MY TOP 5 TAKES ON A PAPER TITLED

Carbapenem-resistant *Acinetobacter baumannii* (CRAB): in pursuit of an effective treatment

High burden of CRAB

Annually, *A. baumanii* is estimated to cause 1 million infections worldwide and 50% of these are resistant to multiple antibiotics inc. carbapenems

Drying pipeline

Current agents that are active against them are scarce. These include polymyxin (B and E), sulbactam, tigecycline and minocycline. Newer agents like cefiderocol and eravacycline are currently being studied against CRAB.

5 completed RCTs

In term of RCT concerning CRAB; 5 have been completed and 1 is still ongoing. All these trials pitted colistin monotherapy against combination ones (these second agents include; rifampin/meropenem/ amp-sulbactam)

SULBACTAM

All 5 trials failed to show better survival with combo therapy, with 1 trial showing better clinical response (e.g. fever resolution/improved vital signs/reduced inotrope use) when amp-sulbactam was used. This trial looked at 39 VAPs caused by CRAB, which showed susceptibility to colistin and at least intermediate susceptibility to amp-sulbactam.

Observational data showed...

Observational studies on CRAB were limited by small sample size and inherent biases. These studies suggest inclusion of amp-sulbactam as one of the agents for CRAB and inferior performance of tigecyline against CRAB (esp. as lone agent and even in combo treatment if the MIC against it is > 2 mg/L)