

INTRODUCTION

- Tebipenem, an oral carbapenem in development for treatment of complicated urinary tract infections and acute pyelonephritis, is active versus uropathogens which produce extended-spectrum beta-lactamases (ESBL) such as *Escherichia coli* and *Klebsiella pneumoniae*.
- Bacteria acquire resistance to antibiotics via multiple routes, including by chromosomal mutation. In the studies described herein the frequency of spontaneous resistance to tebipenem, meropenem and ertapenem among a panel of Enterobacteriales isolates, including those resistant to clinically relevant antibacterials, was assessed using static and serial passage assays.
- Resistance to the challenge compounds was then confirmed via minimum inhibitory concentration (MIC) testing and characterized through whole genome sequencing (WGS). Relatedness of parent/mutant pairs was confirmed via multilocus sequence typing.

METHODS

- The static frequency of resistance (single-step, or FOR) to tebipenem (TBP), meropenem and ertapenem was assessed for a panel of twenty four Enterobacteriales isolates including *E. coli* (n = 8), *K. pneumoniae* (n = 9), and other Enterobacteriales (n = 7).
 - Approximately 10⁸ CFU of isolates in mid-logarithmic phase growth were plated on agar containing 4 or 8 times the MIC of each carbapenem and incubated for 24h. Resistance was confirmed by MIC testing [1] and was defined as a \geq four-fold increase in MIC.
- Serial passages were performed using two *E. coli* and two *K. pneumoniae* isolates, each of which included a wild type and ESBL+ isolate, through exposure to tebipenem, meropenem, or ertapenem over a 14-day period using broth microdilution methodologies.
- Whole genome sequencing was conducted on representative mutants from the static and serial passage studies and assembled sequences were aligned vs. β -lactamase-encoding genes, porins OmpF/OmpK35, OmpC/OmpK36, and OmpK37 (*K. pneumoniae* only) and penicillin binding proteins (PBPs) 1a, 1b, 2, and 3 and compared with parent isolates.

RESULTS

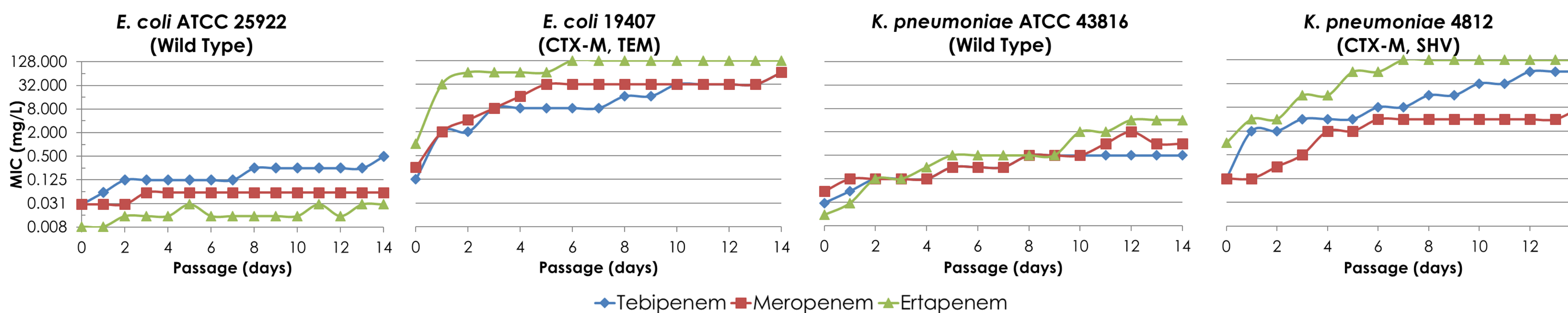
- FOR values for tebipenem, meropenem, and ertapenem at 4 to 8 times the MIC ranged from $<6.87 \times 10^{-9}$ to 5.54×10^{-5} , with similar results obtained for all species and genotypes, including ESBL-producing isolates and those with porin alterations (Table 1).
- Mutants collected on tebipenem-containing agar plates demonstrated tebipenem MIC values of 0.12 to 2 mg/L with the highest MIC observed with parent *K. pneumoniae* isolate 25021 and 40031. Similarly, mutants selected on meropenem had meropenem MIC values of 0.125 to 4 mg/L and mutants selected on ertapenem had ertapenem MIC value of 0.125 to >8 mg/L.
- In the serial passage assays, MIC values for each agent vs. four isolates over the 14-day period were approximately five to eight 2-fold dilutions higher than baseline, resulting in similar MIC values to those observed in the FOR studies (0.12 to 2 mg/L) (Figure 1).
- Mutants isolated found in the presence of tebipenem, meropenem, and ertapenem had similarly decreased susceptibility to each compound.

RESULTS

Table 1. Tebipenem, meropenem and ertapenem baseline agar MIC, average frequency of resistance to each compound at 4 and 8 times the agar MIC at 24 hours

Isolate identifier	β -lactam resistance mechanism(s)	Tebipenem			Meropenem			Ertapenem		
		Baseline agar MIC (mg/L)	FOR at 4x MIC	FOR at 8x MIC	Baseline agar MIC (mg/L)	FOR at 4x MIC	FOR at 8x MIC	Baseline agar MIC (mg/L)	FOR at 4x MIC	FOR at 8x MIC
<i>E. coli</i> ATCC 25922	None	0.015	7.11×10^{-7}	$<2.42 \times 10^{-9}$	0.015	$<1.98 \times 10^{-9}$	$<1.98 \times 10^{-9}$	0.008	$<2.59 \times 10^{-9}$	$<2.59 \times 10^{-9}$
<i>E. coli</i> 4643	CTX-M-15, OXA-1/30	0.015	$<1.57 \times 10^{-9}$	1.57×10^{-9}	0.03	$<2.02 \times 10^{-9}$	$<2.02 \times 10^{-9}$	0.06	1.83×10^{-7}	3.71×10^{-9}
<i>E. coli</i> 13319	CTX-M-15, TEM-1, AcrAB-TolC, OmpC, OmpF	0.06	4.64×10^{-8}	$<4.55 \times 10^{-9}$	0.03	1.30×10^{-7}	4.69×10^{-9}	0.25	3.29×10^{-8}	$<4.05 \times 10^{-9}$
<i>E. coli</i> 21711	CTX-M-15, OXA-1/30, TEM-1	0.03	1.29×10^{-8}	$<3.64 \times 10^{-9}$	0.03	1.21×10^{-8}	$<1.45 \times 10^{-9}$	0.125	9.02×10^{-9}	$<1.19 \times 10^{-9}$
<i>E. coli</i> 1801	CTX-M-15, AcrAB-TolC, OmpF	0.015	2.31×10^{-8}	8.35×10^{-9}	0.015	1.81×10^{-8}	$<6.04 \times 10^{-9}$	0.06	3.51×10^{-8}	$<4.71 \times 10^{-9}$
<i>E. coli</i> 30854	CTX-M-15, OmpC, TEM-1-like	0.03	1.14×10^{-8}	$<7.45 \times 10^{-9}$	0.015	3.11×10^{-7}	7.92×10^{-9}	0.06	3.64×10^{-7}	3.02×10^{-9}
<i>E. coli</i> 39930	CTX-M-15, TEM-1, OXA-1/30, SHV-28, OmpC	0.015	5.54×10^{-5}	5.66×10^{-5}	0.015	2.36×10^{-6}	5.21×10^{-7}	0.06	6.14×10^{-6}	2.31×10^{-6}
<i>E. coli</i> 19407	CP_CTX-M_Group 1, CP_TEM_WT	0.5	$<6.45 \times 10^{-9}$	$<6.45 \times 10^{-9}$	0.125	7.68×10^{-6}	7.92×10^{-6}	0.5	4.83×10^{-7}	4.42×10^{-7}
<i>K. pneumoniae</i> ATCC 43816	SHV-1	0.015	$<1.71 \times 10^{-9}$	6.14×10^{-8}	0.03	$<2.49 \times 10^{-9}$	$<2.49 \times 10^{-9}$	0.015	$<2.89 \times 10^{-9}$	$<2.89 \times 10^{-9}$
<i>K. pneumoniae</i> 25021	CTX-M-15, TEM-1, OXA-2	0.03	8.31×10^{-7}	2.26×10^{-7}	0.03	5.81×10^{-7}	1.58×10^{-7}	0.25	3.50×10^{-8}	6.90×10^{-9}
<i>K. pneumoniae</i> 40031	CTX-M-15, SHV-11	0.125	2.03×10^{-6}	2.3×10^{-7}	0.125	5.41×10^{-7}	1.75×10^{-7}	0.25	3.94×10^{-7}	1.59×10^{-7}
<i>K. pneumoniae</i> 50566	CTX-M_Group 1, SHV ESBL	0.03	1.94×10^{-7}	1.93×10^{-7}	0.03	2.64×10^{-7}	1.22×10^{-7}	0.125	2.91×10^{-7}	1.28×10^{-7}
<i>K. pneumoniae</i> 18823	CP_CTX-M_Group 1, SHV ESBL	0.015	1.65×10^{-6}	1.95×10^{-7}	0.03	4.00×10^{-7}	1.81×10^{-7}	0.06	4.30×10^{-7}	3.28×10^{-7}
<i>K. pneumoniae</i> 4812	CTX-M-15	0.06	2.61×10^{-7}	1.56×10^{-7}	0.125	4.61×10^{-8}	2.34×10^{-8}	0.25	1.40×10^{-7}	9.01×10^{-8}
<i>K. pneumoniae</i> 21904	CTX-M-15, OXA-1	0.03	8.01×10^{-7}	2.13×10^{-7}	0.03	8.42×10^{-7}	2.80×10^{-7}	0.125	1.52×10^{-7}	4.65×10^{-8}
<i>K. pneumoniae</i> 604	CTX-M-15, OXA-1/30, SHV-1, OmpK	0.06	1.56×10^{-7}	8.45×10^{-8}	0.06	2.92×10^{-9}	$<2.92 \times 10^{-9}$	0.125	1.00×10^{-8}	4.46×10^{-9}
<i>K. pneumoniae</i> 934954	CTX-M-15, OXA-1, SHV-28, TEM-1	0.125	5.36×10^{-8}	$<1.40 \times 10^{-9}$	0.125	4.11×10^{-8}	2.35×10^{-9}	0.5	6.57×10^{-8}	1.40×10^{-9}
<i>P. mirabilis</i> ATCC 29906	Wild type	0.015	4.46×10^{-7}	5.63×10^{-8}	0.03	$<2.04 \times 10^{-9}$	$<2.04 \times 10^{-9}$	0.008	$<3.70 \times 10^{-9}$	$<3.70 \times 10^{-9}$
<i>P. mirabilis</i> ATCC BAA-856	TEM-10	0.03	1.78×10^{-6}	1.60×10^{-8}	0.03	4.01×10^{-7}	2.22×10^{-7}	0.015	5.54×10^{-7}	2.61×10^{-7}
<i>P. mirabilis</i> ATCC BAA-2791	TEM+	0.06	$<1.68 \times 10^{-9}$	$<1.68 \times 10^{-9}$	0.06	9.93×10^{-8}	5.72×10^{-8}	0.015	1.88×10^{-7}	1.60×10^{-7}
<i>C. freundii</i> ATCC 8090	Wild type	0.015	1.01×10^{-8}	$<1.93 \times 10^{-9}$	0.03	$<3.39 \times 10^{-9}$	$<3.39 \times 10^{-9}$	0.008	$<6.87 \times 10^{-9}$	$<6.87 \times 10^{-9}$
<i>C. freundii</i> ATCC BAA-2807	CTX-M-5	0.015	8.70×10^{-7}	8.46×10^{-7}	0.06	$<2.16 \times 10^{-9}$	$<2.16 \times 10^{-9}$	0.25	$<3.93 \times 10^{-9}$	$<3.93 \times 10^{-9}$
<i>E. cloacae</i> ATCC 13047	Wild type	0.03	7.47×10^{-7}	$<3.52 \times 10^{-9}$	0.06	$<4.05 \times 10^{-9}$	$<4.05 \times 10^{-9}$	0.125	3.00×10^{-8}	$<5.04 \times 10^{-9}$
<i>E. cloacae</i> AR Bank# 0073	cAmpC, CTX-M-9	0.015	2.33×10^{-7}	3.47×10^{-8}	0.03	$<1.97 \times 10^{-9}$	$<1.97 \times 10^{-9}$	0.06	2.80×10^{-7}	7.35×10^{-8}

Figure 1. Serial passage results for four Enterobacteriales isolates versus tebipenem, meropenem and ertapenem, over the 14-day period



RESULTS

Table 2. Broth microdilution MIC values and molecular characterization of mutants with reduced susceptibility to tebipenem relative to the isogenic parent isolate

Parent isolate characteristics	Selection conditions ^a	Tebipenem MIC mg/L		Amino acid alterations
		Parent	Mutant	
Identifier	β -lactam resistance mechanisms			
<i>E. coli</i> ATCC 25922	None	≤ 0.015	0.12	No alterations observed
	Single-step, 8x TBP MIC	≤ 0.015	0.25	No alterations observed
<i>E. coli</i> 4643	TBP serial passage, day 14	≤ 0.015	0.25	No alterations observed
	Single-step, 4x TBP MIC	0.06	0.25	No alterations observed
<i>E. coli</i> 13319	Single-step, 4x TBP MIC	0.12	1	Multiple alterations in OmpC
<i>E. coli</i> 30854	Single-step, 4x TBP MIC	0.03	0.5	Alterations in OmpC at 3' end
<i>E. coli</i> 19407	TBP serial passage, day 14	0.12	8	Multiple alterations in OmpC
	Single-step, 4x TBP MIC	≤ 0.015	0.25	No alterations observed
<i>K. pneumoniae</i> ATCC 43816	TBP serial passage, day 8	≤ 0.015	0.12	No alterations observed
	Single-step, 8x TBP MIC	0.06	2	No alterations observed
<i>K. pneumoniae</i> 25021	Single-step, 8x TBP MIC	0.06	1	OmpK36 stop codon at AA125
	TBP serial passage, day 12	0.06	16	OmpK36 frame-shift alteration at AA124, premature stop codon at AA125
<i>K. pneumoniae</i> 4812	Single-step, 8x TBP MIC	0.12	2	OmpK36 Δ AA212-237

- Whole genome sequencing conducted with mutants selected during the single- and multi-step resistance studies identified alterations of OmpC in *E. coli* and its homologue OmpK36 in *K. pneumoniae* (Table 2).
- While no amino acid alterations on targeted proteins were detected in mutants derived from *E. coli* ATCC 25922 and 4643, factors which may affect susceptibility such as expression levels of OmpC, OmpF, other porins, efflux-pumps (eg. AcrAB-TolC), global regulators and β -lactamases such as chromosomally-encoded AmpC were not examined in this study.
- Similarly, while no amino acid alterations were observed in mutants derived from *K. pneumoniae* ATCC 43816 and 25021, expression levels of porins were not assessed in this study.

CONCLUSIONS

- These data suggest tebipenem has a low propensity for spontaneous resistance at 4 to 8 times the MIC *in vitro* and was similar to meropenem and ertapenem in both single-step and serial passage studies.
- Cross-resistance to tebipenem, meropenem, and ertapenem among mutants suggests common mechanisms contribute to elevated MIC values, including through reduced permeability.

REFERENCES

1. Clinical Laboratory Standards Institute. Methods for Dilutional Antimicrobial Susceptibility Tests for Bacteria that Grow Aerobically. 11th edition. CLSI supplement M07; 2022

ACKNOWLEDGEMENTS

These studies were completed on behalf of Spero Therapeutics, Cambridge MA. These studies have been funded in whole with federal funds from the Department of Health and Human Services, Office of the Administration for Strategic Preparedness and Response, and Biomedical Advanced Research and Development Authority, under contract number HHSO100201800015C.