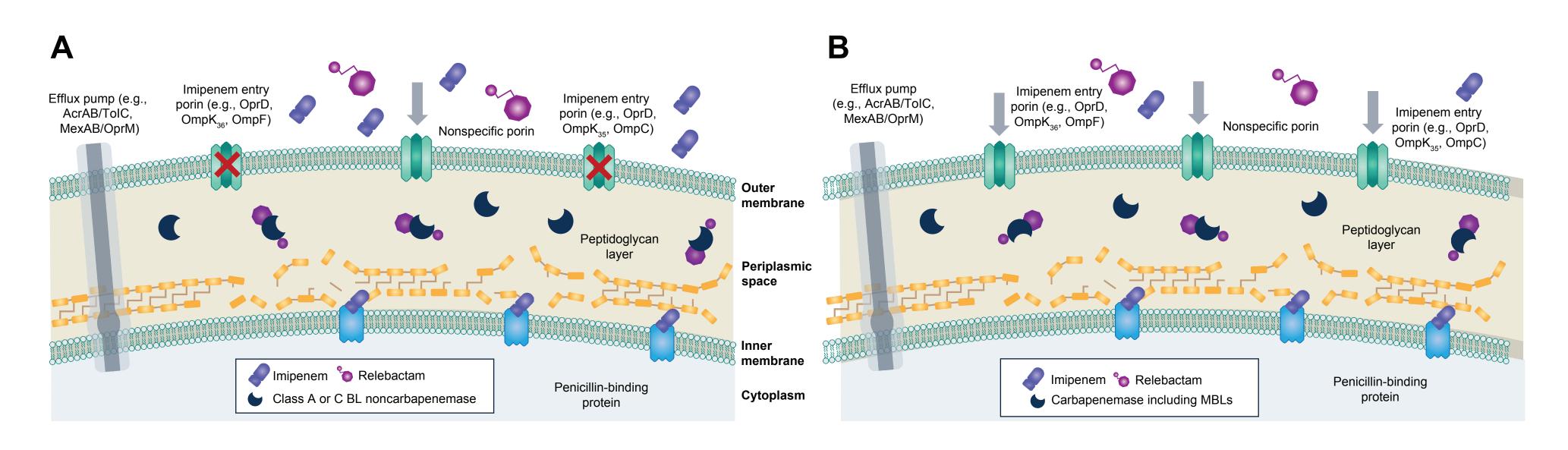
MK-3866, a Metallo- β -Lactamase Inhibitor, Is Not Subject to Efflux in Pseudomonas aeruginosa

Background

- Carbapenem-resistant Pseudomonas aeruginosa is a serious threat to human health and has been identified as a critical priority pathogen for which current therapeutic options are insufficient^{1,2}
- In 2020, coincident with the COVID-19 pandemic, multidrug-resistant *P. aeruginosa* cases in hospitals rose significantly³
- *P. aeruginosa* have efflux systems that can impair the activity of antibacterial agents^{4,5}
- They are predominantly tri-partite resistance-nodulation-cell division type and MexAB-OprM pump is an example⁴ - Other common resistance mechanisms include carbapenemase production or concurrent decreased OprD expression with overexpression of β -lactamases⁶ (Figure 1)
- Imipenem/relebactam is a β-lactam/β-lactamase inhibitor combination that inhibits Ambler class A and C enzymes and is not subject to efflux^{6,7}
- Metallo-β-lactamases (MBLs) (eg, imipenem MBL-1 [IMP-1], Verona integron-encoded MBL [VIM-1 and VIM-2], and New Delhi MBL [NDM]) are class B enzymes that use 1 or more active-site zinc ions to facilitate hydrolysis of β-lactam antibacterial agents⁸
- They are not inhibited by approved β -lactamase inhibitor combinations^{9,10}
- Effective treatment for infections caused by MBL-producing gram-negative bacteria is a significant unmet medical need worldwide
- MK-3866 is a small-molecule pan-MBL inhibitor being assessed for use with β -lactam/ β -lactamase inhibitor combinations to restore activity against resistant MBL-expressing gram-negative bacteria, such as P. aeruginosa
- The objectives of the study are as follows:
- To determine the potential of MBL inhibitors to be effluxed from *P. aeruginosa*
- To characterize MK-3866 and analogs for potentiation of imipenem/relebactam or cefepime/relebactam in isogenic strain pairs of efflux wild-type (WT) and multiply efflux-deleted (MED) strains of *P. aeruginosa*

Figure 1. Mechanisms of Efflux in *Pseudomonas aeruginosa* Strains Expressing Resistance Mechanisms: (A) Porin Loss and Class A or C β-lactamases (Noncarbapenemase); (B) **Carbapenemases, Including Metallo-β-Lactamases**



BL, β-lacatmase; MBLs, Metallo β-lactamases

Methods

Isogenic P. aeruginosa Efflux Isolates

- Isogenic P. aeruginosa efflux WT (MB5919) and MED (MB5890) strains have been described previously^{5,6}
- The background of this strain pair carried an *nfx*C mutation (Cumbre Pharmaceuticals, Dallas, TX, USA) – WT strain was PAO1 *nfx*C
- MED strain was PAO1 *nfx*C Δ (mexAB-oprM) Δ (mexCD-oprJ) Δ (mexXY) Δ (mexJKL) Δ (mexHI-opmD) Δ (opmH)⁶
- An 8-base-pair mutation in the strains resulted in overexpression of the MexEF-OprN efflux pump⁶
- Resulted in reduction in expression of the imipenem entry porin OprD, which raised the minimum inhibitory concentration (MIC) to imipenem slightly¹¹

Bacterial Strain Production

Production of VIM-1– and VIM-2–Expressing Plasmids

- Genes VIM-1 from plasmid C27756 and VIM-2 from plasmid C29080, and cloning vector pFlp2,⁸ were amplified using polymerase chain reaction (PCR) with primer pairs P1/P2, P3/P4, and P5/P6 (Table 1)
- VIM-1 and VIM-2 were then cloned into the pFlp2 vector¹²
- Transformants were checked for pFlp-VIM-1 or pFlp-VIM-2 using PCR with primer pairs P7/P8 and P9/P10 (Table 1), respectively

Construction of Efflux +/- Isogenic IMP-1-Expressing P. aeruginosa

- IMP-1–expressing plasmid was isolated from *P. aeruginosa* strain CL 5673
- Strains MB5890 and MB5919 were transformed with IMP-1 plasmid by electroporation
- MB5919 cells were selected on cation-adjusted Mueller Hinton agar (CAMHA) containing ceftazidime 16 µg/mL
- MB5890 cells were selected on CAMHA containing ceftazidime 4 µg/mL
- Transformants were checked for IMP-1 plasmids using primer pair P11/P12

SLICE Susceptibility Testing

- Antibacterial agents (4 μL of a 25× concentrate) and a fixed final concentration of relebactam 4 μg/mL were added to each well of a 96-well round-bottomed polystyrene assay plate
- Susceptibility testing was performed with fixed final imipenem 2 µg/mL or cefepime 8 µg/mL using the Clinical and Laboratory Standards Institute (CLSI) breakpoint for each¹³
- Titration of the MBL inhibitors was carried out in a stock plate of 100× in DMSO and 1 µL was added to each well of the assay plate and mixed
- Colonies were picked from overnight blood agar plate cultures of the test organism and suspended in 1 mL of sterile saline to yield a culture at ~ 0.5 McFarland or an optical density of 600 nm = 0.1
- Cultures were then diluted 400-fold into fresh 1.05× cation-adjusted Mueller Hinton broth to yield ~5.5 × 10⁵ colony-forming units/mL, 94 µL were added to each assay plate. Plates were incubated at 37°C for 18 to 22 hours and read for growth inhibition visually
- The amount of MBL inhibitor required to restore susceptibility to either antibacterial agent (imipenem or cefepime) in efflux isogenic strains was assessed

Primer name	Template	Primer sequence
P1	VIM-1	TACTAAGGAGGTTGTATGTTAAAAGTTATTAGTAG
P2	VIM-1	TGCTTAAATGCGTACTTACTCGGCGACTGAGCGATTTT
P3	VIM-2	TACTAAGGAGGTTGTATGTTCAAACTTTTGAGTAAG
P4	VIM-2	TGCTTAAATGCGTACTTACTCAACGACTGAGCGATT
P5	pFlp2	TAAGTACGCATTTAAGCATAAACACGC
P6	pFlp2	CATACAACCTCCTTAGTACATGCAACC
P7	pFlp-VIM1	TTGGTCTACATGACCGCGTCTGTCA
P8	pFlp-VIM1	TAGACCGTGCCCGGGAATGA
P9	pFlp-VIM2	TGGTCTATTTGACCGCGTCTATCA
P10	pFlp-VIM2	GACTGAGCGATTTGTGTGCG
P11	IMP-1	TTTTGTTTGCAGCATTGC
P12	IMP-1	TGCTTGGTTTTGATGGTTTT

Table 1. Primers Used in Study

IMP-1, imipenem metallo-β-lactamase-1; VIM, Verona integron-encoded metallo-β-lactamase

Results

Characterization of MED Strain Pairs With Selected Antibacterial Agents

- Neither imipenem nor cefepime is effluxed appreciably whether included alone or with relebactam; relebactam is also not subject to efflux
- Chloramphenicol and ciprofloxacin were both highly effluxed − ≥128-fold differential in MIC
- For *P. aeruginosa* expressing IMP-1, VIM-1, and VIM-2, MIC values of the β-lactam antibacterial agents increased, but no increase was detected for the non- β -lactam antibacterial agents chloramphenicol and ciprofloxacin (Table 2)
- No meaningful efflux of imipenem, cefepime, imipenem/relebactam, or cefepime/relebactam was observed Assessment of Efflux Potential of MBL Inhibitors
- The efflux isolate pairs were tested with potential MBL inhibitors in the presence of CLSI breakpoint¹³ concentrations of either imipenem (Table 3) or cefepime (Table 4), both with a fixed concentration of relebactam 4 µg/mL
- MIC values for the combination of imipenem/relebactam with MK-3866 or cefepime/relebactam with MK-3866 do not vary more than 2- to 4-fold between efflux WT and MED strains of each pair (Tables 3 and 4)

¹Merck & Co., Inc., Rahway, NJ, USA

Table 2. Characterization of Efflux Mutant Strain Pairs in the SLICE Assaya

Antibacterial agent	MB5919	MB5890	Parent	MB9798	MB9799	IMP-1	MB9861	MB9862	VIM-1	MB9968	MB9969	VIM-2
	Efflux+	Efflux-	Efflux ratio	Efflux+ IMP1	Efflux- IMP1	Efflux ratio	Efflux+ pFlp-VIM1	Efflux- pFlp-VIM1	Efflux ratio	Efflux+ pFlp-VIM2	Efflux- pFlp-VIM2	Efflux ratio
Imipenem	4	1	4	32	16	2	64	32	2	>64	>64	ND
Cefepime	0.25	0.25	1	>64	>64	ND	>64	>64	ND	16	16	1
Chloramphenicol	>64	1	≥128	>64	1	≥128	>64	1	≥128	>64	1	≥128
Ciprofloxacin	1	<0.008	≥128	1	<0.008	≥128	1	<0.008	≥128	1	<0.008	≥128
Imipenem and relebactam	0.5	1	0.5	32	16	2	>64	32	≥4	>64	>64	ND
Cefepime and relebactam	0.25	0.12	2	>64	>64	ND	>64	>64	ND	16	16	1

IMP-1. imipenem metallo-β-lactamase 1: ND, not determinable; VIM, Verona integron–encoded metallo-β-lactamase ^aSLICE assay was performed using imipenem 2 µg/mL or cefepime 8 µg/mL with relebactam fixed at 4 µg/mL

Table 3. Assessment of Efflux Potential in the SLICE Assay^a: Analog Concentrations Required to Restore Susceptibility to Imipenem in the Presence of Relebactam (MK-7655)

	Concentration of metallo-β-lactamase inhibitor to restore susceptibility to imipenem in the presence of relebactam (µg/mL)										
Antibacterial analog	MB9798	MB9799	IMP-1	MB9861	MB9862	VIM-1	MB9968	MB9969	VIM-2		
	MB5919 - IMP-1 WT	MB5890 - IMP-1 MED	Efflux ratio	MB5919 - pFlp-VIM1 WT	MB5890 - pFlp-VIM1 MED	Efflux ratio	MB 5919 - pFlp-VIM2 WT	MB5890 - pFlp-VIM2 MED	Efflux ratio		
MK-3866	0.12	0.125	1	0.25	0.5	0.5	0.25	0.25	1		
Compound A	4	0.5	8	>32	1	≥64	>32	2	≥32		
Compound B	>32	0.5	≥128	>32	0.5	≥128	32	0.25	128		
Compound C	16	1	16	8	1	8	16	2	8		
Compound D	16	1	16	8	1	8	16	2	8		
Compound E	32	0.5	64	2	1	2	1	0.5	2		

IMP-1, imipenem metallo-β-lactamase 1; VIM, Verona integron-encoded metallo-β-lactamase ^aSLICE assay was performed using imipenem at 2 μ g/mL and relebactam fixed at 4 μ g/mL.

Table 4. Assessment of Efflux Potential in the SLICE Assaya: Analog Concentrations Required to Restore Susceptibility to Cefepime in the Presence of Relebactam

Concentration of metallo-β-lactamase inhibitor to restore susceptibility to imipenem in the presence of relebactam (µg/mL)

Antibacterial analog	MB9798	MB9799	IMP-1	MB9861	MB9862	VIM-1	MB9968	MB9969	VIM-2
	MB5919 - IMP-1 WT	MB5890 - IMP-1 MED	Efflux ratio	MB5919 - pFlp-VIM1 WT	MB5890 - pFlp-VIM1 MED	Efflux ratio	MB 5919 - pFlp-VIM2 WT	MB5890 - pFlp-VIM2 MED	Efflux ratio
MK-3866	0.12	0.25	0.5	0.25	0.5	0.5	< 0.03	0.25	0.12
Compound A	1	0.5	2	32	1	32	0.125	0.25	0.5
Compound B	>32	0.5	≥128	>32	0.5	≥128	0.06	0.125	0.48
Compound C	8	1	8	4	2	2	0.125	0.25	0.5
Compound D	8	1	8	2	2	1	0.125	0.5	0.25
Compound E	16	0.5	32	0.5	1	0.5	<0.03	0.25	0.12

IMP-1, imipenem metallo-β-lactamase 1; VIM, Verona integron–encoded metallo-β-lactamase ^aSLICE assay was performed using cefepime at 8 µg/mL with relebactam fixed at 4 µg/mL.

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Conclusions

- The SLICE susceptibility assay facilitated characterization of efflux in isogenic strain pairs of efflux WT and MED strains of *P. aeruginosa* expressing IMP-1, VIM-1, or VIM-2 MBLs
- The concentration of MK-3866 needed to restore imipenem/relebactam or cefepime/relebactam did not differ appreciably between WT or MED strains
- -MK-3866 was not subject to efflux
- -Analogs of MK-3866 were subject to efflux to varying degrees, from nominal to extreme, dependent on both the enzyme expressed as well as the partner antibacterial agent
- Cefepime is subject to efflux in MexXY-overproducing isolates¹⁴
- A limitation of this assay is that it does not address the consequences of overexpression of MexXY MK-3866 is a promising pan-MBL inhibitor that may act to restore the activity of imipenem/
- relebactam or cefepime/relebactam in MBL–expressing gram-negative pathogens

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Disclosures

All authors are employees of Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA, and may own stock and/or stock options in Merck & Co., Inc., Rahway, NJ, USA.

References

- . Centers for Disease Control and Prevention (CDC). Antibiotic resistance threats in the United States. 2019.
- 2. World Health Organization. Global antimicrobial resistance and use surveillance system (GLASS) report. 2021.
- 3. CDC. COVID-19: U.S. impact on antimicrobial resistance, special report. 2022.
- 4. Li XZ, et al. J Antimicrob Chemother. 2000;46(6):885-993.
- 5. Robertson GT, et al. *J Bacteriol*. 2007;189(19):6870-6881.
- 6. Young K, et al. *BMC Microbiol*. 2019;19(1):150.
- 7. Blizzard TA, et al. *Bioorg Med Chem Lett*. 2014;24(3):780-785.
- 8. Bush K, Jacoby GA. Antimicrob Agents Chemother. 2010;54(3):969-976.
- 9. Livermore DM, et al. J Antimicrob Chemother. 2013;68(10):2286-2290.
- 10. Boyd SE, et al. Antimicrob Agents Chemother. 2020;64(10):e00397-20.
- 11. Sobel ML, et al. *J Bacteriol*. 2005;187(4):1246-1253.
- 12. Hoang TT, et al. *Gene*. 1998;212(1):77-86.
- 13. CLSI. Performance Standards for Antimicrobial Susceptibility Testing. 31st ed. CLSI supplement M100. Clinical and Laboratory Standards Institute; 2021.
- 14. Hocquet D, et al. Antimicrob Agents Chemother. 2006;50(4):1347-1351.

