

Resist the Resistance: Antimicrobial peptides to fight infections

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About me....

- That's me
- I did my Bachelor's and Masters in Pharmaceutical Technology back in India.
- I worked in building nanoparticles for cancer drug delivery.



- I am doing my PhD from Baylor University at the Biology Department.
- And I am of the many certified nerds working there.

How we began...



Drugs for Bacterial infection

- It all began in the late 1880s with Paul Ehrlich and his "anti-biotic" dyes.
- In 1928, Alexander Fleming discovered Penicillin from the mold Penicillium notatum





Antibiotic class; example	Year of discovery	Year of introduction	Year resistance observed
Sulfadrugs; prontosil	1932	1936	1942
β-lactams; penicillin	1928	1938	1945
Aminoglycosides; streptomycin	1943	1946	1946
Chloramphenicols; chloramphenicol	1946	1948	1950
Macrolides; erythromycin	1948	1951	1955
Tetracyclines; chlortetracycline	1944	1952	1950
Rifamycins; rifampicin	1957	1958	1962
Glycopeptides; vancomycin	1953	1958	1960
Quinolones; ciprofloxacin	1961	1968	1968



What happens? Antibiotics work in two ways:

Bacteriostatics: They will stop the bacteria from growing. Bacteriocidal: They will destroy them for good. Both are equally effective/ ineffective in staving of infections.

Kills Germs & Bugs Bugs not People[™]



Cleans & kills 99.99% of germs on both hands & surfaces



What happens?



- Several mechanisms,
- Can be classified broadly into the following:

Inhibit cell wall synthesis of the bacteria eg-Penicillin, Ampicillin



- Several mechanisms,
- Can be classified broadly into the following:

Inhibit protein synthesis of bacteria eg-Streptomycin , vancomycin



- Several mechanisms,
- Can be classified broadly into the following:

Inhibits the bacterial membrane function



- Several mechanisms,
- Can be classified broadly into the following:

Inhibit metabolite synthesis like Folic acid eg-Sulfonamides



- Several mechanisms,
- Can be classified broadly into the following:



Inhibitor of bacterial nucleic acid synthesis/ arrangement eg-Ciprofloxacin



Who's responsible for it?



Natural Selection and "Hopeful

Monsters"

Their lifestyle is costly for the body to maintain and hence they are pretty rare.

Background mutations happen all the time in all organisms.

> Mutated "monsters" remain mostly in the background of the population.

A very few of the mutations are helpful or harmful while almost all of them are neutral.

Pros
Superhuman strength
Indestructible body

Cons

- Too big a body to maintain
- Can do not much else



CATACLYSM





How scary it is in real life?



Common resistances that we face...



Common resistances that we face...

Vancomycin Resistant S. aureus (VRSA) produces thicker cell wall to block Vancomycin entry



Common resistances that we face...



Active site in the cell wall changes conformation to block antibiotic actions e.g. Methicillin Resistant S. aureus (MRSA) Multidrug Resistance genes encode ATP Binding Casette (ABC) transporters that efflux drug out of the cells. *e.g.* Multidrug Resistant *A. baumannii* (MRAB).



- Along with Evolutionary mutations, other methods of attaining drug resistance by the bacteria include-
 - Horizontal Gene Transfer
 - Viral transduction

When humans are trying to kill germs with that 99.9% hand santizer ,but you're the .1% that survives.



Naturally existing resistant bacteria may not always be **virulent**

The resistance gene is very rare because only a small portion of bacterial population has it Excess antibiotics kill the other bacteria not meant to be killed and allow the resistant strain to grow unchecked and without competition.

This turns a benign population of bacteria pathogenic in a span of years



It was on a short-cut through the hospital kitchens that Albert was first approached by a member of the Antibiotic Resistance. Especially in environments like hospitals, all strains of bacteria get exposed to all kind of antibiotics which creates virulent strains from the most benign species, spreading nosocomial diseases

What should we do?

 Discover new drugs that the bacteria has not been tested against.



Clin Infect Dis. (2011) May 52 (suppl 51:5397-5428. doi: 10.1003/cid/cir153

What should we do?

• Use antibiotic judiciously, complete the course so that few bacteria may survive.



What should we especially do?

Targeted elimination of bacteria so that other benign bacteria are not affected by our drugs and hence will not turn virulent

> Also it preserves the natural physiological flora and disallows virulent pathogenic bacteria to grow unchecked.

Opt for more personalized antibiotics and using specific antibiotics in specific doses that your infection is responding to.



AMPs act mainly by disrupting bacterial cell membrane





Sinking raft model

Plectasin and Eurocin



defensins

Plectasin

Eurocin

Isolated from fungus *Pseudoplectania* nigrella Around 40 amino acids long

Another fungal defensin, isolated from *Eurotium amstelodami*

Loosely defined MOA.
May target and bind with Lipid II
Lipid II is required for cell wall formation

Especially active against gram-positive bacteria like multidrug resistant strains of *Streptococcus pneumoniae* and *S. aureus*.

Recombinant expression of AMPs

Create plasmids containing our desired AMP.

Clone the plasmid in competent *E. coli* cells

Produce, extract and purify the AMP from the *E. coli* cells

Some essential deets.....

Bacterium



Bacterial Plasmid chromosome

Some essential deets.....





Some essential deets.....



Transformed bacteria with our AMP gene





How do the proteins look?



SDS PAGE of proteins

Is this enough?





Shouldn't newer molecules like AMP solve everything?



But why?

Say we have 3 bacterial species



We apply a Broad Spectrum antibiotic i.e., it kills a wide variety of bacteria- both pathogenic and non-pathogenic



It kills Species A but also Species C which was part of the natural microflora

But why?

It may however spare a few colonies of Species B

In absence of Species C, Species B will grow unchecked

Being opportunistic, Species B may evolve to become pathogenic







Whatever we try its not enough...



Or is it?

We need to look for approaches that can make our AMPs kill only the kind of bacteria we need

Or is it?



Bacteriophages are highly specific

They bind on the bacterial cell surface

Binding happens using coat /surface proteins

So we borrowed Phage's technique

We browsed literature

We found a phage that infects Staphylococcus aureus

We used a shortened sequence from the coat protein

We test our modified AMPs against both Staphylococcus and non Staphylococcus species We cloned and expressed the modified AMPs

We attached it to the Nterminal of our AMPs

Testing the AMPs





How does this work?









How does this work?

Disruption of cell membrane

MIC

- Minimum
- Inbitory
- Concentration
- This is measured as the least amount of drug that inhibits the bacterial growth
- This is what we measure as the killing potential of antibiotics.
- Lower MIC-> better killing

What did we see?



Conclusion

Both AMPs- Plectasin and Eurocin, had significant activity against all 4 species of bacteria

When the AMPs had the targeting domain from the phage, it would not kill the non-*Staphylococci* species

But AMPs with targeting domain had same killing potential as the AMPs without it for the *Staphylococci species*

Thus....

By attaching the phage protein "A12C" we turned the AMP non-lethal to certain species of bacteria while killing others!!!!



More studies are required.

Make the AMPs more suited to therapeutic use Figure out how to deliver proteins succesfully Work with other types of bacteria and targeting approach

Be happy and get ice-cream!

And of course.... get my PhD eventually









that's a tough question ...

afterhours.mtv.com

Any more questions?

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