

Isolation of a Peptide That Binds to *Pseudomonas aeruginosa* Lytic Bacteriophage

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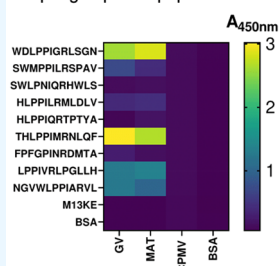
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ABSTRACT: Antimicrobial resistance is a global health threat that is exacerbated by the overuse and misuse of antibiotics in medicine and agriculture. As an alternative to conventional antimicrobial drugs, phage therapy involves the treatment of infected patients with a bacteriophage that naturally destroys bacterial pathogens. With the re-emergence of phage therapy, novel tools are needed to study phages. In this work we set out to screen and isolate peptide candidates that bind to phages and act as affinity tags. Such peptides functionalized with an imaging agent could serve as versatile tools for tracking and imaging of phages. Specifically, we screened a phage display library for peptides that bind to the Good Vibes phage (GV), which lyses the bacterial pathogen *Pseudomonas aeruginosa*. Isolated monoclonal library phages featured a highly conserved consensus motif, *LPPIXR*. The corresponding peptide *WDLPPIGRLSGN* was synthesized with a GGGSK linker and conjugated to cyanine 5 or biotin. The specific binding of the *LPPIXR* motif to GV *in vitro* was confirmed using an enzyme-linked immunosorbent assay. We demonstrated imaging and tracking of GV in bacterial populations using the fluorescent targeting peptide and flow cytometry. In conclusion, we developed fluorescent labeled peptides that can bind to bacteriophage GV specifically, which may enable real-time analysis of phage *in vivo* and monitor the efficacy of phage therapy.

Peptide library screen to isolate phage-specific peptides.



Tagged GV-binding peptide **WDLPPIGRLSGN** enables tracking of phages.



GV = Good Vibes phage

INTRODUCTION

Antimicrobial resistance (AMR) complicates treatment of serious infections with conventional antibiotics.¹ The World Health Organization (WHO) has declared AMR as one of the top 10 global public health threats,² with the potential to cause more deaths than major diseases such as HIV and malaria, especially in low-resource settings.³ In the US alone, more than 2.8 million infections with AMR pathogens are reported every year, leading to more than 35,000 deaths.⁴ AMR is exacerbated by the misuse and overuse of antibiotics in medicine and agriculture, and the lack of novel antibiotics in the drug discovery and development pipeline suggests that the AMR crisis will worsen over time.⁵

Pseudomonas aeruginosa is one of the leading nosocomial AMR pathogens.^{3,6} This Gram-negative bacterium is an opportunistic pathogen that rarely infects healthy individuals but is a grave threat to immunocompromised patients.⁷ Antimicrobials are the gold standard to treat *P. aeruginosa* infections, but this creates selective pressure that favors the emergence of AMR strains.⁸ AMR *P. aeruginosa* can exclude, metabolize or export first-line antibiotics making the infections much harder to treat.^{9,10}

Phage therapy is an alternative to conventional antibiotics involving the use of bacteriophages that naturally infect

pathogenic bacteria and kill them.¹¹ Interest in phage therapeutics has been rekindled by the AMR crisis.¹² Like other viruses, phages are abundant and ubiquitous nucleoprotein structures comprising a DNA or RNA genome encased in a proteinaceous capsid.¹³ Phage infection is specific to a particular species or even strains of bacteria, killing the cells by lysis or initiating a latent infection known as lysogeny.¹⁴ Phage therapy effectively controls bacterial infections, including *P. aeruginosa*,^{15,16} and has been used under emergency authorization to save patients infected with multidrug-resistant bacteria.^{17–19} The recognition of the potential impact of phage therapy on MDR infections led to the foundation of the first phage therapy center in the US, the Center for Innovative Phage Applications and Therapeutics (IPATH) at UC San Diego.

With the re-emergence of phage therapy, there is an urgent need for novel tools, such as affinity tags, that allow to study

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phages in the preclinical or clinical setting. For example, surveillance of administered phages *in vivo* is challenging. Unlike small molecule antibiotics whose concentration can be assessed in blood, intravenous administered phages are rapidly cleared so that their replicates and concentrations are difficult to evaluate at the infection site.^{20–22} Another unique challenge is that phages replicate in the patient. Therefore, direct phage labeling with quantum dots, radioisotopes and fluorochromes can be used to monitor the distribution of injected phage, but progeny phage generated following the infection of bacteria cannot be detected.^{23,24} For these reasons there is a need for novel reagents that allow to study phages in cells and *in vivo* for imaging and quantification.

Here, we describe an alternative approach to label phage by introducing a fluorophore-conjugated peptide that binds noncovalently to the phage surface. We identified peptides that bind specifically to the Good Vibes phage (GV), which infects *P. aeruginosa*. The peptides were isolated from a phage display library by three rounds of biopanning. Monoclonal library phages featured a highly conserved consensus motif (LPPIXRX) in the peptide sequences. The corresponding peptide was synthesized, labeled with biotin or cyanine 5 (Cy5); the binding specificity of the peptide for GV was evaluated by enzyme-linked immunosorbent assay (ELISA). Finally, we used flow cytometry to confirm that the Cy5-labeled peptide preferentially bound to GV attached to the surface of *P. aeruginosa* cells.

MATERIALS AND METHODS

Preparation of Good Vibes (GV) Phage. Wastewater from the Tijuana River, San Diego, CA (32°33'24.7"N, 117°07'09.7"W) was centrifuged (4000g, 10 min, 4 °C) to remove soil particles and other debris. The supernatant was passed through a 0.45- μ m filter and added to an overnight *P. aeruginosa* culture (incubated overnight at 37 °C in lysogeny broth (LB), shaking at 200 rpm). The culture was diluted OD = 0.2, which represents the stationary phase. The centrifugation, filtration, and inoculation steps were repeated daily for the next 5 days. On the final day, the sample was centrifuged and filtered as above, and 4 μ L of the filtrate was spotted onto a *P. aeruginosa* lawn and incubated at 37 °C overnight to form plaques.

The plaques were picked and suspended in phosphate-buffered saline (PBS) as 10-fold serial dilutions. We plated 100 μ L of the 10⁻⁵ and 10⁻⁶ dilutions with 100 μ L *P. aeruginosa* (OD = 0.2) and 3–4 mL of warm top agar. At these dilutions, well-separated plaques were able to form in the whole-plate assays, allowing us to distinguish between phage morphologies. Plates were left in the incubator overnight at 37 °C. The following day individual plaques were identified, picked, and suspended in PBS. The assays were carried out three times to ensure that all morphologies were identical, thus representing homogeneous phages.

The phages were harvested and purified by picking plaques from the whole-plate assays and suspending them in 200 μ L PBS. We then mixed 200 μ L of an overnight *P. aeruginosa* culture (OD = 0.2) with 25 mL of LB and incubated for 20 min at 37 °C, shaking at 200 rpm. We added 25 μ L of 0.001 M MgCl₂, 25 μ L of 0.001 M CaCl₂, and 200 μ L of the phage suspension and incubated overnight as above. The next day the culture was centrifuged (4000g, 30 min, 4 °C) and passed through two 0.45- μ m filters to remove bacterial cells before storage at 4 °C. Titers of the stock were determined by serial

dilution using the whole-plate plaque assay method described above.

Isolation of GV-Binding Peptides. GV-binding peptides (GVBP) were isolated using a PhD-12 Phage Display Peptide Library Kit (New England Biolabs) as previously described, with slight modifications.²⁵ Each well of a Nunc Maxisorp flat-bottom 96-well plate was coated with 10¹⁰ phage per unit (pfu) GV overnight at 4 °C. Three rounds of affinity selection were carried out to enrich for GVBP by increasing the stringency of selection in each round. This was achieved by washing with Tris-buffered saline (TBS) containing increasing concentrations of Tween-20 (TBST) from 0.1% to 0.3% to 0.5%. The enriched phages were eluted and amplified according to the manufacturer's protocol.

Characterization of GV. GV phages were characterized by transmission electron microscopy (TEM) as previously reported.²⁶ Briefly, 5 μ L of 0.2 mg/mL GV phages was diluted in Milli-Q water and was adsorbed to Formvar/carbon-coated 400 mesh copper grids (Electron Microscopy Science) for 2 min. The grid was washed with 5 μ L of water for 1 min followed by adsorption of 5 μ L of 2% (w/v) uranyl acetate (Fisher Scientific) for 2 min. Solution was removed from the grid by blotting with filter paper. TEM grids were imaged with FEI Tecnai G2 Spirit transmission microscope at 80 kV.

Spot Test Assay. Overnight cultures of *P. aeruginosa* were incubated in fresh 2 \times yeast extract tryptone (YT) medium at 37 °C until the OD reached \sim 0.2. We then mixed 200 μ L of the culture with 3–5 mL warm soft agar (0.5% w/v) and layered it onto the solid agar plate. The soft agar was allowed to solidify for 15 min under flowing air. We then spotted 10 μ L of the phage dilution onto the agar plate and air-dried for another 15 min. The plate was then inverted and incubated at 37 °C overnight. The presence of clear zones at the spotting sites was recorded the next day.

Whole Genome Sequencing of the GV Phage. Phage DNA was extracted from 100 μ L of high-titer phage lysates using the Qiagen DNeasy Blood and Tissue Kit. DNA quantification was performed and standardized using the Qubit dsDNA HS assay. DNA preparation and sequencing was performed using the Illumina Nextera DNA FlexKit and Adapter Indexes followed by whole genome sequencing using the lab's MiSeq sequencing platform. Sequencing reads were downloaded from Illumina Basespace, then trimmed for length and quality, and assembled de novo using CLC Genomics Workbench 9.

Polyclonal ELISA. A Nunc Maxisorp flat-bottom 96-well plate was coated with 6 \times 10⁹ pfu GV per well (in TBS, pH 8) and incubated overnight at 4 °C. Plates coated with 2% (w/v) bovine serum albumin (BSA) were used as negative controls. The next day, the plates were blocked with 2% (w/v) BSA at room temperature for 1 h, shaking at 800 rpm. The plates were then washed with 0.1% TBST (3 \times 1 min) before adding 20 μ L of amplified phage from each biopanning cycle to each well in 5% (w/v) BSA. After further incubation at room temperature for 1 h, shaking at 800 rpm, the plates were washed with 0.5% TBST (3 \times 5 min) before adding 100 μ L of horseradish peroxidase (HRP)-conjugated anti-M13 monoclonal antibody (Abcam ab50370, diluted 1:500) and incubating at room temperature for 1 h, shaking at 800 rpm. After further washes in 0.5% TBST (3 \times 5 min), we added 100 μ L of the tetramethylbenzidine (TMB) substrate (Thermo Fisher Scientific) to each well. The plates were incubated in the dark for 10 min, and the absorbance was measured at 370

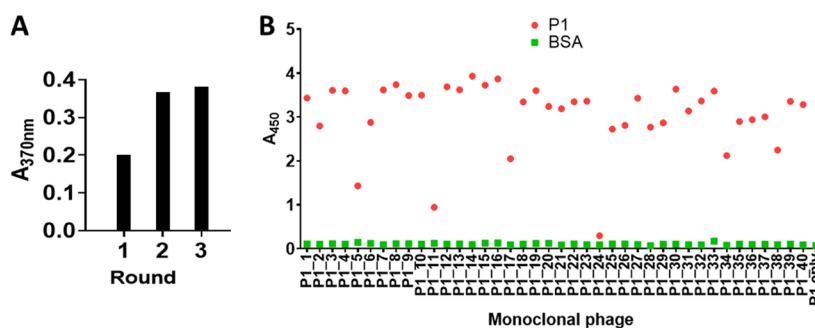


Figure 2. Detection of GV-binding monoclonal phages by ELISA. (A) Polyclonal ELISA of enriched binders from each round against GV. (B) Monoclonal ELISA of 40 monoclonal phages against GV (red dots) and BSA (negative control, green dots).

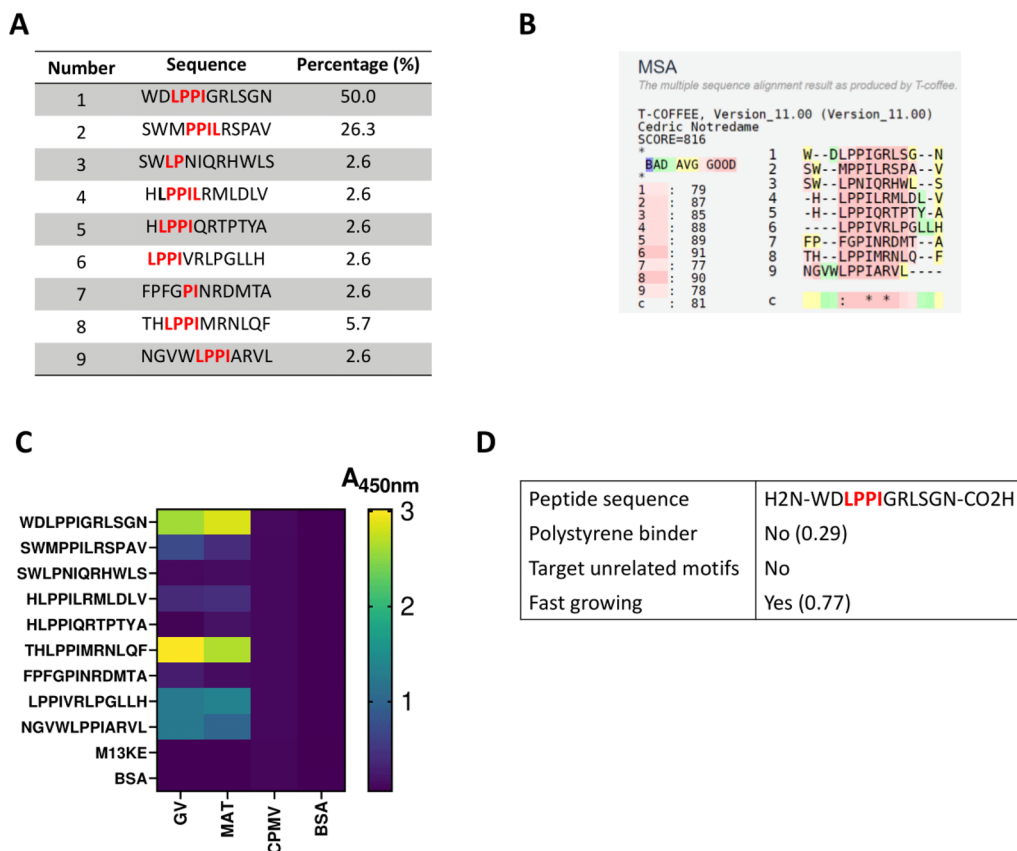


Figure 3. Analysis of the monoclonal phages that bind GV. (A) Sequences of GV-binding peptides with a highly conserved motif shown in bold red. (B) Heat map showing the cross-reactivity of GV monoclonal phages against GV (target), MAT (same family as GV), cowpea mosaic virus (CPMV, unrelated plant virus), and bovine serum albumin (BSA). (C) Sequence alignment of all peptides from GV monoclonal phages using the T-coffee multiple sequence alignment server (<https://tcoffee.org.eu/>). (D) SAROTUP analysis (<http://i.uestc.edu.cn/sarotup/cgi-bin/TUPScan.pl>) of the potential GV-binding peptide WDLPPIGRLSGN. Number in brackets represents the probability in percentage.

logical analysis by transmission electron microscopy (TEM) placed the phage in the family Myoviridae, featuring an icosahedral head, contractile tail, and tail fibers connecting the base plate (Figure 1A). The spot test assay confirmed the lytic activity of GV by producing clear plaques on a bacterial lawn of *P. aeruginosa* (Figure 1B). Whole-genome sequencing of GV revealed that the total length of its linear genomic DNA was 65.8 kbp consisting of 24% A, 28.6% C, 23.7% G, and 23.7% T, with 92 predicted coding sequences (Figure 1C).

Isolation of GV-Binding Peptides. We carried out three rounds of biopanning with a PhD-12 Phage Display Peptide Library Kit to isolate GV-binding peptides (GVBPs). The stringency was increased in every round to remove nonspecific

binders and to enrich for monoclonal library phages against GV, which was confirmed by the increasing absorbance signal detected by polyclonal ELISA (Figure 2A). Forty monoclonal phages from the third round were randomly picked for monoclonal ELISA against the target (GV) and BSA as a negative control (Figure 2B). Monoclonal library phages with an absorbance difference of 1.0 were selected for Sanger sequencing.

The main advantage of phage display technology is that the genotype (DNA sequence) and the phenotype (displayed peptide) are directly linked, allowing us to determine the nature of the peptide binders by DNA sequencing.²⁷ We identified nine unique peptide sequences enriched against GV

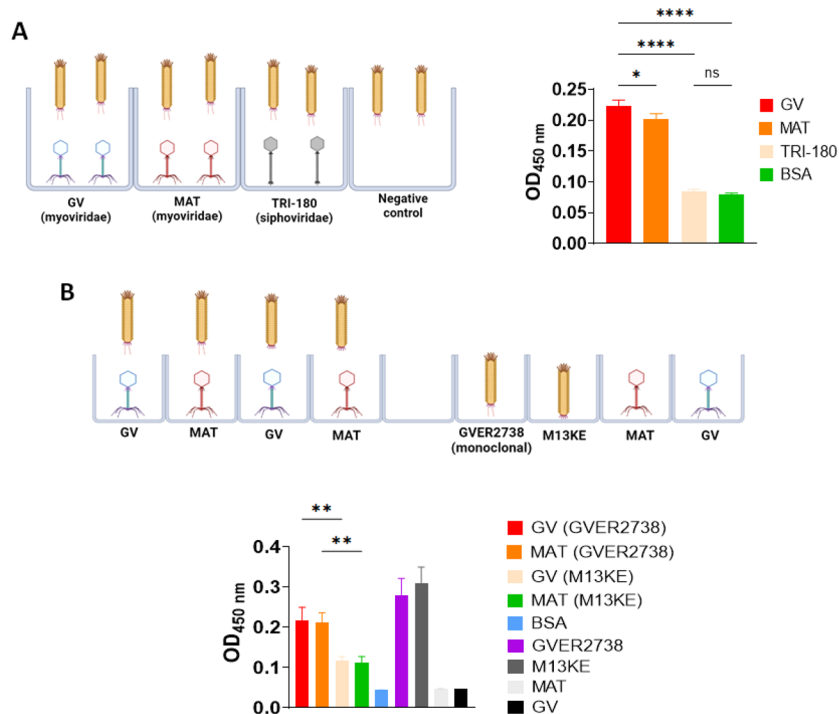


Figure 4. Analysis of GVER2738 binding activity by ELISA. (A) The binding of monoclonal phage GVER2738 to the target GV, the closely related virus MAT, the unrelated virus GVTRI-180 (*Siphoviridae*), and BSA (negative control), as determined by ELISA. (B) The binding of monoclonal phage GVER2738 and the empty phage M13KE to GV and MAT. Data are means \pm standard deviations ($n = 3$, one-way ANOVA; $**p < 0.01$).

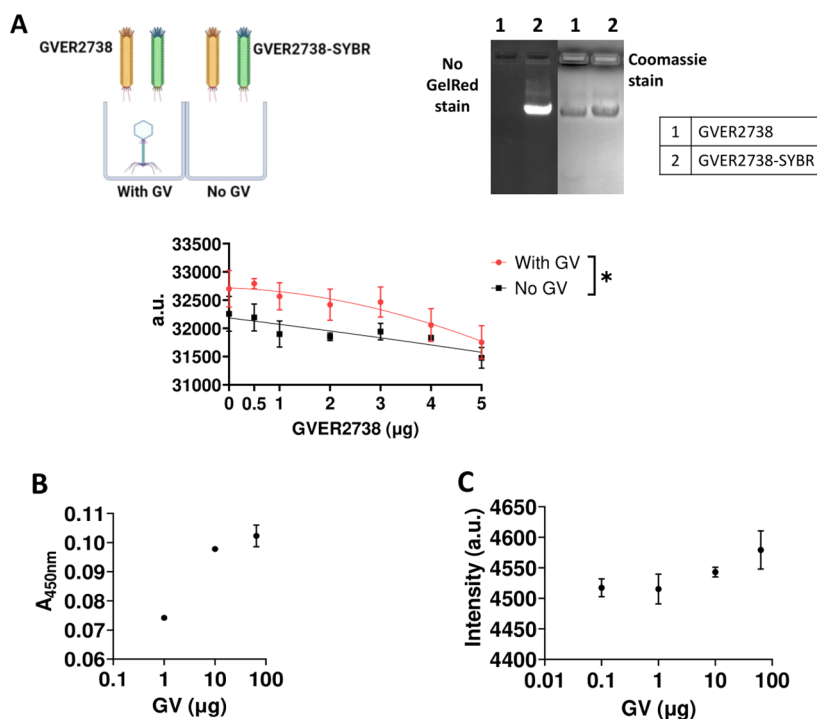


Figure 5. Analysis of GVER2738 binding activity by competitive ELISA. (A) Competitive ELISA between GVER2738 and GVER2738-SYBR against GV (target) and GVBSA (negative control). Agarose gel shows the intercalation of SYBR with GV under UV light. The same gel was stained with Coomassie Brilliant Blue to show the colocalization of phage nucleic acid and coat proteins. (B) ELISA showing the binding of GVBp-biotin to GV and (C) GVBp-Cy5 to GV. Data are means \pm standard deviations ($n = 3$, one-way ANOVA; $*p < 0.05$).

(Figure 3A). The most prevalent peptide sequence (WDLPPIGRLSGN) accounted for 50% of the sequenced phages. We also observed the consensus motif LPPI in most of the peptide sequences (Figure 3A, bold red). Peptide sequence

alignment revealed strong conservation, with a consistency score of at least 77 out of 100 (Figure 3B). The major hit WDLPPIGRLSGN was therefore chosen for synthesis and further characterization.

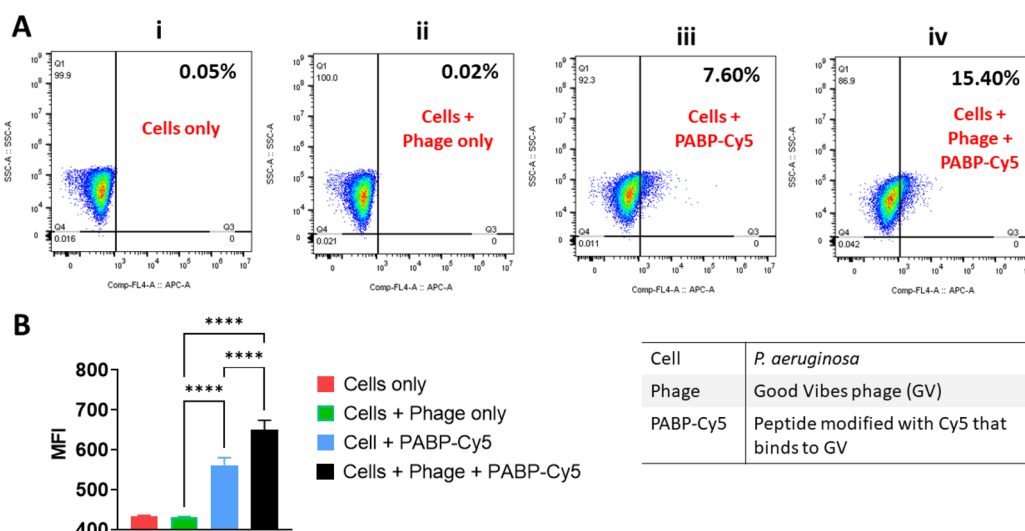


Figure 6. Analysis of GVBP-Cy5 binding by flow cytometry. (A) Scatter plots showing percent of APC+ cells by gating on *P. aeruginosa* cells. Mean APC+ population is shown as an inset. (B) Histogram showing median fluorescence intensity (MFI) values of APC+ cells. Data are means \pm standard deviations ($n = 3$, one-way ANOVA; **** $p < 0.0001$).

Cross-reactivity assays, in which the nine unique monoclonal phages were screened against the target (GV), Matera (MAT, also representing the family *Myoviridae*), cowpea mosaic virus (CPMV, a plant virus), and BSA as a negative control, showed that monoclonal phage displaying peptides WDLPPIGRLSGN or THLPPIMRNLQF produced a strong signal against both GV and MAT, but not against CPMV or BSA (Figure 3C). Cross-reaction to MAT was anticipated because MAT and GV are closely related and share a high degree of structural similarity. SAROTUP analysis predicted that the WDLPPIGRLSGN peptide is not polystyrene binder and contains no target-unrelated motifs (Figure 3D). However, monoclonal phages displaying this peptide were predicted to be fast growing, suggesting the phages have a higher infection rate or secretion rate but may not display a target-specific binder.^{28,29}

Validation of Monoclonal Phage GVER2738 Binding to GV. The binding of monoclonal phage GVER2738 to GV was confirmed by ELISA. We showed that monoclonal phages displaying the peptide WDLPPIGRLSGN bound more strongly to GV and MAT than the unrelated virus TRI-180 and the negative control BSA (Figure 4A). GVER2738 also bound more strongly to GV (our target) than the closely related virus MAT. We also compared the binding activity of GVER2738 and empty M13 phage (M13KE). Monoclonal phages displaying peptide WDLPPIGRLSGN bound more strongly than M13KE to GV and MAT (Figure 4B). Again, GVER2738 also bound more strongly to GV than MAT. These results confirmed that the binding of GVER2738 to GV and MAT reflected the recognition of the displayed peptide rather than the M13 capsid.

Next, we carried out a competitive binding assay between monoclonal phage GVER2738 and GVER2738 intercalated with SYBR dye (GVER2738-SYBR) with GV as the target (Figure 5A). The same amount of GV was coated onto the plates and the same amount of GVER2738-SYBR was used in each assay. By increasing the amount of GVER2738, fewer binding sites on the GV surface were available for its competitor GVER2738-SYBR, resulting in a weaker SYBR signal with the increasing amount of GVER2738. The signal

from the wells coated with GV was much stronger than that from the negative control wells (coated with BSA), indicating a specific noncovalent interaction between the peptides displayed on the monoclonal phage and GV. The KD value of the binding with GV was ~ 12 times higher than BSA. To confirm these results, we synthesized the WDLPPIGRLSGN peptide, which we describe as the GV-binding peptide (GVBP), with two separate C-terminal modifications: biotin (GVBP-biotin) and Cy5 (GVBP-Cy5). We confirmed by ELISA that the intensity of signals representing bound GVBP-biotin and GVBP-Cy5 became stronger with increasing amounts of GV coating the plates (Figure 5B and C).

Flow Cytometry Analysis of GVBP-Cy5 Binding to GV. The binding of GVBP-Cy5 to GV in a population of *P. aeruginosa* cells was investigated by flow cytometry (Figure 6A). The adherence of GVBP-Cy5 on GV bound to *P. aeruginosa* cells can be detected by flow cytometry using the APC channel. Higher GVBP-Cy5 bound to GV leads to higher APC shift compared to population without GVBP-Cy5. The population containing both cells and phages (Figure 6A, panel (iv)) showed the highest APC+ shift of 15.4% in the presence of GVBP-Cy5, although the population containing cells without phages also showed a moderate shift of 7.6% when the peptide was added, indicating that the peptide binds nonspecifically to the bacterial cells (Figure 6A, panel (iii)). These results correlated with the median fluorescence intensity (MFI) values (Figure 6B). The population containing cells and phages plus GVBP-Cy5 generated the strongest fluorescent signal, indicating the binding of GVBP-Cy5 to phage particles. A weaker signal was detected in the absence of phage. The binding of GVBP-Cy5 to the phage therefore increases the APC+ signal.

Data support that *P. aeruginosa* cells can be tracked and imaged using the identified GVBP. To proceed with *in vivo* studies, the sensitivity of the approach should be improved; this may be achieved through multivalency therefore introducing avidity effects; e.g., multivalent peptides could be synthesized, and nanoparticle formulations could be utilized to generate high multivalency.

CONCLUSION

We have successfully isolated 12-mer peptides binding to GV, a phage that infects and lyses the pathogenic bacterium *P. aeruginosa*. We isolated nine unique peptide sequences using peptide phage display technology, and the consensus motif LPPI was found in most of the peptides following multiple sequence alignment. ELISAs using monoclonal phage GVER2738 and modified GVBP confirmed that the peptides bind to GV and closely related phage but not to unrelated viruses. Flow cytometry also showed the significant binding of Cy5-labeled GVBP to GV. This preliminary data may facilitate the development of *in vivo* tracers for the real-time analysis of phage therapy.

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Author Contributions

S.K.C. designed and performed the experimental work. Z.Z. assisted in flow analysis. S.P. and E. K. prepared phages and *P. aeruginosa*. Whole genome sequencing was performed by Pride lab. N.F.S. and R.T.S. conceived the study. N.F.S. oversaw the design and testing. S.K.C. and N.F.S. wrote the manuscript. All authors read and edited the manuscript.

Notes

The authors declare no competing financial interest.

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REFERENCES

- (1) How Antibiotic Resistance Happens | CDC. <https://www.cdc.gov/drugresistance/about/how-resistance-happens.html> (accessed 2022-04-03).
- (2) Antimicrobial resistance. <https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance> (accessed 2022-04-03).
- (3) Murray, C. J.; Ikuta, K. S.; Sharara, F.; Swetschinski, L.; Robles Aguilar, G.; Gray, A.; Han, C.; Bisignano, C.; Rao, P.; Wool, E.; Johnson, S. C.; Browne, A. J.; Chipeta, M. G.; Fell, F.; Hackett, S.; Haines-Woodhouse, G.; Kashaf Hamadani, B. H.; Kumaran, E. A. P.; McManigal, B.; Agarwal, R.; Akech, S.; Albertson, S.; Amuasi, J.; Andrews, J.; Aravkin, A.; Ashley, E.; Bailey, F.; Baker, S.; Basnyat, B.; Bekker, A.; Bender, R.; Bethou, A.; Bielik, J.; Boonkasidecha, S.; Bukosia, J.; Carvalheiro, C.; Castañeda-Orjuela, C.; Chansamouth, V.; Chaurasia, S.; Chiurchiù, S.; Chowdhury, F.; Cook, A. J.; Cooper, B.; Cressey, T. R.; Criollo-Mora, E.; Cunningham, M.; Darboe, S.; Day, N. P. J.; De Luca, M.; Dokova, K.; Dramowski, A.; Dunachie, S. J.; Eckmanns, T.; Eibach, D.; Emami, A.; Feasey, N.; Fisher-Pearson, N.; Forrest, K.; Garrett, D.; Gastmeier, P.; Giref, A. Z.; Greer, R. C.; Gupta, V.; Haller, S.; Haselbeck, A.; Hay, S. I.; Holm, M.; Hopkins, S.; Iregbu, K. C.; Jacobs, J.; Jarovsky, D.; Javanmardi, F.; Khorana, M.; Kissoon, N.; Kobeissi, E.; Kostyanov, T.; Krapp, F.; Krumkamp, R.; Kumar, A.; Kyu, H. H.; Lim, C.; Limmathurotsakul, D.; Loftus, M. J.; Lunn, M.; Ma, J.; Mturi, N.; Munera-Huertas, T.; Musicha, P.; Mussi-Pinhata, M. M.; Nakamura, T.; Nanavati, R.; Nangia, S.; Newton, P.; Ngoun, C.; Novotney, A.; Nwananma, D.; Obiero, C. W.; Olivares-Martinez, A.; Olliaro, P.; Ooko, E.; Ortiz-Brizuela, E.; Peleg, A. Y.; Perrone, C.; Plakkal, N.; Ponce-de-Leon, A.; Raad, M.; Ramdin, T.; Riddell, A.; Roberts, T.; Robotham, J. V.; Roca, A.; Rudd, K. E.; Russell, N.; Schnall, J.; Scott, J. A. G.; Shivamallappa, M.; Sifuentes-Osornio, J.; Steenkeste, N.; Stewardson, A. J.; Stoeva, T.; Tasak, N.; Thairprakong, A.; Thwaites, G.; Turner, C.; Turner, P.; van Doorn, H. R.; Velaphi, S.; Vongpradith, A.; Vu, H.; Walsh, T.; Waner, S.; Wangrangsimakul, T.; Wozniak, T.; Zheng, P.; Sartorius, B.; Lopez, A. D.; Stergachis, A.; Moore, C.; Dolecek, C.; Naghavi, M. Global Burden of Bacterial Antimicrobial Resistance in 2019: A Systematic Analysis. *Lancet* **2022**, *399*, 629–655.
- (4) About Antibiotic Resistance | CDC. <https://www.cdc.gov/drugresistance/about.html> (accessed 2022-04-03).
- (5) Tacconelli, E.; Carrara, E.; Savoldi, A.; Harbarth, S.; Mendelson, M.; Monnet, D. L.; Pulcini, C.; Kahlmeter, G.; Kluytmans, J.; Carmeli, Y.; Ouellette, M.; Outtersson, K.; Patel, J.; Cavalieri, M.; Cox, E. M.; Houchens, C. R.; Grayson, M. L.; Hansen, P.; Singh, N.; Theuretzbacher, U.; Magrini, N.; Aboderin, A. O.; Al-Abri, S. S.; Awang Jalil, N.; Benzonana, N.; Bhattacharya, S.; Brink, A. J.; Burkert, F. R.; Cars, O.; Cornaglia, G.; Dyar, O. J.; Friedrich, A. W.; Gales, A. C.; Gandra, S.; Giske, C. G.; Goff, D. A.; Goossens, H.; Gottlieb, T.; Guzman Blanco, M.; Hryniewicz, W.; Kattula, D.; Jinks, T.; Kanj, S. S.; Kerr, L.; Kieny, M. P.; Kim, Y. S.; Kozlov, R. S.; Labarca, J.; Laxminarayan, R.; Leder, K.; Leibovici, L.; Levy-Hara, G.; Littman, J.; Malhotra-Kumar, S.; Manchanda, V.; Moja, L.; Ndoye, B.; Pan, A.; Paterson, D. L.; Paul, M.; Qiu, H.; Ramon-Pardo, P.; Rodriguez-Baño, J.; Sanguinetti, M.; Sengupta, S.; Sharland, M.; Si-Mehand, M.; Silver, L. L.; Song, W.; Steinbakk, M.; Thomsen, J.; Thwaites, G. E.; van der Meer, J. W.; Van Kinh, N.; Vega, S.; Villegas, M. V.; Wechsler-Fördös, A.; Wertheim, H. F. L.; Wesangula, E.; Woodford, N.; Yilmaz, F. O.; Zorzet, A. Discovery, Research, and Development of New Antibiotics: The WHO Priority List of Antibiotic-Resistant Bacteria and Tuberculosis. *Lancet. Infect. Dis.* **2018**, *18*, 318–327.
- (6) Pseudomonas aeruginosa pneumonia - UpToDate. <https://www.uptodate.com/contents/pseudomonas-aeruginosa-pneumonia> (accessed 2022-04-21).

- (7) Laborda, P.; Sanz-García, F.; Hernando-Amado, S.; Martínez, J. L. *Pseudomonas Aeruginosa*: An Antibiotic Resilient Pathogen with Environmental Origin. *Curr. Opin. Microbiol.* **2021**, *64*, 125–132.
- (8) Paterson, D. L.; Rice, L. B. Empirical Antibiotic Choice for the Seriously Ill Patient: Are Minimization of Selection of Resistant Organisms and Maximization of Individual Outcome Mutually Exclusive? *Clin. Infect. Dis.* **2003**, *36*, 1006–1012.
- (9) *Pseudomonas aeruginosa* | HAI | CDC. <https://www.cdc.gov/hai/outbreaks/pseudomonas-aeruginosa.html> (accessed 2022-04-21).
- (10) Spagnolo, A. M.; Sartini, M.; Cristina, M. L. *Pseudomonas Aeruginosa* in the Healthcare Facility Setting. *Rev. Med. Microbiol.* **2021**, *32*, 169–175.
- (11) Schooley, R. T.; Strathdee, S. Treat Phage like Living Antibiotics. *Nat. Microbiol.* **2020**, *5* (3), 391–392.
- (12) d'Herelle, F. Annual Graduate Fortnight. Medical and Surgical Aspects of Acute Bacterial Infections, October 20 to 31, 1930: Bacteriophage as a Treatment in Acute Medical and Surgical Infections. *Bull. N. Y. Acad. Med.* **1931**, *7*, 329.
- (13) Brives, C.; Pourraz, J. Phage Therapy as a Potential Solution in the Fight against AMR: Obstacles and Possible Futures. *Palgrave Commun.* **2020**, *6*, 1–11.
- (14) Kasman, L. M.; Porter, L. D. Bacteriophages. *Brenner's Encycl. Genet. Second Ed.* **2021**, 280–283.
- (15) Cafora, M.; Deflorian, G.; Forti, F.; Ferrari, L.; Binelli, G.; Briani, F.; Ghisotti, D.; Pistocchi, A. Phage Therapy against *Pseudomonas Aeruginosa* Infections in a Cystic Fibrosis Zebrafish Model. *Sci. Reports* **2019**, *9*, 1–10.
- (16) Yang, X.; Haque, A.; Matsuzaki, S.; Matsumoto, T.; Nakamura, S. The Efficacy of Phage Therapy in a Murine Model of *Pseudomonas Aeruginosa* Pneumonia and Sepsis. *Front. Microbiol.* **2021**, *12*, 1698.
- (17) Novel Phage Therapy Saves Patient with Multidrug-Resistant Bacterial Infection. <https://health.ucsd.edu/news/releases/pages/2017-04-25-novel-phage-therapy-saves-patient-with-multidrug-resistant-bacterial-infection.aspx> (accessed 2022-05-09).
- (18) Aslam, S.; Lampley, E.; Wooten, D.; Karris, M.; Benson, C.; Strathdee, S.; Schooley, R. T. Lessons Learned From the First 10 Consecutive Cases of Intravenous Bacteriophage Therapy to Treat Multidrug-Resistant Bacterial Infections at a Single Center in the United States. *Open Forum Infect. Dis.* **2020**, DOI: 10.1093/ofid/ofaa389.
- (19) Dedrick, R. M.; Smith, B. E.; Cristinziano, M.; Freeman, K. G.; Jacobs-Sera, D.; Belessis, Y.; Whitney Brown, A.; Cohen, K. A.; Davidson, R. M.; van Duin, D.; Gainey, A.; Garcia, C. B.; Robert George, C. R.; Haidar, G.; Ip, W.; Iredell, J.; Khatami, A.; Little, J. S.; Malmivaara, K.; McMullan, B. J.; Michalik, D. E.; Moscatelli, A.; Nick, J. A.; Tupayachi Ortiz, M. G.; Polenakovik, H. M.; Robinson, P. D.; Skurnik, M.; Solomon, D. A.; Soothill, J.; Spencer, H.; Wark, P.; Worth, A.; Schooley, R. T.; Benson, C. A.; Hatfull, G. F. Phage Therapy of Mycobacterium Infections: Compassionate-Use of Phages in Twenty Patients with Drug-Resistant Mycobacterial Disease. *Clin. Infect. Dis.* **2022**, DOI: 10.1093/cid/ciac453.
- (20) Dhungana, G.; Nepal, R.; Regmi, M.; Malla, R. Pharmacokinetics and Pharmacodynamics of a Novel Virulent *Klebsiella* Phage Kp_Pokalde_002 in a Mouse Model. *Front. Cell. Infect. Microbiol.* **2021**, *11*, 731.
- (21) Shi, Y.; Peng, Y.; Zhang, Y.; Chen, Y.; Zhang, C.; Luo, X.; Chen, Y.; Yuan, Z.; Chen, J.; Gong, Y. Safety and Efficacy of a Phage, Kpssk3, in an in Vivo Model of Carbapenem-Resistant Hyper-mucoviscous *Klebsiella Pneumoniae* Bacteremia. *Front. Microbiol.* **2021**, DOI: 10.3389/fmicb.2021.613356.
- (22) Acs, N.; Gambino, M.; Brøndsted, L. Bacteriophage Enumeration and Detection Methods. *Front. Microbiol.* **2020**, *11*, 2662.
- (23) Kelly, K. A.; Waterman, P.; Weissleder, R. In Vivo Imaging of Molecularly Targeted Phage. *Neoplasia* **2006**, *8*, 1011–1018.
- (24) Rusckowski, M.; Gupta, S.; Liu, G.; Dou, S.; Hnatowich, D. J. Investigation of Four ^{99m}Tc-Labeled Bacteriophages for Infection Specific Imaging. *Nucl. Med. Biol.* **2008**, *35*, 433.
- (25) Chan, S. K.; Steinmetz, N. F. Isolation of Cowpea Mosaic Virus-Binding Peptides. *Biomacromolecules* **2021**, *22*, 3613–3623.
- (26) Chan, S. K.; Du, P.; Ignacio, C.; Mehta, S.; Newton, I. G.; Steinmetz, N. F. Biomimetic Virus-Like Particles as Severe Acute Respiratory Syndrome Coronavirus 2 Diagnostic Tools. *ACS Nano* **2021**, *15*, 1259–1272.
- (27) Wu, C. H.; Liu, I. J.; Lu, R. M.; Wu, H. C. Advancement and Applications of Peptide Phage Display Technology in Biomedical Science. *J. Biomed. Sci.* **2016**, *23*, 1–14.
- (28) Thomas, W. D.; Golomb, M.; Smith, G. P. Corruption of Phage Display Libraries by Target-Unrelated Clones: Diagnosis and Countermeasures. *Anal. Biochem.* **2010**, *407*, 237–240.
- (29) Brammer, L. A.; Bolduc, B.; Kass, J. L.; Felice, K. M.; Noren, C. J.; Hall, M. F. A Target-Unrelated Peptide in an M13 Phage Display Library Traced to an Advantageous Mutation in the Gene II Ribosome-Binding Site. *Anal. Biochem.* **2008**, *373*, 88–98.