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**Breathing Science is Life.<sup>®</sup>**

# **NTM**

# **Lecture Series**

*for Providers*

**April 25-26, 2024**

# Novel Therapies for NTM Infections



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**and Respiratory Infections**  
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# Disclosures

**Consultant:** Genentech, Pfizer

**Advisory Board Member:** AN2, Hyfe, Insmmed, MannKind, Matinas BioPharma Holdings, Inc., Nob Hill, Paratek Pharmaceuticals, Spero Therapeutics, Zambon

**Data Monitoring Committee:** Ostuka Pharmaceutical, Bill and Melinda Gates Foundation

**Contracted Research:** AN2 Therapeutics, Bugworks, Insmmed, Juvabis, Paratek Pharmaceuticals

# Clinical Pipeline for NTM Drugs

Phase 1

Gallium  
Apramycin

Phase 2

Bedaquiline  
Clofazimine  
Epetraborole  
IL-7  
Inhaled GM-CSF  
Inhaled nitric oxide  
Omadacycline  
SPR720

Phase 3

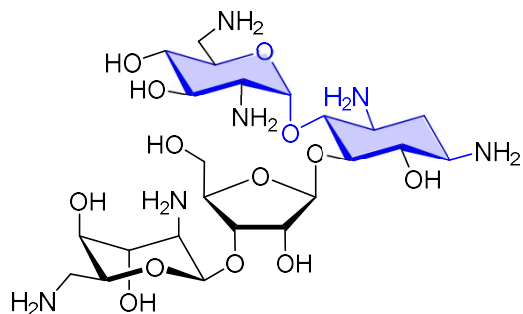
Amikacin liposome  
inhalation suspension (ALIS)  
Azithromycin vs clarithromycin  
Clarithromycin vs moxifloxacin  
2 vs 3 drugs for MAC

Green – recruiting  
Blue – not yet recruiting  
Red – completed  
Black – on hold



# Apramycin – an aminoglycoside

neomycin

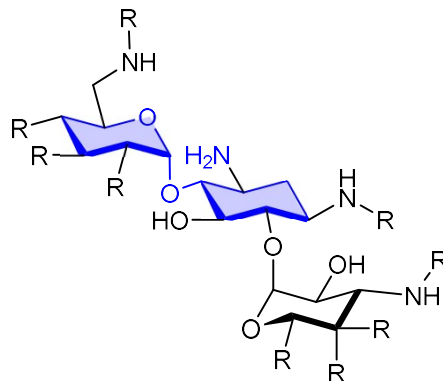


Neomycin

(4,5-disubstituted deoxystreptamine)

**Most toxic**

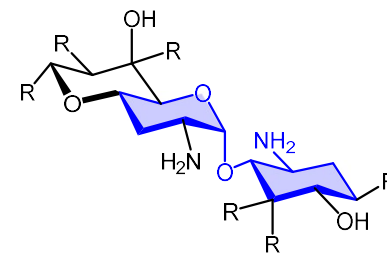
kanamycins



Amikacin, plazomicin, kanamycin,  
gentamicin, tobramycin, netilmicin  
(4,6-disubstituted deoxystreptamines)

**Less toxic**

apramycins



Apramycin

(octadiose-substituted deoxystreptamines)

**Least toxic**

# Apramycin

- New aminoglycoside subclass
- Less toxic than comparator aminoglycosides
  - (PNAS 109(27):10984; Sci Rep 9(1):2410; EBioMed 73:103652)
- Evades almost all aminoglycoside resistances
  - (PNAS 109(27):10984; JAC 74(4):944)
- High lung penetration following parenteral administration
  - (CMI 27(9):1315; NCT05590728)
- Potent in-vivo efficacy in CF mice, both subcutaneous & inhaled
  - (AAC 66(2):e0151021; manuscripts in prep.)

# Apramycin MIC Distribution for Select NTM

828 NTM Isolates

427 RGM

401 SGM

APR and AMK MICs by broth microdilution  
(CLSI, M24, 2018)



Data Analysis and  
Statistical Summary

- MIC distributions
- MIC<sub>50</sub> , MIC<sub>90</sub>
- TECOFFs

Study Laboratories:

- National Jewish Health
- University of Zurich
- Research Institute of TB, Japan

# Apramycin MIC Distribution for Rapidly Growing NTM

Target	Drug	n	MIC (mg/L)				
			Lowest	Modal	Highest	MIC <sub>50</sub>	MIC <sub>90</sub>
MAB	APR	358	0.5	2	>128	2	4
	AMK	358	0.5	16	>128	16	32
<i>M. chelonae</i>	APR	25	2	2	>128	2	4
	AMK	25	8	8	>128	16	16
<i>M. fortuitum</i>	APR	44	0.5	1	4	1	4
	AMK	44	0.5	1	4	1	2

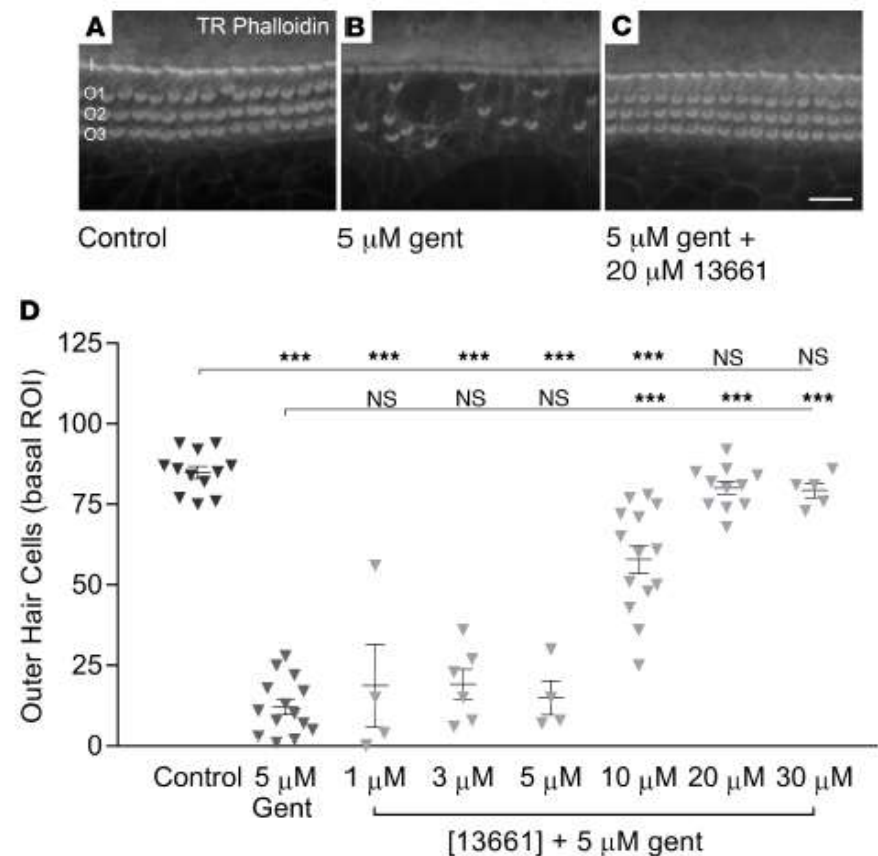


# Apramycin MIC Distribution for Slowly Growing NTM

Target	Drug	n	MIC (mg/L)				
			Lowest	Modal	Highest	MIC <sub>50</sub>	MIC <sub>90</sub>
MAC	APR	360	0.25	16	>128	16	32
	AMK	360	0.25	16	>128	16	32
<i>M. kansasii</i>	APR	31	0.25	2	16	2	8
	AMK	31	0.5	2	16	2	8

# ORC-13661- Protects mouse sensory hair cells from aminoglycoside ototoxicity

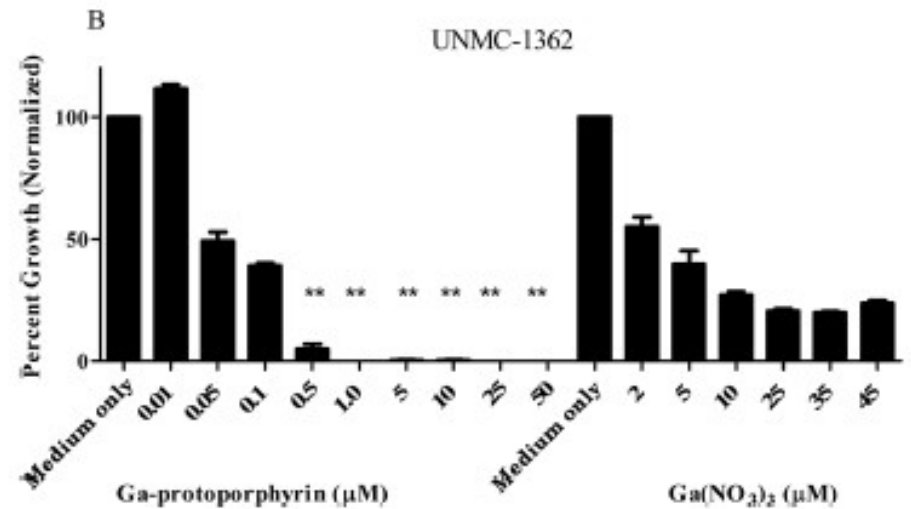
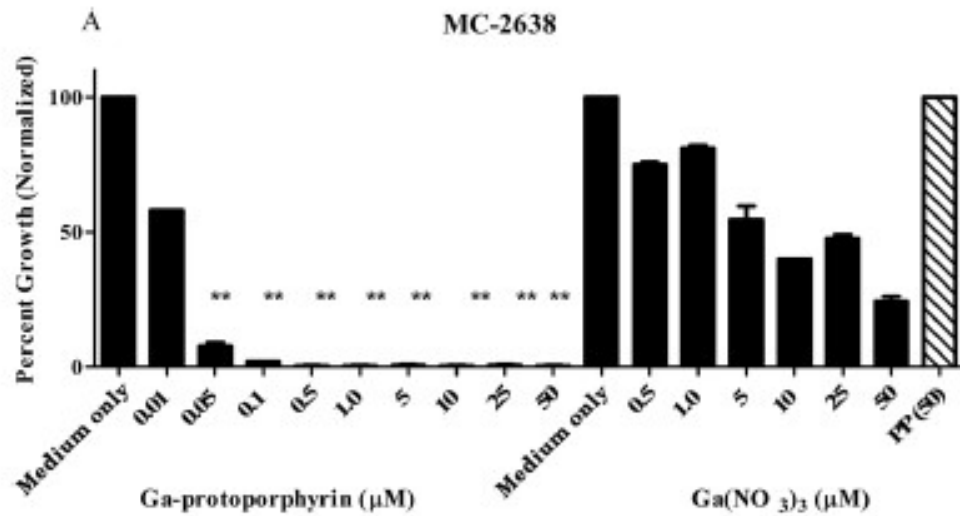
- Aminoglycosides damage the sensory hair cells in the cochlea and vestibular end organs of the inner ear
- In the cochlea, the outer hair cells are more susceptible than the inner hair cells
- Aminoglycoside entry into the hair cells is predominantly via the mechanoelectrical transducer (MET) channels
- ORC-13661 is thought to be a competitive blocker of the MET channel preventing entry of aminoglycosides into the hair cell



# Gallium

- Iron is essential for the growth of mycobacteria
  - Iron is important in DNA synthesis, metabolism, and oxidative stress responses
- Control of availability or interference with Fe uptake inhibits growth of *M. tuberculosis* and virulence is increased with greater availability
- Gallium can compete with Fe and inhibit Fe-dependent enzymes in mycobacteria
- Ga (NO<sub>3</sub>)<sub>3</sub> [gallium nitrate] is FDA approved for hypercalcemia of malignancy

# Gallium: Inhibition of *M. abscessus*



\* P < 0.001

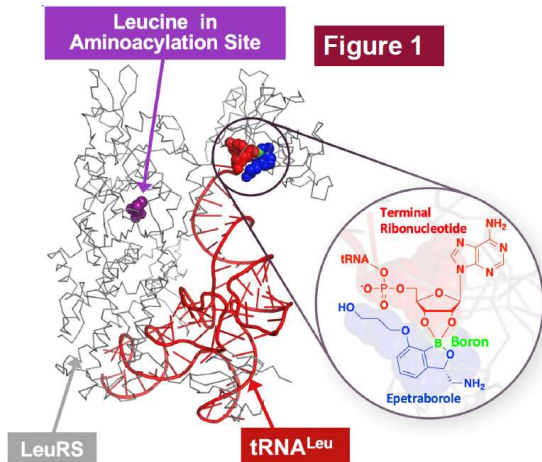
## A Phase 1b, Multi-center Study of Intravenous (IV) Gallium Nitrate in Patients With Cystic Fibrosis (CF) Who Are Colonized With Nontuberculous Mycobacteria (NTM) (The ABATE Study)

- The purpose of this study is to assess the safety and tolerability of IV gallium in adults with CF who are infected with NTM
- This is a prospective, multicenter open-label study in adults with CF who are “colonized” with *M. avium* complex and/or *M. abscessus*
- Gallium nitrate will be infused continuously over 5 days at 200 mg/m<sup>2</sup>/day. There is a maximum of 2 cycles.
- Primary outcome: Proportion of patients experiencing one or more Adverse Events of Special Interest (AESI). AESIs include:
  - the occurrence of either (1) a serious adverse event (SAE) of grade 3 or higher including hospitalizations or (2) study drug discontinuation because of an AE.
- Secondary outcome: Proportion of subjects who were NTM culture positive at baseline and have at least 2 sequential negative NTM cultures between visits 2 (Day 6) and 7 (Day 111). Those negative cultures must be at least 2 weeks apart.



# Epetraborole – in vitro activity against MAC

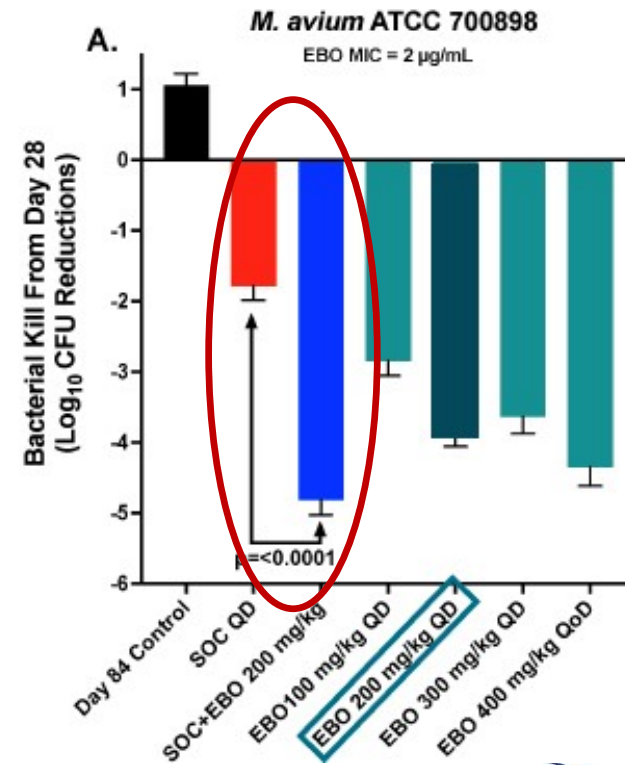
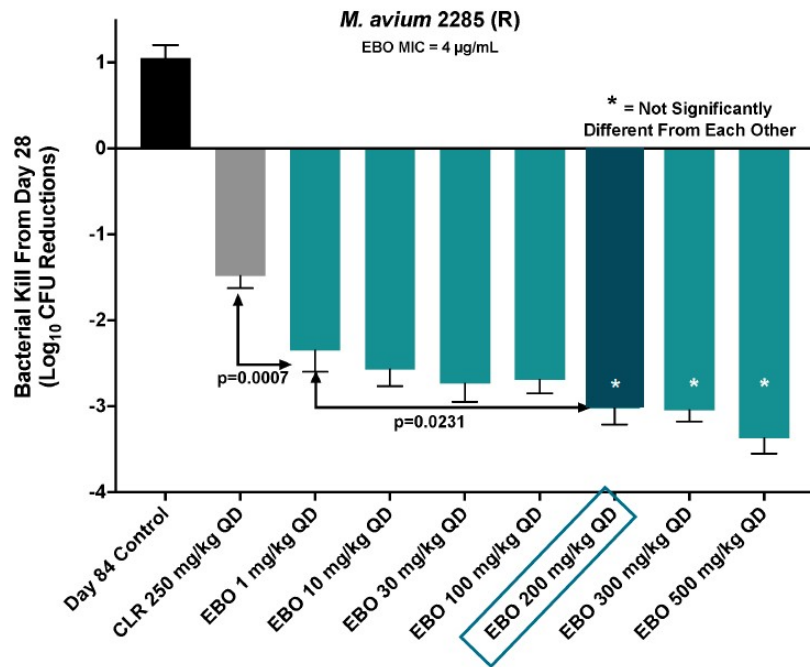
- Epetraborole inhibits the protein synthesis enzyme leucyl-tRNA synthetase by binding to the terminal adenosine ribose of tRNA



**Table 3. In Vitro Activity Against 51 Isolates of MAC**

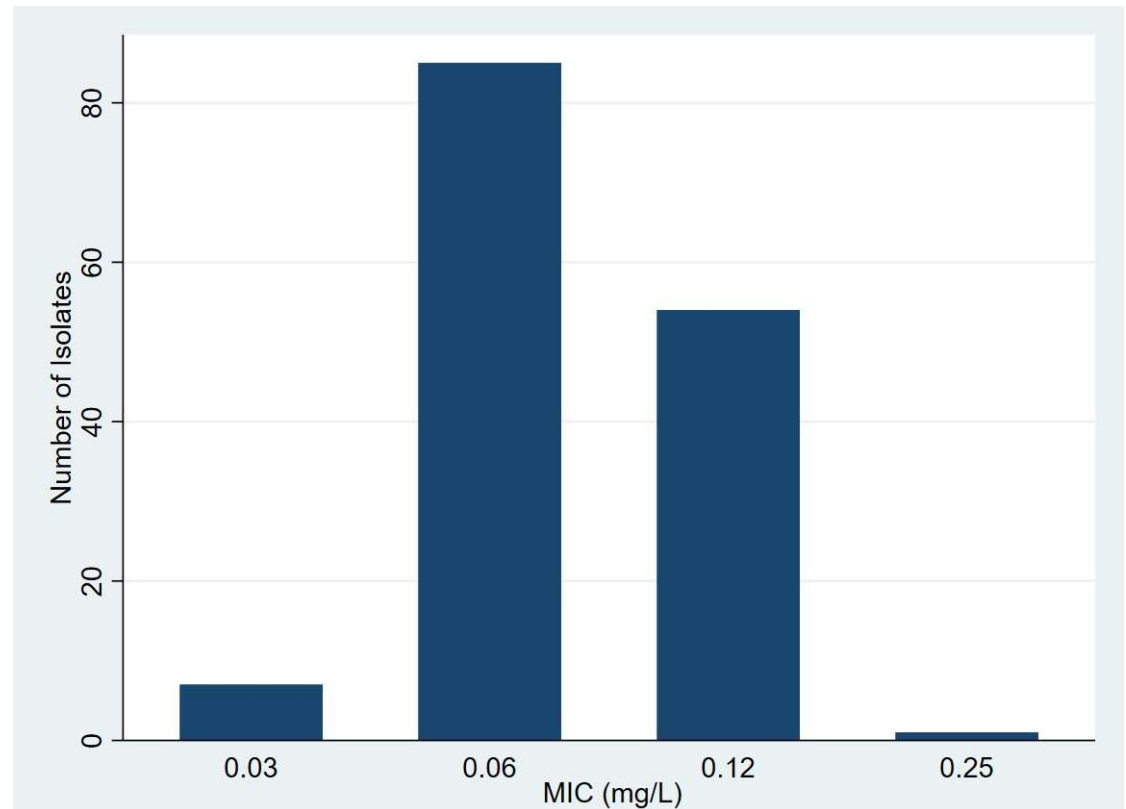
Compound	MIC Parameter (mg/L)	CAMHB + 5% OADC	7H9 + 5% OADC
<b>Epetraborole (EBO)</b>	MIC Range	0.25-8	0.25-8
	MIC Modal	2	1
	MIC <sub>50</sub>	2	1
	MIC <sub>90</sub>	8	4
<b>Clarithromycin (CLR)</b>	MIC Range	0.25->64	0.25->64
	MIC Modal	1	4
	MIC <sub>50</sub>	1	2
	MIC <sub>90</sub>	4	8
<b>Amikacin (AMK)</b>	MIC Range	8->64	8-32
	MIC Modal	64	16
	MIC <sub>50</sub>	16	16
	MIC <sub>90</sub>	64	16

# Epetraborole – activity against MAC in a chronic mouse model



# Distribution of Epetraborole Minimal Inhibitory Concentrations Against *Mycobacterium abscessus*

- 147 MAB isolates
  - 122 from respiratory sources in the US, collected in 2021
  - 25 from respiratory and other sources in Europe, collected in 2019-2022
- Susceptibility done by broth microdilution according to CLSI guidance using frozen microtiter panels manufactured by ThermoFisher against EBO and a panel of 13 antimicrobials with anti-MAB activity
- MIC values were determined after 4-5 days of incubation



# Distribution of Epetraborole Minimal Inhibitory Concentrations Against *Mycobacterium abscessus*

	Number (%) of isolates inhibited by specific MIC (mg/L)			
	0.03	0.06	0.12	0.25
All (n = 147)	7 (4.8)	85 (57.8)	54 (36.7)	1 (0.7)
Subspecies				
<i>abscessus</i> (n = 101)	3 (3)	58 (57.4)	39 (38.6)	1 (1)
<i>bolletii</i> (n = 6)	0 (0)	5 (83.3)	1 (16.7)	0 (0)
<i>massiliense</i> (n = 40)	4 (10)	22 (55)	14 (35)	0 (0)

MIC, minimal inhibitory concentration.

# Cycline Derivatives

- Tigecycline has good activity against *M. abscessus* but is associated with high rates of nausea/vomiting (30-50%)
- Omadacycline is a newer cycline that comes in both oral and IV preparations
  - approved by the US FDA for treatment of community-acquired bacterial pneumonia and skin infections in 2018
- Compared with tigecycline, nausea/vomiting are less frequent
  - nausea/vomiting occurred in 15%/8% of patients with the IV form and 25%/12% with oral dose
  - Much of the nausea/vomiting with the oral dose occurred during the loading dose that would not be necessary when treating NTM



# In vitro Activity of Omadacycline, Tigecycline, and Eravacycline Against *M. abscessus* subspecies

Study	No. Isolates	Subspecies	Omadacycline	
			MIC <sub>50</sub>	MIC <sub>90</sub>
Shoen, et al	24	<i>M. abscessus</i>	1	2
Kaushik, et al	16	<i>M. abscessus</i>	2	4
	12	<i>M. massiliense</i>	1	2
Brown-Elliott, et al	20	<i>M. abscessus</i>	0.12	0.25
	3	<i>M. massiliense</i>	0.12	
Nicklas, et al	12	<i>M. abscessus</i>	0.25	0.5
	9	<i>M. massiliense</i>	0.375	1
Zhang, et al	44	<i>M. abscessus</i>	0.5	1
	29	<i>M. massiliense</i>	1	2
Li, et al	147	<i>M. abscessus</i>	1	4
	46	<i>M. massiliense</i>	2	4

Shoen C, et al. Antimicrob Agents Chemother 2019;63:e02522-18

Kaushik A, et al. Antimicrob Agents Chemother 2019;63:e00470-19

Brown-Elliott B, et al. Antimicrob Agents Chemother 2021;65:e01947-20

Nicklas DA, et al. Antimicrob Agents Chemother 63e0170421

Zhang T, et al. Microbiol Spectr 11:e0323822

Li, et al. Microbiol Spectr 10.e00718

# In vitro Activity of Omadacycline, Tigecycline, and Eravacycline Against *M. abscessus* subspecies

Study	No. Isolates	Subspecies	Omadacycline		Tigecycline	
			MIC <sub>50</sub>	MIC <sub>90</sub>	MIC <sub>50</sub>	MIC <sub>90</sub>
Shoen, et al	24	<i>M. abscessus</i>	1	2	1	2
Kaushik, et al	16	<i>M. abscessus</i>	2	4	1	2
	12	<i>M. massiliense</i>	1	2	1	2
Brown-Elliott, et al	20	<i>M. abscessus</i>	0.12	0.25	0.12	0.25
	3	<i>M. massiliense</i>	0.12		0.25	
Nicklas, et al	12	<i>M. abscessus</i>	0.25	0.5	0.19	0.25
	9	<i>M. massiliense</i>	0.375	1		0.5
Zhang, et al	44	<i>M. abscessus</i>	0.5	1	0.5	1
	29	<i>M. massiliense</i>	1	2	0.5	1
Li, et al	147	<i>M. abscessus</i>	1	4	0.5	2
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Study	No. Isolates	Subspecies	Omadacycline		Tigecycline		Eravacycline	
			MIC <sub>50</sub>	MIC <sub>90</sub>	MIC <sub>50</sub>	MIC <sub>90</sub>	MIC <sub>50</sub>	MIC <sub>90</sub>
Shoen, et al	24	<i>M. abscessus</i>	1	2	1	2	-	-
Kaushik, et al	16	<i>M. abscessus</i>	2	4	1	2	0.5	1
	12	<i>M. massiliense</i>	1	2	1	2		
Brown-Elliott, et al	20	<i>M. abscessus</i>	0.12	0.25	0.12	0.25	-	-
	3	<i>M. massiliense</i>	0.12		0.25			
Nicklas, et al	12	<i>M. abscessus</i>	0.25	0.5	0.19	0.25	-	-
	9	<i>M. massiliense</i>	0.375	1		0.5		
Zhang, et al	44	<i>M. abscessus</i>	0.5	1	0.5	1	0.12	0.25
	29	<i>M. massiliense</i>	1	2	0.5	1	0.12	0.25
Li, et al	147	<i>M. abscessus</i>	1	4	0.5	2	1	4
	46	<i>M. massiliense</i>	2	4	1	2	1	4

Shoen C, et al. Antimicrob Agents Chemother 2019;63:e02522-18

Kaushik A, et al. Antimicrob Agents Chemother 2019;63:e00470-19

Brown-Elliott B, et al. Antimicrob Agents Chemother 2021;65:e01947-20

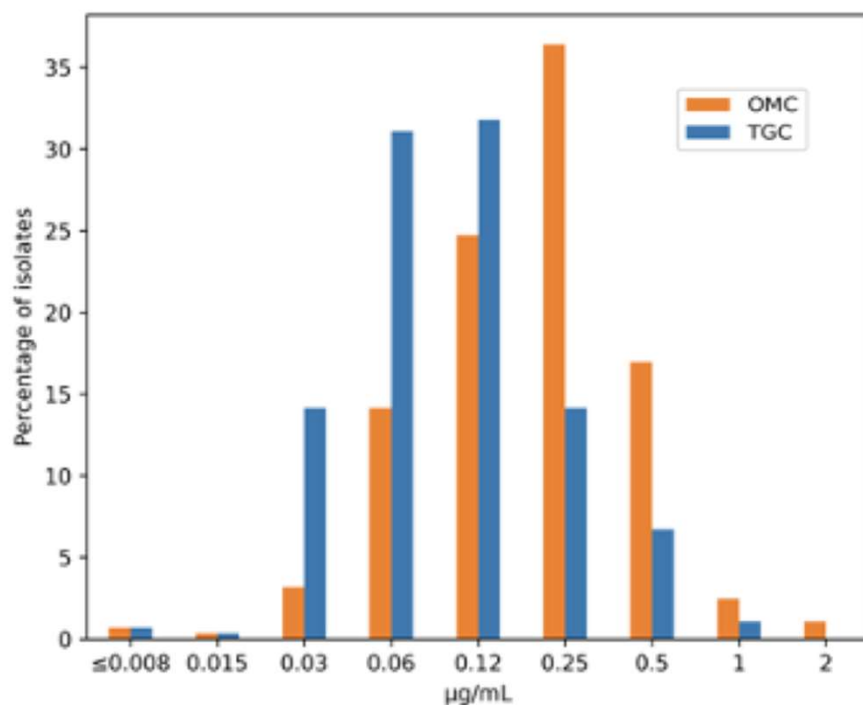
Nicklas DA, et al. Antimicrob Agents Chemother 63e0170421

Zhang T, et al. Microbiol Spectr 11:e0323822

Li, et al. Microbiol Spectr 10.e00718

# Omadacycline and Tigecycline MIC ( $\mu\text{g/mL}$ ) Distributions for *M. abscessus* isolates"

MAB (n=283)



Species	n	OMC MIC ( $\mu\text{g/mL}$ )			TGC MIC ( $\mu\text{g/mL}$ )		
		MIC <sub>50</sub>	MIC <sub>90</sub>	Range	MIC <sub>50</sub>	MIC <sub>90</sub>	Range
<i>M. abscessus</i>	283	0.25	0.5	$\leq 0.008 - 2$	0.12	0.25	$\leq 0.008 - 1$
<i>M. chelonae</i>	13	0.25	0.5	0.06 - 0.5	0.12	0.25	0.015 - 0.5
<i>M. fortuitum</i>	16	0.25	0.5	0.06 - 0.5	0.06	0.12	$\leq 0.008 - 0.12$

# Omadacycline Case Series

Study (date)	N	Site of Infection	AEs Due to Omadacycline	Outcome
Pearson (2020)	4	Pulmonary (1) Extrapulmonary (3)	N/V (1)	75% Cured
Morrisette (2021)	12	Pulmonary (7) Extrapulmonary (5)	GI (1) Increased Cr (1) Increased AST/ALT	75% clinical success
Duah (2022)	3	Pulmonary (3)	N/V (1)	100% clinical success 2/3 culture negative
Siddiqa (2023)	5	Pulmonary (1) Extrapulmonary (4)	?	100% clinical success 4 SSTI completed treatment
Mingora (2023)	117	Pulmonary 80% Extrapulmonary 20%	29.9% had AE 22% discontinued N/V in 21%	17 (18%) culture converted 27 (29%) had negative culture at final assessment

Pearson JC, et al. OFID 2020;7:ofaa415  
Duah M, et al. In J Infect Dis 2022;122:953-956

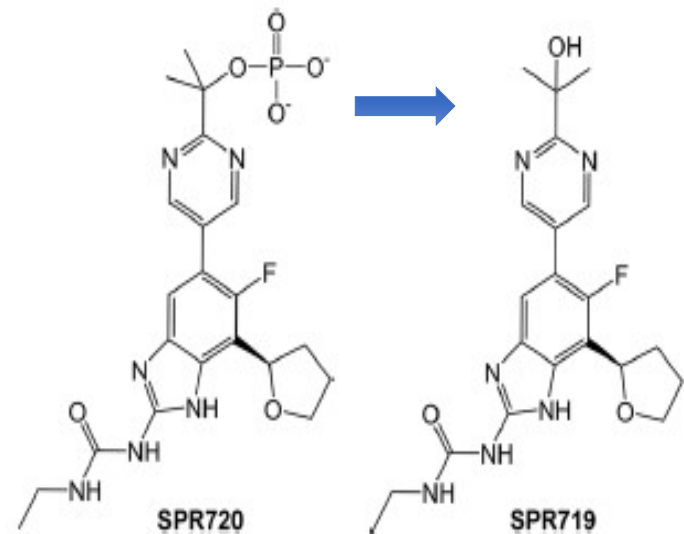
Morrisette T, et al. OFID 2021;8:ofab002  
Siddiqu A, et al. IDCases 2023;31:e01703

Mingora C, et al, OFID 2023;10:ofad335



# SPR720/SPR719

- SPR720 is an aminobenzimidazole, gyrase B inhibitor that is converted to SPR719 which is the active moiety
- In vitro, mouse model, and hollow fiber models have demonstrated activity against slowly growing NTM like MAC and *M. kansasii*
- The drug is formulated for oral administration



# In vitro Activity of SPR719

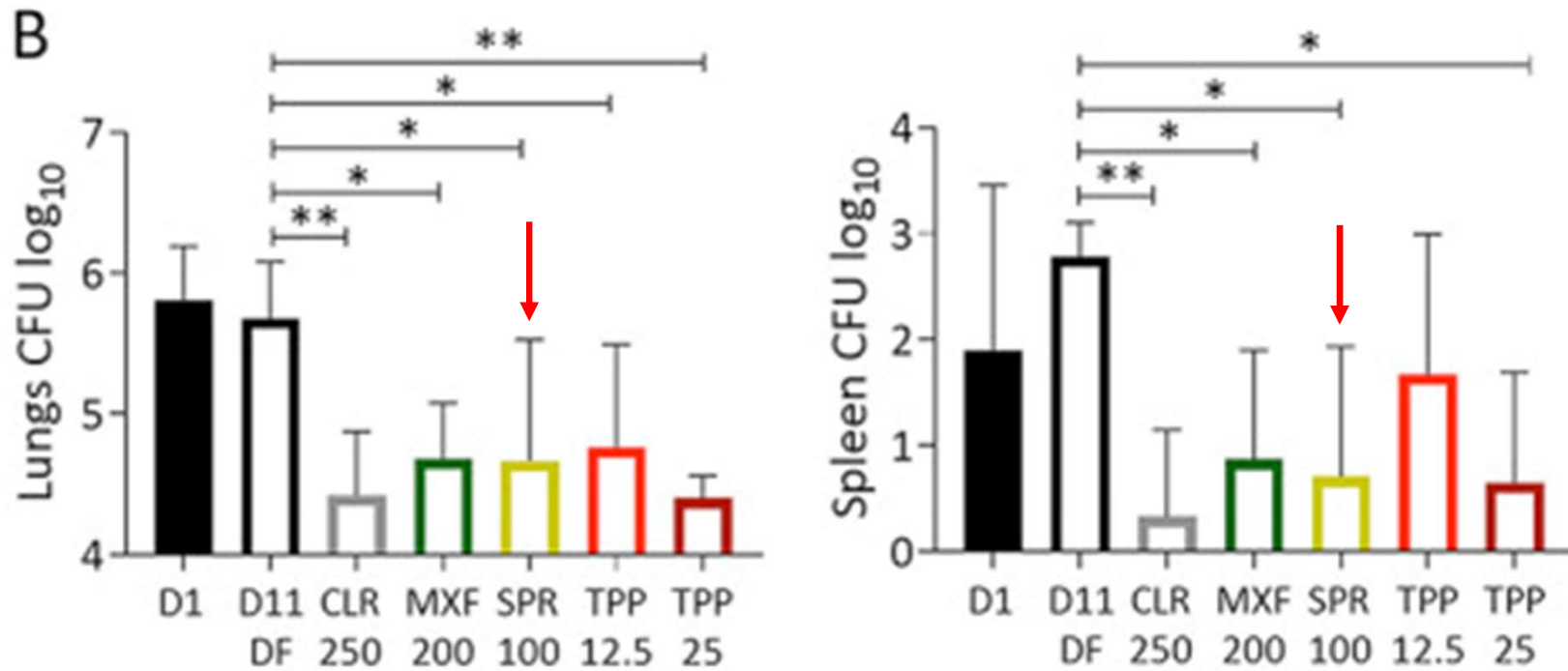
NTM species	N <sup>1</sup>	MIC range	MIC50	MIC90	N <sup>2</sup>	MIC range	MIC50	MIC90
MAC	73	0.06-4	1	2	31	0.12-2.0	0.5	2
<i>M. kansasii</i>	21	<0.03-0.25	<0.03	0.125	8	0.002-0.03	0.015	0.03
<i>M. simiae</i>	4	2-8	NA	NA	10	0.5-4.0	1	2
<i>M. malmoense</i>	3	0.06-0.5	NA	NA	–	–	–	–
<i>M. xenopi</i>	5	0.06-0.5	NA	NA	–	–	–	–
<i>M. abscessus</i>	32	1->32	2	8	33	0.25-8.0	2	4
<i>M. massiliense</i>	–	–	–	–	10	0.12-4.0	2	2

MAC- *M. avium* complex; NA – not applicable

- Bactericidal activity against *M. kansasii*

1. Pennings LJ, et al. Antimicrob Agents Chemother 2021;65:e02469-02  
 2. Brown-Elliott BA, et al. Antimicrob Agents Chemother 2018;62:e01503-18

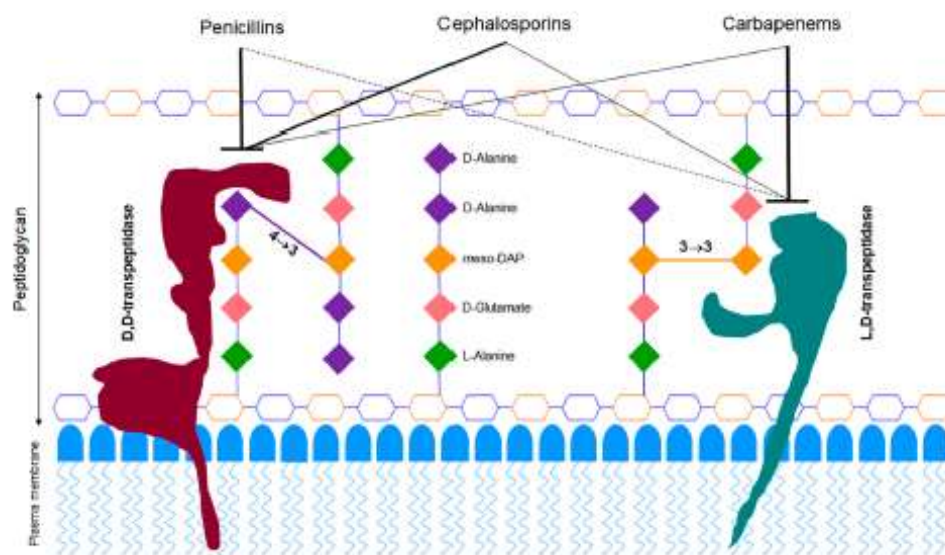
# Activity of Tricyclic Pyrrolopyrimidine Gyrase B Inhibitor and SPR720 Against *M. abscessus* in Murine Model



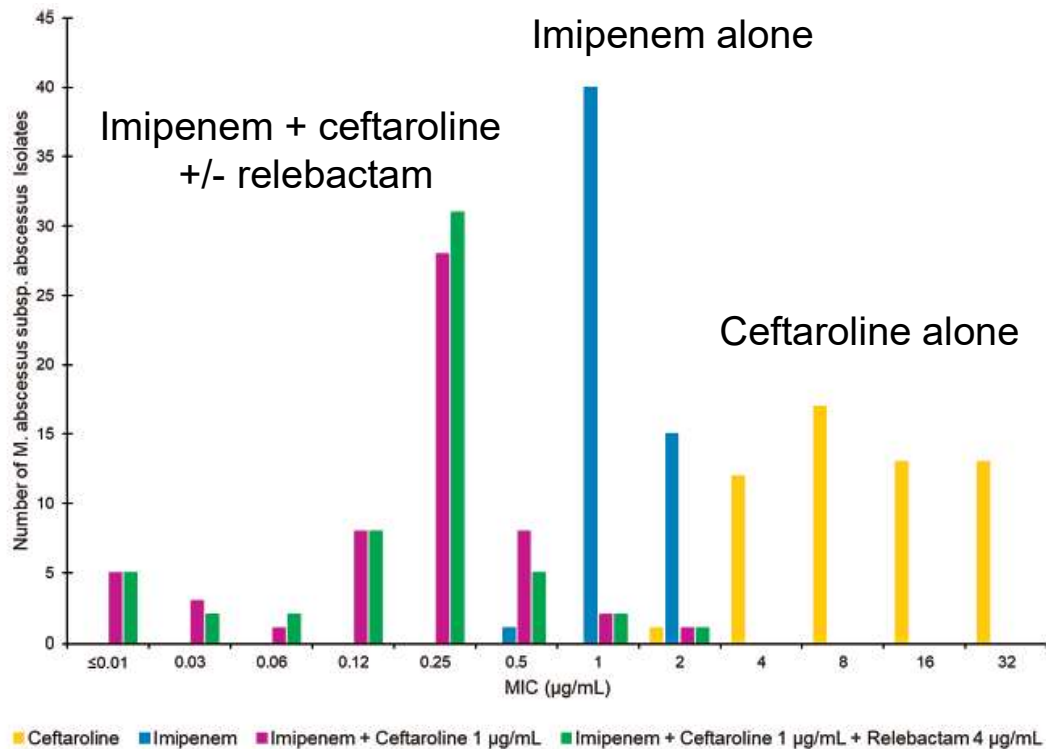
# *Mycobacterium abscessus*: β-lactamases

- *Mycobacterium abscessus* produces a broad spectrum β-lactamase (Bla<sub>Mab</sub>)
  - Imipenem and ceftioxin are slowly hydrolyzed by Bla<sub>Mab</sub> which contributes to their efficacy
- Inhibition of Bla<sub>Mab</sub> by avibactam improves the efficacy of imipenem against *M. abscessus in vitro*, in macrophages and zebrafish embryos
- Combinations of beta-lactams have shown synergistic activity against *M. abscessus* in vitro and in mouse models

Model of *M. abscessus* Peptidoglycan



# *In vitro* Activity Imipenem, Ceftaroline and Combination



- Imipenem and ceftaroline bind the same targets including multiple L,D-transpeptidases and D,D carboxypeptidase in peptidoglycan synthesis
- Imipenem preferentially binds the transpeptidases and likely improves binding of ceftaroline
- Addition of relebactam did not increase activity beyond the combinations of the two beta-lactams



# 79 year old woman with remote history of pulmonary TB with right upper lobe ant. and post. segmentectomies. Now with *M. abscessus*

5/19 – started on treatment  
Amikacin (IV) 500 mg MWF  
Imipenem (IV) 500 mg twice daily  
Clofazimine 100 mg daily

7/19 – changed to inhaled amikacin and clofazimine

10/19 – restarted on treatment

12/19 - Ceftaroline 600 mg twice daily was added to the regimen

6/20 - Gained 5 kg, normalized CRP and albumin and converted cultures to negative. Has remained negative for ~ 4 years



5/19



12/19



6/20



# Summary of In Vitro Synergy Between $\beta$ -lactams and $\beta$ -lactamase Inhibitors

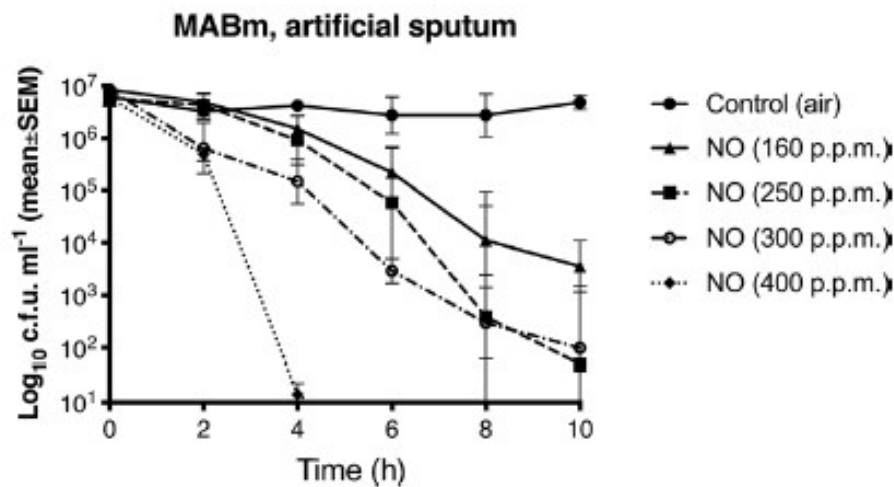
Imipenem	X							
Faropenem	✓	X						
Tebipenem			X					
Ceftazidim	✓			X				
Ceftaroline	✓			✓	X			
Cefuroxime	✓					X		
Cefoxitin	✓						X	
Amoxicillin								X
Avibactam			✓	✓	✓	✓		✓
Relebactam			✓			✓		✓
Nacubactam		✓	✓		✓			✓
Zidebactam			✓					
	Imipenem	Faropenem	Tebipenem	Ceftazidim	Ceftaroline	Cefuroxime	Cefoxitin	Amoxicillin

Green = synergy observed

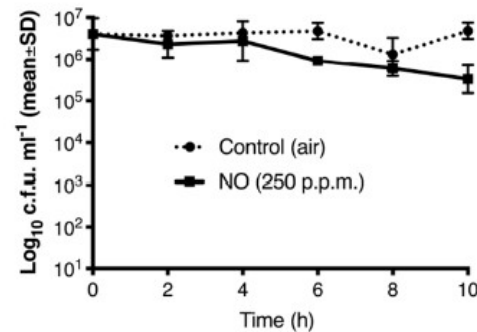
Orange = additive

Color intensity represents the number of studies

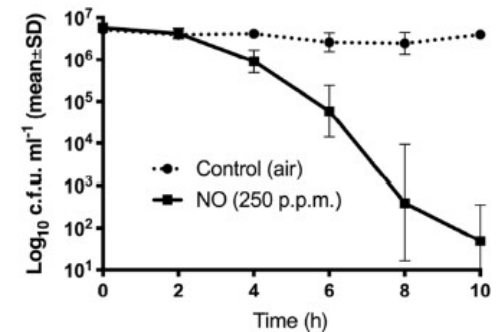
# Inhaled Nitric Oxide Activity Against *M. abscessus*



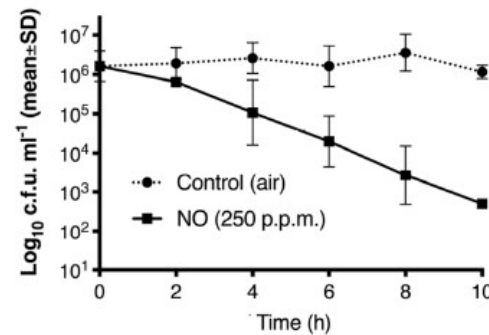
**a** *M. abscessus* MAB-110917-1505



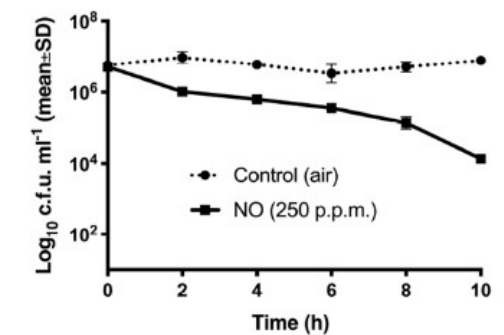
**b** *M. abscessus* MAB-062600-1635



**c** *M. abscessus* MAB-030804-1651

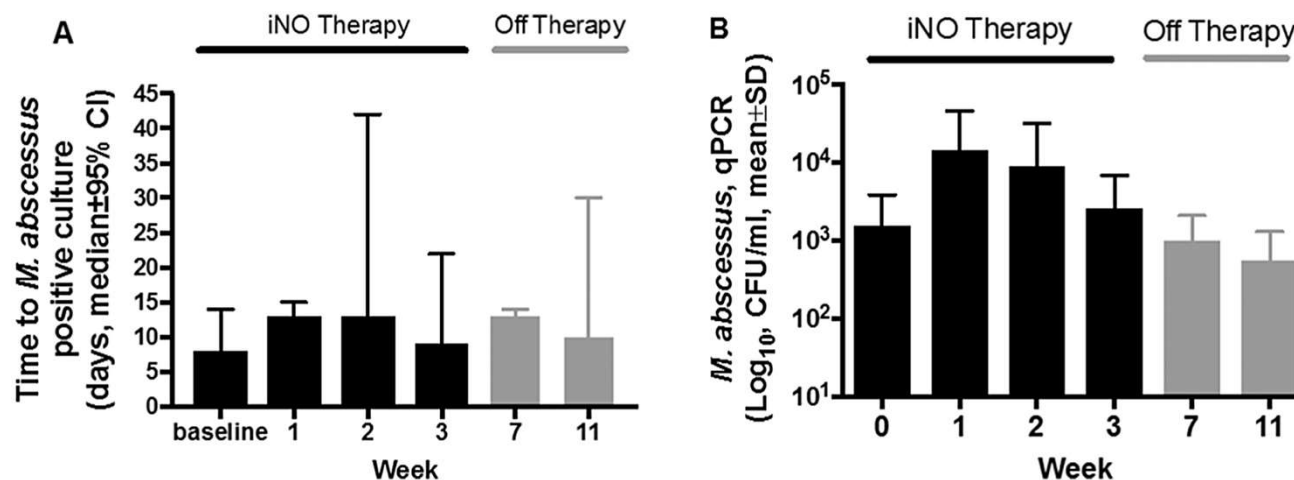


**d** *M. abscessus* MAB-010708-1655



# Inhaled Nitric Oxide

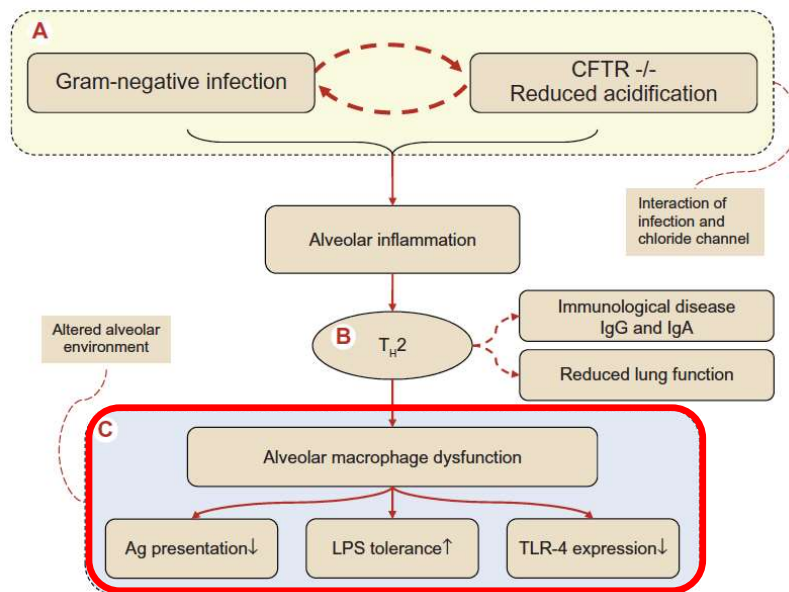
- Prospective, open-label pilot study of iNO (160 ppm) administered 5 times/day for 14 days then 3 times/day for 7 days
- 9 subjects with *M. abscessus* pulmonary disease were enrolled
  - No SAEs reported
  - Mean FEV1 and 6MWD increased during iNO treatment (not significant)
  - Culture conversion was not achieved
  - Mean time to positivity and qPCR analysis showed reductions in sputum bacterial load



# Inhaled NO in Adults with NTM Pulmonary Disease

- Patients with NTM lung disease who had persistently positive cultures
  - 10 patients (9 were on long term antimicrobial therapy)
- Treated with nitric oxide gas (gNO) for 50 minutes three times daily, five days a week for three weeks (total-15 treatment days)
- Results:
  - 4 (40%) patients had negative cultures after 3 weeks of therapy
  - Following treatment cessation, 3 became culture positive again
  - Treatment was well tolerated with no discontinuations

# Alveolar Macrophage Dysfunction in Cystic Fibrosis



Heslet L, et al. J Inflamm Res2012;5:19-27

- Alveolar Macs from GM-CSF -/- mice exhibit:
  - defective phagocytosis,
  - bacterial killing, and
  - reduced H<sub>2</sub>O<sub>2</sub> production
- GM-CSF knockout models of *M. abscessus* infection are more susceptible than wild-type mice

Ballinger MN, et al. AJRCMB 2006;34:766

De Groote MA, et al. J Antimicrob Chemother 2014;69:1057

# Inhaled GM-CSF in Treatment Refractory NTM

- 32 patients with chronic, culture positive NTM (24 MAC, 8 MAB)
  - 16 on guideline-based therapy
  - 16 not on guideline-based therapy
- Inhaled GM-CSF (molgramostim) 300 µg/day over 48 weeks
- Results:
  - 8 patients (25%) achieved culture conversion (durable in 4)
    - 7 with MAC, 1 with MAB
  - Among 24 with MAC, additional 4 converted smears to negative
  - Clinical endpoints did not improve
  - SAEs were generally due to pulmonary exacerbations or worsening NTM infection

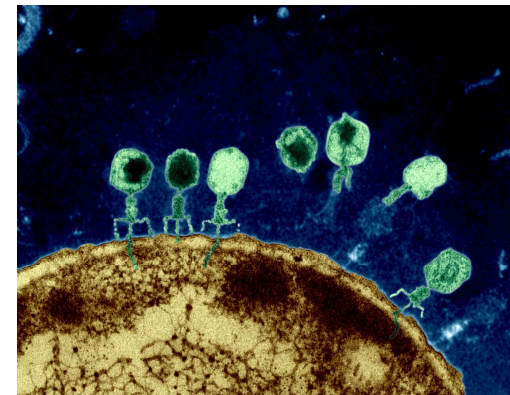


# Inhaled GM-CSF in Treatment Refractory NTM in People with Cystic Fibrosis

- 14 people with CF enrolled (28 screened)
  - Group 1 - 7 on guideline-based therapy for at least 9 months and still culture positive
  - Group 2 - 3 not on guideline-based therapy and still culture positive for at least 28 days
  - Group 3 - culture positive but did not meet ATS criteria for disease
- Inhaled GM-CSF 300 µg/day over 48 weeks
- Results:
  - 7 patients (50.0%) achieved culture conversion (durable in 3)
  - Conversion varied among the 3 cohorts: Group 1 (43%) , Group 2 (33%), Group 3 (75%)
  - SAEs in 25%-33% and were generally due to pulmonary exacerbations

# Bacteriophage

- Bacteriophage - Virus that infect bacteria
- Phages are the most abundant organisms in the biosphere -  $10^{31}$  phage with entire population turning over every few days
- Genomically, small, old and diverse
- Anecdotal reports of successful treatment for resistant microbes



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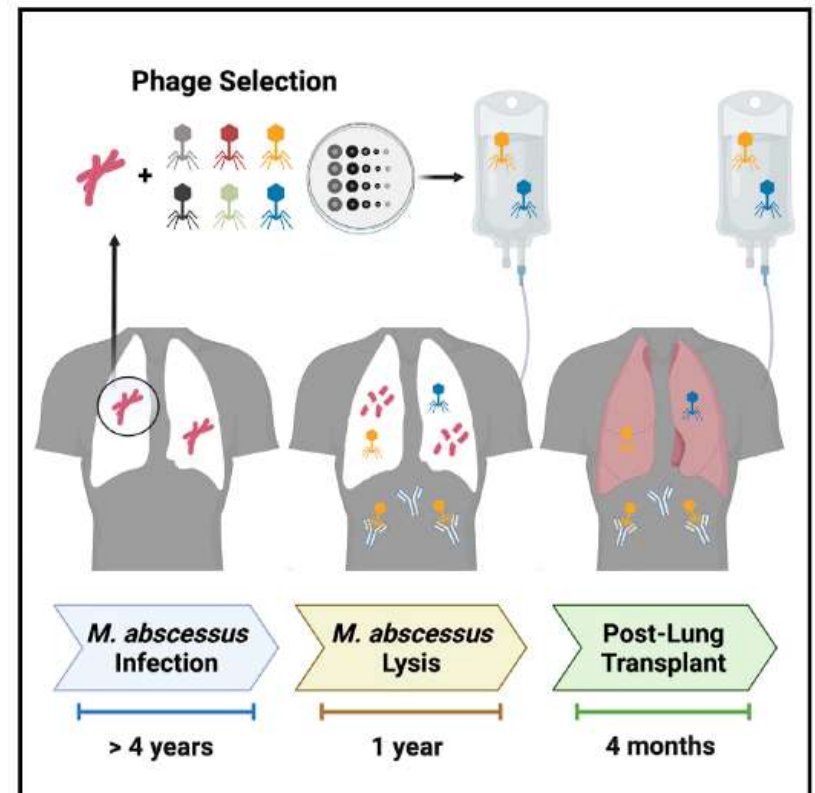
## Development and Use of Personalized Bacteriophage-Based Therapeutic Cocktails To Treat a Patient with a Disseminated Resistant *Acinetobacter baumannii* Infection

Robert T. Schooley,<sup>a</sup> Biswajit Biswas,<sup>b,c</sup> Jason J. Gill,<sup>d,e</sup> Adriana Hernandez-Morales,<sup>f</sup> Jacob Lancaster,<sup>g</sup> Lauren Lessor,<sup>h</sup> Jeremy J. Barr,<sup>g,e</sup> Sharon L. Reed,<sup>b,h</sup> Forest Rohwer,<sup>g</sup> Sean Benier,<sup>g</sup> Anca M. Segall,<sup>g</sup> Randy Taplitz,<sup>g</sup> Davey M. Smith,<sup>g</sup> Kim Kerr,<sup>g</sup> Monika Kumaraswamy,<sup>g</sup> Victor Nizet,<sup>h,i</sup> Leo Lin,<sup>l</sup> Melanie D. McCauley,<sup>g</sup> Steffanie A. Strathdee,<sup>g</sup> Constance A. Benson,<sup>g</sup> Robert K. Pope,<sup>g</sup> Brian M. Leroux,<sup>g</sup> Andrew C. Picel,<sup>l</sup> Alfred J. Mateczun,<sup>h</sup> Katherine E. Cilia,<sup>g</sup> James M. Regeimbal,<sup>g</sup> Luis A. Estrella,<sup>g</sup> David M. Wolfe,<sup>g</sup> Matthew S. Henry,<sup>g,c</sup> Javier Quinones,<sup>g,c</sup> Scott Salka,<sup>g</sup> Kimberly A. Bishop-Lilly,<sup>h,c</sup> Ry Young,<sup>g,i</sup> Theron Hamilton<sup>g</sup>

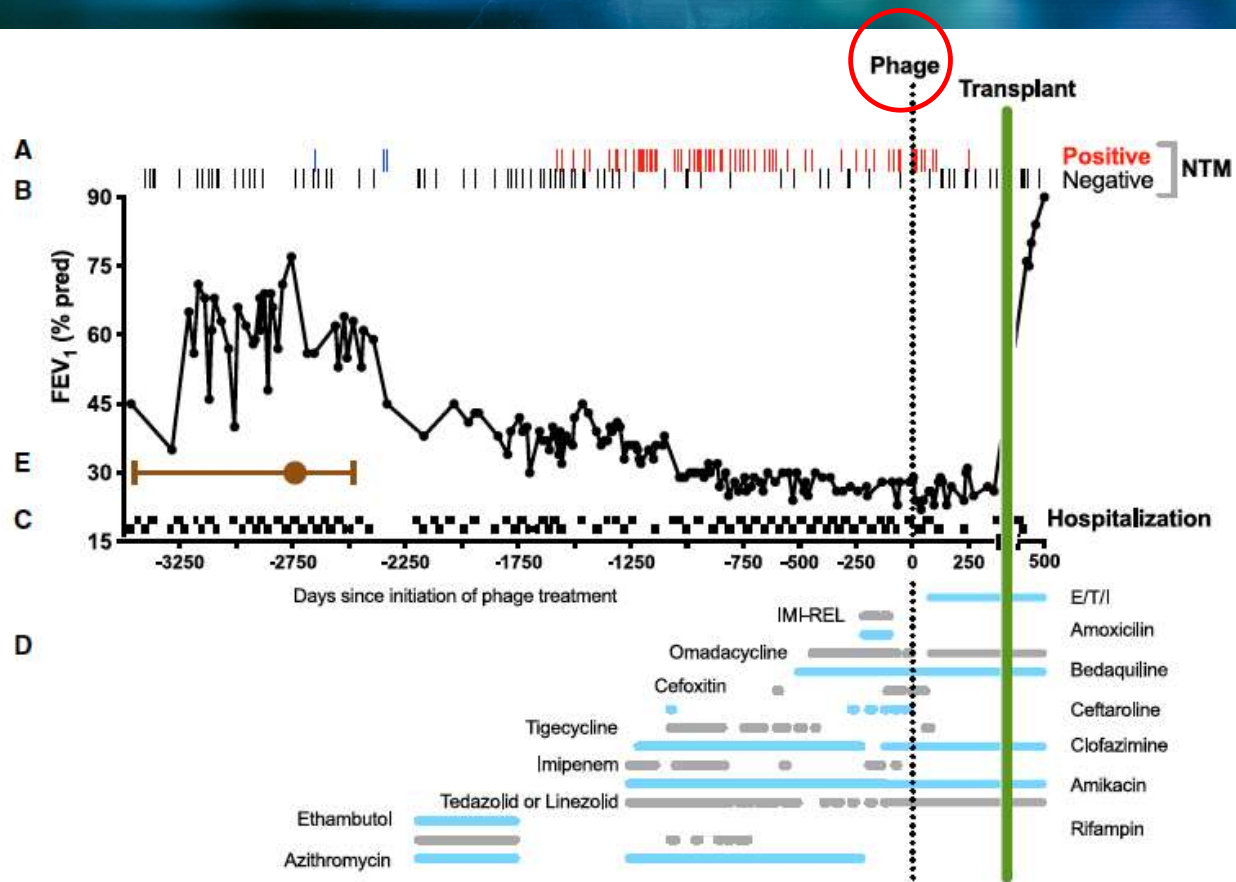
ational Jewish Health<sup>®</sup>

# Mycobacteriophage Therapy for *M. abscessus*

- 26 year old man with cystic fibrosis
- Chronic MRSA and *Pseudomonas aeruginosa* infections
- Treated for MAC lung infection 5 years earlier
- *M. abscessus* subspecies *abscessus* isolated
- Treated with 4 to 5 drugs for over 4 years
- Remained culture positive with declining FEV1



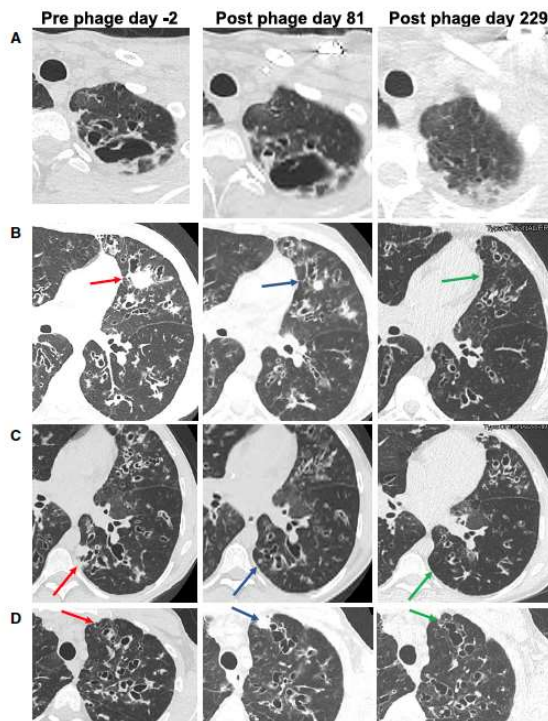
# Phage Therapy for *M. abscessus*



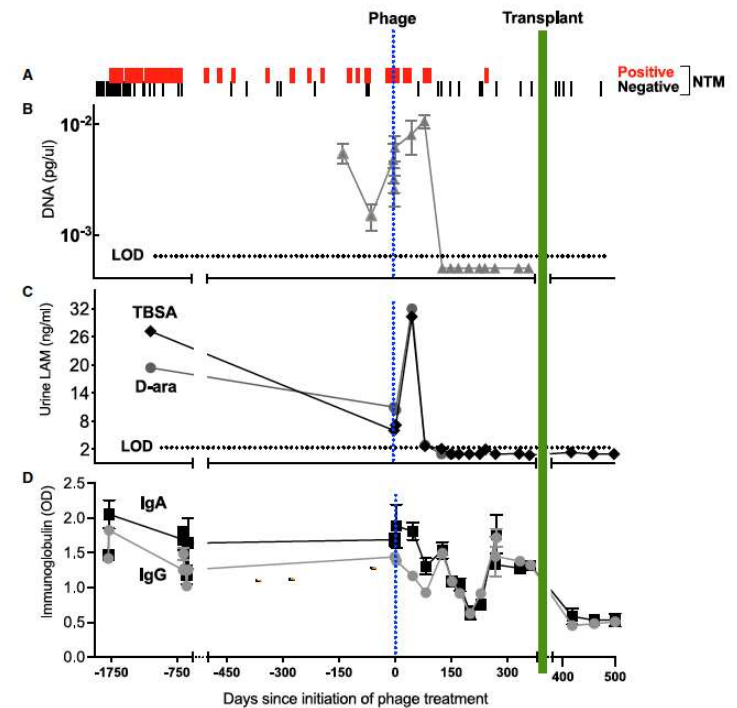


# Treatment Outcomes with Phage

## Radiographic Improvement



## Biomarker Changes



# Phage Therapy for Mycobacterial Infections in 20 Persons

- Isolates from 200 patients were screened for phage susceptibilities
  - One or more lytic phages were identified for 55 isolates
- Phage were administered intravenously, through inhalation or both in 20 patients with symptomatic mycobacterial infections
- Results:
  - No adverse reactions occurred
  - Favorable clinical or microbiologic responses were seen in 11 patients
  - Neutralizing antibody was identified in 8 patients possibly contributing to lack of treatment response
  - A single phage was administered in 11 patients and no phage resistance was identified



# Phase 1 to 3 Clinical Trials in the US

**Amikacin Liposome Inhalation Suspension** - Study to Evaluate ALIS (Amikacin Liposome Inhalation Suspension) in Participants With Nontuberculous Mycobacterial Lung Infection Caused by *Mycobacterium avium* Complex (ENCORE)

**Epetraborole** - A Phase 2/3, Randomized, Double-blind, Placebo-controlled, Multicenter, Prospective Study to Assess the Efficacy, Safety, and Pharmacokinetics of Orally Administered Epetraborole in Patients With Treatment-refractory *Mycobacterium avium* Complex Lung Disease (ON HOLD)

**Omadacycline** - A Ph. 2, Double-Blind, Randomized, Parallel-Group, Placebo-Controlled, Multi-Center Study to Evaluate the Efficacy, Safety, & Tolerability of Oral Omadacycline in Adults With NTM Pulmonary Disease Caused by *Mycobacterium abscessus* Complex (Recruiting)

**SPR720** - A Randomized, Double-Blinded, Placebo-Controlled, Multicenter, Phase 2, Dose-Ranging Study to Evaluate the Efficacy, Safety, Tolerability, and Pharmacokinetics of SPR720 as Compared With Placebo for the Treatment of Patients With Mycobacterium Avium Complex (MAC) Pulmonary Disease (Recruiting)

**Gallium** - A Phase 1b, Multi-center Study of Intravenous (IV) Gallium Nitrate in Patients With Cystic Fibrosis (CF) Who Are Colonized With Nontuberculous Mycobacteria (NTM) (The ABATE Study) (Recruiting)

**ORC-13661** - Phase 2 Study of the Efficacy and Safety of ORC-13661 for the Prevention of Drug-Induced Hearing Loss in Patients Receiving Intravenous Amikacin for Treatment of **Non-Tuberculous Mycobacterium Disease** (Not yet recruiting)

**2 vs 3 Drugs** - Comparison of Two- Versus Three-antibiotic Therapy for Pulmonary *Mycobacterium avium* Complex Disease (Recruiting)

**Clofazimine** - Phase 2 Study of Clofazimine for the Treatment of Pulmonary *Mycobacterium avium* complex Disease (Recruiting)

# World NTM Awareness Day!

