

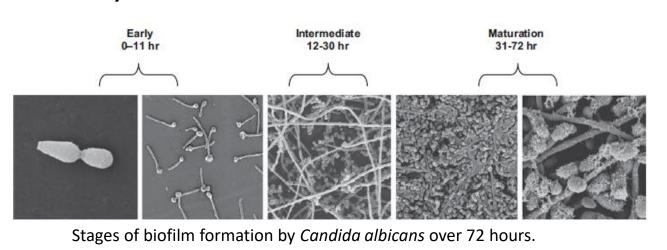
Repurposing Statins for the Treatment of Biofilm Associated Fungal Infections

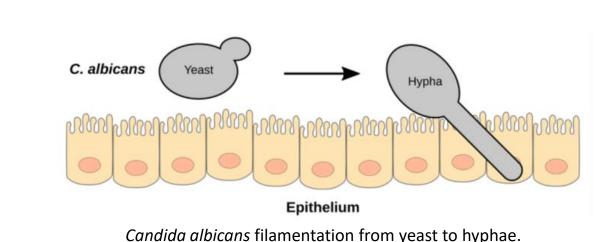


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INTRODUCTION

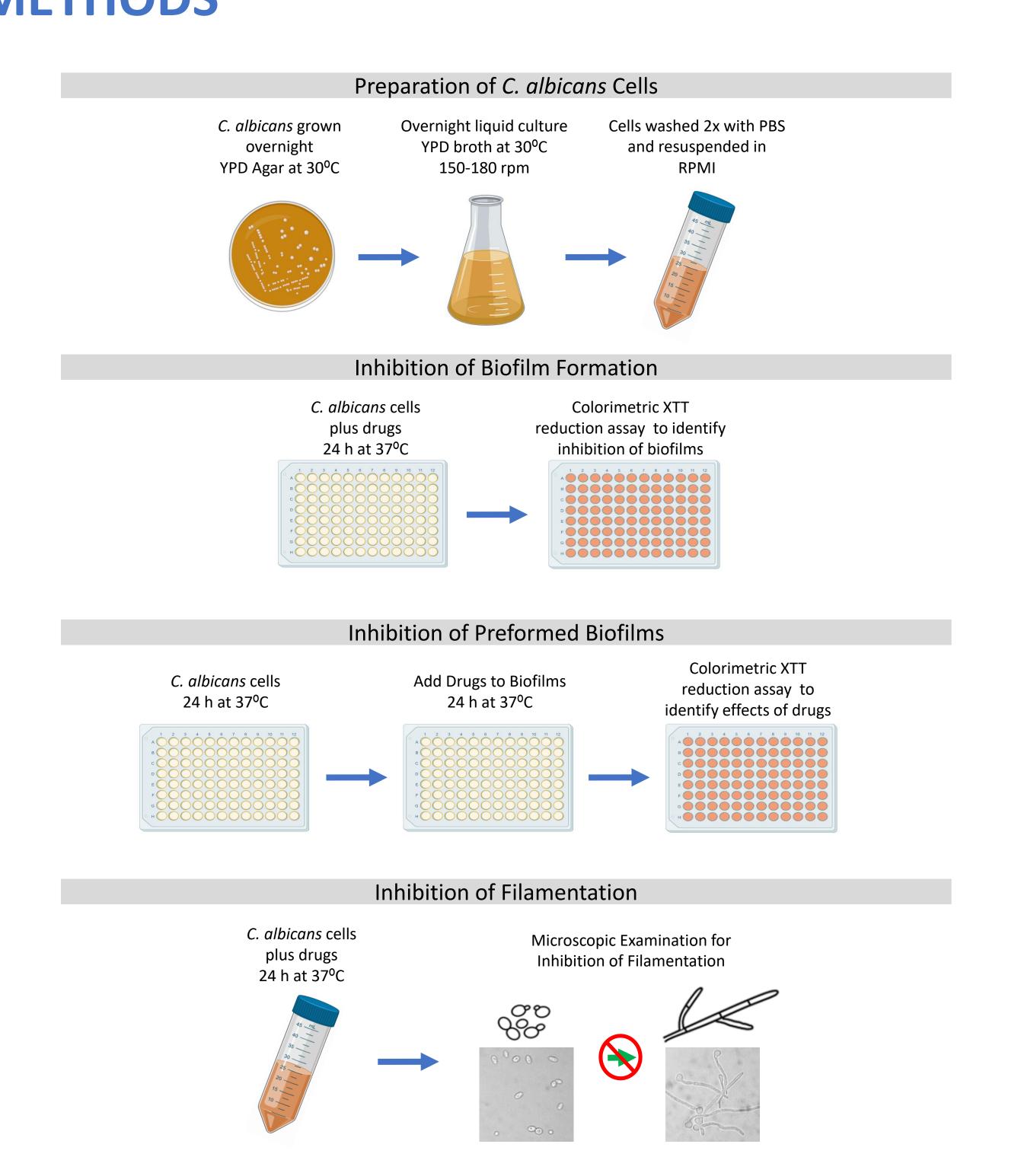
- Candida albicans is a fungus capable of causing infections in immunocompromised individuals, as a result of HIV/AIDS, organ transplants, and chemotherapy.
- Candida infections range from superficial infections, such as oral thrush, to life threatening systemic infections.
- Two factors that allow *Candida* to cause infections are biofilm formation and filamentation.
- Biofilms are complex communities of cells attached to biotic or abiotic (medical implant devices) surfaces and are resistant to antifungal drugs, like fluconazole.
- Currently amphotericin B is the only drug effective against biofilms; however, it is highly toxic to humans.
- Filamentation is the transition from yeast to hyphae and is essential for fungal invasion of host tissues.
- The purpose of this project was to test statins, FDA approved drugs for lowering cholesterol, for their ability to inhibit biofilm formation and filamentation.



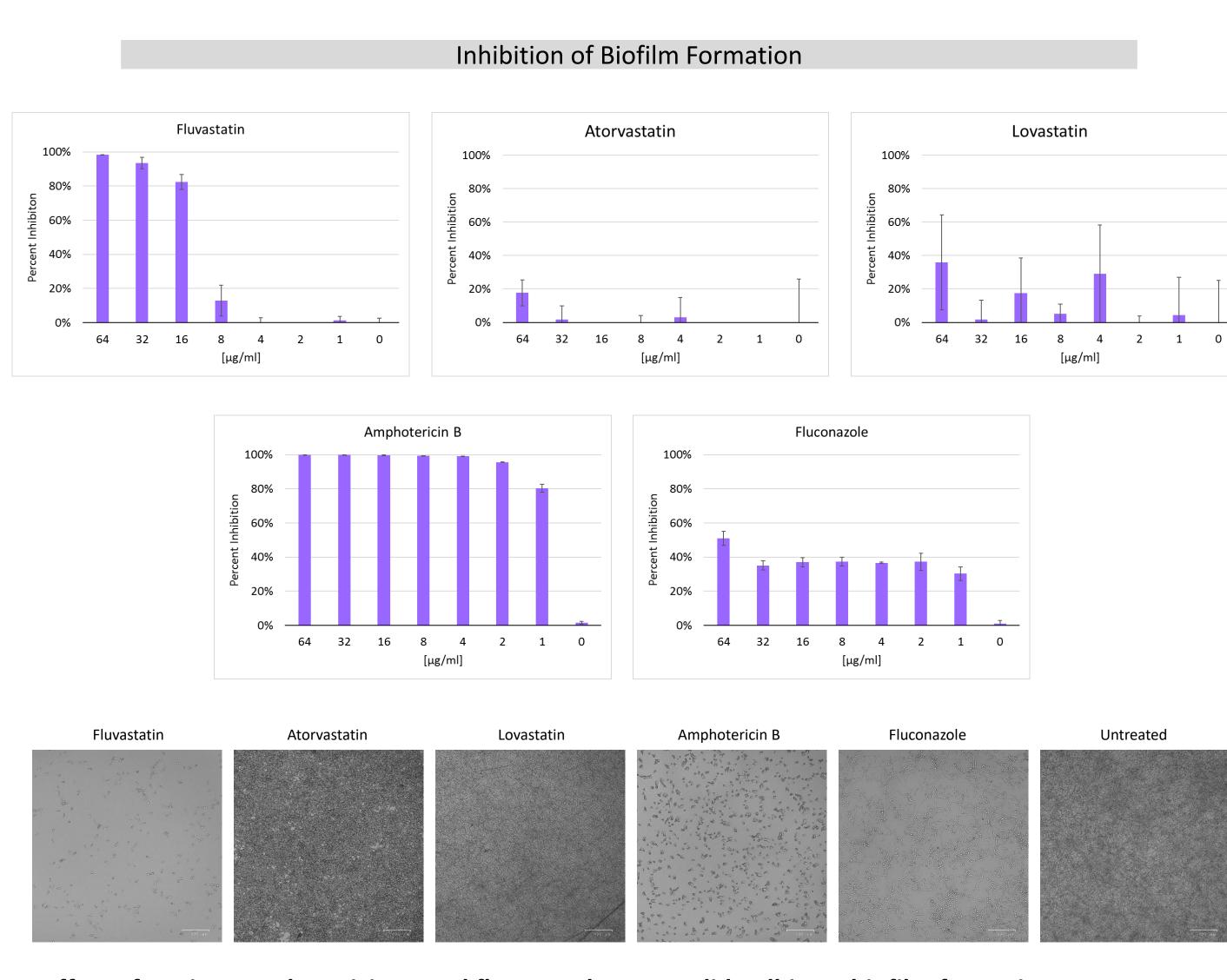


Oral thrush caused by

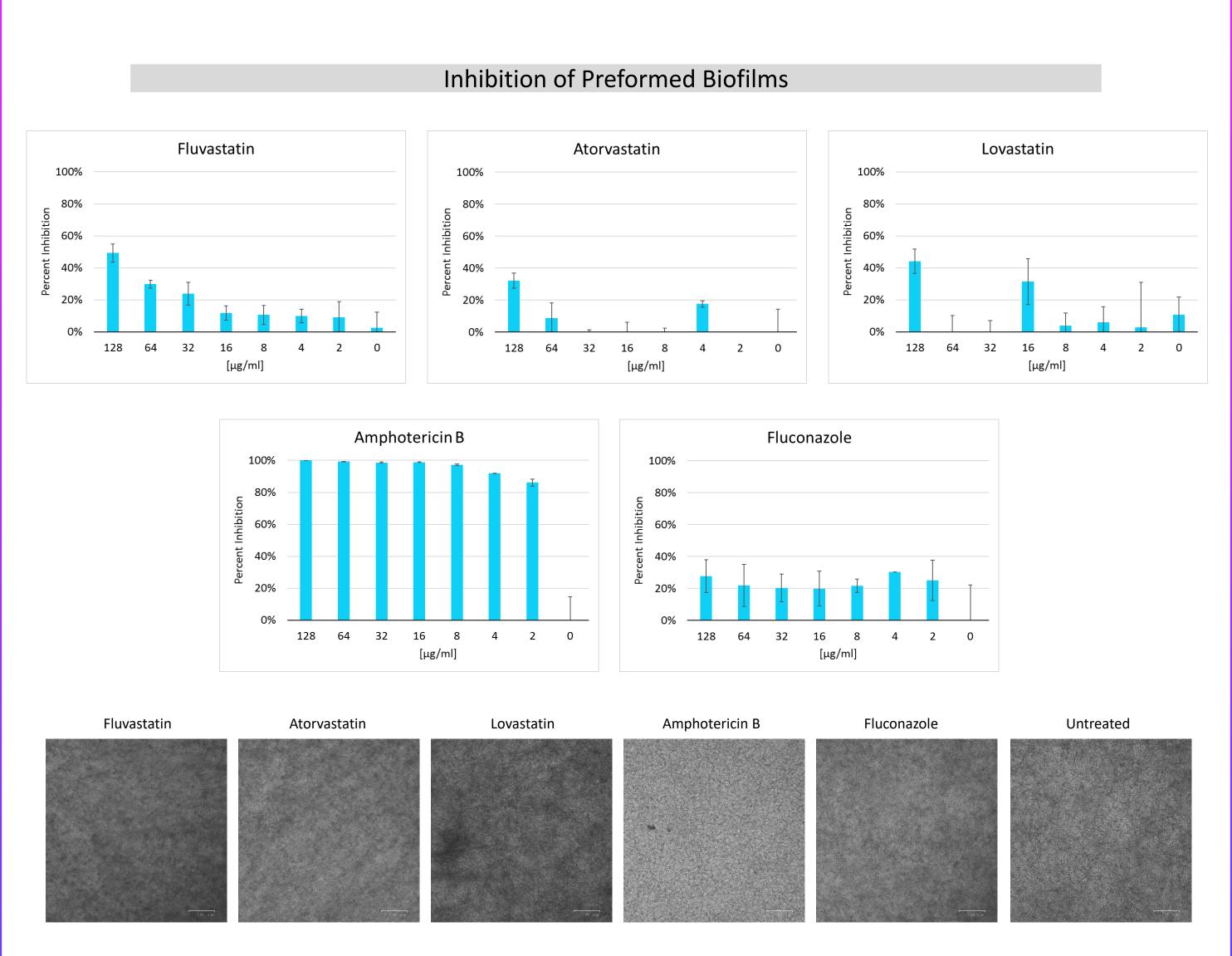
METHODS



RESULTS



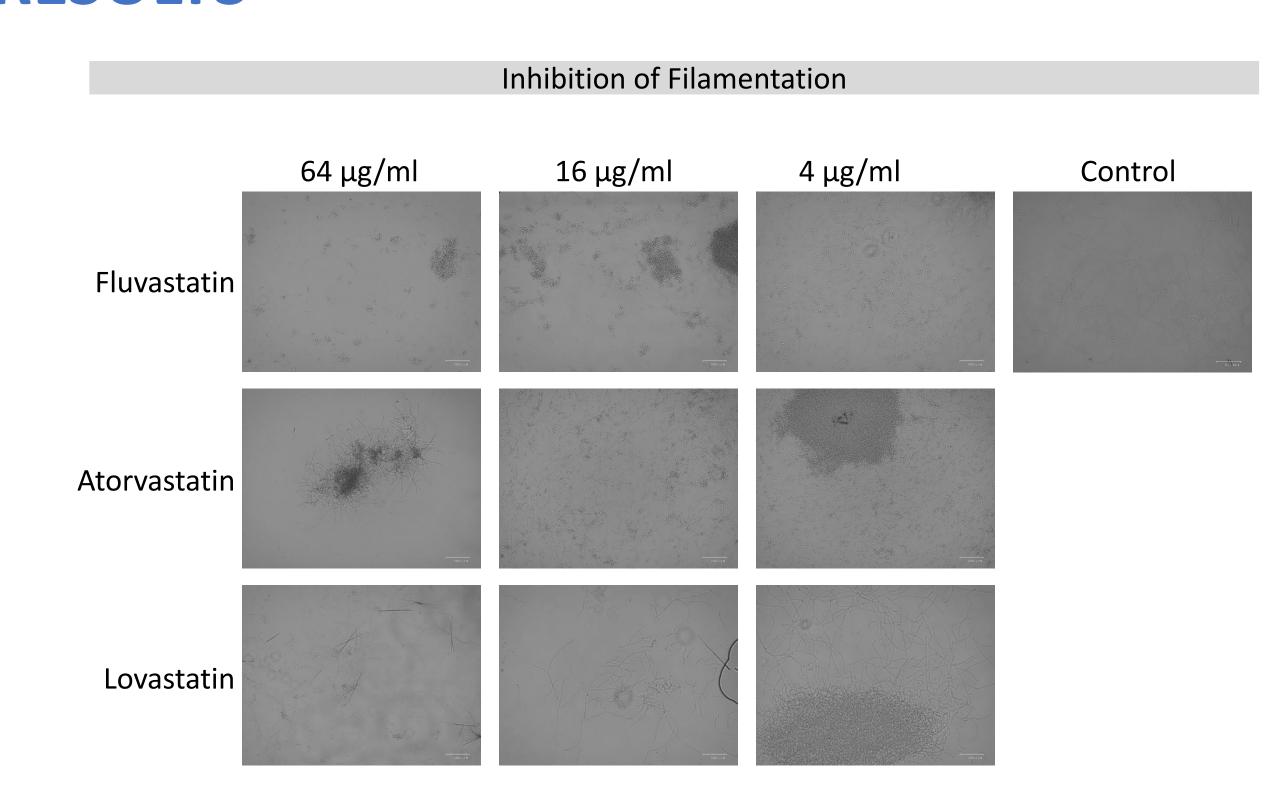
Effect of statins, amphotericin B, and fluconazole on *Candida albicans* biofilm formation. Biofilms were formed in the presence of drugs (1-64 μ g/ml) for 24 hours. The graphs (top) represent the percent inhibition of biofilm formation as compared to the untreated control group (0 μ g/ml). The images (bottom) are brightfield micrographs of the biofilms grown in the presence of the drugs (64 μ g/ml) and without drugs (untreated). The bar represents 100 μ m.



Effect of statins, amphotericin B, and fluconazole on preformed Candida albicans biofilms. Biofilms were preformed for 24 hours prior to the addition of drugs (1-64 μg/ml) for an accordance of the station of drugs (1-64 μg/ml) for an accordance of the station of drugs (1-64 μg/ml) for an accordance of the station of drugs (1-64 μg/ml) for an accordance of the station of drugs (1-64 μg/ml) for an accordance of the station of the station

Biofilms were preformed for 24 hours prior to the addition of drugs (1-64 μ g/ml) for an additional 24 hours. The graphs (top) represent the percent inhibition of preformed biofilms as compared to the untreated control group (0 μ g/ml). The images (bottom) are brightfield micrographs of the preformed biofilms both with drugs (64 μ g/ml) and without drugs (untreated). The bar represents 100 μ m.

RESULTS

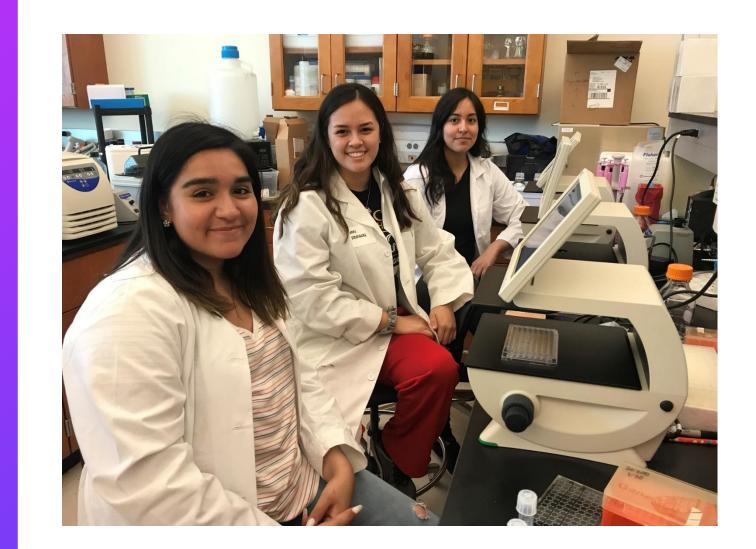


Effect of statins on Candida albicans filamentation.

Cells were treated with statins (64, 16, or 4 μ g/ml) for 24 hours with agitation. Brightfield microscopy was used to determined the effect of the statins on filamentation (the yeast to hyphae transition). The control group is untreated. The bar represents 100 μ m.

CONCLUSIONS

- Of the three statins tested, fluvastatin has the greatest activity against *Candida albicans* biofilm formation and filamentation.
- Fluvastatin inhibits *Candida* biofilm formation by more than 80% at concentrations of 16 µg/ml compared to fluconazole, a routinely used antifungal drug, which inhibits less than 50% of biofilm formation.
- Fluvastatin has reduced activity against preformed biofilms which are generally harder to treat; however, 128 $\mu g/ml$ of fluvastatin inhibits approximately 50% of the preformed biofilm.
- Fluvastatin inhibits filamentation at concentrations of 4 μ g/ml; whereas, the other two statins have no effect.
- Overall fluvastatin, an FDA approved medication for lowering cholesterol, could be repurposed for treating *Candida albicans* biofilm associated infections.





ACKNOWLEDGEMENTS





