

Use of a semi-mechanistic PK-PD model to quantify the combination effect of polymyxin B and minocycline against polymyxin-resistant *Acinetobacter baumannii*

Vincent Aranzana-Climent^{1,2}, Julien M. Buyck^{1,2}, Lena E. Friberg³, Younes Smani^{4,5}, Jerónimo Pachón-Díaz⁴, Emma Marquizeau^{1,2}, William Couet^{1,2,6}, Nicolas Grégoire^{1,2}

1. Université de Poitiers, Poitiers, France 2. INSERM U1070, Poitiers, France 3. Uppsala University, Dept of Pharmaceutical Biosciences, Uppsala Sweden 4. Institut of Biomedicine of Seville, Seville, Spain 5. University Hospital Virgen del Rocío/CSIC/University of Seville, Seville, Spain 6. Service de Toxicologie et de Pharmacocinétique, CHU de Poitiers, France



vincent.aranzana.climent@univ-poitiers.fr



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Introduction

- Acinetobacter baumannii* is one of the most difficult to treat multi-drug resistant (MDR) pathogens responsible for opportunistic nosocomial infections all over the world and has the ability to become resistant to a wide variety of drugs [1]
- In face of these resistances, neglected and disused antibiotics like polymyxins may be used, especially in combination with other antibiotics, as the last line of defence against MDR *A. baumannii* [2]
- Polymyxin B (PMB) and minocycline (MIN) combination was shown to be synergistic on polymyxin-resistant *A. baumannii* strains in checkerboard screening experiments
- To further investigate this synergistic combination, a polymyxin-resistant clinical isolate (CR17) was selected to investigate the determinants of the polymyxin B + minocycline synergy observed in checkerboard experiments

Materials/Methods

- Polymyxin-resistant *A. baumannii* clinical isolate CR17 was studied [3] MIC PMB = 8 mg/L – MIC MIN = 4 mg/L
- Heteroresistance to PMB and MIN was evaluated by plating a high inoculum ($\sim 10^9$ CFU/mL) on plates containing 8 x MIC of drug (resistant subpopulation) and on drug free plates (total population) and counting after 24 h at 37°C.
- Fitness cost was evaluated by inoculating a 96 well plate with $\sim 10^6$ CFU/mL of total and resistant subpopulation of bacteria with OD reading at 600 nm over 24 h, and calculation of a growth rate constant [4].
- Single drug and combination time-kill experiments (TKE) were performed. The presence of resistant subpopulations was evaluated by population analysis profiles (PAPs), *i.e.* in this case count on plates containing 64 mg/L of PMB.
- A semi-mechanistic PK/PD model was built. Combination modelling was performed using the Global Pharmacodynamic Model approach [5]
- Effect parameters for each antibiotic and also for interaction were estimated. The effect of each model component on the area under the log₁₀(CFU/mL) curve was computed.

Results & Discussion

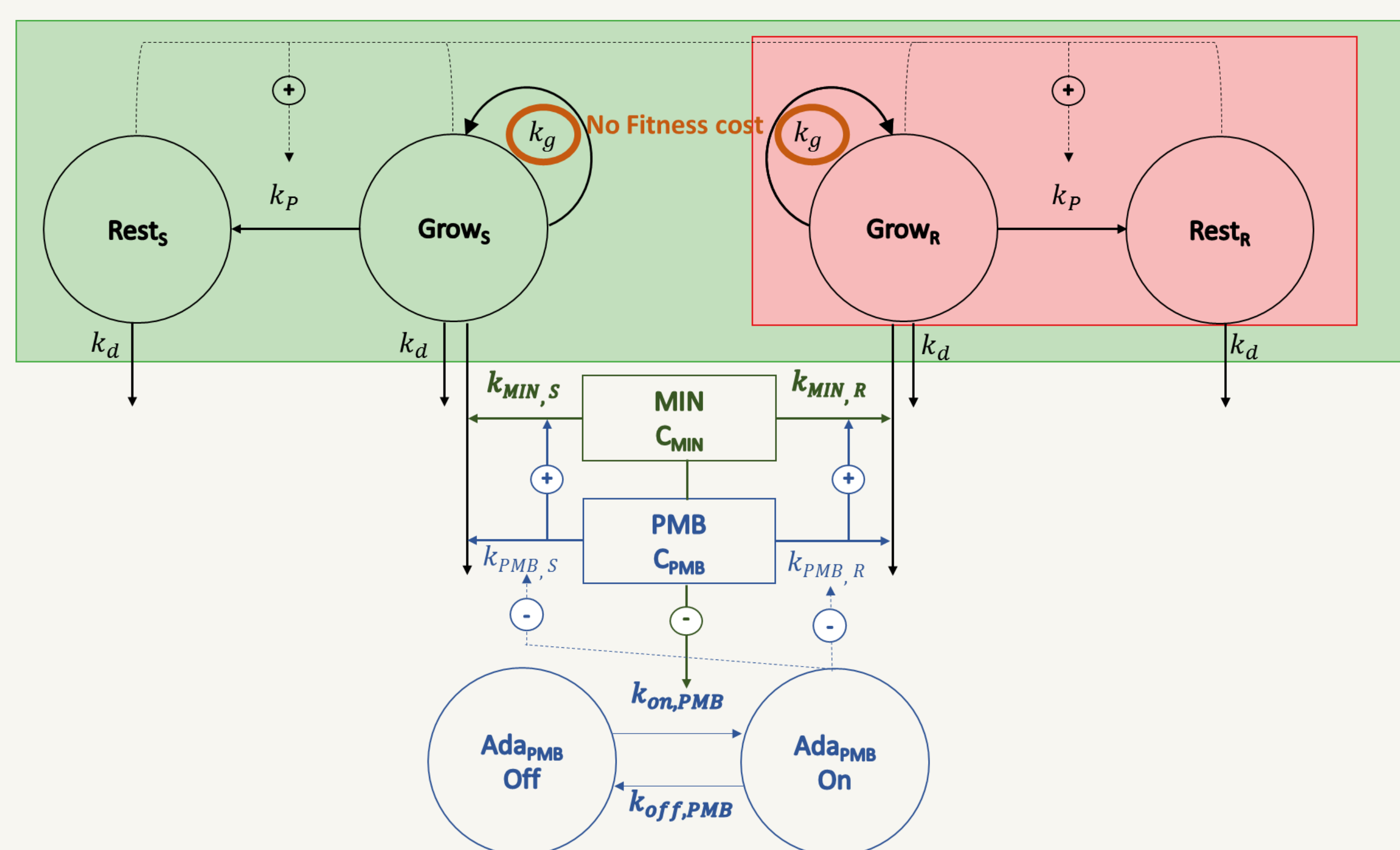


Figure 1 – Schematic representation of the final model. Green are bacteria counted on drug free plates – Red are bacteria counted on plates containing 64 mg/L of PMB. The model included : phenotypic switch to resting [6] form at high bacterial concentrations. Two subpopulations (PMB-susceptible and PMB-resistant). Sigmoidal effect of MIN, slope power effect of PMB and adaptive resistance to PMB of both subpopulations

- CR17 did not exhibit heteroresistance to MIN but to PMB (mean frequency: $5.07 \cdot 10^{-6}$, range [$1.22 \cdot 10^{-5}$ - $7.68 \cdot 10^{-7}$], n=6).
- No fitness cost was found.
- MIN was less active on the PMB-resistant subpopulation
- PMB alone exhibited a fast concentration-dependent effect followed by regrowth at all tested concentrations.
- A total of 253 TKE were performed. In single drug TKE, no effect was observed at concentrations $< 1 \times$ MIC MIN while at concentrations $\geq 1 \times$ MIC a concentration-independent effect was observed.

Results & Discussion



Figure 2 – Visual Predictive Checks of the final model. Points represent observed data, lines and area represent 90% prediction interval of model simulations. Green are total bacteria, red are resistant bacterial subpopulation

- When combining MIN and PMB, total bacterial killing at 30 h was observed for concentrations as low as $1/4 \times$ MIC MIN + $1/16 \times$ MIC PMB.
- But MIN concentrations < 1 mg/L contributed to select the resistant subpopulation
- The effect of MIN reached 90% of its maximum at $2 \times$ MIC MIN.
- Slope power effect model of PMB and adaptive resistance to PMB of both subpopulations.
- Adaptive resistance to PMB was fast with an almost complete resistance to polymyxin B after 3 hours.
- For concentrations of PMB > 0.1 mg/L, MIN EC₅₀ of both subpopulations was reduced by 50%.
- MIN reduced adaptation rate to PMB according to an Emax model, with a maximal decrease of the adaptation rate of 83 % and an interaction EC₅₀ of 0.62 mg/L.

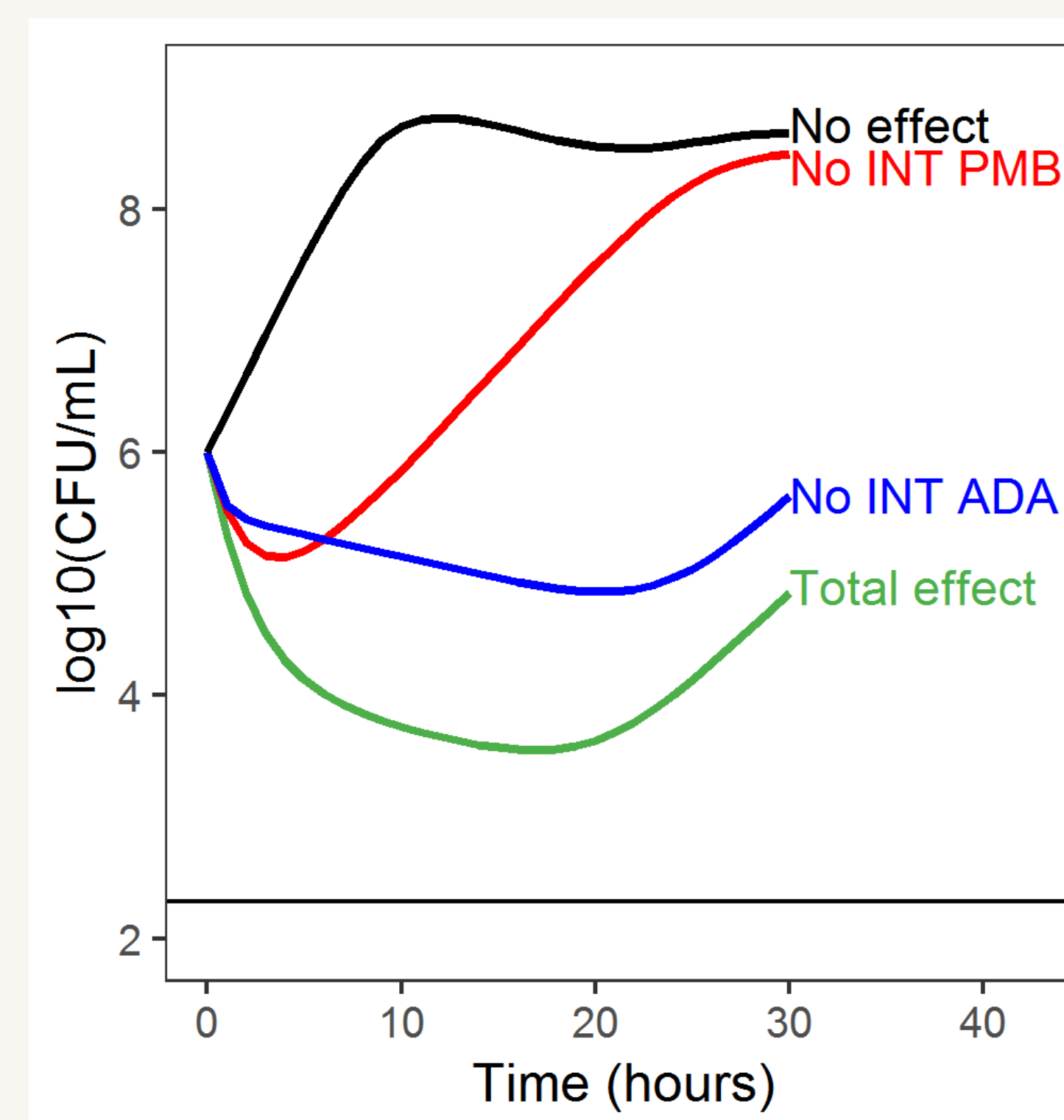


Figure 3 – Decomposition of model component contribution to the global effect - No INT PMB : simulations without potentiation of MIN effect by PMB – No INT ADA : simulation without MIN inhibition of adaptation to PMB – PMB = 0.125 mg/L – MIN = 1 mg/L

- As shown by **Figure 3**, while significantly improving the fit to data, the potentiation effect of MIN on PMB could be accounted for a smaller part of the total effect than the potentiation effect of PMB on MIN which was essential to the total effect

Conclusion

- A methodology enabling the qualitative and quantitative study of *in vitro* antibiotic combinations was developed.
- Heteroresistance to polymyxin B without fitness cost was observed.
- The combination was shown to be synergistic in *in vitro* time-kill curves but too low concentrations of minocycline contributed to resistant selection.
- By performing semi-mechanistic PK/PD modelling, polymyxin B was shown to be the biggest contributor to synergy

References

- Fournier et al. 2006. PLOS Genetics.
- Nation et al. 2015. The Lancet Infectious Diseases.
- López-Rojas et al. 2013. AAC
- Bleibtreu et al. 2013. Infect Immun
- Wicha et al. 2017. Nat Comm
- Balaban et al. 2004. Nature



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