

# Mechanisms of resistance and susceptibility in CF pathogens

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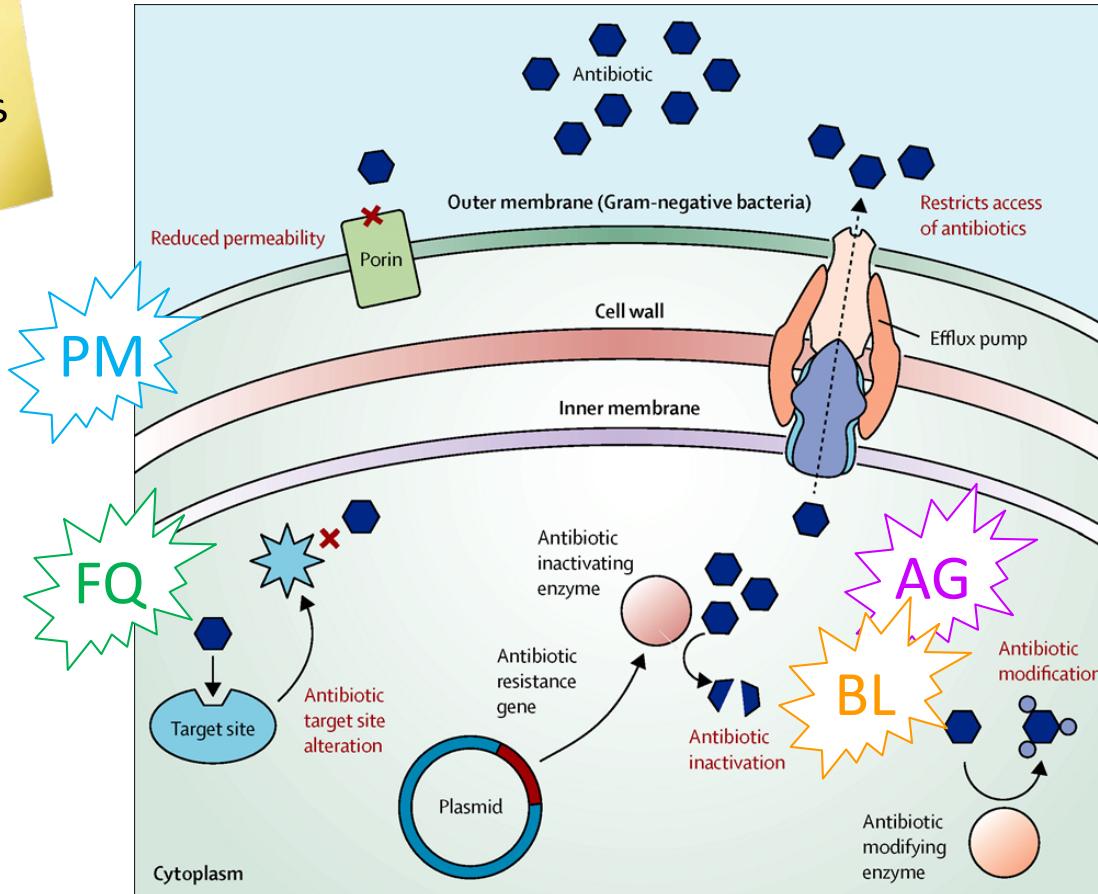
# Main mechanisms of antibiotic resistance in Gram(-) bacteria

RESISTANCE

acquired: gene acquisition; mutations; change in expression

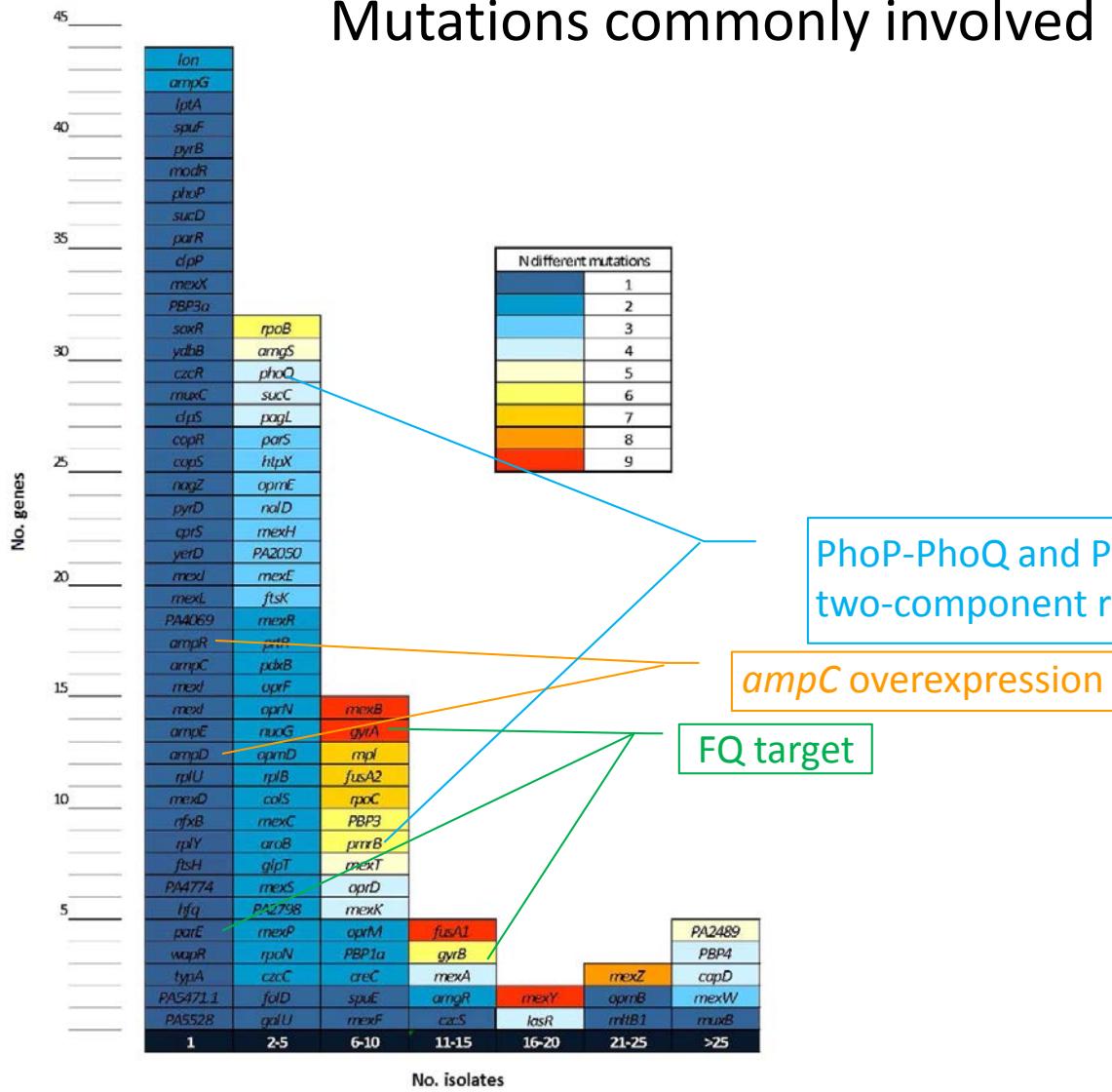
intrinsic: poor penetration < constitutive expression of efflux pumps  
< low porin permeability

In most  
textbooks  
...



# Gene mutations in the CC274 *P. aeruginosa* clone

## Mutations commonly involved in resistance ....



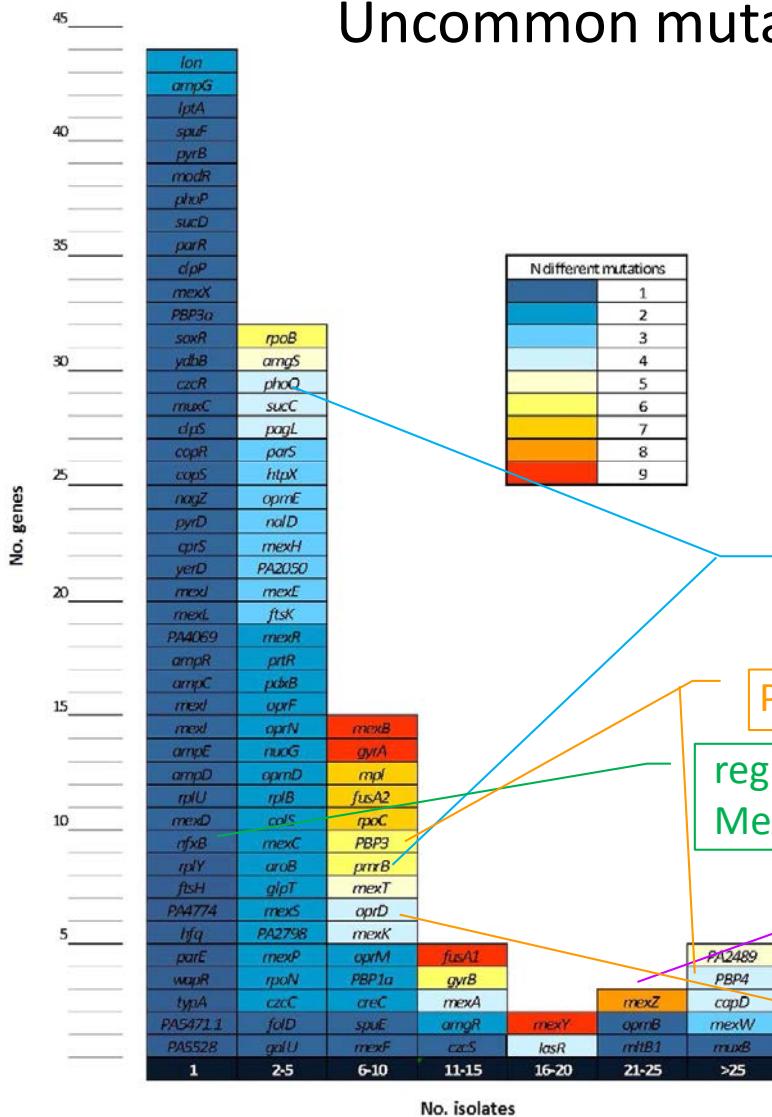
PhoP-PhoQ and PmrA-PmrB  
two-component regulatory systems

ampC overexpression

FQ target

# Gene mutations in the CC274 *P. aeruginosa* clone

Uncommon mutations frequent in CF clones ....



PhoP-PhoQ and PmrA-PmrB  
two-component regulatory systems

specific  
mutations  
In CF isolates

PBP3-4 mutations

→ carbapenem resistance ?

regulator of  
MexCD-OprN

→ fluoroquinolone efflux; advantage in CF ?

regulator  
of MexXY-OprM

→ aminoglycoside / cefepime  
efflux

porin mutations

→ carbapenem resistance

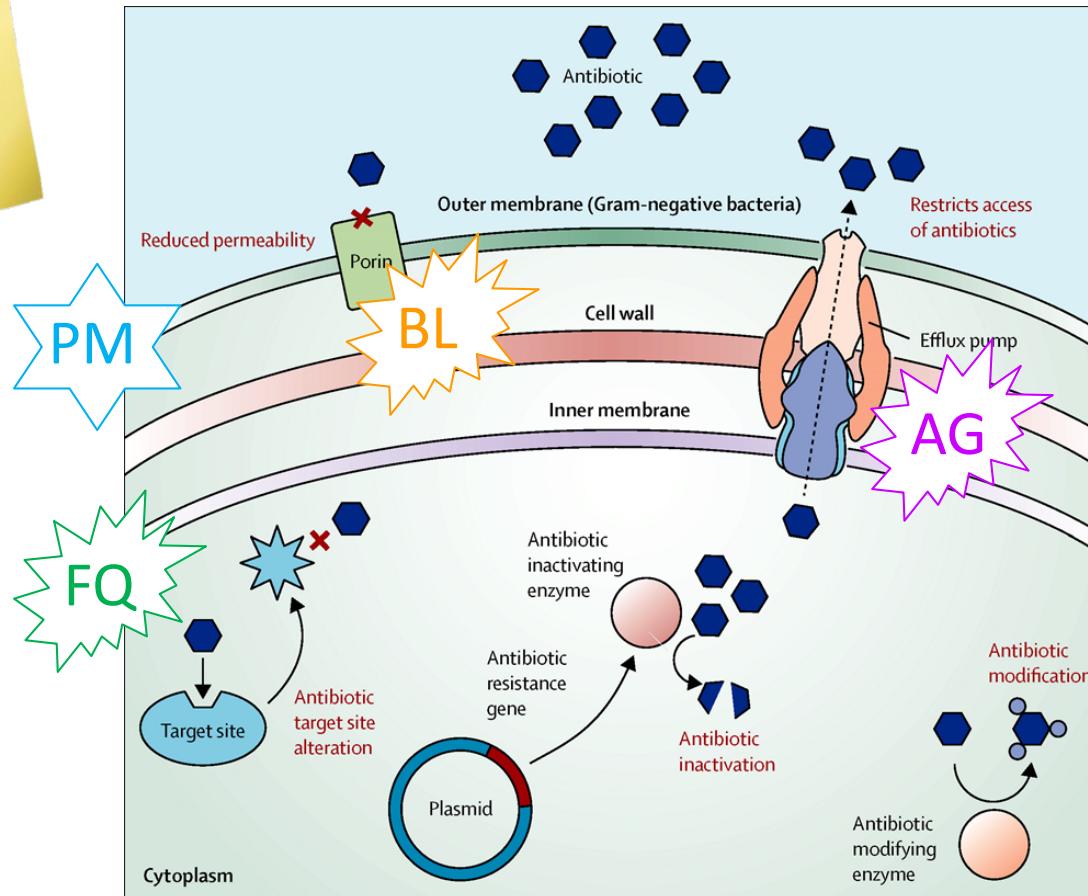
# Main mechanisms of antibiotic resistance in *Pseudomonas*

RESISTANCE

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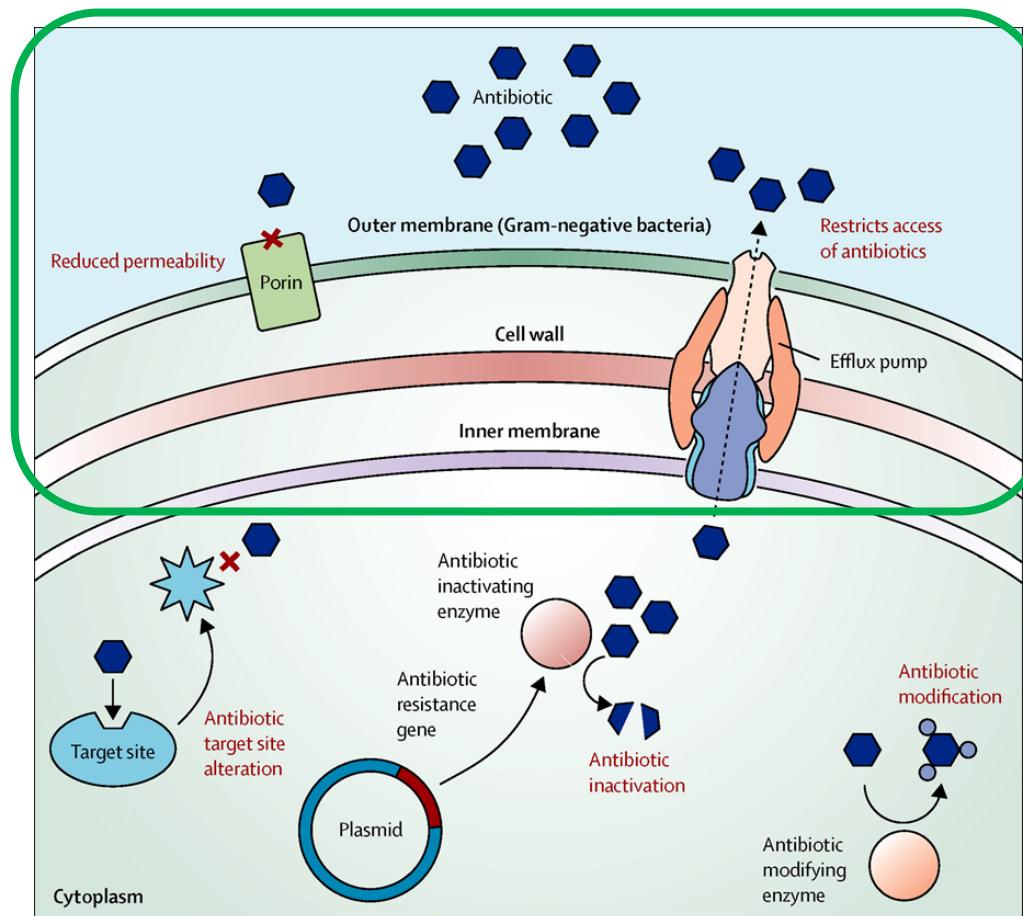
In CF  
?



Sherrard et al, Lancet 2014; 384:703-713

# Main mechanisms of antibiotic resistance in Gram(-) bacteria

**RESISTANCE**  **acquired:** gene acquisition; mutations; change in expression  
 **intrinsic:** poor penetration < constitutive expression of efflux pumps  
< low porin permeability

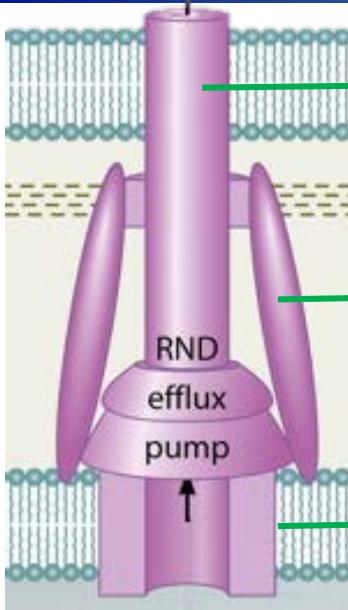


# Role of efflux in intrinsic/acquired resistance



Old Faithful Geyser, Yellowstone

# Antibiotic efflux pumps in *P. aeruginosa*



In most textbooks,  
low  
resistance  
level ...

Table 1. RND major multidrug efflux systems of *Pseudomonas aeruginosa* and their substrates.<sup>†</sup>

System	Regulatory gene	Cytoplasmic membrane transporter protein	Membrane fusion protein	Outer membrane efflux protein	Mutation causing upregulation	Substrates
MexAB-OprM	<i>mexR</i>	MexB	MexA	OprM	<i>nalB</i> (affects <i>mexR</i> ) and <i>nalC</i> (lies outside <i>mexR</i> )	BL, FQ, CM, TC, NV, TP, SM, ML, EB, AC, CV, SDS, AH, HL, CL, TL, IR, TS
MexCD-OprJ	<i>nfxB</i>	MexD	MexC	OprJ	<i>nfxB</i>	BL, FQ, CM, TC, NV, TP, ML, CV
MexEF-OprN	<i>mexT</i>	MexF	MexE	OprN	<i>nfxC</i>	FQ, CM, TP, AH, TS
MexXY-OprM	<i>mexZ</i>	MexY	MexX	OprM	ParRS <sup>§</sup>	FQ, AG, TC, ER

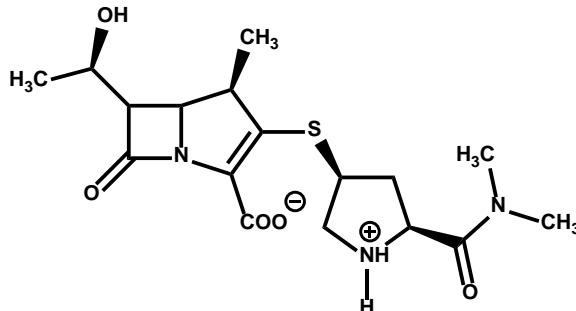
In instances where only one member of a class of antimicrobial agents has been tested or is known to be a substrate for a given efflux pump, that member is identified. Where several members of an antimicrobial class are known to be substrates, the class is identified rather than the actual compounds tested.

<sup>†</sup>Data taken from [146].

<sup>§</sup>Data taken from [146]. Mutations in the response regulator ParR or the sensor kinase ParS of the two-component regulatory system ParRS lead to MexXY overexpression. AC: Acriflavine; AG: Aminoglycosides; AH: Aromatic hydrocarbons; BL:  $\beta$ -lactams; CL: Cerulenin; CM: Chloramphenicol; CV: Crystal violet; EB: Ethidium bromide; ER: Erythromycin; FQ: Fluoroquinolones; HL: Homoserine lactones; IR: Irgasan; ML: Macrolides; NV: Novobiocin; SDS: Sodium dodecyl sulphate; SM: Sulphonamides; TC: Tetracycline; TL: Thiolactomycin; TO: Toluene; TP: Trimethoprim; TS: Triclosan.

# Efflux and high level resistance to carbapenems ?

## Meropenem, a broad spectrum antibiotic



- resistant to most ESBLs;  
susceptible to carbapenemases
- spectrum XXL
- often last resort

International Journal of Antimicrobial Agents 48 (2016) 740–743



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International Journal of Antimicrobial Agents

journal homepage: [www.elsevier.com/locate/ijantimicag](http://www.elsevier.com/locate/ijantimicag)



Short Communication

High-level resistance to meropenem in clinical isolates of *Pseudomonas aeruginosa* in the absence of carbapenemases:



WHY ?

Hussein Chalhoub <sup>a</sup>, Yolanda Sáenz <sup>b</sup>, Hector Rodriguez-Villalobos <sup>c</sup>, Olivier Denis <sup>d</sup>,  
Barbara C. Kahl <sup>e</sup>, Paul M. Tulkens <sup>a</sup>, Françoise Van Bambeke <sup>a,\*</sup>

<sup>a</sup> Pharmacologie cellulaire et moléculaire, Louvain Drug Research Institute, Université catholique de Louvain, Brussels, Belgium

<sup>b</sup> Centro de Investigación Biomédica de La Rioja (CIBIR), Logroño, Spain

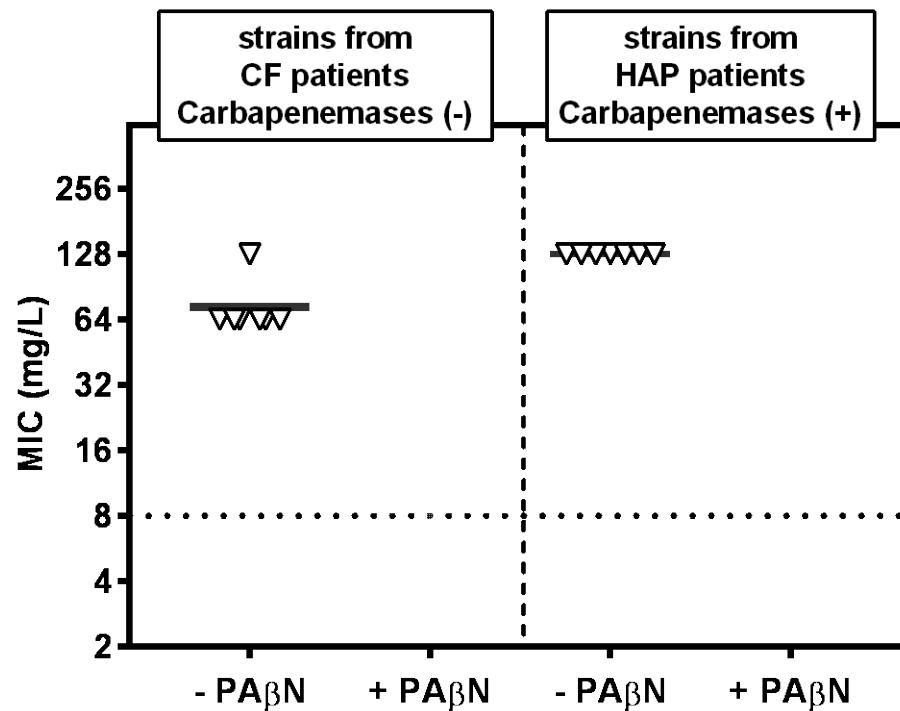
<sup>c</sup> Laboratoire de microbiologie, Cliniques universitaires Saint-Luc, Brussels, Belgium

<sup>d</sup> Laboratoire de microbiologie, Hôpital Erasme, Université libre de Bruxelles, Brussels, Belgium

<sup>e</sup> University Hospital Münster, Münster, Germany

# Efflux and high level resistance to carbapenems ?

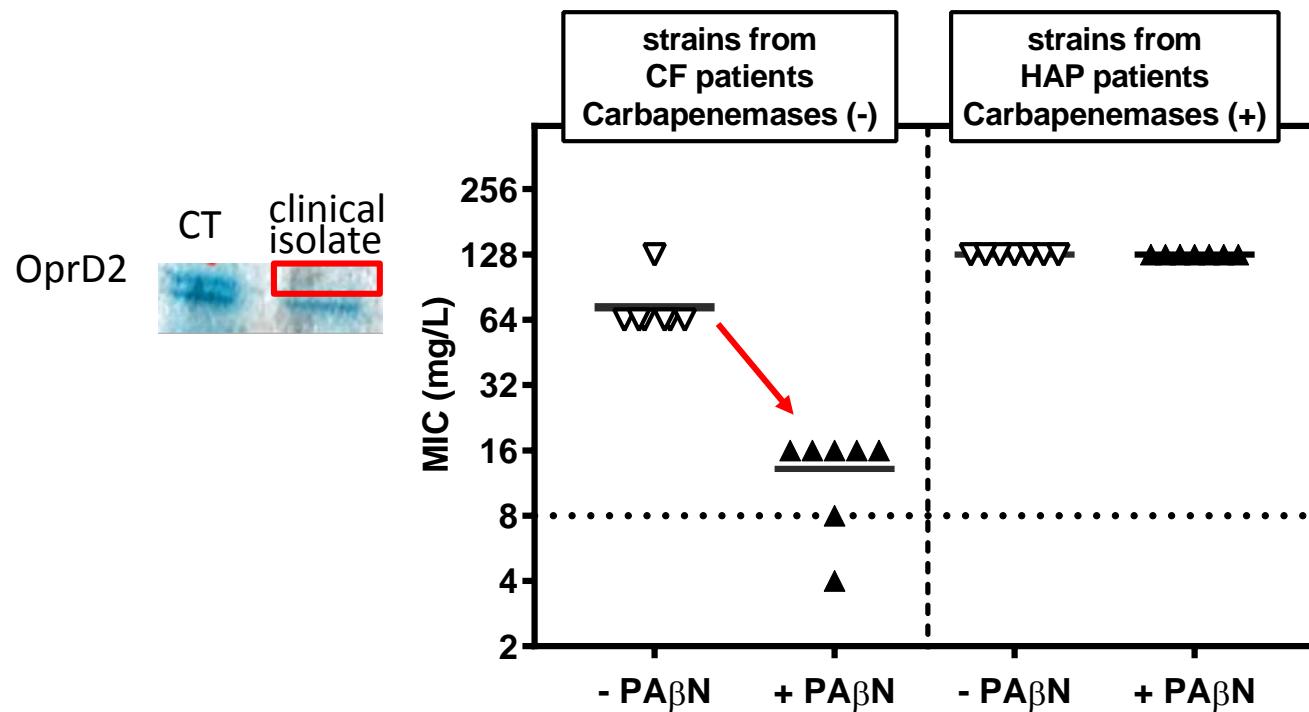
Elevated MICs to meropenem in CF isolates as in ICU isolates ....



High MIC in the absence of carbapenemases in CF isolates

# Efflux and high level resistance to carbapenems ?

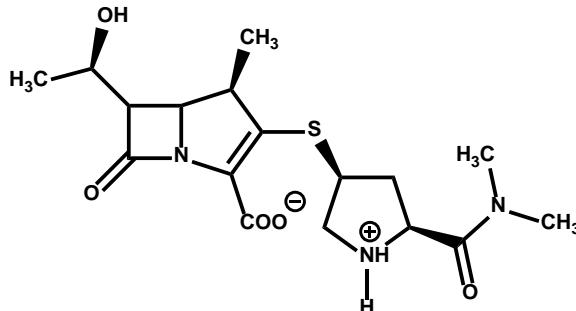
## Influence of a broad-efflux pump inhibitor



Active efflux + porin defect also confer high level resistance

# Efflux and high level resistance to carbapenems ?

## Meropenem, a broad spectrum antibiotic



- resistant to most ESBLs;  
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- often last resort

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Short Communication

High-level resistance to meropenem in clinical isolates of *Pseudomonas aeruginosa* in the absence of carbapenemases:  
role of active efflux and porin alterations <sup>☆</sup>



Hussein Chalhoub <sup>a</sup>, Yolanda Sáenz <sup>b</sup>, Hector Rodriguez-Villalobos <sup>c</sup>, Olivier Denis <sup>d</sup>,  
Barbara C. Kahl <sup>e</sup>, Paul M. Tulkens <sup>a</sup>, Françoise Van Bambeke <sup>a,\*</sup>

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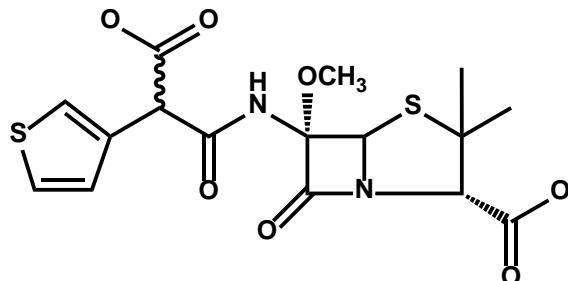
<sup>c</sup> Laboratoire de microbiologie, Cliniques universitaires Saint-Luc, Brussels, Belgium

<sup>d</sup> Laboratoire de microbiologie, Hôpital Erasme, Université libre de Bruxelles, Brussels, Belgium

<sup>e</sup> University Hospital Münster, Münster, Germany

# Efflux and intrinsic resistance to temocillin ?

## Temocillin, an 'old-revived' antibiotic



J Antimicrob Chemother 2012

doi:10.1093/jac/dkr543

Advance Access publication 3 January 2012

**Role of MexAB-OprM in intrinsic resistance of *Pseudomonas aeruginosa* to temocillin and impact on the susceptibility of strains isolated from patients suffering from cystic fibrosis**

Julien M. Buyck<sup>1</sup>, Sophie Guénard<sup>2</sup>, Patrick Plésiat<sup>2</sup>,  
Paul M. Tulkens<sup>1</sup> and Françoise Van Bambeke<sup>1\*</sup>

- resistant to most ESBLs
- inactive on *P. aeruginosa*, but ...

## SCIENTIFIC REPORTS

OPEN

Received: 13 September 2016

Accepted: 01 December 2016

Published: 16 January 2017

**Mechanisms of intrinsic resistance and acquired susceptibility of *Pseudomonas aeruginosa* isolated from cystic fibrosis patients to temocillin, a revived antibiotic**

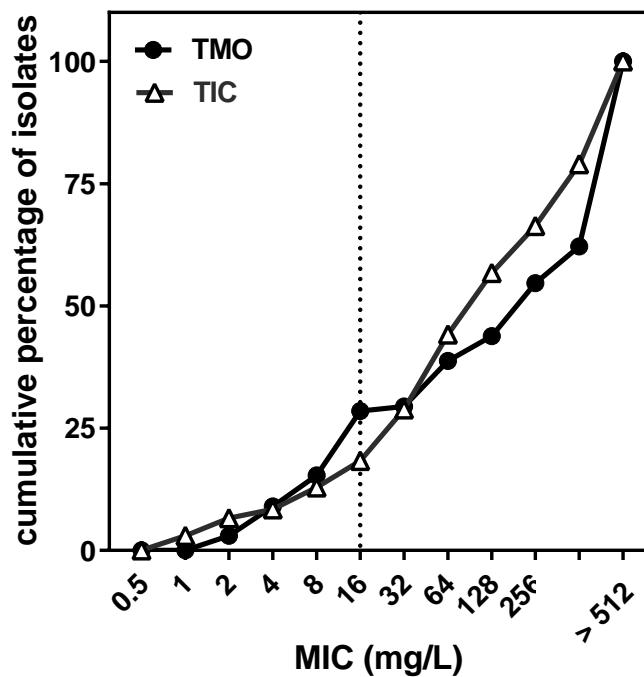
Hussein Chalhoub<sup>1</sup>, Daniel Pletzer<sup>2,\*†</sup>, Helge Weingart<sup>2</sup>, Yvonne Braun<sup>2</sup>, Michael M. Tunney<sup>3</sup>, J. Stuart Elborn<sup>3</sup>, Hector Rodriguez-Villalobos<sup>4</sup>, Patrick Plésiat<sup>5</sup>, Barbara C. Kahl<sup>6</sup>, Olivier Denis<sup>7</sup>, Mathias Winterhalter<sup>2</sup>, Paul M. Tulkens<sup>1</sup> & Françoise Van Bambeke<sup>1</sup>

# Efflux and acquired susceptibility to temocillin

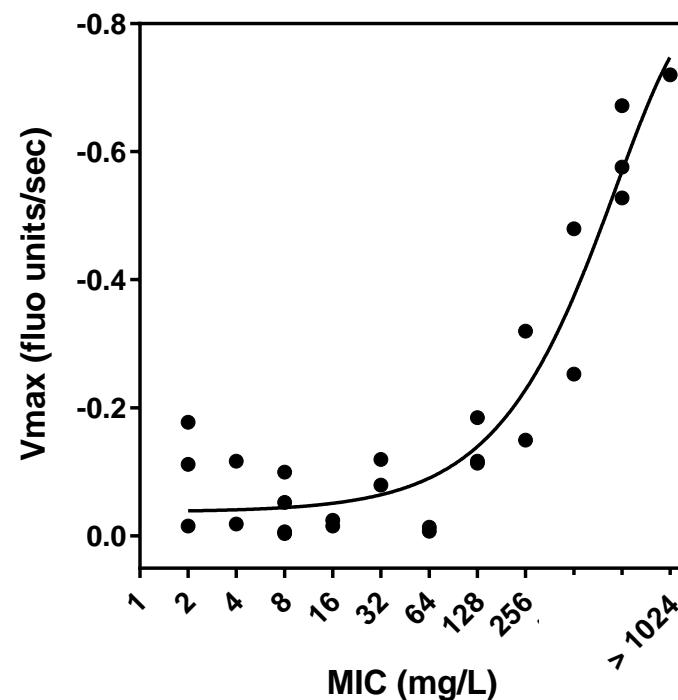
Strain/genotype	MIC (mg/L)
PAO1	256
PAO1 $\Delta$ mexAB-oprM	4

Correlation between TMO MICs and efflux speed of a MexAB substrate

Clinical relevance ?



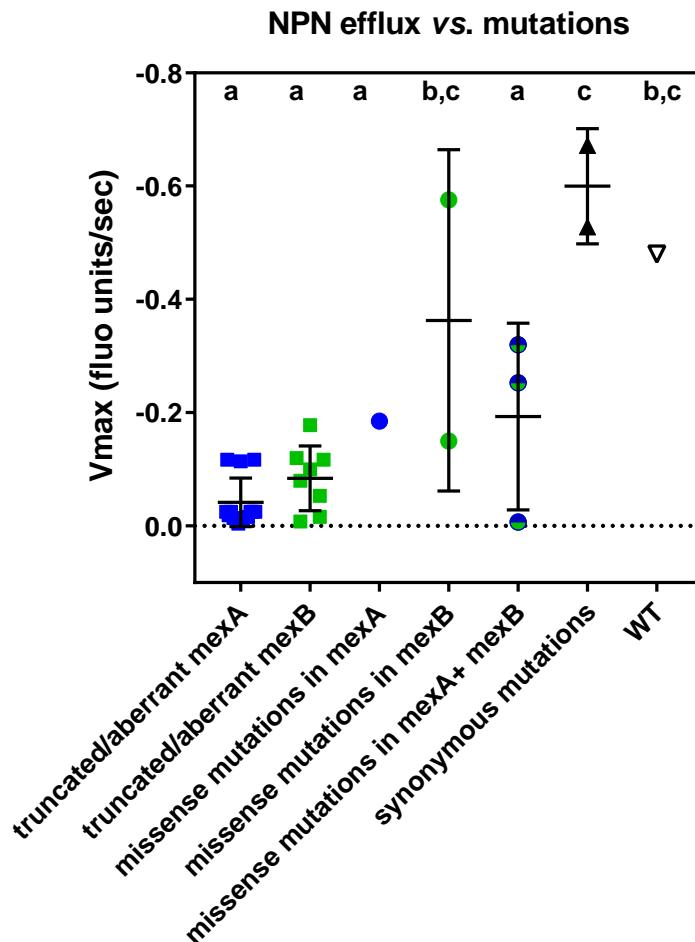
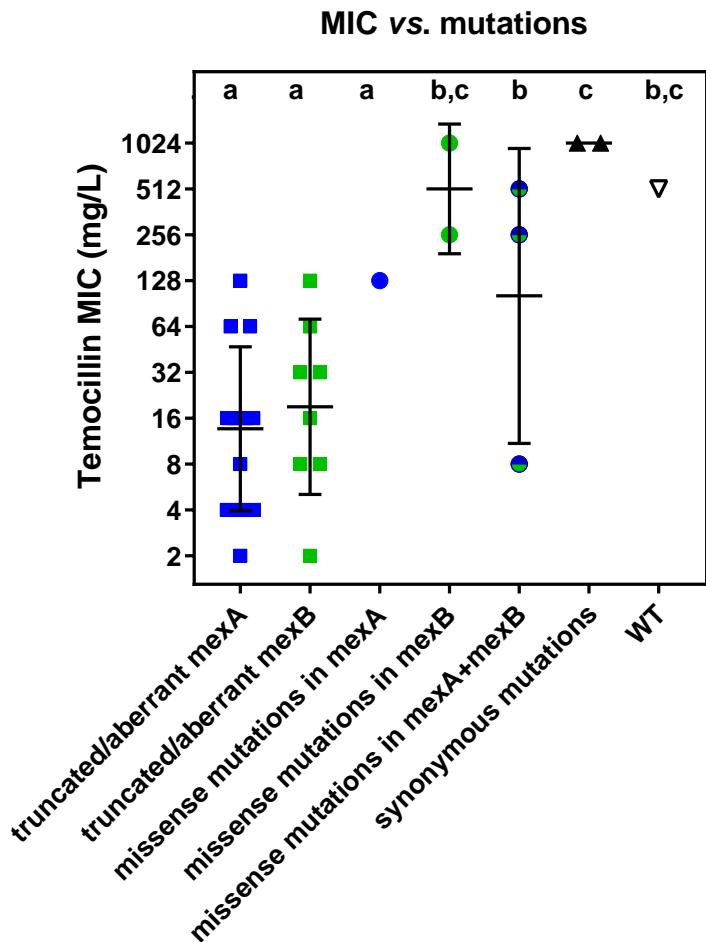
Kinetics of N-phenyl-1-naphthylamine efflux vs TMO MIC



# Efflux and acquired susceptibility to temocillin

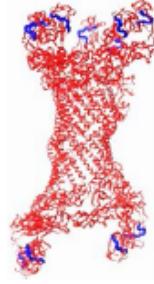
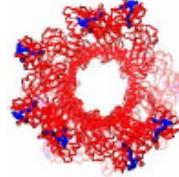
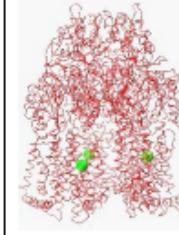
## Reason for altered efflux?

A non negligible proportion of CF isolates have natural mutations in efflux pumps restoring TMO activity



# Efflux and acquired susceptibility to temocillin

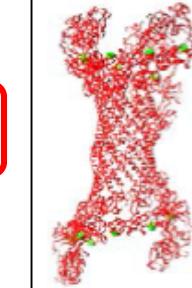
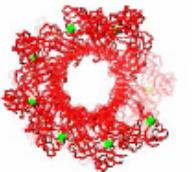
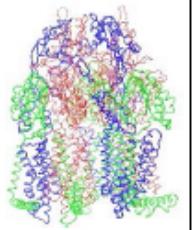
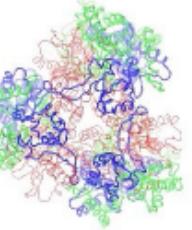
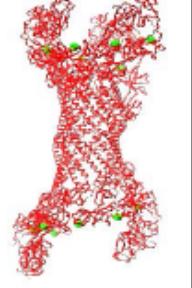
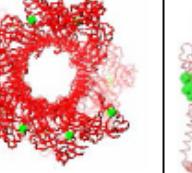
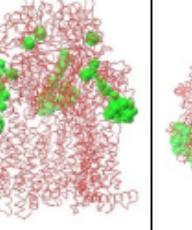
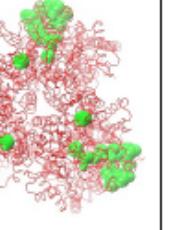
## Isogenic isolates collected from patients in different countries

Isolates	Patient ID, country and date of collection	TMO MIC (mg/L)	Protein length (AA)		Encoded MexA		Encoded MexB	
			MexA	MexB	Side view	Top view	Side view	Top view
AG3	JP, UK (May 2006)	8	372	1046			Synonymous mutations	
128	DAF69, Belgium (Oct. 2010)	1024	383	1046	Synonymous mutations			
129-6	129, Germany (July 2012)	1024	383	1046	Synonymous mutations		Synonymous mutations	

Diversity of mutations in isogenic isolates ...

# Efflux and acquired susceptibility to temocillin

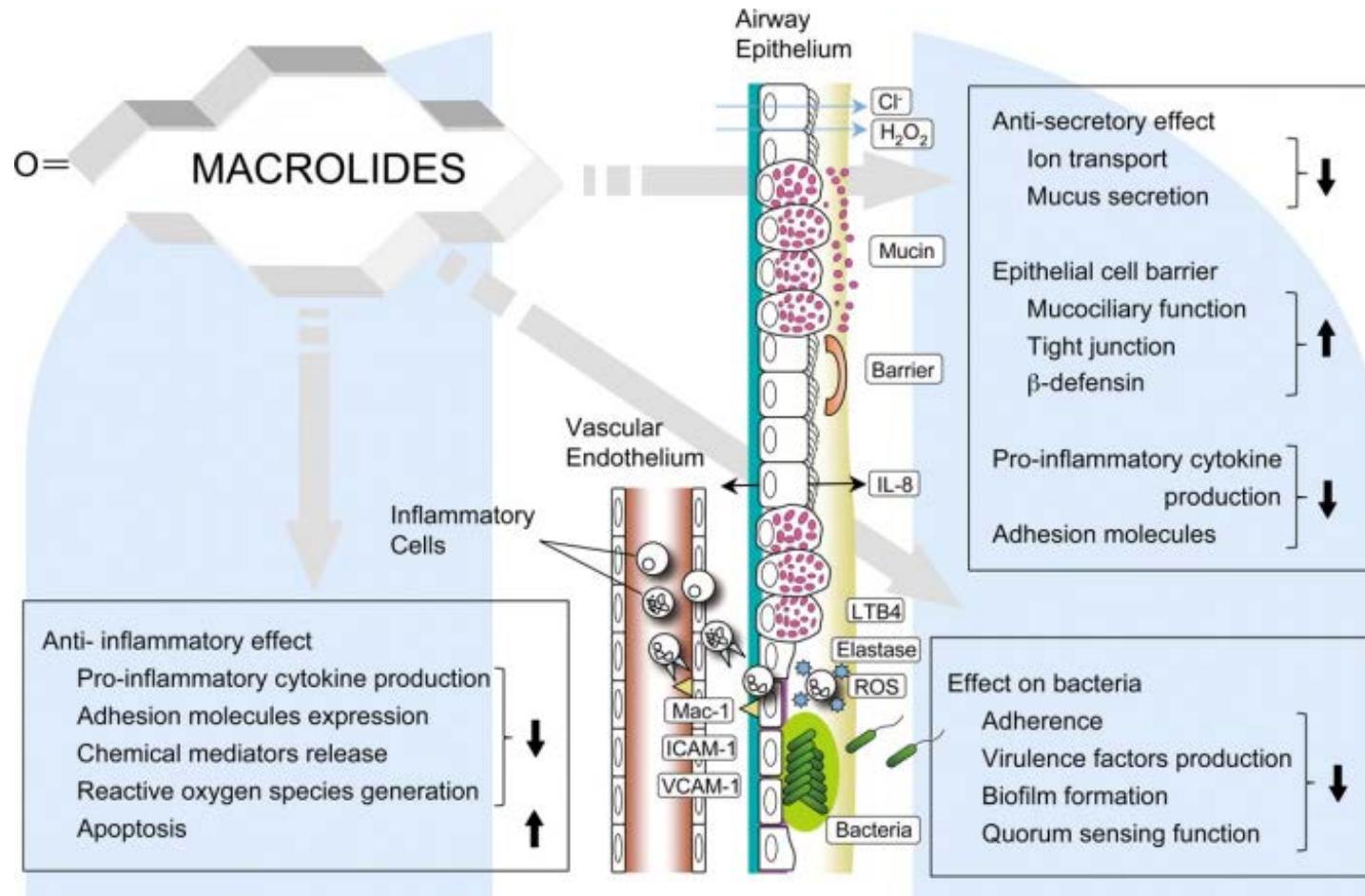
Isogenic isolates collected from different patients in a single country

Isolates	Patient ID, country and date of collection	TMO MIC (mg/L)	Protein length (AA)		Encoded MexA		Encoded MexB	
			MexA	MexB	Side view	Top view	Side view	Top view
135-1	135, Germany (July 2012)	8	383	719				
208-3	208, Germany (Aug. 2012)	256	383	1045				

Diversity of mutations in isogenic isolates ...

# Efflux and intrinsic / acquired resistance to macrolides

Macrolides are widely used in CF patients, although inactive on *P. aeruginosa*



Kanoh & Rubin; Clin. Microbiol. Rev. (2010) 23:590-615

# Efflux and intrinsic / acquired resistance to macrolides

Macrolides are widely used in CF patients, although inactive on *P. aeruginosa*... BUT...



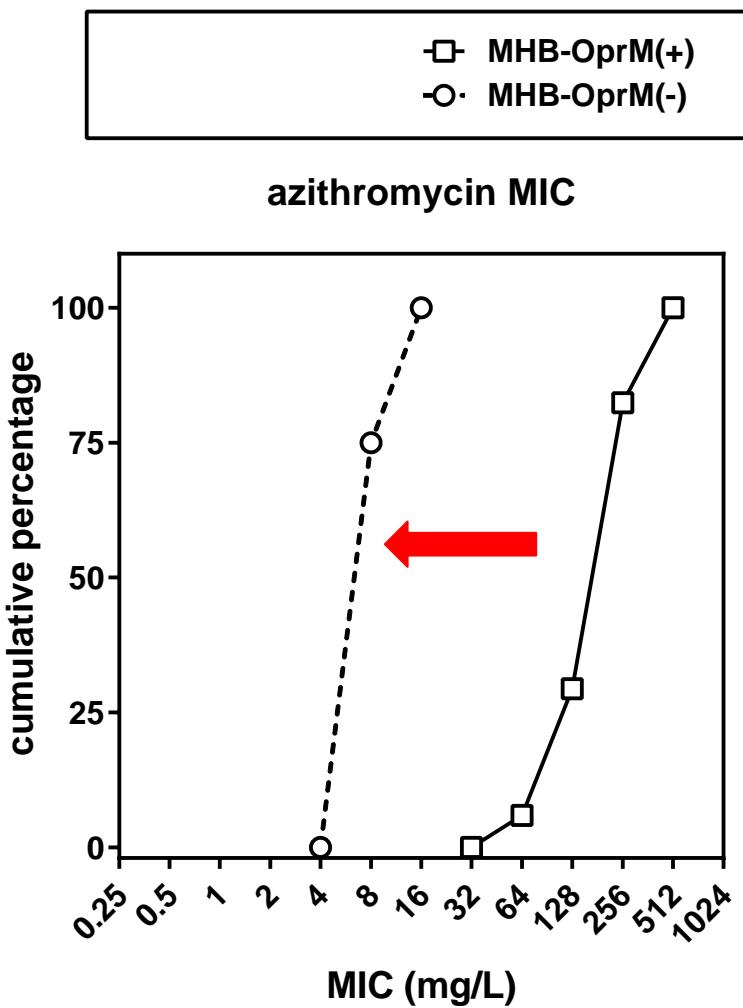
Eur Respir J 2017

ORIGINAL ARTICLE  
RESPIRATORY INFECTIONS

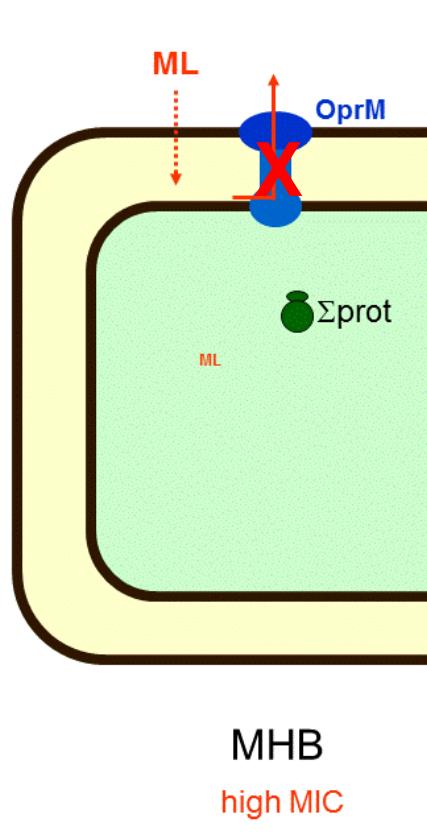
## Acquired resistance to macrolides in *Pseudomonas aeruginosa* from cystic fibrosis patients

Muhammad-Hariri Mustafa<sup>1,2</sup>, Shaunak Khandekar<sup>1</sup>, Michael M. Tunney<sup>3</sup>,  
J. Stuart Elborn<sup>3</sup>, Barbara C. Kahl<sup>4</sup>, Olivier Denis<sup>5</sup>, Patrick Plésiat<sup>6</sup>,  
Hamidou Traore<sup>2</sup>, Paul M. Tulkens<sup>1</sup>, Francis Vanderbist<sup>2</sup> and  
Françoise Van Bambeke<sup>1</sup>

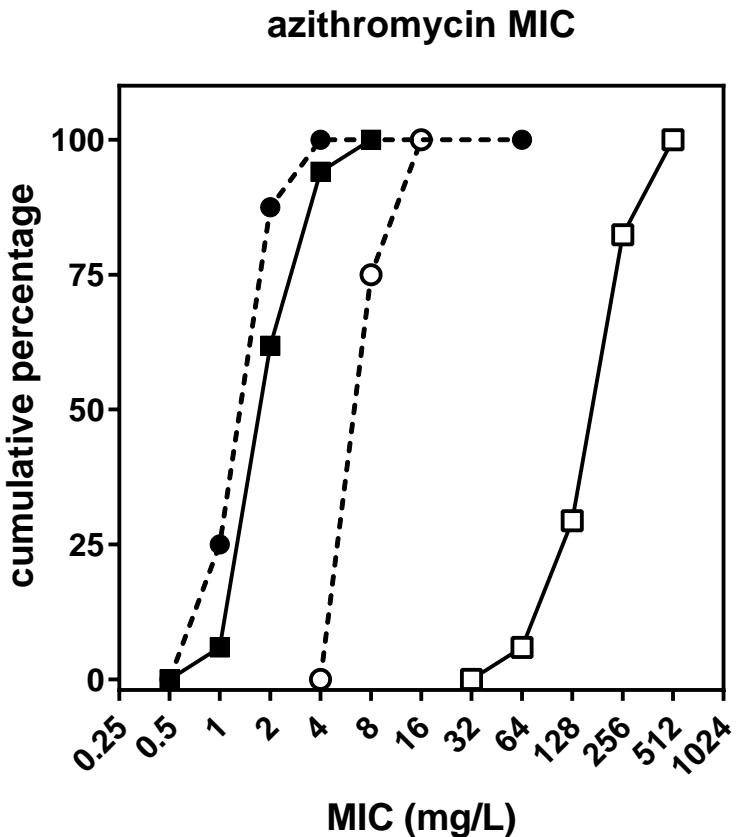
# Efflux and intrinsic / acquired resistance to macrolides



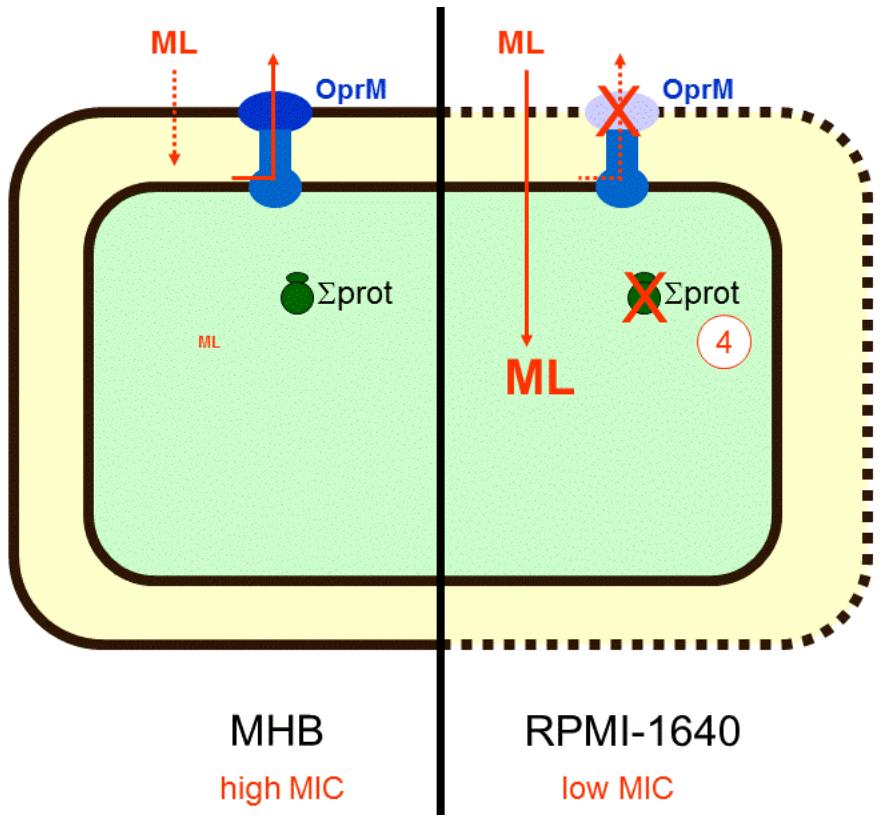
Macrolides inactive on *Pa*  
due to active efflux



# Efflux and intrinsic / acquired resistance to macrolides

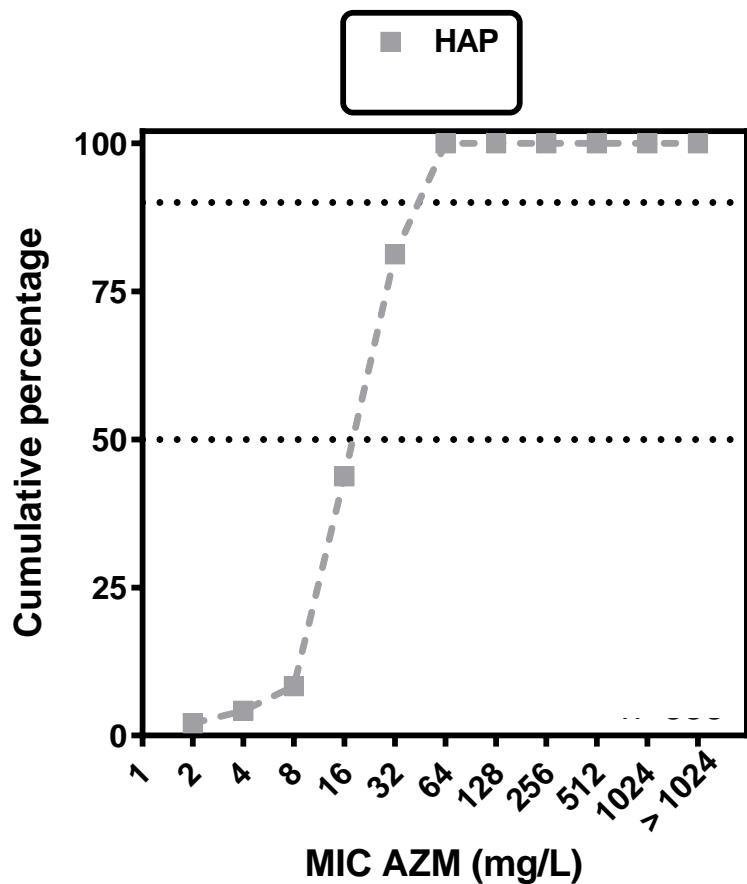


Activity recovered in RPMI-1640  
(eukaryotic cell culture medium)



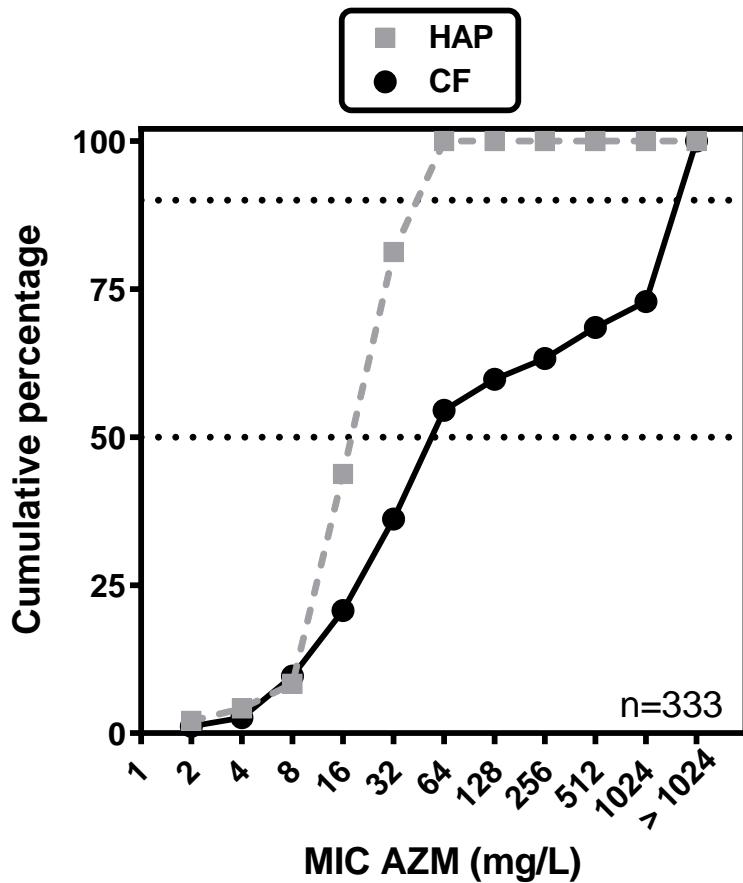
# Efflux and intrinsic / acquired resistance to macrolides

## Clinical relevance ?



# Efflux and intrinsic / acquired resistance to macrolides

## Clinical relevance ?



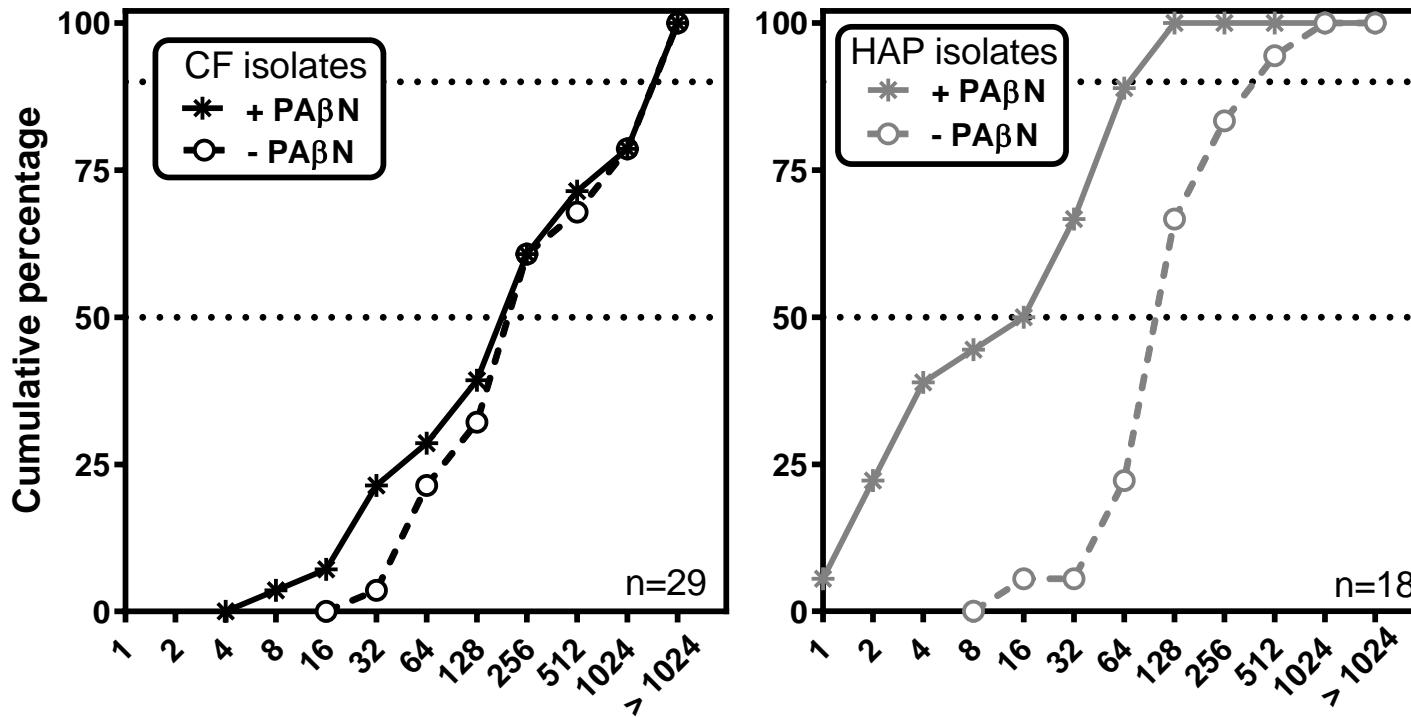
CF isolates more resistant  
to macrolides  
than HAP isolates...

MIC measured in RPMI-1640 + 10 % serum

Mustafa et al. Eur. Respir. J. 2017; 49:1601847

# Efflux and intrinsic / acquired resistance to macrolides

Why this difference between CF and HAP isolates ?

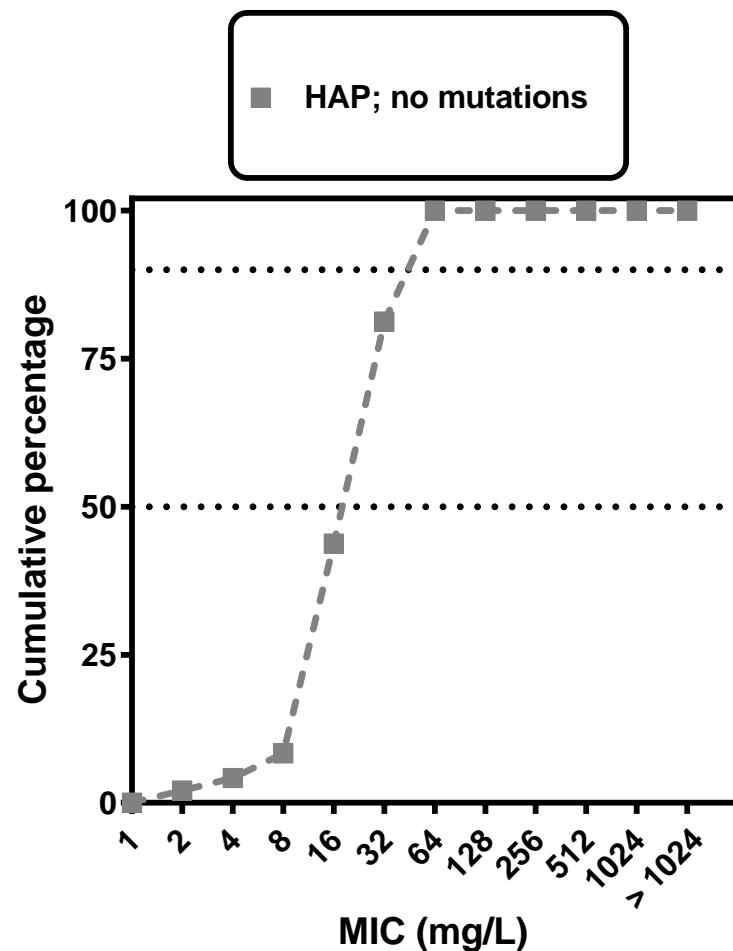
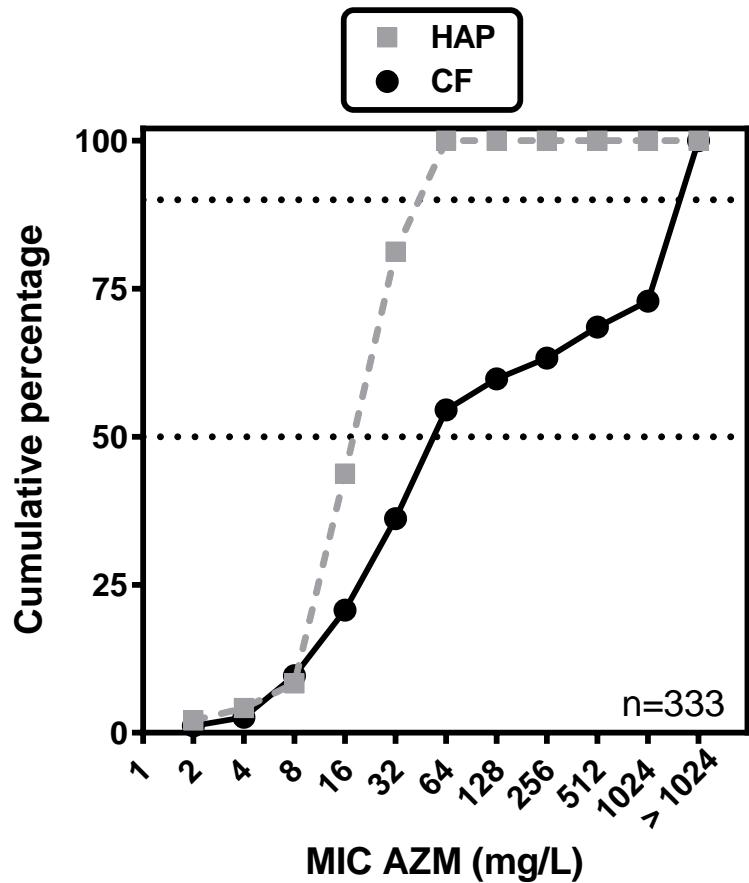


MIC reduced by efflux pump inhibitor in HAP isolates only

MIC measured in MHB-CA

# Efflux and intrinsic / acquired resistance to macrolides

## Ribosomal mutations ?

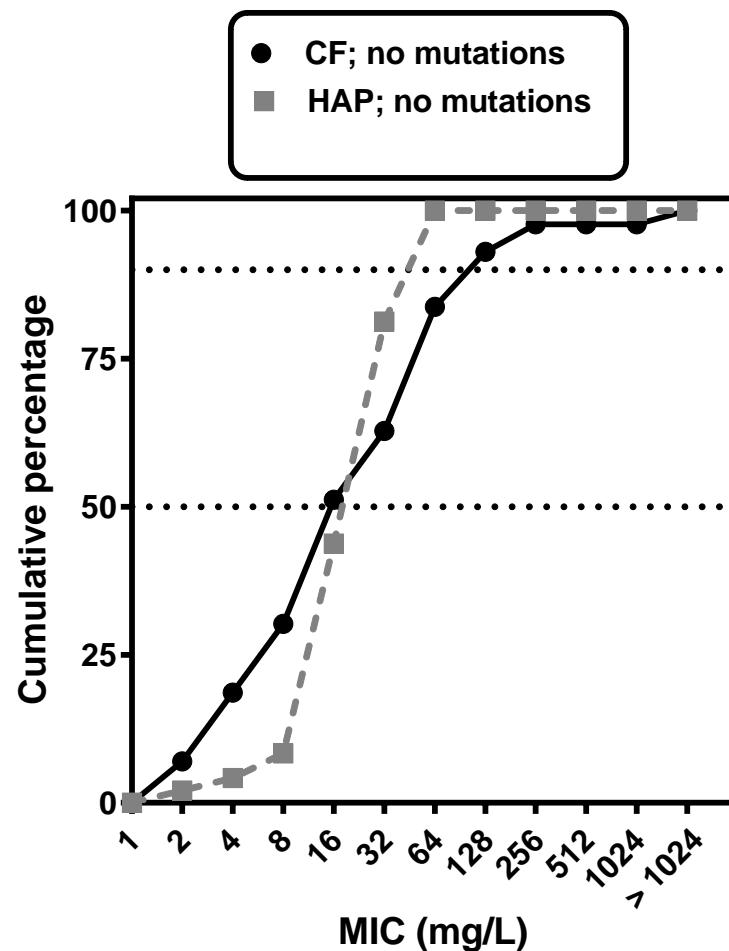
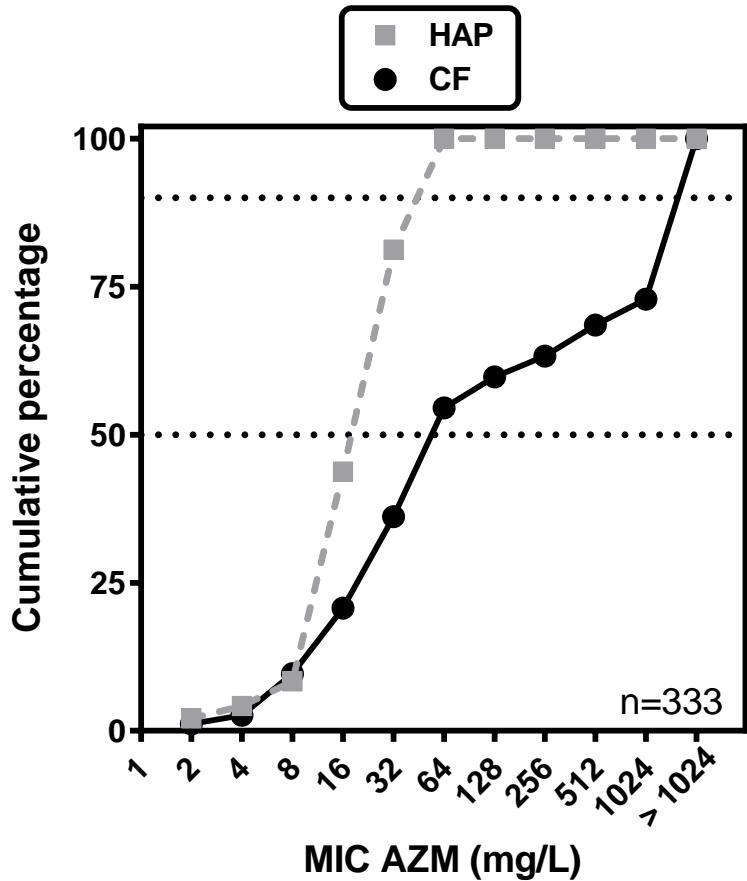


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Mustafa et al. Eur. Respir. J. 2017; 49:1601847

# Efflux and intrinsic / acquired resistance to macrolides

## Ribosomal mutations ?

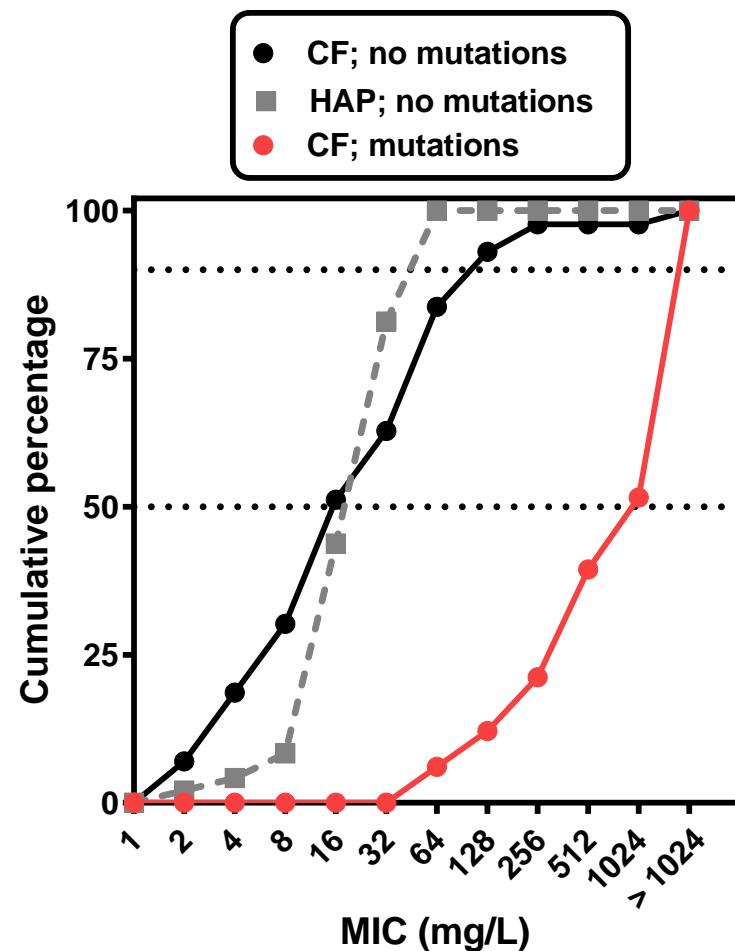
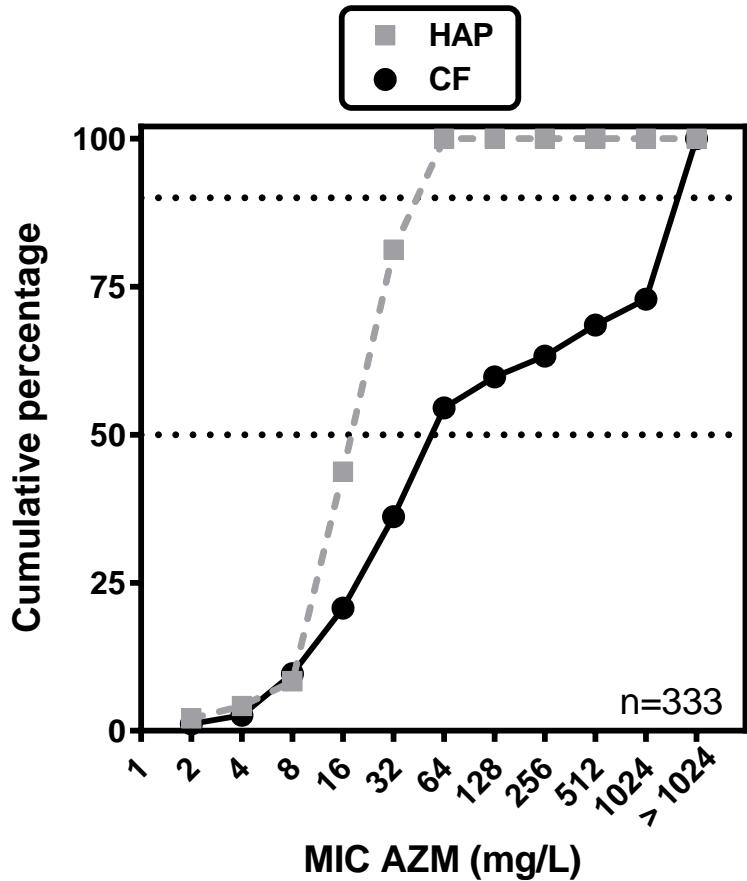


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# Efflux and intrinsic / acquired resistance to macrolides

## Ribosomal mutations ?



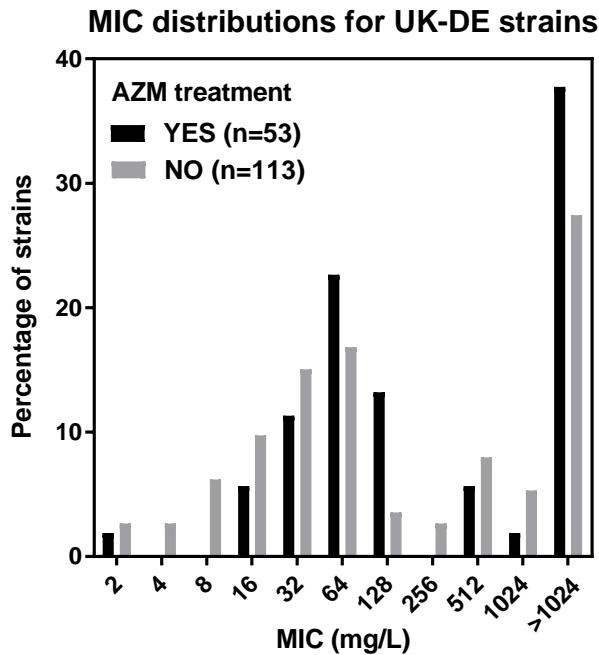
Active efflux may have selected for ribosomal mutations in patients exposed to macrolides ...

MIC measured in RPMI-1640 + 10 % serum

Mustafa et al. Eur. Respir. J. 2017; 49:1601847

# Efflux and intrinsic / acquired resistance to macrolides

## Link with macrolide use ?



Lower MICs in non AZM-treated patients  
Higher MICs in AZM-treated patients

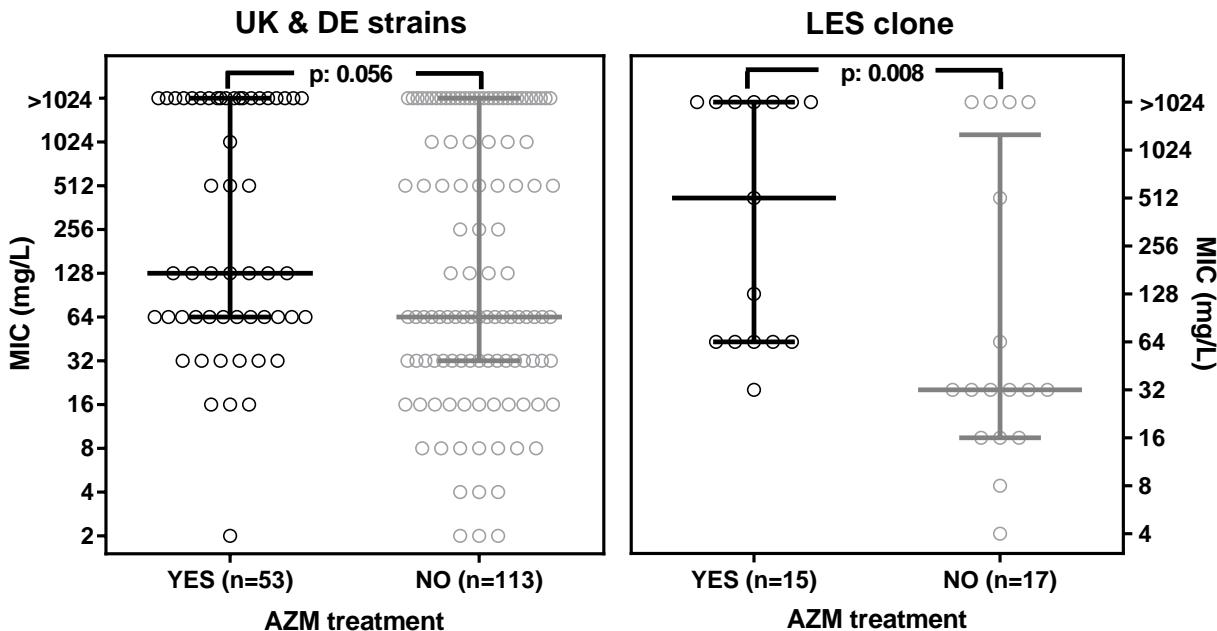
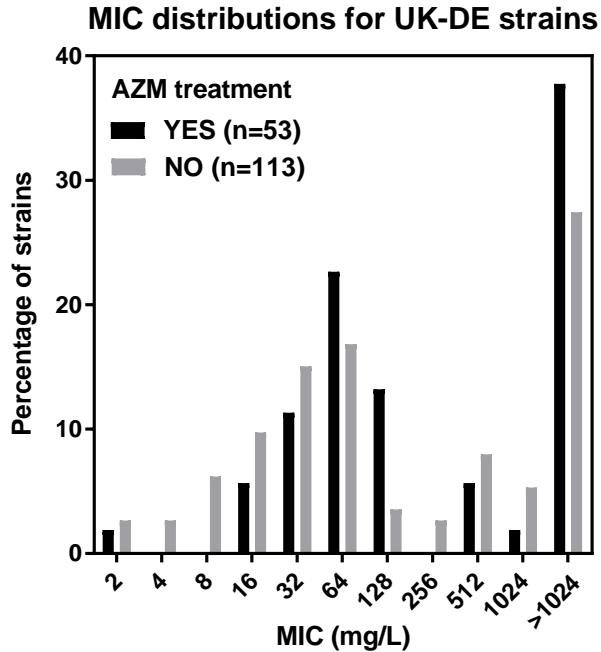
Parameter	$\chi^2$ tests		$\chi^2$ p value	
	AZM treatment			
	YES	NO		
MIC $\leq$ 32 mg/L	10/53	41/113	0.01	
MIC $>$ 1024 mg/L	20/53	31/113	0.08	

MIC measured in RPMI-1640 + 10 % serum

Mustafa et al. Eur. Respir. J. 2017; 49:1601847

# Efflux and intrinsic / acquired resistance to macrolides

## Link with macrolide use ?



Parameter	$\chi^2$ tests		$\chi^2$	p value
	AZM treatment YES	AZM treatment NO		
MIC $\leq$ 32 mg/L	10/53	41/113	0.01	
MIC $>$ 1024 mg/L	20/53	31/113	0.08	

Parameter	statistics on MIC (mg/L) values (95% CI)	
	AZM treatment YES	AZM treatment NO
Median	128 (64-2048)	64 (64-512)
Geom. mean	246 (146-416)	141 (95-210)

Parameter	statistics on MIC (mg/L) values (95% CI)	
	AZM treatment YES	AZM treatment NO
Median	512 (64-2048)	32 (16-512)
Geom. mean	370 (140-979)	74 (25-225)

AZM treatment associated with resistance  
(significant in clonal isolates)

MIC measured in RPMI-1640 + 10 % serum

Mustafa et al. Eur. Respir. J. 2017; 49:1601847

07/06/2018

ECSF 2018 - Belgrade

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# Conclusions

- Resistance in CF pathogens may proceed from other mechanisms than in isolates from other origins:  
**other clones, other evolution ....**
- Efflux can play a preponderant role in acquired/intrinsic resistance to antibiotics and help to select for other resistance mechanisms  
**(target mutations)**
- Mutations in efflux systems may also confer “**acquired susceptibility**” !



- Resistance in CF is complex
- Adaptability plays a key role !

New ways of thinking are needed...



# Acknowledgements



Cartoons: L. Desloover