

# GOFABICIN

## A new FabI-inhibitor targeting antibiotic-resistant *Neisseria gonorrhoeae*

### Background

Gonorrhea is the second most common sexually transmitted infection with 82 million cases per year globally.<sup>1</sup> The problem of *Neisseria gonorrhoeae* infection is compounded by the emergence of strains resistant to current first-line treatments, ceftriaxone and azithromycin. Development of new antibiotics that are not impacted by cross-resistance to existing treatments is crucial, and likely best achieved by exploiting new targets and modes of action.

**>>> An untapped antimicrobial target for the treatment of gonorrhea is the enoyl-ACP reductase enzyme, FabI, that is essential for fatty acid biosynthesis in *N. gonorrhoeae*<sup>2</sup>**

### Gofabycin is a FabI-Inhibitor Tailored for Activity Against *N. gonorrhoeae*

Starting from the lead compound, Debio 1452, medicinal chemistry was guided by structure activity relationships (SAR) and structure-based drug design, delivering novel FabI-inhibitors with improved activity against *N. gonorrhoeae* FabI (NgFabI), including Compound 1 (inhibitory concentration 50% (IC<sub>50</sub>) 6 nM) and gofabycin.

**>>> Gofabycin displayed potent inhibitory activity against *N. gonorrhoeae* FabI (IC<sub>50</sub> = 0.6 nM)**

Minimum inhibitory concentrations (MIC) were generated against 14 *N. gonorrhoeae* isolates using agar dilution according to Clinical Laboratory Standards Institute (CLSI) guidelines (M07). Decreases in IC<sub>50</sub> for NgFabI was generally paralleled by decreased MIC (Figure 1).

**>>> Gofabycin showed 16 to 64-fold increased anti-gonococcal activity as compared to the lead compound, Debio 1452 (Figure 1)**

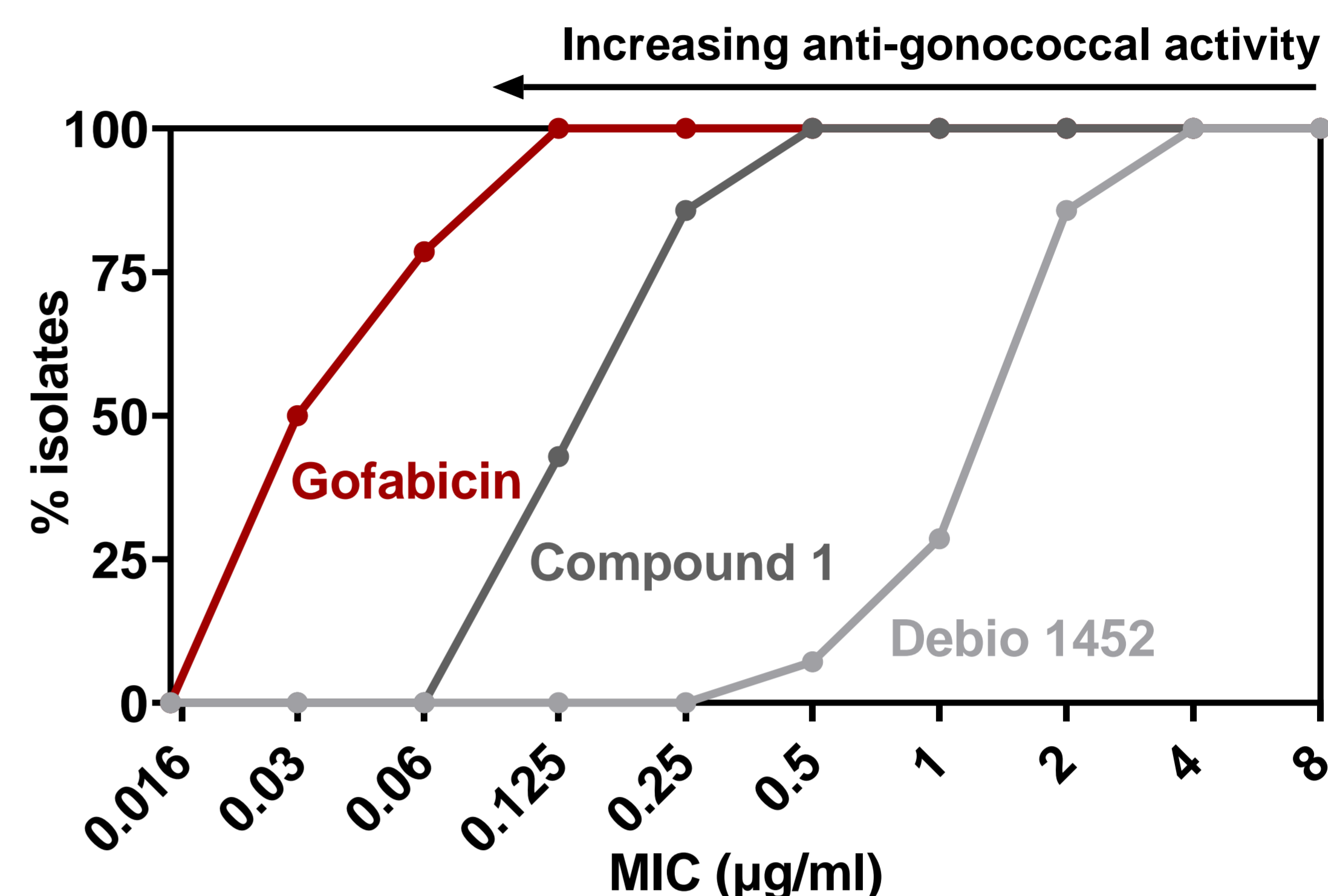


Figure 1. Cumulative MIC distribution

### Gofabycin is Rapidly Bactericidal Against Antibiotic-Resistant *N. gonorrhoeae*

To assess the in vitro killing kinetics of gofabycin against *N. gonorrhoeae* in liquid culture, MICs for a panel of 10 isolates were first determined using broth microdilution according to CLSI guidelines (M07) with substitution of cation-adjusted Mueller Hinton broth (CA-MHB) media for Columbia broth. MICs in liquid were similar to those generated using agar-dilution (within one 2-fold dilution, data not shown).

**>>> MICs for gofabycin ranged from 0.03 to 0.125 µg/ml against *N. gonorrhoeae* including those resistant to ceftriaxone (CTX), azithromycin (AZI) and/or ciprofloxacin (CIP) (Table 1; resistant values in red)**

Bactericidal activity was assessed using the Time-Kill method according to CLSI guidelines (M26-A) with substitution of CA-MHB media for Columbia broth and determination of colony forming units (CFU) on GC agar. Ceftriaxone and azithromycin were included as controls for ATCC 49226 and displayed characteristic time-kill profiles<sup>3</sup> (data not shown). Gofabycin was tested against each of the ten strains listed in Table 1.

**>>> Gofabycin was rapidly bactericidal, producing ≥3 log<sub>10</sub>CFU reductions within 24h for each of the ten isolates (Figure 2)**

The mean time to reach bactericidal activity across the 10 isolates (shown in Table 1) was 10 hours at 2X MIC, 8.5 hours at 4X MIC, 8 hours at 8X MIC and 8 hours at 16X MIC suggesting time-dependent, rather than concentration-dependent, killing in vitro.

Table 1. MICs (µg/ml) in liquid media.

Isolate	CTX	AZI	CIP	Gofabycin
ATCC 49226	0.004	0.25	0.004	0.125
ATCC 700825	0.002	0.032	0.004	0.03
6926	0.004	0.12	0.008	0.06
6804	0.016	0.25	>1	0.06
AR Bank-0157	0.004	4	0.004	0.06
AR Bank-0179	0.004	4	0.004	0.06
WHO V	0.016	>16	>1	0.125
WHO X	1	0.25	>1	0.125
WHO Y	0.5	0.5	>1	0.125
WHO Z	0.25	0.5	>1	0.125

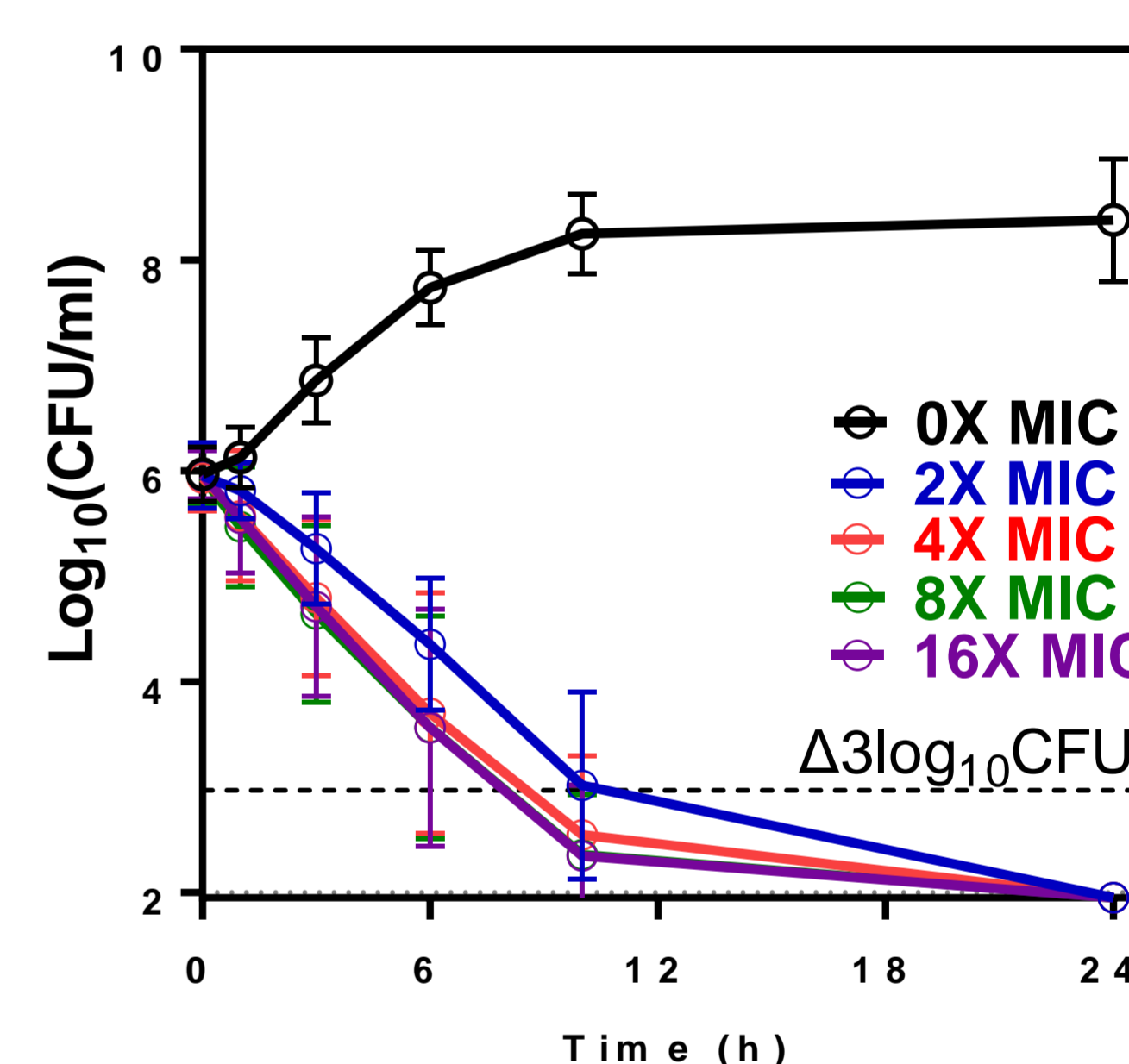


Figure 2. Time-Kill curves for gofabycin and 10 *N. gonorrhoeae* strains. Data are the mean of the 10 isolates +/- SD. The y-axis begins at the limit of detection.

### Gofabycin Kills Intracellular *N. gonorrhoeae*

*N. gonorrhoeae* invades and persists within cells of the human genital mucosa. New antibiotics for the treatment of gonorrhea should be capable of killing internalized *N. gonorrhoeae* cells. The capacity for gofabycin to kill intracellular *N. gonorrhoeae* was assessed within cultured HeLa229 human cervix carcinoma cells as described previously<sup>4</sup> for two strains, ATCC 49226 and the antibiotic-resistant strain WHO X.

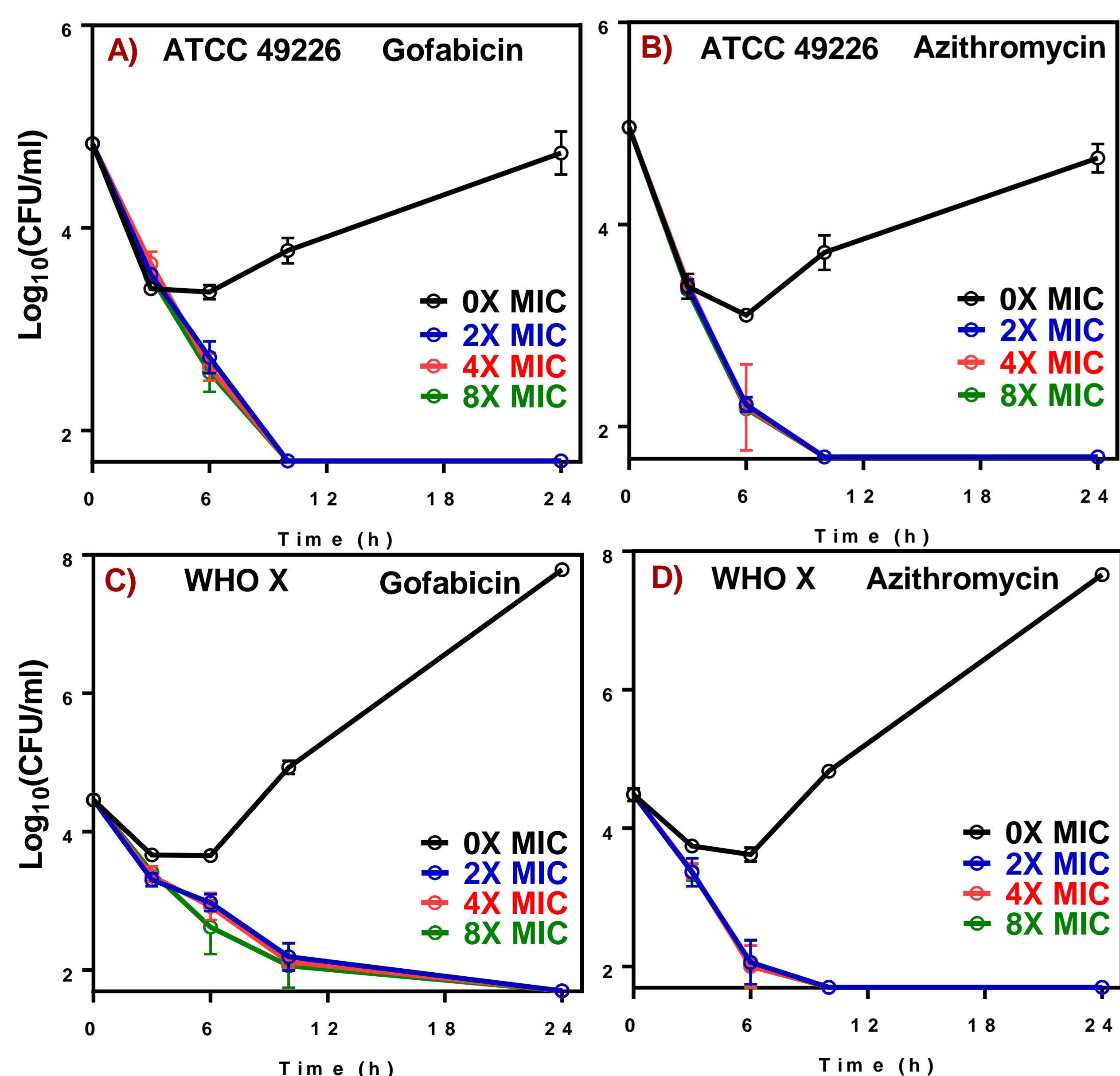


Figure 3. Killing of internalized *N. gonorrhoeae* by gofabycin as compared to the control antibiotic, azithromycin.

The y-axis begins at the limit of detection. Data are mean of three replicates +/- SD.

**>>> Gofabycin eradicated intracellular *N. gonorrhoeae* to the limit of detection for both strains within 24 hours (Figure 3A, C)**

The reduction from baseline at 24 hours for ATCC 49226 and WHO X strains was ≥3.1 log<sub>10</sub>CFU/ml and ≥2.8 log<sub>10</sub>CFU/ml, respectively.

Intracellular killing kinetics were similar to the positive control, azithromycin (Figure 3B, D).

### CONCLUSION

Gofabycin is a novel FabI-inhibitor for *N. gonorrhoeae* with potent in vitro bactericidal activity against antibiotic-resistant strains.

### REFERENCES

- 1) WHO. Global progress report on HIV, viral hepatitis and sexually transmitted infections, 2021
- 2) Yao et al. J. Biol. Chem. (2016);29:171-181
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