



## Antifungal drugs: New insights in research & development

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### ARTICLE INFO

#### Keywords:

Drug targets  
Rational drug design  
Essential genes  
Antifungal immunotherapy  
Drug discovery and development  
Systemic mycoses

### ABSTRACT

The need for better antifungal therapy is commonly accepted in view of the high mortality rates associated with systemic infections, the low number of available antifungal classes, their associated toxicity and the increasing number of infections caused by strains with natural or acquired resistance. The urgency to expand the range of therapeutic options for the treatment of fungal infections has led researchers in recent decades to seek alternative antifungal targets when compared to the conventional ones currently used. Although new potential targets are reported, translating the discoveries from bench to bedside is a long process and most of these drugs fail to reach the patients. In this review, we discuss the development of antifungal drugs focusing on the approach of drug repurposing and the search for novel drugs for classical targets, the most recently described gene targets for drug development, the possibilities of immunotherapy using antibodies, cytokines, therapeutic vaccines and antimicrobial peptides.

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### 1. Introduction

In recent decades, advances in the medical field due to the discovery of new drugs and development of therapeutic protocols have promoted an increment in the lifespan of immunosuppressed patients such as those with HIV, cancer patients and transplant recipients. However, the increased immunocompromised population led to a dramatic expansion of human invasive mycosis cases, which has become a global public health problem. Currently, the approved therapeutic arsenal of

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drugs for treatment of mycoses is restricted to a few antifungal drugs, and most of them have limitations such as low effectiveness and high toxicity. In addition, the fact that some fungal species are resistant to the available drugs is noted as an obstacle to treating those infections. Thus, researchers have been looking for ways to deal with these problems, since the identification of new antifungal compounds or new therapeutic protocols is an urgent need. This review will focus on and explore the main strategies and advances that have been reported and proposed by the academic, industrial and medical communities for the development of new therapeutic approaches for the proper management of fungal infections.

## 2. Drug development

### 2.1. Drugs against old pathways

Recent advances in compound screening and drug design have not only covered substances with activity against previously untargeted pathways, but also molecules that act on the same pathways as classical antifungals. Pathways that have already been successfully targeted by drugs in clinical use have the advantage of being “field-tested”; chemicals that are found to act against targets in them are likelier to be effective antifungals. Of note, several new classes of compounds have been reported against enzymes of the ergosterol biosynthetic pathway, including but not limited to the classical azole target, lanosterol 14 $\alpha$ -demethylase. In this subtopic, we discuss recent reports of novel compounds with antifungal activity on ergosterol synthesis inhibition published in the past three years, which are: alkylated isoquinoline derivatives; aminopiperidine derivatives; pyranopyrimidines; and coumarin derivatives. Recent developments in the search for second-generation echinocandins with improved activity against fungal strains that evolved resistance to first-generation compounds will also be discussed. In this section, we also present investigational drugs that have been shown to be useful against systemic fungal pathogens, including strains resistant to clinically available azoles, and which inhibit enzymes of ergosterol or beta-glucan biosynthesis.

#### 2.1.1. Erg11 azole and Erg1 inhibitors

The only targets of the ergosterol biosynthetic pathway for which there are drugs used in systemic (as opposed to topical) therapy are lanosterol 14 $\alpha$ -demethylase (Erg11 or Cyp51; EC 1.14.13.154), the target of azole antifungals; and squalene monooxygenase (Erg1; EC 1.14.14.17), the target of terbinafine. However, with the emergence of azole-resistant strains obtained by the overexpression of the enzyme, or by amino acid substitutions that remove inhibition by the drugs (Cowen et al., 2015), attention has turned to other enzymes of the same pathway, or to non-azole drugs that inhibit Erg11.

#### 2.1.2. Erg11, non-azole inhibitors

Coumarins are widespread in plants and thought to act as antifungal chemical barriers. Accordingly, research on coumarin derivatives was first pursued with a view to the development of agricultural herbicides (Zhang et al., 2014). However, a recent work by Tiwari et al., 2017 resulted in the synthesis of derivatives with antimicrobial activity, one of which was a promising antifungal, although they presented higher Minimal Inhibitory Concentration (MIC) values (12  $\mu$ g/mL against *Aspergillus niger* to 38  $\mu$ g/mL against *A. fumigatus*). *In vitro* toxicity against HeLa cells was negative, and oral administration to mice resulted in no obvious toxicity or behavioural changes in the animals. Analysis of ergosterol synthesis intermediate accumulation suggested inhibition of Erg11 and *in silico* docking studies gave support to this observation.

#### 2.1.3. Erg24 ( $\Delta$ 14-sterol reductase) inhibitors

The second step in the conversion of lanosterol to ergosterol involves catalysis by this enzyme (Erg24; EC 1.3.1.70). In contrast with

Erg11, it is not a component of cytochrome P450 in the mammalian liver, which suggests that drugs against this enzyme might not produce the adverse drug interactions often observed in azole drugs. Hata et al. (2010, 2010) identified new hit compounds from the aminopiperidine class that showed activity against fluconazole-resistant strains of *C. albicans*, *C. glabrata*, *C. krusei* and *A. fumigatus*, as well as against *C. neoformans*. *In vitro* MICs for effective compounds ranged from 0.063 (against fluconazole-resistant *C. albicans* MYA-573) to 16  $\mu$ g/mL (against *A. fumigatus* ATCC 13073). The chemicals were shown to be fungistatic against *C. albicans*, and one of them was comparable in efficacy to fluconazole in a murine model of systemic candidiasis. Another class of compounds with activity against Erg24 is the isoquinoline derivatives. Synthesised by Krauss et al. (2014), they include hits with activity against azole-resistant *C. glabrata* (MIC of 2.5  $\mu$ g/mL) and no toxicity against the human HL 60 cell line.

#### 2.1.4. Erg2 ( $\Delta$ 8,7-isomerase) inhibitors

This enzyme, Erg2, converts fecosterol to episterol in a branch of steroid synthesis that is not present in mammals. A topical antifungal, amorolfine, inhibits Erg2, but no compounds for systemic use are available. However, isoquinoline derivatives (Krauss et al., 2014) described above include hit compounds with activity against Erg2 instead of Erg24. One such compound had a MIC of 5  $\mu$ g/mL against azole-resistant *C. glabrata* and no toxicity against HL60 cells.

#### 2.1.5. Erg6 ( $\Delta$ 24-sterol methyltransferase) inhibitors

Erg6 (EC 2.1.1.41), acts in conversion of lanosterol to eburicol, or of zymosterol to fecosterol, both of which reactions are exclusive to the fungal ergosterol biosynthetic pathway. Therefore, it has long been an object of interest for the development of antifungals. Recently, Erg6 inhibitors have been reported with antifungal activity *in vitro*. The phenylpropanoid  $\alpha$ -bisabolol has been shown to inhibit the growth of *A. fumigatus* (Jahanshiri et al., 2017) and the sterol hydrazine, 22-hydrazono-imidazolin-2-yl-chole-5-ene-3 $\beta$ -ol, can inhibit growth of several fungi, including *Sporothrix* spp. (Borba-Santos et al., 2016) and, at sub-micromolar concentrations, *Paracoccidioides brasiliensis* (Visbal et al., 2011).

#### 2.1.6. Other compounds that inhibit ergosterol synthesis

A few chemicals have shown antifungal activity coupled with ergosterol depletion *in vitro*, but a specific target enzyme has not been determined for them until now. Isoniazid derivatives have been reported (de Aguiar Cordeiro et al., 2014) as being active against *Histoplasma capsulatum*, including synergism with amphotericin B and suppression of metabolic activity of yeast embedded in biofilms. Raja Mohamed et al. (2014) reported that levofloxacin derivatives exhibit suppressive activity against *C. albicans* biofilms, an effect that was accompanied by a decrease in ergosterol content and in expression of ergosterol biosynthesis genes. Suresh et al. (2015) reported the synthesis of pyranopyrimidine compounds with fungicidal activity (at concentrations ranging from 7.8 to 62.5  $\mu$ g/mL) against several pathogenic *Candida* strains by inhibition of the ergosterol pathway in an unspecified manner.

#### 2.1.7. Fks (1,3- $\beta$ -glucan synthesis) and chitin inhibition

The cell wall of fungal cells has also been widely exploited as a target for selective antifungal therapy (Song and Stevens, 2016; Gow et al., 2017; Chang et al., 2017). This unique structure is composed mainly of chitin and glucan polymers with a role in the protection of fungal cells against extracellular stress from the natural environmental and host immune response. The latest drug class approved for clinical use was the echinocandins, which block glucan biosynthesis (Chang et al., 2017). The three echinocandin antifungals, caspofungin, anidulafungin and micafungin, inhibit the activity of 1,3- $\beta$ -glucan synthase (Fks; EC 2.4.1.34), an enzyme involved in the synthesis of the fungal cell wall. Today, they are the chosen therapy against disseminated candidiasis

due to the potent activities and low side effects (Sucher et al., 2009; Chang et al., 2017). They are also part of combination therapy against systemic aspergillosis (Jenks & Hoenigl, 2018). However, echinocandins require hospitalisation due to their poor bioavailability upon oral administration (Sucher et al., 2009; Chang et al., 2017), and there has been interest in developing drugs that act on the same enzyme but can be taken orally. To improve the pharmacological properties, two new inhibitors of glucan synthases are under evaluation, CD101 (or rezafungin or SP3025) from Cidara Therapeutics (USA), and SCY-078 from Scynexis (USA). Rezafungin is an echinocandin, so technically it does not constitute a new class against an old pathway, but it is a chemically more stable molecule than the first-generation drugs of its class, and is highly soluble in aqueous systems (Ong et al., 2016, 2017; Sofjan et al., 2018). It demonstrated low toxicity and long half-life in animal models, reducing the frequency of intravenous application to once a week (Lepak et al., 2017). The activity of rezafungin was evaluated on *C. albicans* and *A. fumigatus* systemic infections with effects comparable to those of anidulafungin and more potent than caspofungin (Ong et al., 2017; Lepak et al., 2017). It is currently the object of a phase II trial for candidemia and systemic candidiasis (trial #NCT02734862 at [clinicaltrials.gov](http://clinicaltrials.gov)), and a phase III trial is scheduled for the same clinical conditions (#NCT03667690).

#### 2.1.8. MK-3118/SCY-078

triterpenoid derived from the non-echinocandin natural antifungal, enfumafugin (Pfaller et al., 2013a), has shown broad *in vitro* activity (MIC ranging from 0.06 to 16 µg/mL) against *Candida* spp. (*C. albicans*, *C. glabrata*, *C. krusei*, *C. parapsilosis*), including azole- and echinocandin-resistant strains. Subsequent studies confirmed promising *in vivo* activity in a murine model of candidiasis (Lepak et al., 2015), against the emerging *Candida auris in vitro* (Larkin et al., 2017), against *Candida* biofilms (Marcos-Zambrano et al., 2017) and against *Aspergillus* spp. *in vitro* (CLSI 90% minimum effective concentration, ranging from 60 to 120 ng/mL; Pfaller et al., 2013b). Synergy with both azoles and amphotericin B (AmB) has been shown against *A. fumigatus in vitro* (Ghannoum et al., 2018).

#### 2.1.9. SCY-078

SCY-078 is a different structure from the conventional echinocandins, derived from enfumafugin (Heasley et al., 2012; Onishi et al., 2000), which has finalized Phase 2 of clinical trials, with high rates of clinical cures in comparison to fluconazole and non-serious adverse effects. It is a safe drug with daily oral administration, as potent as caspofungin against *Candida* and *Aspergillus* species, including those resistant to azoles and echinocandins. This drug showed poor activity to treat *Mucor* and *Fusarium* infections (Jiménez-Ortigosa et al., 2014; Lepak et al., 2015; Schell et al., 2017; Ghannoum et al., 2018; Wiederhold et al., 2018).

#### 2.1.10. Nikkomycins

comprise peptidyl nucleoside agents that competitively inhibit the chitin synthase (Ruiz-Herrera et al., 2003). Nikkomycins were isolated in the 1970s from *Streptomyces*, are active against some yeasts and thermal dimorphic fungal pathogens that cause systemic disease, but not against moulds. The preclinical and Phase 1 clinical studies showed that they are selective, with low toxicity and superior activity relative to fluconazole in animal models of systemic mycoses caused by dimorphs, both intravenously or orally (Hector et al., 1990; Shubitz et al., 2014). The short half-life due to structural instability has led to a delay in the availability of these compounds as clinical alternatives to treat fungal infections.

Of all the compounds described (Fig. 1), only SCY-078 represents a new class that has made the transition into clinical trials. Coumarins are the only other class that has moved beyond *in vitro* assays to animal toxicity studies, and their MICs may be too high for effective clinical use, at least without chemical optimisation. Nikkomycins, so far, are an

unfulfilled promise. While, for the reasons outlined at the beginning of this section, finding new molecules against old targets is a shortcut to obtaining new drugs that are clinically useful, it is clear that the search for new antifungals needs to be broadened, as we discuss in the next sections.

## 2.2. New molecules against other targets

The development of the tools for functional genetic studies in association with new high-throughput molecular technologies was crucial for the generation of a long list of new candidates for antifungal targets (De Backer and Van Dijk, 2003). There is no doubt that in the coming years, this list will increase even more with large-scale projects. We know that there is a long and expensive road to validate an inhibitor of a new molecular target, including preclinical and clinical phases, until it reaches the market, however these new targets presents a new horizon for the development of a broader therapeutic arsenal against the increasingly fungal infections. From the list of promising antifungal targets, in this topic we will focus on new molecules against: glucosphingolipids biosynthesis, GPI anchoring protein, pyrimidine pathway, amino acids biosynthesis, glyoxylate cycle, siderophore, signaling pathways, transcriptional factors and histone deacetylases (Table 1). Some of them are already in preclinical or clinical trials, while others still require more effort for antifungal drug optimization, thus opening up new perspectives in the biotechnological industry applied to human health.

### 2.2.1. Glucosphingolipids biosynthesis

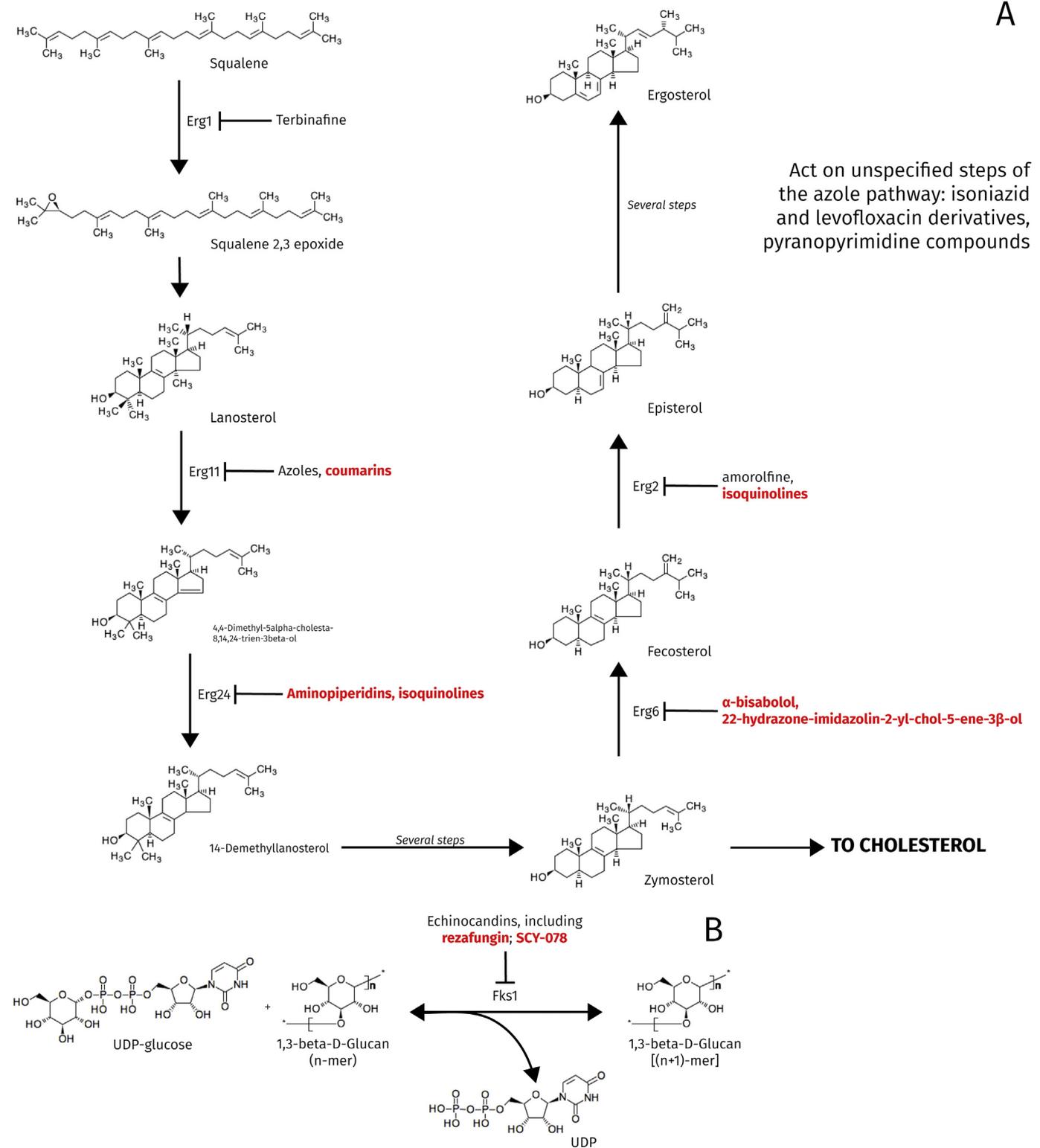
Glucosphingolipids are plasma membrane components regulating the replication and pathogenicity of several fungi. IPC synthase is a fungal exclusive enzyme required to produce inositol phosphatyl-ceramide (IPC) and Aureobasidin A is a cyclic depsipeptide inhibitor of this enzyme isolated from the *Aurebasidium pullulans* with potent antifungal activity (Takesako et al., 1993; Sugimoto et al., 2004). Aureobasidin A derivatives, Khafrefungin and Rustmicin have also been tested for therapeutic uses (Mandala et al., 1997; Mandala et al., 1998; Wuts et al., 2015). Recently, two studies found the acylhydrazone compounds BIBM [(E)-N'-(3-bromo-6-hydroxybenzylidene)-2-methylbenzohydrazide] selectively reduced fungal IPC and are well tolerated in animals with high potency against a broad spectrum of pathogenic fungi (Mor et al., 2015; Lazzarini et al., 2018).

### 2.2.2. GPI anchoring protein

For proper integrity and homeostasis of fungal cell wall, many mannosylated proteins are attached to it by Glycosylphosphatidylinositol (GPI) anchors (Komath et al., 2018). The inositol acyltransferase (Gwp1) catalyzes the fourth step of this pathway, and is the target of E1210 and Gepinacin. E1210 (now APX001, Amplyx Pharmaceutical, USA) showed high activity against *Candida* species and molds, with limited effect on *Mucor* infections (Miyazaki et al., 2011; Wiederhold et al., 2015; Schell et al., 2017). It has low toxicity, is well tolerated by oral administration and now is in Phase 1 clinical trials. Gepinacin is a phenoxyacetanilide still requiring structural optimization for *in vivo* pharmacological evaluation (McLellan et al., 2012).

### 2.2.3. Pyrimidine pathway

Among the orotomides compounds, F901318 (F2G, United Kingdom) was identified as a potent antifungal drug which targets the fungal dihydroorotate dehydrogenase on the *de novo* pyrimidine pathway in a very specific manner (Oliver et al., 2016). This drug showed low toxicity in mammal cells and good tolerability during Phase 1 of clinical studies. It now moved to Phase 2 for prophylactic use on acute myeloid leukemia patients (Kennedy et al., 2017; Kennedy et al., 2017; Du Pre et al., 2018).



**Fig. 1.** New classes, old targets. (A) The ergosterol synthesis pathway, in simplified form to highlight the steps that are catalysed by enzymes targeted by investigational compounds (red). Drugs in clinical use are shown in black. The second reaction catalysed by Erg6, from lanosterol to eburicol, is not shown. (B) The reaction catalysed by Fks1 and the agents that act on it

#### 2.2.4. Amino acids biosynthesis

Acetohydroxyacid synthase (AHAS) is the first enzyme of the branched-chain amino acids synthesis not available in human cells (McCourt and Duggleby, 2006). Two different studies found several sulfonamide molecules against this enzyme with a broad spectrum of antifungal action *in vitro* and low cytotoxicity (Lee

et al., 2013; Richie et al., 2013); however, none advanced to pre-clinical studies.

#### 2.2.5. Glyoxylate cycle

The glyoxylate cycle enables fungal cells to adapt and survive under limited host nutrient conditions. It allows the use of two carbon sources

**Table 1**  
New molecules against other targets

Cellular function	Target	Drugs/Inhibitors	Clinical studies for fungal infections	Company/Reference
Glucosphingolipids GPI anchoring protein	IPC synthase	Aureobasidin A and derivatives	-	AureoGen
		Khafrefungin	-	Biosciences/Merck & Co Takesako et al. (1993); Sugimoto et al. (2004)
		Rustmicin	-	Mandala et al. (1998) Wuts et al. (2015)
	Inositol phosphatyl-ceramide	BHBM	-	Mor et al. (2015); Lazzarini et al. (2018)
	Inositol acyltransferase (GWP1)	E1210 (APX001) Gepinacin	Phase I (NCT03333005 <sup>a</sup> – under development, NCT02957929 <sup>a</sup> and NCT02956499 <sup>a</sup> – concluded) Phase II (NCT0360470 <sup>a</sup> – planned)	Amplix Pharmaceutical McLellan et al. (2012)
<b>Pyrimidine pathway</b>	Dihydroorotate dehydrogenase	F901318 (Olorofim)	Phase I (NCT03340597 <sup>a</sup> , NCT02680808 <sup>a</sup> , NCT02730442 <sup>a</sup> , NCT02142153 <sup>a</sup> – concluded) Phase II (NCT03583164 <sup>a</sup> – under development)	F2G
<b>Amino acids biosynthesis Glyoxylate cycle</b>	Acetohydroxyacid synthase	Sulfonamide molecules	-	Lee et al. (2013); Richie et al. (2013)
	Isocitrate lyase (ICL)	Caffeic acid (CAFF), Rosmarinic acid (ROS), and Apigenin (API) 5-Hydroxyindole-type alkaloids Mohangamide A and B	-	Cheah et al., 2014 Lee et al. (2009) Bae et al. (2015)
<b>Siderophore Signaling pathways</b>	Unknown	ASP2397 (VL-2397)	Phase II (NCT03327727 <sup>a</sup> – under development)	Vical
	MAP kinase High-osmolarity glycerol (HOG1)	Fludioxonil	-	Kojima et al. (2006); Dinér et al. (2011)
	Phosphoinositide-dependent kinase 1 (PDK1)	KP-372-1	-	Baxter et al. (2011); Koselny et al. (2016)
		UCN-01 (7-Hydroxystaurosporine) OSU-03012	Clinical trials for other diseases Clinical trials for other diseases	
	Sphingosine 1-phosphate (S1P)	FTY720 (Fingolimod)	Clinical trials for other diseases, FDA approved for Multiple Sclerosis	Hagihara et al. (2013)
<b>Transcriptional factors</b>	Sterol uptake control protein 2 (Upc2)	VB00075177, VB00075853 and VB00075845 (Venenum)	-	Gallo-Ebert et al. (2014)
<b>Heterochromatin remodelation</b>	Histone Deacetylase (Hos2)	MGCD290	Phase II (NCT01497223 <sup>a</sup> – concluded)	MethylGene

<sup>a</sup> ClinicalTrials.gov Identifier (<https://clinicaltrials.gov/>)

bypassing the CO<sub>2</sub>-generating steps of the TCA cycle (Lorenz and Fink, 2002; Dunn et al., 2009). Isocitrate lyase (ICL1) is essential for fungal virulence and is not present in the human genome. Many inhibitors of ICL1 have high activity against different fungal species (Lee et al., 2009; Cheah et al., 2014; Bae et al., 2015) opened new perspectives in the design of new antifungal drugs targeting this metabolic pathway.

### 2.2.6. Siderophore

ASP2397 (VL-2397, Vical, USA) is a cyclic hexapeptide isolated from *Acremonium persicinum* structurally similar to ferrichrome, a hydroxamate siderophore, with activity against yeasts and molds (Nakamura et al., 2017). Although its specific cellular target is unknown, it is transported by siderophore protein (Sit1) not available in human cells. It is already in a Phase 2 clinical trial for treatment of invasive aspergillosis in acute leukemia patients and recipients of allogeneic hematopoietic cell transplant.

### 2.2.7. Signaling pathways

Fungal pathogens have co-opted the eukaryotic conserved signaling pathways to adapt to the environment in order to survive even inside the host. The slight differences of fungal components in relation to human cells are attractive for antifungal drug development (Chauhan and Calderone, 2008). Fludioxonil constitutively activates HOG1 (MAP kinase High-osmolarity glycerol) provoking lethal effects on fungal cells (Dinér et al., 2011; Kojima et al., 2006). The Pdk1 (phosphoinositide-dependent kinase 1) is the target of KP-372-1, UCN-01, OSU-03012 (Baxter et al., 2011; Koselny et al., 2016). The calcium signaling pathway has also attracted attention as this cation serves as a second messenger on different cascades and is required for many biological functions inside the fungal cells. FTY720, a sphingosine 1-phosphate (S1P) receptor modulator, induces an influx of calcium

across the membrane, resulting in growth impairment of the fungal cells (Hagihara et al., 2013).

### 2.2.8. Transcriptional factors

As transcriptional factors are master regulators of several genes involved in a variety of cellular functions, recent studies have shown that inhibition of these molecules provokes a huge disturbance of genetic expression of the fungal cells culminating in cell death. High-throughput screening for inhibitors of the Upc2, a sterol uptake control protein 2 that is activated in response to azole treatment, successfully identified several molecules that may be used as precursors for designing new antifungal drugs (Gallo-Ebert et al., 2014).

### 2.2.9. Histone deacetylases

The last strategy to be discussed in this section is the use of epigenetic inhibitors to modulate the gene expression of fungal pathogens (Lamoth et al., 2015; Kmetzsch, 2015). It is already applied in cancer therapy, to target histone deacetylases (HDACs), which are responsible for removing acetyl groups from histones and some other proteins, generally down-regulating transcription and gene expression. Those proteins play a pivotal role in the modulation of virulence traits, drug resistance and morphogenesis of fungal pathogens (Zachi et al., 2010; Brandão et al., 2015 and Brandão et al., 2018). A recent work employing MGCD290, a HDAC inhibitor, showed synergism with commonly used azoles indicating the potential use as an alternative antifungal therapy (Pfaller et al., 2009).

## 2.3. Essential genes/proteins as drug targets

Essential genes are absolutely required for organism survival and are therefore considered the foundation of life. The identification of those genes in several microorganisms has been used as a promising strategy

for searching new antimicrobial targets in both bacteria and fungi. With the rapid advance of molecular biology and bioinformatics techniques, several genomes were sequenced and accurate analyses of huge amounts of information can be implemented to improve the identification of new targets genes. Essential genes, such as FSK1 (encoding 1,3- $\beta$ -D-glucan synthase) and ERG11 (encoding 14 $\alpha$ -demethylase), are drug targets used in current medical practice for the treatment of invasive fungal infections. However, the available antifungal drugs present limitations such as toxicity, low selectivity and antifungal resistance (Wiederhold, 2018).

Comparative genomic approaches have contributed to the identification of genes that are highly conserved within fungal species, and thus, may represent genes/proteins that participate in key processes (Liu et al., 2006; Abadio et al., 2011). The comparative approach is based on the hypothesis that different genomes share a common ancestor, and nucleotide sequences in each organism are the result of evolution, resulting in a possible maintenance of conserved domains in proteins indispensable to organism survival (te Velthuis & Bagowski, 2008; Abadio et al., 2011; Lu et al., 2014; Fan et al., 2017). The identification of essential genes in several microorganisms has been used as a promising strategy for seeking new antimicrobial targets in bacteria (Boyd et al., 2015) and fungi (Becker et al., 2010; Carr et al., 2010; Ianiri and Idnurm, 2015).

Fungal agents involved in invasive fungal infections such as *Candida* spp., *Cryptococcus neoformans*, *Aspergillus* spp., *Paracoccidioides brasiliensis* and *P. lutzii* are associated with high risk of mortality. Essential genes for some of those fungi have been confirmed using mutant screening with different strategies, such as: (i) antisense-based gene inactivation (De Backer et al., 2001); (ii) gene replacement and conditional expression (Roemer et al., 2003; Hu et al., 2007; Becker et al., 2010); (iii) parasexual genetics coupled with transposon mutagenesis (Carr et al., 2010); (iv) insertional mutagenesis using *Agrobacterium*-mediated transformation (Ianiri et al., 2017).

De Backer et al. (2001) used antisense RNA inhibition and promoter interference to obtain gene suppression in *C. albicans* enabling them to identify 85 genes critical for growth. In addition, molecular genetic approaches introducing targeted gene mutations allowed the identification of essential genes in *C. albicans* (Becker et al. 2010). Using 177 tetracycline-regulated promoter based conditional mutants in an immunocompetent murine infection model of systemic candidiasis, 102 genes were defined as essential for growth, virulence and survival in the host. In addition, the construction of conditional mutants with replacement of one allele and the expression control of the remaining allele allowed the confirmation by phenotypic analysis of 567 essential genes for *C. albicans* growth, encoding proteins involved in a broad spectrum of basic cellular processes (Roemer et al., 2003). Essential genes were also identified in *Aspergillus fumigatus*, by gene replacement and conditional expression strategy, using a nitrogen-regulated promoter, and 35 of them were validated by *in vivo* phenotypic analyses (Hu et al. 2007). More recently, Carr et al. (2010) employed the parasexual cycle to construct diploid isolates and, coupled with transposon-based mutagenesis, this allowed the identification of 20 essential genes of *A. fumigatus* and 96 loci that are critical for pathogen viability. Strategies to identify essential genes in *C. neoformans* by insertional mutagenesis using *Agrobacterium tumefaciens*-mediated transformation (AtMT) was described by Ianiri & Idnurm (2015) and Ianiri et al. (2017). This last study altered the transcription of genes adjacent to the insertion of T-DNA molecules, inserting the GAL7 promoter as close as possible to one border of the T-DNA, allowing the identification of 6 essential genes for *C. neoformans*.

Some other groups have shown the identification of essential gene targets, such as: histone deacetylases and UDP-N-acetylglucosamine pyrophosphorylase from *A. fumigatus* (Fang et al., 2013; Bauer et al., 2016); molecular chaperone, Kar2/BiP of *C. neoformans* (Jung et al., 2013); ROM2 of *C. glabrata* and *C. albicans* (Kanno et al., 2015);  $\gamma$ -glutamyl cysteine synthase of *C. glabrata* (Yadav et al., 2011);

thioredoxin reductase and alfa-1,2-mannosyltransferase of *P. lutzii* (Abadio et al., 2011). Using comparative genomic strategy, based on *in silico* analyses and data mining, our group has selected 57 orthologous genes in the pathogens: *C. albicans*, *A. fumigatus*, *Blastomyces dermatitidis*, *P. brasiliensis*, *P. lutzii*, *Coccidioides immitis*, *C. neoformans* and *Histoplasma capsulatum* as potential drug targets. Of those, 10 genes were present in the aforementioned pathogenic fungi and absent in the human. We focused on *trr1* and *kre2* genes, encoding thioredoxin reductase and alfa-1,2-mannosyltransferase, respectively, to perform molecular modeling and virtual screening, in order to select new antifungal compounds (Felipe et al., 2005; Abadio et al., 2015). The construction of three-dimensional models of proteins key to fungal survival, such as *C. albicans* and *P. lutzii*, enabled the selection of new small compounds against those enzymes (Abadio et al., 2015; Godoy et al., 2016; Salci et al., 2017), offering new perspectives on technological development and innovation of drug discovery (see section 1.4).

A total of 275 essential genes required for fungal survival in different pathogenic fungi were identified by the authors cited in this section (Table 2). The genes listed in Table 1 were categorized according to their Gene Ontology (GO) classes and significantly enriched were deduced by hypergeometric tests (GO terms with p-value < 0.05) (Table 3). Despite the differences in the methodologies to test gene essentiality in those fungi as well the number of evaluated genes, few categories are commonly enriched among few of those species: sterol and terpenoid biosynthesis, cell wall architecture and mitochondrial functions.

Several strategies can be used aiming at the development of new antifungal drugs. In this context, the identification and knowledge of essential genes required for fungi survival represents a possibility to achieving this development.

#### 2.4. Rational antifungal drug design

Rational drug design has enabled the application of computational tools for drug discovery as cost-effective alternatives to traditional experimental protocols. *In silico* methods are important tools for antifungal development and can considerably accelerate this process, because they reduce the number of compounds that need testing in order to identify early hits (Lionta et al., 2014; Kontoyianni, 2017).

Molecular docking has been extensively applied in virtual screening of small molecules in chemical libraries (Life Chemicals, Zinc, ChEMBL, ChemBridge among others) for drug discovery and hit-to-lead optimization. Inhibitory compounds (hits) with potential antifungal action have been discovered and tests *in vitro* and/or *in vivo* have shown their effective action against several fungal species (Abadio et al., 2015; Salci et al., 2017). Inhibition tests with proven hits validate *in silico* strategies and constitute an advance in the discovery of new drugs and they have also contributed in obtaining small molecules with promising antifungal activity. As mentioned before, two of the targets described by Abadio et al., (2011) have already been successfully explored: thioredoxin reductase (TRR1) and  $\alpha$ -1,2-mannosyltransferase (KRE2). Three inhibitors of thioredoxin reductase were selected by virtual screening with promising antifungal activity against *Paracoccidioides* spp. (Abadio et al., 2015). More recently, Kioshima et al. (unpublished data) extended the antifungal spectrum of thioredoxin reductase inhibitors by two new compounds with promising antifungal activity against *Candida* spp. and *Cryptococcus* spp. A promising hit molecule was selected as KRE2 inhibitor by virtual screening (Alves et al., unpublished data) and Salci et al. (2017) proved their antifungal activity against different *Candida* species, especially *C. parapsilosis*. Two other small molecules selected by virtual screening against the enzyme homoserine dehydrogenase of *Paracoccidioides brasiliensis* exhibited promising antifungal activity against fungi of this genus (Bagatin et al., 2017). Tripathi & Khan (2018) used a different approach with clustering

**Table 2**  
Essential genes in pathogenic fungi identified by the authors cited in the Section 2.3.

Specie	Essential genes
<i>C. albicans</i>	DPB2, HEM3, HIS1, PRS1, PSA1, SEC14, SEC4, YPT1, MIG1, MNN9, KRE9, SEC20, PHR2, PRA1, ECM31, RIB2, ARO7, BIO2, ERG13, CCA1, NUG1, EBP2, UTP10, YEF3, ERG27, FAS1, FAS2, EFT2, SAS10, SUI2, ESF2, UTP6, URA5, ARO2, NOP9, SEC6, ERD2, ERG11, ERG9, PMA1, URA7, VTI1, TRS23, PUP1, SCL1, RET3, GPI16, RHO1, CHS2, NPL6, PRE1, TIM44, MRPL6, TIM50, RSC2, BRN1, MCD1, TBF1, YSH1, CLP1, TIM23, MRPL23, RPO41, MRPL10, SPC97, DBF4, TFB1, PAP1, PRP8, SLU7, TAF6, CSL4, TEM1, ARC35, YTM1, SRM1, BDP1, PFS2, EPL1, TFG1, CFT2, MEX67, BRL1, NUP192, YNL313C, ERG1, 18S rRNA, 25S rRNA, 5S rRNA, Mitochondrial 15S rRNA <sup>a</sup> , RPS7, RPL37, RPL2 <sup>a</sup> , RPS21 <sup>a</sup> , RPL16 <sup>a</sup> , EFB1, TEF3, TEF4 <sup>a</sup> , TUF1 <sup>a</sup> , ABP1 <sup>a</sup> , YDR388w/RVS167 <sup>a</sup> , RNR1, YAE1, TRA1 <sup>a</sup> , SAP45 <sup>a</sup> , FAL1 <sup>a</sup> , MEG1 <sup>a</sup> , ENO1, SHA3 <sup>a</sup> , SDH2 <sup>a</sup> , HXT6 <sup>a</sup> , TPI1 <sup>a</sup> , KGD2 <sup>a</sup> , ARS1/2, SAM2, RPS102/RPS1, RAD18 <sup>a</sup> , HOL1 <sup>a</sup> , NDE1 <sup>a</sup> , OST4 <sup>a</sup> , PSP2 <sup>a</sup> , ECM21 <sup>a</sup> , MAA <sup>a</sup> , CBR1 <sup>a,b</sup> , CIT <sup>c</sup> , ERG7, CDC28 and ARG5,6
<i>C. neoformans</i>	BOT1, BYR4, FOL1, HYM1, HRB1, KEI1, MGM101, MRPL31, MRPS18, NAM9, RSM18, SEN54, SFI1, TIM54, BUR6, CDC14, IDI1, MRPL37, NOP56, PRE3, RPL17 and KAR2/BIP
<i>A. fumigatus</i>	UAPI, RPDA, PRO1 <sup>a</sup> , LYS1 <sup>a</sup> , LYS2 <sup>a</sup> , MET22 <sup>a</sup> , TFP1 <sup>a</sup> , NUP188 <sup>a</sup> , ACT1 <sup>a</sup> , GIMS <sup>a</sup> , FMN1 <sup>a</sup> , ZWF1 <sup>a</sup> , IQG1 <sup>a</sup> , HHT1 <sup>a</sup> , CDC54 <sup>a</sup> , RFC5 <sup>a</sup> , POL3 <sup>a</sup> , RFC4 <sup>a</sup> , MOT1 <sup>a</sup> , RAD3 <sup>a</sup> , TOA1 <sup>a</sup> , HFI1 <sup>a</sup> , RRN11 <sup>a</sup> , SRP68 <sup>a</sup> , APS1 <sup>a</sup> , YDL058W/USO1 <sup>a</sup> , COP1 <sup>a</sup> , YIP1 <sup>a</sup> , PEP12 <sup>a</sup> , BCP1 <sup>a</sup> , COG1 <sup>a</sup> , SEC24 <sup>a</sup> , SRP RNA <sup>a</sup> , MRD1 <sup>a</sup> , URB2 <sup>a</sup> , RRP46 <sup>a</sup> , RRP45 <sup>a</sup> , RPS17A <sup>a</sup> , RRP12 <sup>a</sup> , RRP5 <sup>a</sup> , RPL22A <sup>a</sup> , MAK11 <sup>a</sup> , RPL11A <sup>a</sup> , SQT1 <sup>a</sup> , LCB1 <sup>a</sup> , ATP17 <sup>a</sup> , YNL213C <sup>a</sup> , MRPL49 <sup>a</sup> , IMP1 <sup>a</sup> , NAM2 <sup>a</sup> , MRPL40 <sup>a</sup> , ATP11 <sup>a</sup> , PDI1 <sup>a</sup> , GPI2 <sup>a</sup> , GPI18 <sup>a</sup> , DOA1 <sup>a</sup> , PCH1 <sup>b</sup> , Cui4B <sup>b</sup> , SFC9 <sup>b</sup> , SSR4 <sup>b</sup> , CDC27 <sup>b</sup> , HIS3, LYS4, LYS9, MET16, MET2, TRP5, DIB1 <sup>a</sup> , RSE1 <sup>a</sup> , RRD2 <sup>a</sup> , KOG1 <sup>a</sup> , CDS1, HEM15, IPP1, SPE2, PRI1, SEC31, SLY1, BRX1, ESF1, NOB1 and NOP4
<i>C. glabrata</i>	GSH-1
<i>C. albicans</i> and <i>C. glabrata</i>	ROM2
<i>A. fumigatus</i> and <i>C. albicans</i>	NSP1, CCT8 <sup>a</sup> , RAM2, ERG20 <sup>a</sup> , MMM1 <sup>a</sup> , ALG7 <sup>a</sup> , GNA1 <sup>a</sup> , ESS1 <sup>a</sup> , PTA1 <sup>a</sup> , GSP1 <sup>a</sup> , GUS1 <sup>a</sup> , GRS1 <sup>a</sup> , CDC60 <sup>a</sup> , ARO1, GFA1, OLE1, TUB1, ERG10, ERG12, GCD6, PAB1, TIF35, KRR1 and LUC7
<i>C. albicans</i> and <i>C. neoformans</i>	ERG8, FBA1, GUA1, MVD1 and CET1
<i>A. fumigatus</i> , <i>C. albicans</i> and <i>C. neoformans</i>	TRL1 and NOC3
<i>C. albicans</i> , <i>P. brasiliensis</i> , <i>P. lutzii</i> , <i>B. dermatitidis</i> , <i>C. immitis</i> , <i>C. neoformans</i> and <i>H. capsulatum</i>	CHS1 <sup>f</sup> , RIM8 <sup>f</sup> , KRE6 <sup>f</sup> , ERG6 <sup>f</sup> and NMT1/KRE2 <sup>f</sup>
<i>A. fumigatus</i> , <i>P. brasiliensis</i> , <i>P. lutzii</i> , <i>B. dermatitidis</i> , <i>C. immitis</i> , <i>C. neoformans</i> and <i>H. capsulatum</i>	TRR1 <sup>f</sup>
<i>A. fumigatus</i> , <i>C. albicans</i> , <i>P. brasiliensis</i> , <i>P. lutzii</i> , <i>B. dermatitidis</i> , <i>C. immitis</i> , <i>C. neoformans</i> and <i>H. capsulatum</i>	FKS1 <sup>f</sup> , AUR1 <sup>f</sup> , TOM40 <sup>f</sup> and MAK5 <sup>f</sup>

<sup>a</sup> *Saccharomyces cerevisiae* name.

<sup>b</sup> *Schizosaccharomyces pombe* name.

<sup>c</sup> *Homo sapiens* name.

<sup>d</sup> *Escherichia coli* name.

<sup>e</sup> *Candida tropicalis* name.

<sup>f</sup> Genes identified experimentally and by comparative genomic analysis.

and virtual screening to identify potential inhibitors of *C. albicans* fungus with specific nuclear target (Ask1 subunit of the Dam1 complex).

Ligand-based virtual screening (LBVS) uses known active ligands as a template to search for other active ligands, whereas chemically similar compounds would have similar biological activities (Maggiore et al., 2014). Although this is not always true, this methodology has also been applied successfully to identify promising compounds. Gidaro et al. (2016) selected three coumarin derivatives with anti-*Candida* activity similar to fluconazole (MIC ranging from 2–8 µg/mL). Singh et al. (2016) identified two new non-azole CYP51 inhibitors with antifungal activity against *Candida* spp and *Aspergillus niger*.

Another approach for small molecule identification consists of obtaining a series of chemical derivatives that will be evaluated for antifungal activity and the ability to bind to a certain target, by molecular docking. Several groups have focused on finding new inhibitors of fungal lanosterol 14-demethylase. In this regard, two thiazolin-4-one derivatives were tested against several *Candida* species, and were shown to be more active than fluconazole (MIC 0.015 µg/mL to *C. albicans*, *C. parapsilosis* and *C. krusei*) (Stana et al., 2017). A series of triazole-thiazolidinedione derivatives, from molecular hybridization of fluconazole and rosiglitazone, were able to select four compounds with excellent activity against *C. albicans* (MIC<sub>80</sub> = 0.029–0.15 µg/mL). These compounds also showed activity against *C. glabrata*, *C. parapsilosis* and *C. neoformans* (Wu et al., 2014).

Pyridine and oxadiazole rings were found to be important for the activity of new imidazole derivatives, whereas the presence of different substituents on the phenyl ring of the 1,3,4-oxadiazole unit played a major role in deciding their potent antifungal activities (MIC ranged 2 to 6 µg/mL) (Wani et al., 2015). Three compounds of oxadiazole-thiadiazole hybrid, bearing a nitro group, showed significant antifungal activity against four *Candida* species, with MIC range of 0.78–3.12 µg/mL (Levent et al., 2017). Five compounds from a series of 3-benzoyl imidazon [1,2-a] pyrimidines showed promising antifungal activity against seven *Candida* species, with MIC values lower than fluconazole, range of 0.0312–0.5 µg/mL (Gómez-García et al., 2018). Three benzothiazole derivatives showed excellent antifungal activities, with MIC values in the range of 0.125–2 µg/mL, against a variety of clinically relevant fungal pathogens, such as *C. albicans*, *C. neoformans* and *A. fumigatus* (Zhao et al., 2016). Taken together, the results obtained by these groups have shown some promising hit compounds for the development of new antifungal agents and the effectiveness of *in silico* approaches in antifungal drug discovery.

## 2.5. Drug repurposing

Drug repositioning or repurposing approaches allow new indications for previously approved drugs that are marketed for other conditions. This approach offers many benefits over *de novo* drug development. For the pharmaceutical market, the pharmacokinetic and pharmacodynamic profiles previously established provide acceleration with reduced costs in the development pipeline (Oprea & Mestres, 2012). While the time required for a new drug to reach the market ranges from 10 to 17 years, a drug identified by repositioning takes from 3 to 10 years, with a greater approval rate. About 25% of repurposed candidates move on from Clinical Phase II to approval (Hodos et al. 2016). Additionally, the stability, large-scale synthesis and manufacturing issues are already known. This approach also has been a viable alternative to the discovery of new drugs against neglected diseases (Ferreira & Andricopulo, 2016). However, one important limitation is the cost for clinical trials and it may be difficult with the absence of a patentable drug.

The most advanced studies are for sertraline, an anti-depressive agent that has been reported to be fungicidal against *C. neoformans* (Zhai et al., 2012; Rhein et al., 2016). Spitzer et al. (2014) selected the antidepressant sertraline, by systematic screens against different fungal pathogens with sub-concentrations of fluconazole. This fungicidal combination was effective against all species tested, including drug-resistant clinical isolates of *Candida*, and in an *in vivo* model of

**Table 3**  
GO terms enrichment with the essential genes cited in the section 2.3.

Specie	GO ID	Hit	Description	Category	p-value	
C. albicans	GO:0036180	11	Filamentous growth of a population of unicellular organisms in response to biotic stimulus	Biological process	0,00428	
	GO:0006696	8	Ergosterol biosynthetic process	Biological process	0,01671	
	GO:0005934	4	Cellular bud tip	Cellular component	0,01820	
	GO:0035690	13	Cellular response to drug	Biological process	0,02681	
	GO:0030150	3	Protein import into mitochondrial matrix	Biological process	0,04964	
	GO:0008299	3	Isoprenoid biosynthetic process	Biological process	0,04964	
	GO:0019287	3	Isopentenyl diphosphate biosynthetic process, mevalonate pathway	Biological process	0,04964	
	GO:0006031	3	Chitin biosynthetic process	Biological process	0,04964	
	GO:0008144	3	Drug binding	Molecular function	0,04964	
	A. fumigatus	GO:0019878	5	Lysine biosynthetic process via amino adipic acid	Biological process	0,00134
		GO:0003735	5	Structural constituent of ribosome	Molecular function	0,00628
		GO:0006048	3	UDP-N-acetylglucosamine biosynthetic process	Biological process	0,01901
		GO:0006412	3	Translation	Biological process	0,01901
C. neoformans	GO:0003735	6	Structural constituent of ribosome	Molecular function	0,00113	
	GO:0032543	5	Mitochondrial translation	Biological process	0,00197	
	GO:0005763	3	Mitochondrial small ribosomal subunit	Molecular function	0,00423	
	GO:0019287	2	Isopentenyl diphosphate biosynthetic process, mevalonate pathway	Biological process	0,01102	
	GO:0030148	2	Sphingolipid biosynthetic process	Biological process	0,03078	
	GO:0016126	2	Sterol biosynthetic process	Biological process	0,03078	
	GO:0008360	2	Regulation of cell shape	Biological process	0,03078	
Dimorphic fungi	GO:0005741	2	Mitochondrial outer membrane	Cellular component	0,01569	
	GO:0031505	2	Fungal-type cell wall organization	Biological process	0,03660	

*C. neoformans* infection in *Galleria mellonella*. Infections that affect the central nervous system (CNS) are a great challenge because of the blood-brain barrier. The fact that sertraline acts on CNS receptors suggests a therapeutic success of this combination in the treatment of fungal meningoencephalitis. Zhai et al., (2012) showed sertraline antifungal potential against several clinical isolates of *C. neoformans* (MIC 2–6 µg/mL), and the majority of these isolates showed synergistic effect with fluconazole. These authors also proved *in vivo* antifungal activity in a murine model of cryptococcosis since sertraline reduces the fungal burden alone or in combination with fluconazole. Treviño-Rangel et al., 2016 presented that MIC values of sertraline can range between 1 and 8 µg/ml (MIC<sub>90</sub> = 4 µg/ml) against several clinical isolates from *C. neoformans*. Corroborating the results found by Zhai et al., (2012), for *in vivo* treatment, the effective sertraline dose was 15 mg/kg, with significant reduction of the fungal burden in the brain and spleen in murine model of cryptococcosis. These promising results led to the first clinical study to determine whether adjunctive sertraline therapy with Amphotericin B and fluconazole will lead to improved survival (NCT01802385). The patients treated with sertraline had faster cryptococcal CSF clearance and lower relapse rates than those reported in the past (Rhein et al., 2016).

The *in vitro* antifungal activity of statins has been frequently reported. The best antifungal activity has been described against yeast. In general, synthetic statins are more active than natural ones (Galgóczy et al., 2011). Although these compounds are currently used to treat hypercholesterolaemia, they inhibit the activity of fungal HMG-CoA reductase (Lorenz et al., 1990), which is upstream of the ergosterol biosynthesis pathway. In clinical practice, it has also been reported that the administration of statins to hospitalized patients reduced the risk of postoperative infectious complications (Ma et al., 2015) and decreased cultures positive for *Candida* species in diabetic patients (Spanakis et al., 2010). However, *in vivo* studies that prove this activity are scarce. Atorvastatin (ATO) was tested as an adjuvant to control infections caused by *C. gattii*. In an animal model, infected mice treated with ATO+FLC showed increased survival and better clinical outcome (Ribeiro et al., 2017).

Auranofin, an FDA-approved drug for the treatment of rheumatoid arthritis, inhibits growth of relevant pathogenic fungi, with different MIC values: *C. albicans* (0.25–1 µg/ml), *C. parapsilosis* (1 – ≥16 µg/ml), *C. glabrata* (1–16 µg/ml), *C. neoformans* (1–2 µg/ml), *A. fumigatus* (2 – 4 µg/ml), *S. apiospermum* (1– 4 µg/ml) and *L. prolificans* (2 – 8 µg/ml) (Wiederhold et al., 2018). Considering the auranofin properties,

including oral bioavailability, clinical safety, potent broad-spectrum fungicidal activity, and the ability to cross the blood-brain barrier, this compound present advantageous qualities to be repurposed as an anti-fungal agent. The *in vivo* antifungal activity of auranofin against *C. neoformans* was promising significantly reducing the fungal load in infected *Caenorhabditis elegans* (Thangamani et al., 2017).

Non-steroidal anti-inflammatory drugs, including aspirin and ibuprofen, are commonly used to ameliorate fever and other symptoms of different illness. However, a new indication as alternative drugs to control *Cryptococcus* growth has been proposed (Ogundeji et al., 2016). Some studies have demonstrated anti-biofilm activity of aspirin against *C. albicans*. This effect was observed both with the aspirin alone (Alem et al., 2004) and with it combined with a conventional antifungal (Rosato et al., 2016). Additionally, ibuprofen has also shown promising antifungal activity against *Candida* species, especially when associated with fluconazole (Pina-Vaz et al., 2005). Some studies have shown the ability of this drug to reverse resistance related to efflux activity in some clinical isolates from *Candida* species (Pina-Vaz et al., 2005, Sharma et al., 2015). Ibuprofen as a repurposed drug was able to reduce kidney burden when combined with fluconazole in the murine model of systemic *Candida* infection (Costa-de-Oliveira et al., 2015).

Among the compounds originally described as anti-parasitic several classes have been described with antifungal activity: Chloroquine, Quinacrine, Oxyclozanide and benzimidazoles. Chloroquine was also found to be effective against the yeasts *C. albicans* (Shinde et al., 2013), *Histoplasma capsulatum* (Newman et al., 1994) and *C. neoformans* (Khan et al., 2005). The anthelmintic oxyclozanide used in clinical veterinary showed antifungal activity against both sensitive and resistant clinical isolates of *Candida* species, with MIC values range 16 – 32 µg/mL. The authors propose a mechanism of action by uncoupling the mitochondrial electron transport from oxidative phosphorylation and disturbing the mitochondrial membrane potential (Pic et al., 2018). Flubendazole, a benzimidazole previously described as an antiparasitic drug, showed potent *in vitro* activity against *Cryptococcus neoformans*, with a modal MIC 0.06 µg/mL. In the murine model, the maximal dose of flubendazole (12 mg/kg of body weight/day) orally resulted in 2 log<sub>10</sub>CFU/g reduction in fungal burden as compared with control (Nixon et al., 2018). In addition, flubendazole was equally effective against fluconazole-resistant isolates (Truong et al., 2018).

Compound DM262 was identified in the Malaria Box (Medicines for Malaria Ventures, Geneva, Switzerland) with significant antifungal activity against *C. neoformans* (16- to 32-fold-higher activity than

fluconazole), *Lomentospora prolificans*, *C. gattii* and *C. albicans* (Jung et al., 2018). NSC319726, a thiosemicarbazone compound, was selected from the cancer therapeutic agent library (~3000 compounds) which was screened for activity against a panel of pathogenic fungi including *Candida* species, *Aspergillus fumigatus*, and *Cryptococcus neoformans*, with MIC values ranging from 0.1–2.0 µg/ml for these fungi. Strikingly, NSC319726 was also highly inhibitory in multidrug-resistant isolates of *Candida* species (Sun et al., 2017).

The antimycobacterial drug clofazimine, which targets membrane lipids, was shown to act synergistically with caspofungin and posaconazole against *C. albicans* and *A. fumigatus*. This drug dramatically improved the efficacy of caspofungin in non-*albicans Candida*. Combination therapy with clofazimine and caspofungin reversed a lethal *C. albicans* infection in the invertebrate host *G. mellonella*. However, in a mouse model of Candidemia, the drug combination was not effective in controlling the infection (Robbins et al., 2015).

Thus, the great challenge of new antifungal development is the eukaryotic nature of those pathogens, sharing metabolic pathways with their hosts. This results in difficulties in identifying targets that provide sufficient fungal selectivity (Butts et al., 2017). However, regardless of the limited repertoire of antifungal agents, there are abundant approved medications that may exhibit or enhance antifungal activity at reduced costs, increasing the possibility of new therapeutic options, as summarized in Fig. 2.

### 3. Biopharmaceuticals as new therapies

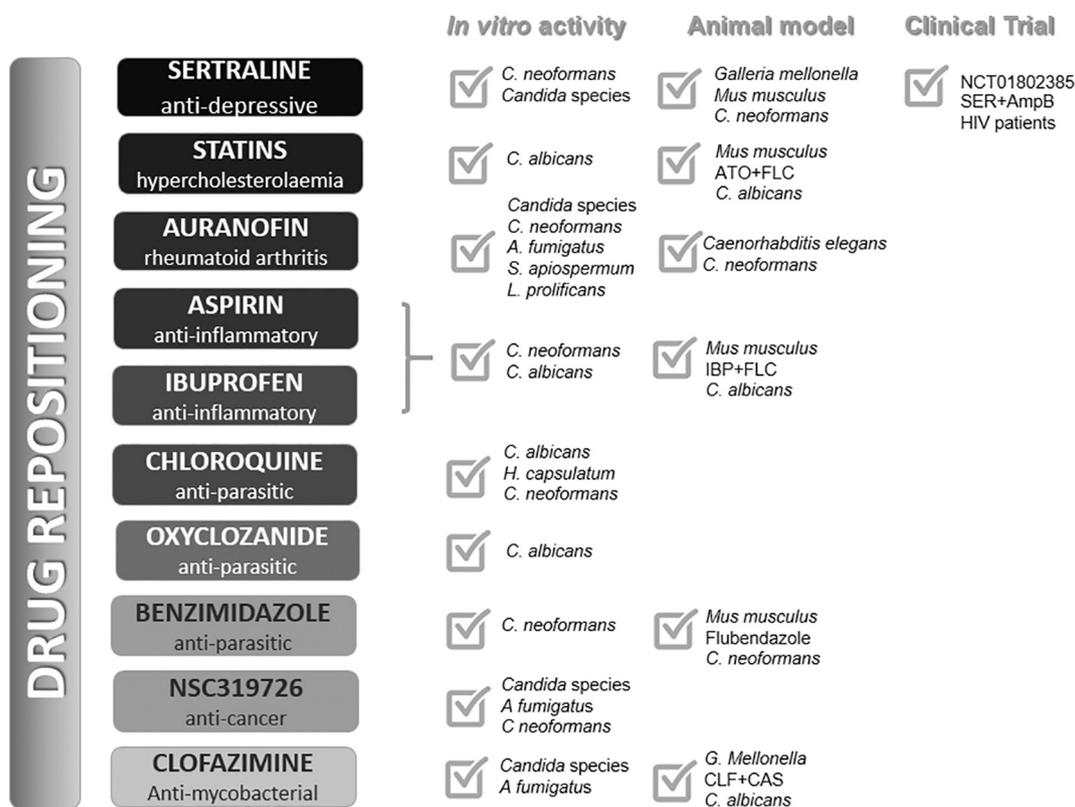
#### 3.1. Monoclonal antibodies

Monoclonal antibodies are relatively recent tools for the treatment of infectious diseases. Whereas other areas of Medicine started using monoclonal antibodies in the late 1980's and 1990's, the first anti-

infective antibody to reach the market was palivizumab in 1998. Other antimicrobial drugs based on monoclonal antibodies would only be FDA-approved fourteen years later. In the last six years the number of FDA-approved monoclonal antibodies to treat infectious diseases has increased to five. None of these, however, are used to treat diseases caused by fungi.

One of the reasons why monoclonal antibodies are becoming so useful to treat infectious diseases is because they can have great specificity for their targets. Given the similarities in the physiology between fungi and humans, this characteristic could result in drugs with a better safety profile in comparison with those that are routinely used today. A second argument in favor of the development of antifungal monoclonal antibodies is that these molecules can modulate and enhance the host's immune response to fungi. Most systemic mycoses are opportunistic, affecting immunocompromised people such as those with AIDS, neutropenia, hematological cancers and use of immunosuppressants. Moreover, in several of these diseases much of the damage to host tissues is a result of overt inflammation. Thus, the immunomodulation conferred by monoclonal antibodies can also treat invasive mycoses by altering the immune dysfunction that renders the host susceptible to infection and dampening the immune-mediated tissue injury. On the other hand, targets for monoclonal antibodies are largely restricted to antigens that are secreted or present on the cell surface, which limits the number of available drug targets.

The first – and so far only – antifungal drug based on monoclonal antibodies to reach late-stage clinical development is efungumab. Previously called Mycograb, it was a recombinant fragment of a human monoclonal antibody that recognized the *C. albicans* molecular chaperone HSP90 (Matthews et al., 1995). It was shown to be protective in animal candidiasis models (Matthews et al., 1995) and to have direct antifungal activity against several *Candida* species, as well as strong synergy with amphotericin B (Matthews et al., 2003). A Phase III clinical



**Fig. 2.** Drug repositioning for fungal infection treatment. Ten drug options already available on the market that have promising antifungal activity. Among those options, the one that is most advanced in the development stages is sertraline, which in 2015 started a phase III randomized trial in HIV-infected adults with cryptococcal meningitis. ATO (Atorvastatin), FLC (fluconazole), SER (sertraline), AmPB (Amphotericin B), IBP (Ibuprofen), CLF (Clofazimine), CAS (caspofungin).

trial with invasive candidiasis patients also had encouraging results (Pachl et al., 2006). However, the European Medicines Agency (EMA) refused twice, in 2006 and 2007, to grant marketing authorization to efungumab due to concerns with production and purification of the recombinant antibody fragment. No further development of efungumab seems likely after its synergistic effect with amphotericin B was shown to be non-specific (Louie et al., 2011).

The only other antifungal antibody to reach clinical development was 18B7, which targets the *Cryptococcus neoformans* capsule polysaccharide glucuronoxylomannan (GXM). In a Phase I Trial, this murine monoclonal antibody was administered to HIV-positive patients with a history of adequately treated cryptococcal meningitis (Larsen et al., 2005). No further clinical studies were performed, but this antibody became an important research tool to study cryptococcal host-pathogen interaction that is widely shared by the group that developed it with the research community. Despite being the most used antibody to *C. neoformans* GXM, it is not the only and not even the first one to have been developed. The first one, called E1, was generated by immunizing mice with purified capsular polysaccharide (Dromer et al., 1987). This same antibody was later shown to be protective in animal models of cryptococcosis when administered alone (Dromer et al., 1987), and also to boost the therapeutic effect of amphotericin B (Dromer and Charreire, 1991). Almost simultaneously, another group also generated three monoclonal antibodies to the cryptococcal capsule by immunizing mice with polysaccharide coupled to sheep red blood cells (Eckert and Kozel, 1987). Isotype switch variants were later generated and tested *in vitro* (Schlageter and Kozel, 1990) and in murine models of candidiasis (Sanford et al., 1990), showing a relative therapeutic efficacy.

Another group obtained many other monoclonal antibodies from mice infected with *C. neoformans* cells (Casadevall and Scharff, 1991) and immunized with polysaccharide-protein conjugates, which made the capsule material more immunogenic (Casadevall et al., 1992). The large number of monoclonal antibodies made against the *C. neoformans* capsule by several research groups led to dozens of publications describing in detail the mechanisms by which monoclonal antibodies protect the host and can thus work as antifungal agents. Casadevall and Pirofski classified these mechanisms into three large groups: 1) direct effects on the fungal cell targeted by the antibody; 2) immunomodulation and enhancement of the immune response to fungi; 3) neutralization of fungal components that are toxic to the host (Casadevall and Pirofski, 2012).

Many other monoclonal antibodies have shown promising results against fungi in pre-clinical tests. Some of these have the potential to become broad-spectrum antifungals, such a monoclonal antibody (2G8) to beta glucans that is protective in animal models of systemic candidiasis, vaginal candidiasis and invasive aspergillosis (Torosantucci et al., 2005) as well as cryptococcosis (Rachini et al., 2007). The variable domain sequences from this antibody were used to generate a chimeric human/murine IgG by heterologous expression in plants, and this chimeric antibody was shown to bind  $\beta$ -glucans and protect in systemic and vulvovaginal candidiasis animal models (Capodicasa et al., 2011). A chimeric human IgA1 using 2G8 variable sequences was also produced in plants, and successfully inhibited *C. albicans* adherence (Capodicasa et al., 2017). Another series of broad-spectrum antibodies was raised against fungal melanin (Rosas et al., 2000), and these antibodies were protective in mice infected with *C. neoformans* (Rosas et al., 2001).

Numerous antibodies that are specific for antigens present in one or a few related fungal species have also been generated, as exemplified below:

- *Candida albicans*: an antibody raised against the cell wall bound mannoproteins and had direct fungicidal activity (Moragues et al., 2003); it was also protective in mice infected systemically with *C. albicans* (Sevilla et al., 2006).

- *Aspergillus fumigatus*: also raised against the fungal cell wall, the monoclonal antibody A9 bound to the cell wall, had direct fungicidal effects and was very effective in murine aspergillosis models (Chaturvedi et al., 2005).
- *Paracoccidioides brasiliensis*: an antibody to gp43, an immunodominant antigen from this dimorphic fungus, was protective *in vitro* and *in vivo* (Buissa-Filho et al., 2008).
- *Histoplasma capsulatum*: immunization of mice with *H. capsulatum* yeast cells led to the generation of an antibody that binds to a histone-like protein present in the fungal cell wall; passive immunization with this antibody resulted in decreased disease intensity and prolonged survival in murine models of histoplasmosis (Nosanchuk et al., 2003).

Despite the large number of monoclonal antibodies with promising *in vitro* and *in vivo* efficacy against pathogenic fungi, no drugs of this class are currently in clinical development. A large share of the literature on antifungal antibodies is more than a decade old, reflecting a certain loss of momentum in terms of drug development. This could change, however, due to three forces: 1) a large body of knowledge has accumulated on immunoglobulin anti-infective mechanisms of action, which could lead to rational design of more effective drugs; 2) novel technologies such as engineering of glycans and constant chains can create antibodies that are safer and more effective; 3) a drastic decrease in monoclonal antibody manufacturing costs that resulted from the expiration of patents and incremental increases in industrial scale productivity.

### 3.2. Cytokine immunotherapy

Cytokines are molecules that mediate cellular communication, which is necessary for proper immunity. An immunocompromised host frequently underlies systemic mycoses and affects cytokine signaling, so a different immunotherapeutic approach involves using cytokines to induce protective immune responses.

Recombinant macrophage colony-stimulating factor (M-CSF), which has been in clinical use to treat neutropenia for a long time (Lyman et al., 2010), should be an important strategy for immunotherapy in systemic mycoses. For recipients of allogeneic hematopoietic stem-cell transplantation, treatment with granulocyte-macrophage colony-stimulating factor (GM-CSF) has shown a better response to transplantation-related mortality, cumulative mortality and invasive fungal disease-related mortality in phase IV clinical trial (Wan et al., 2015 - NCT01232504). These results support the hypothesis that prophylactic therapy during neutropenia with GM-CSF decreases the time a patient endures neutropenia and reduces an important risk factor for invasive aspergillosis and candidemia. However more clinical trials must be done, because another study with an experimental model using granulocyte colony-stimulating factor (G-CSF) showed a different result. The infusion of G-CSF is associated not only with increased neutrophil bactericidal activity but also with T helper lymphocyte (Th) 2 rather than Th1 stimulation, and in that study the efficient adaptive immune response to fungal infection was reduced (Valente et al., 2002).

The cytokine pattern changes according to the clinical form of paracoccidioidomycosis patients, among whom the patients with asymptomatic, juvenile and adult forms presented a predominance of Th1, Th2 and Th17 response, respectively (de Castro et al., 2013). Considering an efficient adaptive immune response, the production of interferon gamma (IFN- $\gamma$ ) and induction of cell-mediated immunity to some fungal infection is of critical importance in host defense. IFN- $\gamma$  is an important cytokine produced by Th1 cellular immunity, and it is beneficial for fungal clearance in *Cryptococcus neoformans* meningoencephalitis (CM) and *Paracoccidioides brasiliensis* infection.

A randomized controlled trial of IFN- $\gamma$  treatment in HIV-associated cryptococcal meningitis has shown that although the fungal burden

decreased after the addition of short-course IFN- $\gamma$  to standard treatment, with no side effects, mortality was the same among the groups (Jarvis et al., 2012). Fungal growth is only one aspect of the disease, although inflammatory response could influence the pathology. The presence of IFN- $\gamma$ -producing CD4 T cells in the central nervous system (CNS) increased the *C. neoformans*-clearance, albeit with high mortality of mice. Depletion of these cells decreases IFN- $\gamma$  production and fungal clearance, although it prevents the development of clinical symptoms and mortality (Neal et al., 2017). In the same way, the experimental treatment with rIL-12 of mice infected with *P. brasiliensis* showed a decreased fungal burden with an increase in IFN- $\gamma$  production, during a high pulmonary inflammation (Arruda et al., 2002). These findings suggest that although CD4 T- producing IFN- $\gamma$  is necessary for fungal control, it concurrently contributes to clinical symptoms and disease. Therefore, more clinical trials must be done to understand what the complex influence of cytokine therapy could induce in patients with different forms of fungal disease.

### 3.3. Vaccines

The balance of host resistance and the limitation of damage caused by fungal infection are very important for the development of novel therapeutic strategies such as vaccines. Most invasive infections occur as a result of altered immune status, so immune dysregulation is one important aspect to be considered when we analyze the immunopathology in fungal disease (reviewed by Lionakis & Levitz, 2018). It is important to consider that vaccines for fungal infections have not been licensed yet, and there are only vaccine candidates in pre-clinical studies or in clinical trials (Fig. 3).

Considering prophylactic vaccines, one peptide that has shown interesting results is P10, a T-cell epitope of the 43 kDa glycoprotein (gp43). Immunization of mice experimentally infected with *Paracoccidioides brasiliensis* increased the activity of TCD4+ cells and improved host immunity (Taborda et al., 1998). The immunization

with P10 combined with antifungal drugs improved the survival of anergic-infected mice, representing a powerful adjuvant therapy to chemotherapy (Munõz et al., 2014). Host immunity can be improved when a chimera of P10 and hepatitis B virus-derived particle (VLP), as an antigen carrier, is used in an immunoprophylaxis assay (Holanda et al., 2017).

Other proteins, such as Als3p, an adhesion of *Candida albicans*, induced a rapid production of anti-Als3p antibodies and enhanced Th1 and Th17 cell response (Schmidt et al., 2012). The NDV-3A (rAls3) and NDV-3 (rAls3 with 6-His tag) antigens are in phase 1b and phase 2a, respectively, to preventing recurrent vulvovaginal candidiasis (RVVC) (NCT01926028).

One strategy to produce an effective vaccine delivery system is the use of conserved components of the cell wall, such as  $\beta$ -glucan. A panfungal vaccine using this carbohydrate of *Saccharomyces cerevisiae* induced a protective immune response to several fungi (Liu et al., 2011), as confirmed against coccidioidomycosis (Clemons et al., 2015) and aspergillosis (Clemons et al., 2014), in a murine model, which provides the basis for development of a pan-fungal vaccine. *S. cerevisiae* can also be a suitable vehicle for immunization, whilst expressing specific proteins of fungus, such as gp43 (Assis-Marques et al., 2015). In the same way,  $\beta$ -glucan-containing *C. neoformans* alkaline particles showed a significant reduction of lung damage and robust Th1 and Th17-biased CD4 T cell activation when hosts were infected experimentally with *C. neoformans* or *C. gatti* (Specht et al., 2015).

Immunization of mice with a *C. neoformans* strain engineered to produce an immune response enhancer, such as Th1-type cytokine gamma interferon (IFN- $\gamma$ ), could be a good strategy for a new vaccine. In a *C. neoformans* murine experimental infection, there was complete eradication of fungi during the second challenge, and hosts showed a robust Th1 protective response (Wormley et al., 2007).

Most prophylactic vaccines obtain their maximal efficacy in immunocompetent hosts, so their application can be used for individuals before an immunosuppressive situation, such as prior to treatment with

	Fungal Infection	Host Immune response	Clinical Trial
Fungal Vaccine	<input checked="" type="checkbox"/> <i>C. albicans</i>	<input checked="" type="checkbox"/> Increased of Th1 and Th17	<input checked="" type="checkbox"/> NCT01926028 Vulvovaginal candidiasis Phase 2a
	<input checked="" type="checkbox"/> <i>C. albicans</i>	<input checked="" type="checkbox"/> Increased of Th1 and Th17	<input checked="" type="checkbox"/> NCT01926028 Vulvovaginal candidiasis Phase 1b
	<input checked="" type="checkbox"/> <i>P. brasiliensis</i>	<input checked="" type="checkbox"/> Increased of Th1	
	<input checked="" type="checkbox"/> <i>Coccidioides A. fumigatus</i>	<input checked="" type="checkbox"/> Increased survive and Th17-activating cytokines	
	<input checked="" type="checkbox"/> <i>C. neoformans C. gatti</i>	<input checked="" type="checkbox"/> Th1- and Th17-biased CD4(+) T cell	
	<input checked="" type="checkbox"/> <i>P. brasiliensis</i>	<input checked="" type="checkbox"/> Increased of IL-12 and IFN- $\gamma$	
	<input checked="" type="checkbox"/> <i>B. dermatides</i>	<input checked="" type="checkbox"/> Increased of CD8+ cells in CD4+ absence	
	<input checked="" type="checkbox"/> <i>H. capsulatum</i>	<input checked="" type="checkbox"/> Increased of CD8+ cells in CD4+ absence	
	<input checked="" type="checkbox"/> <i>P. brasiliensis</i>	<input checked="" type="checkbox"/> Mix of Th1/Th2	
	<input checked="" type="checkbox"/> <i>P. brasiliensis</i>	<input checked="" type="checkbox"/> Increased of Th1 and Th17	

Fig. 3. Fungal Vaccine. Fungal vaccines developed in murine model and in clinical trials for candidiasis, cryptococcosis, aspergillosis, paracoccidioidomycosis, coccidioidomycosis, histoplasmosis and blastomycosis. The improvement of host immune response is indicated too.

immunosuppressive drugs. However, an immunocompromised situation is not easy to predict. Prophylactic vaccines were developed for immunocompromised mice, before experimental infection with *Blastomyces dermatitidis* or *Histoplasma capsulatum*, inducing long-lasting memory CD8+ T cells in the absence of CD4+ T cells (Wüthrich et al., 2003). The antifungal CD8+ T cells produce IL-17A, which is indispensable to augmenting adaptive immunity, demonstrating that residual elements of a compromised immune system can be effectively activated (Nanjappa et al., 2012).

Another alternative strategy for the immunocompromised individual is the development of therapeutic vaccines, which stimulate the host immune response after fungal infection. One possibility is the enhancement of dendritic cells (DC) through P10-pulsed DC, which induced a protective response against *P. brasiliensis* in immunosuppressed mice. The therapeutic efficacy of DC was augmented by association with trimethoprim-sulfamethoxazole treatment, with a Th1 immune response and reduced tissue damage (Silva et al., 2017).

As a therapeutic vaccine, DNA vaccines have been shown to be a good strategy. The immunization of mice with plasmid DNA containing Gp43 of *P. brasiliensis* was able to induce a specific humoral immune response with a mixed Th1/Th2 cellular immune response in experimental murine infection. The immunized mice showed decreased fungal colony forming units (CFUs) in the lung and reduced dissemination to other organs (Pinto et al., 2000). This therapeutic function was also observed when mice experimentally infected with *P. brasiliensis* were treated with a plasmid containing P10 and IL-12 (Rittner et al., 2012) or a DNAP10 mixture with a TLR-5-engaging-molecule, i.e. flagellin (Braga et al., 2009). Lung architecture was restored, and the fungus was eradicated, besides activating the prevailing Th1-type immune response.

Another strategy is the use of heat-shock proteins, which are molecules used as immunomodulators in different types of diseases. The gene of HSP65 from *Mycobacterium leprae* has shown prophylactic (Ribeiro et al., 2009) and therapeutic (Ribeiro et al., 2010) activity in an experimental model of Paracoccidioidomycosis. Immunization with DNAhsp65 induced an increase in Th1-type cytokine levels and a fall in fungal burdens associated with a reduction in collagen deposition and lung remodeling. DNAhsp65 has also been used as an adjuvant in experimental chromoblastomycosis treatment, and it has shown a higher reduction in the fungal burden than antifungal drugs alone (Siqueira et al., 2013). Despite all the approaches studied, the challenge of conducting rationally designed clinical trials using these vaccines still remains.

### 3.4. Antifungal peptides

Antimicrobial peptides (AMPs) are evolutionary conserved molecules acting on the innate immune response of organisms as diverse as prokaryotes, plants and humans (Brown and Hancock, 2006; Giuliani et al., 2007; Pasupuleti et al., 2012). These small cationic molecules are known for their role in innate immune response by acting both by directly killing microbial pathogens and/or indirectly by modulation of the host immune system, or activation of secondary host defenses (Nijnik and Hancock, 2009; Steinstraesser et al., 2011). They are generally defined as peptides of less than 100 amino acid residues, rich in hydrophobic and positively charged amino acid residues such as lysine and arginine and they fold into amphipathic conformations that are crucial to their interaction with microbial membranes.

Although most AMP studies focus on their activity on bacterial cells, the number of natural or synthetic AMPs presenting antifungal activity is increasing (Blondelle and Lohner, 2000; Ciociola et al., 2016). AMPs, which were shown to primarily act on fungal cells, have a greater therapeutic potential considering the need for molecules that produce less damage to patient's microbiota (Marcos et al., 2012; Matejuk et al., 2010). Most of the described antifungal peptides were studied against *Candida albicans*, but many of them

also act in several other human and plant fungal pathogens, including other *Candida* species, *Aspergillus* spp, *Cryptococcus neoformans*, *Sporothrix schenckii* and thermomorphogenic fungi (Ciociola et al., 2016; Datta et al., 2016; Galvez et al., 1993; Lupetti et al., 2008; Pushpanathan et al., 2012; Silva et al., 2011).

Among the many families of antifungal peptides, we have cecropins, magainins, dermaseptins, cathelicidins, defensins and peptides derived from other proteins, such as lactoferrin and the bactericidal-permeabilizing protein (BPI) (De Lucca and Walsh, 1999; Lakshmaiah Narayana and Chen, 2015; Matejuk et al., 2010; Zasloff, 1987). Histatins are one of the most studied antifungal peptides, and current peptides in clinical trials are derived from them. They are linear cationic peptides isolated from human saliva (Oppenheim et al., 1988). These peptides present strong and specific activity against fungi, including *Candida* spp, *Cryptococcus neoformans* and *Aspergillus fumigatus* (Marcos et al., 2012; Matejuk et al., 2010; Oppenheim et al., 1988; Tsai and Bobek, 1997). Other important group is defensins, small disulfide-stabilized antimicrobials found in fungi, animals and plants. Defensins were shown to present direct antimicrobial activity against *Candida albicans* and also immunomodulatory activities (Alcouloumre et al., 1993; Marcos et al., 2012; Vylkova et al., 2007). Extensive reviews from different groups about members of different classes of antifungal peptides are available (Ciociola et al., 2016; Duncan and O'Neil, 2013; Hegedüs and Marx, 2013; Matejuk et al., 2010) (Table 4).

#### 3.4.1. Antifungal peptides as potential therapeutics

The main challenges for the clinical use of antifungal peptides involve the time and cost requirements associated with the lower therapeutic index of antifungal compounds. Despite the large number of identified AMPs showing potent antifungal activity *in vitro* and in animal models, only a few have undergone clinical trials and an even smaller group were able to proceed on this pathway showing safety and *in vivo* efficacy (Duncan and O'Neil, 2013; Lakshmaiah Narayana and Chen, 2015).

The main drawbacks threatening the clinical development and use of AMPs are their high costs of synthesis, screening and production, systemic and local toxicity, reduced activity under physiological conditions such as salt concentration, the presence of serum or pH sensitivity, susceptibility to proteolysis, pharmacokinetic and pharmacodynamics issues, possibility of sensitization and allergy after repeated applications, inhibited diffusive transport across membranes and their high molecular weight. Additionally, many AMPs showing potent antifungal activity *in vitro* can only act in animal models at very high concentrations, many times very close to the toxic doses for mammals or they could not be proven safe or efficient in clinical use (Gordon et al., 2005; Greber and Dawgul, 2017).

Regarding the costs of AMP production, the values can be 5 to 20 times higher than the ones for the synthesis of small-molecule drugs (Giuliani et al., 2007). The strategies to decrease these costs and efficiently scale up production of those molecules include peptide size reduction, and new methodologies for *de novo* synthesis, such as hybrid synthesis methodologies based on the combination of solid and solution-phase synthesis. (Duncan and O'Neil, 2013; Kang et al., 2014).

Issues regarding their stability and toxicity drove the development of antifungal peptides mostly for topical applications, which are a safer and easier option. The main strategies to overcome the instability of antifungal peptides under physiological conditions have involved chemical modifications of those molecules such as amidation, acetylation, cyclization and the introduction of D or non-natural amino acids. In addition to those, modifications in their amphipathic balance and reduction in their content of cationic residues have been shown to help to increase their half-lives (Duncan and O'Neil, 2013; Greber and Dawgul, 2017; Kang et al., 2014). Changes in the overall hydrophobicity of AMPs have been one of the main strategies used and have been shown to reduce their hemolytic and cytotoxic effects on host cells.

Other strategies include the development of better delivery systems to selectively target AMPs, such as nanoencapsulation, adsorption to nanocarriers, liposomal formulations, PEGylation and use of other drug delivery systems (Mahlapuu et al., 2016).

### 3.4.2. Antifungal peptides in clinical trials

Among the current AMPs in clinical trials are NP213 (Novexatin), NP339 (Novamycin), VL-2397 and PAC-113 (P-113). Phase 1 and Phase 2 studies indicate that NP213 (novexatin), a cyclic cationic peptide is safe and effective for treatment of onychomycosis caused by dermatophytes and non-dermatophyte fungi. Novamycin (NP339) is a poly-arginin-based cationic peptide in pre-clinical development for topical treatment of *Candida* spp and *Aspergillus* spp infections and has also been shown to be active against *Cryptococcus* spp and *Trichosporum* spp (Greber and Dawgul, 2017). It has been formulated for inhalation use and it is the first peptide designed for treatment of systemic and mucocutaneous diseases. VL-2397 is in phase 2 clinical trials for treatment of invasive fungal infections, especially aspergillosis. Finally, there is PAC-113 (or P-113), a 12-residue peptide derived from histatin, which is currently in Phase 2 clinical trials for topical treatment of oral candidiasis in HIV patients. Results from Phase 1 and Phase 2 clinical trials indicate that PAC-113 can be used in the treatment of fungal gingivitis. This antifungal peptide acts causing membrane permeabilization, ROS production after interactions with fungal mitochondria and changes in cytokine production. Additionally, PAC-113 is active against both

planktonic and biofilm cells (Greber and Dawgul, 2017; Mishra et al., 2017; Gordon et al., 2005; Kang et al., 2014). Other antifungal peptides had reached clinical trials but did not succeed such as hLF1-11, a human-lactoferrin-derived peptide

In conclusion, a cheaper, less toxic, more stable and less prone to degradation antifungal peptide suitable for clinical use is still a long way off. However antifungal peptides can still be considered promising new molecules for antifungal therapy. The accumulated knowledge of their mechanisms of action, and the solution of current problems such as high costs and toxicity will probably bring more of these molecules to clinical use not only for topical application, but also for systemic treatments, alone or in combination with available conventional antifungals.

## 4. Concluding remarks and future prospects

This review focused on the main existing antifungal drugs for clinical use and new molecules in research and development. Enzymes belonging to the ergosterol pathway biosynthesis and fungal cell wall, especially involving 1,3- $\beta$ -glucan and chitin production, are the main targets of commonly antifungal medicines today. Besides this, new small molecules are also in development against known targets involving GPI-anchor enzymes, sphingolipids and sterols, cell signaling molecules, metabolic pathway of pyrimidines, amino acids, iron and carbohydrates (glyoxylate cycle), and others

**Table 4**  
Current antifungal peptides in clinical trials.

Antifungal peptide	Description	Indication	Preclinical	Phase I	Phase II	Phase III
<b>PAC-113 (P-113)</b>	AMP derived from a histatin protein found in saliva. (Pacgen)	Oral candidiasis in HIV seropositive patients	Completed	Completed	Completed	
<b>NP213 (Novexatin)</b>	A cyclic cationic peptide. (Novabiotics)	Fungal nail infections caused by dermatophytes and non-dermatophyte fungi	Completed	Completed	Phase IIa completed	
<b>VL-2397 (ASP2397)</b>	Cyclic hexapeptide that chelates aluminum ions (Vical)	invasive fungal infections, especially aspergillosis	Completed	completed	Recently started	
<b>CZEN-002</b>	A synthetic octapeptide, derived from alpha-Melanocyte-Stimulating Hormone ( $\alpha$ -MSH) (Zengen)	Vulvovaginal <i>C. albicans</i> infections	Completed	Completed	Completed	
<b>hLF1-11</b>	Human lactoferricin based 11 I/II stem cell (AM-Pharma)	Candidemia and other fungal infections associated with Hematopoietic Stem Cell Transplantation	Completed	Completed	Withdrawn	
<b>NP339 (Novamycin)</b>	A poly-arginin based cationic peptide (Novabiotics)	Topical treatment of <i>Candida</i> spp and <i>Aspergillus</i> spp infections.	Late pre-clinical			
<b>HB1275 (Cecropin mimetic)</b>	Lipohexapeptide active against yeast and filamentous fungi. (Helix BioMedix)	<i>Trichophyton</i> infections	Ongoing			
<b>V13K</b>	$\alpha$ -helical antimicrobial peptide. V681 analog, containing D amino acids. (BioAMPS International)	Candidemia, aspergillosis and other fungal infections	Ongoing			

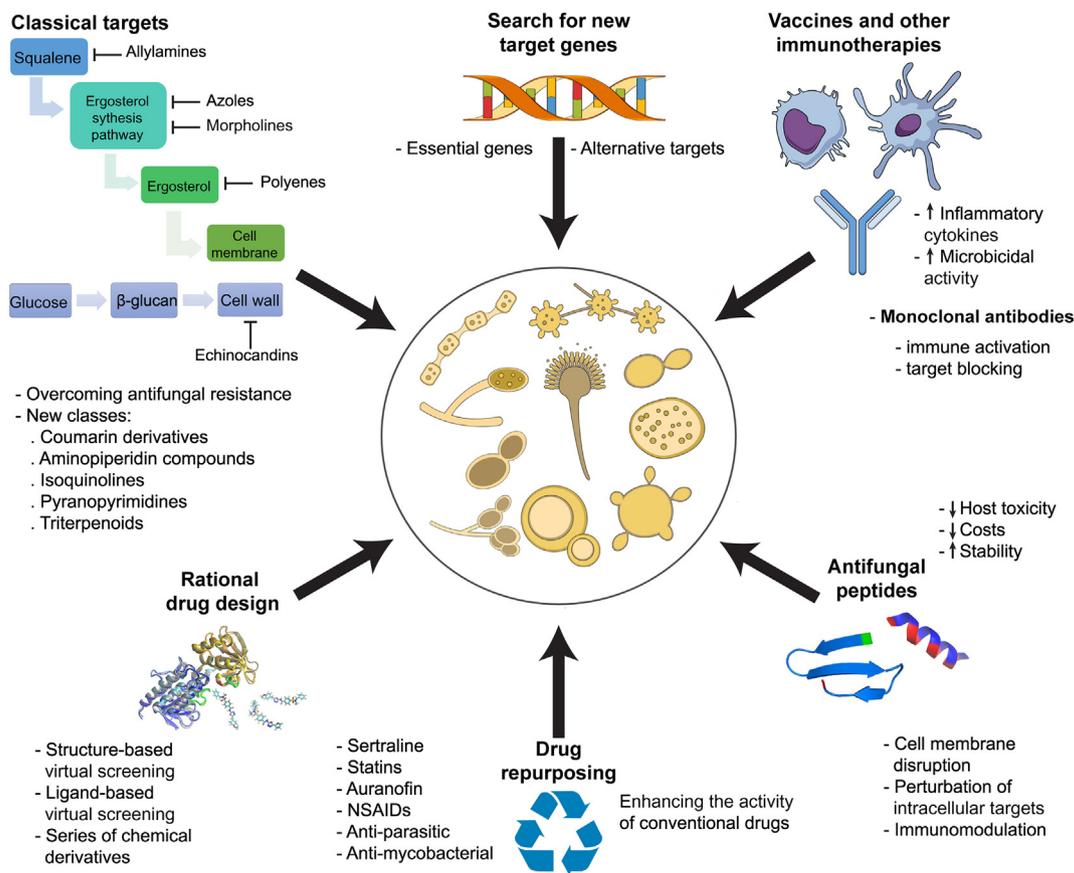


Fig. 4. Summary. The main strategies, which could be used in order to identify new molecules, including biopharmaceuticals, for research and development of new antifungal drugs.

related to the cellular machinery. Recently, molecular genetic approaches (targeted gene mutations, antisense RNA inhibition, insertional mutagenesis, gene replacement and conditional expression) and comparative genomic strategies have contributed to the identification of new essential genes/proteins as drug targets. Rational antifungal drug design against those targets is possible based on molecular docking and virtual screening of small molecules from chemical libraries (Life Chemicals, Zinc, ChEMBL, ChemBridge among others) for drug discovery and hit-to-lead optimization. Inhibitory compounds (hits) of enzymes/proteins, codified by those essential genes with potential antifungal action, have been discovered and tested *in vitro* and/or *in vivo*, showing effective action against several fungal species. In addition, drug repurposing approaches have explored old molecules used for many other diseases, and found they had antifungal activity and were potentially applicable for therapeutic mycosis treatment. The possibility of developing biopharmaceuticals as new antifungal therapies opened a new strategy that can act as a counterpart in treating fungal infection, especially considering host-pathogen interactions and their control. Monoclonal antibodies, cytokine immunotherapy, vaccines and antifungal peptides are now in the pipeline of research and development of new antifungal drugs. Despite the several strategies described in this review, the most important is always to focus on the patient, who needs support and medications that can control the infection and improve quality of life, without facing issues related to the resistance and adverse effects of antifungal drugs currently on the market. Fig. 4 shows all topics discussed in this review, summing up the main strategies, which could be used in order to identify new molecules, including biopharmaceuticals, for research and development of new antifungal drugs, considering the need for better antifungal therapy of systemic infections.

#### Conflict of interest statement

The authors declare that there are no conflicts of interest.

#### Acknowledgement

The authors would like to thank Dr. Marcus de Melo Teixeira, for his support with the Gene Ontology (GO) assignments. This work was financially supported through a grant from the Pronex-FAPDF/CNPq; CNPq-Rede Pró-Centro-Oeste de Pesquisa; Fundação de Apoio à Pesquisa do Distrito Federal (FAPDF) and Conselho Nacional de Pesquisa (CNPq).

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