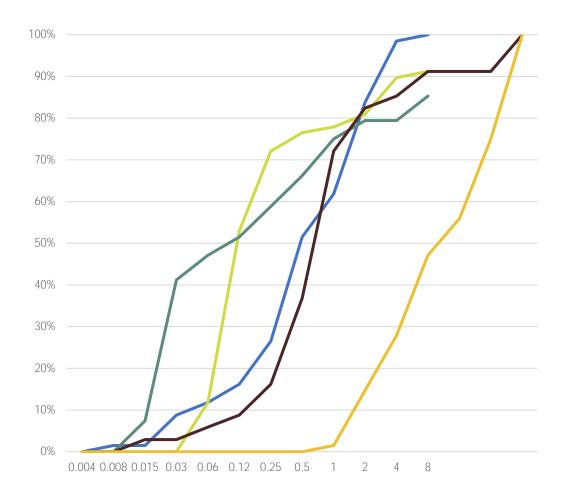
# Objective

# Methods

## Results

Antimicrobial agent	mg/L		CLSI/FDA <sup>a</sup>	EUCAST <sup>a</sup>
	MIC <sub>50</sub>	MIC <sub>90</sub>	%S	%S
All (n=7,774)				
Cefiderocol	0.06	0.5	99.9	99.2
Meropenem	0.03	0.06	99.0	99.3
Meropenem-vaborbactam	0.03	0.06	99.8	99.9
Imipenem-relebactam	0.12	0.5	94.8 <sup>b</sup>	99.1
Ceftazidime- <b>boitbat@arf</b> o)(5)]T#T@N	IC /RIVOCI2	8>> BD <b>0.25</b> \	VBT676 <b>9929</b> 16	WBT/F <b>99.9</b> 0
CRE <sup>,c</sup> (n=68)				
Cefiderocol	0.5	4	98.5	83.8
Meropenem	16	>32	1.5	14.7
Meropenem-vaborbactam	0.12	>8	79.4	85.3
Imipenem-relebactam	0.12	8	77.9 <sup>b</sup>	

## Results



#### Results

Most isolates were from urinary tract infections (n=2,796), followed by bloodstream (n=2,047) infections.

The most common species was *Escherichia coli* (*n*=3,285) followed by *Klebsiella pneumoniae* (KPN, *n*=1,382).

The susceptibilities of all tested agents were >94% against all isolates.

CRE susceptibility to cefiderocol was 98.5/83.8% (CLSI/EUCAST).

Cefiderocol was active against BL/BLIresistant isolates.

### Conclusions

Cefiderocol had broad activity against US Enterobacterales isolates, including those resistant to approved BL/BLI combinations.

These *in vitro* results suggest that cefiderocol is an important option for the treatment of infections caused by CRE and BL/BLIresistant pathogens that have limited treatment options.

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