A grayscale electron micrograph of a Staphylococcus aureus cell, showing its characteristic spherical shape and internal structure, including a prominent nucleus and surrounding cytoplasmic components.

# Deciphering the activity of antibiotics against intracellular *Staphylococcus aureus* with the help of PK/PD (pharmacokinetics/pharmacodynamics).

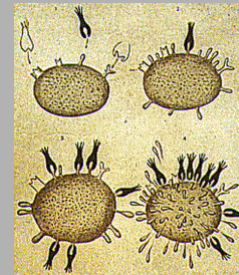
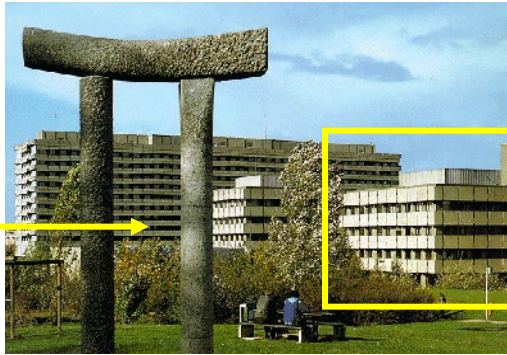
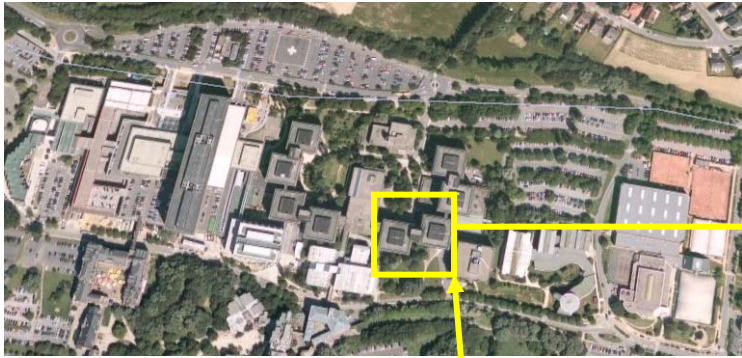
**Françoise Van Bambeke**

Unité de Pharmacologie cellulaire et moléculaire  
Louvain Drug Research Institute  
Université catholique de Louvain  
Brussels, Belgium

[< www.facm.ucl.ac.be >](http://www.facm.ucl.ac.be)



# From where do I come from ?



*"corpora non agunt nisi fixata"*

"The goal is ... to find chemical substances that have special affinities for pathogenic organisms and that, like magic bullets, go straight to their targets"



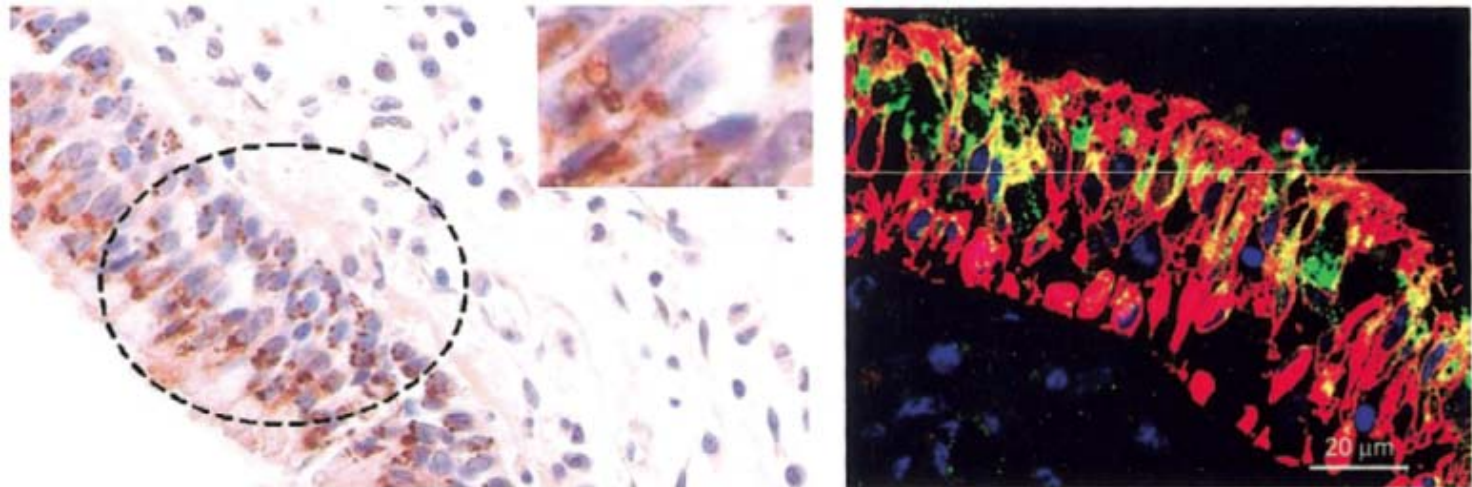
# Intracellular *S. aureus* : is it important ?



*Brussels: atomium built for the universal exposition in 1958  
(crystal structure of iron)*

# Intracellular reservoir evidenced *in vivo*

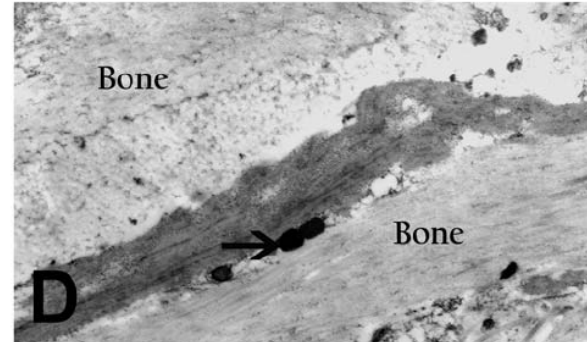
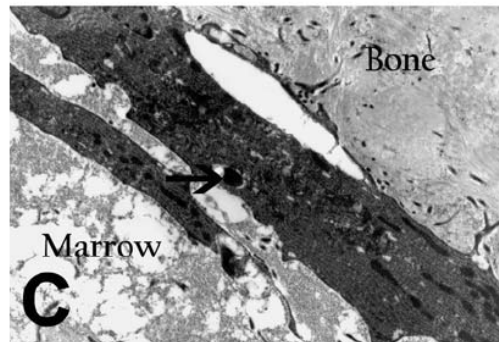
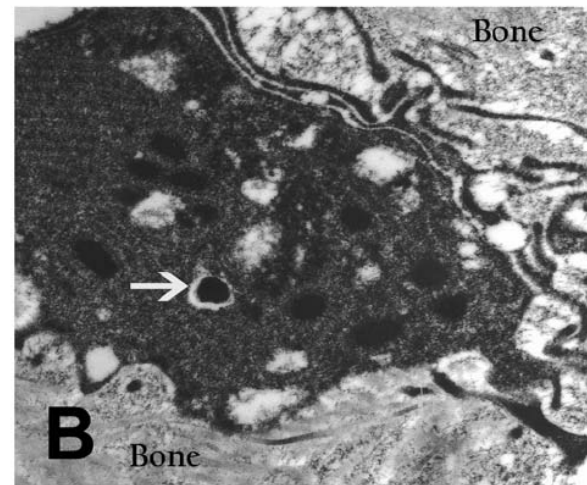
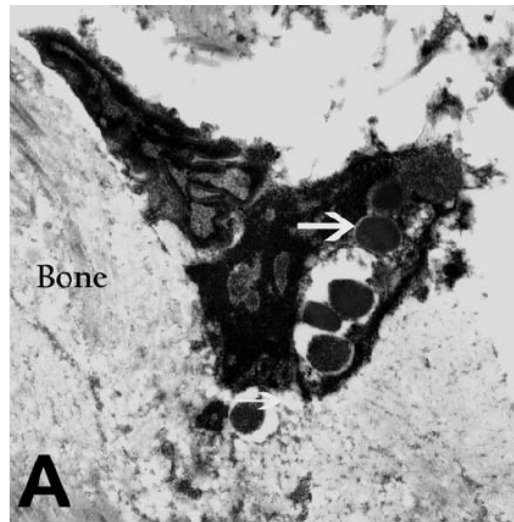
**Evidence of an intracellular reservoir in the nasal mucosa of patients with recurrent *Staphylococcus aureus* rhinosinusitis**



*Clement et al., J Infect Dis. (2005) 192:1023-8*

# Intracellular reservoir evidenced *in vivo*

Evidence of an intracellular reservoir  
in osteocytes (A,B), osteoblasts (C) and bone matrix  
of a patient with recurrent osteomyelitis

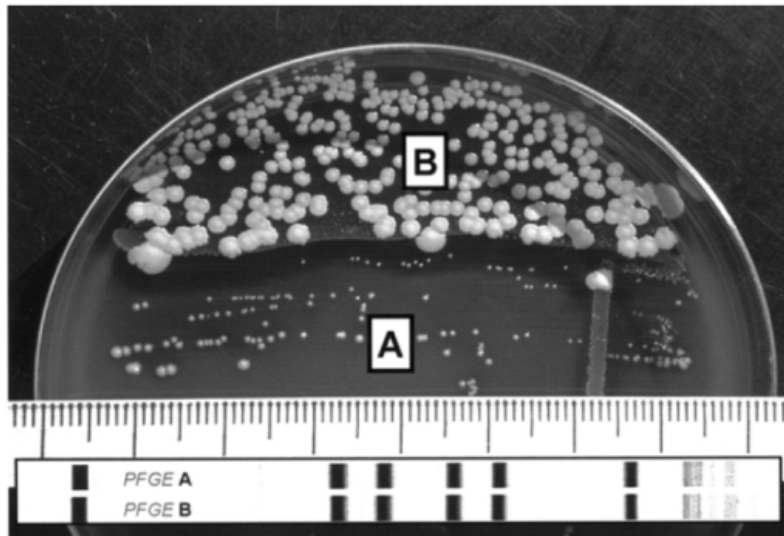


*Bosse et al., J Bone Joint Surg Am. (2005) 87:1343-7*

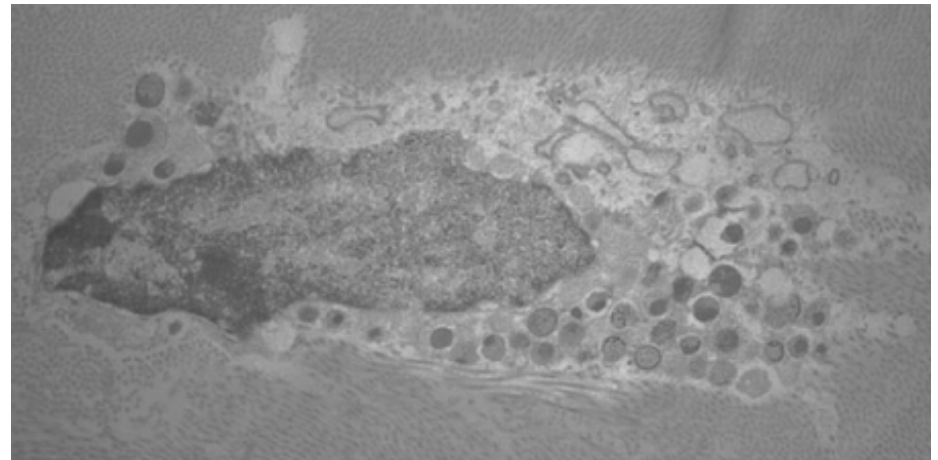


# Intracellular reservoir evidenced *in vivo*

## Evidence of Small Colony Variants and of intracellular *S. aureus* after treatment failure \* in patients with prosthetic joint infections



Small colony variant (A) and normal-phenotype *Staphylococcus aureus* (B) isolated from patient 1 on Columbia blood agar.



\* Fluclox, CIP+ RIF, VAN + FEP

Sendi et al., *Clin Infect Dis.* (2006) 43:961-7

# *S. aureus* can survive and multiply in several cell types



Intracellular *Staphylococcus aureus*. A mechanism for the indolence of **osteomyelitis**.

*Ellington et al. J. Bone Joint Surg Br. (2003) 85:918-21*



Intracellular persistence of *Staphylococcus aureus* small-colony variants within keratinocytes: a cause for antibiotic treatment failure in a patient with **darier's disease**.

*Von Eiff et al. Clin Infect Dis. (2001) 32:1643-7*



Phagocytosis of *Staphylococcus aureus* by cultured bovine aortic endothelial cells: model for postadherence events in **endovascular infections**.

*Hamill et al. Infect Immun. (1986) 54:833-6.*

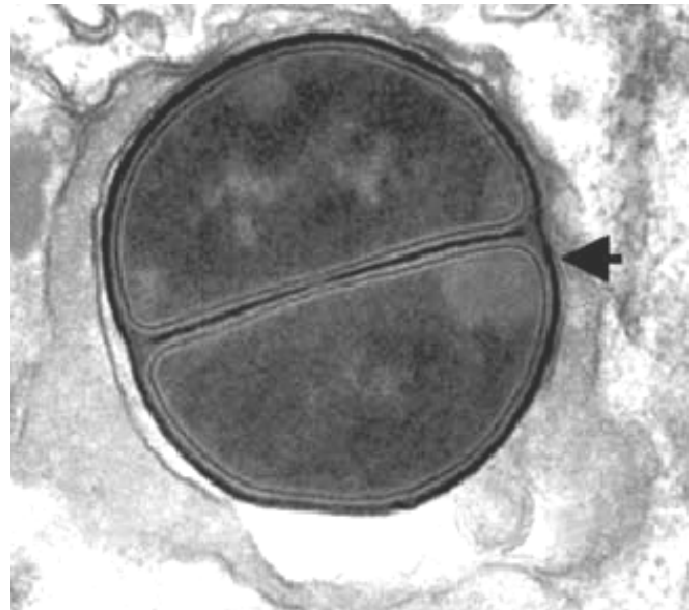
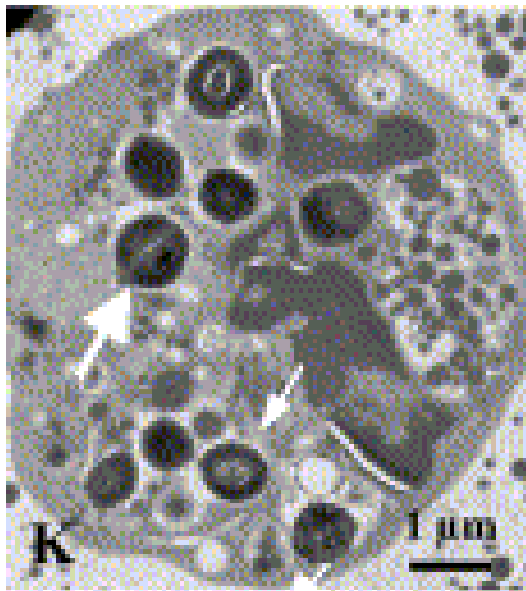


Demonstration of intracellular *Staphylococcus aureus* in bovine **mastitis** alveolar cells and macrophages isolated from naturally infected cow milk.

*Hebert et al. FEMS Microbiol. Lett. (2000) 193:57-72.*

# *S. aureus* can survive and multiply in several cell types including phagocytic cells

## PMN and macrophages



*Brouillette et al., Vet Microbiol (2004) 101:253-262; Microb Pathog. (2003) 35:159-68*

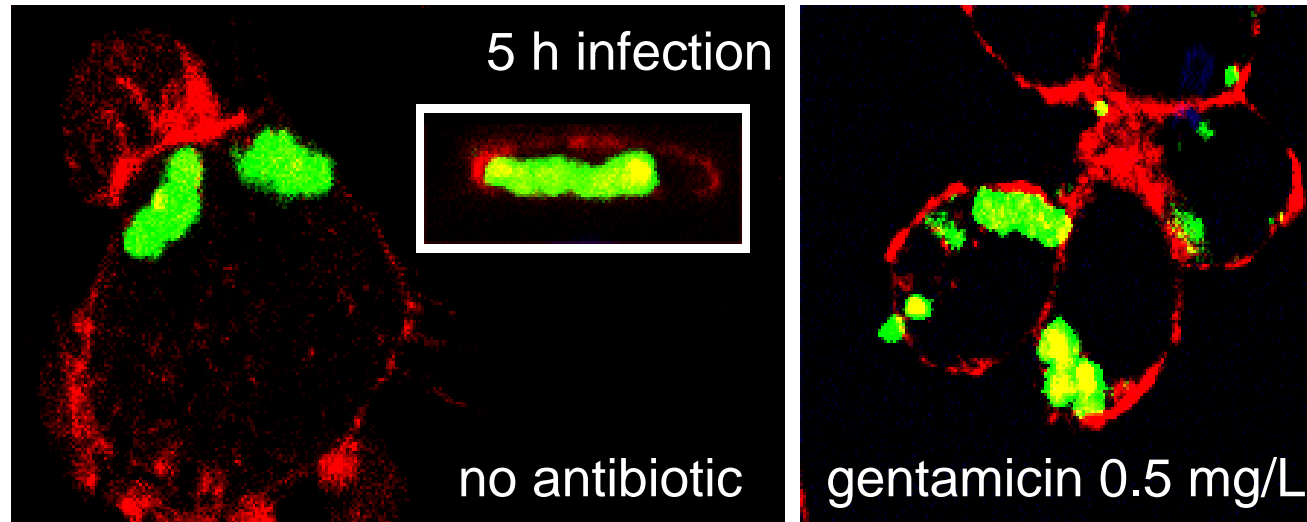


In vitro models :  
a possible way for studying antibiotic  
activity towards intracellular *S. aureus*



*Brussels last week*

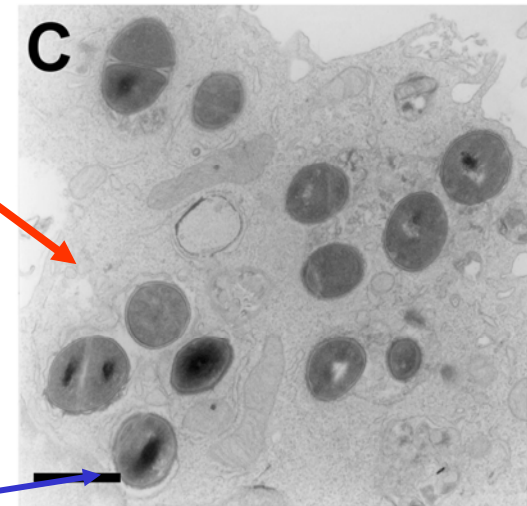
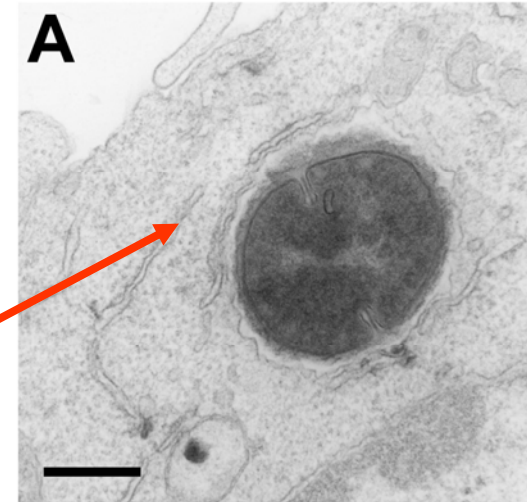
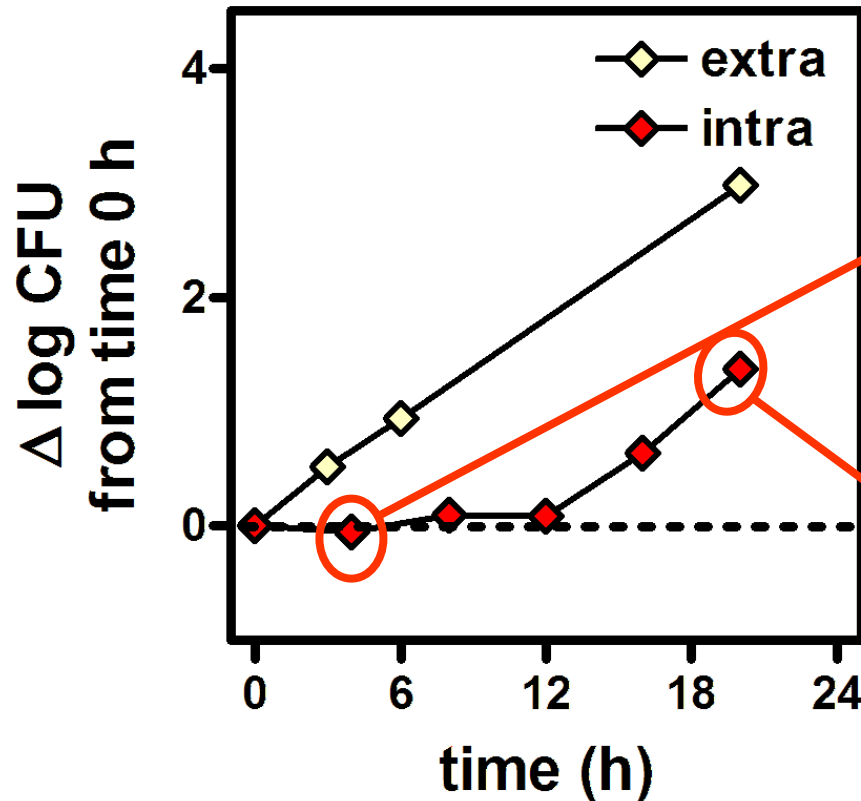
# Setting up a model of intracellular infection over a 24 h period of time



- infection of macrophages (with opsonized bacteria)
  - Mouse (J774; 5 bact/cell)
  - Human (THP-1; 4 bact/cell)
- washing with GEN 50  $\mu\text{g/ml}$  to eliminate extracellular bacteria
- incubation for up to 24 h with
  - GEN (0.5-1 x MIC)
  - antibiotic under study

Seral et al., *Antimicrob. Agents Chemother.* (2003) 47:2283-2292

# Description of the model : how does *S. aureus* grow intracellularly ?



remains in vacuoles



# Measuring the intracellular activity of antibiotics . . .

Very complicated ?



*Rubens*

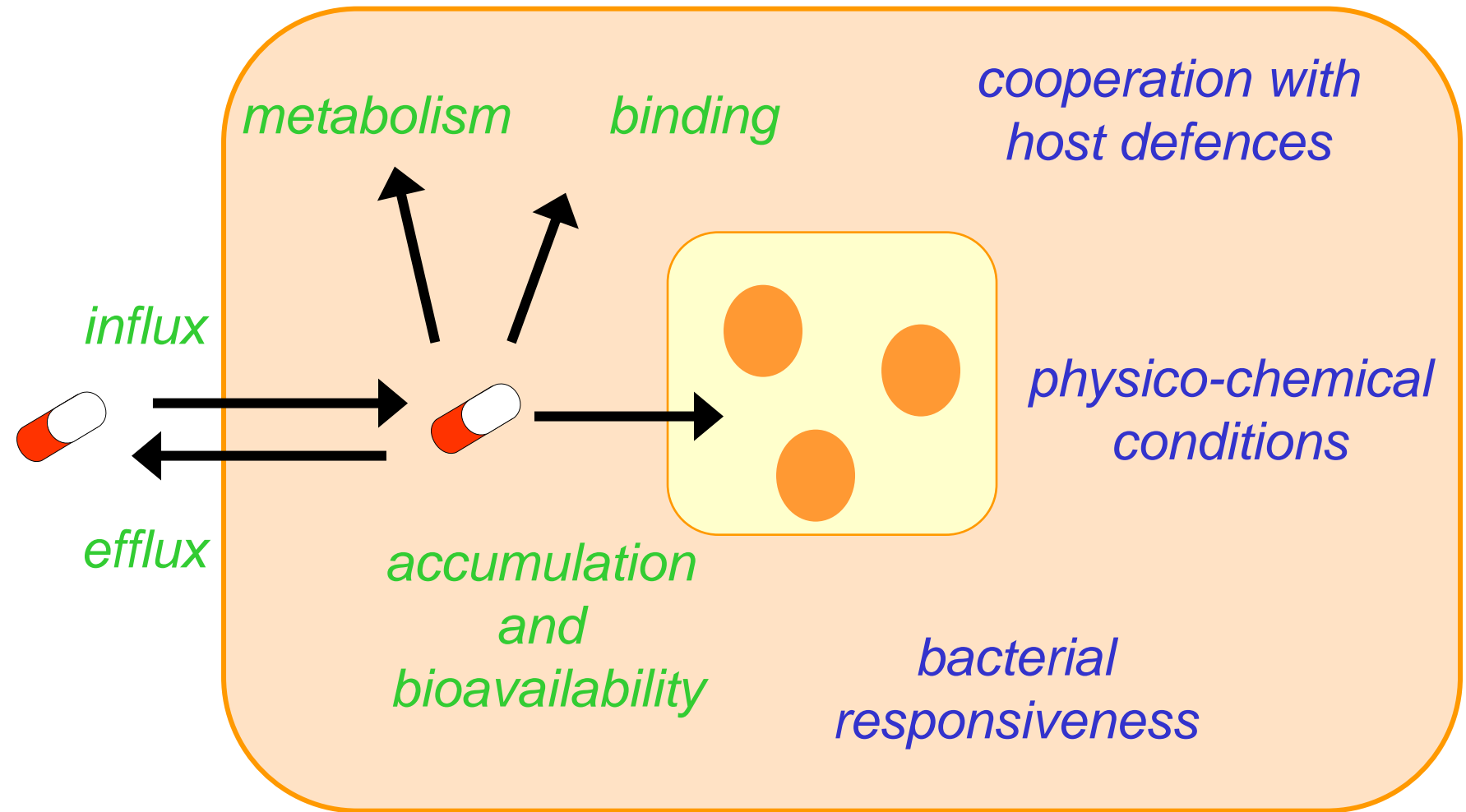
Very simple ?



*Folon*

# Intracellular vs extracellular activity of antibiotics :

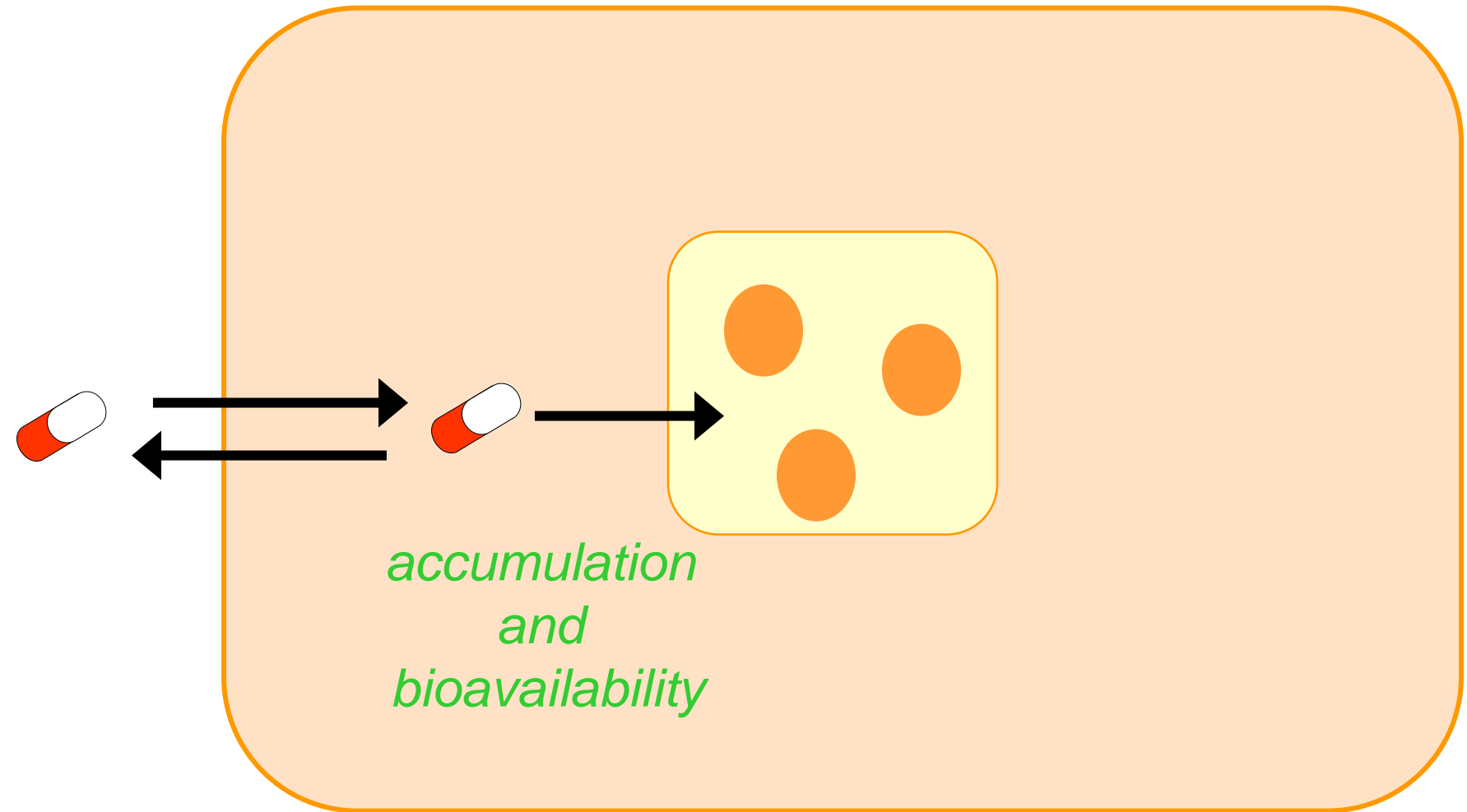
## PK – PD in action



Carryn et al., *Infect Dis Clin North Am.* (2003) 17:615-34

# Intracellular vs extracellular activity of antibiotics :

## PK – PD in action



Carryn et al., *Infect Dis Clin North Am.* (2003) 17:615-34



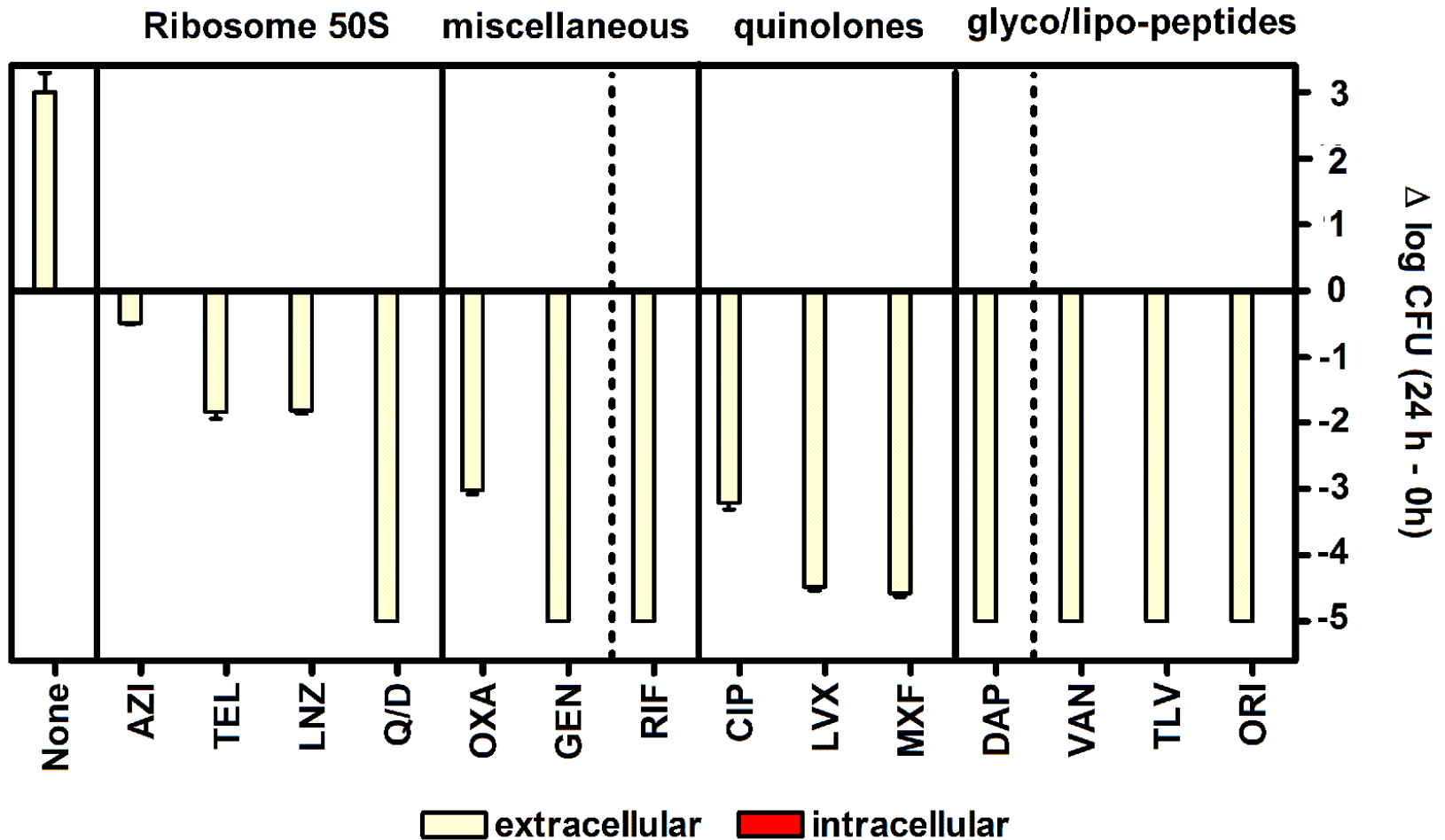
# Drug targeting is essential



*Belgian classical comic*

# Extracellular vs intracellular activity at Cmax

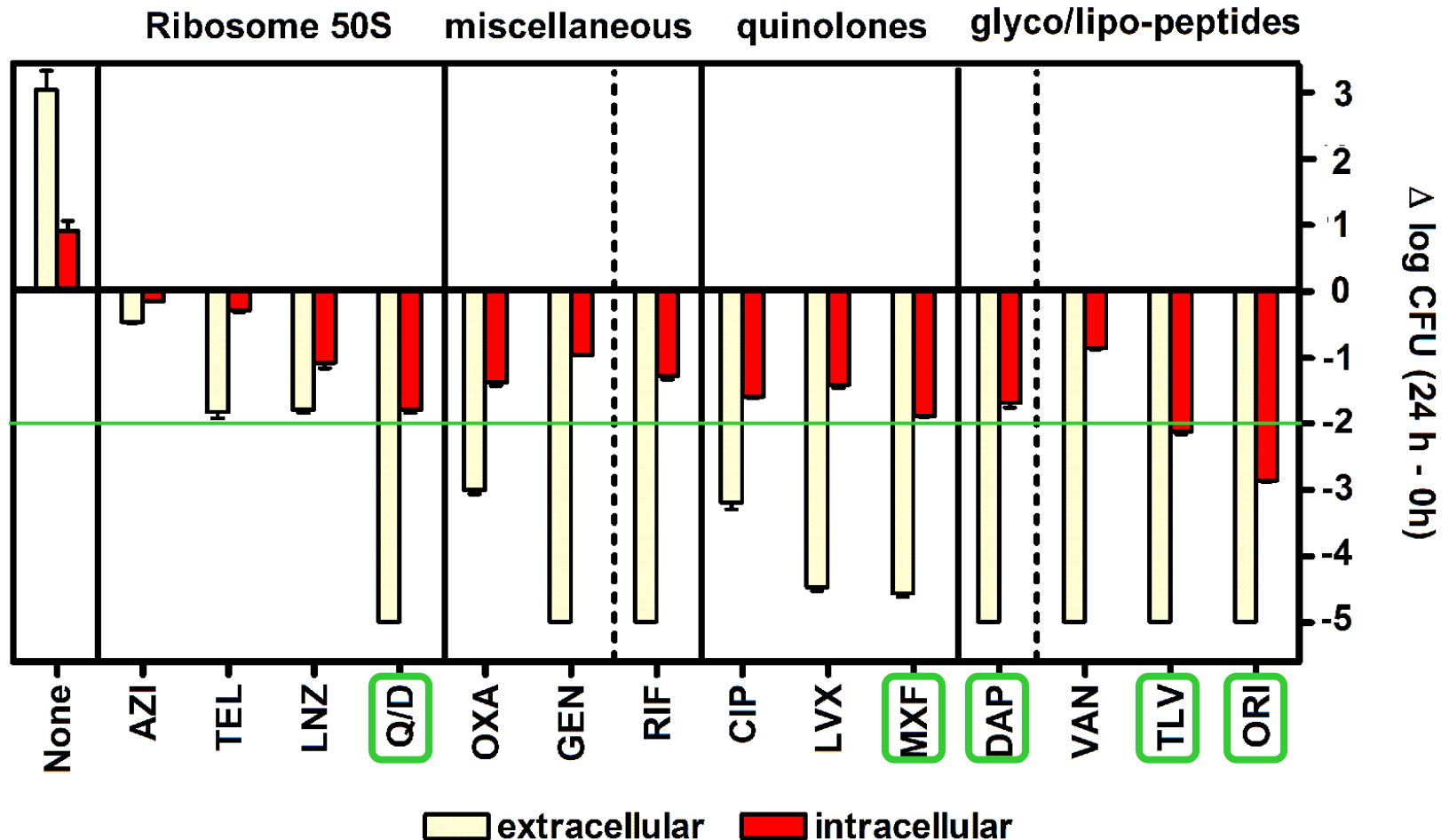
THP-1; 24 h, ATCC25923, antibiotics at Cmax



Barcia-Macay et al., *Antimicrob Agents Chemother.* (2006) 50:841-51

# Extracellular vs intracellular activity at Cmax

THP-1; 24 h, ATCC25923, antibiotics at Cmax

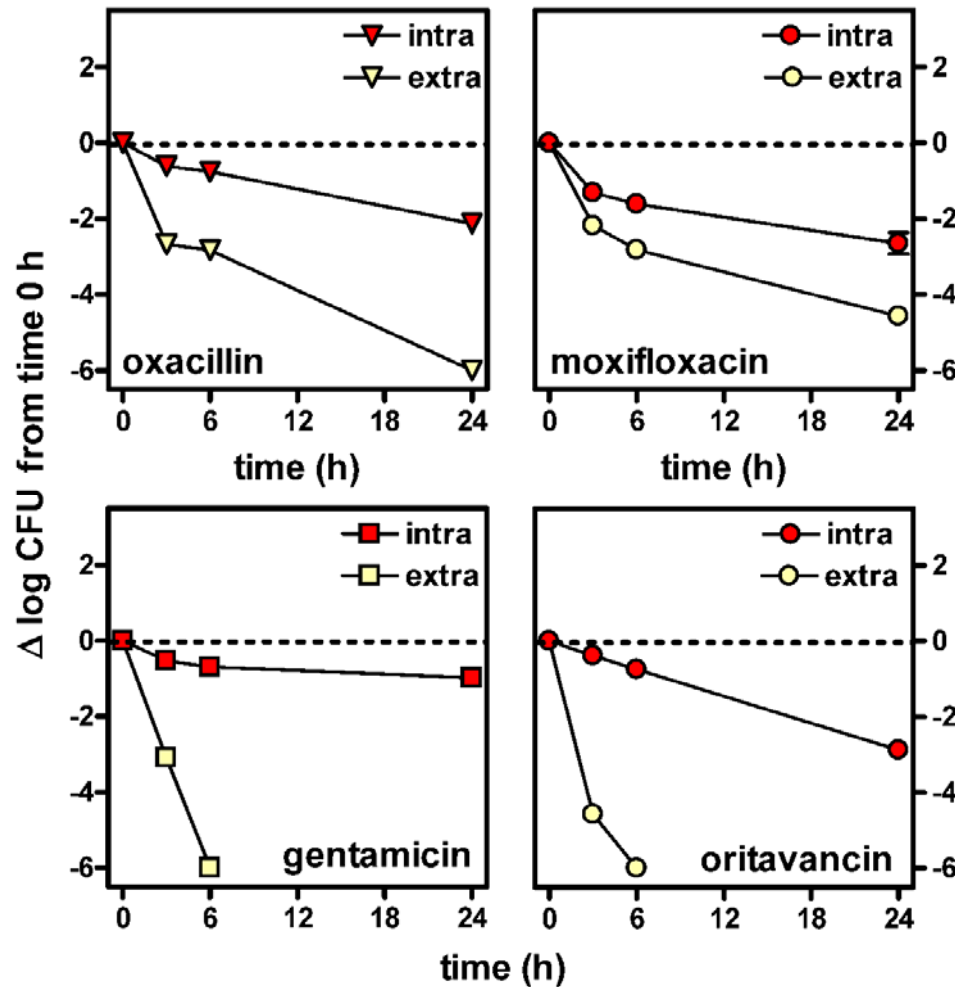


Barcia-Macay et al., *Antimicrob Agents Chemother.* (2006) 50:841-51



# Pharmacodynamic relationships: time-effects at Cmax

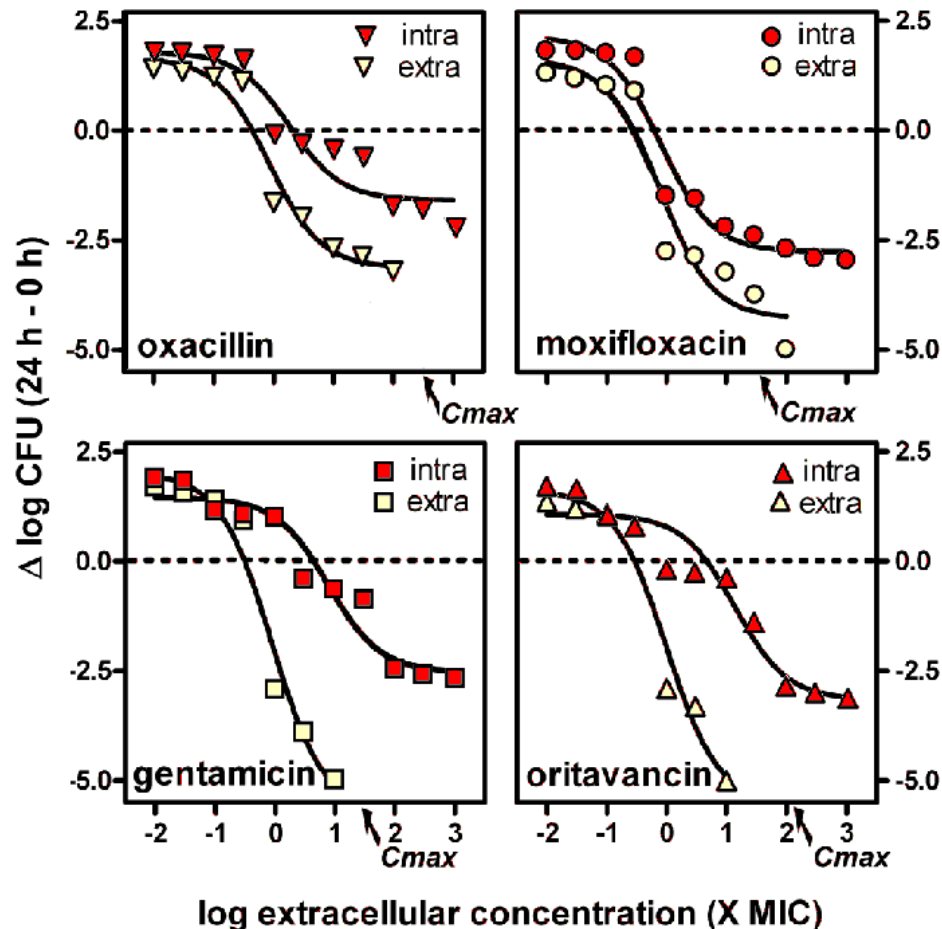
Slower killing rate intracellularly



Barcia-Macay et al., *Antimicrob Agents Chemother.* (2006) 50:841-51

# Pharmacodynamic relationships: concentration-effects at 24 h

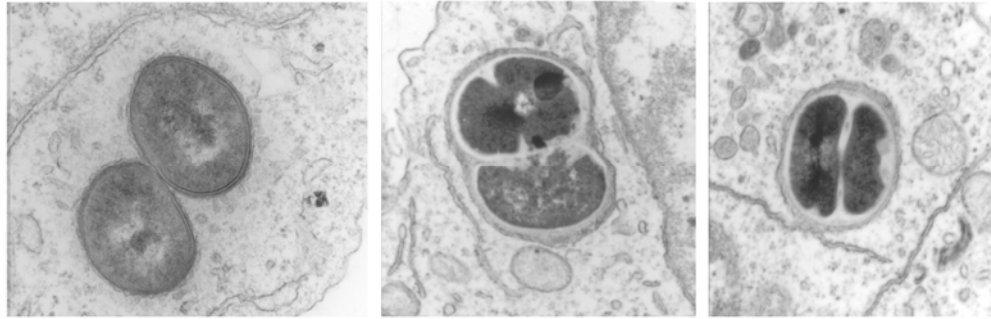
Concentration-dependent killing; lower E<sub>max</sub> intracellularly



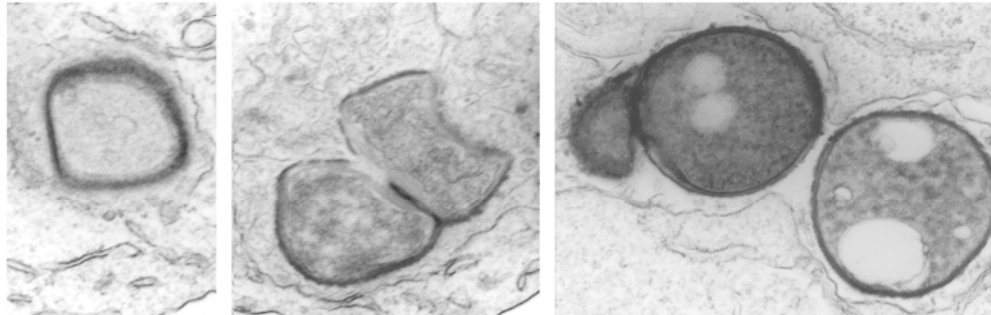
Barcia-Macay et al., *Antimicrob Agents Chemother.* (2006) 50:841-51

# Intracellular killing is visible for antibiotics working on cell wall

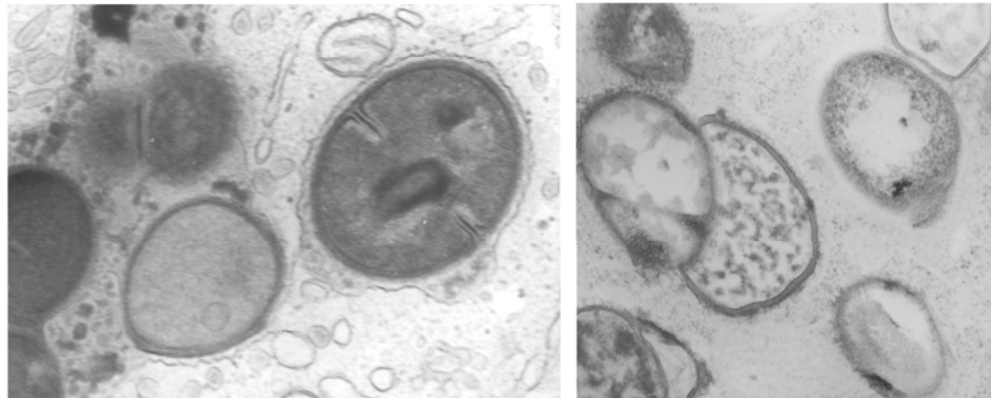
**control**



**oxacillin**



**oritavancin**

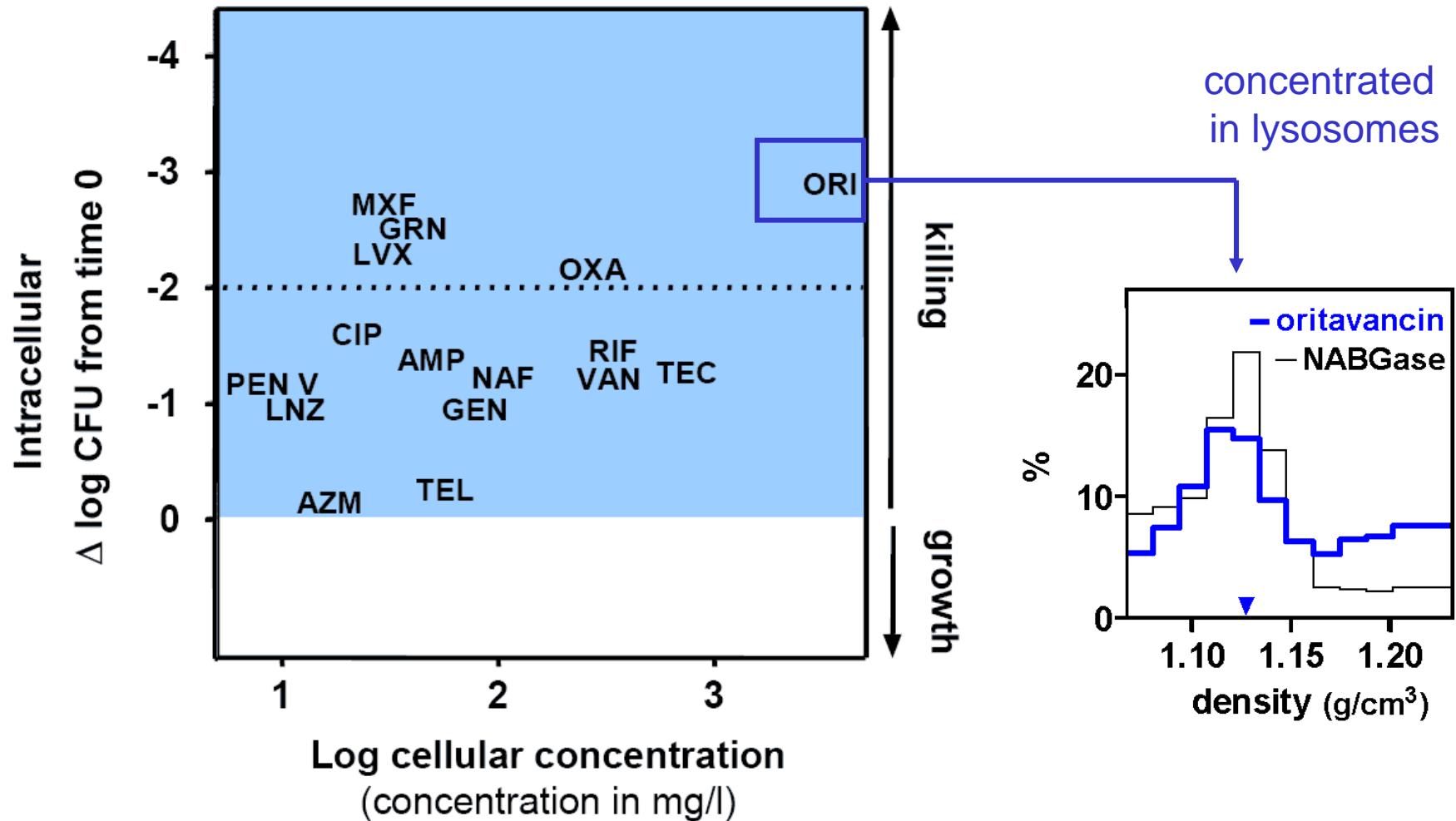


*Barcia-Macay et al., Antimicrob Agents Chemother. (2006) 50:841-51*

# Any relationship between activity and accumulation ?

THP-1; 24 h, ATCC25923, antibiotics at Cmax

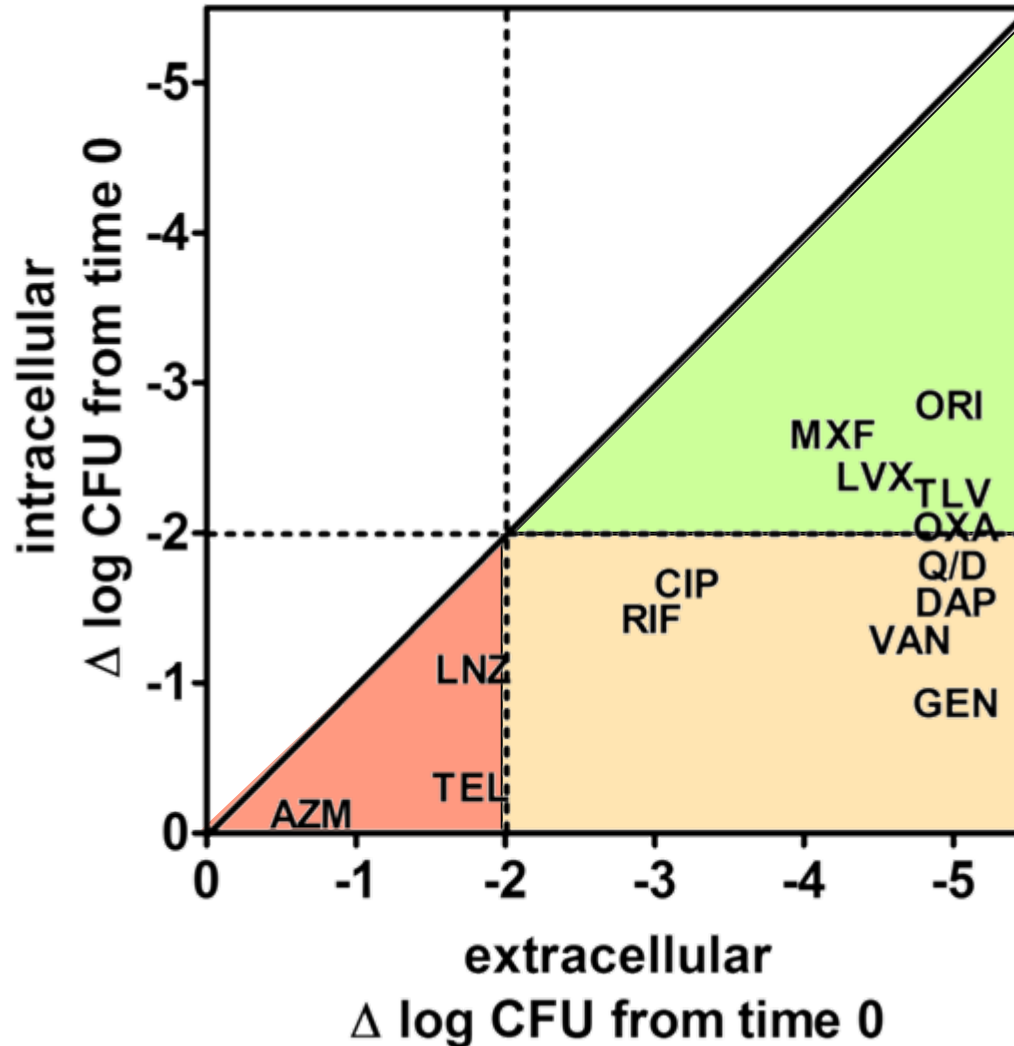
*Staphylococcus aureus*



Van Bambeke et al., *Curr Opin Drug Discov Devel.* (2006) 9:218-30  
Van Bambeke et al., *Antimicrob Agents Chemother.* (2004) 48:2853-60

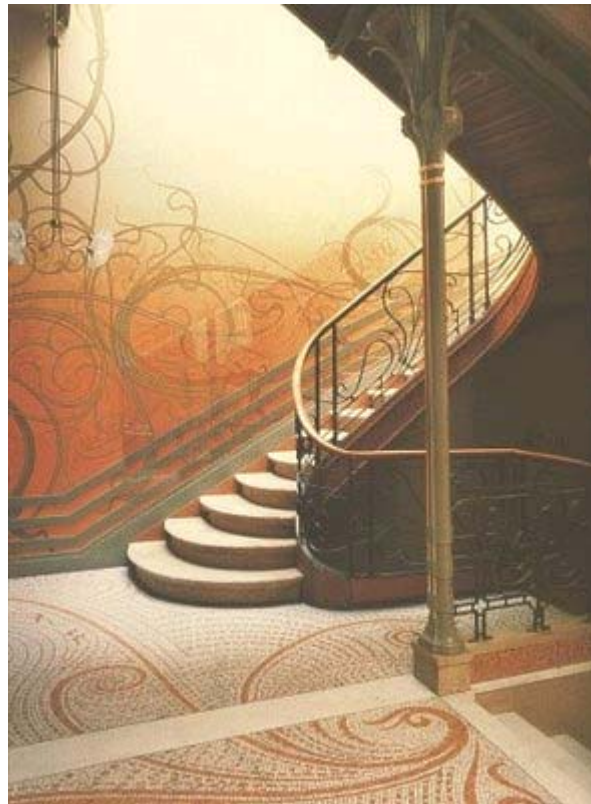


# Smart choice of antibiotics based on balanced extra- / intra- activity



Adapted from Van Bambeke et al., *Curr Opin Drug Discov Devel.* (2006) 9:218-30

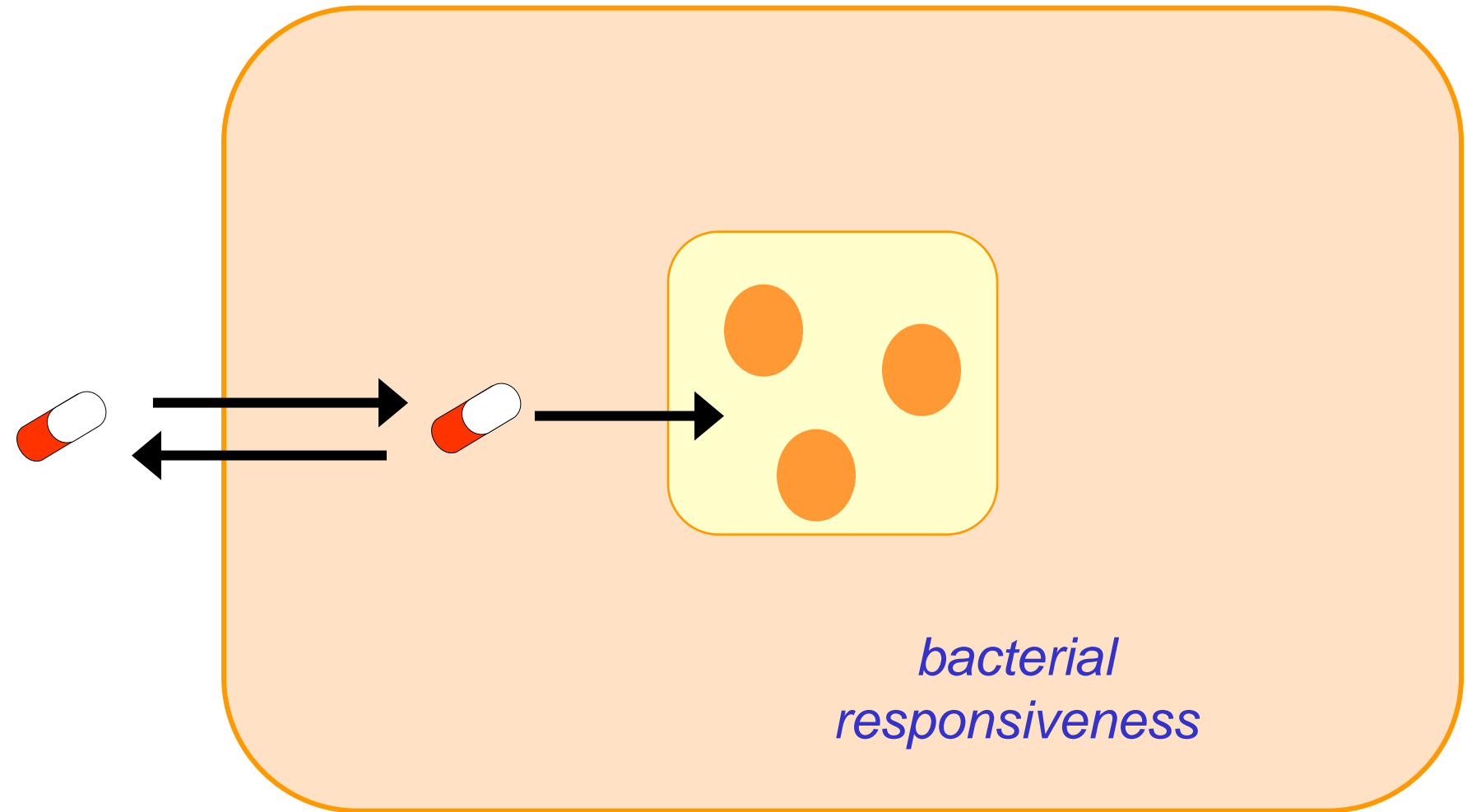
# Do resistant strains escape antibiotics intracellularly ?



*Art Nouveau in Brussels*

# Intracellular vs extracellular activity of antibiotics :

## PK – PD in action

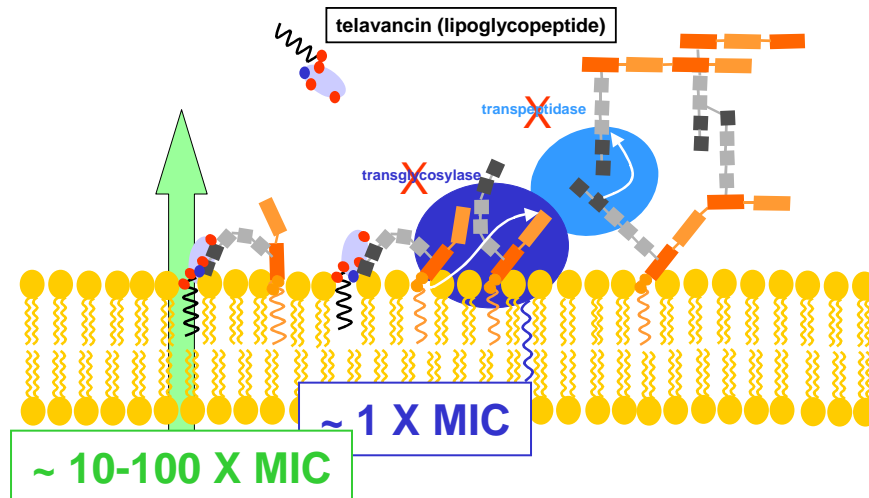
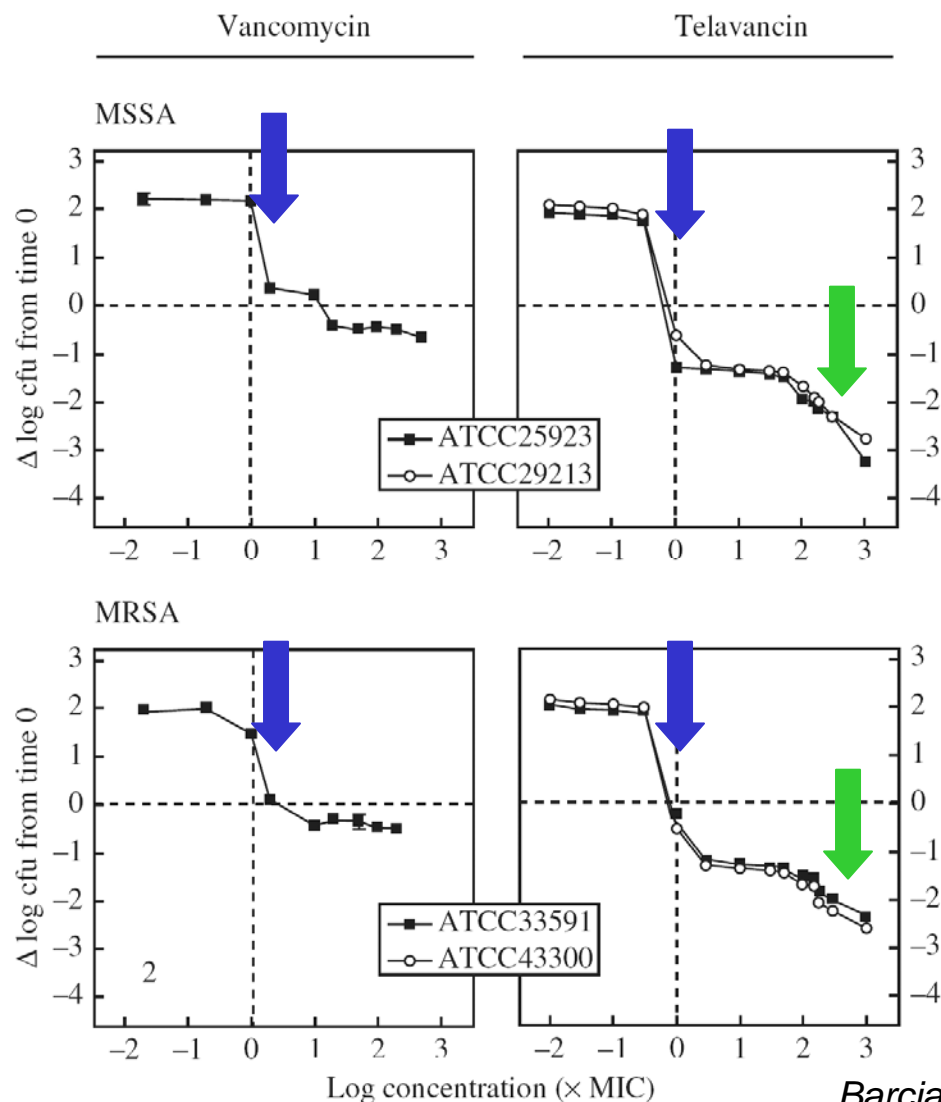


Carryn et al., *Infect Dis Clin North Am.* (2003) 17:615-34

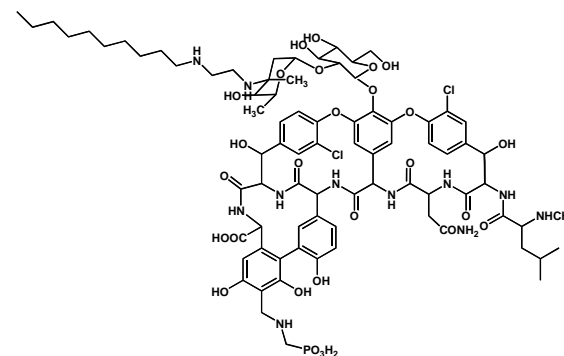
# MSSA, MRSA, (VISA, VRSA)

a lipoglycopeptide shows bimodal effects towards Vanco-S strains...

... because of dual mode of action ?



based on Higgins et al AAC (2005) 49: 1127-34

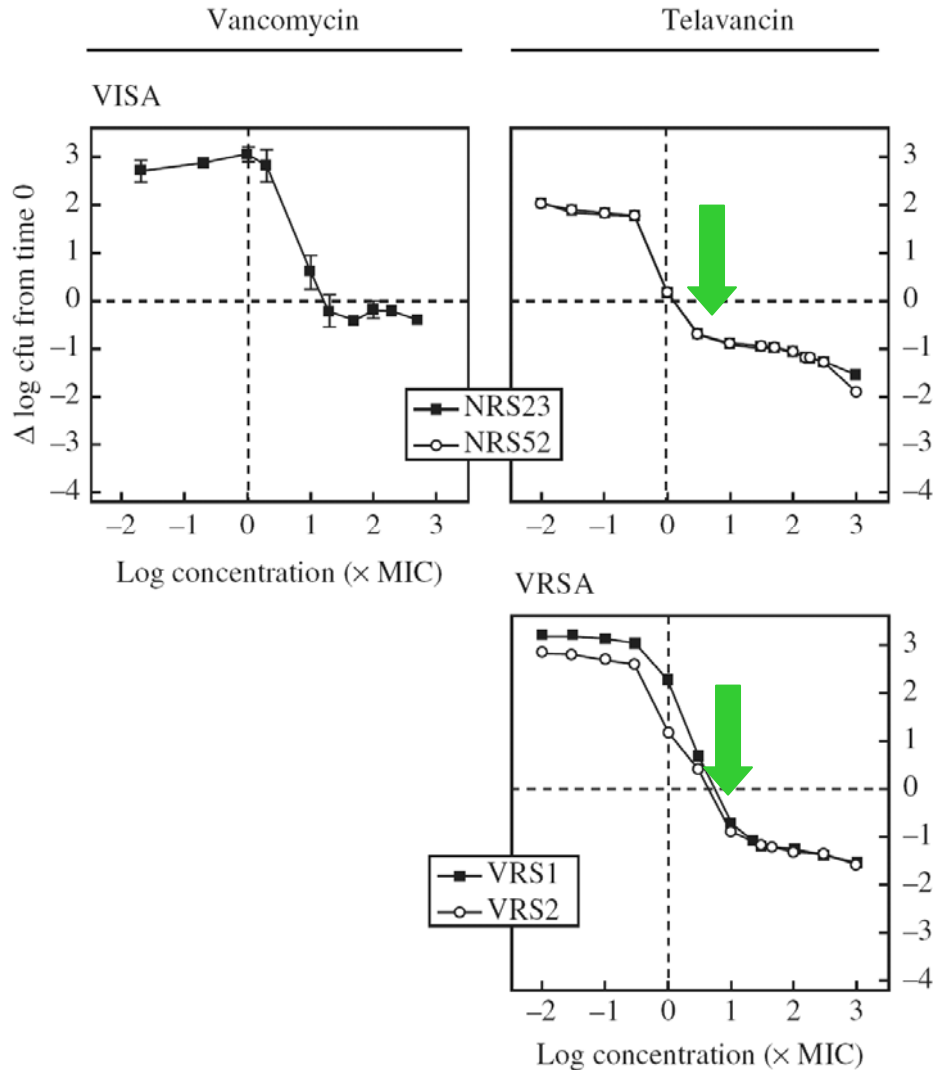


Barcia-Macay et al., J Antimicrob Chemother. (2006) 58:1177-84

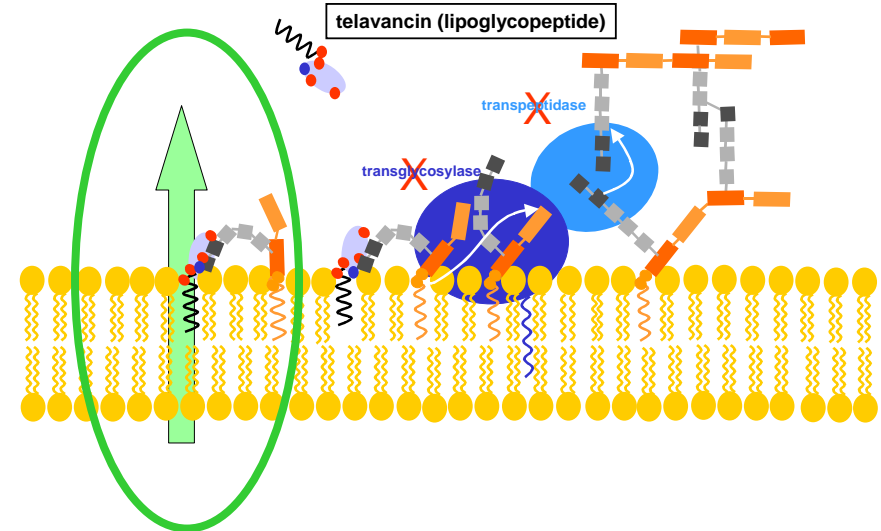


# (MSSA, MRSA), VISA, VRSA

a lipoglycopeptide shows unimodal effects towards Vanco-I/R strains...



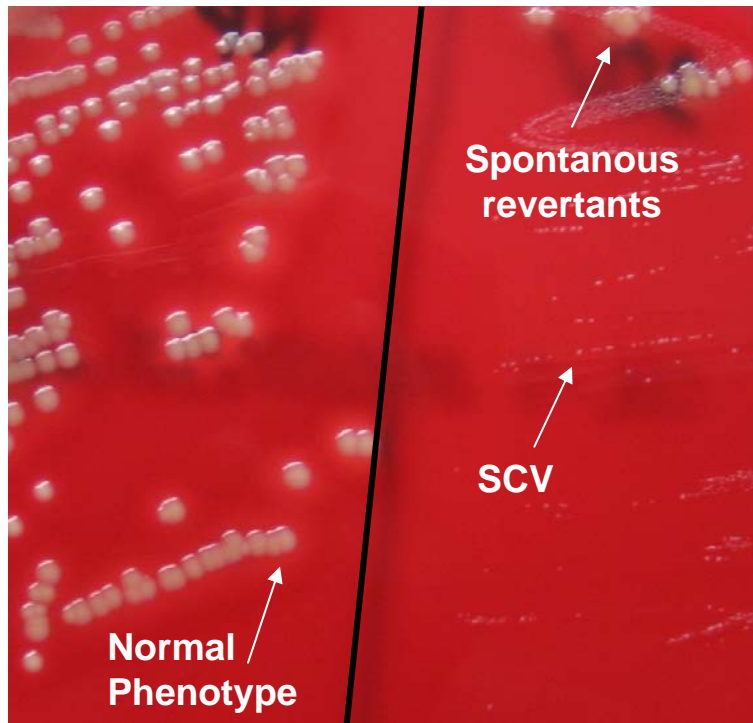
... because only one mode of action left ?



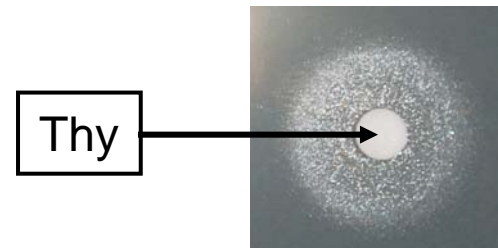
Barcia-Macay et al., *J Antimicrob Chemother.* (2006) 58:1177-84

# SCV isolated from a cystic fibrosis patient

Vergison et al. *J Antimicrob Chemother.* 2007 59:893-9.

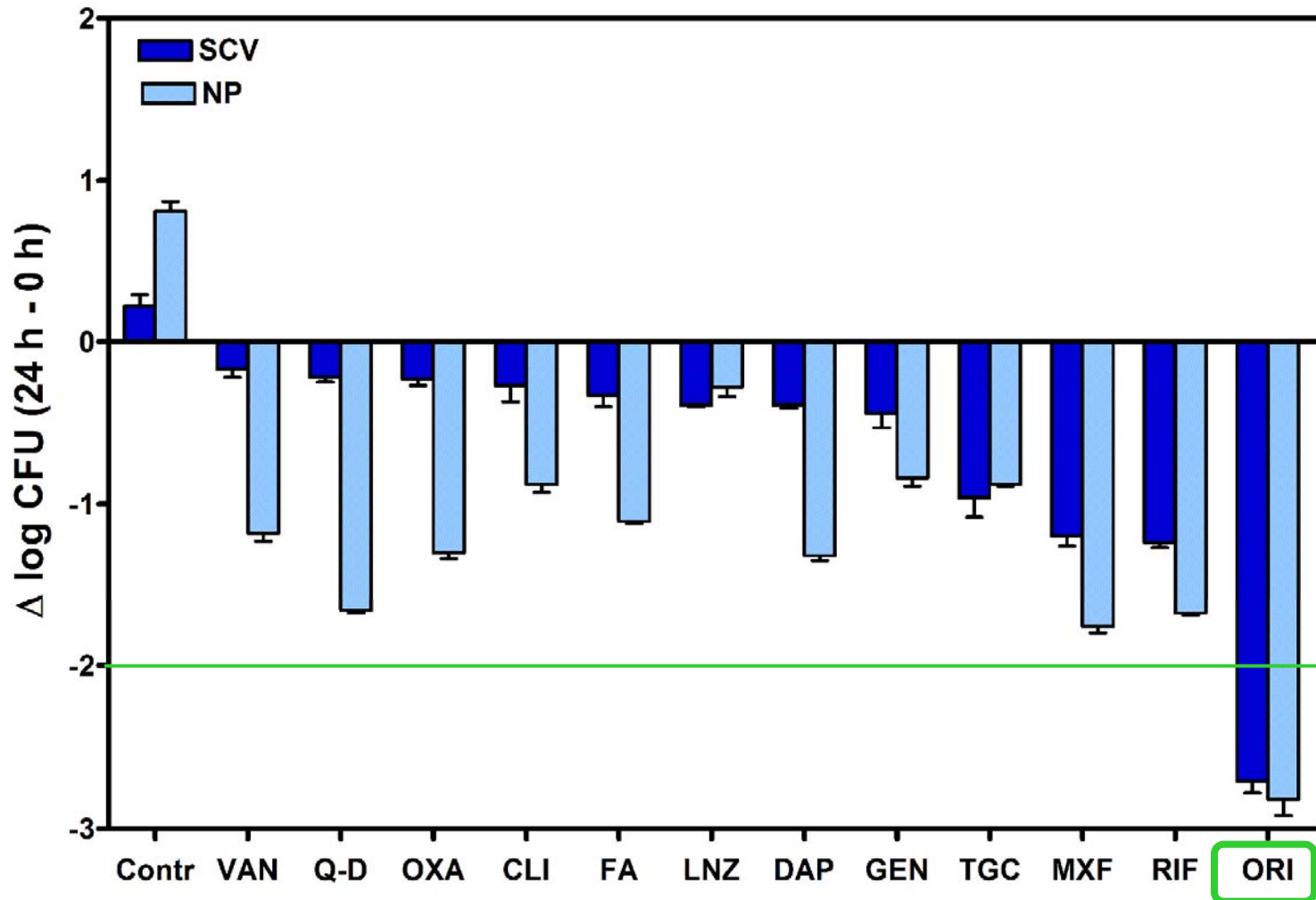


Thymidine dependent



# Intracellular activity, SCV vs normal phenotype

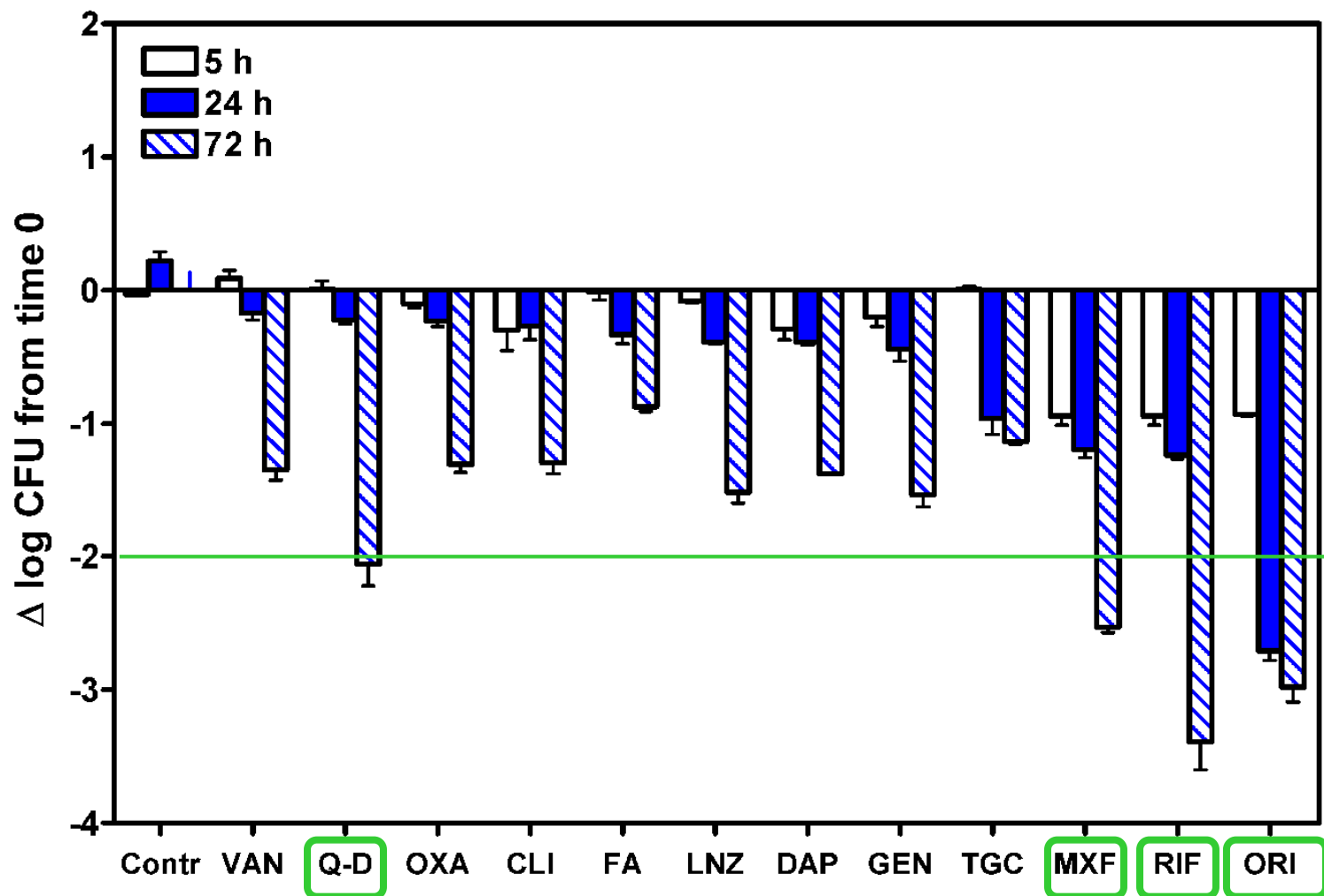
THP-1; 24 h, antibiotics at C<sub>max</sub>



Nguyen et al, RICA1 2007, poster 325

# Intracellular activity, SCV over time

THP-1; SCV, antibiotics at Cmax for up to 3 days

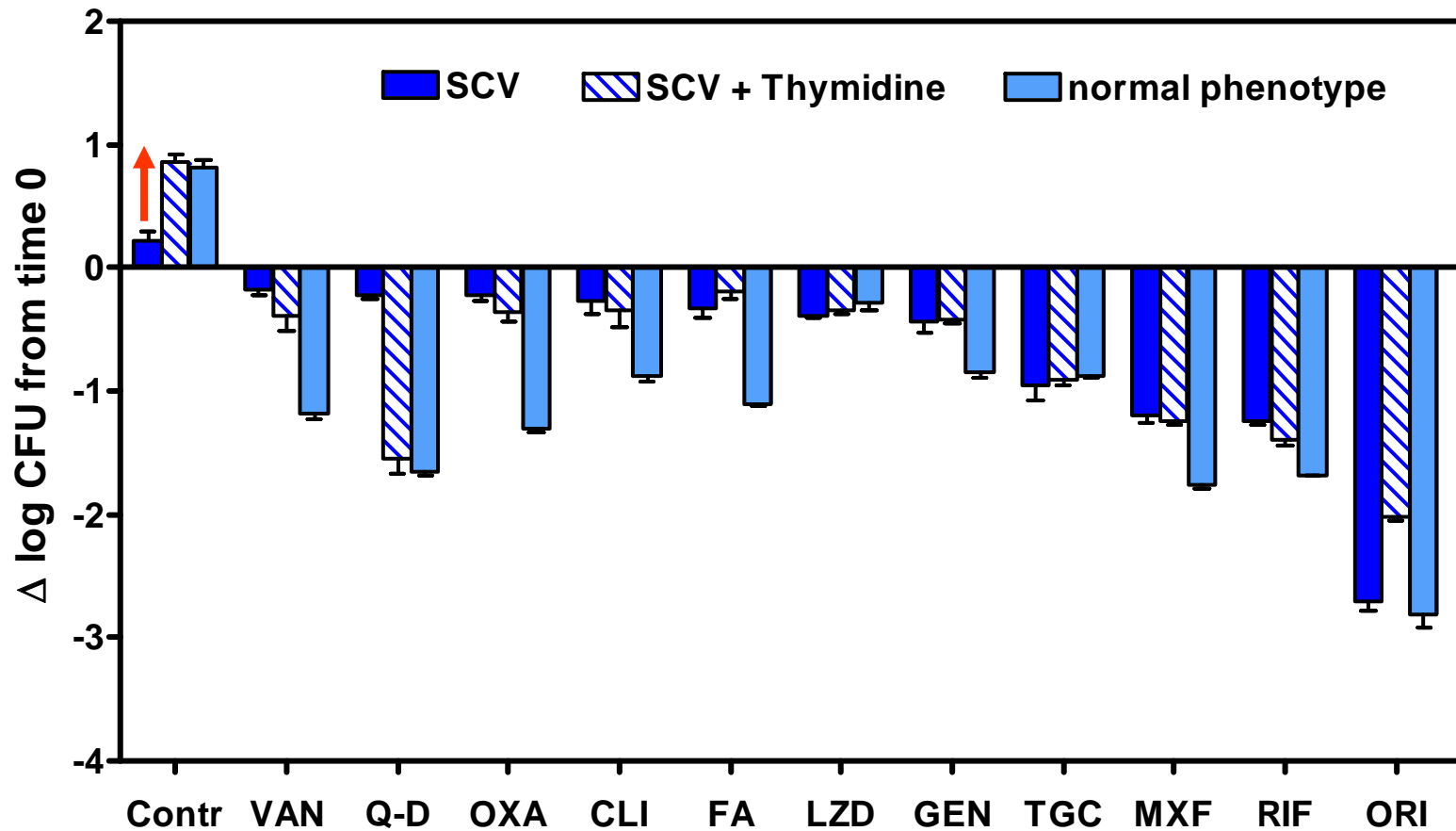


Nguyen et al., ICAAC 2007, poster A1437



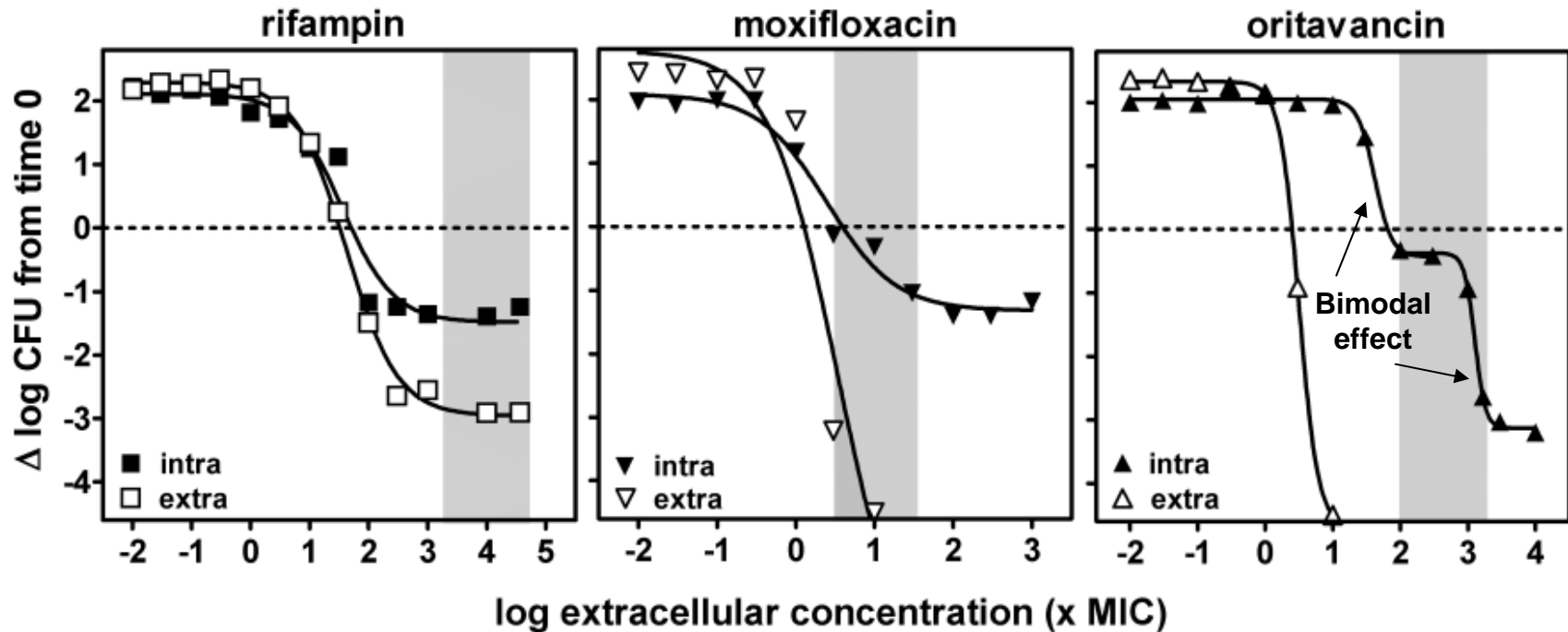
# Intracellular activity, thymidine supplementation

THP-1; SCV, antibiotics at Cmax for up to 3 days



Thymidine supplementation restores intracellular growth  
but does not affect the activity of most antibiotics

# Dose-response curves of the 3 most active antibiotics against extra- and intra-cellular SCV (24 h of exposure)



Gray zones: clinically-relevant range of concentrations

## ■ Extracellular activity:

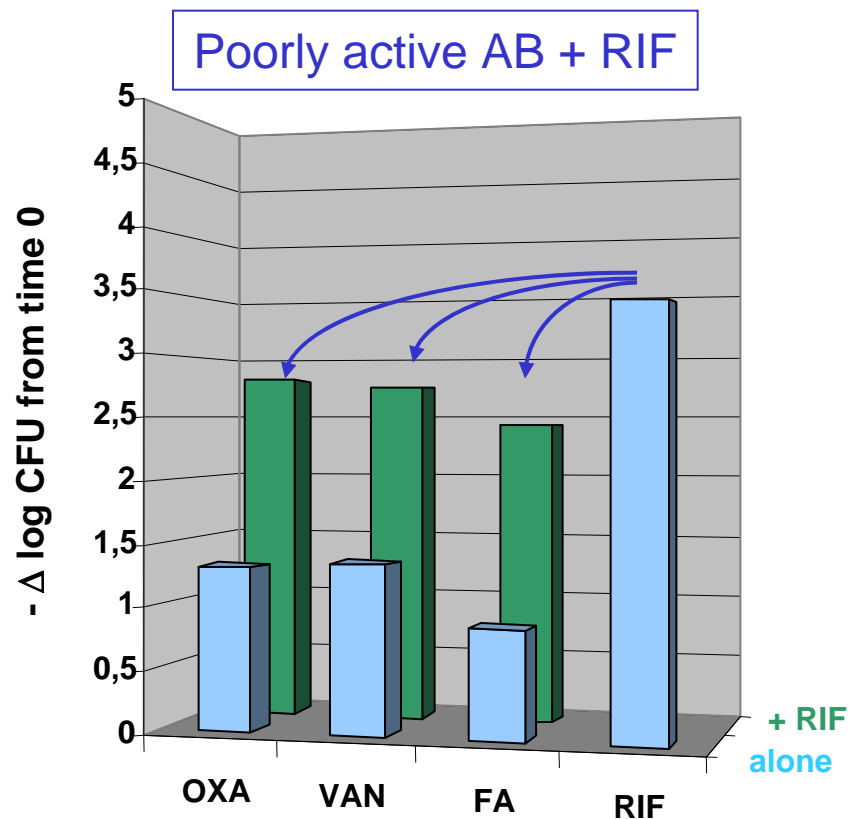
- all drugs show concentration-dependent bactericidal effects

## ■ Intracellular activity:

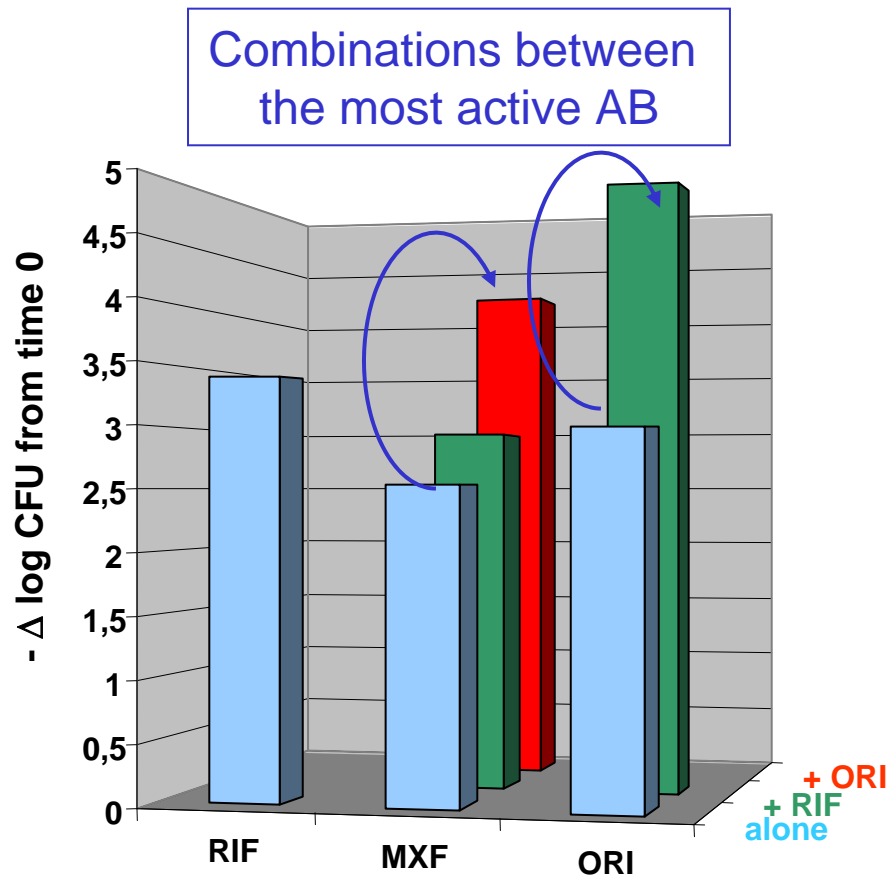
- RIF and MXF show markedly reduced activity
- ORI shows a bimodal effect with maximal activity  $\approx 3 \log$

# Intracellular activity of combinations against SCV

THP-1; SCV, antibiotics at Cmax for 3 days



Slightly less active than RIF alone



Combinations with ORI are synergistic

Nguyen et al., ECCMID 2008, poster 1059

# Activity of combinations with ORI against intracellular SCV

## Fractional maximal effect (FME) approach

- Handle the nonlinear pharmacodynamics exhibited by antibiotics
- Analyse the combinations with calculated and not arbitrarily chosen concentrations

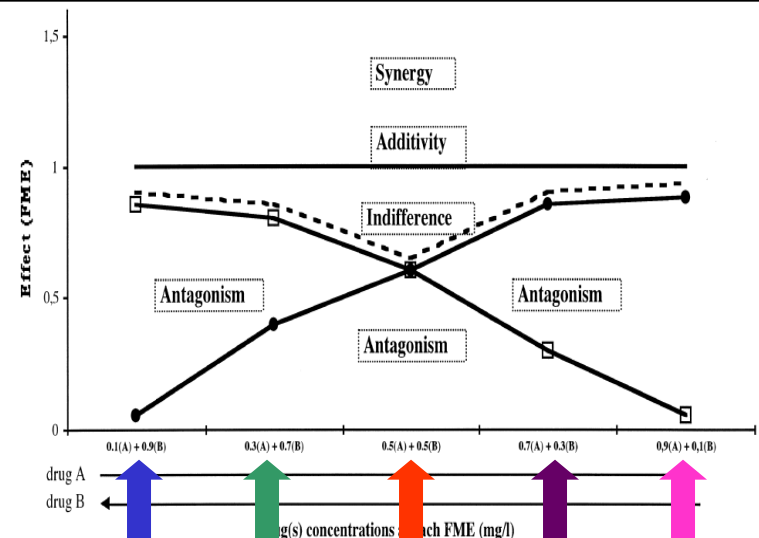
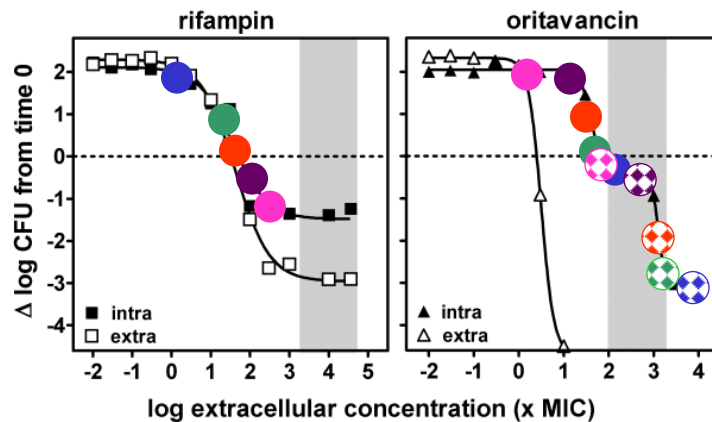
Effect (E): decrease of inoculum after 24 h. Sigmoid  $E_{\max}$  model  $\Rightarrow E_{\max}, EC_{50}$

$$E = \frac{E_{\max} \cdot C^n}{EC_{50}^n + C^n}$$

ATBs (A et B) are combined to a FME =1.

5 pairs: 0.1 FME<sub>A</sub> + 0.9 FME<sub>B</sub>, 0.3 FME<sub>A</sub> + 0.7 FME<sub>B</sub>, 0.5 FME<sub>A</sub> + 0.5 FME<sub>B</sub>, 0.7 FME<sub>A</sub> + 0.3 FME<sub>B</sub>, 0.9 FME<sub>A</sub> + 0.1 FME<sub>B</sub>

Corresponding concentration to be tested alone and in combination:

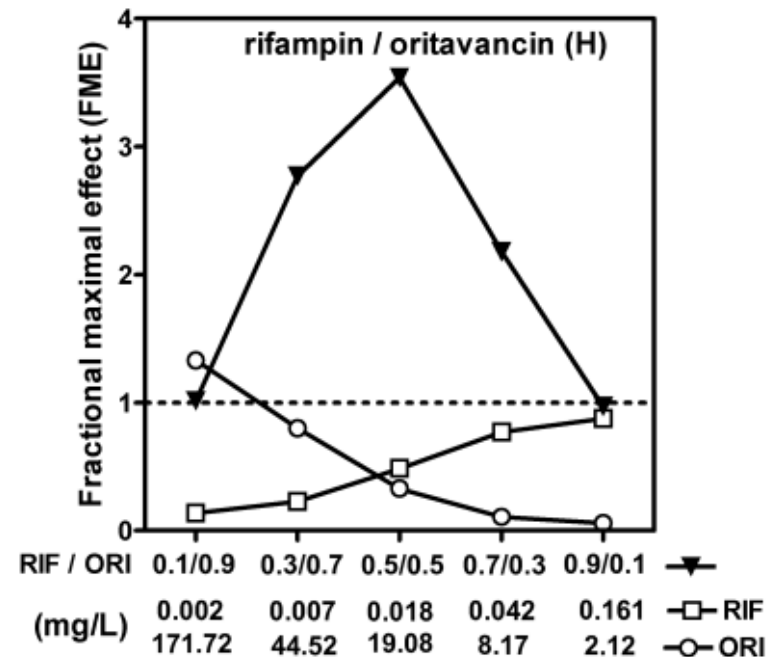
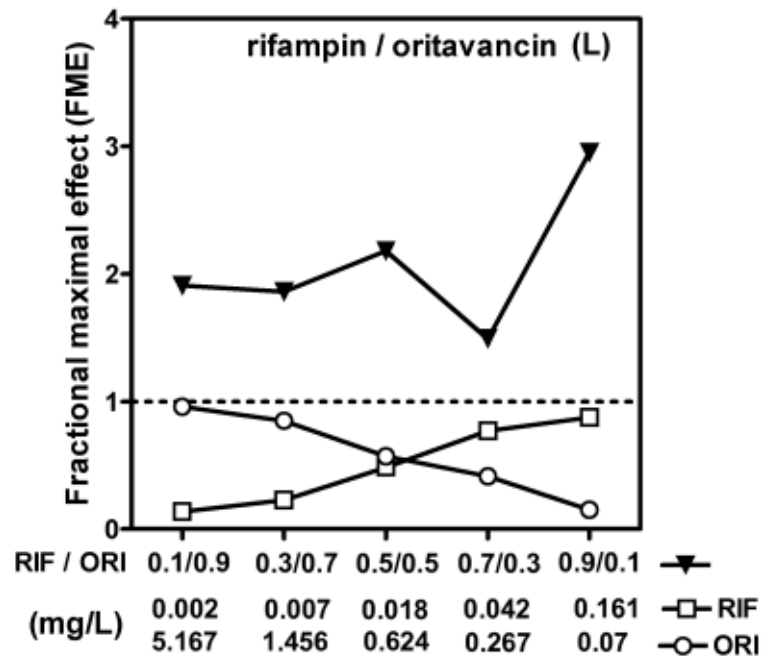


Desbiolles et al, *Antimicrob. Agents Chemother.* (2001) 45: 3328-33



# Activity of RIF-ORI combination against intracellular SCV

Fractional maximal effect (FME) approach



FME > 1 : synergistic; = 1: additive

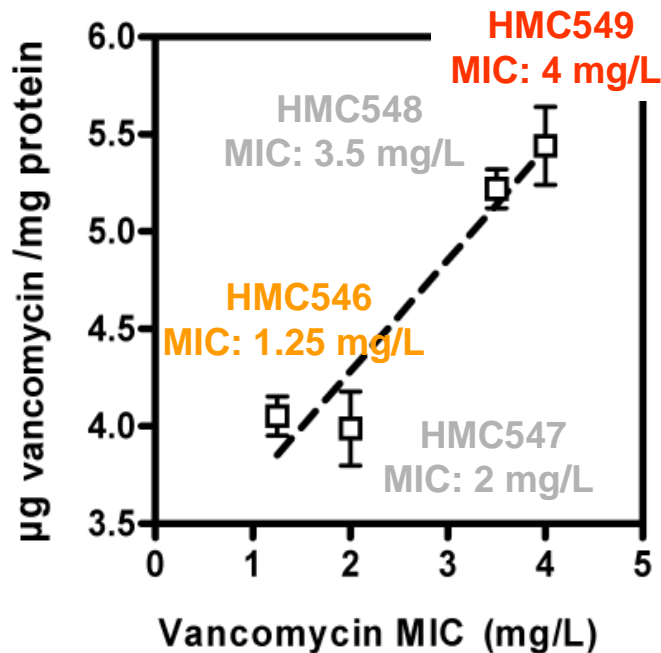
RIF-ORI combination is highly synergistic over a wide range of concentration ratios

# VISA and DAP-resistant strains isolated from a patient with endocarditis

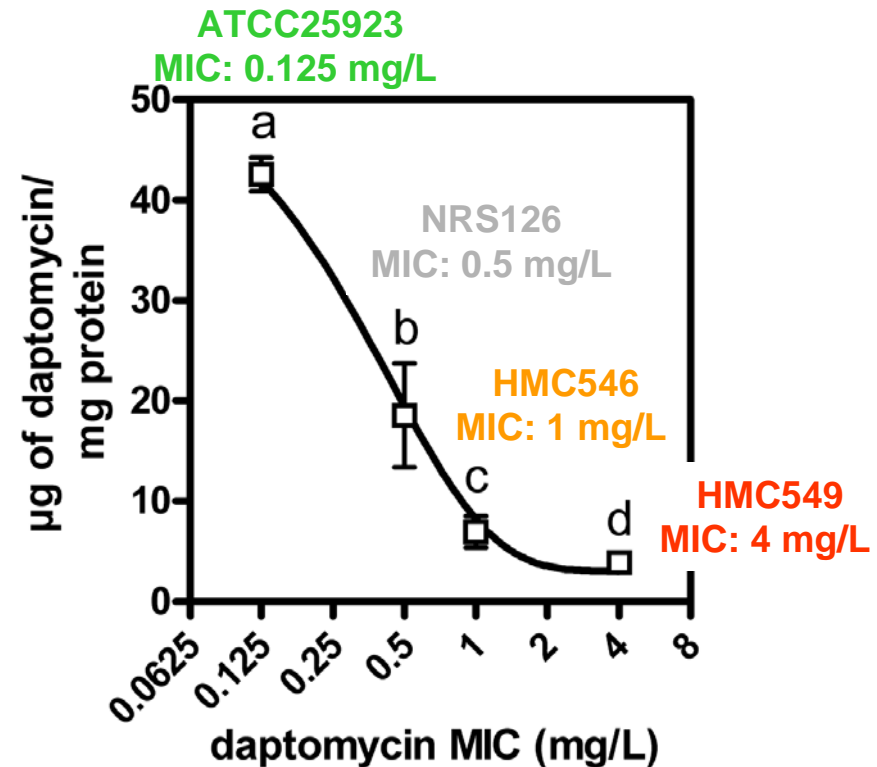
Julian et al. *Antimicrob Agents Chemother.* 2007 51:3445-8.

Reduced susceptibility associated with

increased amount  
of bound vancomycin

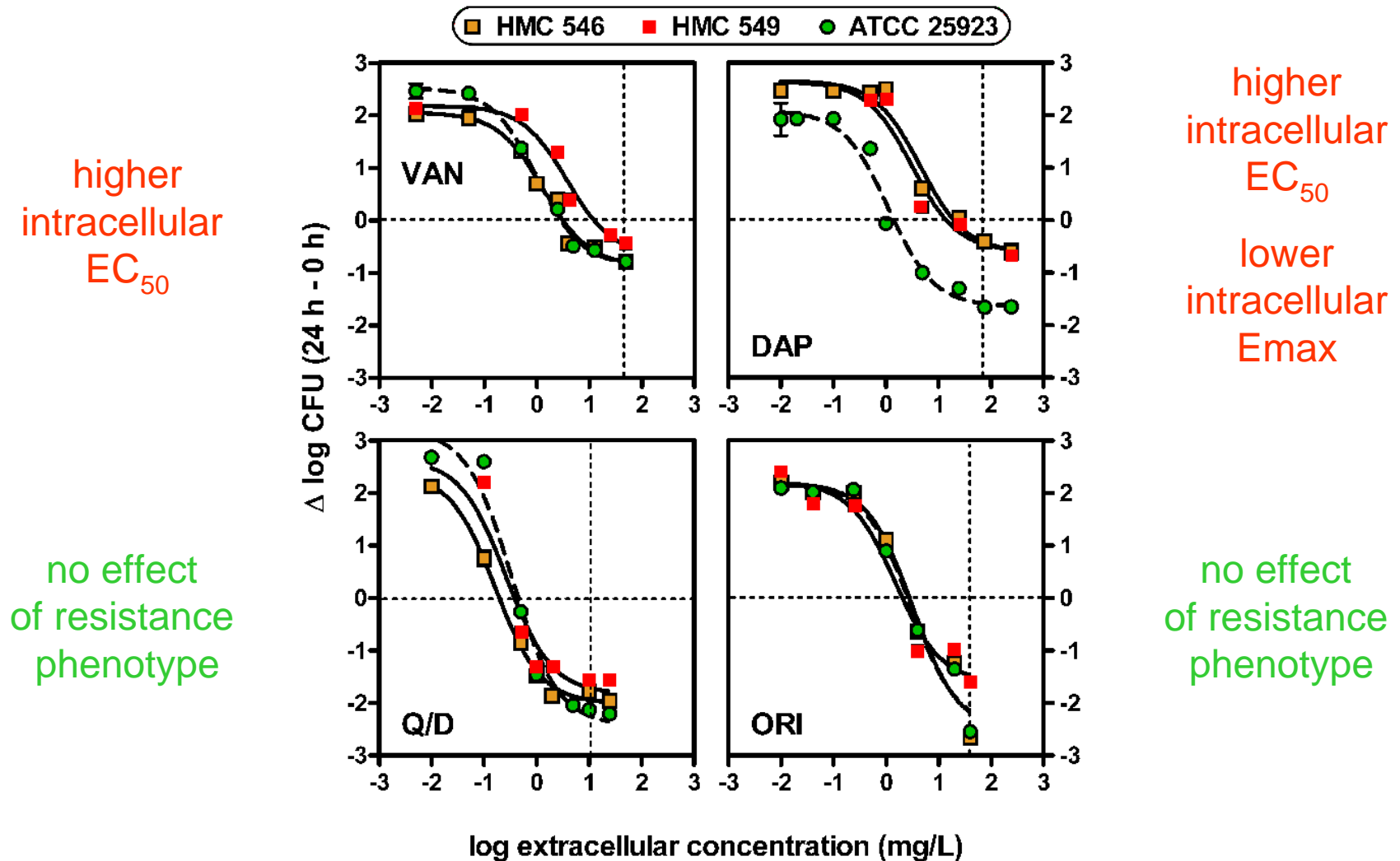


decreased amount  
of bound daptomycin



Lemaire et al., *Clin. Microbiol. Infect.* (2008) 14:766-77

# Intracellular activity against VISA and DAP-resistant strains isolated from a patient with endocarditis



Lemaire et al., Clin. Microbiol. Infect. (2008) 14:766-77

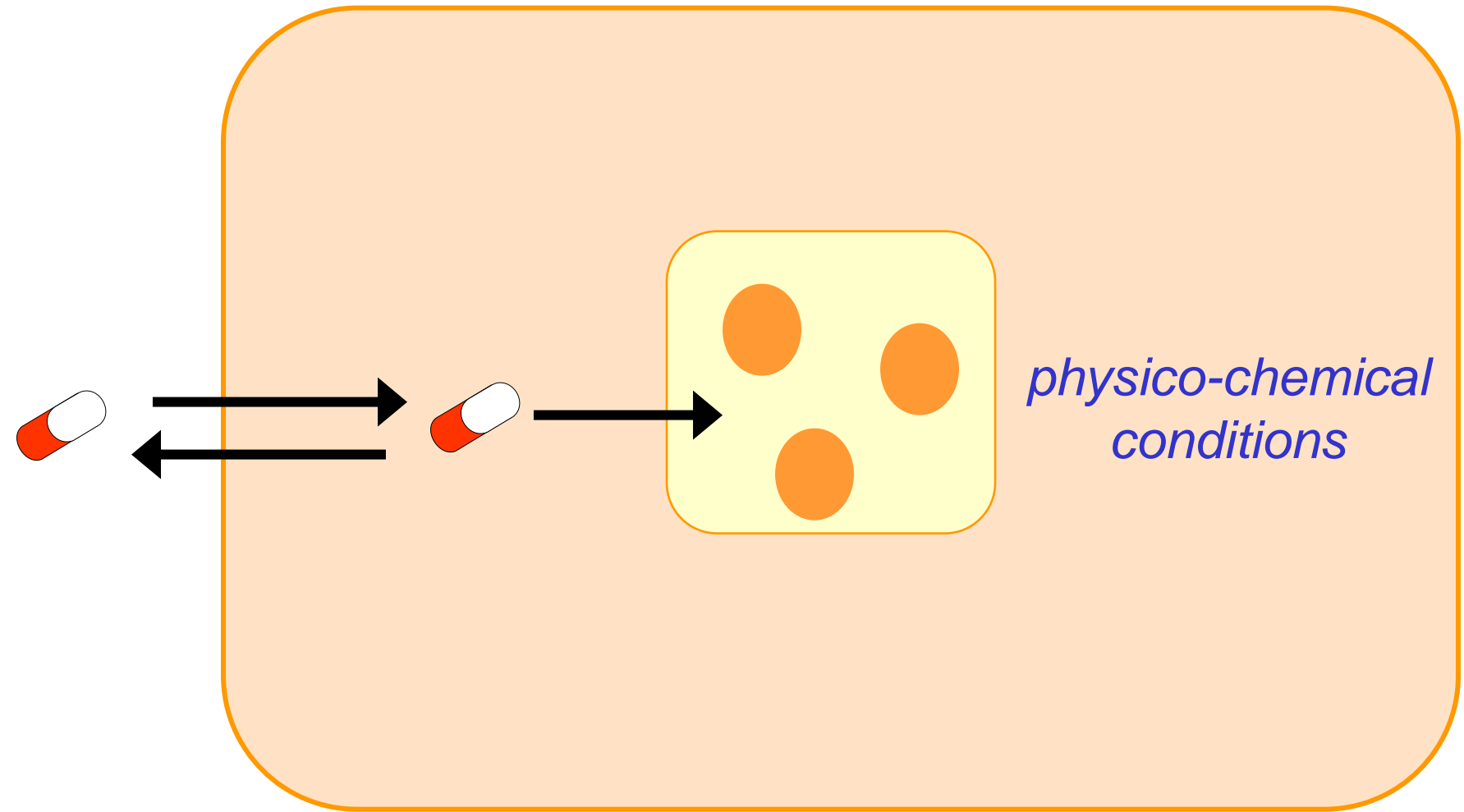
# Cellular factors affecting antibiotic intracellular activity



*Brussels Grand-Place  
Flower carpet*

# Intracellular vs extracellular activity of antibiotics :

## PK – PD in action



Carryn et al., *Infect Dis Clin North Am.* (2003) 17:615-34



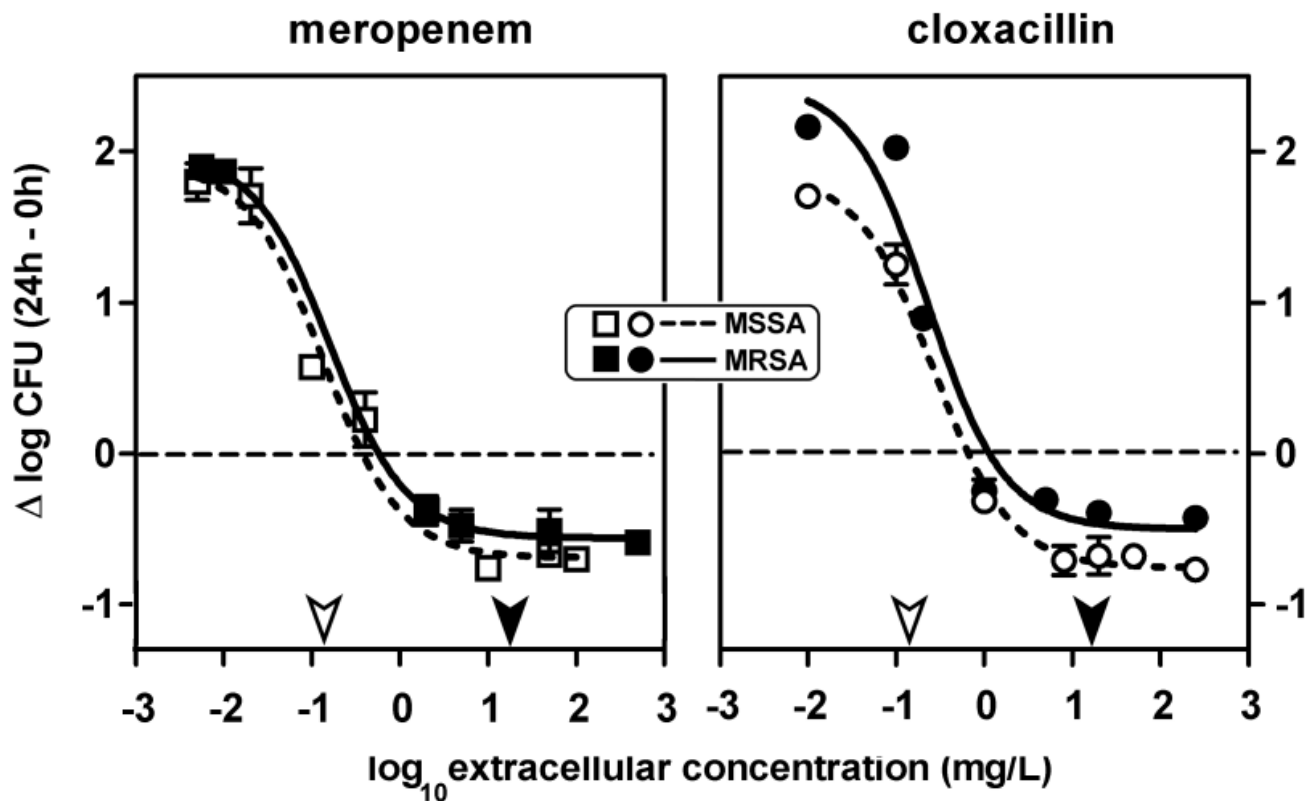
# acid pH of lysosomes



*Famous Belgian beer*

# MRSA vs MSSA: intracellular activity of $\beta$ -lactams

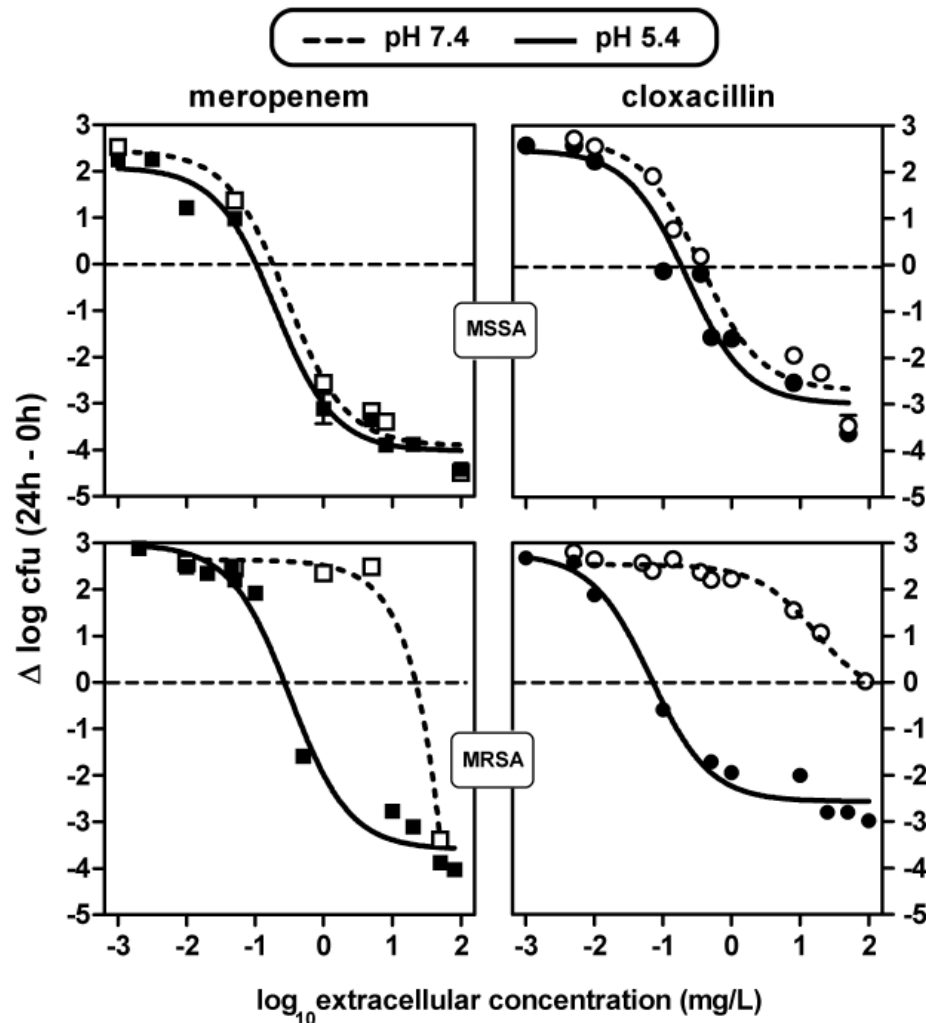
MRSA are as susceptible as MSSA to  $\beta$ -lactams when intracellular !



Lemaire et al., *Antimicrob. Agents Chemother.* (2007) 51:1627-1632

# MRSA vs MSSA: extracellular activity of $\beta$ -lactams

MRSA are as susceptible as MSSA in broth at acidic pH

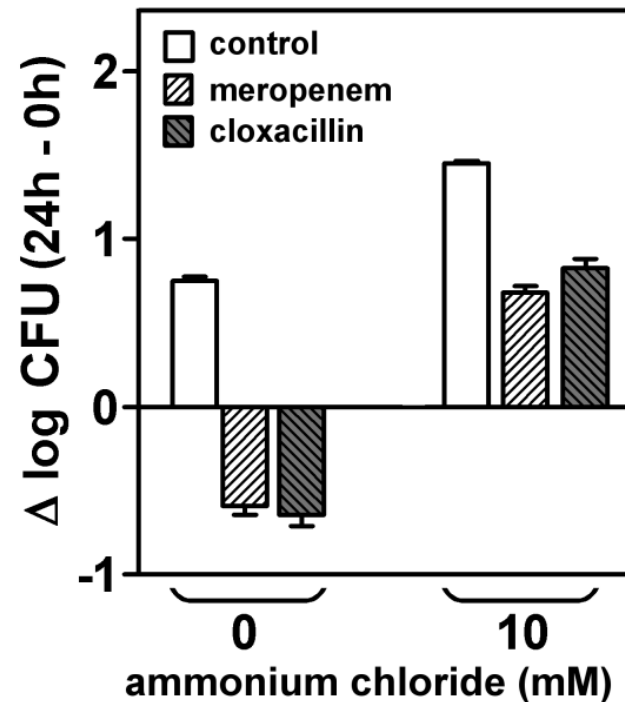
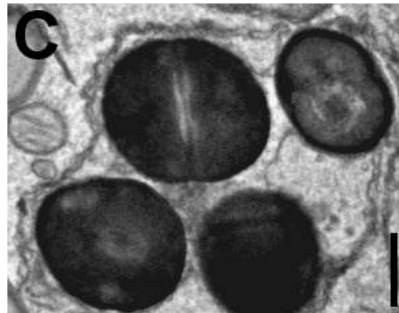
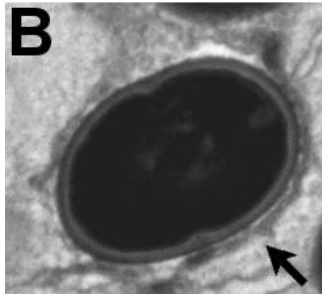


Lemaire et al., *Antimicrob. Agents Chemother.* (2007) 51:1627-1632

# MRSA vs MSSA: extracellular activity of $\beta$ -lactams

Neutralization of lysosomes makes  
intracellular MRSA resistant to  $\beta$ -lactams !

MRSA are inside  
[acidic] vacuoles



# PBP2a conformation is modified by acidic pH

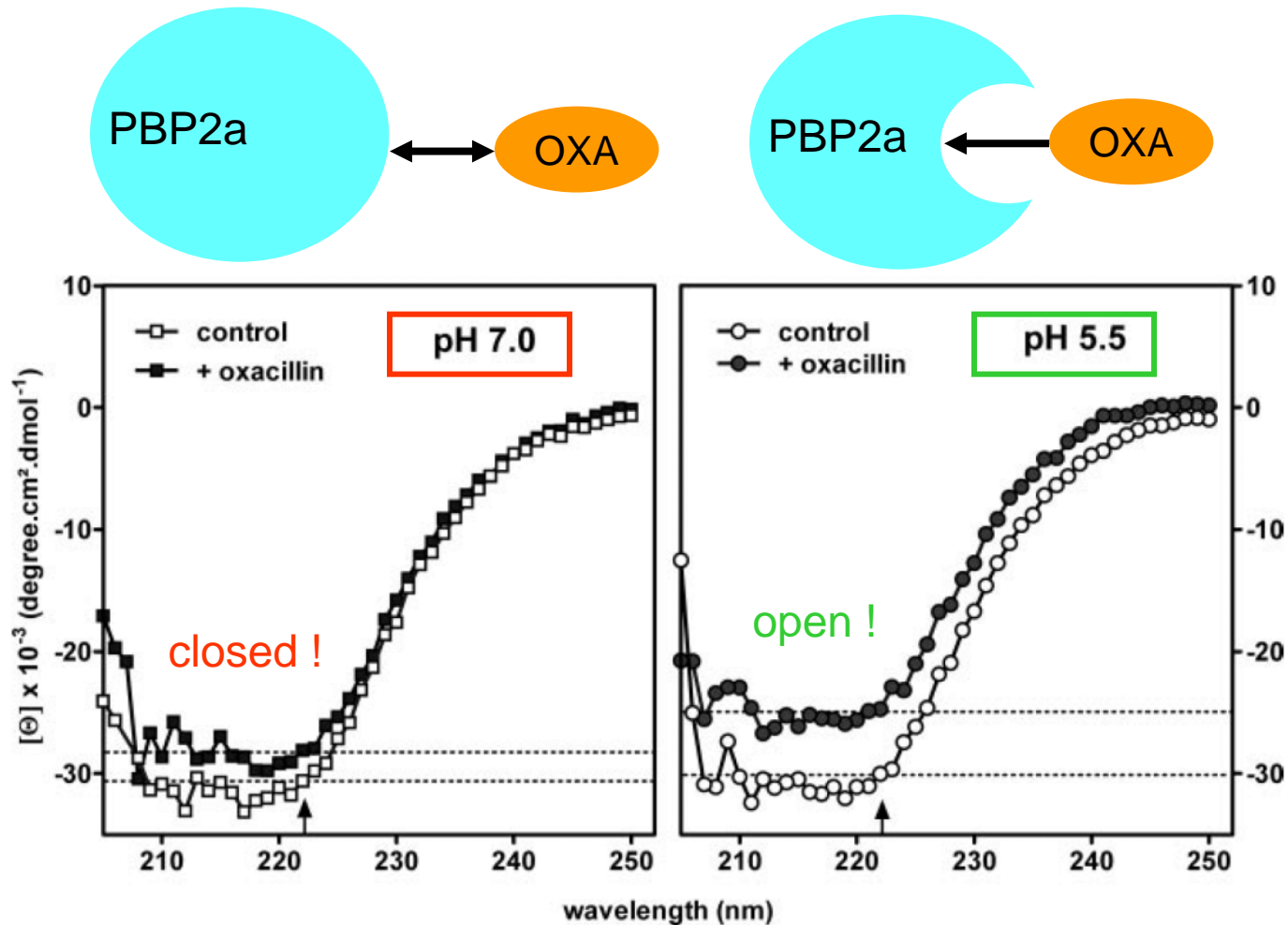


FIGURE 4. Circular dichroic spectra of PBP 2a at pH 7.0 (*left panel*) and pH 5.5 (*right panel*) in the absence (*open symbols*) and in the presence (*closed symbols*) of oxacillin (30  $\mu\text{M}$ ) for 30 min at 25  $^{\circ}\text{C}$ . The *thin dotted lines* in each graph represent minima of PBP 2a molar ellipticity at 222 nm (*vertical arrow on the abscissa*) for each condition. The spectrum of oxacillin has been subtracted from all data points.

Lemaire et al., JBC (2008) 283:12769-76

# Efflux pumps

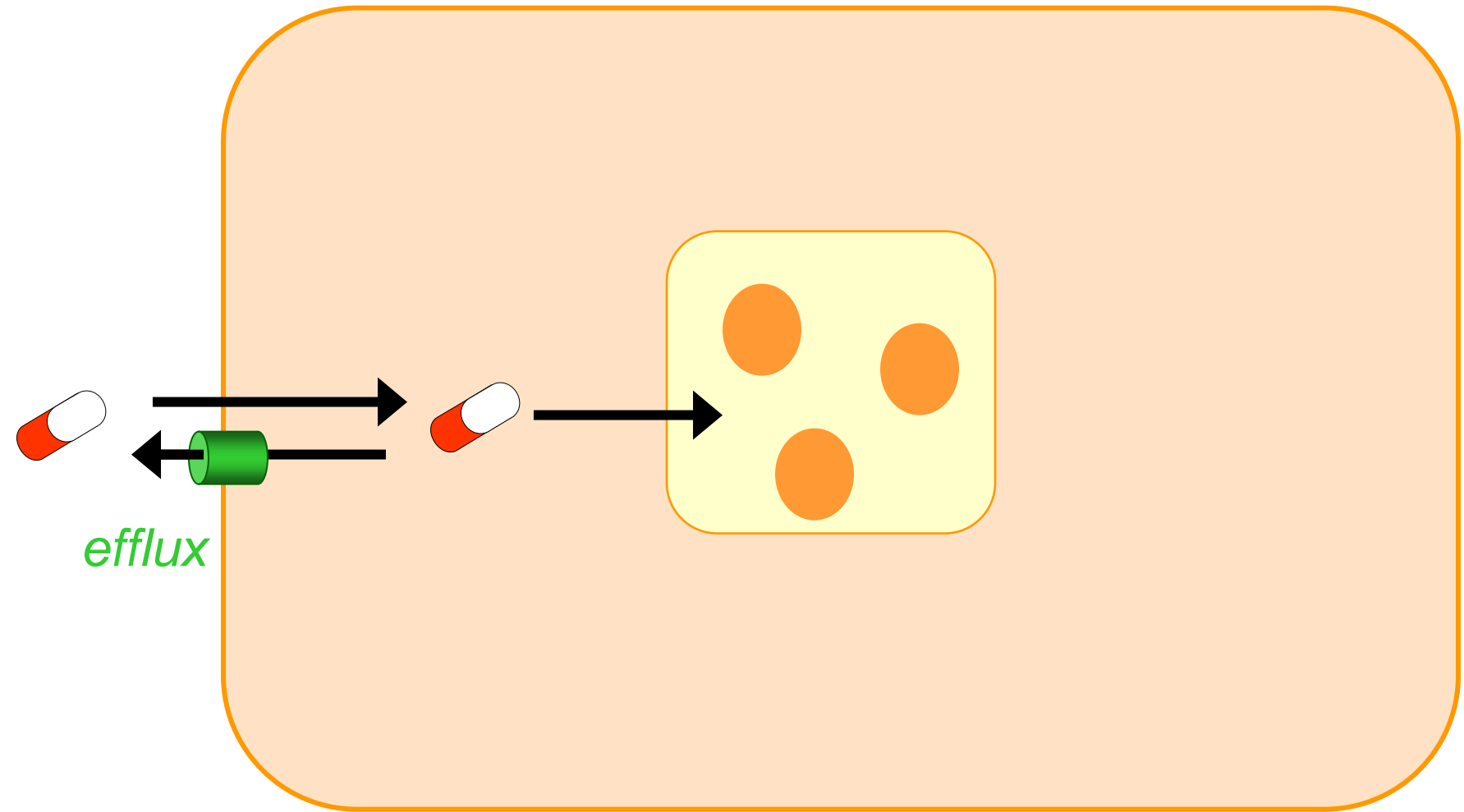


*Manneken Pis, who saved Brussels from fire  
by urinating on a burning fuse*



# Intracellular vs extracellular activity of antibiotics :

## PK – PD in action

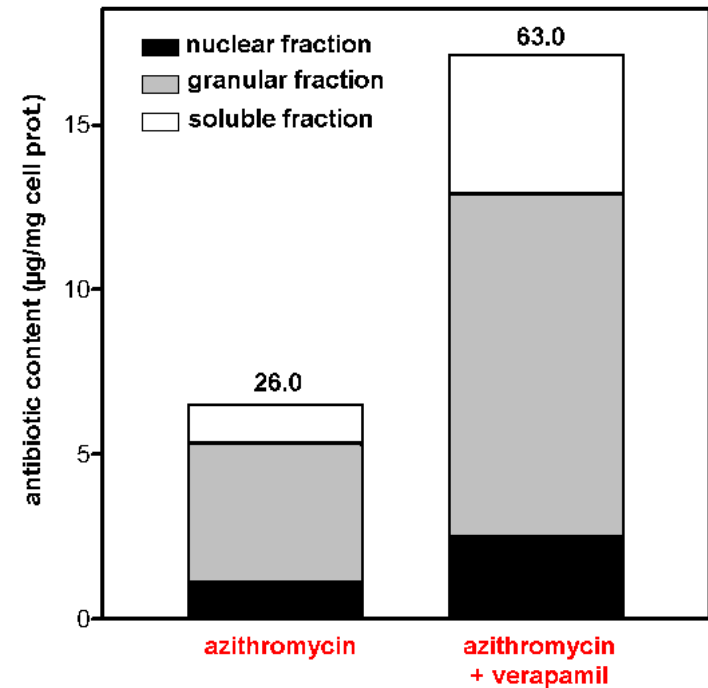
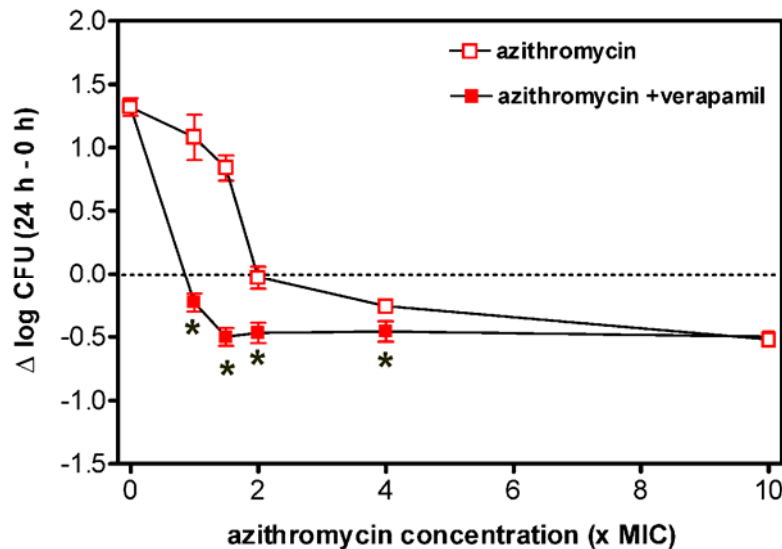


Carryn et al., *Infect Dis Clin North Am.* (2003) 17:615-34

# P-gp as a cellular mechanism of resistance to intracellular efficacy of antibiotics

- intracellular activity
- accumulation in lysosomes

of **azithromycin** are increased by P-glycoprotein inhibitors

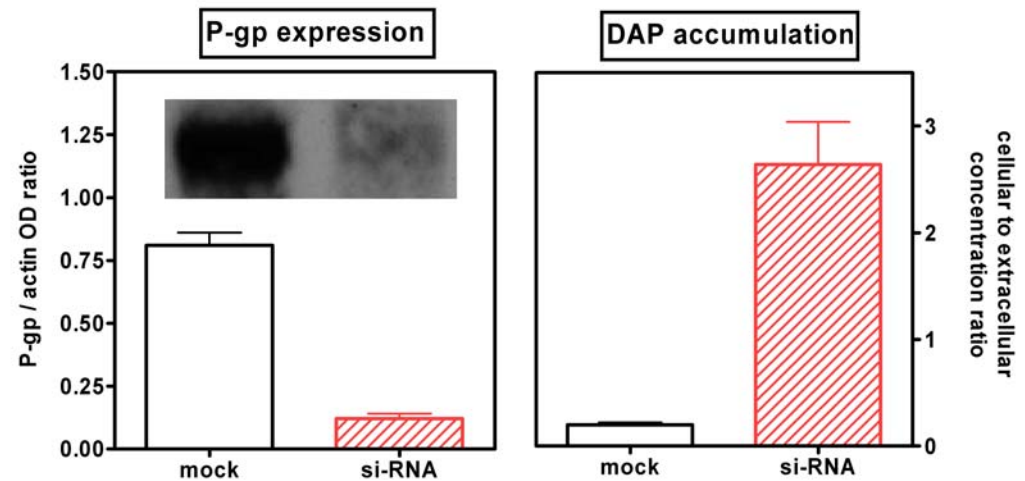
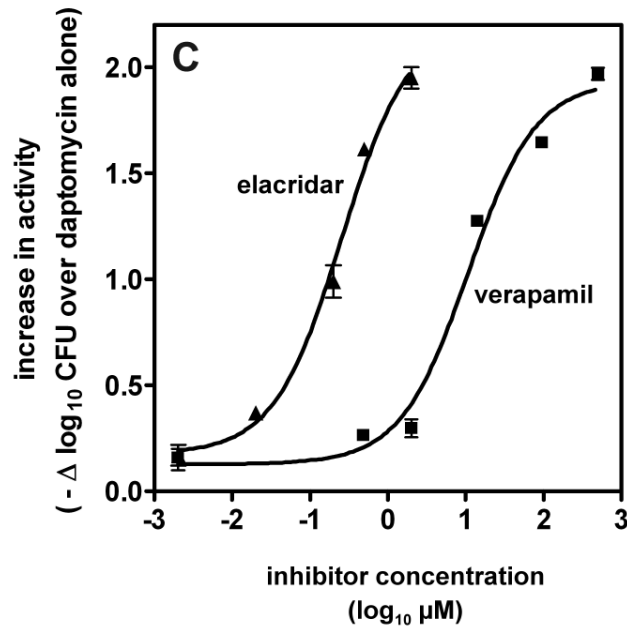


Seral et al., J. Antimicrob. Chemother. (2003) 51:1167-73

# P-gp as a cellular mechanism of resistance to intracellular efficacy of antibiotics

- intracellular activity
- accumulation in lysosomes

of **daptomycin** are increased upon P-glycoprotein inhibition or under-expression

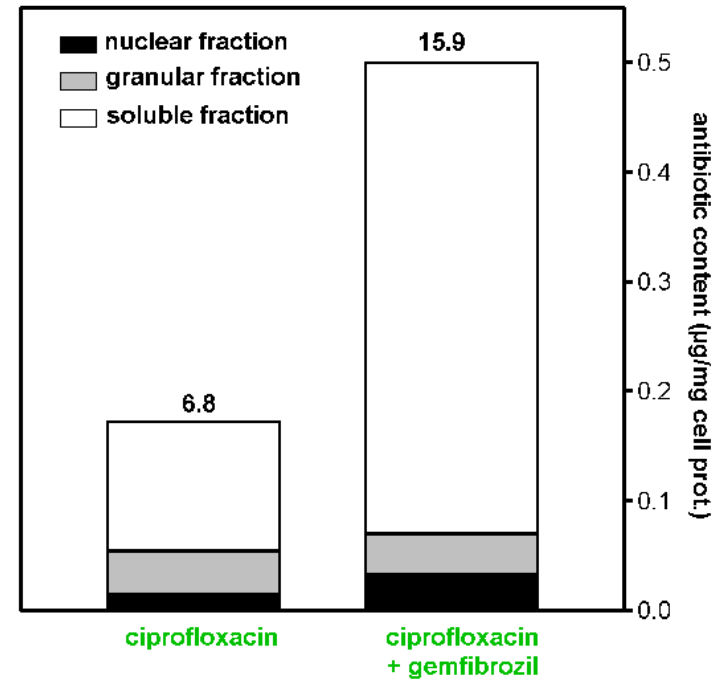
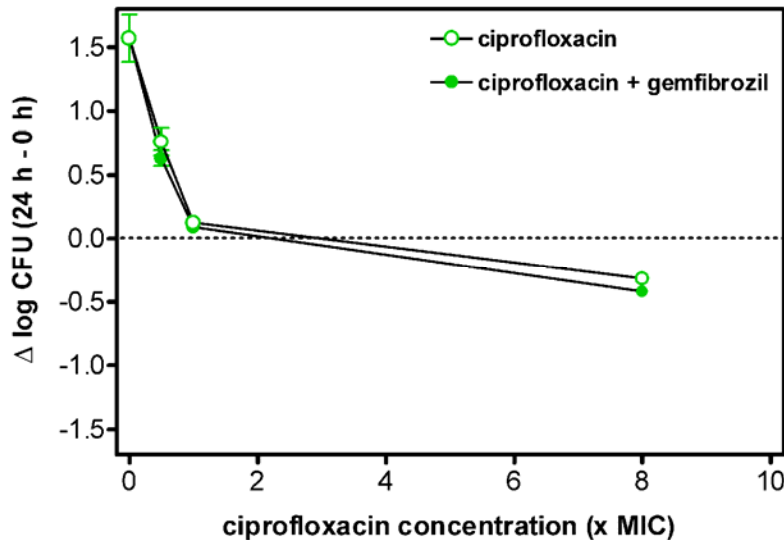


Lemaire et al., *Antimicrob. Agents Chemother.* (2007) 51:2748-2757

# But again targeting the infected compartment is important ....

- intracellular activity
- accumulation in lysosomes

of **ciprofloxacin** are NOT increased by MRP inhibitors



Seral et al., J. Antimicrob. Chemother. (2003) 51:1167-73

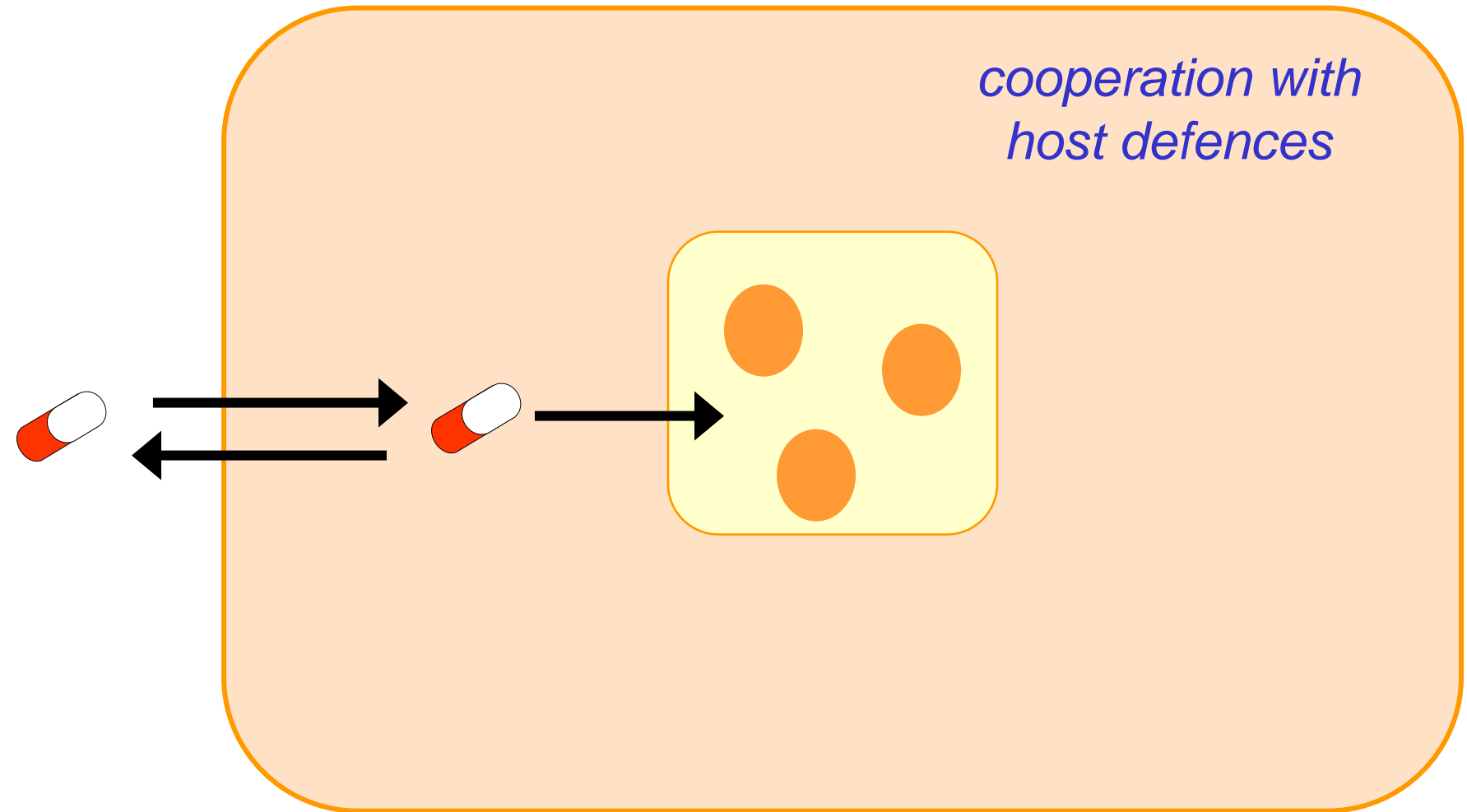
# Cell metabolic state



*Belgian gastronomy*

# Intracellular vs extracellular activity of antibiotics :

## PK – PD in action

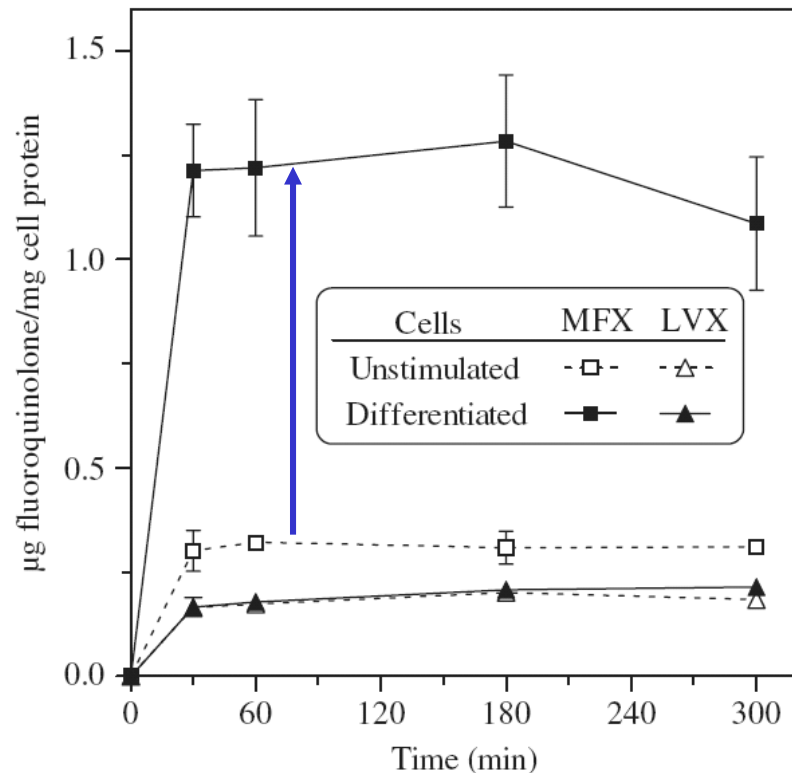


Carryn et al., *Infect Dis Clin North Am.* (2003) 17:615-34



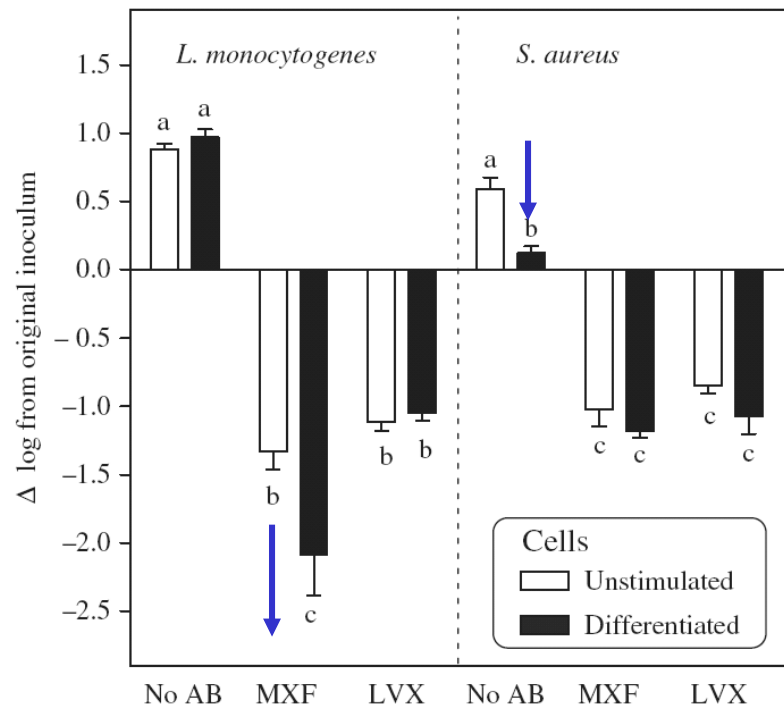
# Cooperation between fluoroquinolones and PMA against *Listeria monocytogenes*

PMA increases  
the cellular concentration  
of MXF but not of LVX



PMA

- reduces the cellular growth of *S. aureus*
- increases the intracellular activity of MXF against *Listeria* only



Van de Velde et al., JAC (2008) 62:518-21

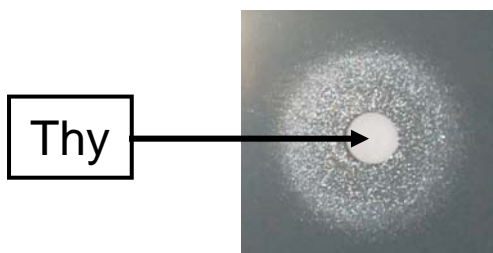
# How can these models help the clinician ?



*Hôpital Notre Dame à la Rose, Lessines*

# In vitro models to predict failure/success ?

- SCV isolated from a patient
  - with complicated prosthetic vascular graft infection and bacteraemia,
  - unsuccessfully treated successively with
    - cotrimoxazole (SMX/TMP),
    - minocycline (MIN),
    - a combination of vancomycin and rifampin (VAN-RIF)
    - a combination of linezolid and rifampin (LNZ-RIF)
- thymidine-auxotrophic MRSA, growing as tiny, non-pigmented and non-hemolytic colonies on Columbia blood agar.



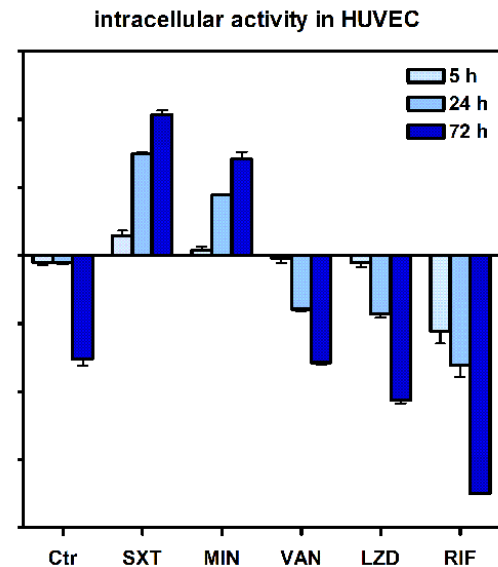
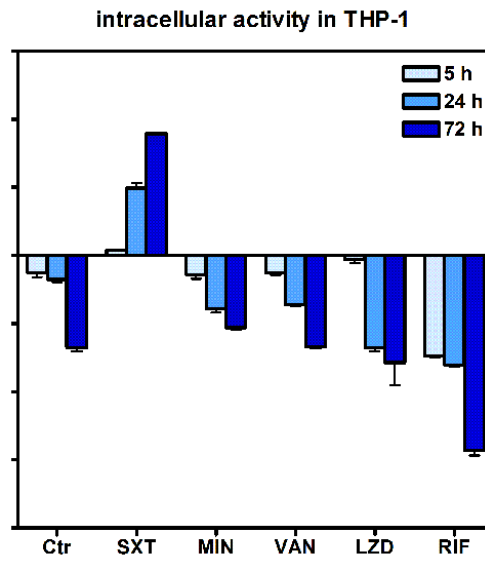
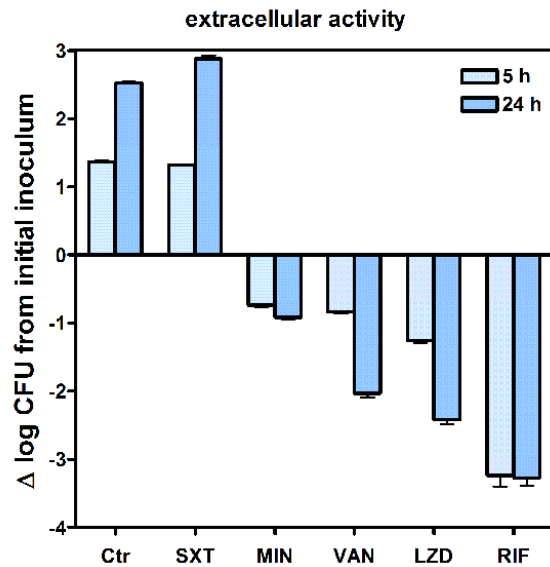
- resistant to OXA, SXT, CLI, LIN, ERY, quinupristin and TET.

# In vitro models to predict failure/success ?



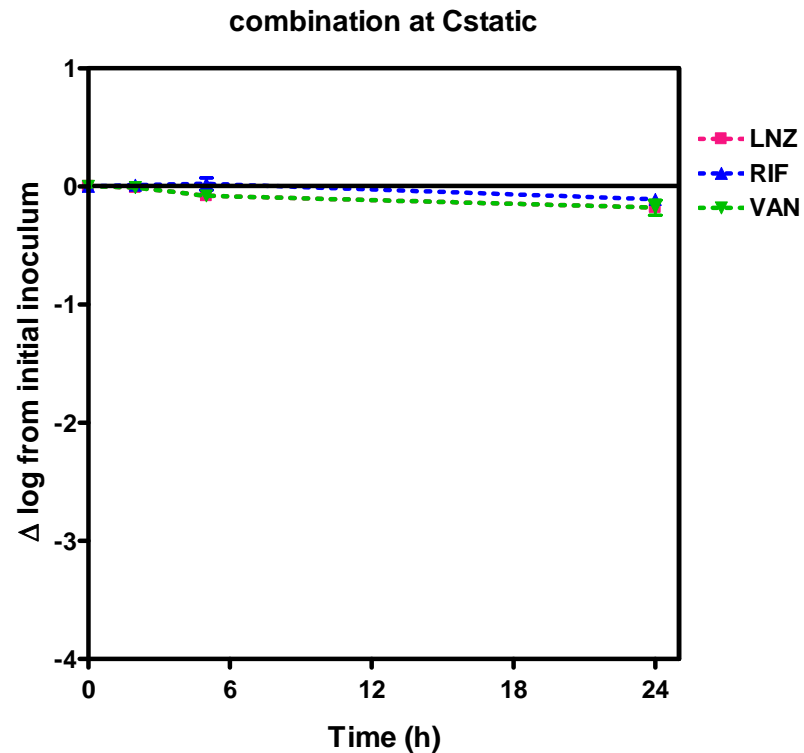
THP-1 macrophages

HUVEC endothelial cells



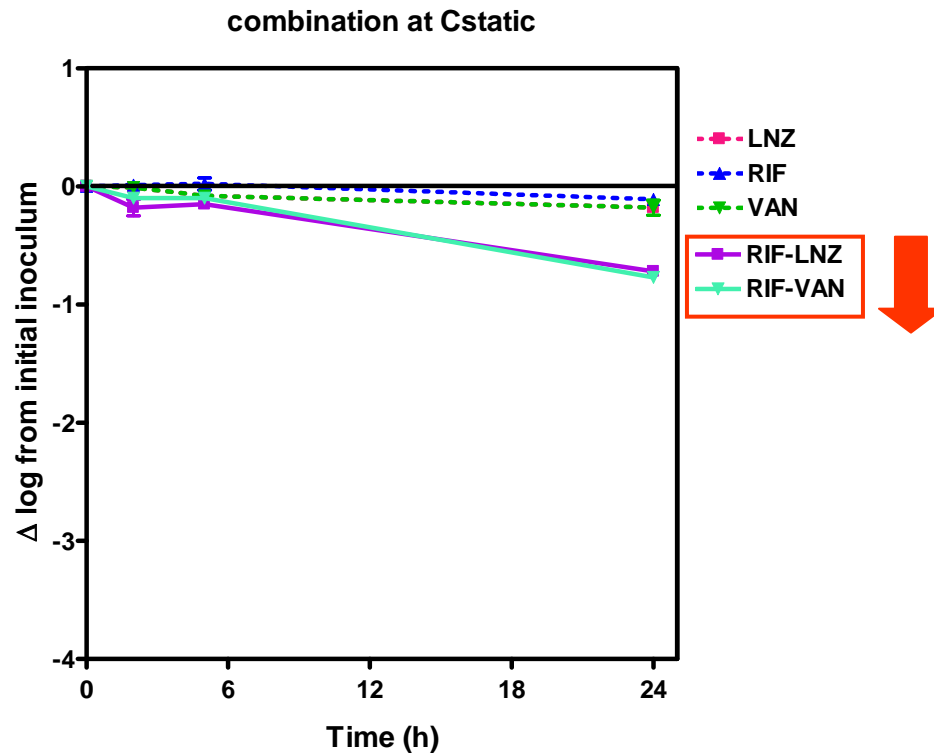
# In vitro models to predict failure/success ?

combinations received by the patient



# In vitro models to predict failure/success ?

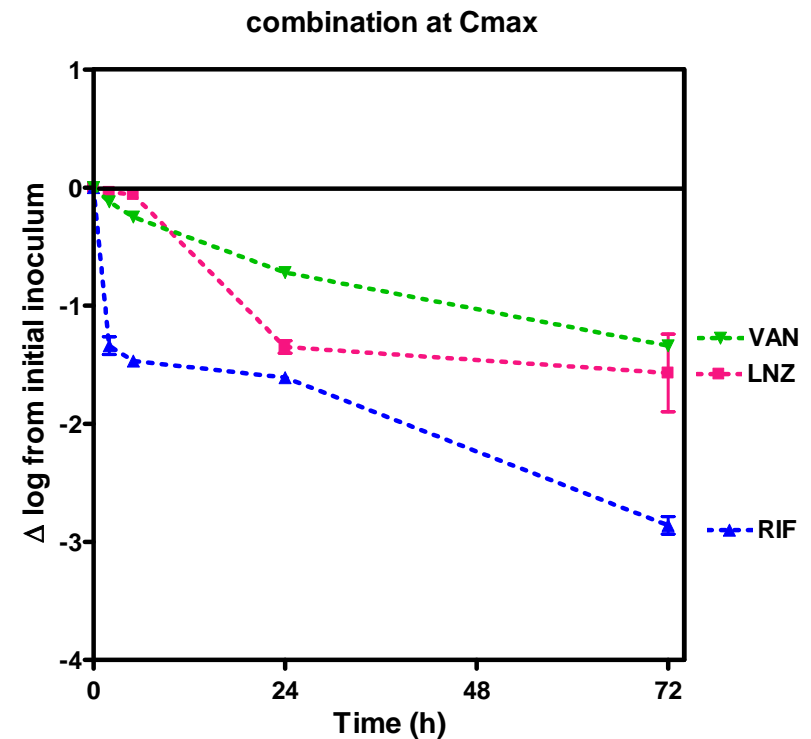
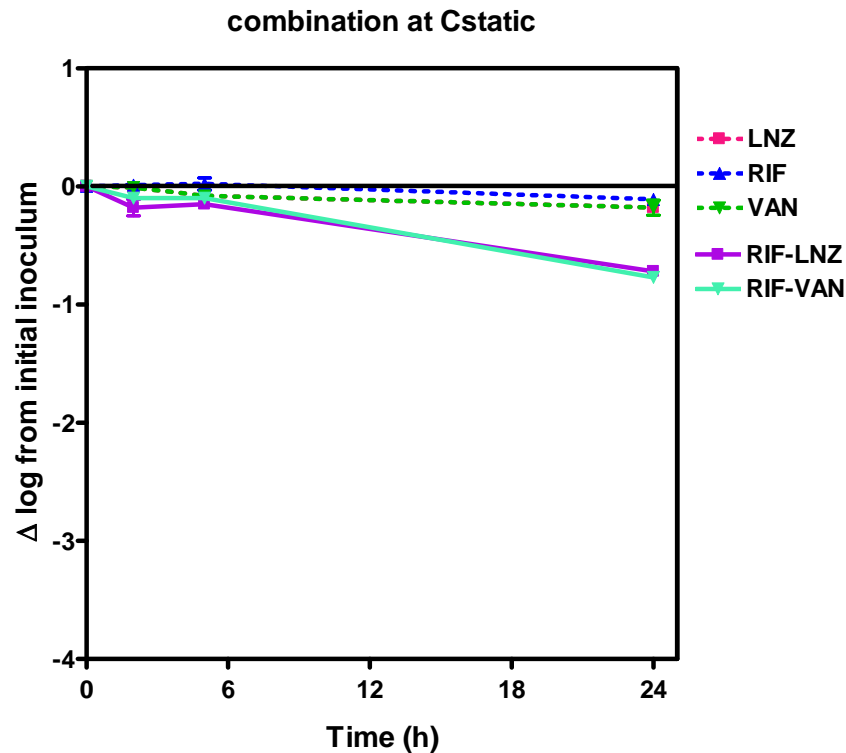
combinations received by the patient





# In vitro models to predict failure/success ?

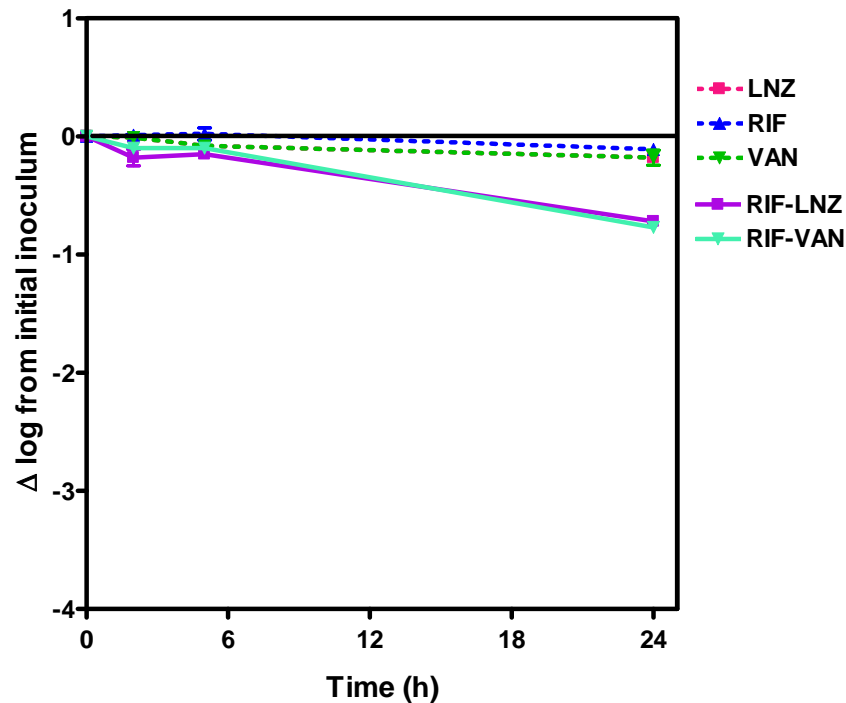
combinations received by the patient



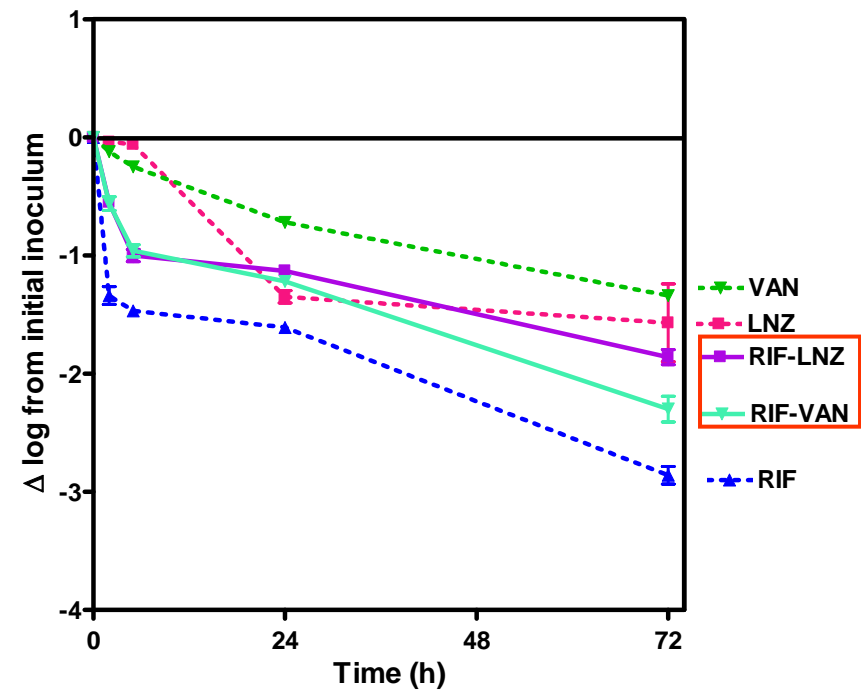
# In vitro models to predict failure/success ?

combinations received by the patient

combination at Cstatic

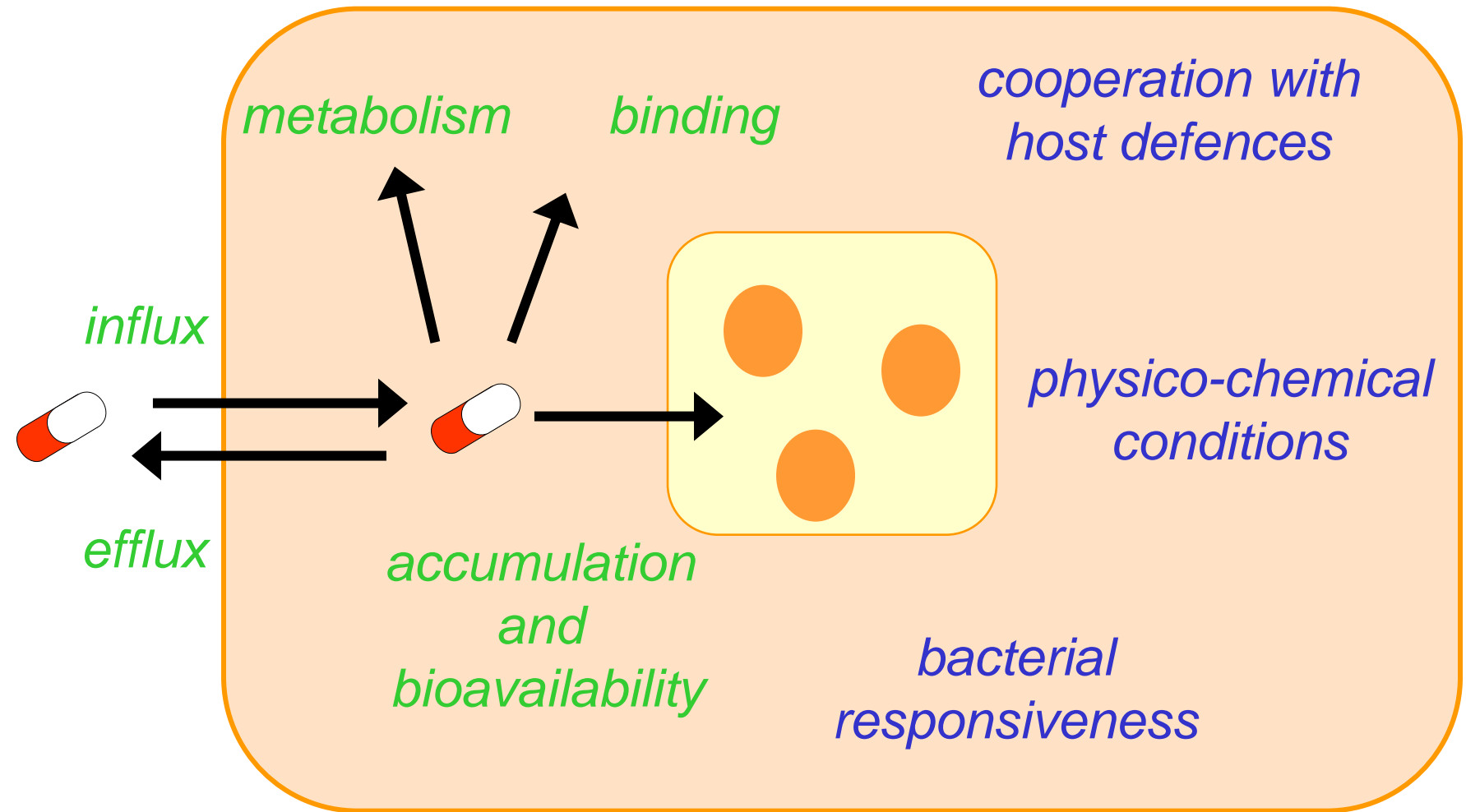


combination at Cmax



# Intracellular vs extracellular activity of antibiotics :

## PK – PD in action



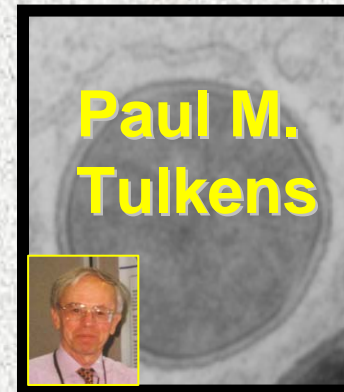
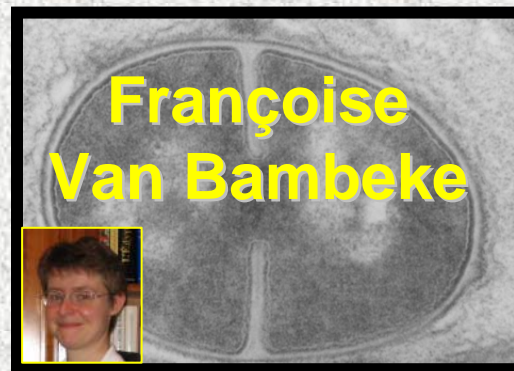
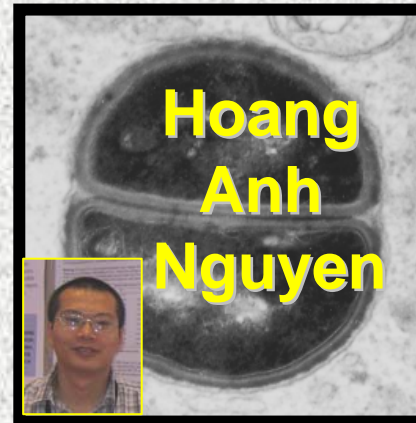
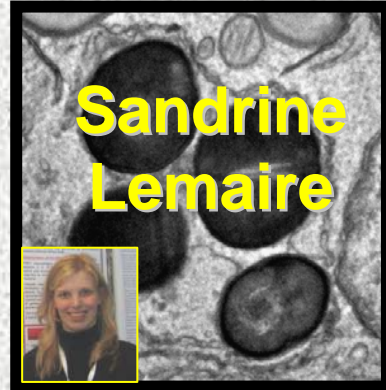
Carryn et al., *Infect Dis Clin North Am.* (2003) 17:615-34

Still a lot of work ahead  
to fully understand ...



*Magritte, Belgian surrealism*

# Our "Staph" team



## In collaboration with :

- Y. Glupczynski, cliniques universitaires de l'UCL à Mont-Godinne, Yvoir, Belgium
- A. Vergison, O. Denis, M. Struelens, Hôpital Erasme, ULB, Brussels, Belgium
- P. Appelbaum, Hershey Medical Center, Hershey, PA, USA





We wish you a  
Happy New Year !

