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Antifungal antibiotics

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Abstract The search for new drugs against fungal infections is a major challenge to current research in mycotic diseases. The present article reviews the current types of antifungal infections, the current scenario of antifungal antibiotics, and the need and approaches to search for newer antifungal antibiotics and antifungal drug targets.

Introduction

Among the different types of drug prevailing in the market, antifungal antibiotics are a very small but significant group of drugs and have an important role in the control of mycotic diseases. The need for new, safe and more effective antifungals is a major challenge to the pharmaceutical industry today, especially with the increase in opportunistic infections in the immunocompromised host. The history of new drug discovery processes shows that novel skeletons have, in the majority of cases, come from natural sources (Bevan et al. 1995). This involves the screening of microorganisms and plant extracts, using a variety of models (Shadomy 1987). Today, the emphasis is on the exploration of unusual and previously ignored ecosystems, using a variety of selected novel targets (Cragg et al. 1997; Von Dohren and Grafe 1997; Hegde et al. 2001; Phoebe et al. 2001). However, exceptions do exist, such as the fluoroquinolones, the azoles and the allylamines, which have all come from synthetic chemistry programs.

Historical background

The discovery of antifungal antibiotics dates back to 1939 when Oxford et al. (1939) reported the isolation of

the first antifungal antibiotic, griseofulvin or “curling factor”. Brian et al. (1949) described the curling effect on the fungus *Botrytis allii*. It was found to be produced by *Penicillium griseofulvum* and *P. janczewskii* Zal; and its structure was elucidated by Grove and McGowan (1947) and Brian et al. (1949). Griseofulvin inhibits the growth of various species of *Epidermophyton*, *Microsporum* and *Trichophyton*. It is fungistatic and is bound to cell lipids. In addition, it inhibits nuclear division, depending on the concentration used (Gull and Trinci 1973). Cycloheximide (also known as actidione and naramycin A) was discovered by Whiffen et al. (1946) in a streptomycin-yielding culture of *Streptomyces griseus*. It was first isolated in crystalline form by Leach et al. (1947) and its chemical structure was determined by Kornfeld et al. (1949). The first member of the group of polyene macrolide antifungal antibiotics, tentatively named fungicidin, was discovered by Hazen and Brown (1950) and was later renamed nystatin. Since 1950, more than 90 different members of this group have been described; and more are being discovered each year (Gil et al. 1984). Polyene macrolides, although light-sensitive and highly toxic (due to the nonspecific binding to all sterols, causing membrane permeability and inhibition of cytochrome P-450 and the electron transport chain), are used in synergism with other agents. Amphotericin B, a polyene macrolide which is still a “gold standard” for the treatment of the most severe invasive fungal infections, was discovered in the 1950s and marketed in 1957. This was followed by the lipopeptides in the 1970s. Since then, the search for new, safer, broad-spectrum antifungal antibiotics with greater potency has been progressing slowly (Kobayashi and Medoff 1977; Martin 1977). One reason for the slow progress compared to antibacterials is that, like mammalian cells, fungi are eukaryotes; and therefore agents that inhibit protein, RNA or DNA biosynthesis in fungi have greater potential for toxicity to the host as well (Georgopapadakou and Walsh 1994). The second reason is that, until recently, the incidence of life-threatening fungal infections was perceived as being too low to warrant aggressive research by the

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pharmaceutical companies (Georgopapadakou and Walsh 1996).

The need for antifungals

Fungi are a large group with about 250,000 species, of which more than 300 species have been reported to be potentially pathogenic to humans (Guarro et al. 1997). Fungal infections have been gaining prime importance because of the morbidity of hospitalized patients (Beck-Sague and Jarvis 1993). Approximately 90% of human fungal infections are caused by *Aspergillus*, *Candida*, *Cladosporium*, *Epidermophyton*, *Microsporium* and *Trichophyton* spp (Dasgupta 1998; Pathak 1998). Of major concern are the cases of systemic mycoses caused by *Aspergillus fumigatus*, *Candida albicans*, *Cryptococcus neoformans*, *Fusarium* sp., *Histoplasma capsulatum* and *Pneumocystis carinii*, which have been increasing over the years. Dasgupta (1998) reports a 400% increase over the past two decades. The frequency of candidiasis has increased ten-fold, so that *Candida albicans* has become the fourth most common culture isolate. Invasive pulmonary aspergillosis is a leading cause of attributable mortality in bone-marrow transplant recipients (Beck-Sague and Jarvis 1993). The cause of concern is further enhanced by the fact that these pathogens and several others (e.g. *H. capsulatum*, *Coccidioides immitis*) which cause respiratory ailments in otherwise healthy patients may result in severe systemic infections in immunocompromised individuals (Perfect and Schell 1996; Dasgupta 1998).

Market evolution

Antifungal agents now constitute 15–16% of the total activity in the infective area (Dasgupta 1998); and the world market for the antifungals is reported to be expanding at a rate of 20% per annum (Khan and Gyanchandani 1998). Although synthetic drugs contribute to a major proportion of the antifungals used, natural antifungals have their own place in the antimycotic market (Cragg et al. 1997). The interest in searching for new molecules has been enhanced with the development of new approaches and ideas, such as the use of genetically engineered microbes and cells as screening organisms, and newer sources of bioactive materials, like marine organisms, coral reefs and sponges from ecological niches (Monghan and Tkacz 1990; Jacob and Zasloff 1994; Persidis 1998; Fudou et al. 2001a; Phoebe et al. 2001).

Approaches to the discovery of antifungals

The earliest classical method used to detect antifungals is the whole-cell bioassay technique, e.g. using susceptible and resistant species of *Aspergillus* and *Candida*. Minimum inhibitory concentration (MIC) and minimum

fungicidal concentration are determined and the best compound is selected. Subsequently, the antifungal profile of the compound is determined, using a wide range of pathogens. Finally, the compound has to be proven to be active on in vivo models. This classical method is still used today, because it targets the growth of whole organism (Barry 1980; Shadomy et al. 1985; McGinnis and Rinaldi 1991). However, this method cannot identify the target specificity or the mechanism of action of the compounds.

Today, with the greater knowledge of fungal metabolism, efforts are being made to inhibit specific enzymes in the metabolic pathway of the fungus. For example, inhibition of glucan and/or chitin synthase, which leads to a lack of cell-wall formation. Inhibition of squalene epoxidase and/or squalene synthetase is another target that has been chosen (Tanimoto et al. 1996; Wills et al. 2000; Table 3). There are several new targets that are being explored for new antimycotics:

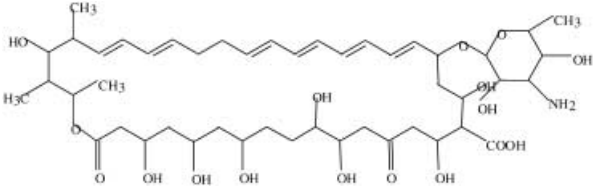
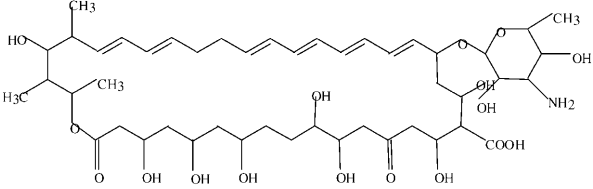
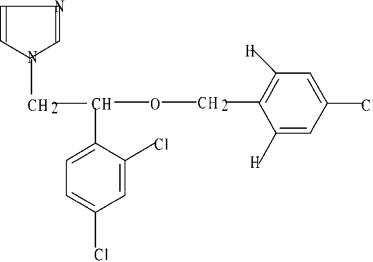
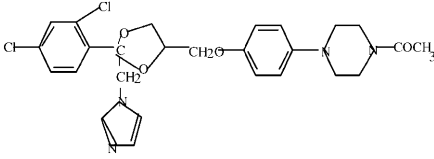
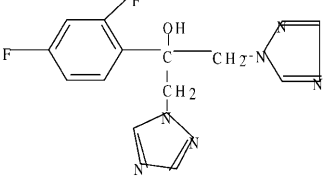
1. Specific inhibition of cell wall biosynthesis, particularly the glucan synthesis complex of enzymes (Mio et al. 1997).
2. Cell wall associated “adhesions”. These are manno-proteins that exist in the cell wall periphery (Wills et al. 2000).
3. Inhibition of synthesis of specific lipids of plasma membrane (Monk and Perlin 1994).
4. Serine/threonine phosphatases in cell wall biogenesis, particularly in *Saccharomyces cerevisiae*. The target may be the proteins they phosphorylate. But are they present in *Candida*? This is not clear (Hemenway and Heitman 1999).
5. Secreted aspartyl proteinases (Ross et al. 1990; Sato et al. 1994).
6. Translation elongation factors, EF3 is the focused target, but EF2 is also being investigated (Qin et al. 1990; Colthurst et al. 1991; Selva et al. 1997).

The success of such screening models is dependent on the access to adequate supplies of the enzymes and/or the proteins required. The latest advances in molecular biology techniques provide the solution and this in turn leads to the implementation of high-throughput screening and better chances of success (Bevan et al. 1995; Fostel and Lartey 2000).

Antifungal antibiotics in current use

Antifungal agents have a wide application in human medicine, agriculture and veterinary medicine (Misato and Yamaguchi 1977; Vandamme 1984). Five major classes of systemic antifungal compounds are currently in clinical use: the polyene antibiotics, the azole derivatives, the allylamines and thiocarbamates, the morpholines and the nucleoside analogs (Table 1; Georgopapadakou and Walsh 1996). The first three are targeted against ergosterol, the major fungal sterol in the plasma membrane. They are ineffective against *Pneumocystis*

Table 1 Major classes of antifungal agents

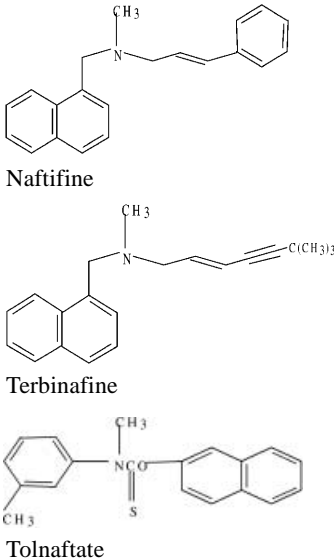
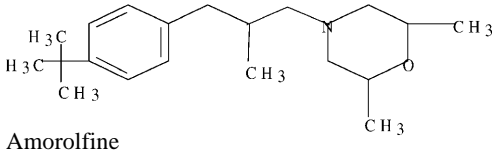
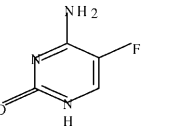
Class and compound	Route of administration	Mechanism of action	Structure
Polyene			
Amphotericin B, Nystatin	Systemic, topical	Interact with ergosterol, thereby disrupting the cytoplasmic membrane	 <p>Amphotericin</p>  <p>Nystatin</p>
Azoles			
Miconazole, Ketoconazole, Fluconazole	Topical, systemic, systemic	Interact with cytochrome P-450; inhibit C-14 demethylation of lanosterol, causing ergosterol depletion and accumulation of aberrant sterols in the membrane	 <p>Miconazole</p>  <p>Ketoconazole</p>  <p>Fluconazole</p>

carinii, which has cholesterol instead of ergosterol, which it possibly acquires from its mammalian host (Kaneshiro et al. 1989). The fourth inhibits sterol synthesis and the fifth class targets the DNA synthesis. Griseofulvin, a nuclear division and membrane tubule inhibitor, and lipopeptides that are known to act on *Pneumocystis carinii* belong to a miscellaneous class of compounds (Gull and Trinci 1973; Morris et al. 1994).

Toxicity and drug resistance problems

Amphotericin B is used in the treatment of serious disseminated dimorphic fungal and yeast infections, caused by *Blastomyces*, *Candida*, *Cryptococcus* and *Histoplasma* spp. However, it causes nephrotoxicity, reduction of renal blood flow, nausea, vomiting and anorexia. Nystatin, although too toxic for systemic use, is mainly ap-

Table 1 (continued)

Class and compound	Route of administration	Mechanism of action	Structure
Allylamine and thiocarbamate			
Naftifine, Terbinafine, Tolnaftate	Topical, systemic, topical	Inhibit oxidosqualene cyclase, thereby causing ergosterol depletion and accumulation of squalene oxides in the membrane	 <p>Naftifine</p> <p>Terbinafine</p> <p>Tolnaftate</p>
Morpholine			
Amorolfine	Topical	Inhibit sterol reductase and isomerase; only the former is essential	 <p>Amorolfine</p>
Nucleoside analogue			
5-Fluorocytosine (5FC)	Systemic	Is deaminated to 5-FU causes miscoding and inhibits DNA synthesis.	 <p>5-Fluorocytosine</p>

plied topically in cases of mucous membrane candidiasis. Griseofulvin causes hepatotoxicity and gastrointestinal distress but is used for the treatment of certain dermatophyte infections, caused by *Epidermophyton*, *Microsporum* and *Trichophyton* spp. 5-Fluorocytosine interferes with DNA synthesis and causes bone-marrow toxicity, leukopenia and liver enzyme elevations. It is used in adjuvant therapy with amphotericin B. Most of the azoles are toxic and cause hepatic necrosis and abdominal cramping. They are mainly used topically in the treatment of candidiasis, coccidioid meningitis, cutaneous dermatophytes and histoplasmosis (Iyer 1998). The echinocandins (glucan synthesis inhibitors) and nikkomycins (chitin synthesis inhibitors) are used in combination with amphotericin B and have relatively lower toxicity, compared with the polyenes (Decker et al. 1990, 1991; Bartizal et al. 1997). Thus, a number of factors af-

fect and limit the use of some of the existing antifungal antibiotics, which necessitates a search for newer antifungal antibiotics to control existing problems. These include low potency, poor solubility, limited or inconvenient dosage forms, narrow clinical spectrum, rapid emergence of resistant strains and drug toxicity (Shadomy 1987; Bennett 1990; McGinnis and Rinaldi 1991; Odds 1993). The mechanisms of drug resistance involve: (1) changes in membrane permeases (Kurtz 1998), (2) changes in cellular efflux mechanism (Clark et al. 1996), (3) changes to a particular fungal "activase" whose action is required before that agent becomes metabolically active (Kurtz 1998) and (4) mutations that render the target enzyme less sensitive or insensitive to the antimycotic agent. For some targets, cryptic bypass pathways can substitute for the otherwise essential cell product. In addition, regulatory mutations that increase

cellular levels of an essential enzyme can also provide a means of resistance to a particular agent. For instance, increased production of lanosterol demethylase enables *Candida albicans* to withstand antimycotic agents such as amphotericin B (Kurtz 1998; Wills et al. 2000). In theory, fungal cells sometimes induce enzymes that can degrade or inactivate the antimycotic agent to which they are exposed. So far, this mechanism has not been demonstrated for any clinical antifungal agent, although there are numerous examples of antibacterials, such as β -lactams and β -lactamases, where this occurs. Each of the mechanisms which have been observed among fungal pathogens involves vertically transmitted mutations in the fungal genome. Investigators have not recorded any examples of plasmid-mediated resistance in fungi (White 1997; Kurtz 1998). Pathogenic fungi present a threat not only to immunocompromised patients with immune systems weakened by AIDS, aggressive cancer chemotherapy, or drugs aimed at foiling rejection of transplanted organs but also to others, particularly when microbes are resistant to antifungal agents (McGinnis and Rinaldi 1991; Odds 1993). Otherwise healthy patients hospitalized for elective surgery, for example, are potential prey for fungi transmitted through catheters, prostheses and other invasive devices. Studies confirm a surge in the rates of nosocomial fungal infections. Recent studies have found examples of fungal resistance to agents such as 5-fluorocytosine, amphotericin B and the azoles. An estimated 5–10% of patients with advanced AIDS have oropharyngeal infections with *Candida* that are difficult to treat with currently available and readily used drugs, notably fluconazole. In view of all these limitations of the existing agents, the need for more effective and eco-friendly therapeutic agents is increasing. (Ben-Yaacov et al. 1995; Phoebe et al. 2001).

New targets for novel antimycotics

Promising new compounds have recently been identified in an effort to supplement the relatively sparse portfolio of antifungal drugs. Many of these compounds have defined mechanisms of action against fungal cells and have, in some cases, aided the identification of new selective targets in fungi.

The fungal cell membrane and cell wall are structures that are essential for the fungus to survive. They differ from those in the mammalian host and consequently present attractive targets for new antifungals (Cabib et al. 1988; Calderone and Brown 1991). Chitin and glucan have been targeted mainly. Chitin, the structural component of the cell wall, is synthesized by a family of enzymes known as chitin synthases I, II and III (CS I, II and III) in *Candida albicans* and *Saccharomyces cerevisiae*. The loss of function of any one of them can only be partially fulfilled by the remaining enzymes (Shaw et al. 1991; Sudoh et al. 1993). Nikkomycins and polyoxins belong to a family of peptide-nucleoside antimycotic agents that are substrate analogs of UDP-*N*-acetylglu-

cosamine, the essential building block for chitin biosynthesis (Georgopapadakou and Tkacz 1995). Individual chitin synthases vary in their susceptibility to these substrate analog inhibitors. In general, the nikkomycins inhibit all CS enzymes from *C. albicans* and kill *C. albicans* and other fungi with high chitin content, but they do not kill *S. cerevisiae*. However, their relative activity in vitro does not correspond to the MIC of these agents against whole cells. Other factors, such as the efficiency of peptide transport in cells, the relative activity of peptidases and the biological role played by the nikkomycin-sensitive enzyme in cells, contribute to the overall activity of these agents in intact cells (Decker et al. 1990; Kurtz 1998).

The steps in the biosynthesis of the fungal cell wall polymer, glucan, have been well studied (Cabib et al. 1988; Tkacz 1992; Georgopadakou and Tkacz 1995). Glucan synthase inhibitors are now known to be effective against *Pneumocystis carinii*, which is being seen in AIDS patients with increasing frequency. Several natural lipopeptides or lipopolysaccharides, including a number of echinocandins, pneumocandins, papulacandins, mulundocandins and benanomycins have been reported to have effect on glucan synthase and inhibit the synthesis of glucan in whole fungal cells (Roy et al. 1987; Takeuchi et al. 1988; Schwartz et al. 1989; Schmatz et al. 1992; Kurtz and Douglas 1997). They also block enzyme reactions that are specific to this biosynthetic pathway. Hence, several members of this group of inhibitors are of particular interest as antifungal agents for potential clinical use (Kurtz 1998). Mannoproteins, which comprise as much as 50% of the carbohydrate present in fungal membranes, represent a potential target. The greatest concentration of cell-wall mannoproteins is found at the periphery of the cell wall, where it constitutes the major antigenic component of such cells. The proposed mechanism of compounds such as benanomycins and pradimicins is an initial calcium-dependent complexing of their free carboxyl group with the saccharide portion of cell-surface mannoproteins, followed by action on the membrane, causing leakage of intracellular potassium (Sawada et al. 1990; Ueki et al. 1993). So far, no single cell wall-associated mannoproteins has been identified as essential for viability, by gene disruption experiments. This probably suggests that individual mannoproteins probably may not make an attractive target for researchers seeking to develop antimycotic agents.

Like its mammalian counterpart, the fungal plasma membrane contains sterols and phospholipids as its major lipid components and functions as a permeability barrier, a conduit for the transport of small molecules and signals, and a matrix for proteins. A key factor for its functions is its fluidity, which is determined by its lipid composition (Georgopapadakou and Walsh 1996; Wills et al. 2000). Fungal sterols, which are structurally distinct from their mammalian counterparts, have been studied extensively in attempts to obtain novel antifungals (Weete 1989; Mercer 1993). New targets actively pursued in the ergos-

Table 2 Important antifungal compounds acting on new target sites

New target site	Name/class of compound
Fungal cell wall inhibitors	
Chitin synthase inhibitors	Polyxins, nikkomycins
Glucan synthase inhibitors	Echinocandins, papulacandins
Mannoprotein inhibitors	Benanomicins, pradimicins
Ergosterol synthesis inhibitors	
Sphingolipid inhibitors	Sphinofungins
Proton ATPase inhibitors	Folimycins, bafilomycins
DNA and topoisomerase inhibitors	Pentamidine, Bisbenzimidazoles
Intermediary metabolism	
Amino acid synthesis inhibitors	Cispentacin
Other cellular functions	
Microtubule inhibitors	Benomyl

terol biosynthesis pathway are oxidosqualene cyclase and Δ^24 methyl transferase. The latter has no mammalian counterpart (cholesterol is not methylated at C-24) and is thus a particularly attractive target (Oehlschlager and Czyzewska 1992; Georgopapadakou and Walsh 1996).

Fungal phospholipids synthesized by pathways that are basically similar to their mammalian counterpart are also one of the new targets (Carman and Henry 1989). Sphingolipids are essential membrane components of both mammalian cells and fungi and are localized primarily on the outer leaflet of the fungal cytoplasmic membrane (Patton and Lester 1991; Mandala et al. 1997; Mandala and Harris 2000). They have also been pursued as potential targets, as in the case of sphinofungins and folimycins (Georgopapadakou and Walsh 1996). The plasma membrane H^+ ATPase is an integral membrane protein belonging to the P-type class of ion-translocating ATPases and has been a target site for bafilomycins (Muroi et al. 1993). It is an abundant, essential enzyme involved in the maintenance of electrochemical proton gradients and the regulation of intracellular pH (Monk and Perlin 1994; Georgopapadakou and Walsh 1996).

Evidence for the involvement of *Candida* aspartyl proteinase (CAP) in virulence is convincing but not definitive. However, the role of proteinase in pathogenicity is that aspartyl proteinase deficient mutants of *C. albicans* are found to be significantly less lethal than the parent wild-type strain or partial revertants from the mutants. Thus, CAP is another attractive target for antifungal drugs against *C. albicans*, *C. parapsilosis*, *C. tropicalis*, etc. (Ross et al. 1990; Homma et al. 1993). Some other target sites have also proved to be successful in the case of synthetic antifungal compounds. These include ergosterol synthesis inhibitors (like zaragozic acid; Chen et al. 1994) inhibitors of DNA function and topoisomerases (like pentamidine), inhibitors of amino acid synthesis (like cispentacin) and microtubule inhibitors (like benomyl; Jones et al. 1990; Iwasaki 1993). Attempts have also begun to exploit all these targets to obtain novel antifungal compounds. Table 2 summarizes important antifungal compounds acting on new target sites. How-

ever, factors such as narrow spectrum of activity, susceptibility to efflux pumps, protein binding, serum inactivation and poor pharmaceutical properties restrict their use in the clinic. Even so, these compounds are novel leads for synthetic modifications that could lead to the discovery of future antifungal drugs (Fostel and Lartey 2000). Table 3 mentions the important new antifungal antibiotics with a variety of mechanisms of action discovered during the past decade or so.

Inhibitors of cell wall biosynthesis

Corynecandin is a novel glycolipid analogous to the structural variant of papulacandin, named chaetiaccandin and isolated from *Coryneum modonium* (Gunawardana et al. 1997). Mer-WF3010 is another new member of the papulacandin class, isolated from the culture broth of *Phialophora cyclaminis* and similar to papulacandin B in that it inhibits the growth of *Candida albicans* and *C. kefyr* but not the growth of *A. fumigatus* or *C. neoformans*. Fusacandin, isolated from *Fusarium sambucinum*, is a structural variant of chaetiaccandin (Lartey 1997) and is active against *C. albicans*. An iron-binding compound, identified as pyochelin and isolated from a novel species of *Pseudomonas*, is found to inhibit glucan synthase activity (Phoebe et al. 2001). Arthrichitin, a cyclic depsipeptide identified through screening for chitin synthesis inhibitors, is produced by *Arthrinium phaeospermum*, whereas LL15G256 γ is produced by the marine fungus *Hypoxylon oceanicum* and has a broad-spectrum activity against *Candida*, *Trychophyton* and several phytopathogens (Fostel and Lartey 2000).

Selective inhibitors of fungal protein and amino acid synthesis

Sordarin, an antifungal agent bearing the tetracyclic diterpene aglycone sordaricin, is isolated from *Sordaria araneosa* in 1971, but its mode of action was only elucidated after the discovery of a closely related analog,

Table 3 Novel antifungal antibiotics of recent origin

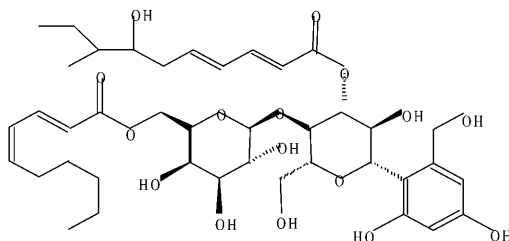
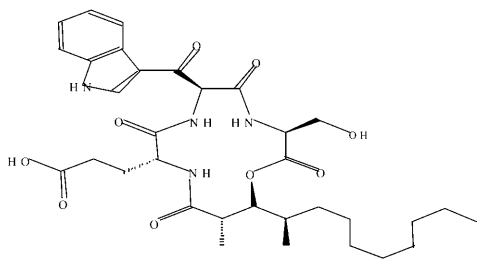
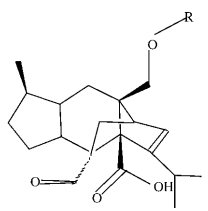
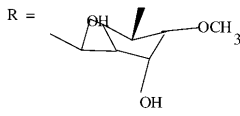
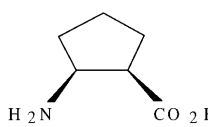
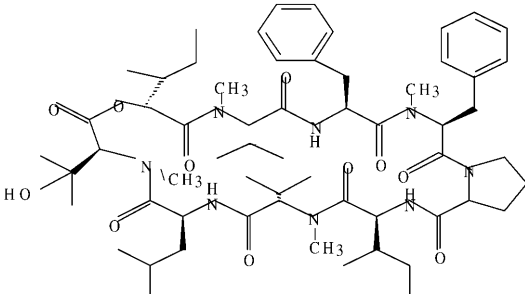
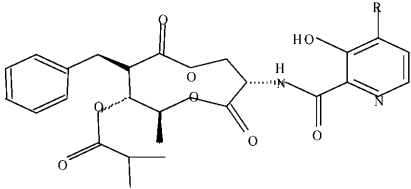
Name of antifungal antibiotic/source	Activity against	Mechanism of action	Structures
Corynecandin; <i>Coryneum modonium</i>	<i>Candida albicans</i>	Inhibits cell wall biosynthesis	 <p>Corynecandin</p>
Mer-WF3010; . <i>Phialophora cyclaminis</i> ; Fusacandins; <i>Fusarium sambucinum</i> ; Pyochelin; <i>Pseudomonas</i> sp	<i>C. albicans</i> , <i>C. kefyi</i> , <i>C. albicans</i> , <i>Candida</i> sp., <i>Aspergillus fumigatus</i>		
Arthrichitin; <i>Arthrinium phaeospermum</i>	<i>Candida</i> sp.		 <p>Arthrichitin</p>
LL15G256α; <i>Hypoxyton oceanicum</i>	<i>Trychophyton</i> sp., phytopathogens		
Sordarin; <i>Sordaria araneosa</i>	<i>C. albicans</i>	Inhibitors of fungal protein synthesis	 <p>Sordarin</p>
GR135402; <i>Graphium putredinis</i> BE31405; <i>Penicillium minioluteum</i>	<i>C. kefyi</i> , <i>C. tropicalis</i> , <i>C. parapsilosis</i> , <i>C. krusei</i>		 <p>Sordarin (a glycone of sordarins)</p>
Cispentacin; <i>Bacillus cereus</i>	<i>C. albicans</i>	Inhibits amino acid synthesis	 <p>Cispentacin</p>
FR109615; <i>Streptomyces setonii</i>	<i>Candida</i> sp. <i>Aspergillus</i> sp.		

Table 3 (continued)

Name of antifungal antibiotic/source	Activity against	Mechanism of action	Structures
Azoxybacilin; <i>Bacillus cereus</i>			
Aureobasidin A; <i>Aureobasidium pullulans</i>	<i>Candida</i> sp.	Inhibits sphingolipid synthesis	 <p>Aureobasidin A</p>
	<i>C. neoformans</i>		
Rustmicin (galbonolide A), galbonolide B; <i>Micromonospora</i> sp.	<i>C. albicans</i> , <i>C. neoformans</i>		
Khafrefungin; sterile fungus from a Costa Rican plant	<i>C. albicans</i> , <i>C. neoformans</i>		
UK2A, UK3A; <i>Streptomyces</i> spp 517-02	<i>C. albicans</i> , <i>Aspergillus</i> sp		
Haliangicin; <i>Haliangium luteum</i>	<i>C. albicans</i>	Inhibits electron transport	 <p>UK2A R=OCH₃, UK3A, R=H</p>

GR135402 from *Graphium putredinis*. A further analog, BE31405, is isolated from *Penicillium minioluteum* (Kinsman 1998). Cispentacin from *Bacillus cereus* and FR109615 from *Streptomyces setonii* are unnatural cyclic β -amino acids. These compounds and their analogs, such as BAY108888, appear to have a dual mode of action (Konishi et al. 1989). Cispentacin acts by interfering with amino acid transport and cellular regulation of amino acid metabolism (Capobianco et al. 1993). Azoxybacilin, an aliphatic amino acid with an azoxy side-chain, was isolated from *B. cereus* and has a broad spectrum of antifungal activity (Fujiu et al. 1994).

Inhibitors of sphingolipid biosynthesis

These include aureobasidin A produced by *Aureobasidium pullulans*, which belongs to the family of potent cyclic de-

psipeptide antifungals. Rustmicin (galbonolide A), galbonolide B and analogous antifungal macrolides isolated from *Micromonospora* sp. are inhibitors of sphingolipid biosynthesis. Khafrefungin isolated from an unidentified sterile fungus from a Costa Rican plant is active against *C. albicans* and *C. neoformans* (Fostel and Lartey 2000). Spinofungins, myriocin, lipoxamycin and viridofungins are other compounds that have been reported (Zweerink et al. 1992; Horn et al. 1994; Mandala et al. 1997).

Inhibitors of electron transport

These include a series of related antibiotics with a nine-membered dilactone ring, such as UK2A and UK3A, which have been isolated from *Streptomyces* sp. 517-02. This class of compounds has broad-spectrum antifungal activity against *Aspergillus* sp., *C. albicans* and others.

Also, UK2A and UK3A do not have antibacterial activity or significant toxicity (Ueki et al. 1997). A series of respiratory inhibitors (nearly 20 compounds) have been found from myxobacteria (Sasse et al. 1999). Haliangicin isolated from a culture broth of the marine myxobacterium, *Haliangium luteum*, is a member of this class of compounds with a β -methoxyacrylate moiety which specifically inhibits the electron transport within the complex III of respiratory chain, like other β -methoxyacrylate inhibitors, such as myxothiazols, melithiazols and cystothiazoles (Fudou et al. 2001a, b).

Pneumocandin Do, a new member of the echinocandin class of antifungal agents isolated from the filamentous fungus *Zalerion arboricola*, has been found to be a potent inhibitor of *Pneumocystis carinii* (Morris et al. 1994). Tricholin, a ribosome inactivating protein isolated from the culture broth of *Trichoderma viride*, has been shown to exert fungicidal effects on *Rhizoctonia solani* (Lin et al. 1994). Azoxybacilin, a novel antifungal agent produced by *Bacillus cereus* NR2991 shows potent antifungal activity against mycelial fungi such as *Aspergillus fumigatus* and *Trichophyton mentagrophytes* (Fujiu et al. 1994). Soraphen, known to have inhibitory activity against numerous fungi, was isolated from *Sorangium cellulosum* (Myxococcales; Gerth et al. 1994). WF11899A, B, C, the novel antifungal lipopeptide antibiotics belonging to the echinocandin class, possess potent in vitro antifungal activities against *Candida* sp. (Iwamoto et al. 1994a, b). Another new antifungal antibiotic from *Fusarium* sp. K432, Fusarielin A, shows antifungal activity against *Aspergillus fumigatus*, *Pyricularia oryzae*, *Rhizoctonia solani* and *Rhizopus chinensis* (Kobayashi et al. 1995), whereas an antibiotic from a *Bacillus* sp. YL-03709B shows antifungal activity against *Pichia angusta* and *Rhodotorula acuta* (Shibazaki et al. 1996; Sugawara et al. 1996). Dorrigocins A and B isolated from *Streptomyces platensis* subsp. *rosaceus* strain have moderate antifungal activity against some *Aspergillus* and *Fusarium* spp., but not against yeasts (Karwowski et al. 1994). Recently, four compounds (SCH 378161, SCH 217048, SCH 378199, SCH 378167) isolated from a taxonomically unidentified fungus were found to selectively inhibit the human NK₂ receptor, tachykinin (Hegde et al. 2001).

Perspectives for new antifungals

Although a number of compounds with a variety of skeletons and acting on various fungal targets have been reported, there is no real break-through in antifungal chemotherapy. The invasive and long-term nature of fungal infections, whether superficial or systemic, causes major hurdles in their treatment. Greater emphasis may be required on studying the invasive process in order to arrest it. The dimorphic switch from the budding to the pathogenic mycelial form in *Candida* is another target, for example.

A much greater investment into antifungal research is required and must be paralleled by a systematic study of

the metabolic pathways of various pathogenic fungi. With the recent, vast strides in molecular biological techniques, it is now possible to isolate genes and promoters of specific enzymes and to clone and express them in heterologous hosts. This gives a handle on studying enzyme inhibition, transcription inhibition and the specific function of the enzyme itself. In the area of the search for new antifungals, this must be enhanced.

Among the main hurdles in antimycotic therapy are the lack of water-soluble compounds and the inherent toxicity of the different molecules. Nephrotoxicity and hepatotoxicity are major problems. Formulations with site-directed conjugates might be the solution, e.g. liposomes and amphotericin B.

In order to address the problem of antifungal drug resistance, three complementary strategies are mainly used. The first is the direct study of the molecular mechanisms of the resistance and the methods to circumvent them; the second is the discovery and/or synthesis of compounds with greater potency, better pharmacokinetic properties and acting on specific targets; and the third is to search for new targets in the pathogens. This approach includes cloning of appropriate genes, purification of target enzymes, rigorous characterization of their catalytic functions and probing structure–function relationships by molecular biological methods (such as site-specific mutagenesis) and chemical means (inhibitor and affinity label design). Fungal topoisomerase I is a good target for the discovery of novel antifungal agents that stabilize the cleavage complex formed by this enzyme and DNA (Fostel et al. 1992; Fostel and Montgomery 1995). Elongation factor 3 (EF-3), an essential requirement of fungal translational machinery, is another attractive drug target. However, no inhibitors of EF-3 have been identified so far. The success or failure of antifungal drug therapy is dependent not only on the drug, but also on several other factors. The best way to improve antifungal drug therapy is to improve the immune status of the host. Cytokines, such as granulocyte colony-stimulating factor, may be useful in the treatment of fungal disease (Alexander and Perfect 1997; Natarajan et al. 1997). Another important strategy in treating fungal disease is the elimination of the disease focus. The removal of fungus-contaminated foreign objects or the surgical removal of abscesses can also reduce the fungal burden and allow the host and antifungal drugs to clear the infection, even with strains that are resistant to standard antifungal therapy (White et al. 1998).

In addition to the above, there are virulence factors that may be tackled, such as melanin production, phospholipases in pathogen penetration and glucuronoxylomannan as a racemic conjugate with the tetanus toxoid (GXH-TT) (Wills et al. 2000). It is clear that, with the advent of combinatorial chemistry, fungal genomics and molecular biology techniques, high-throughput screening will gain greater emphasis and possibly greater success. The agents discussed in this Mini-Review represent important antifungal compounds that have been isolated, either from natural sources or synthesized. The review has tried to emphasize the naturally occurring skeletons.

In the coming years, in-depth studies of biological processes associated with fungal infections should result in newer, more specific target sites. Current trends in research in this area suggest that the present focus on screening molecules from natural sources will continue. However, more emphasis towards molecular modeling for the rational design of lead molecules, based on structure–activity relationships, drug–receptor interaction and derived steric and physico-chemical properties is expected in the search for the next generation antifungals.

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