cefepime-taniborbactam and comparator agents against molecularly characterized *P. aeruginosa* isolates (n=1,591 in total), by genotypic subset

Genotype	N (%) <sup>a</sup>	MIC <sub>90</sub> (mg/L)/Percent susceptible					
		FTB <sup>b</sup>	FEP <sup>c</sup>	CZA	CT	MEV	TZP <sup>c</sup>
VIM	231 (14.5%)	>32/82.7	>32/3.5	>16/2.6	>16/0.9	>16/6.1	>128/2.2
GES <sup>d</sup>	78 (4.9%)	16/98.7	>32/46.2	>16/66.7	>16/1.3	>16/26.9	>128/5.1
PER <sup>d</sup>	16 (1.0%)	16/93.8	>32/0	>16/12.5	>16/0	>16/25.0	>128/25.0
VEB <sup>d</sup>	45 (2.8%)	16/93.3	>32/0	>16/2.2	>16/0	>16/4.4	>128/0

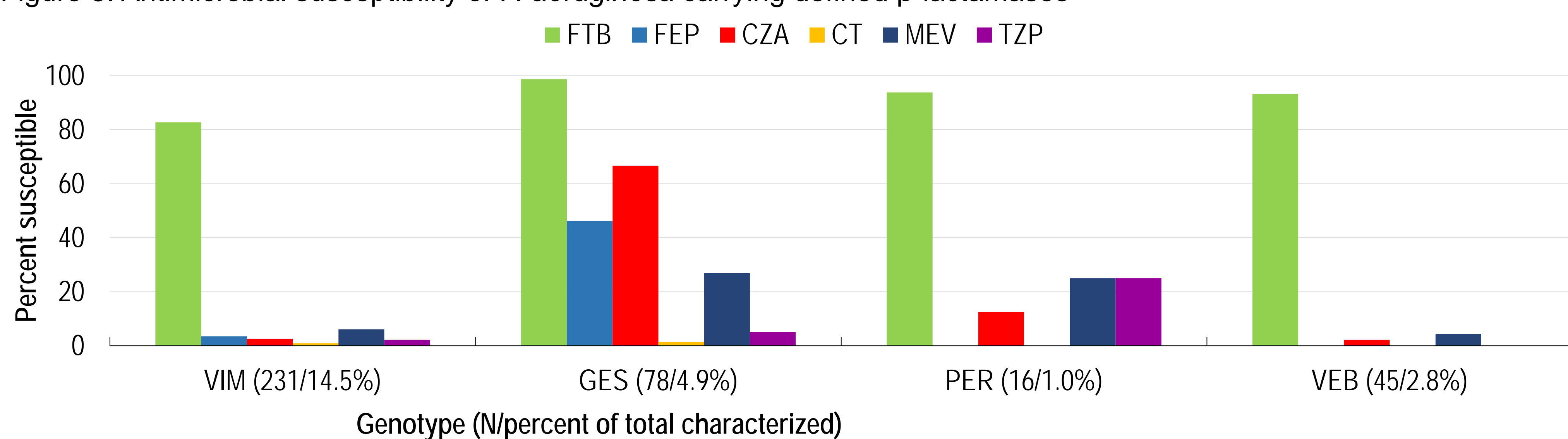
Abbreviations: FTB, cefepime with taniborbactam fixed at 4 mg/L; FEP, cefepime; CZA, ceftazidime-avibactam; CT, ceftolozane-tazobactam; MEM, meropenem; MEV, meropenem-vaborbactam; TZP, piperacillin-tazobactam.  
<sup>a</sup>Percentage is based on total molecularly characterized isolates (*P. aeruginosa*, n=1,591).  
<sup>b</sup>"Percent susceptible" corresponds to percentage of isolates inhibited by  $\leq 16$  mg/L FTB (for comparative purposes only).  
<sup>c</sup>For FEP and TZP, "Percent Susceptible" corresponds to "Percent Susceptible, Increased Exposure."  
<sup>d</sup>Excludes isolates co-producing MBLs.

Figure 2. Antimicrobial susceptibility of Enterobacterales carrying defined  $\beta$ -lactamases



FTB, cefepime with taniborbactam fixed at 4 mg/L; FEP, cefepime; CZA, ceftazidime-avibactam; CT, ceftolozane-tazobactam; MEM, meropenem; MEV, meropenem-vaborbactam; TZP, piperacillin-tazobactam. Total N of Enterobacterales characterized molecularly = 1819. For FTB, percent susceptible corresponds to percentage of isolates inhibited by  $\leq 16$  mg/L (for comparative purposes only). MBL-carrying group excludes IMP-producing isolates, as IMP is outside the spectrum of taniborbactam inhibition [1]. KPC-carrying group excludes isolates co-producing MBLs and/or KPC. ESBL-carrying group excludes isolates co-producing carbapenemases. AmpC carrying group excludes isolates co-producing carbapenemases and/or ESBLs.

Figure 3. Antimicrobial susceptibility of *P. aeruginosa* carrying defined  $\beta$ -lactamases



FTB, cefepime with taniborbactam fixed at 4 mg/L; FEP, cefepime; CZA, ceftazidime-avibactam; CT, ceftolozane-tazobactam; MEM, meropenem; MEV, meropenem-vaborbactam; TZP, piperacillin-tazobactam. Total N of *P. aeruginosa* characterized molecularly = 1591. For FTB, percent susceptible corresponds to percentage of isolates inhibited by  $\leq 16$  mg/L (for comparative purposes only). GES-, PER- and VEB-carrying groups exclude isolates co-producing MBLs.