Sussex Research Online

Effects of low incubation temperatures on the bactericidal activity of anti-tuberculosis drugs

Article (Submitted Version)

Coleman, David, Waddell, Simon J and Mitchison, Denis A (2011) Effects of low incubation temperatures on the bactericidal activity of anti-tuberculosis drugs. Journal of Antimicrobial Chemotherapy, 66 (1). pp. 146-150. ISSN 0305-7453

This version is available from Sussex Research Online: http://sro.sussex.ac.uk/id/eprint/6916/

This document is made available in accordance with publisher policies and may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the URL above for details on accessing the published version.

Copyright and reuse:

Sussex Research Online is a digital repository of the research output of the University.

Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable, the material made available in SRO has been checked for eligibility before being made available.

Copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Effects of low incubation temperatures on the bactericidal activity of anti-tuberculosis drugs

Journal:	Journal of Antimicrobial Chemotherapy
Manuscript ID:	JAC-2010-1055.R1
Manuscript Type:	Original research
Date Submitted by the Author:	07-Oct-2010
Complete List of Authors:	Coleman, David; St George's University of London, Centre of Infection Waddell, Simon; University of Sussex, Brighton & Sussex Medical School Mitchison, Denis; St George's, University of London, Centre of Infection
Keywords:	Pyrazinamide, TMC207, Bactericidal activity, Low temperature, ATP availability

SCHOLARONE™ Manuscripts

1	Effects of low incubation temperatures on the bactericidal activity of anti-
2	tuberculosis drugs
3	Coleman David ¹ , Waddell Simon J ² , Mitchison Denis A ^{1*}
4	¹ Centre for Infection, St George's, University of London, London SW17 0RE, UK
5	² Brighton and Sussex Medical School, University of Sussex, Brighton, BN1 9PX, UK
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	

24	
25	Abstract
26	Objectives: To explore the effect of low incubation temperatures and the consequent
27	slowing of bacterial metabolism on the bactericidal action of anti-tuberculosis drugs
28	against Mycobacterium tuberculosis.
29	Methods: Counting of surviving bacteria during exposure of static cultures to isoniazid 1
30	mg/mL, rifampicin 2 mg/mL, TMC207 0.5 or 2 mg/mL and pyrazinamide 40 or 160
31	mg/mL drugs, usually for periods of 21 days at temperatures of 37, 25, 22, 19. 16 or 8°C
32	Results: The bactericidal activities of isoniazid and rifampicin were progressively
33	reduced at 25°C and 22°C, and were minimal at lower temperatures. TMC207 was
34	immediately bactericidal at 37°C, in contrast to the early static phase reported with log
35	phase cultures, and showed less change in activity as incubation temperatureswere
36	reduced than did rifampicin or isoniazid. Pyrazinamide was more bactericidal when
37	incubation temperatures were reduced below 37°C and when the static seed cultures were
38	most dormant.
39	Conclusions: These results can be explained by the surmise that at low temperatures
40	bacterial energy is at a low level with only just sufficient ATP to maintain homeostasis,
41	making them more susceptible to the blocking of ATP synthesis by TMC207.
42	Insufficient ATP at low temperature would also hinder the export of pyrazinoic acid, the
43	toxic product of the pro-drug pyrazinamide, from the mycobacterial cell by an inefficient
44	efflux pump which requires energy.
45	
46	

1. Introduction

Perhaps the most important issue in understanding the chemotherapy of tuberculosis is
why it takes so long to kill Mycobacterium tuberculosis in the lesions of patients when
axenic cultures can be sterilized in much shorter periods. The tolerance of these
persistent bacilli to antibacterial drugs is characterized by the cessation of multiplication
and a slowing of metabolism, so that inhibition of cellular biochemical machinery after
drug exposure is less effective in killing the cell. A variety of in vitro model systems
have been proposed to mimic in vivo M. tuberculosis populations and interrogate drug
action, ³⁻⁵ but none have identical transcriptional signatures to those found by global gene
expression profiling of the "fat and lazy" bacilli encountered in the sputum of patients
with pulmonary tuberculosis ⁶ or from bacilli isolated from human lung sections. ⁷
Furthermore, most model systems use culture media at the conventional pH of 6.6-6.8
whereas lesions must be more acid in the range of pH 5.5-6.0 to account for the known
bactericidal activity of pyrazinamide whilst allowing multiplication of <i>M. tuberculosis</i> . ^{8,9}
In the search for inexpensive model systems that would be more representative of
persistent bacilli and yet easy to use in assays extending for several weeks, we decided to
explore the effects of lowering the incubation temperature from 37 °C to 25 °C where
multiplication ceases but metabolism continues, to lower temperatures that likely reduce
metabolism further. We used a static stationary phase culture, with characteristic
adaptations of persistence including anaerobic respiration and energy production from $\beta\text{-}$
oxidation of fatty acids, 10,11 at pH 6.0 to allow the action of pyrazinamide to be explored.
The other drugs tested were the first line drugs isoniazid and rifampicin together with the

70	diarylquinoline TMC207 (previously R207910) which inhibits mycobacterial ATP
71	synthase, because it is the first of the new drugs being developed and has been shown to
72	be promising both in its characteristics ¹² and in the preliminary results of clinical trials. ¹³
73	
74	Methods
75	Bacterial Strain. M. tuberculosis, strain H37Rv.
76	Chemicals. TMC207 was gift from Tibotec Pharmaceuticals (Beerse, Belgium). Other
77	antibacterial compounds were purchased from Sigma. All other chemicals were obtained
78	from VWR International (Magna Park, Leics, UK) except where specified otherwise.
79	Media. Dubos broth buffered to pH 5.95 was prepared as follows: To 850 mL distilled
80	water, 8.2g KH ₂ PO ₄ and 3.2g K ₂ HPO ₄ was added and mixed until dissolved. Then 50 mL
81	glycerol and 6.5g Dubos broth base (Difco 238510, Becton-Dickinson, Sparks, MD) was
82	added and mixed on a magnetic stirrer until dissolved. The pH was adjusted to 5.90 with
83	1M citric acid (approximately 5mL), to give a final pH of 5.95+/-0.05. The medium was
84	sterilized through a 0.2 µm filter. Dubos Medium Albumin (Difco 230910, Becton-
85	Dickinson, Sparks, MD) 100 mL was added to complete the medium.
86	Serial 10-fold dilutions of Dubos broth cultures in 100 μL volumes were plated onto
87	Mycobacteria 7H11 agar (Difco 283810, Becton-Dickinson, Sparks, MD) supplemented
88	with 100 mg/L oleic acid, albumin, dextrose enrichment (BBL212260, Becton-Dickinson,
89	Sparks, MD) and 50 mg/L of the broad spectrum antifungal carbendazim (Aldrich).
90	Plates were incubated in the dark at 37°C for 28 days, when colonies were counted.
91	Anti-bacterial compounds. TMC207 5 mg/mL stock solution in sterile dimethyl
92	sulphoxide was added at final concentrations of 0.5 and 2.0 mg/L. Pyrazinamide 10 mg/

stock solution in sterile, distilled water; final concentrations of 30, 40 and 160 mg/L.
Rifampicin 10 mg/mL stock solution in sterile, absolute methanol; final concentration 2
mg/L. Isoniazid 10 mg/mL stock solution in sterile, distilled water; final concentration 1
mg/L. The drug concentrations used correspond with concentrations near peak and near
trough obtained in patients under treatment ¹⁴ except that 160 mg/L pyrazinamide is well
above peak concentration to see what effect higher concentrations would have.
Culture systems. The seed inoculum was prepared by growing M. tuberculosis in Dubos
broth to an opacity of 0.4-0.6 at 580 nm and storing aliquots frozen in liquid nitrogen.
Aliquots were pre-tested for the presence of contaminants. In each experiment, a series
of 10 mL volumes of buffered Dubos broth at pH 5.95 were dispensed into 28 mL glass
screw-capped tubes, which were inoculated with 100 μL seed culture and either, in
procedure 1, incubated undisturbed for 30 days or, in procedure 2, incubated until they
reached standard opacity (McFarland 2) and then inoculated at a 1:4 by volume dilution
into fresh buffered Dubos broth at pH 5.95 and incubated undisturbed for 30 days. The
cultures from either procedure were then vortex-mixed to create an even suspension,
antibacterial compounds were added, and serial samples taken for colony counting at 3, 7
14 and 21 days post exposure after incubation at various temperatures. At least two
replicates of each antibacterial compound concentration were tested.
Incubation temperatures. The 28 mL screw-capped tubes were incubated either in a
small conventional incubator with an adjustable temperature or in a Boekel PCB2 cooling
incubator (Grant Instruments, Cambridge) at temperatures of 8, 16, 19, 22, 25 and 37 °C.
Statistics. Counts and linear regression coefficients were calculated in Excel and were
further examined by ANOVA in Stata 8 (Stata Corp., College Station, TX)

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

Results **Drug-free cultures.** Control cultures (no drug) grown at 37°C increased their cfu count by about 1 log unit over 21 days, whereas cultures grown at lower temperatures including 25°C showed no change in their counts over this incubation period. **Inoculum of 10-day static cultures**. We first exposed static 10-day cultures to 2 mg/L rifampicin, 1 mg/L TMC207 or 30 or 160 mg/L pyrazinamide at 37, 25, 19 and 8°C. Linear regression coefficients were calculated from cfu counts over 7 days of incubation (Fig 1). None of the drugs had bactericidal activity at 8°C. The bactericidal activity of rifampicin was the greatest at 37°C, but declined sharply at 25°C and 19°C. TMC207 was less bactericidal than rifampicin at 37°C but its activity dropped more slowly at 25 and 19°C. The difference in behaviour between rifampicin and TMC207 was highly significant (p<0.001). Pyrazinamide at both concentrations allowed slight growth at 37°C but were marginally bactericidal at 25°C and 19°C. **Inoculum of 30-day static cultures using procedure 1**. To extend these findings of a drug-specific effect of incubation temperature, we exposed static 30-day cultures for 21 days to 2 mg/L rifampicin, 1 mg/L isoniazid, 0.5 and 2 mg/L TMC207 or 40 or 160 mg/L pyrazinamide at 37, 25, and 19°C. Cultures were also exposed to the same drugs at 22°C and at 16°C in additional follow up experiments. The counts on RIFAMPICIN (Fig 2) show an almost exponential decline, most rapid at 37°C, less at 25°C and at similar slower rates of killing at 22, 19 and 16°C. The counts on isoniazid (Fig 3) at 37°C showed a rapid decline of 3 log units during the first 7 days of exposure followed by no

loss of viability to 21 days. At 25°C, the initial fall was about 2 log units, while at lower
temperature only a very slight decline occurred throughout The counts on 2 mg/L
TMC207 showed an exponential fall at 37°C (Fig 4), starting with an initial substantial
fall during the first 3 days, and with a slight reduction, much less than with either
rifampicin or isoniazid, in the rate of fall at the lower temperatures. The counts on 160
mg/L pyrazinamide showed little change over the 21 days at 37°C, but increased
bactericidal activity with similar steady falls at 19 and 25°C (Fig 5). Linear regressions
of the viable counts, which estimate overall bactericidal activity, were calculated for
isoniazid over 0-7 days during which period all bactericidal activity occurred and for the
remaining drugs over 0-21 days since their bactericidal activity was more prolonged (Fig
6). The loss of bactericidal activity as temperature was lowered was most evident with
rifampicin and isoniazid. The corresponding fall in activity for TMC207 at both
concentrations was smaller than with rifampicin or isoniazid. In contrast to the other
drugs, the bactericidal activity of pyrazinamide at both concentrations increased with
temperatures below 37°C.
Inoculum of 30-day static cultures using procedure 2. To confirm the enhanced
efficacy of pyrazinamide at low temperature in a model where isoniazid-mediated killing
was not so prominent, we adopted a second culture system (procedure 2) and re-tested
pyrazinamide and isoniazid killing. In procedure 1 for preparation of the test inoculum,
isoniazid at 37°C caused a drop of approximately 3 log units during the first 7 days (Fig
3A), whereas in procedure 2 cultures only a 1 log unit reduction in cfu was detected after
isoniazid exposure (Fig 3B). Drug-free control cultures grew successfully at 37 °C, and
there was no change in viable count over time at 25 or 22 °C, as expected. The viable

counts during exposure to 40 and 160 mg/L pyrazinamide demonstrate unequivocally that reductions in incubation temperature from 37°C to 25°C resulted in a striking increase in bactericidal activity which was even greater at 22°C (Fig 7). At 37°C, pyrazinamide at either concentration had negligible bactericidal activity, but at 22°C the counts on cultures exposed to 40 μ mg/L pyrazinamide dropped from log 7.7 cfu/mL to log 5.4 cfu/mL (2 log kill) over 21 days, while those exposed to 160 μ mg/L pyrazinamide dropped even further to log 4.3 cfu/mL (3 log kill).

Discussion

The most striking finding of this study was the increase in bactericidal activity of pyrazinamide at temperatures below 37°C, particularly evident when the test cultures had been prepared by procedure 2 (Fig7). This preparation procedure was hypothesized to increase the resemblance of the test cultures to persistent *M. tuberculosis* in sputum and presumably also in lesions because isoniazid exposure caused an initial drop of about 1 log unit in counts Fig 3B). This is similar to the drop in viability demonstrated during the first week of early bactericidal studies on patients given isoniazid monotherapy, ¹⁵ and is consistent with evidence suggesting that isoniazid-tolerance may be a feature of persistent bacilli. ^{5,16} This drop of 1 log unit using procedure 2 is appreciably smaller than the reduction of 3 log units using bacilli prepared by procedure 1 (Fig 3A), and is, as predicted, inversely correlated with pyrazinamide efficacy in these models. An explanation for the increase in bactericidal activity of pyrazinamide at low temperatures is provided by the Zhang hypothesis for the mode of action of pyrazinamide. According

to this hypothesis, pyrazinmide is deaminated in the cytoplasm of bacilli and the resulting
pyrazinoic acid is pumped out to the micro-environment. It is then passively reabsorbed
in a pH-dependent manner into the bacilli. Once inside, bacilli are required to actively
pump pyrazinoic acid out again. If the mycobacterial energy supply is diminished,
pyrazinoic acid accumulates within the cell, eventually killing it. ¹⁷ Thus, the elimination
of pyrazinoic acid is energy-dependent. If ATP levels are diminished by sustained
incubation at low temperature, pyrazinoic acid will accumulate more rapidly, and killing
will occur more readily. The finding that the bactericidal activity was greater in
procedure 2 than in procedure 1 test cultures indicates that less energy, perhaps in the
form of ATP, was available in the non-replicating procedure 2 cultures. This hypothesis
is consistent with ATP measurements, and transcriptional signatures of energy production
and ribosomal biosynthesis, showing a reduction in ATP levels in hypoxic non-
replicating in vitro models of persistence. ^{6,10, 18-20} The bactericidal activity of
pyrazinamide is therefore at a maximum when the energy sources available to the bacilli
are at their lowest, either because metabolism is limited by adaptation to the in vivo
environments encountered or by low incubation temperatures.
The second finding of interest was the rapid onset of the bactericidal activity of
TMC207 at 37°C evident during the first 3 days of exposure. This rapid onset is in
contrast to the existence of an initial phase lasting 7-14 days when no change in the cfu
count occurs after exposure of log phase bacilli to TMC207. 12,21 The results from log
phase organisms gave rise to the view that TMC207 has time dependent but not dose
dependent activity. 12 We suggest that the gradual use of the energy store available in log
phase bacilli is responsible for the static phase, which is eventually followed by rapid

dose-dependent killing when ATP levels are low and the effects of the ATP synthase
isoniazidibitor become cidal. A further feature of interest was the small decrease in the
bactericidal activity of TMC207 as the incubation temperature was reduced compared to
the larger effects on the bactericidal activities of rifampicin and isoniazid (Fig 6). Since
bacterial metabolism is likely to progressively decrease as the temperature goes down,
TMC seems to retain its activity even when metabolism is low. This indicates its potential
value as a drug capable of sterilizing the more persistent bacterial populations, and
identifies energy generation as important for maintenance of cell viability in bacilli
isolated from <i>in vitro</i> models of persistence. 18-20 This effect may be noticeable because
TMC207 was considerably less bactericidal at 37°C than rifampicin or isoniazid, but this
greater kill caused by isoniazid and rifampicin may not be reflected by a similar greater
activity in treating patients because their half-life and therefore the period of exposure to
the drugs in lesions is considerably shorter than that of TMC207. 12,14
In brief, the effects of reducing the incubation temperature are particularly illuminating in
exploring the action of drugs, such as pyrazinamide and TMC207 whose activity is
greatly dependent on the energy resource status of bacilli.
Funding This work was supported by a grant from Tibotec pharamaceuticals.
This work was supported by a grant from Tibotec pharamaceuticals.

Transparency Declaration

None to declare.

References

232		
233	1.	Hobby GL. The fate of tubercle bacilli in vivo. Am J Med 1955; 18: 753-63.
234	2.	Hobby GL. Lenert TF. The in vitro action of antituberculosis agents against
235		multiplying and non-multiplying microbial cells. Am Rev Tuberc Pulm Dis 1957;
236		76 : 1031-48.
237	3.	Wayne LG, Hayes LG. An in vitro model for sequential study of shiftdown of
238		Mycobacterium tuberculosis through two stages of non-replicating persistence.
239		Infect Immun 1996; 64 : 2062-69.
240	4.	Betts JC, Lukey PT, Robb LC et al. Evaluation of a nutrient starvation model of
241		Mycobacterium tuberculosis persistence by gene and protein expression profiling.
242		Mol Microbiol 2002; 43 : 717-31.
243	5.	Tudo, G, K Laing, DA Mitchison et al. Examining the basis of isoniazid tolerance
244		in non-replicating Mycobacterium tuberculosis using transcriptional profiling.
245		Future Med Chem 2010; 2 : 1371-83.
246	6.	Garton NJ, Waddell SJ, Sherratt AL et al. Cytological and transcript analyses
247		reveal fat and lazy persister-like bacilli in tuberculous sputum. PLoS Med 2008; 5:
248		e75.
249	7.	Rachman H, Strong M, Ulrichs T et al. Unique transcriptome signature of
250		Mycobacterium tuberculosis in pulmonary tuberculosis. Infect Immun 2006; 74:
251		1233-42.
252	8.	Zhang Y, Mitchison D. The curious characteristics of pyrazinamide: a review. Int
253		J Tuberc Lung Dis 2003; 7: 6-21.

254	9. Gumbo T, Dona CS, Meek C <i>et al.</i> Pharmacokinetics-pharmacodynamics of
255	pyrazinamide in a novel in vitro model of tuberculosis for sterilizing effect: a
256	paradigm for faster assessment of new antituberculosis drugs. Antimicrob Agents
257	Chemother 2009; 53 :3197-204.
258	10. Voskuil MI, Visconti KC, Schoolnik GK. Mycobacterium tuberculosis gene
259	expression during adaptation to stationary phase and low-oxygen dormancy.
260	Tuberculosis (Edinb.) 2004; 84 : 218-27.
261	11. Hampshire T, Soneji S, Bacon J et al. Stationary phase gene expression of
262	Mycobacterium tuberculosis following a progressive nutrient depletion: a model
263	for persistent organisms? Tuberculosis (Edinb) 2004; 84: 228-38.
264	12. Andries K, Verhasselt P, Guillemont J et al. A diarylquinoline drug active on the
265	ATP synthase of Mycobacterium tuberculosis. Science 2005; 307: 223-7.
266	13. Diacon AH, Pym A, Grobusch M et al. The diarylquinoline TMC207 for
267	multidrug-resistant tuberculosis. N Engl J Med 2009; 360: 2397-405.
268	14. Mitchison DA, Ellard GA. 41. Antituberculosis Drugs In: Reeves DS, Phillips I,
269	Willimas JD, Wise R. ed. Laboratory Methods in antimicrobial chemotherapy.
270	Churchill/Livingstone, 1978; 244-8.
271	15. Jindani A, Doré CJ, Mitchison DA. Bactericidal and sterilizing activities of
272	antituberculosis drugs during the first 14 days. Am J Respir Crit Care Med 2002;
273	167 ; 1348-54.
274	16. Karakousis PC, Williams EP, Bishai WR. Altered expression of isoniazid-
275	regulated genes in drug-treated dormant Mycobacterium tuberculosis. J
276	Antimicrob Chemother 2008; 61 : 323-31.

211	17. Znang Y, Wade MM, Scorpio A et al. Mode of action of pyrazinamide: disruption
278	of Mycobacterium tuberculosis membrane transport and energetics by pyrazinoic
279	acid. J Antimicrob Chemother 2003; 52 : 790-5.
280	18. Rao SP, Alonso S, Rand L et al. The protonmotive force is required for
281	maintaining ATP homeostasis and viability of hypoxic, nonreplicating
282	Mycobacterium tuberculosis. Proc Natl Acad Sci USA 2008; 105:11945-50.
283	19. Boshoff HI, Barry CE III. Tuberculosis - metabolism and respiration in the
284	absence of growth. Nat Rev Microbiol 2005; 3: 70-80.
285	20. Koul A, Vranckx L, Dendouga N et al. Diarylquinolines are bactericidal for
286	dormant mycobacteria as a result of disturbed ATP homeostasis. J Biol Chem;
287	283 : 25273-80.
288	21. Dhillon J, Andries K, Phillips PPJ et al. Bactericidal activity of the
289	diarylquinoline TMC207 against Mycobacterium tuberculosis outside and within
290	cells. <i>Tuberculosis</i> 2010; 90 : 301-5.
291	
292	
293	
294	
295	
296	
297	
298	
299	

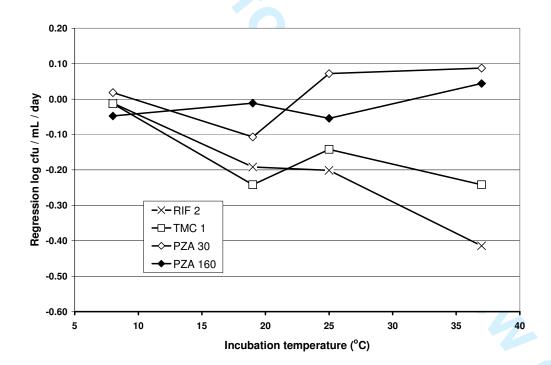
300	
301	
302	Fig 1. The speed of bactericidal activity of rifampicin (RIF) 2 mg/L, TMC207 (TMC) 1
303	mg/L or pyrazinamide (PZA) 30 or 160 mg/L against 10-day static cultures of M.
304	tuberculosis at incubation temperatures of 37, 25, 19 or 8°C. Speed is represented by the
305	linear regression coefficients for log cfu/mL/day.
306	
307	Fig 2. Survival curves for 30-day static cultures of <i>M. tuberculosis</i> exposed to rifampicin
308	(RIF) 2 mg/L for 21 days at temperatures ranging from 37°C to 16°C.
309	
310	Fig 3. A. Survival curves for 30-day static procedure 1 cultures of <i>M. tuberculosis</i>
311	exposed to isoniazid 1 mg/L for 21 days at temperatures ranging from 37°C to 16°C
312	B. Survivor curves for 30-day static procedure 2 cultures exposed to isoniazid (INH) 1
313	mg/L at 37°C.
314	
315	Fig 4. Survival curves for 30-day static cultures of <i>M. tuberculosis</i> exposed to TMC207 2
316	mg/L for 21 days at temperatures ranging from 37°C to 16°C
317	
318	Fig 5. Survival curves for 30-day static cultures (procedure 1) of <i>M. tuberculosis</i> exposed
319	to pyrazinamde 160 mg/L for 21 days at temperatures ranging from 37°C to 16°C
320	
321	Fig 6. The speed of bactericidal activity of rifampicin (RIF) 2 mg/L, TMC207 (TMC) 2
322	mg/L or pyrazinamide (PZA) 40 or 160 mg/L against 10-day static cultures of M.

tuberculosis at incubation temperatures of 37, 25, 19 or 16°C. Speed is represented by the linear regression coefficients for log cfu/mL/day.

Fig 7. Experiments 4. Survival curves for 30-day static cultures (procedure 2) of M.

tuberculosis exposed to pyrazinamde 40 or 160 mg/L for 21 days at temperatures of A.

37°C or B. at 25°C or 22°C.



337

Fig 1

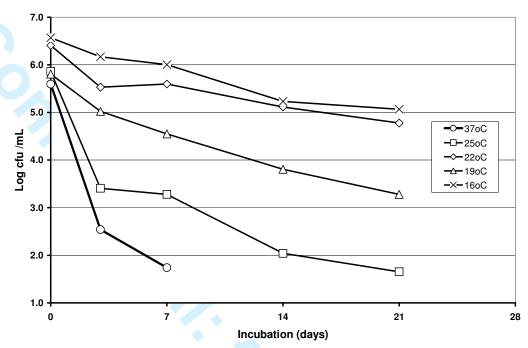
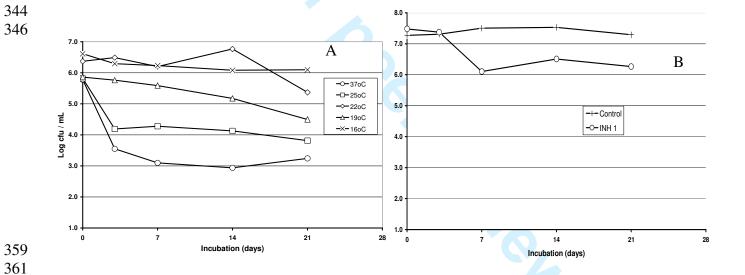


Fig 2

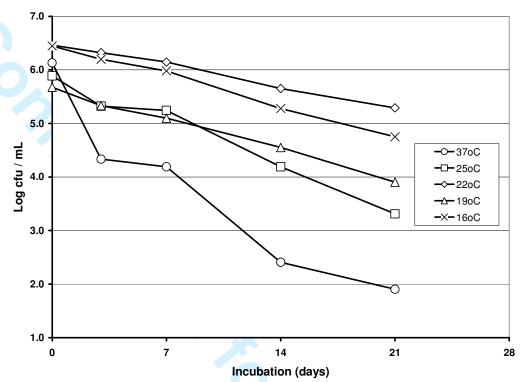
339 340

341 342

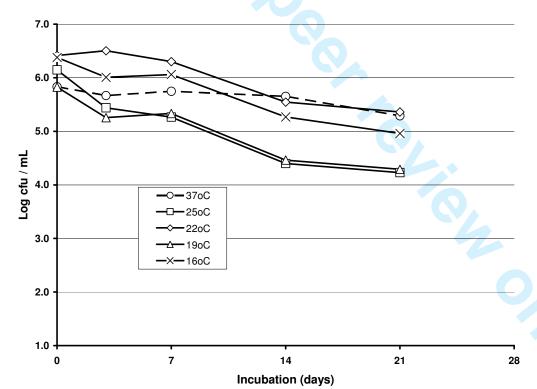


363 364 Fig 3

362



367 368 Fig 4 369 370



371 372 Fig 5

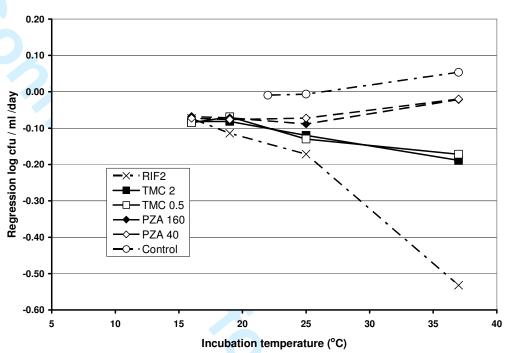
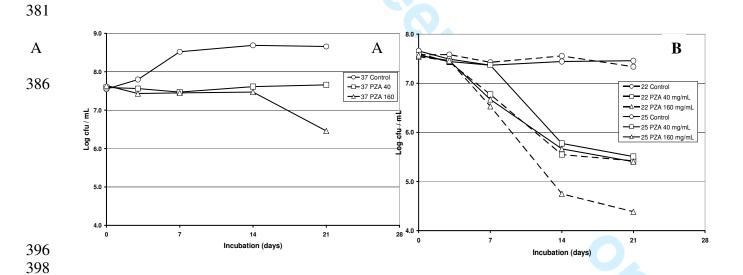


Fig 6



403 Fig 7