

# Development of Therapeutic Antibodies for Multi-Drug Resistant *Klebsiella pneumoniae*

Institute of Biologics  
Development Center for Biotechnology

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# Development Center for Biotechnology, DCB



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# Project Team

Project Team

Unmet Need

Technology

Opportunity

IP/Dev Status

Summary/Contact

## T

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# Multiple Drug Resistant (MDR) Bacteria



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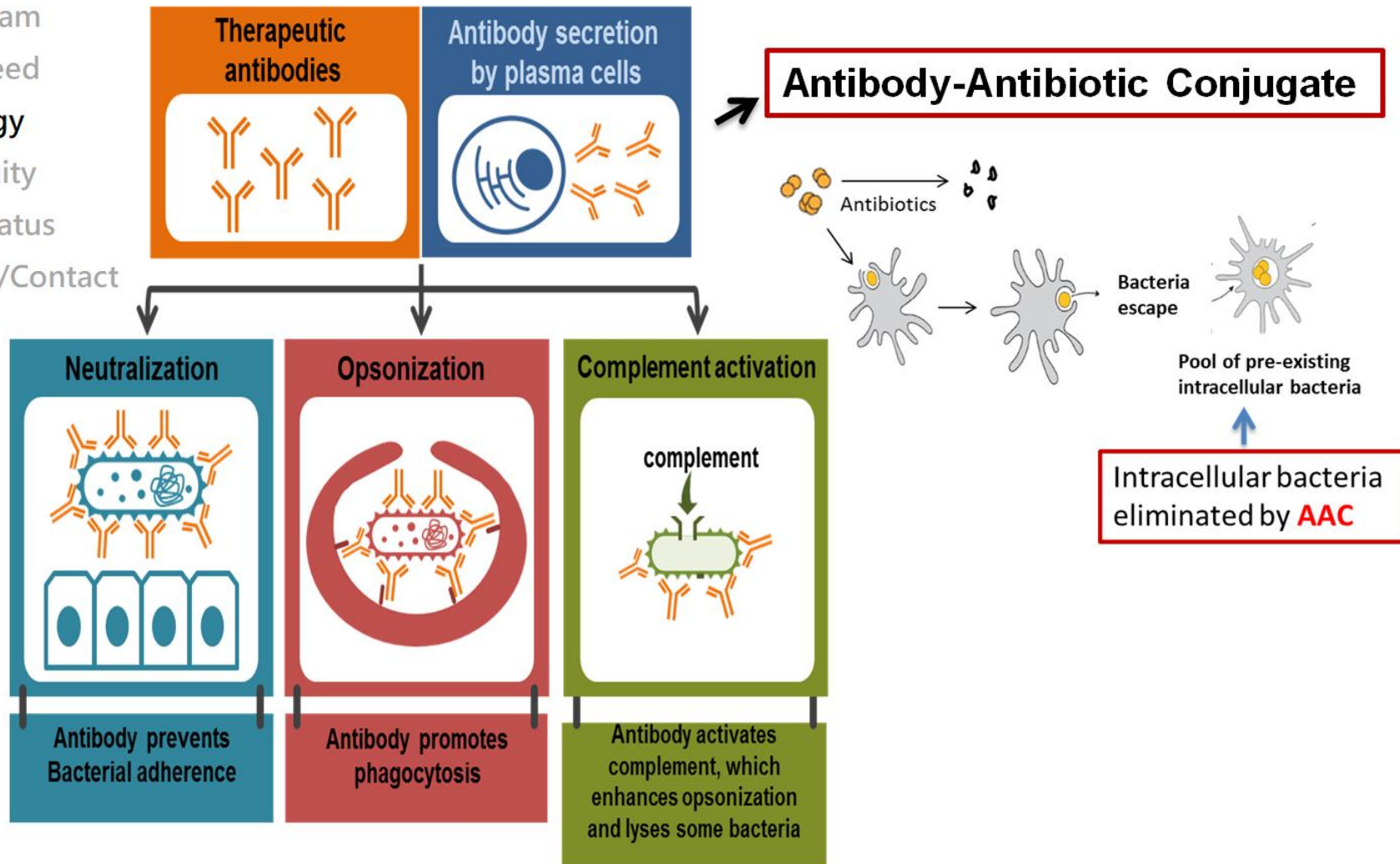
- ❑ MDR bacteria are estimated to account for 700,000 deaths of people each year currently, and expected for 10 million deaths by 2050.
- ❑ The treatment of multi-drug resistant bacteria urgently needs new antibiotics or new therapeutic methods.—Tom Friden (CDC director, USA)
- ❑ WHO publishes list of bacteria for which new antibiotics are urgently needed.

	Bacteria	Antibiotic-resistant
<b>CRITICAL</b>	<i>Acinetobacter baumannii</i>	carbapenem-resistant
	<i>Pseudomonas aeruginosa</i>	carbapenem-resistant
	<i>Enterobacteriaceae</i> ( <i>Klebsiella pneumoniae</i> and <i>Escherichia coli</i> )	carbapenem-resistant, ESBL-producing
<b>HIGH</b>	<i>Enterococcus faecium</i>	vancomycin-resistant
	<i>Staphylococcus aureus</i>	methicillin-resistant, vancomycin-intermediate and resistant
	<i>Helicobacter pylori</i>	clarithromycin-resistant
	<i>Campylobacter spp</i>	fluoroquinolone-resistant
	<i>Salmonellae</i>	fluoroquinolone-resistant
	<i>Neisseria gonorrhoeae</i>	cephalosporin-resistant, fluoroquinolone-resistant



# Targeting MDR Bacteria with Different M.O.A

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# *In vitro* Activity of Anti-*K. pneumoniae* (KP) Antibodies in Clinical Strains



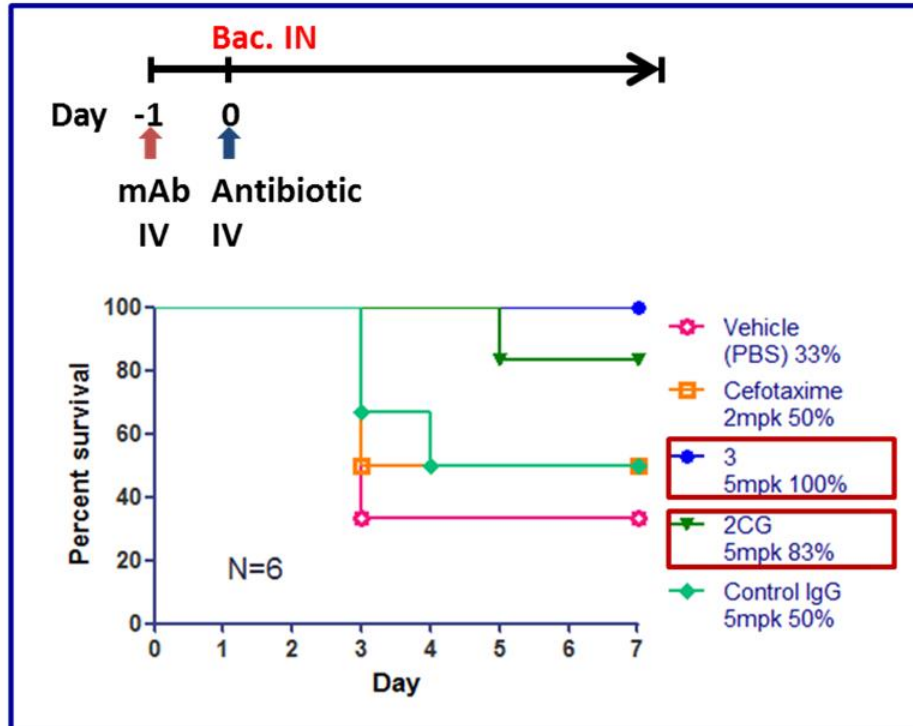
Clone Name	Aggregation	Complement-Mediated Cytotoxicity	Opsonophagocytosis
hIgG	-	-	-
3	++++	25%	20%
16	++	60%	70%
2CG	++	55%	45%
3CG	++	10%	20%

- Antibody-Induced **agglutination** and **inhibited bacteria adhesion** to host cell.
- Antibody-Induced **complement-mediated cytotoxicity**.
- Antibodies **mediate opsonophagocytosis** by monocytes.

# Anti-KP Antibodies Provide Protection against K.P. Infection in the Prophylactic Animal Model

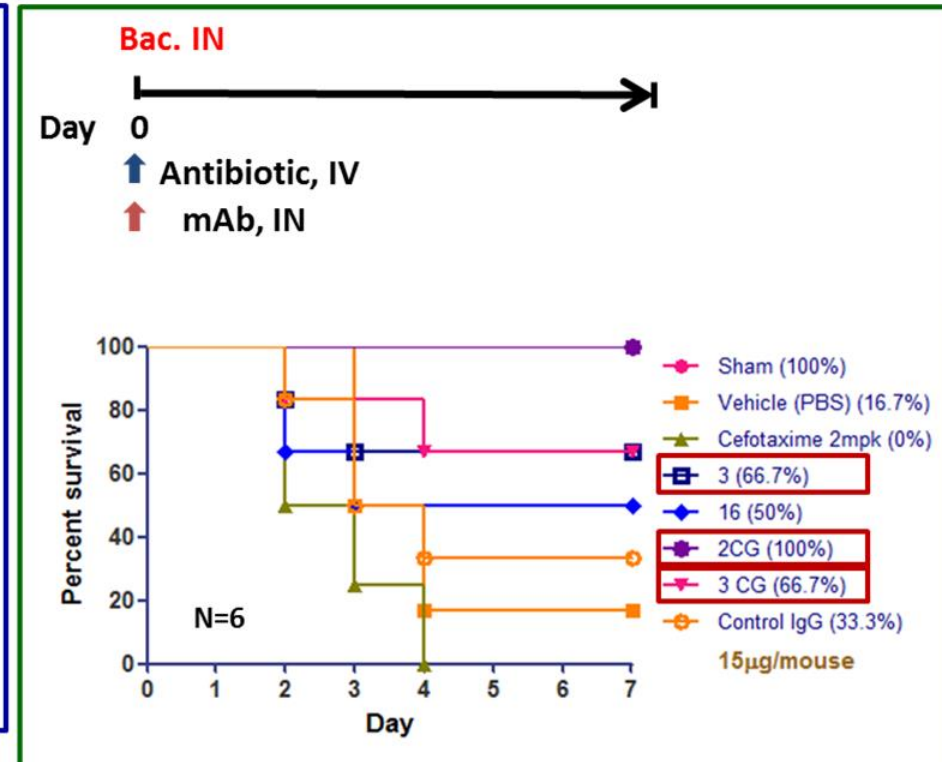
## BCRC 13B0218 Lung infection model

### Ab IV treatment



- The survival rate of **antibodies 3 and 2CG** were **100 and 83%**, respectively. The survival rates of Cefotaxime and control antibody group were 50%, on the seventh day after infection.

### Ab IN treatment



- The survival rate of **antibodies 3, 3CG and 2CG** were **66.7 and 100%**, respectively. The survival rate of Cefotaxime and control antibody group were 0 and 33%, respectively on the seventh day after infection.



# AAC (Antibody–Antibiotic Conjugates) Shows Dose Dependent Intracellularly Bactericidal Potency in CG43 (K2 strain) and A5011 (K1 strain)



## A549 cells infected by KP CG43

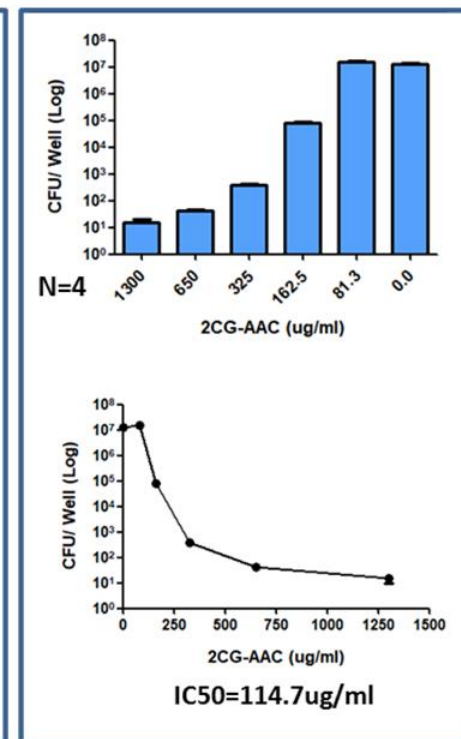
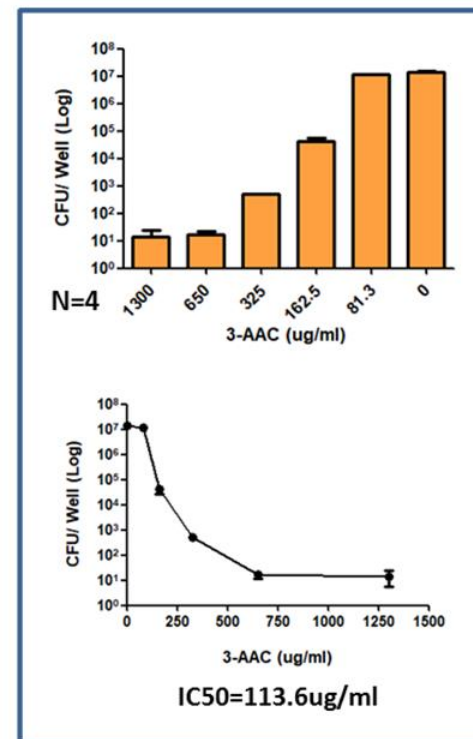
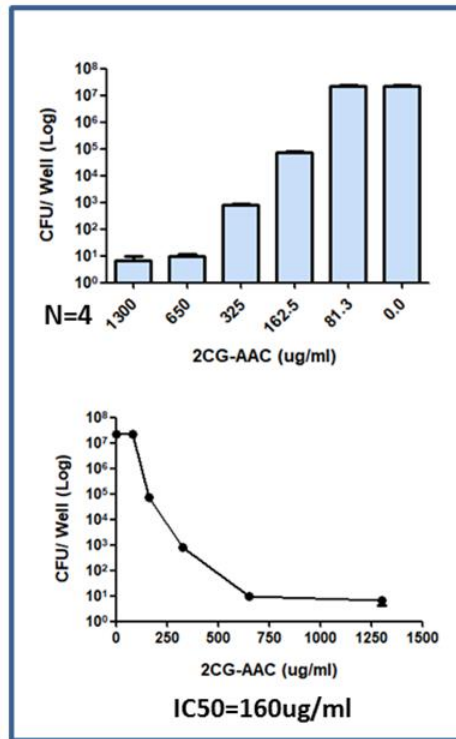
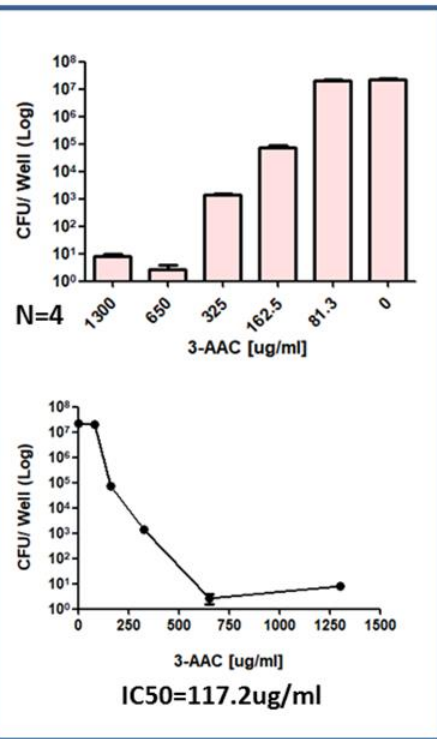
## A549 cells infected by KP A5011

### 3-Meropenem

### 2CG-Meropenem

### 3-Meropenem

### 2CG-Meropenem



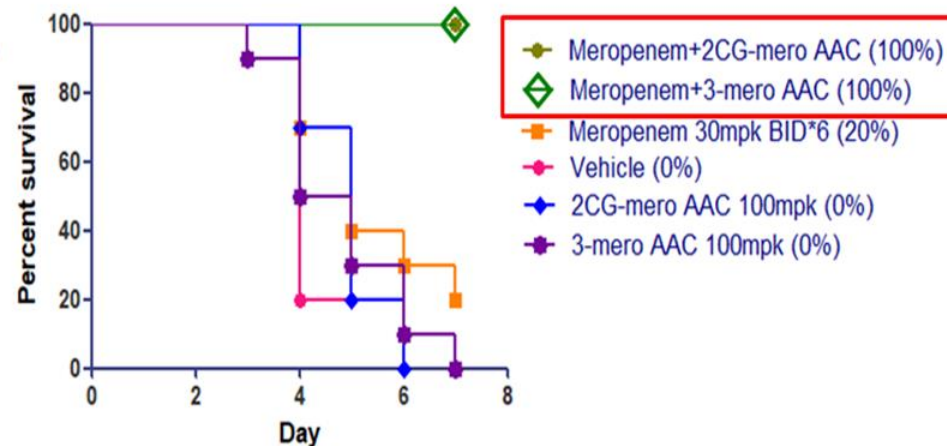
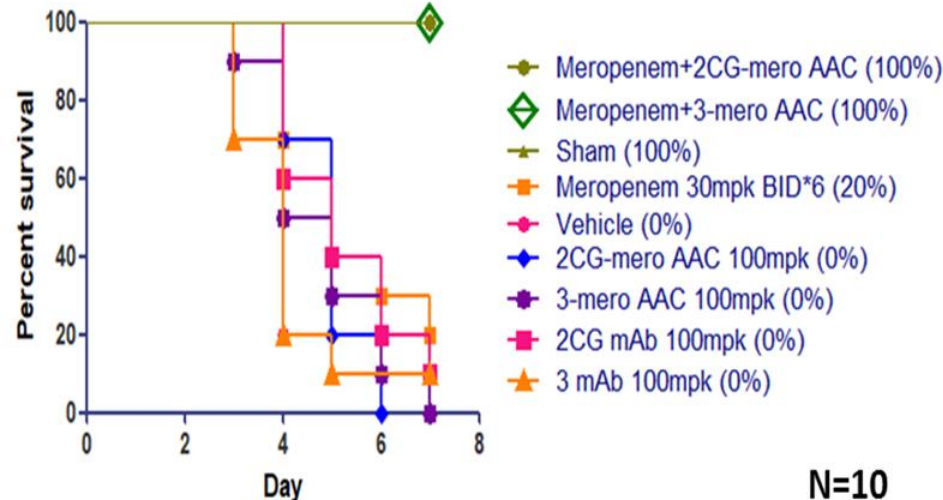
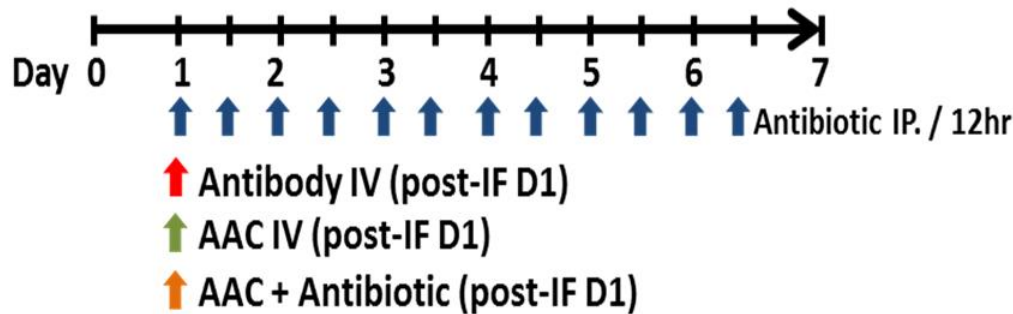


# Anti-KP Antibody 3-AAC and 2CG-AAC Show Therapeutic Effect in KP Lung Infection Animal Model



## A5011 (K1), lung infection model

Bac. IN



# Opportunity and Development Status



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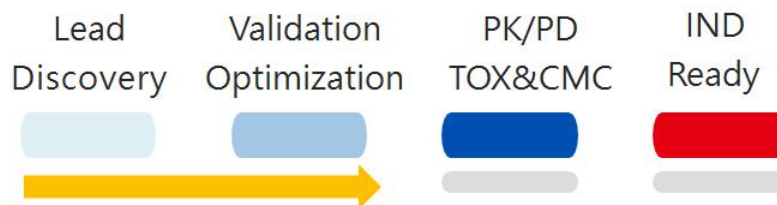
## IP

US Provisional application in progress

## Partnership

Exclusive License or Co-development

## Development status



## Future work

- Treatment of MDR bacteria infected patients

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## Anti-MDR KP Therapeutic antibodies :

- The Binding Affinity :  **$KD 8 \times 10^{-10} \sim 10^{-11} M$** .
- Antibody-Induced **Complement-Mediated Cytotoxicity**.
- Antibodies **Mediate Opsonophagocytosis** by Monocytes.
- Antibodies Providing **Protection against K.P. Infection**.

## Anti-MDR Bacteria Therapeutic AAC :

- Two AACs (3- and 2CG-Meropenem) show dose dependent intracellularly bactericidal potency in MDR K1 and K2 strain.
- Anti-K.P. AAC provides the **Protection against K.P. Infection**.

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Thank you for your attention