

P-025

In-vitro model of *Pseudomonas aeruginosa* pulmonary biofilm to evaluate the efficacy of cationic antibiotics

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Introduction-

- Pseudomonas aeruginosa (PA) develop as biofilms in chronic pulmonary infections ¹
- Biofilms are aggregates of *PA* (50-100 µm) entrapped in a selfproduced matrix of anionic polymers (alginate, DNA), often surrounded by patient mucus²
- The activity of cationic antibiotics "ATB" such as tobramycin (TOB) and colistin (COL) against these biofilms is low *in-vivo* because of their interactions with the matrix

-Material & Methods—

- A bioluminescent strain of *PA* (*PAO1-LUXCDEBA*) was incorporated into large calcium alginate beads ($\emptyset = 1200 \ \mu m$).^{2,3} These beads were dispersed in artificial sputum medium⁴ (ASM) to produce an *in-vitro PA* pulmonary biofilm model
- The effectiveness of ATB (TOB and COL) was tested on the *in vitro PA* pulmonary biofilm by measuring :
 - *PA* bioluminescence kinetics during 40H
 - Bacterial concentrations (log10 CFU / ml) after 40 h of exposure to ATB. These values were plotted as a function of ATB concentrations and modelled using the following inhibitor Emax model.⁵

Purpose Develop an *in-vitro* model composed of anionic polymers found *in-vivo* in pulmonary *PA* biofilms to evaluate the efficacy of

inhaled ATB used to treat chronic pulmonary infections

 $CFU(t) = CFU_0 \times (1 - \frac{C^{\gamma}}{C_{50}^{\gamma} + C^{\gamma}})$ $CFU_0: CFU_0: CF$

C : concentration of ATB X MIC C_{50} : [ATB] needed to achieve 50% of CFU₀ γ : Hill factor

- ✓ The index with the best fit and low value of C_{50} is more effective
- The development of resistance to these ATBs among surviving PAs was evaluated by measuring the MIC

-Results

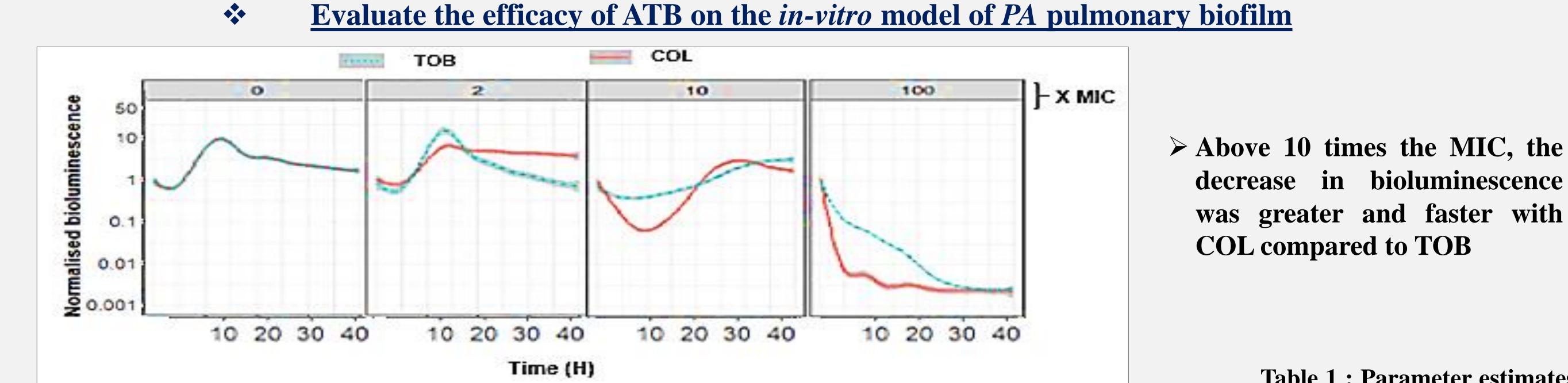


Fig.1: Bioluminescence kinetics of *PA* trapped in calcium alginate beads dispersed in ASM exposed to

Table 1 : Parameter estimates forthe Emax model plotted withdifferent ATB tested on the in

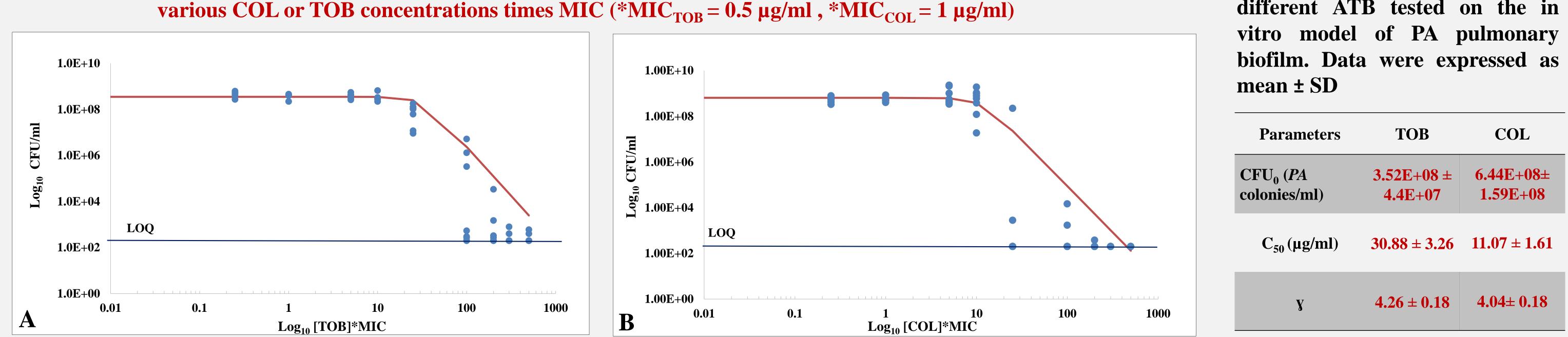
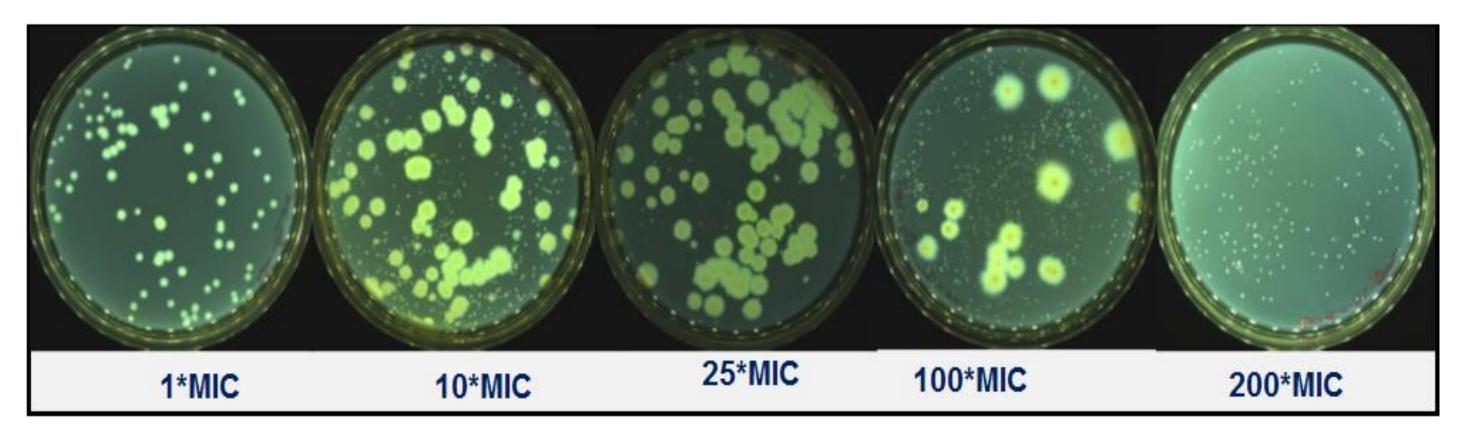


Fig. 2: *PA* concentrations loaded in calcium alginate beads dispersed in ASM after exposure during 40 hours to various TOB (A) or (COL) concentrations expressed in number of times the MIC (*LOQ: Limite of quantification = 200 CFU/ml). The estimated values of the Emax model parameters are shown in Table 1

- The C₅₀ (30.88 ± 3.26 μg / ml) obtained for the TOB was higher than that obtained for the COL (11.07 ± 1.61 μg / ml) suggesting a higher potency of the COL to reduce the bacterial burden in the PA pulmonary biofilm model.
- > After 40H of exposure to ATB , PA showed similar MIC value compared to the bacteria before being treated with these ATBs
 - ✤ Adaptation of PA to the presence of TOB



Two phenotypes of colonies were observed

✓ Normal and Small colony variant "SCV" (Described in CF patients with

Fig. 3: Morphology of 72-hour PA colonies on Müller-Hinton agar obtained from PA extracted from the *in-vitro* pulmonary biofilm model exposed 40 h to TOB.

-Conclusion & Perspectives-

- Bioluminescence measurements and colony counts show that COL was more effective than TOB on an *in-vitro model* of *PA* pulmonary biofilm, suggesting a better clinical efficacy of COL than TOB when treating these biofilms
- > PA may persist in biofilms even when exposed to high concentration of TOB without developing resistance to this antibiotic.

chronic pulmonary infections ⁶)

- ✓ The bacteria of both types of colonies were bioluminescent
- ✓ SCV appeared only after 48 h of plating on Müller-Hinton agars
 ✓ SCV had similar MIC value compared to the MIC of bacteria before treatment with TOB
- ✓ Percentage of small colonies relative to total number of colonies increased with TOB concentration
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-References

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