State of the Art: TB drug pharmacokinetics at the site of disease

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TB Steering Committee IMPAACT, June 2018

HYPOTHESIS

If TB drugs reach all bacterial populations at sufficient concentration in lesions, cure rates will increase and treatment duration will decrease







What do we need to know to test this hypothesis?

- 1. Measure the concentrations of all TB drugs in cellular and necrotic lesion compartments
- 2. Measure the activity of all TB drugs against Mtb populations residing in each compartment
- 3. Use lesion-centric efficacy read-outs in human-like animal models to correlate lesion PK, lesion PD and efficacy



1. How much drug reaches each compartment? 2. How much drug does it take to kill the resident bugs?

PC

3. How does that translate into lesion sterilization in an in vivo model?

PK-PD

↓ log CFU? Sterilization?

Lesion PK- PD methods



MALDI Imaging of multiple drugs in a single section



6 Limit of detection

Laser-capture microdissection / LCMS







Inner caseum

An assay to measure the drug susceptibility of caseum Mtb



NO DRUG control Growth kinetics in 10 caseum batches from D0 to D7



Caseum Mtb is highly drug tolerant



Antimicrob Agents Chemother. 2018 Jan 25;62(2)

Pyrazinamide (PZA): lesion PK and PD



PZA concentration (μ M)

PZA penetrates all lesion compartments and kills Mtb in caseum

PZA [M+2H]+ *m/z* 125.058

The rabbit model of active Tuberculosis



Pyrazinamide (PZA): in vivo efficacy in rabbits



PZA sterilizes cellular and necrotic lesions in rabbits

How much kill has happened in a lesion

control ZA treated

Cellular 30-20 10 0 ა^{დ.} 5 0 Log CEQ/CFU (bin center)



Landry Blanc



Moxifloxacin (MXF): lesion PK and PD



Moxifloxacin (MXF): in vivo efficacy



MXF sterilizes cellular and necrotic lesions in rabbits

Clofazimine (CFZ) and Bedaquiline (BDQ)











BDQ and CFZ: in vivo efficacy















RIF accumulates in caseum... ... and kills the resident bugs







Clinical regimens: plug-and-play



But why does it take 6 to 24 months?

HYPOTHESIS

If TB drugs reach all bacterial populations at **Sufficient** concentration in lesions, cure rates will increase and treatment duration will decrease



 How much drug reaches each compartment? 2. How much drug does it take to kill the resident bugs? 3. How does that translate in the clinic?

PK-PD without the equations \odot

Concentrations achieved in caseum of man and C3H mice at steady state



Even the best TB drugs come short of ideal target attainment in caseum

Take Home

- MALDI mass spectrometry imaging combined with laser capture microdissection and LC-MS provides full drug quantitation at high spatial resolution
- Lesion-centric PK-PD helps understand the relative inefficiency of TB therapy
- Developing new PZA, MXF, RIF and BDQ derivatives that are more potent, less toxic, and/or higher in lesions is almost guaranteed to shorten therapy duration

Thank you!



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