

In Vitro Activity of OPT-80 against *Clostridium difficile*

Grit Ackermann,* Birgit Löffler, Daniela Adler, and Arne C. Rodloff

*Institute for Medical Microbiology and Epidemiology of Infectious Diseases, University of Leipzig,
04103 Leipzig, Germany*

Received 9 December 2003/Returned for modification 26 January 2004/Accepted 11 February 2004

***Clostridium difficile* remains the major cause of nosocomial diarrhea. Reports on impaired susceptibility of *C. difficile* to metronidazole and vancomycin and frequent relapses of patients after therapy necessitate the search for new substances. With this study, the activity of OPT-80, a new macrocycle, against 207 *C. difficile* strains and against other obligately anaerobic bacteria was tested. OPT-80 showed high in vitro activity against all *C. difficile* strains tested.**

Clostridium difficile is the major cause of nosocomial diarrhea. Patients suffering from *C. difficile*-associated diarrhea (CDAD) are burdened with a prolonged hospital stay, and an increase in costs has been reported for these patients due to additional diagnostic and therapeutic procedures (5). First-line antimicrobials for the treatment of CDAD are metronidazole and vancomycin. Meanwhile, diminished susceptibility was observed for both substances (1, 4, 8, 12); however, this was not directly linked to treatment failures. On the other hand, as many as 20% of patients had at least one recurrence of CDAD after the initial therapy was discontinued (3). Another study reported recurrence rates of 41 to 50% that were not significantly different for patients treated with vancomycin or metronidazole (6). Currently, strategies for reconstituting and balancing of the gut flora to increase colonization resistance as well as identification of new antibacterial compounds are under study.

OPT-80 (Optimer Pharmaceuticals, Inc., San Diego, Calif.) is a novel macrocycle. OPT-80 has an unsaturated 18-member core bearing a seven-carbon sugar at carbon 11 and a 6-deoxy sugar at carbon 20. Also, OPT-80 has been shown to inhibit RNA synthesis by the *Escherichia coli* and *Bacillus subtilis* RNA polymerases (9). OPT-80 shows little or no systemic absorption (10). Earlier studies showed some activity against gram-positive aerobic and anaerobic organisms. Gram-negative species were not inhibited by OPT-80 (11). Swanson et al. (10) studied the activity of OPT-80 in vitro against 15 strains of *C. difficile* and observed MICs with a range of 0.12 to 0.25 µg/ml. In a hamster model for pseudomembranous colitis, OPT-80 was capable of completely preventing the lethality of the animals and prevented the occurrence of relapses (10).

With the present study, we assessed the in vitro activity of OPT-80 against clinical isolates (collected from 1986 to 2002) to *C. difficile* ($n = 207$), *Bacteroides fragilis* ($n = 69$), *Prevotella* spp. ($n = 35$), *Eubacterium* spp. ($n = 26$), *Propionibacterium acnes* ($n = 16$), and *Lactobacillus* spp. ($n = 8$). *C. difficile* strains were isolated from patients of the Leipzig University

Hospital, a community hospital in Leipzig, and the Bonn University Hospital. The prevotellae, bacteroides, eubacteria, lactobacilli, and propionibacteria were isolated either at the R. M. Alden Research Laboratory in Santa Monica, Calif., or at our institute. The bacterial strains were identified with the RapID ANA II system, the PRO KIT (both from REMEL Inc., Norcross, Ga.) or by the use of pre-reduced anaerobically sterilized biochemicals (Anaerobe Systems, Morgan Hill, Calif.). Reference strains used in this study were *C. difficile* VPI 10463, *B. fragilis* ATCC 25285, *Eubacterium lentum* ATCC 43055, and *Staphylococcus aureus* ATCC 29213.

Antimicrobial agents were obtained from the manufacturers as laboratory powders of known potency as follows: OPT-80 was from Optimer Pharmaceuticals, Inc., vancomycin and metronidazole were from Sigma Chemical (Taufkirchen, Germany), moxifloxacin was from Bayer (Wuppertal, Germany), linezolid was from Pharmacia Biotech (Cambridge, United Kingdom), and fusidic acid was from Boehringer (Ingelheim, Germany).

Antimicrobial susceptibility testing was performed using either broth microdilution and/or agar dilution validated according to the recommendations of the Deutsches Institut fuer Normung and the National Committee for Clinical Laboratory Standards (NCCLS), respectively (2, 7). Broth microdilution was used for all *C. difficile* strains and vancomycin, metronidazole, moxifloxacin, fusidic acid, linezolid, and OPT-80. In order to confirm the results received with the broth microdilution technique, agar dilution was performed for 25 of the tested *C. difficile* strains and OPT-80. All other anaerobes included in this study were tested with OPT-80 and the agar dilution method.

MICs were determined by the broth microdilution technique with 96-well microdilution plates. The plates were filled with 100 µl of Wilkins-Chalgren broth (Oxoid; Unipath Ltd., Basingstoke, United Kingdom) per well containing the final antibiotic concentrations. The plates were stored at -80°C until use. Plates were thawed and preincubated for 3 h in an anaerobic chamber (WA 6200; Heraeus Instruments, Hanau, Germany) containing an atmosphere of 80% N_2 , 15% CO_2 , and 5% H_2 . The bacterial inocula were prepared by suspending growth from 48-h cultures in Wilkins-Chalgren broth. The bacteria were delivered by a semiautomatic inoculator (MIC-2000; Dynatech Laboratories, Inc., Chantilly, Va.). The final inocu-

* Corresponding author. Mailing address: Institute for Medical Microbiology and Epidemiology of Infectious Diseases, University of Leipzig, Liebigstrasse 24, 04103 Leipzig, Germany. Phone: 49 341 9715200. Fax: 49 341 9715209. E-mail: ackermg@medizin.uni-leipzig.de.

TABLE 3. Distribution of MIC values for OPT-80 and five bacterial species: *B. fragilis* ($n = 69$), *Prevotella* spp. ($n = 35$), *Eubacterium* spp. ($n = 26$), *Lactobacillus* spp. ($n = 8$), and *P. acnes* ($n = 16$)

Organism	No. of isolates with MIC ($\mu\text{g/ml}$) of:													MIC ₅₀ /MIC ₉₀
	≤ 0.0312	0.0625	0.125	0.25	0.5	1	2	4	8	16	32	64	≥ 128	
<i>Bacteroides fragilis</i>													69	$\geq 128/\geq 128$
<i>Prevotella</i> spp.										1		2	32	$\geq 128/\geq 128$
<i>Eubacterium</i> spp.	1	3							1	6	8	3	4	$32/\geq 128$
<i>Lactobacillus</i> spp.								5	2		1			NA ^a
<i>Propionibacterium acnes</i>	1	1					2	5		2	3		2	$4/\geq 128$

^a NA, not applicable.

OPT-80 is a new compound with promising characteristics for the therapy of CDAD. Clinical studies are needed to confirm the results presented here.

We thank M. Linder, St. Georg Hospital, Leipzig, Germany, and E. J. C. Goldstein, R. M. Alden Research Laboratory, Los Angeles, Calif., for supplying bacterial strains for this study. The compound was supplied by the manufacturer (Optimer Pharmaceuticals, Inc.).

REFERENCES

1. Brazier, J. S., W. Fawley, J. Freeman, and M. H. Wilcox. 2001. Reduced susceptibility of *Clostridium difficile* to metronidazole. *J. Antimicrob. Chemother.* **48**:741–742.
2. Deutsches Institut für Normung. 2000. Medizinische Mikrobiologie und Immunologie: Diagnostische Verfahren. Deutsches Institut für Normung, Berlin, Germany.
3. Fekety, R., L. V. McFarland, C. M. Surawicz, R. N. Greenberg, G. W. Elmer, and M. E. Mulligan. 1997. Recurrent *Clostridium difficile* diarrhea: characteristics of and risk factors for patients enrolled in a prospective, randomized, double-blinded trial. *Clin. Infect. Dis.* **24**:324–333.
4. Jang, S. S., L. M. Hansen, J. E. Breher, D. A. Riley, K. D. Madigan, Y. J. Tang, J. Silva, Jr., and D. C. Hirsh. 1997. Antimicrobial susceptibilities of equine isolates of *Clostridium difficile* and molecular characterization of metronidazole-resistant strains. *Clin. Infect. Dis.* **25**:S266–S267.
5. Kyne, L., M. B. Hamel, R. Polavaram, and C. P. Kelly. 2002. Health care costs and mortality associated with nosocomial diarrhea due to *Clostridium difficile*. *Clin. Infect. Dis.* **34**:346–353.
6. McFarland, L. V., C. M. Surawicz, M. Rubin, R. Fekety, G. W. Elmer, and R. N. Greenberg. 1999. Recurrent *Clostridium difficile* disease: epidemiology and clinical characteristics. *Infect. Control Hosp. Epidemiol.* **20**:43–50.
7. National Committee for Clinical Laboratory Standards. 1997. Methods for antimicrobial susceptibility testing of anaerobic bacteria, 4th ed. Approved standard M11-A4. National Committee for Clinical Laboratory Standards, Wayne, PA.
8. Peláez, T., L. Alcalá, R. Alonso, M. Rodríguez-Creixems, J. M. García-Lechuz, and E. Bouza. 2002. Reassessment of *Clostridium difficile* susceptibility to metronidazole and vancomycin. *Antimicrob. Agents Chemother.* **46**:1647–1650.
9. Sergio, S., G. Pirali, R. White, and F. Parenti. 1975. Lipiarmycin, a new antibiotic from actinoplanes. III. Mechanism of action. *J. Antibiot.* **28**:543–549.
10. Swanson, R. N., D. J. Hardy, N. L. Shipkowitz, C. W. Hanson, N. C. Ramer, P. B. Fernandes, and J. J. Clement. 1991. In vitro and in vivo evaluation of tiacumicins B and C against *Clostridium difficile*. *Antimicrob. Agents Chemother.* **35**:1108–1111.
11. Theriault, R. J., J. P. Karwowski, M. Jackson, R. L. Girolami, G. N. Sunga, C. M. Vojtko, and L. J. Coen. 1987. Tiacumicins, a novel complex of 18-membered macrolide antibiotics. *J. Antibiot.* **40**:567–574.
12. Wong, S. S.-S., P. C.-Y. Woo, W. K. Luk, and K.-Y. Yuen. 1999. Susceptibility testing of *Clostridium difficile* against metronidazole and vancomycin by disk diffusion and Etest. *Diagn. Microbiol. Infect. Dis.* **34**:1–6.