Engineering Synthetic Bacteriophage to Combat Antibiotic-Resistant Bacteria

The MIT Faculty has made this article openly available. Please share how this access benefits you. Your story matters.
Abstract—Antibiotic resistance is a rapidly evolving problem that is not being adequately met by new antimicrobial drugs. Thus, there is a pressing need for effective antibacterial therapies that can be adapted against antibiotic-resistant bacteria. Here, we engineered synthetic bacteriophage to combat antibiotic-resistant bacteria by overexpressing proteins and attacking gene networks which are not directly targeted by antibiotics. By suppressing the SOS network, our engineered phage enhance bacterial killing by quinolone antibiotics by several orders of magnitude in vitro and significantly increase the survival of infected mice in vivo. Our synthetic phage design can be extended to target non-SOS gene networks and overexpress multiple factors to produce additional effective antibiotic adjuvants. In addition, our synthetic phage act as strong adjuvants for other bactericidal antibiotics, improve the killing of antibiotic-resistant bacteria, and reduce the number of antibiotic-resistant bacteria that arise from antibiotic-treated populations. This work establishes a novel synthetic biology platform for translating identified targets into effective antibiotic adjuvants.

I. INTRODUCTION

Bacterial infections are responsible for significant morbidity and mortality in clinical settings [1]. Dramatic increases in antibiotic-resistant infections are responsible for sicker patients, longer hospitalizations, and increased costs [1]. New classes of antimicrobials are needed, but few are in pharmaceutical pipelines [1]. High-throughput systems biology studies have enabled the discovery of many potential drug targets [2, 3], but a significant amount of additional work and investment is needed to translate these targets into actual drugs. Moreover, antibiotic drugs typically do not take advantage of targets that need to be upregulated in order to achieve antimicrobial activity. Thus, there is a significant gap between target identification and drug development.

Natural phage have been used to kill bacteria since the early 20th century [4]. We engineered antibiotic-adjuvant phage to overexpress proteins to target non-essential gene networks that are not directly attacked by antibiotics in order to minimize evolutionary pressures. By using a combination of engineered phage and antibiotics, we reduce the evolution of antibiotic resistance and enhance bacterial killing [5-8].

II. TARGETING THE SOS DNA REPAIR SYSTEM

Bactericidal antibiotics (e.g., quinolones such as ofloxacin) induce the formation of hydroxyl radicals which cause DNA, protein, and lipid damage, and ultimately, cell death [2]. DNA damage initiates the SOS response [9], which results in DNA repair and cell survival (Fig. 1A). To suppress the SOS network and enhance the effect of bactericidal antibiotics, we engineered M13mp18 phage to overexpress lexA3, a repressor of SOS [10]; we named this phage \( \Phi_{\text{lexA3}} \) (Fig. 1A) and the unmodified M13mp18 phage \( \Phi_{\text{unmod}} \). M13mp18, a modified version of M13 phage, is a non-lytic filamentous phage and can accommodate DNA insertions into its genome [11].

To test \( \Phi_{\text{lexA3}} \)’s antibiotic-enhancing effect, we obtained time courses for killing of E. coli EMG2 bacteria with phage and/or ofloxacin treatment. We calculated viable cell counts by counting colony-forming units (CFUs) during treatment (Fig. 1B). After 6 hours, bacteria exposed to ofloxacin only were reduced by about 1.7 \( \log_{10} \) (CFU/mL), reflecting the presence of persister cells not killed by the drug (Fig. 1B). By 6 hours, \( \Phi_{\text{lexA3}} \) improved ofloxacin’s bactericidal effect by 2.7 orders of magnitude compared to unmodified phage \( \Phi_{\text{unmod}} \) (~99.8% additional killing) and by over 4.5 orders of magnitude compared to no phage (~99.99% additional killing) (Fig. 1B). With combination phage and antibiotic treatment, no significant bacterial regrowth was apparent (Fig. 1B).

We also tested our synthetic phage along with other classes of bactericidal antibiotics, including gentamicin, an aminoglycoside, and ampicillin, a \( \beta \)-lactam. \( \Phi_{\text{lexA3}} \) increased
gentamicin’s bactericidal action by over 2.5 and 3 orders of magnitude compared with $\Phi_{\text{unmod}}$ and no phage, respectively. $\Phi_{\text{lexA3}}$ improved ampicillin’s bactericidal effect by over 2 and 5.5 orders of magnitude compared with $\Phi_{\text{unmod}}$ and no phage, respectively. For both gentamicin and ampicillin, $\Phi_{\text{lexA3}}$’s strong adjuvant effect was noticeable after 1 hour of treatment. These results show that engineered phage can act as adjuvants for the three major classes of bactericidal drugs. Using this design, we have also created synthetic phage that target non-SOS genetic networks and/or overexpress multiple factors and have shown that they act as effective antibiotic adjuvants [13].

### III. KILLING ANTIBIOTIC-RESISTANT BACTERIA

In addition to enhancing the killing of wild-type bacteria, engineered phage can improve the killing of bacteria that have already acquired antibiotic resistance and may therefore have the potential to revive defunct antibiotics. We applied $\Phi_{\text{lexA3}}$ with ofloxacin against E. coli RFS289, which carries a gyrA111 mutation that renders it resistant to quinolones. $\Phi_{\text{lexA3}}$ increased bacterial killing by ofloxacin by over 2 and 3.5 orders of magnitude compared with $\Phi_{\text{unmod}}$ and no phage, respectively. Furthermore, we have shown that synthetic phage significantly reduce the number of antibiotic-resistant bacteria that evolve from antibiotic-treated populations [13].

### IV. RESCUING MICE INFECTED WITH BACTERIA

To demonstrate the clinical efficacy of antibiotic-enhancing phage in vitro, we applied our engineered phage with ofloxacin to prevent death in mice infected with bacteria (Fig. 2). Mice were injected with E. coli intraperitoneally 1 hour prior to receiving intravenous treatments (Fig. 2A). Eighty percent of mice treated with $\Phi_{\text{lexA3}}$ plus ofloxacin survived, compared with 50% and 20% for mice that received $\Phi_{\text{unmod}}$ plus ofloxacin or ofloxacin alone, respectively (Fig. 2B).

---

**REFERENCES**