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2	Activity of RX-04 pyrrolocytosine protein synthesis
3	inhibitors against multiresistant Gram-negative bacteria
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Pyrrolocytosines RX-04A-D are designed to bind to the bacterial 50S ribosomal subunit differently from currently-used antibiotics. The four analogs had broad anti-Gram-negative activity: RX-04A inhibited 94.7% of clinical Enterobacteriaceae, Acinetobacter baumannii and Pseudomonas aeruginosa at 0.5-4 µg/ml, with no MICs >8 µg/ml. MICs for multi-resistant carbapenemase producers were up to two-fold higher than for control strains, with values >8 μg/ml for one Serratia isolate with porin and efflux lesions. mcr-1 did not affect MICs.

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One approach in the search for new antibacterial agents is to model the target interactions of natural antibiotics that are unsuitable for pharmaceutical development, owing to toxicity or instability, and to use this information to design synthetic molecules that achieve similar binding without the unfavorable traits of the original compounds.

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Melinta Pharmaceuticals has applied this strategy to blasticidin S, a natural product of Streptomyces griseochromogenes that inhibits both eukaryotic and prokaryotic ribosomes but which has proved useful only as a fungicide, deployed to control rice blast disease in Japan [1]. Modelling of the ribosomal interactions of blasticidin [2], TAB-1057A/B [3] and amecitin [4] - which have overlapping targets that are distinct from those of clinically-used bacterial protein synthesis inhibitors had led to several new antibacterial scaffolds, including pyrrolocytosines [5,6]. These are chemically unrelated to blasticidin, but mimic its principal interactions with the bacterial 50S subunit [6]. In-vitro antibacterial activity indicates that the pyrrolocytosines penetrate into bacterial cells, and further development has sought to optimise this penetration for Gram-negative bacteria whilst reducing vulnerability

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to efflux [5]. Chemical properties of the pyrrolocytosine derivatives along with synthetic methods, are outlined in the relevant patents [7-9].

We evaluated four pyrrolocytosine derivatives, RX-04A - D (fig. 1), against a 96 Gram-negative clinical isolates, biased to over-represent panel of carbapenemase producers, Enterobacteriaceae with mcr-1 and Pseudomonas aeruginosa with up-regulated efflux. We additionally tested Escherichia coli HB10B and its transformant, carrying plasmid p594, which encodes expression of mcr-1 [10]. The mcr-1 and carbapenemase genes were detected by PCR or sequencing [10,11] whilst efflux levels in P. aeruginosa isolates were inferred by interpretive reading of antibiograms data, which predicts mechanisms from phenotypes [12]. MICs of the four RX-04 analogs and comparators (amikacin, cefepime, colistin, meropenem, and tigecycline) were determined by CLSI broth microdilution [13] using pre-prepared plates (Trek Diagnostic Systems, Thermofisher, Oakwood, OH). DNA from four Serratia isolates differing in susceptibility to the pyrrolocytosines was extracted using a QIAsymphony automated instrument. Sequencing libraries were prepared using the Nextera XT DNA library preparation kit and sequenced on Illumina HiSeq 2500 system using the 2 x 100-bp paired-end mode. Genomes were assembled de with VelvetOptimiser 2.1.9 novo software (http://bioinformatics.net.au/software.velvetoptimiser.shtml) and then compared with each other to seek genetic modifications that were specific to the Serratia with the highest pyrrolocytosine MICs, particularly in genes encoding porins, efflux pumps and the rRNA targets of the pyrrolocytosines.

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MICs by species, irrespective of resistance mechanism, are shown in Table 1, whilst Table 2 shows geometric mean MICs for major resistance types represented in the test panels. Non-susceptibility rates to comparators for the Enterobacteriaceae

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isolates (n=66), at CLSI breakpoints, were: amikacin 14%, cefepime 50%, colistin 33% (2 μg/ml EUCAST breakpoint), meropenem 47%, and tigecycline 15% (1 μg/ml EUCAST breakpoint); those for the same agents against the A. baumannii isolates (n=10) were amikacin 40%, cefepime 50%, colistin 0%, meropenem 50% and tigecycline 50%, respectively. Non-susceptibility rates for the P. aeruginosa isolates (n=20) were amikacin 15%, cefepime 45%, colistin 25% and meropenem, 45%.

Despite this heavy loading with isolates resistant to established agents, MIC distributions of RX-04A - D were all unimodal and tightly clustered. MICs were lowest for RX-04A, where 94.7% of values, for all species pooled, lay between 0.5 and 4 μg/ml, with no values greater than 8 μg/ml. MICs were highest for analogs RX-04C and RX-04D, particularly for P. aeruginosa. Irrespective of the analog, the general pattern was for MICs to be lowest for E. coli, slightly higher for other Enterobacteriaceae, particularly Serratia spp., and highest for P. aeruginosa.

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MICs for a single S. marcescens isolate, which also had OXA-48 carbapenemase, were raised markedly, at 8, 16, >16 and >16 µg/ml for molecules RX-04A, B, C and D respectively, compared with 1-2, 1-4, 2-4 and 2-4 µg/ml, respectively, for the remaining three Serratia isolates tested. Comparison of the four sequenced genomes revealed the high-MIC isolate to have both (i) a premature stop codon (Tyr211) in omp2, which is an ompC/F homolog and (ii) multiple unique changes (as compared with all three low-MIC Serratia isolates) in the sdeCDE operon, encoding an RND pump system [14], specifically, Asn407Ser, Ser432Asn, Glu433Ala, Ala437Thr, Ala438Asn, Asn439Lys, Ala440Thr, Glu443Gln, ArgR448Gly in sdeC, Glu111Asp and Thr363Met in sdeD and Glu240Asp in sdeE. None of these changes were observed in the three low-MIC Serratia genomes. No lesions specific to the high-MIC isolate were found (i) in other recognised porin genes (omp1 and

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omp3), (ii) in porin regulatory genes (ompR and envZ), (iii) in efflux pump genes (smdAB, sdeXY, smfY and ssmE), nor (iv) in genes encoding the 16S or 23S rRNA targets of the RX-04A-D molecules. Inactivation of omp2 seems likely to reduce pyrrolocytosine uptake and the sdeCDE lesions may increase efflux explaining the phenotype of the high-MIC Serratia isolate. These uptake and efflux lesions also are congruent with an observed meropenem MIC of 32 µg/ml, which is unusually high for an Enterobacteriaceae with an OXA-48 β-lactamase.

Geometric mean MICs of the four analogs for carbapenemase-producing Enterobacteriaceae were slightly above those for the susceptible control strains, though the differentials never exceeded one doubling dilution (Table 2). These small rises again probably reflected widespread reductions in permeability or upregulations in efflux among the carbapenemase-producing Enterobacteriaceae. differential for carbapenemase-producing versus non-producing A. baumannii was larger, exceeding two-fold for analogs RX-04B-D, though not for RX-04A; however, numbers were small and 3/5 OXA-23-producing isolates belonged to the same lineage (International Clone II [15]) raising the possibility that the mean was skewed by over-representation of this lineage.

The effect of *mcr-1* was of interest because the pyrrolocytosines are polybasic (fig. 1), raising the hypothetical concern that MCR-1-mediated substitution of lipopolysaccharides with positively-charged phosphoethanolamine [16] might impede their initial interaction with the cell surface, reducing uptake. MICs of the RX analogs for the mcr-1-positive isolates were around one doubling dilution above those for control strains. However most (11/14) of these isolates were Salmonella enterica, being compared with E. coli controls, and the differential may reflect species rather than mechanism. Crucially, transformation of E. coli DH10B with the mcr-1-

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encoding plasmid p594 had no effect on MICs of RX-04A, B, C and D, which remained at 0.25, 0.5, 0.5 and 1 µg/ml respectively, whereas the MIC of colistin was raised from 0.25 to 4 μg/ml. A caveat is that we do not know the extent of LPS modification achieved by p594-mediated carriage of mcr-1, nor the mode of expression, meaning that we cannot definitively exclude the possibility that induction by the pyrrolocytosines was weaker than by colistin. This seems unlikely, though: if LPS-substitution with positively charged alcohols and sugars compromised the pyrrolocytosines, then generalized resistance would be expected in colistin-resistant genera such as Serratia, and this was not seen.

In the case of *P. aeruginosa*, geometric mean MICs of all analogs were ca. 1.5-fold higher for the isolates with 'normal' versus low efflux, but did not rise further for those with elevated efflux-mediated resistance to β-lactams and fluoroquinolones (Table 2).

In conclusion, these data indicate that the four pyrrolocytosine molecules had broad activity against Enterobacteriaceae and non-fermenters, with RX-04A the most active analog. Near-full activity was retained against isolates with resistance mechanisms of current concern, including against carbapenemase producers, those with mcr-1-mediated colistin resistance and (perhaps most surprisingly) P. aeruginosa with up-regulated efflux. A caveat is that the strain panel was small and we cannot exclude the possibility that resistance might arise from novel or unsuspected mechanisms, only detectable with a larger panel. Notably, raised MICs were seen for one Serratia with inactivated omp2 and upregulated sdeCDE efflux suggesting that combinations of impermeability and up-regulated efflux can compromise activity, at least against this species.

Given this spectrum, the new target, and demonstrable activity in experimental infections [17], the pyrrolocytosine class warrants further evaluation with a view to possible clinical development.

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Transparency declaration

DML: Advisory Boards or ad-hoc consultancy Accelerate, Achaogen, Adenium, Allecra, AstraZeneca, Auspherix, Basilea, BioVersys, Centauri, Discuva, Integra-Holdings, Meiji, Melinta, Nordic, Pfizer, Roche, Shionogi, Taxis, T.A.Z., Tetraphase, The Medicines Company, VenatoRx, Wockhardt, Zambon, Zealand. Paid lectures – Astellas, AstraZeneca, bioMerieux, Beckman Coulter, Cardiome, Cepheid, Merck, Pfizer, and Nordic. Relevant shareholdings- Dechra, GSK, Merck, Perkin Elmer, Pfizer amounting to <10% of portfolio value. Other authors: no personal items to declare; however, PHE's AMRHAI Reference Unit has received financial support for conference attendance, lectures, research projects or contracted evaluations from numerous sources, including: Accelerate Diagnostics, Achaogen Inc, Allecra Therapeutics, Amplex, AstraZeneca UK Ltd, AusDiagnostics, Basilea Pharmaceutica, Becton Dickinson Diagnostics, bioMérieux, Bio-Rad Laboratories, The BSAC, Cepheid, Check-Points B.V., Cubist Pharmaceuticals, Department of Health, Enigma Diagnostics, European Centre for Disease Prevention and Control, Food Standards Agency, GlaxoSmithKline Services Ltd, Helperby Therapeutics, Henry Stewart Talks, IHMA Ltd, Innovate UK, Kalidex Pharmaceuticals, Melinta Therapeutics, Merck Sharpe & Dohme Corp, Meiji Seika Pharma Co., Ltd, Mobidiag, Momentum Biosciences Ltd, Neem Biotech, NIHR, Nordic Pharma Ltd, Norgine Pharmaceuticals, Rempex Pharmaceuticals Ltd, Roche, Rokitan Ltd, Smith & Nephew UK Ltd, Shionogi & Co. Ltd, Trius Therapeutics, VenatoRx Pharmaceuticals, Wockhardt Ltd., and the World Health Organization.

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Table 1. Pyrrolocytosine MIC distributions by species, irrespective of resistance mechanism 244

Analog	MIC (μg/ml)							
	0.25	0.5	1	2	4	8	16	>16
RX-04A								
E. coli	1	8	14					
S. enterica			11					
K. pneumoniae		2	14	4				
E. cloacae		1	5	2				
Serratia spp.			1	2		1		
P. aeruginosa		1	4	4	10	1		
A. baumannii			3	4	1	2		
All	1	12	52	16	11	4		
RX-04B								
E. coli	1	6	15	1				
S. enterica			10	1				
K. pneumoniae		1	14	5				
E. cloacae			5	3				
Serratia spp.			1		2		1	
P. aeruginosa		1	3	4	7	2	2	1
A. baumannii			2	4	3	1		
All	1	8	50	18	12	3	3	1
DV 444								
RX-04C	4		12	10				
E. coli	1		12	10				
S. enterica		4	6	11	-			
K. pneumoniae		1	8	6	5			
E. cloacae			1	6	1			_
Serratia spp.				1	2			1
P. aeruginosa		1		4	3	3	6	3
A. baumannii			3	1	2	4		
All	1	2	24	39	13	7	6	4

RX-04D

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All	1	5	47	15	13	11	4
A. baumannii			2	1	3	4	
P. aeruginosa			4		6	7	3
Serratia spp.			1	2			1
E. cloacae		1		5	2		
K. pneumoniae		2	11	5	2		
S. enterica			11				
E. coli	1	2	18	2			

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Table 2. Geometric mean MIC (μg/ml) for different resistance groups 249

	n	RX-04A	RX-04B	RX-04C	RX-04D
E. coli, wild type	5	0.5	0.6	0.9	1.3
E. coli, carbapenemase	15ª	0.8	0.9	1.3	2.1
E. coli/Salmonella, mcr-1	14 ^b	1.0	1.1	2.0	2.0
K. pneumoniae, wild type	5	1.0	1.0	1.0	2.0
K. pneumoniae, carbapenemase	15 ^a	1.1	1.2	2.0	2.8
E. cloacae, wild type	4	1.0	1.2	1.7	3.4
E. cloacae, carbapenemase	4 ^c	1.2	1.4	2.4	4.8
Serratia spp., wild type	2	1,2 ^d	1,4 ^d	2,4 ^d	2,4 ^d
Serratia spp., carbapenemase	2 ^e	2,8 ^d	4,16 ^d	4,>16 ^d	4,16 ^d
P. aeruginosa, low efflux	5	1.5	1.7	3.5	5.3
P. aeruginosa, normal efflux/ wild type	5	2.6	3.0	7.0	11.3
P. aeruginosa, high efflux	5	2.6	3.0	7.0	6.1
P. aeruginosa, carbapenemase	5 ^f	3.5	6.7	5.7	12.7
A. baumannii, wild type	5	1.7	1.7	2.0	4.6
A. baumannii, OXA-23-positive	5	3.0	3.5	5.3	12.1

^aFive isolates each with KPC, NDM and OXA-48-like enzymes 251

^b11 S. enterica, 3 E. coli 252

^cTwo isolates with KPC enzymes and single strains with OXA-48 and NDM 253

^d Single isolates with SME and OXA-48-like enzymes 254

^e Since only two isolates were tested, actual MICs are shown, not the mean 255

^f Two isolates with VIM, two with NDM carbapenemases, one with an IMP enzyme 256

FIGURE 1. RX-04 pyrrolocytosine structures

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RX-04A

$$H_2N$$
 H_2N
 H_3C
 H_3C