Results

Results

Results

- Isolates tested included *Pseudomonas aeruginosa* (PSA, *n* = 1,834), followed by ABC (*n* = 447) and SM (*n* = 221).
  - The most common infection was pneumonia (*n* = 1,259), followed by skin/skin structure infection (*n* = 489).
- For all PSA isolates, cefiderocol and BL/BLI susceptibilities were >94%, susceptibility to meropenem was 77.4% (EUCAST; Table 1, Figure 1).
  - Against XDR PSA, cefiderocol was the most active agent tested with 98.8/95.1/98.1% susceptible (CLSI/FDA/EUCAST, respectively).
  - Susceptibilities of the BL/BLIs ranged from 51.2-66.9% (Table 1, Figure 2).
- Against *A. baumannii-calcoaceticus* complex (ABC), cefiderocol had potent activity (97.8/93.1/95.5% CLSI/FDA/EUCAST; Table 2, Figure 3).
  - XDR ABC isolates had susceptibility of 97.2/90.0/93.6% (CLSI/FDA/EUCAST) to cefiderocol.
- Cefiderocol was very active against SM, with 99.1/100.0% susceptibility (CLSI 2022/EUCAST; Table 2).

Conclusions

- Cefiderocol had broad activity against European isolates of PSA, ABC, and SM.
- The cefiderocol was active against PSA resistant to ceftazidime-avibactam, and meropenem-resistant ABC isolates, which have very limited treatment options.
- Susceptibility of XDR PSA and ABC isolates to cefiderocol was higher.82 Tm408.29 Tm/GS5 gs0.471 0.522

Acknowledgements

This study was sponsored by Shionogi & Co., LTD.

Contact

Dee Shortridge, PhD
dee-shortridge@jmilabs.com