

Abstract

Objectives: Colistin (CST) causes bacterial lysis by causing changes in membrane fluidity and permeability. To better assess its selectivity towards bacteria vs. eukaryotic cells, we directly compared CST, its prodrug colistin methanesulfonate (CMS) and polymyxin B (PMB) for bacterial killing, cell toxicity and membrane permeabilization.

Methods: Bacterial killing: 4 strains of *Pseudomonas aeruginosa* (*P.a.*) with distinct resistance phenotypes (See table). Cytotoxicity: lactate dehydrogenase (LDH) release and apoptosis in murine J774, human THP-1 macrophages and porcine renal LLC-PK1 cells, with drug uptake measured by LCP-MS. Membrane permeabilization: release of calcein (self quenched fluorescence tracer) from liposomes with composition mimicking the eukaryotic cell membrane.

Results: CST (I) was bactericidal (3 log₁₀ cfu decrease) for 3 strains but at higher concentrations than the reported steady state C_{max}; (II) showed onset of cytotoxicity (10% LDH release) at concentration > 20 x higher than the MIC (but 5-10 x higher than the bactericidal concentration) for macrophages, and much larger for renal cells (III) did not permeabilize liposomes. CMS was less potent but showed similar cytotoxicity (due to fast conversion in CST). PMB was more potent but also more cytotoxic (with an approximately 5 x larger accumulation in cells) and destabilized liposomes. Apoptosis was not detected for any compound (positive control: gentamicin).

Conclusions: Colistin showed a large safety margin in the models used if considering MIC but the larger doses needed to obtain a bactericidal effect may reduce it. This model can be used for screening novel derivatives of colistin or polymyxin B.

Background and Aim

The worldwide increase in antibacterial resistance among Gram-negative bacteria is a serious threat to the management of the infections caused particularly by multi-drug resistant organisms, including *Acinetobacter baumannii* and *Pseudomonas aeruginosa* (1).

In this context, colistin, a polypeptide antibiotic (see the structure in the left) available since 1960s is now increasingly used for treatment of patient suffering from infections caused by MDR-GNB(2)

Colistin is a peptide antibiotic comprising two main components, colistin A (polymyxin E1) and colistin B (polymyxin E2) (1) and it is administered in the form of colistin methanesulfonate (CMS), a prodrug of colistin that is less toxic than colistin itself but is quickly hydrolyzed into colistin both *in vivo* and *in vitro*.

According to CLSI (3) and EUCAST (4) the clinical breakpoint for colistin for *P. aeruginosa* and *A. baumannii* is defined as ≤ 4 mg/L.

Considering these facts we were interested to compare antimicrobial activity to cytotoxicity using *P. aeruginosa*, different cultured cell lines and liposomes mimicking eukaryotic cell membranes.

Methods

Bacterial susceptibility and kill-curves: *P. aeruginosa* strain ATCC PAO1 was used as reference. Clinical isolates resistant to ciprofloxacin (PA50) and aminoglycosides (PA117), as well as multi-drug resistant (PA434) were also used. MICs were measured by microdilution in cation adjusted Mueller-Hinton broth (MHB; pH 7.4, 24 h). For kill-curves, bacteria (10⁸ CFU/mL) were cultivated in MHB in presence of increasing concentration of antibiotics for 24 h.

Measurement of necrosis: Necrosis was assessed by measuring the amount of the lactate dehydrogenase activity released in the medium (5).

Measurement of apoptosis: Apoptosis (J774 macrophages, THP-1 macrophages, LLC-PK1 cells) was assessed in incubated cells by staining with DAPI and counting of fragmented nuclei (5, 6).

Assessment of membrane permeabilization: Membrane permeabilization was assessed by measuring the amount of calcein (a self quenched fluorescence tracer) released from the liposome with composition mimicking eukaryotic cell membrane (7).

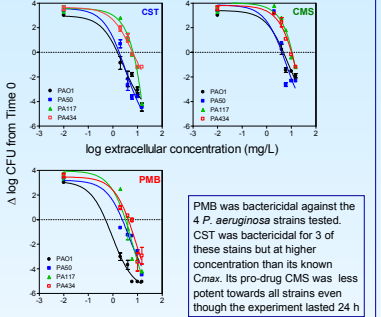
Drug accumulation: Human THP-1 cells were incubated with CST, CMS, PMB (25 mg/L) for 24h at 37°C and the intracellular antibiotic content was then measured by mass spectrometry.

Acknowledgements

D.D. and J.B. are post-doctoral fellows of the Belgian Fonds de la Recherche Scientifique (F.R.S.-FNRS) and of the Région Wallonne, respectively. F.V.B. *Maitre de recherches* of the Belgian F.R.S.-FNRS. We thank M.C. Cambier for help with cell cultures and M. Vergaeren for excellent and constant technical assistance. This work was supported by the Belgian *Fonds de la Recherche Scientifique Médicale* (FRSM) and with a grant-in-aid from Bophar International b.v., Puurs, Belgium

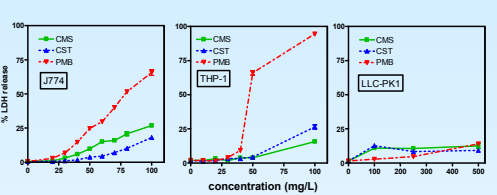
Results

P. aeruginosa killing induced by CMS, CST and PMB in MHB



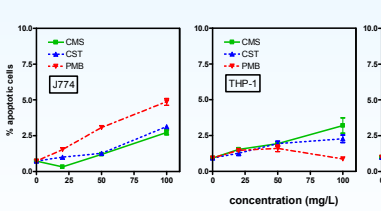
PMB was bactericidal against the 4 *P. aeruginosa* strains tested. CST was bactericidal for 3 of these strains but at higher concentration than its known C_{max}. Its pro-drug CMS was less potent towards all strains even though the experiment lasted 24 h

Necrosis induced by CMS, CST and PMB in murine J774 macrophages, human THP-1 macrophages and porcine renal LLC-PK1 cells (24 h incubation)



Neither CST nor its prodrug CMS caused severe necrosis in J774 and THP-1 macrophages compared to PMB (the latter caused massive LDH release in both cells, reaching ~100% in THP-1 cells at 100 mg/L). In contrast, LLC-PK1 cells proved very resistant to all 3 drugs, even when tested at much larger concentrations (up to 500 mg/L). Of note, the cellular accumulation of polymyxin B (measured at an extracellular concentration of 25 mg/L (i.e. in the absence of necrosis) was systematically about twice that of colistin.

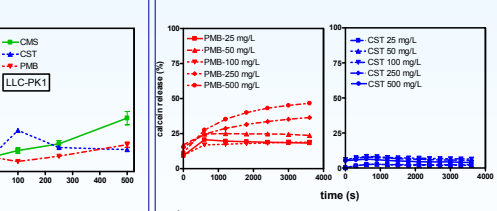
Apoptosis induced by CST, CMS and PMB in murine J774 macrophages, human THP-1 macrophages and porcine renal LLC-PK1 cells (24 h incubation)



With this protocol, gentamicin is known to cause apoptosis up to 20-25 % of apoptosis in J774 and LLC-PK1 cells (see ref. 8 and Denamur et al. ECCMID 2007). In contrast, all values here were considerably lower. A clear-cut effect-concentration relationship was seen for PMB with J774 macrophages, but not for THP-1 cells where a max. was reached at 50 mg/L, followed by a decline at larger concentrations (perhaps in relation to the massive necrosis). CST and CMS had less effect (but no decline in THP-1 cells). LLC-PK1 cells showed much resistance to PMB and CST, with tendency concentration-dependent effect for CMS.

Please, note that all those changes are actually minimal, involving max. 5 % of cells.

Membrane permeabilization from liposome with composition mimicking eukaryotic cell membrane (*)



* Phosphatidylcholine:phosphatidylethanolamine:sphingomyelin:phosphatidylinositol:cholesterol=4:4:3:1:1
 100% release: exposure to 0.05% Triton-X-100

PMB destabilized the liposomes with ~50% of calcein release after 1h at higher concentrations. In contrast, CST caused only minimal changes with no or little progression over time.

Conclusions

Colistin is considerably less cytotoxic compared to PMB and, interestingly enough, showed a wide safety range considering its MIC.

PMB was more potent than CST, which means that the larger doses of CST required to obtain a bactericidal effect should also be considered prior its use in terms of toxic potential

The lower cytotoxicity of CST vs. PMB could be due to its lower accumulation. However, a higher intrinsic toxicity of PMB must also be considered in view of the results obtained with liposomes (membrane destabilizing effect).

CMS was less potent against bacteria than CST although supposedly fully converted into CST during the time of the experiment, but showed almost a similar cytotoxicity.

This model can be used for screening novel derivatives of colistin or polymyxin B and could be used also to design appropriate animals studies comparing the toxicity of CST to its antibacterial activity.

References

- Plachouras et al. Antimicrob Agents Chemother (2009) 53:3430-6
- Li et al. Lancet Infect. Dis. (2006) 6:589-91
- Clinical and Laboratory Standards Institute. 16th International supplement. Document M100-S16 (2006).
- European Committee on Antimicrobial Susceptibility Testing. 19th June (2008).
- Servais et al. Antimicrob Agents Chemother (2006) 50:1213-21
- Servais et al. Toxicol Appl Pharmacol (2005) 206:321-33
- Domenech et al. Biochimica et Biophysica Acta (2009) 1788: 1832-40.
- Servais et al. Antimicrob Agents Chemother. 2006 Apr;50(4):1213-21.

Colistin Sulfate

