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Influence of *rhIR* and *lasR* on Polymyxin Pharmacodynamics in *Pseudomonas aeruginosa* and Implications for Quorum Sensing Inhibition with Azithromycin

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ABSTRACT The impact of quorum sensing on polymyxin and azithromycin pharmacodynamics was assessed in *Pseudomonas aeruginosa* PAO1 and an isogenic *rhlR/ lasR* double knockout. For polymyxin B, greater killing against the *rhlR/lasR* knockout than against PAO1 was observed at 10⁸ CFU/ml (polymyxin B half-maximal effective concentration [EC₅₀], 5.61 versus 12.5 mg/liter, respectively; *P* < 0.005). Polymyxin B combined with azithromycin (256 mg/liter) was synergistic against each strain, significantly reducing the respective polymyxin B EC₅₀ compared to those with monotherapy (*P* < 0.005), and is a promising strategy by which to combat *P. aeruginosa*.

KEYWORDS azithromycin, *P. aeruginosa*, polymyxin B, colistin, quorum sensing, pharmacodynamics, mechanism-based modeling, *Pseudomonas aeruginosa*, polymyxins

Pseudomonas aeruginosa is a leading nosocomial pathogen with infections that are associated with unacceptably high rates of treatment failure, up to 40% (1, 2). The polymyxin antibiotics (colistin [polymyxin E] and polymyxin B) have become important last-line agents against multidrug-resistant *P. aeruginosa* infections and are being increasingly utilized as salvage therapy (3). However, current dosage regimens for colistin and polymyxin B result in plasma concentrations that are suboptimal in a number of critically ill patients (4–7). Despite the initial susceptibility of many strains, mortality rates for polymyxin monotherapy remain high; however, increasing the dose may promote further resistance amplification against a high bacterial density (8–12).

Azithromycin, a macrolide antibiotic, is often used to treat community-associated respiratory tract infections but has no intrinsic activity against *P. aeruginosa*. Earlier *in vitro* time-kill and checkerboard studies suggested that azithromycin may enhance killing in combination with the polymyxins (13, 14). However, the precise time course of bacterial response and the mechanistic basis for this combination remain unknown. Furthermore, the pharmacokinetic-pharmacodynamic relationship of the polymyxin-azithromycin combination has yet to be studied at a range of clinically relevant concentrations, including those in serum (\sim 0.5 mg/liter) and in neutrophils (>500 mg/liter), where azithromycin is concentrated (15, 16).

Recent studies have also concluded that there is a clinical benefit to using azithromycin in patients with cystic fibrosis or diffuse panbronchiolitis who are chronically infected with *P. aeruginosa* (17, 18). It has been hypothesized that one mechanism for the salutary effect of azithromycin against *P. aeruginosa* is through inhibition of quorum sensing, which is a mechanism of bacterial communication that coordinates a multiReceived 15 January 2016 Returned for modification 8 September 2016 Accepted 17 November 2016

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Copyright © 2017 American Society for Microbiology. All Rights Reserved. Address correspondence to Brian T. Tsuji, btsuji@buffalo.edu. Z.P.B. and N.S.L. contributed equally to this work. tude of cellular behaviors, such as formation of virulence factors and biofilms (19, 20). Azithromycin interferes with quorum sensing by inhibiting the synthesis of signaling molecules employed through the *las* and *rhl* systems (20), preventing intercellular coordination among *P. aeruginosa* cells. Since quorum sensing functions at a high bacterial density of *P. aeruginosa*, which has been shown to reduce the activity of polymyxins (21), understanding the interrelationships among quorum sensing, polymyxin-azithromycin pharmacodynamics, and inoculum size is of scientific relevance. Our objectives were to (i) profile the pharmacodynamic activity of colistin and polymyxin B against *P. aeruginosa* PAO1 and an *rhlR/lasR* double-knockout strain to determine the impact of quorum sensing on the rate and extent of bacterial killing by polymyxins, and (ii) compare the pharmacodynamics of polymyxin B and azithromycin combinations against quorum sensing-proficient (PAO1) and -deficient (*rhlR/lasR* knockout) strains.

The bacterial strains utilized in this study were wild-type P. aeruginosa PAO1 and an isogenic rhlR/lasR knockout (ΔrhlR::GmR and ΔlasR::TcR cassettes) (22). Colistin, polymyxin B, and azithromycin MICs were determined using broth microdilution in duplicate according to CLSI (23). The colistin, polymyxin B, and azithromycin MICs for PAO1 were 1, 1, and 512 mg/liter, respectively, and the MICs for the rhlR/lasR knockout were 2, 2, and 512 mg/liter, respectively. Colistin (sulfate) and polymyxin B (sulfate) were purchased from Sigma-Aldrich (St. Louis, MO, USA), and azithromycin was purchased from AK Scientific, Inc. (Union City, CA, USA). Time-kill experiments were carried out as previously described (24). LB broth supplemented with magnesium chloride (12.5 Mg²⁺/liter final concentration) and calcium chloride (25 Ca²⁺/liter final concentration) acted as growing media in all experiments. Serial samples throughout the 48-h experiment were withdrawn to quantify viable cell density after vortexing and visual inspection, which verified that the system was homogenous and planktonic. Colistin or polymyxin B killing was evaluated at different bacterial densities (CFU_{0 h}) of \sim 10⁶, 10⁸, or 10⁹ CFU/ml. Polymyxin B and azithromycin combination experiments were performed at a CFU_{0 h} of $\sim 10^8$ CFU/ml. Polymyxin concentrations ranging from 0 to 128 mg/liter (4, 25) and azithromycin concentrations of 0, 0.5, 2, 128, and 256 mg/liter (15, 16) were used.

Synergy was defined as a $\geq 2 \log_{10}$ -CFU/ml reduction compared to the more active agent as monotherapy at 24 h. To characterize pharmacodynamic activity over time (0 to 48 h), the area under the CFU (AUCFU) curve was calculated using the linear-up, log-down trapezoidal rule. The log ratio change was calculated to compare killing at individual time points, whereas the log ratio area was used to assess activity throughout the time-kill experiments, as described previously (26). To characterize the interplay between inoculum effect and quorum sensing, previously developed mechanism-based models for colistin were used (21). Three preexisting subpopulations with different susceptibilities to colistin or polymyxin B were considered with the modification of the growth model. Data were modeled using a population approach in S-ADAPT software (version 1.57) with the SADAPT-TRAN pre- and postprocessing tool to fit all data simultaneously (see mathematical model development in the supplemental material).

Colistin and polymyxin B alone displayed concentration-dependent killing for all three initial inocula with regrowth toward the growth control (Fig. 1 and 2). Both polymyxins caused rapid initial killing of up to 6.00 (PAO1) and 6.16 (*rhIR/lasR* knockout) \log_{10} CFU/ml at the 10⁶ CFU_{0 h} inoculum. However, at higher starting inocula (10⁸ and 10⁹ CFU_{0 h}), there was attenuation of bacterial killing, which resulted in a stepwise half-maximal effective concentration (EC₅₀) increase for each strain (Fig. 2). Colistin and polymyxin B achieved better killing against the *rhIR/lasR* knockout than against PAO1, especially at higher concentrations. The discordance in killing was most prominent at the 10⁸ CFU_{0 h} starting inoculum, where the E_{max} (maximal effect) increased from 2.18 to 4.03 (P < 0.001) for colistin and from 2.67 to 3.36 (P = 0.09) for polymyxin B against the PAO1 and *rhIR/lasR* knockout strains, respectively (Fig. 2A2 and B2). Colistin and polymyxin B also displayed a higher EC₅₀ for PAO1 than for the *rhIR/lasR* knockout strain (8.72 mg/liter [24.6% standard error (SE)] versus 5.61 mg/liter [5.71% SE] for polymyxin B, P < 0.005) at this inoculum. At the 10⁶ and 10⁹ CFU_{0 h} inocula, the strains



FIG 1 Time course of *P. aeruginosa* strains PAO1 (rows A and C) and the *rhlR/lasR* knockout strain (rows B and D) against polymyxin B (A1 to B3) or colistin (C1 to D3) at three different initial inocula: 10° CFU_{0 h} (column 1), 10° CFU_{0 h} (column 2), and 10° CFU_{0 h} (column 3). Polymyxin B and colistin concentrations range from 0 to 128 mg/liter. Individual points represent observed viable colony counts (CFU/ml) from time-kill experiments, whereas lines represent expected bacterial killing as predicted by the previously validated mechanism-based model.

displayed similar concentration-response curves (Fig. 2A3 and B3); however, the bacterial killing profiles against the *rhlR/lasR* knockout appeared greater (Fig. 1A to D3). Among the polymyxins, colistin performed marginally better than polymyxin B against the *rhlR/lasR* knockout, most markedly at concentrations of \geq 4 mg/liter for 10⁶ and 10⁸ CFU_{0 h} and \geq 32 mg/liter for 10⁹ CFU_{0 h}. Against PAO1, the polymyxins achieved comparable killing at each inoculum, with the only perceptible difference occurring in favor of polymyxin B at 10⁶ CFU_{0 h} (\geq 8 mg/liter). The final mechanism-based pharmacodynamic model, which consists of three preexisting subpopulations and uses the



FIG 2 Comparative pharmacodynamic responses between PAO1 wild-type (black) and *rhlR/lasR* knockout (blue) strains at each inoculum to either polymyxin B (row A) or colistin (row B). Activity is defined as the log₁₀ ratio of the AUCFU of treatment to the AUCFU of growth control (log ratio area) based on the observed response throughout the 48-h time-kill experiments. Parameter estimates for the Hill-type models are found in Table S2 in the supplemental material.

target site binding of polymyxin to LPS (see Fig. S1 in the supplemental material), excellently characterized (see Table S1 in the supplemental material, correlation coefficient individual fit >0.994 and population fit >0.905) the time course of bacterial killing, inoculum effect, and regrowth (Fig. 1, dashed lines).

Our time-kill data and pharmacodynamic modeling of colistin and polymyxin B monotherapies show that the rapid bactericidal activity achieved was not sustained, suggesting potential utility for combinations. Polymyxin B was investigated in addition to azithromycin at 10⁸ CFU_{0, b} due to the favorable pharmacokinetics of polymyxin B (not administered as a prodrug) (27) and the similar performance of both polymyxins at clinically achievable concentrations at this inoculum (Fig. 2A2 and B2). In contrast to the regrowth seen against polymyxins alone, azithromycin (256 mg/liter) and polymyxin B achieved synergy at 24 h against PAO1 regardless of the polymyxin B concentration (Fig. 3A1 to 4). Remarkably, after the rapid initial bacterial killing within 8 h by polymyxin B and azithromycin (128 or 256 mg/liter) combinations, apparent bacteriostasis was achieved and persisted through 48 h. Against the rhlR/lasR knockout, the combination with azithromycin 256 mg/liter was synergistic at polymyxin B concentrations of 4 and 6 mg/liter. Comparison of bacterial killing seen in PAO1 and the rhlR/lasR knockout using the log ratio area, showed minimal differentiation (<0.82) at azithromycin 0.5, 2, and 128 mg/liter (Fig. 3C1 to 3). The progressive decreases in log ratio area between these azithromycin concentrations were well fit to linear functions (standard error of estimate, <0.2). The highest azithromycin concentration (256 mg/ liter) displayed less total killing against the rhlR/lasR knockout than against PAO1, and both were excellently fit to a Hill-type model (R^2 , >0.99). At an azithromycin concentration of 256 mg/liter, the largest difference in killing was seen at 2 mg/liter of polymyxin B, in which combination treatment achieved 2.86 and 2.51 log₁₀ CFU/ml less killing against the rhlR/lasR knockout strain at 24 and 48 h, respectively. For the polymyxin combinations with 256 mg/liter azithromycin, the polymyxin B EC₅₀s against the *rhlR/lasR* knockout and PAO1 increased from 0.66 to 2.80 mg/liter (P < 0.001).

In the current work, we explored the interrelationship between quorum sensing and polymyxin pharmacodynamics at various bacterial densities. Interestingly, we deter-



FIG 3 Time-kill experiments evaluating bacterial killing activity of polymyxin B and azithromycin combinations versus the *P. aeruginosa* wild-type PAO1 (row A) and the *rhlR/lasR* knockout (row B) strains. Comparative pharmacodynamic responses between PAO1 (black) and the *rhlR/lasR* knockout (blue) at increasing azithromycin concentrations in combination with polymyxin B and data fit with linear (C1 to 3) or Hill-type (C4) functions. Data for polymyxin B monotherapy are not shown for C1 to C4. Activity is defined as the log₁₀ ratio of the AUCFU of treatment to the AUCFU of growth control (log ratio area) based on observed response throughout the 48-h time-kill experiments.

mined that rhlR/lasR deficiency enhanced the pharmacodynamic activity of colistin and polymyxin B monotherapies, especially with the 10⁸ CFU_{0 h} inoculum. The hypothesized quorum sensing-driven alterations to killing were well characterized by our mathematical model, which was based on the known mechanisms of action of the polymyxin antibiotics. Furthermore, the model used signaling compartments that altered killing and growth to account for the observed inoculum effect. Consistent with these results, quorum sensing has been shown to influence susceptibility to other antimicrobials. Kayama et al. (28) demonstrated that quorum sensing-deficient P. aeruginosa strains (lasR/lasI but not rhlR/rhll) exposed to ofloxacin had >40 times lower survival rates than the quorum sensing-proficient strain. Modulation of gene expression is thought to be important in adaptation to polymyxin exposure and has been proposed to be regulated by the two-component regulatory systems phoP-phoQ (29), pmrA-pmrB (30), and ParR-ParS (31). The role of such systems may be inoculum dependent, as we previously found that colistin exposed to pmrA and phoP mutant strains achieved greater killing than the wild-type strain at low initial inocula (32). Unlike our discovery in the current study, Ly et al found that there was no disparity of bacterial killing between the mutant and wild-type strains at the 10^8 CFU_{0 h} inoculum. Collectively, these observations suggest that the adaptive response to polymyxin exposure may be regulated by rhland las-mediated quorum sensing directly or by downstream oversight of other two-component regulatory systems associated with polymyxin resistance.

As an adjuvant to polymyxin B, high concentrations (128 or 256 mg/liter) of the known quorum sensing inhibitor azithromycin caused bacterial killing of *P. aeruginosa* that persisted below the growth control level. Thus, early bactericidal activity by

polymyxin B monotherapy against a high-density infection may be sustained longer with polymyxin-azithromycin combinations. Perhaps the static concentrations of *P. aeruginosa* below growth control levels indicate a persister phenotype. Persister cells become tolerant to antibiotic therapy but are unable to replicate (33). By lowering the bacterial burden and forcing *P. aeruginosa* into a static phenotype, the polymyxin B-azithromycin combination may improve the immune system's likelihood of eradicating the infection.

In contrast to our results with polymyxin B monotherapy, we determined that combinations with high azithromycin concentrations were more active against the wild-type strain versus the rhlR/lasR knockout. This finding supports previous data that showed that increasing azithromycin concentrations inhibited growth of a P. aeruginosa wild-type strain more than quorum sensing-deficient mutants (lasR) (19). Similar bacterial killing may have been anticipated between the wild-type and rhlR/lasR knockout strains in the presence of complete quorum sensing inhibition by azithromycin. Therefore, an enhanced susceptibility of the wild-ype strain to the polymyxinazithromycin combination may be explained in part by the production of rhamnolipids, an exoproduct that is controlled by quorum sensing (rhl and las systems) and thus only expressed in the wild-type strain before inhibition by azithromycin. Rhamnolipids may increase the uptake of azithromycin into P. aeruginosa, making the wild-type strain more susceptible to the polymyxin-azithromycin combination, especially at higher concentrations (34). Furthermore, evidence supports the benefit of azithromycin in prevention of P. aeruginosa ventilator-associated pneumonia in patients colonized with P. aeruginosa producing high levels of rhamnolipids (35). A potential limitation of this study is that we did not directly quantify quorum sensing activity or rhamnolipid expression in our in vitro system. Additional studies are warranted to fully elucidate the mechanism(s) of azithromycin attack on P. aeruginosa in the presence of polymyxin B.

In conclusion, our study demonstrated that bacterial modulation by quorum sensing may decrease *P. aeruginosa* susceptibility to polymyxin antibiotics. Considering the utility of azithromycin in cystic fibrosis exacerbations and its ability to inhibit quorum sensing, expanding its niche to other *P. aeruginosa* infections is worth consideration. Azithromycin may therefore provide a multifactorial attack on *P. aeruginosa* and prove useful as an adjuvant to polymyxins in a range of clinical scenarios. Further *in vivo* investigations with polymyxin-azithromycin combinations are needed to better understand the dual benefit of quorum sensing inhibition and potentiation of polymyxin activity.

SUPPLEMENTAL MATERIAL

Supplemental material for this article may be found at https://doi.org/10.1128/ AAC.00096-16.

TEXT S1, PDF file, 0.5 MB.

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REFERENCES

- Aloush V, Navon-Venezia S, Seigman-Igra Y, Cabili S, Carmeli Y. 2006. Multidrug-resistant *Pseudomonas aeruginosa*: risk factors and clinical impact. Antimicrob Agents Chemother 50:43–48. https://doi.org/ 10.1128/AAC.50.1.43-48.2006.
- Planquette B, Timsit JF, Misset BY, Schwebel C, Azoulay E, Adrie C, Vesin A, Jamali S, Zahar JR, Allaouchiche B, Souweine B, Darmon M, Dumenil

AS, Goldgran-Toledano D, Mourvillier BH, Bedos JP. 2013. Pseudomonas aeruginosa ventilator-associated pneumonia: predictive factors of treatment failure. Am J Respir Crit Care Med 188:69–76. https://doi.org/ 10.1164/rccm.201210-1897OC.

3. Linden PK, Kusne S, Coley K, Fontes P, Kramer DJ, Paterson D. 2003. Use of parenteral colistin for the treatment of serious infection due to

antimicrobial-resistant Pseudomonas aeruginosa. Clin Infect Dis 37: e154-e160. https://doi.org/10.1086/379611.

- Sandri AM, Landersdorfer CB, Jacob J, Boniatti MM, Dalarosa MG, Falci DR, Behle TF, Bordinhao RC, Wang J, Forrest A, Nation RL, Li J, Zavascki AP. 2013. Population pharmacokinetics of intravenous polymyxin B in critically ill patients: implications for selection of dosage regimens. Clin Infect Dis 57:524–531. https://doi.org/10.1093/cid/cit334.
- Sandri AM, Landersdorfer CB, Jacob J, Boniatti MM, Dalarosa MG, Falci DR, Behle TF, Saitovitch D, Wang J, Forrest A, Nation RL, Zavascki AP, Li J. 2013. Pharmacokinetics of polymyxin B in patients on continuous venovenous haemodialysis. J Antimicrob Chemother 68:674–677. https://doi.org/10.1093/jac/dks437.
- Garonzik SM, Li J, Thamlikitkul V, Paterson DL, Shoham S, Jacob J, Silveira FP, Forrest A, Nation RL. 2011. Population pharmacokinetics of colistin methanesulfonate and formed colistin in critically ill patients from a multicenter study provide dosing suggestions for various categories of patients. Antimicrob Agents Chemother 55:3284–3294. https://doi.org/ 10.1128/AAC.01733-10.
- Kwa AL, Abdelraouf K, Low JG, Tam VH. 2011. Pharmacokinetics of polymyxin B in a patient with renal insufficiency: a case report. Clin Infect Dis 52:1280–1281. https://doi.org/10.1093/cid/cir137.
- Li J, Rayner CR, Nation RL, Owen RJ, Spelman D, Tan KE, Liolios L. 2006. Heteroresistance to colistin in multidrug-resistant *Acinetobacter baumannii*. Antimicrob Agents Chemother 50:2946–2950. https://doi.org/ 10.1128/AAC.00103-06.
- Cai Y, Chai D, Wang R, Liang B, Bai N. 2012. Colistin resistance of Acinetobacter baumannii: clinical reports, mechanisms and antimicrobial strategies. J Antimicrob Chemother 67:1607–1615. https://doi.org/ 10.1093/jac/dks084.
- Qureshi ZA, Hittle LE, O'Hara JA, Rivera JI, Syed A, Shields RK, Pasculle AW, Ernst RK, Doi Y. 2015. Colistin-resistant Acinetobacter baumannii: beyond carbapenem resistance. Clin Infect Dis 60:1295–1303. https:// doi.org/10.1093/cid/civ048.
- Barin J, Martins AF, Heineck BL, Barth AL, Zavascki AP. 2013. Hetero- and adaptive resistance to polymyxin B in OXA-23-producing carbapenemresistant Acinetobacter baumannii isolates. Ann Clin Microbiol Antimicrob 12:15. https://doi.org/10.1186/1476-0711-12-15.
- Tsuji BT, Landersdorfer CB, Lenhard JR, Cheah SE, Thamlikitkul V, Rao GG, Holden PN, Forrest A, Bulitta JB, Nation RL, Li J. 2016. Paradoxical effect of polymyxin B: high drug exposure amplifies resistance in *Acinetobacter baumannii*. Antimicrob Agents Chemother 60:3913–3920. https:// doi.org/10.1128/AAC.02831-15.
- Bratu S, Quale J, Cebular S, Heddurshetti R, Landman D. 2005. Multidrugresistant Pseudomonas aeruginosa in Brooklyn, New York: molecular epidemiology and in vitro activity of polymyxin B. Eur J Clin Microbiol Infect Dis 24:196–201. https://doi.org/10.1007/s10096-005-1294-x.
- Saiman L, Chen Y, San Gabriel P, Knirsch C. 2002. Synergistic activities of macrolide antibiotics against *Pseudomonas aeruginosa, Burkholderia cepacia, Stenotrophomonas maltophilia,* and *Alcaligenes xylosoxidans* isolated from patients with cystic fibrosis. Antimicrob Agents Chemother 46:1105–1107. https://doi.org/10.1128/AAC.46.4.1105-1107.2002.
- Foulds G, Shepard RM, Johnson RB. 1990. The pharmacokinetics of azithromycin in human serum and tissues. J Antimicrob Chemother 25(Suppl A):73–82.
- Ballow CH, Amsden GW, Highet VS, Forrest A. 1998. Pharmacokinetics of oral azithromycin in serum, urine, polymorphonuclear leucocytes and inflammatory vs non-inflammatory skin blisters in healthy volunteers. Clin Drug Invest 15:159–167. https://doi.org/10.2165/00044011 -199815020-00009.
- Saiman L, Marshall BC, Mayer-Hamblett N, Burns JL, Quittner AL, Cibene DA, Coquillette S, Fieberg AY, Accurso FJ, Campbell PW, III. 2003. Azithromycin in patients with cystic fibrosis chronically infected with Pseudomonas aeruginosa: a randomized controlled trial. JAMA 290: 1749–1756. https://doi.org/10.1001/jama.290.13.1749.
- Kudoh S, Azuma A, Yamamoto M, Izumi T, Ando M. 1998. Improvement of survival in patients with diffuse panbronchiolitis treated with lowdose erythromycin. Am J Respir Crit Care Med 157:1829–1832. https:// doi.org/10.1164/ajrccm.157.6.9710075.
- 19. Köhler T, Perron GG, Buckling A, Van Delden C. 2010. Quorum sensing inhibition selects for virulence and cooperation in Pseudomonas

aeruginosa. PLoS Pathog 6:e1000883. https://doi.org/10.1371/journal .ppat.1000883.

- Tateda K, Comte R, Pechere J-C, Köhler T, Yamaguchi K, Van Delden C. 2001. Azithromycin inhibits quorum sensing in *Pseudomonas aeruginosa*. Antimicrob Agents Chemother 45:1930–1933. https://doi.org/10.1128/ AAC.45.6.1930-1933.2001.
- Bulitta JB, Yang JC, Yohonn L, Ly NS, Brown SV, D'Hondt RE, Jusko WJ, Forrest A, Tsuji BT. 2010. Attenuation of colistin bactericidal activity by high inoculum of *Pseudomonas aeruginosa* characterized by a new mechanismbased population pharmacodynamic model. Antimicrob Agents Chemother 54:2051–2062. https://doi.org/10.1128/AAC.00881-09.
- Rahim R, Ochsner UA, Olvera C, Graninger M, Messner P, Lam JS, Soberon-Chavez G. 2001. Cloning and functional characterization of the Pseudomonas aeruginosa rhIC gene that encodes rhamnosyltransferase 2, an enzyme responsible for di-rhamnolipid biosynthesis. Mol Microbiol 40:708–718. https://doi.org/10.1046/j.1365-2958.2001.02420.x.
- Clinical and Laboratory Standards Institute. 2011. Performance standards for antimicrobial susceptibility testing; 21st informational supplement. CLSI document M100-S21. Clinical and Laboratory Standards Institute, Wayne, PA.
- Bulitta JB, Ly NS, Yang JC, Forrest A, Jusko WJ, Tsuji BT. 2009. Development and qualification of a pharmacodynamic model for the pronounced inoculum effect of ceftazidime against *Pseudomonas aeruginosa*. Antimicrob Agents Chemother 53:46–56. https://doi.org/10.1128/AAC.00489-08.
- Zavascki AP, Goldani LZ, Cao G, Superti SV, Lutz L, Barth AL, Ramos F, Boniatti MM, Nation RL, Li J. 2008. Pharmacokinetics of intravenous polymyxin B in critically ill patients. Clin Infect Dis 47:1298–1304. https:// doi.org/10.1086/592577.
- Tsuji BT, von Eiff C, Kelchlin PA, Forrest A, Smith PF. 2008. Attenuated vancomycin bactericidal activity against *Staphylococcus aureus hemB* mutants expressing the small-colony-variant phenotype. Antimicrob Agents Chemother 52:1533–1537. https://doi.org/10.1128/AAC.01254-07.
- Nation RL, Velkov T, Li J. 2014. Colistin and polymyxin B: peas in a pod, or chalk and cheese? Clin Infect Dis 59:88–89. https://doi.org/10.1093/ cid/ciu213.
- Kayama S, Murakami K, Ono T, Ushimaru M, Yamamoto A, Hirota K, Miyake Y. 2009. The role of rpoS gene and quorum-sensing system in ofloxacin tolerance in Pseudomonas aeruginosa. FEMS Microbiol Lett 298:184–192. https://doi.org/10.1111/j.1574-6968.2009.01717.x.
- Macfarlane EL, Kwasnicka A, Ochs MM, Hancock RE. 1999. PhoP-PhoQ homologues in Pseudomonas aeruginosa regulate expression of the outer-membrane protein OprH and polymyxin B resistance. Mol Microbiol 34:305–316. https://doi.org/10.1046/j.1365-2958.1999.01600.x.
- McPhee JB, Lewenza S, Hancock RE. 2003. Cationic antimicrobial peptides activate a two-component regulatory system, PmrA-PmrB, that regulates resistance to polymyxin B and cationic antimicrobial peptides in Pseudomonas aeruginosa. Mol Microbiol 50:205–217. https://doi.org/ 10.1046/j.1365-2958.2003.03673.x.
- Fernandez L, Gooderham WJ, Bains M, McPhee JB, Wiegand I, Hancock RE. 2010. Adaptive resistance to the "last hope" antibiotics polymyxin B and colistin in *Pseudomonas aeruginosa* is mediated by the novel twocomponent regulatory system ParR-ParS. Antimicrob Agents Chemother 54:3372–3382. https://doi.org/10.1128/AAC.00242-10.
- Ly NS, Yang J, Bulitta JB, Tsuji BT. 2012. Impact of two-component regulatory systems PhoP-PhoQ and PmrA-PmrB on colistin pharmacodynamics in *Pseudomonas aeruginosa*. Antimicrob Agents Chemother 56:3453–3456. https://doi.org/10.1128/AAC.06380-11.
- Spoering AL, Lewis K. 2001. Biofilms and planktonic cells of *Pseudomonas aeruginosa* have similar resistance to killing by antimicrobials. J Bacteriol 183:6746–6751. https://doi.org/10.1128/JB.183.23 .6746-6751.2001.
- Kohler T, Dumas JL, Van Delden C. 2007. Ribosome protection prevents azithromycin-mediated quorum-sensing modulation and stationaryphase killing of *Pseudomonas aeruginosa*. Antimicrob Agents Chemother 51:4243–4248. https://doi.org/10.1128/AAC.00613-07.
- van Delden C, Kohler T, Brunner-Ferber F, Francois B, Carlet J, Pechere JC. 2012. Azithromycin to prevent Pseudomonas aeruginosa ventilatorassociated pneumonia by inhibition of quorum sensing: a randomized controlled trial. Intensive Care Med 38:1118–1125. https://doi.org/ 10.1007/s00134-012-2559-3.