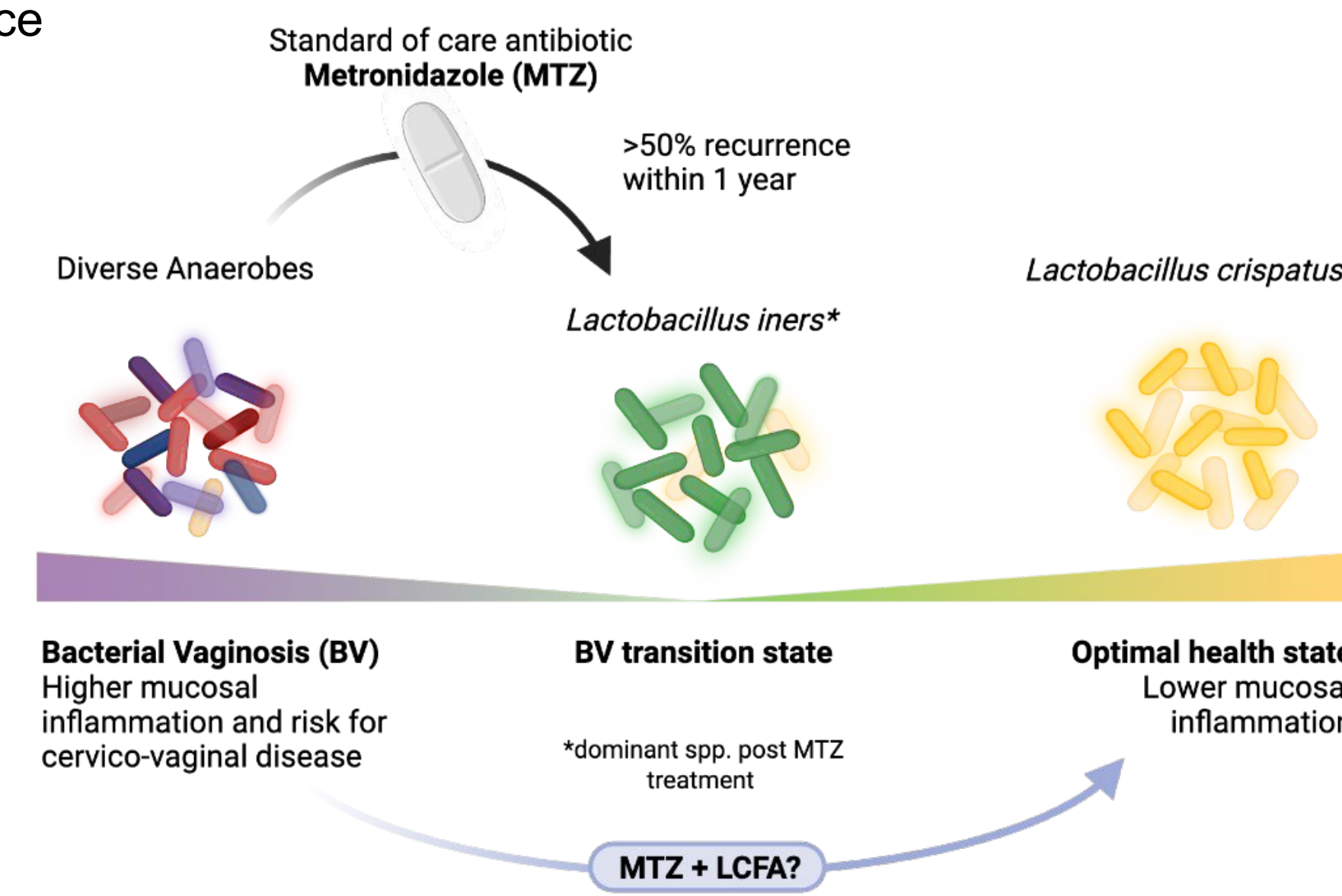


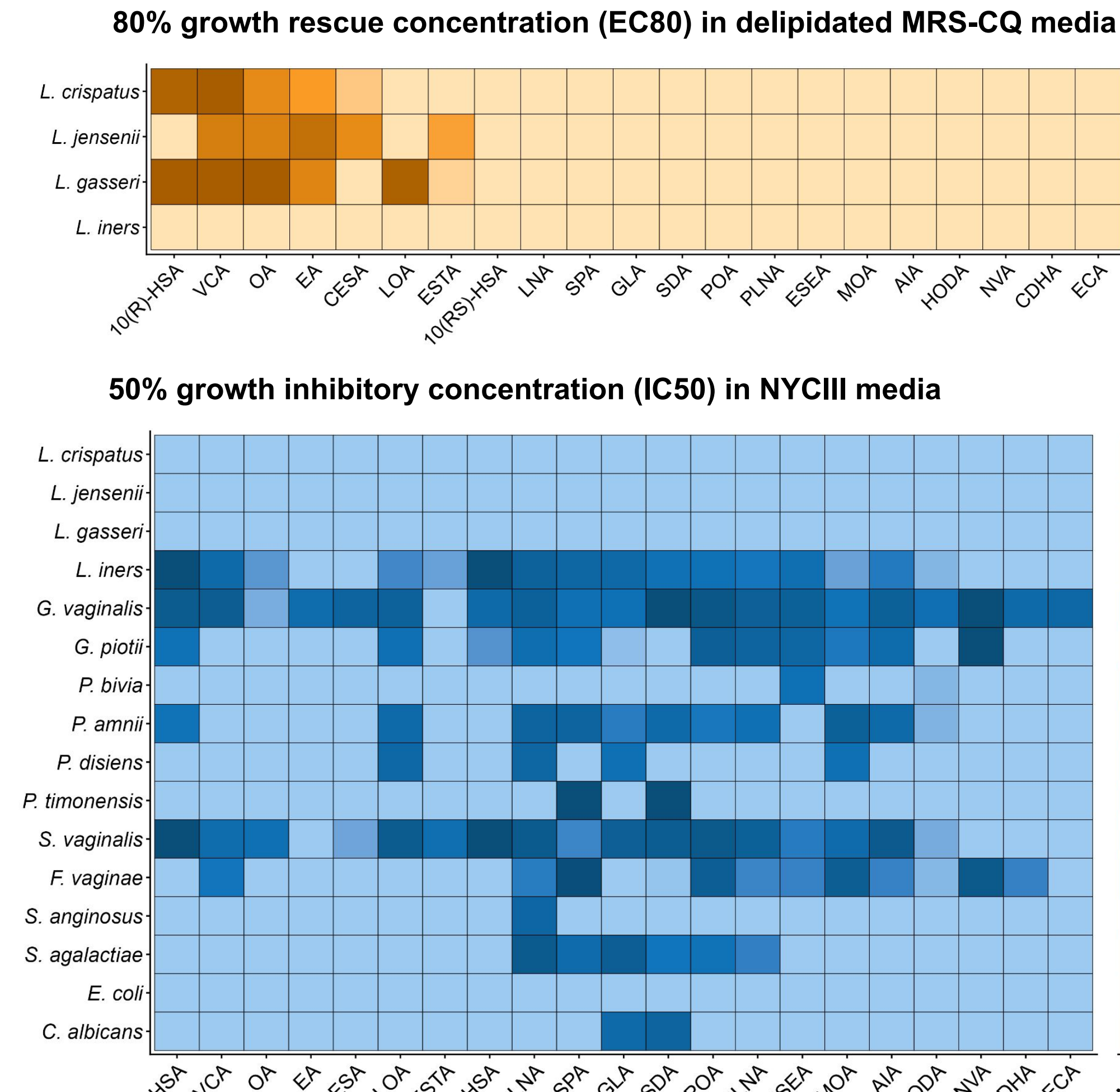
A Dual Antibiotic-Metabolite-based Approach to Improve Bacterial Vaginosis Treatment

Motivation

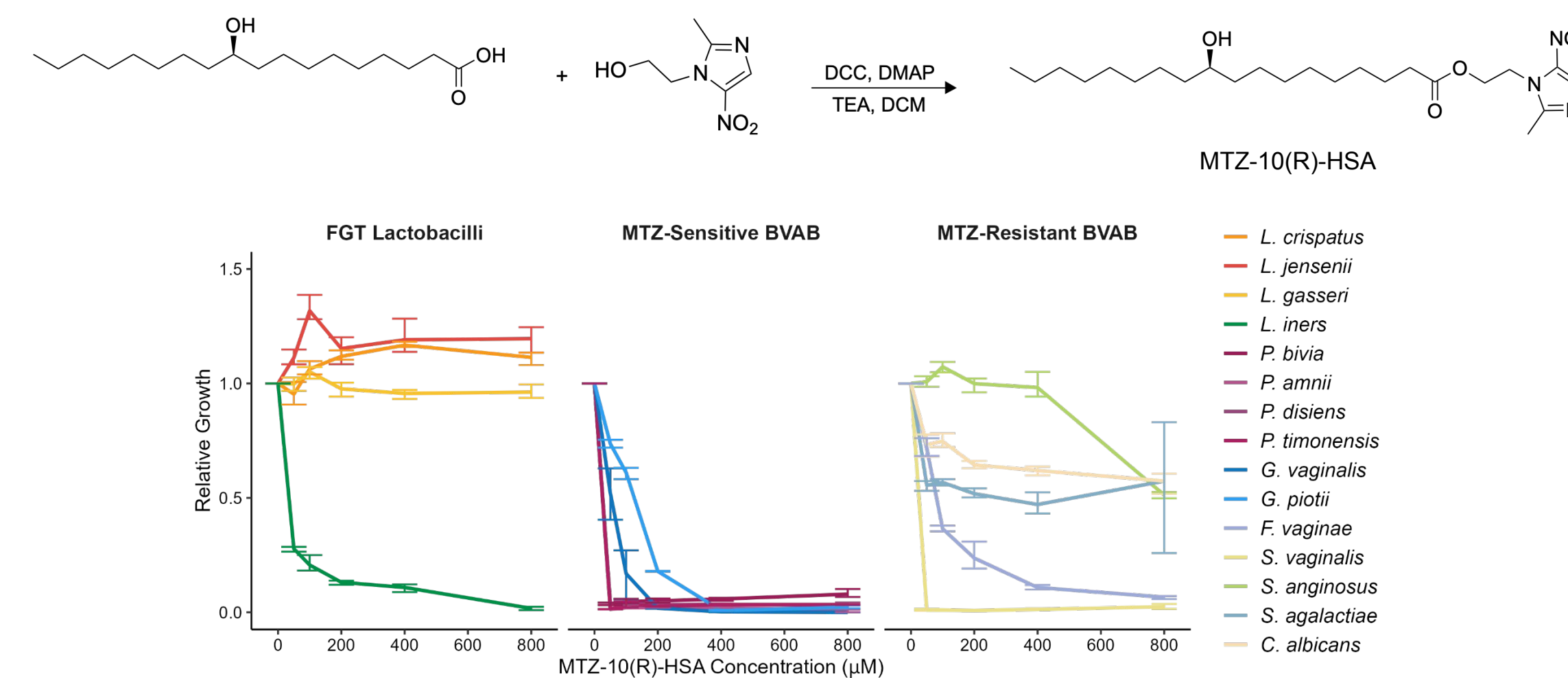
- Bacterial vaginosis (BV) affects 20-30% of cisgender women worldwide¹
- BV is associated with spontaneous preterm birth², cervical dysplasia³, infertility⁴, and STI acquisition risk⁵ including HIV⁶
- Microbiologically, BV is characterized by a paucity of health-associated lactobacilli and high abundance of diverse obligate anaerobes⁷
- Standard-of-care treatment with the antibiotic metronidazole (MTZ) results in recurrence of $\geq 50\%$ of cases within 3-6 months⁸ due to its propensity to promote dominance by recurrence-associated *Lactobacillus iners* rather than optimal health-associated *Lactobacillus crispatus*^{6,9}
- Rapid antibiotic resistance development by BV-associated bacteria (BVAB) may also contribute to BV recurrence¹⁰
- Unsaturated long chain fatty acids (uLCFAs) such as oleic acid (OA) have been demonstrated to inhibit *L. iners* and promote *L. crispatus*¹¹



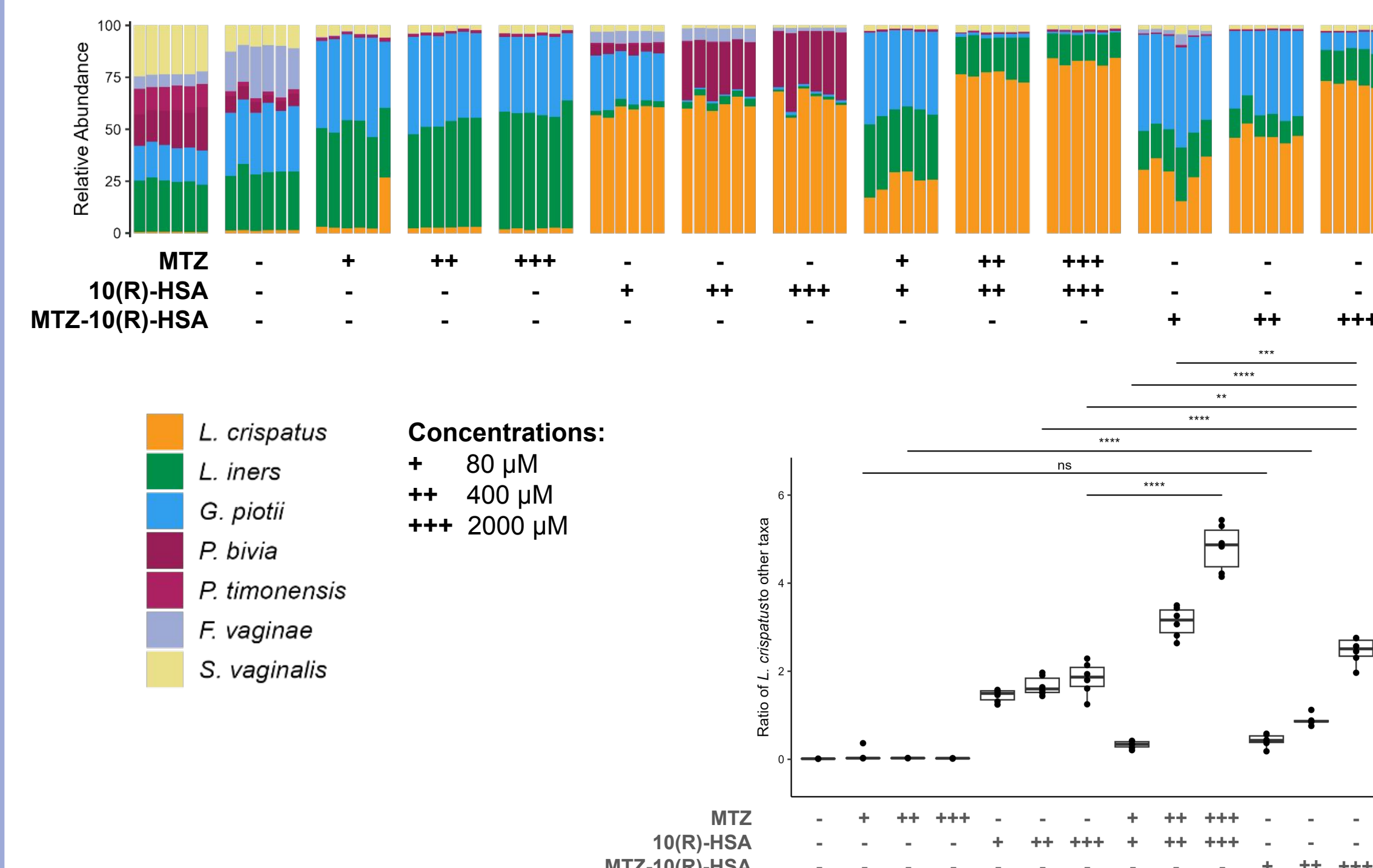
Results (cont.)



MTZ-10(R)-HSA conjugate inhibits the growth of *L. iners* and BVAB while promoting the growth of *L. crispatus*

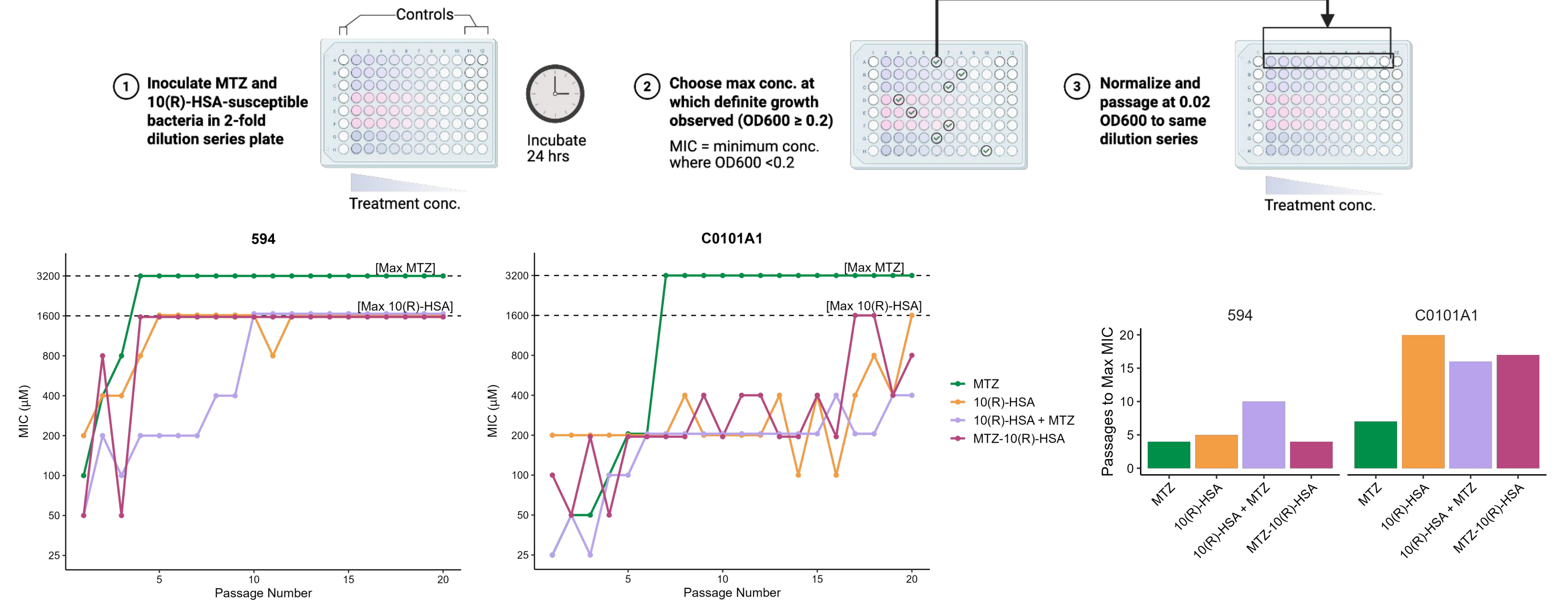


MTZ and 10(R)-HSA co-administration shifts mock BV communities toward *L. crispatus* dominance with a dose-dependent effect

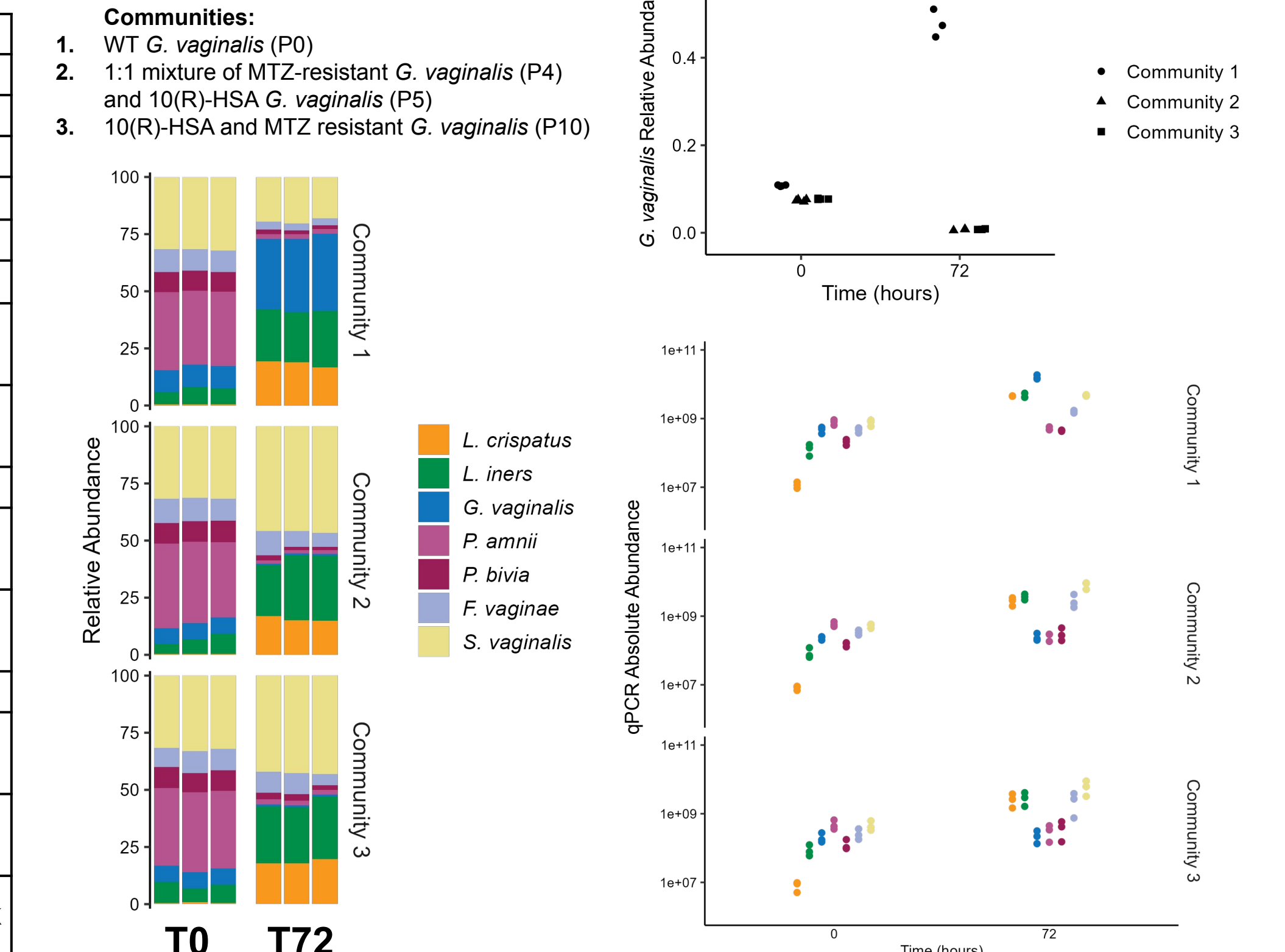


Results (cont.)

Resistance development against MTZ and 10(R)-HSA co-administration is hindered compared to MTZ alone in two strains of BVAB *Gardnerella vaginalis*



Isolate	Treatment	Gene Product	Mutation
<i>G. vaginalis</i> (594)	MTZ	Nitroreductase	Frameshift
	10(R)-HSA	Mbeg1-like protein	S281I
	10(R)-HSA + MTZ	Nitroreductase	Q26*
	MTZ-10(R)-HSA	Mbeg1-like protein	S281I
<i>G. vaginalis</i> (C0101A1)	MTZ	Nitroreductase	Q87*, D257N
	10(R)-HSA	Acyl-CoA synthetase	G277C, A353V
	10(R)-HSA + MTZ	Nitroreductase	F247L, D257N
	MTZ-10(R)-HSA	Acyl-CoA synthetase	P406S
	MTZ-10(R)-HSA	Nitroreductase	A214E, Q54*
	MTZ-10(R)-HSA	Acyl-CoA synthetase	T382A



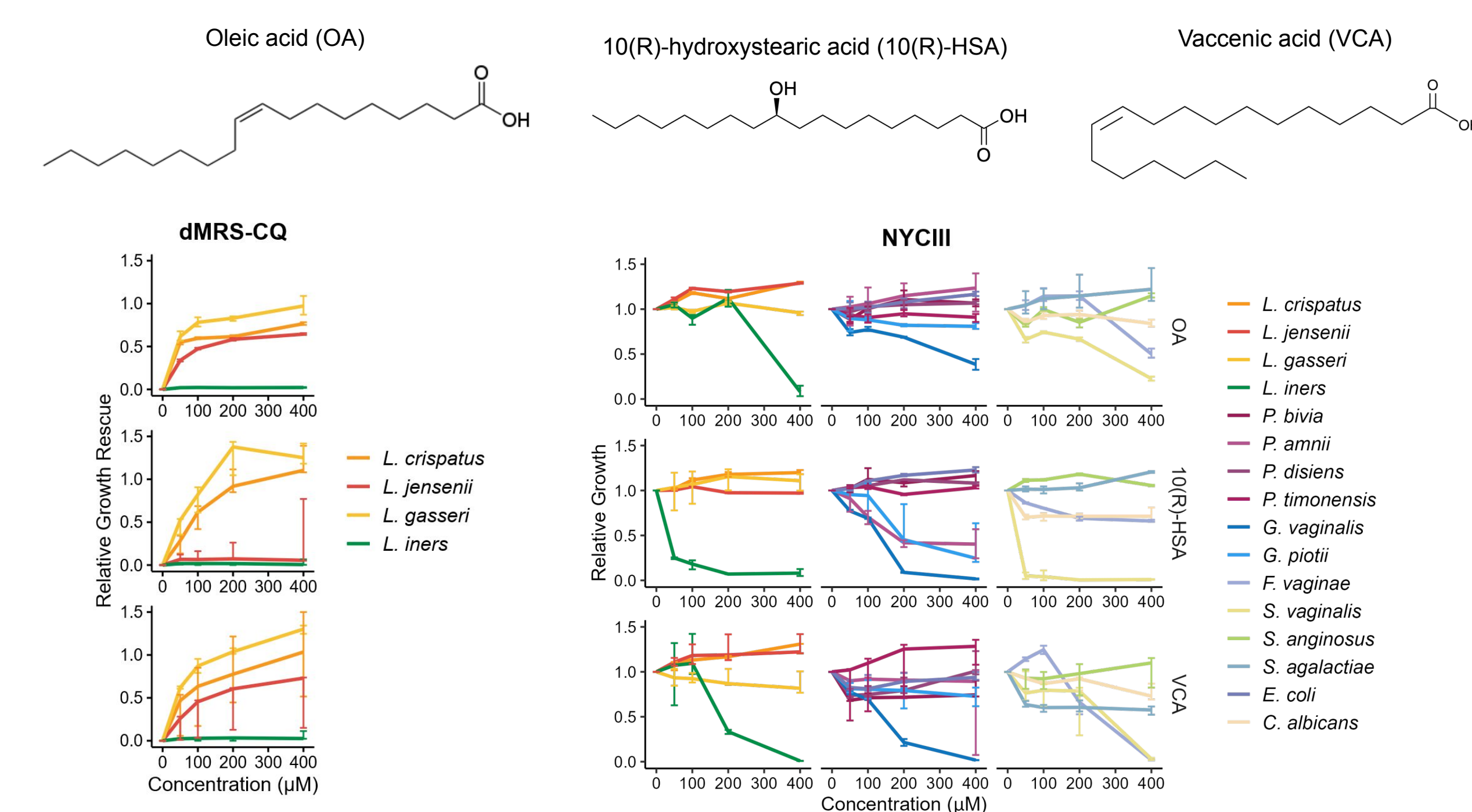
Questions & Objectives

- Which uLCFAs exhibit differential growth effects between health-associated *Lactobacillus* versus *L. iners* and BVAB?
- Can dual antibiotic-metabolite therapy improve BV treatment by providing greater selectivity and by hindering resistance development in BVAB?

- Promote the growth of *L. crispatus* while inhibiting *L. iners* and other BVAB
- Evaluate the efficacy of uLCFA and MTZ in driving desirable differential growth effects when co-administered and when covalently conjugated

Results

Select uLCFAs promote the growth of *L. crispatus* while inhibiting the growth of BVAB



Conclusions & Future Directions

- Select uLCFAs simultaneously promote non-*iners* *Lactobacillus* while inhibiting *L. iners* and BVAB
- Co-administration of MTZ and top candidate 10(R)-HSA as well as the MTZ-10(R)-HSA conjugate maintains therapeutically relevant growth effects in single strain growth assays as well as mock communities
- MTZ and 10(R)-HSA co-administration hinders antibiotic resistance in the canonical BVAB *G. vaginalis*, while resistance against MTZ-10(R)-HSA displayed a similar profile to MTZ alone
- Mutations acquired in *G. vaginalis* resistance to 10(R)-HSA occur in broad lipid metabolism pathways, with said strains being outcompeted in a mock BV community
- Evaluate if MTZ and 10(R)-HSA co-administration can still achieve *L. crispatus* dominance in a mock BV community in the setting of resistant *G. vaginalis*

1. Bacterial Vaginosis. (2023, August 15). <https://www.who.int/world-health-organization>.
 2. Fettes J.M., Serrano M.G., Brooks J.P., Edwards D.J., Giers H.H., Huang B., Aroz T.J., Edupuganti L., Glascock A.L., et al. (2019). The vaginal microbiome and preterm birth. *Nat. Med.* 25, 1012-1021.
 3. Korenchag J., Du J., Olovsson M., Verstraeten H., Engstrand L., and Brusselaers N. (2020). The vaginal microbiota, human papillomavirus and cervical dysplasia: a systematic review and network meta-analysis. *BJOG* 127, 171-180.
 4. Gaudon M., Raeha P., Morris A., Lynch J., and Acharya U. (1999). Bacterial vaginosis and past chlamydia infection are strongly and independently associated with tubal infertility but do not affect in vitro fertilization success rates. *Fertil. Steril.* 72, 730-732.
 5. Alsworth J.E., and Peipert J.F. (2011). Severity of bacterial vaginosis and the risk of sexually transmitted infection. *Am. J. Obstet. Gynecol.* 205, 113.e1-e6.
 6. Gosmann C., Anahar M.N., Handley S.A., Farcasanu M., Abu-Ali G., Bowman B.A., Pasavathan N., Desai C., Drot L., Moodey A., et al. (2017). Lactobacillus-Deficient Cervicovaginal Bacterial Communities Are Associated with Increased HIV Acquisition in Young South African Women. *Immunity* 46, 29-37.
 7. Anahar M.N., Goolenberg D.B., Mitchell C.M., and Kwon D.S. (2018). Cervicovaginal Microbiota and Reproductive Health: The Virtue of Simplicity. *Cell Host Microbe* 23, 159-168.
 8. Bradshaw C.S., Morton A.N., Hocking J., Garland S.M., Morris M.B., Moss L.M., Horvath L.B., Kuzewski I., and Fairley C.K. (2006). High recurrence rates of bacterial vaginosis over the course of 12 months after oral metronidazole therapy and factors associated with recurrence. *J. Infect. Dis.* 193, 1478-1486.
 9. Korenchag J., Du J., Olovsson M., Verstraeten H., Engstrand L., and Brusselaers N. (2020). The vaginal microbiota, human papillomavirus and cervical dysplasia: a systematic review and network meta-analysis. *BJOG* 127, 171-180.
 10. Muzny, Christina A., and Jack D. Sobel. 2022. "The Role of Antimicrobial Resistance in Refractory and Recurrent Bacterial Vaginosis and Current Recommendations for Treatment." *Antibiotics* (Basel, Switzerland) 11 (4): 500.
 11. Zhu M., Frank M. W., Radka C. D., Jeanvare, S., Xu J., Tse, M. W., Pacheco, J. A., Kim, J. S., Pierce, K., Deik, A., Hussain, F. A., Elsherbini, J., Hussain, S., Xulu, N., Khan, N., Pillay, V., Mitchell, C. M., Dong, K. L., Nlungu, T., & Clish, C. B. (2024). Vaginal Lactobacillus fatty acid response mechanisms reveal a metabolite-targeted strategy for bacterial vaginosis treatment. *Cell*. 187(19), 5413-5430.e29. <https://doi.org/10.1016/j.cell.2024.07.029>