In Vitro Activity of MDL 62,879 (GE2270 A) against Aerobic Gram-Positive and Anaerobic Bacteria

ANNA KING, LINDA BETHUNE, AND IAN PHILLIPS*

Department of Microbiology, United Medical and Dental Schools, St. Thomas' Hospital, London SE1 7EH, United Kingdom

Received 21 October 1992/Accepted 28 January 1993

The in vitro activity of MDL 62,879, a new peptide antibiotic that inhibits protein synthesis through an interaction with elongation factor Tu, against a wide range of recent clinical isolates of common aerobic gram-positive and anaerobic organisms was determined. MDL 62,879 was highly active against staphylococci (MIC for 90% of isolates [MIC₉₀], 0.125 μ g/ml), streptococci (MIC₉₀, 1 μ g/ml), and enterococci (MIC₉₀, 0.03 μ g/ml). All isolates of peptostreptococci and *Mobiluncus* spp. were susceptible, as were most isolates of clostridia. MDL 62,879 was not active against isolates of fusobacteria or *Bacteroides* spp., but some isolates of *Prevotella* spp. and *Porphyromonas asaccharolytica* were susceptible.

The numbers of infections with gram-positive organisms, particularly infections with coagulase-negative staphylococci associated with intravascular catheters, are increasing (1, 6). These organisms are often resistant to the agents most frequently used for the treatment of gram-positive infections (4). Recent reports of glycopeptide resistance in coagulasenegative staphylococci and enterococci (3) increase the need for the development of agents active against these multipledrug-resistant organisms. A recent report of a new agent, MDL 62,879 (GE2270 A), which inhibits protein synthesis by interacting with protein synthesis elongation factor Tu, suggested that this agent was active against gram-positive bacteria (5). We report on the in vitro activity of MDL 62,879 against a wide range of aerobic gram-positive and anaerobic organisms.

MATERIALS AND METHODS

Organisms. The strains included in the study were all clinical isolates selected to include representative numbers of different species, some of which were known to be resistant to the other agents tested. Three isolates of *Enterococcus faecium* resistant to vancomycin were supplied by G. French, Department of Microbiology, United Medical and Dental Schools, Guys Campus, while all the remaining organisms were isolated at St. Thomas' Hospital. Isolates were identified by routine laboratory methods, coagulase-negative staphylococci by use of the API ID 32 Staph system and nongroupable streptococci and enterococci by use of the API 20 Strep system. Anaerobic bacteria were identified by use of the API 20A system and gas-liquid chromatography.

Antimicrobial agents. The agents tested were gifts from the manufacturers. MDL 62,879 (Lepetit) was supplied as a solution containing 9.4 mg of drug per ml; other agents, supplied as powders of known potency, were teicoplanin and rifampin (Lepetit), penicillin and methicillin (SmithKline Beecham), erythromycin (Abbott Laboratories), clindamycin (Upjohn), vancomycin (Eli Lilly), cefoxitin (Merck Sharp & Dohme), and metronidazole (Rhone-Poulenc).

MIC determinations. An agar dilution method was used, and plates were inoculated with a 36-pin multipoint inoculator (Denley). The medium for aerobic bacteria, including methicillin-resistant staphylococci, was diagnostic sensitivity test agar (Oxoid CM261) supplemented with 5% lysed horse blood for fastidious streptococci; that for anaerobic bacteria was Wilkins-Chalgren agar (Oxoid CM619) supplemented with 5% saponin-lysed horse blood. The bacteria were either grown in brain heart infusion broth (Oxoid CM266) or suspended in broth from fresh agar cultures and diluted to yield a final inoculum of 5×10^4 CFU per spot. Aerobic bacteria were incubated overnight at 37°C in air (CO₂ for alpha-hemolytic streptococci), and anaerobic bacteria were incubated at 37°C for 48 h in N₂-CO₂-H₂ (80:10: 10). Staphylococcus aureus NCTC 6571 was included as a control for all aerobic tests, and Bacteroides fragilis NCTC 9343 was included as a control for anaerobic tests. The MIC of MDL 62,879 for S. aureus was 0.06 µg/ml, and that for B. fragilis was >64 μ g/ml. The MICs of the other agents for the controls were as listed in the working party recommendations for the British Society for Antimicrobial Chemotherapy (7).

RESULTS

The MICs of the agents tested against aerobic grampositive bacteria are listed in Table 1. All staphylococci were susceptible to <1 μ g of MDL 62,879 per ml, including those resistant to penicillin, methicillin, erythromycin, or clindamycin. Both alpha- and beta-hemolytic streptococci were slightly less susceptible than staphylococci, but all isolates were inhibited by <4 μ g of MDL 62,879 per ml, including those resistant to the other agents tested. MDL 62,879 was the most active of the agents tested against enterococci. All isolates of *E. faecalis*, including six isolates highly resistant to the aminoglycosides, were inhibited by 0.03 μ g/ml, as were both vancomycin-susceptible and vancomycin-resistant isolates of *E. faecium*. MDL 62,879 was more active against enterococci than against staphylococci or streptococci.

MDL 62,879 was active against many anaerobic bacteria (Table 2). All peptostreptococci were susceptible, and there

^{*} Corresponding author.

Organism (no. tostad)	Antimicrobiol econt	MIC $(\mu g/ml)^a$		
Organisin (no. testeu)	Antimicrobial agent	Range	50%	90%
S. aureus, methicillin susceptible (31)	MDL 62,879	0.03-0.06	0.06	0.06
	Penicillin	0.016-32	0.125	8
	Ervthromycin	0.06 > 128	0.125	8
	Clindamycin	0.03-0.25	0.125	0.125
	Vancomycin	1_2	1	1
	Teiconlanin	0 25 2	0.5	1
	Difempin	0.23-2	0.0	0.016
	кпашрш	0.001-2	0.008	0.010
S. aureus, methicillin resistant (9)	MDL 62,879	0.03-0.06	0.03	0.06
	Penicillin	8–32	8	32
	Ervthromycin	0.125 > 128	4	>128
	Clindamycin	0.06-0.125	0.06	0.125
	Vancomycin	1_2	1	2
	Teicoplanin	0 25 2	1	2
	Difomnin	0.002 2	Å 000	2
	кнашрш	0.002-2	0.008	2
Coagulase-negative staphylococci, methicillin susceptible $(29)^b$	MDL 62,879	0.03-0.25	0.06	0.125
	Penicillin	0.016-32	0.25	4
	Erythromycin	0.125 > 32	0.25	>32
	Clindamycin	0.06 > 32	0.06	0.25
	Vancomycin	0.00-252	2.00 2	0.25 7
	Taiconlanin	0.125 4	2	2
	Diferencia	0.123-4	1	2 02
	Ritampin	0.001-0.03	0.016	0.03
Coagulase-negative staphylococci, methicillin resistant $(11)^c$	MDL 62.879	0.03-0.25	0.125	0.125
5 6 1 5	Penicillin	0.06-128	4	128
	Erythromycin	0.25 > 32	4	>32
	Clindamycin	0.03_0.25	0 125	0.25
	Vancomycin	1 2	2	0.23
	Taiconlanin	1-2	2	2
	Rifampin	0.008-0.03	0.016	0.03
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S. saprophyticus (20)	MDL 62,879	0.06-0.5	0.125	0.25
	Penicillin	0.06-0.25	0.25	0.25
	Methicillin	0.5-8	8	8
	Erythromycin	0.06-0.25	0.125	0.25
	Clindamycin	0.06_0.5	0 125	0 125
	Vancomycin	1.2	2	2
	Teicoplanin	054	2	2
	Difomnin	0.04	2 0.02	0.06
	кпатрт	0.000-0.00	0.03	0.00
Beta-hemolytic streptococci, groups A, C, and G (40)	MDL 62,879	0.125-0.5	0.5	0.5
	Penicillin	0.002 - 0.008	0.008	0.008
	Erythromycin	0.008-2	0.03	0.06
	Clindamycin	0.008-0.125	0.03	0.06
	Vancomycin	0.000 0.125	0.05	0.00
	Teicoplanin	0.03 0.25	0.125	0.25
	Rifampin	0.016-0.25	0.06	0.125
Streptococcus agalactiae (25)	MDL 62,879	0.25-2	1	1
	Penicillin	0.008-0.03	0.03	0.03
	Erythromycin	0.016-0.03	0.03	0.03
	Clindamycin	0.03-0.06	0.06	0.06
	Vancomycin	0.5-1	0.5	1
	Teicoplanin	0.03-0.06	0.06	0.06
	Rifampin	0.03-128	0.125	1
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TABLE 1. In vitro activity against aerobic gram-positive bacteria

Continued on following page

Organism (no. tested)		MIC (µg/ml) ^a		
	Antimicrobial agent	Range	50%	90%
S. pneumoniae (20)	MDL 62,879 Penicillin Erythromycin Clindamycin Vancomycin Teicoplanin Rifampin	0.125-0.5 0.008-2 0.06->32 0.06->32 0.25-0.5 0.016-0.125 0.016-32	0.25 0.016 0.06 0.125 0.5 0.06 0.03	0.25 0.25 0.125 0.125 0.5 0.125 0.125 0.06
Other alpha-hemolytic streptococci (19)	MDL 62,879 Penicillin Erythromycin Clindamycin Vancomycin Teicoplanin Rifampin	$\begin{array}{c} 0.06{-}1\\ 0.008{-}0.25\\ 0.016{-}0.125\\ 0.008{-}0.125\\ 0.5{-}1\\ 0.016{-}0.5\\ 0.016{-}0.25\\ \end{array}$	$\begin{array}{c} 0.5 \\ 0.03 \\ 0.03 \\ 0.03 \\ 1 \\ 0.06 \\ 0.06 \end{array}$	$1 \\ 0.125 \\ 0.06 \\ 0.06 \\ 1 \\ 0.5 \\ 0.125$
E. faecalis (22)	MDL 62,879 Ampicillin Erythromycin Clindamycin Vancomycin Teicoplanin Rifampin	$\begin{array}{c} 0.008{-}0.03\\ 0.5{-}2\\ 0.25{-}>128\\ 0.5{-}>128\\ 0.5{-}8\\ 0.06{-}0.25\\ 0.25{-}16\end{array}$	0.03 1 1 8 1 0.12 1	0.03 1 2 16 2 0.25 2
<i>E. faecium</i> , vancomycin susceptible (5)	MDL 62,879 Ampicillin Erythromycin Clindamycin Teicoplanin Rifampin	$\begin{array}{c} 0.004{-}0.03\\ 32{-}32\\ 1{-}{>}128\\ 0.06{-}8\\ 0.25{-}0.5\\ 0.06{-}2\end{array}$		
E. faecium, vancomycin resistant (3)	MDL 62,879 Ampicillin Erythromycin Clindamycin Teicoplanin Rifampin	$\begin{array}{c} 0.03-0.03\\ 128->128\\ >128\\ 0.25->128\\ 32->128\\ 2-8\end{array}$		

TABLE 1—Continued

^a 50% and 90%, MICs for 50 and 90% of isolates tested, respectively.

^b Nineteen S. epidermidis, 3 S. haemolyticus, 3 S. hominis, 2 S. simulans, and 1 each of S. warneri and a Micrococcus sp.

^c Seven S. epidermidis, two S. haemolyticus, and one each of S. cohnii and S. xylosus.

was little difference between the different species, although isolates of Peptostreptococcus asaccharolyticus tended to be the most susceptible. Clostridia were susceptible, with the exception of one isolate of Clostridium clostridiiforme. MDL 62,879 was also active against some gram-negative anaerobic bacteria. All isolates of Mobiluncus spp. were highly susceptible, as were most Porphyromonas asaccharolytica isolates and most isolates of Prevotella spp., with the exception of Prevotella oris/buccae, of which only 3 of 10 isolates were susceptible. Most Bacteroides spp. were resistant to MDL 62,879, except for B. uniformis, of which all but two isolates were susceptible. Most isolates of B. fragilis and B. distasonis were partially or totally inhibited in the range of 2 to 8 μ g/ml but grew at higher concentrations, resulting in higher MICs, of >64 μ g/ml. Fusobacteria were also resistant. There was no evidence of cross-resistance with the other agents tested.

DISCUSSION

Our results for MDL 62,879 are similar to those of other workers for aerobic gram-positive species (2). MDL 62,879

had excellent activity against all the gram-positive species tested, both aerobic and anaerobic, with only 1 resistant isolate, C. clostridüforme, among the 291 gram-positive isolates included in this study. The susceptible isolates included C. difficile, which is often resistant to antimicrobial agents with anaerobic activity. Perhaps the most striking feature was the activity of MDL 62,879 against enterococci, which are usually the aerobic species least susceptible to other agents with gram-positive aerobic activity, including isolates resistant to vancomycin and teicoplanin and isolates highly resistant to β -lactams and aminoglycosides. MDL 62,879 had no useful activity against Bacteroides spp. or fusobacteria, but significant numbers of other gram-negative anaerobes were susceptible. We are unable at present to explain the inhibition of growth of B. fragilis and B. distasonis by intermediate concentrations but not higher concentrations of the antibiotic.

MDL 62,879 is novel in both structure and mode of action, although in the latter it resembles the kirromycins, which are not used in humans, so it is not surprising that there was no cross-resistance with the other agents tested. The development of this new agent, to which there is virtually no in vitro

Antimionahial	MIC (µg/ml) ^a		
Antimicrobiai agent	Range	50%	90%
MDL 62,879	0.001-0.03	0.016	0.03
Metronidazole	0.06-1	0.25	1
Cefoxitin	0.03-16	0.5	8
Clindamycin	0.002-0.25	0.06	0.125
MDL 62,879	0.016->64	0.06	2
Metronidazole	0.016-1	0.25	0.5
Cefoxitin	0.5-64	8	32
Clindamycin	0.016->128	1	4
MDL 62,879	0.001-0.03	0.001	0.016
Metronidazole	4->128	128	>128
Cefoxitin	0.125-1	0.5	1
Clindamycin	0.008-0.03	0.016	0.03
MDL 62,879	0.004->64	1	>64
Metronidazole	0.03–1	0.5	1
Cefoxitin	0.06-16	1	4
Clindamycin	0.002-0.25	0.008	0.016
MDL 62,879	0.03->64		
Metronidazole	0.06-0.125		
Cefoxitin	0.03-2		
Clindamycin	0.001 - 0.008		
MDL 62,879	0.5->64	>64	>64
Metronidazole	0.125-2	1	2
Cefoxitin	0.125->128	0.5	4
Clindamycin	0.008->128	4	8
MDL 62,879	2->64	>64	>64
Metronidazole	0.008-0.25	0.016	0.25
Cefoxitin	0.06-1	0.25	1
Clindamycin	0.016-0.06	0.03	0.06
	Antimicrobial agent MDL 62,879 Metronidazole Cefoxitin Clindamycin MDL 62,879 Metronidazole Cefoxitin Clindamycin MDL 62,879 Metronidazole Cefoxitin Clindamycin MDL 62,879 Metronidazole Cefoxitin Clindamycin MDL 62,879 Metronidazole Cefoxitin Clindamycin MDL 62,879 Metronidazole Cefoxitin Clindamycin MDL 62,879 Metronidazole Cefoxitin Clindamycin MDL 62,879 Metronidazole Cefoxitin Clindamycin MDL 62,879 Metronidazole Cefoxitin Clindamycin MDL 62,879 Metronidazole Cefoxitin Clindamycin	Antimicrobial agent Range MDL 62,879 0.001-0.03 Metronidazole 0.06-1 Cefoxitin 0.03-16 Clindamycin 0.002-0.25 MDL 62,879 0.016->64 Metronidazole 0.016-1 Cefoxitin 0.5-64 Clindamycin 0.016->128 MDL 62,879 0.001-0.03 Metronidazole 4->128 Cefoxitin 0.125-1 Clindamycin 0.008-0.03 MEtronidazole 0.03-1 Cefoxitin 0.002-0.25 MDL 62,879 0.004->64 Metronidazole 0.03-1 Cefoxitin 0.002-0.25 MDL 62,879 0.004->64 Metronidazole 0.03-1 Cefoxitin 0.03-2 MDL 62,879 0.03->64 Metronidazole 0.125-2 Cefoxitin 0.125-2 MDL 62,879 0.5->64 Metronidazole 0.125-2 Cefoxitin 0.125-2 Cefoxitin 0.00	Antimicrobial agent MIC ($\mu g/m$) ⁰ Range 50% MDL 62,879 0.001–0.03 0.016 Metronidazole 0.06–1 0.25 Cefoxitin 0.03–16 0.5 Clindamycin 0.002–0.25 0.06 MDL 62,879 0.016–>64 0.06 Metronidazole 0.016–1 0.25 Cefoxitin 0.5–64 8 Clindamycin 0.016–>128 1 MDL 62,879 0.001–0.03 0.001 Metronidazole 4–>128 128 Cefoxitin 0.125–1 0.5 Clindamycin 0.008–0.03 0.016 MDL 62,879 0.004–>64 1 Metronidazole 0.03–1 0.5 Cefoxitin 0.06–16 1 Clindamycin 0.002–0.25 0.008 MDL 62,879 0.3–>64 1 Metronidazole 0.125–2 1 Cefoxitin 0.03–2 1 Clindamycin 0.008– 0.5

TABLE 2. In vitro acti	vity against	anaerobic	bacteria
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^a See Table 1, footnote a.

^b Sixteen P. anaerobius, 7 P. asaccharolyticus, 7 P. magnus, 3 P. micros, and 5 P. prevotii.

^c Four C. butyricum, five C. clostridiiforme, four C. difficile, six C. perfringens, and five C. ramosum.

^d Twelve M. curtisii and 8 M. mulieris.

^e Ten P. bivia, 10 P. disiens, 10 P. intermedia, 7 P. melaninogenica, 10 P. oralis, and 10 P. oris/buccae.

^f Ten each of B. distasonis, B. fragilis, B. ovatus, B. thetaiotaomicron, B. uniformis, B. vulgatus, and B. ureolyticus.

⁸ Ten F. necrophorum and 8 F. nucleatum.

resistance in gram-positive species, is opportune, and we believe that it deserves clinical investigation. Special attention will have to be paid to the emergence of resistance, which is reported to occur, albeit rarely, in vitro (2).

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