



# AMR Summit R&D priorities and opportunities – ASID CRN

- The Australasian Society for Infectious Diseases  
Clinical Research Network
- Formed in 2009
- Network to facilitate collaborative, investigator-initiated clinical research in Australia and New Zealand
- Over 30 active research sites (mostly public hospitals)
- Over 1,500 patients enrolled in CRN studies thus far

# ASID CRN priority areas

- *S. aureus* bacteraemia
- Bone and joint infections
- Gram negative bacteraemia
- Skin and soft tissue infections

ORIGINAL ARTICLE

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**What do infectious diseases physicians do? A 2-week snapshot of inpatient consultative activities across Australia, New Zealand and Singapore**

Research

Determining research priorities for clinician-initiated trials in infectious diseases

1 Proposals for randomised-controlled trials ranked highest for clinical significance by infectious diseases physicians

	Mean score*	Protocol title
1	3.97	Early prosthetic joint infections managed with debridement and retention: 6 weeks of intravenous antibiotics versus 2 weeks of intravenous antibiotics and prolonged oral antibiotics
2	3.83	Native joint septic arthritis or osteomyelitis: 6 weeks of intravenous antibiotics versus 2 weeks of intravenous antibiotics and prolonged oral antibiotics
3	3.82	Uncomplicated <i>Staphylococcus aureus</i> bloodstream infections: 2 weeks of intravenous antibiotics versus 1 week of intravenous antibiotics and 1 week of oral antibiotics
4	3.74	All oral antibiotic regimen versus prolonged intravenous antibiotics for diabetic foot infection
5	3.43	Meropenem versus piperacillin–tazobactam for serious infections caused by an extended-spectrum $\beta$ -lactamase producer
6	3.38	Enterococcal endocarditis: ampicillin–gentamicin versus ampicillin/ceftriaxone
7	3.30	Fosfomycin versus ertapenem for urinary tract infections caused by an extended-spectrum $\beta$ -lactamase producer
8	3.26	Daptomycin versus vancomycin for methicillin-resistant <i>S. aureus</i> bloodstream infections with a minimum inhibitory concentration of vancomycin of 2 mg/L
9	3.25	Short (2-day) versus standard (5-day) intravenous treatment for cellulitis
10	3.23	14-day versus 7-day antibiotic course for bloodstream infections caused by gram-negative bacilli
11	3.11	$\beta$ -lactam plus aminoglycoside combination therapy versus $\beta$ -lactam



# AMR Summit CRN priorities relating to AMR

- 1) Repurposing or redefining currently available antibiotics with potentially useful activity against MROs
  - E.g. flucloxacillin against MRSA in CAMERA2; Pip/Tazo against ESBLs in MERINO
- 2) Defining minimal duration of antibiotic therapy for common infections
  - E.g. shortening antibiotic Rx for PJI (PIANOFORTE) and VOM (VOM study)
- 3) Optimising use of currently available antibiotics to improve clinical outcomes and prevent the emergence of resistance
  - BLING1/2/3 (continuous infusion beta-lactams); VANESSA
- 4) Linking infection prevention and AMS units to do research into effective models of care
- 5) Developing and applying novel methodologies to increase efficiency of clinical trials
  - Adaptive platform trials - e.g. SNAP

# CRN Spring meeting

- Melbourne, 28-29 October, 2017
  - Prior to MIDG Forbes Week
- Vance Fowler (ARLG)
- Sessions
  - Research networks and methods
  - Registrar research
  - Studies in progress
  - New proposals

