## Objective

Cefiderocol is a siderophore-conjugated cephalosporin with broad activity against Gram-negative bacteria, including non-glucose-fermenting (NGF) species.

Cefiderocol was approved by the FDA for treatment of complicated urinary tract infection, hospital-acquired bacterial pneumonia, and ventilator-associated bacterial pneumonia.

The objective of this study was to analyse

## Methods

# Results

| Organism group/ antimicrobial agent | mg/L | | CLSI[a] | FDA[a] | |
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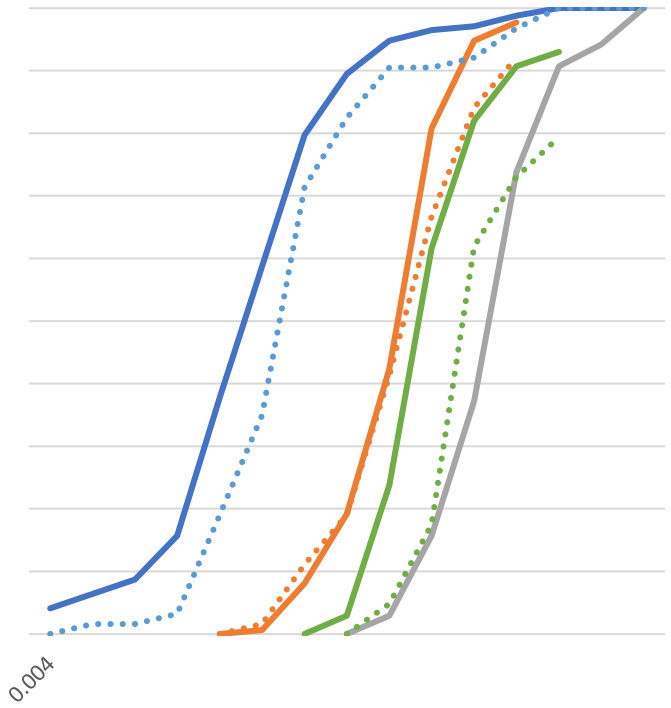
# Results



## Results

Cefiderocol and BL/BLI susceptibilities against PSA were >96.0%; susceptibility to meropenem was 80.2% (Table 1, Figure 1).

Cefiderocol was the most active agent against XDR PSA isolates (susceptibility 97.1/94.8/96.5% CLSI/FDA/EUCAST, respectively); the susceptibilities of BL/BLIs ranged from 39.5-82.0%. (Table 1, Figure 2).

Cefiderocol was highly active against ABC (98.3/92.1/97.3%, CLSI/FDA/EUCAST; Table 2, Figure 3).

Cefiderocol susceptibility rates against the XDR and meropenem-resistant ABC subsets were 97.1/82.5/94.2% and 95.5/82.6/92.4%, respectively (CLSI/FDA/EUCAST).

Cefiderocol was very active against SM, with 98.6/99.7% susceptibility (CLSI/EUCAST).

## Conclusions

Cefiderocol had broad activity against US NGF isolates, including ceftazidime-avibactam-resistant and XDR PSA.

Cefiderocol was the most active agent tested against ABC including XDR and meropenem-resistant subsets, as well as against SM, where treatment options are limited.

These *in vitro* data suggest that cefiderocol is an important option for the treatment of infections caused by NGF, including meropenem-resistant, BL/BLI-R and XDR pathogens.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## Contact


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