

Exemple de recherche translationnelle : la phagothérapie

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Clinical officer ESCMID Study group for Non-Traditional Antibacterial therapy (ESGNTA)
Centre de Référence des IOA complexes de Lyon (CRIOAc Lyon)

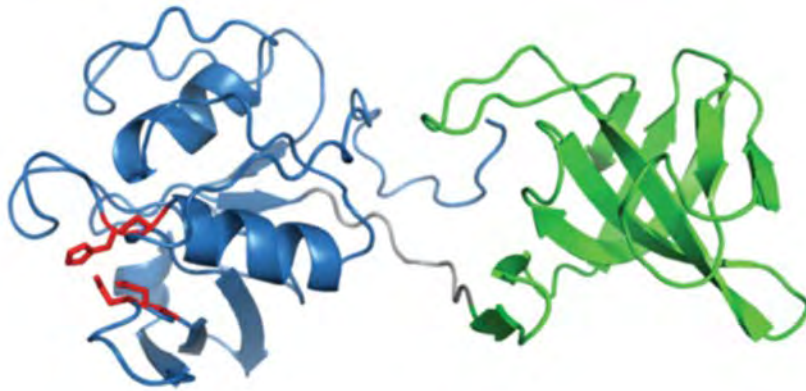
Président du Comité Scientifique des CRIOAc 2017-2022



Non traditional anti-bacterial therapy



Lysins
Biological “natural”
enzymes



Bacteriophages
Natural viruses

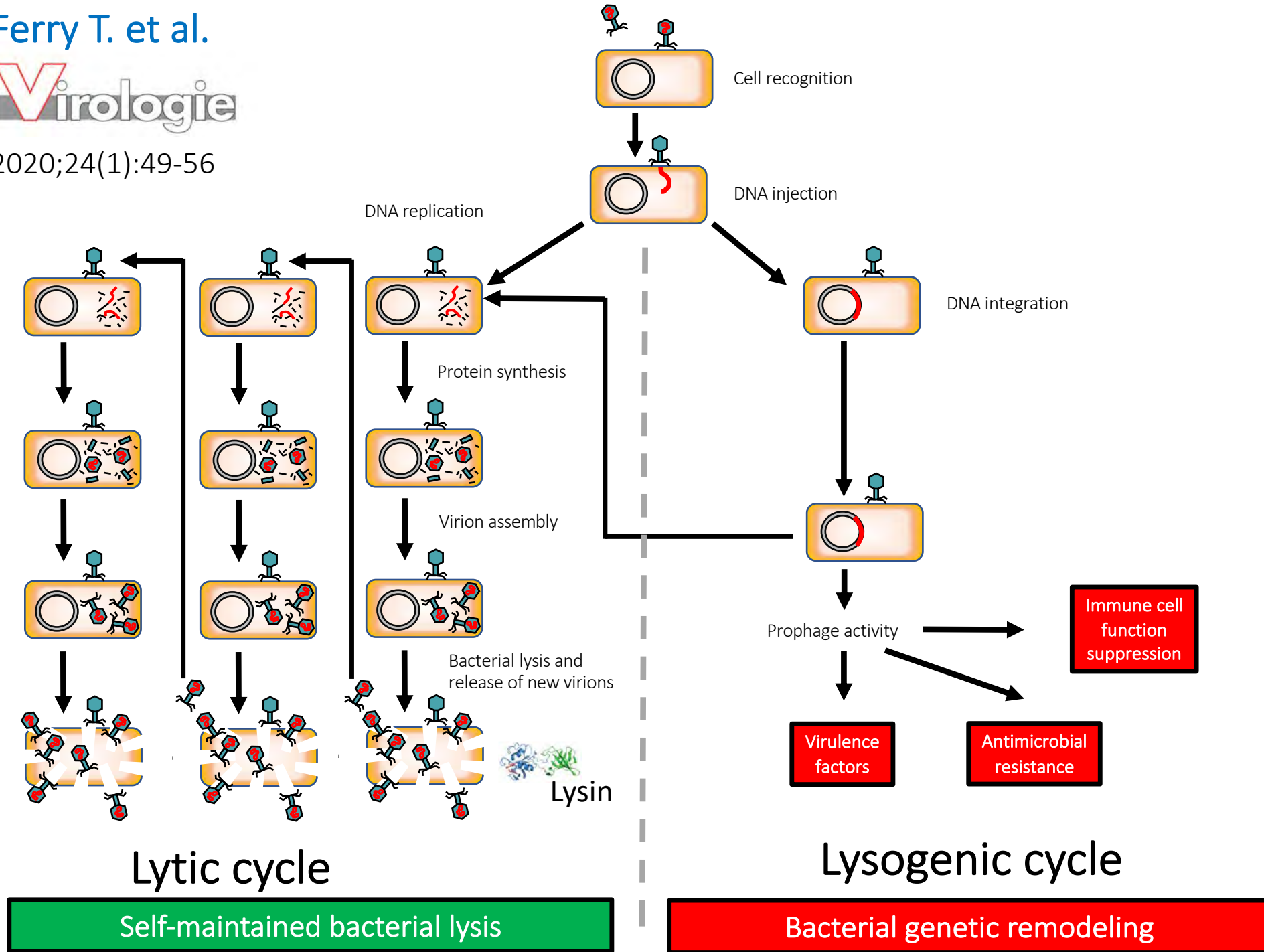
Clinical officer



ESGNTA

European Society of Clinical Microbiology and Infectious Diseases

ESCMID STUDY GROUP
FOR NON-TRADITIONAL
ANTIBACTERIAL THERAPY

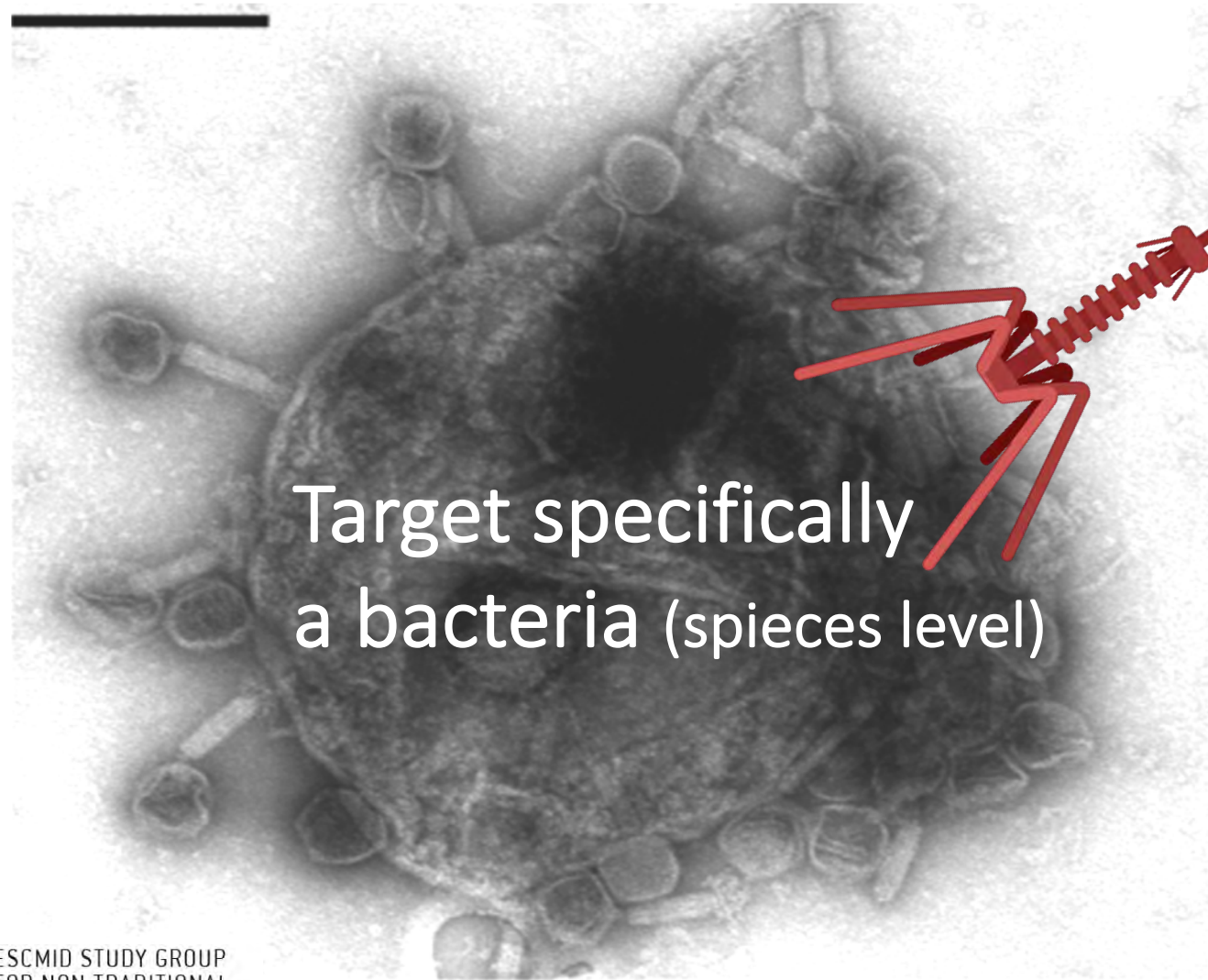


Bacteria have also their pandemics!



World Health
Organization

Non-**T**raditional
Antibacterial
therapy



Target specifically
a bacteria (species level)

Each virus



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Clinic



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ANTIBACTERIAL THERAPY

European Society of Clinical Microbiology and Infectious Diseases

Merabishvili et al. *PloS ONE* 2009

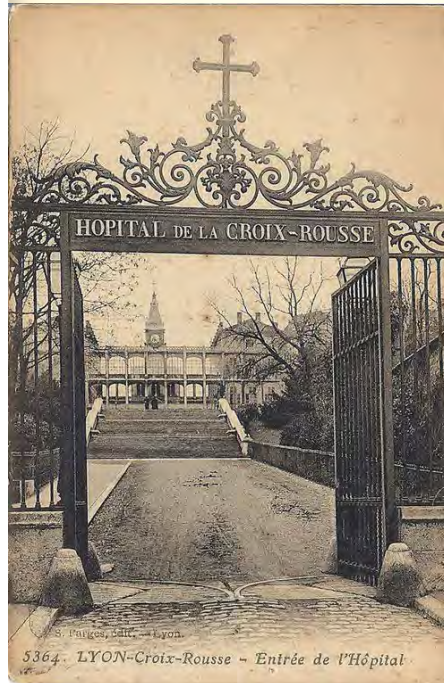


Le Journal de Médecine de Lyon

After d'Herelle, The story continued in Lyon

Traitement des infections à bacilles pyocyaniques par des bactériophages adaptés par sélection.

Par MM. André BERTOYE et A.-L. COURTIEU.



Les bacilles pyocyaniques sont fréquemment résistants aux antibiotiques usuels. Cette résistance, qui semble être en augmentation. Leur caractère rebelle est une de leurs caractéristiques. L'existence de bactériophages adaptés par sélection à une variété de bactériophage a la souche isolée du malade permet de traiter les infections pyocyaniques. Un tel traitement est nutritif et indispensable pour le pouvoir intraveineux.

Antimicrobial resistance

**Phage banking
Phage training**

**Meningitis
Skin and soft tissue
Bone and joint infection**



**Clinique des Maladies Infectieuses, Hôpital de la Croix-Rousse
Hospices Civils de Lyon**

1958-1960





Méningite purulente à colibacilles traitée par un bactériophage adapté intrarachidien

Par MM. P. SEDALLIAN, A. BERTOYE, J. GAUTHIER,
J.-M. MULLER et A.-L. COURTIEU.

Clinique des Maladies Infectieuses et Institut Pasteur de Lyon

Une injection intrarachidienne d'1/10 de centimètre cube n'ayant été suivie d'aucun accident, on commence, dès le lendemain 30 septembre, le traitement aux doses thérapeutiques : 1 centimètre cube de bactériophage intraventriculaire et 1 centimètre cube intrarachidien par vingt-quatre heures. Rapidement, le nombre des éléments du liquide céphalo-rachidien s'effondre à 356 contre 1.800 deux jours auparavant. Dès lors, la situation va s'améliorer très vite et on peut espérer la partie gagnée, malgré la persistance dans le liquide céphalo-rachidien d'un taux d'albumine aux alentours d'un gramme et de 50 à 200 éléments.

A une demande de **M. Roche**, **M. Bertoye** précise que nombre de germes peuvent être dotés d'un bactériophage. Il faut quatre à cinq jours pour l'adaptation du bactériophage : ce ne peut donc pas être une médication d'urgence.

Lyon Med. 1958 Mar 30;90(13):509-12

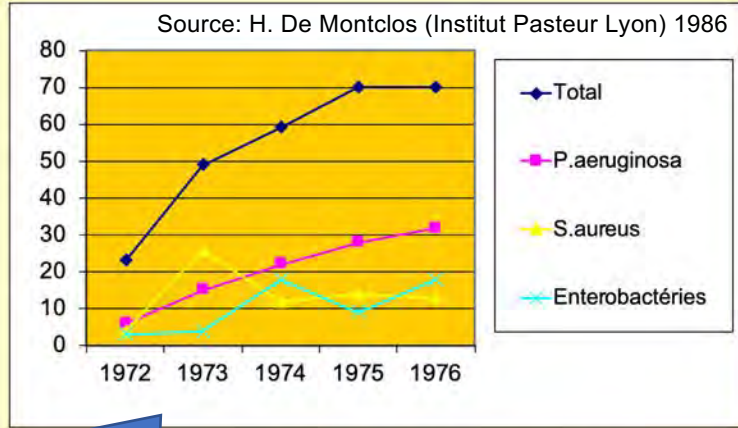


L'INSTITUT BACTÉRIOLOGIQUE



DE LYON

Lyon
Pasteur
Institute



Active and trained
bacteriophages

Technical development
Customisation of treatment
Academic multidisciplinary approach
70 patients/year!

Isolation of the isolates
responsible for the infection



1978

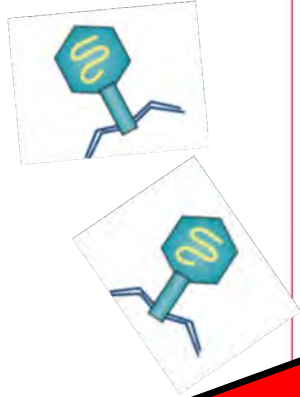
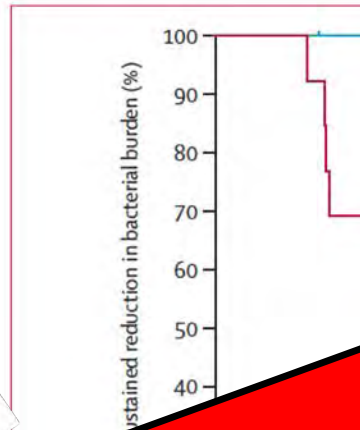
Pr. Bertoye

**Infectious
diseases
clinic**



Efficacy and tolerability of a cocktail of bacteriophages to treat burn wounds infected by *Pseudomonas aeruginosa* (PhagoBurn): a randomised, controlled, double-blind phase 1/2 trial

Patrick Jault, Thomas Leclerc, Serge J...
Ronan Le Floch, Jean Vivien Schaal, C...



COMPASSIONATE USE

osa

RECYDES
RMA

Figure 2: Time to observe reduction
Kaplan-Meier analysis of median time
highest daily bacterial burden compared with day 0. HR=hazard ratio. PP1131=cocktail of 12 natural lytic
anti-*Pseudomonas aeruginosa* bacteriophages.



PHOSA & Phagothérapie Consortium PHOSA Communication Contact




**Phage discovery
to find active
bacteriophages
against Staphylococci**



Phages anti-S. aureus



Efficacy of Bacteriophages in a *Staphylococcus aureus* Nondiabetic or Diabetic Foot Infection Murine Model

S. Albac,^a M. Medina,^b D. Labrousse,^a D. Hayez,^a D. Bonnot,^a N. Anzala,^a F. Laurent,^c T. Ferry,^d A. Dublanquet,^e P. Chavanet,^{a,f} C. Fevre,^b  D. Croisier^a

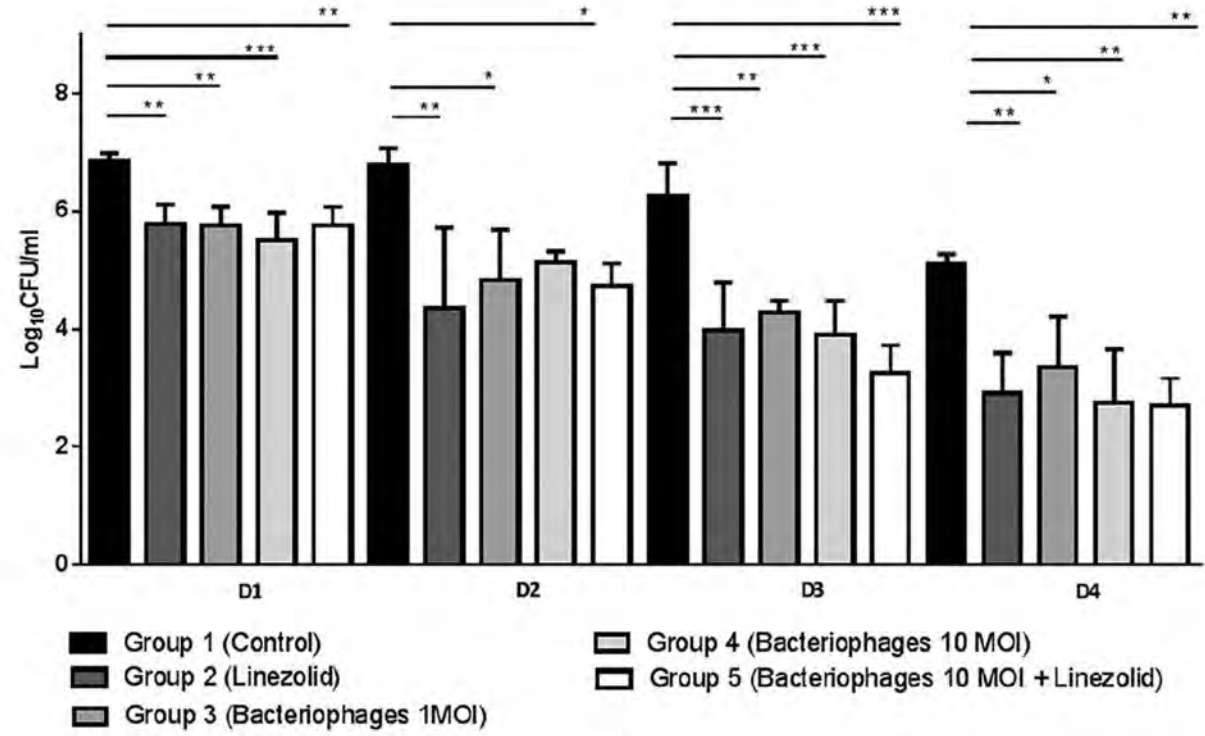


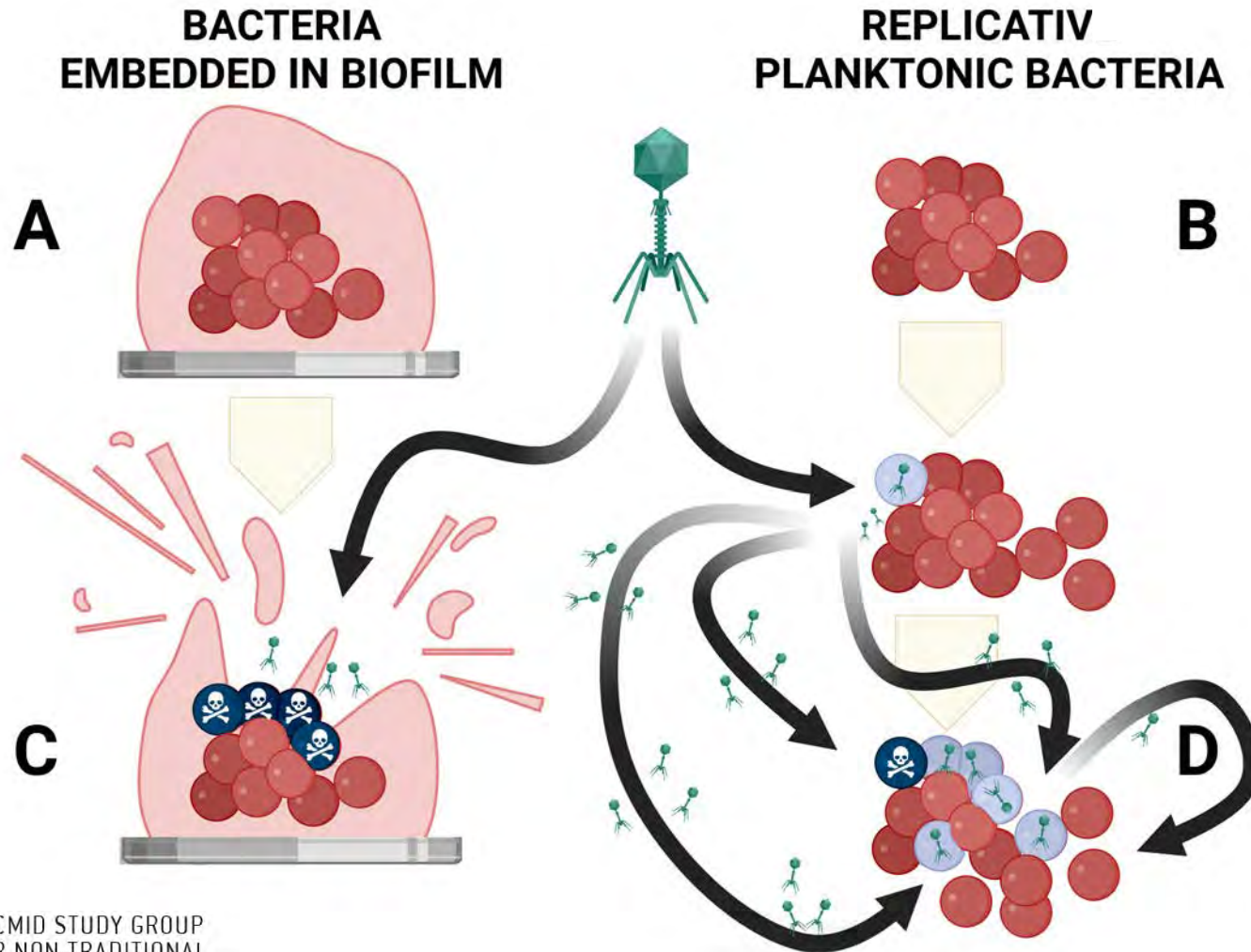
FIG 2 Bacterial load (log₁₀ CFU/ml), in hindpaws of nondiabetic BALB/c mice (*n* = 4/group and time point) after treatment with an assembly of three bacteriophages (1 or 10 MOI), linezolid (25 mg/kg i.p.), and the combination of phages plus linezolid. *, *P* < 0.05; **, *P* < 0.01; ***, *P* < 0.001.

Bacteria have also their pandemics!



World Health Organization

Non-Traditional
Antibacterial
therapy



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Clinic



ESGNTA

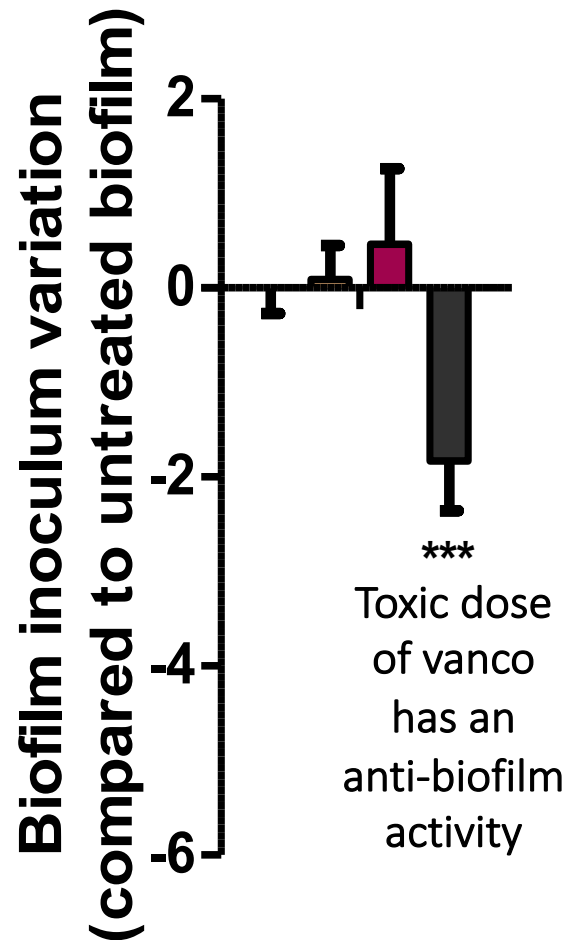
ESCMID STUDY GROUP
FOR NON-TRADITIONAL
ANTIBACTERIAL THERAPY

European Society of Clinical Microbiology and Infectious Diseases

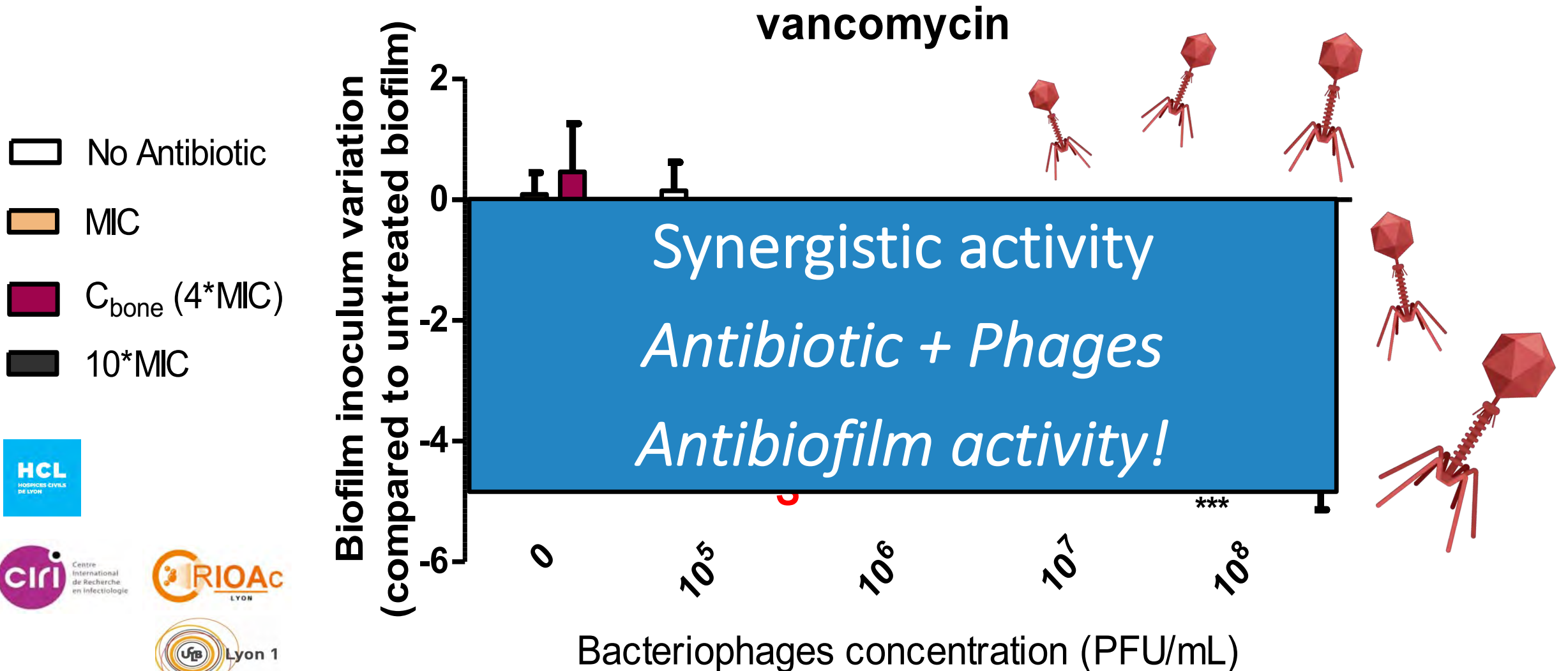
T. Ferry. Springer 2023 In press

Phages have antibiofilm activity

- No Antibiotic
- MIC
- C_{bone} (4*MIC)
- 10*MIC



Phages have antibiofilm activity

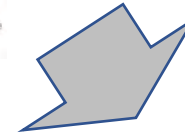


C. Kolenda et al. *Antimicrob Agents Chemother* 2019

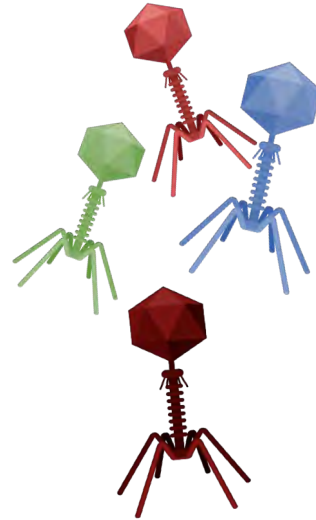
Développement de la phagothérapie à Lyon



PHAGE*in*LYON



PHAGE*in*LYON *Clinic*

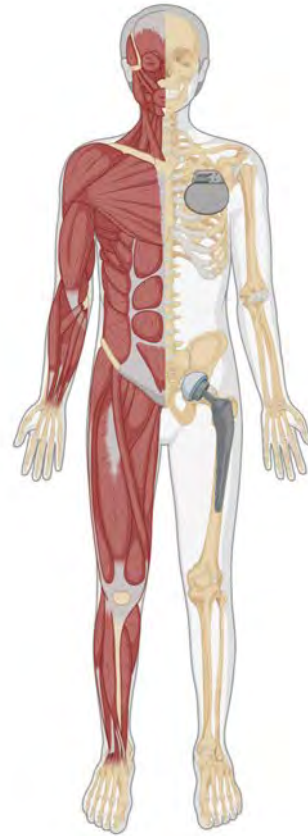
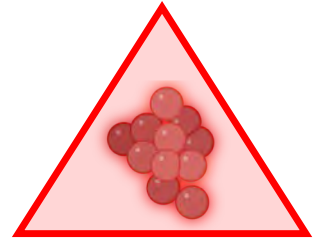


Tristan Ferry

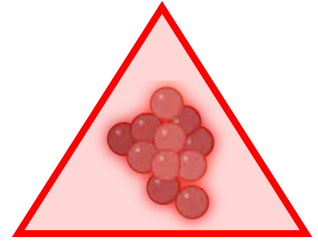
T. Ferry

Développement clinique
RCP CRIOAc Thérapies innovantes
RCP Phagothérapie
Validation des indications
Prise en charge des patients
Etudes de cohortes
Essais thérapeutiques

A large panel of severe bacterial infections



A large panel of severe bacterial infections



Central nervous system infections

Implant-associated meningitis

Lung infections

Ventilator-associated pneumonia
Exacerbation in cystic fibrosis
Exacerbations in bronchiectasis

Urinary tract infections

Pyelonephritis
Ureteral stent-associated infection



Cardiovascular infections

Endocarditis
Cardiac electronic device infection
Prosthetic-valve endocarditis
Vascular graft infection

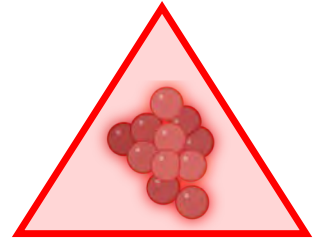
Muskuloskeletal infections

Wound infection
Osteomyelitis, fracture-related infection
Implant-associated bone and joint infection
Prosthetic joint infection

Digestive-tract infections

Typhoid fever, shigellosis
Cholera

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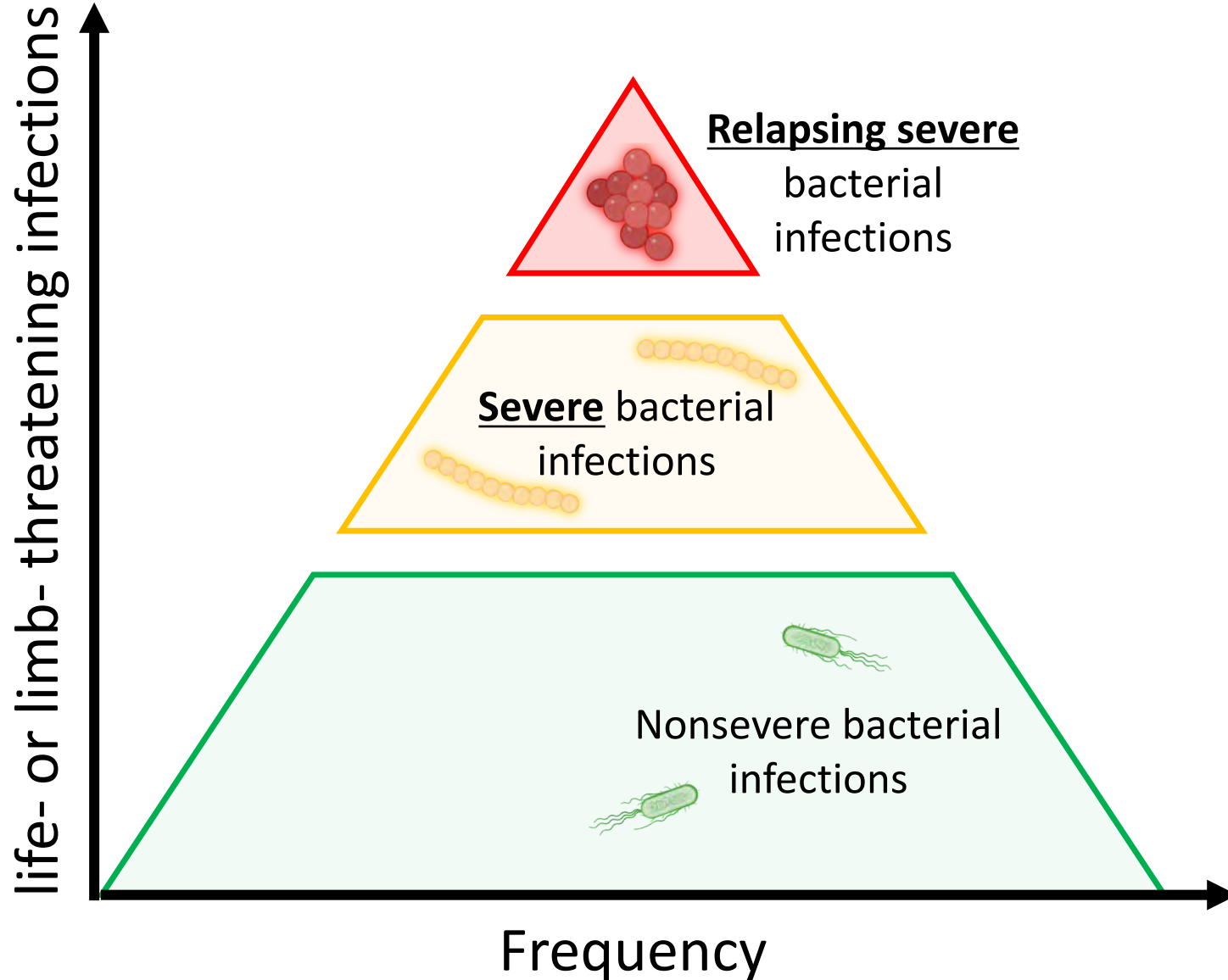
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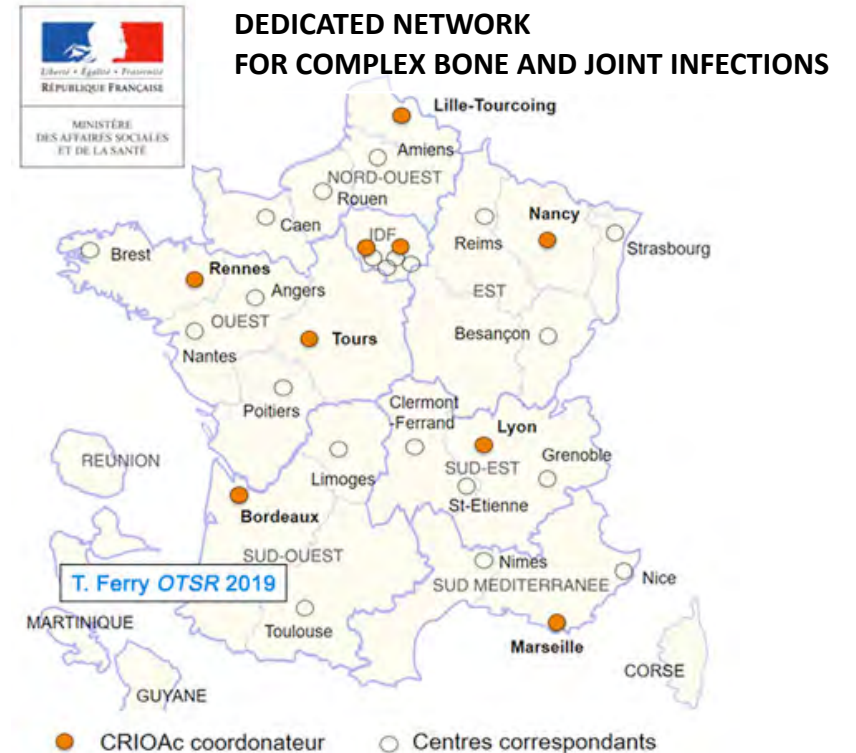
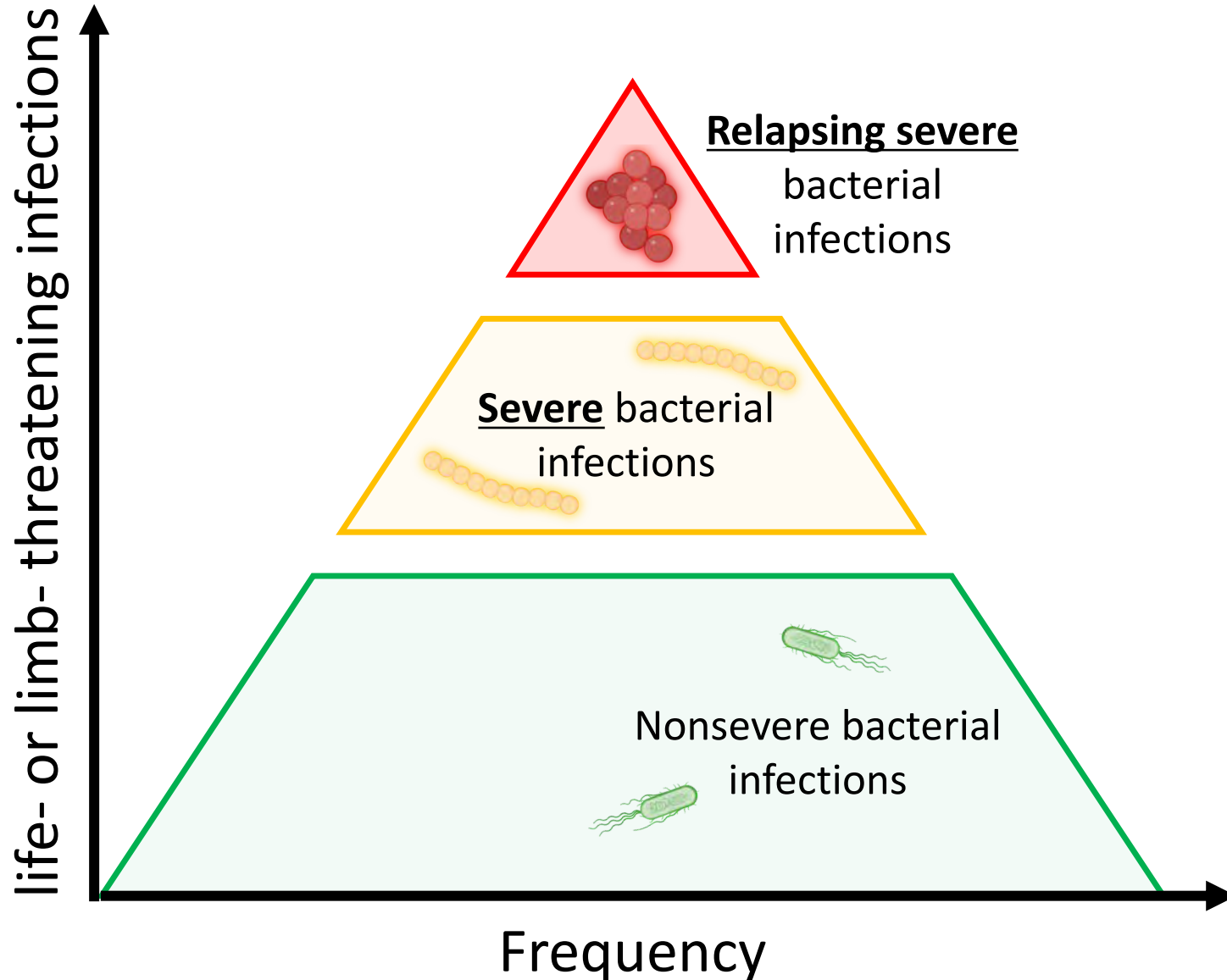
Digestive-tract infections

Typhoid fever, shigellosis
Cholera

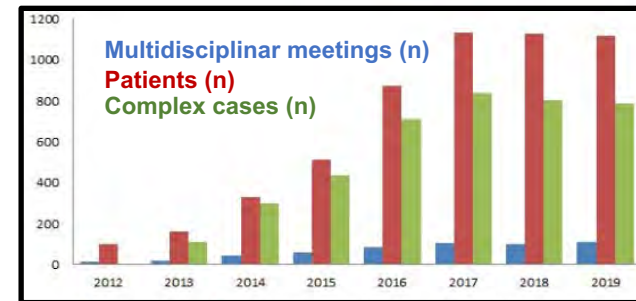
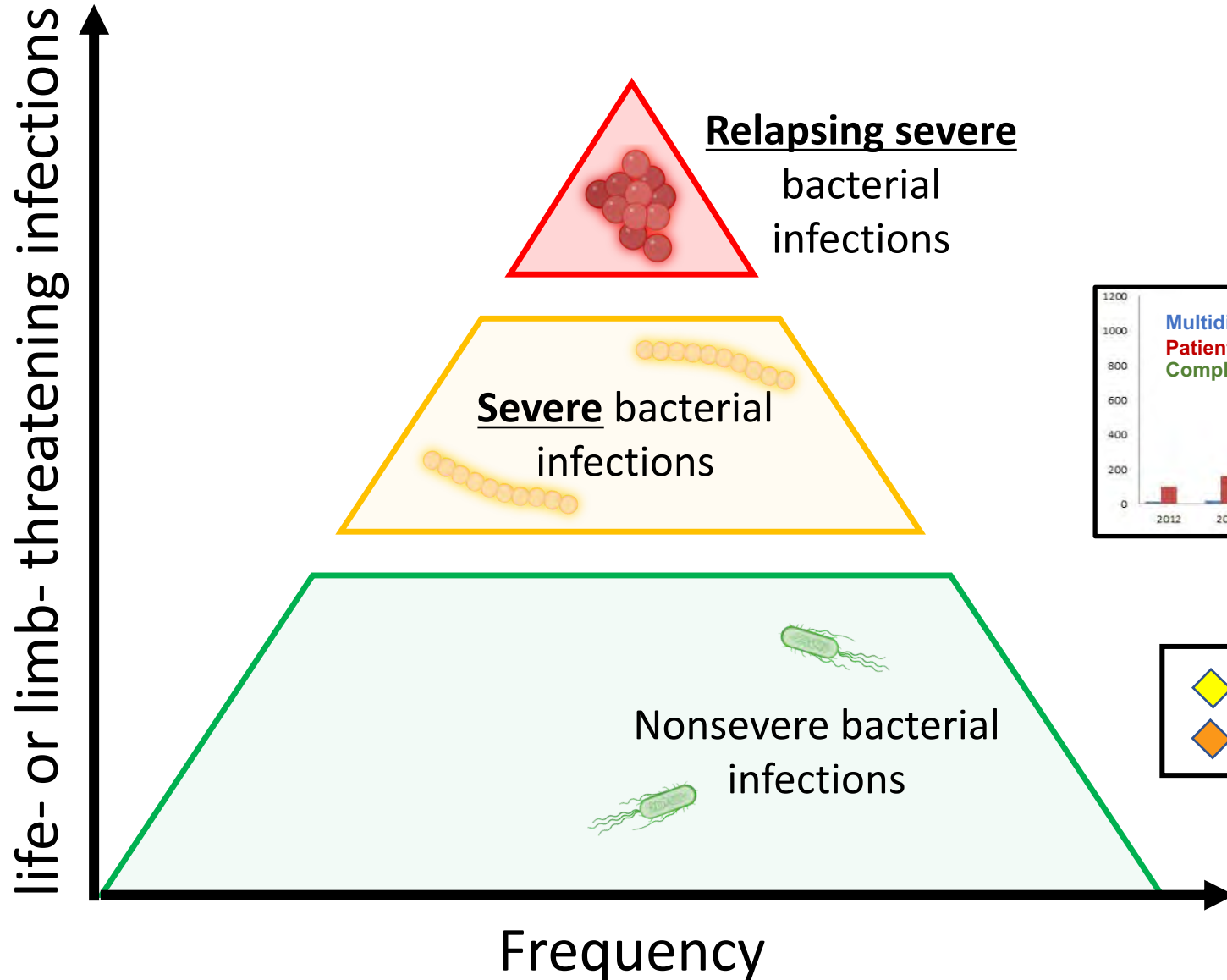
The pyramid of bacterial infectious diseases



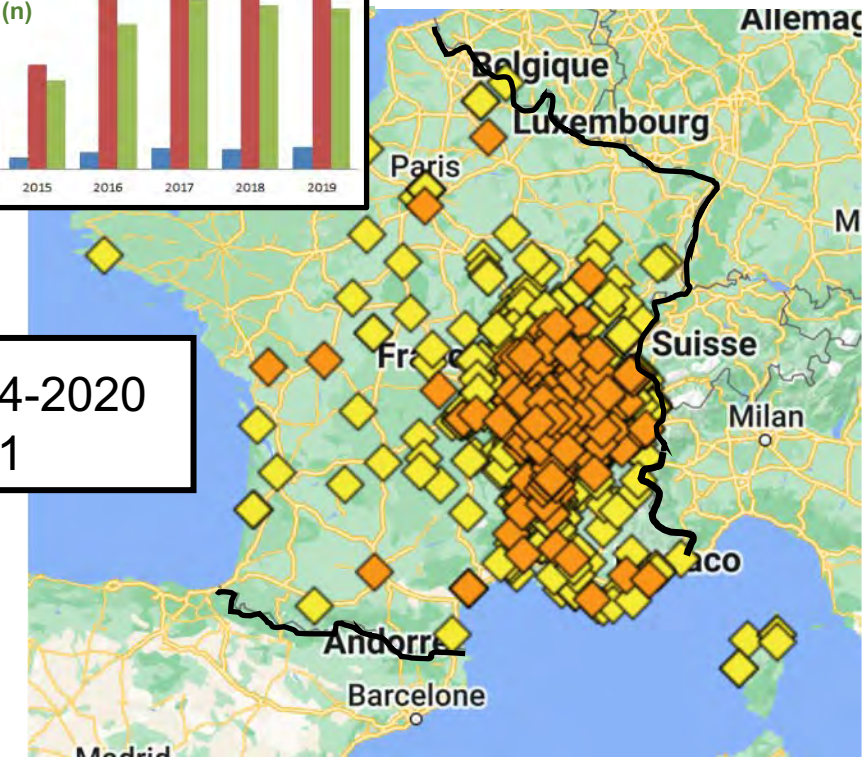
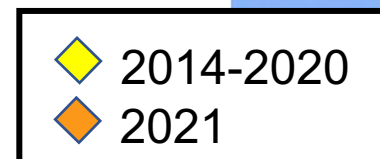
The pyramid of bacterial infectious diseases



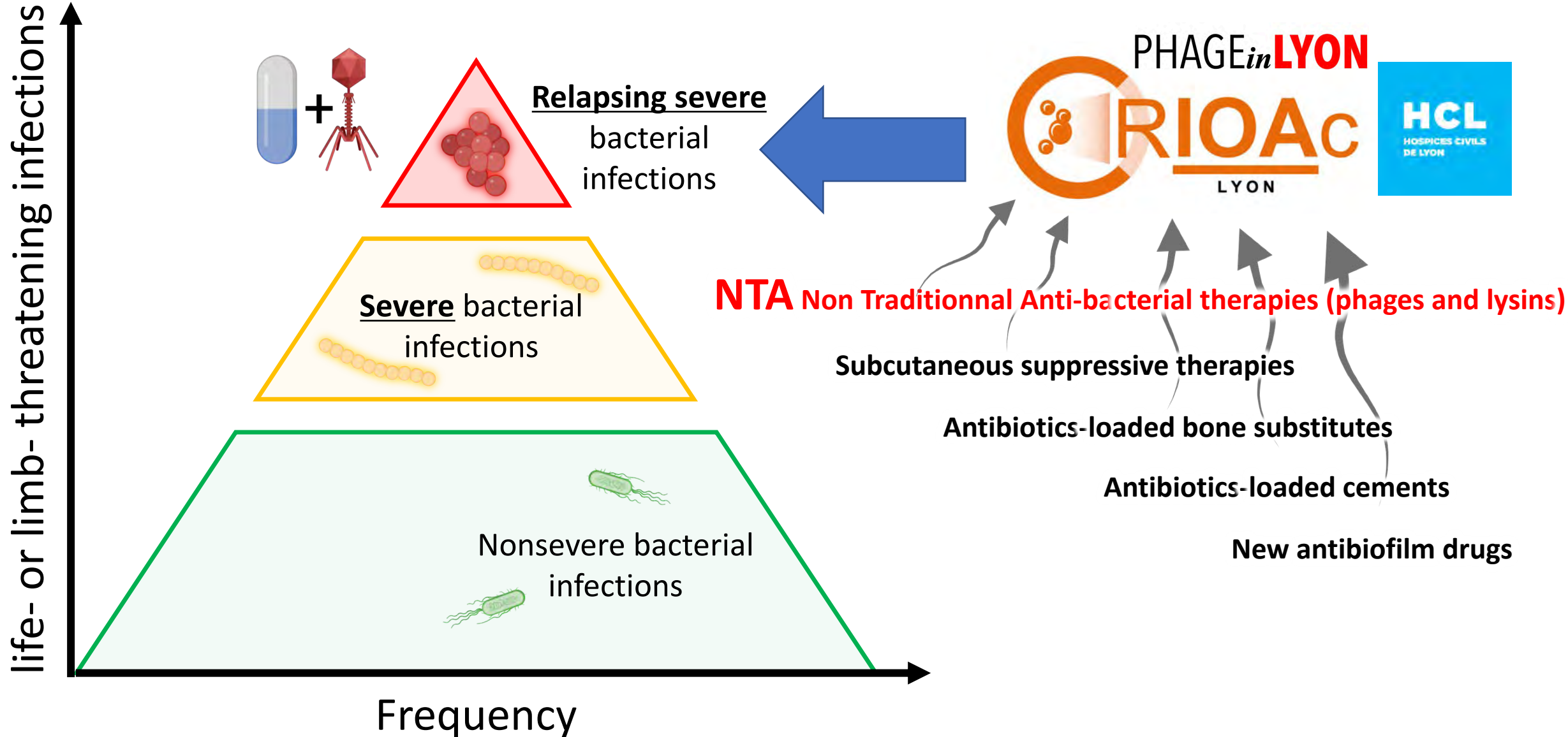
The pyramid of bacterial infectious diseases



PATIENT'S RESIDENCE



The pyramid of bacterial infectious diseases



Review

Past and Future of Phage Therapy and Phage-Derived Proteins in Patients with Bone and Joint Infection

REVIEW ARTICLE

OPEN ACCESS

Tristan Ferry
Jérôme Josse
Frédéric Laurent
on behalf of

Medical innovations to maintain the function in patients with chronic PJI for whom explantation is not desirable: a pathophysiology-, multidisciplinary-, and experience-based approach

Tristan Ferry^{1,2,3,4,*}, Cécile Batailler^{2,3,5}, Sophie Brosset^{2,3,6}, Camille Kolenda^{2,3,4,7}, Sylvain Goutelle^{2,3,8,9}, Elliot Sappey-Marinier^{2,3,5}, Jérôme Josse^{2,3,4,7}, Frédéric Laurent^{2,3,4,7}, Sébastien Lustig^{2,3,5}, On Behalf of the Lyon BJI Study Group,^a

Virologie

infection ostéoarticulaire : historique, fondements, faisabilité et perspectives en France

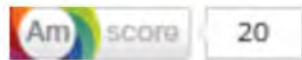
Phage therapy in bone and joint infection: history, rationale, feasibility and perspectives in France

Case Report: Arthroscopic “Debridement Antibiotics and Implant Retention” With Local Injection of Personalized Phage Therapy to Salvage a Relapsing *Pseudomonas Aeruginosa* Prosthetic Knee Infection

Tristan Ferry^{1,2,3,4*}, Camille Kolenda^{2,3,4,5}, Cécile Batailler^{2,3,6}, Romain Gaillard^{3,6}, Claude-Alexandre Gustave^{2,3,4,5}, Sébastien Lustig^{2,3,6}, Cindy Fevre⁷, Charlotte Petitjean⁷, Gilles Leboucher⁸, Frédéric Laurent^{2,3,4,5} and the Lyon BJI Study group

3,743

TOTAL VIEWS



Open Forum Infectious Diseases

BRIEF REPORT

Salvage Debridement, Antibiotics and Implant Retention (“DAIR”) With Local Injection of a Selected Cocktail of Bacteriophages: Is It an Option for an Elderly Patient With Relapsing *Staphylococcus aureus* Prosthetic-Joint Infection?

Tristan Ferry,^{1,2,3,4} Gilles Leboucher,⁵ Cindy Fevre,⁶ Yannick Herry,^{2,4,7} Anne Conrad,^{1,2,3,4} Jérôme Josse,^{2,3,4,8} Cécile Batailler,^{2,4,7} Christian Chidiac,^{1,2,3,4} Mathieu Medina,⁶ S. Lustig,⁷ and Frédéric Laurent^{2,3,4,8}, on behalf of the Lyon BJI Study Group

IEWS

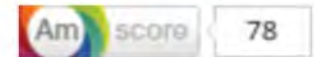


Phage Therapy as Adjuvant to Conservative Surgery and Antibiotics to Salvage Patients With Relapsing *S. aureus* Prosthetic Knee Infection

Tristan Ferry^{1,2,3,4*}, Camille Kolenda^{2,3,4,5}, Cécile Batailler^{2,3,6}, Claude-Alexandre Gustave^{2,3,4,5}, Sébastien Lustig^{2,3,6}, Matthieu Malatray^{3,6}, Cindy Fevre⁷, Jérôme Josse^{2,3,4,5}, Charlotte Petitjean⁷, Christian Chidiac^{1,2,3,4}, Gilles Leboucher⁸ and Frédéric Laurent^{2,3,4,5} on behalf of the Lyon BJI Study group

5,711

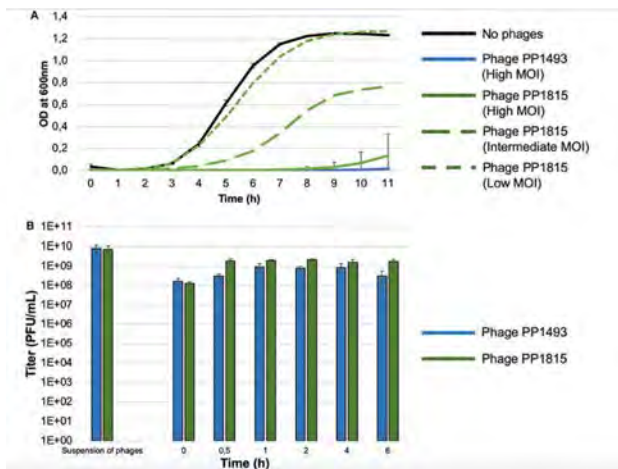
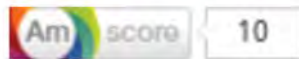
TOTAL VIEWS



The Potential Innovative Use of Bacteriophages Within the DAC[®] Hydrogel to Treat Patients With Knee Megaprosthesis Infection Requiring “Debridement Antibiotics and Implant Retention” and Soft Tissue Coverage as Salvage Therapy

Tristan Ferry^{1,2,3,4*}, Cécile Batailler^{2,3,5}, Charlotte Petitjean⁶, Joseph Chateau⁷, Cindy Fevre⁶, Emmanuel Forestier⁸, Sophie Brosset⁷, Gilles Leboucher⁹, Camille Kolenda^{2,3,4,10}, Frédéric Laurent^{2,3,4,10} and Sébastien Lustig^{2,3,5} on behalf of the Lyon BJI Study Group

4,970
TOTAL VIEWS



J Antimicrob Chemother 2018; **73**: 2901–2903
doi:10.1093/jac/dky263
Advance Access publication 27 July 2018

Innovations for the treatment of a complex bone and joint infection due to XDR *Pseudomonas aeruginosa* including local application of a selected cocktail of bacteriophages

Tristan Ferry^{1–4*}, Fabien Boucher^{1,4,5}, Cindy Fevre⁶, Thomas Perpoint^{1,4}, Joseph Chateau^{1,2,4,5}, Charlotte Petitjean⁶, Jérôme Josse^{2–4,7}, Christian Chidiac^{1,2–4}, Guillaume L’hostis⁶, Gilles Leboucher⁸ and Frédéric Laurent^{2–4,7} on behalf of the Lyon Bone and Joint Infection Study Group[†]

CITATIONS



VIEWS

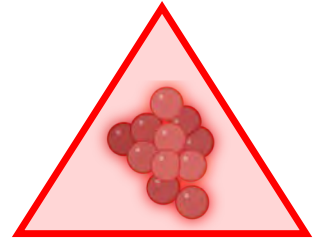


ALTMETRIC



More metrics information

A large panel of severe bacterial infections



Central nervous system infections

Implant-associated meningitis

Lung infections

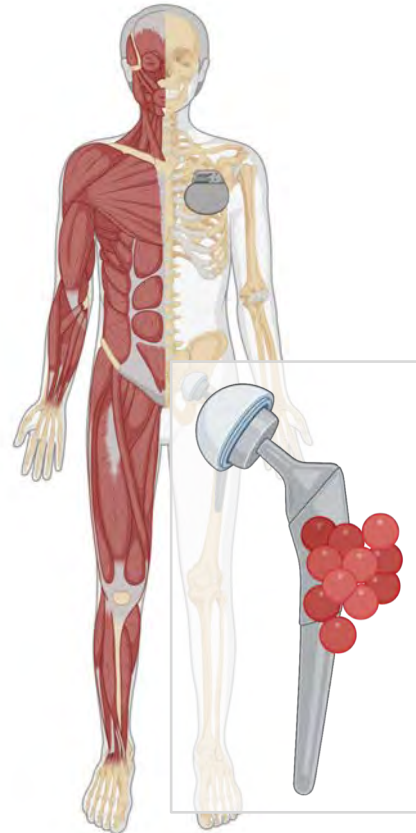
Ventilator-associated pneumonia
Exacerbation in cystic fibrosis
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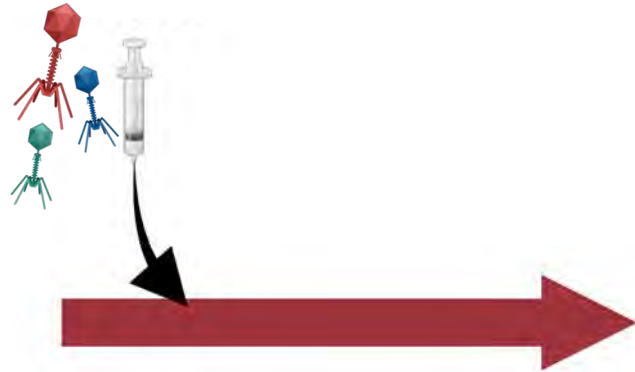
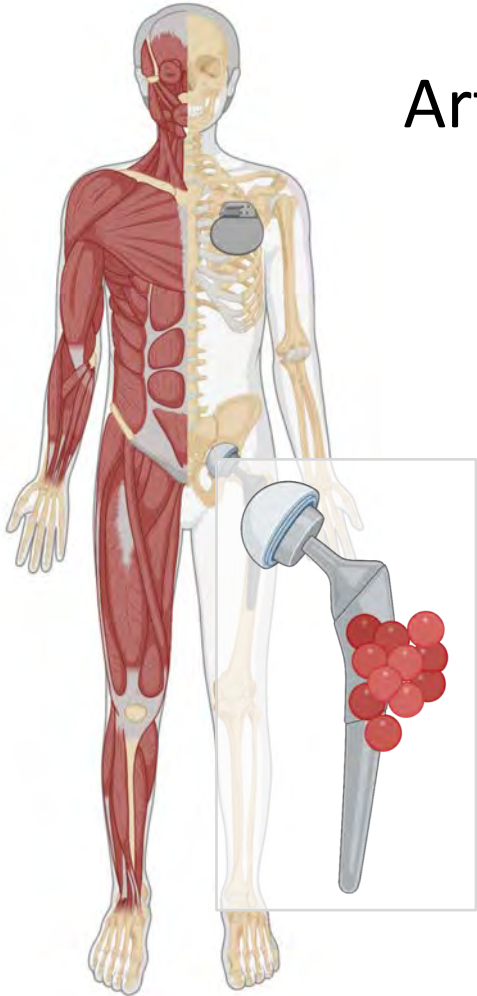
Muskuloskeletal infections


Wound infection
Osteomyelitis, fracture-related infection
Implant-associated bone and joint infection
Prosthetic joint infection

PHAGE *in* LYON *Clinic*

Arthroscopic or open

DAIR



Case series  procedure called « PhagoDAIR »

Phage Therapy as Adjuvant to Conservative Surgery and Antibiotics to Salvage Patients With Relapsing *S. aureus* Prosthetic Knee Infection

5,711

TOTAL VIEWS

Am score 78

Tristan Ferry^{1,2,3,4*}, *Camille Kolenda*^{2,3,4,5}, *Cécile Batailler*^{2,3,6},
Claude-Alexandre Gustave^{2,3,4,5}, *Sébastien Lustig*^{2,3,6}, *Matthieu Malatray*^{3,6}, *Cindy Fevre*⁷,
Jérôme Josse^{2,3,4,5}, *Charlotte Petitjean*⁷, *Christian Chidiac*^{1,2,3,4}, *Gilles Leboucher*⁸ and
Frédéric Laurent^{2,3,4,5} on behalf of the Lyon BJI Study group

 frontiers
in Medicine

#PhagoDAIR

Debridement Antibiotics and Implant Retention

CASE REPORT
published: 16 November 2020
doi: 10.3389/fmed.2020.570572



Clinical cases (2nd treated patient)

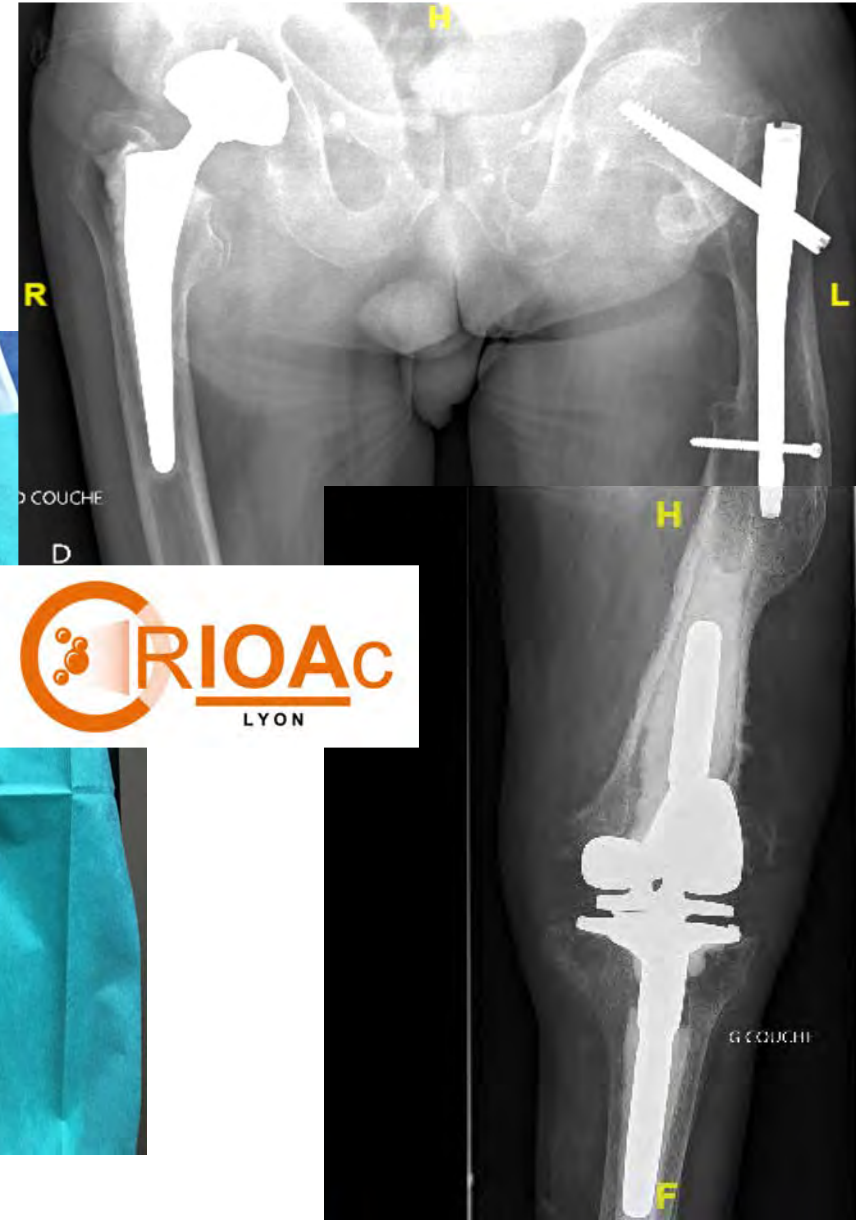
80-year-old man

Relapsing *S. aureus* prosthetic left knee infection (past revision)

Failure

Complex orthopaedic situation with past femoral fracture

Impossible to walk (painful knee)





**Septic
arthritis**

**Fistula and
purulent discharge**



“PhagoDAIR”



One shot peroperative phage application after “DAIR”



PHAGE*in***LYON**

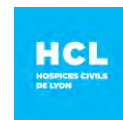




**Favorable outcome
at 2 years**



“The bacteriophages saved my life, he insists. I never thought one day to walk again. And to say that doctors were talking about cutting my leg off!” R.N.



PHAGE*in***LYON**



Management of relapsing infections with bacterial persistence

30 months after the PhagoDAIR procedure
Under cefalexin as suppressive therapy



| | <i>Staphylococcus aureus</i> CMI (mg/l) |
|-----------------|--|
| Pénicilline G | R |
| Oxacilline | S |
| Kanamycine | S |
| Gentamicine | S |
| Tobramycine | S |
| Erythromycine | S |
| Lincomycine | S |
| Pristinamycine | S |
| Tétracycline | S |
| Ofloxacine | S |
| Cotrimoxazole | S |
| Nitrofurantoin | S |
| Rifampicine | S |
| Fosfomycine | S |
| Acide Fusidique | S |
| Vancomycine | S |
| Teicoplanine | S |
| Linézolide | S |

Management of relapsing infections with bacterial persistence



Management of
bacterial persist

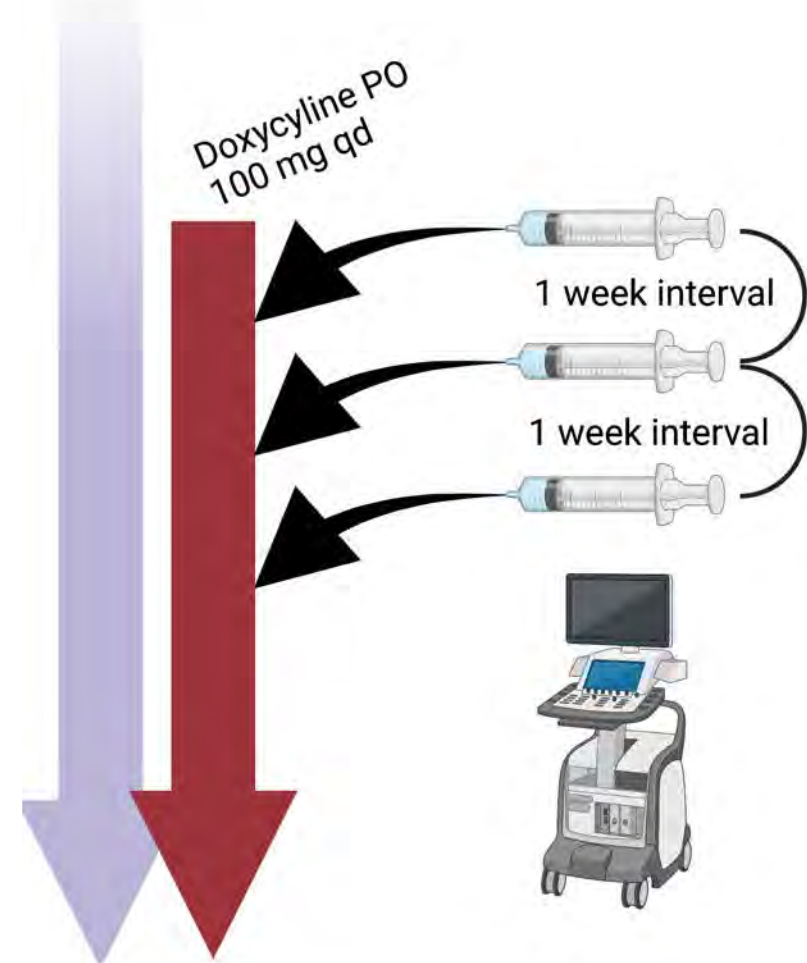


tions with

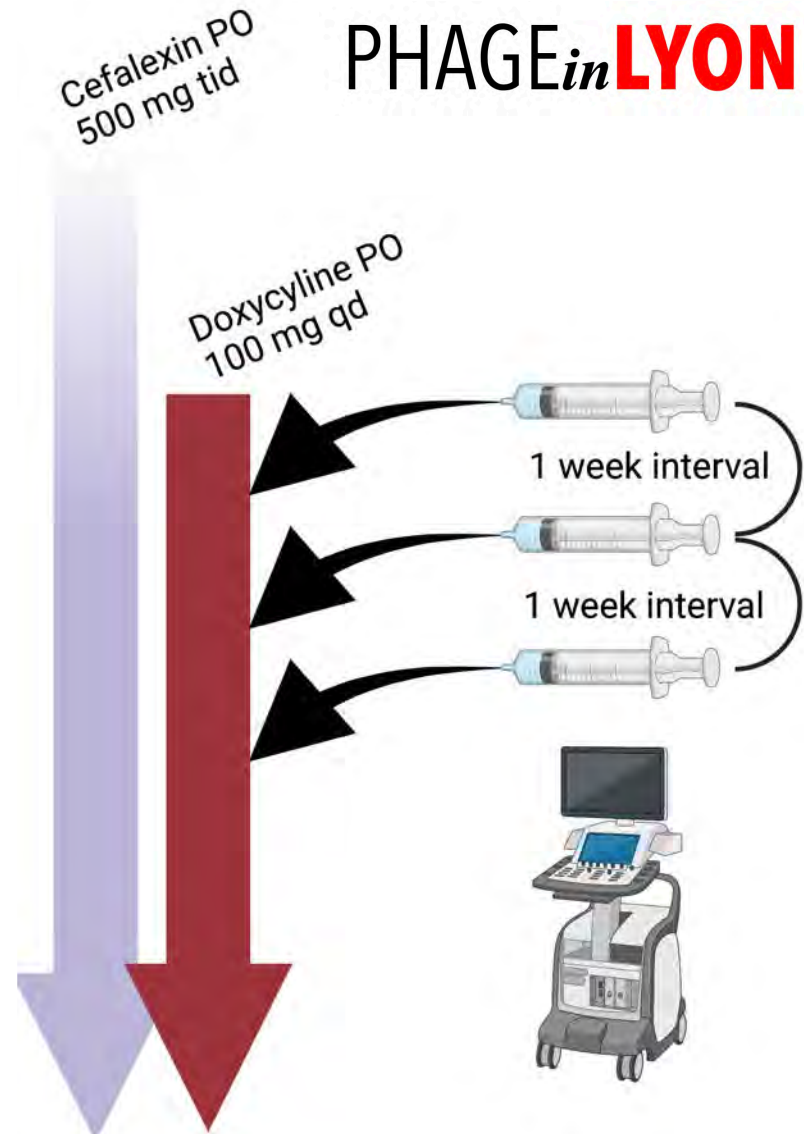
Cefalexin PO
500 mg tid

PHAGE_{in}LYON

Doxycycline PO
100 mg qd



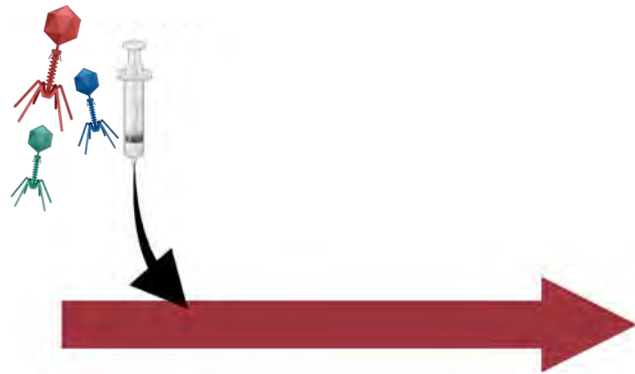
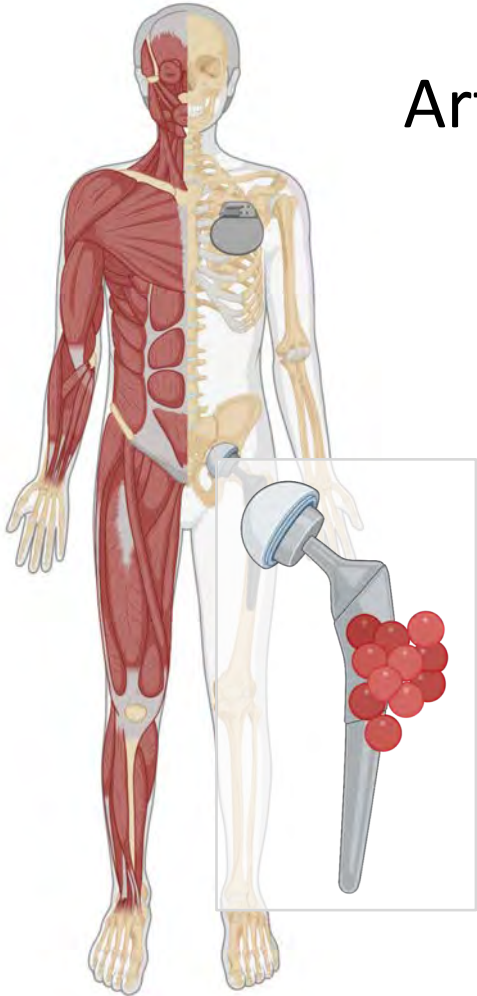
Management of relapsing infections with bacterial persistence



PHAGE *in* LYON *Clinic*

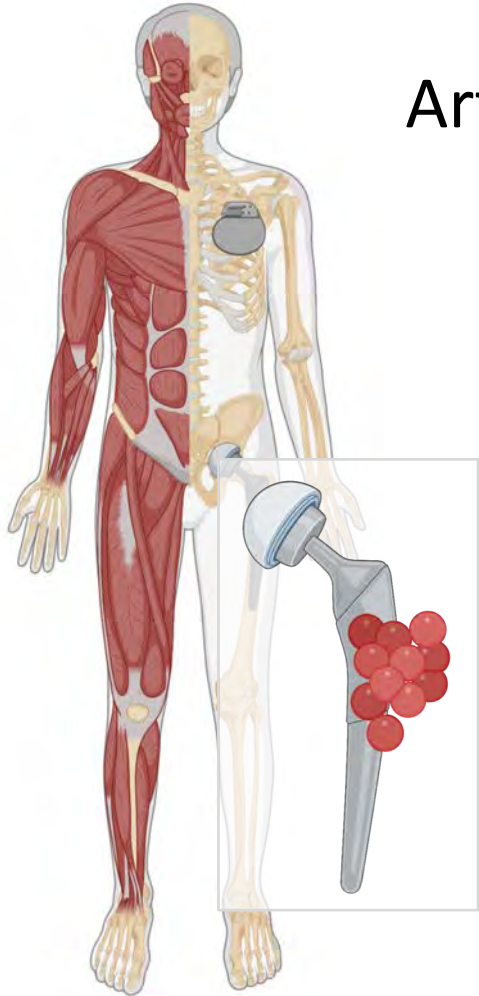
Arthroscopic or open

DAIR



PHAGE *in* LYON Clinic

*See FP E1 EBJIS 2022



Arthroscopic or open

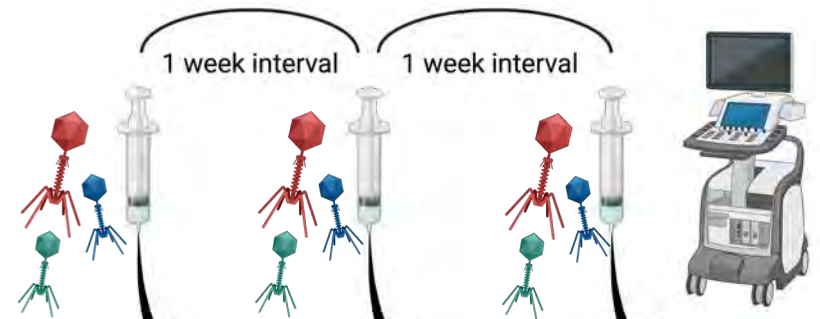
DAIR



in case of relapse

OR after DAIR if no phages were available at the time of the DAIR*

OR if no DAIR could be performed



PhagoDAIR I

A Pilot, Multicenter, Randomized, Non-Comparative, Double-Blind Study of Phage Therapy in Patients with Hip or Knee PJI due to *S. aureus* Treated with DAIR and Antibiotic Therapy

Inclusion Criteria

1. *S. aureus* monomicrobial knee or hip PJI with clinical signs of infection with indication of DAIR and Suppressive Antibiotics Therapy (SAT).
2. Phagogram displaying the susceptibility of the strain to at least one of the anti-*Staphylococcus aureus* bacteriophages

Primary Objective

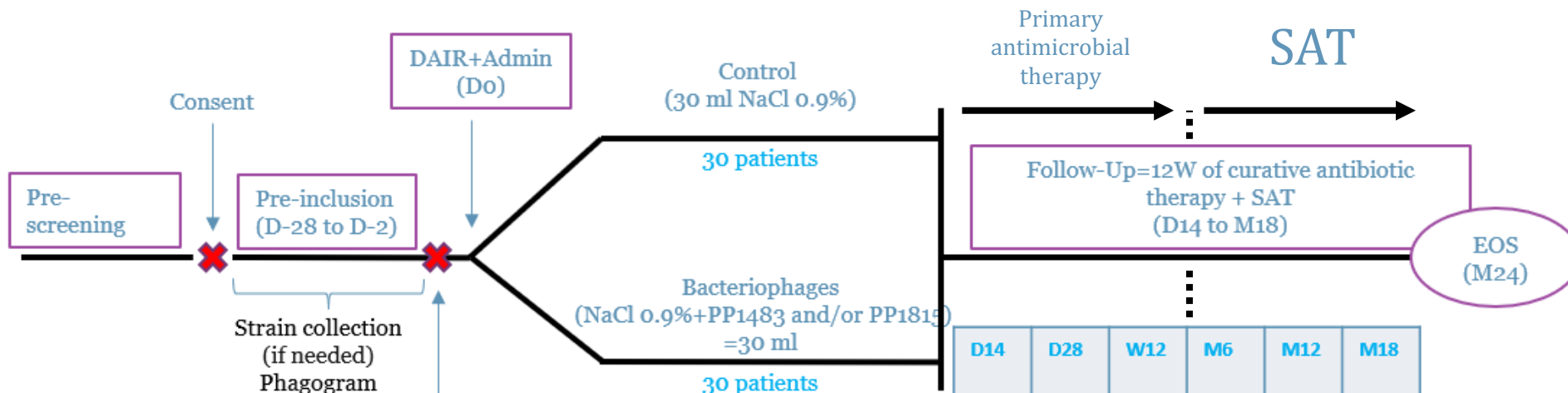
To estimate the rate of clinical control of infection at Week 12±2 which will allow to calculate the sample size for future comparative studies.



PhagoDAIR I

A Pilot, Multicenter, Randomized, Non-Comparative, Double-Blind Study of Phage Therapy in Patients with Hip or Knee PJI due to *S. aureus* Treated with DAIR and Antibiotic Therapy

Study design



PhagoDAIR

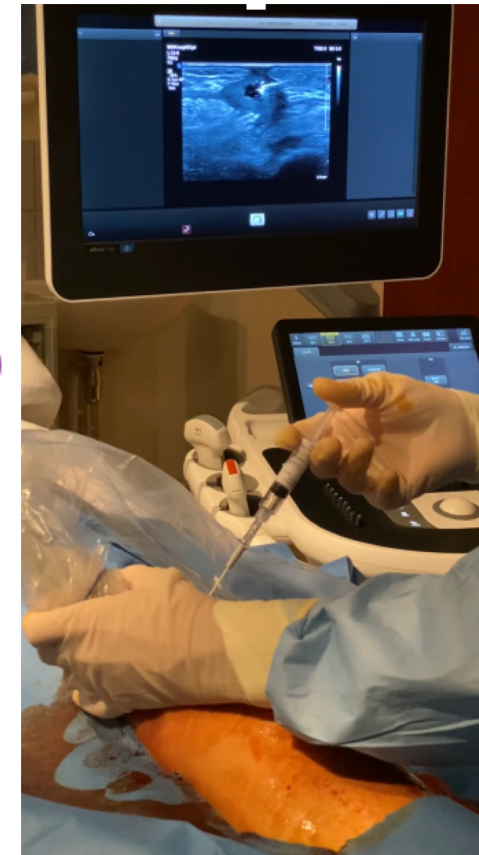


Relapse

Salvage procedure

- Pre-treatment (D-15 to D-1)
- Active phages admin at D0-RT, D7-RT, and D14-RT
- Follow-Up (D28-RT to M18)
- EOS at M24

Salvage procedure



Clinical case (3rd treated patient)

Arthroscopic DAIR with phages to salvage *P. aeruginosa* prosthetic knee infection



88-year-old man

Relapsing *P. aeruginosa* prosthetic left knee infection

End-stage cardiac failure

Contraindicated to open DAIR



PHAGE_{in}LYON

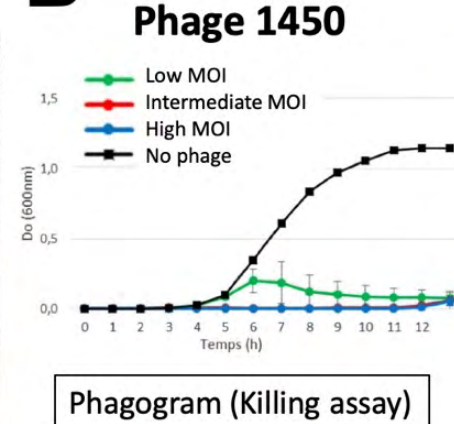


A



Left PKI with purulent joint effusion

B



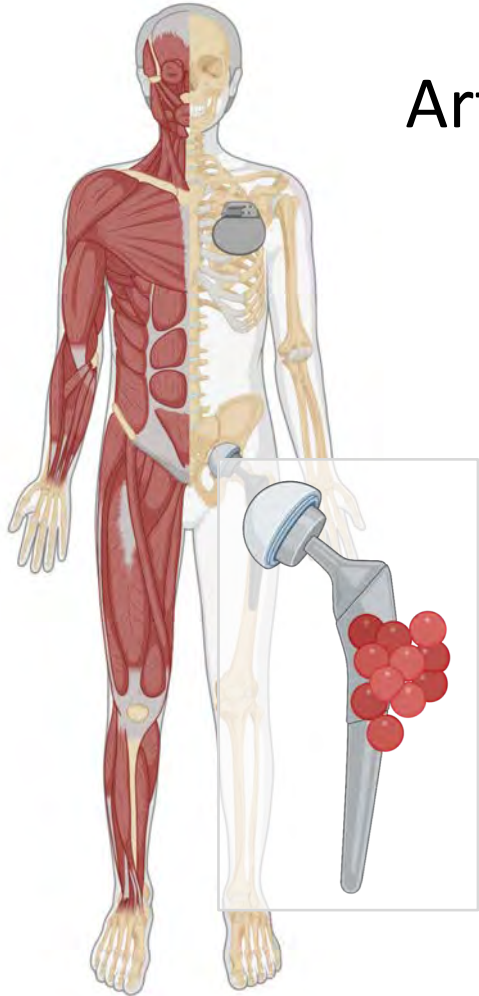
Arthroscopic DAIR

D



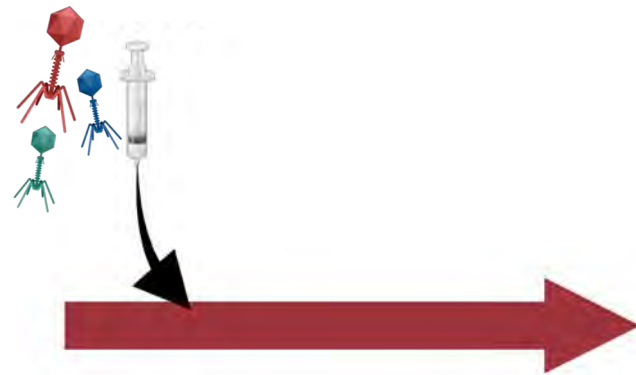
Favorable outcome at 1 year

PHAGE *in* LYON Clinic

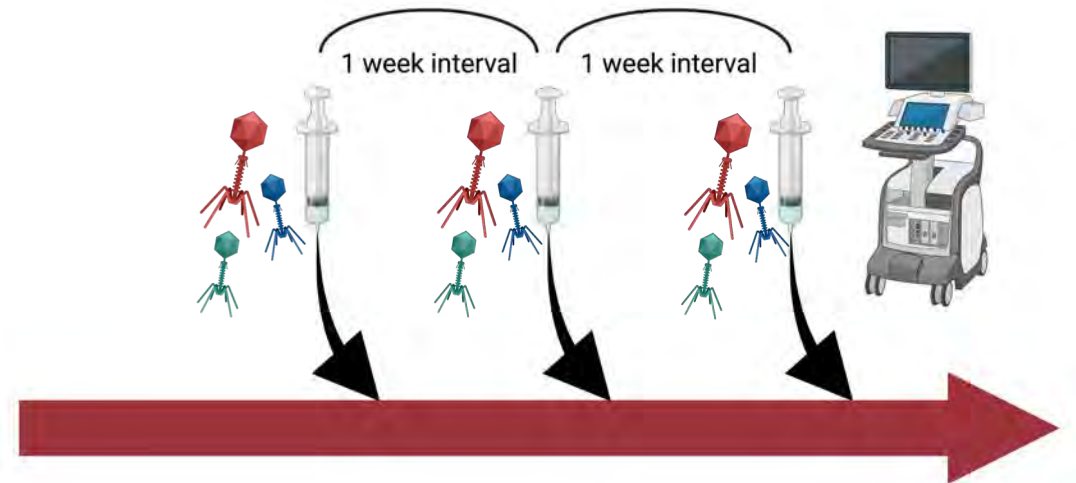


Arthroscopic or open

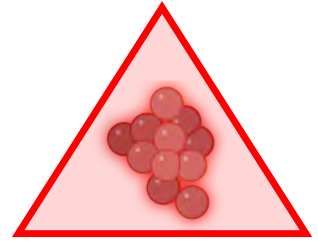
DAIR



in case of relapse
OR if no DAIR could be performed
OR after DAIR if no phages were
available at the time of the DAIR



A large panel of severe bacterial infections



Central nervous system infections

Implant-associated meningitis

Lung infections

Ventilator-associated pneumonia
Exacerbation in cystic fibrosis
Exacerbations in bronchiectasis

Urinary tract infections

Pyelonephritis
Ureteral stent-associated infection

Digestive-tract infection

Typhoid fever, shigellosis
Cholera



Cardiovascular infections

Endocarditis
Cardiac electronic device infection
Prosthetic-valve endocarditis
Vascular graft infection

Muskuloskeletal infections

Wound infection
Osteomyelitis, fracture-related infection
Implant-associated bone and joint infection
Prosthetic joint infection

Clinical case

62-year-old woman

Leiomyosarcoma

Radiotherapy

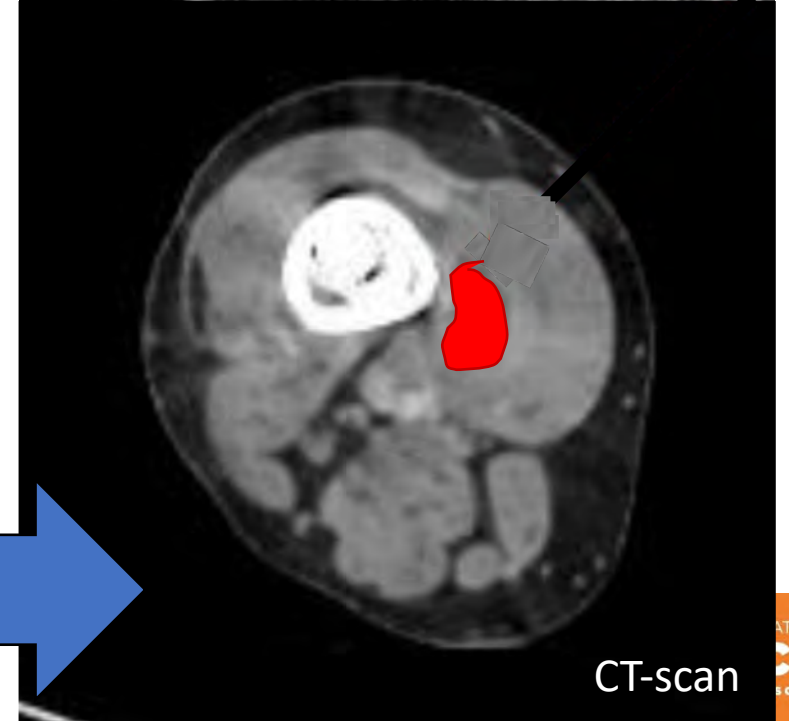
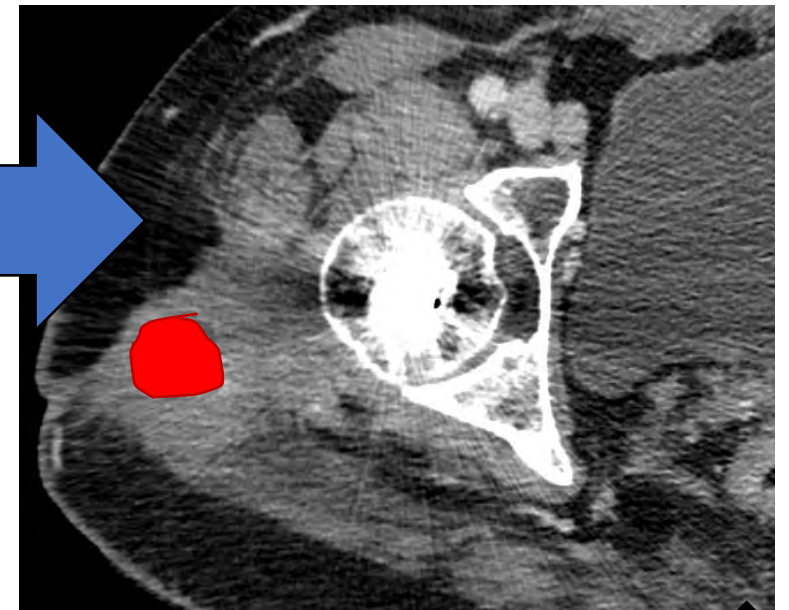
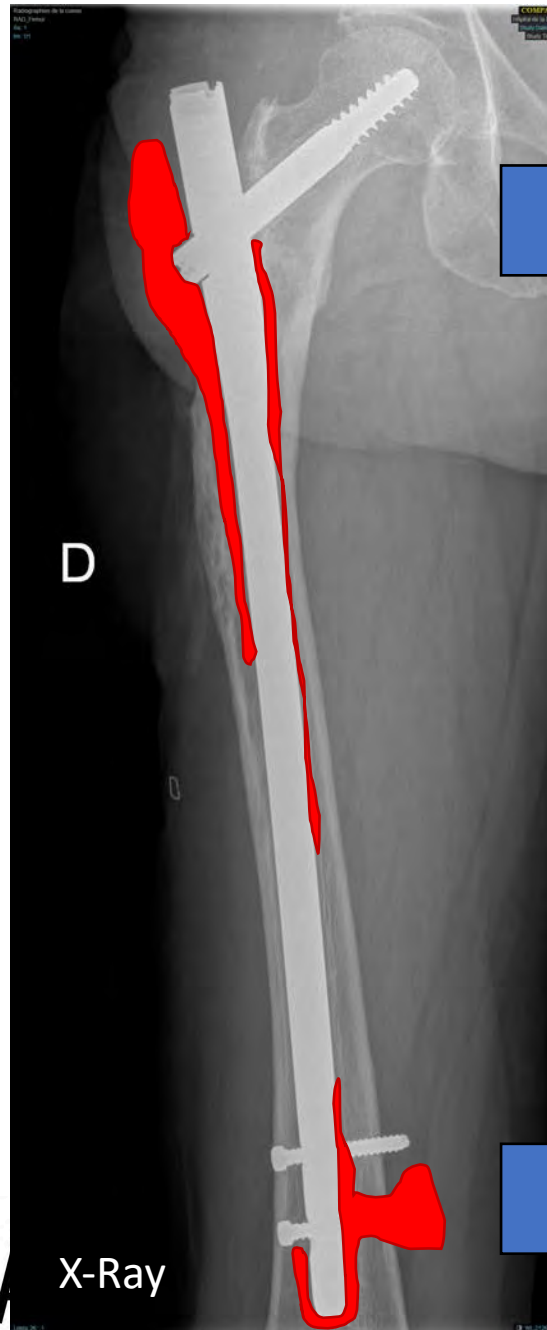
Fracture

Osteosynthesis, soft tissue flap

2-stage exchange of a nail

Recurrent *S. aureus* infection

Proximal and distal abscesses



Clinical case

62-year-old woman

Leiomyosarcoma

Radiotherapy

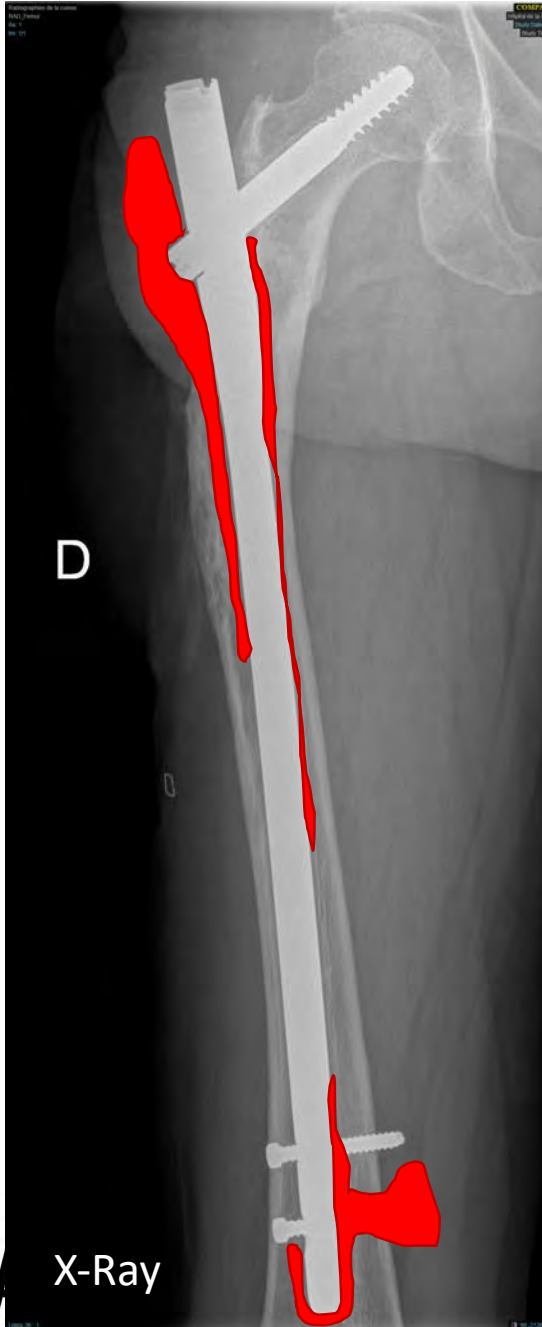
Fracture

Osteosynthesis, soft tissue flap

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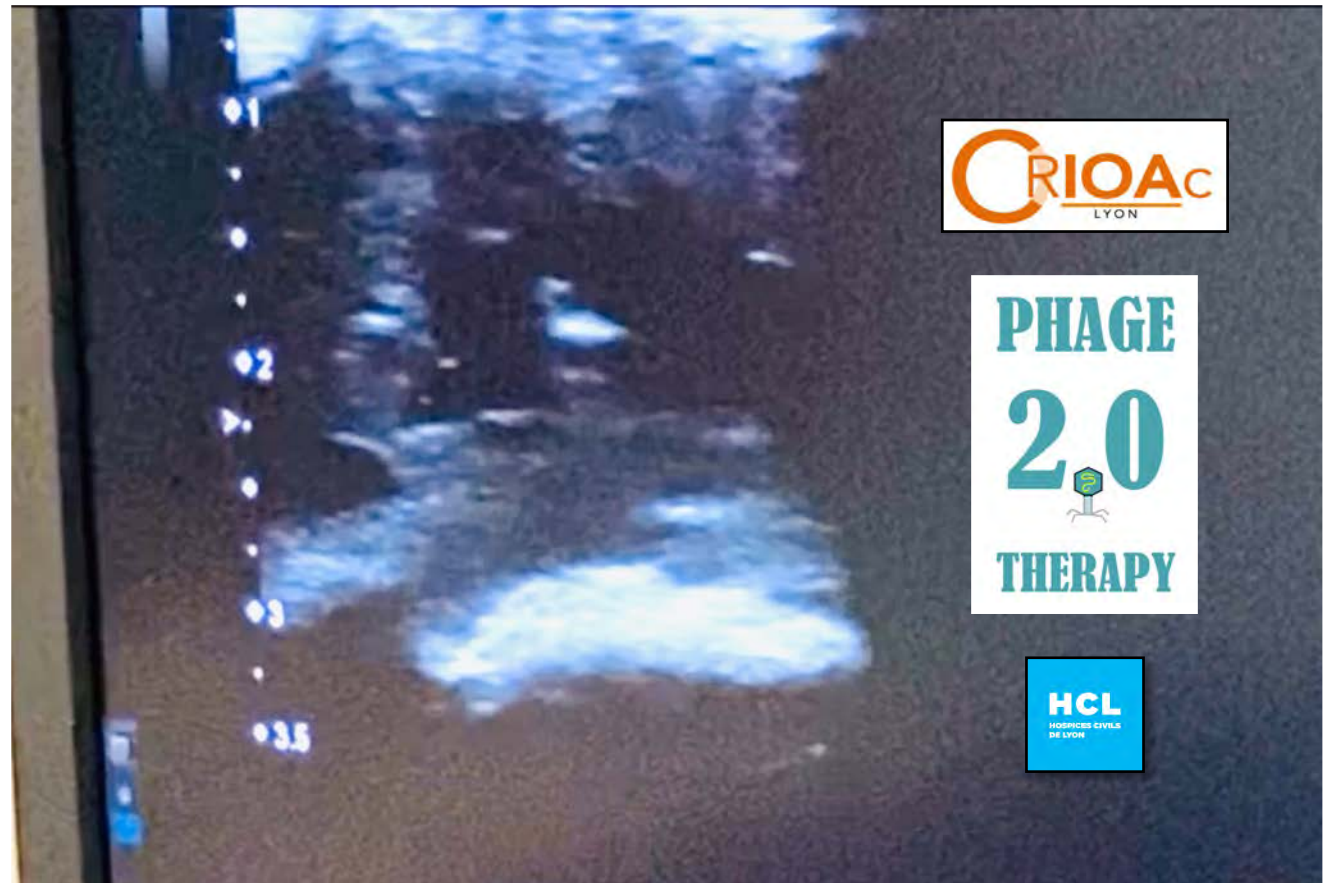


Clinical case

No surgery

Personalized phage cocktail

One shot phage injection



Highly purified phage cocktail 10^9 phages/mL

PHERECYDES PHARMA



PHAGE_{in}LYON



Clinical case

No surgery

Personalized **phage cocktail**

One shot phage injection

Primary then suppressive antimicrobial therapy (cephalexin)

Favorable outcome at 18 months



Clinical case

No surgery

Personalized phage cocktail

One shot phage injection

Primary then suppressive antimicrobial therapy (cephalexin)

Favorable outcome at 18 months



Clinical case

No surgery

Personalized phage cocktail

One shot phage injection

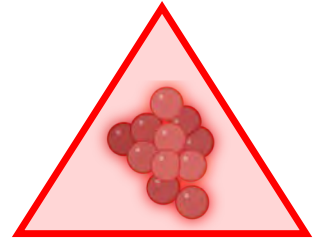
Primary then suppressive antimicrobial therapy (cephalexin)

Favorable outcome at 18 months



*"I acknowledge so much Pr. Ferry and the PHAGE_{in} **LYON** Clinic team, thanks to them, I save precious time!"*

A large panel of severe bacterial infections



Central nervous system infections

Implant-associated meningitis

Lung infections

Ventilator-associated pneumonia
Exacerbation in cystic fibrosis
Exacerbations in bronchiectasis

Urinary tract infections

Pyelonephritis
Ureteral stent-associated infection



Cardiovascular infections

Endocarditis
Cardiac electronic device infection
Prosthetic-valve endocarditis
Vascular graft infection

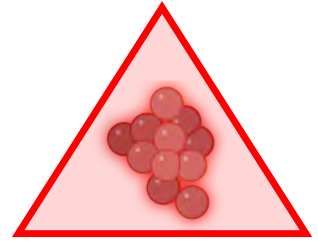
Muskuloskeletal infections

Wound infection
Osteomyelitis, fracture-related infection
Implant-associated bone and joint infection
Prosthetic joint infection

Digestive-tract infection

Typhoid fever, shigellosis
Cholera

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Implant-associated bone and joint infection
Prosthetic joint infection

Clinical cases (not published)



Patient de 49 ans

Valve biologique tricuspide avec infection récidivante

Chirurgie itérative, endocardite récidivante à *P. aeruginosa*

Phagothérapie IV selon les modalités définies aux HCL en 2021

Préparation et dilution d'un cocktail actif (Pherecydes Pharma)



Clinical cases (not published)



Patient de 49 ans

Valve biologique tricuspide avec **infection récidivante**

Chirurgie itérative, **endocardite récidivante** à ***P. aeruginosa***

Phagothérapie IV selon les modalités définies aux HCL en 2021

Préparation et dilution d'un **cocktail actif** (Pherecydes Pharma)

Négativation des hémocultures

Traitement suppressif par ciprofloxacine (arrêté rapidement)

Pas de récurrence à 2 ans (hémocultures systématiques)



Clinical cases (not published)



Phagothérapie envisageable

Patients en échec

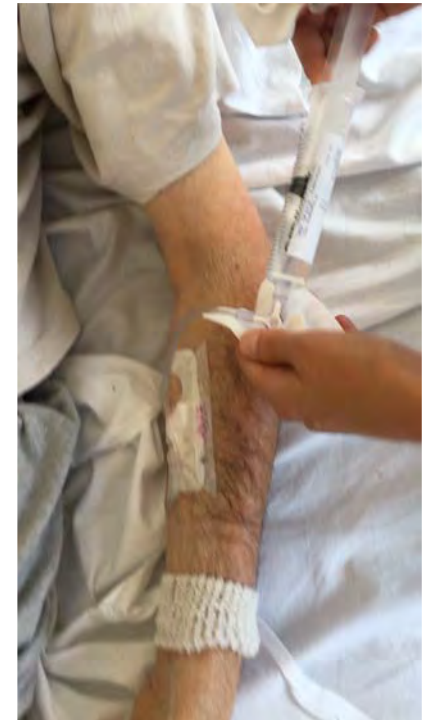
Récusés chirurgicalement

Personnalisation et hiérarchisation des modalités d'administration

RCP Phagothérapie HCL

Intraveineux exclusif (1 injection/j pendant 7 jours)

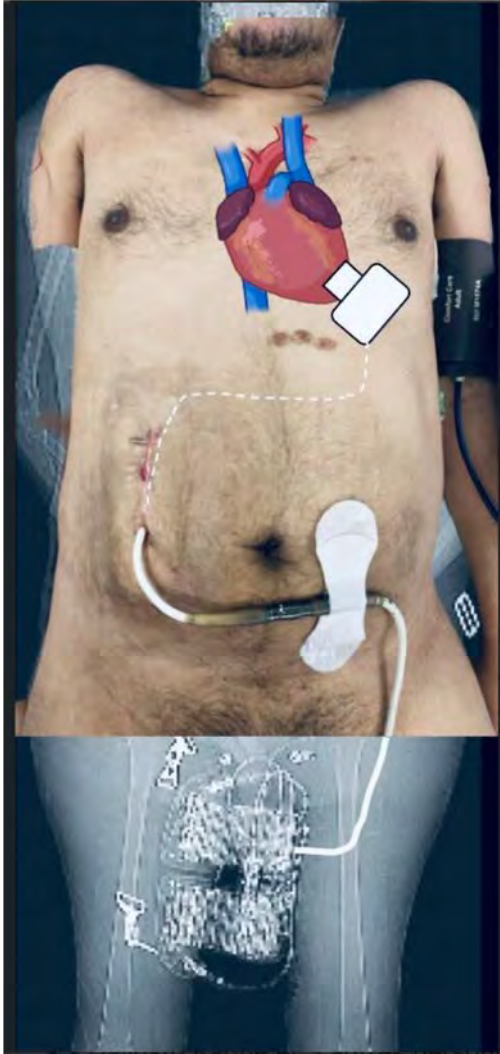
A confirmer par un essai thérapeutique



PHAGE_{in}LYON



HeartMate 3



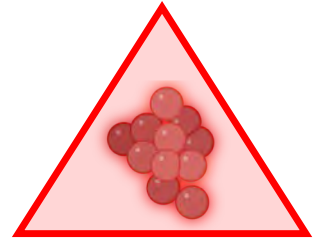
Jarvik 2000



Berlin Heart



A large panel of severe bacterial infections



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Exacerbation in cystic fibrosis
Exacerbations in bronchiectasis

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Pyelonephritis
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Cardiovascular infections

Endocarditis
Cardiac electronic device infection
Prosthetic-valve endocarditis
Vascular graft infection

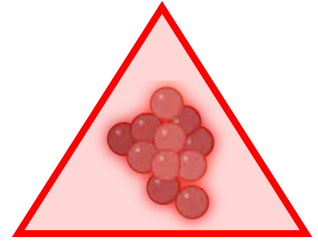
Muskuloskeletal infections

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Cholera

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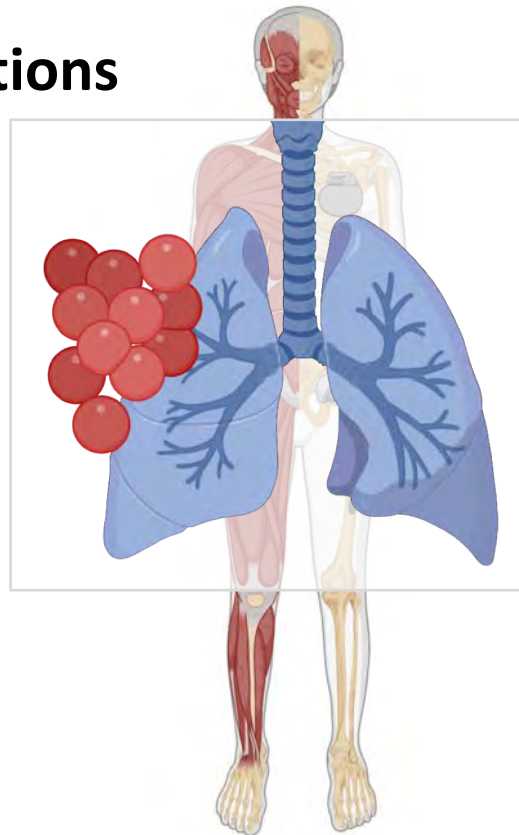
Pyelonephritis

Ureteral stent-associated infection

Digestive-tract infections

Typhoid fever, shigellosis

Cholera



Cardiovascular infections

Endocarditis

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Prosthetic-valve endocarditis

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Muskuloskeletal infections

Wound infection

Osteomyelitis, fracture-related infection

Implant-associated bone and joint infection

Prosthetic joint infection

Clinical case (not published; 31th treated patient)

52-year-old man

Burn (81% of the body surface)

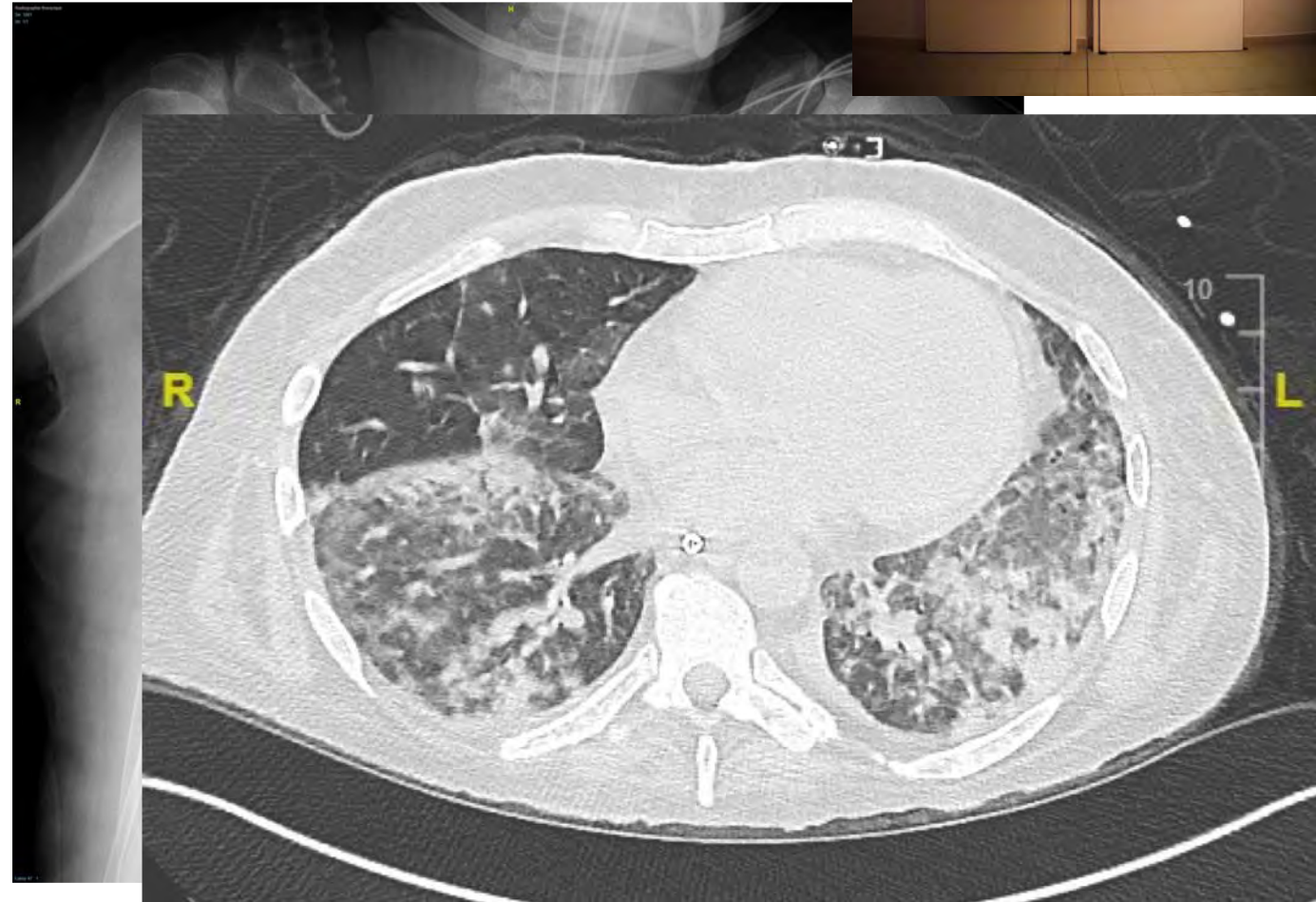
In ICU

Ventilator-associated pneumonia

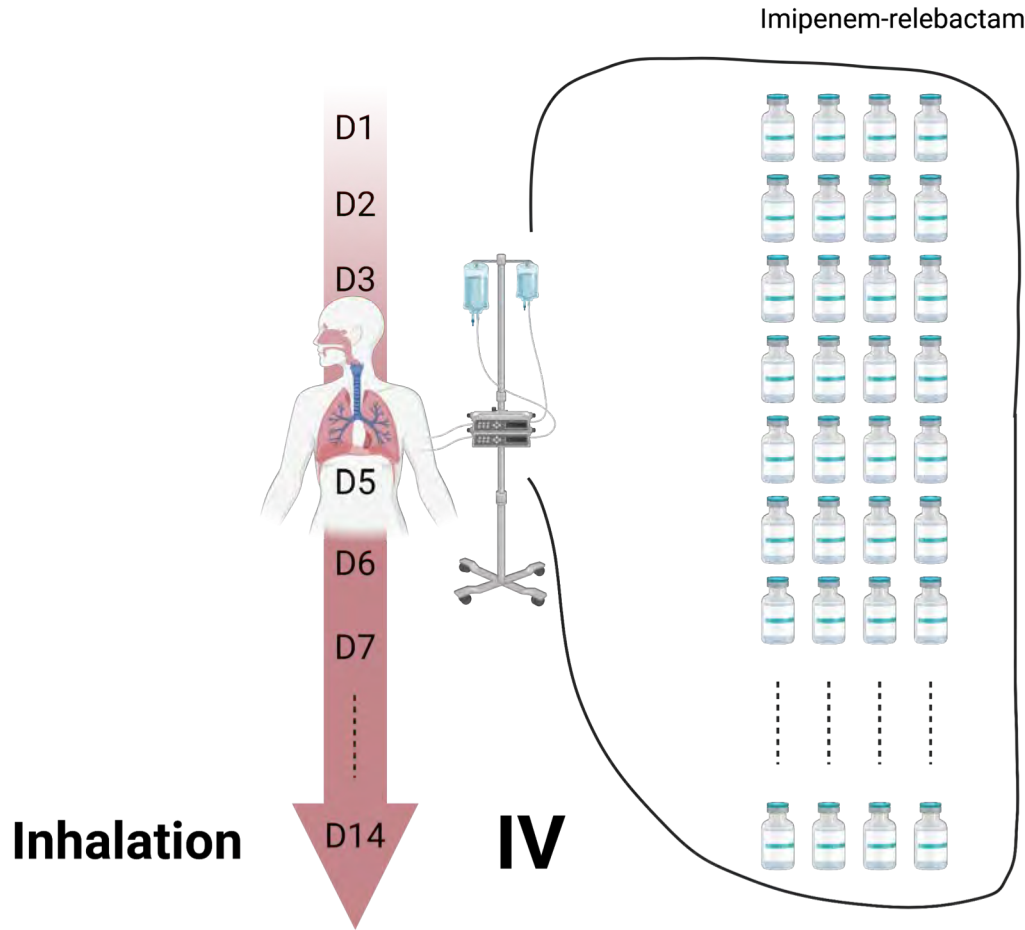
Pandrug-resistant *P. aeruginosa*

Treated with imipenem-relebactam

Relapsing VAP with bacteremia



Clinical case (not published; 31th treated patient)

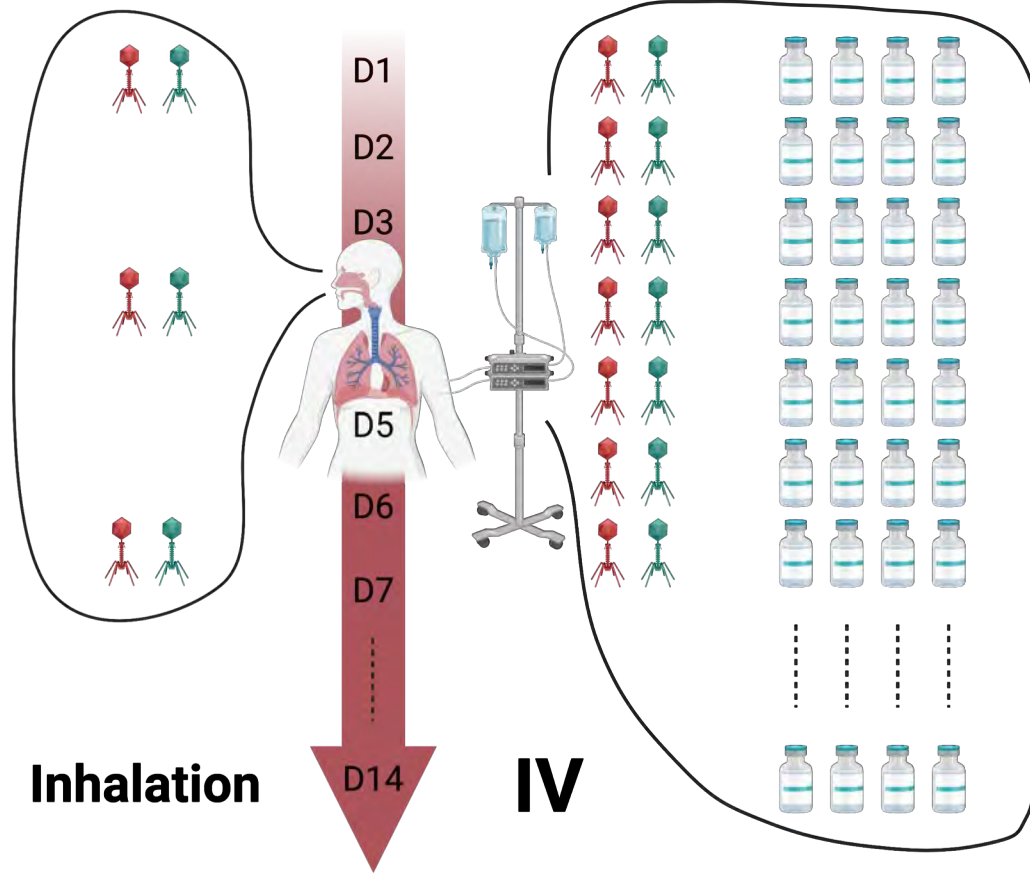


Clinical case (not published; 31th treated patient)

PHERECYDES PHARMA

PP1797
PP1792

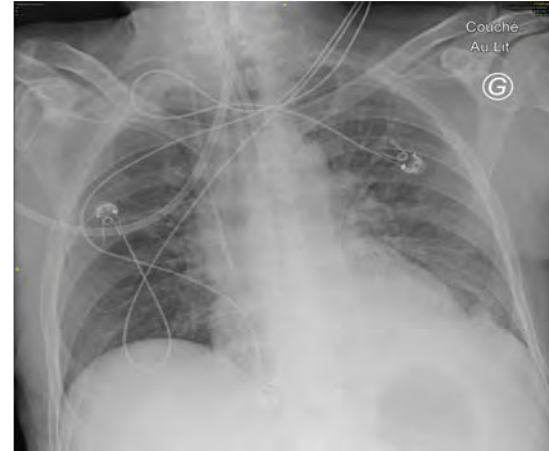
PP1797
PP1792
Imipenem-relebactam



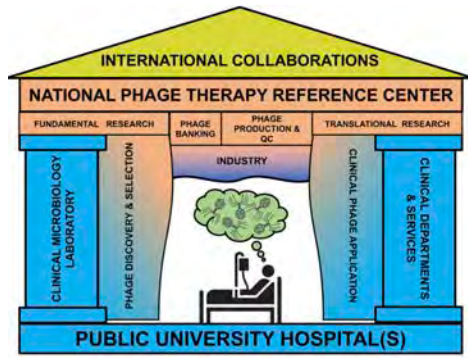
Vibrating
Mesh
nebuliser

Inhalation

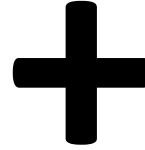
IV



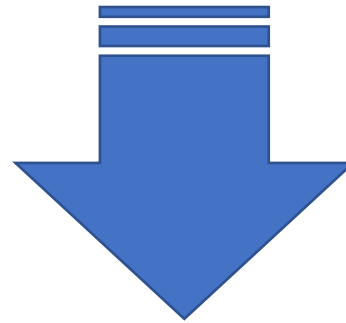
Courtesy O. Martin



Phage therapy center



Referral center complex BJI



Phages from the industry
 Phages from academic
 Lysins from the industry

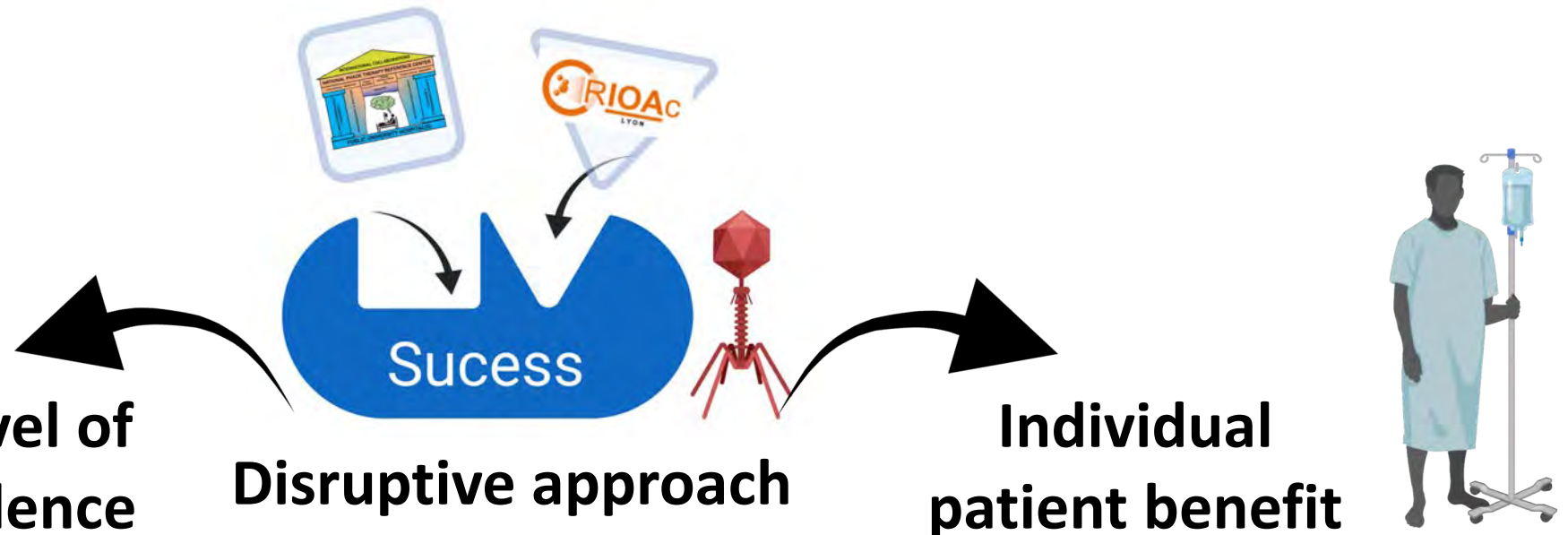
Dedicated referral activity
 Significant number of patients
 Relevant clinical situations



Significant level of
 Scientific evidence

Disruptive approach

Individual
 patient benefit



Compassionate use indication
Multidisciplinary meetings
Phage therapy

In June 2023 (T. Ferry)



Indication of phage therapy
Ways of administration
French health authorities



Phagogram



PHAGEⁱⁿLYON
Clinic

Cohort Study
PHA-SA-CO
Phage Safety
Cohort Study
(biobanking)





Compassionate use indication
Multidisciplinary meetings
Phage therapy

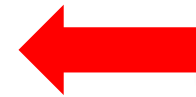


In June 2023 (T. Ferry)

Indication of phage therapy
Ways of administration
French health authorities



PHAGEinLYON
Clinic



Phagogram

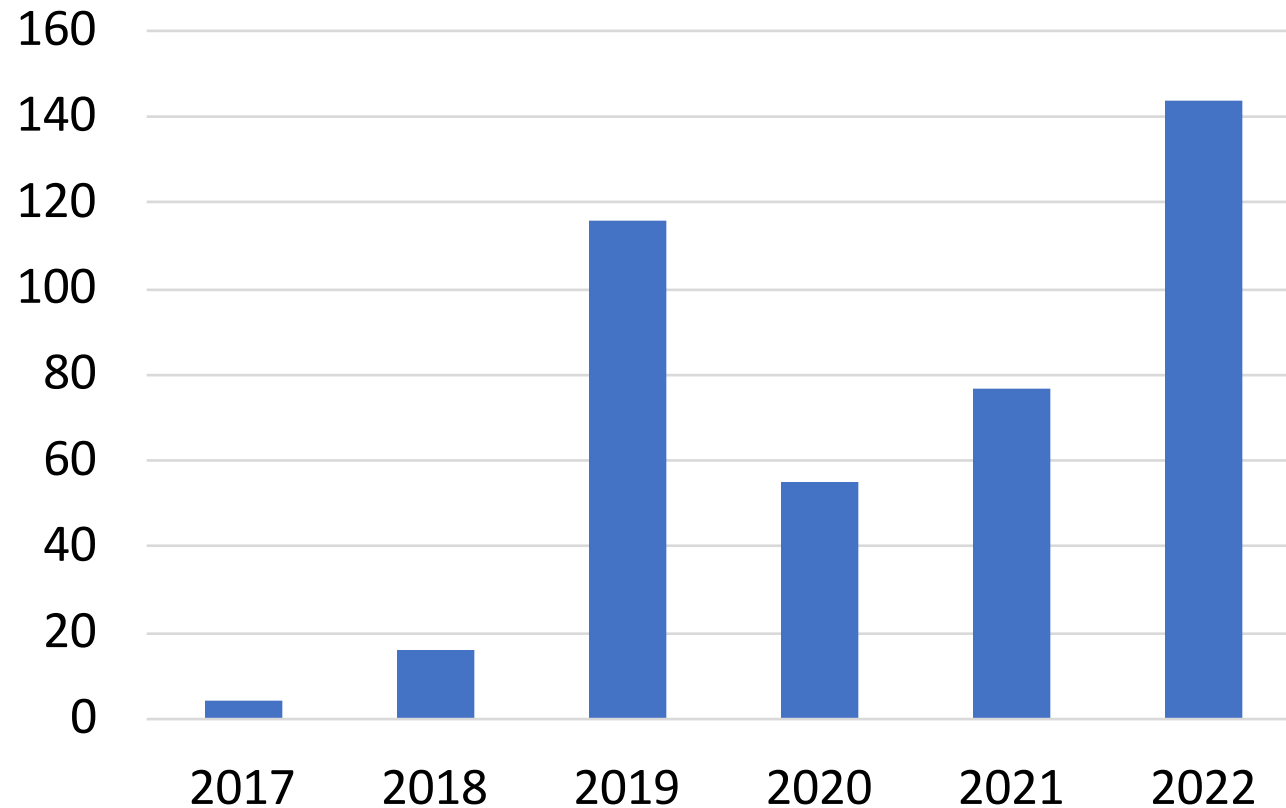


Cohort Study
PHA-SA-CO
Phage Safety
Cohort Study
(biobanking)



Phage requests

PHAGEⁱⁿLYON Clinic



Involved bacteria

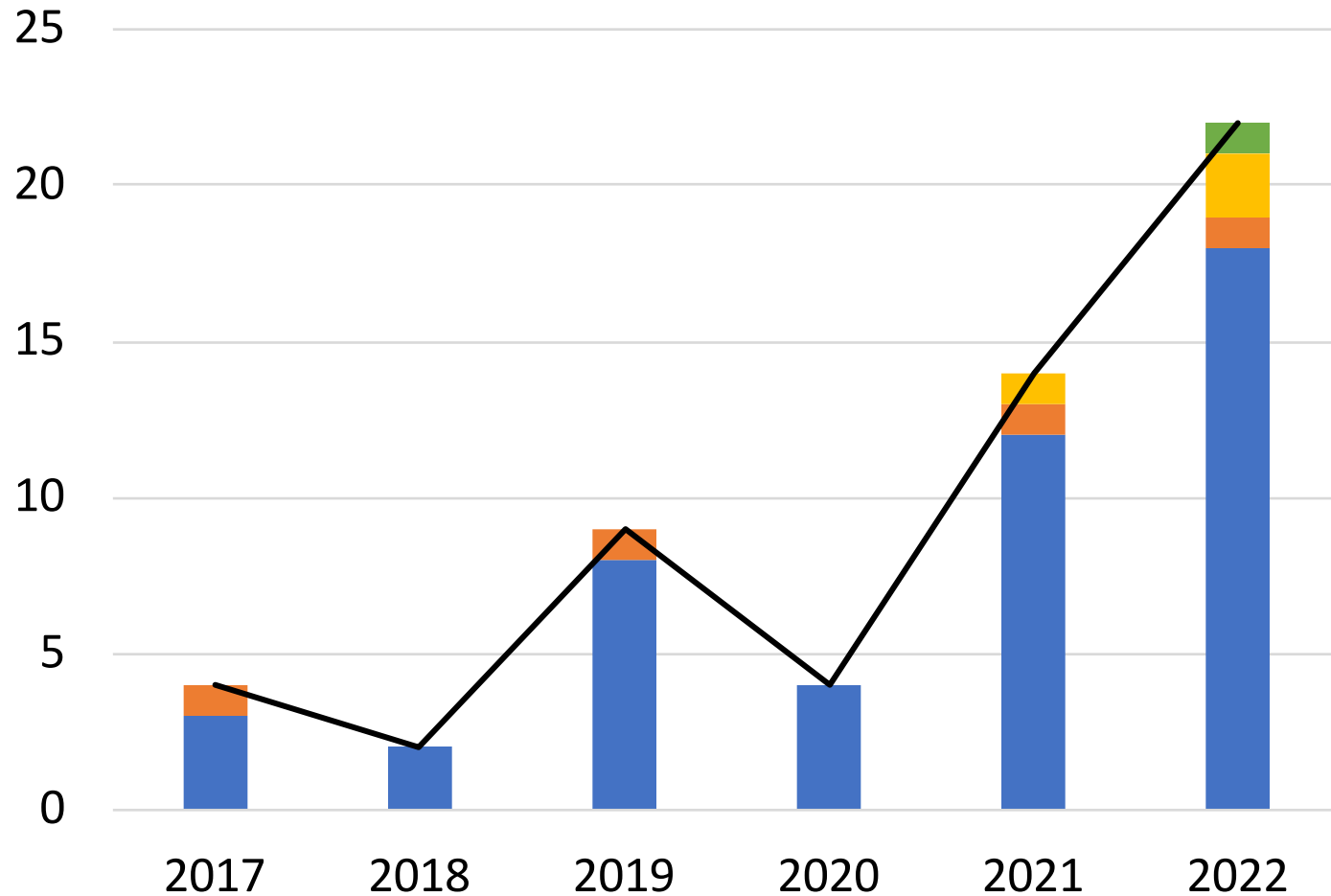
32 % *Staphylococcus aureus*
16 % *Pseudomonas aeruginosa*
6 % *Staphylococcus epidermidis*

Type of infection

37% Prosthetic-joint infection
27% Other bone and joint infection
8% Lung infection

Source : T. Ferry

Treated patients



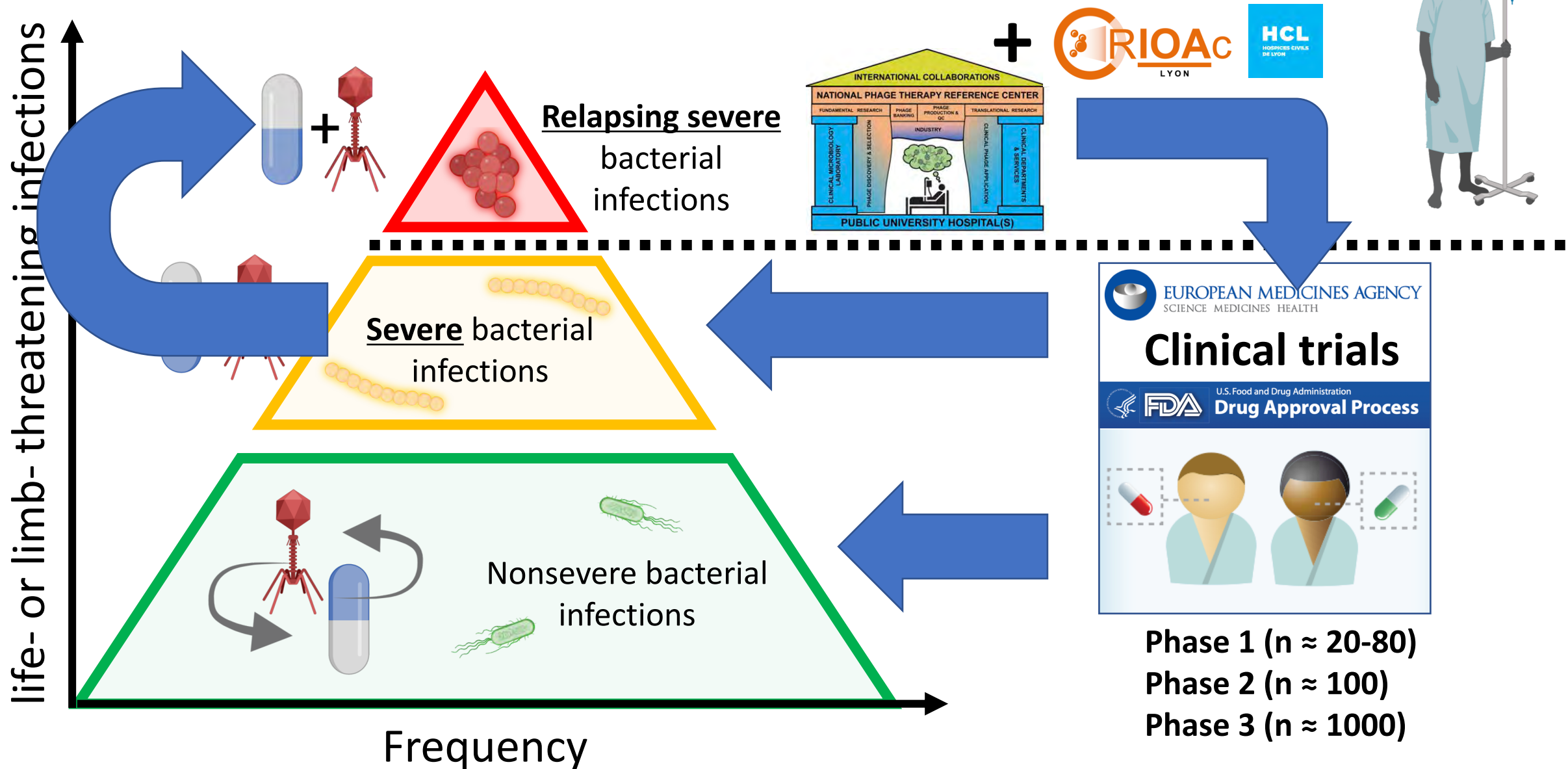
PHAGEⁱⁿLYON *Clinic*

- Bone and joint
- Endocarditis
- Other
- Lung
- Vascular graft infection

Source : T. Ferry



The pyramid of bacterial infectious diseases



Clinical case (12th treated patient)

74-year-old man

Melanoma treated with anti-PD1

Catheter-related *P. aeruginosa* bacteriemia in
January 2018

Spinal pain summer 2018

Spondylodiscitis with **spinal abscess**

Pandrug-resistant *P. aeruginosa* in culture!



Clinical case (12th treated patient)

74-year-old man

Melanoma treated with anti-PD1

Catheter-related *P. aeruginosa* bacteriemia in January 2018

Spinal pain summer 2018

Spondylodiscitis with spinal abscess

Pandrug-resistant

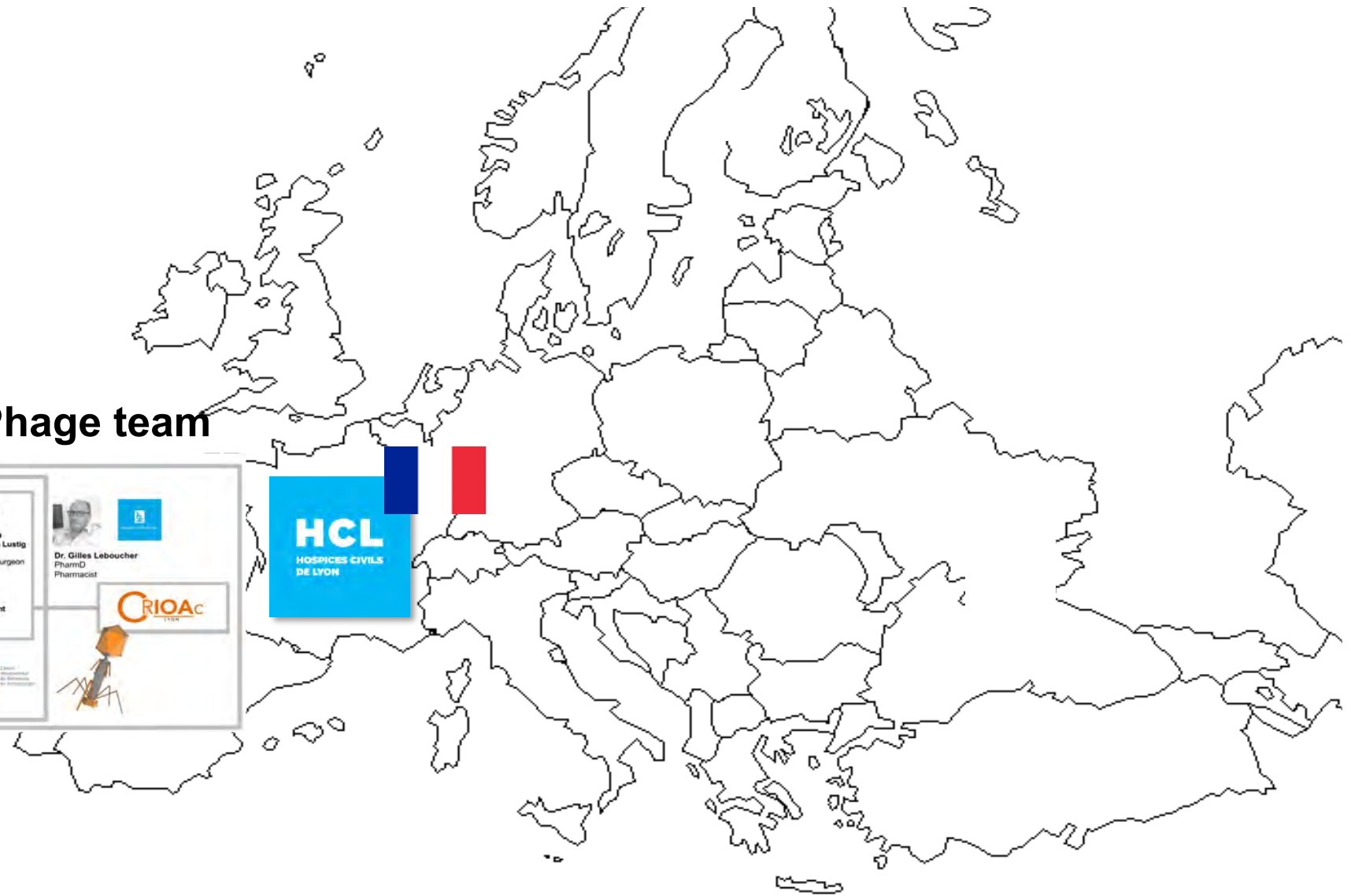
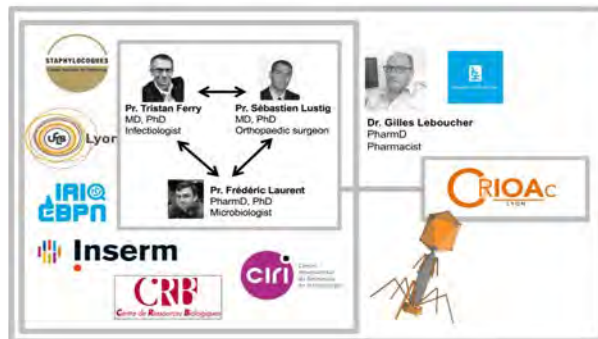
| | <i>Pseudomonas aeruginosa</i> CMI (mg/l) |
|----------------------------|---|
| Ticarcilline + Ac. Clav | R (> 64) |
| Pipéracilline | R (> 64) |
| Pipéracilline + Tazobactam | R (> 64) |
| Ceftazidime | R (> 32) |
| Céfépime | R (> 32) |
| Aztréonam | R (> 32) |
| Imipénème | R (> 8) |
| Meropenème | R (> 8) |
| Gentamicine | R (> 8) |
| Tobramycine | R (> 8) |
| Amikacine | R (> 32) |
| Ciprofloxacine | R (> 2) |
| Levofloxacine | R (> 4) |
| Colimicine | R |
| Colistin | S (8) ⇒ R |
| Colistin | S ⇒ R E-test : 1 |
| Colistin | R E-test : > 256 |
| Colistin | R E-test : 64 |

The strain was also spontaneously resistant to bacteriophages !!!



Unique European academic collaboration

Lyon Phage team



Under the supervision of



French Health Authority

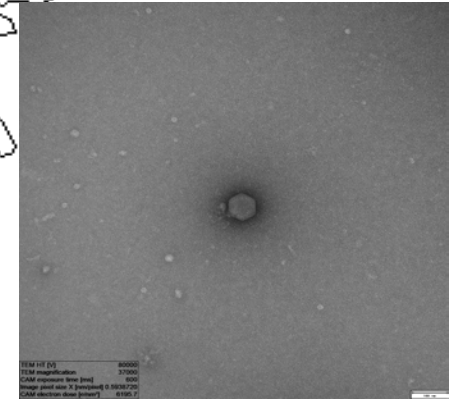
Unique European academic collaboration



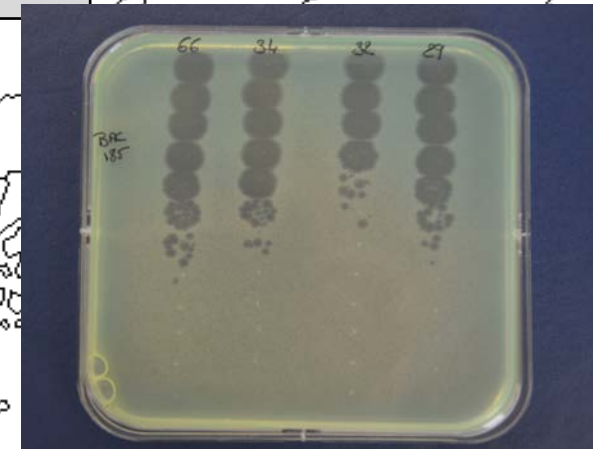
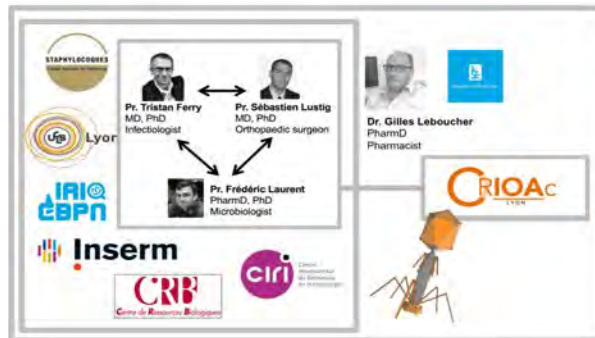
Lyon Phage team



Jean-Paul Pirnay



Gregory Resch



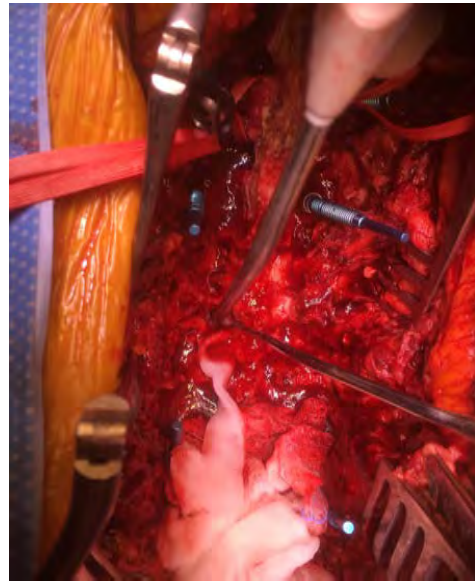
Under the supervision of



Agence nationale de sécurité du médicament
et des produits de santé

French Health Authority

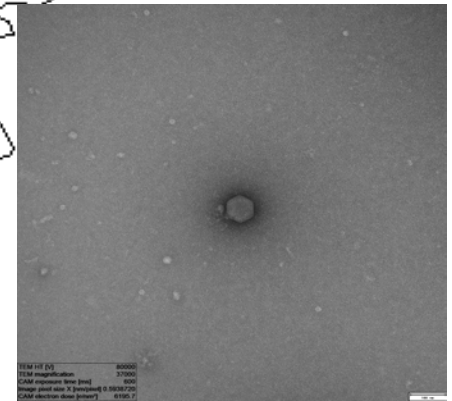
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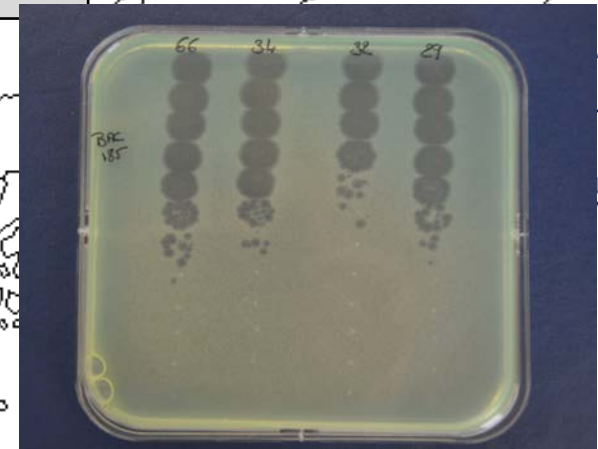
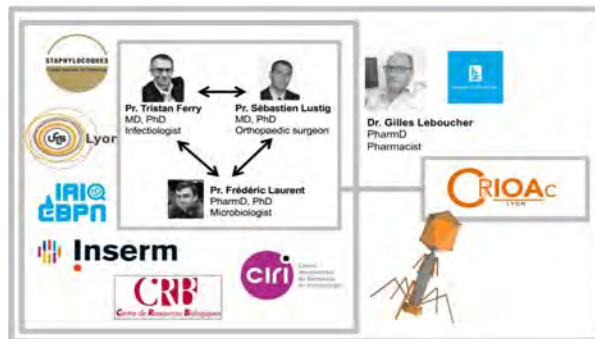
Lyon Phage team



Jean-Paul Pirnay



Gregory Resch



Under the supervision of



Agence nationale de sécurité du médicament et des produits de santé

French Health Authority

Unique European academic collaboration



Favorable outcome
at 22 months



T. FERRY et al. 2022



Under the supervision of



French Health Authority

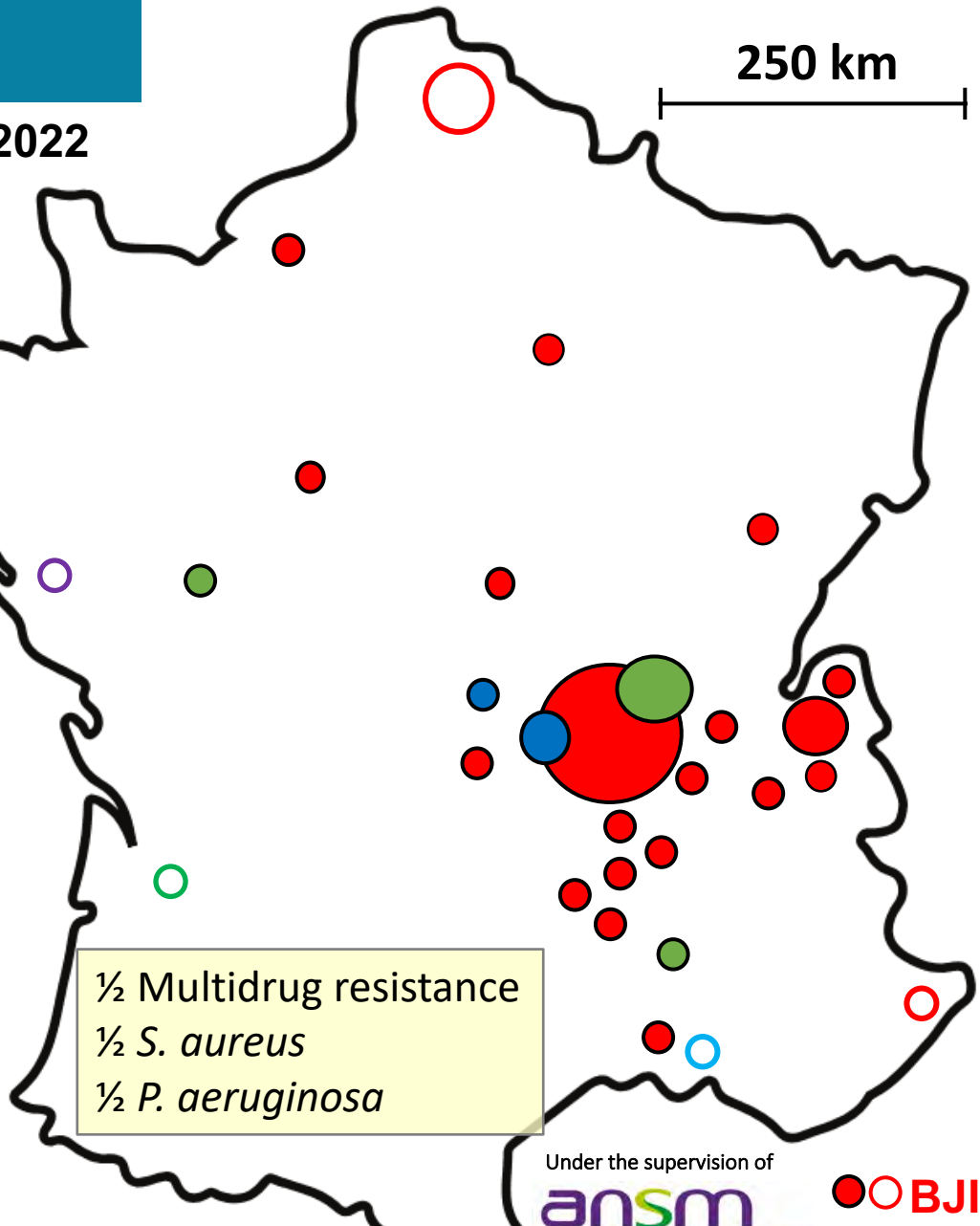
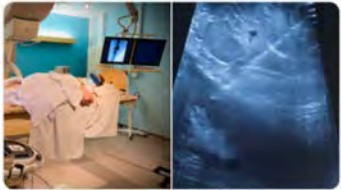
Conclusions: Personalized phage therapy is a potential adjuvant treatment for patients with complex BJI due to pandrug-resistant bacteria. **In addition to industrial phages under development, academic collaborative research is crucial to develop personalized phage therapy.**

Implementation of a Phage Therapy Center in a CRIOAc



FERRY T. *et al.* 2022

Updated



½ Multidrug resistance
 ½ *S. aureus*
 ½ *P. aeruginosa*

Under the supervision of
 ANSM
 L'Agence nationale de sécurité du médicament

●○ BJI ●○ Endocarditis ●○ Pneumonia ●○ Burn



53 patients in Lyon since 2017
 ~80% of the whole patients treated in France



- 50 with phages from PHERECYDES PHARMA
- 3 with phages from MHKA HMRA

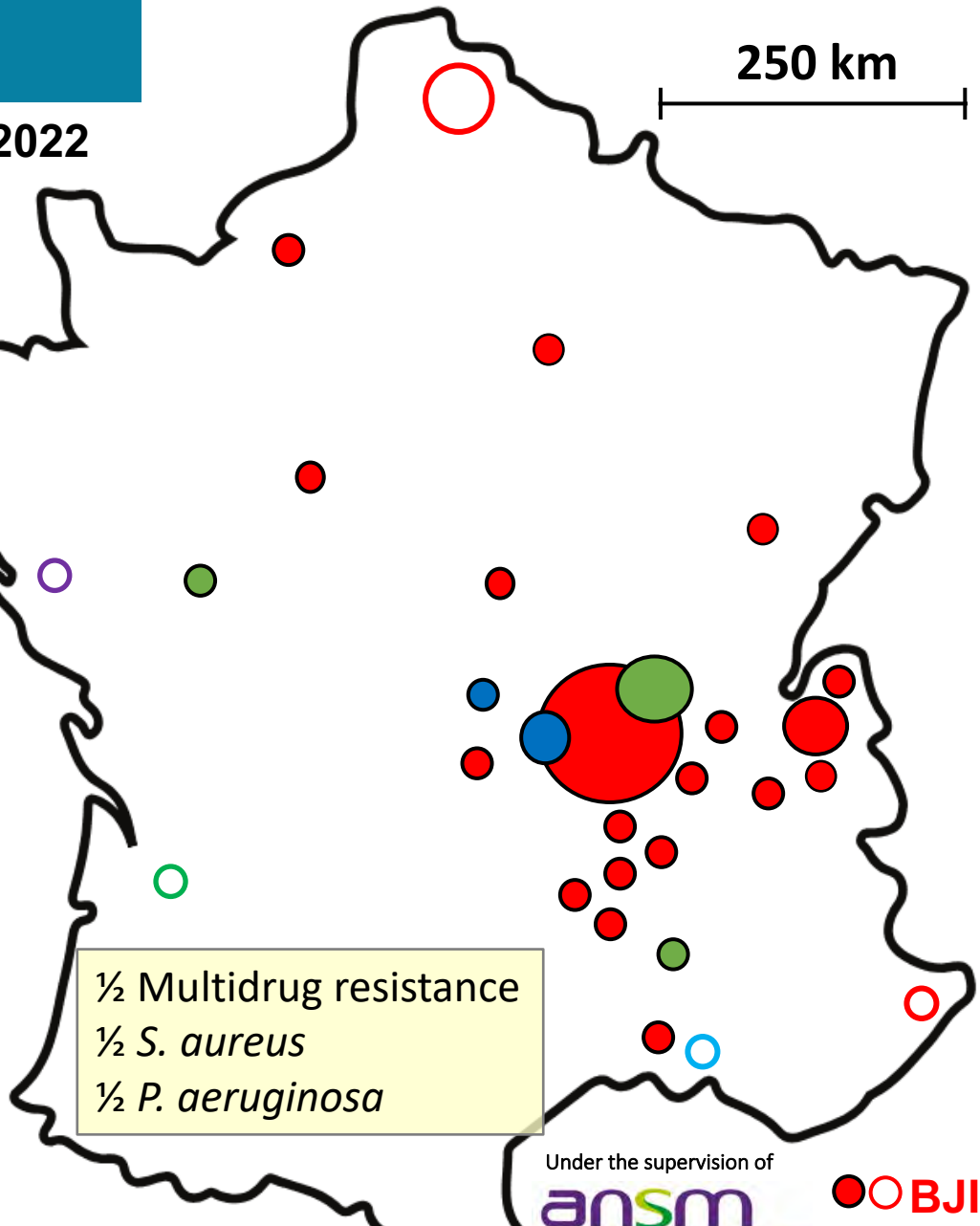


Implementation of a Phage Therapy Center in a CRIOAc

CMI CLINICAL MICROBIOLOGY AND INFECTION

FERRY T. *et al.* 2022

Updated



PHAGE*in***LYON**



53 patients in Lyon since 2017

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- 3 with phages from MHKA HMRA



- 42 **BJI** (including 34 **PJI**)
- 8 **endocarditis/vascular graft/ cardiac electronic device infection**
- 3 **lung infections** (VAP + bacteremia, pneumonia in lung graft bronchiectasia, cystic fibrosis exacerbation)

+ 11 patients managed outside Lyon ○ including 1 in and 1 in

●○ BJI ●○ Endocarditis ●○ Pneumonia ●○ Burn

Implementation of a Phage Therapy Center in a CRIOAc

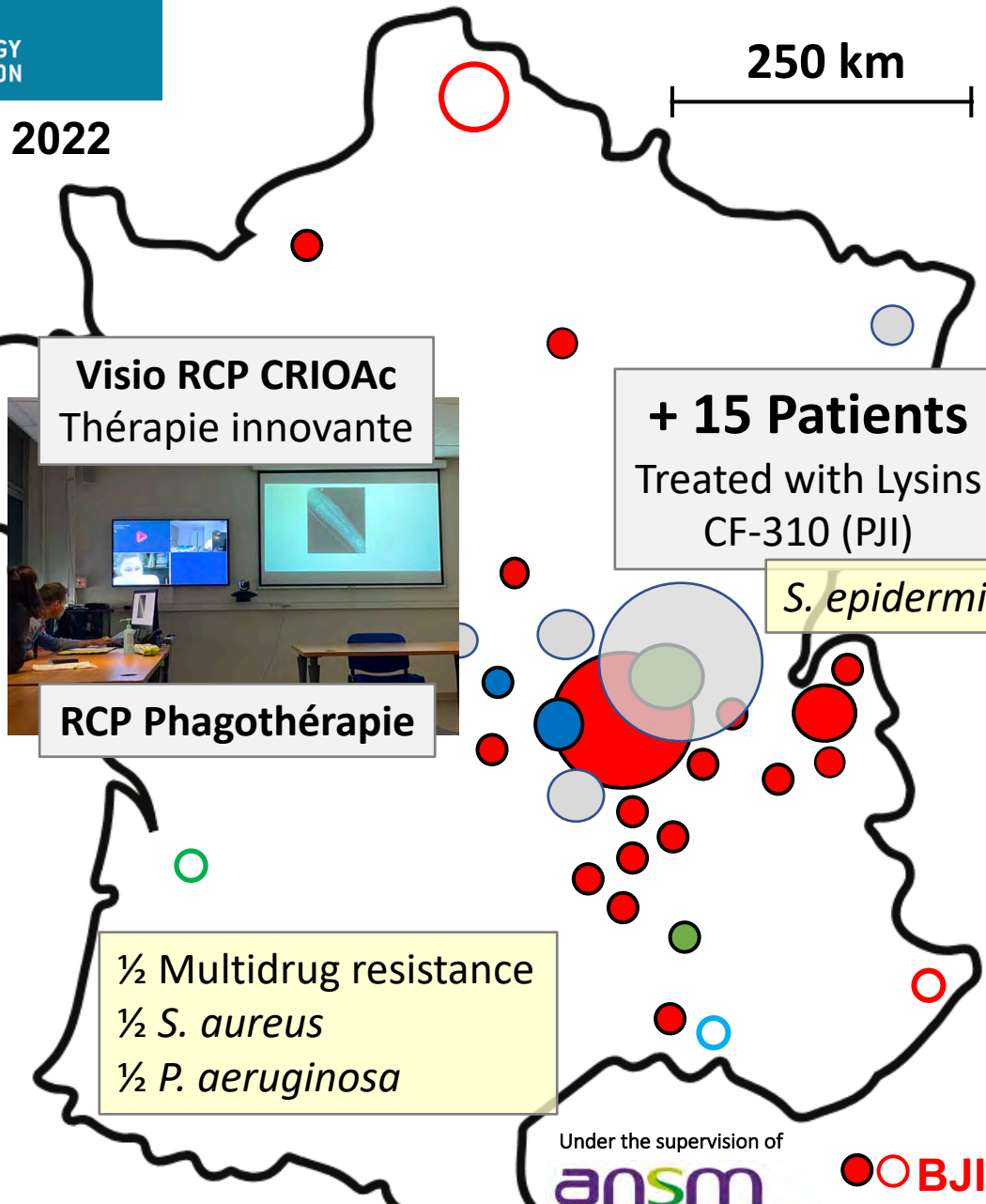
CMI CLINICAL MICROBIOLOGY AND INFECTION

FERRY T. *et al.* 2022

Updated



PHAGE*in***LYON**



Visio RCP CRIOAc
Thérapie innovante



RCP Phagothérapie

+ 15 Patients
Treated with Lysins
CF-310 (PJI)

S. epidermidis

1/2 Multidrug resistance
1/2 *S. aureus*
1/2 *P. aeruginosa*

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~80% of the whole patients treated in France



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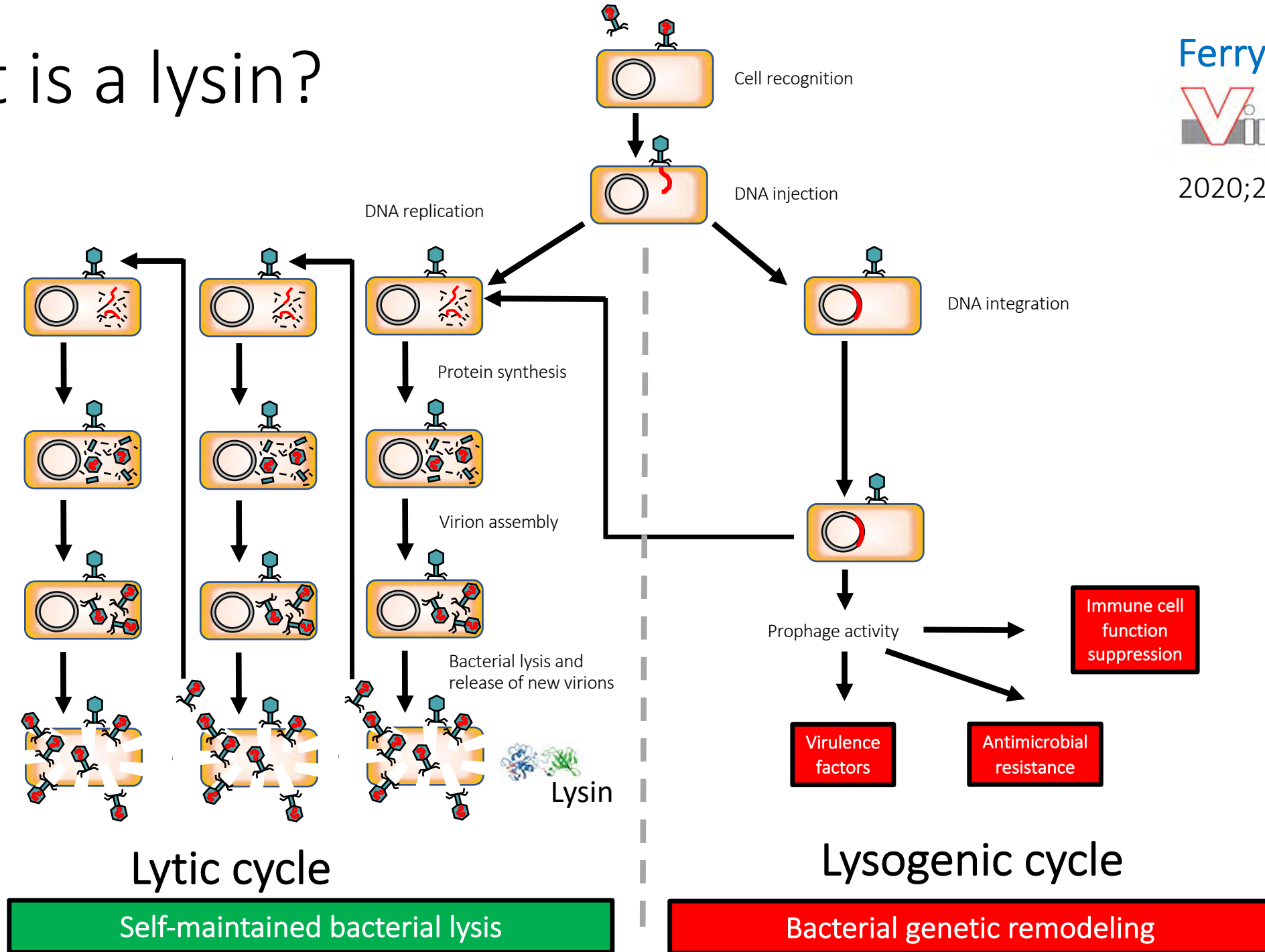
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Under the supervision of
ansm
Agence nationale de sécurité du médicament

●○ **BJI** ●○ **Endocarditis** ●○ **Pneumonia** ●○ **Burn**

What is a lysin?



Arthroscopic debridement, antibiotic and implant retention (DAIR) with local administration of Exebacase (Lysin CF-301) (LysinDAIR) followed by suppressive tedizolid as salvage therapy in elderly patients for relapsing multidrug-resistant *Staphylococcus epidermidis* prosthetic knee infection



30th
ECCMID

Paris, France
18 –21 April 2020

 frontiers
in Medicine

 CRIOAc
LYON

ContraFect



Conclusions: Exebacase has the potential to be used as salvage therapy during arthroscopic DAIR in patients with relapsing MDR *S. epidermidis* PKI, to improve the efficacy of suppressive antibiotics, and to avoid considerable loss of function.

Essai thérapeutique CF-301-108

Essai thérapeutique multicentrique @



CF-301-108
Randomized
Clinical Trial

Infection PTG à staphylocoques

Traitement par arthroscopie + Lysines de phages

3 mois de traitement antibiotiques

Recrutement régional et extrarégional

Suivi conjoint possible

Press release April 2023

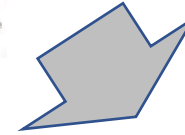
**CONTRAFECT ANNOUNCES INITIATION OF A
PHASE 1B/2 STUDY OF EXEBACASE IN
PATIENTS WITH CHRONIC PROSTHETIC JOINT
INFECTIONS OF THE KNEE**



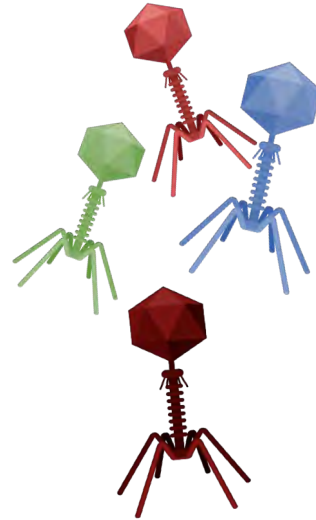
Développement de la phagothérapie à Lyon



PHAGE*in*LYON



PHAGE*in*LYON *Clinic*



Tristan Ferry

T. Ferry

Développement clinique
RCP CRIOAc Thérapies innovantes
RCP Phagothérapie
Validation des indications
Prise en charge des patients
Etudes de cohortes
Essais thérapeutiques

P Infections ostéo-articulaires : Lyon devient le centre expert national pour la phagothérapie

Le centre de référence des infections ostéo-articulaires complexes, basé aux Hospices civils de Lyon, va centraliser toutes les demandes concernant ce traitement de dernier recours, utilisant des virus contre des bactéries résistantes.

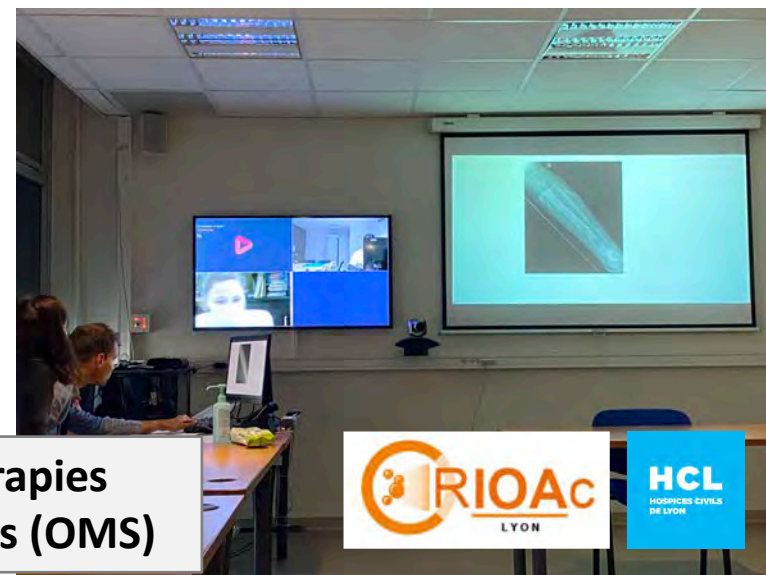
Le Progrès – 23 févr. 2023 à 17:51 | mis à jour le 23 févr. 2023 à 18:08 – Temps de lecture : 2 min



RCP CRIOAc
Thérapie innovante


**MINISTÈRE
DE LA SANTÉ
ET DE LA PRÉVENTION**
*Liberté
Égalité
Fraternité*

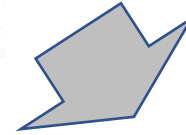
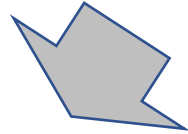
Dédiée aux thérapies
non traditionnelles (OMS)



Développement de la phagothérapie à Lyon



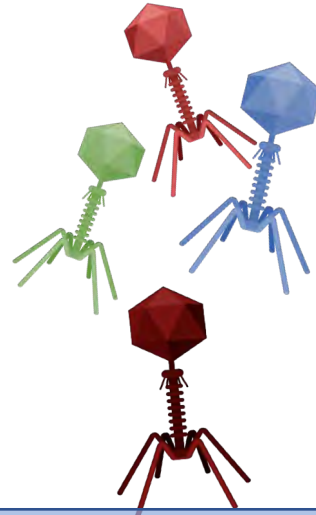
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PHAGEinLYON Lab



PHAGEinLYON Clinic



Pargade Architectes

F. Laurent

PHAG-ONE



Recherche et développement
Production de phages publiques
Développement du phagogramme

Tristan Ferry

T. Ferry

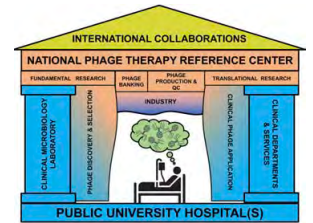
Développement clinique
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Compléter l'arsenal des phages à disposition

Essais thérapeutiques

Conclusion

- La phagothérapie est une **thérapie innovante et réémergente**
- **Recherche translationnelle**
- **Microbiologie, collaborations avec des industriels, études de cohorte**
- **En ADJUVANT à l'antibiothérapie (et potentiellement la chirurgie)**
- **Traitements compassionnels**
- Nécessité d'une **mission nationale « CRIOAc thérapie innovante »**
 - Pour valider les **indications pertinentes** de phages/lysines dans les IOA
 - Pour orienter les prises en charge vers les **essais thérapeutiques**
 - Ou enfin pour **orienter et accompagner** le recours à des phages en « compassionnel » (nécessité d'une mission nationale « **RCP Phagothérapie** » pour préciser les modalités)
- Poser les jalons d'un **centre national de phagothérapie**
- Conception et réalisation d'**essais thérapeutiques**



ESGNTA

European Society of Clinical Microbiology and Infectious Diseases

ESCMID STUDY GROUP
FOR NON-TRADITIONAL
ANTIBACTERIAL THERAPY

**THE MYTHOLOGY
OF PHAGE THERAPY**



T. FERRY



EBM

Clinical
Trials

T. FERRY

Lyon BJI Study group



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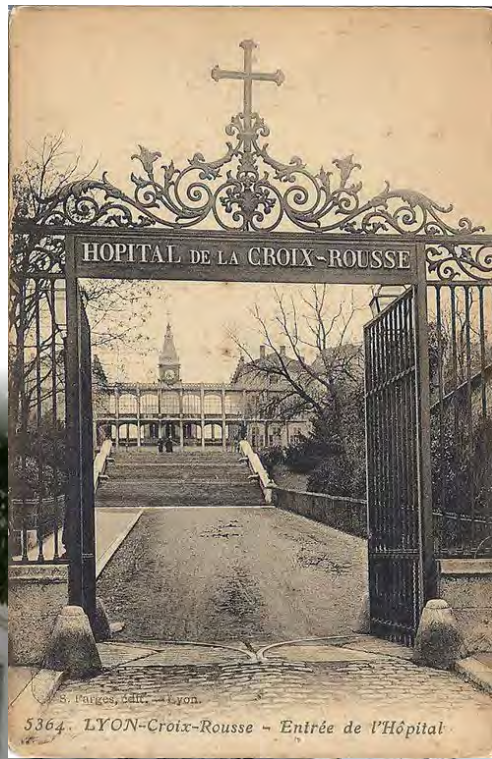
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Croix-Rousse Hospital



<http://www.crioac-lyon.fr>



- Published cases
- Open acces studies in pdf
- All thesis in pdf
- All recommendations
- **Newsletter**



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