



Cronfa - Swansea University Open Access Repository
This is an author produced version of a paper published in:  International Journal of Antimicrobial Agents
Cronfa URL for this paper: http://cronfa.swan.ac.uk/Record/cronfa51096
Paper: Warrilow, A., Parker, J., Price, C., Rolley, N., Nes, W., Kelly, D. & Kelly, S. (2019). Isavuconazole and voriconazole inhibition of sterol 14-demethylases (CYP51) from Aspergillus fumigatus and Homo sapiens. <i>International Journal of Antimicrobial Agents</i> http://dx.doi.org/10.1016/j.ijantimicag.2019.07.011
Released under the terms of a Creative Commons Attribution Non-Commercial No Derivatives License (CC-BY-NC ND).

This item is brought to you by Swansea University. Any person downloading material is agreeing to abide by the terms of the repository licence. Copies of full text items may be used or reproduced in any format or medium, without prior permission for personal research or study, educational or non-commercial purposes only. The copyright for any work remains with the original author unless otherwise specified. The full-text must not be sold in any format or medium without the formal permission of the copyright holder.

Permission for multiple reproductions should be obtained from the original author.

Authors are personally responsible for adhering to copyright and publisher restrictions when uploading content to the repository.

http://www.swansea.ac.uk/library/researchsupport/ris-support/

- 1 Isavuconazole and voriconazole inhibition of sterol 14α-
- 2 demethylases (CYP51) from Aspergillus fumigatus and
- 3 Homo sapiens

4

- 5 Andrew G.S. Warrilow<sup>a</sup>, Josie E. Parker<sup>a</sup>, Claire L. Price<sup>a</sup>, Nicola J. Rolley<sup>a</sup>, W.
- 6 David Nes<sup>b</sup>, Diane E. Kelly<sup>a</sup>, and Steven L. Kelly<sup>a\*</sup>

7

- 8 Author affiliations: Centre for Cytochrome P450 Biodiversity, Institute of Life
- 9 Science, Swansea University Medical School, Swansea, Wales, UK<sup>a</sup>; Center for
- 10 Chemical Biology, Department of Chemistry and Biochemistry, Texas Tech
- 11 University, Lubbock, Texas, USA<sup>b</sup>.

12

- <sup>\*</sup>Corresponding author: Professor Steven Kelly
- 14 Centre for Cytochrome P450 Biodiversity, Institute of Life Science, Swansea
- 15 University Medical School, Swansea, SA2 8PP, Wales, UK.
- 16 E-mail address: s.l.kelly@swansea.ac.uk
- 17 Phone: +44 (0)1792 292207; Fax: +44 (0)1792 503430

18

19 Running title: Isavuconazole & voriconazole inhibition of CYP51

20

21 Keywords: Isavuconazole, CYP51, Aspergillus fumigatus

22	Highlights
23	First evaluation of the molecular mechanism for isavuconazole inhibition of
24	CYP51s
25	Isavuconazole inhibits CYP51 through direct coordination with the heme
26	ferric ion
27	• Isavuconazole as effective as voriconazole at inhibiting A. fumigatus
28	CYP51A & CYP51B
29	<ul> <li>Isavuconazole is a strong inhibitor of AfCYP51A:G54W and</li> </ul>
30	AfCYP51A:M220K enzymes
31	• Isavuconazole is a potent inhibitor of cellular CYP51 activity in A.
32	fumigatus Af293
33	

### ABSTRACT

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

We report here the first evaluation of isavuconazole for inhibition of A. fumigatus CYP51 and of sterol biosynthesis in the fungus. Voriconazole and isavuconazole both bound tightly to recombinant AfCYP51A and AfCYP51B isolated in E. coli membranes. CYP51 reconstitution assays confirmed AfCYP51A and AfCYP51B in addition to three AfCYP51A mutants (G54W, L98H and M220K) were strongly inhibited by both triazoles. Voriconazole bound relatively weakly to purified HsCYP51 unlike isavuconazole, which bound tightly. However, isavuconazole was a relatively poor inhibitor of HsCYP51 activity with an IC<sub>50</sub> value of 25 µM which was 55- to 120-fold greater than those observed for the A. fumigatus CYP51 enzymes, albeit not as poor an inhibitor of HsCYP51 as voriconazole which gave an IC<sub>50</sub> value of 112 µM. Sterol analysis of triazole-treated A. fumigatus Af293 cells confirmed isavuconazole and voriconazole both inhibited cellular CYP51 activity with the accumulation of 14-methylated sterol substrates and depletion of ergosterol levels. Isavuconazole elicited a stronger perturbation of the sterol composition in Af293 than voriconazole at 0.0125 µg ml<sup>-1</sup> indicating increased potency. However, complementation studies in Saccharomyces cerevisiae using strains containing AfCYP51A and AfCYP51B indicated isavuconazole to be equally as effective at inhibiting CYP51 activity as voriconazole. These in vitro studies suggest isavuconazole is an effective alternative to voriconazole as an antifungal agent against the target CYP51 in Aspergillus fumigatus.

56

### 1. Introduction

Mortality associated with invasive fungal disease has increased over the past four decades, primarily through increasing numbers of cancer patients undergoing chemotherapy and patients undergoing organ transplantation (1, 2, reviewed in 3). The majority of the invasive fungal infections observed are caused by *Candida* and *Aspergillus* species with mortality rates being high, particularly for aspergillosis, reaching up to 90%. In addition, increased incidence of invasive infections by *Cryptococcus* species, *Fusarium* species, *Trichosporon* species, *Scedosporium* species and *Mucorales* (4, 5) requires antifungal drugs with broader spectra of activity to combat these infections and to overcome increasing resistance observed against triazole antifungals in some *Candida* and *Aspergillus* strains.

Currently available antifungal agents include polyenes, echincandins and azoles. The polyene amphotericin B is a broad spectrum antifungal but is limited by intra-venous administration and nephrotoxicity. Echinocandins, such as caspofungin, have good safety profiles but lack oral formulations, have a relatively narrow spectrum of activity against *Candida* and *Apsergillus* species and there is increasing resistance to echinocandins amongst certain *Candida* species. Triazole antifungals have good safety profiles and remain the most commonly prescribed antifungal agents to treat fungal infections in the clinic and amongst outpatients (6, 7). Fluconazole has excellent oral bioavailability and is primarily effective against yeasts and dimorphic fungi but lacks potency against filamentous fungi, however, incidence of fluconazole resistance amongst

Candida species is increasing. More recent azoles, including voriconazole (Fig 1), itraconazole and posaconazole, have a broader spectrum of activity to include filamentous fungi such as *Aspergillus* species, with posaconazole extending activity further against *Mucorales*. These second generation triazoles, however, exhibit significant drug interactions and interactions with host liver cytochrome P450 monooxygenases.

Isavuconazole (Fig 1) is a new broad-spectrum triazole antifungal with activity against yeasts, dimorphic fungi, *Aspergillus* species, molds and *Mucorales* (8-11). Isavuconazole has a good safety profile and excellent pharmacokinetic properties making this triazole particularly effective in treating invasive fungal infections and is currently recommended for the treatment of invasive aspergillosis and invasive mucormycosis (12). Isavuconazole is administered as a water-soluble prodrug isavuconazonium, which is rapidly cleaved by plasma esterases to release the active drug isavuconazole *in situ* (13, 14).

Isavuconazole's mode of action is assumed to be similar to other triazole antifungals, causing inhibition of sterol  $14\alpha$ -demethylase (CYP51) which is essential for ergosterol biosynthesis in fungi. However no previous publications have investigated this in detail. Ergosterol is responsible for the regulation of membrane integrity, fluidity and permeability. Inhibition of CYP51 leads to the accumulation of  $14\alpha$ -methylated sterols, which pack more loosely in lipid bilayers leading to 'leaky' and unstable membranes causing arrested cell growth and division (15). Isavuconazole appears to be as effective as voriconazole in the

treatment of invasive aspergillosis but with the advantages of a broader spectrum of activity, more linear pharmacokinetics, less inter-patient variability, increased water solubility and fewer CYP enzyme-mediated drug-drug interactions than voriconazole (8, 9, 16). Isavuconazole displayed similar efficacy against mucormycosis as amphotericin B (9), supporting the use of isavuconazole as both a front-line and a salvage treatment for mucormycosis.

In this study the biochemical mechanism of isavuconazole inhibition of *Aspergillus fumigatus* CYP51 isoenzymes A and B (AfCYP51A and AfCYP51B) was demonstrated for the first time using a combination of ligand binding and CYP51 inhibition studies with recombinant enzymes and modulation of the sterol profile of *A. fumigatus* Af293 at inhibitory concentrations of isavuconazole. In addition, the *in vitro* effectiveness of isavuconazole as a sterol 14α-demethylase inhibitor was compared against voriconazole using recombinant *Homo sapiens* CYP51 (HsCYP51), AfCYP51B and AfCYP51A enzymes, including three prevalent AfCYP51A amino acid substitutions (G54W, L98H and M220) known to confer azole resistance (17-19).

#### **Materials and methods** 2.

- Heterologous expression, isolation and purification of recombinant A. 121 2.1.
- fumigatus and H. sapiens CYP51 proteins. 122
- The pCWori<sup>+</sup>:Δ60HsCYP51 (Δ60-truncation of UniProtKB accession number Q16850), pCWori<sup>+</sup>:AfCYP51A (Q4WNT5), pCWori<sup>+</sup>:AfCYP51A:G54W. pCWori<sup>+</sup>:AfCYP51A:L98H, pCWori<sup>+</sup>:AfCYP51A:M220K and pCWori<sup>+</sup>:AfCYP51B (Q96W81) expression constructs were created as previously described (20, 21). The pCWori<sup>†</sup>:CYP51 constructs were transformed into competent DH5\alpha E. coli 128 cells and transformants selected using 0.1 mg/ml ampicillin. Growth and expression conditions, protein isolation and purification were identical to those previously reported (20, 21). Previously, Δ60HsCYP51 was shown to have the same ligand binding properties as the full-length HsCYP51 enzyme (20) and is therefore referred to as HsCYP51 in this manuscript.

133

134

135

136

137

138

139

140

141

120

123

124

125

126

127

129

130

131

132

2.2. Recombinant CYP51 protein characterization.

The binding properties of isavuconazole and voriconazole (Fig 1) to A. fumigatus CYP51s A and B and H. sapiens CYP51 were determined spectrophotometrically as previously described (20) using quartz split-cuvettes (light path 4.5 mm). Azole antifungals were progressively titrated against 4 µM HsCYP51, AfCYP51A and AfCYP51B purified proteins and 1 µM AfCYP51A and AfCYP51B suspensions in E. coli membranes isolated from the expression clones diluted with 0.1 M Tris-HCl (pH 8.1) and 20% (wt/vol) glycerol at 22°C.

Azole saturation curves were constructed from  $\Delta A_{peak-trough}$  of the resultant difference spectra versus azole concentration.

The triazole concentrations that cause 50% inhibition of CYP51 activity (IC50) were determined using the CYP51 reconstitution assay system previously described (21). *H. sapiens* CYP51 assays contained 0.5  $\mu$ M HsCYP51 and 2  $\mu$ M *H. sapiens* cytochrome P450 reductase (UniProt accession number P16435) using lanosterol as substrate. *A. fumigatus* CYP51 assays used 50  $\mu$ I *E. coli* membrane preparations containing 0.5  $\mu$ M AfCYP51A, G54W:AfCYP51A, L98H:AfCYP51A, M220K:AfCYP51A or AfCYP51B with 1  $\mu$ M *A. fumigatus* cytochrome P450 reductase (UniProt accession number Q4WM67) and eburicol as substrate. Azole antifungal agents were added in 2.5  $\mu$ I DMSO followed by 10 minutes incubation at 37°C prior to assay initiation with 4 mM  $\beta$ -NADPH-Na<sub>4</sub>. Incubation times were 4 minutes for HsCYP51 and 15 minutes for AfCYP51A and AfCYP51B at 37°C. Sterol metabolites were recovered by ethyl acetate extraction and analyzed by gas chromatography mass spectrometry (section 2.3.).

### 2.3. Sterol composition analysis.

Spore suspensions of *Aspergillus fumigatus* Af293 (ATCC MYA-4609, CBS 101355) were prepared in Tween 80 saline, containing 0.025% (wt/vol) Tween 80 and 0.8% (wt/vol) NaCl. Spores were used to inoculate Sabouraud media (final concentration of 1x10<sup>4</sup> cells/ml) in the absence (DMSO control, 1% vol/vol) or presence of azole. Voriconazole and isavuconazole stocks were

prepared in DMSO and added to the media to give a final concentration of 0.125 µg/ml azole and 1% (vol/vol) DMSO. Cultures were incubated at 37°C, 250 rpm for 48 hours. Mycelia were harvested and non-saponifiable lipids were extracted as previously described (22). Sterols were derivatized using 0.1ml BSTFA:TMCS (99:1) and 0.3 ml anhydrous pyridine with heating at 80°C for 2 hours (23). TMS-derivatized sterols were analysed by GC/MS using a Thermo 1300 GC coupled to a Thermo ISQ mass spectrometer (Thermo Scientific, Loughborough, UK) and identified with reference to relative retention times, mass ions and fragmentation spectra. GC/MS data files were analyzed using Xcalibur software (Thermo Scientific).

175

176

177

178

179

180

181

182

183

184

185

186

187

174

165

166

167

168

169

170

171

172

173

### 2.4. Complementation studies in Saccharomyces cerevisae.

YUG37-pcyp51A and YUG37-pcyp51B constructs in Saccharomyces cerevisiae (24) were used to assess the relative azole sensitivities of wild-type AfCYP51A and AfCYP51B towards isavuconazole, voriconazole itraconazole. YUG37-pcyp51A and YUG37-pcyp51B cells were grown in 1.34% yeast nitrogen base without amino acids (Difco), 2% galactose, 2% raffinose, leucine and tryptophan (both at 100 mg/l) and doxycyclin (5 µg/ml) at 30°C for 72 h as previously described (24). MIC determinations were performed in triplicate according to the CLSI M27-A2 broth dilution method, except for the use of doxycyclin induction media to grow the cells used for the 2.5 x 103 cells/ml inoculums in the microtiter plates. Azole concentrations of 0.001 to 2 µg/ml were assessed and MIC plates were read visually after 72 h at 30°C. MIC here is

defined	as the	minimum	drug	concentration	n that	causes	at le	ast 8	0%	inhibition	ı of
growth.											

### 2.5. Data analysis.

Spectral determinations were made using quartz semi-micro cuvettes with a Hitachi U-3310 UV/VIS spectrophotometer (San Jose, California). Curve-fitting of ligand binding data was performed using a rearrangement of the Morrison equation (25) with the computer program QuantumSoft ProFit (version 6.2.11) (non-linear regression Levenberg-Marquardt algorithm) to determine  $K_d$  values of the azole-CYP51 complexes. Ligand titrations were performed in triplicate and mean  $K_d$  values with standard deviations calculated.

 $IC_{50}$  enzyme velocities were calculated from gas chromatogram peak areas for product and substrate. Velocities were standardized against those observed in the absence of azole antifungal.  $IC_{50}$  experiments were performed in duplicate and mean  $IC_{50}$  values and standard deviations calculated.

Sterol composition of *A. fumigatus* Af293 was calculated using gas chromatogram peak areas with mass fragmentation patterns confirming sterol identification. Mean percentage compositions with standard deviations for each sterol were calculated from three replicate experiments.

### 2.6. Chemicals.

All chemicals, unless otherwise stated, were obtained from Sigma Chemical Company (Poole, UK). Voriconazole was obtained from Discovery Fine

211	Chemicals (Bournemouth, UK), Isavuconazole from BOC Sciences (Shirley, New
212	York) and Growth media, sodium ampicillin, IPTG and 5-aminolevulenic acid from
213	Foremedium Ltd (Hunstanton, UK).
214	
215	

### 3. Results

3.1.	Azole	ligand	binding	studies
0. 1.	7 12010	ngaria	Dirianing	otaaroo.

Type II binding spectra were observed between all three CYP51 proteins and both isavuconazole and voriconazole (Fig 2), yielding a peak at ~428 nm and a trough at ~412 nm, and indicative of the triazole N-4 nitrogen coordinating as the sixth ligand with the heme iron (26) to form the low-spin CYP51-azole complex resulting in a 'red-shift' of the heme Soret peak. Similar spectra were also observed with *E. coli* membrane suspensions of AfCYP51A and AfCYP51B, although the spectra were more ragged, in part due to the increased turbidity caused by the membrane suspensions.

Azole saturation curves (Fig 3) confirmed isavuconazole and voriconazole bound tightly to AfCYP51A and AfCYP51B when isolated in the *E. coli* membrane fraction from the expression clones with  $K_d$  values of 20 to 60 nM (Table 1). In contrast, voriconazole and isavuconazole binding to purified AfCYP51A and AfCYP51B was less tight (Table 1). Voriconazole bound to both purified *A. fumigatus* CYP51 isoenzymes with similar affinity ( $K_d$  ~1  $\mu$ M) whilst isavuconazole bound more tightly to AfCYP51B than AfCYP51A reflected in the 10-fold lower  $K_d$  value with AfCYP51B (Table 1). Isavuconazole bound tightly to HsCYP51 ( $K_d$  68 nM) whereas voriconazole bound less tightly ( $K_d$  ~2.3  $\mu$ M).

### 3.2. Azole inhibition of CYP51 sterol 14α-demethylase activity.

IC<sub>50</sub> determinations for voriconazole and isavuconazole (Fig 4) indicated both were equally effective at inhibiting the enzyme activity of the three

AfCYP51A mutations (G54W, L98H and M220K) associated with azole resistance in A. fumigatus, yielding IC<sub>50</sub> values of 0.4 to 0.8 µM, with the only noticeable difference being slightly higher residual CYP51 activities observed at high isavuconazole concentrations with the G54W and L98H mutants compared to voriconazole. Isavuconazole was marginally more effective at inhibiting wildtype AfCYP51A and AfCYP51B than voriconazole (Fig 4), with the isavuconazole IC<sub>50</sub> curves dipping below those for voriconazole, however, the difference in IC<sub>50</sub> values were less than two-fold (Table 2). Both voriconazole and isavuconazole were weak inhibitors of HsCYP51 activity in vitro with 32 µM voriconazole causing 25% inhibition of CYP51 activity compared to 57% inhibition in the presence of 32 µM isavuconazole (Fig 4). The 4.5-fold difference in IC<sub>50</sub> values obtained with HsCYP51 reflected the stronger inhibition exhibited by isavuconazole (Table 2). The apparent selectivity for A. fumigatus CYP51s over human CYP51 based on IC<sub>50</sub> values were 290- to 340-fold and 110- to 120-fold for voriconazole and isavuconazole, respectively.

253

254

255

256

257

258

259

260

252

238

239

240

241

242

243

244

245

246

247

248

249

250

251

#### 3.3 Sterol composition analysis.

Aspergillus fumigatus Af293 was grown from spores in the presence of 0.0125  $\mu$ g/ml (0.0358  $\mu$ M) voriconazole and 0.0125  $\mu$ g/ml (0.0286  $\mu$ M) isavuconazole and in the absence of azole antifungals (DMSO control) and the sterol content of the cells extracted and then analyzed. The predominant sterol in the control sample was ergosterol, comprising nearly 91% of the total sterol content (Table 3) with only 0.6% eburicol present. Treatment with 0.0125  $\mu$ g/ml

voriconazole and isavuconazle both resulted in sharp rises in the relative abundance of the 14-methylated sterols eburicol and lanosterol, indicative of CYP51 inhibition in the cells (Table 3). The increased 14-methylated sterol content was more pronounced in the isavuconazole-treated sample, reaching 34% eburicol and 9% lanosterol, than the voriconazole-treated sample that contained 20% eburicol and 6% lanosterol. Therefore, isavuconazole appeared to be a more potent inhibitor of cellular CYP51 activity in strain Af293 than voriconazole, especially bearing in mind the molar isavuconazole concentration used was 20% lower than that for voriconazole. Levels of toxic 14-methylergosta-8,24(28)-dien-3,6-diol (22) remained low when cells were grown in 0.0125 µg/ml triazole, comprising just 0.7% and 2.6% of the sterol composition for isavuconazole- and voriconazole-treated cells, respectively. Cellular ergosterol depletion, another indicator of CYP51 inhibition, was also evident in the triazole-treated cells falling from 91% of the sterol composition in the control cells to 55% and 65% in isavuconazole- and voriconazole-treated cells, respectively.

277

278

279

280

281

282

283

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

3.4 Complementation studies in Saccharomyces cerevisiae.

Previously both *A. fumigatus* CYP51 isoenzymes A and B were found to complement *S. cerevisiae* sterol 14α-demethylase function (24) using the YUG37-pcyp51A and YUG37-pcyp51B constructs. MIC values for fluconazole, clotrimazole, voriconazole, itraconazole and posaconazole with YUG37-pcyp51A were 8, 0.016, 0.004, 0.125 and 0.063 μg/ml, respectively, compared to 0.5,

0.016, 0.004, 0.125 and 0.063  $\mu g/ml$  for YUG37-pcyp51B (24). The control construct YUG37-pCTRL gave MIC values of 0.25, 0.016, 0.004, 0.031 and 0.063  $\mu g/ml$  against fluconazole, clotrimazole, voriconazole, itraconazole and posaconazole, respectively (24). Therefore AfCYP51A conferred tolerance towards fluconazole, whilst AfCYP51A and AfCYP51B were equally susceptible to inhibition by clotrimazole, voriconazole, itraconazole and posaconazole.

In this study, MIC determinations with voriconazole and itraconazole were repeated along with MIC determinations for the new triazole antifungal isavuconazole. MIC values obtained with YUG37-pcyp51A were 0.002, 0.0625 and 0.002  $\mu$ g/ml for voriconazole, itraconazole and isavuconazole, respectively, compared with 0.001, 0.0313 and 0.001  $\mu$ g/ml for YUG37-pcyp51B. Therefore isavuconazole was equally effective at inhibiting both AfCYP51A and AfCYP51B as voriconazole and was 300-fold more effective than itraconazole.

### 4. Discussion

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

The type II binding spectra observed between voriconazole and isavuconazole and the three CYP51 proteins (Fig 2) indicated that the mode of interaction was the same for both triazoles, namely through the triazole N-4 nitrogen coordinating as the sixth ligand with the heme iron (26). Both triazoles bound tighter to AfCYP51A and AfCYP51B isolated in the E. coli membrane fraction from the expression clones than to the purified proteins. The folddifference in the calculated  $K_d$  values between purified and membrane-isolated proteins with voriconazole were 19- and 25-fold for AfCYP51A and AfCYP51B, respectively, compared to 39- and 11-fold with isavuconazole (Table 1). This suggests the enzyme conformation adopted by AfCYP51A and AfCYP51B in free solution was subtly different to that in a lipid bilayer membrane and is supported by the observation that CYP51 catalysis was ten-fold higher for A. fumigatus CYP51 proteins isolated in *E. coli* membranes (21). The tight triazole binding observed with the membrane A. fumigatus CYP51 proteins suggested AfCYP51A and AfCYP51B would be strongly inhibited by both voriconazole and isavuconazole. This was confirmed by the low IC<sub>50</sub> values obtained which were approximately half the CYP51 concentration and indicative of tight binding inhibitors (Table 2). The  $K_d$  value for isavuconazole with HsCYP51 was 34-fold lower than that

obtained for voriconazole, suggesting that isavuconazole would be a stronger

inhibitor of HsCYP51 activity. This was confirmed by the IC50 values obtained

with HsCYP51 (Table 2), however, the degree of inhibition caused by

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

isavuconazole was less than expected considering the low  $K_d$  value of 68 nM. AfCYP51A in *E. coli* membranes had a similar  $K_d$  for isavuconazole (61 nM) and yet the IC<sub>50</sub> for isavuconazole was 0.21 μM compared to 25 μM obtained with HsCYP51 (Table 2). This suggests suspension of HsCYP51 in a lipid bilayer in the presence of substrate and CPR redox partner weakens in situ isavuconazole binding. This requires further investigation to ascertain the biophysical and biochemical mechanisms involved. Therefore initial concerns about the relatively poor selectivity of isavuconazole for the A. fumigatus CYP51s over the human homolog based on ligand binding data (1.1- to 3.2-fold differences in  $K_d$ ) were not observed when IC<sub>50</sub> values were measured (108- to 119-fold differences). For voriconazole the selectivity for the A. fumigatus CYP51s was 45- to 60-fold based on  $K_d$  and 290- to 340-fold based on IC<sub>50</sub> (Table 2), indicating voriconazole was more selective for A. fumigatus CYP51s over the human homolog than isavuconazole, albeit with isavuconazole still being a strong inhibitor of A. fumigatus CYP51 activity in vitro. Azole ligand binding studies provide a useful preliminary screen for new potential CYP51-inhibitory compounds that contain an azole functional group, including mechanistic information on the mode of interaction, but confirmatory CYP51 reconstitution assays are required to determine in vitro IC<sub>50</sub> values for each compound.

IC<sub>50</sub> values obtained for voriconazole and isavuconazole against the G54W, L98H and M220K proteins were only two-fold greater than the wild-type AfCYP51A indicating both triazoles strongly inhibited CYP51 activity of all three mutants, with isavuconazole proving marginally more potent than voriconazole,

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

albeit at the expense of slightly increased residual activities at high isavuconazole concentrations (Fig 4). Therefore, isavuconazole is as effective as voriconazole in terms of inhibiting AfCYP51A and AfCYP51B activity and is a strong inhibitor of the CYP51 activity of the AfCYP51A mutants G54W, L98H and M220K which are often associated with resistance / tolerance to itraconazole and posaconazole.

These observations were consistent with the azole phenotypes of G54W and M220K in which G54W was found to confer resistance to itraconazole (MIC >16 µg/ml) and posaconazole (MIC >8 µg/ml) but not to voriconazole (MIC 0.25 μg/ml) (17) and M220K to confer resistance to itraconazole (MIC >8 μg/ml), elevated MIC to posaconazole (MIC 1 to 2 µg/ml compared to 0.06 µg/ml for wildtype) but little increase in resistance to voriconazole (MIC 1 µg/ml) (18). Previous investigations utilizing recombinant G54W and M220K AfCYP51A proteins have shown these mutations confer resistance against CYP51 inhibition by itraconazole and posaconazole and limited tolerance to voriconazole (21). MIC values for isavuconazole with A. fumigatus strains containing the CYP51A G54W and M220K substitutions were 0.125 to 0.25 µg/ml and 1 to 4 µg/ml, respectively (27). As isavuconazole was equally effective at inhibiting the AfCYP51A:G54W and AfCYP51A:L98H proteins, the observed variability in the isavuconazole MICs for the AfCYP51A:M220K-containing strains suggest additional resistance mechanisms were also present.

The two-fold increase in  $IC_{50}$  values for AfCYP51A:L98H over the wild-type enzyme indicates L98H on its own does not confer the full azole resistance

phenotype observed with AfCYP51A:TR34/L98H-containing strains. This is in agreement with previous studies using recombinant AfCYP51A:L98H protein (21) and with *A. fumigatus* transformation studies (19) in which both the tandem repeat and the L98H mutation are required to confer itraconazole resistance (MIC >16  $\mu$ g/ml) and elevated MIC against voriconazole (2  $\mu$ g/ml). MIC values for isavuconazole with AfCYP51A:TR34/L98H-containing strains are variable at 4 to >16  $\mu$ g/ml (27), suggesting other azole resistance mechanisms are also present in some of these strains.

The relatively high residual CYP51 activities observed for AfCYP51A:L98H at 8, 16 and 32 μM voriconazole or isavuconazole suggests the L98H mutation may confer azole tolerance in a clinical setting by facilitating slow *A. fumigatus* growth under prolonged triazole treatment regimens, rather than arresting growth in strains that possess a wild-type AfCYP51A enzyme. In addition, when the L98H substitution is coupled to a 5-fold increase in AfCYP51A expression levels associated with TR34 over the wild-type form (28), this could explain the azole resistance phenotype observed for TR34/L98H combination.

The prevalence of the AfCYP51A:TR34/L98H genotype is increasing both numerically and geographically amongst azole resistant *A. fumigatus* clinical isolates (29, 30) and other tandem repeat linked AfCYP51A mutations are emerging, such as TR46/Y121F/T289A (31), TR34/L98H/S297T/F495I (32) and TR46/Y121F/M172I/T289A/G448S (28). The emergence of these mutations suggest *A. fumigatus* is undergoing a similar process previously observed in *Mycosphaerella graminicola* CYP51 in which complex genotypes with multiple

substitutions have been selected during the changing regimes of azole fungicides deployed over recent decades with the wild-type CYP51 alleles not seen in some countries (33).

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

Less frequently encountered AfCYP51A mutations that confer azole resistance include G138C, G138S, Y431C, G434C and G448S. Clinical strains containing AfCYP51A:G138C/S are resistant to isavuconazole, voriconazole and itraconazole (MIC 8 to >16 µg/ml) but display variable resistance towards posaconazole (MIC 1 to >16 µg/ml) (34-36). Similarly, clinical A. fumigatus strains containing the AfCYP51 substitutions Y431C, G434C and G448S are resistant against isavuconazole, voriconazole, itraconazole and posaconazole (34-36). Albarrag et al (34) confirmed that G138C and Y431C conferred resistance against voriconazole. itraconazole and posaconazole complementation studies in S. cerevisae, however, unexpectedly the AfCYP51A:G434C transformant caused hypersensitivity to azole antifungals. The molecular basis for azole resistance conferred by the AfCYP51A amino acid substitutions G138C, G138S, Y431C, G434C and G448S would be of interest for a future study, especially as these substitutions appear to confer the greatest resistance towards isavuconazole.

Sterol composition studies confirmed isavuconazole and voriconazole at 0.0125 µg/ml both inhibited cellular CYP51 activity in *A. fumigatus* Af293, characterized by the accumulation of 14-methylated sterols and the depletion of ergosterol, demonstrating the *in situ* mode of action of both azoles. Isavuconazole elicited a stronger response than voriconazole even though the

molar concentration of isavuconazole was 20% lower, confirming isavuconazole as a more potent inhibitor of cellular CYP51 activity in this strain. Further *A. fumigatus* strains (azole sensitive and azole resistant) will need to be evaluated to establish whether this observation is strain specific or more general.

Isavuconazole was generally found to be as effective as voriconazole at inhibiting the growth of *Candida* spp. (37-39), as well as *Cryptococcus* spp. (37, 38), *Coccidioides* spp. (38), *Fusarium* spp. (38), and *Aspergillus* spp. (37, 39) but less effective than voriconazole at inhibiting *Scedosporium* spp. growth (38). The FDA currently licenses isavuconazole for the treatment of invasive aspergillosis and invasive mucormycosis with a recent clinical study showing isavuconazole to be non-inferior to voriconazole for the primary treatment of invasive mould disease along with isavuconazole being well tolerated compared to voriconazole and with fewer drug-related side effects (8). Isavuconazole exhibits moderate activity towards *Mucorales*, whereas few *Mucorales* isolates could be classified as susceptible to voriconazole (40). However, direct comparisons of MIC values across compounds are not readily correlated to clinical effectiveness as factors such as *in vivo* bioavailability and pharmacokinetic interactions and stability also contribute to clinical effectiveness.

### 5. Conclusions

The biochemical mode of action of isavuconazole has been demonstrated for the first time both *in vitro* using recombinant CYP51 enzymes, where isavuconazole inhibits CYP51 activity through direct coordination of the triazole

nitrogen atom as the sixth axial ligand to the heme ferric ion, and at a cellular level by analysis of *A. fumigatus* sterol composition where isavuconazole inhibits CYP51 activity resulting in an accumulation of 14-methylated sterols and the depletion of ergosterol. The molecular mode of action of isavuconazole is confirmed to be the same as other triazole antifungals.

Isavuconazole is a good alternative to voriconazole as an inhibitor of *A. fumigatus* CYP51 activity and *A. fumigatus* cellular growth and is an effective inhibitor of two AfCYP51A mutations (G54W and M220K) that confer tolerance towards itraconazole and posaconazole. Isavuconazole has the disadvantage of increased inhibition of human CYP51 activity compared to voriconazole. However, this is offset by increased bioavailability of isavuconazole, linear pharmacokinetics, fewer drug interactions and lower reported side effects compared to voriconazle.

### **Acknowledgments**

We are grateful to Mr. Marcus Hull and the Engineering and Physical Sciences Research Council National Mass Spectrometry Service Centre at Swansea University for assistance in GC/MS analyses.

This work was in part supported by the European Regional Development Fund/Welsh Government funded BEACON research program (Swansea University) and the National Science Foundation of the United States grant NSF-MCB-09020212 awarded to W. David Nes (Texas Tech University).

### References

- 460 [1] Pappas PG, Alexander BD, Andes DR, Hadley S, Kauffman CA, Freifeld
- A, et al. Invasive fungal infections among organ transplant recipients:
- results of the Transplant-Associated Infection Surveillance Network
- 463 (TRANSNET). Clin Infect Dis 2010;50:1101-11.
- 464 [2] Slavin M, van Hal S, Sorrell TC, Lee A, Marriott DJ, Daveson K, et al.
- Invasive infections due to filamentous fungi other than Aspergillus:
- 466 epidemiology and determinants of mortality. Clin Microbiol Infect
- 467 2015;21:490e1-10.
- Bongomin F, Gago S, Oladele RO, Denning DW. Global and multi-national
- prevalence of fungal diseases estimate precision. J Fungi 2017;3,57.
- 470 [4] Park BJ, Wannemuehler KA, Marston BJ, Govender N, Pappas PG,
- 471 Chiller TM. Estimation of the current global burden of cryptococcal
- 472 meningitis among persons living with HIV/AIDS. AIDS 2009;23:525-30.
- 473 [5] Marr KA, Carter RA, Crippa F, Wald A, Corey L. Epidemiology and
- outcome of mould infections in hematopoietic stem cell transplant
- 475 recipients. Clin Infect Dis 2002;34:909-17.
- 476 [6] Ramirez E, García-Rodríguez J, Borobia AM, Ortega JM, Lei S, Barrios-
- 477 Fernández A, et al. Use of antifungal agents in pediatric and adult high-
- 478 risk areas. Eur J Clin Microbiol Infect Dis 2012;31:337-47.
- 479 [7] Desai ICA, Cavanaugh TM, Kelton CML, Guo JJ, Heaton PC. Trends in
- 480 the utilization of, spending on, and prices for outpatient antifungal agents
- 481 in US medicaid programs: 1991–2009. Clin Ther 2012;34:2118-31.

482 Maertens JA, Raad JI, Marr KA, Patterson TF, Kontoviannis DP, Cornely [8] OA, et al. Isavuconazole versus voriconazole for primary treatment of 483 484 invasive mould disease caused by Aspergillus and other filamentous fungi 485 (SECURE): a phase 3, randomised-controlled, non-inferiority trial. Lancet 486 2016;387:760-9. 487 [9] Marty FM, Ostrosky-Zeichner L, Cornely OA, Mullane KM, Perfect JR, 488 Thompson III GR, et al. Isavuconazole treatment for mucormycosis: a single-arm open-label trial and case-control analysis. Lancet Infect Dis 489 490 2016;16:828-37. 491 Thompson III GR, Rendon A, Ribeiro dos Santos R, Queiroz-Telles F, [10] 492 Ostrosky-Zeichner L, Azie N, et al. Isavuconazole treatment of 493 Cryptococcosis and dimorphic mycoses. Clin Infect Dis 2016;63:356-62. 494 [11] Kullberg BJ, Viscoli C, Pappas PG, Vazquez J, Ostrosky-Zeichner L, 495 Rotstein C, et al. Isavuconazole versus caspofungin in the treatment of 496 Candidemia and other invasive Candida infections: the ACTIVE trial. Clin 497 Infect Dis 2019;68:1981-9. 498 Livermore J, Hope W. Evaluation of the pharmacokinetics and clinical [12] 499 utility of isavuconazole for treatment of invasive fungal infections. Expert 500 Opin Drug Metab Toxicol 2012;8:759-65. 501 Schmitt-Hoffmann A, Roos B, Maares J, Heep M, Spickerman J, [13] 502 Weidekamm E, et al. Multiple-dose pharmacokinetics and safety on the 503 new antifungal triazole BAL4815 after intravenous infusion and oral

504		administration of its prodrug, BAL8557, in healthy volunteers. Antimicrob
505		Agents Chemother 2006;50:286-93.
506	[14]	Ohwada J, Tsukazaki M, Hayase T, Oikawa N, Isshiki Y, Fukuda H, et al.
507		Design, synthesis and antifungal activity of a novel water soluble prodrug
508		of antifungal triazole. Bioorg Med Chem Lett 2003;13:191-6.
509	[15]	Kelly SL, Lamb DC, Kelly DE, Manning NJ, Loeffler J, Hebart H, et al.
510		Resistance to fluconazole and cross-resistance to amphotericin B in
511		Candida albicans from AIDS patients caused by defective sterol $\Delta^{5,6}$ -
512		desaturation. FEBS Lett 1997;400:80-2.
513	[16]	Miceli MH, Kauffman CA. Isavuconazole: a new broad-spectrum triazole
514		antifungal agent. Clin Infect Dis 2015;61:1558-65.
515	[17]	Mann PA, Parmegiani RM, Wei S-Q, Mendrick CA, Li X, Loebenberg D, et
516		al. Mutations in Aspergillus fumigatus resulting in reduced susceptibility to
517		posaconazole appear to be restricted to a single amino acid in the
518		cytochrome P450 14 $\alpha$ -demethylase. Antimicrob Agents Chemother
519		2003;47:577-81.
520	[18]	Mellado E, Garcia-Effron G, Alcazar-Fuoli L, Cuenca-Estrella M,
521		Rodriguez-Tudela JL. Substitutions at methionine 220 in the 14 $\alpha$ -sterol
522		demethylase (Cyp51A) of Aspergillus fumigatus are responsible for
523		resistance in vitro to azole antifungal drugs. Antimicrob Agents Chemother
524		2004;48:2747-50.
525	[19]	Snelders E, Karawajczyk A, Verhoeven RJA, Venselaar H, Schaftenaar G,
526		Verweij PE, Melchers WJG. The structure-function relationship of the

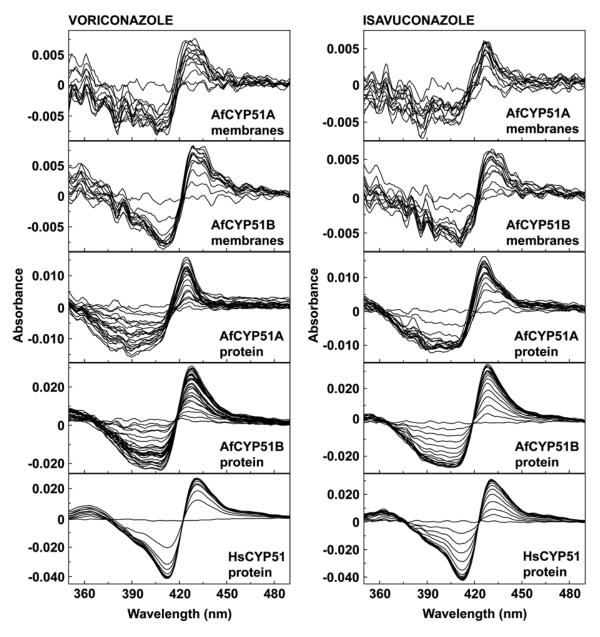
527		Aspergillus fumigatus cyp51A L98H conversion by site-directed
528		mutagenesis: The mechanism of L98H azole resistance. Fungal Genet
529		Biol 2011;48:1062-70.
530	[20]	Warrilow AGS, Parker JE, Kelly DE, Kelly SL. Azole affinity of sterol 14 $\alpha$ -
531		demethylase (CYP51) enzymes from Candida albicans and Homo
532		sapiens. Antimicrob Agents Chemother 2013;57:1352-60.
533	[21]	Warrilow AGS, Parker JE, Price CL, Nes WD, Kelly SL, Kelly DE. In vitro
534		biochemical study of CYP51-mediated azole resistance in Aspergillus
535		fumigatus. Antimicrob Agents Chemother 2015;59:7771-8.
536	[22]	Kelly SL, Lamb DC, Corran AJ, Baldwin BC, Kelly DE. Mode of action and
537		resistance to azole antifungals associated with the formation of $14\alpha\text{-}$
538		methylergosta-8,24(28)-dien-3 $\beta$ ,6 $\alpha$ -diol. Biochem Biophys Res Comm
539		1995;207:910-5.
540	[23]	Parker JE, Warrilow AGS, Cools HJ, Fraaije BA, Lucas JA, Rigdova K, et
541		al. Prothioconazole and prothioconazole-desthio activity against Candida
542		albicans sterol 14α-demethylase (CaCYP51). Appl Environ Microbiol
543		2011;79:1639-45.
544	[24]	Martel CM, Parker JE, Warrilow AGS, Rolley NJ, Kelly SL, Kelly DE.
545		Complementation of a Saccharomyces cerevisiae ERG11/CYP51 (sterol
546		$14\alpha$ -demethylase) doxycycline-regulated mutant and screening of the
547		azole sensitivity of Aspergillus fumigatus isoenzymes CYP51A and
548		CYP51B. Antimicrob Agents Chemother 2010;54:4920-3.

Lutz JD, Dixit V, Yeung CK, Dickmann LJ, Zelter A, Thatcher JA, et al. 549 [25] 550 Expression and functional characterization of cytochrome P450 26A1, a 551 retinoic acid hydroxylase. Biochem Pharmacol 2009;77:258-68. 552 [26] Jefcoate CR, Gaylor JL, Calabrese RL. Ligand interactions with 553 cytochrome P450. I. Binding of primary amines. Biochemistry 554 1969;8:3455-63. 555 [27] Arendrup MC, Verweij P. Nielsena HV. Evaluation of MIC strip 556 isavuconazole test for susceptibility testing of wild-type and non-wild-type 557 Aspergillus fumigatus isolates. Antimicrob Agents Chemother 2017;61: 558 e01659-16. 559 [28] Zhang J, Snelders E, Zwaan BJ, Schoustra SE, Meis JF, van Dijk K, et al. 560 A novel environmental azole resistance mutation in Asperaillus fumigatus 561 and a possible role of sexual reproduction in its emergence. mBio 2017;8: 562 e00791-17. 563 [29] Snelders E, van der Lee HAL, Kuijpers J, Anthonius Rijs JMM, Varga J, 564 Samson RA, et al. Emergence of azole resistance in Aspergillus fumigatus 565 and spread of a single resistance mechanism. PLoS Medicine 566 2008;5:e219. 567 [30] Verweij PE, Chowdhary A, Melchers WJG, Meis JF. Azole resistance in Aspergillus fumigatus: Can we retain the clinical use of mold-active 568 569 antifungal azoles? Clin Infect Dis 2016;62:362-8. 570 Snelders E, Camps SMT, Karawajczyk A, Rijs AJMM, Zoll J, Verweij PE, [31] Genotype-phenotype 571 Melchers WJG. complexity of the

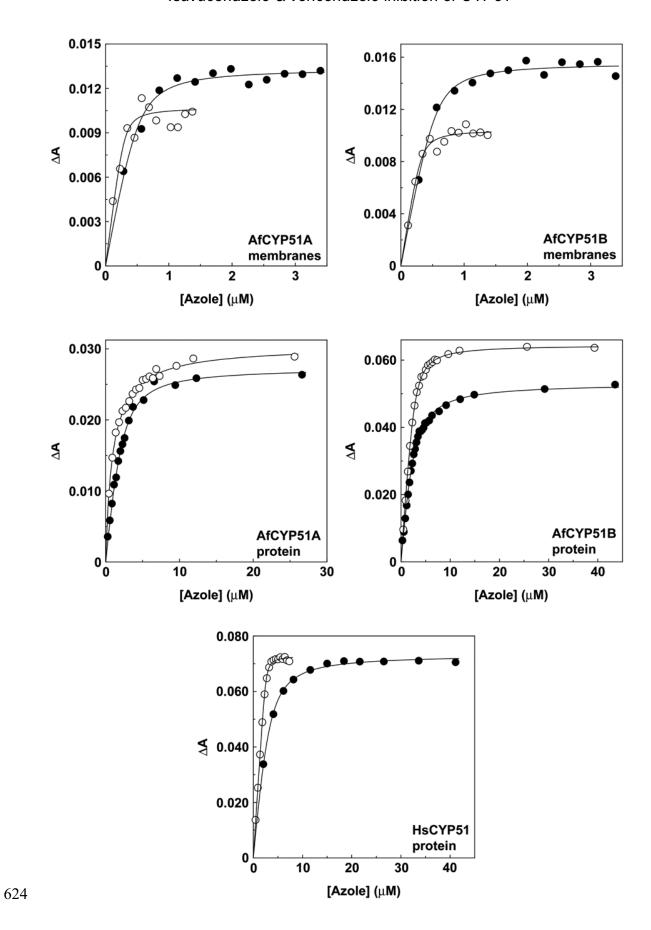
572	TR46/Y121F/T289A cyp51A azole resistance mechanism in Aspergillus
573	fumigatus. Fung Genet Biol 2015;82:129-35.
574 [32]	Chen Y, Li Z, Han X, Tian S, Zhao J, Chen F, et al. Elevated MIC values
575	of imidazole drugs against Aspergillus fumigatus isolates with
576	TR34/L98H/S297T/F495I mutation. Antimicrob Agents Chemother
577	2018;62:e01549-17.
578 [33]	Cools HJ, Mullins JGL, Fraaije BA, Parker JE, Kelly DE, Lucas JA, Kelly
579	SL. Impact of recently emerged sterol 14α-demethylase (CYP51) variants
580	of Mycosphaerella graminicola on azole fungicide sensitivity. Appl Environ
581	Microbiol 2011;77:3830-7.
582 [34]	Albarrag AM, Anderson MJ, Howard SJ, Robson GD, Warn PA, Sanglard
583	D, Denning DW. Interrogation of related clinical pan-azole-resistant
584	Aspergillus fumigatus strains: G138C, Y431C, and G434C single
585	nucleotide polymorphisms in cyp51A, upregulation of cyp51A, and
586	integration and activation of transposon Atf1 in the cyp51A promoter.
587	Antimicrob Agents Chemother 2011;55:5113-21.
588 [35]	Gregson L, Goodwin J, Johnson A, McEntee L, Moore CB, Richardson M,
589	et al. In vitro susceptibility of Aspergillus fumigatus to isavuconazole:
590	correlation with itraconazole, voriconazole, and posaconazole. Antimicrob
591	Agents Chemother 2013;57:5778-80.
592 [36]	Wiederhold NP, Garcia Gil V, Gutierrez F, Lindner JR, Albataineh MT,
593	McCarthy DI, et al. First detection of TR34 L98H and TR46 Y121F T289A

594		Cyp51 mutations in Aspergillus fumigatus isolates in the United States. J
595		Clin Microbiol 2016;54:168-71.
596	[37]	Pfaller MA, Rhomberg PR, Messer SA, Jones RN, Castanheira M.
597		Isavuconazole, micafungin, and 8 comparator antifungal agents'
598		susceptibility profiles for common and uncommon opportunistic fungi
599		collected in 2013: temporal analysis of antifungal drug resistance using
600		CLSI species-specific clinical breakpoints and proposed epidemiological
601		cutoff values. Diagn Microbiol Infect Dis 2015;82:303-13.
602	[38]	Pettit NN, Carver PL. Isavuconazole: a new option for the management of
603		invasive fungal infections. Ann Pharmacother 2015;49:825-42.
604	[39]	Castanheira M, Messer SA, Rhomberg PR, Dietrich RR, Jones RN, Pfaller
605		MA. Isavuconazole and nine comparator antifungal susceptibility profiles
606		for common and uncommon Candida species collected in 2012:
607		application of new CLSI clinical breakpoints and epidemiological cutoff
608		values. Mycopathologia 2014;178:1-9.
609	[40]	Arendrup MC, Jensen RH, Meletiadis J. In vitro activity of isavuconazole
610		and comparators against clinical isolates of the Mucorales order.
611		Antimicrob Agents Chemother 2015;59:7735-42.
612		
613		

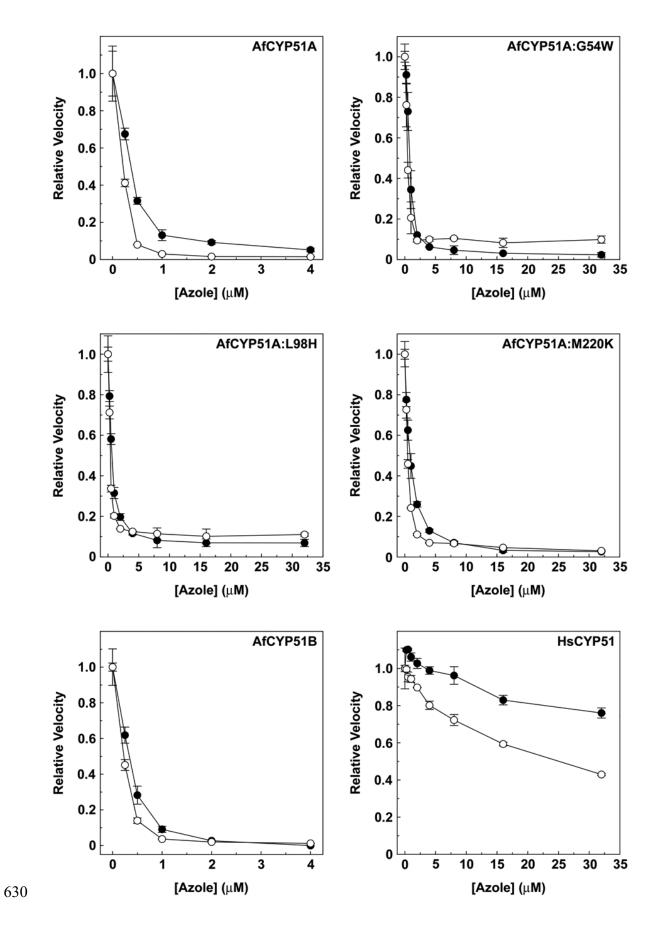
Fig. 1. Chemical structures of voriconazole [molecular weight, MW 349] and isavuconazole [MW 437].



**Fig. 2.** Type II binding spectra. Type II difference spectra were obtained by the progressive titration of voriconazole and isavuconazole against 4 μM purified HsCYP51, AfCYP51A and AfCYP51B proteins and *E. coli* membrane suspensions containing 1 μM AfCYP51A and AfCYP51B. All spectral determinations were performed in triplicate, although only one replicate is shown.



625	Fig. 3. Azole ligand saturation curves. Ligand saturation curves for voriconazole
626	(filled circles) and isavuconazole (hollow circles) were constructed from the type
627	II difference spectra (Fig 2) and were fitted using a rearrangement of the
628	Morrison equation for tight ligand binding (25).
629	
630	



**Fig. 4.** Azole inhibition profiles. IC<sub>50</sub> values for voriconazole (filled circles) and isavuconazole (hollow circles) were determined using a CYP51 reconstitution assay system that contained either 0.5 μM HsCYP51, 2 μM HsCPR, 50 μM DLPC or 0.5 μM *A. fumigatus* CYP51 proteins isolated in the *E. coli* membrane fractions from the expression clones supplemented with 1 μM AfCPR. Additionally, the relative velocities for HsCYP51 in the presence of 75 and 150 μM voriconazole were 0.565 ±0.056 and 0.432 ±0.007. Relative turnover numbers of 1.00 equate to mean turnover numbers of 1.06, 1.13, 4.91, 2.47, 1.11, and 11.72 min<sup>-1</sup> for AfCYP51A, AfCYP51A:G54W, AfCYP51A:L98H, AfCYP51A:M220K, AfCYP51B, and HsCYP51, respectively. IC<sub>50</sub> experiments were performed in duplicate with the mean values plotted and standard deviations presented as error bars.

Table 1
 K<sub>d</sub> values for voriconazole and isavuconazole.

	K <sub>d</sub> (nM)				
	Proteins		Membranes		
CYP51	Voriconazole	Isavuconazole	Voriconazole	Isavuconazole	
HsCYP51 AfCYP51A AfCYP51B	2290 ±120 980 ±239 958 ±22	68 ±23 2358 ±707 228 ±61	- 51 ±17 38 ±16	- 61 ±18 21 ±6	

646

Table 2
 IC<sub>50</sub> values for voriconazole and isavuconazole.

	IC <sub>50</sub> (μM)	
CYP51	Voriconazole	Isavuconazole
HsCYP51 AfCYP51A AfCYP51A: G54W AfCYP51A: L98H AfCYP51A: M220K AfCYP51B	112 ±27 0.38 ±0.05 <sup>a</sup> 0.80 ±0.09 <sup>a</sup> 0.65 ±0.13 <sup>a</sup> 0.84 ±0.08 <sup>a</sup> 0.33 ±0.07 <sup>a</sup>	25 ±2 0.21 ±0.03 0.45 ±0.08 0.39 ±0.05 0.46 ±0.04 0.23 ±0.03

a as previously reported by Warrilow et al (21).

650

Table 3
 Sterol composition of control, voriconazole- and isavuconazole-treated A.
 fumigatus Af293.

Sterols	Sterol composition (%)		
	DMSO (control)	Voriconazole (0.0125 µg/ml)	Isavuconazole (0.0125 µg/ml)
Ergosta-5,8,22-trienol Ergosterol Methylated ergosta- trienol	1.5 (±0.0) 90.8 (±0.5) 4.8 (±0.4)	1.0 (±0.0) 64.5 (±0.9) 3.5 (±0.3)	1.0 (±0.4) 55.1 (±0.8)
14-methyl-ergosta- 8,24(28)-dien-3,6-diol		2.6 (±0.6)	0.7 (±0.1)
Lanosterol Eburicol 4,4 dimethyl-ergosta- 8,24-dienol	0.6 (±0.1) 1.6 (±0.1)	6.4 (±0.3) 19.6 (±0.8) 1.0 (±0.2)	9.2 (±0.1) 34.0 (±0.7)