## SAGES 2022 ANNUAL MEETING THE NEXT BIG THING (FORMERLY EMERGING TECHNOLOGY) ABSTRACT SUBMISSION INFORMATION

## Title: D-PLEX<sub>100</sub>, a novel doxycycline formulation that provides high, local concentrations of antibiotic activity for approximately four weeks to reduce Surgical Site Infections

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**Objective:** Despite significant advances in infection control guidelines and practices, surgical site infections (SSIs) remain a substantial cause of morbidity, prolonged hospitalization, and mortality among patients undergoing both elective and emergent surgeries.<sup>1-4</sup> Even with the most robust adherence to currently accepted preventive measures, up to 60% of SSIs are still deemed preventable.<sup>5</sup> We developed a drug delivery platform to address the major deficiencies of available local drug delivery systems, including the uncontrolled and large initial release of antibiotic, risk of dangerously high early systemic drug levels, and lack of prolonged drug release necessary to achieve therapeutic efficacy in SSI reduction.<sup>6-8</sup>

**Technology:** D-PLEX<sub>100</sub> is a novel drug product which pairs the PLEX platform with the broadspectrum antibiotic, doxycycline (DOX).<sup>6,9</sup> By selectively matching chosen lipids with biodegradable polymers, the resulting Polymer-Lipid Encapsulation matriX (PLEX) fully integrates doxycycline and allows for a preprogrammed, zero-order kinetics release rate for a period determined by the chosen polymer-lipid composition.<sup>6,9</sup> The PLEX composition is confirmed via several methods, including differential scanning calorimetry (DSC), scanning electron microscope (SEM), and X-ray diffraction.<sup>10</sup> D-PLEX<sub>100</sub> is designed to provide local, prolonged, and high concentration anti-bacterial activity of DOX directly at the surgical incision site for a period of approximately four weeks.<sup>6,9</sup> The localized, high concentrations of antimicrobial activity effectively treat many of the common pathogens associated with SSIs, including frequently encountered antimicrobial-resistant pathogens.<sup>3,6,11-12</sup> **Preliminary data:** The product was evaluated in a double-blind phase 2 clinical trial.<sup>13</sup> Patients undergoing elective colorectal surgery were randomized 1:1 to D-PLEX<sub>100</sub>+ Standard of Care (SOC) or SOC alone (ClinicalTrials.gov identifier NCT03633123). All patients received IV antibiotic prophylaxis 30-60 minutes prior to surgery.<sup>13-14</sup> Patients randomized to the investigational arm received D-PLEX<sub>100</sub> at the time of closure based on the length of surgical incision (5-10 cm = 5g D-PLEX<sub>100</sub> (5g D-PLEX<sub>100</sub> contains 54.6 mg doxycycline), 11-20 cm = 10g D-Plex<sub>100</sub>, >20cm = 15g D-Plex<sub>100</sub>).<sup>15-16</sup> The SSI rate within 30 days post-index surgery revealed a 64% relative risk reduction in SSI rate in the D-PLEX<sub>100</sub> plus SOC group (N=7/88 [7.9%]) vs SOC alone (N=20/91 [21.9%]);<sup>17-18</sup> p<0.05, with minimal systemic doxycycline levels<sup>16</sup>.

**Conclusions:** These data demonstrate that the addition of D-PLEX<sub>100</sub> to the SSI SOC prophylaxis regimen in elective colorectal surgery reduces the SSI rate. D-PLEX<sub>100</sub> may be a promising addition to established SSI bundles and is currently being evaluated in two Phase 3 clinical trials (ClinicalTrials.gov Identifier: NCT04411199; NCT04233424) and in prevention of SSI in bone tissue (sternal wound) (NCT03558984). This may have additional implications in other high risk surgical procedures.

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