

In Vitro Activity of Taurolidine against Clinical *Candida auris* Isolates; Relevance to Catheter-related Bloodstream Infections

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BACKGROUND

- Candida auris* is a highly concerning, emerging global health threat characterized by extensive drug resistance, invasive infections, and high morbidity and mortality.^{1,2}
- Persistent colonization of *C. auris* on skin and abiotic surfaces have led to multiple outbreaks and poses a risk for invasive disease, including bloodstream infections.³⁻⁵
- Mortality rates following *C. auris* bloodstream infections have been reported to be 42-47% and frequently associated with central venous catheters.^{3,6}
- Given the propensity of central lines as a source for bloodstream infections, guidelines have suggested the use of catheter lock solutions as a preventive method in certain patients.⁷
- Taurolidine is a broad-spectrum antimicrobial contained in the first FDA approved catheter lock solution at a concentration of 13,500 mg/L combined with 1,000 Units/mL of heparin.^{8,9}
- While the activity of taurolidine has been described for a number of *Candida* species, no data for *C. auris* are available.
- The purpose of this study was to assess the in vitro activity of taurolidine against *C. auris*.

METHODS

- The in vitro activity of taurolidine was evaluated against 106 isolates obtained from USA, Europe, and Africa; the majority (82%) were recovered from blood cultures.
- Minimum inhibitory concentrations (MIC) for taurolidine and comparators were determined by broth microdilution according to CLSI guidelines with MICs being read after 24 hours.
- The tentative resistant CDC breakpoints were applied for fluconazole (R ≥32 mg/L), amphotericin B (R ≥2 mg/L), and caspofungin (R ≥2 mg/L). No breakpoints are available for taurolidine.

REFERENCES

1. CDC. Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019.

2. WHO fungal priority pathogens list to guide research, development and public health action. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

3. Benedict K, et al. 2023. *Candida auris*—Associated Hospitalizations, United States, 2017–2022. *Emerg Infect Dis* 29:1485–1487.

4. Lyman M, et al. 2023. Worsening Spread of *Candida auris* in the United States, 2019 to 2021. *Ann Intern Med* 176:489–495.

5. Southwick K, et al. 2022. A description of the first *Candida auris*-colonized individuals in New York State, 2016–2017. *Am J Infect Control* 50:358–360.

6. Koleri J, et al. 2023. *Candida auris* Blood stream infection- a descriptive study from Qatar. *BMC Infect Dis* 23:513.

7. Buetti N, et al. 2022. Strategies to prevent central line-associated bloodstream infections in acute-care hospitals: 2022 Update. *Infect Control Hosp Epidemiol* 43:553–569.

8. Defencath [package insert]. CorMedix Inc., Berkeley Heights, NJ. 2024.

9. Center for Drug Evaluation and Research. "FDA Approves New Drug under Special Pathway for Patients Receiving Hemodialysis." FDA, November 15, 2023. <https://www.fda.gov/drugs/news-events-human-drugs/fda-approves-new-drug-under-special-pathway-patients-receiving-hemodialysis>.

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RESULTS

- Taurolidine exhibited antimicrobial activity against all tested *C. auris* isolates with MIC values of ≤1,024 mg/L, whether read at 50% or 100% inhibition.
- The MIC_{50/90} values were similar when using 50% inhibition (MIC_{50/90}, 256/512 mg/L) or 100% reading criterion (MIC_{50/90}, 512/512 mg/L; Table 1).
- Taurolidine activity was similar for all *C. auris* subsets tested regardless of source.

Table 1. Cumulative distributions of MIC values for taurolidine and comparators tested against <i>Candida auris</i>																		
Antimicrobial agent (No. of isolates)	No. and cumulative % of isolates inhibited at MIC (mg/L) of:																MIC ₅₀	MIC ₉₀
	0.06	0.12	0.25	0.5	1	2	4	8	16	32	64	128	256	512	1,024	> ^a		
Taurolidine										0	1	12	58	35				
50% inhibition (106)										0.0	0.9	12.3	67.0	100.0			256	512
Taurolidine												0	14	89	3			
100% inhibition (106)												0.0	13.2	97.2	100.0		512	512
Amphotericin B (106)			0	13	32	59 ^b	0									2		
			0.0	12.3	42.5	98.1	98.1									100.0	2	2
Caspofungin (81)	15	35	20	7	1	0	0	0								3		
	18.5	61.7	86.4	95.1	96.3	96.3	96.3	96.3								100.0	0.12	0.5
Fluconazole (106)					0	1	9	3	1	4	17					71		
					0.0	0.9	9.4	12.3	13.2	17.0	33.0					100.0	>64	>64
^a Greater than the highest concentration tested.																		
^b Shaded values represent resistant isolates according to CDC tentative MIC breakpoints published at https://www.cdc.gov/fungal/candida-auris/c-auris-antifungal.html .																		

Table 2. Cumulative distributions of MIC values for taurolidine tested against comparator-resistant <i>Candida auris</i> subsets									
Resistant *subset (No. of isolates)	No. and cumulative % of isolates inhibited at MIC (mg/L) of:								
Antimicrobial agent	16	32	64	128	256	512	1,024	> ^b	
Amphotericin B-resistant isolates (61)									
Taurolidine 50% inhibition		0	1	37	23				256 512
		0.0	1.6	62.3	100.0				
Taurolidine 100% inhibition			0	1	57	3			512 512
			0.0	1.6	95.1	100.0			
Caspofungin-resistant isolates (3)									
Taurolidine 50% inhibition			0	2	1				256 -
			0.0	66.7	100.0				
Taurolidine 100% inhibition				0	3				512 -
				0.0	100.0				
Fluconazole-resistant isolates (92)									
Taurolidine 50% inhibition		0	1	11	48	32			256 512
		0.0	1.1	13.0	65.2	100.0			
Taurolidine 100% inhibition				0	12	77	3		512 512
				0.0	13.0	96.7	100.0		
^a CDC tentative MIC breakpoints published at https://www.cdc.gov/fungal/candida-auris/c-auris-antifungal.html .									
^b Greater than the highest concentration tested.									

SUMMARY

- Taurolidine exhibited antimicrobial activity against all tested *C. auris* isolates with MIC values of ≤1,024 mg/L.
- The MIC distribution was narrow with MIC₅₀ and MIC₉₀ values 512 mg/L, over 20-fold lower than lock solution concentrations of ≥13,500 mg/L.
- The activity of taurolidine was unaffected by drug resistance to amphotericin B, caspofungin, or fluconazole..
- The data generated herein support the broad-spectrum activity of taurolidine against *C. auris*, with MIC values well below concentrations utilized in commercially available catheter lock solutions.
- Given the recent observation of *C. auris* outbreaks and the association with central venous catheters, these data provide the theoretical basis for anticipating prevention of *C. auris* catheter-related bloodstream infection using taurolidine-based catheter lock solutions.
- Future studies could evaluate these in vitro findings in animal and/or clinical studies.