



Human commensals producing novel antibiotics impair pathogen colonization

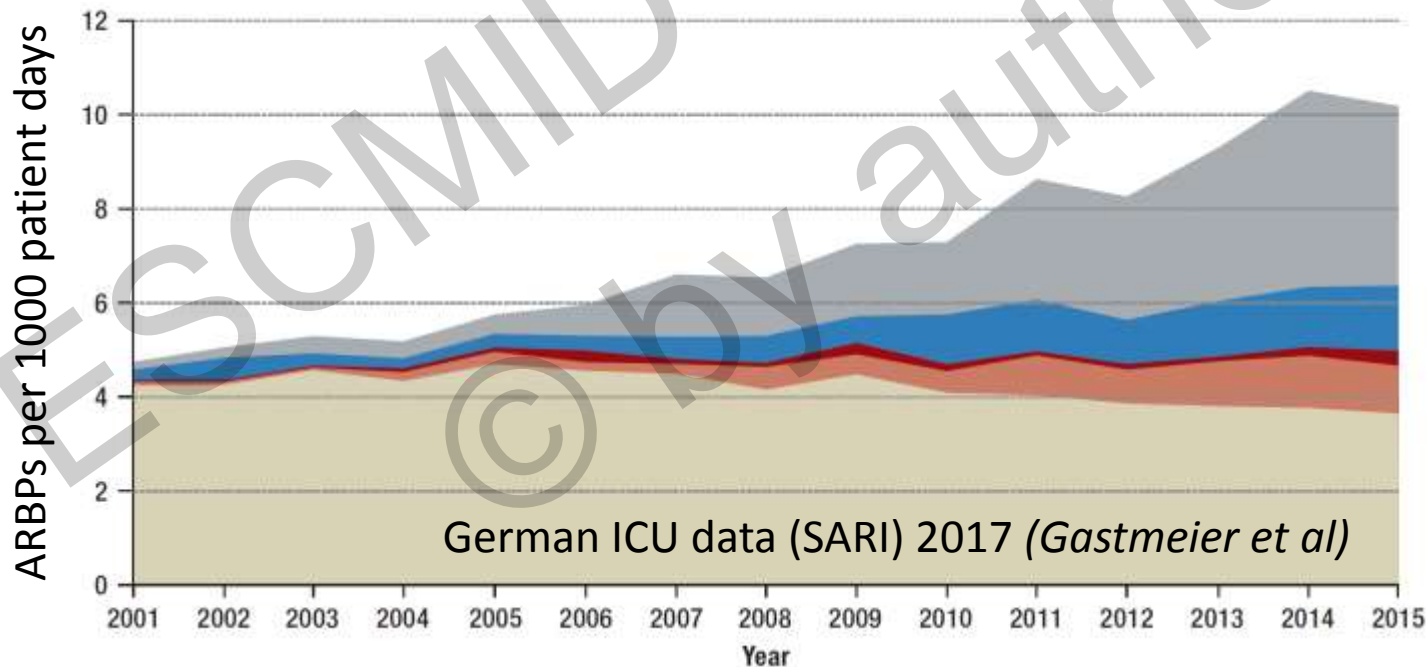
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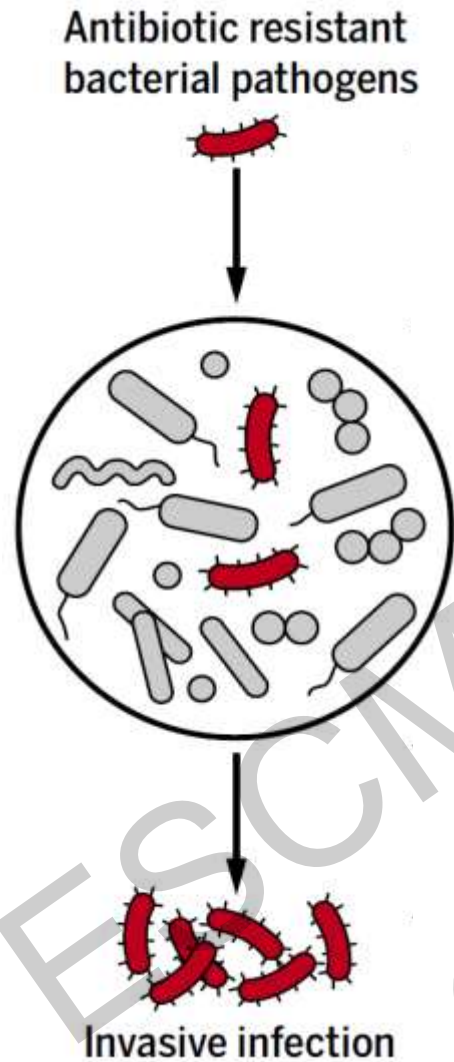
Major ARBPs: the 'ESKAPE' pathogens

- **E:** *Enterococcus faecalis/faecium* **VRE**
- **S:** *Staphylococcus aureus* **MRSA**
- **K:** *Klebsiella pneumoniae* **ESBL/CRE**
- **A:** *Acinetobacter baumannii* **ESBL/CRE**
- P:** *Pseudomonas aeruginosa* **ESBL/CRE**
- **E:** *Escherichia coli* **ESBL/CRE**

Up to **50% mortality**, 700,000 deaths per year



Majority of invasive infections start from microbioms



In microbioms of healthy humans:

- *Staphylococcus aureus* CA-MRSA
- *Klebsiella pneumoniae* MDR/XDR
- *Escherichia coli* MDR/XDR
- *Clostridium difficile*

In microbioms of hospitalized patients:

- *Enterococcus faecium* VRE
- *Pseudomonas aeruginosa* MDR/XDR
- *Acinetobacter baumannii* MDR/XDR

→ *Should risk patients be screened, isolated, decolonized?*

Current ARBP decolonization relies on broad-spectrum antibiotics

S. aureus nasal decolonization:



S. aureus

Wounds

Catheter

Bloodstream

Lung

Selective Digestive Decontamination:



Intestinal
opportunists

With **mupirocin**

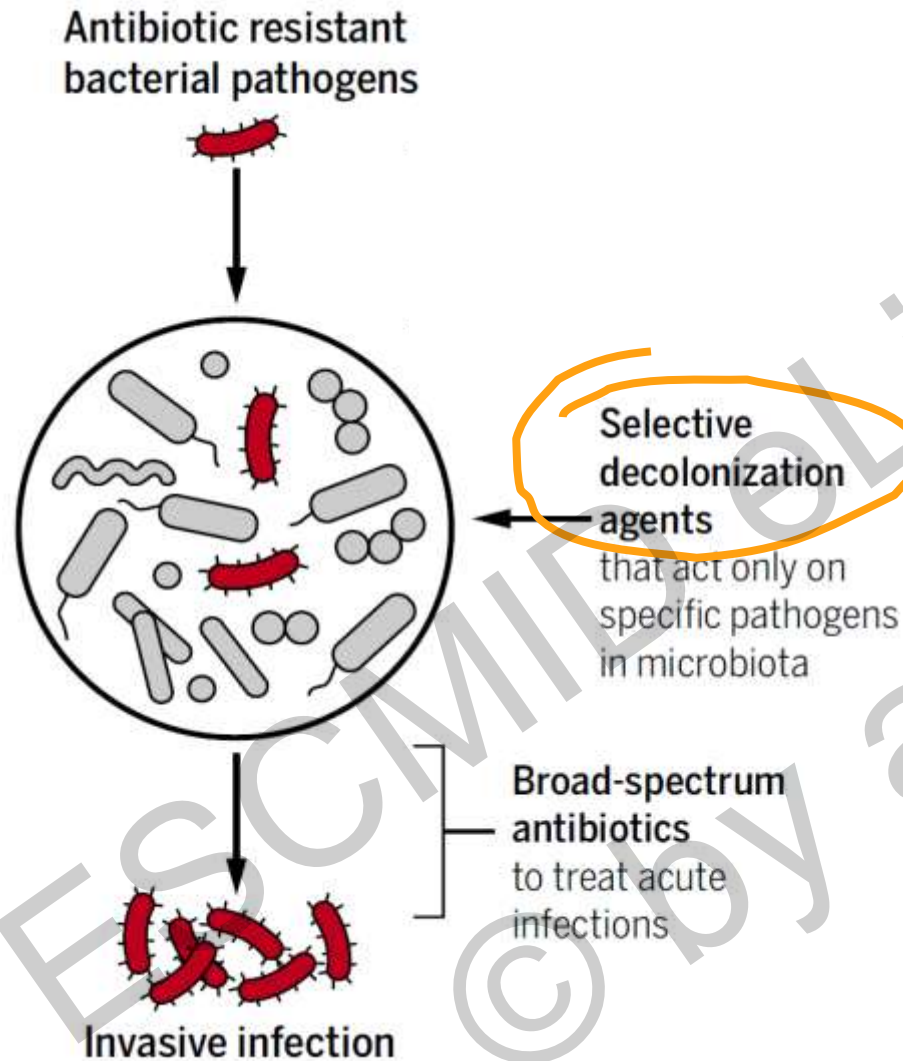
- Increasing mupirocin resistance (30%)
- Damages microbiomes

With non-absorbable antibiotics (e.g. **colistin & tobramycin**)

- Endangeres antibiotics of last resort
- Amplifies resistance genes
- Damages microiomes

→ *How to decolonize in a selective way?*

Decolonization drugs



Properties:

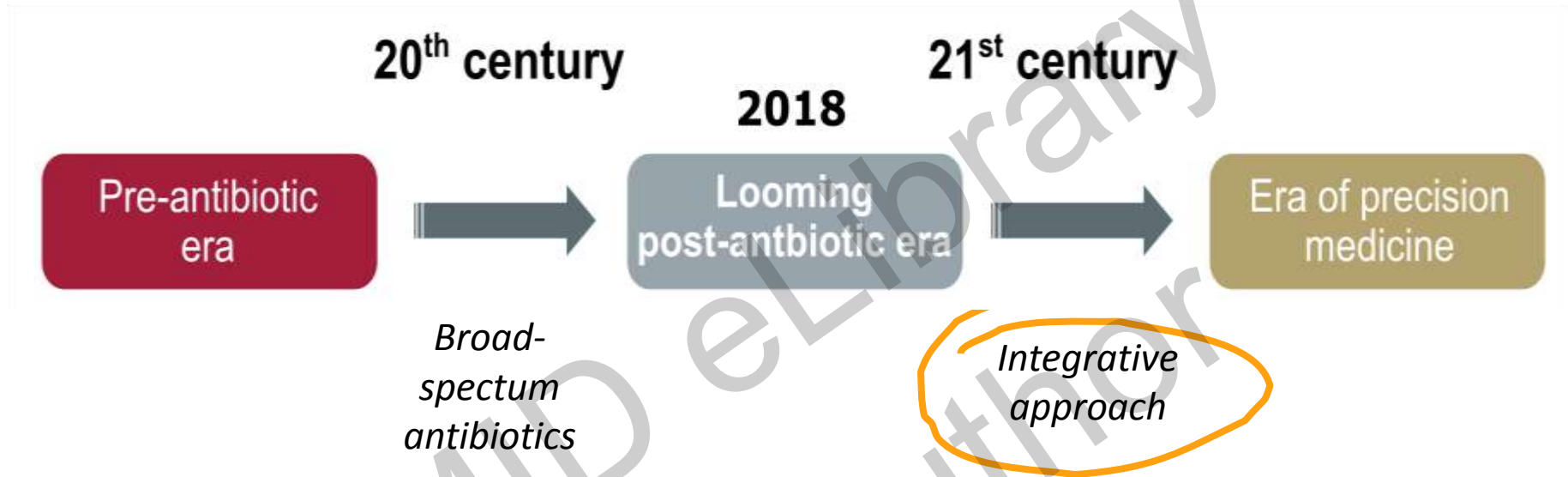
- Non-resorbable
- Narrow activity spectrum
- Fast, bactericidal

Economically viable?

- Substantial reduction of ICU costs
- Mupirocin (generic): \$ >120 mio/a
- *New compounds would yield substantially higher revenues*

→ *How to develop decolonization drugs?*

New avenues against antibiotic resistance



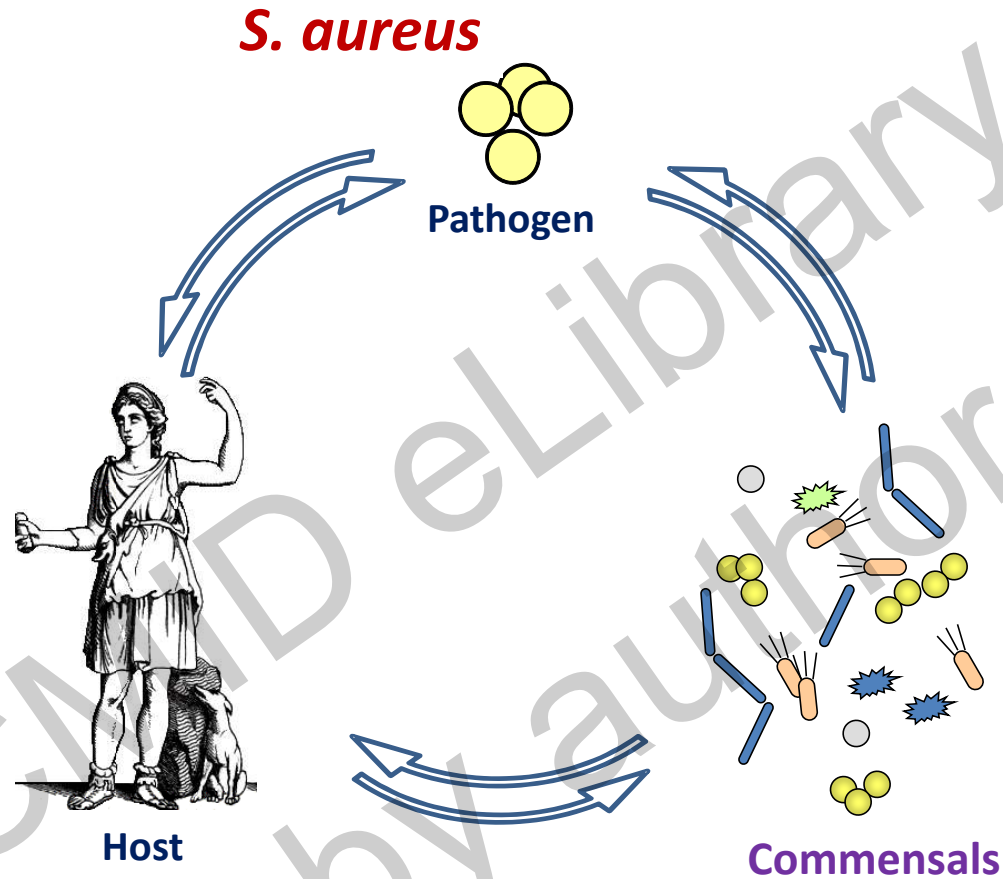
Consider innovative and integrative approaches

Consider **human microbioms** as a source

→ *for most antibiotic-resistant pathogens*

→ *for new antimicrobials*

S. aureus colonization governed by nasal microbiome



- Major risk factor: **nasal colonization** (30% of the population)
- Antibiotic resistance (**MRSA, CA-MRSA**)
- Colonization governed by **microbiome**

Competition in microbiomes

Nasal commensals:

Firmicutes

Coagulase-negative *Staphylococcus* (CoNS)

Dolosigranulum

Streptococcus

Actinobacteria

Corynebacterium

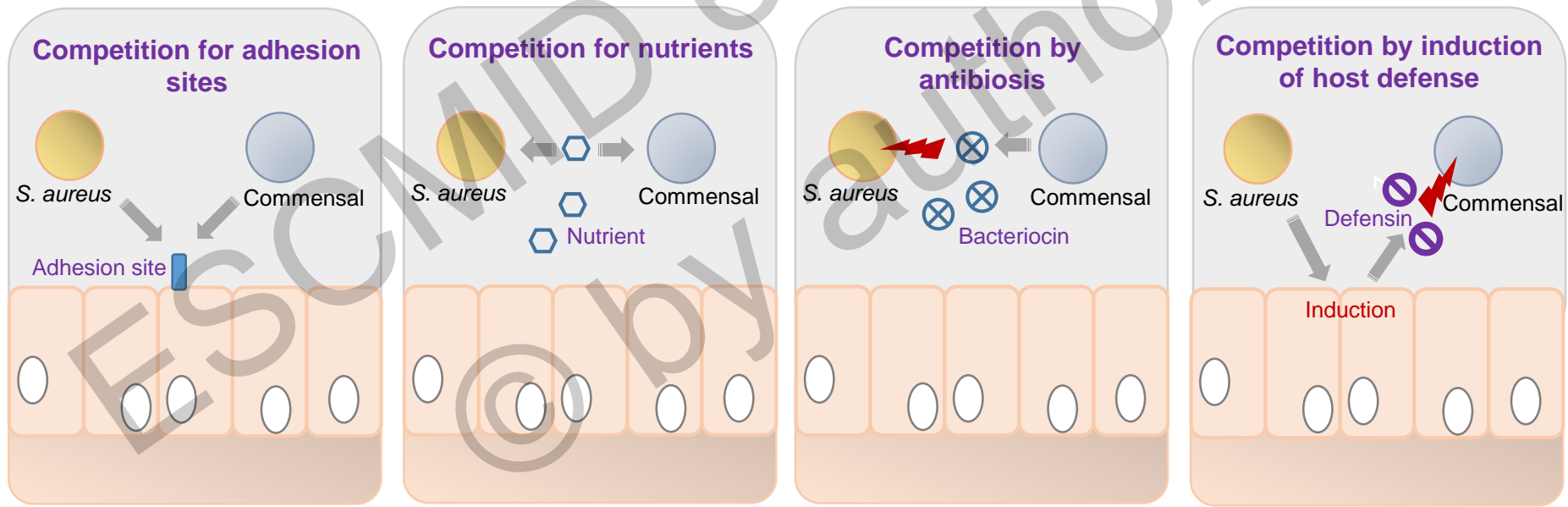
Propionibacterium

Rothia

Proteobacteria

Moraxella

Haemophilus

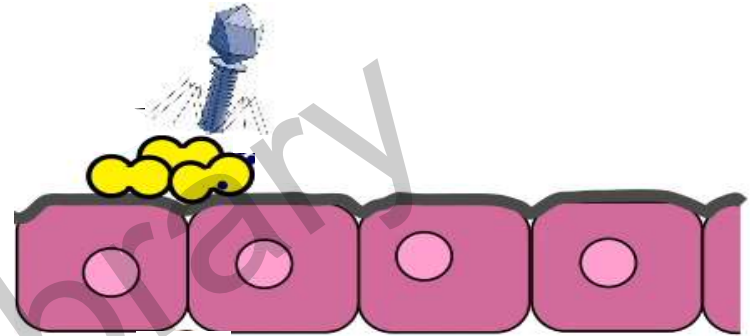


Bacteriophage lysins for selective decolonization

With Hyglos Inc., Bernried and Karsten Becker, Münster

Phage lysins:

- Highly selective for one bacterial species
- Act fast and bactericidal
- Hardly prone to resistance

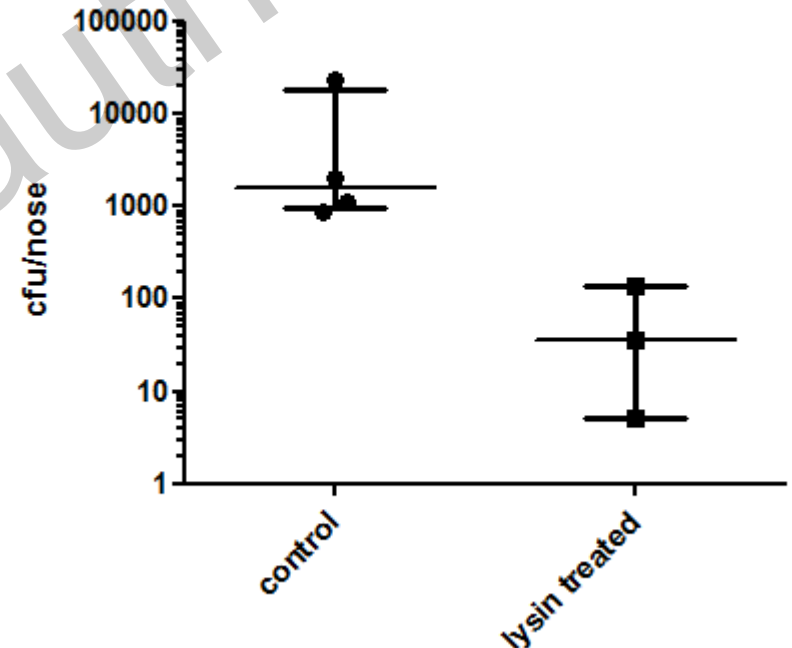


S. aureus-specific phage lysin PRF-119:

TABLE 1. Antimicrobial activity of PRF-119 against *S. aureus*

Organism ^a (no. of isolates tested)	MIC data (μg/ml)		
	MIC ₅₀	MIC ₉₀	Range
MSSA (398 ^b)	0.098	0.391	0.024–0.780
MRSA (776 ^c)	0.391	0.391	0.024–1.563

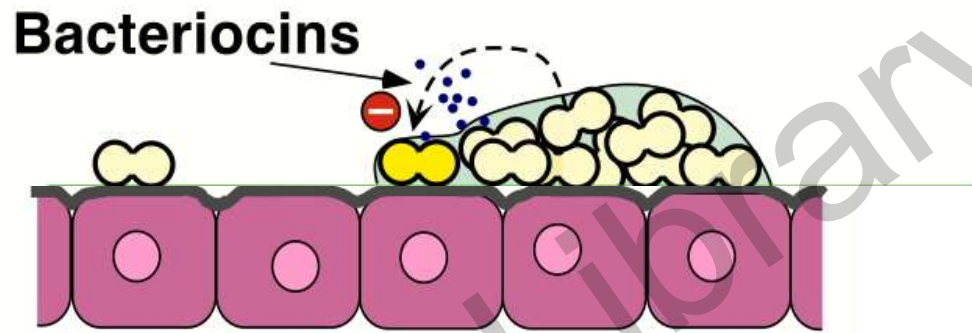
phage lysine treatment of cotton rat nares



Idelevich et al (2011) *Antimicrob Agents Chemother*

Idelevich et al (2016) *Antimicrob Agents Chemother*

Colonization resistance – roles of bacteriocins?



- **86%** of nasal staphylococcal strains produce bacteriocins
- **Induced by stress** (low iron, H_2O_2 ,...)
- Most bacteriocins are **inactive against staphylococci and most other *Firmicutes***
- **Highly variable** in structure and activity spectra

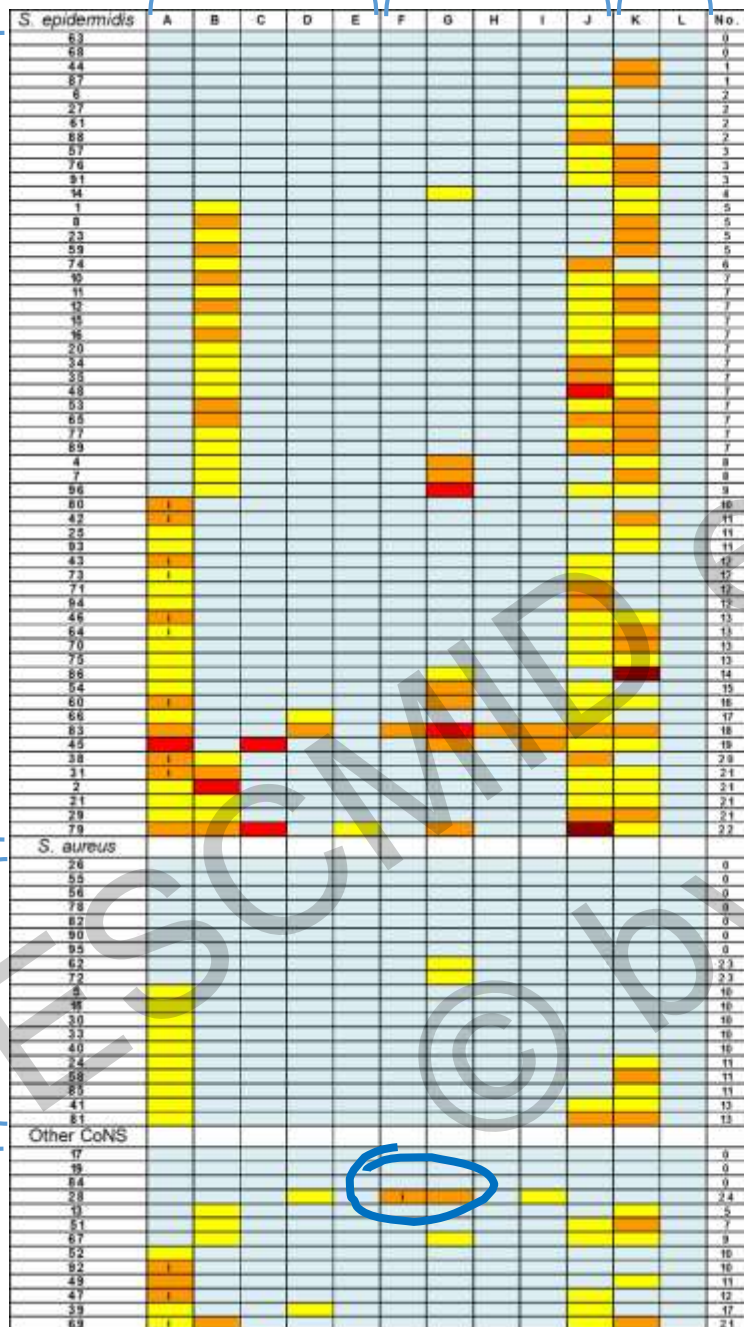
High frequency and diversity of nasal bacteriocins

Actinobacteria Firmicutes Proteobacteria

S. epidermidis

S. aureus

Other CoNS

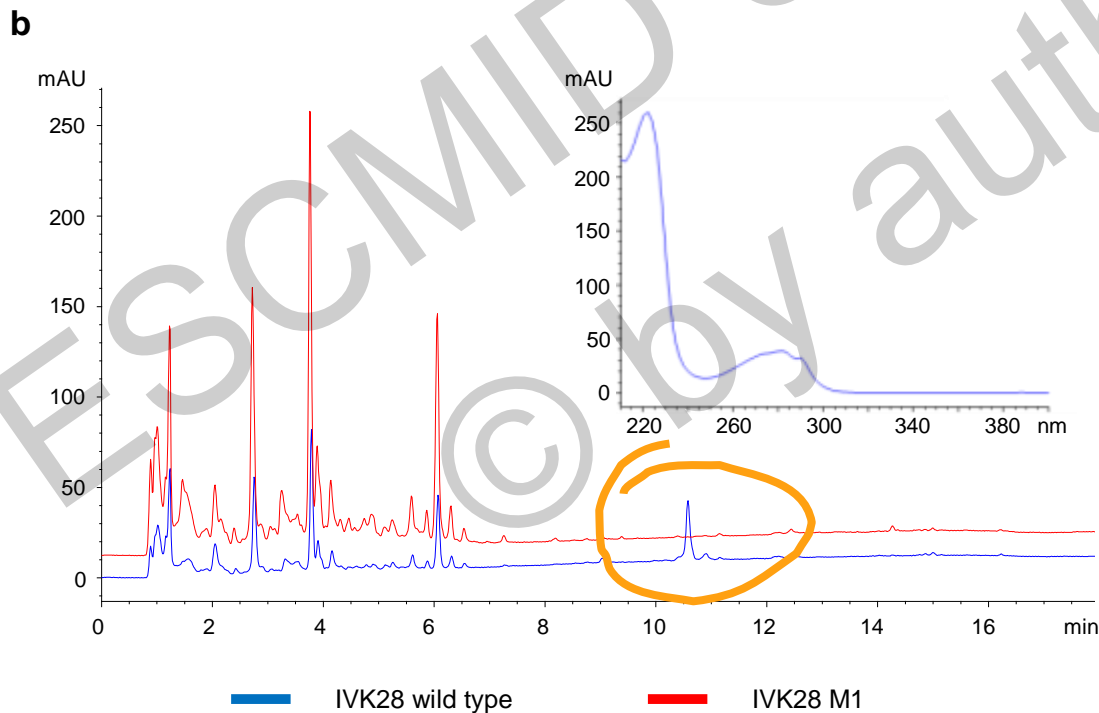
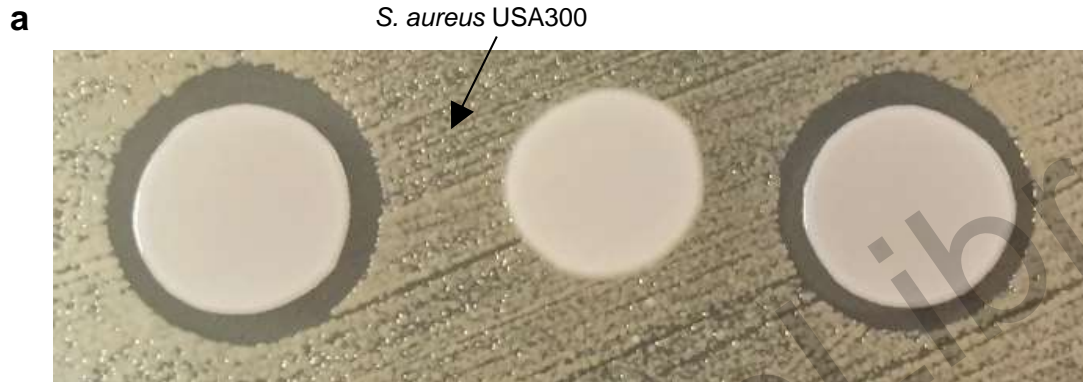


- A: *Micrococcus luteus*
- B: *Corynebacterium pseudodiphtheriticum*
- C: *Corynebacterium accolens*
- D: *Propionobacterium acnes*
- E: *Rothia mucilaginosa*
- F: *Staphylococcus aureus*
- G: *Staphylococcus aureus ΔdltA*
- H: *Staphylococcus epidermidis*
- I: *Streptococcus pyogenes*
- J: *Dolosigranulum pigrum*
- K: *Moraxella catarrhalis*
- L: *Haemophilus influenzae*



S. lugdunensis CoNS28

A novel antimicrobial compound from *S. lugdunensis* 28

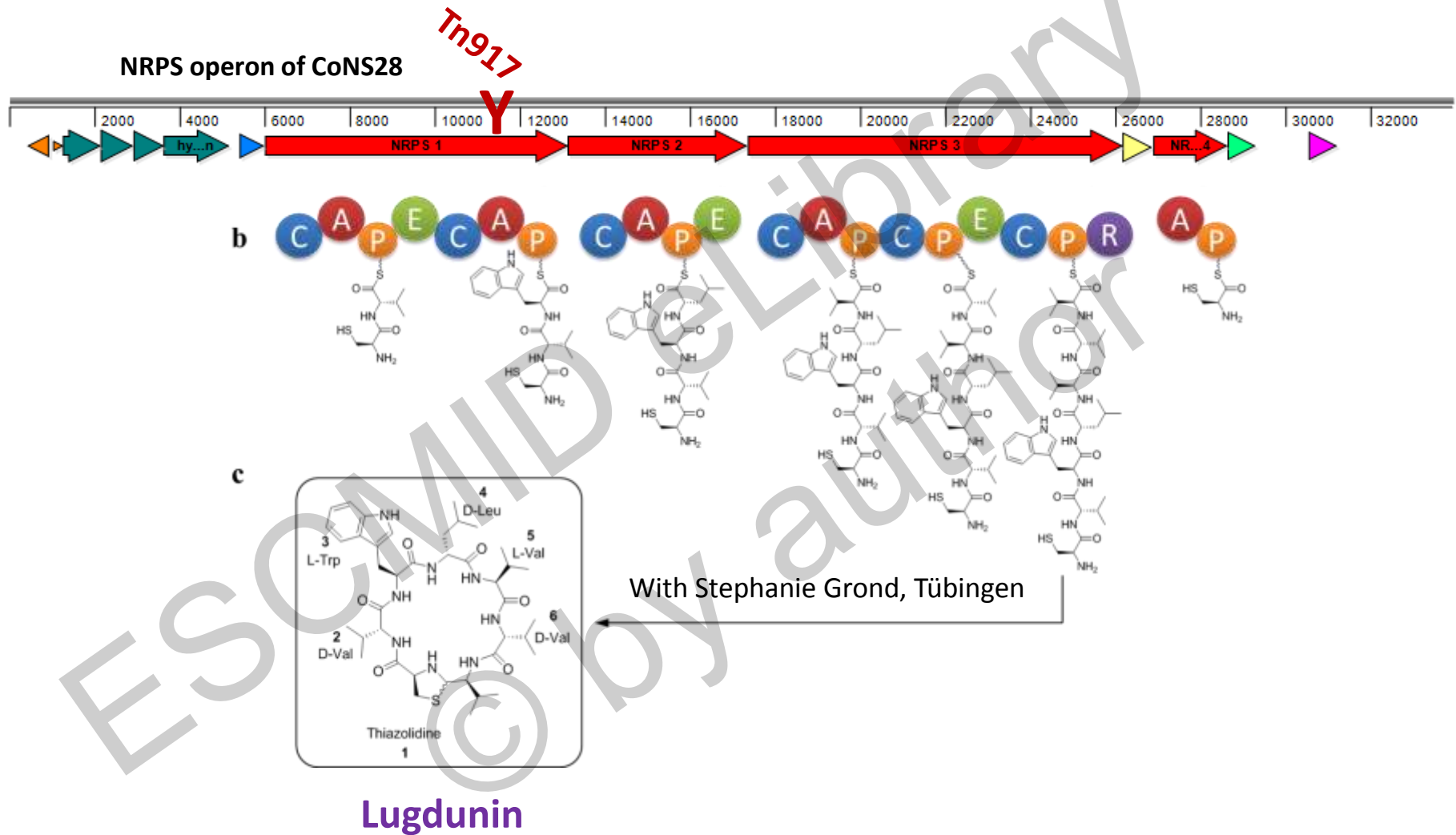


Formula: $C_{40}H_{63}N_8O_6S^+$

Mass: 783.03

“Lugdunin”

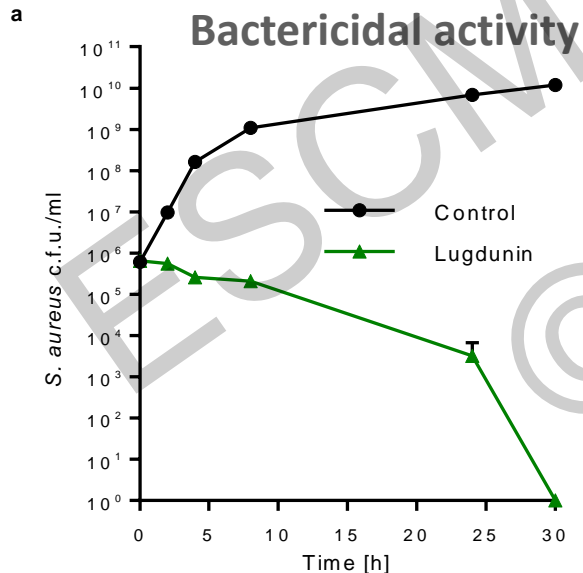
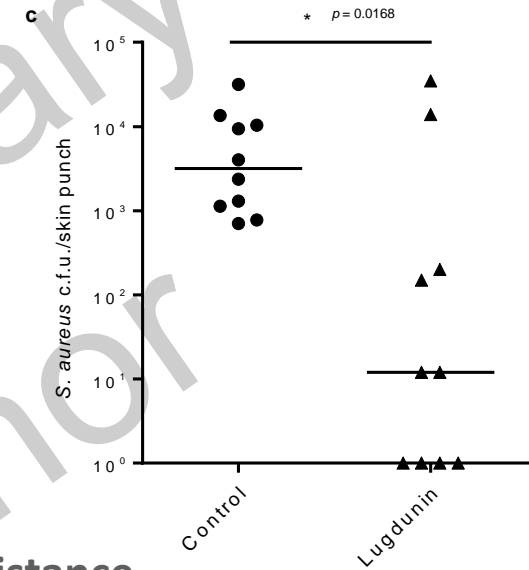
Lugdunin is a novel cyclic peptide antibiotic



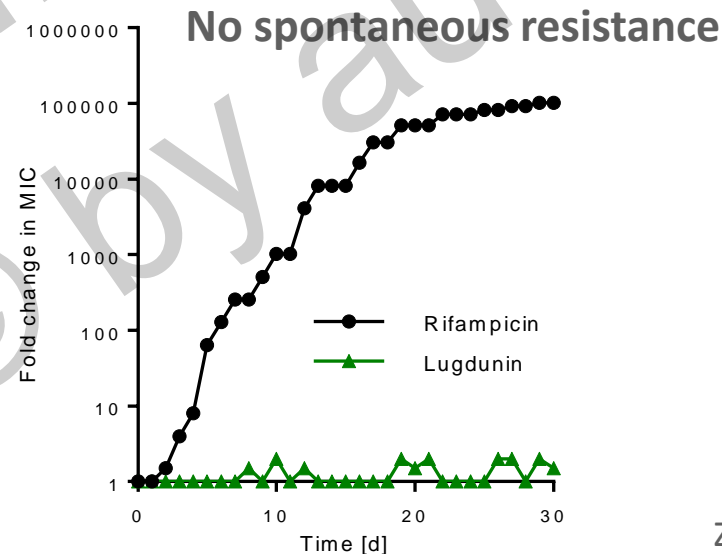
Lugdunin is a promising new antibiotic

Test strain	MIC ($\mu\text{g/ml}$)
<i>Staphylococcus aureus</i> USA300 (MRSA)	1.5
<i>Staphylococcus aureus</i> MU50 (GISA)	3
<i>Enterococcus faecium</i> BK463 (VRE)	3
<i>Streptococcus pneumoniae</i> ATCC49619	1.5
<i>Pseudomonas aeruginosa</i> PAO1	>50
<i>Escherichia coli</i> DH5 α	>50

Activity in mouse skin infection model



$\star p = 0.0168$

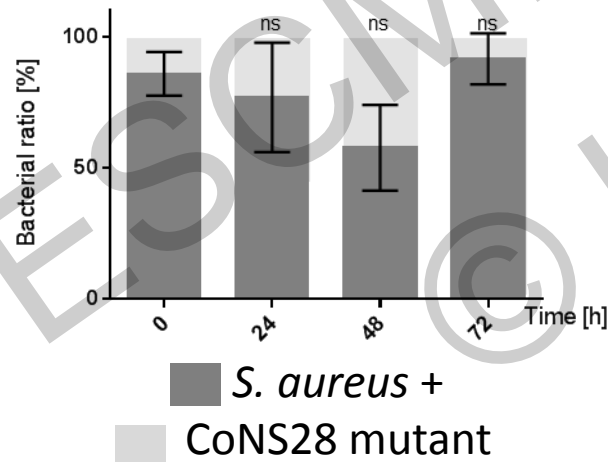
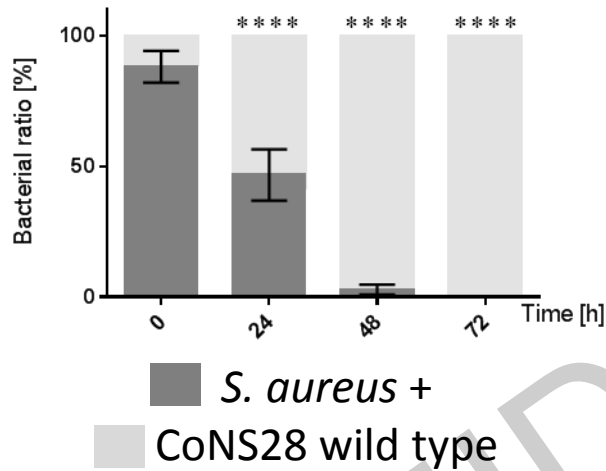


$\star p = 0.0232$

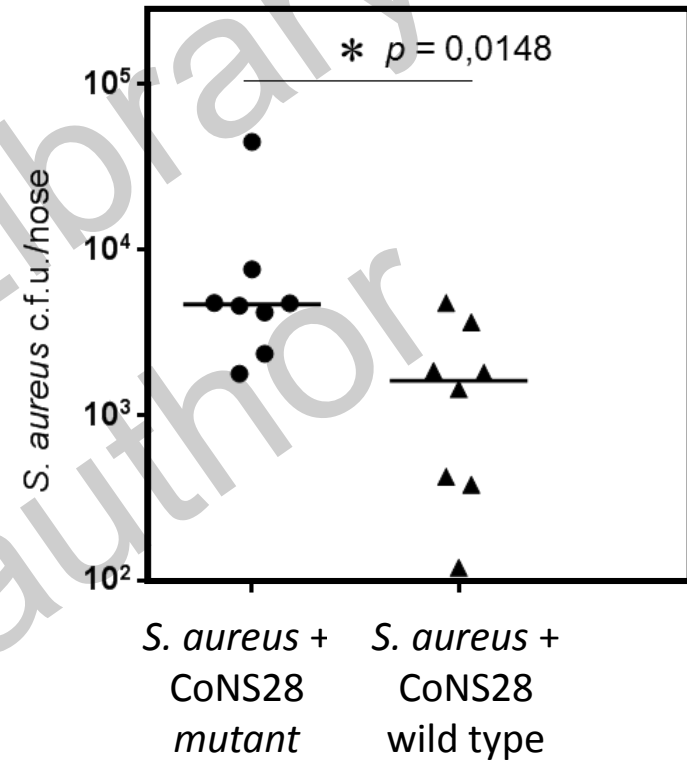
Zipperer et al (2016) *Nature*

Lugdunin-positive *S. lugdunensis* outcompetes *S. aureus*

Growth competition *in vitro*

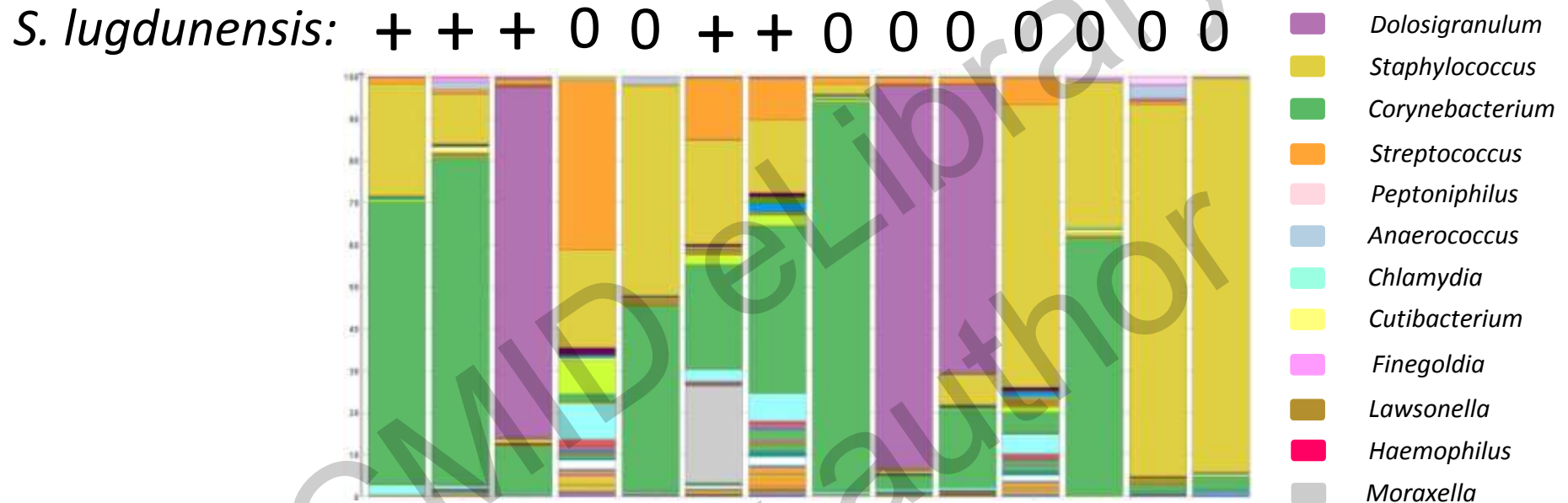


Co-colonization in cotton rat model



Does *S. lugdunensis* shape nasal microbiome composition?

Nasal metagenomes of *S. lugdunensis* carriers / non-carriers



- Low *Staphylococcus* abundance in *S. lugdunensis*-positive noses
- Tendency of high *Corynebacterium* and *Dolosigranulum* counts

ABC transporters confer producer immunity



ABC transporters

LugEFG are required for immunity

	MIC [$\mu\text{g/ml}$]
<i>S. lugdunensis</i> wild type	6
<i>S. lugdunensis</i> $\Delta\text{lugEFGH}$	2
<i>S. aureus</i> wild type	3
<i>S. aureus</i> <i>pRB-lugEFGH</i>	12

How about the human nose?



S. aureus prevalence: 30.4%

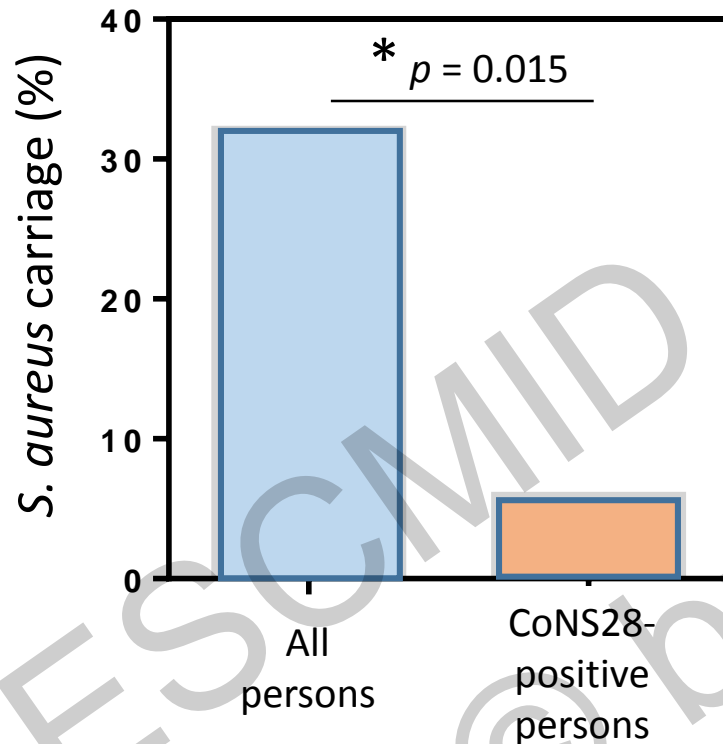
S. lugdunensis prevalence: 7.7%

- All nasal *S. lugdunensis* contain lugdunin operon
- All nasal *S. aureus* are susceptible to lugdunin

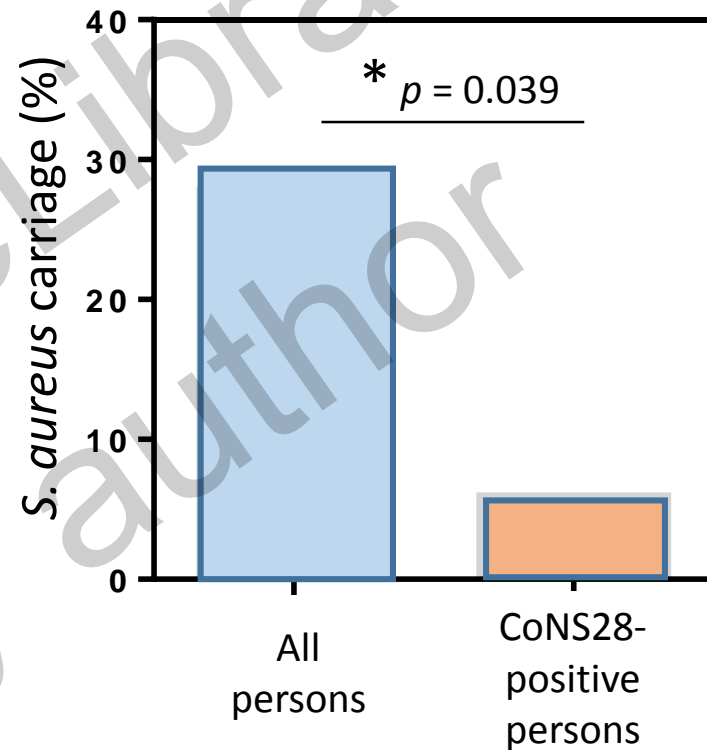
→ *Does S. lugdunensis prevent S. aureus colonization?*

5-6-fold reduced incidence of *S. aureus* colonization by *S. lugdunensis*

187 hospitalized patients



270 healthy volunteers



→ *Lugdunin-producing commensals as anti-*S. aureus* probiotic?*

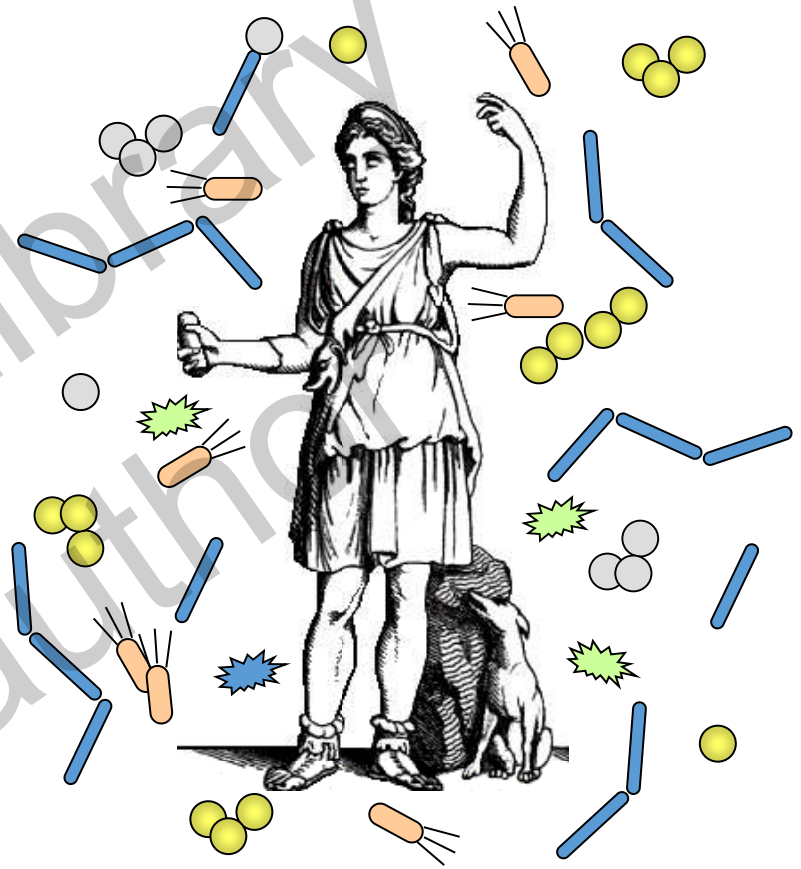
S. lugdunensis nasal persistence

Volunteer:	1	2	3	4	5	6	7	8	9	10	11	12
0 months	●	●	●	●	●	●	●	●	○	○	○	●
12 months	●	●	●	●	●	●	○	○	●	●	●	●
24 months	●	●	●	○	○	●	●	○	○	○	●	○

- *S. lugdunensis*
- *S. aureus*
- Non-carrier

Conclusions:

- Human **microbiome** is a major **reservoir** for antibiotic-resistant pathogens
- Elucidation of microbial competition may lead to **novel decolonization strategies**
- Human microbiome should be considered as a **source for novel drugs**



MRSA





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