Effects of EDP-420 on penicillin-resistant and quinolone- and penicillin-resistant pneumococci in the rabbit meningitis model

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Objectives: To test the efficacy of EDP-420, a new ketolide, in experimental pneumococcal meningitis and to determine its penetration into the CSF.

Methods: The experimental rabbit model was used in this study and EDP-420 was tested against a penicillin-resistant and a penicillin- and quinolone-resistant mutant. EDP-420 was also tested against both strains in time-killing assays over 8 h in vitro.

Results: In experimental meningitis, EDP-420 produced a bactericidal activity comparable to the standard regimen based on a combination of vancomycin with ceftriaxone against a penicillin-resistant Streptococcus pneumoniae and a penicillin- and quinolone-resistant S. pneumoniae isolate. The penetration of EDP-420 into inflamed meninges was 38% after an iv injection of 10 mg/kg. The bactericidal activity of EDP-420 was also confirmed in in vitro time-killing assays.

Conclusions: EDP-420 is an efficacious alternative treatment in pneumococcal meningitis, especially when resistant strains are suspected.

Keywords: pneumococcal meningitis, ketolide, resistance

Introduction

The continuous spread of penicillin-resistant pneumococci has significantly complicated the treatment of pneumococcal infections.1 The epidemiological situation is clearly deteriorating worldwide. Based on a recent surveillance study (PROTEKT) including 69 centres in 25 countries, the overall penicillin resistance ranged from 25% to 53%. The highest resistance rates were reported in Asia (53.4%), followed by France (46.2%) and Spain (42.1%), whereas in the Netherlands all strains were susceptible to penicillin.2 In addition, resistance to erythromycin A was even higher (from 31.1% to 79.6%) with the highest rates observed in Asia. In that study, all strains were susceptible to telithromycin. These data emphasize the need for alternative regimens for pneumococcal diseases. In a more recent study in the USA, telithromycin retained activity against erythromycin-resistant [mainly mef(A)-positive] strains.3

Based on actual guidelines, the empirical treatment of pneumococcal meningitis consists of a combination of a third-generation cephalosporin with vancomycin, especially when resistant strains are suspected.4 However, the constantly increasing number of pneumococcal isolates resistant to cephalosporins (cefuroxime, cefixime and cefpodoxime with resistance rates ranging from 62% to 68% in Asia) might jeopardize the use of cephalosporins in the empirical treatment of pneumococcal meningitis.2 Furthermore, the unreliable penetration of vancomycin in case of adjunctive steroid therapy might compromise the efficacy of the empirical treatment.5

Little is known about the role of macrolides or ketolides in the treatment of meningitis. To our knowledge, no data are available about the role of telithromycin in pneumococcal meningitis.

The aim of this study was to test EDP-420, a new class of bicyclolide (a bridged bicyclic macrolide) with excellent activity against pneumococci, in an experimental meningitis model using a penicillin-resistant and a penicillin- and quinolone-resistant Streptococcus pneumoniae isolate.
Materials and methods

Pneumococcal strain

The pneumococcal strain WB4 (MIC of penicillin is 4 mg/L, serogroup 6) was isolated from the blood of a patient at the Inselspital in Bern and was provided by the Institute for Infectious Diseases at the University of Bern. This strain was grown in Mueller–Hinton broth until an approximate density of 10^8 cfu/mL and was then diluted to ~10^6 cfu/mL for in vivo experiments. MICs were determined in liquid culture and growth was controlled after 6, 12 and 24 h because of the spontaneous autolysis of pneumococci. The MICs of ceftriaxone, vancomycin and EDP-420 were 0.5, 0.12 and 0.06 mg/L, respectively. The quinolone-resistant strain was obtained by sequential exposure of the strain WB4 to trovafloxacin. The MICs after this exposure were 4 mg/L for penicillin, 0.5 mg/L for ceftriaxone, 0.12–0.25 mg/L for vancomycin, 4 mg/L for trovafloxacin, 32 mg/L for ciprofloxacin and 0.06 mg/L for EDP-420.

Experimental meningitis model

The experimental rabbit meningitis model described by Dacey and Sande^6^ was used in this project. The experimental protocols were approved by the federal veterinary office of the county of Bern.

Pathogen-free New Zealand rabbits weighing 2.5–3 kg were provided by the Zentral tierstätte der Medizinischen Fakultät der Universität Bern, where all the experiments were performed.

One day before an experiment, rabbits were anesthetized by intramuscular injection of a combination of ketamine and xylazine to fit prostheses on their calvarium to facilitate subsequent placement within a stereotactic frame. On the day of the experiment, rabbits received 1.75 g/kg ethylcarbamate (urethane) intramuscularly and then 10 mg/kg pentobarbital iv to induce deep anaesthesia. The animals were fixed in stereotactic frames and the 3.5 inch (25 G) spinal needle was introduced into the cisterna magna. Following the withdrawal of 0.2 mL of CSF, pneumococci (1 x 10^7 cfu in 0.2 mL of saline solution) were injected into the subarachnoid space. After inoculation, the techniques and anaesthesia described above. A catheter was fixed in the femoral artery for serum sampling. A spinal needle was fixed again in the subarachnoid space. Antibiotics were injected intravenously in standard doses described in the literature^7,8^ (100 mg/kg ceftriaxone, 20 mg/kg vancomycin).

EDP-420 initially was administered at a lower dose (10 mg/kg) to determine the penetration into inflamed meninges in order to estimate a proper dose for the larger efficacy study. A higher dose of 30 mg/kg was selected as the estimated dose for efficacy based on EDP-420 pharmacokinetics and pharmacodynamics described by Maglio^7^ in mice. Vancomycin was given at 0 and 4 h and ceftriaxone at 0 h according to their pharmacokinetic properties. CSF (0.2 mL) was sampled at 0, 1, 2, 4, 5, 6 and 8 h after initiation of therapy. Blood samples were collected at 0.25, 0.5, 1, 2, 3, 4, 4.25, 4.5, 5, 6, 7 and 8 h after initiation of therapy. Each group included untreated controls which received comparable volumes of saline.

Determination of antibiotic levels and cfu titres

EDP-420 concentration in serum and CSF was determined by LC/MS/MS (performed by Enanta Pharmaceuticals, Inc.). cfu were measured by serial dilution of CSF, plating on agar plates with 5% sheep blood and incubation overnight at 37°C in 5% CO_2_.
The antibacterial efficacy of EDP-420 against the two pneumococcal strains is presented in Table 3. In the untreated controls, the growth of bacteria was negligible, $1 \log_{10}$ cfu/mL over 8 h. Before the initiation of treatment, the bacterial titre was significantly higher in the EDP-420 group ($6.91 \pm 0.41$ EDP-420 versus $5.88 \pm 0.70$ for the standard regimen, $P < 0.004$). Against the penicillin-resistant strain, EDP-420 was bactericidal ($-0.61 \pm 0.10 \Delta \log_{10}$ cfu/mL-h) with a decrease of the viable cell count of $4.80 \log_{10}$ at the end of the treatment period, managing to sterilize the CSF of 3 out of 10 rabbits. The standard regimen based on a combination of vancomycin with ceftriaxone produced a similar antibacterial activity ($2.48 \pm 2.37$ ND) and sterilized the CSF of 5 out of 10 rabbits.

In the 

**Table 1.** EDP-420 kinetic parameters at 10 mg/kg iv in uninfected rabbits and rabbits infected with penicillin-resistant *S. pneumoniae* WB4

<table>
<thead>
<tr>
<th></th>
<th>Uninfected rabbits</th>
<th>Infected rabbits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$C_{\text{max}}$ (mg/L)</td>
<td>AUC$_{0-8}$ (mg.h/L)</td>
</tr>
<tr>
<td>CSF</td>
<td>$0.0276 \pm 0.0136$</td>
<td>$0.0806 \pm 0.025$</td>
</tr>
<tr>
<td>Serum</td>
<td>$2.32 \pm 0.905$</td>
<td>$6.16 \pm 0.821$</td>
</tr>
<tr>
<td>CSF/serum ratio</td>
<td>$0.014 \pm 0.011$</td>
<td>$0.013 \pm 0.006$</td>
</tr>
</tbody>
</table>

$^a$Cannot be determined, concentration still high at 8 h.

**Table 2.** EDP-420 kinetic parameters at 30 mg/kg iv in rabbits infected with penicillin- and quinolone-resistant *S. pneumoniae* WB4

<table>
<thead>
<tr>
<th></th>
<th>CSF</th>
<th>Serum</th>
<th>CSF/serum ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>$C_{\text{max}}$ (mg/L)</td>
<td>$0.607 \pm 1.20$</td>
<td>$5.08 \pm 1.59$</td>
<td>$0.12 \pm 0.20$</td>
</tr>
<tr>
<td>AUC$_{0-8}$ (mg.h/L)</td>
<td>$2.75 \pm 7.17$</td>
<td>$18.6 \pm 5.45$</td>
<td>$0.16 \pm 0.36$</td>
</tr>
<tr>
<td>$t_{1/2}$ (h)</td>
<td>$2.75 \pm 7.17$</td>
<td>$5.87 \pm 2.07$</td>
<td>$2.75 \pm 7.17$</td>
</tr>
</tbody>
</table>

$^a$Cannot be determined, concentration still high at 8 h.

Discussion

*S. pneumoniae* is one of the leading causes of severe infections, and is responsible for 500,000 cases of pneumonia, 55,000 cases of bacteraemia and 6,000 cases of meningitis each year in the USA. However, the introduction of the protein–polysaccharide conjugate vaccine in 2000 in the USA led to a significant decrease of invasive pneumococcal infections, especially in children under 2 years of age. Since the first report of penicillin-resistant pneumococcal isolates in Papua New Guinea and Australia, increasing resistance rates have been reported worldwide, especially in several countries in Asia. In some tissues...
Controls PenR 0 6.56 ± 0.49 +0.06 ± 0.06 +0.55 ± 0.45
EDP-420 PenR 30 6.91 ± 0.41 −0.61 ± 0.10a −4.80 ± 0.59
CRO + VAN PenR CRO (100) VAN (2 × 20) 5.88 ± 0.70 −0.57 ± 0.13a −4.52 ± 1.30a
Controls PenR + QuR CRO (100) VAN (2 × 20) 5.41 ± 0.90 +0.21 ± 0.17 +1.35 ± 0.75
EDP-420 PenR + QuR 30 6.20 ± 0.55 −0.57 ± 0.11b −4.83 ± 0.86b
CRO + VAN PenR + QuR CRO (100) VAN (2 × 20) 5.90 ± 0.51 −0.60 ± 0.13b −4.96 ± 1.15b

CRO, ceftriaxone; VAN, vancomycin; PenR, penicillin-resistant *S. pneumoniae* WB4; PenR + QuR, *S. pneumoniae* WB4 following sequential exposure to sub-MIC of trovafloxacin.

*P* not significant for EDP-420 versus CRO + VAN.

In summary, its excellent efficacy *in vivo* and its good penetration into the CSF warrant further studies of EDP-420 as a potential candidate for the treatment of CNS pneumococcal infections, especially against resistant strains. We are aware that the penicillin-resistant pneumococcal strain used in this study is not ideal and a macrolide-resistant strain would have been more appropriate. On the other hand, this penicillin-resistant strain has been used in multiple studies allowing a precise comparison of the efficacies of the different regimens.

Further efficacy and pharmacokinetics–pharmacodynamics studies are needed. To our knowledge, this preliminary study shows, for the first time, the efficacy of a bicyclolide class antibiotic in experimental meningitis.

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Transparency declarations

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References