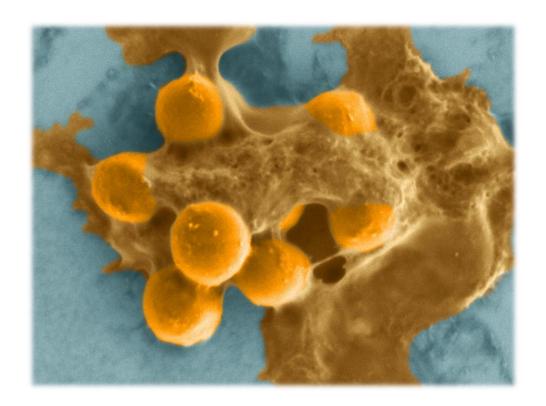
Towards Novel Antibiofilm Strategies



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To my parents- who opened the world to me.

And to Nicky- who made my world complete.

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I. Abstract

The rise of multidrug resistant bacteria has global implications posing a threat to human health. Bacteria naturally reside in biofilms as complex communities of cells encased in a self-assembled matrix. The biofilm state renders bacteria up to 1000-fold less susceptible to antimicrobial treatments, while unarming the body's immune response and promoting antibiotic resistance. Biofilms are recognised as the origin of devastating, antibiotic-refractory diseases and are associated with 80% of infections in the body, including chronic rhinosinusitis. The capability of bacteria in biofilms to resist current antibiotic therapies emphasises the need for novel therapeutic strategies.

Whilst oral drug delivery is frequently ineffective to treat biofilm-related infections, topical treatments have the potential to deliver higher drug concentrations to the infection-site while reducing systemic side-effects. In this thesis, the development of two innovative topical strategies against antibiotic resistant bacteria and bacterial biofilms were explored, specifically: (i) colloidal silver nanoparticles (AgNPs) and (ii) a treatment combining the iron chelator deferiprone (Def) and the haem analogue gallium-protoporphyrin (GaPP).

(i) Whilst the antimicrobial activity of spherical AgNPs is well described in planktonic bacteria, little is known about their antibiofilm effects and the influence of particle shape. AgNP spheres, cubes and stars were synthesised and their cytotoxicity towards human macrophages and human bronchial epithelial cells, as well as their activities against *S. aureus*, MRSA and *P. aeruginosa* biofilms were evaluated. While non-desirable toxicity and stability limited the utilisation of AgNP cubes and stars, AgNP spheres showed significant antibiofilm activity against clinically relevant biofilms *in vitro* and in an *in vivo* infection model in *C. elegans*. Moreover, AgNP spheres were physically stable in suspension for over 6 months with no observed loss of antibiofilm activity. This research has led to a phase I human clinical trial that commenced in October 2016 at The Queen Elizabeth Hospital, Woodville, SA, Australia.

(ii) The antibiofilm activity of a novel treatment combining Def and GaPP was investigated. These compounds interfere with bacterial iron metabolism, which presents a unique alternative target vital for all human pathogens. Def-GaPP demonstrated synergistic antibiofilm effects against a series of bacteria, including reference strains and multidrug resistant clinical isolates of *S. aureus*, *S. aureus* small colony variants, MRSA, *S. epidermidis*, *P. aeruginosa* and *A. johnsonii*. Furthermore, Def-GaPP potentiated the activity of antibiotics. *In vitro* cell culture studies confirmed no toxicity of Def-GaPP in murine fibroblasts and human bronchial epithelial cells. Moreover, a clinically used chitosan-dextran hydrogel for wound healing was used as a delivery vehicle for Def-GaPP, thereby complementing wound healing effects with strong antibacterial properties. The Def-GaPP gel showed significant antibiofilm activity in an *in vitro* wound model and in an *in vivo* infection model in *C. elegans*. This work resulted in a patent approval.

Two innovative strategies (i.e. colloidal AgNPs and Def-GaPP gel) have arisen from this thesis that hold significant promise as topical antibiofilm treatments. Both strategies have potential as alternatives to antibiotics or as adjuvants for the treatment of multidrug resistant bacteria and biofilm-associated infections and are advancing for clinical use.

II. Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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I acknowledge the support I have received for my research through the provision of an Australian Government Research Training Program Scholarship.

III. Acknowledgements

My PhD has been 3 years of excitement, frustration, happiness and chaos- the full rollercoaster of life. It has been guite a journey.

I met incredible people and inspiring characters, established networks all over the world and communicated with people of various backgrounds.

"It is the lives we encounter that make life worth living." -Guy de Maupassant-

My PhD has been an interdisciplinary project with a translational focus and is the result of successful teamwork and fruitful collaborations.

I am grateful for the supervision and guidance of Sarah Vreugde (ENT Surgery, Basil Hetzel Institute for Translational Health Research, University of Adelaide), Peter-John Wormald (ENT Surgery, The Queen Elizabeth Hospital, University of Adelaide) and Clive Prestidge (School of Pharmacy, University of South Australia).

Sarah's support as my principal supervisor was invaluable. Her guidance and encouragement have been an integral element of my PhD and I am grateful for all she has done. The on-going support and availability almost round the clock cannot be valued highly enough. I am happy to call you my "doctor mother".

I thank my co-supervisor PJ for exceptional opportunities throughout my PhD. PJ enabled the successful translation of my work to animal studies and pilot studies in humans, thereby making my work impact- and meaningful. This is an outstanding and unique outcome of a lab-based project and I am grateful for his support. PJ inspires through his professional and private achievements and his dedication to improve patient care.

Clive, my external supervisor, also provided great mentorship during my PhD and excellent advice in scientific matters. I thank him for thriving discussions in both professional and casual environments.

I am also grateful for a fruitful collaboration with Tom Coenye, Laboratory of Pharmaceutical Microbiology, Ghent University, Belgium. Tom has been an outstanding mentor during the last year of my PhD and inspired me through his open-minded character and enthusiasm for science.

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My deepest thanks go to my family in Germany, in particular my beloved parents Marlene and Gunther Richter. They have provided me with a huge amount of love and encouragement over the years, they sparked my curiosity and stimulated me to reach for the stars. Who would have thought that my way lead me to seek the light of learning under the Southern Cross. My parent's exceptional support throughout my life has been unparalleled and proven regardless of kilometres apart.

Most essentially, I would like to express my sincere gratitude to Nicky Thomas- my partner, my fiancé, my best friend, my buddy, my mentor, my beloved soulmate. His impact on my professional success and inspiration for my life and work is beyond measure. I cannot thank him enough for his unconditional love and support throughout my PhD.

Seek light

Sub cruce lumen



IV. Presentations arising from this thesis

13 oral presentations at national and international scientific conferences, including

- 'Silver nanoparticles as a topical treatment for biofilm-related infections'
 2017 Annual Meeting of the Australian Society for Microbiology, Hobart, TAS, Australia
- 'Bug Wars- Battlefront Biofilms'
 Invited speaker at the 2017 Nurses and Midwives Research Symposium, Adelaide, SA,
 Australia
- 'A surgical hydrogel to improve wound healing and fight bacterial biofilms'
 2017 Annual Meeting of the Australian Society for Otolaryngology Head and Neck Surgery, Adelaide, SA, Australia
- 'Silver nanoparticles as a topical chronic rhinosinusitis treatment'
 2017 Annual Meeting of the Australian Society for Otolaryngology Head and Neck Surgery, Adelaide, SA, Australia
- 'A topical antibiotic-free treatment to fight bacterial biofilms'
 2017 Antimicrobials and StaphPath Symposium, Adelaide, SA, Australia
- 'Nanoparticles to tackle clinically relevant biofilms'
 2017 Australian Colloid and Interface Symposium, Coffs Harbour, NSW, Australia
- 'Silver nanoparticles to tackle clinically relevant biofilms'
 2016 Annual The Queen Elizabeth Hospital Research Day, Woodville, SA, Australia
- 'A topical treatment not based on antibiotics to fight bacterial biofilms'
 2016 Antimicrobial Resistance in Microbial Biofilms and Options for Treatment Conference,
 Gent, Belgium
- 'A surgical hydrogel to combat MSSA and MRSA biofilms'
 2016 Annual Meeting of the American Rhinologic Society, San Diego, CAL, USA
- 'Bug Wars- Battlefront Biofilms'
 2016 Annual Meeting of the Australian Society for Microbiology, Perth, WA, Australia
- 'To sneeze or not to sneeze- a novel approach to combat sinonasal biofilms'
 2015 Annual The Queen Elizabeth Hospital Research Day, Woodville, SA, Australia
- 'Mind "De GaPP": in vitro efficacy of deferiprone and gallium-protoporphyrin against Staphylococcus aureus biofilms'
- 'A Novel strategy to fight Staphylococcus aureus biofilms'
 2014 Annual The Queen Elizabeth Hospital Research Day, Woodville, SA, Australia

2015 Annual Meeting of American Rhinologic Society, Dallas, TX, USA

6 poster presentations at national and international scientific conferences, including

- 'Silver nanoparticles as topical antibiofilm approach'
 5th European Congress on Microbial Biofilms (EUROBIOFILMS 2017), Amsterdam, The Netherlands
- 'A non-antibiotic approach to combat S. aureus biofilms using deferiprone and galliumprotoporphyrin'
 2016 Biofilms7 conference, Porto, Portugal
- 'A non-antibiotic strategy to combat S. aureus biofilms by targeting iron metabolism'
 2016 Annual Meeting of the Australian Society for Microbiology, Perth, WA, Australia
- 'A non-antibiotic approach to combat S. aureus biofilms'
 2016 Annual Meeting of the Australian Society for Medical Research, Adelaide, SA, Australia
- 'It takes 2 to tango- in vitro efficacy of deferiprone and gallium-protoporphyrin against
 S. aureus biofilms'
 - 2015 7th American Society for Microbiology Conference on Biofilms, Chicago, IL, USA
- 'A Novel treatment combination to combat Staphylococcus aureus biofilms'
 2014 Annual Florey International Postgraduate Research Conference, Adelaide, SA,
 Australia

V. Awards and prizes arising from this thesis

2017

- Channel 9 Young Achiever of the Year Award, Finalist in "Science & Technology"
- Conference Attendance Grant, European Society of Clinical Microbiology and Infectious Diseases
- Research Travel Award, School of Medicine, University of Adelaide

2016

- People's Choice Winner of the 3 Minute Thesis Competition and University Finalist,
 University of Adelaide (youtube video: https://www.youtube.com/watch?v=ZE2q0L2fl8g)
- Health Award, Northern Communities Health Foundation
- Trevor Prescott Memorial Scholarship, Freemasons Foundation
- Channel 9 Young Achiever of the Year Award, Finalist in "Science & Technology"
- Winner Best 3 Minute Thesis Presentation, Australian Society for Microbiology
- International Travel Award, School of Medicine, University of Adelaide
- Conference Attendance Grant, European Society of Clinical Microbiology and Infectious
 Diseases
- Student Award, Australian Society for Microbiology, SA/NT Branch
- Research Abroad Scholarship, University of Adelaide

2015

- D R Stranks Travel Fellowship, University of Adelaide
- Winner Best Lay Description, The Queen Elizabeth Hospital Research Day
- Bertha Sudholz Research Scholarship for Excellence in ENT Research, Florey Medical Research Foundation
- International Travel Award, The Hospital Research Foundation
- 3 Minute Thesis Competition Faculty Finalist, University of Adelaide

2014

• Winner Best Oral Presentation, The Queen Elizabeth Hospital Research Day

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isolate from a cystic fibrosis patient (PA (CF)) and A. johnsonii ATCC 17946 (AJ). Hydrogels include control: blank gel (black), Cip: ciprofloxacin 5 µg/ml (pink), Def: deferiprone 20 mM (light green), GaPP 100: gallium-protoporphyrin 100 µg/ml (dark green), Def-GaPP 100 (blue), GaPP 500 (orange), Def-GaPP 500 (red). Data represent the mean ± SD of 3 biological replicates. Statistical comparison Figure 34. Log₁₀ reduction of (a) Gram-positive and (b) Gram-negative colony biofilms after exposure to loaded hydrogels. Strains used include S. aureus ATCC 25923 (SA), a clinical MRSA isolate (MRSA), S. epidermidis ATCC 12228 (SE), P. aeruginosa PA01 (PA01), a clinical P. aeruginosa isolate from a cystic fibrosis patient (PA (CF)) and A. johnsonii ATCC 17946 (AJ). Hydrogels include Cip: ciprofloxacin 5 μg/ml (pink), Def: deferiprone 20 mM (light green), GaPP 100: galliumprotoporphyrin 100 µg/ml (dark green), Def-GaPP 100 (blue), Def-GaPP 100-Cip (black), GaPP 500 (orange), Def-GaPP 500 (red). Data represent the mean ± SD of 3 biological replicates. Statistical Figure 35. Bacterial biofilm growth over time after initial exposure to loaded hydrogels. Strains used include S. aureus ATCC 25923, a clinical MRSA isolate, S. epidermidis ATCC 12228, P. aeruginosa PA01, a clinical P. aeruginosa isolate from a cystic fibrosis patient and A. johnsonii ATCC 17946. Hydrogels include blank control gel (B), ciprofloxacin 5 µg/ml (C), deferiprone 20 mM (D), gallium-Figure 36. Cross-section of S. aureus colony biofilm after exposure to Def-GaPP 500 gel. Visualisation by confocal laser scanning microscopy after Live/Dead staining. The green autofluorescent filter membrane is visible under the red stained S. aureus biofilm and gel. 119 Figure 37. Correlative light/electron microscopy image of S. aureus biofilm exposed to Def-GaPP 500 gel, stained for live/dead cells. Green filter membrane (top left, green autofluorescence), red Figure 38. Effects of loaded hydrogels in an artificial wound model. Log₁₀ reduction of S. aureus ATCC 25923 (SA), a clinical MRSA isolate (MRSA) and P. aeruginosa PA01 (PA01) after exposure to loaded hydrogels with Def: deferiprone 20 mM (light green), GaPP 500: gallium-protoporphyrin 500

μg/mi (orange) and Dei-GaPP 500 (red). Data represent the mean ± 5D of 3 biological replicates.
Figure 39. S. aureus small colony variant SCV1 (a), SCV2 (b) and parent strain P1 (c)
Figure 40. Growth curves of small colony variant SCV1 (green triangles), SCV2 (red dots) and parent
strain P1 (blue diamonds)
Figure 41. Log_{10} reduction of small colony variant SCV1 (a), SCV2 (b) and parent strain P1 (c) colony
biofilms after exposure to drug loaded hydrogels compared to untreated control. 1: Gentamicin
(Gent) 100 μg/ml (light grey), 2: Ciprofloxacin (Cip) 5 μg/ml (purple), 3: Deferiprone (Def, 20 mM)-
Gallium-protoporphyrin (GaPP) 100 μg/ml (blue), 4: Def-GaPP100-Cip (black), 5: Def-GaPP500 (red),
6: GaPP 500 (orange), 7: Def-GaPP100-Gent (dark grey). Data represent the mean \pm SD of 3
biological replicates. O p<0.001 # p<0.0001 ns-not statistically significant
Figure 42. Synergy of treatment combinations against small colony variant SCV1, SCV2 and parent
strain P1 colony biofilms. Deferiprone 20 mM (Def)-Gallium-protoporphyrin (GaPP) 100 μg/ml (blue
circles), Def-GaPP500 μg/ml (red squares), Def-GaPP100-ciprofloxacin 5 μg/ml (black triangles),
Def-GaPP100-gentamicin 100 $\mu g/ml$ (grey diamonds). The higher the value the higher the degree
of synergy140
Figure 43. Inhibitory effect of drug loaded hydrogels on biofilms after 5 days exposure. Elevated
biofilm inhibition was observed for gels containing deferiprone, gallium-protoporphyrin and
ciprofloxacin or gentamicin (DGCip, DGGent). Strains used: Small colony variant SCV1, SCV2 and
parent strain P1. Hydrogels- B, Blank control gel; Cip, Ciprofloxacin 5μg/ml; Gent, Gentamicin
100μg/ml; DG, Deferiprone 20 mM-Gallium-protoporphyrin 100μg/ml; DGGent, Def-GaPP100-
Gent; DGCip, Def-GaPP100-Cip141
Figure 44. Effects of hydrogels in an artificial wound model compared to untreated control. Log_{10}
reduction of small colony variant SCV1, SCV2 and parent strain P1 after exposure to hydrogels
loaded with ciprofloxacin 5 μg/ml (purple), deferiprone 20 mM (Def, grey), gallium-protoporphyrin
500 μ g/ml (GaPP, orange) and Def-GaPP500 (red). Data represent the mean \pm SD of 3 biological
replicates. * p<0.05 ** p<0.01 # p<0.0001

Figure 45. C. elegans survival (%) over 3 days in uninfected controls (light grey) and after infection
(black bars) with small colony variant SCV1 (a), SCV2 (b) or parent strain P1 (c) and treatment with
loaded hydrogels: deferiprone 20 mM (Def, dark grey), gallium-protoporphyrin 500 μg/ml (GaPP,
orange) and Def-GaPP500 (red). Data represent the mean \pm SEM of at least 6 biological replicates.
** p<0.01 # p<0.0001
Figure 46. Log_{10} of CFU per C. elegans worm after 3 days infection (black bars) with small colony
variant SCV1 (a), SCV2 (b) or parent strain P1 (c) and treatment with drug loaded hydrogels- Def:
deferiprone 20 mM (grey), GaPP: gallium-protoporphyrin 500 μg/ml (orange) and DG: Def-GaPP500
(red). Data represent the mean \pm SD of at least 6 biological replicates. * p<0.05
Figure 47. Number of (a) intracellular and (b) extracellular SCVs in a human bronchial epithelial cell
infection assay (1: untreated control) after treatment with 2: gentamicin 100 $\mu g/ml$, 3: deferiprone
20mM + gallium-protoporphyrin $100\mu\text{g/ml}$, 4 : combination of 2 and 3. Data represent the mean \pm
SD of 3 biological replicates. * p<0.05 O p<0.001 # p<0.0001
Figure 48. Log_{10} reduction of S. aureus colony biofilms after exposure to loaded hydrogels compared
to untreated controls. 1: ciprofloxacin 5 $\mu g/ml$ (Cip), 2: deferiprone 20 mM (Def), 3: gallium-
protoporphyrin 100 μg/ml (GaPP), 4: Def-GaPP 100, 5: hamamelitannin 250 μg/ml (HAM), 6: Def-
GaPP-HAM, 7: Def-GaPP-Cip. Data represent the mean \pm SD of 3 biological replicates. Statistical
comparison to Cip-loaded gel. #p<0.0001

VIII. Abbreviations

AgNPs Silver nanoparticles

AJ Acinetobacter johnsonii

ANOVA Analysis of variance

ATCC American Type Culture Collection

ATP Adenosine triphosphate

BK Biofilm killing

CF Cystic fibrosis

CFU Colony forming units

CRS Chronic rhinosinusitis

Def Deferiprone

DLS Dynamic light scattering

DNA Deoxyribonucleic acid

eDNA Extracellular DNA

EPS Extracellular polymeric substances

FDA Food and Drug Administration (USA)

GaPP Gallium-protoporphyrin

LDH lactate dehydrogenase

MDR Multidrug resistant

MIC Minimal inhibitory concentration

MRSA Methicillin resistant *Staphylococcus aureus*

MQ Milly-Q (ultrapure) water

OD Optical density

PA Pseudomonas aeruginosa

PBS Phosphate buffered saline

QS Quorum sensing

QSI Quorum sensing inhibitor

ROS Reactive oxygen species

SA Staphylococcus aureus

SCV Small colony variant

SD Standard deviation

SE Staphylococcus epidermidis

SEM Standard error of the mean

TEM Transmission electron microscopy

UV-Vis Ultraviolet-visible

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