



# Cryptic mitochondrial diversity drives the development of *Plasmodium* *falciparum* drug resistance

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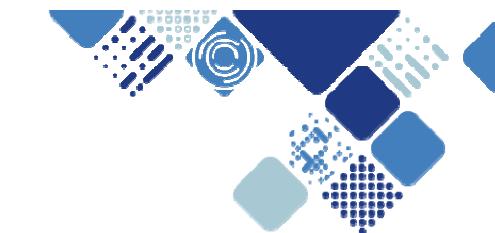




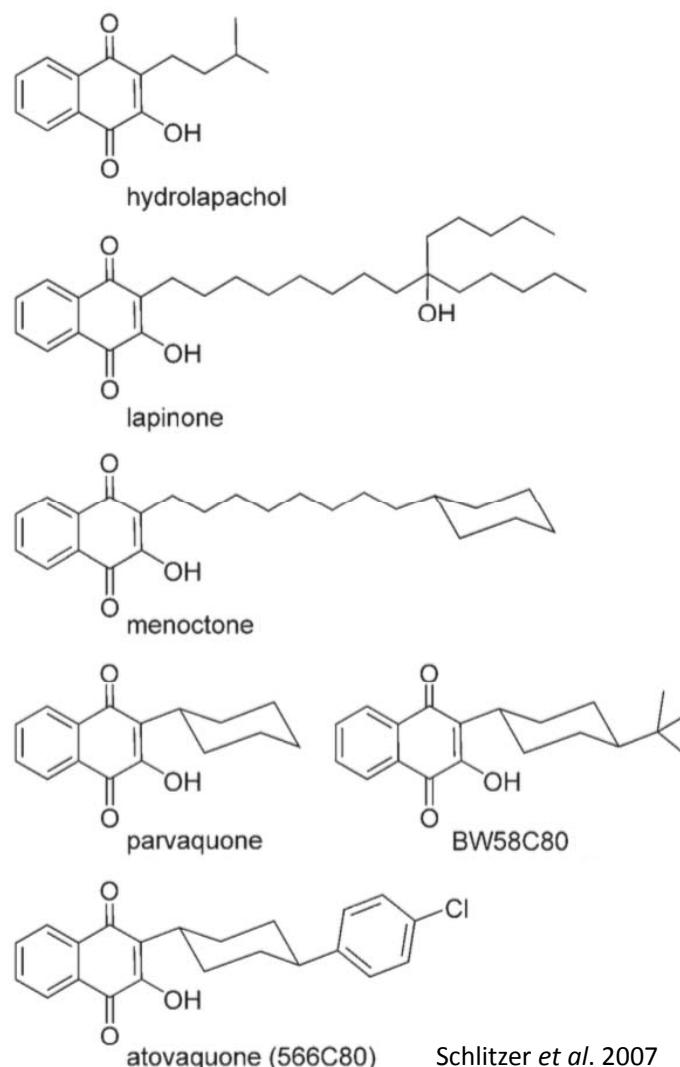
## Historical rapid resistance development to monotherapy

Antimalarial drug	Year of introduction	1st case of resistance
Quinine	1632	1910
Chloroquine	1945	1957 <i>12 years</i>
Proguanil	1948	1949 <i>1 year</i>
SP	1967	1967 <i>&lt;1 year</i>
Mefloquine	1977	1982 <i>5 years</i>
Atovaquone	1991	1991 <i>&lt;1 year</i>

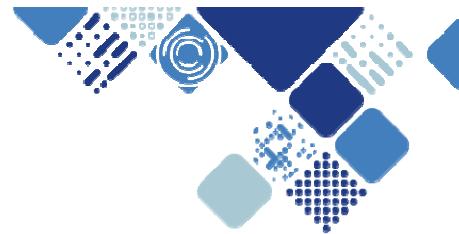
# Atovaquone



- Hydroxynaphthoquinone, ubiquinone analog, binds cytochrome *b* Q<sub>o</sub> site
- Collapses mitochondrial membrane potential
- Broad spectrum antiprotozoal activity
- Efficacy in blood and liver stages

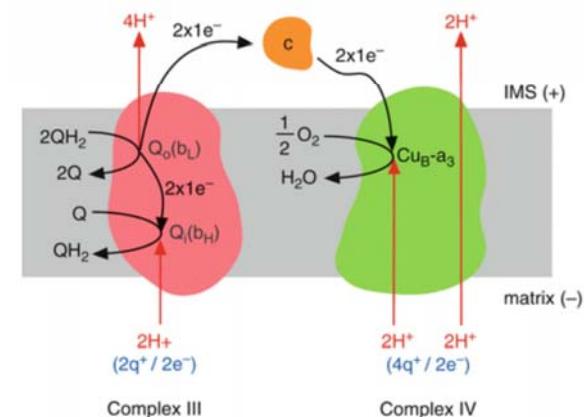


- ~67% cure rate in monotherapy
- Synergistic with proguanil partner drug (Malarone)
- Slow onset of action
- Used for treatment and causal prophylaxis

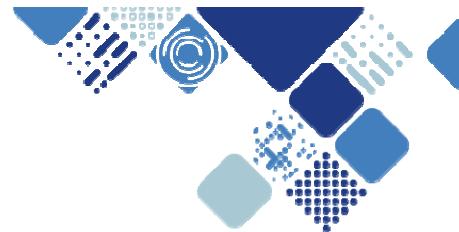


## mETC targets: cytochrome $bc_1$ complex

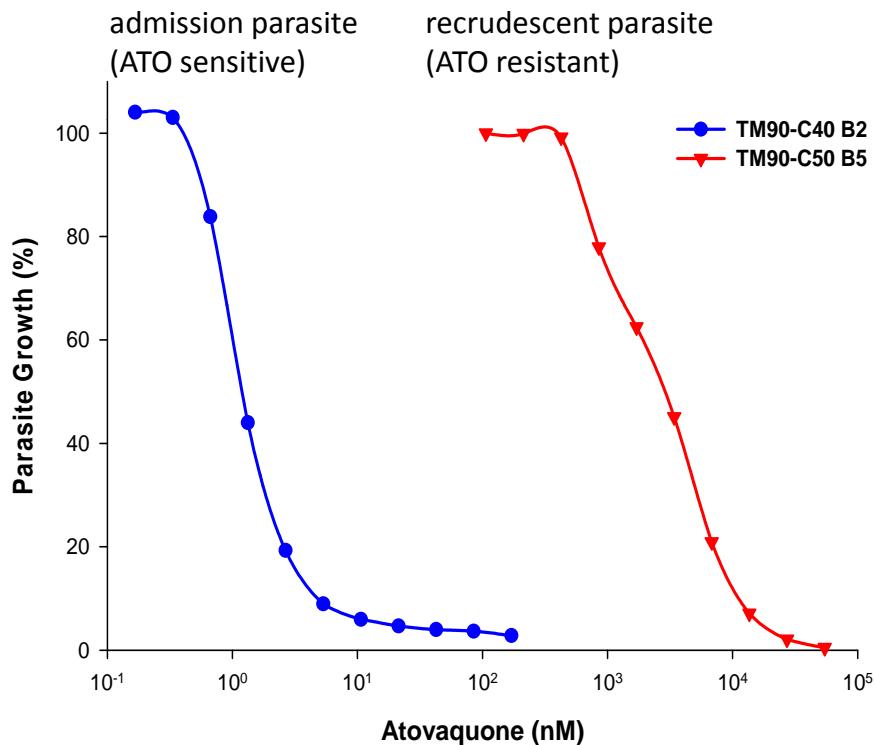
- $bc_1$  catalyzes electron transfer: ubiquinol to cyt c
- Electron transfer coupled to translocation of protons across the inner membrane
  - results in electrochemical gradient for ATP production by ATP synthase (Complex V)
- ATQ inhibits ubiquinone regeneration by mitochondrial cyt.  $bc_1$  (Complex III)
  - collapse of mitochondrial membrane potential
  - Prevents pyrimidine production, stops DNA synthesis



Biagini *et al.* 2014

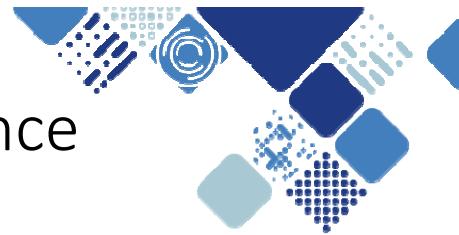


# Atovaquone resistance



Looareesuwan *et al.* 1996

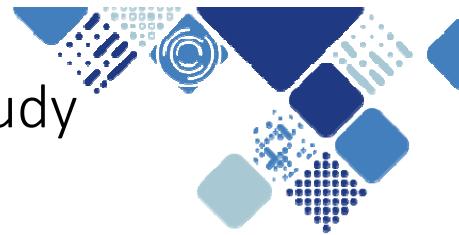
- Mutations in cytochrome *b* at Y268: S, N, C substitutions
- Some ATO resistant parasites have no mutation
- Sporadic treatment failures with Malarone
- Parasites have varied response to ATO (5-10,000 fold)



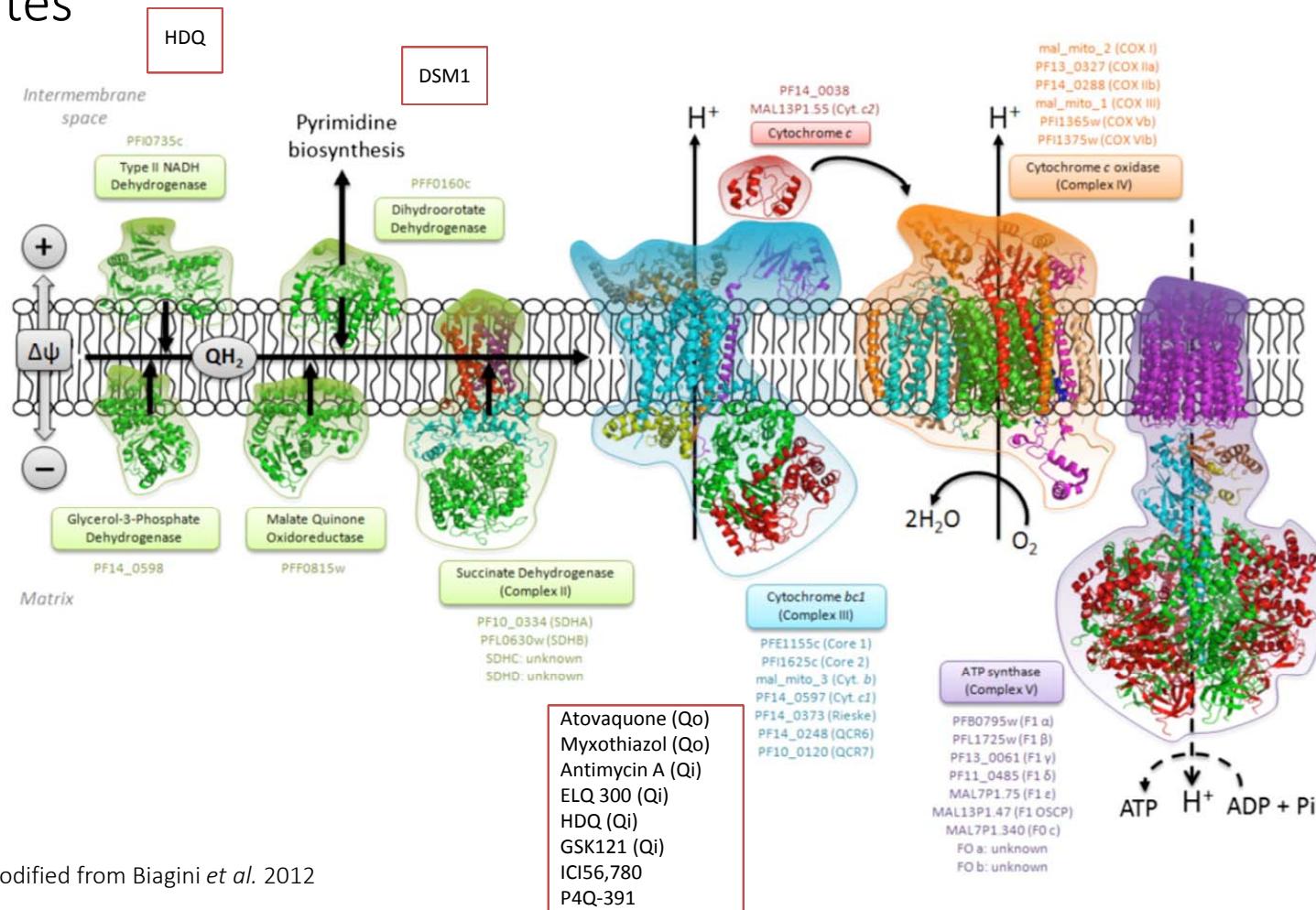
# Parasite history for paired admission and recrudescence *Pf* isolates from Thailand Phase II studies

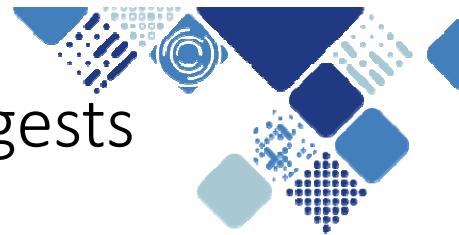
Treatment Regimen	Patient No.	Admission/Recrudescent	Isolate	Cyt. b mutation
ATOV 750 mg q8h x 4	2	A	C2A	--
		R	C2B	Y268S
	6	A	C6A	--
		R	C6B	--
ATOV 750 mg q8h x 21	29	A	C40	--
		R	C50	Y268S
	32	R	C32B	Y268N
ATOV 1000 mg plus PYR 25 mg q24h x 3	210	A	C1028	--
		R	C1086	Y268S
	207	A	C1051	--
		R	C1090	Y268N
	206	R	C1088	Y268S

Looareesuwan *et al.* 1996



# *Pf* mitochondrial electron transport drug targets: Structure activity study of patient isolates





# Structure-activity study: extreme resistance seen in *Pf* suggests additional mechanisms of resistance to mtETC inhibitors

Low, moderate, and extreme resistance to mitochondrial electron chain inhibitors in <i>P. falciparum</i> . (EC <sub>50</sub> s, nM)										
	NDH2		DHODH		Qo site (cyt b)		Qi site (cyt b)		Complex III	
	HDQ	DSM-1	ATOV	MYX	ANT	ELQ 300	GSK121	ICI56,780	P4Q-391	
<b>W2</b>	55.0	52.4	0.41	10.8	165.5	2.72	3.39	0.03	11.1	
<b>TM90-C6B</b>	ND	24.5	109	7.45	125	7.67	36.4	0.50	33.0	
<b>TM90-C2A</b>	14.8	79.4	3.09	153.7	72.0	0.69	20.2	0.04	1.92	
<b>TM90-C2B</b>	146.5	57.4	5288	428.4	151.6	4.61	77.5	14.3	55.5	
<b>TM90-C40B2</b>	829.6	47.2	1.53	45.1	72.9	4.02	7.84	0.04	22.1	
<b>TM90-C50B5</b>	ND	ND	3940	3014	ND	6.45	122	13.4	32.4	
<b>TM92-C1086</b>	179.6	305.3	44308	4105	>18230	16341	2473	882.2	14159	
<b>TM90-C1088</b>	252.2	540.5	29095	3989	>18230	21000	3470	219.3	>20200	

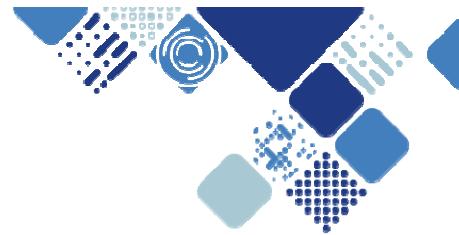
DSM-1: triazolopyrimidine; DHODH inhibitor  
 ICI56,780: phenoxyethoxy-4(1H)-quinolone; complex III inhibitor  
 GSK932121A (GSK121): 4(1H)-pyridone; complex III inhibitor  
 P4Q-391: 4(1H)-quinolone; complex III inhibitor  
 HDQ: 1-hydroxy-2-dodecyl-4(1H)quinolone; cyt b Qi site, NDH2 inhibitor

Atovaquone (ATOV): 2-hydroxynaphthoquinone; cyt b Qo site inhibitor  
 Myxothiazol (MYX): cyt b Qo site inhibitor  
 ICI56,780: phenoxyethoxy-4(1H)-quinolone; complex III inhibitor  
 AnWmycin A (Ant A): cyt b Qi site inhibitor  
 ELQ 300: cyt b Qi site inhibitor

Atovaquone (ATOV) treatment failures:

WT cytochrome *b* = low level ATOV resistance

Y268S/N = resistance that varied significantly among isolates



# Atovaquone resistance dogma

- Resistance develops following treatment *in vivo*
- Rapid *de novo* selection of cytochrome *b* mutants *in vitro*
- Atovaquone resistance frequency is used to compare new drugs in early drug discovery ( $10^6$  –  $10^8$ )

## Questions that challenge the dogma

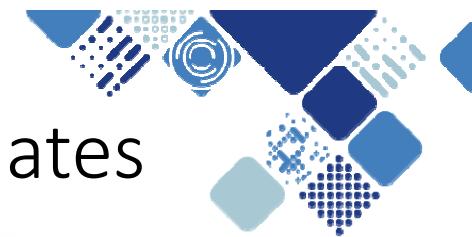
- If resistance is due to a single cyt *b* SNP, why do we observe a wide range of resistance *in vitro* (4 – 10,000 fold)?
- Why are some parasites from treatment failures WT for cytochrome *b*?
- Why do *in vitro* drug selections not yield the clinically relevant Y268 mutants?



## Clinically relevant Y268 mutations are not selected *in vitro*

Parasite name	cyt. b mutation(s)	Source
3D7	M133I M133I & P275T M133I and K272R M133I and G280D L283I & V284K	Korsinczky <i>et al.</i> 2000
3D7	M133V M133I M133I & L144S F267V	Bopp <i>et al.</i> 2013
K1	M133I M133I & G280D	Schwobel <i>et al.</i> 2003
AT200	M133I M133I & L271F	Schwobel <i>et al.</i> 2003

Does the parasite genetic background determine the atovaquone resistance genotype selected?



# Variations in frequencies of ATO resistance in *Pf* isolates

Table 1. Susceptibility patterns of some *P. falciparum* clones

Compound	Clones and origin				
	W2 (Indochina)	FCR3 ("The Gambia")	HB3 (Honduras)	3D7 ("Netherlands")	D6 (Sierra Leone)
Chloroquine	R	R	S	S	S
Quinine	R	—	—	—	S
Pyrimethamine	R	S	R	S	S
Cycloguanil	R	R	S	S	S
Sulfadoxine	R	S	S	R	S
5-Fluoroorotate	S	S	S	S	S
Atovaquone	S	S	S	S	S

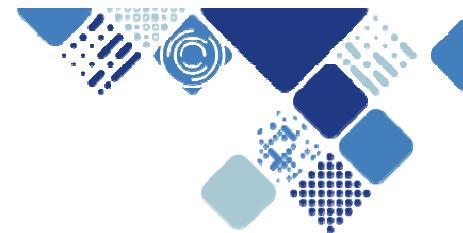
Table 3. Frequency of resistance to atovaquone

Initial population per flask	Outcome of selection*				
	W2 (Indochina)	FCR3 ("The Gambia")	HB3 (Honduras)	3D7 ("Netherlands")	D6 (Sierra Leone)
$10^8$	3 / 3	3 / 3	0 / 3	3 / 3	0 / 3
$10^7$	3 / 3	3 / 3	0 / 3	3 / 3	0 / 3
$10^6$	3 / 3	3 / 3	0 / 3	3 / 3	0 / 3
$10^5$	3 / 3	0 / 3	0 / 3	0 / 3	0 / 3
$10^4$	0 / 3	0 / 3	0 / 3	0 / 3	0 / 3

Rathod et al. 1997

Only certain genetic backgrounds can develop ATO resistance

# mtDNA Heteroplasmy



1741

## Next-generation sequencing reveals cryptic mtDNA diversity of *Plasmodium relictum* in the Hawaiian Islands

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PLOS NEGLECTED TROPICAL DISEASES

## Multiple Mitochondrial Introgression Events and Heteroplasmy in *Trypanosoma cruzi* Revealed by Maxicircle MLST and Next Generation Sequencing

Louisa A. Messenger<sup>1\*</sup>, Martin S. Llewellyn<sup>1</sup>, Tapan Bhattacharyya<sup>1</sup>, Oscar Franzén<sup>2</sup>, Michael D. Lewis<sup>1</sup>, Juan David Ramirez<sup>3</sup>, Hernan J. Carrasco<sup>4</sup>, Björn Andersson<sup>2</sup>, Michael A. Miles<sup>1</sup>

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The Plant Cell, Vol. 10, 1163–1180, July 1998, www.plantcell.org © 1998 American Society of Plant Physiologists

## Stoichiometric Shifts in the Common Bean Mitochondrial Genome Leading to Male Sterility and Spontaneous Reversion to Fertility

Hanna Janska,<sup>a,1</sup> Rodrigo Sarria,<sup>b,1</sup> Magdalena Woloszynska,<sup>a</sup> Maria Arrieta-Montiel,<sup>b</sup> and Sally A. Mackenzie<sup>b,2</sup>

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Research Article

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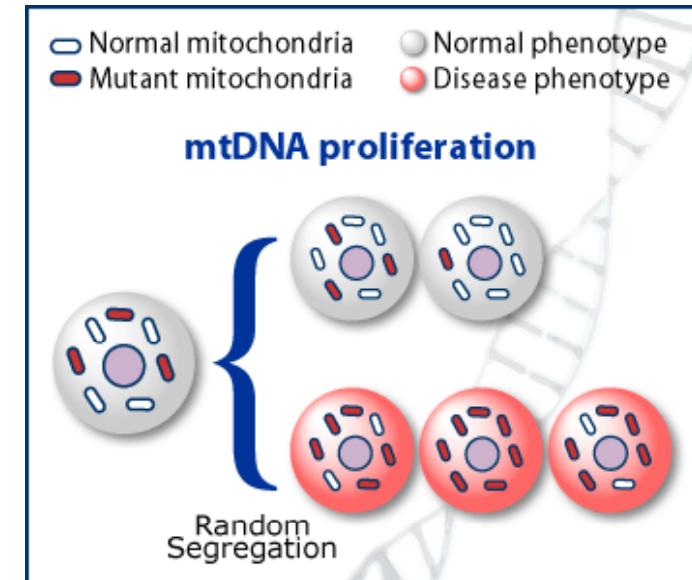
SCI

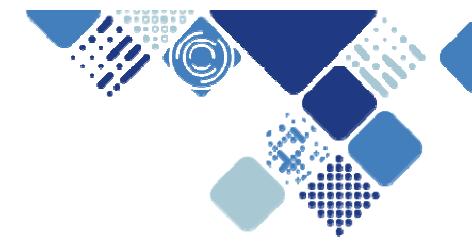
## Characterisation of Qol-resistant field isolates of *Botrytis cinerea* from citrus and strawberry

Hideo Ishii,<sup>a,\*</sup> James Fountaine,<sup>a</sup> Wen-Hsin Chung,<sup>a</sup> Masanori Kansako,<sup>b</sup> Kumiko Nishimura,<sup>a</sup> Kazuhito Takahashi<sup>a,c</sup> and Michiyo Oshima<sup>a</sup>

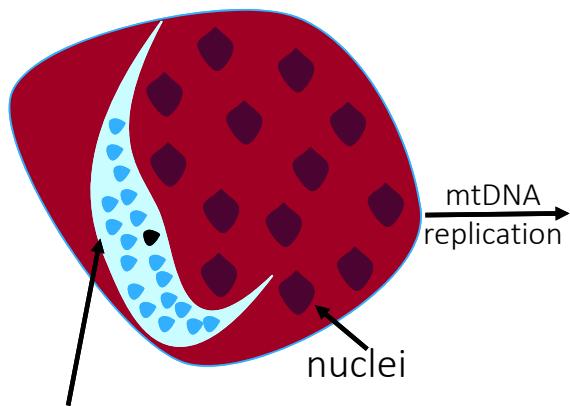
# Heteroplasmy and homoplasmy

- Cells have multiple copies of the mt genome
- **Heteroplasmy** is the mixture of mtDNA copies with mutant and normal (WT) mtDNA in a single cell
- **Homoplasmy** refers to a cell that has a uniform collection of mtDNA, either completely normal (WT) or completely mutant
- During cell division, mtDNA replicates and sorts randomly among daughter cells



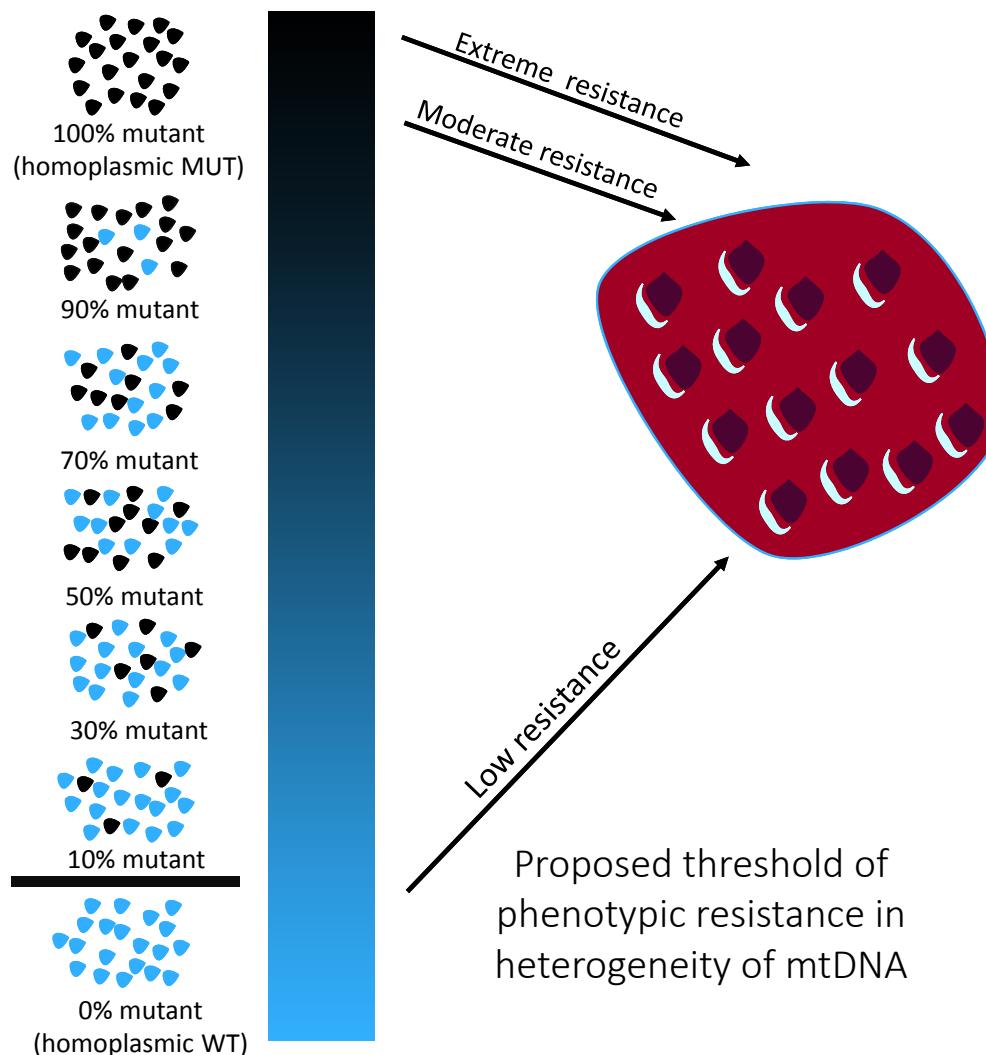


### Schizont: nuclear replication

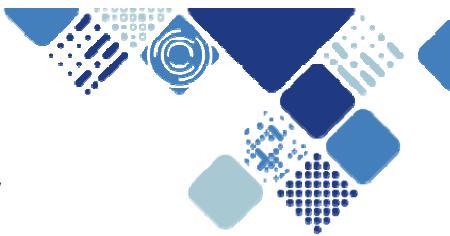


- Single elongated mitochondria
- ~22 copies of mtDNA
- maternally inherited

### Schizont: mitochondrial replication possible outcomes

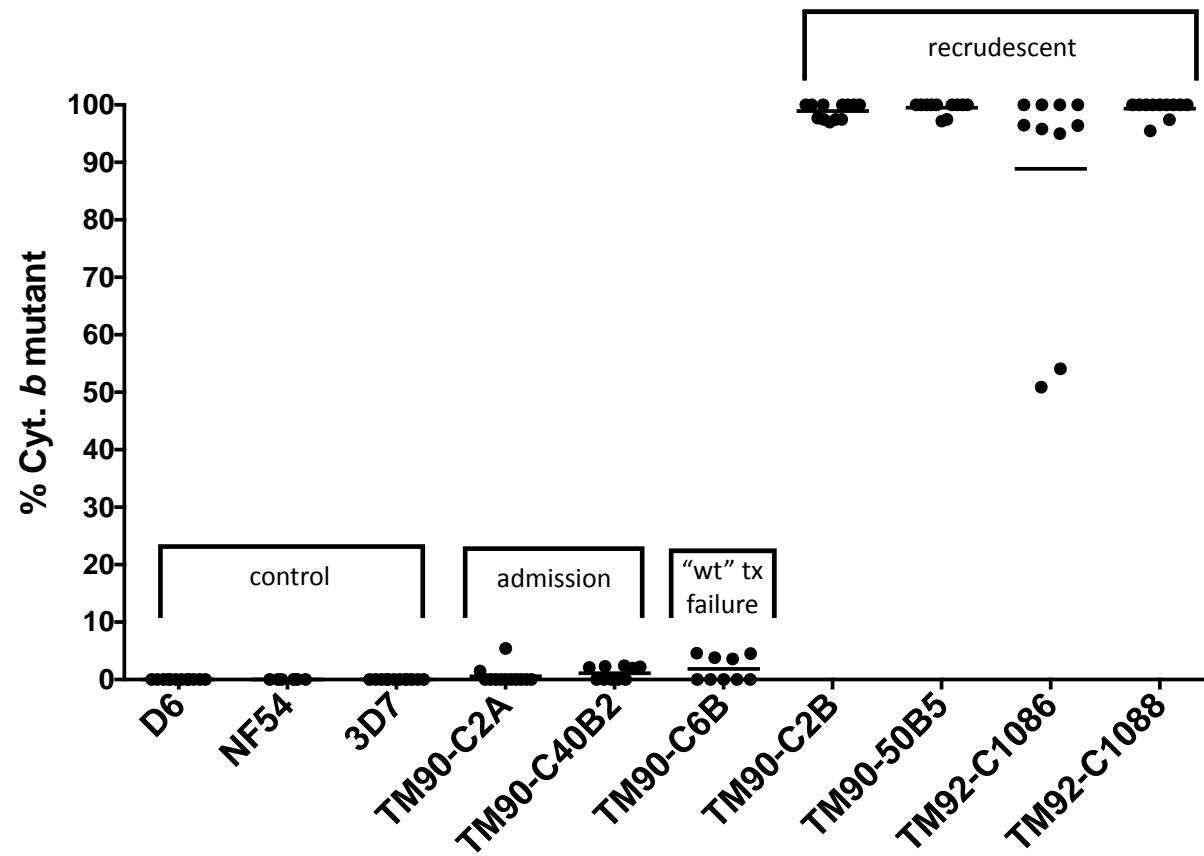


## Resistance model of mtDNA heteroplasmy



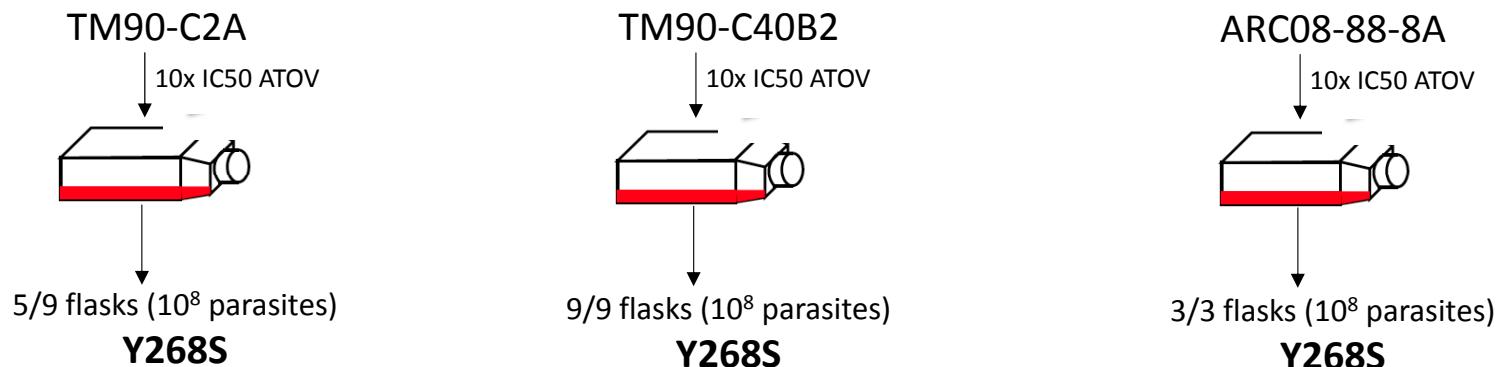
## Patient isolate mtDNA Y268S mutant copy number

Cryptic Y268 heteroplasmy detected in admission and recrudescent parasites with pyrosequencing



Siegel *et al.* 2018, BioRxIV

# Using admission parasites, Y268S mutation is readily selected *in vitro*



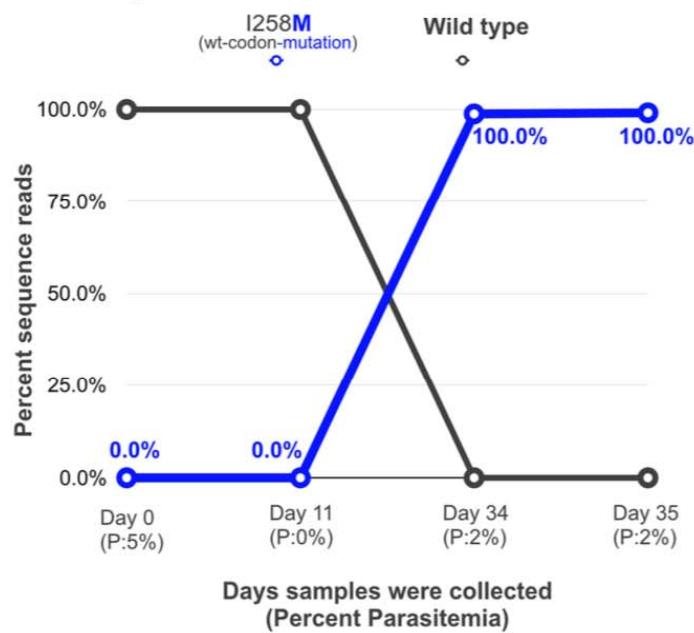
Initial resistance to mitochondrial electron transport chain inhibitors in atovaquone-selected populations of *P. falciparum* ( $EC_{50}$ ,  $\mu\text{M}$ ) and cytochrome *b* genotypes

Parasite	Qo site inhibitors		DHODH inhibitor DSM-1	cyt. <i>b</i> genotype
	ATOV	MYX		
ARC08-88-8A	0.0076	ND	0.10	
TM90-C2A-F6	0.0013	0.094	0.12	--
TM90-C2B-A3	12	1.2	0.040	Y268S
C2A-F6+10x ATOV-1A	26.7	1.27	0.078	Y268S
C2A-F6+10x ATOV-3A	5.43	4.32	0.033	Y268S
C2A-F6+10x ATOV-1B	28.2	1.99	0.094	Y268S
C2A-F6+10x ATOV-2B	4.16	0.280	0.029	Y268S
C2A-F6+10x ATOV-3B	4.21	0.287	0.031	Y268S
Siegel <i>et al.</i> 2018, BioRxIV	ARC08-88-8A+10xATOV-1A	63	ND	0.067
				Y268S

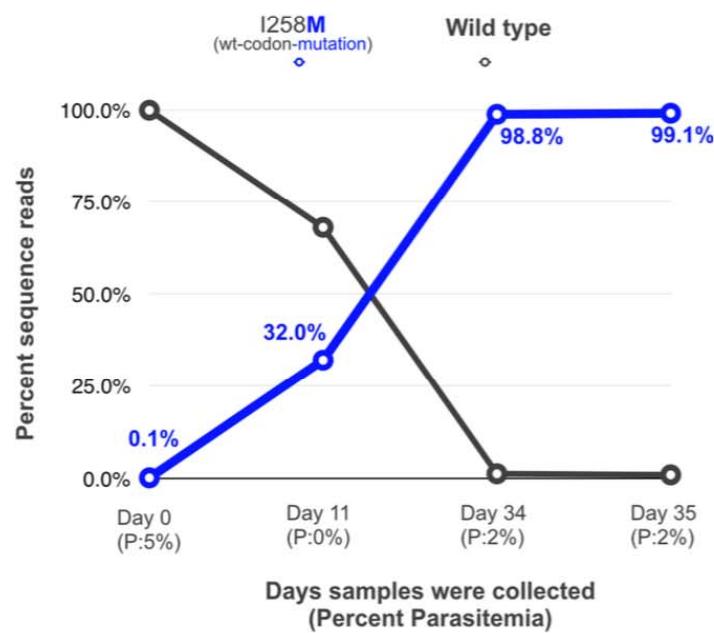


# I258M mutation found prior to Malarone administration

A. Sanger Method

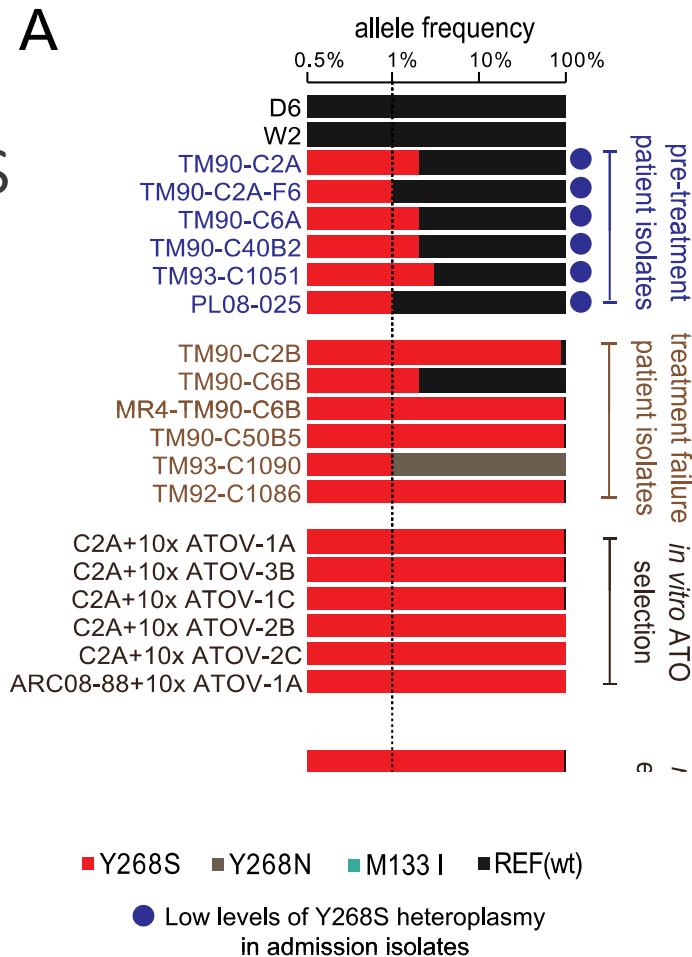


B. NGS Method



Talundzic *et al.* 2016

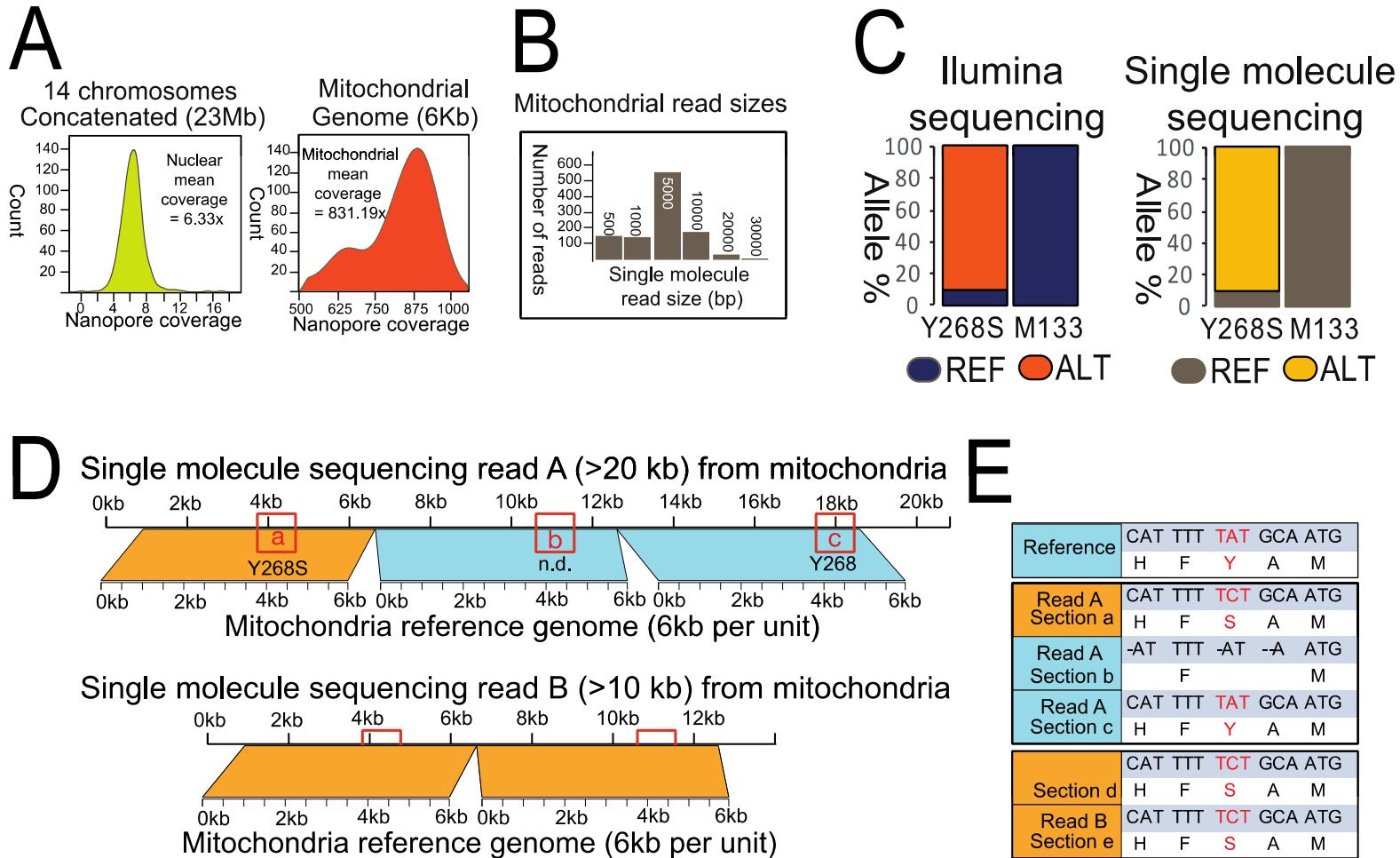
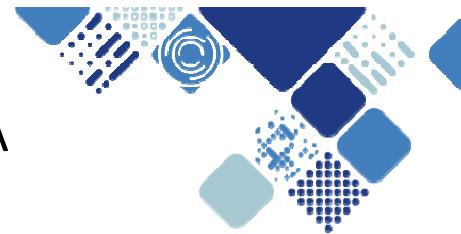
# PCR-free Illumina sequencing detects heteroplasmic parasites



- Admission isolates have low-level Y268S heteroplasmy
- Recrudescence isolates have high-level Y268S heteroplasmy
- ATOV *in vitro* selected lines maintain Y268S genotype

Siegel et al. 2018, BioRxIV

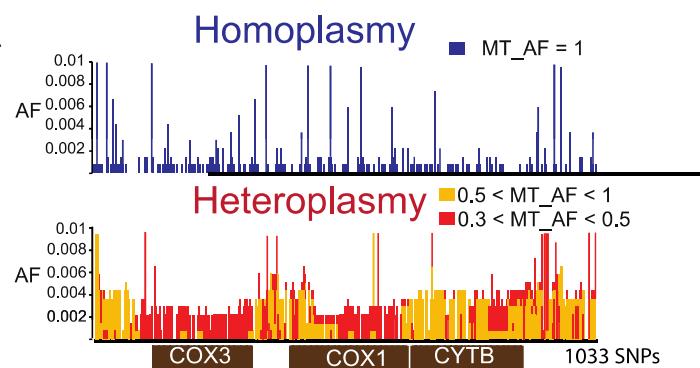
# Single molecule sequencing detects heteroplasmic mtDNA



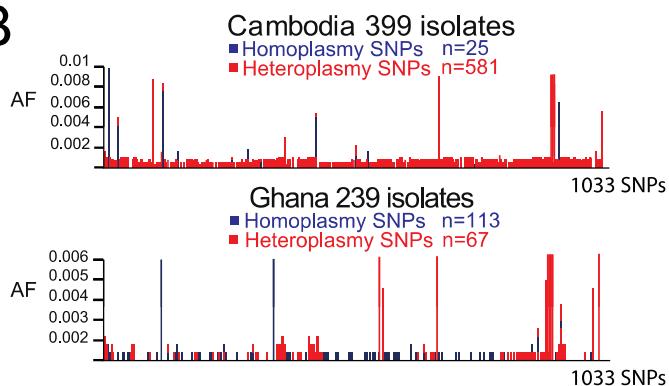
Siegel *et al.* 2018, BioRxIV



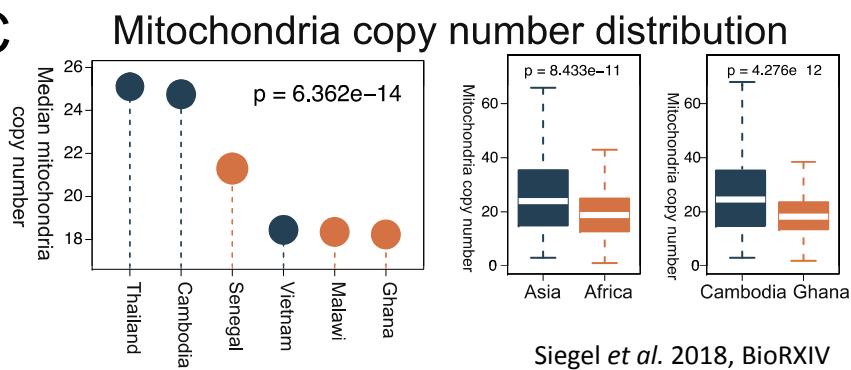
A



B

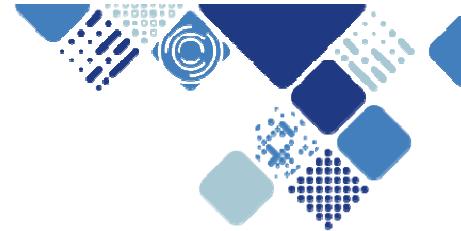


C



## Pf3k: global analysis of mtDNA diversity

- Heteroplasmy is a generator of mtDNA diversity
- Geographically distinct heteroplasmic haplotypes exist
- mtDNA copy number varies geographically



## Conclusions

- First successful *in vitro* selection of the atovaquone Y268S mutation
- Pre-existing mitochondrial heteroplasmy explains the sporadic treatment failures with atovaquone
- Mitochondrial diversity is much higher than previously thought when heteroplasmic alleles are taken into account
- Mitochondrial copy number and heteroplasmy could have important implications for drug resistance mechanisms

# Acknowledgements



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wellcome  
**sanger**  
institute



Julian Rayner



Lia Chappell



Roberto Amato



Tom Wellems  
NIH



Kristin Lane  
NIH



