APFID
ASIA PACIFIC FOUNDATION FOR INFECTIOUS DISEASES
ANSORP
ASIAN NETWORK FOR SURVEILLANCE OF RESISTANT PATHOGENS

Monthly Newsletter
October 2012

ANSORP *NOW*

CONTENTS :

Dear ANSORP Investigators

Greetings from Seoul !
I hope all ANSORP investigators are doing well.

This is the 2012 October issue of ANSORP NOW. It provides update information and current status of ANSORP activities. "ANSORP NOW" is a monthly newsletter, delivered to all ANSORP investigators by e-mail and website of APFID (www.apfid.org). Please read this ANSORP NOW carefully to update our international collaboration. If you have any ideas, opinions, or issues that can be shared with other ANSORP investigators, please send us e-mails or FAX.

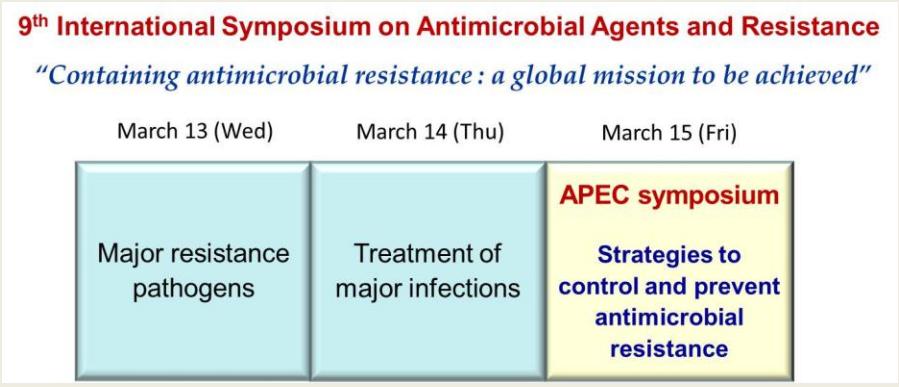
I always appreciate your active participation in the ANSORP activities.

Jae-Hoon Song, MD, PhD
Organizer, ANSORP
Founder & Chairman, APFID

Approval of new APEC project

A new project entitled ***"Strengthening health security – APEC symposium on strategies to control and prevent antimicrobial resistance"***, which was presented at the APEC Health Working Group (HWG) meeting held in St. Petersburg, Russia in June to get APEC support, was approved by APEC.

The current project is to organize an international symposium to discuss the clinical and economic impact of antimicrobial resistance (AMR) and to explore strategies and relevant policies to control AMR in the AP region. The APEC symposium on AMR will be held in Kuala Lumpur, Malaysia in March 2013 in conjunction with 9th International Symposium on Antimicrobial Agents and Resistance (ISAAR). ISAAR 2013 and the APEC symposium will provide relevant and updated information on how we evaluate the impact of AMR and how we control this global problem with world-renowned invited speakers and international participants. ISAAR and APEC Symposium will be a perfect match to emphasize the importance of AMR and to explore the future solutions to AMR.



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Publication of APFID in October 2012

Bloodstream infections in adult patients with cancer : clinical features and pathogenic significance of *Staphylococcus aureus* bacteremia

Support Care Cancer. 2012 Oct;20(10):2371-2378

Kang CI, Song JH, Chung DR, Peck KR, Yeom JS, Son JS, Wi YM;
on behalf of the Korean Network for Study on Infectious Diseases (KONSID)

ABSTRACT

OBJECTIVES: The aim of this study was to more precisely delineate the characteristics and outcomes of bloodstream infections in adult cancer patients.

METHODS: Using a database for nationwide surveillance of bacteremia, we analyzed data related to bacteremia in adult patients with cancer in order to evaluate clinical features and outcomes and to define predictive factors for mortality.

RESULTS: Of 1,246 patients, 896 (71.9%) had solid tumors, 328 (26.3%) had hematologic malignancies, and 22 (1.8%) had both. The following conditions were more common in the neutropenic group than in the non-neutropenic group: nosocomial acquisition, hematologic malignancy, corticosteroid use, immunosuppressant use, primary bacteremia, and pneumonia (all $P < 0.05$). The infections were caused by Gram-negative bacilli in 55.6% and by Gram-positive cocci in 32.7%. Gram-negative pathogens were more frequently isolated from neutropenic patients than from non-neutropenic patients (61.9% vs. 53.5%, $P = 0.010$), with a significant predominance of Escherichia coli and *Klebsiella pneumoniae*. Among 1,001 patients whose outcomes could be evaluated, the overall 30-day mortality rate was 24.1%, and multivariate analysis showed that *Staphylococcus aureus* bacteremia was a significant factor associated with mortality (odds ratio (OR), 1.80; 95% confidence interval (CI), 1.03-3.15), along with nosocomial acquisition, pneumonia, severe sepsis or septic shock, and higher Pitt bacteremia score (all P values <0.05).

CONCLUSION: This study represents the comprehensive assessment of bloodstream infections in neutropenic versus non-neutropenic cancer patients. Given the pathogenic significance of *S. aureus* bacteremia in adult patients with cancer, additional strategies for the management of *S. aureus* bacteremia in cancer patients are needed to improve outcomes.

Interesting paper

Plasmid-mediated resistance in Enterobacteriaceae: changing landscape and implications for therapy.

Drugs. 2012 Jan 1;72(1):1-16

Schultsz C, Geerlings S.

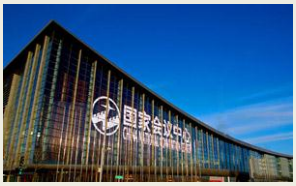
ABSTRACT

Antimicrobial resistance is increasing worldwide, and pathogenic microorganisms that are resistant to all available antimicrobial agents are increasingly reported. Emerging plasmid-encoded extended-spectrum β-lactamases (ESBLs) and carbapenemases are increasingly reported worldwide. Carbapenemase production encoded by genes located on mobile genetic elements is typically accompanied by genes encoding resistance to other drug classes, often but not necessarily located on the same mobile element. Multiple plasmid-mediated mechanisms of resistance against the fluoroquinolones and aminoglycosides have been described, and the combination of plasmid-mediated resistance with chromosomally encoded resistance mechanisms of multiple drug classes now results in strains that are resistant to all of the main classes of commonly used antimicrobial drugs. Clinical studies of antimicrobial therapy and outcome of patients infected with ESBL- or carbapenemase-producing strains of Enterobacteriaceae compared with patients infected with susceptible strains are limited in their design but suggest a worse outcome after infection with resistant strains. Alternative options for the treatment of infections caused by carbapenem-resistant strains of Enterobacteriaceae are limited. Current strategies include colistin, fosfomycin, tigecycline and temocillin. Although in vitro testing suggests strong activity for each of these drugs against a large proportion of carbapenem-resistant strains of Enterobacteriaceae, clinical evaluations do not provide strong evidence for equivalent or improved outcome. Oral treatment with fosfomycin tromethamine is effective against lower urinary tract infections (UTIs) caused by ESBL-producing Escherichia coli. Intravenous fosfomycin may be beneficial and safe for patients when used as part of a combination therapy in the management of severe infections caused by carbapenem-resistant Klebsiella pneumoniae. Tigecycline is only indicated for the treatment of complicated skin and skin structure infections and complicated intra-abdominal infections in Europe, and is also approved for treatment of community-acquired pneumonia in the US. Clearly, further research on the clinical and safety outcomes in the treatment of multidrug-resistant Enterobacteriaceae with these existing alternative drugs, and the development of new and unrelated drugs, are urgently warranted.

If you need PDF version of the papers, please contact ANSORP Project Manager (Dr. So Hyun Kim, shkim@ansorp.org).

9th ISAAR 2013 in Kuala Lumpur, Malaysia in March 2013

We attended 13th APCCMI (Asia-Pacific Congress of Clinical Microbiology and Infection, formerly Western Pacific Congress on Chemotherapy and Infectious Diseases, WPCCID) which was held on October 25-28, 2012 in Beijing, China to introduce scientific programs and world-renowned speakers of 9the ISAAR, which will be held in March 2013 in Malaysia, to participants of ICAAC 2012 and to promote their participation in ISAAR 2013. Many participants visited our booth and were very interested in the scientific programs of ISAAR.



We would like to cordially invite you to join the **9th International Symposium on Antimicrobial Agents and Resistance (ISAAR 2013)**, which will be held at Kuala Lumpur Convention Center (KLCC) in Kuala Lumpur, Malaysia from March 13 to 15, 2013.

Please visit **www.isaar.org** for updates to the program and additional information to enhance your participation in this important meeting on infectious diseases and antimicrobial resistance. We hope that many ANSORP investigators can join the ISAAR 2013.

IMPORTANT DATES

- Deadline for Abstract Submission — Jan 28, 2013
- Deadline for Early Registration — Feb 20, 2013
- Deadline for Late Registration — Mar 1, 2013

We always appreciate your active contribution to ANSORP activities.
If you have any questions, or issues that can be shared with other ANSORP investigators, please let us know them at any time.