



# The EUCAST system, S-I-R definitions

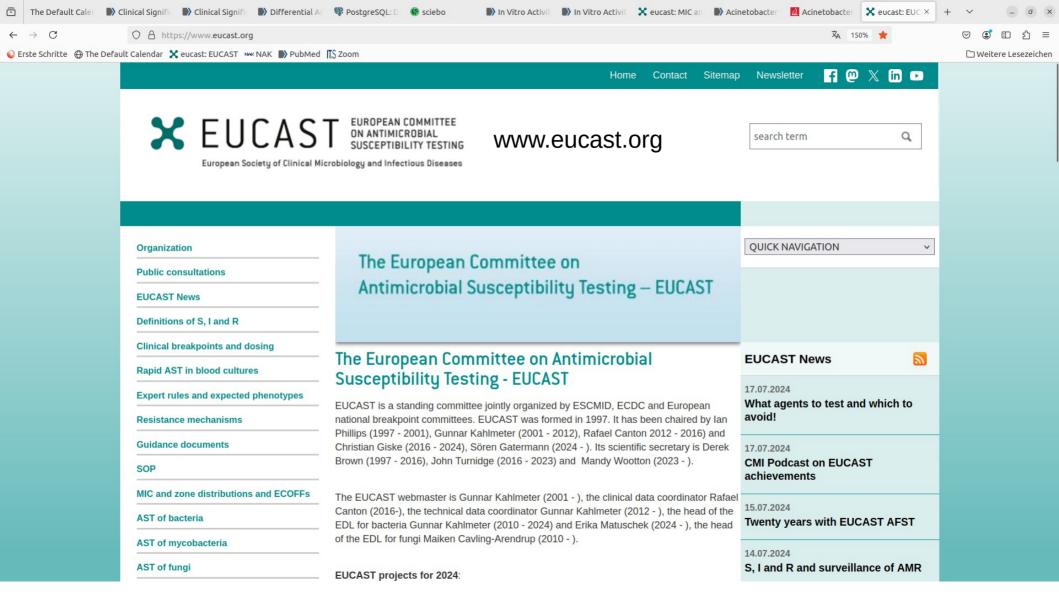
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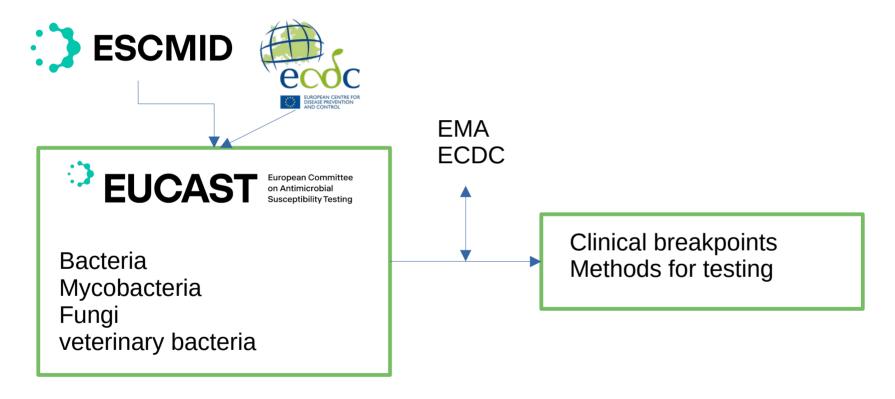








# Remit and organization



## Organization



**EUCAST** development laboratories

**Steering Committee** 

National Antimicrobial Susceptibility Testing Committees (NAC)

represent EUCAST in many countries your primary address for questions and suggestions



- the main goal: provide scientific basis for therapeutic decisions
  - scientific background
    - drugs, bugs, pharmacokinetics, pharmacodynamics
  - laboratory methods that allow these decisions
  - how to handle situations that are not easily covered by the above



#### Methods

- broth microdilution the reference
- disk diffusion
  - non-fastidious bacteria
  - RAST
  - anaerobic bacteria
- methods for fungi
- methods for mycobacteria
- QC



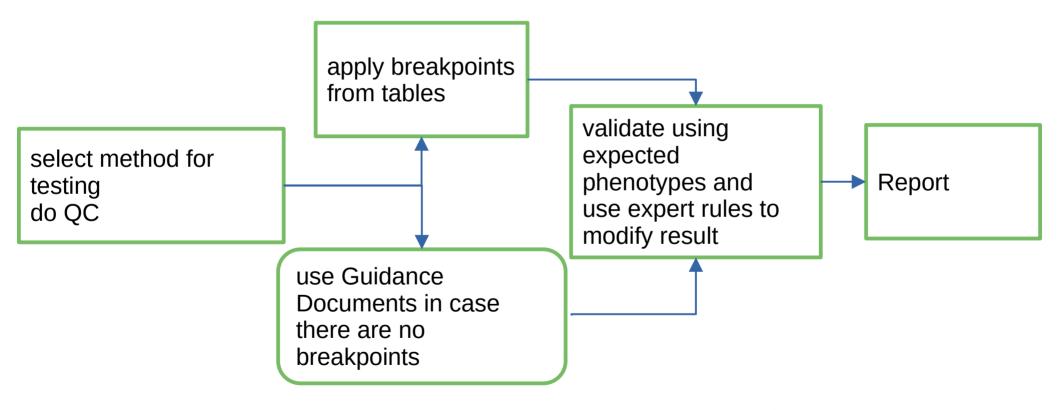
- Concepts
  - the Epidemiological Cut-Off Value (ECOFF)
  - the Clinical Breakpoint
    - a "normal" breakpoint
    - bracketed breakpoints
    - the "IE"
    - the dash "—"
  - Expected Phenotypes
  - Expert Rules



- Information
  - Rationale Documents
  - Guidance Documents, e. g.
    - When there are no breakpoints
    - How to handle breakpoints in brackets
    - ...
  - Warnings



# How to apply the system in practice



# Communication of the results the meaning of S-I-R

- S: "susceptible standard dosing regimen"
  - high likelihood of clinical success at standard dosing
- I: "susceptible increased exposure"
  - high likelihood of clinical success at increased exposure (often higher dose)
- R: "resistant"
  - low likelihood of clinical success (high likelihood of failure)



## Communication of the results

#### Pseudomonas aeruginosa

| Antibiotic              | Result |
|-------------------------|--------|
| Piperacillin-Tazobactam | I      |
| Ceftazidime             | I      |
| Ceftazidime-Avibactam   | S      |
| Imipenem                | I      |
| Meropenem               | S      |



## Communication of the results

#### Pseudomonas aeruginosa

| Antibiotic              | Result | Necessary Dosing                                      |
|-------------------------|--------|---|
| Piperacillin-Tazobactam | I      | 4.5g x 4, extended infusion (low dose short infusion) |
| Ceftazidime             | I      | 2g x 3 (low dose is 1g x 3)                           |
| Ceftazidime-Avibactam   | S      | 2.5g x 3, extended infusion (no low dose)             |
| Imipenem                | I      | 1g x 4 (0.5g x 4 or 1g x 3)                           |
| Meropenem               | S      | 1g x 3 (this is the low dose)                         |

# Communication of the results the meaning of S-I-R

- make sure your lab and the clinician understand the meaning of the "I"
- communicate the needed dosages
  - dosages are found in the breakpoint table
- "S" and "I" do both mean "susceptible"
  - dosing differs



# Where have the other former meanings of the "I" gone?

Area of Technical Uncertainty (ATU)



# Modifications to the system

- breakpoint decisions are subjected to a public consultation
  - published on the website
  - everybody may comment
  - comments receive answers

#### **EUCAST public consultations**

Public consultation is part of the EUCAST decision process. The consultation period is 4 - 12 weeks, and the dates of the beginning and end of the period is clearly stated. Comments not entered into the designated document will not be considered (download form for comments).

- may also be asked at the General Assembly
- may also be asked via your NAC



