





**Nabriva Therapeutics** Vienna, Austria and King of Prussia, PA, USA www.nabriva.com

## **INTRODUCTION & PURPOSE**

- The World Health Organization estimates that 1 million sexually transmitted infections (STIs) are acquired each day worldwide<sup>1</sup>
- The incidence rates and causes of STIs vary by geographic region; however, in the United States, the most common bacterial causes of STIs are Chlamydia trachomatis and Neisseria gonorrhoeae, and incidence rates appear to be increasing<sup>2</sup>
- Left untreated, STIs may cause serious health problems<sup>3-5</sup>
- In women, gonorrhea and chlamydia can lead to pelvic inflammatory disease, which can result in chronic pelvic pain, ectopic pregnancy, and infertility
- Mycoplasma genitalium, another STI-associated pathogen, causes urethritis in men and cervicitis in women
- Although there are treatment options for STIs, antibiotic resistance, especially for *N. gonorrhoeae*, is a persistent and rising problem. The Centers for Disease Control and Prevention estimates that 30% of *N. gonorrhoeae* isolates are antibiotic resistant<sup>2,6</sup>
- Lefamulin is a novel semisynthetic pleuromutilin antibiotic that just completed a phase 3 trial for the treatment of community-acquired bacterial pneumonia. Lefamulin inhibits protein synthesis by binding selectively and specifically to the A- and P-sites of the peptidyl transferase center of the 50S ribosomal subunit<sup>7</sup>
- Lefamulin shows potent *in vitro* activity against a variety of pathogens, including those commonly associated with STIs such as *N. gonorrhoeae*, C. trachomatis, and M. genitalium, and its activity is unaffected by an organism's resistance to other antibiotic classes<sup>8,9</sup>
- Lefamulin rapidly and predictably distributes into plasma, skeletal muscle tissue, subcutaneous adipose tissue, and the epithelial lining fluid of the lungs<sup>10</sup>
- The purpose of this study was to investigate the distribution of lefamulin in tissue structures of the urogenital tract in rats

### METHODS

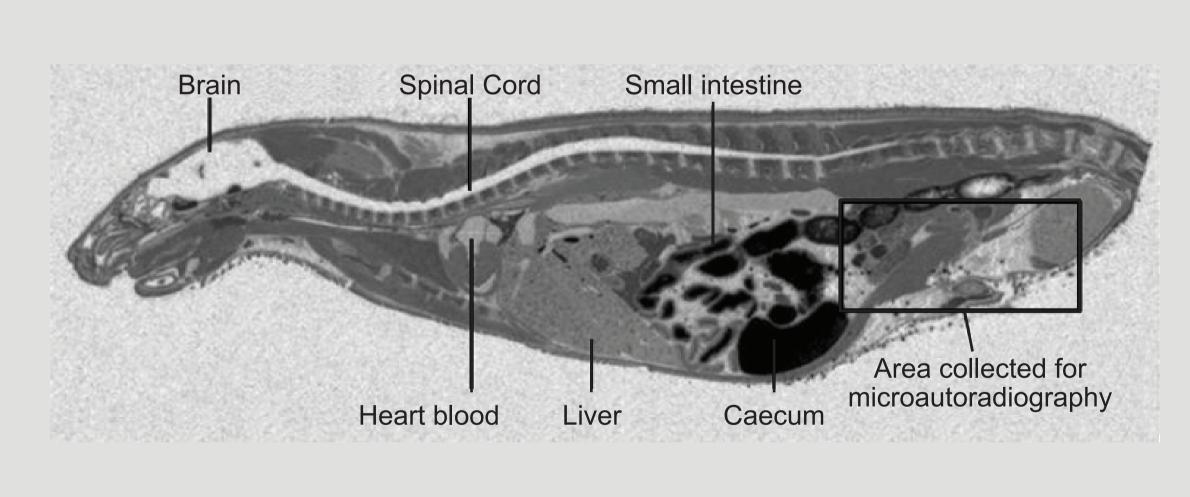
- [<sup>14</sup>C]-lefamulin was administered to nonpigmented male (*n*=3) and female (n=3) rats as a single, intravenous, 30-mg/kg dose
- At 0.5, 6, and 24 hours postdose, 1 male and 1 female rat were killed at each time point to investigate the tissue distribution by quantitative whole-body autoradiography (QWBA) and tape-transfer micro-autoradiography of sagittal planes
- Distribution of radioactivity ([<sup>14</sup>C]-lefamulin) was determined using a storage phosphor image analyzing system
- The interpretation of micro-autoradiography results was qualitative
- Selected samples were prepared for quantitative radiochemical analysis by liquid scintillation counting, and data were expressed as microgram equivalents per gram of original sample weight

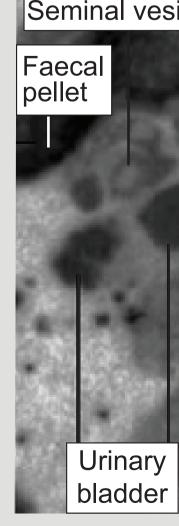
### RESULTS

### Lefamulin Distribution in the Male Urogenital Tract

- (Table 1)

#### Figure 1. Distribution of Radioactivity in Male Rats Following IV Administration of [<sup>14</sup>C]-Lefamulin





# Tissue Distribution of [<sup>14</sup>C]-Lefamulin in the Urogenital Tract in Rats Wolfgang W. Wicha,<sup>1</sup> Claire Henson,<sup>2</sup> Kathryn Webbley<sup>2</sup>

 High concentrations of [<sup>14</sup>C]-lefamulin were observed in certain glandular tissues (eg, preputial, bulbourethral), with notable concentrations also observed in the urethra (Table 1) Micro-autoradiographs of the seminal vesicles and prostate gland showed higher concentrations of radioactivity associated with the walls (epithelium and mucosa) vs the lumen (Figure 1) Concentrations in several urogenital tract tissues at 24 hours after administration were similar to those observed in the lung at that time

| Table 1. Concentration of | [ <sup>14</sup> C]-Lefamulin in the Urogenital Tract |
|---------------------------|--|
| of Male Rats at 0.        | 5, 6, and 24 Hours After Administration              |

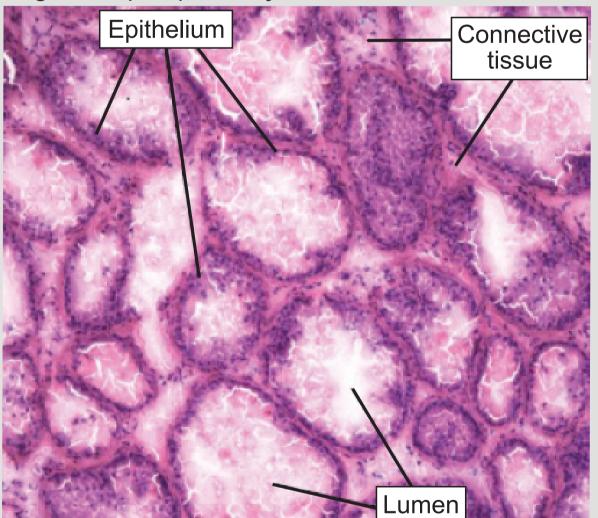
| 0.5 h | 6 h  | 24 h  |  |  |  |  |
|-------|--|---|--|--|--|--|
| 3.4   | 0.7  | BLQ   |  |  |  |  |
| 53.4  | 13.4   | NS  |  |  |  |  |
| 26.5  | 20.5   | 0.4   |  |  |  |  |
| NS    | 15.4   | 9.8   |  |  |  |  |
| 11.0  | 8.4  | 0.5   |  |  |  |  |
| 4.6   | 6.5  | 0.3   |  |  |  |  |
| 14.4  | 12.5   | 0.7   |  |  |  |  |
| 8.3   | 7.6  | 0.5   |  |  |  |  |
| 2.7   | 4.2  | 0.3   |  |  |  |  |
| 16.7  | 10.7   | 0.6   |  |  |  |  |
| 1.3   | 2.3  | 2.0   |  |  |  |  |
| 22.3  | 24.0   | 0.8   |  |  |  |  |
| 19.5  | 20.4   | 0.6   |  |  |  |  |
| 24.2  | 35.0   | 0.8   |  |  |  |  |
| 8.2   | 3.4  | 0.1   |  |  |  |  |
|       | 0.5 h<br>3.4<br>53.4<br>26.5<br>NS<br>11.0<br>4.6<br>14.4<br>8.3<br>2.7<br>16.7<br>1.3<br>22.3<br>19.5<br>24.2 | 0.5 h6 h3.40.753.413.426.520.5NS15.411.08.44.66.514.412.58.37.62.74.216.710.71.32.322.324.019.520.424.235.0 |  |  |  |  |

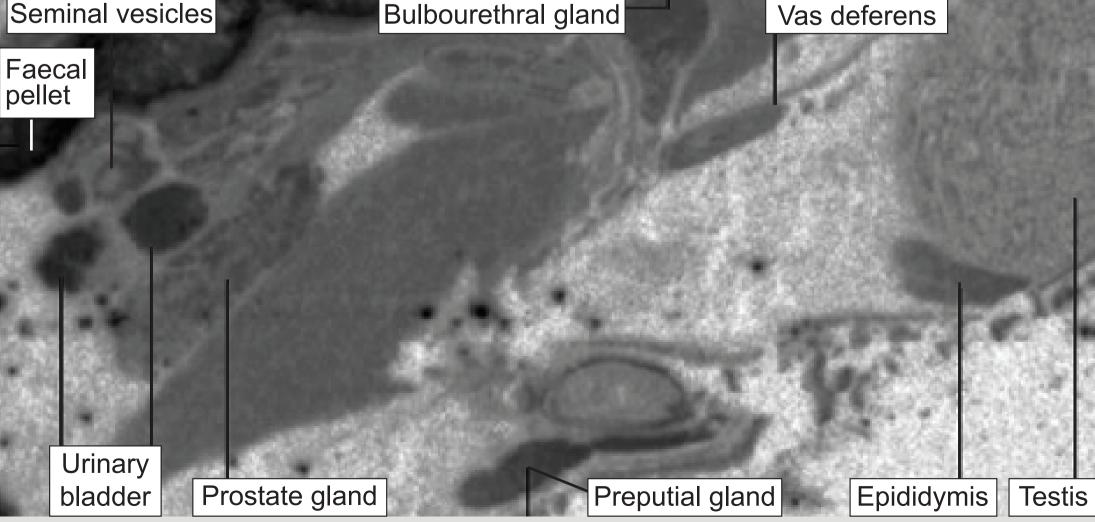
All data are µg equivalents of lefamulin per gram tissue BLQ=below limit of accurate quantification (<0.062 µg equivalents/g);

NS=no sample, tissue not sectioned.

A. QWBA image, 6 hours postdose

#### **B. Prostate gland, 24 hours postdose\***





Dark field, x10 objective Silver grains Silver grains

V=intravenous; QWBA=quantitative whole-body autoradiography.

\*Under bright field conditions, radioactive areas (silver grains) show as small particles and the tissue histology can be viewed. Under dark field conditions, silver grains show up bright white against a dark, false-color background.

## <sup>1</sup>Nabriva Therapeutics GmbH, Vienna, Austria; <sup>2</sup>Pharmaron UK Ltd, Rushden, UK

## **RESULTS (continued)**

#### Lefamulin Distribution in Female Urogenital Tract

- [<sup>14</sup>C]-lefamulin was observed in the clitoral glands, the uterus, and the urethra (Table 2)
- At 6 and 24 hours postdose, the internal uterine mucosa (endometrium) had higher concentrations of [<sup>14</sup>C]-lefamulin than the rest of the uterus (Table 2)
- The [<sup>14</sup>C]-lefamulin detected in the ovary was mainly associated with the follicular lumen (Figure 2)

| Table 2. | Concentration  | of [ | <sup>14</sup> C]-L | .efamulin | in the | e Urog  | enit |
|----------|----------------|------|--------------------|-----------|--------|---------|------|
|          | of Female Rats | at ( | 0.5, 6,            | and 24 H  | lours  | After A | Adm  |

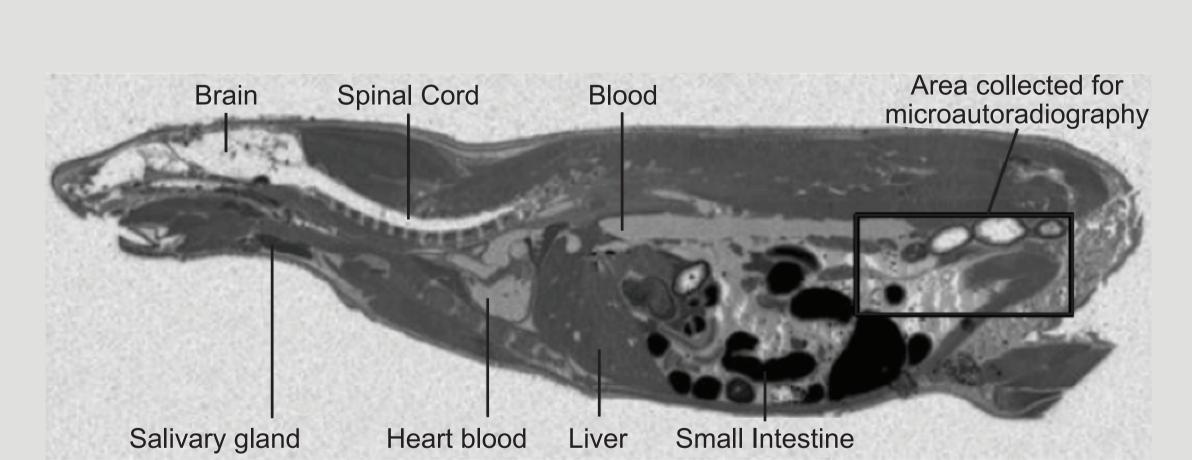
|                | <b>v v</b> |      |  |  |  |  |  |
|----------------|------------|------|--|--|--|--|--|
| Tissue         | 0.5 h      | 6 h  |  |  |  |  |  |
| Blood          | 5.6        | 1.1  |  |  |  |  |  |
| Clitoral gland | 81.3       | NS   |  |  |  |  |  |
| Lung           | 39.5       | 22.4 |  |  |  |  |  |
| Ovary          | 27.3       | 9.8  |  |  |  |  |  |
| Urethra        | 32.0       | NS   |  |  |  |  |  |
| Uterus, whole  | 31.9       | 8.4  |  |  |  |  |  |
| Endometrium    | 30.6       | 13.4 |  |  |  |  |  |
| Vagina         | 20.8       | 8.3  |  |  |  |  |  |
|                |            |      |  |  |  |  |  |

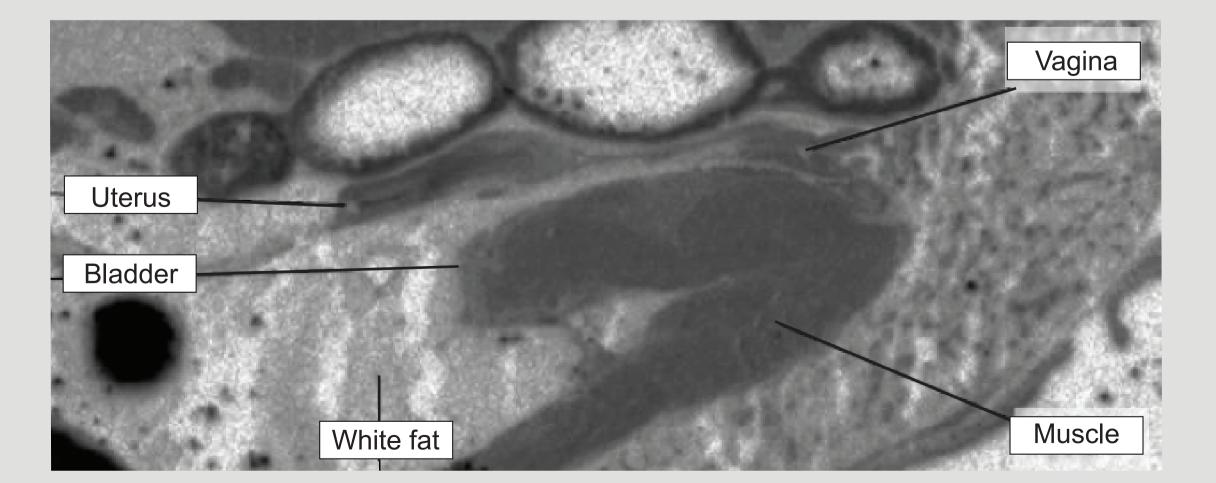
All data are µg equivalents of lefamulin per gram tissue

BLQ=below limit of accurate quantification (<0.062 µg equivalents/g); NS=no sample, tissue not sectioned.

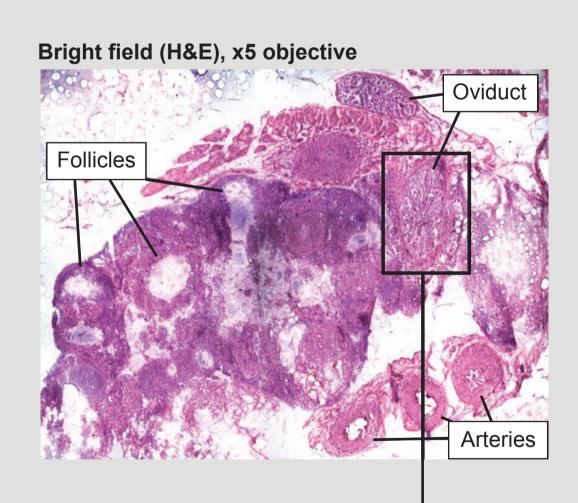
- At 24 hours postdose, the clitoral gland showed the greatest accumulation of [<sup>14</sup>C]-lefamulin, with levels 3-fold greater than those in the lung at that time (Table 2)
- At 6 hours postdose, the radioactivity was most concentrated in the ducts surrounding the acini rather than within these structures
- In the vagina, [<sup>14</sup>C]-lefamulin distribution was homogenous across the lumen, epithelium, and smooth muscle wall

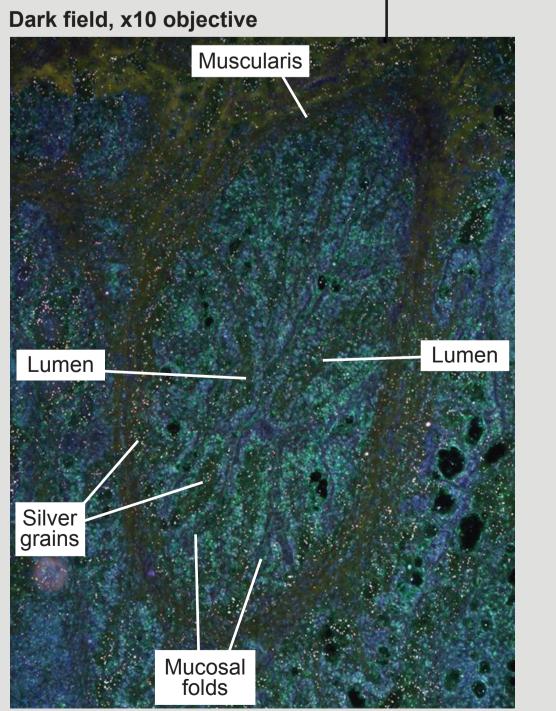
#### Figure 2. Distribution of Radioactivity in Female Rats Following IV Administration of [<sup>14</sup>C]-Lefamulin A. QWBA image, 6 h postdose





B. Ovary, 30 min postdose\*





/=intravenous: QWBA=quantitative whole-body autoradiography.

\*Under bright field conditions, radioactive areas (silver grains) show as small particles and the tissue histology can be viewed. Under dark field conditions silver grains show up bright white against a dark, false-colored background.

### CONCLUSIONS

ital Tract ninistratio 24 h BLQ 2.4 0.8 0.5 0.6 NS

and multidrug resistant STI-associated pathogens support the further assessment of lefamulin as a treatment for STIs

those observed in the lung

### REFERENCES

(1) World Health Organization. Sexually transmitted infections (STIs). Available at: http://www.who.int/ mediacentre/factsheets/fs110/en/. Accessed March 2, 2018.

[<sup>14</sup>C]-lefamulin showed rapid distribution into

urogenital tract tissues in rats, corresponding

to organs affected by STIs. Concentrations in

several urogenital tract tissues were similar to

Lefamulin's penetration into relevant urogenital

tissues and its *in vitro* activity against susceptible

- (2) Centers for Disease Control and Prevention. 2016 sexually transmitted diseases surveillance. US Department of Health and Human Services. Available at: https://www.cdc.gov/std/stats16/default.htm. Accessed March 2, 2018.
- (3) Centers for Disease Control and Prevention. Emerging issues. US Department of Health and Human Services. Available at: https://www.cdc.gov/std/tg2015/emerging.htm#myco. Accessed March 2, 2018.
- (4) Centers for Disease Control and Prevention. Gonorrhea CDC fact sheet. US Department of Health and Human Services. Available at: https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm. Accessed March 2. 2018.
- (5) Centers for Disease Control and Prevention. Chlamydia CDC fact sheet. US Department of Health and Human Services. Available at: https://www.cdc.gov/std/chlamydia/Chlamydia-FS-June-2017.pdf. Accessed March 2, 2018
- (6) Centers for Disease Control and Prevention. Antibiotic resistance threats in the United States, 2013. US Department of Health and Human Services. Available at: https://www.cdc.gov/drugresistance/threatreport-2013/index.html. Accessed March 2, 2018.
- (7) Eyal Z, et al. *Sci Rep.* 2016;6:39004.
- (8) Jacobsson S, et al. Antimicrob Agents Chemother. 2017;61(11):5 e011497-011417.
- (9) Paukner S, et al. In vitro activity of the novel pleuromutilin BC-3781 tested against bacterial pathogens causing sexually transmitted diseases (STD) [E-1183]. Presented at: 53rd Interscience Conference of Antimicrobial Agents and Chemotherapy; September 10-13, 2013; Denver, CO.
- (10) Zeitlinger M, et al. J Antimicrob Chemother. 2016;71(4):1022-1026.

### **Acknowledgments & Disclosures**

Funding for development of this poster was provided by Nabriva to C4 MedSolutions, LLC (Yardley, PA), a CHC Group company.

Wolfgang W. Wicha is an employee of Nabriva Therapeutics. Claire Henson and Kathryn Webbley are employees of Pharmaron UK Ltd, whom were contracted by Nabriva to perform these studies.



Scan this QR code with your electronic device to receive a PDF file of the poster or visit posters.c4medsolutions.com/QWBA-STI