Using anti-biofilm peptides to treat antibiotic-resistant bacterial infections César de la Fuente-Núñez and Robert E.W. Hancock

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Abstract

Host defense (antimicrobial) peptides (HDPs) are produced by virtually all organisms and have an important role in protection against microbial infections. Some naturally occurring peptides such as the human cathelicidin LL-37 and the bovine peptide indolicidin have been shown to inhibit bacterial biofilm development. Rearrangement and substantial modification of the amino acid sequence of these and other HDPs has led to the identification of small synthetic peptides with increased, broad-spectrum antibiofilm activity that is independent of activity vs. planktonic cells. Some of these peptides have also been shown to act in synergy with antibiotics commonly used in the clinic to prevent biofilm formation and eradicate pre-existing biofilms. Recently, the mechanism of action of one of these peptides (i.e., 1018) was shown to involve binding to and causing degradation of the second messenger stress response nucleotide ppGpp, which plays an important role in biofilm formation and maintenance. Here, we review recent progress in the field of anti-biofilm peptides and propose future directions to further develop these therapeutic agents.

Keywords: bacterial biofilms, anti-biofilm peptides, synergy, anti-infectives, antibiotic resistance

Introduction

Host defense peptides (HDP) are molecules produced by all living organisms. They have been conserved throughout evolution and serve as defense mechanisms against insults such as those imposed by microbial infections and inflammation [1, 2]. These peptides are generally small in size (from 12 to at least 50 amino acids in length) and are cationic due to the presence of excess lysine and arginine amino acid residues [1, 2]. HDPs also contain a high proportion (usually >50%) of hydrophobic residues, which allows them to interact with, and often translocate across bacterial and host membranes, thus enabling their antimicrobial, immunomodulatory and anti-biofilm activities. Here, I will review recent progress on the anti-biofilm properties of synthetic peptides derived from HDPs. Biofilms multicellular aggregates of surfaceare associated microorganisms that are estimated to cause at least 65% of all infections in humans, being particularly prevalent in infections affecting medical devices such as catheters,

infections on body surfaces (e.g. skin infections, wounds, mucosa, etc.), and in chronic infections [3-7]. Biofilm-related infections are very difficult to treat in the clinic due to their adaptive resistance to most antibiotics and consequent recalcitrance to treatment with conventional antibiotics. Moreover, there are currently no drugs available that selectively target bacterial biofilms and all antibiotics were developed for treating planktonic (free swimming) cell infections [8]. Consequently, there is an urgent need for new strategies to treat biofilm infections.

Based on the observation that the human cathelicidin LL-37 exhibits anti-biofilm activity [9], recent findings have identified small synthetic peptides with increased potency towards biofilms formed by both Gram-negative and Gram-positive bacterial pathogens [10-17]. Results from some of these studies have concluded that the anti-biofilm properties of peptides are independent of their direct antimicrobial activity, since potent anti-biofilm peptides that lacked anti-planktonic cell activity

identified were and vice versa, while Burkholderia cenocepacia which is completely resistant to peptides in its planktonic state is susceptible when growing as biofilms [11,17]. In addition, anti-biofilm peptides have been shown with different classes to synergize of conventional antibiotics to eradicate biofilms [18, 19]. Here, I will outline some of the most significant advances made in recent years in the field of anti-biofilm peptides.

Synthetic peptides with anti-biofilm activity

Synthetic peptides exhibiting activity against biofilms are increasingly being reported in the literature [10-17]. The smallest appears to be a cationic peptide of only 9 amino acids in length that can prevent biofilm formation by Gram negatives Pseudomonas aeruginosa and Burkholderia cenocepacia and the Gram-positive microorganism Listeria monocytogenes, despite its very high MICs for bacteria grown under planktonic conditions [11]. More recently, a dodecapeptide synthetic (called 1018; VRLIVAVRIWRR-NH₂), based loosely on the amino acid sequence of a peptide (termed Bac2a; RLARIVVIRVAR-NH₂) derived from the naturally occurring bovine HDP bactenecin, was identified as an anti-biofilm peptide [17]. Despite presenting very modest direct antimicrobial activity (similar to parent peptide Bac2a) against both Gram-negative and Gram-positive bacteria, peptide 1018 was found to exhibit potent broadspectrum anti-biofilm activity against Ρ. Escherichia coli, Acinetobacter aeruginosa, baumannii, Klebsiella pneumoniae, methicillinresistant S. aureus, Salmonella Typhimurium, and Burkholderia cenocepacia at sub-MIC concentrations (Figure 1) [17]. Interestingly, the effect of the peptide on biofilm development varied according to the peptide concentration used. For instance, treatment with very low doses of the peptide (0.8 μ g/ml) triggers dispersal of cells from pre-formed biofilms, while it induces cell death within biofilms at higher concentrations (10 µg/ml) [17] (Figure 2). Furthermore, peptide 1018 was shown to target

common stress response nucleotides the (p)ppGpp (termed hereafter ppGpp which is the actual effector that binds to RNA polymerase), which play an important role in biofilm development contributing to both biofilm formation and maintenance [17]. Indeed, NMR and thin layer chromatography studies showed that the peptide acted on live bacterial cells to cause degradation of ppGpp and its precursor pppGpp, and in vitro directly interacted with ppGpp [17]. These results indicate that peptide 1018 targets ppGpp and marks it for degradation, thus providing a mechanistic explanation for the broad-spectrum activity of the peptide, since ppGpp is produced by both Gram-negative and Gram-positive bacteria [20]. It is also worth noting that peptide 1018 was originally identified as an immunomodulatory peptide that can selectively enhance chemokine production and polarize cellular differentiation while suppressing the pro-inflammatory response [21, 22]. A range of synthetic peptides based on the amino acid sequence of 1018 were developed and shown to have anti-biofilm and immunomodulatory properties [23].

Synergistic interactions with conventional antibiotics

Anti-biofilm peptide 1018 showed strong synergy with different classes of conventional antibiotics to prevent biofilm formation and eradicate preexisting biofilms [19]. Indeed, when low doses of the peptide were added in the presence of the clinically-important conventional antibiotics ceftazidime, ciprofloxacin, imipenem, or tobramycin, the concentration of antibiotics required to treat biofilms formed by Gramnegative P. aeruginosa, Escherichia coli, Acinetobacter baumannii, Klebsiella pneumoniae and Salmonella enterica, and the Gram-positive bacterial pathogen methicillin-resistant S. aureus, was reduced substantially (up to 64-fold) [19]. Other cationic peptides have also been shown to synergize with different antibiotics to inhibit biofilms formed by methicillin-resistant S. aureus and P. aeruginosa [12, 18]. This

represents a new approach to potentiate antibiotic action against biofilms. Peptides that show synergy with clinically relevant antibiotics hold great potential as an adjunctive therapy with antibiotics against drug-resistant infections. Testing these combinations of antibiotics plus peptide in animal models of biofilm-related infections will likely be a major focus of future research.

Therapeutic potential of anti-biofilm peptides

There are several factors limiting the translation of this approach to the clinic. These include potential toxicities, the relatively cost of peptide production, their stability to proteases that abound in the body, and the lack of knowledge about the optimal method of therapeutic administration. In this regard, for example, peptide 1018 exhibits a low toxicity profile both in vitro and in vivo as shown in different studies looking at its effect in animal models [22]. Its small size addresses the cost of goods limitation. In addition, radiolabeling studies have shown that peptide 1018 is rapidly removed from the blood but hits a stable (for 4 hours) level of around 5 μ g/ml within 2 minutes of delivery. Moreover it distributes rapidly into the blood, liver, brain and spleen, reaching steady state concentrations that are again stable for up to 4 hours These positive therapeutic [24]. properties, added to the potent anti-biofilm activity of the peptide, make it a good candidate against infected catheters and skin infections/wounds caused by biofilms.

Future directions

Antibiotic resistance is a major health problem worldwide as our entire arsenal of antibiotics is rapidly loosing effectiveness against bacteria that are resistant to multiple antibiotics [25, 26]. This situation is even more worrying in the case of biofilm-related infections, since biofilms are even more resistant to antibiotics compared to freeswimming (planktonic) bacteria and are extremely prevalent in clinical settings, while there are currently no available drugs that effectively target biofilms. Another limitation of the majority of anti-biofilm peptides previously described in the literature is that they are composed entirely of L-amino acids, which can be recognized by bacterial or host proteases that abound during infections and can break down peptides, thus hindering their biological activity [27]. Indeed, bacterial resistance strategies to antimicrobial peptides have been described that include enzymatic degradation of L-amino acid peptides, while host proteases can also degrade such peptides during treatment [28], thus limiting their activity in vivo. Future research is aimed at overcoming this limitation by designing D-enantiomeric peptides, which cannot be recognized by proteases [29] and this strategy has been shown to improve in vivo efficacy in treating model infections. Further rational design of previously identified anti-biofilm peptides will allow deeper characterization of structureactivity relationships, which will likely lead to the identification of improved peptides that selectively target biofilms formed either by individual Gram-negative and/or Gram-positive bacteria, or mixed biofilms such as for example can occur in the oral cavity. Additionally, these studies should take into account important properties, such as the ability to penetrate bacterial cells, synergize with antibiotics and prevent ppGpp accumulation. Finally, efforts should be directed towards establishing different animal models of infection using a multi-host approach. For example, the effect of the peptides may be evaluated in murine biofilm infection models or in invertebrates such as Caenorhabditis elegans, Drosophila melanogaster or Galleria mellonella that enable high throughput screening of potential antibiofilm drugs. These models will provide a good experimental setting to assess the in vivo antibiofilm activity of the novel peptides and to test their ability to synergize with different classes of antibiotics.

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References

1. Hancock REW, Sahl HG. (2006). Antimicrobial and host-defense peptides as new anti-infective therapeutic strategies. Nat. Biotechnol. 24:1551-7. http://dx.doi.org/10.1038/nbt1267 PMid:17160061

2. Zasloff M. (2002). Antimicrobial peptides of multicellular organisms. Nature. 415:389-95. http://dx.doi.org/10.1038/415389a PMid:11807545

3. Costerton JW, Stewart PS, Greenberg EP. (1999) Bacterial biofilms: a common cause of persistent infections. Science 284:1318-22. http://dx.doi.org/10.1126/science.284.5418.13 18 PMid:10334980

4. O'Toole G, Kaplan HB, Kolter R. (2000).
Biofilm formation as microbial development.
Annu. Rev. Microbiol. 54:49-79.
http://dx.doi.org/10.1146/annurev.micro.54.1.
49 PMid:11018124

5. López D, Vlamakis H, Kolter R. (2010). Biofilms. Cold Spring Harb. Perspect. Biol. 2: a000398. http://dx.doi.org/10.1101/cshperspect.a00039 8 PMid:20519345 PMCid:PMC2890205

6. de la Fuente-Núñez C, Reffuveille F, Fernández L, Hancock REW. (2013). Bacterial biofilm development as a multicellular adaptation: antibiotic resistance and new therapeutic strategies. Curr. Opin. Microbiol. 16:580-9. http://dx.doi.org/10.1016/j.mib.2013.06.013 PMid:23880136

7. Römling U, Kjelleberg S, Normark S, Nyman L, Uhlin BE, Åkerlund B. (2014). Microbial biofilm formation: a need to act. J Intern Med. 276:98-110.

http://dx.doi.org/10.1111/joim.12242 PMid:24796496

8. Bjarnsholt T, Ciofu O, Molin S, Givskov M, Høiby N. (2013). Applying insights from biofilm biology to drug development - can a new approach be developed? Nat Rev Drug Discov. 12:791-808. http://dx.doi.org/10.1038/prd4000

http://dx.doi.org/10.1038/nrd4000 PMid:24080700

9. Overhage J, Campisano A, Bains M, Torfs EC, Rehm BH, Hancock REW. (2008). Human host defense peptide LL-37 prevents bacterial biofilm formation. Infect. Immun. 76: 4176-82. http://dx.doi.org/10.1128/IAI.00318-08 PMid:18591225 PMCid:PMC2519444

10. Dean SN, Bishop BM, van Hoek ML. (2011). Natural and synthetic cathelicidin peptides with anti-microbial and anti-biofilm activity against Staphylococcus aureus. BMC Microbiol. 11:114. http://dx.doi.org/10.1186/1471-2180-11-114 PMid:21605457 PMCid:PMC3397408

11. de la Fuente-Núñez C, Korolik V, Bains M, Nguyen U, Breidenstein EBM, et al. (2012). Inhibition of bacterial biofilm formation and swarming motility by a small synthetic cationic peptide. Antimicrob. Agents Chemother. 56 :2696-704.

http://dx.doi.org/10.1128/AAC.00064-12 PMid:22354291 PMCid:PMC3346644

12. Dosler S, Karaaslan E. Inhibition and destruction of Pseudomonas aeruginosa biofilms by antibiotics and antimicrobial peptides. Peptides. 2014; pii: S0196-9781(14)00290-3.

13. Nagant C, Pitts B, Nazmi K, Vandenbranden M, Bolscher JG, Stewart PS, Dehaye JP. (2012). Identification of peptides derived from the human antimicrobial peptide LL-37 active against biofilms formed by Pseudomonas aeruginosa using a library of truncated fragments. Antimicrob Agents Chemother.

56:5698-708. http://dx.doi.org/10.1128/AAC.00918-12 PMid:22908164 PMCid:PMC3486595

14. Feng X, Sambanthamoorthy K, Palys T, Paranavitana C. (2013). The human antimicrobial peptide LL-37 and its fragments possess both antimicrobial and antibiofilm activities against multidrug-resistant Acinetobacter baumannii. Peptides. 49:131-7. http://dx.doi.org/10.1016/j.peptides.2013.09.0 07 PMid:24071034

15. Gopal R, Kim YG, Lee JH, Lee SK, Chae JD, Son BK, Seo CH, Park Y. Synergistic effects and antibiofilm properties of chimeric peptides against multidrug-resistant Acinetobacter baumannii strains. Antimicrob Agents Chemother. 2014;58:1622-9. http://dx.doi.org/10.1128/AAC.02473-13 PMid:24366740 PMCid:PMC3957903

16. Pompilio A, Scocchi M, Pomponio S, Guida F, Di Primio A, Fiscarelli E, Gennaro R, Di Bonaventura G. (2011). Antibacterial and antibiofilm effects of cathelicidin peptides against pathogens isolated from cystic fibrosis patients. Peptides. 32:1807-14.

http://dx.doi.org/10.1016/j.peptides.2011.08.0 02 PMid:21849157

17. de la Fuente-Núñez C, Reffuveille F, Haney EF, Straus SK, Hancock REW. (2014). Broadspectrum anti-biofilm peptide that targets a cellular stress response. PLoS Pathog. 10:e1004152.

http://dx.doi.org/10.1371/journal.ppat.100415 2 PMid:24852171 PMCid:PMC4031209

18. Mataraci E, Dosler S. (2012). In vitro activities of antibiotics and antimicrobial cationic peptides alone and in combination against methicillin-resistant Staphylococcus aureus biofilms. Antimicrob Agents Chemother. 56:6366-71.

http://dx.doi.org/10.1128/AAC.01180-12 PMid:23070152 PMCid:PMC3497160

19. Reffuveille F, de la Fuente-Núñez C, Mansour S, Hancock REW. (2014). A broadspectrum anti-biofilm peptide enhances antibiotic action against bacterial biofilms. Antimicrob. Agents Chemother. 58:5363-71. http://dx.doi.org/10.1128/AAC.03163-14 PMid:24982074 20. Potrykus K, Cashel M. (2008). (p)ppGpp: still magical? Annu Rev Microbiol. 62:35-51. http://dx.doi.org/10.1146/annurev.micro.62.08 1307.162903 PMid:18454629

21. Wieczorek M, Jenssen H, Kindrachuk J, Scott WR, Elliott M, Hilpert K, Cheng JT, Hancock REW, Straus SK. (2010). Structural studies of a peptide with immune modulating and direct antimicrobial activity. Chem Biol. 17:970-80.

http://dx.doi.org/10.1016/j.chembiol.2010.07. 007 PMid:20851346

22. Mansour SC, de la Fuente-Núñez C, Hancock REW. (2014). Peptide IDR-1018: modulating the immune system and targeting bacterial biofilms to treat antibiotic-resistant bacterial infections. J Pept Sci. doi: 10.1002/psc.2708. http://dx.doi.org/10.1002/psc.2708

23. de la Fuente-Núñez C, Mansour SC, Wang Z, Jiang L, Breidenstein EBM, Elliott M, Reffuveille F, Speert DP, Reckseidler-Zenteno SL, Shen Y, Haapasalo M, Hancock REW. (2014). Anti-biofilm and immunomodulatory activities of peptides that inhibit biofilms formed by pathogens isolated from cystic fibrosis patients. Antibiotics. 3:509-526. http://dx.doi.org/10.3390/antibiotics3040509

24. Bolouri H, Sävman K, Wang W, Thomas A, Maurer N, Dullaghan E, Fjell CD, Ek CJ, Hagberg H, Hancock REW, Brown KL, Mallard C. (2014). Innate defense regulator peptide 1018 protects against perinatal brain injury. Ann Neurol. 75:395-410. http://dx.doi.org/10.1002/ana.24087 PMid:24339166

25. Payne DJ, Gwynn MN, Holmes DJ, Pompliano DL. (2007). Drugs for bad bugs: confronting the challenges of antibacterial discovery. Nat. Rev. Drug. Discov. 6:29-40. http://dx.doi.org/10.1038/nrd2201 PMid:17159923

26. Boucher HW, Talbot GH, Bradley JS, Edwards JE, Gilbert D, Rice LB, Scheld M, Spellberg B, Bartlett J. (2009). Bad bugs, no drugs: no ESKAPE! An update from the Infectious Diseases Society of America. Clin. Infect. Dis. 48:1-12. http://dx.doi.org/10.1086/595011 PMid:19035777 5

27. Sieprawska-Lupa M, Mydel P, Krawczyk K, Wójcik K, Puklo M, Lupa B, Suder P, Silberring J, Reed M, Pohl J, et al. (2004). Degradation of human antimicrobial peptide LL-37 by Staphylococcus aureus-derived proteinases. Antimicrob. Agents Chemother. 48:4673-9. http://dx.doi.org/10.1128/AAC.48.12.4673-4679.2004

PMid:15561843 PMCid:PMC529204

28. Fjell CD, Hiss JA, Hancock REW, Schneider G. (2011). Designing antimicrobial peptides: form follows function. Nat. Rev. Drug Discov. 11:37-51. PMid:22173434

29. de la Fuente-Núñez C, Reffuveille F, Mansour SC, Reckseidler-Zenteno SL, Hernández D, Brackman G, Coenye T, Hancock REW. D-enantiomeric peptides that eradicate wild-type and multi-drug resistant biofilms and protect against lethal Pseudomonas aeruginosa infections. Chemistry & Biology. 2015; 22:196– 205.

http://dx.doi.org/10.1016/j.chembiol.2015.01. 002

Figures

Figure 1. Broad-spectrum anti-biofilm activity of peptide 1018. Inhibition of biofilm development was tested by adding peptide 1018 into the flow-through medium at day 0 for a total of 3 days. Eradication conditions involved allowing biofilms to grow for 2 days before treating them with peptide 1018. After 3 days, bacteria were stained green with the all bacteria stain Syto-9 and red with the dead-bacteria stain propidium iodide (merged images show as yellow to red) prior to confocal imaging. Each panel shows reconstructions from the top in the large panel and sides in the right and bottom panels (xy, yz and xz dimensions). Representative images are shown in each case. Taken from reference [17].



Figure 2. Concentration-dependent effect of peptide 1018 on *P. aeruginosa* biofilm development. Two-day old *P. aeruginosa* biofilms were treated with either 0.8 or 10 μ g/ml of peptide 1018 and viable dispersed cells were collected from the effluent of the flow cell and viable counts were determined after the indicated times of treatment. Representative confocal microscopy images are shown in each case. Bacteria in flow cell chambers were stained with Syto-9 and propidium iodide as described in the legend of Figure 1. Reprinted from reference [17].

