

European Committee on Antimicrobial Susceptibility Testing (EUCAST)

Unratified minutes of the Meeting on 26 April 2002 at the 12th European Congress of Clinical Microbiology and Infectious Diseases, Milan, Italy

Chairman Dr Gunnar Kahlmeter
Scientific Secretary Dr. Derek Brown

A list of attendees who signed the register is attached.

1. **Apologies for absence**

Dr M. Cormican
Dr J. Verhaegen
Dr G. Ridgway
Dr W. Fegeler
Dr Nadal

2. **Minutes of meeting in Istanbul, 1 April 2001**

Section 6.2 "The EMEA have agreed that they will accept breakpoints agreed by EUCAST" replaced with "The EMEA have indicated that they will find breakpoints agreed by EUCAST useful".

With the above modification the minutes were approved as a true record.

3. **Matters arising**

None.

4. **Confirmation of membership of EUCAST main committee**

Dr Kahlmeter reported that all members had been asked to confirm their membership and to give the name of the national organisation, which nominated them. Almost all members have now been confirmed and those outstanding would be followed up after the meeting.

5. **Report on sub-committees**

Dr Brown reviewed the position of sub-committees. Sub-committees on Terminology, Breakpoints, Dilution methods, Intracellular pathogens, Mycobacteria, Fungi, Automation, Molecular Methods and Quality Assurance had been set up. The main objective of all was the production of reference methods, guidelines or position papers. Most have now produced the relevant documents or were close to doing so and in the new EUCAST structure almost all would cease to exist. The work of the breakpoint sub-committee would be absorbed into the activity of a EUCAST steering committee. The fungi sub-committee would continue its work under the new EUCAST structure.

The EUCAST documents are initially produced as discussion documents

published as inserts in *Clinical Microbiology and Infection*. Following a period for comment the documents are revised and published as papers in CMI. Further updating would occur as needed. The status of the different documents is as follows:

Definitive Document E.Def 1.2 *CMI* 2000;6:503-8
Terminology relating to methods for the determination of susceptibility of bacteria to antimicrobial agents.

Definitive Document E.Def 2.1 *CMI* 2000;6:570-2
Determination of antimicrobial susceptibility test breakpoints.

Definitive Document E.Def 3.1 *CMI* 2000;6:509-15
Determination of minimum inhibitory concentrations (MICs) of antibacterial agents by agar dilution.

Definitive Document E.Def 4.1 *CMI* 2001;7:1-3
Linezolid breakpoints

Discussion Document E.Dis 5.1 Late stages of preparation
Determination of minimum inhibitory concentrations (MICs) of antibacterial agents by broth microdilution.

Discussion Document E.Dis 6.1 *CMI* 2001 (Insert in issue 12);7:1-10
Antimicrobial susceptibility testing of intracellular and cell-associated pathogens.

Discussion Document E.Dis 7.1 Late stages of preparation
Determination of minimum inhibitory concentrations by broth microdilution of fermentative yeasts.

Discussion Document E.Dis 8.1 In press
Antimicrobial susceptibility testing of *Mycobacterium tuberculosis*.

Discussion Document E.Dis 9.1 Late stages of preparation
Quality assurance of antimicrobial susceptibility tests.

Discussion Document E.Dis 10.1 In preparation
Antimicrobial susceptibility testing by molecular methods.

Other sub-committees may be set up in the future. They will be given a clear remit and will be expected to report within a fixed time frame.

Prof Hawkey confirmed that a first draft of the molecular methods document had been produced and that the discussion document should be prepared for submission within two months.

Prof Bryskier suggested that there should be regular updates to the documents in CMI, perhaps as a supplement. It was noted that all published documents will be posted on the EUCAST section of the ESCMID website.

6. Review of the future of EUCAST

Prof Finch spoke for the ESCMID Executive in support of proposed changes to the structure of EUCAST. He noted the progress made since EUCAST was set up in 1996 but felt that a review of activities was necessary. ESCMID believe that EUCAST is an important organisation and will fund its activities, with particular emphasis on harmonisation of testing within Europe and beyond. Under the new Chairmanship of Dr Kahlmeter EUCAST will be refocussed and will give particular emphasis to the contributions of the national organisations with specialist interest and knowledge of susceptibility testing. EUCAST will make regular reports to the ESCMID Executive Committee and EUCAST will appear prominently on the new ESCMID web site.

Dr Kahlmeter described the proposed changes to the structure of EUCAST as outlined in the document previously circulated to EUCAST members. The proposal has been prepared in consultation with national susceptibility testing committees and the ESCMID Executive. Six national committees have been consulted; SRGA (Sweden), BSAC (UK), DIN (Germany), CA-SFM (France), CRG (Netherlands), NWGA (Norway). An independent report on the proposed EUCAST structure and activities was received from each group and the proposed structure of EUCAST takes these reports into account.

It was felt that to get consensus on breakpoints the national committees must be heavily involved, and these committees have a central role in the new structure of EUCAST. The EUCAST committee will have one representative from each country as previously. Industrial representation will increase to 2 pharmaceutical, 2 automated device manufacturers and 2 media/disc manufacturers. A EUCAST Steering Committee will be set up with one representative of each of the six national committees, two members drawn from all other countries, and a Chairperson and Scientific Secretary chosen by ESCMID. There will be no voting procedure – there must be professional consensus decisions.

Sub-committees will be set up as required.

Representatives of National Committees are nominated by the National Committees. It is appreciated that some countries do not have any appropriate body that might propose a EUCAST member and in this situation members are likely to be proposed by their peers and should seek to have as wide support as possible. However, it must be transparent how individuals have been selected for membership of EUCAST, and this will be included on the EUCAST web site.

EUCAST decisions will be taken by the steering committee following consultation with the membership. While specific documents such as methods and guidelines will be published in CMI, they will subsequently be placed on the EUCAST website together with other communications and details of the activities of EUCAST.

ESCMID will finance the activities of EUCAST for two years, after which the position will be reviewed again. It is proposed that an application to the EU is

made together with other ESCMID Groups under the auspices of "Network of Excellence".

Activities for the next two years include:

- 1 Definition of breakpoints for new antibiotics.
- 2 Definition of microbiological breakpoints for surveillance of resistance.
- 3 Systematic comparison of breakpoints within and outside Europe with the aim of harmonisation. Harmonisation with NCCLS is desirable but it is important that Europe retains control of the academic process of setting breakpoints for use in Europe.
- 4 Re-evaluate which agent-organism combinations require breakpoints.
- 5 Promotion of Quality Assessment on a European scale. EU funds might provide major support for this in countries where there is currently no external QA programme. Discussions are currently underway with representatives of UK NEQAS and the EARSS.
- 6 Liaison with ESCMID Study Groups, EARSS, EnteroNet, EMIR, NEQAS, WHO, Veterinary Groups.

The procedure for new breakpoints would be that the pharmaceutical company concerned would produce a data file, which is sent to the six national committees who would return unpublished preliminary breakpoints to EUCAST. A EUCAST Steering Committee meeting would meet to hear a presentation from the company after which the Steering Committee will have a private discussion of the national tentative breakpoints. A consensus decision would then be reached if possible and this would be the EUCAST breakpoint as well as the breakpoint of all the national committees.

The name of EUCAST will be retained. The EUCAST Committee would meet once a year at the ECCMID meeting. Separate scientific meetings might be desirable but would require funding from another source. The EUCAST Steering Committee will meet as necessary.

Prof Bryskier (Hoechst Marion Roussel) commented that systems for dealing with breakpoints in Europe and the USA are different. In the USA application is made to the FDA and NCCLS at the same time. In Europe application is made to the EMEA and breakpoints must be included in that application. The proposed EUCAST procedure will not fit the required timeframe. Dr Kahlmeter accepted that this would need to be discussed with the pharmaceutical industry, with EMEA and in the Steering Committee.

Prof Degener (Groningen University Hospital, Netherlands) commented that methods that are practical for routine use are required, linked to EUCAST breakpoints. Dr Kahlmeter replied that agreement on breakpoints must lead to routine methods related to the breakpoints, but the exact mechanism for that has yet to be addressed.

Dr Frimodt-Moller (Statens Serum Institute, Denmark) asked what defines a national reference group. Dr Kahlmeter replied that only active groups will be members. Groups which become inactive will be removed and new groups can apply to ESCMID for membership.

Prof Wiedemann (University of Bonn, Germany) asked how EUCAST would co-operate with CEN. Dr Degener replied that a discussion will be started with CEN.

Dr Donnelly (Academisch Ziekenhuis Nijmegen, Netherlands), Secretary of the Fungi Sub-Committee, asked if there was any proposal to fund sub-committees. Dr Kahlmeter replied that funding of sub-committees was difficult and external support for meetings is likely to be necessary. There is no commitment from ESCMID for such support but a request for some support could be made.

Dr Hohl (Switzerland) felt that all EUCAST meetings should be open to observers, as at NCCLS. Dr Kahlmeter replied that the initial objective was to start a process and the question of all meetings being open would be considered at the first Steering Committee Meeting.

Dr Vatopoulos (Athens University, Greece) felt that attention should be given to automated machines, which may give different results. Dr Kahlmeter agreed that this deserved attention and noted that two representatives of machine manufacturers will be on the EUCAST Committee.

The question of the process of nomination of industrial representatives was raised. Dr Kahlmeter replied that it was up to the manufacturers to agree among themselves and that he would meet with them after this meeting to discuss this further.

Dr Rodriguez-Tudela (Majadahonda, Spain) asked if EUCAST would set breakpoints for antifungals and antivirals, or will this be left to the relevant sub-committee. Dr Kahlmeter replied that this would be more appropriately left to the specialist groups such as the Fungi Sub-Committee which Dr Rodriguez-Tudela chairs.

Prof Baquero (Madrid, Spain) commented that NCCLS methods are widely used in Europe and EUCAST and NCCLS breakpoints should be convergent. Dr Kahlmeter agreed that this would eventually be so but felt that the academic process of setting breakpoints should exist in Europe and the national breakpoint committees in Europe would continue even if EUCAST adopted NCCLS methods.

Dr Bryskier asked what happens if national committees do not agree on breakpoints. Dr Kahlmeter replied that while the discussion process is likely to lead to consensus it may be that a national committee may feel unable to accept a breakpoint for a specific national reason and that could be included as a reservation to the EUCAST breakpoint with the reason explained. If it turns out that failure to agree is common there it little point in continuing with EUCAST.

Dr Hohl asked about compounds for which there is no NCCLS breakpoint. Also NCCLS do not state the dosages for which breakpoints are established and that different dosages are used in different countries for some agents. Dr Kahlmeter agreed that this was a problem, which should be covered in EUCAST discussions.

Dr Tambic-Andrasavic (Zagreb, Croatia) asked when tables of EUCAST breakpoints will be produced. Dr Kahlmeter replied that it will be as soon as possible but it is difficult to put a timescale to this.

In response to a comment from Dr Niks (Bratislava, Slovak Republic) it was clarified that commercial company representatives are on the EUCAST

Committee, not the Steering Committee.

Dr Thornsberry (Focus Technologies) asked whether there is a legal authority in Europe to set breakpoints. In the USA the FDA are the legal body although they usually accept NCCLS breakpoints. Dr Kahlmeter replied that although the EMEA is a European organisation each country had a separate legal body. He felt it unlikely that a EUCAST breakpoint accepted by all national groups involved would not be more widely acceptable.

7. Any other business

None.

8. The next meeting of the EUCAST Committee

This is scheduled to take place at ECCMID 2003, Glasgow, Scotland, 10-13 May 2003.

**Attendees signing the register at the EUCAST Main Committee Meeting
on 26 April 2002, 12th European Congress of Clinical Microbiology and
Infectious Diseases, Milan, Italy**

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