

SUPPLEMENTARY MATERIAL

Cefiderocol therapy among immunocompromised adult patients: a descriptive analysis from a prospective, multicentre cohort study

Andrea Lombardi^{6,7}, Daniele Roberto Giacobbe^{1,2*}, Davide Mangioni⁷, Bianca Mariani⁷, Antonio Muscatello⁷, Marco Muccio², Chiara Aldieri⁵, Federica Briano⁸, Bruno Cacopardo⁹, Alessandra Calabresi¹⁰, Federico Capra Marzani¹¹, Anna Carretta¹², Annamaria Cattelan¹³, Luca Ceccarelli^{14,15}, Giovanni Cenderello¹⁶, Silvia Corcione^{17,18}, Andrea Cortegiani^{19,20}, Rosario Cultrera^{21,22}, Francesco Giuseppe De Rosa¹⁷, Valerio Del Bono⁵, Filippo Del Puente²³, Chiara Fanelli²⁴, Fiorenza Fava²⁵, Daniela Francisci²⁶, Nicholas Geremia^{27,28}, Lucia Graziani²⁹, Angela Raffaella Losito³⁰, Ivana Maida²⁴, Andrea Marino⁹, Maria Mazzitelli¹³, Marco Merli³¹, Roberta Monardo^{32,33}, Alessandra Mularoni³⁴, Chiara Oltolini³¹, Carlo Pallotto²⁶, Emanuele Pontali²³, Francesca Raffaelli³⁰, Matteo Rinaldi^{14,15}, Marco Ripa^{32,33}, Teresa Antonia Santantonio¹², Francesco Saverio Serino³⁵, Michele Spinicci^{29,36}, Carlo Torti^{30,37}, Enrico Maria Trecarichi³⁸⁻⁴⁰, Mario Tumbarello^{41,42}, Malgorzata Mikulska^{1,2}, Antonio Vena^{1,2}, Alessandra Bandera^{6,7}, Matteo Bassetti^{1,2}; on behalf of CEFI-SITA investigators

CEFI-SITA investigators (collaborators): Cristina Marelli^{43,44}, Vincenzo Di Pilato^{4,45}, Alessio Signori⁴⁶, Laura Labate⁸, Chiara Russo Artimagnella^{1,2}, Mauro Giacomini⁴⁷, Anna Marchese^{4,45}, Ylenia Murgia⁴⁷, Gabriele Di Meco², Alice Cappello², Sabrina Guastavino⁴⁸, Cristina Campi^{48,49}, Michele Piana^{48,49}, Sara Mora⁵⁰, Nicola Rosso⁵⁰, Antonio Di Biagio^{1,2}, Giulia Viglietti², Iole Brunetti⁵¹, Chiara Robba^{4,51}, Lorenzo Ball^{4,51}, Denise Battaglini^{4,51}, Federica Portunato², Maddalena Giannella^{14,15}, Pierluigi Viale^{14,15}, Giulia Viero⁷, Cecilia Azzarà⁷, Paola Saltini^{6,7}, Alessandro Bartoloni^{29,36}, Benedetta Casciato^{29,52}, Chiara Grillo¹², Donatella Concetta Cibelli¹², Silvia Boni²³, Marcello Feasi²³, Paola Del Giacomo³⁰, Gianmaria Baldin³⁰, Federico D'Amico³¹, Giovanna Travi³¹, Teresa Fasciana⁵³, Giulia Catalisano²⁰, Antonino Giarratano^{19,20}, Elena Baranello²⁶, Margherita Albagini²⁶, Chiara Maci^{32,33}, Antonella Castagna^{32,33}, Cecilia Grosso¹⁷, Nour Shbaklo¹⁷, Elena Momesso⁵⁴, Nicoletta Boffa⁵⁴, Elena Potenza⁵⁵, Vincenzo Scaglione¹³, Daniele Mengato⁶⁰, Alessandro Russo^{39,40}, Ludovica Corsello³⁹, Francesca Serapide^{39,40}, Monica Rizzo³⁴, Erika Asperges⁵⁶, Francesco Truffelli⁵⁶, Margherita Sambo⁴¹, Gabriele Giuliano⁴², Francesco Fele²⁴, Chiara Gullotta⁵⁷, Edoardo Campanella⁵⁷, Maria Chiara Meloni²⁴, Sabrina Boraso⁵⁸, Sandro Panese^{27,28}, Aurora Bonazza²², Kristian Scolz⁵⁹, Erika Coppo⁴⁵, Marco Berruti¹⁶.

¹ Department of Health Sciences (DISSAL), University of Genoa, Genoa, Italy

² Clinica Malattie Infettive, IRCCS Ospedale Policlinico San Martino, Genoa, Italy

³ Section of Biostatistics, Department of Health Sciences (DISSAL), University of Genoa, Genoa, Italy

⁴ Department of Surgical Sciences and Integrated Diagnostics (DISC), University of Genoa, Genoa, Italy

⁵ Infectious Diseases Unit, S. Croce e Carle Hospital, Cuneo, Italy

⁶ Department of Pathophysiology and Transplantation, University of Milano, Milano, Italy

⁷ Infectious Diseases Unit, IRCCS Ca' Granda Ospedale Maggiore Policlinico Foundation, Milano, Italy

⁸ SC Malattie Infettive e Tropicali, Ospedale San Paolo Savona, Savona, Italy

⁹ Department of Clinical and Experimental Medicine, Unit of Infectious Diseases, ARNAS Garibaldi Hospital, University of Catania, Catania, Italy

¹⁰ AOU SS Antonio, Biagio e Cesare Arrigo, Alessandria, Italy

¹¹ SC AR1-Terapia Intensiva Generale, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy

¹² Department of Medical and Surgical Sciences, Infectious Diseases Unit, University of Foggia, Foggia, Italy

¹³ Infectious and Tropical Diseases Unit, Padua University Hospital, Padua, Italy

¹⁴ Department of Medical and Surgical Sciences, Alma Mater Studiorum, University of Bologna, Bologna, Italy

¹⁵ Department of Integrated Management of Infectious Risk, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Policlinico Sant'Orsola, Bologna, Italy

¹⁶ Department of Infectious Diseases, Sanremo Hospital, Sanremo, Italy

¹⁷ Department of Medical Sciences, Infectious Diseases, University of Turin, Turin, Italy

¹⁸ Tufts University School of Medicine, Boston, MA, USA

¹⁹ Department of Precision Medicine in Medical, Surgical and Critical Care Area (Me.Pre.C.C.), University of Palermo, Palermo, Italy

²⁰ Department of Anesthesia, Analgesia, Intensive Care and Emergency, University Hospital Policlinico Paolo Giaccone, Palermo, Italy

- ²¹ Department of Translational Medicine, University of Ferrara, Ferrara, Italy
- ²² Infectious Diseases, Azienda Unità Sanitaria Locale of Ferrara, Ferrara, Italy
- ²³ Department of Infectious Diseases, Galliera Hospital, Genoa, Italy
- ²⁴ Department of Medicine, Surgery and Pharmacy, University of Sassari, Sassari, Italy
- ²⁵ Anestesia e Terapia Intensiva Cardiotoracica, Fondazione IRCCS Policlinico San Matteo, Pavia, Italy
- ²⁶ Infectious Diseases Clinic, Santa Maria della Misericordia Hospital, Department of Medicine, University of Perugia, Perugia, Italy
- ²⁷ Unit of Infectious Diseases, Department of Clinical Medicine, Ospedale "dell'Angelo", Venice, Italy
- ²⁸ Unit of Infectious Diseases, Department of Clinical Medicine, Ospedale Civile "S.S. Giovanni e Paolo", Venice, Italy
- ²⁹ Department of Experimental and Clinical Medicine, University of Florence, Florence, Italy
- ³⁰ Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Dipartimento di Scienze Mediche e Chirurgiche, UOC Malattie Infettive, Rome, Italy
- ³¹ ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy
- ³² Università Vita-Salute San Raffaele, Milan, Italy
- ³³ IRCCS San Raffaele Scientific Institute, Department of Infectious Diseases, Milan, Italy
- ³⁴ IRCCS-ISMETT, Palermo, Italy
- ³⁵ Azienda ULSS4 Veneto Orientale, UOS Malattie Infettive, UOC Medicina Generale Portogruaro, Portogruaro, Italy
- ³⁶ Infectious and Tropical Diseases Unit, Careggi University Hospital, Florence, Italy
- ³⁷ Università Cattolica del Sacro Cuore, Dipartimento di Sicurezza e Bioetica, Sez. Malattie Infettive, Rome, Italy
- ³⁸ Department of Life Science, Health, and Health Professions; Link Campus University, Rome, Italy
- ³⁹ Department of Medical and Surgical Sciences, University "Magna Graecia", Catanzaro, Italy
- ⁴⁰ "R. Dulbecco" Teaching Hospital, Catanzaro, Italy
- ⁴¹ Department of Medical Biotechnologies, University of Siena, Siena, Italy
- ⁴² Infectious and Tropical Diseases Unit, Azienda Ospedaliero Universitaria Senese, Siena, Italy
- ⁴³ Oncostat, CESP, Inserm U1018, Université Paris-Saclay, Labeled Ligue Contre le Cancer, Gustave Roussy, Villejuif, France
- ⁴⁴ Institut Curie - INSERM U1331, Team statistics applied to personalized medicine, Paris, France
- ⁴⁵ UO Microbiologia, IRCCS Ospedale Policlinico San Martino, Genoa, Italy
- ⁴⁶ Section of Biostatistics, Department of Health Sciences (DISSAL), University of Genoa, Genoa, Italy
- ⁴⁷ Department of Informatics, Bioengineering, Robotics and System Engineering (DIBRIS), University of Genoa, Genoa, Italy
- ⁴⁸ Department of Mathematics (DIMA), University of Genoa, Genoa, Italy
- ⁴⁹ Life Science Computational Laboratory (LISCOMP), IRCCS Ospedale Policlinico San Martino, Genoa, Italy
- ⁵⁰ UO Information and Communication Technologies, IRCCS Ospedale Policlinico San Martino, Genoa, Italy
- ⁵¹ Anesthesia and Critical Care Unit, IRCCS Ospedale Policlinico San Martino, Genoa, Italy
- ⁵² Microbiology and Virology Unit, Careggi University Hospital, Florence, Italy
- ⁵³ Department of Health Promotion, Maternal-Childhood, Internal Medicine of Excellence "G. D'Alessandro", University of Palermo, Palermo, Italy
- ⁵⁴ UOC Anestesia e Rianimazione, AULSS 4 Veneto Orientale, San Donà di Piave, Italy
- ⁵⁵ Azienda ULSS4 Veneto Orientale, UOC Neurologia, Portogruaro, Italy
- ⁵⁶ Infectious Diseases Unit, Fondazione IRCCS Policlinico di Pavia, Pavia, Italy
- ⁵⁷ Department of Clinical and Experimental Medicine, University of Messina, Messina, Italy
- ⁵⁸ Terapia Intensiva Generale e Neurochirurgica, Ospedale "dell'Angelo", Venice, Italy
- ⁵⁹ Malattie Infettive, Azienda Ospedaliero-Universitaria di Ferrara, Ferrara, Italy
- ⁶⁰ Hospital Pharmacy Unit, Azienda Ospedale-Università Padova, Padua, Italy

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Corresponding author: Daniele Roberto Giacobbe, Department of Health Sciences (DISSAL), University of Genoa, Genoa, Italy and Clinica Malattie Infettive, IRCCS Ospedale Policlinico San Martino, Genoa, Italy; mail: danieleroberto.giacobbe@unige.it

Supplementary Table 1. 28-day clinical cure in patients receiving targeted cefiderocol therapy.

Infection ^{*,a}	Total	SOT	Haematology	Other IC	Non-IC
Enterobacterales infection^c	17/22 (77.3)	-	4/5 (80.0)	5/7 (71.4)	8/10 (80.0)
Cefiderocol monotherapy	10/11 (90.9)	-	2/2 (100.0)	3/4 (75.0)	5/5 (100.0)
Combination therapy ^b	7/11 (63.6)	-	2/3 (66.7)	2/3 (66.7)	3/5 (60.0)
<i>Pseudomonas aeruginosa</i> infection^d	17/21 (81.0)	2/2 (100.0)	3/3 (100.0)	4/4 (100.0)	8/12 (66.7)
Cefiderocol monotherapy	9/11 (81.8)	1/1 (100.0)	2/2 (100.0)	4/4 (100.0)	2/4 (50.0)
Combination therapy ^b	8/10 (80.0)	1/1 (100.0)	1/1 (100.0)	-	6/8 (75.0)
<i>Acinetobacter baumannii</i> infection^e (missing = 2)	21/50 (42.00)	2/4 (50.0)	1/4 (25.0)	2/10 (20.0)	16/32 (50.0)
Cefiderocol monotherapy	13/25 (52.0)	2/4 (50.0)	0/1 (0.0)	2/4 (50.0)	9/16 (56.3)
Combination therapy ^b , missing = 2	8/25 (32.0)	-	1/3 (33.3)	0/6 (0.0)	7/16 (43.8)
MBL-producing Gram-negative infection^{f,g,h}	16/21 (76.2)	1/1 (100.0)	6/6 (100.0)	3/5 (60.0)	6/9 (66.7)
Cefiderocol monotherapy	10/12 (83.3)	1/1 (100.0)	4/4 (100.0)	2/3 (66.7)	3/4 (75.0)
Combination therapy ^b	6/9 (66.7)	-	2/2 (100.0)	1/2 (50.0)	3/5 (60.0)

Supplementary Table 1 legend. Results are presented as number of patients with 28-day clinical cure (percentage). Discharged patients excluded from denominator. MBL, metallo-β-lactamases.

* Number of missing values, impacting frequency and percentage calculation, are reported.

^a Infection by only one Gram-negative genus (with the exception of Enterobacterales infection, for which concomitant infection by more than one member of the Enterobacterales order was also considered).

^b Anti-CR-GNB combination was defined as treatment with cefiderocol in combination with at least one of the following agents: aminoglycosides; fosfomycin; tigecycline (with the exception of targeted therapy of *P. aeruginosa* infections); polymyxins; sulbactam or ampicillin/sulbactam (as empirical treatment of as targeted therapy for *A. baumannii* infections).

^c Site/s of Enterobacterales infection: bloodstream infection (n = 10); lower respiratory tract infection (n = 6); urinary tract infection (n = 1); skin and soft tissue infection (n = 1); intra-abdominal infection (n = 1); more than one indication (n = 3).

^d Site/s of *P. aeruginosa* infection: lower respiratory tract infection (n = 11); bloodstream infection (n = 5); urinary tract infection (n = 2); intra-abdominal infection (n = 1); skin and soft tissue infection (n = 1); more than one indication (n = 1).

^e Site/s of *A. baumannii* infection: lower respiratory tract infection (n = 25); bloodstream infection (n = 19); bone and joint infection (n = 2); urinary tract infection (n = 2); intra-abdominal infection (n = 1); more than one indication (n = 1).

^f Site/s of MBL-producing Gram-negative infection: lower respiratory tract infection (n = 8); bloodstream infection (n = 5); urinary tract infection (n = 3); intra-abdominal infection (n = 2); skin and soft tissue infection (n = 2); more than one indication (n = 1).

^g Type of MBL enzyme: VIM (n = 18); NDM (n = 3).

^h Type of MBL-producing causative agent: *P. aeruginosa* (n = 11); Enterobacterales (n = 10).

Supplementary Table 2. Clinical outcomes in patients receiving targeted cefiderocol therapy, adjusted 28-day clinical cure**.

Infection ^{*,a}	Total	Haematology	Non-IC	Other IC	SOT
Enterobacterales infection^c	20/25 (80.0)	4/5(80.0)	11/13 (84.6)	5/7 (71.4)	-
Cefiderocol monotherapy	12/13 (92.3)	2/2 (100.0)	7/7 (100.0)	3/4 (75.0)	-
Combination therapy ^b	8/12 (66.7)	2/3 (66.7)	4/6 (66.7)	2/3 (66.7)	-
<i>Pseudomonas aeruginosa</i> infection^d	19/23 (82.6)	3/3 (100.0)	9/13 (69.2)	4/4 (100.0)	3/3 (100.0)
Cefiderocol monotherapy	11/13 (84.6)	2/2 (100.0)	3/5 (60.0)	4/4 (100.0)	2/2 (100.0)
Combination therapy ^b	8/10 (80.0)	1/1 (100.0)	6/8 (75.0)	-	1/1 (100.0)
<i>Acinetobacter baumannii</i> infection^e, missing = 2	30/59 (50.9)	3/6 (50.0)	20/36 (55.6)	4/12 (33.3)	3/5 (60.0)
Cefiderocol monotherapy	15/27 (55.6)	0/1 (0.0)	10/17 (58.8)	3/5 (60.0)	2/4 (50.0)
Combination therapy ^b , missing = 2	15/32 (46.9)	3/5 (60.0)	10/19 (52.6)	1/7 (14.3)	1/1 (100.0)
MBL-producing Gram-negative infection^{f,g,h}	16/21 (76.2)	6/6 (100.0)	6/9 (66.7)	3/5 (60.0)	1/1 (100.0)
Cefiderocol monotherapy	10/12 (83.3)	4/4 (100.0)	3/4 (75.0)	2/3 (66.7)	1/1 (100.0)
Combination therapy ^b	6/9 (66.7)	2/2 (100.0)	3/5 (60.0)	1/2 (50.0)	-

Supplementary Table 2 legend. Results are presented as number of patients with adjusted 28-day clinical cure (percentage). MBL, metallo-β-lactamases.

* Number of missing values, impacting frequency and percentage calculation, are reported.

** Adjusted with inclusion of discharged patients in the denominator.

^a Infection by only one Gram-negative genus (with the exception of Enterobacterales infection, for which concomitant infection by more than one member of the Enterobacterales order was also considered).

^b Anti-CR-GNB combination was defined as treatment with cefiderocol in combination with at least one of the following agents: aminoglycosides; fosfomycin; tigecycline (with the exception of targeted therapy of *P. aeruginosa* infections); polymyxins; sulbactam or ampicillin/sulbactam (as empirical treatment of as targeted therapy for *A. baumannii* infections).

^c Site/s of Enterobacterales infection: bloodstream infection (n = 11); lower respiratory tract infection (n = 7); urinary tract infection (n = 2); skin and soft tissue infection (n = 1); intra-abdominal infection (n = 1); more than one indication (n = 3).

^d Site/s of *P. aeruginosa* infection: lower respiratory tract infection (n = 11); bloodstream infection (n = 6); urinary tract infection (n = 2); intra-abdominal infection (n = 1); skin and soft tissue infection (n = 1); more than one indication (n = 2)

^e Site/s of *A. baumannii* infection: lower respiratory tract infection (n = 27); bloodstream infection (n = 24); bone and joint infection (n = 2); urinary tract infection (n = 2); intra-abdominal infection (n = 1); more than one indication (n = 2); site/s not reported (n = 1).

^f Site/s of MBL-producing Gram-negative infection: lower respiratory tract infection (n = 8); bloodstream infection (n = 5); urinary tract infection (n = 3); intra-abdominal infection (n = 2); skin and soft tissue infection (n = 2); more than one indication (n = 1)

^g Type of MBL enzyme: VIM (n = 18); NDM (n = 3)

^h Type of MBL-producing causative agent: *P. aeruginosa* (n = 11); Enterobacterales (n = 10).

Supplementary Table 3. Multivariable model after backward selection (model C) and shared frailty analysis (model D) of factors associated with 30-day mortality in the study population receiving cefiderocol targeted therapy for Enterobacterales, *Pseudomonas aeruginosa* or *Acinetobacter baumannii* infection (n = 109).

Variable*	Multivariable model** (Model C) ^a		Shared frailty model (Model D) ^b	
	HR (95% CI)	p-value	HR (95% CI)	p-value
Age in years	1.02 (1.00-1.05)	0.0466	1.02 (1.00-1.05)	0.0728
Diabetes mellitus	2.14 (1.01-4.51)	0.0464	1.78 (0.82-3.88)	0.1470
Previous myocardial Injury	4.47 (1.98-10.11)	0.0003	3.76 (1.60-8.84)	0.0024
Previous steroid therapy	2.80 (1.32-5.95)	0.0073	2.60 (1.19-5.70)	0.0168
Presence of ARDS	3.05 (1.15-8.06)	0.0246	4.16 (1.43-12.06)	0.0087
<i>Acinetobacter baumannii</i> infection	2.61 (1.18-5.77)	0.0174	3.23 (1.30-8.04)	0.0114
Type of immunosuppression		0.1988		0.1497
SOT (vs. non-IC as ref.)	0.48 (0.10-2.12)	0.3443	0.46 (0.10-2.14)	0.3195
Haematology (vs. non-IC as ref.)	0.48 (0.14-1.71)	0.2587	0.50 (0.14-1.83)	0.2923
Other IC (vs. non-IC as ref.)	1.47 (0.65-3.34)	0.3559	1.66 (0.72-3.84)	0.2353

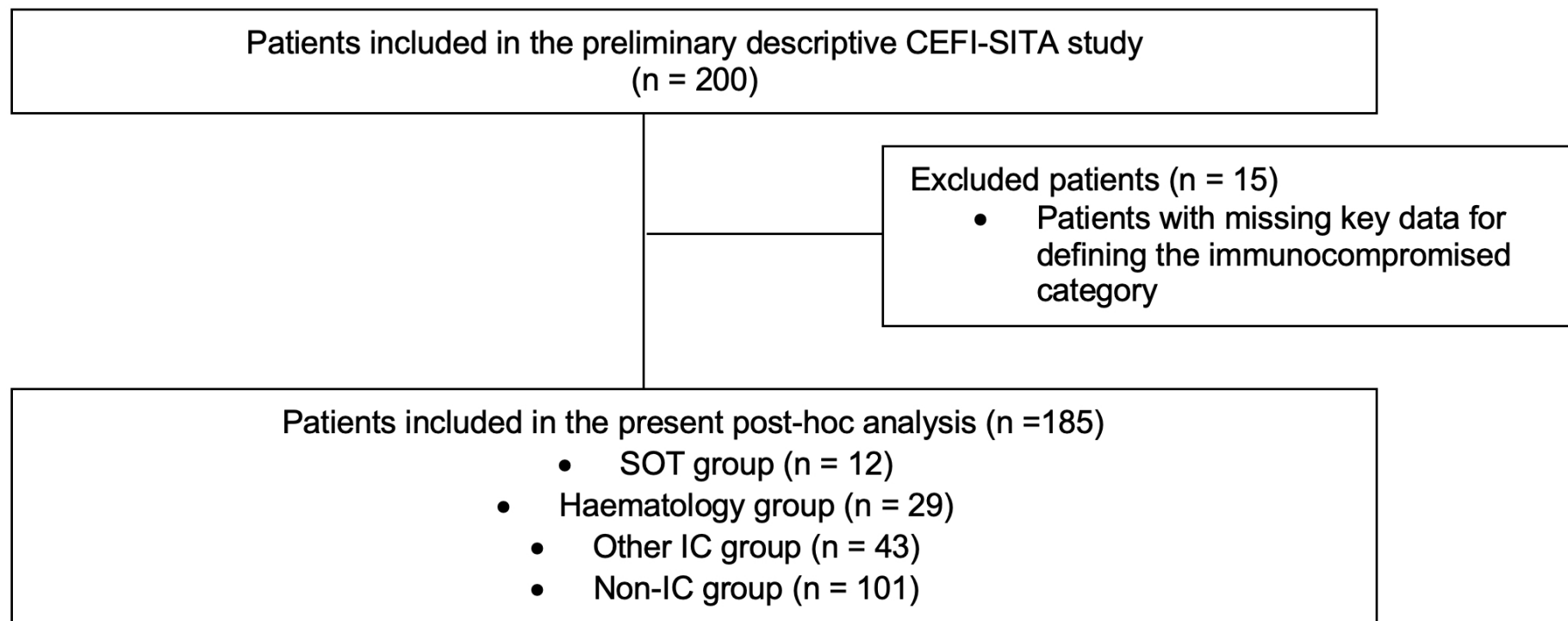
Supplementary Table 3 legend. Analyses conducted after multiple imputation. The reported p-values are from the Cox regression analysis. Bold values are significant at the selected level of significance ($\alpha = 0.05$). ARDS, acute respiratory distress syndrome; CI, confidence interval. HR, hazard ratio; IC, immunocompromised; SOT, solid organ transplantation.

* Variable previous major surgery was included in the initial multivariable model as a time-dependent covariate, utilising an interaction term with time (significant: confirms that the association between the variable and the outcome varies over time, $p = 0.0461$). The variable was not selected by the backward procedure for the final model multivariable model.

^a Final multivariable model after backward selection. Type of immunosuppression was forced to remain among the variables selected by the backward selection procedure (for details, see methods).

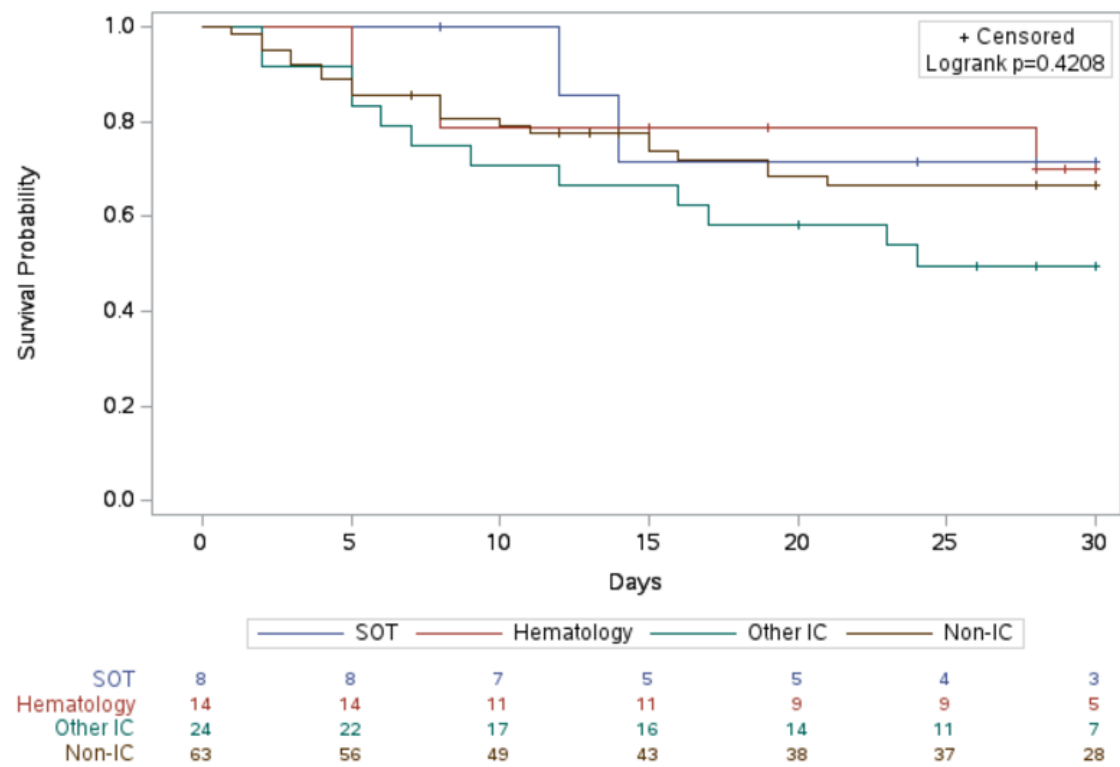
^b Centre included as shared frailty.

Supplementary Figure 1. Flowchart of the patient inclusion process.



Supplementary Figure 1 legend. IC, immunocompromised; SOT, solid organ transplantation.

Supplementary Figure 2. Survival in patients with cefiderocol targeted treatment for Enterobacterales, *Pseudomonas aeruginosa*, or *Acinetobacter baumannii* infections (SOT vs. haematology vs. other IC vs. non-IC).



Supplementary Figure 2 legend. The time of origin was set at the day of cefiderocol initiation. Death was the event of interest and right-censoring was applied at the end of follow-up (hospital discharge or day 30, whichever came first). Site/s of *Enterobacterales* infection: bloodstream infection (n = 11); lower respiratory tract infection (n = 7); urinary tract infection (n = 2); skin and soft tissue infection (n = 1); intra-abdominal infection (n = 1); more than one indication (n = 3). Site/s of *P. aeruginosa* infection: lower respiratory tract infection (n = 11); bloodstream infection (n = 6); urinary tract infection (n = 2); intra-abdominal infection (n = 1); skin and soft tissue infection (n = 1); more than one indication (n = 2). Site/s of *A. baumannii* infection: lower respiratory tract infection (n = 27); bloodstream infection (n = 26); bone and joint infection (n = 2); urinary tract infection (n = 2); intra-abdominal infection (n = 1); more than one indication (n = 2); site/s not reported (n = 1). IC, immunocompromised; SOT, solid organ transplantation.