CZA and C/FT demonstrated poor in vitro activity vs. the isolates. The in vitro activity of MXF was approximately 4-fold more potent than cefpiromoxipip. TGC was marginally more active in vitro than doxycycline.

Conclusion. TMP-SMX continues to demonstrate excellent in vitro activity against S. maltophilia clinical isolates. MXF and TGC may also prove useful in the treatment of infections caused by this pathogen.

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1204. The Novel β-Lactamase Inhibitor, ETX-2514, in Combination with Subcutaneous Effective Doses Acinetobacter baumannii
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Session: 147. Expanded Spectrum – New Antimicrobial Susceptibility Testing
Friday, October 6, 2017: 12:30 PM

Background. Multidrug resistant (MDR) Acinetobacter sp. were deemed a "serius" health threat by the Centers for Disease Control and Prevention with a daunting 63% of infections being nearly untreatable. Underlying this challenging pathogen are multidrug resistant (MDR) Acinetobacter spp. (ASP), 30 S. maltophilia (ENT), 129 Haemophilus influenzae (H. INFLUENZA), 129 Stenotrophomonas maltophilia, 19 Enterococcus spp. and 35 miscellaneous bacteria.

Methods. Based on the ability of ETX2514, a rationally designed novel diazabicyclooctane inhib...

Disclosures.

1205. Ceftobiprole Activity When Tested Against Contemporary Bacteria Causing Bloodstream Infections in the US (2016)
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Session: 147. Expanded Spectrum – New Antimicrobial Susceptibility Testing
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Background. Ceftobiprole medocaril (prodrug of ceftobiprole) is an advanced cephalosporin, approved for adults in multiple European countries for the treatment of hospital-acquired pneumonia (excluding ventilator-associated pneumonia) or community-acquired pneumonia. It is not approved in the US; however, it has achieved qualified infectious disease product status and two phase 3 studies supported by BARDA are planned to begin in the US in 2017.

Methods. A total of 2,787 Gram-positive (GP) and -negative (GN) isolates from bloodstream infections (BSI) from 30 medical centers in the SENTRY Antimicrobial Surveillance Program were evaluated. Isolates were collected in the US during 2016. Susceptibility (S) testing was performed by reference broth microdilution method against ceftobiprole and comparators. Isolates included 693 Staphylococcus aureus (SA), 216 coagulase-negative staphylococci (CoNS), 244 enterococci, 63 Streptococcus pneumoniae, 34 Enterococcus faecalis, and 34 Enterococcus faecium. For CoNS, 98.1% of ceftobiprole MIC values were ≤2mg/L. Ceftobiprole was active against Enterococcus faecalis (96.1% ≤2mg/L) and not against E. faecium (18.9% ≥2mg/L). Against ENT, ceftobiprole (85.0%) was similar in activity to ceftazidime (CAZ, 87.2%) and cefepime (CIP, 88.0%). Among the 20 antimicrobials tested, ceftobiprole was the only MIC<2 mg/L values for ceftobiprole, CEP, and CAZ against S. aureus were identical at 216 mg/L.

Conclusion. Ceftobiprole exhibited potent in vitro activity against GP and GN isolates from contemporary BSI in the US. These results support further clinical evaluation of ceftobiprole for the treatment of BSI.

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1206. Assessment of the In Vitro Antifungal Activity of SCY-078 Against a Collection of C. parapsilosis Clinical Isolates
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Session: 147. Expanded Spectrum – New Antimicrobial Susceptibility Testing
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Background. Global rates of candidemia caused by C. parapsilosis are increasing with differences detected between neonates and adult patients (50% vs. 12%, respectively) and across geographic regions (5% vs. 25% in Iceland and Spain, respectively). SCY-078 is a novel, oral and intravenous, triterpenoid glycan synthase inhibitor under

Disclosures.