

The Illusion of MIC Creep in MRSA

C2-145

R. Reynolds¹, R. Hope², M. Warner² and The BSAC Extended Working Party on Resistance Surveillance¹

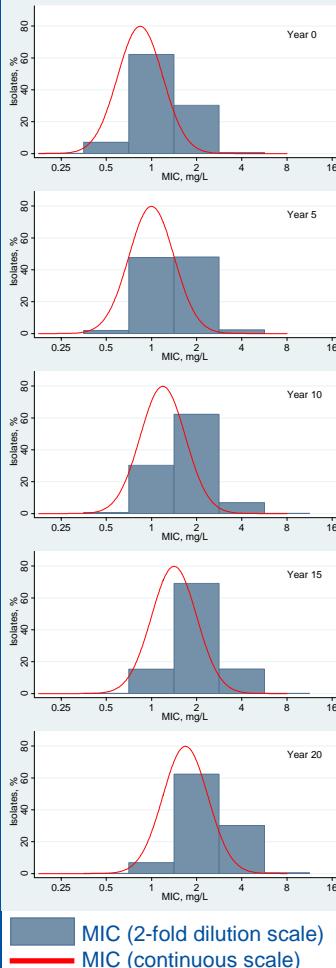
reynolds@bsac.org.uk

49th ICAAC, 12 - 15 September 2009, San Francisco.

¹British Society for Antimicrobial Chemotherapy, Birmingham, B1 3NJ

²Health Protection Agency, London, NW9 5HT

1 MODEL OF MIC CREEP (0.05 doubling dilutions / year)



BACKGROUND

Upward creep of vancomycin MICs for MRSA has been claimed in studies in some countries, but experimental variation over time could produce artefacts in historical data.

METHODS

- The BSAC Bacteraemia Resistance Surveillance Programme receives blood isolates from 25 centres in the UK and Ireland each year.
- MICs are measured centrally by the BSAC agar doubling-dilution method.
- 19 centres contributed in every year from 2001 to 2007.
- 271 MRSA were randomly selected from these 19 sites and re-tested in a single week using 1.4-fold (½-fold) dilutions; results were compared with the historical data.
- Analysis was by interval regression* of $\log_2(\text{MIC})$ for trend over time.
- Prior power calculation showed that the re-test study would have >90% power† to detect creep at a rate of 0.05 doublings/year, illustrated in figure 1.

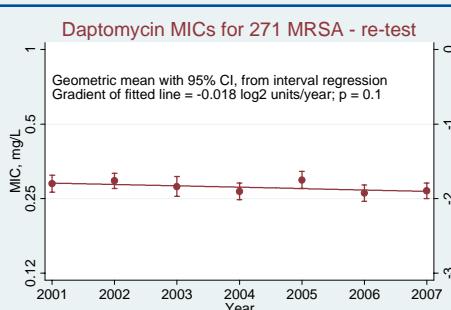
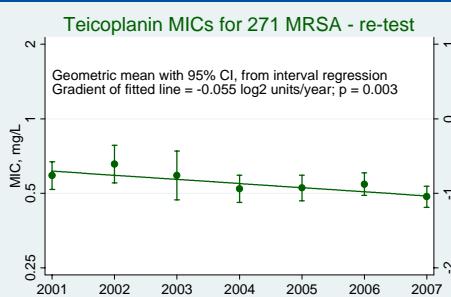
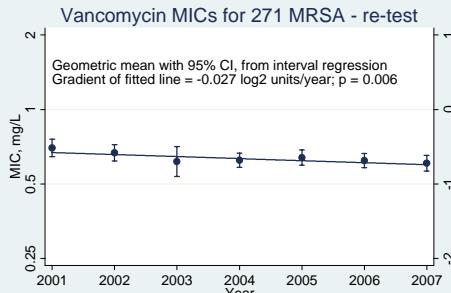
RESULTS

- Historical data suggested significant trends in MICs, upwards for vancomycin (0.07 doublings/year) and downwards for teicoplanin (0.07 halvings/year).
- Re-test results showed that there were no significant upward trends in MICs for vancomycin, teicoplanin or daptomycin.** All identified trends were downwards and very slow:
 - vancomycin 0.03 halvings/year ($p=0.006$)
 - teicoplanin 0.06 halvings/year ($p=0.003$)
 - daptomycin 0.02 halvings/year ($p=0.1$, NS)

* Interval regression recognises that MICs are not known exactly but are in the interval between the tested concentrations, and assumes that MICs have a normal distribution on a log scale.

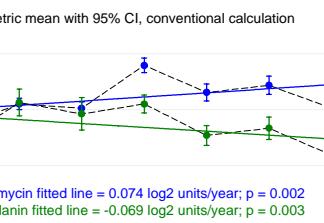
† Actual power was higher, as re-test MICs were less variable than the historical MICs used in the calculation.

2 RE-TEST RESULTS no upward creep

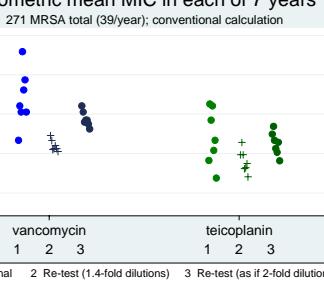


3 YEAR-TO-YEAR VARIATION can give the spurious appearance of creep

Original MICs for 271 MRSA



Geometric mean MIC in each of 7 years



Historical MICs varied between years much more than re-test MICs on the same isolates. This year-to-year experimental variation gave a misleading impression of trend in MICs.

CONCLUSIONS

- The use of historical data to detect subtle MIC creep can mislead.
- There is clear evidence against upward creep in glycopeptide MICs for MRSA in the UK and Ireland from 2001 to 2007.

Working Party Members (July 2009): A. MacGowan¹ (Chair), M. Allen², D. Biek³, D. Brown⁴, D. Felmingham⁵, R. Flamm⁶, R. Hope⁷, D. Lewis⁸, D. Livermore⁷, M. Lockhart⁹, C. Longshaw¹⁰, K. Maher¹¹, I. Morrissey¹¹, J. Northfield¹², J. Porter¹³, R. Reynolds¹, C. Thomson¹², A. White¹⁴.

Organism ID and Susceptibility Testing: R. Hope⁷, M. Warner⁷ and staff at HPA⁷.

Collecting Laboratories: See www.bsac.org.uk or White 2008, JAC 62 (Suppl 2) i3 - ii4

¹North Bristol NHS Trust; ²Novartis; ³Cerexxa; ⁴EUCAST Scientific Secretary; ⁵Consultant Clinical Scientist; ⁶Johnson & Johnson; ⁷Health Protection Agency, London; ⁸HPA South West; ⁹AstraZeneca; ¹⁰Wyeth; ¹¹Quotient Bioresearch Ltd., Microbiology; ¹²Astellas; ¹³Pfizer; ¹⁴Tony White Ltd.;

Central Laboratory: Health Protection Agency, London.

Sponsors 2001-2009: Astellas, AstraZeneca, Cerexxa, Cubist, Johnson & Johnson, MSD, Novartis, Pfizer, Theravance, Wyeth. Support: BSAC.

Correspondence: Dr. R. Reynolds, BSAC Resistance Surveillance Co-ordinator.
Department of Medical Microbiology, Southmead Hospital, Bristol, BS10 5NB, UK.

reynolds@bsac.org.uk

www.bsac.org.uk

