

Phage Therapy:

An alternative to antibiotics in the era of multi-drug resistance

Joint Graduate Seminar 2018

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SOVIET PSEUDOSCIENCE

- Phages are currently being used therapeutically to treat bacterial infections that do not respond to conventional antibiotics, particularly in Russia and Georgia.
- Thus called Soviet Pseudo Science by Western world

Presentation outline



Introduction to phage therapy



Milestones in phage history



Phage against clinically significant pathogens



Phage therapy vs antibiotic therapy



Problems



Conclusion

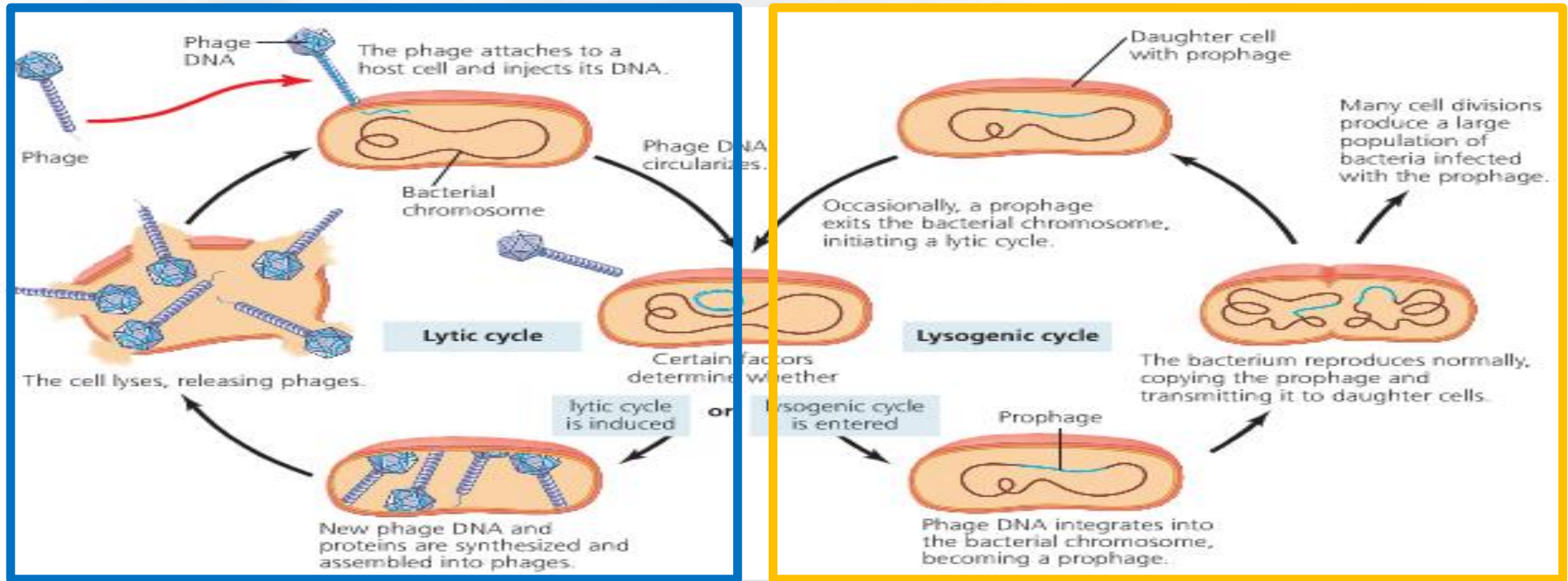


Introduction to phage therapy

Bacteriophages :

- Viruses that infect bacteria
- By injecting genetic materials
- Ubiquitous
- Obligatory parasites
- Self-limiting antibiotics for bacteria

Phage Cycles

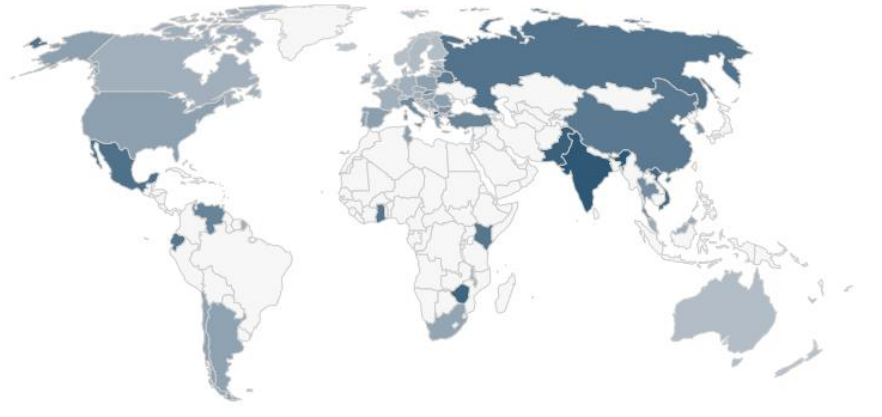


- Lytic phages instruct the machinery in the host cell to make more bacteriophages
- Lysogenic phages attach their strand of genetic instructions to the DNA of the bacteria. The phage DNA get replicated along with the bacterial generation by generation

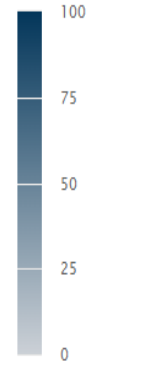
Antibiotic resistance:

- Over use and misuse
- MDR
- Need of alternative to conventional antibiotics

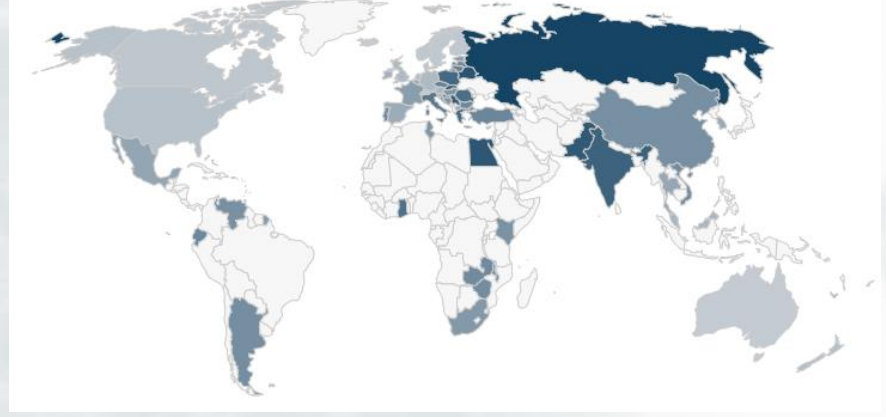
Resistance of *Escherichia coli* to Fluoroquinolones



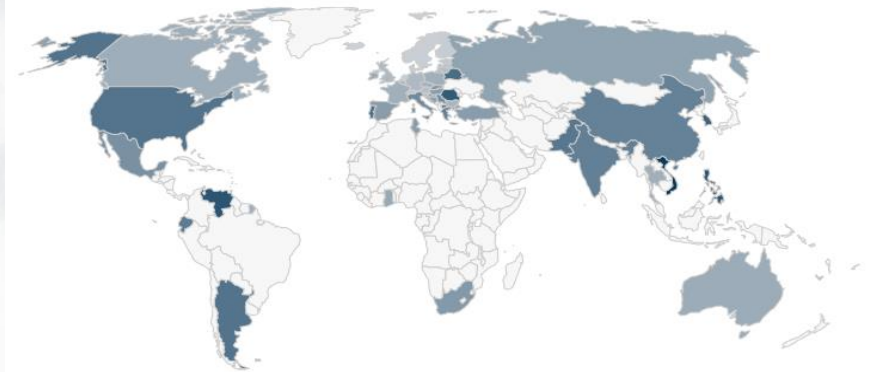
% Resistant
(invasive isolates)



Resistance of *Klebsiella pneumoniae* to Fluoroquinolones



Resistance of *Staphylococcus aureus* to Oxacillin (MRSA)



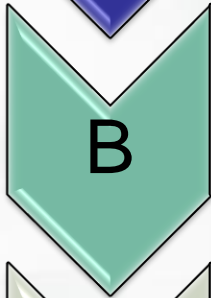
Phage therapy :

- An old idea re-emerging
- Involves the use of phages or their products as bio agents for the treatment or prophylaxis of bacterial infectious diseases
- Administration of phages
 - Orally through colon infusion
 - As aerosols
 - As injections (intradermal, intravascular, etc.)

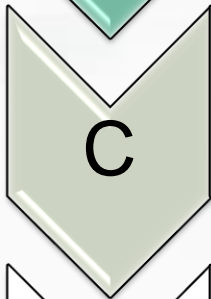
Mechanism



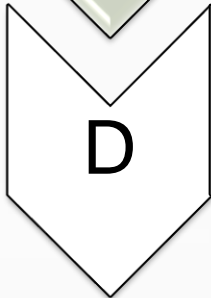
- Bacteriophages



- Suitable host bacterium



- Tail fibers bind to receptors

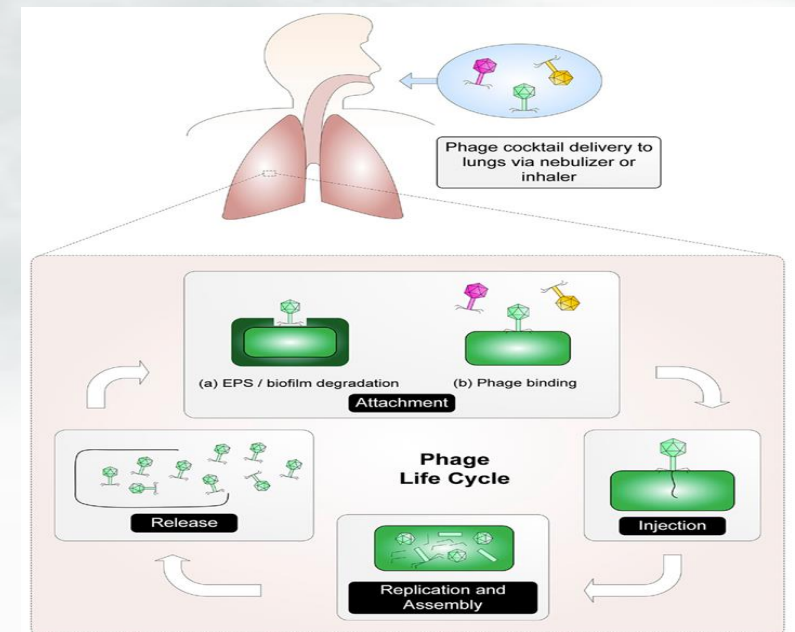


- Injects phage strand of genetic materials into the bacteria and lytic cycle begins

Approaches to bacteriophage therapy

1. Intact phage therapy

- Whole phage products used
- Problem \longrightarrow Resistance to phage attachment
- Solution \longrightarrow Cocktail of phages & whole phage therapy
- Other similar approaches
 - Use of whole phage as transport vehicles
- Focus shifting to purified phage components

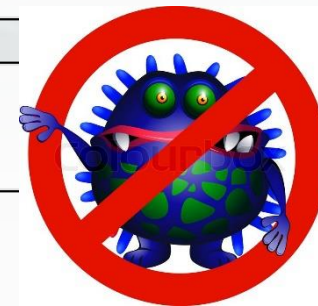
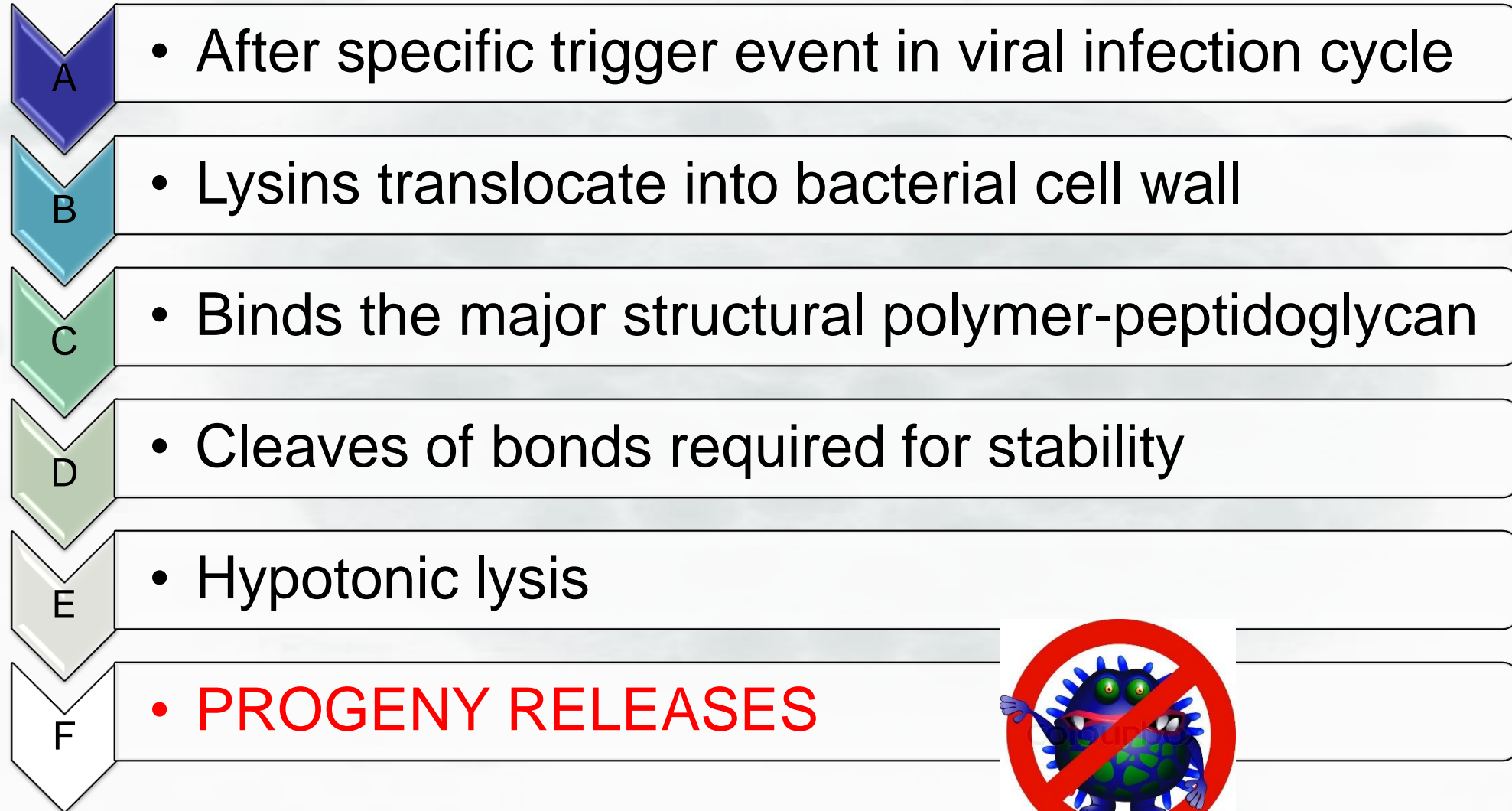


2. Therapies based on phage components

- New window to anti-infective research
- Most promising phage components – **LYSINS**
- Purified phage-encoded peptidoglycan hydrolases
- Application
 - Bacillary dysentery
 - Infections in skin and nasal mucosa
 - Lung and plural infections
 - Inflammatory urological disease
 - Peritonitis
 - Post-surgical wound infections
 - Rhinitis and pharyngitis

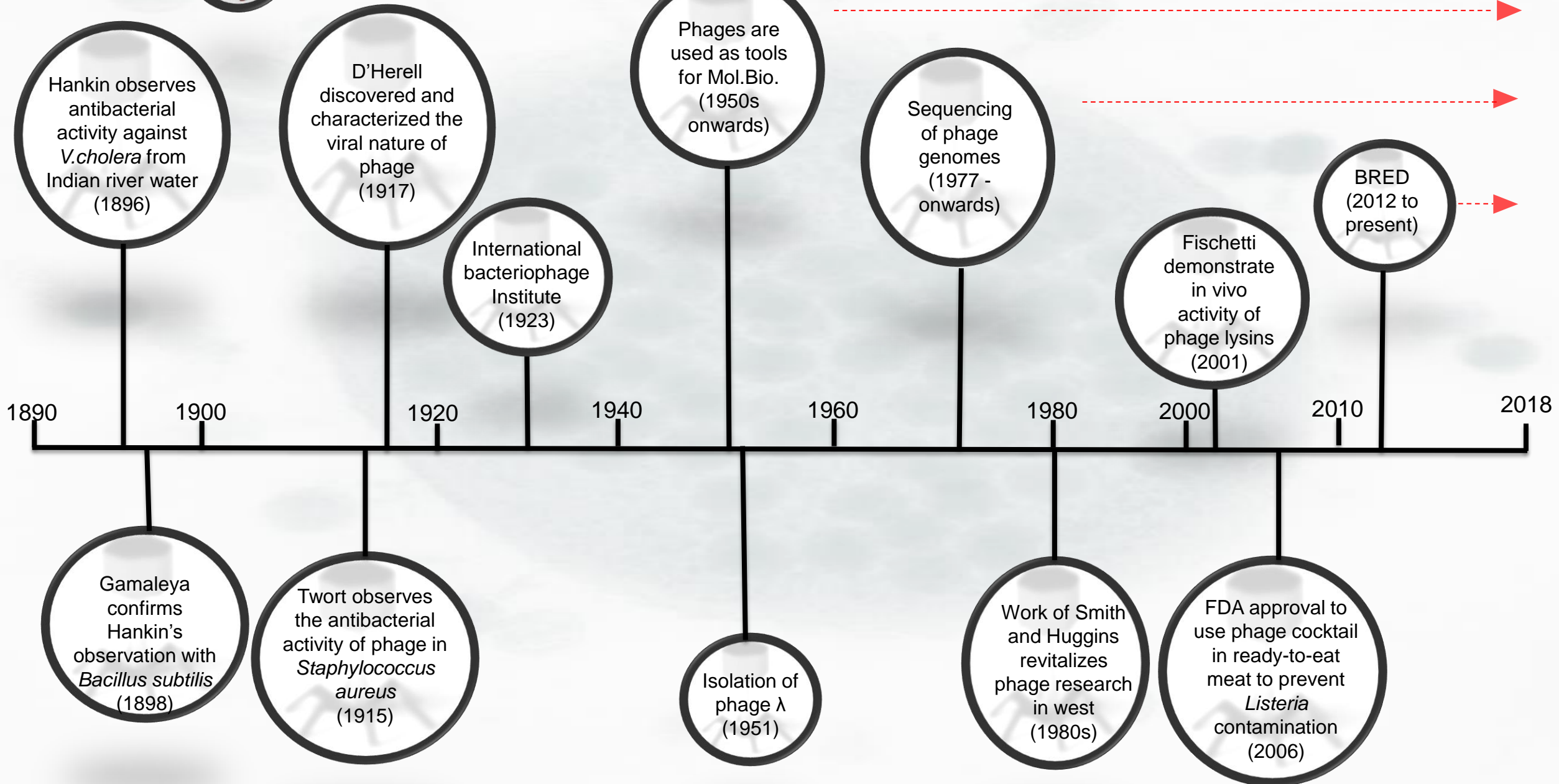


On therapy...





Milestones in phage therapy





Phage against clinically
significant pathogens

Isolation and *in vitro* evaluation of bacteriophages against MDR-bacterial isolates from septic wound infections

Roja Rani Pallavali,¹ Vijaya Lakshmi Degati,¹ Dakshayani Lomada,^{2,3a} Madhava C. Reddy,^{3,3b} and Vijaya Raghava Prasad Durbaka^{1,*}

- A total of 130 septic wound isolates
- 80 isolates were MDR
- 86% Gram negatives – MDR
- 100% Gram positives – MDR
- Bacteriophages - PA DP4, SA DP1, KP DP1, and EC DP3

- MDR-gram-positive bacteria and gram-negative obtained from septic wounds were susceptible to bacteriophage lysis
- Results suggest that these bacteriophages could be potential therapeutic options for treating septic wounds caused by *P. aeruginosa*, *S. aureus*, *K. pneumoniae* and *E. coli*

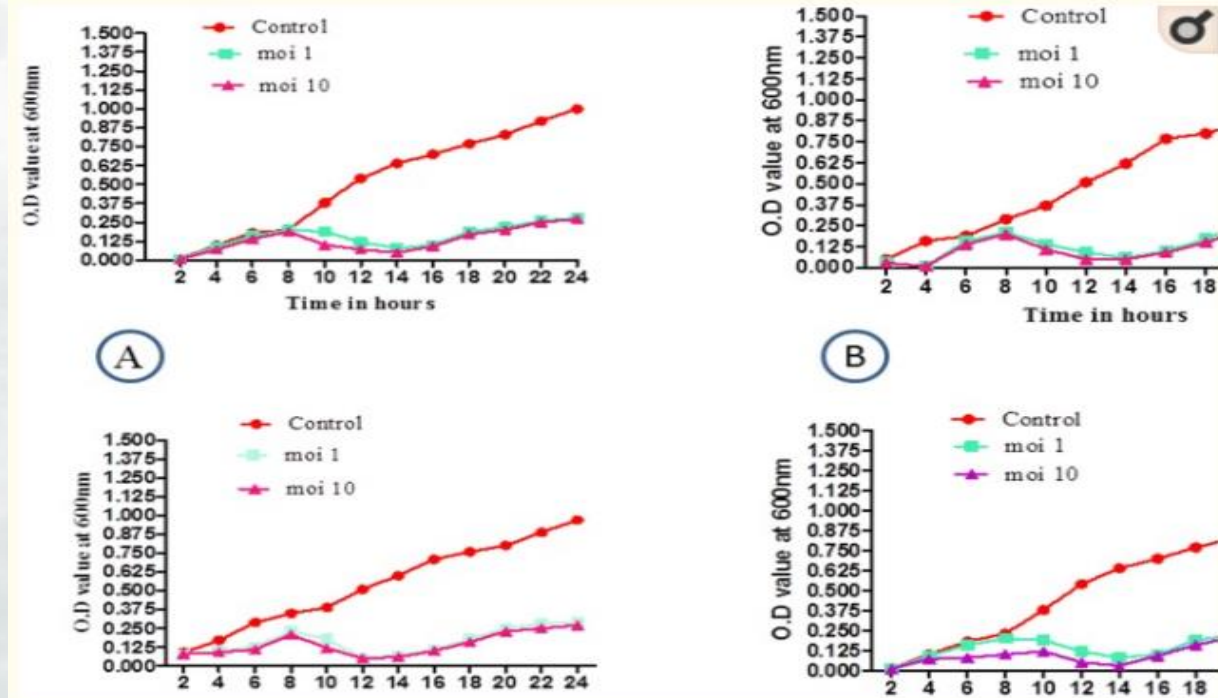


Fig 5

Effect of bacteriophages on the respective bacteria *in vitro*.

Reduction of bacterial growth by corresponding phages compared with control. A. MDR-KP1 (control), phage KP DP1 at m.o.i 1 and 10 (test). B. MDR-SA1 (control), phage SA DP1 at m.o.i 1.

Summary of Clinical Phage Therapy of Pulmonary Infections

Reference	Year	Treatment of...	Etiology	Delivery	Efficacy ^a (# cases)
Morrison and Gardner ²⁶	1936	Bronchial fistula	"a colon bacillus"	Topical	100% (1)
Shishenko ²⁸	1938	Newborns and infants	<i>Staphylococcus</i> (other?)	Topical	^b
Cevey and Schwiez ²⁹	1958	Pleuropulmonary perforation-associated pleural empyema	<i>Staphylococcus</i>	Topical	100% (1)
Delacoste ³³	1959	Refractory coughs	N.A. ^c	Inhalation	100% (19) ^d
Hoeflmayr ⁹	1962	Bronchitis	Streptococci (2/3); Staphylococci (1/3)	Inhalation	90% (29)
Garsevanishvili ³⁴	1974	Pneumonia	Staphylococci, streptococci, and enterics were targeted	Inhalation	^e (189)
Nikolaeva ³⁵	1974	Lung infection and pneumonia	Staphylococci	Inhalation	^f
Sakandelidze and Meipariani ³⁶	1974	Lung abscesses and bronchiectasis	<i>Staphylococcus aureus</i> , <i>Proteus</i> , and Streptococci	Subcutaneous or topical	92%
Ioseliani <i>et al.</i> ³⁸	1980	Lung infections	Staphylococci and/or others	Inhalation, topical ^g	>90% (45)
Meladze <i>et al.</i> ⁴⁰	1982	Parenchyma and pleura infections	<i>Staphylococcus</i>	Inhalation, topical, parenteral	>90% (223)
Chkhetia ⁴¹	1984	Recovery from lung operations	N.A.	Topical, parenteral	>90% (107) ^h
Clinical Trials ²⁷	1985	Various lung infections	N.A.	N.A.	77% (60); 90% (61) ⁱ
Slopek <i>et al.</i> ⁴⁴	1987	Various lung infections	<i>Escherichia</i> , <i>Klebsiella</i> , <i>Proteus</i> , <i>Pseudomonas</i> , <i>Staphylococcus</i> , and <i>Streptococcus</i>	Topical, <i>per os</i>	87% (202)
Weber-Dabrowska <i>et al.</i> ⁴⁷	2000	Various lung infections	<i>E. coli</i> , <i>Klebsiella</i> , <i>Proteus</i> , <i>Pseudomonas</i> , <i>S. aureus</i>	Topical, <i>per os</i>	>90% (376)
Kvachadze <i>et al.</i> ⁴²	2011	Cystic fibrosis-associated infections	<i>Staphylococcus</i> and <i>Pseudomonas</i>	Inhalation	^j

^aApproximately equivalent to percentage “++” or higher as found in [Figure 2](#) through [Figure 5](#).

^bAt least one apparent success of 3 cases of pleuritis.

^cInformation not available.

^dNo total failures.

^eDegree of success is not easily discerned from the publication of this study.

^fThere was “general improvement in the condition” in treatment of lung abscesses.

^g“Applying bacteriophage with antibiotics by inhalation, catheterization, bronchoscopy and to the pleural cavity...” (p. 66)

^hPhages in combination with antibiotics versus 80% (45) for antibiotic treatment alone.

ⁱPhage treatment along (“ISVP”) versus phages plus antibiotics (“ISVP + ABP”), respectively.

^j50% reduction in required ongoing antibiotic treatment.

She drank live viruses for two weeks. It worked



Anna Kuchment and Bianca Castro

Case Report 1

Now Swearingen's medical records confirm the outcome: She is cured.



Patti Swearingen, of Rowlett, poses for a portrait at her home on June 15. Swearingen used a bacteriophage to treat her antibiotic-resistant infection that she had for six years. (Carly Geraci/Staff Photographer)

- MDR *Klebsiella pneumoniae*
- March 2018
- They flew 6,500 miles to a small clinic in Tbilisi, Georgia
- Doctors had her drink live viruses twice a day for two weeks

This Scientist Used Live Viruses To Save A Woman's Life From A Superbug Infection

Case Report 2

Once dismissed as fringe, phage therapy is gaining traction as a last resort when antibiotics fail. It's the subject of a new episode of the Netflix docuseries *Follow This*.



Azeen Ghorayshi
BuzzFeed News Reporter

"I wasn't released because I was better — I was released because nothing was working," Rogers, now 23, told BuzzFeed News.



Paige Rogers



Benjamin Chan and Paige Rogers.
Paige Rogers

- MDR *Pseudomonas aeruginosa*
- In 2017
- In Texas
- Inhalation of cocktail of phages for few months

<https://www.buzzfeednews.com/article/azeenghorayshi/phage-therapy-follow-this>

Novel Phage Therapy Saves Patient with Multidrug-Resistant Bacterial Infection

Intravenous viruses are used to target deadly bacterium; dramatic case suggests potential alternative to failing antibiotics

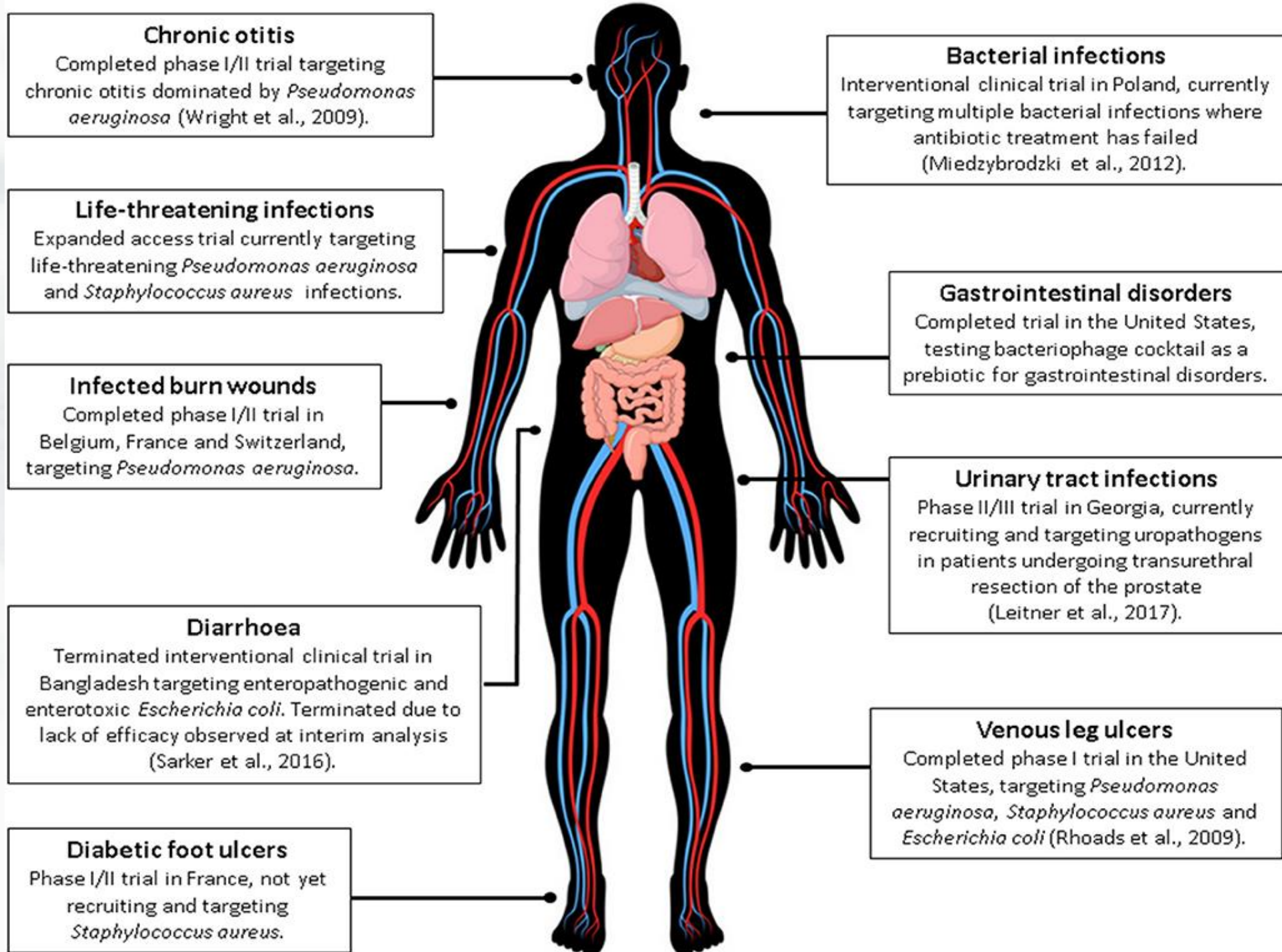
April 25, 2017 | Scott LaFee and Heather Buschman, PhD

Case Report 3



- MDR *Acinetobacter baumannii* “Iraqibacter”
- June 2016
- University of California-San Diego’s medical center
- Woke up from a coma and fully recovered

A current
summary of
human
phage therapy
trials and the
range of target
sites
and
infections



People of the Year 2018: Steffanie Strathdee

by Ombretta Di Dio



Steffanie Strathdee

Photo courtesy of UCSD Heal



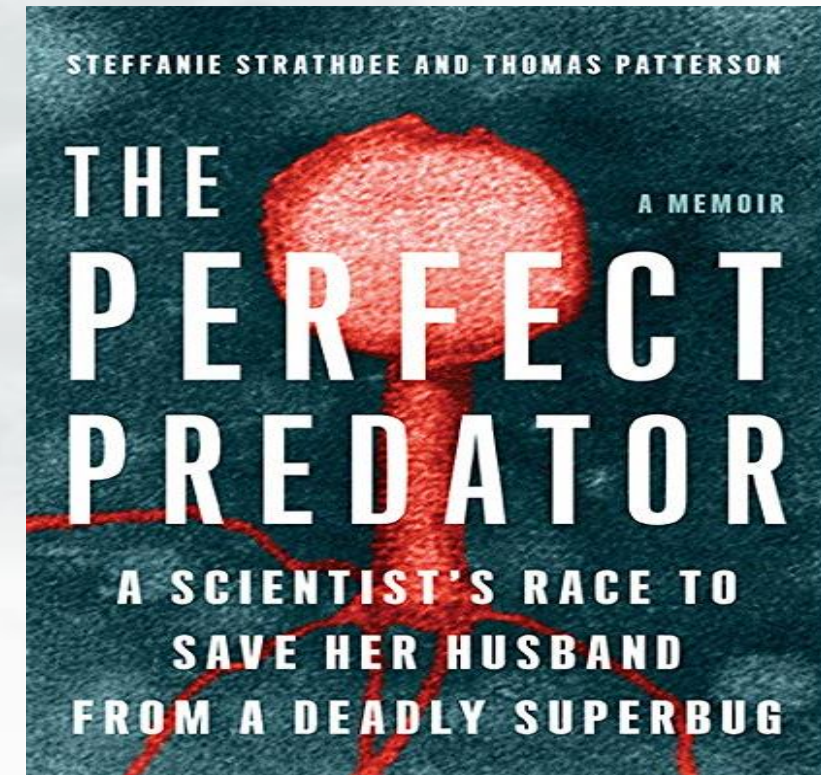
Steffanie Strathdee holds an image of a bacteriophage; her husband, Tom Patterson, holds a rendering of *A. baumannii*, the bacteria that almost killed him.

TIME's List of 50 Most Influential People in Health Care Includes a Real 'Phage' Turner

Medical drama propelled UC San Diego epidemiologist to
forefront in fight against multidrug-resistant bacteria

Dr. Steffanie Strathdee

Co-director of the Center for
Innovative Phage Applications and
Therapeutics





Phage therapy Vs antibiotics

- High specificity
- Normal gut flora not affected
- An alternative for people that allergy to antibiotics
- Different modes of administration
- Single dose is often sufficient
- Safe and efficient
- Production is simple and inexpensive
- Can be use alone or conjugation with antibiotics



Problems

- Novelty
- Specificity of phages
- Efficacy and other technical challenges
- Regulatory approvals
- Patent protection
- Market acceptance

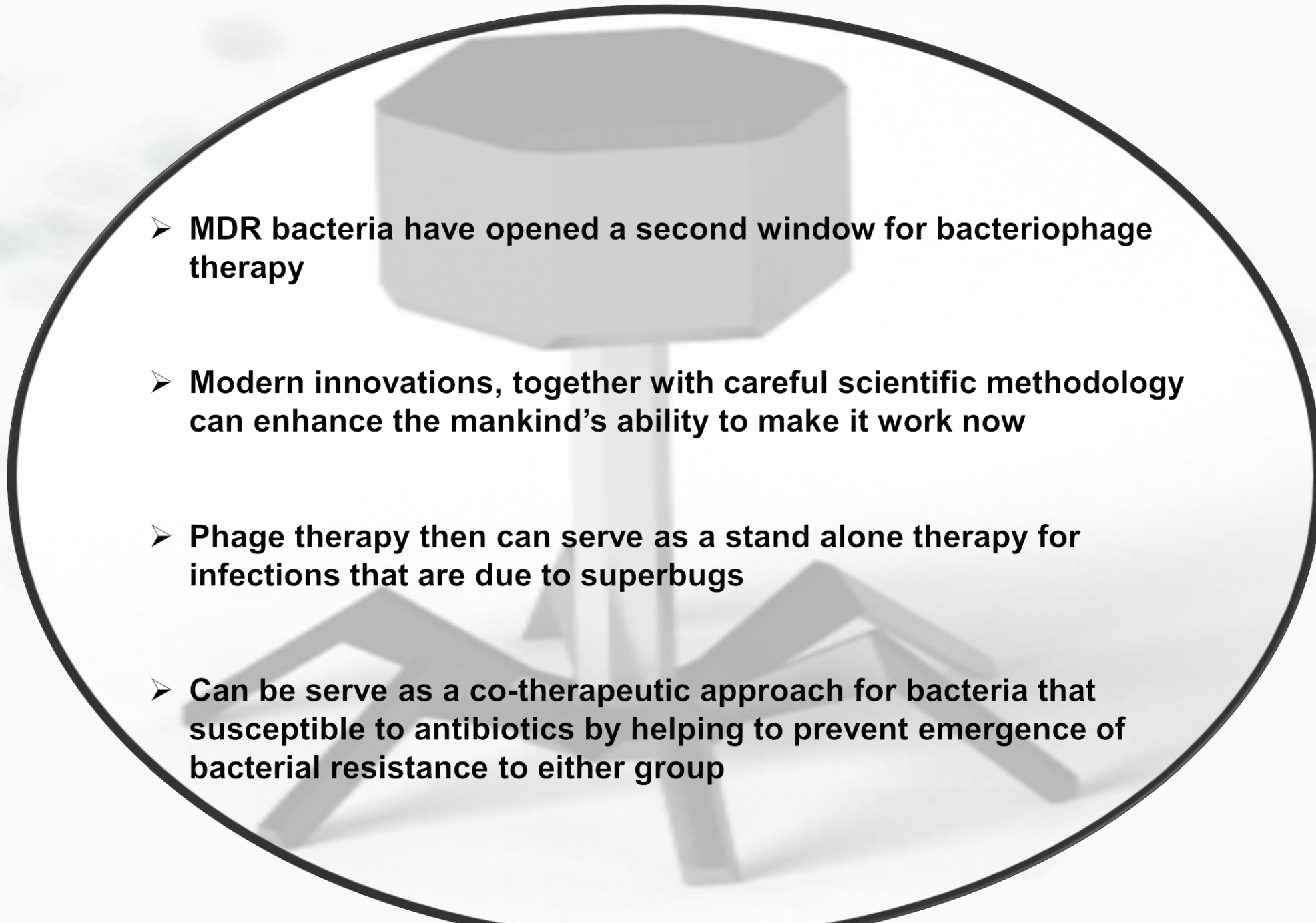
**Phage therapy:
lack of regulatory framework make the
final step
towards application too steep**





Conclusion

1. Phages are everywhere
2. Different strategies are possible:
 - lytic phages
 - lytic phage products
 - modified lysogenic phages for gene delivery
 - phages as probiotics?
3. Phages are safe
4. Phages are efficient, also against antibiotic resistant bacteria and against bacteria in biofilm
5. Clinical trials are held back because of 'safety' considerations and lack of appropriate regulatory framework

- 
- **MDR bacteria have opened a second window for bacteriophage therapy**
 - **Modern innovations, together with careful scientific methodology can enhance the mankind's ability to make it work now**
 - **Phage therapy then can serve as a stand alone therapy for infections that are due to superbugs**
 - **Can be serve as a co-therapeutic approach for bacteria that susceptible to antibiotics by helping to prevent emergence of bacterial resistance to either group**



Thank
You