

Identification of repositionable drugs with novel antimycotic activity by screening Prestwick Chemical Library against emerging invasive molds

Hanane Yousfi, Stéphane Ranque, Carole Cassagne, Jean-Marc Rolain, Fadi

Bittar

▶ To cite this version:

Hanane Yousfi, Stéphane Ranque, Carole Cassagne, Jean-Marc Rolain, Fadi Bittar. Identification of repositionable drugs with novel antimycotic activity by screening Prestwick Chemical Library against emerging invasive molds. Journal of Global Antimicrobial Resistance, 2020, 10.1016/j.jgar.2020.01.002. hal-02464583

HAL Id: hal-02464583 https://amu.hal.science/hal-02464583v1

Submitted on 22 Aug 2022

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers. L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial 4.0 International License

- 1 Title: Identification of repositionable drugs with novel antimycotic activity by screening
- 2 Prestwick Chemical Library against emerging invasive molds.
- 3 Authors list: Hanane Yousfi^{1,3}, Stéphane Ranque^{2,3}, Carole Cassagne^{2,3}, Jean-Marc Rolain^{1,3}
- 4 and Fadi Bittar^{1,3}*
- 5 Affiliations :
- ¹ Aix Marseille Univ, IRD, APHM, MEPHI, Marseille, France.
- ⁷ ² Aix Marseille Univ, IRD, APHM, SSA, VITROME, Marseille, France.
- 8 ³IHU Méditerranée Infection, Marseille, France.

9 *Corresponding author:

- 10 Fadi Bittar, IHU Méditerranée Infection, 19-21 boulevard Jean Moulin, 13005 Marseille,
- 11 France. Email:fadi.bittar@univ-amu.fr
- 12 Keys words: Drugs repurposing, Prestwick chemical library, emerging fungi, multidrug-
- 13 resistant molds, alternative therapeutics.
- 14 Abstract: 101 words
- 15 **Text**: 1468 words
- 16 **References**: No more than 20 references
- 17 **Table**: 1
- 18 **Figure**: 1
- 19 Short communication: Journal of Global Antimicrobial Resistance
- 20
- 21
- Ζ1
- 22

23 Abstract

24	The incidence of severe filamentous fungi infections has increased over the past
25	decade. Some of these filamentous fungi are resistant to available antifungals; it is thus urgent
26	to find new compounds that are active against such life-threatening pathogens. Here, 1280
27	drugs (Prestwick Chemical Library) were tested against six multidrug-resistant filamentous
28	fungi including, Aspergillus, Fusarium, Scedosporium, Rhizopus and Lichtheimia species. We
29	identified several hits that induce fungal growth inhibition \geq 70%. Clioquinol, alexidine
30	dihydrochloride, hexachlorophene and thonzonium bromide, displayed a broad activity
31	against all strains tested. This study enriches the potential antifungal options that can be used
32	against multidrug-resistant invasive fungal diseases.
33	
34	
35	
26	
30	
37	
38	
39	
40	
41	
42	
43	
т у	
44	

45 Introduction

While more than 400 fungal species have been implicated as opportunistic pathogens 46 in human infection [1], only 4 classes of systemic antifungal agents, namely polyenes, azoles, 47 echinocandins and flucytosine, are mainly used in clinical practices [2]. Although these 48 antifungal drugs are usually active against the major clinical fungi, there are limitations to 49 their routine use, including off-target toxicity and drug-drug interaction. Moreover, a poor 50 clinical response has been reported, especially against emerging resistant fungal isolates [3]. 51 Antifungal resistance is a major concern that has been described in most clinical fungal 52 genera. The major human fungal pathogens, including *Candida* spp., *Cryptococcus* spp. and 53 Aspergillus spp. were commonly sensitive to antifungal therapy. However, nowadays, they 54 display a relatively high-acquired resistance rate and constitute a serious public health 55 concern. Additionally, rare life-threatening and emerging fungal pathogens, including 56 opportunistic multidrug-resistant (MDR) pathogens, are increasingly being reported [4]. 57 These latter include Scedosporium/Lomentospora spp., Fusarium spp. and other Mucorales 58 59 [5]. Thus, this study aimed at determining available off-label drugs with potential antifungal 60 activity against emerging multidrug-resistant molds. This promising strategy, which is commonly referred to as a "repurposing approach", is particularly useful to elude drug-61 resistance expansion and prevent treatment failure [6]. 62

63 Testing of Prestwick Chemical Library against MDR-filamentous fungi

We screened the Prestwick Chemical Library (Prestwick, Illkirch graffenstaden,
France), which is a molecule-library containing 1,280 compounds, belonging to 291 different
therapeutic classes, which mostly have been approved by the Food and Drug Administration
(FDA), to identify molecules that inhibit the growth of a panel of multidrug-resistant fungi.
The chemical library was initially provided in DMSO at a concentration of 10 mM for each
drug. Here, all molecules were tested, following serial dilutions, at a fixed concentration of 10

 μ M (the final DMSO concentration was $\leq 0.5\%$). This low and fixed concentration (i.e. 10) 70 71 µM) was used according to previous screening studies in order to find the drugs which display antifungal activities at low concentrations and to avoid the toxicity and the adverse effect that 72 73 these tested drugs may induce at high concentrations. The fungal inoculum was prepared in RPMI-1640 medium (Sigma Aldrich, St Louis, France) according to the Clinical and 74 Laboratory Standards Institute (CLSI) protocol (M38-A, Vol. 22 No. 16). The fungal growth 75 inhibition rate was calculated derived from Optical Density (OD) values measured with the 76 plate reader spectrophotometer (Multiskan spectrum, Thermo Scientific, France) at a 77 wavelength = 405 nm compared to the same untreated strain. The tested strains' incubation 78 79 time with drugs varied from 48 to 72 hours according to the optimal fungal growth time observed in positive control wells. The six fungal strains that were isolated from various 80 clinical samples were tested twice; these include; Aspergillus calidoustus (bronchial 81 82 aspiration), Fusarium oxysporum (nails), Fusarium solani (eye), Rhizopus oryzae (sinus biopsy), Lomentospora prolificans (blood) and Lichtheimia corymbifera (eye). All strains 83 were recovered from La Timone University Hospital in Marseille and were in vitro resistant 84 to several available systemic antifungal agents. Aspergillus flavus ATCC 204304 and 85 Aspergillus niger ATCC 200930 were used as internal quality controls. The minimum 86 inhibitory concentration (MIC) of posaconazole (POS), itraconazole (ITR), voriconazole 87 (VRC), isavuconazole (ISA), and amphotericin B (AMB) were determined using the E-test 88 method for each strain. 89 High AMB MICs (> 32 mg/l) were recorded for all tested clinical strains, especially for 90

Rhizopus oryzae, Lomentospora prolificans and *Fusarium solani*, while MICs of azoles were
variable but remained higher than 32 mg/l for *Fusarium, Lomentospora* and *Rhizopus* species
[7]. Based on the primary drugs-screening, we identified 3 compounds that were active
against *R. oryzae*; 11 that were active against *F. oxysporum*, 12 that were active against *F.*

solani, 15 that were active against L. prolificans and A. niger ATCC, 13 that were active 95 96 against A. calidoustus and, finally, 14 that were active against both A. flavus ATCC and L. *corymbifera* (Table 1). All retained compounds induced \geq 70% fungal growth inhibition and 97 were classified, in Table 1, according to the annotated database provided along with the 98 Prestwick chemical library. The identified hits belong to six different therapeutic classes, 99 100 including antifungals, antibacterials, antiseptics, anthelmintics, antineoplastics and other 101 miscellaneous drugs (Table 1). Not surprisingly, most of the hits were among antifungals (102 47%). Nevertheless, there were some discrepancies between the E-test MIC results obtained for AMB and VRC and the fungal growth inhibition mesured for these compounds against 103 104 Aspergillus and Fusarium spp. strains. It is worth mentioning that the study by Lamoth et al. 2015 showed that VRC MICs for Aspergillus spp. tend to be lower with the E-test method as 105 106 compared to the broth micodilution method [8]. This may explain the absence of 70% of 107 fungal growth inhibition of Aspergillus spp. even with concentrations higher than VRC E-test MICs. Furthermore, the aforementioned study considered that a variation, within a range of \pm 108 109 2 dilutions, of AMB and triazole MICs between E-test and broth microdilution methods 110 against Aspergillus and non-Aspergillus strains is acceptable. Among the non-antifungal compounds that were effective against the clinical molds tested, four, namely clioquinol, 111 112 alexidine dihydrochloride, hexachlorophene, and thonzonium bromide, displayed a broad antifungal spectrum against at least five of the six tested strains (Figure 1). Although these 113 compounds are mainly used as antiseptics, which may limit their systemic uses, our results 114 indicate how difficult it is to identify a drug with a broad spectrum of activity against fungal 115 pathogens. 116

117 Clioquinol (5-chloro-7-iodo-8-quinolinol) was initially used as a topical antiseptic and 118 for the treatment of intestinal amoebiasis [9]. In the early 1970s, the systemic administration 119 route of clioquinol was restricted or discontinued because it had been associated with

subacute myelo-optic neuropathy in Japanese patients [9]. Currently, topical clioquinol 120 121 administration is used to treat skin infections [9]. Recently, You et al reported a significant activity of 3% clioquinol cream against a large number of fungal species [10]. Using modified 122 agar diffusion assay, the authors showed that the inhibition zone was the largest for Candida 123 tropicalis, Candida guilliermondii, Aspergillus terreus and F. solani [10]. In our study, 124 125 clioquinol activity testing was performed using the microdilution broth method and showed significant growth inhibition of all tested mold strains except R. oryzae. 126 Alexidine dihydrochloride (AXD), a bis-guanide molecule, initially identified for its 127 antibacterial properties, also has anti-inflammatory and anti-cancer effects [11]. In this study, 128 AXD exerted a broad antifungal activity against A. calidoutus (81%), F. solani (82%), F. 129 oxysporum (81%), L. prolificans (77%) and L. corymbifera (77%). Recently, in accordance 130 with our results, Mamouel et *al*, reported an antifungal activity of AXD against a wide range 131 of MDR-fungi, including the yeast C. albicans, Candida auris, Cryptococcus neoformans and 132 the filamentous fungi Scedosporium apiospermum, Aspergillus fumigatus, L. corymbifera and 133 134 also R. oryzae. Moreover, they reported a synergistic interaction between AXD and 135 fluconazole against fluconazole-resistant C. albicans [12]. Intriguingly, we found no effect of 10 µM (*i.e.* 5.8 mg/l) AXD against *R. oryzae* (Table 1), whereas the aforementioned study 136 137 found AXD MIC₈₀ = 3 mg/l against *R. oryzae* strain. This discrepancy may be due to the multi-drug resistance profile (including posaconazole MIC >32 mg/l) of the *R. oryzae* strain 138 used in our study, which contrasts with the one used in Mamouel et al's study that displayed a 139 140 posaconazole MIC = 0.25 mg/l. To our knowledge, the activity of AXD against *Fusarium* species and L. prolificans has not been previously reported. 141

Hexachlorophene (HCP), a chlorinated bisphenol, has significant bacteriostatic
properties against several Gram-positive bacteria (including *Staphylococcus*) and is used as
antiseptic in dermatological topical preparations [13]. HCP showed significant fungal growth

inhibition against all the tested strains, except *A. calidoustus* and *A. niger* (Table 1). The
antifungal activity of HCP against difficult-to-treat fungal strains is reported here for the first
time to our knowledge. Importantly, the clinical use of HCP has been restricted because
studies on mice and human stem cells have demonstrated its chronic deleterious effect and
oral or vaginal administration of high HCP doses has been shown to be embryotoxic and
teratogenic in rats [13].

151 Thonzonium bromide (TB), a monocationic detergent, helps the penetration of active 152 ingredients (antibacterial and anti-inflammatory drugs) through topical corticosporin-TC ear 153 drops. Its antifungal activity against planktonic *C. albicans* strain has been highlighted in 154 previous Prestwick chemical library screening [12]. It has been identified by Chan et *al* as a 155 specific *C. albicans* ATPase inhibitor [14]. The significant activity of TB against all difficult-156 to-treat mold species tested in our study has not been described; it prompts for further study of 157 its antifungal activity.

158 Conclusion

Despite the current advances in the diagnosis and prevention of invasive fungal infections, the incidence of mycosis, treatment failure and mortality remain excessively high in immunocompromised patients. This study results point out several off-label drugs that may be considered in the treatment of difficult-to-treat fungal infections. Further investigations of the antifungal properties of the compounds identified in this study, as monotherapy or in combination with other antifungal drugs, will enhance the management of MDR mold infections.

166 Acknowledgments

167 We thank CookieTrad for English reviewing.

168 Ethical Approval

1CO Not mogure	_
	α
	A I -
	~

170 Funding information

- 171 This work was supported by the French Government under the «Investissements d'avenir »
- 172 (Investments for the Future) program managed by the Agence Nationale de la Recherche
- 173 (ANR, fr: National Agency for Research), (reference: Méditerranée Infection 10-IAHU-03)
- 174 This work was supported by Région Provence-Alpes-Côte d'Azur and European funding
- 175 FEDER (fonds européen de développement régional) PRIMMI ((Plateformes de Recherche et
- 176 d'Innovation Mutualisées Méditerranée Infection).

177 Transparency declar	ations
-------------------------	--------

178 These is no conflict of interest or financial disclosure to declare for all authors.

179 **References**

- 180 [1] De Pauw BE. What are fungal infections? Mediterr J Hematol Infect Dis
 2011;3(1):e2011001.
- 182 [2] Scorzoni L, de Paula e Silva AC, Marcos CM, Assato PA, de Melo WC, de Oliveira
 183 HC, *et al.* Antifungal therapy: New advances in the understanding and treatment of
 184 mycosis. Front Microbiol 2017;8:36.
- 185 [3] Nicola AM, Albuquerque P, Paes HC, Fernandes L, Costa FF, Kioshima ES, *et al.*186 Antifungal drugs: New insights in research & development. Pharmacol Ther
 187 2018;195:21-38.
- 188 [4] Enoch DA, Ludlam HA, Brown NM. Invasive fungal infections: A review of
 189 epidemiology and management options. J Med Microbiol 2006;55:809–18.
- 190 [5] Geddes-Mcalister J, Shapiro RS. New pathogens, new tricks: Emerging, drug-resistant
- 191 fungal pathogens and future prospects for antifungal therapeutics. Ann N Y Acad Sci

192 2018;1435:57–78.

- 193 [6] Corsello SM, Bittker JA, Liu Z, Gould J, Mccarren P, Hirschman JE, et al. HHS Public
 194 Access. Nat Med 2017;23:405–8.
- 195 [7] Yousfi H, Ranque S, Rolain JM, Bittar F. *In vitro* polymyxin activity against clinical
 196 multidrug-resistant fungi. Antimicrobial Resistance and Infection Control 2019;
 197 24:8:66.
- [8] Lamoth F, D. Alexandera B. Comparing Etest and Broth Microdilution for Antifungal
 Susceptibility Testing of the Most-Relevant Pathogenic Molds.Journal of clinical
 Microbiology 2015;53: 3176–3181.
- 201 [9] Bareggi SR, Cornelli U. Clioquinol: Review of its mechanisms of action and clinical
 202 uses in neurodegenerative Disorders. CNS Neurosci Ther 2012;18:41–6.
- 203 [10] You Z, Ran X, Dai Y, Ran Y. Clioquinol, an alternative antimicrobial agent against
 204 common pathogenic microbe. J Mycol Med 2018;28:492–501.
- 205 [11] Zhu X, Gao J, Ng PY, Qin A, Steer JH, Pavlos NJ, et al. Alexidine Dihydrochloride
- 206 Attenuates Osteoclast Formation and Bone Resorption and Protects Against LPS-

207 Induced Osteolysis. J Bone Miner Res 2016;31:560–72.

- [12] Mamouei Z, Alqarihi A, Singh S, Xu S, Mansour MK, Ibrahim AS, *et al.* Alexidine
 Dihydrochloride Has Broad-Spectrum Activities against Diverse Fungal Pathogens.
 MSphere 2018;3:1–11.
- 211 [13] Leśniak M, Zdanowski R, Suska M, Brewczyńska A, Stankiewicz W, Kloc M, et al.
- 212 Effects of Hexachlorophene, a Chemical Accumulating in Adipose Tissue, on Mouse
- and Human Mesenchymal Stem Cells. Tissue Eng Regen Med 2018;15:211–22.
- [14] Chan CY, Prudom C, Raines SM, Charkhzarrin S, Melman SD, De Haro LP, et al.
- 215 Inhibitors of V-ATPase proton transport reveal uncoupling functions of tether linking

- 216 cytosolic and membrane domains of V 0 subunit a (Vph1p). J Biol Chem
- 217 2012;287:10236–50.

218

- **Table 1**: List of compounds showing activity (+) after the screening of the Prestwick Chemical Library against the 8 difficult-to-treat filamentous
- fungi tested. (%): the proportion of fungal growth inhibition. (-): no or < 70% activity.

Compound name	Aspergillus flavus	Aspergillus niger	Aspergillus calidoustus	Fusarium solani	Fusarium oxysporum	Lomentospora prolificans	Rhizopus oryzae	Lichtheimia corymbifera
Antifungals								
Tiabendazole	-	+ (70%)	-	+ (81%)	-	-	-	-
Voriconazole	-	-	+ (79%)	+ (80%)	+ (78%)	-	-	-
Butenafine Hydrochloride	-	-	-	+ (72 %)	+ (76%)	-	-	-
Econazole nitrate	+ (79%)	-	+ (83%)	+ (72%)	-	-	-	-
Amphotericin B	-	+ (74%)	-	+ (88%)	+ (70%)	-	-	-
Enilconazole	+ (81%)	+ (70%)	+ (79%)	-	+ (82%)	-	-	-
Terbinafine	-	-	-	-	+ (80%)	-	-	-
Haloprogin	+ (71%)	-	-	-	-	+ (80%)	-	+ (80%)
Liranaftate	+ (80%)	-	+ (82%)	-	-	+ (72%)	-	+ (72%)
Amorolfine hydrochloride	-	-	-	-	-	+ (80%)	-	+ (80%)
Itraconazole	+ (81%)	+ (74%)	+ (80%)	-	-	-	-	-
Oxiconazole Nitrate	-	-	+ (79%)	-	-	-	-	-
Butoconazole nitrate	-	+ (73%)	-	-	-	-	-	-
Sulconazole nitrate	-	+ (74%)	-	-	-	-	-	-
Posaconazole	-	+ (71%)	-	-	-	-	-	-
Miconazole	+ (81%)	-	-	-	-	-	-	-
Naftifine hydrochloride	+ (75%)	-	-	-	-	-	-	-
<u>Antibacterials</u>								
Chloroxine	-	-	+ (77%)	+ (87%)	+ (80%)	-	-	-
Alexidine dihydrochloride	+ (70%)	+ (76%)	+ (81%)	+ (82%)	+ (81%)	+ (77%)	-	+ (77%)
Dequalinium dichloride	-	-	-	-	-	+ (81%)	-	+ (81%)
Methyl benzethonium chloride	-	+ (73%)	-	-	-	+ (81%)	-	+ (81%)

Chlorhexidine	-	-	+ (70%)	-	-	+ (71%)	-	+ (70%)
Clotrimazole	+ (74%)	-	+ (78%)	-	-	+ (72%)	-	+ (71%)
Sertaconazole nitrate	-	-	+ (77%)	-	-	-	-	-
Anthelmintics								
Tiabendazole	-	+ (70%)	-	+ (81%)	-	-	-	-
Fenbendazole	-	+ (71%)	-	-	-	-	-	-
Albendazole	-	+ (74%)	-	-	-	-	-	-
Parbendazole	+ (73%)	+ (70%)	-	-	-	-	-	-
<u>Antiseptics</u>								
Thonzonium bromide	+ (72%)	+ (78%)	+ (73%)	+ (88%)	+ (83%)	+ (83%)	+ (72%)	+ (83%)
Hexachlorophene	+ (80%)	-	-	+ (79%)	+ (81%)	+ (81%)	+ (77%)	+ (81%)
Clioquinol	+ (71%)	+ (75%)	+ (73%)	+ (85%)	+ (77%)	+ (82%)	-	+ (82%)
Antineoplastics								
Azaguanine-8	-	-	-	-	-	+ (73%)	-	+ (74%)
Floxuridine	-	-	-	+ (92%)	+ (79%)	+ (73%)	-	+ (72%)
Camptothecine	+ (71%)	-	-	-	-	-	-	-
Miscellaneous drugs								
Pentetic acid (Chelator)	-	-	-	-	-	+ (73%)	+ (73%)	+ (73%)
Disulfiram (Alcohol addiction)	-	-	-	-	-	+ (74%)	-	+ (70%)

Figure legend

Figure 1: Venn diagram of non-traditional antifungal compounds active against clinical emerging filamentous fungi, with growth inhibition > 70%.

