

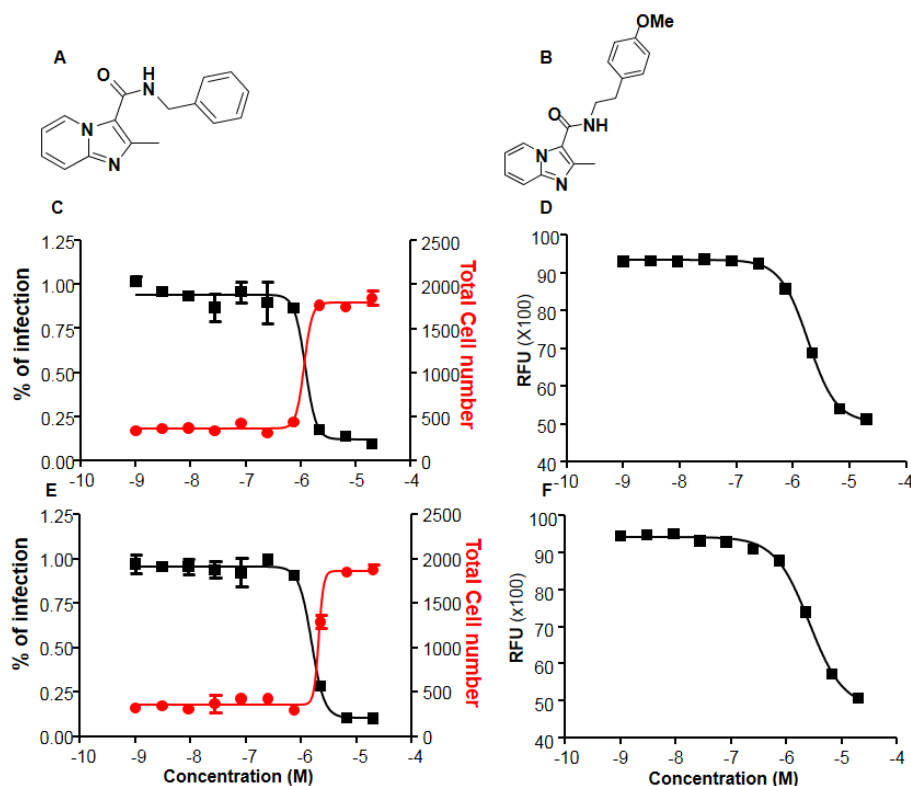
SUPPLEMENTARY INFORMATION

Discovery of Q203, a potent clinical candidate for the treatment of tuberculosis.

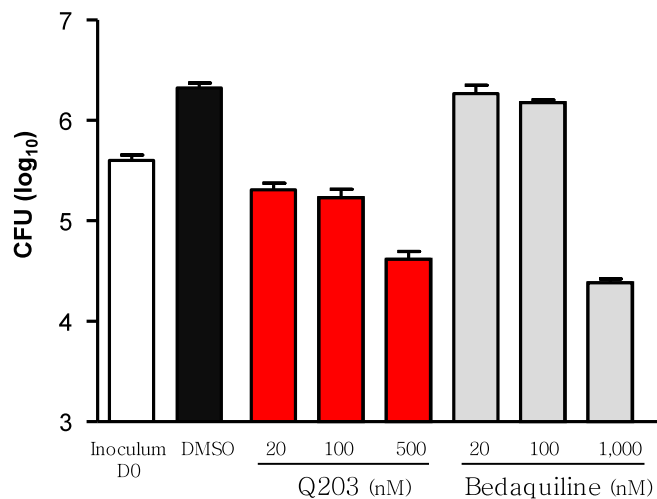
Kevin Pethe, Pablo Bifani, Jichan Jang, Sunhee Kang, Seijin Park, Sujin Ahn, Jan Jiricek, Juyoung Jung, Hee Kyoung Jeon, Jonathan Cechetto, Thierry Christophe, Honggun Lee, Marie Kempf, Mary Jackson, Anne J. Lenaerts, Ha Pham, Victoria Jones, Min Jung Seo, Young Mi Kim, Mooyoung Seo, Jeong Jea Seo, Dongsik Park, Yoonae Ko, Inhee Choi, Ryangyeo Kim, Se Yeon Kim, SeungBin Lim, SeungAe Yim, Jiyoung Nam, Hwankyung Kang, Haejin Kwon, Chun-Taek Oh, Yoojin Cho, Yunhee Jang, Junghwan Kim, Adeline Chua, Bee Huat Tan, Mahesh B. Nanjundappa, Srinivasa P.S. Rao, Whitney S. Barnes, René Wintjens, John R. Walker, Sylvie Alonso, Saeyeon Lee, Jungjun Kim, Soohyun Oh, Taegwon Oh, Ulf Nehrbass, Sung-Jun Han, Zaesung No, Jinhwa Lee, Priscille Brodin, Sang-Nae Cho, Kiyeon Nam and Jaeseung Kim

Supplementary Figures 1-8

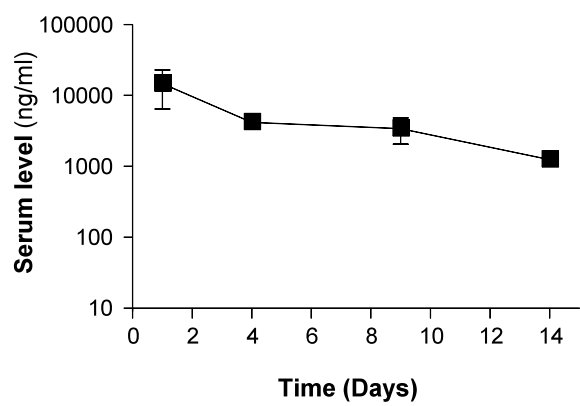
Supplementary Tables 1-7



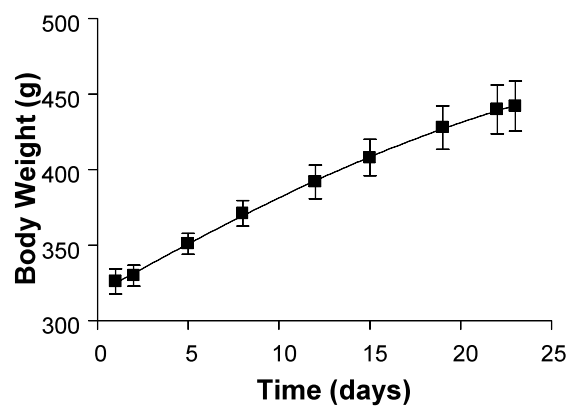
Supplementary Figure 1. Activity of IPA01 and IPA02 against *M. tuberculosis* H37Rv. (A) Structure of IPA01 and (B) structure of IPA02. The inhibitory activity of IPA01 (C and D) and IPA02 (E and F) were tested in dose-response against *M. tuberculosis* replicating inside macrophages (C and E) and in culture broth medium (D and F). Each concentration was tested in duplicate, the assays were repeated at least two times. The MIC₅₀ of IPA01 and IPA02 replicating inside macrophages was 1.25 μ M and 1.57 μ M, respectively. The MIC₅₀ of IPA01 and IPA02 replicating in culture broth medium was 1.86 μ M and 2.63 μ M, respectively.



Supplementary Figure 2. Activity of Q203 against *M. tuberculosis* by CFU determination. *M. tuberculosis* was exposed to DMSO (untreated control), Q203 or bedaquiline for 5 days in liquid broth medium (7H9-ADS-tween 80 0.05%). Cultures were serial-diluted and plated on 7H11-agar plates. Colony Forming Unit were determined after 3 weeks of incubation at 37°C. Initial inoculum size at day 0 (inoculum D0) is shown. Each concentration was tested in triplicate.

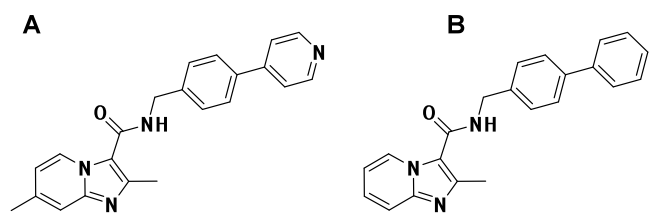


Supplementary Figure 3. Serum level after a single administration of 1,000 mg kg⁻¹ in the mouse model.



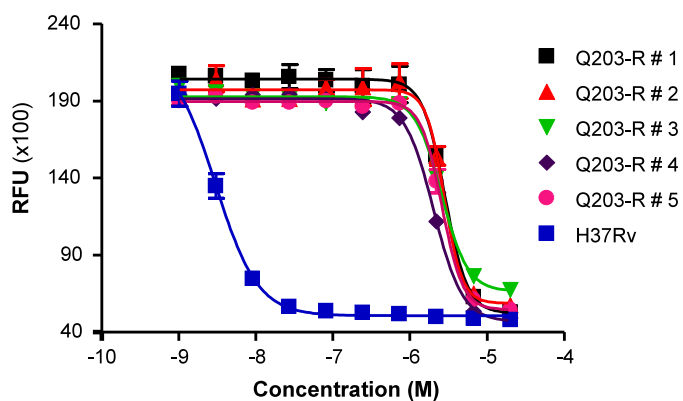
Supplementary Figure 4. Progression of the body weight of rats during a long-term administration study.

10 mg/kg of Q203 was administered to male SD rats for 20 days. Weight variation was monitored throughout the study and up to 3 days after the last administration. Each point represents the mean and standard variation of the body weight of five animals.



Supplementary Figure 5. Structure of IPA04 and IPA05

The MIC₅₀ of IPA04 (A) and IPA05 (B) against *M. tuberculosis* replicating in culture broth medium was of 10 nM and 5 nM, respectively.



Supplementary Figure 6. Activity of Q203 against 5 spontaneous-resistant clones selected on Q203. Dose-response of Q203 against Q203-R clones #1-5 using the resazurin-based assay. The activity of Q203 against the 5 spontaneous-resistant clones was between 3.0 and 3.7 μM . In this representative experiment, the MIC_{50} of Q203 against H37rv was 2.9 nM. Each concentration was tested in triplicates, the experiment was performed two times.

H37Rv	301	SAGSQPDFYMMWT	EGLARI	319
CDC1551	301	SAGSQPDFYMMWT	EGLARI	319
W4	301	SAGSQPDFYMMWT	EGLARI	319
XDR #27	301	SAGSQPDFYMMWT	EGLARI	319
XDR #29	301	SAGSQPDFYMMWT	EGLARI	319
XDR #31	301	SAGSQPDFYMMWT	EGLARI	319
Q203-R #1	301	SAGSQPDFYMMWA	EGLARI	319
Q203-R #2	301	SAGSQPDFYMMWA	EGLARI	319
Q203-R #3	301	SAGSQPDFYMMWA	EGLARI	319
Q203-R #4	301	SAGSQPDFYMMWA	EGLARI	319
Q203-R #5	301	SAGSQPDFYMMWA	EGLARI	319

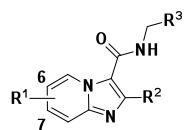
Supplementary Figure 7. Polymorphism in *qcrB* identified by sequencing. *QcrB* was amplified from various strains of *M. tuberculosis* and sequenced. The polymorphism T313A was identified in 5/5 strains resistant to Q203 (Q203-R #1-5). No polymorphism was identified in the pan-susceptible clinical isolates CDC1551, W4 or in the XDR strains #27, #29 and #31.

Supplementary Table 1. Activity of IPA01 against 9 clinical isolates of *M. tuberculosis*. The inhibitory activity of IPA01 was tested in dose-response against *M. tuberculosis* replicating in culture broth medium. Each concentration was tested in duplicate, the assays were repeated at least once.

#	INH	Rif	Strept	EMB	MIC ₉₀ (μ M)
33	R	R	S	S	2.0
48	R	R	R	R	3.1
61	R	R	R	R	1.9
80	R	R	R	R	1.6
125	R	R	R	S	1.3
137	R	R	R	R	6.9
143	R	R	R	R	1.3
146	R	R	R	R	9.2
171	S	S	S	S	1.2

INH : isoniazid, Rif : rifampin, Strept : streptomycin,
EMB : ethambutol

Supplementary Table 2. Activity of IPA derivatives against *M. tuberculosis* H37Rv. The inhibitory activity of the IPA derivatives was tested in dose-response against *M. tuberculosis* replicating in culture broth medium. Each concentration was tested in duplicate, the assay was repeated at least two times.



#	R ¹	R ²	R ³	MIC ₅₀ (μM)
IPA01	H	Me		2.03
IPA02	H	Me		2.63
IPA03	H	Et		0.013
Q-203	6-Cl	Et		0.0027

Supplementary Table 3. Activity of Q203 against a bacterial and micro-organisms panel.

Bacteria	MIC ₉₀ (μ M)
<i>Mycobacterium bovis</i> BCG	0.0035
<i>Mycobacterium smegmatis</i>	>20
<i>Mycobacterium marinum</i>	3.5
<i>Mycobacterium avium</i>	>28
<i>Mycobacterium terrae</i>	7.1
<i>Mycobacterium intracellulare</i>	>28
<i>Mycobacterium nonchromogenicum</i>	14
<i>Mycobacterium xenopi</i>	>28
<i>Acinetobacter baumannii</i> CIP107292	>100
<i>Acinetobacter baumannii</i> CIP5377	>100
<i>Acinetobacter baumannii</i> SAN008	>100
MR <i>Staphylococcus aureus</i> 0706C0025	>100
MR <i>Staphylococcus aureus</i> clinical isolate	>100
<i>Escherichia coli</i> ATCC25922	>100
<i>Enterobacter aerogenes</i> 0705A0867	>100
<i>Enterobacter cloacae</i> clinical strain	>100
<i>Klebsiella oxytoca</i> clinical strain	>100
<i>Salmonella enteridis</i> clinical strain	>100
<i>Enterococcus faecium</i> clinical strain	>100
<i>Enterococcus faecalis</i> clinical strain	>100
<i>Pseudomonas aeruginosa</i> ATCC27853	>100
<i>Pseudomonas aeruginosa</i> clinical strain	>100
<i>Pseudomonas aeruginosa</i> clinical strain	>100
<i>Corynebacterium striatum</i> clinical strain	>100
<i>Candida albicans</i> ATCC66396	>100
<i>Bacillus subtilis</i> CIP 5262	>100
<i>Saccharomyces cerevisiae</i> clinical strain	>100

Supplementary Table 4. Activity of Q203 against MDR and XDR *M. tuberculosis* clinical isolates. The strains were classified as belonging to the Beijing family (Beijing) or non-Beijing family (-).

Type	#	Family	INH	Rif	Strept	Oflox	MIC ₉₀ (nM)	
MDR	4	Beijing	R	R	R	S	0.43	
	5	Beijing	R	R	S	R	<0.43	
	6	Beijing	R	R	S	R	<0.43	
	7	Beijing	R	R	S	R	<0.43	
	8	-	R	R	S	R	<0.43	
	9	Beijing	R	R	R	S	<0.43	
	10	Beijing	R	R	S	S	<0.43	
	11	Beijing	R	R	S	R	<0.43	
	12	Beijing	R	R	S	R	0.98	
	13	Beijing	R	R	S	S	<0.43	
	14	Beijing	R	R	S	S	0.88	
	15	Beijing	R	R	S	R	3.51	
	16	Beijing	R	R	R	S	<0.43	
	XDR	17	Beijing	R	R	R	R	0.43
		18	Beijing	R	R	R	R	<0.43
		19	-	R	R	R	R	<0.43
20		-	R	R	R	R	<0.43	
21		Beijing	R	R	R	R	<0.43	
22		-	R	R	R	R	<0.43	
23		Beijing	R	R	R	R	<0.43	
24		Beijing	R	R	R	R	<0.43	
25		Beijing	R	R	R	R	<0.43	
26		-	R	R	R	R	<0.43	
27		Beijing	R	R	R	R	7.02	
28		-	R	R	R	R	<0.43	
29		-	R	R	R	R	7.02	
30		Beijing	R	R	R	R	<0.43	
31		Beijing	R	R	R	R	28	

INH: isoniazid, Rif: rifampin; Strep: streptomycin, Oflox: ofloxacin

Supplementary Table 5. *In vitro* pharmacokinetic and toxicity of Q203

Genotoxicity	Micronucleus formation	+S9 fraction	>60 μM (Cyclophosphamide active at 5 $\mu\text{g ml}^{-1}$)
		-S9 fraction	>60 μM (mitomycin C active at 0.3 $\mu\text{g ml}^{-1}$)
	Mini-Ames assay (TA98 and TA100 bacteria)		>50 μM (2-Aminoanthracene active at 0.4 mg ml^{-1} , sodium azide active at 0.2 $\mu\text{g ml}^{-1}$)
Metabolic stability	Microsomal stability (Clint, $\mu\text{L min}^{-1} \text{mg}^{-1}$)	Human	10.3
		Rat	3.07
		Mouse	4.96
		Dog	2.35
	Cryopreserved hepatocytes (% recovery after 4h)	Human	95.5 %
		Monkey	89.9 %
		Dog	90.9 %
Rat	96.7 %		
Drug-Drug interaction	P- glycoprotein substrate/inhibitor (IC ₅₀)		>25 μM (verapamil: 3.22 μM)
	hPXR activation		Negative at 0.1, 1 and 10 μM (Rifampin: 12.8 fold induction at 10 μM)
	CYP inhibition (IC ₅₀)	1A2	>10 μM (<i>a</i> -naphthoflavone: 0.02 μM)
		2C9	>10 μM (sulfaphenazone: 0.50 μM)
		2C19	>10 μM (+)-N-benzynirvanol: 0.46 μM)
		2D6	>10 μM (quinidine: 0.05 μM)
		3A4	>10 μM (ketoconazole: 0.02 μM)
Cardiotoxicity	hERG patch clamp (IC ₅₀)		>30 μM (Amitriptyline: 1.90 μM)

Supplementary Table 6. Pharmacokinetic parameters of Q203 in mice after intravenous (IV) and oral (PO) administration

		IV	PO
Dose	mg kg ⁻¹	2	10
C _{max}	ng ml ⁻¹	387	1,490
T _{max}	h	-	2.0
V _d	L Kg ⁻¹	5.27	-
Cl	mL min ⁻¹ kg ⁻¹	4.03	-
T _{1/2}	h	16.5	23.4
AUC _{0-last}	ng.h ml ⁻¹	7,280	33,000
AUC _{0-∞} ¥	ng.h ml ⁻¹	8,280	44,100
MRT _{0-last}	h	15.0	17.8
MRT _{0-∞}	h	21.8	33.9
F	%	-	90.7

Supplementary Table 7. Mean Lung/Plasma ratio after oral dosing in mice

Sampling time (h)	Mean		S.D.
6.00	2.67	±	0.39
12.00	2.11	±	0.70
24.00	3.11	±	0.55
48.00	2.61	±	1.12