

NOTES

Antimicrobial Activity of CS-940, a New Trifluorinated Quinolone

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The antimicrobial activity of CS-940, a new trifluorinated quinolone drug, was tested against 761 clinical isolates. CS-940 activity against members of the family *Enterobacteriaceae* was most similar to that of ciprofloxacin and ofloxacin, with a range of MICs inhibiting 90% of isolates tested (MIC₉₀s) of 0.015 to 16 µg/ml (median MIC₉₀, 0.06 µg/ml). CS-940 had greater activity than ciprofloxacin or ofloxacin when they were tested against *Acinetobacter* spp. (MIC₉₀s, 0.03 µg/ml) and *Stenotrophomonas (Xanthomonas) maltophilia* (MIC₉₀s, 2 µg/ml). CS-940 demonstrated a high degree of potency against *Haemophilus influenzae*, *Moraxella catarrhalis*, and *Neisseria* spp. (MIC₉₀s, ≤0.06 µg/ml). CS-940 was two- to eightfold more active than ciprofloxacin or ofloxacin against oxacillin-susceptible *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Staphylococcus haemolyticus*, and coagulase-negative *Staphylococcus* spp. CS-940 was also very active against *Streptococcus* spp. and enterococci, for which MIC₉₀s were ≤ 2 µg/ml; for *Enterococcus faecium*, however, the MIC₉₀ was 4 µg/ml. CS-940 was generally less active than a comparison investigational fluoroquinolone, clinafloxacin. This compound appears promising in *in vitro* test analysis and warrants further *in vivo* trials.

The fluoroquinolones are important antimicrobial agents for the effective treatment of patients afflicted with serious infections, especially when they can replace some expensive and/or toxic parenteral agents (3). These compounds have been observed to be efficiently absorbed orally, have long serum elimination half-lives, have good tissue distributions, and have a broad range of activities against aerobic pathogens (3). The compounds may be considered first-line agents for the treatment of complicated urinary tract infections, for some exacerbations of *Pseudomonas aeruginosa* respiratory tract infections in patients with cystic fibrosis, and for many osteomyelitis infections caused by gram-positive or gram-negative bacteria (3).

However, as use of the fluoroquinolones has increased, so too has the emergence of resistant isolates (3, 4). This resistance pattern has generally been most prevalent among staphylococci, acinetobacters, and *P. aeruginosa* isolates. Cross-resistance among the fluoroquinolones appeared common, likely because of mutations in their target proteins (DNA gyrase) and/or decreased drug permeation into the bacterial cell (3). This increase in resistance to the fluoroquinolone drugs emphasizes the importance of the continued development of new structural candidates.

CS-940 is a novel trifluorinated quinolone (Fig. 1) in the initial phases of investigation (2, 10, 11). In addition to the 6-fluorine generally found on currently available quinolones (3), CS-940 contains a difluoromethoxy group at the 8 position (10). In animals, the pharmacokinetic behavior of CS-940 was similar to those of current therapeutic fluoroquinolones, with acceptable oral absorption (>80%), a plasma elimination half-

life of 2.6 to 7.5 h (species dependent), and good distribution to the liver, kidneys, and lungs (2). Initial susceptibility studies have documented that CS-940 has a broad antimicrobial spectrum *in vitro* and *in vivo*, with potential effectiveness against some ciprofloxacin-resistant *Staphylococcus aureus* strains (10, 11).

In the present study, the *in vitro* antimicrobial activity of CS-940 was tested by broth microdilution and agar dilution methods against 751 clinical isolates (see Tables 1 and 2 for details about the species) collected at the University of Iowa Hospitals and Clinics (Iowa City, Iowa) since 1993. These results were compared with those for three investigational or clinically available fluoroquinolones (ciprofloxacin, ofloxacin, clinafloxacin) as well as two broad-spectrum parenteral β-lactam antimicrobial agents (cefotaxime, piperacillin-tazobactam).

Ciprofloxacin and cefotaxime were purchased from Sigma Chemical Co. (St. Louis, Mo.). The remaining antibiotics were provided as follows: clinafloxacin (1) by Parke-Davis/Warner Lambert (Ann Arbor, Mich.), ofloxacin by Ortho-McNeil Pharmaceuticals (Raritan, N.J.), piperacillin-tazobactam (6) by

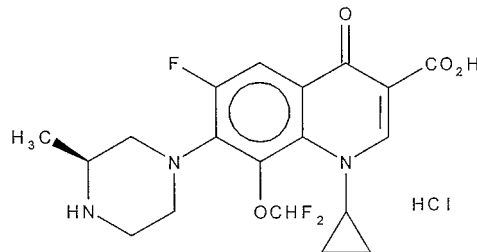


FIG. 1. Chemical structure of CS-940, 1-cyclopropyl-6-fluoro-8-difluoromethoxy-1,4-dihydro-7-[(3S)-methyl-1-piperazinyl]-4-oxo-3-quinolinecarboxylic acid hydrochloride.

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TABLE 1. In vitro activity of CS-940 in comparison with those of other drugs against 239 gram-positive bacteria

Organism (no. tested)	Antimicrobial agent	MIC ($\mu\text{g/ml}$)			% Susceptible ^a
		50%	90%	Range	
<i>Enterococcus faecalis</i> (20)	CS-940	0.5	1	0.25–16	(90) ^b
	Ciprofloxacin	1	2	0.5–>8	80
	Clinafloxacin	0.12	0.25	0.06–4	(90)
	Ofloxacin	2	8	1–>16	80
<i>Enterococcus faecium</i> (10)	CS-940	2	4	0.12–8	(50)
	Ciprofloxacin	2	4	0.25–4	40
	Clinafloxacin	0.25	0.5	0.03–0.5	(100)
	Ofloxacin	2	4	1–8	50
<i>Enterococcus</i> spp. (10) ^c	CS-940	0.5	2	0.06–>16	(90)
	Ciprofloxacin	0.12	1	0.03–8	70
	Clinafloxacin	1	2	0.12–8	(70)
	Ofloxacin	2	4	0.25–>16	80
<i>Staphylococcus aureus</i> Oxacillin-resistant (10)	CS-940	0.5	8	0.03–8	(60)
	Ciprofloxacin	8	>8	0.06–>8	30
	Clinafloxacin	0.25	1	0.25–1	(100)
	Ofloxacin	4	>16	0.12–>16	40
Oxacillin-susceptible (20)	CS-940	0.06	0.06	0.03–0.12	(100)
	Ciprofloxacin	0.25	0.5	0.12–2	95
	Clinafloxacin	0.015	0.03	0.008–0.25	(100)
	Ofloxacin	0.25	0.25	0.12–1	100
<i>Staphylococcus epidermidis</i> (20)	CS-940	0.12	2	0.06–4	(95)
	Ciprofloxacin	0.25	2	0.12–4	95
	Clinafloxacin	0.015	0.12	0.008–0.5	(100)
	Ofloxacin	0.25	2	0.12–8	90
	Oxacillin	≤ 2	>2	≤ 2 –>2	65
<i>Staphylococcus haemolyticus</i> (10)	CS-940	0.06	0.12	0.06–4	(90)
	Ciprofloxacin	0.12	0.5	0.06–8	90
	Clinafloxacin	0.015	0.03	0.008–0.12	(100)
	Ofloxacin	0.12	0.5	0.12–4	90
	Oxacillin	≤ 2	≤ 2	≤ 2	100
Coagulase-negative <i>Staphylococcus</i> spp. (20) ^d	CS-940	0.12	0.5	0.03–8	(95)
	Ciprofloxacin	0.25	0.5	0.06–>8	90
	Clinafloxacin	0.015	0.06	0.008–0.5	(100)
	Ofloxacin	0.25	1	0.06–16	90
	Oxacillin	≤ 2	≤ 2	≤ 2 –>2	90
<i>Bacillus cereus</i> (6)	CS-940	0.03		0.03–0.06	(100)
	Ciprofloxacin	0.03		0.03–0.06	100
	Clinafloxacin	0.008		0.008	(100)
	Ofloxacin	0.12		0.12	100
<i>Corynebacterium jeikeium</i> (12)	CS-940	0.25	16	0.12–16	(58)
	Ciprofloxacin	0.5	>8	0.12–>8	58
	Ofloxacin	0.5	>16	0.5–>16	58
<i>Streptococcus</i> Group A (20)	CS-940	0.25	0.25	0.12–0.5	(100)
	Ciprofloxacin	0.5	0.5	0.25–2	95
	Ofloxacin	1	1	0.5–2	100
Group B (20)	CS-940	0.25	0.25	0.12–0.25	(100)
	Ciprofloxacin	0.5	0.5	0.5–1	100
	Ofloxacin	1	1	1	100

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TABLE 1—Continued

Organism (no. tested)	Antimicrobial agent	MIC ($\mu\text{g/ml}$)			% Susceptible ^a
		50%	90%	Range	
Groups C and G (11)	CS-940	0.25	0.25	0.12–0.25	(100)
	Ciprofloxacin	0.5	0.5	0.25–0.5	100
	Ofloxacin	1	1	0.5–1	100
<i>Streptococcus pneumoniae</i> (30) ^e	CS-940	0.25	0.25	0.12–0.25	(100)
	Ciprofloxacin	1	2	0.5–4	83
	Ofloxacin	2	2	1–4	97
<i>Clostridium</i> spp. (10) ^f	CS-940	1	1	0.5–2	(100)
	Ciprofloxacin	0.5	1	0.12–2	90
<i>Peptostreptococcus</i> spp. (10)	CS-940	0.5	2	0.25–2	(100)
	Ciprofloxacin	2	>8	1–>8	40

^a Susceptible according to NCCLS. The criteria used for CS-940 were those indicated for ofloxacin supported by preliminary pharmacokinetics (2). The criteria used for ciprofloxacin were the same as those used for ciprofloxacin (4). Oxacillin-resistant staphylococcal strains susceptibility criteria for beta-lactams follow the recommendations of NCCLS found in document M7-A3 (6).

^b The percent susceptible data for CS-940 and ciprofloxacin are given in parentheses to indicate tentative interpretative criteria.

^c Includes two strains each of *E. durans*, *E. gallinarum*, and *E. raffinosus* and one strain each of *E. avium*, *E. casseliflavus*, *E. hirae*, and *E. mundtii*.

^d Includes five strains each of *S. simulans*, *S. hominis*, and *S. saprophyticus*; two strains of *S. warnerii*; and one strain each of *S. auricularis*, *S. sciuri*, and *S. capitis*.

^e Includes six strains that are intermediate or resistant to penicillin (MICs, $\geq 0.12 \mu\text{g/ml}$).

^f Includes seven strains of *C. perfringens*, two strains of *C. septicum*, and one strain of *C. tertium*.

Lederle Laboratories (Wayne, N.J.), and CS-940 by Sankyo Co., Ltd. (Tokyo, Japan).

Prepared Media Microbiologic, Inc. (Tualatin, Oreg.), produced and ensured the quality of the microdilution trays containing the drugs diluted in cation-adjusted Mueller-Hinton broth. The trays were stored at $\leq 60^\circ\text{C}$ until used. Broth microdilution assays were performed according to the recommendations of the National Committee for Clinical Laboratory Standards (NCCLS) (7). Fastidious organisms were tested by the agar dilution method with medium modifications (Haemophilus test medium, blood-supplemented Mueller-Hinton, brucella blood agar) and the procedures outlined by NCCLS (7–9). The test results were interpreted by NCCLS criteria (9) or those recently proposed in peer-reviewed publications (5).

Table 1 contains the antimicrobial activity results for CS-940 and the five comparison drugs tested against 239 gram-positive bacteria. Among the *Enterococcus* spp., CS-940 (MICs at which 90% of isolates tested are inhibited [MIC₉₀s], 1 to 4 $\mu\text{g/ml}$) was slightly more effective than ciprofloxacin and ofloxacin, but it was less potent than ciprofloxacin, especially against *Enterococcus faecium*. Likewise, for the oxacillin-resistant *S. aureus* isolates, CS-940 was more active than ofloxacin or ciprofloxacin. The oxacillin-susceptible strains were highly susceptible (MICs, $\leq 0.12 \mu\text{g/ml}$) to CS-940. *Staphylococcus haemolyticus*, *Staphylococcus epidermidis*, and the additional coagulase-negative *Staphylococcus* spp. tested (see Table 1, footnote d) were generally less susceptible to these drugs, and the rank order of potency was ciprofloxacin > CS-940 > ofloxacin. CS-940 was two- to fourfold more potent than ciprofloxacin and ofloxacin against *Streptococcus* groups A, B, C, and G. CS-940 (MIC₉₀, 0.25 $\mu\text{g/ml}$) was markedly more potent than the other fluoroquinolones tested (MIC₉₀s, 2 $\mu\text{g/ml}$) for the *Streptococcus pneumoniae* strains tested. All pneumococcal strains resistant to ciprofloxacin or ofloxacin were susceptible to CS-940 (MICs, 0.25 $\mu\text{g/ml}$). Two strains of *Listeria monocytogenes*

were also inhibited by CS-940 (MICs, $\leq 2 \mu\text{g/ml}$; data not shown).

The results for CS-940 antimicrobial activity against 520 gram-negative organisms are listed in Table 2. A limited number of fluoroquinolone-resistant members of the family *Enterobacteriaceae* (four strains of *Providencia rettgeri* and two strains of *Serratia marcescens*) were tested, thus affording a true comparison of potency (MIC only) and not cross-susceptibility or cross-resistance. The activity of CS-940 against *Citrobacter freundii* and *Enterobacter* spp. (many of which were resistant to the beta-lactams tested) was similar to those of ofloxacin and ciprofloxacin (MIC₉₀s, $\leq 0.5 \mu\text{g/ml}$). Among the other enteric organisms, CS-940 was most active against *Citrobacter koseri*, *Escherichia coli*, *Salmonella enteritidis*, and *Shigella* spp., for which MIC₉₀s were $\leq 0.03 \mu\text{g/ml}$. Ciprofloxacin and CS-940 were the most active compounds tested against *Acinetobacter* spp. (MIC₉₀s, 0.03 $\mu\text{g/ml}$) and *Stenotrophomonas (Xanthomonas) maltophilia* (MIC₉₀s, $\leq 2 \mu\text{g/ml}$). This potency was four- to eightfold greater than that of ciprofloxacin or ofloxacin. CS-940 also demonstrated good activity against fastidious species such as *Haemophilus influenzae*, *Moraxella catarrhalis*, and *Neisseria gonorrhoeae* (MIC₉₀s, $\leq 0.06 \mu\text{g/ml}$), with activity nearly identical to that of ciprofloxacin.

All aerobic gram-negative organisms were susceptible to CS-940 with the exception of a few strains of *P. rettgeri*, *S. marcescens*, *P. aeruginosa*, *S. maltophilia*, and several strains of infrequently isolated gram-negative organisms. There was a large degree of fluoroquinolone cross-resistance among these organisms, but ciprofloxacin generally remained the most active compound (data not shown).

Anaerobic species such as those in the *Bacteroides fragilis* group (MIC₉₀, 2 $\mu\text{g/ml}$), *Prevotella* spp. (MIC₉₀, 8 $\mu\text{g/ml}$), *Clostridium* spp. (MIC₉₀, 1 $\mu\text{g/ml}$), and peptostreptococci (MIC₉₀, 2 $\mu\text{g/ml}$) were consistently more susceptible to CS-940 (50 to 100% at MICs of $\leq 2 \mu\text{g/ml}$) than to ciprofloxacin.

CS-940 is a novel trifluorinated quinolone (2, 10, 11) that was evaluated against 761 clinical isolates. CS-940 exhibited an

TABLE 2. In vitro activity of CS-940 in comparison with those of other drugs against 520 gram-negative bacteria

Organism (no. tested)	Antimicrobial agent	MIC ($\mu\text{g/ml}$)			% Susceptible ^a
		50%	90%	Range	
<i>Citrobacter koseri</i> (10)	CS-940	0.015	0.03	0.008–0.03	(100) ^b
	Ciprofloxacin	0.008	0.015	0.008–0.03	100
	Clinafloxacin	≤ 0.004	≤ 0.004	≤ 0.004 –0.008	(100)
	Ofloxacin	0.03	0.06	0.03–0.12	100
<i>Citrobacter freundii</i> (20)	CS-940	0.06	0.5	0.015–0.5	(100)
	Ciprofloxacin	0.015	0.06	0.008–0.12	100
	Clinafloxacin	0.015	0.06	≤ 0.004 –0.06	(100)
	Ofloxacin	0.12	0.25	0.03–0.5	100
	Cefotaxime	2	>32	≤ 1 –>32	60
	Piperacillin-tazobactam	2	64	≤ 1 –128	65
<i>Enterobacter aerogenes</i> (20)	CS-940	0.03	0.06	0.015–0.5	(100)
	Ciprofloxacin	0.015	0.03	0.008–0.12	100
	Clinafloxacin	0.008	0.015	≤ 0.004 –0.06	(100)
	Ofloxacin	0.06	0.12	0.03–0.5	100
<i>Enterobacter agglomerans</i> (10)	CS-940	0.12	0.12	0.015–0.25	(100)
	Ciprofloxacin	0.03	0.06	0.008–0.12	100
	Clinafloxacin	≤ 0.004	0.015	≤ 0.004 –0.03	(100)
	Ofloxacin	0.06	0.123	0.03–0.25	100
<i>Enterobacter cloacae</i> (20)	CS-940	0.03	0.06	0.015–0.25	(100)
	Ciprofloxacin	0.015	0.03	0.008–0.06	100
	Clinafloxacin	≤ 0.004	0.015	≤ 0.004 –0.06	(100)
	Ofloxacin	0.06	0.12	≤ 0.008 –0.25	100
<i>Escherichia coli</i> (20)	CS-940	0.03	0.03	≤ 0.008 –0.03	(100)
	Ciprofloxacin	0.015	0.03	0.008–0.06	100
	Clinafloxacin	≤ 0.004	0.008	≤ 0.004 –0.008	(100)
	Ofloxacin	0.06	0.06	0.015–0.12	100
<i>Klebsiella oxytoca</i> (10)	CS-940	0.03	0.06	0.03–0.06	(100)
	Ciprofloxacin	0.015	0.015	0.015–0.03	100
	Clinafloxacin	0.015	0.015	0.008–0.015	(100)
	Ofloxacin	0.12	0.12	0.06–0.12	100
<i>Klebsiella pneumoniae</i> (20)	CS-940	0.06	0.12	0.03–0.12	(100)
	Ciprofloxacin	0.03	0.06	0.015–0.12	100
	Clinafloxacin	0.015	0.03	0.008–0.03	(100)
	Ofloxacin	0.12	0.25	0.06–0.25	100
<i>Morganella morganii</i> (20)	CS-940	0.012	0.5	0.06–1	(100)
	Ciprofloxacin	0.015	0.015	0.008–0.06	100
	Clinafloxacin	0.008	0.015	≤ 0.004 –0.12	(100)
	Ofloxacin	0.06	0.12	0.06–0.5	100
<i>Proteus mirabilis</i> (20)	CS-940	0.12	0.25	0.03–0.25	(100)
	Ciprofloxacin	0.03	0.03	0.015–0.06	100
	Clinafloxacin	0.015	0.03	0.008–0.03	(100)
	Ofloxacin	0.12	0.12	0.03–0.25	100
<i>Proteus vulgaris</i> (10)	CS-940	0.12	0.25	0.06–0.5	(100)
	Ciprofloxacin	0.015	0.03	0.015–0.06	100
	Clinafloxacin	0.015	0.015	0.008–0.03	(100)
	Ofloxacin	0.06	0.12	0.03–0.25	100
<i>Providencia stuartii</i> (10)	CS-940	0.12	0.5	0.06–0.5	(100)
	Ciprofloxacin	0.06	0.12	0.015–0.25	100
	Clinafloxacin	0.03	0.06	0.008–0.12	(100)
	Ofloxacin	0.5	1	0.12–1	100

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TABLE 2—Continued

Organism (no. tested)	Antimicrobial agent	MIC ($\mu\text{g/ml}$)			% Susceptible ^a
		50%	90%	Range	
<i>Providencia rettgeri</i> (10)	CS-940	0.5	16	0.03->16	(60)
	Ciprofloxacin	0.03	4	0.015->8	60
	Clinafloxacin	0.03	0.5	0.008-8	(90)
	Ofloxacin	0.25	4	0.06->16	60
<i>Salmonella enteritidis</i> (10)	CS-940	0.03	0.03	0.03-0.06	(100)
	Ciprofloxacin	0.015	0.03	0.015-0.06	100
	Clinafloxacin	0.008	0.015	≤ 0.004 -0.015	(100)
	Ofloxacin	0.12	0.12	0.06-0.12	100
<i>Serratia marcescens</i> (20)	CS-940	0.5	4	0.06-16	(85)
	Ciprofloxacin	0.12	1	0.03-8	90
	Clinafloxacin	0.06	0.5	0.015-4	(95)
	Ofloxacin	0.25	2	0.12-8	90
<i>Shigella</i> spp. (10) ^c	CS-940	0.015	0.015	0.015-0.03	(100)
	Ciprofloxacin	0.008	0.015	0.008-0.015	100
	Clinafloxacin	≤ 0.004	≤ 0.004	≤ 0.004 -0.008	(100)
	Ofloxacin	0.03	0.06	0.03-0.06	100
<i>Yersinia enterocolitica</i> (10)	CS-940	0.015	0.06	0.015-0.06	(100)
	Ciprofloxacin	0.015	0.03	0.015-0.03	100
	Clinafloxacin	≤ 0.004	0.008	≤ 0.004 -0.015	(100)
	Ofloxacin	0.06	0.12	0.03-0.12	100
Other members of the family <i>Enterobacteriaceae</i> (11) ^d	CS-940	0.03	0.06	0.03-0.12	(100)
	Ciprofloxacin	0.015	0.03	0.015-0.03	100
	Clinafloxacin	≤ 0.004	0.008	0.008-0.12	(100)
	Ofloxacin	0.06	0.12	0.03-0.12	100
<i>Acinetobacter</i> spp. (10)	CS-940	0.015	0.03	≤ 0.008 -0.12	(100)
	Ciprofloxacin	0.25	0.5	0.008-1	100
	Clinafloxacin	0.015	0.03	0.008-0.12	(100)
	Ofloxacin	0.12	0.25	0.015-0.5	100
<i>Pseudomonas aeruginosa</i> (30)	CS-940	0.25	2	0.25-4	(93)
	Ciprofloxacin	0.12	0.5	0.06-4	97
	Clinafloxacin	0.06	0.25	0.03-1	(100)
	Ofloxacin	1	4	0.5-16	87
<i>Stenotrophomonas maltophilia</i> (10)	CS-940	0.25	2	0.03->16	(90)
	Ciprofloxacin	1	8	0.25->8	50
	Clinafloxacin	0.12	0.5	0.03-4	(90)
	Ofloxacin	1	8	0.12->16	80
Other gram-negative species (9) ^e	CS-940	1		0.015->16	(55)
	Ciprofloxacin	0.5		≤ 0.004 ->8	55
	Clinafloxacin	0.25		≤ 0.004 -4	(89)
	Ofloxacin	1		0.015-16	44
<i>Moraxella catarrhalis</i> β -Lactamase negative (20)	CS-940	0.015	0.03	0.015-0.03	(100)
	Ciprofloxacin	0.03	0.03	0.015-0.03	100
	Clinafloxacin	0.008	0.008	≤ 0.004 -0.008	(100)
	Ofloxacin	0.06	0.06	0.03-0.06	100
β -Lactamase positive (20) ^f	CS-940	0.015	0.03	≤ 0.008 -0.03	(100)
	Ciprofloxacin	0.03	0.03	0.015-0.06	100
	Clinafloxacin	0.008	0.008	≤ 0.004 -0.008	(100)
	Ofloxacin	0.06	0.06	0.03-0.06	100
<i>Haemophilus influenzae</i> β -Lactamase negative (20)	CS-940	0.008	0.015	0.008-0.03	(100)
	Ciprofloxacin	0.015	0.015	0.008-0.03	100

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TABLE 2—Continued

Organism (no. tested)	Antimicrobial agent	MIC ($\mu\text{g/ml}$)			% Susceptible ^a
		50%	90%	Range	
β -Lactamase negative, ampicillin resistant (10)	CS-940	0.015	0.06	0.015–0.06	(100)
	Ciprofloxacin	0.015	0.03	0.008–0.03	100
β -Lactamase positive (20)	CS-940	0.015	0.03	0.008–0.03	(100)
	Ciprofloxacin	0.015	0.015	0.008–0.03	100
<i>Neisseria gonorrhoeae</i>					
β -Lactamase negative, penicillin susceptible (20) ^g	CS-940	0.015	0.015	0.008–0.015	(100)
	Ciprofloxacin	0.015	0.015	0.004–0.03	100
β -Lactamase negative, penicillin resistant (10) ^h	CS-940	0.015	0.03	0.015–0.06	(100)
	Ciprofloxacin	0.015	0.03	0.015–0.06	100
β -Lactamase positive, penicillin resistant (20) ⁱ	CS-940	0.008	0.015	0.002–0.06	(100)
	Ciprofloxacin	0.004	0.015	0.004–0.12	95
<i>Neisseria</i> spp. (20) ^j					
	CS-940	0.015	0.06	0.004–0.06	(100)
	Ciprofloxacin	0.008	0.015	0.004–0.015	100
<i>Prevotella</i> spp. (10)					
	CS-940	1	8	0.5–16	50
	Ciprofloxacin	>8	>8	1–>8	10
<i>Bacteroides fragilis</i> group (30) ^k					
	CS-940	1	2	0.5–16	90
	Ciprofloxacin	4	>8	2–>8	0

^a See footnote a of Table 1.

^b See footnote b of Table 1.

^c Includes five strains each of *S. sonnei* and *S. flexneri*.

^d Includes two strains each of *Hafnia alvei*, *Enterobacter sakazakii*, *Enterobacter taylorae*, *Salmonella typhi*, and *Serratia liquefaciens* and one strain of *Klebsiella ozaenae*.

^e Includes two strains each of *Achromobacter xylosoxidans*, *Aeromonas hydrophila*, *Pseudomonas cepacia*, and *Pseudomonas fluorescens* and one strain of a *Flavobacterium* species.

^f Includes 10 strains each of BRO-1 and BRO-2 enzyme-producing strains.

^g Includes two tetracycline-resistant and one spectinomycin-resistant strains.

^h Includes seven tetracycline-resistant strains.

ⁱ Includes three tetracycline-resistant and four spectinomycin-resistant strains.

^j Includes 4 strains each of *N. subflava* and *N. sicca*, 2 strains of *N. mucosa*, and 10 strains of *N. meningitidis*.

^k Previously known as pigmented *Bacteroides* species and includes five strains each of *B. bivia* and *B. disiensis*.

antimicrobial spectrum that generally was equal to or slightly superior to those of ofloxacin and ciprofloxacin. These results suggest that CS-940 may have the potential for use against some ciprofloxacin-resistant strains, particularly among anaerobic organisms, *S. pneumoniae*, and staphylococci. The present investigation also indicates that further studies should be initiated to characterize the pharmacokinetic and toxicologic properties of CS-940 in humans.

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REFERENCES

- Barrett, M. S., R. N. Jones, M. E. Erwin, D. M. Johnson, and B. M. Briggs. 1991. Antimicrobial activity evaluations of two new quinolones, PD127391 (CS-960 and AM-1091) and PD131628. *Diagn. Microbiol. Infect. Dis.* **14**: 389–401.
- Hisaoka, M., A. Kurihara, Y. Yamashita, H. Tsubaki, M. Kazui, K. Nakamura, and S. Kuwahara. 1993. Pharmacokinetics and metabolism of CS-940 in animals, abstr. 1508, p. 395. *In Program and abstracts of the 33rd Interscience Conference on Antimicrobial Agents and Chemotherapy*. American Society for Microbiology, Washington, D.C.
- Hooper, D. C. and J. S. Wolfson. 1991. Fluoroquinolone antimicrobial agents. *N. Engl. J. Med.* **324**:384–394.
- Jones, R. N. 1992. Fluoroquinolone resistance, an evolving national problem or just a problem for some physicians? *Diagn. Microbiol. Infect. Dis.* **15**: 177–179.
- Jones, R. N., M. E. Erwin, and M. S. Barrett. 1992. Interpretive criteria for CI-960 (AM-1091, PD127391) disk diffusion test using 5 μg disk. *Diagn. Microbiol. Infect. Dis.* **15**:379–381.
- Murray, P. R., H. F. Cantrell, R. B. Lankford, and The In Vitro Susceptibility Surveillance Group. 1994. Multicenter evaluation of the in vitro activity of piperacillin/tazobactam compared with eleven selected β -lactam antibiotics and ciprofloxacin against more than 42,000 aerobic gram-positive and gram-negative bacteria. *Diagn. Microbiol. Infect. Dis.* **19**:111–120.
- National Committee for Clinical Laboratory Standards. 1993. Approved standard M7-A2. Standard methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically. National Committee for Clinical Laboratory Standards, Villanova, Pa.
- National Committee for Clinical Laboratory Standards. 1993. Methods for antimicrobial susceptibility testing of anaerobic bacteria, 3rd ed. M11-A3. National Committee for Clinical Laboratory Standards, Villanova, Pa.
- National Committee for Clinical Laboratory Standards. 1994. Approved standard M100-S5. Performance standards for antimicrobial susceptibility testing. National Committee for Clinical Laboratory Standards, Villanova, Pa.
- Utsui, Y., M. Takashita, N. Masuda, H. Domon, C. Ishii, S. Ohya, H. Yasuda, M. Iwata, T. Kimura, T. Inoue, Y. Fujihara, T. Katsube, and S. Kuwahara. 1993. In vitro evaluation of CS-940, abstr. 1506, p. 394. *In Program and abstracts of the 33rd Interscience Conference on Antimicrobial Agents and Chemotherapy*. American Society for Microbiology, Washington, D.C.
- Yasuda, H., T. Koga, T. Fukuoka, H. Kawada, M. Fujita, M. Iwata, and S. Kuwahara. 1993. In vivo evaluation of CS-940, abstr. 1507, p. 394. *In Program and abstracts of the 33rd Interscience Conference on Antimicrobial Agents and Chemotherapy*. American Society for Microbiology, Washington, D.C.