

# 学位論文

## **Development of potent antipseudomonal $\beta$ -lactams by means of polycarboxylation of aminopenicillins**

(アミノペニシリンのポリカルボン酸化による抗緑膿菌性 $\beta$ ラクタム剤の開発)

アクター シャヒヌル

Shahinur Akter

Department of Microbiology, Medical Sciences Major,  
Graduate School of Medical Sciences,  
Kumamoto University

Academic advisor

Professor SAWA Tomohiro

Department of Microbiology, Medical Sciences Major,  
Graduate School of Medical Sciences,  
Kumamoto University

March 2021

# 学 位 論 文

Title of Thesis : **Development of potent antipseudomonal  $\beta$ -lactams by means of polycarboxylation of aminopenicillins**  
(アミノペニシリンのポリカルボン酸化による抗緑膿菌性  $\beta$  ラクタム剤の開発)

Name of Author : Akter Shahinur

Name of supervisor : Professor Tomohiro Sawa  
Department of Microbiology, Medical Sciences Major, Doctoral Course of the Graduate  
School of Medical Sciences

Name of examiner : Dr. Takamasa Ueno, Dept. of Infection, and Immunity

Dr. Masao Matsuoka, Dept. of Hematology, Rheumatology, and Infectious Disease

Dr. Hiroyuki Nakanishi, Dept. of Molecular Pharmacology

Dr. Tatsuya Yoshizawa, Dept. of Medical Biochemistry

March 2021

For *Microbiology and Immunology*

*Original Article*

Revised manuscript: MAI-2021-121

**Development of potent antipseudomonal  $\beta$ -lactams by means of polycarboxylation  
of aminopenicillins**

Shahinur Akter<sup>1</sup>, Yohei Migiyama<sup>2</sup>, Hiroyasu Tsutsuki<sup>1</sup>, Katsuhiko Ono<sup>1</sup>, Chika  
Hamasaki<sup>3</sup>, Tianli Zhang<sup>1</sup>, Kenki Miyao<sup>1</sup>, Touya Toyomoto<sup>1</sup>, Keiichi Yamamoto<sup>1</sup>,  
Waliul Islam<sup>1</sup>, Takuro Sakagami<sup>2</sup>, Hirotaka Matsui<sup>4</sup>, Yoshihiro Yamaguchi<sup>5</sup>, Tomohiro  
Sawa<sup>1\*</sup>

<sup>1</sup> Department of Microbiology, Graduate School of Medical Sciences, Kumamoto  
University, Kumamoto, Japan

<sup>2</sup> Department of Respiratory Medicine, Graduate School of Medical Sciences,  
Kumamoto University, Kumamoto, Japan

<sup>3</sup> Graduate School of Science and Technology, Kumamoto University, Kumamoto,  
Japan

<sup>4</sup> Department of Molecular Laboratory Medicine, Graduate School of Medical Sciences,  
Kumamoto University, Kumamoto, Japan

<sup>5</sup> Graduate School of Science and Technology, Environmental Safety Center,  
Kumamoto University, Kumamoto, Japan

\* Corresponding author

E-mail: sawat@kumamoto-u.ac.jp (TS)

ORCID: <https://orcid.org/0000-0002-7949-7309>

**E-mail addresses**

Shahinur Akter: shahinur.akter.2712@gmail.com

Yohei Migiyama: you.myama@gmail.com

35 Hiroyasu Tsutsuki: tsutsuki@kumamoto-u.ac.jp  
 36 Katsuhiko Ono: onokat@kumamoto-u.ac.jp  
 37 Chika Hamasaki: 204d5109@st.kumamoto-u.ac.jp  
 38 Tianli Zhang: zhangtianli220@hotmail.com  
 39 Kenki Miyao: gunslingerkenki0613@ezweb.ne.jp  
 40 Touya Toyomoto: kuma.toyomoto@gmail.com  
 41 Keiichi Yamamoto: keiichiyamamoto@kuh.kumamoto-u.ac.jp  
 42 Waliul Islam: bcmb.waliul@gmail.com  
 43 Takuro Sakagami: stakuro@kumamoto-u.ac.jp  
 44 Hirotaka Matsui: hmatsui@kumamoto-u.ac.jp  
 45 Yoshihiro Yamaguchi: yyamagu@gpo.kumamoto-u.ac.jp  
 46 Tomohiro Sawa: sawat@kumamoto-u.ac.jp

47

## 48 **FUNDING INFORMATION**

49 The Association for Research on Lactic Acid Bacteria (To.S.), The Kumamoto  
 50 University Mebae Research Grant (K.O.).

51

## 52 **ACKNOWLEDGMENTS**

53 We thank J.B. Gandy for her editing of the manuscript. This work was supported in part  
 54 by a research grant from the Association for Research on Lactic Acid Bacteria to To. S,  
 55 and from Kumamoto University Mebae Research Grant to K.O.

56

## 57 **CONFLICT OF INTERET**

58 The authors declare that there is no conflict of interests.

59

60 **Abbreviations:** Ac-Amox, acetylated Amox; Amox, amoxicillin ; DTPA,  
 61 diethylenetriaminepentaacetic acid; DTPA-Amox, DTPA-modified amoxicillin; DTPA-  
 62 [Amox]<sub>2</sub>, DTPA-modified amoxicillin dimer; HPLC, high-performance liquid  
 63 chromatography; LB medium, Luria-Bertani medium; LC, liquid chromatography; MA-  
 64 Amox, maleated Amox; MIC, minimal inhibitory concentration; MS, mass  
 65 spectrometry; MS/MS, tandem mass spectrometry; MTT, 3-[4,5-dimethylthiazol-2-yl]-



66 2,5-diphenyltetrazolium bromide; PBPs, penicillin-binding proteins; PBS, phosphate-  
67 buffered saline; SA-Amox, succinylated Amox

68

69 Data Availability Statement

70 Waliul Islam was added as a new co-author.

71

**Abstract**

*Pseudomonas aeruginosa* is a Gram-negative opportunistic pathogen that presents a serious risk to immunosuppressed individuals and other extremely vulnerable patients such as those in intensive care units. The emergence of multidrug-resistant *Pseudomonas* strains has increased the need for new antipseudomonal agents. In this study, we synthesized a series of amino group-modified aminopenicillin derivatives that have different numbers of carboxyl groups and structurally resemble carboxypenicillin-ureidopenicillin hybrids, and we evaluated their antipseudomonal activities. Among the derivatives synthesized, diethylenetriaminepentaacetic acid (DTPA)-modified amoxicillin (DTPA-Amox) showed potent antipseudomonal activity not only against the laboratory strain PAO1 but also against clinically isolated *Pseudomonas* strains that were resistant to piperacillin and carbenicillin. DTPA-Amox had no obvious cytotoxic effects on cultured mammalian cells. In addition, in an *in vivo* model of leukopenia, DTPA-Amox treatment produced a moderate but statistically significant improvement in survival of mice with *P. aeruginosa* strain PAO1 infection. These data suggest that polycarboxylation by DTPA conjugation is an effective approach to enhance antipseudomonal activity of aminopenicillins.

**KEYWORDS**

Antibiotics, drug resistance, *Pseudomonas aeruginosa*, aminopenicillin, amoxicillin

## 94 1 INTRODUCTION

95 The rod-shaped Gram-negative bacterium *Pseudomonas aeruginosa* is a common cause  
96 of nosocomial infections [1]. Although this bacterial agent does not usually affect  
97 healthy people, it can multiply in any area of the body that has enough humidity to  
98 allow colonization [2]. For example, this pathogen is the dominant cause of life-  
99 threatening chronic lung infections in patients with cystic fibrosis [3, 4]. As an  
100 disturbing statistic, multidrug-resistant strains were found in about 13% of these cases,  
101 and pan-drug-resistant specimens that cannot be treated with any available  
102 antipseudomonal antibiotics have been increasingly reported in clinical settings [5, 6].  
103 Antimicrobial resistance has resulted in seriously limited treatment possibilities for *P.*  
104 *aeruginosa* infections, thereby leading to a critical situation because of the 51,000  
105 deadly healthcare infections per year in the United States [7–9]. The consequence is an  
106 urgent need to develop novel agents with effective antipseudomonal activity [10].

107 Various semisynthetic penicillin antibiotics have been designed and their  
108 antibacterial activities against *P. aeruginosa* have been investigated. Carbenicillin (Fig  
109 1) is the first semisynthetic  $\beta$ -lactam antibiotic that showed clinically useful activity  
110 against *P. aeruginosa* [11, 12]. The importance of the carboxyl group in the 6-acyl  
111 moiety for antipseudomonal activity was proved by establishing the potent  
112 antipseudomonal activity of ticarcillin, which is another carboxypenicillin [13].  
113 However, to our best knowledge, the effects of the location and/or the numbers of  
114 carboxylic acid moieties attached to penicillin were not fully elucidated. Piperacillin  
115 (Fig 1) is another semisynthetic  $\beta$ -lactam antibiotic with effective antipseudomonal  
116 activity [14]. Piperacillin is a member of the ureidopenicillin family—mostly ampicillin  
117 derivatives in which the amino group side chain is modified to create various cyclic

ureas [15]. Ureidopenicillin-like derivatives with an amino group side chain modification of ampicillin derivatives have reportedly demonstrated antipseudomonal activity [16-18].

In this study, we synthesized a series of amino group-modified aminopenicillin derivatives that have different numbers of carboxyl groups and that structurally resemble carboxypenicillin-ureidopenicillin hybrids (Figs 1 and 2), and we investigated their antipseudomonal activities. Among the aminopenicillin derivatives that we synthesized, diethylenetriaminepentaacetic acid (DTPA)-modified amoxicillin (DTPA-Amox) had potent antipseudomonal activity that was comparable to the activity of piperacillin against *P. aeruginosa* strain PAO1. Also, DTPA-Amox showed antibacterial activity against certain clinical isolates of *P. aeruginosa* that were resistant to piperacillin and carbenicillin. Our data suggest that polycarboxylation by DTPA conjugation is an effective approach to provide aminopenicillins with antipseudomonal activity. Thorough understanding of the mechanisms involved in polycarboxylation-induced enhancement of such antipseudomonal activity is necessary for the development of highly effective antipseudomonal agents.

## 2 MATERIALS AND METHODS

### 2.1 Bacterial strains, culture media, and chemicals

*P. aeruginosa* strain PAO1 was obtained from the National Institute of Technology and Evaluation (Tokyo, Japan). Clinical isolates of *P. aeruginosa* strains NM-1 to NM-5 were a kind gift from Prof. Katsunori Yanagihara (Nagasaki University Hospital); strains MR-1 to MR-16 were from Dr. Koichi Tanimoto (Gunma University); and strains 808-1 and 808-2 were obtained from Kumamoto University Hospital.



142 *Escherichia coli* BW25113 was from the National Institute of Genetics (Shizuoka,  
143 Japan). *Acinetobacter baumannii* (JCM 6841) was from RIKEN BioResource Research  
144 Center (Ibaraki, Japan). *Staphylococcus aureus* was purchased from the American Type  
145 Culture Collection (Manassas, VA). All other Gram-negative (*i.e.*, *Serratia marcescens*,  
146 *Klebsiella pneumoniae*, *Salmonella typhimurium*, *Proteus mirabilis*) and Gram-positive  
147 (*i.e.*, *Bacillus subtilis*, *Streptococcus mitis*) strains used in this study were from our  
148 laboratory stock. All bacteria except *B. subtilis* were grown in Luria-Bertani (LB)  
149 medium (1% NaCl [Nacalai Tesque, Kyoto, Japan], 1% peptone [Nihon Seiyaku,  
150 Tokyo, Japan], and 0.5% yeast extract [Oriental Yeast Co., Ltd., Tokyo, Japan]) and on  
151 LB agar plates (1.5% agar [Nissui Pharmaceutical Co., Ltd, Tokyo, Japan]). *B. subtilis*  
152 organisms were grown in brain-heart infusion (Becton Dickinson and Company,  
153 Franklin Lakes, NJ, USA). All strains were stored at  $-80^{\circ}\text{C}$  in glycerol stock until  
154 thawed for use. Ampicillin, amoxicillin, carbenicillin, and tazobactam were purchased  
155 from FUJIFILM Wako Pure Chemical Corporation Ltd (Osaka, Japan); piperacillin was  
156 from Tokyo Chemical Industry Co., Ltd (Tokyo, Japan); and DTPA anhydride was  
157 from Dojindo Laboratories (Kumamoto, Japan). For the carboxypeptidase assay,  $N^{\alpha},N^{\epsilon}$ -  
158 diacetyl-Lys-D-Ala-D-Ala synthetic peptide (Sigma-Aldrich, St. Louis, MO, USA) was  
159 used as a substrate, and formic acid (FUJIFILM Wako Pure Chemical Corporation Ltd)  
160 was used to stop the reaction. For high-performance liquid chromatography (HPLC),  
161 liquid chromatography-mass spectrometry (LC-MS), and liquid chromatography-  
162 tandem mass spectrometry (LC-MS/MS) analyses, formic acid and acetonitrile (Kanto  
163 Chemical Co., Inc., Tokyo, Japan) were used as the mobile phases.

164

165 **2.2 Syntheses of amoxicillin derivatives**

Amoxicillin derivatives were synthesized by reacting amoxicillin with acid anhydrides in aqueous medium: 20 mM amoxicillin was reacted with 20 mM acid anhydrides in 100 mM sodium bicarbonate buffer, pH 8.5 at 37°C for 60 min. The reaction mixtures were subjected to preparative HPLC for purification of the amoxicillin derivatives. Preparative HPLC was performed by using the Agilent 1260 Infinity series equipped with a photodiode array detector and an automated fraction collector (Agilent Technologies, Santa Clara, CA, USA). Samples (1 ml) were injected onto a YMC-Triart C18 Plus column (4.6 × 250 mm; YMC Co., Ltd., Kyoto, Japan) at 35°C. Mobile phases A (H<sub>2</sub>O + 0.1% formic acid) and B (acetonitrile) were used with a linear gradient of 0.2% B to 40% B for 22 min, with the gradient maintained at 40% B for 1 min, after which the gradient was decreased to 0.2% B in 1 min, *i.e.*, at a flow rate of 0.8 ml/min. Amoxicillin derivatives were detected at 254 nm. Formation of amoxicillin derivatives was confirmed by means of MS as described below. Peaks corresponding to amoxicillin derivatives were collected by using a fraction collector, and the fractions were subjected to lyophilization.

### 2.3 LC-MS and LC-MS/MS

Amoxicillin derivatives and cleaved peptides derived from the DacC reaction were analyzed by means of LC-electrospray ionization-MS with the Agilent 6460 Triple Quadrupole LC/MS system (Agilent Technologies). LC conditions used were as follows: column, YMC-Triart C18 Plus column (2.1 × 50 mm) (YMC Co.) for amoxicillin derivatives, YMC-Triart C18 Plus column (2.1 × 150 mm) (YMC Co.) for cleaved peptides; column temperature, 45°C; injection volume, 1 µl; mobile phases: A, H<sub>2</sub>O + 0.1% formic acid, and B, acetonitrile; gradient (B concentration), for amoxicillin

derivatives: 0 min – 1%, 10 min – 80%, 10.1 min – 1%, 15 min – 1%; for cleaved peptides: 0 min – 0.2%, 2 min – 0.2%, 10 min – 50%, 10.1 min – 0.2%, 15 min – 0.2%; flow rate, 0.2 ml/min. General conditions used for electrospray ionization-MS were as follows: nebulizer gas, nitrogen delivered at 50 psi; nebulizer gas temperature, 250°C; capillary voltage, 3500 V; collision gas, G1 grade nitrogen (Taiyo Nippon Sanso Corp., Tokyo, Japan). Multiple reaction monitoring was used to quantify the analyses. The multiple reaction monitoring parameters used for cleaved peptides were as follows: precursor ion, 302  $m/z$ ; product ion, 213  $m/z$ ; fragmentor voltage, 90 V; collision energy, 9 eV; polarity, positive.

## 2.4 Infrared (IR) spectrometry

Before measurement, all samples were kept in desiccator for 24 h with silica gel to absorb the moisture. About 2 mg of samples (DTPA, amoxicillin, or DTPA-Amox in powder) were placed on the small eyelet of IR spectrometer chamber (JASCO FT/IR-67100, Jasco Corp., Tokyo, Japan). Then, FT-IR spectroscopy was performed with attenuated total reflectance (ATR) at room temperature. The spectra were monitored from wave number range of 4000 to 500  $\text{cm}^{-1}$ .

## 2.5 Growth inhibition assay

Bacterial strains were cultured overnight at 37°C in specified testing media. The overnight cultures were then diluted 1000-fold into fresh media supplemented with 20 mM sodium phosphate buffer (pH 7.4) (FUJIFILM Wako Pure Chemical Corporation Ltd) to maintain the stability of DTPA-Amox. Diluted bacterial suspensions were plated in a 96-well flat bottom microplate (0.1 ml/well) and were treated with various



concentrations of  $\beta$ -lactam antibiotics in the presence or absence of 200  $\mu$ M tazobactam. After overnight incubation at 37°C, bacterial growth was determined by measuring the optical density at 655 nm with a microplate reader (Bio-Rad, Hercules, CA, USA). The minimal inhibitory concentration (MIC) was determined when the absorbance of the wells were 0.035, that was identical to empty well.

## 2.6 Preparation of recombinant DacC

*E. coli* genomic DNA corresponding to *dacC* was obtained by using polymerase chain reaction and the primers *SphI-dacC-F* (GGGGCATGC GCGGAACAAACCGTTGAAGC GCCGA) and *HindIII-dacC-R* (GGGAAGCTT TCATCCGCCCTCTTCCACATTTT CCATCAC). The amplified DNA fragment was cloned into the corresponding site of pQE80L (Qiagen, Hilden, Germany) (pQE-dacC), and BL21(DE3)pLysS was transformed with pQE-dacC, which expressed *N*-terminal His-tagged DacC. DacC was purified via the same protocol for purification of cysteine synthase as reported previously [19]. The purified DacC concentration was measured by means of the Bradford method (Nacalai Tesque), and the protein purity was determined by using 10% sodium dodecyl sulfate-polyacrylamide gel electrophoresis.

## 2.7 Carboxypeptidase assay

Carboxypeptidase assays were carried out with the *N* <sup>$\alpha$</sup> ,*N* <sup>$\epsilon$</sup> -diacetyl-Lys-D-Ala-D-Ala peptide (substrate peptide) (Sigma-Aldrich) as a substrate [20]. The substrate peptide (final concentration, 100  $\mu$ M) was reacted with 0.03  $\mu$ g/ml purified His-tagged DacC in 50 mM Tris-HCl, pH 8.5, in the presence or absence of  $\beta$ -lactam compounds at 37°C for 30 min. Formic acid (final concentration, 0.1%) was added to the reaction mixtures to

terminate the carboxypeptidase reactions.  $N^{\alpha},N^{\epsilon}$ -Diacetyl-Lys-D-Ala peptide (cleaved peptide) was measured and quantified by means of LC-MS/MS analysis as described above.

## 2.8 Antimicrobial susceptibility test

The MIC of clinical isolates of *P. aeruginosa* was determined by a broth microdilution assay, according to Clinical and Laboratory Standard Institute (CLSI) reference methods [21]. Antimicrobial susceptibility test of each strain was performed by means of ready-made dry plates (DP-45) (Eiken Chemical Co., Tokyo, Japan). Plates contained 22 antimicrobial agents, including piperacillin (PIPC), tazobactam (TAZ)/PIPC, cefepime (CFPM), ceftazidime (CAZ), CAZ/Dipicolinic acid (DPA), cefozopran (CZOP), gentamicin (GM), minocycline (MINO), doripenem (DRPM), amikacin (AMK), levofloxacin (LVFX), aztreonam (AZT), imipenem (IPM), IPM/DPA, meropenem (MEPM), MEPM/DPA, colistin (CL), tobramycin (TOB), ciprofloxacin (CPFX), sulfamethoxazole/trimethoprim (ST), sulbactam (S)/cefoperazone (C), and fosfomycin (FOM). The bacterial cultures were adjusted with saline to a density equivalent to 1.0 McFarland standard and 25  $\mu$ L of the suspensions were added into 12 mL of Mueller Hinton Broth (Becton Dickinson and Company). One hundred microliters of the inoculum were added to each well (approximately  $5 \times 10^4$  CFU/well). Plates were incubated for 18 h at 37°C and examined by visual observation.

## 2.9 Cytotoxicity assay

Human cervical cancer HeLa cells and mouse colon carcinoma C26 cells were cultured in Dulbecco's Modified Eagle's Medium (FUJIFILM Wako Pure Chemical Corporation

Ltd) supplemented with 10% heat-inactivated fetal bovine serum (MP Biomedicals) and 1% penicillin-streptomycin (Nacalai Tesque) in a 5% CO<sub>2</sub> humidified incubator at 37°C. Cells were plated in 96-well plates at a density of  $1.3 \times 10^4$  cells/well and were allowed to grow overnight. Cells were then treated with DTPA-Amox (0–400 µM) overnight at 37°C. Cell viability was determined by means of the 3-[4,5-dimethylthiazol-2-yl]-2,5-diphenyltetrazolium bromide (MTT) assay, which is based on the mitochondrial reduction of MTT to formazan, according to the manufacturer's instructions (Dojindo Laboratories). Absorbance at 570 nm was measured by using a microplate reader (Bio-Rad).

## **2.10 Therapeutic effect of DTPA-Amox against *P. aeruginosa* infection in a leukopenic mouse model**

Four-week-old male ddY mice each weighing 18–22 g were purchased from Japan SLC Inc. (Shizuoka, Japan) and were housed at the Center for Animal Resources and Development, Kumamoto University. All personnel involved with the animal study received the educational training lectures from the Animal Care and Use Committee in Kumamoto University. All procedures were approved by the Kumamoto University Ethics Review Committee for Animal Experimentation and were performed to minimize the number of animals used and their suffering. The specific criteria (i.e. convulsions, coma or acute body-weight loss of 20%) were defined in the present experimental protocol as humane endpoints to determine whether animals should be euthanized. Leukopenia was induced by means of an intraperitoneal injection of 250 mg/kg cyclophosphamide (Sigma-Aldrich) at 4 days before the bacterial infection, according to previous literature [21]. Food intake was stopped 1 day before infection



and was allowed to resume 1 h after infection. Leukopenic mice received an intraperitoneal inoculum of *P. aeruginosa* strain PAO1: 0.1 ml ( $5 \times 10^5$  CFU). At 10 and 60 min after infection, mice received intraperitoneal injections of 0.1 ml (20 or 50 mg/kg) of DTPA-Amox. The survival rate of the mice was monitored for 72 hours after the bacterial infection at every 2-h interval. However, 23 of 26 mice died before induction of apparent symptoms as the criteria for euthanasia. Survival curves were constructed by using the Kaplan-Meier method, and statistical significance was analyzed via the log-rank (Mantel-Cox) test with GraphPad Prism 7.0 (GraphPad Software, La Jolla, CA, USA).

### 3 RESULTS

#### 3.1 Syntheses of amino group-modified amoxicillin derivatives

We synthesized a series of amoxicillin derivatives by reacting amoxicillin with acid anhydrides in aqueous media. Fig 2 provides the chemical structures of the derivatives obtained in this study. Purities and identities of the derivatives were confirmed by means of HPLC and MS (S1–7 Fig). Because DTPA anhydride possesses two anhydride moieties, reaction of amoxicillin with DTPA anhydride resulted in the formation of DTPA-Amox and DTPA-[Amox]<sub>2</sub> (Fig 3A). DTPA-Amox and DTPA-[Amox]<sub>2</sub> were purified from the crude reaction mixture by using reverse-phase HPLC, which resulted in a single peak with a purity higher than 98% (Fig 3B-D; S7 Fig). The yields of amoxicillin derivatives on the basis of amoxicillin were determined to be 94%, 91%, 88%, 65%, and 41%, for Ac-Amox, SA-Amox, MA-Amox, GA-Amox, TML-Amox, and DTPA-Amox, respectively.

As shown in S8 Fig, the strong absorption peak that assigned to the  $>C=O$  stretching of  $\beta$ -lactam ring at  $1776\text{ cm}^{-1}$ , aromatic ring ( $C=C$ ,  $1616\text{ cm}^{-1}$ ), and  $>C=O$  stretching of  $-COOH$  group at  $1582\text{ cm}^{-1}$ , all corresponded to amoxicillin were identified [23]. The DTPA-Amox showed a strong and broad absorption spectrum at  $1500\text{--}1700\text{ cm}^{-1}$  which indicate the clear evidence of amide bond between DTPA and Amoxicillin. Moreover, the  $>C=O$  stretching of  $\beta$ -lactam ring was identified in DTPA-Amox conjugate that suggest the stable  $\beta$ -lactam ring in the conjugate. These data further support the conjugation of DTPA on amino group of amoxicillin to form amide bond.

We found that pH greatly affected the stability of DTPA-Amox in aqueous media (S9 Fig). DTPA-Amox decomposed spontaneously during incubation at  $37^\circ\text{C}$  when it was dissolved in  $\text{H}_2\text{O}$  or  $0.1\%$  formic acid (S9 Fig). DTPA-Amox was stable, however, during incubation in sodium phosphate buffer with a pH of 7.4. As an important finding, we observed enhanced antibacterial activity of DTPA-Amox when the pH of the LB medium was adjusted to 7.4 with sodium phosphate buffer compared with LB medium without the pH adjustment (S9 Fig). Therefore, additional studies were conducted with LB medium at pH 7.4, adjusted by using the sodium phosphate buffer.

### 3.2 Antipseudomonal activities of amino group-modified amoxicillin derivatives

Piperacillin and carbenicillin were used as representative semisynthetic antipseudomonal  $\beta$ -lactams. Piperacillin showed potent antibacterial activity against the *P. aeruginosa* strain PAO1 even in the absence of tazobactam (Fig 4). Carbenicillin, however, completely suppressed PAO1 strain growth in the presence of tazobactam, whereas carbenicillin alone incompletely inhibited bacterial growth.

Consistent with previous reports [24], native amoxicillin failed to inhibit the growth of PAO1 (Fig. 4) but in the presence of tazobactam, native amoxicillin dose-dependently inhibited PAO1 strain growth, with complete inhibition at 200  $\mu$ M. An interesting finding is that all amoxicillin derivatives synthesized in this study showed stronger antipseudomonal activities compared with native amoxicillin both in the absence and presence of tazobactam. Among the derivatives, maleated Amox (MA-Amox) and DTPA-Amox demonstrated the most potent inhibition of the growth of PAO1 in the absence of tazobactam (Fig 4). Anti-pseudomonal activity of DTPA-Amox in the presence of tazobactam was determined on the basis of MIC, and found to be one-half and equivalent to those of existing anti-pseudomonal agents piperacillin and carbenicillin, respectively, against *P. aeruginosa* PAO1. DTPA alone demonstrated no antipseudomonal activity with or without tazobactam. In addition, a 1:1 mixture of free DTPA and native amoxicillin showed similar effects on PAO1 growth as that found for native amoxicillin. These data suggest that direct conjugation of DTPA to the amino group of amoxicillin is necessary for the enhancement of the antipseudomonal activity that was observed for DTPA-Amox. Similar to DTPA-Amox, DTPA-conjugated ampicillin showed superior antipseudomonal activity compared with parental ampicillin (S10 Fig). The antibacterial effects of DTPA-[Amox]<sub>2</sub> against *P. aeruginosa* (Fig. 4) and other Gram-negative rods such as *E. coli* and *S. typhimurium* (data not shown), however, were weaker than those of DTPA-Amox. Therefore, we used DTPA-Amox the next experiments.

We then studied the antibacterial activities of amoxicillin derivatives against clinical isolates of *P. aeruginosa*. As shown in Supplementary Table 1, almost all clinical isolates showed resistance against all types of antimicrobials including



carbapenems, cepheids, aminoglycosides, fosfomycin, tetracycline, and others. Carbapenem and cepheid sensitivities were markedly recovered in the presence of dipicolinic acid, a metallo- $\beta$ -lactamase (MBL) inhibitor, indicating that clinical isolates used in this study expressed MBLs. Fig 5 illustrates the effects of amoxicillin derivatives synthesized in this study against clinical isolate MR13 as a representative data. The growth of the clinical isolate MR13 was inhibited when 200  $\mu$ M piperacillin was added in the absence or presence of tazobactam. This result suggests that the clinical isolate MR13 was more resistant than the PAO1 strain to piperacillin treatment. MR13 was completely resistant to carbenicillin, succinylated Amox (SA-Amox), acetylated Amox (Ac-Amox), and MA-Amox even in the presence of tazobactam. In contrast, DTPA-Amox alone showed potent antibacterial activity against MR13. Table 1 summarizes the sensitivities of *P. aeruginosa* clinical isolates to piperacillin or DTPA-Amox in the absence and presence of tazobactam. In the absence of tazobactam, 16 of 23 strains were resistant to both piperacillin and DTPA-Amox. Addition of tazobactam potentiated the antipseudomonal activities of piperacillin and DTPA-Amox against clinical isolates, although 9 isolates, as indicated by shaded cells in Table 1, were resistant to piperacillin (minimum inhibitory concentration,  $>200$   $\mu$ M). DTPA-Amox showed superior antibacterial activities compared with piperacillin against those clinical isolates (Table 1). These data suggest that polycarboxylation that was achieved by DTPA conjugation to aminopenicillins can enhance antipseudomonal activity, especially for treatment of clinically isolated *P. aeruginosa* strains that were resistant to piperacillin. It is also important to note that DTPA-Amox itself showed effective bacterial killing against some clinical isolates such as NM4, NM5, and MR13. These



data may suggest that DTPA-Amox may be resistance against MBL-dependent degradation. Further study is needed to clarify this point.

### 3.3 Inhibition of penicillin-binding proteins by DTPA-Amox

The antibacterial mode of action of  $\beta$ -lactams relies on the ability of these agents to inhibit penicillin-binding proteins (PBPs). We studied the effects of DTPA conjugation to amoxicillin on the inhibition of PBPs. DacC (PBP6) cloned from *E. coli* (Ec-PBP6) was used as a model enzyme (S11 Fig). Enzyme activity was determined from the carboxypeptidase reaction that was monitored by detecting cleavage of the synthetic peptidyl substrate containing the D-Ala-D-Ala moiety (Fig 6A) [20]. The cleaved peptide formed from the reaction was detected and quantitated by means of MS/MS (Fig 6B). Addition of DTPA-Amox or native amoxicillin markedly inhibited the formation of the cleaved peptide released during the reaction (Fig 6C). A dose-response study suggested that DTPA-Amox can inhibit DacC to almost the same extent as native amoxicillin (Fig 6D).  $IC_{50}$  values were determined from the plotted figure to be 1.8 and 2.5  $\mu$ M for amoxicillin and DTPA-Amox, respectively. DTPA alone, however, did not affect the reaction (Fig 6D). These data suggest that DTPA-Amox can inhibit the carboxypeptidase PBP activity, which may be attributed to the antipseudomonal activity of DTPA-Amox.

### 3.4 Antibacterial spectrum of DTPA-Amox

We then used Gram-negative and Gram-positive bacteria to investigate the effects of DTPA conjugation to amoxicillin on the antibacterial spectrum. As Fig. 7 illustrates, the effects of DTPA conjugation to amoxicillin differed depending on the bacteria. DTPA-

amoxicillin conjugation weakened the antibacterial activity against certain Gram-negative rods including *E. coli*, *S. marcescens*, *P. mirabilis*, and *S. typhimurium*. Antibacterial activities against *K. pneumoniae*, *A. baumannii*, and *S. aureus* were not affected by DTPA conjugation. DTPA conjugation slightly enhanced the antibacterial effects against *B. subtilis* and *S. mitis*.

### 3.5 Effects of DTPA-Amox on mammalian cell viability

We evaluated the cytotoxicity of DTPA-Amox to mammalian cells *in vitro*. Two mammalian cell lines—human cervical cancer HeLa cells and mouse colon carcinoma C26 cells—were treated overnight with DTPA-Amox, and cell viability was determined by means of the MTT assay. As seen in Fig. 8, DTPA-Amox treatment did not have significant cytotoxic effects on these cells at concentrations up to 400  $\mu$ M. As noted earlier, DTPA-Amox potently suppressed *P. aeruginosa* growth at concentrations less than 200  $\mu$ M (Figs 4 and 5 and Table 1), which indicates that DTPA can be used to treat *P. aeruginosa* infections of mammalian cells.

### 3.6 Therapeutic effects of DTPA-Amox on *P. aeruginosa* infection in a mouse model of leukopenia

Immunocompromised patients, including cancer patients, are highly susceptible to bacterial infections caused by antibiotic-resistant Gram-negative bacteria such as *P. aeruginosa* [25–28]. The DNA-alkylating agent cyclophosphamide-induced leukopenic mouse has been used as an immunosuppressed host model for *in vivo* infection with *P. aeruginosa* [22]. To develop the *in vivo* model for DTPA-Amox chemotherapy, we treated ddY mice with an intraperitoneal injection of cyclophosphamide (250 mg/kg) 4

days before infection, as Fig 9A shows. We injected the PAO1 strain intraperitoneally into this leukopenic model and monitored the survival rate. To determine whether DTPA-Amox treatment was effective *in vivo*, mice were given DTPA-Amox (20 or 50 mg/kg) at 10 and 60 min after the bacterial challenge. In the present experimental setting, all mice in the phosphate-buffered saline (PBS) control group died within 32 hours after the intraperitoneal PAO1 infection (Fig 9B). Although DTPA-Amox treatment at 20 mg/kg tended to prolong the survival rate, no statistically significant difference in survival rate was found compared with the control group ( $p = 0.7141$ ). In the group given the 50 mg/kg DTPA-Amox treatment, the survival rate was moderately but significantly improved (Fig 9B,  $p = 0.0395$  versus the PAO1 + PBS group). Three of nine mice seemed to be cured by this treatment protocol at the end of experiment (72 hours), by which time they manifested fine coats and no apparent symptoms such as shivering and convulsions. Our *in vivo* experiment indicated that DTPA-Amox produced antipseudomonal activity *in vivo* and protected mice from the PAO1 infection. This finding suggests a therapeutic potential of DTPA-Amox against *P. aeruginosa* infection in immunocompromised patients.

#### 4 DISCUSSION

Treatment of ampicillin and amoxicillin with acetic anhydride in slightly alkaline media at room temperature has reportedly led to complete and instantaneous acetylation of their amino groups [29–31]. This reaction is utilized to acetylate aminopenicillins before imidazole- or 1,2,4-triazole-mercury(II) chloride-mediated derivatization of these antibiotics for spectrophotometric determination [29–31]. In this study, we used a series of acid anhydrides to modify the amino group of amoxicillin. Similar to acetic



anhydride, acid anhydrides used here readily reacted with amoxicillin in a stoichiometric manner to form corresponding amino group-modified amoxicillin derivatives (Fig 2). In the reaction of DTPA anhydride with amoxicillin, both DTPA-Amox and DTPA-modified amoxicillin dimer (DTPA-[Amox]<sub>2</sub>) were formed (Fig 3A). Because DTPA-[Amox]<sub>2</sub> exhibited very weak antibacterial activity compared with DTPA-Amox, we studied the antibacterial actions of DTPA-Amox in greater detail here. DTPA monoanhydride is currently not commercially available; hence, development of a synthetic method to generate DTPA monoanhydride may facilitate large-scale production of DTPA-Amox.

To our knowledge, this report is the first to demonstrate that introduction of carboxyl groups into aminopenicillins through amino group modifications via acid anhydrides markedly improved antipseudomonal activity. Our data are consistent with previous findings that amino group modifications of aminopenicillins enhanced antipseudomonal activity [14, 16, 18, 32–35]. A noteworthy finding is that among the derivatives synthesized in this study, DTPA-Amox had potent antipseudomonal activity against clinical isolates of *P. aeruginosa* that were resistant to piperacillin and carbenicillin (Fig 5, Table 1).

*P. aeruginosa* is an opportunistic human pathogen associated with an ever-widening array of life-threatening acute and chronic infections, including ventilator-associated pneumonia, urinary tract infections, bone and joint infections, bacteremia, systemic infections, and infections associated with cystic fibrosis, otitis externa, and burn and wound injuries [6, 36–38]. Nosocomial infections caused by *P. aeruginosa* have become a healthcare concern, mainly because of the high level of resistance to several antibiotics [39]. *P. aeruginosa* can develop resistance—a combination of

intrinsic, acquired, and/or adaptive resistance—to a wide range of antibiotics [6, 36–38].

The inducible expression of AmpC, a  $\beta$ -lactamase that degrades and inactivates  $\beta$ -

lactam antibiotics, is involved in the intrinsic resistance of *P. aeruginosa* to

aminopenicillins and cephalosporins, because these molecules induce the expression of

this  $\beta$ -lactamase [41]. Consistent with previous reports, the *P. aeruginosa* strain PAO1

used here was resistant to ampicillin and amoxicillin (Fig 4 and S9 Fig). Addition of the

$\beta$ -lactamase inhibitor tazobactam at high concentration (200  $\mu$ M; 60  $\mu$ g/ml) moderately

enhanced the antipseudomonal actions of those aminopenicillins, which suggests that  $\beta$ -

lactamase (i.e., AmpC)-mediated inactivation may function, at least in part, in the

resistance of *P. aeruginosa* to those aminopenicillins under the current experimental

conditions. In contrast to aminopenicillins, piperacillin was found to possess low AmpC

inducer activity [40]. As a consistent result, the antipseudomonal activity of piperacillin

was apparently not affected by the addition of tazobactam. We also found that the

antipseudomonal activities of MA-Amox and DTPA-Amox were not affected by the

addition of tazobactam (Fig 4). This finding may suggest that MA and DTPA

modifications weaken the AmpC inducer activity of aminopenicillins, similar to actions

of piperacillin and other amino group-modified aminopenicillins such as apalcillin [42].

Carbenicillin was classified as having intermediate inducer activity [42]. We observed a

moderate enhancing effect of tazobactam on antipseudomonal activities of carbenicillin

and SA-Amox (Fig 4), which suggests that SA-Amox may behave as an intermediate

AmpC inducer.

Although both carbenicillin and piperacillin show potent antipseudomonal

activity, the antibacterial effects on other Gram-negative bacteria differ from each other.

For example, piperacillin had antibacterial activity against *Klebsiella* and *Serratia*

species, whereas carbenicillin was ineffective [14, 43]. In this study, we found that DTPA conjugation markedly enhanced the antipseudomonal activity of aminopenicillins. However, DTPA-Amox showed no antibacterial activity against *S. marcescens* and *K. pneumonia* (Fig 7). Also as an important result, we found that DTPA-Amox had antibacterial activity against certain clinical isolates of *P. aeruginosa* that were resistant to piperacillin and carbenicillin (Fig 5, Table 1). These observations suggest that DTPA conjugation can provide unique antipseudomonal activity not simply because of amino group modifications or the introduction of a carboxyl group.

Patients who become neutropenic as the result of either underlying malignancy or treatment with immunosuppressive agents are highly prone to *P. aeruginosa* infections [25–28]. To study the therapeutic effects of DTPA-Amox on such disease conditions, we used a cyclophosphamide-induced mouse model of leukopenia [22, 44]. Challenge of these leukopenic mice by intraperitoneal *P. aeruginosa* injections have reportedly caused sepsis because of an acute systemic infection, which led to the death of mice within 1–3 days after infection [22, 45, 46]. Under the current experimental conditions, all untreated mice died within 32 hours after infection (Fig 9). Statistically significant protection was observed when mice were treated with DTPA-Amox at a dose of 50 mg/kg (Fig 9). Although this finding suggests the therapeutic potential of DTPA-Amox, additional studies are needed to develop more successful treatments, and to determine the effects of administration routes, dosages, and combinations with other type of antibiotics.

In summary, we demonstrated that polycarboxylation of aminopenicillins can be achieved by reacting the amino groups of the aminopenicillins with acid anhydrides. We found that DTPA conjugation effectively produced potent antipseudomonal activity for



aminopenicillin-based  $\beta$ -lactams. It is noteworthy that DTPA-Amox was found to possess antibacterial effects against *P. aeruginosa* clinical isolates that were resistant against almost all types of antimicrobial agents. The different sensitivities observed for piperacillin and DTPA-Amox for clinical isolates of *P. aeruginosa* warrant continued investigation of the mechanisms involved in the enhancement of antipseudomonal activity by polycarboxylation.

## REFERENCES

1. Aloush V, Navon-Venezia S, Seigman-Igra Y, Cabili S, Carmeli Y. Multidrug-resistant *Pseudomonas aeruginosa*: risk factors and clinical impact. *Antimicrob Agents Chemother*. 2006; 50(1):43-8. Epub 2005/12/27. doi: 10.1128/AAC.50.1.43-48.2006. PubMed PMID: 16377665; PubMed Central PMCID: PMC1346794.
2. Jolly AL, Takawira D, Oke OO, Whiteside SA, Chang SW, Wen ER, et al. *Pseudomonas aeruginosa*-induced bleb-niche formation in epithelial cells is independent of actinomyosin contraction and enhanced by loss of cystic fibrosis transmembrane-conductance regulator osmoregulatory function. *mBio*. 2015; 6(2):e02533. Epub 2015/02/26. doi: 10.1128/mBio.02533-14. PubMed PMID: 25714715; PubMed Central PMCID: PMC1346794.
3. Folkesson A, Jelsbak L, Yang L, Johansen HK, Ciofu O, Hoiby N, et al. Adaptation of *Pseudomonas aeruginosa* to the cystic fibrosis airway: an evolutionary perspective. *Nat Rev Microbiol*. 2012; 10(12):841-51. Epub 2012/11/14. doi: 10.1038/nrmicro2907. PubMed PMID: 23147702.
4. Lund-Palau H, Turnbull AR, Bush A, Bardin E, Cameron L, Soren O, et al. *Pseudomonas aeruginosa* infection in cystic fibrosis: pathophysiological mechanisms and therapeutic approaches. *Expert Rev Respir Med*. 2016; 10(6):685-97. Epub 2016/05/14. doi: 10.1080/17476348.2016.1177460. PubMed PMID: 27175979.
5. Bassetti M, Vena A, Russo A, Croxatto A, Calandra T, Guery B. Rational approach in the management of *Pseudomonas aeruginosa* infections. *Curr Opin Infect Dis*. 2018; 31(6):578-86. Epub 2018/10/10. doi: 10.1097/QCO.0000000000000505. PubMed PMID: 30299364.
6. Bassetti M, Vena A, Croxatto A, Righi E, Guery B. How to manage *Pseudomonas*



- 557 *aeruginosa* infections. *Drugs Context*. 2018; 7:212527. Epub 2018/06/07. doi:  
 558 10.7573/dic.212527. PubMed PMID: 29872449; PubMed Central PMCID:  
 559 PMCPMC5978525.
- 560 7. Fujii A, Seki M, Higashiguchi M, Tachibana I, Kumanogoh A, Tomono K.  
 561 Community-acquired, hospital-acquired, and healthcare-associated pneumonia  
 562 caused by *Pseudomonas aeruginosa*. *Respir Med Case Rep*. 2014; 12:30-3. Epub  
 563 2014/01/01. doi: 10.1016/j.rmcr.2014.03.002. PubMed PMID: 26029534; PubMed  
 564 Central PMCID: PMCPMC4061442.
- 565 8. Sligl WI, Dragan T, Smith SW. Nosocomial Gram-negative bacteremia in  
 566 intensive care: epidemiology, antimicrobial susceptibilities, and outcomes. *Int J*  
 567 *Infect Dis*. 2015; 37:129-34. Epub 2015/07/15. doi: 10.1016/j.ijid.2015.06.024.  
 568 PubMed PMID: 26159847.
- 569 9. Oncul O, Oksuz S, Acar A, Ulkur E, Turhan V, Uygur F, et al. Nosocomial  
 570 infection characteristics in a burn intensive care unit: analysis of an eleven-year  
 571 active surveillance. *Burns*. 2014; 40(5):835-41. Epub 2013/12/04. doi:  
 572 10.1016/j.burns.2013.11.003. PubMed PMID: 24296064.
- 573 10. Tummler B. Emerging therapies against infections with *Pseudomonas aeruginosa*.  
 574 *F1000Res*. 2019; 8. Epub 2019/08/27. doi: 10.12688/f1000research.19509.1.  
 575 PubMed PMID: 31448090; PubMed Central PMCID: PMCPMC6688719.
- 576 11. Rolinson GN, Sutherland R. Carbenicillin, a new semisynthetic penicillin active  
 577 against *Pseudomonas aeruginosa*. *Antimicrob Agents Chemother* (Bethesda).  
 578 1967; 7:609-13. Epub 1967/01/01. PubMed PMID: 4970205.
- 579 12. Rolinson GN. Forty years of beta-lactam research. *J Antimicrob Chemother*. 1998;  
 580 41(6):589-603. Epub 1998/08/01. doi: 10.1093/jac/41.6.589. PubMed PMID:  
 581 9687097.
- 582 13. Sutherland R, Burnett J, Rolinson GN.  $\alpha$ -Carboxy-3-thienylmethylpenicillin  
 583 (BRL 2288), a new semisynthetic penicillin: in vitro evaluation. *Antimicrob*  
 584 *Agents Chemother* (Bethesda). 1970; 10:390-5. Epub 1970/01/01. PubMed PMID:  
 585 5000263.
- 586 14. Fu KP, Neu HC. Piperacillin, a new penicillin active against many bacteria  
 587 resistant to other penicillins. *Antimicrob Agents Chemother*. 1978; 13(3):358-67.  
 588 Epub 1978/03/01. doi: 10.1128/aac.13.3.358. PubMed PMID: 122519; PubMed  
 589 Central PMCID: PMCPMC352246.
- 590 15. Fu KP, Neu HC. Azlocillin and mezlocillin: new ureido penicillins. *Antimicrob*  
 591 *Agents Chemother*. 1978; 13(6):930-8. Epub 1978/06/01. doi:  
 592 10.1128/aac.13.6.930. PubMed PMID: 677860; PubMed Central PMCID:  
 593 PMCPMC352365.

16. Ohi N, Aoki B, Shinozaki T, Moro K, Noto T, Nehashi T, et al. Semisynthetic beta-lactam antibiotics. I. Synthesis and antibacterial activity of new ureidopenicillin derivatives having catechol moieties. *J Antibiot (Tokyo)*. 1986; 39(2):230-41. Epub 1986/02/01. doi: 10.7164/antibiotics.39.230. PubMed PMID: 3082839.
17. Ohi N, Aoki B, Moro K, Kuroki T, Sugimura N, Noto T, et al. Semisynthetic beta-lactam antibiotics. II. Effect on antibacterial activity of ureido *N*-substituents in the 6-[(*R*)-2-[3-(3,4-dihydroxybenzoyl)-1-ureido]-2-phenylacetamido]penicillanic acids. *J Antibiot (Tokyo)*. 1986; 39(2):242-50. Epub 1986/02/01. doi: 10.7164/antibiotics.39.242. PubMed PMID: 3957789.
18. Cherian PT, Deshpande A, Cheramie MN, Bruhn DF, Hurdle JG, Lee RE. Design, synthesis and microbiological evaluation of ampicillin-tetramic acid hybrid antibiotics. *J Antibiot (Tokyo)*. 2017; 70(1):65-72. Epub 2016/05/18. doi: 10.1038/ja.2016.52. PubMed PMID: 27189120; PubMed Central PMCID: PMC5116011.
19. Ono K, Jung M, Zhang T, Tsutsuki H, Sezaki H, Ihara H, et al. Synthesis of L-cysteine derivatives containing stable sulfur isotopes and application of this synthesis to reactive sulfur metabolome. *Free Radic Biol Med*. 2017; 106:69-79. Epub 2017/02/13. doi: 10.1016/j.freeradbiomed.2017.02.023. PubMed PMID: 28189853.
20. Gutheil WG, Stefanova ME, Nicholas RA. Fluorescent coupled enzyme assays for D-alanine: application to penicillin-binding protein and vancomycin activity assays. *Anal Biochem*. 2000; 287(2):196-202. Epub 2000/12/09. doi: 10.1006/abio.2000.4835. PubMed PMID: 11112264.
21. Clinical and Laboratory Standards Institute. 2018. Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically; approved standard, 11th ed. CLSI document M07-A11. Clinical and Laboratory Standards Institute, Wayne, PA.
22. Kida Y, Shimizu T, Kuwano K. Cooperation between LepA and PlcH contributes to the in vivo virulence and growth of *Pseudomonas aeruginosa* in mice. *Infect Immun*. 2011; 79(1):211-9. Epub 2010/11/03. doi: 10.1128/IAI.01053-10. PubMed PMID: 21041488; PubMed Central PMCID: PMC3019895.
23. Bisson-Boutelliez C, Fontanay S, Finance C, Kedzierewicz F. Preparation and physicochemical characterization of amoxicillin beta-cyclodextrin complexes. *AAPS PharmSciTech*. 2010; 11: 574-81. Epub 2010/03/31. Doi: 10.1208/s12249-010-9412-1. PubMed Central PMCID: PMC2902304.
24. Handsfield HH, Clark H, Wallace JF, Holmes KK, Turck M. Amoxicillin, a new penicillin antibiotic. *Antimicrob Agents Chemother*. 1973; 3(2):262-5. Epub



1973/02/01. doi: 10.1128/aac.3.2.262. PubMed PMID: 4208282; PubMed Central PMCID: PMC444397.

25. Perez F, Adachi J, Bonomo RA. Antibiotic-resistant gram-negative bacterial infections in patients with cancer. Clin Infect Dis. 2014; 59 Suppl 5:S335-9. Epub 2014/10/30. doi: 10.1093/cid/ciu612. PubMed PMID: 25352627; PubMed Central PMCID: PMC4303050.

26. Migiyama Y, Yanagihara K, Kaku N, Harada Y, Yamada K, Nagaoka K, et al. *Pseudomonas aeruginosa* bacteremia among immunocompetent and immunocompromised patients: relation to initial antibiotic therapy and survival. Jpn J Infect Dis. 2016; 69(2):91-6. Epub 2015/06/16. doi: 10.7883/yoken.JJID.2014.573. PubMed PMID: 26073727.

27. Righi E, Peri AM, Harris PN, Wailan AM, Liborio M, Lane SW, et al. Global prevalence of carbapenem resistance in neutropenic patients and association with mortality and carbapenem use: systematic review and meta-analysis. J Antimicrob Chemother. 2017; 72(3):668-77. Epub 2016/12/22. doi: 10.1093/jac/dkw459. PubMed PMID: 27999023.

28. Hansen BA, Wendelbo O, Bruserud O, Hemsing AL, Mosevoll KA, Reikvam H. Febrile neutropenia in acute leukemia. Epidemiology, etiology, pathophysiology and treatment. Mediterr J Hematol Infect Dis. 2020; 12(1):e2020009. Epub 2020/01/15. doi: 10.4084/MJHID.2020.009. PubMed PMID: 31934319; PubMed Central PMCID: PMC6951355.

29. Bundgaard H. Spectrophotometric determination of ampicillin sodium in the presence of its degradation and polymerization products. J Pharm Pharmacol. 1974; 26(6):385-92. Epub 1974/06/01. doi: 10.1111/j.2042-7158.1974.tb09302.x. PubMed PMID: 4154981.

30. Haginaka J, Wakai J. High-performance liquid chromatographic assay of ampicillin, amoxicillin and ciclacillin in serum and urine using a pre-column reaction with 1,2,4-triazole and mercury(II) chloride. Analyst. 1985; 110(11):1277-81. Epub 1985/11/01. doi: 10.1039/an9851001277. PubMed PMID: 4083501.

31. McGrane M, O'Keeffe M, Smyth MR. Multi-residue analysis of penicillin residues in porcine tissue using matrix solid phase dispersion. Analyst. 1998; 123(12):2779-83. Epub 1999/08/06. doi: 10.1039/a805043k. PubMed PMID: 10435343.

32. Ferres H, Basker MJ, O'Hanlon PJ. Beta-lactam antibiotics. I. Comparative structure-activity relationships of 6-acylaminopenicillanic acid derivatives and their 6-(D- $\alpha$ -acylaminophenylacetamido) penicillanic acid analogues. J Antibiot (Tokyo). 1974; 27(12):922-30. Epub 1974/12/01. doi: 10.7164/antibiotics.27.922. PubMed PMID: 4219783.

33. Noguchi H, Eda Y, Tobiki H, Nakagome T, Komatsu T. PC-904, a novel broad-

- spectrum semisynthetic penicillin with marked antipseudomonal activity: microbiological evaluation. *Antimicrob Agents Chemother.* 1976; 9(2):262-73. Epub 1976/02/01. doi: 10.1128/aac.9.2.262. PubMed PMID: 1046355; PubMed Central PMCID: PMC429514.
34. Ueo K, Fukuoka Y, Hayashi T, Yasuda T, Taki H, Tai M, et al. In vitro and in vivo antibacterial activity of T-1220, a new semisynthetic penicillin. *Antimicrob Agents Chemother.* 1977; 12(4):455-60. Epub 1977/10/01. doi: 10.1128/aac.12.4.455. PubMed PMID: 921239; PubMed Central PMCID: PMC429945.
35. Suzuki Y, Ohmori H, Azuma A, Hashimoto Y, Ichikawa Y, Noguchi T. In vitro microbiological evaluation of TEI-1194 and TEI-2012, novel antipseudomonal semisynthetic penicillins. *J Antibiot (Tokyo).* 1979; 32(7):711-7. Epub 1979/07/01. doi: 10.7164/antibiotics.32.711. PubMed PMID: 120353.
36. Shortridge D, Gales AC, Streit JM, Huband MD, Tsakris A, Jones RN. Geographic and temporal patterns of antimicrobial resistance in *Pseudomonas aeruginosa* over 20 years from the SENTRY Antimicrobial Surveillance Program, 1997-2016. *Open Forum Infect Dis.* 2019; 6(Suppl 1):S63-S8. Epub 2019/03/22. doi: 10.1093/ofid/ofy343. PubMed PMID: 30895216; PubMed Central PMCID: PMC6419917.
37. Burrows LL. The therapeutic pipeline for *Pseudomonas aeruginosa* infections. *ACS Infect Dis.* 2018; 4(7):1041-7. Epub 2018/05/18. doi: 10.1021/acsinfecdis.8b00112. PubMed PMID: 29771109.
38. Nguyen L, Garcia J, Gruenberg K, MacDougall C. Multidrug-resistant *Pseudomonas* infections: hard to treat, but hope on the horizon? *Curr Infect Dis Rep.* 2018; 20(8):23. Epub 2018/06/08. doi: 10.1007/s11908-018-0629-6. PubMed PMID: 29876674.
39. Botelho J, Grosso F, Peixe L. Antibiotic resistance in *Pseudomonas aeruginosa* - mechanisms, epidemiology and evolution. *Drug Resist Updat.* 2019; 44:100640. Epub 2019/09/08. doi: 10.1016/j.drug.2019.07.002. PubMed PMID: 31492517.
40. Strateva T, Yordanov D. *Pseudomonas aeruginosa* - a phenomenon of bacterial resistance. *J Med Microbiol.* 2009; 58(Pt 9):1133-48. Epub 2009/06/17. doi: 10.1099/jmm.0.009142-0. PubMed PMID: 19528173.
41. Livermore DM. Interplay of impermeability and chromosomal beta-lactamase activity in imipenem-resistant *Pseudomonas aeruginosa*. *Antimicrob Agents Chemother.* 1992; 36(9):2046-8. Epub 1992/09/01. doi: 10.1128/aac.36.9.2046. PubMed PMID: 1329641; PubMed Central PMCID: PMC429435.
42. Minami S, Yotsuji A, Inoue M, Mitsuhashi S. Induction of beta-lactamase by various beta-lactam antibiotics in *Enterobacter cloacae*. *Antimicrob Agents Chemother.* 1980; 18(3):382-5. Epub 1980/09/01. doi: 10.1128/aac.18.3.382.



PubMed PMID: 6968541; PubMed Central PMCID: PMCPMC284010.

43. Knudsen ET, Rolinson GN, Sutherland R. Carbenicillin: a new semisynthetic penicillin active against *Pseudomonas pyocyanea*. Br Med J. 1967; 3(5557):75-8. Epub 1967/07/08. doi: 10.1136/bmj.3.5557.75. PubMed PMID: 4961466; PubMed Central PMCID: PMCPMC1842342.
44. Cryz SJ, Jr., Furer E, Germanier R. Simple model for the study of *Pseudomonas aeruginosa* infections in leukopenic mice. Infect Immun. 1983; 39(3):1067-71. Epub 1983/03/01. doi: 10.1128/IAI.39.3.1067-1071.1983. PubMed PMID: 6404816; PubMed Central PMCID: PMCPMC348064.
45. Miyazaki S, Matsumoto T, Tateda K, Ohno A, Yamaguchi K. Role of exotoxin A in inducing severe *Pseudomonas aeruginosa* infections in mice. J Med Microbiol. 1995; 43(3):169-75. Epub 1995/09/01. doi: 10.1099/00222615-43-3-169. PubMed PMID: 7650723.
46. Uezumi I, Terashima M, Kohzuki T, Kato M, Irie K, Ochi H, et al. Effects of a human anti-flagellar monoclonal antibody in combination with antibiotics on *Pseudomonas aeruginosa* infection. Antimicrob Agents Chemother. 1992; 36(6):1290-5. Epub 1992/06/01. doi: 10.1128/aac.36.6.1290. PubMed PMID: 1416830; PubMed Central PMCID: PMCPMC190334.

## Figure Legends

**Fig 1. Development of carboxypenicillin-ureidopenicillin hybrids by introduction of carboxyl groups into the amino acid side chains of ampicillin derivatives.** R<sub>2</sub>, -H (ampicillin); -OH (amoxicillin).

**Fig 2. Chemical structures of amoxicillin and its amino group-modified derivatives synthesized in this study.**

**Fig 3. Synthesis and characterization of DTPA-Amox.** A, Synthetic pathway. B, Reverse-phase HPLC chromatogram for the reaction mixture of amoxicillin and DTPA anhydride. DTPA-Amox and DTPA-[Amox]<sub>2</sub> were eluted in Fraction 1 (Fr. 1; DTPA-Amox) and Fraction 2 (Fr. 2; DTPA-[Amox]<sub>2</sub>) and were collected for lyophilization. C, Reverse-phase HPLC chromatogram of purified DTPA-Amox. D, Mass chromatogram of purified DTPA-Amox.

**Fig 4. Antipseudomonal effects of piperacillin, carbenicillin, amoxicillin, and amino group-modified amoxicillin derivatives against *P. aeruginosa* PAO1.** The *P.*

*aeruginosa* strain PAO1 was cultured overnight at 37°C in the presence of the indicated concentrations of antibiotics in LB medium with the pH adjusted to 7.4. Bacterial growth was determined by measuring turbidity at 655 nm absorbance. Data are means  $\pm$  SD ( $n = 3$ ).

**Fig. 5 Antipseudomonal effects of piperacillin, carbenicillin, and amoxicillin**

**derivatives synthesized in this study against *P. aeruginosa* clinical isolate MR13**

**strain.** The MR13 *P. aeruginosa* clinical isolate was cultured overnight at 37°C in the presence of the indicated concentrations of antibiotics in LB medium, pH 7.4. Bacterial growth was determined by measuring turbidity at 655 nm absorbance. Data are means  $\pm$  SD ( $n = 3$ ).

**Fig 6. Inhibitory effects of DTPA-Amox on the carboxypeptidase activity of DacC.**

A, DacC-mediated cleavage of the D-Ala-D-Ala-containing peptide. The cleaved peptide can be quantitated by means of LC-MS/MS. Multiple reaction monitoring (MRM) of cleaved peptides derived from the DacC reaction (B,C). D, Effects of amoxicillin, DTPA-Amox, and DTPA on DacC-mediated cleavage of synthetic peptide. The DacC reaction was carried out in the presence of the indicated concentrations of additives. Data are means  $\pm$  SD ( $n = 3$ ).

**Fig 7. Antibacterial spectra of amoxicillin and DTPA-Amox.**

Bacteria were cultured overnight at 37°C in the presence of the indicated concentrations of amoxicillin or DTPA-Amox, in pH-adjusted media. Bacterial growth was determined by measuring turbidity at 655 nm absorbance. Data are means  $\pm$  SD ( $n = 3$ ).

**Fig. 8. Cytotoxicity of DTPA-Amox.**

Viability of HeLa cells (A) and C26 cells (B) treated overnight with the indicated concentrations of DTPA-Amox. The MTT assay was utilized to determine viability. Data are means  $\pm$  SD ( $n = 3$ ).

**Fig. 9. Therapeutic effect of DTPA-Amox on *P. aeruginosa* infection in a mouse**

**model of leukopenia.** A, Time line of the *in vivo* treatment. B, Mice received intraperitoneal injections of cyclophosphamide (Cy; 250 mg/kg) and were then infected with *P. aeruginosa* strain PAO1 ( $5 \times 10^5$  CFU). At 10 and 60 min after infection, mice received intraperitoneal injections of PBS (controls), 20 mg/kg DTPA-Amox, or 50 mg/kg DTPA-Amox. Survival of the mice was monitored for 72 hours after the



infection. PAO1 + PBS group  $n = 8$ ; PAO1 + DTPA-Amox treatment groups  $n = 9$ . \* $p < 0.05$ .

## Supplementary Figure Legends

**S1 Fig. Characterization of Ac-Amox.** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

**S2 Fig. Characterization of SA-Amox.** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

**S3 Fig. Characterization of MA-Amox.** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

**S4 Fig. Characterization of glutarated Amox (GA-Amox).** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

**S5 Fig. Characterization of trimellitated Amox (TML-Amox).** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

**S6 Fig. Characterization of DTPA-conjugated ampicillin (DTPA-Amp).** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

**S7 Fig. Characterization of DTPA-[Amox]<sub>2</sub>.** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

**S8 Fig. Infrared spectra of amoxicillin, DTPA-Amox, and DTPA.**

**S9 Fig. Effects of culture medium pH on the stability and antibacterial activities of amoxicillin and DTPA-Amox.** A, Stability of DTPA-Amox in different media. DTPA-Amox was dissolved in H<sub>2</sub>O, 0.1% formic acid, or 50 mM sodium phosphate buffer (pH 7.4), followed by incubation at 37°C for 2.5 or 4.5 hours. DTPA-Amox remaining in the medium was quantitated by means of HPLC. Antibacterial activities of native amoxicillin (B) and DTPA-Amox (C) against *E. coli*. LB medium was used without pH adjustment (pH 6.5) or with pH adjusted with sodium phosphate buffer (NaPB) to pH 7.4. Bacterial growth was determined by measuring turbidity at 655 nm absorbance after overnight culture. Data are means  $\pm$  SD ( $n = 3$ ).



802 **S10 Fig. Antipseudomonal effects of (A) ampicillin and (B) DTPA-conjugated**  
803 **ampicillin.** *P. aeruginosa* strain PAO1 was cultured overnight at 37°C in the presence of  
804 the indicated concentrations of antibiotics in LB medium at pH 7.4. Bacterial growth  
805 was determined by measuring turbidity at 655 nm absorbance. Data are means  $\pm$  SD ( $n$   
806 = 3).

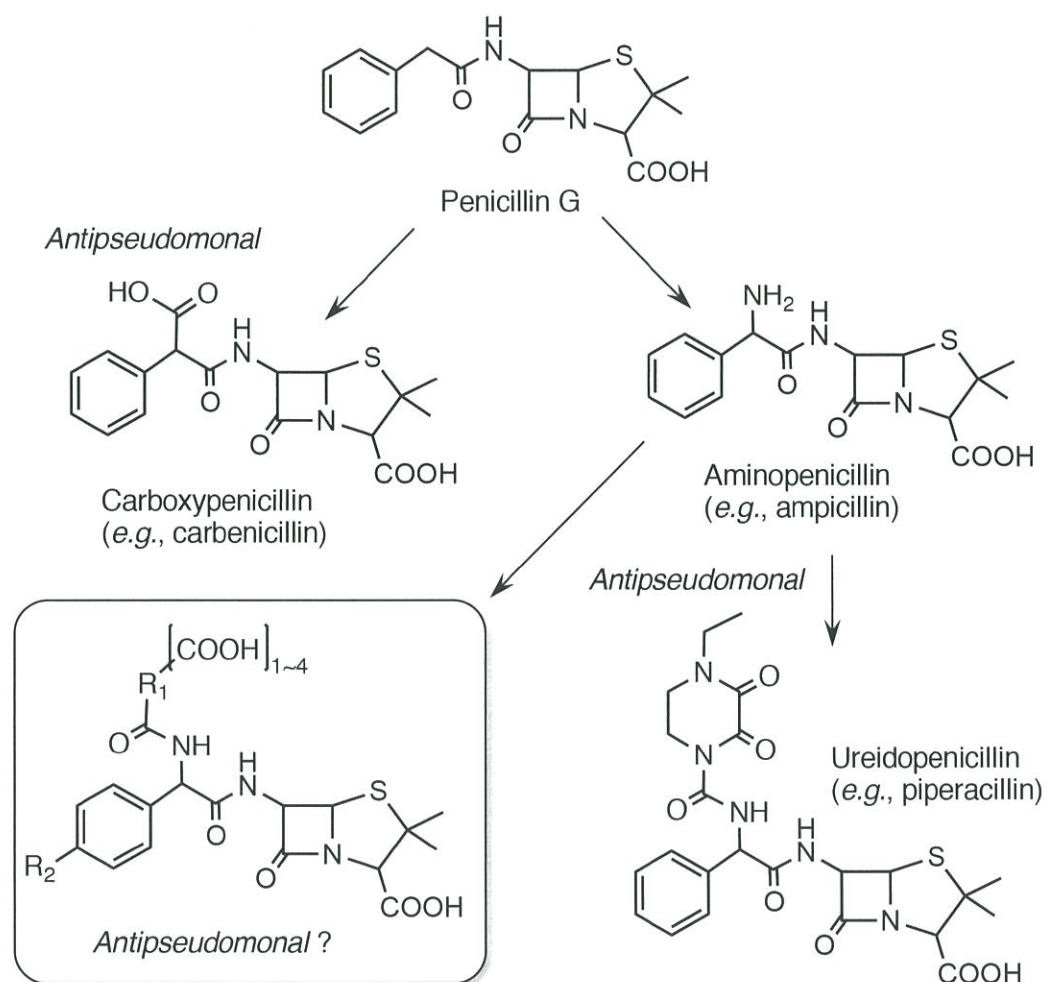
807 **S11 Fig. Purification of recombinant DacC by using nickel-nitrilotriacetic acid**  
808 **agarose affinity chromatography.** A lysate of *E. coli* cells expressing DacC was  
809 subjected to nickel-nitrilotriacetic acid agarose affinity chromatography purification.  
810 Protein contents in each fraction were analyzed by means of sodium dodecyl sulfate-  
811 polyacrylamide gel electrophoresis with Coomassie Brilliant Blue staining. Sup,  
812 supernatant; FT, flow through; E1-4, elution by imidazole-containing buffer at 50 mM  
813 (E1), 100 mM (E2), 200 mM (E3), or 300 mM (E4).

814  
815  
816  
817

**Table 1. Minimum inhibitory concentrations ( $\mu\text{M}$ ) of piperacillin and DTPA-Amox for *P. aeruginosa* clinical isolates.**

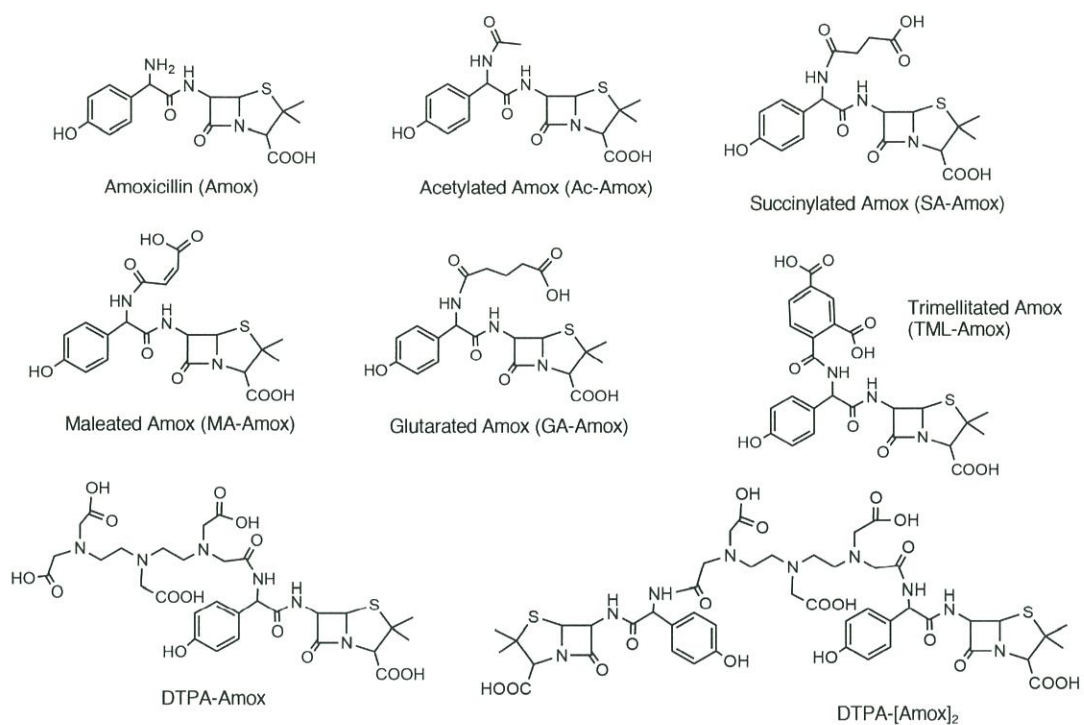
Strain	Pip	DTPA-Amox	Pip/Tazo	DTPA-Amox/Tazo
PAO1	12.5	25	12.5	25
NM1	200	> 200	200	> 200
NM2	50	200	50	25
NM3	200	200	200	200
NM4	> 200	25	> 200	25
NM5	> 200	50	> 200	50
MR1	> 200	> 200	> 200	50
MR2	> 200	200	> 200	100
MR3	> 200	> 200	> 200	200
MR4	> 200	> 200	> 200	25
MR5	> 200	> 200	> 200	50
MR6	> 200	> 200	200	50
MR7	25	100	25	25
MR8	25	200	25	100
MR9	> 200	> 200	> 200	50
MR10	> 200	> 200	50	25
MR11	> 200	> 200	200	200
MR12	> 200	> 200	50	50
MR13	100	25	100	25
MR14	> 200	> 200	100	100
MR15	> 200	> 200	> 200	50
MR16	> 200	> 200	50	100
808#1	> 200	> 200	100	50
808#2	> 200	> 200	100	100

Pip, piperacillin; Tazo, tazobactam; DTPA-Amox, DTPA-conjugated amoxicillin.

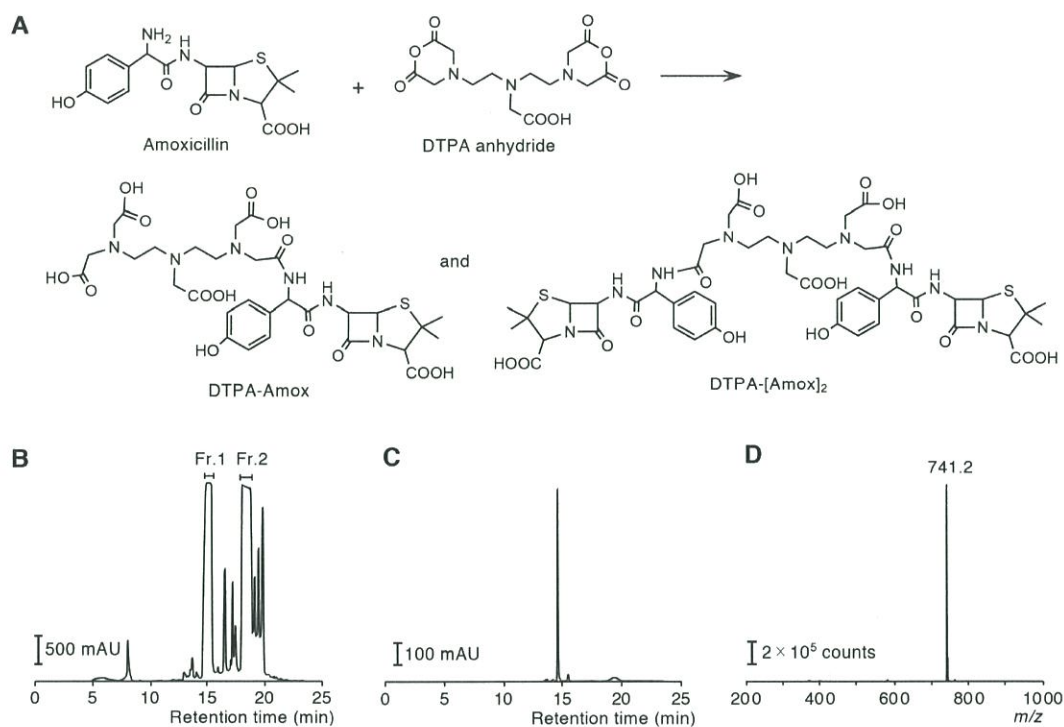


**Fig 1. Development of carboxypenicillin-ureidopenicillin hybrids by introduction of carboxyl groups into the amino acid side chains of ampicillin derivatives. R<sub>2</sub>, -H (ampicillin); -OH (amoxicillin).**

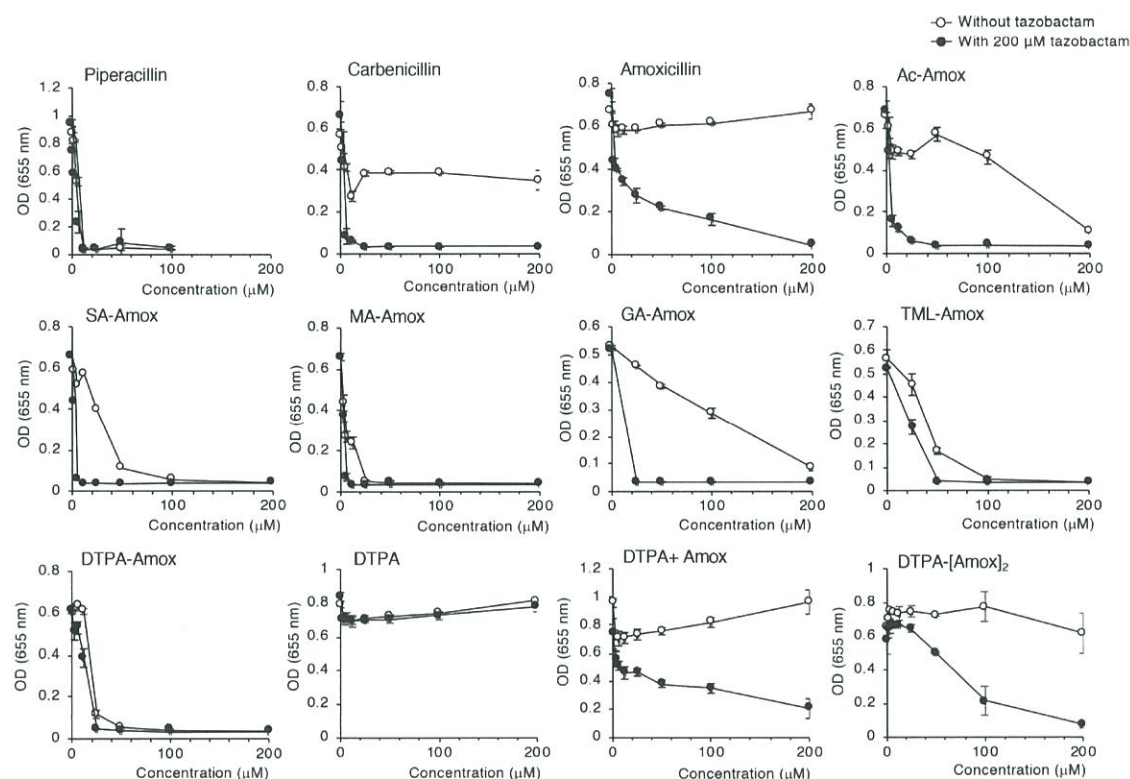




**Fig 2. Chemical structures of amoxicillin and its amino group-modified derivatives synthesized in this study.**

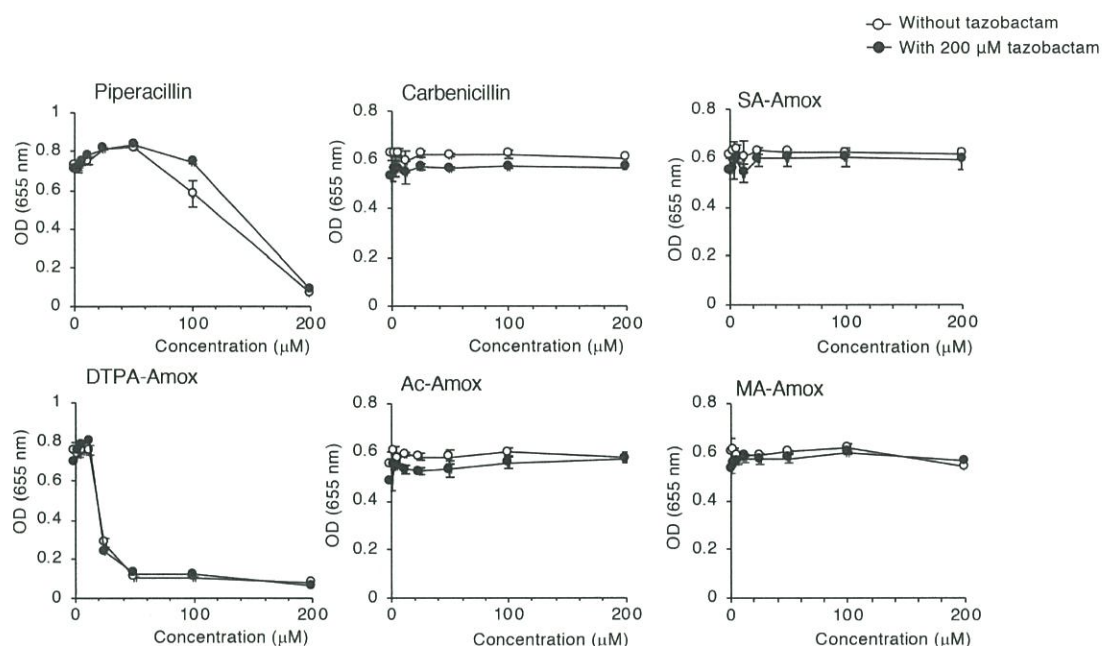


**Fig 3. Synthesis and characterization of DTPA-Amox.** A, Synthetic pathway. B, Reverse-phase HPLC chromatogram for the reaction mixture of amoxicillin and DTPA anhydride. DTPA-Amox and DTPA-[Amox]<sub>2</sub> were eluted in Fraction 1 (Fr. 1; DTPA-Amox) and Fraction 2 (Fr. 2; DTPA-[Amox]<sub>2</sub>) and were collected for lyophilization. C, Reverse-phase HPLC chromatogram of purified DTPA-Amox. D, Mass chromatogram of purified DTPA-Amox.

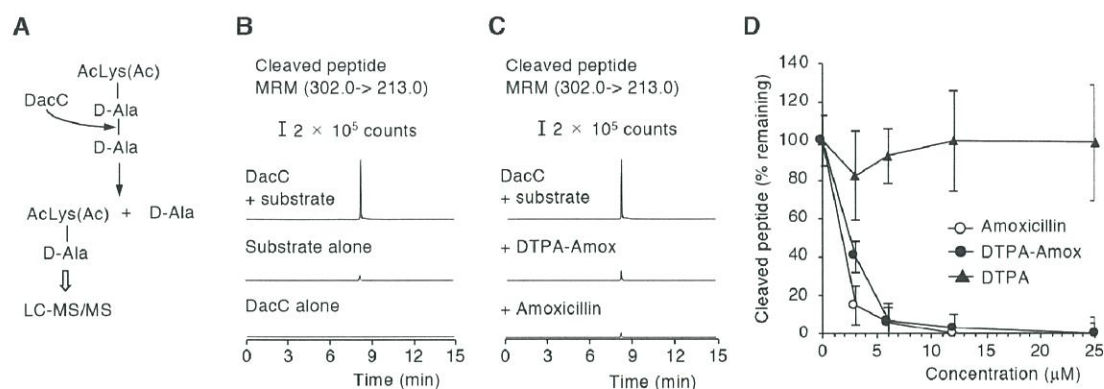


**Fig 4. Antipseudomonal effects of piperacillin, carbenicillin, amoxicillin, and amino group-modified amoxicillin derivatives against *P. aeruginosa* PAO1.** The *P. aeruginosa* strain PAO1 was cultured overnight at 37°C in the presence of the indicated concentrations of antibiotics in LB medium with the pH adjusted to 7.4. Bacterial growth was determined by measuring turbidity at 655 nm absorbance. Data are means  $\pm$  SD ( $n = 3$ ).



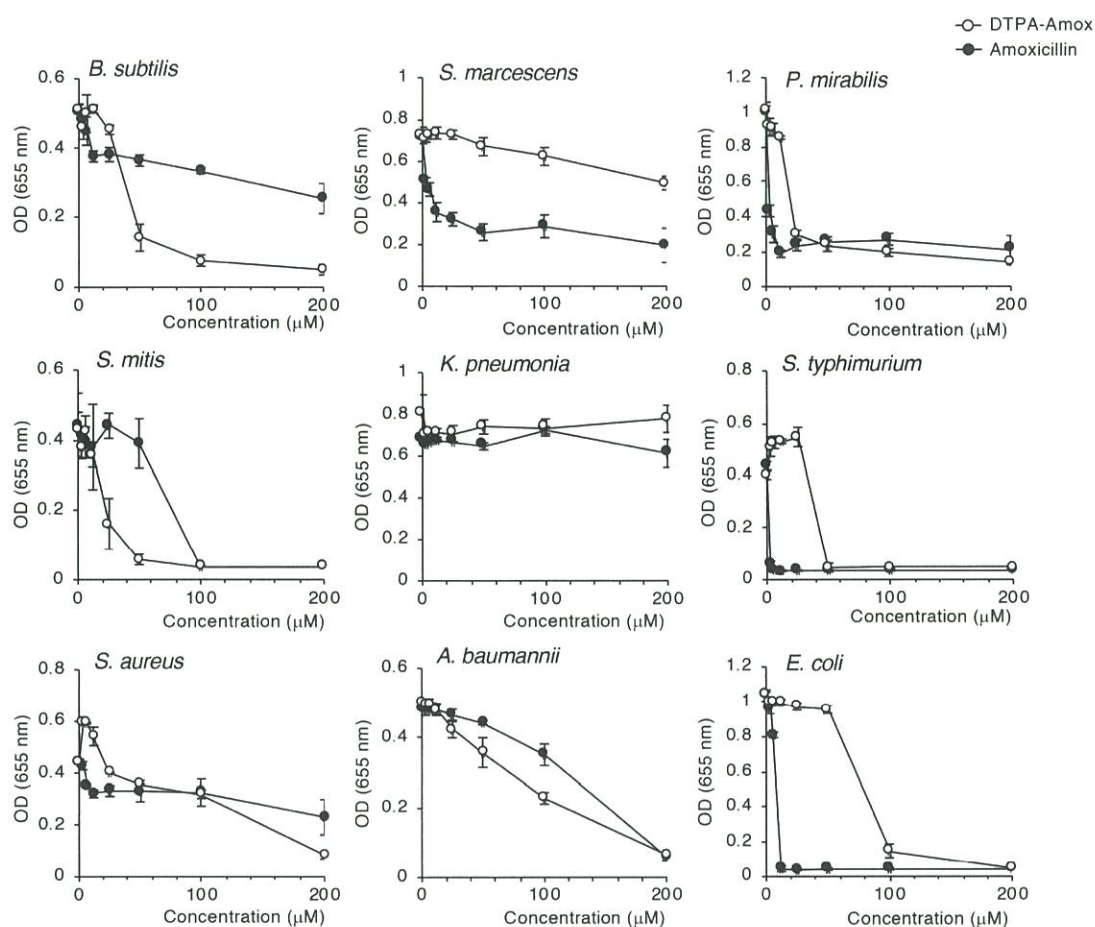


**Fig. 5 Antipseudomonal effects of piperacillin, carbenicillin, and amoxicillin derivatives synthesized in this study against *P. aeruginosa* clinical isolate MR13 strain.** The MR13 *P. aeruginosa* clinical isolate was cultured overnight at 37°C in the presence of the indicated concentrations of antibiotics in LB medium, pH 7.4. Bacterial growth was determined by measuring turbidity at 655 nm absorbance. Data are means  $\pm$  SD ( $n = 3$ ).



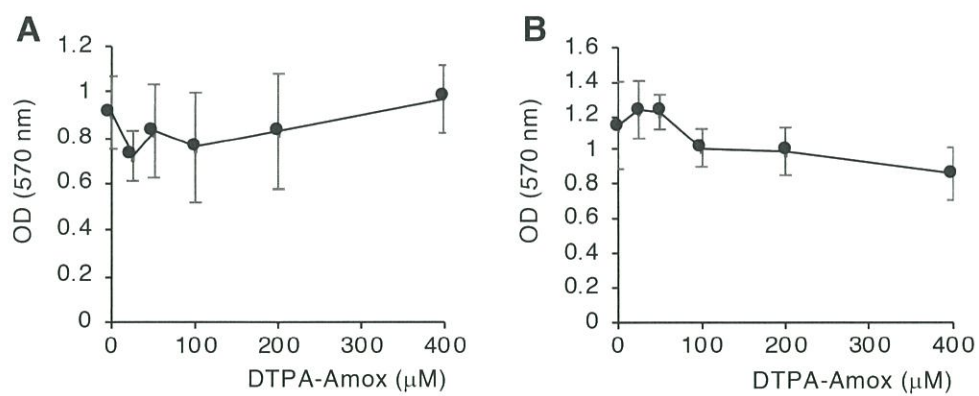
**Fig 6. Inhibitory effects of DTPA-Amox on the carboxypeptidase activity of DacC.**

A, DacC-mediated cleavage of the D-Ala-D-Ala-containing peptide. The cleaved peptide can be quantitated by means of LC-MS/MS. Multiple reaction monitoring (MRM) of cleaved peptides derived from the DacC reaction (B,C). D, Effects of amoxicillin, DTPA-Amox, and DTPA on DacC-mediated cleavage of synthetic peptide. The DacC reaction was carried out in the presence of the indicated concentrations of additives. Data are means  $\pm$  SD ( $n = 3$ ).

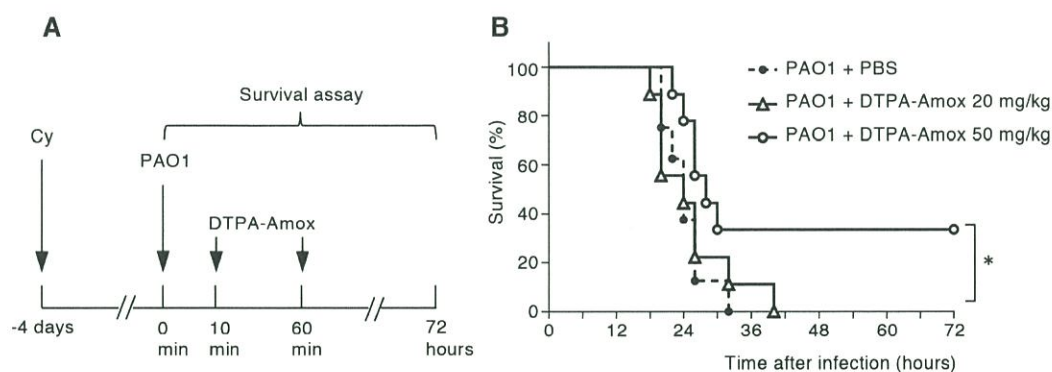


**Fig 7. Antibacterial spectra of amoxicillin and DTPA-Amox.** Bacteria were cultured overnight at 37°C in the presence of the indicated concentrations of amoxicillin or DTPA-Amox, in pH-adjusted media. Bacterial growth was determined by measuring turbidity at 655 nm absorbance. Data are means  $\pm$  SD ( $n = 3$ ).





**Fig. 8. Cytotoxicity of DTPA-Amox.** Viability of HeLa cells (A) and C26 cells (B) treated overnight with the indicated concentrations of DTPA-Amox. The MTT assay was utilized to determine viability. Data are means  $\pm$  SD ( $n = 3$ ).



**Fig. 9. Therapeutic effect of DTPA-Amox on *P. aeruginosa* infection in a mouse model of leukopenia.** A, Time line of the *in vivo* treatment. B, Mice received intraperitoneal injections of cyclophosphamide (Cy; 250 mg/kg) and were then infected with *P. aeruginosa* strain PAO1 ( $5 \times 10^5$  CFU). At 10 and 60 min after infection, mice received intraperitoneal injections of PBS (controls), 20 mg/kg DTPA-Amox, or 50 mg/kg DTPA-Amox. Survival of the mice was monitored for 72 hours after the infection. PAO1 + PBS group  $n = 8$ ; PAO1 + DTPA-Amox treatment groups  $n = 9$ . \* $p < 0.05$ .

Supplementary figures for

**Development of potent antipseudomonal  $\beta$ -lactams by means of  
polycarboxylation of aminopenicillins**

Short title: Polycarboxylated aminopenicillins as potent antipseudomonal agents

Shahinur Akter<sup>1</sup>, Yohei Migiyama<sup>2</sup>, Hiroyasu Tsutsuki<sup>1</sup>, Katsuhiko Ono<sup>1</sup>, Chika Hamasaki<sup>3</sup>, Tianli Zhang<sup>1</sup>, Kenki Miyao<sup>1</sup>, Touya Toyomoto<sup>1</sup>, Keiichi Yamamoto<sup>1</sup>, Waliul Islam<sup>1</sup>, Takuro Sakagami<sup>2</sup>, Hirotaka Matsui<sup>4</sup>, Yoshihiro Yamaguchi<sup>5</sup>, Tomohiro Sawa<sup>1\*</sup>

<sup>1</sup> Department of Microbiology, Graduate School of Medical Sciences, Kumamoto University, Kumamoto, Japan

<sup>2</sup> Department of Respiratory Medicine, Graduate School of Medical Sciences, Kumamoto University, Kumamoto, Japan

<sup>3</sup> Graduate School of Science and Technology, Kumamoto University, Kumamoto, Japan

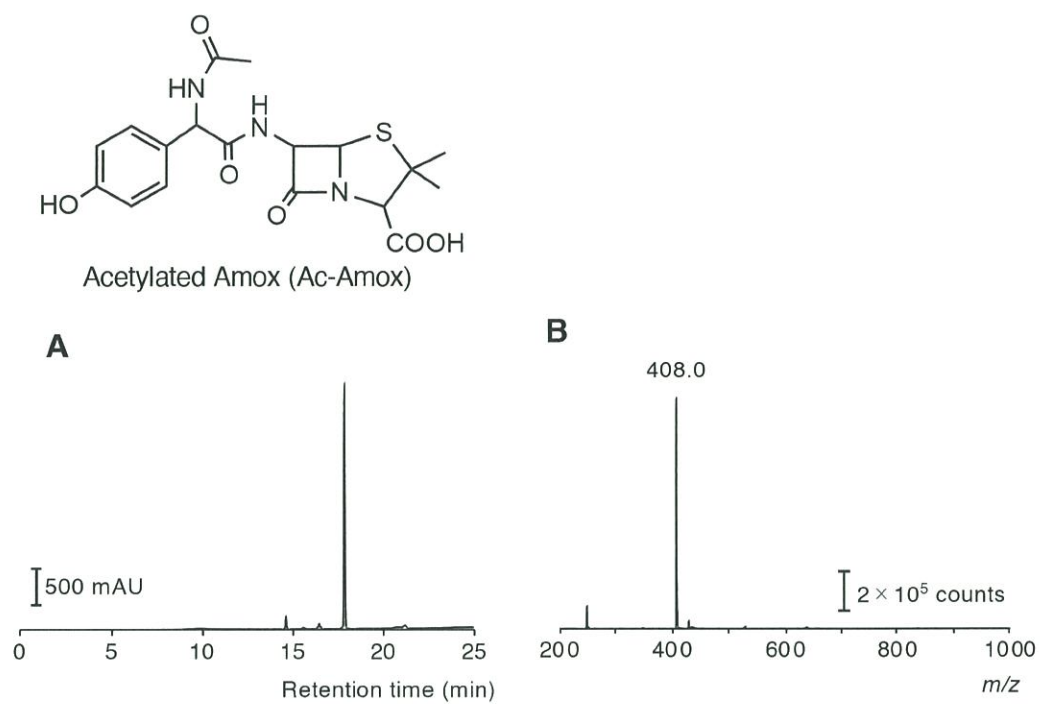
<sup>4</sup> Department of Molecular Laboratory Medicine, Graduate School of Medical Sciences, Kumamoto University, Kumamoto, Japan

<sup>5</sup> Graduate School of Science and Technology, Environmental Safety Center, Kumamoto University, Kumamoto, Japan

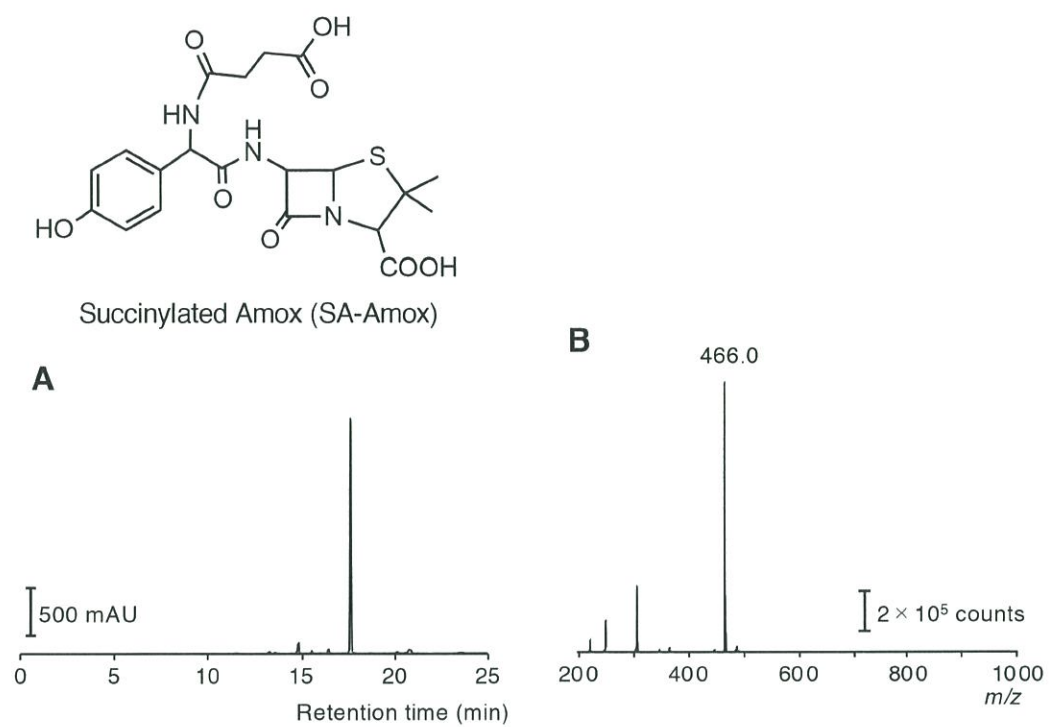
\* Corresponding author

E-mail: sawat@kumamoto-u.ac.jp (TS)

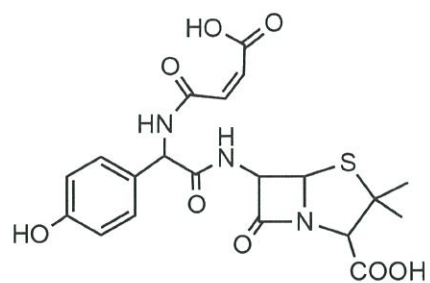




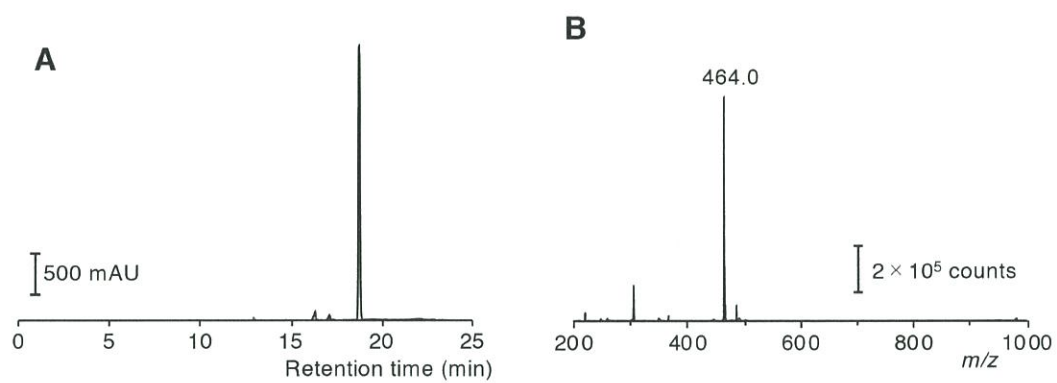
**S1 Fig. Characterization of Ac-Amox.** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.



**S2 Fig. Characterization of SA-Amox.** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

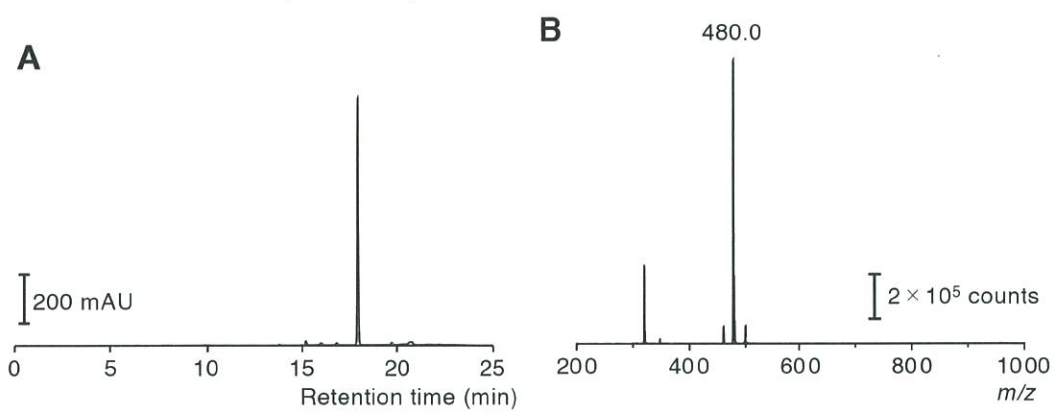
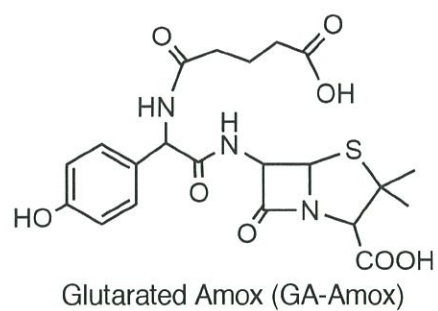


Maleated Amox (MA-Amox)

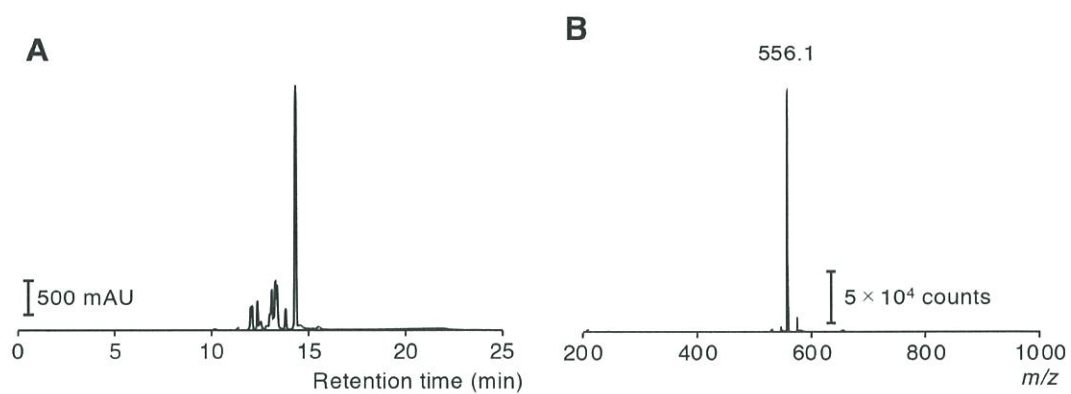
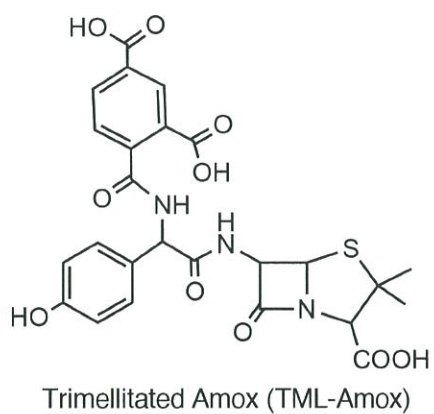


**S3 Fig. Characterization of MA-Amox.** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

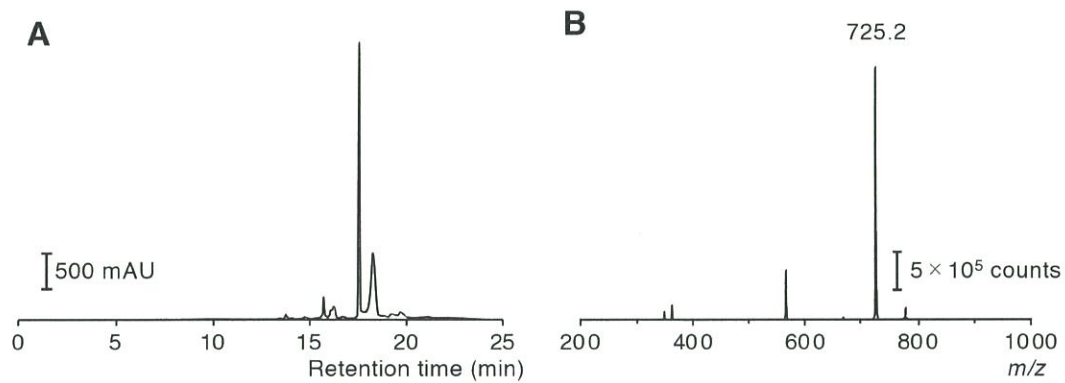
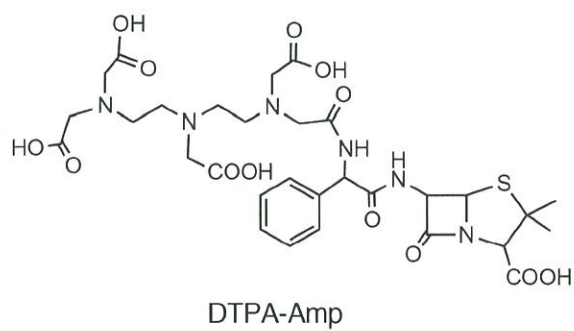




**S4 Fig. Characterization of glutarated Amox (GA-Amox).** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

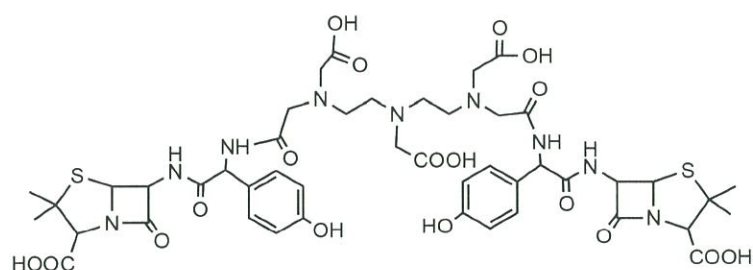


**S5 Fig. Characterization of trimellitated Amox (TML-Amox).** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

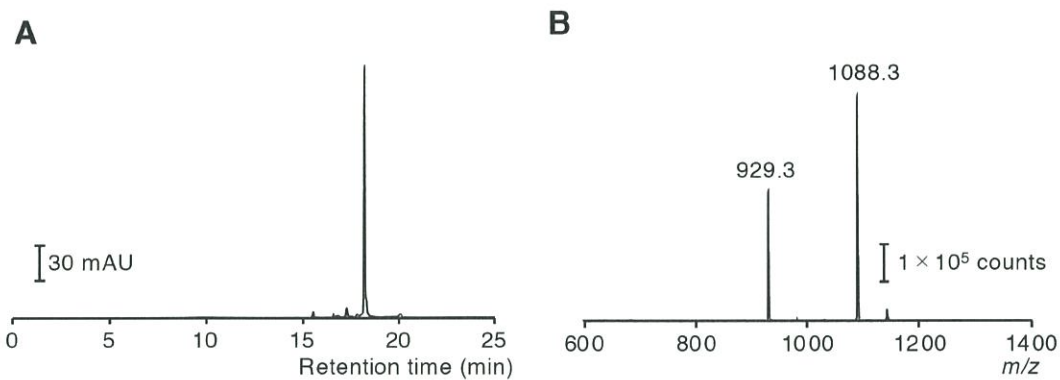


**S6 Fig. Characterization of DTPA-conjugated ampicillin (DTPA-Amp).** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

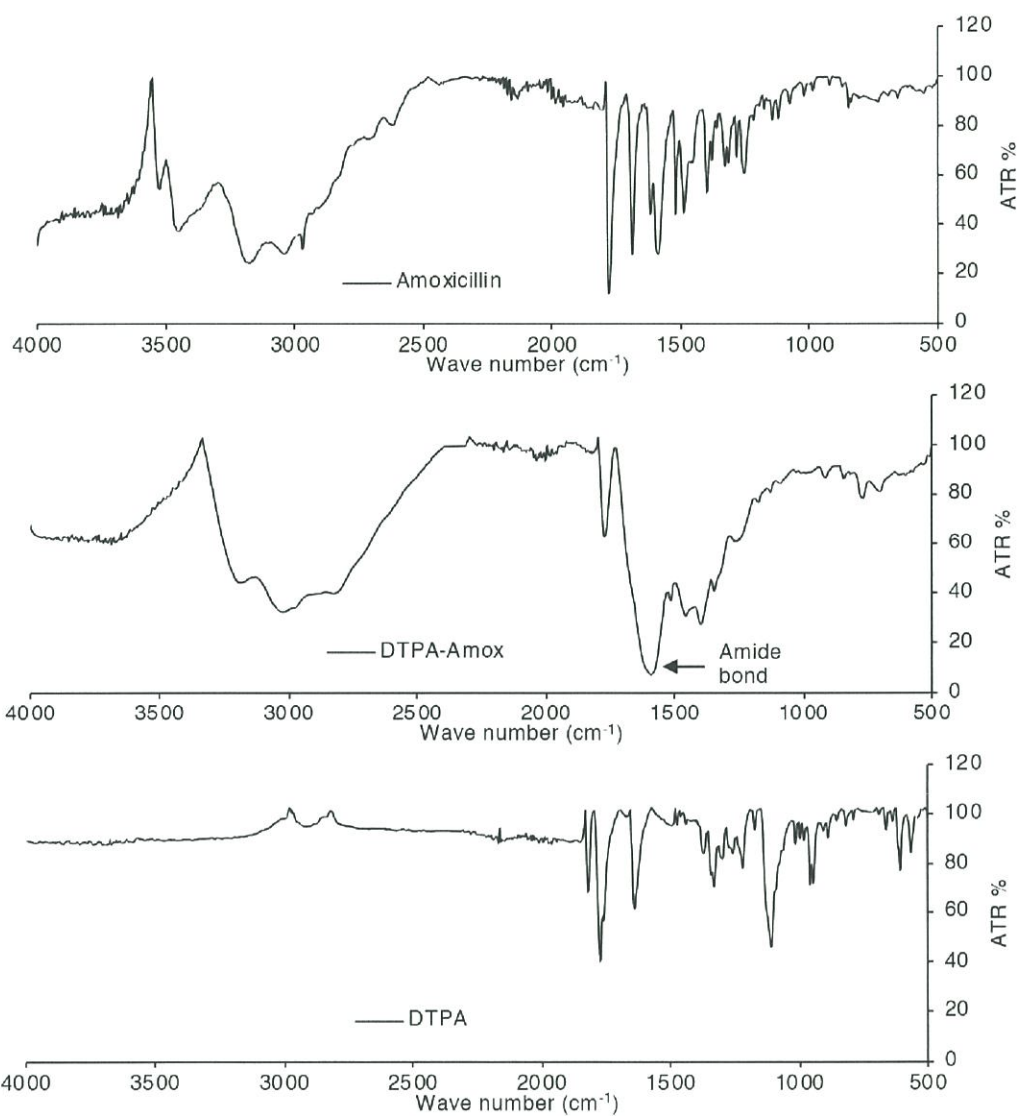




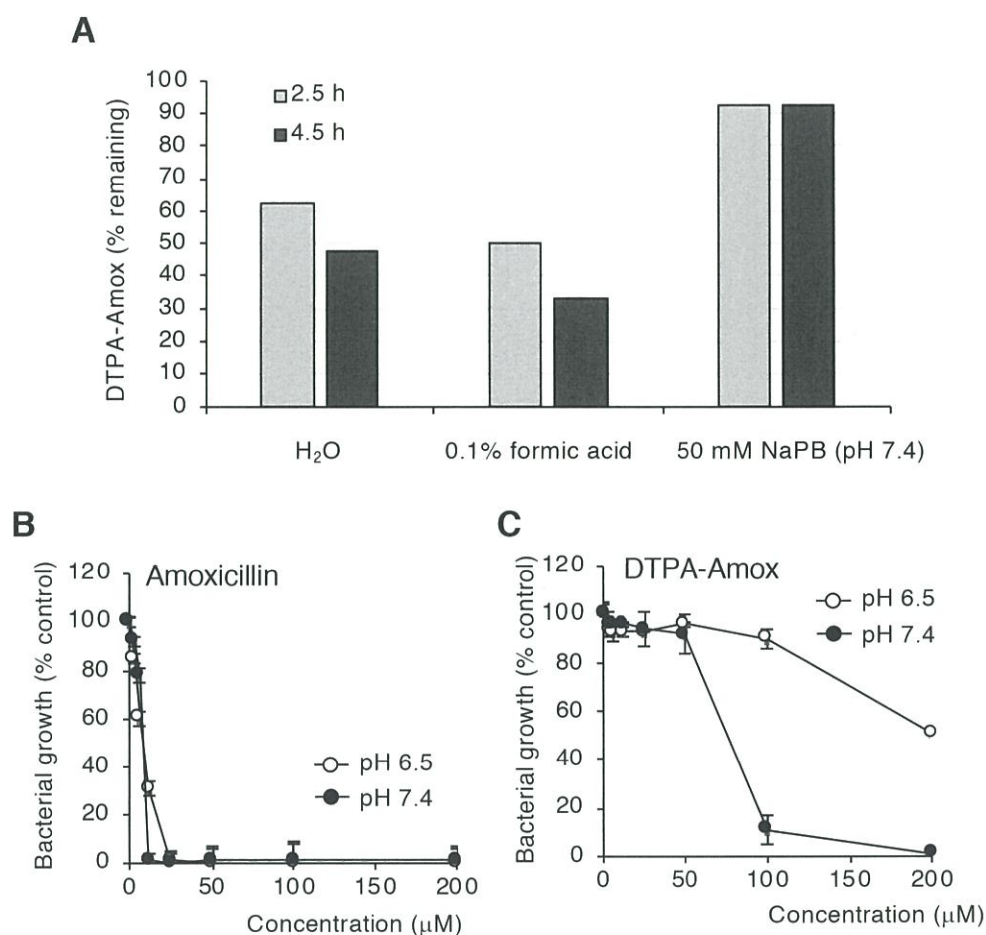
DTPA-[Amox]<sub>2</sub>



**S7 Fig. Characterization of DTPA-[Amox]<sub>2</sub>.** A, Reverse-phase HPLC chromatogram. B, Mass chromatogram.

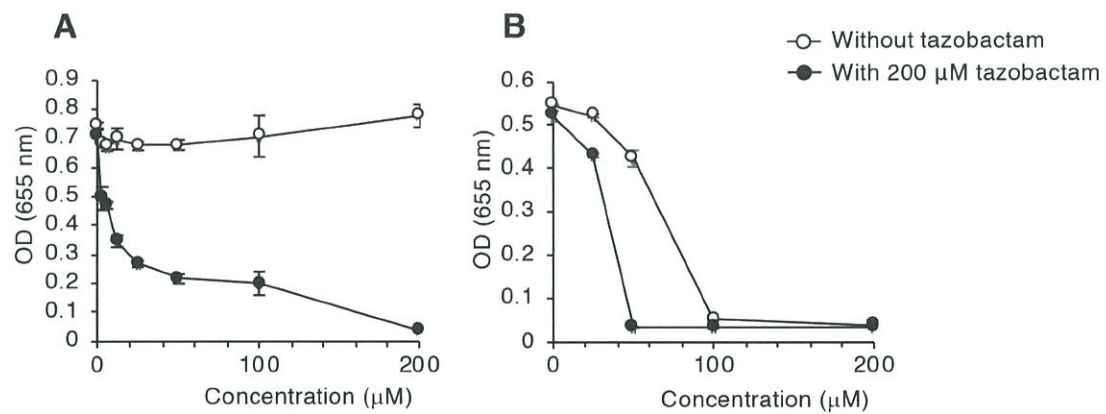


**S8 Fig. Infrared spectra of amoxicillin, DTPA-Amox, and DTPA.**



**S9 Fig. Effects of culture medium pH on the stability and antibacterial activities of amoxicillin and DTPA-Amox.** A, Stability of DTPA-Amox in different media. DTPA-Amox was dissolved in H<sub>2</sub>O, 0.1% formic acid, or 50 mM sodium phosphate buffer (pH 7.4), followed by incubation at 37°C for 2.5 or 4.5 hours. DTPA-Amox remaining in the medium was quantitated by means of HPLC. Antibacterial activities of native amoxicillin (B) and DTPA-Amox (C) against *E. coli*. LB medium was used without pH adjustment (pH 6.5) or with pH adjusted with sodium phosphate buffer (NaPB) to pH 7.4. Bacterial growth was determined by measuring turbidity at 655 nm absorbance after overnight culture. Data are means  $\pm$  SD ( $n = 3$ ).





**S10 Fig. Antipseudomonal effects of (A) ampicillin and (B) DTPA-conjugated ampicillin.** *P. aeruginosa* strain PAO1 was cultured overnight at 37°C in the presence of the indicated concentrations of antibiotics in LB medium at pH 7.4. Bacterial growth was determined by measuring turbidity at 655 nm absorbance. Data are means  $\pm$  SD ( $n = 3$ ).