



Supplementary data

Model-informed translation of *in vitro* effects of short-, prolonged- and continuous-infusion meropenem against *Pseudomonas aeruginosa* to clinical settings

Iris K. Minichmayr, Suzanne Kappetein, Margreke J.E. Brill and Lena E. Friberg *

Department of Pharmacy, Uppsala University, Box 580, 75123 Uppsala, Sweden

* Correspondence: lena.friberg@farmaci.uu.se; Tel.: +46 18 471 4685

Table S1. Overview of the population pharmacokinetic models used to inform the pharmacokinetic/pharmacodynamic (PKPD) model (bold scenarios mark the default settings adopted for simulations of other populations).

Ref.	Population	Covariates, parameters	Dosing	Sampling	Simulated scenarios
Li et al. 2006	Adults with intra-abdominal infections, CAP or VAP (n=79)	CLCR _{IBW} _CL, Age_CL, WT_V (CLCR=83 mL/min, Age=35 y, WT=70 kg) CL=14.6 L/h, V1=10.8 L, V2=12.6 L, Q=18.6 L/h	500/1000/2000 mg, 0.5/3 h, q8h	3 rd dose interval or steady state, n=341	Plasma k_{growth}, k_{death} 100%, -40% Initial bacterial load 10⁶ and 10⁸ CFU/mL ARU551 (MIC 16 mg/L): EC ₅₀ 4.4–35.4 mg/L ATCC27853 (MIC 1 mg/L) CLCR 30/250 mL/min
Delattre et al. 2012	Patients with severe sepsis or septic shock (n=19)	CLCR_CL (CLCR=100 mL/min) WT_all parameters (WT=70 kg) CL=9.87 L/h, V1=24.4 L, V2=7.01 L, Q=4.97 L/h	1000 mg, 0.5 h, q8h	1, 1.5, 4.5, 6 or 8, 24 h, first 24 h of therapy	Plasma, lung (30% exposure)
Roberts et al. 2009	Critically ill with sepsis, no renal dysfunction (n=10)	CLCR_CL (CLCR=100 mL/min) CL=13.6 L/h, V1=7.9 L, V2=14.8 L, Q=56.3 L/h	1500 mg (1 st dose), then 1000 mg q8h; 3000 mg/24 h + LD 500 mg	Day 1: 0–8 h (15x) Days 2–5: 0–8 h (9x) n=222	Plasma, lung (30% exposure)
Doh et al. 2010	Burns patients (n=59)	CLCR_CL, Oedema_V1 (CLCR=135 mL/min) CL=4.45 L/h, V1=17.0 L, V2=10.1 L, Q=5.25 L/h	500–1000 mg, 0.5 h, q8h/q12h	0, 1, 2, 4, 6, 8, 9, 24 and 25 h (after start of 4 th dose)	Plasma
Wittau et al. 2010	Morbidly obese, intraperitoneal surgery (n=6)	Fat free mass on all parameters (FFM=53 kg) CL=18.7 L/h, V1=21.5 L, V2=6.16 L, Q=29.4 L/h, FSC=0.721, FPF=0.943	1000 mg, 15 min, q8h	≤8h (0.5, 1, 2, 3, 5, 8 h) after 4 th dose	Plasma, subcutaneous tissue (SC), peritoneal fluid (PF)
Lu et al. 2015	Patients with meningitis after neurosurgery (n=82)	No covariates CL=22.2 L/h, V1=17.9 L, V2=3.84 L, Q=1.79 L/h, VCSF=0.13 L, QCSF=0.01 L/h, PC=0.172	1000 mg, q8h/q6h, 2000 mg, 1 g/h, q8h	during inf., 0.17, 2, 4 h after, or: at inf. end, 1 h, 3 h after end, before next	Plasma, cerebrospinal fluid (CSF)

Abbreviations: Ref.: Reference, CAP: community-acquired pneumonia; VAP: ventilator-associated pneumonia; CLCR: creatinine clearance; CLCR_{IBW}: CLCR calculated based on ideal body weight; WT: total body weight; CL: clearance; V1/V2: central/peripheral volume of distribution; Q: inter-compartmental clearance; FSC/FPF: factors quantifying penetration of meropenem in subcutaneous tissue and peritoneal fluid; CSF: cerebrospinal fluid; PC: transfer multiplier between central and CSF compartment; q6h/q8h/q12h: every 6/8/12 h; LD: loading dose; inf.: infusion; k_{growth}/k_{death}: growth/death rate constant in PKPD model; CFU: colony-forming unit.

Table S2. Total bacterial load at 8 h and 24 h after start of therapy based on median PKPD profiles.

Model	Population	Scenario	B _{tot} time	Total bacterial load (B _{tot} , median profile)									
				TDD ~3000 mg/day					TDD ~6000 mg/day				
				II 1000 mg q8h		CI 3000 mg/24h			II 2000 mg q8h		CI 6000 mg/24h		
				0.5h	3h	no LD	LD 500	LD 1000	0.5h	3h	no LD	LD 500	LD 1000
Li 2006	Infected adults	Default (Plasma, CLCR 83 mL/min, MIC 16 mg/L)	8 h	7.29	7.28	7.79	7.13	6.40	6.49	5.95	6.30	5.59	4.92
			24 h	9.14	9.04	9.02	9.07	9.00	7.39	5.78	5.62	5.34	5.27
Doh 2010	Burns	Plasma	8 h	7.27	7.31	7.82	7.19	6.46	6.56	6.03	6.40	5.69	5.03
			24 h	9.13	9.05	9.02	9.07	9.03	7.54	5.92	5.74	5.39	5.28
Delattre 2012	Sepsis	Plasma	8 h	6.90	6.97	7.58	6.62	5.45	5.44	5.21	5.82	4.99	4.26
			24 h	8.12	8.00	8.55	7.85	6.47	5.25	5.24	5.24	5.24	5.24
		Lung	8 h	8.06	8.12	8.16	8.11	7.95	7.61	7.77	8.02	7.93	7.70
			24 h	9.05	9.04	9.04	9.05	9.06	9.08	9.02	9.01	9.02	9.05
Roberts 2009	Sepsis	Plasma	8 h	7.12	7.18	7.72	6.98	6.09	6.18	5.73	6.11	5.33	4.64
			24 h	8.97	8.94	9.00	9.02	8.73	6.47	5.42	5.32	5.26	5.25
		Lung	8 h	8.06	8.13	8.17	8.13	7.99	7.66	7.85	8.06	8.00	7.82
			24 h	9.05	9.05	9.05	9.05	9.06	9.16	9.04	9.04	9.05	9.06
Lu 2016	Neurosurgery	Plasma	8 h	7.51	7.65	8.02	7.65	7.15	7.03	6.58	7.22	6.77	6.25
			24 h	9.20	9.07	9.04	9.08	9.13	8.85	7.68	8.74	8.52	8.13
		Cerebrospinal fluid	8 h	8.18	8.18	8.18	8.18	8.18	8.18	8.18	8.18	8.18	8.18
			24 h	9.05	9.05	9.05	9.05	9.05	9.05	9.05	9.05	9.05	9.05
Wittau 2015	Obese	Plasma	8 h	7.39	7.56	7.95	7.51	6.81	6.60	6.32	6.91	6.36	5.63
			24 h	9.19	9.07	7.04	9.09	9.16	7.77	6.87	7.65	7.13	6.42
		s.c. interstitial space fluid	8 h	7.68	7.87	8.08	7.87	7.37	6.97	6.92	7.55	7.24	6.66
			24 h	9.15	9.04	9.04	9.06	9.12	8.72	8.56	8.97	8.97	8.83
		Peritoneal fluid	8 h	7.43	7.60	7.97	7.56	6.89	6.65	6.39	7.01	6.49	5.77
			24 h	8.42	8.35	8.71	8.53	8.39	7.76	6.96	7.21	6.92	6.55
		CLCR 30 mL/min	8 h	6.44	6.33	7.03	5.61	4.53	4.96	4.54	4.89	4.17	3.95
			24 h	6.89	6.23	6.71	5.49	5.26	5.22	5.23	5.24	5.24	5.24
		CLCR 250 mL/min	8 h	7.72	7.89	8.10	7.87	7.53	7.36	7.03	7.68	7.38	6.99
			24 h	9.15	9.05	9.05	9.07	9.10	9.18	8.82	9.03	9.05	9.07
Li 2006	Infected adults	EC ₅₀ 4.4 mg/L	8 h	5.50	4.71	4.19	3.90	3.85	4.51	3.98	3.88	3.85	3.80
			24 h	5.72	5.22	5.24	5.23	5.19	4.69	5.02	5.16	5.15	5.10
		EC ₅₀ 8.8 mg/L	8 h	6.49	5.95	6.30	4.92	4.34	5.51	4.71	4.20	3.95	3.90
			24 h	7.39	5.78	5.62	5.27	5.25	5.23	5.22	5.24	5.24	5.23
		EC ₅₀ 35.4 mg/L	8 h	7.82	8.00	8.12	7.97	7.62	7.29	7.28	7.79	7.57	7.13
			24 h	9.11	9.04	9.04	9.06	9.09	9.14	9.04	9.02	9.04	9.07
		k _{growth} , k _{death} -40%	8 h	6.41	6.40	6.92	6.25	5.52	5.61	5.07	5.43	4.73	4.14
			24 h	7.16	7.06	8.26	7.64	6.87	4.90	4.43	4.43	4.42	4.42
		k _{growth} -40%	8 h	6.16	6.15	6.67	6.00	5.27	5.36	4.82	5.18	4.48	3.98
			24 h	6.42	6.32	7.57	6.90	6.13	4.16	3.68	3.68	3.67	3.67
		Higher initial bact. load (S)	8 h	9.01	8.97	9.11	8.85	8.31	8.41	7.90	8.19	7.57	6.95
			24 h	8.97	8.89	8.92	8.92	8.97	8.75	7.63	7.26	7.19	7.20
		Higher initial bact. load (SR)	8 h	9.00	8.96	9.10	8.84	8.30	8.40	7.88	8.18	7.56	6.98
			24 h	8.96	8.89	8.92	8.92	8.97	8.75	7.62	7.26	7.19	7.20

Abbreviations: TDD: total daily dose; II: intermittent dosing; CI: continuous infusion; q8/24h: every 8/24 hours; LD: loading dose (in mg); CLCR: creatinine clearance; MIC: minimum inhibitory concentration; s.c. subcutaneous; EC₅₀: drug concentration (mg/L) that produces 50% of maximum achievable kill rate constant; k_{growth}: rate constant of bacterial growth; k_{death}: rate constant of natural bacterial death; higher initial bacterial load: 8 log₁₀ CFU/mL, either assumed to be susceptible (S) or with an initial fraction in the resting state (SR); categories/colour code (scenarios with initial bacterial load 6 log₁₀ CFU/mL): bacteriostasis/net bacterial kill (bold values): >5-6 log₁₀ CFU/mL (beige), >4-5 log₁₀ CFU/mL (light cyan), ≤4 log₁₀ CFU/mL (mint); net bacterial growth (non-bold values): >6-7 log₁₀ CFU/mL (light red), >7-8 log₁₀ CFU/mL (lilac), >8 log₁₀ CFU/mL (violet red). Colours were intended to be accessible to people who are colour-blind (<https://davidmathlogic.com/colorblind>; access date 26.07.2022).

Table S3. $fT_{>MIC}$ at 8 h and 24 h after start of therapy based on median PKPD profiles.

Model	Population	Scenario	$fT_{>MIC}$ time	$fT_{>MIC}$ (median profile)									
				TDD ~3000 mg/day					TDD ~6000 mg/day				
				II 1000 mg q8h		CI 3000 mg/24h			II 2000 mg q8h		CI 6000 mg/24h		
				0.5h	3h	no LD	LD 500	LD 1000	0.5h	3h	no LD	LD 500	LD 1000
Li 2006	Infected adults	Default (Plasma, CLCR 83 mL/min, MIC 16 mg/L)	8 h	14.6	12.2	0	6.7	21.9	29.6	42.8	0.7	51.8	<u>98.1</u>
			24 h	14.9	14.6	0	2.2	7.3	30.2	43.9	66.9	82.9	<u>99.3</u>
Doh 2010	Burns	Plasma	8 h	16.5	12.9	0	7.7	22.3	27.9	41.7	0	19.6	<u>98.3</u>
			24 h	16.8	15.0	0	2.6	7.4	28.7	43.1	51.9	65.9	<u>99.4</u>
Delattre 2012	Sepsis	Plasma	8 h	20.6	17.9	0	5.3	44.8	49.1	57.3	54.3	87.1	<u>97.3</u>
			24 h	24.2	25.4	0	2.6	15.4	53.1	65.3	84.8	<u>95.7</u>	<u>99.1</u>
		Lung	8 h	0	0	0	0	0	2.2	0	0	0	0
			24 h	0	0	0	0	0	8.5	0	0	0	0
Roberts 2009	Sepsis	Plasma	8 h	18.8	15.0	0	5.4	30.2	35.9	47.5	45.0	94.9	<u>99.0</u>
			24 h	19.3	16.5	0	1.8	10.1	36.5	48.9	81.7	89.3	<u>99.7</u>
		Lung	8 h	0	0	0	0	0	2.3	0	0	0	0
			24 h	0	0	0	0	0	7.1	0	0	0	0
Lu 2016	Neurosurgery	Plasma	8 h	12.7	0	0	4.6	15.4	20.8	34.6	0	6.5	20.4
			24 h	12.8	0	0	1.5	5.1	20.8	34.7	0	2.2	6.8
		Cerebrospinal fluid	8 h	0	0	0	0	0	0	0	0	0	0
			24 h	0	0	0	0	0	0	0	0	0	0
Wittau 2015	Obese	Plasma	8 h	14.2	0	0	0.4	19.4	28.7	37.7	0	0.4	35.0
			24 h	14.4	0	0	0.1	6.5	28.7	38.3	0	0.1	11.7
		s.c. interstitial space fluid	8 h	2.6	0	0	0	3.3	7.4	8.5	0	0	4.6
			24 h	8.0	0	0	0	3.3	22.4	26.0	0	0	4.6
		Peritoneal fluid	8 h	4.5	0	0	0	6.0	9.3	12.2	0	0	10.4
			24 h	13.5	0	0	0	6.0	28.0	36.9	0	0	10.4
		CLCR 30 mL/min	8 h	29.0	34.4	0	34.0	<u>98.3</u>	58.5	70.9	74.7	<u>97.3</u>	<u>99.0</u>
			24 h	32.5	<u>40.5</u>	0	16.5	<u>48.6</u>	61.7	76.3	91.5	<u>99.1</u>	<u>99.7</u>
Li 2006	Infected adults	CLCR 250 mL/min	8 h	8.3	0	0	3.1	9.2	14.2	27.7	0	3.3	10.4
			24 h	8.3	0	0	1.0	3.1	14.3	28.1	0	1.1	3.5
		EC ₅₀ 4.4 mg/L	8 h	<u>47.1</u>	<u>62.9</u>	<u>89.6</u>	<u>99.8</u>	<u>100</u>	<u>65.2</u>	<u>82.0</u>	<u>96.9</u>	<u>99.8</u>	<u>100</u>
			24 h	<u>47.5</u>	<u>64.0</u>	<u>96.5</u>	<u>99.9</u>	<u>100</u>	<u>65.8</u>	<u>83.1</u>	<u>99.0</u>	<u>99.9</u>	<u>99.8</u>
		EC ₅₀ 8.8 mg/L	8 h	29.6	<u>42.8</u>	0.7	<u>98.1</u>	<u>99.4</u>	47.1	62.9	89.6	<u>99.0</u>	<u>99.9</u>
			24 h	30.2	<u>43.9</u>	<u>66.9</u>	<u>99.3</u>	<u>99.7</u>	47.5	64.0	<u>96.5</u>	<u>99.7</u>	<u>99.9</u>
		EC ₅₀ 35.4 mg/L	8 h	5.6	0	0	0	6.2	14.6	12.2	0	0	6.7
			24 h	5.8	0	0	0	2.1	14.9	14.6	0	0	2.2
		k _{growth} , k _{death} -40%	8 h	14.6	12.2	0	6.7	21.9	39.6	42.8	0.7	51.8	<u>99.3</u>
			24 h	14.9	14.6	0	2.2	7.3	30.2	43.9	66.9	82.9	<u>98.1</u>
		k _{growth} -40%	8 h	14.6	12.2	0	6.7	21.9	39.6	42.8	0.7	51.8	<u>99.3</u>
			24 h	14.9	14.6	0	2.2	7.3	30.2	43.9	66.9	82.9	<u>98.1</u>
		Higher initial bact. load (S)	8 h	14.6	12.2	0	6.7	21.9	39.6	42.8	0.7	51.8	99.3
			24 h	14.9	14.6	0	2.2	7.3	30.2	43.9	66.9	82.9	98.1
		Higher initial bact. load (SR)	8 h	14.6	12.2	0	6.7	21.9	39.6	42.8	0.7	51.8	99.3
			24 h	14.9	14.6	0	2.2	7.3	30.2	43.9	66.9	82.9	98.1

Abbreviations: TDD: total daily dose; II: intermittent dosing; CI: continuous infusion; q8/24h: every 8/24 hours; LD: loading dose (in mg); CLCR: creatinine clearance; MIC: minimum inhibitory concentration; s.c. subcutaneous; EC₅₀: drug concentration (mg/L) that produces 50% of maximum achievable kill rate constant; k_{growth}: rate constant of bacterial growth; k_{death}: rate constant of natural bacterial death; higher initial bacterial load: 8 log₁₀ CFU/mL, either assumed to be susceptible (S) or with an initial fraction in the resting state (SR); categories/colour code: $fT_{>MIC}=95-100\%$ (bold/underlined, mint), $fT_{>MIC}=40-95\%$ (bold, light cyan), $fT_{>MIC}=20-40\%$ (italic, beige), $fT_{>MIC}=10-20\%$ (non-bold/non-italic, light red), $fT_{>MIC} \leq 10\%$ (non-bold/non-italic, violet red). Colours were intended to be accessible to people who are colour-blind (<https://davidmathlogic.com/colorblind>; access date 26.07.2022).

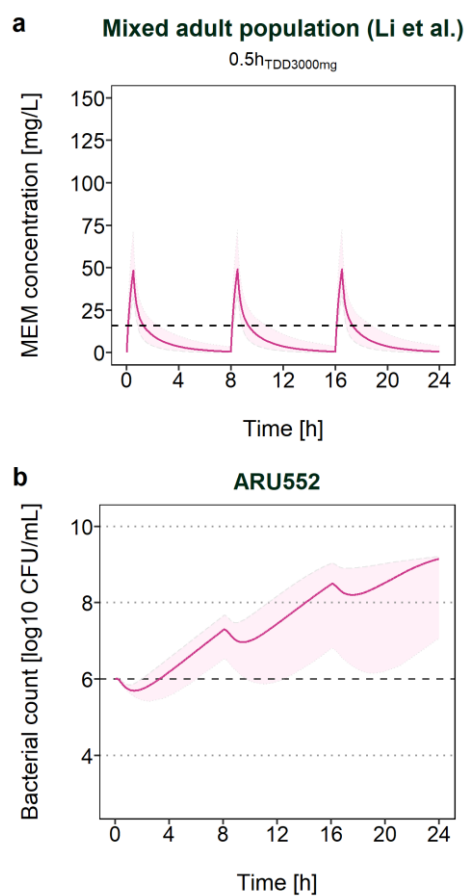


Figure S1. Concentration-time profile of meropenem (MEM, Figure a) and resulting bacterial load over time for a resistant *Pseudomonas aeruginosa* strain (ARU552, Figure b) given approved standard dosing of meropenem (1000 mg every 3 hours administered as 0.5-h infusions).

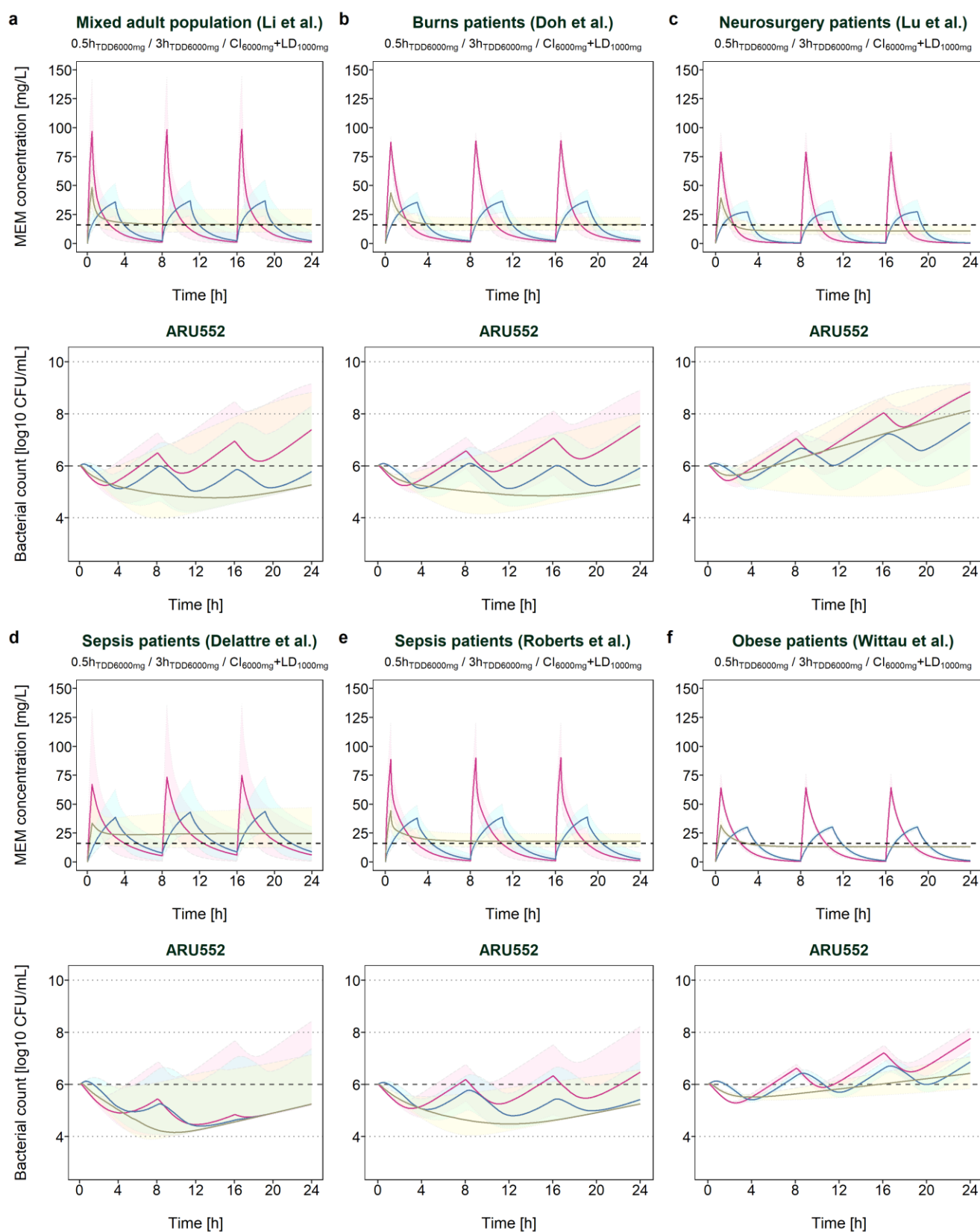


Figure S2. Concentration-time profiles of meropenem (MEM) and resulting bacterial load over time for a resistant *Pseudomonas aeruginosa* strain in six different patient populations (a-f) given three dosing regimens: (i) 2000 mg every 8 hours administered as 0.5-h infusions, (ii) 2000 mg every 8 hours administered as 3-h infusions, and (iii) 6000 mg/24 h administered as continuous infusion following a loading dose of 1000 mg.

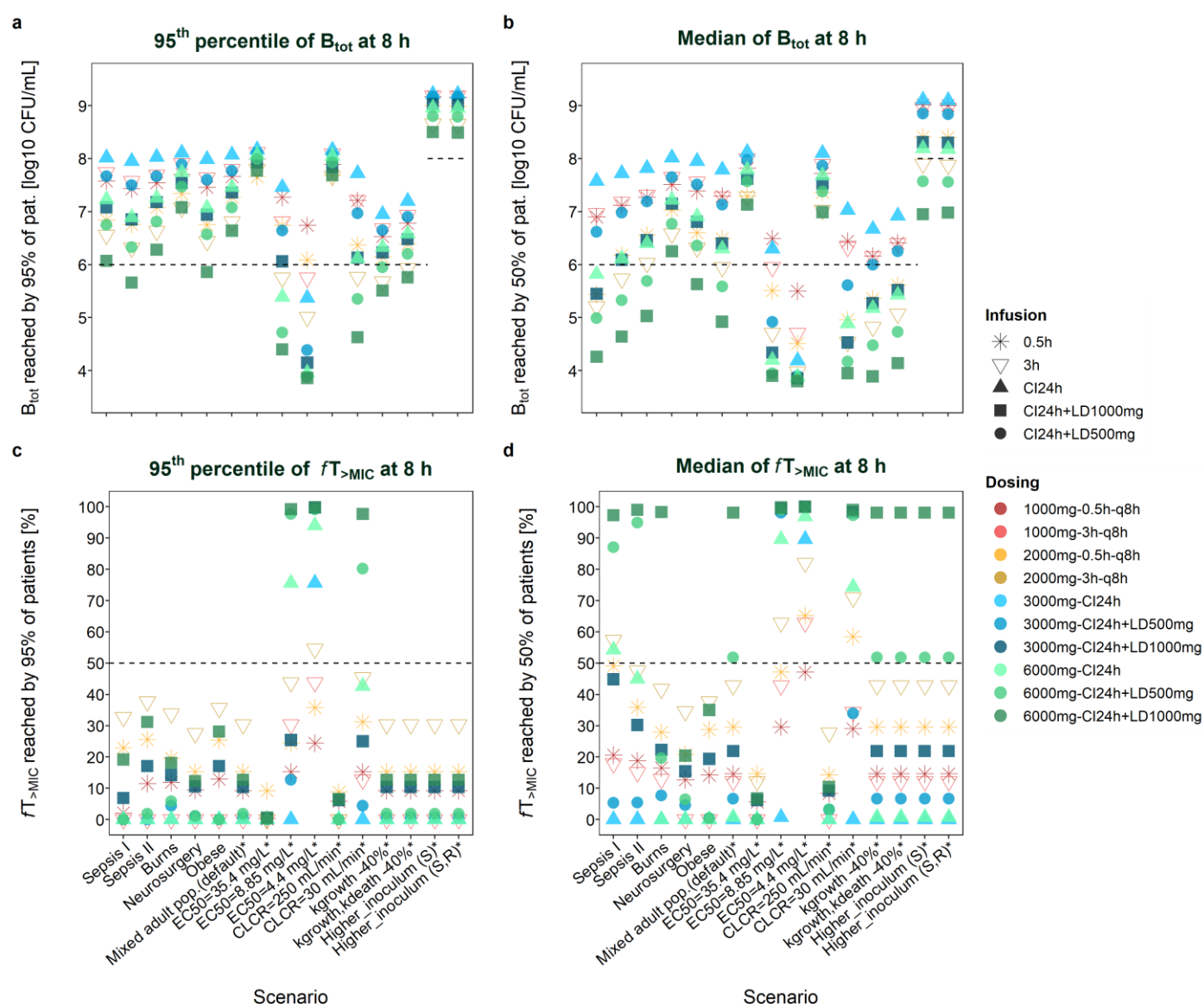


Figure S3. Total bacterial load (B_{tot} , Figures a and b) and $fT_{>MIC}$ (time that meropenem concentrations exceed the minimum inhibitory concentration, Figures c and d) reached by 95% (Figures a and c) or 50% (Figures b and d) of the patient (pat.) population at 8 h after start of therapy given different scenarios. Sepsis I: Delattre et al. [23]; Sepsis II: Roberts et al. [22] (no renal dysfunction); EC₅₀: drug concentration that produces 50% of E_{max} (maximum achievable kill rate constant); CLCR: creatinine clearance; kgrowth: rate constant of bacterial growth; kdeath: rate constant of natural bacterial death; higher inoculum: initial bacterial load of 8 log₁₀ CFU/mL, either assumed to be susceptible or with an initial fraction in the resting state; scenarios marked with an asterisk * refer to a mixed adult population (default scenario; Li et al. [21]); CI: continuous infusion; LD: loading dose; q8h: every 8 hours.

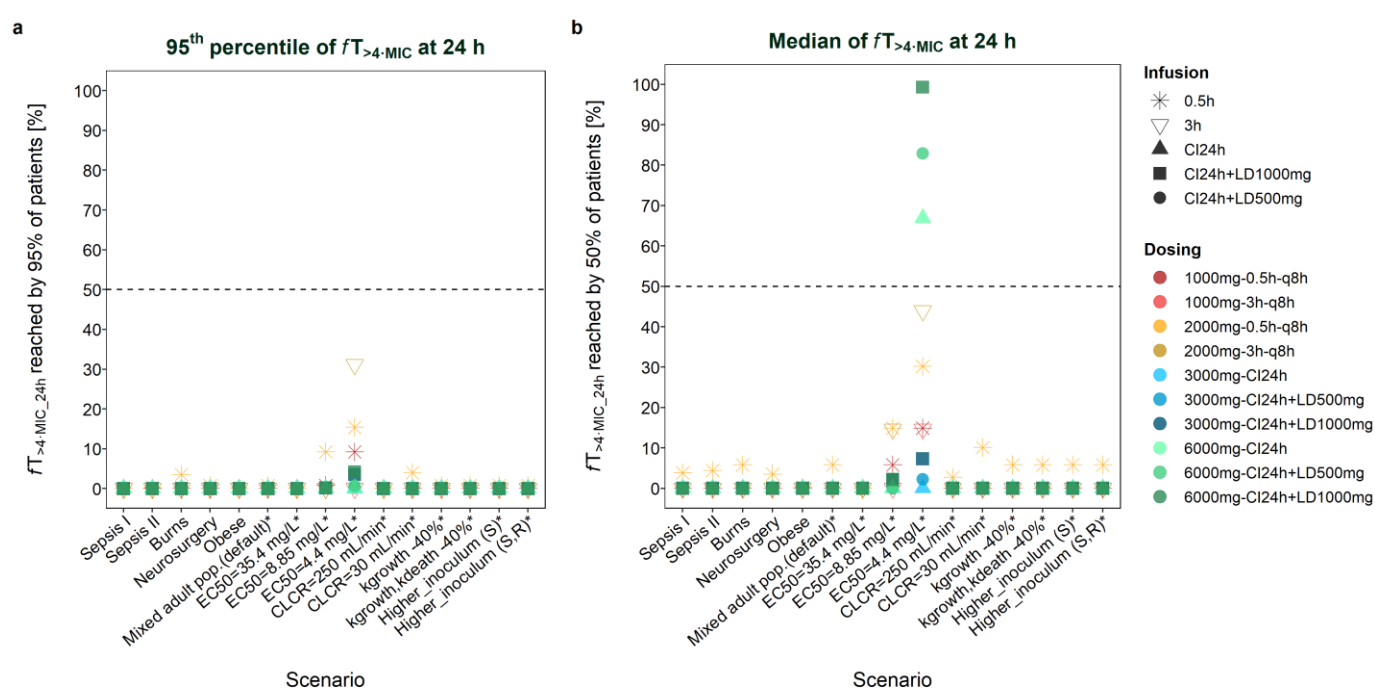


Figure S4. $fT_{>4·MIC}$ (time that meropenem concentrations exceed **four times the minimum inhibitory concentration**) reached by 95% (Figure a) or 50% (Figure b) of the patient population at 24 h after start of therapy given different scenarios. Sepsis I: Delattre et al. [23]; Sepsis II: Roberts et al. [22] (no renal dysfunction); EC₅₀: drug concentration that produces 50% of E_{max} (maximum achievable kill rate constant); CLCR: creatinine clearance; kgrowth: rate constant of bacterial growth; kdeath: rate constant of natural bacterial death; higher_inoculum: initial bacterial load of 8 log₁₀ CFU/mL, either assumed to be susceptible or with an initial fraction in the resting state; scenarios marked with an asterisk * refer to a mixed adult population (default scenario; Li et al. [21]); CI: continuous infusion; LD: loading dose; q8h: every 8 hours.

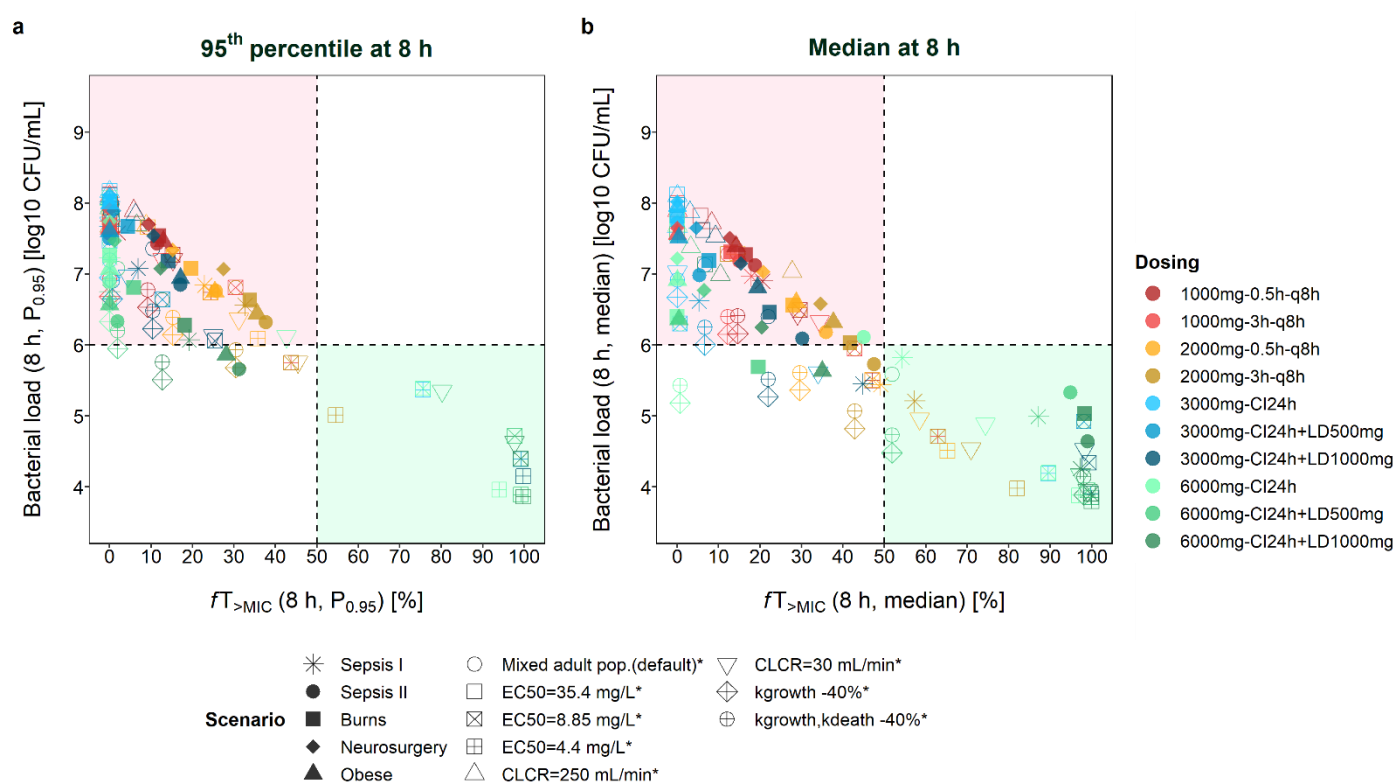


Figure S5. Total bacterial load versus $fT_{>MIC}$ (time that meropenem concentrations exceeded the minimum inhibitory concentration) reached by 95% ($P_{0.95}$, Figure a) or 50% (median; Figure b) of the patient population at 8 h after start of therapy given different scenarios. Sepsis I: Delattre et al. [23]; Sepsis II: Roberts et al. [22] (no renal dysfunction); EC_{50} : drug concentration that produces 50% of E_{max} (maximum achievable kill rate constant); CLCR: creatinine clearance; kgrowth: rate constant of bacterial growth; kdeath: rate constant of natural bacterial death; higher inoculum: initial bacterial load of 8 \log_{10} CFU/mL, either assumed to be susceptible or with an initial fraction in the resting state; scenarios marked with an asterisk * refer to a mixed adult population (default scenario; Li et al. [21]); CI: continuous infusion; LD: loading dose; q8h: every 8 hours.

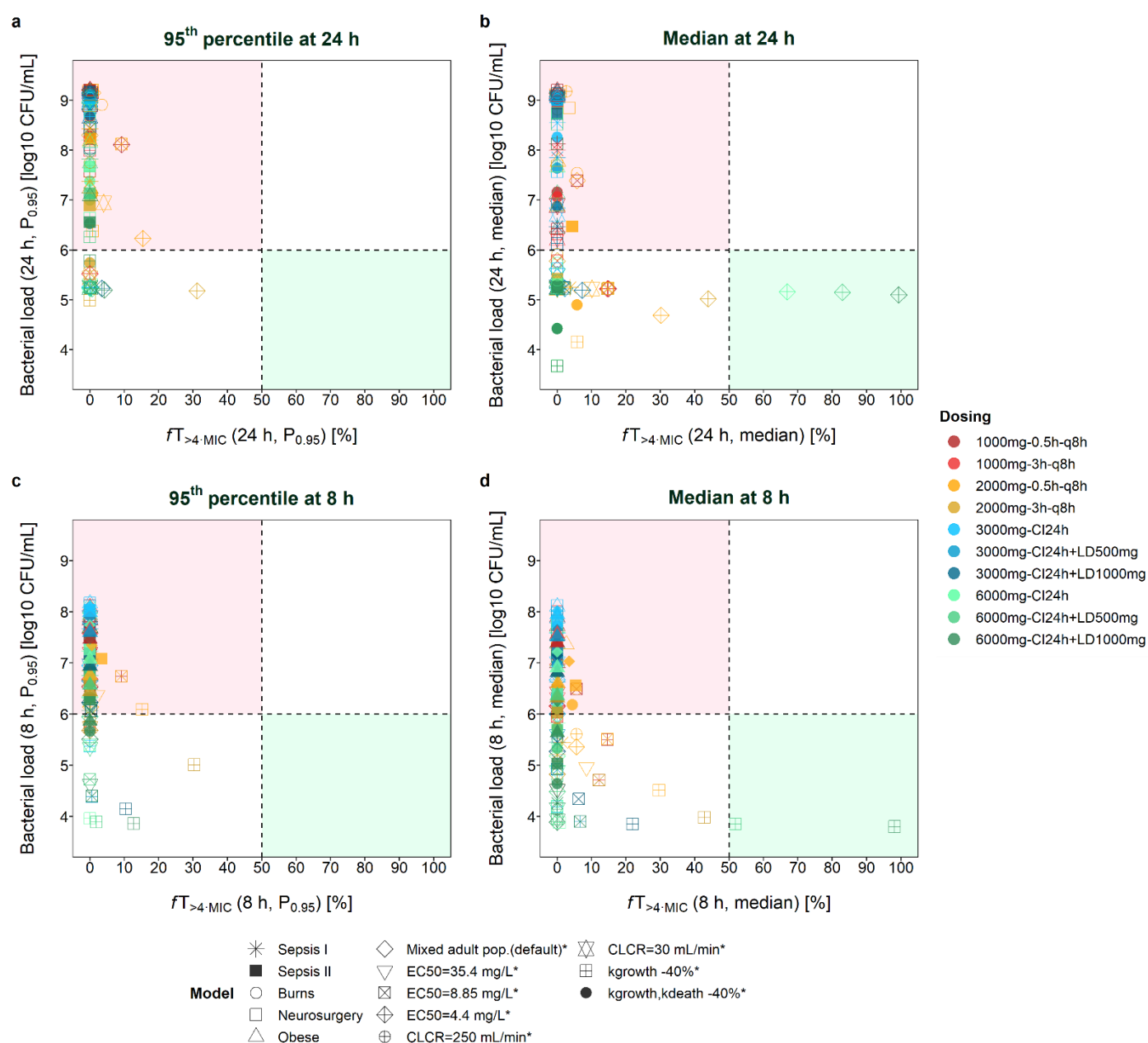


Figure S6. Total bacterial load versus $fT_{>4-MIC}$ (time that meropenem concentrations exceed four times the minimum inhibitory concentration) reached by 95% ($P_{0.95}$, Figures a and c) or 50% (median; Figures b and d) of the patient population at 24 h (Figures a and b) and 8 h (Figures c and d) after start of therapy given different scenarios. Sepsis I: Delattre et al. [23]; Sepsis II: Roberts et al. [22] (no renal dysfunction); EC_{50} : drug concentration that produces 50% of E_{max} (maximum achievable kill rate constant); CLCR: creatinine clearance; kgrowth: rate constant of bacterial growth; kdeath: rate constant of natural bacterial death; higher inoculum: initial bacterial load of 8 log₁₀ CFU/mL, either assumed to be susceptible or with an initial fraction in the resting state; scenarios marked with an asterisk * refer to a mixed adult population (default scenario; Li et al. [21]); CI: continuous infusion; LD: loading dose; q8h: every 8 hours.