



(12) **DEMANDE DE BREVET CANADIEN
CANADIAN PATENT APPLICATION**

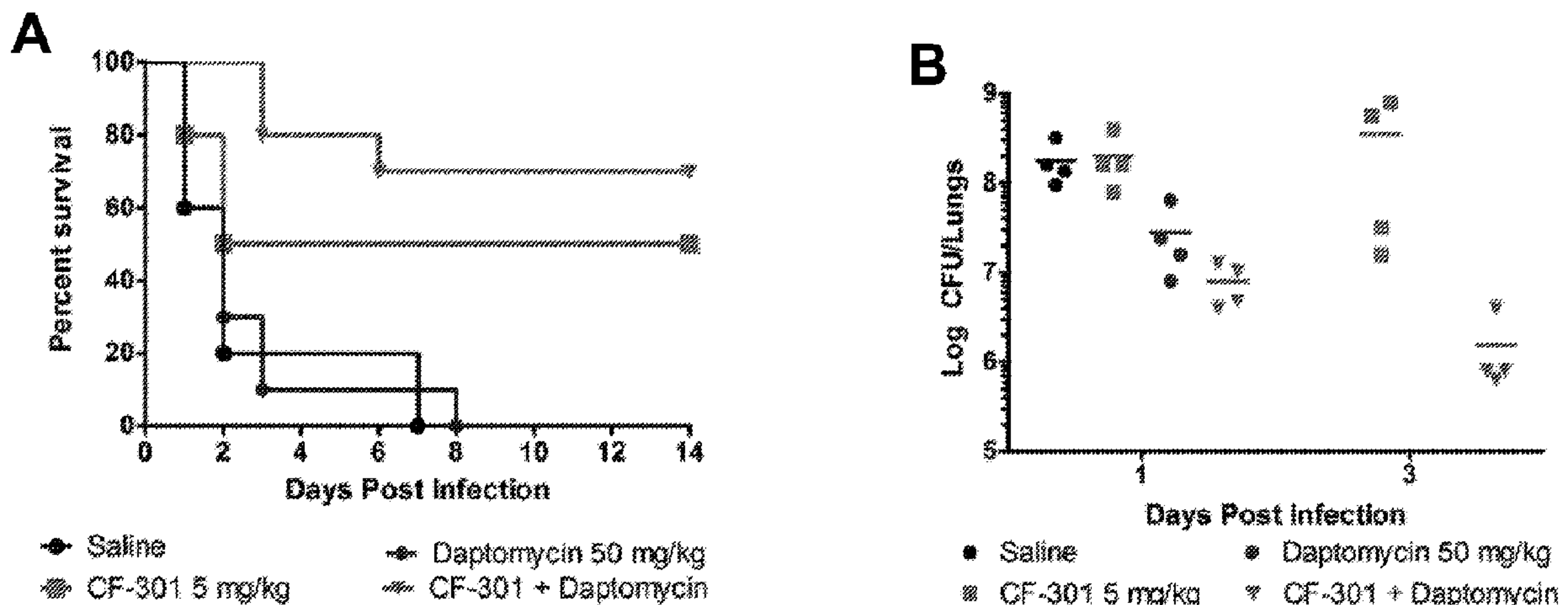
(13) **A1**

(86) Date de dépôt PCT/PCT Filing Date: 2016/09/16
(87) Date publication PCT/PCT Publication Date: 2017/03/23
(85) Entrée phase nationale/National Entry: 2018/03/12
(86) N° demande PCT/PCT Application No.: US 2016/052348
(87) N° publication PCT/PCT Publication No.: 2017/049242
(30) Priorités/Priorities: 2015/09/17 (US62/220,212);
2015/10/28 (US62/247,619)

(51) Cl.Int./Int.Cl. *A61K 38/16* (2006.01),
A61K 31/7036 (2006.01), *A61K 38/12* (2006.01),
A61K 38/46 (2006.01), *A61P 31/04* (2006.01)
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(54) Titre : UTILISATION DE LA LYSINE POUR RESTAURER/AUGMENTER L'ACTIVITE ANTIBACTERIENNE DES
ANTIBIOTIQUES INHIBEE PAR LA PRESENCE D'UN TENSIOACTIF PULMONAIRE
(54) Title: USE OF LYSIN TO RESTORE/AUGMENT ANTIBACTERIAL ACTIVITY IN THE PRESENCE OF PULMONARY
SURFACTANT OF ANTIBIOTICS INHIBITED THEREBY

Figure 5.



(57) **Abrégé/Abstract:**

The present disclosure relates to methods for restoring or augmenting bactericidal activity of an antibiotic in an organ or tissue in which pulmonary surfactant is present. More specifically, the present disclosure describes that inhibition of antibiotics due to

(57) **Abrégé(suite)/Abstract(continued):**

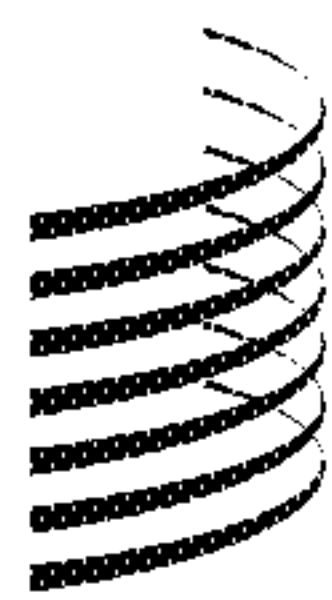
environmental factors, such as the presence of pulmonary surfactant in an organ or tissue such as the respiratory epithelium can be sidestepped or overcome and the effectiveness of the antibiotic in that milieu restored or augmented by co-administration of an antibiotic and a lysin.

(12) INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(19) World Intellectual Property

Organization

International Bureau



WIPO | PCT



(10) International Publication Number

WO 2017/049242 A3

(43) International Publication Date

23 March 2017 (23.03.2017)

(51) International Patent Classification:

A61K 38/16 (2006.01) A61K 31/7036 (2006.01)

A61K 38/46 (2006.01) A61P 31/04 (2006.01)

A61K 38/12 (2006.01)

(21) International Application Number:

PCT/US2016/052348

(22) International Filing Date:

16 September 2016 (16.09.2016)

(25) Filing Language:

English

(26) Publication Language:

English

(30) Priority Data:

62/220,212 17 September 2015 (17.09.2015) US

62/247,619 28 October 2015 (28.10.2015) US

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(81) Designated States (unless otherwise indicated, for every

kind of national protection available): AE, AG, AL, AM,

AO, AT, AU, AZ, BA, BB, BG, BH, BN, BR, BW, BY,

BZ, CA, CH, CL, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IR, IS, JP, KE, KG, KN, KP, KR, KW, KZ, LA, LC, LK, LR, LS, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PA, PE, PG, PH, PL, PT, QA, RO, RS, RU, RW, SA, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TH, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW.

(84) Designated States (unless otherwise indicated, for every

kind of regional protection available): ARIPO (BW, GH, GM, KE, LR, LS, MW, MZ, NA, RW, SD, SL, ST, SZ, TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, RU, TJ, TM), European (AL, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, RS, SE, SI, SK, SM, TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, KM, ML, MR, NE, SN, TD, TG).

Published:

— with international search report (Art. 21(3))

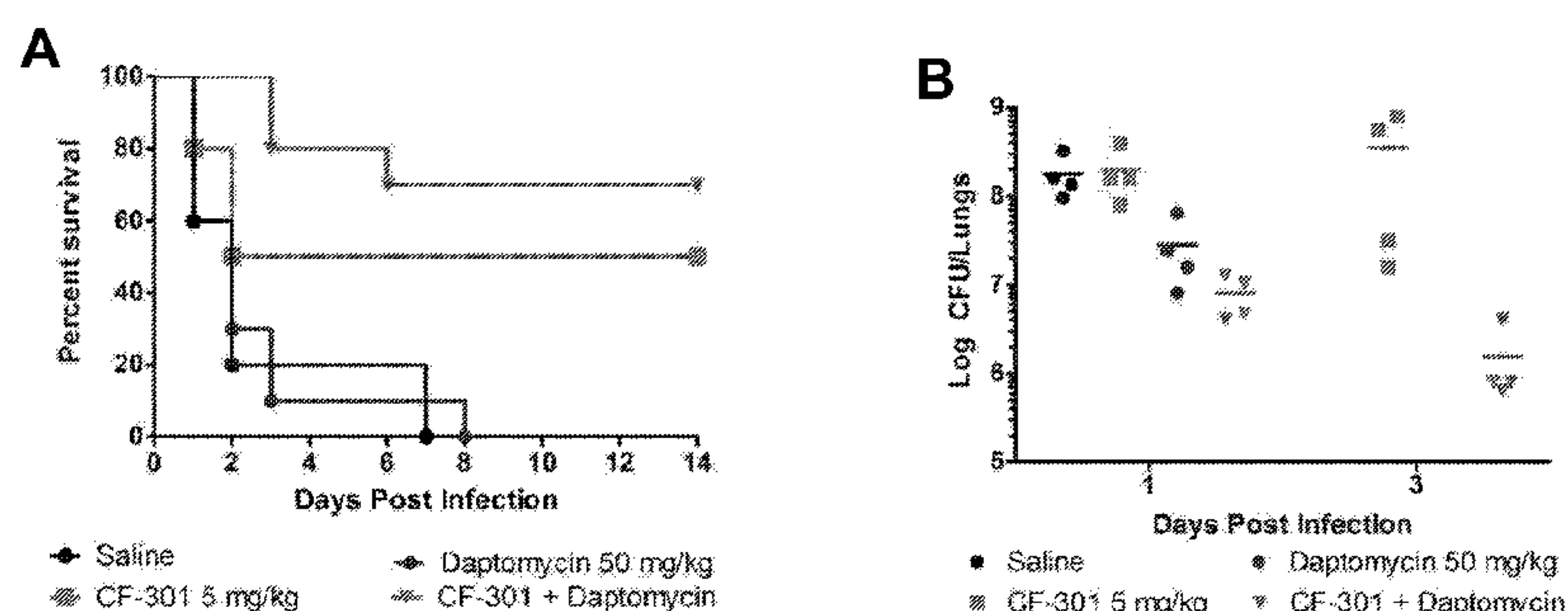
— before the expiration of the time limit for amending the claims and to be republished in the event of receipt of amendments (Rule 48.2(h))

(88) Date of publication of the international search report:

1 June 2017

(54) Title: USE OF LYSIN TO RESTORE/AUGMENT ANTIBACTERIAL ACTIVITY IN THE PRESENCE OF PULMONARY SURFACTANT OF ANTIBIOTICS INHIBITED THEREBY

Figure 5.



(57) Abstract: The present disclosure relates to methods for restoring or augmenting bactericidal activity of an antibiotic in an organ or tissue in which pulmonary surfactant is present. More specifically, the present disclosure describes that inhibition of antibiotics due to environmental factors, such as the presence of pulmonary surfactant in an organ or tissue such as the respiratory epithelium can be sidestepped or overcome and the effectiveness of the antibiotic in that milieu restored or augmented by co-administration of an antibiotic and a lysin.

WO 2017/049242 A3

**USE OF LYSIN TO RESTORE/AUGMENT ANTIBACTERIAL ACTIVITY
IN THE PRESENCE OF PULMONARY SURFACTANT OF ANTIBIOTICS
INHIBITED THEREBY**

STATEMENT OR RELATED APPLICATIONS

This patent application claims the priority of U.S. Provisional Patent Application 62/220,212 filed September 17, 2015, and U.S. Provisional Patent Application 62/247,619 filed October 28, 2015; the contents of these provisional applications are hereby incorporated by reference in their entirety.

BACKGROUND OF THE DISCLOSURE

Technical Field

[0001] The present disclosure relates to the field of combatting bacterial infection, specifically of the respiratory tract and more specifically of the lower respiratory tract, notably tissues and organs the epithelium of which is characterized by the presence of pulmonary surfactant. The disclosure more addresses a problem of reduced effectiveness of antibiotics in combatting infection due to factors in the environment of the infection, such as the pulmonary surfactant, rather than to antibiotic resistance developments.

Description of the Related Art

[0002] Bacteriophage lysin polypeptide CF-301 is a first-in-class antimicrobial agent under development to treat *Staphylococcus aureus* bacteremia and endocarditis. Hallmark features of CF-301 include rapid pathogen-specific bacteriolysis, an absence of resistance, synergy with standard-of-care antibiotics and anti-biofilm activity (Schuch et al., *J Infect Dis.*;209(9):1469-78 (2014). doi: 10.1093/infdis/jit637. Epub 2013 Nov 28.). CF-301 is the first lysin to enter FDA-regulated clinical trials. CF-301 (PlySs2) has the amino acid sequence depicted in SEQ ID NO: 1 (GenBank accession ZP 03625529) and has been described in US Patent No 9034322.

[0003] Other lysins active against Staphylococci responsible for airway or respiratory tract infections include without limitation PlyC, PlyGBS, LysK, lysostaphin, chimeric lysin ClyH, (Cheng et al. *Antimicrob Agents Chemother.* 49(1): 111–117 (2005); McGowan et al. *Proc Natl Acad Sci U S A.*,109(31):12752-7 (2012), Becker et al. *FEMS Microbiol Lett.*,

287(2):185-91 (2008), Yang et al. *Antimicrob Agents Chemother.* 2014;58(1):536-42 (2014). Lysin polypeptides active against *Streptococcus pneumoniae* include PAL and Cpl1 lysins described respectively in WO 2008/00132 (including the sequence of the CHAP domain for chimerization) and CN 102021161 (Garcia et al. *J Virol.* 61(8):2573-80 (1987); Varea et al. *J Biol Chem.*,279(42):43697-707. (2004)). The disclosures of the foregoing patents and references are incorporated by reference in their entirety for all purposes. Several other lysins active against a variety of bacterial pathogens, including bacteria responsible for infections of the airways and more particularly the lower respiratory tract, have been identified. A list of lysins can be found at <http://www.rockefeller.edu/vaf/phagelist.php>.

[0004] The cyclic lipopeptide antibiotic daptomycin has been approved for skin and skin structure infections. Daptomycin is rapidly bactericidal against gram-positive (G+) bacteria and it exerts its activity by insertion into and disruption of the functional integrity of the G+ plasma membrane, a mechanism strongly dependent on the presence of physiologic levels of free calcium. However, daptomycin has failed to meet criteria in a clinical trial for severe community-acquired pneumonia. This deficiency has been shown to be due to an interaction between daptomycin and pulmonary surfactant, which inhibits the activity of this antibiotic specifically in the lung environment and more generally in the airway environment wherein pulmonary surfactant is present. Surfactant Inhibition of Daptomycin, Silverman, J. A. et al, *JID*, 191: 2149-2152 (2005). Thus, daptomycin is not indicated for treatment of lung and more generally airway (especially lower respiratory tract) infections and those of skill in the art would not employ a treatment regimen including daptomycin to treat such infections. The inability of daptomycin to combat infection in the presence of pulmonary surfactants been shown dramatically in Koplowicz *et al.* *Clin Infect Dis.* 49(8):1286-7 (2009). Recent studies have focused on overcoming daptomycin inactivity in the presence of surfactant by testing and evaluating antibacterial activity of hybrid molecules of the structurally related lipopeptide A54145 (Nguyen et al. *Antimicrob Agents Chemother.* 2010 Apr; 54(4): 1404–1413.)

[0005] Pulmonary surfactant, a primary component of epithelial lining fluid, is a complex lipid-and-protein mixture that coats the interior surface of the airway, reducing surface tension within the alveoli. Surfactant is composed primarily of dipalmitoylphosphatidylcholine (~80% in all mammalian species), along with significant amounts of phosphatidylglycerol (PG) and smaller amounts of minor phospholipids, neutral lipids, and cholesterol. There are 4 protein components: hydrophilic proteins SP-A and SP-D

and hydrophobic proteins SP-B and SP-C. Goerke J. Pulmonary surfactant: functions and molecular composition. *Biochim Biophys Acta* 1998; 1408:79–89. Daptomycin is inserted into artificial membrane vesicles composed of phosphatidylcholine (PC) and PC/PG. Lakey JH, et al: Fluorescence indicates a calcium-dependent interaction between the lipopeptide antibiotic LY146032 and phospholipid membranes. *Biochemistry* 1988; 27:4639–45; Jung D, et al. Structural transitions as determinants of the action of the calcium-dependent antibiotic daptomycin. *Chem Biol* 2004; 11:949–57.

[0006] A major problem in medicine has been the development of drug resistant bacteria as more antibiotics are used for a wide variety of illnesses and other conditions. Hospital infections are the 8th leading cause of death in the United States, due in large part to drug-resistant and newly-emerging pathogens. For example, there are over 500,000 cases of *Staphylococcus aureus* annually in the U.S. and over 65% of strains are multidrug resistant (for example certain strains of methicillin-resistant *S. aureus* (MRSA) are also multidrug resistant. The use of more antibiotics and the number of bacteria showing resistance has prompted longer treatment times. Furthermore, broad, non-specific antibiotics, some of which have detrimental effects on the patient, are now being used more frequently. A related problem with this increased use is that many antibiotics do not penetrate mucus linings easily, or are inhibited by factors present in these linings as discussed above. Additionally, the number of people allergic to antibiotics appears to be increasing. Accordingly, there is a commercial need for new antibacterial approaches, especially those that operate via new modalities or provide new or improved means to kill pathogenic bacteria and thereby treat infection.

[0007] The discovery of lysin polypeptides, enzymes derived from bacteriophage that can penetrate the bacterial wall or outer membrane and directly lyse bacteria or expose them to bactericidal agents, such as the host's immune system and/or antibiotics, has been a breakthrough in the field of infectious disease. In particular, lysins administered in conjunction with antibiotics have been found to synergize with them, resulting in an increase in the effectiveness of antibiotics against even resistant pathogens. This synergy has opened the way for use of reduced doses of the antibiotic and/or the lysin, reducing the potential for side effects. See, e.g., U.S. Patent 9,034,322.

[0008] However, where an antibiotic has been found ineffective in treating a particular infection caused by an otherwise susceptible pathogen because of environmental factors, such

as surfactant inhibition, rather than resistance, the use of lysins has not been previously proposed. Indeed, there was no reason to expect that lysins would improve effectiveness of antibiotics in the face of inhibition by pulmonary surfactant. Accordingly, the effectiveness of the methods disclosed below was unexpected.

[0009] Gram-positive bacteria are surrounded by a cell wall containing polypeptides and polysaccharide. The gram-positive cell wall appears as a broad, dense wall that is 20-80 nm thick and consists of numerous interconnecting layers of peptidoglycan. Between 60% and 90% of the gram-positive cell wall is peptidoglycan, providing cell shape, a rigid structure, and resistance to osmotic shock. The cell wall does not exclude the Gram stain crystal violet, allowing cells to be stained purple, and therefore "Gram-positive." Gram-positive bacteria include but are not limited to the genera *Actinomyces*, *Bacillus*, *Listeria*, *Lactococcus*, *Staphylococcus*, *Streptococcus*, *Enterococcus*, *Mycobacterium*, *Corynebacterium*, and *Clostridium*. Medically relevant species include *Streptococcus pyogenes*, *Streptococcus pneumoniae*, *Staphylococcus aureus*, and *Enterococcus faecalis*. *Bacillus* species, which are spore-forming, cause anthrax and gastroenteritis. Spore-forming *Clostridium* species are responsible for botulism, tetanus, gas gangrene and pseudomembranous colitis. *Corynebacterium* species cause diphtheria, and *Listeria* species cause meningitis. *Staphylococcus aureus* and *Streptococcus pneumoniae* are two major causative agents for pneumonia, whether community-acquired, nosocomial, secondary to aspiration or opportunistic.

[0010] Thus, to the extent that otherwise effective antibiotics are inhibited by factors present in the organ or tissue that is the site of the infection, such as pulmonary surfactant in the case of infections of the lungs or other airways and more generally of the respiratory tract, a treatment regimen that would restore and even augment activity of such antibiotics would be of great commercial and public health value.

[0011] In addition to daptomycin discussed above, other antibiotics that are known to be inhibited by pulmonary surfactant include without limitation: tobramycin, an aminoglycoside used to treat infections caused by the gram-negative bacterium *Pseudomonas aeruginosa* a common cause of pneumonia (van 't Veen A et al. *Antimicrob. Agents Chemother.* 39:329–333 (1995)), and colistin, a cyclic lipopeptide (polymixin) broadly active against gram-negative bacteria, including *P. aeruginosa*. Schwameis, R. et al, Effect of Pulmonary

Surfactant on Antimicrobial Activity In Vitro, October 2013 Volume 57 Number 10
Antimicrobial Agents and Chemotherapy p. 5151–5154.

SUMMARY OF THE DISCLOSURE

[0012] In one aspect, the present disclosure relates to a method for treating a subject afflicted with a bacterial infection of an organ or tissue in which pulmonary surfactant is present, the method comprising regardless of order the following steps:

- a. administering to the subject a first amount of an antibiotic having antibacterial activity against the bacteria responsible for the infection which activity is inhibited by the pulmonary surfactant;
- b. co-administering to the subject a second amount of a lysin polypeptide

wherein said first and second amount in combination are effective to kill the bacteria responsible for the infection and thereby treat the infection.

[0013] In some embodiments, the lysin has antibacterial activity against the bacteria responsible for the infection.

[0014] In some embodiments, the first amount is such that it would be ineffective to treat the infection if the antibiotic were administered as monotherapy.

[0015] In some embodiments, the antibiotic is a cyclic lipopeptide or an aminoglycoside.

[0016] In a more particular embodiment the lysin polypeptide has the amino acid sequence of SEQ ID NO: 1 or variants thereof having antibacterial activity against *Staphylococcus aureus* and at least 80% sequence identity to SEQ ID NO: 1, and the bacterium responsible for the infection is *Staphylococcus aureus*.

[0017] In some embodiments the *S. aureus* is MRSA MSSA or VISA.

[0018] In some embodiments, the antibiotic is a cyclic lipopeptide, for example daptomycin.

[0019] In other embodiments the antibiotic is an aminoglycoside, for example tobramycin.

[0020] In some embodiments, the second amount or the first amount is a subthreshold amount (or both amounts are subthreshold).

[0021] In some embodiments, the lysin polypeptide is administered parenterally or by inhalation; in some embodiments, the antibiotic is administered orally or parenterally or by inhalation.

[0022] In some embodiments, the subject is a mammalian subject.

[0023] In some embodiments, the lysin polypeptide is PAL or Cpl-1 and the bacterium responsible for the infection is *Streptococcus pneumoniae*.

[0024] In some embodiments, the bacterium responsible for the infection is gram-negative, for example, *P. aeruginosa*.

[0025] In some embodiments, lysin is an artilysin described in one or more of the following patent applications: US 20140120074, WO/2015/070912; WO/2015/071436; WO/2015/070911; WO/2015/071437; US 20150118731 and WO/2012/085259 or is a GN lysin having a sequence selected from the group of Artilysins, described in one or more of the following patent applications: US 20140120074, WO/2015/070912; WO/2015/071436; WO/2015/070911; WO/2015/071437; US 20150118731 and WO/2012/085259 and the following gram-negative lysins disclosed in U.S. Provisional Patent Application 62/247,619 filed October 28, 2015, copy of which is attached to this patent application as Appendix A, and which is incorporated by reference in its entirety: GN37 (SEQ ID NO: 6); GN2 (SEQ ID NO: 7); GN4 (SEQ ID NO: 8); GN14 (SEQ ID NO: 9); GN43 (SEQ ID NO: 10); PGN4 (SEQ ID NO: 11); FGN4-1 (SEQ ID NO: 12); FGN4-2 (SEQ ID NO: 13); FGN4-3 (SEQ ID NO: 14); and FGN4-4 (SEQ ID NO: 15).

[0026] In various more specific embodiments, the antibiotic is a cyclic lipopeptide such as colistin or an aminoglycoside such as tobramycin.

[0027] In another aspect, the disclosure relates to a method for treating a subject afflicted with a streptococcus or staphylococcus bacterial infection of the lower respiratory tract in which pulmonary surfactant is present, the method comprising regardless of order the following steps:

- a. administering to the subject a first amount of an antibiotic having antibacterial activity against the bacteria responsible for the infection which activity is inhibited by the pulmonary surfactant;
 - i. co-administering to the subject a second amount of at least one lysin polypeptide, selected from the group consisting of: CF-301, ClyS, lysostaphin, LysK, Sal-200, LysGH15, PlyV12, ClyH, MV-L, Ply, PlyPly, PlyGBS, LambdaSa1, LambdaSa2, Cpl1, Pal, active fragments thereof, and chimeric combinations thereof wherein the binding domain of one of the foregoing lysins or fragments has been fused to the catalytic domain of another

wherein said first and second amount in combination are effective to kill the bacteria responsible for the infection and thereby treat the infection.

[0028] In some embodiments, the antibiotic is daptomycin.

[0029] A method for restoring or augmenting bactericidal activity of an antibiotic in an organ or tissue in which pulmonary surfactant is present in an amount that is or would be inhibitory of the activity of the antibiotic against a bacterial infection in said organ or tissue, the method comprising: administering to a subject afflicted with an infection of said organ or tissue a first amount of said antibiotic and co-administering to the subject a second amount of a lysin polypeptide having antibacterial activity against the bacterium responsible for the infection, wherein administration of the lysin overcomes or sidesteps the inhibition, the amounts in combination being effective to kill said bacterium and thereby treat the infection.

BRIEF DESCRIPTION OF THE DRAWINGS

[0030] Figure 1 demonstrates that CF-301 is active in bovine-derived surfactant while DAP is not active. Figure 1 shows MIC values for CF-301 and DAP against MRSA strain MW2 (Figure 1A), MSSA strain ATCC 29213 (Figure 1B), and VISA strain ATCC 700699 (Figure 1C).

[0031] Figure 2 includes images demonstrating that CF-301 promotes BODIPY-DAP (DAP^{BD}) binding to MRSA in 7.5% surfactant. Mag:1000x

[0032] Figure 3 includes images demonstrating that CF-301 promotes DAP^{BD} binding to VISA in 7.5% surfactant. Mag=2000x.

[0033] Figure 4 includes TEM (Figure 4A) and SEM (Figure 4B) analysis images demonstrating that CF-301 and DAP act together to kill *S. aureus* and reduce biofilm-like structures in 7.5% surfactant. In Figure 4A, scale bars are 0.5 μ m. In Figure 4B, scale bars are 2 μ m (5,000x images) and 1 μ m (20,000x images).

[0034] Figure 5A is a survival curve of mice infected intranasally with 5×10^8 CFUs of *S. aureus* (MRSA strain ATCC BAA-42) and treated with saline, CF-301 (i.v.), DAP (s.c.), or the CF-301/DAP. (n=10 mice/group; p<0.05 vs. DAP). Figure 5B is a plot of Log of CFU/lungs 1 and 3 days post infection.

DETAILED DESCRIPTION

[0035] In accordance with the present invention there may be employed conventional molecular biology, microbiology, and recombinant DNA techniques within the skill of the art. Such techniques are explained fully in the literature. See, e.g., Sambrook et al, "Molecular Cloning: A Laboratory Manual" (1989); "Current Protocols in Molecular Biology" Volumes I-III [Ausubel, R. M., ed. (1994)]; "Cell Biology: A Laboratory Handbook" Volumes I-III [J. E. Celis, ed. (1994)]; "Current Protocols in Immunology" Volumes I-III [Coligan, J. E., ed. (1994)]; "Oligonucleotide Synthesis" (M. J. Gait ed. 1984); "Nucleic Acid Hybridization" [B. D. Hames & S. J. Higgins eds. (1985)]; "Transcription And Translation" [B. D. Hames & S. J. Higgins, eds. (1984)]; "Animal Cell Culture" [R. I. Freshney, ed. (1986)]; "Immobilized Cells And Enzymes" [IRL Press, (1986)]; B. Perbal, "A Practical Guide To Molecular Cloning" (1984).

Definitions

[0036] The following terms and phrases include the meanings provided below unless the context clearly indicates otherwise.

[0037] The term "treatment" refers to any process, action, application, therapy, or the like, wherein a subject, including a human being, is subjected to medical aid with the object of providing a treatment for or curing a disorder, or killing or eradicating a pathogen, or improving the subject's condition, directly or indirectly. Treatment also refers to reducing

incidence, or alleviating symptoms, eliminating recurrence, preventing recurrence, preventing incidence, improving symptoms, improving prognosis or combinations thereof. "Treatment" further encompasses reducing the population, growth rate or virulence of the bacteria in the subject and thereby controlling or reducing a bacterial infection in a subject or bacterial contamination of an organ or tissue or environment. Thus "treatment" that reduces incidence is effective to inhibit growth of at least one Gram-positive or of at least one Gram-negative bacterium in a particular milieu, whether it be a subject or an environment. On the other hand "treatment" of an already established infection or contamination refers to reducing the population or killing, including even eradicating Gram-positive or Gram-negative bacteria responsible for an infection or contamination.

[0038] "Preventing" includes the prevention of the incidence, recurrence, spread, onset or establishment of a disorder such as a bacterial infection. It is not intended that the present disclosure be limited to complete prevention or to prevention of establishment of an infection. In some embodiments, the onset is delayed, or the severity of a subsequently contracted disease is reduced, and such constitute examples of prevention. Contracted diseases in the context of the present disclosure encompass both those manifesting with clinical or subclinical symptoms, such as the detection of as well as the detection of growth of a bacterial pathogen when symptoms associated with such pathology are not yet manifest.

[0039] The term "effective amount" refers to an amount which, when applied or administered in an appropriate frequency or dosing regimen, is sufficient to prevent or inhibit bacterial growth or prevent, reduce or ameliorate the onset, severity, duration or progression of the disorder being treated (here bacterial pathogen growth or infection), prevent the advancement of the disorder being treated, cause the regression of the disorder being treated, or enhance or improve the prophylactic or therapeutic effect(s) of another therapy, such as antibiotic or bacteriostatic therapy.

[0040] "Co-administer" is intended to embrace separate administration of a lysin polypeptide and an antibiotic or any other antibacterial agent in a sequential manner as well as administration of these agents in a substantially simultaneous manner, such as in a single mixture/composition or in doses given separately, but nonetheless administered substantially simultaneously to the subject, for example at different times in the same day or 24-hour period (or in a shorter or longer interval as long as the administration of the antibiotic benefits from the conjoint administration of the lysin). Such co-administration of lysin polypeptides

with one or more additional antibacterial agents such as antibiotics can be provided as a continuous treatment lasting up to days, weeks or months. Additionally, the co-administration need not be continuous or co-extensive as long as the inhibition of the administered antibiotic by pulmonary surfactant is abated and effectiveness of the antibiotic in treating infections of an organ or tissue wherein pulmonary surfactant is present is restored or augmented.

[0041] “Subject” refers to a subject to be treated and includes inter alia a mammal, including without limitation a human, a plant, a lower animal, a single cell organism or a cell culture. For example, the term “subject” is intended to include organisms, e.g., prokaryotes and eukaryotes, which are susceptible to or afflicted with Gram-negative or Gram-positive bacterial infections. Examples of subjects include mammals, e.g., humans, dogs, cows, horses, pigs, sheep, goats, cats, mice, rabbits, rats, and transgenic non-human animals. In certain embodiments, the subject is a human, e.g., a human suffering from, at risk of suffering from, or susceptible to a bacterial infection, whether such infection be systemic or confined to a particular organ or tissue.

[0042] “Polypeptide” is used interchangeably with the term “protein” and “peptide” and refers to a polymer made from amino acid residues and having at least about 30 amino acid residues. The term includes not only polypeptides in isolated form, but also active fragments and derivatives thereof (defined below). The term “polypeptide” also encompasses fusion proteins or fusion polypeptides comprising a lysin polypeptide as described below and maintaining the lysin function. A polypeptide can be a naturally occurring polypeptide or an engineered or synthetically produced polypeptide. A particular lysin polypeptide can be, for example, derived or removed from a native protein by enzymatic or chemical cleavage, or can be prepared using conventional peptide synthesis techniques (e.g., solid phase synthesis) or molecular biology techniques (such as those disclosed in Sambrook, J. et al., *Molecular Cloning: A Laboratory Manual*, Cold Spring Harbor Press, Cold Spring Harbor, N.Y. (1989)) or can be strategically truncated or segmented yielding active fragments, as illustrated for example herein with a fragment of GN4 comprising the amphipathic domain of GN4 and further truncated versions thereof maintaining lysin activity against the same or at least one common target bacterium (see Appendix A). Variants of native lysin polypeptides are also encompassed having at least 80% or at least 85% or at least 90% or at least 95% or at least 98% sequence identity with the native lysin polypeptide (which, as stated above includes active fragments of a native lysin protein).

[0043] “Bactericidal” in the context of an agent or a compound conventionally means having the property of causing the death of bacteria or capable of killing bacteria to an extent of at least a 3-log (99.9%) or better reduction among an initial population of bacteria.

[0044] “Augmenting” within the context of the present disclosure means that a degree of antimicrobial activity of an antibiotic is higher than it would be in the presence of pulmonary surfactant. For example, antibiotic activity in the context of the present disclosure can be restored or augmented by at least 5 fold, at least 10 fold, at least 16 fold, at least 20 fold, at least 24 fold, at least 30 fold, at least 40 fold, at least 50 fold, at least 70 fold, at least 80 fold, at least 100 fold, more than 10 fold, more than 20 fold, more than 50 fold, more than 100 fold. Additionally, in the context of the present disclosure, the activity of lysin can be augmented by at least 2 fold, at least 4 fold, at least 8 fold, at least 10 fold, up to 10 fold, up to 16 fold, up to 20 fold, more than 2 fold, more than 4 fold, more than 8 fold, more than 10 fold, more than 20 fold.

[0045] “Inhalable” refers to a method of direct delivery of a composition to the respiratory tract during or in conjunction with routine or assisted respiration (e.g., by intratracheobronchial, pulmonary, and/or nasal administration). Inhalable formulations include, but are not limited to atomized, nebulized, dry powder and/or aerosolized formulations.

[0046] “Biofilm” refers to an aggregate of bacteria that are embedded within a self-produced matrix of polysaccharides, glycoproteins or nucleic acids. In this state, bacteria are highly resistant to antibiotics.

Embodiments

[0047] In some embodiments, the present disclosure describes combining CF-301 with the antibiotic daptomycin (DAP) to expand the indications for both drugs to infections of an organ or tissue, such as infections of the airways, wherein pulmonary surfactant is present. In some embodiments, the pulmonary surfactant is expressed in organs or tissues other than respiratory system (Madsen et al. *Am J Respir Cell Mol Biol.*, 29(5):591-7 (2000)). While DAP is a potent therapeutic option for bacteremia and endocarditis, it cannot be used for pulmonary infections because of selective inhibition by pulmonary surfactant (Silverman et al., *J Infect Dis.*, 191(12):2149-52. (2005)). In light of clinical limitations associated with surfactant-mediated inhibition of DAP, the present disclosure describes that CF-301 restores

or augments DAP activity in the lung (and other portions of the respiratory tract wherein pulmonary surfactant is present including for example the bronchial passages but also the trachea and pharynx), wherein DAP activity is normally inhibited by pulmonary surfactant and as such offers a new option for treating airway and notably lower respiratory tract infections, such as staph pneumonia, bronchial pneumonia, pneumococcal pneumonia and atypical pneumonia.

[0048] More broadly, the present disclosure describes that inhibition of antibiotics due to environmental factors, such as the presence of pulmonary surfactant in an organ or tissue such as the respiratory epithelium can be sidestepped or overcome and the effectiveness of the antibiotic in that milieu restored or augmented by co-administration of an antibiotic and a lysin.

[0049] The antibiotic may be one to which the causative agent of the infection to be treated is normally susceptible; the lysin may be one which is active against the same organism. Typically, the antibiotic will be administered in a first amount, such as one which would be an effective amount when used as monotherapy in the absence of the surfactant or a smaller amount including in certain embodiments a subthreshold amount, since the antibiotic will be substantially freed from interference by the surfactant and available to synergize with the lysin. Thus the antibiotic amount to be employed will be subject to fine-tuning which is well within the skill of the art. The lysin will typically be administered in a second amount, such as one that would be employed if the lysin were used as monotherapy, or a smaller amount, including in certain embodiments a subthreshold amount since the lysin and the antibiotic synergize. Again, the amount of the lysin will be subject to optimization which is well within the skill of the art. The first and second amounts will be such that at least in combination (if not also individually) will be effective to kill bacteria responsible for the infection and thereby treat the infection, thereby eradicating it or contributing to its partial or complete eradication.

[0050] In one embodiment, the lysin is administered in a first amount, and the antibiotic is administered in a second amount.

[0051] The antibiotic may be administered by any appropriate route, such as parenteral, oral or in certain cases by inhalation. The lysin may be administered by any appropriate route, by injection (parenterally) or by inhalation. The duration of therapy will be determined

by assessment of the effectiveness of the treatment, such as by the attenuation and/or disappearance of symptoms, the reduction or elimination of pathogen titers, the improvement in the physical condition of the treated subject, etc., as well as by the rate of improvement in one or more of such assessment parameters. There may well be variation from subject to subject depending on such factors as age, type of infection, attending complications and general physical condition of the patient. The normal duration of antibiotic monotherapy will be a bench mark for determining the duration of the conjoint therapy according to the present disclosure.

[0052] Due to the presence of pulmonary surfactant, the interior of the airway has a unique environment within the body. Studies have shown that in certain instances, organ-specific inhibition of an antibiotic can occur, resulting in inefficacy of a particular antibiotic in that specific organ. Such organ-specific inhibition has been observed in the case of daptomycin (DAP), wherein small amounts of pulmonary surfactant were capable of inhibiting DAP activity against *Staphylococcus aureus*, rendering DAP not suitable for the treatment of pulmonary infections caused by this pathogen (Silverman et al., *J Infect Dis.*, 191(12):2149-52. (2005)). Studies by Silverman et al. were further corroborated in a patient treated with DAP for bronchoalveolar pneumonia due to *S. aureus* (Koplowicz et al. *Clin Infect Dis.* 49(8):1286-7 (2009)). Both studies (Silverman et al., and Koplowicz et al.) established that the presence of pulmonary surfactants hampers the antimicrobial action of DAP. Based on this, it is anticipated that DAP will be active and available to treat infections that are due to other respiratory pathogens provided that DAP is active against such pathogens in the absence of pulmonary surfactant (e.g., in vitro or when the infection is established in an organ or tissue devoid or substantially devoid of pulmonary surfactant). Nonlimiting examples of such pathogens are coagulase negative staphylococci, *Streptococcus pneumoniae* and *Streptococcus pyogenes*.

[0053] In addition to DAP, which belongs to a class of cyclic lipopeptide antibiotics, pulmonary surfactant-induced inhibition of antibiotic activity has been observed for additional antibiotics, such as colistin, a lipopeptide, and tobramycin, an aminoglycoside. Thus, the methods of the present disclosure can be used to restore or augment activity of these antibiotics against susceptible bacterial pathogens, wherein such pathogens infect an organ or tissue where pulmonary surfactant is present.

[0054] Currently, DAP is indicated for the treatment of complicated skin and skin structure infections (cSSSI) caused by susceptible isolates of the following Gram-positive bacteria: *Staphylococcus aureus* (including methicillin-resistant isolates), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae* subsp. *equisimilis*, and *Enterococcus faecalis* (vancomycin-susceptible isolates only). DAP is also used in the treatment of *Staphylococcus aureus* bloodstream infections, including those with right-sided infective endocarditis, caused by methicillin-susceptible and methicillin-resistant isolates. Furthermore, *in vitro studies* have shown that penicillin resistant *Streptococcus pneumoniae* is inhibited by DAP (Piper et al. J Infect Chemother (2005) 11:207–209).

[0055] In one embodiment, the present disclosure provides methods for restoring or augmenting surfactant-inhibited antibiotic activity comprising administering a combination of a lysin and one or more antibiotic to an organ or a tissue wherein pulmonary surfactant is present. Since pulmonary surfactants are present in lung tissue, and the present disclosure provides *in vitro* and *in vivo* evidence of lysin's ability to restore the antimicrobial activity of surfactant-inhibited antibiotic, it is anticipated that other bacteria that cause infections of the lower respiratory tract will be killed by combinations of DAP and lysins active against these bacteria.

[0056] It shall be understood that the lysins exemplified herein including in Tables 1 through 3 can be replaced by active fragments thereof and chimeric combinations of the binding domain of one lysin with the catalytic domain of another. See, e.g., Cheng et al. *Appl Microbiol Biotechnol.* 74(6):1284-91 (2007). Indeed some of the examples are already fragments or chimeric lysin polypeptides.

Table 1. Examples of: bacteria susceptible to DAP treatment (in the absence of pulmonary surfactant), types of infection that occur in the presence of pulmonary surfactant, and lysin compound(s) capable of killing or inhibiting the growth of each bacteria listed.

Bacteria	Type of Infection	Lysin capable of inhibiting the growth of said bacteria
<i>Staphylococcus aureus</i>	respiratory tract infections, pneumonia	CF-301 (SEQ ID NO: 1), ClyS (SEQ ID NO:2), lysostaphin, LysK (SEQ ID

		NO: 4) [GenBank: AFN38929.1], Sal-200 and LysGH15 (which are derivatives of LysK), PlyV12 (SEQ ID NO: 3), ClyH, and MV-L[GenBank: AB254389.1].
<i>Streptococcus pyogenes</i>	infections of the upper respiratory tract, pneumonia (Steer et al. <i>Drugs</i> . 2012 Jun 18;72(9):1213-27).	CF-301 (Gilmer et al. <i>Antimicrob. Agents Chemother.</i> June 2013 vol. 57 no. 6 2743-2750) PlyC (Nelson et al. <i>Proc Natl Acad Sci U S A</i> . 2006 Jul 11; 103(28): 10765–10770.) PlyGBS (Cheng et al. <i>Antimicrob Agents Chemother.</i> 2005 Jan; 49(1): 111–117.), PlyGBS mutants (Cheng et al. <i>Appl Microbiol Biotechnol.</i> 74(6):1284-91 (2007) PlyPly (Lood et al. <i>Antimicrob Agents Chemother.</i> 2014 Jun; 58(6): 3073–3084.)
<i>Streptococcus agalactiae</i>	infections of the upper respiratory tract, pneumonia	CF-301 (Schuch et al. <i>J Infect Dis.</i> 2014 May 1; 209(9): 1469–1478.) LambdaSa1, LambdaSa2

		(Pritchard et al. Appl Environ Microbiol. 2007 Nov; 73(22): 7150–7154.
<i>Streptococcus dysgalactiae</i> subsp. <i>equisimilis</i>	Infections of the upper respiratory tract, pneumonia (Preziuso et al. J Vet Sci. 2010 Mar; 11(1): 67–72.)	PlySK1249 (Oechslin et al. <i>Antimicrob Agents Chemother.</i> 2013 Dec; 57(12): 6276–6283)
<i>vancomycin-resistant Enterococcus faecalis</i>	respiratory infections, pneumonia	PlyV12 (SEQ ID NO: 3)
<i>Streptococcus pneumoniae</i>	respiratory infections, pneumonia	Cpl-1 (SEQ ID NO : 5) [NC_001825.1], dimerized forms of Cpl-1, Pal (Fenton et al. Bioeng Bugs. 2010 Jan-Feb; 1(1): 9–16.)

[0057] The entire disclosure of all documents cited in the above table are incorporated by reference in their entirety for all purposes.

[0058] The aminoglycoside class of antibiotics comprises many different agents. Gentamicin, tobramycin, amikacin, streptomycin, neomycin, and paromomycin are approved by the US Food and Drug Administration (FDA). Tobramycin is active against various Gram-negative bacteria, including, but not limited to *P. aeruginosa*, *E. coli*, *Acinetobacter spp.*, *Citrobacter spp.*, *Enterobacter spp.* and other. In particular, tobramycin displays high activity against *P. aeruginosa*, a common causative agent of pneumonia, both community acquired and nosocomial.

[0059] In terms of Gram-positive bacteria, tobramycin exhibits a narrower spectrum of activity, wherein with the exception of *S. aureus* and *S. epidermidis*, most Gram-positive bacteria are resistant to tobramycin. However, similar to DAP, tobramycin activity against *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, *S. aureus*, and *S. pneumoniae* is reduced

in the presence of surfactant (van 't Veen A et al. *Antimicrob. Agents Chemother.* 39:329–333 (1995)). Infections associated with *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, *S. aureus*, and *S. pneumoniae* and lysins active against these bacteria are listed in Table 2.

[0060] Thus, the methods of the present disclosure can be used for restoring or augmenting surfactant-inhibited antibiotic activity in order to treat infections caused by Gram positive bacteria, or Gram negative bacteria, or both. Commonly, infections are polymicrobial, with mixed Gram-positive and Gram-negative species (Citron et al. *J Clin Microbiol.* 45(9): 2819–2828 (2007)). In some embodiments, the methods of the present disclosure can be used for restoring or augmenting surfactant-inhibited antibiotic activity in order to treat a polymicrobial infection.

Table 2. Examples of: bacteria susceptible to tobramycin treatment (in the absence of surfactant), types of infection that occur in the presence of pulmonary surfactant, and lysin compound(s) capable of killing or inhibiting the growth of each bacterium listed.

Bacteria	Infection	Lysin capable of inhibiting the growth of said bacteria
<i>Klebsiella pneumoniae</i>	pneumonia; lower respiratory tract infections	Artilyns, described in one or more of the following patent applications: US 20140120074, WO/2015/070912; WO/2015/071436; WO/2015/070911; WO/2015/071437; US 20150118731 and WO/2012/085259 GN37 (SEQ ID NO: 6) GN2 (SEQ ID NO: 7)

		GN4 (SEQ ID NO: 8) GN14 (SEQ ID NO: 9) GN43 (SEQ ID NO: 10) PGN4 (SEQ ID NO: 11) FGN4-1 (SEQ ID NO: 12) FGN4-2 (SEQ ID NO: 13) FGN4-3 (SEQ ID NO: 14) FGN4-4 (SEQ ID NO: 15)
<i>Pseudomonas aeruginosa</i> ,	respiratory system infections, pneumonia	Artilynsins, described in one or more of the following patent applications: US 20140120074, WO/2015/070912; WO/2015/071436; WO/2015/070911; WO/2015/071437; US 20150118731 and WO/2012/085259 Also, the following Gram negative lysins identified by the present inventors: GN37 (SEQ ID NO: 6) GN2 (SEQ ID NO: 7) GN4 (SEQ ID NO: 8) GN14 (SEQ ID NO: 9) GN43 (SEQ ID NO: 10) PGN4 (SEQ ID NO: 11) FGN4-1 (SEQ ID NO: 12) FGN4-2 (SEQ ID NO: 13)

		FGN4-3 (SEQ ID NO: 14) FGN4-4 (SEQ ID NO: 15)
<i>S. aureus</i>	respiratory system infections, pneumonia	CF-301, ClyS (SEQ ID NO:2), lysostaphin, LysK (SEQ ID NO: 4), Sal-200 and LysGH15 (which are derivatives of LysK), PlyV12 (SEQ ID NO: 3), ClyH (Yang et al. <i>Antimicrob Agents Chemother.</i> 2014 Jan; 58(1): 536–542)
<i>S. pneumoniae</i>	respiratory infections, pneumonia	Cpl-1 (SEQ ID NO: 5) (including dimerized form of Cpl-1), Pal (SEQ ID NO: 16)

[0061] The entire disclosure of all documents cited in the above table are incorporated by reference in their entirety for all purposes.

[0062] Colistin (also known as polymyxin E) belongs to the polymyxin group of antibiotics. Colistin has a narrow antibacterial spectrum and is primarily used for infections with *P. aeruginosa* and *A. baumannii*. Infections associated with *P. aeruginosa* and *A. baumannii* and lysins active against these bacteria are listed in Table 3.

Table 3. examples of bacteria susceptible to tobramycin treatment (in the absence of surfactant), type of infection that occurs in the presence of pulmonary surfactant, and lysin compound(s) capable of killing or inhibiting the growth of each bacteria listed.

Bacteria	Infection	Lysin capable of inhibiting the growth of
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		said bacteria
<i>P. aeruginosa</i>	respiratory system infections, pneumonia	Artilynsins, described in one or more of the following patent applications: US 20140120074, WO/2015/070912; WO/2015/071436; WO/2015/070911; WO/2015/071437; US 20150118731 and WO/2012/085259 In addition the following lysins identified by the present inventors can be used. GN37 (SEQ ID NO: 6) GN2 (SEQ ID NO: 7) GN4 (SEQ ID NO: 8) GN14 (SEQ ID NO: 9) GN43 (SEQ ID NO: 10) PGN4 (SEQ ID NO: 11) FGN4-1 (SEQ ID NO: 12) FGN4-2 (SEQ ID NO: 13) FGN4-3 (SEQ ID NO: 14) FGN4-4 (SEQ ID NO: 15)
<i>A. baumannii</i>	respiratory infection, pneumonia	PlyF307 [[GenBank: KJ740396.1]

[0063] The entire disclosure of all documents cited in the above table are incorporated by reference in their entirety for all purposes.

[0064] Pulmonary infection due to *S. aureus* can occur among individuals either in the community or in a hospital setting. Furthermore, pulmonary infection due to *S. aureus* can develop among individuals with *S. aureus* colonization of the skin or nares. Often, the infection due to *S. aureus* occurs in the context of intubation or other respiratory tract instrumentation. *S. aureus* pneumonia can also occur following viral pneumonia or in the setting of right-sided endocarditis with pulmonary emboli.

[0065] The most common causes of bacterial lung infections in normal hosts include *Streptococcus pneumoniae*, *Haemophilus species*, *Staphylococcus aureus*, and *Mycobacterium tuberculosis*.

[0066] The primary cause of morbidity and mortality in patients with cystic fibrosis (CF) is bronchiectasis and obstructive lung disease. Pulmonary disease is present in 98% of patients with CF by the time they reach adulthood. Despite the great advances in the management of this disorder, the majority of the patients succumb to respiratory complications. *S aureus* is one of the pathogens most commonly found in the airways of patients with CF. Thus, in one embodiment, the present disclosure is directed to treatment of *S. aureus* pulmonary infection in subjects with CF by administering daptomycin and a lysin active against the pathogen, such as CF-301.

[0067] As stated above, the present disclosure provides methods for restoring or augmenting surfactant-inhibited antibiotic activity comprising administering a combination of a lysin, and one or more antibiotic to an organ or a tissue wherein pulmonary surfactant is present.

[0068] In one embodiment, the present disclosure provides a method of treatment of a subject afflicted with a bacterial infection of an organ or tissue in which pulmonary surfactant is present, such as the lung or more generally the respiratory tract, comprising administering to the subject a first amount of an antibiotic that is normally inhibited by pulmonary surfactant and co-administering to the subject a second amount of a lysin polypeptide wherein the first and second amounts are together effective to treat the infection (this statement does not preclude the individual components of a combination having an effect of their own). The lysin preferably targets, i.e., it is active against, the bacteria responsible for

the infection. The pathogens responsible for the infection may be resistant to at least one standard of care antibiotic but must be susceptible to the antibiotic used in the combination with lysin.

[0069] In another embodiment, the present disclosure provides a method of treatment of a subject afflicted with a bacterial infection of an organ or tissue in which pulmonary surfactant is present, such as the lung or more generally the respiratory tract, comprising administering to the subject a first amount of a lysin polypeptide and co-administering to the subject a second amount of an antibiotic that is normally inhibited by pulmonary surfactant wherein the first and second amounts are together effective to treat the infection (this statement does not preclude the individual components of a combination having an effect of their own).

[0070] In another embodiment, the infection of the airway is a staphylococcal related disease or condition (e.g., a disease or condition associated with presence of *Staphylococcus* bacteria including those diseases resulting from *staphylococcus* infection or *staphylococcus* infection is sequela to another disease or condition, such as a transplant or cancer or cancer therapy such as chemotherapy).

[0071] In some embodiments, the present disclosure provides a method for restoring or augmenting bactericidal activity of an antibiotic in a subject afflicted with a bacterial infection of an organ or tissue in which pulmonary surfactant is present in an amount that is or would be inhibitory of the activity of the antibiotic against a bacterial infection in said subject, the method comprising: administering to a subject afflicted with an infection of said organ or tissue a first amount of said antibiotic and co-administering to the subject a second amount of a lysin polypeptide having antibacterial activity against the bacterium responsible for the infection, the amounts in combination being effective to kill said bacterium and thereby treat the infection.

[0072] The present disclosure further provides methods for restoring or augmenting lysin activity, such as CF-301, comprising administering a combination of antibiotic and lysin (e.g., DAP and CF-301 lysin). In an aspect thereof, the activity of lysin CF-301 lysin is enhanced at least 2 fold, at least 4 fold, at least 8 fold, at least 10 fold, up to 10 fold, up to 16 fold, up to 20 fold, or more.

EXAMPLES

Example 1

CF-301, but not DAP, is active in pulmonary surfactant

[0073] In order to determine individual activity of CF-301 and DAP against different strains of *Staphylococcus aureus* in the presence of surfactant, the inventors tested 3 different *S. aureus* strains and used bovine-derived surfactant (Survanta, AbbVie Inc), which is a functional equivalent of human surfactant. Minimum inhibitory concentration (MIC) determination was performed using methicillin resistant strain (MRSA) MW2 (Figure 1A), methicillin-susceptible (MSSA) strain ATCC 29213 (Figure 1B), and vancomycin-intermediate staphylococcus aureus (VISA) strain ATCC 700699 (Figure 1C), in the presence of increasing concentrations of surfactant (Figure 1). MIC values were determined by broth microdilution according to Clinical and Laboratory Standards Institute. M07-A9. Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically; approved standard. 8th ed. Wayne, PA: CLSI, 2012. Briefly, each strain of bacteria was suspended in growth media using calcium-adjusted Mueller-Hinton broth at the concentration of 5×10^5 colony-forming units [CFU]/mL and exposed to CF-301 or DAP in a series of 2-fold serial dilutions in 96-well polypropylene microtiter plates (Becton, Dickinson, and Company). Following 24 hours of incubation at 35°C in ambient air, MIC values were recorded as the most dilute concentration of each compound (CF-301 or DAP) that inhibited bacterial growth of each strain (Schuch et al, *J Infect Dis.*; 209(9):1469-78 (2014)). Starting MIC values (i.e., without surfactant) for CF-301 and DAP (respectively) were 32 and 1 µg/ml for MW2 (Figure 1A), 16 and 1 µg/ml for ATCC 29213 (Figure 1B) and 64 and 2 µg/ml for ATCC 700699 (Figure 1C).

[0074] As shown in Figure 1A-C, CF-301, but not DAP, showed antimicrobial activity in the presence of pulmonary surfactant in each strain tested. CF-301 MIC increased up to 2-fold (for a MRSA and MSSA strain) and 4-fold (for VISA) over a range of surfactant concentrations from 1.25-15% (Figure 1A-C). DAP MIC however, increased 256-fold over the same range of surfactant as the range used for CF-301 study. Collectively, these results show that CF-301 active in the presence of surfactant against MRSA, MSSA, and VISA strains of *S. aureus*, while DAP is not active.

Example 2

DAP activity in pulmonary surfactant is permitted when used in combination with CF-

[0075] Following the findings that DAP is not active in the presence of surfactant, the inventors sought to evaluate the possibility that CF-301 promotes DAP activity in the presence of surfactant and allows DAP to exert its antimicrobial function even in the presence of a pulmonary surfactant. Antimicrobial activity of CF-301 and DAP together in the presence of surfactant was assessed using 2 different methods: combination MIC assay and the checkerboard assay. The checkerboard dilution test is widely used method for testing of *in vitro* synergy between multiple compounds (White *et al. Antimicrob Agents Chemother.* 40(8):1914-8 (1996)). Checkerboards were generated using combinations of sub-MIC CF-301 with sub-MIC daptomycin against a panel of 20 MRSA and 20 MSSA strains in 7.5% surfactant. Combination MIC assay is a variation of the microdilution method, whereby two compounds in combination (rather than a single compound) are diluted two-fold across the x-axis of a 96 well plate (Schuch *et al, J Infect Dis.*; 209(9):1469-78 (2014)) and the lowest concentration of the compound combination (in this instance CF-301 and DAP) required to inhibit growth of bacteria is determined. For purpose of experimental design, synergy was defined as inhibitory activity greater than what would be predicted by adding the 2 compounds together (ie, minimum fractional inhibitory concentration [FICmin] ≤ 0.5) (Moody J. 2007. Synergism testing: broth microdilution checkerboard and broth macrodilution methods, p 1–23 *In* Garcia LS, Isenberg HD, editors. (ed), Clinical microbiology procedures handbook, 2nd ed. ASM Press, Washington, DC).

[0076] As shown in Table 4, combining CF-301 and DAP in the presence of 7.5% surfactant resulted in growth inhibitory concentrations 16-32-fold and 512-1024-fold lower, respectively, than when each compound was used as single agent. Importantly, combining CF-301 and DAP restored the activity of DAP despite the presence of a surfactant, indicating that the addition of lysin to otherwise surfactant-inhibited antibiotic overcomes the inhibition of such antibiotics. The results were consistent among various strains, including 5 strains of MRSA (MW2, BAA-1720, NRS-192, NRS-265, NRS-255) and 5 strains of MSSA (ATCC-29213, NRS-131, ATCC 25923, ATCC 49521, and Newman) (Table 4, data are MIC values for each drug alone and in combination.)).

[0077] Furthermore, as evident by the checkerboard assay using MHB supplemented with 7.5% surfactant, sub-MIC concentrations of CF-301 and DAP exhibited potent synergy ($FIC \leq 0.5$) against a panel of 20 MRSA and MSSA strains (Tables 5 and 6). For values listed in Tables 2 and 3, individual MICs and combination fractional inhibitory concentrations (FICs) are shown, wherein FIC values ≤ 0.5 indicate strong synergy.

Taken together, these results demonstrate that CF-301 restores and promotes DAP activity in the presence of pulmonary surfactant.

Table 4. Combining CF-301 and DAP restores DAP activity on the presence of surfactant and CF-301 and DAP are highly active together against *S. aureus* in 7.5% surfactant.

	Strain	CF-301			Daptomycin		
		MIC alone	MIC combo	Fold reduction	MIC alone	MIC combo	Fold reduction
MRSA	MW2	64	2	32	256	0.25	1024
	BAA-1720	64	2	32	256	0.25	1024
	NRS-192	64	4	16	256	0.5	512
	NRS-265	64	4	16	256	0.25	1024
	NRS-255	64	2	16	512	0.5	1024
MSSA							
	ATCC 29213	128	4	32	256	0.5	512
	NRS-131	64	4	16	512	0.5	1024
	ATCC 25923	128	4	32	256	0.5	512
	ATCC 49521	64	2	32	256	0.5	512
	Newman	128	4	32	256	0.5	512

Table 5. CF-301 synergizes with DAP against MRSA isolates in 7.5% surfactant.

CFS# (strain name)	CF-301 MIC	DAP MIC	FIC
269 (MW2)	64	256	0.375
223 (BAA-1720)	64	256	0.375
738 (NRS-192)	64	256	0.312
735 (NRS-265)	64	256	0.500
743 (NRS-255)	64	256	0.375
218 (BAA-42)	64	256	0.375
836 (BAA-1688)	128	256	0.312
958 (JMI-227)	128	256	0.375
962 (JMI-1004)*	64	256	0.500
981 (JMI-3346)*	64	256	0.312

*Respiratory isolate

Table 6. CF-301 synergizes with DAP against MSSA isolates in 7.5% surfactant.

CFS# (strain name)	CF-301 MIC	DAP MIC	FIC
554 (ATCC 25923)	128	256	0.5
581 (ATCC 29213)	128	256	0.5
919 (ATCC 49521)	64	256	0.5
28 (Newman)	128	256	0.5
258 (NRS-153)	128	256	0.5
766 (NRS-106)	64	256	0.375
757 (NRS-131)	64	256	0.375
960 (JMI-316)*	128	256	0.312
964 (JMI-1040)*	128	256	0.5
966 (JMI-1173)*	128	256	0.375

*Respiratory isolate

Example 3

CF-301 promotes (or allows) DAP binding to Staphylococcus aureus

[0078] Given that CF-301 restores the activity of DAP in the presence of surfactant (Example 2), the inventors postulated that CF-301 promotes DAP binding to *Staphylococcus aureus*. BODIPY-labeled daptomycin (BDP-DAP) assay was used to assess the interaction of DAP with the bacterial cell membrane (CM), as described before (Tran et al. *MBio.*,23;4(4) (2013)). Briefly, mid-log phase MRSA MW2 (Figure 2) and VISA ATCC 700699 (Figure 3) strain cells were stained with DAPI, washed, and resuspended in 25mM Tris pH 7.2 with 50 µg/ml CaCl₂ and 7.5% surfactant. The BODIPY-DAP was then added (to 4 µg/ml), followed by CF-301 (to 4 or 8 µg/ml). A control contained no CF-301. After incubation for either 30 or 60 minutes at room temperature, cells were diluted, washed, fixed and plated on 0.01% lysine coated slides before visualization by fluorescence microscopy (Figure 2, 1000x; Figure 3, Mag=2000x).

[0079] As shown in Figure 2, CF-301 (8 µg/ml) promoted BODIPY-DAP (DAP^{BD}) binding to MRSA in the presence of 7.5% surfactant. Similarly, CF-301 (4 µg/ml) promoted DAP^{BD} binding to VISA in 7.5% surfactant (Figure 3, VISA strain ATCC 700699 labeled with DAPI and treated 30 min with buffer (Figure 3A), DAP^{BD} (4 µg/ml; 1/64 MIC) (Figure 3B), or DAP^{BD} and CF-301 (4 µg/ml; 1/128 MIC) (Figures 3C-G)). Collectively, these findings indicate that CF-301 promotes DAP binding to bacterial CM.

Example 4

CF-301 and DAP act together to kill S. aureus and reduce/disrupt biofilm-like structures in 7.5% surfactant.

[0080] Next, the inventors investigated the ability of CF-301 and DAP together to kill *S. aureus* and reduce and disrupt the biofilm-like structures in the presence of surfactant in 25 mM Tris pH7.2 (with 50 µg/ml CaCl₂ and 7.5% surfactant). VISA strain ATCC 700699 was treated for 20 min alone (control) or with DAP (4 µg/ml; 1/64 MIC), CF-301 (4 µg/ml; 1/128 MIC), or the combination of DAP and CF-301. Transmission electron microscopy (TEM) (Figure 4A) and scanning electron microscopy (SEM) (Figure 4B) analysis indicate the efficient killing of *S. aureus* (Figure 4A), as well as the reduction in biofilm formation (Figure 4B) when CF-301 and DAP were combined. Thus, similarly to what was observed in prior examples, these observations indicate that CF-301 allows DAP to overcome inhibitory effects of surfactant.

Example 5

Combination therapy with CF-301 and DAP is superior to monotherapy in a murine model of S. aureus pneumonia

[0081] Considering the advantages observed *in vitro* when CF-301 and DAP were combined, the effects of using CF-301 and DAP together *in vivo* were evaluated. In order to address this question, mice were infected intranasally with 5×10^8 CFUs of *S. aureus* (MRSA strain ATCC BAA-42) and treated with saline, CF-301 (i.v.), DAP (s.c.), or the CF-301/DAP combination once daily beginning four hours after the start of infection (n=10 mice/group; $p < 0.05$ vs. DAP). The experiment was carried out for 14 days post infection. At 14 days, treatment with the CF-301 and DAP combination resulted in 70% survival, demonstrating that combination therapy was superior to either drug alone ($P < 0.05$ vs. DAP).

[0082] As shown in Figure 5A, combination therapy with CF-301 and DAP was superior to monotherapy in a murine model of *S. aureus* pneumonia. Similar to what was observed *in vitro*, use of CF-301 in addition to DAP results in the restoration of DAP antimicrobial activity. *In vivo* data obtained here further supports those findings. For example, animals treated with DAP alone exhibit same survival pattern as those treated with saline (control). However, addition of CF-301 to DAP treatment restores the antimicrobial activity of CF-301.

[0083] Furthermore, the total number of bacterial CFUs in the lungs of each of 4 infected animals groups (measured 1 and 3 days post infection) was significantly reduced after the treatment with CF-301 and DAP combined (Figure 5B).

[0084] As shown by the Examples described herein, CF-301 promotes DAP activity and permits its antimicrobial effects to be carried out in the presence of surfactant. These findings were corroborated both *in vitro* and *in vivo*.

[0085] In summary, the inventors have used minimum (and in some experiments sub-minimum) inhibitory concentration (MIC) and checkerboard assays with and without bovine pulmonary surfactant (functional equivalent of human surfactant), to show a potent synergistic interaction between CF-301 and DAP against MRSA, MSSA, and VISA *Staphylococcus aureus* isolates. MIC reductions of up to 1024-fold were observed for DAP in the presence of CF-301 in surfactant. Furthermore, efficacy of CF-301 and/or DAP was demonstrated in a BALB/c mouse lung infection model following survival and CFU levels. The *in vitro* and *in vivo* results shown in Examples 1-5 suggest that CF-301 combination with DAP could be an effective therapy targeting *S. aureus* lung infections.

[0086] CF-301 synergizes with DAP – at sub-MIC levels – to kill a range of MSSA and MRSA isolates in the presence of pulmonary surfactant (a potent inhibitor of DAP). The results show a more rapid accumulation of DAP within bacterial cells in the presence of CF-301. Significantly, the combination therapy is highly efficacious in the lung environment of infected mice, suggesting that CF-301 and DAP is effective at treating staphylococcal pneumonia, a new indication for both drugs. The complementary and synergistic activities of these agents are reinforced by the novel features of CF-301, which includes rapid bacteriolysis, specificity for *S. aureus*, the absence of resistance, and potent anti-biofilm activity.

* * *

[0087] All references cited herein are incorporated by reference in their entirety for all purposes. The foregoing examples are illustrative and nonlimiting. While specific embodiments are described above, those of skill in the art will readily be able to envision additional embodiments, modifications and variations all within the scope of the claims set forth below including equivalents.

Sequence ID NO: 1 (CF-301, GenBank Accession Number: ZP_03625529)

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CGGTGTGTCT GTTGGCAACG GCGAATGCTA CGCTTTGGCT AGTTGGTACG
AGCGCATGAT TAGTCCGGAT GCAACTGTCG GACTTGGCGC TGGTGTGGGC
TGGGTCAGCG GTGCAATCGG CGATACAATC TCTGCCAAAA ACATCGGCTC
ATCATACAAC TGGCAAGCTA ACGGCTGGAC AGTTTCCACA TCTGGTCCAT
TTAAAGCAGG TCAGATTGTG ACGCTTGGGG CAACACCAGG AAACCOCTTAC
GGACATGTGG TAAATCGTCGA AGCAGTGGAC GCGATAGAT TGACTATTTT
GGAGCAAAAC TACGGCGGGA AACGTTATCC CGTCCGTAAT TATTACAGCG
CTGCAAGCTA TCGTCAACAG GTCGTGCATT ACATCACACC GCCTGGCAGC
GTCGCACAGT CAGCAOCCAA CCTTGCAGGC TCTCGTTCCT ATCGCGAGAC
GGGCACTATG ACTGTCACGG TCGATGCTCT CAATGTTCCG AGGGCGCCAA
ATACTTCAGG CGAGATTGTA GCAGTATACA AGCGTGGTGA ATCATTTGAC
TATGATACTG TCATCATCGA TGTCAATGGC TATGTCTGGG TGTCTTACAT
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GTAAGCGTTT CGGCAATGCT TGGGGTACAT TTAAATAA

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Sequence ID NO: 2 (ClyS)

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Ala Val Asp Tyr Ile Tyr His Val Thr Asp Gly Lys Ile Arg Met Trp 35      40      45
Gly Asn Ala Lys Asp Ala Ile Asn Asn Ser Phe Gly Gly Thr Ala Thr 50      55      60
Val Tyr Lys Asn Tyr Pro Ala Phe Arg Pro Lys Tyr Gly Asp Val Val 65      70      75
80
Val Trp Thr Thr Gly Asn Phe Ala Thr Tyr Gly His Ile Ala Ile Val 85      90      95
Thr Asn Pro Asp Pro Tyr Gly Asp Leu Gln Tyr Val Thr Val Leu Glu 100 105      110
Gln Asn Trp Asn Gly Asn Gly Ile Tyr Lys Thr Glu Leu Ala Thr Ile 115 120      125
Arg Thr His Asp Tyr Thr Gly Ile Thr His Phe Ile Arg Pro Asn Phe 130 135      140

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Ala Thr Glu Ser Ser Val Lys Lys Lys Asp Thr Lys Lys Lys Pro Lys 145 150 155
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 Pro Ser Asn Arg Asp Gly Ile Asn Lys Asp Lys Ile Val Tyr Asp Arg 165 170 175
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 Val Tyr Ala Pro Gly Thr Leu Ile Tyr Val Phe Glu Ile Ile Asp Gly 245 250 255
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 Arg Leu Ile Val Lys Glu Val Phe 275

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 DLVNYFQ

SEQ ID NO: 4 (LysK)

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 AGAIDADGYY
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 KGWIAVFTSG SYEQWGHIGI VYDGGNTSTF TILEQNWNGY ANKKPTKRVD
 NYYGLTHFIE IPVKAGTTVK KKTAKKSASK TPAPKKKATL KVSKNHINYT
 MDKRGKKPEG MVIHNDAGRS SGQQYENSLA NAGYARYANG
 IAHYYGSEGY
 VWEAIDAKNQ IAWHTGDGTG ANSGNFRFAG IEVCQSMSAS DAQFLKNEQA
 VFQFTAEEKFK EWGLTPNRKT VRLHMEFVPT ACPHRSMVLH TGFNPVTQGR

PSQAIMNKLK DYFIKQIKNY MDKGTSSSTV VKDGKTSSAS TPATRPVTGS
 WKKNQYGTWY KPENATFVNG NQPIVTRIGS PFLNAPVGGN LPAGATIVYD
 EVCIQAGHIW IGYNAYNGNR VYCPVRTCQG VPPNQIPGVA WGVFK

SEQ ID NO: 5 (Cpl-1)

MVKKNDLFVD VSSHNGYDIT GILEQMGTN TIIKISESTT
 YLNPCLSAQVEQSNPIGFYH FARFGGDVAE AEREAQFFLD NVPMQVKYLV
 LDYEDDPSGD AQANTNACLR FMQMIADAGYKPIYYSYKPF THDNVDYQQI
 LAQFPNSLWI AGYGLNDGTA NFEYFPSMDG IRWWQYSSNP
 FDKNIVLLDDEEDDKPKTAG TWKQDSKGWW FRRNNGSFPY
 NKWEKIGGVW YYFDSKGYCL TSEWLKDNEK
 WYYLKDNGAMATGWVLVGSE WYYMDDSGAM VTGWVKYKNN
 WYYMTNERGN MVSNEFIKSG KGWYFMNTNG ELADNPSFTKEPDGLITVA

SEQ ID NO: 6

GN37

Polypeptide sequence

MTYTLSKRSLDNLKGVHPDLVAVVHRAIQLTPVDFAVIEGLRSVSRQKEL
 VAAGASKTMNSRHLTGHAVDLAAYVNGIRWDWPLYDAIAVAVKAAAKELG
 VAIWGGDWTTFKDGPHFELDRSKYR

SEQ ID NO: 7

GN2

Polypeptide sequence

MKISLEGLSLIKKFEGCKLEAYKCSAGVWTIGYGHTAGVKEGDVCTQEEAEK
 LLRGDIFKFEEYVQDSVKVDLDQSQFDALVAWTFNLGPGNLRSSSTMLKKLNN
 GEYESVPFEMRRWNKAGGKTLDGLIRRRQAESLLFESKEWHQV

SEQ ID NO: 8

GN4

Polypeptide sequence

MRTSQRGIDLIKSFEGLRLSAYQDSVGVWTIGYGTTRGVTRYMTITVEQAER
 MLSNDIQRFEPELDRLAKVPLNQNWDAALMSFVYNLGAANLASSTLLKLLN
 KGDYQGAADQFPRWVNAGGKRLDGLVKRRAAERALFLEPLS

SEQ ID NO: 9

GN14

Polypeptide sequence

MNNELPWVAEARKYIGLREDTSKTSHNPKLLAMLD RMGEFSNESRAWWHD
 DETPWCGLFVG YCLGVAGRYVVREWYRARAWEAPQLTKLDRPAYGALVTF
 TRSGGGHVGFIVGKDARGNLMVLGGNQSN AVSIAPFAVSRVTGYFWPSFWR
 NKTAVKSVPFEERYSLPLLKSNGELSTNEA

SEQ ID NO : 10

GN43

Polypeptide sequence

MKRTTLNLELESNTDRLLQEKDDLLPQSVTNSSDEGTPFAQVEGASDDNTAE
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 TSSKDAKRFTHLKVGQEVKLKLD PKGELQALRVKQSELETIGLDKTDKGYSF
 KREKAQIDLHTAYAHGRITSSLFVAGRNAGLPYNLVTSLSNIFGYDIDFALDL
 REGDEFDVIYEQHKVNGKQVATGNILAA RFVN RGKTYTAVRYTNKQGNTSY
 YRADGSSMRKAFIRTPVDFARISSRFS LGRRHPILNKIRAHKGVDYA APIGTPI
 KATGDGKILEAGRKG GYGN AVVIQH GQRYRTIYGHMSRFAKGIRAGTSVKQ
 GQIIGYVGMTGLATGPHLHYEFQINGRHVDPLSAKLPMADPLGGADRKR FM
 AQTQPMIARMDQEKKTLLALNKQR

SEQ ID NO: 11

PGN4

Polypeptide sequence

NKGDYQGAADQFPRWVNAGGKRLDGLVKRRASQSRESQC

SEQ ID NO: 12

FGN4-1

Polypeptide Sequence

NKGDYQGAADQFPRWVNAGGKRLDGLVKRRAAERALFLEPLS

SEQ ID NO: 13

FGN4-2

Polypeptide Sequence

NKGDYQGAADQFPRWVNAGGKRLDGLVKRRA

SEQ ID NO: 14

FGN4-3

Polypeptide sequence

NKGDYQGAADQFPRWVNAGGKRLDGLVKRRK

SEQ ID NO: 15

FGN4-4

Polypeptide sequence

NKGDYQGAADQFPRWVNAGGKRLDGLVKRRRAERALFLEPLSC**Sequence ID 16: PAL Sequence**

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Lys Gly Thr val Asp Ser Pro Tyr Arg val Lys Lys Ala Thr Ser
 Tyr 20 25 30

Asp Pro Ser Phe Gly Val Met Glu Ala Gly Ala Ile Asp Ala Asp
 Gly 35 40 45

Tyr Tyr His Ala Gln cys Gln Asp Leu Ile Thr Asp Tyr Val Leu
 Trp 50 55 60

Leu Thr Asp Asn Lys val Arg Thr Trp Gly Asn Ala Lys Asp Gln
 Ile 65 70 75
 80

Lys Gln Ser Tyr Gly Thr Gly Phe Lys Ile His Glu Asn Lys Pro
 Ser 85 90 95

Thr val Pro Lys Lys Gly Trp Ile Ala val Phe Thr Ser Gly Ser
 Tyr 100 105 110

Glu Gln Trp Gly His Ile Gly Ile val Tyr Asp Gly Gly Asn Thr Ser

SUBSTITUTE SHEET (RULE 26)

WO 2017/049242

PCT/US2016/052348

Lys Thr Ser Ser Ala Ser Thr Pro Ala Thr Arg Pro Val
 Thr Gly Ser 385 390 395 400

Trp Lys Lys Asn Gln Tyr Gly Thr Trp Tyr Lys Pro Glu
 Asn Ala Thr 405 410 415

Phe val Asn Gly Asn Gln Pro Ile Val Thr Arg Ile Gly
 Ser Pro Phe 420 425 430

Leu Asn Ala Pro Val Gly Gly Asn Leu Pro Ala Gly Ala
 Thr Ile Val 435 440 445

Tyr Asp Glu Val cys Ile Gln Ala Gly His Ile Trp Ile
 Gly Tyr Asn 450 455 460

Ala Tyr Asn Gly Asn Arg Val Tyr cys Pro Val Arg Thr
 cys Gln Gly 465 470 475 480

Val Pro Pro Asn Gln Ile Pro Gly Val Ala Trp Gly
 Val Phe Lys 485 490 495

What is claimed is:

1. A method for treating a subject afflicted with a bacterial infection of an organ or tissue in which pulmonary surfactant is present, the method comprising regardless of order the following steps:
 - a. administering to the subject a first amount of an antibiotic having antibacterial activity against the bacteria responsible for the infection which activity is inhibited by the pulmonary surfactant;
 - b. co-administering to the subject a second amount of a lysin polypeptide, wherein said first and second amount in combination are effective to kill the bacteria responsible for the infection and thereby treat the infection.
2. The method of claim 1 wherein the lysin has antibacterial activity against the bacteria responsible for the infection.
3. The method of claim 1 wherein the first amount is such that it would be ineffective to treat the infection if the antibiotic were administered as monotherapy.
4. The method of claim 1 wherein the antibiotic is a cyclic lipopeptide or an aminoglycoside.
5. The method of claim 1 wherein said lysin polypeptide has the amino acid sequence of SEQ ID NO: 1 or variants thereof having antibacterial activity against *Staphylococcus aureus* and at least 80% sequence identity to SEQ ID NO: 1, and the bacterium responsible for the infection is *Staphylococcus aureus*.
6. The method of claim 4 wherein the *S. aureus* is MRSA, MSSA, or VISA.
7. The method of claim 3 wherein the antibiotic is a cyclic lipopeptide.
8. The method of claim 3, 4, 5 or 6 wherein the antibiotic is daptomycin.

9. The method of claim 3, or 4 wherein the antibiotic is tobramycin.
10. The method of any one of the preceding claims wherein the second amount is a subthreshold amount.
11. The method of any one of claims 1-9 wherein the first amount is a subthreshold amount.
12. The method of any one of claims 1-10 wherein said lysin polypeptide is administered parenterally or by inhalation.
13. The method of any one of claims 1-11 wherein said antibiotic is administered orally or parenterally or by inhalation.
14. The method of any one of claims 1-12 wherein said subject is a mammalian subject.
15. The method of any one of claims 1-13 wherein the lysin polypeptide is PAL or Cpl-1] and the bacterium responsible for the infection is *Streptococcus pneumoniae*.
16. The method of claim 1 wherein the bacterium responsible for the infection is gram-negative.
17. The method of claim 16 wherein the bacterium is *P. aeruginosa*.
18. The method of claim 16 or 17 wherein the antibiotic is a cyclic lipopeptide.
19. The method of claim 16, 17 or 18 wherein the antibiotic is colistin.
20. The method of claim 16 or 17 wherein the antibiotic is tobramycin.

21. The method of claim 18 wherein the lysin is selected from the group of endolysin fusion proteins described in one or more of the following patent applications: US 20140120074, WO/2015/070912; WO/2015/071436; WO/2015/070911; WO/2015/071437; US 20150118731 and WO/2012/085259 and from the following gram-negative lysin polypeptides having the sequences GN37 (SEQ ID NO: 6); GN2 (SEQ ID NO: 7); GN4 (SEQ ID NO: 8); GN14 (SEQ ID NO: 9); GN43 (SEQ ID NO: 10); PGN4 (SEQ ID NO: 11); FGN4-1 (SEQ ID NO: 12); FGN4-2 (SEQ ID NO: 13); FGN4-3 (SEQ ID NO: 14); and FGN4-4 (SEQ ID NO: 15).

22. A method for treating a subject afflicted with a streptococcus or staphylococcus bacterial infection of the lower respiratory tract in which pulmonary surfactant is present, the method comprising regardless of order the following steps:

b. administering to the subject a first amount of an antibiotic having antibacterial activity against the bacteria responsible for the infection which activity is inhibited by the pulmonary surfactant;

i. co-administering to the subject a second amount of at least one lysin polypeptide, selected from the group consisting of: CF-301, ClyS, lysostaphin, LysK, Sal-200, LysGH15, PlyV12, ClyH, MV-L, Ply, PlyPly, PlyGBS, LambdaSa1, LambdaSa2, Cpl1, Pal, active fragments thereof, and chimeric combinations thereof wherein the binding domain of one of the foregoing lysins or fragments has been fused to the catalytic domain of another

wherein said first and second amount in combination are effective to kill the bacteria responsible for the infection and thereby treat the infection.

23. The method of claim 21 wherein said antibiotic is daptomycin.

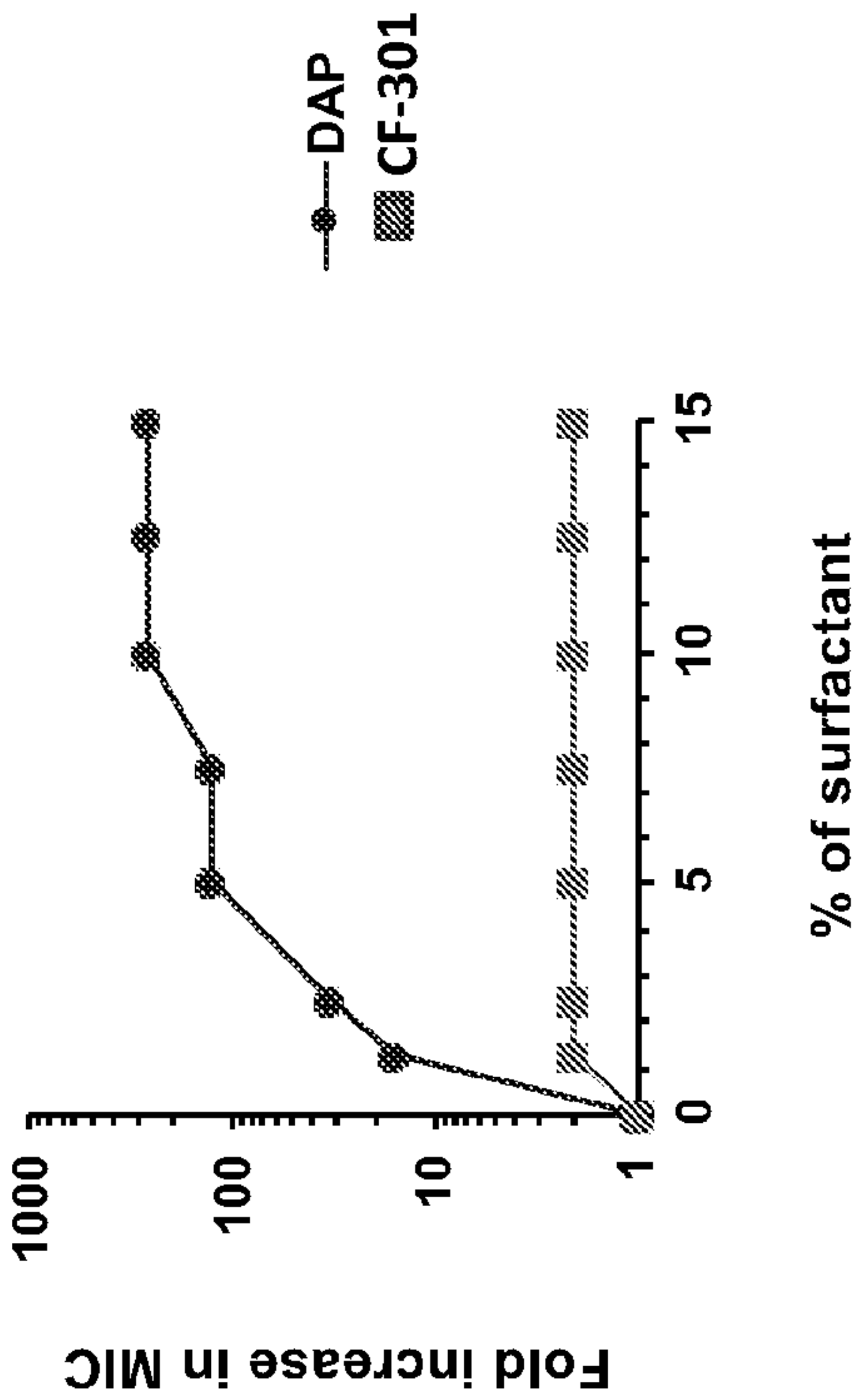
24. A method for restoring bactericidal activity of an antibiotic in an organ or tissue in which pulmonary surfactant is present in an amount that is or would be inhibitory of the activity of the antibiotic against a bacterial infection in said organ or tissue, the method comprising: administering to a subject afflicted with an infection of said organ or tissue a first amount of said antibiotic and co-administering to the subject a second amount of a lysin polypeptide having antibacterial activity against the

bacterium responsible for the infection, the amounts in combination being effective to kill said bacterium and thereby treat the infection.

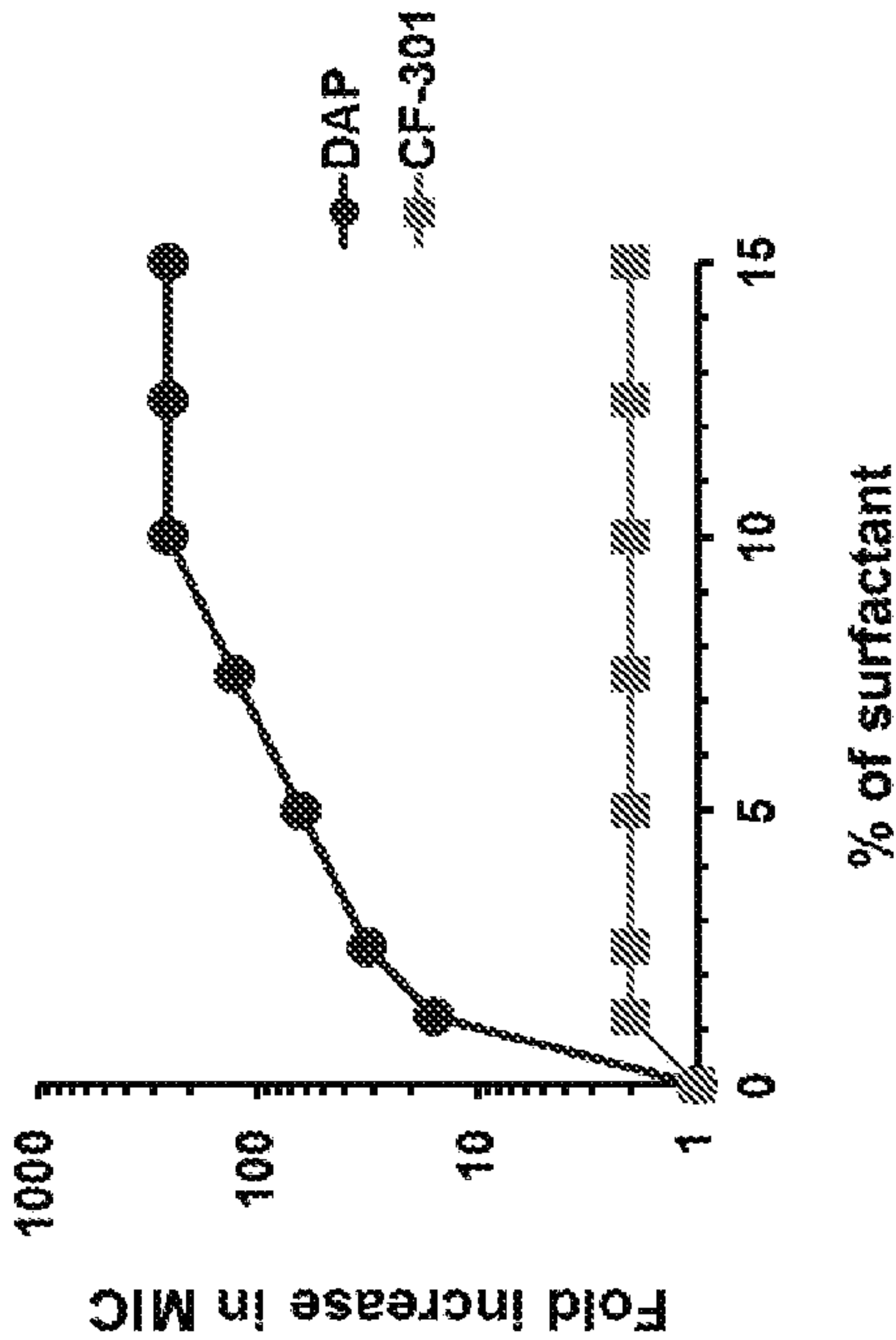
25. A method for treating a subject afflicted with a gram-positive or gram-negative bacterial infection of the lower respiratory tract in which pulmonary surfactant is present, which subject has already been administered an antibiotic suitable for treating the infection, the method comprising continuing administration of the antibiotic to the subject and commencing co-administration to the subject of a bactericidal activity-restoring amount of a lysin polypeptide having activity against the bacterium responsible for the infection in the subject and thereby restoring bactericidal activity of the antibiotic against the bacteria responsible for the infection of the lower respiratory tract of the subject.

Figure 1.

A. MRSA strain MW2



B. MSSA strain ATCC 29213



C. VISA strain ATCC 700699

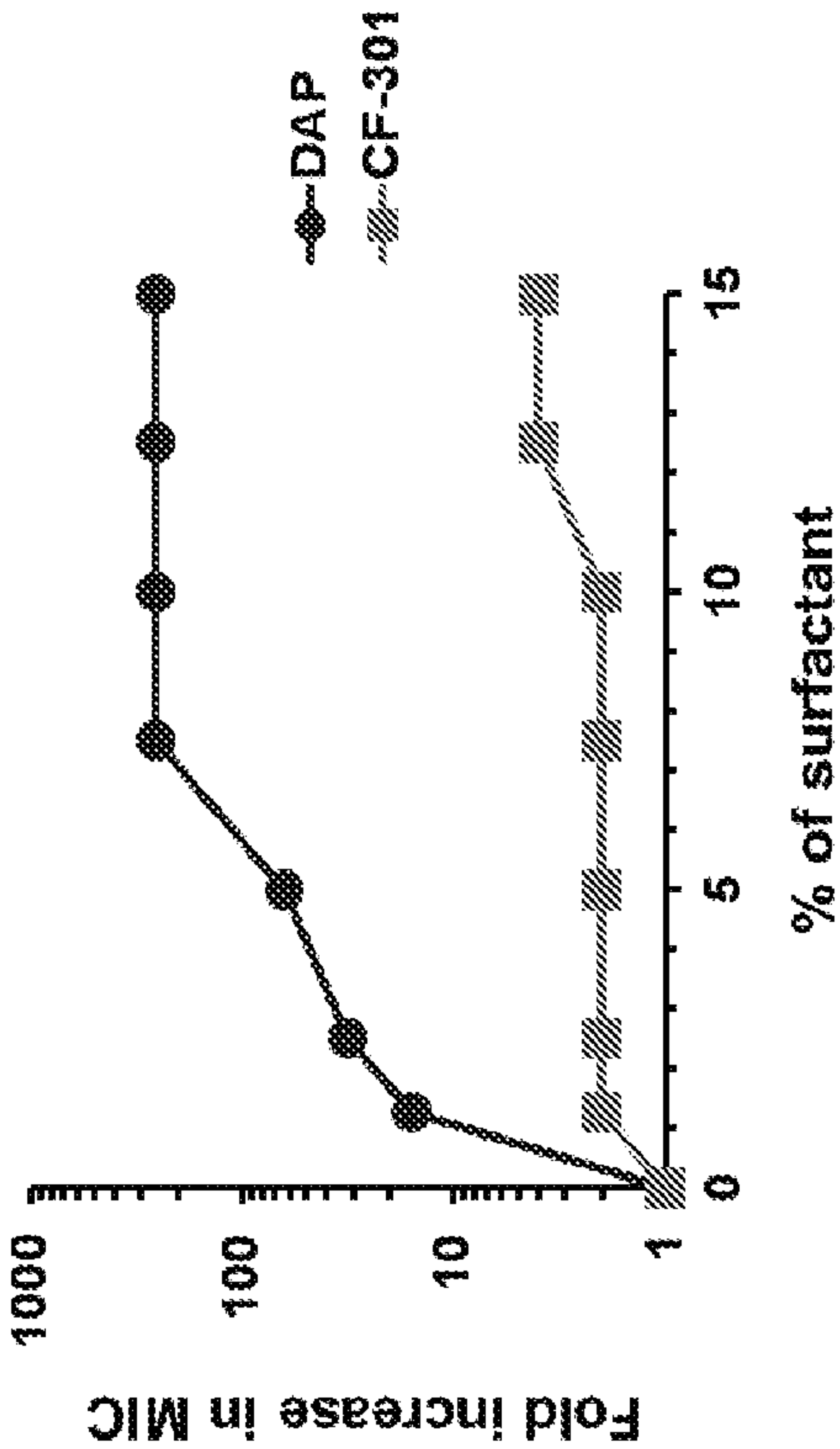
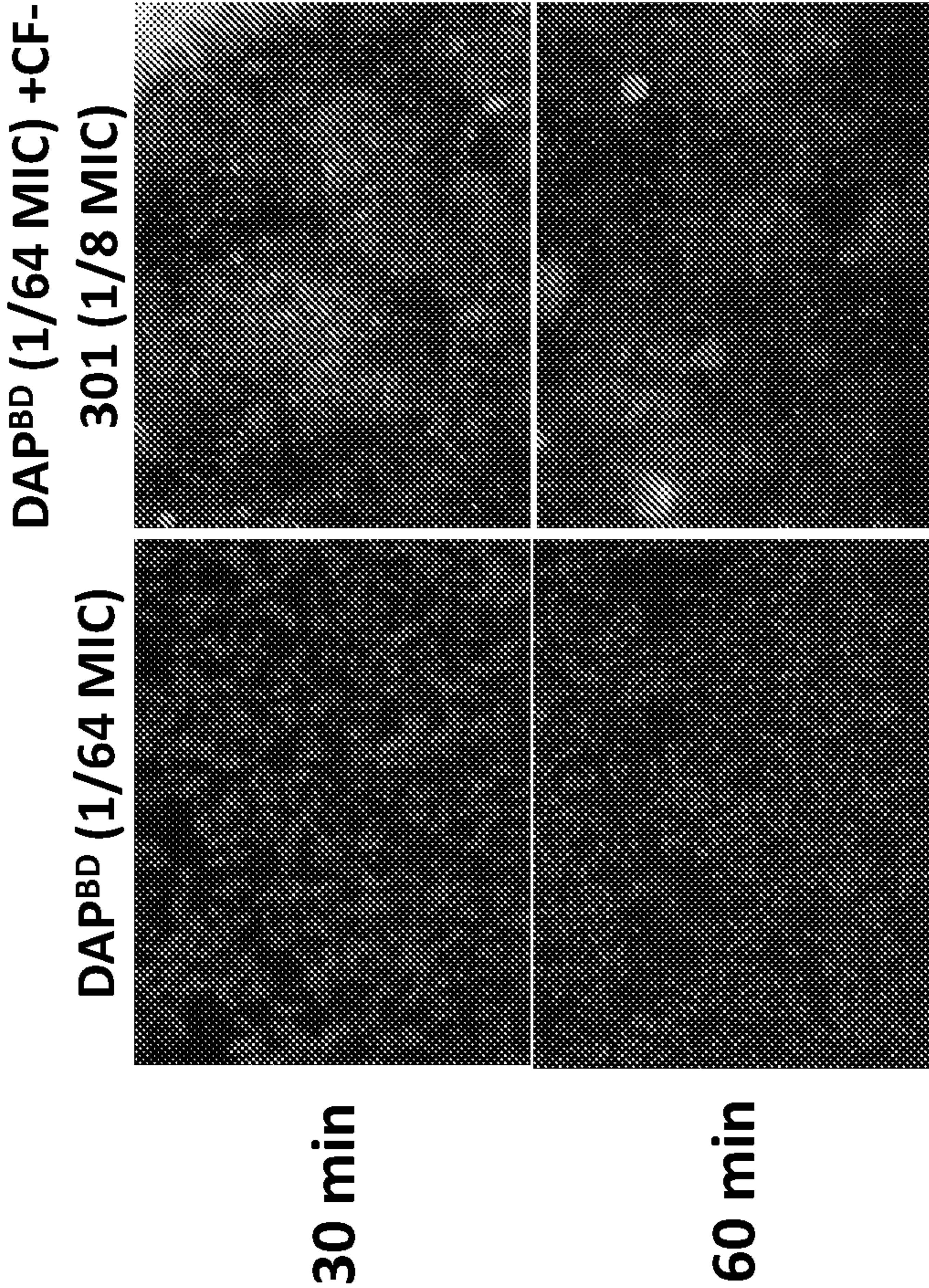
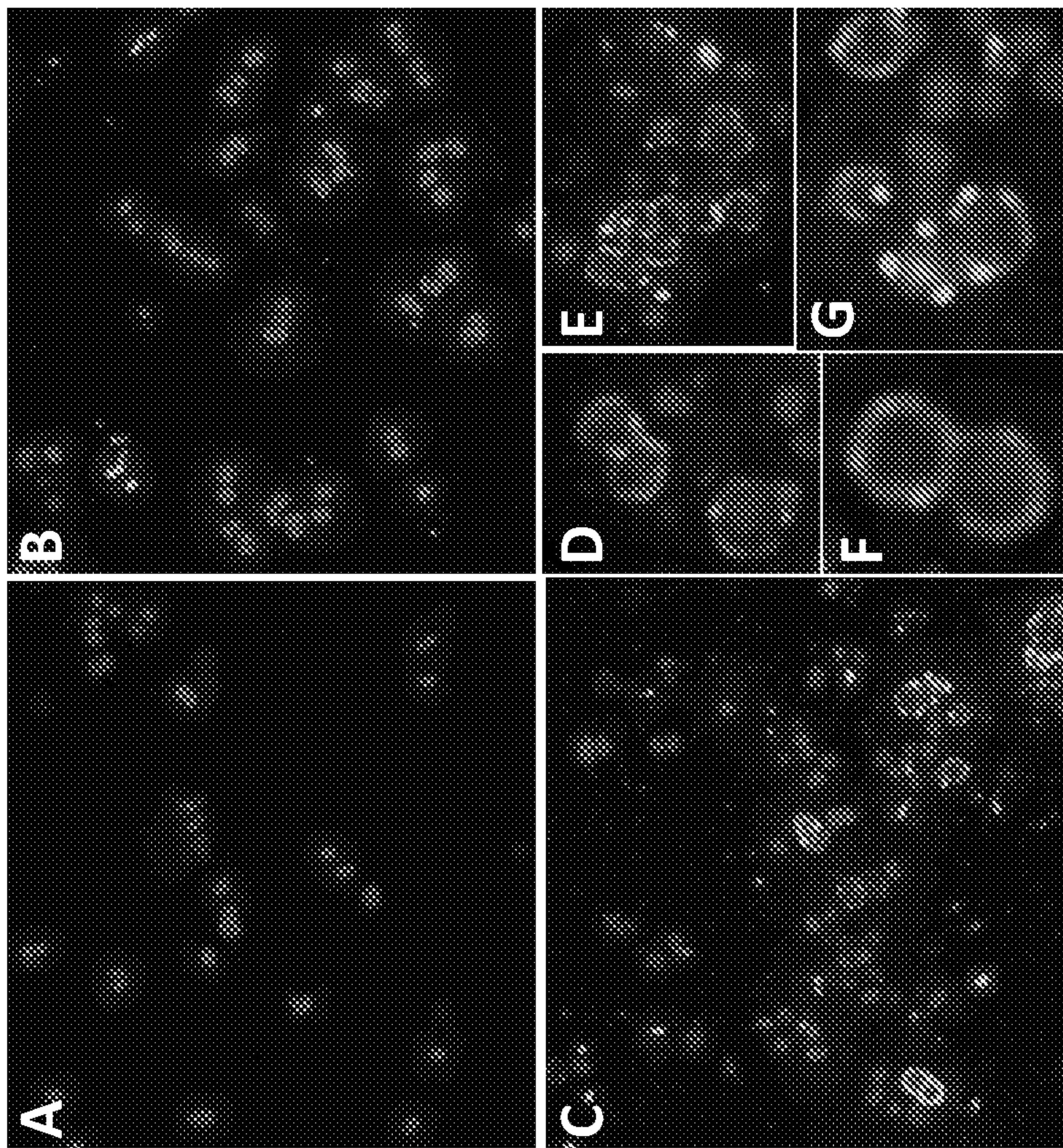


Figure 2.



3/5

Figure 3.

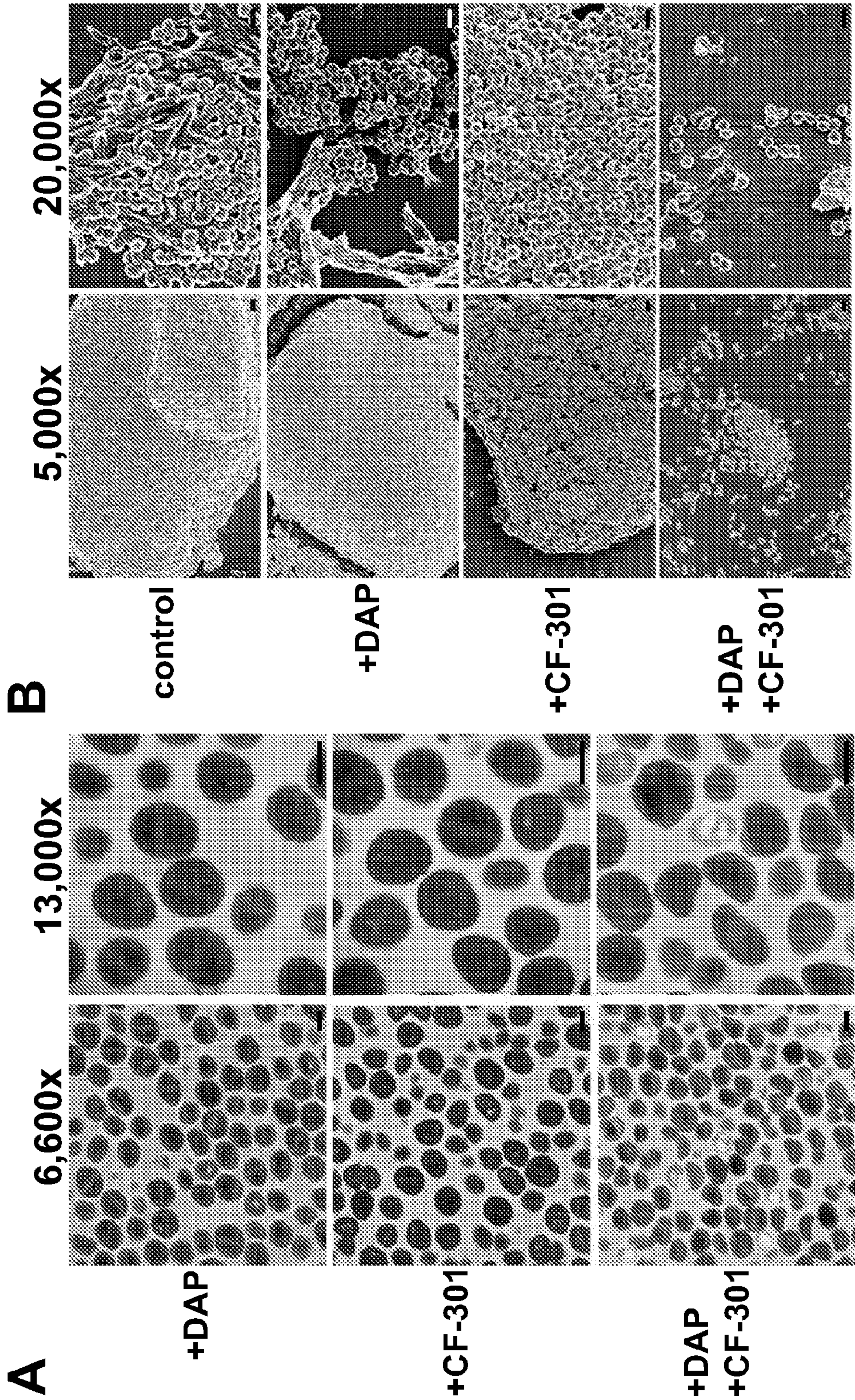


Figure 4.

Figure 5.

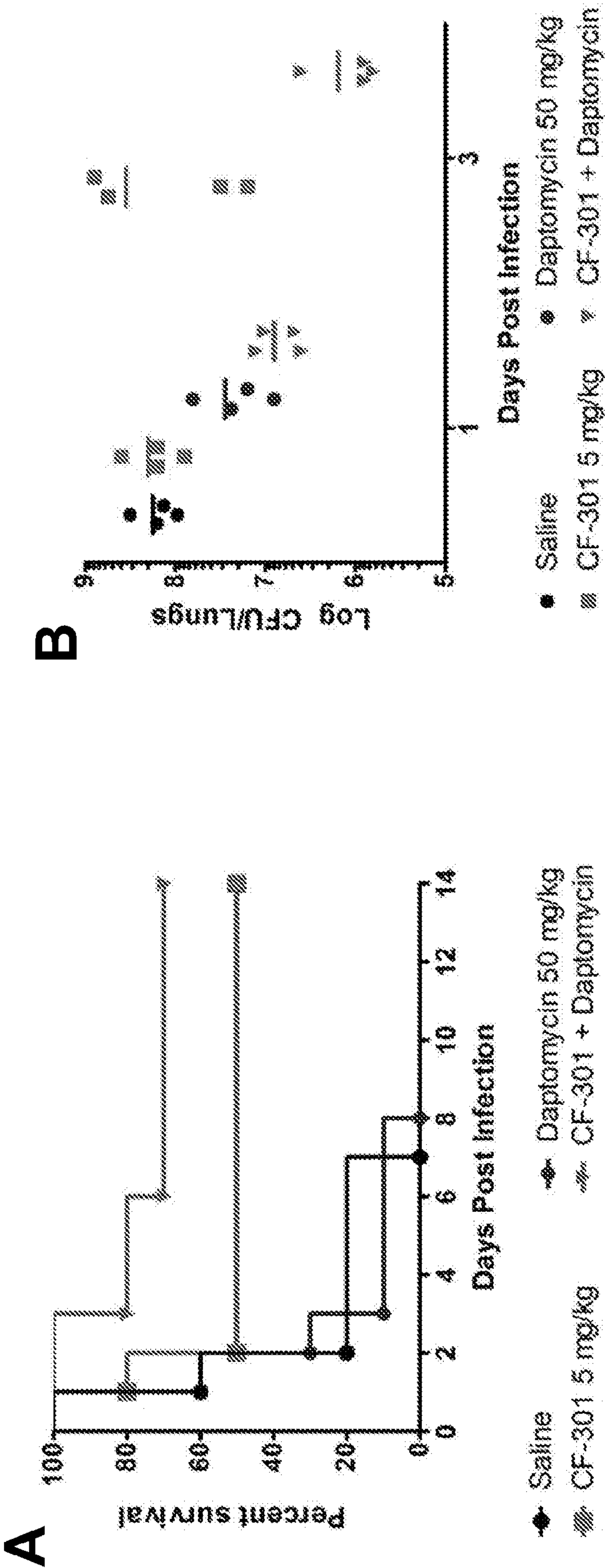


Figure 5.

