



DETECT & DISSOLVE
BIOFILM MATRIX

UCL
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de Louvain

Activity of combinations of an enzymatic cocktail (CDD) with antibiotics against biofilms of clinical isolates of ESKAPE pathogens

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There is no Escape from the ESKAPE Pathogens

“ESKAPE” Pathogens

- ❖ *Enterococcus faecium*
- ❖ *Staphylococcus aureus*
- ❖ *Klebsiella pneumoniae*
- ❖ *Acinetobacter baumannii*
- ❖ *Pseudomonas aeruginosa*
- ❖ *Enterobacter species*

DEVICE-RELATED INFECTIONS

Ventricular derivations

Oro-tracheal tubing

Vascular central

Prosthetic cardiac valves
and pacemakers

Peripheral vascular

Urinary catheters

Orthopedic prosthesis

CHRONIC INFECTIONS

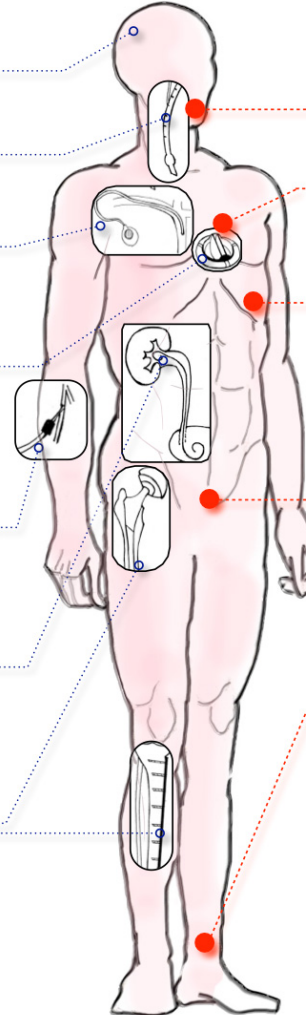
Oral infections

Endocarditis

Cystic fibrosis

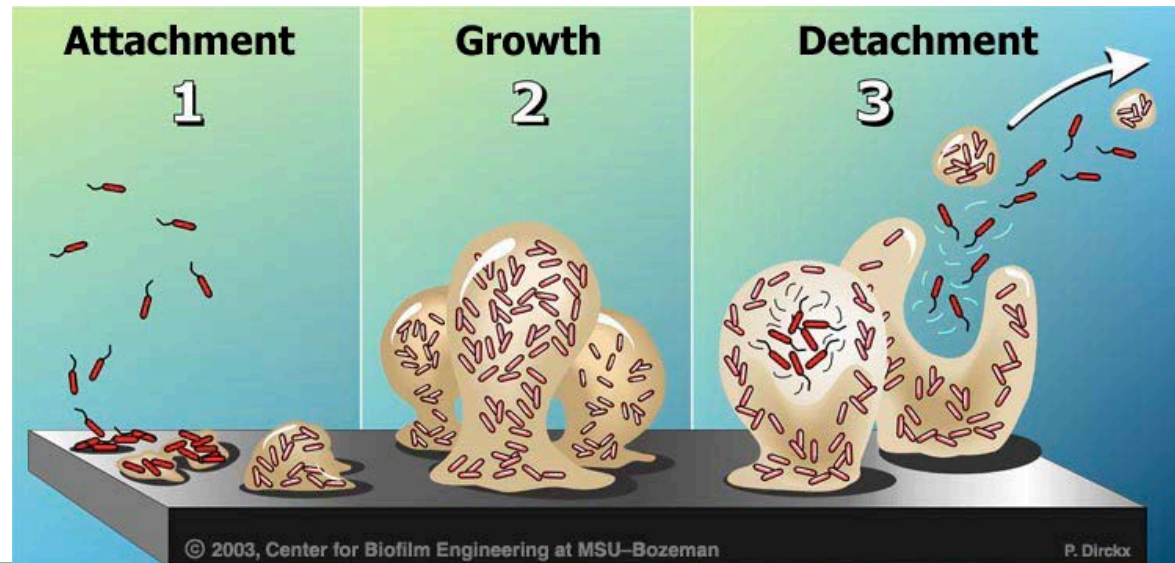
Urinary tract infections

Chronic wounds



Biofilms facts

- 99% of bacteria grow as aggregated, sessile communities (biofilm)
- Bacteria within biofilm are highly protected and highly resistant to antibacterial treatments (up to 1000 times more resistant to antibiotics than planktonic bacteria)
- Bacteria within biofilm are genetically different than bacteria in the planktonic state
- NIH estimates more than 80% of infections in humans are caused by microbial biofilm.



Current therapy and prophylaxis of Biofilm Infections

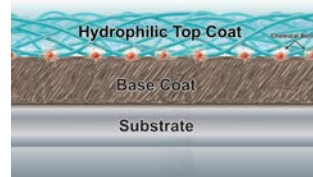
Physical and surgical methods: in cases of infected medical devices, removal of the device is often necessary to treat the infection.



Antimicrobial therapy: poor access
 β -lactams, fluoroquinolones, aminoglycoside,



Preventing microbial attachment



Goal of the study

Develop a new enzymatic combination to specifically restore activity of antibiotics and eradicate ESKAPE biofilm.



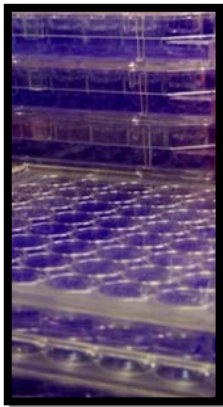
Methods



***In vitro* static biofilm model**

Assessment of enzymatic activity against Biofilm matrix

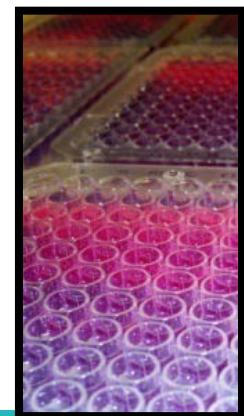
Crystal violet assay



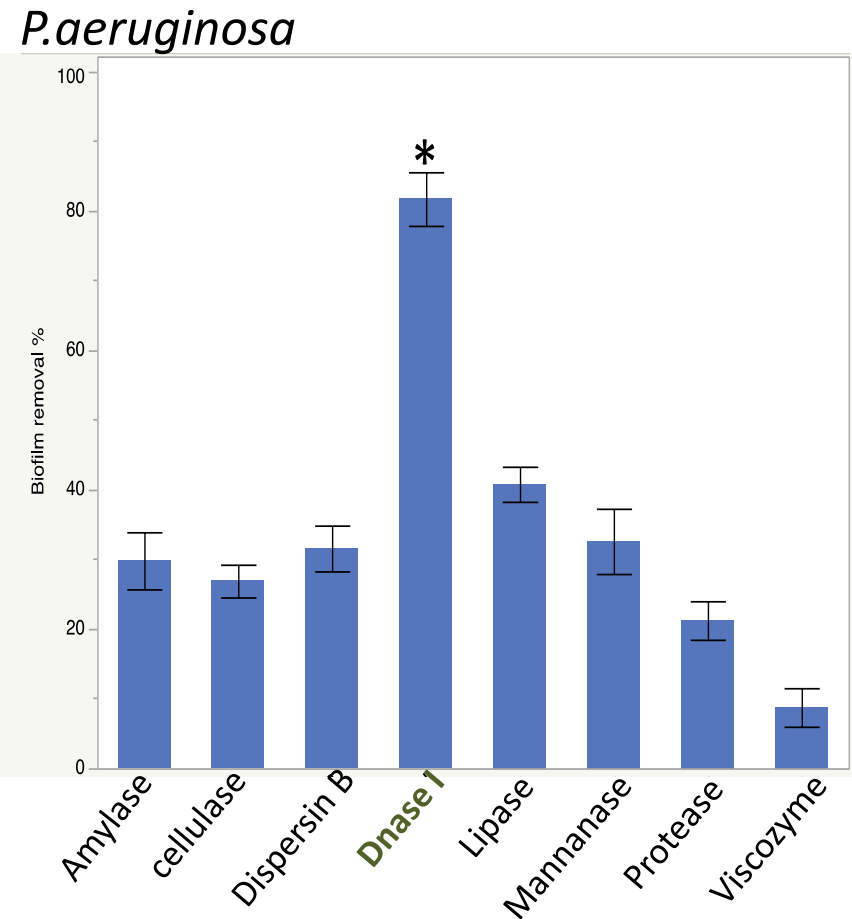
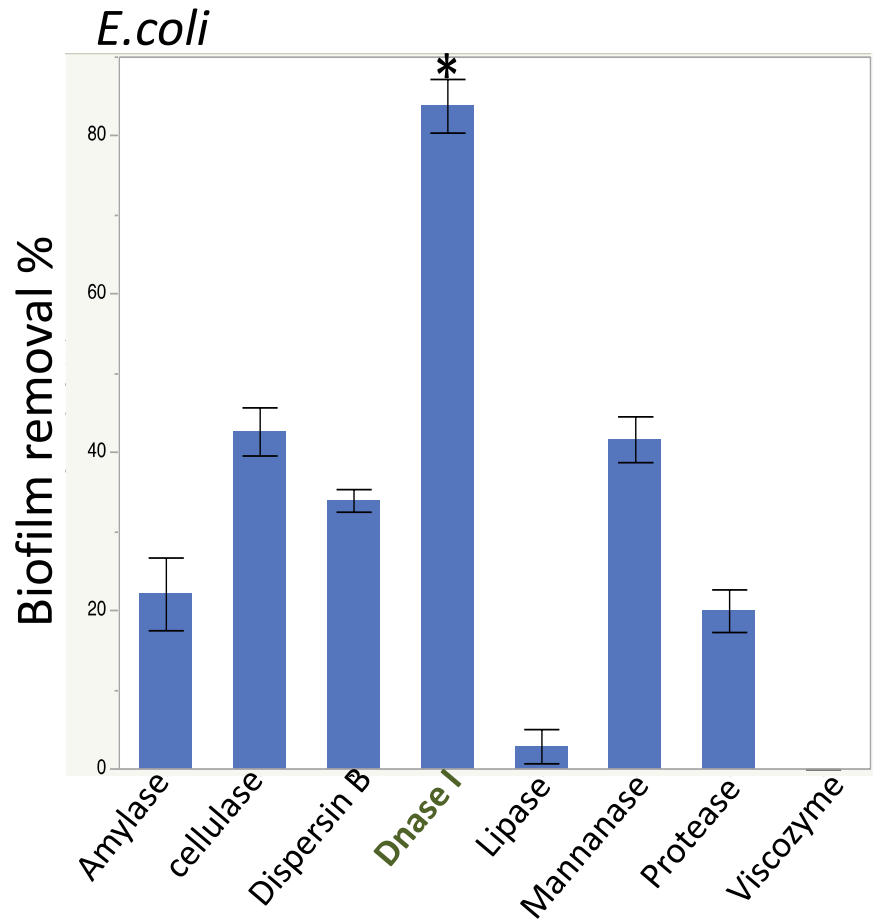
***Ex vivo* biofilm model:
Human urinary catheter**

Assessment of enzymes-antibiotics activity against bacterial viability

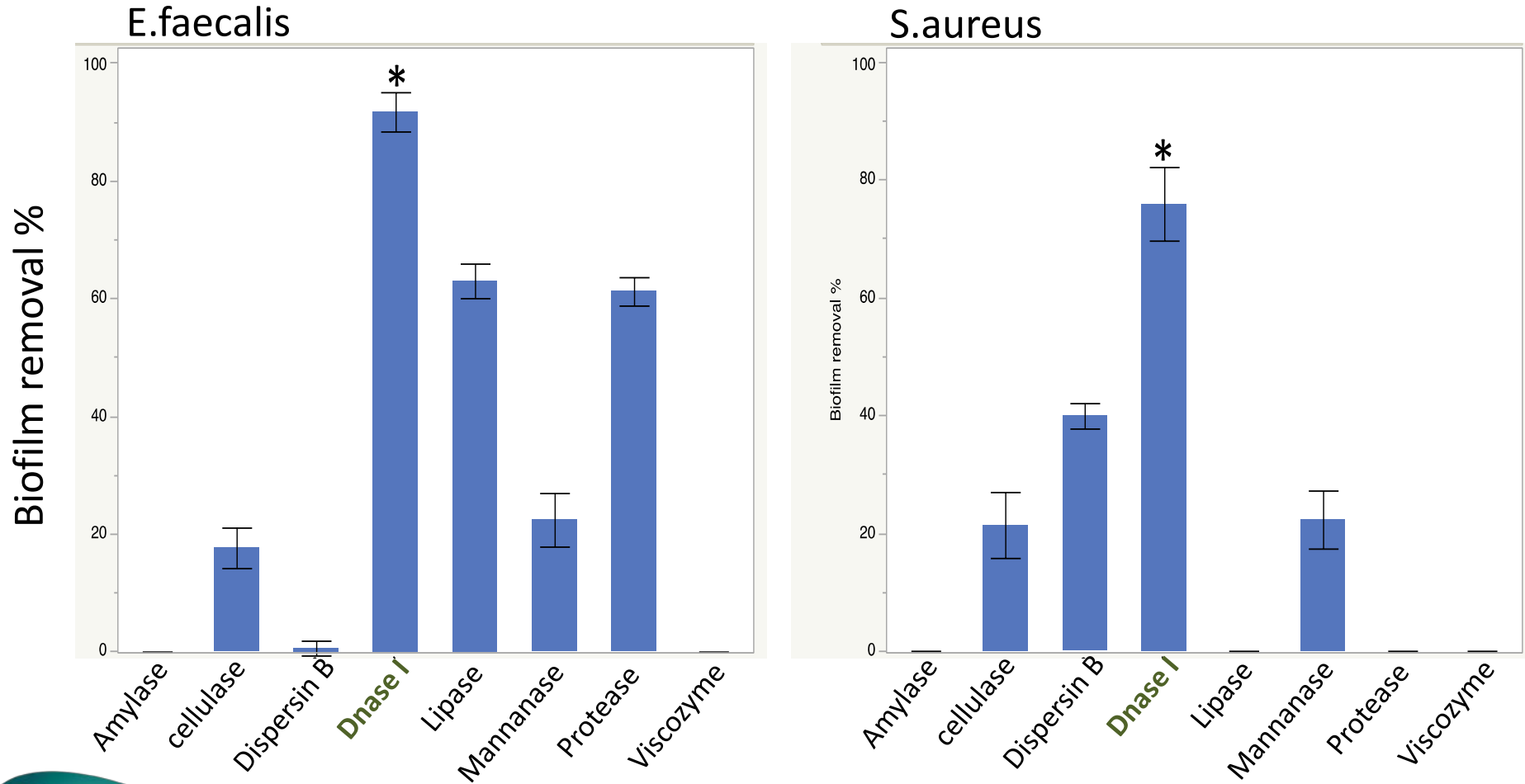
Resazurin assay



Design of a broad spectrum enzymatic cocktail

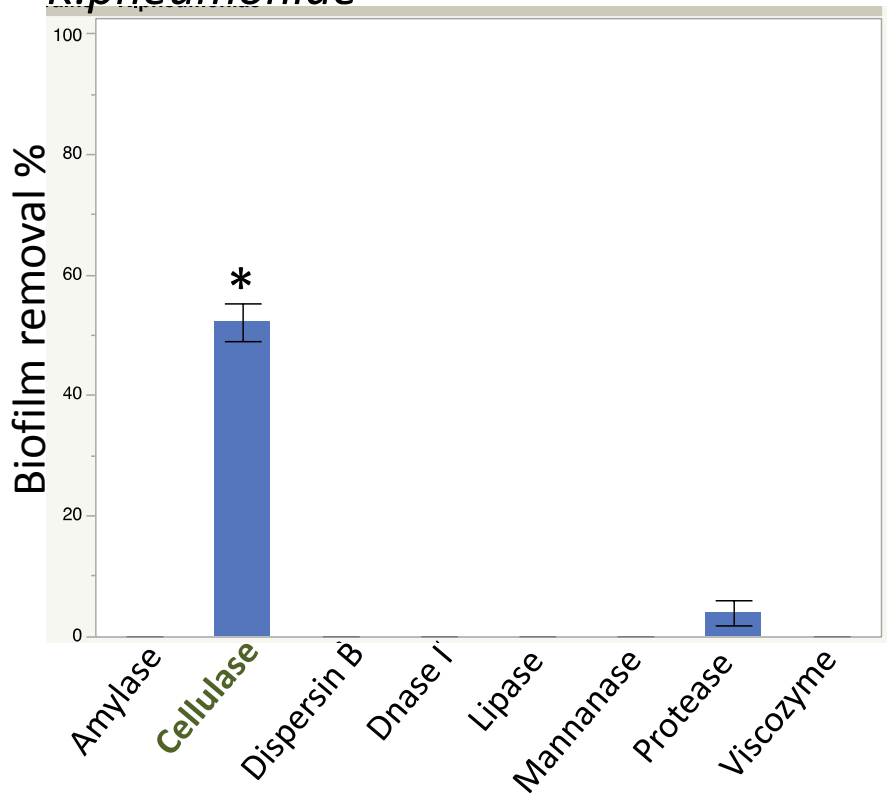


Design of a broad spectrum enzymatic cocktail

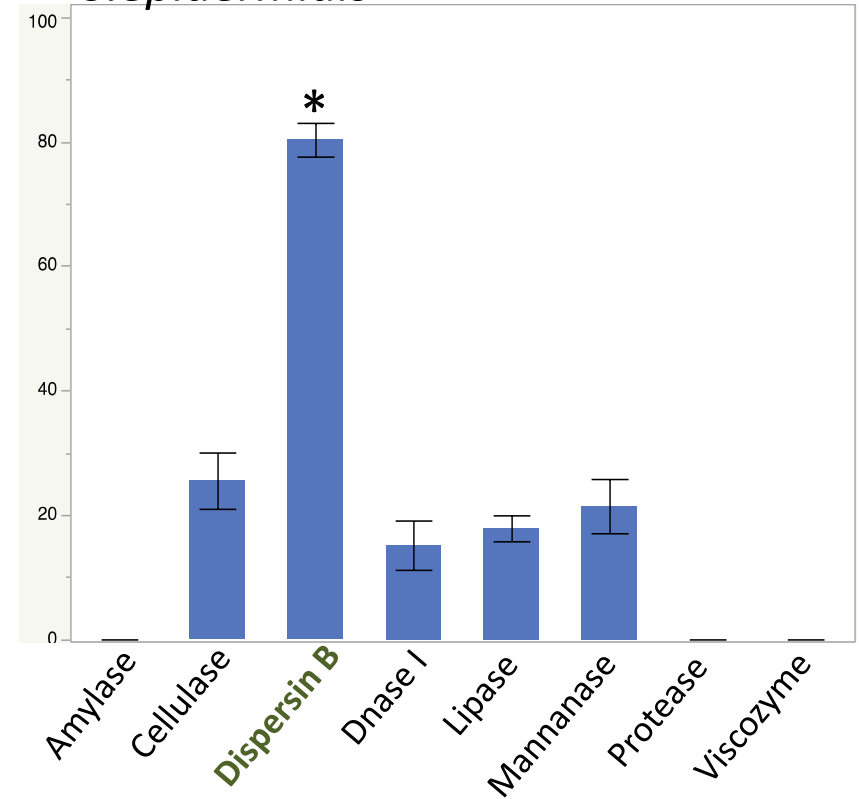


Design of a broad spectrum enzymatic cocktail

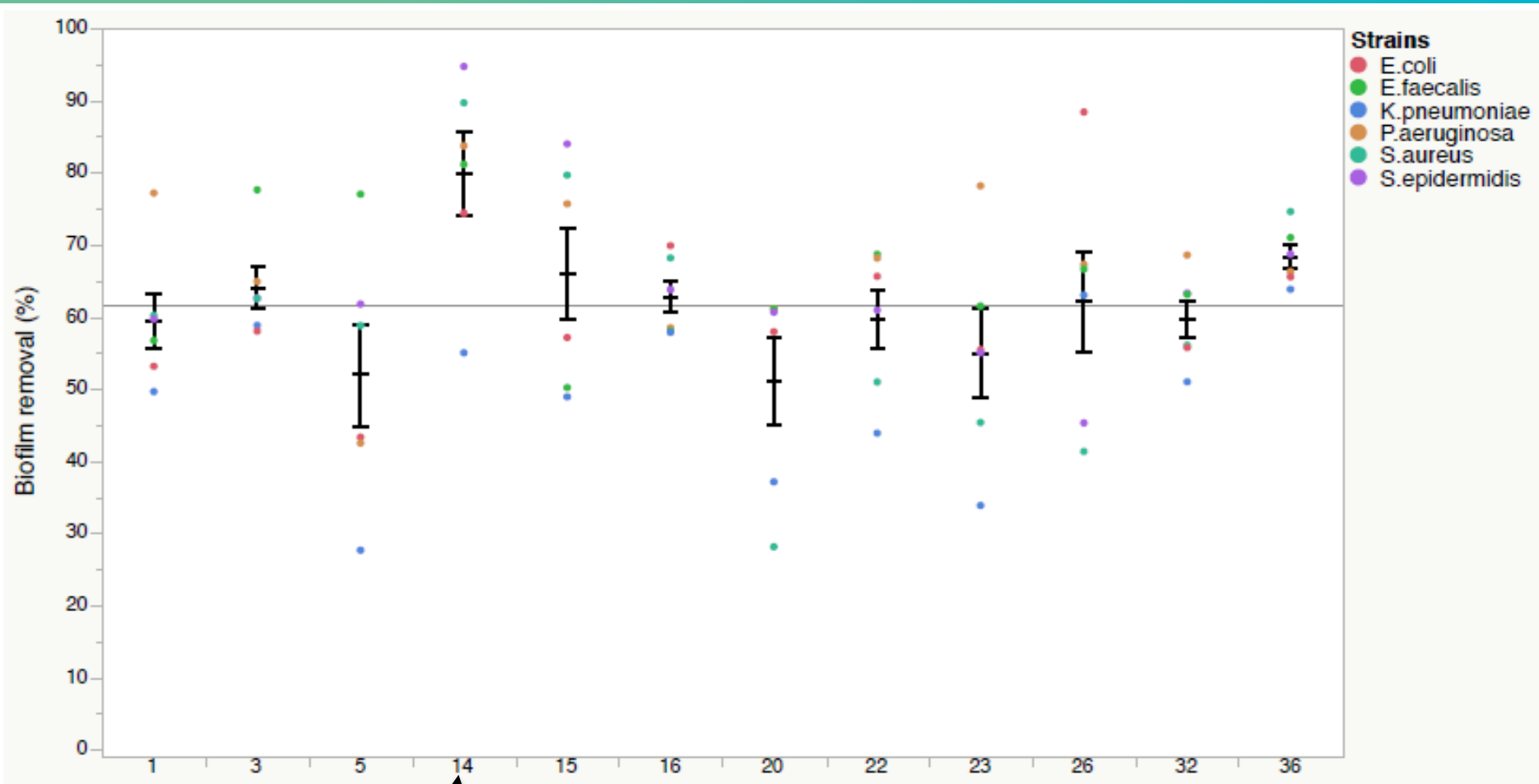
K.pneumoniae



S.epidermidis



Percentage of biofilm removal after exposure to combinations used for enzymatic cocktail design

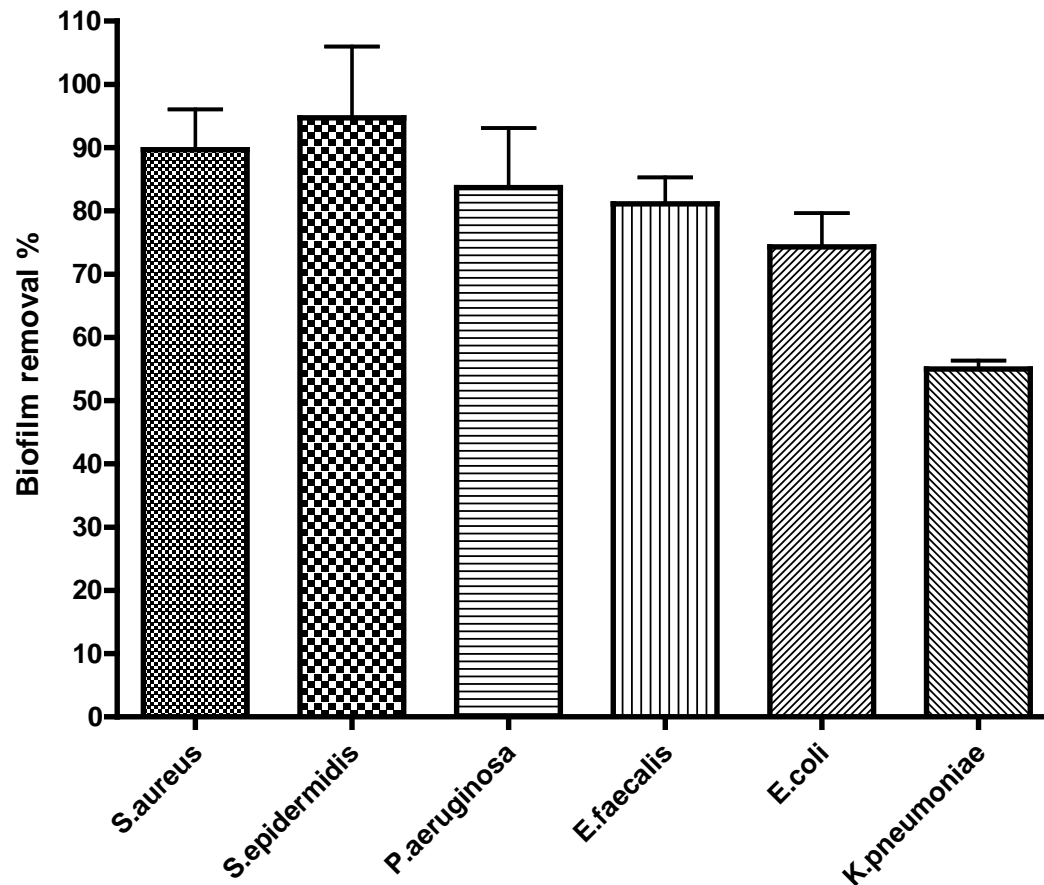


Enzymatic cocktail CDD



Percentage of biofilm removal after exposure to enzymatic cocktail CDD in *In vitro* biofilm models

In vitro static biofilm model

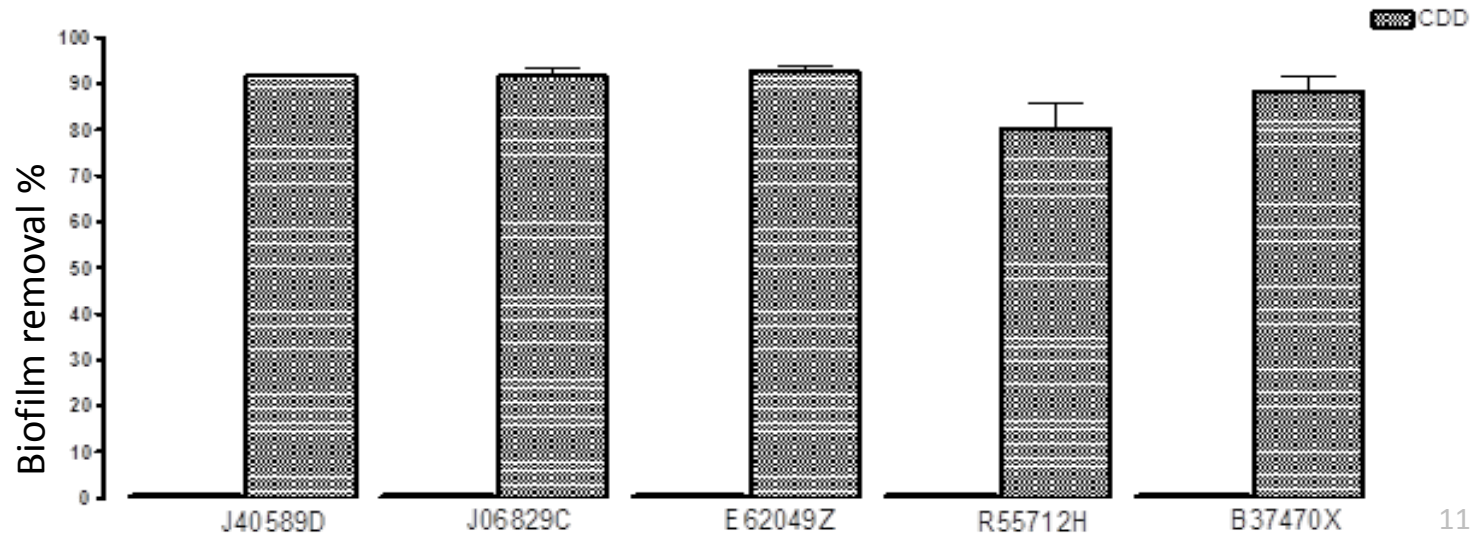


Percentage of biofilm removal after exposure to enzymatic cocktail CDD in *Ex vivo* biofilm models

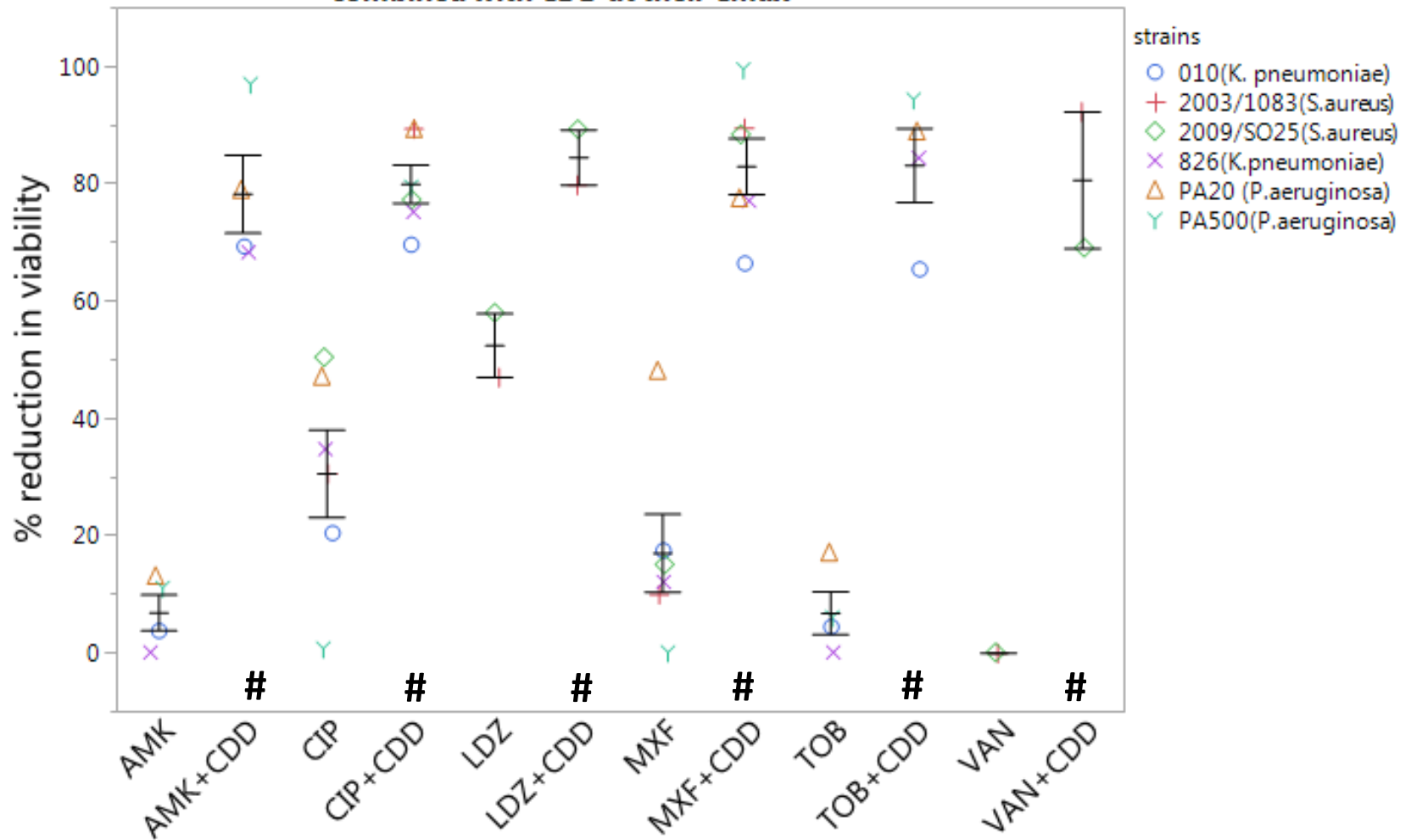
Ex vivo biofilm model: Human urinary catheter



Crystal violet assay



Percentage of reduction in viability within biofilms for antibiotics alone or combined with CDD at their Cmax



highlights combinations for which the mean reduction was higher than that observed for drugs alone (Statistical analysis: one-way ANOVA with Tukey's post-hoc test)

reduction in viability compared to untreated control

Take home messages

CDD showed highest biofilm removal against ESKAPE biofilms of *S.aureus* (89%), *S.epidermidis* (94%), *P.aeruginosa* (83%), *E.faecalis* (81%), *E.coli* (74%) and *K.pneumoniae* (55%)

At human Cmax TOB, AMK, MXF, CIP, VAN, LDZ were weakly active against bacteria growing in biofilms

Combining CDD with 6 antibiotics belonging to 4 classes proves highly synergistic against biofilms of 6 clinical isolates.

This opens perspectives for testing these enzymes as adjuvant for the treatment of biofilm infections.



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Thank you for your attention!



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