# Highlights, Gaps, Challenges & Next Steps

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# Gaps

- The key to stewardship is rapid diagnostics to address the inability to detect MDR pathogens early to allow us to do the trials in the people who need it
- Need to engage both stewardship ***and*** ICU pharmacists in the discussion of use and stewardship
  - Stewardship philosophy is widely variable
- Missing knowledge
  - Is there a need for more robust data collection systems that capture knowledge (e.g., real-world evidence) we're missing in registrational clinical trials? (e.g., use in the fragile, critically ill, those with renal failure, etc.)
- Knowledge in the ID specialty field about the various different products themselves
- Costs vs. benefits

# Challenges and Changes Ahead

- Risk Communication:
  - Gap in information exists:
  - Need Frame of Reference re: drugs dev'd thru sda's
    - Tailored to Pts(ICU setting) & Providers (tiered forms of info based on specialty), accessible, plain language
    - Should be tied to stewardship
- Consensus that there's a need to collect data, diagnosis and/or bug specific
  - ALL abx
  - Independent of drug companies with independent steering cmte
  - Funding? Public-private partnership (CDC, FDA, BARDA, NIH, Pharma)
    - Networks?
  - Clarification of what "real-time" means
    - Timely, quality data and analysis against comparator
- Stewardship:
  - Need to fill the void left when pharma stopped being able to educate providers
  - Need a best-practice or how-to for multidisciplinary stewardship for ASP
  - Partnership between high & low resource settings (AMC → community hospitals)

# Next Steps

- Face a post-antibiotic era or enhance the social compact protecting antibiotics for future generations
  - Action, not excuses
- Post-meeting electronic survey
- Meeting summary and slides
  - Consider recommendations for the future
  - Definitely a manuscript
- Follow-up with participants for additional feedback as needed
  - Are there still gaps this team/project should address?

# Stewardship

***antibiotics are unique because they are the only pharmaceutical agents that have transmissible loss of efficacy over time***

…. ***Antibiotics are a shared community property or trust,*** and clinicians, health care organizations, patients, and the public are bound together in the need to protect these drugs from misuse.

Given that ***antibiotics represent a shared societal trust***, the regulatory approval process and national practice treatment guidelines governing use of antibiotics should not be based solely on considerations of efficacy and safety, as they are for all other drugs. Rather, ***for antibiotics, the regulatory approval process and national practice guidelines should incorporate fundamental principles of antibiotic stewardship, in addition to safety and efficacy of the drug, in defining approved indications and treatment recommendations.***

BradSpellberg,MD; ArjunSrinivasn,MD; Henry F.Chambers,MD. **New Societal Approaches to Empowering Antibiotic Stewardship.** *JAMA***.** Published online February 25, 2016. doi:10.1001/jama.2016.1346

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# Thank you.

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