

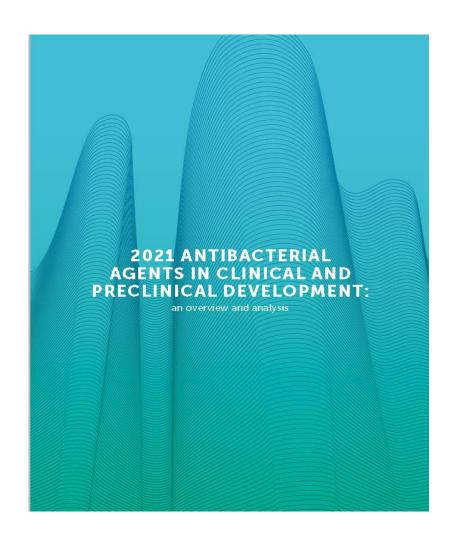
Overview of Antibacterial Agents in Preclinical and Clinical Development

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WHO annual antibacterial R&D pipeline review





<u>Data collection</u>: literature & desk review, survey, targeted outreach, online data call (preclinical)



Inclusion criteria

New therapeutic entities in clinical and preclinical development worldwide

Traditional (direct-acting small molecules) **and nontraditional antibacterial agents** (antibodies, bacteriophages, lysins, live biotherapeutics oligonucleotides etc.)



Activity - WHO bacterial priority pathogens

- Mycobacterium tuberculosis
- Clostridioides difficile



Innovation assessment



WHO innovation criteria

- Objective: identify products' potential to overcome existing mechanisms of drug resistance
- Applicable to **traditional** agents <u>recently approved</u> and <u>in clinical development</u>



Results: preclinical pipeline

- 217 antibacterial agents/programs are in preclinical stage
- WHO critical pathogens: 69 agents (31.8%) have activity against Pseudomonas aeruginosa, 50 agents (23%) against Acinetobacter baumannii and 28% target key Enterobacterales
- A significant number of products (44%) focus on a single pathogen
- The majority (70%) are being developed as single agents
- The large majority of preclinical developmental research projects are being conducted in Europe and the Americas (mostly the USA and Canada)
- The preclinical pipeline is dominated by companies (n = 103; 85.1%), of which the majority (~80%) have < 50 employees
- From one year to the next, **one third** of development programmes are discontinued

Distribution of declared microbiological activity of speciesspecific programmes by WHO priority pathogen

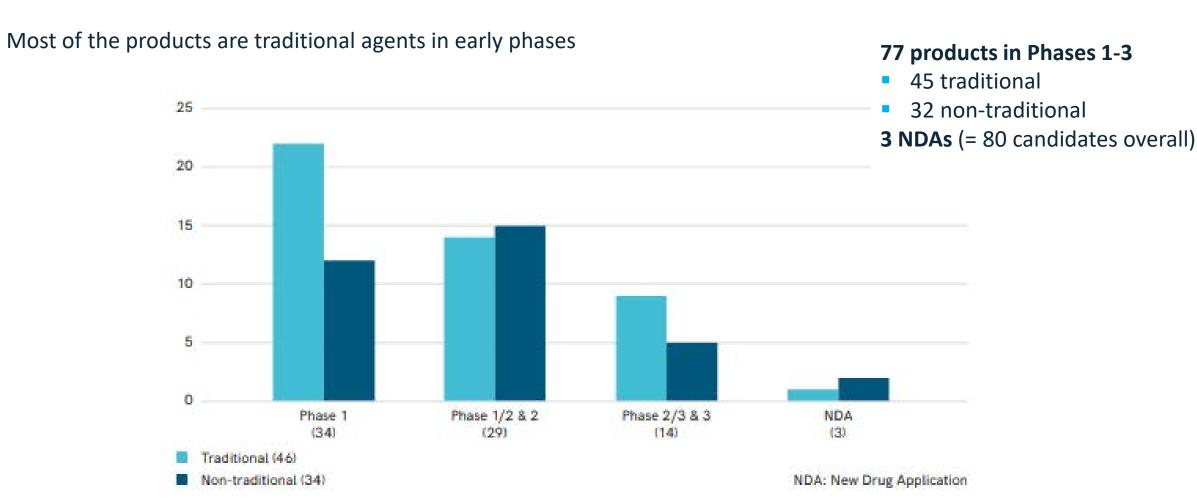
Organism	Total products*	Species-specific products	WHO PPL
P. aeruginosa	69	21	
A. baumannii	50	8	
E. coli	62	10	Critical
K. pneumoniae	58	4	Critical
Enterobacter spp.	51	1	
Enterobacterales spp.	22	0	
Salmonella spp.	20	0	
N. gonorrhoeae	22	4	
H. pylori	6	1	LIT-de
Campylobacter spp.	6	0	High
S. aureus	74	19	
E. faecium	38	1	
Shigella spp.	18	0	
H. influenzae	14	0	Medium
S. pneumoniae	37	1	
M. tuberculosis	28	20	
C. difficile	20	5	
Not disclosed	9		
Broad G+/G-**	13		
Gram-negative**	3		
Total		95	

Note that products with activity against multiple species will be counted against each species. **Activity against individual bacterial species was not provided.

G+/G-: Gram-positive and Gram-negative bacteria; PPL: priority pathogens list; spp.: species; WHO: World Health Organization.

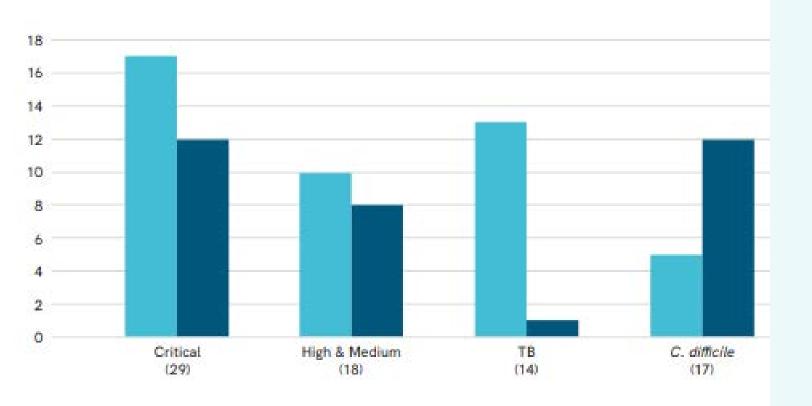


Results: traditional and non-traditional agents in clinical development by clinical development phase (Phases 1–3 and NDAs)





Results: traditional and non-traditional agents in clinical development by intended target



Traditional products: activity

~60% products in Phases 1-3
 against BPP target at least one
 critical Gram-ve pathogen

Critical priorities:

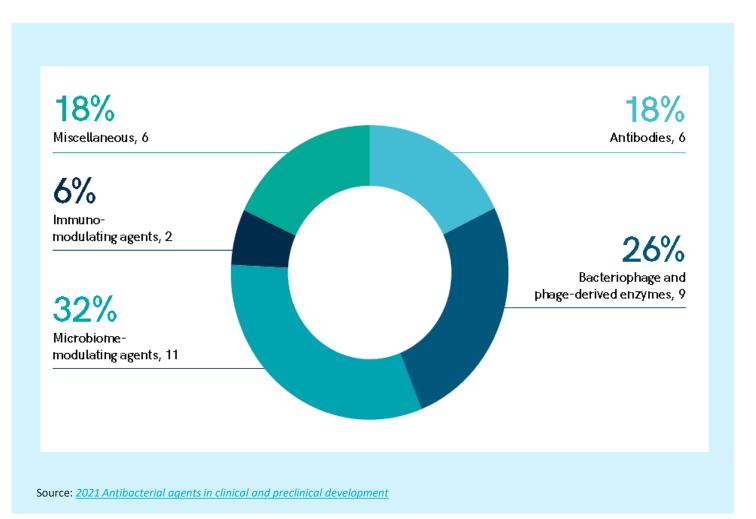
- CRAB =7 candidates
- CRPA = 5 candidates
- CRE = 11 candidates

Other priorities:

- 13 candidates target MDR-TB
- 5 CDIs

Diversity in non-traditional approaches: 34 products

Non-traditional antibacterials present diverse and novel mechanisms of action and most of them are intended for use in combination with standard antibiotics



Development stage

- Most are in early clinical stages
- 2/34 are in NDA stage

Nontraditional products: activity

90% pathogen-specific

- P. aeruginosa (13)
- C. difficile (n = 12)
- S. aureus (n = 7)
- E. coli (4)
- One agent targets MDR-TB



Innovation assessment of traditional agents

RECENTLY APPROVED ANTIBIOTICS

- 12 new antibiotics approved in last 5 years
- Belong to existing antibiotic classes
- addresses all critical priority pathogens
- are considered innovative and one is intended against a critical priority

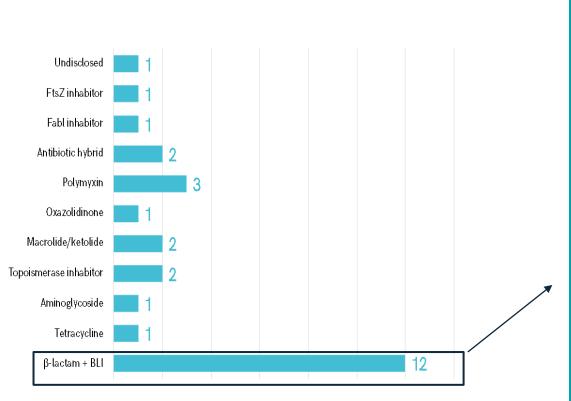
ANTIBIOTICS IN CLINICAL PIPELINE

- Trad. products in Phases 1-3 for BPPs
- fulfil at least 1 of the WHO innovation criteria
- of these six are active against at least one "critical" Gram-negative bacteria



Nearly 50% of antibiotics in clinical pipeline that target priority pathogens are β -lactam/BLI combinations

Activity of the β-lactam/BLI combinations and gaps



BLI: β-lactamase inhibitor; Fab1: enoyl-acyl carrier protein reductase; FtsZ: filamenting temperature-sensitive Z; WHO: World Health Organization.

Source: 2021 Antibacterial agents in clinical and preclinical development

	A ESBL (CTX-M)	A KPC (KPC-2,-3)	D OXA (OXA-48)	B MBL (NDM)	CRAB	CRPA
Vaborbactam + meropenem	•	•	•	0	0	0
Relebactam + imipenem + cilastatin	•	•	•	0	0	?
Cefiderocol	•	•	•	•	•	•
Durlobactam (ETX-2514) + sulbactam	0	0	0	0	•	0
Enmetazobactam (AAI-101) + cefepime	•	?	0	0	0	0
Sulopenem	•	0	0	0	0	0
Taniborbactam (VNRX-5133) + cefepime	•	•	•	•	-	•
Benapenem	0	0	0	0	0	0
Zidebactam + cefepime	•	•	•	?	0	?
ARX-1796 (oral avibactam prodrug)	•	•	•	0	0	0
ETX-0282 + cefpodoxime proxetil	•	•	•	0	0	0
OP0595 (nacubactam) + meropenem	•	•	•	?	0	0
QPX7728 + QPX2014	•	•	•	•	•	•
QPX7728 + QPX2015	•	•	•	•	0	0
XNW4107 + imipenem + cilastatin	?	?	?	?	?	?
VNRX-7145 + ceftibuten	•	•	•	0	0	0

Products recently approved/in clinical development are insufficient to tackle increasing emergence and spread of AMR

- Since 2017, only twelve products have been authorized with 2 considered innovative
- Few candidates in pipeline (27) and few (4) with a novel mechanism of action
- Innovation
 - Few new innovative antibiotics are expected in the coming years with no silver bullets
 - Most traditional agents don't meet the innovation criteria as they are evolutions of existing classes

Target

- Major gap in products addressing MDR pathogens such as A. baumannii and P. aeruginosa
 (one agent authorized against all the critical pathogens and few in the pipeline)
- Very few agents target metallo-β-lactamases which continue to grow in prevalence
- Formulations: appropriate oral formulations and optimized paediatric formulations are lacking





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