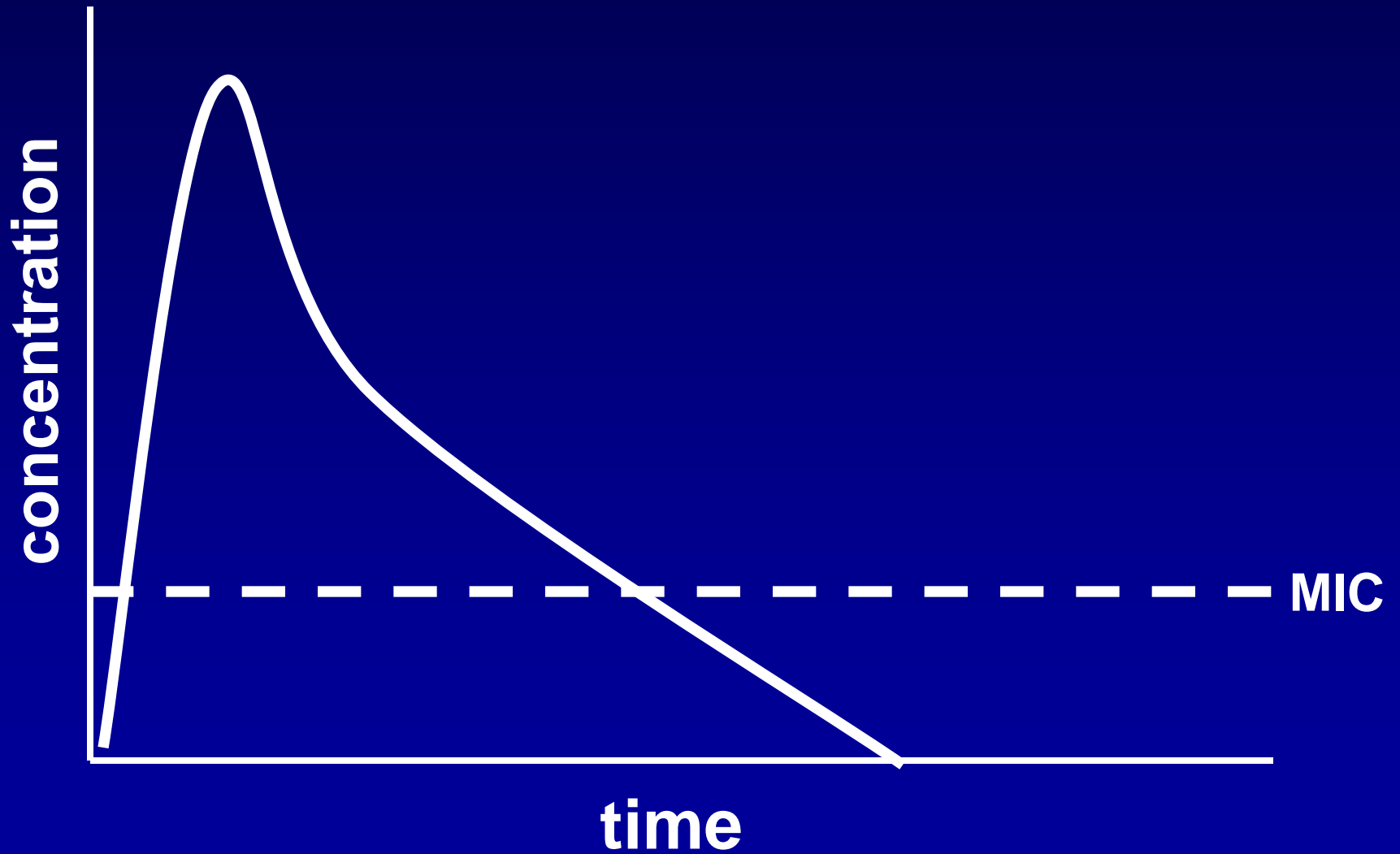


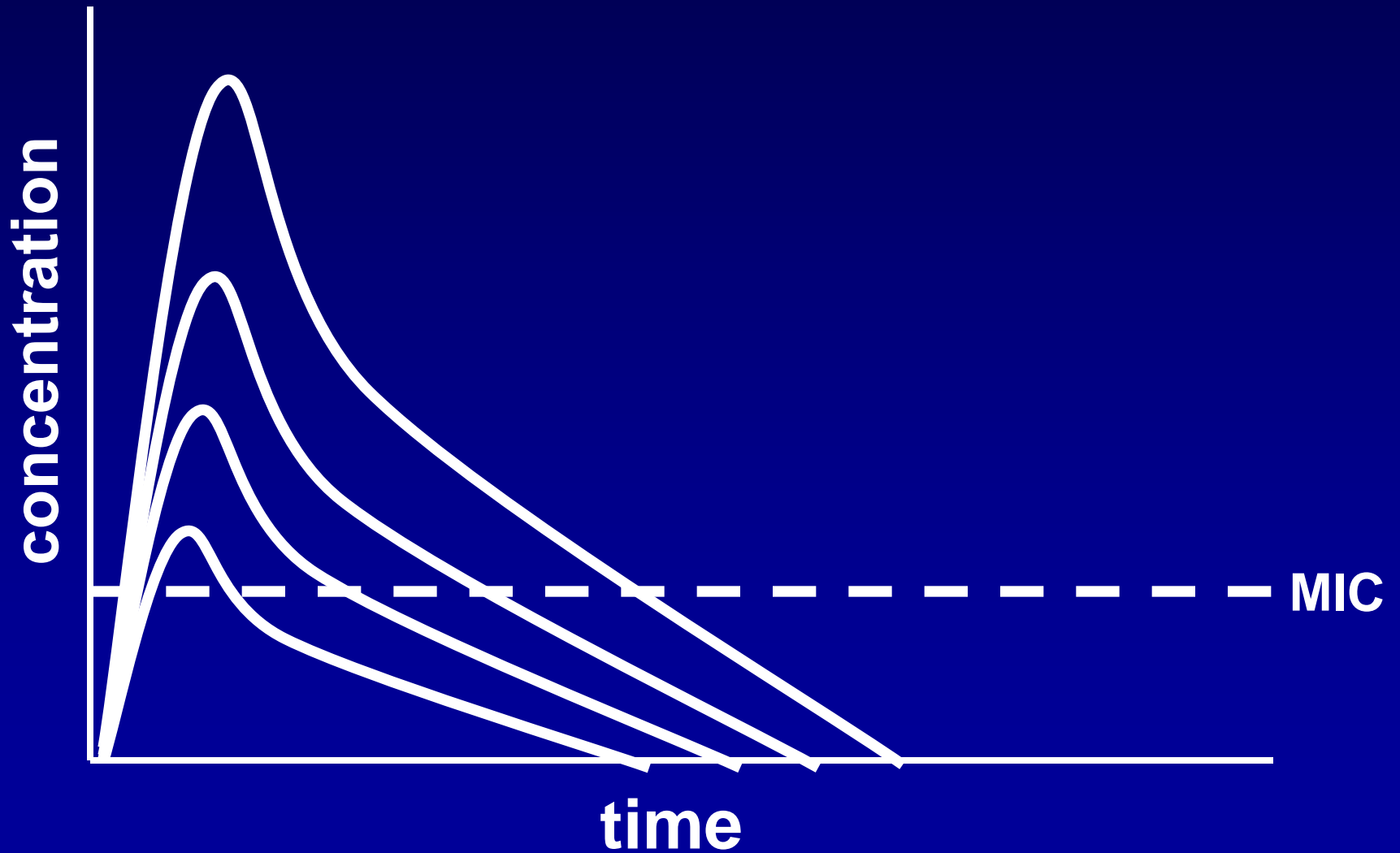
# Effluxpumpeninhibitoren – alternative Therapiestrategie bei mikrobieller Multiresistenz

Markus Zeitlinger

# Clinical resistancy I



# Clinical resistancy II





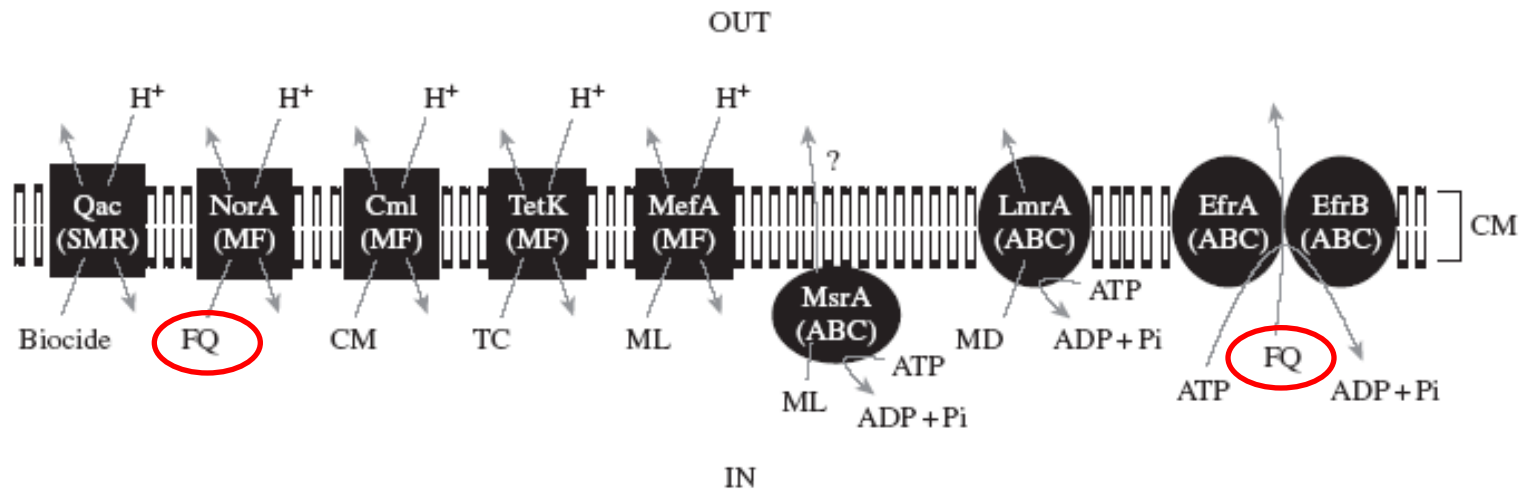
ROBERT THOM

# “Magic Bullet” by neutralising transporters in antimicrobial therapy

- Overcome bacterial resistance/ enhance susceptibility
- Overcome PK barriers in human
- *Improve efficacy*
- *Reduction of dose and side-effects*

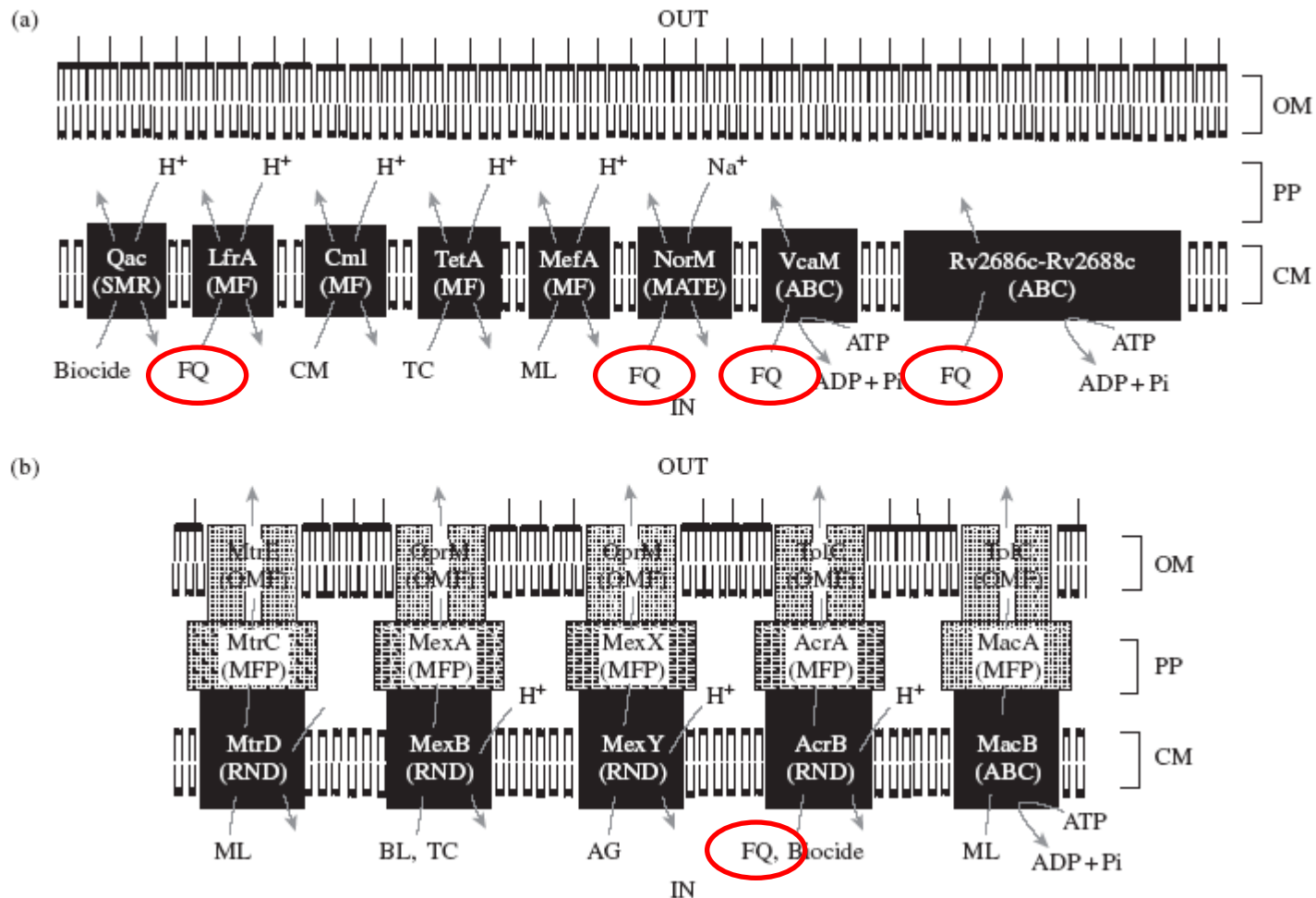
# Barriers in bacteria

# FQ - efflux pumps Gram-positive



- Major facilitator (MF) superfamily
- ATP binding cassette (ABC) family

# FQ - efflux pumps Gram-negative



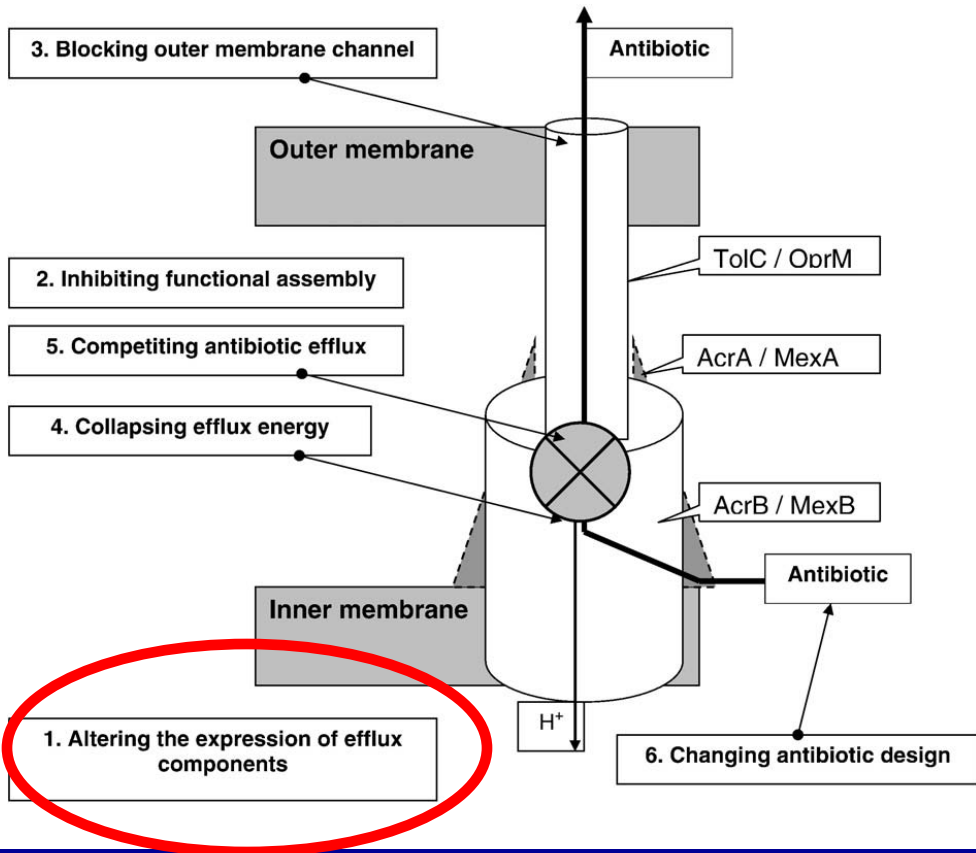
- Multidrug and toxic compound extrusion (MATE)
- Resistance nodulation division (RND)



# Requisites of an ideal inhibitor

- Free of pharmacological activity
  - Determines impact on eukaryotic cells
- Feasible production and application
  - Isolation, purification, stability, solubility
- Proteolytically stable
  - Stability in plasma
- Therapeutic index
- PK profile
- Devoid of antibiotic activity

# Strategies to overcome Efflux



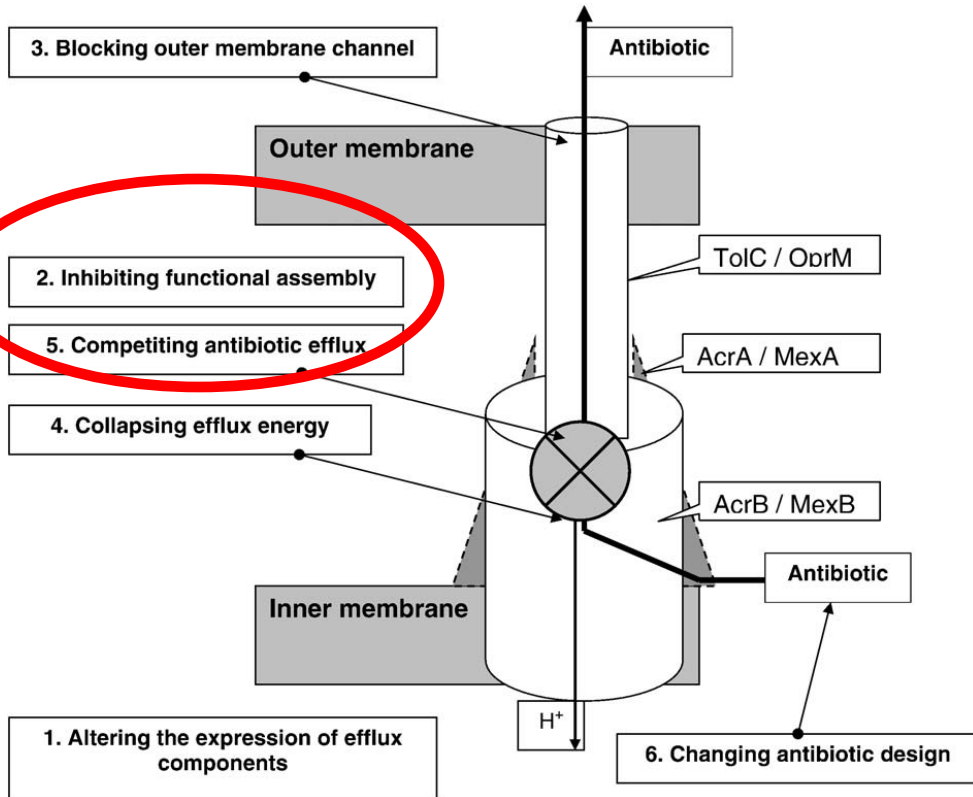
Altering regulatory steps for the expression of the pump

-Antisense oligonucleotide

-Small interfering RNA  
-(AcrAB of *E.coli*)

-Mar A (both AcrAB and Porins)

# Strategies to overcome Efflux



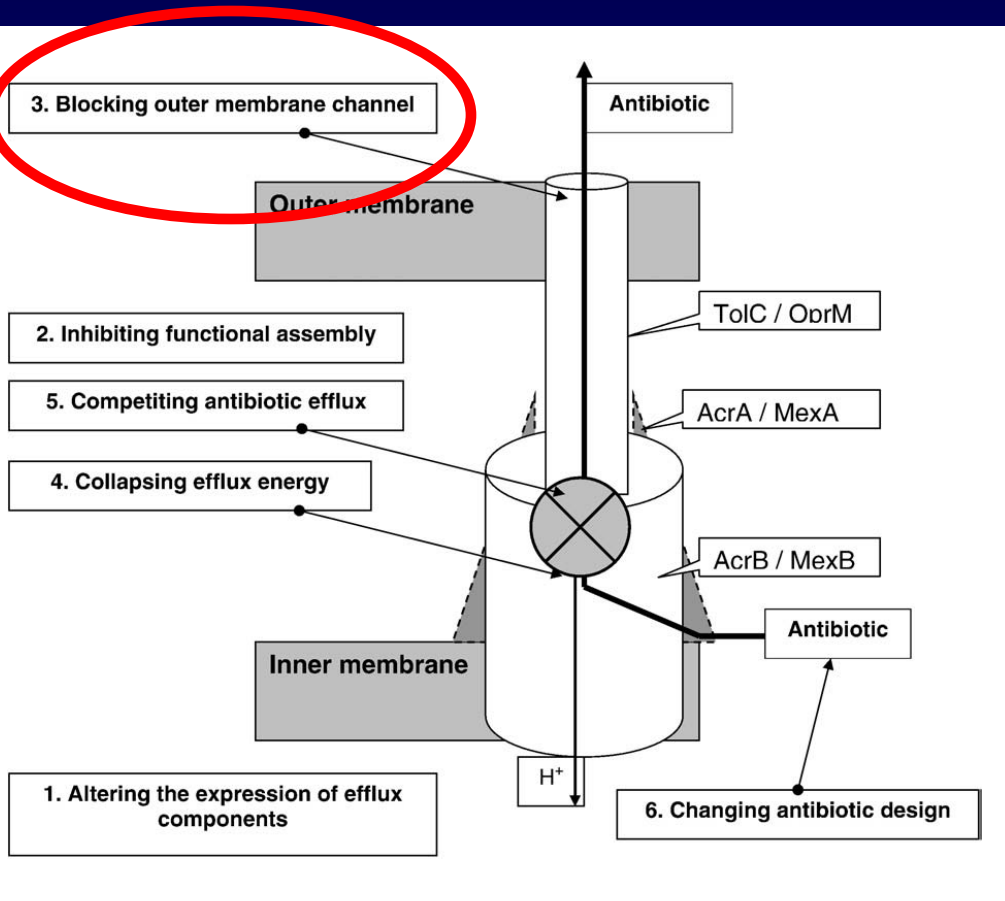
Inhibiting functional assembly

-Fatty acid metabolism

-Impacting signal peptidase II (AcrA is envelope lipoproteins)

-Tripartite efflux pumps like RND of Gram-neg.

# Strategies to overcome Efflux

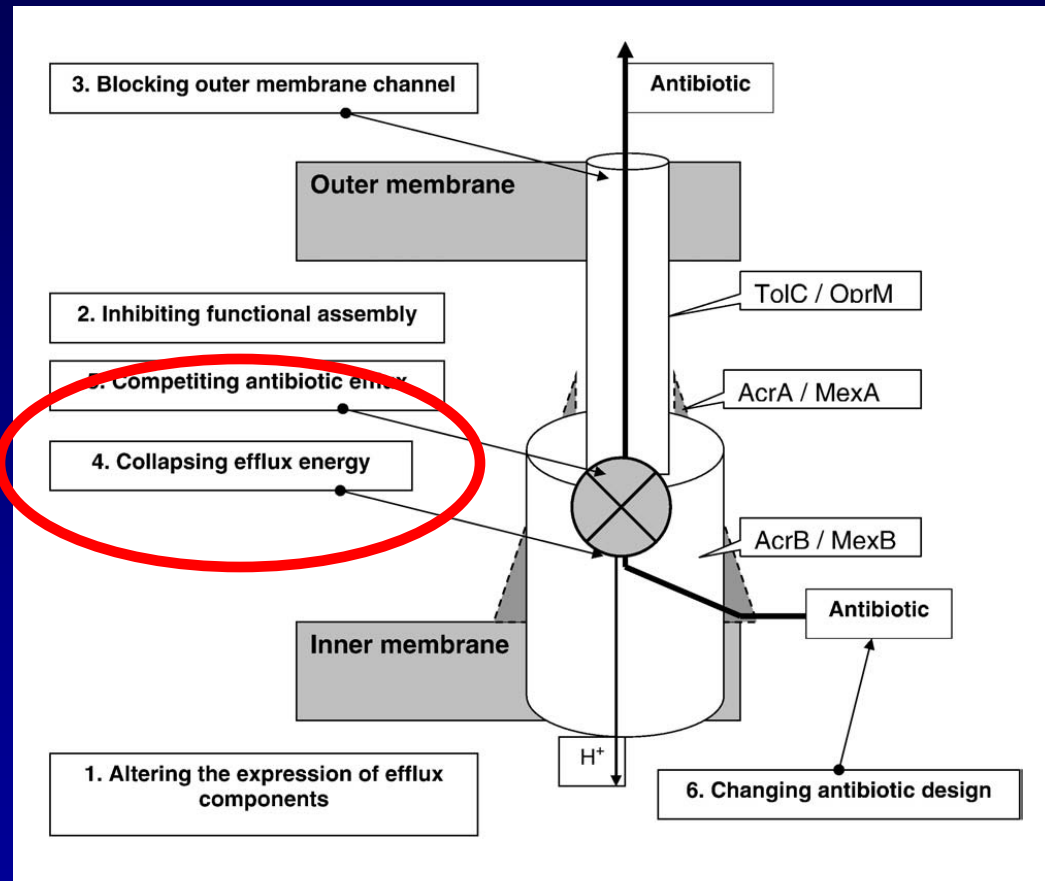


Blocking outer membrane channel (OMC)

-Nano antibodies as pore blocker

-Hypothesis at moment

# Strategies to overcome Efflux



Collapse of cell energy

-Proton Motive Force (PMF)

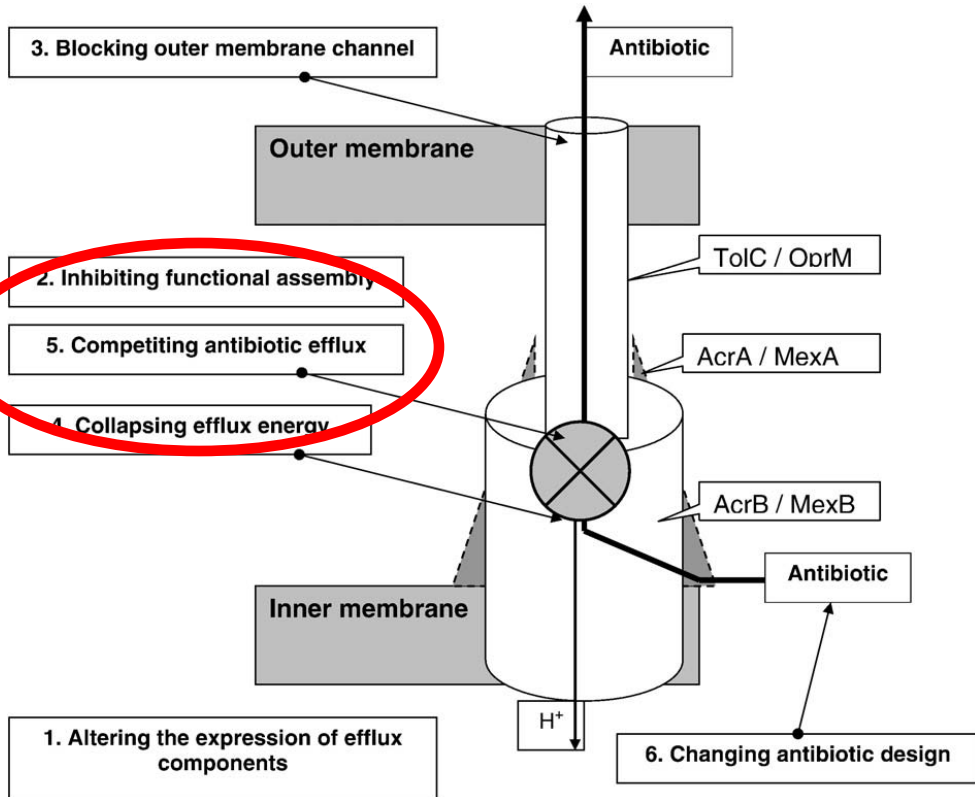
-Carbonyl cyanide m-chlorophenylhydrazone (CCCP)

-?alteration of cell envelope itself

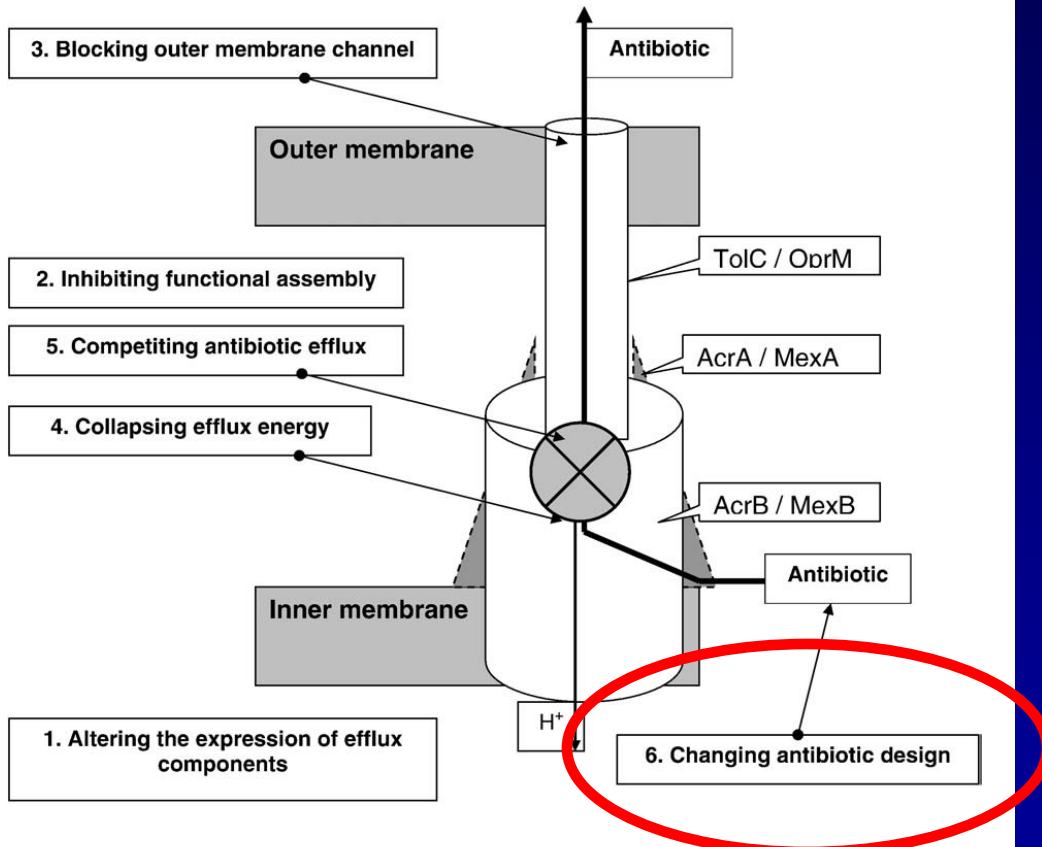
# Strategies to overcome Efflux

Competing antibiotic  
efflux

-Classic EPI



# Strategies to overcome Efflux



Changing antibiotic design

-Glycylcyclines  
(Tigecycline bypasses MFS pumps)

-Ketolides  
(Telithromycin bypasses MefA/E and AcrAB)

-Spectinamides (TBC)

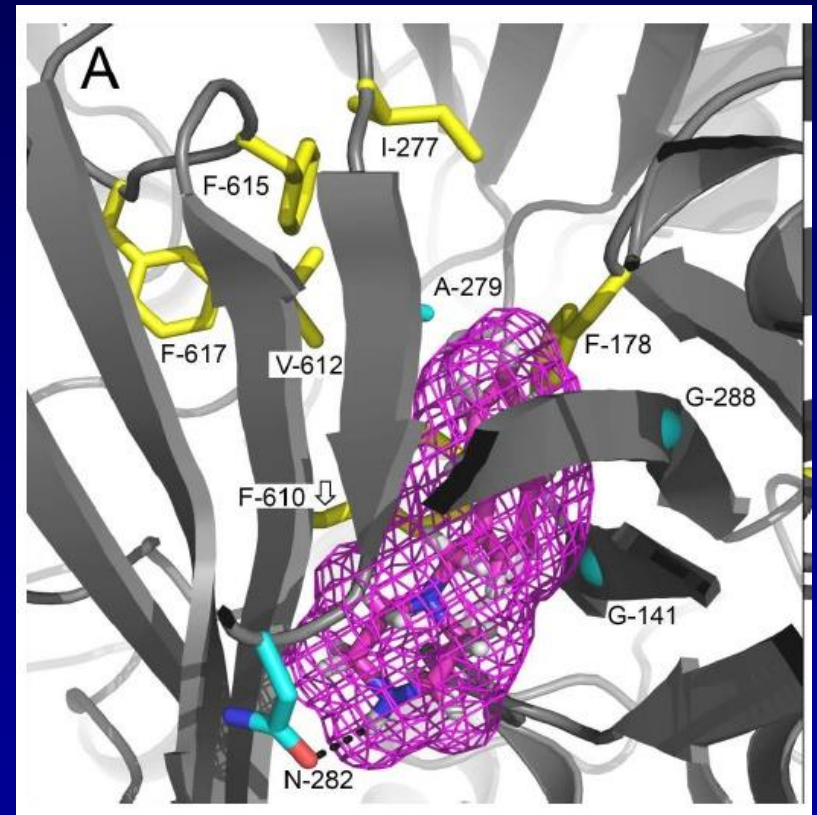
# Drugs used for other purposes

- Reserpine
  - NorA of *S. aureus* (Norfloxacin)
- Verapamil
  - ABC of *S.aureus*, RND of Gram neg. (Tobramycin)
- Omeprazole
  - NorA of *S.aureus* (Norfloxacin)
- Phenothiazine (Thioridazin)
  - BpeAB-OprB, AmrAB-OprA of *Burkholderia spp.*  
(Aminoglycosides and macrolides)
  - RND of *E.coli* (Penicillin G)
- Paroxetine
  - NorA and MepA of *S.aureus*
  - AcrAB of *E.coli*



# Specific EPIs

- Arylpiperazines
  - 1-(1-naphthylmethyl)-piperazine (NMP)
  - Blocking of AcrAB and AcrEF
  - Linezolid, tetracyclines, macrolides, fluoroquinolones
- Peptidomimetics
  - phenyl-arginine-beta-naphthylamide (PAβN)
  - Linezolid, rifampicin, macrolides, fluoroquinolones



[www.pymol.org](http://www.pymol.org)

# Identification of Natural Compound Inhibitors for Multidrug Efflux Pumps of Escherichia coli

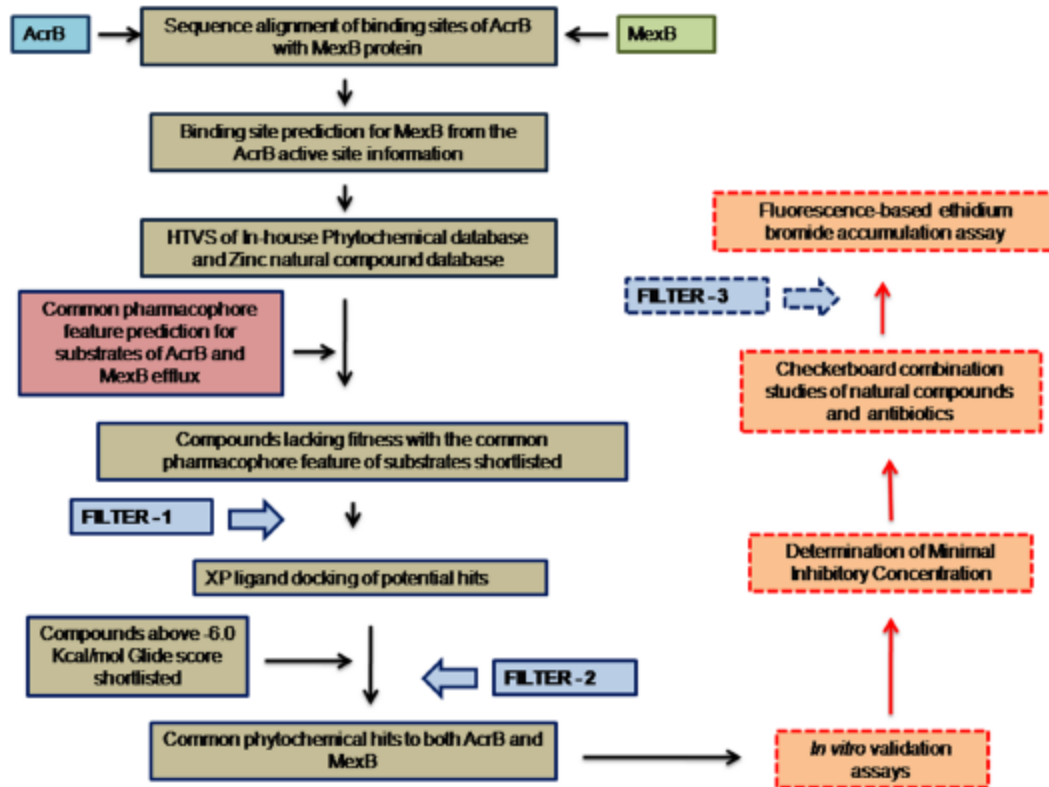


Figure 1. Flow chart of Virtual screening, pharmacophore-based filtering and experimental screening strategy for identifying efflux inhibitors.  
doi:10.1371/journal.pone.0101840.g001

# Methods Example Ciprofloxacin

- 4 Stains
  - *Staphylococcus aureus* ATCC 29213 (MIC 0,5  $\mu\text{g/ml}$ )
  - *Staphylococcus* SA-1199B (MIC 16  $\mu\text{g/ml}$ )
  - *Pseudomonas aeruginosa* ATCC 27853 (MIC 0,5  $\mu\text{g/ml}$ )
  - *Stenotrophomonas maltophilia* ATCC BAA-85 (MIC 16  $\mu\text{g/ml}$ )

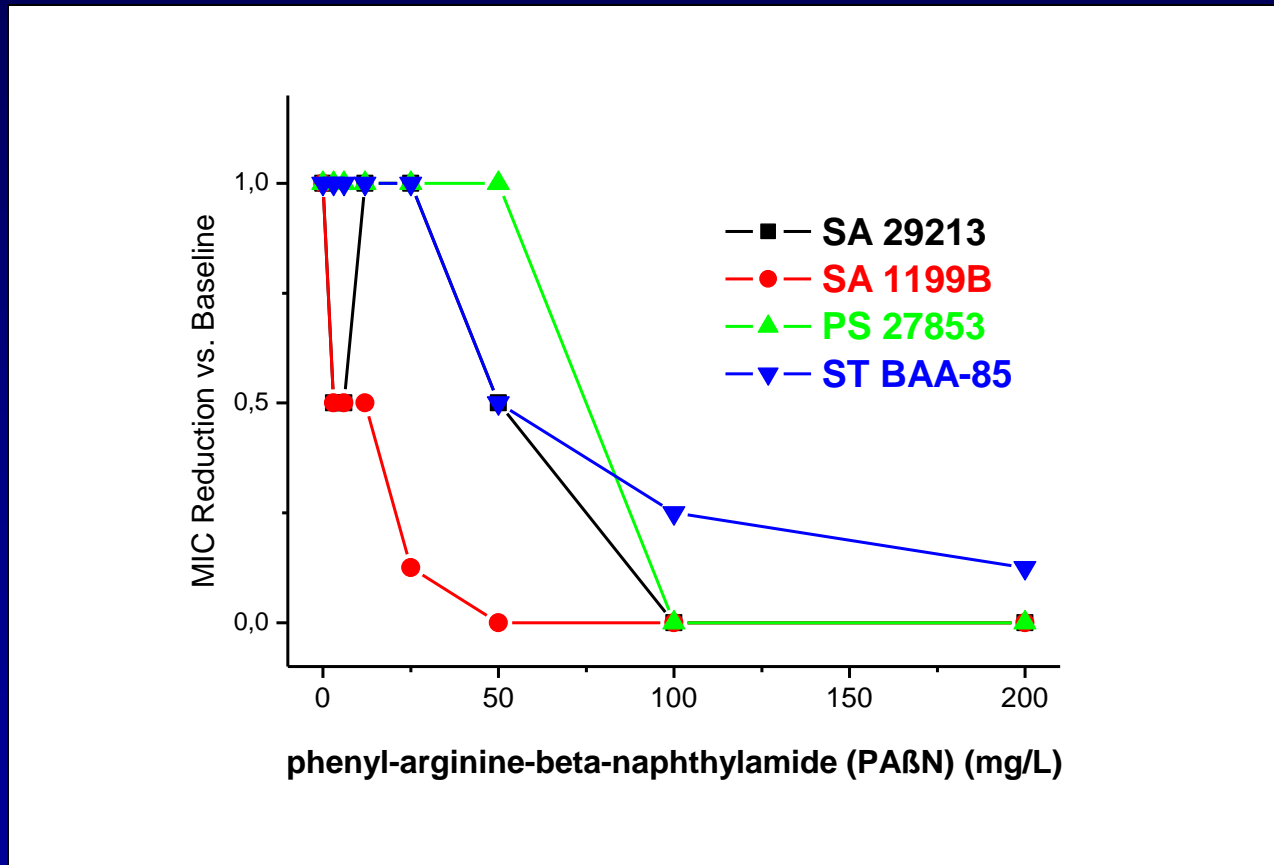


- Antimicrobial activity

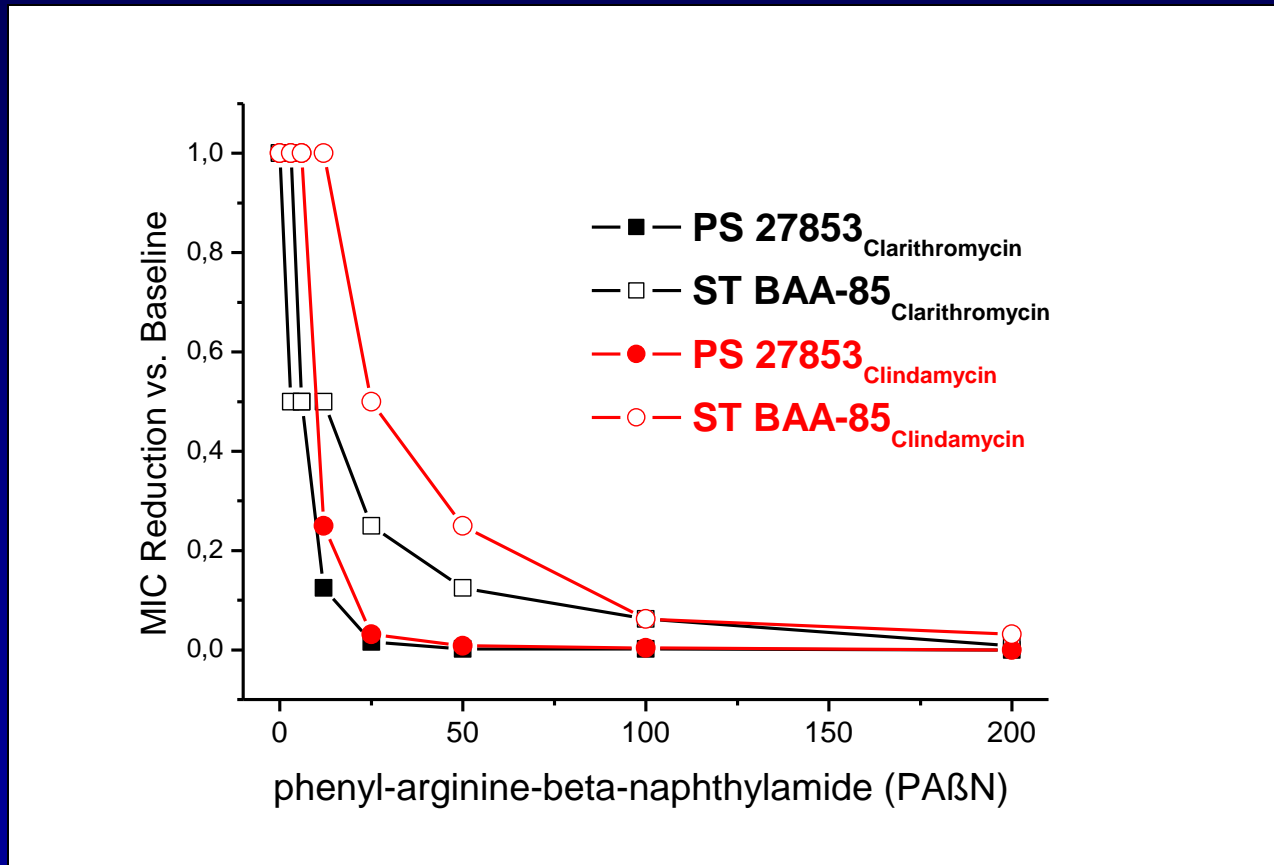


- Intracellular concentration

# Ciprofloxacin and PAβN



# Clarithromycin and Clindamycin

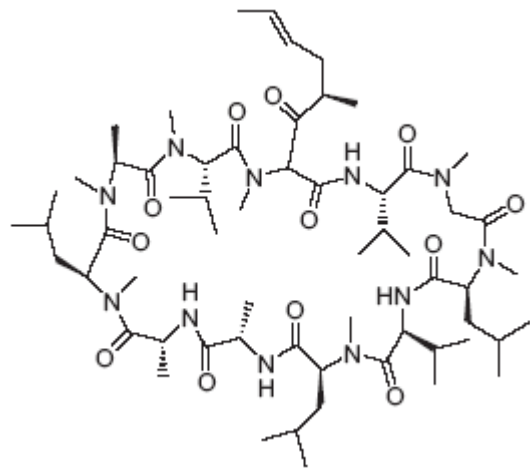


# MIC (mg/L) of efflux-pump-inhibitors without addition of antibiotic

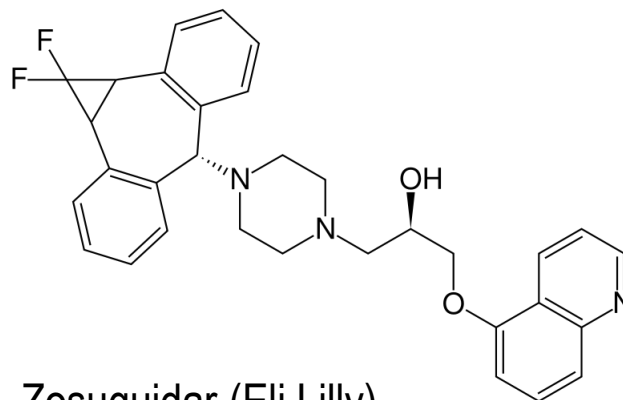
	PAβN
SA 29213	32
SA 1199B	16
PS 27853	256
ST BAA-85	512

phenyl-arginine-beta-naphthylamide (PAβN)

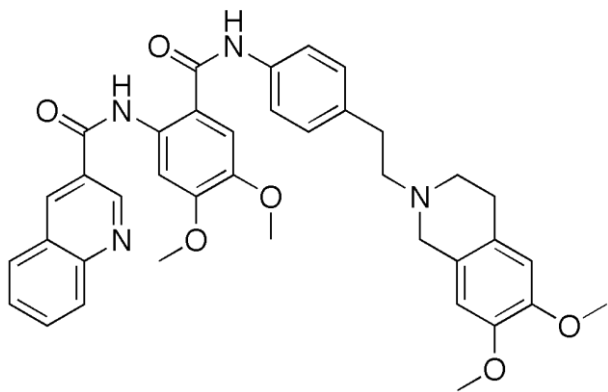
# New-generation P-gp modulators



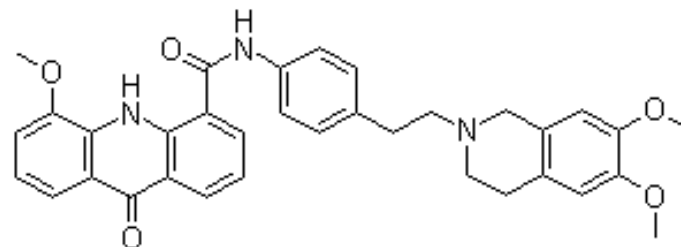
Valspodar (Novartis)



Zosuquidar (Eli Lilly)



Tariquidar (Azatrius)



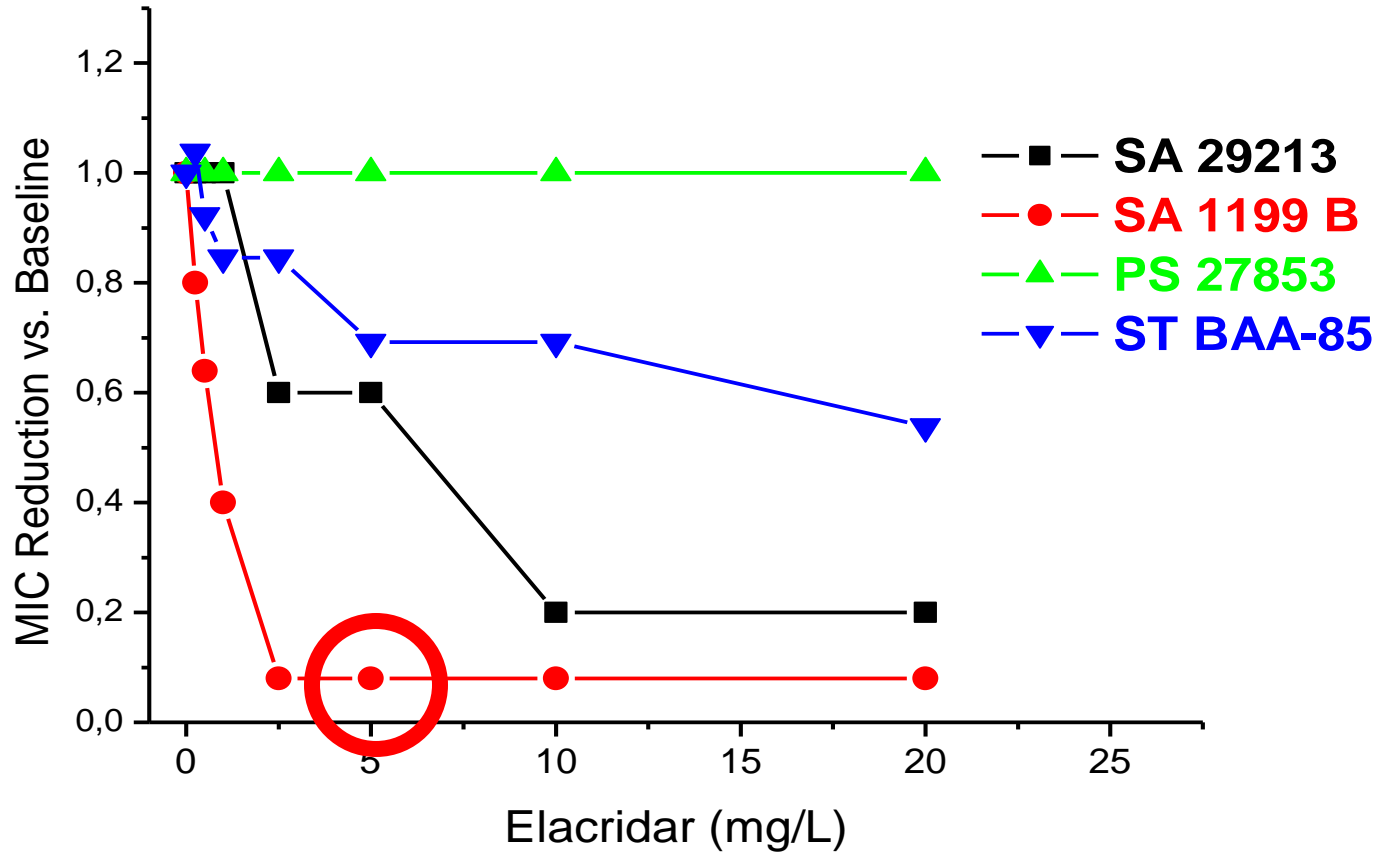
Elacridar (GSK)

# MIC (mg/L) of efflux-pump-inhibitors without addition of antibiotic

	Tariquidar	Elacridar
SA 29213	>64	>64
SA 1199B	>64	>64
PS 27853	>64	>64
ST BAA-85	>64	>64

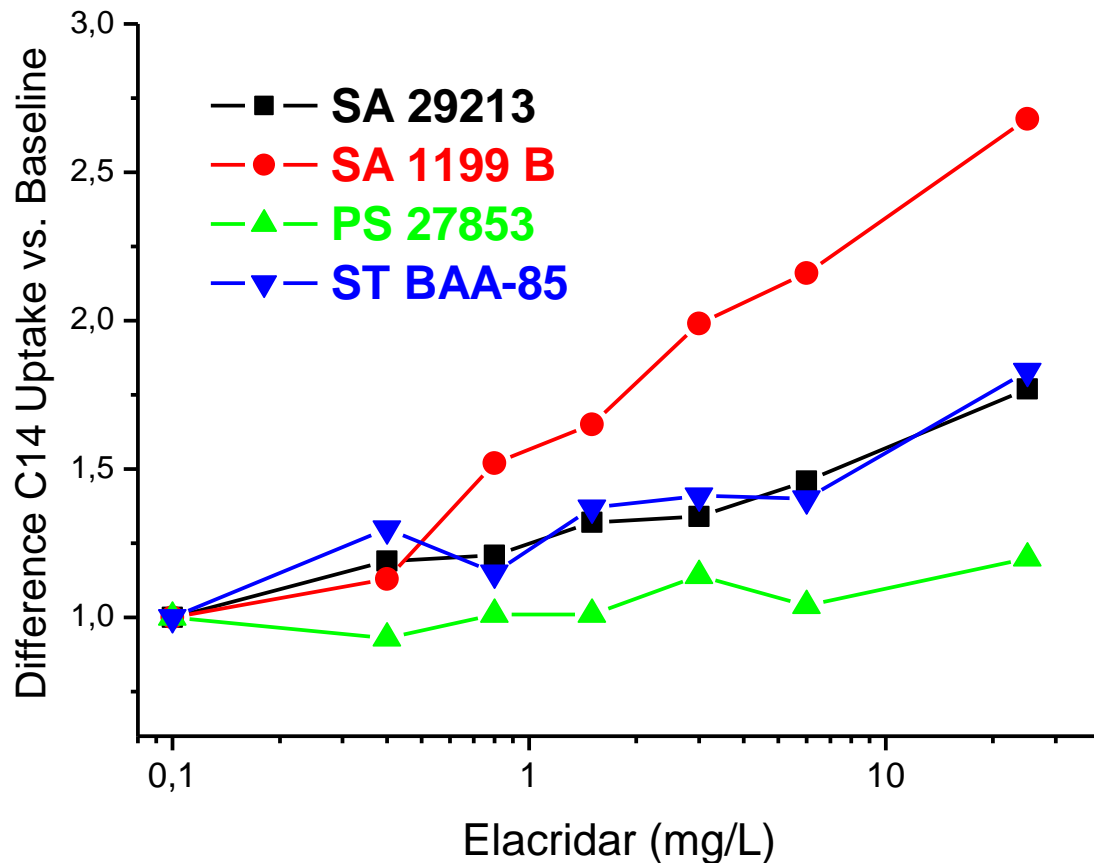


# Reduction of MIC of Ciprofloxacin for Gram positive and negative bacteria by Elacridar

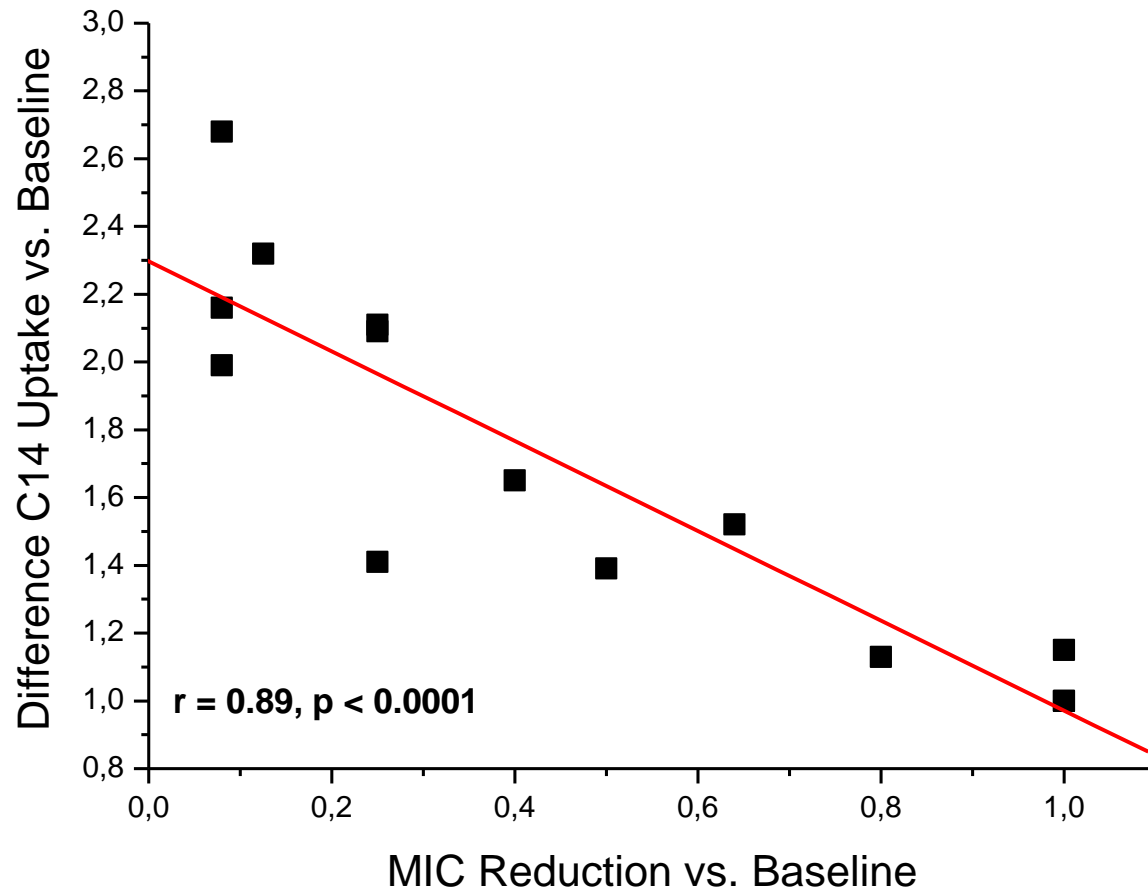


Change in MIC of SA 1199 B from 16 to 1  $\mu\text{g/ml}$

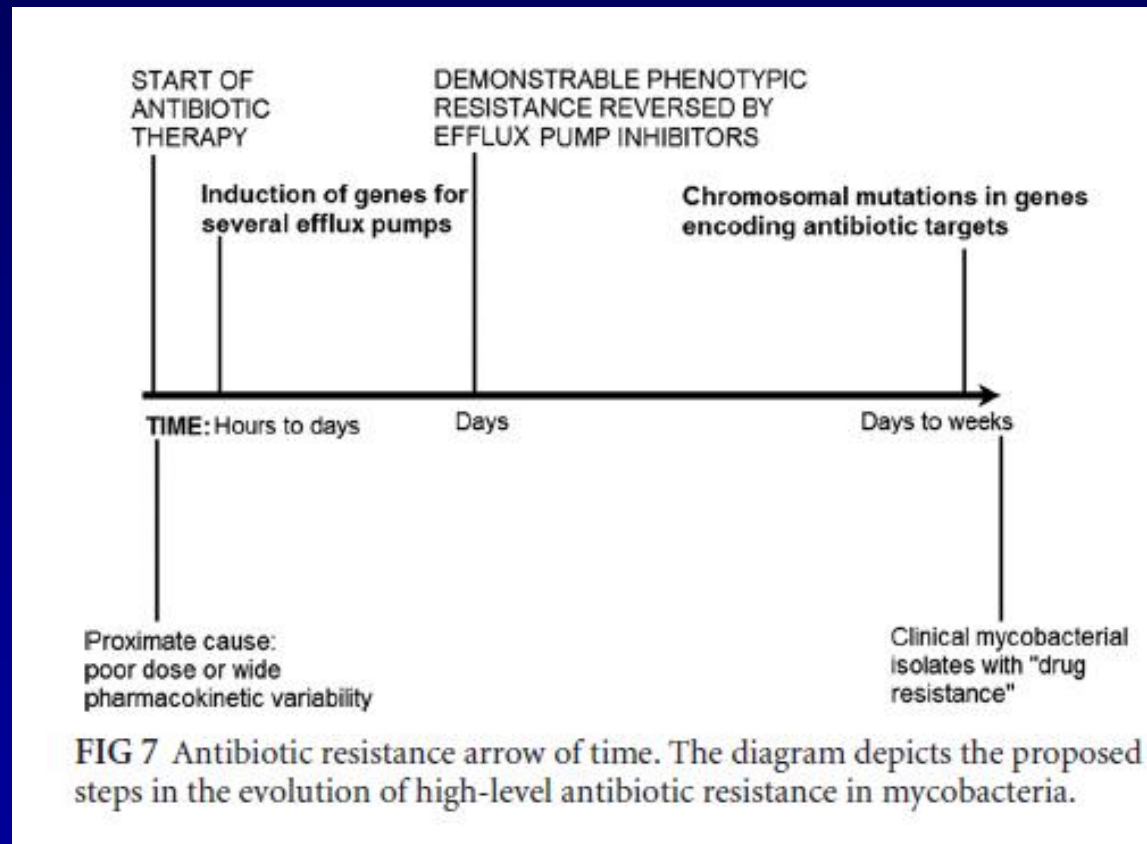
# Enhancement of Uptake of $[C^{14}]$ ciprofloxacin by Gram positive and negative bacteria by Elacridar



# Correlation between change in MIC and Uptake of [<sup>14</sup>C]ciprofloxacin for SA 1199B



# Efflux Pump Induction Is a General First Step in the Evolution of Mycobacterial Drug resistance



# Effect of EPI on drug susceptibility of ofloxacin resistant *Mycobacterium tuberculosis* isolates

**Table II.** Fold changes in ofloxacin MIC of *M. tuberculosis* isolates (n=45) in presence of efflux inhibitors (CCCP, DNP and verapamil)

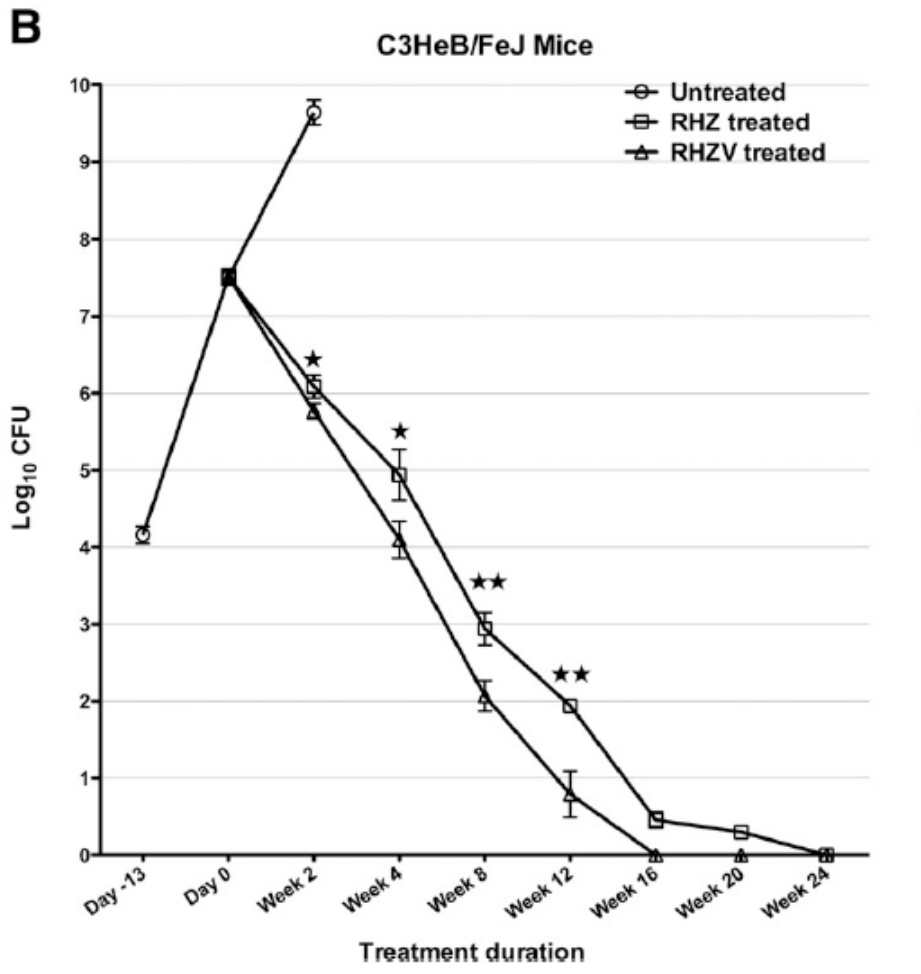
Efflux inhibitors (No. of isolates)	Fold changes in presence of efflux inhibitors in ofloxacin resistant isolates (%)		
	2	4	8
CCCP (n =16; 35.5%)	13 (81.3)	2 (12.5)	1 (6.3)
DNP (n =21; 46.6%)	11 (52.3)	5 (23.8)	5 (23.8)
Verapamil (n =24; 53.3%)	19 (79.2)	4 (16.6)	1 (4.2)

➤ **CCCP**

➤ **2,4-dinitrophenol (DNP)**

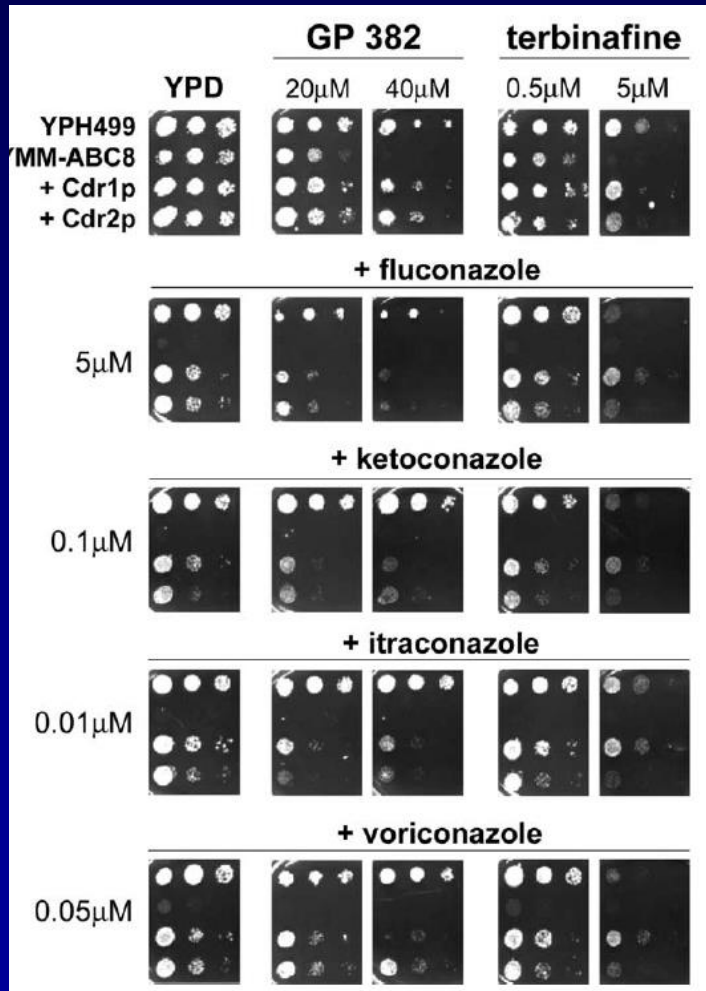
➤ **Verapamil**

# Acceleration of Tuberculosis Treatment by Adjunctive Therapy with Verapamil as an Efflux Inhibitor

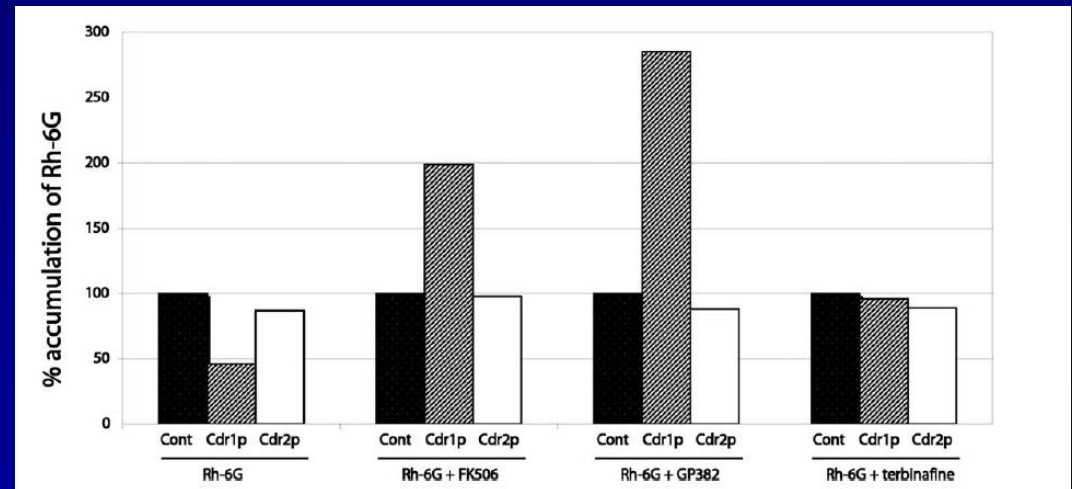


- rifampin (R; 10 mg/kg)
- isoniazid (H; 10 mg/kg)
- pyrazinamide (Z; 150 mg/kg),
- verapamil (V; 9.40 mg/kg)

# Reversal of ABC-efflux pumps resistance in yeast

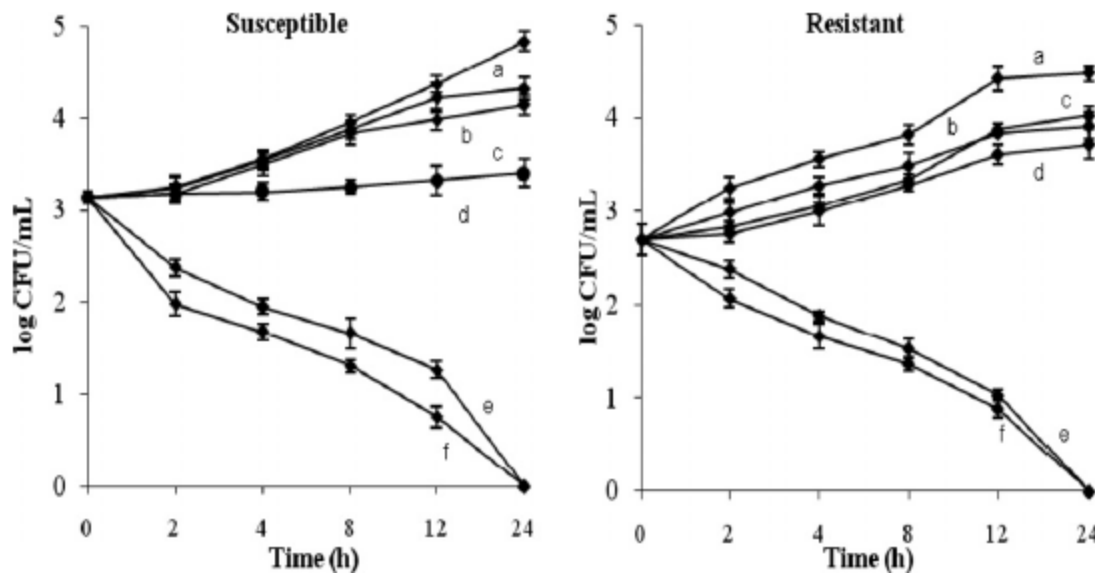


- Immunosuppressive
  - FK506, PSC833
- Antifungal Terbinafine



# Reversal of efflux mediated antifungal resistance with monoterpenes

- principal chemical components of thyme oil:  
Thymol and Carvacrol
- Fluconazol resistant (11) and susceptible (38) strains
- All partners  $\frac{1}{2}$  MIC

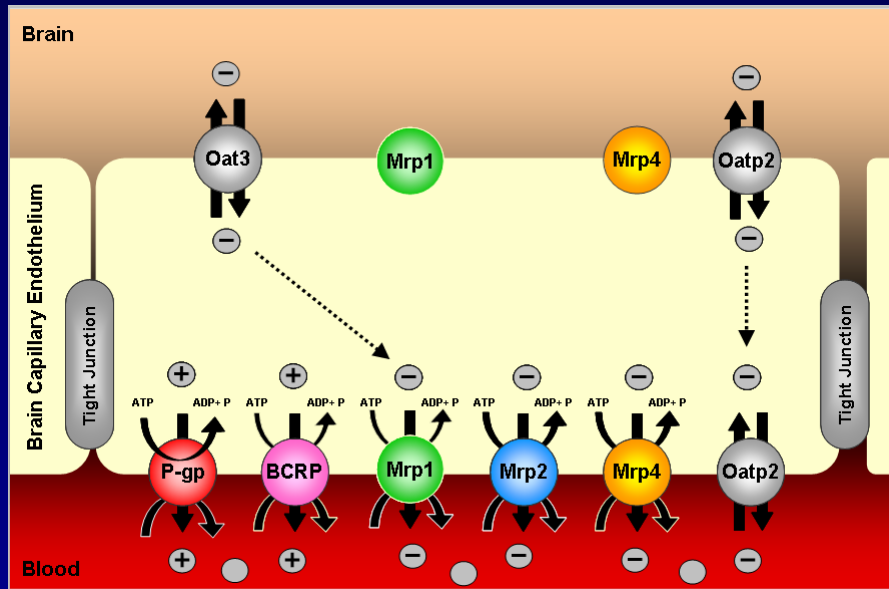


**Fig. 1.** Representative time-kill curves of *Candida* isolates following exposure to (a),  $\frac{1}{2}$  MIC of thymol (b),  $\frac{1}{2}$  MIC of carvacrol (c),  $\frac{1}{2}$  MIC of fluconazole (d),  $\frac{1}{2}$  MIC of fluconazole combined with  $\frac{1}{2}$  MIC of thymol (e) and  $\frac{1}{2}$  MIC of fluconazole combined with  $\frac{1}{2}$  MIC of carvacrol (f). (a) represents the untreated *Candida* cells (Control).



# Barriers in the body

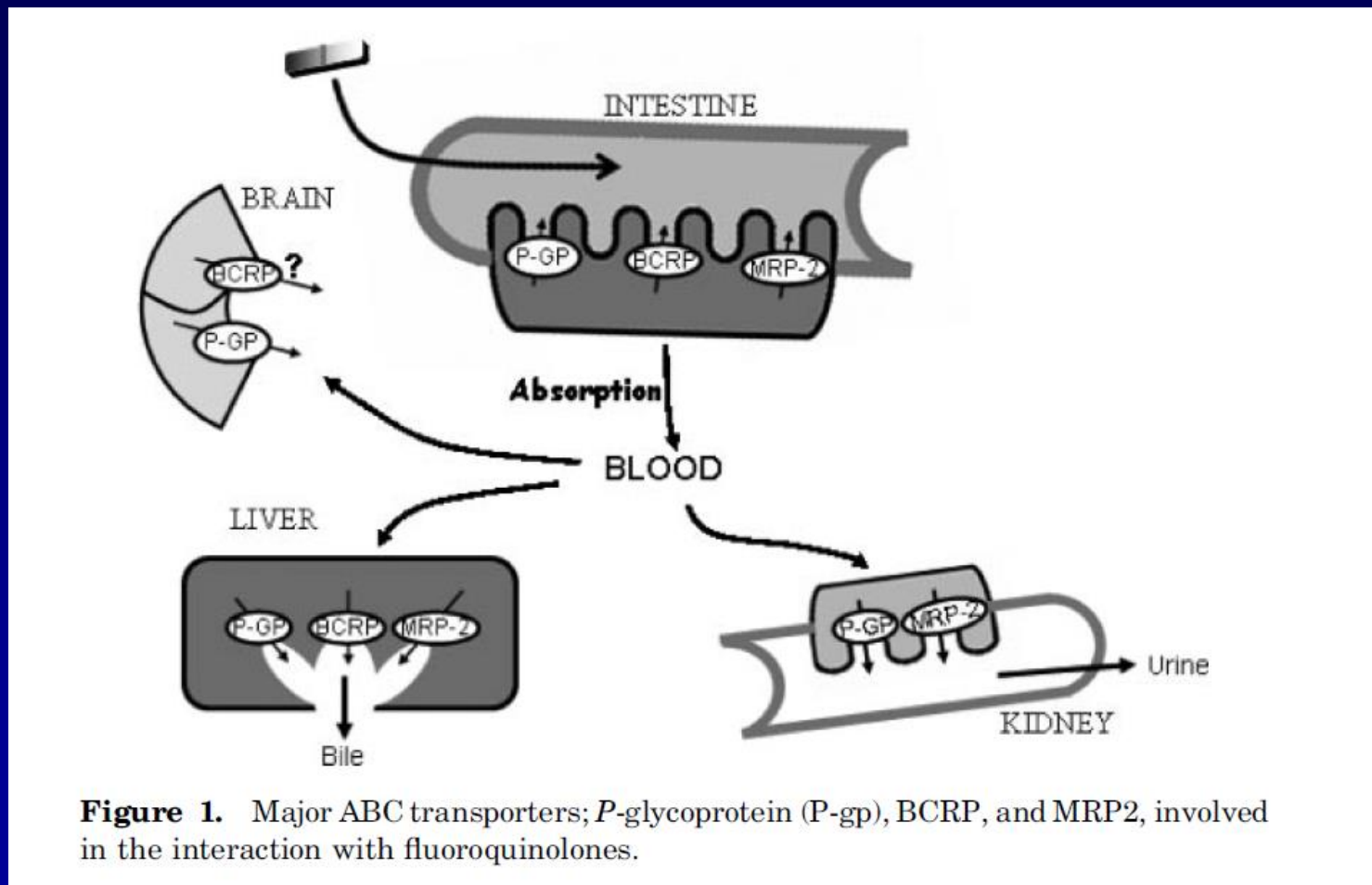
# Multidrug Transporter at biological barriers



Cell

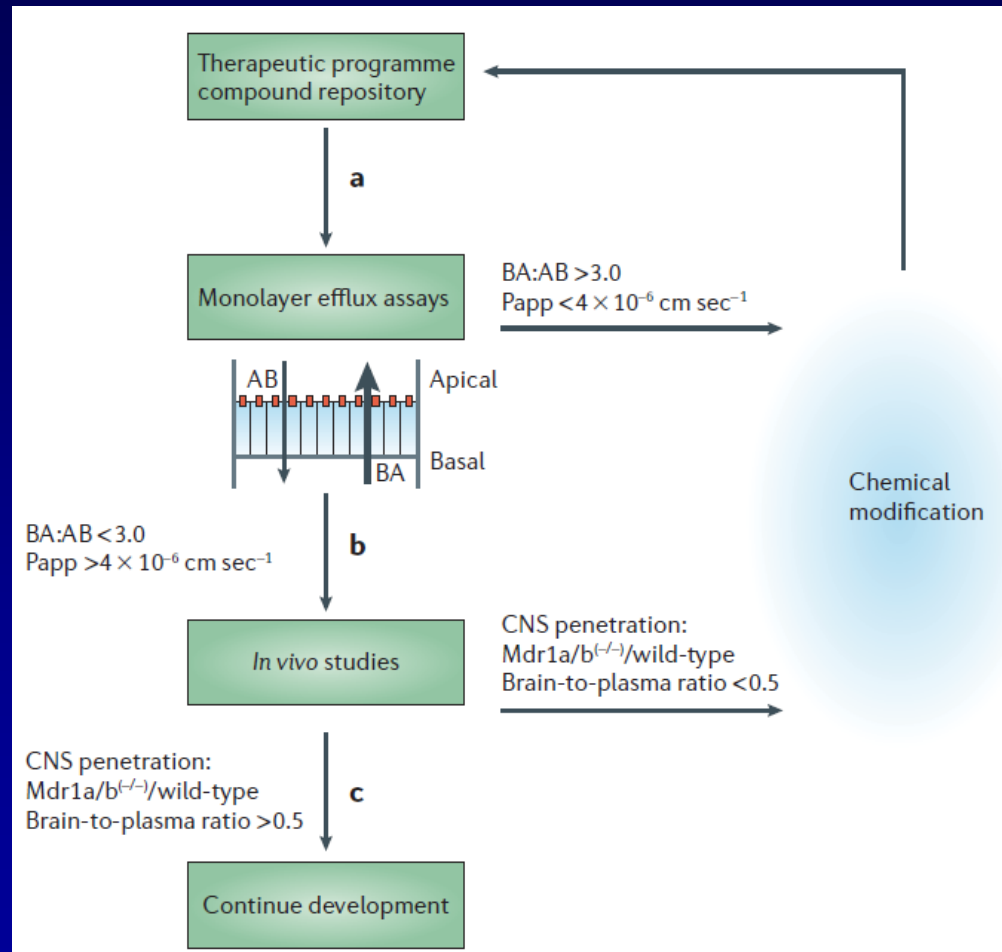
- P-glycoprotein (ABCB1)
- Multidrug resistance proteins
- Breast cancer resistance protein
- Organic anion transporting polypeptides
- Organic anion transporter

# Fluroquinolone Transporters

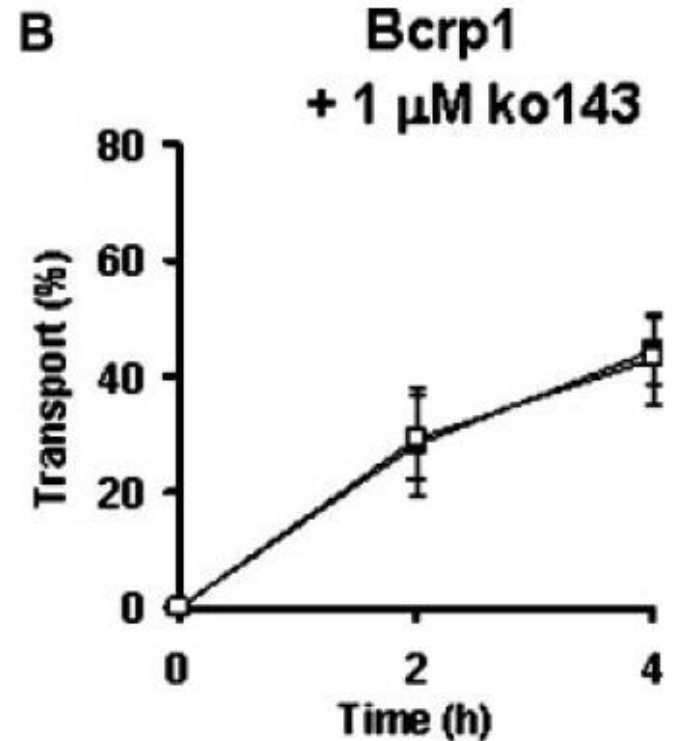
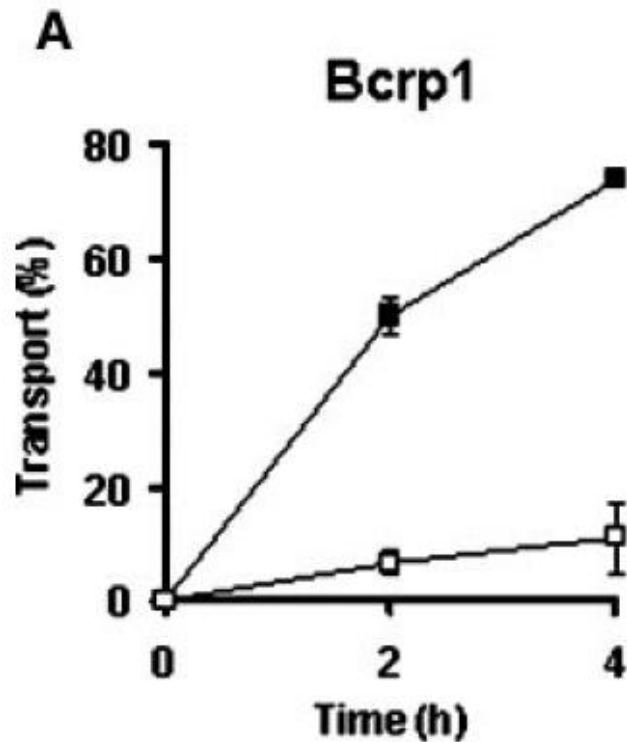


**Figure 1.** Major ABC transporters; *P*-glycoprotein (P-gp), BCRP, and MRP2, involved in the interaction with fluoroquinolones.

# P-gp in drug development

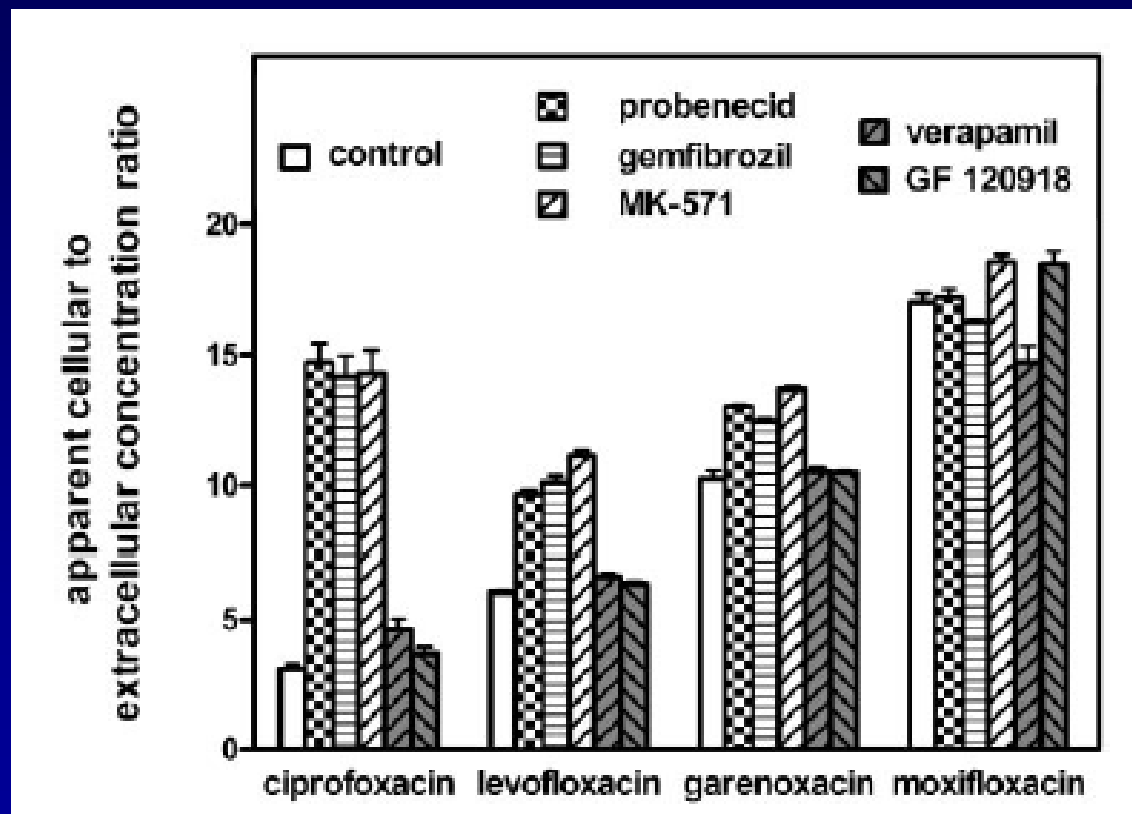


# Enofloxacin penetration monolayers



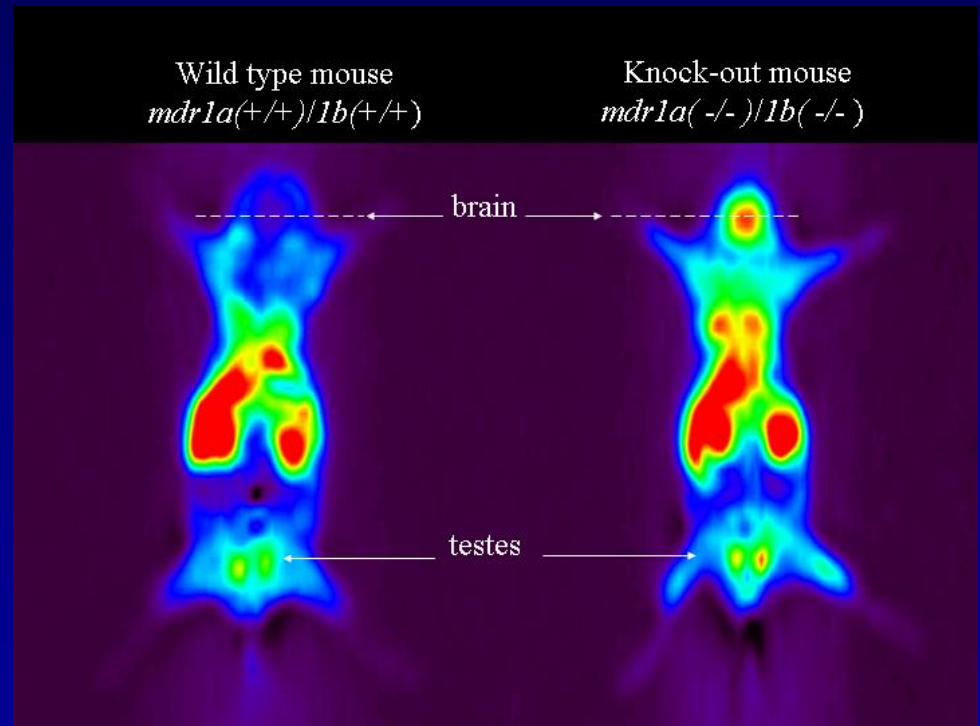
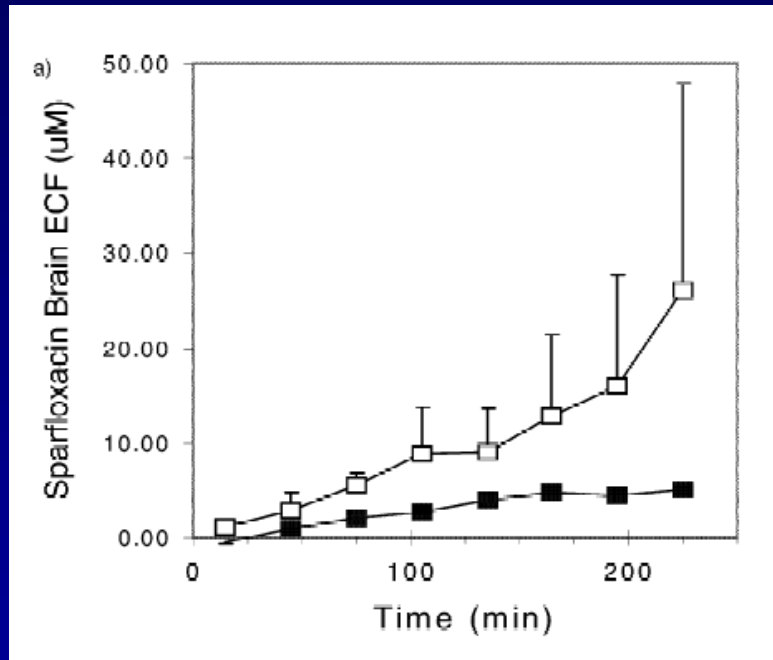
# Influence of Efflux Transporters on the Accumulation and Efflux of Four Quinolones (Ciprofloxacin, Levofloxacin, Garenoxacin, and Moxifloxacin) in J774 Macrophages

Jean-Michel Michot,<sup>†</sup> Cristina Seral,<sup>†‡</sup> Françoise Van Bambeke, Marie-Paule Mingeot-Leclercq, and Paul M. Tulkens\*



# In vitro and in vivo investigations on fluoroquinolones; effects of the P-glycoprotein efflux transporter on brain distribution of sparfloxacin

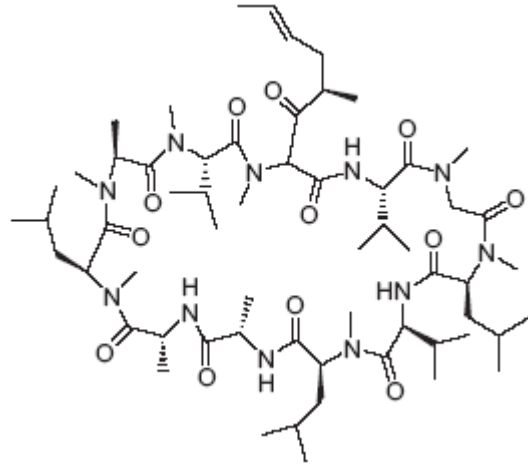
Elizabeth C.M. de Lange<sup>a,\*</sup>, Sandrine Marchand<sup>b</sup>, Dirk-Jan van den Berg<sup>a</sup>, Inez C.J. van der Sandt<sup>a</sup>, Albertus G. de Boer<sup>a</sup>, Annie Delon<sup>b</sup>, Serge Bouquet<sup>b</sup>, William Couet<sup>b</sup>



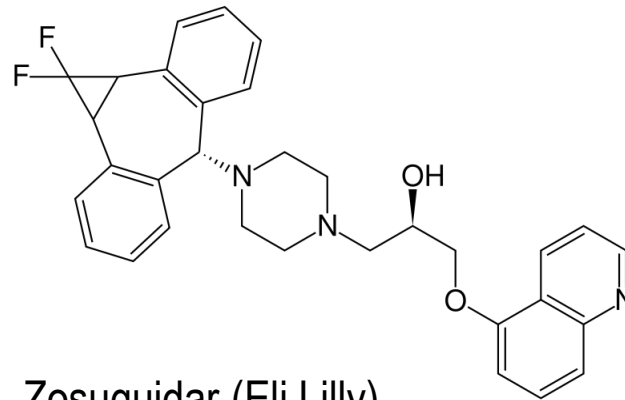
Eu J Pharmac Science. 2000

Luurtsema G. Nucl. Med. Biol. 2003

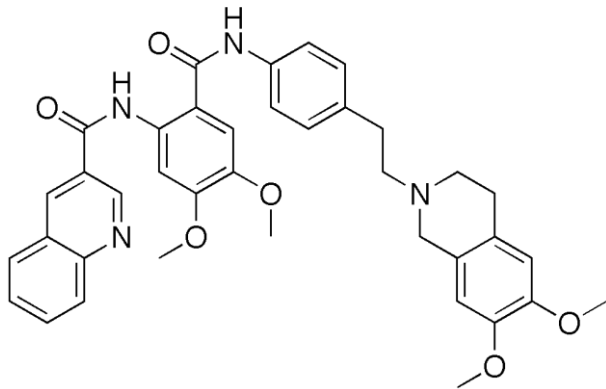
# New-generation P-gp modulators



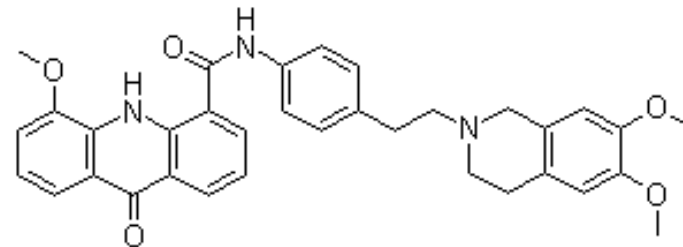
Valspodar (Novartis)



Zosuquidar (Eli Lilly)



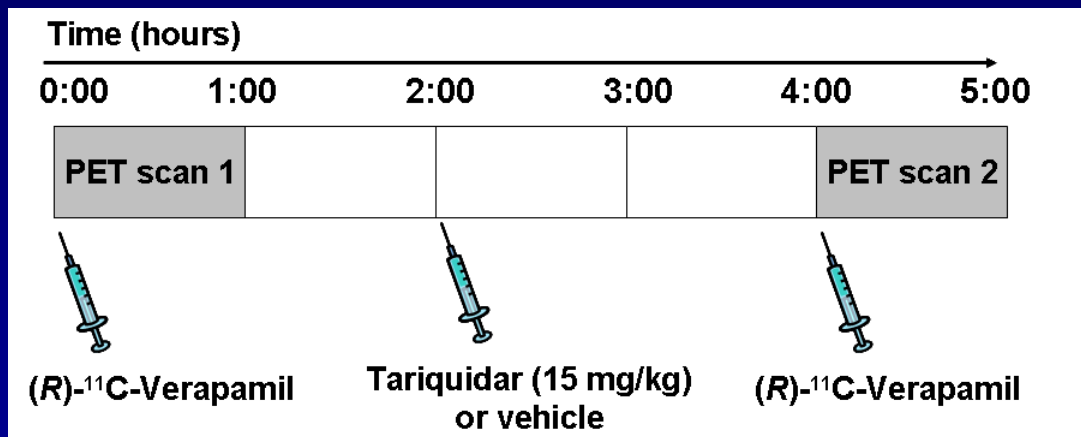
Tariquidar (Azatrius)



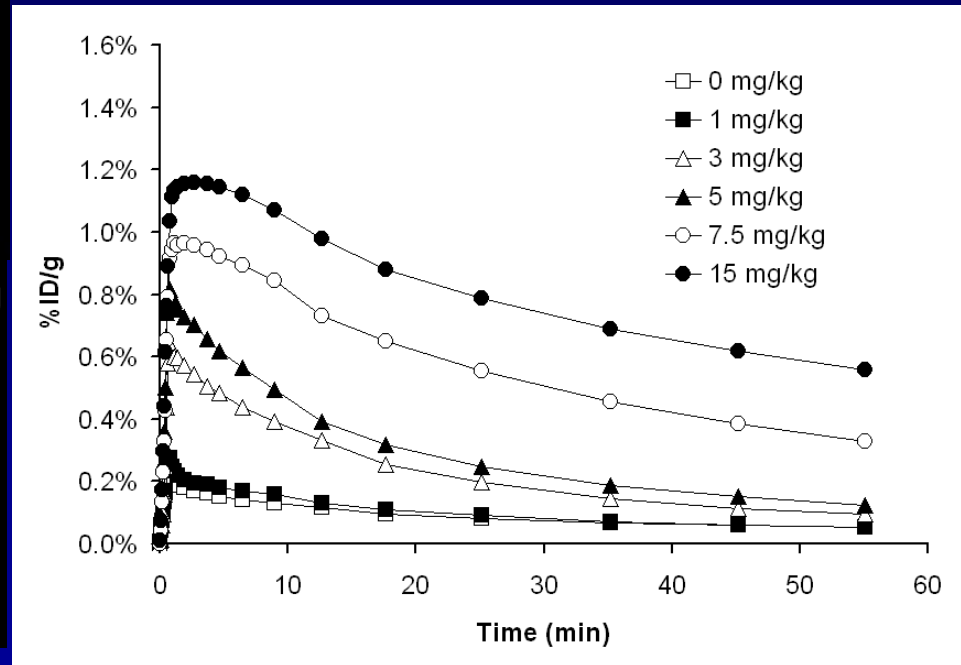
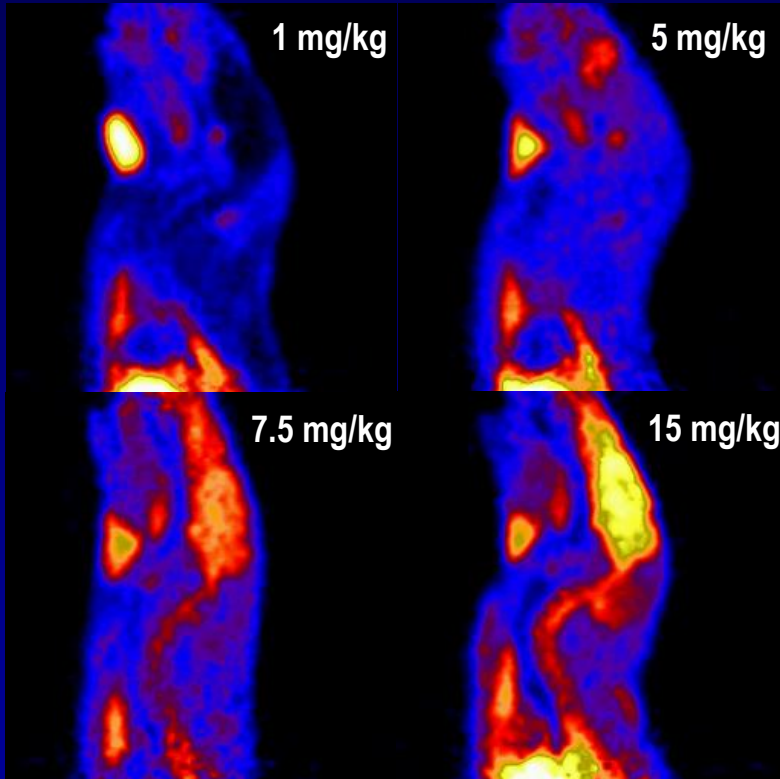
Elacridar (GSK)



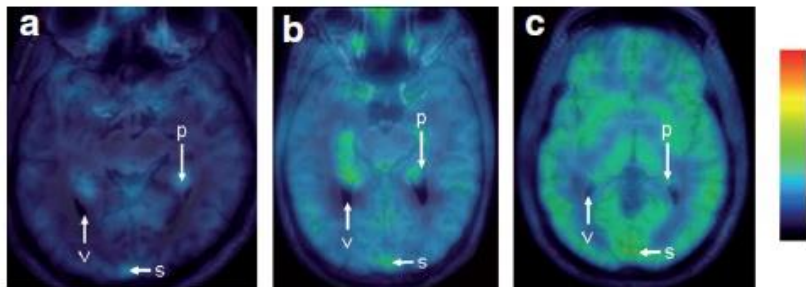
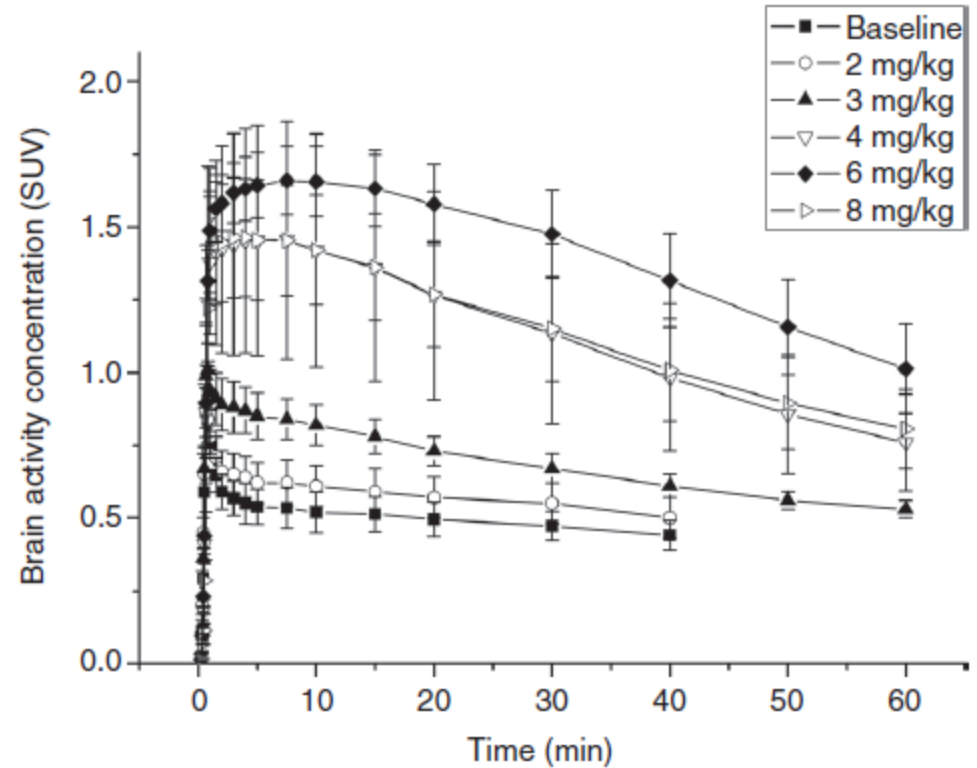
# Double-scan protocol with (*R*)-[<sup>11</sup>C]verapamil $\mu$ PET and tariquidar



# Dose Response Tariquidar



# Human Brain uptake with Tariquidar



# EFFECT OF EFFLUX INHIBITION ON BRAIN UPTAKE OF ITRACONAZOLE IN MICE INFECTED WITH *CRYPTOCOCCUS NEOFORMANS*

FRÉDÉRIC IMBERT, MÉRYAM JARDIN, CHRISTINE FERNANDEZ, JEAN CHARLES GANTIER, FRANÇOISE DROMER, GABRIEL BARON, FRANCE MENTRE, LUDY VAN BEIJSTERVELDT, ERIC SINGLAS, AND FRANÇOIS GIMENEZ

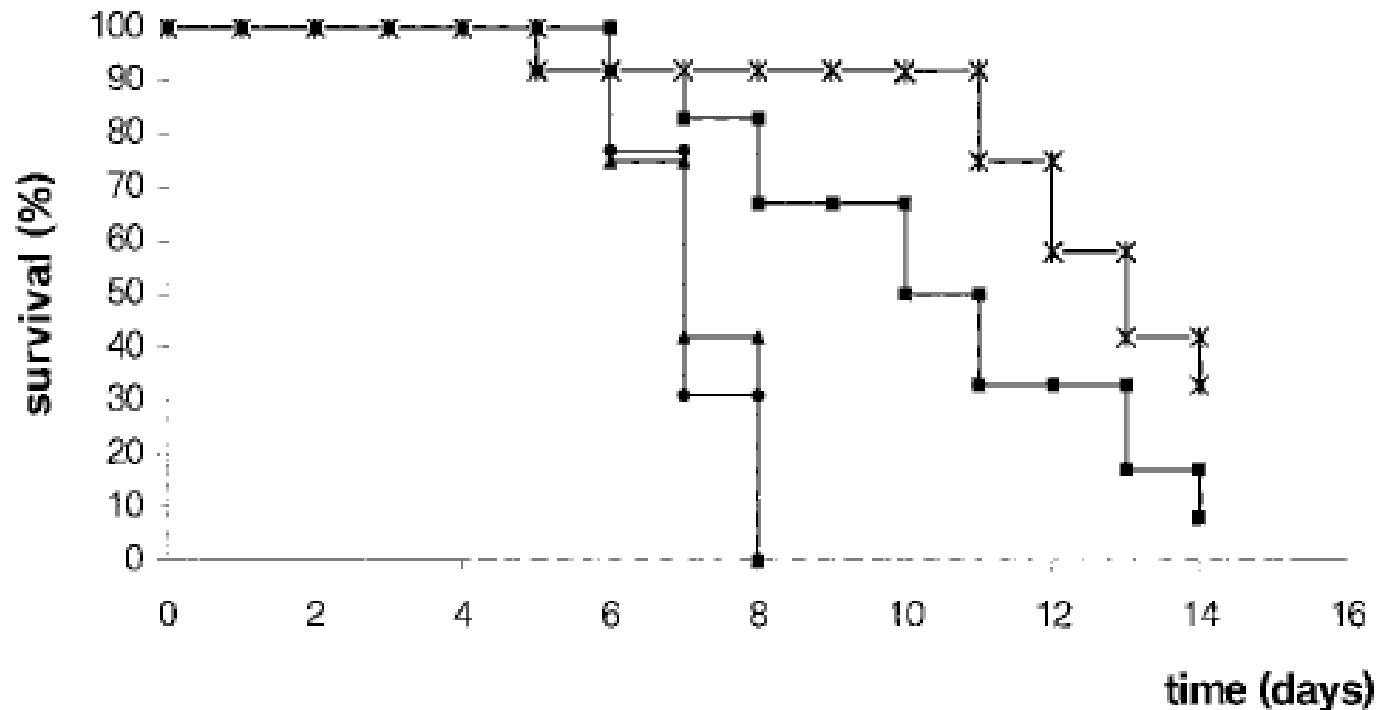


FIG. 5. Survival curve in the four groups of BALB/c mice infected with  $10^6$  C. neoformans (H99 strain) and treated as follows: (▲) placebo GF120918 + placebo ITC; (●) GF120918 treatment + placebo ITC; (■) placebo GF120918 + ITC treatment; (\*) GF120918 treatment + ITC treatment (n = 12).

FIG. 3. Mea  
GF120918 + .

bo  
1° C.

# Conclusion

- There is **no „breakthrough“**
- **Toxicity**
- Most promising drugs either already used or developed to **overcome P-GP**
- **TBC** potentially first application area

# The “Magic Bullet”?

