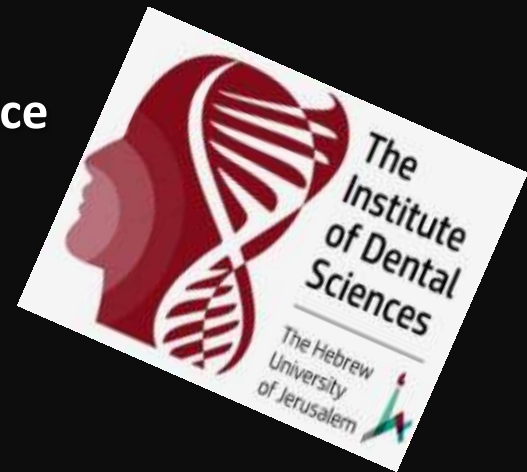




Phage Therapy as a promising tool against antibiotic resistant bacteria

Ronen Hazan

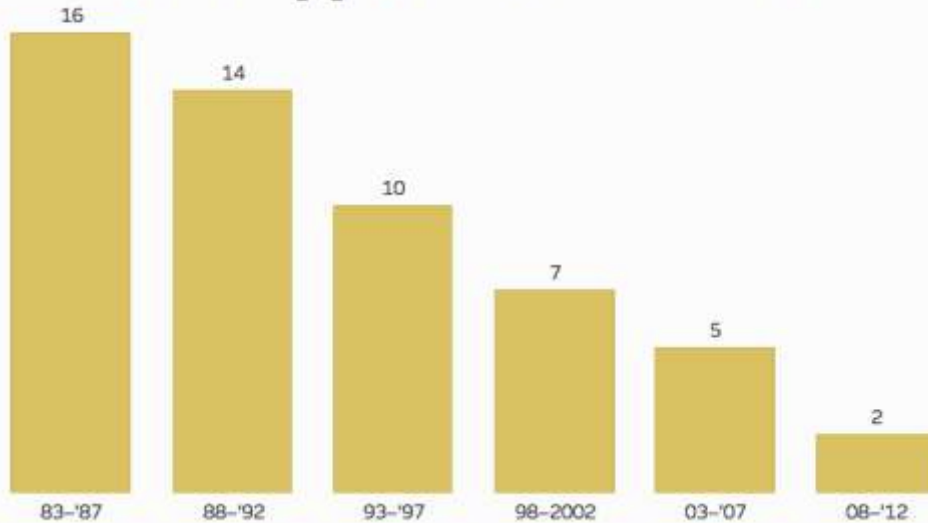
**Institute of Dental Science
Hebrew University**



March 2018

Do we need more antibiotics ?

New FDA-approved antibiotics



Science

Science

First new antibiotic in 30 years discovered in major breakthrough



The discovery of Teixobactin could pave the way for a new generation of antibiotics because of the way it was discovered.

By Sarah Knapton, SCIENCE EDITOR

7 JANUARY 2016 • 5:44PM

The first new antibiotic to be discovered in nearly 30 years has been hailed as a 'paradigm shift' in the fight against the growing resistance to drugs.

Yes we need!

“Resistance to antibiotics poses **a major global threat** to public health that requires action across all government sectors and society.” (WHO)

“Each year in the United States, at least **2 million people** become infected with bacteria that are resistant to antibiotics and at least **23,000 people die** each year as a direct result of these infections.” (CDC)

Yes we need!



[News Alerts](#) > [Medscape Medical News](#)

First US Case of *E coli* Resistant to Last-Resort Antibiotic

Robert Lowes

Disclosures | May 26, 2016

Solution: The last resort antibiotics

Emergence of antibiotic resistant strains



Sensitive *P. aeruginosa*



Hadassah, 2017

When and where do antibiotic fail?

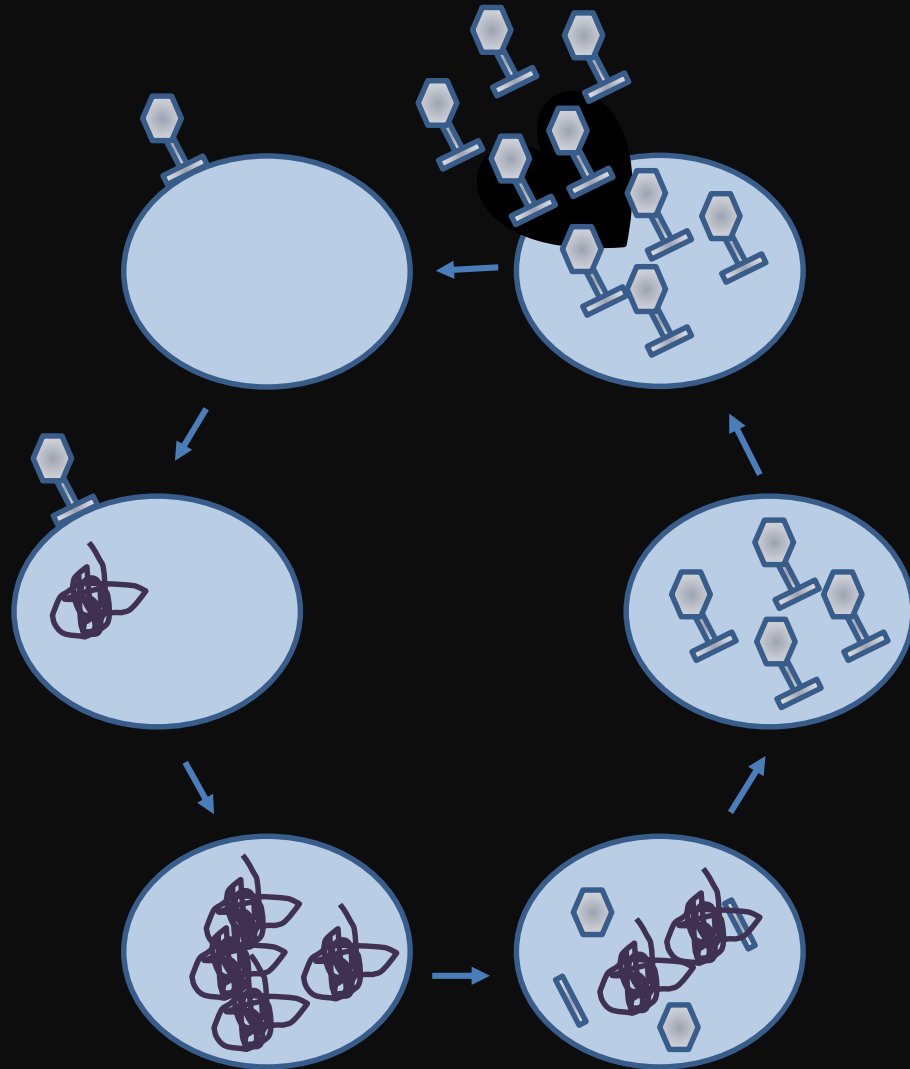
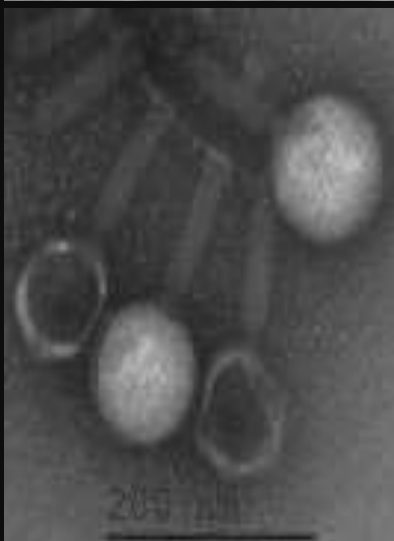
- 1) Emergence of resistant bacteria
- 2) Biofilm
- 3) Microbiome dysbiosis
- 4) Persisters

So ? What can be done?

The promise of Phage Therapy

- Bacteriophages (viruses of bacteria) against bacteria
- “The enemy of my enemy is my friend”
- An old idea

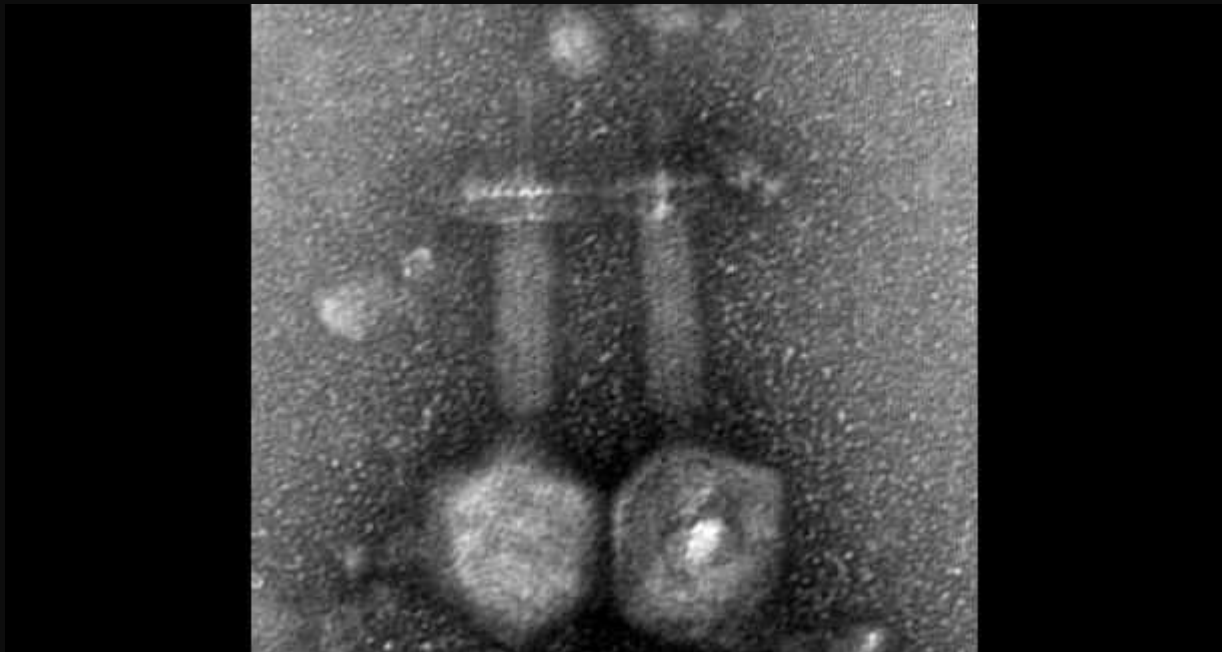
Phages : Viruses of bacteria



.Gelman. D

Why phages ?

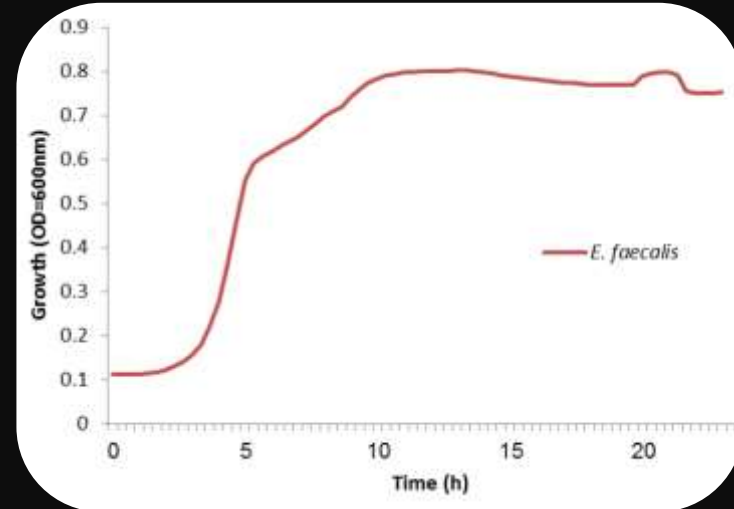
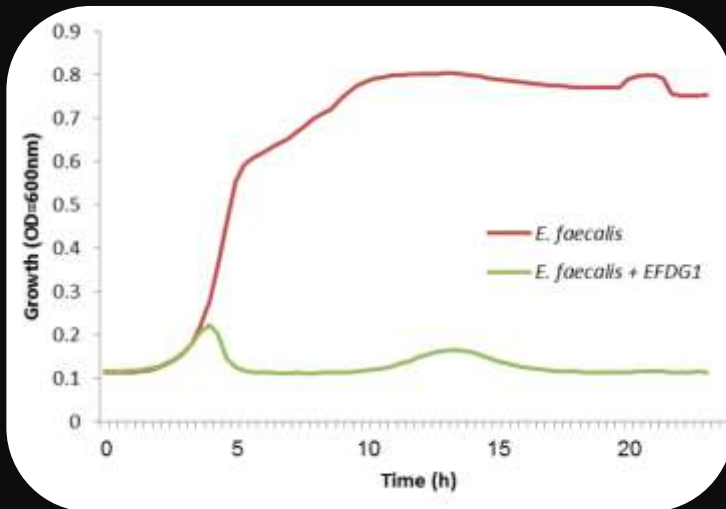
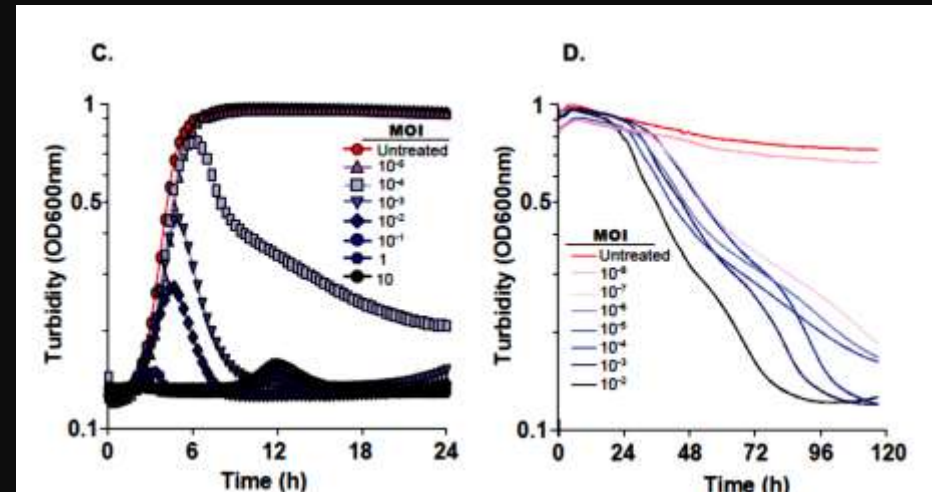
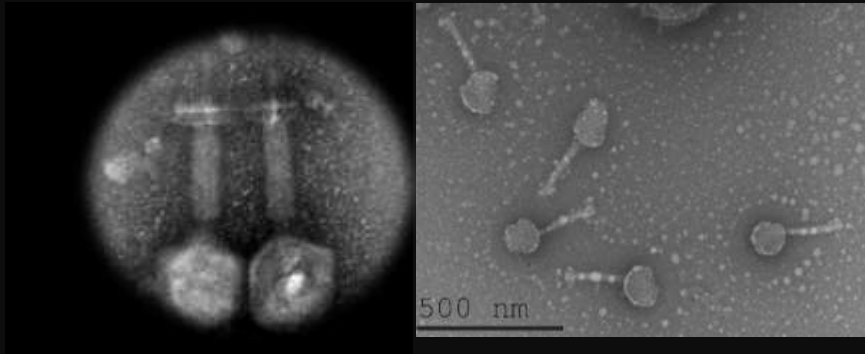
Because phage therapy works exactly where antibiotics fail



Resistance to phages

Not the end of the world !

1) Emergence of resistant bacteria



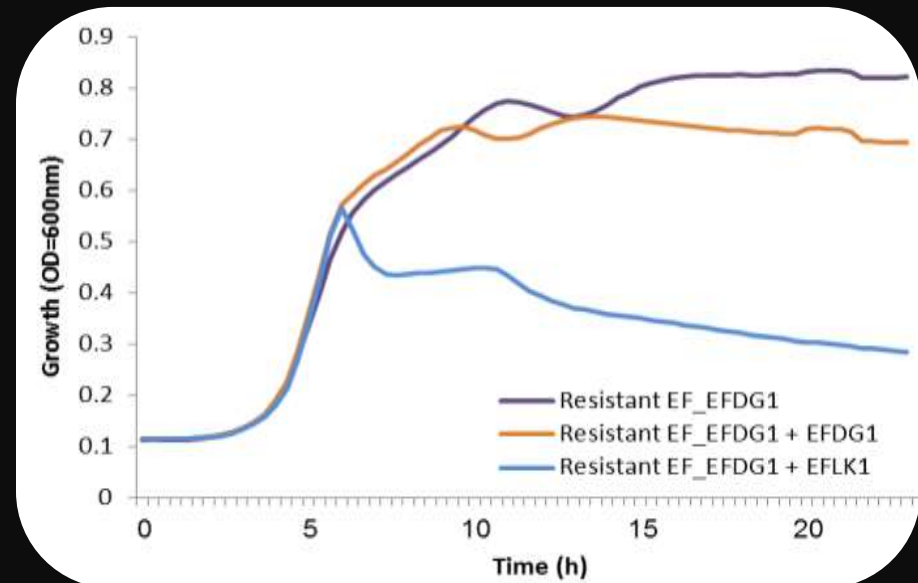
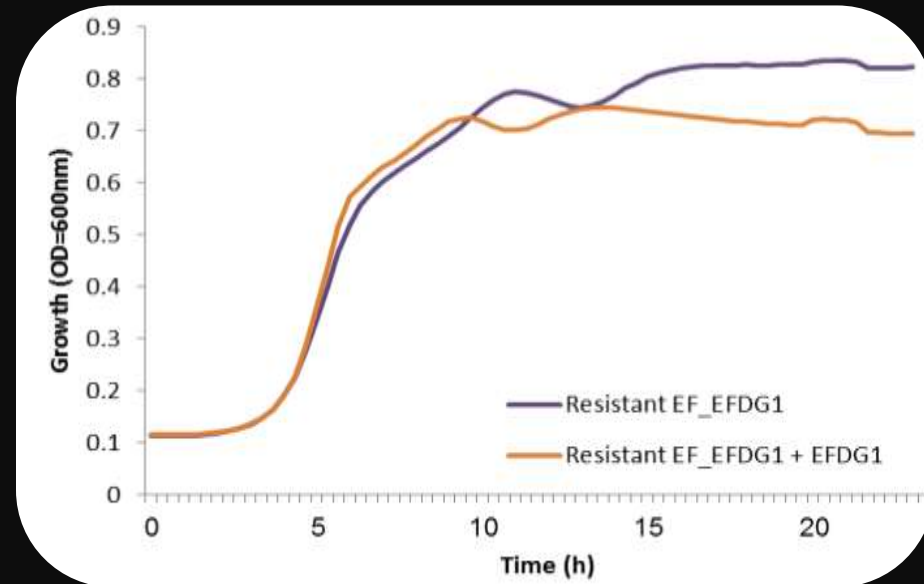
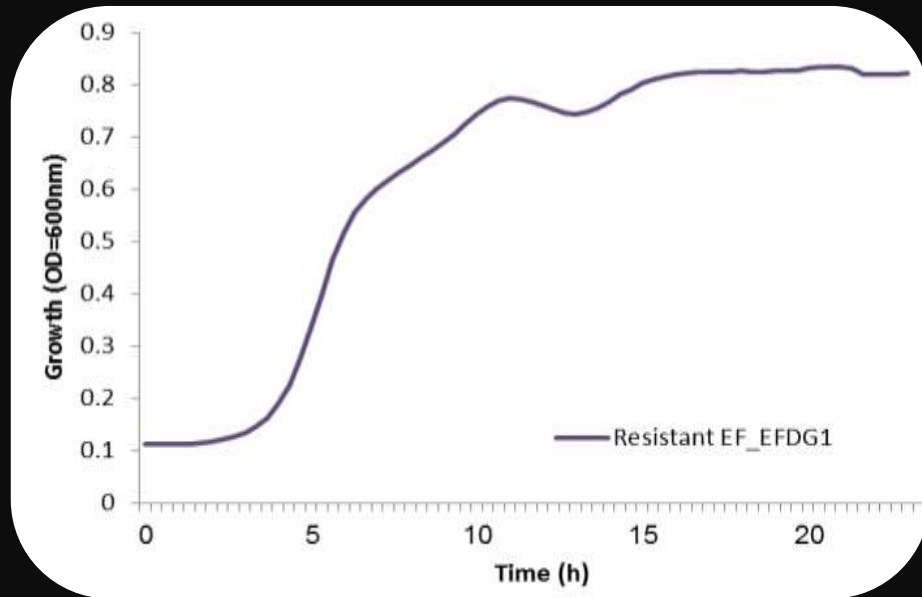
Resistance to phages

Not the end of the world !

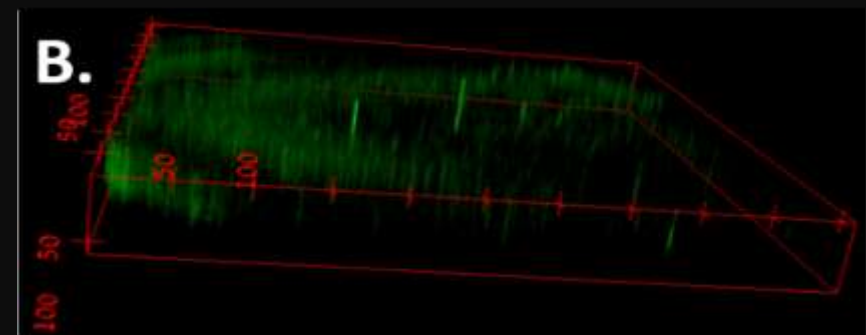
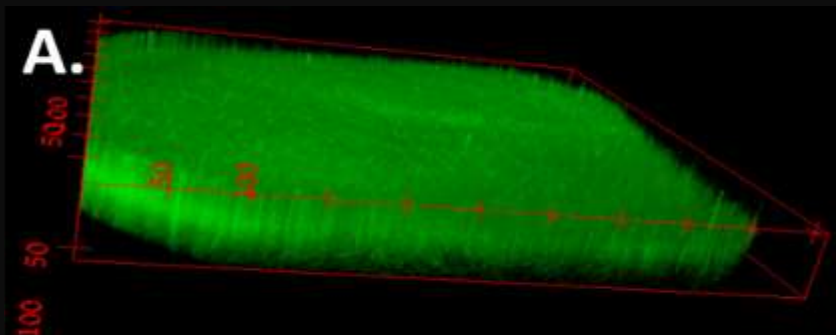
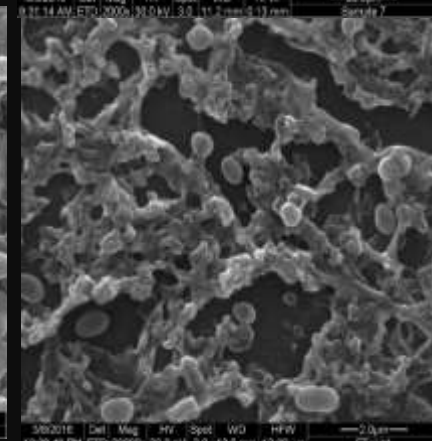
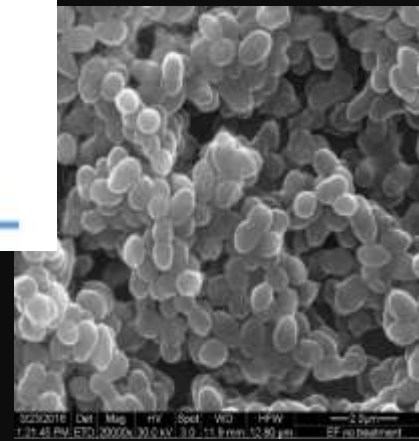
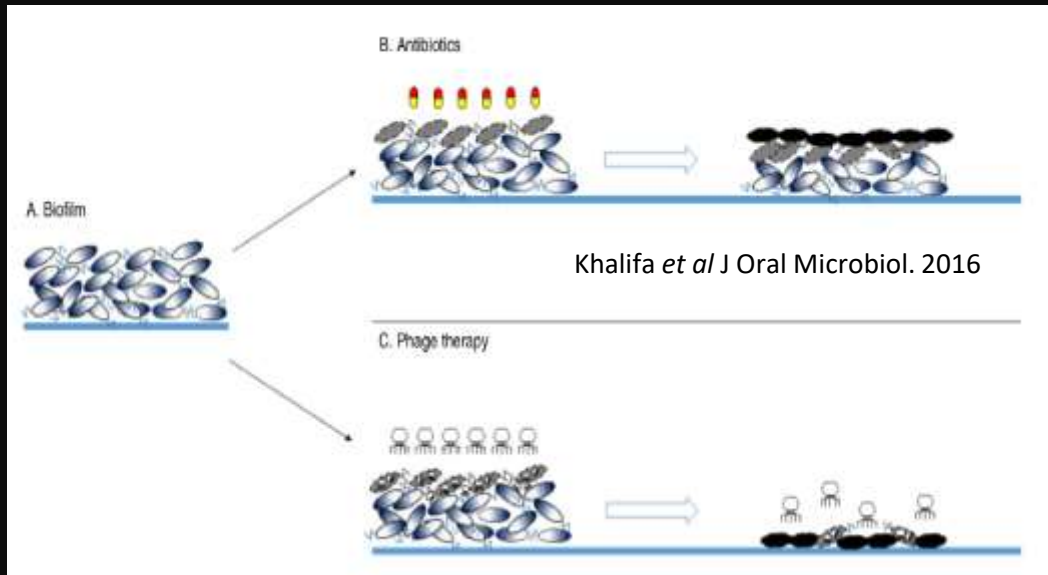
1) Emergence of resistant bacteria

More options:

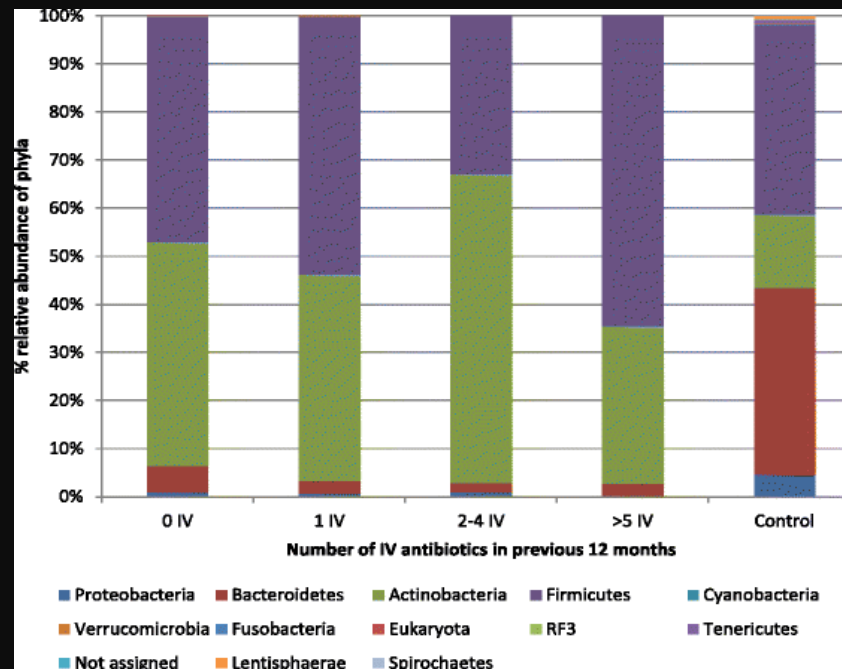
- Mutate the phages (Co-evolution)
- Engineer the phages



Phages are efficient against Biofilm



Dysbiosis in antibiotic treated CF patients



BMC Explore journals Get published About BMC

BMC Microbiology

Home About Articles Submission Guidelines

Abstract Research article Open Access

Background

Methods

Results

Discussion

Conclusions

Declarations

The altered gut microbiota in adults with cystic fibrosis

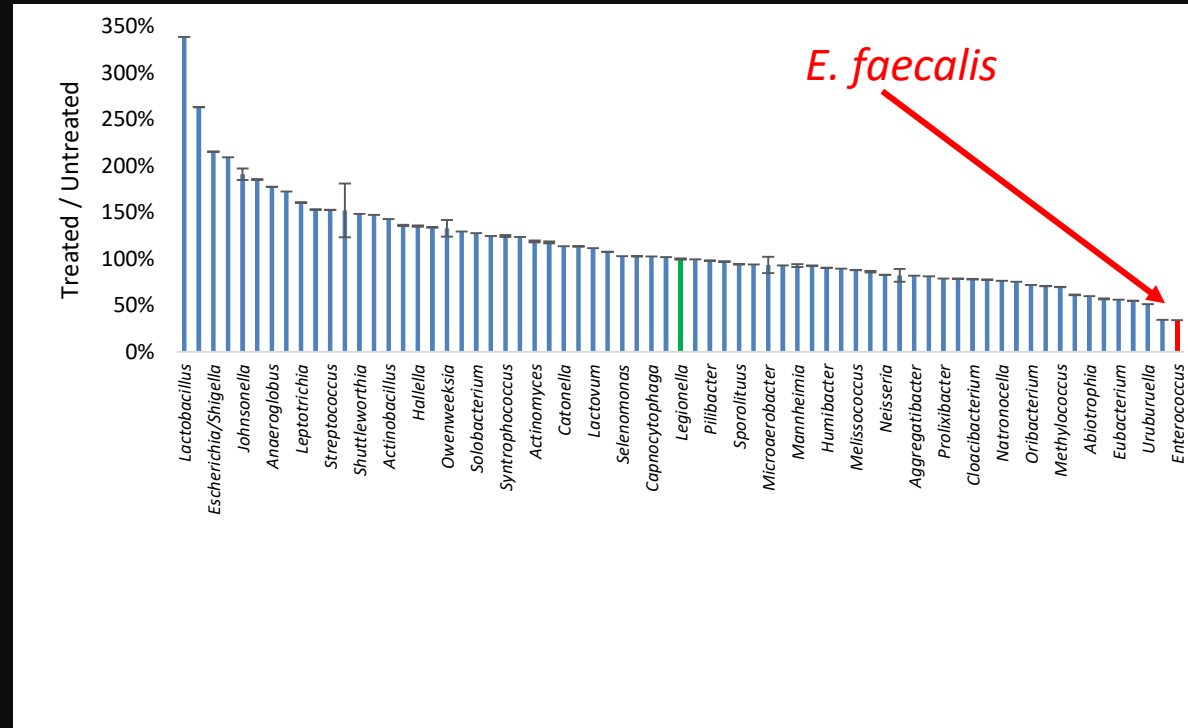
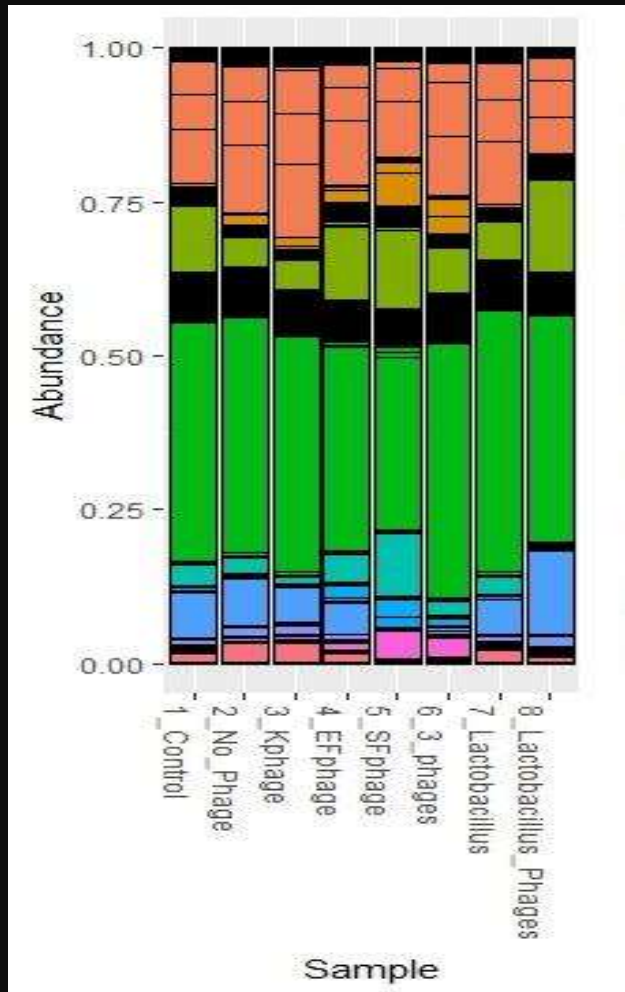
D.G. Burke, F. Fouhy, M. J. Harrison, M. C. Rea, P. D. Cotter, O. O'Sullivan, C. Stanton, C. Hill, F. Shanahan, B. J. Plant and R. P. Ross

Phages are highly specific

- In contrast to antibiotics that tend to cause microbiome dysbiosis, phages are very specific

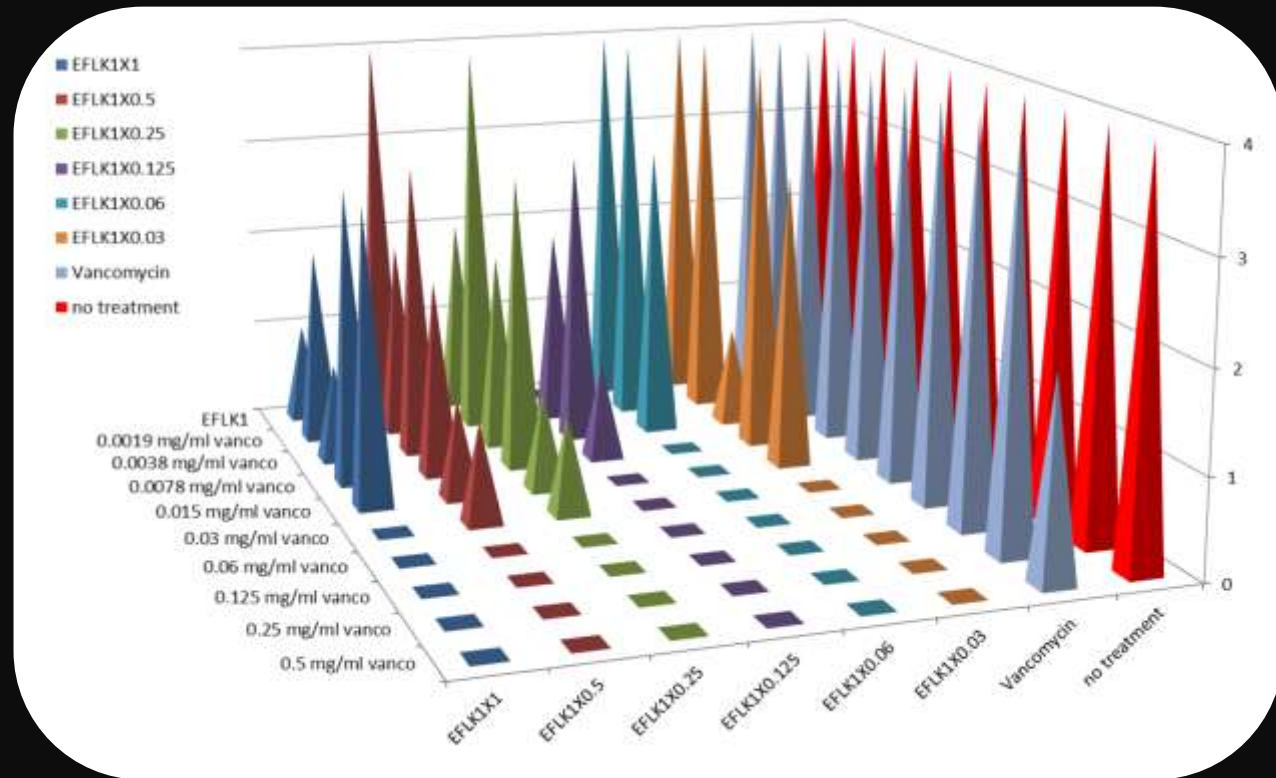
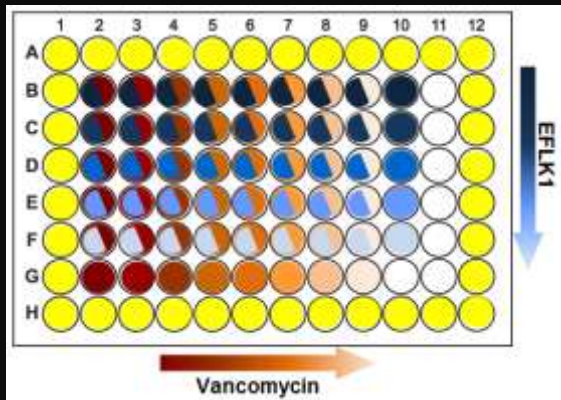
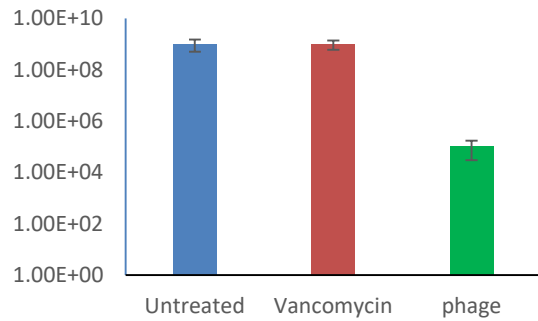
Bacterial strain ^a	Origin ^b	EFDG1 ^c
<i>Enterococcus</i> strains		
<i>E. faecalis</i> (v583)	ATCC 700802	S
<i>E. faecalis</i> (aef01)	Clinically isolated from urine	S
<i>E. faecalis</i> (aef03)	Clinically isolated from urine	S
<i>E. faecalis</i> (aef04)	Clinically isolated from venal blood flow	S
<i>E. faecalis</i> (aef05)	Clinically isolated from venal blood flow	S
<i>E. faecalis</i> (cef02)	Clinically isolated	S
<i>E. faecium</i> (aefc06)	Clinically isolated from venal blood flow	S
<i>E. faecium</i> (aefc07)	Clinically isolated from venal blood flow	S
<i>E. faecium</i> (aefc08)	Clinically isolated from venal blood flow	S
<i>E. faecium</i> (aefc09)	Clinically isolated from feces	S
<i>E. faecium</i> (aefc10)	Clinically isolated from feces	S
<i>Staphylococcus</i> strains		
<i>S. aureus</i> (w6460)	Clinically isolated	R
<i>S. aureus</i> (w0406)	Clinically isolated	R
<i>S. aureus</i> (lsa011)		R
Other strains		
<i>Pseudomonas aeruginosa</i> PA14		R
<i>Pseudomonas aeruginosa</i> PA14 pqsA		R
<i>Streptococcus mutans</i> (lsm012)		R
<i>Streptococcus sobrinus</i> (lsb013)		R
<i>Fusobacterium nucleatum</i> (fs014)		R
<i>Porphyromonas gingivalis</i> (pg015)		R
<i>Burkholderia cepacia</i> complex 25	Clinically isolated	R
<i>Burkholderia cepacia</i> complex 80	Clinically isolated	R
<i>Klebsiella pneumonia</i> (bkp016)		R

No effect on the Microbiome



Towards microbiome
engineering

Eradication of resistance and persisters by phages and antibiotics



- Both resistant and persisters were eradicated

- Note** that we used here vanco on VRE!

- Shlezinger *et al*, submitted

Phage therapy: more advantages

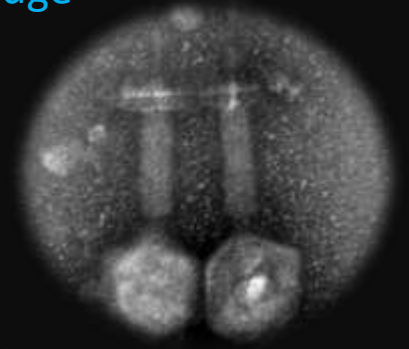
- *“Personal medicine”*
- *“Smart kinetics”*
- *“Natural solution”*

known to our immune system



Phage therapy: cons

- Too Specific → Using cocktails, establishing phage banks, personal medicine.
- Immune response → Coating / passaging
- Might carry harmful genes → Sequencing / knowledge
- Lysogeny : Genetic engineering
- Problematic regulation: Under consideration in the FDA
- Resistance mechanisms (restriction enzymes, CRISPR):
High MOI, large cocktails, use in conjugate with antibiotics



So, When should we use Phage Therapy?

- In general, when antibiotics fail !
- Chronic diseases or time for “personalization”
- Ectopic treatments (e.g. burns and wounds)
- Multidrug resistant strains
- Biofilm
- Combination with antibiotics

And when should phage therapy be avoided?

- In general, when antibiotics work !!
- Emergency situations (e.g. “Predator bacteria”)

The case that made the difference

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

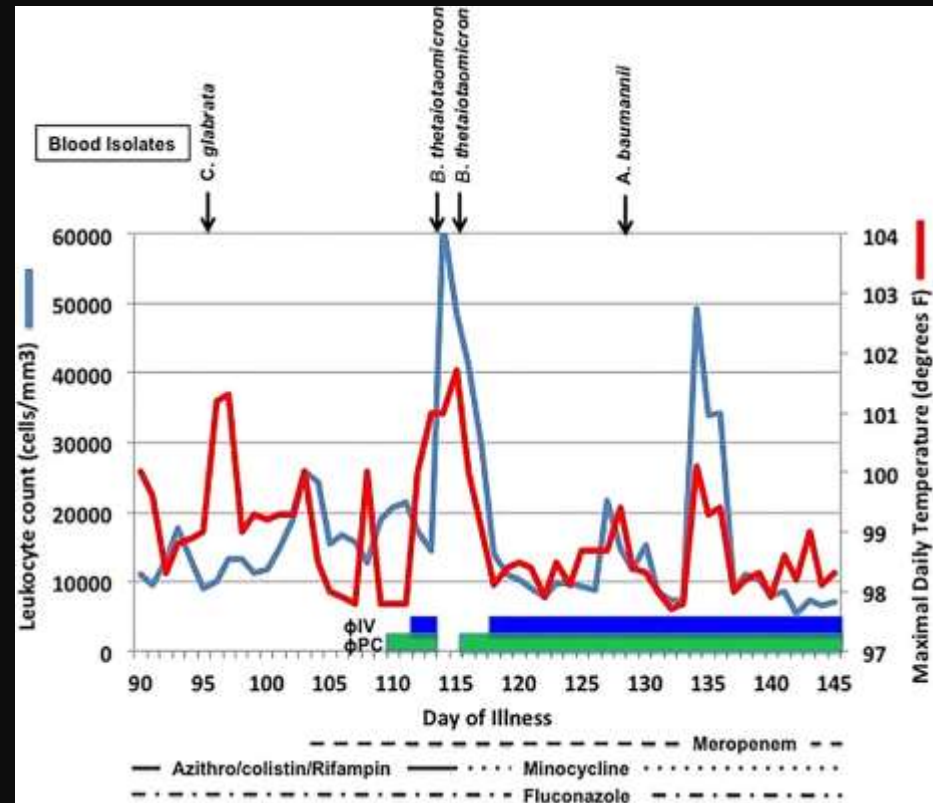
Scientists and physicians at University of California San Diego School of Medicine, working with colleagues at the U.S. Navy Medical Research Center – Biological Defense Research Directorate (NMRC-BDRD), Texas A&M University, a San Diego-based biotech and elsewhere, have successfully used an experimental therapy involving bacteriophages — viruses that target and consume specific strains of bacteria — to treat a patient near death from a multidrug-resistant bacterium.

Phage Therapy



Phage Therapy Infected with a multidrug-resistant

The therapeutic approach, which has been submitted to a peer-reviewed journal, is scheduled to be featured in an oral presentation tomorrow at the Centennial Celebration of Bacteriophage Research at the Institute Pasteur in Paris by Biswajit Biswas, MD, one of the case study's co-authors and chief of the phage division in the Department Genomics and Bioinformatics at NMRC-BDRD. April 27 is Human Phage Therapy Day, designated to mark



The case that made the difference



AMERICAN
SOCIETY FOR
MICROBIOLOGY

Antimicrobial Agents
and Chemotherapy®

Development and Use of Personalized Bacteriophage-Based Therapeutic Cocktails To Treat a Patient with a Disseminated Resistant *Acinetobacter baumannii* Infection

Robert T. Schooley,^a Biswajit Biswas,^{b,c} Jason J. Gill,^{d,e} Adriana Hernandez-Morales,^f Jacob Lancaster,^g Lauren Lessor,^g Jeremy J. Barr,^{g,o} Sharon L. Reed,^{a,h} Forest Rohwer,^g Sean Benler,^g Anca M. Segall,^g Randy Taplitz,^a Davey M. Smith,^a Kim Kerr,^a Monika Kumaraswamy,^a Victor Nizet,^{i,j} Leo Lin,ⁱ Melanie D. McCauley,^a Steffanie A. Strathdee,^a Constance A. Benson,^a Robert K. Pope,^k Brian M. Leroux,^k Andrew C. Picel,^l Alfred J. Mateczun,^b Katherine E. Cilwa,ⁿ James M. Regeimbal,^b Luis A. Estrella,^b David M. Wolfe,^b Matthew S. Henry,^{b,c} Javier Quinones,^{b,c} Scott Salka,^m Kimberly A. Bishop-Lilly,^{b,c} Ry Young,^{e,f} Theron Hamilton^b

Department of Medicine, University of California, San Diego, La Jolla, California, USA^a; Biological Defense Research Directorate, Naval Medical Research Center, Frederick, Maryland, USA^b; Henry M. Jackson Foundation, Bethesda, Maryland, USA^c; Department of Animal Science, Texas A&M University, College Station, Texas, USA^d; Center for Phage Technology, Texas A&M AgriLife Research and Texas A&M University, College Station, Texas, USA^e; Department of Biochemistry and Biophysics, Texas A&M University, College Station, Texas, USA^f; Department of Biology, San Diego State University, San Diego, California, USA^g; Department of Pathology, University of California, San Diego, La Jolla, California, USA^h; Department of Pediatrics, University of California, San Diego, La Jolla, California, USAⁱ; Skaggs School of Pharmacy & Pharmaceutical Sciences, University of California, San Diego, La Jolla, California, USA^j; National Biodefense Analysis and Countermeasures Center, Frederick, Maryland, USA^k; Department of Radiology, University of California, San Diego, La Jolla, California, USA^l; AmpliPhi Biosciences, San Diego, California, USA^m; Advanced Surgical Imaging Program, Department of Regenerative Medicine, Naval Medical Research Center, Silver Spring, Maryland, USAⁿ; Monash University, School of Biological Sciences, Melbourne, Australia^o

Phage treatment of an aortic graft infected with *Pseudomonas aeruginosa*

Benjamin K Chan, Paul E Turner, Samuel Kim, Hamid R Mojibian, John A Eleftheriades, Deepak Narayan 

Evolution, Medicine, and Public Health, Volume 2018, Issue 1, 1 January 2018, Pages 60–66, <https://doi.org/10.1093/emph/eoy005>

Published: 08 March 2018 Article history ▼

 Views ▼  PDF  Cite  Permissions  Share ▼

Abstract

Management of prosthetic vascular graft infections caused by *Pseudomonas aeruginosa* can be a significant challenge to clinicians. These infections often do not resolve with antibiotic therapy alone due to antibiotic resistance/tolerance by bacteria, poor ability of antibiotics to permeate/reduce biofilms and/or other factors. Bacteriophage OMKO1 binding to efflux pump proteins in *P. aeruginosa* was consistent with an evolutionary trade-off: wildtype bacteria were killed by phage whereas evolution of phage-resistance led to increased antibiotic sensitivity. However, phage clinical-use has not been demonstrated. Here, we

April 2017 – Paris: 100 years of phages

24-26 April 2017
Institut Pasteur, France

100th
1917-2017
Centennial

Celebration of
Bacteriophage
Research

ORGANIZING AND SCIENTIFIC COMMITTEE

Dennis Bamford	Rob Lavigne
Laurent Debarbieux	Sylvain Moineau
Patrick Forterre	David Prangishvili
Marl Krupovic	
Mzia Kutateladze	

SPEAKERS

Bruce Alberts	Sylvain Moineau
Dennis Bamford	Michel Morange
Roger Hendrix	Margarita Salas
Rob Lavigne	Matthew Sullivan
Petr Leiman	Paulo Tavares
Debby Lindell	

www.bacteriophage100.org

ISVM ELIAYA Île de France Institut Pasteur

Meanwhile in Georgia :

*more than 100 patients per year are
being cured.*

Many of them are medical tourists

1935 – Current: Phage Therapy Centers in East Europe countries



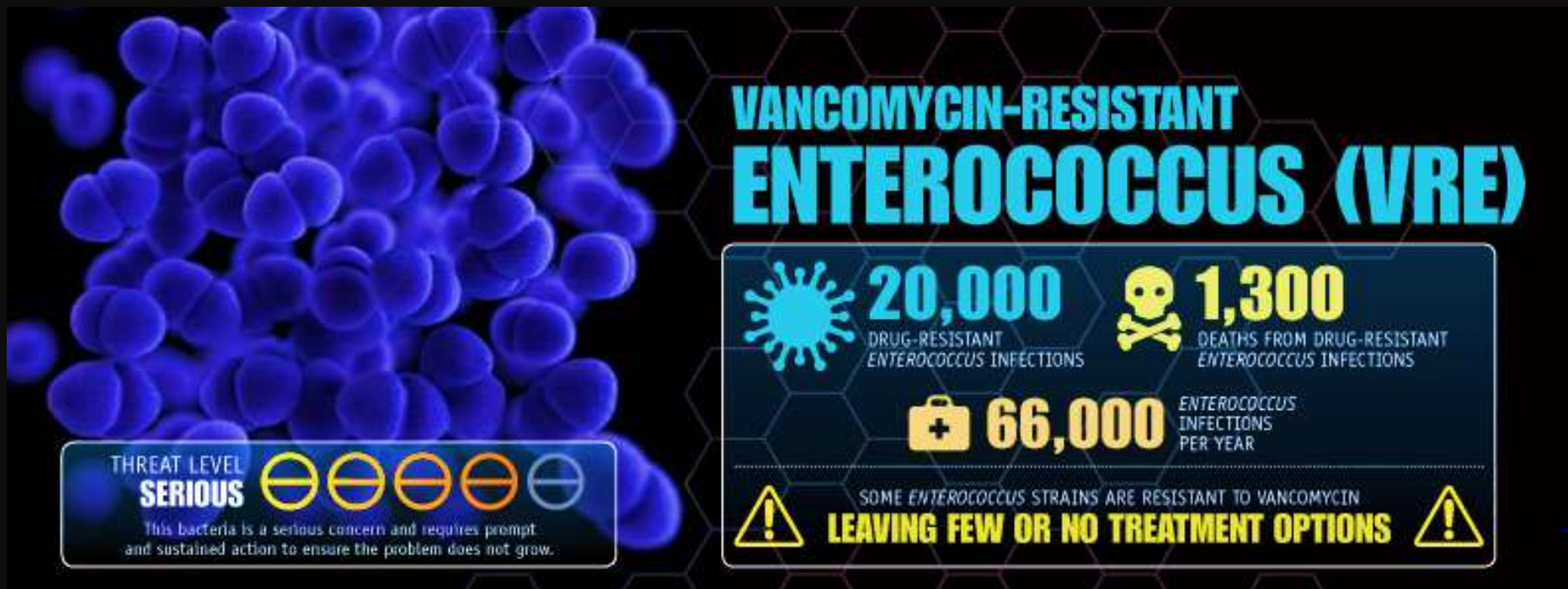
Eliav Institute,
Tbilisy Georgia
2017



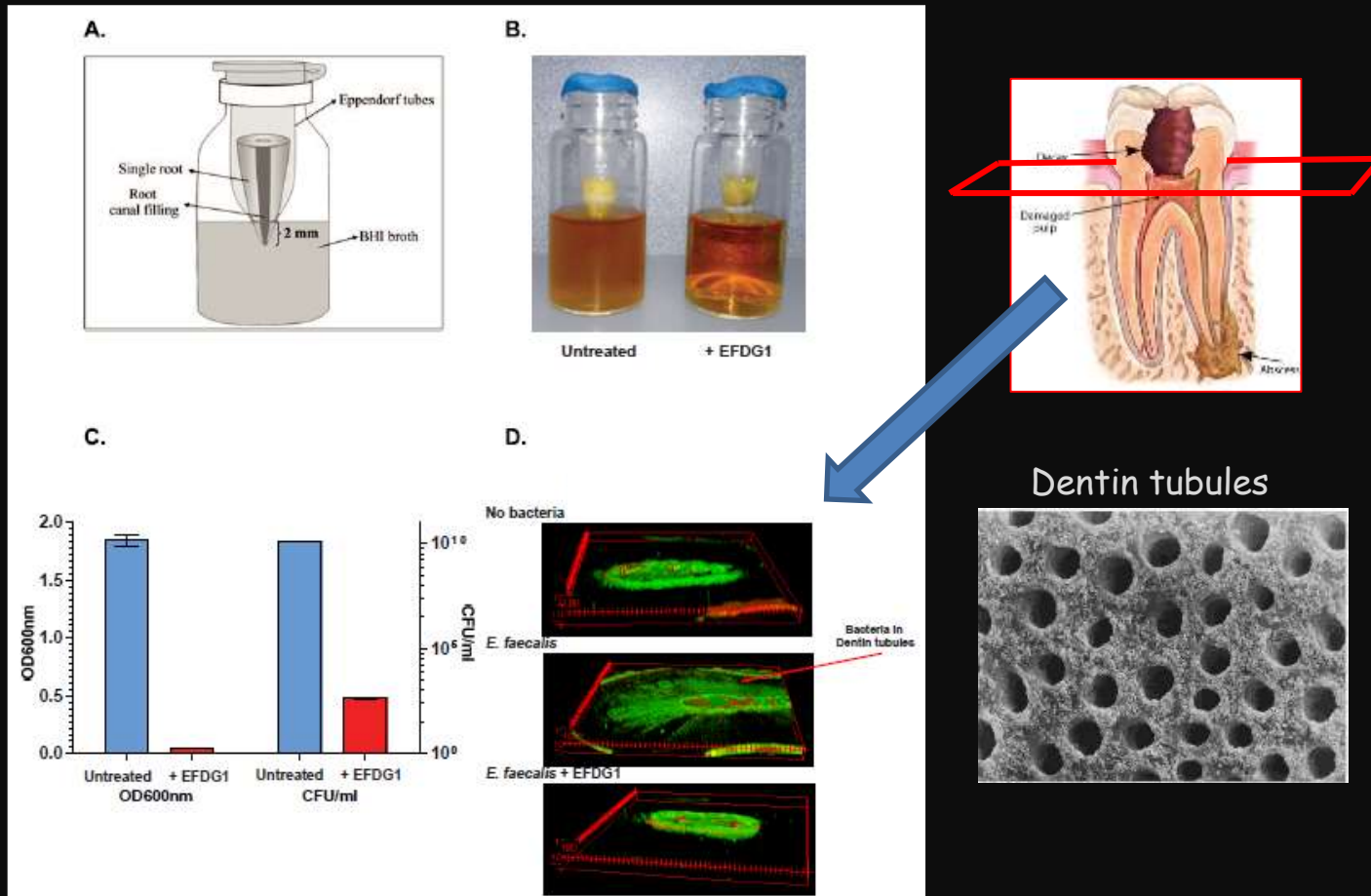
Some of the running projects in our lab



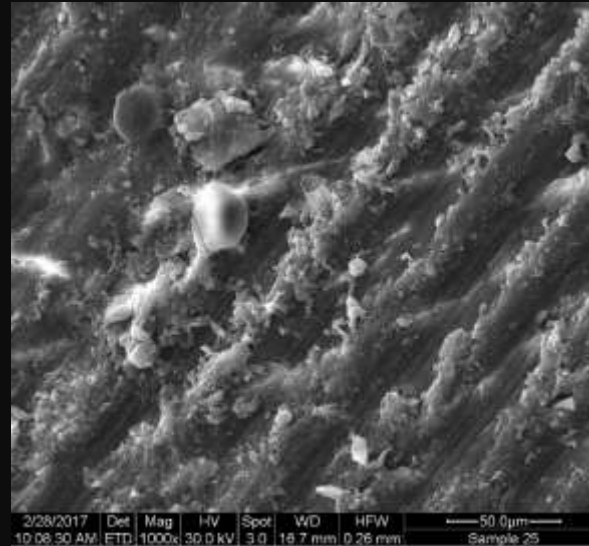
The Anti – *E. faecalis* phages project



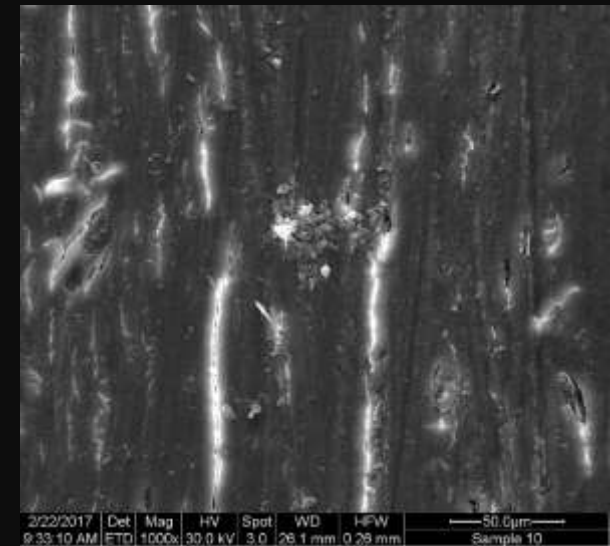
Ex - vivo dental models



Animal model: Root canal model in Rats

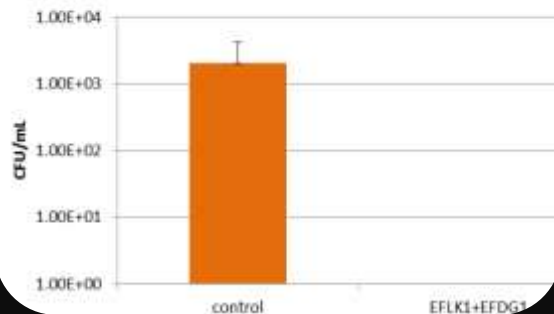


Untreated



+ Phages

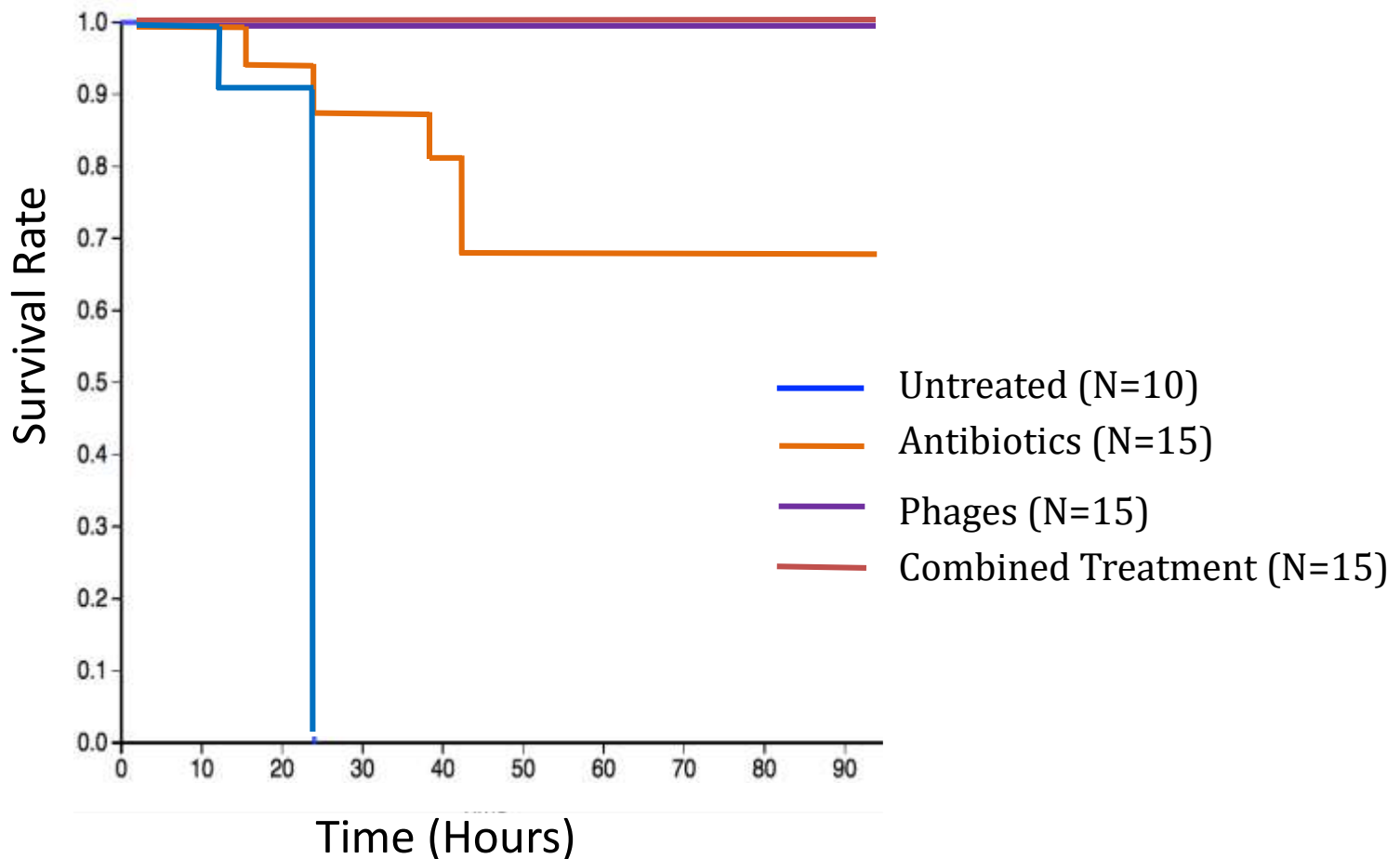
Live bacterial counts of *E. faecalis*



- 16S analysis is on the way

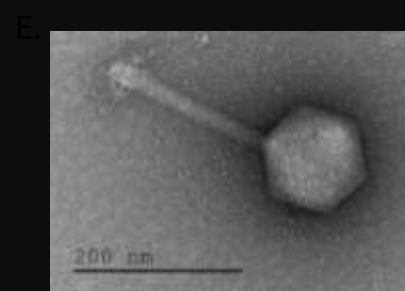
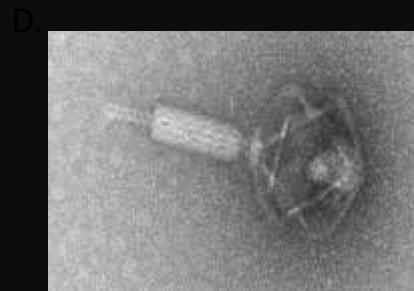
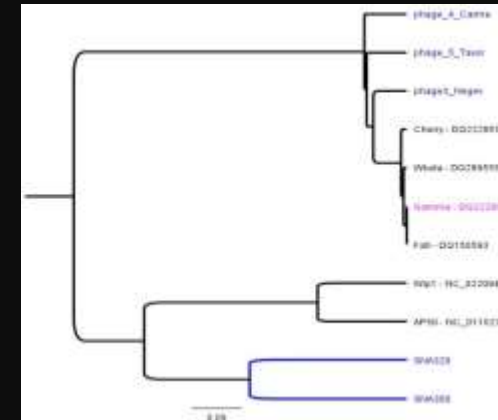
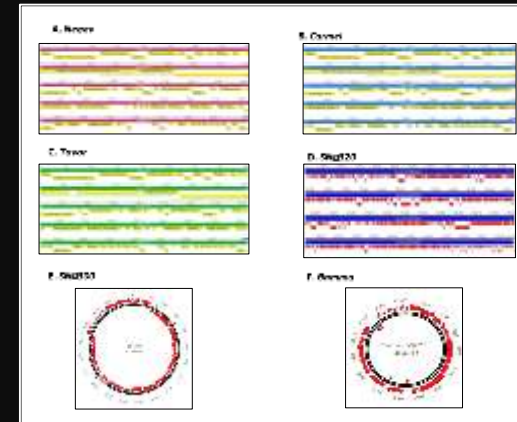
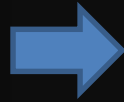
Mor Shlezinger in collaboration with Nurit Beyth

Phages saved the life of 100% of the animals in a peritonitis model

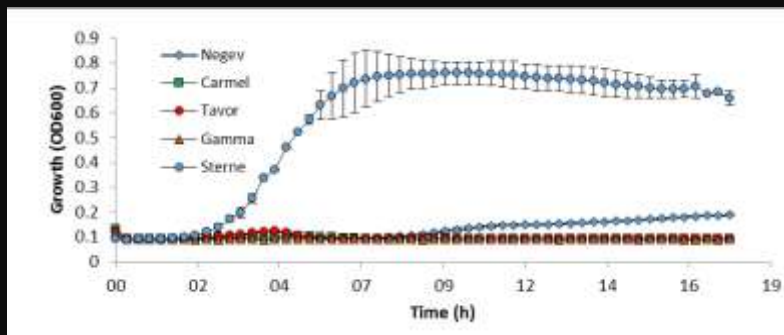


Phages against Anthrax

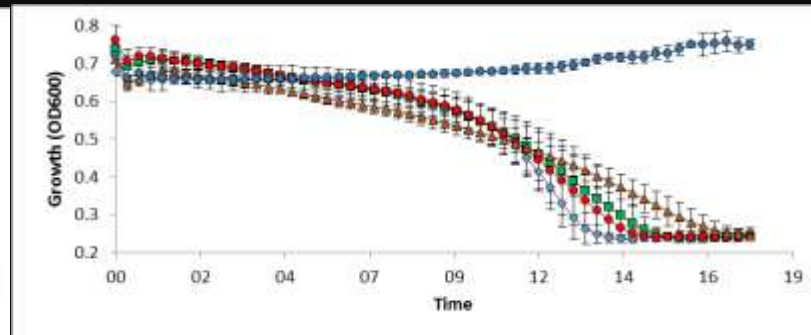
- It is expected that in a bioterrorism attack, antibiotic resistant bacteria will be used



Phages against Anthrax



Log phase



Stationary phase

<i>B. Anthracis</i> Strain	Year	Place	SN α 300	SN α 320	SA-Tavor	SA-Carmel	SA-Negev	Gamma*
Megido	2009	Megido	+++	+	+++	+++	+++	+++
151852	2012	Keshet	+++	-	+++	+++	+++	+++
151321	2012	Keshet	+++	+	+++	+++	+++	+++
Keshet	2012	Keshet	+++	-	+++	+++	+++	+++
151264	2012	Keshet	+++	+	+++	+++	+++	+++
152776	2012	Yehonatan	+++	+	+++	+++	+++	+++

* Brown, E. R., W. Cherry. 1955, J. Infect. Dis

Our phage are effective against virulent *B. anthracis*
(Tested by Prof. D Elad, Veterinary Services)

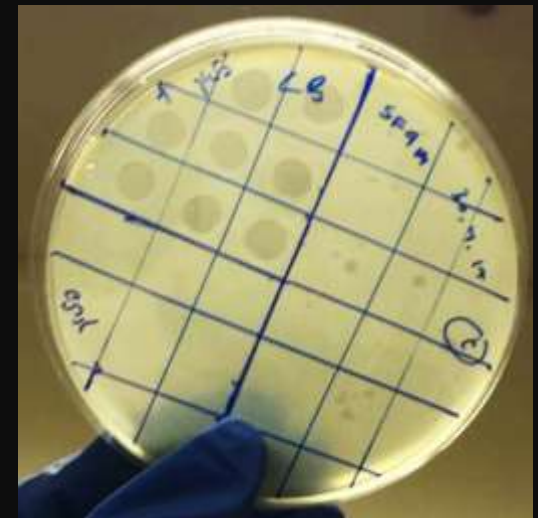
Sivan Alkalay and Sarit Sterenberg (Alpha)

Phages against diarrhea related bacteria

- One of the biggest problems of field units
- In “Zuk Eitan”, several combat unit were evacuated from the battle zone due to foodborne diseases
- The problem is not limited to the army

התפרצות שיגלה בישראל					
2016	2015		2016	2015	
496	116	חיפה	302	76	אשקלון
0	0	נצרת	290	291	דרום
170	35	עכו	1105	424	תל אביב
170	6	עפולה	523	181	רחובות
17	7	כנרת	528	125	רמלה
3	23	צפת	542	165	פתח תקוה
1848	607	מחוז ירושלים	86	62	נתניה
6225	2143	סה"כ	145	25	חדרה

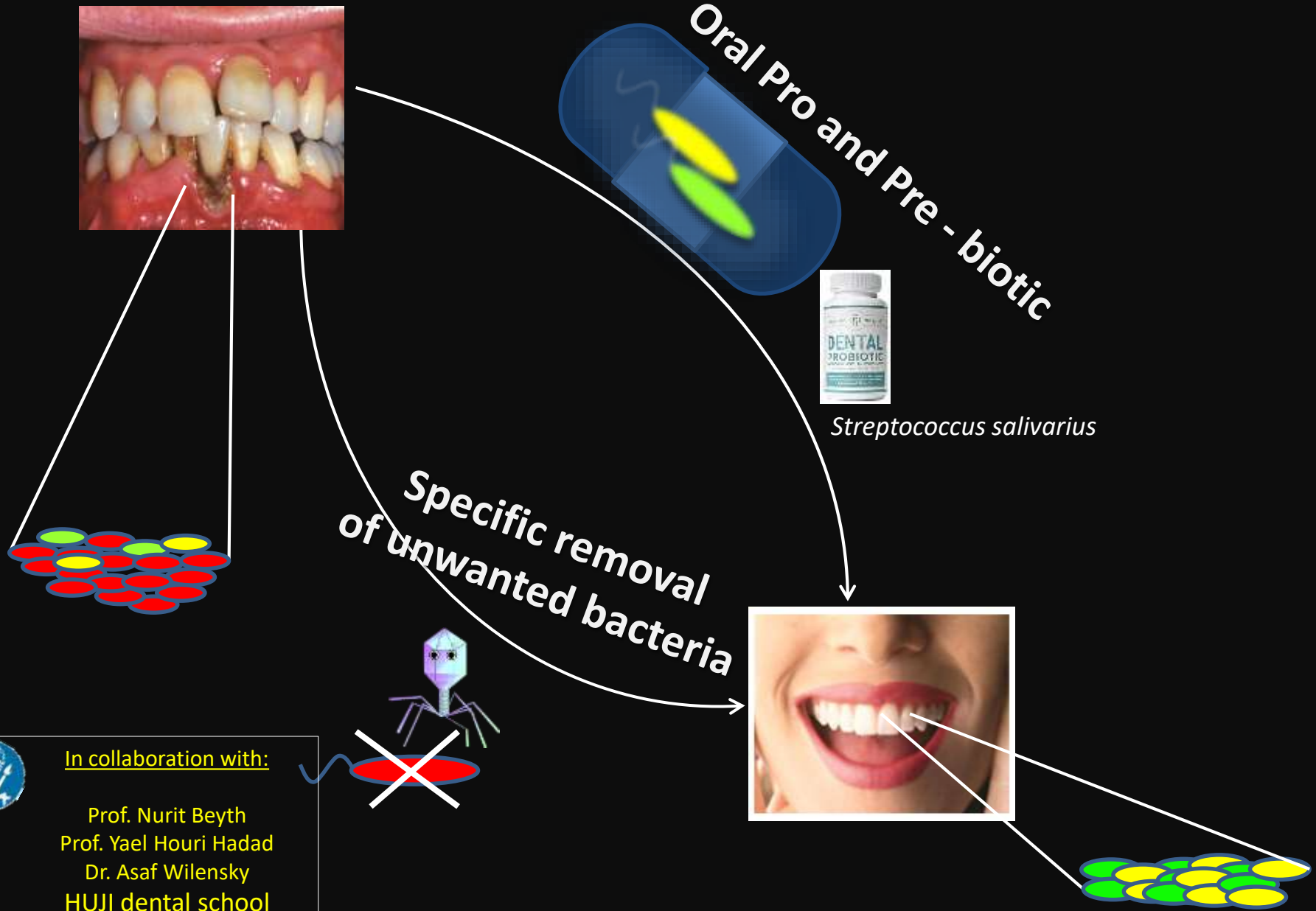
מקרי התפרצות מדווחים למשרד הבריאות בשנתיים החולפות



Our *Shigella* phages
1/5/2017

- We are developing “Anti food born diseases phage cocktail” –
 - *Shigella*, *Campilobacter*, *Salmonella* and more

Personal preventive dentistry



In collaboration with:

Prof. Nurit Beyth
Prof. Yael Hourri Hadad
Dr. Asaf Wilensky
HUJI dental school

Prepare Phage for treatment

- *P. aeruginosa*
- *K. pneumonia* CRE
- *E. faecalis* VRE
- *A. baumannii*
- *P. acne* (with Dr Vered Molho, Dermatology, Hadassah)

In collaboration with:

Prof. Ran Nir-Paz

Infectious diseases,
Hadassah



Summary

- We believe that phage therapy is a useful tool when antibiotics fail
- It seems that phage – antibiotic combinations have additive or synergistic effects
- We aim to use phages in personalized / precision manner
- Phages might be useful in many direction besides medicine





Lab Manager
Shunit Glazer



Thanks



Collaborators

Infectious diseases

- Ran Nir Paz (Hadassah)

Dentistry

- Nurit Beyth (HU dental school)
- Yael Houry Hadad (HU dental school)
- Asaf Wilensky (HU dental school)
- Naama Keshet and Doron Afremian

MDs

- Vered Molho (Hadassah)
- Shauli Beyth (Hadassah)

Biologists

- Michael Klutstein
- Ayelet Bernholtz

Phage Therapy

- Gregory Resche (Phagoburn)
- Mzia Kutateladze (Eliave, Tbilisi)

Pharmacology

- Micha Friedman

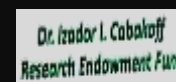
Beer

- Itai Gutman
- Amichai Saragovi

The Hazan lab and friends



Support



Other Students

Ortal Yerushalmi

"Phage Hunters" (Alfa)

Sarit, Noa, Eyal, Yael
Boaz, Shilo, Eilon