

Contribution of different oxazolidinones to the efficacy of novel regimens containing bedaquiline and pretomanid in murine models of TB

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Unmet need in TB treatment

- A short-course oral regimen that
 - is active against virtually all circulating strains of DR-TB
 - is safe and well-tolerated
 - has no serious drug-drug interactions
 - produces cure rates at least comparable to the first-line regimen for drug susceptible TB
 - prevents selection of mutants resistant to component drugs

Background

- The novel combo of bedaquiline+pretomanid (JPa) plus sutezolid (U) has sterilizing activity superior to the 1st-line regimen (RHZ) in BALB/c mice
- As linezolid (L) & tedizolid (T) are marketed agents, and AZD 5847 is in Phase II, these oxies warrant evaluation in this combo.
- Further study of these combos in C3HeB/FeJ mice which, unlike BALB/c mice, develop caseous lesions will be useful to confirm their efficacy.

Oxazolidinone plasma AUC in BALB/c mice (JHU) and humans, with reference to MIC vs. *M. tb*

Drug	Species	Dose	AUC _{0-24h} (µg-h/ml)	MIC* (µg/ml)
Linezolid	Mouse	100 mpk	244	0.5-1.0
	<i>Human</i>	<i>1200 mg</i>	<i>215-294</i>	
Sutezolid	Mouse	50 mpk	3.36	≤ 0.06-0.25
	Mouse (M1)	50 mpk	31.9	0.5
	<i>Human</i>	<i>1200 mg</i>	<i>7.13</i>	
	<i>Human (M1)</i>	<i>1200 mpk</i>	<i>36.8</i>	
Tedizolid	Mouse	10 mpk	40.4	0.25
		20 mpk	77.7	
	<i>Human</i>	<i>200 mg</i>	<i>22-26</i>	
AZD 5847	Mouse	125 mpk	160-190	0.5-1.0
	<i>Human</i>	<i>800 mg bid</i>	<i>180.2</i>	

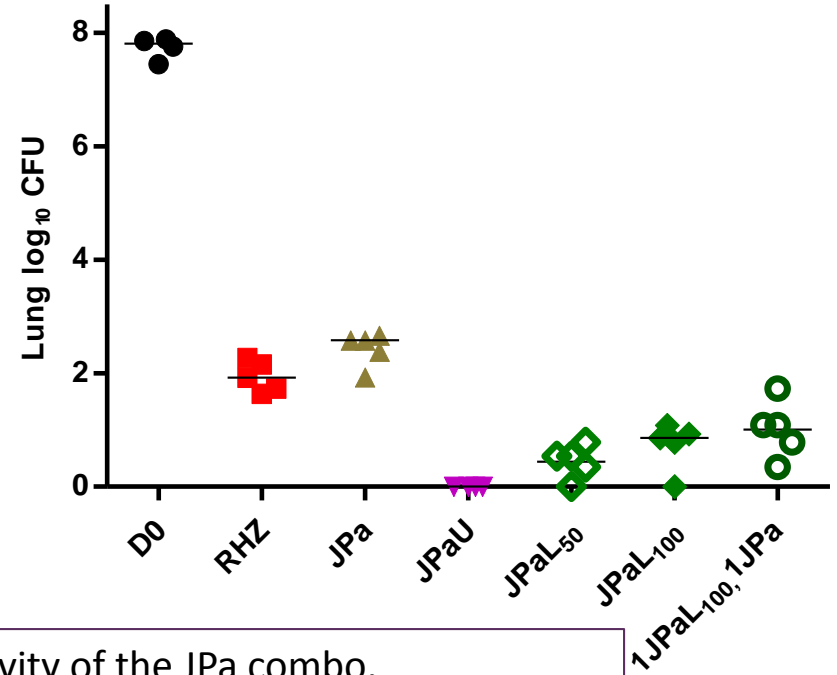
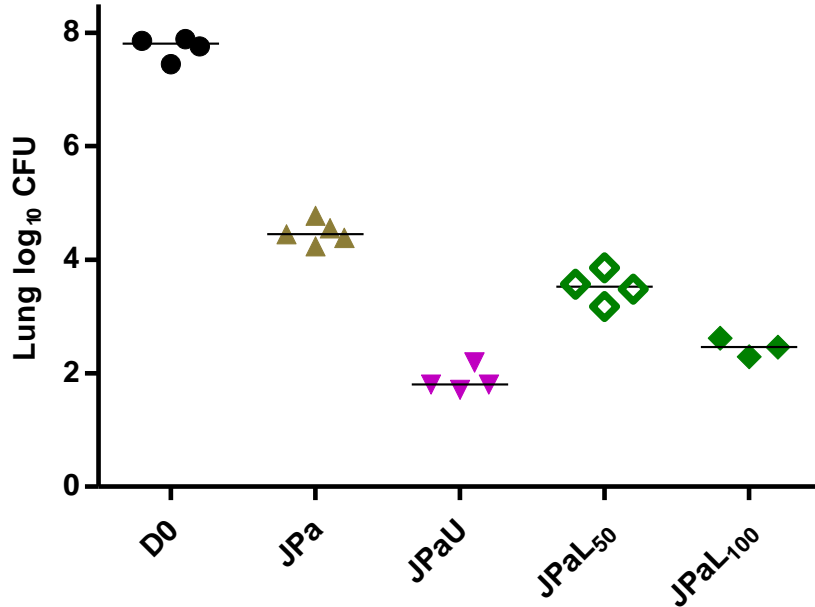
*MIC₅₀, geometric mean or median values from the literature

Addition of a linezolid (L) or sutezolid (U) increases the bactericidal activity of bedaquiline+pretomanid (JPa) in BALB/c mice

Doses tested
 J = 25 mpk Pa = 100 mpk
 L = 50-100 mpk U = 50 mpk

4 weeks

8 weeks



1. Both oxies increased the bactericidal activity of the JPa combo.
2. The JPaOxie combos were superior to RHZ at 8 wks.
3. U was superior to L at either dose.
4. Halving the L dose or duration did not significantly affect results at 8 weeks.

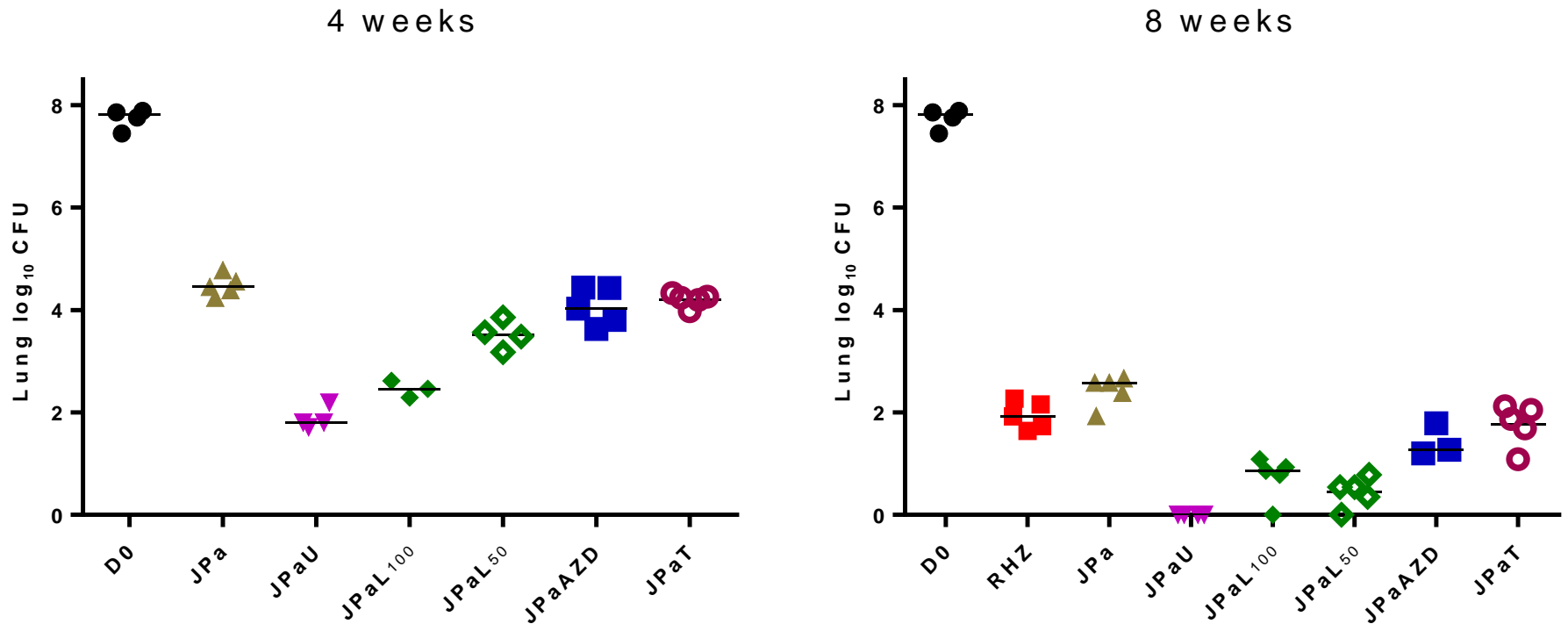
Addition of a linezolid (L) or sutezolid (U) increases the sterilizing activity of bedaquiline+pretomanid (JPa) in BALB/c mice

Regimen	Proportion relapsing after treatment for:	
	2 months	3 months
2RHZ/RH		8/14 (57%)
JPa		3/14 (21%)
JPaU	1/14 (7%)	0/14*† (0%)
3JPaL ₁₀₀	6/15 (40%)	0/15*† (0%)

*p = 0.11 vs. JPa; †p ≤ 0.001 vs. RHZ by 1-tailed Fisher exact test

1. JPaU and JPaL were superior to RHZ at 3 months, but JPa was not
2. Limiting the duration of L₁₀₀ to the first month modestly reduced sterilizing activity

AZD 5847 (AZD) and tedizolid (T) increase the activity of JPa in BALB/c mice, but not as much as U or L

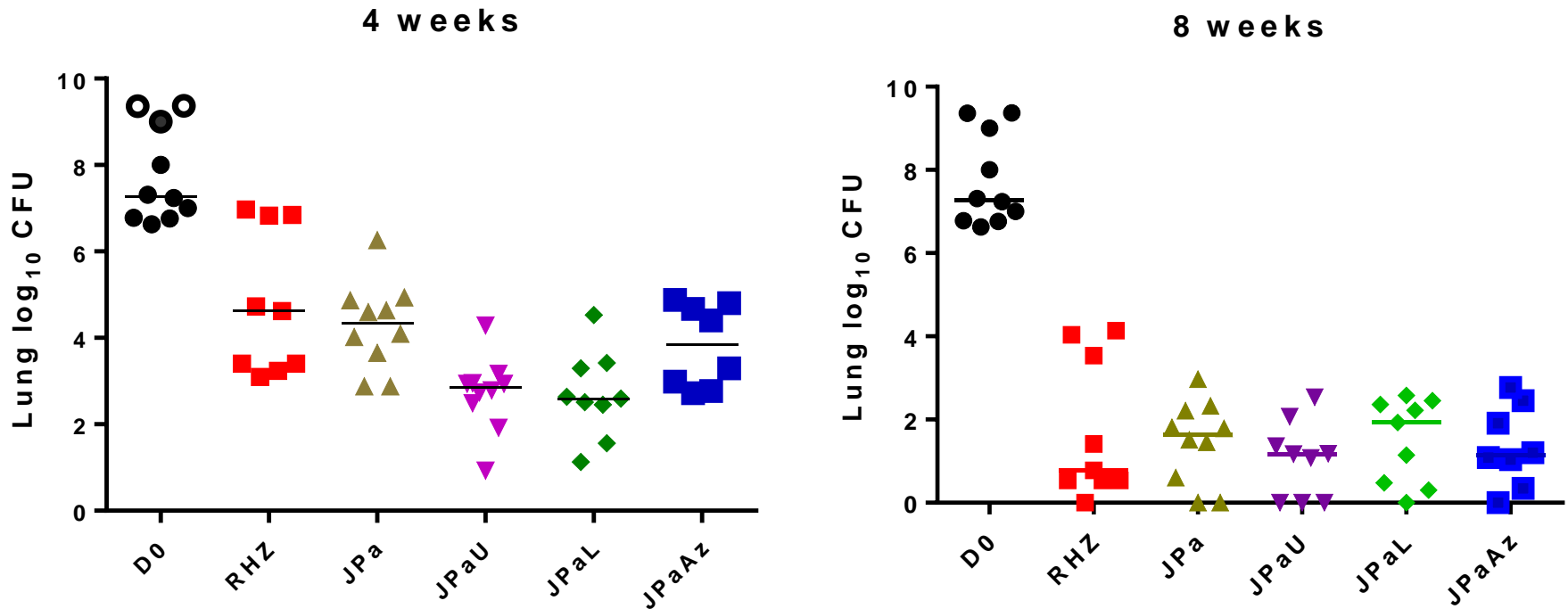


At 4 wks: all oxies add to JPa except T ($p < 0.001$ for U, L, RWJ; $p < 0.05$ for AZD)

At 8 wks: all oxies add to JPa ($p < 0.001$ for U, L, RWJ; $p < 0.01$ for AZD; $p < 0.05$ for T)

Drug doses (in mpk): U 50; L50-100; AZD 125; T 10 (as pro-drug)

Sutezolid and linezolid increase the bactericidal activity of JPa in C3HeB/FeJ mice

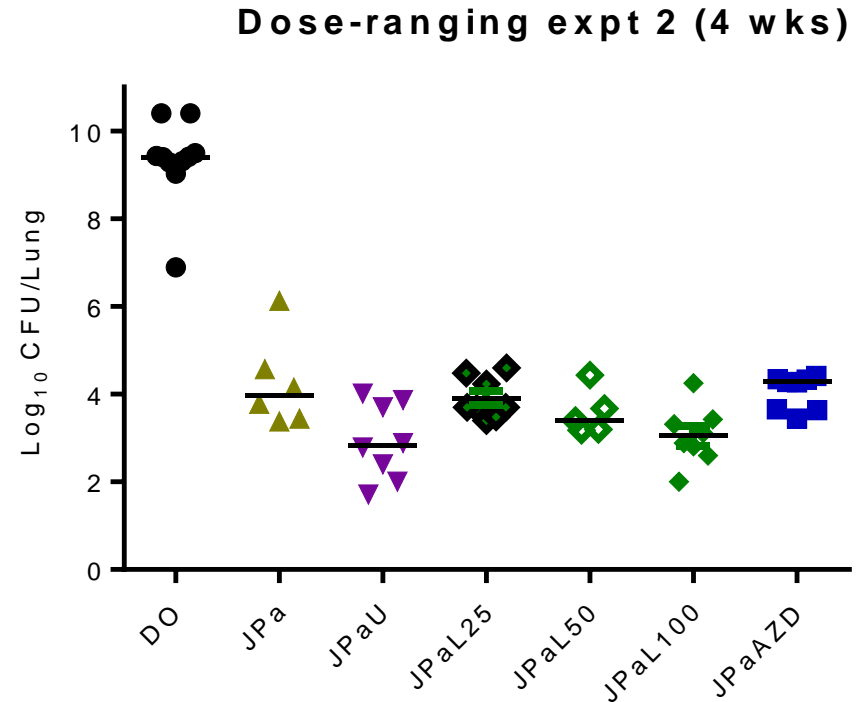
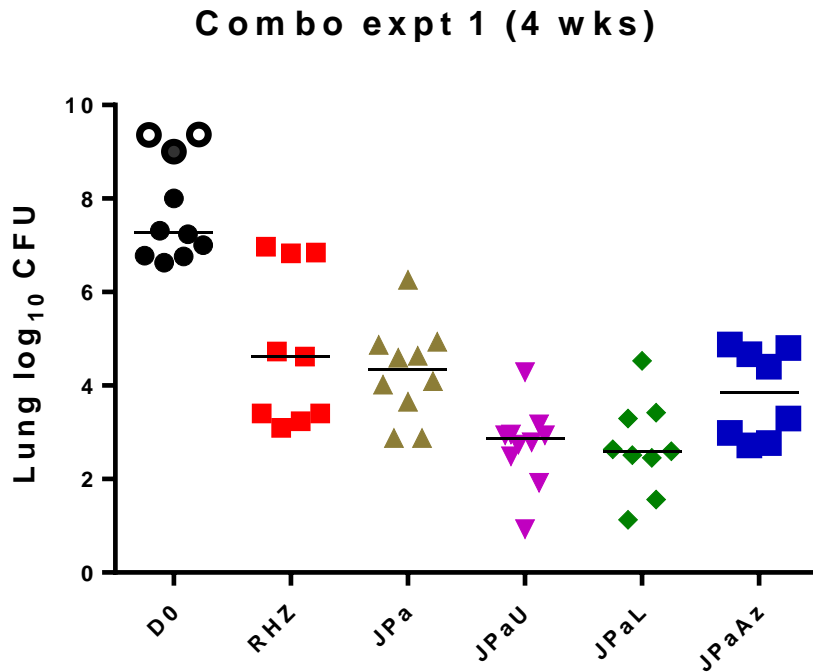


At 4 wks: all oxies but AZD add to JPa

At 8 wks: no oxie adds to JPa

($p < 0.01$)

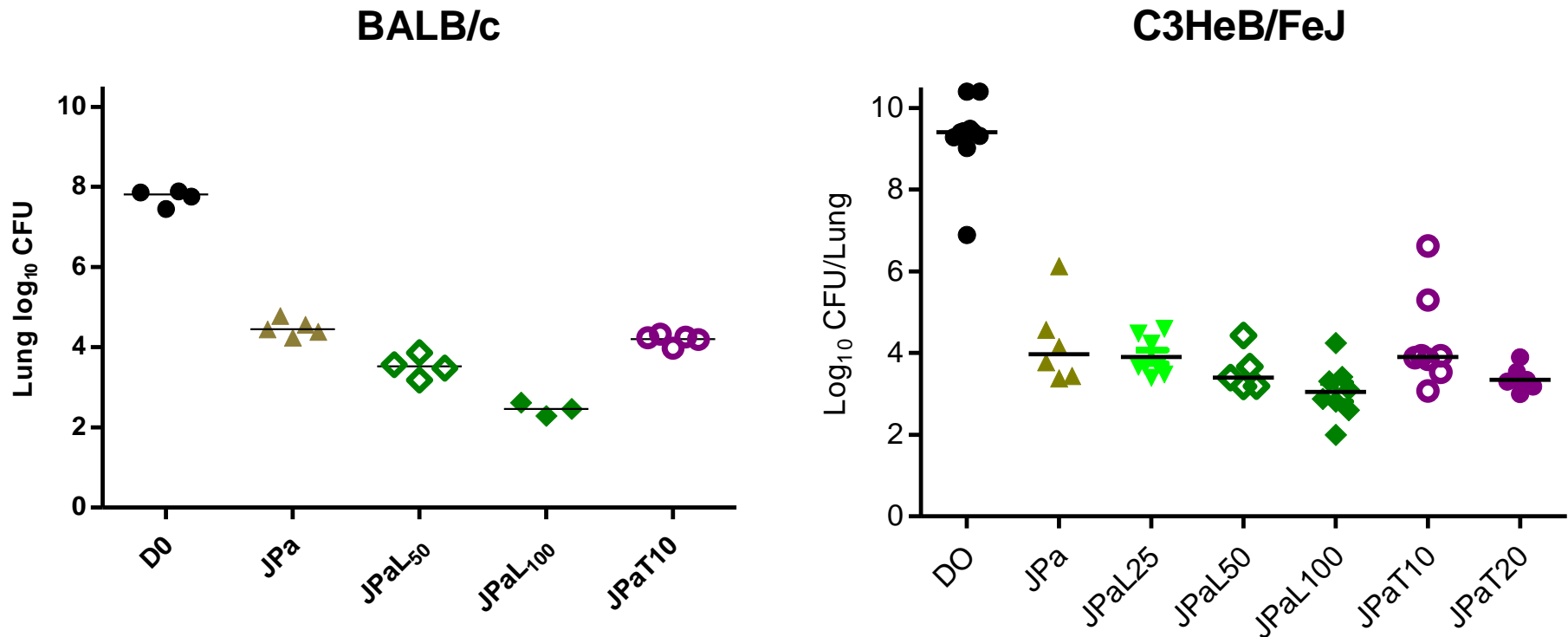
JPa + oxies in C3HeB/FeJ mice, 2nd expt



Only U and L100 add to JPa
($p < 0.01$ and $p < 0.05$)

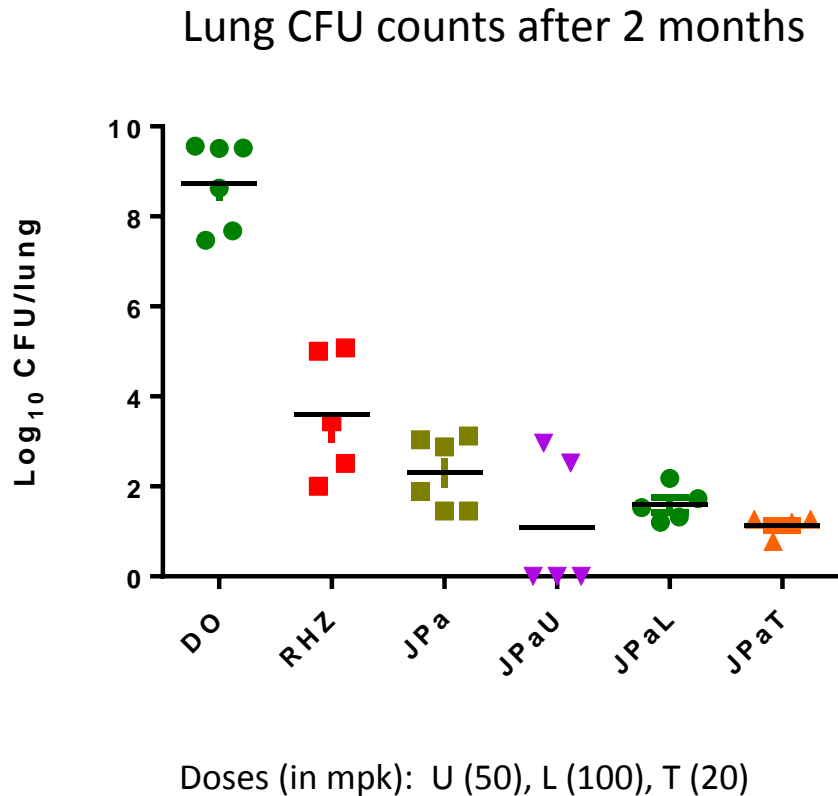
1. JPaU and JPaL100 were superior to JPa
2. L had dose-dependent additive effects. At 100 mpk, activity is comparable to U.

Tedizolid also has dose-dependent effects in combination with JPa in C3HeB/FeJ mice



1. JPaT was not statistically superior to JPa alone
2. T at 10 and 20 mpk had effects similar to L at 25 and 50 mpk, respectively

Sterilizing activity of oxazolidinones in combination with JPa in C3HeB/FeJ Mice (Relapse Expt)



Relapses after 3 months of treatment

Regimen	% relapsing	vs. RHZ	vs. JPa
RHZ	91%	NA	NA
JPa	44%	*	NA
JPaU	7%	***	*
JPaL	29%	**	NS
JPaT	14%	***	NS

*p<0.05, **p< 0.01, ***p< 0.001

Relapses after 4.5 months of treatment

Regimen	% relapsing	vs. RHZ	vs. JPa
RHZ	18%	NA	NA
JPa	0%	†	NA
JPaU	0%	†	NS
JPaL	0%	†	NS
JPaT	0%	†	NS

†p=0.07

1. JPaOxie combos reduced the treatment duration by ~1.5 months vs. RHZ
2. Only U added sterilizing activity to the JPa combination in a stat. significant fashion
3. In this 2nd expt in C3HeB/FeJ mice, T20 was at least as potent as L100

Comparative single-dose PK in BALB/c and C3HeB/FeJ mice

Table 1, Pharmacokinetic parameters after single dose oral administration of Sutezolid, Linezolid, and Tedizolid in BALB/C mice.

Compound (dose, mg/kg)		t1/2 hr	Tmax hr	Cmax ng/mL	AUC0-24hr hr*ng/mL	AUC0- 24hr/Dose hr*ng/mL/mg	Cavg,0-24hr ng/mL
Sutezolid 50	Mean	2.8	0.5	1292	3359	67	140
	SD	0.5	0.0	707	499		21
Sutezolid M1	Mean		0.5	15233	31945	639	1331
	SD		0.0	7875	5853		244
Linezolid 100	Mean	3.0	0.5	81933	243547	2435	10148
	SD	2.5	0.0	32240	31577		1316
Tedizolid 10	Mean	3.0	0.7	6417	40414	4041	1684
	SD	0.4	0.3	624	2942		123
Tedizolid 20	Mean	3.9	0.5	11433	77698	3885	3237
	SD	1.4	0.0	1665	6107		254

Table 2, Pharmacokinetic parameters after single dose oral administration of Sutezolid, Linezolid, and Tedizolid in Kramnik mice.

Compound dose, mg/kg		t1/2 hr	Tmax hr	Cmax ng/mL	AUC0-24hr hr*ng/mL	AUC0- 24hr/Dose hr*ng/mL/mg	Cavg, 0-24hr ng/mL
Sutezolid 50	Mean	4.3	0.5	1129	2288	46	95
	SD	1.6	0.0	165	464		19
Sutezolid M1	Mean		0.5	17325	40446	809	1685
	SD		0.0	6664	8798		367
Linezolid 100	Mean	6.7	0.9	68100	401723	4017	16738
	SD	2.8	0.8	22529	66537		2772
Tedizolid 20	Mean	5.0	0.5	15575	119209	5960	4967
	SD	1.5	0.0	1921	17272		720

Conclusions

- JPa + an oxazolidinone has potential for short-course oral regimens for all forms of TB, justifying evaluation of JPaL in the Nix-TB trial
- Sutezolid was the most active oxie in the combo in BALB/c mice, but was not clearly superior to linezolid, tedizolid in C3HeB/FeJ
- However, the L and T exposures produced in the C3HeB/FeJ relapse expt were higher relative to U than in BALB/c mice, and exceeded the average human exposure at the highest approved doses
- Additional work is needed to confirm whether lower L and T exposures contribute sterilizing activity in C3HeB/FeJ mice
- Relapse results after 6 months of treatment may help to understand if early mortality in JPa-containing groups may have biased the efficacy results in their favor

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