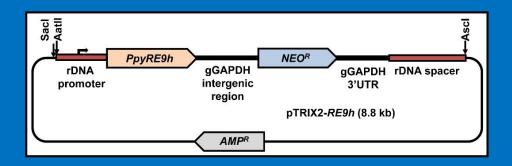


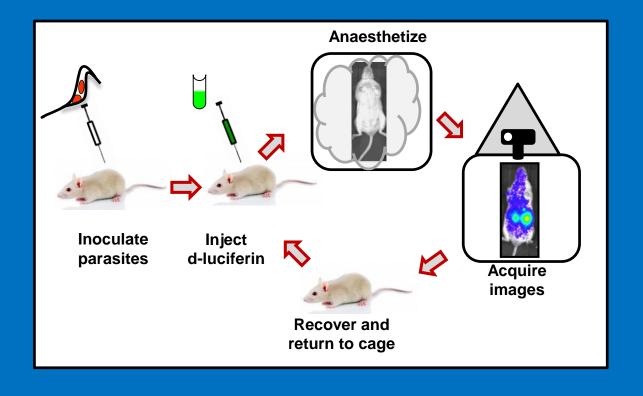
"Exploring drug efficacy in experimental Chagas disease using highly sensitive bioluminescence imaging"

John Kelly
Department of Pathogen Molecular Biology
London School of Hygiene and Tropical Medicine



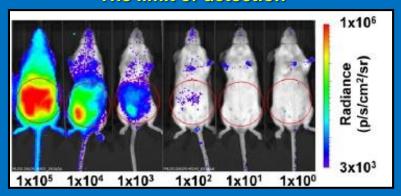
In vivo imaging



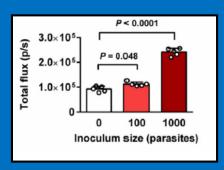


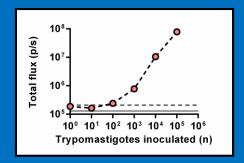
Validating the model

The limit of detection

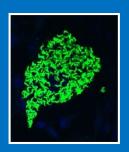


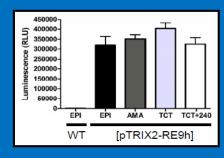
Correlation between bioluminescence and parasite burden



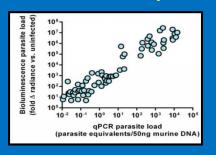


Profile of expression

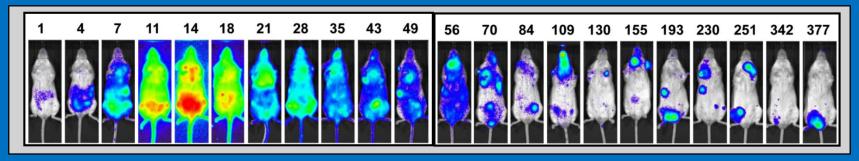


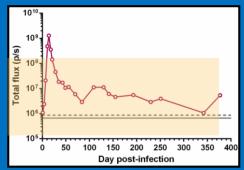


Correlation with qPCR

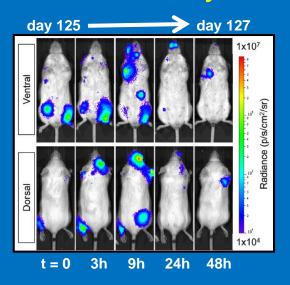


Visualising chronic Trypanosoma cruzi infection

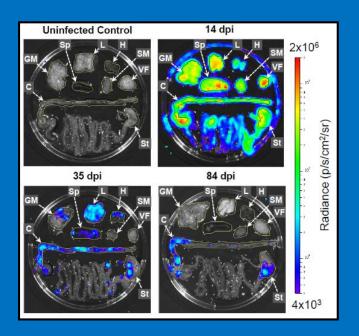


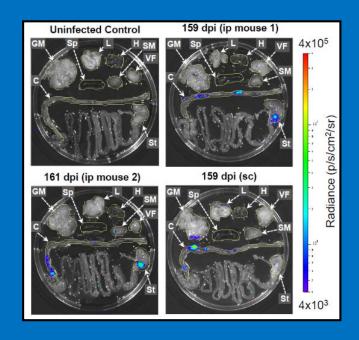


Chronic *T. cruzi* infection : dynamic not latent!

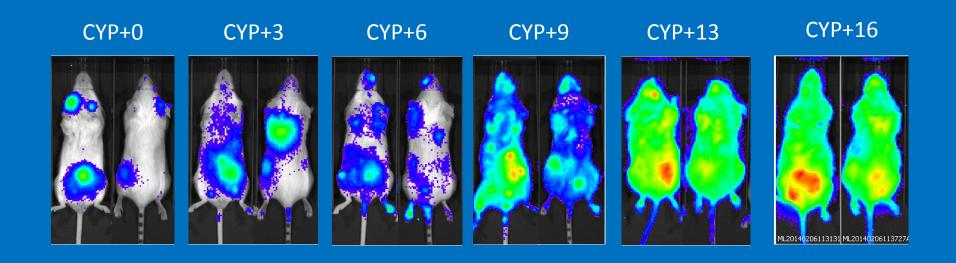


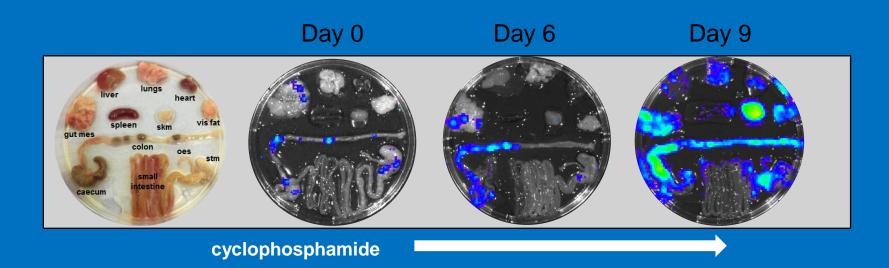
The GI tract is the major site of parasite persistence in chronic infections





Inducing relapse by immunosuppression





Summary - 1

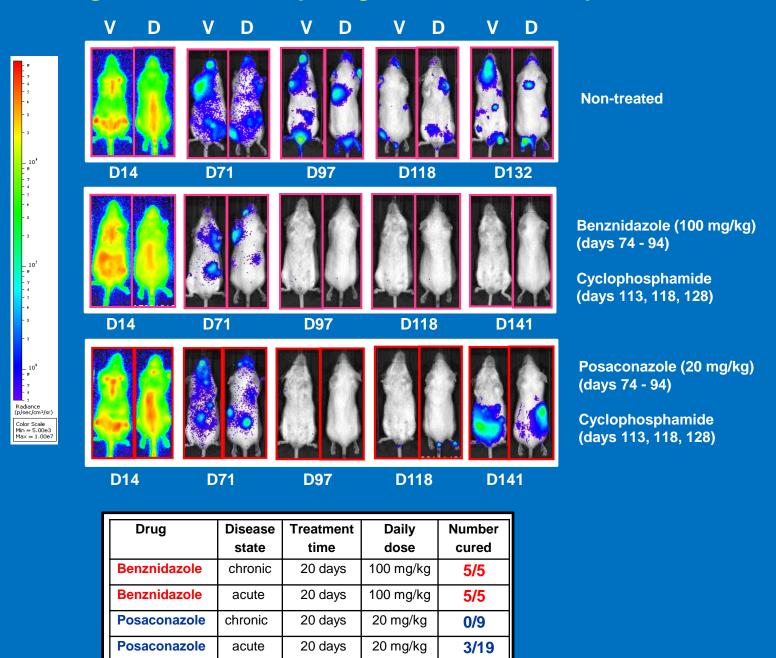
- BLI can be used to track chronic *T. cruzi* infections in mouse models
- The GI tract is the major site of parasite persistence in chronic infections
- Chronic T. cruzi infections are highly focal and spatiotemporally dynamic
- · BLI can be used as a tool to:

Phenotype genetically engineered parasite mutants

Investigate the mechanisms of pathogenesis

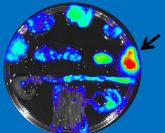
Assess drug efficacy

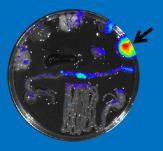
Chronic stage infection: Comparing benznidazole and posaconazole



Parasite recrudescence following posaconazole treatment

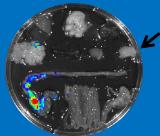
Treated days 14 – 33 Immunosuppressed Imaged day 74

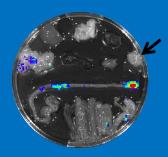




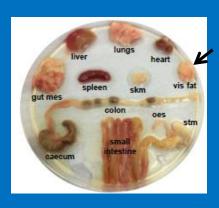
9/16 display high level infection in adipose tissue

Treated days 74 – 93 Immunosuppressed Imaged day 147



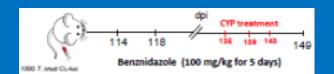


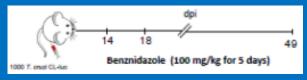
1/9 display high level infection in adipose tissue

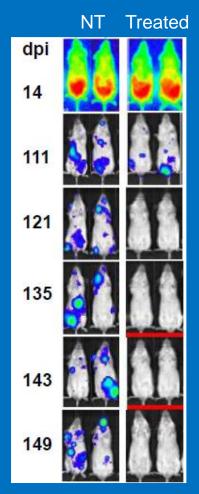


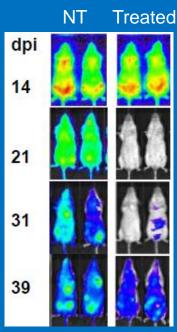
Benznidazole cures chronic stage infections more readily than acute stage infections

100 mg/kg qd for 5 days





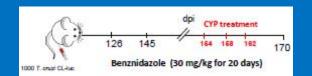


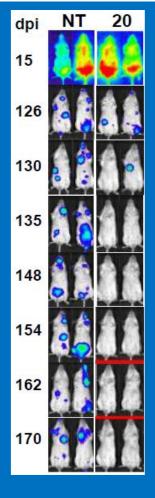


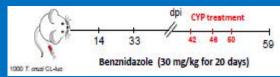
Drug	Treatment (days)	Dose (mg/kg)	Cure rate Chronic	Cure rate Acute
Benznidazole	20	100	100% (11/11)	93% (14/15)
Benznidazole	10	100	100% (15/15)	0% (0/6)
Benznidazole	5	100	100% (11/11)	0% (0/30)

Benznidazole cures chronic stage infections more readily than acute stage infections

30 mg/kg qd for 20 days



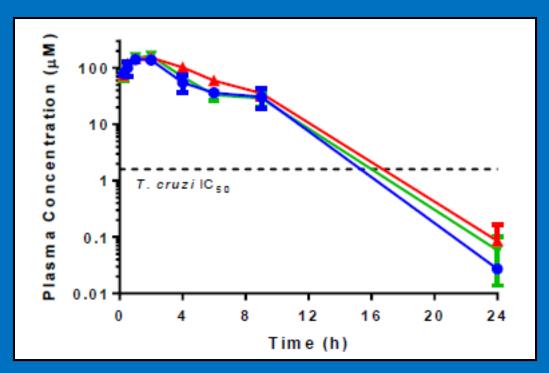




dpi	NT	20
14	88	
18		
23		
35		11
42		
49		

Drug	Treatment (days)	Dose (mg/kg)	Cure rate Chronic	Cure rate Acute
Benznidazole	20	30	100% (6/6)	33% (2/6)
Benznidazole	10	30	67% (4/6)	0% (0/6)
Benznidazole	5	30	0% (0/6)	-

Does differential drug exposure account for disease stage-specific benznidazole efficacy?

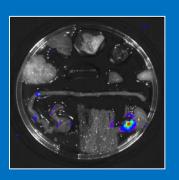


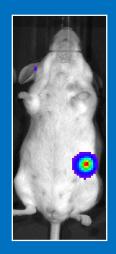
100 mg/kg single oral dose

acute stage
chronic stage
uninfected

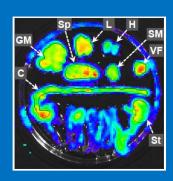
Why is benznidazole more effective against the chronic stage?

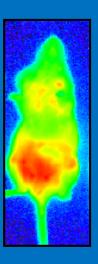
CHRONIC





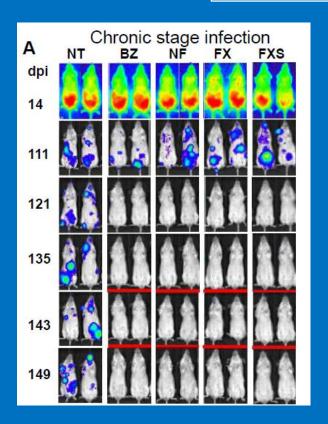
ACUTE

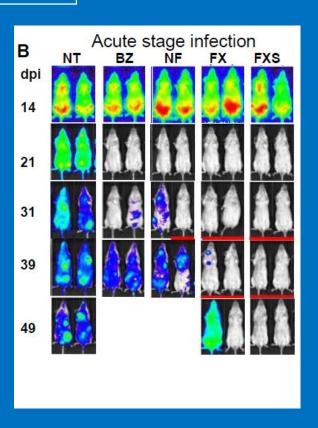




Do other nitroheterocycles show the same stage-specific profile?

100 mg/kg qd for 5 days

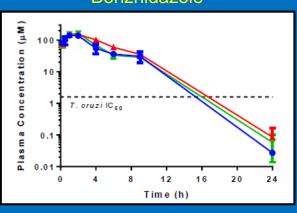




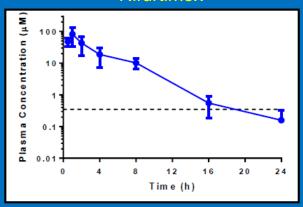
Drug	Treatment (days)	Dose (mg/kg)	Cure rate Chronic	Cure rate Acute
Benznidazole	5	100	100% (11/11)	0% (0/30)
Nifurtimox	5	100	90% (9/10)	0% (0/6)
Fexinidazole	5	100	100% (8/8)	67% (4/6)
Fexinidazole sulfone	5	100	100% (7/7)	100% (15/15)

Pharmacokinetic parameters

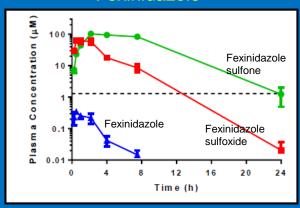
Benznidazole



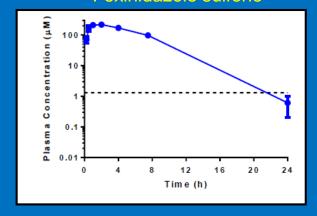
Nifurtimox



Fexinidazole



Fexinidazole sulfone



Summary – 2

Posaconazole has limitations as a treatment for experimental Chagas disease

 Adipose tissue is an important site of parasite recrudescence following posaconazole treatment of acute stage infections

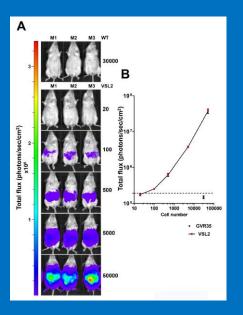
 Benznidazole cures chronic stage infections more effectively than acute stage infections

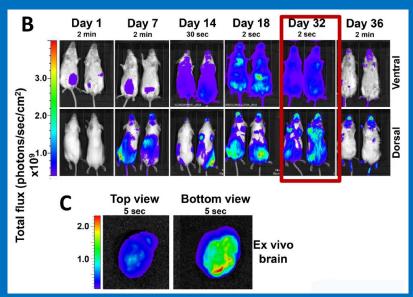
 At the same dose, fexinidazole sulphone is more effective than benznidazole as a curative treatment for acute stage *T. cruzi* infections

PCR-based methodologies have a tendency to over-estimate cure rates

In vivo imaging of other trypanosomatid infections

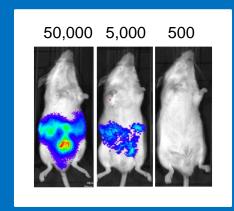
Trypanosoma brucei GVR35 strain





McLatchie A. et al (2013) PLOS NTD

Leishmania donovani (DD8 strain)



Taylor M.C. (unpublished)





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