

# Drug Repurposing For Antimicrobial Discovery

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- Date: 2019 December 11
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## Antimicrobial Resistance (AMR)



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Communicable Diseases

Non-Communicable Diseases and Healthy Living

Healthy Life Course

Organ Donation

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Antimicrobial Resistance

Poisoning

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### Antimicrobial Resistance (AMR)



18 November 2019

應對耐藥性 你我加把勁

Act together now to combat Antimicrobial Resistance



抗生素關注週

Antibiotic Awareness Week

18-24/11/2019



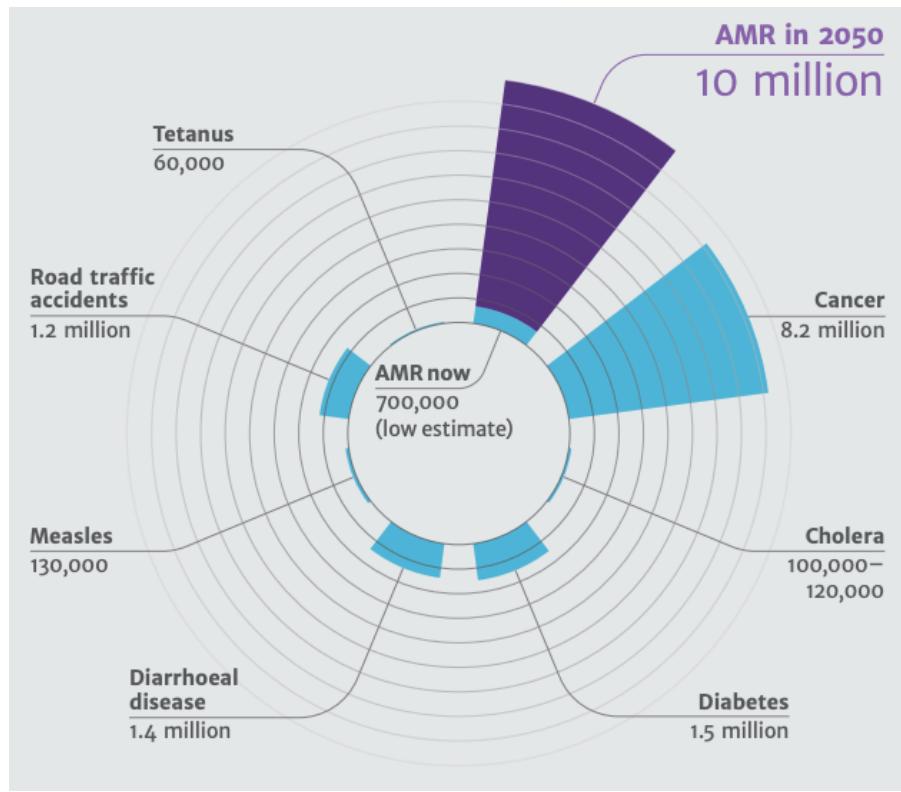
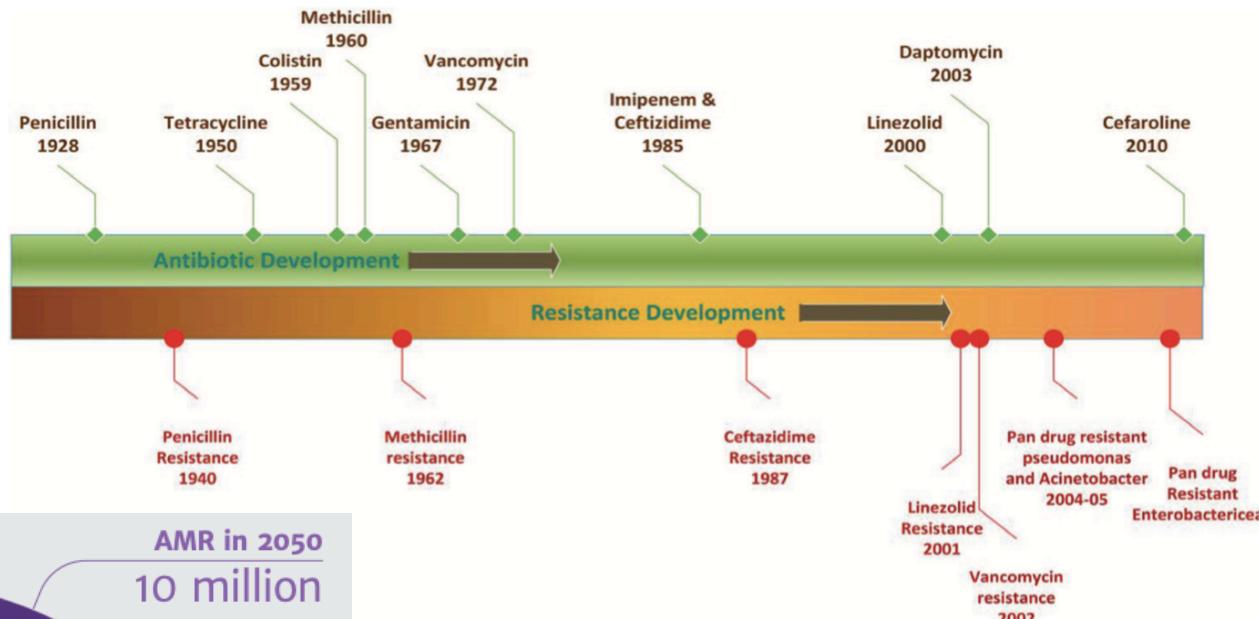
香港抗菌素耐藥性策略及行動計劃

The Hong Kong Strategy and Action Plan on Antimicrobial Resistance

# Hong Kong Strategy and Action Plan on Antimicrobial Resistance 2017-2022



# Global situation



In 2050...  
10 million death/year  
100 trillion dollars/year  $\approx$  275  $\times$  Hong Kong GDP(2018)

## What is drug repurposing

# Drug repurposing

- Using a drug that was developed or approved to treat one disease as a treatment for another
- Formulation / Dosage / Combination/ Delivery
- Re-write the fate of drug



## Examples

# Thalidomide

In the past

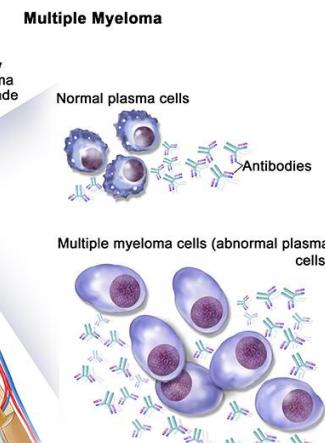
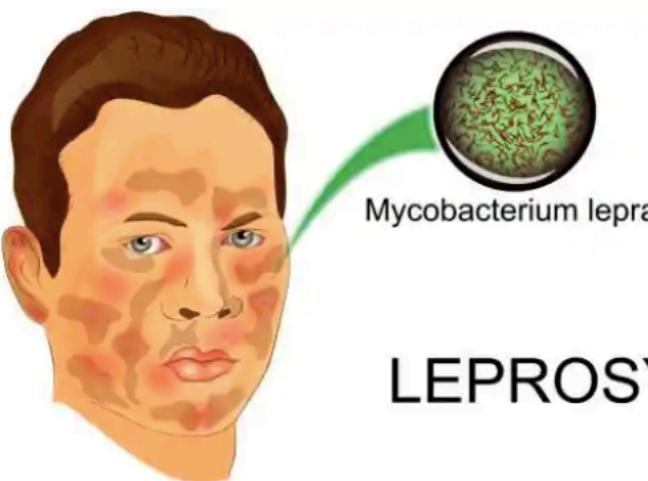
- Developed for morning sickness
- Birth defect: “seal limbs”

Now

- 1998: leprosy
- 2006: multiple myeloma



1755028m MUST CREDIT PHOTOS BY: Paul Cooper / Rex Features  
Thalidomide victim and campaigner Freddie Astbury as a child with his mother Freddie Astbury was born with stunted arms and legs after his mother was prescribed the thalidomide drug while pregnant. Instead the drug caused severe deformities in babies and most often resulted in missing limbs. The drug was w...



Teo, S. K. et al. (2002)  
Strasser, K. (2002)

## Examples

# Aspirin

In the past

- Nonsteroidal anti-inflammatory Drugs (NSAIDs)
- Pain, fever, inflammation

Now

- 2015: Prevent colorectal cancer  
———325 mg/day



Contents lists available at SciVerse ScienceDirect

## Best Practice & Research Clinical Gastroenterology



### Aspirin for the prevention of colorectal cancer

X. Garcia-Albeniz, MD, Research Fellow<sup>a</sup>, A.T. Chan, MD, MPH, Assistant Professor of Medicine<sup>b,\*</sup>

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**U.S. Preventive Services TASK FORCE**

You are here: Home >> Recommendations for Primary Care Practice >> Published Recommendations >> Recommendation Summary >> Final Recommendation Statement : Final Recommendation Statement

**Final Recommendation Statement**  
*Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication*

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.

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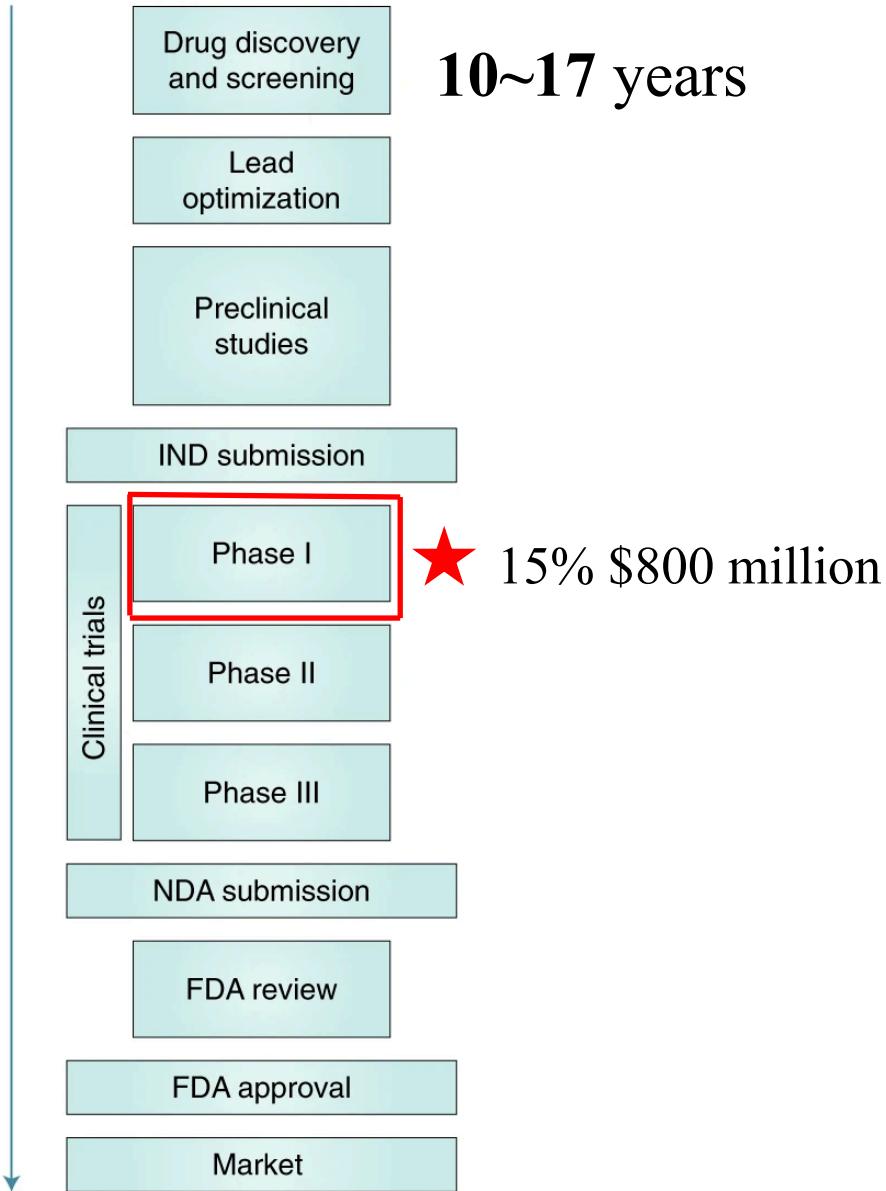
Preface	Update of Previous USPSTF Recommendation
Rationale	Recommendations of Others
Clinical Considerations	Members of the U.S. Preventive Services Task Force
Other Considerations	Copyright and Source Information
Discussion	References

**Recommendation Summary**

Population	Recommendation	Grade (What's This?)
Adults aged 50 to 59 years with a ≥10% 10-year CVD risk	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.	<b>B</b>

## Advantages

### Conventional

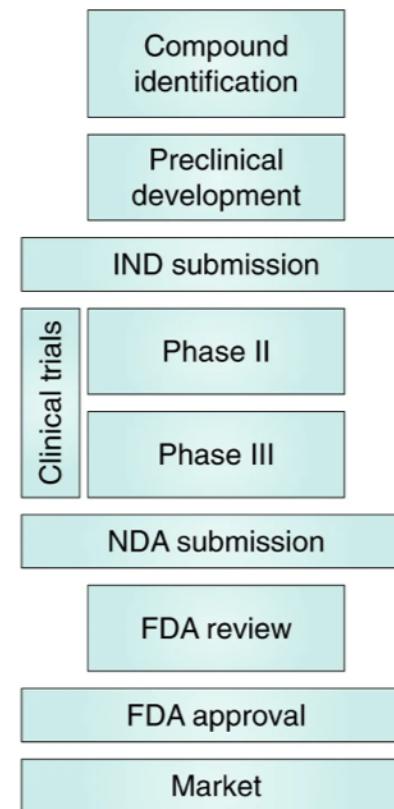


VS

### Repurposing

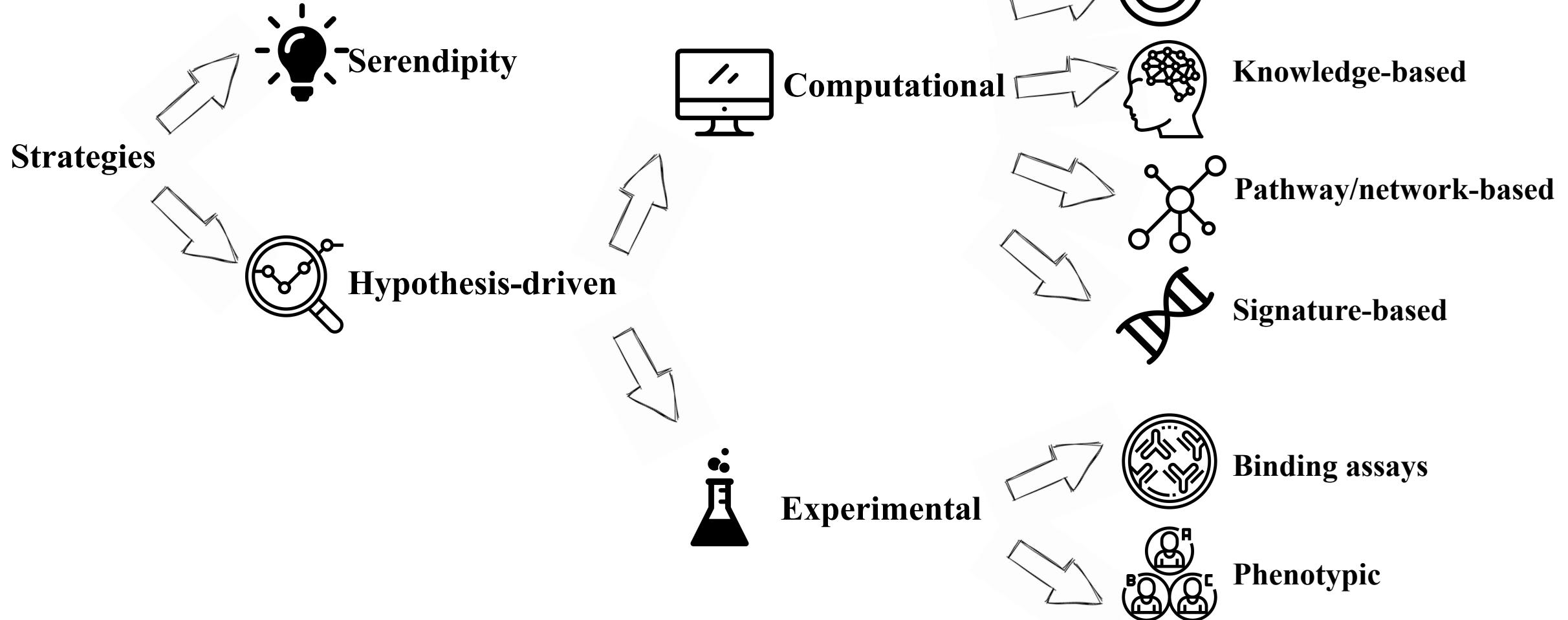
3~12 years

Clinical trials

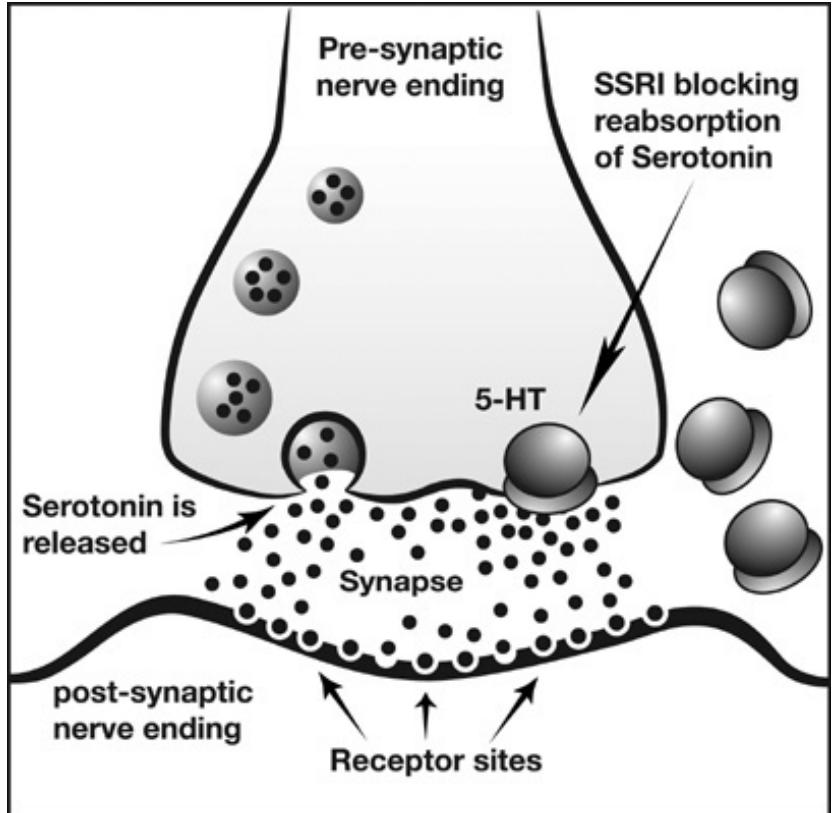


Faster  
Cheaper  
Safer

## Strategies



# Sertraline



**SSRIs**  
Selective  
Serotonin  
Reuptake  
Inhibitors

Depression

Antifungal

?

## Timeline



Lass-Florl, C. et al. (2001)

Zhai, B. et al. (2012)

Rhein, J. et al. (2016)

## **2001 Clinical observation**

### 3 patients

# Premenstrual Dysphoric Disorder (PMDD)

1

## Recurrent Vulvovaginal Candidiasis (VVC)

## Sertraline



**Table 1.** Fungicidal concentrations of sertraline against *Candida* species.

Fungi, isolate	Yeast suspension, cfu/mL	MFC range 48 h, µg/mL
<i>Candida albicans</i>		
1	$4.3\text{--}5 \times 10^3$	14–29
2	$2.7\text{--}4 \times 10^3$	7–14
CBS 5982	$1.4\text{--}4 \times 10^3$	3–7
<i>Candida glabrata</i>		
1	$1.2\text{--}2 \times 10^3$	14–29
2	$1\text{--}5 \times 10^3$	14–29
<i>Candida tropicalis</i>		
1	$1.3\text{--}2 \times 10^3$	7
2	$1.2\text{--}4 \times 10^3$	3–7
<i>Candida parapsilosis</i>		
ATCC 22019	$2\text{--}3.1 \times 10^3$	14–29

## 100µL Fungal suspensions

+

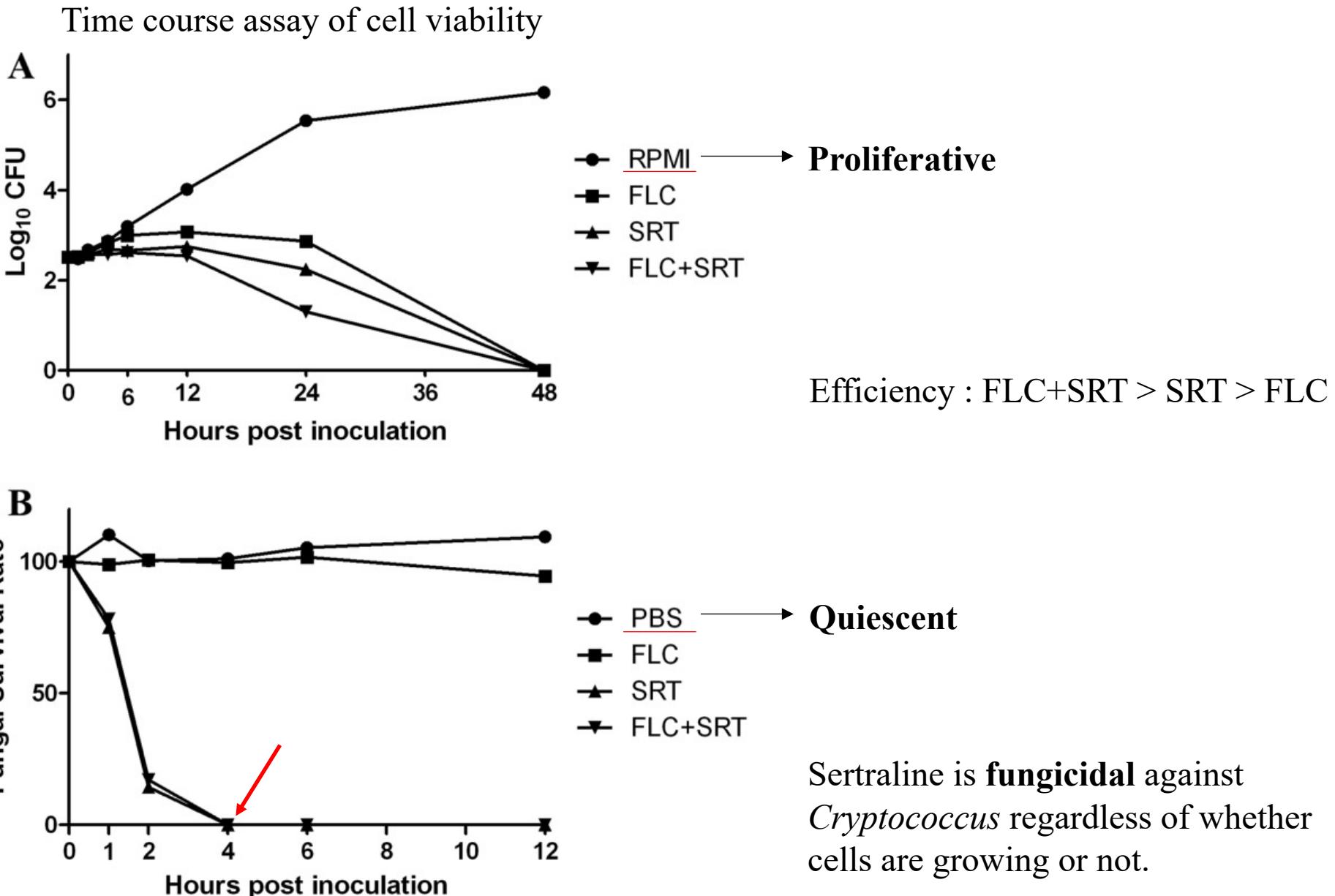
ns  
 $\frac{48 \text{ h}}{35^\circ\text{C}}$

## 100µL Sertraline dilutions

→ Antifungal activity was observed.

## 2012 In vitro testing

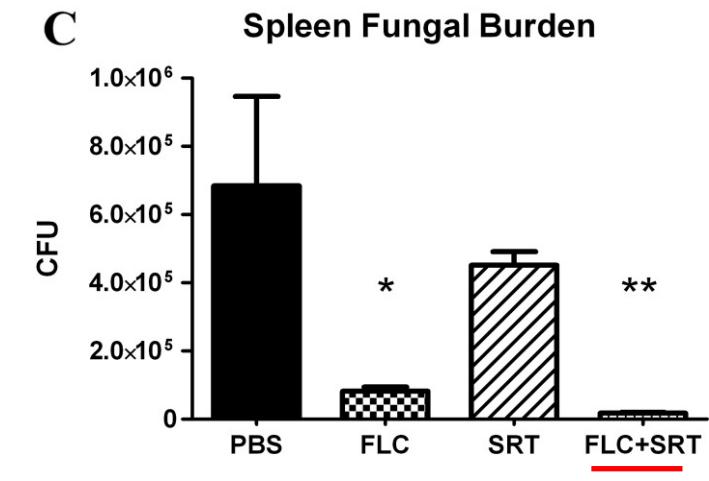
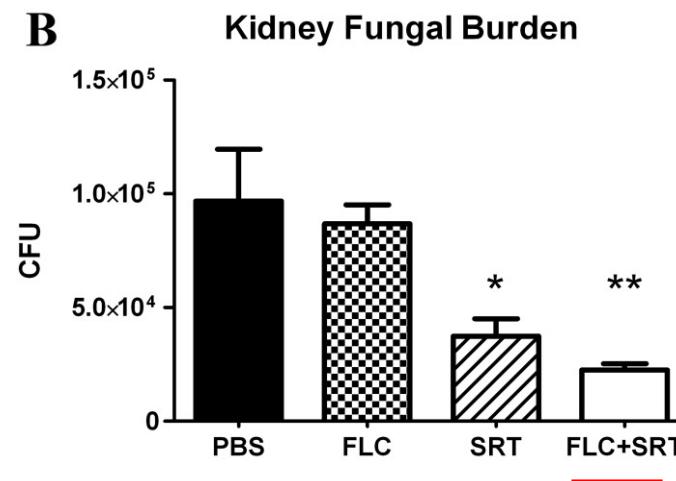
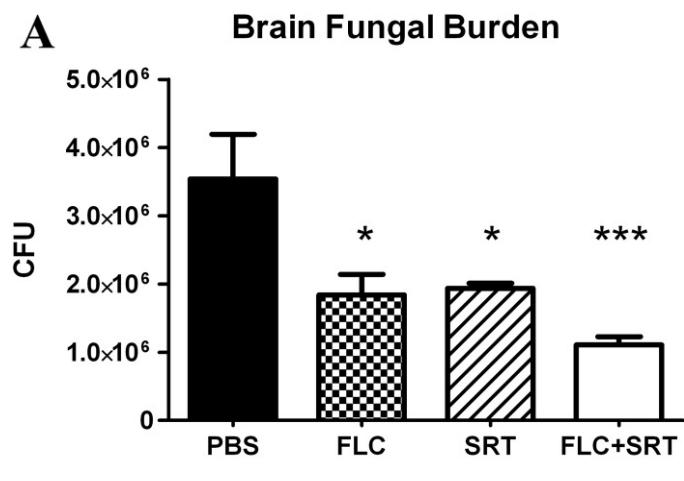
$\text{MIC}_{90}$   
*Cryptococcus H99* → fungistatic ?  
6  $\mu\text{g/ml}$  → fungicidal ?



## 2012 In vivo efficacy

4 groups

Control (PBS)  
Fluconazole(FLC),  
Sertraline(SRT),  
Fluconazole+ Sertraline(FLC+ SRT)



\*  $P < 0.05$   
\*\*  $P < 0.01$   
\*\*\*  $P < 0.001$

- Sertraline displays antifungal activity in systemic cryptococcosis.
- The combination is a more effective than either drug alone due to strong synergy.

## 2016 Clinical trial

172 HIV patients  
+ cryptococcal meningitis  
  
antifungal therapy  
+  
adjunctive sertraline

first 60 patients—assess safety and tolerability

2 weeks induction therapy      8 weeks consolidation therapy

100 mg/d (n=17) + 200 mg/d  
200 mg/d (n=12)      300 mg/d  
300 mg/d (n=14)      400 mg/d  
400 mg/d (n=17)

Final population

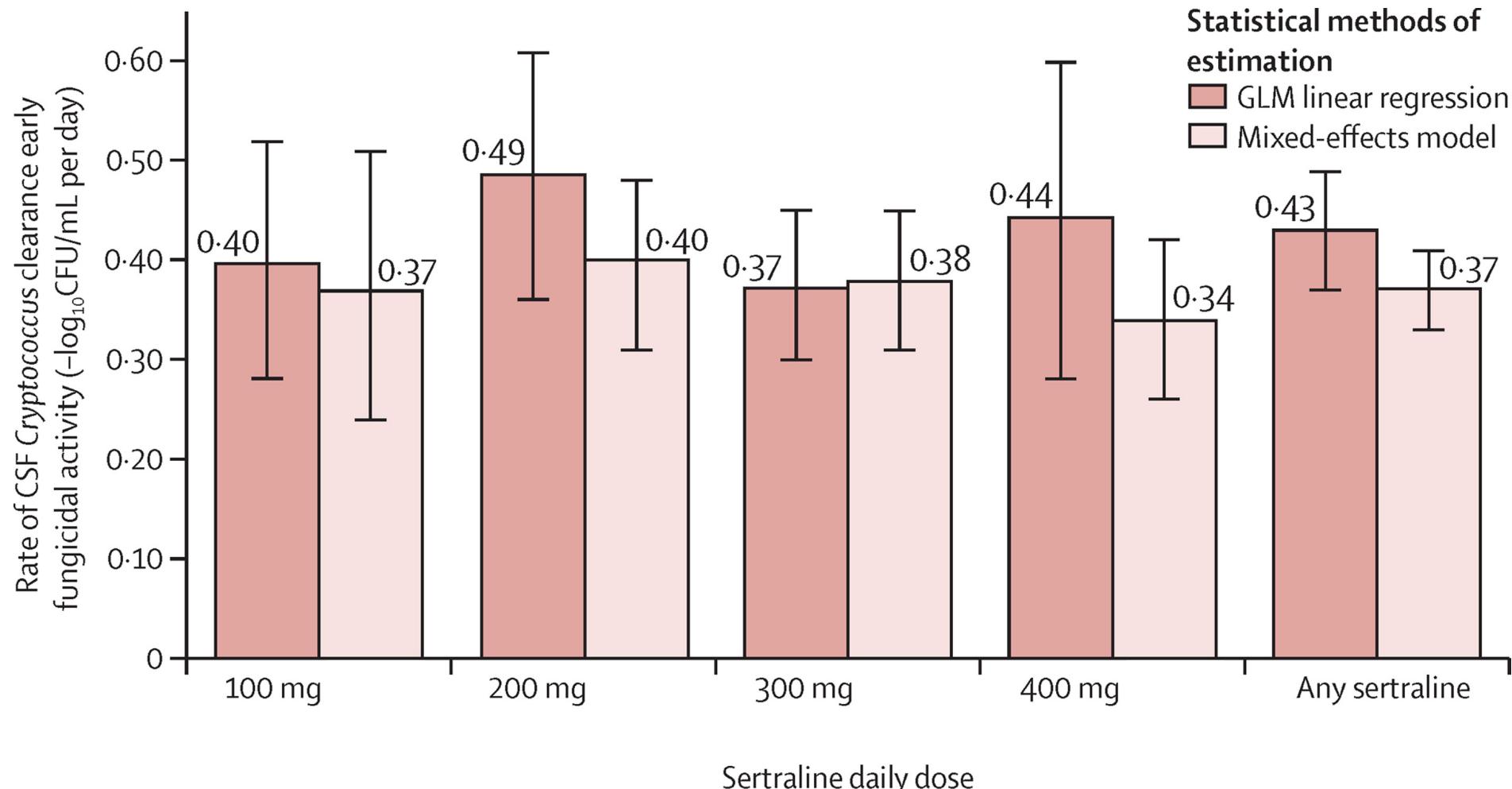
100 mg/d (n=17)  
200 mg/d (n=60)  
300 mg/d (n=50)  
400 mg/d (n=45)

+  
112 patients randomly assigned (1:1)

2 weeks induction therapy      8 weeks consolidation therapy

200 mg/d (n=48) + 200 mg/d  
300 mg/d (n=36)      400 mg/d  
400 mg/d (n=28)

## 2016 Clinical trial



- Participants receiving any sertraline dose averaged a CSF clearance rate of **-0.37** colony forming units/mL/day (95% CI -0.41 to -0.33).

## 2016 Clinical trial

	Sertraline dose cohort				Sertraline, all (n=172)	Sertraline, p value (n=172)
	100 mg (n=17)	200 mg (n=60)	300 mg (n=50)	400 mg (n=45)		
14-day CSF sterility*	6/14 (43%)	25/41 (61%)	22/43 (51%)	20/40 (50%)	73/138 (53%)	0·61
Paradoxical IRIS†	0/3 (0%)	1/14 (7%)	0/15 (0%)	1/11 (9%)	2/43 (5%)	0·58
Culture-positive relapse‡	0	0	0	0	0	..
2-week mortality	5/17 (29%)	8/60 (13%)	12/50 (24%)	13/45 (29%)	38/172 (22%)	0·21
12-week mortality	10/17 (59%)	20/60 (33%)	21/50 (42%)	18/45 (40%)	69/172 (40%)	0·30

2. Incidence of paradoxical immune reconstitution inflammatory syndrome(IRIS) was **5%**.

**IRIS:** a collection of inflammatory disorders associated with paradoxical worsening of preexisting infectious processes following the initiation of antiretroviral therapy (ART) in HIV-infected individuals.

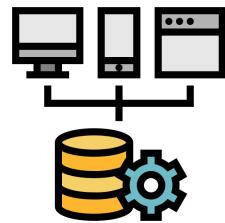
3. **No** cases of relapse occurred over the 12-week study period.

- Faster cryptococcal CSF clearance
- Lower incidence of IRIS
- Lower relapse rates



**Sertraline is a promising  
adjunctive antifungal therapy.**

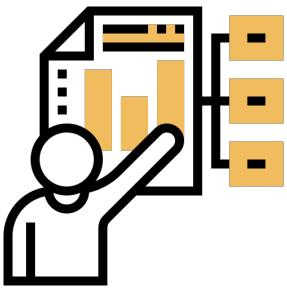
## Challenges



- Experimental data
- Clinical data
- Integrative platforms
- Clinical pharmacology
- Regulatory requirements
- Intellectual property

## Conclusion

- Drug repurposing holds strong promise in complementing traditional drug discovery.
- A systematic application of repurposing strategies improves its feasibility.
- Repurposing drugs could provide breakthrough therapies for antimicrobial resistance.



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*Thank you*