

25. AE-Kongress

8.–9. Dezember 2023 in Leipzig

### Treatment of PJI in centers The French III <u>CRIOAc</u> model

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Clinical officer of the ESCMID STUDY GRUND NON-TRADITIONAL ANTIBACTERIAL TH European Society of Clinical Microbiology and Infectious D

PHAGE*in*LYON Clinic









## I am infectious disease physician (with a PhD)



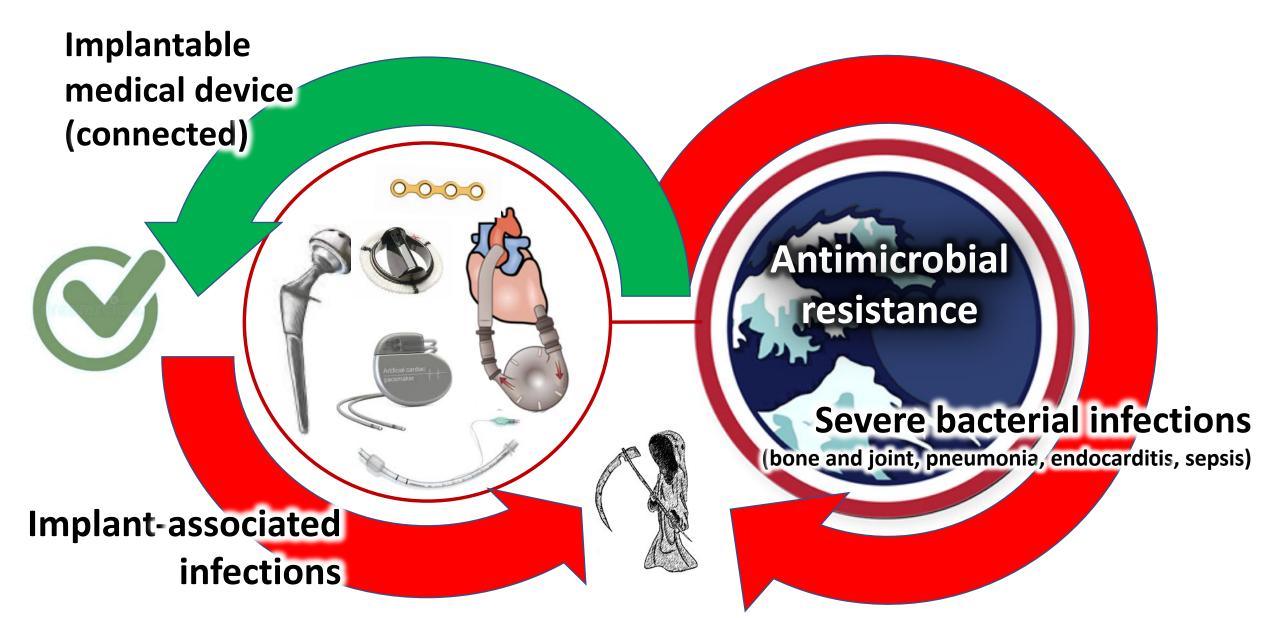






I have conflict of interest with the patients!

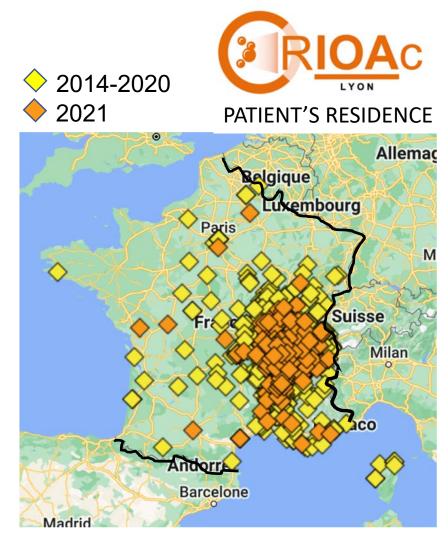
## Two major problems



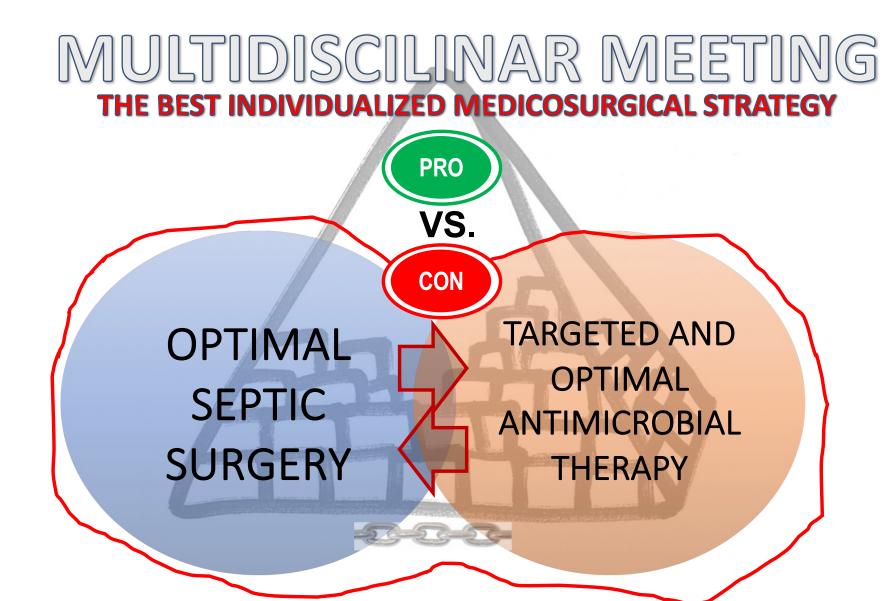
#### Referral center for the management of DE LA SANTÉ ET DE LA PRÉVENTION complex bone and joint infections (BJI)



Égalité



### Personalized medicine for BJI



#### MINISTÈRE DE LA SANTÉ ET DE LA PRÉVENTION Libert Égalité Fratemité

# Referral center for the management of complex bone and joint infections (BJI)

*Centre de Référence des Infections osteoarticulaires complexes* Established by the French health ministry (DGOS) since 2009

## Why?

- Several plans against **nosocomial infections** in France
- Incidence of **<u>complex BJI</u>** is higher than expected
- It is associated with <u>high morbidity, motor disability, cost and mortality</u>
- **Complete separation** of the management (surgery, and then antibiotics)
- Wandering patients undergoing numerous suboptimal surgeries
- Need to concentrate complex patients to <u>improve the knowledge</u> and the <u>care</u>

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# Referral center for the management of complex bone and joint infections (BJI)

*Centre de Référence des Infections osteoarticulaires complexes* Established by the French health ministry (DGOS) since 2009

## How?

- Establishment of a <u>call</u>, each <u>5 years</u>, to <u>label</u> expert hospitals
- The number is balanced between **territorial coverage** and **expertise**
- **CRIOAc** and « **associated centers** »
- Funding of a dedicated secured national website to perform multidisciplinary meetings
- Provision of a secretary and a study nurse to <u>organize</u> the performance of multidisciplinary meetings and to communicate

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# Referral center for the management of complex bone and joint infections (BJI)

*Centre de Référence des Infections osteoarticulaires complexes* Established by the French health ministry (DGOS) since 2009

## In order to

- Facilitate the **multidisciplinary management** of BJI
- Start the discussions **before surgery**
- Perform **multidisciplinary meetings** to define if the BJI is complex or not
- <u>Concentrate</u> the most difficult-to-treat patients and <u>create expert teams</u>
- Promote the <u>research</u>, <u>innovations</u> and their evaluations, and <u>education</u> in the field of BJI

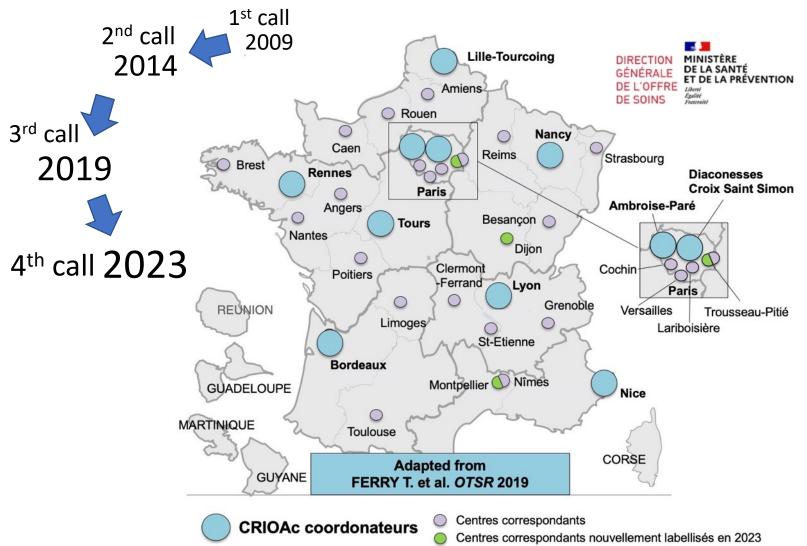
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# Referral center for the management of complex bone and joint infections (BJI)





#### Referral center for the management of **DE LA SANTÉ ET DE LA PRÉVENTION** complex bone and joint infections (BJI)



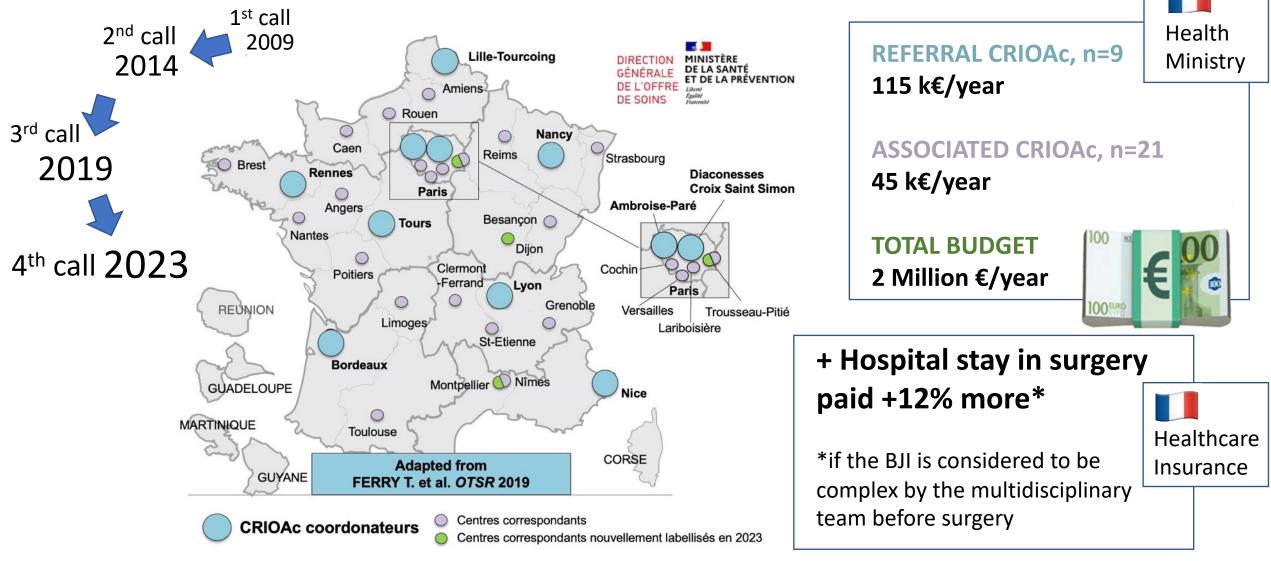
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#### Referral center for the management of MINISTÈRE DE LA SANTÉ **ET DE LA PRÉVENTION** complex bone and joint infections (BJI)

Égalité Fraternite



MINISTÈRE DE LA SANTÉ ET DE LA PRÉVENTION Liberté Égalité Fraternité

#### https://si-ioa.sante.gouv.fr A secured national website

- Design the website
- Secure the <u>access</u> (professional card)
- Secure the **hosting** of the data (medical data)
- Permit <u>extractions</u> (RGPD)
- Maintain, protect and update the system





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### https://si-ioa.sante.gouv.fr A secured national website



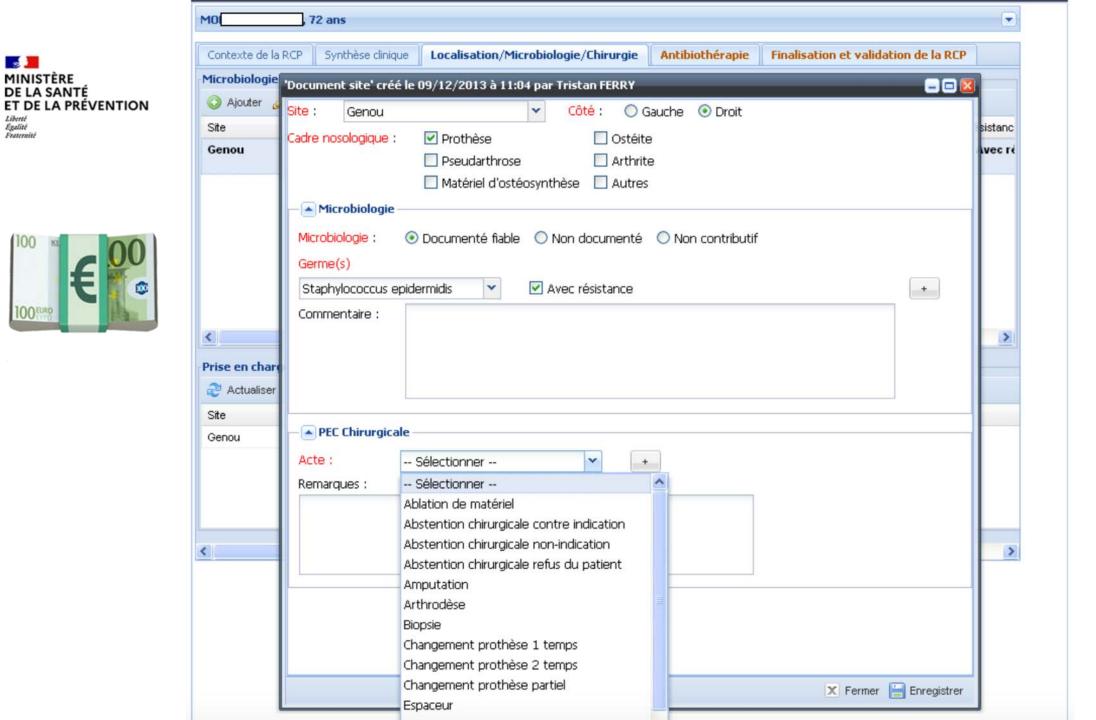
Sud-Est - CR - Ho	ospices civils de Lyon - RCP Chirurgie Septique		
MO	E, 72 ans		
Contexte de la			
Episode :	🔘 Premier épisode 🛛 Rechute		SAUSEAU
Motif :	O Stratégie médico-chirurgicale		RUM Z
	🔘 Bilan pré-thérapeutique		
	<ul> <li>Réévaluation en cours de traitement</li> </ul>		
	O Deuxième temps de chirurgie après infection		K
Passage en rec	:ours/deuxième avis : 💿 Oui 🛛 Non	MICROE	BIOLOGIST
Précédentes fi	ches RCP		
Intitulé RCP		Date de passage	CR PDF

Précédentes fiches RCP					
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Ŧ	HCL	15/05/2014	RCP		
Ŧ	HCL	20/03/2014	RCP		
÷	HCL	16/01/2014	RCP		
Ŧ	HCL	05/12/2013	RC		
M	🖣 Page 1 💦 sur 1 🕨 🔰 🧬	Р	age courante 1 - 5 sur 5		





M0, 72 ans						
Contexte de la RCP Synthèse clinique	Localisation/Microbiologie/Chirurgi	e Antibiothérapie	Finalisation et validation de la RCP			
Age : 72 Poids actuel :	89 kg Taille : 175	cm IMC :	29.06			
Dosage CRP : 25 mg/L						
Score ASA : 3 - Patient avec anomal	ie systémique sévère	~				
Créatininémie : 120 µmol/L	Clairance de la créatinine : 52,5	mL/min/1,73m²				
Comorbidités ou terrains interférents :						
	ce hépatique 🛛 Insuffisance cardia	que				
Polypathologie Immunoo	lépression 🗌 Diabète					
Justification :						
Facteurs de risque :						
✓ Traitement immunosupresseur	Infection par le virus VIH ou par les	virus des hépatites				
Cirrhose	Néoplasie évolutive					
Chimiothérapie anti-cancéreuse	Maladies auto-immunes et rhumatis	nes inflammatoires chro	oniques			
Rhumatisme inflammatoire chronique	Drépanocytose					
Hémophile	Transplantation d'organe					
Obésité morbide (IMC > 30)	Tabagisme actif					
Diabète avec complication(s)	Autre :					
Si Autre, préciser :						
Allergie connue aux antibiotiques :						
Résumé clinique :						
Patiente vue à 3 semaines de l'implantati						
Antibiothérapie probabiliste par TAZOCIU sous TRIFLUCAN au moins jusqu'à l'auton						
Staphylocoque épidermidis multi résistant uniquement en milieu liquide). Localemer	(2 prélèvements positifs					
anquement en mileu ilquiue), Localemen	re born le cleacibación.					



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5ud-Est - CR - Hospices civils de Lyon - RCP Chirurgie Septique							
M0 72 ans							
	( )	1	l		(		
Contexte de la RCP	Synthèse clin	ique	Localisation/Microbiologie/Chirurgie	Antibiothérapie	Finalisatio	on et validation de l	aRCP
Antibiothérapie							1
Abord veineux :	O Périphéri	que	🔘 Cathéter central				
	🔿 Chambre implantable 💿 Picc Line						
	O Absence d'abord veineux						
Prescription antibio	thánania aná		theire				
		opera	icoire				
Non O Oui							
Prescription antibio	thérapie post	-opér	ratoire				
O Non O Oui							
Molécule			Posologie	Durée prévisible		Voie d'administrat	ion
Daptomycine		*	850mg 1j sur 2	3 mois		💿 iv 🔾 po 📿	sc +
Tigécycline		~	50mg/12h	3 mois		⊙iv ⊖po ⊖	sc +
Péfloxacine		^					
Pénicillines G		Ľ					
Pénicillines V							
Pipéracilline							
Pipéracilline tazobac	tam						
Pristinamycine							
Quinolone autre							
Quinupristine +dalfo	opristine						
Rifampicine							
Sulfadiazine							
Sulfametoxazole Tri	methoprim						
Teicoplanine		-					
Ticarcilline	22						
Ticarcilline ac clavula	anique						
Tigécycline		~					



Host : ۲

MINISTÈRE DE LA SANTÉ

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- Patients with severe comorbidities that limit the IF THE BJI IS <u>COMPLEX</u> SURGICAL HOSPITAL STAY € +12% nout multidrug
- Surgical criteria :
  - BJI requiring bone resection and bone and/or soft-tissue reconstruction
- Relapse



Referral center for the management of complex bone and joint infections (BJI)

# Does it work?

# Referral center for the management of complex bone and joint infections (BJI)



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# Referral center for the management of complex bone and joint infections (BJI)

Bedside multidisciplinary meetings during <u>1-day hospital stay</u>





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# Referral center for the management of complex bone and joint infections (BJI)



#### **Bedside** multidisciplinary meetings during **1-day hospital stay**

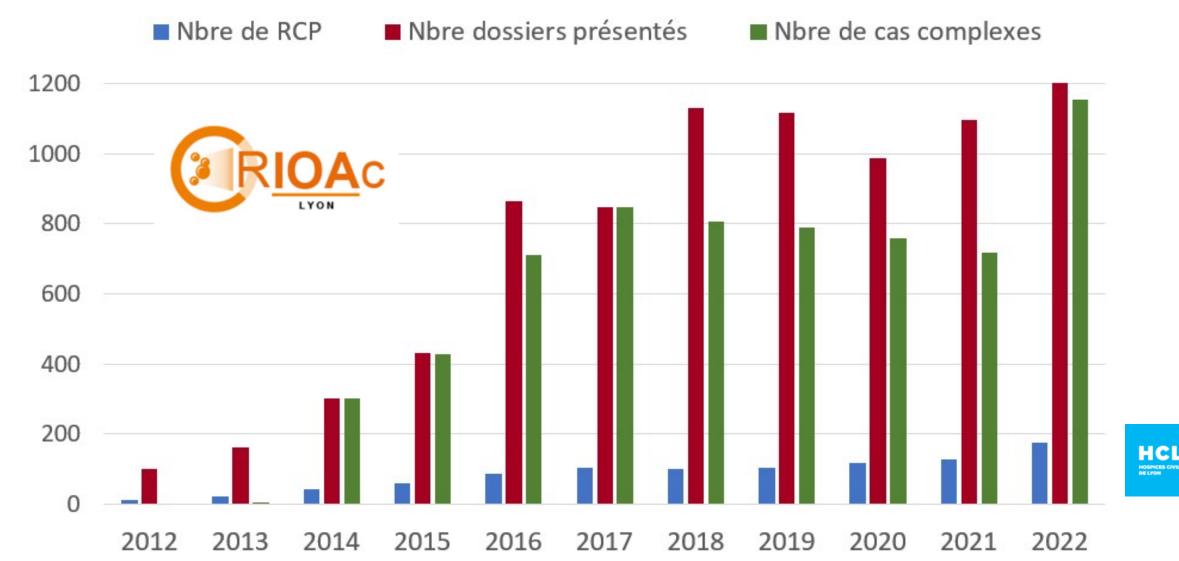


**Orthopaedic surgeon** OAc **Plastic surgeon** Infectious diseases physician Microbiologist **Blood test PK of antibiotics** Pharmacist Puncture Pharmacologist X-RAY **Psychologist** MRI Anesthesiologist **CT-SCAN Complex Bandage** 

# Referral center for the management of complex bone and joint infections (BJI)



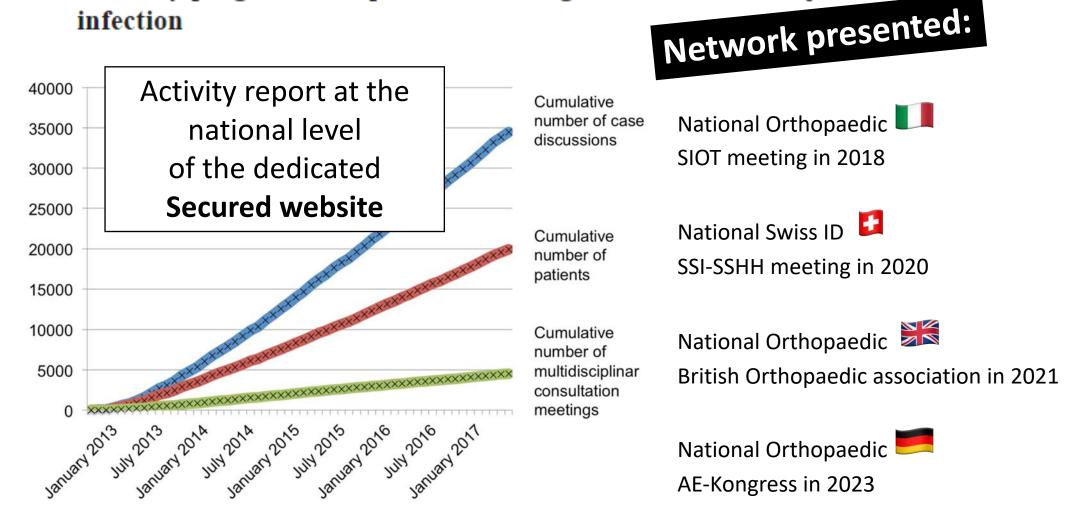
## Referral center for the management of complex bone and joint infections (BJI)



HOSPICES CIVIL

Original article

#### The CRIOAc healthcare network in France: A nationwide Health Ministry program to improve the management of bone and joint infection

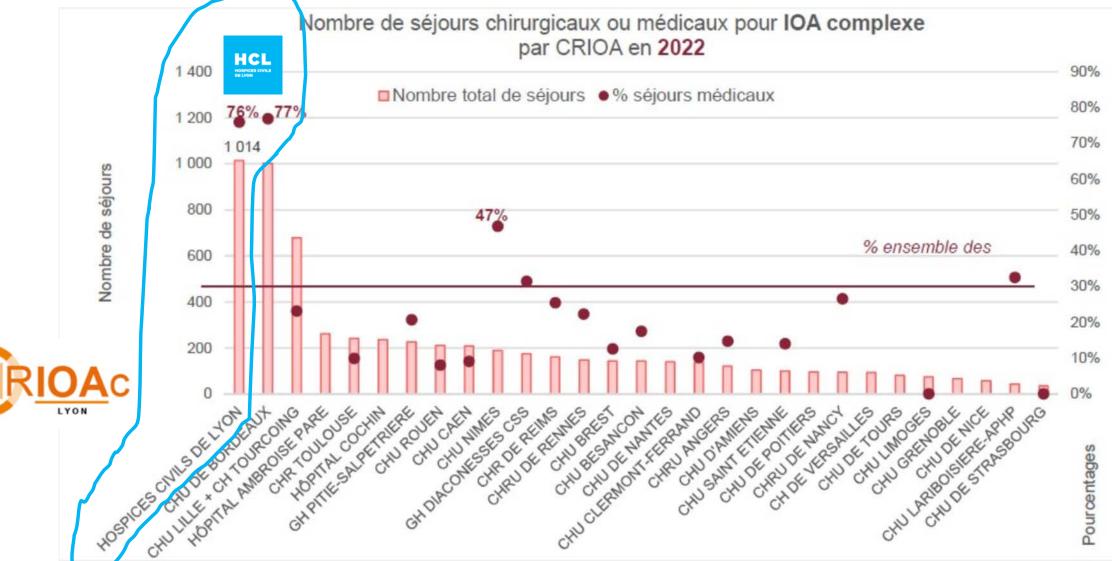


#### FERRY T. et al. Orthopaedics & Traumatology: Surgery & Research (OTSR) 2018

#### Referral center for the management of **ET DE LA PRÉVENTION** complex bone and joint infections (BJI)

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#### Referral center for the management of DE LA SANTÉ **ET DE LA PRÉVENTION** complex bone and joint infections (BJI)

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> Lemaignen et al. J Infect 2021 OPITAUX Shoulder PJI 392 Native VI 19 574 documented infections Staphylococcus aureus Coagulase-negative sta Other Gram-positive C Gram-negative bacilli Anaerobes 7 807 363 H&KPJI FD VI Other micro-organisms CENTRES DE RÉFÉRENCE DES INFECTIONS STEO-ARTICULAIRES COMPLEXES Polymicrobial infection 15 346 microorganisms from 6 140 polymicrobial infections 3000 2500 2 455 Septic arthritis 1 153 2000 CENTRES DE RÉFÉRENCE POUR LES INFECTIONS OSTÉO-ARTICULAIRES COMPLEXES DU GRAND OUEST FD osteomyelitis 1500 1000 123 NSCONS CONST EPICOCIC ED NIED NEWS NEWS 905 Multiple Others 2 180 468 3 3 3 0 Septic Native pseudarthrosis osteomyelitis

#### MINISTÈRE DE LA SANTÉ ET DE LA PRÉVENTION Liberté Epalité Fratemité

Liberte - Spalled - Frateralté

**RÉPUBLIQUE FRANÇAISE** 

MINISTÈRE DES SOLIDARITÉS

ET DE LA SANTÉ

# Referral center for the management of complex bone and joint infections (BJI)

#### National scientific committee

#### T. FERRY (Infectiologist Lyon), President

- J. COURJON (Infectiologist, Nice) G. LE MOAL (Infectiologist, Poitiers)
- S. MARMOR (Orthopaedic surgeon, Paris) J.-Y. JENNY (Orthopaedic surgeon, Strasbourg) H. COMMON (Orthopaedic surgeon, Rennes)

V. DUBOIS (Microbiologist, Bordeaux) A.-L. ROUX (Microbiologist, Paris)

DIRECTION

GÉNÉRALE

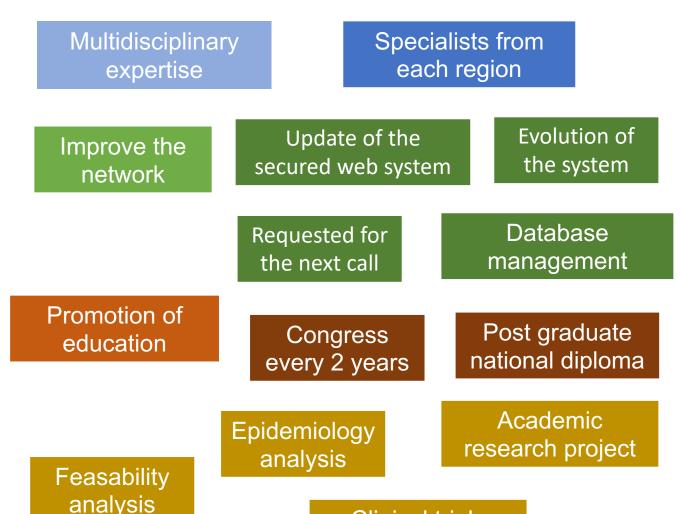
DE L'OFFRE

DE SOINS

Promotion of the

research and

innovation



Clinical trials

## Personalized medicine for BJI

Antibiotic<u>S</u>-loaded PMMA cements

Antibiotic-loaded bone substitutes

## ADJUVANT INNOVATIVE ANTI-INFECTIVE AGENTS

Bacteriophages

Bacteriophage-derived lysins New antibiotics targeting the biofilm

OPTIMAL<br/>SEPTIC<br/>SURGERYTARGETED AND<br/>OPTIMAL<br/>OPTIMAL<br/>ANTIMICROBIAL<br/>THERAPY

New antibiotics usable for SAT

Subcutaneous personalized SAT

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Referral center for the management of complex bone and joint infections (BJI)

#### **Ongoing <u>Randomized Clinical trials</u>** in the CRIOAc network :

- PhagoDAIR I, Phages in patients with PJI
- **CONVICTION** Study (CERAMENT<sup>®</sup> G), Stage III long-bone osteomyelitis
- **RIFAMAB** Study, rifabutin versus rifampin in patients with staphylococcal PJI
- **RIFACUTE** Study, addition of rifampin in *C. acnes* PJI
- SYNBIOSE-H Study, 1-stage with DAC<sup>®</sup> gel versus 2-stage in PJI

## Personalized medicine for BJI

Antibiotic<u>S</u>-loaded PMMA cements

Antibiotic-loaded bone substitutes

## ADJUVANT INNOVATIVE ANTI-INFECTIVE AGENTS

Bacteriophages

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OPTIMAL<br/>SEPTIC<br/>SURGERYTARGETED AND<br/>OPTIMAL<br/>ANTIMICROBIAL<br/>THERAPY

New antibiotics usable for SAT

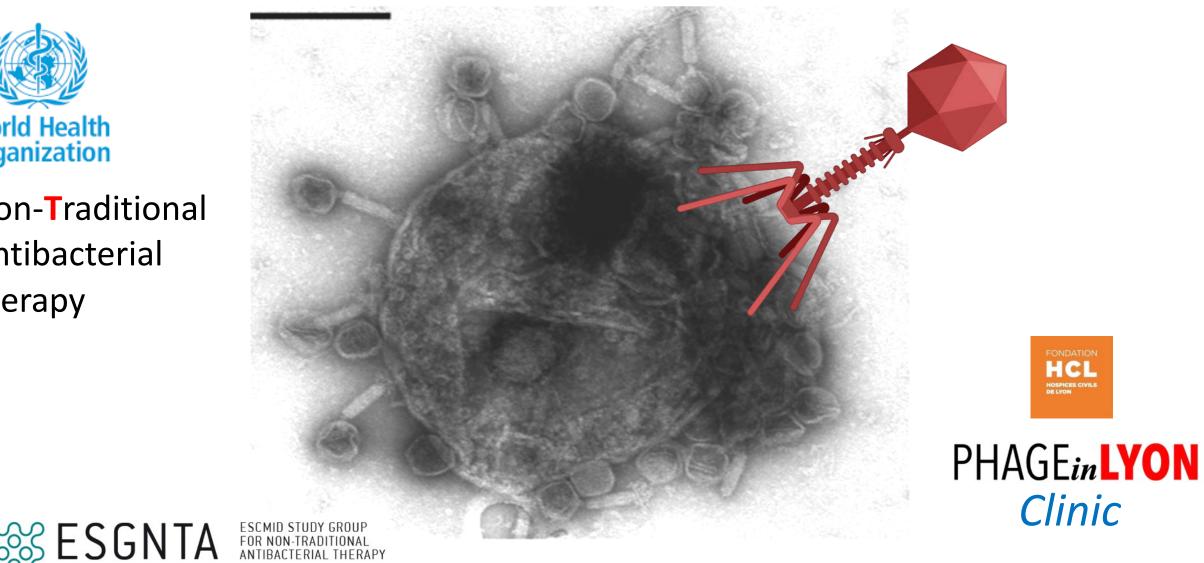
Subcutaneous personalized SAT

SAT, Suppressive Antimicrobial Therapy

## Bacteria have also their pandemia!



**Non-Traditional A**ntibacterial therapy





Merabishvili et al. PloS ONE 2009

HC

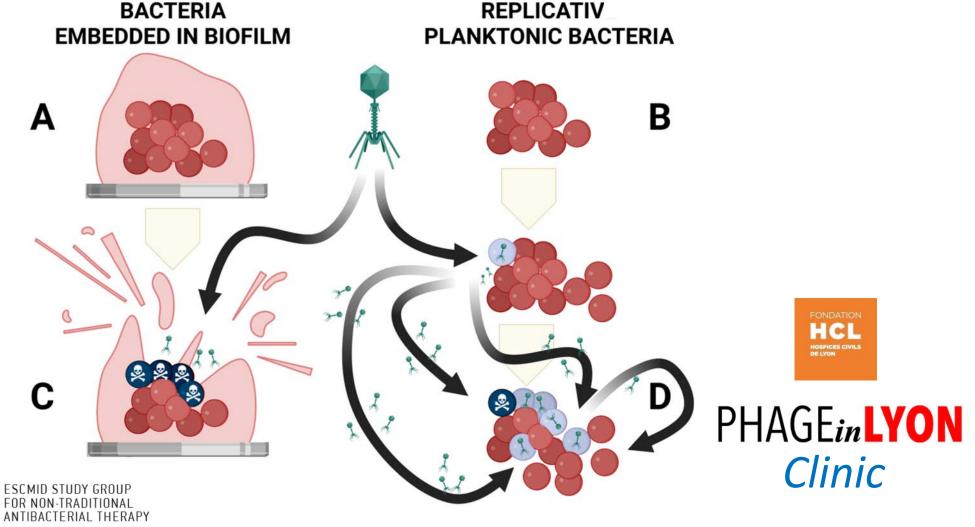
### Bacteria have also their pandemia!



Non-Traditional Antibacterial therapy

ESGNTA

European Society of Clinical Microbiology and Infectious Diseases



T. Ferry. Springer 2023 In press

### Clinical case (not published; 21<sup>th</sup> treated patients)

PHAGE*in***LYON** 

Clinic



72-year-old man

## Relapsing *P. aeruginosa* prosthetic right hip PJI with femoral osteomyelitis and large abscess

Severe chronic inflammation

Disarticulation was proposed







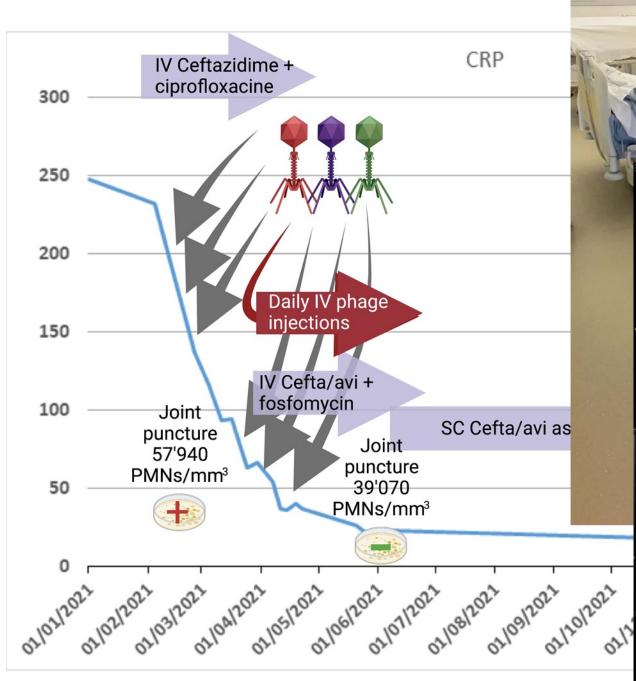


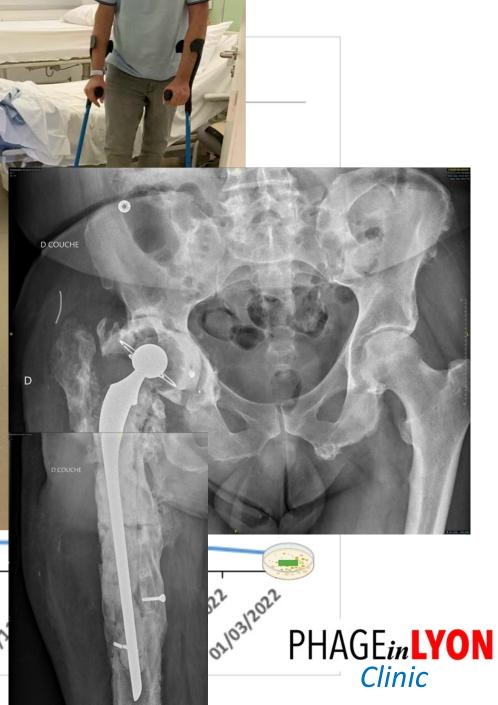












## Clinical case (3<sup>rd</sup> treated patient)

<u>Arthroscopic DAIR</u> with phages to salvage *P. aeruginosa* prosthetic knee infection

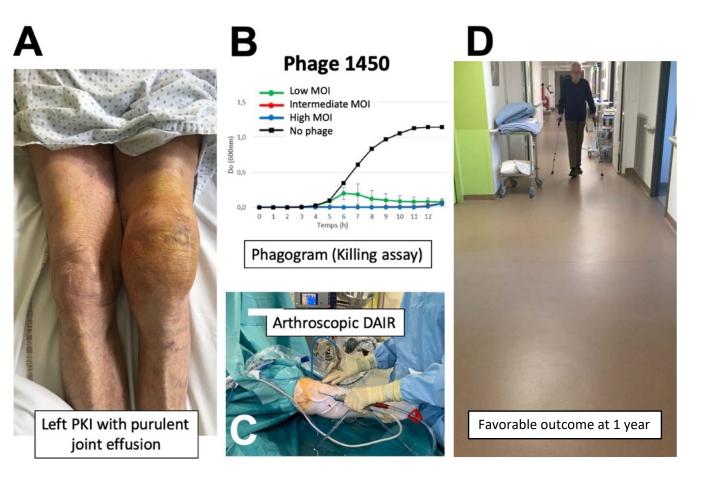


88-year-old man

## Relapsing *P. aeruginosa* prosthetic left knee infection

End-stage cardiac failure

Contraindicated to open DAIR







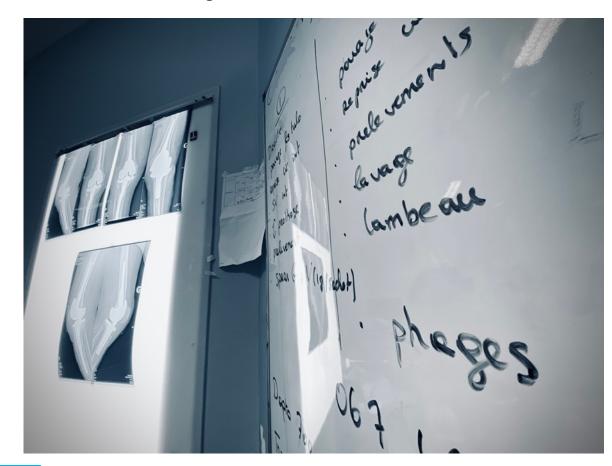








## **#PhagoDAIR** procedure















## **#PhagoDAIR** procedure







>1 billion of active viruses infecting S. aureus in a syringe











### PhagoDAIR I

A Pilot, Multicenter, Randomized, Non-Comparative, Double-Blind Study of Phage Therapy in Patients with Hip or Knee PJI due to *S. aureus* Treated with DAIR and Antibiotic Therapy

### **Inclusion Criteria**

- 1. S. aureus monomicrobial knee or hip PJI with clinical signs of infection with indication of DAIR and Suppressive Antibiotics Therapy (SAT).
- 2. Phagogram displaying the susceptibility of the strain to at least one of the anti-*Staphylococcus aureus* bacteriophages

### Primary Objective

To estimate the **rate of clinical control of infection at Week 12±2** which will allow to calculate the sample size for future comparative studies.

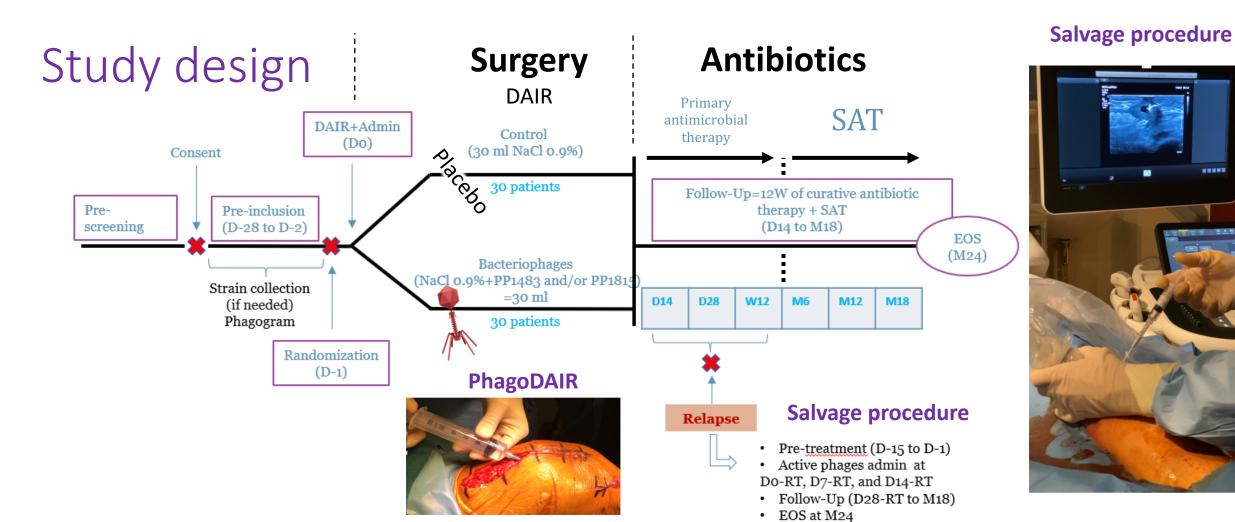


ΡΗΑΧΙΑΜ

IERECYDES

### PhagoDAIR I

A Pilot, Multicenter, Randomized, Non-Comparative, Double-Blind Study of Phage Therapy in Patients with Hip or Knee PJI due to *S. aureus* Treated with DAIR and Antibiotic Therapy



GAMES SHOP

The club

#### **LE PROGRÈS**

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#### Bone and joint infections: Lyon becomes the national expert center for phage therapy

The reference center for complex bone and joint infections, based at the Hospices Civils de Lyon, will centralize all requests concerning this last resort treatment, using viruses against resistant bacteria.

Le Progrès - 23 Feb. 2023 at 17:51 | updated 23 Feb. 2023 at 18:08 - Reading time: 2 min



# You are thinking about one of your patient who could be a candidate for phage therapy?

### Online international multidisciplinary meetings each Monday on phage therapy in patients with complex PJI

Chronic hip or <u>knee</u> PJI *S. aureus* or *P. aeruginosa* Conservative approach

#### **Qualifiable for**

- Compassionate use?
- Clinical trial?



HCR.REFERENCE-IOA@chu-lyon.fr

## Conclusion



HCI

- Creation of regional <u>reference centers</u> in France (funded by health ministry) transformed the patient approach
- <u>Personalized</u> clinical care is the <u>base of the pyramid</u> for the management of complex BJI with <u>bedside multidisciplinar meeting</u>
- Infectious Disease physicians have potential great roles:
  - Can help to keep the function!
    - Have to develop and propose <u>adjuvant personalized innovative</u> <u>anti-infective agents</u> for selected <u>relevant indications</u>
- Phages have a real potential in prosthetic-joint infection
- Need for <u>industrial and academic developement</u> of therapeutic phages (discovery, banking, susceptibility testing) in connection with health care authorities
- Need to **perform clinical trials** to evaluate the ability of these innovations to improve the outcome







## Lyon BJI Study group

#### **Coordinator: Tristan Ferry**

Infectious Diseases Specialists – Tristan Ferry, Florent Valour, Thomas Perpoint, Florence Ader, Sandrine Roux, Agathe Becker, Claire Triffault-Fillit, Anne Conrad, Cécile Pouderoux, Pierre Chauvelot, Paul Chabert, Johanna Lippman, Evelyne Braun Surgeons – Sébastien Lustig, Elvire Servien, Cécile Batailler, Stanislas Gunst, Axel Schmidt, Elliot Sappey-Marinier, Quentin Ode, Michel-Henry Fessy, Anthony Viste, Jean-Luc Besse, Philippe Chaudier, Lucie Louboutin, Adrien Van Haecke, Marcelle Mercier, Vincent Belgaid, Aram Gazarian, Arnaud Walch, Antoine Bertani, Frédéric Rongieras, Sébastien Martres, Franck Trouillet, Cédric Barrey, Ali Mojallal, Sophie Brosset, Camille Hanriat, Hélène Person, Samuel Prive, Philippe Céruse, Carine Fuchsmann, Arnaud Gleizal; Anesthesiologists – Frédéric Aubrun, Mikhail Dziadzko, Caroline Macabéo, Dana Patrascu; Microbiologists – Laetitia Beraud, Tiphaine Roussel-Gaillard, Céline Dupieux, Camille Kolenda, Jérôme Josse; Imaging – Fabien Craighero, Loic Boussel, Jean-Baptiste Pialat, Isabelle Morelec; PK/PD specialists – Michel Tod, Marie-Claude Gagnieu, Sylvain Goutelle; Clinical research assistant and database manager– Eugénie Mabrut

## PHAGE*in*LYON Clinic

Acknowledgments to ANSM, Phaxiam, and QAMH!

#### Coordinator: Tristan Ferry

Tristan Ferry, Myrtille Le Bouar, Gilles Leboucher, Thomas Briot, Camille Kolenda, Tiphaine Roussel-Gaillard, Karine Dallosto

























## Join us in Barcelona in 2024!

26-28 SEPTEMBER 2024

The 42nd Annual meeting of the European Bone & Joint Infection Society

**BARCELONA, SPAIN** 

# https://www.crioac-lyon.fr/





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