

## Modified Plasmodium falciparum Ring-Stage Survival Assay with ML10 Kinase Inhibitor

Lucien Platon, David Baker, Didier Ménard

### ▶ To cite this version:

Lucien Platon, David Baker, Didier Ménard. Modified Plasmodium falciparum Ring-Stage Survival Assay with ML10 Kinase Inhibitor. Antimicrobial Agents and Chemotherapy, 2023, 67 (5), 10.1128/aac.00017-23. hal-04144955

## HAL Id: hal-04144955 https://hal.science/hal-04144955v1

Submitted on 18 Jul 2023

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Copyright





# Modified *Plasmodium falciparum* Ring-Stage Survival Assay with ML10 Kinase Inhibitor

DLucien Platon, a,b,c David A. Baker, Didier Ménarda,c,e,f

alnstitut Pasteur, Université Paris Cité, Malaria Genetics and Resistance Unit, INSERM U1201, Paris, France

**ABSTRACT** The ring-stage survival assay is the reference assay to measure *in vitro Plasmodium falciparum* artemisinin partial resistance. The main challenge of the standard protocol is to generate 0-to-3-h postinvasion ring stages (the stage least susceptible to artemisinin) from schizonts obtained by sorbitol treatment and Percoll gradient. We report here a modified protocol facilitating the production of synchronized schizonts when multiple strains are tested simultaneously, by using ML10, a protein kinase inhibitor, that reversibly blocks merozoite egress.

**KEYWORDS** artemisinin resistance, malaria, *Plasmodium falciparum*, ring-stage survival assay

Plasmodium falciparum malaria is a vector-borne parasite disease and was responsible for 627,000 deaths and 241 million cases in 2021, predominantly in sub-Saharan Africa (1). Artemisinin-based combination therapies (ACTs), which include a fast and potent artemisinin derivative (ART) and a long half-life companion drug to kill persistent parasites that may survive after ART is metabolized, are currently recommended by the World Health Organization as the front-line treatment of uncomplicated falciparum malaria (1, 2). Unfortunately, *P. falciparum* partial resistance to artemisinin (ART-R), which emerged in Southeast Asia in 2006 to 2007 (3, 4), has been detected recently in Africa (5, 6). ART-R, defined as delayed parasite clearance in patients treated with artemisinin monotherapy or a 3-day ACT course, is due to the decreased susceptibility of ring-stage parasites to ART. The decreased susceptibility of ring-stage parasites to ART can be measured *in vitro* using the ring-stage survival assay (RSA<sup>0-3h</sup>), and single point mutations in the gene coding for the propeller domain of the Kelch13 protein (*Pfkelch13*, PF3D7\_1343700) strongly correlate with ART-R (7–10).

The most challenging step in performing the standard RSA<sup>0-3h</sup> is to obtain tightly synchronized ring-stage parasites (0 to 3 h postinvasion) by sequential use of sorbitol and Percoll solutions (9, 11). The subsequent steps, which involve pulsing ring stages with 700 nM dihydroartemisinin (DHA; the active metabolite of all artemisinin derivatives) for 6 h, washing them, and culturing them for 66 h, are straightforward. The survival rate of the assayed parasites (from *ex vivo* isolates or *in vitro* culture-adapted strains) is then calculated relative to that in parasites exposed to dimethyl sulfoxide (DMSO; the vehicle used to dissolve DHA) (Fig. 1). While effective, this protocol is laborious and time-consuming and requires multiple steps over many hours. Moreover, although *in vivo P. falciparum* infection suggests a 48-h periodicity, *in vitro* and transcriptomic studies have shown that *P. falciparum* isolates can have different period lengths that can vary substantially from 48 h (from 36 to 54 h) (12, 13). This difference,

**Copyright** © 2023 American Society for Microbiology. All Rights Reserved.

Address correspondence to Lucien Platon, lucien.platon@pasteur.fr.

The authors declare no conflict of interest.

Received 4 January 2023

Returned for modification 6 March 2023

Accepted 10 April 2023 Published 26 April 2023

<sup>&</sup>lt;sup>b</sup>Sorbonne Université, Paris, France

cInstitut Pasteur, Université Paris Cité, Malaria Parasite Biology and Vaccines Unit, Paris, France

<sup>&</sup>lt;sup>d</sup>Faculty of Infectious and Tropical Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom

<sup>&</sup>lt;sup>e</sup>Université de Strasbourg, Institute of Parasitology and Tropical Diseases, UR7292 Dynamics of Host-Pathogen Interactions, Strasbourg, France

fCHU Strasbourg, Laboratory of Parasitology and Medical Mycology, Strasbourg, France

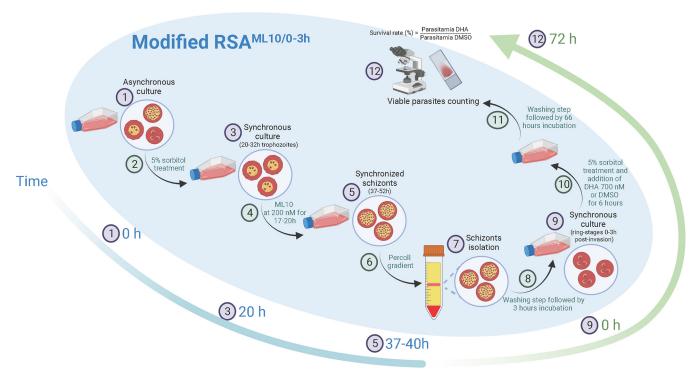
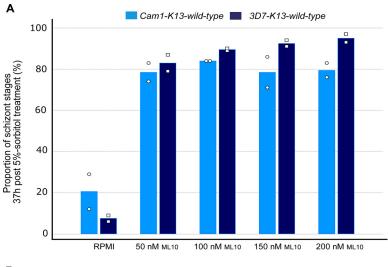


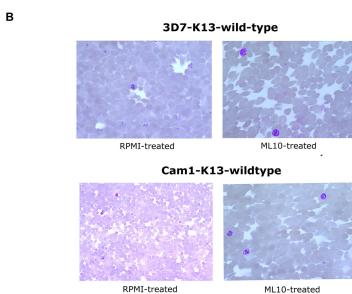
FIG 1 Overview of the ring-stage survival assay. (1) Parasites were cultivated to reach 1% parasitemia (all blood stages). (2) Parasites were treated with 5% sorbitol to eliminate mature parasites and preserve ring stages (~0 to 12 h postinvasion). (3) Parasites were cultivated for 20 h to obtain 20-to-32-h trophozoites and exposed to ML10 at 200 nM for 17 to 20 h. (4) Schizonts (~37 to 52 h) were isolated using a 75% Percoll gradient. Red blood cells were then washed to remove ML10 and cultivated with fresh blood cell for 3 h for reinvasion. (5) Synchronous 0-to-3-h ring stages were recovered and pulsed with 5% sorbitol to eliminate any remaining schizonts. (6) Parasites were treated for 6 h with 700 nM DHA or 0.1% DMSO (control), then washed and cultivated for an additional 66 h (72 h total). (7) Red blood cells were collected and used to prepared Giemsa-stained blood smears. The mean survival was then calculated as follows: (parasitemia with DHA)/(parasitemia with DMSO)  $\times$  100.

genetically controlled, between strains represents a major challenge when multiple strains are tested simultaneously. ML10 is a specific inhibitor of the cGMP-dependent protein kinase that arrests P. falciparum growth immediately prior to merozoite egress (14). This compound allows parasite cultures to be synchronized so that all parasites are within a window of development of several minutes, with a simple washing step. As this compound is of unquestionable interest for enrichment of tightly synchronized schizonts required for the RSA<sup>0-3h</sup>, we developed a modified RSA protocol facilitating simultaneous synchronization of different P. falciparum strains.

We tested first the effectiveness of different concentrations of ML10 for blocking merozoite egress (ML10 is available at MR4, BEI Resources). Two parasite lines (3D7-K13-wildtype, an African laboratory strain, and Cam1-K13-wild-type, a culture-adapted Cambodian strain) were used (see Table S1 in the supplemental material for a detailed strain list). The asynchronous cultures were first treated with 5% sorbitol to achieve 0-to-12-h ring-stage synchronization. The cells were cultivated for 20 h to reach the 20-to-32-h trophozoite stage and later exposed to 50, 100, 150, or 200 nM ML10 or complete RPMI culture medium (used as a control) for 17 h in order to obtain ML10-treated mature 37-to-49-h parasites, the time when the merozoite egress is happening. This range of concentrations was used to validate the ML10 safety and ensure tight synchronization of schizonts necessary for the RSA. Red blood cells were then collected to prepare Giemsa-stained blood smears. Microscopic examination showed that the proportions of RPMI-treated 3D7-K13-wild-type and Cam1-K13-wild-type schizonts were 7.5% and 20.5%, respectively, with most of the other blood stages being ring stages. For ML10-treated 3D7-K13-wild-type and Cam1-K13wild-type parasites, the proportions of schizonts were significantly higher ( $\sim$ 3- to 16-fold) than those for the RPMI-treated lines, regardless of the concentration of ML10: 83% and 78.5% schizonts at 50 nM, 92% and 84% at 100 nM, 89.5% and 78.5% at 150 nM, and 95% and 79.5% at 200 nM for the 3D7-K13-wild-type and the Cam1-K13-wild-type parasites,

May 2023 Volume 67 Issue 5 10.1128/aac.00017-23

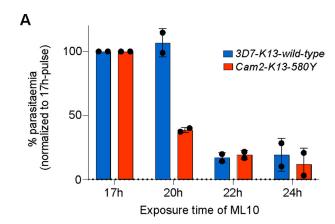


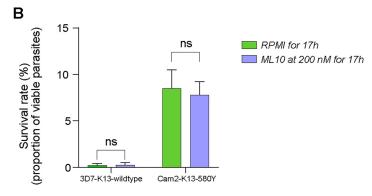


**FIG 2** Effectiveness of different concentrations of ML10 for blocking merozoite egress. (A) Proportion of parasite stages (schizonts versus other blood stages) detected at 37 h post-5% sorbitol treatment for the 3D7-K13-wild-type and Cam1-K13-wild-type strains after a 17-h pulse in complete RPMI culture medium (control) or in ML10 at 50 nM, 100 nM, 150 nM, or 200 nM (data are from biological duplicates). (Detailed data are available in Table S3 in the supplemental material.) (B, upper) Giemsastained blood smears of 3D7-K13-wild-type parasites in complete RPMI culture medium and treated with ML10. (Lower) Giemsa-stained blood smears of Cam1-K13-wild-type in complete RPMI culture medium and treated with ML10. Each image is representative of the culture; the ML10 concentration used for ML10-treated parasites was 150 nM.

respectively. ML10 treatment, regardless of the concentration used, was highly effective at increasing the proportion of schizonts in both strains (Fig. 2). ML10 was used at 200 nM in the following experiments, as it provided a satisfactory schizont yield in all strains tested without visible toxicity to parasites.

Next, we estimated the range of exposure times to ML10 (from 17 h to 24 h) that allowed the schizonts to remain viable when treated at 200 nM. Two parasite lines (3D7-K13-wild-type and Cam2-K13-C580Y), treated with 5% sorbitol, were cultivated for 20 h and exposed to ML10 at 200 nM for 17, 20, 22, or 24 h. After ML10 exposure, parasites were isolated using 75% Percoll gradient, washed, placed in culture flasks at 37°C in 5%  $O_2$ , 5%  $CO_2$ , 90%  $N_2$  for 3 h to allow for reinvasion, treated with 5% sorbitol to remove residual mature forms, and cultivated for an additional 24 h. Red blood cells were then collected to prepare Giemsa-stained blood smears to estimate the parasite density. All experiments were carried out in duplicate. Viable parasites were detected





**FIG 3** Impact of ML10 treatment on schizont availability. (A) Impact of the exposure time of ML10 (from 17 h to 24 h) on schizont viability. Parasitemia of 3D7-K13-wild-type and Cam2-K13-C580Y strains are expressed as a percentage relative to results of 17-h pulse exposure time (biological duplicates). (B) Impact on the survival rates expressed in the RSA<sup>0-3h</sup>. Data present the survival rates (proportion of viable parasites) of 3D7-K13-wild-type (ART-S) and Cam2-K13-C580Y (ART-R) strains exposed for 17 h to complete RPMI culture medium (standard protocol) and 200 nM ML10 (modified protocol) (biological triplicates).

under all tested conditions (Fig. 3A). As expected, we noticed a decrease of the parasitemia from 17- to 24-h exposure for both strains. The observed decrease was associated with schizont death caused by prolonged egress inhibition, notably beyond 20 h of exposure to ML10. Of note, we observed under any condition that all ML10-treated parasites were highly synchronous (at trophozoite stage) for both strains. Our data suggest that ML10 treatment (from a 17- to 20-h pulse) is a practical step to produce large amounts of synchronized schizonts, especially when multiple strains are assayed simultaneously.

Finally, we estimated whether the ML10 pulse had an impact on the survival rates expressed in the RSA<sup>0-3h</sup>. To this end, both 3D7-K13-wild-type (ART-sensitive) and Cam2-K13-C580Y (ART-resistant) parasites were assayed in triplicate and processed simultaneously using the standard (RPMI) or the modified protocol (ML10 at 200 nM for 17 h). We found similar survival rates between both protocols, consistent with previous published data for these Pfkelch13 genotypes (7). For the 3D7-K13-wild-type strain, the mean survival rates ( $\pm$  standard errors of the means) were 0.20%  $\pm$  0.10% (standard) versus  $0.26\% \pm 0.10\%$  (modified; P = 0.65, Mann-Whitney test) and for the Cam2-K13-C580Y strain,  $8.50\% \pm 1.10\%$  (standard) versus  $7.80\% \pm 0.80\%$  (modified; P = 1.0, Mann-Whitney test) (Fig. 3B). The laboratory strains Dd2 and NF54 and three additional field isolates from Cambodia were used to validate our modified RSA protocol. The Pfkelch13 genotypes tested were the wild type as well as three variants with mutations known to confer moderate and high levels of resistance to DHA, including a Cys-to-Tyr change at position 580 (C580Y), R622I, and R539T. As shown in Fig. S1 in the supplemental material, the survival rates of the different parasitic lines assayed were consistent with those expected from previous observations based on the Pfkelch13 genotype. To confirm that the viability was maintained not only for 72 h after DHA but also through successive cycles, we also followed the parasitemia of two ART-resistant strains (3D7-K13-C580Y and Cam2-K13-C580Y). Both strains remained viable and reached >2% parasitemia in 8 and 12 days for 3D7-K13-C580Y and Cam2-K13-C580Y, respectively (see Fig. S2). All of these results confirmed that ML10 does not alter the survival rate obtained with the RSA<sup>0-3h</sup> and can be successfully used to test a variety of strains simultaneously, compared to the standard protocol.

We showed here that the use of ML10 can improve the standard RSA protocol for assessing ART resistance, by facilitating tight 0-to-3-h ring-stage synchronization when multiple strains that might have different period lengths are tested simultaneously (12, 13). ML10 treatment is simple to handle and does not add complex steps to the procedure, making it a convenient tool (14). This protocol constitutes a new addition to the other improvements already published regarding the RSA procedure (7, 15, 16) (see Table S2 for detailed comparisons). However, additional research is required for assessing its potential impacts on cell signaling, gene transcription, metabolomics, and epigenetic regulation.

### **SUPPLEMENTAL MATERIAL**

Supplemental material is available online only. **SUPPLEMENTAL FILE 1**, DOCX file, 0.1 MB.

#### **ACKNOWLEDGMENT**

We thank Simon Osborne from LifeArc for supplying ML10.

### **REFERENCES**

- World Health Organization. 2021. World malaria report 2021. WHO, Geneva, Switzerland. https://www.who.int/teams/global-malaria-programme/reports/ world-malaria-report-2021.
- Nosten F, White NJ. 2007. Artemisinin-based combination treatment of falciparum malaria. Am J Trop Med Hyg 77:181–192. https://doi.org/10 .4269/aitmh.2007.77.181.
- Dondorp AM, Nosten F, Yi P, Das D, Phyo AP, Tarning J, Lwin KM, Ariey F, Hanpithakpong W, Lee SJ, Ringwald P, Silamut K, Imwong M, Chotivanich K, Lim P, Herdman T, An SS, Yeung S, Singhasivanon P, Day NP, Lindegardh N, Socheat D, White NJ. 2009. Artemisinin resistance in Plasmodium falciparum malaria. N Engl J Med 361:455–467. https://doi.org/10.1056/NEJMo a0808859.
- Noedl H, Se Y, Schaecher K, Smith BL, Socheat D, Fukuda MM, Artemisinin Resistance in Cambodia 1 Study C. 2008. Evidence of artemisinin-resistant malaria in western Cambodia. N Engl J Med 359:2619–2620. (Letter.) https://doi.org/10.1056/NEJMc0805011.
- Balikagala B, Fukuda N, Ikeda M, Katuro OT, Tachibana SI, Yamauchi M, Opio W, Emoto S, Anywar DA, Kimura E, Palacpac NMQ, Odongo-Aginya EI, Ogwang M, Horii T, Mita T. 2021. Evidence of artemisinin-resistant malaria in Africa. N Engl J Med 385:1163–1171. https://doi.org/10.1056/ NEJMoa2101746.
- Uwimana A, Legrand E, Stokes BH, Ndikumana JM, Warsame M, Umulisa N, Ngamije D, Munyaneza T, Mazarati JB, Munguti K, Campagne P, Criscuolo A, Ariey F, Murindahabi M, Ringwald P, Fidock DA, Mbituyumuremyi A, Menard D. 2020. Emergence and clonal expansion of in vitro artemisinin-resistant Plasmodium falciparum kelch13 R561H mutant parasites in Rwanda. Nat Med 26:1602–1608. https://doi.org/10.1038/s41591-020-1005-2.
- Kite WA, Melendez-Muniz VA, Moraes Barros RR, Wellems TE, Sa JM. 2016. Alternative methods for the Plasmodium falciparum artemisinin ringstage survival assay with increased simplicity and parasite stage-specificity. Malar J 15:94. https://doi.org/10.1186/s12936-016-1148-2.
- Straimer J, Gnadig NF, Witkowski B, Amaratunga C, Duru V, Ramadani AP, Dacheux M, Khim N, Zhang L, Lam S, Gregory PD, Urnov FD, Mercereau-Puijalon O, Benoit-Vical F, Fairhurst RM, Menard D, Fidock DA. 2015. Drug resistance. K13-propeller mutations confer artemisinin resistance in Plasmodium falciparum clinical isolates. Science 347:428–431. https://doi .org/10.1126/science.1260867.

- Witkowski B, Amaratunga C, Khim N, Sreng S, Chim P, Kim S, Lim P, Mao S, Sopha C, Sam B, Anderson JM, Duong S, Chuor CM, Taylor WR, Suon S, Mercereau-Puijalon O, Fairhurst RM, Menard D. 2013. Novel phenotypic assays for the detection of artemisinin-resistant Plasmodium falciparum malaria in Cambodia: in-vitro and ex-vivo drug-response studies. Lancet Infect Dis 13:1043–1049. https://doi.org/10.1016/S1473-3099(13)70252-4.
- Zhang J, Feng GH, Zou CY, Su PC, Liu HE, Yang ZQ. 2017. Overview of the improvement of the ring-stage survival assay-a novel phenotypic assay for the detection of artemisinin-resistant Plasmodium falciparum. Zool Res 38: 317–320. https://doi.org/10.24272/j.issn.2095-8137.2017.075.
- Lambros C, Vanderberg JP. 1979. Synchronization of Plasmodium falciparum erythrocytic stages in culture. J Parasitol 65:418–420. https://doi.org/ 10.2307/3280287.
- Smith LM, Motta FC, Chopra G, Moch JK, Nerem RR, Cummins B, Roche KE, Kelliher CM, Leman AR, Harer J, Gedeon T, Waters NC, Haase SB. 2020.
   An intrinsic oscillator drives the blood stage cycle of the malaria parasite Plasmodium falciparum. Science 368:754–759. https://doi.org/10.1126/science.aba/3.57
- Wockner LF, Hoffmann I, Webb L, Mordmuller B, Murphy SC, Kublin JG, O'Rourke P, McCarthy JS, Marquart L. 2020. Growth rate of Plasmodium falciparum: analysis of parasite growth data from malaria volunteer infection studies. J Infect Dis 221:963–972. https://doi.org/10.1093/infdis/jiz557.
- Ressurreicao M, Thomas JA, Nofal SD, Flueck C, Moon RW, Baker DA, van Ooij C. 2020. Use of a highly specific kinase inhibitor for rapid, simple and precise synchronization of Plasmodium falciparum and Plasmodium knowlesi asexual blood-stage parasites. PLoS One 15:e0235798. https://doi.org/10.1371/ journal.pone.0235798.
- Amaratunga C, Neal AT, Fairhurst RM. 2014. Flow cytometry-based analysis of artemisinin-resistant Plasmodium falciparum in the ring-stage survival assay. Antimicrob Agents Chemother 58:4938–4940. https://doi.org/10.1128/AAC.02902-14.
- Davis SZ, Singh PP, Vendrely KM, Shoue DA, Checkley LA, McDew-White M, Button-Simons KA, Cassady Z, Sievert MAC, Foster GJ, Nosten FH, Anderson TJC, Ferdig MT. 2020. The extended recovery ring-stage survival assay provides a superior association with patient clearance half-life and increases throughput. Malar J 19:54. https://doi.org/10.1186/s12936 -020-3139-6.

May 2023 Volume 67 Issue 5 10.1128/aac.00017-23