

Development of Drugs for Eradication of Nasal Carriage of *S. aureus* to Reduce *S. aureus* Infections in Vulnerable Surgical Patients

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Transcrip Partners

- Context
 - Importance of carriage
 - Challenge of clinical trials
 - Possible label wording
- Ways to go forward
 - What is eradication?
 - What is the impact of eradication?
 - Next steps?

Eradication of carriage

- Nasal/gut colonization with pathogens is common
 - *S. aureus*, *N. meningitidis*, *H. pylori*, *C. difficile*, gut flora (selective decontamination), MDR Pathogens
 - Logically, you can't get infected if the pathogen is not present
- There are precedents for this concept
 - nasal mupirocin: *S. aureus*/MRSA/MSSA
 - oral ciprofloxacin/rifampicin: *N. meningitidis*
 - oral clarithromycin/amoxicillin/metronidazole: *H. pylori*
- Regulatory focus going forward on proven clinical benefit over and above successful eradication (draft guideline 4.2.1.5.4)
- Focus for this talk: *S. aureus* decolonization

S. aureus nasal eradication

- Premise: *S. aureus* nasal carriage is an important risk factor for infection due to *S. aureus*^{1,2} in high risk patients
- Control of MRSA/MSSA remains a challenge
 - Mupirocin resistance is rising
- New agents are needed:
 - How can we achieve this?
 - Trials based on clinical endpoints are not possible (next slide)...

1. Munoz *et al.* J Hosp Inf 2008; 68: 25-31

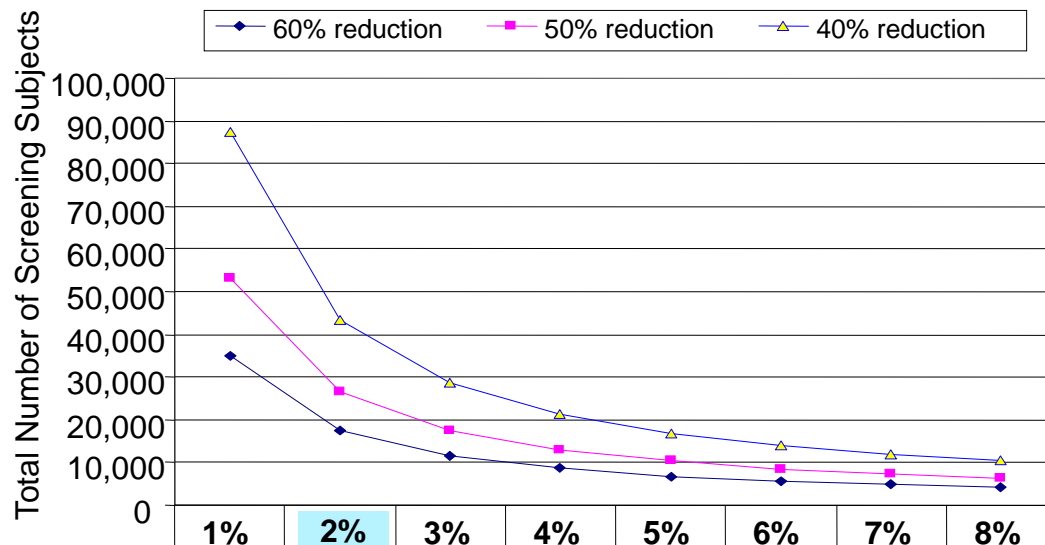
2. Kluytmans *et al.* Infection 2005; 33: 3-8

S. aureus nasal eradication: Sample sizes for a trial powered on clinical benefit are in the thousands

Scenario:

- 25% screened = nasal *S.aureus* carriers
- 2% placebo infection rate post-op
- objective: 50% reduction of infections
- 90% power, two-sided type-1 error 5%

→ 26,400 subjects required to show 50% event reduction



	1%	2%	3%	4%	5%	6%	7%	8%
60% reduction	35,064	17,408	11,528	8,584	6,816	5,640	4,800	4,168
50% reduction	53,200	26,400	17,472	13,008	10,328	8,544	7,264	6,304
40% reduction	87,328	43,320	28,656	21,320	16,920	13,984	11,888	10,320

Slide from EFPIA
presentation at Feb 2011
EMA guidance workshop

Post-surgery infection rate in placebo group

- But, the point of any such product is to prevent infection
- So, how do we go from this...
 - Bactroban nasal is indicated for the eradication of nasal colonisation with MRSA in adult patients and health care workers as part of a comprehensive infection control programme to reduce the risk of infection among people in high risk of MRSA infection during institutional outbreaks of infections with this pathogen.
- To this?
 - Product X is indicated for the eradication of nasal colonisation with staphylococci including MRSA to reduce the risk of post operative staphylococcal infections in high risk patients.

What is eradication?

- The possible tools are well known
 - Culture, PCR, etc
- Can we work together to validate some measure of microbiological eradication as reliable predictor of clinical benefit?
 - Review previous successful papers and micro methodologies and agree microbiological methods
 - Focus on tools that offer high face validity, long track records, and wide-spread availability
 - Also think through issues of measurement timing / duration

What is the impact of eradication?

- Logically, there must be an impact
 - If the organism is eradicated, endogenous infection is not possible
- How do we decide?
 - Collective review of available data
 - Workshop-based discussion and analysis
- Goals of this work
 - Summarize and agree interpretation of available data
 - Where needed, generate plans for additional research
 - Also identify possible negative effects of decolonization
- In so doing, create a road-map for development

Next Steps

- New agents for *S. aureus* decolonization are needed
- Eradication logically should offer value
 - Need to define methods and value.
- Existing data are probably adequate to show that value
- We would like to find a way to create a public conversation on this that enables future work