



Can anything be done to prevent antibiotic resistance development?

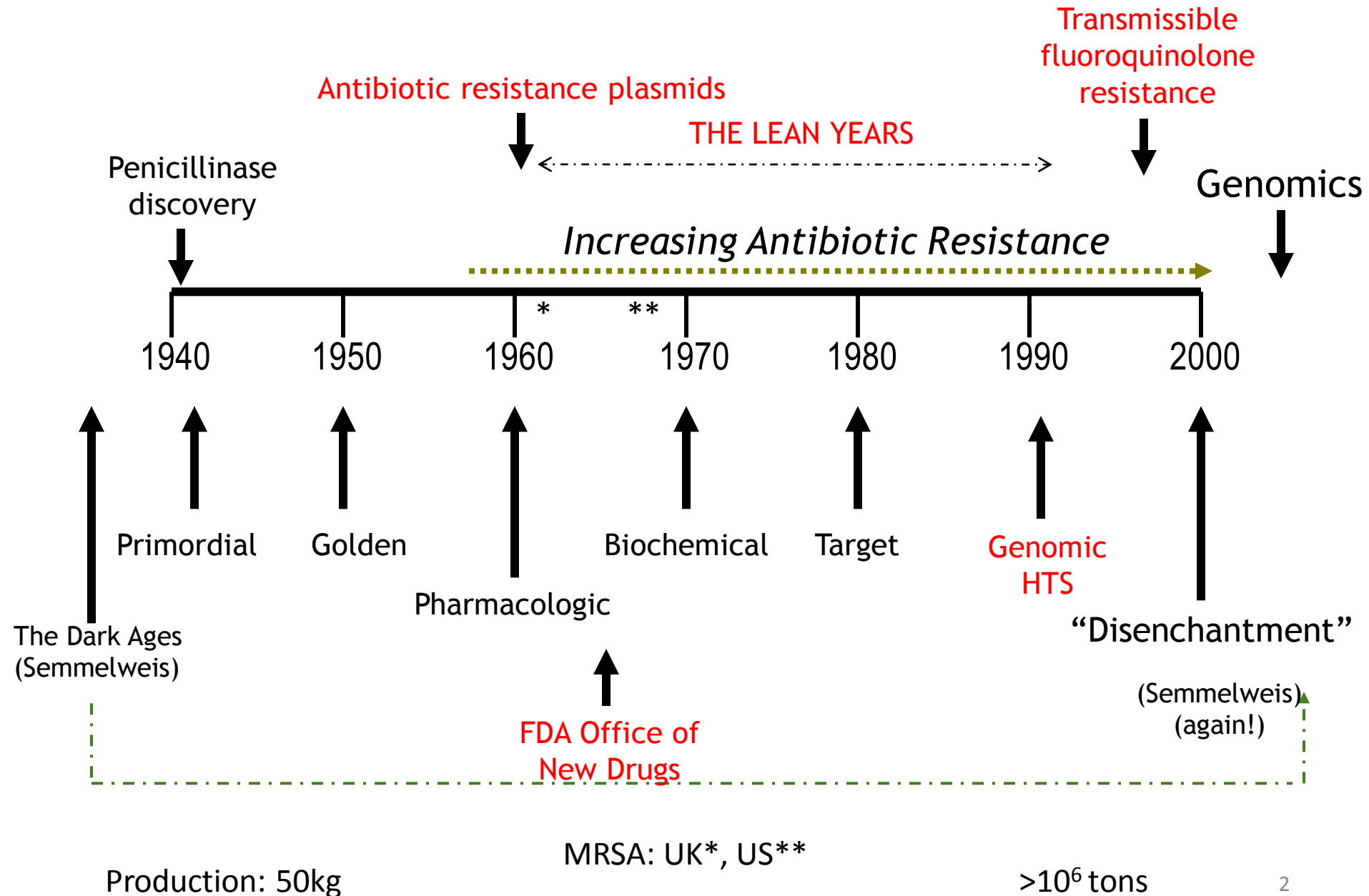
History, Mechanisms, Overuse, and Abuse

Antibiotics and antibiotic resistance: an inseparable combination?

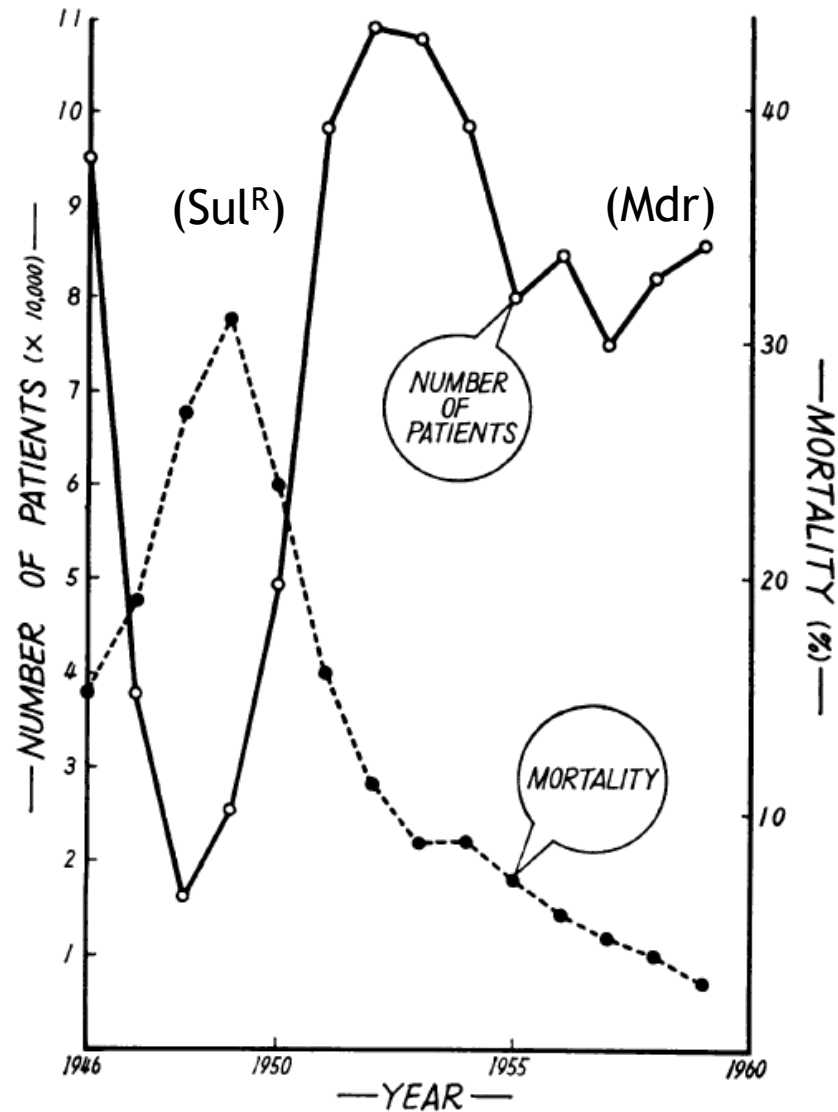
Julian Davies
UBC, Vancouver

A brief history of antibiotic discovery

(The co-evolution of antibiotics and their cognate resistance)



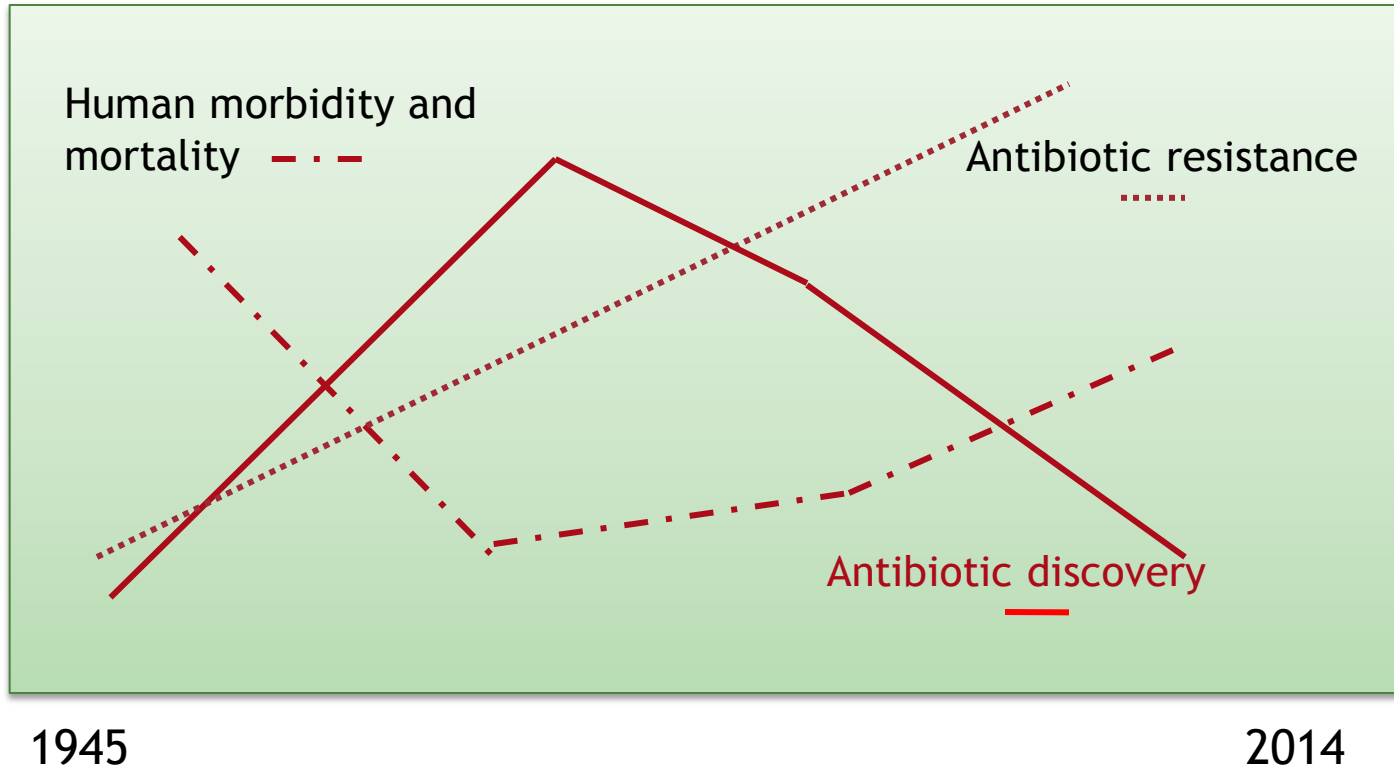
Origins of R-factors (Japan)



Watanabe, 1963

FIG. 1. Statistics of bacillary dysentery in Japan between 1946 and 1959 (72).

Antibiotic Discovery, Resistance and Human Health



Biochemical Mechanisms of Antibiotic Resistance

Decreased influx*

Increased efflux*

Enzymatic inactivation of drug*

Sequestration*

Target modification*

Target by-pass*

Target repair

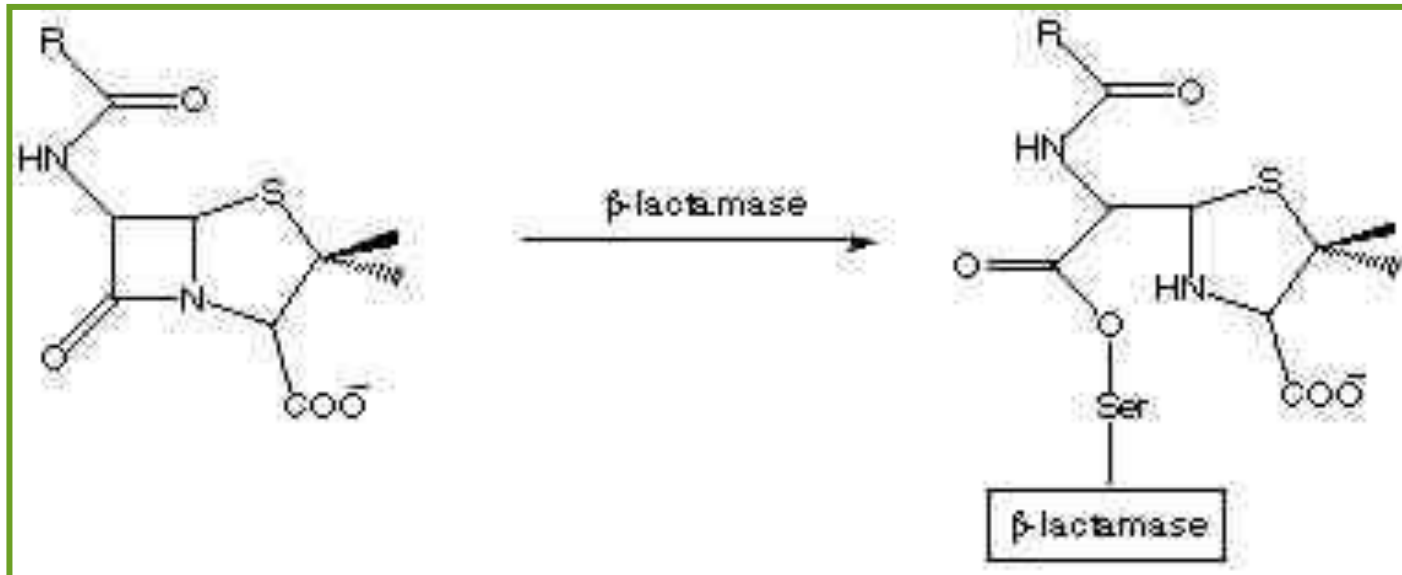
Target amplification*

Biofilm formation*

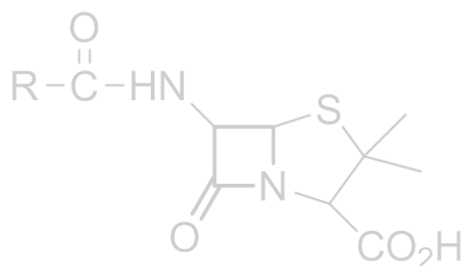
? Intracellular localisation in host

***ACQUIRED BY GENE TRANSFER.**

The most costly reaction in history!

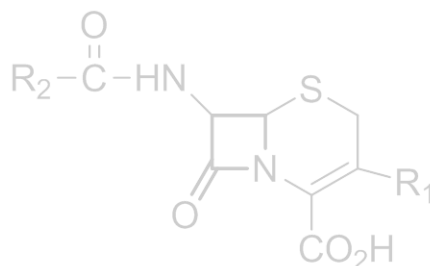


Major classes of β -lactam antibiotics



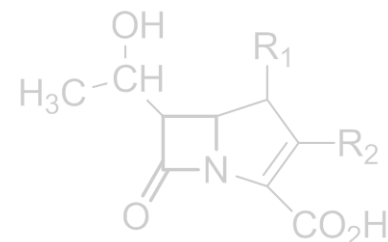
Penicillin

**Ampicillin, amoxicillin
oxacillin, methicillin**



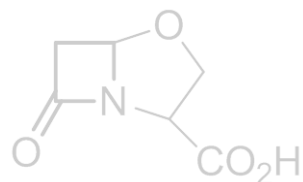
Cephalosporin

**Ceclo[®], Keflex[®],
cefotaxime, ceftazidime**



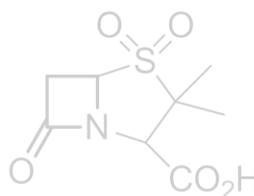
Carbapenem

**Imipenem, meropenem
ertapenem, doripenem**



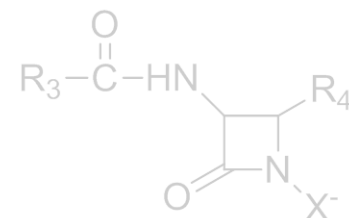
Oxapenam

**Clavulanic acid
(Augmentin[®] + Amox)**



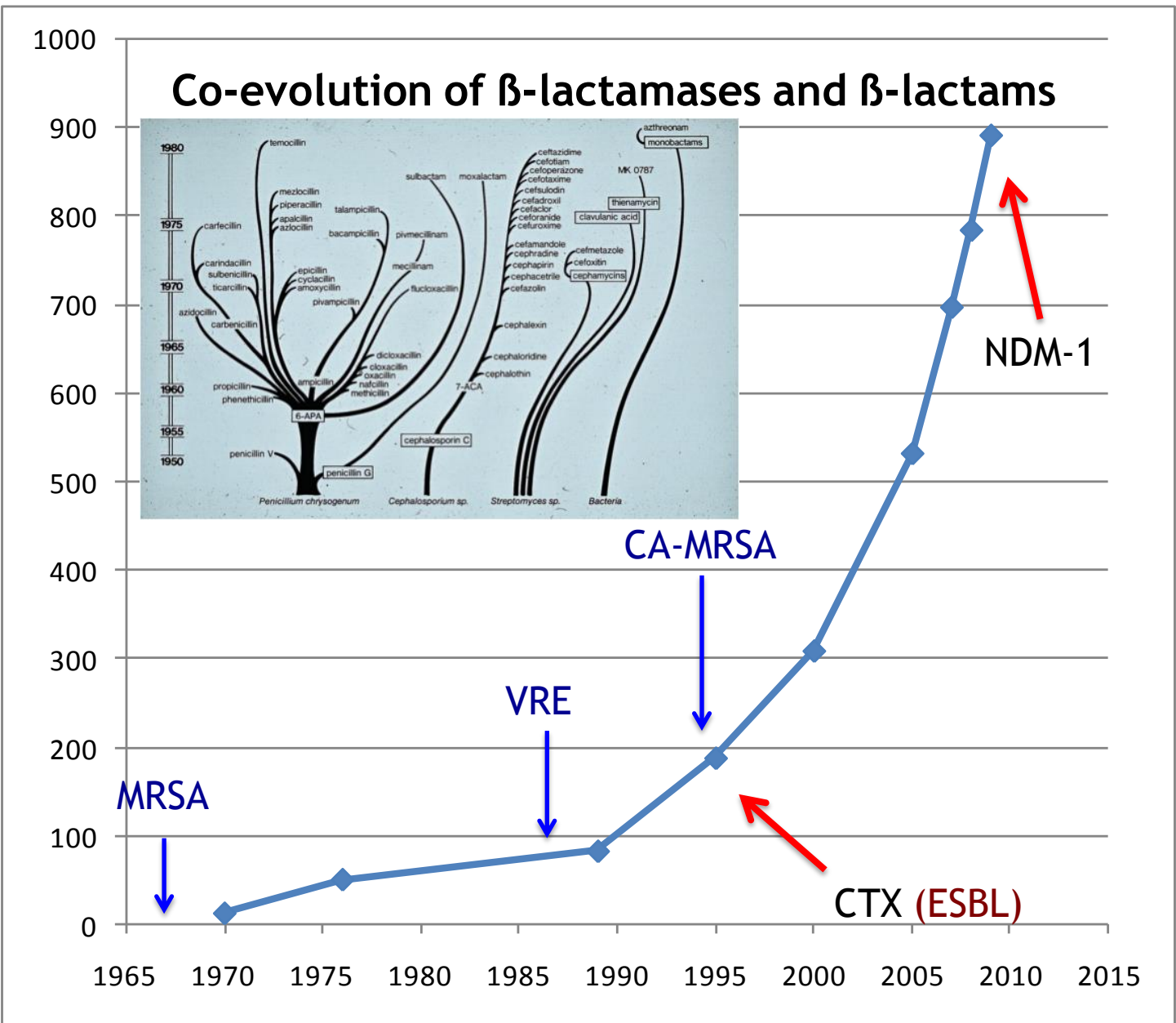
Penicillanic acid sulfone

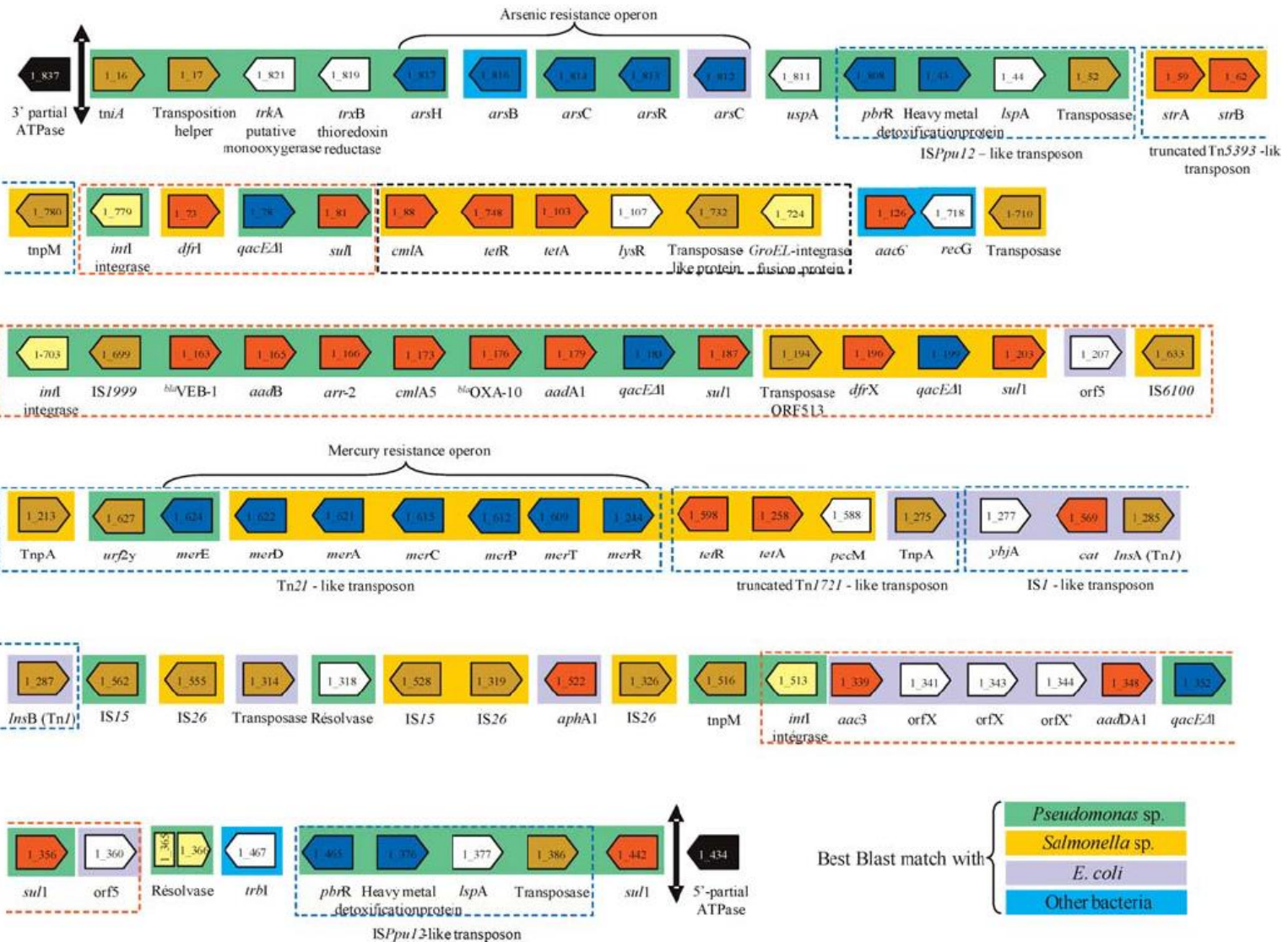
**Sulbactam
(Unasyn[®] + Amp)**



Monobactam

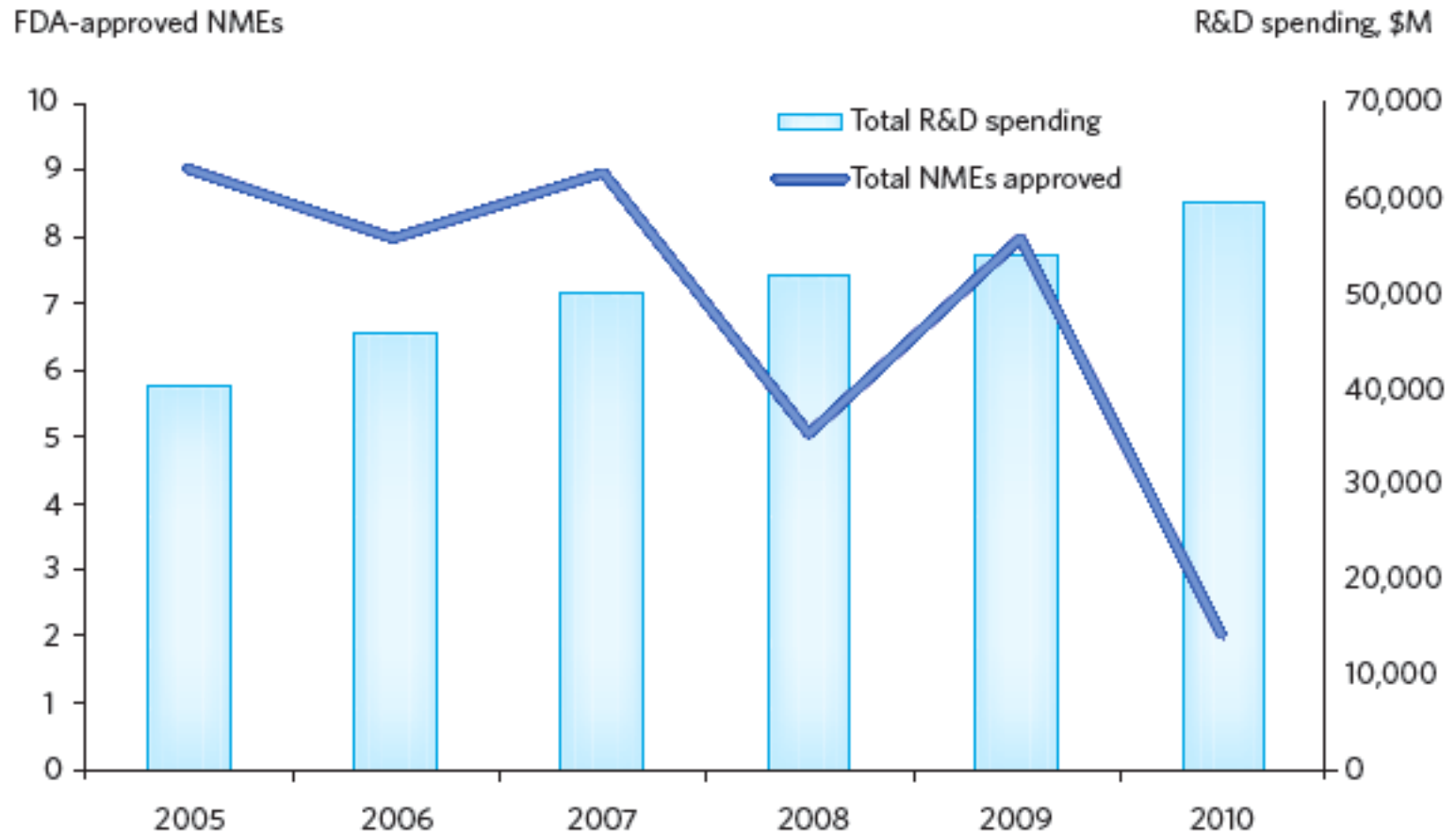
Aztreonam





The Drastic Decline in Drug Discovery

How do we restore the Pharmaceutical industry?



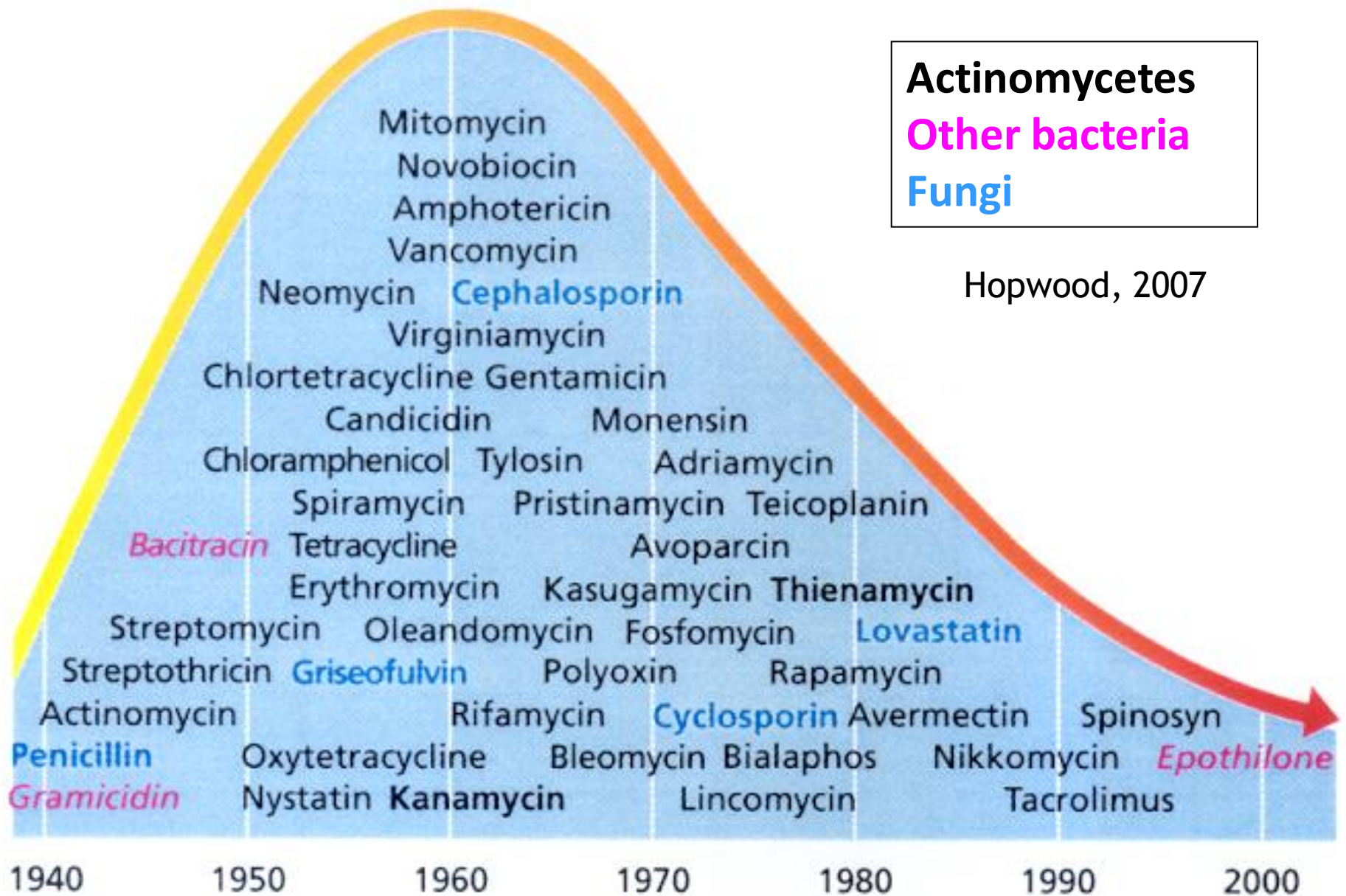
M.Bunnage, 2011

Actinomycetes

Other bacteria

Fungi

Hopwood, 2007



Diminishing returns in finding useful antibiotics

A photograph of a weathered, moss-covered gravestone in a cemetery. The stone is dark and has patches of bright green moss growing on its surface. It is set against a background of dense green foliage and grass. The text is overlaid on the stone.

In Memoriam Antibiotics and BigPharma

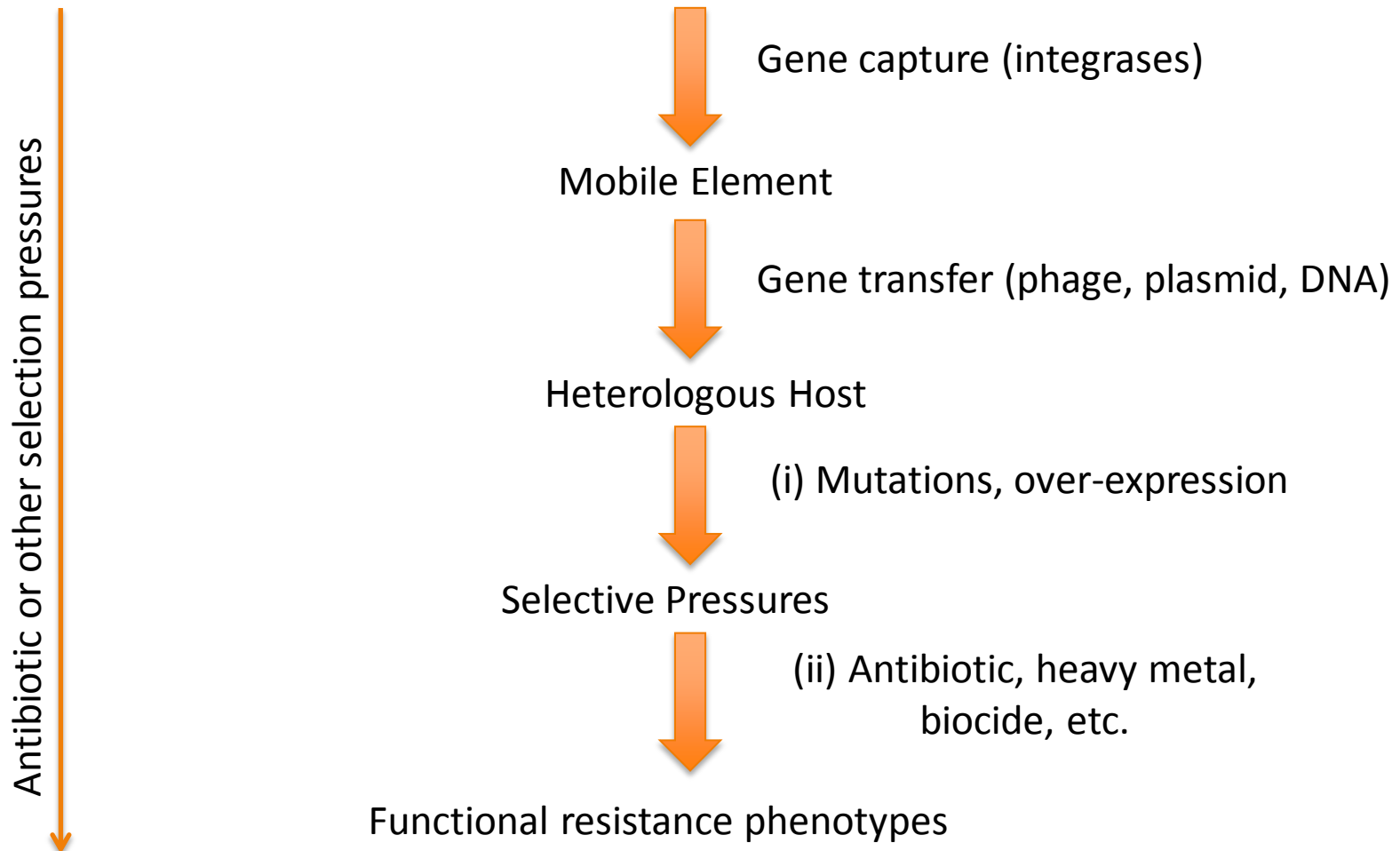
And we have not learned anything about
the biology of specialized metabolites!

Overcoming antibiotic resistance: no single solution

1. Novel antibiotics: harvesting the Parvome
2. “Revisiting” and remodeling old compounds
3. Defined, synergistic cocktails of antibiotics
4. Systems biology approaches to controlling resistance
5. Sequence-based rapid, accurate molecular diagnosis: “niche” treatments
6. Antibacterial vaccines
7. Phage therapy and combinations
8. Enhancing innate immunity
9. Microbiome transplants
9. Universal food and clean water standards
10. Strict control of antibiotic use

First of all: where do antibiotic resistance genes come from?
Acquisition from clinical and environmental resistomes?
How?

Genes for resistance or *quasi-resistance” (no/weak phenotype)



(*biosynthesis, degradation, signalling, metabolism, regulation)



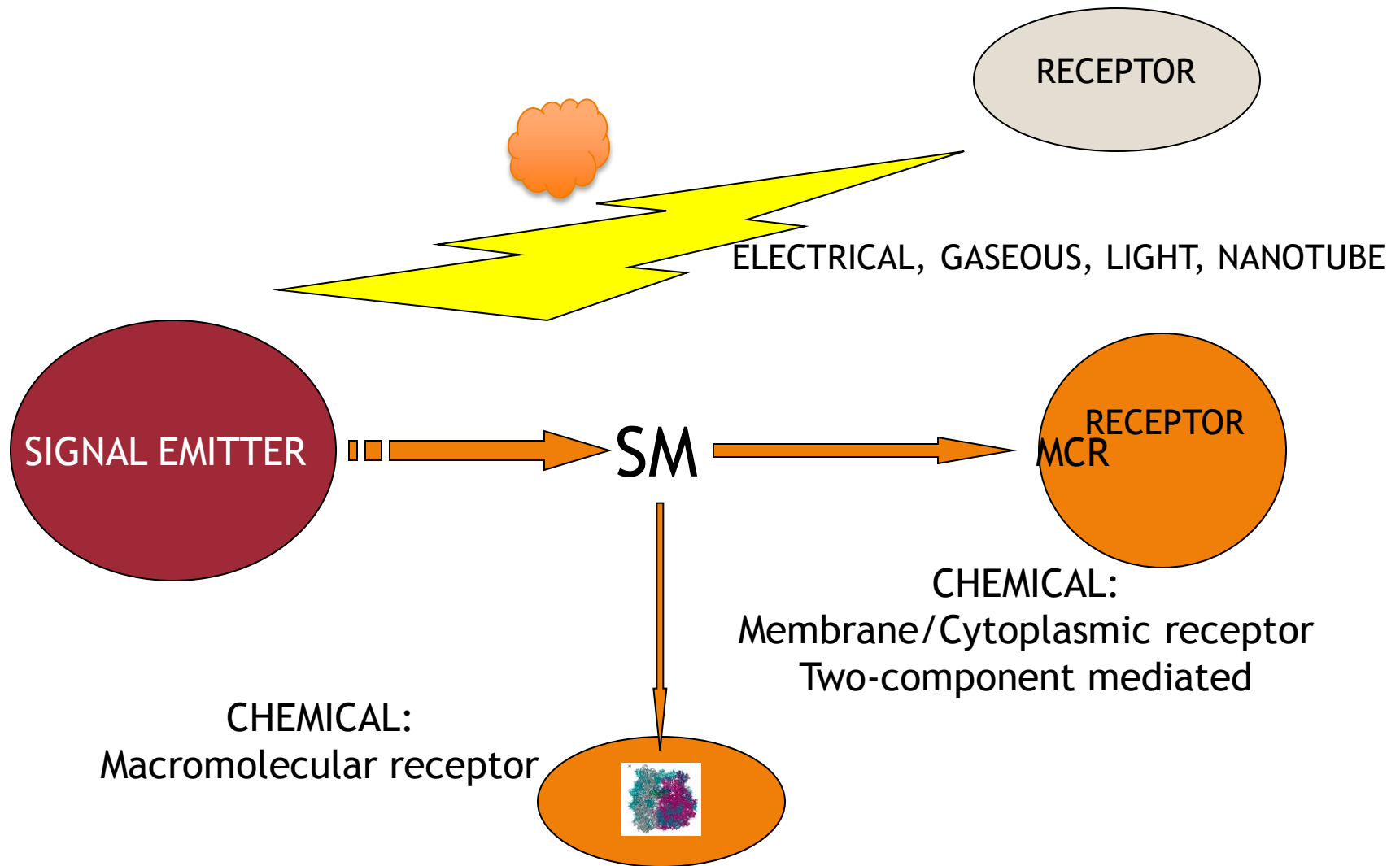
When is an antibiotic not an antibiotic?
When it is a chemical signal!



Poison is in everything, and no thing is without poison. The dosage makes it either a poison or a remedy.

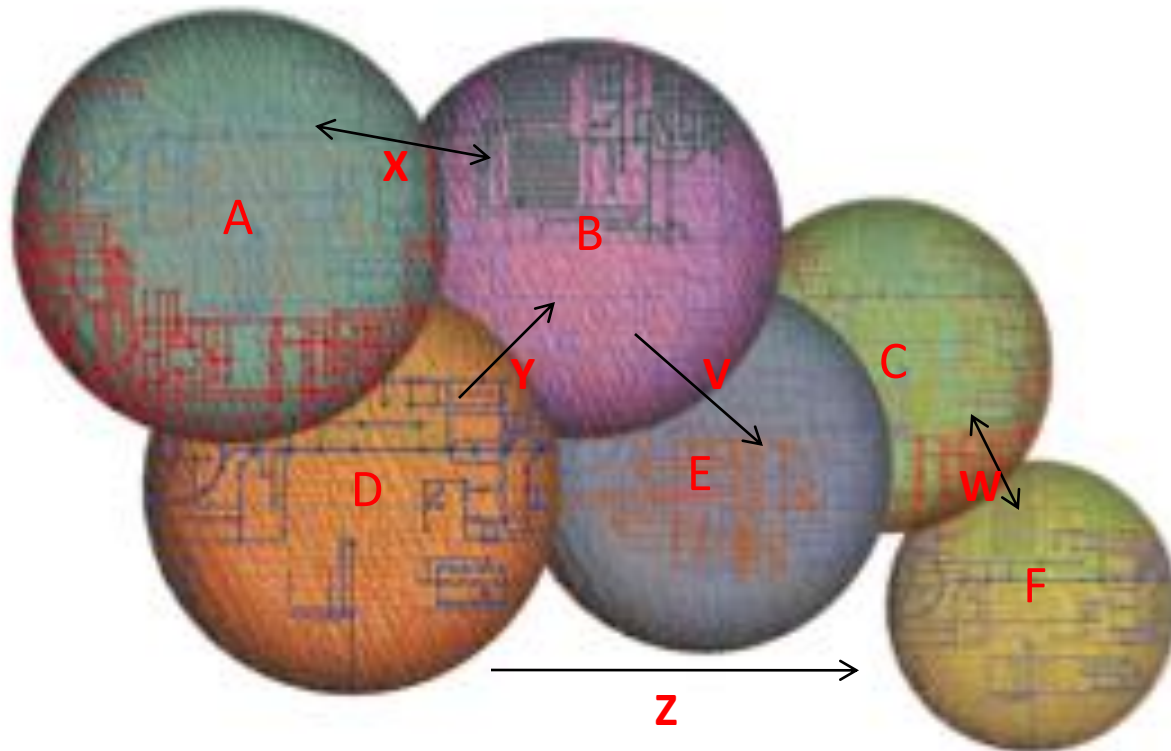
Auroleus Phillipus Theostratus Bombastus von Hohenheim
a.k.a Paracelsus (1493-1541)

Natural signalling mechanisms



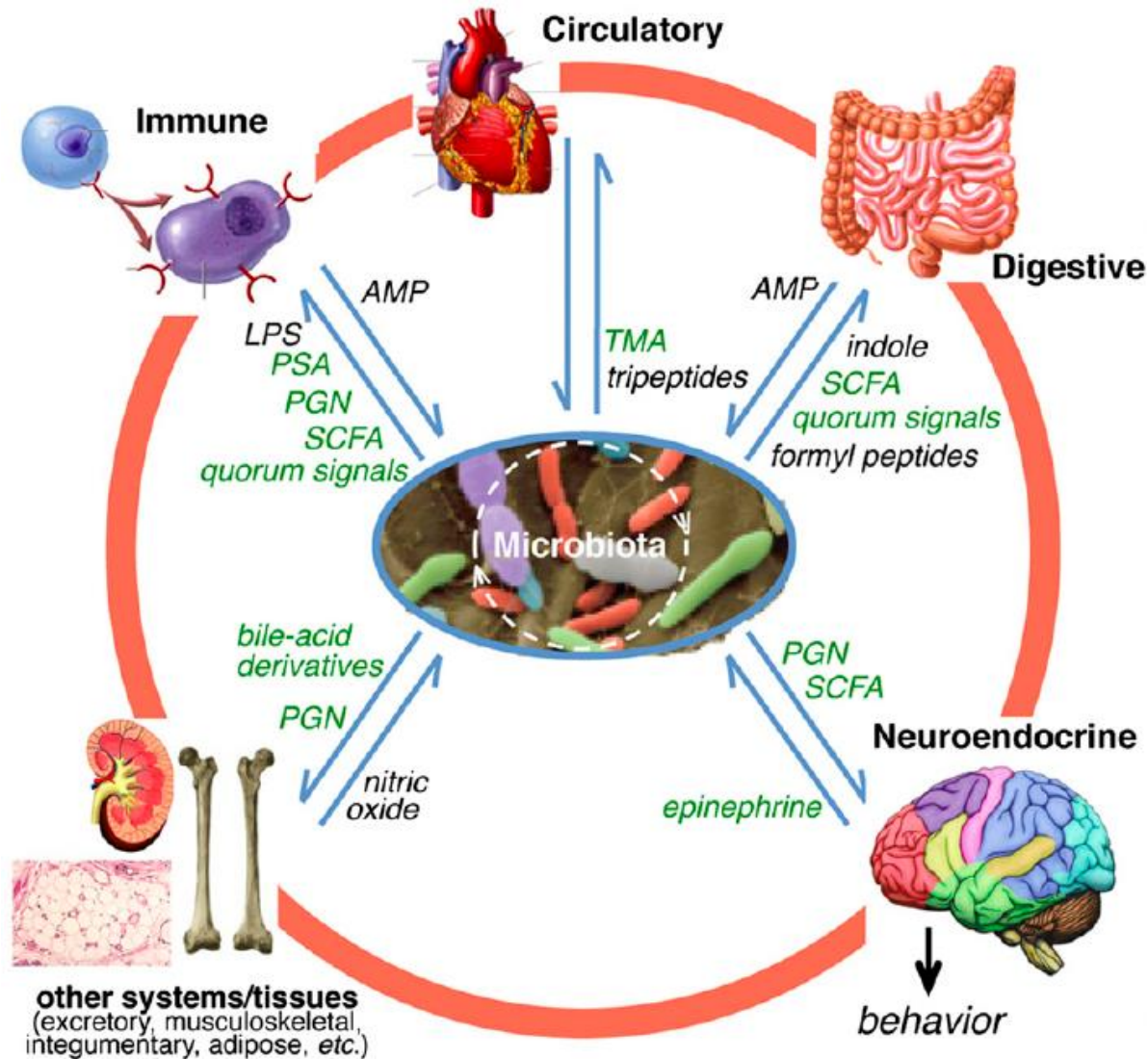
Signalling response → specific transcription

The “NEW” understanding:
Cell communities consist of distributed metabolic networks



CHEMICAL CONNECTIONS/SIGNALS

Chemical signalling; animals and their microbiota (McFall-Ngai et al, 2013)



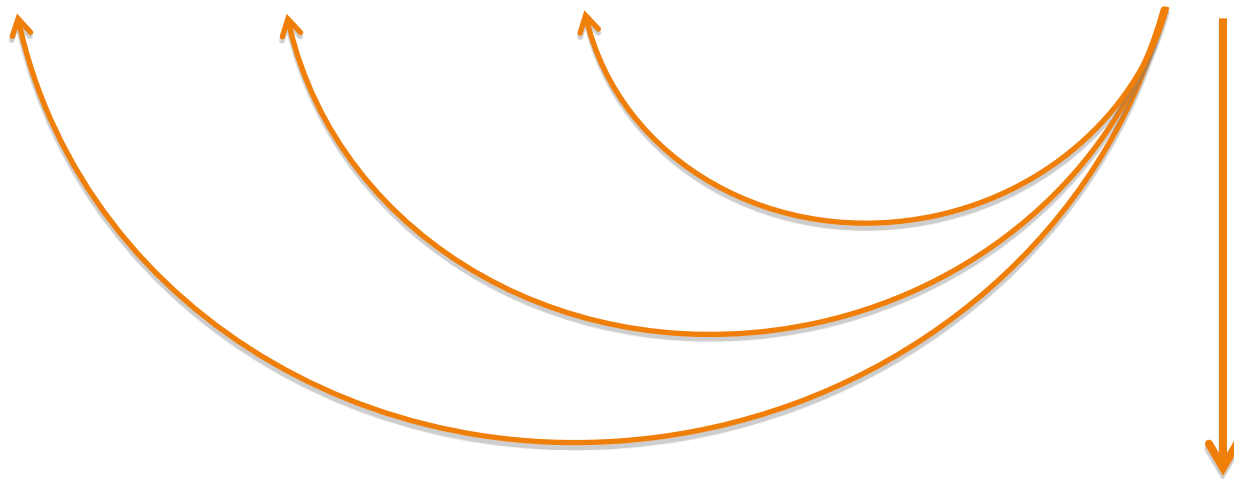
Microbial and cell phenotypes and interactions are controlled by exogenous chemical signals

Metabolic changes
Stress responses
Inhibitor susceptibility, resistance
Gene transfer, competence
Virulence
Pigmentation
Morphology, biofilms, swarming
Growth and multicellularity

Are antibiotics *naturally* antibiotics?

The “Revised” Central Dogma

(GENOME) (TRANSCRIPTOME) (PROTEOME) (PARVOME)
DNA ↔ RNA → Protein → Natural Products



The Lexicon of Biology

“Life would not exist with macromolecules alone” (Stuart Schreiber, 2005)

Genomic-based Drug Discovery

Genome or Metagenomic sequences



Bioinformatic scanning: amplicon mapping



Identification of related molecular classes



Cloning defined pathways

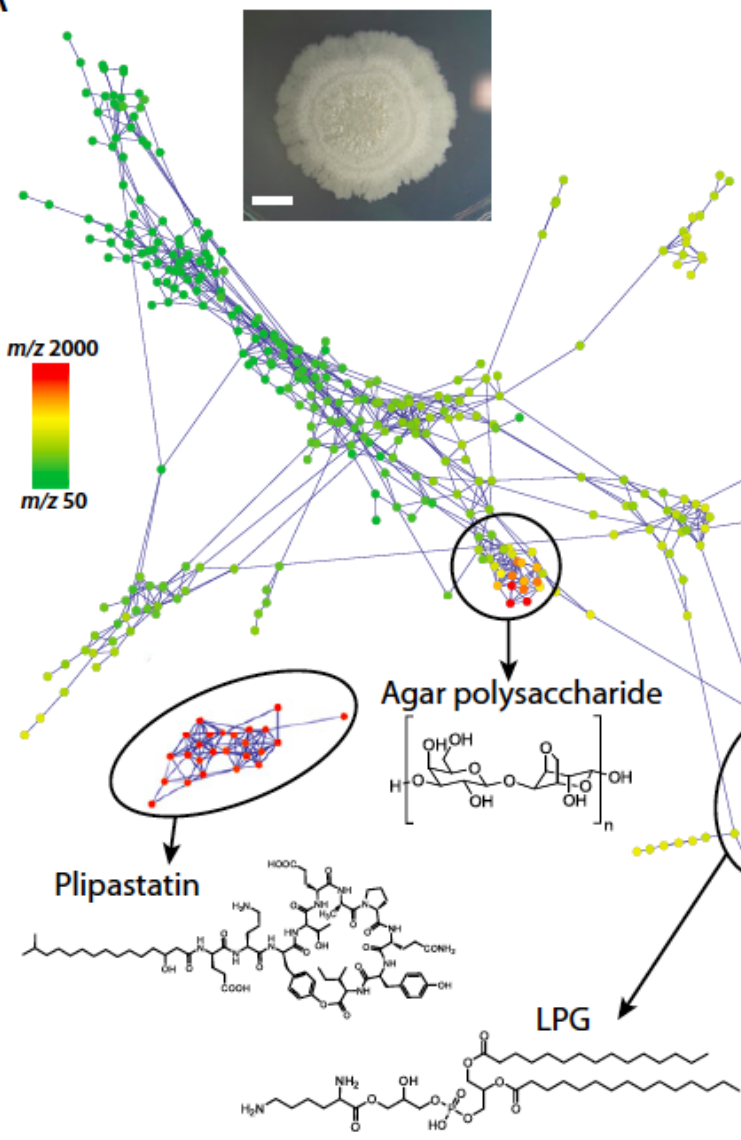


Over-production in “designer” expression host

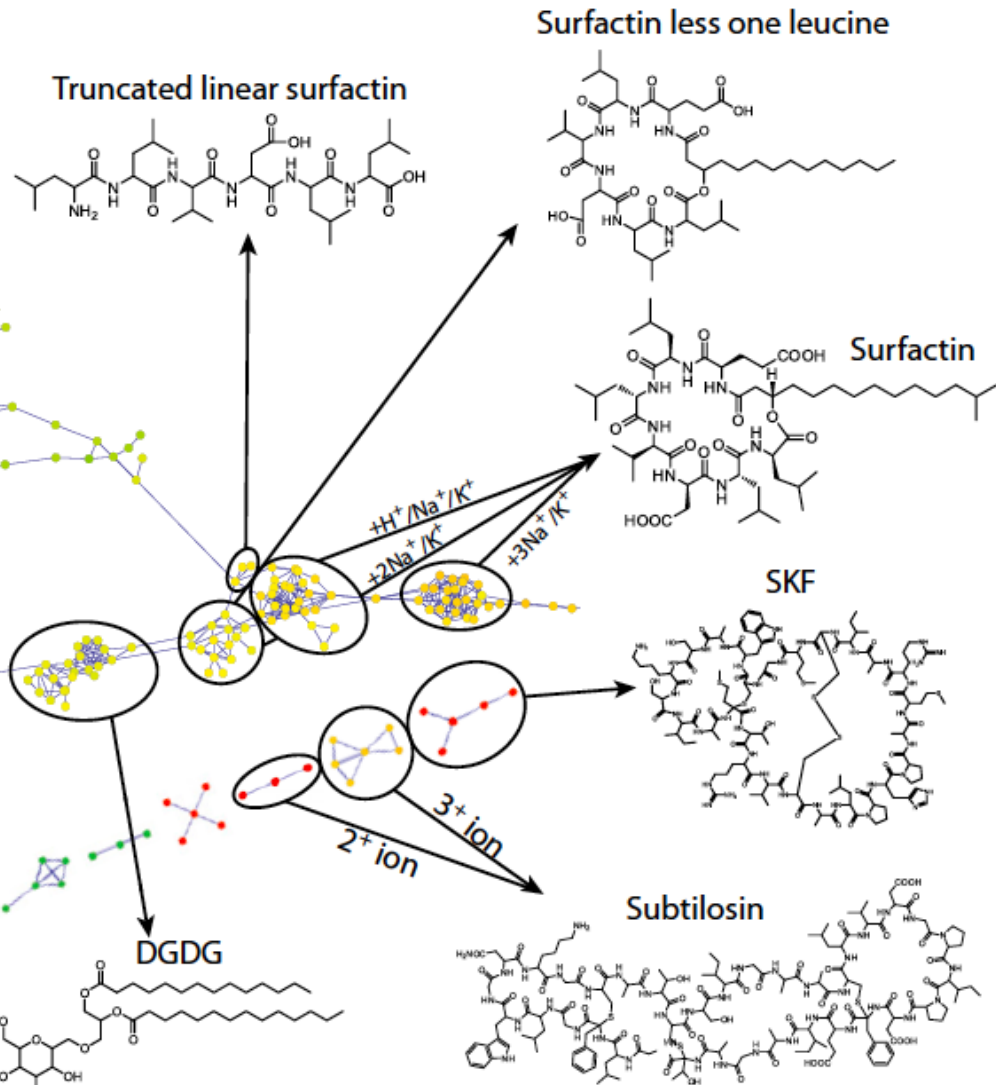


Novel molecules for testing:

A



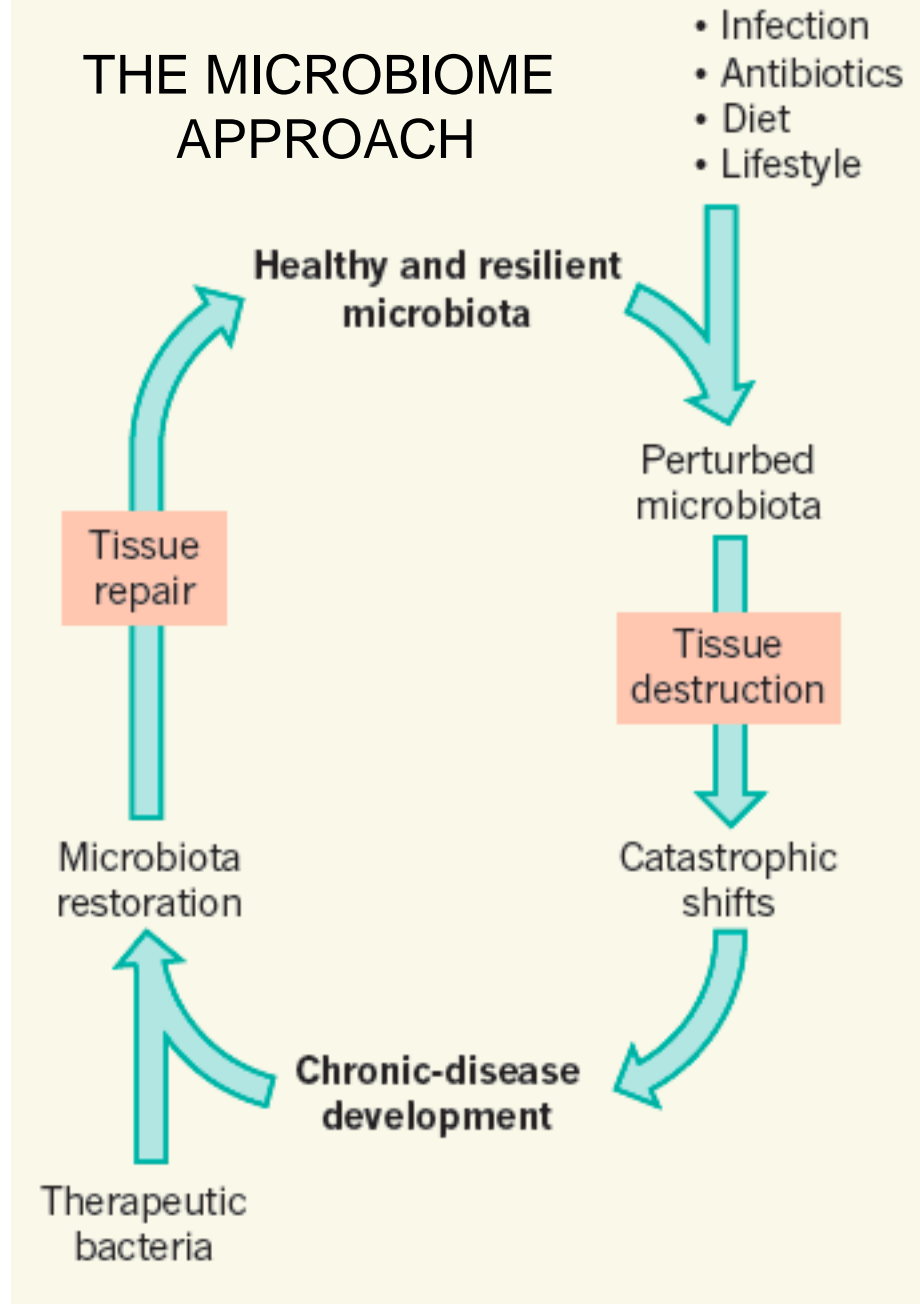
B. subtilis 3610



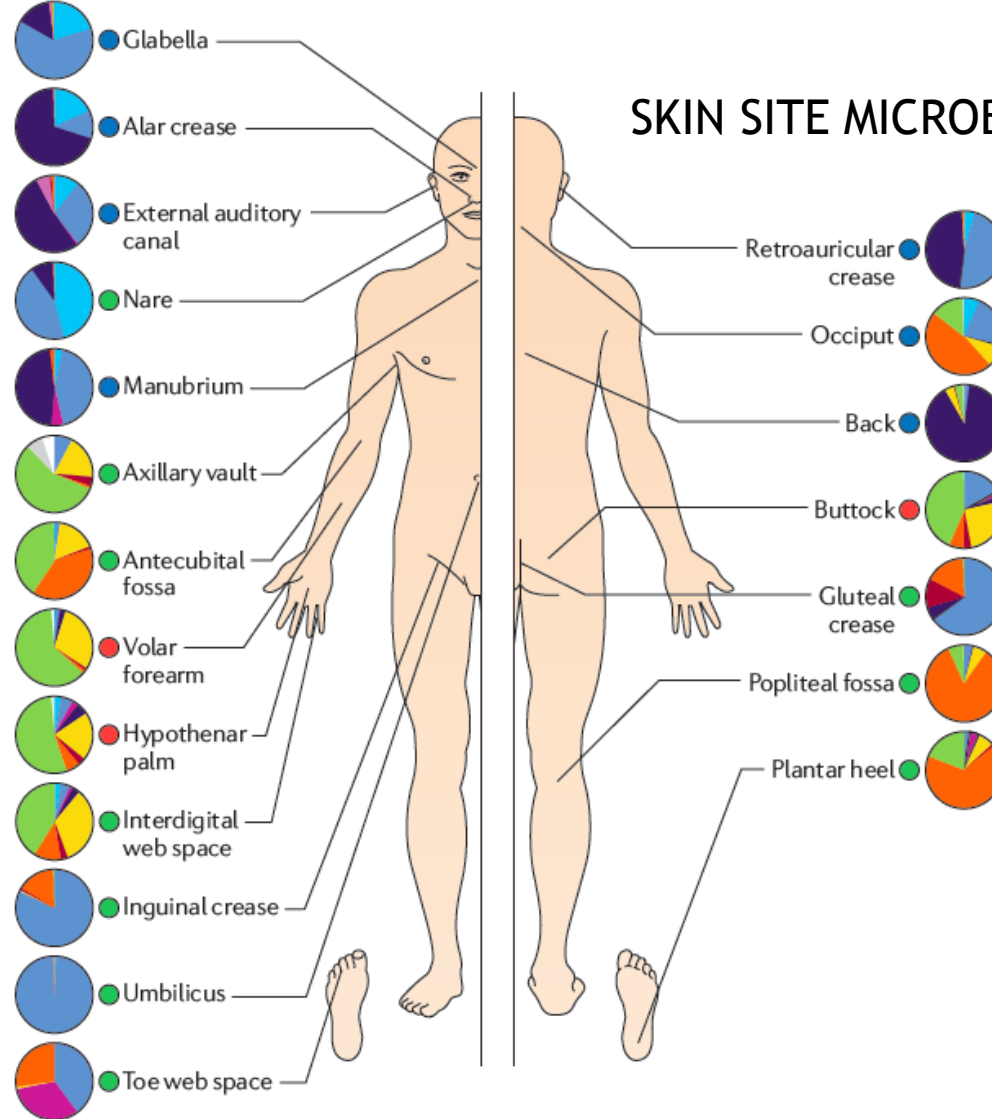
Finding novel metabolites *in situ*
using Imaging Mass Spectrometry

Watrous et al 2012

THE MICROBIOME APPROACH



SKIN SITE MICROBIOMES (Segre,2011)



Actinobacteria

- Corynebacteriaceae
- Propionibacteriaceae
- Micrococcaceae
- Other Actinobacteria

Bacteroidetes

Cyanobacteria

Firmicutes

- Other Firmicutes
- Staphylococcaceae

Proteobacteria

Divisions contributing <1%

Unclassified

- Sebacious
- Moist
- Dry

OPPORTUNITIES FOR “DESIGNER” PROBIOTICS

SOME DISEASES ASSOCIATED WITH THE HUMAN MICROBIOME

| | |
|--|------------------------------|
| | |
| Systemic Diseases | Cancers |
| Obesity | Esophageal adenocarcinoma |
| Type 1 diabetes | Colon cancer |
| Cardiovascular diseases | Colorectal cancer |
| | Cervical cancer |
| Digestive Tract Diseases | Liver cancer |
| Crohn's disease | Gastric cancer |
| Antibiotic-induced <i>C. difficile</i> infection | Oral squamous cell carcinoma |
| Necrotizing enterocolitis | Pancreatic cancer |
| Intestinal bowel disease | Colitis-associated cancer |
| Pediatric irritable bowel syndrome | |
| Ulcerative colitis | Autoimmune Diseases |
| Celiac disease | Multiple sclerosis |
| | Rheumatoid arthritis |
| Vaginal Diseases | Autoimmune uveitis |
| Bacterial vaginosis | Autism |
| | Asthma |
| Skin Diseases | Allergic diseases |
| Psoriasis | |
| Eczema | Oral Diseases |
| | Periodontal diseases |

THE REVENGE OF THE SUPERBUGS

*“In natural evolutionary competition,
there is no guarantee that we (humans)
will find ourselves the survivors”*

JOSHUA LEDERBERG

“The microbe always has the last word”

LOUIS PASTEUR

*“It is not the strongest of species that survive,
nor the most intelligent,
but the ones most responsive to change”*

CHARLES DARWIN



Will this succeed? Locally? Nationally? Worldwide?

2014

WASH YOUR HANDS!

(BUT DON'T USE TRICLOSAN)

Recommendations of the Banbury Conference 2011

- Research Priorities:, development of new antimicrobials, identify resistance sources, emergence, interception, “point of care” analyses, rapid action, world-wide surveillance, origins (persistors?).
- Public education, public health, clean water and good sanitation-for-all, quality-of-life objectives: resuscitate old antibiotics: global efforts in finding and tracking outbreaks: stricter control of antibiotic use: alternatives such as vaccines, phage, antibodies: use of new diagnostic/predictive medicine: international/collaborative interventions.
- Set achievable goals

Antibiotic classes (and their targets)

- (1947) Aminoglycosides (protein synthesis)*
- (1957) Rifampicin (RNA synthesis)
- (1940) β -lactams (cell wall synthesis)*
- (1948) Chloramphenicol (protein synthesis)*
- (1979) Fluoroquinolones (DNA synthesis)*
- (1957) Macrolides (protein synthesis)*
- (1962) Lincosamides (protein synthesis)*
- (1947) Polymyxins (membrane function)
- (1949) Tetracyclines (protein synthesis)*
- (1969) Fosfomycin (cell wall synthesis)
- (1987) Daptomycin (cytoplasmic membrane)
- (1953) Vancomycin (peptidoglycan synthesis)*
- (1951) Mutilins (protein synthesis)*

* Indicates significant use in animals